



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 111th CONGRESS, SECOND SESSION

SENATE—Wednesday, March 10, 2010

The Senate met at 9:30 a.m. and was called to order by the Honorable TOM UDALL, a Senator from the State of New Mexico.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Most Merciful God, who is the fountain of all grace, the source of all goodness, and in whose keeping are the destinies of nations, endue the minds of our lawmakers with wisdom. Set their feet with a steadfast purpose to fulfill Your will, day by day, by faithful labor and selfless service. In spite of disappointments and disillusionment, lead them to pursue peace and to aim for holiness. May they walk on the high level of noble purpose, with sympathies as wide as human needs. Lord, inspire them to put You first in their lives and to make an unreserved commitment that enables them to rivet their attention on You.

We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable TOM UDALL led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, March 10, 2010.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable TOM UDALL, a Senator from the State of New Mexico, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. UDALL of New Mexico thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, following leader remarks, the Senate will turn to a period of morning business until 2 p.m. this afternoon. Senators during this time will be allowed to speak for up to 10 minutes each. The majority will control the first 30 minutes. The Republicans will control the next 30 minutes. At 2 p.m., the Senate will resume consideration of H.R. 4213, the tax extenders legislation. Under an agreement reached last night, all postcloture debate time will be yielded back and the substitute amendment will be agreed to. The Senate will then proceed to a cloture vote on the underlying bill. If cloture is invoked, all postcloture debate time will be yielded back and the Senate will then proceed to vote on passage of the bill, as amended.

We will continue to work on an agreement to begin consideration of the Federal Aviation Administration reauthorization bill today.

MEASURE PLACED ON THE CALENDAR—S. 3092

Mr. REID. Mr. President, the bill, S. 3092, is at the desk. I understand it is due for a second reading.

The ACTING PRESIDENT pro tempore. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 3092) to designate the facility of the United States Postal Service located at 5070 Vegas Valley Drive in Las Vegas, Nevada, as the "Joseph A. Ryan Post Office Building."

Mr. REID. Mr. President, I object to any further proceedings with respect to this bill.

The ACTING PRESIDENT pro tempore. Objection is heard.

The bill will be placed on the calendar.

Mr. REID. Will the Chair now announce morning business.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period of morning business until 2 p.m., with Senators permitted to speak for up to 10 minutes each, with the majority controlling the first 30 minutes and the Republicans controlling the next 30 minutes.

Mr. REID. I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTH CARE

Mr. DURBIN. Mr. President, there have been a lot of issues brought up on the floor of the Senate recently, and two that seem to be front and center are the health care reform bill and questions related to our national debt and the annual deficits we run into.

I have listened as many on the other side of the aisle have come to the floor and argued to do two things: first, kill the health care reform bill, and second, reduce our Nation's debt. Unfortunately, that is a mixed message, an inconsistent message, and it is one that really defies logic. We know the increasing cost of health care is adding to the expenses of the Federal Government, State governments, and local

governments. If we do not do something to suppress, if not reduce, the cost of health care, we are going to see a dramatic increase in our deficits.

The bill before us attempts to create mechanisms to start bringing down the increase in the cost of health care. Anyone who would stand before you and say, well, if you pass health care reform, next year's health care premiums are going to go down, I do not think is telling the truth. I think it is likely they would go up. But what we are trying to do is slow the rate of increase. If the rate of health care inflation were the same as inflation in general, it would be a major step forward to come to grips with a real problem facing America.

I have told the story on the floor about a local town in Illinois that spends 10 percent of its small budget—a \$20 million annual budget—on health care premiums, and they have just been notified that next year the premiums on about 200 employers will go up 83 percent for health care. That is one small town, Kankakee, IL. The same thing is true in the State of Illinois with our State budget, where we face a fiscal crisis and the costs of health care, in the Medicaid Program in particular, continue to go up because of high unemployment. People who lose their health insurance at work turn to Medicaid, and it creates a greater burden for the State and Federal Government. So as the economy struggles and people lose their jobs, we have to view health care reform as part of the answer not only to family challenges and business challenges but challenges that face us at the Federal level as well.

Health care costs take up a growing share of Federal and State budgets. In the year 2009, we spent an estimated \$2.5 trillion on health care, consuming 17.3 percent of our gross domestic product. That is the sum total of all goods and services produced in America. It represents the largest 1-year increase in the health share of gross domestic product since we first started tracking it in 1960. If we do not pass health care reform to try to slow this rate of growth, the deficits each year will get worse. So those who come to the floor and say, kill health care reform, balance the budget, are really preaching an inconsistent message. It does not work. If we can reduce just slightly the annual increase in Federal spending on Medicare and Medicaid, we can see positive changes when it comes to our annual deficits.

Economists agree. Twenty-three leading economists, including Nobel laureates and those who have served both Democratic and Republican administrations, identified four key measures that will lower cost and reduce long-term deficits. Health insurance reform includes all four of those measures—deficit neutrality, an excise

tax on highest cost health insurance plans, an independent Medicare advisory board, and delivery system reforms.

The Congressional Budget Office has scored the health care reform bill and says it will actually—at least the Senate version—reduce the budget deficit by \$130 billion or more over the first 10 years and by \$1.3 trillion over the next 10 years. We are waiting for the latest score of the bill, which could be forthcoming in the next day or two, but we hope it indicates the same thing.

To fail to pass health care reform is to invite higher deficits in the future. We cannot have it both ways. You cannot stop the effort to bring down health care costs—at least the rate of increase in health care costs—and then preach fiscal conservatism. It just does not work. Those two messages are inconsistent.

In terms of the use of the reconciliation procedure in the Senate to pass parts of health care reform, it is not a process that is unknown to us. Over 20 times we have used reconciliation to deal with major issues facing America. In fact, the Republican side of the aisle has used the process much more frequently than the Democratic side of the aisle. The programs that have been affected by reconciliation have often included Medicare and COBRA and the Children's Health Insurance Program. In fact, when President Bush wanted to pass his tax cuts for wealthy people, he used the reconciliation program and the Republicans supported it.

Reconciliation has been used three times by the Republicans to actually increase the deficit. Out of 22 times reconciliation has been used since 1981, Republicans used it to increase our national deficit at least three times, all of those instances during President Bush's administration. In 2001, reconciliation was used to pass extensive and costly tax breaks, many of them benefitting the very wealthy. Those tax breaks increased the deficit by \$552 billion over 5 years—Republicans using reconciliation to give tax cuts to the wealthy and increase the deficit. Reconciliation was used again in 2003 for tax breaks. Those breaks resulted in adding to the deficit \$342.9 billion in red ink over 5 years. Finally, reconciliation was used in the year 2005 to extend the tax breaks. That extension—that Republican reconciliation bill—increased the deficit by \$70 billion over 5 years.

The health care reform bill we are considering will give middle-income families the largest tax cut in history. What the Republicans fail to mention is that the money we are raising in health care reform—almost \$500 billion—will flow back to middle and lower income families and small businesses to help them pay health care premiums. Killing health care reform, which is the agenda on the other side

of the aisle, will deny these tax breaks and assistance to businesses and families struggling to pay health care premiums that are going up.

We know America's business community will save under this approach and more Americans will be insured. The health care reform bill we are promoting will bring into coverage 30 million Americans currently uninsured. When the Republicans were asked: How many will you bring into coverage, they said 3 million. Well, let me tell my colleagues, 30 million paying Americans, people who show up for care at hospitals and doctors' offices and actually have insurance is not only peace of mind for them but also stops the transfer of their expenses to other people. We currently provide charitable care for those who have no insurance and pass the costs on to everyone else. It is estimated that each of us has a hidden, indirect tax of \$1,000 a year in health care premium costs to make certain we provide for the uninsured. The approach we are promoting in health care reform will provide coverage for these 30 million and will stop this cost shifting and this hidden tax on families across America.

Let me also say the provisions in this bill that are the most objectionable to the Republican side of the aisle mirror the health insurance available to Senators and Congressmen today. We have a plan, the Federal Employees Health Benefit Program, administered by the Federal Government—I guess we could call it a government-run plan, even though they are private insurance companies—and it requires minimum coverage in every plan so we know we will get protection. I haven't found any Republican Senator willing to step up and say, That is socialism; we shouldn't do it; I am going to cancel my Federal Employees Health insurance. Not one. They live with it. I live with it every day in protecting myself and my family. I believe it is fair. I believe every American and every business should be given this opportunity. The insurance exchanges offer to America what we as Members of Congress have enjoyed as an institution for over 40 years. If it is socialism to put it in this bill, then I hope my friends on the other side will stand up and personally condemn this socialism by dropping their Federal Employees Health coverage. That will be proof positive of their genuineness on this issue.

Let me say as well in closing that many of the people who have come to the floor and suggested that reconciliation is some renegade procedure that is seldom used in the Senate have ignored the obvious. The fact that it has been used 22 times more often by Republicans than Democrats tells the story.

I see on the floor the minority leader, the Republican leader Senator McCONNELL. He has voted for 13 of 17 reconciliation bills during his time in the

Senate. He did not consider this procedure objectionable on 13 different occasions when he voted for it. Senator KYL, who is my counterpart on the Republican side, the Republican whip, has voted for 11 out of 11 reconciliation bills during the time he has been in the Senate. In fact, every time reconciliation was used, the Republican whip voted for it. Senator MCCAIN has voted for reconciliation 9 out of 13 times since he has served in the Senate. It is a process that has been used repeatedly by both parties for major decisions: Health care cuts, COBRA insurance for the unemployed, children's health insurance, to name a few. It is something we acknowledge under our rules, and if it is part of the solution of bringing health care reform to an up-or-down vote—at least this aspect of it to an up-or-down vote—it should be a process that most Republicans are familiar with because most of them have voted for it repeatedly.

I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

HEALTH CARE

Mr. MCCONNELL. Mr. President, the American people are looking at what is going on in Washington right now and they are wondering what the White House and Democratic leaders in Congress could possibly be thinking. The fact that we are still even talking about a health care bill that raises costs, increases premiums, and increases government spending is a complete mystery to most people. Americans have issued their verdict on this bill. They don't want it. It is that simple.

That is to say nothing of the process. The process that Democratic leaders have used to try to pass this bill is viewed even less favorably than the bill itself. So even if Americans supported the bill—which they clearly don't—they would still want the process cleaned up. Americans expect lawmakers to be completely up front and transparent about any changes they are thinking about making to the health care system.

Americans also expect a level playing field. That means union leaders don't get special deals that nonunion members don't. It means the people of Nebraska don't get a free ride bought and paid for by the rest of the country. Even Nebraskans are telling us they don't want that kind of special treatment. It means if you are a senior citizen, you don't have to move to Florida to keep your health care plan. It means that Louisianans don't get a windfall of Federal money because one of their

Senators was willing to vote for a bill most Americans overwhelmingly oppose.

These are just some of the things Americans don't like about the way Democratic leaders are trying to push their bill through Congress and past the public. But they didn't much like the way the bill was put together either. They didn't like the fact that members of both parties spent endless hours negotiating and in committee meetings, only to see Democratic leaders write their own bill behind closed doors. These are the kinds of things Americans have been complaining about at townhall meetings and in statewide elections for months and months. These are the kinds of things the people of Massachusetts were saying in January. Americans can't believe that after all this—after a year of protests and all of the statewide elections—Democratic leaders are still stubbornly pushing the same bill and the same process.

Democratic leaders knew the public didn't support their bill, so they tried to jam it through on a party-line vote. When they had trouble with that strategy, they went for the kickbacks and special deals. As a result, they lost their 60-vote majority. So they came up with another strategy. They tried to get around the normal routes. They decided they would try to jam it through with a bare partisan majority, something that has never been done before on legislation of this magnitude.

Some in the media are blaming the resistance the administration and Democratic leaders have faced on the White House messaging machine. That is absolutely absurd. Americans aren't rejecting this bill because they don't understand it. They are rejecting it because they know exactly what is in it.

Democratic leaders continue to deceive themselves. I saw the Speaker said yesterday Congress needs to pass this bill so Americans can see what is in it. Let me say that again. The Speaker said Congress needs to pass this bill so Americans can find out what is in it. That is like telling somebody they have to buy a house so they can walk through it.

The White House seems to be throwing out every idea it has, hoping something will stick. The President is expected to highlight fraud and abuse in a speech today. I am glad the administration wants to use the enforcement power of the government to find and prosecute fraud, but that is something we can and should be doing already—right now. Do we need to pass a \$2.5 trillion spending bill, raise taxes, and slash Medicare to go after fraud and abuse? I think not.

Finding waste, fraud, and abuse is one of the areas where we have agreement. Senators GRASSLEY, COBURN, CORNYN, LEMIEUX, and others have been leading this effort for quite some

time. Tackling fraud and abuse is one of the issues that can and should form the basis of a bipartisan, step-by-step approach to health care reform, not as a hook—not as a hook—to drag this monstrous bill over the finish line.

On the contrary, Democratic leaders should leave this bill on the field. Then we can talk about passing commonsense ideas such as tackling fraud and abuse on their own, one by one.

The fact is, this whole debate has devolved into a little bit of a farce, and it might actually be funny if the stakes were not so high. Americans don't know how else to say it. They don't want this bill. The American people do not want this bill. They want the process cleaned up as well.

How much longer do Americans have to wait before Democratic leaders will give up this partisan quest and agree to start over, to work together, out in the open, on the kind of commonsense reforms Americans want? That is the question Americans are asking, and we owe them an answer.

The American people aren't an obstacle to be circumvented. This is their health care system, not ours. It is time to end this partisan effort, listen to the people, and start over.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Arkansas.

HONORING OUR ARMED FORCES

SERGEANT VINCENT L.C. OWENS

Mr. PRYOR. Mr. President, it is with great sadness that I come to the floor today to talk about SGT Vincent L.C. Owens from Fort Smith, AR. His life of service to our Nation is a shining example of a true American patriot.

Sergeant Owens lost his life while serving in eastern Afghanistan after his transport vehicle came under fire by enemy forces. He was a part of the 3rd Battalion, 187th Infantry Regiment, 101st Airborne Division in Fort Campbell, KY. Previously, Sergeant Owens spent 14 months in Iraq serving with the A Battery, 1st Battalion, 56th Air Defense Artillery from Fort Bliss, TX. Sergeant Owens served both tours with honor and distinction, earning numerous medals and awards, including two Army Commendation Medals, two Army Achievement Medals, a Valorous Unit Award, the National Defense Service Medal, the Iraq Campaign Medal, the Global War on Terrorism Service Medal, the Army Service Ribbon, and the Combat Action Badge.

An ardent athlete, talented student, and motorcycle aficionado, Sergeant Owens lived his life of only 21 years with passion and dedication. Those who knew him describe him as a kind and easygoing man who always had high standards for himself. He was the oldest of five children. He had been married to his wife Kaitlyn for just 6

weeks. Despite being a newlywed, Sergeant Owens did not hesitate to answer the call of duty.

Sergeant Owens' family and friends said he joined the Army out of a sense of patriotism and took pride in serving his Nation. He devoted his life to defending America and gave the ultimate sacrifice for the country he so deeply loved.

After this tremendous loss, Fort Smith, AK, is in the process of waving off 200 airmen from the Air National Guard's 188th Fighter Wing as they head to Afghanistan, joining about 75 members of the 188th already serving there. This will be the unit's first deployment with the A-10 Thunderbolt II—also known as "The Warthog"—since the 188th received the aircraft in April of 2007. Also, many of these guardsmen are part of the agribusiness development team. This unit will teach Afghans better farming, crop storage, and marketing practices in an effort to draw them away from poppy production and build a strong economy. These Arkansans are picking up Sergeant Owens' mantle in the fight to create a more secure and stable Afghanistan and together their efforts will endure.

Today, I join all Arkansans in lifting up Sergeant Owens' wife Kaitlyn, his parents Sheila and Keith and his siblings and friends and extended family and community of Fort Smith during this very difficult time. Sergeant Owens may be gone, but his courage, valor, and patriotism will never be forgotten.

I yield the floor. I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. JOHANNIS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTH CARE

Mr. JOHANNIS. Mr. President, I rise to speak to the Senate health care bill and to talk a little bit about some of the issues related to that bill, in terms of financing and scoring and, to be very candid, about some of the accounting gimmicks that try to hold this bill together. I will be joined by Senator WICKER and Senator BARRASSO in this colloquy. Let me get started.

If you start to study the bill, and for many of us who have served in other capacities—myself as Governor and as a mayor—the first thing you want to do is ask yourself: Does it work? Is the financing of this bill such that it makes sense? Is it an honest portrayal of the income you expect and the expenses you expect? Certainly, that is where I start and, I suggest, many of my colleagues start.

The one thing about this health care bill that struck me immediately and struck others is, first of all, there are 10 years of tax increases. They total over \$½ trillion—a massive amount of tax increases.

The second thing you see is, there are 10 years of Medicare cuts, again about \$½ trillion total. You do those things and some other things and it pays for 6 years of spending because even though some of the issues relative to this health care bill kick in initially, the vast majority of it does not kick in for 3 or 4 years.

When you put that all back together, you begin to realize what you have is a health care bill that costs about \$2.5 trillion over a 10-year score.

Then you start working through a whole bunch of other issues. You have a Senate bill that takes \$52 billion in higher Social Security taxes and revenues and counts them as offsets. That would be money normally reserved for the Social Security trust fund. You look at the CLASS Act. One Member of this body—a Member who is very respected for what he has done relative to budgeting—called this a Ponzi scheme.

The CLASS Act was initially opposed by our friends on the other side or by leading Democrats. But it is back alive. It is included in the Senate bill. It is another Federal entitlement that is going to create an insolvency problem very quickly. It takes money from premiums that are supposed to go for benefits and uses them as offsets and pay-fors.

CMS experts have looked at this, and they reached a conclusion that is reliable. They said the CLASS Act faces "a significant risk of failure," and then said, and may lead to "an insurance death spiral."

Our friends on the other side claim the bill will simultaneously extend the solvency of Medicare and then magically decrease the deficit. But the reality of that, again, comes from CMS actuaries who say: Well, wait a second here, that is double-counting. You can't use the same dollar twice. You can't count it twice. CMS concludes that the Medicare cuts in the legislation cannot be simultaneously used to finance other Federal outlays, such as coverage expansions under this bill or to extend the trust fund.

So when you cut all the way through this and see what is happening here, it doesn't hold together. This is a financial plan that is built upon sand, and you can almost guarantee it is going to collapse.

So let me, if I might, ask my colleague, Senator WICKER, what he thinks of all of this. Can he offer some thoughts as to where this bill is headed and the financial mechanisms of this bill?

Mr. WICKER. I appreciate my colleague from Nebraska getting into the

weeds because it is important that we know the details of the numbers here. I think there is also a sort of big-picture aspect to this. There are a lot of Americans out there who may not have read the details the Senator from Nebraska just outlined, but they instinctively know you can't do all this to one-sixth of our economy and save money for the Federal Government at the same time. They instinctively know this is going to turn out, as big entitlement programs always do, to be more expensive than has been estimated and it is going to cost the American taxpayer and future generations in terms of the national debt.

I would like to pivot and talk about what this is going to do to State governments because that is an additional aspect over and above the gigantic numbers the Senator from Nebraska mentioned.

Really, almost half of the additional coverage in this Senate bill, which the House is being asked to adopt lock, stock, and barrel without even changing so much as a semicolon, half of the coverage is going to be under Medicaid. We all know Medicaid requires a huge Federal investment, but Medicaid also always requires a State match. Under the provisions of this bill, if it is enacted, States will be told that the magnificent Federal Government has increased coverage, and now, Mr. State Legislator, Mr. State Governor, you figure out a way to pay your part of it.

I know this much: In my State of Mississippi, our legislators and our Governor have had to stay up late 2 years in a row figuring out a way to pay for the Medicaid match they are already being asked to pay, much less this new mandate of additional persons who would be covered under this Senate language. There is no way the State of Mississippi can stand this new Medicaid coverage without an increase in our taxes at the State level. I don't think we can cut teachers enough, although teachers might have to be cut to pay this Federal mandate. I don't think we can cut local law enforcement enough, although that might have to be cut too. It is just a huge, unfunded burden on the States. Quite frankly, even if all of the promises that are being made on the Senate side come true—that we will clean this up in reconciliation, which I frankly doubt can possibly happen—the States are going to be faced with this huge unfunded mandate.

You don't have to take our word for it on this side of the aisle. Democratic Governor after Democratic Governor has had press conferences, they have sent letters, they have sent messages, they have made themselves available to the press. Governor Bredesen of the State of Tennessee said this bill is the "mother of all unfunded mandates" and has urged, even at this late date, that we not go down this road.

So I appreciate my friend from Nebraska pointing out what this is going to do to the Federal budget, and I would simply commend the bipartisan State officials who have been talking to anyone within the sound of their voices saying that State governments cannot afford this mandate at the State level, and it will inevitably result in an increase in taxes at the State level—something we certainly don't need at this time of economic hardship.

Perhaps Senator BROWNBACK has some thoughts he would like to add, and I know others may be joining us, too, Mr. President.

Mr. BROWNBACK. I appreciate my colleagues allowing me to join in this colloquy because it is incredibly important and I believe the American public believes it is incredibly important because, if for no other reason, they are looking at it and saying: We don't want this bill. We don't think this bill is the right way to go. We don't think this procedure is the right way. So they oppose it on process and they oppose it on product. And you don't have to believe me. Listen to these poll numbers: 68 percent say the President and the congressional Democrats should keep trying to work with Republicans to craft legislation.

By the way, that big, all-day-long meeting at Blair House to talk about this, where we put forward a series of ideas, virtually all of them were rejected—a bipartisan incremental compromise, which is much more the way the American public wants to go.

A Rasmussen poll says that 57 percent of the voters say the health care reform plans we are discussing in Congress will hurt the U.S. economy. Only 25 percent think it will actually help. And 66 percent believe the health care plan proposed by President Obama and congressional Democrats is likely to increase the Federal deficit. Do you know the reason they think that? Because it will. This is going to increase the Federal deficit.

On top of all that, there is a big intangible here. If this bill passes, the rest of the world is watching to see if the United States passes this big increase—an entitlement program—when we are running \$1.5 trillion in deficit and have a \$12 trillion debt that is 90 percent of the size of our total economy. They are watching and they are saying: If the United States does this now, they are not serious about getting their budget under control. They are going to start pulling dollars out of the U.S. economy and putting them in other places. It will make it harder for us to raise capital, it will increase interest rates, and it is going to hurt the U.S. economy. And that is a near-term thing that is going to happen because people are watching this.

I might note the "Saturday Night Live" routine where China's President,

Hu Jintao, is lecturing President Obama about how he is going to get the budget under control by passing a big new entitlement program. I don't usually cite "Saturday Night Live," but in this case it lands a little too close to home. And people are saying: Yes, this doesn't make any sense to me either. This is going to hurt.

The front page of the Wall Street Journal has an article about what Ireland is having to do to get its budget under control, Greece is a mess, and our deficit and debt is skyrocketing.

If we pass this, this is going to hurt us in the near term as far as the cost of raising the capital we need in this economy. It will hurt States that are really struggling as well. It is a bad idea at a bad time.

I am glad my colleagues let me join them, and I note that the doctor is in—the Senator from Wyoming—to help us dissect this bill as well.

Mr. BARRASSO. Well, Mr. President, that is exactly what I am hearing at home from Wyoming's voters and from my patients. I was in Wyoming this past weekend. I have had the privilege of practicing medicine there for 25 years, taking care of families in Wyoming. When I talk to people, their concerns are the national concerns the Senator from Kansas has just mentioned—the debt and what our Nation is facing long term. But they are also very focused on their own personal care. If you have a town meeting or just talk to people at the coffee shop, the people of America believe that if this bill passes, the quality of their own personal health care will go down; that their opportunity to go to the doctor they have enjoyed a relationship with for years, where they know them and they know their family, may be gone.

We are also seeing that health care providers all across the country—even the Mayo Clinic—are saying this bill is a huge lost opportunity. It was supposed to be designed to help get the cost of care down, and it is not doing that. It is going to raise the cost of care. It was designed to improve the quality of care, but it is going to cost people the quality of their own health care. That is why Americans don't like this bill. They do not like anything about it.

The Mayo Clinic was used early on by the President in this debate as the model for how we should have health care in this country. The Mayo Clinic has said "no thank you" to patients on Medicare in Arizona, "no thank you" to patients on Medicaid. Yet the President plans to push this program through. He says he is going to provide coverage for more Americans, and he is going to do it by putting 15 million more people on Medicaid—a program that many doctors won't see because the reimbursement is so low. If all a provider saw were Medicare patients,

they couldn't afford to keep their doors open—not at the hospital or the clinic. And we are hearing that from hospitals and doctors across the country. That is why the Mayo Clinic said: No thank you, Mr. President. We can't take those patients, whether it is Medicare or Medicaid.

This bill will cut Medicare—the program our seniors depend upon—by \$500 billion for patients who depend on Medicare. It cuts Medicare Advantage, and that program is an advantage, and the reason people signed up for it is because it provides preventive care and coordinated care. But it is not just that; there will be \$135 billion in cuts to hospitals in all our States and communities, \$42 billion to home health agencies. These are the folks who help provide a lifeline for people who are at home, and it saves money by keeping them out of the hospital. There are cuts to nursing homes, to hospice providers—providing services to people in the final days of their lives. That is why the American people are offended that this bill is being crammed through.

I see we have the former Governor of Nebraska here on the floor, who has experienced these issues with Medicaid, with Medicare, and with nursing homes. So I would ask my friend and colleague whether this the same thing he is hearing at home in Nebraska.

Mr. JOHANNIS. This is exactly what I am hearing at home in Nebraska, Mr. President.

As a former Governor, as the Senator from Wyoming points out, you deal with these programs every day. You are trying to figure out how to fashion a State budget that deals with Medicaid. I said a few weeks ago that I don't know whom the folks who wrote this bill were talking to because if you look at the expansion of health care to people in this bill, really what they are doing is expanding Medicaid by about 15 to 18 million individuals.

The Senator from Wyoming hit the nail on the head. You already have serious access problems with Medicaid. What do I mean by that? As the doctor, Senator BARRASSO, said, doctors cannot practice on the Medicaid reimbursement. They would literally go broke. Our little hospitals in all of our States, our critical access hospitals, would say: We cannot keep our doors open on Medicaid reimbursement. They can't do it on Medicaid or Medicare reimbursement. So what is the solution? Well, the solution certainly isn't adding 15 to 18 million more people who will walk into a hospital or a doctor's office and who will hear: Sorry, we don't take Medicaid patients because we can't afford to do that.

The other thing I want to mention, if I might—and then I am going to ask Senator WICKER to comment on some of these questions also—because this is a very important point, is that all of a

sudden we are starting to hear a lot of discussion from the White House on down about how we have to get a handle on cost. And I think they have communicated that well because, quite honestly, the American people get it. They understand that if you don't have an impact on cost, you are not going to get anywhere with health care reform.

My colleagues will remember that we sent a letter to the CMS Actuary—this is an actuary employed by the Federal Government—and we said: Take a look at this bill and tell us what you think in these respects, and one of the respects was health care costs. Let me quote from that report:

Overall health expenditures under this bill would increase by an estimated total of \$222 billion.

Compared to what? Compared to doing nothing. If we did nothing, we would have a better impact on health care costs than this bill is going to have.

After spending \$2.5 trillion, after cutting $\frac{1}{2}$ trillion out of Medicare, after raising taxes over $\frac{1}{2}$ trillion, the CMS Actuary says to us: After you have done all those things, the overall health expenditures under this bill would increase by an estimated total of \$222 billion versus doing nothing.

I ask Senator WICKER, is that the kind of health care reform he is hearing the people back home want?

Mr. WICKER. The people back home want health care reform, but they certainly want the kind that is going to lower health care costs and lower health care premiums. The Senator mentioned CMS. It may be that some people within the sound of our voices do not realize this is a part of the administration. This is not some outside business group that has an ax to grind. The actuaries at the Centers for Medicare and Medicaid Services are called on to tell us the numbers as they see them. They had no choice but to answer the question accurately and the question is not one that lends itself to getting public support for this plan. I think that is why the poll numbers Senator BROWNBACK mentioned are there. There is only about 25 percent of the American public that believes at this point we should pass this huge Senate bill lock, stock, and barrel and send it to the President for his signature.

Senator BARRASSO mentioned the $\frac{1}{2}$ trillion cut in Medicare. We spent a little time in December debating whether actually there was a cut in Medicare. Some of our friends on the other side of the aisle suggested this—the programs that were cut should not be considered part of the Medicare Program.

Obviously, there is one Democratic Senator who thought so much of these cuts in Medicare that he got an exemption for his State. That is what the minority leader has been calling the “Gator aid.” Florida, under the Senate

bill—the bill the House is being asked to pass in its entirety without changes—the Senate bill says we are not going to cut Medicare Advantage for the State of Florida.

Why the people of the State of Florida are more deserving of Medicare Advantage and Medicare benefits than the people of Wyoming or Mississippi or Kansas or Nebraska, I do not know. But somehow the majority, 60 Members of this Senate, in their wisdom, believed Medicare was a good program and Medicare Advantage was a very good program for the people of Florida.

By the same token, I guess the Democratic Senator from Nebraska has now repudiated what was known as the “Cornhusker kickback,” which was basically saying Nebraska would not have to pay for their share of this huge Medicaid mandate; all the other States would. Somehow that State was singled out. Apparently, the people of Nebraska rose in horror at being singled out for some sort of favor the other people in America were not getting, so that is being proposed to be changed.

I ask Senator JOHANNIS, if the House votes on this next week, they will not have a chance, will they, to take that out? The only choice the House is going to have is to vote for the “Cornhusker kickback,” the “Gator aid,” the “Louisiana purchase,” these special deals for labor unions, and all that will be sent to the President to be signed into law and will be part of the statute.

That is the way I understand the Democratic procedure. I ask Senator JOHANNIS, am I correct?

Mr. JOHANNIS. I believe the Senator is correct. Let me offer a thought, if I might. I think others—maybe I will turn to Senator BROWNBACK next. If this were a great bill, if this were the kind of legislation you wanted to take home and go out there and champion and maybe, if you are up for election, campaign on, then you would not have to go through all these gyrations and gimmicks and somersaults and cartwheels to try to get this darn thing passed. But that is exactly what is happening.

I cannot wait to get up in the morning and run down and turn on the computer and see what the latest is, because they are, over there at the House, but they finally figured out that the only way to get this terrible policy enacted is to pass the Senate bill with all its warts and moles and ugliness and special deals and whatever. They have to pass it without pulling a dotted “i” out or a crossed “t.” They may be able to say back home: Folks, I didn't support that. What I wanted was the reconciliation package that would fix all these things. All I can say is reconciliation was never designed for this. This is not what reconciliation was designed for. Reconciliation was designed to bring down the

budget deficit. What is happening over in the Senate are more somersaults, more gyrations, more cartwheels to figure out how to shoehorn this terrible piece of policy into a rule for which it was never designed.

Now you are going to end up this day, I guess, where we all show up and literally you have rulings on what you can do with reconciliation and what you cannot do. So no House Member can go home and say I voted for this awful piece of legislation, but we are going to be saved by reconciliation. Do you know what. Maybe you will, maybe you won't. The reason why that question cannot be answered today is because reconciliation was never designed to take control of one-sixth of the economy; it was never designed to do what folks are trying to do.

Let me wrap up with this, and then I would like to hear Senator BROWNBACK's thoughts. Enough of the somersaults, enough of the cartwheels, enough of trying to figure out how many angels fit on a pin and what size razorblade is going to divide the hair. This is craziness. This is terrible policy. Please stop now. The country is begging us to stop and start over with a thoughtful process.

If there were a great bill, we would not be going through this. There would be bipartisan support such as there has been on many tough issues through the decades of our history. But, you see, this is not a good bill. This is a terrible bill. The bottom line is, they are going to try to fix it with a process that was never designed for this purpose.

I would like to hear the thoughts of Senator BROWNBACK.

Mr. BROWNBACK. We were on the floor in December, the longest continuous session in the history of the Senate, 25 continuous days, and we were talking about this and my colleague from Nebraska and I were joined by our colleague from Utah, Senator HATCH, who has been around a long time and part of a lot of health care reform legislation. His point is, if you follow the normal order and work it through a committee and bipartisan process, almost every health care bill he has been a part of—and there have been a number of substantial ones—gets 75 votes in this body. People want to support health care reform on a good bill. They will support it. It will be bipartisan. We are all for health care. But now you have a bill that is going to be completely partisan, on one side, not supported by the American public, and then you are having to jimmy rig a process to try to figure out how we set this up to do it.

Even KENT CONRAD, the chairman of the Budget Committee, who is a Democrat, says:

Reconciliation cannot be used to pass comprehensive health care reform. It won't work. It won't work because it was never designed for that kind of significant legislation.

My experience is, if you try to do something that is not designed to do this, you are going to get a flawed product and flawed process that people are going to be mad about. It will hurt this body. I think it will be very harmful to this country to do this and it should not be done.

After all the time we spent in December, 25 continuous days in session, I think the American people spoke when they had a Massachusetts election and elected SCOTT BROWN. It was clearly about health care reform.

I know my colleague from Wyoming has been all over speaking about this on television, getting a lot of feedback from people. He probably is getting the same sort of feedback that I have, about don't do this. It wasn't designed to be done, this sort of health care reform, in a reconciliation process.

Mr. BARRASSO. I heard that just this morning. We had a number of county commissioners from Wyoming here in Washington. They were at a speech yesterday given by Speaker of the House NANCY PELOSI, and she told these county commissioners, this group from all around the country, we need to first pass the bill so then later the American people will know what is in it. She said this to them and they laughed. They laughed at the Speaker of the House at this meeting yesterday because these are county commissioners. They know they are not going to vote on something the people in the community don't know about. The people in the community come, they want to know what is going to be discussed and then voted on.

The people of America do not know what is in this bill. They know this bill is going to raise taxes by \$500 billion. They know this bill is going to cut Medicare for our seniors who depend upon Medicare by another \$500 billion. They know they are going to be paying for this thing for 10 years, but there are only 6 years of services. It is amazing how much the people of America know about the gimmicks of this bill that, in fact, those who are pushing the bill wish they didn't know.

That is why three out of four Americans say stop. A quarter of them say stop, a quarter of them say stop and start over, and only a quarter of them support what is happening here.

Mr. WICKER. If I can interject, I think that was a very telling remark from the Speaker of the House yesterday, and if someone didn't catch that, she said we need to pass the bill so we can then find out what is in it. The comments are out there on the Internet for the American people to see. I would like to quote Senator LAMAR ALEXANDER about this entire process. He said:

What the President is doing is asking House Democrats to hold hands, jump off a cliff, and hope Harry Reid catches them.

I don't know that HARRY REID will be able to catch them. I will say this. If

there are budget points of order that need to be waived in this scheme the majority leader has about cleaning up this statute in conference, I am not going to be a part of 60 votes to waive that point of order. It will all be on Mr. REID and his teammates over there to get this done because I will not be a part of waiving points of order, helping them get to a supermajority to clean up something, even if it needs to be done.

This process needs to be stopped, and I would say the next 10 to 14 days are going to tell the tale. The American people do not want this bill, and it is up to the House of Representatives and to us, saying what we can on the Senate side, to see if we are going to listen to the people and stop this bill, go back to the drawing board and try something that works.

Mr. BROWNBACK. I join my colleague from Mississippi. I would note that is the case, and why is it the Speaker is saying we have to pass the bill to see what is in it? They are going to hold it back until they break enough arms to get a majority vote and then pop it out and then there will be an hour's debate on one-sixth of the economy being changed. We saw that same procedure when Majority Leader REID was crafting this bill behind closed doors and nobody knew what was in the bill and then popped it out when you have the deal, when you made enough deals, broken enough arms, then we can pass this. That is no way to have a process like this. That is no way to effect this big a piece of the economy that touches every American's life in the process.

I urge the Speaker not to do something like this. Listen to the American public and follow normal order. They could send this back to committee, to the Finance and the HELP Committees, work a bipartisan agreement on this, say we have to hit this number or that, let's do an incremental approach and come out with a bill that would have 75 votes. That is doable.

We put forward a whole bunch of ideas at the Blair House. Here are different things we would support. Put out a long day of discussion. That is the normal order that produces good legislation that will stand the test of time. This will not stand the test of time, and it is going to bankrupt the country.

Mr. JOHANNIS. If my colleagues will permit, let me offer a few closing thoughts. I so appreciate the opportunity to be on the floor with them. It was not that long ago that our President of the United States actually was a Member of this body. He was a Member of the Senate. It just seems, from time to time, we are asked to comment on the 60-vote rule. He was asked to comment on that. Here is what he said. "Removing the 60-vote threshold would change the character of the Senate forever."

He went on to say having majoritarian absolute power on either side was "not what the Founders intended."

The thing about reconciliation is this: It limits debate, it is a very abbreviated process, and it just comes in and says you are only going to get 20 hours of debate. Very limited. The second thing is it only takes a majority vote.

From time to time this issue pops up. But you do not have to study the history of this great Nation very long to understand what our Founders were doing. The House is a majority body. Now, States such as Kansas and Nebraska do not fare very well in that. We do not have a lot of Members. We are never going to have as many Members as California, New York, or New Jersey. So literally on every vote you could find yourself losing.

Our Founders understood that. They came up with an idea for a very unique body, a body that would be an equalizer. Every State got two. Every State got two Members. But the important thing about this body was this: that as issues were passed on the House side by majority vote, over on this side it was anticipated that something more would be required to cause the Members to come together and try to work through the Nation's difficult problems.

Initially there was no way to stop debate. Then about 1915 it was decided that a two-thirds vote would stop debate. Then, in the mid-1970s that was changed to 60 votes. That 60 votes is an important limitation on the power of the Federal Government to impose its will upon the people.

I will wrap up my comments today by saying this: The will of the people here is very clear. They do not want this bill. They see this as a massive government takeover of their lives. They have spoken very clearly and eloquently in our townhall meetings, in elections that have occurred, and they have said: We want you to go back and work through your differences and come up with a bipartisan approach.

Yet if reconciliation is used, you will not only change the character of this body, you will change how our government operates. If you can pass this bill through a reconciliation process, you can do anything, and you end up with literally a system that is vastly different than was ever intended and a system, in my judgment, that is not good for the future of our great Nation.

With that, let me wrap up and say again to my colleagues, I appreciate the opportunity to be on the Senate floor with you today.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BURRIS.) The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. ENSIGN. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

FISCAL RECKLESSNESS

Mr. ENSIGN. Mr. President, I rise to discuss the tax extenders legislation and the consequences of our fiscal recklessness. I cannot stress enough that our spending is completely out of control. It seems every week this body passes more legislation and spends more money and adds more debt onto the backs of our children. Unfortunately, the Democratic majority continues to sing from the same old sheet of music—more debt, more spending, and more fiscal recklessness. Last week the nonpartisan CBO provided their analysis of President Obama's budget, and it is nothing short of a fiscal train wreck and a roadmap to banana republic status. It pains me to stand on the floor of the Senate and tell the American people that President Obama is leading us down a path of bankruptcy.

I believe this budget is simply reckless, with enormous budget deficits as far as the eye can see. This year, the government has overspent by more than trillion dollars; the same amount last year. We are passing trillions of dollars in debt onto our children and grandchildren. Nevadans and people across the country are facing very hard economic times. For the Federal Government to be spending this much money is an insult to American families everywhere.

In 2020, the last year of the President's budget, our Nation's credit card bill will account for 90 percent of the economy. What does this mean in terms real people can understand? Because these numbers are so large and enormous, it is difficult to put them in perspective. Let me talk in terms of the consequences of this fiscal recklessness. At a certain point, foreign countries will not buy our IOUs, our bonds, or they will demand higher interest rates because they are riskier. Our standard of living will decrease. Actually for the first time in American history, future generations will be worse off than prior generations. As to the American dream of owning a home as a young adult, one will have to wait until their 40s or 50s to buy a home. Families, in order to maintain a similar standard of living, will have to become smaller. With a less dynamic economy, we will enjoy less of the fruits of innovation and technological progress.

I know this is hard to hear, but one day, if we continue down the current path, this scenario will become a reality. We cannot keep spending and spending and spending without consequences. Democrats claim we need to spend money because our economy is sluggish. We need stimulus after stimulus to put us back on the right track.

We are not on the right track. Unemployment in my State is still 13 percent. There isn't much light on the horizon. We have lost our way and have wandered down a path of fiscal crisis. More spending doesn't fix the economic crisis.

I wish to talk about the depression of 1920 to 1921. Shortly after the end of World War I, we went into economic crisis. The Department of Commerce estimates the economy declined by nearly 7 percent during that period. Unemployment rose sharply during the recession. Estimates are the rate of unemployment went from around 5 to almost 12 percent. From May of 1920 to July of 1921, automobile production declined by 60 percent, and total industrial production across the country decreased by 30 percent. Stocks also fell dramatically. The Dow Jones Industrials was cut by almost half. Business failures tripled between 1919 and 1922.

But instead of "fiscal stimulus," here is what President Harding did. He cut the government's budget nearly in half between 1920 and 1922. Marginal tax rates were slashed across all income groups. So he cut taxes and cut government spending at the same time. This encouraged businesses to grow and to add jobs in the private sector. The national debt was reduced by one-third.

In the 1920 acceptance speech for the Republican nomination, Harding said:

We will attempt intelligent and courageous deflation, and strike a government borrowing which enlarges the evil, and we will attack the high cost of government with every energy and facility which attend Republican capacity.

We promise that relief which will attend the halting of waste and extravagance, and the renewal of the practice of public economy, not alone because it will relieve tax burdens but because it will be an example to stimulate thrift and economy in private life.

You see, Harding's laissez-faire economic policies, rapid government downsizing, and low tax rates spurred a private market recovery and led to a readjustment in investment and consumption for a peacetime economy.

The unemployment rate went from almost 12 percent in a little over a year to less than 2 percent. Let me repeat that. The unemployment rate went from almost 12 percent to under 2 percent. I do not think that is what is happening today.

This episode in history provides a counterexample to the argument that we need massive government spending to stimulate our Nation's economy. You see, we do not hear about the Great Depression of 1920. Instead, we hear about the Roaring Twenties because sound fiscal policy, cutting tax rates, cutting spending led to economic resurgence.

This is an example that shows when the burden of government is lessened through less spending, less taxes, and less debt, the private sector will re-

spond with investment and job creation, which lead to economic growth.

So why is the legislation on the floor today not the answer? If creating jobs is priority No. 1—and it should be for this body—why is the majority party letting tax incentives for job-creating businesses expire? These noncontroversial provisions expired 3 months ago. Why is helping businesses an afterthought for the majority?

The tax extender portion of this bill could have passed by unanimous consent months ago. But the majority did not want to bother with that. It will have to be extended again later this year because the provisions will again expire on December 31.

This is not the right policy for creating a stable and certain environment for employers who are wanting to hire more employees. The tax extender provisions of the bill amount to only \$25 billion of this massive \$144 billion bill.

The tax extenders are good. They include energy production credits, research credits, accelerated depreciation for certain businesses, State and local sales tax deductions, and low-income housing tax credits.

I have said these are good provisions. But we should have done much more. Foremost, we should be cutting individual and corporate income tax rates so people and businesses could use their money to get the economy moving again and could invest in job creation and wealth-creating enterprises. But, at the same time, we need to cut government spending so we are not massively increasing the debt. You see, I hate to break it to you, but America is falling behind other countries in that regard. Tax relief is wrongly criticized by those across the aisle. They have been arguing for job creation, but their policies are making it tougher on private businesses.

In order to help these businesses find a stable footing once again, we need to make tax relief permanent and not wait for these extensions to expire again and again.

Let me conclude. To get this economy moving, we do not need to pass a bill that is going to add over \$100 billion to our deficit and our debt. That is what the bill before us today does. It adds over \$100 billion to our deficit and our debt.

A few years ago, \$100 billion was a lot of money around this place. We throw that amount around here like it is nothing anymore. That is debt that is adding to the coming fiscal crisis this country is going to be facing.

I believe the prescription to get this economy going is to cut taxes, cut government spending. I believe in the spirit of the American people and the American entrepreneurs instead of creating jobs here in Washington, DC. I do not know if the American people know that over 100,000 jobs were created in this city last year—over 100,000 jobs in

Washington, DC. That is about as many jobs as my State lost. That is not the prescription for economic prosperity.

Government jobs have to be sustained with tax dollars year after year. When the private sector creates those jobs, the whole economy grows and feeds off itself, and you do not need taxpayer dollars to continue to subsidize those jobs. As a matter of fact, they feed in money to the Federal Treasury.

The bill before us today, I think, is fiscally irresponsible. It is the exact opposite direction we should be going. What we should be doing is acting in accord as Americans—not as Republicans, not as Democrats—but let's look at history and learn from it and get this economy going by focusing on actually what has worked in the past and what will work in the future.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Utah is recognized.

(The remarks of Mr. BENNETT pertaining to the introduction of S. 3096 are printed in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. BENNETT. Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. COBURN. Mr. President, I understand the Senator from Virginia is going to speak now, and I ask unanimous consent that when he finishes, I be given 45 minutes at the completion of his time.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Virginia.

OVERSIGHT AND TRANSPARENCY

Mr. WARNER. Mr. President, I rise today to speak about a bipartisan, commonsense amendment that Members of this body endorsed yesterday by unanimous consent. I wish to thank Chairman BAUCUS for his work and the work of his staff in managing this important job creation package on which we took a step yesterday. I wish to thank Senator CRAPO for cosponsoring this bipartisan amendment and Senator COBURN for his ideas and support.

My amendment is simple. It amends the Recovery and Reinvestment Act of 2009—what I think most folks refer to commonly as the stimulus—to correct gaps in oversight and transparency. It provides much needed additional accountability for these public investments, again, that have come about through the stimulus package.

I voted for the stimulus package. It was one of the first and toughest votes I cast as a Member of this body. I have worked hard to make sure my State, the Commonwealth of Virginia, has had opportunities to compete for its fair share of this funding.

The Recovery Act was not perfect, and reasonable people can debate whether it was necessary or whether it was ambitious enough. But I do think it is fair to say that the majority of the economists of all political stripes across most of the ideological spectrum now agree a year later that while imperfect, the stimulus package prevented our battered economy from sliding over a cliff last spring into what I think could have been a full-scale economic depression.

Almost a year ago, I remember coming to this floor for one of my first presentations, and I stood on the Senate floor and spoke of my concerns about the potential challenges of implementing a piece of legislation as big as the Recovery Act.

At that time, I said we needed to come up with a common set of definitions, performance metrics, that would allow us to honestly measure our progress as these stimulus dollars were pumped into our economy. I know that metrics, performance indicators, and other things—many Members' eyes start to glaze over when you go into these kinds of discussions, but if we are going to be truly responsible to the people of this country, it is our job to make sure we put in place, particularly when we start new programs, those kinds of performance metrics.

As the Chair knows, prior to being Senator, I had the opportunity to be Governor. The hallmark of my administration was, that which gets measured gets done. My sense was that as we started down the ambitious path around the Recovery Act, we needed to have those same kinds of metrics in place.

I suggested a year ago requiring specific timelines and checkpoints so we could better track the outcome of programs funded by stimulus dollars. I discussed at that time steps we could take to hold Recovery Act recipients more accountable. I actually recommended delaying or deferring stimulus payments if progress was not adequately demonstrated or appropriately reported. Here we are a year later, and while I do believe the macro level of a lot of the stimulus activities has accomplished its goals, it appears that requirements for program reporting and disclosure of spending plans have gone missing or just have not been reported and that the notion of putting in place, in effect, a business plan for some of the new programs of this legislation has never fully been vetted. In the amendment this body adopted yesterday—this bipartisan amendment—we have successfully included fixes to make sure that on a going-forward basis, we will not have this problem.

When we passed the Recovery Act 1 year ago, we required recipients to report quarterly, we required agencies to post reports, and we established an oversight board to tackle issues of

waste, fraud, and abuse—the Recovery Accountability Board. We required the Congressional Budget Office, various inspectors general, and the Government Accountability Office to provide oversight. One would think, with all this reporting and oversight, that we would have it totally covered, that we would have thought through all of the ramifications. Unfortunately, a year later we have found that is not the case.

Not that anyone here needs a recap, but I think it is fair to once again explain—and I do not think particularly those of us who are supporting the Recovery Act and the administration ever did a very good job of actually explaining to the American people what was in the Recovery Act. It is not a long recap, but I do think it is important for viewers and my colleagues to recall what it was.

Literally more than one-third of the stimulus act was tax cuts, \$288 billion of tax cuts. I believe it was, in effect, the third largest tax cut in American history. As I travel Virginia—and the Presiding Officer, I know, travels the great State of Illinois—I very rarely find a constituent who realizes the stimulus had a huge amount of tax cuts. We have only paid out less than half of those dollars, but a third of the stimulus was tax cuts.

A second third was direct assistance to State and local governments.

I can tell you, in the Commonwealth of Virginia, I sometimes run into the legislators there, some folks from the other side, who oftentimes will say to me: Senator, we are going to keep kicking you in the tail about the stimulus, but keep sending those checks because otherwise we would be right down the tubes at the State level.

Oftentimes, these dollars have gone to prevent what would have been otherwise catastrophic layoffs in our schools, in our highway departments, providing health care. Many State governments that are working on biennial budgets are finding, in the second year of the budget when the stimulus dollars run out, the enormous budget shortfalls they are going to face.

Again, for many of our constituents, because these dollars did not necessarily create new jobs but prevented massive additional layoffs, I am not sure we conveyed that to folks adequately.

The third part of the stimulus package and the category I am primarily concerned with today and the focus of my amendment included significant new investments in our Nation's economic infrastructure. These are areas this body and policymakers have talked about for years, but we never really put our moneys where our mouth was until the stimulus. These areas include such policy goals as smart grid; investing in high-speed rail; making sure we have the power of

information technology to transform our health care industry to make it more productive and cost-effective, so we have significant dollars in health care IT; and an area I am particularly interested in: deployment of broadband across our rural communities.

As you can see in this third category, as of mid-February we have only paid out about \$80 billion of a total of \$275 billion. And it has now become clear that many of the programs in this third category are what I would term "high risk." That means they include Federal programs that sought enormous increases in funding and new responsibilities. Some of these programs barely existed a year and a half ago. They had relatively modest priorities before. But now with broadband, we have seen a 100-fold increase, and dramatic increases in health care IT. These programs have had a year to gear up, but we have to make sure they actually have business plans that can be vetted. In some cases, these stimulus funds were actually designated for brand-new priorities and new programs. Now many of these programs are just now a year later getting their stimulus funds out the door.

Here is the challenge my amendment will address: We simply do not know a year in and with \$80 billion being spent out very much about how these high-risk programs are actually doing in terms of delivering broadband, health care IT, and smart grid.

For example—let me turn to the next chart—on the Web site recovery.gov, you learn that the Energy Department has paid out about \$2.5 billion in stimulus money so far. Close to another \$24 billion remains to be spent out.

If we look even further, we find that the Energy Department complied with OMB requirements last year to come up with an implementation plan for its Weatherization Assistance Program. The Energy Department plan set a clear and reasonable goal. It said it would use stimulus dollars to weatherize 50,000 homes across the country in 2009. Weatherization programs are geared to low-income homes. They help the homeowners. They decrease energy costs and decrease our commitment on foreign oil. There is a lot of good in this program. But a report from the Energy Department just 3 weeks ago showed that these funds actually paid to weatherize only 30,000 or so homes in 2009. That means the programs missed the goal by 20,000 homes. That is a score of 60 percent. When I was in school, 60 percent was not a passing grade.

We should be concerned that almost every dollar of the \$5 billion program for weatherization has already been awarded. We have to make sure we are getting the results we were promised. How can we have confidence these grants already in the pipeline for this year are going to be properly managed?

We must have more transparency and accountability from the Energy Department about how they are managing this program and overseeing the spending of these funds.

There are the same kinds of challenges around the smart grid program. I am not just picking on the Department of Energy. If we look at the other areas—health care IT and rail—we find similar challenges.

There is no information, beyond once these funds are distributed, how this fund distribution fits into the overall management of these new programs. That information should be easily accessible and available to taxpayers, and it should be reported on a regular basis to those of us in Congress who have this oversight responsibility. If these agencies are not meeting their milestones or deadlines and if stimulus programs are not producing measurable results, we need to know about them. If there are problems of potential barriers to distributing these stimulus funds, we in the Congress and the administration could do more to support reasonable solutions. We should be able to work together to fix the management barriers that have slowed down this work.

It is not too late. According to the Congressional Budget Office, the government spent only about 18 percent of the stimulus funds in fiscal year 2009. By the end of this fiscal year—that means October of this year, 2010—that number grows to about 54 percent. But that still means over half of the dollars will be spent out after October of this year. That means much of the stimulus funding remains in the pipeline, and that means we have an opportunity now to correct any management and transparency gaps.

Our amendment this body adopted will do that in three important ways:

First, it requires agencies to update and refine their implementation plans they developed last year for these high-risk programs. We define "high risk" as any program that received more than \$2 billion or any program that saw a funding increase of 150 percent or more from the previous year's funding. These are the programs that went from quite small to ramping up to huge amounts. It also includes brand-new programs. Under our amendment, these programs will be required to update their stimulus implementation and oversight plans by July 1. As a former business guy, what that means in legislative speak is they have to show us their business plan in a way that is intelligible and understandable to the taxpayers and to Congress by July 1.

Second, our amendment would require these high-risk programs to report their outcomes to Congress and taxpayers every quarter beginning September 30. We cannot wait for a year to go by to see if these programs that are spending billions of dollars are actu-

ally achieving their goals. These reports must include relevant information on spending and outcomes that clearly measures whether these programs are working and meeting the goals defined basically in the business plans they would have submitted by July 1.

Finally, our amendment adds an enforcement mechanism to make sure that Federal agencies, Members of Congress, and the public have access to the information they deserve to evaluate whether these stimulus investments are actually working. One of the things we found is that close to 1,000 recipients of stimulus funding in this last quarter never even filed the required reports so that we know and the taxpayers know how these dollars are being spent.

The amendment will impose civil and financial penalties on stimulus grant recipients who deliberately or consistently fail to comply with quarterly reporting requirements. The amendment provides sufficient discretion for the Attorney General and the courts to set these penalties and to make sure there is consideration of whether the recipient is a nonprofit organization or State and local government or a small business. Again, we are not trying to unduly penalize, but we want to put some teeth in the fact that these organizations that are recipients of Federal funds document what they are doing with those funds. This is basic accountability.

Once again, I applaud my colleagues for stepping up in a responsible and bipartisan way to correct obvious gaps in management, accountability, and transparency of the Recovery Act programs. With so much of the stimulus funding still in the pipeline, this amendment will allow us to dramatically improve the way we measure and report outcomes and demonstrate accurate, verifiable results for the taxpayers.

Mr. President, I yield the floor. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. COBURN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. COBURN. Mr. President, I compliment my colleague from Virginia. I am a cosponsor of his amendment. I think it is a very noble attempt to try to put better hands on the stimulus.

It is interesting to note that when we had the first hearing with the IG who is overseeing the stimulus, he said, regrettably, \$50 billion would be wasted; that is, \$50 billion out of \$867 billion—actually, some \$940 billion—was going to be wasted. We started with the assumption that about 6 or 7 percent of

this money was going to be defrauded. I congratulate my colleague because some of the steps he is talking about in his amendment will actually lessen that, hopefully. I agree with him.

It is exciting for me to see a bipartisan attempt to start bringing teeth into the laws we pass, not toward the American public but toward the agencies that administer the funds.

I congratulate him. I think he has a good amendment. I think we will have a great vote on it.

TAX EXTENDERS

Mr. COBURN. Mr. President, I wish to spend time talking about the bill we are considering.

Yesterday afternoon, I had the great fortune—my daughter was performing in Florida and was driving back to New York. I got to see my 7-month-old granddaughter. Anybody who is a grandparent knows what it is like to see your grandchildren. There is nothing wrong with it and everything right with it. You get a picture and see in your grandchildren aspects of your children. It draws back memories.

But I was struck by that encounter with my daughter and granddaughter and, by the way, her dog. What are our hopes and dreams about? What are the hopes and dreams we have for our children and our grandchildren? Our hopes and dreams are that they will have great opportunity to flower and blossom in a way that they can take advantage of their God-given talents and their hard work and become a success in their life's endeavors. And then you contrast that with the heritage of our Nation—a heritage which is about sacrifice—where one generation makes hard choices, makes difficult decisions, where they sacrifice their own benefits from their own endeavors to create opportunity so that the next generation of Americans can have that opportunity to fulfill and expand their heart's desires.

We heard the Senator from Utah today talk about where the problems were with our Nation, and he talked about where all the gold was in terms of fixing what is wrong. I would have to say I disagree with him. When I look at the U.S. Constitution, and then I look at all the government programs the Federal Government has fostered, passed, and funds, I see a black-and-white slate. I see on the one hand the very limited intent of our Founders, which was spelled out very clearly in Article I, Section 8 of the enumerated powers—here are the powers you are to have. We are designing this to be a limited Federal Government and we are going to reserve everything else to the people and the States through the tenth amendment. Those words are actually in there. What is not spelled out for the U.S. Federal Government is explicitly reserved for the people and their States.

So when we consider the mess we are in—the fact we had a \$1.56 trillion deficit last year, that 43 cents of every dollar we spent we borrowed from our grandchildren, that this year it will be \$1.8 trillion, that over the next 9 years we will spend \$10 trillion we don't have—and I would put forward most of it on things we don't need—look at it in the light of what our constitutional charge is.

I have made this statement from the floor several times. The oath we take—when I was sworn in, in January of 2005—is to uphold the Constitution. The Constitution is our guideline, our direction for what our responsibility is and what should be left to the States. So I agree with my colleague that unless we reform entitlements, we are going to have a difficult time solving our problems, but there is another answer. Actually, there are two other answers.

One of the other answers is to go through with a fine-tooth comb and look at every Federal Government program and ask: Is it a legitimate responsibility of the Federal Government? And if it is, is it a program we need?

You know, in 2 weeks time, my staff found 640 duplicative programs in the Federal Government, across all agencies, that all do the same thing—105 programs to encourage students to go into technology, math, engineering, and science. There are 105 different programs. So as we look at comparing what is our obligation and what is our charge under the Constitution with what is happening, all of a sudden a wide world opens up of monies we don't have to spend, that aren't absolutely necessary, that aren't absolutely a priority, that we shouldn't be spending money on in a time when we are borrowing and stealing the future of my little granddaughter Katie Rose, and everybody else's granddaughter.

Why would we not demand that we do the hard work of going through what is truly our obligation and eliminating what is not, and eliminating the multitude of duplications that the Federal Government has? Why shouldn't we put ourselves to the same test every other family in America is put to. Once you have maxed out your credit card, once you have passed your limits, they do not continue to extend you money. Unfortunately, what they do is jack up your interest rate. Well, guess what is getting ready to happen to us. We do not have an unlimited credit card. What is going to happen to us over the next few years? We are seeing 30-year bond obligations today going for a higher percentage than what they have ever gone for in the last 4 or 5 years, and we are going to see that trend continue. Out of the \$10 trillion we are going to spend—money we don't have—in the next 9 years, \$5.6 trillion of that is to pay interest on the national debt. So we are going to find ourselves in the

same predicament as that person who has maxed out their credit card who is now paying interest on the interest instead of paying off the debt.

I said there were two ways of looking at this. The second is to go through the Federal Government and eliminate the waste, fraud, abuse, and duplication. One is to eliminate where we don't truly have a responsibility or authority for what we are doing under the Constitution, but the second is we have identified \$350 billion a year of waste, fraud, and duplication in the Federal Government. We have done that over a period of hearings over the past 4 years. One amendment out of about 800 I have offered over the last 5 years has been accepted to eliminate something—just one. They have all otherwise been voted down. And they have been voted down because Members of this body refuse to make the hard choices about priorities, because they think we don't have to.

Well, the gig is up. There is a real rumble among the American people. There is a rumble in America about holding us accountable for the future of this country, which means no longer ignoring the hard choices, no longer adding to the credit card. I say all that to talk about the bill that is before us. We have a bill before us that is called the tax extenders bill. But that is not what it is. It is the debt extender bill. Because this bill, in light of all the speeches we will hear in this body, and all of the excuses and all the press releases that are going to be released, is going to add \$104 billion to our children's credit card.

Yesterday this body voted to go forward with that. They voted to not make the hard choices, not offset the spending. If these are priority items that we should be doing in this bill, then why aren't we going after some of the waste, fraud, and abuse in the Federal Government and getting rid of it? There is \$104 billion over the next 10 years, with this one bill alone, that we are going to add to the debt, and that comes down to \$10.4 billion a year. We have \$350 billion worth of waste. Yet we refuse to go into that \$350 billion worth of waste, fraud, and duplication, and eliminate anything to pay for this. Instead, we are going to steal that opportunity, we are going to steal that future, we are going to put a blight on the blossom of opportunity for our children and grandchildren. I beg America to hold us accountable; to not accept business as usual anymore.

When you get down to it and start talking about what this means—when you take the \$104 billion and divide it by the 300 million people in this country and then multiply it by the average family size—what you get is \$1,282 per family that this bill will add. So if in fact you go to sleep the day after tomorrow, when this bill has passed the Senate, when 60 Senators vote for it

and we go on and do this—35 or 36 will vote against it, but 64 or 65 will vote for it—when you put your head on your pillow at night, you can thank them for jeopardizing the future of your children. And not because what they want to do in the bill is necessarily wrong, but because they lacked the courage to stand up and make the hard choices that are required in times of distress in our country.

If you study our history, our greatest leaders exhibited courage in the face of adversity. They pulled us through by making hard choices, not running away from the hard choices. We had a lot of people who were critical of Senator BUNNING because he raised the issue on a \$12 billion jobs bill—that isn't going to do anything—and said we ought to pay for it. We voted him down. We said no. But you know what, as I read the American public, about 80 percent of them said we should have paid for it. We should have done that. And those people who were most critical of Senator BUNNING on the floor are the people who have hardly ever voted against any spending bill in their entire career in the Senate. They honestly believe it is okay to mortgage the future of our children to benefit their own political careers.

So what we have developing in the Senate isn't partisanship, it is policy differences that will make the difference for this country. And if the ne'er-do-wells of doing it the same old way win, our children won't have a future. What they will have is a debt burden they will never get out of.

We hear speeches, as we did from the Senator from Utah, that tend to push us, and we think, well, we have to figure out how we can fix Medicare and Social Security. Well, how do we fix Medicare and Social Security? We have to delay retirement, lessen benefits, eliminate fraud in Medicare, and delay eligibility. Those are the only answers. Or we have to raise taxes.

But how do you raise taxes on the American people when you know you are spending \$350 billion a year that is wasted? How do you, in good conscience, even consider that? I am not against having a tax increase when and if we have done everything we can do to get this government efficient and eliminated what is not our role and gotten rid of the fraud, waste, and duplication. And most of America wouldn't be against that either. But right now they do not trust us. And for good reason they don't trust this body. Because we are not shooting straight with them. We are not telling them that we are going to add \$1,282 to their kids' debt.

When you take this number—this 347 figure, and you look at kids 25 years and younger, and you take that out 20 years, here is what you find: Not only are they going to be responsible for the debt we have today, but the \$78 trillion

worth of unfunded liabilities for Medicare, Medicaid, Social Security, and all the other trust funds, including Federal employees' retirement, which adds up to \$1.3 million for every person in this country under 25, ask yourself: How in the world will they ever own a home or send their kids to college if in fact they are having to support \$60,000 a year in interest on a debt they didn't create?

The promise of America was freedom. Debt is a hard taskmaster. But it is doubly hard when it wasn't your debt but that of your parents and your grandparents, yet you are tasked with changing your lifestyle, your opportunities, your hope and vision for your children because this generation didn't have the courage to stand up and say: Enough is enough.

When will it ever be enough—when we can't sell our bonds? When will it ever be okay to offend those who are on the dole and who don't deserve to be on the dole? When will it be okay to eliminate the waste in the Federal Government, if not at a time we are going to have a \$1.8 trillion deficit; if not at a time when \$50 billion is going to be defrauded out of the stimulus program? When will we ever do it?

We have never been in the financial situation our country is in today—never before in our history.

Our whole foreign policy is now being affected and impacted because of our debt. We have to keep an ear toward China as we conduct our foreign policy, in the fear that they may dump our bonds. Why would we put ourselves in that position when we do not have to? Because there is no spine in the Senate. There is no spine in the Congress. There is no spine to go out and say: Yes, I made the hard choices. You may not like it, but your children deserve that we make hard choices and difficult decisions. If I am not here, it is OK, I did the right thing. I secured our future. I will be able to sleep at night, knowing I was not a part of taking and stealing that blossom of potential from our children and grandchildren.

I will finish by asking a question of the American people. Is it right that you have to make choices within a finite budget, yet your elected leadership in Washington does not? Is it fair for you to have to sacrifice to create a future for your children, when we are destroying that future in Washington?

It is a time for Americans who have never been involved in the political arena, in our Nation, to get involved because the future of your children and your children's children depends on it. We have a very short window within which to recapture the economic renaissance in our country, and it is less than 4 years. If you look at what we are coming to in terms of debt-to-GDP ratio and in terms of the size of the government to the size of the GDP, we will be on an irreversible course that

will eliminate American exceptionalism forever because the thing that made us free and kept us free was a fairly limited Federal Government. What we have in front of us is an attempt not to get it back down to a size that is manageable and within the intent of our Founders' vision and the American people's expectation; we have an intent to grow. The discretionary budget of the Federal Government, on the rate that has been passed by this body the last 2 years alone, not counting the stimulus, will cause the Federal Government to double in size in 5 years. We are 40 percent bigger than we were 2 years ago; actually, it is 38.6 percent bigger. We hear the average Federal employee now makes \$72,000 and the average private employee now makes \$40,000. We have added 170,000 new jobs in the government in the last 7 months, while we have lost three times that in the private sector. Things are out of whack. The only way they are going to change is if the American public demands it to be changed.

I will go back. This is not a tax extenders bill. This is a debt extension bill. We are going to extend another \$104 billion of debt across the threshold of opportunity for our children and grandchildren. I am not going to be a part of that. I am not going to be complicit in it. If that is not satisfactory to the people of Oklahoma, I am fine with that. I am ready to make the hard choices to make us a lean mean fighting machine again as an economy, a lean mean fighting machine as far as opportunity. The way to do that is to downsize the Federal Government, put it back within the role of its intended purposes, and return to the States both the money and the authority to handle what is rightfully theirs in the first place.

The second thing that is important is to get rid of the \$350 billion worth of waste, fraud, abuse, and duplication that occurs every year that we do nothing about. We do nothing about it. We send out press releases, but when it comes time to vote to make a hard choice, we do not do it. We refuse to do it. We refuse to offend those who are well connected and well heeled, while we send our country into the trash heap of history through financial collapse.

My hope is, my colleagues will stand and say we are not going to pass this debt extender bill until you pay for it, until you make the hard choices about what is waste, what is duplication, what is fraud, and get rid of some of that to pay, if these are truly priority items.

You see, if they are truly priority, if America truly needs them, then there has to be something that is a lower priority that we can take away. But we do not have that kind of thought in the Senate because we just keep putting

the credit card into the machine. Thank you, China. It is not going to be too long before we are saying: May we please, China. May we please. May we.

Watch what is happening to Greece. Look at the articles on Ireland today, the hard choices they had to make to get themselves out of trouble. But they are doing it. We are ignoring it in this body, and we are going to pass another \$104 billion along to our children and grandchildren.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mrs. HUTCHISON. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mrs. HAGAN.) Without objection, it is so ordered.

HONORING THE WASPS

Mrs. HUTCHISON. Madam President, we just had a beautiful, really incredible Congressional Gold Medal ceremony honoring the Women Airforce Service Pilots known as the WASP. It was the largest audience to have ever attended a Congressional Gold Medal ceremony or any ceremony in the Capitol because we have now the wonderful new Capitol Visitors Center that allows us to accommodate very large ceremonies.

This one had over 2,000 family members of the Women Airforce Service Pilots who were honored by Congress. I thought it was worth also including comments in the CONGRESSIONAL RECORD to be sure the American people know that today was, in fact, a wonderful day in which we honored women who did so much in World War II. They did not get the recognition they deserved at the time but they received those accolades today when they were recognized with the highest honor that Congress can give.

I would like to read the speech I gave at the ceremony, and also just embellish a little bit about the WASP.

I wrote a book called "American Heroines: The Spirited Women Who Shaped Our Country." In that book each chapter focused on specific areas in which women trailblazers had done so much to open doors for the future women leaders in our country. One of those chapters focused on those who blazed new trails in aviation.

The pioneers I profiled were Amelia Earhart and also Jackie Cochran. Jacqueline Cochran was a true pioneer, as was Amelia Earhart. They were contemporaries—actually, Amelia achieved her fame just a little bit before Jacqueline Cochran. But Jacqueline Cochran went on to become the first woman to break the sound barrier in an aircraft. She was a protégé of

Chuck Yeager who, of course, we know was the first to break the sound barrier in a jet aircraft. He was a test pilot and a fabulous aviator who I saw recently in Dallas and understand he still enjoys flying.

For everyone who knows anything about aviation, Chuck Yeager is an icon. He took Jacqueline Cochran under his wing and helped her, and she went on to become the first woman to break the sound barrier. She also was the woman who conceived of the Women Airforce Service Pilots and was the leader during World War II of this incredible group of women.

I wish to read the remarks I made because they tell much of the story of the WASP and Jacqueline Cochran's leadership.

As we celebrate Women's History Month, this is the perfect time for us to gather to honor the Women Air Force Service Pilots. They were not in the Air Force at the time, but they were called the WASP. We are presenting them the Congressional Gold Medal during Women's History Month because these women truly made history. America's first women to fly military aircraft, they blazed a trail in the sky that opened the door for today's women military pilots. By the time the war ended, 1,074 women had earned their wings at Avenger Field in Sweetwater, Texas. Thirty-eight of those women were killed in the line of duty. Throughout the war, these courageous women flew over 60 million miles around the world, in every type of aircraft flown by male pilots. They were never commissioned, were never afforded Active-Duty military status, and were not granted veterans status until 1977, 30 years after they had served.

All these women volunteered to serve their country in wartime. The reason the organization was formed was the every available male pilot was needed to fly combat missions. So, for the first time, women were recruited to fly non-combat missions. They ferried new aircraft from the factory to the coast and delivered the aircraft for shipment overseas. Some flew airplanes that towed targets so that male gunners could practice shooting with live ammunition and others even trained male pilots. They did all the things someone in the Air Force would do today except fly combat missions. That is why Jacqueline Cochran convinced the Army Air Corps of that their recruitment was a necessity. Women were eager to serve the war effort. That was why the Women's Army Corps, the WAC, was created. They too contributed to the war effort. The WAC was headed by Oveta Culp Hobby, a wonderful woman who later became a member of President Eisenhower's Cabinet.

Women volunteered by the thousands during World War II. The WASP volunteers paid their own way to Texas for training. Just before the war ended, the program ended, and the WASP paid their own way back home. The 38 courageous women who died as a result of their service in the WASP received no military honors and the expense of their burials was borne by their families or through contributions from their fellow WASP. Their families even had to pay to have their bodies transported home for burial. They were not even accorded the honor of having a flag on their caskets because they were not considered to be in the military.

I wrote about the WASP in my book, "American Heroines: The Spirited Women

who Shaped our Country." These women surely did. Despite their patriotic and historic impact, the WASP were never formally recognized by Congress for their wartime military service—until today. Both Houses of Congress, the Senate and the House of Representatives, passed a resolution to present the Congressional Gold Medal. It was unanimous on both sides of the aisle. It is the highest award given by Congress. We honor their service, the history they made, and the history they made possible for other women to make as a result of their courageous service.

Today, we right a wrong and acknowledge our debt to these great patriots, women who are so worthy of this award and this recognition.

I recognized Tom Brokaw during the ceremony. Tom was on the stage with us at the ceremony. Of course, Tom wrote the book "The Greatest Generation" that raised the awareness in America about the incredible contribution of the veterans who served in World War II—primarily of course, the combat veterans who served in World War II. He chronicled those because they served so valiantly in horrendous circumstances. They came home, never talked about it, didn't talk about their experiences to their wives or their friends or their children. Most went back to life as normal and considered that they had done their duty and now it was time to go back to work. Tom Brokaw did a wonderful service for all of us. He raised the awareness of the "greatest generation" and made us appreciate so much what they had done.

I said at the ceremony that Tom Brokaw, who came to the ceremony today because he had gotten to know about the WASP through his own research, was really here helping us close the circle for so many of those who served in World War II and were never recognized. We recognized the combat veterans. We recognized their incredible service in combat and in battle. But there were some who contributed that we have only recently received the Congressional Gold Medal. The WASP was the third of the three. The first was the Tuskegee Airmen. They were an incredible group African American pilots who flew combat missions but whose service was never fully recognized until later, when they were presented the Congressional Gold Medal.

Then there were the Navajo code talkers who did an incredible service for our country but operated in secret. They promised they would not ever tell what they did, and they didn't until years later when they were given leave to do so after a movie was made that chronicled their critical wartime role. They too were recognized with the Congressional Gold Medal. And now today we honor the WASP, the women who were the first women to fly military missions but never made a part of the military.

This effort to recognize the WASP started in the Senate where I was proud to introduce the legislation with

my colleague from Maryland, BARBARA MIKULSKI, that culminated in the celebration today. Senator MIKULSKI and I shepherded that bill through the Senate, and in the meantime legislation was introduced in the House of Representatives by Representatives SUSAN DAVIS and ILEANA ROS-LEHTINEN, who passed it on the House side. It passed in record time for a Gold Medal resolution. For this, I thank my colleagues in the Senate and House. It took less than a year from the day we introduced this legislation in the Senate to arrive at this day in which we award this medal to the WASP. There have not been too many Gold Medal resolutions signed into law, usually one per year, two at the most. But these resolutions usually take much longer. But because these women are older and have waited so long, we wanted to pass this quickly so as many of them as possible could come to Washington to celebrate. In fact, over 2,000 WASP veterans and their family members did come. Of the 1,074 women who earned their wings, over 200 were here today. I thank them.

I ended my remarks today by saying:

I thank the WASP and their families who have waited so long and traveled so far to be here today to finally hear these words: on behalf of a grateful nation, thank you for your service.

Speaker PELOSI was eloquent. The distinguished Minority Leader in the House, our leaders, Senator HARRY REID and Senator MITCH MCCONNELL, all participated with the Secretary of the Air Force in this special day. And of course, the four of us from the Senate and House who sponsored the resolution spoke as well. It was a beautiful ceremony. I wished to put that in the CONGRESSIONAL RECORD as a record of this day and as an additional record of the recognition the WASP so richly deserve and for which they have waited far too long.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. LEMIEUX. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. LEMIEUX. I ask unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

MEDICARE FRAUD

Mr. LEMIEUX. Madam President, yesterday, the President was in St. Charles, MO. He talked about a new effort the Federal Government would undertake to go after waste, fraud, and abuse in the health care system. He focused on the use of payment recapture audits and the teams of auditors who

will now go through the process of looking at the payments being made in Medicare, for example, health care for seniors, to make sure the money is actually going for health care to seniors and not going to criminals who are stealing money from the system. I commend the President for doing this. It is the right thing to do. Republicans and Democrats can work together. This is a good initiative.

But I would like to request of the President, as I have requested of this Congress, to take further steps and more bold steps to stop fraud in the system.

I thank Leader MCCONNELL who, in his opening remarks this morning as the Senate opened its session, commented on a piece of legislation I have offered that will not only go after the fraud after it happens, which is what the President's proposal does—and I commend him for it; it is estimated by folks looking at his proposal that it might save \$2 billion a year by going through and auditing and trying to find out where the bad guys have taken the money. I have some experience in that. When I was deputy attorney general in Florida, working under then-attorney general Charlie Crist, we had a Medicaid fraud control unit.

On the Medicaid side—health care for the poor—we did just what these teams the President is putting together now are going to try to do for Medicare. We had teams that looked at the data. We would break down the list of the top 50 folks who were receiving reimbursements from the Federal Government, and if the number and the amount of money they were receiving was abnormally high, we would look at it and make sure it was legitimate. You could go where money is. Right? They say: Look where the money is going. And if you can find out where the money is going, you can find out what the problems are.

We looked at the top 50 or top 100 folks who were receiving reimbursements from Medicaid, and we found problems. So the President's idea is effective. But let's not just do pay and chase. That is what we have been doing in health care for years and years and years.

The Presiding Officer, the Senator from North Carolina, agrees with me on this issue. She has been a leader in advocating that we stop the health care fraud before it starts. We were trying to change the health care bill last year at the end of the year to put in something more robust.

We do not have to start from scratch. There is an idea out there that already exists that is already working in another sector of the economy that is very similar to what could be done in health care.

Health care is about a \$2 trillion a year business. We know that in Medicare, there is at least \$60 billion if not

\$100 billion a year of health care fraud. That is worth repeating: \$60 billion to \$100 billion a year of waste, fraud, and abuse in Medicare alone.

My colleague, Senator and Dr. COBURN, has been a leading advocate about trying to go after this waste, fraud, and abuse.

So what could we do with that money? We could put that money back into Medicare to make sure we are actually helping patients and make Medicare solvent for years to come, instead of where we are looking at it right now: that in the next 7 years Medicare is going to have a real financial crisis.

So how do we get at that \$60 billion to \$100 billion a year of waste, fraud, and abuse? Well, the health care industry is about a \$2 trillion industry. Another industry that does a fantastic job of fighting fraud that is also an industry of about \$2 trillion is the credit card industry.

In health care—at least in government health care—we believe \$1 out of every \$7 is fraud. In the credit card industry, they lose 7 cents on every \$100. Madam President, \$1 out of every \$7 versus 7 cents on every \$100.

How do they do it? They do not do just pay and chase; they do not just set up auditors and prosecutors to go after the bad guys after they have stolen the money. They stop the stealing before it starts. Technology is a wonderful thing, and it has created tremendous abilities for us to prevent fraud before it begins.

You all have had this experience. You have gone somewhere and used your credit card, and your credit card company has e-mailed you or called you and said: Was that really you making that purchase? And why is that? Well, a mechanism was triggered by their computers, where you were doing something you normally do not do. You were outside your normal spending habits. You were in Washington, DC, visiting, not at home in Orlando, FL. That is not something you usually do. A red flag goes off because they built a computer model that tracks your normal purchasing, and if something is out of normal—if you are traveling or you are purchasing more than you usually do, or you are buying things that are the target of people who steal credit cards—the model goes off, the phone call happens, and if you do not verify, they do not pay.

This is called predictive modeling, and it makes all the sense in the world that we put this into our health care system. And we can. I have a bill, S. 2128. It has bipartisan support in the Senate with about a dozen cosponsors.

It is a bill to do three things. One, create the predictive modeling system, set up a computer program where if we have health care fraud, we can try to detect it before it starts.

Let me give you an example. My home State of Florida is rampant with

health care fraud—rampant. In fact, I think south Florida is the capital, unfortunately, of health care fraud. Here is one example to give you: We have in south Florida 8 percent of the Medicare beneficiaries with HIV or AIDS nationwide, but 72 percent of the reimbursements to these patients are sent there.

Is that because they are getting the best health care in the world? No. It is fraud. There are people in organized crime who are running these health care codes, stealing medical records from hospitals, finding out your patient information, saying that you have AIDS, running a \$2,400 vaccine, and running those vaccines all day long, sending the bill to the Federal Government. The Federal Government is paying. It is a lot better deal for the crooks. It is a lot better than illicit drugs. We hear from these criminals they would much rather be stealing from the Federal Government. No one is shooting at them, and it is a lot easier to rip off Uncle Sam.

We have to stop this. So if you put this predictive modeling system in place, you could actually have a trend that occurred, and the computer would say: Wait a minute, this “health care provider” has sold this wheelchair 100 times in an hour, or they sold this other medicine, this very expensive AIDS medication. They have prescribed that more than anybody else. The model goes off and the payment stops until they are verified. We stop the fraud before it starts.

My bill does two other things. One is, it requires a background check for every health care provider in America that is going to try to bill Medicare or Medicaid. Can you imagine that we do not do that right now? We do not do background checks of people who are allegedly providing health care to our seniors and to the poor. Can you imagine, we have a convicted murderer in Florida who was an alleged health care provider who was scamming the system? There are bad guys scamming the system for \$10 million, \$20 million, \$50 million, \$60 million. So we have to do a better job.

The third thing this bill does is it creates some accountability. We are going to create an Assistant Secretary of Health at the Department of Health and Human Services whose only function will be to fight fraud so we have some person accountable who we can call in front of our committees and say: How are you doing in the battle to fight fraud?

As much as I appreciate what the President did today—and that could save \$2 billion—a group here in town has evaluated this bill that has bipartisan support and they say it could save \$20 billion a year. So why aren't we doing this today? I know this health care bill is very important. We have differing views on whether we should pass the big bill. But why can't we pass

my bill now? Why can't we start preventing this health care fraud now and save \$20 billion a year?

Imagine what we could do with that money. Imagine what we could do to put that money back in Medicare and make it more resilient so our seniors know their health care is going to be paid for.

I applaud the efforts of the President of the United States today. It is a good step. But it is on the pay-and-chase side. It is not on the prevention of fraud side. I keep coming to the floor and talking about this because I feel so passionately about it. It is a common-sense thing to do. It is problem solving. It is not partisan. No one is for fraud. Everybody should believe that we should try to spend the government's money more effectively and more efficiently.

With that, Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. KAUFMAN. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. KAUFMAN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

TRIBUTE TO EVELYN LIEBERMAN, KAREN HUGHES, AND JAMES GLASSMAN

Mr. KAUFMAN. Madam President, this afternoon I will preside over a Foreign Relations Committee hearing on the future of U.S. public diplomacy. Never has public diplomacy been more important for promoting U.S. national security interests, especially in volatile regions and areas where we are engaged in counterinsurgency. In order to evaluate past achievements, successes, and challenges in public diplomacy, the committee invited three former Under Secretaries of State for Public Diplomacy to testify on the matter earlier today. Given their wide breadth of experience, they will share their views about lessons learned from their tenure and their recommendations on tools and future strategy.

The three former Under Secretaries who are participating—Evelyn Lieberman, Karen Hughes, and James Glassman—promise to provide incredibly useful insight, and I am grateful they are able to be here for the hearing today. Not only are they important voices on public diplomacy, they have also been dedicated public servants in both the Clinton and Bush administrations.

I wish to make a point here. They don't stay, as do the vast majority of the people we have talked about who

have spent 10, 15, 20, 25, 30, 35 years in the government. These people come from a different group. They are the group who come for a short period of time and bring incredible expertise and intelligence to the issues we face—expertise and intelligence, by the way, that we in the Federal Government could never afford to pay for. These three are perfect examples of that, and that is one of the reasons I wish to recognize them today.

During their years of service as Under Secretaries of State for Public Diplomacy, they oversaw our State Department's efforts to promote American foreign policies abroad using tools such as educational exchanges, public affairs and embassy outreach, international broadcasting, and the establishment of American corners or centers. They did this through communication with international audiences, cultural programming, academic grants, and international visitors programs. Public diplomacy programs such as the Fulbright Fellowship and Sports Envoy exchanges bring emerging leaders from foreign countries to visit the United States, promoting a cross-cultural exchange and contributing to sharing an American perspective with the world.

Although these three officials come from different sides of the aisle, they each hold unique perspectives on American public policy, and all share—and I can say from firsthand experience they all share a love of country and dedication to service that called them to government service. I was honored to work with each of them in various capacities over the years, especially during my tenure on the Broadcasting Board of Governors.

Evelyn Lieberman is a native of New York and a graduate of State University of New York in Buffalo. She first entered government service in 1988 as press secretary to my predecessor, now Vice President JOE BIDEN. In those days I was serving as chief of staff, and I had the privilege to work with Evelyn early in her career. In 1993 Evelyn moved over to the White House where she served as Assistant to the First Lady, now Secretary of State Hillary Rodham Clinton. Three years later, after serving also as Deputy White House Press Secretary, she was appointed Deputy Chief of Staff under Leon Panetta.

In 1997, President Clinton appointed her as director of Voice of America, and she served there for 2 years. During that time, I was a member of the Broadcasting Board of Governors, which oversees Voice of America programming, and I was fortunate to work closely with Evelyn once more.

In 1999, President Clinton nominated Evelyn to serve as the State Department's first Under Secretary for Public Diplomacy, and she was confirmed by the Senate. He could not have picked a

better person. What happened back then was, we took the Information Agency and split it into two pieces. The Broadcasting Board of Governors created an independent entity for that, and then we brought the rest into the State Department, and Evelyn was the one who got that started and got it started on the right foot. She stayed there until the Bush administration.

Since then, since 2002, Evelyn has continued a career in the Federal Government serving as the Director of Communications and Public Affairs for the Smithsonian Institution.

The second witness today is Karen Hughes, who was appointed by President Bush to this position after serving as Counselor in the White House from 2000 to 2002. A Texas native, she holds a bachelor's degree from Southern Methodist University. Before embarking on a career in politics, Karen worked in broadcast journalism for 7 years.

When she was appointed as Under Secretary for Public Diplomacy in 2005, Karen was given the rank of Ambassador to underscore the importance of public diplomacy as a central component of U.S. foreign policy. While she was there, Karen implemented important changes including the creation of a rapid response unit in her bureau at the Department of State and many others.

Upon leaving State in 2007 to pursue work in the private sector, Karen told the BBC that her greatest achievement was "transforming public diplomacy and making it a national security priority, central to everything we do in government," which is the goal I believe continues to this day.

During her tenure as Under Secretary, she represented former Secretary of State Condoleezza Rice in meetings with the Broadcasting Board of Governors, and I had the opportunity to work with her on promoting a free press overseas.

I have worked with all three of these people. These are extraordinary public servants, Republicans and Democrats; people who have disagreements on many things but came to the government, took incredible financial sacrifice, and worked together to solve bipartisan problems that have put the public diplomacy effort in a positive light.

When Karen Hughes left the State Department, President Bush nominated James Glassman to take her place. James is a Harvard graduate and a prominent writer and journalist, to say the least. He was confirmed by the Senate in June 2008 as Under Secretary of Public Diplomacy. Jim has done a whole lot of things. He has held senior roles at a number of leading news organizations, including the New Republic, the Atlantic Monthly, and U.S. News and World Report. He is also a former owner and editor of Roll Call.

Before joining the Bush administration, Jim served as a fellow at the non-profit American Enterprise Institute for 12 years. In 2007, Bush nominated him to be chairman of the Broadcasting Board of Governors, and he served in that role until moving to the State Department several months later. As I said, I worked with Jim during my service on the board, and I saw firsthand his dedication to promoting American values and policies overseas.

Since the Bush administration left office, Jim has been working in the nonprofit sector, and he was recently selected to lead a new public policy institute at the George W. Bush Presidential Library.

Think about this: Here I am, a Democrat, and I can tell my colleagues there aren't three better people with whom I have worked in the whole world than Evelyn Lieberman, Karen Hughes, and Jim Glassman. They care. We have a lot of fights about a lot of things, but when it came to public service, these three individuals all did incredible work.

Political appointees make up an important constituency in our Federal Government. When a President requests their service, they often make real sacrifices to respond to that call, and I can tell you without a shadow of a doubt, these three made incredible sacrifices, financial and personal, to answer the call of this country.

I hope my colleagues will join me in thanking Evelyn Lieberman, Karen Hughes, and James Glassman for answering the call to serve and for their work on behalf of the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

RESPONDING TO THE ECONOMY

Mr. CASEY. Madam President, thank you very much. I appreciate the many times Senator KAUFMAN comes to the floor to celebrate what is working in Washington and the good work that is done by so many public officials, but also public employees in our Federal Government.

I rise this afternoon to talk about the recession, unemployment, job loss—all of those related topics—and in a very particular way to focus on the trauma, the suffering that a lot of Pennsylvanians and a lot of Americans are living through right now.

This has been and continues to be a horrific recession for the American people. When we are confronted with that kind of economic difficulty, we need to respond to it in very bold ways. I think we have over the last couple of years and even the last couple of weeks. I will talk about that today. But we do need bold action to put people back to work and to keep our economy moving in the right direction, as I think it is now, more than a year after the recovery bill was enacted.

In Pennsylvania, the unemployment situation is as follows: Our rate is at about 8.8 percent as of January. That is lower than a number of States of comparable size. But, unfortunately, the rate doesn't tell us much. It doesn't often reflect the true meaning or the true impact of unemployment. We have 560,000 people in Pennsylvania out of work through no fault of their own. I think it is also important to put this in the context of where we have been and where we are now, not only in Pennsylvania but across the country.

In late December of 2008, Congress took action to stave off the impending collapse of our Nation's financial system. Months later, the downturn required Congress to pass, as I mentioned before, the recovery bill known as the American Recovery and Reinvestment Act, known by the acronym ARRA. I tend to refer to it as the recovery bill.

These actions were at the time—meaning the legislative actions—unpopular but absolutely necessary. I said we have worked on job creation strategies and legislation more recently within the last couple of weeks. Our majority leader Senator REID has led us in that, and we are making progress. We have more to do.

First, let me go back in time a little bit to the fall of 2008. At that time I happened to be a member of the Banking Committee. We were given briefings at that time on how perilous our financial system was; that we were on the edge of a cliff in terms of the collapse of our financial system and, therefore, the collapse of our economy. We passed legislation which included the Troubled Asset Relief Program, known by the acronym TARP.

I know as soon as I say it, it doesn't bring back positive recollections for people. It was not popular. Even the bill itself was not that popular—the Emergency Economic Stabilization Act—and part of that was the so called Troubled Asset Relief Program or TARP. But I think it is important to put the facts on the table about what has happened since that time.

The Troubled Asset Relief Program was, indeed, unpopular, but we should note that to date the Treasury Department has spent, invested, or loaned \$500 billion through TARP. To date, almost \$190 billion of the \$500 billion has been returned or paid to the Treasury Department. These actions helped steer the economy back from the brink and, by the program's conclusion, we expect all but \$100 billion of that \$500 billion to be repaid, which makes the Troubled Asset Relief Program significantly less expensive to taxpayers than earlier estimates. It met some of the predictions at the time by some of us that the money would be paid back. So that is good news. It is not enough, though, to report on good news.

We had to take other action. We took action when we passed the recovery bill

in the early part of 2009. Just by way of example, Pennsylvania is on track to receive more than \$26 billion through the recovery bill, including billions in direct tax relief. We had 4.9 million Pennsylvanians who got tax relief as part of the recovery bill. Among, or part of, I should say, that more than \$26 billion, \$13.15 billion was in so-called formula-driven funding for health, education, infrastructure, job training, and other aid. It was a tremendous boost to the economy in Pennsylvania, not only creating jobs but preventing the erosion of our job creation strategies and preventing people from being laid off, including teachers in school districts, law enforcement officials, as well as in jump-starting the economy of Pennsylvania. We still have a ways to go. We still have basically another year of a jump-starting effect for the recovery bill.

Across the country, when we measure the impact of the recovery bill, the nonpartisan Congressional Budget Office, which is known by the acronym CBO—we hear about it all the time, but they are a referee in a sense in Washington, an arbiter of what the numbers mean. The CBO reported a few weeks ago that the Recovery Act added between 1 million and 2.1 million jobs by the fourth quarter of 2009. Again, impressive, halfway basically—or almost, I should say, halfway through the recovery bill's implementation at the end of 2009, 1 million to 2 million jobs. The CBO also said the Recovery Act raised economic growth by 1.5 percent to 3.5 percent over that same period. So it has contributed to growth.

The CBO Director, Doug Elmendorf, said during a recent Joint Economic hearing:

[T]he policies that were enacted in the bill are increasing GDP and employment relative to what it otherwise would be.

So that is the CBO talking about the recovery bill as another way to measure. There are lots of ways to measure the impact and, I would argue, the success of it.

In January of 2009 the country lost 1.2 million jobs. Job loss, as of the most recent report for February, was a little more than 60,000 jobs, just about 62,000 jobs. So that reduction or diminution in the number of jobs lost from 1.5 million jobs to 62,000 jobs is, indeed, substantial progress but, again, it is not enough. We have to keep going. We have to keep putting in place strategies to create many more jobs.

The facts speak for themselves. More people are currently employed and more goods and services are being produced as a result of the Recovery Act. Put another way, if the Recovery Act had not been enacted, the economic situation would be much worse than it is today. That is an understatement, if we did not pass that legislation.

But we need to do more and move forward. We need to pass legislation to

continue to create jobs. That is why I am standing today in support of passage of the American Workers, State, and Business Relief Act, the legislation we are now considering. This legislation contains vital policies that will support our workers and our businesses as we recover from the recent economic recession. The most important part of the legislation is the extension of unemployment insurance and COBRA health insurance through December 31 of this year.

The national unemployment rate is 9.7 percent. It is expected to remain at this level, unfortunately, through most of 2010. I mentioned earlier that in Pennsylvania it is about a point lower, 8.8 percent. There are 560,000 Pennsylvanians who are out of work. These numbers are far too high for us to in any way be satisfied with the positive impact the recovery bill has had and other measures we have taken.

We are about to pass and enact into law the HIRE Act—four provisions agreed to in a bipartisan way. We have to do more than that as well. Congress must continue to provide for comprehensive unemployment benefits and a subsidy to pay for COBRA health insurance for those who have lost their jobs through no fault of their own. The eligibility for emergency unemployment compensation and COBRA premium assistance will expire at the end of March. According to our State's department of labor and industry, hundreds of thousands of Pennsylvania workers could lose unemployment benefits over the next several months without an extension.

An extension of federally funded unemployment compensation and the COBRA health insurance subsidy through the end of this year, December 31, is necessary for several reasons. First, State labor departments—and this is true across the board—will now be under pressure to constantly update their systems and inform constituents of the changes in Federal law. Why should we keep passing an extension of a month or two or three when we could pass legislation to give certainty, most importantly to that unemployed worker and his or her family—they are the most important part of this story—but also to State labor departments and other officials in departments so they do not have to continue to make changes to their system. People who were recently laid off will constantly be reminded that their unemployment benefits may run out sooner than expected, especially at a time when there are six applicants for every one job.

Second, our State labor department makes a point that at a time when millions of people do not have health care coverage, failure to provide an adequate safety net to ensure people maintain adequate and affordable health coverage will only add to the rolls of the uninsured in the country.

During my travels throughout the Commonwealth of Pennsylvania, I have met and I will continue to meet or hear from numerous people who are in desperate need of help.

Recently, the Hanlon family of Pleasantville, PA, contacted my office to share their story. Here is but one story, but it is very telling about what families are up against.

Lisa and Jeff Hanlon have four young children. Until recently, Jeff and Lisa were both employed by the same company and, in their words, "the family lived a solid middle-class experience." Jeff worked at the company for nearly 8 years. Over time, he began to experience severe health problems, including suffering three heart attacks. When the economic downturn hit, Jeff was downsized by the company and the family lost their health insurance. The blow of losing health insurance could not have come at a worse time. Just one of Jeff's hospital bills was \$398,000.

Due to his medical condition, Jeff was unable to work. Too sick to work, it took a long time for Jeff to apply for and receive Social Security. During this time, the family experienced severe hardship and sold everything of value to keep their home and stay afloat. Mrs. Hanlon told our office that their children went without medical help for a year—young children going without medical help for a year because their father or mother loses a job. That is unacceptable. We should act on the statement "that is unacceptable in America today." What the Hanlons had to do was choose what bills to pay to feed their children. Without means, the children were not able to participate in sports or any school activities. Even now, the family's current income is a fraction of what it was.

Another example, in addition to the Hanlons, is Janet Lee Smith, a single mother of two girls. Her difficulties began back in 2003 when she was laid off from a 26-year career. As Janet tells the story, the company began outsourcing to Mexico, which made her position obsolete.

Faced with the tremendous responsibility of raising two young girls, she decided to go back to school while still working. In 2005, she graduated from a Penn State extension campus with an associate's degree in human development and family studies. Unfortunately, additional education was not enough to get her a job in this tough economic climate. So once again, Janet turned to odd jobs and part-time jobs until 2008, when she was finally blessed with a full-time job as an administrative assistant. Nine months later, once again she was told that business was slow and she would, in her words, "once again become a statistic as a 'dislocated worker.'"

Today, unable to find full-time work, Janet is back in school and working

part time. She says she feels she has to do whatever she can "to get her girls through school healthy and strong." In Janet's words:

It is not a good feeling at all being told that you are going to be laid off, especially when you are the only income that your family depends on. It has been a struggle keeping up my spirits and trying not to let my girls see that I am stressed.

That is what Janet tells us, and that is what the Hanlon family tells us. Despite these challenges—and I have seen this across our State—despite these challenges, Janet is still optimistic. She says:

I am confident that this time I will be able to find that one job. I know that they are out there. I had a good job before and I will have a good job again.

I heard this in many instances across our State. I was at a job center in south central Pennsylvania, just outside Gettysburg. I met with 8 of those 560,000 people who are out of work. I heard the same thing there. Eight Pennsylvanians—at least six were over the age of 50 and the others were over the age of 60—had never been out of work in their lives, never had to rely on food stamps, and almost in every case never had to rely on unemployment insurance. And they find themselves in this predicament. Despite that, there is a burning flame of optimism inside them. Despite their setbacks, they are willing to keep filling out forms, keep applying, keeping their heads up, and keep moving forward.

Debbie, a woman, who was one of those eight I spoke to that day, probably said it best—simply: All I want to do is get back to work. We see that across the board.

What are we going to do in Congress? Are we going to preach? We will only have unemployment for another couple weeks or a few months. We are only going to have COBRA insurance for a couple of weeks, a couple of months. It is easy for us to say when we have health care, Federal employees that we are, and we have job security.

For those who say we should not do it, we should not extend these safety net programs, before they make a speech about it, they should tell their constituents about why they do not want to support it. Tell Janet Smith and tell the Hanlon family why it is not a good idea to support unemployment insurance and COBRA health insurance. The security of Washington allows a lot of people to avoid that conversation. The security of being a Federal employee, of being a Senator or a House Member and having health coverage and job security allows us the luxury of not having to look those families in the eye and tell them. I think if people were more honest about it around here, they would.

In addition to aiding families who are desperately in need of putting food on the table and a roof over their heads,

an extension of the unemployment insurance has a direct impact on our Nation's economy. We know, for example, that again the Congressional Budget Office says that for every \$1 spent in unemployment insurance benefits, upwards of \$1.90 is contributed to the gross domestic product.

Mark Zandi, an economist I have quoted often, a Pennsylvanian—a little bias there, but he also worked on Senator MCCAIN's Presidential campaign, so he is not someone coming from a purely Democratic point of view—Mark Zandi has stated that for every \$1 spent in unemployment insurance benefits, upwards of \$1.63 is contributed to the gross domestic product. If you spend a buck on unemployment insurance, the taxpayers get \$1.63 back in return.

In addition to unemployment insurance and COBRA health insurance, the American Workers, State, and Business Relief Act provides a range of tax credits that will help businesses and State governments to create and retain jobs. For example, the bill contains an extension of the biodiesel fuel credit, which will put a number of Pennsylvanians back to work across the country.

The bill contains a research and development tax credit that will provide businesses with financial resources to compete in a global marketplace.

Finally, the bill will assist our teachers by providing a tax deduction for those teachers who spend their own money to buy supplies for their classrooms and students—something I have seen in Pennsylvania for many years, teachers constantly reaching into their own pockets to buy supplies and equipment they need for them to teach our children.

I say in conclusion, I and I know many others strongly support passage of the American Workers, State, and Business Relief Act. This legislation is necessary to continue to spur economic growth and create jobs in Pennsylvania and across our country.

Madam President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. REID. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

TAX EXTENDERS ACT OF 2009

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 4213, which the clerk the report.

The assistant legislative clerk read as follows:

A bill (H.R. 4213), to amend the Internal Revenue Code of 1986 to extend certain expiring provisions, and for other purposes.

Pending:

Baucus amendment No. 3336, in the nature of a substitute.

Baucus (for Webb-Boxer) modified amendment No. 3342 to (amendment No. 3336), to amend the Internal Revenue Code of 1986 to impose an excise tax on excessive 2009 bonuses received from certain major recipients of Federal emergency economic assistance, to limit the deduction allowable for such bonuses.

Feingold-Coburn amendment No. 3368 (to amendment No. 3336), to provide for the rescission of unused transportation earmarks and to establish a general reporting requirement for any unused earmarks.

McCain-Graham amendment No. 3427 (to amendment No. 3336), to prohibit the use of reconciliation to consider changes in Medicare.

The ACTING PRESIDENT pro tempore. The majority leader.

Mr. REID. I make a point of order, en bloc, that the pending amendments Nos. 3342, 3368, and 3427 are not germane postcloture.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. REID. The point of order is well taken?

The ACTING PRESIDENT pro tempore. The amendments all propose new subject matter. The amendments are nongermane and the point of order is well taken.

Mr. REID. The amendments fall; is that right?

The ACTING PRESIDENT pro tempore. The amendments fall; that is correct.

Mr. LEVIN. Mr. President, the Senate can take an important step today in alleviating the incredible strains this continuing economic crisis is having on thousands of families in my State, and millions of families across America. In approving the American Workers, State, and Business Relief Act of 2010, we can end what has been an agonizing procession of will-we-or-won't-we votes on extending unemployment benefits and COBRA insurance subsidies for those who have lost their jobs. And we can ensure that, by extending enhanced Federal payments to State Medicaid programs, crucial health coverage and other vital State services are not cut.

Those who doubt the wisdom of extending unemployment and COBRA benefits until the end of this year should hear the phone calls and read the letters that have come into my office over the past few weeks. As the Congress has debated, and delayed, on the question of whether to pass another short-term extension, these Americans, left jobless by a crisis not of their own making, wondered if the economic lifeline that keeps food on their tables and shelter over their

heads would be severed. By approving this legislation, we will ensure that these families are not left in limbo by delays in Congress. Giving them some measure of certainty, at a time when the economic crisis has turned so much upside-down, is the right thing to do. What's more, continuing these benefits is one of the most important steps we can take to nurture the fragile recovery of our economy. These payments benefit not just families coping with unemployment, but provide an immediate stimulus to local economies that have been devastated by the recession.

Likewise, the decision to extend enhanced Federal Medicaid assistance percentages, or FMAP, funding to States, boosts the entire economy while helping those in the greatest need. Michigan and other States have made clear that without this extension, we would leave giant holes in their budget. In the absence of enhanced funding, the steps the States would have to take balance their budgets could mean devastating cuts to vital programs that serve the victims of this crisis. Such cuts would also dampen the recovery, removing a pillar that has kept economic activity from collapsing during the crisis. Extending these payments gives States, and the citizens they serve, much-needed certainty.

This legislation also would continue tax provisions that can provide additional support to economic recovery and job creation. In extending the research and development tax credit and other measures, we give our businesses another tool they can use as they seek to regain ground, begin growing again and start putting people back to work. I urge my colleagues to join me in voting in this important legislation.

Mr. LEAHY. Mr. President, today, the Senate is passing the Satellite Television Extension and Localism Act, STELA. This legislation modernizes and extends important provisions of the Satellite Home Viewer Act, which contains statutory copyright licenses and Communications Act authorizations that allow for the retransmission of broadcast television signals by satellite and cable providers.

Ensuring that Americans have access to broadcast television content is important, and it is particularly relevant for consumers in rural areas who might not otherwise be able to receive these signals over the air. The legislation that the Senate is passing today will ensure that nobody will be left in the dark for the foreseeable future.

The Satellite Home Viewer Act provides cable and satellite companies with statutory licenses to allow them to retransmit the content of broadcast television stations. It also contains important authorizations in the Communications Act that facilitate these retransmissions. Broadcast television plays a critical role in cities and towns

across the country, and remains the primary way in which consumers are able to access local content such as news, weather, and sports.

Cable and satellite providers help to expand the footprint of broadcast stations by allowing them to reach viewers who are unable to receive signals over the air. Vermont is an example of how cable and satellite companies can provide service to consumers in rural areas who might not otherwise receive these signals.

Vermonters will see improved service when this legislation is enacted. As the act has been reauthorized over the years, I have worked to improve the service that Vermonters receive from cable and satellite companies. Residents in southern Vermont have seen improvements. Windham and Bennington Counties are not considered part of the Burlington television market that encompasses the rest of the State, and for many years those residents were unable to receive Vermont broadcast stations by satellite. Congress changed this in 2004, and DirecTV has been providing these Vermonters with access to Vermont stations ever since.

I am also pleased that under this legislation, DISH Network will be able to provide their subscribers in southern Vermont with the same service. As soon as the DISH Network uses this authority, virtually everyone in the State will be able to access the news and information that is truly important to Vermonters, whether it is the debate over relicensing the Vermont Yankee nuclear power plant in Vernon or the UVM basketball team's quest to make the NCAA Tournament.

One other important way that STELA will preserve and improve existing service for consumers is by correcting a flaw in the statutory copyright license for the cable industry. An unintended result of current law is that the cable license requires the cable industry to pay copyright holders for signals that many of their subscribers do not actually receive. This is often referred to as the phantom signal problem. The effect of this anomaly in the law is that Comcast is required to pay copyright royalties based on their subscriber base across the northeast for the Canadian television content that is only provided to subscribers in Burlington, VT.

The bill that the Senate is passing today corrects this flaw by giving the cable industry the flexibility to continue to provide signals that are tailored to local interests—signals that might otherwise have been pulled from cable lineups. This will benefit industry and consumers. For instance, subscribers in Burlington will still be able to receive programming such as "Hockey Night in Canada," which has been a tradition, without fear that Comcast will have to remove the channel or

raise prices because it is being charged royalties based on subscribers in Boston.

In addition, the legislation will expand consumer access to their States' public television programming and low-power, community-oriented stations that will promote media diversity.

This bill is the product of many hours of hard work and compromise among four committees in both Houses of Congress. No single Member or committee chairman would have written it in this exact way, but the final language represents a fair compromise on important issues. I would have preferred that the language approved by the Senate Judiciary Committee last year with respect to multicast signals be included in this legislation. However, under the bill the Senate passed today, multicast signals will be treated differently than primary broadcast signals for a short period of time, even if they are broadcasting an additional network. In Vermont, WFFF is the local Fox affiliate, but it carries the CW Network on a multicast signal. This is programming that is otherwise unavailable to Vermonters. There should be no distinction in this case between a primary signal and a multicast signal. I appreciate the difficult nature of the issue, however, and believe that the compromise that was struck in STELA is a fair one.

The final bill language also provides a pathway to lift a court-ordered injunction that currently prevents DISH Network from using the distant signal license, in exchange for DISH launching service in all 210 television markets across the country. Providing service to all 210 markets is a goal that I have long believed ought to be achieved. I believe the language included in the Senate Judiciary Committee-passed bill provided better incentives for launching additional markets without lifting a court-ordered injunction. As a matter of policy, lifting a court-ordered injunction based on copyright infringement is something I generally do not support, but others insisted upon it and it is part of the compromise embodied in STELA.

This is a good bill that will preserve and improve the service that consumers across the country are accustomed to receiving. I am pleased that the Senate has adopted this legislation. I look forward to its prompt consideration and adoption by the House and the President signing it into law.

Mr. REID. What is the question before the Senate?

AMENDMENT NO. 3336, AS AMENDED

The ACTING PRESIDENT pro tempore. The question is on the Baucus substitute, No. 3336, as amended.

The question is on agreeing to the amendment.

The substitute amendment (No. 3336), as amended, was agreed to.

CLOTURE MOTION

The ACTING PRESIDENT pro tempore. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on H.R. 4213, the Tax Extenders Act of 2009.

Harry Reid, Max Baucus, Richard Durbin, Roland W. Burris, Kent Conrad, Benjamin L. Cardin, Patrick J. Leahy, John D. Rockefeller, IV, Robert Menendez, Daniel K. Inouye, Robert P. Casey, Jr., Jon Tester, Bill Nelson, Charles E. Schumer, Kay R. Hagan, Sheldon Whitehouse, Tom Harkin.

The ACTING PRESIDENT pro tempore. By unanimous consent, the mandatory quorum call has been waived. The question is, Is it the sense of the Senate that debate on H.R. 4213, an act to amend the Internal Revenue Code of 1986 to extend certain expiring provisions, and for other purposes, shall be brought to a close.

The yeas and nays are mandatory under the rule. The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

The ACTING PRESIDENT pro tempore. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 66, nays 33, as follows:

[Rollcall Vote No. 47 Leg.]

YEAS—66

Akaka	Feingold	Mikulski
Baucus	Feinstein	Murkowski
Bayh	Franken	Murray
Begich	Gillibrand	Nelson (FL)
Bennet	Hagan	Pryor
Bingaman	Harkin	Reed
Bond	Inouye	Reid
Boxer	Isakson	Rockefeller
Brown (MA)	Johnson	Sanders
Brown (OH)	Kaufman	Schumer
Burris	Kerry	Shaheen
Cantwell	Klobuchar	Snowe
Cardin	Kohl	Specter
Carper	Landrieu	Stabenow
Casey	Lautenberg	Tester
Chambliss	Leahy	Udall (CO)
Cochran	Levin	Udall (NM)
Collins	Lieberman	Voinovich
Conrad	Lincoln	Warner
Dodd	McCaskill	Webb
Dorgan	Menendez	Whitehouse
Durbin	Merkley	Wyden

NAYS—33

Alexander	Ensign	Lugar
Barrasso	Enzi	McCain
Bennett	Graham	McConnell
Brownback	Grassley	Nelson (NE)
Bunning	Gregg	Risch
Burr	Hatch	Roberts
Coburn	Hutchison	Sessions
Corker	Inhofe	Shelby
Cornyn	Johanns	Thune
Crapo	Kyl	Vitter
DeMint	LeMieux	Wicker

NOT VOTING—1

Byrd

The ACTING PRESIDENT pro tempore. On this vote, the yeas are 66, the

nays are 33. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The ACTING PRESIDENT pro tempore. Under the previous order, all time is yielded back.

The question is on the engrossment of the amendment and third reading of the bill.

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

The ACTING PRESIDENT pro tempore. The bill having been read the third time, the question is, Shall the bill pass?

Mr. LEVIN. I ask for the yeas and nays.

The ACTING PRESIDENT pro tempore. Is there a sufficient second?

There appears to be.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from Missouri (Mrs. McCASKILL) are necessarily absent.

The PRESIDING OFFICER (Mr. MERKLEY). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 62, nays 36, as follows:

[Rollcall Vote No. 48 Leg.]

YEAS—62

Akaka	Franken	Nelson (FL)
Baucus	Gillibrand	Pryor
Bayh	Hagan	Reed
Begich	Harkin	Reid
Bennet	Inouye	Rockefeller
Bingaman	Johnson	Sanders
Bond	Kaufman	Schumer
Boxer	Kerry	Shaheen
Brown (OH)	Klobuchar	Snowe
Burris	Kohl	Specter
Cantwell	Landrieu	Stabenow
Cardin	Lautenberg	Tester
Carper	Leahy	Udall (CO)
Casey	Levin	Udall (NM)
Collins	Lieberman	Vitter
Conrad	Lincoln	Voinovich
Dodd	Menendez	Warner
Dorgan	Merkley	Webb
Durbin	Mikulski	Whitehouse
Feingold	Murkowski	Wyden
Feinstein	Murray	

NAYS—36

Alexander	Crapo	Kyl
Barrasso	DeMint	LeMieux
Bennett	Ensign	Lugar
Brown (MA)	Enzi	McCain
Brownback	Graham	McConnell
Bunning	Grassley	Nelson (NE)
Burr	Gregg	Risch
Chambliss	Hatch	Roberts
Coburn	Hutchison	Sessions
Cochran	Inhofe	Shelby
Corker	Isakson	Thune
Cornyn	Johanns	Wicker

NOT VOTING—2

Byrd McCaskill

The bill (H.R. 4213) was passed.

(The bill will be printed in a future edition of the RECORD.)

Mr. TESTER. Mr. President, I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

The PRESIDING OFFICER. The Senator from Montana.

MORNING BUSINESS

Mr. TESTER. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

NOMINATION OF MICHAEL PUNKE

Mr. TESTER. Mr. President, I rise today to urge the immediate confirmation of Michael Punke to be the U.S. Ambassador to the World Trade Organization.

The United States has been without an ambassador for more than 6 months because one Republican Senator has been holding up his nomination for no good reason. This is another example of standing in the way of doing what is right for our country.

Michael Punke is well qualified. He is ready to serve. He happens to be from Montana. Michael's qualifications are as follows: Michael received his undergraduate degree in international affairs from George Washington University. He then attended Cornell Law School where he earned his juris doctorate with a specialization in international legal affairs. He also served as editor in chief of the Cornell International Law Journal.

For 14 years Michael served in government and private practice in Washington, DC. From 1991 to 1992 he acted as international trade counsel to Senator MAX BAUCUS, then-chairman of the Finance Committee's International Trade Subcommittee.

Michael has been fully vetted. He received strong bipartisan support in his Senate Finance Committee hearings, and the Finance Committee unanimously approved his appointment. Let me repeat that. Michael Punke passed out of the Finance Committee with the support of all the Senators on that committee. That means all the Democrats and all the Republicans supported his nomination, including the junior Senator from Kentucky, who continues to hold up his nomination. The reason Senator BUNNING is giving for his hold? He wants Canada to repeal parts of the antismoking law that they passed in the Canadian Parliament. I don't think that holds water.

This job is too important to remain open because one Senator has a flimsy policy beef with a foreign country. Common sense has to prevail.

Expanding U.S. exports will help rebuild our economy by creating jobs. Michael Punke is an important part of that goal. Michael will be responsible for promoting and securing U.S. trade interests abroad to create jobs for America's farmers, workers, and businesses right here at home. Our trading

partners use his absence as an excuse to stall progress on serious negotiations. Standing in the way is hurting America's businesses and workers who are affected by these very important negotiations.

Michael could be working right now to create jobs for American farmers, workers, and businesses. But, instead, some issue about tobacco in another country is keeping us from moving forward. That is not right.

That is why a broad coalition of America's farmers and businesses have been calling for quick approval of Michael Punke by the Senate. A coalition of 42 food and agriculture groups wrote Senator REID and Senator MCCONNELL last January to call for Michael's quick confirmation saying:

U.S. food and agriculture exports are under assault in many markets with trading partners erecting even more barriers in recent months . . . The longer the delay in confirming Mr. Punke, the more likely that the U.S. loses exports and jobs.

So if we act today to confirm Michael Punke, the Senate will have done something right now to help create jobs in America. Holding up Michael Punke does just the opposite. For all these reasons—oh, and may I add this guy is one quality individual—I would request we confirm Michael Punke in the Senate, we do it as soon as possible, and confirm him to the position of U.S. ambassador to the World Trade Organization.

BIG SANDY PIONEERS

Mr. TESTER. Mr. President, I rise to share some news from my hometown of Big Sandy, MT. It is a town of just over 700 folks. That means in Montana, it is a Class C town. In Montana, Class C basketball isn't just a tradition, it is a way of life. For a lot of Montanans, the entire year revolves around that basketball season.

Last week, Coach Roy Lackner led his boys—the Big Sandy Pioneers—to the Class C basketball tournament. They fought their way to the championship game on Saturday night and they played another outstanding Class C team in the Power Pirates.

It was one of those games folks will be talking about for years. After a last-second foul, with less than a second on the clock, senior forward Corbin Pearson broke the 49-to-49 tie by sinking both free throws. I was 6 years old the last time Big Sandy boys won a State championship. That was 47 years ago.

So I rise in honor of Coach Lackner, assistant coach Gregg King, and the Big Sandy boys basketball team, including Corbin Pearson, Zac Leader, Blake Brumwell, Taylor Ophus, Colter Darlington, Trevor Lackner, Jeff Zeiger, Scott Drga, Dallas Briese, Kaden Beck, Matt Gullickson, and C.J. Hansen.

I am sharing this good news not just because these young men are from my

hometown—although I am very proud of that—I am sharing this news because we can all use a reminder that hard work, working together, and teamwork pays off. Coach Lackner says winning a State championship was a matter of perseverance. It is. The Big Sandy Pioneers persevered. They worked hard as a team. They won their championship, and I congratulate them on that.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

TAX ON BONUSES RECEIVED FROM CERTAIN TARP RECIPIENTS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Senate now proceed to Calendar No. 36, H.R. 1586, and that once the bill is reported, I be recognized to offer a substitute amendment.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 1586) to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3452

(Purpose: In the nature of a substitute.)

The PRESIDING OFFICER. The clerk will report the amendment.

The assistant legislative clerk read as follows:

The Senator from West Virginia [Mr. ROCKEFELLER] proposes an amendment numbered 3452.

Mr. ROCKEFELLER. I ask unanimous consent that the reading of the amendment be waived.

The PRESIDING OFFICER. Without objection, it is so ordered.

(The amendment is printed in today's RECORD under "Text of Amendments.")

Mr. ROCKEFELLER. Mr. President, I am very happy to be here this afternoon with the most excellent ranking member of the Commerce Committee, Senator KAY BAILEY HUTCHISON of Texas, to lay down our Transportation bill, and in so doing we say that our transportation system is at a crossroads, and not a comfortable one.

For decades, the Federal Aviation Administration has done an excellent job of operating the world's most complex airline system. Nobody else comes close. The system has served us very well. Not only is it the safest airspace system in the world, it is a critical component of the national economy. I cannot overstate the importance of a

vibrant and strong aviation system. It is fundamental to our Nation's long-term growth—from the largest cities to the very smallest of towns—because it connects our citizens and it connects our businesses with the global economy.

Increasingly, however, our air transportation system and the FAA—the Federal Aviation Administration—are strained beyond capacity. Our skies and airports have become plagued with congestion and delay, and what is more, on a pretty regular basis. Over the past decade, we have seen passengers delayed for hours on runways, and we hear about it. During peak times, such as the holidays, the system is often paralyzed—stopped. Disruptions at just one key airport—maybe JFK, maybe O'Hare, maybe Los Angeles, should they be in trouble at any one of those places—can quickly cascade throughout the entire system.

With airline capacity cut, these delays can easily extend to days for passengers who cannot find flights with empty seats because the capacity has been reduced. Our constituents are frustrated about flying and, frankly, rightly so.

When our economy recovers, and I believe that growth has slowly begun—we shall see—congestion and delay will only get worse. The FAA predicts that commercial air traffic will increase by nearly 50 percent over the next decade. Putting that in other terms, from our current level of 700 million passengers a year, it will be well over a billion passengers per year. In a complex system as ours, everything has to work so the possibility of a meltdown of the air traffic control system may in fact become a reality and this will put passenger safety at extreme risk.

These are not the only troubling signs; there are more. While aviation has an excellent safety record, as I have indicated, the Federal Aviation Administration and the industry's focus on safety and vigilance in maintaining it as the highest priority, has come into question—the question of safety. The grounding of thousands of aircraft throughout the system in 2008 raised questions about the quality of airline maintenance practices and the FAA's ability to provide sufficient oversight of air carriers.

The tragic accident of flight 3407 has exposed problems with pilot training, crew fatigue, and the ability of the industry to assure the traveling public that there is one level of safety throughout the entire system, and that does not exist.

For all these reasons I stand here, along with my distinguished colleague, and encourage my colleagues in as strong a fashion as I can possibly muster to move forward and pass S. 1451, the FAA Air Transportation Modernization and Safety Improvement Act. I will only say that once.

I want to spend a few minutes discussing how and why we have made so little progress in addressing the issues facing our Nation's aviation system. In 1999 and 2000, the aviation system was experiencing the worst congestion and delays in its history. There was, indeed, a growing recognition that fundamental change was needed. Nonetheless, I worked with Senator Lott to author Vision 100, in effect the 2003 FAA reauthorization bill. This bill laid the foundation to build a modern digital satellite-based air traffic control system. We created the joint planning and development office and authorized a significant increase in FAA's capital budget to meet the specific air traffic control modernization needs—a lot of what I say will be based on that—an increase based upon the administration's own budget requests.

But instead of investing in the system in 2004, 2005, and 2006, the previous administration proposed dramatic cuts in the FAA's facilities and equipment, the F&E account, the account that funds air traffic control modernization.

The urgency of 2000 understandably but regrettably waned as air traffic fell after 9/11. Today we find ourselves in a similar situation. The recession has prevented widespread delay—temporarily. We must not let this temporary reprieve keep us from taking action to address these concerns once again. Our economy has begun, as I indicated, to slowly turn around and I am confident that demand for air travel will soon begin to grow. If we do not act quickly, our system will simply not have the capacity to cope with the growth in demand.

That is where you get in trouble. I believe everyone in aviation recognizes the need to modernize our national air transportation system in order to meet the growth in passenger traffic. In addition to creating much more capacity, a new satellite-based air traffic control system, an ATC system, will allow airplanes to move more efficiently by taking more direct routes, being able to be closer to each other but without danger. These improvements will save our economy millions of dollars annually.

Most importantly, the next generation air transportation system, which we refer to as "NextGen," will dramatically improve the safety of air transportation by providing pilots and air traffic controllers with better situational awareness. They will be able to see other air traffic and detailed weather maps in real time. President Obama clearly recognized the value of investing in our air transportation system and this is, in fact, reflected in his fiscal year 2011 budget request. The administration has proposed spending a total of \$1.1 billion in fiscal 2011 on the NextGen program, which is more than a 30-percent increase. That is not in line with the so-called freeze. So it is a 30-percent increase over 2010.

We oversee all of transportation—trains, cars, airplanes, trucks, whatever you have. I will say at this point for the record that the same financial requests or needs for the Surface Transportation Board, which interacts with railroads and shippers, has not been increased sufficiently. It is \$31 million and it needs to be closer to \$44 million. These efforts, however, are only the first steps in a long journey. Modernizing the ATC system will require sustained focus and substantial resources. S. 1451 takes concrete steps to make sure that the FAA accelerates the NextGen—that is the modern system—programs, and that the agency implements modernization efforts in an effective and efficient manner over the long run. The FAA estimates that NextGen will cost the agency \$20 billion through 2025, and the airlines another \$20 billion in aircraft equipage—how they, as individual airplanes, respond and react to that system so it can work.

I have worked with Senators INOUE and BAUCUS to reach a deal that I believe moves us in the right direction. S. 1451, the bill under discussion, will create a new subaccount with the aviation trust fund to fund FAA's modernization efforts. This modernization subaccount will dedicate \$500 million annually to NextGen efforts. I appreciate the hard work of my colleagues on this provision, to develop it, to make it become possible.

I wish to spend some time talking about the highest priority in aviation and that is called safety. Statistically, the United States has the safest air transportation system in the world. I indicated that. But statistics do not tell you the whole story. It has been a little more than a year since the tragic crash of flight 3407 in Buffalo, NY, that took the lives of 50 people. It is clear from the National Transportation Safety Board investigation that we need to take serious steps to improve pilot training, address flight crew fatigue, to make the cockpit isolated from extraneous conversation, and reform air carrier employment practices. I commend Senator DORGAN in particular for the work he has done to promote the safety in the aftermath of this accident. He has attached himself to this cause ferociously.

The committee's work has prompted the FAA to initiate a number of activities to improve aviation safety. The agency has been able to get many air carriers to make voluntary commitments to implement important safety measures and the agency has committed to initiate new regulations on flight and duty time regulations in coming months.

Despite this progress, our work remains far from complete. We must also make certain that the FAA remains as vigilant on other safety priorities—the oversight of airline operations and the

maintenance, reducing runway incursions, and air traffic controller staffing issues. Just as with modernization, we must make sure the FAA has the tools and the resources to accomplish these safety objectives.

I am especially proud of the safety title we have developed and included in this bill, S. 1451. This title will do the following, in part: address pilot fatigue by mandating the FAA revise flight and duty time limitations based on the latest in scientific research; ensure one level of safety exists throughout commercial aircraft operations by requiring that all carriers adopt aviation safety standards. The bill also requires stronger safety oversight of foreign repair stations, which is a very controversial subject. They are a relatively small percentage of air maintenance. Most of it is done in this country. But there is some argument as to how well it is done overseas.

These are critical measures that will help us identify safety issues and prevent problems before they occur and this is the best way to address safety.

A word on small community air service. The State I come from is not large. In fact, it is small and it is rural. But it is important and it is a good place. We need to keep America's small communities connected to the rest of the world. If one lives in a rural State or in a rural part of a rural State, one is no less important than if one lives on Fifth Avenue in New York City. The nature of the individuals may be the same, the entrepreneurship may be the same, but access to international aviation or transcontinental aviation is not the same. The continuing economic crisis has hit the United States airline industry very hard. They are in and out of bankruptcy. We have all read about that. They are cutting back on things they offer that they used to offer in flight and do not now. We grump about it but there is a reason they do that so I don't grump about it, and this affects the future of hundreds of rural communities across our country.

In their effort to cut costs, air carriers have drastically reduced service to small or isolated communities. From a business point of view, I guess that makes sense. From my policy point of view, that does not make sense and it is not fair. They are the first routes to go, the rural ones. They go in tough economic times, and that is where we are right now. The reduction or elimination of air service has a devastating effect on the economy of a community. Having adequate air service is not just a matter of convenience but also a matter of economic survival. Without access to reliable air service, no business is willing to locate their operations in these areas of the country, no matter how attractive the quality of life. Airports are economic engines that attract critical new development opportunities and jobs.

The Federal Government needs to provide additional resources and tools for small communities to help them attract adequate air service. Our legislation does this by building on existing programs and strengthening them. Authorizing funding for the Essential Air Service Program is increased to \$175 million annually. The bill also extends the Small Community Air Service Development Program—incredibly important for small airports. This program has provided dozens of communities with the resources necessary to attract and retain air service.

In conclusion, when I began work on this bill, I had four simple goals: No. 1, take steps to address the critical safety concerns—that was always No. 1 and always will be; No. 2, to establish a roadmap for the implementation of NextGen and accelerate the FAA's key modernization programs; No. 3, make certain we adequately invest in airport infrastructure; and, No. 4, continue to improve small communities' access to the Nation's aviation system.

I believe we have worked hard in a truly bipartisan fashion with Senator DORGAN, obviously Senator KAY BAILEY HUTCHISON from Texas, Senator DEMINT from South Carolina, to develop a bill that I think advances these goals and which all of my colleagues can support.

This bill is not being held up. There is a reason for that. We worked out our problems early. This bill takes the steps needed to advance the system. The FAA must be provided with the tools, the resources, and the clear direction and deadlines to make sure the agency provides effective oversight of the aviation industry itself.

I think we all recognize the United States must significantly expand the capacity of our Nation's transportation system. There are no quick or easy solutions to the problem, and I believe our situation is going to get worse before it gets better. But we do have to take the actions we can right now. We cannot ignore the aviation system anymore.

We cannot float on nice memories of a glorious past. The United States is losing its position as a global leader on aviation. The American public is not happy with the aviation system or with us. We must move boldly, just as we have with our investments in high-speed rail, or risk losing our leadership in the world.

Given the challenges our Nation's aviation system faces, we must act now to pass S. 1451, the FAA Air Transportation Modernization and Safety Improvement Act.

Is it the order that the Senator from Texas will have the floor?

The PRESIDING OFFICER (Mr. FRANKEN.) There is no order to that effect.

Mr. ROCKEFELLER. Business as usual.

The PRESIDING OFFICER. Correct. Mr. ROCKEFELLER. I yield proudly to the Senator from Texas.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. I thank the distinguished chairman of the committee, and I wanted to say, as the ranking member of the Commerce Committee, I believe this FAA reauthorization bill is a very good, solid bill. It is very bipartisan, and we have worked through many of the sticky issues that have held up the long-term extension of FAA reauthorization.

I think this is a bill that most everyone on this floor will support if the bill stays as it has come out of the committee. I want to say also that I believe the Aviation Subcommittee chair and ranking members, Senators DORGAN and DEMINT, deserve a lot of credit for this bipartisan bill as well because it does provide a solid roadmap for the direction and future of our aviation system, and its enactment is long overdue.

So I very much appreciate—as a matter of fact, Senator ROCKEFELLER and I had been the chairman and ranking member of the Aviation Subcommittee when this bill was written. Then we both went to the full committee, chairman and ranking member slots, and so we have now two new Aviation Subcommittee chair and ranking members who have also done an excellent job.

So I feel strongly about this bill and how much it is going to do for the stability of our system. When you are looking at the reason for an FAA reauthorization bill, you have to have stability. We need to improve aviation safety. We need to modernize our air traffic control system, which is known as NextGen. We have to do that.

We are behind the rest of the Nations in the world that have major air traffic control systems in this modern age. If we are going to keep up with the added traffic in our airspace, we are going to have to have NextGen. This bill does provide the way forward on that.

We need to make the investments in infrastructure where there is a knowledge that this infrastructure support will be ongoing.

I am the former Chairman, Vice Chairman—actually Acting Chairman as well—of the National Transportation Safety Board. So I know the crucial mission the FAA has in overseeing our Nation's airlines and the aviation system.

Aviation safety and the public trust that go along with it is the bedrock of our national aviation policy. We cannot allow for any degradation of safety to the flying public. I believe this bill goes a long way toward achieving that goal. While I continue to have great confidence in the safety of our aviation system, it was made obvious that there is still room for improvement after the tragic crash of Colgan flight 3407 in Buffalo, NY, last year.

Despite the remarkable safety record of the U.S. aviation industry, that accident reminds us that we must remain vigilant and always look for ways to improve our safety system.

While tremendous strides have been made in aircraft technology and maintenance practices in recent decades, little has been done to address the human factors side of the safety equation in areas such as pilot fatigue, quality of pilot training, quality of pilot experience, commuting and pilot professional responsibility.

Over the course of a year, and through six Commerce Committee hearings regarding the aftermath of the Colgan accident, we worked in a bipartisan manner to craft proposals to address these human factors issues.

During these hearings, the family members of those lost in flight 3407 were there every step of the way. I applaud their continued activism for improving aviation safety.

A few of the safety improvements that we call for in this legislation include mandating the FAA complete a rulemaking on flight time limits and rest requirements for pilots; improving safety for helicopter emergency medical service operations; addressing inconsistent application of FAA airworthiness directives by improving the voluntary disclosure reporting processes to ensure adequate actions are taken in response to reports; and limiting the ability of FAA inspectors to work for air carriers over which they have oversight; also conducting independent reviews of safety issues identified by employees; requiring enhanced safety oversight of foreign repair stations; taking steps to ensure "one level of safety" exists in commercial aircraft operations, including a mandate that all carriers adopt the Aviation Safety Action Programs and Flight Operational Quality Assurance Programs.

This legislation would also require air carriers to examine a pilot's history for the past 10 years when considering hiring an individual, and annual reporting on the implementation of NTSB recommendations and reevaluating flight crew training, testing, and certification requirements.

Another priority and centerpiece of this bill is focusing on and expediting the FAA's air traffic control modernization program, known as NextGen. The FAA operates the largest and safest air traffic control system in the world. In fact, the FAA air traffic control system handles almost half the world's air traffic activity. The United States is a leader in developing and implementing new technologies to create a safer, more efficient airspace system.

However, today's air traffic control system is not much different from that used in the 1960s. This system is still fundamentally based on radar tracking and ground-based infrastructure.

NextGen will move much of the air traffic control infrastructure from ground-based to satellite-based by replacing antiquated, costly ground infrastructure with orbiting satellites and onboard automation. By doing so, the FAA will be able to make our aviation system more safe and efficient while also increasing capacity.

Some of the modernization provisions in the bill include establishing clear deadlines for the adoption of existing global positioning system navigation technology.

Airports: Finally, the bill would also increase our Nation's investment in airports. As we all know, you can have the best planes and the best air traffic system, but they mean nothing without the proper airport infrastructure in place. Our Senate legislation is different from the House-passed bill in several areas.

I look forward to working with my colleagues on the bill this week. If we are able, and I hope we are, to pass a bipartisan, commonsense FAA reauthorization bill, we will still have a long way to go. But it will be an important step toward improving our aviation system and improving aviation safety for the millions of air passengers who should expect no less from this Congress.

I do hope we are able to keep the bill pretty much intact. I know there are amendments that some Members will have. I urge Members who do have amendments to come to the floor and begin to let us see their amendments so they can offer them and we can begin to address the amendments and try to expedite the bill as much as possible.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, first of all, I am pleased with the work the chairman and ranking member of the Commerce Committee have done. I am chairman of the Aviation Subcommittee and have worked closely with them to produce a piece of legislation that I think is bipartisan, is a very important and urgent piece of legislation that will strengthen this country's system of air travel. I want to talk some about that today.

A couple of things this legislation will do. I am not going to repeat everything my colleagues have said, but it will advance aviation safety, which I think is very important. It will accelerate the modernization of the air traffic control system. It is going to support jobs by investing in aviation infrastructure; that is, airports and runways and the kinds of functions that accommodate our air travel system. It will ensure that our rural communities in States such as North Dakota, my home State, have continued access to the Nation's aviation system.

So I am very pleased with this bill. Since the last FAA reauthorization bill

expired in 2007, the Congress has passed 11 separate extensions of this law. There was a suggestion that we pass another 1-year extension, which I opposed. We do not need to extend this; what we need to do is pass new authorizing legislation that addresses the fundamental issues that we need to address with respect to air travel in this country.

The Federal Aviation Administration is charged with operating what I think is the world's most complex airspace system in the world. By and large, they do an outstanding job. The United States has the safest skies in the world. There is no question about that. But we have seen changes in the aviation industry, in the airline industry, that have impacted safety, and we need to take action to deal with and address it.

The FAA predicts that air travel in this country will increase by 50 percent in the coming decade. That brings it to probably 1 billion passengers a year. That is a big system, a system that is very strained at this point. As the economy recovers, we will see substantial increases in demand.

As we do that, we desperately need to modernize this system. Let me describe the circumstances of commercial air travel, and then I am also going to talk about general aviation.

I learned how to fly many years ago. I was not much of a pilot, so I did not keep it up. But I learned how to take off in an airplane and go fly up someplace and land. It is an extraordinary feeling. It is one of those moments in life that you never forget, when your instructor gets out of the plane and says: All right, now you go fly the airplane by yourself. When you take off wearing this metal suit with an engine, you think: Oh, my gosh, it is pretty unbelievable to be able to fly an airplane.

General aviation, people flying their own planes around for recreation, for business, is a very important part of our air travel system. I wish to talk about that at another time during this discussion.

Commercial aviation is the companies that put together the structure, the capital and the airplanes and then haul people around the country and the world at scheduled times and places. That is very important. It is significant that in many areas of our country now, such as in my home State, Bismarck, ND, when you go out and see that strip of runway, maybe 6,000, maybe 8,000, maybe 10,000 feet of runway, you are one stop away from anywhere in the world. Because you take off on that runway and one stop later change a plane and go to South America, go to Europe, go to Asia, you are one stop away from the world. That is what air travel has done for us. It is extraordinary.

Go back to the origins of commercial air travel. Airplanes were used origi-

nally to haul the mail. Go all the way back to December 17, 1903, when Orville and Wilbur Wright left the ground for the first time. It was only 59 seconds, but what an extraordinary achievement. They learned to fly. They didn't just learn to fly that day. They had tried 700 times, again and again and again and again, continually failing until one day at Kitty Hawk the engine took hold. The pilot was lying on the fuselage of this rickety-looking structure, and they flew above the ground in powered human flight for 59 seconds. It was quite an extraordinary achievement.

It was not too long after that, having decided we can shape a wing that can allow us, with power, to escape gravity and fly, we were flying in combat. American pilots were in Europe flying in combat. We began flying mail with commercial airplanes. Then you could only fly during the daytime because you couldn't see at night. So you couldn't fly an airplane at night because where would you land. As they began to haul the mail, what they began to do was to build bonfires every 50 miles or 100 miles, big old fires. Then a pilot could fly in the dark of night toward a fire and land. So you hauled the mail at night. Then when they decided they could do something better, they put up light stanchions and shined lights into the sky. So the pilot would fly to the lights flashing into the sky.

Then they invented radar. Then you have ground-based radar so we can determine here is an airplane in the sky. We can direct that airplane and put a light on the runway. All that changed air travel 24 hours a day, during the daylight hours but also at night. Ground-based radar was extraordinary. So if you get up in an airplane today, there is going to be a control tower someplace. In your cockpit, you will have perhaps a transponder. Your cockpit from that airplane is going to send a signal. You have 125 people who are riding in the back, and you are sending a signal that goes to a control tower and is on a screen. It is a little dot on the screen that blinks, and that is your airplane, except all that does is say: Here is where that airplane is right this nanosecond. But in the next nanosecond, that airplane is somewhere else, especially if it is a jet. All we know is, at this moment, the airplane is here, and for the next 7 or 8 seconds, as the sweep goes around on the monitor, that airplane is somewhere else, perhaps 1 mile, perhaps 8 miles away, but the airplane is somewhere else. We know about where an airplane is based on ground-based radar. Because we don't know exactly where it is, we space those airplanes for safety and have them fly certain routes for safety.

Contrast that ground-based radar with your child. Your child has a cell phone. If your child has the right cell phone at this moment—and there are

cell phones with this technology—your child can ask 10 of their best friends, do you want to track each other of our whereabouts with GPS. If the friends say yes, 10 of them could decide to link up with cell phones and figure out where their friend Mary is or where Lester is, and the GPS will tell them exactly where Mary and Lester are because they have their phones with them, so we know exactly where they are. Our kids can do that with GPS with cell phones. We don't do it yet with commercial airliners. Isn't that unbelievable? That is what this is about, modernization, next-generation air traffic control, ground-based radar to GPS. It is complicated. It is difficult. But it is where we are going. We are not going there in the next 20, 30, 40 years. We want to go there soon. I have met with the Europeans and others. They are moving in exactly the same direction.

Here is what it will allow us to do. If we know exactly where an airplane is, as we know where a car is with GPS—a lot of people have GPS in their vehicles and get directions from it, so you know exactly where that vehicle is at every moment—if we do that for airplanes, we can have more direct routing from one city to another and less spacing between planes because we know exactly where they are. We save energy. We have less pollution in the air. We get there faster. It does all the things that are advantageous for everybody.

It is called NextGen, next-generation air traffic control modernization. We could have extended this bill for another year, as some wanted to do, but instead what I wanted to do, and what my colleagues, Senators ROCKEFELLER and HUTCHISON and others want to do, is to get about the business of getting this done, modernizing our air traffic control system, bringing it into the modern age. That is what this is about.

I will describe briefly what we do with that. We set up timelines on such things as Required Navigation Performance, and the Area Navigation or RNAV system at 35 airports must be completed by 2014. We will create circumstances where the entire national airspace system is to be covered by 2018. We ask FAA to study providing best-served status for those providing the right equipment for their planes and come in with GPS, best equipped, best served. We create a NextGen officer at the FAA. It is a new position to help guide and create these programs for modernization. We are doing all these things. It is so important we complete them and truncate the time with which to complete them.

The other issue that is important is the issue of aviation safety. We have worked a lot on that. I have done now eight hearings on aviation safety, especially focusing on issues we have now discovered from the Colgan Air crash,

which tragically killed 50 people in Buffalo, NY. The Colgan crash raised a lot of questions. Let me describe the circumstances.

As I do, I think I speak for all my colleagues on the committee that the relatives, the families of those who were killed in the Colgan crash have made it their mission to be at every hearing, to be involved in every decision about this issue of air safety. God bless them. The fact is, their diligence and work is making a difference. It made a difference in this bill. There are provisions in this bill as a result of their diligence and concern.

Let me describe the circumstances of that particular crash. It was an evening flight in weather that was not so good, with icing conditions for an airplane. They were flying a propeller airplane called a Dash 8. Colgan flight 3407, 2 pilots, 2 flight attendants, and 45 passengers lost their lives, and one person on the ground. It was a Bombardier Q400 airplane, operated by a captain and copilot.

What we discovered in reviewing the circumstances of that crash was quite extraordinary. The pilot had not slept in a bed the two previous nights. The copilot had not slept in a bed the night before. The pilot commuted from his home in Florida to his duty station at Newark in order to begin flying. The copilot flew from Seattle, WA, deadheaded on a FedEx plane that stopped in Memphis, TN, and then continued on to New York in order to reach her duty station at Newark, an all-night flight. There is no evidence, the night before the flight, that either the pilot or the copilot did anything other than stay in the crew lounge, and there is no bed there. For the pilot, it was two nights, no record of him sleeping in a bed. So you have two pilots who commuted long distances just to get to work without any evidence that they had a night's sleep in a bed prior to the flight and were on the airplane.

If you read the transcript of the voice recorder, a series of problems existed in that cockpit. There was not a sterile cockpit below 10,000 feet, which is supposed to be the case. There was visiting about careers and a range of things as they were flying through icy conditions, violative of the regulations. The copilot, it is said, was a young woman who worked two jobs in order to make ends meet.

The copilot was paid something in the neighborhood of between \$20,000 and \$23,000 a year, commuting all across the country just to get to work. When they ran into icing conditions, there was a stick pusher that engaged, a stick shaker as well. It turns out there had not been adequate training with respect to that. A whole series of things occurred with respect to that flight that raise lots of questions about training, about fatigue, a whole series of things.

As a result of that, just that case to try to understand what does this mean for others, what does it mean for regulations that are necessary. Randy Babbitt, new head of the FAA, someone for whom I have great respect, has just finished a rulemaking on fatigue. I believe that now exists at the Office of Management and Budget, awaiting action by OMB—a step in the right direction, in my judgment.

This bill has another piece that needed to be done that we discovered as a result of this crash. The pilot, over the years, had failed a number of competency tests and then subsequently succeeded or passed those tests. But nonetheless, he had a number of failures. The airline that hired that pilot didn't know that because the records were not transparent. The airline has since said, had we known that record of failures, that pilot would not have been hired by us. But they didn't know. This legislation will correct that. When you are hiring a pilot, you will know the entire range of experience that pilot has had, including the tests and the passage or failure of certain competencies along the way. That is a very important provision in this piece of legislation.

Pilot training and experience is another issue we are talking about and working with. It is not an irrelevant issue. There is supposed to be one standard and one level of safety with respect to airlines.

Regional carriers are now carrying 50 percent of the passengers in our country. They get on the airplane, and they see the airplane, and it is painted Continental or US Airways or United or Delta, but that may not be the company that is flying that airplane. It may be Pinnacle. It may be Mesaba. It may be any number of other regional carriers. The passenger doesn't know. All the passenger sees is what is marked on the side of that fuselage. This legislation will also require information on the tickets of who is transporting that passenger.

There are a number of things this legislation does in the area of safety that are very important. We prohibit the personal use of wireless communication devices and laptop computers in the cockpit. We all remember the pilots who were flying to Minneapolis and flew well into Wisconsin, well past the city of destination, and didn't know where they were, apparently. They indicated they were busy visiting or they were busy on their laptop computers. But whatever the circumstances, while it is, in many cases, an airline requirement that they not do that, there is no FAA requirement that personal use of wireless communication and laptops in the cockpit is prohibited. We do that.

We also require enhanced safety oversight at foreign repair stations. That

also is very important. The outsourcing of maintenance, repair, and overhaul work is now a routine practice. Much of it is outsourced in this country by the major carriers, and our legislation will require enhanced safety oversight and inspections with respect to that outsourcing.

So those are a few of the items that are included in the bill.

I should also point out this bill includes the passenger bill of rights, which I think is important. I have just mentioned a couple of the provisions, but one of them that has gotten the most attention is to say: You have a requirement as an airline and you have a right as a passenger not to be stuck on an airplane for 6 hours, sitting out on a runway somewhere. This is a 3-hour requirement, as part of the passenger bill of rights. They are not going to be able to keep you on an airplane 5 or 6 hours, sitting on a runway, waiting in the middle of a big storm. Three hours: back to the gate and allow the passengers to deplane.

We also have substantial amounts of airport improvement funding here. This authorizes the AIP. It streamlines what is called the passenger facility charge, the PFC. We provide greater flexibility of the use of the PFC.

We improve the airline service in small community service provisions. Some communities in this country rely on essential airline services called EAS, which is the way for them to get the services they were guaranteed when we deregulated in this country, which is, by the way, another subject for perhaps another day. Although I again say, as I have said on the floor previously, deregulation might have been a wonderful boon for those who live in very large cities and travel to other large cities. If you do, you are given a lot of opportunity. You are given many opportunities for different carriers and different pricing. I would bet if we left the floor at this moment and decided to go to one of these search engines and buy a ticket from Washington, DC to Los Angeles, in order to visit Mickey Mouse at Disneyland or we decided we will have two alternative tickets: We will purchase one from Washington, DC to Los Angeles to visit Mickey Mouse or we will go to Bismarck, ND, which is only half as far, to see the World's Largest Holstein Cow sitting on a hill over New Salem, ND, called Salem Sue. So the choice: to go twice as far to see Mickey Mouse or go half as far to see the World's Largest Holstein Cow—I will bet the search engine on the computer will tell us we get to pay half as much to go twice as far, and twice as much to go half as far.

So think of that. You get to pay half price to go double the miles or you get to pay twice the price to go half the miles. Yet that is the kind of circumstance we have in our country today. The higher yield tickets are on

the end of a spoke in a hub-and-spoke system, where there is little or no competition. So we are not addressing that. It was just therapeutic for me to talk about that again. We are not addressing that on the floor of the Senate today. But it is something I think is of great concern. Because if you are flying from Chicago to Los Angeles, you have plenty of competition, plenty of price competition and opportunities to get better prices. That is not the case for a number of small States on the back end of a hub-and-spoke system.

Well, there are many other provisions. As I indicated earlier, I am going to speak some at another point on the subject of general aviation because while we focus a lot on the issue of commercial aviation, general aviation is a very important part of this country's air travel system. The folks who live out on a farm some place and have a small airplane in a shed—from those folks, to people who fly corporate planes and move people around so they can leave in the morning from Washington, DC, and fly to Los Angeles, down to Dallas, and get back—that is general aviation and a very important part of our air travel system. I am going to talk about that at some point later.

Let me again say I think we have at last, at long, long last, put a piece of legislation together that avoids some of the controversy of past attempts, that will substantially improve infrastructure, substantially address the safety issues. I will talk a little later about pilot hours and some related issues we have been talking about that we hope would be in a managers' package.

But all of these things I think finally bring to the floor in this bill a victory for those who want to modernize the system. I know there will be some amendments. We have not addressed some issues that are in the House bill. But our concern is to try to get a bill through the Senate, into conference with the House, and get something signed by the President to get something done. We will be dramatically advantaged as a country if we can enhance the efforts in a shorter period of time to modernize the system and go to a completely different air traffic control system called NextGen, which works off of the GPS system. It will save energy, create safety in the skies, and allow people to be transported more directly with less time. I think it will be very positive for our country.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. PRYOR). The clerk will call the roll.

Mr. DORGAN. Mr. President, I withhold that suggestion.

I did want to make one additional point. I did not do this when I talked about the issue of the Colgan tragedy. The larger question is not addressed di-

rectly in this legislation. We address many of these issues, but we do not address the larger question of commuting.

I want to show, if I might, something Senator ROCKEFELLER and I and others have used in the Commerce Committee. This map describes where the Colgan pilots commute from. But do you know what. This chart could probably have been describing almost any regional airline or any trunk airline or major airline, for that matter.

Pilots live in one part of the country and work out of another part of the country. The fact is, with respect to this tragedy, the Colgan crash, I am convinced that mattered. I am convinced that flying through difficult nighttime icy conditions—with two pilots, neither of whom had slept in a bed the night previous—I am convinced this kind of commuting has caused significant difficulties.

There was a Wall Street Journal piece that pretty much says it all. This was an veteran pilot describing the routine of commuter flights with short layovers in the middle of the night, which is pretty typical. He said:

Take a shower, brush your teeth, pretend you slept.

That is something we have to pay some attention to. I am not suggesting today that you cannot commute. We do not in this legislation prohibit commutes. But I think these are instructive pieces.

As shown in this picture, this is what is called a crash pad. I was completely unaware of a crash pad until we began to hold these hearings. But this is a pilot watching a movie on his computer at a crash house in Sterling Park, VA. They can have up to 20 to 24 occupants at a time. They are designed to give flight crews from regional airlines a quiet place to sleep near their base airports. Many cannot afford hotels so they use crash houses where the rent is \$200 a month for a bed.

When I described the copilot of the Colgan tragedy—a copilot who is making \$20,000 or \$23,000 a year, traveling across the country, all night long, if that copilot had traveled the day before, are they in a situation to be able to purchase a hotel room at an airport when they are making \$20,000 or \$23,000 a year?

In fact, I believe there is a substantial cargo operator that pays for hotel rooms for their pilots who come in the night before. I do not believe there is an airliner that does that. But I did not make the point during the Colgan discussion. I wanted to make the point that I think fatigue, commuting, and other issues, are serious and significant.

I know Administrator Babbitt believes as well that we need to continue to look at these issues. We need to visit with pilot organizations and others to understand how we might see if we can

reduce some of the risks here. We have a safe system of air travel, to be sure. But the Colgan crash and all of the details and circumstances of it should remind us not everything is as it seems, and we need to take action from time to time to address some of those important issues.

Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. SESSIONS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

AMENDMENT NO. 3453 TO AMENDMENT NO. 3452

(Purpose: To reduce the deficit by establishing discretionary spending caps)

Mr. SESSIONS. Mr. President, I have an amendment, No. 3453, at the desk, and ask that it be called up.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

The Senator from Alabama [Mr. SESSIONS], for himself and Mrs. McCASKILL, proposes an amendment numbered 3453 to amendment No. 3452.

Mr. SESSIONS. Mr. President, I ask unanimous consent that reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

(The amendment is printed in today's RECORD under "Text of Amendments.")

Mr. SESSIONS. Mr. President, briefly, I will call my colleagues' attention to this serious bipartisan effort with Senator MCCASKILL of Missouri to contain our penchant in this body to violate or manipulate the budget and spend more money than we intend to spend. Sometimes we are our own worst enemies, and Members of both parties have been guilty of that.

I originally offered a very similar amendment that adopted the budget amounts passed by this Congress, our Democratic leadership, and would have made those amounts that we said would be our top spending amounts—the budget maximum. It would have set a statutory cap at those levels and say if we were going to violate those limit, it would take a two-thirds vote to do so.

A number of senators were concerned about it, but it received broad bipartisan support. When we voted, 56 people voted for it—4 short of the 60 necessary to be adopted. But I thought it was a positive step, and I know Senator MCCASKILL felt it was, too.

I believe we can dispute how much we ought to spend, but one of the biggest dangers and problems the Senate confronts—and often fails to meet—is breaking our own budget. This amendment would have made it harder to break the budget, and 56 Senators voted for it.

Then we listened to our colleagues because people were saying: This year, JEFF, I believe we have to do some things that we may not have to do in the future—and that we do not want to do in the future—but this year our economy is in such a state that we can't be so limited.

So Senator MCCASKILL and I proposed another amendment that we voted on, which would have exempted this year and made it a shorter bill. We would remain under the normal budget rules for this year and would therefore not be creating the power to block additional stimulus legislation a number of Senators were concerned about. Frankly, I felt that was a compromise we could make. I would have preferred to have had it apply to this year, but I understand that concern and we made that change. So 59 Senators voted for it—1 short of the necessary vote to make it a part of the legislation.

So now, we listened again to some of the concerns we have heard from our colleagues. Senator MCCASKILL and I believe this bill, with the additional changes we made, will be the kind of legislation that could garner perhaps very broad bipartisan support and could actually make it into law. It would significantly help us honor the budget process. It would send a positive message to the world markets and our financial world because some rightly think we have lost our spending bearings and we are spending crazily here. We could send them a message that we have a budget out there that you may or may not like, but at least we are not going to bust it wide open and we will be more faithful to those limits. It would suggest less of a danger of massive deficits than we have had over the last 2 years.

What were the changes we made? Well, we exempted emergencies. In other words, some people felt we may need to pass emergency legislation and that a two-thirds vote—67 votes—is too much, and they would prefer to be able to pass emergencies by 60 votes. So we have acquiesced and put that in there. If a Senator is proposing extraordinary spending, they would have to openly state that it was an emergency, advocate for that, and the current law would still be in effect then. It would only take 60 votes to declare an emergency.

We made another change, one that I kind of hate to do but I am not unwilling to do. We would exempt year 2014, so it would only be a 3-year statutory cap on spending. Some people said: Well, we don't know what will happen in 2014. We may be in better financial condition. We won't have to contain our spending to the budget levels we passed last year, and we could do it in that fashion. I think that is all right. I really accept that if it helps us get the votes necessary.

So now we have 3-year legislation that does not change the law with re-

gard to what is an emergency. We could violate the budget if it is an emergency, and we would have the votes to do it, but I still think it would be a good deal harder to take basic spending levels and break the budget on those. Technically, you could declare it an emergency. Most anything with 60 votes could be an emergency, but I think most Senators have some conviction that we shouldn't abuse the emergency spending level.

We will leave the emergency spending definition with the same number of votes, but the basic spending of our country needs to be within the budget caps. Remember, this is the level of spending a Democratic majority voted to pass last year. I voted against it. I thought it had too much spending in it, particularly last year. This year's spending was also too much, but the outyears had pretty tight budgets with 1 or 2 percent spending increases. The Congress and the Senate voted for it, and I think if we live with that, we might surprise ourselves to see that it would create a positive impact on the size of our deficit.

I am confident we are moving in the right direction. Again, it is a statement to ourselves if we pass this legislation. It is also a statement to the world markets that we are going to be less likely to violate our budgets in the future and more likely to contain our spending increases to levels that are acceptable.

I would note one more thing. President Obama, in his State of the Union, announced a freeze over the next 3 years, and he believes that in our discretionary spending accounts—which is what this essentially covers—we should actually have a freeze. I intend to support him on that. But this bill does not call for a freeze. It allows for a modest increase of 1 to 2 percent consistent with last year's budget.

I will just say that we should and hopefully we will pass a budget this year that has a freeze in the discretionary accounts. But if we don't or if people attempt to break it and go above it, at least we would have a stronger high ground from which to defend budget-busting legislation.

This is a bill that deserves bipartisan consideration, and I think it has gotten bipartisan consideration. I know 18 Democrats and every Republican voted for it last time. We have listened to the concerns of some of our Members, and we amended the legislation to be more amenable to those concerns. I hope we can pass it.

Let me say one thing that is an obvious matter of law. If 60 of my colleagues feel as though this is too restrictive, then they can pass a piece of legislation with 60 votes that wipes this out entirely from the books. It is mostly a self-imposed discipline. But it would be harder to pass legislation to wipe out the two-thirds vote level just

because somebody has hard feelings that they didn't get enough spending in this or that bill as part of the normal governmental process. So I think it would be an effective tool. But as a matter of power in the Senate, make no mistake, this is not a two-thirds rule that would keep the Senate from doing anything. The Senate can pass legislation promptly to eliminate this statute any time we want to.

I believe it will work. It worked before. In the early 1990s, such legislation was passed, and it was extended periodically, up through 2002. From sizable deficits in the early 1990s, the spending was contained to much lower levels than we have adopted in recent years and it resulted in a budget surplus at the end of the 1990s. I am absolutely convinced a significant tool in the effective effort to contain spending and put our budget back in balance was the statutory limit on spending, consistent with what we voted for in a budget. That is what we are doing today. This is not new legislation, really, but we are fundamentally reestablishing the kind of legislation we previously had.

I thank the Chair and yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, let me just make a point. This is an authorization bill that is on the floor, the FAA reauthorization. We have waited a long time to get it here. We have had 11 extensions to get this bill to the floor.

The Senator who offers the amendment certainly is allowed to offer it on this bill. Of course, his amendment really doesn't relate to passing an FAA reauthorization bill, so I hope he will withhold at some point and do this at another moment on another piece of legislation because I fear that—at long last, trying to get an FAA reauthorization bill 3 years after it previously expired, with 11 different extensions, my hope is we can stay on the FAA reauthorization, have amendments that relate to this bill, debate them, and then vote on those amendments. That would be my hope.

I understand the Senator has a right to do that. Somebody could bring an amendment on abortion or whatever somebody wants to the floor of the Senate on an open authorization bill. The Senator has had two other opportunities to offer this. I hope he will find a third at some point.

The budget deficit is a very serious problem. We are on an unsustainable path. Let me give just a slightly different observation on the subject as long as I am on my feet.

It is true that 10 years ago our country was running a budget surplus. It is true that 10 years ago we had a budget surplus. It is also the case that when President George W. Bush came to town, he said: You know what, we have a budget surplus. Alan Greenspan is not going to sleep at night, he said, be-

cause he worried that the surplus was going to pay down the Federal debt too fast. He literally said that. He worried about paying down the Federal debt too fast, so we need to be a little careful about accruing these surpluses. So President Bush said: What we need to do is have a very large tax cut.

I stood here on this floor of the Senate and said: You know what, these surpluses exist this year only and the next 10 years of projected surpluses don't yet exist. They are simply projections. Let's be a bit conservative. What if something happens?

They said: "Katy, bar the door," we are going to do this anyway, and did it—very large tax cuts, very substantial reductions in Federal revenue. About 50 percent of the structural budget deficit at the moment is as a result of reducing the revenue base 10 years ago—9 years ago.

I said on the floor of the Senate: You know, let's be a little conservative. What if something happens?

Well, guess what happened almost immediately. We passed the tax cuts—not with my vote—the majority of which, the bulk of which went to the wealthiest Americans. Very quickly, we discovered we were in a recession. Very quickly, there was an attack on our country on 9/11. Then we were in a war in Afghanistan and then a war in Iraq. We sent young men and women off to war and did not pay for one penny of it—not a penny. So we cut the revenue base very substantially. We experienced a recession, an attack against our country, engaged in two wars, sent men and women to other parts of the world to fight, and did not pay for a penny of it. We added it all to the debt and increased deficits.

I happen to think the Senator's presentation about the danger of the deficits is very real. I agree with that. But in order to reduce these deficits—this is not rocket science—if we are going to send young men and women to Afghanistan to risk their lives, if they are going to get up this morning and put on body armor because they are going to face real live bullets, pay for every bit of it. Pay for it. Let's ask the American people to sacrifice, not just the soldiers. We are going to cut spending? Then let's really cut spending.

I offered an amendment on the floor and lost it. I said: Let's cut TV Marti. I couldn't get it passed. TV Marti broadcasts signals into Cuba, spends \$¼ billion broadcasting television signals into Cuba that the Cuban people can't see. From 3 in the morning until 7 in the morning, we spend taxpayers' dollars broadcasting television signals into Cuba that Cuba blocks and the Cuban people can't see. We spent \$¼ billion, and we can't cut the spending? I don't understand that at all.

The prescription drug amendment I offered on the floor of the Senate would have saved the Federal Government \$20 billion in spending, and I lost it.

If we are going to cut the deficit, we have to cut real things. When those things come to the floor and we have an opportunity to really cut spending, let's do that.

By the way, it is not just spending. We need to work on spending, and I have offered amendments to cut spending, but it is also the revenues. I hope the Senator would agree with me that when the richest—well, let me rephrase that. When the person in America in 2008 who made the highest income—\$3.6 billion running a hedge fund—when that person pays the lowest income tax rate, would the Senator agree with me that perhaps we ought to increase that rate?

This person comes home, and his spouse says: Honey, how are we doing?

He says: Well, pretty good—\$3.6 billion.

That is \$300 million a month; that is \$10 million a day. Honey, how we are doing?

Well, pretty good. I made \$10 million. But guess what. I get to pay the lowest income tax rate in the country because I declare it as carried interest.

Do we want to plug that loophole and ask that person to pay the same income tax rate that the people who get up and go to work and then have to shower after work because they have dirt under their fingernails have to pay?

How about making those changes? I am for all of those things. I want to work with the Senator from Alabama and every other Senator who wants to do all of these things.

What happened at the start of this past decade is, somebody put sand in the gas tank and the car will not run and we are up in the engine department trying to figure out how the carburetor works.

This is not difficult. You are going to go to war, pay for it. You are going to cut spending, then take a look at the most egregious abuses and pay for those by cutting the spending.

Take a look at the history on this floor. We have been through a long, tortured decade of what I consider irresponsible fiscal policy.

I understand it is not the case where one side is all to blame and the other side not. I understand all that. But I also understand this: I was on this floor saying: Let's pay for the cost of war. I did 20 hearings on the most egregious waste, fraud, and abuse in this country by contractors doing work in Iraq and Afghanistan. I spoke dozens of times on this floor on those issues and could not get much support: cutting spending for contractors who were abusing the American people by sending contaminated water—more contaminated than raw water from the Euphrates River—to the military bases in Iraq for the soldiers to use and getting paid for it; getting paid bonuses to do electrical work at the military camps in Iraq and

Afghanistan that was so shoddy—done by third country nationals hired by our contractors—such shoddy electrical work that Mr. Maseth, a Green Beret, goes in to take a shower and he is electrocuted, killed in a shower. We paid bonuses to that contractor for that work. It is unbelievable to me.

We have a lot to answer for—all of us do. Every single Member on the floor of this Senate has a lot to answer for. But we can work together on spending and asking those who are not paying their fair share of taxes—by the way, the President, when he gave his State of the Union Address in the House Chamber, said something I have had a vote on four times on the floor of the Senate and lost all four times. The President said: Let's shut down the tax break that gives tax breaks to companies that shut down their American manufacturing plants, fire their workers, and move to China or some other foreign country. Do you know we do that?

We have tried to shut that down. We give a tax break. If you lock up your manufacturing plant, shut the plant, fire every single worker, and move your manufacturing to China, we give you a big, fat tax break for doing it.

That is unbelievably ignorant. The President said in his State of the Union Address: Shut that down. I have been trying to shut that down for many years and have been unable to do it. It is not as if there are not candidates for some common sense and some sanity in fiscal policy to bring us back into some balance.

We need a revenue base that is a reasonable revenue base. We took a lot of that away about 9 years ago with a vote that I did not cast. Then we need to tighten our belt on spending and get rid of the things that do not work.

I know I have gone far afield, and the Senator from Alabama—I have not heard him gritting his teeth, but he probably is.

My point is this: He raises an important subject—an unsustainable fiscal policy. This President inherited an economic wreck; there is no question about that. We are trying to get out of this. But you cannot look out 5 and 10 years and see what we see without understanding this is unsustainable and all of us have to work together to fix it—all of us. I am committed to doing that.

I say to the Senator from Alabama, I hope he will find another vehicle in the next few days on which to offer this amendment because Senator ROCKEFELLER and I have put together this FAA reauthorization bill along with Senator HUTCHISON. We have worked very hard after so many years to finally get it to the floor of the Senate. We want to get this bill passed. Air safety, modernization—all of it—depends on us getting this legislation through the Senate soon.

I thank the Senator from Alabama for staying and listening. I expect he

will retort or respond. Again, these are all important issues, but we must get this FAA reauthorization bill done.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. Mr. President, I thank Senator DORGAN for his comments and the frustrations we all share. He comes at it from one party's perspective, and I have my party's perspective. We can argue these issues for a lot of time.

I have gotten to the point—and I think Senator McCASKILL and a lot of Members of the body have as well—that we need to do something that might actually work. I say to Senator DORGAN, the reason I believe we should go forward on this amendment is because the first time we had an amendment with 56 votes and bipartisan support. Then the last time it was 59. We made some more changes to primarily assuage concerns of my Democratic colleagues that Senator McCASKILL still believes could put us in a position to pass this legislation. It will make some difference.

I was at a townhall meeting. The questioner criticized me for something. I said: I wrote a letter about that to the Cabinet person and complained. He sat there and looked at me.

He said: You wrote a letter. Thank you a lot.

I didn't have much to say.

At some point we have to do something. I have made speeches. Senator DORGAN, one of the most eloquent—Members of this body, has made speeches. But we are not doing anything. Deficits are surging beyond limits. We have a possibility of passage here and that is why I think we should go forward. We have the possibility of reaching this agreement that for 3 years will place in statutory form the budget my Democratic colleagues passed, which is higher than what President Obama is saying we should spend. We could at least have that as a firewall. It would be difficult to go above those amounts, but it would not eliminate or make it even any harder to pass an emergency bill because we amended our amendment to change that part we previously had in there that would have made it harder to declare something an emergency.

One thing I would like to share with my colleagues—I see Senator DORGAN is gone—about the allegations, which are not all wrong, that President Bush and Mr. Greenspan were insignificantly concerned about deficit spending after we had a series of surpluses.

But first, let me go back. One of the great political efforts in this Congress—and it has had some success and partisan success—is to give President Clinton credit for the balanced budget. Not a dime can be spent by any President that is not appropriated by the U.S. Congress.

Republicans took over the Congress in 1994 and shut down the government

in a dispute with the President over how much money he ought to be spending. It caused a big controversy. But they fought and fought against spending. People were sleeping in their offices. But the budget got balanced for several years.

After 9/11, we slipped into a recession. We were in a war. As a matter of fact I heard Mr. Greenspan, in effect, say he believed the country could take on more debt. Senator ROCKEFELLER probably remembers essentially that. He serves on many of these committees.

He said: I think we can take on more debt.

What Mr. Greenspan and, I think, Mr. Bush did not realize was that once you start taking on more debt, it gets harder and harder to stop. We started a trend of taking on more debt as if it did not matter. Some people even said deficits don't matter. Some Republicans said deficits don't matter; we can handle it.

We got into a bad habit. Both parties got into that habit, and it is roaring away today with spending levels the likes of which we have never seen.

We passed a budget that I think has reality in it. I think if we hold to that budget, we might surprise ourselves how much progress we can make. These kinds of statutory caps were part of the success in the nineties.

I ask forgiveness of my colleagues for trying to pursue a vote on this amendment. I say to my colleagues, if we get the 60 votes I think it will be an indication that it would not in any way burden the FAA bill. In fact, it might be attractive to some Members of this Senate to vote for the bill if this cap was in it—Members who might not otherwise vote for it. I don't think it would damage the prospects of the bill's passage. This amendment is building up with increased votes each time. We are near to success. I think it would be a great bipartisan statement of commitment to financial responsibility, and I think it is important to go forward.

I thank the Chair and yield the floor.

The PRESIDING OFFICER (Mr. LEVIN). The Senator from Kansas.

Mr. BROWNBACK. Mr. President, I rise in support of the FAA reauthorization bill that has been put forward by Senator ROCKEFELLER and Senator HUTCHISON. Both have worked hard on this legislation. I have worked on this legislation for a number of years as well.

My general aviation industry is centered in Wichita KS. It has had a lot of difficulty lately with markets and the recession and problems overall, and it needs a bit of good news. This would be a bit of good news, having FAA reauthorization. This is an industry that is roughly \$150 billion in size. It is located primarily in the United States. It has created over 1.3 million jobs. It is key.

It goes across a broad array of disciplines. It is a high-tech manufacturing business that we are very good at. This is something we need to have.

Implementation of the NextGen technology for navigation and travel across the United States is in the bill. Also in the bill is maintaining inspection procedures that are important for the safety of aircraft, increased funding for essential air service for a State such as mine that has a need for essential air service in places where it is tough to get in and out of and the population pool is not large. It needs that to move forward. It expands passenger rights and provides increased Federal support for small airports.

I think it also important that this legislation does not include language imposing disproportionate and onerous user fees on the general aviation industry. This is something Senator ROBERTS and I have been concerned about for some period of time, that the general aviation industry would get stuck with a disproportionate share of the funding for the overall FAA infrastructure. That is not in the bill. If it comes back to this body from the House with that in the bill, it is going to be something I am going to fight strongly against.

The bill is a good bipartisan bill. It has been worked out. It certainly is not perfect. No bill is. It is something that has been worked out over a period of time, over a series of years, over a lot of interests. It is the way we ought to legislate and move forward.

I say as a cautionary tale again to my colleagues that if the bill comes back with provisions from the House that are problems for this body, it is going to stop the bill and it then is not going to happen.

My urgings to my colleagues here and in the House would be, let's keep with the primary design of what this bill has and not try to load it with other things that might be special projects for individuals who are going to kill the bill. I have concerns on any side, whether it is on my side or the other side, of provisions being added that would kill this bill that has been a hard fought, long legislative process for us to move forward. It is a bipartisan piece of legislation. It will create jobs. It will spur further development in our Nation's aviation sector, a sector that needs some help and support now. This bill does that.

I can see a lot of ways this bill could get damaged and hurt along the way. I am not opposed to putting amendments in that make sense and that can continue to move the bill on through the legislative process. I am opposed to those amendments that would kill it and that would substantially harm it when this is something that has been worked on a long time through several committees to get it moving forward.

For those reasons, I support it. I support it as it is. I think we ought to

move forward with it and move forward with it with some speed to help this critical industry in our country, to support safety in flying in this country, to support this legislation.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. BAUCUS. Mr. President, I would like to say a few words about the aviation trust fund reauthorization. I support the bill, and I strongly urge my colleagues to support it as well.

In addition to discussing the bill's specifics, however, I would like to give some perspective about our current aviation system. Our current system relies on the use of radio detection and ranging—more commonly known as radar. Radar was once a tremendous leap forward; that is, it was a tremendous leap forward right before World War II. Let me take a couple moments to retrace the history of air traffic control, starting before radar.

Before radar, pilots followed prominent landmarks, such as rivers or railway lines, to navigate their routes. Naturally, bad weather and darkness made flying especially hazardous. In the 1920s, commercial night flights relied on something called the transcontinental lighted airway. That is an impressive-sounding name. What was it? It was just a series of bonfires. Local farmers maintained those bonfires across many parts of America. More developed areas could use gas-fueled beacons.

In 1922, the first civil aviation midair collision happened in France. That collision created awareness of the need for some sort of air traffic control. I use the word "control" loosely. It took more than another 10 years before this country's air traffic control center opened up in Newark, NJ, in 1935. The following year, additional centers went up in Chicago and Cleveland. Elsewhere, the system still consisted of flagmen standing on the airfield, waving flags to communicate with pilots.

But all that changed with the establishment of radar shortly before World War II. During the war, radar gave the British an extraordinarily positive tool—a defensive tool—for repelling Luftwaffe attacks. Soon, the Allied Powers were using it for offensive purposes.

Radar provided air cover at Anzio and Normandy. It enabled air raids deep into Germany, despite overcast skies, and it helped us disrupt Axis Power shipping routes and attack the Japanese Navy. We spent more during the war on radar than on the atomic bomb.

No less an authority than German Grand Admiral Doenitz, when captured at the end of the war, said this:

We fell behind technically. We were unable to build shortwave RADAR to compete with Anglo-American improved radio location equipment.

Following the war, radar was adapted for civil aviation. Ultimately, it spawned the tremendous rise of the commercial air travel industry. Incidentally, this led Congress to properly fund aviation. In 1970, we established the airport and airways trust fund—commonly referred to as the aviation trust fund—and that is what we seek to reauthorize today.

The aviation trust fund built on the success of the highway trust fund. The idea behind the aviation trust fund was for the system's users to pay for its upkeep. Generally speaking, the aviation trust fund has managed to do that, to finance the needs of the air-traveling public.

The aviation trust fund receives about \$12 billion a year in user-based taxes. Much of this funding goes into the Airport Improvement Program. The airports in my State of Montana rely heavily on it. The Department of Transportation has estimated that every billion dollars spent in Airport Improvement Program funding creates or sustains more than 20,000 jobs throughout the U.S. economy.

But now we need to do more. Our system needs modernization. We need to improve safety and efficiency. We need to enable direct routes, rather than flying along zigzag flight corridors, as we have since the transcontinental lighted airway, and we need to keep up with air traffic growth. Look at how bogged down our New York-New Jersey airspace already is.

We need Continuous Descent Arrival to reduce the amount of fuel that aircraft burn. This reduces both cost and air emissions. During a recent test in Atlanta, Delta Airlines saved as many as 60 gallons of fuel and cut carbon emissions by up to 1,250 pounds for every flight.

The Senate bill would fund the aviation trust fund for a little more than 3 years. Importantly, the bill would provide needed funds for the establishment of NextGen. NextGen is the Federal Aviation Administration's plan to use satellite-based technology in order to modernize the Nation's air traffic system. We need to invest in it now. Our 2010 trust fund, established in the early 1970s, is still funding radar. That is a technology that predates the Second World War. Some radar beacons are still located on the same sites as those early bonfire beacons.

NextGen, however, will enable planes to use global positioning systems to continuously transmit location, speed, and altitude to other planes, pilots, and controllers within 150 miles. That will improve efficiency and safety. This is a sea change. A number of other countries have already invested in satellite tracking technology. The United States is behind the curve, and we can change that with the passage of this bill.

How do we pay for NextGen? The Finance Committee proposes the following:

First, we set the tax for general aviation jet fuel at 36 cents a gallon. That is up from the current 21.9 cents a gallon. The general aviation community agreed to this proposal.

Second, we treat fractional aircraft; that is, partially owned planes; as general aviation rather than commercial carriers. Owners of fractional aircraft believe this change will preserve their ability to fly and land in Europe.

All told, we raise nearly an additional \$180 million to get NextGen started. More will be needed, especially given the rapid state of technological change. I know that both the Finance Committee and the Commerce Committee plan to monitor NextGen's implementation.

We will have a pretty good debate this week. I look forward to it. But first I wish to thank my colleagues, especially Senator ROCKEFELLER, for his willingness to seek common ground. We have worked together on this for a long time—actually, for several years. In fact, we had an agreement a couple years ago, but due to an extraneous event, it was unable to be realized.

Senator ROCKEFELLER has written a very strong FAA reauthorization. I especially appreciate his continued support for the Essential Air Service Program, a program that matters a great deal to my constituents in eastern Montana.

So let us adopt NextGen to improve safety and improve efficiency. Let us reauthorize the aviation trust fund. It is time to bring American air travel into the 21st century.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. LIEBERMAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. FRANKEN). Without objection, it is so ordered.

AMENDMENT NO. 3456 TO AMENDMENT NO. 3452
(Purpose: To reauthorize the DC Opportunity Scholarship Program, and for other purposes)

Mr. LIEBERMAN. Mr. President, I ask unanimous consent to call up amendment 3456.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Connecticut [Mr. LIEBERMAN], for himself, Ms. COLLINS, Mrs. FEINSTEIN, Mr. BYRD, Mr. ENSIGN, and Mr. VOINOVICH, proposes an amendment numbered 3456 to amendment No. 3452.

Mr. LIEBERMAN. I ask unanimous consent that the reading of the amendment be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

(The amendment is printed in today's RECORD under "Text of Amendments.")

Mr. LIEBERMAN. Mr. President, I introduced this amendment with a bipartisan group of cosponsors, Senators COLLINS of Maine, BYRD of West Virginia, FEINSTEIN of California, VOINOVICH of Ohio, and ENSIGN of Nevada.

Its purpose is to reauthorize—in fact, to save—the Opportunity Scholarship Program or OSP for students here in the District of Columbia.

We are introducing our amendment to this legislation, and I use the word "save" because without prompt action by Congress, there is a reasonable probability that the OS Program, the scholarship program, will not just be limited to the number of students who are in it now—and, in fact, there have not been any new students admitted in the last 2 years—but it will be doomed.

As I explained here on the floor of the Senate yesterday, the current administrator has advised Secretary Duncan that it will no longer—the administrator being a corporation, an entity—that it will no longer administer the program without a reauthorization.

No other entity has yet expressed a willingness to take over, given the constraints imposed by Congress. So despite President Obama's intent, stated in his budget message to continue this program, admittedly only for those 1,300-plus students currently participating in it, it appears that even that will become impossible.

I think that would be a tragic result. This program has given a lifeline for students in failing schools in the District of Columbia, a scholarship to go to private or faith-based schools where, by all accounts, they are receiving a much better education and being given the talents with which they can make something much greater of their lives.

We first offered our amendment to the American Workers, State, and Business Relief Act, which was passed earlier today. I was proud to support that measure. It is good for the economy, good for people hurting in our economy, good for businesses hurting in the economy. Unfortunately, we were not able to get a vote on this amendment on that bill. As promised, we are here today again in another attempt to get a vote in the Senate on this issue. It is time sensitive. It is urgent. The life of this program hangs in the balance and, in a very real way, the future of these 1,300-plus children in the District who are benefiting from the program.

The truth is, the FAA reauthorization bill has been referred to as a jobs initiative. I believe it is. What is more important to getting a good job than getting a good education? That is what this bill is all about.

Achievement gaps in our schools, including our schools in the District of

Columbia, have a profound impact on the quality of our workforce and on the future of our economy and, in a classically, characteristically American sense, focusing on the individual children who, by twists of fate, have ended up in schools that are not adequately preparing them. I will have more to say about this, but these are schools I am not just personally judging to be failing schools but, under characteristics, standards created by the Federal Government under the No Child Left Behind Act, are designated as failing schools. The OSP provides these low-income students in the District with a chance at a better education.

Dollar for dollar, this program accomplishes this goal at a very low cost. Personally, how did I get involved in this? Of course like all of us, I have an interest in education. I have an interest in overcoming the achievement gaps in American schools that are so profoundly related to income and to race. More particularly, I have followed the status of this program in the District of Columbia for several years in my capacity as a ranking member and now chair of the Homeland Security and Governmental Affairs Committee because of the committee's traditional jurisdiction in its governmental affairs aspect over and regarding the District of Columbia, our Nation's Capital.

Last year our committee held a hearing on the Opportunity Scholarship Program and heard testimony from students in the program and their parents. It was evident from their testimony that this program has served as a lifeline to many students who otherwise would have been assigned to schools in which they would not have received a good education, as designated by No Child Left Behind.

One parent whose annual income is only \$12,200 testified that she had sought an opportunity scholarship, a voucher for her 8-year-old son after her 17-year-old nephew was shot and killed at the Ballou High School. Her son since has thrived in the Opportunity Scholarship Program, loves his school and his teachers, is part of the reading and debate club, and now wants to be a doctor. His hopes have been fortified and elevated, and his achievement has been remarkably improved. This mother believes that none of this would have happened had her son been forced to stay in the school he was in in the DC Public School System.

Another young man, Ronald Holassie, started in the Opportunity Scholarship Program in sixth grade. He is now a high school student. He told the committee the DC Opportunity Scholarship Program "has changed my life."

Then he said:

No one should take away my future and dreams of becoming a successful young man. No one should take that away from me and the other 1,700 children in this program.

Now, because of the failure of Congress to support the program over the last couple of years or fill the spots opened by graduation, it is down to 1,300 children. Ronald Holassie became the deputy youth mayor for legislative affairs of the District of Columbia and is now applying to college. What he said was right. This program provides a quality education to economically disadvantaged students at half the per-pupil cost of educating students in the Public Schools.

Our committee also heard from Tiffany Dunston. She told us:

Receiving a scholarship was a blessing for my family and put me on the path to success. I grew up in a neighborhood with a lot of poverty and crime. And there were such low expectations for kids in my neighborhood schools. I would watch kids hanging out in the streets and not going to school. . . . My motivation to get the best education possible was my cousin James who was shot and killed at 17. I am always thinking of what he could have done. . . . With the help of a scholarship my dream [has been] realized.

Those are very moving testimonies, personal anecdotes, affirmations of the worth of the program. But has there been an independent professional evaluation of the program? Yes, there has.

Required by Congress, the person chosen to carry out that program is a man named Patrick Wolf, Dr. Patrick Wolf, the principal investigator of the valuation conducted by the U.S. Department of Education's Institute of Education Sciences. This is a report required by Congress, carried out by an institute under the U.S. Department of Education.

Dr. Patrick Wolf testified that the Opportunity Scholarship Program has had a statistically significant, positive effect on the test scores of students in reading in this program.

I know some of the critics of the program, some of the opponents have downplayed these results. However, the fact is, as I have learned, most education innovation programs actually fail to show any significant gains, certainly in the first few years.

Dr. Wolf has said when compared to all other similarly studied education innovations throughout our country—not talking about the the District of Columbia—"the reading impact of the DC voucher program is the largest achievement impact yet reported."

He went on, the principal independent investigator, to say:

The DC voucher program has proven to be the most effective education policy evaluated by the federal government's official research arm so far.

So why stop it? Why terminate it? Certainly not based on this independent evaluation, certainly not based on the testimony our committee and others have heard from the parents and students involved. The reasons I leave to others, but I fear it is because of the opposition of teachers groups

and others who don't want this kind of competition.

In sum, Dr. Wolf's study used the gold standard of research methodology and found that the Opportunity Scholarship Program is getting very impressive results. Those who oppose OSP argue in part that vouchers take away funds from the public schools in the District. This is simply false. When it was adopted in Congress, to overcome the argument that it would take money away from the public schools, this program did exactly the opposite. We reached an agreement to get the votes to pass the program that whatever amount of money was given for the OPS, the so-called voucher program in the District of Columbia, exactly that amount of money would be added, not subtracted, to the public school budget of the District of Columbia. They otherwise would not have received that money for the public schools.

Incidentally, a similar amount was appropriated for charter schools in Washington. Why? Because there is no one answer at this moment to the challenge to give every child endowed by our Creator, as the Declaration of Independence says, with an equal right to life, liberty, and the pursuit of happiness which, in our time, is very much equated with the right to an equal education. The fact is, previous Congresses have been prepared to support all three of these ways because they were focused not on a single method of educating our children but on benefiting each and every one of our children.

I know some say these scholarships are not the solution to the problems that beset the DC Public Schools. I agree. They are not the sole solution. But they can and should be part of the solution, certainly, while the reform efforts of the chancellor, Michelle Rhee, are going forward and until they reach a turning point, a tipping point where the schools really have been broadly improved.

I strongly support Chancellor Rhee's efforts to reform and improve the public schools in the District. I strongly support efforts across the Nation to improve our public schools. That is always where we will educate most of our children. That is always where we should put the greatest emphasis.

Chancellor Rhee, with the backing of Mayor Fenty, has moved aggressively to turn around failing schools in the District. She is getting results. She certainly has my full backing when it comes to the reforms she is working to implement. But Chancellor Rhee has said something so honest, so compassionate, so fair, so focused on the well-being of the children in Washington, DC, that, to me, it should end any argument against the amendment we are proposing.

She has said herself, Chancellor Rhee, that the reform effort in the DC

Public Schools is making progress but it is not going to happen overnight. As one of the students I just quoted said before our committee, the DC Public Schools did not get to the troubles they are in overnight, and they are not going to get out of the troubles they are in overnight.

But Chancellor Rhee said this is a multiyear process. In the meantime, many District schools are failing our most economically challenged children. For this reason, Chancellor Rhee, Michelle Rhee, the head of the public schools in the District, has said the OSP should continue. I ask my colleagues, why wouldn't we want to use every means at our disposal to provide the best education possible to all children here in Washington, DC?

Chancellor Rhee has been very explicit about this. She said that it may take 5 years to turn around many of the schools that are failing—officially failing—to give a decent education to the students in the District of Columbia. She said, in a very personal and moving way, until she could say to parents of children who are in schools now designated as failing that they were no longer failing and the parents could be confident that their children would receive a good education in those schools, she would support the Opportunity Scholarship Program 5 years. Based on that assessment, our amendment reauthorizes the OSP for 5 years.

Our amendment also continues to ask for a rigorous evaluation of the merits of the program. At the end of the 5 years, we will have better information on both the effectiveness of this scholarship voucher model and the reform effort in the DC Public Schools. I want to suggest to my colleagues, at the end of this 5-year period, we can determine whether we want to continue to provide Federal support for these opportunity scholarship, school choice programs based on conditions at that time.

Our reauthorization proposal includes a number of improvements and enhancements to the program, including many sought by my friend and colleague, Senator DURBIN, the chairman of the Appropriations subcommittee that has in previous years funded the Opportunity Scholarship Program. Specifically, we require that all schools in the program have certificates of occupancy, that core subject matter teachers have appropriate credentials and schools meet the accrediting standards of the DC Public Schools; that regular site inspections be conducted; and that participating students take the same test as students in District of Columbia Public Schools.

There are currently 1,319 students benefiting from opportunity scholarships in the District of Columbia. I repeat that no students have been allowed in for the last 2 years because of congressional inaction. At its peak,

1,930 students were enrolled in the 2007 to 2008 school year. Because no new students can enroll, enrollment declined to 1,721 last year and then 1,319 this year. Last year, 216 students who were offered a scholarship had the offer revoked by the Secretary of Education of the United States because of failure to support the program.

I want to repeat, over 85 percent of students in this program would otherwise be attending a school in need of improvement, corrective action, or restructuring—in other words, a failing school designated under the No Child Left Behind Act.

In closing, I would say this: 1,319 is the number of students benefiting from the Opportunity Scholarship Program. If we do not reauthorize it, at this point there is no one to run the program and it probably will simply die. Those are 1,319 reasons to save this program and offer hope and opportunity to these young boys and girls in this city who want as much as any child in this country to live a life of success and self-sufficiency and deserve that right as much as any other child in the country.

So I ask my colleagues to consider what we would want for our own children. All of us have the resources to essentially exercise school choice, and that is precisely what many of us do because we want the best for our children. But there are many parents around America—in this case, particularly, who live in our Nation's Capital, the place where we work—who have much more limited resources and also want the best for their children. They want to make a choice, which the Opportunity Scholarship Program allows them to make. So I appeal to my colleagues to take up this amendment. Let's have a vote on it, and let's act favorably on it to preserve this lifeline for a gifted and hopeful group of children in our Nation's Capital.

I thank the Chair and yield the floor.
The PRESIDING OFFICER (Mr. BEGICH). The Senator from West Virginia.

MORNING BUSINESS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Maine.

Ms. SNOWE. Mr. President, I ask unanimous consent for 10 additional minutes in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. SNOWE. Thank you, Mr. President.

(The remarks of Ms. SNOWE pertaining to the introduction of S. 3103 are printed in today's RECORD under

"Statements on Introduced Bills and Joint Resolutions.")

The PRESIDING OFFICER. The Senator from North Dakota.

TAX LOOPHOLES

Mr. DORGAN. Mr. President, earlier today we passed some legislation in the Senate that is important and will create jobs in our country, and I filed an amendment that was not considered. I know that was the case with many amendments on the bill. One of the amendments I filed that was never considered, unfortunately, and I hope will be considered in the future deals with the recommendation the President made during his State of the Union Address.

In the State of the Union Address, the President spoke about jobs and said one of the things we ought to do to try to preserve and keep and create jobs in our country is to shut down or eliminate the tax loophole that rewards companies for moving jobs overseas. The President specifically asked in his State of the Union Address for the Congress to eliminate that tax loophole. I have tried to eliminate that loophole I think on four different occasions on the floor of the Senate. We have had four votes. On each occasion, I have failed.

One might ask, well, how on Earth can you fail on an amendment such as that? Well, there are a lot of big companies and groups in this town—the Chamber of Commerce is an example—that like that loophole and want it retained, and they fight very hard to keep the loophole.

Here is what we have. We actually do have a circumstance where if you are on one side of a street corner and you have a competitor on the other side of the street making the identical product you do, earning the identical income you earn, and you decide you are going to move your plant to China, fire your workers, put a padlock on the front door of your manufacturing plant and move to China, the only difference between you and the person across the street that you used to compete with and still do is that you now have lower labor costs but you also have a tax break given to you by the Federal Government. It is astounding that exists, but regrettably it does. The President's call to eliminate the tax break is very important, and we ought to heed that call.

I filed an amendment on the last bill, the one that passed today. I did not get a vote on it. I intend to file it again on other pieces of legislation because this Congress, at a time when so many millions of people get up in the morning and put on their clothes and go out looking for work and cannot find work, this Congress has a responsibility to deal with this issue.

Think of this issue of trying to find jobs that are necessary to put 17 mil-

lion people back to work as trying to fill a bathtub. We are working on a faucet to incentivize and create new jobs, but the drain is wide open, the drain of existing jobs going overseas; in fact, going overseas in search of cheap labor because this country actually rewards you if you move your jobs overseas.

This is Hershey's chocolate. Many people have eaten York Peppermint Patties. York Peppermint Patties were made in a Pennsylvania plant but no longer. It is now Mexican food.

This is a newly built plant in Monterrey, Mexico, now making York Peppermint Patties. On its Web site, Hershey's says:

That cool refreshing taste of mint, dipped in dark chocolate will take you miles away.

Apparently meaning even Mexico. So an American brand goes south. That is not terribly unusual.

Hallmark Cards: "When you care enough to send the very best." It is a privately held Kansas City company. It has been around 100 years. It was founded by a high school dropout who started the company in 1910 with a shoe box of postcards he sold while living out of a YMCA. It is an unbelievable success story. Hallmark Cards. The company became far and away the most successful greeting card company in America, with a reputation of treating its workers fairly—a very good company.

But under current management, with annual revenues over \$4 billion, they started to move jobs from Kansas City to three plants in China. It moved thousands of jobs overseas, though it is not required to disclose the specific numbers.

What kind of a card do you send to a Hallmark worker whose job is now in China? The very best? We have a right in this country to be concerned about that.

I have talked at length about Radio Flyer, the little red wagon, gone from Illinois to China; Huffy bicycle gone from Ohio to China. I spoke about those at length. But there are new ones as well.

Whirlpool. At a time when we are losing so many jobs because of the deep recession, Whirlpool announced last year it was shutting down a 1,100-worker factory in Evansville, IN, and moving the work to a factory in Mexico. Whirlpool made this decision even though the company accepted a \$19.3 million grant by the U.S. Department of Energy as part of the Recovery Act to develop "smart appliances."

By the way, this is a picture of a Whirlpool worker walking out of his place of employment, the last walk on the last day. One can wonder what was going through his mind as he understood he was going to have to tell his family he is now out of work. His job still exists, but it exists in a foreign country.

This is Natalie. Natalie worked for Whirlpool. She is 42 years old. She

worked at the Whirlpool appliance plant in Evansville for 19 years and in November of last year was told her job is moving to Mexico; \$17 an hour was too much to pay, and you can get cheaper labor elsewhere. She described that plant closing "like a punch in the gut." You can imagine what it is like.

I am told local workers and local officials did everything they could to try to keep that Whirlpool plant in Evansville, IN, but they were unsuccessful.

We do see a lot of people wearing football jerseys. This is a Reebok Peyton Manning jersey. My guess is they sell a lot of those things. There is not a better quarterback in professional football. He is quite an extraordinary football player.

Reebok makes this jersey. This jersey is made in El Salvador by a Chinese-owned company. This jersey is sold for \$80 in the United States and workers are paid 10 cents for the work they do in El Salvador to make it.

Let me say that again. The workers get 10 cents, one thin dime, and the customers pay \$80 for the Peyton Manning Reebok football jersey.

Here is a photograph that shows the conditions of a sweatshop in El Salvador owned by the Chinese. According to the National Labor Committee that investigates these things, workers are forced to put in 12 to 15 hours of unpaid overtime each week. They earn wages that are 77 percent lower than the basic subsistence wage for the region. This is the photograph of the home of a worker at one of the Chinese-owned sweatshops. You can see the repressive poverty that exists there, and they get a dime for a jersey the company is paid \$80 for on the store shelf in the United States.

La-Z-Boy chairs announced it would eliminate 1,050 employees in Dayton, OH, and move production plants to Mexico. I have spoken about La-Z-Boy previously. A few days ago when I talked about jobs, I talked about how La-Z-Boy went to Pennsylvania and bought Pennsylvania House Furniture. Pennsylvania House Furniture is a high-end furniture company, using special Pennsylvania wood to make terrific furniture. They had great craftsmen who worked at that company. La-Z-Boy bought the company. They did not want to have competition for La-Z-Boy in the country, so they moved Pennsylvania House Furniture to China and shipped the Pennsylvania wood to China, put the furniture together, and shipped the furniture back to the United States.

On the last day of work at the Pennsylvania House Factory, a company that had been around for 100 years, on the last day the plant was open, all those craftsmen who were proud of their jobs and proud of their work, when the last piece of Pennsylvania House Furniture came off the assembly line, they turned it over, and on the

bottom of that last piece of furniture, every single worker at that plant came over and took the pen and signed their name. Somebody in this country has a piece of furniture that they do not quite understand. It has, on its bottom, the signature of craftsmen who worked for a company that for 100 years made fine furniture in America. They wanted to do that because they wanted to sign their name to a quality piece of furniture made by an American worker who was proud of their job.

La-Z-Boy chairs sent Pennsylvania House Furniture to China. Now we understand La-Z-Boy furniture has announced it will eliminate 1,050 jobs in Dayton, OH, and move the production to a plant in Mexico. They moved other jobs to China. In a statement describing the 2008 layoffs, the company said: We regret the impact these moves will have on families and the lives of employees affected and so on.

I have demonstrated enough. I have a lot of examples of this, and I have, over the years, provided a lot of examples. But I wish to demonstrate that on Wednesday, today, 17 million or so people got up, wanted a job and couldn't find it, struggling to try to figure out how on Earth they can make a living, how they can provide for their family.

Here is part of what is happening. This shows the deepening trade deficits our country is experiencing. All this red demonstrates jobs moving elsewhere—American jobs moving elsewhere.

This is a description of our trade deficit with China, the largest, single bilateral deficit in the history of humankind. I know where some of these jobs have gone. I know where they make Huffy bicycles. I know where they make Radio Flyer little red wagons. I know where they make Etch A Sketch. I know where they went. They went to China, and I know why they went there. Because they can hire people at 50 cents an hour. They can work them 12 to 14 hours a day, 7 days a week.

The people in Ohio are told: You cannot compete with that. We have to pay you \$11 an hour to make bicycles; you can't compete; sorry, you are out of here.

The question of a century, when we have developed safe plants, minimum wage, retirement benefits to lift America up, when we developed those standards, retirement programs, health benefits, the question at the end of a century is: Do we decide those standards don't matter, the lifting of those American workers to good jobs that pay well doesn't matter because we are now saying to them: You compete with Third World conditions, you compete with Chinese sweatshops in El Salvador making football jerseys, you compete with people living 12 in a room, sleeping at night, when they do get a chance to sleep, in cinder blocks in China in Shinsen making children's toys; is that

what we are saying is the kind of competition with which we want the American people to have to compete? Because they cannot. Nobody can make a living working for 50 cents an hour here. You cannot make a living here if they strip away your retirement and health care and give you 50 cents an hour and tell you to work 7 days a week.

The reason I raise this point is because the President said a month and a half ago, when he spoke to the Nation and spoke to the Congress: Close this tax break that rewards companies that move their jobs overseas.

My position is not antibusiness. I want American businesses to succeed. I want them to make profits and create jobs. I just want an understanding that trade agreements must be fair agreements in order for us to compete. I will give an example.

This is an example of automobiles in Korea. Ninety-eight percent of the automobiles driven on the streets of South Korea are made in South Korea. Is that an accident? Of course not. That is exactly the way the Koreans want it. They want to ship Korean cars to be sold in America, but they don't want American cars to be sold in Korea. That has always been their position. The same is true with China.

We now have an agreement with China by which, in the next couple years, we will have a massive influx of cheap Chinese goods coming into this country in the form of automobiles. They probably want me to say less expensive automobiles from China. We have an agreement that when Chinese automobiles come here, we will impose a 2.5-percent tariff. If we ship cars to China, they will impose a 25-percent tariff, and we agree to that. That is fundamentally ignorant of our economic interests. Those are the kinds of issues we have to address.

If we care about jobs, we need to do two things: One, work on the legislation of the type we are working on. Senator REID, Senator DURBIN, myself, and others have worked very hard on legislation to try to incentivize the creation of new jobs in our country. We passed a bill about a week and a half ago and passed another bill today that is job creating. That is the faucet. We are trying to turn the faucet on to put jobs into this tub here. The problem is, the drain is wide open and we have jobs moving out just as aggressively. We have to plug the drain by saying: Trade matters, fair trade matters most. You must stand for the interests of good jobs that pay well in America. That is a fact.

I will speak more about this issue at another time. I did wish to say I filed the amendment on the bill we finished today and was not able to call it up, as was the case with many amendments. I intend to file it again on another bill. I hope very much we will get a vote on

it, and I hope, when we get a vote on it, that given the things I just described that are happening to jobs in America, given the fact the President has said let us at least plug this unbelievably pernicious, ill-advised tax break for companies that ship jobs overseas, let's at least get that done. Let's try to save some jobs in this country. If we can do that, we will have done something very significant for the people who awaken in the morning jobless and who hope to find work at some future date as we restart the engine and start putting American workers back on the payroll again.

I yield the floor.

SMEARING OF JUSTICE DEPARTMENT ATTORNEYS

Mr. LEAHY. Mr. President, it saddens and concerns me that another line has been crossed, moving us further toward partisan excess and incivility. I refer to the calculated, political campaign-style attacks on the loyalty and patriotism of honorable Department of Justice attorneys over the past few weeks.

Self-restraint is a crucial but often neglected value in our democracy. Just because a political attack that can put "points" on the board is possible, does not make it right. Misleading appeals to fear, like this one, are corrosive to our system and to the rule of law.

Just as President Lincoln said of leadership generally, we must appeal to our better angels, not to fear and suspicion. Those who have megaphones made possible by millions of dollars, and who use them to shape public opinion, must lead responsibly and constructively.

Walter Dellinger, a distinguished attorney with a long record of public service, tells from personal experience the story of one attorney who is being smeared in these attacks. The glimpse he offers into this issue is so clear and compelling that I will have printed in the RECORD the full text of his piece, which appeared in the Washington Post on March 5.

This attack is not about transparency, nor about some purported conflict of interest. The Department of Justice set that canard to rest with its February 18 letter. This is about a partisan and personal attack. Many of the forces that have been defending John Yoo and other Bush-Cheney administration lawyers are the very ones seeking to smear these Justice Department attorneys. It is shameful. These American lawyers did what they are supposed to do, and what American lawyers have always done—provide legal counsel no matter what the charge or how unpopular the person. That is what John Adams did when he defended the British. This dedication deserves thanks, not reproach. The military and civilian lawyers who have previously

accepted the difficult task of providing representation to individuals who have been detained by the United States in terrorism cases did no wrong and do not deserve this. Ted Olsen and Ken Starr, lawyers from the Reagan and Bush administrations, know that and agree. It is saddening and wrong that shallow partisan operatives would sink so low.

I ask unanimous consent that copies of the Justice Department letter and articles and editorials be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Washington Post, Mar. 9, 2010]

'AL-QAEDA' SMEAR CAMPAIGN IS AN
ASSAULT ON AMERICAN VALUES

(By Eugene Robinson)

The word "McCarthyism" is overused, but in this case it's mild. Liz Cheney, the former vice president's ambitious daughter, has in her hand a list of Justice Department lawyers whose "values" she has the gall to question. She ought to spend the time examining her own principles, if she can find them.

A group that Liz Cheney co-chairs, called Keep America Safe, has spent the past two weeks scurrilously attacking the Justice Department officials because they "represented or advocated for terrorist detainees" before joining the administration. In other words, they did what lawyers are supposed to do in this country: ensure that even the most unpopular defendants have adequate legal representation and that the government obeys the law.

Liz Cheney is not ignorant, and neither are the other co-chairs of her group, advocate Debra Burlingame and pundit William Kristol, who writes a monthly column for The Post. Presumably they know that "the American tradition of zealous representation of unpopular clients is at least as old as John Adams' representation of the British soldiers charged in the Boston Massacre"—in other words, older than the nation itself.

That quote is from a letter by a group of conservative lawyers—including several former high-ranking officials of the Bush-Cheney administration, legal scholars who have supported draconian detention and interrogation policies, and even Kenneth W. Starr—that blasts the "shameful series of attacks" in which Liz Cheney has been the principal mouthpiece. Among the signers are Larry Thompson, who was deputy attorney general under John Ashcroft; Peter Keisler, who was acting attorney general for a time during George W. Bush's second term; and Bradford Berenson, who was an associate White House counsel during Bush's first term.

"To suggest that the Justice Department should not employ talented lawyers who have advocated on behalf of detainees maligns the patriotism of people who have taken honorable positions on contested questions," the letter states.

But maligning is apparently the whole point of the exercise. The smear campaign by Cheney, et al., has nothing to do with keeping America safe. It can only be an attempt to inflict political damage on the Obama administration by portraying the Justice Department as somehow "soft" on terrorism. Even by Washington's low standards, this is unbelievably dishonest and dishonorable.

"Whose values do they share?" a video on the group's Web site ominously asks. The an-

swer is obvious: the values enshrined in the U.S. Constitution.

The most prominent of the nine Justice officials, Principal Deputy Solicitor General Neal Katyal, represented Osama bin Laden's driver, Salim Hamdan, in a case that went to the Supreme Court. In a 5-to-3 decision, the court sided with Hamdan and ruled that the Bush administration's military tribunals were unconstitutional. Are Liz Cheney and her pals angry that Katyal was right? Or do they also question the "values" and patriotism of the five justices who voted with the majority?

The letter from the conservative lawyers points out that "in terrorism detentions and trials alike, defense lawyers are playing, and will continue to play, a key role." It notes that whether terrorism suspects are tried in civilian or military courts, they will have access to counsel—and that Guantanamo inmates, even if they do not face formal charges, have a right to habeas corpus review of their detention. It is the federal courts—not defense lawyers—that have made all of this crystal clear. If Cheney and her group object, they should prepare a blanket denunciation of the federal judiciary. Or maybe what they really don't like is that pesky old Constitution, with all its checks, balances and guarantees of due process. How inconvenient to live in a country that respects the rule of law.

But there I go again, taking the whole thing seriously. This is really part of a death-by-a-thousand-cuts strategy to wound President Obama politically. The charge of softness on terrorism—or terrorist suspects—is absurd; Obama has brought far more resources and focus to the war against al-Qaeda in Afghanistan than the Bush-Cheney administration cared to summon. Since Obama's opponents can't attack him on substance, they resort to atmospherics. They distort. They insinuate. They sully. They blow smoke.

This time, obviously, they went too far. But the next Big Lie is probably already in the works. Scorched-earth groups like Keep America Safe may just be pretending not to understand our most firmly established and cherished legal principles, but there is one thing they genuinely don't grasp: the concept of shame.

[From the New York Times, Mar. 7, 2010]

ARE YOU OR HAVE YOU EVER BEEN A LAWYER?

In the McCarthy era, demagogues on the right smeared loyal Americans as disloyal and charged that the government was being undermined from within.

In this era, demagogues on the right are smearing loyal Americans as disloyal and charging that the government is being undermined from within.

These voices—often heard on Fox News—are going after Justice Department lawyers who represented Guantanamo detainees when they were in private practice. It is not nearly enough to say that these lawyers did nothing wrong. In fact, they upheld the highest standards of their profession and advanced the cause of democratic justice. The Justice Department is right to stand up to this ugly bullying.

Senator Charles Grassley, Republican of Iowa, has been pressing Attorney General Eric Holder Jr. since November to reveal the names of lawyers on his staff who have done legal work for Guantanamo detainees. The Justice Department said last month that there were nine political appointees who had represented the detainees in challenges to their confinement. The department said that

they were following all of the relevant conflict-of-interest rules. It later confirmed their names when Fox News figured out who they were.

It did not take long for the lawyers to become a conservative target, branded the "Gitmo 9" by a group called Keep America Safe, run by Liz Cheney, daughter of former Vice President Dick Cheney, and William Kristol, a conservative activist (who wrote a Times Op-Ed column in 2008). The group released a video that asks, in sinister tones, "Whose values do they share?"

On Fox News, Ms. Cheney lashed out at lawyers who "voluntarily represented terrorists." She said it was important to look at who these terrorists are, including Salim Ahmed Hamdan, who had served as Osama bin Laden's driver. Let's do that.

Mr. Hamdan was the subject of a legal battle that went all the way to the Supreme Court. Ms. Cheney conveniently omitted that the court ruled in favor of his claim that the military commissions system being used to try detainees like him was illegal. Republican senators then sponsored legislation to fix the tribunals. They did not do the job well, but the issue might never have arisen without the lawyers who argued on behalf of Mr. Hamdan, some of whom wore military uniforms.

In order to attack the government lawyers, Ms. Cheney and other critics have to twist the role of lawyers in the justice system. In representing Guantánamo detainees, they were in no way advocating for terrorism. They were ensuring that deeply disliked individuals were able to make their case in court, even ones charged with heinous acts—and that the Constitution was defended.

It is not the first time that the right has tried to distract Americans from the real issues surrounding detention policy by attacking lawyers. Charles Stimson, the deputy assistant secretary of defense for detainee affairs under George W. Bush, urged corporations not to do business with leading law firms that were defending Guantánamo detainees. He resigned soon after that.

If lawyers who take on controversial causes are demonized with impunity, it will be difficult for unpopular people to get legal representation—and constitutional rights that protect all Americans will be weakened. That is a high price to pay for scoring cheap political points.

[From the Washington Post, Mar. 5, 2010]

A SHAMEFUL ATTACK ON THE U.S. LEGAL SYSTEM

(By Walter Dellinger)

It never occurred to me on the day that Defense Department lawyer Rebecca Snyder and Lt. Cmdr. William Kuebler of the Navy appeared in my law firm's offices to ask for our assistance in carrying out their duties as military defense lawyers that the young lawyer who worked with me on that matter would be publicly attacked for having done so. And yet this week that lawyer and eight other Justice Department attorneys have been attacked in a video released by a group called Keep America Safe (whose board members include William Kristol and Elizabeth Cheney) for having provided legal assistance to detainees before joining the department. The video questions their loyalty to the United States, asking: "DOJ: Department of Jihad?" and "Who are these government officials? . . . Whose values do they share?"

Here, in brief, is the story of one of those lawyers.

In June 2007, I was at a federal judicial conference when I received an urgent mes-

sage to call the Defense Department. The caller was Lt. Cmdr. Kuebler, a uniformed Navy officer who had been detailed to the Office of Military Commissions. As part of his military duties, Kuebler had been assigned to represent Omar Khadr, a Guantánamo detainee who was to be tried before a military commission. Kuebler told me that the U.S. Supreme Court had agreed that day to review the case of another detainee who had been a part of the same lower court proceeding as Khadr. Because Kuebler's client had not sought review at the Supreme Court, this situation raised some complex questions of court practice with which Kuebler was unfamiliar. Kuebler's military superior suggested he call me and ask whether I could assist him in analyzing the applicable Supreme Court rule.

It was a Friday night. I called Karl Thompson, a lawyer at my firm who had previously been a Supreme Court law clerk, and asked whether he could look into the question over the weekend. I told Thompson that the military lawyers assigned to these cases had a very burdensome workload and that it seemed that Kuebler could really use our help. Even though Thompson was extremely busy with other work at the firm, he said he would somehow find time for this as well.

Over the next several months, Thompson (in addition to his other firm work) provided assistance to Kuebler and his Defense Department colleague in their briefing before the Supreme Court and, in Khadr's case, the lower courts. Khadr's case raises important questions, including the legal status of juvenile detainees (he was 15 years old at the time of capture). In 2009, Thompson left our firm to join the Office of Legal Counsel at the Justice Department.

Thompson's assistance to the military officers who had been assigned to Khadr's case seemed to me to be not only part of a lawyer's professional obligation but a small act of patriotism as well. The other Justice Department lawyers named in this week's attack came to provide assistance to detainees in a number of ways, but they all deserve our respect and gratitude for fulfilling the professional obligations of lawyers. This sentiment is widely shared across party and ideological lines by leaders of the bar. As former Solicitor General Ted Olson wrote in response to previous attacks on detainee lawyers, "The ethos of the bar is built on the idea that lawyers will represent both the popular and the unpopular, so that everyone has access to justice. Despite the horrible Sept. 11, 2001, attacks, this is still proudly held as a basic tenet of our profession."

That those in question would have their patriotism, loyalty and values attacked by reputable public figures such as Elizabeth Cheney and journalists such as Kristol is as depressing a public episode as I have witnessed in many years. What has become of our civic life in America? The only word that can do justice to the personal attacks on these fine lawyers—and on the integrity of our legal system—is shameful. Shameful.

TRIBUTE TO JAKE BURTON

Mr. LEAHY. Mr. President, I am pleased to have the opportunity to honor a dear friend and true entrepreneur, Jake Burton. As founder and owner of Burton Snowboards, a company whose name has become synonymous with the successes of this popular winter sport, Jake Burton has built an empire from the ground up starting,

first in his Londonderry, VT, garage. His is a true tale of perseverance and triumph over obstacles great and small; where others saw only insurmountable challenges, Jake saw possibility.

As a young man starting out with a vision, Jake sought to set the world of winter sports on fire. He did so in true Vermont fashion, paying personal visits to ski areas hesitant to embrace snowboarding. To this day, Jake makes a point of personally testing each of his products on the slopes before putting them on the market. His commitment to quality and his investment in his employees continues to pay off. Jake recognizes the value of a homegrown company and takes nothing for granted. His competitive edge and style set him apart from the others in his line of work and serve him well as he continues to define the future of snowboarding. Marcelle and I have been fortunate to call Jake and his wife Donna our friends for many years. They are admirable Vermonters and examples of how the pursuit of a dream through honest hard work is still the cornerstone of American business.

On February 15, 2010, the Burlington Free Press published an article entitled "Jake Burton: Chairman of the (snow)Board" about Jake's career. I ask unanimous consent that the text of this article be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Burlington Free Press, Feb. 15, 2010]

JAKE BURTON: CHAIRMAN OF THE (SNOW)BOARD (By Bruce Horowitz, USA Today)

His office has no desk. No inbox. Not even a wastebasket.

But it does have a sprawling wooden table for mounting bindings onto snowboards, a sofa the size of a small living room and a golden retriever named Maia, who's made the couch her bed.

This is Jake Burton's life—a major cool one.

As the founder, cultural guru and chief prankster of the world's largest snowboard company—and the guy who almost single-handedly turned snowboarding into a multi-billion-dollar sport—he's got a lot to do. Like snowboard 100 days a year. And surf for another 50, or so.

His mountaintop home in Stowe has an outdoor hockey rink, an indoor soccer field and a two-story treehouse with electricity.

With the Winter Olympics under way in Vancouver, Burton will soon join his team of Olympic snowboarders there and probably cause a Burton-esque ruckus.

For one thing, the competition uniform Burton's company designed for the U.S. snowboard team is raising eyebrows before the torch is even lit. It's made from high-tech, waterproof Gore-Tex material—but looks like a pair of ripped blue jeans and a loose flannel shirt. Not necessarily what buttoned-up Olympic officials had in mind.

"That the outfit has created a controversy is fitting," says Burton, 55, with a trademark smirk. "If it's unpatriotic, you should throw everyone wearing blue jeans and flannel shirts out of the country."

Still, the ride has been bumpy lately in snowboard land. The sport of free spirits is under greater scrutiny since 22-year-old Kevin Pearce, one of its stars and a Burton rider, was almost killed in an accident while training for the Olympics.

Even as Pearce heals, other problems for Burton's company—and for all winter snowsports businesses in this economy—are festering.

Sales of winter sports equipment fell 8 percent last year, and orders for 2010 are down 25 percent, reports the SnowSports Industries America trade group. By one estimate, nearly 10 small snowboard shops went belly-up every week in 2009. Although ski resort visits were up slightly overall for the 2008–2009 season, several regions suffered steep declines, and many resorts built visits with specials and discounted lift tickets.

TOUGH YEAR

Burton Snowboards, the industry kingpin, saw sales fall by double-digits last year and had to take the unusual step of laying off nearly 20 of its roughly 1,000 employees last March. The company announced last week it was laying off 15 more from its Burlington facility.

"Nothing like a tough year to make you forget how far Burton has come," Burton said.

But even in a tough year, Burton Snowboards' success is impressive. The privately held company holds 40 percent of the world's snowboard market. Sales are not reported, but are believed to reach almost \$700 million.

Thanks to diversification into surfing and skateboarding and the opening of several brand stores, Burton could be a \$1 billion company within five years. "I'm not hung up on that number," said Burton, whose tousled salt-and-pepper hair and red cheeks are evidence of the morning snowboard run from which he's just returned. "I'm not the kind of guy who gets up every morning and says, 'We have to get to \$1 billion.'"

Even non-snowboarders are becoming familiar with the brand. The uber-presence of Burton boards and clothing in the 2006 Winter Games earned it an estimated \$33 million in free exposure. The company now makes more money selling apparel, often to folks who've never been on a board, than it makes from snowboard equipment.

But the Olympic participation is more about image than sales, because the Games come at the tail of the season. "The timing of the Olympics from a business perspective is awkward," he says. "You're not affecting consumer buying in mid-February."

Viewers who go gaga over the team's tattered-blue-jean look won't be able to buy it. "It would not be our style to sell Olympic uniforms," Burton said. "We, as a company, are not about uniforms."

What Burton, the company, is about is "cool." While the company is as synonymous with snowboarding as Kleenex is with tissue, the hard part is staying cool. It helps, Burton said, that Burton Snowboards' decisions aren't dictated by Wall Street, "but are made by a guy and his family who snowboard 100 days a year."

His leadership style includes traits such as:

He can't stand losing. Terje Haakonsen, a Burton athlete widely regarded as the world's top snowboarder, says Burton constantly challenges him at everything from snowboarding to swimming. "Jake just doesn't want to lose," he says.

He can't stand shoddy quality. During his 100 days of snowboarding, Burton isn't goofing off. He tests most of the company's

equipment—from boards to gloves—before it goes to market, and he makes detailed notes on index cards. Designers wince when they receive one of the cards, Burton's CEO Laurent Potdevin said. "He has no patience for anything that jeopardizes the riding experience."

He can't stand boredom. One morning five years ago at a sales meeting in New Zealand, Burton asked Dave Downing, who does outside marketing for Burton, if he was up for surfing and boarding—the same day. The two sneaked out of the meeting and took a chartered helicopter to a beach to surf then to a mountain to snowboard.

He can't stand leaving things alone. Burton will test any product the design team sends him, says Chris Doyle, who oversees product development. He was the first—and last—to test pants with an internal fan ventilation system controlled by a pocket switch. He gave the all-clear to a glove, a hot seller this year, that comes with a beer-can holder. Even after designers work months on new products, Burton has turned them upside-down—or even nixed them—based on a suggestion from a teenage boarder on a ski lift.

He can't stand serious. At a recent roundtable with top executives and team riders, Burton broke it into "a no-holds-barred wrestling match," said Greg Dacyshyn, company creative director. "Jake will take on anyone at anything."

He can't stand still. Shaun White, the Burton rider who is an Olympic gold medalist and one of the U.S. team's great hopes in Vancouver, says there's no stopping Burton on a slope. "When he's in the trees, he does ripping turns. He's a wild man."

He can't stand combs. Jake's wife, Donna, who helps run the company and has been married to Jake for 22 years since meeting him at a ski resort bar, remembers her mother's comment after first meeting him: "I don't think he combs his hair."

INAUSPICIOUS BEGINNING

That he got this far in business surprises no one more than the guy who was born Jake Burton Carpenter, but goes by just Jake Burton. "I was a punk. I got kicked out of boarding school at 15."

For one thing, he was a self-described "loser" in shop class. But wanting to improve the design of "Snuffer" snowboards that were briefly popular when he was a kid, he made a new kind of board in his Londonderry, Vt., garage.

He created his first business plan to sell snowboards on an index card. He figured if he could make and sell 50 boards a day, he'd be rich. He sold just 350 the entire first year and ran up debt that nearly wiped him out.

But when he sold 700 boards the next year, he decided he was onto something. Until the next setback, that is. His bank cut off financing in 1984 when its executives decided snowboarding was a passing fad.

He persevered, becoming a one-man cheerleading squad. He visited hundreds of ski hills that had banned snowboarding, trying to coax reluctant resort owners into allowing it. Many equated snowboarding with rowdiness, or worse. But one by one, they relented.

"He took on all the ski resorts," said John Horan, publisher of Sporting Goods Intelligence newsletter. "He's absolutely the father of the sport."

The sport has become so big that Burton Snowboards has attracted acquisition interest from the sportswear giants. Burton won't say who and insists, "Everybody knows that Burton is not for sale."

The headquarters is in an industrial area here, a funky building that looks more like a winter playground than a workplace. There's a snowboarding park out front—with jumps. Employees are free to use it at any time. Many workers are accompanied by their dogs—they are encouraged to bring them to work. Employees can warm up with company-supplied coffee or hot chocolate at a giant, wood-burning fireplace in the lobby.

Each also gets a free season lift pass to a nearby resort. Anytime it snows more than 2 feet, the place shuts down and everyone gets to go boarding.

There are worse things than to work for Jake Burton, but there may not be many better.

95TH ANNIVERSARY OF THE AMERICAN MEDICAL WOMEN'S ASSOCIATION

Mrs. BOXER. Mr. President, I take this opportunity to recognize the 95th anniversary of the American Medical Women's Association, AMWA. AMWA is the Nation's oldest and largest multispecialty organization for women in medicine.

The American Medical Women's Association was founded in 1915 in Chicago by Dr. Bertha Van Hoosen. At the time, women physicians were a minority, representing only 5 to 6 percent of all physicians in the United States. With the creation of AMWA, Dr. Van Hoosen intended "to bring Medical Women into communication with each other for their mutual advantage, and to encourage social and harmonious relations within and without the profession."

Since its inception 95 years ago, AMWA's membership has grown significantly. With more than 13,000 members today, AMWA has become a strong and trusted voice for women's health and the advancement of women in medicine at the local, national, and international level. For nearly a century, AMWA has empowered its members to be leaders in improving health for all, within a model that reflects the unique perspective of women.

AMWA's members include physicians, residents, medical students, and health care professionals, all of whom are engaged in making a difference in the communities they serve. AMWA's charitable program, the American Women's Hospital Service, has provided international relief for more than 90 years, supporting clinics all over the world. The Journal of Women's Health, AMWA's medical journal, is a trusted resource for research and information on a wide range of women's health issues, and has been cited by the New York Times, Wall Street Journal, US News and World Report, and MSNBC.com. Through its many educational programs, support and mentorship of young women physicians, health care advocacy, and the promotion of excellence in medicine and scientific research, AMWA's members are truly champions for women's health.

Since 1915, the American Medical Women's Association has served as the vision and voice of women in medicine. On its 95th anniversary, I commend the American Medical Women's Association for its tireless efforts to advance women in medicine, and look forward to its many future successes.

NEBRASKA OLYMPIAN

Mr. NELSON of Nebraska. Mr. President, I rise today to congratulate Curt Tomasevich of Shelby, NE, and his teammates who won the gold medal in the four-man bobsled at the Winter Olympic games in Vancouver, British Columbia, Canada. It was the first gold medal for the United States in this event since the 1948 St. Moritz, Switzerland, games more than 60 years ago.

After blistering the course with back-to-back track records, the U.S. sled only needed to post a solid fourth run to give the United States a gold medal. The Americans made it through the course in 51.52 seconds, resulting in a total time of 3:24.46, 0.38 seconds ahead of second place.

Curt got his start in sports at Shelby High School, where he helped the football team to the State semifinals and was an all-conference pick as both a linebacker and a fullback. After high school, Curt attended the University of Nebraska, where he continued his football career as a Cornhusker.

In 2004, Curt began bobsledding; and just 2 years later, he earned a spot on the U.S. Olympic team competing in Torino, Italy. Since then, he has continued to compete in international bobsledding events and took home a World Cup gold medal in two-man sledding in 2007.

Curt's dedication and hard work is an inspiration to all Nebraskans. He showed what can be accomplished through determination and teamwork. Congratulations, Curt, on your inspiring achievement of Olympic gold. It is a tremendous accomplishment and instills pride in all Nebraska.

ADDITIONAL STATEMENTS

REMEMBERING DORIS HADDOCK

• Mr. FEINGOLD. Mr. President, today I pay tribute to Doris Haddock, who passed away on March 9. Doris was an extraordinary American who showed all of us the meaning of dedication and conviction.

Known to so many of her admirers as Granny D, Doris walked across the country, from California to Washington DC, to push for passage of the McCain-Feingold bill. That coast-to-coast trek would be a tremendous accomplishment at any age, to be sure, but Doris did it in her 90th year. I had the pleasure of meeting Doris and walking with her through Nashville,

TN, many months into her trip. As we walked together through the streets of Nashville, shouts of "Go, Granny Go" came from every corner—from drivers in their cars, pedestrians on the sidewalk and construction workers on the job.

It was an honor to walk alongside her on her incredible journey, where she endured so much—intense desert heat, bone-chilling cold, and uncertainty about where she would find shelter along the way. Yet she walked all that way, and as she did she inspired countless Americans to stand up for our democracy. She truly had the courage of her convictions, and that is something she proved with every step she took.

I will always be proud to have had Doris's support for the Bipartisan Campaign Reform Act. Doris and Americans like her made all the difference as we worked to ban soft money and curb the power of wealthy interests in our democracy. And it turned out that with her walk across the country, Doris was just getting started. She continued to work as a dedicated activist, wrote books and, at age 94, ran for the Senate in her home state of New Hampshire. Her energy and determination, at an age that most of us can only hope to reach, were truly incredible.

After I sent Doris a letter on her 100th birthday in January, I received a very kind note from her in response. In it she said that she was "working on plans for the future," which I thought was an absolutely wonderful thing to say at such an advanced age. Doris was very unhappy with the Supreme Court's decision in the Citizens United case, and that was going to be a focus of her formidable energy going forward. After a century, Doris seemed to be just getting started, and that was one of the many wonderful qualities that brought her so many fans and admirers. In the wake of the Supreme Court's decision allowing corporate cash to flood our elections, we will remember her efforts as we fight to ensure all Americans are heard on election day, not just the rich and powerful.

My thoughts today are with Doris's family, and all who were lucky enough to know her. Our country is a better place because Doris Haddock was constantly working on plans for the future, and on ways to build a better future for our country. I am personally deeply grateful for her many efforts, and I am proud to pay tribute to her memory today. •

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mr. Pate, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

REPORT ON THE CONTINUATION OF THE NATIONAL EMERGENCY THAT WAS DECLARED ON MARCH 15, 1995, WITH RESPECT TO IRAN—PM 49

The PRESIDING OFFICER laid before the Senate the following message from the President of the United States, together with an accompanying report; which was referred to the Committee on Banking, Housing, and Urban Affairs:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent the enclosed notice to the *Federal Register* for publication stating that the emergency declared on March 15, 1995, is to continue in effect beyond March 15, 2010.

The crisis between the United States and Iran resulting from actions and policies of the Government of Iran that led to the declaration of a national emergency on March 15, 1995, has not been resolved. The actions and policies of the Government of Iran are contrary to the interests of the United States in the region and pose a continuing unusual and extraordinary threat to the national security, foreign policy, and economy of the United States. For these reasons, I have determined that it is necessary to continue the national emergency declared with respect to Iran and maintain in force comprehensive sanctions against Iran to respond to this threat.

BARACK OBAMA.
THE WHITE HOUSE, March 10, 2010.

MESSAGES FROM THE HOUSE

At 9:33 a.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 4547. An act to designate the facility of the United States Postal Service located at 119 Station Road in Cheyney, Pennsylvania, as the "Captain Luther H. Smith, U.S. Army Air Forces Post Office".

H.R. 4624. An act to designate the facility of the United States Postal Service located at 125 Kerr Avenue in Rome City, Indiana, as the "SPC Nicholas Scott Hartge Post Office".

The message also announced that pursuant to section 301 of the Congressional Accountability Act of 1995 (2 U.S.C. 1381), as amended by Public Law 111-114, the Speaker and Minority Leader of the House of Representatives, with the Majority and Minority Leaders of the United States Senate, jointly reappoint the following private individuals each to a 5-year term on the Board of Directors of the Office of Compliance: Mr. Alan V. Friedman of California, Ms. Susan S. Robfogel of New York, and Ms. Barbara Childs Wallace of Mississippi; and jointly designate as Chair, Ms. Barbara L. Camens of Washington, D.C.

At 12:26 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 4786. An act to provide authority to compensate Federal employees for the 2-day period in which authority to make expenditures from the Highway Trust Fund lapsed, and for other purposes.

At 1:05 p.m., a message from the House of Representatives, delivered by Ms. Niland, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 4783. An act to accelerate the income tax benefits for charitable cash contributions for the relief of victims of the earthquake in Chile, and to extend the period from which such contributions for the relief of victims of the earthquake in Haiti may be accelerated.

ENROLLED BILL SIGNED

At 6:48 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the Speaker has signed the following enrolled bill:

H.R. 3433. An act to amend the North American Wetlands Conservation Act to establish requirements regarding payment of the non-Federal share of the costs of wetlands conservation projects in Canada that are funded under that Act, and for other purposes.

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 4547. An act to designate the facility of the United States Postal Service located at 119 Station Road in Cheyney, Pennsylvania, as the "Captain Luther H. Smith, U.S. Army Air Forces Post Office"; to the Committee on Homeland Security and Governmental Affairs.

H.R. 4624. An act to designate the facility of the United States Postal Service located at 125 Kerr Avenue in Rome City, Indiana, as the "SPC Nicholas Scott Hartge Post Of-

fice"; to the Committee on Homeland Security and Governmental Affairs.

MEASURES PLACED ON THE CALENDAR

The following bill was read the second time, and placed on the calendar:

S. 3092. A bill to designate the facility of the United States Postal Service located at 5070 Vegas Valley Drive in Las Vegas, Nevada, as the "Joseph A. Ryan Post Office Building".

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC-5021. A communication from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled "Low Pathogenic Avian Influenza; Voluntary Control Program and Payment of Indemnity" (Docket No. APHIS-2005-0109) received in the Office of the President of the Senate on March 9, 2010; to the Committee on Agriculture, Nutrition, and Forestry.

EC-5022. A communication from the Administrator of the Fruit and Vegetable Programs, Agricultural Marketing Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled "Establishment of Honey Packers and Importers Research, Promotion, Consumer Education and Industry Information Order and Suspension of Assessments Under the Honey Research, Promotion, and Consumer Information Order" (Docket Nos. AMS-FV-06-0176; FV-03-704-FR) received in the Office of the President of the Senate on March 8, 2010; to the Committee on Agriculture, Nutrition, and Forestry.

EC-5023. A communication from the Assistant Director, Executive and Political Personnel, Department of Defense, transmitting, pursuant to law, a report relative to a vacancy in the position of Assistant Secretary of the Army (Installations and Environment), received in the Office of the President of the Senate on March 8, 2010; to the Committee on Armed Services.

EC-5024. A communication from the Assistant Director, Executive and Political Personnel, Department of Defense, transmitting, pursuant to law, a report relative to a vacancy in the position of Assistant Secretary of the Army (Civil Works), received in the Office of the President of the Senate on March 8, 2010; to the Committee on Armed Services.

EC-5025. A communication from the Assistant Director, Executive and Political Personnel, Department of Defense, transmitting, pursuant to law, a report relative to a vacancy in the position of General Counsel of the Department of the Army, received in the Office of the President of the Senate on March 8, 2010; to the Committee on Armed Services.

EC-5026. A communication from the General Counsel of the Department of Defense, transmitting a legislative proposal relative to the National Defense Authorization Bill for fiscal year 2011, received in the Office of the President of the Senate on March 8, 2010; to the Committee on Armed Services.

EC-5027. A communication from the Assistant Secretary for Fish and Wildlife and

Parks, Department of the Interior, transmitting, pursuant to law, the report of a rule entitled "Native American Graves Protection and Repatriation Act Regulations—Disposition of Culturally Unidentifiable Human Remains" (RIN1024-AD68) received in the Office of the President of the Senate on March 8, 2010; to the Committee on Energy and Natural Resources.

EC-5028. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Safe Harbor Failed Section 1031 Exchanges" (Rev. Proc. 2010-14) received in the Office of the President of the Senate on March 8, 2010; to the Committee on Finance.

EC-5029. A communication from the Deputy Archivist, National Archives and Records Administration, transmitting, pursuant to law, the report of a rule entitled "Researcher Identification Card" (RIN3095-AB59) received in the Office of the President of the Senate on March 9, 2010; to the Committee on Homeland Security and Governmental Affairs.

EC-5030. A communication from the Chairman, Nuclear Regulatory Commission, transmitting, pursuant to law, the Commission's Annual Report of the Administration of the Government in the Sunshine Act for Calendar Year 2009; to the Committee on Homeland Security and Governmental Affairs.

EC-5031. A communication from the Federal Communications Commission, transmitting, pursuant to law, the Commission's fiscal year 2009 Annual Performance Report; to the Committee on Homeland Security and Governmental Affairs.

EC-5032. A communication from the Assistant Attorney General, Office of Legislative Affairs, Department of Justice, transmitting, a legislative proposal relative to implementation of important international agreements concerning nuclear terrorism and nuclear materials; to the Committee on the Judiciary.

EC-5033. A communication from the Assistant Attorney General, Office of Legislative Affairs, Department of Justice, transmitting, a legislative proposal relative to implementation of treaties concerning maritime terrorism and the maritime transportation of weapons of mass destruction; to the Committee on the Judiciary.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. DORGAN, from the Committee on Indian Affairs, with an amendment in the nature of a substitute:

S. 443. A bill to transfer certain land to the United States to be held in trust for the Hoh Indian Tribe, to place land into trust for the Hoh Indian Tribe, and for other purposes (Rept. No. 111-161).

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. HARKIN for the Committee on Health, Education, Labor, and Pensions.

Patrick K. Nakamura, of Alabama, to be a Member of the Federal Mine Safety and Health Review Commission for a term of six years expiring August 30, 2010.

Patrick K. Nakamura, of Alabama, to be a Member of the Federal Mine Safety and Health Review Commission for a term of six years expiring August 30, 2016.

Gary Blumenthal, of Massachusetts, to be a Member of the National Council on Disability for a term expiring September 17, 2010.

Chester Alonzo Finn, of New York, to be a Member of the National Council on Disability for a term expiring September 17, 2012.

Sara A. Gelser, of Oregon, to be a Member of the National Council on Disability for a term expiring September 17, 2011.

Ari Ne'eman, of Maryland, to be a Member of the National Council on Disability for a term expiring September 17, 2012.

Dongwoo Joseph Pak, of California, to be a Member of the National Council on Disability for a term expiring September 17, 2012.

Carol Jean Reynolds, of Colorado, to be a Member of the National Council on Disability for a term expiring September 17, 2010.

Fernando Torres-Gil, of California, to be a Member of the National Council on Disability for a term expiring September 17, 2011.

Jonathan M. Young, of Maryland, to be a Member of the National Council on Disability for a term expiring September 17, 2012.

Gwendolyn E. Boyd, of Maryland, to be a Member of the Board of Trustees of the Barry Goldwater Scholarship and Excellence in Education Foundation for a term expiring August 11, 2014.

Peggy Goldwater-Clay, of California, to be a Member of the Board of Trustees of the Barry Goldwater Scholarship and Excellence in Education Foundation for a term expiring June 5, 2012.

Sharon L. Browne, of California, to be a Member of the Board of Directors of the Legal Services Corporation for a term expiring July 13, 2010.

Charles Norman Wiltse Keckler, of Virginia, to be a Member of the Board of Directors of the Legal Services Corporation for a term expiring July 13, 2010.

Victor B. Maddox, of Kentucky, to be a Member of the Board of Directors of the Legal Services Corporation for a term expiring July 13, 2010.

(Nominations without an asterisk were reported with the recommendation that they be confirmed.)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. BENNETT:

S. 3096. A bill to prevent an economic disaster by providing budget reform; to the Committee on the Budget.

By Mr. WICKER:

S. 3097. A bill to correct an error in the enrollment of the Consolidated Appropriations Act, 2010; to the Committee on Commerce, Science, and Transportation.

By Mr. MERKLEY (for himself, Mr. LEVIN, Mr. KAUFMAN, Mr. BROWN of Ohio, and Mrs. SHAHEEN):

S. 3098. A bill to prohibit proprietary trading and certain relationships with hedge funds and private equity funds, to address

conflicts of interest with respect to certain securitizations, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. RISCH (for himself and Mr. CRAPO):

S. 3099. A bill to reinstate and extend the deadline for commencement of construction of a hydroelectric project involving the American Falls Reservoir; to the Committee on Energy and Natural Resources.

By Mr. RISCH (for himself and Mr. CRAPO):

S. 3100. A bill to reinstate and extend the deadline for commencement of construction of a hydroelectric project involving the Little Wood River Ranch; to the Committee on Energy and Natural Resources.

By Mr. TESTER:

S. 3101. A bill to reduce barriers to entry in Federal contracting, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

By Mr. MERKLEY (for himself, Mrs. SHAHEEN, Mr. JOHNSON, Mr. LUGAR, Mr. BENNET, and Mr. GRAHAM):

S. 3102. A bill to amend the miscellaneous rural development provisions of the Farm Security and Rural Investment Act of 2002 to authorize the Secretary of Agriculture to make loans to certain entities that will use the funds to make loans to consumers to implement energy efficiency measures involving structural improvements and investments in cost-effective, commercial off-the-shelf technologies to reduce home energy use; to the Committee on Agriculture, Nutrition, and Forestry.

By Ms. SNOWE:

S. 3103. A bill to help small businesses create new jobs and drive our Nation's economic recovery; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. BENNET (for himself and Mr. UDALL of Colorado):

S. Con. Res. 53. A concurrent resolution recognizing and congratulating the City of Colorado Springs, Colorado, as the new official site of the National Emergency Medical Services Memorial Service and the National Emergency Medical Services Memorial; to the Committee on the Judiciary.

By Mr. NELSON of Florida (for himself, Mr. MCCAIN, Mr. KERRY, Mr. MENENDEZ, Mr. DODD, and Mr. LEMIEUX):

S. Con. Res. 54. A concurrent resolution recognizing the life of Orlando Zapata Tamayo, who died on February 23, 2010, in the custody of the Government of Cuba, and calling for a continued focus on the promotion of internationally recognized human rights, listed in the Universal Declaration of Human Rights, in Cuba; to the Committee on Foreign Relations.

ADDITIONAL COSPONSORS

S. 78

At the request of Mr. KERRY, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 78, a bill to amend the Internal Revenue Code of 1986 to provide a full exclusion for gain from certain small business stocks.

S. 557

At the request of Mr. KOHL, the name of the Senator from Arkansas (Mr. PRYOR) was added as a cosponsor of S. 557, a bill to encourage, enhance, and integrate Silver Alert plans throughout the United States, to authorize grants for the assistance of organizations to find missing adults, and for other purposes.

S. 582

At the request of Mr. SANDERS, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of S. 582, a bill to amend the Truth in Lending Act to protect consumers from usury, and for other purposes.

S. 634

At the request of Mr. HARKIN, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 634, a bill to amend the Elementary and Secondary Education Act of 1965 to improve standards for physical education.

S. 653

At the request of Mr. CARDIN, the names of the Senator from Ohio (Mr. BROWN) and the Senator from Colorado (Mr. BENNET) were added as cosponsors of S. 653, a bill to require the Secretary of the Treasury to mint coins in commemoration of the bicentennial of the writing of the Star-Spangled Banner, and for other purposes.

S. 749

At the request of Mr. COCHRAN, the names of the Senator from North Dakota (Mr. DORGAN) and the Senator from New Jersey (Mr. LAUTENBERG) were added as cosponsors of S. 749, a bill to improve and expand geographic literacy among kindergarten through grade 12 students in the United States by improving professional development programs for kindergarten through grade 12 teachers offered through institutions of higher education.

S. 938

At the request of Ms. LANDRIEU, the name of the Senator from Hawaii (Mr. INOUE) was added as a cosponsor of S. 938, a bill to require the President to call a White House Conference on Children and Youth in 2010.

S. 1067

At the request of Mr. FEINGOLD, the name of the Senator from Colorado (Mr. BENNET) was added as a cosponsor of S. 1067, a bill to support stabilization and lasting peace in northern Uganda and areas affected by the Lord's Resistance Army through development of a regional strategy to support multilateral efforts to successfully protect civilians and eliminate the threat posed by the Lord's Resistance Army and to authorize funds for humanitarian relief and reconstruction, reconciliation, and transitional justice, and for other purposes.

S. 1137

At the request of Mr. FEINGOLD, the name of the Senator from New York

(Mrs. GILLIBRAND) was added as a cosponsor of S. 1137, a bill to amend the Elementary and Secondary Education Act of 1965 to establish a Volunteer Teacher Advisory Committee.

S. 1156

At the request of Mr. HARKIN, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 1156, a bill to amend the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users to reauthorize and improve the safe routes to school program.

S. 1204

At the request of Mrs. MURRAY, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 1204, a bill to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers, and for other purposes.

S. 1221

At the request of Mr. SPECTER, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 1221, a bill to amend title XVIII of the Social Security Act to ensure more appropriate payment amounts for drugs and biologicals under part B of the Medicare Program by excluding customary prompt pay discounts extended to wholesalers from the manufacturer's average sales price.

S. 1256

At the request of Ms. CANTWELL, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 1256, a bill to amend title XIX of the Social Security Act to establish financial incentives for States to expand the provision of long-term services and supports to Medicaid beneficiaries who do not reside in an institution, and for other purposes.

S. 1273

At the request of Mr. DORGAN, the names of the Senator from Alaska (Ms. MURKOWSKI), the Senator from New York (Mrs. GILLIBRAND) and the Senator from Idaho (Mr. CRAPO) were added as cosponsors of S. 1273, a bill to amend the Public Health Service Act to provide for the establishment of permanent national surveillance systems for multiple sclerosis, Parkinson's disease, and other neurological diseases and disorders.

S. 1558

At the request of Mrs. LINCOLN, the name of the Senator from Illinois (Mr. BURRIS) was added as a cosponsor of S. 1558, a bill to amend title 37, United States Code, to provide travel and transportation allowances for members of the reserve components for long distance and certain other travel to inactive duty training.

S. 1584

At the request of Mr. MERKLEY, the name of the Senator from Virginia (Mr.

WEBB) was added as a cosponsor of S. 1584, a bill to prohibit employment discrimination on the basis of sexual orientation or gender identity.

S. 1604

At the request of Ms. KLOBUCHAR, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 1604, a bill to amend the Internal Revenue Code of 1986 to provide an income tax credit for eldercare expenses.

S. 1681

At the request of Mr. LEAHY, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 1681, a bill to ensure that health insurance issuers and medical malpractice insurance issuers cannot engage in price fixing, bid rigging, or market allocations to the detriment of competition and consumers.

S. 1700

At the request of Mr. LUGAR, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 1700, a bill to require certain issuers to disclose payments to foreign governments for the commercial development of oil, natural gas, and minerals, to express the sense of Congress that the President should disclose any payment relating to the commercial development of oil, natural gas, and minerals on Federal land, and for other purposes.

S. 1744

At the request of Mr. SCHUMER, the names of the Senator from Idaho (Mr. RISCH), the Senator from Illinois (Mr. BURRIS) and the Senator from Oregon (Mr. MERKLEY) were added as cosponsors of S. 1744, a bill to require the Administrator of the Federal Aviation Administration to prescribe regulations to ensure that all crewmembers on air carriers have proper qualifications and experience, and for other purposes.

S. 1859

At the request of Mr. ROCKEFELLER, the names of the Senator from California (Mrs. BOXER) and the Senator from Hawaii (Mr. AKAKA) were added as cosponsors of S. 1859, a bill to reinstate Federal matching of State spending of child support incentive payments.

S. 2781

At the request of Ms. MIKULSKI, the names of the Senator from Michigan (Mr. LEVIN), the Senator from Minnesota (Mr. FRANKEN), the Senator from Hawaii (Mr. AKAKA), the Senator from South Dakota (Mr. JOHNSON), the Senator from North Dakota (Mr. DORGAN) and the Senator from Virginia (Mr. WARNER) were added as cosponsors of S. 2781, a bill to change references in Federal law to mental retardation to references to an intellectual disability, and to change references to a mentally retarded individual to references to an individual with an intellectual disability.

S. 2816

At the request of Mr. BUNNING, the name of the Senator from South Carolina (Mr. DEMINT) was added as a cosponsor of S. 2816, a bill to repeal the sunset of the Economic Growth and Tax Relief Reconciliation Act of 2001 with respect to the expansion of the adoption credit and adoption assistance programs and to allow the adoption credit to be claimed in the year expenses are incurred, regardless of when the adoption becomes final.

S. 2960

At the request of Mr. LEAHY, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 2960, a bill to exempt aliens who are admitted as refugees or granted asylum and are employed overseas by the Federal Government from the 1-year physical presence requirement for adjustment of status to that of aliens lawfully admitted for permanent residence, and for other purposes.

S. 2994

At the request of Mrs. BOXER, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 2994, a bill to amend the Internal Revenue Code of 1986 to impose an excise tax on excessive 2009 bonuses received from certain major recipients of Federal emergency economic assistance, to limit the deduction allowable for such bonuses, and for other purposes.

S. 3036

At the request of Mr. BAYH, the names of the Senator from Missouri (Mrs. MCCASKILL), the Senator from Georgia (Mr. CHAMBLISS) and the Senator from New York (Mr. SCHUMER) were added as cosponsors of S. 3036, a bill to establish the Office of the National Alzheimer's Project.

S. 3056

At the request of Mr. WYDEN, the name of the Senator from Rhode Island (Mr. REED) was added as a cosponsor of S. 3056, a bill to amend the Energy Policy Act of 2005 to repeal a section of that Act relating to exportation and importation of natural gas.

S. 3058

At the request of Mr. DORGAN, the names of the Senator from Idaho (Mr. RISCH) and the Senator from South Dakota (Mr. JOHNSON) were added as cosponsors of S. 3058, a bill to amend the Public Health Service Act to reauthorize the special diabetes programs for Type I diabetes and Indians under that Act.

S. 3095

At the request of Mr. INHOFE, the names of the Senator from Georgia (Mr. CHAMBLISS), the Senator from Idaho (Mr. RISCH), the Senator from Mississippi (Mr. WICKER), the Senator from Idaho (Mr. CRAPO), the Senator from Texas (Mr. CORNYN), the Senator from Nevada (Mr. ENSIGN), the Senator from South Carolina (Mr. GRAHAM), the

Senator from Massachusetts (Mr. BROWN), the Senator from Texas (Mrs. HUTCHISON), the Senator from Oklahoma (Mr. COBURN), the Senator from Nebraska (Mr. JOHANNES), the Senator from Kansas (Mr. ROBERTS), the Senator from Kentucky (Mr. BUNNING), the Senator from Arizona (Mr. KYL), the Senator from South Dakota (Mr. THUNE) and the Senator from Arizona (Mr. MCCAIN) were added as cosponsors of S. 3095, a bill to reduce the deficit by establishing discretionary caps for non-security spending.

S. RES. 412

At the request of Mrs. GILLIBRAND, the names of the Senator from Louisiana (Ms. LANDRIEU) and the Senator from Ohio (Mr. BROWN) were added as cosponsors of S. Res. 412, a resolution designating September 2010 as "National Childhood Obesity Awareness Month".

AMENDMENT NO. 3447

At the request of Mr. DEMINT, the name of the Senator from Nevada (Mr. ENSIGN) was added as a cosponsor of amendment No. 3447 intended to be proposed to H.R. 4213, a bill to amend the Internal Revenue Code of 1986 to extend certain expiring provisions, and for other purposes.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. BENNETT:

S. 3096. A bill to prevent an economic disaster by providing budget reform; to the Committee on the Budget.

Mr. BENNETT. Mr. President, as I move around the State of Utah to talk to my constituents, I find, with all of the other specifics they are concerned about, the one thing just about everybody is concerned about is our long-term fiscal situation. They are worried about debt. They are worried about the deficit in this year that is adding to the debt. They say to me: What can we do about it? They listen to the pundits who talk on the air about this particular project or that particular project that sounds outrageous. Many times the projects are, in fact, legitimate, but they make good copy.

I say, if you add up all of these projects together—the good ones and the bad ones—and eliminated them all, you would reduce the Federal deficit by less than 1 percent. Let's talk about where the money lies. Let's talk about where the challenge is. So I present to my constituents a series of charts that I will present here that outline where the challenge is.

One of the things that becomes clear, as we go into this debate, is it is not just our financial situation that is in trouble. The pressures created by our debt are crossing over into the area of national security. We cannot maintain our military or our diplomatic initiatives with the kinds of pressures continually increasing.

So a little bit of history, which I share with my constituents and that I share here as the background for the bill I am introducing today.

This is a very simple pie chart that shows the components of Federal spending back in 1966. I ask my constituents: Why do I pick 1966 as the year to start? Some of them know the answer; some of them do not. But in 1966, mandatory spending constituted 26 percent of the budget, and interest on the national debt another 7 percent. You have to pay the interest on the bonds, so that is mandatory spending as well. So the government is committed for a third of the budget before the Congress ever gets around to appropriating any money.

In 1966, the biggest portion of mandatory spending was Social Security. The combination of Social Security and other mandatory programs, and the interest cost, was one-third of the budget. The other two-thirds was available to the Congress. Of that spending, defense spending was 44 percent of the total. Defense spending, obviously, dominated nondefense discretionary spending.

Where are we today? What has happened in the years since 1966 and today? Here are the components of Federal spending in fiscal 2008. I picked that year, before the tsunami hit us—the financial tsunami that caused the meltdown and all of the problems—as perhaps a demonstration of what is happening structurally within the budget, not affected by any particular emergency.

Mandatory spending has now grown to 54 percent. Interest costs are from 7 to 8 percent. So the two of them constitute roughly two-thirds of the budget. From 1966 to 2008, mandatory spending now is twice as big in its proportion of the budget than it used to be. Defense spending has shrunk to a half of what it was back in the 1960s, and nondefense discretionary spending is about the same.

All right. Now back to the question: Why did I pick 1966 as the year to start with? Because that is the year the Federal Government got into the medical business and enacted Medicare. Since then, we have added Medicaid. So today, when you talk about mandatory spending, Social Security is no longer the dominant factor. It is a combination of Social Security, Medicare, and Medicaid.

I will leave aside the issue of the value of those programs. I am just talking about the money we are spending here. Today, as we argue over congressional spending, we only have a third of the budget to talk about, and half of that, roughly, is defense spending.

Let's go to fiscal year 2009. Mandatory spending has grown to 59 percent. The interest cost is 5 percent. Defense will have shrunk, nondefense will have

shrunk. The reason the interest costs are shrinking is because we are borrowing money at a lower rate by virtue of the things that have happened with the financial tsunami.

But now let's go out 10 years to 2020 and see where we will be. In 10 years, mandatory spending will have grown to 58 percent. The interest costs will have grown to 13 percent, and defense and nondefense together will constitute only 30 percent. If defense is shrunk to 15 percent of the budget, it begins to bite very seriously into America's role in national security around the world.

One author I have looked at who has talked about America's role in the world in a very thoughtful way looks ahead to this, and he says the greatest threat to America's position in the world is not China, it is not India, it is not North Korea. It is Medicare. The greatest threat to America's ability to sustain itself and its national security is coming from the growth of mandatory spending.

If we spend all of our time arguing over those tiny things that make good copy in newspapers and on television and do not address this inexorable growth, we will discover that the Congress has become irrelevant. Three-fourths of the budget of Congress will already be spent before the Congress even meets, and only one-fourth will be left for us to talk about, and that one-fourth will have to include our spending for national security, and you will see how everything else will get squeezed out.

I had that hit me directly as we had the debate last year on the budget resolution for fiscal year 2010. Standing at this very place, I looked down at the bill that was presented and sitting here on a podium, and it projected Federal revenues for fiscal year 2010 at \$2.2 trillion—down because of the challenges we had with the economic meltdown. Then on the next page it said: mandatory spending, \$2.2 trillion. That meant everything we do in government in fiscal year 2010, other than mandatory spending—the Defense Department, the war in Afghanistan, the FAA which controls the airplanes, the national parks, our embassies overseas, the FBI, all of our law enforcement, the border security—everything, every single dime we spend in government, other than mandatory spending, in fiscal year 2010 had to be borrowed. We did not have a single dime of tax revenue available to pay for anything in government because it was all taken up in mandatory spending.

All right. What does this do to us long term as a nation?

People keep talking about the national debt and how it is growing and growing and growing. Actually, the national debt has not been growing and growing and growing over the years. Here is a chart that shows the national debt measured in the way it should be

measured, as a percentage of the gross domestic product, the size of the national debt with respect to the size of the economy.

To illustrate why this is the way to do it—I have often used this example on the Senate floor—I ran a company before I came here. When I became the CEO of that company it was very small. It had a debt of \$75,000. When I stepped down to retire prior to running for the Senate, the debt was \$7.5 million. One might say: Well, BOB BENNETT, you are not a very good manager if you ran the debt up from \$75,000 to \$7.5 million. Then you look at the debt the way you should look at it.

At the time I became the CEO of that company, they were doing under \$300,000 a year in total revenue. They had no margin at all. Every dime they took in, in revenue, was eaten up with costs, and they could not make the payments on the \$75,000 debt. The \$75,000 debt threatened the survival of the company. When we had a \$7.5 million debt, the company was doing over \$80 million in business, and we had a 15-percent margin on sales. We were earning more per year than the whole debt we had, and the only reason we didn't pay it off is because we had some prepayment penalties built into the mortgages we had established. So I wasn't such a bad steward after all, if you make the measure totally on the basis of the size of the debt. I was a good steward if you make it on the measure of the debt in relationship to the size of the enterprise.

That is what this chart shows: the national debt as a percentage of the size of the enterprise, to use business terms; in this case, the size of the economy.

We see that just after the Second World War our national debt was well over 100 percent of GDP, and in the two decades after the Second World War, we come from 1945 to 1965, the debt had shrunk from over 100 percent of GDP to close to 30 percent of GDP. Even though it was going up in nominal dollars, it was coming down as a percentage because the economy was growing so rapidly. Then, once again, we add to our entitlement spending, we add Medicare, and we see this is the trough. It begins to grow and it begins to grow.

When we get to the end of the Cold War, it turns down again because of two things: No. 1, our defense spending goes down and the economy booms. We get tremendous growth as a result of the end of the Cold War. It was at 46.9 percent when Medicare and Medicaid got started, and not much different in 1989 by the end of the Cold War, 53.1 percent. This shows the historic level it has been.

OK. Now, this is the history, and the blue line shows the projections that the Obama administration has given us as to what will happen under their spending plan. One thing we know

about projections is that they are always wrong. We don't know whether they are wrong on the high side or the low side, but we know they are always wrong. What usually happens is that the projections are always optimistic and circumstances come in with a result that is less than we had hoped for.

So if we take this as an optimistic projection, we are saying when we get to 2020, which is only a decade away—only 10 years away—the national debt will be back up very close to what it was at the end of the Second World War. That is unacceptable. Everyone in this Chamber knows that entitlement spending is the driving force behind all of this. Everyone in this Chamber knows shaving back a little on this program or cutting out a particular grant on another program will have no real impact on this if we don't have the courage to deal with entitlement spending.

So today I am introducing a bill to deal with entitlement spending. I have no illusions that it is going to pass in this Congress, but I wish to lay it down so we at least have a marker from which to begin. I have already done that with Social Security.

Several years ago, when I was chairman of the Joint Economic Committee, I held a series of hearings on Social Security and discovered that we can indeed solve the Social Security problem. We can move numbers around a little and say to everyone who is currently drawing Social Security: You will continue to draw Social Security throughout your lifetime, adjusted for inflation. Nothing will happen to it. Furthermore, your children can draw the same level of Social Security benefits that you draw adjusted for inflation through their lifetimes without any danger to it, and their children can draw Social Security throughout their lifetimes at exactly the same level adjusted for inflation, without a tax increase.

How is that possible? The way it is possible is to say we are only going to allow Social Security benefits to grow as rapidly as inflation grows. We already have built into the program that we are going to pay Social Security plus inflation, plus a nice little kicker along the way. That nice little kicker along the way over 10 years, and then 20 years, then 30 years pretty soon gets us into the kind of trouble I have described. If we say, no, we will allow it to grow with respect to inflation, but we will not allow it to grow any more rapidly than that, then the kind of thing that happened here can happen again. As the economy grows more rapidly than the inflation rate, we will see the national debt begin to come down, we will see the pressure on national security begin to ease, and we will see the great concern that Americans have about the financial situation begin to be addressed in the way it was ad-

dressed in the years after the Second World War.

I am not saying we abolish entitlement programs. There are some of my constituents who say that is the thing to do: just abolish Medicare; abolish Social Security. I say, yes, we want to abolish these things but keep the taxes because that is what we would have to do if we are going to get the financial circumstance we like. No, over time, we can do this without abolishing these programs, but we have to see to it they do not grow.

So here is what my bill will do. It will control the growth of entitlement spending by reinstating spending limits and saying entitlement programs cannot grow at a rate faster than the inflation rate. That will mean to the future Congresses, if they adopt this bill: OK, we can still spend for Medicare, we can still spend for Medicaid, we can still do Social Security, but we can't add things to it in such a way that will cause it to grow more rapidly than inflation, No. 1. No. 2, do the same thing with all nondefense discretionary spending. We will allow it to grow each year in accordance with the inflation rate, but we will not allow increases in nondefense discretionary spending more rapidly than the inflation rate. Then, No. 3, enforce the spending caps with automatic spending reductions and budget points of order, the details of the kind of thing we get into around here all the time.

The bill is very simple, very straightforward, but it gives the kind of direction that many of the solutions that have been proposed around here don't do. Many of the solutions we have around here sound great, and they are very complicated—this point of order lies here, and that situation there—but, overall, we are turning our backs on two-thirds of the Federal spending. We say we would not address them because these programs are popular, and we don't want to offend the voters by saying something has to be done with the most popular programs in America.

I find the voters are saying we have to deal with this. We have to have the courage to deal with it, which means we have to have the courage to deal with entitlement spending and not just focus on nondefense discretionary spending.

The final thing my bill will do is to prohibit the creation of any new mandatory spending programs, which is, again, part of the problem we have had.

I close by repeating a question I ask my constituents as I am making this presentation to them. I say: How many of you know who Willie Sutton was? Most of my audience is young enough not to know the answer to that question, but there are a few who say Willie Sutton was a bank robber, and that is true. He wasn't a very good bank robber because he kept getting caught. Each time he would serve his sentence

and then he would go out after he had been released from prison and he would rob another bank.

Finally, somebody said to him—and this is why we remember Willie Sutton, not for being a bad bank robber but for the comment he made. Somebody said: Willie, why do you keep robbing banks?

He said: Because that is where the money is.

We look at the national debt, we look at the problems we face, and we ask the question: Where is the money? We have to rein in the entitlement spending because that is where the money is. It is two-thirds of the budget now, three-fourths of the budget within 10 years. If we continue to ignore the growth of entitlement spending and focus entirely on the rest of it, that makes good press but not good policy. We will find our financial situation is up here, our national debt will be as high as it was with the percentage of GDP as it was after the Second World War, and our national security will be threatened to the point that our entire posture around the world will be changed, simply because we would not be able to afford it.

It is for that reason that I send to the desk an act that may be cited as the Economic Disaster Prevention Act of 2010 that deals with spending limits on entitlement programs as well as spending limits on discretionary spending, and the prohibition of any new mandatory spending programs.

By Mr. MERKLEY (for himself, Mr. LEVIN, Mr. KAUFMAN, Mr. BROWN of Ohio, and Mrs. SHAHEEN):

S. 3098. A bill to prohibit proprietary trading and certain relationships with hedge funds and private equity funds, to address conflicts of interest with respect to certain securitizations, and for other purposes; to the Committee on Banking, Housing, and Urban Affairs.

Mr. LEVIN. Mr. President, I would like to relay a story that says a great deal about how the worst financial crisis since the Great Depression came to be.

In 2006, a bond trader at Lehman Brothers struck up a conversation with one of the firm's college interns. When the trader asked this intern, who had not yet begun his senior year, what he was doing on his winter vacation, the young man replied that he would be trading derivatives for Lehman. That was a surprise, but the shock came when the intern said the firm had given him \$150 million of its own money for this college student to bet on risky derivatives.

Now, one college junior and his \$150 million trading account did not bring the entire financial system close to collapse. But it is just this brand of recklessness that led to the need for multibillion-dollar bailouts and to the worst recession in decades, one that

has left millions of Americans without a job.

The losses that Lehman and other large financial firms racked up, trading on their own account and not on the behalf of investors, helped build the bonfire that nearly engulfed our entire financial system.

That is why I have joined Senators MERKLEY, KAUFMAN, SHERROD BROWN, and SHAHEEN to introduce the Protect our Recovery Through Oversight of Proprietary Trading Act, or PROP Trading Act. With this legislation, we attempt to rein in some of the reckless practices that led to economic catastrophe, the proprietary trading and hedge-fund operations that lost billions of dollars, caused the collapse of some of our biggest financial institutions, and pushed other major financial firms to the brink of collapse.

This legislation would accomplish several important goals to ensure that the abuses of recent years don't lead to another crisis. It would ban taxpayer insured banks, and their affiliates and subsidiaries, from engaging in proprietary trading that is, trading on their own behalf and not that of their customers. It would ban taxpayer insured banks from investing in or sponsoring hedge funds or private equity funds. Nonbank institutions that are critically important to the systemic health of the financial system, i.e., those that have been deemed "too big to fail," would be subject to new capital requirements and limits on their ability to trade on their own behalf or invest in hedge funds or private equity funds. Federal regulators would set those requirements and limits. And our legislation would prohibit underwriters of asset-backed securities from engaging in transactions that create a conflict of interest with respect to the securities they package and sell.

The reaction of Wall Street has been swift. Proprietary trading, they tell us, was not a large factor in creating the financial crisis. And restrictions on proprietary trading would have no effect in preventing the next crisis.

On both points, they are wrong. Here is why.

While Wall Street claims that proprietary trading was a tiny part of its operations before the crisis, their financial reports during the boom years tell a different story. Firms such as Goldman Sachs and Lehman Brothers earned as much as half their revenue on proprietary trades when markets were booming. Bank of America reported in a 2008 regulatory filing that losses in "large proprietary trading and investment positions" had "a direct and large negative impact on our earnings." JP Morgan Chase warned in its 10K filing for 2008 that it held large "positions in securities in markets that lack pricing transparency or liquidity," presumably proprietary positions. Likewise, Goldman Sachs told

regulators that the collapse of proprietary asset values "have had a direct and large negative impact" on its earnings.

What these firms are saying in the dry, lawyerly language of SEC filings is that they had been betting big, and losing big, and those failed bets had done them serious harm.

How much harm? By August of 2008, according to one estimate, the nation's largest financial firms had suffered \$230 billion in losses from proprietary trading. Only a Wall Street trader could dismiss such losses as immaterial; in fact, that total is about one-third the size of the Wall Street rescue package we were forced to approve. Nearly every major financial institution suffered major losses in proprietary trades. Lehman Brothers, whose bankruptcy was a major contributor to the financial crisis, in 2006 derived more than half its revenue from proprietary trades. By 2007, its proprietary holdings totaled \$313 billion. But the firm lost \$32 billion on such trades in 2007 and 2008, nearly double the value of the firm's common equity. Bear Stearns collapsed and was bought by JP Morgan Chase with federal aid in large part because of the collapse of its hedge funds. Morgan Stanley, JP Morgan Chase, Merrill Lynch, Goldman Sachs, each suffered major losses as a result of the risky bets they placed on securities that plummeted in value.

There also is a need to prevent financial institutions that create asset-backed securities from engaging in transactions connected to those securities that present a conflict of interest. As has been widely reported, some institutions at the height of the boom in asset-backed securities were creating these securities, selling them to investors, and then placing bets that their product would fail. Phil Angelides, the chairman of the Financial Crisis Inquiry Commission, has likened this practice to selling customers a car with faulty brakes, and then buying life insurance on the driver. It is an abusive practice, it should stop, and our legislation would stop it.

It would be irresponsible of us to allow such risk and abuse to remain present in our financial system, lying dormant until the day we are once again on the brink of financial catastrophe, and once again the need to rescue financial firms who refuse to prudently manage their risks. This legislation is urgently important, and I urge my colleagues to carefully consider the consequences of failing to act.

By Mr. MERKLEY (for himself, Mrs. SHAHEEN, Mr. JOHNSON, Mr. LUGAR, Mr. BENNET, and Mr. GRAHAM):

S. 3102. A bill to amend the miscellaneous rural development provisions of the Farm Security and Rural Investment Act of 2002 to authorize the Secretary of Agriculture to make loans to

certain entities that will use the funds to make loans to consumers to implement energy efficiency measures involving structural improvements and investments in cost-effective, commercial off-the-shelf technologies to reduce home energy use; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. MERKLEY. Mr. President, I rise today to introduce legislation that will create jobs and lower energy bills for families and small businesses in rural communities by promoting energy-saving home renovations.

I am honored to be joined in this effort by a bipartisan group of colleagues that includes Senator SHAHEEN, Senator LUGAR, Senator GRAHAM, Senator JOHNSON, and Senator BENNET of Colorado. Our colleagues in the other chamber are introducing companion legislation sponsored by Representatives CLYBURN, PERRIELLO, WHITFIELD, and SPRATT.

Our proposed Rural Energy Savings Program would assist rural electric co-operatives in offering "on-bill" financing to their customers. This concept offers two clear and important benefits for consumers, including homeowners and owners of commercial or industrial property.

First, it addresses the challenge of the up-front cost of building renovations. Energy efficiency measures almost always make business sense in the long term, because they lower the energy bill for the family or business. But often, the family or business cannot afford the upfront cost of the renovation. By offering low-cost financing, we can let families and businesses pay for the cost of the renovation on the same time frame that they are getting savings on their energy bill.

Second, we avoid complicating consumers' lives with another loan payment by offering a very simple repayment mechanism: under "on-bill" financing, the consumer repays the loan through a charge on their electric bill.

This bill offers these benefits to Americans across the country by using existing structures in place to provide federal assistance to rural electric co-operatives. Specifically, the Rural Utilities Service will offer loans at zero percent interest to rural co-operatives, who can then offer on-bill financing to their customers at no more than three percent interest. The difference can be used to pay the local nonprofit co-operatives' overhead expenses or to establish a loan loss reserve. There are more than 900 electric co-operatives serving 42 million Americans, so we expect this program to create jobs and help lower energy bills in rural communities all over the country.

For our rural communities to recover and thrive in the wake of the economic crisis, we need to put people back to work and lower families' expenses, and the Rural Energy Savings Program does both.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 3102

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Rural Energy Savings Program Act".

SEC. 2. RURAL ENERGY SAVINGS PROGRAM.

Title VI of the Farm Security and Rural Investment Act of 2002 (7 U.S.C. 7901 note et seq.) is amended by adding the following new section:

"SEC. 6407. RURAL ENERGY SAVINGS PROGRAM.

"(a) PURPOSE.—The purpose of this section is to create and save jobs by providing loans to qualified consumers that will use the loan proceeds to implement energy efficiency measures to achieve significant reductions in energy costs, energy consumption, or carbon emissions.

"(b) DEFINITIONS.—In this section:

"(1) ELIGIBLE ENTITY.—The term 'eligible entity' means—

"(A) any public power district, public utility district, or similar entity, or any electric cooperative described in sections 501(c)(12) or 1381(a)(2)(C) of the Internal Revenue Code of 1986, that borrowed and repaid, prepaid, or is paying an electric loan made or guaranteed by the Rural Utilities Service (or any predecessor agency); or

"(B) any entity primarily owned or controlled by an entity or entities described in subparagraph (A).

"(2) ENERGY EFFICIENCY MEASURES.—The term 'energy efficiency measures' means, for or at property served by an eligible entity, structural improvements and investments in cost-effective, commercial off-the-shelf technologies to reduce home energy use.

"(3) QUALIFIED CONSUMER.—The term 'qualified consumer' means a consumer served by an eligible entity that has the ability to repay a loan made under subsection (d), as determined by an eligible entity.

"(4) QUALIFIED ENTITY.—The term 'qualified entity' means a non-governmental, not-for-profit organization that the Secretary determines has significant experience, on a national basis, in providing eligible entities with—

"(A) energy, environmental, energy efficiency, and information research and technology;

"(B) training, education, and consulting;

"(C) guidance in energy and operational issues and rural community and economic development;

"(D) advice in legal and regulatory matters affecting electric service and the environment; and

"(E) other relevant assistance.

"(5) SECRETARY.—The term 'Secretary' means the Secretary of Agriculture, acting through the Rural Utilities Service.

"(c) LOANS AND GRANTS TO ELIGIBLE ENTITIES.—

"(1) LOANS AUTHORIZED.—Subject to paragraph (2), the Secretary shall make loans to eligible entities that agree to use the loan funds to make loans to qualified consumers as described in subsection (d) for the purpose of implementing energy efficiency measures.

"(2) LIST, PLAN, AND MEASUREMENT AND VERIFICATION REQUIRED.—

"(A) IN GENERAL.—As a condition to receiving a loan or grant under this subsection, an eligible entity shall—

"(i) establish a list of energy efficiency measures that is expected to decrease energy use or costs of qualified consumers;

"(ii) prepare an implementation plan for use of the loan funds; and

"(iii) provide for appropriate measurement and verification to ensure the effectiveness of the energy efficiency loans made by the eligible entity and that there is no conflict of interest in the carrying out of this section.

"(B) REVISION OF LIST OF ENERGY EFFICIENCY MEASURES.—An eligible entity may update the list required under subparagraph (A)(i) to account for newly available efficiency technologies, subject to the approval of the Secretary.

"(C) EXISTING ENERGY EFFICIENCY PROGRAMS.—An eligible entity that, on or before the date of the enactment of this section or within 60 days after such date, has already established an energy efficiency program for qualified consumers may use an existing list of energy efficiency measures, implementation plan, or measurement and verification system of that program to satisfy the requirements of subparagraph (A) if the Secretary determines the list, plans, or systems are consistent with the purposes of this section.

"(3) NO INTEREST.—A loan under this subsection shall bear no interest.

"(4) REPAYMENT.—A loan under this subsection shall be repaid not more than 10 years from the date on which an advance on the loan is first made to the eligible entity.

"(5) LOAN FUND ADVANCES.—The Secretary shall provide eligible entities with a schedule of not more than ten years for advances of loan funds, except that any advance of loan funds to an eligible entity in any single year shall not exceed 50 percent of the approved loan amount.

"(6) JUMP-START GRANTS.—The Secretary shall make grants available to eligible entities selected to receive a loan under this subsection in order to assist an eligible entity to defray costs, including costs of contractors for equipment and labor, except that no eligible entity may receive a grant amount that is greater than four percent of the loan amount.

"(d) LOANS TO QUALIFIED CONSUMERS.—

"(1) TERMS OF LOANS.—Loans made by an eligible entity to qualified consumers using loan funds provided by the Secretary under subsection (c)—

"(A) may bear interest, not to exceed three percent, to be used for purposes that include establishing a loan loss reserve and to offset personnel and program costs of eligible entities to provide the loans;

"(B) shall finance energy efficiency measures for the purpose of decreasing energy usage or costs of the qualified consumer by an amount such that a loan term of not more than ten years will not pose an undue financial burden on the qualified consumer, as determined by the eligible entity;

"(C) shall not be used to fund energy efficiency measures made to personal property unless the personal property—

"(i) is or becomes attached to real property as a fixture; or

"(ii) is a manufactured home;

"(D) shall be repaid through charges added to the electric bill of the qualified consumer; and

"(E) shall require an energy audit by an eligible entity to determine the impact of proposed energy efficiency measures on the energy costs and consumption of the qualified consumer.

“(2) CONTRACTORS.—In addition to any other qualified general contractor, eligible entities may serve as general contractors.

“(e) CONTRACT FOR MEASUREMENT AND VERIFICATION, TRAINING, AND TECHNICAL ASSISTANCE.—

“(1) CONTRACT REQUIRED.—Not later than 60 days after the date of enactment of this section, the Secretary shall enter into one or more contracts with a qualified entity for the purposes of—

“(A) providing measurement and verification activities, including—

“(i) developing and completing a recommended protocol for measurement and verification for the Rural Utilities Service;

“(ii) establishing a national measurement and verification committee consisting of representatives of eligible entities to assist the contractor in carrying out this section;

“(iii) providing measurement and verification consulting services to eligible entities that receive loans under this section; and

“(iv) providing training in measurement and verification; and

“(B) developing a program to provide technical assistance and training to the employees of eligible entities to carry out this section.

“(2) USE OF SUBCONTRACTORS AUTHORIZED.—A qualified entity that enters into a contract under paragraph (1) may use subcontractors to assist the qualified entity in performing the contract.

“(f) FAST START DEMONSTRATION PROJECTS.—

“(1) DEMONSTRATION PROJECTS REQUIRED.—The Secretary shall enter into agreements with eligible entities (or groups of eligible entities) that have energy efficiency programs described in subsection (c)(2)(C) to establish an energy efficiency loan demonstration projects consistent with the purposes of this section that—

“(A) implement approaches to energy audits and investments in energy efficiency measures that yield measurable and predictable savings;

“(B) use measurement and verification processes to determine the effectiveness of energy efficiency loans made by eligible entities;

“(C) include training for employees of eligible entities, including any contractors of such entities, to implement or oversee the activities described in subparagraphs (A) and (B);

“(D) provide for the participation of a majority of eligible entities in a State;

“(E) reduce the need for generating capacity;

“(F) provide efficiency loans to—

“(i) not fewer than 20,000 consumers, in the case of a single eligible entity; or

“(ii) not fewer than 80,000 consumers, in the case of a group of eligible entities; and

“(G) serve areas where a large percentage of consumers reside—

“(i) in manufactured homes; or

“(ii) in housing units that are more than 50 years old.

“(2) DEADLINE FOR IMPLEMENTATION.—The agreements required by paragraph (1) shall be entered into not later than 90 days after the date of enactment of this section.

“(3) EFFECT ON AVAILABILITY OF LOANS NATIONALLY.—Nothing in this subsection shall delay the availability of loans to eligible entities on a national basis beginning not later than 180 days after the date of enactment of this section.

“(4) ADDITIONAL DEMONSTRATION PROJECT AUTHORITY.—The Secretary may conduct

demonstration projects in addition to the project required by paragraph (1). The additional demonstration projects may be carried out without regard to subparagraphs (D), (F), or (G) of paragraph (1).

“(g) ADDITIONAL AUTHORITY.—The authority provided in this section is in addition to any authority of the Secretary to offer loans or grants under any other law.

“(h) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—There is authorized to be appropriated to the Secretary in fiscal year 2010 \$993,000,000 to carry out this section. Notwithstanding paragraph (2), amounts appropriated pursuant to this authorization of appropriations shall remain available until expended.

“(2) AMOUNTS FOR LOANS, GRANTS, STAFFING.—Of the amounts appropriated pursuant to the authorization of appropriations in paragraph (1), the Secretary shall make available—

“(A) \$755,000,000 for the purpose of covering the cost of direct loans to eligible entities under subsection (c) to subsidize gross obligations in the principal amount of not to exceed \$4,900,000,000;

“(B) \$25,000,000 for measurement and verification activities under subsection (e)(1)(A);

“(C) \$2,000,000 for the contract for training and technical assistance authorized by subsection (e)(1)(B);

“(D) \$200,000,000 for jump-start grants authorized by subsection (c)(6); and

“(E) \$1,100,000 for each of fiscal years 2010 through 2019 for ten additional employees of the Rural Utilities Service to carry out this section.

“(i) EFFECTIVE PERIOD.—Subject to subsection (h)(1) and except as otherwise provided in this section, the loans, grants, and other expenditures required to be made under this section are authorized to be made during each of fiscal years 2010 through 2014.

“(j) REGULATIONS.—

“(1) IN GENERAL.—Except as otherwise provided in this subsection, not later than 180 days after the date of enactment of this section, the Secretary shall promulgate such regulations as are necessary to implement this section.

“(2) PROCEDURE.—The promulgation of the regulations and administration of this section shall be made without regard to—

“(A) chapter 35 of title 44, United States Code (commonly known as the ‘Paperwork Reduction Act’); and

“(B) the Statement of Policy of the Secretary of Agriculture effective July 24, 1971 (36 Fed. Reg. 13804), relating to notices of proposed rulemaking and public participation in rulemaking.

“(3) CONGRESSIONAL REVIEW OF AGENCY RULEMAKING.—In carrying out this section, the Secretary shall use the authority provided under section 808 of title 5, United States Code.

“(4) INTERIM REGULATIONS.—Notwithstanding paragraphs (1) and (2), to the extent regulations are necessary to carry out any provision of this section, the Secretary shall implement such regulations through the promulgation of an interim rule.”

By Ms. SNOWE:

S. 3103. A bill to help small businesses create new jobs and drive our Nation's economic recovery; to the Committee on Finance.

Ms. SNOWE. Mr. President, I rise this evening to speak to the urgent imperative of job creation in our country and impress upon my colleagues that if

we are serious about assisting our Nation's small businesses—the very catalysts that will lead us out of the longest and deepest recession since World War II—we cannot devolve once again into more delays. To that end, I filed an amendment to the tax extenders legislation before this Chamber which included a package of six bipartisan, achievable policy reforms designed to facilitate an entrepreneurial environment under which our Nation's almost 30 million small business firms can create new jobs. I had hoped to offer this amendment, which I am introducing today as a freestanding bill called the Small Business Job Creation Act, but after talking with the majority leader at length last week, I decided to forgo that opportunity, as the leader indicated to me personally—and to the entire Senate—that he, too, is anxious to address a small business jobs bill in the coming weeks.

Now that we have cleared the tax extenders package today and are taking up the long overdue Federal Aviation Administration reauthorization legislation, I hope the Senate as well will consider the jobs package that will include small business initiatives that are so vital and imperative to the well-being of small businesses throughout the country and that we can address this issue before the Easter recess.

As ranking member of the Senate Small Business Committee, I want to begin by taking a moment to tout the work our committee has accomplished in this Congress.

As one of the most bipartisan panels in the Congress, I appreciate the chair, Senator LANDRIEU, who has built on the foundation of 22 hearings and roundtables and reported out a series of bipartisan bills on topics ranging from access to capital, to exporting, and, just last week, small business contracting reform. I truly appreciate Chair LANDRIEU's approach in building a collaboration in the committee on these key issues. Most of the provisions I am championing here tonight originated from the work we have accomplished together in the committee as well.

When it comes to this jobs agenda, I would have preferred a different approach to advancing it—one that was more comprehensive and robust, frankly. This kind of piecemeal strategy is not one I would embrace. It is not one the New York Times approves of, either, for that matter. In fact, an editorial of theirs this week contained the following observation:

[T]he danger is that with stopgap measures boosting the headline job numbers, Congress and the Administration will avoid the heavy lifting that is required to clear away the wreckage of the recession.

So it is not enough to say jobs, jobs, jobs are the new mantra. They must be the new singular mission of this Congress that deserves rigorous action, not

just in dribs and drabs but as the full-till agenda of this institution.

Make no mistake, time is of the essence if we are to assist our Nation's small businesses. Nowhere is the test of meeting that challenge more immediate than with our Nation's small businesses, which at each turn and in every sector are having to struggle, not only at their own expense but at the expense of job creation and reversing our dire economic downturn.

Based on what I have heard firsthand from numerous small business forums in Maine that I have held, not only this year but last year, throughout the entire year of 2009, business owners are desperate for relief, and they want answers to the pervasive uncertainty they are confronted with on so many levels.

For example, as indicated on this chart, in an economic climate devoid of continuity on tax policy, skyrocketing health care costs, onerous regulations, or volatile energy prices, how can small businesses expect to hire a new employee, buy additional equipment, expand operations, or accurately forecast their operating costs? The regrettable fact is, they cannot as long as they remain not just unsure but understandably anxious about whether or when Washington will exact another tax, levy a new mandate, promulgate another regulation, or create more bureaucracy.

A solid foundational starting point would be enacting the provisions in the amendment I filed, many of which I underscored in a letter I sent to both the majority leader and the Republican leader. Frankly, there is such wide agreement on so many of these ideas. In fact, the Small Business Committee has approved many of these provisions unanimously, and the President has called for them to be included in a jobs package. So I think most people would be shocked to learn that they are not already enacted into law.

Getting back to the original proposition, it is the fact that there is uncertainty with respect to the policies that are emanating from Washington that creates a lot of anxiety and disenchantment about the direction we are taking but more importantly anxiety about their cost of doing business. What is it going to do to increase the cost of doing business, whether or not they are prepared to hire a new employee or make investments in capital and equipment, if they do not know the certainty of the propositions that come from Washington that could add to their costs of doing business? For example, if the centerpiece of any jobs agenda is assisting the best known job creators we have—our small businesses—then bringing some certitude to the expensing provisions in the Tax Code is unquestionably the place to begin.

I know the Senate has already enacted this legislation, extending what

had been part of the stimulus plan to increase expensing immediately for small businesses to write off up to \$250,000. That expired at the end of last year, and we have extended that proposition for the remaining 10 months in this year. But then again, it will expire. So at that point, in 2011, then small businesses will only be able to write off up to \$25,000. So that is a \$225,000 decline. Exactly how does that contribute to greater confidence for small business owners? How are they supposed to look to the future in the face of a Draconian measure of that magnitude? So, really, it is important to extend the small business expensing level of \$250,000 not just for 10 months but at least for 5 years.

As we see in this chart I am showing in the Chamber this evening, between Republicans and Democrats and the administration, they support extending small business expensing, they support enacting a zero-percent capital gains rate for small businesses. So we have bipartisan solutions across the board with respect to these initiatives.

It is also important to make sure there is continuity in these policies, which is really the troubling point because it is so important to make sure they can look down the road. They might not be making a decision within the next 5 or 6 months or 10 months, but it is important for them to be able to see down the road beyond the 10 months that there is certitude with respect to the policies we are enacting, especially regarding tax relief and tax policy—the types of initiatives that, frankly, are going to be instrumental in making a difference in job creation.

So we have two initiatives here; that is, extending the small business expensing and enacting a zero-percent capital gains rate for small businesses, of which I joined with Senator KERRY in introducing that legislation. So it is true we can reach an agreement on some issues. That is important. And we are moving forward. But we have to give more longevity to these tax policies given the severity of the downturn, given the severity of the economic situation we face today, that it is a jobless recovery. We need to create jobs. If we are going to create jobs, then we have to create more permanent tax relief.

We have seen that with the credit crisis. Why can we not join forces and address this stifling credit crunch that is placing a perilous choke hold on our economy across the country? Why can we not agree on doing something viable and bold to confront such a universally acknowledged problem? It remains an unmitigated outrage, frankly, that the Federal Reserve's January Senior Loan Officer Opinion Survey found the percentage of banks easing credit terms for small businesses was an astonishing zero percent—zero percent. The same was true in October, the last time they conducted the survey.

So if you wanted not just to freeze credit but fossilize it, that would be the way to do it. This is not a recipe for recovery. After all, lending is critical. It is a lifeline to our economy, it is the lifeblood, and it is certainly a lifeline for small businesses if they are going to be able to have jobs, to preserve jobs, or to make investments in the future.

But here again is another area where we could take immediate action right here and now, where we can turn this deplorable trend around beginning with boosting the SBA's access to credit. My provisions include key lending provisions from the bill I introduced in the Small Business Committee with Chair LANDRIEU which was reported out of our committee with a vote of 17 to 1—overwhelmingly bipartisan—to increase the maximum limits for the SBA 7(a) program and the 504 loan program from \$2 million to \$5 million, raising the maximum microloan limit from \$35,000 to \$50,000, and allowing for the refinancing of conventional small business loans through the SBA 504 program. Now, if fully utilized, the loan limit increases would create and retain up to an estimated 211,000 jobs.

I would note that enhancing SBA loans has already paid tremendous dividends, as in the stimulus bill, because we included these provisions which have been credited with increasing loan volumes by a remarkable 86 percent nationwide and in my own State of Maine, 227 percent. That is all as a result of what we included in the stimulus package last year in increasing and expanding the loan volumes under these programs. So it obviously is indicative of what can be accomplished.

So with numbers such as these, not to mention the endorsement of 80 business organizations, it is essential that we give these critical programs the ability to grow more small businesses.

Just as there is much we can do right away domestically, how about finally taking action to help our small businesses compete globally? Given that fewer than 1 percent of our small businesses export, it is all the more vital that we take advantage of this untapped market and help those enterprises sell their goods and services to 95 percent of the world's customers who live outside our borders.

In the State of the Union Address, President Obama made clear that we must double our exports over the next 5 years, and small businesses are a critical component of the administration's strategy and our national competitiveness. For this reason, my provisions were included in the small business exporting legislation I introduced with Chair LANDRIEU.

As this chart reveals, the provisions in the bill—larger SBA export loan limits, expanded export technical assistance, and enhanced assistance for

trade promotion—had bipartisan support. They were reported unanimously by our panel and passed unanimously last December—unanimously. They have the administration's support. They have been endorsed by the U.S. Chamber of Commerce. So we have solidarity on this initiative, and for good reason, because it could create roughly 36,000 new American jobs in the year after enactment and 170,000 jobs over the next 5 years. So there is no reason on Earth why we cannot move on this bill today.

Whether we are debating trade or health care, a jobs bill or climate change, whatever the issue, it is also time we retool our thinking so that in every matter before us we are striving to create a climate in which our job creators cannot only survive but thrive. For example, for years we have had environmental impact statements. Well, in 2010, it is high time we require job impact statements. Consider that in 2009 alone, there were close to 70,000 pages in the Federal Register, and the annual cost of Federal regulations now totals more than \$1.1 trillion, with small firms bearing the brunt.

There are enough built-in impediments to starting a small business, not to mention sustaining one, without the Federal Government compounding the problem. That is why I have included language in my legislation I introduced last month with Senator PRYOR requiring the Congressional Budget Office to provide such job impact statements for every single major initiative before Congress to evaluate its effect, positive and negative, on job creation, job losses, job preservation.

We didn't stop there. Our bill would also require Federal agencies to fully analyze the cost of regulations on small businesses which too often undermine and usurp the entrepreneurial spirit that has defined every generation of Americans.

Our bill is strongly supported by groups including the NFIB, the U.S. Chamber of Commerce, and the National Small Business Association.

My provisions include \$50 million in funding for the Small Business Development Centers which, again, provide critical technical assistance and counseling to small businesses at over 1,000 locations nationwide. The SBDC program has a proven track record of job creation, and according to an annual report by Dr. James Chrisman of Mississippi State University, between 2007 and 2008, employment levels of SBDC clients have increased 10 percent more than for businesses in general. As a result of the additional funding I am pressing for, Dr. Chrisman estimates that over 20,000 new jobs would be created, while tens of thousands more will be saved.

Finally, while it is paramount that we move forward with the initiatives I have just described, we must simulta-

neously be mindful of their cost. I have also included an offset for this legislation. I do happen to think it is important that we provide offsets. I think we have to reexamine the stimulus package we enacted last year, much of which has been meritorious, much of which has worked, but there are other parts of it that have yet to be implemented or expended, and I think that is the point.

The fact is, with a projected \$1.6 trillion deficit this year alone, it is essential that we look at ways in which we can pay for legislation, especially targeted toward job creation, that can be accomplished immediately. That is why I am proposing to fully offset the cost of my provision with unspent, unobligated funds that we appropriated as part of the stimulus.

I understand some of my colleagues oppose using unobligated stimulus funds as an offset, citing Congressional Budget Office data that the Recovery Act has added up to 2.1 million jobs and has preserved many jobs across this country. At the same time, I also believe it is our obligation to continually assess and reassess whether the Recovery Act is working because, after all, stimulus is supposed to be timely, targeted, and temporary. In two of the three instances it has not met those goals. In fact, as we have noted in this following chart, just \$288 billion of the \$787 billion that was enacted last February—only 37 percent of the total—has actually been spent. When you consider just the \$275 billion of the stimulus's appropriated funding for expenditures such as contracts, grants, and loans, just \$81.6 billion, or 30 percent, has been paid out.

That is where I think we need to reassess the three critical criteria of timely, targeted, and temporary. Obviously, for timeliness and being targeted, we have not met those goals. That is why I think we should redirect some of these stimulus funds to other purposes that are more effective, more immediate to do the job.

That is where our small businesses enter the equation, with these initiatives I have identified that are absolutely paramount to helping small businesses to create jobs across this country. After all, we are depending on small businesses to lead us out of this economic downturn. They have been the job generators in the past. They have created two-thirds of all the net new jobs in America.

We need to create millions and millions of jobs. We have 100,000 new entrants in the market every month, so we have to move expeditiously. That is the point here tonight.

I have an array of initiatives that are very critical and vital to small business and job generation. One, we have to do it immediately. Two, we have to be focused and we have to provide continuity of policy and certainty so that

small businesses can look down the road and see what types of policies are emanating from Washington, DC.

As I said to the Secretary of the Treasury recently, would you take a risk in making investments today? Would you take a risk knowing what you are hearing in Washington? Since we will see more costs as a result of potential health care legislation, adding more costs to small businesses—and there is no question that with the Medicare payroll tax that is embedded in that legislation, that really is another hidden tax, just as the alternative minimum tax. It will raise taxes 62 percent, and it is not indexed for inflation. So we know what the exponential growth in that tax will become for small businesses. That is an example. Ten months does not make a policy of certainty with respect to tax relief.

We need to provide continuity of that policy with respect to tax relief, and small business expensing is certainly part of it. We can expand the loan limits under the SBA's programs, and 7(a) and 504 already demonstrated they can work. They did work in the year in which we expanded those programs. It has been demonstrated nationwide and certainly conclusively in my State. So why not move expeditiously to address those issues?

Finally, we can pay for it. We can redirect the stimulus. I think that is the most conservative, effective approach to paying for this legislation because, after all, if we have only spent 30 percent of the appropriated funds under stimulus and only 37 percent overall of the stimulus, we may not even spend \$600 billion at the end of this year; we need to spend it now. That is the point, is spending it now. What are we waiting for?

There is no question that there is a sense of despair across the landscape in looking at the unemployment numbers. We are not creating jobs; we are losing jobs every month. Albeit it has improved in terms of the number of jobs lost, the fact is, we need to create millions and millions of jobs in addition to offsetting the new entrants into the market every month. We have a 9.7-percent unemployment rate. That means we have to get to work, and the only way we can do that is helping small businesses, and the only way we can do that is to put these initiatives to work before the Easter recess. Let's not delay and defer. We have time to do it now. It has broad unanimous support in the Small Business Committee. There is no reason we cannot accomplish this goal now.

I appreciate the majority leader's indication and commitment that he will bring a small business package to the floor. I urge the leader and I urge all Members of the Senate to support doing that before the Easter recess because we need to adopt it now, not

months from now, because people depend on these jobs. There is uncertainty, and people are looking on their Main Streets in their communities, and what are they seeing is trouble. They are wondering whether the hardware store is going to stay open, or the barbershop. That creates either certainty or uncertainty; that is what creates either despair or hope.

So I hope we would move and that we would move with a sense of urgency with respect to small businesses. If we are depending on them, then we have to get to work now. There is no reason, no rationale, no excuse for not taking action in this Chamber in this Congress that can be signed by the President and that we can move forward on. So we should strive with every fiber of our beings to help these longtime beacons of our economy, which is going to give hope to all Americans. What they deserve is to see action that will create the kind of certainty, give them the kinds of resources that they deserve, and do it in a fiscally responsible manner.

SUBMITTED RESOLUTIONS

SENATE CONCURRENT RESOLUTION 53—RECOGNIZING AND CONGRATULATING THE CITY OF COLORADO SPRINGS, COLORADO, AS THE NEW OFFICIAL SITE OF THE NATIONAL EMERGENCY MEDICAL SERVICES MEMORIAL SERVICE AND THE NATIONAL EMERGENCY MEDICAL SERVICES MEMORIAL

Mr. BENNET (for himself and Mr. UDALL of Colorado) submitted the following concurrent resolution; which was referred to the Committee on the Judiciary:

S. CON. RES. 53

Whereas in 1928, Julian Stanley Wise founded the first volunteer rescue squad in the United States, the Roanoke Life Saving and First Aid Crew, and Virginia subsequently took the lead in honoring the thousands of people nationwide who give their time and energy to community rescue squads;

Whereas in 1993, to further recognize the selfless contributions of emergency medical service (referred to in this preamble as "EMS") personnel nationwide, the Virginia Association of Volunteer Rescue Squads, Inc., and the Julian Stanley Wise Foundation organized the first annual National Emergency Medical Services Memorial Service in Roanoke, Virginia, to honor EMS personnel from across the country who died in the line of duty;

Whereas the National Emergency Medical Services Memorial Service is the annual memorial service to honor all air and ground EMS providers, including first responders, search and rescue personnel, emergency medical technicians, paramedics, nurses, and pilots;

Whereas the annual National Emergency Medical Services Memorial Service captures national attention by annually honoring and

remembering EMS personnel who have given their lives in the line of duty;

Whereas the annual National Emergency Medical Services Memorial Service is devoted to the families, colleagues, and loved ones of those EMS personnel;

Whereas the singular devotion of EMS personnel to the safety and welfare of their fellow citizens is worthy of the highest praise;

Whereas the annual National Emergency Medical Services Memorial Service is a fitting reminder of the bravery and sacrifice of EMS personnel nationwide;

Whereas EMS personnel stand ready 24 hours a day, every day, to assist and serve people in the United States with life-saving medical attention and compassionate care;

Whereas the National Emergency Medical Services Memorial Service Board sought and selected a new city to host the annual National Emergency Medical Services Memorial Service;

Whereas the city of Colorado Springs, Colorado, was chosen to host the National Emergency Medical Services Memorial, the annual National Emergency Medical Services Memorial Service, and the families of our fallen EMS personnel;

Whereas "Flight for Life" in Colorado was founded in 1972 as the first civilian-based helicopter medical evacuation system established in the United States;

Whereas ambulance systems in Colorado provide care and transport to approximately 375,000 residents and visitors each year;

Whereas approximately 60 percent of the licensed ambulance services in Colorado are staffed by volunteers that serve the vast rural and frontier communities of Colorado; and

Whereas the life of every person in the United States will be affected, directly or indirectly, by the uniquely skilled and dedicated efforts of EMS personnel who work bravely and tirelessly to preserve the greatest resource in the United States, the people: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That the Congress recognizes and congratulates the City of Colorado Springs, Colorado, as the new official site of the National Emergency Medical Services Memorial Service and the National Emergency Services Memorial.

SENATE CONCURRENT RESOLUTION 54—RECOGNIZING THE LIFE OF ORLANDO ZAPATA TAMAYO, WHO DIED ON FEBRUARY 23, 2010, IN THE CUSTODY OF THE GOVERNMENT OF CUBA, AND CALLING FOR A CONTINUED FOCUS ON THE PROMOTION OF INTERNATIONALLY RECOGNIZED HUMAN RIGHTS, LISTED IN THE UNIVERSAL DECLARATION OF HUMAN RIGHTS, IN CUBA

Mr. NELSON of Florida (for himself, Mr. MCCAIN, Mr. KERRY, Mr. MENENDEZ, Mr. DODD, and Mr. LEMIEUX) submitted the following concurrent resolution; which was referred to the Committee on Foreign Relations:

S. CON. RES. 54

Whereas Orlando Zapata Tamayo (referred to in this preamble as "Zapata"), a 42-year-old plumber and bricklayer and a member of the Alternative Republican Movement and the National Civic Resistance Committee, died on February 23, 2010, in the custody of

the Government of Cuba after conducting a hunger strike for more than 80 days;

Whereas on February 24, 2010, the Foreign Ministry of Cuba issued a rare statement on the death of Zapata, stating, "Raul Castro laments the death of Cuban prisoner Orlando Zapata Tamayo, who died after conducting a hunger strike.";

Whereas Reina Luisa Tamayo has asserted that her son Orlando Zapata Tamayo was tortured and denied water during his incarceration and has called "on the world to demand the freedom of the other prisoners and brothers unfairly sentenced so that what happened to my boy, my second child, who leaves behind no physical legacy, no child or wife, does not happen again";

Whereas Zapata began a hunger strike on December 9, 2009, to demand respect for his personal safety and to protest his inhumane treatment by the prison authorities in Cuba;

Whereas according to his supporters, Zapata was denied water during stages of his hunger strike at Kilo 8 Prison in Camaguey, was then transferred to Havana's Combinado del Este prison, and was finally admitted to the Hermanos Ameijeiras Hospital on February 23, 2010, in critical condition, where he was administered fluids intravenously and died hours later;

Whereas on February 25, 2010, Freedom House condemned the Government of Cuba for "the deplorable prison conditions, torture, and lack of medical attention that led to the death of political prisoner Orlando Zapata Tamayo";

Whereas Zapata was arrested in 2003 on charges of contempt for authority, public disorder, and disobedience, and was initially sentenced to 3 years in prison;

Whereas Zapata was later convicted of additional "acts of defiance" while in prison and was resentenced to a total of 36 years;

Whereas in 2003, Zapata and approximately 75 other dissidents and peaceful supporters of the Varela Project were arrested during the "Black Spring" and were sentenced to harsh prison terms;

Whereas more than 25,000 Cubans have signed on to the Varela Project, which seeks a referendum on civil liberties, including freedom of speech, amnesty for political prisoners, support for private business, a new electoral law, and a general election;

Whereas in 2003, Amnesty International designated Zapata as a prisoner of conscience;

Whereas the Government of the United States raised the plight of Zapata during migration talks on February 19, 2010, and urged the Government of Cuba to provide all necessary medical care;

Whereas on February 25, 2010, Secretary of State Hillary Clinton said in response to the death of Zapata, "We send our condolences to his family and we also reiterate our strong objection to the actions of the Cuban government. This is a prisoner of conscience who was imprisoned for years for speaking his mind, for seeking democracy, for standing on the side of values that are universal, who engaged in a hunger strike.";

Whereas following the death of Zapata, the Inter-American Commission on Human Rights reported that at least 50 dissidents were detained or forced to remain in their houses to prevent them from attending the wake and funeral for Zapata;

Whereas the Department of State's 2009 Country Report on Human Rights states that Cuba is a totalitarian state with a government that continues to deny its citizens basic human rights and continues to commit numerous serious human rights abuses;

Whereas Human Rights Watch states, "Cuba remains the one country in Latin America that represses virtually all forms of political dissent. The government continues to enforce political conformity using criminal prosecutions, long- and short-term detention, harassment, denial of employment, and travel restrictions."; and

Whereas in a 2008 annual report, the Inter-American Commission on Human Rights reported that "restrictions on political rights, on freedom of expression, and on the dissemination of ideas, the failure to hold elections, and the absence of an independent judiciary in Cuba combine to create a permanent panorama of breached basic rights for the Cuban citizenry"; Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

(1) recognizes the life of Orlando Zapata Tamayo, whose death on February 23, 2010, highlights the lack of democracy in Cuba and the injustice of the brutal treatment of more than 200 political prisoners by the Government of Cuba;

(2) calls for the immediate release of all political prisoners detained in Cuba;

(3) pays tribute to the courageous citizens of Cuba who are suffering abuses merely for engaging in peaceful efforts to exercise their basic human rights;

(4) supports freedom of speech and the rights of journalists and bloggers in Cuba to express their views without repression by government authorities and denounces the use of intimidation, harassment, or violence by the Government of Cuba to restrict and suppress freedom of speech, freedom of expression, freedom of assembly, and freedom of the press;

(5) desires that the people of Cuba be able to enjoy due process and the right to a fair trial; and

(6) calls on the United States to continue policies that focus on respect for the fundamental tenets of freedom, democracy, and human rights in Cuba and encourage peaceful democratic change consistent with the aspirations of the people of Cuba.

Mr. NELSON of Florida. Mr. President, today I am submitting a concurrent resolution recognizing the life of Orlando Zapata Tamayo, who died on February 23, 2010, in Cuban custody, and calling for a continued focus on the promotion of internationally recognized human rights, listed in the Universal Declaration of Human Rights, in Cuba.

Mr. Zapata was a political prisoner facing 36 years in prison for defying the Cuban regime. Originally arrested during the "Black Spring" of 2003, along with other peaceful supporters of the Varela Project, Zapata was originally sentenced to three years in prison but was later convicted of additional "acts of defiance" and resented to a total of 36 years. In 2003, Amnesty International declared Zapata a "prisoner of conscience" in recognition of his extraordinary courage.

Mr. Zapata went on a hunger strike in December 2009 to demand respect for his personal safety and to protest his inhumane treatment by the prison authorities in Cuba. According to Zapata's mother, Reina Luisa Tamayo, her son was beaten repeatedly, tortured, and denied water during his in-

carceration. While in prison, Mr. Zapata courageously demanded basic dignities and resisted the regime's repression. In the end, he was prohibited from receiving medical attention and lost his life in what Freedom House has called Cuba's "deplorable prison conditions."

To Orlando Zapata Tamayo's mother, family and friends, the United States Senate sends our sincere condolences for your loss. To Mr. Zapata's former colleagues and freedom fighters, we stand in solidarity with you in your struggle against the forces of repression and totalitarianism.

While there has been disagreement within this body in the past over the most effective way for the U.S. to help the Cuban people, I think we can all agree that the United States must continue to support policies that focus on respect for the fundamental tenets of freedom, democracy, and human rights in Cuba. This resolution reaffirms those principles. When we talk about the promotion of internationally recognized human rights in Tehran and Pyongyang, we must never forget the political prisoners suffering in the cells of Camagüey and Havana.

According to Human Rights Watch, "Cuba remains the one country in Latin America that represses virtually all forms of political dissent. The government continues to enforce political conformity using criminal prosecutions, long- and short-term detention, harassment, denial of employment, and travel restrictions." A Human Rights Watch report on Cuban prisoners last year documented how critics of the regime who report violations are subjected to extended periods of solitary confinement and beatings, and denied medical treatment, family visits and telephone calls.

This resolution calls for the immediate release of all political prisoners detained in Cuba and the rights of all Cubans to be able to enjoy due process and the right to a fair trial. It also denounces the use of intimidation, harassment, or violence by the regime to restrict and suppress freedom of speech, freedom of expression, freedom of assembly, and freedom of the press. This resolution underscores our support for freedom of speech and the rights of journalists and bloggers in Cuba to express their views without repression by government authorities. These rights are universal, but are all but absent in the Cuba of today.

Orlando Zapata Tamayo's death is a sad reminder of the tragic cost of oppression and a dictatorship that devalues human life. At the same time, it's a reminder that the Cuban people continue to fight for their freedom. Courageous Cubans like Mr. Zapata continue to suffer abuses merely for engaging in peaceful efforts to exercise their basic human rights. We have seen the regime crackdown on other dis-

sidents and political prisoners in the wake of Zapata's death.

Orlando Zapata Tamayo did not die in vain. Freedom-loving people everywhere must hold the Cuban regime responsible for the fate of Orlando Zapata Tamayo and for all the political prisoners and dissidents in custody in Cuba.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3452. Mr. ROCKEFELLER proposed an amendment to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients.

SA 3453. Mr. SESSIONS (for himself and Mrs. McCASKILL) proposed an amendment to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*.

SA 3454. Mr. DEMINT (for himself, Mr. MCCAIN, Mr. COBURN, Mr. GRASSLEY, and Mr. FEINGOLD) submitted an amendment intended to be proposed by him to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3455. Mr. CRAPO (for himself and Mr. RISCH) submitted an amendment intended to be proposed by him to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3456. Mr. LIEBERMAN (for himself, Ms. COLLINS, Mrs. FEINSTEIN, Mr. BYRD, Mr. ENSIGN, and Mr. VOINOVICH) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*.

SA 3457. Mr. CRAPO (for himself and Mr. RISCH) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3458. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3459. Mr. DORGAN (for Mr. KERRY) proposed an amendment to the resolution S. Res. 158, to commend the American Sail Training Association for advancing international goodwill and character building under sail.

SA 3460. Mr. DORGAN (for Mr. KERRY) proposed an amendment to the resolution S. Res. 158, *supra*.

SA 3461. Mr. DORGAN (for Mr. FEINGOLD) proposed an amendment to the bill S. 1067, to support stabilization and lasting peace in northern Uganda and areas affected by the Lord's Resistance Army through development of a regional strategy to support multilateral efforts to successfully protect civilians and eliminate the threat posed by the Lord's Resistance Army and to authorize funds for humanitarian relief and reconstruction, reconciliation, and transitional justice, and for other purposes.

SA 3462. Mr. BENNETT (for himself and Mr. HATCH) submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table.

SA 3463. Mr. BENNETT (for himself, Mr. HATCH, and Mr. CRAPO) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3464. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3465. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 3452. Mr. ROCKEFELLER proposed an amendment to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; as follows:

Strike out all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “FAA Air Transportation Modernization and Safety Improvement Act”.

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Amendments to title 49, United States Code.
- Sec. 3. Effective date.

TITLE I—AUTHORIZATIONS

- Sec. 101. Operations.
- Sec. 102. Air navigation facilities and equipment.
- Sec. 103. Research and development.
- Sec. 104. Airport planning and development and noise compatibility planning and programs.
- Sec. 105. Other aviation programs.
- Sec. 106. Delineation of Next Generation Air Transportation System projects.
- Sec. 107. Funding for administrative expenses for airport programs.

TITLE II—AIRPORT IMPROVEMENTS

- Sec. 201. Reform of passenger facility charge authority.
- Sec. 202. Passenger facility charge pilot program.
- Sec. 203. Amendments to grant assurances.
- Sec. 204. Government share of project costs.
- Sec. 205. Amendments to allowable costs.
- Sec. 206. Sale of private airport to public sponsor.
- Sec. 207. Government share of certain air project costs.
- Sec. 208. Miscellaneous amendments.
- Sec. 209. State block grant program.
- Sec. 210. Airport funding of special studies or reviews.
- Sec. 211. Grant eligibility for assessment of flight procedures.
- Sec. 212. Safety-critical airports.
- Sec. 213. Environmental mitigation demonstration pilot program.
- Sec. 214. Allowable project costs for airport development program.
- Sec. 215. Glycol recovery vehicles.
- Sec. 216. Research improvement for aircraft.
- Sec. 217. United States Territory minimum guarantee.
- Sec. 218. Merrill Field Airport, Anchorage, Alaska.

TITLE III—AIR TRAFFIC CONTROL MODERNIZATION AND FAA REFORM

- Sec. 301. Air Traffic Control Modernization Oversight Board.
- Sec. 302. NextGen management.
- Sec. 303. Facilitation of next generation air traffic services.
- Sec. 304. Clarification of authority to enter into reimbursable agreements.
- Sec. 305. Clarification to acquisition reform authority.
- Sec. 306. Assistance to other aviation authorities.
- Sec. 307. Presidential rank award program.

- Sec. 308. Next generation facilities needs assessment.
- Sec. 309. Next generation air transportation system implementation office.
- Sec. 310. Definition of air navigation facility.
- Sec. 311. Improved management of property inventory.
- Sec. 312. Educational requirements.
- Sec. 313. FAA personnel management system.
- Sec. 314. Acceleration of NextGen technologies.
- Sec. 315. ADS-B development and implementation.
- Sec. 316. Equipage incentives.
- Sec. 317. Performance metrics.
- Sec. 318. Certification standards and resources.
- Sec. 319. Unmanned aerial systems.
- Sec. 320. Surface Systems Program Office.
- Sec. 321. Stakeholder coordination.
- Sec. 322. FAA task force on air traffic control facility conditions.
- Sec. 323. State ADS-B equipage bank pilot program.
- Sec. 324. Implementation of Inspector General ATC recommendations.
- Sec. 325. Definitions.

TITLE IV—AIRLINE SERVICE AND SMALL COMMUNITY AIR SERVICE IMPROVEMENTS

SUBTITLE A—CONSUMER PROTECTION

- Sec. 401. Airline customer service commitment.
- Sec. 402. Publication of customer service data and flight delay history.
- Sec. 403. Expansion of DOT airline consumer complaint investigations.
- Sec. 404. Establishment of advisory committee for aviation consumer protection.
- Sec. 405. Disclosure of passenger fees.
- Sec. 406. Disclosure of air carriers operating flights for tickets sold for air transportation.

SUBTITLE B—ESSENTIAL AIR SERVICE; SMALL COMMUNITIES

- Sec. 411. EAS connectivity program.
- Sec. 412. Extension of final order establishing mileage adjustment eligibility.
- Sec. 413. EAS contract guidelines.
- Sec. 414. Conversion of former EAS airports.
- Sec. 415. EAS reform.
- Sec. 416. Small community air service.
- Sec. 417. EAS marketing.
- Sec. 418. Rural aviation improvement.

SUBTITLE C—MISCELLANEOUS

- Sec. 431. Clarification of air carrier fee disputes.
- Sec. 432. Contract tower program.
- Sec. 433. Airfares for members of the Armed Forces.

TITLE V—SAFETY

SUBTITLE A—AVIATION SAFETY

- Sec. 501. Runway safety equipment plan.
- Sec. 502. Judicial review of denial of airman certificates.
- Sec. 503. Release of data relating to abandoned type certificates and supplemental type certificates.
- Sec. 504. Design organization certificates.
- Sec. 505. FAA access to criminal history records or database systems.
- Sec. 506. Pilot fatigue.
- Sec. 507. Increasing safety for helicopter and fixed wing emergency medical service operators and patients.
- Sec. 508. Cabin crew communication.
- Sec. 509. Clarification of memorandum of understanding with OSHA.

- Sec. 510. Acceleration of development and implementation of required navigation performance approach procedures.
- Sec. 511. Improved safety information.
- Sec. 512. Voluntary disclosure reporting process improvements.
- Sec. 513. Procedural improvements for inspections.
- Sec. 514. Independent review of safety issues.
- Sec. 515. National review team.
- Sec. 516. FAA Academy improvements.
- Sec. 517. Reduction of runway incursions and operational errors.
- Sec. 518. Aviation safety whistleblower investigation office.
- Sec. 519. Modification of customer service initiative.
- Sec. 520. Headquarters review of air transportation oversight system database.
- Sec. 521. Inspection of foreign repair stations.
- Sec. 522. Non-certificated maintenance providers.

SUBTITLE B—FLIGHT SAFETY

- Sec. 551. FAA pilot records database.
- Sec. 552. Air carrier safety management systems.
- Sec. 553. Secretary of Transportation responses to safety recommendations.
- Sec. 554. Improved Flight Operational Quality Assurance, Aviation Safety Action, and Line Operational Safety Audit programs.
- Sec. 555. Re-evaluation of flight crew training, testing, and certification requirements.
- Sec. 556. Flightcrew member mentoring, professional development, and leadership.
- Sec. 557. Flightcrew member screening and qualifications.
- Sec. 558. Prohibition on personal use of certain devices on flight deck.
- Sec. 559. Safety inspections of regional air carriers.
- Sec. 560. Establishment of safety standards with respect to the training, hiring, and operation of aircraft by pilots.
- Sec. 561. Oversight of pilot training schools.
- Sec. 562. Enhanced training for flight attendants and gate agents.
- Sec. 563. Definitions.

TITLE VI—AVIATION RESEARCH

- Sec. 601. Airport cooperative research program.
- Sec. 602. Reduction of noise, emissions, and energy consumption from civilian aircraft.
- Sec. 603. Production of alternative fuel technology for civilian aircraft.
- Sec. 604. Production of clean coal fuel technology for civilian aircraft.
- Sec. 605. Advisory committee on future of aeronautics.
- Sec. 606. Research program to improve airfield pavements.
- Sec. 607. Wake turbulence, volcanic ash, and weather research.
- Sec. 608. Incorporation of unmanned aircraft systems into FAA plans and policies.
- Sec. 609. Reauthorization of center of excellence in applied research and training in the use of advanced materials in transport aircraft.
- Sec. 610. Pilot program for zero emission airport vehicles.
- Sec. 611. Reduction of emissions from airport power sources.

- Sec. 612. Siting of windfarms near FAA navigational aides and other assets.
- Sec. 613. Research and development for equipment to clean and monitor the engine and APU bleed air supplied on pressurized aircraft.

TITLE VII—MISCELLANEOUS

- Sec. 701. General authority.
- Sec. 702. Human intervention management study.
- Sec. 703. Airport program modifications.
- Sec. 704. Miscellaneous program extensions.
- Sec. 705. Extension of competitive access reports.
- Sec. 706. Update on overflights.
- Sec. 707. Technical corrections.
- Sec. 708. FAA technical training and staffing.
- Sec. 709. Commercial air tour operators in national parks.
- Sec. 710. Phaseout of Stage 1 and 2 aircraft.
- Sec. 711. Weight restrictions at Teterboro Airport.
- Sec. 712. Pilot program for redevelopment of airport properties.
- Sec. 713. Transporting musical instruments.
- Sec. 714. Recycling plans for airports.
- Sec. 715. Disadvantaged Business Enterprise Program adjustments.
- Sec. 716. Front line manager staffing.
- Sec. 717. Study of helicopter and fixed wing air ambulance services.
- Sec. 718. Repeal of certain limitations on Metropolitan Washington Airports Authority.
- Sec. 719. Study of aeronautical mobile telemetry.
- Sec. 720. Flightcrew member pairing and crew resource management techniques.
- Sec. 721. Consolidation or elimination of obsolete, redundant, or otherwise unnecessary reports; use of electronic media format.
- Sec. 722. Line check evaluations.

TITLE VIII—AIRPORT AND AIRWAY TRUST FUND PROVISIONS AND RELATED TAXES

- Sec. 800. Amendment of 1986 Code.
- Sec. 801. Extension of taxes funding Airport and Airway Trust Fund.
- Sec. 802. Extension of Airport and Airway Trust Fund expenditure authority.
- Sec. 803. Modification of excise tax on kerosene used in aviation.
- Sec. 804. Air traffic control system modernization account.
- Sec. 805. Treatment of fractional aircraft ownership programs.
- Sec. 806. Termination of exemption for small aircraft on nonestablished lines.
- Sec. 807. Transparency in passenger tax disclosures.

TITLE IX—BUDGETARY EFFECTS

- Sec. 901. Budgetary effects.

SEC. 2. AMENDMENTS TO TITLE 49, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or a repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 49, United States Code.

SEC. 3. EFFECTIVE DATE.

Except as otherwise expressly provided, this Act and the amendments made by this Act shall take effect on the date of enactment of this Act.

TITLE I—AUTHORIZATIONS

SEC. 101. OPERATIONS.

Section 106(k)(1) is amended by striking subparagraphs (A) through (E) and inserting the following:

- “(A) \$9,336,000,000 for fiscal year 2010; and
“(B) \$9,620,000,000 for fiscal year 2011.”.

SEC. 102. AIR NAVIGATION FACILITIES AND EQUIPMENT.

Section 48101(a) is amended by striking paragraphs (1) through (5) and inserting the following:

“(1) \$3,500,000,000 for fiscal year 2010, of which \$500,000,000 is derived from the Air Traffic Control System Modernization Account of the Airport and Airways Trust Fund; and

“(2) \$3,600,000,000 for fiscal year 2011, of which \$500,000,000 is derived from the Air Traffic Control System Modernization Account of the Airport and Airways Trust Fund.”.

SEC. 103. RESEARCH AND DEVELOPMENT.

Section 48102 is amended—

(1) by striking subsection (a) and inserting the following:

“(a) IN GENERAL.—Not more than the following amounts may be appropriated to the Secretary of Transportation out of the Airport and Airway Trust Fund established under section 9502 of the Internal Revenue Code of 1986 (26 U.S.C. 9502) for conducting civil aviation research and development under sections 44504, 44505, 44507, 44509, and 44511 through 44513 of this title:

- “(1) \$200,000,000 for fiscal year 2010.
“(2) \$206,000,000 for fiscal year 2011.”;

(2) by striking subsections (c) through (h); and

(3) by adding at the end the following:

“(c) RESEARCH GRANTS PROGRAM INVOLVING UNDERGRADUATE STUDENTS.—The Administrator of the Federal Aviation Administration shall establish a program to utilize undergraduate and technical colleges, including Historically Black Colleges and Universities, Hispanic Serving Institutions, tribally controlled colleges and universities, and Alaska Native and Native Hawaiian serving institutions in research on subjects of relevance to the Federal Aviation Administration. Grants may be awarded under this subsection for—

“(1) research projects to be carried out at primarily undergraduate institutions and technical colleges;

“(2) research projects that combine research at primarily undergraduate institutions and technical colleges with other research supported by the Federal Aviation Administration;

“(3) research on future training requirements on projected changes in regulatory requirements for aircraft maintenance and power plant licensees; or

“(4) research on the impact of new technologies and procedures, particularly those related to aircraft flight deck and air traffic management functions, and on training requirements for pilots and air traffic controllers.”.

SEC. 104. AIRPORT PLANNING AND DEVELOPMENT AND NOISE COMPATIBILITY PLANNING AND PROGRAMS.

Section 48103 is amended by striking paragraphs (1) through (6) and inserting the following:

- “(1) \$4,000,000,000 for fiscal year 2010; and
“(2) \$4,100,000,000 for fiscal year 2011.”.

SEC. 105. OTHER AVIATION PROGRAMS.

Section 48114 is amended—

(1) by striking “2007” in subsection (a)(1)(A) and inserting “2011”;

(2) by striking “2007,” in subsection (a)(2) and inserting “2011.”; and

(3) by striking “2007” in subsection (c)(2) and inserting “2011”.

SEC. 106. DELINEATION OF NEXT GENERATION AIR TRANSPORTATION SYSTEM PROJECTS.

Section 44501(b) is amended—

(1) by striking “and” after the semicolon in paragraph (3);

(2) by striking “defense.” in paragraph (4) and inserting “defense; and”;

(3) by adding at the end thereof the following:

“(5) a list of projects that are part of the Next Generation Air Transportation System and do not have as a primary purpose to operate or maintain the current air traffic control system.”.

SEC. 107. FUNDING FOR ADMINISTRATIVE EXPENSES FOR AIRPORT PROGRAMS.

(a) IN GENERAL.—Section 48105 is amended to read as follows:

“§ 48105. Airport programs administrative expenses

“Of the amount made available under section 48103 of this title, the following may be available for administrative expenses relating to the Airport Improvement Program, passenger facility charge approval and oversight, national airport system planning, airport standards development and enforcement, airport certification, airport-related environmental activities (including legal services), and other airport-related activities (including airport technology research), to remain available until expended—

“(1) for fiscal year 2010, \$94,000,000; and

“(2) for fiscal year 2011, \$98,000,000.”.

(b) CONFORMING AMENDMENT.—The table of contents for chapter 481 is amended by striking the item relating to section 48105 and inserting the following:

“48105. Airport programs administrative expenses”.

TITLE II—AIRPORT IMPROVEMENTS

SEC. 201. REFORM OF PASSENGER FACILITY CHARGE AUTHORITY.

(a) PASSENGER FACILITY CHARGE STREAMLINING.—Section 40117(c) is amended to read as follows:

“(c) PROCEDURAL REQUIREMENTS FOR IMPOSITION OF PASSENGER FACILITY CHARGE.—

“(1) IN GENERAL.—An eligible agency must submit to those air carriers and foreign air carriers operating at the airport with a significant business interest, as defined in paragraph (3), and to the Secretary and make available to the public annually a report, in the form required by the Secretary, on the status of the eligible agency’s passenger facility charge program, including—

“(A) the total amount of program revenue held by the agency at the beginning of the 12 months covered by the report;

“(B) the total amount of program revenue collected by the agency during the period covered by the report;

“(C) the amount of expenditures with program revenue made by the agency on each eligible airport-related project during the period covered by the report;

“(D) each airport-related project for which the agency plans to collect and use program revenue during the next 12-month period covered by the report, including the amount of revenue projected to be used for such project;

“(E) the level of program revenue the agency plans to collect during the next 12-month period covered by the report;

“(F) a description of the notice and consultation process with air carriers and foreign air carriers under paragraph (3), and

with the public under paragraph (4), including a copy of any adverse comments received and how the agency responded; and

“(G) any other information on the program that the Secretary may require.

“(2) IMPLEMENTATION.—Subject to the requirements of paragraphs (3), (4), (5), and (6), the eligible agency may implement the planned collection and use of passenger facility charges in accordance with its report upon filing the report as required in paragraph (1).

“(3) CONSULTATION WITH CARRIERS FOR NEW PROJECTS.—

“(A) An eligible agency proposing to collect or use passenger facility charge revenue for a project not previously approved by the Secretary or not included in a report required by paragraph (1) that was submitted in a prior year shall provide to air carriers and foreign air carriers operating at the airport reasonable notice, and an opportunity to comment on the planned collection and use of program revenue before providing the report required under paragraph (1). The Secretary shall prescribe by regulation what constitutes reasonable notice under this paragraph, which shall at a minimum include—

“(i) that the eligible agency provide to air carriers and foreign air carriers operating at the airport written notice of the planned collection and use of passenger facility charge revenue;

“(ii) that the notice include a full description and justification for a proposed project;

“(iii) that the notice include a detailed financial plan for the proposed project; and

“(iv) that the notice include the proposed level for the passenger facility charge.

“(B) An eligible agency providing notice and an opportunity for comment shall be deemed to have satisfied the requirements of this paragraph if the eligible agency provides such notice to air carriers and foreign air carriers that have a significant business interest at the airport. For purposes of this subparagraph, the term ‘significant business interest’ means an air carrier or foreign air carrier that—

“(i) had not less than 1.0 percent of passenger boardings at the airport in the prior calendar year;

“(ii) had at least 25,000 passenger boardings at the airport in the prior calendar year; or

“(iii) provides scheduled service at the airport.

“(C) Not later than 45 days after written notice is provided under subparagraph (A), each air carrier and foreign air carrier may provide written comments to the eligible agency indicating its agreement or disagreement with the project or, if applicable, the proposed level for a passenger facility charge.

“(D) The eligible agency may include, as part of the notice and comment process, a consultation meeting to discuss the proposed project or, if applicable, the proposed level for a passenger facility charge. If the agency provides a consultation meeting, the written comments specified in subparagraph (C) shall be due not later than 30 days after the meeting.

“(4) PUBLIC NOTICE AND COMMENT.—

“(A) An eligible agency proposing to collect or use passenger facility charge revenue for a project not previously approved by the Secretary or not included in a report required by paragraph (1) that was filed in a prior year shall provide reasonable notice and an opportunity for public comment on the planned collection and use of program revenue before providing the report required in paragraph (1).

“(B) The Secretary shall prescribe by regulation what constitutes reasonable notice under this paragraph, which shall at a minimum require—

“(i) that the eligible agency provide public notice of intent to collect a passenger facility charge so as to inform those interested persons and agencies that may be affected;

“(ii) appropriate methods of publication, which may include notice in local newspapers of general circulation or other local media, or posting of the notice on the agency’s Internet website; and

“(iii) submission of public comments no later than 45 days after the date of the publication of the notice.

“(5) OBJECTIONS.—

“(A) Any interested person may file with the Secretary a written objection to a proposed project included in a notice under this paragraph provided that the filing is made within 30 days after submission of the report specified in paragraph (1).

“(B) The Secretary shall provide not less than 30 days for the eligible agency to respond to any filed objection.

“(C) Not later than 90 days after receiving the eligible agency’s response to a filed objection, the Secretary shall make a determination whether or not to terminate authority to collect the passenger facility charge for the project, based on the filed objection. The Secretary shall state the reasons for any determination. The Secretary may only terminate authority if—

“(i) the project is not an eligible airport related project;

“(ii) the eligible agency has not complied with the requirements of this section or the Secretary’s implementing regulations in proposing the project;

“(iii) the eligible agency has been found to be in violation of section 47107(b) of this title and has failed to take corrective action, prior to the filing of the objection; or

“(iv) in the case of a proposed increase in the passenger facility charge level, the level is not authorized by this section.

“(D) Upon issuance of a decision terminating authority, the public agency shall prepare an accounting of passenger facility revenue collected under the terminated authority and restore the funds for use on other authorized projects.

“(E) Except as provided in subparagraph (C), the eligible agency may implement the planned collection and use of a passenger facility charge in accordance with its report upon filing the report as specified in paragraph (1)(A).

“(6) APPROVAL REQUIREMENT FOR INCREASED PASSENGER FACILITY CHARGE OR INTERMODAL GROUND ACCESS PROJECT.—

“(A) An eligible agency may not collect or use a passenger facility charge to finance an intermodal ground access project, or increase a passenger facility charge, unless the project is first approved by the Secretary in accordance with this paragraph.

“(B) The eligible agency may submit to the Secretary an application for authority to impose a passenger facility charge for an intermodal ground access project or to increase a passenger facility charge. The application shall contain information and be in the form that the Secretary may require by regulation but, at a minimum, must include copies of any comments received by the agency during the comment period described by subparagraph (C).

“(C) Before submitting an application under this paragraph, an eligible agency must provide air carriers and foreign air carriers operating at the airport, and the public,

reasonable notice of and an opportunity to comment on a proposed intermodal ground access project or the increased passenger facility charge. Such notice and opportunity to comment shall conform to the requirements of paragraphs (3) and (4).

“(D) After receiving an application, the Secretary may provide air carriers, foreign air carriers and other interested persons notice and an opportunity to comment on the application. The Secretary shall make a final decision on the application not later than 120 days after receiving it.”.

(b) CONFORMING AMENDMENTS.—

(1) REFERENCES.—

(A) Section 40117(a) is amended—

(i) by striking “FEE” in the heading for paragraph (5) and inserting “CHARGE”; and

(ii) by striking “fee” each place it appears in paragraphs (5) and (6) and inserting “charge”.

(B) Subsections (b), and subsections (d) through (m), of section 40117 are amended—

(i) by striking “fee” or “fees” each place either appears and inserting “charge” or “charges”, respectively; and

(ii) by striking “FEE” in the subsection caption for subsection (1), and “FEES” in the subsection captions for subsections (e) and (m), and inserting “CHARGE” and “CHARGES”, respectively.

(C) The caption for section 40117 is amended to read as follows:

“§ 40117. Passenger facility charges”.

(D) The table of contents for chapter 401 is amended by striking the item relating to section 40117 and inserting the following:

“40117. Passenger facility charges”.

(2) LIMITATIONS ON APPROVING APPLICATIONS.—Section 40117(d) is amended—

(A) by striking “subsection (c) of this section to finance a specific” and inserting “subsection (c)(6) of this section to finance an intermodal ground access”; and

(B) by striking “specific” in paragraph (1);

(C) by striking paragraph (2) and inserting the following:

“(2) the project is an eligible airport-related project; and”;

(D) by striking “each of the specific projects; and” in paragraph (3) and inserting “the project.”; and

(E) by striking paragraph (4).

(3) LIMITATIONS ON IMPOSING CHARGES.—Section 40117(e)(1) is amended to read as follows: “(1) An eligible agency may impose a passenger facility charge only subject to terms the Secretary may prescribe to carry out the objectives of this section.”.

(4) LIMITATIONS ON CONTRACTS, LEASES, AND USE AGREEMENTS.—Section 40117(f)(2) is amended by striking “long-term”.

(5) COMPLIANCE.—Section 40117(h) is amended—

(A) by redesignating paragraph (3) as paragraph (4); and

(B) by inserting after paragraph (2) the following:

“(3) The Secretary may, on complaint of an interested person or on the Secretary’s own initiative, conduct an investigation into an eligible agency’s collection and use of passenger facility charge revenue to determine whether a passenger facility charge is excessive or that passenger facility revenue is not being used as provided in this section. The Secretary shall prescribe regulations establishing procedures for complaints and investigations. The regulations may provide for the issuance of a final agency decision without resort to an oral evidentiary hearing. The Secretary shall not accept complaints filed under this paragraph until after

the issuance of regulations establishing complaint procedures.”.

(6) PILOT PROGRAM FOR PFC AT NONHUB AIRPORTS.—Section 40117(1) is amended—

(A) by striking “(c)(2)” in paragraph (2) and inserting “(c)(3)”; and

(B) by striking “October 1, 2009.” in paragraph (7) and inserting “the date of issuance of regulations to carry out subsection (c) of this section, as amended by the FAA Air Transportation Modernization and Safety Improvement Act.”.

(7) PROHIBITION ON APPROVING PFC APPLICATIONS FOR AIRPORT REVENUE DIVERSION.—Section 47111(e) is amended by striking “sponsor” the second place it appears in the first sentence and all that follows and inserting “sponsor. A sponsor shall not propose collection or use of passenger facility charges for any new projects under paragraphs (3) through (6) of section 40117(c) unless the Secretary determines that the sponsor has taken corrective action to address the violation and the violation no longer exists.”.

SEC. 202. PASSENGER FACILITY CHARGE PILOT PROGRAM.

(a) IN GENERAL.—Section 40117 is amended by adding at the end thereof the following:

“(n) ALTERNATIVE PASSENGER FACILITY CHARGE COLLECTION PILOT PROGRAM.—

“(1) IN GENERAL.—The Secretary shall establish and conduct a pilot program at not more than 6 airports under which an eligible agency may impose a passenger facility charge under this section without regard to the dollar amount limitations set forth in paragraph (1) or (4) of subsection (b) if the participating eligible agency meets the requirements of paragraph (2).

“(2) COLLECTION REQUIREMENTS.—

“(A) DIRECT COLLECTION.—An eligible agency participating in the pilot program—

“(i) may collect the charge from the passenger at the facility, via the Internet, or in any other reasonable manner; but

“(ii) may not require or permit the charge to be collected by an air carrier or foreign air carrier for the flight segment.

“(B) PFC COLLECTION REQUIREMENT NOT TO APPLY.—Subpart C of part 158 of title 14, Code of Federal Regulations, does not apply to the collection of the passenger facility charge imposed by an eligible agency participating in the pilot program.”.

(b) GAO STUDY OF ALTERNATIVE MEANS OF COLLECTING PFCs.—

(1) IN GENERAL.—The Comptroller General shall conduct a study of alternative means of collection passenger facility charges imposed under section 40117 of title 49, United States Code, that would permit such charges to be collected without being included in the ticket price. In the study, the Comptroller General shall consider, at a minimum—

(A) collection options for arriving, connecting, and departing passengers at airports;

(B) cost sharing or fee allocation methods based on passenger travel to address connecting traffic; and

(C) examples of airport fees collected by domestic and international airports that are not included in ticket prices.

(2) REPORT.—No later than 1 year after the date of enactment of this Act, the Comptroller General shall submit a report on the study to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure containing the Comptroller General's findings, conclusions, and recommendations.

SEC. 203. AMENDMENTS TO GRANT ASSURANCES.

Section 47107 is amended—

(1) by striking “made;” in subsection (a)(16)(D)(i) and inserting “made, except that, if there is a change in airport design standards that the Secretary determines is beyond the owner or operator's control that requires the relocation or replacement of an existing airport facility, the Secretary, upon the request of the owner or operator, may grant funds available under section 47114 to pay the cost of relocating or replacing such facility;”; and

(2) by striking “purpose;” in subsection (c)(2)(A)(i) and inserting “purpose, which includes serving as noise buffer land;”; and

(3) by striking “paid to the Secretary for deposit in the Fund if another eligible project does not exist.” in subsection (c)(2)(B)(iii) and inserting “reinvested in another project at the airport or transferred to another airport as the Secretary prescribes.”; and

(4) by redesignating paragraph (3) of subsection (c) as paragraph (4) and inserting after paragraph (2) the following:

“(3) In approving the reinvestment or transfer of proceeds under paragraph (2)(C)(iii), the Secretary shall give preference, in descending order, to—

“(i) reinvestment in an approved noise compatibility project;

“(ii) reinvestment in an approved project that is eligible for funding under section 47117(e);

“(iii) reinvestment in an airport development project that is eligible for funding under section 47114, 47115, or 47117 and meets the requirements of this chapter;

“(iv) transfer to the sponsor of another public airport to be reinvested in an approved noise compatibility project at such airport; and

“(v) payment to the Secretary for deposit in the Airport and Airway Trust Fund established under section 9502 of the Internal Revenue Code of 1986 (26 U.S.C. 9502).”.

SEC. 204. GOVERNMENT SHARE OF PROJECT COSTS.

(a) FEDERAL SHARE.—Section 47109 is amended—

(1) by striking “subsection (b) or subsection (c)” in subsection (a) and inserting “subsection (b), (c), or (e)”; and

(2) by adding at the end the following:

“(e) SPECIAL RULE FOR TRANSITION FROM SMALL HUB TO MEDIUM HUB STATUS.—If the status of a small hub primary airport changes to a medium hub primary airport, the United States Government's share of allowable project costs for the airport may not exceed 95 percent for 2 fiscal years following such change in hub status.”.

(b) TRANSITIONING AIRPORTS.—Section 47114(f)(3)(B) is amended by striking “year 2004.” and inserting “years 2010 and 2011.”.

SEC. 205. AMENDMENTS TO ALLOWABLE COSTS.

Section 47110 is amended—

(1) by striking subsection (d) and inserting the following:

“(d) RELOCATION OF AIRPORT-OWNED FACILITIES.—The Secretary may determine that the costs of relocating or replacing an airport-owned facility are allowable for an airport development project at an airport only if—

“(1) the Government's share of such costs is paid with funds apportioned to the airport sponsor under sections 47114(c)(1) or 47114(d)(2);

“(2) the Secretary determines that the relocation or replacement is required due to a change in the Secretary's design standards; and

“(3) the Secretary determines that the change is beyond the control of the airport sponsor.”;

(2) by striking “facilities, including fuel farms and hangars,” in subsection (h) and inserting “facilities, as defined by section 47102,”; and

(3) by adding at the end the following:

“(i) BIRD-DETECTING RADAR SYSTEMS.—Within 180 days after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act, the Administrator shall analyze the conclusions of ongoing studies of various types of commercially-available bird radar systems, based upon that analysis, if the Administrator determines such systems have no negative impact on existing navigational aids and that the expenditure of such funds is appropriate, the Administrator shall allow the purchase of bird-detecting radar systems as an allowable airport development project costs subject to subsection (b). If a determination is made that such radar systems will not improve or negatively impact airport safety, the Administrator shall issue a report to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure on why that determination was made.”.

SEC. 206. SALE OF PRIVATE AIRPORT TO PUBLIC SPONSOR.

Section 47133(b) is amended—

(1) by resetting the text of the subsection as an indented paragraph 2 ems from the left margin;

(2) by inserting “(1)” before “Subsection”; and

(3) by adding at the end thereof the following:

“(2) In the case of a privately owned airport, subsection (a) shall not apply to the proceeds from the sale of the airport to a public sponsor if—

“(A) the sale is approved by the Secretary;

“(B) funding is provided under this title for the public sponsor's acquisition; and

“(C) an amount equal to the remaining unamortized portion of the original grant, amortized over a 20-year period, is repaid to the Secretary by the private owner for deposit in the Trust Fund for airport acquisitions.

“(3) This subsection shall apply to grants issued on or after October 1, 1996.”.

SEC. 207. GOVERNMENT SHARE OF CERTAIN AIR PROJECT COSTS.

Notwithstanding section 47109(a) of title 49, United States Code, the Federal Government's share of allowable project costs for a grant made in fiscal year 2008, 2009, 2010, or 2011 under chapter 471 of that title for a project described in paragraph (2) or (3) of that section shall be 95 percent.

SEC. 208. MISCELLANEOUS AMENDMENTS.

(a) TECHNICAL CHANGES TO NATIONAL PLAN OF INTEGRATED AIRPORT SYSTEMS.—Section 47103 is amended—

(1) by striking “each airport to—” in subsection (a) and inserting “the airport system to—”; and

(2) by striking “system in the particular area;” in subsection (a)(1) and inserting “system, including connection to the surface transportation network; and”; and

(3) by striking “aeronautics; and” in subsection (a)(2) and inserting “aeronautics.”;

(4) by striking subsection (a)(3);

(5) by inserting “and” after the semicolon in subsection (b)(1);

(6) by striking paragraph (2) of subsection (b) and redesignating paragraph (3) as paragraph (2);

(7) by striking “operations, Short Takeoff and Landing/Very Short Takeoff and Landing aircraft operations,” in subsection (b)(2),

as redesignated, and inserting "operations"; and

(8) by striking "status of the" in subsection (d).

(b) UPDATE VETERANS PREFERENCE DEFINITION.—Section 47112(c) is amended—

(1) by striking "separated from" in paragraph (1)(B) and inserting "discharged or released from active duty in";

(2) by adding at the end of paragraph (1) the following:

"(C) 'Afghanistan-Iraq war veteran' means an individual who served on active duty, as defined by section 101(21) of title 38, at any time in the armed forces for a period of more than 180 consecutive days, any part of which occurred during the period beginning on September 11, 2001, and ending on the date prescribed by Presidential proclamation or by law as the last date of Operation Iraqi Freedom.";

(3) by striking "veterans and" in paragraph (2) and inserting "veterans, Afghanistan-Iraq war veterans, and"; and

(4) by adding at the end the following:

"(3) A contract involving labor for carrying out an airport development project under a grant agreement under this subchapter must require that a preference be given to the use of small business concerns (as defined in section 3 of the Small Business Act (15 U.S.C. 632)) owned and controlled by disabled veterans.";

(c) ANNUAL REPORT.—Section 47131(a) is amended—

(1) by striking "April 1" and inserting "June 1"; and

(2) by striking paragraphs (1) through (4) and inserting the following:

"(1) a summary of airport development and planning completed;

"(2) a summary of individual grants issued;

"(3) an accounting of discretionary and apportioned funds allocated; and

"(4) the allocation of appropriations; and".

(d) SUNSET OF PROGRAM.—Section 47137 is repealed effective September 30, 2008.

(e) CORRECTION TO EMISSION CREDITS PROVISION.—Section 47139 is amended—

(1) by striking "47102(3)(F)," in subsection (a);

(2) by striking "47102(3)(F), 47102(3)(K), 47102(3)(L), or 47140" in subsection (b) and inserting "47102(3)(K) or 47102(3)(L)"; and

(3) by striking "40117(a)(3)(G), 47103(3)(F), 47102(3)(K), 47102(3)(L), or 47140," in subsection (b) and inserting "40117(a)(3)(G), 47102(3)(K), or 47102(3)(L)"; and

(f) CORRECTION TO SURPLUS PROPERTY AUTHORITY.—Section 47151(e) is amended by striking "(other than real property that is subject to section 2687 of title 10, section 201 of the Defense Authorization Amendments and Base Closure and Realignment Act (10 U.S.C. 2687 note), or section 2905 of the Defense Base Closure and Realignment Act of 1990 (10 U.S.C. 2687 note))."

(g) AIRPORT CAPACITY BENCHMARK REPORTS; DEFINITION OF JOINT USE AIRPORT.—Section 47175 is amended—

(1) by striking "Airport Capacity Benchmark Report 2001." in paragraph (2) and inserting "2001 and 2004 Airport Capacity Benchmark Reports or of the most recent Benchmark report, Future Airport Capacity Task Report, or other comparable FAA report."; and

(2) by adding at the end thereof the following:

"(7) JOINT USE AIRPORT.—The term 'joint use airport' means an airport owned by the United States Department of Defense, at which both military and civilian aircraft make shared use of the airfield.".

(h) USE OF APPORTIONED AMOUNTS.—Section 47117(e)(1)(A) is amended—

(1) by striking "35 percent" in the first sentence and inserting "\$300,000,000";

(2) by striking "and" after "47141,";

(3) by striking "et seq.)" and inserting "et seq.), and for water quality mitigation projects to comply with the Act of June 30, 1948 (33 U.S.C. 1251 et seq.), approved in an environmental record of decision for an airport development project under this title."; and

(4) by striking "such 35 percent requirement is" in the second sentence and inserting "the requirements of the preceding sentence are".

(i) USE OF PREVIOUS FISCAL YEAR'S APPORTIONMENT.—Section 47114(c)(1) is amended—

(1) by striking "and" after the semicolon in subparagraph (E)(ii);

(2) by striking "airport." in subparagraph (E)(iii) and inserting "airport; and";

(3) by adding at the end of subparagraph (E) the following:

"(iv) the airport received scheduled or unscheduled air service from a large certified air carrier (as defined in part 241 of title 14, Code of Federal Regulations, or such other regulations as may be issued by the Secretary under the authority of section 41709) and the Secretary determines that the airport had more than 10,000 passenger boardings in the preceding calendar year, based on data submitted to the Secretary under part 241 of title 14, Code of Federal Regulations.";

(4) in subparagraph (G)—

(A) by striking "FISCAL YEAR 2006" in the heading and inserting "FISCAL YEARS 2008 THROUGH 2011";

(B) by striking "fiscal year 2006" and inserting "fiscal years 2008 through 2011";

(C) by striking clause (i) and inserting the following:

"(i) the average annual passenger boardings at the airport for calendar years 2004 through 2006 were below 10,000 per year"; and

(D) by striking "2000 or 2001;" in clause (ii) and inserting "2003"; and

(5) by adding at the end thereof the following:

"(H) SPECIAL RULE FOR FISCAL YEARS 2010 AND 2011.—Notwithstanding subparagraph (A), for an airport that had more than 10,000 passenger boardings and scheduled passenger aircraft service in calendar year 2007, but in either calendar years 2008 or 2009, or both years, the number of passenger boardings decreased to a level below 10,000 boardings per year at such airport, the Secretary may apportion in fiscal years 2010 or 2011 to the sponsor of such an airport an amount equal to the amount apportioned to that sponsor in fiscal year 2009.".

(j) MOBILE REFUELER PARKING CONSTRUCTION.—Section 47102(3) is amended by adding at the end the following:

"(M) construction of mobile refueler parking within a fuel farm at a nonprimary airport meeting the requirements of section 112.8 of title 40, Code of Federal Regulations.".

(k) DISCRETIONARY FUND.—Section 47115(g)(1) is amended by striking "of—" and all that follows and inserting "of \$520,000,000. The amount credited is exclusive of amounts that have been apportioned in a prior fiscal year under section 47114 of this title and that remain available for obligation.".

SEC. 209. STATE BLOCK GRANT PROGRAM.

Section 47128 is amended—

(1) by striking "regulations" each place it appears in subsection (a) and inserting "guidance";

(2) by striking "grant;" in subsection (b)(4) and inserting "grant, including Federal environmental requirements or an agreed upon equivalent;";

(3) by redesignating subsection (c) as subsection (d) and inserting after subsection (b) the following:

"(c) PROJECT ANALYSIS AND COORDINATION REQUIREMENTS.—Any Federal agency that must approve, license, or permit a proposed action by a participating State shall coordinate and consult with the State. The agency shall utilize the environmental analysis prepared by the State, provided it is adequate, or supplement that analysis as necessary to meet applicable Federal requirements."; and

(4) by adding at the end the following:

"(e) PILOT PROGRAM.—The Secretary shall establish a pilot program for up to 3 States that do not participate in the program established under subsection (a) that is consistent with the program under subsection (a)."

SEC. 210. AIRPORT FUNDING OF SPECIAL STUDIES OR REVIEWS.

Section 47173(a) is amended by striking "project," and inserting "project, or to conduct special environmental studies related to a federally funded airport project or for special studies or reviews to support approved noise compatibility measures in a Part 150 program or environmental mitigation in a Federal Aviation Administration Record of Decision or Finding of No Significant Impact.".

SEC. 211. GRANT ELIGIBILITY FOR ASSESSMENT OF FLIGHT PROCEDURES.

Section 47504 is amended by adding at the end the following:

"(e) GRANTS FOR ASSESSMENT OF FLIGHT PROCEDURES.—

"(1) The Secretary is authorized in accordance with subsection (c)(1) to make a grant to an airport operator to assist in completing environmental review and assessment activities for proposals to implement flight procedures that have been approved for airport noise compatibility planning purposes under subsection (b).

"(2) The Administrator of the Federal Aviation Administration may accept funds from an airport sponsor, including funds provided to the sponsor under paragraph (1), to hire additional staff or obtain the services of consultants in order to facilitate the timely processing, review and completion of environmental activities associated with proposals to implement flight procedures submitted and approved for airport noise compatibility planning purposes in accordance with this section. Funds received under this authority shall not be subject to the procedures applicable to the receipt of gifts by the Administrator.".

SEC. 212. SAFETY-CRITICAL AIRPORTS.

Section 47118(c) is amended—

(1) by striking "or" after the semicolon in paragraph (1);

(2) by striking "delays." in paragraph (2) and inserting "delays; or"; and

(3) by adding at the end the following:

"(3) be critical to the safety of commercial, military, or general aviation in trans-oceanic flights.".

SEC. 213. ENVIRONMENTAL MITIGATION DEMONSTRATION PILOT PROGRAM.

(a) PILOT PROGRAM.—Subchapter I of chapter 471 is amended by adding at the end thereof the following:

"§ 47143. Environmental mitigation demonstration pilot program

"(a) IN GENERAL.—The Secretary of Transportation shall carry out a pilot program involving not more than 6 projects at public-

use airports under which the Secretary may make grants to sponsors of such airports from funds apportioned under paragraph 47117(e)(1)(A) for use at such airports for environmental mitigation demonstration projects that will measurably reduce or mitigate aviation impacts on noise, air quality or water quality in the vicinity of the airport. Notwithstanding any other provision of this subchapter, an environmental mitigation demonstration project approved under this section shall be treated as eligible for assistance under this subchapter.

“(b) PARTICIPATION IN PILOT PROGRAM.—A public-use airport shall be eligible for participation in the pilot.

“(c) SELECTION CRITERIA.—In selecting from among applicants for participation in the pilot program, the Secretary may give priority consideration to environmental mitigation demonstration projects that—

“(1) will achieve the greatest reductions in aircraft noise, airport emissions, or airport water quality impacts either on an absolute basis, or on a per-dollar-of-funds expended basis; and

“(2) will be implemented by an eligible consortium.

“(d) FEDERAL SHARE.—Notwithstanding any other provision of this subchapter, the United States Government's share of the costs of a project carried out under this section shall be 50 percent.

“(e) MAXIMUM AMOUNT.—Not more than \$2,500,000 may be made available by the Secretary in grants under this section for any single project.

“(f) IDENTIFYING BEST PRACTICES.—The Administrator may develop and publish information identifying best practices for reducing or mitigating aviation impacts on noise, air quality, or water quality in the vicinity of airports, based on the projects carried out under the pilot program.

“(g) DEFINITIONS.—In this section:

“(1) ELIGIBLE CONSORTIUM.—The term ‘eligible consortium’ means a consortium that comprises 2 or more of the following entities:

“(A) Businesses operating in the United States.

“(B) Public or private educational or research organizations located in the United States.

“(C) Entities of State or local governments in the United States.

“(D) Federal laboratories.

“(2) ENVIRONMENTAL MITIGATION DEMONSTRATION PROJECT.—The term ‘environmental mitigation demonstration project’ means a project that—

“(A) introduces new conceptual environmental mitigation techniques or technology with associated benefits, which have already been proven in laboratory demonstrations;

“(B) proposes methods for efficient adaptation or integration of new concepts to airport operations; and

“(C) will demonstrate whether new techniques or technology for environmental mitigation identified in research are—

“(i) practical to implement at or near multiple public use airports; and

“(ii) capable of reducing noise, airport emissions, or water quality impacts in measurably significant amounts.”.

(b) CONFORMING AMENDMENT.—The table of contents for chapter 471 is amended by inserting after the item relating to section 47142 the following:

“47143. Environmental mitigation demonstration pilot program”.

SEC. 214. ALLOWABLE PROJECT COSTS FOR AIRPORT DEVELOPMENT PROGRAM.

Section 47110(c) is amended—

(1) by striking “; or” in paragraph (1) and inserting a semicolon;

(2) by striking “project.” in paragraph (2) and inserting “project; or”; and

(3) by adding at the end the following:

“(3) necessarily incurred in anticipation of severe weather.”.

SEC. 215. GLYCOL RECOVERY VEHICLES.

Section 47102(3)(G) is amended by inserting “including acquiring glycol recovery vehicles,” after “aircraft.”.

SEC. 216. RESEARCH IMPROVEMENT FOR AIRCRAFT.

Section 44504(b) is amended—

(1) by striking “and” after the semicolon in paragraph (6);

(2) by striking “aircraft.” in paragraph (7) and inserting “aircraft; and”; and

(3) by adding at the end thereof the following:

“(8) to conduct research to support programs designed to reduce gases and particulates emitted.”.

SEC. 217. UNITED STATES TERRITORY MINIMUM GUARANTEE.

Section 47114(e) is amended—

(1) by inserting “AND ANY UNITED STATES TERRITORY” after “ALASKA” in the subsection heading; and

(2) by adding at the end thereof the following:

“(5) UNITED STATES TERRITORY MINIMUM GUARANTEE.—In any fiscal year in which the total amount apportioned to airports in a United States Territory under subsections (c) and (d) is less than 1.5 percent of the total amount apportioned to all airports under those subsections, the Secretary may apportion to the local authority in any United States Territory responsible for airport development projects in that fiscal year an amount equal to the difference between 1.5 percent of the total amounts apportioned under subsections (c) and (d) in that fiscal year and the amount otherwise apportioned under those subsections to airports in a United States Territory in that fiscal year.”.

SEC. 218. MERRILL FIELD AIRPORT, ANCHORAGE, ALASKA.

(a) IN GENERAL.—Notwithstanding any other provision of law, including the Federal Airport Act (as in effect on August 8, 1958), the United States releases, without monetary consideration, all restrictions, conditions, and limitations on the use, encumbrance, or conveyance of certain land located in the municipality of Anchorage, Alaska, more particularly described as Tracts 22 and 24 of the Fourth Addition to the Town Site of Anchorage, Alaska, as shown on the plat of U.S. Survey No. 1456, accepted June 13, 1923, on file in the Bureau of Land Management, Department of Interior.

(b) GRANTS.—Notwithstanding any other provision of law, the municipality of Anchorage shall be released from the repayment of any outstanding grant obligations owed by the municipality to the Federal Aviation Administration with respect to any land described in subsection (a) that is subsequently conveyed to or used by the Department of Transportation and Public Facilities of the State of Alaska for the construction or reconstruction of a federally subsidized highway project.

TITLE III—AIR TRAFFIC CONTROL MODERNIZATION AND FAA REFORM

SEC. 301. AIR TRAFFIC CONTROL MODERNIZATION OVERSIGHT BOARD.

Section 106(p) is amended to read as follows:

“(p) AIR TRAFFIC CONTROL MODERNIZATION OVERSIGHT BOARD.—

“(1) ESTABLISHMENT.—Within 90 days after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act, the Secretary shall establish and appoint the members of an advisory Board which shall be known as the Air Traffic Control Modernization Oversight Board.

“(2) MEMBERSHIP.—The Board shall be comprised of the individual appointed or designated under section 302 of the FAA Air Transportation Modernization and Safety Improvement Act (who shall serve ex officio without the right to vote) and 9 other members, who shall consist of—

“(A) the Administrator and a representative from the Department of Defense;

“(B) 1 member who shall have a fiduciary responsibility to represent the public interest; and

“(C) 6 members representing aviation interests, as follows:

“(i) 1 representative that is the chief executive officer of an airport.

“(ii) 1 representative that is the chief executive officer of a passenger or cargo air carrier.

“(iii) 1 representative of a labor organization representing employees at the Federal Aviation Administration that are involved with the operation of the air traffic control system.

“(iv) 1 representative with extensive operational experience in the general aviation community.

“(v) 1 representative from an aircraft manufacturer.

“(vi) 1 representative of a labor organization representing employees at the Federal Aviation Administration who are involved with maintenance of the air traffic control system.

“(3) APPOINTMENT AND QUALIFICATIONS.—

“(A) Members of the Board appointed under paragraphs (2)(B) and (2)(C) shall be appointed by the President, by and with the advice and consent of the Senate.

“(B) Members of the Board appointed under paragraph (2)(B) shall be citizens of the United States and shall be appointed without regard to political affiliation and solely on the basis of their professional experience and expertise in one or more of the following areas and, in the aggregate, should collectively bring to bear expertise in—

“(i) management of large service organizations;

“(ii) customer service;

“(iii) management of large procurements;

“(iv) information and communications technology;

“(v) organizational development; and

“(vi) labor relations.

“(C) Of the members first appointed under paragraphs (2)(B) and (2)(C)—

“(i) 2 shall be appointed for terms of 1 year;

“(ii) 1 shall be appointed for a term of 2 years;

“(iii) 1 shall be appointed for a term of 3 years; and

“(iv) 1 shall be appointed for a term of 4 years.

“(4) FUNCTIONS.—

“(A) IN GENERAL.—The Board shall—

“(i) review and provide advice on the Administration's modernization programs, budget, and cost accounting system;

“(ii) review the Administration's strategic plan and make recommendations on the non-safety program portions of the plan, and provide advice on the safety programs of the plan;

“(iii) review the operational efficiency of the air traffic control system and make recommendations on the operational and performance metrics for that system;

“(iv) approve procurements of air traffic control equipment in excess of \$100,000,000;

“(v) approve by July 31 of each year the Administrator’s budget request for facilities and equipment prior to its submission to the Office of Management and budget, including which programs are proposed to be funded from the Air Traffic control system Modernization Account of the Airport and Airway Trust Fund;

“(vi) approve the Federal Aviation Administration’s Capital Investment Plan prior to its submission to the Congress;

“(vii) annually review and make recommendations on the NextGen Implementation Plan;

“(viii) approve the Administrator’s selection of the Chief NextGen Officer appointed or designated under section 302(a) of the FAA Air Transportation Modernization and Safety Improvement Act; and

“(ix) approve the selection of the head of the Joint Planning and Development Office.

“(B) MEETINGS.—The Board shall meet on a regular and periodic basis or at the call of the Chairman or of the Administrator.

“(C) ACCESS TO DOCUMENTS AND STAFF.—The Administration may give the Board appropriate access to relevant documents and personnel of the Administration, and the Administrator shall make available, consistent with the authority to withhold commercial and other proprietary information under section 552 of title 5, cost data associated with the acquisition and operation of air traffic control systems. Any member of the Board who receives commercial or other proprietary data from the Administrator shall be subject to the provisions of section 1905 of title 18, pertaining to unauthorized disclosure of such information.

“(5) FEDERAL ADVISORY COMMITTEE ACT NOT TO APPLY.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Board or such rulemaking committees as the Administrator shall designate.

“(6) ADMINISTRATIVE MATTERS.—

“(A) TERMS OF MEMBERS.—Except as provided in paragraph (3)(C), members of the Board appointed under paragraph (2)(B) and (2)(C) shall be appointed for a term of 4 years.

“(B) REAPPOINTMENT.—No individual may be appointed to the Board for more than 8 years total.

“(C) VACANCY.—Any vacancy on the Board shall be filled in the same manner as the original position. Any member appointed to fill a vacancy occurring before the expiration of the term for which the member’s predecessor was appointed shall be appointed for a term of 4 years.

“(D) CONTINUATION IN OFFICE.—A member of the Board whose term expires shall continue to serve until the date on which the member’s successor takes office.

“(E) REMOVAL.—Any member of the Board appointed under paragraph (2)(B) or (2)(C) may be removed by the President for cause.

“(F) CLAIMS AGAINST MEMBERS OF THE BOARD.—

“(i) IN GENERAL.—A member appointed to the Board shall have no personal liability under State or Federal law with respect to any claim arising out of or resulting from an act or omission by such member within the scope of service as a member of the Board.

“(ii) EFFECT ON OTHER LAW.—This subparagraph shall not be construed—

“(I) to affect any other immunity or protection that may be available to a member

of the Board under applicable law with respect to such transactions;

“(II) to affect any other right or remedy against the United States under applicable law; or

“(III) to limit or alter in any way the immunities that are available under applicable law for Federal officers and employees.

“(G) ETHICAL CONSIDERATIONS.—Each member of the Board appointed under paragraph (2)(B) must certify that the member—

“(i) does not have a pecuniary interest in, or own stock in or bonds of, an aviation or aeronautical enterprise, except an interest in a diversified mutual fund or an interest that is exempt from the application of section 208 of title 18;

“(ii) does not engage in another business related to aviation or aeronautics; and

“(iii) is not a member of any organization that engages, as a substantial part of its activities, in activities to influence aviation-related legislation.

“(H) CHAIRMAN; VICE CHAIRMAN.—The Board shall elect a chair and a vice chair from among its members, each of whom shall serve for a term of 2 years. The vice chair shall perform the duties of the chairman in the absence of the chairman.

“(I) COMPENSATION.—No member shall receive any compensation or other benefits from the Federal Government for serving on the Board, except for compensation benefits for injuries under subchapter I of chapter 81 of title 5 and except as provided under subparagraph (J).

“(J) EXPENSES.—Each member of the Board shall be paid actual travel expenses and per diem in lieu of subsistence expenses when away from his or her usual place of residence, in accordance with section 5703 of title 5.

“(K) BOARD RESOURCES.—From resources otherwise available to the Administrator, the Chairman shall appoint such staff to assist the board and provide impartial analysis, and the Administrator shall make available to the Board such information and administrative services and assistance, as may reasonably be required to enable the Board to carry out its responsibilities under this subsection.

“(L) QUORUM AND VOTING.—A simple majority of members of the Board duly appointed shall constitute a quorum. A majority vote of members present and voting shall be required for the Committee to take action.

“(7) AIR TRAFFIC CONTROL SYSTEM DEFINED.—In this subsection, the term ‘air traffic control system’ has the meaning given that term in section 40102(a).”

SEC. 302. NEXTGEN MANAGEMENT.

(a) IN GENERAL.—The Administrator shall appoint or designate an individual, as the Chief NextGen Officer, to be responsible for implementation of all Administration programs associated with the Next Generation Air Transportation System.

(b) SPECIFIC DUTIES.—The individual appointed or designated under subsection (a) shall—

(1) oversee the implementation of all Administration NextGen programs;

(2) coordinate implementation of those NextGen programs with the Office of Management and Budget;

(3) develop an annual NextGen implementation plan;

(4) ensure that Next Generation Air Transportation System implementation activities are planned in such a manner as to require that system architecture is designed to allow for the incorporation of novel and currently unknown technologies into the System in

the future and that current decisions do not bias future decisions unfairly in favor of existing technology at the expense of innovation; and

(5) oversee the Joint Planning and Development Office’s facilitation of cooperation among all Federal agencies whose operations and interests are affected by implementation of the NextGen programs.

SEC. 303. FACILITATION OF NEXT GENERATION AIR TRAFFIC SERVICES.

Section 106(l) is amended by adding at the end the following:

“(7) AIR TRAFFIC SERVICES.—In determining what actions to take, by rule or through an agreement or transaction under paragraph (6) or under section 44502, to permit non-Government providers of communications, navigation, surveillance or other services to provide such services in the National Airspace System, or to require the usage of such services, the Administrator shall consider whether such actions would—

“(A) promote the safety of life and property;

“(B) improve the efficiency of the National Airspace System and reduce the regulatory burden upon National Airspace System users, based upon sound engineering principles, user operational requirements, and marketplace demands;

“(C) encourage competition and provide services to the largest feasible number of users; and

“(D) take into account the unique role served by general aviation.”

SEC. 304. CLARIFICATION OF AUTHORITY TO ENTER INTO REIMBURSABLE AGREEMENTS.

Section 106(m) is amended by striking “without” in the last sentence and inserting “with or without”.

SEC. 305. CLARIFICATION TO ACQUISITION REFORM AUTHORITY.

Section 40110(c) is amended—

(1) by inserting “and” after the semicolon in paragraph (3);

(2) by striking paragraph (4); and

(3) by redesignating paragraph (5) as paragraph (4).

SEC. 306. ASSISTANCE TO OTHER AVIATION AUTHORITIES.

Section 40113(e) is amended—

(1) by inserting “(whether public or private)” in paragraph (1) after “authorities”;

(2) by striking “safety.” in paragraph (1) and inserting “safety or efficiency. The Administrator is authorized to participate in, and submit offers in response to, competitions to provide these services, and to contract with foreign aviation authorities to provide these services consistent with the provisions under section 106(l)(6) of this title. The Administrator is also authorized, notwithstanding any other provision of law or policy, to accept payments in arrears.”; and

(3) by striking “appropriation from which expenses were incurred in providing such services.” in paragraph (3) and inserting “appropriation current when the expenditures are or were paid, or the appropriation current when the amount is received.”

SEC. 307. PRESIDENTIAL RANK AWARD PROGRAM.

Section 40122(g)(2) is amended—

(1) by striking “and” after the semicolon in subparagraph (G);

(2) by striking “Board.” in subparagraph (H) and inserting “Board; and”; and

(3) by inserting at the end the following new subparagraph:

“(I) subsections (b), (c), and (d) of section 4507 (relating to Meritorious Executive or Distinguished Executive rank awards), and

subsections (b) and (c) of section 4507a (relating to Meritorious Senior Professional or Distinguished Senior Professional rank awards), except that—

“(i) for purposes of applying such provisions to the personnel management system—

“(I) the term ‘agency’ means the Department of Transportation; and

“(II) the term ‘senior executive’ means a Federal Aviation Administration executive; and

“(III) the term ‘career appointee’ means a Federal Aviation Administration career executive; and

“(IV) the term ‘senior career employee’ means a Federal Aviation Administration career senior professional; and

“(ii) receipt by a career appointee of the rank of Meritorious Executive or Meritorious Senior Professional entitles such individual to a lump-sum payment of an amount equal to 20 percent of annual basic pay, which shall be in addition to the basic pay paid under the Federal Aviation Administration Executive Compensation Plan; and

“(iii) receipt by a career appointee of the rank of Distinguished Executive or Distinguished Senior Professional entitles the individual to a lump-sum payment of an amount equal to 35 percent of annual basic pay, which shall be in addition to the basic pay paid under the Federal Aviation Administration Executive Compensation Plan.”

SEC. 308. NEXT GENERATION FACILITIES NEEDS ASSESSMENT.

(a) **FAA CRITERIA FOR FACILITIES REALIGNMENT.**—Within 9 months after the date of enactment of this Act, the Administrator, after providing an opportunity for public comment, shall publish final criteria to be used in making the Administrator’s recommendations for the realignment of services and facilities to assist in the transition to next generation facilities and help reduce capital, operating, maintenance, and administrative costs with no adverse effect on safety.

(b) **REALIGNMENT RECOMMENDATIONS.**—Within 9 months after publication of the criteria, the Administrator shall publish a list of the services and facilities that the Administrator recommends for realignment, including a justification for each recommendation and a description of the costs and savings of such transition, in the Federal Register and allow 45 days for the submission of public comments to the Board. In addition, the Administrator upon request shall hold a public hearing in any community that would be affected by a recommendation in the report.

(c) **STUDY BY BOARD.**—The Air Traffic Control Modernization Oversight Board established by section 106(p) of title 49, United States Code, shall study the Administrator’s recommendations for realignment and the opportunities, risks, and benefits of realigning services and facilities of the Administration to help reduce capital, operating, maintenance, and administrative costs with no adverse effect on safety.

(d) **REVIEW AND RECOMMENDATIONS.**—

(1) Based on its review and analysis of the Administrator’s recommendations and any public comment it may receive, the Board shall make its independent recommendations for realignment of aviation services or facilities and submit its recommendations in a report to the President, the Senate Committee on Commerce, Science, and Transportation, and the House of Representatives Committee on Transportation and Infrastructure.

(2) The Board shall explain and justify in its report any recommendation made by the Board that is different from the rec-

ommendations made by the Administrator pursuant to subsection (b).

(3) The Administrator may not realign any air traffic control facilities or regional offices until the Board’s recommendations are complete, unless for each proposed realignment the Administrator and each exclusive bargaining representative certified under section 7114 of title 5, United States Code, of affected employees execute a written agreement regarding the proposed realignment.

(e) **REALIGNMENT DEFINED.**—In this section, the term “realignment”—

(1) means a relocation or reorganization of functions, services, or personnel positions, including a facility closure, consolidation, deconsolidation, collocation, decombin-

g, decoupling, split, or inter-facility or inter-regional reorganization that requires a reassignment of employees; but

(2) does not include a reduction in personnel resulting from workload adjustments.

SEC. 309. NEXT GENERATION AIR TRANSPORTATION SYSTEM IMPLEMENTATION OFFICE.

(a) **IMPROVED COOPERATION AND COORDINATION AMONG PARTICIPATING AGENCIES.**—Section 709 of the Vision 100—Century of Aviation Reauthorization Act (49 U.S.C. 40101 note) is amended—

(1) by inserting “strategic and cross-agency” after “manage” in subsection (a)(1);

(2) by adding at the end of subsection (a)(1) “The office shall be headed by a Director, who shall report to the Chief NextGen Officer appointed or designated under section 302(a) of the FAA Air Transportation Modernization and Safety Improvement Act.”;

(3) by inserting “(A)” after “(3)” in subsection (a)(3);

(4) by inserting after subsection (a)(3) the following:

“(B) The Administrator, the Secretary of Defense, the Administrator of the National Aeronautics and Space Administration, the Secretary of Commerce, the Secretary of Homeland Security, and the head of any other Department or Federal agency from which the Secretary of Transportation requests assistance under subparagraph (A) shall designate an implementation office to be responsible for—

“(i) carrying out the Department or agency’s Next Generation Air Transportation System implementation activities with the Office;

“(ii) liaison and coordination with other Departments and agencies involved in Next Generation Air Transportation System activities; and

“(iii) managing all Next Generation Air Transportation System programs for the Department or agency, including necessary budgetary and staff resources, including, for the Federal Aviation Administration, those projects described in section 44501(b)(5) of title 49, United States Code).

“(C) The head of any such Department or agency shall ensure that—

“(i) the Department’s or agency’s Next Generation Air Transportation System responsibilities are clearly communicated to the designated office; and

“(ii) the performance of supervisory personnel in that office in carrying out the Department’s or agency’s Next Generation Air Transportation System responsibilities is reflected in their annual performance evaluations and compensation decisions.

“(D)(i) Within 6 months after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act, the head of each such Department or agency shall execute a memorandum of under-

standing with the Office and with the other Departments and agencies participating in the Next Generation Air Transportation System project that—

“(I) describes the respective responsibilities of each such Department and agency, including budgetary commitments; and

“(II) the budgetary and staff resources committed to the project.

“(ii) The memorandum shall be revised as necessary to reflect any changes in such responsibilities or commitments and be reflected in each Department or agency’s budget request.”;

(5) by striking “beyond those currently included in the Federal Aviation Administration’s operational evolution plan” in subsection (b);

(6) by striking “research and development roadmap” in subsection (b)(3) and inserting “implementation plan”;

(7) by striking “and” after the semicolon in subsection (b)(3)(B);

(8) by inserting after subsection (b)(3)(C) the following:

“(D) a schedule of rulemakings required to issue regulations and guidelines for implementation of the Next Generation Air Transportation System within a timeframe consistent with the integrated plan; and”;

(9) by inserting “and key technologies” after “concepts” in subsection (b)(4);

(10) by striking “users” in subsection (b)(4) and inserting “users, an implementation plan,”;

(11) by adding at the end of subsection (b) the following:

“Within 6 months after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act, the Administrator shall develop the implementation plan described in paragraph (3) of this subsection and shall update it annually thereafter.”; and

(12) by striking “2010.” in subsection (e) and inserting “2011.”

(b) **SENIOR POLICY COMMITTEE MEETINGS.**—Section 710(a) of such Act (49 U.S.C. 40101 note) is amended by striking “Secretary.” and inserting “Secretary and shall meet at least once each quarter.”

SEC. 310. DEFINITION OF AIR NAVIGATION FACILITY.

Section 40102(a)(4) is amended—

(1) by striking subparagraph (B) and inserting the following:

“(B) runway lighting and airport surface visual and other navigation aids;”;

(2) by striking “weather information, signaling, radio-directional finding, or radio or other electromagnetic communication; and” in subparagraph (C) and inserting “aeronautical and meteorological information to air traffic control facilities or aircraft, supplying communication, navigation or surveillance equipment for air-to-ground or air-to-air applications;”;

(3) by striking “another structure” in subparagraph (D) and inserting “any structure, equipment,”;

(4) by striking “aircraft.” in subparagraph (D) and inserting “aircraft; and”;

(5) by adding at the end the following:

“(E) buildings, equipment, and systems dedicated to the National Airspace System.”.

SEC. 311. IMPROVED MANAGEMENT OF PROPERTY INVENTORY.

Section 40110(a)(2) is amended by striking “compensation; and” and inserting “compensation, and the amount received may be credited to the appropriation current when the amount is received; and”.

SEC. 312. EDUCATIONAL REQUIREMENTS.

The Administrator shall make payments to the Department of Defense for the education of dependent children of those Administration employees in Puerto Rico and Guam as they are subject to transfer by policy and practice and meet the eligibility requirements of section 2164(c) of title 10, United States Code.

SEC. 313. FAA PERSONNEL MANAGEMENT SYSTEM.

Section 40122(a)(2) is amended to read as follows:

“(2) DISPUTE RESOLUTION.—

“(A) MEDIATION.—If the Administrator does not reach an agreement under paragraph (1) or subsection (g)(2)(C) with the exclusive bargaining representatives, the services of the Federal Mediation and Conciliation Service shall be used to attempt to reach such agreement in accordance with part 1425 of title 29, Code of Federal Regulations. The Administrator and bargaining representatives may by mutual agreement adopt procedures for the resolution of disputes or impasses arising in the negotiation of a collective-bargaining agreement.

“(B) BINDING ARBITRATION.—If the services of the Federal Mediation and Conciliation Service under subparagraph (A) do not lead to an agreement, the Administrator and the bargaining representatives shall submit their issues in controversy to the Federal Service Impasses Panel in accordance with section 7119 of title 5. The Panel shall assist the parties in resolving the impasse by asserting jurisdiction and ordering binding arbitration by a private arbitration board consisting of 3 members in accordance with section 2471.6(a)(2)(ii) of title 5, Code of Federal Regulations. The executive director of the Panel shall request a list of not less than 15 names of arbitrators with Federal sector experience from the director of the Federal Mediation and Conciliation Service to be provided to the Administrator and the bargaining representatives. Within 10 days after receiving the list, the parties shall each select 1 person. The 2 arbitrators shall then select a third person from the list within 7 days. If the 2 arbitrators are unable to agree on the third person, the parties shall select the third person by alternately striking names from the list until only 1 name remains. If the parties do not agree on the framing of the issues to be submitted, the arbitration board shall frame the issues. The arbitration board shall give the parties a full and fair hearing, including an opportunity to present evidence in support of their claims, and an opportunity to present their case in person, by counsel, or by other representative as they may elect. Decisions of the arbitration board shall be conclusive and binding upon the parties. The arbitration board shall render its decision within 90 days after its appointment. The Administrator and the bargaining representative shall share costs of the arbitration equally. The arbitration board shall take into consideration the effect of its arbitration decisions on the Federal Aviation Administration's ability to attract and retain a qualified workforce and the Federal Aviation Administration's budget.

“(C) EFFECT.—Upon reaching a voluntary agreement or at the conclusion of the binding arbitration under subparagraph (B) above, the final agreement, except for those matters decided by the arbitration board, shall be subject to ratification by the exclusive representative, if so requested by the exclusive representative, and approval by the head of the agency in accordance with subsection (g)(2)(C).

“(D) ENFORCEMENT.—Enforcement of the provisions of this paragraph shall be in the United States District Court for the District of Columbia.”.

SEC. 314. ACCELERATION OF NEXTGEN TECHNOLOGIES.

(a) OEP AIRPORT PROCEDURES.—

(1) IN GENERAL.—Within 6 months after the date of enactment of this Act, the Administrator shall publish a report, after consultation with representatives of appropriate Administration employee groups, airport operators, air carriers, general aviation representatives, and aircraft manufacturers that includes the following:

(A) RNP/RNAV OPERATIONS.—The required navigation performance and area navigation operations, including the procedures to be developed, certified, and published and the air traffic control operational changes, to maximize the efficiency and capacity of NextGen commercial operations at the 35 Operational Evolution Partnership airports identified by the Administration.

(B) COORDINATION AND IMPLEMENTATION ACTIVITIES.—A description of the activities and operational changes and approvals required to coordinate and utilize those procedures at those airports.

(C) IMPLEMENTATION PLAN.—A plan for implementing those procedures that establishes—

(i) clearly defined budget, schedule, project organization, and leadership requirements;

(ii) specific implementation and transition steps; and

(iii) baseline and performance metrics for measuring the Administration's progress in implementing the plan, including the percentage utilization of required navigation performance in the National Airspace System.

(D) COST/BENEFIT ANALYSIS FOR THIRD-PARTY USAGE.—An assessment of the costs and benefits of using third parties to assist in the development of the procedures.

(E) ADDITIONAL PROCEDURES.—A process for the identification, certification, and publication of additional required navigation performance and area navigation procedures that may be required at such airports in the future.

(2) IMPLEMENTATION SCHEDULE.—The Administrator shall certify, publish, and implement—

(A) 30 percent of the required procedures within 18 months after the date of enactment of this Act;

(B) 60 percent of the procedures within 36 months after the date of enactment of this Act; and

(C) 100 percent of the procedures before January 1, 2014.

(b) EXPANSION OF PLAN TO OTHER AIRPORTS.—

(1) IN GENERAL.—No later than January 1, 2014, the Administrator shall publish a report, after consultation with representatives of appropriate Administration employee groups, airport operators, and air carriers, that includes a plan for applying the procedures, requirements, criteria, and metrics described in subsection (a)(1) to other airports across the Nation.

(2) IMPLEMENTATION SCHEDULE.—The Administrator shall certify, publish, and implement—

(A) 25 percent of the required procedures at such other airports before January 1, 2015;

(B) 50 percent of the procedures at such other airports before January 1, 2016;

(C) 75 percent of the procedures at such other airports before January 1, 2017; and

(D) 100 percent of the procedures before January 1, 2018.

(c) ESTABLISHMENT OF PRIORITIES.—The Administrator shall extend the charter of the Performance Based Navigation Aviation Rulemaking Committee as necessary to authorize and request it to establish priorities for the development, certification, publication, and implementation of the navigation performance and area navigation procedures based on their potential safety and congestion benefits.

(d) COORDINATED AND EXPEDITED REVIEW.—Navigation performance and area navigation procedures developed, certified, published, and implemented under this section shall be presumed to be covered by a categorical exclusion (as defined in section 1508.4 of title 40, Code of Federal Regulations) under chapter 3 of FAA Order 1050.1E unless the Administrator determines that extraordinary circumstances exist with respect to the procedure.

(e) DEPLOYMENT PLAN FOR NATIONWIDE DATA COMMUNICATIONS SYSTEM.—Within 1 year after the date of enactment of this Act, the Administrator shall submit a plan for implementation of a nationwide communications system to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure. The plan shall include—

(1) clearly defined budget, schedule, project organization, and leadership requirements;

(2) specific implementation and transition steps; and

(3) baseline and performance metrics for measuring the Administration's progress in implementing the plan.

(f) IMPROVED PERFORMANCE STANDARDS.—Within 90 days after the date of enactment of this Act, the Administrator shall submit a report to the Senate committee on commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure that—

(1) evaluates whether utilization of ADS-B, RNP, and other technologies as part of the NextGen Air Transportation System implementation plan will display the position of aircraft more accurately and frequently so as to enable a more efficient use of existing airspace and result in reduced consumption of aviation fuel and aircraft engine emissions;

(2) evaluates the feasibility of reducing aircraft separation standards in a safe manner as a result of implementation of such technologies; and

(3) if the Administrator determines that such standards can be reduced safely, includes a timetable for implementation of such reduced standards.

SEC. 315. ADS-B DEVELOPMENT AND IMPLEMENTATION.

(a) IN GENERAL.—

(1) REPORT REQUIRED.—Within 90 days after the date of enactment of this Act, the Administrator shall submit a report to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure detailing the Administration's program and schedule for integrating ADS-B technology into the National Airspace System. The report shall include—

(A) a clearly defined budget, schedule, project organization, leadership, and the specific implementation or transition steps required to achieve these ADS-B ground station installation goals;

(B) a transition plan for ADS-B that includes date-specific milestones for the implementation of new capabilities into the National Airspace System;

(C) identification of any potential operational or workforce changes resulting from deployment of ADS-B;

(D) detailed plans and schedules for implementation of advanced operational procedures and ADS-B air-to-air applications; and

(E) baseline and performance metrics in order to measure the agency's progress.

(2) **IDENTIFICATION AND MEASUREMENT OF BENEFITS.**—In the report required by paragraph (1), the Administrator shall identify actual benefits that will accrue to National Airspace System users from deployment of ADS-B and provide and explanation of the metrics used to quantify those benefits.

(b) **RULEMAKINGS.**—

(1) **ADS-B OUT.**—Not later than 45 days after the date of enactment of this Act the Administrator shall—

(A) complete the initial rulemaking proceeding (Docket No. FAA-2007-29305; Notice No. 07-15; 72 FR 56947) to issue guidelines and regulations for ADS-B Out technology that—

(i) identify the ADS-B Out technology that will be required under NextGen;

(ii) subject to paragraph (3), require all aircraft to be equipped with such technology by 2015; and

(iii) identify—

(I) the type of such avionics required of aircraft for all classes of airspace;

(II) the expected costs associated with the avionics; and

(III) the expected uses and benefits of the avionics; and

(B) initiate a rulemaking proceeding to issue any additional guidelines and regulations for ADS-B Out technology not addressed in the initial rulemaking.

(2) **ADS-B IN.**—Not later than 45 days after the date of enactment of this Act the Administrator shall initiate a rulemaking proceeding to issue guidelines and regulations for ADS-B In technology that—

(A) identify the ADS-B In technology that will be required under NextGen;

(B) subject to paragraph (3), require all aircraft to be equipped with such technology by 2018; and

(C) identify—

(i) the type of such avionics required of aircraft for all classes of airspace;

(ii) the expected costs associated with the avionics; and

(iii) the expected uses and benefits of the avionics.

(3) **READINESS VERIFICATION.**—Before the date on which all aircraft are required to be equipped with ADS-B technology pursuant to rulemakings under paragraphs (1) and (2), the Air Traffic Control Modernization Oversight Board shall verify that—

(A) the necessary ground infrastructure is installed and functioning properly;

(B) certification standards have been approved; and

(C) appropriate operational platforms interface safely and efficiently.

(c) **USES.**—Within 18 months after the date of enactment of this Act, the Administrator shall develop, in consultation with appropriate employee groups, a plan for the use of ADS-B technology for surveillance and active air traffic control by 2015. The plans shall—

(1) include provisions to test the use of ADS-B prior to the 2015 deadline for surveillance and active air traffic control in specific regions of the country with the most congested airspace;

(2) identify the equipment required at air traffic control facilities and the training required for air traffic controllers;

(3) develop procedures, in consultation with appropriate employee groups, to con-

duct air traffic management in mixed equipage environments; and

(4) establish a policy in these test regions, with consultation from appropriate employee groups, to provide incentives for equipage with ADS-B technology by giving priority to aircraft equipped with such technology before the 2015 and 2018 equipage deadlines.

SEC. 316. EQUIPAGE INCENTIVES.

(a) **IN GENERAL.**—The Administrator shall issue a report that—

(1) identifies incentive options to encourage the equipage of aircraft with NextGen technologies, including a policy that gives priority to aircraft equipped with ADS-B technology;

(2) identifies the costs and benefits of each option; and

(3) includes input from industry stakeholders, including passenger and cargo air carriers, aerospace manufacturers, and general aviation aircraft operators.

(b) **DEADLINE.**—The Administrator shall issue the report before the earlier of—

(1) the date that is 6 months after the date of enactment of this Act; or

(2) the date on which aircraft are required to be equipped with ADS-B technology pursuant to rulemakings under section 315(b) of this Act.

SEC. 317. PERFORMANCE METRICS.

(a) **IN GENERAL.**—No later than June 1, 2010, the Administrator shall establish and track National Airspace System performance metrics, including, at a minimum—

(1) the allowable operations per hour on runways;

(2) average gate-to-gate times;

(3) fuel burned between key city pairs;

(4) operations using the advanced procedures implemented under section 314 of this Act;

(5) average distance flown between key city pairs;

(6) time between pushing back from the gate and taking off;

(7) uninterrupted climb or descent;

(8) average gate arrival delay for all arrivals;

(9) flown versus filed flight times for key city pairs; and

(10) metrics to demonstrate reduced fuel burn and reduced emissions.

(b) **OPTIMAL BASELINES.**—The Administrator, in consultation with aviation industry stakeholders, shall identify optimal baselines for each of these metrics and appropriate methods to measure deviations from these baselines.

(c) **PUBLICATION.**—The Administration shall make the data obtained under subsection (a) available to the public in a searchable, sortable, downloadable format through its website and other appropriate media.

(d) **REPORTS.**—

(1) **INITIAL REPORT.**—Not later than 90 days after the date of enactment of this Act, the Administrator shall submit to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure that contains—

(A) a description of the metrics that will be used to measure the Administration's progress in implementing NextGen Air Transportation System capabilities and operational results; and

(B) information about how any additional metrics were developed.

(2) **ANNUAL PROGRESS REPORT.**—The Administrator shall submit an annual progress report to those committees on the Administra-

tion's progress in implementing NextGen Air Transportation System.

SEC. 318. CERTIFICATION STANDARDS AND RESOURCES.

(a) **IN GENERAL.**—Within 6 months after the date of enactment of this Act, the Administrator shall develop a plan to accelerate and streamline the process for certification of NextGen technologies, including—

(1) updated project plans and timelines to meet the deadlines established by this title;

(2) identification of the specific activities needed to certify core NextGen technologies, including the establishment of NextGen technical requirements for the manufacture of equipage, installation of equipage, airline operational procedures, pilot training standards, air traffic control procedures, and air traffic controller training;

(3) staffing requirements for the Air Certification Service and the Flight Standards Service, and measures addressing concerns expressed by the Department of Transportation Inspector General and the Comptroller General regarding staffing needs for modernization;

(4) an assessment of the extent to which the Administration will use third parties in the certification process, and the cost and benefits of this approach; and

(5) performance metrics to measure the Administration's progress.

(b) **CERTIFICATION INTEGRITY.**—The Administrator shall make no distinction between public or privately owned equipment, systems, or services used in the National Airspace System when determining certification requirements.

SEC. 319. UNMANNED AERIAL SYSTEMS.

(a) **IN GENERAL.**—Within 1 year after the date of enactment of this Act, the Administrator shall develop a plan to accelerate the integration of unmanned aerial systems into the National Airspace System that—

(1) creates a pilot project to integrate such vehicles into the National Airspace System at 4 test sites in the National Airspace System by 2012;

(2) creates a safe, non-exclusionary airspace designation for cooperative manned and unmanned flight operations in the National Airspace System;

(3) establishes a process to develop certification, flight standards, and air traffic requirements for such vehicles at the test sites;

(4) dedicates funding for unmanned aerial systems research and development to certification, flight standards, and air traffic requirements;

(5) encourages leveraging and coordination of such research and development activities with the National Aeronautics and Space Administration and the Department of Defense;

(6) addresses both military and civilian unmanned aerial system operations;

(7) ensures the unmanned aircraft systems integration plan is incorporated in the Administration's NextGen Air Transportation System implementation plan; and

(8) provides for verification of the safety of the vehicles and navigation procedures before their integration into the National Airspace System.

(b) **TEST SITE CRITERIA.**—The Administrator shall take into consideration geographical and climate diversity in determining where the test sites to be established under the pilot project required by subsection (a)(1) are to be located.

SEC. 320. SURFACE SYSTEMS PROGRAM OFFICE.

(a) **IN GENERAL.**—The Air Traffic Organization shall—

(1) evaluate the Airport Surface Detection Equipment-Model X program for its potential contribution to implementation of the NextGen initiative;

(2) evaluate airport surveillance technologies and associated collaborative surface management software for potential contributions to implementation of NextGen surface management;

(3) accelerate implementation of the program; and

(4) carry out such additional duties as the Administrator may require.

(b) **EXPEDITED CERTIFICATION AND UTILIZATION.**—The Administrator shall—

(1) consider options for expediting the certification of Ground Based Augmentation System technology; and

(2) develop a plan to utilize such a system at the 35 Operational Evolution Partnership airports by September 30, 2012.

SEC. 321. STAKEHOLDER COORDINATION.

(a) **IN GENERAL.**—The Administrator shall establish a process for including qualified employees selected by each exclusive collective bargaining representative of employees of the Administration who are likely to be affected by the planning, development, and deployment of air traffic control modernization projects (including the Next Generation Air Transportation System) in, and collaborating with, such employees in the planning, development, and deployment of those projects.

(b) **PARTICIPATION.**—

(1) **BARGAINING OBLIGATIONS AND RIGHTS.**—Participation in the process described in subsection (a) shall not be construed as a waiver of any bargaining obligations or rights under section 40122(a)(1) or 40122(g)(2)(C) of title 49, United States Code.

(2) **CAPACITY AND COMPENSATION.**—Exclusive collective bargaining representatives and selected employees participating in the process described in subsection (a) shall—

(A) serve in a collaborative and advisory capacity; and

(B) receive appropriate travel and per diem expenses in accordance with the travel policies of the Administration in addition to any regular compensation and benefits.

(c) **REPORT.**—No later than 180 days after the date of enactment of this Act, the Administrator shall submit a report on the implementation of this section to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure.

SEC. 322. FAA TASK FORCE ON AIR TRAFFIC CONTROL FACILITY CONDITIONS.

(a) **ESTABLISHMENT.**—The Administrator shall establish a special task force to be known as the “FAA Task Force on Air Traffic Control Facility Conditions”.

(b) **MEMBERSHIP.**—

(1) **COMPOSITION.**—The Task Force shall be composed of 11 members of whom—

(A) 7 members shall be appointed by the Administrator; and

(B) 4 members shall be appointed by labor unions representing employees who work at field facilities of the Administration.

(2) **QUALIFICATIONS.**—Of the members appointed by the Administrator under paragraph (1)(A)—

(A) 4 members shall be specialists on toxic mold abatement, “sick building syndrome,” and other hazardous building conditions that can lead to employee health concerns and shall be appointed by the Administrator in consultation with the Director of the National Institute for Occupational Safety and Health; and

(B) 2 members shall be specialists on the rehabilitation of aging buildings.

(3) **TERMS.**—Members shall be appointed for the life of the Task Force.

(4) **VACANCIES.**—A vacancy in the Task Force shall be filled in the manner in which the original appointment was made.

(5) **TRAVEL EXPENSES.**—Members shall serve without pay but shall receive travel expenses, including per diem in lieu of subsistence, in accordance with subchapter I of chapter 57 of title 5, United States Code.

(c) **CHAIRPERSON.**—The Administrator shall designate, from among the individuals appointed under subsection (b)(1), an individual to serve as chairperson of the Task Force.

(d) **TASK FORCE PERSONNEL MATTERS.**—

(1) **STAFF.**—The Task Force may appoint and fix the pay of such personnel as it considers appropriate.

(2) **STAFF OF FEDERAL AGENCIES.**—Upon request of the Chairperson of the Task Force, the head of any department or agency of the United States may detail, on a reimbursable basis, any of the personnel of that department or agency to the Task Force to assist it in carrying out its duties under this section.

(3) **OTHER STAFF AND SUPPORT.**—Upon request of the Task Force or a panel of the Task Force, the Administrator shall provide the Task Force or panel with professional and administrative staff and other support, on a reimbursable basis, to the Task Force to assist it in carrying out its duties under this section.

(e) **OBTAINING OFFICIAL DATA.**—The Task Force may secure directly from any department or agency of the United States information (other than information required by any statute of the United States to be kept confidential by such department or agency) necessary for the Task Force to carry out its duties under this section. Upon request of the chairperson of the Task Force, the head of that department or agency shall furnish such information to the Task Force.

(f) **DUTIES.**—

(1) **STUDY.**—The Task Force shall undertake a study of—

(A) the conditions of all air traffic control facilities across the Nation, including towers, centers, and terminal radar air control;

(B) reports from employees of the Administration relating to respiratory ailments and other health conditions resulting from exposure to mold, asbestos, poor air quality, radiation and facility-related hazards in facilities of the Administration;

(C) conditions of such facilities that could interfere with such employees’ ability to effectively and safely perform their duties;

(D) the ability of managers and supervisors of such employees to promptly document and seek remediation for unsafe facility conditions;

(E) whether employees of the Administration who report facility-related illnesses are treated fairly;

(F) utilization of scientifically approved remediation techniques in a timely fashion once hazardous conditions are identified in a facility of the Administration; and

(G) resources allocated to facility maintenance and renovation by the Administration.

(2) **FACILITY CONDITION INDICES.**—The Task Force shall review the facility condition indices of the Administration for inclusion in the recommendations under subsection (g).

(g) **RECOMMENDATIONS.**—Based on the results of the study and review of the facility condition indices under subsection (f), the Task Force shall make recommendations as it considers necessary to—

(1) prioritize those facilities needing the most immediate attention in order of the greatest risk to employee health and safety;

(2) ensure that the Administration is using scientifically approved remediation techniques in all facilities; and

(3) assist the Administration in making programmatic changes so that aging air traffic control facilities do not deteriorate to unsafe levels.

(h) **REPORT.**—Not later than 6 months after the date on which initial appointments of members to the Task Force are completed, the Task Force shall submit a report to the Administrator, the Senate Committee on Commerce, Science, and Transportation, and the House of Representatives Committee on Transportation and Infrastructure on the activities of the Task Force, including the recommendations of the Task Force under subsection (g).

(i) **IMPLEMENTATION.**—Within 30 days after receipt of the Task Force report under subsection (h), the Administrator shall submit to the House of Representatives Committee on Transportation and Infrastructure and the Senate Committee on Commerce, Science, and Transportation a report that includes a plan and timeline to implement the recommendations of the Task Force and to align future budgets and priorities of the Administration accordingly.

(j) **TERMINATION.**—The Task Force shall terminate on the last day of the 30-day period beginning on the date on which the report under subsection (h) is submitted.

(k) **APPLICABILITY OF THE FEDERAL ADVISORY COMMITTEE ACT.**—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Task Force.

SEC. 323. STATE ADS-B EQUIPAGE BANK PILOT PROGRAM.

(a) **IN GENERAL.**—

(1) **COOPERATIVE AGREEMENTS.**—Subject to the provisions of this section, the Secretary of Transportation may enter into cooperative agreements with not to exceed 5 States for the establishment of State ADS-B equipage banks for making loans and providing other assistance to public entities for projects eligible for assistance under this section.

(b) **FUNDING.**—

(1) **SEPARATE ACCOUNT.**—An ADS-B equipage bank established under this section shall maintain a separate aviation trust fund account for Federal funds contributed to the bank under paragraph (2). No Federal funds contributed or credited to an account of an ADS-B equipage bank established under this section may be commingled with Federal funds contributed or credited to any other account of such bank.

(2) **AUTHORIZATION.**—There are authorized to be appropriated to the Secretary \$25,000,000 for each of fiscal years 2010 through 2014.

(c) **FORMS OF ASSISTANCE FROM ADS-B EQUIPAGE BANKS.**—An ADS-B equipage bank established under this section may make loans or provide other assistance to a public entity in an amount equal to all or part of the cost of carrying out a project eligible for assistance under this section. The amount of any loan or other assistance provided for such project may be subordinated to any other debt financing for the project.

(d) **QUALIFYING PROJECTS.**—Federal funds in the ADS-B equipage account of an ADS-B equipage bank established under this section may be used only to provide assistance with respect to aircraft ADS-B and related avionics equipage.

(e) **REQUIREMENTS.**—In order to establish an ADS-B equipage bank under this section, each State establishing such a bank shall—

(1) contribute, at a minimum, in each account of the bank from non-Federal sources an amount equal to 50 percent of the amount of each capitalization grant made to the State and contributed to the bank;

(2) ensure that the bank maintains on a continuing basis an investment grade rating on its debt issuances or has a sufficient level of bond or debt financing instrument insurance to maintain the viability of the bank;

(3) ensure that investment income generated by funds contributed to an account of the bank will be—

(A) credited to the account;

(B) available for use in providing loans and other assistance to projects eligible for assistance from the account; and

(C) invested in United States Treasury securities, bank deposits, or such other financing instruments as the Secretary may approve to earn interest to enhance the leveraging of projects assisted by the bank;

(4) ensure that any loan from the bank will bear interest at or below market interest rates, as determined by the State, to make the project that is the subject of the loan feasible;

(5) ensure that the term for repaying any loan will not exceed 10 years after the date of the first payment on the loan; and

(6) require the bank to make an annual report to the Secretary on its status no later than September 30 of each year for which funds are made available under this section, and to make such other reports as the Secretary may require by guidelines.

SEC. 324. IMPLEMENTATION OF INSPECTOR GENERAL ATC RECOMMENDATIONS.

(a) IN GENERAL.—As soon as practicable after the date of enactment of this Act, but no later than 1 year after that date, the Administrator of the Federal Aviation Administration shall—

(1) provide the Los Angeles International Air Traffic Control Tower facility, the Southern California Terminal Radar Approach Control facility, and the Northern California Terminal Radar Approach Control facility a sufficient number of contract instructors, classroom space (including off-site locations as needed), and simulators for a surge in the number of new air traffic controllers at those facilities;

(2) to the greatest extent practicable, distribute the placement of new trainee air traffic controllers at those facilities evenly across the calendar year in order to avoid training bottlenecks;

(3) commission an independent analysis, in consultation with the Administration and the exclusive bargaining representative of air traffic controllers certified under section 7111 of title 5, United States Code, of overtime scheduling practices at those facilities; and

(4) to the greatest extent practicable, provide priority to certified professional controllers-in-training when filling staffing vacancies at those facilities.

(b) STAFFING ANALYSES AND REPORTS.—For the purposes of—

(1) the Federal Aviation Administration's annual controller workforce plan,

(2) the Administration's facility-by-facility authorized staffing ranges, and

(3) any report of air traffic controller staffing levels submitted to the Congress,

the Administrator may not consider an individual to be an air traffic controller unless that individual is a certified professional controller.

SEC. 325. DEFINITIONS.

In this title:

(1) ADMINISTRATION.—The term “Administration” means the Federal Aviation Administration.

(2) ADMINISTRATOR.—The term “Administrator” means the Administrator of the Federal Aviation Administration.

(3) NEXTGEN.—The term “NextGen” means the Next Generation Air Transportation System.

(4) SECRETARY.—The term “Secretary” means the Secretary of Transportation.

TITLE IV—AIRLINE SERVICE AND SMALL COMMUNITY AIR SERVICE IMPROVEMENTS

SUBTITLE A—CONSUMER PROTECTION

SEC. 401. AIRLINE CUSTOMER SERVICE COMMITMENT.

(a) IN GENERAL.—Chapter 417 is amended by adding at the end the following:

“SUBCHAPTER IV—AIRLINE CUSTOMER SERVICE

“§ 41781. Air carrier and airport contingency plans for long on-board tarmac delays

“(a) DEFINITION OF TARMAC DELAY.—The term ‘tarmac delay’ means the holding of an aircraft on the ground before taking off or after landing with no opportunity for its passengers to deplane.

“(b) SUBMISSION OF AIR CARRIER AND AIRPORT PLANS.—Not later than 60 days after the date of the enactment of the FAA Air Transportation Modernization and Safety Improvement Act, each air carrier and airport operator shall submit, in accordance with the requirements under this section, a proposed contingency plan to the Secretary of Transportation for review and approval.

“(c) MINIMUM STANDARDS.—The Secretary of Transportation shall establish minimum standards for elements in contingency plans required to be submitted under this section to ensure that such plans effectively address long on-board tarmac delays and provide for the health and safety of passengers and crew.

“(d) AIR CARRIER PLANS.—The plan shall require each air carrier to implement at a minimum the following:

“(1) PROVISION OF ESSENTIAL SERVICES.—Each air carrier shall provide for the essential needs of passengers on board an aircraft at an airport in any case in which the departure of a flight is delayed or disembarkation of passengers on an arriving flight that has landed is substantially delayed, including—

“(A) adequate food and potable water;

“(B) adequate restroom facilities;

“(C) cabin ventilation and comfortable cabin temperatures; and

“(D) access to necessary medical treatment.

“(2) RIGHT TO DEPLANE.—

“(A) IN GENERAL.—Each air carrier shall submit a proposed contingency plan to the Secretary of Transportation that identifies a clear time frame under which passengers would be permitted to deplane a delayed aircraft. After the Secretary has reviewed and approved the proposed plan, the air carrier shall make the plan available to the public.

“(B) DELAYS.—

“(i) IN GENERAL.—As part of the plan, except as provided under clause (iii), an air carrier shall provide passengers with the option of deplaning and returning to the terminal at which such deplaning could be safely completed, or deplaning at the terminal if—

“(I) 3 hours have elapsed after passengers have boarded the aircraft, the aircraft doors are closed, and the aircraft has not departed; or

“(II) 3 hours have elapsed after the aircraft has landed and the passengers on the aircraft have been unable to deplane.

“(ii) FREQUENCY.—The option described in clause (i) shall be offered to passengers at a minimum not less often than once during each successive 3-hour period that the plane remains on the ground.

“(iii) EXCEPTIONS.—This subparagraph shall not apply if—

“(I) the pilot of such aircraft reasonably determines that the aircraft will depart or be unloaded at the terminal not later than 30 minutes after the 3 hour delay; or

“(II) the pilot of such aircraft reasonably determines that permitting a passenger to deplane would jeopardize passenger safety or security.

“(C) APPLICATION TO DIVERTED FLIGHTS.—This section applies to aircraft without regard to whether they have been diverted to an airport other than the original destination.

“(D) REPORTS.—Not later than 30 days after any flight experiences a tarmac delay lasting at least 3 hours, the air carrier responsible for such flight shall submit a written description of the incident and its resolution to the Aviation Consumer Protection Office of the Department of Transportation.

“(e) AIRPORT PLANS.—Each airport operator shall submit a proposed contingency plan under subsection (b) that contains a description of—

“(1) how the airport operator will provide for the deplanement of passengers following a long tarmac delay; and

“(2) how, to the maximum extent practicable, the airport operator will provide for the sharing of facilities and make gates available at the airport for use by aircraft experiencing such delays.

“(f) UPDATES.—The Secretary shall require periodic reviews and updates of the plans as necessary.

“(g) APPROVAL.—

“(1) IN GENERAL.—Not later than 6 months after the date of the enactment of this section, the Secretary of Transportation shall—

“(A) review the initial contingency plans submitted under subsection (b); and

“(B) approve plans that closely adhere to the standards described in subsections (d) or (e), whichever is applicable.

“(2) UPDATES.—Not later than 60 days after the submission of an update under subsection (f) or an initial contingency plan by a new air carrier or airport, the Secretary shall—

“(A) review the plan; and

“(B) approve the plan if it closely adheres to the standards described in subsections (d) or (e), whichever is applicable.

“(h) CIVIL PENALTIES.—The Secretary may assess a civil penalty under section 46301 against any air carrier or airport operator that does not submit, obtain approval of, or adhere to a contingency plan submitted under this section.

“(i) PUBLIC ACCESS.—Each air carrier and airport operator required to submit a contingency plan under this section shall ensure public access to an approved plan under this section by—

“(1) including the plan on the Internet Web site of the carrier or airport; or

“(2) disseminating the plan by other means, as determined by the Secretary.

“§ 41782. Air passenger complaints hotline and information

“(a) AIR PASSENGER COMPLAINTS HOTLINE TELEPHONE NUMBER.—The Secretary of Transportation shall establish a consumer complaints hotline telephone number for the use of air passengers.

“(b) PUBLIC NOTICE.—The Secretary shall notify the public of the telephone number established under subsection (a).

“(c) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section, which sums shall remain available until expended.”.

(b) CONFORMING AMENDMENT.—The table of contents for chapter 417 is amended by adding at the end the following:

“SUBCHAPTER IV—AIRLINE CUSTOMER SERVICE
 “41781. Air carrier and airport contingency plans for long on-board tarmac delays
 “41782. Air passenger complaints hotline and information”.

SEC. 402. PUBLICATION OF CUSTOMER SERVICE DATA AND FLIGHT DELAY HISTORY.

(a) IN GENERAL.—Section 41722 is amended by adding at the end the following:

“(f) CHRONICALLY DELAYED FLIGHTS.—

“(1) PUBLICATION OF LIST OF FLIGHTS.—Each air carrier holding a certificate issued under section 41102 that conducts scheduled passenger air transportation shall, on a monthly basis—

“(A) publish and update on the Internet website of the air carrier a list of chronically delayed flights operated by such air carrier; and

“(B) share such list with each entity that is authorized to book passenger air transportation for such air carrier for inclusion on the Internet website of such entity.

“(2) DISCLOSURE TO CUSTOMERS WHEN PURCHASING TICKETS.—For each individual who books passenger air transportation on the Internet website of an air carrier, or the Internet website of an entity that is authorized to book passenger air transportation for an air carrier, for any flight for which data is reported to the Department of Transportation under part 234 of title 14, Code of Federal Regulations, such air carrier or entity, as the case may be, shall prominently disclose to such individual, before such individual makes such booking, the following:

“(A) The on-time performance for the flight if the flight is a chronically delayed flight.

“(B) The cancellation rate for the flight if the flight is a chronically canceled flight.

“(3) DEFINITIONS.—In this subsection:

“(A) CHRONICALLY DELAYED FLIGHT.—The term ‘chronically delayed flight’ means a regularly scheduled flight that has failed to arrive on time (as such term is defined in section 234.2 of title 14, Code of Federal Regulations) at least 40 percent of the time during the most recent 3-month period for which data is available.

“(B) CHRONICALLY CANCELED FLIGHT.—The term ‘chronically canceled flight’ means a regularly scheduled flight at least 30 percent of the departures of which have been canceled during the most recent 3-month period for which data is available.”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect 180 days after the date of enactment of this Act.

SEC. 403. EXPANSION OF DOT AIRLINE CONSUMER COMPLAINT INVESTIGATIONS.

(a) IN GENERAL.—Subject to the availability of appropriations, the Secretary of Transportation shall investigate consumer complaints regarding—

- (1) flight cancellations;
- (2) compliance with Federal regulations concerning overbooking seats flights;
- (3) lost, damaged, or delayed baggage, and difficulties with related airline claims procedures;
- (4) problems in obtaining refunds for unused or lost tickets or fare adjustments;

(5) incorrect or incomplete information about fares, discount fare conditions and availability, overcharges, and fare increases;

(6) the rights of passengers who hold frequent flier miles, or equivalent redeemable awards earned through customer-loyalty programs; and

(7) deceptive or misleading advertising.

(b) BUDGET NEEDS REPORT.—The Secretary shall provide, as an annex to its annual budget request, an estimate of resources which would have been sufficient to investigate all such claims the Department of Transportation received in the previous fiscal year. The annex shall be transmitted to the Congress when the President submits the budget of the United States to the Congress under section 1105 of title 31, United States Code.

SEC. 404. ESTABLISHMENT OF ADVISORY COMMITTEE FOR AVIATION CONSUMER PROTECTION.

(a) IN GENERAL.—The Secretary of Transportation shall establish an advisory committee for aviation consumer protection to advise the Secretary in carrying out airline customer service improvements, including those required by subchapter IV of chapter 417 of title 49, United States Code.

(b) MEMBERSHIP.—The Secretary shall appoint members of the advisory committee comprised of one representative each of—

- (1) air carriers;
- (2) airport operators;
- (3) State or local governments who has expertise in consumer protection matters; and
- (4) a nonprofit public interest group who has expertise in consumer protection matters.

(c) VACANCIES.—A vacancy in the advisory committee shall be filled in the manner in which the original appointment was made.

(d) TRAVEL EXPENSES.—Members of the advisory committee shall serve without pay but shall receive travel expenses, including per diem in lieu of subsistence, in accordance with subchapter I of chapter 57 of title 5, United States Code.

(e) CHAIRPERSON.—The Secretary shall designate, from among the individuals appointed under subsection (b), an individual to serve as chairperson of the advisory committee.

(f) DUTIES.—The duties of the advisory committee shall include—

- (1) evaluating existing aviation consumer protection programs and providing recommendations for the improvement of such programs, if needed; and
- (2) providing recommendations to establish additional aviation consumer protection programs, if needed.

(g) REPORT.—Not later than February 1 of each of the first 2 calendar years beginning after the date of enactment of this Act, the Secretary shall transmit to Congress a report containing—

- (1) the recommendations made by the advisory committee during the preceding calendar year; and
- (2) an explanation of how the Secretary has implemented each recommendation and, for each recommendation not implemented, the Secretary's reason for not implementing the recommendation.

SEC. 405. DISCLOSURE OF PASSENGER FEES.

(a) IN GENERAL.—Within 180 days after the date of enactment of this Act, the Secretary of Transportation shall complete a rule-making that requires each air carrier operating in the United States under part 121 of title 49, Code of Federal Regulations, to make available to the public and to the Secretary a list of all passenger fees and charges

(other than airfare) that may be imposed by the air carrier, including fees for—

- (1) checked baggage or oversized or heavy baggage;
- (2) meals, beverages, or other refreshments;
- (3) seats in exit rows, seats with additional space, or other preferred seats in any given class of travel;
- (4) purchasing tickets from an airline ticket agent or a travel agency; or
- (5) any other good, service, or amenity provided by the air carrier, as required by the Secretary.

(b) PUBLICATION; UPDATES.—In order to ensure that the fee information required by subsection (a) is both current and widely available to the travelling public, the Secretary—

- (1) may require an air carrier to make such information on any public website maintained by an air carrier, to make such information available to travel agencies, and to notify passengers of the availability of such information when advertising airfares; and
- (2) shall require air carriers to update the information as necessary, but no less frequently than every 90 days unless there has been no increase in the amount or type of fees shown in the most recent publication.

SEC. 406. DISCLOSURE OF AIR CARRIERS OPERATING FLIGHTS FOR TICKETS SOLD FOR AIR TRANSPORTATION.

Section 41712 is amended by adding at the end the following:

“(c) DISCLOSURE REQUIREMENT FOR SELLERS OF TICKETS FOR FLIGHTS.—

“(1) IN GENERAL.—It shall be an unfair or deceptive practice under subsection (a) for any ticket agent, air carrier, foreign air carrier, or other person offering to sell tickets for air transportation on a flight of an air carrier to not disclose, whether verbally in oral communication or in writing in written or electronic communication, prior to the purchase of a ticket—

“(A) the name (including any business or corporate name) of the air carrier providing the air transportation; and

“(B) if the flight has more than one flight segment, the name of each air carrier providing the air transportation for each such flight segment.

“(2) INTERNET OFFERS.—In the case of an offer to sell tickets described in paragraph (1) on an Internet Web site, disclosure of the information required by paragraph (1) shall be provided on the first display of the Web site following a search of a requested itinerary in a format that is easily visible to a viewer.”.

SUBTITLE B—ESSENTIAL AIR SERVICE; SMALL COMMUNITIES

SEC. 411. EAS CONNECTIVITY PROGRAM.

Section 406(a) of the Vision 100—Century of Aviation Reauthorization Act (49 U.S.C. 40101 note) is amended by striking “may” and inserting “shall”.

SEC. 412. EXTENSION OF FINAL ORDER ESTABLISHING MILEAGE ADJUSTMENT ELIGIBILITY.

Section 409(d) of the Vision 100—Century of Aviation Reauthorization Act (49 U.S.C. 40101 note) is amended by striking “September 30, 2007.” and inserting “September 30, 2011.”.

SEC. 413. EAS CONTRACT GUIDELINES.

Section 41737(a)(1) is amended—

- (1) by striking “and” after the semicolon in subparagraph (B);
- (2) by striking “provided.” in subparagraph (C) and inserting “provided;”;
- (3) by adding at the end the following:

“(D) include provisions under which the Secretary may encourage carriers to improve air service to small and rural communities by incorporating financial incentives in essential air service contracts based on specified performance goals; and

“(E) include provisions under which the Secretary may execute long-term essential air service contracts to encourage carriers to provide air service to small and rural communities where it would be in the public interest to do so.”.

SEC. 414. CONVERSION OF FORMER EAS AIRPORTS.

(a) IN GENERAL.—Section 41745 is amended—

(1) by redesignating subsections (c) through (g) as subsections (d) through (h), respectively; and

(2) by inserting after subsection (b) the following:

“(c) CONVERSION OF LOST ELIGIBILITY AIRPORTS.—

“(1) IN GENERAL.—The Secretary shall establish a program to provide general aviation conversion funding for airports serving eligible places that the Secretary has determined no longer qualify for a subsidy.

“(2) GRANTS.—A grant under this subsection—

“(A) may not exceed twice the compensation paid to provide essential air service to the airport in the fiscal year preceding the fiscal year in which the Secretary determines that the place served by the airport is no longer an eligible place; and

“(B) may be used—

“(i) for airport development (as defined in section 47102(3)) that will enhance general aviation capacity at the airport;

“(ii) to defray operating expenses, if such use is approved by the Secretary; or

“(iii) to develop innovative air service options, such as on-demand or air taxi operations, if such use is approved by the Secretary.

“(3) AIP REQUIREMENTS.—An airport sponsor that uses funds provided under this subsection for an airport development project shall comply with the requirements of subchapter I of chapter 471 applicable to airport development projects funded under that subchapter with respect to the project funded under this subsection.

“(4) LIMITATION.—The sponsor of an airport receiving funding under this subsection is not eligible for funding under section 41736.”.

(b) CONFORMING AMENDMENT.—Section 41745(f), as redesignated, is amended—

(1) by striking “An eligible place” and inserting “Neither an eligible place, nor a place to which subsection (c) applies,”; and

(2) by striking “not”.

SEC. 415. EAS REFORM.

Section 41742(a) is amended—

(1) by adding at the end of paragraph (1) “Any amount in excess of \$50,000,000 credited for any fiscal year to the account established under section 45303(c) shall be obligated for programs under section 406 of the Vision 100—Century of Aviation Reauthorization Act (49 U.S.C. 40101 note) and section 41745 of this title. Amounts appropriated pursuant to this section shall remain available until expended.”; and

(2) by striking “\$77,000,000” in paragraph (2) and inserting “\$150,000,000”.

SEC. 416. SMALL COMMUNITY AIR SERVICE.

(a) PRIORITIES.—Section 41743(c)(5) is amended—

(1) by striking “and” after the semicolon in subparagraph (D);

(2) by striking “fashion.” in subparagraph (E) and inserting “fashion; and”; and

(3) by adding at the end the following:

“(F) multiple communities cooperate to submit a region or multistate application to improve air service.”.

(b) EXTENSION OF AUTHORIZATION.—Section 41743(e)(2) is amended—

(1) by striking “is appropriated” and inserting “are appropriated”; and

(2) by striking “2009” and inserting “2011”.

SEC. 417. EAS MARKETING.

The Secretary of Transportation shall require all applications to provide service under subchapter II of chapter 417 of title 49, United States Code, include a marketing plan.

SEC. 418. RURAL AVIATION IMPROVEMENT.

(a) COMMUNITIES ABOVE PER PASSENGER SUBSIDY CAP.—

(1) IN GENERAL.—Subchapter II of chapter 417 is amended by adding at the end the following:

“§41749. Essential air service for eligible places above per passenger subsidy cap

“(a) PROPOSALS.—A State or local government may submit a proposal to the Secretary of Transportation for compensation for an air carrier to provide air transportation to a place described in subsection (b).

“(b) PLACE DESCRIBED.—A place described in this subsection is a place—

“(1) that is otherwise an eligible place; and

“(2) for which the per passenger subsidy exceeds the dollar amount allowable under this subchapter.

“(c) DECISIONS.—Not later than 90 days after receiving a proposal under subsection (a) for compensation for an air carrier to provide air transportation to a place described in subsection (b), the Secretary shall—

“(1) decide whether to provide compensation for the air carrier to provide air transportation to the place; and

“(2) approve the proposal if the State or local government or a person is willing and able to pay the difference between—

“(A) the per passenger subsidy; and

“(B) the dollar amount allowable for such subsidy under this subchapter.

“(d) COMPENSATION PAYMENTS.—

“(1) IN GENERAL.—The Secretary shall pay compensation under this section at such time and in such manner as the Secretary determines is appropriate.

“(2) DURATION OF PAYMENTS.—The Secretary shall continue to pay compensation under this section only as long as—

“(A) the State or local government or person agreeing to pay compensation under subsection (c)(2) continues to pay such compensation; and

“(B) the Secretary decides the compensation is necessary to maintain air transportation to the place.

“(e) REVIEW.—

“(1) IN GENERAL.—The Secretary shall periodically review the type and level of air service provided under this section.

“(2) CONSULTATION.—The Secretary may make appropriate adjustments in the type and level of air service to a place under this section based on the review under paragraph (1) and consultation with the affected community and the State or local government or person agreeing to pay compensation under subsection (c)(2).

“(f) ENDING, SUSPENDING, AND REDUCING AIR TRANSPORTATION.—An air carrier providing air transportation to a place under this section may end, suspend, or reduce such air transportation if, not later than 30 days before ending, suspending, or reducing such air transportation, the air carrier pro-

vides notice of the intent of the air carrier to end, suspend, or reduce such air transportation to—

“(1) the Secretary;

“(2) the affected community; and

“(3) the State or local government or person agreeing to pay compensation under subsection (c)(2).”.

(2) CLERICAL AMENDMENT.—The table of contents for chapter 417 is amended by adding after the item relating to section 41748 the following new item:

“41749. Essential air service for eligible places above per passenger subsidy cap”.

(b) PREFERRED ESSENTIAL AIR SERVICE.—

(1) IN GENERAL.—Subchapter II of chapter 417, as amended by subsection (a), is further amended by adding after section 41749 the following:

“§41750. Preferred essential air service

“(a) PROPOSALS.—A State or local government may submit a proposal to the Secretary of Transportation for compensation for a preferred air carrier described in subsection (b) to provide air transportation to an eligible place.

“(b) PREFERRED AIR CARRIER DESCRIBED.—A preferred air carrier described in this subsection is an air carrier that—

“(1) submits an application under section 41733(c) to provide air transportation to an eligible place;

“(2) is not the air carrier that submits the lowest cost bid to provide air transportation to the eligible place; and

“(3) is an air carrier that the affected community prefers to provide air transportation to the eligible place instead of the air carrier that submits the lowest cost bid.

“(c) DECISIONS.—Not later than 90 days after receiving a proposal under subsection (a) for compensation for a preferred air carrier described in subsection (b) to provide air transportation to an eligible place, the Secretary shall—

“(1) decide whether to provide compensation for the preferred air carrier to provide air transportation to the eligible place; and

“(2) approve the proposal if the State or local government or a person is willing and able to pay the difference between—

“(A) the rate of compensation the Secretary would provide to the air carrier that submits the lowest cost bid to provide air transportation to the eligible place; and

“(B) the rate of compensation the preferred air carrier estimates to be necessary to provide air transportation to the eligible place.

“(d) COMPENSATION PAYMENTS.—

“(1) IN GENERAL.—The Secretary shall pay compensation under this section at such time and in such manner as the Secretary determines is appropriate.

“(2) DURATION OF PAYMENTS.—The Secretary shall continue to pay compensation under this section only as long as—

“(A) the State or local government or person agreeing to pay compensation under subsection (c)(2) continues to pay such compensation; and

“(B) the Secretary decides the compensation is necessary to maintain air transportation to the eligible place.

“(e) REVIEW.—

“(1) IN GENERAL.—The Secretary shall periodically review the type and level of air service provided under this section.

“(2) CONSULTATION.—The Secretary may make appropriate adjustments in the type and level of air service to an eligible place under this section based on the review under paragraph (1) and consultation with the affected community and the State or local

government or person agreeing to pay compensation under subsection (c)(2).

“(f) ENDING, SUSPENDING, AND REDUCING AIR TRANSPORTATION.—A preferred air carrier providing air transportation to an eligible place under this section may end, suspend, or reduce such air transportation if, not later than 30 days before ending, suspending, or reducing such air transportation, the preferred air carrier provides notice of the intent of the preferred air carrier to end, suspend, or reduce such air transportation to—

“(1) the Secretary;
“(2) the affected community; and
“(3) the State or local government or person agreeing to pay compensation under subsection (c)(2).”.

(2) CLERICAL AMENDMENT.—The table of contents for chapter 417, as amended by subsection (a), is further amended by adding after the item relating to section 41749 the following new item:

“41750. Preferred essential air service”.

(c) RESTORATION OF ELIGIBILITY TO A PLACE DETERMINED BY THE SECRETARY TO BE INELIGIBLE FOR SUBSIDIZED ESSENTIAL AIR SERVICE.—Section 41733 is amended by adding at the end the following:

“(f) RESTORATION OF ELIGIBILITY FOR SUBSIDIZED ESSENTIAL AIR SERVICE.—

“(1) IN GENERAL.—If the Secretary of Transportation terminates the eligibility of an otherwise eligible place to receive basic essential air service by an air carrier for compensation under subsection (c), a State or local government may submit to the Secretary a proposal for restoring such eligibility.

“(2) DETERMINATION BY SECRETARY.—If the per passenger subsidy required by the proposal submitted by a State or local government under paragraph (1) does not exceed the per passenger subsidy cap provided under this subchapter, the Secretary shall issue an order restoring the eligibility of the otherwise eligible place to receive basic essential air service by an air carrier for compensation under subsection (c).”.

(d) OFFICE OF RURAL AVIATION.—

(1) ESTABLISHMENT.—There is established within the Office of the Secretary of Transportation the Office of Rural Aviation.

(e) FUNCTIONS.—The functions of the Office are—

(1) to develop a uniform 4-year contract for air carriers providing essential air service to communities under subchapter II of chapter 417 of title 49, United States Code;

(2) to develop a mechanism for comparing applications submitted by air carriers under section 41733(c) to provide essential air service to communities, including comparing—

(A) estimates from air carriers on—

(i) the cost of providing essential air service; and

(ii) the revenues air carriers expect to receive when providing essential air service; and

(B) estimated schedules for air transportation; and

(3) to select an air carrier from among air carriers applying to provide essential air service, based on the criteria described in paragraph (2).

(f) EXTENSION OF AUTHORITY TO MAKE AGREEMENTS UNDER THE ESSENTIAL AIR SERVICE PROGRAM.—Section 41743(e)(2) is amended by striking “2009” and inserting “2011”.

(g) ADJUSTMENTS TO COMPENSATION FOR SIGNIFICANTLY INCREASED COSTS.—Section 41737 is amended by adding at the end thereof the following:

“(f) FUEL COST SUBSIDY DISREGARD.—Any amount provided as an adjustment in compensation pursuant to subsection (a)(1)(D) shall be disregarded for the purpose of determining whether the amount of compensation provided under this subchapter with respect to an eligible place exceeds the per passenger subsidy exceeds the dollar amount allowable under this subchapter.”.

SUBTITLE C—MISCELLANEOUS

SEC. 431. CLARIFICATION OF AIR CARRIER FEE DISPUTES.

(a) IN GENERAL.—Section 47129 is amended—

(1) by striking the section heading and inserting the following:

“§ 47129. Resolution of airport-air carrier and foreign air carrier disputes concerning airport fees”;

(2) by inserting “AND FOREIGN AIR CARRIER” after “CARRIER” in the heading for subsection (d);

(3) by inserting “AND FOREIGN AIR CARRIER” after “CARRIER” in the heading for subsection (d)(2);

(4) by striking “air carrier” each place it appears and inserting “air carrier or foreign air carrier”;

(5) by striking “air carrier’s” each place it appears and inserting “air carrier’s or foreign air carrier’s”;

(6) by striking “air carriers” and inserting “air carriers or foreign air carriers”; and

(7) by striking “(as defined in section 40102 of this title)” in subsection (a) and inserting “(as those terms are defined in section 40102 of this title)”.

(b) CONFORMING AMENDMENT.—The table of contents for chapter 471 is amended by striking the item relating to section 47129 and inserting the following:

“47129. Resolution of airport-air carrier and foreign air carrier disputes concerning airport fees”.

SEC. 432. CONTRACT TOWER PROGRAM.

(a) COST-BENEFIT REQUIREMENT.—Section 47124(b)(1) is amended—

(1) by inserting “(A)” after “(1)”; and

(2) by adding at the end the following:

“(B) If the Secretary determines that a tower already operating under this program has a benefit to cost ratio of less than 1.0, the airport sponsor or State or local government having jurisdiction over the airport shall not be required to pay the portion of the costs that exceeds the benefit for a period of 18 months after such determination is made.

“(C) If the Secretary finds that all or part of an amount made available to carry out the program continued under this paragraph is not required during a fiscal year, the Secretary may use during such fiscal year the amount not so required to carry out the program established under paragraph (3) of this section.”.

(b) COSTS EXCEEDING BENEFITS.—Subparagraph (D) of section 47124(b)(3) is amended—

(1) by striking “benefit.” and inserting “benefit, with the maximum allowable local cost share for FAA Part 139 certified airports capped at 20 percent for those airports with fewer than 50,000 annual passenger enplanements.”.

(c) FUNDING.—Subparagraph (E) of section 47124(b)(3) is amended—

(1) by striking “and” after “2006.”; and

(2) by striking “2007” and inserting “2007, \$9,500,000 for fiscal year 2010, and \$10,000,000 for fiscal year 2011” after “2007.”; and

(3) by inserting after “paragraph.” the following: “If the Secretary finds that all or part of an amount made available under this

subparagraph is not required during a fiscal year to carry out this paragraph, the Secretary may use during such fiscal year the amount not so required to carry out the program continued under subsection (b)(1) of this section.”.

(d) FEDERAL SHARE.—Subparagraph (C) of section 47124(b)(4) is amended by striking “\$1,500,000.” and inserting “\$2,000,000.”.

(e) SAFETY AUDITS.—Section 41724 is amended by adding at the end the following:

“(c) SAFETY AUDITS.—The Secretary shall establish uniform standards and requirements for safety assessments of air traffic control towers that receive funding under this section in accordance with the Administration’s safety management system.”.

SEC. 433. AIRFARES FOR MEMBERS OF THE ARMED FORCES.

(a) FINDINGS.—The Congress finds that—

(1) the Armed Forces is comprised of approximately 1,450,000 members who are stationed on active duty at more than 6,000 military bases in 146 different countries;

(2) the United States is indebted to the members of the Armed Forces, many of whom are in grave danger due to their engagement in, or exposure to, combat;

(3) military service, especially in the current war against terrorism, often requires members of the Armed Forces to be separated from their families on short notice, for long periods of time, and under very stressful conditions;

(4) the unique demands of military service often preclude members of the Armed Forces from purchasing discounted advance airline tickets in order to visit their loved ones at home; and

(5) it is the patriotic duty of the people of the United States to support the members of the Armed Forces who are defending the Nation’s interests around the world at great personal sacrifice.

(b) SENSE OF CONGRESS.—It is the sense of Congress that each United States air carrier should—

(1) establish for all members of the Armed Forces on active duty reduced air fares that are comparable to the lowest airfare for ticketed flights; and

(2) offer flexible terms that allow members of the Armed Forces on active duty to purchase, modify, or cancel tickets without time restrictions, fees (including baggage fees), ancillary costs, or penalties.

TITLE V—SAFETY

SUBTITLE A—AVIATION SAFETY

SEC. 501. RUNWAY SAFETY EQUIPMENT PLAN.

Not later than December 31, 2009, the Administrator of the Federal Aviation Administration shall issue a plan to develop an installation and deployment schedule for systems the Administration is installing to alert controllers and flight crews to potential runway incursions. The plan shall be integrated into the annual Federal Aviation Administration NextGen Implementation Plan.

SEC. 502. JUDICIAL REVIEW OF DENIAL OF AIRMAN CERTIFICATES.

(a) JUDICIAL REVIEW OF NTSB DECISIONS.—Section 44703(d) is amended by adding at the end the following:

“(3) JUDICIAL REVIEW.—A person substantially affected by an order of the Board under this subsection, or the Administrator when the Administrator decides that an order of the Board will have a significant adverse impact on carrying out this part, may obtain judicial review of the order under section 46110 of this title. The Administrator shall be made a party to the judicial review

proceedings. The findings of fact of the Board in any such case are conclusive if supported by substantial evidence.”

(b) **CONFORMING AMENDMENT.**—Section 1153(c) is amended by striking “section 44709 or” and inserting “section 44703(d), 44709, or”.

SEC. 503. RELEASE OF DATA RELATING TO ABANDONED TYPE CERTIFICATES AND SUPPLEMENTAL TYPE CERTIFICATES.

Section 44704(a) is amended by adding at the end the following:

“(5) **RELEASE OF DATA.**—

“(A) Notwithstanding any other provision of law, the Administrator may designate, without the consent of the owner of record, engineering data in the agency’s possession related to a type certificate or a supplemental type certificate for an aircraft, engine, propeller or appliance as public data, and therefore releasable, upon request, to a person seeking to maintain the airworthiness of such product, if the Administrator determines that—

“(i) the certificate containing the requested data has been inactive for 3 years;

“(ii) the owner of record, or the owner of record’s heir, of the type certificate or supplemental certificate has not been located despite a search of due diligence by the agency; and

“(iii) the designation of such data as public data will enhance aviation safety.

“(B) In this section, the term ‘engineering data’ means type design drawings and specifications for the entire product or change to the product, including the original design data, and any associated supplier data for individual parts or components approved as part of the particular aeronautical product certificate.”

SEC. 504. DESIGN ORGANIZATION CERTIFICATES.

Section 44704(e) is amended—

(1) by striking “Beginning 7 years after the date of enactment of this subsection,” in paragraph (1) and inserting “Effective January 1, 2013,”;

(2) by striking “testing” in paragraph (2) and inserting “production”; and

(3) by striking paragraph (3) and inserting the following:

“(3) **ISSUANCE OF CERTIFICATE BASED ON DESIGN ORGANIZATION CERTIFICATION.**—The Administrator may rely on the Design Organization for certification of compliance under this section.”

SEC. 505. FAA ACCESS TO CRIMINAL HISTORY RECORDS OR DATABASE SYSTEMS.

(a) **IN GENERAL.**—Chapter 401 is amended by adding at the end thereof the following:

“**§ 40130. FAA access to criminal history records or databases systems**

“(a) **ACCESS TO RECORDS OR DATABASES SYSTEMS.**—

“(1) Notwithstanding section 534 of title 28 and the implementing regulations for such section (28 C.F.R. part 20), the Administrator of the Federal Aviation Administration is authorized to access a system of documented criminal justice information maintained by the Department of Justice or by a State but may do so only for the purpose of carrying out its civil and administrative responsibilities to protect the safety and security of the National Airspace System or to support the missions of the Department of Justice, the Department of Homeland Security, and other law enforcement agencies. The Administrator shall be subject to the same conditions or procedures established by the Department of Justice or State for access to such an information system by other governmental agencies with access to the system.

“(2) The Administrator may not use the access authorized under paragraph (1) to conduct criminal investigations.

“(b) **DESIGNATED EMPLOYEES.**—The Administrator shall, by order, designate those employees of the Administration who shall carry out the authority described in subsection (a). Such designated employees may—

“(1) have access to and receive criminal history, driver, vehicle, and other law enforcement information contained in the law enforcement databases of the Department of Justice, or of any jurisdiction in a State in the same manner as a police officer employed by a State or local authority of that State who is certified or commissioned under the laws of that State;

“(2) use any radio, data link, or warning system of the Federal Government and of any jurisdiction in a State that provides information about wanted persons, be-on-the-lookout notices, or warrant status or other officer safety information to which a police officer employed by a State or local authority in that State who is certified or commissioned under the laws of that State has access and in the same manner as such police officer; or

“(3) receive Federal, State, or local government communications with a police officer employed by a State or local authority in that State in the same manner as a police officer employed by a State or local authority in that State who is commissioned under the laws of that State.

“(c) **SYSTEM OF DOCUMENTED CRIMINAL JUSTICE INFORMATION DEFINED.**—In this section the term ‘system of documented criminal justice information’ means any law enforcement databases, systems, or communications containing information concerning identification, criminal history, arrests, convictions, arrest warrants, or wanted or missing persons, including the National Crime Information Center and its incorporated criminal history databases and the National Law Enforcement Telecommunications System.”

(b) **CONFORMING AMENDMENT.**—The table of contents for chapter 401 is amended by inserting after the item relating to section 40129 the following:

“40130. FAA access to criminal history records or databases systems”.

SEC. 506. PILOT FATIGUE.

(a) **FLIGHT AND DUTY TIME REGULATIONS.**—

(1) **IN GENERAL.**—In accordance with paragraph (2), the Administrator of the Federal Aviation Administration shall issue regulations, based on the best available scientific information—

(A) to specify limitations on the hours of flight and duty time allowed for pilots to address problems relating to pilot fatigue; and

(B) to require part 121 air carriers to develop and implement fatigue risk management plans.

(2) **DEADLINES.**—The Administrator shall issue—

(A) not later than 180 days after the date of enactment of this Act, a notice of proposed rulemaking under paragraph (1); and

(B) not later than one year after the date of enactment of this Act, a final rule under paragraph (1).

(b) **FATIGUE RISK MANAGEMENT PLAN.**—

(1) **SUBMISSION OF FATIGUE RISK MANAGEMENT PLAN BY PART 121 AIR CARRIERS.**—Not later than 90 days after the date of enactment of this Act, each part 121 air carrier shall submit to the Administrator for review and approval a fatigue risk management plan.

(2) **CONTENTS OF PLAN.**—A fatigue risk management plan submitted by a part 121 air

carrier under paragraph (1) shall include the following:

(A) Current flight time and duty period limitations.

(B) A rest scheme that enables the management of fatigue, including annual training to increase awareness of—

(i) fatigue;

(ii) the effects of fatigue on pilots; and

(iii) fatigue countermeasures.

(C) Development and use of a methodology that continually assesses the effectiveness of the program, including the ability of the program—

(i) to improve alertness; and

(ii) to mitigate performance errors.

(3) **PLAN UPDATES.**—A part 121 air carrier shall update its fatigue risk management plan under paragraph (1) every 2 years and submit the update to the Administrator for review and approval.

(4) **APPROVAL.**—

(A) **INITIAL APPROVAL OR MODIFICATION.**—Not later than 9 months after the date of enactment of this Act, the Administrator shall review and approve or require modification to fatigue risk management plans submitted under this subsection to ensure that pilots are not operating aircraft while fatigued.

(B) **UPDATE APPROVAL OR MODIFICATION.**—Not later than 9 months after submission of a plan update under paragraph (3), the Administrator shall review and approve or require modification to such update.

(5) **CIVIL PENALTIES.**—A violation of this subsection by a part 121 air carrier shall be treated as a violation of chapter 447 of title 49, United States Code, for purposes of the application of civil penalties under chapter 463 of that title.

(6) **LIMITATION ON APPLICABILITY.**—The requirements of this subsection shall cease to apply to a part 121 air carrier on and after the effective date of the regulations to be issued under subsection (a).

(c) **EFFECT OF COMMUTING ON FATIGUE.**—

(1) **IN GENERAL.**—Not later than 60 days after the date of enactment of this Act, the Administrator shall enter into appropriate arrangements with the National Academy of Sciences to conduct a study of the effects of commuting on pilot fatigue and report its findings to the Administrator.

(2) **STUDY.**—In conducting the study, the National Academy of Sciences shall consider—

(A) the prevalence of pilot commuting in the commercial air carrier industry, including the number and percentage of pilots who commute;

(B) information relating to commuting by pilots, including distances traveled, time zones crossed, time spent, and methods used;

(C) research on the impact of commuting on pilot fatigue, sleep, and circadian rhythms;

(D) commuting policies of commercial air carriers (including passenger and all-cargo air carriers), including pilot check-in requirements and sick leave and fatigue policies;

(E) post-conference materials from the Federal Aviation Administration’s June 2008 symposium entitled “Aviation Fatigue Management Symposium: Partnerships for Solutions”;

(F) Federal Aviation Administration and international policies and guidance regarding commuting; and

(G) any other matters as the Administrator considers appropriate.

(3) **PRELIMINARY FINDINGS.**—Not later than 90 days after the date of entering into arrangements under paragraph (1), the National Academy of Sciences shall submit to

the Administrator its preliminary findings under the study.

(4) **REPORT.**—Not later than 6 months after the date of entering into arrangements under paragraph (1), the National Academy of Sciences shall submit a report to the Administrator containing its findings under the study and any recommendations for regulatory or administrative actions by the Federal Aviation Administration concerning commuting by pilots.

(5) **RULEMAKING.**—Following receipt of the report of the National Academy of Sciences under paragraph (4), the Administrator shall—

(A) consider the findings and recommendations in the report; and

(B) update, as appropriate based on scientific data, regulations required by subsection (a) on flight and duty time.

SEC. 507. INCREASING SAFETY FOR HELICOPTER AND FIXED WING EMERGENCY MEDICAL SERVICE OPERATORS AND PATIENTS.

(a) **COMPLIANCE REGULATIONS.**—

(1) **IN GENERAL.**—Except as provided in paragraph (2), not later than 18 months after the date of enactment of this Act, helicopter and fixed wing aircraft certificate holders providing emergency medical services shall comply with part 135 of title 14, Code of Federal Regulations, if there is a medical crew on board, without regard to whether there are patients on board.

(2) **EXCEPTION.**—If a certificate holder described in paragraph (1) is operating under instrument flight rules or is carrying out training therefor—

(A) the weather minimums and duty and rest time regulations under such part 135 of such title shall apply; and

(B) the weather reporting requirement at the destination shall not apply until such time as the Administrator of the Federal Aviation Administration determines that portable, reliable, and accurate ground-based weather measuring and reporting systems are available.

(b) **IMPLEMENTATION OF FLIGHT RISK EVALUATION PROGRAM.**—

(1) **INITIATION.**—Not later than 60 days after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall initiate a rulemaking—

(A) to create a standardized checklist of risk evaluation factors based on Notice 8000.301, which was issued by the Administration on August 1, 2005; and

(B) to require helicopter and fixed wing aircraft emergency medical service operators to use the checklist created under subparagraph (A) to determine whether a mission should be accepted.

(2) **COMPLETION.**—The rulemaking initiated under paragraph (1) shall be completed not later than 18 months after it is initiated.

(c) **COMPREHENSIVE CONSISTENT FLIGHT DISPATCH PROCEDURES.**—

(1) **INITIATION.**—Not later than 60 days after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall initiate a rulemaking—

(A) to require that helicopter and fixed wing emergency medical service operators formalize and implement performance based flight dispatch and flight-following procedures; and

(B) to develop a method to assess and ensure that such operators comply with the requirements described in subparagraph (A).

(2) **COMPLETION.**—The rulemaking initiated under paragraph (1) shall be completed not later than 18 months after it is initiated.

(d) **IMPROVING SITUATIONAL AWARENESS.**—Within 1 year after the date of enactment of

this Act, any helicopter or fixed-wing aircraft used for emergency medical service shall have on board a device that performs the function of a terrain awareness and warning system and a means of displaying that information that meets the requirements of the applicable Federal Aviation Administration Technical Standard Order or other guidance prescribed by the Administrator.

(e) **IMPROVING THE DATA AVAILABLE ON AIR MEDICAL OPERATIONS.**—

(1) **IN GENERAL.**—The Administrator of the Federal Aviation Administration shall require each certificate holder for helicopters and fixed-wing aircraft used for emergency medical service operations to report not later than 1 year after the date of enactment of this Act and annually thereafter on—

(A) the number of aircraft and helicopters used to provide air ambulance services, the registration number of each of these aircraft or helicopters, and the base location of each of these aircraft or helicopters;

(B) the number of flights and hours flown by each such aircraft or helicopter used by the certificate holder to provide such services during the reporting period;

(C) the number of flights and the purpose of each flight for each aircraft or helicopter used by the certificate holder to provide such services during the reporting period;

(D) the number of flight requests for a helicopter providing helicopter air ambulance services that were accepted or declined by the certificate holder and the type of each such flight request (such as scene response, inter-facility transport, organ transport, or ferry or repositioning flight);

(E) the number of accidents involving helicopters operated by the certificate holder while providing helicopter air ambulance services and a description of the accidents;

(F) the number of flights and hours flown under instrument flight rules by helicopters operated by the certificate holder while providing helicopter air ambulance services;

(G) the time of day of each flight flown by helicopters operated by the certificate holder while providing helicopter air ambulance services; and

(H) The number of incidents where more helicopters arrive to transport patients than is needed in a flight request or scene response.

(2) **REPORT TO CONGRESS.**—The Administrator of the Federal Aviation Administration shall report to Congress on the information received pursuant to paragraph (1) of this subsection no later than 18 months after the date of enactment of this Act.

(f) **IMPROVING THE DATA AVAILABLE TO NTSB INVESTIGATORS AT CRASH SITES.**—

(1) **STUDY.**—Not later than 120 days after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall issue a report that indicates the availability, survivability, size, weight, and cost of devices that perform the function of recording voice communications and flight data information on existing and new helicopters and existing and new fixed wing aircraft used for emergency medical service operations.

(2) **RULEMAKING.**—Not later than 1 year after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall issue regulations that require devices that perform the function of recording voice communications and flight data information on board aircraft described in paragraph (1).

SEC. 508. CABIN CREW COMMUNICATION.

(a) **IN GENERAL.**—Section 44728 is amended—

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e) the following:

“(f) **MINIMUM LANGUAGE SKILLS.**—

“(1) **IN GENERAL.**—No certificate holder may use any person to serve, nor may any person serve, as a flight attendant under this part, unless that person has demonstrated to an individual qualified to determine proficiency the ability to read, speak, and write English well enough to—

“(A) read material written in English and comprehend the information;

“(B) speak and understand English sufficiently to provide direction to, and understand and answer questions from, English-speaking individuals;

“(C) write incident reports and statements and log entries and statements; and

“(D) carry out written and oral instructions regarding the proper performance of their duties.

“(2) **FOREIGN FLIGHTS.**—The requirements of paragraph (1) do not apply to service as a flight attendant serving solely between points outside the United States.”.

(b) **ADMINISTRATION.**—The Administrator of the Federal Aviation Administration shall work with certificate holders to which section 44728(f) of title 49, United States Code, applies to facilitate compliance with the requirements of section 44728(f)(1) of that title.

SEC. 509. CLARIFICATION OF MEMORANDUM OF UNDERSTANDING WITH OSHA.

(a) **IN GENERAL.**—Within 6 months after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall—

(1) establish milestones, in consultation with the Occupational Safety and Health Administration, through a report to Congress for the completion of work begun under the August 2000 memorandum of understanding between the 2 Administrations and to address issues needing further action in the Administrations' joint report in December 2000; and

(2) initiate development of a policy statement to set forth the circumstances in which Occupational Safety and Health Administration requirements may be applied to crewmembers while working in the aircraft.

(b) **POLICY STATEMENT.**—The policy statement to be developed under subsection (a)(2) shall be completed within 18 months after the date of enactment of this Act and shall satisfy the following principles:

(1) The establishment of a coordinating body similar to the Aviation Safety and Health Joint Team established by the August 2000 memorandum of understanding that includes representatives designated by both Administrations—

(A) to examine the applicability of current and future Occupational Safety and Health Administration regulations;

(B) to recommend policies for facilitating the training of Federal Aviation Administration inspectors; and

(C) to make recommendations that will govern the inspection and enforcement of safety and health standards on board aircraft in operation and all work-related environments.

(2) Any standards adopted by the Federal Aviation Administration shall set forth clearly—

(A) the circumstances under which an employer is required to take action to address occupational safety and health hazards;

(B) the measures required of an employer under the standard; and

(C) the compliance obligations of an employer under the standard.

SEC. 510. ACCELERATION OF DEVELOPMENT AND IMPLEMENTATION OF REQUIRED NAVIGATION PERFORMANCE APPROACH PROCEDURES.

(a) IN GENERAL.—

(1) ANNUAL MINIMUM REQUIRED NAVIGATION PERFORMANCE PROCEDURES.—The Administrator shall set a target of achieving a minimum of 200 Required Navigation Performance procedures each fiscal year through fiscal year 2012, with 25 percent of that target number meeting the low visibility approach criteria consistent with the NextGen Implementation Plan.

(2) USE OF THIRD PARTIES.—The Administrator is authorized to provide third parties the ability to design, flight check, and implement Required Navigation Performance approach procedures.

(b) DOT INSPECTOR GENERAL REVIEW OF OPERATIONAL AND APPROACH PROCEDURES BY A THIRD PARTY.—

(1) REVIEW.—The Inspector General of the Department of Transportation shall conduct a review regarding the effectiveness of the oversight activities conducted by the Administration in connection with any agreement with or delegation of authority to a third party for the development of flight procedures, including public use procedures, for the National Airspace System.

(2) ASSESSMENTS.—The Inspector General shall include, at a minimum, in the review—

(A) an assessment of the extent to which the Administration is relying or intends to rely on a third party for the development of new procedures and a determination of whether the Administration has established sufficient mechanisms and staffing to provide safety oversight functions, which may include quality assurance processes, flight checks, integration of procedures into the National Aviation System, and operational assessments of procedures developed by third parties; and

(B) an assessment regarding whether the Administration has sufficient existing personnel and technical resources or mechanisms to develop such flight procedures in a safe and efficient manner to meet the demands of the National Airspace System without the use of third party resources.

(c) REPORT.—No later than 1 year after the date of enactment of this Act, the Inspector General shall submit to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure a report on the results of the review conducted under this section.

SEC. 511. IMPROVED SAFETY INFORMATION.

Not later than December 31, 2009, the Administrator of the Federal Aviation Administration shall issue a final rule in docket No. FAA-2008-0188, Re-registration and Renewal of Aircraft Registration. The final rule shall include—

(1) provision for the expiration of a certificate for an aircraft registered as of the date of enactment of this Act, with re-registration requirements for those aircraft that remain eligible for registration;

(2) provision for the periodic expiration of all certificates issued after the effective date of the rule with a registration renewal process; and

(3) other measures to promote the accuracy and efficient operation and value of the Administration's aircraft registry.

SEC. 512. VOLUNTARY DISCLOSURE REPORTING PROCESS IMPROVEMENTS.

(a) IN GENERAL.—Within 180 days after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall—

(1) take such action as may be necessary to ensure that the Voluntary Disclosure Reporting Process requires inspectors—

(A) to evaluate corrective action proposed by an air carrier with respect to a matter disclosed by that air carrier is sufficiently comprehensive in scope and application and applies to all affected aircraft operated by that air carrier before accepting the proposed voluntary disclosure;

(B) to verify that corrective action so identified by an air carrier is completed within the timeframe proposed; and

(C) to verify by inspection that the carrier's corrective action adequately corrects the problem that was disclosed; and

(2) establish a second level supervisory review of disclosures under the Voluntary Disclosure Reporting Process before any proposed disclosure is accepted and closed that will ensure that a matter disclosed by an air carrier—

(A) has not been previously identified by a Federal Aviation Administration inspector; and

(B) has not been previously disclosed by the carrier in the preceding 5 years.

(b) GAO STUDY.—

(1) IN GENERAL.—The Comptroller General shall conduct a study of the Voluntary Disclosure Reporting Program.

(2) REVIEW.—In conducting the study, the Comptroller General shall examine, at a minimum, whether—

(A) there is evidence that voluntary disclosure is resulting in regulated entities discovering and correcting violations to a greater extent than would otherwise occur if there was no program for immunity from enforcement action;

(B) the voluntary disclosure program makes the Federal Aviation Administration aware of violations that it would not have discovered if there was not a program, and if a violation is disclosed voluntarily, whether the Administration insists on stronger corrective actions than would have occurred if the regulated entity knew of a violation, but the Administration did not;

(C) the information the Administration gets under the program leads to fewer violations by other entities, either because the information leads other entities to look for similar violations or because the information leads Administration investigators to look for similar violations at other entities; and

(D) there is any evidence that voluntary disclosure has improved compliance with regulations, either for the entities making disclosures or for the industry generally.

(3) REPORT.—Not later than one year after the date of enactment of this Act, the Comptroller General shall submit a report to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure on the results of the study conducted under this subsection.

SEC. 513. PROCEDURAL IMPROVEMENTS FOR INSPECTIONS.

(a) IN GENERAL.—Section 44711 is amended by adding at the end the following:

“(d) POST-EMPLOYMENT RESTRICTIONS FOR FLIGHT STANDARDS INSPECTORS.—

“(1) PROHIBITION.—A person holding an operating certificate issued under title 14, Code of Federal Regulations, may not knowingly employ, or make a contractual arrangement which permits, an individual to act as an agent or representative of the certificate holder in any matter before the Federal Aviation Administration if the individual, in the preceding 3-year period—

“(A) served as, or was responsible for oversight of, a flight standards inspector of the Administration; and

“(B) had responsibility to inspect, or oversee inspection of, the operations of the certificate holder.

“(2) WRITTEN AND ORAL COMMUNICATIONS.—

For purposes of paragraph (1), an individual shall be considered to be acting as an agent or representative of a certificate holder in a matter before the Federal Aviation Administration if the individual makes any written or oral communication on behalf of the certificate holder to the Administration (or any of its officers or employees) in connection with a particular matter, whether or not involving a specific party and without regard to whether the individual has participated in, or had responsibility for, the particular matter while serving as a flight standards inspector of the Administration.”.

(b) APPLICABILITY.—The amendment made by subsection (a) shall not apply to an individual employed by a certificate holder as of the date of enactment of this Act.

SEC. 514. INDEPENDENT REVIEW OF SAFETY ISSUES.

Within 30 days after the date of enactment of this Act, the Comptroller General shall initiate a review and investigation of air safety issues identified by Federal Aviation Administration employees and reported to the Administrator. The Comptroller General shall report the Government Accountability Office's findings and recommendations to the Administrator, the Senate Committee on Commerce, Science, and Transportation, and the House of Representatives Committee on Transportation and Infrastructure on an annual basis.

SEC. 515. NATIONAL REVIEW TEAM.

(a) IN GENERAL.—Within 180 days after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall establish a national review team within the Administration to conduct periodic, unannounced, and random reviews of the Administration's oversight of air carriers and report annually its findings and recommendations to the Administrator, the Senate Commerce, Science, and Transportation Committee, and the House of Representatives Committee on Transportation and Infrastructure.

(b) LIMITATION.—The Administrator shall prohibit a member of the National Review Team from participating in any review or audit of an air carrier under subsection (a) if the member has previously had responsibility for inspecting, or overseeing the inspection of, the operations of that air carrier.

(c) INSPECTOR GENERAL REPORTS.—The Inspector General of the Department of Transportation shall provide progress reports to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure on the review teams and their effectiveness.

SEC. 516. FAA ACADEMY IMPROVEMENTS.

(a) REVIEW.—Within 1 year after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall conduct a comprehensive review and evaluation of its Academy and facility training efforts.

(b) FACILITY TRAINING PROGRAM.—The Administrator shall—

(1) clarify responsibility for oversight and direction of the Academy's facility training program at the national level;

(2) communicate information concerning that responsibility to facility managers; and

(3) establish standards to identify the number of developmental controllers that can be accommodated at each facility, based on—

- (A) the number of available on-the-job training instructors;
- (B) available classroom space;
- (C) the number of available simulators;
- (D) training requirements; and
- (E) the number of recently placed new personnel already in training.

SEC. 517. REDUCTION OF RUNWAY INCURSIONS AND OPERATIONAL ERRORS.

(a) **PLAN.**—The Administrator of the Federal Aviation Administration shall develop a plan for the reduction of runway incursions by reviewing every commercial service airport (as defined in section 47102 of title 49, United States Code) in the United States and initiating action to improve airport lighting, provide better signage, and improve runway and taxiway markings.

(b) **PROCESS.**—Within 1 year after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall develop a process for tracking and investigating operational errors and runway incursions that includes—

- (1) identifying the office responsible for establishing regulations regarding operational errors and runway incursions;
- (2) identifying who is responsible for tracking and investigating operational errors and runway incursions and taking remedial actions;
- (3) identifying who is responsible for tracking operational errors and runway incursions, including a process for lower level employees to report to higher supervisory levels; and
- (4) periodic random audits of the oversight process.

SEC. 518. AVIATION SAFETY WHISTLEBLOWER INVESTIGATION OFFICE.

Section 106 is amended by adding at the end the following:

“(s) **AVIATION SAFETY WHISTLEBLOWER INVESTIGATION OFFICE.**—

“(1) **ESTABLISHMENT.**—There is established in the Administration an Aviation Safety Whistleblower Investigation Office.

“(2) **DIRECTOR.**—

“(A) **APPOINTMENT.**—The head of the Office shall be the Director, who shall be appointed by the Secretary of Transportation.

“(B) **QUALIFICATIONS.**—The Director shall have a demonstrated ability in investigations and knowledge of or experience in aviation.

“(C) **TERM.**—The Director shall be appointed for a term of 5 years.

“(D) **VACANCY.**—Any individual appointed to fill a vacancy in the position of the Director occurring before the expiration of the term for which the individual's predecessor was appointed shall be appointed for the remainder of that term.

“(3) **COMPLAINTS AND INVESTIGATIONS.**—

“(A) **AUTHORITY OF DIRECTOR.**—The Director shall—

“(i) receive complaints and information submitted by employees of persons holding certificates issued under title 14, Code of Federal Regulations, and employees of the Administration concerning the possible existence of an activity relating to a violation of an order, regulation, or standard of the Administration or any other provision of Federal law relating to aviation safety;

“(ii) assess complaints and information submitted under clause (i) and determine whether a substantial likelihood exists that a violation of an order, regulation, or standard of the Administration or any other provision of Federal law relating to aviation safety may have occurred; and

“(iii) based on findings of the assessment conducted under clause (ii), make recommendations to the Administrator in writing for further investigation or corrective actions.

“(B) **DISCLOSURE OF IDENTITIES.**—The Director shall not disclose the identity of an individual who submits a complaint or information under subparagraph (A)(i) unless—

“(i) the individual consents to the disclosure in writing; or

“(ii) the Director determines, in the course of an investigation, that the disclosure is unavoidable.

“(C) **INDEPENDENCE OF DIRECTOR.**—The Secretary, the Administrator, or any officer or employee of the Administration may not prevent or prohibit the Director from initiating, carrying out, or completing any assessment of a complaint or information submitted subparagraph (A)(i) or from reporting to Congress on any such assessment.

“(D) **ACCESS TO INFORMATION.**—In conducting an assessment of a complaint or information submitted under subparagraph (A)(i), the Director shall have access to all records, reports, audits, reviews, documents, papers, recommendations, and other material necessary to determine whether a substantial likelihood exists that a violation of an order, regulation, or standard of the Administration or any other provision of Federal law relating to aviation safety may have occurred.

“(4) **RESPONSES TO RECOMMENDATIONS.**—The Administrator shall respond to a recommendation made by the Director under subparagraph (A)(iii) in writing and retain records related to any further investigations or corrective actions taken in response to the recommendation.

“(5) **INCIDENT REPORTS.**—If the Director determines there is a substantial likelihood that a violation of an order, regulation, or standard of the Administration or any other provision of Federal law relating to aviation safety may have occurred that requires immediate corrective action, the Director shall report the potential violation expeditiously to the Administrator and the Inspector General of the Department of Transportation.

“(6) **REPORTING OF CRIMINAL VIOLATIONS TO INSPECTOR GENERAL.**—If the Director has reasonable grounds to believe that there has been a violation of Federal criminal law, the Director shall report the violation expeditiously to the Inspector General.

“(7) **ANNUAL REPORTS TO CONGRESS.**—Not later than October 1 of each year, the Director shall submit to Congress a report containing—

“(A) information on the number of submissions of complaints and information received by the Director under paragraph (3)(A)(i) in the preceding 12-month period;

“(B) summaries of those submissions;

“(C) summaries of further investigations and corrective actions recommended in response to the submissions; and

“(D) summaries of the responses of the Administrator to such recommendations.”.

SEC. 519. MODIFICATION OF CUSTOMER SERVICE INITIATIVE.

(a) **MODIFICATION OF INITIATIVE.**—Not later than 90 days after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall modify the customer service initiative, mission and vision statements, and other statements of policy of the Administration—

- (1) to remove any reference to air carriers or other entities regulated by the Administration as “customers”;

(2) to clarify that in regulating safety the only customers of the Administration are members of the traveling public; and

(3) to clarify that air carriers and other entities regulated by the Administration do not have the right to select the employees of the Administration who will inspect their operations.

(b) **SAFETY PRIORITY.**—In carrying out the Administrator's responsibilities, the Administrator shall ensure that safety is given a higher priority than preventing the dissatisfaction of an air carrier or other entity regulated by the Administration with an employee of the Administration.

SEC. 520. HEADQUARTERS REVIEW OF AIR TRANSPORTATION OVERSIGHT SYSTEM DATABASE.

(a) **REVIEWS.**—The Administrator of the Federal Aviation Administration shall establish a process by which the air transportation oversight system database of the Administration is reviewed by a team of employees of the Agency on a monthly basis to ensure that—

(1) any trends in regulatory compliance are identified; and

(2) appropriate corrective actions are taken in accordance with Agency regulations, advisory directives, policies, and procedures.

(b) **MONTHLY TEAM REPORTS.**—

(1) **IN GENERAL.**—The team of employees conducting a monthly review of the air transportation oversight system database under subsection (a) shall submit to the Administrator, the Associate Administrator for Aviation Safety, and the Director of Flight Standards a report on the results of the review.

(2) **CONTENTS.**—A report submitted under paragraph (1) shall identify—

(A) any trends in regulatory compliance discovered by the team of employees in conducting the monthly review; and

(B) any corrective actions taken or proposed to be taken in response to the trends.

(c) **QUARTERLY REPORTS TO CONGRESS.**—The Administrator, on a quarterly basis, shall submit a report to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure on the results of reviews of the air transportation oversight system database conducted under this section, including copies of reports received under subsection (b).

SEC. 521. INSPECTION OF FOREIGN REPAIR STATIONS.

(a) **IN GENERAL.**—Chapter 447 is amended by adding at the end the following:

“§ 44730. Inspection of foreign repair stations

“(a) **IN GENERAL.**—Within 1 year after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act the Administrator of the Federal Aviation Administration shall establish and implement a safety assessment system for all part 145 repair stations based on the type, scope, and complexity of work being performed. The system shall—

“(1) ensure that repair stations outside the United States are subject to appropriate inspections based on identified risk and consistent with existing United States requirements;

“(2) consider inspection results and findings submitted by foreign civil aviation authorities operating under a maintenance safety or maintenance implementation agreement with the United States in meeting the requirements of the safety assessment system; and

“(3) require all maintenance safety or maintenance implementation agreements to

provide an opportunity for the Federal Aviation Administration to conduct independent inspections of covered part 145 repair stations when safety concerns warrant such inspections.

“(b) NOTICE TO CONGRESS OF NEGOTIATIONS.—The Administrator shall notify the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure within 30 days after initiating formal negotiations with foreign aviation authorities or other appropriate foreign government agencies on a new maintenance safety or maintenance implementation agreement.

“(c) ANNUAL REPORT.—The Administrator shall publish an annual report on the Federal Aviation Administration’s oversight of part 145 repair stations and implementation of the safety assessment system required by subsection (a). The report shall—

“(1) describe in detail any improvements in the Federal Aviation Administration’s ability to identify and track where part 121 air carrier repair work is performed;

“(2) include a staffing model to determine the best placement of inspectors and the number of inspectors needed;

“(3) describe the training provided to inspectors; and

“(4) include an assessment of the quality of monitoring and surveillance by the Federal Aviation Administration of work provided by its inspectors and the inspectors of foreign authorities operating under a maintenance safety or implementation agreement.

“(d) ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM REQUIREMENTS.—

“(1) IN GENERAL.—The Secretaries of State and Transportation jointly shall request the governments of foreign countries that are members of the International Civil Aviation Organization to establish international standards for alcohol and controlled substances testing of persons that perform safety sensitive maintenance functions upon commercial air carrier aircraft.

“(2) APPLICATION TO PART 121 AIRCRAFT WORK.—Within 1 year after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act the Administrator shall promulgate a proposed rule requiring that all part 145 repair station employees responsible for safety-sensitive functions on part 121 air carrier aircraft are subject to an alcohol and controlled substance testing program determined acceptable by the Administrator and consistent with the applicable laws of the country in which the repair station is located.

“(e) BIENNIAL INSPECTIONS.—The Administrator shall require part 145 repair stations to be inspected twice each year by Federal Aviation Administration safety inspectors, regardless of where the station is located, in a manner consistent with United States obligations under international agreements.

“(f) DEFINITIONS.—In this section:

“(1) PART 121 AIR CARRIER.—The term ‘part 121 air carrier’ means an air carrier that holds a certificate issued under part 121 of title 14, Code of Federal Regulations.

“(2) PART 145 REPAIR STATION.—The term ‘part 145 repair station’ means a repair station that holds a certificate issued under part 145 of title 14, Code of Federal Regulations.”

(b) CONFORMING AMENDMENT.—The table of contents for chapter 447 is amended by adding at the end thereof the following:

“44730. Inspection of foreign repair stations”.

SEC. 522. NON-CERTIFICATED MAINTENANCE PROVIDERS.

(a) REGULATIONS.—Not later than 3 years after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall issue regulations requiring that all covered maintenance work on aircraft used to provide air transportation under part 121 of title 14, Code of Federal Regulations, be performed by individuals in accordance with subsection (b).

(b) PERSONS AUTHORIZED TO PERFORM CERTAIN WORK.—No individual may perform covered maintenance work on aircraft used to provide air transportation under part 121 of title 14, Code of Federal Regulations unless that individual is employed by—

(1) a part 121 air carrier;

(2) a part 145 repair station or a person authorized under section 43.17 of title 14, Code of Federal Regulations;

(3) a person that provides contract maintenance workers or services to a part 145 repair station or part 121 air carrier, and the individual—

(A) meets the requirements of the part 121 air carrier or the part 145 repair station;

(B) performs the work under the direct supervision and control of the part 121 air carrier or the part 145 repair station directly in charge of the maintenance services; and

(C) carries out the work in accordance with the part 121 air carrier’s maintenance manual;

(4) by the holder of a type certificate, production certificate, or other production approval issued under part 21 of title 14, Code of Federal Regulations, and the holder of such certificate or approval—

(A) originally produced, and continues to produce, the article upon which the work is to be performed; and

(B) is acting in conjunction with a part 121 air carrier or a part 145 repair station.

(d) DEFINITIONS.—In this section:

(1) COVERED MAINTENANCE WORK.—The term “covered maintenance work” means maintenance work that is essential maintenance, regularly scheduled maintenance, or a required inspection item, as determined by the Administrator.

(2) PART 121 AIR CARRIER.—The term “part 121 air carrier” has the meaning given that term in section 44730(f)(1) of title 49, United States Code.

(3) PART 145 REPAIR STATION.—The term “part 145 repair station” has the meaning given that term in section 44730(f)(2) of title 49, United States Code.

SUBTITLE B—FLIGHT SAFETY

SEC. 551. FAA PILOT RECORDS DATABASE.

(a) RECORDS OF EMPLOYMENT OF PILOT APPLICANTS.—Section 44703(h) is amended by adding at the end the following:

“(16) APPLICABILITY.—This subsection shall cease to be effective on the date specified in regulations issued under subsection (i).”

(b) ESTABLISHMENT OF FAA PILOT RECORDS DATABASE.—Section 44703 is amended—

(1) by redesignating subsections (i) and (j) as subsections (j) and (k), respectively; and

(2) by inserting after subsection (h) the following:

“(i) FAA PILOT RECORDS DATABASE.—

“(1) IN GENERAL.—Before allowing an individual to begin service as a pilot, an air carrier shall access and evaluate, in accordance with the requirements of this subsection, information pertaining to the individual from the pilot records database established under paragraph (2).

“(2) PILOT RECORDS DATABASE.—The Administrator shall establish an electronic database (in this subsection referred to as

the ‘database’) containing the following records:

“(A) FAA RECORDS.—From the Administrator—

“(i) records that are maintained by the Administrator concerning current airman certificates, including airman medical certificates and associated type ratings and information on any limitations to those certificates and ratings;

“(ii) records that are maintained by the Administrator concerning any failed attempt of an individual to pass a practical test required to obtain a certificate or type rating under part 61 of title 14, Code of Federal Regulations; and

“(iii) summaries of legal enforcement actions resulting in a finding by the Administrator of a violation of this title or a regulation prescribed or order issued under this title that was not subsequently overturned.

“(B) AIR CARRIER AND OTHER RECORDS.—From any air carrier or other person (except a branch of the Armed Forces, the National Guard, or a reserve component of the Armed Forces) that has employed an individual as a pilot of a civil or public aircraft, or from the trustee in bankruptcy for such air carrier or person—

“(i) records pertaining to the individual that are maintained by the air carrier (other than records relating to flight time, duty time, or rest time), including records under regulations set forth in—

“(I) section 121.683 of title 14, Code of Federal Regulations;

“(II) paragraph (A) of section VI, appendix I, part 121 of such title;

“(III) paragraph (A) of section IV, appendix J, part 121 of such title;

“(IV) section 125.401 of such title; and

“(V) section 135.63(a)(4) of such title; and

“(ii) other records pertaining to the individual’s performance as a pilot that are maintained by the air carrier or person concerning—

“(I) the training, qualifications, proficiency, or professional competence of the individual, including comments and evaluations made by a check airman designated in accordance with section 121.411, 125.295, or 135.337 of such title;

“(II) any disciplinary action taken with respect to the individual that was not subsequently overturned; and

“(III) any release from employment or resignation, termination, or disqualification with respect to employment.

“(C) NATIONAL DRIVER REGISTER RECORDS.—In accordance with section 30305(b)(8) of this title, from the chief driver licensing official of a State, information concerning the motor vehicle driving record of the individual.

“(3) WRITTEN CONSENT; RELEASE FROM LIABILITY.—An air carrier—

“(A) shall obtain the written consent of an individual before accessing records pertaining to the individual under paragraph (1); and

“(B) may, notwithstanding any other provision of law or agreement to the contrary, require an individual with respect to whom the carrier is accessing records under paragraph (1) to execute a release from liability for any claim arising from accessing the records or the use of such records by the air carrier in accordance with this section (other than a claim arising from furnishing information known to be false and maintained in violation of a criminal statute).

“(4) REPORTING.—

“(A) REPORTING BY ADMINISTRATOR.—The Administrator shall enter data described in paragraph (2)(A) into the database promptly

to ensure that an individual's records are current.

“(B) REPORTING BY AIR CARRIERS AND OTHER PERSONS.—

“(i) IN GENERAL.—Air carriers and other persons shall report data described in paragraphs (2)(B) and (2)(C) to the Administrator promptly for entry into the database.

“(ii) DATA TO BE REPORTED.—Air carriers and other persons shall report, at a minimum, under clause (i) the following data described in paragraph (2)(B):

“(I) Records that are generated by the air carrier or other person after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act.

“(II) Records that the air carrier or other person is maintaining, on such date of enactment, pursuant to subsection (h)(4).

“(5) REQUIREMENT TO MAINTAIN RECORDS.—The Administrator—

“(A) shall maintain all records entered into the database under paragraph (2) pertaining to an individual until the date of receipt of notification that the individual is deceased; and

“(B) may remove the individual's records from the database after that date.

“(6) RECEIPT OF CONSENT.—The Administrator shall not permit an air carrier to access records pertaining to an individual from the database under paragraph (1) without the air carrier first demonstrating to the satisfaction of the Administrator that the air carrier has obtained the written consent of the individual.

“(7) RIGHT OF PILOT TO REVIEW CERTAIN RECORDS AND CORRECT INACCURACIES.—Notwithstanding any other provision of law or agreement, the Administrator, upon receipt of written request from an individual—

“(A) shall make available, not later than 30 days after the date of the request, to the individual for review all records referred to in paragraph (2) pertaining to the individual; and

“(B) shall provide the individual with a reasonable opportunity to submit written comments to correct any inaccuracies contained in the records.

“(8) REASONABLE CHARGES FOR PROCESSING REQUESTS AND FURNISHING COPIES.—The Administrator may establish a reasonable charge for the cost of processing a request under paragraph (1) or (7) and for the cost of furnishing copies of requested records under paragraph (7).

“(9) PRIVACY PROTECTIONS.—

“(A) USE OF RECORDS.—An air carrier that accesses records pertaining to an individual under paragraph (1) may use the records only to assess the qualifications of the individual in deciding whether or not to hire the individual as a pilot. The air carrier shall take such actions as may be necessary to protect the privacy of the individual and the confidentiality of the records accessed, including ensuring that information contained in the records is not divulged to any individual that is not directly involved in the hiring decision.

“(B) DISCLOSURE OF INFORMATION.—

“(i) IN GENERAL.—Except as provided by clause (ii), information collected by the Administrator under paragraph (2) shall be exempt from the disclosure requirements of section 552 of title 5.

“(ii) EXCEPTIONS.—Clause (i) shall not apply to—

“(I) de-identified, summarized information to explain the need for changes in policies and regulations;

“(II) information to correct a condition that compromises safety;

“(III) information to carry out a criminal investigation or prosecution;

“(IV) information to comply with section 44905, regarding information about threats to civil aviation; and

“(V) such information as the Administrator determines necessary, if withholding the information would not be consistent with the safety responsibilities of the Federal Aviation Administration.

“(10) PERIODIC REVIEW.—Not later than 18 months after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act, and at least once every 3 years thereafter, the Administrator shall transmit to Congress a statement that contains, taking into account recent developments in the aviation industry—

“(A) recommendations by the Administrator concerning proposed changes to Federal Aviation Administration records, air carrier records, and other records required to be included in the database under paragraph (2); or

“(B) reasons why the Administrator does not recommend any proposed changes to the records referred to in subparagraph (A).

“(11) REGULATIONS FOR PROTECTION AND SECURITY OF RECORDS.—The Administrator shall prescribe such regulations as may be necessary—

“(A) to protect and secure—

“(i) the personal privacy of any individual whose records are accessed under paragraph (1); and

“(ii) the confidentiality of those records; and

“(B) to preclude the further dissemination of records received under paragraph (1) by the person who accessed the records.

“(12) GOOD FAITH EXCEPTION.—Notwithstanding paragraph (1), an air carrier may allow an individual to begin service as a pilot, without first obtaining information described in paragraph (2)(B) from the database pertaining to the individual, if—

“(A) the air carrier has made a documented good faith attempt to access the information from the database; and

“(B) has received written notice from the Administrator that the information is not contained in the database because the individual was employed by an air carrier or other person that no longer exists or by a foreign government or other entity that has not provided the information to the database.

“(13) LIMITATIONS ON ELECTRONIC ACCESS TO RECORDS.—

“(A) ACCESS BY INDIVIDUALS DESIGNATED BY AIR CARRIERS.—For the purpose of increasing timely and efficient access to records described in paragraph (2), the Administrator may allow, under terms established by the Administrator, an individual designated by an air carrier to have electronic access to the database.

“(B) TERMS.—The terms established by the Administrator under subparagraph (A) for allowing a designated individual to have electronic access to the database shall limit such access to instances in which information in the database is required by the designated individual in making a hiring decision concerning a pilot applicant and shall require that the designated individual provide assurances satisfactory to the Administrator that—

“(i) the designated individual has received the written consent of the pilot applicant to access the information; and

“(ii) information obtained using such access will not be used for any purpose other than making the hiring decision.

“(14) REGULATIONS.—

“(A) IN GENERAL.—The Administrator shall issue regulations to carry out this subsection.

“(B) EFFECTIVE DATE.—The regulations shall specify the date on which the requirements of this subsection take effect and the date on which the requirements of subsection (h) cease to be effective.

“(C) EXCEPTIONS.—Notwithstanding subparagraph (B)—

“(i) the Administrator shall begin to establish the database under paragraph (2) not later than 90 days after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act;

“(ii) the Administrator shall maintain records in accordance with paragraph (5) beginning on the date of enactment of that Act; and

“(iii) air carriers and other persons shall maintain records to be reported to the database under paragraph (4)(B) in the period beginning on such date of enactment and ending on the date that is 5 years after the requirements of subsection (h) cease to be effective pursuant to subparagraph (B).

“(15) SPECIAL RULE.—During the one-year period beginning on the date on which the requirements of this section become effective pursuant to paragraph (15)(B), paragraph (7)(A) shall be applied by substituting ‘45 days’ for ‘30 days’.

(c) CONFORMING AMENDMENTS.—

(1) LIMITATION ON LIABILITY; PREEMPTION OF STATE LAW.—Section 44703(j) (as redesignated by subsection (b)(1) of this section) is amended—

(A) in the subsection heading by striking “LIMITATION” and inserting “LIMITATIONS”; and

(B) in paragraph (1)—

(i) in the matter preceding subparagraph (A) by striking “paragraph (2)” and inserting “subsection (h)(2) or (i)(3)”; and

(ii) in subparagraph (A) by inserting “or accessing the records of that individual under subsection (i)(1)” before the semicolon; and

(iii) in the matter following subparagraph (D) by striking “subsection (h)” and inserting “subsection (h) or (i)”; and

(C) in paragraph (2) by striking “subsection (h)” and inserting “subsection (h) or (i)”; and

(D) in paragraph (3), in the matter preceding subparagraph (A), by inserting “or who furnished information to the database established under subsection (i)(2)” after “subsection (h)(1)”; and

(E) by adding at the end the following:

“(4) PROHIBITION ON ACTIONS AND PROCEEDINGS AGAINST AIR CARRIERS.—

“(A) HIRING DECISIONS.—An air carrier may refuse to hire an individual as a pilot if the individual did not provide written consent for the air carrier to receive records under subsection (h)(2)(A) or (i)(3)(A) or did not execute the release from liability requested under subsection (h)(2)(B) or (i)(3)(B).

“(B) ACTIONS AND PROCEEDINGS.—No action or proceeding may be brought against an air carrier by or on behalf of an individual who has applied for or is seeking a position as a pilot with the air carrier if the air carrier refused to hire the individual after the individual did not provide written consent for the air carrier to receive records under subsection (h)(2)(A) or (i)(3)(A) or did not execute a release from liability requested under subsection (h)(2)(B) or (i)(3)(B).”

(2) LIMITATION ON STATUTORY CONSTRUCTION.—Section 44703(k) (as redesignated by subsection (b)(1) of this section) is amended by striking “subsection (h)” and inserting “subsection (h) or (i)”.

SEC. 552. AIR CARRIER SAFETY MANAGEMENT SYSTEMS.

(a) IN GENERAL.—Within 60 days after the date of enactment of this Act, the Administrator shall initiate and complete a rulemaking to require part 121 air carriers—

(1) to implement, as part of their safety management systems—

- (A) an Aviation Safety Action Program;
- (B) a Flight Operations Quality Assurance Program;
- (C) a Line Operational Safety Audit Program; and

(D) a Flight Crew Fatigue Risk Management Program;

(2) to implement appropriate privacy protection safeguards with respect to data included in such programs; and

(3) to provide appropriate collaboration and operational oversight of regional/commercial air carriers by affiliated major air carriers that include—

(A) periodic safety audits of flight operations;

(B) training, maintenance, and inspection programs; and

(C) provisions for the exchange of safety information.

(b) EFFECT ON ADVANCED QUALIFICATION PROGRAM.—Implementation of the programs under subsection (a)(1) neither limits nor invalidates the Federal Aviation Administration's advanced qualification program.

(c) LIMITATIONS ON DISCIPLINE AND ENFORCEMENT.—The Administrator shall require that each of the programs described in subsection (a)(1)(A) and (B) establish protections for an air carrier or employee submitting data or reports against disciplinary or enforcement actions by any Federal agency or employer. The protections shall not be less than the protections provided under Federal Aviation Administration Advisory Circulars governing those programs, including Advisory Circular AC No. 120-66 and AC No. 120-82.

(d) CVR DATA.—The Administrator, acting in collaboration with aviation industry interested parties, shall consider the merits and feasibility of incorporating cockpit voice recorder data in safety oversight practices.

(e) ENFORCEMENT CONSISTENCY.—Within 9 months after the date of enactment of this Act, the Administrator shall—

(1) develop and implement a plan that will ensure that the FAA's safety enforcement plan is consistently enforced; and

(2) ensure that the FAA's safety oversight program is reviewed periodically and updated as necessary.

SEC. 553. SECRETARY OF TRANSPORTATION RESPONSES TO SAFETY RECOMMENDATIONS.

(a) IN GENERAL.—The first sentence of section 1135(a) is amended by inserting “to the National Transportation Safety Board” after “shall give”.

(b) AIR CARRIER SAFETY RECOMMENDATIONS.—Section 1135 is amended—

(1) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively; and

(2) by inserting after subsection (b) the following:

“(c) ANNUAL REPORT ON AIR CARRIER SAFETY RECOMMENDATIONS.—

“(1) IN GENERAL.—The Secretary shall submit an annual report to the Congress and the Board on the recommendations made by the Board to the Secretary regarding air carrier operations conducted under part 121 of title 14, Code of Federal Regulations.

“(2) RECOMMENDATIONS TO BE COVERED.—The report shall cover—

“(A) any recommendation for which the Secretary has developed, or intends to de-

velop, procedures to adopt the recommendation or part of the recommendation, but has yet to complete the procedures; and

“(B) any recommendation for which the Secretary, in the preceding year, has issued a response under subsection (a)(2) or (a)(3) refusing to carry out all or part of the procedures to adopt the recommendation.

“(3) CONTENTS.—

“(A) PLANS TO ADOPT RECOMMENDATIONS.—For each recommendation of the Board described in paragraph (2)(A), the report shall contain—

“(i) a description of the recommendation;

“(ii) a description of the procedures planned for adopting the recommendation or part of the recommendation;

“(iii) the proposed date for completing the procedures; and

“(iv) if the Secretary has not met a deadline contained in a proposed timeline developed in connection with the recommendation under subsection (b), an explanation for not meeting the deadline.

“(B) REFUSALS TO ADOPT RECOMMENDATIONS.—For each recommendation of the Board described in paragraph (2)(B), the report shall contain—

“(i) a description of the recommendation; and

“(ii) a description of the reasons for the refusal to carry out all or part of the procedures to adopt the recommendation.”.

SEC. 554. IMPROVED FLIGHT OPERATIONAL QUALITY ASSURANCE, AVIATION SAFETY ACTION, AND LINE OPERATIONAL SAFETY AUDIT PROGRAMS.

(a) LIMITATION ON DISCLOSURE AND USE OF INFORMATION.—

(1) IN GENERAL.—Except as provided by this section, a party in a judicial proceeding may not use discovery to obtain—

(A) an Aviation Safety Action Program report;

(B) Flight Operational Quality Assurance Program data; or

(C) a Line Operations Safety Audit Program report.

(2) FOIA NOT APPLICABLE.—Section 522 of title 5, United States Code, shall not apply to reports or data described in paragraph (1).

(3) EXCEPTIONS.—Nothing in paragraph (1) or (2) prohibits the FAA from disclosing information contained in reports or data described in paragraph (1) if withholding the information would not be consistent with the FAA's safety responsibilities, including—

(A) a summary of information, with identifying information redacted, to explain the need for changes in policies or regulations;

(B) information provided to correct a condition that compromises safety, if that condition continues uncorrected; or

(C) information provided to carry out a criminal investigation or prosecution.

(b) PERMISSIBLE DISCOVERY FOR SUCH REPORTS AND DATA.—Except as provided in subsection (c), a court may allow discovery by a party of an Aviation Safety Action Program report, Flight Operational Quality Assurance Program data, or a Line Operations Safety Audit Program report if, after an in camera review of the information, the court determines that a party to a claim or defense in the proceeding shows a particularized need for the report or data that outweighs the need for confidentiality of the report or data, considering the confidential nature of the report or data, and upon a showing that the report or data is both relevant to the preparation of a claim or defense and not otherwise known or available.

(c) PROTECTIVE ORDER.—When a court allows discovery, in a judicial proceeding, of an Aviation Safety Action Program report,

Flight Operational Quality Assurance Program data, or a Line Operations Safety Audit Program report, the court shall issue a protective order—

(1) to limit the use of the information contained in the report or data to the judicial proceeding;

(2) to prohibit dissemination of the report or data to any person that does not need access to the report for the proceeding; and

(3) to limit the use of the report or data in the proceeding to the uses permitted for privileged self-analysis information as defined under the Federal Rules of Evidence.

(d) SEALED INFORMATION.—A court may allow an Aviation Safety Action Program report, Flight Operational Quality Assurance Program data, or a Line Operations Safety Audit Program report to be admitted into evidence in a judicial proceeding only if the court places the report or data under seal to prevent the use of the report or data for purposes other than for the proceeding.

(e) SAFETY RECOMMENDATIONS.—This section does not prevent the National Transportation Safety Board from referring at any time to information contained in an Aviation Safety Action Program report, Flight Operational Quality Assurance Program data, or a Line Operations Safety Audit Program report in making safety recommendations.

(f) WAIVER.—Any waiver of the privilege for self-analysis information by a protected party, unless occasioned by the party's own use of the information in presenting a claim or defense, must be in writing.

SEC. 555. RE-EVALUATION OF FLIGHT CREW TRAINING, TESTING, AND CERTIFICATION REQUIREMENTS.

(a) TRAINING AND TESTING.—The Administrator shall develop and implement a plan for reevaluation of flight crew training regulations in effect on the date of enactment of this Act, including regulations for—

(1) classroom instruction requirements governing curriculum content and hours of instruction;

(2) crew leadership training; and

(3) initial and recurrent testing requirements for pilots, including the rigor and consistency of testing programs such as check rides.

(b) BEST PRACTICES.—The plan shall incorporate best practices in the aviation industry with respect to training protocols, methods, and procedures.

(c) CERTIFICATION.—The Administrator shall initiate a rulemaking to re-evaluate FAA regulations governing the minimum requirements—

(1) to become a commercial pilot;

(2) to receive an Air Transport Pilot Certificate to become a captain; and

(3) to transition to a new type of aircraft.

(d) REMEDIAL TRAINING PROGRAMS.—

(1) IN GENERAL.—The Administrator shall initiate a rulemaking to require part 121 air carriers to establish remedial training programs for flightcrew members who have demonstrated performance deficiencies or experienced failures in the training environment.

(2) DEADLINES.—The Administrator shall—

(A) not later than 180 days after the date of enactment of this Act, issue a notice of proposed rulemaking under paragraph (1); and

(B) not later than 24 months after the date of enactment of this Act, issue a final rule for the rulemaking.

(e) STICK PUSHER TRAINING AND WEATHER EVENT TRAINING.—

(1) MULTIDISCIPLINARY PANEL.—Not later than 120 days after the date of enactment of

this Act, the Administrator shall convene a multidisciplinary panel of specialists in aircraft operations, flightcrew member training, human factors, and aviation safety to study and submit to the Administrator a report on methods to increase the familiarity of flightcrew members with, and improve the response of flightcrew members to, stick pusher systems, icing conditions, and microburst and windshear weather events.

(2) **REPORT TO CONGRESS.**—Not later than one year after the date on which the Administrator convenes the panel, the Administrator shall—

(A) submit a report to the Committee on Transportation and Infrastructure of the House of Representatives and the Committee on Commerce, Science, and Transportation based on the findings of the panel; and

(B) with respect to stick pusher systems, initiate appropriate actions to implement the recommendations of the panel.

SEC. 556. FLIGHTCREW MEMBER MENTORING, PROFESSIONAL DEVELOPMENT, AND LEADERSHIP.

(a) **AVIATION RULEMAKING COMMITTEE.**—

(1) **IN GENERAL.**—The Administrator of the Federal Aviation Administration shall conduct an aviation rulemaking committee proceeding with stakeholders to develop procedures for each part 121 air carrier to take the following actions:

(A) Establish flightcrew member mentoring programs under which the air carrier will pair highly experienced flightcrew members who will serve as mentor pilots and be paired with newly employed flightcrew members. Mentor pilots should be provided, at a minimum, specific instruction on techniques for instilling and reinforcing the highest standards of technical performance, airmanship, and professionalism in newly employed flightcrew members.

(B) Establish flightcrew member professional development committees made up of air carrier management and labor union or professional association representatives to develop, administer, and oversee formal mentoring programs of the carrier to assist flightcrew members to reach their maximum potential as safe, seasoned, and proficient flightcrew members.

(C) Establish or modify training programs to accommodate substantially different levels and types of flight experience by newly employed flightcrew members.

(D) Establish or modify training programs for second-in-command flightcrew members attempting to qualify as pilot-in-command flightcrew members for the first time in a specific aircraft type and ensure that such programs include leadership and command training.

(E) Ensure that recurrent training for pilots in command includes leadership and command training.

(F) Such other actions as the aviation rulemaking committee determines appropriate to enhance flightcrew member professional development.

(2) **COMPLIANCE WITH STERILE COCKPIT RULE.**—Leadership and command training described in paragraphs (1)(D) and (1)(E) shall include instruction on compliance with flightcrew member duties under part 121.542 of title 14, Code of Federal Regulations.

(3) **STREAMLINED PROGRAM REVIEW.**—

(A) **IN GENERAL.**—As part of the rulemaking required by subsection (a), the Administrator shall establish a streamlined process for part 121 air carriers that have in effect, as of the date of enactment of this Act, the programs required by paragraph (1).

(B) **EXPEDITED APPROVALS.**—Under the streamlined process, the Administrator shall—

(i) review the programs of such part 121 air carriers to determine whether the programs meet the requirements set forth in the final rule referred to in subsection (b)(2); and

(ii) expedite the approval of the programs that the Administrator determines meet such requirements.

(b) **DEADLINES.**—The Administrator shall issue—

(1) not later than 180 days after the date of enactment of this Act, a notice of proposed rulemaking under subsection (a); and

(2) not later than 24 months after such date of enactment, a final rule under subsection (a).

SEC. 557. FLIGHTCREW MEMBER SCREENING AND QUALIFICATIONS.

(a) **REQUIREMENTS.**—The Administrator of the Federal Aviation Administration shall conduct a rulemaking proceeding to require part 121 air carriers to develop and implement means and methods for ensuring that flightcrew members have proper qualifications and experience.

(b) **MINIMUM EXPERIENCE REQUIREMENT.**—The final rule prescribed under subsection (a) shall, among any other requirements established by the rule, require that a pilot have no less than 750 hours of flight time before serving as a flightcrew member for a part 121 air carrier.

(c) **DEADLINES.**—The Administrator shall issue—

(1) not later than 180 days after the date of enactment of this Act, a notice of proposed rulemaking under subsection (a); and

(2) not later than December 31, 2011, a final rule under subsection (a).

(d) **DEFAULT REQUIREMENTS.**—If the Administrator fails to meet the deadline established by subsection (c)(2), then all flightcrew members for part 121 air carriers shall meet the requirements established by subpart G of part 61 of the Federal Aviation Administration's regulations (14 C.F.R. 61.151 et seq.).

(e) **DEFINITIONS.**—In this section:

(1) **FLIGHTCREW MEMBER.**—The term “flightcrew member” has the meaning given that term in section 1.1 of the Federal Aviation Administration's regulations (14 C.F.R. 1.1).

(2) **PART 121 AIR CARRIER.**—The term “part 121 air carrier” has the meaning given that term by section 41720(d)(1) of title 49, United States Code.

SEC. 558. PROHIBITION ON PERSONAL USE OF CERTAIN DEVICES ON FLIGHT DECK.

(a) **IN GENERAL.**—Chapter 447, as amended by section 521 of this Act, is further amended by adding at the end thereof the following:

“§ 44731. Use of certain devices on flight deck

“(a) **IN GENERAL.**—It is unlawful for any member of the flight crew of an aircraft used to provide air transportation under part 121 of title 14, Code of Federal Regulations, to use a personal wireless communications device or laptop computer while at the crew member's duty station on the flight deck of such an aircraft while the aircraft is being operated.

“(b) **EXCEPTIONS.**—Subsection (a) shall not apply to the use of a personal wireless communications device or laptop computer for a purpose directly related to operation of the aircraft, or for emergency, safety-related, or employment-related communications, in accordance with procedures established by the air carrier or the Federal Aviation Administration.

“(c) **ENFORCEMENT.**—In addition to the penalties provided under section 46301 of this

title applicable to any violation of this section, the Administrator of the Federal Aviation Administration may enforce compliance with this section under section 44709.

“(d) **PERSONAL WIRELESS COMMUNICATIONS DEVICE DEFINED.**—The term ‘personal wireless communications device’ means a device through which personal wireless services (as defined in section 332(c)(7)(C)(i) of the Communications Act of 1934 (47 U.S.C. 332(c)(7)(C)(i))) are transmitted.”.

(b) **PENALTY.**—Section 44711(a) is amended—

(1) by striking “or” after the semicolon in paragraph (8);

(2) by striking “title.” in paragraph (9) and inserting “title; or”; and

(3) by adding at the end the following:

“(10) violate section 44730 of this title or any regulation issued thereunder.”.

(c) **CONFORMING AMENDMENT.**—The table of contents for chapter 447 is amended by adding at the end thereof the following:

“44731. Use of certain devices on flight deck”.

(d) **REGULATIONS.**—Within 30 days after the date of enactment of this Act, the Secretary of Transportation shall initiate a rulemaking procedure for regulations under section 44730 of title 49, United States Code, and shall issue a final rule thereunder within 1 year after the date of enactment of this Act.

SEC. 559. SAFETY INSPECTIONS OF REGIONAL AIR CARRIERS.

The Administrator shall, not less frequently than once each year, perform random, unannounced, on-site inspections of air carriers that provide air transportation pursuant to a contract with a part 121 air carrier to ensure that such air carriers are complying with all applicable safety standards of the Administration.

SEC. 560. ESTABLISHMENT OF SAFETY STANDARDS WITH RESPECT TO THE TRAINING, HIRING, AND OPERATION OF AIRCRAFT BY PILOTS.

(a) **IN GENERAL.**—Not later than 180 days after the date of enactment of this Act, the Administrator shall issue a final rule with respect to the Notice of Proposed Rulemaking published in the Federal Register on January 12, 2009 (74 Fed. Reg. 1280), relating to training programs for flight crew members and aircraft dispatchers.

(b) **EXPERT PANEL TO REVIEW PART 121 AND PART 135 TRAINING HOURS.**—

(1) **ESTABLISHMENT.**—Not later than 60 days after the date of enactment of this Act, the Administrator shall convene a multidisciplinary expert panel comprised of, at a minimum, air carrier representatives, training facility representatives, instructional design experts, aircraft manufacturers, safety organization representatives, and labor union representatives.

(2) **ASSESSMENT AND RECOMMENDATIONS.**—The panel shall assess and make recommendations concerning—

(A) the best methods and optimal time needed for flightcrew members of part 121 air carriers and flightcrew members of part 135 air carriers to master aircraft systems, maneuvers, procedures, take offs and landings, and crew coordination;

(B) the optimal length of time between training events for such crewmembers, including recurrent training events;

(C) the best methods to reliably evaluate mastery by such crewmembers of aircraft systems, maneuvers, procedures, take offs and landings, and crew coordination; and

(D) the best methods to allow specific academic training courses to be credited pursuant to section 11(d) toward the total flight

hours required to receive an airline transport pilot certificate.

(3) **REPORT.**—Not later than one year after the date of enactment of this Act, the Administrator shall submit a report to the House of Representatives Committee on Transportation and Infrastructure and the Senate Committee on Commerce, Science, and Transportation based on the findings of the panel.

SEC. 561. OVERSIGHT OF PILOT TRAINING SCHOOLS.

(a) **IN GENERAL.**—Not later than 1 year after the date of the enactment of this Act, the Administrator shall submit to Congress a plan for overseeing pilot schools certified under part 141 of title 14, Code of Federal Regulations, that includes—

(1) ensuring that the curriculum and course outline requirements for such schools under subpart C of such part are being met; and

(2) conducting on-site inspections of each such school not less frequently than once every 2 years.

(b) **GAO STUDY.**—The Comptroller General shall conduct a comprehensive study of flight schools, flight education, and academic training requirements for certification of an individual as a pilot.

(c) **REPORT.**—Not later than 180 days after the date of enactment of this Act, the Comptroller General shall submit a report to the House of Representatives Committee on Transportation and Infrastructure and the Senate Committee on Commerce, Science, and Transportation on the results of the study.

SEC. 562. ENHANCED TRAINING FOR FLIGHT ATTENDANTS AND GATE AGENTS.

(a) **IN GENERAL.**—Chapter 447, as amended by section 558 of this Act, is further amended by adding at the end the following:

“§44732. Training of flight attendants and gate agents

“(a) **TRAINING REQUIRED.**—In addition to other training required under this chapter, each air carrier shall provide initial and annual recurring training for flight attendants and gate agents employed or contracted by such air carrier regarding—

“(1) serving alcohol to passengers; and
“(2) recognizing intoxicated passengers; and

“(3) dealing with disruptive passengers.

“(b) **SITUATIONAL TRAINING.**—In carrying out the training required under subsection (a), each air carrier shall provide situational training to flight attendants and gate agents on the proper method for dealing with intoxicated passengers who act in a belligerent manner.

“(c) **DEFINITIONS.**—In this section:

“(1) **AIR CARRIER.**—The term ‘air carrier’ means a person or commercial enterprise that has been issued an air carrier operating certificate under section 44705.

“(2) **FLIGHT ATTENDANT.**—The term ‘flight attendant’ has the meaning given the term in section 44728(f).

“(3) **GATE AGENT.**—The term ‘gate agent’ means an individual working at an airport whose responsibilities include facilitating passenger access to commercial aircraft.

“(4) **PASSENGER.**—The term ‘passenger’ means an individual traveling on a commercial aircraft, from the time at which the individual arrives at the airport from which such aircraft departs until the time the individual leaves the airport to which such aircraft arrives.”

(b) **CLERICAL AMENDMENT.**—The table of contents for chapter 447 is amended by adding at the end the following:

“44732. Training of flight attendants and gate agents”.

(c) **RULEMAKING.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Transportation shall issue regulations to carry out section 44730 of title 49, United States Code, as added by subsection (a).

SEC. 563. DEFINITIONS.

In this subtitle:

(1) **AVIATION SAFETY ACTION PROGRAM.**—The term “Aviation Safety Action Program” means the program described under Federal Aviation Administration Advisory Circular No. 120-66B that permits employees of participating air carriers and repair station certificate holders to identify and report safety issues to management and to the Administration for resolution.

(2) **ADMINISTRATOR.**—The term “Administrator” means the Administrator.

(3) **AIR CARRIER.**—The term “air carrier” has the meaning given that term by section 40102(2) of title 49, United States Code.

(4) **FAA.**—The term “FAA” means the Federal Aviation Administration.

(5) **FLIGHT OPERATIONAL QUALITY ASSURANCE PROGRAM.**—The term “Flight Operational Quality Assurance Program” means the voluntary safety program authorized under section 13.401 of title 14, Code of Federal Regulations, that permits commercial air carriers and pilots to share confidential aggregate information with the Administration to permit the Administration to target resources to address operational risk issues.

(6) **LINE OPERATIONS SAFETY AUDIT PROGRAM.**—The term “Line Operations Safety Audit Program” has the meaning given that term by Federal Aviation Administration Advisory Circular Number 120-90.

(7) **PART 121 AIR CARRIER.**—The term “part 121 air carrier” has the meaning given that term by section 41719(d)(1) of title 49, United States Code.

TITLE VI—AVIATION RESEARCH

SEC. 601. AIRPORT COOPERATIVE RESEARCH PROGRAM.

(a) **IN GENERAL.**—Section 44511(f) is amended—

(1) by striking “establish a 4-year pilot” in paragraph (1) and inserting “maintain an”; and

(2) by inserting “pilot” in paragraph (4) before “program” the first time it appears; and

(3) by striking “program, including recommendations as to the need for establishing a permanent airport cooperative research program.” in paragraph (4) and inserting “program.”

(b) **AIRPORT COOPERATIVE RESEARCH PROGRAM.**—Not more than \$15,000,000 per year for fiscal years 2010 and 2011 may be appropriated to the Secretary of Transportation from the amounts made available each year under subsection (a) for the Airport Cooperative Research Program under section 44511 of this title, of which not less than \$5,000,000 per year shall be for research activities related to the airport environment, including reduction of community exposure to civil aircraft noise, reduction of civil aviation emissions, or addressing water quality issues.

SEC. 602. REDUCTION OF NOISE, EMISSIONS, AND ENERGY CONSUMPTION FROM CIVILIAN AIRCRAFT.

(a) **ESTABLISHMENT OF RESEARCH PROGRAM.**—From amounts made available under section 48102(a) of title 49, United States Code, the Administrator of the Federal Aviation Administration shall establish a research program related to reducing civilian aircraft energy use, emissions, and source

noise with equivalent safety through grants or other measures, which may include cost-sharing, authorized under section 106(l)(6) of such title, including reimbursable agreements with other Federal agencies.

(b) **ESTABLISHMENT OF CONSORTIUM.**—

(1) **DESIGNATION AS CONSORTIUM.**—Not later than 180 days after the date of the enactment of this Act, the Administrator shall designate, using a competitive process, one or more institutions or entities described in paragraph (2) as a Consortium for Continuous Low Energy, Emissions, and Noise (CLEEN) to perform research in accordance with this section.

(2) **PARTICIPATION.**—The Administrator shall include educational and research institutions or private sector entities that have existing facilities and experience for developing and testing noise, emissions and energy reduction engine and aircraft technology, and developing alternative fuels in the research program required by subsection (a).

(3) **COORDINATION MECHANISMS.**—In conducting the research program, the Consortium designated under paragraph (1) shall—

(A) coordinate its activities with the Department of Agriculture, the Department of Energy, the National Aeronautics and Space Administration, and other relevant Federal agencies; and

(B) consult on a regular basis with the Commercial Aviation Alternative Fuels Initiative.

(c) **PERFORMANCE OBJECTIVES.**—Not later than January 1, 2016, the research program shall accomplish the following objectives:

(1) Certifiable aircraft technology that reduces fuel burn 33 percent compared to current technology, reducing energy consumption and carbon dioxide emissions.

(2) Certifiable engine technology that reduces landing and takeoff cycle nitrogen oxide emissions by 60 percent, at a pressure ratio of 30 over the International Civil Aviation Organization standard adopted at the 6th Meeting of the Committee on Aviation Environmental Protection, with commensurate reductions over the full pressure ratio range, while limiting or reducing other gaseous or particle emissions.

(3) Certifiable aircraft technology that reduces noise levels by 32 Effective Perceived Noise in decibels (EPNdB) cumulative, relative to Stage 4 standards.

(4) Advance qualification and environmental assurance of alternative aviation fuels to support a goal of having 20 percent of the jet fuel available for purchase by United States commercial airlines and cargo carriers be alternative fuels.

(5) Determination of the extent to which new engine and aircraft technologies may be used to retrofit or re-engine aircraft so as to increase the level of penetration into the commercial fleet.

SEC. 603. PRODUCTION OF ALTERNATIVE FUEL TECHNOLOGY FOR CIVILIAN AIRCRAFT.

(a) **IN GENERAL.**—From amounts made available under section 48102(a) of title 49, United States Code, the Secretary of Transportation shall establish a research program related to developing jet fuel from natural gas, biomass and other renewable sources through grants or other measures authorized under section 106(l)(6) of such title, including reimbursable agreements with other Federal agencies.

(b) **PARTICIPATION IN PROGRAM.**—The Secretary shall—

(1) include educational and research institutions that have existing facilities and experience in the research, small-scale development, testing, or evaluation of technologies related to the creation, processing, and production of a variety of feedstocks into aviation fuel under the program required by subsection (a); and

(2) consider utilizing the existing capacity in Aeronautics research at Langley Research Center of the National Aeronautics and Space Administration to carry out the program required by subsection (a).

(c) DESIGNATION OF INSTITUTION AS A CENTER OF EXCELLENCE.—Not later than 180 days after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration shall designate an institution described in subsection (b) as a Center of Excellence for Alternative Jet-Fuel Research in Civil Aircraft. The Center of Excellence shall be a member of the CLEEN Consortium established under section 602(b), and shall be part of a Joint Center of Excellence with the Partnership for Air Transportation Noise and Emission Reduction FAA Center of Excellence.

SEC. 604. PRODUCTION OF CLEAN COAL FUEL TECHNOLOGY FOR CIVILIAN AIRCRAFT.

(a) ESTABLISHMENT OF RESEARCH PROGRAM.—From amounts made available under section 48102(a) of title 49, United States Code, the Secretary of Transportation shall establish a research program related to developing jet fuel from clean coal through grants or other measures authorized under section 106(1)(6) of such title, including reimbursable agreements with other Federal agencies. The program shall include participation by educational and research institutions that have existing facilities and experience in the development and deployment of technology that processes coal to aviation fuel.

(b) DESIGNATION OF INSTITUTION AS A CENTER OF EXCELLENCE.—Within 6 months after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall designate an institution described in subsection (a) as a Center of Excellence for Coal-to-Jet-Fuel Research.

SEC. 605. ADVISORY COMMITTEE ON FUTURE OF AERONAUTICS.

(a) ESTABLISHMENT.—There is established an advisory committee to be known as the "Advisory Committee on the Future of Aeronautics".

(b) MEMBERSHIP.—The Advisory Committee shall consist of 7 members appointed by the President from a list of 15 candidates proposed by the Director of the National Academy of Sciences.

(c) CHAIRPERSON.—The Advisory Committee members shall elect 1 member to serve as chairperson of the Advisory Committee.

(d) FUNCTIONS.—The Advisory Committee shall examine the best governmental and organizational structures for the conduct of civil aeronautics research and development, including options and recommendations for consolidating such research to ensure continued United States leadership in civil aeronautics. The Committee shall consider transferring responsibility for civil aeronautics research and development from the National Aeronautics and Space Administration to other existing departments or agencies of the Federal Government or to a non-governmental organization such as academic consortia or not-for-profit organizations. In developing its recommendations, the Advisory Committee shall consider, as appropriate,

the aeronautics research policies developed pursuant to section 101(d) of Public Law 109-155 and the requirements and priorities for aeronautics research established by title IV of Public Law 109-155.

(e) REPORT.—Not later than 12 months after the date on which the full membership of the Advisory Committee is appointed, the Advisory Committee shall submit a report to the Senate Committee on Commerce, Science, and Transportation and the House Committees on Science and Technology and on Transportation and Infrastructure on its findings and recommendations. The report may recommend a rank ordered list of acceptable solutions.

(f) TERMINATION.—The Advisory Committee shall terminate 60 days after the date on which it submits the report to the Congress.

SEC. 606. RESEARCH PROGRAM TO IMPROVE AIRFIELD PAVEMENTS.

(a) CONTINUATION OF PROGRAM.—The Administrator of the Federal Aviation Administration shall continue the program to consider awards to nonprofit concrete and asphalt pavement research foundations to improve the design, construction, rehabilitation, and repair of airfield pavements to aid in the development of safer, more cost effective, and more durable airfield pavements.

(b) USE OF GRANTS OR COOPERATIVE AGREEMENTS.—The Administrator may use grants or cooperative agreements in carrying out this section.

SEC. 607. WAKE TURBULENCE, VOLCANIC ASH, AND WEATHER RESEARCH.

Within 60 days after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall—

(1) initiate evaluation of proposals that would increase capacity throughout the air transportation system by reducing existing spacing requirements between aircraft of all sizes, including research on the nature of wake vortices;

(2) begin implementation of a system to improve volcanic ash avoidance options for aircraft, including the development of a volcanic ash warning and notification system for aviation; and

(3) establish research projects on—

(A) ground de-icing/anti-icing, ice pellets, and freezing drizzle;

(B) oceanic weather, including convective weather;

(C) en route turbulence prediction and detection; and

(D) all hazards during oceanic operations, where commercial traffic is high and only rudimentary satellite sensing is available, to reduce the hazards presented to commercial aviation.

SEC. 608. INCORPORATION OF UNMANNED AIRCRAFT SYSTEMS INTO FAA PLANS AND POLICIES.

(a) RESEARCH.—

(1) EQUIPMENT.—Section 44504, as amended by section 216 of this Act, is further amended—

(A) by inserting "unmanned and manned" in subsection (a) after "improve";

(B) by striking "and" after the semicolon in subsection (b)(7);

(C) by striking "emitted." in subsection (b)(8) and inserting "emitted; and"; and

(D) by adding at the end of subsection (b) the following:

"(9) in conjunction with other Federal agencies as appropriate, to develop technologies and methods to assess the risk of and prevent defects, failures, and malfunctions of products, parts, and processes, for use in all classes of unmanned aircraft systems that could result in a catastrophic failure."

(2) HUMAN FACTORS; SIMULATIONS.—Section 44505(b) is amended—

(A) by striking "and" after the semicolon in paragraph (4);

(B) by striking "programs." in paragraph (5)(C) and inserting "programs; and"; and

(C) by adding at the end thereof the following:

"(6) to develop a better understanding of the relationship between human factors and unmanned aircraft systems air safety; and

"(7) to develop dynamic simulation models of integrating all classes of unmanned aircraft systems into the National Airspace System."

(b) NATIONAL ACADEMY OF SCIENCES ASSESSMENT.—

(1) IN GENERAL.—Within 3 months after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall enter into an arrangement with the National Academy of Sciences for an assessment of unmanned aircraft systems that may include consideration of—

(A) human factors regarding unmanned aircraft systems operation;

(B) "detect, sense and avoid technologies" with respect to both cooperative and non-cooperative aircraft;

(C) spectrum issues and bandwidth requirements;

(D) operation in suboptimal winds and adverse weather conditions;

(E) mechanisms such as the use of transponders for letting other entities know where the unmanned aircraft system is flying;

(F) airworthiness and system redundancy;

(G) flight termination systems for safety and security;

(H) privacy issues;

(I) technologies for unmanned aircraft systems flight control;

(J) technologies for unmanned aircraft systems propulsion;

(K) unmanned aircraft systems operator qualifications, medical standards, and training requirements;

(L) unmanned aircraft systems maintenance requirements and training requirements; and

(M) any other unmanned aircraft systems-related issue the Administrator believes should be addressed.

(2) REPORT.—Within 12 months after initiating the study, the National Academy shall submit its report to the Administrator, the Senate Committee on Commerce, Science, and Transportation, and the House of Representatives Committee on Transportation and Infrastructure containing its findings and recommendations.

(c) PILOT PROJECTS.—

(1) IN GENERAL.—Not later than 6 months after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall establish 3 2-year cost-shared pilot projects in sparsely populated, low-density Class G air traffic airspace new test sites to conduct experiments and collect data in order to accelerate the safe integration of unmanned aircraft systems into the National Airspace System as follows:

(A) 1 project shall address operational issues required for integration of Category 1 unmanned aircraft systems defined as analogous to RC models covered in the FAA Advisory Circular AC 91-57.

(B) 1 project shall address operational issues required for integration of Category 2 unmanned aircraft systems defined as non-standard aircraft that perform special purpose operations. Operators must provide evidence of airworthiness and operator qualifications.

(C) 1 project shall address operational issues required for integration of Category 3 unmanned aircraft systems defined as capable of flying throughout all categories of airspace and conforming to part 91 of title 14, Code of Federal Regulations.

(D) All 3 pilot projects shall be operational no later than 6 months after being established.

(2) USE OF CONSORTIA.—In conducting the pilot projects, the Administrator shall encourage the formation of participating consortia from the public and private sectors, educational institutions, and non-profit organization.

(3) REPORT.—Within 90 days after completing the pilot projects, the Administrator shall transmit a report to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure setting forth the Administrator's findings and conclusions concerning the projects.

(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Administrator for fiscal years 2010 and 2011 such sums as may be necessary to conduct the pilot projects.

(d) UNMANNED AIRCRAFT SYSTEMS ROADMAP.—Within 30 days after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall approve and make available in print and on the Administration's website a 5-year "roadmap" for the introduction of unmanned aircraft systems into the National Airspace System being coordinated by its Unmanned Aircraft Program Office. The Administrator shall update the "roadmap" annually.

(e) UPDATED POLICY STATEMENT.—Not later than 90 days after the date of enactment of this Act, the Administrator shall issue a notice of proposed rulemaking to update the Administration's most recent policy statement on unmanned aircraft systems, Docket No. FAA-2006-25714.

(f) EXPANDING THE USE OF UAS IN THE ARCTIC.—Within 6 months after the date of enactment of this Act, the Administrator, in consultation with the National Oceanic and Atmospheric Administration, the Coast Guard, and other Federal agencies as appropriate, shall identify permanent areas in the Arctic where small unmanned aircraft may operate 24 hours per day from 2000 feet to the surface and beyond line-of-sight for research and commercial purposes. Within 12 months after the date of enactment of this Act, the Administrator shall have established and implemented a single process for approving unmanned aircraft use in the designated arctic regions regardless of whether the unmanned aircraft is used as a public aircraft, a civil aircraft, or as a model aircraft.

(g) DEFINITIONS.—In this section:

(1) ARCTIC.—The term "Arctic" means the United States zone of the Chukchi, Beaufort, and Bering Sea north of the Aleutian chain.

(2) PERMANENT AREAS.—The term "permanent areas" means areas on land or water that provide for terrestrial launch and recovery of small unmanned aircraft.

SEC. 609. REAUTHORIZATION OF CENTER OF EXCELLENCE IN APPLIED RESEARCH AND TRAINING IN THE USE OF ADVANCED MATERIALS IN TRANSPORT AIRCRAFT.

Section 708(b) of the Vision 100—Century of Aviation Reauthorization Act (49 U.S.C. 44504 note) is amended by striking "\$500,000 for fiscal year 2004" and inserting "\$1,000,000 for each of fiscal years 2008 through 2012".

SEC. 610. PILOT PROGRAM FOR ZERO EMISSION AIRPORT VEHICLES.

(a) IN GENERAL.—Subchapter I of chapter 471 is amended by inserting after section 47136 the following:

"§ 47136A. Zero emission airport vehicles and infrastructure

"(a) IN GENERAL.—The Secretary of Transportation shall establish a pilot program under which the sponsor of a public-use airport may use funds made available under section 47117 or section 48103 for use at such airports or passenger facility revenue (as defined in section 40117(a)(6)) to carry out activities associated with the acquisition and operation of zero emission vehicles (as defined in section 88.120–94 of title 40, Code of Federal Regulations), including the construction or modification of infrastructure to facilitate the delivery of fuel and services necessary for the use of such vehicles. Any use of funds authorized by the preceding sentence shall be considered to be an authorized use of funds under section 47117 or section 48103, or an authorized use of passenger facility revenue (as defined in section 40117(a)(6)), as the case may be.

"(b) LOCATION IN AIR QUALITY NONATTAINMENT AREAS.—

"(1) IN GENERAL.—A public-use airport shall be eligible for participation in the pilot program only if the airport is located in an air quality nonattainment area (as defined in section 171(2) of the Clean Air Act (42 U.S.C. 7501(2))).

"(2) SHORTAGE OF CANDIDATES.—If the Secretary receives an insufficient number of applications from public-use airports located in such areas, then the Secretary may consider applications from public-use airports that are not located in such areas.

"(c) SELECTION CRITERIA.—In selecting from among applicants for participation in the program, the Secretary shall give priority consideration to applicants that will achieve the greatest air quality benefits measured by the amount of emissions reduced per dollar of funds expended under the program.

"(d) FEDERAL SHARE.—Notwithstanding any other provision of this subchapter, the Federal share of the costs of a project carried out under the program shall be 50 percent.

"(e) TECHNICAL ASSISTANCE.—

"(1) IN GENERAL.—The sponsor of a public-use airport carrying out activities funded under the program may not use more than 10 percent of the amounts made available under the program in any fiscal year for technical assistance in carrying out such activities.

"(2) ELIGIBLE CONSORTIUM.—To the maximum extent practicable, participants in the program shall use an eligible consortium (as defined in section 5506 of this title) in the region of the airport to receive technical assistance described in paragraph (1).

"(f) MATERIALS IDENTIFYING BEST PRACTICES.—The Secretary may develop and make available materials identifying best practices for carrying out activities funded under the program based on projects carried out under section 47136 and other sources."

(b) REPORT ON EFFECTIVENESS OF PROGRAM.—Not later than 18 months after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act., the Secretary of Transportation shall transmit a report to the Senate Committee on Commerce, Science, and Transportation the House of Representatives Committee on Transportation and Infrastructure containing—

(1) an evaluation of the effectiveness of the pilot program;

(2) an identification of all public-use airports that expressed an interest in participating in the program; and

(3) a description of the mechanisms used by the Secretary to ensure that the information and know-how gained by participants in the program is transferred among the participants and to other interested parties, including other public-use airports.

(c) CONFORMING AMENDMENT.—The table of contents for chapter 471 is amended by inserting after the item relating to section 47136 the following:

"47136A. Zero emission airport vehicles and infrastructure".

SEC. 611. REDUCTION OF EMISSIONS FROM AIRPORT POWER SOURCES.

(a) IN GENERAL.—Subchapter I of chapter 471 is amended by inserting after section 47140 the following:

"§ 47140A. Reduction of emissions from airport power sources

"(a) IN GENERAL.—The Secretary of Transportation shall establish a program under which the sponsor of each airport eligible to receive grants under section 48103 is encouraged to assess the airport's energy requirements, including heating and cooling, base load, back-up power, and power for on-road airport vehicles and ground support equipment, in order to identify opportunities to reduce harmful emissions and increase energy efficiency at the airport.

"(b) GRANTS.—The Secretary may make grants under section 48103 to assist airport sponsors that have completed the assessment described in subsection (a) to acquire or construct equipment, including hydrogen equipment and related infrastructure, that will reduce harmful emissions and increase energy efficiency at the airport. To be eligible for such a grant, the sponsor of such an airport shall submit an application to the Secretary, at such time, in such manner, and containing such information as the Secretary may require."

(b) CONFORMING AMENDMENT.—The table of contents for chapter 471 is amended by inserting after the item relating to section 47140 the following:

"47140A. Reduction of emissions from airport power sources".

SEC. 612. SITING OF WINDFARMS NEAR FAA NAVIGATIONAL AIDES AND OTHER ASSETS.

(a) SURVEY AND ASSESSMENT.—

(1) IN GENERAL.—In order to address safety and operational concerns associated with the construction, alteration, establishment, or expansion of wind farms in proximity to critical FAA facilities, the Administrator shall, within 60 days after the date of enactment of this Act, complete a survey and assessment of leases for critical FAA facility sites, including—

(A) an inventory of the leases that describes, for each such lease—

(i) the periodic cost, location, site, terms, number of years remaining, and lessor;

(ii) other Administration facilities that share the leasehold, including surveillance and communications equipment; and

(iii) the type of transmission services supported, including the terms of service, cost, and support contract obligations for the services; and

(B) a list of those leases for facilities located in or near areas suitable for the construction and operation of wind farms, as determined by the Administrator in consultation with the Secretary of Energy.

(2) REPORT.—Upon completion of the survey and assessment, the Administrator shall

submit a report to the Senate Committee on Commerce, Science, and Transportation, the House of Representatives Committee on Transportation and Infrastructure, and the Comptroller General containing the Administrator's findings, conclusions, and recommendations.

(b) GAO ASSESSMENT.—

(1) IN GENERAL.—Within 180 days after receiving the Administrator's report under subsection (a)(2), the Comptroller General, in consultation with the Administrator, shall report on—

(A) the current and potential impact of wind farms on the national airspace system;

(B) the extent to which the Department of Defense and the Federal Aviation Administration have guidance, processes, and procedures in place to evaluate the impact of wind farms on the implementation of the Next Generation air traffic control system; and

(C) potential mitigation strategies, if necessary, to ensure that wind farms do not have an adverse impact on the implementation of the Next Generation air traffic control system, including the installation of navigational aids associated with that system.

(c) ISSUANCE OF GUIDELINES; PUBLIC INFORMATION.—

(1) GUIDANCE.—Within 60 days after the Administrator receives the Comptroller's recommendations, the Administrator shall publish guidelines for the construction and operation of wind farms to be located in proximity to critical Federal Aviation Administration facilities. The guidelines may include—

(A) the establishment of a zone system for wind farms based on proximity to critical FAA assets;

(B) the establishment of turbine height and density limitations on such wind farms;

(C) requirements for notice to the Administration under section 44718(a) of title 49, United States Code, before the construction, alteration, establishment, or expansion of a such a wind farm; and

(D) any other requirements or recommendations designed to address Administration safety or operational concerns related to the construction, alteration, establishment, or expansion of such wind farms.

(2) PUBLIC ACCESS TO INFORMATION.—To the extent feasible, taking into consideration security, operational, and public safety concerns (as determined by the Administrator), the Administrator shall provide public access to information regarding the planning, construction, and operation of wind farms in proximity to critical FAA facilities on, or by linkage from, the homepage of the Federal Aviation Administration's public website.

(d) CONSULTATION WITH OTHER FEDERAL AGENCIES.—In carrying out this section, the Administrator and the Comptroller General shall consult, as appropriate, with the Secretaries of the Army, the Navy, the Air Force, Homeland Security, and Energy—

(1) to coordinate the requirements of each department for future air space needs;

(2) to determine what the acceptable risks are to the existing infrastructure of each department; and

(3) to define the different levels of risk for such infrastructure.

(e) REPORTS.—The Administrator and the Comptroller General shall provide a copy of reports under subsections (a) and (b), respectively, to the Senate Committee on Homeland Security and Governmental Affairs, the Senate Committee on Armed Services, the House of Representatives Committee on Homeland Security, the House of Represent-

atives Committee on Armed Services, and the House of Representatives Committee on Science and Technology, as appropriate.

(f) DEFINITIONS.—In this section:

(1) ADMINISTRATION.—The term "Administration" means the Federal Aviation Administration.

(2) ADMINISTRATOR.—The term "Administrator" means the Administrator of the Federal Aviation Administration.

(3) CRITICAL FAA FACILITIES.—The term "critical FAA facilities" means facilities on which are located navigational aids, surveillance systems, or communications systems used by the Administration in administration of the national airspace system.

(4) WIND FARM.—The term "wind farm" means an installation of 1 or more wind turbines used for the generation of electricity.

SEC. 613. RESEARCH AND DEVELOPMENT FOR EQUIPMENT TO CLEAN AND MONITOR THE ENGINE AND APU BLEED AIR SUPPLIED ON PRESSURIZED AIRCRAFT.

(a) IN GENERAL.—Not later than 60 days after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall, to the degree practicable, implement a research program for the identification or development of appropriate and effective air cleaning technology and sensor technology for the engine and auxiliary power unit (APU) bleed air supplied to the passenger cabin and flight deck of all pressurized aircraft.

(b) TECHNOLOGY REQUIREMENTS.—The technology referred to in subsection (a) should, at a minimum, have the capacity—

(1) to remove oil-based contaminants from the bleed air supplied to the passenger cabin and flight deck; and

(2) to detect and record oil-based contaminants in the portion of the total air supplied to the passenger cabin and flight deck from bleed air.

(c) REPORT.—Not later than 1 year after the date of enactment of this Act, the Administrator shall submit to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives a report on the results of the research and development work carried out under this section.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary to carry out this section.

TITLE VII—MISCELLANEOUS

SEC. 701. GENERAL AUTHORITY.

(a) THIRD PARTY LIABILITY.—Section 44303(b) is amended by striking "December 31, 2009," and inserting "December 31, 2012,".

(b) EXTENSION OF PROGRAM AUTHORITY.—Section 44310 is amended by striking "December 31, 2013," and inserting "October 1, 2017,".

(c) WAR RISK.—Section 44302(f)(1) is amended—

(1) by striking "September 30, 2009," and inserting "September 30, 2011,"; and

(2) by striking "December 31, 2009," and inserting "December 31, 2011,".

SEC. 702. HUMAN INTERVENTION MANAGEMENT STUDY.

Within 6 months after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall develop a Human Intervention Management Study program for cabin crews employed by commercial air carriers in the United States.

SEC. 703. AIRPORT PROGRAM MODIFICATIONS.

The Administrator of the Federal Aviation Administration—

(1) shall establish a formal, structured certification training program for the airport concessions disadvantaged business enterprise program; and

(2) may appoint 3 additional staff to implement the programs of the airport concessions disadvantaged business enterprise initiative.

SEC. 704. MISCELLANEOUS PROGRAM EXTENSIONS.

(a) MARSHALL ISLANDS, FEDERATED STATES OF MICRONESIA, AND PALAU.—Section 47115(j) is amended by striking "2009," and inserting "2011,".

(b) MIDWAY ISLAND AIRPORT.—Section 186(d) of the Vision 100—Century of Aviation Reauthorization Act (117 Stat. 2518) is amended by striking "2009," and inserting "2011,".

SEC. 705. EXTENSION OF COMPETITIVE ACCESS REPORTS.

Section 47107(s) is amended by striking paragraph (3).

SEC. 706. UPDATE ON OVERFLIGHTS.

(a) IN GENERAL.—Section 45301(b) is amended to read as follows:

"(b) LIMITATIONS.—

"(1) IN GENERAL.—In establishing fees under subsection (a), the Administrator shall ensure that the fees required by subsection (a) are reasonably related to the Administration's costs, as determined by the Administrator, of providing the services rendered. Services for which costs may be recovered include the costs of air traffic control, navigation, weather services, training, and emergency services which are available to facilitate safe transportation over the United States, and other services provided by the Administrator or by programs financed by the Administrator to flights that neither take off nor land in the United States. The determination of such costs by the Administrator is not subject to judicial review.

"(2) ADJUSTMENT OF FEES.—The Administrator shall adjust the overflight fees established by subsection (a)(1) by expedited rulemaking and begin collections under the adjusted fees by October 1, 2010. In developing the adjusted overflight fees, the Administrator shall seek and consider the recommendations, if any, offered by the Aviation Rulemaking Committee for Overflight Fees that are intended to ensure that overflight fees are reasonably related to the Administrator's costs of providing air traffic control and related services to overflights. In addition, the Administrator may periodically modify the fees established under this section either on the Administrator's own initiative or on a recommendation from the Air Traffic Control Modernization Board.

"(3) COST DATA.—The adjustment of overflight fees under paragraph (2) shall be based on the costs to the Administration of providing the air traffic control and related activities, services, facilities, and equipment using the available data derived from the Administration's cost accounting system and cost allocation system to users, as well as budget and operational data.

"(4) AIRCRAFT ALTITUDE.—Nothing in this section shall require the Administrator to take into account aircraft altitude in establishing any fee for aircraft operations in en route or oceanic airspace.

"(5) COSTS DEFINED.—In this subsection, the term 'costs' means those costs associated with the operation, maintenance, debt service, and overhead expenses of the services provided and the facilities and equipment used in such services, including the projected costs for the period during which the services will be provided.

“(6) PUBLICATION; COMMENT.—The Administrator shall publish in the Federal Register any fee schedule under this section, including any adjusted overflight fee schedule, and the associated collection process as a proposed rule, pursuant to which public comment will be sought and a final rule issued.”.

(b) ADMINISTRATIVE PROVISION.—Section 45303(c)(2) is amended to read as follows:

“(2) shall be available to the Administrator for expenditure for purposes authorized by Congress for the Federal Aviation Administration, however, fees established by section 45301(a)(1) of this title shall be available only to pay the cost of activities and services for which the fee is imposed, including the costs to determine, assess, review, and collect the fee; and”.

SEC. 707. TECHNICAL CORRECTIONS.

Section 40122(g), as amended by section 307 of this Act, is further amended—

(1) by striking “section 2302(b), relating to whistleblower protection,” in paragraph (2)(A) and inserting “sections 2301 and 2302,”;

(2) by striking “and” after the semicolon in paragraph (2)(H);

(3) by striking “Plan.” in paragraph (2)(I)(iii) and inserting “Plan.”;

(4) by adding at the end of paragraph (2) the following:

“(J) section 5596, relating to back pay; and
“(K) sections 6381 through 6387, relating to Family and Medical Leave.”; and

(5) by adding at the end of paragraph (3) “Notwithstanding any other provision of law, retroactive to April 1, 1996, the Board shall have the same remedial authority over such employee appeals that it had as of March 31, 1996.”.

SEC. 708. FAA TECHNICAL TRAINING AND STAFFING.

(a) STUDY.—

(1) IN GENERAL.—The Comptroller General shall conduct a study of the training of airway transportation systems specialists of the Federal Aviation Administration that includes—

(A) an analysis of the type of training provided to such specialists;

(B) an analysis of the type of training that such specialists need to be proficient in the maintenance of the latest technologies;

(C) actions that the Administration has undertaken to ensure that such specialists receive up-to-date training on such technologies;

(D) the amount and cost of training provided by vendors for such specialists;

(E) the amount and cost of training provided by the Administration after developing in-house training courses for such specialists;

(F) the amount and cost of travel required of such specialists in receiving training; and

(G) a recommendation regarding the most cost-effective approach to providing such training.

(2) REPORT.—Within 1 year after the date of enactment of this Act, the Comptroller General shall transmit a report on the study containing the Comptroller General's findings and recommendations to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure.

(b) STUDY BY NATIONAL ACADEMY OF SCIENCES.—

(1) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall contract with the National Academy of Sciences to conduct a study of the assumptions and methods used

by the Federal Aviation Administration to estimate staffing needs for Federal Aviation Administration air traffic controllers, system specialists, and engineers to ensure proper maintenance, certification, and operation of the National Airspace System. The National Academy of Sciences shall consult with the Exclusive Bargaining Representative certified under section 7111 of title 5, United States Code, and the Administration (including the Civil Aeronautical Medical Institute) and examine data entailing human factors, traffic activity, and the technology at each facility.

(2) CONTENTS.—The study shall include—

(A) recommendations for objective staffing standards that maintain the safety of the National Airspace System; and

(B) the approximate length of time for developing such standards.

(3) REPORT.—Not later than 24 months after executing a contract under subsection (a), the National Academy of Sciences shall transmit a report containing its findings and recommendations to the Congress.

(c) AVIATION SAFETY INSPECTORS.—

(1) SAFETY STAFFING MODEL.—Within 12 months after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall develop a staffing model for aviation safety inspectors. In developing the model, the Administrator shall consult with representatives of the aviation safety inspectors and other interested parties.

(2) SAFETY INSPECTOR STAFFING.—The Federal Aviation Administration aviation safety inspector staffing requirement shall be no less than the staffing levels indicated as necessary in the staffing model described under subsection (a).

SEC. 709. COMMERCIAL AIR TOUR OPERATORS IN NATIONAL PARKS.

(a) SECRETARY OF THE INTERIOR AND OVERFLIGHTS OF NATIONAL PARKS.—

(1) Section 40128 is amended—

(A) by striking paragraph (8) of subsection (f);

(B) by striking “Director” each place it appears and inserting “Secretary of the Interior”;

(C) by striking “National Park Service” in subsection (a)(2)(B)(vi) and inserting “Department of the Interior”;

(D) by striking “National Park Service” in subsection (b)(4)(C) and inserting “Department of the Interior”.

(2) The National Parks Air Tour Management Act of 2000 (49 U.S.C. 40128 note) is amended—

(A) by striking “Director” in section 804(b) and inserting “Secretary of the Interior”;

(B) in section 805—

(i) by striking “Director of the National Park Service” in subsection (a) and inserting “Secretary of the Interior”;

(ii) by striking “Director” each place it appears and inserting “Secretary of the Interior”;

(iii) by striking “National Park Service” each place it appears in subsection (b) and inserting “Department of the Interior”;

(iv) by striking “National Park Service” in subsection (d)(2) and inserting “Department of the Interior”;

(C) in section 807—

(i) by striking “National Park Service” in subsection (a)(1) and inserting “Department of the Interior”;

(ii) by striking “Director of the National Park Service” in subsection (b) and inserting “Secretary of the Interior”.

(b) ALLOWING OVERFLIGHTS IN CASE OF AGREEMENT.—Paragraph (1) of subsection (a) of section 40128 is amended—

(1) by striking “and” after the semicolon in subparagraph (B);

(2) by striking “lands.” in subparagraph (C) and inserting “lands; and”; and

(3) by adding at the end the following:

“(D) in accordance with a voluntary agreement between the commercial air tour operator and appropriate representatives of the national park or tribal lands, as the case may be.”.

(c) MODIFICATION OF INTERIM OPERATING AUTHORITY.—Section 40128(c)(2)(I) is amended to read as follows:

“(I) may allow for modifications of the interim operating authority without further environmental process, if—

“(i) adequate information on the existing and proposed operations of the commercial air tour operator is provided to the Administrator and the Secretary by the operator seeking operating authority;

“(ii) the Administrator determines that the modifications would not adversely affect aviation safety or the management of the national airspace system; and

“(iii) the Secretary agrees that the modifications would not adversely affect park resources and visitor experiences.”.

(d) REPORTING REQUIREMENTS FOR COMMERCIAL AIR TOUR OPERATORS.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, and annually thereafter, each commercial air tour conducting commercial air tour operations over a national park shall report to the Administrator of the Federal Aviation Administration and the Secretary of the Interior on—

(A) the number of commercial air tour operations conducted by such operator over the national park each day;

(B) any relevant characteristics of commercial air tour operations, including the routes, altitudes, duration, and time of day of flights; and

(C) such other information as the Administrator and the Secretary may determine necessary to administer the provisions of the National Parks Air Tour Management Act of 2000 (49 U.S.C. 40128 note).

(2) FORMAT.—The report required by paragraph (1) shall be submitted in such form as the Administrator and the Secretary determine to be appropriate.

(3) EFFECT OF FAILURE TO REPORT.—The Administrator shall rescind the operating authority of a commercial air tour operator that fails to file a report not later than 180 days after the date for the submittal of the report described in paragraph (1).

(4) AUDIT OF REPORTS.—Not later than 2 years after the date of the enactment of this Act, and at such times thereafter as the Inspector General of the Department of Transportation determines necessary, the Inspector General shall audit the reports required by paragraph (1).

(e) COLLECTION OF FEES FROM AIR TOUR OPERATIONS.—

(1) IN GENERAL.—The Secretary of the Interior may assess a fee in an amount determined by the Secretary under paragraph (2) on a commercial air tour operator conducting commercial air tour operations over a national park.

(2) AMOUNT OF FEE.—In determining the amount of the fee assessed under paragraph (1), the Secretary shall consider the cost of developing air tour management plans for each national park.

(3) EFFECT OF FAILURE TO PAY FEE.—The Administrator of the Federal Aviation Administration shall revoke the operating authority of a commercial air tour operator

conducting commercial air tour operations over any national park, including the Grand Canyon National Park, that has not paid the fee assessed by the Secretary under paragraph (1) by the date that is 180 days after the date on which the Secretary determines the fee shall be paid.

(f) **AUTHORIZATION OF APPROPRIATIONS FOR AIR TOUR MANAGEMENT PLANS.**—

(1) **IN GENERAL.**—There are authorized to be appropriated \$10,000,000 to the Secretary of the Interior for the development of air tour management plans under section 40128(b) of title 49, United States Code.

(2) **USE OF FUNDS.**—The funds authorized to be appropriated by paragraph (1) shall be used to develop air tour management plans for the national parks the Secretary determines would most benefit from such a plan.

(g) **GUIDANCE TO DISTRICT OFFICES ON COMMERCIAL AIR TOUR OPERATORS.**—The Administrator of the Federal Aviation Administration shall provide to the Administration's district offices clear guidance on the ability of commercial air tour operators to obtain—

(1) increased safety certifications; and
(2) exemptions from regulations requiring safety certifications; and

(3) other information regarding compliance with the requirements of this Act and other Federal and State laws and regulations.

(h) **OPERATING AUTHORITY OF COMMERCIAL AIR TOUR OPERATORS.**—

(1) **TRANSFER OF OPERATING AUTHORITY.**—

(A) **IN GENERAL.**—Subject to subparagraph (B), a commercial air tour operator that obtains operating authority from the Administrator under section 40128 of title 49, United States Code, to conduct commercial air tour operations may transfer such authority to another commercial air tour operator at any time.

(B) **NOTICE.**—Not later than 30 days before the date on which a commercial air tour operator transfers operating authority under subparagraph (A), the operator shall notify the Administrator and the Secretary of the intent of the operator to transfer such authority.

(C) **REGULATIONS.**—Not later than 180 days after the date of the enactment of this Act, the Administrator shall prescribe regulations to allow transfers of operating authority described in subparagraph (A).

(2) **TIME FOR DETERMINATION REGARDING OPERATING AUTHORITY.**—Notwithstanding any other provision of law, the Administrator shall determine whether to grant a commercial air tour operator operating authority under section 40128 of title 49, United States Code, not later than 180 days after the earlier of the date on which—

(A) the operator submits an application; or
(B) an air tour management plan is completed for the national park over which the operator seeks to conduct commercial air tour operations.

(3) **INCREASE IN INTERIM OPERATING AUTHORITY.**—The Administrator and the Secretary may increase the interim operating authority while an air tour management plan is being developed for a park if—

(A) the Secretary determines that such an increase does not adversely impact park resources or visitor experiences; and

(B) the Administrator determines that granting interim operating authority does not adversely affect aviation safety or the management of the national airspace system.

(4) **ENFORCEMENT OF OPERATING AUTHORITY.**—The Administrator is authorized and directed to enforce the requirements of this Act and any agency rules or regulations related to operating authority.

SEC. 710. PHASEOUT OF STAGE 1 AND 2 AIRCRAFT.

(a) **IN GENERAL.**—Subchapter II of chapter 475 is amended by adding at the end the following:

“§ 47534. Prohibition on operating certain aircraft weighing 75,000 pounds or less not complying with Stage 3 noise levels

“(a) **PROHIBITION.**—Except as provided in subsection (b), (c), or (d), a person may not operate a civil subsonic turbojet with a maximum weight of 75,000 pounds or less to or from an airport in the United States unless the Secretary of Transportation finds that the aircraft complies with stage 3 noise levels.

“(b) **EXCEPTION.**—Subsection (a) shall not apply to aircraft operated only outside the 48 contiguous States.

“(c) **OPT-OUT.**—Subsection (a) shall not apply at an airport where the airport operator has notified the Secretary that it wants to continue to permit the operation of civil subsonic turbojets with a maximum weight of 75,000 pounds or less that do not comply with stage 3 noise levels. The Secretary shall post the notices received under this subsection on its website or in another place easily accessible to the public.

“(d) **LIMITATION.**—The Secretary shall permit a person to operate Stage 1 and Stage 2 aircraft with a maximum weight of 75,000 pounds or less to or from an airport in the contiguous 48 States in order—

“(1) to sell, lease, or use the aircraft outside the 48 contiguous States;

“(2) to scrap the aircraft;

“(3) to obtain modifications to the aircraft to meet stage 3 noise levels;

“(4) to perform scheduled heavy maintenance or significant modifications on the aircraft at a maintenance facility located in the contiguous 48 States;

“(5) to deliver the aircraft to an operator leasing the aircraft from the owner or return the aircraft to the lessor;

“(6) to prepare or park or store the aircraft in anticipation of any of the activities described in paragraphs (1) through (5); or

“(7) to divert the aircraft to an alternative airport in the 48 contiguous States on account of weather, mechanical, fuel air traffic control or other safety reasons while conducting a flight in order to perform any of the activities described in paragraphs (1) through (6).

“(e) **STATUTORY CONSTRUCTION.**—Nothing in the section may be construed as interfering with, nullifying, or otherwise affecting determinations made by the Federal Aviation Administration, or to be made by the Administration, with respect to applications under part 161 of title 14, Code of Federal Regulations, that were pending on the date of enactment of the Aircraft Noise Reduction Act of 2006.”

(b) **CONFORMING AMENDMENTS.**—

(1) Section 47531 is amended by striking “47529, or 47530” and inserting “47529, 47530, or 47534”.

(2) Section 47532 is amended by striking “47528–47531” and inserting “47528 through 47531 or 47534”.

(3) The table of contents for chapter 475 is amended by inserting after the item relating to section 47533 the following:

“47534. Prohibition on operating certain aircraft weighing 75,000 pounds or less not complying with Stage 3 noise levels”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall take effect 5 years after the date of enactment of this Act.

SEC. 711. WEIGHT RESTRICTIONS AT TETERBORO AIRPORT.

On and after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration is prohibited from taking actions designed to challenge or influence weight restrictions or prior permission rules at Teterboro Airport in Teterboro, New Jersey, except in an emergency.

SEC. 712. PILOT PROGRAM FOR REDEVELOPMENT OF AIRPORT PROPERTIES.

(a) **IN GENERAL.**—Within 1 year after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall establish a pilot program at up to 4 public-use airports for local airport operators that have submitted a noise compatibility program approved by the Federal Aviation Administration under section 47504 of title 49, United States Code, under which such airport operators may use funds made available under section 47117(e) of that title, or passenger facility revenue collected under section 40117 of that title, in partnership with affected neighboring local jurisdictions, to support joint planning, engineering design, and environmental permitting for the assembly and redevelopment of property purchased with noise mitigation funds or passenger facility charge funds, to encourage airport-compatible land uses and generate economic benefits to the local airport authority and adjacent community.

(b) **NOISE COMPATIBILITY MEASURES.**—Section 47504(a)(2) is amended—

(1) by striking “and” after the semicolon in subparagraph (D);

(2) by striking “operations.” in subparagraph (E) and inserting “operations; and”; and

(3) by adding at the end the following:

“(F) joint comprehensive land use planning including master plans, traffic studies, environmental evaluation and economic and feasibility studies, with neighboring local jurisdictions undertaking community redevelopment in the area where the land or other property interest acquired by the airport operator pursuant to this subsection is located, to encourage and enhance redevelopment opportunities that reflect zoning and uses that will prevent the introduction of additional incompatible uses and enhance redevelopment potential.”

(c) **GRANT REQUIREMENTS.**—The Administrator may not make a grant under subsection (a) unless the grant is made—

(1) to enable the airport operator and local jurisdictions undertaking the community redevelopment effort to expedite redevelopment efforts;

(2) subject to a requirement that the local jurisdiction governing the property interests in question has adopted zoning regulations that permit airport compatible redevelopment; and

(3) subject to a requirement that, in determining the part of the proceeds from disposing of the land that is subject to repayment or reinvestment under section 47107(c)(2)(A) of title 49, United States Code, the total amount of the grant issued under this section shall be added to the amount of any grants issued for acquisition of land.

(d) **DEMONSTRATION GRANTS.**—

(1) **IN GENERAL.**—The Administrator shall provide grants for up to 4 pilot property redevelopment projects distributed geographically and targeted to airports that demonstrate—

(A) a readiness to implement cooperative land use management and redevelopment plans with the adjacent community; and

(B) the probability of clear economic benefit to the local community and financial return to the airport through the implementation of the redevelopment plan.

(2) **FEDERAL SHARE.**—

(A) Notwithstanding any other provision of law, the Federal share of the allowable costs of a project carried out under the pilot program shall be 80 percent.

(B) In determining the allowable costs, the Administrator shall deduct from the total costs of the activities described in subsection (a) that portion of the costs which is equal to that portion of the total property to be redeveloped under this section that is not owned or to be acquired by the airport operator pursuant to the noise compatibility program or that is not owned by the affected neighboring local jurisdictions or other public entities.

(3) **MAXIMUM AMOUNT.**—Not more than \$5,000,000 in funds made available under section 47117(e) of title 49, United States Code, may be expended under the pilot program at any single public-use airport.

(4) **EXCEPTION.**—Amounts paid to the Administrator under subsection (c)(3)—

(A) shall be in addition to amounts authorized under section 48203 of title 49, United States Code;

(B) shall not be subject to any limitation on grant obligations for any fiscal year; and

(C) shall remain available until expended.

(e) **USE OF PASSENGER REVENUE.**—An airport sponsor that owns or operates an airport participating in the pilot program may use passenger facility revenue collected under section 40117 of title 49, United States Code, to pay any project cost described in subsection (a) that is not financed by a grant under the program.

(f) **SUNSET.**—This section, other than the amendments made by subsections (b), shall not be in effect after September 30, 2011.

(g) **REPORT TO CONGRESS.**—The Administrator shall report to Congress within 18 months after making the first grant under this section on the effectiveness of this program on returning part 150 lands to productive use.

SEC. 713. TRANSPORTING MUSICAL INSTRUMENTS.

(a) **IN GENERAL.**—Subchapter I of chapter 417 is amended by adding at the end thereof the following:

“§ 41724. Musical instruments

“(a) **IN GENERAL.**—

“(1) **SMALL INSTRUMENTS AS CARRY-ON BAGGAGE.**—An air carrier providing air transportation shall permit a passenger to carry a violin, guitar, or other musical instrument in the aircraft cabin without charge if—

“(A) the instrument can be stowed safely in a suitable baggage compartment in the aircraft cabin or under a passenger seat; and

“(B) there is space for such stowage at the time the passenger boards the aircraft.

“(2) **LARGER INSTRUMENTS AS CARRY-ON BAGGAGE.**—An air carrier providing air transportation shall permit a passenger to carry a musical instrument that is too large to meet the requirements of paragraph (1) in the aircraft cabin without charge if—

“(A) the instrument is contained in a case or covered so as to avoid injury to other passengers;

“(B) the weight of the instrument, including the case or covering, does not exceed 165 pounds;

“(C) the instrument can be secured by a seat belt to avoid shifting during flight;

“(D) the instrument does not restrict access to, or use of, any required emergency exit, regular exit, or aisle;

“(E) the instrument does not obscure any passenger's view of any illuminated exit, warning, or other informational sign;

“(F) neither the instrument nor the case contains any object not otherwise permitted to be carried in an aircraft cabin because of a law or regulation of the United States; and

“(G) the passenger wishing to carry the instrument in the aircraft cabin has purchased an additional seat to accommodate the instrument.

“(3) **LARGE INSTRUMENTS AS CHECKED BAGGAGE.**—An air carrier shall transport as baggage, without charge, a musical instrument that is the property of a passenger traveling in air transportation that may not be carried in the aircraft cabin if—

“(A) the sum of the length, width, and height measured in inches of the outside linear dimensions of the instrument (including the case) does not exceed 150 inches; and

“(B) the weight of the instrument does not exceed 165 pounds.

“(b) **REGULATIONS.**—The Secretary may prescribe such regulations as may be necessary or appropriate to implement subsection (a).”

(b) **CONFORMING AMENDMENT.**—The table of contents for chapter 417 is amended by inserting after the item relating to section 41723 the following:

“41724. Musical instruments”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall take effect 30 days after the date of enactment of this Act.

SEC. 714. RECYCLING PLANS FOR AIRPORTS.

(a) **AIRPORT PLANNING.**—Section 47102(5) is amended by striking “planning.” and inserting “planning and a plan for recycling and minimizing the generation of airport solid waste, consistent with applicable State and local recycling laws, including the cost of a waste audit.”.

(b) **MASTER PLAN.**—Section 47106(a) is amended—

(1) by striking “and” in paragraph (4);

(2) by striking “proposed.” in paragraph (5) and inserting “proposed; and”; and

(3) by adding at the end the following:

“(6) if the project is for an airport that has an airport master plan, the master plan addresses—

“(A) the feasibility of solid waste recycling at the airport;

“(B) minimizing the generation of solid waste at the airport;

“(C) operation and maintenance requirements;

“(D) the review of waste management contracts;

“(E) the potential for cost savings or the generation of revenue; and

“(F) training and education requirements.”.

SEC. 715. DISADVANTAGED BUSINESS ENTERPRISE PROGRAM ADJUSTMENTS.

(a) **PURPOSE.**—It is the purpose of the airport disadvantaged business enterprise program (49 U.S.C. 47107(e) and 47113) to ensure that minority- and women-owned businesses do not face barriers because of their race or gender and so that they have a fair opportunity to compete in Federally assisted airport contracts and concessions.

(b) **FINDINGS.**—The Congress finds the following:

(1) While significant progress has occurred due to the enactment of the airport disadvantaged business enterprise program (49 U.S.C. 47107(e) and 47113), discrimination continues to be a barrier for minority- and women-owned businesses seeking to do business in airport-related markets. This continuing barrier merits the continuation of

the airport disadvantaged business enterprise program.

(2) The Congress has received recent evidence of discrimination from numerous sources, including congressional hearings and roundtables, scientific reports, reports issued by public and private agencies, news stories, reports of discrimination by organizations and individuals, and discrimination lawsuits. This evidence also shows that race- and gender-neutral efforts alone are insufficient to address the problem.

(3) This evidence demonstrates that discrimination across the nation poses a barrier to full and fair participation in airport related businesses of women business owners and minority business owners in the racial groups detailed in parts 23 and 26 of title 49, Code of Federal Regulations, and has impacted firm development and many aspects of airport related business in the public and private markets.

(4) This evidence provides a strong basis for the continuation of the airport disadvantaged business enterprise program and the airport concessions disadvantaged business enterprise program.

(c) **IN GENERAL.**—Section 47107(e) is amended—

(1) by redesignating paragraph (8) as paragraph (9); and

(2) by inserting after paragraph (7) the following:

“(8) **MANDATORY TRAINING PROGRAM FOR AIRPORT CONCESSIONS.**—

“(A) **IN GENERAL.**—Not later than one year after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act, the Secretary shall establish a mandatory training program for persons described in subparagraph (C) on the certification of whether a small business concern in airport concessions qualifies as a small business concern owned and controlled by a socially and economically disadvantaged individual for purposes of paragraph (1).

“(B) **IMPLEMENTATION.**—The training program may be implemented by one or more private entities approved by the Secretary.

“(C) **PARTICIPANTS.**—A person referred to in paragraph (1) is an official or agent of an airport owner or operator who is required to provide a written assurance under paragraph (1) that the airport owner or operator will meet the percentage goal of paragraph (1) or who is responsible for determining whether or not a small business concern in airport concessions qualifies as a small business concern owned and controlled by a socially and economically disadvantaged individual for purposes of paragraph (1).

“(D) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to the Secretary such sums as may be necessary to carry out this paragraph.”.

(d) **REPORT.**—Not later than 24 months after the date of enactment of this Act, the Secretary shall submit a report to the Senate Committee on Commerce, Science, and Transportation, the House of Representatives Committee on Transportation and Infrastructure, and other appropriate committees of Congress on the results of the training program conducted under section 47107(e)(8) of title 49, United States Code, as added by subsection (a).

(e) **DISADVANTAGED BUSINESS ENTERPRISE PERSONAL NET WORTH CAP; BONDING REQUIREMENTS.**—Section 47113 is amended by adding at the end the following:

“(e) **PERSONAL NET WORTH CAP.**—Not later than 180 days after the date of enactment of the FAA Air Transportation Modernization

and Safety Improvement Act, the Secretary shall issue final regulations to adjust the personal net worth cap used in determining whether an individual is economically disadvantaged for purposes of qualifying under the definition contained in subsection (a)(2) and under section 47107(e). The regulations shall correct for the impact of inflation since the Small Business Administration established the personal net worth cap at \$750,000 in 1989.

“(f) EXCLUSION OF RETIREMENT BENEFITS.—

“(1) IN GENERAL.—In calculating a business owner's personal net worth, any funds held in a qualified retirement account owned by the business owner shall be excluded, subject to regulations to be issued by the Secretary.

“(2) REGULATIONS.—Not later than one year after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act, the Secretary shall issue final regulations to implement paragraph (1), including consideration of appropriate safeguards, such as a limit on the amount of such accounts, to prevent circumvention of personal net worth requirements.

“(g) PROHIBITION ON EXCESSIVE OR DISCRIMINATORY BONDING REQUIREMENTS.—

“(1) IN GENERAL.—The Secretary shall establish a program to eliminate barriers to small business participation in airport-related contracts and concessions by prohibiting excessive, unreasonable, or discriminatory bonding requirements for any project funded under this chapter or using passenger facility revenues under section 40117.

“(2) REGULATIONS.—Not later than one year after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act, the Secretary shall issue a final rule to establish the program under paragraph (1).”

SEC. 716. FRONT LINE MANAGER STAFFING.

(a) **STUDY.—**Not later than 45 days after the date of enactment of this Act, the Administrator of the Federal Aviation Administration shall initiate a study on front line manager staffing requirements in air traffic control facilities.

(b) **CONSIDERATIONS.—**In conducting the study, the Administrator may take into consideration—

(1) the number of supervisory positions of operation requiring watch coverage in each air traffic control facility;

(2) coverage requirements in relation to traffic demand;

(3) facility type;

(4) complexity of traffic and managerial responsibilities;

(5) proficiency and training requirements; and

(6) such other factors as the Administrator considers appropriate.

(c) **DETERMINATIONS.—**The Administrator shall transmit any determinations made as a result of the study to the Chief Operating Officer for the air traffic control system.

(d) **REPORT.—**Not later than 180 days after the date of enactment of this Act, the Administrator shall submit to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure a report on the results of the study and a description of any determinations submitted to the Chief Operating Officer under subsection (c).

SEC. 717. STUDY OF HELICOPTER AND FIXED WING AIR AMBULANCE SERVICES.

(a) **IN GENERAL.—**The Comptroller General shall conduct a study of the helicopter and fixed-wing air ambulance industry. The

study shall include information, analysis, and recommendations pertinent to ensuring a safe air ambulance industry.

(b) **REQUIRED INFORMATION.—**In conducting the study, the Comptroller General shall obtain detailed information on the following aspects of the air ambulance industry:

(1) A review of the industry, for part 135 certificate holders and indirect carriers providing helicopter and fixed-wing air ambulance services, including—

(A) a listing of the number, size, and location of helicopter and fixed-wing aircraft and their flight bases;

(B) affiliations of certificate holders and indirect carriers with hospitals, governments, and other entities;

(C) coordination of air ambulance services, with each other, State and local emergency medical services systems, referring entities, and receiving hospitals;

(D) nature of services contracts, sources of payment, financial relationships between certificate holders and indirect carriers providing air ambulance services and referring entities, and costs of operations; and

(E) a survey of business models for air ambulance operations, including expenses, structure, and sources of income.

(2) Air ambulance request and dispatch practices, including the various types of protocols, models, training, certifications, and air medical communications centers relating to part 135 certificate holders and indirect carriers providing helicopter and fixed-wing air ambulance services, including—

(A) the practices that emergency and medical officials use to request an air ambulance;

(B) information on whether economic or other nonmedical factors lead to air ambulance transport when it is not medically needed, appropriate, or safe; and

(C) the cause, occurrence, and extent of delays in air ambulance transport.

(3) Economic and medical issues relating to the air ambulance industry, including—

(A) licensing;

(B) certificates of need;

(C) public convenience and necessity requirements;

(D) assignment of geographic coverage areas;

(E) accreditation requirements;

(F) compliance with dispatch procedures; and

(G) requirements for medical equipment and personnel onboard the aircraft.

(4) Such other matters as the Comptroller General considers relevant to the purpose of the study.

(c) **ANALYSIS AND RECOMMENDATIONS.—**Based on information obtained under subsection (b) and other information the Comptroller General considers appropriate, the report shall also include an analysis and specific recommendations, as appropriate, related to—

(1) the relationship between State regulation and Federal preemption of rates, routes, and services of air ambulances;

(2) the extent to which Federal law may impact existing State regulation of air ambulances and the potential effect of greater State regulation—

(A) in the air ambulance industry, on the economic viability of air ambulance services, the availability and coordination of service, and costs of operations both in rural and highly populated areas;

(B) on the quality of patient care and outcomes; and

(C) on competition and safety; and

(3) whether systemic or other problems exist on a statewide, regional, or national

basis with the current system governing air ambulances.

(d) **REPORT.—**Not later than June 1, 2010, the Comptroller General shall submit a report to the Secretary of Transportation, the Senate Committee on Commerce, Science, and Transportation, and the House of Representatives Committee on Transportation and Infrastructure containing the Government Accountability Office's findings and recommendations regarding the study under this section.

(e) **ADOPTION OF RECOMMENDED POLICY CHANGES.—**Not later than 60 days after the date of receipt of the report under subsection (d), the Secretary shall issue a report to the Senate Committee on Commerce, Science, and Transportation, and the House of Representatives Committee on Transportation and Infrastructure that—

(1) specifies which, if any, policy changes recommended by the Comptroller General and any other policy changes with respect to air ambulances the Secretary will adopt and implement; and

(2) includes recommendations for legislative change, if appropriate

(f) **PART 135 CERTIFICATE HOLDER DEFINED.—**In this section, the term “part 135 certificate holder” means a person holding a certificate issued under part 135 of title 14, Code of Federal Regulations.

SEC. 718. REPEAL OF CERTAIN LIMITATIONS ON METROPOLITAN WASHINGTON AIRPORTS AUTHORITY.

(a) **IN GENERAL.—**Section 49108 is repealed.

(b) **CONFORMING REPEAL.—**The table of sections for chapter 491 is amended by striking the item relating to section 49108.

SEC. 719. STUDY OF AERONAUTICAL MOBILE TELEMETRY.

Not later than 180 days after the date of enactment of this Act, the Administrator of the Federal Aviation Administration, in consultation with other Federal agencies, shall submit a report to the Senate Committee on Commerce, Science, and Transportation, the House of Representatives Committee on Science and Technology, and the House of Representatives Committee on Energy and Commerce that identifies—

(1) the current and anticipated need over the next decade by civil aviation, including equipment manufacturers, for aeronautical mobile telemetry services; and

(2) the potential impact to the aerospace industry of the introduction of a new radio service operating in the same spectrum allocated to the aeronautical mobile telemetry service.

SEC. 720. FLIGHTCREW MEMBER PAIRING AND CREW RESOURCE MANAGEMENT TECHNIQUES.

(a) **STUDY.—**The Administrator of the Federal Aviation Administration shall conduct a study on aviation industry best practices with regard to flightcrew member pairing, crew resource management techniques, and pilot commuting.

(b) **REPORT.—**Not later than one year after the date of enactment of this Act, the Administrator shall submit a report to the House of Representatives Committee on Transportation and Infrastructure and the Senate Committee on Commerce, Science, and Transportation on the results of the study.

SEC. 721. CONSOLIDATION OR ELIMINATION OF OBSOLETE, REDUNDANT, OR OTHERWISE UNNECESSARY REPORTS; USE OF ELECTRONIC MEDIA FORMAT.

(a) **CONSOLIDATION OR ELIMINATION OF REPORTS.—**No later than 2 years after the date of enactment of this Act, and every 2 years

thereafter, the Administrator of the Federal Aviation Administration shall submit a report to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure containing—

(1) a list of obsolete, redundant, or otherwise unnecessary reports the Administration is required by law to submit to the Congress or publish that the Administrator recommends eliminating or consolidating with other reports; and

(2) an estimate of the cost savings that would result from the elimination or consolidation of those reports.

(b) **USE OF ELECTRONIC MEDIA FOR REPORTS.**—

(1) **IN GENERAL.**—Notwithstanding any other provision of law, the Federal Aviation Administration—

(A) may not publish any report required or authorized by law in printed format; and

(B) shall publish any such report by posting it on the Administration's website in an easily accessible and downloadable electronic format.

(2) **EXCEPTION.**—Paragraph (1) does not apply to any report with respect to which the Administrator determines that—

(A) its publication in printed format is essential to the mission of the Federal Aviation Administration; or

(B) its publication in accordance with the requirements of paragraph (1) would disclose matter—

(i) described in section 552(b) of title 5, United States Code; or

(ii) the disclosure of which would have an adverse impact on aviation safety or security, as determined by the Administrator.

SEC. 722. LINE CHECK EVALUATIONS.

Section 44729(h) is amended—

(1) by striking paragraph (2); and

(2) by redesignating paragraph (3) as paragraph (2).

TITLE VIII—AIRPORT AND AIRWAY TRUST FUND PROVISIONS AND RELATED TAXES

SEC. 800. AMENDMENT OF 1986 CODE.

Except as otherwise expressly provided, whenever in this title an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Internal Revenue Code of 1986.

SEC. 801. EXTENSION OF TAXES FUNDING AIRPORT AND AIRWAY TRUST FUND.

(a) **FUEL TAXES.**—Subparagraph (B) of section 4081(d)(2) is amended by striking “March 31, 2010” and inserting “September 30, 2013”.

(b) **TICKET TAXES.**—

(1) **PERSONS.**—Clause (ii) of section 4261(j)(1)(A) is amended by striking “March 31, 2010” and inserting “September 30, 2013”.

(2) **PROPERTY.**—Clause (ii) of section 4271(d)(1)(A) is amended by striking “March 31, 2010” and inserting “September 30, 2013”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall take effect on April 1, 2010.

SEC. 802. EXTENSION OF AIRPORT AND AIRWAY TRUST FUND EXPENDITURE AUTHORITY.

(a) **IN GENERAL.**—Paragraph (1) of section 9502(d) is amended—

(1) by striking “April 1, 2010” in the matter preceding subparagraph (A) and inserting “October 1, 2013”; and

(2) by striking the semicolon at the end of subparagraph (A) and inserting “or the FAA Air Transportation Modernization and Safety Improvement Act;”.

(b) **CONFORMING AMENDMENT.**—Paragraph (2) of section 9502(e) is amended by striking

“April 1, 2010” and inserting “October 1, 2013”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall take effect on April 1, 2010.

SEC. 803. MODIFICATION OF EXCISE TAX ON KEROSENE USED IN AVIATION.

(a) **RATE OF TAX ON AVIATION-GRADE KEROSENE.**—

(1) **IN GENERAL.**—Subparagraph (A) of section 4081(a)(2) (relating to rates of tax) is amended by striking “and” at the end of clause (ii), by striking the period at the end of clause (iii) and inserting “, and”, and by adding at the end the following new clause:

“(iv) in the case of aviation-grade kerosene, 35.9 cents per gallon.”.

(2) **FUEL REMOVED DIRECTLY INTO FUEL TANK OF AIRPLANE USED IN NONCOMMERCIAL AVIATION.**—Subparagraph (C) of section 4081(a)(2) is amended to read as follows:

“(C) **TAXES IMPOSED ON FUEL USED IN COMMERCIAL AVIATION.**—In the case of aviation-grade kerosene which is removed from any refinery or terminal directly into the fuel tank of an aircraft for use in commercial aviation by a person registered for such use under section 4101, the rate of tax under subparagraph (A)(iv) shall be 4.3 cents per gallon.”.

(3) **EXEMPTION FOR AVIATION-GRADE KEROSENE REMOVED INTO AN AIRCRAFT.**—Subsection (e) of section 4082 is amended—

(A) by striking “kerosene” and inserting “aviation-grade kerosene”;

(B) by striking “section 4081(a)(2)(A)(iii)” and inserting “section 4081(a)(2)(A)(iv)”, and

(C) by striking “KEROSENE” in the heading and inserting “AVIATION-GRADE KEROSENE”.

(4) **CONFORMING AMENDMENTS.**—

(A) Clause (iii) of section 4081(a)(2)(A) is amended by inserting “other than aviation-grade kerosene” after “kerosene”.

(B) The following provisions are each amended by striking “kerosene” and inserting “aviation-grade kerosene”:

(i) Section 4081(a)(3)(A)(ii).

(ii) Section 4081(a)(3)(A)(iv).

(iii) Section 4081(a)(3)(D).

(C) Section 4081(a)(3)(D) is amended—

(i) by striking “paragraph (2)(C)(i)” in clause (i) and inserting “paragraph (2)(C)”, and

(ii) by striking “paragraph (2)(C)(ii)” in clause (ii) and inserting “paragraph (2)(A)(iv)”.

(D) Section 4081(a)(4) is amended—

(i) in the heading by striking “KEROSENE” and inserting “AVIATION-GRADE KEROSENE”, and

(ii) by striking “paragraph (2)(C)(i)” and inserting “paragraph (2)(C)”.

(E) Section 4081(d)(2) is amended by striking “(a)(2)(C)(ii)” and inserting “(a)(2)(A)(iv)”.

(b) **RETAIL TAX ON AVIATION FUEL.**—

(1) **EXEMPTION FOR PREVIOUSLY TAXED FUEL.**—Paragraph (2) of section 4041(c) is amended by inserting “at the rate specified in subsection (a)(2)(A)(iv) thereof” after “section 4081”.

(2) **RATE OF TAX.**—Paragraph (3) of section 4041(c) is amended to read as follows:

“(3) **RATE OF TAX.**—The rate of tax imposed by this subsection shall be the rate of tax in effect under section 4081(a)(2)(A)(iv) (4.3 cents per gallon with respect to any sale or use for commercial aviation).”.

(c) **REFUNDS RELATING TO AVIATION-GRADE KEROSENE.**—

(1) **KEROSENE USED IN COMMERCIAL AVIATION.**—Clause (ii) of section 6427(1)(4)(A) is amended by striking “specified in section 4041(c) or 4081(a)(2)(A)(iii), as the case may be,” and inserting “so imposed”.

(2) **KEROSENE USED IN AVIATION.**—Paragraph (4) of section 6427(1) is amended—

(A) by striking subparagraph (B) and redesignating subparagraph (C) as subparagraph (B), and

(B) by amending subparagraph (B), as redesignated by subparagraph (A), to read as follows:

“(B) **PAYMENTS TO ULTIMATE, REGISTERED VENDOR.**—With respect to any kerosene used in aviation (other than kerosene to which paragraph (6) applies), if the ultimate purchaser of such kerosene waives (at such time and in such form and manner as the Secretary shall prescribe) the right to payment under paragraph (1) and assigns such right to the ultimate vendor, then the Secretary shall pay (without interest) the amount which would be paid under paragraph (1) to such ultimate vendor, but only if such ultimate vendor—

“(i) is registered under section 4101, and

“(ii) meets the requirements of subparagraph (A), (B), or (D) of section 6416(a)(1).”.

(3) **AVIATION-GRADE KEROSENE NOT USED IN AVIATION.**—Subsection (1) of section 6427 is amended by redesignating paragraph (5) as paragraph (6) and by inserting after paragraph (4) the following new paragraph:

“(5) **REFUNDS FOR AVIATION-GRADE KEROSENE NOT USED IN AVIATION.**—If tax has been imposed under section 4081 at the rate specified in section 4081(a)(2)(A)(iv) and the fuel is used other than in an aircraft, the Secretary shall pay (without interest) to the ultimate purchaser of such fuel an amount equal to the amount of tax imposed on such fuel reduced by the amount of tax that would be imposed under section 4041 if no tax under section 4081 had been imposed.”.

(4) **CONFORMING AMENDMENTS.**—

(A) Section 4082(d)(2)(B) is amended by striking “6427(1)(5)(B)” and inserting “6427(1)(6)(B)”.

(B) Section 6427(i)(4) is amended—

(i) by striking “(4)(C)” the first two places it occurs and inserting “(4)(B)”, and

(ii) by striking “, (1)(4)(C)(ii), and” and inserting “and”.

(C) The heading of section 6427(1) is amended by striking “DIESEL FUEL AND KEROSENE” and inserting “DIESEL FUEL, KEROSENE, AND AVIATION FUEL”.

(D) Section 6427(1)(1) is amended by striking “paragraph (4)(C)(i)” and inserting “paragraph (4)(B)”.

(E) Section 6427(1)(4) is amended—

(i) by striking “KEROSENE USED IN AVIATION” in the heading and inserting “AVIATION-GRADE KEROSENE USED IN COMMERCIAL AVIATION”, and

(ii) in subparagraph (A)—

(I) by striking “kerosene” and inserting “aviation-grade kerosene”,

(II) by striking “KEROSENE USED IN COMMERCIAL AVIATION” in the heading and inserting “IN GENERAL”.

(d) **TRANSFERS TO THE AIRPORT AND AIRWAY TRUST FUND.**—

(1) **IN GENERAL.**—Subparagraph (C) of section 9502(b)(1) is amended to read as follows: “(C) section 4081 with respect to aviation gasoline and aviation-grade kerosene, and”.

(2) **TRANSFERS ON ACCOUNT OF CERTAIN REFUNDS.**—

(A) **IN GENERAL.**—Subsection (d) of section 9502 is amended—

(i) in paragraph (2) by striking “(other than subsection (1)(4) thereof)”, and

(ii) in paragraph (3) by striking “(other than payments made by reason of paragraph (4) of section 6427(1))”.

(B) **CONFORMING AMENDMENTS.**—

(i) Section 9503(b)(4) is amended by striking “or” at the end of subparagraph (C), by

striking the period at the end of subparagraph (D) and inserting a comma, and by inserting after subparagraph (D) the following:

“(E) section 4081 to the extent attributable to the rate specified in clause (ii) or (iv) of section 4081(a)(2)(A), or

“(F) section 4041(c).”.

(ii) Section 9503(c) is amended by striking paragraph (6).

(iii) Section 9502(a) is amended—

(I) by striking “appropriated, credited, or paid into” and inserting “appropriated or credited to”, and

(II) by striking “, section 9503(c)(7).”.

(e) **EFFECTIVE DATE.**—The amendments made by this section shall apply to fuels removed, entered, or sold after June 30, 2010.

(f) **FLOOR STOCKS TAX.**—

(1) **IMPOSITION OF TAX.**—In the case of aviation fuel which is held on July 1, 2010, by any person, there is hereby imposed a floor stocks tax on aviation fuel equal to—

(A) the tax which would have been imposed before such date on such fuel had the amendments made by this section been in effect at all times before such date, reduced by

(B) the sum of—

(i) the tax imposed before such date on such fuel under section 4081 of the Internal Revenue Code of 1986, as in effect on such date, and

(ii) in the case of kerosene held exclusively for such person's own use, the amount which such person would (but for this clause) reasonably expect (as of such date) to be paid as a refund under section 6427(l) of such Code with respect to such kerosene.

(2) **LIABILITY FOR TAX AND METHOD OF PAYMENT.**—

(A) **LIABILITY FOR TAX.**—A person holding aviation fuel on July 1, 2010, shall be liable for such tax.

(B) **TIME AND METHOD OF PAYMENT.**—The tax imposed by paragraph (1) shall be paid at such time and in such manner as the Secretary of the Treasury shall prescribe.

(3) **TRANSFER OF FLOOR STOCK TAX REVENUES TO TRUST FUNDS.**—For purposes of determining the amount transferred to the Airport and Airway Trust Fund, the tax imposed by this subsection shall be treated as imposed by section 4081(a)(2)(A)(iv) of the Internal Revenue Code of 1986.

(4) **DEFINITIONS.**—For purposes of this subsection—

(A) **AVIATION FUEL.**—The term “aviation fuel” means aviation-grade kerosene and aviation gasoline, as such terms are used within the meaning of section 4081 of the Internal Revenue Code of 1986.

(B) **HELD BY A PERSON.**—Aviation fuel shall be considered as held by a person if title thereto has passed to such person (whether or not delivery to the person has been made).

(C) **SECRETARY.**—The term “Secretary” means the Secretary of the Treasury or the Secretary's delegate.

(5) **EXCEPTION FOR EXEMPT USES.**—The tax imposed by paragraph (1) shall not apply to any aviation fuel held by any person exclusively for any use to the extent a credit or refund of the tax is allowable under the Internal Revenue Code of 1986 for such use.

(6) **EXCEPTION FOR CERTAIN AMOUNTS OF FUEL.**—

(A) **IN GENERAL.**—No tax shall be imposed by paragraph (1) on any aviation fuel held on July 1, 2010, by any person if the aggregate amount of such aviation fuel held by such person on such date does not exceed 2,000 gallons. The preceding sentence shall apply only if such person submits to the Secretary (at the time and in the manner required by the Secretary) such information as the Sec-

retary shall require for purposes of this subsection.

(B) **EXEMPT FUEL.**—For purposes of subparagraph (A), there shall not be taken into account any aviation fuel held by any person which is exempt from the tax imposed by paragraph (1) by reason of paragraph (5).

(C) **CONTROLLED GROUPS.**—For purposes of this subsection—

(i) **CORPORATIONS.**—

(I) **IN GENERAL.**—All persons treated as a controlled group shall be treated as 1 person.

(II) **CONTROLLED GROUP.**—The term “controlled group” has the meaning given to such term by subsection (a) of section 1563 of the Internal Revenue Code of 1986; except that for such purposes the phrase “more than 50 percent” shall be substituted for the phrase “at least 80 percent” each place it appears in such subsection.

(ii) **NONINCORPORATED PERSONS UNDER COMMON CONTROL.**—Under regulations prescribed by the Secretary, principles similar to the principles of subparagraph (A) shall apply to a group of persons under common control if 1 or more of such persons is not a corporation.

(7) **OTHER LAWS APPLICABLE.**—All provisions of law, including penalties, applicable with respect to the taxes imposed by section 4081 of the Internal Revenue Code of 1986 on the aviation fuel involved shall, insofar as applicable and not inconsistent with the provisions of this subsection, apply with respect to the floor stock taxes imposed by paragraph (1) to the same extent as if such taxes were imposed by such section.

SEC. 804. AIR TRAFFIC CONTROL SYSTEM MODERNIZATION ACCOUNT.

(a) **IN GENERAL.**—Section 9502 (relating to the Airport and Airway Trust Fund) is amended by adding at the end the following new subsection:

“(f) **ESTABLISHMENT OF AIR TRAFFIC CONTROL SYSTEM MODERNIZATION ACCOUNT.**—

“(1) **CREATION OF ACCOUNT.**—There is established in the Airport and Airway Trust Fund a separate account to be known as the ‘Air Traffic Control System Modernization Account’ consisting of such amounts as may be transferred or credited to the Air Traffic Control System Modernization Account as provided in this subsection or section 9602(b).

“(2) **TRANSFERS TO AIR TRAFFIC CONTROL SYSTEM MODERNIZATION ACCOUNT.**—On October 1, 2010, and annually thereafter the Secretary shall transfer \$400,000,000 to the Air Traffic Control System Modernization Account from amounts appropriated to the Airport and Airway Trust Fund under subsection (b) which are attributable to taxes on aviation-grade kerosene.

“(3) **EXPENDITURES FROM ACCOUNT.**—Amounts in the Air Traffic Control System Modernization Account shall be available subject to appropriation for expenditures relating to the modernization of the air traffic control system (including facility and equipment account expenditures).”.

(b) **CONFORMING AMENDMENT.**—Section 9502(d)(1) is amended by striking “Amounts” and inserting “Except as provided in subsection (f), amounts”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall take effect on the date of the enactment of this Act.

SEC. 805. TREATMENT OF FRACTIONAL AIRCRAFT OWNERSHIP PROGRAMS.

(a) **FUEL SURTAX.**—

(1) **IN GENERAL.**—Subchapter B of chapter 31 is amended by adding at the end the following new section:

“SEC. 4043. SURTAX ON FUEL USED IN AIRCRAFT PART OF A FRACTIONAL OWNERSHIP PROGRAM.

“(a) **IN GENERAL.**—There is hereby imposed a tax on any liquid used during any calendar quarter by any person as a fuel in an aircraft which is—

“(1) registered in the United States, and

“(2) part of a fractional ownership aircraft program.

“(b) **AMOUNT OF TAX.**—The rate of tax imposed by subsection (a) is 14.1 cents per gallon.

“(c) **FRACTIONAL OWNERSHIP AIRCRAFT PROGRAM.**—For purposes of this section—

“(1) **IN GENERAL.**—The term ‘fractional ownership aircraft program’ means a program under which—

“(A) a single fractional ownership program manager provides fractional ownership program management services on behalf of the fractional owners,

“(B) 2 or more airworthy aircraft are part of the program,

“(C) there are 1 or more fractional owners per program aircraft, with at least 1 program aircraft having more than 1 owner,

“(D) each fractional owner possesses at least a minimum fractional ownership interest in 1 or more program aircraft,

“(E) there exists a dry-lease exchange arrangement among all of the fractional owners, and

“(F) there are multi-year program agreements covering the fractional ownership, fractional ownership program management services, and dry-lease aircraft exchange aspects of the program.

“(2) **MINIMUM FRACTIONAL OWNERSHIP INTEREST.**—

“(A) **IN GENERAL.**—The term ‘minimum fractional ownership interest’ means, with respect to each type of aircraft—

“(i) a fractional ownership interest equal to or greater than $\frac{1}{16}$ of at least 1 subsonic, fixed wing or powered lift program aircraft, or

“(ii) a fractional ownership interest equal to or greater than $\frac{1}{32}$ of at least 1 rotorcraft program aircraft.

“(B) **FRACTIONAL OWNERSHIP INTEREST.**—The term ‘fractional ownership interest’ means—

“(i) the ownership of an interest in a program aircraft,

“(ii) the holding of a multi-year leasehold interest in a program aircraft, or

“(iii) the holding of a multi-year leasehold interest which is convertible into an ownership interest in a program aircraft.

“(3) **DRY-LEASE EXCHANGE ARRANGEMENT.**—A ‘dry-lease aircraft exchange’ means an agreement, documented by the written program agreements, under which the program aircraft are available, on an as needed basis without crew, to each fractional owner.

“(d) **TERMINATION.**—This section shall not apply to liquids used as a fuel in an aircraft after September 30, 2013.”.

(2) **CONFORMING AMENDMENT.**—Section 4082(e) is amended by inserting “(other than an aircraft described in section 4043(a))” after “an aircraft”.

(3) **TRANSFER OF REVENUES TO AIRPORT AND AIRWAY TRUST FUND.**—Section 9502(b)(1) is amended by redesignating subparagraphs (B) and (C) as subparagraphs (C) and (D), respectively, and by inserting after subparagraph (A) the following new subparagraph:

“(B) section 4043 (relating to surtax on fuel used in aircraft part of a fractional ownership program).”.

(4) **CLERICAL AMENDMENT.**—The table of sections for subchapter B of chapter 31 is

amended by adding at the end the following new item:

“Sec. 4043. Surtax on fuel used in aircraft part of a fractional ownership program.”.

(b) FRACTIONAL OWNERSHIP PROGRAMS TREATED AS NON-COMMERCIAL AVIATION.—Subsection (b) of section 4083 is amended by adding at the end the following new sentence: “For uses of aircraft before October 1, 2013, such term shall not include the use of any aircraft which is part of a fractional ownership aircraft program (as defined by section 4043(c)).”.

(c) EXEMPTION FROM TAX ON TRANSPORTATION OF PERSONS.—Section 4261, as amended by this Act, is amended by redesignating subsection (j) as subsection (k) and by inserting after subsection (i) the following new subsection:

“(j) EXEMPTION FOR AIRCRAFT IN FRACTIONAL OWNERSHIP AIRCRAFT PROGRAMS.—No tax shall be imposed by this section or section 4271 on any air transportation provided before October 1, 2013, by an aircraft which is part of a fractional ownership aircraft program (as defined by section 4043(c)).”.

(d) EFFECTIVE DATES.—

(1) SUBSECTION (a).—The amendments made by subsection (a) shall apply to fuel used after June 30, 2010.

(2) SUBSECTION (b).—The amendment made by subsection (b) shall apply to uses of aircraft after June 30, 2010.

(3) SUBSECTION (c).—The amendments made by subsection (c) shall apply to taxable transportation provided after June 30, 2010.

SEC. 806. TERMINATION OF EXEMPTION FOR SMALL AIRCRAFT ON NONESTABLISHED LINES.

(a) IN GENERAL.—Section 4281 is amended to read as follows:

“SEC. 4281. SMALL AIRCRAFT OPERATED SOLELY FOR SIGHTSEEING.

“The taxes imposed by sections 4261 and 4271 shall not apply to transportation by an aircraft having a maximum certificated takeoff weight of 6,000 pounds or less at any time during which such aircraft is being operated on a flight the sole purpose of which is sightseeing. For purposes of the preceding sentence, the term ‘maximum certificated takeoff weight’ means the maximum such weight contained in the type certificate or airworthiness certificate.”.

(b) CONFORMING AMENDMENT.—The item relating to section 4281 in the table of sections for part III of subchapter C of chapter 33 is amended by striking “on nonestablished lines” and inserting “operated solely for sightseeing”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable transportation provided after June 30, 2010.

SEC. 807. TRANSPARENCY IN PASSENGER TAX DISCLOSURES.

(a) IN GENERAL.—Section 7275 (relating to penalty for offenses relating to certain airline tickets and advertising) is amended—

(1) by redesignating subsection (c) as subsection (d),

(2) by striking “subsection (a) or (b)” in subsection (d), as so redesignated, and inserting “subsection (a), (b), or (c)”, and

(3) by inserting after subsection (b) the following new subsection:

“(c) NON-TAX CHARGES.—

“(1) IN GENERAL.—In the case of transportation by air for which disclosure on the ticket or advertising for such transportation of the amounts paid for passenger taxes is required by subsection (a)(2) or (b)(1)(B), it shall be unlawful for the disclosure of the amount of such taxes on such ticket or ad-

vertising to include any amounts not attributable to the taxes imposed by subsection (a), (b), or (c) of section 4261.

“(2) INCLUSION IN TRANSPORTATION COST.—Nothing in this subsection shall prohibit the inclusion of amounts not attributable to the taxes imposed by subsection (a), (b), or (c) of section 4261 in the disclosure of the amount paid for transportation as required by subsection (a)(1) or (b)(1)(A), or in a separate disclosure of amounts not attributable to such taxes.”.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable transportation provided after June 30, 2010.

TITLE IX—BUDGETARY EFFECTS

SEC. 901. BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go-Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the Senate Budget Committee, provided that such statement has been submitted prior to the vote on passage.

SA 3453. Mr. SESSIONS (for himself and Mrs. MCCASKILL) proposed an amendment to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; as follows:

At the end, insert the following:

SEC. 01. DISCRETIONARY SPENDING LIMITS.

(a) IN GENERAL.—Title III of the Congressional Budget Act of 1974 is amended by inserting at the end the following:

“DISCRETIONARY SPENDING LIMITS

“SEC. 316. (a) DISCRETIONARY SPENDING LIMITS.—It shall not be in order in the House of Representatives or the Senate to consider any bill, joint resolution, amendment, or conference report that includes any provision that would cause the discretionary spending limits as set forth in this section to be exceeded.

“(b) LIMITS.—In this section, the term ‘discretionary spending limits’ has the following meaning subject to adjustments in subsection (c):

“(1) For fiscal year 2011—

“(A) for the defense category (budget function 050), \$564,293,000,000 in budget authority; and

“(B) for the nondefense category, \$529,662,000,000 in budget authority.

“(2) For fiscal year 2012—

“(A) for the defense category (budget function 050), \$573,612,000,000 in budget authority; and

“(B) for the nondefense category, \$533,232,000,000 in budget authority.

“(3) For fiscal year 2013—

“(A) for the defense category (budget function 050), \$584,421,000,000 in budget authority; and

“(B) for the nondefense category, \$540,834,000,000 in budget authority.

“(4) With respect to fiscal years following 2013, the President shall recommend and the Congress shall consider legislation setting limits for those fiscal years.

“(c) ADJUSTMENTS.—

“(1) IN GENERAL.—After the reporting of a bill or joint resolution relating to any matter described in paragraph (2), or the offering of an amendment thereto or the submission of a conference report thereon—

“(A) the Chairman of the Senate Committee on the Budget may adjust the discre-

tionary spending limits, the budgetary aggregates in the concurrent resolution on the budget most recently adopted by the Senate and the House of Representatives, and allocations pursuant to section 302(a) of the Congressional Budget Act of 1974, by the amount of new budget authority in that measure for that purpose and the outlays flowing there from; and

“(B) following any adjustment under subparagraph (A), the Senate Committee on Appropriations may report appropriately revised suballocations pursuant to section 302(b) of the Congressional Budget Act of 1974 to carry out this subsection.

“(2) MATTERS DESCRIBED.—Matters referred to in paragraph (1) are as follows:

“(A) OVERSEAS DEPLOYMENTS AND OTHER ACTIVITIES.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013, that provides funding for overseas deployments and other activities, the adjustment for purposes paragraph (1) shall be the amount of budget authority in that measure for that purpose but not to exceed—

“(i) with respect to fiscal year 2011, \$50,000,000,000 in new budget authority;

“(ii) with respect to fiscal year 2012, \$50,000,000,000 in new budget authority; and

“(iii) with respect to fiscal year 2013, \$50,000,000,000 in new budget authority.

“(B) INTERNAL REVENUE SERVICE TAX ENFORCEMENT.—

“(i) IN GENERAL.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013, that includes the amount described in clause (ii)(I), plus an additional amount for enhanced tax enforcement to address the Federal tax gap (taxes owed but not paid) described in clause (ii)(II), the adjustment for purposes of paragraph (1) shall be the amount of budget authority in that measure for that initiative not exceeding the amount specified in clause (ii)(II) for that fiscal year.

“(ii) AMOUNTS.—The amounts referred to in clause (i) are as follows:

“(I) For fiscal year 2011, \$7,171,000,000, for fiscal year 2012, \$7,243,000,000, and for fiscal year 2013, \$7,315,000,000.

“(II) For fiscal year 2011, \$899,000,000, for fiscal year 2012, and \$908,000,000, for fiscal year 2013, \$917,000,000.

“(C) CONTINUING DISABILITY REVIEWS AND SSI REDETERMINATIONS.—

“(i) IN GENERAL.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013 that includes the amount described in clause (ii)(I), plus an additional amount for Continuing Disability Reviews and Supplemental Security Income Redeterminations for the Social Security Administration described in clause (ii)(II), the adjustment for purposes of paragraph (1) shall be the amount of budget authority in that measure for that initiative not exceeding the amount specified in clause (ii)(II) for that fiscal year.

“(ii) AMOUNTS.—The amounts referred to in clause (i) are as follows:

“(I) For fiscal year 2011, \$276,000,000, for fiscal year 2012, \$278,000,000, and for fiscal year 2013, \$281,000,000.

“(II) For fiscal year 2011, \$490,000,000; for fiscal year 2012, and \$495,000,000; for fiscal year 2013, \$500,000,000.

“(iii) ASSET VERIFICATION.—

“(I) IN GENERAL.—The additional appropriation permitted under clause (ii)(II) may also provide that a portion of that amount, not to exceed the amount specified in subclause (II) for that fiscal year instead may be used for asset verification for Supplemental

Security Income recipients, but only if, and to the extent that the Office of the Chief Actuary estimates that the initiative would be at least as cost effective as the redeterminations of eligibility described in this subparagraph.

“(II) AMOUNTS.—For fiscal year 2011, \$34,340,000, for fiscal year 2012, \$34,683,000, and for fiscal year 2013, \$35,030,000.

“(D) HEALTH CARE FRAUD AND ABUSE.—

“(i) IN GENERAL.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013 that includes the amount described in clause (ii) for the Health Care Fraud and Abuse Control program at the Department of Health & Human Services for that fiscal year, the adjustment for purposes of paragraph (1) shall be the amount of budget authority in that measure for that initiative but not to exceed the amount described in clause (ii).

“(ii) AMOUNT.—The amount referred to in clause (i) is for fiscal year 2011, \$314,000,000, for fiscal year 2012, \$317,000,000, and for fiscal year 2013, \$320,000,000.

“(E) UNEMPLOYMENT INSURANCE IMPROPER PAYMENT REVIEWS.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013 that includes \$10,000,000, plus an additional amount for in-person reemployment and eligibility assessments and unemployment improper payment reviews for the Department of Labor, the adjustment for purposes paragraph (1) shall be the amount of budget authority in that measure for that initiative but not to exceed—

“(i) with respect to fiscal year 2011, \$51,000,000 in new budget authority;

“(ii) with respect to fiscal year 2012, \$51,000,000 in new budget authority; and

“(iii) with respect to fiscal year 2013, \$52,000,000 in new budget authority.

“(F) LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIEAP).—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013 that includes \$3,200,000,000 in funding for the Low-Income Home Energy Assistance Program and provides an additional amount up to \$1,900,000,000 for that program, the adjustment for purposes of paragraph (1) shall be the amount of budget authority in that measure for that initiative but not to exceed \$1,900,000,000.

“(d) EMERGENCY SPENDING.—

“(1) AUTHORITY TO DESIGNATE.—In the Senate, with respect to a provision of direct spending or receipts legislation or appropriations for discretionary accounts that Congress designates as an emergency requirement in such measure, the amounts of new budget authority, outlays, and receipts in all fiscal years resulting from that provision shall be treated as an emergency requirement for the purpose of this subsection.

“(2) EXEMPTION OF EMERGENCY PROVISIONS.—Any new budget authority, outlays, and receipts resulting from any provision designated as an emergency requirement, pursuant to this subsection, in any bill, joint resolution, amendment, or conference report shall not count for purposes of sections 302 and 311 of the Congressional Budget Act of 1974, section 201 of S. Con. Res. 21 (110th Congress) (relating to pay-as-you-go), and section 311 of S. Con. Res. 70 (110th Congress) (relating to long-term deficits).

“(3) DESIGNATIONS.—If a provision of legislation is designated as an emergency requirement under this subsection, the committee report and any statement of managers accompanying that legislation shall include an explanation of the manner in

which the provision meets the criteria in paragraph (6).

“(4) DEFINITIONS.—In this subsection, the terms ‘direct spending’, ‘receipts’, and ‘appropriations for discretionary accounts’ mean any provision of a bill, joint resolution, amendment, motion, or conference report that affects direct spending, receipts, or appropriations as those terms have been defined and interpreted for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985.

“(5) POINT OF ORDER.—

“(A) IN GENERAL.—When the Senate is considering a bill, resolution, amendment, motion, or conference report, if a point of order is made by a Senator against an emergency designation in that measure, that provision making such a designation shall be stricken from the measure and may not be offered as an amendment from the floor.

“(B) SUPERMAJORITY WAIVER AND APPEALS.—

“(1) WAIVER.—Subparagraph (A) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn.

“(ii) APPEALS.—Appeals in the Senate from the decisions of the Chair relating to any provision of this paragraph shall be limited to 1 hour, to be equally divided between, and controlled by, the appellant and the manager of the bill or joint resolution, as the case may be. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this paragraph.

“(C) DEFINITION OF AN EMERGENCY DESIGNATION.—For purposes of subparagraph (A), a provision shall be considered an emergency designation if it designates any item as an emergency requirement pursuant to this paragraph.

“(D) FORM OF THE POINT OF ORDER.—A point of order under subparagraph (A) may be raised by a Senator as provided in section 313(e) of the Congressional Budget Act of 1974.

“(E) CONFERENCE REPORTS.—When the Senate is considering a conference report on, or an amendment between the Houses in relation to, a bill, upon a point of order being made by any Senator pursuant to this paragraph, and such point of order being sustained, such material contained in such conference report shall be deemed stricken, and the Senate shall proceed to consider the question of whether the Senate shall recede from its amendment and concur with a further amendment, or concur in the House amendment with a further amendment, as the case may be, which further amendment shall consist of only that portion of the conference report or House amendment, as the case may be, not so stricken. Any such motion in the Senate shall be debatable. In any case in which such point of order is sustained against a conference report (or Senate amendment derived from such conference report by operation of this subsection), no further amendment shall be in order.

“(6) CRITERIA.—

“(A) IN GENERAL.—For purposes of this subsection, any provision is an emergency requirement if the situation addressed by such provision is—

“(i) necessary, essential, or vital (not merely useful or beneficial);

“(ii) sudden, quickly coming into being, and not building up over time;

“(iii) an urgent, pressing, and compelling need requiring immediate action;

“(iv) subject to clause (ii), unforeseen, unpredictable, and unanticipated; and

“(v) not permanent, temporary in nature.

“(7) UNFORESEEN.—An emergency that is part of an aggregate level of anticipated emergencies, particularly when normally estimated in advance, is not unforeseen.

“(e) LIMITATIONS ON CHANGES TO EXEMPTIONS.—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report that would exempt any new budget authority, outlays, and receipts from being counted for purposes of this section.

“(f) POINT OF ORDER IN THE SENATE.—

“(1) WAIVER.—The provisions of this section shall be waived or suspended in the Senate only—

“(A) by the affirmative vote of two-thirds of the Members, duly chosen and sworn; or

“(B) in the case of the defense budget authority, if Congress declares war or authorizes the use of force.

“(2) APPEAL.—Appeals in the Senate from the decisions of the Chair relating to any provision of this section shall be limited to 1 hour, to be equally divided between, and controlled by, the appellant and the manager of the measure. An affirmative vote of two-thirds of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

“(3) LIMITATIONS ON CHANGES TO THIS SUBSECTION.—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report that would repeal or otherwise change this subsection.”

(b) TABLE OF CONTENTS.—The table of contents set forth in section 1(b) of the Congressional Budget and Impoundment Control Act of 1974 is amended by inserting after the item relating to section 315 the following new item:

“Sec. 316. Discretionary spending limits.”.

SA 3454. Mr. DEMINT (for himself, Mr. MCCAIN, Mr. COBURN, Mr. GRASSLEY, and Mr. FEINGOLD) submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . FISCAL YEARS 2010 AND 2011 EARMARK MORATORIUM.

(a) BILLS AND JOINT RESOLUTIONS.—

(1) POINT OF ORDER.—It shall not be in order to—

(A) consider a bill or joint resolution reported by any committee that includes an earmark, limited tax benefit, or limited tariff benefit; or

(B) a Senate bill or joint resolution not reported by committee that includes an earmark, limited tax benefit, or limited tariff benefit.

(2) RETURN TO THE CALENDAR.—If a point of order is sustained under this subsection, the bill or joint resolution shall be returned to the calendar until compliance with this subsection has been achieved.

(b) CONFERENCE REPORT.—

(1) POINT OF ORDER.—It shall not be in order to vote on the adoption of a report of a committee of conference if the report includes an earmark, limited tax benefit, or limited tariff benefit.

(2) RETURN TO THE CALENDAR.—If a point of order is sustained under this subsection, the conference report shall be returned to the calendar.

(c) FLOOR AMENDMENT.—It shall not be in order to consider an amendment to a bill or joint resolution if the amendment contains an earmark, limited tax benefit, or limited tariff benefit.

(d) AMENDMENT BETWEEN THE HOUSES.—

(1) IN GENERAL.—It shall not be in order to consider an amendment between the Houses if that amendment includes an earmark, limited tax benefit, or limited tariff benefit.

(2) RETURN TO THE CALENDAR.—If a point of order is sustained under this subsection, the amendment between the Houses shall be returned to the calendar until compliance with this subsection has been achieved.

(e) WAIVER.—Any Senator may move to waive any or all points of order under this section by an affirmative vote of two-thirds of the Members, duly chosen and sworn.

(f) DEFINITIONS.—For the purpose of this section—

(1) the term “earmark” means a provision or report language included primarily at the request of a Senator or Member of the House of Representatives providing, authorizing, or recommending a specific amount of discretionary budget authority, credit authority, or other spending authority for a contract, loan, loan guarantee, grant, loan authority, or other expenditure with or to an entity, or targeted to a specific State, locality or Congressional district, other than through a statutory or administrative formula-driven or competitive award process;

(2) the term “limited tax benefit” means any revenue provision that—

(A) provides a Federal tax deduction, credit, exclusion, or preference to a particular beneficiary or limited group of beneficiaries under the Internal Revenue Code of 1986; and

(B) contains eligibility criteria that are not uniform in application with respect to potential beneficiaries of such provision; and

(3) the term “limited tariff benefit” means a provision modifying the Harmonized Tariff Schedule of the United States in a manner that benefits 10 or fewer entities.

(g) FISCAL YEARS 2010 AND 2011.—The point of order under this section shall only apply to legislation providing or authorizing discretionary budget authority, credit authority or other spending authority, providing a federal tax deduction, credit, or exclusion, or modifying the Harmonized Tariff Schedule in fiscal years 2010 and 2011.

(h) APPLICATION.—This rule shall not apply to any authorization of appropriations to a Federal entity if such authorization is not specifically targeted to a State, locality or congressional district.

SA 3455. Mr. CRAPO (for himself and Mr. RISCH) submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 298, line 15, insert “the Salt Lake City TRACON,” after “Miami TRACON,”.

SA 3456. Mr. LIEBERMAN (for himself, Ms. COLLINS, Mrs. FEINSTEIN, Mr. BYRD, Mr. ENSIGN, and Mr. VOINOVICH) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; as follows:

At the end, add the following:

TITLE X—DC OPPORTUNITY SCHOLARSHIP PROGRAM

SEC. 1001. SHORT TITLE.

This title may be cited as the “Scholarships for Opportunity and Results Act of 2010” or the “SOAR Act”.

SEC. 1002. FINDINGS.

Congress finds the following:

(1) Parents are best equipped to make decisions for their children, including the educational setting that will best serve the interests and educational needs of their child.

(2) For many parents in the District of Columbia, public school choice provided under the Elementary and Secondary Education Act of 1965, as amended by the No Child Left Behind Act of 2001, as well as under other public school choice programs, is inadequate. More educational options are needed to ensure all families in the District of Columbia have access to a quality education. In particular, funds are needed to provide low-income parents with enhanced public opportunities and private educational environments, regardless of whether such environments are secular or nonsecular.

(3) Public school records raise persistent concerns regarding health and safety problems in District of Columbia public schools. For example, more than half of the District of Columbia’s teenage public school students attend schools that meet the District of Columbia’s definition of “persistently dangerous” due to the number of violent crimes.

(4) While the per student cost for students in the public schools of the District of Columbia is one of the highest in the United States, test scores for such students continue to be among the lowest in the Nation. The National Assessment of Educational Progress (NAEP), an annual report released by the National Center for Education Statistics, reported in its 2007 study that students in the District of Columbia were being outperformed by every State in the Nation. On the 2007 NAEP, 61 percent of fourth grade students scored “below basic” in reading, and 51 percent scored “below basic” in mathematics. Among eighth grade students, 52 percent scored “below basic” in reading and 56 percent scored “below basic” in mathematics. On the 2007 NAEP reading assessment, only 14 percent of the District of Columbia fourth grade students could read proficiently, while only 12 percent of the eighth grade students scored at the proficient or advanced level.

(5) In 2003, Congress passed the DC School Choice Incentive Act of 2003 (Public Law 108–199; 118 Stat. 126) to provide opportunity scholarships to parents of students in the District of Columbia that could be used by students in kindergarten through grade 12 to attend a private educational institution. The opportunity scholarship program under such Act was part of a comprehensive 3-part funding arrangement that also included additional funds for the District of Columbia public schools, and additional funds for public charter schools of the District of Columbia. The intent of the approach was to ensure that progress would continue to be made to improve public schools and public charter schools, and that funding for the opportunity scholarship program would not lead to a reduction in funding for the District of Columbia public and charter schools. Resources would be available for a variety of educational options that would give families in the District of Columbia a range of choices with regard to the education of their children.

(6) The opportunity scholarship program was established in accordance with the U.S.

Supreme Court decision, *Zelman v. Simmons-Harris*, 536 U.S. 639 (2002), which found that a program enacted for the valid secular purpose of providing educational assistance to low-income children in a demonstrably failing public school system is constitutional if it is neutral with respect to religion and provides assistance to a broad class of citizens who direct government aid to religious and secular schools solely as a result of their genuine and independent private choices.

(7) Since the opportunity scholarship program’s inception, it has consistently been oversubscribed. Parents express strong support for the opportunity scholarship program. A rigorous analysis of the program by the Institute of Education Sciences (IES) shows statistically significant improvements in parental satisfaction and in reading scores that are even more dramatic when only those students consistently using the scholarships are considered.

(8) The DC opportunity scholarship program is a program that offers families in need, in the District of Columbia, important alternatives while public schools are improved. It is the sense of Congress that this program should continue as 1 of a 3-part comprehensive funding strategy for the District of Columbia school system that provides new and equal funding for public schools, public charter schools, and opportunity scholarships for students to attend private schools.

SEC. 1003. PURPOSE.

The purpose of this title is to provide low-income parents residing in the District of Columbia, particularly parents of students who attend elementary schools or secondary schools identified for improvement, corrective action, or restructuring under section 1116 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6316), with expanded opportunities for enrolling their children in other schools in the District of Columbia, at least until the public schools in the District of Columbia have adequately addressed shortfalls in health, safety, and security and the students in the District of Columbia public schools are testing in mathematics and reading at or above the national average.

SEC. 1004. GENERAL AUTHORITY.

(a) AUTHORITY.—From funds appropriated to carry out this title, the Secretary shall award grants on a competitive basis to eligible entities with approved applications under section 1005 to carry out activities to provide eligible students with expanded school choice opportunities. The Secretary may award a single grant or multiple grants, depending on the quality of applications submitted and the priorities of this title.

(b) DURATION OF GRANTS.—The Secretary shall make grants under this section for a period of not more than 5 years.

(c) MEMORANDUM OF UNDERSTANDING.—The Secretary and the Mayor of the District of Columbia shall enter into a memorandum of understanding regarding the design of, selection of eligible entities to receive grants under, and implementation of, a program assisted under this title.

(d) SPECIAL RULE.—Notwithstanding any other provision of law, funding appropriated for the opportunity scholarship program under the Omnibus Appropriations Act, 2009 (Public Law 111–8), the District of Columbia Appropriations Act, 2010 (Public Law 111–117), or any other Act, may be used to provide opportunity scholarships under section 1007 to new applicants.

SEC. 1005. APPLICATIONS.

(a) IN GENERAL.—In order to receive a grant under this title, an eligible entity

shall submit an application to the Secretary at such time, in such manner, and accompanied by such information as the Secretary may require.

(b) **CONTENTS.**—The Secretary may not approve the request of an eligible entity for a grant under this title unless the entity's application includes—

(1) a detailed description of—

(A) how the entity will address the priorities described in section 1006;

(B) how the entity will ensure that if more eligible students seek admission in the program than the program can accommodate, eligible students are selected for admission through a random selection process which gives weight to the priorities described in section 1006;

(C) how the entity will ensure that if more participating eligible students seek admission to a participating school than the school can accommodate, participating eligible students are selected for admission through a random selection process;

(D) how the entity will notify parents of eligible students of the expanded choice opportunities and how the entity will ensure that parents receive sufficient information about their options to allow the parents to make informed decisions;

(E) the activities that the entity will carry out to provide parents of eligible students with expanded choice opportunities through the awarding of scholarships under section 1007(a);

(F) how the entity will determine the amount that will be provided to parents for the tuition, fees, and transportation expenses, if any;

(G) how the entity will—

(i) seek out private elementary schools and secondary schools in the District of Columbia to participate in the program; and

(ii) ensure that participating schools will meet the reporting and other requirements of this title;

(H) how the entity will ensure that participating schools are financially responsible and will use the funds received under this title effectively;

(I) how the entity will address the renewal of scholarships to participating eligible students, including continued eligibility; and

(J) how the entity will ensure that a majority of its voting board members or governing organization are residents of the District of Columbia;

(2) an assurance that the entity will comply with all requests regarding any evaluation carried out under section 1009; and

(3) an assurance that site inspections of participating schools will be conducted at appropriate intervals.

SEC. 1006. PRIORITIES.

In awarding grants under this title, the Secretary shall give priority to applications from eligible entities that will most effectively—

(1) give priority to eligible students who, in the school year preceding the school year for which the eligible student is seeking a scholarship, attended an elementary school or secondary school identified for improvement, corrective action, or restructuring under section 1116 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6316);

(2) give priority to students whose household includes a sibling or other child who is already participating in the program of the eligible entity under this title, regardless of whether such students have, in the past, been assigned as members of a control study group for the purposes of an evaluation under section 1009;

(3) target resources to students and families that lack the financial resources to take advantage of available educational options; and

(4) provide students and families with the widest range of educational options.

SEC. 1007. USE OF FUNDS.

(a) **SCHOLARSHIPS.**—

(1) **IN GENERAL.**—Subject to paragraphs (2) and (3), an eligible entity receiving a grant under this title shall use the grant funds to provide eligible students with scholarships to pay the tuition, fees, and transportation expenses, if any, to enable the eligible students to attend the District of Columbia private elementary school or secondary school of their choice beginning in school year 2010–2011. Each such eligible entity shall ensure that the amount of any tuition or fees charged by a school participating in such eligible entity's program under this title to an eligible student participating in the program does not exceed the amount of tuition or fees that the school charges to students who do not participate in the program.

(2) **PAYMENTS TO PARENTS.**—An eligible entity receiving a grant under this title shall make scholarship payments under the program under this title to the parent of the eligible student participating in the program, in a manner which ensures that such payments will be used for the payment of tuition, fees, and transportation expenses (if any), in accordance with this title.

(3) **AMOUNT OF ASSISTANCE.**—

(A) **VARYING AMOUNTS PERMITTED.**—Subject to the other requirements of this section, an eligible entity receiving a grant under this title may award scholarships in larger amounts to those eligible students with the greatest need.

(B) **ANNUAL LIMIT ON AMOUNT.**—

(i) **LIMIT FOR SCHOOL YEAR 2010–2011.**—The amount of assistance provided to any eligible student by an eligible entity under a program under this title for school year 2010–2011 may not exceed—

(I) \$9,000 for attendance in kindergarten through grade 8; and

(II) \$11,000 for attendance in grades 9 through 12.

(ii) **CUMULATIVE INFLATION ADJUSTMENT.**—The limits described in clause (i) shall apply for each school year following school year 2010–2011, except that the Secretary shall adjust the maximum amounts of assistance (as described in clause (i) and adjusted under this clause for the preceding year) for inflation, as measured by the percentage increase, if any, from the preceding fiscal year in the Consumer Price Index for All Urban Consumers, published by the Bureau of Labor Statistics of the Department of Labor.

(4) **PARTICIPATING SCHOOL REQUIREMENTS.**—None of the funds provided under this title for opportunity scholarships may be used by an eligible student to enroll in a participating private school unless the participating school—

(A) has and maintains a valid certificate of occupancy issued by the District of Columbia;

(B) makes readily available to all prospective students information on its school accreditation;

(C) in the case of a school that has been operating for 5 years or less, submits to the eligible entity administering the program proof of adequate financial resources reflecting the financial sustainability of the school and the school's ability to be in operation through the school year;

(D) has financial systems, controls, policies, and procedures to ensure that Federal funds are used according to this title;

(E) ensures that each teacher of core subject matter in the school has a baccalaureate degree or equivalent degree; and

(F) is in compliance with the accreditation and other standards prescribed under the District of Columbia compulsory school attendance laws that apply to educational institutions not affiliated with the District of Columbia Public Schools.

(b) **ADMINISTRATIVE EXPENSES.**—An eligible entity receiving a grant under this title may use not more than 3 percent of the amount provided under the grant each year for the administrative expenses of carrying out its program under this title during the year, including—

(1) determining the eligibility of students to participate;

(2) selecting eligible students to receive scholarships;

(3) determining the amount of scholarships and issuing the scholarships to eligible students; and

(4) compiling and maintaining financial and programmatic records.

(c) **PARENTAL ASSISTANCE.**—An eligible entity receiving a grant under this title may use not more than 2 percent of the amount provided under the grant each year for the expenses of educating parents about the program under this title and assisting parents through the application process under this title during the year, including—

(1) providing information about the program and the participating schools to parents of eligible students;

(2) providing funds to assist parents of students in meeting expenses that might otherwise preclude the participation of eligible students in the program; and

(3) streamlining the application process for parents.

(d) **STUDENT ACADEMIC ASSISTANCE.**—An eligible entity receiving a grant under this title may use not more than 1 percent of the amount provided under the grant each year for expenses to provide tutoring services to participating eligible students that need additional academic assistance in the students' new schools. If there are insufficient funds to pay for these costs for all such students, the eligible entity shall give priority to students who previously attended an elementary school or secondary school that was identified for improvement, corrective action, or restructuring under section 1116 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 6316) as of the time the student attended the school.

SEC. 1008. NONDISCRIMINATION.

(a) **IN GENERAL.**—An eligible entity or a school participating in any program under this title shall not discriminate against program participants or applicants on the basis of race, color, national origin, religion, or sex.

(b) **APPLICABILITY AND SINGLE SEX SCHOOLS, CLASSES, OR ACTIVITIES.**—

(1) **IN GENERAL.**—Notwithstanding any other provision of law, the prohibition of sex discrimination in subsection (a) shall not apply to a participating school that is operated by, supervised by, controlled by, or connected to a religious organization to the extent that the application of subsection (a) is inconsistent with the religious tenets or beliefs of the school.

(2) **SINGLE SEX SCHOOLS, CLASSES, OR ACTIVITIES.**—Notwithstanding subsection (a) or any other provision of law, a parent may choose and a school may offer a single sex school, class, or activity.

(3) **APPLICABILITY.**—For purposes of this title, the provisions of section 909 of the Education Amendments of 1972 (20 U.S.C. 1688) shall apply to this title as if section 909 of the Education Amendments of 1972 (20 U.S.C. 1688) were part of this title.

(c) **CHILDREN WITH DISABILITIES.**—Nothing in this title may be construed to alter or modify the provisions of the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.).

(d) **RELIGIOUSLY AFFILIATED SCHOOLS.**—

(1) **IN GENERAL.**—Notwithstanding any other provision of law, a school participating in any program under this title that is operated by, supervised by, controlled by, or connected to, a religious organization may exercise its right in matters of employment consistent with title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e–1 et seq.), including the exemptions in such title.

(2) **MAINTENANCE OF PURPOSE.**—Notwithstanding any other provision of law, funds made available under this title to eligible students, which are used at a participating school as a result of their parents' choice, shall not, consistent with the first amendment of the United States Constitution, necessitate any change in the participating school's teaching mission, require any participating school to remove religious art, icons, scriptures, or other symbols, or preclude any participating school from retaining religious terms in its name, selecting its board members on a religious basis, or including religious references in its mission statements and other chartering or governing documents.

(e) **RULE OF CONSTRUCTION.**—A scholarship (or any other form of support provided to parents of eligible students) under this title shall be considered assistance to the student and shall not be considered assistance to the school that enrolls the eligible student. The amount of any scholarship (or other form of support provided to parents of an eligible student) under this title shall not be treated as income of the parents for purposes of Federal tax laws or for determining eligibility for any other Federal program.

SEC. 1009. EVALUATIONS.

(a) **IN GENERAL.**—

(1) **DUTIES OF THE SECRETARY AND THE MAYOR.**—The Secretary and the Mayor of the District of Columbia shall—

(A) jointly enter into an agreement with the Institute of Education Sciences of the Department of Education to evaluate annually the performance of students who received scholarships under the 5-year program under this title, and

(B) make the evaluations public in accordance with subsection (c).

(2) **DUTIES OF THE SECRETARY.**—The Secretary, through a grant, contract, or cooperative agreement, shall—

(A) ensure that the evaluation is conducted using the strongest possible research design for determining the effectiveness of the program funded under this title that addresses the issues described in paragraph (4); and

(B) disseminate information on the impact of the program in increasing the academic growth and achievement of participating students, and on the impact of the program on students and schools in the District of Columbia.

(3) **DUTIES OF THE INSTITUTE OF EDUCATION SCIENCES.**—The Institute of Education Sciences shall—

(A) use a grade appropriate measurement each school year to assess participating eligible students;

(B) measure the academic achievement of all participating eligible students; and

(C) work with the eligible entities to ensure that the parents of each student who applies for a scholarship under this title (regardless of whether the student receives the scholarship) and the parents of each student participating in the scholarship program under this title, agree that the student will participate in the measurements given annually by the Institute of Educational Sciences for the period for which the student applied for or received the scholarship, respectively, except that nothing in this subparagraph shall affect a student's priority for an opportunity scholarship as provided under section 1006(2).

(4) **ISSUES TO BE EVALUATED.**—The issues to be evaluated include the following:

(A) A comparison of the academic growth and achievement of participating eligible students in the measurements described in this section to the academic growth and achievement of—

(i) students in the same grades in the District of Columbia public schools; and

(ii) the eligible students in the same grades in the District of Columbia public schools who sought to participate in the scholarship program but were not selected.

(B) The success of the program in expanding choice options for parents.

(C) The reasons parents choose for their children to participate in the program.

(D) A comparison of the retention rates, dropout rates, and (if appropriate) graduation and college admission rates, of students who participate in the program funded under this title with the retention rates, dropout rates, and (if appropriate) graduation and college admission rates of students of similar backgrounds who do not participate in such program.

(E) The impact of the program on students, and public elementary schools and secondary schools, in the District of Columbia.

(F) A comparison of the safety of the schools attended by students who participate in the program funded under this title and the schools attended by students who do not participate in the program, based on the perceptions of the students and parents and on objective measures of safety.

(G) Such other issues as the Secretary considers appropriate for inclusion in the evaluation.

(H) An analysis of the issues described in subparagraphs (A) through (G) with respect to the subgroup of eligible students participating in the program funded under this title who consistently use the opportunity scholarships to attend a participating school.

(I) An assessment of the academic value added by participating schools on a school-by-school basis based on test results from participating eligible students using the same test as is administered to students attending District of Columbia public schools, except that if the evaluator is able certify that other means are available to compare results from the test administered in District of Columbia public schools to the nationally normed test used at the participating school, such nationally normed test may be used. Such assessment shall be based on the strongest possible research design and shall, to the extent possible, test students under conditions that yield scientifically valid results. Such assessment shall also provide, to the extent possible, a scientifically valid analysis of how such schools provide academic value added as compared to public schools in the District of Columbia. The results of the assessment shall be supplied to parents and included in all reports to Congress so as to ensure that Federal dollars

used for the purposes of the program are positively impacting the achievement levels of student participants.

(5) **PROHIBITION.**—Personally identifiable information regarding the results of the measurements used for the evaluations may not be disclosed, except to the parents of the student to whom the information relates.

(b) **REPORTS.**—The Secretary shall submit to the Committees on Appropriations, Education and Labor, and Oversight and Government Reform of the House of Representatives and the Committees on Appropriations, Health, Education, Labor, and Pensions, and Homeland Security and Governmental Affairs of the Senate—

(1) annual interim reports, not later than December 1 of each year for which a grant is made under this title, on the progress and preliminary results of the evaluation of the program funded under this title; and

(2) a final report, not later than 1 year after the final year for which a grant is made under this title, on the results of the evaluation of the program funded under this title.

(c) **PUBLIC AVAILABILITY.**—All reports and underlying data gathered pursuant to this section shall be made available to the public upon request, in a timely manner following submission of the applicable report under subsection (b), except that personally identifiable information shall not be disclosed or made available to the public.

(d) **LIMIT ON AMOUNT EXPENDED.**—The amount expended by the Secretary to carry out this section for any fiscal year may not exceed 5 percent of the total amount appropriated to carry out this title for the fiscal year.

SEC. 1010. REPORTING REQUIREMENTS.

(a) **ACTIVITIES REPORTS.**—Each eligible entity receiving funds under this title during a year shall submit a report to the Secretary not later than July 30 of the following year regarding the activities carried out with the funds during the preceding year.

(b) **ACHIEVEMENT REPORTS.**—

(1) **IN GENERAL.**—In addition to the reports required under subsection (a), each grantee receiving funds under this title shall, not later than September 1 of the year during which the second academic year of the grantee's program is completed and each of the next 2 years thereafter, submit to the Secretary a report, including any pertinent data collected in the preceding 2 academic years, concerning—

(A) the academic growth and achievement of students participating in the program;

(B) the graduation and college admission rates of students who participate in the program, where appropriate; and

(C) parental satisfaction with the program.

(2) **PROHIBITING DISCLOSURE OF PERSONAL INFORMATION.**—No report under this subsection may contain any personally identifiable information.

(c) **REPORTS TO PARENT.**—

(1) **IN GENERAL.**—Each grantee receiving funds under this title shall ensure that each school participating in the grantee's program under this title during a year reports at least once during the year to the parents of each of the school's students who are participating in the program on—

(A) the student's academic achievement, as measured by a comparison with the aggregate academic achievement of other participating students at the student's school in the same grade or level, as appropriate, and the aggregate academic achievement of the student's peers at the student's school in the same grade or level, as appropriate; and

(B) the safety of the school, including the incidence of school violence, student suspensions, and student expulsions.

(2) **PROHIBITING DISCLOSURE OF PERSONAL INFORMATION.**—No report under this subsection may contain any personally identifiable information, except as to the student who is the subject of the report to that student's parent.

(d) **REPORT TO CONGRESS.**—The Secretary shall submit to the Committees on Appropriations, Education and the Workforce, and Oversight and Government Reform of the House of Representatives and the Committees on Appropriations, Health, Education, Labor, and Pensions, and Homeland Security and Governmental Affairs of the Senate an annual report on the findings of the reports submitted under subsections (a) and (b).

SEC. 1011. OTHER REQUIREMENTS FOR PARTICIPATING SCHOOLS.

(a) **TESTING.**—Students participating in a program under this title shall take a nationally norm-referenced standardized test in reading and mathematics. Results of such test shall be reported to the student's parent and the Institute of Education Sciences. To preserve confidentiality, at no time should results for individual students or schools be released to the public.

(b) **REQUESTS FOR DATA AND INFORMATION.**—Each school participating in a program funded under this title shall comply with all requests for data and information regarding evaluations conducted under section 1009(a).

(c) **RULES OF CONDUCT AND OTHER SCHOOL POLICIES.**—A participating school, including a participating school described in section 1008(d), may require eligible students to abide by any rules of conduct and other requirements applicable to all other students at the school.

SEC. 1012. DEFINITIONS.

In this title:

(1) **ELEMENTARY SCHOOL.**—The term “elementary school” means an institutional day or residential school, including a public elementary charter school, that provides elementary education, as determined under District of Columbia law.

(2) **ELIGIBLE ENTITY.**—The term “eligible entity” means any of the following:

- (A) A nonprofit organization.
- (B) A consortium of nonprofit organizations.

(3) **ELIGIBLE STUDENT.**—The term “eligible student” means a student who is a resident of the District of Columbia and comes from a household—

(A) receiving assistance under the supplemental nutrition assistance program established under the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.); or

(B) whose income does not exceed—

- (i) 185 percent of the poverty line;
- (ii) in the case of a student in a household that had a student participating in a program under this title for the preceding school year, 250 percent of the poverty line; or

(iii) in the case of a student in a household that had a student participating in a program under the DC School Choice Incentive Act of 2003 (Public Law 108–199; 118 Stat. 126) on or before the date of enactment of this title, 300 percent of the poverty line.

(4) **PARENT.**—The term “parent” has the meaning given that term in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(5) **POVERTY LINE.**—The term “poverty line” has the meaning given that term in section 9101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

(6) **SECONDARY SCHOOL.**—The term “secondary school” means an institutional day or residential school, including a public secondary charter school, that provides secondary education, as determined under District of Columbia law, except that the term does not include any education beyond grade 12.

(7) **SECRETARY.**—The term “Secretary” means the Secretary of Education.

SEC. 1013. TRANSITION PROVISIONS.

(a) **REPEAL; SUNSET OF OTHER PROVISIONS.**—

(1) **REPEAL.**—The DC School Choice Incentive Act of 2003 (title III of division C of the Consolidated Appropriations Act, 2004 (Public Law 108–199; 118 Stat. 126)) is repealed.

(2) **SUNSET OF OTHER PROVISIONS.**—Notwithstanding any other provision of law, all of the provisos under the heading “FEDERAL PAYMENT FOR SCHOOL IMPROVEMENT” under the District of Columbia Appropriations Act, 2010 (Public Law 111–117), shall cease to have effect on and after the date of enactment of this Act.

(b) **REAUTHORIZATION OF PROGRAM.**—This title shall be deemed to be the reauthorization of the opportunity scholarship program under the DC School Choice Incentive Act of 2003.

(c) **ORDERLY TRANSITION.**—Subject to subsections (d) and (e), the Secretary shall take such steps as the Secretary determines to be appropriate to provide for the orderly transition to the authority of this title from any authority under the provisions of the DC School Choice Incentive Act of 2003 (Public Law 108–199; 118 Stat. 126), as the DC School Choice Incentive Act of 2003 was in effect on the day before the date of enactment of this title.

(d) **RULE OF CONSTRUCTION.**—Nothing in this title or a repeal made by this title shall be construed to alter or affect the memorandum of understanding entered into with the District of Columbia, or any grant or contract awarded, under the DC School Choice Incentive Act of 2003 (Public Law 108–199; 118 Stat. 126), as the DC School Choice Incentive Act of 2003 was in effect on the day before the date of enactment of this title.

(e) **MULTI-YEAR AWARDS.**—The recipient of a multi-year grant or contract award under the DC School Choice Incentive Act of 2003 (Public Law 108–199; 118 Stat. 126), as the DC School Choice Incentive Act of 2003 was in effect on the day before the date of enactment of this title, shall continue to receive funds in accordance with the terms and conditions of such award.

SEC. 1014. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated—

(1) to carry out this title, \$20,000,000 for fiscal year 2010 and such sums as may be necessary for each of the 4 succeeding fiscal years;

(2) for the District of Columbia public schools, in addition to any other amounts available for District of Columbia public schools, \$20,000,000 for fiscal year 2010 and such sums as may be necessary for each of the 4 succeeding fiscal years; and

(3) for District of Columbia public charter schools, in addition to any other amounts available for District of Columbia public charter schools, \$20,000,000 for fiscal year 2010 and such sums as may be necessary for each of the 4 succeeding fiscal years.

SA 3457. Mr. CRAPO (for himself and Mr. RISCH) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an addi-

tional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 61, between lines 5 and 6, insert the following:

(4) The Administrator may not consolidate any additional approach control facilities into the Salt Lake City TRACON until the Board's recommendations are completed.

SA 3458. Mr. VITTER submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 7. COASTAL IMPACT ASSISTANCE PROGRAM AMENDMENTS.

Section 31 of the Outer Continental Shelf Lands Act (43 U.S.C. 1356a) is amended—

(1) in subsection (c), by adding at the end the following:

“(5) **APPLICATION REQUIREMENTS; AVAILABILITY OF FUNDING.**—On approval of a plan by the Secretary under this section, the producing State shall—

“(A) not be subject to any additional application or other requirements (other than notifying the Secretary of which projects are being carried out under the plan) to receive the payments; and

“(B) be immediately eligible to receive payments under this section.”; and

(2) by adding at the end the following:

“(e) **FUNDING.**—

“(1) **ENVIRONMENTAL REQUIREMENTS.**—A project funded under this section that does not involve wetlands shall not be subject to environmental review requirements under Federal law.

“(2) **COST-SHARING REQUIREMENTS.**—Any amounts made available to producing States under this section may be used to meet the cost-sharing requirements of other Federal grant programs, including grant programs that support coastal wetland protection and restoration.”.

SA 3459. Mr. DORGAN (for Mr. KERRY) proposed an amendment to the resolution S. Res. 158, to commend the American Sail Training Association for advancing international goodwill and character building under sail; as follows:

Strike paragraph (3) of the resolving clause and insert the following:

(3) encourages all people of the United States and the world to join in celebration of the “Tall Ships Challenge” races and in the character-building and educational experience that the races represent for the youth of all nations.

SA 3460. Mr. DORGAN (for Mr. KERRY) proposed an amendment to the resolution S. Res. 158, to commend the American Sail Training Association for advancing international goodwill and character building under sail; as follows:

Strike the 12th whereas clause of the preamble and insert the following:

Whereas ATSA collaborates with port partners around North America to produce the “Tall Ships Challenge” races and maritime events, drawing sail training vessels from around the world: Now, therefore, be it

SA 3461. Mr. DORGAN (for Mr. FEIN-GOLD) proposed an amendment to the bill S. 1067, to support stabilization and lasting peace in northern Uganda and areas affected by the Lord's Resistance Army through development of a regional strategy to support multilateral efforts to successfully protect civilians and eliminate the threat posed by the Lord's Resistance Army and to authorize funds for humanitarian relief and reconstruction, reconciliation, and transitional justice, and for other purposes; as follows:

On page 21, line 4, strike "(a) AUTHORITY.—".

On page 21, strike lines 12 through 14.

On page 26, strike lines 1 through 3.

On page 27, strike line 10 and insert the following:

SEC. 9. SENSE OF CONGRESS ON FUNDING.

It is the sense of Congress that—

(1) of the total amounts to be appropriated for fiscal year 2011 for the Department of State and foreign operations, up to \$10,000,000 should be used to carry out activities under section 5; and

(2) of the total amounts to be appropriated for fiscal year 2011 through 2013 for the Department of State and foreign operations, up to \$10,000,000 in each such fiscal year should be used to carry out activities under section 7.

SEC. 10. DEFINITIONS.

SA 3462. Mr. BENNETT (for himself and Mr. HATCH) submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . RELEASE FROM RESTRICTIONS.

(a) IN GENERAL.—Subject to subsection (b), and notwithstanding section 16 of the Federal Airport Act (as in effect on August 28, 1973) and sections 47125 and 47153 of title 49, United States Code, the Secretary of Transportation is authorized to grant releases from any of the terms, conditions, reservations, and restrictions contained in the deed of conveyance dated August 28, 1973, under which the United States conveyed certain property to the city of St. George, Utah, for airport purposes.

(b) CONDITION.—Any release granted by the Secretary of Transportation pursuant to subsection (a) shall be subject to the following conditions:

(1) The city of St. George, Utah, shall agree that in conveying any interest in the property which the United States conveyed to the city by deed on August 28, 1973, the city will receive an amount for such interest which is equal to its fair market value.

(2) Any amount received by the city under paragraph (1) shall be used by the city of St. George, Utah, for the development or improvement of a replacement public airport.

SA 3463. Mr. BENNETT (for himself, Mr. HATCH, and Mr. CRAPO) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 360, between lines 10 and 11, insert the following:

SEC. 419. PRESERVATION AND EXPANSION OF ACCESS FOR SMALL COMMUNITIES.

Section 41718 is amended by adding at the end the following:

"(g) ADDITIONAL BEYOND-PERIMETER EXEMPTIONS.—

"(1) IN GENERAL.—Notwithstanding section 49109, an air carrier that holds or operates 2 or more slots at Ronald Reagan Washington National Airport (referred to in this subsection as 'DCA') as of the date of the enactment of this subsection, and is utilizing such slots for scheduled service between DCA and a large hub airport, may, subject to approval by the Secretary, use up to 2 such slots for service to a large hub airport that is more than 1,250 statute miles away from DCA (referred to in this subsection as 'beyond the perimeter').

"(2) CRITERIA FOR REVIEW.—In reviewing slot exchange requests under this subsection, the Secretary—

"(A) shall ensure that each slot exchange provides through service benefits to small communities that are beyond the perimeter in determining whether or not to grant such a request; and

"(B) may not grant such a request if the Secretary determines that such an exchange would result in the reduction of nonstop service to or from a small or medium hub airport that is not beyond the perimeter.

"(3) ANNUAL AUDIT.—The Secretary shall conduct an annual audit of the use of slots exchanged under paragraph (1) to determine if small communities that are beyond the perimeter are benefiting from such exchanges."

SA 3464. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

After title VII, insert the following:

TITLE VIII—LIABILITY PROTECTION TO CERTAIN VOLUNTEER PILOT ORGANIZATIONS

SEC. 801. SHORT TITLE.

This title may be cited as the "Volunteer Pilot Organization Protection Act of 2010".

SEC. 802. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds the following:

(1) Many volunteer pilot nonprofit organizations fly for public benefit and provide valuable services to communities and individuals.

(2) In calendar year 2006, volunteer pilot nonprofit organizations provided long-distance, no-cost transportation for more than 58,000 people during times of special need.

(3) Such nonprofit organizations are no longer able to purchase non-owned aircraft liability insurance to provide liability protection at a reasonable price, and therefore face a highly detrimental liability risk.

(4) Such nonprofit organizations have supported the homeland security of the United States by providing volunteer pilot services during times of national emergency.

(b) PURPOSE.—The purpose of this title is to promote the activities of volunteer pilot nonprofit organizations that fly for public benefit and to sustain the availability of the services that such nonprofit organizations provide, including the following:

(1) Transportation at no cost to financially needy medical patients for medical treatment, evaluation, and diagnosis.

(2) Flights for humanitarian and charitable purposes.

(3) Other flights of compassion.

SEC. 803. LIABILITY PROTECTION FOR VOLUNTEER PILOT NONPROFIT ORGANIZATIONS THAT FLY FOR PUBLIC BENEFIT AND TO PILOTS AND STAFF OF SUCH NONPROFIT ORGANIZATIONS.

Section 4 of the Volunteer Protection Act of 1997 (42 U.S.C. 14503) is amended—

(1) in subsection (a)(4)—

(A) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively;

(B) by striking "the harm" and inserting "(A) except in the case of subparagraph (B), the harm";

(C) in subparagraph (A)(ii), as redesignated by this paragraph, by striking the period at the end and inserting "and"; and

(D) by adding at the end the following:

"(B) the volunteer—

"(i) was operating an aircraft in furtherance of the purpose of a volunteer pilot nonprofit organization that flies for public benefit; and

"(ii) was properly licensed and insured for the operation of such aircraft."; and

(2) in subsection (c)—

(A) by striking "Nothing in this section" and inserting the following:

"(1) IN GENERAL.—Except as provided in paragraph (2), nothing in this section"; and

(B) by adding at the end the following:

"(2) EXCEPTION.—A volunteer pilot nonprofit organization that flies for public benefit, the staff, mission coordinators, officers, and directors (whether volunteer or otherwise) of such nonprofit organization, and a referring agency of such nonprofit organization shall not be liable for harm caused to any person by a volunteer of such nonprofit organization while such volunteer—

"(A) is operating an aircraft in furtherance of the purpose of such nonprofit organization;

"(B) is properly licensed for the operation of such aircraft; and

"(C) has certified to such nonprofit organization that such volunteer has insurance covering the volunteer's operation of such aircraft."

SA 3465. Mr. INHOFE submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

After title VII, insert the following:

TITLE VIII—ACCESS TO GENERAL AVIATION AIRPORTS

SEC. 801. SHORT TITLE.

This title may be cited as the "Community Airport Access and Protection Act of 2010".

SEC. 802. AGREEMENTS GRANTING THROUGH-THE-FENCE ACCESS TO GENERAL AVIATION AIRPORTS.

(a) IN GENERAL.—Section 47107 is amended by adding at the end the following:

"(t) AGREEMENTS GRANTING THROUGH-THE-FENCE ACCESS TO GENERAL AVIATION AIRPORTS.—

"(1) IN GENERAL.—Subject to paragraph (2), a sponsor of a general aviation airport shall not be considered to be in violation of this subtitle, or to be in violation of a grant assurance made under this section or under any other provision of law as a condition for the receipt of Federal financial assistance for airport development, solely because the sponsor enters into an agreement that grants to a person that owns real property adjacent

to the airport, including any residential, nonresidential, or commercial property, access for aircraft located on that property to the airfield of the airport.

“(2) THROUGH THE FENCE AGREEMENTS.—

“(A) IN GENERAL.—An agreement described in paragraph (1) between an airport sponsor and a property owner shall be a written agreement that prescribes the rights, responsibilities, charges, duration, and other terms determined necessary to establish and manage the airport sponsor's relationship with the property owner.

“(B) TERMS AND CONDITIONS.—An agreement described in paragraph (1) between an airport sponsor and a property owner shall require the property owner, at minimum—

“(i) to pay airport access charges that are not less than those charged to tenants and operators on-airport making similar use of the airport;

“(ii) to bear the cost of building and maintaining the infrastructure necessary to provide aircraft located on the property adjacent to the airport access to the airfield of the airport; and

“(iii) to operate and maintain the property, and conduct any construction activities on the property, at no cost to the airport and in a manner that—

“(I) is consistent with subsections (a)(7) and (a)(9);

“(II) does not alter the airport, including the facilities of the airport;

“(III) does not adversely affect the safety, utility, or efficiency of the airport;

“(IV) is compatible with the normal operations of the airport; and

“(V) is consistent with the airport's role in the National Plan of Integrated Airport Systems.

“(3) GENERAL AVIATION AIRPORT DEFINED.—In this subsection, the term ‘general aviation airport’ means a public airport that is located in a State and that, as determined by the Secretary of Transportation—

“(A) does not have scheduled service; or

“(B) has scheduled service with less than 2,500 passenger boardings each year.”

(b) APPLICABILITY.—The amendment made by subsection (a) shall apply to an agreement between an airport sponsor and a property owner entered into before, on, or after the date of enactment of this Act.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. WARNER. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be authorized to meet during the session of the Senate on March 10, 2010, at 9:30 a.m., in room SD-366 of the Dirksen Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON FOREIGN RELATIONS

Mr. WARNER. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on March 10, 2010, at 9:30 a.m., to hold a hearing entitled “Building on Success: New Directions in Global Health.”

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. WARNER. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet during the session of the Senate on March 10, 2010, at 2 p.m. in the President's Room.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. WARNER. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on March 10, 2010, at 10 a.m. to conduct a hearing entitled “The Lessons and Implications of the Christmas Day Attack: Watchlisting and Pre-Screening.”

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON THE JUDICIARY

Mr. WARNER. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate on March 10, 2010, at 10 a.m., in room SD-226 of the Dirksen Senate Office Building, to conduct a hearing entitled “We the People? Corporate Spending in American Elections after Citizens United.”

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON THE JUDICIARY

Mr. WARNER. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate on March 10, 2010, at 2:30 p.m., in room SD-226 of the Dirksen Senate Office Building, to conduct a hearing entitled “Nominations.”

The PRESIDING OFFICER. Without objection, it is so ordered.

INTERNATIONAL OPERATIONS AND ORGANIZATIONS, DEMOCRACY AND HUMAN RIGHTS SUBCOMMITTEE

Mr. WARNER. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on March 10, 2010, at 3 p.m. to hold an International Operations and Organizations, Democracy and Human Rights subcommittee hearing entitled “The Future of U.S. Public Diplomacy.”

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON EMERGING THREATS AND CAPABILITIES

Mr. WARNER. Mr. President, I ask unanimous consent that the Subcommittee on Emerging Threats and Capabilities of the Committee on Armed Services be authorized to meet during the session of the Senate on March 10, 2010, at 10 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON PERSONNEL

Mr. WARNER. Mr. President, I ask unanimous consent that the Subcommittee on Personnel of the Committee on Armed Services be authorized to meet during the session of the Senate on March 10, 2010 at 10:30 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON PUBLIC LANDS AND FORESTS

Mr. WARNER. Mr. President, I ask unanimous consent that the subcommittee on Public lands and Forests be authorized to meet during the session of the Senate on March 10, 2010, at 2:30 p.m., in room SD-366 of the Dirksen Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON SCIENCE AND SPACE

Mr. WARNER. Mr. President, I ask unanimous consent that the subcommittee on Science and Space of the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on March 10, 2010, at 2:30 p.m., in room 253 of the Russell Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON STRATEGIC FORCES

Mr. WARNER. Mr. President, I ask unanimous consent that the Subcommittee on Strategic Forces of the Committee on Armed Services be authorized to meet during the session of the Senate on March 10, 2010, at 2:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

PRIVILEGES OF THE FLOOR

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the following Finance Committee fellows and interns be accorded floor privileges for the consideration of the FAA bill: Aislinn Baker, Mary Baker, Brittany Durrell, Scott Matthews, Greg Sullivan, Maximilian Updike, Meena Sharma; as well as Jim Connelly and Rajat Mathur, both detailees for the Committee on Commerce, Science, and Transportation.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. LIEBERMAN. Mr. President, I ask unanimous consent that Stephen Obenhaus, who is a fellow involved in matters of education from our office be granted floor privileges for the duration of the consideration of this bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. DORGAN. Mr. President, I ask unanimous consent that the Senate proceed to executive session to consider Calendar Nos. 706, 707, 708, 709,

713, 714, 715, 716, 717, 718, 719, 720, 721, 723, 724, 725, 727, 734, 735, and all nominations on the Secretary's Desk in the Foreign Service; that the nominations be confirmed en bloc and the motions to reconsider be laid upon the table en bloc; that no further motions be in order; that any statements relating to the nominations be printed in the RECORD; that the President be immediately notified of the Senate's action; and the Senate then resume legislative session.

The PRESIDING OFFICER. Without objection, it is so ordered.

The nominations considered and confirmed en bloc are as follows:

DEPARTMENT OF JUSTICE

Genevieve Lynn May, of Louisiana, to be United States Marshal for the Eastern District of Louisiana for the term of four years.

DEPARTMENT OF STATE

Donald E. Booth, of Virginia, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Federal Democratic Republic of Ethiopia.

Scott H. DeLisi, of Minnesota, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Federal Democratic Republic of Nepal.

Beatrice Wilkinson Welters, of Virginia, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Trinidad and Tobago.

Ian C. Kelly, of Maryland, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be U.S. Representative to the Organization for Security and Cooperation in Europe, with the rank of Ambassador.

AFRICAN DEVELOPMENT BANK

Walter Crawford Jones, of Maryland, to be United States Director of the African Development Bank for a term of five years.

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

Ian Hoddy Solomon, of Maryland, to be United States Executive Director of the International Bank for Reconstruction and Development for a term of two years.

UNITED STATES TRADE AND DEVELOPMENT AGENCY

Leocadia Irine Zak, of the District of Columbia, to be Director of the Trade and Development Agency.

DEPARTMENT OF STATE

Brooke D. Anderson, of California, to be Alternate Representative of the United States of America for Special Political Affairs in the United Nations, with a rank of Ambassador.

Brooke D. Anderson, of California, to be an Alternate Representative of the United States of America to the Sessions of the General Assembly of the United Nations during her tenure of service as Alternate Representative of the United States of America for Special Political Affairs in the United Nations.

Rosemary Anne DiCarlo, of the District of Columbia, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be the Deputy Representative of the United States of America to the United Nations, with the rank and status of Ambas-

sador Extraordinary and Plenipotentiary, and the Deputy Representative of the United States of America in the Security Council of the United Nations.

Rosemary Anne DiCarlo, of the District of Columbia, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Representative of the United States of America to the Sessions of the General Assembly of the United Nations, during her tenure of service as Deputy Representative of the United States of America to the United Nations.

INTERNATIONAL MONETARY FUND

Douglas A. Rediker, of Massachusetts, to be United States Alternate Executive Director of the International Monetary Fund for a term of two years.

DEPARTMENT OF JUSTICE

William Joseph Hochul, Jr., of New York, to be United States Attorney for the Western District of New York for the term of four years.

Sally Quillian Yates, of Georgia, to be United States Attorney for the Northern District of Georgia for the term of four years.

DEPARTMENT OF EDUCATION

Kathleen S. Tighe, of Virginia, to be Inspector General, Department of Education.

OFFICE OF THE FEDERAL COORDINATOR FOR ALASKA NATURAL GAS TRANSPORTATION PROJECTS

Larry Persily, of Alaska, to be Federal Coordinator for Alaska Natural Gas Transportation Projects for the term prescribed by law.

NORTHERN BORDER REGIONAL COMMISSION

Sandford Blitz, of Maine, to be Federal Co-chairperson of the Northern Border Regional Commission.

APPALACHIAN REGIONAL COMMISSION

Earl F. Gohl, Jr., of the District of Columbia, to be Federal Cochairman of the Appalachian Regional Commission.

NOMINATIONS PLACED ON THE SECRETARY'S DESK

FOREIGN SERVICE

PN1017-3 FOREIGN SERVICE nomination of Earl W. Gast, which was received by the Senate and appeared in the Congressional Record of September 25, 2009.

PN1185 FOREIGN SERVICE nominations (3) beginning Suzanne E. Heinen, and ending Bernadette Borris, which nominations were received by the Senate and appeared in the Congressional Record of November 17, 2009.

PN1271 FOREIGN SERVICE nominations (99) beginning Sean J. McIntosh, and ending William Qian Yu, which nominations were received by the Senate and appeared in the Congressional Record of December 11, 2009.

LEGISLATIVE SESSION

The PRESIDING OFFICER. Under the previous order, the Senate will return to legislative session.

COMMENDING THE AMERICAN SAIL TRAINING ASSOCIATION

Mr. DORGAN. Mr. President, I ask unanimous consent that the Judiciary Committee be discharged from further consideration of S. Res. 158, and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 158) to commend the American Sail Training Association for advancing international goodwill and character building under sail.

There being no objection, the Senate proceeded to consider the resolution.

Mr. DORGAN. Mr. President, I ask unanimous consent that a Kerry amendment to the resolution, which is at the desk, be agreed to; the resolution, as amended, be agreed to; that a Kerry amendment to the preamble, which is at the desk, be agreed to; the preamble, as amended, be agreed to; the motions to reconsider be laid upon the table, with no intervening action or debate; and any statements related to the resolution be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 3459) was agreed to, as follows:

Strike paragraph (3) of the resolving clause and insert the following:

(3) encourages all people of the United States and the world to join in celebration of the "Tall Ships Challenge" races and in the character-building and educational experience that the races represent for the youth of all nations.

The resolution (S. Res. 158), as amended, was agreed to.

The amendment (No. 3460) was agreed to, as follows:

Strike the 12th whereas clause of the preamble and insert the following:

Whereas ATSA collaborates with port partners around North America to produce the "Tall Ships Challenge" races and maritime events, drawing sail training vessels from around the world: Now, therefore, be it

The preamble, as amended, was agreed to.

The resolution, as amended, with its preamble, as amended, reads as follows:

S. RES. 158

Whereas the American Sail Training Association (ASTA) is an educational nonprofit corporation whose declared mission is "to encourage character building through sail training, promote sail training to the North American public and support education under sail";

Whereas since its founding in 1973, ASTA has supported character-building experiences aboard traditionally rigged sail training vessels and has established a program of scholarship funds to support such experiences;

Whereas ASTA has a long history of tall ship races, rallies, and maritime festivals, dating back as far as 1976;

Whereas each year since 2001, ASTA has held the "Tall Ships Challenge", a series of races and maritime festivals that involve sail training vessels, trainees, and crews from all the coasts of the United States and around the world;

Whereas the Tall Ships Challenge series has reached an audience of approximately 8,000,000 spectators and brought more than \$400,000,000 to more than 30 host communities;

Whereas ASTA supports a membership of more than 200 sail training vessels, including barks, barques, barkentines, brigantines, brigs, schooners, sloops, and full-rigged ships, which carry the flags of the United

States, Canada, and many other nations and have brought life-changing adventures to thousands of young trainees;

Whereas ASTA has held a series of more than 30 annual sail training conferences in cities throughout the United States and Canada, including the Safety Under Sail Forum and the Education Under Sail Forum;

Whereas ASTA has collaborated extensively with the Coast Guard and with the premier sail training vessel of the United States, the square-rigged barque USCGC Eagle;

Whereas ASTA publishes "Sail Tall Ships", a periodic directory of sail training opportunities;

Whereas in 1982, ASTA supported the enactment of the Sailing School Vessel Act of 1982, title II of Public Law 97-322 (96 Stat. 1588);

Whereas ASTA has ably represented the United States as a founding member of the national sail training organization in Sail Training International, the recognized international body for the promotion of sail training, which has hosted a series of international races of square-rigged and other traditionally rigged vessels since the 1950s; and

Whereas ATSA collaborates with port partners around North America to produce the "Tall Ships Challenge" races and maritime events, drawing sail training vessels from around the world: Now, therefore, be it

Resolved, That the Senate—

(1) commends the American Sail Training Association for advancing character building experiences for youth at sea in traditionally rigged sailing vessels and the finest traditions of the sea;

(2) commends the American Sail Training Association for acting as the national sail training association of the United States and representing the sail training community of the United States in the international forum; and

(3) encourages all people of the United States and the world to join in celebration of the "Tall Ships Challenge" races and in the character-building and educational experience that the races represent for the youth of all nations.

LORD'S RESISTANCE ARMY DISARMAMENT AND NORTHERN UGANDA RECOVERY ACT OF 2009

Mr. DORGAN. Mr. President, I ask unanimous consent the Senate proceed to the immediate consideration of Calendar No. 228, S. 1067.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1067) to support stabilization and lasting peace in northern Uganda and areas affected by the Lord's Resistance Army through development of a regional strategy to support multilateral efforts to successfully protect civilians and eliminate the threat posed by the Lord's Resistance Army and to authorize funds for humanitarian relief and reconstruction, reconciliation, and transitional justice, and for other purposes.

There being no objection, the Senate proceeded to consider the bill (S. 1067) to support stabilization and lasting peace in northern Uganda and areas affected by the Lord's Resistance Army through development of a regional strategy to support multilateral efforts

to successfully protect civilians and eliminate the threat posed by the Lord's Resistance Army and to authorize funds for humanitarian relief and reconstruction, reconciliation, and transitional justice, and for other purposes, which had been reported from the Committee on Foreign Relations, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Lord's Resistance Army Disarmament and Northern Uganda Recovery Act of 2009".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) For over 2 decades, the Government of Uganda engaged in an armed conflict with the Lord's Resistance Army (LRA) in northern Uganda that led to the internal displacement of more than 2,000,000 Ugandans from their homes.

(2) The members of the Lord's Resistance Army used brutal tactics in northern Uganda, including mutilating, abducting and forcing individuals into sexual servitude and forcing a large number of children and youth in Uganda, estimated by the Survey for War Affected Youth to be over 66,000, to fight as part of the rebel force.

(3) The Secretary of State has placed the Lord's Resistance Army on the Terrorist Exclusion list pursuant to section 212(a)(3) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(3)), and LRA leader Joseph Kony has been designated a "specially designated global terrorist" pursuant to Executive Order 13224.

(4) In late 2005, according to the United Nations Office for Coordination of Humanitarian Affairs, the Lord's Resistance Army shifted their primary base of operations from southern Sudan to northeastern Democratic Republic of Congo, and the rebels have since withdrawn from northern Uganda.

(5) Representatives of the Government of Uganda and the Lord's Resistance Army began peace negotiations in 2006, mediated by the Government of Southern Sudan in Juba, Sudan, and signed the Cessation of Hostilities Agreement on August 20, 2006, which provided for hundreds of thousands of internally displaced people to return home in safety.

(6) After nearly 2 years of negotiations, representatives from the parties reached the Final Peace Agreement in April 2008, but Joseph Kony, the leader of the Lord's Resistance Army, refused to sign the Final Peace Agreement in May 2008 and his forces launched new attacks in northeastern Congo.

(7) According to the United Nations Office for the Coordination of Humanitarian Relief and the United Nations High Commissioner for Refugees, the new activity of the Lord's Resistance Army in northeastern Congo and southern Sudan since September 2008 has led to the abduction of at least 1,500 civilians, including hundreds of children, and the displacement of more than 540,000 people.

(8) In December 2008, the military forces of Uganda, the Democratic Republic of Congo, and southern Sudan launched a joint operation against the Lord's Resistance Army's bases in northeastern Congo, but the operation failed to apprehend Joseph Kony, and his forces retaliated with a series of new attacks and massacres in Congo and southern Sudan, killing an estimated 900 people in 2 months alone.

(9) Despite the refusal of Joseph Kony to sign the Final Peace Agreement, the Government of Uganda has committed to continue reconstruction plans for northern Uganda, and to implement those mechanisms of the Final Peace Agreement not conditional on the compliance of the Lord's Resistance Army.

(10) Since 2008, recovery efforts in northern Uganda have moved forward with the financial support of the United States and other donors, but have been hampered by a lack of strategic coordination, logistical delays, and limited leadership from the Government of Uganda.

SEC. 3. STATEMENT OF POLICY.

It is the policy of the United States to work with regional governments toward a comprehensive and lasting resolution to the conflict in northern Uganda and other affected areas by—

(1) providing political, economic, military, and intelligence support for viable multilateral efforts to protect civilians from the Lord's Resistance Army, to apprehend or remove Joseph Kony and his top commanders from the battlefield in the continued absence of a negotiated solution, and to disarm and demobilize the remaining Lord's Resistance Army fighters;

(2) targeting assistance to respond to the humanitarian needs of populations in northeastern Congo, southern Sudan, and Central African Republic currently affected by the activity of the Lord's Resistance Army; and

(3) further supporting and encouraging efforts of the Government of Uganda and civil society to promote comprehensive reconstruction, transitional justice, and reconciliation in northern Uganda as affirmed in the Northern Uganda Crisis Response Act of 2004 (Public Law 108-283) and subsequent resolutions, including Senate Resolution 366, 109th Congress, agreed to February 2, 2006, Senate Resolution 573, 109th Congress, agreed to September 19, 2006, Senate Concurrent Resolution 16, 110th Congress, agreed to in the Senate March 1, 2007, and House Concurrent Resolution 80, 110th Congress, agreed to in the House of Representatives June 18, 2007.

SEC. 4. REQUIREMENT OF A STRATEGY TO SUPPORT THE DISARMAMENT OF THE LORD'S RESISTANCE ARMY.

(a) REQUIREMENT FOR STRATEGY.—Not later than 180 days after the date of the enactment of this Act, the President shall develop and submit to the appropriate committees of Congress a strategy to guide future United States support across the region for viable multilateral efforts to mitigate and eliminate the threat to civilians and regional stability posed by the Lord's Resistance Army.

(b) CONTENT OF STRATEGY.—The strategy shall include the following:

(1) A plan to help strengthen efforts by the United Nations and regional governments to protect civilians from attacks by the Lord's Resistance Army while supporting the development of institutions in affected areas that can help to maintain the rule of law and prevent conflict in the long term.

(2) An assessment of viable options through which the United States, working with regional governments, could help develop and support multilateral efforts to eliminate the threat posed by the Lord's Resistance Army.

(3) An interagency framework to plan, coordinate, and review diplomatic, economic, intelligence, and military elements of United States policy across the region regarding the Lord's Resistance Army.

(4) A description of the type and form of diplomatic engagement across the region undertaken to coordinate and implement United States policy regarding the Lord's Resistance Army and to work multilaterally with regional mechanisms, including the Tripartite Plus Commission and the Great Lakes Pact.

(5) A description of how this engagement will fit within the context of broader efforts and policy objectives in the Great Lakes Region.

(c) FORM.—The strategy under this section shall be submitted in unclassified form, but may include a classified annex.

SEC. 5. HUMANITARIAN ASSISTANCE FOR AREAS OUTSIDE UGANDA AFFECTED BY THE LORD'S RESISTANCE ARMY.

(a) **AUTHORITY.**—In accordance with section 491 of the Foreign Assistance Act of 1961 (22 U.S.C. 2292) and section 2 of the Migration and Refugee Assistance Act of 1962 (22 U.S.C. 2601), the President is authorized to provide additional assistance to the Democratic Republic of Congo, southern Sudan, and Central African Republic to respond to the humanitarian needs of populations directly affected by the activity of the Lord's Resistance Army.

(b) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated \$10,000,000 for fiscal year 2011 to carry out this section.

SEC. 6. ASSISTANCE FOR RECOVERY AND RECONSTRUCTION IN NORTHERN UGANDA.

(a) **AUTHORITY.**—It is the sense of Congress that the President should support efforts by the people of northern Uganda and the Government of Uganda—

(1) to assist internally displaced people in transition and returnees to secure durable solutions by spurring economic revitalization, supporting livelihoods, helping to alleviate poverty, and advancing access to basic services at return sites, specifically clean water, health care, and schools;

(2) to enhance the accountability and administrative competency of local governance institutions and public agencies in northern Uganda with regard to budget management, provision of public goods and services, and related oversight functions;

(3) to strengthen the operational capacity of the civilian police in northern Uganda to enhance public safety, prevent crime, and deal sensitively with gender-based violence, while strengthening accountability measures to prevent corruption and abuses;

(4) to rebuild and improve the capacity of the justice system in northern Uganda, including the courts and penal systems, with particular sensitivity to the needs and rights of women and children;

(5) to establish mechanisms for the disarmament, demobilization, and reintegration of former combatants and those abducted by the LRA, including vocational education and employment opportunities, with attention given to the roles and needs of men, women and children; and

(6) to promote programs to address psychosocial trauma, particularly post-traumatic stress disorder.

(b) **FUTURE YEAR FUNDING.**—It is the sense of Congress that the Secretary of State and Administrator of the United States Agency for International Development should work with the appropriate committees of Congress to increase assistance in future fiscal years to support activities described in this section if the Government of Uganda demonstrates a commitment to transparent and accountable reconstruction in war-affected areas of northern Uganda, specifically by—

(1) finalizing the establishment of mechanisms within the Office of the Prime Minister to sufficiently manage and coordinate the programs under the framework of the Peace Recovery and Development Plan for Northern Uganda (PRDP);

(2) increasing oversight activities and reporting, at the local and national level in Uganda, to ensure funds under the Peace Recovery and Development Plan for Northern Uganda framework are used efficiently and with minimal waste; and

(3) committing substantial funds of its own, above and beyond standard budget allocations to local governments, to the task of implementing the Peace Recovery and Development Plan for Northern Uganda such that communities affected by the war can recover.

(c) **COORDINATION WITH OTHER DONOR NATIONS.**—The United States should work with other donor nations to increase contributions for recovery efforts in northern Uganda and better leverage those contributions to enhance the capacity and encourage the leadership of the Government of Uganda in promoting transparent and accountable reconstruction in northern Uganda.

(d) **TERMINATION OF ASSISTANCE.**—It is the sense of Congress that the Secretary of State should withhold non-humanitarian bilateral assistance to the Republic of Uganda if the Secretary determines that the Government of Uganda is not committed to reconstruction and reconciliation in the war-affected areas of northern Uganda and is not taking proactive steps to ensure this process moves forward in a transparent and accountable manner.

SEC. 7. ASSISTANCE FOR RECONCILIATION AND TRANSITIONAL JUSTICE IN NORTHERN UGANDA.

(a) **SENSE OF CONGRESS.**—It is the sense of Congress that, despite reconstruction and development efforts, a continued failure to take meaningful steps toward national reconciliation and accountability risks perpetuating longstanding political grievances and fueling new conflicts.

(b) **AUTHORITY.**—In accordance with section 531 of the Foreign Assistance Act of 1961 (22 U.S.C. 2346), the President is authorized to support efforts by the people of northern Uganda and the Government of Uganda to advance efforts to promote transitional justice and reconciliation on both local and national levels, including to encourage implementation of the mechanisms outlined in the Annexure to the Agreement on Accountability and Reconciliation between the Government of Uganda and the Lord's Resistance Army/Movement, signed at Juba February 19, 2008, namely—

(1) a body to investigate the history of the conflict, inquire into human rights violations committed during the conflict by all sides, promote truth-telling in communities, and encourage the preservation of the memory of events and victims of the conflict through memorials, archives, commemorations, and other forms of preservation;

(2) a special division of the High Court of Uganda to try individuals alleged to have committed serious crimes during the conflict, and a special unit to carry out investigations and prosecutions in support of trials;

(3) a system for making reparations to victims of the conflict; and

(4) a review and strategy for supporting transitional justice mechanisms in affected areas to promote reconciliation and encourage individuals to take personal responsibility for their conduct during the war.

(c) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated \$10,000,000 for each of fiscal years 2011 through 2013 to carry out this section.

SEC. 8. REPORT.

(a) **REPORT REQUIRED.**—Not later than 1 year after the submission of the strategy required under section 4, the Secretary of State shall prepare and submit to the appropriate committees of Congress a report on the progress made toward the implementation of the strategy required under section 4 and a description and evaluation of the assistance provided under this Act toward the policy objectives described in section 3.

(b) **CONTENTS.**—The report required under section (a) shall include—

(1) a description and evaluation of actions taken toward the implementation of the strategy required under section 4;

(2) a description of assistance provided under sections 5, 6, and 7;

(3) an evaluation of bilateral assistance provided to the Republic of Uganda and associated programs in light of stated policy objectives;

(4) a description of the status of the Peace Recovery and Development Plan for Northern Uganda and the progress of the Government of Uganda in fulfilling the steps outlined in section 6(b); and

(5) a description of amounts of assistance committed, and amounts provided, to northern Uganda during the reporting period by the Government of Uganda and each donor country.

(c) **FORM.**—The report under this section shall be submitted in unclassified form, but may include a classified annex.

SEC. 9. DEFINITIONS.

In this Act:

(1) **APPROPRIATE COMMITTEES OF CONGRESS.**—The term “appropriate committees of Congress” means the Committee on Appropriations and the Committee on Foreign Relations of the Senate and the Committee on Appropriations and the Committee on Foreign Affairs of the House of Representatives.

(2) **GREAT LAKES REGION.**—The term “Great Lakes Region” means the region comprising Burundi, Democratic Republic of Congo, Rwanda, southern Sudan, and Uganda.

(3) **LRA-AFFECTED AREAS.**—The term “LRA-affected areas” means those portions of northern Uganda, southern Sudan, northeastern Democratic Republic of Congo, and southeastern Central African Republic determined by the Secretary of State to be affected by the Lord's Resistance Army as of the date of the enactment of this Act.

Mr. DORGAN. I ask unanimous consent the committee-reported substitute amendment be considered; that a Feingold amendment which is at the desk be agreed to; the substitute amendment, as amended, be agreed to; the bill as amended be read a third time and passed, the motions to reconsider be laid on the table, with no intervening action or debate, and any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 3461) was agreed to, as follows:

(Purpose: To express the sense of Congress regarding the funding of activities under this Act)

On page 21, line 4, strike “(a) AUTHORITY.—”.

On page 21, strike lines 12 through 14.

On page 26, strike lines 1 through 3.

On page 27, strike line 10 and insert the following:

SEC. 9. SENSE OF CONGRESS ON FUNDING.

It is the sense of Congress that—

(1) of the total amounts to be appropriated for fiscal year 2011 for the Department of State and foreign operations, up to \$10,000,000 should be used to carry out activities under section 5; and

(2) of the total amounts to be appropriated for fiscal year 2011 through 2013 for the Department of State and foreign operations, up to \$10,000,000 in each such fiscal year should be used to carry out activities under section 7.

SEC. 10. DEFINITIONS.

The committee amendment in the nature of a substitute, as amended, was agreed to.

The bill (S. 1067), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 1067

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Lord’s Resistance Army Disarmament and Northern Uganda Recovery Act of 2009”.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) For over 2 decades, the Government of Uganda engaged in an armed conflict with the Lord’s Resistance Army (LRA) in northern Uganda that led to the internal displacement of more than 2,000,000 Ugandans from their homes.

(2) The members of the Lord’s Resistance Army used brutal tactics in northern Uganda, including mutilating, abducting and forcing individuals into sexual servitude and forcing a large number of children and youth in Uganda, estimated by the Survey for War Affected Youth to be over 66,000, to fight as part of the rebel force.

(3) The Secretary of State has placed the Lord’s Resistance Army on the Terrorist Exclusion list pursuant to section 212(a)(3) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(3)), and LRA leader Joseph Kony has been designated a “specially designated global terrorist” pursuant to Executive Order 13224.

(4) In late 2005, according to the United Nations Office for Coordination of Humanitarian Affairs, the Lord’s Resistance Army shifted their primary base of operations from southern Sudan to northeastern Democratic Republic of Congo, and the rebels have since withdrawn from northern Uganda.

(5) Representatives of the Government of Uganda and the Lord’s Resistance Army began peace negotiations in 2006, mediated by the Government of Southern Sudan in Juba, Sudan, and signed the Cessation of Hostilities Agreement on August 20, 2006, which provided for hundreds of thousands of internally displaced people to return home in safety.

(6) After nearly 2 years of negotiations, representatives from the parties reached the Final Peace Agreement in April 2008, but Joseph Kony, the leader of the Lord’s Resistance Army, refused to sign the Final Peace Agreement in May 2008 and his forces launched new attacks in northeastern Congo.

(7) According to the United Nations Office for the Coordination of Humanitarian Relief and the United Nations High Commissioner for Refugees, the new activity of the Lord’s Resistance Army in northeastern Congo and southern Sudan since September 2008 has led to the abduction of at least 1,500 civilians, including hundreds of children, and the displacement of more than 540,000 people.

(8) In December 2008, the military forces of Uganda, the Democratic Republic of Congo, and southern Sudan launched a joint operation against the Lord’s Resistance Army’s bases in northeastern Congo, but the operation failed to apprehend Joseph Kony, and his forces retaliated with a series of new attacks and massacres in Congo and southern Sudan, killing an estimated 900 people in 2 months alone.

(9) Despite the refusal of Joseph Kony to sign the Final Peace Agreement, the Government of Uganda has committed to continue reconstruction plans for northern Uganda, and to implement those mechanisms of the Final Peace Agreement not conditional on the compliance of the Lord’s Resistance Army.

(10) Since 2008, recovery efforts in northern Uganda have moved forward with the finan-

cial support of the United States and other donors, but have been hampered by a lack of strategic coordination, logistical delays, and limited leadership from the Government of Uganda.

SEC. 3. STATEMENT OF POLICY.

It is the policy of the United States to work with regional governments toward a comprehensive and lasting resolution to the conflict in northern Uganda and other affected areas by—

(1) providing political, economic, military, and intelligence support for viable multilateral efforts to protect civilians from the Lord’s Resistance Army, to apprehend or remove Joseph Kony and his top commanders from the battlefield in the continued absence of a negotiated solution, and to disarm and demobilize the remaining Lord’s Resistance Army fighters;

(2) targeting assistance to respond to the humanitarian needs of populations in northeastern Congo, southern Sudan, and Central African Republic currently affected by the activity of the Lord’s Resistance Army; and

(3) further supporting and encouraging efforts of the Government of Uganda and civil society to promote comprehensive reconstruction, transitional justice, and reconciliation in northern Uganda as affirmed in the Northern Uganda Crisis Response Act of 2004 (Public Law 108-283) and subsequent resolutions, including Senate Resolution 366, 109th Congress, agreed to February 2, 2006, Senate Resolution 573, 109th Congress, agreed to September 19, 2006, Senate Concurrent Resolution 16, 110th Congress, agreed to in the Senate March 1, 2007, and House Concurrent Resolution 80, 110th Congress, agreed to in the House of Representatives June 18, 2007.

SEC. 4. REQUIREMENT OF A STRATEGY TO SUPPORT THE DISARMAMENT OF THE LORD’S RESISTANCE ARMY.

(a) **REQUIREMENT FOR STRATEGY.**—Not later than 180 days after the date of the enactment of this Act, the President shall develop and submit to the appropriate committees of Congress a strategy to guide future United States support across the region for viable multilateral efforts to mitigate and eliminate the threat to civilians and regional stability posed by the Lord’s Resistance Army.

(b) **CONTENT OF STRATEGY.**—The strategy shall include the following:

(1) A plan to help strengthen efforts by the United Nations and regional governments to protect civilians from attacks by the Lord’s Resistance Army while supporting the development of institutions in affected areas that can help to maintain the rule of law and prevent conflict in the long term.

(2) An assessment of viable options through which the United States, working with regional governments, could help develop and support multilateral efforts to eliminate the threat posed by the Lord’s Resistance Army.

(3) An interagency framework to plan, coordinate, and review diplomatic, economic, intelligence, and military elements of United States policy across the region regarding the Lord’s Resistance Army.

(4) A description of the type and form of diplomatic engagement across the region undertaken to coordinate and implement United States policy regarding the Lord’s Resistance Army and to work multilaterally with regional mechanisms, including the Tripartite Plus Commission and the Great Lakes Pact.

(5) A description of how this engagement will fit within the context of broader efforts and policy objectives in the Great Lakes Region.

(c) **FORM.**—The strategy under this section shall be submitted in unclassified form, but may include a classified annex.

SEC. 5. HUMANITARIAN ASSISTANCE FOR AREAS OUTSIDE UGANDA AFFECTED BY THE LORD’S RESISTANCE ARMY.

In accordance with section 491 of the Foreign Assistance Act of 1961 (22 U.S.C. 2292) and section 2 of the Migration and Refugee Assistance Act of 1962 (22 U.S.C. 2601), the President is authorized to provide additional assistance to the Democratic Republic of Congo, southern Sudan, and Central African Republic to respond to the humanitarian needs of populations directly affected by the activity of the Lord’s Resistance Army.

SEC. 6. ASSISTANCE FOR RECOVERY AND RECONSTRUCTION IN NORTHERN UGANDA.

(a) **AUTHORITY.**—It is the sense of Congress that the President should support efforts by the people of northern Uganda and the Government of Uganda—

(1) to assist internally displaced people in transition and returnees to secure durable solutions by spurring economic revitalization, supporting livelihoods, helping to alleviate poverty, and advancing access to basic services at return sites, specifically clean water, health care, and schools;

(2) to enhance the accountability and administrative competency of local governance institutions and public agencies in northern Uganda with regard to budget management, provision of public goods and services, and related oversight functions;

(3) to strengthen the operational capacity of the civilian police in northern Uganda to enhance public safety, prevent crime, and deal sensitively with gender-based violence, while strengthening accountability measures to prevent corruption and abuses;

(4) to rebuild and improve the capacity of the justice system in northern Uganda, including the courts and penal systems, with particular sensitivity to the needs and rights of women and children;

(5) to establish mechanisms for the disarmament, demobilization, and reintegration of former combatants and those abducted by the LRA, including vocational education and employment opportunities, with attention given to the roles and needs of men, women and children; and

(6) to promote programs to address psychosocial trauma, particularly post-traumatic stress disorder.

(b) **FUTURE YEAR FUNDING.**—It is the sense of Congress that the Secretary of State and Administrator of the United States Agency for International Development should work with the appropriate committees of Congress to increase assistance in future fiscal years to support activities described in this section if the Government of Uganda demonstrates a commitment to transparent and accountable reconstruction in war-affected areas of northern Uganda, specifically by—

(1) finalizing the establishment of mechanisms within the Office of the Prime Minister to sufficiently manage and coordinate the programs under the framework of the Peace Recovery and Development Plan for Northern Uganda (PRDP);

(2) increasing oversight activities and reporting, at the local and national level in Uganda, to ensure funds under the Peace Recovery and Development Plan for Northern Uganda framework are used efficiently and with minimal waste; and

(3) committing substantial funds of its own, above and beyond standard budget allocations to local governments, to the task of implementing the Peace Recovery and Development Plan for Northern Uganda such

that communities affected by the war can recover.

(c) **COORDINATION WITH OTHER DONOR NATIONS.**—The United States should work with other donor nations to increase contributions for recovery efforts in northern Uganda and better leverage those contributions to enhance the capacity and encourage the leadership of the Government of Uganda in promoting transparent and accountable reconstruction in northern Uganda.

(d) **TERMINATION OF ASSISTANCE.**—It is the sense of Congress that the Secretary of State should withhold non-humanitarian bilateral assistance to the Republic of Uganda if the Secretary determines that the Government of Uganda is not committed to reconstruction and reconciliation in the war-affected areas of northern Uganda and is not taking proactive steps to ensure this process moves forward in a transparent and accountable manner.

SEC. 7. ASSISTANCE FOR RECONCILIATION AND TRANSITIONAL JUSTICE IN NORTHERN UGANDA.

(a) **SENSE OF CONGRESS.**—It is the sense of Congress that, despite reconstruction and development efforts, a continued failure to take meaningful steps toward national reconciliation and accountability risks perpetuating longstanding political grievances and fueling new conflicts.

(b) **AUTHORITY.**—In accordance with section 531 of the Foreign Assistance Act of 1961 (22 U.S.C. 2346), the President is authorized to support efforts by the people of northern Uganda and the Government of Uganda to advance efforts to promote transitional justice and reconciliation on both local and national levels, including to encourage implementation of the mechanisms outlined in the Annexure to the Agreement on Accountability and Reconciliation between the Government of Uganda and the Lord's Resistance Army/Movement, signed at Juba February 19, 2008, namely—

(1) a body to investigate the history of the conflict, inquire into human rights violations committed during the conflict by all sides, promote truth-telling in communities, and encourage the preservation of the memory of events and victims of the conflict through memorials, archives, commemorations, and other forms of preservation;

(2) a special division of the High Court of Uganda to try individuals alleged to have committed serious crimes during the conflict, and a special unit to carry out investigations and prosecutions in support of trials;

(3) a system for making reparations to victims of the conflict; and

(4) a review and strategy for supporting transitional justice mechanisms in affected areas to promote reconciliation and encourage individuals to take personal responsibility for their conduct during the war.

SEC. 8. REPORT.

(a) **REPORT REQUIRED.**—Not later than 1 year after the submission of the strategy required under section 4, the Secretary of State shall prepare and submit to the appropriate committees of Congress a report on the progress made toward the implementation of the strategy required under section 4 and a description and evaluation of the assistance provided under this Act toward the policy objectives described in section 3.

(b) **CONTENTS.**—The report required under section (a) shall include—

(1) a description and evaluation of actions taken toward the implementation of the strategy required under section 4;

(2) a description of assistance provided under sections 5, 6, and 7;

(3) an evaluation of bilateral assistance provided to the Republic of Uganda and associated programs in light of stated policy objectives;

(4) a description of the status of the Peace Recovery and Development Plan for Northern Uganda and the progress of the Government of Uganda in fulfilling the steps outlined in section 6(b); and

(5) a description of amounts of assistance committed, and amounts provided, to northern Uganda during the reporting period by the Government of Uganda and each donor country.

(c) **FORM.**—The report under this section shall be submitted in unclassified form, but may include a classified annex.

SEC. 9. SENSE OF CONGRESS ON FUNDING.

It is the sense of Congress that—

(1) of the total amounts to be appropriated for fiscal year 2011 for the Department of State and foreign operations, up to \$10,000,000 should be used to carry out activities under section 5; and

(2) of the total amounts to be appropriated for fiscal year 2011 through 2013 for the Department of State and foreign operations, up to \$10,000,000 in each such fiscal year should be used to carry out activities under section 7.

SEC. 10. DEFINITIONS.

In this Act:

(1) **APPROPRIATE COMMITTEES OF CONGRESS.**—The term “appropriate committees of Congress” means the Committee on Appropriations and the Committee on Foreign Relations of the Senate and the Committee on Appropriations and the Committee on Foreign Affairs of the House of Representatives.

(2) **GREAT LAKES REGION.**—The term “Great Lakes Region” means the region comprising Burundi, Democratic Republic of Congo, Rwanda, southern Sudan, and Uganda.

(3) **LRA-AFFECTED AREAS.**—The term “LRA-affected areas” means those portions of northern Uganda, southern Sudan, northeastern Democratic Republic of Congo, and southeastern Central African Republic determined by the Secretary of State to be affected by the Lord's Resistance Army as of the date of the enactment of this Act.

ORDERS FOR THURSDAY, MARCH 11, 2010

Mr. DORGAN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m. on Thursday, March 11; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate proceed to a period of morning business for 1 hour with Senators permitted to speak therein for up to 10 minutes each, with the majority controlling the first 30 minutes and the Republicans controlling the next 30 minutes; that following morning business, the Senate resume consideration of H.R. 1586, the legislative vehicle for the Federal Aviation Administration reauthorization.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. DORGAN. Mr. President, rollcall votes are expected to occur throughout the day tomorrow. Senators will be notified when any votes are scheduled.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. DORGAN. If there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 7:06 p.m., adjourned until Thursday, March 11, 2010, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate:

OVERSEAS PRIVATE INVESTMENT CORPORATION

MIMI E. ALEMAYEHOU, OF THE DISTRICT OF COLUMBIA, TO BE EXECUTIVE VICE PRESIDENT OF THE OVERSEAS PRIVATE INVESTMENT CORPORATION, VICE JOHN A. SIMON, RESIGNED.

DEPARTMENT OF DEFENSE

ELIZABETH A. MCGRATH, OF VIRGINIA, TO BE DEPUTY CHIEF MANAGEMENT OFFICER OF THE DEPARTMENT OF DEFENSE. (NEW POSITION)

THE JUDICIARY

RAYMOND JOSEPH LOHIER, JR., OF NEW YORK, TO BE UNITED STATES CIRCUIT JUDGE FOR THE SECOND CIRCUIT, VICE SONIA SOTOMAYOR, ELEVATED.

KATHLEEN M. O'MALLEY, OF OHIO, TO BE UNITED STATES CIRCUIT JUDGE FOR THE FEDERAL CIRCUIT, VICE ALVIN A. SCHALL, RETIRED.

CATHERINE C. EAGLES, OF NORTH CAROLINA, TO BE UNITED STATES DISTRICT JUDGE FOR THE MIDDLE DISTRICT OF NORTH CAROLINA, VICE NORWOOD CARLTON TILLEY, JR., RETIRED.

JOHN J. MCCONNELL, JR., OF RHODE ISLAND, TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF RHODE ISLAND, VICE ERNEST C. TORRES, RETIRED.

KIMBERLY J. MUELLER, OF CALIFORNIA, TO BE UNITED STATES DISTRICT JUDGE FOR THE EASTERN DISTRICT OF CALIFORNIA, VICE FRANK C. DAMRELL, JR., RETIRED.

DEPARTMENT OF JUSTICE

THOMAS EDWARD DELAHANTY II, OF MAINE, TO BE UNITED STATES ATTORNEY FOR THE DISTRICT OF MAINE FOR THE TERM OF FOUR YEARS, VICE JAY PATRICK MCCLOSKEY.

WENDY J. OLSON, OF IDAHO, TO BE UNITED STATES ATTORNEY FOR THE DISTRICT OF IDAHO FOR THE TERM OF FOUR YEARS, VICE THOMAS E. MOSS.

CATHY JO JONES, OF OHIO, TO BE UNITED STATES MARSHAL FOR THE SOUTHERN DISTRICT OF OHIO FOR THE TERM OF FOUR YEARS, VICE JAMES MICHAEL WAHLRAB, RESIGNED.

IN THE COAST GUARD

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT TO THE GRADE INDICATED IN THE UNITED STATES COAST GUARD UNDER SECTION 211(A)(2), TITLE 14, U.S. CODE:

To be lieutenant commander

KAREN R. ANDERSON
PATRICK M. FLYNN
KEITH A. JERNIGAN
STEVEN M. LONG

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601, AND TO BE A SENIOR MEMBER OF THE MILITARY STAFF COMMITTEE OF THE UNITED NATIONS UNDER TITLE 10, U.S.C., SECTION 711:

To be lieutenant general

LT. GEN. CHARLES H. JACOBY, JR.

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

REAR ADM. SCOTT R. VAN BUSKIRK

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED

WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

REAR ADM. MARK I. FOX

IN THE AIR FORCE

THE FOLLOWING NAMED INDIVIDUALS FOR APPOINTMENT TO THE GRADES INDICATED IN THE REGULAR AIR FORCE UNDER TITLE 10, U.S.C., SECTION 531(A):

To be lieutenant colonel

ELIZABETH R. ANDERSONDOZE
MARY T. GUEST

To be major

LISA M. ALESSI
MARCIA A. BRIMM
NICHOLAS B. DUVAL
CAMELLA D. NULTY
JENNIFER R. RATCLIFF
CHRISTINE R. RIVERA
WILLIAM P. TRIPLETT
RODNEY C. WADLEY
KAREN M. WHARTON

IN THE ARMY

THE FOLLOWING NAMED INDIVIDUAL TO THE GRADE INDICATED IN THE RESERVE OF THE ARMY UNDER TITLE 10, U.S.C., SECTION 12203:

To be colonel

STEPHEN T. SAUTER

THE FOLLOWING NAMED OFFICER FOR REGULAR APPOINTMENT IN THE GRADE INDICATED IN THE UNITED STATES ARMY UNDER TITLE 10, U.S.C., SECTION 531:

To be major

MILES T. GENGLER

CONFIRMATIONS

Executive nominations confirmed by the Senate, Wednesday, March 10, 2010:

DEPARTMENT OF STATE

DONALD E. BOOTH, OF VIRGINIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA.

SCOTT H. DELISI, OF MINNESOTA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND

PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE FEDERAL DEMOCRATIC REPUBLIC OF NEPAL.

BEATRICE WILKINSON WELTERS, OF VIRGINIA, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF TRINIDAD AND TOBAGO.

IAN C. KELLY, OF MARYLAND, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE U.S. REPRESENTATIVE TO THE ORGANIZATION FOR SECURITY AND COOPERATION IN EUROPE, WITH THE RANK OF AMBASSADOR.

AFRICAN DEVELOPMENT BANK

WALTER CRAWFORD JONES, OF MARYLAND, TO BE UNITED STATES DIRECTOR OF THE AFRICAN DEVELOPMENT BANK FOR A TERM OF FIVE YEARS.

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

IAN HODDY SOLOMON, OF MARYLAND, TO BE UNITED STATES EXECUTIVE DIRECTOR OF THE INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT FOR A TERM OF TWO YEARS.

UNITED STATES TRADE AND DEVELOPMENT AGENCY

LEOCADIA IRINE ZAK, OF THE DISTRICT OF COLUMBIA, TO BE DIRECTOR OF THE TRADE AND DEVELOPMENT AGENCY.

DEPARTMENT OF STATE

BROOKE D. ANDERSON, OF CALIFORNIA, TO BE ALTERNATE REPRESENTATIVE OF THE UNITED STATES OF AMERICA FOR SPECIAL POLITICAL AFFAIRS IN THE UNITED NATIONS, WITH THE RANK OF AMBASSADOR.

BROOKE D. ANDERSON, OF CALIFORNIA, TO BE AN ALTERNATE REPRESENTATIVE OF THE UNITED STATES OF AMERICA TO THE SESSIONS OF THE GENERAL ASSEMBLY OF THE UNITED NATIONS DURING HER TENURE OF SERVICE AS ALTERNATE REPRESENTATIVE OF THE UNITED STATES OF AMERICA FOR SPECIAL POLITICAL AFFAIRS IN THE UNITED NATIONS.

ROSEMARY ANNE DICARLO, OF THE DISTRICT OF COLUMBIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE THE DEPUTY REPRESENTATIVE OF THE UNITED STATES OF AMERICA TO THE UNITED NATIONS, WITH THE RANK AND STATUS OF AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY, AND THE DEPUTY REPRESENTATIVE OF THE UNITED STATES OF AMERICA IN THE SECURITY COUNCIL OF THE UNITED NATIONS.

ROSEMARY ANNE DICARLO, OF THE DISTRICT OF COLUMBIA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE REPRESENTATIVE OF THE UNITED STATES OF AMERICA TO THE SESSIONS OF THE GENERAL ASSEMBLY OF THE UNITED NATIONS, DURING HER TENURE OF SERVICE AS DEPUTY REPRESENTATIVE OF THE UNITED STATES OF AMERICA TO THE UNITED NATIONS.

INTERNATIONAL MONETARY FUND

DOUGLAS A. REDIKER, OF MASSACHUSETTS, TO BE UNITED STATES ALTERNATE EXECUTIVE DIRECTOR OF THE INTERNATIONAL MONETARY FUND FOR A TERM OF TWO YEARS.

DEPARTMENT OF EDUCATION

KATHLEEN S. TIGHE, OF VIRGINIA, TO BE INSPECTOR GENERAL, DEPARTMENT OF EDUCATION.

OFFICE OF THE FEDERAL COORDINATOR FOR ALASKA NATURAL GAS TRANSPORTATION PROJECTS

LARRY PERSILY, OF ALASKA, TO BE FEDERAL COORDINATOR FOR ALASKA NATURAL GAS TRANSPORTATION PROJECTS FOR THE TERM PRESCRIBED BY LAW.

NORTHERN BORDER REGIONAL COMMISSION

SANDFORD BLITZ, OF MAINE, TO BE FEDERAL COCHAIRPERSON OF THE NORTHERN BORDER REGIONAL COMMISSION.

APPALACHIAN REGIONAL COMMISSION

EARL F. GOHL, JR., OF THE DISTRICT OF COLUMBIA, TO BE FEDERAL COCHAIRMAN OF THE APPALACHIAN REGIONAL COMMISSION.

THE ABOVE NOMINATIONS WERE APPROVED SUBJECT TO THE NOMINEES' COMMITMENT TO RESPOND TO REQUESTS TO APPEAR AND TESTIFY BEFORE ANY DULY CONSTITUTED COMMITTEE OF THE SENATE.

DEPARTMENT OF JUSTICE

GENEVIEVE LYNN MAY, OF LOUISIANA, TO BE UNITED STATES MARSHAL FOR THE EASTERN DISTRICT OF LOUISIANA FOR THE TERM OF FOUR YEARS.

WILLIAM JOSEPH HOCHUL, JR., OF NEW YORK, TO BE UNITED STATES ATTORNEY FOR THE WESTERN DISTRICT OF NEW YORK FOR THE TERM OF FOUR YEARS.

SALLY QUILLIAN YATES, OF GEORGIA, TO BE UNITED STATES ATTORNEY FOR THE NORTHERN DISTRICT OF GEORGIA FOR THE TERM OF FOUR YEARS.

FOREIGN SERVICE

FOREIGN SERVICE NOMINATION OF EARL W. GAST. FOREIGN SERVICE NOMINATIONS BEGINNING WITH SUZANNE E. HEINEN AND ENDING WITH BERNADETTE BORRIS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON NOVEMBER 17, 2009.

FOREIGN SERVICE NOMINATIONS BEGINNING WITH SEAN J. MCINTOSH AND ENDING WITH WILLIAM QIAN YU, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON DECEMBER 11, 2009.

HOUSE OF REPRESENTATIVES—Wednesday, March 10, 2010

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Ms. SLAUGHTER).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,

March 10, 2010.

I hereby appoint the Honorable LOUISE MCINTOSH SLAUGHTER to act as Speaker pro tempore on this day.

NANCY PELOSI,

Speaker of the House of Representatives.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer: O God of all the living, at times You are silent or seem to be absent.

When we are busy or fully occupied, we often do not turn to You. But when we do seek Your presence or pray asking for an answer, You may be silent.

Sometimes You may draw back from our momentary attention just to make us pray all the more ardently and increase our desire for Your presence or refine our request.

Hopefully, when You break Your silence and speak to us or any Member of Congress, we will be ready to respond to Your inspiration and be prepared to do Your will.

Although we are not always faithful, You are faithful both now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Illinois (Mr. HARE) come forward and lead the House in the Pledge of Allegiance.

Mr. HARE led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced

that the Senate has passed without amendment a bill of the House of the following title:

H.R. 3433. An act to amend the North American Wetlands Conservation Act to establish requirements regarding payment of the non-Federal share of the costs of wetlands conservation projects in Canada that are founded under that Act, and for other purposes.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will now entertain up to 15 requests for 1-minute speeches on each side of the aisle.

HONORING GERALDINE JORDAN

(Mr. HARE asked and was given permission to address the House for 1 minute.)

Mr. HARE. Madam Speaker, I rise today to pay tribute to a member of the Women's Air Force Service Pilots, Geraldine Hardman-Jordan of Moline, Illinois. And I would like to recognize her family who is sitting in the gallery with us this morning.

Madam Speaker, at the young age of 21, Geraldine was one of the first women in history trained to fly American military aircraft. Her call to serve did not end after her military career. Geraldine also prevailed in her second battle, the one to achieve full veteran status for her WASP sisters.

Today, I also honor Geraldine as the mother of nine wonderful children and a community leader who advocated on behalf of several worthy causes.

Madam Speaker, later today, Geraldine and other WASP pioneers will be awarded the Congressional Gold Medal for their invaluable service more than 60 years ago. Unfortunately, Geraldine passed away in 2001 and cannot be here to receive the award in person, but I am very happy that her family will proudly represent her at the ceremony.

Madam Speaker, Geraldine is a true American hero and a great source of pride for the 17th Congressional District of Illinois, and I can think of no better recognition of her services to this country than the Congressional Gold Medal.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. CUELLAR). The Chair will remind Members to refrain from referring to occupants of the gallery.

AFGHANISTAN RETREAT RESOLUTION

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute.)

Mr. WILSON of South Carolina. Mr. Speaker, the House is considering today a dangerous resolution: the Afghanistan retreat. As a father of four sons in the military and as a former member of the 218th Brigade of the South Carolina National Guard, which served for a year in Afghanistan led by Major General Bob Livingston, I know we should trust our military leaders led by General David Petraeus and General Stanley McChrystal with Major General Larry Nicholson of the Marines. These leaders will fight for victory to protect American families by defeating terrorists overseas.

Even liberal Newsweek highlights the success of the surge in the March 8 edition with the title, "The Surge is Working" with the subtitle, "All Signs Point America's Way."

Though the Taliban is entrenched in Helmand province, its grip is slipping in the rest of Afghanistan. These developments undercut the common belief that America is doomed to fail. In fact, Afghanistan's demography, sociology, military situation, and politics all favor Obama's counterinsurgency strategy. If the Taliban can't gain popular support or silence, it can't win.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

WOMEN'S HISTORY MONTH

(Ms. SLAUGHTER asked and was given permission to address the House for 1 minute.)

Ms. SLAUGHTER. Mr. Speaker, I was honored to open the House this morning during this most important Women's History Month.

Our Nation's foremothers stood up to injustice and, by changing the course of history, opened the doors of opportunity to all of America's daughters. It is our duty to recognize and honor their tireless efforts.

This past summer, our great Nation celebrated the 160th anniversary of the 1848 Women's Rights Convention in Seneca Falls, New York. This groundbreaking convention was dedicated to the key principle in the Declaration of Independence that we are all created equal.

From securing a woman's right to vote in 1920 to serving our country in Iraq and Afghanistan, we have come a long way.

In this Congress alone, we have much to celebrate: Speaker PELOSI is the first woman to lead this esteemed body, and Senator Clinton made “18 million cracks” in the Nation’s highest glass ceiling as the first woman to run a formidable Presidential campaign.

Yet as we celebrate these important milestones and look back at all we have achieved since 1948, we know our journey toward true gender equality is not complete. We must continue to fight for equality this month. We honor the women who blazed the trail for all women.

GIVE NAVY SEALS MEDALS

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Mr. Speaker, three of our tenacious Navy SEALs captured one of the worst terrorists in the world: Ahmed Hashim Abed.

In 2004, four Blackwater security guards were transporting supplies in Fallujah, Iraq. They were caught in an ambush and murdered by those cowards in the desert. These Americans were set on fire, mutilated, dragged through the streets, and hung from a bridge over the Euphrates River.

Abed, the terrorist, was the mastermind behind the massacre of these Americans. But Navy SEALs McCabe, Keefe, and Huertas captured this outlaw. But now for some odd reason, they are being put on trial—the SEALs, not the terrorist.

The whiny terrorist later claimed he was punched in the stomach during his capture on the battlefield. It hurt his little terrorist feelings, it seems. Now the SEALs face a court martial.

Congress should commend the valiant actions of these Navy SEALs, and I have introduced a resolution to do just that. These SEALs should be given medals and sent out to bag another one.

And that’s just the way it is.

CREATING JOBS

(Ms. WATSON asked and was given permission to address the House for 1 minute.)

Ms. WATSON. Mr. Speaker, during the 111th Congress, we have made great strides in creating jobs. The American Recovery and Reinvestment Act was the largest middle class tax cut in history. One year ago, the economy that was declining by 6 percent is now expanding at about that rate because of this significant program.

The Recovery Act has already worked to save or create as many as 2 million jobs, according to the non-partisan Congressional Budget Office. In 1 year, the Recovery Act has provided \$120 billion in tax cuts for 95 percent of the working families as well as businesses across the country; loaned

nearly \$20 billion to small businesses to expand and create jobs; and funded more than 12,500 transportation projects nationwide; kept teachers, police officers, and firefighters on the job; and accomplished much more.

IT'S THE ECONOMY, STUPID

(Mr. ROGERS of Alabama asked and was given permission to address the House for 1 minute.)

Mr. ROGERS of Alabama. Many of you may remember in the 1992 campaign for the Presidency, James Carville made famous the phrase “It’s the economy, stupid,” because they posted that sign on the campaign war room to remind the candidate and the staff that that was the number one issue the American people wanted focused on.

Well, you know, Mr. Carville ought to pull that signage back out and take it over to the White House and maybe take one down the hallway here to the Speaker’s suite to remind the majority and the leadership that that is what the American people want us focused on. It is not a government takeover of health care; they want us to focus on the economy and creating jobs.

I don’t know why that seems to be something that they don’t want to do. The President said at the beginning of the year that he was going to pivot from health care and focus “like a laser” on jobs and the economy. And here we are now demanding that we put our full attention on the government takeover of health care by the end of next week.

You just want to remind them: It’s the economy, stupid. Let’s focus on it.

BALANCED BUDGET CONSTITUTIONAL AMENDMENT

(Mr. BRIGHT asked and was given permission to address the House for 1 minute.)

Mr. BRIGHT. Mr. Speaker, last Tuesday I introduced a constitutional amendment bill to balance the Federal budget. I am proud that 36 of my colleagues have joined me in cosponsoring H.J. Res. 78, and I urge all Members of Congress who believe that government should live within a budget join me and my colleagues to pass this bill.

Balancing the budget is a simple concept that Alabama families follow every day. Without question, there are many steps that must be taken to improve our financial situation, but balancing the budget on a yearly basis is the only way to ensure that we don’t repeat the mistakes of our past.

We know we can achieve this goal because we have done so in the past. From 1998 to 2001, our country achieved balanced budgets through adherence to PAYGO. Forty-nine States currently require an annual balanced budget. Passing a constitutional amendment is

a long process but is absolutely necessary to ensure America remains strong for generations to come.

I urge the entire Congress to join me in this effort. I want to thank you for your support.

HONORING DAVID HAMES

(Mr. LAMBORN asked and was given permission to address the House for 1 minute.)

Mr. LAMBORN. Mr. Speaker, I rise today in remembrance of a noble and humble man lost in the devastating earthquake in Haiti. David Hames of Colorado Springs, Colorado, left an enduring legacy of selflessness and faith.

David lived a life completely devoted to his family and to his Savior, Jesus Christ. He and his beloved wife of 13 years, Renee, have been blessed with two beautiful adopted sons, Aidan and Zander, who will remember their father’s unending love.

He blessed the world with his talent for filmmaking. This was embodied in his award-winning and innovative children’s educational video series, “Cranium’s Ark.”

On January 11, David arrived in Haiti for Compassion International to tell the story of orphans and widows as he had throughout the world. After a day of shooting footage, he was in the Hotel Montana when the earthquake hit. God took David home at the age of 40. His life was an amazing journey filled with passion and faithfulness, and his legacy will endure.

HEALTH CARE REFORM

(Mr. YARMUTH asked and was given permission to address the House for 1 minute.)

Mr. YARMUTH. Mr. Speaker, just as we are about to reach the mountaintop of health care reform, just a few feet away, opponents of health care reform say, Start over. Well, you know, there are people in this country who do have to start over. The 1,800 people or 17 a day, 700,000 a year, who go into bankruptcy because of health care costs, they have to start over. They have to start rebuilding their lives all over again. And those 14,000 people every day who lose their health insurance, they have to start over as well. They have to start the search to find out how they can protect their family with affordable health insurance.

The only people who really get to start over are the insurance companies who, when people get very sick, say, We are going to start over with another customer because you are too expensive to care for.

No, we can’t start over because, if we start over, life will be over for too many Americans.

□ 1015

MEDIA GIVES DEMOCRATS' SIDE ON RECONCILIATION

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Mr. Speaker, the Senate's reconciliation procedure is designed for legislation to balance the budget. Now the administration wants to use reconciliation to force a health insurance scheme on the American people. The health care scheme under reconciliation means decisions made by the government behind closed doors against the wishes of the American people.

A recent New York Times article claimed that Republicans have used reconciliation in the past, but failed to acknowledge that it has never been used before to enact a massive partisan policy change like a \$1 trillion government health care mandate. And the national media have largely ignored the fact that many Democratic leaders, including the President, previously voiced strong opposition to reconciliation. In fact, the nonpartisan fact checkers at PolitiFact determined that the President's support of reconciliation is a "full flop" from his earlier comments opposing it.

The national media should give Americans the facts, not just present the Democrats' point of view.

ECONOMY AND JOB MARKET ON THE RISE

(Ms. NORTON asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. NORTON. We've had to come to this floor, Mr. Speaker, to speak about the folks who drove this economy into the ground and just how bad it was, but there is good news to raise the spirits of the American people coming from the Labor Department and from analysts. We know that the economy has turned around, but until the job market turned around nobody wanted to hear it; now analysts tell us so has the job market.

All expected unemployment numbers to ratchet up during February because of the bad weather, including crippling snowstorms. Instead, it stood steady—too high at over 9 percent, but it showed confidence in the economy that so many employers stopped laying off people and kept people on. The biggest losses were where you might have expected, in construction, because of all the bad weather and the snowstorms.

The best sign that employers are feeling more confident is that they are getting their feet wet with many new temporary employees brought on, which is always the first sign that they are ready to bring on people full time

and permanently, and the best sign may be the 2.7 million job openings. Now we have a mismatch. Thank goodness for the stimulus that went to community colleges to help us cure that mismatch.

CALLING ON PRESIDENT OBAMA TO REVERSE STEM CELL RE- SEARCH EXECUTIVE ORDER

(Mr. FLEMING asked and was given permission to address the House for 1 minute.)

Mr. FLEMING. Mr. Speaker, I rise today to commemorate a solemn occasion.

One year ago, President Obama issued an Executive order allowing for taxpayer dollars to incentivize the destruction of human life through the use of embryonic stem cells. As a physician, a father, and a grandfather, I know that all human life is precious and begins at the moment of conception, and it is paramount that we continue to seek better medical treatments and cures for diseases. Yet I also believe that our research and decisions must be life affirming.

Lives can be saved through techniques creating embryonic-like cells from adult cells, making it unnecessary to destroy embryos. Over 73 different diseases so far have been treated with adult or cord blood stem cells, including type 1 diabetes and heart disease.

I call upon the President to reverse this order and acknowledge that research that is both morally controversial and out of date does not need to be subsidized by the American taxpayer.

WOMEN'S HISTORY MONTH AND SILVIA ICHAR

(Ms. LORETTA SANCHEZ of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. LORETTA SANCHEZ of California. Mr. Speaker, I rise today to recognize National Women's History Month and to honor a small business owner from Orange County, Silvia Ichar, publisher of Para Todos magazine.

Silvia exemplifies the principles of this month through her magazine, which showcases the women of the arts, business, community service, and politics. As a small business advocate and entrepreneur, she has demonstrated leadership in communicating the importance of women-owned and minority-owned businesses, in particular in the growing Hispanic business sector.

She has received numerous business awards, including the Small Business Administration's award of 2009 for Small Business Journalist of the Year. She has also served as a board member for various Hispanic business organiza-

tions, including the California and the Orange County Hispanic Chambers of Commerce, the Latin Business Association, and the National Latina Business Women Association. I am very proud of Silvia's achievement and her small business advocacy.

LET'S PASS HEALTH CARE

(Mr. COHEN asked and was given permission to address the House for 1 minute.)

Mr. COHEN. Mr. Speaker, yesterday, President Obama spoke about health care. He said, If not now, when? And if not us, who? President Obama was correct. He knew that the duty and the obligations of this House are to pass momentous legislation to help the American people. It's engraved above the Speaker's rostrum in words from Daniel Webster, Let us gather all resources and do something worthwhile and momentous and great while we are here with the resources of this country, something to be remembered.

Health care has been on the American agenda for 100 years, starting with Teddy Roosevelt in 1912. It went through Harry Truman, through Richard Nixon, Bill Clinton, and today Barack Obama. We are here to fulfill Ted Kennedy's dream and the work of many Congresses and the American people.

I have had several constituents come to me and tell me of serious, serious illnesses they've had, that they would have gone broke if they didn't have insurance. And if they didn't have insurance and their cancer surgeries weren't covered, we would pay for it in the tax we pay that we don't know about of \$1,000 per person for uncompensated care.

Let's do something worthwhile. Let's pass health care.

WOMEN AIR FORCE SERVICE PILOTS (WASPs)

(Mr. MAFFEI asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MAFFEI. Mr. Speaker, I rise today to commend the forerunner of today's women military pilots, the Women Airforce Service Pilots, or WASPs, who served during World War II.

More than 1,100 women flew more than 60 million miles and provided crucial aid to our Nation in a time of war. From 1943 to 1944, they delivered aircraft from manufacturers in the United States to air bases throughout the country.

Three women from my district—Virginia Meloney, Ann Elizabeth O'Connor, and Aleta Johnson—are being awarded the Congressional Gold Medal today in recognition of their service to our country as WASPs. Their fearlessness led the way for future women

military pilots. It is long overdue that we recognize these incredible women. Our country thrives because of the bravery and dedication of our citizens like the WASPs.

Ann O'Connor, a Syracuse resident since 1980, learned last year that this medal ceremony was going to happen. Her family told me it meant the world to her. Her daughter told me she would have loved to be here today, but Ann passed away in September of 2009. Her son and daughter and grandchildren are here and will attend the ceremony, and I know she is here today in spirit and through the eyes of her two lovely granddaughters.

I congratulate all of the extraordinary WASPs who served our country. Thank you for your dedication and service.

WAR POWERS RESOLUTION

(Mr. QUIGLEY asked and was given permission to address the House for 1 minute.)

Mr. QUIGLEY. Mr. Speaker, the Constitution makes clear: Only Congress can declare war. While no one can dispute that we are at war, Congress has never been asked to make this declaration.

I disagree with the Congressman from Ohio's policy position; to leave Afghanistan at this moment would undermine our national security and imperil our troops. However, the War Powers Resolution is an important check on unfettered executive authority.

It is worth remembering the period in our Nation's history during which this act of Congress was passed. In 1973, during the height of the Vietnam War and following the Gulf of Tonkin, Congress overrode a Presidential veto to pass this measure into law. It did so because it was concerned with the erosion of congressional authority to decide when the United States should become involved in a war. While Vietnam was a very different war, the frustration felt by the American public and Members of Congress at that point in time is similar to that of today.

In overriding a presidential veto and passing the War Powers Resolution, Congress was reclaiming a critical responsibility the Founding Fathers had granted to it: that such a declaration would be a product of robust discourse, one in which our leaders would identify the nature of the threat posed by our enemy, define the objective of the mission before us, and fully weigh the prudence of sending our troops into harm's way.

RECOVERING FROM THE GREAT RECESSION

(Mrs. MALONEY asked and was given permission to address the House for 1 minute.)

Mrs. MALONEY. Mr. Speaker, this chart is a quick way to assess the direction things have been going in our efforts to recover from the Great Recession. While it is not success, it is definitely progress. It shows the monthly change in nonfarm payrolls over the past 2 years.

Point A on this chart is when the Great Recession and the job losses began in December of 2007. Back then, we were assured the fundamentals of the economy were sound. For over a year, the economy went straight downhill and shed jobs at an increasing rate, with no change in direction.

The last month that the former President was in office, President Bush, we lost over 700,000 jobs. Point C represents the jobs report from the last 2 months, clearly a dramatic improvement from 1 year ago—in fact, a 96 percent improvement, from over 750,000 jobs lost to 35,000 jobs; again, progress in the right direction.

In addition to this general trend, I would like to point out that the temporary help sector continues to improve. More than 40,000 workers have been added to the temporary help sector, a clear indication of improvement in the job market.

We still have a distance to go before we get every American back to work, but as this chart clearly shows, we are slowly and steadily moving in the right direction. Again, this is progress.

RECOGNIZING THE 60TH AIR MOBILITY WING AT TRAVIS AIR FORCE BASE

(Mr. GARAMENDI asked and was given permission to address the House for 1 minute.)

Mr. GARAMENDI. Mr. Speaker and Members, I want to bring to your attention an extraordinary unit in our military in the Air Force located at Travis Air Force base in Fairfield, California. The 60th Air Mobility Wing does an extraordinary job providing services to the military as well as humanitarian efforts.

When the earthquake in Haiti occurred, it was that Wing that brought immediate assistance, using rapid deployment. They also have hospital services available that are immediately deployed. And when it comes time to open a new military base or a new field anywhere in the world, it's the 60th Air Mobility Wing located at Travis Air Force Base, Fairfield that provides those immediate services.

So I ask all the Members to recognize the good service, the good work this unit does, the extraordinary service provided by the men and women of the 60th Air Mobility Wing located at Travis Air Force Base, Fairfield, California.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

AUTHORIZING COMPENSATION FOR FURLOUGHED TRANSPORTATION DEPARTMENT EMPLOYEES

Mr. OBERSTAR. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4786) to provide authority to compensate Federal employees for the 2-day period in which authority to make expenditures from the Highway Trust Fund lapsed, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4786

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. COMPENSATION AND RATIFICATION OF AUTHORITY.

(a) COMPENSATION FOR FEDERAL EMPLOYEES.—Any Federal employees furloughed as a result of the lapse in expenditure authority from the Highway Trust Fund after 11:59 p.m. on February 28, 2010, through March 2, 2010, shall be compensated for the period of that lapse at their standard rates of compensation, as determined under policies established by the Secretary of Transportation.

(b) RATIFICATION OF ESSENTIAL ACTIONS.—All actions taken by Federal employees, contractors, and grantees for the purposes of maintaining the essential level of Government operations, services, and activities to protect life and property and to bring about orderly termination of Government functions during the lapse in expenditure authority from the Highway Trust Fund after 11:59 p.m. on February 28, 2010, through March 2, 2010, are hereby ratified and approved if otherwise in accord with the provisions of the Continuing Appropriations Resolution, 2010 (division B of Public Law 111-68).

(c) FUNDING.—Funds used by the Secretary to compensate employees described in subsection (a) shall be derived from funds previously authorized out of the Highway Trust Fund and made available or limited to the Department of Transportation by the Consolidated Appropriations Act, 2010 (Public Law 111-117) and shall be subject to the obligation limitations established in such Act.

(d) EXPENDITURES FROM HIGHWAY TRUST FUND.—To permit expenditures from the Highway Trust Fund to effectuate the purposes of this section, this section shall be deemed to be a section of the Continuing Appropriations Resolution, 2010 (division B of Public Law 111-68), as in effect on the date of the enactment of the last amendment to such Resolution.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Minnesota (Mr. OBERSTAR) and the gentleman from North Carolina (Mr. COBLE) each will control 20 minutes.

The Chair recognizes the gentleman from Minnesota.

GENERAL LEAVE

Mr. OBERSTAR. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on the bill, H.R. 4786, and to include extraneous material.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Minnesota?

There was no objection.

□ 1030

Mr. OBERSTAR. Mr. Speaker, we are here on both sides of the aisle this morning on a mission of equity, fairness, even mercy, on behalf of 1,922 career Federal employees of the U.S. Department of Transportation. They were unintended victims of a standoff in the other body, which resulted in a 2-day lapse in the authorization of funding for Federal highway, highway and motor carrier safety, and public transit programs.

On February 25, the House passed by voice vote H.R. 4691, the Temporary Extension Act of 2010. The bill extended the authorization for Federal surface transportation programs which otherwise were scheduled to expire on February 28.

The Senate's efforts to pass the bill and to clear it for signature by the President were stalled by the actions of one Senator from the other party. His repeated objections held up consideration past the February 28 deadline.

As a result of those objections, the authority to reimburse States, metropolitan regions, and public transit agencies for federally approved Highway Trust Fund expenditures lapsed. Several States, like Missouri, immediately cancelled bid openings. DOT's authority to pay administrative expenses for Federal employees from the Highway Trust Fund also lapsed.

These authorities were restored only when the Senator relented on the evening of March 2, allowing the Senate to consider the bill. The Senate passed it, and the President signed it that evening, but these 1,922 employees were collateral damage. They were doing their jobs, career professionals, and they just happened to be hit by this roadside bomb. It affected them in a very specific way. Let me toll the numbers:

1,307 employees of the Federal Highway Administration, 434 employees of the Federal Motor Carrier Safety Administration, 143 employees of the National Highway Traffic Safety Administration, and 38 employees of the Research and Innovative Technology Administration.

Well, in a few days, on March 16 to be exact, the DOT will process its payroll for the current March pay period. If Congress does not act to reinstate those career employees, those 1,922

public servants, through no fault of their own and having simply been doing their jobs as they have done for decades in many cases, will suffer a 20 percent pay cut in their biweekly paychecks. Now, this is not an abstraction. This is not a debating point. This is not something that, oh, we'll put this off, and we'll think about it later.

At the National Highway Traffic Safety Administration, a long-term career secretary of NHTSA in Seattle, Washington normally would net \$1,540 per paycheck, but because of the furlough, would be paid \$1,150, a \$390 cut. A \$390 cut could affect your paying your mortgage, buying your weekly groceries, buying fuel for your car. Maybe it could even affect your sending a birthday card to a child or to a grandchild. It has a real effect, and I think the Senator on the other side just had no idea, no interest, and no care about what the effects would be of his actions.

An entry-level program analyst, a GS-7 in Chicago, Illinois at NHTSA, normally would net \$1,200 per paycheck in 2 weeks. Because of the furlough, he would be paid only \$900. That's a \$300 cut. If you're taking \$900 home over 2 weeks, \$300 out of that paycheck is serious money, a serious effect on your life, and it's a serious devaluation of appreciation for your service to the public.

These are career personnel. At any time, that's painful, but at this time, with this severe meltdown, economic recession, it's devastating. Miss a car payment; miss a tuition payment; miss part of your mortgage payment; miss your fuel bill; miss your electric bill. All of these things are the real-world consequences of one person's peak over some piece of this bill that had nothing to do with these personnel, with these careerists.

To the great credit of Secretary of Transportation Ray LaHood, a former colleague of ours in this body, he called and said, I am really concerned about these career personnel. We have to make them whole. They didn't do anything wrong. The department didn't do anything wrong. They were just stand-by victims of this action, and we will be able to restore their pay without any increase in budget. We will just shift dollars from one account to another.

The bill that we bring before you today does not require any new Federal funding. The Secretary, as I just described, will draw on administrative funding previously authorized and appropriated to finance the lost compensation for those personnel. It is the right thing to do. We need to do this. We have got to pass it by a unanimous voice vote.

I reserve the balance of my time.

Mr. COBLE. I yield myself such time as I may consume.

Mr. Speaker, I rise today to voice my strong support for H.R. 4786. The dis-

tinguished gentleman from Minnesota has pretty well covered this bill in detail. I will speak briefly to it.

Beginning at midnight on February 28 through March 2, all of the programs and the operations of the agencies funded under the Highway Trust Fund came to a halt because the extension of these programs was not passed by Congress, as the chairman has already pointed out. As a result, nearly 2,000 Department of Transportation employees were furloughed. This bill will ensure that those employees furloughed, at no fault of their own, will receive their normal compensation for that period of time.

Between February 28 and March 2, certain surface transportation activities were classified as "essential," such as the Federal safety inspection of trucks and buses. This bill approves these activities as essential actions taken to save lives and to protect property, allowing the DOT employees who worked on those activities during the furlough to be paid.

I urge my colleagues to support the passage of H.R. 4786. I support the bill.

Mr. Speaker, I yield back the balance of my time.

Mr. OBERSTAR. Mr. Speaker, I yield such time as he may consume to the gentleman from Northern Virginia (Mr. CONNOLLY). I wish to express my great appreciation and admiration of his concern for these Federal employees. Many Federal employees reside in his district. Even some of these 1,900 likely reside in the gentleman's district. I appreciate his coming forward to champion this bill.

Mr. CONNOLLY of Virginia. Mr. Speaker, I rise in strong support of this bipartisan legislation, compensating those Federal transportation employees who were unfairly furloughed on March 1 and 2 because of a lapse in the Highway Trust Fund.

I also want to thank my good friend, the chairman of the Transportation and Infrastructure Committee, Mr. OBERSTAR, and the ranking member, Mr. MICA from Florida, for their great leadership and for their sensitivity. I want to thank Mr. COBLE from North Carolina for his support on this on a bipartisan basis. Their leadership is critical to resolving this problem.

As the chairman has indicated, H.R. 4786 is a simple, commonsense bill. It would compensate the 1,922 Department of Transportation employees who were forced out of their jobs for 2 days because of political gamesmanship on the other side of the Capitol. These employees were spread across four agencies at the DOT: the Federal Highway Administration, the Federal Motor Carrier Safety Administration, the National Highway Traffic Safety Administration, and the Research and Innovative Technology Administration. These employees were furloughed through no fault of their own. They became unwitting victims of an arcane

practice in the upper Chamber that allows one Member's objection, irrespective of merit, to grind to a halt the work of the American people.

As my colleagues will recall, an objection by one Senator from Kentucky led to the lapse of authorization for the Highway Trust Fund despite the objections of 21 of his Republican colleagues, a majority of the Republican caucus, who supported the ultimate extension on a 78-19 vote.

This bill does two simple things: It authorizes those workers who were furloughed to be compensated at their normal rate of pay for the 2 days in which they were laid off, and it ratifies actions taken by DOT during those 2 days to maintain minimum essential services. The Congressional Budget Office says this legislation has no new costs associated with it, as the chairman indicated, as the funding will come from existing expenses. By taking action now, this Congress will prevent a 20 percent cut in the next bi-weekly paycheck for these dedicated public servants.

There is a clear precedent for this type of restorative action dating back to the much longer government shutdown in the late 1995-early 1996 period during the Clinton administration. During that period, there were two funding gaps totaling 26 days which affected more than 800,000 Federal workers. As part of the final appropriations bill for FY 1996, the Republican-controlled Congress restored compensation for those employees. It was the right thing to do then, and it is the right thing to do now.

I thank Chairman OBERSTAR for his leadership and for his collaboration and generosity on this important legislation. I urge my colleagues to vote "yes."

Mr. OBERSTAR. Mr. Speaker, in closing, I wish to express my great appreciation to Mr. MICA, the senior Republican on our committee and my partner and good friend and co-participant, in all of the works of our committee.

I share with him this tragic fact of the loss of pay for these 1,922 employees. He immediately said, We have to fix that. We have got to make it right by them, and he volunteered to cosponsor the legislation, which he has done.

I am delighted he designated the gentleman from North Carolina, Mr. Speaker, who a great advocate for our committee, a great participant in all of our work and who is also a very good, fair and decent-minded Member.

Today, we will do something really good and decent. We can all go home and feel we have accomplished something useful in a very specific and direct fashion for 1,922 career professionals in transportation of the U.S. Department of Transportation.

Again, I express admiration for Secretary LaHood for taking the initiative

to bring this issue forward and to find a funding solution for it as well.

We have got to be able to pass this on a voice vote and to do good by these 1,922, and we need to set a good example for the other body as well.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Minnesota (Mr. OBERSTAR) that the House suspend the rules and pass the bill, H.R. 4786.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1045

COMMEMORATING THE 45TH ANNIVERSARY OF BLOODY SUNDAY

Mr. COHEN. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 249) commemorating the 45th anniversary of Bloody Sunday and the role that it played in ensuring the passage of the Voting Rights Act of 1965.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 249

Whereas brave people in the United States, known and unknown, of different races, ethnicities, and religions, risked their lives to stand for political equality and against racial discrimination in a quest culminating in the passage of the Voting Rights Act of 1965;

Whereas numerous people in the United States paid the ultimate price in pursuit of that quest, while demanding that the Nation live up to the guarantees enshrined in the 14th and 15th Amendments to the United States Constitution;

Whereas the historic struggle for equal voting rights led nonviolent civil rights marchers to gather on the Edmund Pettus Bridge in Selma, Alabama, on March 7, 1965, a day that would come to be known as "Bloody Sunday", where their bravery was tested by a brutal response, which in turn sent a clarion call to the Nation that the fulfillment of democratic ideals could no longer be denied;

Whereas, March 7, 2010, marks the 45th anniversary of Bloody Sunday, the day on which some 600 civil rights marchers were demonstrating for African-American voting rights;

Whereas Congressman John Lewis and the late Hosea Williams led these marchers across the Edmund Pettus Bridge in Selma, Alabama, where they were attacked with billy clubs and tear gas by State and local lawmen;

Whereas during the march on Bloody Sunday, Congressman Lewis was beaten unconscious, leaving him with a concussion and countless other injuries;

Whereas footage of the events on Bloody Sunday was broadcast on national television that night and burned its way into the Nation's conscience;

Whereas the courage, discipline, and sacrifice of these marchers caused the Nation to respond quickly and positively;

Whereas eight days after Bloody Sunday, President Lyndon B. Johnson called for a comprehensive and effective voting rights bill as a necessary response by Congress and the President to the interference and violence, in violation of the 14th and 15th Amendments, encountered by African-American citizens when attempting to protect and exercise the right to vote;

Whereas a bipartisan Congress approved the Voting Rights Act of 1965 and on August 6, 1965, President Lyndon B. Johnson signed this landmark legislation into law;

Whereas the Voting Rights Act of 1965 stands as a tribute to the heroism of countless people in the United States and serves as one of the Nation's most important civil rights victories, enabling political empowerment and voter enfranchisement for all people in the United States;

Whereas the Voting Rights Act of 1965 effectuates the permanent guarantee of the 15th Amendment that "the right of citizens of the United States to vote shall not be denied or abridged by the United States or by any State on account of race, color, or previous condition of servitude";

Whereas the Voting Rights Act of 1965 has increased voter registration among racial, ethnic, and language minorities, as well as enhanced the ability of those citizens to participate in the political process and elect representatives of their choice to public office; and

Whereas the citizens of the United States must not only remember this historic event, but also commemorate its role in the creation of a more just society and appreciate the ways in which it has inspired other movements around the world: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That Congress—

(1) commemorates the 45th anniversary of Bloody Sunday;

(2) observes and celebrates the 45th anniversary of the enactment of the Voting Rights Act of 1965;

(3) pledges to advance the legacy of the Voting Rights Act of 1965 to ensure its continued effectiveness in protecting the voting rights of all people in the United States; and

(4) encourages all people in the United States to reflect upon the sacrifices of the Bloody Sunday marchers and acknowledge that their sacrifice made possible the passage of the Voting Rights Act of 1965.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. COHEN) and the gentleman from Texas (Mr. POE) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. COHEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to extend their remarks and include extraneous material on the concurrent resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. COHEN. I yield myself such time as I may consume.

Mr. Speaker, just this past Sunday, on March 7, we commemorated the 45th anniversary of Bloody Sunday, one of the most significant moments in the

civil rights movement. It was a day in which I was in Selma, Alabama, with JOHN LEWIS, one of the heroes of this United States of America, one of the great saints and heroes of this United States Congress. Other Congress people were there from both sides of the aisle.

We first went to Brown Chapel in Selma for a prayer service, where Rev. C.T. Vivian led us with a wonderful sermon. It was a civil rights pilgrimage that the Faith and Politics Institute put on.

The culmination of that, after going to Birmingham, where we went to the 16th Street Church and the Civil Rights Institute, and to Montgomery, where we saw the Rosa Parks Museum and went to Rev. Ralph Abernathy's church at the First Baptist Church and the Dexter Avenue Church, the church of Dr. Martin Luther King, as well as the Center for Poverty Law headed up by Morris Dees, culminated in Selma, and it was significant.

JOHN LEWIS marched there 45 years earlier. Alabama State troopers and Alabama police, the government, stopped them with horses and sticks and gas and all other means of oppression to stop people who were marching simply to have the right to vote and participate in this country's great democracy.

Voting is essential, and African Americans were denied voting. After the Civil War, they had the right to vote up until about the turn of century. But then Jim Crow laws came into place, and the effort to protest those, with JOHN LEWIS being a leader, culminated in Selma, where they were beaten.

After that and the retreat to Brown Chapel, the government came to the aid of JOHN LEWIS and others and saw to it they could march, and Dr. King joined that march and Ralph David Abernathy joined that march. They marched down Highway 80 from Selma to Montgomery, culminating just across from the capital, going straight to the capital. Just around the corner is the Dexter Avenue Church of Dr. Martin Luther King.

Eventually, the Voting Rights Act was passed, which Lyndon Johnson, in a speech to this Congress right from that lectern, said was the most important legislation that that Congress had passed and one of the most important pieces of legislation ever passed by this House.

It was fought by a lot of people, fought by a lot of people from the South. But that voting rights act was so important, and it started because a group of people said, We are not going to stand it anymore. We are going to stand up for our freedom. We are going to march and bring attention to this issue and participate in this democracy and start a change that is going to fulfill America's purpose and promise. That started in Selma. It started with

JOHN LEWIS, and it culminated with that great march.

So it is important that this Congress take time to recognize the 45th anniversary of Bloody Sunday that forced this Nation to live up to its ideals of justice, freedom, and equality in society, generally, and in the realm of voting rights, specifically.

The pilgrimage was one of the best experiences I have had. I am from Memphis, Tennessee, where Dr. King was slain on April the 3rd. There were times when Mr. LEWIS and other Members came up to me and asked me to go on the pilgrimage. I thought, I was from Memphis. I had spoken at Mason Temple. I had been to Mason Temple. I had been to the Civil Rights Museum. I had been to the Lorraine Hotel so many times, and I knew about civil rights history.

But nobody really knows it until they go to the battleground, where this country's future and its promise was turned around and brought to bear because of a group of students and ministers, both black and white, who came together to march for civil rights and to make this country fulfill its destiny and its promise.

Mr. LEWIS is a man we are lucky to serve with, and I am lucky to serve with, and I appreciate him getting me to go, and for what I learned this weekend from being with him on the Edmund Pettus Bridge where the first march ended in violence, and later started on the long struggle to Montgomery and to freedom and to voting rights. Six hundred civil rights marchers stood strong in solidarity in the march to Montgomery 45 years ago.

Our democracy reflects a government of the people and by the people, a principle that had been articulated by President Abraham Lincoln in 1863. But until Bloody Sunday and Dr. King's participation and the successful march and the passage of the Voting Rights Act by Congress, it wouldn't have happened.

It had not been a government of the people and by the people. It was a government of the white people. It was a government of the wealthy people, the propertied people. In Alabama, there were literacy tests and there were taxes, and these stopped people from having the right to vote. There were intentional impediments to letting people participate in a democracy that you wouldn't have thought would happen in a country with our great Constitution. But the words in our Constitution were simply words. They needed to have purpose and a spirit put behind them and a fulfillment, and that didn't happen until Montgomery and Alabama.

Besides voting rights, that march led to other issues. There is economic justice as well as social justice, and we are working in those areas. Access to education, housing, health care, and

more have not been available to all. Dr. King, in his famous speech in New York at the Riverside Church, talked about not only racism, but militarism and materialism.

There are still problems in this world today and problems that affect this Congress, when too many times we do work on military solutions rather than peaceful solutions, and we worry about materialism rather than spiritual goods. We worry too much about people who have and not people who don't have enough. That is part of Dr. King's dream and part of the legacy that has not been fulfilled in this country, and this Congress needs to do more. That is why jobs bills are so important, to give people opportunities, and job training bills that we are working on.

So it was fortunate that we had this opportunity to participate in the pilgrimage. This country needs to reflect back on what happened 45 years ago, understand that the promise is not fulfilled, pay homage to those individuals that participated and made this country a better country, but know that the dream is not finished, the dream endures. We need to fulfill that destiny, and there are opportunities to do it here on this floor with jobs, with tax policy, and with other issues.

I urge my colleagues to support this important resolution.

I reserve the balance of my time.

Mr. POE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I support House Concurrent Resolution 249. This resolution commemorates the 45th anniversary of Bloody Sunday and the role it played in ensuring the passage of the Voting Rights Act of 1965.

On Bloody Sunday, March 7, 1965, JOHN LEWIS, now Congressman JOHN LEWIS and Chairman JOHN LEWIS, and the late Hosea Williams, led a march in Selma, Alabama, to demand racial and political equality in the United States.

They led 600 civil rights marchers east out of Selma, Alabama, toward the State's capital in Montgomery. They got as far as the Edmund Pettus Bridge six blocks away, where State and local lawmen attacked them with clubs and tear gas and forced them back into Selma. Congressman LEWIS was beaten unconscious, leaving him with a concussion and many other injuries.

The events on Bloody Sunday were televised nationally, and the Nation responded to these actions. As a result, within eight days, President Lyndon Johnson called for a comprehensive voting rights bill to protect African Americans and other citizens' right to vote, which is already guaranteed in the 15th Amendment.

Bipartisan majorities in both Houses of Congress approved the Voting Rights Act of 1965, and President Johnson signed this historic legislation into law

on August 6, 1965, less than 5 months after Bloody Sunday.

I totally support this resolution's observance and celebrate the 45th anniversary of the Bloody Sunday marchers, whose sacrifices made it possible for the Voting Rights Act to come into being. I urge my colleagues to join in supporting this resolution.

I reserve balance of my time.

Mr. COHEN. Mr. Speaker, I yield 1 minute to the majority leader, the gentleman from Maryland (Mr. HOYER), who joined us on this civil rights pilgrimage. I was so proud to be with him. He is one of the most constant attendees, and it reflects on his character that he goes and participates.

Mr. HOYER. I thank my friend for yielding, and I thank the ranking Republican for his comments. I thank Mr. COHEN for his leadership on this issue.

"We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness."

So spoke our Founding Fathers. Our Founding Fathers spoke, however, without a clear understanding of the impact of their words. Even as great as our Founding Fathers were, they did not live out the promise of those words in this land. Some were slave owners. Clearly, the contradiction between our words and the actions of our day-to-day lives were a contradiction from our stated values to our practices.

Martin Luther King, Jr., called America's attention to that paradox, to that contradiction, to that schizophrenic life that we had led. Martin Luther King, Jr., had a lieutenant who was a giant of a leader in his own right, and we are honored to serve with him; in my view, the most historic figure that serves among the 535 of us who have been given the privilege to represent our people and defend the Constitution and protect and preserve our democracy. JOHN LEWIS is a giant among us; a quiet, self-effacing, humble giant, but a giant nonetheless.

Forty-five years ago, civil rights activists attempted to march from Selma to Montgomery to demand that their Governor honor their right to vote and their God-given equality. Remember Jefferson's words, that our rights are not given by the majority. They are not given by Congress. They are not even given by the Constitution. They are given to us by a power higher than us. That is the glory of America, that every individual is an important being, endowed by their Creator with certain unalienable rights.

The world knows what happened to those marchers; how they were stopped by State troopers at the Edmund Pettus Bridge in Selma, how they were savagely beaten with nightsticks, and how this 23-year-old giant, whose name was then not known, this young man

from Troy, Alabama, JOHN LEWIS, who was helping to lead the march from the front with Hosea Williams, was beaten to the ground and took life-threatening injuries.

Today, as a Member of Congress, JOHN LEWIS still bears those scars, but he does not bear resentment. What a lesson for all of us who suffer the verbal slings and arrows almost daily in this public profession which we pursue.

But JOHN LEWIS took more than rhetorical slings and arrows. He was beaten, subjected to hate, spit upon, subjected to prejudice and division and segregation and rejection. But still, Christ-like, JOHN LEWIS, following Gandhi's example, turned the other cheek and said, I seek justice, and I will continue to seek justice for myself and for others, no matter the opposition.

□ 1100

I will not do so violently. I will not do so by assaulting those who assault me. But I will appeal to the conscience of the Nation. I will appeal to the promise in our declaration, in our Constitution, and in the principles for which this Nation stands. And it was a powerful appeal.

This weekend, I and others—Mr. CAO was with us—were privileged to walk with that giant of a man, JOHN LEWIS, across that bridge. It is a bridge across a river, but it is also a bridge to brotherhood; a bridge to a realization of America's promise; a bridge to a better America; a bridge to a better country; a bridge, as my friend and brother JOHN LEWIS would say, to the beloved community; a bridge, then, over troubled waters, who have to some degree been stilled, but not silenced.

There is still prejudice in this land. There is still division in this land. There is still not the reconciliation that America still strives for. And that is why I return almost every year with my friend JOHN LEWIS to walk over that bridge, to remind myself—and I have taken my granddaughter to remind her as well—that although the mission of Martin Luther King, Jr., was extraordinarily successful, and the mission of JOHN LEWIS, which continues to this day, has been successful, it is not over. The mission and the commitment must continue. That is what we must remember on this anniversary of March 7, 1965, when a group of our fellow citizens peacefully walked to register to vote. Is there any more sacred right in a democracy than that—the ability to express your opinion, unbowed by government or unbowed or dissuaded by threats? That was JOHN LEWIS's mission then. He was so successful. But the mission is not over. And as we vote on this resolution, we ought to all commit ourselves to walking with the wind of justice, of which JOHN LEWIS spoke, of which he

has written. But, much more importantly, the life that he has led teaches us the power of conscience, the power of peacefully standing up for the rights of which Jefferson spoke: the unalienable rights of life, liberty, and the pursuit of happiness.

God has blessed America through the life of JOHN LEWIS and so many others whose courage and convictions have made us better. Support this resolution. But, more than that, live out its promise for all of our citizens.

Mr. POE of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from Louisiana (Mr. CAO).

Mr. CAO. Mr. Speaker, today, I rise in support of House Concurrent Resolution 249 to commemorate the 45th anniversary of Bloody Sunday and the role that it played in ensuring the passage of the Voting Rights Act of 1965.

Today, we remember a momentous occasion in our history. On March 7, 1965, 600 marchers, led by my esteemed colleague from Georgia, Congressman JOHN LEWIS, were savagely attacked by State and local police as they attempted to cross the Edmund Pettus Bridge into Selma, Alabama. These brave marchers used the power of non-violence to demand that most basic of democratic rights of a citizen: the right to vote. In return, the marchers were met with billy clubs and tear gas. But the marchers confronted terror with courage. Their dignity in the face of brutality moved this House to pass the Voting Rights Act, which reaffirmed this Nation's commitment that every citizen has the right to participate fully in the political life of the Nation.

This past weekend, my family and I traveled to Selma to honor the 45th anniversary of Bloody Sunday. Kate, my wife, our two daughters, Betsy and Sophia, and I marched from Brown Chapel to the top of Edmund Pettus Bridge. Along the way, not only did we learn of the significance of the march, but also the love and admiration that the people still have for the historical marchers. Among those was JOHN LEWIS. I commented then and firmly believe today that I owe so much of my personal and political success to the struggles of the African American community. Because of their perseverance and sacrifice, doors have been opened permanently to every minority community in America.

Mr. Speaker, it was an honor to have been a part of this momentous commemoration, to work with dedicated public servants like my good friend from Georgia, and I ask my colleagues to support this important resolution.

Mr. COHEN. Mr. Speaker, I yield such time as he may consume to the gentleman who responded to Martin Luther King when he first met him as a young man in Alabama, the gentleman from Georgia (Mr. LEWIS).

Mr. LEWIS of Georgia. I want to thank my friend and colleague, the

gentleman from Memphis, Tennessee, Mr. COHEN, for yielding.

Mr. Speaker, 45 years ago, on March 7, 1965, Hosea Williams and I led 600 peaceful, nonviolent protestors attempting to march from Selma, Alabama, to the State capitol in Montgomery to dramatize to the world that people of color wanted to register to vote. We left Brown Chapel AME Church that afternoon on a sacred mission, prepared to defy the dictates of man to demonstrate the truth of a higher law. Ordinary citizens with extraordinary vision walked shoulder-to-shoulder, two-by-two, in a silent, peaceful protest against injustice in the American South.

We were met on the Edmund Pettus Bridge crossing the Alabama River by a sea of blue—Alabama State troopers. Some were mounted on horseback, but all of them were armed with guns, tear gas, billy clubs, and beyond them were deputized citizens who were waving any weapons they could find on that day. Some even had bullwhips.

Then we heard, "I am Major John Cloud. This is an unlawful march. You cannot continue. You have 3 minutes to go home or return to your church." We were preparing to kneel and pray when the Major said, "Troopers advance." And these troopers came toward us, beating us, spraying tear gas, chasing us. I was hit on the head by a State trooper with a nightstick and I fell unconscious on the bridge. On that day, Mr. Speaker, I thought I was going to die. I thought I saw death. The most brutal confrontation of the modern-day civil rights movement became known as Bloody Sunday. It produced a sense of righteous indignation in this country and around the world that led this Congress to pass the Voting Rights Act of 1965.

Eight days after Bloody Sunday, President Lyndon Johnson addressed a joint session of the Congress and made what I believe is the greatest and most meaningful statement of speech any President has ever made on the importance of voting rights in America. He began by saying, "I speak tonight for the dignity of man and for the destiny of democracy." President Johnson went on to say, "At times, history and fate meet at a single time, in a single place, to shape a turning point in man's unending search for freedom. So it was at Lexington and Concord. So it was a century ago at Appomattox. So it was last week in Selma, Alabama."

In this speech, President Johnson condemned the violence in Selma, and called on the Congress to enact the Voting Rights Act. He closed his speech by echoing the words of the civil rights movement, and he said over and over again, "And we shall overcome. And we shall overcome." I was sitting next to Martin Luther King, Jr., in the home of a local family in Selma, watching President Johnson on

television as he said, "And we shall overcome." And tears came down Dr. King's face. He started crying. And we all cried a little to hear the President say, "And we shall overcome." And Dr. King said, John, we will make it from Selma to Montgomery, and the Voting Rights Act will be passed. Congress did pass the Voting Rights Act, and on August 6, 1965, it was signed into law by the President.

Mr. Speaker, this past weekend we have heard from the majority leader and my colleagues, Mr. COHEN and Mr. CAO, that we went back to Selma, along with MIKE PENCE and Senator BROWNBACK and several others with the Faith and Politics Institute on the journey. During this journey, we brought our fellow Members of Congress on this unbelievable trip of the historic Civil Rights Act, not just in Selma, but Montgomery and Birmingham. We ended our time together in Selma by crossing one more time on the Edmund Pettus Bridge, crossing that bridge.

I know at times here in this body we talk, we debate, maybe sometimes in not such a nonviolent way, but on this bridge we didn't see ourselves as Democrats or as Republicans or adversaries. We saw ourselves as Americans on a journey to discover not just our history but to help create a more perfect union to help move us closer to a truly beloved community, truly closer to a multiracial democracy. We all come away from this journey with a deeper appreciation of our democracy and the power of people to make a difference in our society.

Mr. Speaker, with this resolution we honor the sacrifice and courage of those brave and courageous souls who used the power of peace, the power of love, the power of nonviolence to redeem the soul of our democracy; to remind ourselves that freedom is really not free; and that we must continue to struggle every day.

On this 45th anniversary of Bloody Sunday, we must use this occasion to renew our pledge to protect the right to vote for every American citizen. We have come a distance. We've made a lot of progress. But there's still a distance to travel.

□ 1115

Mr. POE of Texas. Mr. Speaker, I yield myself such time as I may consume.

I think it's well said, as our majority leader pointed out, that in the Declaration of Independence, the basis for who we are, states "that all men are created equal, that they are endowed by their Creator with certain inalienable Rights." In other words, we get our rights from the Almighty. We don't get our rights from government or from others or from the king. We get our rights because we get them from the Almighty. And as it states in the Dec-

laration of Independence, that governments are instituted to secure those rights. And first it was the 15th Amendment, and yet there needed to be more legislation. Because of the events that occurred on Bloody Sunday, ironically a President from the South signed the Civil Rights Act of 1965, President Lyndon Baines Johnson from Texas. This was a bipartisan piece of legislation in that in this House of Representatives, the majority of the Democrats, 217, and the majority of the Republicans, 111, voted for this legislation with about 20 percent or less in both parties voting against it. Bipartisan legislation passed with a vast majority of both the Republicans and the Democrats, a sign that bipartisanship on important pieces of legislation is necessary, and it is effective.

So I totally support this resolution. I commend those folks 45 years ago when you and I, Mr. Speaker, were just in—I guess you'd be in elementary school. I was in junior high. And this event occurred, those noble 600 that walked through the streets of Alabama, and thus, the Civil Rights Act, as we have today.

So I yield back the balance of my time, totally supporting this resolution.

Mr. COHEN. Mr. Speaker, in closing, I want to thank each of the speakers, particularly Mr. LEWIS, whom we are privileged to serve with and I was privileged to go to Montgomery with; and Leader HOYER, who made such eloquent remarks; and the other gentlemen and ladies who were on the trip, Mr. BARROW, Dr. McDERMOTT, Mr. FILNER, Ms. KIRKPATRICK, and others.

I want to remind, Mr. Speaker, this House that this is an important event to remember. And there are people that go to Montgomery and go to Selma and go to Birmingham to reflect on their history. And in Brown's Chapel, there was a full church in Selma on Sunday, including Ms. Ruby Wharton, a distinguished attorney in my city and the mayor's wife of my city, AC Wharton. She goes every year. Also there was John Nixon, district court judge in Middle Tennessee and then a Sixth Circuit Court judge. He goes every year because he was with the Civil Rights Division in 1965 when the march that succeeded with Dr. King took place. There are people that go back every year to renew their thoughts and their experiences because we shall overcome someday, and I submit that day hasn't occurred yet, Mr. Speaker.

The 110th Congress passed a resolution apologizing for slavery and Jim Crow. And in that resolution, passed by voice vote by everybody up here, we said that we're going to rectify the lingering effects of slavery and Jim Crow. And lingering effects include seeing that life, liberty and the pursuit of happiness are truly part of the American Dream. And you can't have life

without health care, and many of the people without health care don't have it because they've been denied the opportunities to participate in the economic dream of America, to have jobs that give them insurance and to afford that opportunity. That's part of what Bloody Sunday was about.

To pass this resolution is so important, but to pass it and not to carry out what will happen someday and overcoming the obstacles that have been placed before so many because of the horrific institution of slavery and those laws that were subsequent to it throughout this country of Jim Crow that denied people's rights is wrong. So we must commit ourselves to someday, and that day is now—the fierce urgency of now that Dr. King talked to us about—and fulfill that life, which includes health care, and liberty and the pursuit of happiness, which gives people a job and an opportunity to participate. So I would ask all of the Members to vote “aye,” to pass this resolution today and move passage.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in strong support of H. Con. Res. 249 to commemorate the 45th anniversary of Bloody Sunday and the role that it played in ensuring the passage of the Voting Rights Act of 1965.

As we commemorate this day, I am reminded of the pain and hardships that the African-American community faced prior to the enactment of the Voting Rights Act. The use of intimidation, literacy tests, and poll taxes throughout the South ensured the disenfranchisement of most blacks, and while we have a difficult time fathoming these realities today, these practices were very common in the period before this historic legislation became law.

It is often regarded that the marches from Selma to Montgomery in 1965 were key in bringing about the Voting Rights Act, and perhaps the first march, which took place on March 7, 1965, or Bloody Sunday, was the most important of these. On that day, roughly 600 people led by Hosea Williams and JOHN LEWIS were beaten and bombarded with tear gas at the Edmund Pettus Bridge on the Alabama River. From this, two subsequent marches took place that culminated with the gathering of roughly 25,000 people on March 25, 1965 on the steps of the Alabama capitol. A few short months later, on August 6, 1965, the Voting Rights Act was signed into law by President Lyndon B. Johnson to outlaw discriminatory voting practices.

Mr. Speaker, I would also like to mention briefly how privileged I am to work with an American Hero and civil rights leader, Congressman JOHN LEWIS. His dedication to civil rights is unfaltering, and I am so fortunate to consider him a dear friend.

Mr. Speaker, Bloody Sunday and the march on Selma will continue to be infamous subjects in American history, and it is important for us to reflect on these events with solemn hearts. However, we have never been a nation to forget the future either, and as we continue to look towards tomorrow, we must not disregard our hope for that which is to come. For this reason, I ask my fellow colleagues to

join me in commemorating the 45th anniversary of Bloody Sunday so that we can honor the civil rights leaders of yesterday and encourage the generation of tomorrow to continue to work towards a more democratic America.

Mr. JOHNSON of Georgia. Mr. Speaker, I rise today to express my strong support for H. Con. Res. 249 which honors the 45th anniversary of Bloody Sunday and acknowledges the role that it played in ensuring the passage of the Voting Rights Act of 1965. I would also like to commend Representative LEWIS, the sponsor of this resolution, for his continued commitment to preserving the importance of Bloody Sunday and to also acknowledge the unwavering courage of Congressman JOHN LEWIS, and all of those men and women who suffered the brutality of Alabama State Police on that Sunday on March 7, 1965. Much blood was shed when all white troopers and sheriff's deputies used tear gas, nightsticks and whips to break up the march. I urge my colleagues to support this resolution.

The Voting Rights Act of 1965 is pertinent today as it continues to provide much needed protection for minorities in my District and Americans across the country. Because of Bloody Sunday and the Voting Rights Act of 1965, all of my constituents in the Fourth District of Georgia have the opportunity to exercise their rights under the Fourteenth and Fifteenth Amendments of the U.S. Constitution. Indeed, it was because of the Voting Rights Act of 1965 that all Americans were extended the right to vote guaranteed under the U.S. Constitution.

Mr. Speaker, in the century following reconstruction, African Americans faced tremendous obstacles to voting. Despite the Fourteenth and Fifteenth Amendments to the U.S. Constitution, which had enfranchised black men and women, southern voter registration boards used poll taxes, literacy tests, and other bureaucratic impediments to deny African Americans their legal rights. Southern blacks also risked harassment, intimidation, and physical violence when they tried to register or vote. As a result, African Americans had little if any political power. Sunday, March 7, 1965 was certainly a milestone for the United States. I am proud to say we have come a long way from that time. It is an honor to be an African American representative from Georgia and to be a legacy of the day on which 600 civil rights marchers were demonstrating for African-American voting rights. It is through the work of leaders like Representative LEWIS and the late Hosea Williams—who was a DeKalb County Commissioner, reverend, political activist, and science teacher from Georgia—that helped to codify civil rights in both the law and the heart of America that I am able to have the privilege of representing the great State of Georgia in the House of Representatives today.

Mr. Speaker, as the 45th anniversary of Bloody Sunday has come to pass, let us not forget the work of the 600 men and woman who marched across the Edmund Pettus Bridge in Selma, Alabama, and what they did for America and the world and let us recognize the importance of this anniversary.

I applaud Congressman LEWIS for his leadership in bringing this important legislation to

the floor. Furthermore, I commend him for leading those brave marchers across the Edmund Pettus Bridge in Selma, Alabama to stand up for political equality and fight against racial discrimination. This resolution recognizes the heroism of these freedom fighters with respect to the events that occurred on Bloody Sunday and their commitment to ensuring equal voting rights for all Americans.

I strongly support H. Con. Res. 249.

Mr. RANGEL. Mr. Speaker, I rise today to draw attention to the 45th anniversary of the “Bloody Sunday” massacre, the first of three attempted nonviolent marches from Selma to the State Capitol Building of Alabama. It played a tremendous role in shedding light on the evils of segregation and prejudice that pervaded the United States. I was there, marching from Selma to Montgomery, on March 7, 1965. Among 600 fellow protesters, we famously marched in support of an audacious dream—a march broken up by armed state troopers who brutally assaulted participants, including my dear friend and colleague Representative JOHN LEWIS, who was beaten unconscious and nearly left for dead.

The peaceful demonstrators intended to raise awareness of the brutal murder of Jimmie Lee Jackson by an Alabama State Trooper during a nonviolent demonstration supporting the Voting Rights Act. It only took six blocks into the march before protesters encountered a wall of state troopers. As the protesters attempted to pass, they were nefariously and unnecessarily attacked by nightsticks, fired at with tear gas, and charged at by troopers on horseback. Because of the vicious violence that ensued against the nonviolent protesters attempting to exercise their First Amendment right to freedom of speech, the event became known as “Bloody Sunday.”

Images of the vicious massacre were broadcasted throughout the world, including that of the recently widowed Amelia Boynton, a Selma-native who played an integral role in the planning of the marches. “Bloody Sunday” served as veritable evidence of the terrorism against Blacks ingrained in the segregationist movement of the South. The succeeding events played a paramount role in the passage of the Voting Rights Act of 1965 and raising awareness of the saddening state of racism in this nation.

Mr. COHEN. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 249.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. COHEN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

SUPPORTING NATIONAL TEEN DATING VIOLENCE AWARENESS AND PREVENTION MONTH

Mr. COHEN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1081) supporting the goals and ideals of National Teen Dating Violence Awareness and Prevention Month.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1081

Whereas dating, domestic, and sexual violence affect women regardless of age, and teens and young women are especially vulnerable;

Whereas approximately 1 in 3 adolescent girls in the United States is a victim of physical, emotional, or verbal abuse from a dating partner, a figure that far exceeds victimization rates for other types of violence affecting youth;

Whereas nationwide, 1 in 10 high school students (9.9 percent) has been hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend;

Whereas more than 1 in 4 teenagers have been in a relationship where a partner is verbally abusive;

Whereas 20 percent of teen girls exposed to physical dating violence did not attend school on 1 or more occasions during a 30-day period because they felt unsafe either at school, or on the way to or from school;

Whereas violent relationships in adolescence can have serious ramifications for victims, including higher risk for substance abuse, eating disorders, risky sexual behavior, suicide, and adult revictimization;

Whereas teen girls who are physically and sexually abused are up to 6 times more likely to become pregnant, and more than 2 times as likely to report a sexually transmitted disease, than teen girls who are not abused;

Whereas nearly 3 in 4 children, ages 11 to 14 (hereinafter referred to as "tweens"), say that dating relationships usually begin at age 14 or younger, and approximately 72 percent of 8th and 9th grade students report "dating";

Whereas 1 in 5 tweens say their friends are victims of dating violence and nearly 1/2 of tweens who are in relationships know friends who are verbally abused;

Whereas more than 3 times as many tweens (20 percent) as parents of tweens (6 percent) admit that parents know little or nothing about the dating relationships of tweens;

Whereas teen dating abuse most often takes place in the home of one of the teens in the dating relationship;

Whereas a majority of parents surveyed believe they have had a conversation with their teen about what it means to be in a healthy relationship, but the majority of teens surveyed said that they have not had a conversation about dating abuse with a parent in the past year;

Whereas digital abuse and "sexting" are becoming new frontiers for teen dating abuse;

Whereas 1 in 4 teens in a relationship say they have been called names, harassed, or put down by their dating partner through cellular phones and texting;

Whereas 3 in 10 young people have sent or received nude pictures of other young people on their cellular phones or online, and 61 per-

cent who have "sexted" report being pressured to do so at least once;

Whereas targets of digital abuse are almost 3 times as likely to contemplate suicide as those who have not encountered such abuse (8 percent versus 3 percent), and targets of digital abuse are nearly 3 times more likely to have considered dropping out of school;

Whereas the severity of violence among intimate partners has been shown to be greater in cases where the pattern of violence has been established in adolescence;

Whereas primary prevention programs are a key part of addressing teen dating violence, and many successful community examples include education, community outreach, and social marketing campaigns that account for the cultural appropriateness of programs;

Whereas in addition to prevention programs, skilled assessment and intervention programs are necessary for youth victims and abusers;

Whereas the alarming trend of unhealthy and abusive youth relationships exists in communities across the country, and affects youth of every race, culture, sex, and socioeconomic status; and

Whereas the establishment of National Teen Dating Violence Awareness and Prevention Month in February will benefit schools, communities, families, and youth throughout the Nation: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the goals and ideals of National Teen Dating Violence Awareness and Prevention Week to raise awareness of teen dating violence in the United States;

(2) supports and encourages communities to empower teens to develop healthy relationships; and

(3) encourages the people of the United States, State and local officials, middle schools and high schools, law enforcement agencies, and other interested groups to observe National Teen Dating Violence Awareness and Prevention Week with appropriate programs and activities that promote awareness and prevention of the crime of teen dating violence.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. COHEN) and the gentleman from Texas (Mr. POE) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. COHEN. I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. COHEN. I yield myself such time as I may consume.

Mr. Speaker, House Resolution 1081 designates the month of February 2010 as National Teen Dating Violence Awareness and Prevention Month. By designating a month to teen dating violence awareness, Congress hopes to bring more attention to the problem. We also hope to underscore the need for more effective prevention and deterrence efforts to help young people break the cycle of violence.

Dating violence is a serious problem in this country, and many teens do not report it because they're afraid to tell family and friends. It often starts with teasing and name calling but escalates to more serious violence like physical and sexual assaults. Teen victims of dating violence are at greater risk of doing poorly in school and abusing drugs and alcohol. Fifty percent of young people reporting both dating violence and rape also reported increased rates of attempted suicide, compared to youth who had not been abused.

Physically abused teens are three times more likely than teens who have not been abused to experience violence during college. Teen victims also carry the patterns of violence into future relationships. According to a recent report by the American Bar Association, dating violence is occurring with people as young as 12 years of age. A Department of Justice study found that girls and young women between the ages of 16 and 24 experienced the highest rate of intimate partner violence at a rate almost triple the national average. As a result of the growing number of deaths and injuries resulting from teen dating violence, we must recognize this type of behavior is not only a crime but also is a serious public health concern.

Today's resolution should occur in families and communities around the country to educate their teenagers about this problem and help in preventing it. I would like to thank the gentleman from Georgia (Mr. LEWIS) for his leadership on this issue and this important resolution. I urge my colleagues to join me in supporting House Resolution 1081.

I reserve the balance of my time.

Mr. POE of Texas. Mr. Speaker, I yield myself as much time as I may consume.

I rise in support of H. Res. 1081 which supports the goals and ideals of National Teen Dating Violence Awareness and Prevention Month. This nationwide effort seeks to increase public awareness and to educate citizens about the prevalence of dating violence among American teenagers. The Teen Dating Violence Awareness and Prevention Initiative was spearheaded by teenagers across our Nation who chose to take a stand and put a stop to teen dating violence. The initiative began in 2004 and is now supported by numerous national, State and local organizations, and in 2005, this Congress noted the importance of addressing teen dating violence and highlighted the initiative in the reauthorization of the Violence Against Women Act.

The call to end dating violence was formally recognized by the House in 2006, and to bring more public awareness about teen dating violence, the House designated the first full week in February to be National Teen Dating Violence Awareness and Prevention

Week over the last 3 years. However, the Justice Department worked with Congress to designate the entire month of February as National Teen Dating Violence Awareness and Prevention Month. This designation provides parity to the three other crimes—sexual assault, domestic violence and stalking—each of which has a designated month for public education and awareness activities. Across the country, dozens of States, cities and towns join Congress to designate February as National Teen Dating Violence Awareness and Prevention Month. And in doing so, these jurisdictions demonstrated their collective commitment to ending teen dating violence and to support the numerous victims and survivors who live among us.

Research tells us that one in three adolescent girls in the United States is a victim of physical, emotional or verbal abuse from a dating partner. These violent relationships can have serious consequences for victims, putting them at higher risk for substance abuse, eating disorders, risky sexual behavior, suicide and adult revictimization. In fact, teen girls who are physically and sexually abused are six times more likely to become pregnant and more than two times as likely to report a sexually transmitted disease as teen girls who are not abused. Perhaps the most alarming statistic is how prevalent this violence is in our country. Studies show that one in three teens has suffered from some sort of violence in a dating relationship. We also know that dating violence among children is not limited to physical, emotional or sexual assault. It also can take the form of harassment via computer or cell phone text messaging or by e-mail.

National Teen Dating Violence Awareness and Prevention Month provides an opportunity for parents to engage their children about dating violence and abusive relationships. Surveys of teens indicate that parents often do not know their children are in a relationship that is abusive. To start the dialogue, parents or teens can call the National Teen Dating Abuse Helpline at 1-866-331-9474. The helpline promotes awareness of healthy dating relationships and offers tips on preventing abusive relationships. I urge my colleagues to support this resolution.

I reserve the balance of my time.

Mr. COHEN. Mr. Speaker, I yield such time as he may consume to the gentleman from Georgia (Mr. LEWIS), the sponsor of this resolution.

Mr. LEWIS of Georgia. Mr. Speaker, let me begin by thanking Chairman COHEN, Chairman CONYERS, Chairman SCOTT, Ranking Member POE and all of their staff for their support and work on this issue. I am proud to sponsor this resolution and hope that all of my colleagues will support this simple but important effort.

This is an important effort. It's an important step. Youth dating violence is spreading all across our country. In my congressional district, the Center for Disease Control, the Fulton County district attorney, the Partnership Against Domestic Violence, colleges, high schools, and yes, even middle schools have been seeing an increase in abusive teen relationships. Fear, stalking, bullying, violence and abuse are unacceptable and always shocking. But it is tragic that domestic abuse is a very real part of our children's relationships. We see it in the headlines. We see it on the streets. We see it with our own children. Mr. Speaker, we must break this chain. We must stop the cycle from being repeated over and over again.

The CDC worked with Liz Claiborne, Inc. to develop Dating Matters: Understanding Teen Dating Violence Prevention. This is a free online training course for teachers, youth leaders and family members. I encourage all those watching this discussion and debate to research this issue, take the course and watch for the signs. I think the time has come, Mr. Speaker, for us to teach our young people the way of non-violence, our children, our teenagers, our college-aged students.

Last month, I know that many across the country recognized Teen Dating Violence Prevention Month. I hope they continue through Women's History Month and really the entire year. We used to think a week was enough time, but it is just not enough. Mr. Speaker, our communities must have the information and the training to stop teen dating violence. I urge all of my colleagues to support this commonsense resolution.

Mr. POE of Texas. I have no further requests for time, Mr. Speaker, and I am prepared to close. I yield myself such time as I may consume.

This is an important piece of legislation to bring national awareness to this problem. Some of the violence that occurs among our teenagers is horrible, the things they are doing to each other and those especially in a relationship and dating. I think it's important that the country understand that teen violence among those who are dating is a tremendous problem. I have four kids, three of them are girls, and their safety has always been a concern as they were growing up. As all parents have that concern. So I totally support this resolution and urge its adoption.

Ms. JACKSON LEE of Texas. Mr. Speaker, I rise today in strong support of H. Res. 1081, which supports the goals and ideals of "National Teen Dating Violence Awareness and Prevention Month".

Mr. Speaker, allow these alarming statistics to speak on behalf of the importance of this resolution:

1 in 3 adolescent girls in the United States is a victim of physical, emotional, or verbal abuse from a dating partner, a figure that far

exceeds victimization rates for other types of violence affecting youth.

1 in 10 high school students, nationwide, (9.9 percent) has been hit, slapped, or physically hurt on purpose by a boyfriend or girlfriend.

1 in 4 teenagers have been in a relationship where a partner is verbally abusive.

20 percent of teen girls exposed to physical dating violence did not attend school on 1 or more occasions during a 30-day period because they felt unsafe either at school, or on the way to or from school.

Since 2006, the United States has recognized "National Teen Dating Violence Awareness and Prevention Week" during the first week of February. Because of the severity of the issue, the awareness campaign was extended to include the entire month of February in 2010. This initiative increases awareness and educates others about the very real dangers of teen dating violence. This epidemic of teen dating violence is perhaps one of the most complex and invasive problems facing teenagers today.

Technology has added an additional ubiquitous and hidden feature of teen dating violence, with the use and the availability of cell phones, text and instant messaging, e-mail, and community networks. About 30 percent of teenagers who have been in a dating relationship have been text-messaged between 10 and 30 times per hour by a partner seeking to find out where they are, what they are doing, and with whom they are with. Yet 67 percent of parents are unaware that their teen is being checked up on some 30 times per day on their teen's cell phone. The warning signs of teen dating violence for young females are:

Apologizes for his behavior and makes excuses for him; loses interest in activities that she used to enjoy; and stops seeing her friends and family members and becomes increasingly isolated.

Mr. Speaker, I stand before you today with a zeal and vigor about the goals and ideals that the "National Teen Dating Violence Awareness and Prevention Month"; because this issue, if not handled with properly, grows into domestic violence, the ugly older sister of teen dating violence. In Houston, 9 percent of Houston students surveyed in grades 9 to 12 reported being hit, slapped or physically hurt by their boyfriend or girlfriend in the past year. This is unacceptable! Teenagers' foremost concern should be achieving academic excellence, not dealing with physical and mental abuse, from anyone!

This Congress should be committed to tackling the roots of issues, such as teen violence and supporting this resolution will not only address with the root cause of domestic violence, but also; (1) support teen victims of abuse; (2) educate pre-teens and teenagers, both male and female, about the issue; and (3) give the support needed by organizations and groups to effectively distribute life saving information and awareness to those in need.

So in conclusion, I support H. Res. 1081 and I encourage my colleagues to join me.

□ 1130

Mr. POE of Texas. I yield back the balance of my time.

Mr. COHEN. Mr. Speaker, I urge my colleagues to support this important resolution, H. Res. 1081.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and agree to the resolution, H. Res. 1081.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

HONORING JOHN H. "JACK" RUFFIN, JR.

Mr. COHEN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1087) honoring the life of John H. "Jack" Ruffin, Jr.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1087

Whereas Jack Ruffin left a lasting impact on his State and the United States during his distinguished legal career as a civil rights attorney and as the first African-American chief judge of the Georgia Court of Appeals;

Whereas Jack Ruffin was born in the rural town of Waynesboro, Georgia, in 1934, where he spent his formative years and where today his portrait hangs in the Burke County Courthouse;

Whereas Jack Ruffin graduated from Morehouse College in 1957 and from Howard University School of Law in 1960;

Whereas Jack Ruffin became, in 1961, the first African-American admitted to the Augusta Bar Association, against the wishes of his mother who feared for his safety;

Whereas Jack Ruffin fought with great courage against injustices in his community throughout his life, most notably when he filed the lawsuits that desegregated the public school systems of Richmond County and of Burke County;

Whereas Jack Ruffin honorably served, from 1986 to 1994, as the first African-American Superior Court judge in the Augusta Judicial Circuit;

Whereas Jack Ruffin, having been appointed by Governor Zell Miller to the Georgia Court of Appeals in 1994, honorably served as a member of that Court until 2008;

Whereas Jack Ruffin became the first African-American Chief Judge of the Georgia Court of Appeals in 2005 and served honorably in that position until 2006;

Whereas the new Richmond County judicial center in Augusta, Georgia, will be named in Jack Ruffin's honor, a decision made by the Augusta-Richmond County Commission in 2009;

Whereas Jack Ruffin retired from the Georgia Court of Appeals in 2008 and spent the rest of his life giving back to his community by teaching students at his alma mater, Morehouse College;

Whereas Jack Ruffin died the night of January 29, 2010, at the age of 75, in Atlanta, Georgia, and is survived by his wife, Judith Ruffin, his father, John Ruffin, Sr., his son, Brinkley Ruffin, and two grandsons;

Whereas the passing of Jack Ruffin is a great loss to the legal community and to the State of Georgia, and his life should be honored with great praise and appreciation for the many contributions he made to the legal

system in the United States and to the civil rights movement; and

Whereas it is the intent of the House of Representatives to recognize and pay tribute to the life of Jack Ruffin, his achievements for civil rights, his zeal for justice, and his passion for the law: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes Jack Ruffin as a great jurist in the State of Georgia and as an important figure in the civil rights movement; and

(2) recognizes the selfless and brave contributions that Jack Ruffin made to his community and to the law.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. COHEN) and the gentleman from Texas (Mr. POE) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. COHEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to extend and revise their remarks and include extraneous material on the resolution as they see fit.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. COHEN. I yield myself such time as I may consume.

Mr. Speaker, House Resolution 1087 honors the life of John H. "Jack" Ruffin, Jr. Judge Ruffin began his distinguished legal career as a civil rights attorney, and throughout his career blazed a trail to advance civil rights for all. Judge Ruffin spent most of his life in the great State of Georgia. He was born in Burke County, Georgia, and graduated from Waynesboro High and Industrial School. He attended Morehouse College, and then moved to Washington, D.C. to attend law school at Howard University School of Law. After graduating from law school, Judge Ruffin returned to Georgia to practice law.

Only 3 years into his legal career, he filed lawsuits to desegregate the public school systems of Richmond County and Burke County in Georgia. After several additional years of fighting for civil rights, Judge Ruffin became the first African American member of the Augusta Bar Association. After 33 years of practicing law, Judge Ruffin was administered the oath of office and took the bench as the 62nd judge of the Court of Appeals of the State of Georgia.

He made history as the first African American Superior Court Judge in the Augusta Judicial Circuit, and later made history again when he served as the first African American Chief Judge of the Georgia Court of Appeals. At the time of his death, Judge Ruffin held a teaching position at Morehouse College, still actively engaged in inspiring those to follow.

To honor all of Judge Ruffin's accomplishments, the new Richmond County

judicial center will be named in his honor. We mourn his passing, but are pleased to honor his many civil rights and legal accomplishments today. He stands, as did Thurgood Marshall and others, as great individuals who used the courts to advance civil rights.

I urge my colleagues to support this important resolution, and I reserve the balance of my time.

Mr. POE of Texas. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of House Resolution 1087, which honors the life of Judge Jack Ruffin. Judge Ruffin was a pioneering civil rights lawyer in his community, and his impact on the civil rights movement affects many today.

He was born in Waynesboro, Georgia, where his portrait today hangs in the Burke County Courthouse. Growing up in the Deep South, his mother wanted him to be a school teacher and not a lawyer because she feared for his safety. But not to be intimidated, Judge Ruffin went to law school anyway. And despite his mother's concerns about his safety, he became a lawyer.

After law school he moved to Augusta, Georgia, where he became the first African American member of the Augusta Bar Association. He argued countless cases for civil rights. In perhaps the most notable case, *Acree v. Board of Education*, he filed suit to desegregate the Richmond County school system, which included the City of Augusta. Litigation continued for decades before he finally obtained a Federal court order to integrate the system.

From 1986 to 1994 he served as the first African American Superior Court Judge in the Augusta Judicial Circuit. In 1994, he was appointed to the Georgia Court of Appeals. And in 2005, he became the first African American Chief Judge of the Georgia Court of Appeals. In 2009, the Augusta-Richmond County Commission decided to name the new Richmond County judicial center in Augusta in Jack Ruffin's honor.

Judge Ruffin's selfless and brave pursuit of equal justice for everyone earned him the respect and admiration of generations to come. I urge my colleagues to support this resolution.

I reserve the balance of my time.

Mr. COHEN. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Georgia (Mr. BARROW).

Mr. BARROW. I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of H. Res. 1087, a resolution honoring the life of my good friend, Judge Jack Ruffin of Augusta, Georgia. Judge Ruffin passed away on January 29 at the age of 75. He had a long and distinguished career of service in Georgia, and he will truly be missed.

Jack Ruffin was born in the middle of the Great Depression, and spent his formative years in the town of Waynesboro, Georgia. He left home to attend

Morehouse College, and graduated in 1957. At the time his mother wanted him to be a teacher, but Jack Ruffin had other plans. He moved to Washington, D.C., attended Howard University School of Law, and got his J.D. degree in 1960.

Jack Ruffin could have built a successful law practice anywhere in the country, but he decided to return home to the deeply segregated City of Augusta to practice law. Throughout the course of his career, Jack Ruffin focused on rooting out the racial prejudice and discrimination which still held a firm grip on the political and economic livelihood of our State. Jack Ruffin fought for his own right to practice his profession, and became the first black lawyer admitted to the Augusta Bar Association and the first black Superior Court Judge in the Augusta Judicial Circuit. But more importantly, he fought for the rights of everyone in the community. Among other causes he took on, he was the lawyer who desegregated the Richmond and Burke County public school systems.

Judge Ruffin was appointed to the Georgia Court of Appeals in 1994. He became the first black Chief Judge of that court in 1996. After his retirement in 2008, Judge Ruffin spent the remainder of his life teaching students at Morehouse College, giving back to the college that gave so much to him.

The resolution before us today honoring Jack Ruffin's life is sponsored by every single member of the Georgia congressional delegation. That speaks not only to Jack Ruffin's character, but also to how far we have come as a State and as a Nation. Jack Ruffin did as much to change the laws and attitudes in Georgia as anyone else of his generation, and as a result we are a better and a freer people.

So today I urge my colleagues to adopt this legislation to express our lasting gratitude for Jack Ruffin's unyielding commitment to justice and equality for all.

Mr. POE of Texas. I urge the adoption of this resolution and commend the Georgia delegation for bringing it forward, Mr. BARROW especially.

I yield back the balance of my time.

Mr. COHEN. Mr. Speaker, I join with the gentleman from Texas and thank Mr. BARROW for bringing the resolution. Gentlemen such as Judge Ruffin need to be remembered and others encouraged to follow in their footsteps. And that is important.

So I yield back the balance of my time and ask all of my colleagues to join me in voting "aye" on House Resolution 1087.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and agree to the resolution, H. Res. 1087.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

BANKRUPTCY JUDGESHIP ACT OF 2010

Mr. COHEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4506) to authorize the appointment of additional bankruptcy judges, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4506

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Bankruptcy Judgeship Act of 2010".

SEC. 2. ADDITIONAL PERMANENT OFFICES OF BANKRUPTCY JUDGES.

Section 152(a)(2) of title 28, United States Code, is amended—

(1) in the item relating to the eastern and western districts of Arkansas by striking "3" and inserting "4",

(2) in the item relating to the eastern district of California by striking "6" and inserting "8",

(3) in the item relating to the district of Delaware by striking "1" and inserting "6",

(4) in the item relating to the middle district of Florida by striking "8" and inserting "9",

(5) in the item relating to the northern district of Florida by striking "1" and inserting "2",

(6) in the item relating to the southern district of Florida by striking "5" and inserting "7",

(7) in the item relating to the northern district of Georgia by striking "8" and inserting "10",

(8) in the item relating to the southern district of Georgia by striking "2" and inserting "3",

(9) in the item relating to the district of Maryland by striking "4" and inserting "7",

(10) in the item relating to the eastern district of Michigan by striking "4" and inserting "7",

(11) in the item relating to the northern district of Mississippi by striking "1" and inserting "2",

(12) in the item relating to the district of Nevada by striking "3" and inserting "5",

(13) in the item relating to the district of New Hampshire by striking "1" and inserting "2",

(14) in the item relating to the district of New Jersey by striking "8" and inserting "9",

(15) in the item relating to the northern district of New York by striking "2" and inserting "3",

(16) in the item relating to the southern district of New York by striking "9" and inserting "10",

(17) in the item relating to the eastern district of North Carolina by striking "2" and inserting "3",

(18) in the item relating to the western district of North Carolina by striking "2" and inserting "3",

(19) in the item relating to the middle district of Pennsylvania by striking "2" and inserting "3",

(20) in the item relating to the eastern district of Tennessee by striking "3" and inserting "4",

(21) in the item relating to the western district of Tennessee by striking "4" and inserting "5",

(22) in the item relating to the eastern district of Virginia by striking "5" and inserting "6", and

(23) in the item relating to the southern district of West Virginia by striking "1" and inserting "2".

SEC. 3. CONVERSION OF CERTAIN TEMPORARY OFFICES OF BANKRUPTCY JUDGES TO PERMANENT OFFICES.

(a) CONVERSION OF CERTAIN TEMPORARY OFFICES ESTABLISHED BY PUBLIC LAW 109-8.—The temporary offices of bankruptcy judges established by section 1223(b)(1) of Public Law 109-8 (28 U.S.C. 152 note) for the following districts are hereby converted so as to be included in the permanent offices of bankruptcy judges that are added by the amendments made by section 2 with respect to the corresponding districts:

- (1) The eastern district of California.
- (2) The district of Delaware.
- (3) The southern district of Florida.
- (4) The southern district of Georgia.
- (5) The district of Maryland.
- (6) The district of New Jersey.
- (7) The northern district of New York.
- (8) The southern district of New York.
- (9) The eastern district of North Carolina.
- (10) The middle district of Pennsylvania.
- (11) The western district of Tennessee.
- (12) The eastern district of Virginia.
- (13) The district of Nevada.

(b) CONVERSION OF CERTAIN TEMPORARY OFFICES ESTABLISHED BY PUBLIC LAW 102-361.—The temporary offices of bankruptcy judges established by section 3(a) of Public Law 102-361 (28 U.S.C. 152 note) for the following districts are hereby converted so as to be included in the permanent offices of bankruptcy judges that are added by the amendments made by section 2 with respect to the corresponding districts:

- (1) The district of Delaware.
- (2) The district of New Hampshire.
- (3) The eastern district of Tennessee.

SEC. 4. EXTENSION OF CERTAIN TEMPORARY OFFICES OF BANKRUPTCY JUDGES ESTABLISHED BY PUBLIC LAW 109-8.

(a) EXTENSIONS.—The temporary offices of bankruptcy judges established for the eastern district of Pennsylvania and the middle district of North Carolina by section 1223(b)(1) of Public Law 109-8 (28 U.S.C. 152 note) are extended until the 1st vacancy occurring in the office of a bankruptcy judge in the respective district resulting from the death, retirement, resignation, or removal of a bankruptcy judge and occurring 5 years or more after the date of the enactment of this Act.

(b) APPLICABILITY OF OTHER PROVISIONS.—Except as provided in subsection (a), all other provisions of section 1223(b) of Public Law 109-8 (28 U.S.C. 152 note) remain applicable to the temporary offices of bankruptcy judges referred to in subsection (a).

SEC. 5. PAYGO OFFSET.

(a) BANKRUPTCY FILING FEES.—Section 1930(a) of title 28, United States Code, is amended—

(1) in paragraph (1)—

(A) in subparagraph (A) by striking "\$245" and inserting "\$246", and

(B) in subparagraph (B) by striking "\$235" and inserting "\$236", and

(2) in paragraph (3) by striking "\$1,000" and inserting "\$1,042".

(b) UNITED STATES TRUSTEE FUND.—Section 589a(b) of title 28, United States Code, is amended—

(1) in paragraph (1)—
(A) in subparagraph (A) by striking “40.46” and inserting “40.28”, and

(B) in subparagraph (B) by striking “28.33” and inserting “28.15”, and

(2) in paragraph (2) by striking “55” and inserting “52.78”.

(c) COLLECTION AND DEPOSITION OF MISCELLANEOUS BANKRUPTCY FEES.—Section 406(b) of the Judiciary Appropriations Act, 1990 (Public Law 101-162; 28 U.S.C. 1931 note) is amended—

(1) by striking “28.87” and inserting “28.74”,

(2) by striking “35.00” and inserting “34.77”, and

(3) by striking “25” and inserting “23.99”.

SEC. 6. EFFECTIVE DATES.

(a) GENERAL EFFECTIVE DATE.—Except as provided in subsection (b), this Act and the amendments made by this Act shall take effect on the date of the enactment of this Act.

(b) SPECIAL EFFECTIVE DATE.—The amendments made by section 5 shall take effect 180 days after the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. COHEN) and the gentleman from Texas (Mr. POE) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. COHEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. COHEN. I yield myself such time as I may consume.

Mr. Speaker, H.R. 4506, the Bankruptcy Judgeship Act of 2010, provides new resources for bankruptcy courts to handle the growing number and complexity of bankruptcy cases. This economy has resulted in many people having to seek bankruptcy who never would have dreamed they would have before. And the complexity of the cases, from our major automobile manufacturers on through other reorganizations, have grown in complexity for the bankruptcy judges to be involved in.

The bill authorizes the creation of 13 new permanent bankruptcy judges, the conversion of 22 temporary judgeships to permanent judgeships, and the extension of two judgeships for another 5 years. The act will help bankruptcy courts in 25 different Federal judicial districts around this country.

Bankruptcies had been steadily on the rise since October 2006. These events, bankruptcies rising and the financial crisis, combined with the continuing mortgage foreclosure crisis, consumer credit problems, and health care crises, have exacerbated this trend significantly and caused the bankruptcy courts much additional work.

According to the Administrative Office of the United States Courts, bankruptcy filings increased by over 300,000 from fiscal year 2008 to fiscal year 2009. That is a 34.5 percent increase in 1 year. The previous year they had increased by 30.2 percent. And the Wall Street Journal recently reported another sharp increase in personal bankruptcy filings in 2009, up 32 percent from 2008. According to the Wall Street Journal, these increases were driven by high unemployment rates and the continuing housing crisis, both of which have affected not only those on the economic margins, but also a growing number of middle class families who desire to work but have had to turn to our Nation's bankruptcy system for help as a last resort.

In addition to the growing numbers of bankruptcy cases, the cases have also grown more complex, particularly in business bankruptcies. As I mentioned earlier, in 2009 two of the big three, General Motors and Chrysler, two companies upon which tens of thousands of workers, thousands of dealers, hundreds of suppliers, and many communities across this Nation depended for their livelihoods, went through quick but nonetheless intense bankruptcy processes. Bankruptcy courts performed admirably but under strain.

Outside the automobile industry, as I mentioned earlier, businesses such as Delta Airlines to Lehman Brothers to Circuit City have all turned to bankruptcy for relief in recent years, with the same kind of extraordinary burden imposed on the bankruptcy courts.

While the workload for bankruptcy courts is increasing, judicial resources are in danger of decreasing. Many current bankruptcy judgeships are authorized on a temporary basis, and some are set to expire soon. A well-functioning bankruptcy system is absolutely essential to helping individuals and businesses weather our Nation's current economic difficulties. Having a sufficient number of bankruptcy judges is a key to making the system work, and has never been more important than today.

H.R. 4506, the Bankruptcy Judgeship Act of 2010, addresses these needs by authorizing the creation of 13 new permanent bankruptcy judgeships and the conversion of 22 temporary judgeships to permanent judgeships. Additionally, it extends the temporary authorization for two judgeships for another 5 years. These new, converted, and extended bankruptcy judgeships reflect the recommendations of the Judicial Conference of the United States. Those recommendations in turn are the culmination of an extensive and careful survey and review process that thoroughly assessed the bankruptcy judgeship needs of every Federal judicial district in the country. In essence transparent, fair, methodical, rational.

I note that a significant part of the conference's assessment of bankruptcy judges' workload depends on the use of case weights that were developed almost two decades ago, prior to the enactment of the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005, which we still labor under. BAPCPA created numerous new motions that bankruptcy judges are now required to consider.

If anything, the Judicial Conference recommendations may underestimate the need of the workload and the need of new bankruptcy judges. In short, the conference's recommendations, as reflected in the new bankruptcy judgeships authorized by H.R. 4506, may actually be too conservative.

To pay for 13 new judgeships, the bill also raises the filing fees for chapter 7 and 13 cases by \$1, and for chapter 11 cases, which are business bankruptcies, by \$42. While I understand that filing fees are needed for the successful operation of the bankruptcy system, I believe they are already too high, particularly for consumer debtors seeking bankruptcy relief because they are in dire straits. In this one instance we ultimately determined that a fee increase was the only practical way to get the needed judgeships in a timely manner, which will allow for the efficient functioning of the bankruptcy system to the ultimate benefit of debtors.

So in passing a bankruptcy system, we wanted to have funds to make it self-sufficient. To put the bankruptcy system of our country in bankruptcy while saving the bankruptcy system seemed like an oxymoron.

□ 1145

But I would urge in the future we rely on something other than bankruptcy filing fee increases to pay for new bankruptcy judgeships. The last time Congress addressed the issue of bankruptcy judgeships was 5 years ago when it authorized 28 temporary judgeships in the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005. Those temporary judgeships are now about to expire.

Moreover, the last time Congress authorized new permanent bankruptcy judgeships was in 1992. It is well past the time that we address the critical issue of bankruptcy judgeships needs, and I am pleased that we are able to do so today.

I thank the Judiciary Committee chairman, JOHN CONYERS, and Ranking Member LAMAR SMITH for being original cosponsors of this important legislation and our Judiciary Committee working in a bipartisan fashion to pass the bill. I also thank TRENT FRANKS, the ranking member of the Judiciary Subcommittee on Commercial and Administration Law, for his support of this bill. I guess it wasn't an oxymoron but an inconsistency.

I urge my colleagues to support this important legislation.

I reserve the balance of my time.

Mr. POE of Texas. Mr. Speaker, I rise in support of this legislation, and I yield myself such time as I may consume.

Mr. Speaker, additional permanent bankruptcy judgeships have not been authorized since 1992. The Judicial Conference has requested more judgeships several times and the House has passed legislation to add them; however, the Senate has not acted on these requests.

Since Congress last authorized additional permanent judgeships, judicial workloads have increased substantially. The important bankruptcy reforms Congress passed in 2005, for example, called on judges to do more to prevent abuse.

Congress compensated for some of the court's increasing burden in recent years by creating temporary bankruptcy judgeships. Many of those judgeships are near their expiration dates.

The time has come for Congress to address bankruptcy judgeships needs on a permanent basis. Bankruptcy judges are essential to the bankruptcy process. They make certain that the process is fair and impartial to those who come before the bankruptcy courts. It is also their job to ensure that the bankruptcy courts effectively adjudicate parties' rights and responsibilities.

This bill is based on a comprehensive study done by the Judicial Conference. The conference has assured us that its request comes only after taking steps to maximize all other alternatives to reduce judicial workloads.

There are currently 352 bankruptcy judges, including 36 temporary judges. This legislation creates 13 new permanent bankruptcy judgeships and converts 22 of the existing temporary judgeships to permanent status. It also provides a 5-year extension for two temporary judgeships.

Finally, this bill will not present any new cost for the taxpayers. The increased cost of these judgeships are paid by an increase in chapter 7, chapter 11, and chapter 13 bankruptcy filing fees. Those who do business in the courts will be paying the extra burdens, not the taxpayers.

We need a bankruptcy system that has a sufficient number of judges to manage the system's caseload in a just, economical, and timely manner. This bill helps ensure that we have such a system. I urge my colleagues to adopt this legislation.

Mr. Speaker, we have no other speakers, and I yield back the balance of my time.

Mr. COHEN. Mr. Speaker, I appreciate the bipartisanship under which we have worked on this bill. I thank Mr. POE and the minority ranking

member, Mr. SMITH, and Chairman CONYERS and the staff who worked on this bill, and the Judicial Conference. I hope that we pass this bill. I call on Members to vote "aye" on H.R. 4506 and pass the bill.

Mr. JOHNSON of Georgia. Mr. Speaker, I rise today to support H.R. 4506 an act to amend the federal judicial code to authorize the appointment of additional permanent bankruptcy judges in various states. This legislation was introduced by Representative COHEN, my colleague from Tennessee. As a member of the judiciary committee, I urge my colleagues to support this important legislation.

As Chair of the Courts and Competition Policy subcommittee of the House Judiciary Committee, I have long championed the increase in federal judgeships across the United States. In this Congress, I introduced H.R. 3663, The Federal Judgeship Act of 2009, which would have done exactly this: increase the number of federal judges.

The U.S. is also in need of more bankruptcy judges. According to Michael J. Melloy, Chair of the Judicial Conference Committee on the Administration of the Bankruptcy System, "Additional judgeships are critical to ensure that the bankruptcy courts have sufficient judicial resources to effectively and efficiently adjudicate the rights and responsibilities of parties in bankruptcy cases and proceedings". New bankruptcy judgeships have not been authorized by Congress since 1992, yet case filings have increased by 61 percent.

The current recession has had an adverse effect on the Bankruptcy Court system. The courts are now faced with much more complex and time-consuming bankruptcy cases, not to mention an increase in volume of cases. This has led to more cases per judge than they are able to handle. It is therefore necessary that we act and authorize additional bankruptcy judges.

In addition to authorizing new judges, H.R. 4506 would also convert certain temporary offices of bankruptcy judges to permanent offices, extend certain temporary offices of bankruptcy judges, reduce the amount of bankruptcy fees to be deposited as offsetting collections to the United States Trustee System Fund, and increase bankruptcy filing fees. All of this would lead to a better and more efficient bankruptcy judicial system.

My state of Georgia has the third highest personal bankruptcy rate in the nation. According to the National Bankruptcy Research Center, Georgia's federal bankruptcy courts handled 66,925 filings during the first 11 months of 2009. This was 22 percent higher than the same period of 2008. This resolution will give the bankruptcy judicial system the resources necessary to review cases in a thorough yet timely manner, and turn the hectic bankruptcy process into a much more manageable one. I urge my colleagues to join me in support of this legislation, and vote in the affirmative for H.R. 4506, the Bankruptcy Judgeship Act of 2010.

Mrs. NAPOLITANO. Mr. Speaker, H.R. 4506, the Bankruptcy Judgeship Act of 2010, will authorize the appointment of additional bankruptcy judges into the courts.

Personal bankruptcy filings have increased by 32 percent in 2009 due to the recent eco-

nomie downturn and skyrocketing unemployment and home foreclosure rates. This unprecedented rise has put an increased strain on the legal system to respond to bankruptcy claims. This is the first piece of legislation that addresses the judicial problems caused by the economic turmoil of the past two years.

The U.S. Judicial Conference, whose membership includes the Chief Justice, provided the basis for this legislation which will create 13 new judgeships and make 22 currently temporary judgeships permanent. The bill will pay for these new appointments by increasing the cost for corporate bankruptcy.

The passing of H.R. 4506 would relieve considerable strain on the nation's bankruptcy courts through matching the increased workload with an expanded judiciary. American law exists to encourage economic growth and facilitate new business. The ability for the law to respond effectively and fairly is paramount to the turnaround of the country's economy.

Mr. COHEN. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and pass the bill, H.R. 4506, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. COHEN. Mr. Speaker, on that, I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

EXPRESSING APPRECIATION FOR ENRIQUE "KIKI" CAMARENA

Mr. COHEN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1115) expressing appreciation for the profound dedication and public service of Enrique "Kiki" Camarena on the 25th anniversary of his death.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1115

Whereas in March 1985, Drug Enforcement Administration (DEA) Special Agent Enrique "Kiki" Camarena made the ultimate sacrifice in the fight against illicit drugs;

Whereas Special Agent Camarena, an 11-year veteran special agent of the DEA, was kidnapped, tortured, and murdered in the line of duty;

Whereas Special Agent Camarena joined the DEA in June 1974 as an agent with the Calexico, California, District Office;

Whereas Special Agent Camarena was assigned to the Fresno District Office in September 1977, and transferred to the Guadalajara Resident Office in July 1981;

Whereas, on February 7, 1985, when leaving the Guadalajara Resident Office to join his wife Geneva for lunch, Special Agent Camarena was surrounded by 5 armed men, forced into a vehicle and taken away;

Whereas the body of Special Agent Camarena was discovered on March 5, 1985, on a ranch approximately 60 miles southeast of Guadalajara, Mexico;

Whereas to date, 22 individuals have been indicted in Los Angeles, California, for their roles in the Camarena murder, including former high ranking Mexican Government officials, cartel drug lords, lieutenants, and soldiers;

Whereas of the 22 individuals indicted in Los Angeles, 8 have been convicted and are imprisoned in the United States, 6 have been incarcerated in Mexico and considered fugitives as a result of outstanding warrants in the United States, 4 are believed deceased, 1 was acquitted at trial, and 3 remain fugitives believed to be residing in Mexico;

Whereas an additional 25 individuals were arrested, convicted, and imprisoned in Mexico for their involvement in the Camarena murder;

Whereas the men and women of the DEA will continue to seek justice for the murder of Special Agent Camarena;

Whereas fugitives Guillermo Chavez-Sanchez and Ricardo Chavez-Sanchez are still wanted as hostile material witnesses in Los Angeles, California;

Whereas during his 11-year career with the DEA, Special Agent Camarena received 2 Sustained Superior Performance Awards, a Special Achievement Award and, posthumously, the Administrator's Award of Honor, the highest award granted by DEA;

Whereas prior to joining the DEA, Special Agent Camarena served 2 years in the U.S. Marine Corps, as well as serving as a fireman in Calexico, a police investigator, and a narcotics investigator for the Imperial County Sheriff Coroner;

Whereas Red Ribbon Week, nationally recognized since 1988 and now the oldest and largest drug prevention program in the Nation, reaching millions of young people each year and celebrated annually from October 23 to 31, was established to help preserve Special Agent Camarena's memory and further the cause for which he gave his life, the fight against drug crime and addiction; and

Whereas Special Agent Camarena will be remembered as an honorable public servant, his sacrifice should also be a reminder every October during Red Ribbon Week of the dangers associated with drug use and trafficking; Now, therefore, be it

Resolved, That the House of Representatives—

(1) expresses appreciation for the profound dedication and public service of Enrique "Kiki" Camarena on the 25th anniversary of his death;

(2) offers its deepest sympathy and appreciation to his wife, Geneva, his three children, Enrique, Daniel, and Erik, and to the entire family, friends, and former colleagues of the Drug Enforcement Administration;

(3) encourages communities and organizations throughout the United States to commemorate the sacrifice of Special Agent Camarena through the promotion of drug-free communities and participation in drug prevention activities to support healthy, productive, and drug-free lifestyles; and

(4) directs the Clerk of the House to transmit a copy of this resolution to the family of Enrique "Kiki" Camarena.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. COHEN) and the gentleman from Texas (Mr. POE) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. COHEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. COHEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, House Resolution 1115 expresses appreciation for the profound dedication and public service of Enrique "Kiki" Camarena on the 25th anniversary of his passing.

On February 7, 1985, Special Agent Enrique Camarena, known to his friends as Kiki, left the American consulate in Guadalajara to meet his wife, Mika, for lunch. As Kiki walked to his truck, he was approached by five men who kidnapped him and sped away. He was found dead on March 5, 1985, after being tortured and brutally beaten by his captors. Kiki was 37 years of age—survived by his wife and three children, Enrique, Daniel, and Erik.

During his 11 years with the DEA, Kiki received two Sustained Superior Performance Awards and a Special Achievement Award as well. He also received posthumously the Administrator's Award of Honor, the highest award granted by the Drug Enforcement Agency.

Mr. Camarena was born on July 26, 1947, in Mexicali, Mexico. He graduated from Calexico High School in Calexico, California, in 1966. In 1968, he joined the U.S. Marine Corps, and after serving 2 years, he joined the Calexico Police Department as a criminal investigator in 1970.

In May 1973, he started working as a narcotics investigator with the El Centro Police Department. He stayed there until 1974, when he joined the DEA.

His first assignment as a special agent with DEA was in Calexico, California. In 1977, he was reassigned to the Fresno district office in northern California. After working in the Fresno office, he was later assigned to the Guadalajara, Mexico, DEA office for 4½ years and worked undercover on the trail of the country's biggest marijuana and cocaine traffickers. Before being kidnapped, Kiki was extremely close to unlocking a multibillion-dollar drug pipeline.

Officer Camarena gave his life in the fight against drug traffickers, and after his death, many people wanted to do something to remember the ultimate sacrifice he made. Soon after his death, people everywhere started wearing red ribbons to symbolize their commitment to help reduce the demand for drugs in their communities. The act of wearing red ribbons took on national significance and grew into what is now

known as the Red Ribbon Campaign. During Red Ribbon Week, Kiki is remembered as a man who wanted to make a difference in the war on drugs, and his legacy still lives on.

In honor of Kiki Camarena's legacy and in recognition of the 25th anniversary of his death, I urge my colleagues to join me in supporting H. Res. 1115.

I reserve the balance of my time.

Mr. POE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, it is with a heavy heart that I rise in support of H. Res. 1115, honoring the legacy of Enrique "Kiki" Camarena on the 25th anniversary of his murder.

Words are not sufficient to express the debt that our country owes to Special Agent Camarena and to his family. His life of selfless service, courage of conviction, and dedication to protecting the American people will be remembered in our hearts and minds forever.

Twenty-five years ago, Agent Camarena gave his life in the line of duty after he was abducted. He was tortured and eventually was murdered. Agent Camarena was working undercover as a DEA special agent gaining valuable intelligence and evidence against Mexican drug cartels when he was kidnapped in broad daylight on a street in Guadalajara, Mexico. It is believed that he was tortured for around 2 days, and eventually he was bludgeoned to death.

We honor his life, we mourn his death, and we renew our commitment to ensure that his legacy is never forgotten.

When asked why he wanted to be a DEA agent, Special Agent Camarena replied, "Even if I am only one person, I can make a difference." Thousands of individuals across our Nation can attest to the difference he has made in their lives.

Every day and every night, law enforcement officers across this Nation go to work aware of the dangers they face. These brave men and brave women put their lives at risk so the rest of us can sleep better at night and live safer lives. As we go about our daily lives, as we sleep in the safety of our homes, these individuals fight against the violence that threatens our neighborhoods, our communities, and our loved ones. And much of that violence is drug related.

I stand before the House today with heartfelt gratitude for every law enforcement officer who serves the communities throughout this country, and especially for those who have given their lives in the line of duty for the rest of us.

As we take a moment to pause and reflect on the heroic life and tragic death of this individual, the drug cartels continue. They continue to wage war on our borders and threaten the

safety of so many people, and they do so all in the name of money. Yet they will soon come to learn that our pursuit of justice will not waiver and it will not weaken just because they continue their criminal enterprises north and south of our borders.

To the family of Special Agent Camarena, we share in their grief and we will ensure that his legacy lives on. We will relentlessly fight against the drug cartels and the border violence that they have caused. We want to thank this family for sharing with our country a man who truly is an American hero.

To the individuals who continue to pursue those who abducted and tortured and murdered Special Agent Camarena, we thank them, we support them, and we have committed to those individuals that we will not rest until the perpetrators are brought to justice and tried for their evil deeds.

To our Nation's law enforcement officers, we thank them for risking their lives each day to protect our lives and the lives of our loved ones. Their sacrifices and the sacrifices of their families shall always be remembered. Across our Nation, there are countless stories of men and women who have given their time, their resources, and their lives to protect and defend America.

Although we each have only one life to live, Special Agent Kiki Camarena has shown us the difference that one individual can make. Although we remember Special Agent Camarena's tragic death today, I am encouraged by his life and the lives of so many who have dedicated themselves to public service. Without the sacrifices of these brave men and women, America would not be what we are today. I urge my colleagues to support this resolution.

I reserve the balance of my time.

The SPEAKER pro tempore. Without objection, the gentleman from Georgia (Mr. JOHNSON) will control the time.

There was no objection.

Mr. JOHNSON of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. POE of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. HUNTER), the sponsor of this legislation.

Mr. HUNTER. Mr. Speaker, I thank the gentleman from Texas, a great prosecutor and judge in his own right.

Mr. Speaker, we are all familiar with the dangerous duties undertaken by the men and women of the Drug Enforcement Administration. Oftentimes, their accomplishments go unnoticed, but these agents continue making significant contributions to the seemingly unending effort to protect our communities from drug crime and addiction.

This is a responsibility that DEA agent Enrique "Kiki" Camarena took seriously over the course of his career in law enforcement. It was 25 years ago this March that agent Camarena's body

was discovered after he was kidnapped by armed men in front of the U.S. consulate in Guadalajara, Mexico. He had been severely tortured by his captors. More than two dozen people, including Mexican Government officials, cartel leaders, and associates were convicted for Agent Camarena's murder. Still, his memory has not been forgotten.

The circumstances surrounding his death are a vivid reminder of the violence and danger attributable to illegal drugs, whether it is directly along our borders, in our neighborhoods, or within the homes of families facing the struggles of addiction.

Today, Agent Camarena is perhaps the best-known hero of the war on drugs, and his story continues to inspire millions of Americans to lead drug-free lives. In fact, shortly after his death, Camarena Clubs were launched throughout southern California. Hundreds of club members wore red ribbons and pledged to lead drug-free lives in honor of Agent Camarena and others who gave their lives for the same purpose. In 1985, club members presented a proclamation to First Lady Nancy Reagan which brought the club national recognition, and ultimately prompted thousands of schools, communities, and States to recognize Red Ribbon Week, now celebrated during the last week of October.

□ 1200

So on this anniversary of Agent Camarena's death, let us take time to honor the contribution and profound dedication and public service of Enrique "Kiki" Camarena on the 25th anniversary of his death.

I would like to offer my deepest sympathy and appreciation to his wife, Geneva, and his three children—Enrique, who is a prosecutor, Daniel and Erik—and the entire family, friends, and former colleagues at the Drug Enforcement Administration.

It is important that we focus on securing and enforcing our southern border so that these past sacrifices and future endeavors by those in the DEA are not in vain. Mr. Speaker, we in San Diego are honored to be home to this legacy of "Kiki" Camarena and his family.

Mr. JOHNSON of Georgia. Mr. Speaker, I yield back the balance of my time.

Mr. POE of Texas. I yield myself such time as I may consume.

Mr. Speaker, the special agents that work in the Drug Enforcement Administration, the DEA, are special agents indeed. Many times they work alone, they work deep undercover, they work not only in the United States, but in foreign countries, and they work for the sole purpose of trying to capture those outlaws who are in the drug business, who, in the name of money, try to sell their wares and profit on that illegal enterprise. They are an international crime cartel syndicate. Our

DEA agents do a wonderful job. We sometimes forget the work that they do. This is just one of many who have worked and dedicated their lives to helping protect the rest of us.

As my friend from California (Mr. HUNTER) has pointed out, much of this violence occurs on our borders because the drug cartels operate on international borders, on our border with Mexico especially. Because the drug cartels, in the name of money, are very violent, they are well armed, they are well financed, and they will do anything in their relentless effort to bring drugs into the United States.

We need to be aware that they have committed a war against the United States and all people who oppose their activities. And so it is quite appropriate that today we honor and commemorate the life of one of those special agents who gave his life trying to protect us from the drug cartels.

Ms. ROS-LEHTINEN. Mr. Speaker, I am a proud original cosponsor of H. Res. 1115.

As my colleagues have explained, this resolution recognizes the life and public service of Drug Enforcement Administration (DEA) Special Agent Enrique "Kiki" Camarena.

On February 7, 1985, Special Agent Camarena was on his way to meet his wife for lunch when he was kidnapped outside the U.S. Consulate in Guadalajara, Mexico by five armed men.

Almost a month later, his body was discovered on a ranch nearly 50 miles away, brutally murdered by the same kind of violent drug traffickers he had dedicated his life to fighting.

This month marks 25 years since that fateful day.

As an 11-year veteran of the DEA, Special Agent Camarena received two Sustained Superior Performance Awards, a Special Achievement Award and, posthumously, the Administrator's Award of Honor, the highest award granted by DEA.

Prior to joining the DEA, he served in the U.S. Marine Corps, as a fireman, a police investigator, and a narcotics investigator.

Special Agent Camarena was deeply committed to public service throughout his life.

In honor of his memory, each October, thousands of schools, communities, and state and local drug abuse prevention organizations celebrate Red Ribbon Week.

Further, the anniversary of Special Agent Camarena's death reminds us of the importance of continuing the close cooperation between the United States and Mexico in fighting the narcotraffickers.

The Mérida Initiative, a partnership between the Government of Mexico and the United States, has been successful in presenting new opportunities for expert collaboration on these fronts.

Through operations such as Operation Firewall and Operation Panama Express, the DEA and Mexican law enforcement authorities are dismantling drug cartels and seizing tons of illegal drugs destined for America's streets.

I am sure that Special Agent Camarena would have been pleased to see how far we have come.

Again, I am proud to be an original cosponsor of this important measure in honor of Special Agent Enrique "Kiki" Camarena and his dedication to public service.

My most sincere thoughts and prayers are with his wife, Geneva, his sons Enrique, Daniel, and Erik, and his entire family.

I thank Congressman HUNTER for introducing this important measure.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise today in strong support of House Resolution 1115, which honors the profound dedication and public service of Enrique "Kiki" Camarena on the 25th anniversary of his untimely death.

Mr. Camarena led an exemplary life of service to his community and his nation. As a member of the Marine Corps, fire fighter, police officer, and DEA special agent, he demonstrated an extreme passion for fighting crime and eliminating drugs to ensure the safety and well-being of our communities. He led a commendable 11-year career at the Drug Enforcement Administration earning him the distinguished Administrator's Award of Honor.

In February 1985, Mr. Camarena lost his life in the line of duty. I had the opportunity to attend a memorial for Mr. Camarena and witness the impact his sacrifice made and hear from some of the many lives he touched. I am glad that twenty-five years after this tragedy, his passion and spirit still live on. His commitment to fighting drugs inspired millions of people around the world to live drug-free lives. We must continue to honor this legacy by promoting drug-free communities and supporting healthy drug-free lifestyles.

Again, I would like to express my appreciation for the outstanding service Mr. Camarena provided for this nation and offer my support and deepest condolences to his wife, children, and to the entire family, friends, and former colleagues at the Drug Enforcement Administration.

Mr. POE of Texas. With that, Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. SALAZAR). The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and agree to the resolution, H. Res. 1115.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

HONORING OFFICERS' ACTIONS DURING LAS VEGAS COURT- HOUSE ASSAULT

Mr. JOHNSON of Georgia. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1061) honoring the heroic actions of Court Security Officer Stanley Cooper, Deputy United States Marshal Richard J. "Joe" Gardner, the law enforcement officers of the United States Marshals Service and Las Vegas Metropolitan Police Department, and the Court Security

Officers in responding to the armed assault at the Lloyd D. George Federal Courthouse on January 4, 2010.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1061

Whereas, on January 4, 2010, during an assault at the entrance of the Lloyd D. George Federal Courthouse in Las Vegas, Nevada, Court Security Officer Stanley Cooper was fatally wounded and died heroically in the line of duty while protecting the employees, occupants, and visitors of the courthouse;

Whereas Deputy United States Marshal Richard J. "Joe" Gardner was wounded in the line of duty while protecting the employees, occupants, and visitors of the courthouse;

Whereas the Court Security Officers and members of the United States Marshals Service and the Las Vegas Metropolitan Police Department acted swiftly and bravely to subdue the gunman and minimize risk and injury to the public; and

Whereas the heroic actions of Court Security Officer Stanley Cooper, Deputy United States Marshal Richard J. "Joe" Gardner, and the law enforcement officers who responded to the attack prevented additional harm to innocent bystanders: Now, therefore, be it

Resolved, That the House of Representatives—

(1) commends the brave actions and quick thinking exhibited by Court Security Officer Stanley Cooper during the assault at the entrance of the Lloyd D. George Federal Courthouse;

(2) offers its deepest condolences to the family and friends of Court Security Officer Stanley Cooper, who valiantly gave his life in the line of duty;

(3) commends Deputy United States Marshal Richard J. "Joe" Gardner for his actions and bravery in responding to the assault;

(4) wishes Deputy United States Marshal Richard J. "Joe" Gardner a speedy recovery from the wounds he sustained in the line of duty; and

(5) applauds the Court Security Officers and members of the United States Marshals Service and Las Vegas Metropolitan Police Department for their brave and courageous actions in responding to the assault at the Lloyd D. George Federal Courthouse.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Georgia (Mr. JOHNSON) and the gentleman from Texas (Mr. POE) each will control 20 minutes.

The Chair recognizes the gentleman from Georgia.

GENERAL LEAVE

Mr. JOHNSON of Georgia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. JOHNSON of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this resolution honors the heroic actions of Court Security

Officer Stanley Cooper, Deputy United States Marshal Richard J. "Joe" Gardner, the law enforcement officers of the United States Marshal Service and Las Vegas Metropolitan Police Department, as well as the court security officers involved in responding to the armed assault at the Lloyd D. George Federal Courthouse in Las Vegas, Nevada, this past January 4, 2010.

On January 4, 2010, a man entered the lobby of the Lloyd D. George Federal Courthouse, pulled a shotgun from underneath his jacket, and began firing indiscriminately from outside the security area where visitors pass through the metal detectors. Through a swift response, law enforcement officers were able to chase the gunman from the courthouse and ultimately subdue him.

Court security officers and members of the United States Marshal Service and the Las Vegas Metropolitan Police Department acted bravely to subdue the gunman and minimize risk and injury to the public. Without regard for their own safety, they performed their duty and protected all who were present in the courthouse that day from the threat of deadly harm through their swift and effective response.

Court Security Officer Stanley Cooper was a 26-year veteran of the Las Vegas Metropolitan Police Department and worked as a courthouse security officer since 1994. On January 4, 2010, Officer Cooper was fatally wounded and died heroically in the line of duty while protecting the employees, occupants, and visitors at the courthouse. Deputy United States Marshal Richard J. "Joe" Gardner was wounded in the line of duty while protecting the employees, occupants, and visitors of the courthouse.

This slaying and wounding of these two officers is a sobering reminder, Mr. Speaker, that law enforcement officers put themselves in dangerous situations every day in order to protect and serve the citizens of our country. Through our recognition today of the exemplary actions of these officers, we are celebrating the nameless, unrecognized acts of bravery and service performed every day by our brothers and sisters in law enforcement.

By way of this resolution, the House of Representatives commends the brave actions and quick thinking of the court officers, the United States Marshals, and the Las Vegas Metropolitan Police Department in responding to the assault at the Lloyd D. George Federal Courthouse. It also extends its deepest condolences to the family and friends of Officer Cooper, who valiantly gave his life in the line of duty. And it wishes Deputy Gardner a speedy recovery from the wounds that he sustained in the line of duty on that day.

All of these officers are heroes. We hope their families will take pride, and

in the case of Officer Cooper, a small measure of consolation and comfort, in the knowledge that their actions were recognized by this body and they are celebrated today.

I urge all of my colleagues to support this important resolution.

I reserve the balance of my time.

Mr. POE of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in total support of House Resolution 1061, honoring the heroic actions of Court Security Officer Stanley Cooper, Deputy United States Marshal Richard J. "Joe" Gardner, the law enforcement officers of the United States Marshal Service, the Las Vegas Metropolitan Police Department, and the court security officers in responding to an armed assault at the Lloyd D. George Federal Courthouse.

On the morning of January 4, 2010, an armed gunman walked into the Las Vegas Courthouse and opened fire, fatally wounding Court Security Officer Stanley Cooper and seriously wounding Deputy United States Marshal J. "Joe" Gardner.

The valiant actions of these two men saved the lives of many people and innocent civilians in the courthouse. In a time of tragedy and crisis, Court Security Officer Cooper and Deputy United States Marshal Gardner responded immediately with selfless courage, placing the lives of others before their own.

Court Security Officer Cooper lived his life protecting the lives of other people. After 26 years of service with the Las Vegas Metropolitan Police Department, he retired to work at the Las Vegas Courthouse as a security officer. It was here that Officer Cooper died valiantly defending the halls of justice. For even after being fatally wounded, he continued to try to subdue the gunman, ultimately ensuring the safety of those that were in the courthouse that day. We join in the sorrow of his family and mourn the loss of this great individual. His legacy of a life dedicated to public service will not be forgotten.

In the moments that followed the fatal shooting, Deputy United States Marshal Joe Gardner and six other members of the United States Marshal Service, Las Vegas Metropolitan Police Department, and court security officers acted swiftly to subdue the gunman. Deputy United States Marshal Joe Gardner suffered gunshot wounds to his upper arm. We are grateful his life was not lost on that tragic day, and we honor his courageous actions as well.

The memory of that day serves as a haunting reminder of the dangers that our law enforcement officers face each day of their lives. In a split second, on a quiet Monday morning, it can turn into a battle between those who seek to harm innocent people and those who give their lives fighting to protect those same individuals.

Today, we honor Officer Cooper, Deputy United States Marshal Gardner, and law enforcement officers across this country. We remember the high price they pay for answering the call of duty, and they are on duty every day.

The tragic events that occurred on January 4, 2010 will be remembered by all of us. We will not forget the heroism and patriotism that was shown by Officer Cooper, Deputy U.S. Marshal Gardner, and the six other brave men and women.

I urge my colleagues to support this resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. JOHNSON of Georgia. Mr. Speaker, at this time, I yield 5 minutes to the distinguished representative from Nevada, DINA TITUS.

Ms. TITUS. Mr. Speaker, I rise today in strong support of House Resolution 1061.

As you have heard, on January 4, 2010, an armed assailant with a history of violent behavior opened fire at the Lloyd D. George Federal Courthouse in downtown Las Vegas. The brave security personnel at the courthouse, U.S. marshals, and other emergency responders acted quickly and valiantly to ensure the safety of courthouse staff, visitors, and other bystanders in the area. Tragically, however, Officer Stanley Cooper was fired upon by the gunman and later succumbed to his wounds.

Officer Cooper had previously served as a Las Vegas Metropolitan Police officer for 26 years and had been a security officer at the courthouse for 15 years. He was a familiar face, a friendly hello when you walked in the building, and a person who gave his all to the job of protecting others.

Deputy U.S. Marshal Richard J. "Joe" Gardner, a member of the U.S. Marshal Service for the past 24 years, was also there. He bravely chased after the suspect and was shot in the arm.

The courthouse, which is home to many Federal offices and courts, including the U.S. District Court of Nevada, stands for justice and liberty for all Americans and fairness for all who enter. The building opened in 2002 and was one of the first new Federal buildings to be constructed according to safety standards that went into effect after the tragic Oklahoma City bombing. Those safety standards, combined with the bravery of the courthouse security force, ensured that no citizens were injured, the shooter did not get past security checkpoints, the situation was resolved quickly, and all of the judges and people who work in the building or who were there visiting were safe.

I wish Deputy U.S. Marshal Gardner a speedy recovery, and I offer my deepest condolences to the family of Officer Stanley Cooper. Today, we honor their brave service to our community.

So I would urge you to join me, as my colleagues, in supporting this resolution, a companion of which has already been passed by our Senate colleagues.

Mr. POE of Texas. Mr. Speaker, I reserve the balance of my time.

Mr. JOHNSON of Georgia. Mr. Speaker, I now yield such time as she may consume to the distinguished congresswoman from Nevada, SHELLEY BERKLEY.

Ms. BERKLEY. I appreciate the congressman's yielding.

I particularly want to thank my colleague from Nevada, DINA TITUS, for introducing this resolution. I think it's very important to honor those in Las Vegas who have given so much to their country.

Mr. Speaker, I rise today in strong support of this resolution and the law enforcement personnel who put their lives at risk every day in order to protect their fellow Americans. Today, we honor two Nevadan heroes, Stanley Cooper and Joe Gardner, for their courageous actions while protecting the staff and visitors at the Lloyd George Federal Courthouse in Las Vegas during an armed assault earlier this year. Officer Cooper was downed during this senseless act of violence and gave his life while bravely serving his country.

□ 1215

We should never forget the heroic sacrifice he made, and my thoughts and prayers go out to his family.

U.S. Marshal Gardner thought quickly and acted bravely in responding to the armed assault, and I wish him a speedy recovery from the wounds he received in the line of duty.

I also commend the other court security officers, U.S. marshals and the Las Vegas Metropolitan Police Department for their quick and courageous responses to this attack and for protecting the public and preventing further loss of life.

This resolution honors these public servants' courageous actions and Officer Cooper's legacy of bravery and selflessness. This resolution serves as a tribute, not only to Officer Cooper and to U.S. Marshal Gardner, but to all public servants who put their lives on the line daily while serving their country. I encourage my colleagues to support this measure.

If I may take an additional minute, to those of our fellow citizens who are so frustrated with their government or who are so angry with life or with what is happening in this country or in their lives, there has to be a better way than this to express your anger and frustration.

In the aftermath of these tragedies, the government continues to function; Congress continues to meet; life goes on except for the lives of the perpetrators. More often than not, they are brought down by those who protect and

defend the rest of us. Their families are destroyed, and they can't figure out why their loved ones reacted in this manner, and the misery they cause to their innocent fellow citizens, who are only doing their jobs, is beyond mention.

So I say to those who are angry and frustrated, do not do this. It creates misery in this country that has no place in the United States of America.

Again, I offer Officer Cooper's family my condolences and Officer Gardner a very speedy recovery.

Mr. POE of Texas. Mr. Speaker, I spent 30 years as a prosecutor and as a judge at the courthouse in Houston, all in the criminal courts building. I am very familiar with the individuals who work in the courthouse, who protect those who come to the seat of justice, to the bar of justice to seek grievances against our government.

Throughout those years, it became obvious to me that, in our country, the way we settle disputes is at the courthouse where we have two sides, sometimes more than two sides, who show up to argue their cases. Then there is a ruling by the judge on the law. Yet sometimes, as in this case, people show up at the courthouse and wish to take matters into their own hands in a violent manner.

We have folks at the courthouse who protect us, not just the lawyers and judges, but to protect those people who come to the courthouse to seek justice. Those people in our system are called the security officers, or bailiffs, as they are called in Texas.

More than once, unfortunately, I have had the unfortunate opportunity of having seen people disagree with what took place in the courthouse and of having seen them get out of control. Yet those security officers, those bailiffs, those deputy sheriffs were there to protect the seat of justice. These are examples of two of those. One was killed, and one was wounded in making sure that justice prevails in our justice system and that the law is not taken advantage of in a violent manner.

So we honor those individuals, not just these two but the others who helped from the Las Vegas Metropolitan Police Department and all of those court officers who work every day in every courthouse in the United States to make sure we have a secure and a safe justice system.

With that, I yield back the balance of my time.

Mr. JOHNSON of Georgia. Mr. Speaker, January 4, 2010, was a Monday morning, the first Monday morning of the new year. This incident happened that morning.

Monday mornings are always very busy, if not the busiest times, at courthouses throughout America. People are coming in to litigate their disputes, to answer calendar calls, to answer trial calendars. There are witnesses who

have been subpoenaed. There are jurors who have come to court, having been notified that they need to be there. There are courthouse workers.

Of course, you pass through security. It's just like we do here at the United States Capitol and in our legislative office buildings. We pass through security. Sometimes, when people are in a hurry, they get a little antsy, and they take that out on the security officials.

Though, I will tell you, despite all that was ongoing on that morning, Judge POE, as you well know of these things that I just spoke of, on that day, a madman entered the courthouse and struck at a very soft part of security, which is when you walk right in the door and before you go through security. In the midst of all of that activity going on, he killed Officer Stanley Cooper, and he wounded Marshal Joe Gardner. Had it not been for their selfless and professional conduct at the time, there is no doubt that others could have lost their lives or could have been wounded as well.

So everywhere we have security checkpoints, the officers who man those checkpoints deserve our respect. They deserve our cooperation. They deserve our recognition as well for the fine jobs that they do. I want to take this opportunity to let all of those folks on the front lines know that we here in Congress, regardless of party affiliation, appreciate their service to us.

Lastly, we wish the family of Officer Cooper, as well as U.S. Deputy Marshal Joe Gardner and his family, the best in the future.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. JOHNSON) that the House suspend the rules and agree to the resolution, H. Res. 1061.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

ACCELERATING TAX BENEFITS FOR DONATIONS TO CHILE EARTHQUAKE VICTIMS

Mr. LEVIN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4783) to accelerate the income tax benefits for charitable cash contributions for the relief of victims of the earthquake in Chile, and to extend the period from which such contributions for the relief of victims of the earthquake in Haiti may be accelerated.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4783

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. ACCELERATION OF INCOME TAX BENEFITS FOR CHARITABLE CASH CONTRIBUTIONS FOR RELIEF OF VICTIMS OF EARTHQUAKE IN CHILE.

(a) IN GENERAL.—For purposes of section 170 of the Internal Revenue Code of 1986, a taxpayer may treat any contribution described in subsection (b) made after February 26, 2010, and on or before April 15, 2010, as if such contribution were made on December 31, 2009, and not in 2010.

(b) CONTRIBUTION DESCRIBED.—A contribution is described in this subsection if such contribution is a cash contribution made for the relief of victims in areas affected by the earthquake in Chile on February 27, 2010, for which a charitable contribution deduction is allowable under section 170 of the Internal Revenue Code of 1986.

(c) RECORDKEEPING.—In the case of a contribution described in subsection (b), a telephone bill showing the name of the donee organization, the date of the contribution, and the amount of the contribution shall be treated as meeting the recordkeeping requirements of section 170(f)(17) of the Internal Revenue Code of 1986.

SEC. 2. EXTENSION OF PERIOD FROM WHICH CHARITABLE CASH CONTRIBUTIONS FOR RELIEF OF VICTIMS OF EARTHQUAKE IN HAITI MAY BE ACCELERATED.

(a) IN GENERAL.—Subsection (a) of section 1 of Public Law 111-126 is amended by striking “before March 1, 2010” and inserting “on or before April 15, 2010”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to contributions made after February 28, 2010.

SEC. 3. BUDGETARY PROVISIONS.

(a) STATUTORY PAYGO.—The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the Committee on the Budget of the House of Representatives, provided that such statement has been submitted prior to the vote on passage.

(b) EMERGENCY DESIGNATION.—

(1) STATUTORY PAYGO.—This Act is designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (Public Law 111-139; 2 U.S.C. 933(g)).

(2) HOUSE PAYGO RULES.—All applicable provisions in this Act are designated as an emergency for purposes of pay-as-you-go principles.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. LEVIN) and the gentleman from Illinois (Mr. ROSKAM) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. LEVIN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to insert extraneous material in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. LEVIN. I yield myself such time as I may consume.

Mr. Speaker, Ranking Member DAVID CAMP is not here today because of a

death in his family. The distinguished gentleman from Illinois is going to be handling the time on the minority side.

On behalf of my colleague and friend Mr. CAMP and the gentleman from Illinois, I ask that the nonpartisan Joint Committee on Taxation be asked to make available to the public a technical explanation of the bill. The technical explanation expresses the committee's understanding and legislative intent behind this important bill. It is available on the joint committee's Web site at www.jct.gov, and it is listed under document No. JCX-08-10.

Mr. Speaker, we rise today on this very important bill. It would allow for charitable contributions paid to victims of the Chilean earthquake on or before April 15 of this year, which is the tax return deadline, to be claimed as deductions on taxpayers' 2009 tax returns. Of course, absent this change, taxpayers would need to wait until next year to claim deductions for these contributions.

In addition—and this is very important—the bill would provide taxpayers with a little more time relating to the victims of the Haitian earthquake so that they could make charitable contributions through April 15, extending it beyond March 1.

So let me, if I might, say just a few words.

I think all of us know graphically what is involved here. I checked, and the catastrophe in Haiti is the largest of its kind on record in the Western Hemisphere. We have also seen the catastrophe in Chile. I think all of us want to be sure that the American people can join together to express their alliances with the people of Chile and with the people of Haiti.

Like lots of families, our family has had a connection with both countries. My son Andy has been to Haiti many times. He was there as a monitor for one of the elections when there was immense violence, and I was concerned for his safety. He is able to speak Creole to express his interest in Haiti. So that's one way, in addition to my service in the Foreign Aid Agency, that our family has had contact with the people of Haiti.

Yet I think all of us have had that contact with the people of Haiti since the catastrophe, the worst of its kind on record in the Western Hemisphere, and I think all of us very much want to be sure that we can express our support, our alliance and can give our charitable contributions.

As to Chile, we could see the immense devastation. That country was prepared for an earthquake of virtually any magnitude; but this magnitude, one of the very worst in the history of the country, shook up the country. It shook up its foundations in many places, and it led to the loss of many, many lives.

So I come here today on behalf of the committee and, I think, on behalf of all

of us in this Congress. I believe the gentleman from Illinois and I come here today on behalf of all of the American people, and we ask that we have unanimous consent for this legislation.

Mr. Speaker, I yield the balance of my time to a distinguished member of the committee, my good friend and pal, the gentleman from Oregon (Mr. BLUMENAUER), and I ask unanimous consent that he be allowed to control that time.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

□ 1230

Mr. ROSKAM. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to thank and congratulate Chairman LEVIN for his leadership on this issue, and particularly want to thank him for the gesture of reaching out to the minority on this and hope it is a glimpse of things to come.

As the chairman indicated, this is one of these areas that clearly all of America comes together on. There are ample examples of where we have done this in the past, obviously with the tsunami back in 2005, and most recently you had members of the Ways and Means Committee that were on the floor together urging us to change the Tax Code to accommodate the relief efforts in Haiti.

This also is really worthy of us coming together quickly in this tax season and allowing Americans to make contributions to Chile and, in fact, extending the period of time that they are able to make contributions to Haitian relief efforts, all in the context of completing their 2009 tax returns.

Why is this important? It is important because in order to bring rescue and recovery in times of great crisis, it takes more than simply the American Government working. That is important, but it also takes the American public.

I had an event in my district, Mr. Speaker, a couple of weeks ago, where we brought together folks to discuss Haitian relief efforts. My recollection is that there was a Red Cross official who was there, and she said a very interesting thing. She said that the event in Haiti, and I know we are talking about Chile today primarily, but she said the event in Haiti had redefined what it means to be local.

I thought, Isn't that interesting? Here we have folks that have responded incredibly generously, Americans have, at the sight and the sounds and the visuals of real suffering in our part of the world, and what have they done? They have taken their checkbook out. They have written a check. They have donated online. They have donated famously on their cell phones now in overwhelming numbers. But I think it

was really poignant when she said local contributions and the definition of a local tragedy has been redefined. So here we are today, Republicans and Democrats together, saying that this is an area where we need to move forward.

I know that Mr. CAMP, the ranking member from Michigan, would have been here, but, as Chairman LEVIN mentioned, he has had a death in the family and he has that obligation. I know I speak for an overwhelming majority of Republicans when saying this is an area that we should all come together on and move quickly to move this legislation.

I reserve the balance of my time.

Mr. BLUMENAUER. Mr. Speaker, I yield myself such time as I may consume.

This has been a particularly difficult period of time for all of us as we witnessed the victims of these two enormous tragedies attempt to repair the devastation that resulted from two of the largest earthquakes that we have seen in recent times.

As we laid witness to the victims of the Haiti earthquake in January, I had a chance a couple of weeks ago to see for myself the magnitude of the devastation. As somebody who was on the scene shortly after the tsunami 5 years ago, I will say that what I saw in Haiti not only rivaled that, but was actually worse than anything I had seen in Banda Aceh or Buket or in Sri Lanka. Then, just a few weeks later, we had an earthquake even larger, an 8.8, rock the country of Chile.

But through these tragedies, one thing is abundantly clear, and that is the generosity and compassion of the American people being as strong as ever. It is hard to explain, really, the impact that we see of these dedicated volunteers on the ground, moving to provide services that in some cases were not available at all prior to the tragedy.

Then looking at the earthquake in Chile last week, the outpouring of American support is even more remarkable, given the fact that everybody put all these resources just a few days before into Haiti. Clearly, there is no compassion fatigue on the part of the American public.

We need to take a step back and realize that we are talking about almost a quarter million people who have died between the two, and over 1 million people displaced, and we are still finding the definition of the problem. Particularly as it relates to Haiti, we are going to find that the death toll is likely to grow much higher if we are not able to deal with the problems of water and sanitation.

Here again, American voluntary efforts from nongovernment organizations are providing critical services, and donations in Haiti alone have already reached \$1 billion. They enable

these charitable organizations and non-government organizations to expedite the care and services needed for those who are injured and homeless, to help our neighbors get to safety and begin picking up the pieces and rebuilding their lives.

We must be clear that the road to recovery will not be short in either country. We know that we need to expedite anything we can for Americans to be part of that process. American families who have given to facilitate the recovery ought to know that we are working to show appreciation of that compassion to incent further actions with this adjustment.

As both my colleagues have made clear, but we need to drive home, any contribution after February 26 and before April 15 to the victims of the earthquake in Chile, people can claim these contributions, charitable contributions, on the tax return that they are preparing now for the last tax year.

In addition, the adjustment being made for Haiti, extending it to April 15, is an important addition. This is in keeping with what we did with the tsunami that struck in 2004.

There is a special provision here that I want to call note to, because we have watched the innovation take place in the charitable sector. The era of the cell phone and text messaging has made it possible for hundreds of millions of dollars of charitable contributions to be made through cell phone text messaging. It enabled people to do it conveniently and quickly. It speeded the aid along and, no doubt in my mind, it increased the amount of money that went to these people in need.

Under current law, obviously, taxpayers must receive documentation from the charity or rely on bank records to claim a deduction on their tax return, but when you are making a contribution through a text message, the only paper documentation individuals receive is from the telephone company. Right now, it is unclear whether individuals will be able to rely on a telephone bill to claim a charitable deduction. As a result of this legislation, we are clarifying that taxpayers making charitable contributions to victims of the Haiti earthquake through the text messaging effort will be able to rely on their cell phone bill when claiming a charitable deduction.

To be clear, we all know that Americans are not doing this primarily for a tax deduction. It is the generous spirit of the American public and concern for men and women around the world who suffer from tragedy. But providing this incentive and clarifying the law makes it a little easier for the families who have given of themselves and others, and I would urge my colleagues to support its passage.

I reserve the balance of my time.

Mr. ROSKAM. Mr. Speaker, I am pleased to yield such time as he may

consume to the gentleman from Florida (Mr. LINCOLN DIAZ-BALART), a great champion of freedom and hope and rescue in the Americas.

Mr. LINCOLN DIAZ-BALART of Florida. I thank my dear friend Mr. ROSKAM for the time, and I simply rise to join my voice in praise and commendation for all those who have made possible that this resolution come to the floor. I think it speaks very highly of this Congress.

Mr. Speaker, there is no more generous nation in the world than the American Nation, the American people. One sees that generosity time and time again. As Mr. BLUMENAUER mentioned, we just saw an extraordinary outpouring of generosity toward the people of Haiti, and then we have seen another tragedy, and the American people, with regard to Chile, are demonstrating once again that extraordinary generosity.

So I think it is so appropriate, and that is why I rise to commend all of those that have made this resolution possible, to accelerate the deduction for the donations that Americans have made, extend that policy with regard to Haiti and to make it possible with regard to the donations that are being made or have been made or will be made for those who have suffered in Chile. Our hearts and our prayers go out to those who suffer in both of those neighbor, friendly nations. They are wonderful people, great friends of the United States.

Remembering the victims, I think the Congress, by this action today, not only takes a step that is consistent with the generosity of the American people, but I think makes a very commendable act. So I simply wanted to join my voice of commendation for all of those who have made this possible.

Mr. BLUMENAUER. Mr. Speaker, I have no further requests for time, and I reserve the balance of my time.

Mr. ROSKAM. Mr. Speaker, in a nutshell, this bill does three things then: It extends the time period for contributions to Haiti for attribution to a 2009 tax return; it extends the contribution until April 15th for contributions to Chile for relief efforts for the 2009 tax return; and, as the gentleman from Oregon mentioned, it cleans up this ambiguity as it relates to contributions on cell phones. It is well thought out, it is timely, there is an urgency to it, and I urge its passage.

I yield back the balance of my time.

Mr. BLUMENAUER. Mr. Speaker, I would conclude by just saying that I do appreciate the rapid response of the committee, the bipartisan support, to honor the generosity of Americans in both these tragedies, to clean up the legislation and move it forward. But I hope, Mr. Speaker, that this is a symbol of a longer-term commitment on the part of this Congress, that we match the generosity of spirit of Amer-

icans and of our partners overseas. We have seen other countries step forward, along with charities and other non-governmental organizations.

I am hopeful that we will exhibit a commitment to follow through after the initial dust has settled to be full partners with other countries, with the people in Chile and Haiti, to deal with the long and difficult recovery. Lives have been traumatized. There are still people at risk from disease. I am hopeful that we in Congress will have the support and the follow through to make sure that the United States Government is a full partner with these other critical areas to make sure that we make life hopefully return to normal as quickly as possible for the people who have suffered this devastation.

Mr. VAN HOLLEN. Mr. Speaker, as an original cosponsor of H.R. 4783, I rise in support of this bipartisan legislation and urge its immediate enactment to support the ongoing recovery efforts in Chile and Haiti.

This bill does two simple things. First, it allows anybody making a cash contribution for earthquake relief in Chile before April 15, 2010, to receive a charitable deduction for the qualifying contribution on their 2009 tax return. And second, it provides the same tax benefit to those wishing to support relief efforts in Haiti, by extending the original March 1, 2010, deadline for Haiti contributions to April 15, 2010, as well.

These simple steps are consistent with our nation's tradition of responding to those in need and will provide an extra incentive for generous Americans to make timely contributions to these crises when the assistance is needed most.

Ms. JACKSON LEE of Texas. Mr. Speaker, I rise in support of H.R. 4783—a bill that will accelerate the income tax benefits for charitable cash contributions for the relief of victims of the earthquake in Chile.

As you know, on Saturday, February 27, 2010, a massive, 8.8 magnitude earthquake, one of the largest ever recorded, struck off of the coast of Chile. An estimated 2,000,000 people, including upwards of 1,500,000 displaced persons, have been directly affected by the earthquake, the tsunami, and its aftermath. As the casualties continue to grow, there is a great deal of extensive damage to highways, bridges, apartments, and infrastructure, have led the government of Chile to declare a 'state of catastrophe.' Since the initial earthquake, there have been over 100 aftershocks, which include 8 aftershocks registering above a 6.0 magnitude. These aftershocks continue to affect the coast and the rest of the country.

According to the United States Geological Survey, Concepcion, Chile's second largest city, was 70 miles from the earthquake's epicenter and suffered some of the worst damage. Thousands of its residents initially remained cut-off from the remainder of the country without any basic necessities, such as running water and electricity. The coastal town of Dichato and its 4,000 residents were among the hardest hit and is 80 percent destroyed. 80 percent of Talcahuano's 180,000 residents living on the Chilean coast were left homeless by the earthquake. Initial estimates of damages range from \$15,000,000,000 to

\$30,000,000,000, and basic necessities across the country, including electricity, clean water access, telephone access, and communication systems continue to be restored on a progressive basis in many zones.

Chile's stringent building codes, which one local architect called 'our proud building standards,' as well as the Government of Chile's ability to implement them greatly mitigated the impact of this catastrophic natural event both in terms of casualties and physical damage to the infrastructure of this country. The Government of Chile has taken significant measures to maintain order and public security in the streets in order to prevent more widespread panic and chaos as damage assessments are made and relief is delivered.

America is again responding, and will continue to respond with immediate humanitarian assistance to help the people of this struggling nation rebuild their livelihoods. I send my condolences to the people and government of Chile as they grieve once again in the aftermath of a natural disaster. As Chile's neighbor, I believe it is the United States' responsibility to help Chile recover, and build the capacity to mitigate against future disasters.

Throughout my time in Congress, I have been highly involved in strengthening the relationship between the U.S. and countries abroad. I have worked to establish positive and productive partnerships with local development officials, nonprofit organizations, and various leaders to establish a strong web of support for countries abroad. In collaboration with the Congressional Black Caucus, I have been a continual advocate of providing assistance to various countries to strengthen their fragile democratic processes, continue to improve security, and promote economic development among other concerns such as the protection of human rights, combating narcotics, arms, and human trafficking, addressing migration, and alleviating poverty.

Once again, I am devastated by the immeasurable tragedy that occurred in Chile. Along with my colleagues, I hope to visit Chile in the near future to meet with their leaders and see what the United States can do to rebuild the shattered livelihoods.

America is responding to the earthquakes in Chile and will continue to respond with immediate humanitarian assistance to help the people of Chile rebuild their livelihoods. I send my condolences to the people and government of Chile as they grieve once again in the aftermath of a natural disaster. As Chile's friend, it is the United States' responsibility to help Chile recover, and build the capacity to mitigate against future disasters.

Financially, 2009 was not an easy year for many Americans. Although thousands of jobs were created and we are back on the road to economic recovery, Americans lived on tighter budgets than usual. This legislation will allow those Americans who have generously donated money to Chile to receive their tax break this year instead of next year.

In January of 2005, Congress enacted this type of relief for individuals that made charitable contributions to victims of the Indian Ocean tsunami that occurred in late December of 2004. That bill (H.R. 241 in the 109th Congress) passed the House of Representatives without objection and subsequently passed the

Senate by unanimous consent. Additionally, these same benefits were extended to people who donated to Haiti. I hope that this legislation, like our response to the 2004 tsunami, and January's earthquake in Haiti will encourage Americans to contribute more money to Chile. As Haiti starts on its long recovery, every dollar is critically important. Once again, I am proud to represent such a compassionate and generous nation.

Mr. BLUMENAUER. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. LEVIN) that the House suspend the rules and pass the bill, H.R. 4783.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1245

PROVIDING FOR CONSIDERATION OF HOUSE CONCURRENT RESOLUTION 248, AFGHANISTAN WAR POWERS RESOLUTION

Mr. MCGOVERN. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1146 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1146

Resolved, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the concurrent resolution (H. Con. Res. 248) directing the President, pursuant to section 5(c) of the War Powers Resolution, to remove the United States Armed Forces from Afghanistan, if called up by Representative Kucinich of Ohio or his designee. The concurrent resolution shall be considered as read. The concurrent resolution shall be debatable for three hours, with 90 minutes controlled by Representative Kucinich of Ohio or his designee and 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Foreign Affairs. The previous question shall be considered as ordered on the concurrent resolution to final adoption without intervening motion.

The SPEAKER pro tempore. The gentleman from Massachusetts is recognized for 1 hour.

Mr. MCGOVERN. Mr. Speaker, for the purposes of debate only, I yield the customary 30 minutes to the gentleman from Florida (Mr. LINCOLN DIAZ-BALART). All time yielded during consideration of the rule is for debate only. I yield myself such time as I may consume.

GENERAL LEAVE

Mr. MCGOVERN. Mr. Speaker, I also ask unanimous consent that all Members be given 5 legislative days in which to revise and extend their remarks on House Resolution 1146.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Massachusetts?

There was no objection.

Mr. MCGOVERN. Mr. Speaker, House Resolution 1146 provides for the consideration of H. Con. Res. 248, directing the President, pursuant to section 5(c) of the War Powers Resolution, to remove the United States Armed Forces from Afghanistan. The rule provides 3 hours of general debate in the House, with 90 minutes controlled by Representative KUCINICH and 90 minutes controlled by the Committee on Foreign Affairs. The rule waives all points of order against consideration of the concurrent resolution and provides that the concurrent resolution shall be considered as read.

Mr. Speaker, this is an important day, and an important debate, in the House of representatives. Last summer, I had the privilege of traveling to Afghanistan and meeting with our brave troops. They are an incredible group of people, proud of their accomplishments, thoughtful and candid about the challenges that confront them. They deserve to know that we are thinking about them and do not take their lives or their fate for granted. It has been far too long since Congress had a full and open debate on the issue of U.S. policy in Afghanistan.

In 2001, I voted, along with the vast majority of my colleagues, to go after the terrorists who attacked us on September 11th. I believe we must have a comprehensive strategy to counter the global threat posed by al Qaeda and its affiliates, no matter where they are in the world—Afghanistan, Pakistan, Somalia, Yemen, North Africa, and elsewhere. But I also believe that we have serious challenges right here at home. Millions of Americans are out of work. Our economy is just now beginning to emerge from the worst recession in decades. Our schools, our health care, our tax code, our infrastructure—all must be updated for the 21st century if we are to create a better America.

Mr. Speaker, the war in Afghanistan has cost U.S. taxpayers well over \$200 billion—none of it paid for. None of it paid for. All of that money has been added on to our debt. And those costs will continue to rise as we fund increasing troop levels and provide the necessary care to our veterans when they return home. Our policy has drastically changed in those 8 years. We are no longer just going after the bad guys. We are engaged in a massive "nation-building" effort in Afghanistan.

Now, I certainly don't believe we should abandon the Afghan people. But instead of nation-building in Afghanistan, I'd like to do some more nation-building here at home.

Our allies in Afghanistan, the Karzai government, do not inspire confidence. The recent election there was characterized by widespread fraud and corruption. Just 10 days ago, Mr. Karzai unilaterally rewrote the election law to

ensure that he can handpick the members of the election monitoring commission that oversees voting irregularities. Talk about the fox guarding the chicken coop.

Over 1,000 U.S. servicemen and women have sacrificed their lives in Afghanistan. Over 670 more lives have been lost by our NATO military allies. Thousands more have been wounded, many severely, in ways that will affect the rest of their lives. Suicide and post-traumatic stress among our troops and veterans continue to increase at alarming rates.

Mr. Speaker, last summer I authored an amendment to require the administration to develop an exit strategy for our military involvement in Afghanistan. While my amendment did not carry the day, I believe it demonstrated to the administration that an open-ended commitment was not sustainable. As we know, President Obama outlined such a strategy in his speech at West Point. And I believe it is essential that we in the Congress work to keep the administration to its word. We must fulfill our constitutional responsibilities by making sure that taxpayer funds are spent wisely and with complete accountability and transparency for every dime and every dollar. No more Halliburton and Blackwater scandals. No more projects where fat-cat middlemen walk off with all the money while the Afghan people go without hospitals, schools, roads, or food.

Mr. Speaker, I hope that this is just the first—not the last—debate that we have on the House floor this year over our policy in Afghanistan. The issue is simply too important. The future at stake is too grave. We have sacrificed too much—in the lives and well-being of our soldiers, in the cost to our economy—to wait another year or 2 or 3 for Congress to do its job. We must continue to ask the hard questions and demand straight answers.

I reserve the balance of my time.

Mr. LINCOLN DIAZ-BALART of Florida. I'd like to thank the gentleman from Massachusetts (Mr. MCGOVERN) for the time, and I yield myself such time as I may consume.

Mr. Speaker, on Sunday the Iraqi people went to the polls to vote in their latest national parliamentary elections. Millions of Iraqis voted at thousands of voting stations throughout the country. The democratic process is succeeding in Iraq. The people there, despite extraordinarily difficult challenges, are able to express themselves in free elections.

Sunday was a good day for the future of Iraq. Those elections would not have taken place but for the decision of President Bush in 2007 to send over 20,000 surge troops to Iraq in order to establish, "a unified democratic federal Iraq that can govern itself, defend itself, and sustain itself." Those elec-

tions would not have been possible but for the sacrifices of our troops and their families. Just 4 months ago, Mr. Speaker, President Obama announced a surge strategy for Afghanistan. He committed 30,000 additional forces to a counterinsurgency strategy that I believe will help to strengthen the government in Afghanistan's security forces, as the surge did in Iraq.

Since President Obama's announcement, we've seen considerable results. For example, last month, our troops began what is known as the Marjah offensive. The joint offensive with the Afghan National Army and coalition partners has pushed the Taliban out of Marjah and has allowed the Afghan government to take control of significant areas that were previously controlled by the Taliban. This offensive is what General David Petraeus, the commander of the United States Central Command, has described as the "initial salvo" in a 12- to 18-month campaign to defeat the Taliban.

Now I have had and I continue to have, Mr. Speaker, disagreements with policies of President Obama, but I have said privately, I have said publicly, and I reiterate here today, that in the case of Afghanistan, President Obama has demonstrated great responsibility and a sense of the national security interest of the United States. He deserves our support.

Just as our military is making tangible progress, like the Marjah offensive demonstrates, just as this is occurring, many of our colleagues in the majority party now feel that it is time to withdraw from Afghanistan. The resolution that we are set to debate today would require the President to withdraw our troops in 30 days. I believe that that would be precipitous. I believe that precipitously withdrawing our troops would be reckless. I believe it would allow the Taliban to regain control of Afghanistan and thereby provide criminal groups such as al Qaeda with carte blanche to run terrorist training camps and plan terrorist attacks against the United States and our allies. I would remind my colleagues that it was the safe harbor and support that the Taliban gave bin Laden which allowed him to plan the September 11, 2001, attacks from Afghanistan against this country. A reconstituted Taliban will undoubtedly do the same and will pose a significant and grave risk to the national security of the United States.

I believe, Mr. Speaker, that we must never allow Afghanistan to once again fall into the hands of terrorists whose sole purpose is to destroy the United States and to kill innocent civilians. Precipitous withdrawal would not only be dangerous, I believe, to our national security, but would constitute a mortal blow to the Afghan people, who are relying on our support.

Although they have far to go, Afghanistan has made demonstrable

progress. But if this resolution were to become U.S. policy, all the improvements made by the Afghan people would disappear. Afghans would no longer be given the chance to vote in elections. The Taliban would rule by the edict of terror. It would mean the return of a nightmarish tyranny to Afghanistan. Women would see the rights they have gained disappear as the Taliban once again made women non-citizens and banned young girls, who for the first time are learning to read, from schools.

Mr. Speaker, I believe that now is not the time to turn our backs on the Afghan people. It is not the time to counter the mission of our troops, especially when they are engaged in the first major offensive of President Obama's reaffirmed counterinsurgency strategy. Let us send a message to the terrorists that the United States is committed to our mission to prevent the return to power of the Taliban. Let us soundly defeat this resolution.

I reserve the balance of my time.

□ 1300

Mr. MCGOVERN. Mr. Speaker, I yield myself such time as I may consume.

I appreciated the gentleman from Florida's comments. He spent a great deal of time trying to compare Iraq to Afghanistan. I would remind my colleagues that Iraq and Afghanistan are very, very different countries, different cultures, different levels of education and a different history of centralized government. In Afghanistan, there is no tradition, there is no history of a centralized government. Comparing Iraq to Afghanistan is not comparing apples to oranges. It's like comparing apples to Volkswagens. There is no comparison. And we could have a debate about Iraq, but that should be on a separate day, and we could talk about whether there were any weapons of mass destruction; but today we're here talking about Afghanistan.

I think this is important, and it's an important discussion because this Congress, with the exception of a few amendments that got very little time, has not had a debate or a discussion in this Chamber on Afghanistan since after September 11, 2001. And our policy has changed in a number of different ways over those years, and we still have not had a debate or a discussion on Afghanistan.

So today, hopefully, we will. And my hope is that in this Chamber, where lots of Members talk all the time and very few Members listen, that this may be a day for Members to listen. It is important that we get this right, especially for the men and women who we have deployed over there.

At this time, Mr. Speaker, I would like to yield 2½ minutes to the gentleman from Maine (Ms. PINGREE), a member of the Rules Committee.

Ms. PINGREE of Maine. Thank you very much to my good friend from Massachusetts (Mr. MCGOVERN) for yielding me the time, for his excellent opening statement, and for his response to our colleague from the Rules Committee as well. And I thank him for being here today.

Mr. Speaker, I rise today in support of this rule and the underlying concurrent resolution. It is a rare occurrence that Members of this body have the opportunity to devote 3 hours of debate to such an important issue, and it is even more unusual that Members are given a chance for a clean up-or-down vote on ending the war in Afghanistan. Each time an emergency war supplemental, a Defense appropriations bill or a Defense authorization bill has come to the floor, continued funding for the war in Afghanistan is hidden behind spending to create jobs, to provide humanitarian relief or to increase medical benefits to our troops, all of which I support. And privileged resolutions like this, which exercise the constitutional right of the United States Congress to decide whether or not to continue the use of the military force, rarely sees the light of day.

This country has spent over \$250 billion, Mr. Speaker, on the war in Afghanistan. The share of my home State of Maine is almost \$700 million. And in the next few months, the administration will likely ask this Congress to spend another \$30 billion to fund a surge of troops in Afghanistan. At a time when we cannot find \$30 billion to create jobs, continue unemployment benefits or help small businesses, we need to ask ourselves, Is the cost of this war worth it? Is it right to spend more money and lose more lives on a strategy that isn't working? Can we afford to turn our backs on the challenges we face at home and to pursue failed policies abroad?

I am an original cosponsor of this concurrent resolution because I firmly believe this war needs to end. We have asked our men and women in uniform to return to combat again and again. They have fought with bravery and helped the people of Afghanistan with compassion. They have risen to meet every challenge and paid every price to defend this country. But the cost of this war is too high. The economic situation in the country is too dire, and the lives of our brave men and women in uniform are too precious for this war to go on and for this issue to be muddled and tucked away in large spending bills.

It is time to end the war in Afghanistan and bring our troops home. It is time for this Congress to demand an open debate on Afghanistan and a clean vote on any future bills that fund this war. I ask my colleagues to join me in supporting this rule and the underlying concurrent resolution.

Mr. LINCOLN DIAZ-BALART of Florida. I reserve the balance of my time.

Mr. MCGOVERN. At this point, Mr. Speaker, I yield 2 minutes to the gentleman from Colorado (Mr. POLIS), a member of the Rules Committee.

Mr. POLIS. I thank my colleague from Massachusetts.

Mr. Speaker, this Nation does face a very real and immediate terrorist threat. The terrorist threat stems from al Qaeda, which is a stateless menace, a menace that is not rooted in any one location or has any dominion in any one particular area.

In fact, the two countries that our Nation continues to occupy, namely Iraq and Afghanistan, are not significant bases of operations for al Qaeda. It's been recently reported that there are, in fact, only around 50 al Qaeda operatives in the entire nation of Afghanistan, and there could very well be 10 times that number in nations like Yemen and Pakistan.

Yes, there is a very real threat, but the answer is not to continue to indefinitely occupy countries where we only breed more sympathy with those who would do us harm. The correct and more important way to leverage American military might to combat this menace is to have targeted and aggressive intelligence-gathering and targeted special operations against the terrorists no matter where they are.

Some have expressed concerns that if we leave Afghanistan precipitously, al Qaeda could reassert itself there. The answer to that is to go after al Qaeda in a targeted way in Afghanistan if the need arises again. It is not to engage in an indefinite occupation of one or two particular countries. How many more countries would we need to occupy? If they're in Yemen, do we occupy Yemen? If they're in Pakistan, do we occupy Pakistan? If we weren't already in and occupying Afghanistan, would we choose to go in there today? I would submit that the answer is no.

We need to continue our effort to battle terrorists wherever they are and focus on this stateless menace through intelligence-gathering, targeted special operations and a refocused emphasis on homeland security, all of which a very costly and expensive effort in Afghanistan continues to reduce our ability to do by soaking up our national time and resources as well as costing the lives of American soldiers.

Mr. LINCOLN DIAZ-BALART of Florida. I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Today, so very late, represents the first real House debate on Afghanistan since President Obama announced that the path to peace could only be found through wider war. I have continually challenged that pol-

icy. But because our security, I believe, will not be found in either the false choice of "more troops in" or "all out now," I cannot support the resolution, as I do not support our current strategy in Afghanistan.

This December escalation announcement by the President was counterproductive and somewhat misleading. He tried to have it both ways. He pledged to begin withdrawing troops in July 2011, but his plan continues sending troops through near the end of this year. Defense Secretary Gates was more candid. He says that any withdrawal next year will be a "handful," that there is no real Afghanistan exit strategy, and that a large military presence is planned there for "a very long time."

With our unceasing commitment to American blood and treasure being poured into Afghanistan, there is no meaningful pressure on President Karzai and his drug dealer and warlord cohorts. They have been much less interested in undertaking the steps necessary to secure peace than in clinging to power and wealth, such as by stealing one-third of the votes in the last election. I believe that the calls for reform have been greeted since that time by Mr. Karzai only by taking over the independent election commission that questioned that election and by the appointment of multiple drug warlord types to the cabinet who are part of the problem. In Afghanistan, reform is a slogan, it is not a reality.

The SPEAKER pro tempore (Mr. TIERNEY). The time of the gentleman from Texas has expired.

Mr. MCGOVERN. I yield the gentleman 1 additional minute.

Mr. DOGGETT. We have exercised minimal leverage over Karzai and his cronies, who view our continuing presence there as an invitation to steal all they can get when they get it. The better exit strategy is having fewer troops who need to exit. I agree with General Eikenberry, our former commander and now ambassador, who last November questioned an escalation that would only "bring vastly increased costs and an indefinite, large-scale U.S. military role." He wisely concluded that further increases would "dig us in more deeply."

In 2001, I voted for the use of force against the enemies that attacked us, and I continue to support that effort. But unless we pursue a different approach with a more narrow military footprint and a pragmatic exit strategy, we will remain embroiled in a land that has entrapped so many foreign powers throughout the centuries Afghanistan can consume as many lives and as many dollars as we are willing to expend there. As in Iraq, we are on a course for a trillion-dollar war waged on borrowed money. That must be changed to save American lives and America's future.

Mr. LINCOLN DIAZ-BALART of Florida. I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, at this time I yield 3 minutes to the gentleman from Ohio (Mr. KUCINICH), the author of the resolution.

Mr. KUCINICH. We're either in or we're out. Unless this Congress acts to claim its constitutional responsibility, we will stay in Afghanistan for a very, very long time at great cost to our troops and to our national priorities. Or we can set a date, December 31, 2010, by which we must leave. And this is exactly what the resolution seeks to do.

Congress has to be mindful of our responsibilities under this Constitution, article I, section 8, to claim responsibility for the true casualties, which are now close to 1,000, to claim responsibility for the cost, which is approaching \$250 billion and together with the Iraq war close to \$1 trillion. And this at a great cost to our priorities here at home for housing, for job creation, for health care, for education; to claim responsibility for the casualties to innocent civilians, the human costs of the war.

Congress must claim responsibility one way or another for challenging the corruption that my colleagues have talked about that has engulfed the Afghanistan administration. We must claim responsibility and understand exactly the role the Turkmenistan-Afghanistan-Pakistan-India pipeline has in all of this. We must claim responsibility for debating the wisdom of the counterinsurgency strategies which apparently have failed and claim responsibility for the logistics of withdrawal.

I brought this resolution to the floor of the House with the help of the Rules Committee and the support of the leadership, which believes the debate is merited, because after 8½ years it is time that this Congress be heard from. It is time that we claim our constitutional responsibility under article I, section 8.

The War Powers Resolution of 1973 was enacted to ensure that Congress has a role in the decision to send the United States Armed Forces into hostilities or the continued use of such forces and hostilities. And my legislation, if enacted, would require the President to bring the Armed Forces out of Afghanistan by December 31, 2010.

As the U.S. Armed Forces and our allies begin the first in a series of large military operations in Afghanistan, it is up to us to have our voice and our vote felt at this important moment.

Regardless of your support or opposition to the war, this resolution is about ensuring meaningful and open debate. And in the 3 hours ahead, I'm confident that this House will have the opportunity to do that so that people, no matter what their position is, can finally be heard from with respect to our constitutional responsibilities.

Mr. LINCOLN DIAZ-BALART of Florida. I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, at this time I yield 3 minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. I thank the gentleman from Massachusetts for his courtesy in permitting me to speak on this. I continue to have profound reservations about our troop commitments, first in Iraq and more recently with President Obama's decision to escalate our presence in Afghanistan.

History suggests we will not be successful in stabilizing Afghanistan with military force. No one has. I don't think anyone ever will. Afghanistan today is perhaps the most corrupt country in the world, ranked next to last out of 180, according to Transparency International. If you have a culture of corruption, it's hard to plant seeds. It's hard to rent allies and have them remain loyal. Global economic development through roads and water are not esoteric, abstract issues. These are things that make a difference between people being thugs and, in some cases, feeding their families in any way they can, having little sympathy for infidels and drug problems.

The magnitude of spending that we're involved with here needs to be put in perspective. Each one of these additional troops that we are sending over costs \$1 million a year to support. We are going to be spending as a Nation \$7,000 for each of the 14.5 million Afghans in the workforce.

□ 1315

Our military spending per Afghan worker is 20 times what that worker will earn in an entire year in Afghanistan. At the same time, there is a dire need for the most basic of services. In rural Afghanistan, 80 percent drink polluted water and only 10 percent have adequate sanitation.

I have profound reservations about the course we are on and the ability to generate positive long-term, fundamental changes that will persist over time. I think it is absolutely essential that we have this debate. While I don't agree with the resolution that somehow we are going to be able to pull the plug and be able to end this in 30 days or 30 weeks, I do think it is important for Congress to focus on what is here, what is possible.

What we need to be doing is re-directing our effort. We need to start reversing the course that we are on there. We need to narrow our focus. We need to make more efforts to involve the Afghans themselves with water, with sanitation, with education. And we need to make sure that Congress has a voice and is pushing back as the elements come to us.

I don't agree that we are powerless on some of the defense appropriations,

for instance. We can in fact push back. We can be heard. And we can start reversing what I think is an inappropriate course.

I welcome the debate today. While I am not going to support the particular resolution, I appreciate my colleagues bringing it forward. I think it is important to engage and for us to imagine how we can do a better job in that troubled country and in that troubled region. The time to begin the discussion is long overdue. I look forward to continued progress.

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I think this has been a good discussion today. And I think it is appropriate to have it. I certainly hope that the result is clear, and that this Congress today strongly and in a bipartisan way rejects the resolution that is being brought forth. It would be a grave mistake for us to allow the Taliban to regain power in Afghanistan.

Sometimes the lessons of history may be a little bit more difficult to explain. In this case, when the Taliban was in power they opened the country up to training camps for terrorists to attack the United States. That was in 2001. It is not ancient history. So I hope we don't forget the lessons of history.

In addition, as I said before, Mr. Speaker, our Armed Forces with our coalition allies and the Afghan armed forces are in the midst of the first major offensive in President Obama's new strategy. So I think it would be a grave mistake if this Congress does not clearly and emphatically reject the resolution today.

Having said that, I yield back the balance of my time.

Mr. MCGOVERN. Mr. Speaker, there is nothing wrong with demanding our troops come home, including forcing that debate by using the privileges of the war powers resolution. There is nothing unpatriotic in demanding that our troops and their families, their neighbors and their communities be told when they are coming home. And Mr. Speaker, there is every reason to debate how we go after al Qaeda and how we create a flexible, mobile, global strategy able to track, find, counter, and strike al Qaeda cells wherever they might be. And there is no reason to run away from a debate over whether 100,000 boots on the ground in Afghanistan is the best strategy to eliminating al Qaeda once and for all.

I do not doubt that our brave military men and women can and will achieve military successes in battle after battle after battle. But are Afghanistan's tribal disputes going to be solved on the battlefield or at the political negotiating table? And if it is going to take a political solution to resolve centuries of grievances, then who is willing to stand at the front of this Chamber and declare how many American lives that is worth?

Mr. Speaker, President Obama has said he will begin to bring our troops home next July, but he didn't say when the job will be complete. Representative KUCINICH says let's bring them home by New Year's Eve, this year. We must continue to debate this issue, debate it today, debate it on the supplemental, debate it on defense bills.

Let's debate it when we are begging for resources so our kids can go to quality schools, when we are trying to find the money so every American has a decent job and affordable health care, so we can maintain our roads and our bridges and our waterways, so we can guard our ports and our borders, so we can keep our cops on the beat and our seniors safe in their homes. Let's debate the war in Afghanistan, how we will pay for it, how it will end, when it will end, and when our sons and daughters, husbands and wives, friends and neighbors will be able to come home. Let us continue to ask the hard questions and demand straight answers until we get it right and all our troops are safely home.

Mr. Speaker, I urge a "yes" vote on the rule and on the previous question.

I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. LINCOLN DIAZ-BALART. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on adoption of House Resolution 1146 will be followed by 5-minute votes on motions to suspend the rules on House Resolution 1088 and H.R. 4621.

The vote was taken by electronic device, and there were—yeas 225, nays 195, not voting 10, as follows:

[Roll No. 95]

YEAS—225

Ackerman	Carnahan	DeLauro
Adler (NJ)	Carney	Dicks
Andrews	Carson (IN)	Dingell
Baca	Castor (FL)	Doggett
Baird	Chandler	Doyle
Baldwin	Chu	Driehaus
Bean	Clarke	Duncan
Becerra	Clay	Edwards (MD)
Berkley	Cleaver	Edwards (TX)
Berman	Clyburn	Ellison
Berry	Cohen	Ellsworth
Bishop (GA)	Connolly (VA)	Engel
Bishop (NY)	Cooper	Eshoo
Blumenauer	Costa	Etheridge
Boswell	Costello	Farr
Boucher	Courtney	Fattah
Boyd	Crowley	Filner
Brady (PA)	Cuellar	Foster
Braley (IA)	Cummings	Frank (MA)
Brown, Corrine	Davis (CA)	Fudge
Butterfield	Davis (IL)	Garamendi
Campbell	DeFazio	Gonzalez
Capps	DeGette	Gordon (TN)
Capuano	Delahunt	Grayson

Green, Al	Markey (MA)	Rothman (NJ)
Green, Gene	Marshall	Roybal-Allard
Grijalva	Matheson	Ruppersberger
Gutierrez	Matsui	Rush
Hall (NY)	McCarthy (NY)	Ryan (OH)
Hare	McCollum	Sanchez, Linda
Harman	McDermott	T.
Hastings (FL)	McGovern	Sanchez, Loretta
Heinrich	McMahon	Sarbanes
Herseth Sandlin	McNerney	Schakowsky
Higgins	Meek (FL)	Schauer
Hill	Meeks (NY)	Schiff
Hinchee	Melancon	Schrader
Hinojosa	Michaud	Schwartz
Hirono	Miller (NC)	Scott (GA)
Hodes	Miller, George	Scott (VA)
Holden	Minnick	Serrano
Holt	Mollohan	Sestak
Honda	Moore (KS)	Shea-Porter
Hoyer	Moore (WI)	Sherman
Israel	Moran (VA)	Sires
Jackson (IL)	Murphy (CT)	Slaughter
Jackson Lee	Murphy (NY)	Smith (WA)
(TX)	Murphy, Patrick	Snyder
Johnson (GA)	Nadler (NY)	Speier
Johnson (IL)	Napolitano	Spratt
Johnson, E. B.	Neal (MA)	Stark
Jones	Oberstar	Stupak
Kagen	Obey	Sutton
Kanjorski	Oliver	Tanner
Kaptur	Ortiz	Thompson (CA)
Kildee	Owens	Thompson (MS)
Kilpatrick (MI)	Pallone	Tierney
Kilroy	Pascarella	Titus
Kind	Pastor (AZ)	Tonko
Klein (FL)	Paul	Towns
Kucinich	Payne	Tsongas
Langevin	Perlmutter	Van Hollen
Larsen (WA)	Perriello	Velázquez
Larson (CT)	Peters	Visclosky
Lee (CA)	Peterson	Walz
Levin	Pingree (ME)	Wasserman
Lewis (GA)	Polis (CO)	Schultz
Lipinski	Pomeroy	Waters
Loeb sack	Price (NC)	Watson
Lofgren, Zoe	Quigley	Watt
Lowe y	Rahall	Waxman
Lujan	Rangel	Weiner
Lynch	Reyes	Welch
Maffei	Richardson	Wilson (OH)
Maloney	Rodriguez	Woolsey
Markey (CO)	Ross	Yarmuth

NAYS—195

Aderholt	Castle	Hastings (WA)
Akin	Chaffetz	Heller
Alexander	Childers	Hensarling
Altmire	Coble	Herger
Arcuri	Coffman (CO)	Himes
Austria	Cole	Hunter
Bachmann	Conaway	Inglis
Bachus	Crenshaw	Issa
Barrow	Culberson	Jenkins
Bartlett	Dahlkemper	Johnson, Sam
Barton (TX)	Davis (KY)	Jordan (OH)
Biggett	Davis (TN)	King (IA)
Bilbray	Dent	King (NY)
Bilirakis	Diaz-Balart, L.	Kingston
Bishop (UT)	Diaz-Balart, M.	Kirk
Blackburn	Donnelly (IN)	Kirkpatrick (AZ)
Blunt	Dreier	Kissell
Boccieri	Ehlers	Kline (MN)
Boehner	Emerson	Kosmas
Bonner	Fallin	Kratovil
Bono Mack	Flake	Lamborn
Boozman	Fleming	Lance
Boren	Forbes	Latham
Boustany	Fortenberry	LaTourette
Brady (TX)	Fox	Latta
Bright	Franks (AZ)	Lee (NY)
Broun (GA)	Frelinghuysen	Lewis (CA)
Brown (SC)	Gallely	Linder
Brown-Waite,	Garrett (NJ)	LoBiondo
Ginny	Gerlach	Lucas
Buchanan	Giffords	Luetkemeyer
Burgess	Gingrey (GA)	Lummis
Burton (IN)	Gohmert	Lungrun, Daniel
Buyer	Goodlatte	E.
Calvert	Granger	Mack
Cantor	Graves	Manzullo
Cao	Griffith	Marchant
Capito	Guthrie	McCarthy (CA)
Cardoza	Hall (TX)	McCaul
Carter	Halvorson	McClintock
Cassidy	Harper	McCotter

McHenry	Putnam	Skelton
McIntyre	Radanovich	Smith (NE)
McKeon	Rehberg	Smith (NJ)
McMorris	Reichert	Smith (TX)
Rodgers	Roe (TN)	Souder
Mica	Rogers (AL)	Space
Miller (FL)	Rogers (KY)	Stearns
Miller (MI)	Rogers (MI)	Sullivan
Miller, Gary	Rohrabacher	Taylor
Mitchell	Rooney	Teague
Moran (KS)	Ros-Lehtinen	Terry
Murphy, Tim	Roskam	Thompson (PA)
Myrick	Royce	Thornberry
Neugebauer	Ryan (WI)	Tiahrt
Nunes	Salazar	Tiberi
Nye	Scalise	Turner
Olson	Schmidt	Upton
Paulsen	Schock	Walden
Pence	Sensenbrenner	Westmoreland
Petri	Sessions	Whitfield
Pitts	Shadegg	Wilson (SC)
Platts	Shimkus	Wittman
Poe (TX)	Shuler	Wolf
Posey	Shuster	Wu
Price (GA)	Simpson	Young (AK)

NOT VOTING—10

Barrett (SC)	Deal (GA)	Wamp
Camp	Hoekstra	Young (FL)
Conyers	Inslee	
Davis (AL)	Kennedy	

□ 1354

Messrs. CARDOZA, WHITFIELD, KINGSTON, CHILDERS and HALL of Texas and Ms. KOSMAS changed their vote from "yea" to "nay."

Messrs. LANGEVIN, ORTIZ, MINNICK, TANNER, PERRIELLO, CHANDLER, CUELLAR, ELLSWORTH, CAMPBELL, RYAN of Ohio, HILL and MARSHALL and Mrs. MCCARTHY of New York, Ms. MARKEY of Colorado and Ms. HERSETH SANDLIN changed their vote from "nay" to "yea."

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING THE PLIGHT OF PEOPLE WITH ALBINISM IN EAST AFRICA

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1088, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. CONNOLLY) that the House suspend the rules and agree to the resolution, H. Res. 1088, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 418, nays 1, not voting 11, as follows:

[Roll No. 96]

YEAS—418

Ackerman	Arcuri	Barrow
Aderholt	Austria	Bartlett
Adler (NJ)	Baca	Barton (TX)
Akin	Bachmann	Bean
Alexander	Bachus	Berkley
Altmire	Baird	Berman
Andrews	Baldwin	Berry

Biggert Engel
 Bilbray Eshoo
 Billirakis Etheridge
 Bishop (GA) Fallin
 Bishop (NY) Farr
 Bishop (UT) Fattah
 Blackburn Filner
 Blumenauer Flake
 Blunt Fleming
 Boccieri Forbes
 Boehner Fortenberry
 Bonner Foster
 Bono Mack Foxx
 Boozman Frank (MA)
 Boren Franks (AZ)
 Boswell Frelinghuysen
 Boucher Fudge
 Boustany Gallegly
 Boyd Garamendi
 Brady (PA) Garrett (NJ)
 Brady (TX) Gerlach
 Braley (IA) Giffords
 Bright Gingrey (GA)
 Broun (GA) Gohmert
 Brown (SC) Gonzalez
 Brown, Corrine Goodlatte
 Brown-Waite, Gordon (TN)
 Ginny Granger
 Buchanan Graves
 Burgess Grayson
 Burton (IN) Green, Al
 Butterfield Green, Gene
 Buyer Griffith
 Calvert Grijalva
 Campbell Guthrie
 Cantor Gutierrez
 Cao Hall (NY)
 Capito Hall (TX)
 Capuano Halvorson
 Cardoza Hare
 Carnahan Harman
 Carney Harper
 Carson (IN) Hastings (FL)
 Carter Hastings (WA)
 Cassidy Heinrich
 Castle Heller
 Castor (FL) Hensarling
 Chaffetz Herger
 Chandler Herseth Sandlin
 Childers Higgins
 Chu Hill
 Clarke Himes
 Clay Hinchey
 Cleaver Hinojosa
 Clyburn Hirono
 Coble Hodes
 Coffman (CO) Holden
 Cohen Holt
 Cole Minnick
 Conaway Hoyer
 Connolly (VA) Hunter
 Cooper Inglis
 Costa Inslee
 Costello Israel
 Courtney Issa
 Crenshaw Jackson (IL)
 Crowley Jackson Lee
 Cuellar (TX)
 Culberson Jenkins
 Cummings Johnson (GA)
 Dahlkemper Johnson (IL)
 Davis (CA) Johnson, E. B.
 Davis (IL) Johnson, Sam
 Davis (KY) Jones
 Davis (TN) Jordan (OH)
 DeFazio Kagen
 DeGette Kanjorski
 Delahunt Kaptur
 DeLauro Kennedy
 Dent Kildee
 Diaz-Balart, L. Kilpatrick (MI)
 Diaz-Balart, M. Kilroy
 Dicks Kind
 Dingell King (IA)
 Doggett King (NY)
 Donnelly (IN) Kingston
 Doyle Kirk
 Dreier Kirkpatrick (AZ)
 Driehaus Kissell
 Duncan Klein (FL)
 Edwards (MD) Kline (MN)
 Edwards (TX) Kosmas
 Ehlers Kratovil
 Ellison Kucinich
 Ellsworth Lamborn
 Emerson Lance

Langevin
 Larsen (WA)
 Larson (CT)
 Latham
 LaTourette
 Latta
 Lee (CA)
 Lee (NY)
 Levin
 Lewis (CA)
 Lewis (GA)
 Linder
 Lipinski
 LoBiondo
 Loeb sack
 Lofgren, Zoe
 Lowey
 Lucas
 Luetkemeyer
 Lujan
 Lummis
 Lungren, Daniel
 E.
 Lynch
 Mack
 Maloney
 Manzullo
 Marchant
 Markey (CO)
 Markey (MA)
 Marshall
 Matheson
 Matsui
 McCarthy (CA)
 McCarthy (NY)
 McCaul
 McClintock
 McCollum
 McCotter
 McDermott
 McGovern
 McHenry
 McIntyre
 McKeon
 McMahon
 McMorris
 Rodgers
 McNeerney
 Meek (FL)
 Meeks (NY)
 Melancon
 Mica
 Michaud
 Miller (FL)
 Miller (MI)
 Miller (NC)
 Miller, Gary
 Miller, George
 Minnick
 Mitchell
 Mollohan
 Moore (KS)
 Moore (WI)
 Moran (KS)
 Moran (VA)
 Murphy (CT)
 Murphy (NY)
 Murphy, Patrick
 Murphy, Tim
 Myrick
 Nadler (NY)
 Napolitano
 Neal (MA)
 Neugebauer
 Nunes
 Nye
 Oberstar
 Obey
 Olson
 Olver
 Ortiz
 Owens
 Pallone
 Pascarell
 Pastor (AZ)
 Paulsen
 Payne
 Pence
 Perlmutter
 Perriello
 Peters
 Peterson
 Petri
 Pingree (ME)
 Pitts
 Platts

Poe (TX)
 Polis (CO)
 Pomeroy
 Posey
 Price (GA)
 Price (NC)
 Putnam
 Quigley
 Radanovich
 Rahall
 Rangel
 Rehberg
 Reichert
 Reyes
 Richardson
 Rodriguez
 Roe (TN)
 Rogers (AL)
 Rogers (KY)
 Rogers (MI)
 Rohrabacher
 Rooney
 Ros-Lehtinen
 Roskam
 Ross
 Rothman (NJ)
 Roybal-Allard
 Royce
 Rumpersberger
 Rush
 Ryan (OH)
 Ryan (WI)
 Salazar
 Sanchez, Linda
 T.
 Sanchez, Loretta
 Sarbanes
 Scalise
 Schakowsky

Schauer
 Schiff
 Schmidt
 Schock
 Schrader
 Schwartz
 Scott (GA)
 Scott (VA)
 Sensenbrenner
 Serrano
 Sessions
 Sestak
 Shadegg
 Shea-Porter
 Sherman
 Shimkus
 Shuler
 Shuster
 Simpson
 Sires
 Skelton
 Slaughter
 Smith (NE)
 Smith (NJ)
 Smith (TX)
 Smith (WA)
 Snyder
 Souder
 Space
 Speier
 Spratt
 Stark
 Stearns
 Stupak
 Sullivan
 Sutton
 Tanner
 Taylor
 Teague

Terry
 Thompson (CA)
 Thompson (MS)
 Thompson (PA)
 Thornberry
 Tiahrt
 Tiberi
 Tierney
 Titus
 Tonko
 Towns
 Tsongas
 Turner
 Upton
 Van Hollen
 Velázquez
 Visclosky
 Walden
 Walz
 Wasserman
 Schultz
 Waters
 Watson
 Watt
 Waxman
 Weiner
 Welch
 Westmoreland
 Whitfield
 Wilson (OH)
 Wilson (SC)
 Wittman
 Wolf
 Woolsey
 Wu
 Yarmuth
 Young (AK)

Ackerman
 Aderholt
 Adler (NJ)
 Akin
 Alexander
 Altmire
 Andrews
 Arcuri
 Austria
 Baca
 Bachmann
 Bachus
 Baird
 Baldwin
 Barrow
 Barton (TX)
 Bean
 Becerra
 Berkley
 Berman
 Berry
 Biggert
 Bilbray
 Billirakis
 Bishop (GA)
 Bishop (NY)
 Bishop (UT)
 Blackburn
 Blumenauer
 Blunt
 Boccieri
 Boehner
 Bonner
 Bono Mack
 Boozman
 Boren
 Boucher
 Boustany
 Boyd
 Brady (PA)
 Brady (TX)
 Braley (IA)
 Bright
 Broun (GA)
 Brown (SC)
 Brown, Corrine
 Brown-Waite, Ginny
 Buchanan
 Burgess
 Burton (IN)
 Butterfield
 Buyer
 Calvert
 Campbell
 Cantor
 Cao
 Capito
 Capuano
 Cardoza
 Carnahan
 Carney
 Carson (IN)
 Carter
 Cassidy
 Castle
 Castor (FL)
 Chaffetz
 Chandler
 Childers
 Chu
 Clarke
 Clay
 Cleaver
 Clyburn
 Coble
 Coffman (CO)
 Cohen
 Cole
 Conaway
 Connolly (VA)
 Cooper
 Costa
 Costello
 Courtney
 Crenshaw
 Crowley
 Cuellar
 Culberson
 Cummings
 Dahlkemper
 Davis (CA)
 Davis (IL)
 Davis (KY)
 Davis (TN)
 DeFazio
 DeGette
 Delahunt
 DeLauro
 Dent
 Diaz-Balart, L.
 Diaz-Balart, M.
 Dicks
 Dingell
 Doggett
 Donnelly (IN)
 Doyle
 Dreier
 Driehaus
 Duncan
 Edwards (MD)
 Edwards (TX)
 Ehlers
 Ellison
 Ellsworth
 Emerson

[Roll No. 97]
 YEAS—416

Davis (IL)
 Davis (KY)
 Davis (TN)
 DeFazio
 DeGette
 Delahunt
 DeLauro
 Dent
 Diaz-Balart, L.
 Diaz-Balart, M.
 Dicks
 Dingell
 Doggett
 Donnelly (IN)
 Doyle
 Dreier
 Driehaus
 Duncan
 Edwards (MD)
 Edwards (TX)
 Ehlers
 Ellison
 Ellsworth
 Emerson
 Engel
 Eshoo
 Etheridge
 Fallin
 Farr
 Fattah
 Filner
 Flake
 Fleming
 Forbes
 Fortenberry
 Foster
 Foxx
 Frank (MA)
 Franks (AZ)
 Frelinghuysen
 Fudge
 Gallegly
 Garamendi
 Garrett (NJ)
 Gerlach
 Giffords
 Gingrey (GA)
 Gohmert
 Gonzalez
 Goodlatte
 Gordon (TN)
 Granger
 Grayson
 Green, Al
 Green, Gene
 Griffith
 Grijalva
 Guthrie
 Gutierrez
 Hall (NY)
 Hall (TX)
 Halvorson
 Hare
 Harman
 Harper
 Hastings (FL)
 Hastings (WA)
 Heinrich
 Heller
 Hensarling
 Herger
 Herseth Sandlin
 Higgins
 Hill
 Himes
 Hinchey
 Hinojosa
 Hirono
 Hodes
 Holden
 Holt
 Honda
 Hoyer
 Hunter
 Inglis
 Inslee
 Israel
 Issa
 Jackson (IL)
 Jackson Lee
 Jenkins
 Johnson (GA)
 Johnson (IL)
 Johnson, E. B.
 Johnson, Sam
 Jones
 Jordan (OH)
 Kagen
 Kanjorski
 Kaptur
 Kennedy
 Kildee
 Kilpatrick (MI)
 Kilroy
 Kind
 King (IA)
 King (NY)
 Kingston
 Kirk
 Kirkpatrick (AZ)
 Kissell
 Klein (FL)
 Kline (MN)
 Kosmas
 Kratovil
 Kucinich
 Lamborn
 Lance

NAYS—1

Paul

NOT VOTING—11

Barrett (SC)
 Becerra
 Camp
 Capps

Conyers
 Davis (AL)
 Deal (GA)
 Hoekstra

Maffei
 Wamp
 Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1402

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mrs. CAPPS. Mr. Speaker, on rollcall No. 96, H.R. 1088, had I been present, I would have voted "yes."

PREVENT DECEPTIVE CENSUS LOOK ALIKE MAILINGS ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4621, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. CLAY) that the House suspend the rules and pass the bill, H.R. 4621, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 416, nays 0, not voting 14, as follows:

Murphy (NY)	Rogers (KY)	Speier
Murphy, Patrick	Rogers (MI)	Spratt
Murphy, Tim	Rohrabacher	Stark
Myrick	Rooney	Stearns
Nadler (NY)	Ros-Lehtinen	Stupak
Napolitano	Ross	Sullivan
Neal (MA)	Rothman (NJ)	Sutton
Neugebauer	Roybal-Allard	Tanner
Nunes	Royce	Taylor
Nye	Ruppersberger	Teague
Oberstar	Rush	Terry
Obey	Ryan (OH)	Thompson (CA)
Olson	Ryan (WI)	Thompson (MS)
Olver	Salazar	Thompson (PA)
Ortiz	Sánchez, Linda	Thornberry
Owens	T.	Tiahrt
Pallone	Sanchez, Loretta	Tiberi
Pascarella	Sarbanes	Tierney
Pastor (AZ)	Scalise	Titus
Paul	Schauer	Tonko
Paulsen	Schiff	Towns
Payne	Schmidt	Tsongas
Pence	Schock	Turner
Perlmutter	Schrader	Upton
Perriello	Schwartz	Van Hollen
Peters	Scott (GA)	Velázquez
Petri	Scott (VA)	Visclosky
Pingree (ME)	Sensenbrenner	Walden
Pitts	Serrano	Walz
Platts	Sessions	Wasserman
Poe (TX)	Sestak	Schultz
Polis (CO)	Shadegg	Waters
Pomeroy	Shea-Porter	Watson
Posey	Sherman	Watt
Price (GA)	Shinkus	Waxman
Price (NC)	Shuler	Weiner
Putnam	Shuster	Welch
Quigley	Simpson	Westmoreland
Radanovich	Sires	Whitfield
Rahall	Skelton	Wilson (OH)
Rangel	Slaughter	Wilson (SC)
Rehberg	Smith (NE)	Wittman
Reichert	Smith (NJ)	Wolf
Reyes	Smith (TX)	Woolsey
Richardson	Smith (WA)	Wu
Rodriguez	Snyder	Yarmuth
Roe (TN)	Souder	Young (AK)
Rogers (AL)	Space	

NOT VOTING—14

Barrett (SC)	Davis (AL)	Roskam
Bartlett	Deal (GA)	Schakowsky
Boswell	Hoekstra	Wamp
Camp	Matsui	Young (FL)
Conyers	Peterson	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members have 2 minutes remaining in this vote.

□ 1409

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

AFGHANISTAN WAR POWERS RESOLUTION

Mr. KUCINICH. Mr. Speaker, pursuant to House Resolution 1146, I call up the concurrent resolution (H. Con. Res. 248) directing the President, pursuant to section 5(c) of the War Powers Resolution, to remove the United States Armed Forces from Afghanistan, and ask for its immediate consideration.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore (Mr. CAPUANO). Pursuant to House Resolution 1146, the concurrent resolution is considered read.

The text of the concurrent resolution is as follows:

H. CON. RES. 248

Resolved by the House of Representatives (the Senate concurring),

SECTION 1. REMOVAL OF UNITED STATES ARMED FORCES FROM AFGHANISTAN.

Pursuant to section 5(c) of the War Powers Resolution (50 U.S.C. 1544(c)), Congress directs the President to remove the United States Armed Forces from Afghanistan—

(1) by no later than the end of the period of 30 days beginning on the day on which this concurrent resolution is adopted; or

(2) if the President determines that it is not safe to remove the United States Armed Forces before the end of that period, by no later than December 31, 2010, or such earlier date as the President determines that the Armed Forces can safely be removed.

The SPEAKER pro tempore. The concurrent resolution shall be debatable for 3 hours, with 90 minutes controlled by the gentleman from Ohio (Mr. KUCINICH) or his designee and 90 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Foreign Affairs.

The gentleman from Ohio (Mr. KUCINICH) will control 90 minutes. The gentleman from California (Mr. BERMAN) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 45 minutes.

The Chair recognizes the gentleman from Ohio.

Mr. KUCINICH. I yield myself such time as I may consume.

Mr. Speaker, in 2001 I joined the House in voting for the Authorization for Use of Military Force. In the past 8½ years, it has become clear that the Authorization for Use of Military Force is being interpreted as *carte blanche* for circumventing Congress' role as a coequal branch of government.

My legislation invokes the War Powers Resolution of 1973. If enacted, it would require the President to withdraw U.S. Armed Forces from Afghanistan by December 31, 2010.

The debate today will be the first opportunity we have had to revisit the 2001 Authorization for Use of Military Force, which the House supported following the worst terrorist attack in our country's history. Regardless of your support or opposition to the war in Afghanistan, this is going to be the first opportunity to evaluate critically where the Authorization for Use of Military Force has taken us in the last 8½ years.

This 2001 resolution allowed military action "to prevent any future acts of international terrorism against the United States." Those of us who support the withdrawal from Afghanistan may or may not agree on a timeline for troop withdrawal, but I think we agree that this debate is timely.

The rest of the world is beginning to see the folly of trying to occupy Afghanistan: The Dutch Government recently came to a halt over the commitment of more troops from their country. In Britain public outcry over the war is growing. A recent BBC poll indi-

cated that 63 percent of the British public is demanding that their troops come home by Christmas. In Germany opposition to the war has risen to 69 percent. Russia has lost billions of dollars in the 9 years it spent attempting to control Afghanistan.

Our supposed nation-building in Afghanistan has come at the destruction of our own. The military escalation cements the path of the United States down the road of previous occupiers that earned Afghanistan its nickname as the "graveyard of empires."

□ 1415

One year ago last month, a report by the Carnegie Endowment concluded "the only meaningful way to halt the insurgency's momentum is to start withdrawing troops. The presence of foreign troops is the most important element driving the resurgence of the Taliban."

So with this debate today, Mr. Speaker, we will have a chance for the first time to reflect on our responsibility for troop casualties that are now reaching 1,000; to look at our responsibility for the costs of the war, which approaches \$250 billion; our responsibility for the civilian casualties and the human costs of the war; our responsibility for challenging the corruption that takes place in Afghanistan; our responsibility for having a real understanding of the role of the pipeline in this war; our responsibility for debating the role of counterinsurgency strategies, as opposed to counterterrorism; our responsibility for being able to make a case for the logistics of withdrawal.

After 8½ years, it is time that we have this debate.

I reserve the balance of my time.

Mr. BERMAN. Mr. Speaker, I rise in opposition to the resolution, and I yield myself 4 minutes.

Mr. Speaker, first of all, I want to say I have quite enjoyed working with the gentleman from Ohio on this issue and a number of the issues we have had dealings with since I have become chairman, and I fundamentally agree with him and other supporters of the resolution that it is right for the House to have an open, honest debate on the merits of our ongoing military operations in Afghanistan, and outside, outside, the context of a defense spending bill or a supplemental appropriations bill. This is a good thing to be doing.

By vesting the power to declare war with the Congress, the Founders intended the United States would go to war only when absolutely necessary, and it is incumbent on this body to consider as thoroughly as possible the purpose and ongoing necessity of committing U.S. forces to battle.

Now, as a procedural matter, I take issue with the invocation of section 5(c) of the War Powers Resolution as

the basis for this debate, because that section authorizes a privileged resolution, like the one before us today, to require the withdrawal of combat forces when Congress has not authorized the use of military force.

There really can't be any doubt that Congress authorized U.S. military action in Afghanistan. The authorization for the use of military force passed by Congress in late September 2001 explicitly empowers the President to use force against the terrorists responsible for the 9/11 attacks and those who harbored them. President Obama is doing just that.

But putting aside procedure, the notion that at this particular moment we would demand a complete withdrawal of our troops from Afghanistan by the end of the year, without regard to the consequence of our withdrawal, without regard to the situation on the ground, including efforts to promote economic development, expand the rule of law, and without any measurement of whether the "hold" strategy now being implemented is indeed working, I don't think is the responsible thing to do.

Our troops are fighting a complex nexus of terrorist organizations—al Qaeda, the Taliban—all of which threaten the stability of the Afghan Government, and they have demonstrated their ability to strike our homeland. If we withdraw from Afghanistan before the government there is capable of providing a basic level of security for its own people, we face the prospect that the Taliban once again will take the reins of power in Kabul and provide safe haven to al Qaeda. That would be a national security disaster.

I am keenly aware that even if we remain in Afghanistan, and here I want to emphasize this, there is no guarantee we will prevail in this fight. But if we don't try, we are guaranteed to fail.

President Obama has taken a very deliberative approach. He has examined numerous options over the course of several months and consulted with all relevant military leaders and allies. He really left no stone unturned and no issue unvetted as part of this review. He deserves an opportunity now to implement his strategy. He has given us the timeline for when he expects to see results, and there will be a reassessment of our strategy in 18 months.

General McChrystal, the commander of the U.S. and international forces, indicated that we have made progress since the new strategy was announced on December 1. We are witnessing the first major joint NATO-Afghanistan military operation in the city of Marja, considered a strategic fulcrum for ridding the region of the Taliban.

Our troops are working side by side with their Afghan counterparts. They retook Marja in 3 weeks of hard but

well-executed efforts. They are making the Afghan people their number one priority, which is the basis for this counterinsurgency strategy. And to that end, the State Department and USAID have been working very hard to develop a concrete governance and development strategy.

I was here during the frenzied debate following 9/11 when Congress authorized the use of force against those responsible for the horrors of that day and those who chose to provide the perpetrators a safe haven.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BERMAN. I yield myself 30 additional seconds.

And I was here for the vote a year later to authorize military force against Iraq. Please don't conflate the two. The fight in Afghanistan is the fight against those who attacked us.

I am not endorsing an open-ended commitment. I am not advocating that we remain without assessing our progress. But I do believe this strategy of our President deserves support, and I urge opposition to the resolution.

I reserve the balance of my time.

Ms. ROS-LEHTINEN. Mr. Speaker, I yield myself such time as I may consume.

I rise in strong opposition to this resolution. As we are all aware, U.S. forces at this very moment are engaged in battle against heavily armed enemy forces in a strategically important region of Afghanistan. Our brave men and women are making steady progress against a deadly foe, and are doing so at great risk to their lives.

This offensive is part of a new strategy in Afghanistan focused on the immediate goals of disrupting, dismantling, and defeating al Qaeda, denying al Qaeda a safe haven, and reversing the momentum of the Taliban. This offensive is already producing dramatic success, including the capture of senior Taliban leaders, the routing of their forces, and the stabilization of key areas.

A winning strategy should be supported, not undermined. We must not give Taliban leaders and fighters a shield against U.S. forces that they otherwise cannot stop. No enemy was ever vanquished, no victory was ever secured by running away. Those who wish to destroy us would surely follow us, convinced that we had been beaten and eager to attack us wherever we go, as they would be confident that we can, in fact, be beaten again.

Mr. Speaker, let us dispel any myths or illusions about the consequences of a forced withdrawal. As General Petraeus has warned, "I was in Kandahar. It was in Kandahar that the 9/11 attacks were planned. It was in the training camps in eastern Afghanistan where the initial preparation of the attackers was carried out before they went to Hamburg and flight schools in

the U.S. It is important to recall the seriousness of the mission and why it is that we are in Afghanistan in the first place and why we are still there after years and years of hard work and sacrifice that have passed."

One of the principal reasons that we have been spared a repeat of those attacks is that U.S. forces quickly toppled the Taliban regime that was protecting the terrorists and drove it and its al Qaeda allies out of their safety zone and into the remote mountains. Years of constant U.S. military pressure have forced them to turn their attention from planning more attacks against our homeland to fighting for their own survival.

To leave Afghanistan now would pave the way for the reestablishment of a vast and secure base from which al Qaeda and other deadly enemies could strike Americans around the world. Having withdrawn and abandoned our hard-won positions, to our allies and the people of Afghanistan, U.S. credibility would be significantly and perhaps irrevocably damaged. This, in turn, could leave the U.S. alone and more vulnerable than ever to the threats of radical Islamic extremists.

Our retreat would be seen around the world by friends and opponents alike as a surrender, as a sign that America no longer has the will to defend herself. We might attempt to fool ourselves into believing that it was merely a temporary setback, that we have suffered no long-term blow, but no one else would be fooled. It would be proof to every group that wishes to attack and destroy us that we can be fought and we can be beaten, that eventually America will just give up, regardless of the consequences.

We should support our troops by supporting their efforts to disrupt and dismantle and defeat al Qaeda and the Taliban.

As many of you know, my daughter-in-law Lindsay served in Iraq and Afghanistan. I also have two committee staffers, one in the Army Reserves and one in the Marine Reserves, who are on their way now to Afghanistan. This is not their first time in battle. Both of these gentlemen have served bravely in Iraq, but the prospect of entering combat never becomes routine. They, like my stepson Douglas, who served as a Marine fighter pilot in Iraq, have recounted to me how the debates in Congress to mandate a withdrawal of our forces in Iraq demoralizes U.S. troops.

The request of my staffers to me as they embark on their mission to Afghanistan is to provide them with all of the tools and all of the support that they need to defeat the enemy and to win. They ask that we strengthen our commitment, our resolve, to the mission in Afghanistan and Pakistan. Our enemies are redoubling their efforts. We must also.

In June of last year, Osama bin Laden noted that U.S. efforts had been,

and I quote, “transferred to Afghanistan and Pakistan. Thus, jihad must be directed at that region.”

Bin Laden later said in September, “Not much longer, and the war in Afghanistan will be over. Afterwards, not even a trace of the Americans will be found there. Much rather, they will retreat far away behind the Atlantic. Then only we and you will be left.”

We must do everything possible to deny bin Laden and al Qaeda such a victory.

Mr. Speaker, the Afghan people are also listening to today’s debate. For us to succeed in Afghanistan, we need their support. But the Afghan people will not be giving that support if they believe that we will abandon them.

As Admiral Michael Mullen, the Chairman of the Joint Chiefs of Staff, has said, “When I am in Afghanistan, I get the same question asked as when I am in Pakistan, which is, are you going to leave us again? Because they remember very well that we have in the past. And so there is a trust here. There is uncertainty through Afghanistan’s eyes as to whether or not we will stay.”

In cooperating with us, in trusting us, they know that they are risking their lives and those of their families. Our troops are listening as well.

This debate today reminds me of the many times that I have come down to the floor to speak against a forced withdrawal from Iraq and the need to support our mission there.

Mr. Speaker, it is an illusion to believe that we can protect ourselves from our enemies by picking and choosing easy battles and turning away from those that require patience and sacrifice. This Congress cannot, must not, turn away from its responsibility to defend our country and our citizens simply because the task seems too difficult. The men and women in uniform who willingly risk their lives to defend our country do not believe that.

□ 1430

Mr. Speaker, as with all of my fellow Members and citizens, I hope for a world one day without war. But in the world we live in, some wars are forced upon us. And we have no choice but to fight and to win them if we are to survive.

I urge my colleagues to resoundingly defeat this resolution.

I reserve the balance of my time.

Mr. KUCINICH. I yield 3 minutes to the gentleman from New York (Mr. NADLER).

Mr. NADLER of New York. Mr. Speaker, I rise in support of this resolution. I am not convinced that the United States and its allies can end the 35-year civil war in Afghanistan, nor is that our responsibility. We should not use our troops to prop up a corrupt government. It is simply not justifiable to sacrifice more lives and more money

on this war. We must rethink our policy. If we do not, we are doomed to failure and further loss of American lives.

In late 2001, we undertook a justified military action in Afghanistan in response to the attacks of 9/11, and with moral clarity and singular focus we destroyed the al Qaeda camps, drove the Taliban from power, and pursued the perpetrators of mass terrorism. I supported that action. Today, however, our presence in Afghanistan has become counterproductive. We are bogged down amidst a longstanding civil war between feuding Afghans of differing tribes, classes, and regions whose goals have little to do with our own. Moreover, our very presence in Afghanistan has fueled the rising insurgency and emboldened those who oppose foreign intervention or occupation of any kind, who see us as foreign invaders. In seeking security and stability in Afghanistan, we have supported corrupt leaders with interests out of sync with the interests of ordinary Afghans. By backing the Afghan government, we have further distanced ourselves from the Afghan people and empowered the insurgency.

If our mission in Afghanistan is indeed to prevent the safe harbor of terrorists within a weak or hospitable nation, that mission is largely accomplished, since we are told there are now fewer than a hundred al Qaeda in Afghanistan. In reality, terrorist plots can be hatched anywhere, in any nation, including our own. In fact, much of the planning for the 9/11 attacks took place in Western Europe.

This does not mean we should stop pursuing terrorists. On the contrary. We must continue the multipronged effort to disrupt, dismantle, and destroy their ability to harm the United States. We must continue to track and block terrorist financing across the globe, increase intelligence activities focused on terrorists, increase diplomacy to rally our allies to our cause against terrorism, and, if necessary, use our Armed Forces to attack terrorist targets wherever they may be—a function quite distinct from using the military to secure a nation so that it can be rebuilt. Rebuilding Afghanistan is beyond both our capability and beyond our mandate to prevent terrorists from attacking the United States. I believe that a short and definitive timetable for withdrawing our troops is the only way to minimize further loss of life and to refocus our efforts more directly at the terrorists themselves.

I do have one reservation, that the resolution before us seems to leave no room for a military role in Afghanistan under any circumstances. I believe we must reserve the right to use our Armed Forces to attack terrorist targets wherever they may be, and that would include terrorist training camps in Afghanistan, if they were reestablished there. But those camps are not

there now, and our troops should not be there either. Mr. KUCINICH’s resolution points us in the right direction, a direction far better than the direction in which we are now headed. Accordingly, I urge approval of the resolution.

Mr. BERMAN. I reserve the balance of my time.

Mr. KUCINICH. I yield 5 minutes to the gentleman from North Carolina (Mr. JONES).

Mr. JONES. Mr. Speaker, I want to thank the gentleman from Ohio, first, for presenting this resolution and, secondly, for fighting for so long to get us to have this debate. I want to say to Mr. BERMAN, thank you for agreeing to let this be debated.

I want to start by saying that Peggy Noonan has called for this debate in “A ‘Necessary’ War?” I want to read this: “So far, oddly, most of the debate over Afghanistan has taken place among journalists and foreign policy professionals.” All of them have been honest in their opinions about the war in Afghanistan. But when you really look at the facts, nobody elected these people to debate the war. “Washington has to get serious, and the American people have a right to know the facts and options.”

[From the Wall Street Journal, Oct. 10, 2009]

A ‘NECESSARY’ WAR? THE PRESIDENT AND CONGRESS, DISTRACTED, HAVE LEFT A VOID

(By Peggy Noonan)

So far, oddly, most of the debate over Afghanistan has taken place among journalists and foreign-policy professionals. All power to them: They’ve been fighting it out on op-ed pages and in journals for months now, in many cases with a moral seriousness, good faith, and sense of protectiveness toward the interests of the United States that is, actually, moving. But nobody elected them. We need a truly national debate.

So thank you both for allowing this debate to take place today. But I join my friends in saying that it’s time to bring an end to this war. I have Camp Lejeune Marine Base in my district, Cherry Point Marine Air Station, and Seymour Johnson Air Force Base. Brave men and women. God bless them all.

I want to start my comments and would like to share this with you from the Marine Corps Times, March 1, 2010: “Left to Die. They called for help. ‘Negligent’ Army leadership refused—and abandoned them on the battlefield.” Four died, handcuffed to do their job for this country. That’s awfully sad to me.

I would like to read also from the Marine Corps Times: “Caution killed my son. Marine families blast ‘suicidal’ tactics in Afghanistan.” I would like to read the words from a father whose son died for this country. I would like to read the words of this man because he served in the Marine Corps, a sergeant himself. His frustration about how his son died because he was not helped led him to write to Admiral Mullen and

also Senator COLLINS. This is his response back to the letters from Admiral Mullen and his response back to SUSAN COLLINS:

"Sergeant Bernard said the letter is 'smoke and mirrors' and overlooks his consistent concern: A counterinsurgency strategy won't work as long as Afghanistan is filled with warring tribes that have no empathy for the United States and its way of life."

He further stated in his letter to Senator COLLINS, "I have already spoken to your office," and he further said, "Don't let him," meaning Admiral Mullen, "spin this crap."

I'm quoting him now. These are not my words. This is what he said to Admiral Mullen. This is a father whose son died for this country. I repeat that:

"Don't let him spin this crap," Bernard said. "There's no indication that Afghanistan has changed anywhere. Our mission should be very, very simple: Chase and kill the enemy."

Well, I just gave you two examples of where we're not really fighting the war in Afghanistan. Because why in the world would those marines have been killed who were asking for cover, and yet the Army said, No, we can't give you cover because of our policy—and our policy is: We don't want to kill civilians. But as Sergeant Bernard said, and he's right—I've never been to war, let me be honest about it, but he has been to war and knows that war is ugly. It's mean. And therefore we're saying to our troops we're going to "handcuff" you, and we're going to do what we can to protect those in Afghanistan, but you might have to give your life and you couldn't even fire a gun. That is not what we should be doing in Afghanistan.

Last point, the book that's called "The Three Trillion Dollar War," it is a book written by the economist Joe Stiglitz, and he says in the book that to take care of the wounded from Afghanistan and Iraq for the next 25 years, a minimum cost of \$2 trillion.

I want to end with this story: Three years ago, three years ago, Congressman GENE TAYLOR and WALTER JONES, myself, went to Walter Reed to visit the wounded, as many Members of Congress in both parties do. And we go into a room where a young man, 19 years old, had been shot in the neck, sitting in a wheelchair, will never walk again. As GENE and I speak to him and tell him we thank him so much for his service, his mom comes in and she looks at us like a deer in headlights. Scared. She should be scared. She doesn't know what the future is for her son.

And then she said to GENE TAYLOR and myself, after we introduced ourselves, Can you guarantee me that this government will take care of my son 40 years from now? He is 19 years old.

And one of us said to her, This country should take care of your son 40

years from now. But you know what I would tell her today? I'm not sure we can take care of your son.

We need to understand we can't police the world anymore. It's time that we protect ourselves from the enemy, the terrorists. But going around the world and trying to police the world doesn't work anymore.

So I want to thank the gentleman for giving me this time. And I join you in this resolution and hope that these debates will continue and continue so we will meet our constitutional responsibility and we will be able to say one day to that 19-year-old soldier or marine: We will take care of you 40 years from now. Because right now we cannot do it.

MS. ROS-LEHTINEN. At this time I'd like to yield 5 minutes to an esteemed member of our House Foreign Affairs Committee, as well as the Judiciary Committee, the gentleman from Texas (Mr. POE).

Mr. POE of Texas. This is about our troops. This is about Americans who have been willing to protect the rest of us when duty calls and in time of war. Army Specialist Jarrett Griemel was one of those noble Americans. He was a patriot. He joined the United States Army right out of high school. He had completed basic training before he graduated from high school in his junior year at La Porte High School in Texas. In 2008, Jarrett married his high school sweetheart, Candice, in a small ceremony before the justice of the peace. She joined him in Alaska, where he was deployed by the Army, to begin their young married lives together. He was a petroleum supply specialist assigned to the 425th Brigade Special Troops Battalion, 4th Brigade Combat Team, 25th Infantry Division Battalion.

Last June, Jarrett was killed at the age of 20 years in Afghanistan. This is his photograph. He is on this board—the board with 27 other Texans from our congressional district area. He is the latest to have been killed in Iraq or Afghanistan as a volunteer to go overseas and protect the rest of us in time of war. He believed in protecting our country. He believed in it so much he was willing to leave his wife and go halfway around the world to fight an enemy on the enemy's own turf. And he believed in it so much that he was willing to give his life for the rest of us. So if we pass this resolution, what message do we send to Jarrett's family or Jarrett's young bride—that his sacrifice just wasn't enough? That it was all for naught?

We don't quit war because war is hard. War has always been hard. Every good thing this country has ever achieved has been hard. We don't quit and run because it is difficult. We stay because we believe, like Jarrett, that the fight against an enemy that is bent on our destruction is worth it. That is

the reason these other 27 from all races and both sexes fought in Iraq and Afghanistan.

Last December, I had the privilege to go to Afghanistan and meet Americans like Jarrett and these others who are risking their lives for us here at home. They told me that they missed their families, they missed their kids, but also they believe the work they're doing is worth it, and they're eager to finish the job and get back home. They continue to fight, and fight hard, and they want success. And we must remember, Mr. Speaker, they're all volunteers. America's finest.

General McChrystal's new strategy is effective and already leading to key victories. It makes no sense to all of a sudden pick up and leave when we're the ones winning this war and the enemy is receiving crushing blow after crushing blow. We cannot pull the rug out from underneath our troops. Of course, al Qaeda and the Taliban would say, I told you so. The Americans, they just don't have the stomach for war. They would once again, these enemies of the world, creep back into the seats of power and darkness and would turn their countries back a thousand years. Women would once again not be allowed to go to school, political dissidents would be murdered, and Afghanistan would once again become a safe haven for terrorists to plot and plan their next attacks against people they don't like throughout the world, including Americans. All Americans would be in danger.

War is hard. The cut-and-run crowd do not understand if we retreat unilaterally and quit this war, the war will not be over, because our enemies will continue the war against us whether we continue against them or not. Our troops would return home with one question: Why? Why would you bring us home when victory was so close? Why did we fight so hard, make so many sacrifices, only to have those that believe in peace at any price say it's time to quit?

Now is not the time to retreat. This enemy is real. It must be defeated. This is not about the politics of fear with some hypothetical enemy but assessing reality and supporting these men and women and others that are over there and protecting our home from terrorists that want nothing more than to destroy us wherever they find us in the world. Past successes don't guarantee future success. Victory is close, but we have not obtained it yet. Abandonment and retreat—those are not strategies. We stay because it's in our interest to stay and secure a victory against the enemies of the world.

General Petraeus said, "We've got to show that we are in this; that we are going to provide sustained, substantial commitment." Make no mistake about it, Mr. Speaker, the troops and their families are watching this debate today

to see what we shall do here in Congress. They are looking for who will support them and who will not. We must defeat this resolution and the Taliban and the al Qaeda and support our military.

□ 1445

Last Saturday, March 6, was the 174th anniversary of the battle at the Alamo where those people walked across that line rather than give in to the enemy.

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. ROS-LEHTINEN. I yield an additional 30 seconds to the gentleman from Texas.

Mr. POE of Texas. I thank the gentleman. They were led by a 27-year-old individual from South Carolina by way of Alabama. He said at the Alamo, "I shall never surrender or retreat," and they did not surrender or retreat because war was hard then, and it cost them all their lives. But victory was obtained later, and freedom was obtained.

War is hard. It is always hard. And we shall not give in. We shall not surrender or retreat. It is in our interest and in the interest of America to defeat the enemy and let them have no doubt in their minds that we will be victorious.

And that's just the way it is.

Mr. KUCINICH. I yield 4 minutes to the gentleman from California (Mr. FILNER).

Mr. FILNER. Yes, Mr. POE, war is hard. I've got news for you: peace is harder. Talk to Dr. Martin Luther King, Jr. Talk to Nelson Mandela. Peace is harder. Peace is really hard. I've heard Mr. POE's words: Victory is close. What message are we sending to our troops? The Alamo as a metaphor for this? Come on, Mr. POE. And Mr. POE started with, "This is about our troops." That's exactly right: this is about our troops.

I would like to thank the gentleman from Ohio (Mr. KUCINICH) for allowing us to have a debate. Here we have spent hundreds of billions of dollars, and we've had no real debate. So I thank him for bringing this resolution and allowing us to debate. We need a debate in this democracy so that everybody understands the costs, the costs of war, the costs of not going to war. The material costs, the human costs. This is about our troops. I agree with Mr. POE.

You know, I have been to Iraq and Afghanistan. I have met these incredible young men and women who are fighting this war. As Mr. POE suggested, they are incredible. It's the policymakers I am worried about. We report as killed in our two wars almost 1,000 in Afghanistan and a little over 4,000 in Iraq. We report around 40,000 casualties. Let me tell you, I am chairman of the Veterans' Affairs Committee in this Congress. We have had

almost 1 million veterans from these wars show up at the VA for injuries received during the war, service-related injuries, hundreds and hundreds of thousands. This is not just a mathematical error by the Department of Defense. This is a deliberate attempt to keep the cost of war from our people.

We've got hundreds of thousands of people with post-traumatic stress disorder, hundreds of thousands with traumatic brain injury, all of whom were undiagnosed when they left the battle front. The military doesn't want to know about these injuries. They don't want to tell the American people about these injuries. This kind of war produces those injuries. I didn't hear that from Mr. POE. What do we tell the mom? We tell the mom that we shouldn't be sending her child there because of the nature of the war. There is no "Victory is close." I would like to have someone define for me what that victory is.

As I said, we have had almost 1 million veterans from these wars already come to the VA. The suicide rate among active duty troops in Iraq and Afghanistan is higher than the rate in Vietnam, which was the highest that we've ever had as Americans. These are our children. These are our children. They come home with these invisible wounds. They may kill themselves from the demons that they got from this war. A third of those who had been diagnosed with PTSD—and that's only a small fraction of those who actually have it—have committed felonies in this Nation, of which several hundred were homicides, usually of their own family members. These kids did not come home to kill their spouses or their children, but they were so wounded, and they were not taken care of by our people who sent them there. We bring them home, and we say, Okay, you're on your own. And then what do we have? Suicides, homicides.

This war is tearing apart those who have taken part in it. It will have the same influence that the Vietnam War had on our civilian society. Half of the homeless on the streets tonight are Vietnam vets.

The SPEAKER pro tempore. The time of the gentleman from California has expired.

Mr. KUCINICH. I yield the gentleman 30 seconds.

Mr. FILNER. The rate of homelessness amongst our troops who served in Iraq and Afghanistan is higher. More Vietnam vets have died from suicide than died in the original war. That is what these wars are doing to our society. These are our children. It's time to take care of them. It's time to bring them home. Let's support the resolution on the floor.

Mr. BERMAN. Mr. Speaker, I am very pleased to yield 4 minutes to my very good friend, the gentleman from Missouri (Mr. SKELTON), the chairman

of the House Armed Services Committee.

Mr. SKELTON. Mr. Speaker, have we forgotten? Have we forgotten what happened to America on 9/11? Have we forgotten who did it? Have we forgotten those who protected and gave them a safe haven?

Let me speak a word in favor of those young men and young women who wear a uniform today that are doing something about it. I'm so proud of them. Every American should be proud of them and their professionalism, their devotion to duty, their patriotism. Thus, I rise in strong opposition to this ill-timed resolution that threatens to undermine the recent gains by U.S. forces and our Afghan and coalition partners.

Six months ago, I wrote a letter to the President while he was conducting a full review of our strategy in Afghanistan, urging him to adopt and fully resource an effective counterinsurgency strategy in Afghanistan. I still maintain that pursuing such a policy offers the best chance for success in our mission there. Afghanistan is the epicenter of terrorism. We cannot forget that it was the genesis of multiple attacks that killed thousands of Americans—children, parents, spouses, neighbors. We must do everything we can to ensure that it will not happen again and be used as a safe haven for those who seek to do us harm.

Last December, after 8 long years with no strategy in Afghanistan, President Obama recommitted our Nation to defeating al Qaeda and reminded us that the success of this mission requires us to work with our international allies and Afghan partners, and we are. The President also announced that our military commander in Afghanistan, General Stanley McChrystal, the best we have in this type of conflict, would receive an additional 30,000 troops to implement this counterinsurgency strategy. These additional combat troops, combined with those already in theater, would allow our troops and civilian experts to partner with their Afghan counterparts, reverse the momentum of the Taliban and create conditions needed for governance and economic development.

Even with just a fraction of these reinforcements in place, we already see signs of success. Last month Afghan, allied, and U.S. forces launched an operation to push the Taliban out of Marjah, a town of about 50,000 people in central Helmand province that became a new hub of activity for the Taliban and insurgents after our marines drove them out of nearby Garmsir. They successfully pushed the Taliban out of Marjah and are now beginning to reestablish government in that area, the second phase of that operation. A new Afghan administrator has been put in place, and the process of building that government has begun. Additionally, in

recent days, Pakistani forces made the most significant Taliban captures since the war began, detaining the Taliban's second in command, the former Taliban finance minister and two shadow governors of Afghan provinces.

This mission will be costly. It will not be easy. Hard fighting lies ahead for our forces. The Afghan people have to recommit themselves to building a government that is mostly free of corruption and is capable of providing justice and security, and it is unclear if there will be future captures in Pakistan.

But this counterinsurgent strategy is the best we have to prevent Afghanistan from becoming a safe haven for al Qaeda and those who wish to kill Americans. If we vote to pull out now and abandon those Afghans who have only recently been freed from the Taliban, I have no doubt that the Taliban would be able to reestablish their hold on southern Afghanistan, if not the entire country.

The SPEAKER pro tempore. The time of the gentleman from Missouri has expired.

Mr. BERMAN. I yield the gentleman an additional 30 seconds.

Mr. SKELTON. After 8 long years, we finally have a strategy for success in Afghanistan, and we have a President who has appointed the right leaders in General McChrystal and Ambassador Eikenberry, who's willing to provide those leaders with the military and civilian experts that they need.

Success is not guaranteed in this mission, but passing this resolution guarantees failure in Afghanistan and poses a serious risk that we will once again face the same situation that existed on September 11, 2001. I hope my colleagues will join me in opposition to this resolution.

Ms. ROS-LEHTINEN. Mr. Speaker, I proudly yield 5 minutes to the gentleman from California (Mr. McKEON), the ranking member on the House Armed Services Committee.

Mr. McKEON. Mr. Speaker, I rise with the gentleman from Missouri (Mr. SKELTON), my chairman, the chairman of the Armed Services Committee. I join with my colleagues from the Foreign Affairs Committee and my colleagues from the Armed Services Committee in opposition to this resolution. I am very disappointed that the House Democratic leadership would allow this resolution to come to the floor at this time for a vote. One only has to look at the headlines to know that our military forces are making progress in their offensive against the Taliban insurgents in Helmand province, even as they face snipers, mines, improvised explosive devices, and a skeptical Afghan population.

The Kucinich resolution does nothing to advance the efforts of our military commanders and troops as they work side by side with their Afghan and coa-

lition partners. Representative KUCINICH's resolution, if enacted into law, would mandate the withdrawal of all U.S. troops from Afghanistan by the end of 2010. Why consider this resolution now? Why second-guess the Commander in Chief and his commander so soon after the announcement of a new strategy? Four months ago, the President reminded us why we are in Afghanistan. It was the epicenter of where al Qaeda planned and launched the 9/11 attacks against innocent Americans. The President recommitted the United States to defeating al Qaeda and the Taliban and authorized the deployment of 30,000 additional U.S. forces. A portion of those forces have arrived and others are readying to deploy.

Like most Republicans, I support the President's decision to surge in Afghanistan. I believe that with additional forces, combined with giving General McChrystal the time, space and resources he needs, we can win this conflict. We do not have a choice. We must defeat al Qaeda and the Taliban. This means taking all necessary steps to ensure al Qaeda does not have a sanctuary in Afghanistan or Pakistan.

At the end of last year, I had hoped that the war debate in this country had ended, and we would give a chance for that strategy to work, we would give a chance for those soldiers, marines, airmen, sailors who have been sent there to carry out their mission, to be successful. I had hoped, as a Nation, we could move toward a place of action; we wouldn't be in a position of second-guessing before we even had a chance to complete that mission. During the debate last year, no one said that it was going to be easy.

The current operation in Afghanistan has been successful but has not come without challenges. However, as we stand here today, the Afghan flag is flying in Marjah city center. The Taliban flag has been removed. This lone flag sends a clear message to Afghans that the central government is committed to people there, that we're not going to cut and run. We're going to be with them and help successfully conclude this mission so that they can finally have peace.

Some have compared our efforts there to Russians or others in the past and have talked about the defeat of other nations in this country. We're not there to take over this country. We're there to provide them freedom. That's why we're going to be successful.

□ 1500

However, this debate is not being conducted in a vacuum. Our troops are listening. Our allies are listening. The Taliban and al Qaeda also are listening. And finally, the Afghan people are listening. This resolution sends the message, "Pay no attention to the flag

over Marjah. America cannot be trusted to uphold its own values and commitments."

I will be attending a funeral Saturday. Each of us I am sure here have had to perform that duty. It is not one I am looking forward to. I have attended several in the past. But at this point, for me to go to that funeral and tell the Geligs that their son, Sergeant Gelig, lost his life over an effort that we are going to cut and run from is something I cannot do.

Mr. Speaker, I want to send a clear message to the Afghan people and government that our coalition partners, our military men and women, this Congress believes in you, we support you, we honor your dedication and your sacrifice. I urge my colleagues to vote "no" on this resolution.

Mr. KUCINICH. I just want to say that you can talk about how the Democratic leadership is bringing this up at the time that there is obviously a surge about to begin, but why question the timeliness of the debate when in fact my friend in the minority, their party didn't bring this up for 8 years of debate? Eight years. I mean I think it's timely. That is the whole point.

I yield 5 minutes to the gentleman from Texas (Mr. PAUL).

Mr. PAUL. I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of this resolution. I thank the gentleman from Ohio for bringing this issue up. It is late. This war started 9 years ago. It's about time we talked about it. It was said earlier on it is hard to quit a war, and we shouldn't be quitting. I will tell you what the real problem is, it is too easy to start a war. It is too easy to get involved. And that is our problem.

The founders of this country tried very hard to prevent this kind of a dilemma that we are in now; getting involved in no-win wars and nobody knowing exactly who the enemy is. The war was started and justified by quoting and using the war powers resolution written in 1773. That was written after the fiasco of Vietnam to try to prevent the problem of slipping into war. Yet that resolution in itself was unconstitutional because it literally legalized war for 90 days without Congressional approval. It did exactly the opposite.

So here we are, the 90-day permission for war at that time now is close to 9 years. I am afraid that this is too little, hopefully not too late for us to do something about this. Are we going to do it for 10 more years? How long are we going to stay? And the enemy is said to be the Taliban. Well, the Taliban, they certainly don't like us, and we don't like them. And the more we kill, the more Taliban we get.

But I want to quote the first line of the resolution passed back in 2001, explaining the purpose for giving the

President the power, which was an illegal transfer of power to the President to pursue war at will. It said, "To authorize the use of United States Armed Forces against those responsible for the recent attacks launched against the United States." The Taliban didn't launch an attack against the United States. The Government of Afghanistan didn't launch it.

The best evidence is that of those 20 individuals who participated in the 9/11 attacks, two of them might have passed through Afghanistan. A lot of the planning was done in Germany and Spain, and the training was done here in the United States. Oh, yes, the image is that they all conspired, a small group of people with bin Laden, and made this decision. Right now the evidence is not there to prove that. But certainly bin Laden was very sympathetic, loved it, and wanted to take credit for it.

One of the reasons why he wanted to take credit was that it would do three things he wanted: First, it would enhance his recruitment efforts for al Qaeda and his attacks against western powers who have become overly involved in control of the Middle East and have had a plan for 20 years to remake the Middle East. He also said that the consequence of 9/11 will be that we will bog the American people down in a no-win war and demoralize the people. There is still a lot of moral support, but there is a lot of people in this country now that the country is totally bankrupt and we are spending trillions of dollars on these useless wars that people will become demoralized, because history shows that all empires end because they expand too far and they bankrupt the country, just as the Soviet system came down. And that is what bin Laden was hoping for. He also said that the dollars spent will bankrupt this country. And we are bankrupt. And yet there is no hesitation to quit spending one cent overseas by this Congress.

We built a huge embassy in Baghdad, we built an embassy in Kabul, billion-dollar embassies, fortresses, and it's all unnecessary. Nobody is really concerned. If people were concerned about the disastrous effect of debt on this country, we would change our foreign policy and we would be safer for it. We are not safer because of our foreign policy. It is a policy of intervention that has been going on for a long time, and it will eventually end.

This war is an illegal war. This war is an immoral war. This war is an unconstitutional war. And the least you could say is it is illegitimate. There is no real purpose in this. The Taliban did not attack us on 9/11. You know, after we went into Afghanistan, immediately the concerns were shifted to remaking the Middle East. We went into Iraq, using 9/11 as a justification. It was nothing more than an excuse. Most

Americans, the majority of Americans still believe that Saddam Hussein had something to do with 9/11. And I imagine most Americans believe the Taliban had something to do with 9/11. It is not true.

We need to change our foreign policy and come back to our senses and defend this country and not pretend to be the policeman of the world.

Mr. KUCINICH. Could I ask, Madam Speaker, how much time is remaining on each side?

The SPEAKER pro tempore (Ms. LORETTA SANCHEZ of California). The gentleman from Ohio has 68½ minutes. The gentleman from California has 36 minutes. The gentlewoman from Florida has 27½ minutes.

Mr. KUCINICH. I yield 3 minutes to the gentleman from Rhode Island (Mr. KENNEDY).

Mr. KENNEDY. I thank the gentleman from Ohio.

Let me just say at the outset while I am speaking on behalf of the same resolution the gentleman just before me spoke on behalf of, I couldn't disagree more that our interests do lie in protecting our national security by being in Afghanistan. My opposition is our strategy. My opposition is that somehow we are going to control the ground by maneuvering ourselves militarily to control the ground as if it is a nation-state.

I hear my colleagues talk about the flag of Afghanistan as if Afghanistan is a country. In case anybody has bothered to look at it, it is a loose collection of 121 different sovereign tribes, none of whom get along with each other, and it is a mountainous terrain of rock and gravel; and the notion that our soldiers are over there laying down their lives to secure ground. We ought to be after the Taliban and the terrorists, anybody who is organizing to strike at our country. I am for that.

But I am not for organizing an organized military campaign where we are having to go in and take in these towns and subject our soldiers to unnecessary threats where we are putting our treasure and the lives of our men and women in uniform on the line unnecessarily.

Now, someone, I can't even believe I heard this, said, oh, I can't go to a funeral and tell the parents of someone who just died that they lost their child in vain. Somewhere I heard that during the Vietnam war. So what is it we have to do? We have to double down on a bad policy to protect the honor of those who have already died? I don't think so. There isn't a soldier in this country who has laid down their lives for our Nation that isn't a hero. And no one in here disagrees with that.

What is shameful is our policy that puts them in harm's way when they don't need to be. And make no mistake about it, this is not about national security. Because if it is about national

security, it is about whether we put our treasure and our lives on the line in Afghanistan, or whether we put it in Kuwait, or whether we put it in the Sudan, or whether we put it in some other place in the world, all of which is where we need it.

Where do we need it the most? That should be the question. Because we don't have the resources to put it everywhere. So don't come and tell me our national security requires that we have it in Afghanistan because that is not the only place we need it. The question is where our priorities should be. And you take it from one place, you have to put it somewhere else.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. KUCINICH. I yield the gentleman an additional 30 seconds.

Mr. KENNEDY. Finally, if anybody wants to know where cynicism is, cynicism is that there are one, two press people in this gallery. We're talking about Eric Massa 24-7 on the TV. We're talking about war and peace, \$3 billion, a thousand lives, and no press? No press? You want to know why the American public is sick? They're sick because they're not seeing their Congress do the work that they're sent to do. It's because the press, the press of the United States, is not covering the most significant issue of national importance, and that is the laying of lives down in the Nation for the service of our country. It is despicable, the national press corps right now.

Mr. BERMAN. Madam Speaker, I yield 3 minutes to the chairman of the Middle East and South Asia Subcommittee of our committee, my friend from New York (Mr. ACKERMAN).

Mr. ACKERMAN. I thank the chairman.

Madam Speaker, I rise in opposition to the resolution. I am frankly astonished that the resolution has even come to the floor. I am afraid some of our colleagues either misunderstand the plain text of the War Powers Act or would like the House to initiate a legislative version of the so-called "memory hole" described by George Orwell in his foreboding novel 1984. The War Powers Act provides that in the event U.S. forces are engaged in hostilities without either a declaration of war or a specific statutory authorization, a concurrent resolution can be considered to force the withdrawal of our troops. An important piece of law to be sure, but one that is wholly irrelevant to the actual circumstances under which our troops are currently fighting.

Like many others in the House, I was present on September 14, 2001, when the House passed House Joint Resolution 64, to authorize the use of United States Armed Forces against those responsible for the then-recent attacks launched against the United States. The vote, I would remind you, was 420

in favor and one against. I would note that the gentleman from Ohio, along with myself, was present and voted aye, as was the gentleman from Texas, as were 420 of us.

I would like to quote from that resolution which we are seeking to deny existed, which became Public Law 107-40 on September 18, 2001. It says, quote, "That the President is authorized to use all necessary and appropriate force against those nations, organizations, or persons he determines planned, authorized, committed, or aided the terrorist attacks that occurred on September 11, 2001, or harbored such organizations or persons, in order to prevent any future acts of international terrorism against the United States by such nations, organizations, or persons."

□ 1515

Members may like or dislike the war in Afghanistan. They may think the President's new strategy is wise or foolish. They may regard the costs of the war as bearable or not, but they are plainly not entitled to argue that the hostilities were not pursuant to specific authorization by the United States Congress.

The 107th Congress authorized the use of force. The President of the United States signed that authorization into law. If a Member of this House is opposed to the war, and I am sympathetic to such views, then the proper remedy is to pass legislation to mandate withdrawal through the Congress under regular order.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BERMAN. I yield the gentleman an additional 30 seconds.

Mr. ACKERMAN. They can likewise vote against the annual and supplemental appropriations that fund the war.

What Members ought not be able to do is to waste 3 full hours of the House's time debating a resolution founded, at best, on a mistake and, at worst, a willful intention to pretend that recent history that we did authorize this war by a 420-1 vote can be dropped into the "memory hole."

No matter what Members believe about the war in Afghanistan, this resolution deserves to fail.

Mr. KUCINICH. Madam Speaker, I would like to respond to my friend that the authorization for the use of military force, which passed September 14, 2001, had in its provision this particular line: "Nothing in this resolution supersedes any requirement of the War Powers Resolution."

So the war powers resolution is properly the subject of a debate and properly serves as a vehicle to bring this debate to the House of Representatives, and we don't need to cede our right under article I, section 8 at any time to determine whether or not we go to war.

This is clearly a constitutional issue. And when I take an oath to defend the Constitution, I don't cross my fingers behind my back and say, Well, I will let the President make the final decision regarding war.

Our Founders didn't want to do that. Our Founders said in order to restrain the dog of war, they would put the ability to declare war in the legislative branch. They were very clear about that.

Do not disrespect this institution when it comes to the Constitution. Remember, the War Powers Act specifically was mentioned in the resolution that was passed on September 14, 2001. It was not superseded. And I might add that while I voted for the authorization for the use of military force because I believe America has a right to defend herself, I didn't give any President carte blanche to go and carry or prosecute a war wherever he or she, in the future, determines necessary.

I yield 4 minutes to the gentleman from Tennessee (Mr. DUNCAN).

Mr. DUNCAN. Madam Speaker, I thank the gentleman for yielding me this time, and I rise in support of this resolution.

There is nothing conservative about the war in Afghanistan. In fact, it goes against every traditional conservative position I have ever known. It has meant massive foreign aid which we cannot afford and of which conservatives have traditionally been the biggest critics. It has meant huge deficit spending, shortly after a time when the Congress has raised our national debt to over \$14 trillion. Conservatives have traditionally been against huge deficit spending. Conservatives have been the biggest critics of the U.N. and biggest opponents to world government, and certainly the war in Afghanistan has gone right along with that.

Fiscal conservatives should be the most horrified about the hundreds of billions that has been spent over there. This war has gone on for more than 8 years. At a time when the war in Iraq had gone on for a far shorter time than that, William F. Buckley, who opposed the war in Iraq, wrote this about that war: "A respect for the power of the United States is engendered by our success and engagements in which we take part. A point is reached when tenacity conveys not steadfastness of purpose, but misapplication of pride."

He went on to say, if this war drags on, talking about the war in Iraq, he said, "Where there had been skepticism about our venture, there will be contempt."

All of those words apply equally well to the war in Afghanistan. There is nothing conservative about the war in Afghanistan.

Georgie Ann Geyer, the conservative foreign affairs columnist, she wrote also about the war in Iraq, but it applies to this war as well. She said,

"Critics of the war have said since the beginning of the conflict that Americans, still strangely complacent about overseas wars being waged by minorities in their name, will inevitably come to a point where they will see they have to have a government that provides services at home or one that seeks empire across the globe."

We should remember, Madam Speaker, that even General Petraeus said we should never forget that Afghanistan has been known as the "graveyard of empires." Our Constitution does not give us the power or the right to run another country, and that is what we have been doing.

It should have come as no surprise, Madam Speaker, that President Karzai of Afghanistan told ABC News recently that the U.S. needs to stay there for 15 to 20 years more, spending megabillions, of course. He wants our money, and he wants to stay in power.

But listen to what columnist George Will has said. He has now changed his position and has written about Afghanistan, that the budget will not support an expansion there. The military "will be hard-pressed to execute it, and America's patience will not be commensurate with Afghanistan's limitless demands. This will not end well." Those are not my words. Those are the words of George Will.

A very small but very powerful group called neoconservatives, who are really not conservative at all, have almost totally controlled U.S. foreign policy for many years. They are supported by very large companies and government officials who benefit from perpetual war and the billions of spending it requires.

George Will wrote in that same column that the neoconservatives are "magnificently misnamed" and that they are really the "most radical people in this town."

The Pentagon now says it costs \$1 billion per year for each 1,000 troops we send there. We can't afford this. We can't afford to keep spending hundreds of billions in Afghanistan.

We are not cutting and running. We have been there over 8 years now. If this resolution passes, we will be there 9 years. That is too long. It is not only enough, it is far too long. It is time to do the best thing we can do for our troops and bring our young men and women home and start putting Americans first once again.

Ms. ROS-LEHTINEN. Madam Speaker, I would like to yield 2 minutes to the gentleman from Nebraska (Mr. FORTENBERRY), a member of our Committee on Foreign Affairs and the ranking member of the Agriculture Subcommittee on Department Operations and Oversight.

Mr. FORTENBERRY. I thank the gentlewoman from Florida for her leadership on Foreign Affairs and for the time.

Madam Speaker, the situation in Afghanistan is complex, and it has been difficult. And it has serious ramifications for regional and global stability. Congress understood this in the aftermath of September 11 and authorized the use of force in Afghanistan. The situation is no less serious today.

We would all like to see our troops come home as quickly as possible, leaving Afghanistan a stronger and better place. And we all deeply care about our troops, particularly those who are now wounded, who have fought so valiantly.

But, Madam Speaker, decisions regarding the disposition of our forces in Afghanistan should be made in concert with our commanders in the field who take seriously their responsibility for our troops and the success of that mission. I have confidence that General McChrystal, after a thorough and painstaking calculus, has provided a clear plan to increase stability in Afghanistan and allow our troops to withdraw as quickly and as responsibly as possible. Moreover, now is not the time to leave fledgling civil society programs more vulnerable to intimidation and attack.

So, Madam Speaker, I respectfully submit that we cannot afford to risk compromising the future of that region at this most difficult time, and I urge my colleagues to vote "no" on this resolution.

Mr. KUCINICH. Madam Speaker, I yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE of Texas. Madam Speaker, I was one of those Members who understood the horror of 9/11 and joined with the then-President of the United States to respond to an attack on the United States. Subsequently in the Iraq war, I voted against that war knowing that it had nothing to do with the attack on the United States on 9/11. So I do not stand on this floor with a heart that is not heavy-laden and an understanding of the importance of this resolution. This resolution is grounded in the Constitution and it has merit; for the question is, when we responded to 9/11, it was a war on terror.

Today, we find that this is a war of insurgents. There is no real documentation that al Qaeda still lingers in Afghanistan. But we do understand that we have lost 1,000 Americans to date—70 in 2010 and 316 in 2009—soldiers that we honor and respect. Never will there be one soldier that we don't call for an honor and respect of the United States. In fact, I filed legislation to have a day of honor for all of our returning soldiers. None of them should come home to silence. We should always provide great honor for them.

But here is where we are as it relates to the situation in Afghanistan. Today, although he has the right to do so, President Karzai is greeting the President of Iran. I hope they work together for peace. But the questions are: What

are our soldiers doing to help impact the governance of Afghanistan? The governance that requires the fighting of corruption; the governance to fight for freedom and for human rights and the right to worship; governance to establish schools for the girls and boys and allow girls and boys to go.

Yes, we need nation building, but not with our soldiers out walking step by step trying to bypass IEDs, many times missing it and losing arms and legs and eyes. This is the time to give the President, who did do the right thing, who deliberated and who took time and responded to his generals—we salute him for that. But now is the time for the United States Congress and the constitutional separation of the branches of government to be able to assess whether or not this particular conflict must continue and whether there is a benefit to the American people.

I would make the argument there is much to do. There is much to do in cleaning up Afghanistan. There is much to do in providing for the opportunity of governance. We can do that in a way that will support the State Department with support staff from the military. And if there is a need to defend the United States, I have no doubt that the brave men and women of the United States military will stand at attention and will rise to the occasion. Now we owe their families, these young men and women, 165,000 who came home from Iraq, many of whom are suffering from posttraumatic disorder.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. KUCINICH. I yield the gentlewoman an additional minute.

Ms. JACKSON LEE of Texas. When we send them into battle, we have the obligation of saying there is a beginning and an end. World War I, World War II, wars that we may have liked or disliked, but we knew as they went into battle that there was an ending. And how brave they were.

As we saluted the women who participated in the Air Army Corps for Women, the WASPs today, some hundreds of them, we know that there is no doubt that they are brave. But I would say to you, end this war with Afghanistan and end this partnership with Pakistan. There are ways to be able to support the structure of both governments without our soldiers losing their lives on and on and on.

This resolution says that if the President finds it necessary to extend, he can do so. But we are asking for the troops to be out by the end of this year. So many of us have spoken to that over and over again.

Madam Speaker, this is not something unusual. This is not a cause of the fearful. This is not a cause of those who are nonpatriotic. This is a cause for people who believe in the red, white, and blue, who stand here today

loving their country and believe that our soldiers are owed this respect to bring them home as heroes. We ask that you support this resolution.

Madam Speaker, I rise in solemn opposition to a war that has cost too many American lives and too many American dollars. To date, over 1,000 Americans have lost their lives in the Afghan theatre, including 70 in 2010. In 2009, 316 Americans lost their lives. The war in Afghanistan should end as safely and quickly as possible, and our troops should be brought home with honor and a national day of celebration. I strongly believe that this can and must be done by the end of the year.

This stance is borne from my deeply held belief that we must commend our military for their exemplary performance and success in Afghanistan. As lawmakers continue to debate U.S. policy in Afghanistan, our heroic young men and women continue to willingly sacrifice life and limb on the battlefield. Our troops in Afghanistan did everything we asked them to do. We sent them overseas to destroy the roots of terror and protect our homeland; they are now caught in the midst of an insurgent civil war and continuing political upheaval.

Throughout the discussion of the administration's proposed surge, I expressed my concern for the cost of sending additional troops, as well as the effect that a larger presence in Afghanistan will have on troop morale. The White House estimates that it will cost \$1 million per year for each additional soldier deployed, and I believe that \$30 billion would be better spent on developing new jobs and fixing our broken healthcare system. Many leaders in our armed forces, including Secretary Gates, have said that it is optimal for troops to have two years between overseas deployments; yet, today, our troops have only a year at home between deployments. Expanding the number of U.S. forces in Afghanistan by 30,000 will negatively impact troop morale and will bring us further away from the conditions necessary to maintain a strong, all-volunteer military. This is not President Obama's war and I applaud his thoughtful leadership—the Congress now needs to give counsel to have a time certain for the troops to come home.

I very strongly believe that our nation has a moral obligation to ensure that our veterans are treated with the respect and dignity that they deserve. One reason that we are the greatest nation in the world is because of the brave young men and women fighting for us in Iraq and Afghanistan. They deserve honor, they deserve dignity, and they deserve to know that a grateful nation cares about them. Whether or not my colleagues agree that the time has come to withdraw our American forces from Afghanistan, I believe that all of us in Congress should be of one accord that our troops deserve our sincere thanks and congratulations.

It is because I respect our troops that I am voting to bring them home from a war that has strayed far beyond its original mandate. The United States will not and should not permanently prop up the Afghan government and military. To date, almost \$27 billion—more than half of all reconstruction dollars—have been apportioned to build the Afghan National Security Forces. The focus should be on strengthening the civilian government for it to

lead. And we should continue to chase the real terrorists that are now lodged in Pakistan. We must support governments with a diplomatic surge—more resources for schools, hospitals, and government reform.

U.S. military involvement in Afghanistan will come to an end, and when U.S. forces leave, the responsibility for securing their nation will fall to the people and government of Afghanistan. Governance is more than winning elections, it is about upholding human rights, especially the rights of women; it requires fighting corruption. Governance requires fighting corruption. Governance requires providing for the freedom to worship. Governance requires establishing schools that provide education from early childhood through higher education.

Yet, Afghanistan has largely failed to institute the internal reforms necessary to justify America's continued involvement. The recent elections did not reflect the will of the people, and the government has consistently failed to gain the trust of the people of Afghanistan. The troubling reports about the elections that were held on August 20, 2009 were the first in a series of very worrisome developments. The electoral process is at the heart of democracy, and the disdain for that process that was displayed in the Afghanistan elections gives me great pause. The Special Inspector General for Afghanistan Reconstruction recently released his quarterly report which detailed our nation's efforts to work with contractors and the Afghanistan government to prevent fraud and enhance transparency. This is the 8th report by the Special Inspector General, but as a recent series in the Washington Post showed, we are unable to stem the flow of corruption and waste within Afghanistan, despite our efforts at reforming our own contracting procedures. This money likely comes from the opium trade and U.S. assistance and, the Washington Post estimates, totals over one billion dollars each year.

The task of establishing legitimate governing practices remains formidable. A November 17, 2009 report from Transparency International listed Afghanistan as the second most corrupt country in the world, continuing its second straight year of declining in the corruption index. Such news is disparaging and provides an important dynamic to how we consider our strategy with regards to Afghanistan going forward. In January, a U.N. survey found that an overwhelming 59 percent of Afghans view public dishonesty as a bigger concern than insecurity (54 percent) and unemployment (52 percent). This is telling for a country with widespread violence and an unemployment rate of 40 percent.

As co-chair of the Congressional U.S.-Afghanistan Caucus, I have called for policies that allow the United States to provide benefits to the people of Afghanistan. Our effort must enhance our efforts at building both hard and soft infrastructure in Afghanistan. Change in Afghanistan is going to come through schools and roads, through health care and economic opportunity, and through increased trade and exchange. The Afghan people need our help to achieve these objectives, but I am not convinced that our military is the solution. If the Government of Afghanistan can demonstrate a responsible and non-corrupt commitment to its people, I believe that America should respond

with appropriate and targeted foreign assistance.

I am also concerned that the United States is shouldering too much of the burden in Afghanistan. Although the terror attacks on American soil prompted NATO to respond with collective military action, no nation is immune from the threat of terrorism. Although the troops and resources provided by our allies have been invaluable to date, especially regarding development for the people of Afghanistan, questions must be raised about how long other nations will remain involved in Afghanistan. France and Germany, for example have already questioned whether or not to send additional troops. NATO resources must continue to focus on improving the livelihoods of the Afghan people, but if the support of these governments wavers, American troops and Afghan citizens will suffer the consequences.

I agree with our President that a stable Afghanistan is in the best interest of the international community, and I was pleased to see President Obama's outreach to our allies for additional troops. Currently, 41 NATO and other allied countries contribute nearly 36,000 troops. That number is expected to increase by nearly 6,000 with at least 5,000 additional troops coming from NATO member countries. Multilateralism is vital to ensuring that our operations in Afghanistan succeed.

Madam Speaker, today, we face difficult realities on the ground. The Taliban attacks our forces whenever and wherever they can. Agents of the Taliban seek to turn the people of Afghanistan against us as we attempt to provide them with help in every way we can. This situation is unsustainable. Afghanistan's history has earned it the nickname, "The Graveyard of Empires," and I believe that we should not take this grim history lightly. By including a timetable for our operations in Afghanistan, we focus our mission and place it in a long-term context.

Although development to improve the lives of the Afghan people is important, defeating al-Qaeda and the threat they pose to America and our allies is the most important objective of our operations. To that end, I believe that Pakistan, not Afghanistan, is now the key to success and stability in the region. Over the past eight years, coalition forces have successfully pushed most of al-Qaeda out of Afghanistan and into Pakistan. This has not only put them outside the mandate of our forces, but has also forced Pakistan to address an enlarged terrorist threat.

During his State of the Union Address, President Obama spoke of the importance of Pakistan when he noted "America will remain a strong supporter of Pakistan's security and prosperity long after the guns have fallen silent, so that the great potential of its people can be unleashed." As the co-chair of the Congressional Pakistan Caucus, I know, firsthand, of the great potential of the Pakistani people, and I strongly believe that the recently approved assistance package to Pakistan will work to this end. U.S. foreign assistance to Pakistan will improve Pakistan's capacity to address terrorist networks within its own borders, but I worry that a troop increase will cause even more refugees and insurgents to cross into Pakistan.

Ultimately, we in Congress must decide what is in the best interest of the American people. Fighting al-Qaeda was in the best interest of the American people in 2001, as it continues to be today. Yet, we are now fighting an insurgency—not al-Qaeda—in Afghanistan. This should not be their mission, and we must bring our troops home.

□ 1530

Mr. KUCINICH. I reserve the balance of my time.

Mr. BERMAN. Madam Speaker, before I yield to the gentlewoman from California, I just want to take 15 seconds to make a point with respect to the gentleman from Ohio that, while the authorization for the use of force in 2001 certainly referenced the War Powers Act, our point is that, while this debate makes sense and is appropriate, it is truly not pursuant to the War Powers Act because the War Powers Act says the direction to withdraw comes when there has not been an authorization for the use of military force, and here there was an authorization for the use of military force. I am for the debate; I am against the basis on which the debate is being held.

I yield 2 minutes to the gentlewoman from California (Ms. HARMAN), the chair of the Intelligence Subcommittee of the Homeland Security Committee.

Ms. HARMAN. I thank the gentleman for yielding.

Madam Speaker, our colleague, Mr. KUCINICH, should be commended for causing us to debate this issue on the House floor. This is a good and thoughtful debate, and I applaud especially the passionate statement of PATRICK KENNEDY of Rhode Island.

Madam Speaker, the war in Afghanistan has continued for 9 years, and the Obama administration continues to rely on the almost decade-old authorization to use military force which Congress passed, as we have heard, by an overwhelming vote a few days after 9/11/2001. Most who voted for it, including me, thought it was limited in time and place, but it became the basis for many actions taken by the Bush administration. In my view, the AUMF has been overused and abused as the basis for policy. It is time for us to consider whether it should sunset, and I believe that it should. But the resolution before us is not, in my view, the right place to address that issue.

After years of giving Afghanistan short shrift, tolerating rampant government corruption, and standing by as the Taliban reestablished itself, we now have a better strategy. That strategy, developed by President Obama late last year, includes a promised drawdown of our troops beginning in July 2011—or possibly sooner, according to Defense Secretary Robert Gates, who visited there earlier this week.

Let me be clear, I do not support the surge of an additional 30,000 additional American troops in Afghanistan. I do

support multinational, NATO-led efforts to clear, hold, build, and transfer to a noncorrupt Afghan Government control over parts of that country which are or could become training grounds for terrorists intent on attacking the United States.

The good news is that Pakistan is making greater effort to crack down on Taliban and al Qaeda terror groups on its soil, and those efforts are yielding results which should help stabilize Afghanistan.

The SPEAKER pro tempore. The gentlewoman's time has expired.

Mr. BERMAN. I yield the gentlelady an additional 30 seconds.

Ms. HARMAN. Like Mr. KUCINICH, I want the U.S. military out of Afghanistan at the earliest reasonable date, but accelerating the Obama administration's carefully calibrated timetable could take grievous risks with our national security. I share Mr. KUCINICH's sentiment, but not his schedule.

Mr. KUCINICH. I want to thank Mr. BERMAN for agreeing to make this debate possible. I do appreciate it very much. You have been open to that, and I think the country should appreciate that about you.

I also want to say that this CRS study, Congressional Research Study, on the Authorization for the Use of Military Force makes it very clear in it that the War Powers Act is not superseded, and I would like to submit this for the RECORD.

**AUTHORIZATION FOR USE OF MILITARY FORCE
IN RESPONSE TO THE 9/11 ATTACKS (P.L. 107-40): LEGISLATIVE HISTORY**

[From the Congressional Research Service,
Jan. 16, 2007]

(By Richard F. Grimmett)

SUMMARY

In response to the terrorist attacks against the United States on September 11, 2001, the Congress passed legislation, S.J. Res. 23, on September 14, 2001, authorizing the President to "use all necessary and appropriate force against those nations, organizations, or persons he determines planned, authorized, committed, or aided the terrorist attacks that occurred on September 11, 2001, or harbored such organizations or persons. . . ." The President signed this legislation into law on September 18, 2001 (P.L. 107-40, 115 Stat. 224 (2001)). This report provides a legislative history of this statute, the "Authorization for Use of Military Force" (AUMF), which, as Congress stated in its text, constitutes the legislative authorization for the use of U.S. military force contemplated by the War Powers Resolution. It also is the statute which the President and his attorneys have subsequently cited as an authority for him to engage in electronic surveillance against possible terrorists without obtaining authorization of the special Court created by the Foreign Intelligence Surveillance Act (FISA) of 1978, as amended. This report will only be updated if events warrant.

On September 11, 2001, terrorists linked to Islamic militant Usama bin Laden hijacked four U.S. commercial airliners, crashing two into the twin towers of the World Trade Center in New York City, and another into the Pentagon building in Arlington, Virginia.

The fourth plane crashed in Shanksville, Pennsylvania near Pittsburgh, after passengers struggled with the hijackers for control of the aircraft. The collective death toll resulting from these incidents was nearly 3,000. President George W. Bush characterized these attacks as more than acts of terror. "They were acts of war," he said. He added that "freedom and democracy are under attack," and he asserted that the United States would use "all of our resources to conquer this enemy."

In the days immediately after the September 11 attacks, the President consulted with the leaders of Congress on appropriate steps to take to deal with the situation confronting the United States. These discussions produced the concept of a joint resolution of the Congress authorizing the President to take military steps to deal with the parties responsible for the attacks on the United States. The leaders of the Senate and the House decided at the outset that the discussions and negotiations with the President and White House officials over the specific language of the joint resolution would be conducted by them, and not through the formal committee legislation review process. Consequently, no formal reports on this legislation were made by any committee of either the House or the Senate. As a result, it is necessary to rely on the texts of the original draft proposal by the President for a use of military force resolution, and the final bill, S.J. Res. 23, as enacted, together with the public statements of those involved in drafting the bill, to construct the legislative history of this statute. Between September 12 and 14, 2001, draft language of a joint resolution was discussed and negotiated by the White House Counsel's Office, and the Senate and House leaders of both parties. Other members of both Houses of Congress suggested language for consideration through their respective party leaders.

On Wednesday, September 12, 2001, the White House gave a draft joint resolution to the leaders of the Senate and the House. This White House draft legislation, if it had been enacted, would have authorized the President (1) to take military action against those involved in some notable way with the September 11 attacks on the U.S., but it also would have granted him (2) statutory authority "to deter and pre-empt any future acts of terrorism or aggression against the United States." This language would have seemingly authorized the President, without durational limitation, and at his sole discretion, to take military action against any nation, terrorist group or individuals in the world without having to seek further authority from the Congress. It would have granted the President open-ended authority to act against all terrorism and terrorists or potential aggressors against the United States anywhere, not just the authority to act against the terrorists involved in the September 11, 2001 attacks, and those nations, organizations and persons who had aided or harbored the terrorists. As a consequence, this portion of the language in the proposed White House draft resolution was strongly opposed by key legislators in Congress and was not included in the final version of the legislation that was passed.

The floor debates in the Senate and House on S.J. Res. 23 make clear that the focus of the military force legislation was on the extent of the authorization that Congress would provide to the President for use of U.S. military force against the international terrorists who attacked the U.S. on September 11, 2001 and those who directly and

materially assisted them in carrying out their actions. The language of the enacted legislation, on its face, makes clear—especially in contrast to the White House's draft joint resolution of September 12, 2001—the degree to which Congress limited the scope of the President's authorization to use U.S. military force through P.L. 107-40 to military actions against only those international terrorists and other parties directly involved in aiding or materially supporting the September 11, 2001 attacks on the United States. The authorization was not framed in terms of use of military action against terrorists generally.

On Friday, September 14, 2001, after the conclusion of the meetings of their respective party caucuses from 9:15 a.m. to 10:15 a.m., where the final text of the draft bill was discussed, S.J. Res. 23, jointly sponsored by Senators Thomas Daschle and Trent Lott, the Senate Majority and Minority leaders respectively, was called up for quick consideration under the terms of a unanimous consent agreement. S.J. Res. 23 was then considered and passed by the Senate by a vote of 98-0. As part of the Senate's unanimous consent agreement that set the stage for the rapid consideration and vote on S.J. Res. 23, the Senate agreed to adjourn and to have no additional votes until after the following Wednesday. That action effectively meant that if the House amended S.J. Res. 23, no further legislative action on it would occur until the middle of the following week. After the House of Representatives received S.J. Res. 23 from the Senate, on Friday, September 14, 2001, the House passed it late that evening, after several hours of debate, by a vote of 420-1, clearing it for the President. Prior to passing S.J. Res. 23, the House considered, and then tabled an identically worded joint resolution, H.J. Res. 64, and rejected a motion to recommit by Rep. John Tierney (D-Mass.), that would have had the effect, if passed and enacted, of requiring a report from the President on his actions under the joint resolution every 60 days after it entered into force.

S.J. Res. 23, formally titled in Section 1 as the "Authorization for Use of Military Force," was thus passed by Congress on September 14, 2001, and was signed into law by the President on September 18, 2001. The enacted bill contains five "Whereas clauses" in its preamble, expressing opinions regarding why the joint resolution is necessary. Four of these are identical to the "Whereas clauses" contained in the White House draft joint resolution of September 12, 2001. The fifth, which was not in the original White House draft, reads as follows: "Whereas, the President has authority under the Constitution to take action to deter and prevent acts of international terrorism against the United States. . . ." This statement, and all of the other Whereas clauses in P.L. 107-40, are not part of the language after the Resolving clause of the Act, and, as such, it is not clear how a Court would treat such provisions in interpreting the scope of the authority granted in the law.

Section 2(a) of the joint resolution, authorizes the President "to use all necessary and appropriate force against those nations, organizations, or persons he determines planned, authorized, committed, or aided the terrorist attacks that occurred on September 11, 2001, or harbored such organizations or persons, in order to prevent any future acts of international terrorism against the United States by such nations, organizations or persons." The joint resolution further states, in Section 2(b)(1), Congressional

intent that it “constitute specific statutory authorization within the meaning of section 5(b) of the War Powers Resolution.” Finally, Section 2(b)(2) of the joint resolution states that “[n]othing in this resolution supercedes any requirement of the War Powers Resolution.”

A notable feature of S.J. Res. 23 is that unlike all other major legislation authorizing the use of military force by the President, this joint resolution authorizes military force against “organizations and persons” linked to the September 11, 2001 attacks on the United States. In its past authorizations for use of U.S. military force, Congress has permitted action against unnamed nations in specific regions of the world, or against named individual nations, but never against “organizations or persons.” The authorization of use of force against unnamed nations is consistent with some previous instances where authority was given to act against unnamed states when they became aggressors or took military action against the United States or its citizens.

President George W. Bush in signing S.J. Res. 23 into law on September 18, 2001, noted the Congress had acted “wisely, decisively, and in the finest traditions of our country.” He thanked the “leadership of both Houses for their role in expeditiously passing this historic joint resolution.” He noted that he had had the “benefit of meaningful consultations with members of the Congress” since the September 11 attacks, and that he would “continue to consult closely with them as our Nation responds to this threat to our peace and security.” President Bush also asserted that S.J. Res. 23 “recognized the authority of the President under the Constitution to take action to deter and prevent acts of terrorism against the United States.” He also stated that “In signing this resolution, I maintain the longstanding position of the executive branch regarding the President’s constitutional authority to use force, including the Armed Forces of the United States and regarding the constitutionality of the War Powers Resolution.”

It is important to note here that Presidents frequently sign bills into law that contain provisions or language with which they disagree. Presidents sometimes draw attention to these disagreements in a formal statement at the time they sign a bill into law. While Presidential “signing statements” may indicate that the President views certain provisions to be unconstitutional, they do not themselves have the force of law, nor do they modify the language of the enacted statute. Should the President strongly object to the language of any bill presented to him, he has the option to veto it, and compel the Congress to enact it through voting to override his veto. Once a bill is enacted into law, however, every President, in accordance with Article II, section 3 of the U.S. Constitution, is obligated to “take care that the laws be faithfully executed. . . .” Thus, unless its current language is changed through enactment of a new statute that amends it, or its effect is modified by opinions of the Federal Courts, the “Authorization for Use of Military Force” statute, P.L. 107-40, retains the legal force it has had since its enactment on September 18, 2001.

TEXT OF ORIGINAL DRAFT OF PROPOSED WHITE HOUSE JOINT RESOLUTION (SEPTEMBER 12, 2001)

JOINT RESOLUTION

To authorize the use of United States Armed Forces against those responsible for the recent attacks launched against the United States.

Whereas on September 11, 2001, acts of treacherous violence were committed against the United States and its citizens; and

Whereas such acts render it both necessary and appropriate that the United States exercise its rights to self-defense and to protect United States citizens both at home and abroad; and

Whereas in light of the threat to the national security and foreign policy of the United States posed by these grave acts of violence; and

Whereas such acts continue to pose an unusual and extraordinary threat to the national security and foreign policy of the United States,

Now, therefore be it

Resolved by the Senate and the House of Representatives of the United States of America in Congress assembled—

That the President is authorized to use all necessary and appropriate force against those nations, organizations or persons he determines planned, authorized, harbored, committed, or aided in the planning or commission of the attacks against the United States that occurred on September 11, 2001, and to deter and pre-empt any future acts of terrorism or aggression against the United States.

TEXT OF S.J. RES. 23 AS PASSED SEPTEMBER

14, 2001, AND SIGNED INTO LAW

JOINT RESOLUTION

To authorize the use of United States Armed Forces against those responsible for the recent attacks launched against the United States.

Whereas on September 11, 2001, acts of treacherous violence were committed against the United States and its citizens;

Whereas such acts render it both necessary and appropriate that the United States exercise its rights to self-defense and to protect United States citizens both at home and abroad;

Whereas in light of the threat to the national security and foreign policy of the United States posed by these grave acts of violence;

Whereas such acts continue to pose an unusual and extraordinary threat to the national security and foreign policy of the United States; and

Whereas the President has authority under the Constitution to take action to deter and prevent acts of international terrorism against the United States; Now, therefore, be it

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This joint resolution may be cited as the “Authorization for Use of Military Force.”

SECTION 2. AUTHORIZATION FOR USE OF UNITED STATES ARMED FORCES.

(a) IN GENERAL.—That the President is authorized to use all necessary and appropriate force against those nations, organizations, or persons he determines planned, authorized, committed, or aided the terrorist attacks that occurred on September 11, 2001, or harbored such organizations or persons, in order to prevent any future acts of international terrorism against the United States by such nations, organizations or persons.

(b) WAR POWERS RESOLUTION REQUIREMENTS—

(1) SPECIFIC STATUTORY AUTHORIZATION—Consistent with section 8(a)(1) of the War Powers Resolution, the Congress declares that this section is intended to constitute

specific statutory authorization within the meaning of section 5(b) of the War Powers Resolution.

(2) APPLICABILITY OF OTHER REQUIREMENTS—Nothing in this resolution supercedes any requirement of the War Powers Resolution.

I would also like to say that section 4 of the War Powers Act requires the President to report to Congress whenever he introduces U.S. Armed Forces abroad in certain situations. And of key importance is section 4(A)(1) because it triggers the time limit in section 5(B). Section 4(A)(1) requires reporting within 48 hours, in the absence of a declaration of war or congressional authorization, the introduction of U.S. Armed Forces into hostilities or into situations where imminent involvement in hostilities is clearly indicated by the circumstances.

The resolution that is before us, H. Con. Res 248, therefore directs the President, pursuant to section 5(C) of the War Powers Resolution, to remove the United States Armed Forces from Afghanistan.

I yield 4 minutes to the gentlewoman from California (Ms. WOOLSEY).

Ms. WOOLSEY. Madam Speaker, I read a news article in which Defense Secretary Robert Gates, during a visit to Afghanistan just recently, cautioned against overoptimism about how the military campaign is going over there. Well, no worries there, Mr. Secretary. I can’t muster optimism for a war that’s been going on for 8½ years and still hasn’t achieved its objectives, nor has it defeated the enemy. In fact, it’s hard to be optimistic now that we have lost more than 1,000 brave Americans in Afghanistan, nearly one-third of them since this last summer.

Frankly, Madam Speaker, I am downright pessimistic about the government we are propping up in Afghanistan, which seems to reach a new low for corruption and incompetence every single day. That is why I enthusiastically support the resolution offered by my friend, the gentleman from Ohio, to bring our troops home from Afghanistan by the end of the year at the latest. The fact is that our military presence is what is fueling the very insurgency we are trying to defeat. You would think we would have learned a lesson of history by now, actually. The Afghan people have always resisted occupation, whether it was Great Britain in the 19th century or the Soviet Union just 30 years ago.

Madam Speaker, ending the war does not mean ending American support. It would be completely irresponsible of us to wash our hands of Afghanistan. There is too much humanitarian work to be done there. I propose that we replace our military surge with a civilian surge as part of a new smart security plan. We can protect America, fight terrorism, and stabilize Afghanistan with more compassion and good will than we can with rockets and guns. So

let's bring the troops home. Let's replace them with more development workers, democracy promotion specialists, and economic development experts.

It costs, as we've all learned, a staggering \$1 million to deploy a single soldier to Afghanistan for 1 year. Smart security would not only be more effective and more peaceful, it would be fiscally responsible to do that in the first place. The money we are currently spending in Afghanistan desperately needs to be invested in our struggling families right here at home.

Soon, Madam Speaker, the Congressional Progressive Caucus, which I co-Chair with Congressman RAÚL GRIJALVA, will release its 2011 budget alternative. It will call for redirecting billions of dollars in military spending into domestic programs that have been overlooked for far too long right here at home, like school construction, affordable housing, transportation and infrastructure, job training, health care, on and on. It is nothing short of appalling that during a crippling recession we here in the United States are nickel and diming the American people over things like unemployment benefits while the Pentagon gets a blank check to continue a failed war.

Secretary Gates warns of dark days ahead. Well, I appreciate his refusal to be a Pollyanna about Afghanistan. The fact is that there have been more than 3,000 dark days in Afghanistan already and the patience of the American people is wearing thin.

I encourage my colleagues to support H.Con.Res 238, bring the troops home, bring them home safely, and end the dark days once and for all.

Ms. ROS-LEHTINEN. Madam Speaker, I'm pleased to yield 2 minutes to the gentlewoman from Florida, Congresswoman GINNY BROWN-WAITE, a member of the House Committee on Ways and Means.

Ms. GINNY BROWN-WAITE of Florida. I thank the gentlewoman for yielding.

You know, earlier this afternoon, our Democrat colleague, Mr. SKELTON, a decorated war hero himself, came down to the floor and he posed the question, "Have we forgotten 9/11?" I think that this resolution perhaps sends the wrong message that this Congress has forgotten 9/11, and also the wrong message to Americans.

Just as our young men and women are always ready and always there for us in the military, we must show equally steadfast loyalty to them. Over 1.4 million men and women are bravely serving our Nation in active military duty today. I have attended sendoff ceremonies for the troops from my district headed overseas, and I have welcomed them home. I have rejoiced with those mothers and fathers and wives who, after months of not being with their loved soldier, are able to spend

time with him or her. I have also wept for those who made the ultimate sacrifice. I have wept with their families. They made the ultimate sacrifice for our country, for our safety.

Every single soldier that I have spoken to who has been to Iraq and Afghanistan would say that they would go back again. They believe in the mission. It is pretty sad that Congress doesn't. They believe in the work that they're doing out there, and they need our support, not this resolution, which is, I believe, a demoralizing resolution to our troops. Rather, I would encourage my colleagues to vote against this resolution because by voting against this resolution I believe you will be voting for our troops.

Mr. KUCINICH. Madam Speaker, I yield 3 minutes to the gentlewoman from Wisconsin (Ms. BALDWIN).

Ms. BALDWIN. Madam Speaker, I rise today in support of the effort by my colleague from Ohio to draw our collective attention, both in this Congress and throughout the Nation, to bringing our troops home from Afghanistan.

In September, 2001, following the al Qaeda attacks on New York and Washington, D.C., Congress approved a resolution authorizing then-President Bush to "use all necessary and appropriate force against those nations, organizations, or persons he determines planned, authorized, committed, or aided the terrorist attacks that occurred on September 11, 2001, or harbored such organizations or persons, in order to prevent any future acts of international terrorism against the United States by such nations, organizations or persons."

I voted in favor of that resolution and to continue to support all efforts focused on achieving that limited and specific mission. That resolution led to our military action in Afghanistan because at the time al Qaeda was using Afghanistan as a safe haven for its terrorist training camps, and the Taliban government in Afghanistan was supporting al Qaeda's presence within its borders.

As a result of the U.S. combat operations in Afghanistan, the Taliban was driven from power, many al Qaeda operatives were killed, and others fled to nearby Pakistan or other more distant countries. National and local democratic elections have been held, a constitution has been written and ratified by the people, and attempts have been made to establish stability and the rule of law in Afghanistan. Yet, after more than 8 years at war, there is evidence that the democratically elected government has little control outside the city of Kabul. Many parts of the country are ungoverned or lawless, opium production is increasing, and the al Qaeda terrorists whom we seek to kill or capture are no longer present in Afghanistan.

I am deeply concerned that our brave men and women in harm's way in Afghanistan are now expected to perform functions not authorized in the September 2001 authorization of military force. And President Obama's strategy for moving forward in Afghanistan places insufficient emphasis on political, diplomatic, and development initiatives, contains no real exit strategy, and ignores the clear fact of mission creep.

Nobody can question the bravery of our men and women in harm's way in Afghanistan. Their service is courageous and admirable, bringing peace, stability, health, and well-being to a country that has suffered throughout years of conflict and war. But we can question whether these efforts extend beyond the very limited and specific mission articulated in the authorization of use of military force.

The SPEAKER pro tempore. The gentlewoman's time has expired.

Mr. KUCINICH. I yield the gentlewoman 1 additional minute.

□ 1545

Ms. BALDWIN. I remain deeply committed to keeping America and American interests abroad safe from acts of terrorism, but we cannot afford to have tens of thousands of troops remain in a country where al Qaeda no longer operates. At a time when our Nation is facing such extraordinary challenges at home, I believe we should focus on rebuilding our own Nation and on putting our people back to work.

Mr. BERMAN. Madam Speaker, I yield 2 minutes to a member of our committee, to the Chair of the organization of NATO parliamentarians, known as the North Atlantic Assembly, the gentleman from Tennessee (Mr. TANNER).

Mr. TANNER. Thank you, Mr. Chairman.

Madam Speaker, if we were in Afghanistan by ourselves, perhaps this debate would be worthwhile, but the fact is we are not.

I am presently serving as the president of the NATO Parliamentary Assembly. The Afghan effort is a NATO-led effort.

NATO, arguably, one, if not the most successful military alliances in the modern era, is not only involved with us as allies in Afghanistan, but we know that our military might is no longer a deterrent like it was most of my life, most of our lives, during the Cold War. With a doctrine of mutually assured destruction, even though you had the bipolar world of East versus West and even though you had the USSR and their buddies and the United States and our allies, there was this, not only feeling, but we were protected by our military might. 9/11 shattered that. These people who are trying to kill us don't care how many aircraft carriers we have, how many tanks we

have, how many submarines we have. It doesn't matter.

Therefore, if our military might is no longer our primary defense, what is? I would suggest that it is accurate, timely intelligence to know who, what, when, where, and how they want to try to attack us again so we can stop it.

How do we maximize that defense? We do it through allies. We do it through friends of ours. The French really have the best intelligence network in northern Africa. They are helping. They are helping in NATO.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BERMAN. I yield the gentleman an additional 30 seconds.

Mr. TANNER. If you look at all of the former Warsaw Pact countries that are now members of NATO, we are in a conflict that is global in nature. NATO is evolving from a static, land-based defense force to a security force that relieves our men and women to the extent they supply troops. It relieves the American taxpayer to the extent they help us pay for these efforts toward our common defense.

Again, were this just an American expedition, perhaps this debate would be more worthwhile, but it's not. So in the strongest possible terms, I would urge my colleagues to reject this.

Mr. KUCINICH. I yield 4 minutes to the gentleman from Florida (Mr. GRAYSON).

Mr. GRAYSON. Madam Speaker, I have good news.

The good news is this: We won the war in Afghanistan. Now, it happened a while ago; so I may be the only person who actually remembers this, but after the 9/11 attack, within 3 months, we had expelled the Taliban government, and we did so with the use of only 1,000 U.S. Special Forces troops. Within 4 months, we had expelled al Qaeda from Afghanistan. If you don't believe me about that, you can listen to General Petraeus, who said a year ago that al Qaeda wasn't in Afghanistan anymore.

I have more good news about Iraq. The news is: We won. We won the war in Iraq years and years ago. Facing the fourth largest army in the entire world, we swept through Iraq, and within 3 weeks, we had deposed the Saddam Hussein government.

We won. Now we can go home. In fact, we could have gone home a long time ago.

What is happening now in Afghanistan and what is happening now in Iraq you can't even call a war. It is a foreign occupation. You could read the Constitution from beginning to end, and you would find nothing in the Constitution that permits or that authorizes a foreign occupation, much less one that goes on for almost a decade. Both in the price of money and in the price of blood, we simply can't afford these wars anymore.

I would like to call your attention to a report in the New England Journal of

Medicine, a report dated January 31, 2008. This report reads that 15 percent of all the troops who have served in Iraq return with permanent brain damage. That's right. Permanent brain damage. Here are some of the symptoms described: a loss of consciousness, general poor health, missed workdays, medical visits, and a high number of somatic and postconcussive symptoms.

Later on in the report, on page 459, this report reads that, in this study, nearly 15 percent of soldiers reported an injury during deployment that involves a loss of consciousness or altered mental state. These soldiers, defined as having what is euphemistically referred to as mild traumatic brain injury, were significantly more likely to report high combat exposure in a blast mechanism of injury than were the 17 percent of soldiers who reported other injuries.

So, Mr. President, when you say that you are sending 50,000 more troops to Afghanistan, what you are really saying is that you are condemning 7,500 young Americans to live for the rest of their lives with brain damage. That's what you are really saying.

Beyond that, we have spent over \$3 trillion on the war in Iraq. That's over \$10,000 for every man, woman, and child in this country. It's over \$70,000 for my family of seven. For what? What have we accomplished in 2010 that we could not have accomplished in 2009 or in 2008 or in 2007 or in 2006?

In fact, what have you heard from the other side today that they couldn't have said back then and that they will want to say next year and the year after that?

Now think about this: Our total national wealth is only \$50 trillion. We have spent \$3 trillion, 6 percent of that, on the war in Iraq. That kind of economic damage is something that could not have possibly been accomplished by al Qaeda itself. Osama bin Laden, on his best day, couldn't have done anything like that. He would have had to have vaporized all of New England to have come close.

Listen, we are the most powerful nation on Earth. Nobody can force us out of Iraq. Nobody can force us out of Afghanistan. We have to make that decision ourselves. Remember, we need not only strength; we need wisdom. We need to know that the worst things that happen to us as a country are the things that we do to ourselves, including these two wars.

Ms. ROS-LEHTINEN. Madam Speaker, I yield 5 minutes to the gentleman from California (Mr. HUNTER), a member of the Armed Services Committee, who, during his service with the U.S. Marine Corps, served a combat tour in Afghanistan. We thank him for his service.

Mr. HUNTER. I thank the gentleman from Florida for yielding.

I speak to you today, Madam Speaker, not just as a United States Con-

gressman but as a United States marine. That's what my ballot title says in San Diego. It reads: "U.S. Representative/Marine."

I've served in Iraq twice. I've served in Afghanistan once. I was part of the 1st Marine Division. I, for one, don't appreciate being lectured to, especially from a gentleman like the one from Florida who just spoke, about how I'm brain-injured, about how I might have PTSD, about how I'm less of a person because I've served overseas.

This is an ill-conceived resolution. It is a resolution that is hurtful to our troops on the ground who are fighting now, and it is a resolution that is hurtful to their families. If we had passed a similar resolution about Iraq, we wouldn't have been victorious in Iraq now. We wouldn't have less than 1,000 marines in Iraq now. They have all pulled out. Why did they pull out? Because we've won. Iraq is no longer a threat.

I've had friends give their lives for this great Nation in both Iraq and Afghanistan. A vote for this resolution is sending a message to their families that their sacrifices and willingness to stand in the gap against the forces of tyranny and destruction and radical Islam were false errands.

This is the wrong message to send. Our message should be one of support and encouragement. As congressional Representatives, we should be standing side by side with our troops in the field, not abandoning our cause when our military needs us the most. If we were to pull out of Afghanistan, we would be inviting those terrorists and al Qaeda to attack us here again on American soil. We don't need another 9/11.

This resolution could well be named "the retreat and abandonment of our military resolution." I don't believe the purpose of this resolution is to protect our men and women serving in harm's way. The point of this resolution, I think, would be to make America weaker.

I'll tell you why I believe this: Unlike any other Member of Congress, I have served both in Iraq and Afghanistan. Unfortunately, not any person who is in favor of this resolution has ever come and talked to me. The gentleman from Florida never came to me and asked me what I thought about it.

This isn't about the military. This is about a political ideology to make America weak and to lose our strength as a great Nation.

I would appreciate it if maybe I could be listened to next time. If we are going to work in a bipartisan fashion and if this resolution is truly for the men and women of the military, I've been here for 15 months, and I've never talked to anybody about it.

We need to make sure that we support our troops and their families and that we not allow al Qaeda to become stronger by passing this resolution.

Once again, I've raised my right hand like every other Member of Congress here to support and defend the U.S. Constitution, but I also did that as a United States marine in one of the first officer candidate classes after 9/11. I graduated in March 2002. I deployed in 2003 to Iraq, in 2004 to the battle of Fallujah, and in 2007 to Afghanistan.

My wife and three kids have lived at Camp Pendleton. They've lived on the base. I know what families in the military live like. I know what marines on the ground are going through right now.

I know what victory costs. I know what victory takes. What it doesn't take is a misrepresenting resolution that is going to hurt our military when it needs us the most.

Did I enjoy going overseas? Did I enjoy leaving my three small kids and family behind? Did I enjoy leaving steak and all the great comforts of this Nation behind? No.

It was worth it because I know, in my heart, that what we are doing in Afghanistan is going to make my children not have to go over and fight the same Islamofascists that we are over there fighting now. I know that we are going to have a safer country because of me, because of people like me, and because of people who are over there serving now. Because they are over there, fighting, my kids aren't going to have to.

So was it fun going to war? No. Was it worth it? Yes.

I urge my colleagues to vote "no" on this resolution.

Mr. KUCINICH. I just want to say to the gentleman who just spoke, to Mr. HUNTER, that we honor his service to our country both as a Member of Congress and in the military, as we honored your father's service. You have served this country well. You are well-spoken, and we appreciate that you are here.

I yield 3 minutes to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Madam Speaker, I rise in strong support of H. Con. Res. 248, and I commend the gentleman, my friend from Ohio, for his introduction of it.

Madam Speaker, I yield to no man, no woman in terms of my support for the heroic sacrifices that our troops in the military make each and every day of their lives and each and every day of our lives. They make sacrifices on the battlefield. They fight the wars. We are elected to be decision makers, and we can decide whether there is war or whether there is peace or, at the very least, whether there is peaceful pursuit.

□ 1600

I believe, as the people do in my congressional district, that there is a time and a season for everything, and after several years of war and hundreds and

thousands of casualties in Iraq and Afghanistan, that the time has come for us to draw a line in the sand and say that it is time to bring our troops home. It is time to have a concrete strategy and a concrete date by which we can extricate ourselves from Afghanistan.

I want to commend the gentleman from Ohio for having the courage and the strength of his conviction to provide the opportunity to debate this issue. The people in my congressional district unequivocally and without a doubt are in agreement, and I strongly support passage of this resolution.

Mr. BERMAN. Madam Speaker, I am very pleased to yield 3 minutes to my friend the gentleman from Pennsylvania (Mr. SESTAK).

Mr. SESTAK. Madam Speaker, I was stationed at the Pentagon when 9/11 happened. A few months later, I was on the ground in Afghanistan as head of the Navy's anti-terrorism unit for a short mission. I watched as the Taliban and al Qaeda flowed across that border over to Pakistan. And then came that tragic misadventure in Iraq. We took that edifice of security of our Special Forces and others and placed them in that country. And what we might have done to truly have better won this global war of terror with the other elements of power, such as fix the illiteracy rate of women in Afghanistan, which is 98 percent, never occurred.

I support the President's policies not because of Afghanistan—it has spiraled too far downward to try to resurrect what we once might have done—but because of Pakistan, the most dangerous place in the world.

It should have sent chills down everybody's back when General Hayden, 3 years ago, said al Qaeda now has a safe haven in Pakistan where we cannot go, several hundred of those criminals there to plan safely against us.

I support the President's policy because, as General Gates said in a closed hearing in December, we need to seal that border. So as Pakistan, once united now again with us, moves to North Waziristan through the Taliban on its side of the border to eradicate the danger to us, the safe haven of al Qaeda, that they do not flow back over into Afghanistan whence Pakistan, who created the Taliban, might once again spread its bets.

If Pakistan becomes a failed state and al Qaeda remains, we may get out the nuclear weapons. But there are 2,000 nuclear-trained scientists in that nation who have access to the radiological material and the knowledge in a failed state potentially controlled by the Taliban and al Qaeda that endangers us.

I support this President's policy in a limited window of opportunity to help Pakistan eradicate, yes, the danger to them, but to us, that al Qaeda.

I strongly do believe that this President still needs to provide this Nation

something, however, and that is what he promised us a year ago, and that was an exit strategy. Every warrior knows that when you go into battle, you have an exit strategy, which is merely benchmarks by which you measure success or failure. And if success succeeds, exit, and if the costs of failure become greater than success, exit to an alternative strategy. I believe that needs to be provided to this Nation who, after 7 or 8 years of war, deserves to see how its national treasure is being used and if it is being successful.

But as I end, to my colleague from Ohio, I served for 31 years with the wonderful men and women of this Nation.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BERMAN. I yield the gentleman an additional 30 seconds.

Mr. SESTAK. And I will always remember what the former Chairman of the Joint Chiefs of Staff said when asked about these debates here: Our men and women in the military are wise enough to know, this is your sacred duty here in the Halls of Congress, to have a debate about the use of their lives. When I led them into war, I would hope my lawmakers would have that debate if we were being used wisely.

So I thank you for bringing forward this debate, although I oppose the resolution.

Mr. KUCINICH. I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. DENT), the ranking member of the Homeland Security Subcommittee on Transportation, Security, and Infrastructure Protection.

Mr. DENT. Madam Speaker, I rise in strong opposition to this House Concurrent Resolution 248 that directs the President to remove U.S. Armed Forces from Afghanistan within 30 days of adoption of this resolution unless the President determines that it is not safe to remove U.S. forces before the end of the 30-day timeline. But even if there is an identified danger, U.S. forces would still have to be removed by December 31.

Really, here is the catch: There is a clear and present danger in removing our men and women from the field while they are engaged in the first major assault of President Obama's reaffirmed counterinsurgency strategy in Afghanistan.

But here is another danger: damaging the morale of the troops who sacrifice their safety and well-being to fight to protect our homeland, our freedoms, by not providing them with the support and resources they need to complete their mission.

This is a very dangerous business, moving troops out of a country. I have

sat with Secretary Gates on more than one occasion over the years talking about withdrawing troops, in this case from Iraq, and how complex a situation this is and how dangerous it is and the logistical realities of moving this many people safely.

But don't take my word for it. I think we should also listen to the words of our Commander in Chief, President Barack Obama, who, on December 1 in his address to the Nation, said, "I am convinced that our security is at stake in Afghanistan and in Pakistan. This is the epicenter of violent extremism practiced by al Qaeda. It is from here that we were attacked on 9/11, and it is from here that new attacks are being plotted as I speak." President Barack Obama's words.

He goes on. "This is no idle danger. No hypothetical threat. In the last few months alone, we have apprehended extremists within our borders who were sent here from the border region of Afghanistan and Pakistan to commit new acts of terror, and this danger will only grow if the region slides backwards and al Qaeda can operate with impunity. We must keep the pressure on al Qaeda, and to do that we must increase the stability and capacity of our partners in the region." Again, that was President Obama.

He goes on in another address on March 27 of 2009, where he made another statement. He says, "And if the Afghan Government falls to the Taliban or allows al Qaeda to go unchallenged, that country will again be a base for terrorists who want to kill as many of our people as they possibly can."

Secretary Gates, a very fine Secretary of Defense, and I am pleased President Obama has kept him on, said on February 5 of this year, "This is a critical moment in Afghanistan. I am confident that we can achieve our objectives, but only if the coalition continues to muster the resolve for this difficult and dangerous mission."

Secretary of State Hillary Clinton, on September 23, said, "Some people say, well, al Qaeda is no longer in Afghanistan. If Afghanistan were taken over by the Taliban, I can't tell you how fast al Qaeda would be back in Afghanistan." Secretary of State Hillary Clinton.

I also want to mention what General Petraeus has said.

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. ROS-LEHTINEN. I would like to yield an additional 30 seconds to Mr. DENT.

Mr. DENT. And our very fine commander, David Petraeus, I met with him in Florida a few months ago. He said, on January 25, "It was in Kandahar that 9/11 attacks were planned. It was in training camps in eastern Afghanistan where the initial preparation of the attackers was car-

ried out before they went to Hamburg and flight schools in the U.S. It is important to recall the seriousness of the mission and why it is that we are in Afghanistan in the first place and why we are still there after years and years of hard work and sacrifice that have passed."

Again, I strongly urge that we defeat this resolution. We owe it to our troops. They are watching this debate as we speak. They want us to oppose it too.

Mr. KUCINICH. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from Georgia (Mr. LEWIS).

Mr. LEWIS of Georgia. Madam Speaker, I want to thank my friend and colleague from Ohio for bringing this resolution before us today.

Madam Speaker, I rise today to join my colleagues in speaking out against the war in Afghanistan. How much death must we bear, how much pain must we suffer, how much blood should we spill before we say enough is enough? Can we lay down the burden of war and lift up the power of peace?

Now is the time for the elected representatives of the people to give peace a chance. Now is the time for those of us who believe in peace, and not war, to speak up, to speak out, and to find a way to get in the way.

Madam Speaker, war is bloody, war is messy. It tends not just to hide the truth, but to sacrifice the truth, to bury the truth. It destroys the hopes, the dreams, and the aspirations of a people.

As one great general and President of the United States, Dwight D. Eisenhower, once said, "Every gun that is made, every warship launched, every rocket fired, signifies in the final sense a theft from those who hunger and are not fed, those who are cold and not clothed."

As I said some time ago, I urge to heed the words of the spiritual: "I'm going to lay my burden down, down by the riverside. I ain't gonna study war no more." We should follow the wisdom of that song.

Madam Speaker, this war has gone on long enough. Enough is enough. It is time to bring this war to an end. I urge all of my colleagues to vote for this resolution.

Mr. BERMAN. Madam Speaker, I am very pleased to yield 3½ minutes to my friend and colleague from Georgia (Mr. JOHNSON), a member of the Armed Services Committee.

Mr. JOHNSON of Georgia. Madam Speaker, what a dubious situation I find myself in, having to go behind the Honorable JOHN LEWIS, my colleague from Georgia, and to be in opposition to his view. But that is the position that I am in, and I will take on the responsibility.

Madam Speaker, I rise in opposition to the Afghan War Powers Resolution which is before us today and give the

reason why, although I do want to commend Representative KUCINICH for enabling the House to have a debate on such an important issue, and I thank you for that.

□ 1615

But I cannot foresee any good coming out of a situation where we enable the Taliban to regain control over Afghanistan and to thus become a safe haven for terrorist recruitment, development, and deployment. I'm concerned that passage of this resolution would be an extraordinary usurpation of the power of the Commander in Chief in favor of a Congress where petty, partisan politics have lately been trumping policy.

Our strategy in Afghanistan and Pakistan is achieving some promising successes. Pakistan is increasingly cooperating against militants within its border and our military campaigns in Afghanistan are routing the Taliban from their strongholds while decimating Taliban and al Qaeda leadership. The President clearly stated that he would bring focus to our efforts in Afghanistan and he would seek to improve conditions prior to drawing down U.S. forces. Passage of this resolution would prevent him from implementing that strategy and force a premature withdrawal.

Madam Speaker, let me be clear. My intent is always to oppose war. I believe that the President shares that instinct. However, I oppose this resolution, not because I support war, but because this resolution is ill-timed and ill-conceived. Now is not the time for Congress to start a constitutional turf war. I find the premise of this resolution to be flawed at the outset. Remember, we have authorized ongoing operations in Afghanistan, and we are having enough trouble managing our ordinary legislative duties as it is. Let the President execute the strategy he said he would implement and which is yielding positive results. Passage of this resolution would send a message to the world that our President's authority to conduct foreign policy has weakened in favor of a Congress that bickers over arcane Senate rules when major policy decisions are left hanging in the balance.

After too many years wasted in Iraq, an unfocused deployment of our troops in Afghanistan, this President has finally chosen to use the authority of Congress to provide a focus on the real threat. I'm happy to hear Republicans saying that the President is doing a good job, and I urge my colleagues to oppose this resolution.

Mr. KUCINICH. I would gently remind my colleague from Georgia that article 1, section 8 of the Constitution of the United States places expressly in the hands of Congress the power to declare war. This resolution does not seek to usurp our Commander in Chief. It seeks to reset the balance in our

Constitution so that we reclaim what the Founders rightly intended—that the war power be in the Congress and, by reference, that we have the power to determine not just when a war starts, but when a war stops. It is also telling that in this war, in this surge, we're essentially announcing to the Taliban where we are proceeding and when.

I reserve the balance of my time.

Ms. ROS-LEHTINEN. I'm so pleased to yield 6 minutes to the chairman of the House Republican Conference and a wonderful and esteemed member of our Committee on Foreign Affairs, the gentleman from Indiana (Mr. PENCE).

Mr. PENCE. I thank the distinguished ranking member of the committee and the chairman of the committee for their words and efforts today.

I think the gentleman from Ohio knows that I respect his passion, but I rise in strong opposition to this resolution today. I believe that it should be opposed because H. Con. Res. 248, directing the President pursuant to the War Powers Resolution to remove United States Armed Forces from Afghanistan, is not supported by the law, is not supported by the facts, and it is not supportive of our troops, and it should be opposed.

Let me speak to each of those issues. First, with regard to facts. The War Powers Resolution requires the President to notify Congress within a specific time of committing forces. Its constitutionality has been questioned over the years. This is a matter of clear public record. The gentleman cites the Constitution frequently. There is great constitutional debate about the very foundation of that legislation. But specifically, and I believe the distinguished chairman has made this point several times during the debate, the powers that are being cited here only apply in moments where there has not been a declaration of war or a statutory authorization for use of force.

I was here on September 11th. I was here for debates, Madam Speaker, over the resolution authorizing the use of force in Afghanistan. Therefore, I believe this resolution is out of order. And while I don't raise a procedural motion on that basis, I think it's worth noting.

Secondly, I think this resolution is not supported by the facts. I just returned from a bipartisan delegation trip to Kabul and Kandahar. I met with General McChrystal. Stanley McChrystal is the commander of the ISAF forces. I met with our soldiers at Camp Eggers. I went out into Afghanistan. And I have strongly supported President Obama's decision to send reinforcements into Afghanistan.

The sense that we receive from our military leaders in Afghanistan, from Afghani military and political leaders, and, most importantly, from our sol-

diers on the ground is that we are leaning into the fight. We are providing our soldiers with the resources and the reinforcements they need to come home safe. So now is not the time for the Congress of the United States to be second-guessing our commanders in the field and second-guessing the Commander in Chief. And so I believe, based on what I've seen and heard within the last month and a half in Afghanistan, that we have the right strategy, we have the right tactics, and we ought to continue to proceed on the course that we are proceeding on.

We're talking about real lives. I can't help but reflect on the experience of having been just north of Kandahar, where we visited with the governor of the Arghandab River area. He spoke about the Taliban's being on the run. In Kandahar there's an old proverb that says, He who controls Kandahar controls Afghanistan. The Taliban was in effect born in Kandahar, and this spring there is, as is evidenced on the evening news, an effort by the Taliban to reclaim that historic city. But as I talked to the governor of the Arghandab River province, he simply said that the only thing the Taliban has anymore with the population is threats. They don't have popular appeal, or so he told me.

But the very idea that U.S. forces or forces in the NATO coalition would precipitously withdraw would leave a vacuum into which the Taliban would readily flow. And as has been discussed here eloquently by Congressman DUNCAN HUNTER, who wore the uniform in harm's way, that vacuum would be filled not just by the Taliban but by their evil twin, al Qaeda, to, no doubt, nefarious effects.

So I think this resolution is wrong on the law. I think it's wrong on the facts. But, lastly, let me just say that I believe it's also not supportive of our troops. In the many trips that I have made downrange to visit soldiers in Iraq and Afghanistan, it's impossible for me to meet with those soldiers without being profoundly inspired. And I will acknowledge the gentleman from Ohio has spoken in glowing terms about those in uniform. I do not suggest that he has done otherwise. But I believe with all my heart that a resolution of this nature in the midst of a moment when we are, in fact, providing our soldiers with the reinforcements and the resources to be successful in Afghanistan has the potential of having a demoralizing effect on the very men and women who, separated from their families and in harm's way, are doing freedom's work.

And so I believe this resolution, however intended, should be opposed. It's not supported in the law, it's not supported by the facts, and it's not supportive of our troops. I believe it should be rejected.

Mr. KUCINICH. I yield myself 5 minutes.

To my friend from Indiana, who cited his disagreement based on law and facts and the troops, I would like to respond categorically.

First of all, section 4(a)(1) of the War Powers Act requires the President to report to Congress any introduction of U.S. forces into hostilities or imminent hostilities. When the President reports, he does so consistent with but not pursuant to the War Powers Resolution. That's nuance when we're speaking about reporting requirements, because if President Obama did submit a report pursuant to the War Powers Resolution, it would trigger a vote on withdrawal from Afghanistan. Or Congress, on the other hand, has the ability, as I have, to bring a privileged resolution forward.

Now, I have heard a lot of talk about the troops here. I don't take a backseat to anyone in support of the troops. There are some that believe the way that we support the troops is to keep them in Afghanistan. There are others who believe that the way to support the troops is to bring them home.

The Washington Post this week carried one of a series of presentations of what they call "Faces of the Fallen." We owe our gratitude to each and every person who has served this country. We support those who served. But it is our obligation to be able to question the mission at any time. We should honor those who serve and those who have given their lives and made the supreme sacrifice. We owe it to them to continually critically analyze the cost of the war, the purpose of the war, and the continuation of the war.

I never had the opportunity to serve. I had a heart murmur during the Vietnam era. But my father was a World War II marine veteran who had his knee shot out in a campaign in the South Pacific. My brother Frank, who is now deceased, served in combat in Vietnam and came home with post-traumatic stress. It changed his whole life. My brother Gary, a Vietnam-era Marine veteran; my sister Beth Ann, who recently passed, an Army veteran; my nephew Gary, an Iraq combat veteran. I come from a family which believes in service. The American family, the large family of our Nation, believes in service to our country. Yet, it is true that the death toll, as The Washington Post reports in Afghanistan, is at least at 1,000, and we have to have this debate to either recommit to continuing the war and giving the reasons to the troops why we're doing that or to suggest that maybe this is the opportunity for us to take a new direction.

I reserve the balance of my time.

□ 1630

Ms. ROS-LEHTINEN. Madam Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. KIRK), a member of the Committee on Appropriations.

Mr. KIRK. Madam Speaker, I feel compelled to rise today as the only Member of this body who has deployed twice to Afghanistan, both times as a Navy Reserve intelligence officer in Kandahar in 2008 and 2009. I'm not worried about the outcome of this debate. My colleague from Ohio will be defeated today more decisively than during his Presidential campaign.

I am worried about why the Speaker scheduled this debate. In the face of record job losses, a trillion-dollar health care takeover bill, and serious corruption charges leveled by the bipartisan Ethics Committee on some of the most powerful Members of this House, the Speaker has thrown an irresponsible bone to the far fringe of her party by scheduling this debate on the only unqualified success of the Obama administration, his surge to Afghanistan. By setting up this pointless debate, she risks undermining the Obama administration's admirable combat record in Afghanistan. Parts of this debate will now be replayed and misquoted by the Taliban and Iranian radios in ways that will hurt the elected government of Afghanistan, our NATO allies and Americans who wear the uniform now in the field.

I can speak from personal experience. There are no Republicans or Democrats in Afghanistan. There are American troops, our troops, who delivered a stunning set of military successes just in the last 3 months. General Nicholson and his marines took the narco-Taliban stronghold of Marjah in a single week, sending the Taliban fleeing. This is the heroin heartland that has funded the rise of the Taliban.

In a quiet shadow war, our allies then captured the Taliban's top military commander, the equivalent of our Secretary of Defense. And when he was interrogated, we then followed up by capturing the Taliban governors of several provinces and key military leaders. If the Taliban military was a company, it has lost its CEO, its vice president, and its best salesman. At this rate, the guy who is running the mail room will now be attempting to run the Taliban soon.

We all witnessed 9/11. Especially for those of us representing large cities, the lessons that we learned on that day have now come to the core of our public service. It's obvious to say that President Obama, Secretary of State Clinton, and Secretary of Defense Gates fiercely oppose this resolution. Given our overwhelming bipartisan opposition to the resolution, many of our troops would ask, Don't they know that we're winning? What are they doing in Congress? And I would ask, given the growing ethical cloud over this House, given record unemployment in the United States, given a trillion-dollar flawed health care bill, why would the Speaker choose to schedule a forum to question one of the biggest successes of our President?

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. ROS-LEHTINEN. I yield an additional 30 seconds so Mr. KIRK can finish his thoughts.

Mr. KIRK. I will just say that we know the resolution will be defeated. But given the opportunities that it gives Taliban propagandists on the radio, we should ask, Why did the Speaker even schedule such a lopsided debate on this floor?

Mr. BERMAN. Madam Speaker, I yield myself 1 minute to deal with the comments of my friend, the previous speaker.

I would suggest that the decision to schedule this debate did not come out of a desire to make a gesture to the extreme left or any such particular move. It was rather some sense of fealty to the institution of Congress, the institution vested with the war-declaring authority, the oversight of how our expenditures are spent. And I don't understand why you and I, who both have feelings about the wisdom of pursuing the current strategy of this administration on this issue, should be afraid of that debate or wanting to attribute motivations to the willingness to have that debate other than the congressional responsibility to have such discussions and have such debate.

Mr. KIRK. Would the gentleman yield?

Mr. BERMAN. I would be happy to yield.

Mr. KIRK. I would just say that we probably spend enough time naming post offices in the House of Representatives during the worst economy in our country—

Mr. BERMAN. To reclaim my time, this is not a discussion of post offices. This is not a discussion of suspension legislation, and both parties seem to like naming post offices and introducing other kinds of resolutions. This is a discussion about the decision to send our forces into harm's way. It's worthy of a serious debate. There is nothing wrong with that debate. I don't believe our troops are going to get demoralized by our having that debate. I believe for the country, they are going to say, We are proud to represent a country that is willing to undertake that debate.

Mr. KUCINICH. I want to thank the gentleman from California (Mr. BERMAN), who, you know, we do have a difference of opinion about this resolution, but we're united in the fact that this House should debate it, and any Member of this House, whatever their opinion is on this resolution, has the right to debate it. And to try to diminish this institution by saying, Well, this is not a proper subject for debate—we're about to begin a surge. This is a proper subject for debate, and this is why we're here.

If we wait 8½ years to debate this, and people say, Well, why are we debat-

ing it now? Should we wait another 8½ years to have a debate? Or should we have it now before we commit more and more people into combat?

I yield 5 minutes to the gentleman from New York (Mr. SERRANO).

Mr. SERRANO. It is time for us, as a Congress, to have this long overdue discussion on our involvement in Afghanistan. According to the War Powers Resolution, we have a role to play; and it is time that we, as a Congress, exercised our authority. Whether you agree or disagree with the escalation in Afghanistan, we need to debate it. We need to vote on it, and we need to make a decision. We must not give up the powers that we were given in the Constitution.

In the wake of 9/11, I did support a military response to the direct threat that Afghanistan posed to our Nation. I believed then that it was the correct response, and I believe now that it was in concert with our NATO allies. Nine years later, I believe that Congress has the duty to reevaluate America's involvement in a war that seems to have gotten bogged down, with very few signs of success. I believe that had we not taken our focus off Afghanistan in order to invade and occupy Iraq, we would not be in the situation we're in today. But pressing ahead without regard to our Nation's best interests and ignoring Congress' war powers prerogative is the wrong course.

Let us be clear: We cannot tolerate the presence of terrorists seeking to harm our Nation anywhere in the world, but we must ask ourselves if long-term occupations are the correct answer to this threat. We must also be clear in our analysis of our situation in that country. We have a partnership with a government that seems to be increasingly unstable, corrupt and almost completely incapable of maintaining control over vast stretches of the country.

We seem unable to eradicate the Taliban enemy. They scatter before our troops into lawless regions and then return once our troops leave. Without an effective government in Afghanistan, it's hard to see this pattern changing, as the local population cannot count on the Taliban ever being gone for good.

This is a costly war without an end in sight. It's a costly war to our brave soldiers and to their families. It is costly because resources desperately needed to feed the hungry, to find a way forward on health care reform, and to fix our failing schools are being redirected to an effort whose success is questionable.

Here at home, we have had precious little debate over this war. We have seen our troops' numbers rise to above those in Iraq, and yet we have no real benchmarks or goals after which we can leave. We continue to spend massive amounts of money to maintain the

occupation of both countries; and worst of all, we ask our brave men and women in uniform to continue to sacrifice their lives and bodies for this war without our Nation sacrificing similarly. The least we can do to honor their service is to debate and vote properly on this floor and to ensure that our Nation is not sending them into battle without careful thought and reflection.

Let me conclude by saying that I am from New York City, the place where 9/11 took place; and so I know firsthand the devastation that this caused to my own community. Although I supported the effort to confront bin Laden and the perpetrators of that act, I cannot now, 9 years later, agree to an effort which has moved in a different direction with different goals.

To the gentleman from Ohio (Mr. KUCINICH), I commend you for raising this painful subject and allowing our Chamber to engage in an honest and an open debate. Your courage is beyond anything that other Members can ever think of. Our troops and our Nation deserve no less, and you've given us the chance to debate this, and I thank you.

Ms. ROS-LEHTINEN. Madam Speaker, I yield 2½ minutes to the gentleman from New Jersey (Mr. FRELINGHUYSEN), the ranking Republican member on the Appropriations Subcommittee on Energy and Water Development.

Mr. FRELINGHUYSEN. I rise in opposition to the resolution.

My colleagues, this is clearly the wrong resolution offered at precisely the wrong time. Can you imagine being a soldier in Afghanistan hearing of this resolution? Instead of debating a withdrawal from Afghanistan, we should be adopting a resolution praising the all-volunteer men and women of our Armed Forces and their families for their courage, dedicated service, and their continuing sacrifice in the name of protecting Americans everywhere.

Our Nation's Commander in Chief, our President, made the decision to act in Afghanistan, a difficult decision that was supported overwhelmingly by Congress. By the skill and bravery of our soldiers and marines, sailors and airmen, we've eliminated al Qaeda's operations in Afghanistan. But it is clear that we must ensure that our efforts to prevent Afghanistan from becoming a safe haven once again do not falter, do not weaken, and do not waver.

I concurred with the administration's decision to support General Stanley McChrystal's counterinsurgency strategy. That was an important step towards stabilizing Afghanistan. The President's reinforcement of our marines and soldiers, the so-called surge, helps achieve that objective and does provide additional security. The reinforcements have worked. There is success in Afghanistan. Our troops deserve support, and this resolution deserves to be soundly defeated.

Mr. KUCINICH. I yield myself such time as I may consume.

One of the things that really doesn't often get discussion here on this floor with respect to a war is the specifics about how it affects people back home. And because I come from Cleveland, I just want to share with you some things just about my community.

Cleveland, as some of you may know, was the epicenter of the subprime mortgage meltdown. Predatory lenders descended on neighbors in our community and were able to take people into contracts that eventually led them into foreclosure and losing their homes.

Now, I don't think that even the most powerful camera would be able to pick up the sea of red dots across our metropolitan area that represents foreclosures, but you get an idea that we have a desperate need not only in Cleveland but across the country for helping to keep people in their homes. And yet more and more, our priorities are to spend money not just on these wars but to increase the Pentagon budget.

I would like to point out that just with respect to the amount of money that is being spent, allocated by congressional districts—this is the National Priorities Project that I am quoting which includes the fiscal 2010 budget. They point out that taxpayers in the 10th Congressional District that I represent will pay \$591.9 million for total Afghanistan war spending, counting all the spending since 2001.

And they go on to say, Here's what that money could have been spent for instead. It could have been used to provide 209,812 people with health care for 1 year. Or it could have been used to provide 13,404 public safety officers for 1 year, or 9,063 music and arts teachers for 1 year, or 68,299 scholarships for university students for 1 year. Or it could have been spent for 106,658 students receiving Pell grants of \$5,550. Or it could have been spent to provide for 5,521 affordable housing units. It could be have been spent for providing 355,972 children with health care for 1 year, or 92,161 Head Start places for children for 1 year, or 9,433 elementary school teachers for 1 year, or 662,950 homes with renewable electricity for 1 year.

□ 1645

When we spend money on wars and we spend money expanding the budget for military spending, we may say we are making things safer at home, but there is plenty of evidence to suggest that the shift in allocation of funds and the shift for spending towards wars, which were off-budget for quite a while, have put our country in a position where we are not really able to meet our needs.

When you look at this, this is from the Friends Committee on National Legislation, they say for each dollar of

Federal income tax we paid in 2009, the government spent about 33 cents for Pentagon spending for current and past wars; 27 cents supporting the economy, which is the recovery and the bailouts; 17 cents for health care; 11 cents responding to poverty; 9 cents for general government, and of that 7 cents goes for interest on the public debt; 2 cents for energy, science and environment; and a penny of the Federal dollar for diplomacy, development, and war prevention.

We are setting our priorities here constantly. When we remain silent about war spending, we actually have put ourselves in a position where we go headlong. And the headlong momentum that occurs from being silent about a war just carries us into all these reshaped priorities, whether we realize it or not. That is why I have asked this resolution to be brought forth, so we could talk about this.

I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from Georgia (Mr. KINGSTON), the ranking member of the Appropriations Subcommittee on Agriculture, Rural Development, FDA, and Related Agencies.

Mr. KINGSTON. Madam Speaker, I rise in opposition to this resolution, but I do appreciate Mr. KUCINICH for bringing it up. And I think it is proper to debate this. I am a member of the Appropriations Committee. And many years ago in committee we voted to support the Skaggs amendment to an appropriations rule that would have put the war powers in effect during something in the Clinton administration, but I don't remember what the skirmish was. So I think it is appropriate for us to debate this. However, I think the timing is not exactly optimal, particularly with troops in the field.

I also want to point out that it does appear to me that if the Democrat leadership was serious about this, they would have allowed hearings in the committee, and they should have had a committee vote rather than just put it on the House floor. But I am glad that you brought it up, and I know your absolute sincerity in this.

I also want to point out to you, as somebody who voted "no" on the litany I am about to give on spending, that if we are looking for money, perhaps in May of '08 we should not have passed a stimulus program of \$168 billion; in July of 2008, a \$200 billion bailout of Fannie Mae; in August '08, \$85 billion by the Federal Reserve for AIG, which is now up to \$140 billion; and in November of '08, \$700 billion for the TARP bailout; and in January of '09, \$787 billion for a stimulus program which was designed to keep us from getting to 8 percent unemployment, and we are now pushing 10 percent unemployment. That was followed by a

\$410 billion omnibus spending bill. And then we had in December of '09, a \$165 billion jobs program. So we're spending a lot of money. And there's a lot of it out there.

But I would suggest if we're looking for money, what we need to do is get out of the bailout business, from General Motors to the banks. And I think we could find a lot of money on a bipartisan basis. And I know the gentleman is one of the strongest critics of corporate welfare, and yet that is what we have spent 2 years doing, Democrats and Republicans alike. I won't say it started with President Obama.

I do want to say this about the troops in the field. And I do respect your support of troops. I just got back from Afghanistan. I was there Saturday, and I was in Pakistan Sunday, meeting with General McChrystal, meeting with our leadership on the ground over there. We do have a new strategy. It is shape, clear, hold, build, and transfer. And in our first muscle movement under this, as you know we went to Marja, we went to the Helmand Province, and we had a military victory. But rather than leave it there, we have now worked on a successful civilian transfer to make sure that the Afghanis are ready to take on this new conquered territory.

Karzai was briefed from the beginning on the battle for Marja. One-third of the troops were Afghanis. They fought shoulder to shoulder with the coalition forces. The governor of the Helmand province was briefed. There is a new police force that is coming in there to crack down on the corruption in the Afghan police force, because that is one of the problems.

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. ROS-LEHTINEN. I am pleased to yield 30 additional seconds to the gentleman from Georgia.

Mr. KINGSTON. I thank the gentleman.

Thirdly, we now have an engaged Pakistan. One hundred forty-seven thousand troops have closed off the safe havens the Taliban has been running to in Pakistan itself in the meantime. Things are happening. And while I support the gentleman's concept of making sure the War Powers Act is followed, I think the timing is poor. So I will not support it at this time because of the progress on the ground, because of the troops that are on the ground.

But again, I want to congratulate the gentleman in his strong conviction of this. I do think it is something that we in Congress need to look at. We need to look at it carefully. I hope that the committee will have some hearings on this. And I hope that we might have some regular order and have an opportunity for the minority party to maybe even offer an amendment or a motion to recommit or something like that that I think would be very beneficial for us to have this national debate.

Mr. KUCINICH. I yield myself such time as I may consume.

I want to thank the gentleman from Georgia for the collegial manner in which he has approached this debate, and also to suggest that I think that while this is a very emotional matter, that it is possible for us to talk about it in terms that are clear and logical. I also want to say to my friend that I think I probably joined you in voting against the Wall Street bailouts. That was the fiscal conservative in me.

I yield 3 minutes to the gentlewoman from Maryland (Ms. EDWARDS).

Ms. EDWARDS of Maryland. I thank the gentleman from Ohio for bringing this resolution.

I think it is high time that we actually had this debate here in Congress. While it may seem untimely, there is never enough time to have a debate about war and peace that this Congress should be engaged in, and not just the actions of any President.

I want to also join with my colleagues in expressing my support for the men and women who serve this Nation. And as a daughter of one who served through Korea and Vietnam and subsequently, you couldn't find a stronger supporter of our servicemen and women. So I would hope that on both sides of the aisle that we don't confuse our debate about policy and about a resolution with support for our men and women in uniform. Because that would be unfortunate for them and it would be disrespectful of us.

I believe that this Congress has an obligation to send a strong message to the White House that the war must come to an end. And as others have pointed out, we began this war effort to fight al Qaeda following the tragedy of September 2001. But as National Security Adviser Jim Jones has told us, there are only 100 al Qaeda left in Afghanistan. Who are we fighting? Well, now we are fighting the Taliban. And that just shows you that over the course of this time, this war and its mission and its goals have morphed and morphed and morphed to the point that we find ourselves in now.

I have no doubt that our well-trained and brave and dedicated Armed Forces will continue to be victorious on the field of battle. I am humbled by their service. But bringing stability to Afghanistan can only happen by rebuilding a truly functioning civil society—forget that, building a truly functional civil society, something that Afghanistan has not had the privilege to enjoy. This won't come by military force.

The question remains really as to the future capacity of Afghanistan's military and government to do what is required of them to build their country. We really have little evidence, if any, that this outcome is likely given the levels of corruption in the existing Karzai government that continue as well as the intertribal violence that also changes over time.

I am struck, there was a Time magazine article just this past week on the Taliban, on the fighting in Marja, and the limited success, the success that our NATO forces are having. But as was pointed out there, the take and hold and build strategy only happens if you really can transfer. And it is the transfer that I am concerned about. It is the transfer that actually endangers our troops to the point where they may transfer at one point and then have to go back and start the fight over again because that is the nature of the battle in Afghanistan.

Even more troubling is that Afghanistan shouldn't be our top national security priority.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. KUCINICH. I yield the gentlewoman an additional 1 minute.

Ms. EDWARDS of Maryland. Our military risk their lives and our Nation spends resources in a country that has so little hope of future success, that international terrorism actually flourishes in so many countries. Estimates are that this kind of terrorism actually flourishes in about 70 countries. And yet we are so heavily invested in Afghanistan that it leaves us little time, opportunity, or resources to really fight the battle where that needs to happen. By focusing our military and our energy and our treasury on Afghanistan, we are really operating under the inaccurate Bush era philosophy that the threat we face is both well-organized, centralized, and advanced.

We know that violent fundamentalism often operates with little centralization and little organization. It is part of the reason that it can be so successful. This war is a constant reminder that our response to the quickly evolving threat of international terrorism is static, and we must end this war and look for ways to more effectively disrupt violent plots to protect our citizens, our national security, our safety and security, and to build nations in a way that they respect processes and people.

Mr. BERMAN. Madam Speaker, first I would like to yield at the end of the ranking member's time an additional 5 minutes from our time on the assumption that 2 of those 5 minutes will be given to someone from California.

The SPEAKER pro tempore. Without objection, the gentlewoman from Florida will control 5 additional minutes.

There was no objection.

Mr. BERMAN. Second, I would like to now yield 3 minutes to the gentleman from Ohio (Mr. BOCCIERI), one of only two Members of this body who actually have been deployed in our uniformed services in Afghanistan.

Mr. BOCCIERI. Madam Speaker, as Chairman BERMAN has said, I am one of just a handful of Members who have served in Afghanistan. I remember serving on the ground there as I was

deployed as a tactics officer in Operation Vigilant Sentinel. As a C-130 pilot, they sent some forward-deployed troops there to make sure that our troops got the right supplies, and that the missions that we were doing were safe, and that our crews would come home very honorably and soon.

I have to tell you that I remember that day walking to the chow hall. I had my 9-millimeter strapped to my side, walking in my uniform. And there were soldiers gathered along the streets on either side. I kind of peeked my head around, and then a Humvee drove by with the flag on it. And everybody was standing at perfect attention. I was asking somebody what that was. And they said, well, that was one of the soldiers who had recently been killed in action, and he is on his journey back to the United States.

I began to think about that soldier. Who were they? What branch of service were they in? How did they meet their fate? Did they know after C-130 pilots would fly in and unload them, cargo and troops on that very geographic spot, if they knew that they were going to fly home that way. And I remember that anonymous soldier because the mission that we have there is very important.

□ 1700

Whether we agree with this war or not, we have to understand that those troops deployed in Iraq and Afghanistan are there only because our country asked them to go. I believe that we do need to bring our troops home safely, honorably, and soon, but not yet. Discussion is good, but arbitrary deadlines are not. I am concerned about walking away from Afghanistan too prematurely. We must ensure some stability not only in Afghanistan, but also in Pakistan, because of their arsenal of nuclear weapons. It would be disastrous if we allowed some terrorist to get their hands on that arsenal of weapons.

So our policy in Afghanistan has a direct impact on the stability of our region. That is important to me, and we must continue our pursuit of those perpetrators of 9/11 in that region.

The gentleman I serve with from Ohio is a deeply honorable man, and he believes, as I do, that we need to bring our troops home safely, honorably, and soon. However, the only person that is in a position to judge the number of troops needed in Afghanistan, after considering the advice and counsel of the Secretary of Defense and the generals tasked with executing our strategy, in my opinion, is the President of the United States.

Congress's responsibility is to judge the President's strategy, making sure it meets our national defense goals, and provide him with the resources required for success. The war in Afghanistan is a top national security priority

for our country. Having flown dozens of missions in and out of Bagram and Kandahar, I understand that success can only be achieved when the Afghan Government stands on its own and defends itself against any threats, whether those threats are physical, economic, or constitutional.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BERMAN. I yield the gentleman an additional minute.

Mr. BOCCIERI. This means that the Afghan Government needs to be fully functional, standing on its own with an army and police force capable of defending the country, and sealing the border with Pakistan; an economy that provides its citizens with an acceptable standard of living; and a reliable government and judicial structure that delivers critical services and enforces a uniform rule of law throughout the country.

Afghanistan needs civilian investments, comparable if not bigger than our military investment. While securing Afghanistan is important to our national security, our troops cannot do it alone.

It has been said that we need a foreign policy based on realism rather than idealism, and I concur with that. That's why I will not be supporting this resolution today. While I do support the gentleman's efforts to have this discussion, we need to take a very long-term strategy and find out how we do bring our troops home safely, honorably, and soon.

Mr. KUCINICH. Madam Speaker, I just would like to talk for a minute about the mission in the context of what is going on with the government in Kabul. The Washington Post did a story on February 25 which talks about "Officials puzzle over millions of dollars leaving Afghanistan by plane for Dubai," and I will include that for the RECORD.

[From the Washington Post, Feb. 25, 2010]

OFFICIALS PUZZLE OVER MILLIONS OF DOLLARS LEAVING AFGHANISTAN BY PLANE FOR DUBAI

(By Andrew Higgins)

KABUL.—A blizzard of bank notes is flying out of Afghanistan—often in full view of customs officers at the Kabul airport—as part of a cash exodus that is confounding U.S. officials and raising concerns about the money's origin.

The cash, estimated to total well over \$1 billion a year, flows mostly to the Persian Gulf emirate of Dubai, where many wealthy Afghans now park their families and funds, according to U.S. and Afghan officials. So long as departing cash is declared at the airport here, its transfer is legal.

But at a time when the United States and its allies are spending billions of dollars to prop up the fragile government of President Hamid Karzai, the volume of the outflow has stirred concerns that funds have been diverted from aid. The U.S. Drug Enforcement Administration, for its part, is trying to figure out whether some of the money comes from Afghanistan's thriving opium trade.

And officials in neighboring Pakistan think that at least some of the cash leaving Kabul has been smuggled overland from Pakistan.

"All this money magically appears from nowhere," said a U.S. official who monitors Afghanistan's growing role as a hub for cash transfers to Dubai, which has six flights a day to and from Kabul.

Meanwhile, the United States is stepping up efforts to stop money flow in the other direction—into Afghanistan and Pakistan in support of al-Qaeda and the Taliban. Senior Treasury Department officials visited Kabul this month to discuss the cash flows and other issues relating to this country's infant, often chaotic financial sector.

Tracking Afghan exchanges has long been made difficult by the widespread use of traditional money-moving outfits, known as "hawalas," which keep few records. The Afghan central bank, supported by U.S. Treasury advisers, is trying to get a grip on them by licensing their operations.

In the meantime, the money continues to flow. Cash declaration forms filed at Kabul International Airport and reviewed by The Washington Post show that Afghan passengers took more than \$180 million to Dubai during a two-month period starting in July. If that rate held for the entire year, the amount of cash that left Afghanistan in 2009 would have far exceeded the country's annual tax and other domestic revenue of about \$875 million.

The declaration forms highlight the prominent and often opaque role played by hawalas. Asked to identify the "source of funds" in forms issued by the Afghan central bank, cash couriers frequently put down the name of the same Kabul hawala, an outfit called New Ansari Exchange.

Early last month, Afghan police and intelligence officers raided New Ansari's office in Kabul's bazaar district, carting away documents and computers, said Afghan bankers familiar with the operation. U.S. officials declined to comment on what prompted the raid. New Ansari Exchange, which is affiliated with a licensed Afghan bank, closed for a day or so but was soon up and running again.

The total volume of departing cash is almost certainly much higher than the declared amount. A Chinese man, for instance, was arrested recently at the Kabul airport carrying 800,000 undeclared euros (about \$1.1 million).

Cash also can be moved easily through a VIP section at the airport, from which Afghan officials generally leave without being searched. American officials said that they have repeatedly raised the issue of special treatment for VIPs at the Kabul airport with the Afghan government but that they have made no headway.

One U.S. official said he had been told by a senior Dubai police officer that an Afghan diplomat flew into the emirate's airport last year with more than \$2 million worth of euros in undeclared cash. The Afghan consul general in Dubai, Haji Rashoudin Mohammadi, said in a telephone interview that he was not aware of any such incident.

The high volume of cash passing through Kabul's airport first came to light last summer when British company Global Strategies Group, which has an airport security contract, started filing reports on the money transfers at the request of Afghanistan's National Directorate of Security, the domestic intelligence agency. The country's notoriously corrupt police force, however, complained about this arrangement, and Global stopped its reporting in September, according to someone familiar with the matter.

Afghan bankers interviewed in Kabul said that much of the money that does get declared belongs to traders who want to buy goods in Dubai but want to avoid the fees, delays and paperwork that result from conventional wire transfers.

The cash flown out of Kabul includes a wide range of foreign currencies. Most is in U.S. dollars, euros and—to the bafflement of officials—Saudi Arabian riyals, a currency not widely used in Afghanistan.

Last month, a well-dressed Afghan man en route to Dubai was found carrying three briefcases stuffed with \$3 million in U.S. currency and \$2 million in Saudi currency, according to an American official who was present when the notes were counted. A few days later, the same man was back at the Kabul airport, en route to Dubai again, with about \$5 million in U.S. and Saudi bank notes.

One theory is that some of the Arab nation's cash might come from Saudi donations that were supposed to go to mosques and other projects in Afghanistan and Pakistan. But, the American official said, "we don't really know what is going on."

Efforts to figure out just how much money is leaving Afghanistan and why have been hampered by a lack of cooperation from Dubai, complained Afghan and U.S. officials, who spoke on the condition of anonymity. Dubai's financial problems, said a U.S. official, had left the emirate eager for foreign cash, and "they don't seem to care where it comes from." Dubai authorities declined to comment.

Previous to that, the Post did a story about money funneled through a Kabul bank and companies owned by the bank's founder to individual friends, family, and business connections of Hamid Karzai. When you consider the amount of corruption that is going on in Afghanistan, it can only be called, charitably, "crony capitalism." In fact, The Washington Post printed an article on February 22, entitled "In Afghanistan, Signs of Crony Capitalism," and I include this for the RECORD.

[From the Washington Post, Feb. 22, 2010]
IN AFGHANISTAN, SIGNS OF CRONY CAPITALISM
(By Andrew Higgins)

KABUL.—Afghanistan's biggest private bank—founded by the Islamic nation's only world-class poker player—celebrated its fifth year in business last summer with a lottery for depositors at Paris Palace, a Kabul wedding hall.

Prizes awarded by Kabul Bank included nine apartments in the Afghan capital and cash gifts totaling more than \$1 million. The bank trumpeted the event as the biggest prize drawing of its kind in Central Asia.

Less publicly, Kabul Bank's boss has been handing out far bigger prizes to his country's U.S.-backed ruling elite: multimillion-dollar loans for the purchase of luxury villas in Dubai by members of President Hamid Karzai's family, his government and his supporters.

The close ties between Kabul Bank and Karzai's circle reflect a defining feature of the shaky post-Taliban order in which Washington has invested more than \$40 billion and the lives of more than 900 U.S. service members: a crony capitalism that enriches politically connected insiders and dismays the Afghan populace.

"What I'm doing is not proper, not exactly what I should do. But this is Afghanistan," Kabul Bank's founder and chairman,

Sherkhan Farnood, said in an interview when asked about the Dubai purchases and why, according to data from the Persian Gulf emirate's Land Department, many of the villas have been registered in his name. "These people don't want to reveal their names."

Afghan laws prohibit hidden overseas lending and require strict accounting of all transactions. But those involved in the Dubai loans, including Kabul Bank's owners, said the cozy flow of cash is not unusual or illegal in a deeply traditional system underpinned more by relationships than laws.

The curious role played by the bank and its unorthodox owners has not previously been reported and was documented by land registration data; public records; and interviews in Kabul, Dubai, Abu Dhabi and Moscow.

Many of those involved appear to have gone to considerable lengths to conceal the benefits they have received from Kabul Bank or its owners. Karzai's older brother and his former vice president, for example, both have Dubai villas registered under Farnood's name. Kabul Bank's executives said their books record no loans for these or other Dubai deals financed at least in part by Farnood, including home purchases by Karzai's cousin and the brother of Mohammed Qasim Fahim, his current first vice president and a much-feared warlord who worked closely with U.S. forces to topple the Taliban in 2001.

At a time when Washington is ramping up military pressure on the Taliban, the off-balance-sheet activities of Afghan bankers raise the risk of financial instability that could offset progress on the battlefield. Fewer than 5 percent of Afghans have bank accounts, but among those who do are many soldiers and policemen whose salaries are paid through Kabul Bank.

A U.S. official who monitors Afghan finances, who spoke on the condition of anonymity because he was not authorized to comment publicly, said banks appear to have plenty of money but noted that in a crisis, Afghan depositors "won't wait in line holding cups of latte" but would be "waving AK-47s."

Kabul Bank executives, in separate interviews, gave different accounts of what the bank is up to with Dubai home buyers. "They are borrowers. They have an account at Kabul Bank," said the bank's chairman, Farnood, a boisterous 46-year-old with a gift for math and money—and the winner of \$120,000 at the 2008 World Series of Poker Europe, held in a London casino.

The bank's chief audit officer, Raja Gopalakrishnan, however, insisted that the loan money didn't come directly from Kabul Bank. He said it was from affiliated but separate entities, notably a money-transfer agency called Shaheen Exchange, which is owned by Farnood, is run by one of Kabul Bank's 16 shareholders and operates in Kabul out of the bank's headquarters.

The audit officer said Farnood "thinks it is one big pot," but the entities are "legally definitely separate."

A NEW ECONOMY

In some ways, Kabul Bank is a symbol of how much has changed in Afghanistan since 2001, when the country had no private banks and no economy to speak of. Kabul Bank has opened more than 60 branches and recently announced that it will open 250 more, and it claims to have more than \$1 billion in deposits from more than a million Afghan customers.

Kabul Bank prospers because Afghanistan, though extremely poor, is in places awash

with cash, a result of huge infusions of foreign aid, opium revenue and a legal economy that, against the odds, is growing at about 15 percent a year. The vast majority of this money flows into the hands of a tiny minority—some of it through legitimate profits, some of it through kickbacks and insider deals that bind the country's political, security and business elites.

The result is that, while anchoring a free-market order as Washington had hoped, financial institutions here sometimes serve as piggy banks for their owners and their political friends. Kabul Bank, for example, helps bankroll a money-losing airline owned by Farnood and fellow bank shareholders that flies three times a day between Kabul and Dubai.

Kabul Bank's executives helped finance President Hamid Karzai's fraud-blighted reelection campaign last year, and the bank is partly owned by Mahmoud Karzai, the Afghan president's older brother, and by Haseen Fahim, the brother of Karzai's vice presidential running mate.

Farnood, who now spends most of his time in Dubai, said he wants to do business in a "normal way" and does not receive favors as a result of his official contacts. He said that putting properties in his name means his bank's money is safe despite a slump in the Dubai property market: He can easily repossess if borrowers run short on cash.

A review of Dubai property data and interviews with current and former executives of Kabul Bank indicate that Farnood and his bank partners have at least \$150 million invested in Dubai real estate. Most of their property is on Palm Jumeirah, a man-made island in the shape of a palm tree where the cheapest house costs more than \$2 million.

Mirwais Azizi, an estranged business associate of Farnood and the founder of the rival Azizi Bank in Kabul, has also poured money into Dubai real estate, with even more uncertain results. A Dubai company he heads, Azizi Investments, has invested heavily in plots of land on Palm Jebel Ali, a stalled property development. Azizi did not respond to interview requests. His son, Farhad, said Mirwais was busy.

Responsibility for bank supervision in Afghanistan lies with the Afghan central bank, whose duties include preventing foreign property speculation. The United States has spent millions of dollars trying to shore up the central bank. But Afghan and U.S. officials say the bank, though increasingly professional, lacks political clout.

The central bank's governor, Abdul Qadir Fitrat, said his staff had "vigorously investigated" what he called "rumors" of Dubai property deals, but "unfortunately, up until now they have not found anything." Fitrat, who used to live in Washington, last month sent a team of inspectors to Kabul Bank as part of a regular review of the bank's accounts. He acknowledged that Afghan loans are "very difficult to verify" because "we don't know who owns what."

Kabul Bank's dealings with Mahmoud Karzai, the president's brother, help explain why this is so. In interviews, Karzai, who has an Afghan restaurant in Baltimore, initially said he rented a \$5.5 million Palm Jumeirah mansion, where he now lives with his family. But later he said he had an informal home-loan agreement with Kabul Bank and pays \$7,000 a month in interest.

"It is a very peculiar situation. It is hard to comprehend because this is not the usual way of doing business," said Karzai, whose home is in Farnood's name.

Karzai also said he bought a 7.4 percent stake in the bank with \$5 million he borrowed from the bank. But Gopalakrishnan,

the chief audit officer, said Kabul Bank's books include no loans to the president's brother.

Also in a Palm Jumeirah villa registered in Farnood's name is the family of Ahmad Zia Massoud, Afghanistan's first vice president from 2004 until last November. The house, bought in December 2007 for \$2.3 million, was first put in the name of Massoud's wife but was later re-registered to give Farnood formal ownership, property records indicate.

Massoud, brother of the legendary anti-Soviet guerrilla leader Ahmad Shah Massoud, said that Farnood had always been the owner but let his family use it rent-free for the past two years because he is "my close friend." Massoud added: "We have played football together. We have played chess together." Farnood, however, said that though the "villa is in my name," it belongs to Massoud "in reality."

Haseen Fahim, the brother of Afghanistan's current first vice president, has been another beneficiary of Kabul Bank's largesse. He got money from Farnood to help buy a \$6 million villa in Dubai, which, unusually, is under his own name. He borrowed millions more from the bank, which he partly owns, to fund companies he owns in Afghanistan.

In an interview at Kabul Bank's headquarters, Khalilullah Fruz, who as chief executive heads the bank's day-to-day operations, said he didn't know how much bank money has ended up in Dubai. If Karzai's relatives and others buy homes "in Dubai, or Germany or America . . . that is their own affair," Fruz said, adding that the bank "doesn't give loans directly for Dubai."

Fruz, a former gem trader, said Kabul Bank is in robust health, makes a profit and has about \$400 million in liquid assets deposited with the Afghan central bank and other institutions. Kabul Bank is so flush, he added, that it is building a \$30 million headquarters, a cluster of shimmering towers of bulletproof glass.

The bank is also spending millions to hire gunmen from a company called Khurasan Security Services, which, according to registration documents, used to be controlled by Fruz and is now run by his brother.

The roots of Kabul Bank stretch back to the Soviet Union. Both Fruz and Farnood got their education and their start in business there after Moscow invaded Afghanistan in 1979.

While in Moscow, Farnood set up a successful hawala money-transfer outfit to move funds between Russia and Kabul. Russian court documents show that 10 of Farnood's employees were arrested in 1998 and later convicted of illegal banking activity. Fearful of arrest in Russia and also in Taliban-ruled Afghanistan, Farnood shifted his focus to Dubai.

In 2004, three years after the fall of the Taliban regime, he got a license to open Kabul Bank. His Dubai-registered hawala, Shaheen Exchange, moved in upstairs and started moving cash for bank clients. It last year shifted \$250 million to \$300 million to Dubai, said the chief audit officer.

The bank began to take in new, politically connected shareholders, among them the president's brother, Mahmoud, and Fahim, brother of the vice president, who registered his stake in the name of his teenage son.

Fahim said two of his companies have borrowed \$70 million from Kabul Bank. Insider borrowing, he said, is unavoidable and even desirable in Afghanistan because, in the absence of a solid legal system, business revolves around trust, not formal contracts.

"Afghanistan is not America or Europe. Afghanistan is starting from zero," he said.

Fahim's business has boomed, thanks largely to subcontracting work on foreign-funded projects, including a new U.S. Embassy annex and various buildings at CIA sites across the country, among them a remote base in Khost where seven Americans were killed in a December suicide attack by a Jordanian jihadiist. "I have good opportunities to get profit," Fahim said.

"LIKE WILD HORSES"

Kabul Bank also plunged into the airline business, providing loans to Pamir Airways, an Afghan carrier now owned by Farnood, Fruz and Fahim. Pamir spent \$46 million on four used Boeing 737-400s and hired Hashim Karzai, the president's cousin, formerly of Silver Spring, as a "senior adviser."

Farnood said he also provided a "little bit" of money to help Hashim Karzai buy a house on Palm Jumeirah in Dubai. Karzai, in brief telephone interviews, said that the property was an investment and that he had borrowed some money from Farnood. He said he couldn't recall details and would "have to check with my accountant."

Noor Delawari, governor of the central bank during Kabul Bank's rise, said Farnood and his lieutenants "were like wild horses" and "never paid attention to the rules and regulations." Delawari said he didn't know about any property deals by Kabul Bank in Dubai. He said that he, too, bought a home in the emirate, for about \$200,000.

Fitrat, the current central bank governor, has tried to take a tougher line against Kabul Bank and its rivals, with little luck. Before last year's presidential election, the central bank sent a stern letter to bankers, complaining that they squander too much money on "security guards and bulletproof vehicles" and "expend large-scale monetary assistance to politicians." The letter ordered them to remain "politically neutral."

Kabul Bank did the opposite: Fruz, its chief executive, joined Karzai's campaign in Kabul while Farnood, its poker-playing chairman, organized fundraising events for Karzai in Dubai. One of these was held at the Palm Jumeirah house of Karzai's brother.

The government has returned the favor. The ministries of defense, interior and education now pay many soldiers, police and teachers through Kabul Bank. This means that tens of millions of dollars' worth of public money sloshes through the bank, an unusual arrangement, as governments generally don't pump so much through a single private bank.

Soon after his November inauguration for a second term, President Karzai spoke at an anti-corruption conference in Kabul, criticizing officials who "after one or two years work for the government get rich and buy houses in Dubai." Last month, he flew to London for a conference on Afghanistan, attended by Secretary of State Hillary Rodham Clinton and other leaders, and again promised an end to the murky deals that have so tarnished his rule.

Also in London for the conference were Farnood, who now has an Afghan diplomatic passport, and Fruz, who served as a financial adviser to Karzai's reelection campaign and also owns a house in Dubai. "If there is no Kabul Bank, there will be no Karzai, no government," Fruz said.

As a result, U.S. taxpayers and aid organizations are investing billions of dollars in Afghanistan, but the leaders of the country are investing in real estate in Dubai. We care about democ-

racy. Try building democracy in a place which is rife with narcotraffic, crony capitalism, and villas in Dubai. What is this about? Why are we there? I mean, I am from Cleveland, Ohio. The people I represent are very basic people. When you tell them that the head of Afghanistan has his hands in all of these crooked deals, you start to wonder, We are going to build a democracy on this person's shoulders? I don't think so.

We are supporting a government where corruption is epidemic. Last year, USAID reported that corruption in Afghanistan is significant, a growing problem, and that pervasive, systemic corruption was at an unprecedented scope in the country's history. On November 17, Transparency International ranked Afghanistan as the second most corrupt nation in the world. And to compound the fears, in President Karzai's fraud-filled election late last year, he recently took over the country's election watchdog group. Is this the kind of person that we can trust to have a partnership with for democracy? I don't think so.

A January 2010 report by the United Nations Office on Drugs and Crime reveals that Afghan citizens were forced to pay an estimated \$2.5 billion a year in bribes. According to evidence collected through wiretaps and bank records, a senior border police official in Kandahar allegedly collected salaries of hundreds of ghost policemen and stole money from a government fund intended to pay orphans and widows. Is this the kind of environment where we can build a democracy?

Our troops in Afghanistan have to deal with corrupt officials on a daily basis. A commander of the Afghan border police offered to give the U.S. military prime land at a crossing with Pakistan to build a waiting area for supply vehicles needed for President Obama's troop increase. The same man, U.S. officials believe, earns tens of millions of dollars a year trafficking opium and extorting cargo truck drivers. Is this the kind of person that we can create movement toward a democracy with?

[From the Nation, Nov. 30, 2009]

HOW THE U.S. FUNDS THE TALIBAN

(By Aram Roston)

On October 29, 2001, while the Taliban's rule over Afghanistan was under assault, the regime's ambassador in Islamabad gave a chaotic press conference in front of several dozen reporters sitting on the grass. On the Taliban diplomat's right sat his interpreter, Ahmad Rateb Popal, a man with an imposing presence. Like the ambassador, Popal wore a black turban, and he had a huge bushy beard. He had a black patch over his right eye socket, a prosthetic left arm and a deformed right hand, the result of injuries from an explosives mishap during an old operation against the Soviets in Kabul.

But Popal was more than just a former mujahideen. In 1988, a year before the Soviets fled Afghanistan, Popal had been charged

in the United States with conspiring to import more than a kilo of heroin. Court records show he was released from prison in 1997.

Flash forward to 2009, and Afghanistan is ruled by Popal's cousin President Hamid Karzai. Popal has cut his huge beard down to a neatly trimmed one and has become an immensely wealthy businessman, along with his brother Rashid Popal, who in a separate case pleaded guilty to a heroin charge in 1996 in Brooklyn. The Popal brothers control the huge Watan Group in Afghanistan, a consortium engaged in telecommunications, logistics and, most important, security. Watan Risk Management, the Popals' private military arm, is one of the few dozen private security companies in Afghanistan. One of Watan's enterprises, key to the war effort, is protecting convoys of Afghan trucks heading from Kabul to Kandahar, carrying American supplies.

Welcome to the wartime contracting bazaar in Afghanistan. It is a virtual carnival of improbable characters and shady connections, with former CIA officials and ex-military officers joining hands with former Taliban and mujahedeen to collect U.S. government funds in the name of the war effort.

In this grotesque carnival, the U.S. military's contractors are forced to pay suspected insurgents to protect American supply routes. It is an accepted fact of the military logistics operation in Afghanistan that the US government funds the very forces American troops are fighting. And it is a deadly irony, because these funds add up to a huge amount of money for the Taliban. "It's a big part of their income," one of the top Afghan government security officials told *The Nation* in an interview. In fact, US military officials in Kabul estimate that a minimum of 10 percent of the Pentagon's logistics contracts—hundreds of millions of dollars—consists of payments to insurgents.

Understanding how this situation came to pass requires untangling two threads. The first is the insider dealing that determines who wins and who loses in Afghan business, and the second is the troubling mechanism by which "private security" ensures that the US supply convoys traveling these ancient trade routes aren't ambushed by insurgents.

A good place to pick up the first thread is with a small firm awarded a US military logistics contract worth hundreds of millions of dollars: NCL Holdings. Like the Popals' Watan Risk, NCL is a licensed security company in Afghanistan.

What NCL Holdings is most notorious for in Kabul contracting circles, though, is the identity of its chief principal, Hamed Wardak. He is the young American son of Afghanistan's current defense minister, Gen. Abdul Rahim Wardak, who was a leader of the mujahedeen against the Soviets. Hamed Wardak has plunged into business as well as policy. He was raised and schooled in the United States, graduating as valedictorian from Georgetown University in 1997. He earned a Rhodes scholarship and interned at the neoconservative think tank the American Enterprise Institute. That internship was to play an important role in his life, for it was at AEI that he forged alliances with some of the premier figures in American conservative foreign policy circles, such as the late Ambassador Jeane Kirkpatrick.

Wardak incorporated NCL in the United States early in 2007, although the firm may have operated in Afghanistan before then. It made sense to set up shop in Washington, because of Wardak's connections there. On NCL's advisory board, for example, is Milton

Bearden, a well-known former CIA officer. Bearden is an important voice on Afghanistan issues; in October he was a witness before the Senate Foreign Relations Committee, where Senator John Kerry, the chair, introduced him as "a legendary former CIA case officer and a clearheaded thinker and writer." It is not every defense contracting company that has such an influential adviser.

But the biggest deal that NCL got—the contract that brought it into Afghanistan's major leagues—was Host Nation Trucking. Earlier this year the firm, with no apparent trucking experience, was named one of the six companies that would handle the bulk of US trucking in Afghanistan, bringing supplies to the web of bases and remote outposts scattered across the country.

At first the contract was large but not gargantuan. And then that suddenly changed, like an immense garden coming into bloom. Over the summer, citing the coming "surge" and a new doctrine, "Money as a Weapons System," the U.S. military expanded the contract 600 percent for NCL and the five other companies. The contract documentation warns of dire consequences if more is not spent: "service members will not get food, water, equipment, and ammunition they require." Each of the military's six trucking contracts was bumped up to \$360 million, or a total of nearly \$2.2 billion. Put it in this perspective: this single two-year effort to hire Afghan trucks and truckers was worth 10 percent of the annual Afghan gross domestic product. NCL, the firm run by the defense minister's well-connected son, had struck pure contracting gold.

Host Nation Trucking does indeed keep the US military efforts alive in Afghanistan. "We supply everything the army needs to survive here," one American trucking executive told me. "We bring them their toilet paper, their water, their fuel, their guns, their vehicles." The epicenter is Bagram Air Base, just an hour north of Kabul, from which virtually everything in Afghanistan is trucked to the outer reaches of what the Army calls "the Battlespace"—that is, the entire country. Parked near Entry Control Point 3, the trucks line up, shifting gears and sending up clouds of dust as they prepare for their various missions across the country.

The real secret to trucking in Afghanistan is ensuring security on the perilous roads, controlled by warlords, tribal militias, insurgents and Taliban commanders. The American executive I talked to was fairly specific about it: "The Army is basically paying the Taliban not to shoot at them. It is Department of Defense money." That is something everyone seems to agree on.

Mike Hanna is the project manager for a trucking company called Afghan American Army Services. The company, which still operates in Afghanistan, had been trucking for the United States for years but lost out in the Host Nation Trucking contract that NCL won. Hanna explained the security realities quite simply: "You are paying the people in the local areas—some are warlords, some are politicians in the police force—to move your trucks through."

Hanna explained that the prices charged are different, depending on the route: "We're basically being extorted. Where you don't pay, you're going to get attacked. We just have our field guys go down there, and they pay off who they need to." Sometimes, he says, the extortion fee is high, and sometimes it is low. "Moving ten trucks, it is probably \$800 per truck to move through an

area. It's based on the number of trucks and what you're carrying. If you have fuel trucks, they are going to charge you more. If you have dry trucks, they're not going to charge you as much. If you are carrying MRAPs or Humvees, they are going to charge you more."

Hanna says it is just a necessary evil. "If you tell me not to pay these insurgents in this area, the chances of my trucks getting attacked increase exponentially."

Whereas in Iraq the private security industry has been dominated by US and global firms like Blackwater, operating as de facto arms of the US government, in Afghanistan there are lots of local players as well. As a result, the industry in Kabul is far more dog-eat-dog. "Every warlord has his security company," is the way one executive explained it to me.

In theory, private security companies in Kabul are heavily regulated, although the reality is different. Thirty-nine companies had licenses until September, when another dozen were granted licenses. Many licensed companies are politically connected: just as NCL is owned by the son of the defense minister and Watan Risk Management is run by President Karzai's cousins, the Asia Security Group is controlled by Hashmat Karzai, another relative of the president. The company has blocked off an entire street in the expensive Sherpur District. Another security firm is controlled by the parliamentary speaker's son, sources say. And so on.

In the same way, the Afghan trucking industry, key to logistics operations, is often tied to important figures and tribal leaders. One major hauler in Afghanistan, Afghan International Trucking (AIT), paid \$20,000 a month in kickbacks to a US Army contracting official, according to the official's plea agreement in US court in August. AIT is a very well-connected firm: it is run by the 25-year-old nephew of Gen. Baba Jan, a former Northern Alliance commander and later a Kabul police chief. In an interview, Baba Jan, a cheerful and charismatic leader, insisted he had nothing to do with his nephew's corporate enterprise.

But the heart of the matter is that insurgents are getting paid for safe passage because there are few other ways to bring goods to the combat outposts and forward operating bases where soldiers need them. By definition, many outposts are situated in hostile terrain, in the southern parts of Afghanistan. The security firms don't really protect convoys of American military goods here, because they simply can't; they need the Taliban's cooperation.

One of the big problems for the companies that ship American military supplies across the country is that they are banned from arming themselves with any weapon heavier than a rifle. That makes them ineffective for battling Taliban attacks on a convoy. "They are shooting the drivers from 3,000 feet away with PKMs," a trucking company executive in Kabul told me. "They are using RPGs [rocket-propelled grenades] that will blow up an up-armed vehicle. So the security companies are tied up. Because of the rules, security companies can only carry AK-47s, and that's just a joke. I carry an AK—and that's just to shoot myself if I have to!"

The rules are there for a good reason: to guard against devastating collateral damage by private security forces. Still, as Hanna of Afghan American Army Services points out, "An AK-47 versus a rocket-propelled grenade—you are going to lose!" That said, at least one of the Host Nation Trucking companies has tried to do battle instead of paying off insurgents and warlords. It is a US-

owned firm called Four Horsemen International. Instead of providing payments, it has tried to fight off attackers. And it has paid the price in lives, with horrendous casualties. FHI, like many other firms, refused to talk publicly; but I've been told by insiders in the security industry that FHI's convoys are attacked on virtually every mission.

For the most part, the security firms do as they must to survive. A veteran American manager in Afghanistan who has worked there as both a soldier and a private security contractor in the field told me, "What we are doing is paying warlords associated with the Taliban, because none of our security elements is able to deal with the threat." He's an Army veteran with years of Special Forces experience, and he's not happy about what's being done. He says that at a minimum American military forces should try to learn more about who is getting paid off.

"Most escorting is done by the Taliban," an Afghan private security official told me. He's a Pashto and former mujahedeen commander who has his finger on the pulse of the military situation and the security industry. And he works with one of the trucking companies carrying US supplies. "Now the government is so weak," he added, "everyone is paying the Taliban."

To Afghan trucking officials, this is barely even something to worry about. One woman I met was an extraordinary entrepreneur who had built up a trucking business in this male-dominated field. She told me the security company she had hired dealt directly with Taliban leaders in the south. Paying the Taliban leaders meant they would send along an escort to ensure that no other insurgents would attack. In fact, she said, they just needed two armed Taliban vehicles. "Two Taliban is enough," she told me. "One in the front and one in the back." She shrugged. "You cannot work otherwise. Otherwise it is not possible."

Which leads us back to the case of Watan Risk, the firm run by Ahmad Rateb Popal and Rashid Popal, the Karzai family relatives and former drug dealers. Watan is known to control one key stretch of road that all the truckers use: the strategic route to Kandahar called Highway 1. Think of it as the road to the war—to the south and to the west. If the Army wants to get supplies down to Helmand, for example, the trucks must make their way through Kandahar.

Watan Risk, according to seven different security and trucking company officials, is the sole provider of security along this route. The reason is simple: Watan is allied with the local warlord who controls the road. Watan's company website is quite impressive, and claims its personnel "are diligently screened to weed out all ex-militia members, supporters of the Taliban, or individuals with loyalty to warlords, drug barons, or any other group opposed to international support of the democratic process." Whatever screening methods it uses, Watan's secret weapon to protect American supplies heading through Kandahar is a man named Commander Ruhullah. Said to be a handsome man in his 40s, Ruhullah has an oddly high-pitched voice. He wears traditional salwar kameez and a Rolex watch. He rarely, if ever, associates with Westerners. He commands a large group of irregular fighters with no known government affiliation, and his name, security officials tell me, inspires obedience or fear in villages along the road.

It is a dangerous business, of course: until last spring Ruhullah had competition—a one-legged warlord named Commander Abdul Khaliq. He was killed in an ambush.

So Ruhullah is the surviving road warrior for that stretch of highway. According to witnesses, he works like this: He waits until there are hundreds of trucks ready to convoy south down the highway. Then he gets his men together, setting them up in 4x4s and pickups. Witnesses say he does not limit his arsenal to AK-47s but uses any weapons he can get. His chief weapon is his reputation. And for that, Watan is paid royally, collecting a fee for each truck that passes through his corridor. The American trucking official told me that Ruhullah "charges \$1,500 per truck to go to Kandahar. Just 300 kilometers."

It's hard to pinpoint what this is, exactly—security, extortion or a form of "insurance." Then there is the question, Does Ruhullah have ties to the Taliban? That's impossible to know. As an American private security veteran familiar with the route said, "He works both sides . . . whatever is most profitable. He's the main commander. He's got to be involved with the Taliban. How much, no one knows."

Even NCL, the company owned by Hamed Wardak, pays. Two sources with direct knowledge tell me that NCL sends its portion of US logistics goods in Watan's and Ruhullah's convoys. Sources say NCL is billed \$500,000 per month for Watan's services. To underline the point: NCL, operating on a \$360 million contract from the US military, and owned by the Afghan defense minister's son, is paying millions per year from those funds to a company owned by President Karzai's cousins, for protection.

Hamed Wardak wouldn't return my phone calls. Milt Bearden, the former CIA officer affiliated with the company, wouldn't speak with me either. There's nothing wrong with Bearden engaging in business in Afghanistan, but disclosure of his business interests might have been expected when testifying on US policy in Afghanistan and Pakistan. After all, NCL stands to make or lose hundreds of millions based on the whims of US policy-makers.

It is certainly worth asking why NCL, a company with no known trucking experience, and little security experience to speak of, would win a contract worth \$360 million. Plenty of Afghan insiders are asking questions. "Why would the US government give him a contract if he is the son of the minister of defense?" That's what Mahmoud Karzai asked me. He is the brother of President Karzai, and he himself has been treated in the press as a poster boy for access to government officials. The New York Times even profiled him in a highly critical piece. In his defense, Karzai emphasized that he, at least, has refrained from US government or Afghan government contracting. He pointed out, as others have, that Hamed Wardak had little security or trucking background before his company received security and trucking contracts from the Defense Department. "That's a questionable business practice," he said. "They shouldn't give it to him. How come that's not questioned?"

I did get the opportunity to ask General Wardak, Hamed's father, about it. He is quite dapper, although he is no longer the debonair "Gucci commander" Bearden once described. I asked Wardak about his son and NCL. "I've tried to be straightforward and correct and fight corruption all my life," the defense minister said. "This has been something people have tried to use against me, so it has been painful."

Wardak would speak only briefly about NCL. The issue seems to have produced a rift with his son. "I was against it from the be-

ginning, and that's why we have not talked for a long time. I have never tried to support him or to use my power or influence that he should benefit."

When I told Wardak that his son's company had a US contract worth as much as \$360 million, he did a double take. "This is impossible," he said. "I do not believe this."

I believed the general when he said he really didn't know what his son was up to. But cleaning up what look like insider deals may be easier than the next step: shutting down the money pipeline going from DoD contracts to potential insurgents.

Two years ago, a top Afghan security official told me, Afghanistan's intelligence service, the National Directorate of Security, had alerted the American military to the problem. The NDS delivered what I'm told are "very detailed" reports to the Americans explaining how the Taliban are profiting from protecting convoys of US supplies.

The Afghan intelligence service even offered a solution: what if the United States were to take the tens of millions paid to security contractors and instead set up a dedicated and professional convoy support unit to guard its logistics lines? The suggestion went nowhere.

The bizarre fact is that the practice of buying the Taliban's protection is not a secret. I asked Col. David Haight, who commands the Third Brigade of the Tenth Mountain Division, about it. After all, part of Highway 1 runs through his area of operations. What did he think about security companies paying off insurgents? "The American soldier in me is repulsed by it," he said in an interview in his office at FOB Shank in Logar Province. "But I know that it is what it is: essentially paying the enemy, saying, 'Hey, don't hassle me.' I don't like it, but it is what it is."

As a military official in Kabul explained contracting in Afghanistan overall, "We understand that across the board 10 percent to 20 percent goes to the insurgents. My intel guy would say it is closer to 10 percent. Generally it is happening in logistics."

In a statement to The Nation about Host Nation Trucking, Col. Wayne Shanks, the chief public affairs officer for the international forces in Afghanistan, said that military officials are "aware of allegations that procurement funds may find their way into the hands of insurgent groups, but we do not directly support or condone this activity, if it is occurring." He added that, despite oversight, "the relationships between contractors and their subcontractors, as well as between subcontractors and others in their operational communities, are not entirely transparent."

In any case, the main issue is not that the US military is turning a blind eye to the problem. Many officials acknowledge what is going on while also expressing a deep disquiet about the situation. The trouble is that—as with so much in Afghanistan—the United States doesn't seem to know how to fix it.

I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from Iowa (Mr. KING), a member of the Agriculture and Small Business Committees and the ranking member on the Judiciary Subcommittee on Immigration, Citizenship, Refugees, Border Security, and International Law.

Mr. KING of Iowa. Madam Speaker, I thank the gentlewoman from Florida for yielding to me.

I rise in opposition to H. Con. Res. 248. It is not with disrespect for my colleague from Ohio, and I am confident that the gentleman from Ohio is aware of that, but I read the resolution, and to me it reads as a retreat resolution. I think about the times that America has been characterized as retreating. As I look back through the history that I have lived through and the history that I have studied, I think of a little book I have in my office that I wish I would have brought over here. It is the book, "How We Won the War," by General Giap of Vietnam, North Vietnam at the time. And I ran across that book randomly, and I began to read through that, and what would be going through the mind of a Vietnamese general.

First, I would make the point that we didn't lose the war tactically in Vietnam; it was lost here in the United States, and a lot of it exactly on the floor of this Congress and in debates that began and flowed through similar to these debates that we have today.

As I read that, it is on page 8, it is not worth reading the book, it says that they got the inspiration because the United States had negotiated an agreement with Korea. Where did they get their inspiration to win the war against us in Vietnam? They saw that we didn't fight the Korean war through to a final victory but negotiated a settlement. And then I would fast-forward to June 11, 2004, where I was sitting waiting to go into Iraq the next day, and on the screen of Al Jazeera TV came Muqtada al-Sadr speaking in Arabic with English closed caption. He said, If we continue to attack Americans, they will leave Iraq the same way they left Vietnam, the same way they left Lebanon, the same way they left Mogadishu. That is the inspiration not just for our enemies of al Qaeda in Iraq and in Afghanistan and around the world, it is the inspiration for all of our enemies around the world, and it was the inspiration for Osama bin Laden when he ordered the attack on the United States on September 11.

We cannot lose our will. When we engage in an operation, we have to push it through to success. In fact, that legacy of Lebanon, Vietnam, and Mogadishu has been put to rest by a victory in Iraq, a victory that would not have been achieved if the people who brought these debates to the floor 44 times in the 110th Congress, resolutions that were designed to unfund, underfund, or undermine our troops, we fought off all of those resolutions. Now we have a victory in Iraq that is being claimed by this administration who opposed it back then.

I don't trust the judgment of people who have always been against armed conflict. I trust the judgment of the people who fight and win wars and the people who lead us through those wars that we fight and win.

This is an American destiny question that is before us. If we walk away from this conflict in Afghanistan for any reason, America's destiny will forever be diminished, and they will never take us seriously again.

Mr. KUCINICH. Madam Speaker, I yield 2 minutes to the gentleman from California (Mr. FARR).

Mr. FARR. Madam Speaker, I rise today for this opportunity to speak as an original cosponsor of this bill on what I believe is the foremost foreign policy issue facing the United States today. There is perhaps no more important matter on the table right now than Afghanistan, not least because every dollar we spend abroad for war is a dollar of investment lost to all of our communities here at home.

We have spent more than \$250 billion fighting and occupying Afghanistan. President Obama is now implementing his plan to send an additional 30,000 troops to Afghanistan, which will cost another \$33 billion. This is an enormous amount of money, and the security gains are dubious when there are more al Qaeda in other parts of the globe.

So long as the United States has a major military presence in Afghanistan, long-term stability will continue to be a goal just out of our reach. More troops are not the answer.

We need to turn the corner. We must rebuild. We must build a governing capacity among the Afghans, not military fighting capacity. As long as Afghanistan is able to depend exclusively on the United States for stability, the longer they will continue to do so. The quicker we prepare for transfer authority to the Afghans, the sooner we will be able to leave the country.

Over a year ago, President Obama announced his strategy to disrupt, dismantle, and defeat al Qaeda in its safe havens of Afghanistan and Pakistan. I made clear that I would not rubber-stamp his strategy for more troops. The only way we can solve this mess is to put in place a regional strategy with international buy-in. That strategy must include a strong civilian component capable of achieving diplomatic and development objectives, as well as security goals.

I was distressed to read several months ago that Special Envoy Richard Holbrooke acknowledged that we had built almost no capacity in the Afghan authorities.

The SPEAKER pro tempore (Ms. EDWARDS of Maryland). The time of the gentleman has expired.

Mr. KUCINICH. I yield the gentleman another 30 seconds.

Mr. FARR. We sent our troops to war in Afghanistan, but after more than 8 years of war, we are only now actively trying to support peace. For years, I have worked to develop a Civilian Response Corps that can bring the whole of government approach to winning the peace.

We have proven time and time again that we can kick down doors, but we have not yet proven that we can build peace. We are finally standing up the Civilian Response Corps, and we are finally developing the capacity so that war without end is not our only option.

In the recent operation in Marjah, the military aspect of the operation started in February 12, and by February 25 the Afghan flag was raised. This week, Afghan President Karzai, together with General Stanley McChrystal, visited Marjah. They met with elders who told President Karzai they wanted Afghan troops, not international forces, in their town. They expressed frustration at the government's lack of ability to provide services. It is those public services—provided by a civilian corps supported by Afghan security—that will win the peace.

The long-term solution in Afghanistan will be a civilian solution, and the sooner we move to this next phase the better. For this reason, I believe a vote for success in Afghanistan is a vote for this resolution to remove our military troops by year's end.

Mr. BERMAN. Madam Speaker, I am pleased to yield 1 minute to the majority leader, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. Madam Speaker, I rise in opposition to this resolution, which would urge the withdrawal of American troops from Afghanistan, in my opinion, at great cost to America's security and, indeed, the Afghan people. But I want to rise as well to thank my friend, the gentleman from Ohio (Mr. KUCINICH), with whom I work closely. This issue needs to be debated. This issue needs to be raised. The American people have a right to have us debate this issue.

□ 1715

Their young men and young women are in harm's way. They are in harm's way at our insistence, or at least at our sufferance. So it is right to have this debate. And while I disagree with the gentleman from Ohio, I appreciate the fact that he provides this opportunity to discuss this very, very important issue.

Madam Speaker, after years in which Afghanistan was a secondary concern, in my view, President Obama has set our policy on a new course which is already showing significant results. I believe that this is not the time to change that policy.

There is vast agreement that an indefinite presence in Afghanistan or Iraq is unacceptable. In Iraq we have reached the transition point of handing over responsibility to the central Government to take care of its own people. We see positive signs, such as the recent Iraq election in which 62 percent of the voters turned out in the face of terrorist violence. Was it perfect? It was not. Are there concerns yet about who could run and who could not? There are, appropriate concerns. But nevertheless, we see progress.

Given the increasing stability of the Iraq Government, President Obama is proceeding with responsible troop withdrawals. Today, 96,000 American troops remain, down from 140,000 troops, and calculated and careful drawdowns continue. All American combat troops are set to leave Iraq by the end of August.

At the same time, the President conducted a comprehensive reevaluation of our Afghanistan policy, one in which all viewpoints were heard. Some thought it took too long; some of us believed it was a careful, thoughtful, and correct attention to an important decision.

The Obama administration came to the conclusion that a failed Afghanistan was the launching pad for terrorist attacks that killed thousands of Americans as well as a source of regional instability, and that a newly failed Afghan state could pose the same danger again. That is why we, in a bipartisan way, authorized troops to go to Afghanistan about a decade ago. That is why the President committed to a strategy of troop increases, not as an open-ended commitment, but as part of a limited strategy of counterinsurgency with withdrawals set to begin in the summer of 2011.

This is not a war we fight alone. Our allies understand that the threat of terrorism affects us all and have pitched in accordingly. Since the President's December 1 speech announcing his new policy, we have seen a sharp increase in international cooperation with our allies, pledging approximately 10,000 additional troops and more military trainees.

Our new Afghan strategy has already seen real success in Afghanistan and in Pakistan, which demonstrates that this resolution is especially ill-timed. Among the highlights of that success have been the capture of Mullah Baradar, the second-highest ranking member of the Taliban and most significant Taliban capture since the beginning of the war, and Mullah Abdul Kabir, a senior Taliban leader. Both were captured in Pakistan, which illustrates increased cooperation from the Pakistan Government, thanks in large part to the administration's careful diplomacy.

As The Washington Post put it on February 23, "Pakistani security forces have long supported or turned a blind eye to Afghan Taliban members seeking sanctuary in Pakistan. The recent arrests seem to mark a change in that attitude." Clearly, success in Afghanistan will be posited on the success of those in Pakistan to act against sanctuaries. At the same time, the leadership of al Qaeda and Taliban has been severely damaged through strikes in Pakistan. And the new counterinsurgency strategy has been put to work in Marjah, an important district in Helmand province, where American, coalition, and Afghan troops have

worked and fought successfully together to strengthen the central Government against Taliban fighters.

Let me say, the gentleman has made some comments about the Afghan central Government. All of us share the gentleman's concerns about the central Government. These are concerns that are properly raised and need to be addressed. However, there is no doubt that years of war against the Taliban and terrorists have imposed a heavy cost on the Afghan people. Despite those heavy costs, the Afghan people support the coalition's continued presence in their country, perhaps because they know that reprisals from an unchecked Taliban would be fierce and unforgiving. In fact, our failure to follow through when the Soviets withdrew resulted, very frankly, in the Taliban's presence.

According to a recent poll conducted by the BBC, ABC, and German television, 68 percent of Afghans want American troops to stay in their country and 56 percent of Afghans believe their country is headed in the right direction, compared to just 30 percent last spring. Just since last spring, we have seen almost a doubling of the view that Afghanistan is heading in the right direction on behalf of Afghan citizens.

Madam Speaker, there is no question that our strategy in Afghanistan and Pakistan has suffered from neglect, poor planning, and minimal diplomacy, but passing this resolution would show that we've learned the wrong lessons from those years of relative neglect. Abandoning Afghanistan just when a new strategy and new leadership has begun to bear fruit I think would be a mistake. And although I appreciate the gentleman's leadership and incisive analysis, which bears listening to, on this issue we disagree.

I would urge, therefore, my colleagues to vote "no" on the resolution before us.

Mr. KUCINICH. I want to thank our majority leader for his participation and also for his cooperation in ensuring that this debate could happen. You and our Speaker and Mr. BERMAN are appreciated for your willingness to provide for this moment to happen so that the House could be heard from, so thank you.

I would ask, Madam Speaker, how much time remains in the debate? I am sure we're winding down here.

The SPEAKER pro tempore. The gentleman from Ohio has 13½ minutes remaining. The gentleman from California has 9 minutes remaining. And the gentlewoman from Florida has 5 minutes remaining.

Mr. KUCINICH. I yield myself 3 minutes.

One of the areas of concern that I have about our presence in Afghanistan that I haven't seen discussed that much deals with the role of oil and gas,

particularly in Afghanistan. Paul Craig Roberts, who was an Assistant Secretary of Treasury under the Reagan administration, reported in November of last year on a former British ambassador to Uzbekistan, Craig Murray, who was fired from his job when he spoke out about documents he saw "proving that the motivation for U.S. and U.K. military aggression in Afghanistan had something to do with the natural gas deposits in Uzbekistan and Turkmenistan." He continues, and these are his words, "The Americans wanted a pipeline that bypassed Russia and Iran and went through Afghanistan. To ensure this, an invasion was necessary."

I did some additional research on that and I found an article by Craig Murray where he claims that Mr. Karzai "was put in place because of his role with Unocal in developing the Trans-Afghanistan Gas Pipeline project. That remains a chief strategic goal. The Asian Development Bank has agreed finance to start construction in spring, 2011. It is, of course, a total coincidence that 30,000 extra U.S. troops will arrive 6 months before, and that the U.S. (as opposed to other NATO forces) deployment area corresponds with the pipeline route."

I have a map of the pipeline. It's probably not easily visible, but it starts on the west in Turkmenistan, goes through Afghanistan, south to Pakistan and India, and it touches near both Helmand and Kandahar province, which is exactly where our troop buildup is occurring. I will put this article by Mr. Murray into the RECORD.

OBAMA IS WRONG ON BOTH COUNTS

(By Craig Murray)

Obama loves his rhetoric, and his speech on the Afghan surge was topped by a rhetorical flourish:

"Our cause is just, our resolve unshaken". He is of course wrong on both counts.

The occupation of Afghanistan by the US and its allies is there to prop up the government of President Karzai. Karzai's has always been an ultra-corrupt government of vicious warlords and drugs barons. I have been pointing this out for years, <http://www.dailymail.co.uk/news/article-469983/Britain-protecting-biggest-heroin-crop-time.html#ixzz0VS78HVR1>

The CIA is up to its usual tricks again supporting the drug running of key warlords loyal to them. They are also setting up death squads on the Central American model, in cooperation with Blackwater.

Fortunately Karzai's rigging of his re-election was so blatant that the scales have fallen from the eyes of the public and even the mainstream media. Politicians no longer pretend we are promoting democracy in Afghanistan.

Karzai comes directly from the Bush camp and was put in place because of his role with Unocal in developing the Trans Afghanistan Gas Pipeline project. That remains a chief strategic goal. The Asian Development Bank has agreed finance to start construction in Spring 2011. It is of course a total coincidence that 30,000 extra US troops will arrive six months before, and that the US (as opposed to other NATO forces) deployment area corresponds with the pipeline route.

Obama's claim that "Our cause is just" ultimately rests on the extraordinary claim that, eight years after the invasion, we are still there in self-defence. In both the UK and US, governments are relying on the mantra that the occupation of Afghanistan protects us from terrorism at home.

This is utter nonsense. The large majority of post 9/11 terror incidents have been by Western Muslims outraged by our invasion of Afghanistan and Iraq. Put bluntly, if we keep invading Muslim countries, of course we will face a violent backlash. The idea that because we occupy Afghanistan a Muslim from Dewsbury or Detroit disenchanted with the West would not be able to manufacture a bomb is patent nonsense. It would be an infinitely better strategy to make out theoretical Muslim less disenchanted by not attacking and killing huge numbers of his civilian co-religionists.

Our cause is unjust.

We are responsible for the deaths of tens of thousands of civilians in Afghanistan and Pakistan, and for the further of radicalisation of Muslim communities worldwide. That threatens a perpetual war—which is of course just what the military-industrial complex and the security industry want. They have captured Obama.

Fortunately, our resolve is shaken.

The ordinary people of the UK and US have begun in sufficient numbers to see through this perpetual war confidence trick; they realise there is nothing in it for them but dead youngsters and high taxes. That is why Obama made a very vague promise—which I believe in its vagueness and caveats to be deliberate deceit—that troops will start to leave in 2011.

Today's promises of 5,000 additional NATO troops are, incidentally, empty rhetoric. I gather from friends in the FCO that firm pledges to date amount to 670.

A well-placed source close to the Taliban in Pakistan tells me that the Afghan Taliban and their tribal allies have a plan. As the US seeks massively to expand the Afghan forces, they are feeding in large numbers of volunteers. I suspect that while we may see the odd attack on their trainers, the vast majority will get trained, fed, paid and equipped and bide their time before turning en masse. This is nothing new; it is precisely the history of foreign occupations in the region and the purchase of tribal auxiliaries and alliances.

I will also have this article called "Unocal and the Afghanistan Pipeline" submitted in the RECORD because he talks about how "Unocal was not interested in a partnership. The U.S. Government, its affiliated transnational oil and construction companies, and the ruling elite of the West had coveted the same oil and gas transit route for years.

"A trans-Afghanistan pipeline was not simply a business matter, but a key component of a broader geostrategic agenda: total military and economic control of Eurasia." This is supposedly described in Zbigniew Brzezinski's book, "The Grand Chessboard: American Primacy and Its Geostrategic Imperatives" as "the center of world power."

"Capturing the region's oil wealth and carving out territory in order to build a network of transit routes was a primary objective of U.S. military

interventions throughout the 1990s in the Balkans, the Caucasus, and Caspian Sea."

[From Centre for Research on Globalisation, March 2002]

UNOCAL AND THE AFGHANISTAN PIPELINE (By Larry Chin)

CRG's Global Outlook, premiere issue on "Stop the War" provides detailed documentation on the war and the "Post-September 11 Crisis." Order/subscribe. Consult Table of Contents

PART ONE OF A TWO-PART SERIES PLAYERS ON A RIGGED GRAND CHESSBOARD: BRIDAS,

After the fall of the Soviet Union, Argentine oil company Bidas, led by its ambitious chairman, Carlos Bulgheroni, became the first company to exploit the oil fields of Turkmenistan and propose a pipeline through neighboring Afghanistan. A powerful US-backed consortium intent on building its own pipeline through the same Afghan corridor would oppose Bidas' project.

THE COVETED TRANS-AFGHAN ROUTE

Upon successfully negotiating leases to explore in Turkmenistan, Bidas was awarded exploration contracts for the Keimar block near the Caspian Sea, and the Yashlar block near the Afghanistan border. By March 1995, Bulgheroni had accords with Turkmenistan and Pakistan granting Bidas construction rights for a pipeline into Afghanistan, pending negotiations with the civil war-torn country.

The following year, after extensive meetings with warlords throughout Afghanistan, Bidas had a 30-year agreement with the Rabbani regime to build and operate an 875-mile gas pipeline across Afghanistan.

Bulgheroni believed that his pipeline would promote peace as well as material wealth in the region. He approached other companies, including Unocal and its then-CEO, Roger Beach, to join an international consortium.

Unocal was not interested in a partnership. The United States government, its affiliated transnational oil and construction companies, and the ruling elite of the West had coveted the same oil and gas transit route for years.

A trans-Afghanistan pipeline was not simply a business matter, but a key component of a broader geo-strategic agenda: total military and economic control of Eurasia (the Middle East and former Soviet Central Asian republics). Zbigniew Brzezinski describes this region in his book "The Grand Chessboard—American Primacy and Its Geostrategic Imperatives" as "the center of world power." Capturing the region's oil wealth, and carving out territory in order to build a network of transit routes, was a primary objective of US military interventions throughout the 1990s in the Balkans, the Caucasus and Caspian Sea.

As of 1992, 11 western oil companies controlled more than 50 percent of all oil investments in the Caspian Basin, including Unocal, Amoco, Atlantic Richfield, Chevron, Exxon-Mobil, Pennzoil, Texaco, Phillips and British Petroleum.

In "Taliban: Militant Islam, Oil and Fundamentalism in Central Asia" (a definitive work that is a primary source for this report), Ahmed Rashid wrote, "US oil companies who had spearheaded the first US forays into the region wanted a greater say in US policy making."

Business and policy planning groups active in Central Asia, such as the Foreign Oil Companies Group operated with the full sup-

port of the US State Department, the National Security Council, the CIA and the Department of Energy and Commerce.

Among the most active operatives for US efforts: Brezezinski (a consultant to Amoco, and architect of the Afghan-Soviet war of the 1970s), Henry Kissinger (advisor to Unocal), and Alexander Haig (a lobbyist for Turkmenistan), and Dick Cheney (Halliburton, US-Azerbaijan Chamber of Commerce).

Unocal's Central Asia envoys consisted of former US defense and intelligence officials. Robert Oakley, the former US ambassador to Pakistan, was a "counter-terrorism" specialist for the Reagan administration who armed and trained the mujahadeen during the war against the Soviets in the 1980s. He was an Iran-Contra conspirator charged by Independent Counsel Lawrence Walsh as a key figure involved in arms shipments to Iran.

Richard Armitage, the current Deputy Defense Secretary, was another Iran-Contra player in Unocal's employ. A former Navy SEAL, covert operative in Laos, director with the Carlyle Group, Armitage is allegedly deeply linked to terrorist and criminal networks in the Middle East, and the new independent states of the former Soviet Union (Tajikistan, Uzbekistan, and Kyrgistan).

Armitage was no stranger to pipelines. As a member of the Burma/Myanmar Forum, a group that received major funding from Unocal, Armitage was implicated in a lawsuit filed by Burmese villagers who suffered human rights abuses during the construction of a Unocal pipeline. (Halliburton, under Dick Cheney, performed contract work on the same Burmese project.)

BRIDAS VERSUS THE NEW WORLD ORDER

Much to Bidas' dismay, Unocal went directly to regional leaders with its own proposal. Unocal formed its own competing US-led, Washington-sponsored consortium that included Saudi Arabia's Delta Oil, aligned with Saudi Prince Abdullah and King Fahd. Other partners included Russia's Gazprom and Turkmenistan's state-owned Turkmenrozgas.

John Imle, president of Unocal (and member of the US-Azerbaijan Chamber of Commerce with Armitage, Cheney, Brezezinski and other ubiquitous figures), lobbied Turkmenistan's president Niyazov and prime minister Bhutto of Pakistan, offering a Unocal pipeline following the same route as Bidas.

Dazzled by the prospect of an alliance with the US, Niyazov asked Bidas to renegotiate its past contract and blocked Bidas' exports from Keimar field. Bidas responded by filing three cases with the International Chamber of Commerce against Turkmenistan for breach of contract. (Bidas won.) Bidas also filed a lawsuit in Texas charging Unocal with civil conspiracy and "tortuous interference with business relations." While its officers were negotiating with Pakistani and Turkmen oil and gas officials, Bidas claimed that Unocal had stolen its idea, and coerced the Turkmen government into blocking Bidas from Keimir field. (The suit was dismissed in 1998 by Judge Brady G. Elliott, a Republican, who claimed that any dispute between Unocal and Bidas was governed by the laws of Turkmenistan and Afghanistan, rather than Texas law.)

In October 1995, with neither company in a winning position, Bulgheroni and Imle accompanied Niyazov to the opening of the UN General Assembly. There, Niyazov awarded Unocal with a contract for a 918-mile natural

gas pipeline. Bulgheroni was shocked. At the announcement ceremony, Unocal consultant Henry Kissinger said that the deal looked like "the triumph of hope over experience."

Later, Unocal's consortium, CentGas, would secure another contract for a companion 1,050-mile oil pipeline from Dauletabad through Afghanistan that would connect to a tanker loading port in Pakistan on the coast of the Arabian Sea.

Although Unocal had agreements with the governments on either end of the proposed route, Bidas still had the contract with Afghanistan.

The problem was resolved via the CIA and Pakistani ISI-backed Taliban. Following a visit to Kandahar by US Assistant Secretary of State for South Asia Robin Raphael in the fall of 1996, the Taliban entered Kabul and sent the Rabbani government packing.

Bidas' agreement with Rabbani would have to be renegotiated.

WOOLING THE TALIBAN

According to Ahmed Rashid, "Unocal's real influence with the Taliban was that their project carried the possibility of US recognition, which the Taliban were desperately anxious to secure."

Unocal wasted no time greasing the palms of the Taliban. It offered humanitarian aid to Afghan warlords who would form a council to supervise the pipeline project. It provided a new mobile phone network between Kabul and Kandahar. Unocal also promised to help rebuild Kandahar, and donated \$9,000 to the University of Nebraska's Center for Afghan Studies. The US State Department, through its aid organization USAID, contributed significant education funding for Taliban. In the spring of 1996, Unocal executives flew Uzbek leader General Abdul Rashid Dostum to Dallas to discuss pipeline passage through his northern (Northern Alliance-controlled) territories.

Bidas countered by forming an alliance with Ningarcho, a Saudi company closely aligned with Prince Turki el-Faisal, the Saudi intelligence chief. Turki was a mentor to Osama bin Laden, the ally of the Taliban who was publicly feuding with the Saudi royal family. As a gesture for Bidas, Prince Turki provided the Taliban with communications equipment and a fleet of pickup trucks. Now Bidas proposed two consortiums, one to build the Afghanistan portion, and another to take care of both ends of the line. By November 1996, Bidas claimed that it had an agreement signed by the Taliban and Dostum—trumping Unocal.

The competition between Unocal and Bidas, as described by Rashid, "began to reflect the competition within the Saudi Royal family."

In 1997, Taliban officials traveled twice to Washington, D.C. and Buenos Aires to be wined and dined by Unocal and Bidas. No agreements were signed.

It appeared to Unocal that the Taliban was balking. In addition to royalties, the Taliban demanded funding for infrastructure projects, including roads and power plants. The Taliban also announced plans to revive the Afghan National Oil Company, which had been abolished by the Soviet regime in the late 1970s.

Osama bin Laden (who issued his fatwa against the West in 1998) advised the Taliban to sign with Bidas. In addition to offering the Taliban a higher bid, Bidas proposed an open pipeline accessible to warlords and local users. Unocal's pipeline was closed—for export purposes only. Bidas' plan also did not require outside financing, while Unocal's required a loan from the western financial

institutions (the World Bank), which in turn would leave Afghanistan vulnerable to demands from western governments.

Bidas' approach to business was more to the Taliban's liking. Where Bulgheroni and Bidas' engineers would take the time to "sip tea with Afghan tribesmen," Unocal's American executives issued top-down edicts from corporate headquarters and the US Embassy (including a demand to open talks with the CIA-backed Northern Alliance).

While seemingly well received within Afghanistan, Bidas' problems with Turkmenistan (which they blamed on Unocal and US interference) had left them cash-strapped and without a supply.

In 1997, they went searching for a major partner with the clout to break the deadlock with Turkmenistan. They found one in Amoco. Bidas sold 60 percent of its Latin American assets to Amoco. Carlos Bulgheroni and his contingent retained the remaining minority 40 percent. Facilitating the merger were other icons of transnational finance, Chase Manhattan (representing Bidas), Morgan Stanley (handling Amoco) and Arthur Andersen (facilitator of post-merger integration). Zbigniew Brezezinski was a consultant for Amoco.

(Amoco would merge with British Petroleum a year later. BP is represented by the law firm of Baker & Botts, whose principal attorney is James Baker, lifelong Bush friend, former secretary of state, and a member of the Carlyle Group.)

Recognizing the significance of the merger, a Pakistani oil company executive hinted, "If these (Central Asian) countries want a big US company involved, Amoco is far bigger than Unocal."

CLEARING THE CHESSBOARD AGAIN

By 1998, while the Argentine contingent made slow progress, Unocal faced a number of new problems.

Gazprom pulled out of CentGas when Russia complained about the anti-Russian agenda of the US. This forced Unocal to expand CentGas to include Japanese and South Korean gas companies, while maintaining the dominant share with Delta. Human rights groups began protesting Unocal's dealings with the brutal Taliban. Still riding years of Clinton bashing and scandal mongering, conservative Republicans in the US attacked the Clinton administration's Central Asia policy for its lack of clarity and "leadership."

Once again, violence would change the dynamic.

In response to the bombing of US embassies in Nairobi and Tanzania (attributed to bin Laden), President Bill Clinton sent cruise missiles into Afghanistan and Sudan. The administration broke off diplomatic contact with the Taliban, and UN sanctions were imposed.

Unocal withdrew from CentGas, and informed the State Department "the gas pipeline would not proceed until an internationally recognized government was in place in Afghanistan." Although Unocal continued on and off negotiations on the oil pipeline (a separate project), the lack of support from Washington hampered efforts.

Meanwhile, Bidas declared that it would not need to wait for resolution of political issues, and repeated its intention of moving forward with the Afghan gas pipeline project on its own. Pakistan, Turkmenistan and Afghanistan tried to push Saudi Arabia to proceed with CentGas (Delta of Saudi Arabia was now the leader). But war and US-Taliban tension made business impossible.

For the remainder of the Clinton presidency, there would be no official US or UN

recognition of Afghanistan. And no progress on the pipeline.

Then George Walker Bush took the White House.

Ms. ROS-LEHTINEN. Madam Speaker, I am pleased to yield 3 minutes to the gentleman from Tennessee (Mr. ROE), the ranking member of the Veterans' Affairs Subcommittee on Oversight and Investigation.

Mr. ROE of Tennessee. I thank the gentlewoman for yielding, and I rise in strong opposition to this resolution.

If passed, this would send a terrible message to our troops in harm's way and only serve to boost morale among our enemies who now have to face the reality that they are being tracked night and day.

I served in the Army in 1973 and 1974 in the infantry in Korea. I felt abandoned at that time by my country. I never want a soldier to feel like I felt at that time. I saw what happened in Vietnam when Washington bureaucrats and lawmakers micromanaged the war and prevented commanders from having the resources available which they thought would win. I will never support a plan for this or any other war in which I think we are tying the hands of our brave servicemembers.

In my judgment, the strategy devised by our military leaders and being implemented by our Armed Forces is the correct one. I have always said I will support this military plan so long as we do not set arbitrary dates for withdrawal from the country, which will only set a target date for those who would try to kill our young men and women.

It is important that we do not forget why we are in Afghanistan. We are fighting this war because a previous Afghan regime allowed al Qaeda, the terrorist group responsible for countless attacks around the globe, including the September 11 attacks against the United States, to operate freely within its borders. If the coalition forces leave, the Taliban could regain control of the country and once again provide safe harbors for those who hate America and want to destroy our country.

Winning the war in Afghanistan will also help deter a radical Islamic government from taking over Pakistan, a country with over 15 nuclear weapons. It seems that in recent months, since our surge in force has begun, we have seen Pakistan become more willing to confront the radical elements within its own borders. And while there is much work left to be done, there is no question that our more aggressive strategy against the enemy is having many positive results.

In April of 2009 I participated in a congressional delegation to visit Afghanistan to observe our operations firsthand. I can tell you without hesitation that we have every reason to be proud of our men and women serving in Afghanistan; they're doing a great job.

What they need now is support and a clear signal from Washington that the job they are accomplishing is appreciated and in our national interests. By soundly defeating this resolution today, hopefully we will send such a message. And it is my hope and prayer that we never have to enter another war.

Mr. KUCINICH. Madam Speaker, I yield myself 2 minutes.

I would like to speak for a moment about civilian casualties in Afghanistan.

According to the United Nations, airstrikes continue to be a leading cause of civilian casualties. Days into the Marjah military offensive, 12 Afghans died when two rockets fired by NATO forces hit the wrong house. Ten of the 12 Afghans killed were from the same family. U.S. military officials initially apologized for the death of the civilians, but later backtracked, claiming they were insurgents. An Italian aid group working at a hospital just outside of Marjah accused allied forces of blocking dozens of critically wounded citizens from receiving medical attention at the hospital. A February 21 NATO airstrike conducted by U.S. Special Forces helicopters killed over 27 civilians and wounded dozens more after minibuses were hit by helicopters "patrolling the area hunting for insurgents who had escaped the NATO offensive in the Marjah area," over 100 miles outside of Marjah in the southern province of Uruzgan.

□ 1730

The Wall Street Journal cited Afghan and NATO representatives, explaining that the air strike was ordered because it was believed that the minibus carried fresh Taliban fighters who were sent to help those under attack. However, the source of intelligence used to determine that the minibus carried insurgents has not been made known.

Admiral Mike Mullen, Chair of the Joint Chiefs of Staff, claimed the goal of the Marjah operation was to have no civilian casualties.

I submit for the RECORD a Brookings Institution 2009 report estimate that 10 civilians die for every militant killed in a drone strike.

I submit for the RECORD an article published in The Nation, written by journalist Anand Gopal, titled "America's Secret Afghan Prisons," which reveals the existence of secret detention facilities at Bagram.

The daily night raids and indiscriminate aerial bombings must stop. The alleged torture of Afghans who are accused of supporting the Taliban who are captured in such night raids and the slaughter of innocent civilians in drone attacks only serve to embolden popular support against the United States.

[From the Brookings Institution, Mar. 10, 2010]

DO TARGETED KILLINGS WORK?

(BY DANIEL L. BYMAN)

JULY 14, 2009.—Killing terrorist leaders is difficult, is often ineffective, and can easily backfire. Yet it is one of the United States' few options for managing the threat posed by al Qaeda from its base in tribal Pakistan. By some accounts, U.S. drone activity in Pakistan has killed dozens of lower-ranking and at least 10 mid- and high-ranking leaders from al Qaeda and the Taliban.

Critics correctly find many problems with this program, most of all the number of civilian casualties the strikes have incurred. Sourcing on civilian deaths is weak and the numbers are often exaggerated, but more than 600 civilians are likely to have died from the attacks. That number suggests that for every militant killed, 10 or so civilians also died.

To reduce casualties, superb intelligence is necessary. Operators must know not only where the terrorists are, but also who is with them and who might be within the blast radius. This level of surveillance may often be lacking, and terrorists' deliberate use of children and other civilians as shields make civilian deaths even more likely.

Beyond the humanitarian tragedy incurred, civilian deaths create dangerous political problems. Pakistan's new democratic government is already unpopular for its corruption, favoritism, and poor governance. U.S. strikes that take a civilian toll are a further blow to its legitimacy—and to U.S. efforts to build goodwill there. As counterterrorism expert David Kilcullen put it, "When we intervene in people's countries to chase small cells of bad guys, we end up alienating the whole country and turning them against us."

And even when they work, killings are a poor second to arrests. Dead men tell no tales and thus are no help in anticipating the next attack or informing us about broader terrorist activities. So in any country with a functioning government, it is better to work with that government to seize the terrorist than to kill him outright. Arresting al Qaeda personnel in remote parts of Pakistan, however, is almost impossible today; the Pakistani government does not control many of the areas where al Qaeda is based, and a raid to seize terrorists there would probably end in the militants escaping and U.S. and allied casualties in the attempt.

When arrests are impossible, what results is a terrorist haven of the sort present along the Afghanistan-Pakistan border today. Free from the threat of apprehension, terrorists have a space in which to plot, organize, train, and relax—an extremely dangerous prospect. In such a haven, terrorist leaders can recruit hundreds or even thousands of potential fighters and, more importantly, organize them into a dangerous network. They can transform idealistic but incompetent volunteers into a lethal legion of fighters. They can also plan long-term global operations—terrorism "spectaculars" like the September 11 attacks, which remain one of al Qaeda's goals.

Killing terrorist operatives is one way to dismantle these havens. Plans are disrupted when individuals die or are wounded, as new people must be recruited and less experienced leaders take over day-to-day operations. Perhaps most importantly, organizations fearing a strike must devote increased attention to their own security because any time they communicate with other cells or issue propaganda, they may be exposing themselves to a targeted attack.

Given the humanitarian and political risks, each strike needs to be carefully weighed, with the value of the target and the potential for innocent deaths factored into the equation. In addition, the broader political consequences must be evaluated; the same death toll can have vastly different political consequences depending on the context. But equally important is the risk of not striking—and inadvertently allowing al Qaeda leaders free reign to plot terrorist mayhem.

We must not pretend the killings are anything but a flawed short-term expedient that at best reduces the al Qaeda threat—but by no means eliminates it. Even as U.S. strikes have increased, Pakistan has suffered staggering levels of terrorism as groups with few or limited links to al Qaeda have joined the fray. Al Qaeda itself can also still carry out attacks, including ones outside Pakistan in Europe and even the United States. Thanks to the drone strikes, they are just harder to pull off. The real answer to halting al Qaeda's activity in Pakistan will be the long-term support of Pakistan's counterinsurgency efforts. While this process unfolds, targeted killings are one of America's few options left.

[From the Nation, Feb. 15, 2010]

AMERICA'S SECRET AFGHAN PRISONS

(By Anand Gopal)

One quiet, wintry night last year in the eastern Afghan town of Khost, a young government employee named Ismatullah simply vanished. He had last been seen in the town's bazaar with a group of friends. Family members scoured Khost's dusty streets for days. Village elders contacted Taliban commanders in the area who were wont to kidnap government workers, but they had never heard of the young man. Even the governor got involved, ordering his police to round up nettlesome criminal gangs that sometimes preyed on young bazaargoes for ransom.

But the hunt turned up nothing. Spring and summer came and went with no sign of Ismatullah. Then one day, long after the police and village elders had abandoned their search, a courier delivered a neat handwritten note on Red Cross stationery to the family. In it, Ismatullah informed them that he was in Bagram, an American prison more than 200 miles away. US forces had picked him up while he was on his way home from the bazaar, the terse letter stated, and he didn't know when he would be freed.

In the past few years Pashtun villagers in Afghanistan's rugged heartland have begun to lose faith in the American project. Many of them can point to the precise moment of this transformation, and it usually took place in the dead of night, when most of the country was fast asleep. In its attempt to stamp out the growing Taliban insurgency and Al Qaeda, the US military has been arresting suspects and sending them to one of a number of secret detention areas on military bases, often on the slightest suspicion and without the knowledge of their families. These night raids have become even more feared and hated in Afghanistan than coalition airstrikes. The raids and detentions, little known or understood outside the Pashtun villages, have been turning Afghans against the very forces many of them greeted as liberators just a few years ago.

ONE DARK NIGHT IN NOVEMBER

November 19, 2009, 3:15 am. A loud blast woke the villagers of a leafy neighborhood outside Ghazni, a city of ancient provenance in the country's south. A team of US soldiers

burst through the front gate of the home of Majdullah Qarar, the spokesman for Afghanistan's agriculture minister. Qarar was in Kabul at the time, but his relatives were home, four of them sleeping in the family's one-room guesthouse. One of them, Hamidullah, who sold carrots at the local bazaar, ran toward the door of the guesthouse. He was immediately shot but managed to crawl back inside, leaving a trail of blood behind him. Then Azim, a baker, darted toward his injured cousin. He, too, was shot and crumpled to the floor. The fallen men cried out to the two relatives—both of them children—remaining in the room. But they refused to move, glued to their beds in silent horror.

The foreign soldiers, most of them tattooed and bearded, then went on to the main compound. They threw clothes on the floor, smashed dinner plates and forced open closets. Finally they found the man they were looking for: Habib-ur-Rahman, a computer programmer and government employee. Rahman was responsible for converting Microsoft Windows from English to the local Pashto language so that government offices could use the software. The Afghan translator accompanying the soldiers said they were acting on a tip that Rahman was a member of Al Qaeda.

They took the barefoot Rahman and a cousin to a helicopter some distance away and transported them to a small American base in a neighboring province for interrogation. After two days, US forces released Rahman's cousin. But Rahman has not been seen or heard from since.

"We've called his phone, but it doesn't answer," said his cousin Qarar, the agriculture minister's spokesman. Using his powerful connections, Qarar enlisted local police, parliamentarians, the governor and even the agriculture minister himself in the search for his cousin, but they turned up nothing. Government officials who independently investigated the scene in the aftermath of the raid and corroborated the claims of the family also pressed for an answer as to why two of Qarar's family members were killed. American forces issued a statement saying that the dead were "enemy militants [who] demonstrated hostile intent."

Weeks after the raid, the family remains bitter. "Everyone in the area knew we were a family that worked for the government," Qarar said. "Rahman couldn't even leave the city, because if the Taliban caught him in the countryside they would have killed him."

Beyond the question of Rahman's guilt or innocence, it's how he was taken that has left such a residue of hatred among his family. "Did they have to kill my cousins? Did they have to destroy our house?" Qarar asked. "They knew where Rahman worked. Couldn't they have at least tried to come with a warrant in the daytime? We would have forced Rahman to comply."

"I used to go on TV and argue that people should support this government and the foreigners," he added. "But I was wrong. Why should anyone do so? I don't care if I get fired for saying it, but that's the truth."

THE DOGS OF WAR

Night raids are only the first step in the American detention process in Afghanistan. Suspects are usually sent to one of a series of prisons on US military bases around the country. There are officially nine such jails, called Field Detention Sites in military parlance. They are small holding areas, often just a clutch of cells divided by plywood, and are mainly used for prisoner interrogations.

In the early years of the war, these were but way stations for those en route to Bagram prison, a facility with a notorious reputation for abusive behavior. As a spotlight of international attention fell on Bagram in recent years, wardens there cleaned up their act, and the mistreatment of prisoners began to shift to the little-noticed Field Detention Sites.

Of the twenty-four former detainees interviewed for this article, seventeen claim to have been abused at or en route to these sites. Doctors, government officials and the Afghan Independent Human Rights Commission, an independent Afghan body mandated by the Afghan Constitution to investigate abuse allegations, corroborate twelve of these claims.

One of these former detainees is Noor Agha Sher Khan, who used to be a police officer in Gardez, a mud-caked town in the eastern part of the country. According to Sher Khan, American forces detained him in a night raid in 2003 and brought him to a Field Detention Site at a nearby US base. "They interrogated me the whole night," he recalled, "but I had nothing to tell them." Sher Khan worked for a police commander whom US forces had detained on suspicion of having ties to the insurgency. He had occasionally acted as a driver for this commander, which made him suspicious in American eyes.

The interrogators blindfolded him, taped his mouth shut and chained him to the ceiling, he alleges. Occasionally they unleashed a dog, which repeatedly bit him. At one point they removed the blindfold and forced him to kneel on a long wooden bar. "They tied my hands to a pulley [above] and pushed me back and forth as the bar rolled across my shins. I screamed and screamed." They then pushed him to the ground and forced him to swallow twelve bottles of water. "Two people held my mouth open, and they poured water down my throat until my stomach was full and I became unconscious," he said. "It was as if someone had inflated me." After he was roused, he vomited uncontrollably.

This continued for a number of days. Sometimes he was hung upside down from the ceiling, other times he was blindfolded for extended periods. Eventually he was moved to Bagram, where the torture ceased. Four months later he was quietly released, with a letter of apology from US authorities for wrongfully imprisoning him.

An investigation of Sher Khan's case by the Afghan Independent Human Rights Commission and an independent doctor found that he had wounds consistent with the abusive treatment he alleges. American forces have declined to comment on the specifics of his case, but a spokesman said that some soldiers involved in detentions in this part of the country had been given unspecified "administrative punishments." He added that "all detainees are treated humanely," except for isolated cases.

THE DISAPPEARED

Some of those taken to the Field Detention Sites are deemed innocuous and never sent to Bagram. Even then, some allege abuse. Such was the case with Hajji Ehsanullah, snatched one winter night in 2008 from his home in the southern province of Zabul. He was taken to a detention site in Khost Province, some 200 miles away. He returned home thirteen days later, his skin scarred by dog bites and with memory difficulties that, according to his doctor, resulted from a blow to the head. American forces had dropped him off at a gas station in Khost after three days of interrogation. It

took him ten more days to find his way home.

Others taken to these sites seem to have disappeared entirely. In the hardscrabble villages of the Pashtun south, where rumors grow more abundantly than the most bountiful crop, locals whisper tales of people who were captured and executed. Most have no evidence. But occasionally a body turns up. Such was the case at a detention site on a US military base in Helmand Province, where in 2003 a US military coroner wrote in the autopsy report of a detainee who died in US custody (later made available through the Freedom of Information Act): "Death caused by the multiple blunt force injuries to the lower torso and legs complicated by rhabdomyolysis (release of toxic byproducts into the system due to destruction of muscle). Manner of death is homicide."

In the dust-swept province of Khost one day this past December, US forces launched a night raid on the village of Motai, killing six people and capturing nine, according to nearly a dozen local government authorities and witnesses. Two days later, the bodies of two of those detained—plastic cuffs binding their hands—were found more than a mile from the largest US base in the area. A US military spokesman denies any involvement in the deaths and declines to comment on the details of the raid. Local Afghan officials and tribal elders steadfastly maintain that the two were killed while in US custody. American authorities released four other villagers in subsequent days. The fate of the three remaining captives is unknown.

The matter could be cleared up if the US military were less secretive about its detention process. But secrecy has been the order of the day. The nine Field Detention Sites are enveloped in a blanket of official secrecy, but at least the Red Cross and other humanitarian organizations are aware of them. There may, however, be other sites whose existence on the scores of US and Afghan military bases that dot the country have not been disclosed. One example, according to former detainees, is a detention facility at Rish-Khor, an Afghan army base that sits atop a mountain overlooking the capital, Kabul.

One night last year US forces raided Zaiwalat, a tiny village that fits snugly into the mountains of Wardak Province, a few dozen miles west of Kabul, and netted nine locals. They brought the captives to Rish-Khor and interrogated them for three days. "They kept us in a container," recalled Rehmatullah Muhammad, one of the nine. "It was made of steel. We were handcuffed for three days continuously. We barely slept those days." The plain-clothed interrogators accused Muhammad and the others of giving food and shelter to the Taliban. The suspects were then sent to Bagram and released after four months. (A number of former detainees said they were interrogated by plainclothed officials, but they did not know if these officials belonged to the military, the CIA or private contractors.)

Afghan human rights campaigners worry that US forces may be using secret detention sites like the one allegedly at Rish-Khor to carry out interrogations away from prying eyes. The US military, however, denies even having knowledge of the facility.

THE BLACK JAIL

Much less secret is the final stop for most captives: the Bagram Theater Internment Facility. These days ominously dubbed "Obama's Guantánamo," Bagram nonetheless now offers the best conditions for captives during the entire detention process.

Its modern life as a prison began in 2002, when small numbers of detainees from throughout Asia were incarcerated there on the first leg of an odyssey that would eventually bring them to the US detention facility in Guantánamo, Cuba. In later years, however, it became the main destination for those caught within Afghanistan as part of the growing war there. By 2009 the inmate population had swelled to more than 700. Housed in a windowless old Soviet hangar, the prison consists of two rows of serried, cagelike cells bathed continuously in light. Guards walk along a platform that runs across the mesh tops of the pens, an easy position from which to supervise the prisoners below.

Regular, even infamous, abuse in the style of Iraq's Abu Ghraib prison marked Bagram's early years. Abdullah Mujahid, for example, was apprehended in the village of Kar Marchi in the eastern province of Paktia in 2003. Although Mujahid was a Tajik militia commander who had led an armed uprising against the Taliban in their waning days, US forces accused him of having ties to the insurgency. "In Bagram we were handcuffed, blindfolded and had our feet chained for days," he recalled. "They didn't allow us to sleep at all for thirteen days and nights." A guard would strike his legs every time he dozed off. Daily, he could hear the screams of tortured inmates and the unmistakable sound of shackles dragging across the floor.

Then one day a team of soldiers dragged him to an aircraft but refused to tell him where he was going. Eventually he landed at another prison, where the air felt thick and wet. As he walked through the row of cages, inmates began to shout, "This is Guantánamo! You are in Guantánamo!" He would learn there that he was accused of leading the Pakistani Islamist group Lashkar-e-Taiba (which in reality was led by another person who had the same name and who died in 2006). The United States eventually released him and returned him to Afghanistan.

Former Bagram detainees allege that they were regularly beaten, subjected to blaring music twenty-four hours a day, prevented from sleeping, stripped naked and forced to assume what interrogators term "stress positions." The nadir came in late 2002, when interrogators beat two inmates to death.

According to former detainees and organizations that work with them, the US Special Forces also run a second secret prison somewhere on Bagram Air Base that the Red Cross still does not have access to. Used primarily for interrogations, it is so feared by prisoners that they have dubbed it the "Black Jail."

One day two years ago, US forces came to get Noor Muhammad outside the town of Kajaki in the southern province of Helmand. Muhammad, a physician, was running a clinic that served all comers, including the Taliban. The soldiers raided his clinic and his home, killing five people (including two patients) and detaining both his father and him. The next day villagers found the handcuffed body of Muhammad's father, apparently killed by a gunshot.

The soldiers took Muhammad to the Black Jail. "It was a tiny, narrow corridor, with lots of cells on both sides and a big steel gate and bright lights," he said. "We didn't know when it was night and when it was day." He was held in a windowless concrete room in solitary confinement. Soldiers regularly dragged him by his neck and refused him food and water. They accused him of providing medical care to the insurgents, to

which he replied, "I am a doctor. It's my duty to provide care to every human being who comes to my clinic, whether they are Taliban or from the government."

Eventually Muhammad was released, but he has since closed his clinic and left his home village. "I am scared of the Americans and the Taliban," he said. "I'm happy my father is dead, so he doesn't have to experience this hell."

AFRAID OF THE DARK

In the past two years American officials have moved to reform the main prison at Bagram, if not the Black Jail. Torture has stopped, and prison officials now boast that the typical inmate gains fifteen pounds while in custody. In the early months of this year, officials plan to open a dazzling new prison that will eventually replace Bagram, one with huge, airy cells, the latest medical equipment and rooms for vocational training. The Bagram prison itself will be handed over to the Afghans in the coming year, although the rest of the detention process will remain in US hands.

But human rights advocates say that concerns about the detention process remain. The US Supreme Court ruled in 2008 that inmates at Guantánamo cannot be stripped of their right to habeas corpus, but it stopped short of making the same argument for Bagram (officials say that since it is in the midst of a war zone, US civil rights legislation does not apply). Inmates there do not have access to a lawyer, as they do in Guantánamo. Most say they have no idea why they have been detained. They do now appear before a review panel every six months, which is intended to reassess their detention, but their ability to ask questions about their situation is limited. "I was only allowed to answer yes or no and not explain anything at my hearing," said former detainee Rehmatullah Muhammad.

Nonetheless, the improvement in Bagram's conditions begs the question: can the United States fight a cleaner war? That's what Afghan war commander Gen. Stanley McChrystal promised last summer: fewer civilian casualties, fewer of the feared house raids and a more transparent detention process.

The American troops that operate under NATO command have begun to enforce stricter rules of engagement: they may now officially hold detainees for only ninety-six hours before transferring them to the Afghan authorities or freeing them, and Afghan forces must take the lead in house searches. American soldiers, when questioned, bristle at these restrictions—and have ways of circumventing them. "Sometimes we detain people, then, when the ninety-six hours are up, we transfer them to the Afghans," said one marine who spoke on the condition of anonymity. "They rough them up a bit for us and then send them back to us for another ninety-six hours. This keeps going until we get what we want."

A simpler way of dancing around the rules is to call in the Special Operations Forces—the Navy SEALs, Green Berets and others—which are not under NATO command and thus not bound by the stricter rules of engagement. These elite troops are behind most of the night raids and detentions in the search for "high-value suspects." Military officials say in interviews that the new restrictions have not affected the number of raids and detentions at all. The actual change, however, is more subtle: the detention process has shifted almost entirely to areas and actors that can best avoid public scrutiny—small field prisons and Special Operations Forces.

The shift signals a deeper reality of war, say American soldiers: you can't fight guerrillas without invasive raids and detentions, any more than you can fight them without bullets. Seen through the eyes of a US soldier, Afghanistan is a scary place. The men are bearded and turbaned. They pray incessantly. In most of the country, women are barred from leaving the house. Many Afghans own an assault rifle. "You can't trust anyone," said Rodrigo Arias, a marine based in the northeastern province of Kunar. "I've nearly been killed in ambushes, but the villagers don't tell us anything. But they usually know something."

An officer who has worked in the Field Detention Sites says that it takes dozens of raids to turn up a useful suspect. "Sometimes you've got to bust down doors. Sometimes you've got to twist arms. You have to cast a wide net, but when you get the right person, it makes all the difference."

For Arias, it's a matter of survival. "I want to go home in one piece. If that means rounding people up, then round them up." To question this, he said, is to question whether the war itself is worth fighting. "That's not my job. The people in Washington can figure that out."

If night raids and detentions are an unavoidable part of modern counterinsurgency warfare, then so is the resentment they breed. "We were all happy when the Americans first came. We thought they would bring peace and stability," said Rehmatullah Muhammad. "But now most people in my village want them to leave." A year after Muhammad was released, his nephew was detained. Two months later, some other residents of Zaiwalat were seized. It has become a predictable pattern in Muhammad's village: Taliban forces ambush American convoys as they pass through it, and then retreat into the thick fruit orchards nearby. The Americans return at night to pick up suspects. In the past two years, sixteen people have been taken and ten killed in night raids in this single village of about 300, according to villagers. In the same period, they say, the insurgents killed one local and did not take anyone hostage.

The people of Zaiwalat now fear the night raids more than the Taliban. There are nights when Muhammad's children hear the distant thrum of a helicopter and rush into his room. He consoles them but admits he needs solace himself. "I know I should be too old for it," he said, "but this war has made me afraid of the dark."

Mr. BERMAN. Madam Speaker, initially I would like to yield an additional 2 minutes of my time to the ranking member to be added onto her time and subtracted from my time.

The SPEAKER pro tempore. Without objection, the gentlewoman from Florida will control 2 additional minutes.

There was no objection.

Mr. BERMAN. I would now like to yield 3 minutes to the chairman of the Asia, the Pacific, and the Global Environment Subcommittee, the delegate from American Samoa, Mr. ENI F'ALEOMAVAEGA.

Mr. F'ALEOMAVAEGA. I thank the gentleman, the distinguished chairman of our Committee on Foreign Affairs, for allowing me to say a few words concerning the proposed resolution.

Madam Speaker, despite my reservations about our strategy in Afghanistan, I do want to say that I have the

utmost respect for the gentleman from Ohio for bringing this resolution forward for the purpose of having a public debate among our colleagues.

I also want to say that I associate myself with the remarks made earlier by my colleague from Georgia (Mr. KINGSTON) in asking, Why not, why not debate the issue? We should not deprive ourselves of understanding a little more about the situation that we face right now in Afghanistan.

Madam Speaker, after 8 long years in that country for the United States and after 30 years for the Afghan people, I remain skeptical that adding 30,000 U.S. troops and that focusing more on local and provincial levels of government will bring lasting stability and success in Afghanistan. I do, of course, want our new strategy to succeed, and I know that our military and civilian personnel on the ground will give it a supreme effort. They represent the very best this country has to offer.

Yet Afghanistan's history is replete with the failures of outside powers, or countries, in their attempting to take over or to remake the Afghan people—from Alexander the Great, to Genghis Khan, to the United Kingdom, to the Soviet Union, and now even to us.

It is my understanding that by adding 30,000 additional troops to the 68,000 troops that we now have on the ground in Afghanistan, we are adding approximately 100,000 additional troops, with NATO forces, to go after some 27,000 Taliban and a couple of hundred al Qaeda.

By the way, I wanted to ask, Was it the Taliban or the al Qaeda people who attacked us on 9/11? I believe it was al Qaeda, and 15 of the 19 terrorists who attacked us on 9/11 were Saudi Arabs. It's interesting to note that.

Another thing is that, indeed, most objective observers believe it will take a commitment of years, perhaps even decades, by our troops and that it will take hundreds of billions of dollars by our taxpayers for Afghanistan to overcome its divisions and to develop and to maintain a stable, functional government.

When I weigh the likely costs in terms of lives and resources against the potential benefits for U.S. security, I am left wondering whether we are, in fact, on the right track.

As I am not a genius when it comes to military strategy, here is something that I am trying to figure out: the Taliban are Pashtuns, and 12 million Pashtuns live in Afghanistan. They make up almost 50 percent of Afghanistan's population. President Karzai is even a Pashtun. There are an additional 27 million Pashtuns who live on the other side of the border, right on the border between Pakistan and Afghanistan.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BERMAN. I yield the gentleman 1 additional minute.

Mr. FALEOMAVAEGA. Is it any wonder we have had such a difficult time locating Osama bin Laden? He has been moving between Pakistan and Afghanistan for all of these years.

Madam Speaker, I do not believe invoking the 1973 War Powers Act to require the U.S. withdrawal from Afghanistan is appropriate at this time. In September 2001, Congress passed a joint resolution, signed by the President 4 days later, which granted the President the authority to use all necessary and appropriate forces against those whom he determined planned, authorized, committed or aided the September 11 attacks in 2001.

So, whether one agrees with the war in Afghanistan or not, whether one agrees with the administration's new strategy or not, there should be no doubt that House Concurrent Resolution 248, with all due respect to my friend from Ohio, is not the way to force a withdrawal of U.S. troops. Therefore, I urge my colleagues to vote against this proposed resolution.

Mr. KUCINICH. Madam Speaker, I yield myself 3½ minutes.

I would like to speak about the failure of the counterinsurgency strategy.

The Brookings Institution recently reported that, in terms of raw violence, the situation is at an historic worst level with early 2010 levels of various types of attacks much higher than even last year at this time. Much of that is due to the recent Marjah campaign and, more generally, to the deployment of additional U.S. and Afghan troops to parts of the country where they have not been present before.

The President has called this war a just war. The framing of war as "just" is served to legitimize the slaughter of innocent civilians in Iraq and Afghanistan.

A 200-page report by the RAND Corporation is entitled, "Counterintelligence in Afghanistan Deals a Huge Blow to our Ideas of Counterinsurgency." It reads: In many cases, a significant direct intervention by U.S. military forces may undermine popular support and legitimacy. The United States is also unlikely to remain for the duration of most insurgencies. This study's assessment of 90 insurgencies indicates that it takes an average of 14 years to defeat insurgents once an insurgency develops. Occupations fuel insurgencies. In other words, this assessment does not fit into the President's supposed rapid increase and the shaky plan to withdraw by the summer of 2011.

The Brookings report continues: Second, the United States and other international actors need to improve the quality of local governance, especially in rural areas of Afghanistan. Field research in the east and south show that development and reconstruction did not reach most rural areas because of

the deteriorating security environment. Even the provincial reconstruction teams, which were specifically designed to assist in the development of reconstruction projects, operate inside pockets in east and south because of security concerns.

NGOs and State agencies, such as USAID and the Canadian International Development Agency, were also not involved in the reconstruction and development in many areas of the south and east.

The irony of this situation is that rural areas which were at most risk from the Taliban, which were unhappy with the slow pace of change, a population with the greatest unhappiness, received little assistance. The counterinsurgency in Afghanistan will be won or lost in the local communities of rural Afghanistan, not in urban centers such as Kabul, says the Brookings Institution.

Now, someone I'm not used to quoting, conservative columnist George Will, wrote in *The Washington Post* that the counterinsurgency theory concerning the time and level of forces required to protect the population indicates that, nationwide, Afghanistan would need hundreds of thousands of coalition troops, perhaps, for a decade or more. That is inconceivable.

For how long are we willing to dedicate billions of dollars and thousands of lives before we realize that we can't win Afghanistan militarily? Our biggest mistake in the Afghanistan strategy is to think that we can separate the Taliban from the rest of the population. We cannot. The Taliban is a local resistance movement that is part and parcel of an indigenous population. We lost Vietnam because we failed to win the hearts and minds of local populations without providing them with a competent government that provided them with basic security and with a decent living. That message can and should be applied to Afghanistan.

The strategy for winning Afghanistan is simple: Stop killing the people and they will stop killing you.

Ms. ROS-LEHTINEN. Madam Speaker, I yield 1 minute to my colleague, the gentleman from Florida (Mr. STEARNS), a member of the Veterans' Affairs and Energy and Commerce Committees.

Mr. STEARNS. I thank my distinguished colleague.

My colleagues, this debate is reminiscent of a debate we had 3 years ago, almost to the day, on February 14, 15, and 16.

You will remember, the gentleman from Ohio (Mr. KUCINICH), that the debate was that you tried to force us to pull out of Iraq before the job was done. I hope you remember that.

From the moment we got there, many of the folks wanted us to leave. Most remarkable is that these same

folks wanted us to leave just before we stabilized Iraq. They were not in favor of the surge. Yet the surge worked. Now they want us to leave Afghanistan in 30 days without giving this new strategy a chance to succeed.

The President of the United States has indicated he wants to stay there for 18 months. Why won't his opponents just allow the President to have the opportunity to fulfill his own commitment which he has made publicly? Are they so up in arms that they would undermine the President, especially in light of the fact they were wrong in Iraq?

We have an opportunity to let General McChrystal apply the successes in Iraq to Afghanistan, which, I might add, are successes my friends on the other side of the aisle opposed, and to possibly win there and to possibly stabilize the country. We need to let the strategy work and achieve the successes like we had in Iraq.

It is ironic that Iraq recently held parliamentary elections. Without the success of the surge and the United States' presence for this short amount of time, Iraq would not have had these elections. Imagine what Iraq would look like if we had listened to the naysayers a few years ago.

Is it possible that this resolution means all the work and sacrifice that occurred would be for naught because these people today want to pull out within 30 days? They opposed our successful strategy in Iraq and oppose it in Afghanistan.

There is no logic in that they want to undercut their President and undercut the troops. They have provided no justification. While no proposal guarantees success, a precipitous withdrawal of U.S. support would guarantee failure.

Mr. KUCINICH. Madam Speaker, I reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I yield 1 minute to another Florida colleague, the gentleman from Florida (Mr. ROONEY), a member of the Armed Services and Judiciary Committees.

Mr. ROONEY. First, I want to acknowledge and thank Congressman JOHN BOCCIERI and Congressman DUNCAN HUNTER for their service in Afghanistan.

Madam Speaker, as a former captain in the Army in the 1st Cavalry Division and as an instructor at West Point, I had the distinct honor of teaching some of the men and women who are now serving in Afghanistan. I heard from them directly about the progress being made and about the need for the continued support of this Congress. It is for that reason that I will vote "no" on this resolution.

Withdrawal now would destabilize that area of the world, and it would create a vacuum for terror. Groups like al Qaeda and the Taliban would increasingly gain access to weapons that would cause great damage to our allies and, eventually, to us.

General McChrystal's implementation of President Obama's counterin-

surgency strategy is producing dramatic successes, including the capture of key Taliban leaders and the rooting out of Taliban forces.

A withdrawal now undermines what our troops have done. It undermines the winning strategy we are pursuing in Afghanistan, a strategy we all know the United States can achieve. It is for that reason I encourage my colleagues to send a message to our troops and to vote "no."

Mr. KUCINICH. Madam Speaker, I continue to reserve the balance of my time.

Ms. ROS-LEHTINEN. Madam Speaker, I yield 2 minutes, the balance of my time, to the gentleman from California (Mr. DANIEL E. LUNGREN), the ranking member of the Committee on House Administration and a member of the Homeland Security and Judiciary Committees. I can think of no better person with whom to close the debate on our side.

Mr. DANIEL E. LUNGREN of California. I thank the gentlewoman.

Madam Speaker, I join the chairman and ranking member of the committee in opposing this resolution.

Sometimes in public debate, we ask the wrong question or we place ourselves in the wrong context. I am reminded of a headline that I saw not too long ago on a domestic issue. The headline read simply: "Prison Population Increases Despite Drop in Crime." For those of us involved in the criminal justice system, we thought maybe it never dawned on the writer that the crime rate was dropping precisely because we were putting the bad guys in prison.

Similarly today, this resolution sets an arbitrary deadline for troops to leave Afghanistan, and it is a terribly misguided reading of the facts we face today. Our troops are succeeding. No one questions that. Our allies are helping us. Why then would we handicap them today with such a terrible message from our Congress? The message is, despite what you are doing on the ground, despite your successes, we are going to pull you out with an arbitrary date. What could be more demoralizing? What could be more wrong?

Madam Speaker, this resolution, unfortunately, is the wrong question. It sends the wrong message. It is being sent at precisely the wrong time.

I hope that we have a strong vote against this resolution so that our troops will have an unquestioned message of support from us that we recognize what they are doing, that we follow what they are doing, that we support what they are doing, and that we rejoice in their victorious work today and in the days ahead.

□ 1745

Mr. KUCINICH. I yield myself 1 minute.

The more troops we send into Afghanistan, the more support the

Taliban gains as resisters of foreign occupation. We say we want to negotiate with the Taliban in the future while, at the same time, conducting air strikes to take out Taliban strongholds across the country.

Just yesterday, The Washington Post published an article about the Zabul province and the pouring in of Taliban fighters following a retreat of U.S. Armed Forces from Zabul in December. If we accept the premise that we can never leave Afghanistan until the Taliban is eradicated, we may be there for a very long time.

The justification for our continued military presence in Afghanistan is that the Taliban, in the past, has provided a safe haven for al Qaeda, or could do so in the future. General Petraeus has already admitted that al Qaeda has little or no presence in Afghanistan.

We have to be careful about branding al Qaeda and the Taliban as a single terrorist movement. Al Qaeda is an international organization, and, yes, they are a threat to the United States. The Taliban is only a threat to us as long as we continue our military occupation of Afghanistan.

Madam Speaker, I yield 2 minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE of California. Madam Speaker, first let me thank the gentleman from Ohio for this very important resolution. Today's debate and discussion on the path forward in Afghanistan and the proper role of Congress in determining the United States' commitment of our country while at war, this debate and discussion is long overdue. So thank you, Congressman KUCINICH, for bringing this to the floor.

Now in our 9th year of war, this body has yet to conduct a full and honest accounting of the benefits, costs, affordability, and strategic importance of the United States military operations in Afghanistan.

In order to understand Afghanistan and where we are today in terms of our commitment, I think it is really useful to point to how we got here. Of course, after the horrific events, the tragic events of 9/11 in 2001, I had to vote against the authorization to use force, this use of force authorization, because I knew that that authorization was a blank check to wage war anywhere, at any time, and for any length.

Almost 9 years later, in reflecting on the rush to war in Afghanistan and the Bush administration's war of choice in Iraq, the sacrifices made by our brave, young men and women in uniform and the cost to our economic and national security, all of these costs are totally immeasurable. Countless innocent civilians have lost their lives in Afghanistan, and just a few weeks ago the number of American troops killed in Afghanistan rose to over 1,000.

Where does this end? Where does it end? We have already given \$1 trillion

to the Pentagon for the wars in Iraq and Afghanistan, and the economic impact of these wars is estimated to be as much as \$7 trillion in direct and indirect costs to the United States.

It is our responsibility as Members of Congress to really develop a more effective U.S. foreign policy for the 21st century. After a decade of open-ended wars, I encourage my colleagues to finally stand firm in asserting their constitutional prerogative to determine when the United States enters into war.

Ms. ROS-LEHTINEN. Madam Speaker, in closing, I would like to build on something that our colleague from California (Mr. HUNTER) had said earlier about the need to fight and defeat the enemy in Afghanistan so that our children or our grandchildren don't have to.

Our men and women in uniform are fighting for their families, for our families, for our Nation, for our future. They embrace their mission. They are honored by the opportunity to serve. They volunteered for it. Let us show our appreciation by voting "no" on this damaging resolution before us today.

I yield back the balance of my time.

Mr. BERMAN. Madam Speaker, because I have no further requests for time and I understand that the sponsor of this resolution has both the right and the intention of closing, I will yield back the balance of my time.

Mr. KUCINICH. I want to thank Mr. BERMAN and my colleagues for this opportunity to engage in this important debate.

At the current estimated deployment rate, the number of troops in Afghanistan will increase from about 70,000 at the end of 2009 to the stated goal of 100,000 by July of this year. My resolution calls for the withdrawal of all U.S. Armed Forces from Afghanistan no later than December 31 of this year. And it can be done. Unlike Iraq, where we have significant infrastructure built in and around the country to support our presence there, prior to last year, the United States invested very little in permanent infrastructure for U.S. Armed Forces in Afghanistan.

President Obama has called on the logisticians for the U.S. military to triple the amount of troops we have had in the country since the war started. If the administration expects the U.S. military to figure out a way for a rapid increase of troops on the ground, we can figure out how to have a method of rapid withdrawal.

Getting supplies into Afghanistan is one of the biggest obstacles to providing adequate support for troops on the ground. Due to frequent attacks on U.S. convoys traveling to Afghanistan through Pakistan, the U.S. is forced to deliver most of the supplies by air.

Madam Speaker, we have, in the last 3 hours, talked about 1,000 troop cas-

ualties; we have talked about a cost of a quarter of a trillion dollars and rising; we have spoken of civilian casualties and about the incredible amount of corruption that is going on in Afghanistan; we have spoken of the role of the pipeline, which is sure to deserve more critical inquiry; and we have talked about the failure of doctrines of counterinsurgency. That strategy doesn't work, and there are logistics of withdrawal that we can pursue.

The question is should the United States' people continue to bear the burden of this war when we have so many problems at home, with 15 million people unemployed, with millions of people losing their homes, with so many people without health care, with so many people not being able to send their children to good schools.

We have to reset our priorities. Our priorities should begin by getting out of Afghanistan, and then we can turn to getting out of Iraq.

Thank you very much for this debate. I urge approval of the resolution.

Mr. STARK. Madam Speaker, I rise today in support of H. Con. Res. 248 to bring our troops home from Afghanistan.

Despite the wishes of the people who voted him into office, President Obama is escalating the War in Afghanistan. It's now up to Congress to end the war. This resolution would invoke the War Powers Resolution of 1973, and remove troops from Afghanistan no later than the end of the year.

This war has no clear objective. We have spent \$258 billion on the War in Afghanistan, with billions more to come this year. American soldiers and their families are paying a greater price. Over 1,000 soldiers have died, and over 5,000 have been wounded in action. According to the UN Assistance Mission in Afghanistan, Human Rights Watch, and other humanitarian organizations, tens of thousands of Afghan civilians have been killed.

It is time for Congress to assert its constitutional authority over matters of war and bring our troops home. I urge my colleagues to support this resolution, so that we can focus on diplomacy and infrastructure development that will bring a lasting peace to Afghanistan.

Mr. McMAHON. Madam Speaker, I rise as a supporter of our men and women in uniform who put their lives on the line every single day to strongly oppose H. Con. Res. 248.

Setting aside legitimate procedural objections to H. Con. Res. 248, this is the wrong time to withdraw our troops from Afghanistan. Secretary Gates just wrapped up a visit to Afghanistan and our troops have successfully lifted the Taliban flag off of Marja, and are preparing to expand security to other Afghan regions.

We are just beginning to implement General McChrystal's strategy to drive insurgents, terrorists and narco-traffickers out of Afghanistan, where they have comfortably plotted against the U.S. for years. U.S. and International Security Assistance Forces are laying the groundwork for the next push into the Taliban heartland of Kandahar, as we speak. Securing Kandahar will allow us to secure Afghanistan. If we have a peaceful Kandahar, we will have a peaceful Afghanistan.

I support our Commander in Chief in his plan to send an additional 30,000 troops to Afghanistan on December 1, 2009. It is time to give this strategy a chance. This Administration has made the elimination of Al-Qaeda and the stability of Afghanistan a top priority. In addition, many of our coalition partners particularly the United Kingdom, and Canada and Muslim allies like Pakistan, have also stepped up their engagement and cooperation. They are committed to the fight and we should be as well. They know that a stable Afghanistan will bring stability and security to Pakistan and all of South Asia.

Our troops now have the leadership and the vision to complete this mission. Their success militarily is working hand in hand with American and international humanitarian assistance and NGOs which are helping to educate women, clean drinking water and provide healthcare.

Obviously sending Americans to war is our most serious obligation as Members of Congress. But equally serious is our obligation to care for our veterans. In my first year in Congress, working with Members on both sides of the aisle, we have already secured a record amount in mental health funding for our troops and to expand the number of mental health professionals at the DoD. This Administration and Congress is committed to making sure that our Veterans receive the highest quality of care possible both in the field and at home.

Until then, our troops should be proud to help stabilize the region that has fanned the flames of radical hostility and extreme terrorist ideology that led to the horrors of September 11th. Afghanistan should never again be a launching pad for terrorist activities.

We are the United States, and it is our duty to fight for democracy and fight against terror. I urge my colleagues to vote against H. Con. Res. 248 today and give the Afghanistan mission the fighting chance to succeed.

Mr. McDERMOTT. Madam Speaker, I rise today in support of Representative KUCINICH's resolution to call our troops home from Afghanistan. When the President announced in December that he wanted 30,000 additional troops sent to Afghanistan, I said that I was unconvinced his plan would work. And now that many of those troops are in place, I'm still not convinced. We recently watched the start of Operation Mushtarak, the largest coordinated offensive since 2001, which is intended to loosen the Taliban's grip in the Southern region of the country. It was originally supposed to take a few weeks, but now estimates say that it may take 12 to 18 months. I think this is a perfect example of the biggest obstacle we face: we are asking troops to fix problems that the military is not capable of solving.

American soldiers have been in Afghanistan for nearly a decade and have been doing a magnificent job of what's been asked of them. But with every passing year, I grow more doubtful that we have the ability to build a stable democracy with the military alone. And I certainly do not believe that committing more troops will bring about the change necessary to stabilize the country, nor do I believe that it will hasten the process.

But that's the course that many continue to advocate, including President Obama. And while I know that the President wants to get

out of Afghanistan as fast as possible, I also believe that if we want to help the Afghani people form a stable democracy and functioning economy, we need to help them with even more aid and support, not an increase in troops.

Over the last 30 years, Afghanistan has served as a battlefield in a series of devastating conflicts, first between the Soviet Union and the United States, and then between the United States and the Taliban. We hear a lot about the problems with poppy farming in the region, but we don't hear much about the cause. Before any of these incursions, Afghanistan was considered the orchard capital of central Asia, with nearly 80 percent of the population working on the land. But now it is estimated that more than 60 percent of the orchards and vineyards have been destroyed, which led many Afghani into poppy production and the drug trade. This is in part due to the fact that the Soviets thought that orchards were too good a place to hide, so they cut them all down.

The kinds of problems that Afghanistan faces are not the kinds of problems the U.S. military or NATO are equipped to solve. That is ultimately up to the Afghani government and its people, and we need to realize that our involvement can only do so much. The sooner we understand that, the sooner we can make a strategically acceptable exit.

I rise today to voice my support for Representative KUCINICH's resolution to invoke the War Powers Act to call all of our troops home from Afghanistan within the next 30 days—or, as the legislation outlines, by the end of the year if 30 days is deemed too dangerous. I refuse to watch as we send soldier after soldier into a battle I do not believe the military can win.

Mr. DEFAZIO. Madam Speaker, the war in Afghanistan has entered its ninth year without clearly defined objectives or an exit strategy. With a deteriorating security situation and no comprehensive political outcome yet in sight, many experts view the war in Afghanistan as open-ended.

The open-ended nature of this conflict is evident in the complexities of defining the enemy. The U.S. invaded Afghanistan shortly after 9/11 because of the Taliban's support and refuge of al-Qaeda. We have had to combat the ever changing Taliban, foreign al-Qaeda fighters, and the revolving loyalties of numerous tribal war lords. Furthermore, our close relationship with the Pakistan government has been seriously challenged by the jihadist threat now in Pakistan. We have no clear response to this new threat beyond drone attacks that also have high rates of civilian casualties.

President Bush's disregard for the complexities of Afghanistan and the damage that came from his disregard has severely undermined any prospect of stability and a successful conclusion to this conflict. The unnecessary war in Iraq also diverted critical resources when we needed them the most in Afghanistan. These failures by the Bush Administration encouraged the division of Afghanistan and allowed al-Qaeda to move effortlessly into Pakistan.

President Obama's surge strategy in Afghanistan is counterproductive and sends the wrong message. The President sent an addi-

tional 17,000 troops in early 2009 and then another 30,000 troops late last year. Beyond nation building, the additional troops have no clear mission and do not resolve the problems in Pakistan.

Much like President Obama's exit strategy in Iraq, we need a clear exit strategy for Afghanistan. The Afghani and Pakistani people need to know our troops are not permanent. Unfortunately, President Obama has doubled down in Afghanistan.

Afghanistan will not become stable until a political consensus is found across ethnic, tribal, religious and party affiliations. The government must be able to provide basic security for its population without the corruption that exists today. These same needs are just as true in Pakistan.

H. Con. Res. 248 is flawed because it offers a blunt directive to bring all the troops home in a short time frame. The resolution also offers an opportunity send a message to the President that his Afghan strategy is failing. My vote in favor of this resolution is a vote against the President's surge strategy in Afghanistan, a vote to demand an exit plan, and a vote to demand a regional diplomatic response to undercut the radicalization of Pakistan.

Mr. HOLT. Madam Speaker, I thank the gentleman from Ohio for initiating this needed debate on our policy in Afghanistan. Indeed, I opposed the war in Iraq because I felt it distracted us from finishing the job we had started in Afghanistan—finding and bringing to justice those who attacked us on 9/11. I think we have to acknowledge that the current Administration has accomplished more in less time to address the deteriorating situation in Afghanistan than the previous Administration did during its eight years in power. The capture of Mullah Baradar and the disruption of the Quetta, Pakistan-based Taliban leadership group headed by Mullah Omar—these significant tactical successes are the direct result of President Obama's current policies, particularly his success in pressuring the government of Pakistan to live up to its obligations to help us root out the remaining Al Qaeda and Afghan Taliban elements at large in Pakistan. That's the good news. The bad news is that every time we take out one of their field commanders, several more rise to take their place. This is the nature of insurgency, it is the nature of the problem that confronts us, and it is not a problem that will be resolved by the continuous, endless use of military force. I came to the floor in December 2009 and posed a series of questions about our policy in this war, and many of those questions remain unanswered. However, several events over the last few months have answered at least one question: Are we fighting on the wrong battlefield?

Congress must push the Administration to think anew about this problem, as this conflict is not confined to Afghanistan and Pakistan. We saw that with the Ft. Hood terrorism incident, and with the near-tragedy on Christmas Day in the skies above Detroit. The ideas that motivated Major Hasan and Mr. Abdulmuttalab are propagated around the world via the mass media and the internet. Going to a training camp in the Pakistani tribal areas is no longer a requirement for a radicalized individual who wants to commit an act of terror.

The extremist ideology that is used to motivate these people itself occupies a safe haven—the internet and the global mass media. Unless and until we confront that reality, we will not prevail in this struggle. That is why we must think anew about how we're approaching this problem. I encourage the President to do that, and I encourage my colleagues to do that.

Mr. CONYERS. Madam Speaker, there are few issues of state as weighty as those we discuss today. The decision to engage in military conflict affects us all in innumerable ways. There are the obvious effects on our military men and women who risk their lives abroad, while also giving up many of the small joys associated with sharing life's meaningful moments with family and friends.

Similarly, each of us bears the costs associated with domestic investments sacrificed at home when we decide to instead spend vast sums of money abroad. Each dollar spent in Afghanistan on a Blackwater mercenary is a dollar that could be spent keeping a teacher in the classroom, putting a cop on the beat, or retraining a Detroit steelworker so he or she can compete in the emerging industries that will underpin the global economy.

Lastly, and perhaps most importantly, waging war tests our values as a nation. During these periods of conflict, the eyes of the world, rightly, are trained on our actions abroad. The ability to inflict violence upon large numbers of our fellow human beings demands that the American people be allowed to sit in judgment about what is being done in their name—to determine if the potent weapons at our disposal are wielded in a just manner. The question of whether or not we are living up to this highest of burdens could not be more important and that is why we must debate the War in Afghanistan here on the House Floor today.

While the number of Members who will join my good friend from Ohio and myself in supporting this resolution may be small, this vote will not accurately represent the views of the public at large. A poll commissioned by CNN this January found that a majority of the American people oppose the War in Afghanistan. Apparently, as with many issues in Washington, those who are forced bear the costs of war are the first to recognize a flawed policy, while those who profit from perpetual war do their best to blunt any change in course.

As a co-founder of the Out of Iraq Caucus, I remember that it took some time for official Washington to comprehend the scope of the public's opposition to that war. Thankfully, that caucus eventually grew to bloc of 70 Members and we were able to successfully match the will of the people with the priorities of the Congress. As a result, our troops will pull out of Iraqi cities this summer and leave the country by the end of the year.

I believe that, as with Iraq, the Administration and Congress will, and must, adopt a course in Afghanistan that will benefit both the Afghan and American people. That is why I have founded the "Out of Afghanistan Caucus," which acknowledges that peace and security in Afghanistan will only occur when the United States reorients its commitment to the

Afghan government and people by emphasizing indigenous reconciliation and reconstruction strategies, rigorous regional diplomacy, and swift redeployment of the US military.

It is increasingly clear that our military presence in Afghanistan inflames ethnic Pashtuns—many of whom would have nothing to do with the Taliban if they did not view the United States as an existential threat to their distinctive tribal culture and way of life. By picking sides in a 35-year-old civil war, the United States has made the necessary reconciliation between all parties in Afghanistan all but impossible. Similarly, I oppose the constant Predator drone strikes in both Afghanistan and Pakistan, in which one in three casualties is an innocent civilian. This violence will breed enmity, when we really need to be bringing these warring parties together.

I hope that the House votes today in support of this War Powers Privileged Resolution. Regardless of the outcome, I and many others in the Congress will continue to organize against additional troop funding and for Afghan-centric development policies that will speed peaceful and permanent reconciliation. I hope that you will join me as a Member of the Out of Afghanistan Caucus and you will support this historic resolution.

Ms. ESHOO. Madam Speaker, it is with a heavy heart that I oppose this resolution.

I have serious reservations about the presence of U.S. Forces in Afghanistan. I opposed the President's plan to send additional troops into that country, and I opposed funding for the surge. I was reassured when the President said that he wanted to begin withdrawing U.S. troops beginning in 2011. I joined 137 of my colleagues to vote with Representative MCGOVERN to demand that the President provide a plan for withdrawing from Afghanistan, and have been deeply concerned that the mission for our troops there is not clear. If their mission is not well defined, how can we expect to judge success?

I do not support an open-ended commitment without clear goals. But I also cannot support a sudden withdrawal without a plan to protect American lives and American interests. And that's why I will vote against this Resolution.

This Resolution directs the President to remove all U.S. forces from Afghanistan 30 days from adoption, unless the President decides it is not safe to do so. He would then have until the end of 2010 to remove all U.S. forces from Afghanistan.

This language is absolute and provides no exceptions.

It does not provide exceptions for U.S. forces that might be necessary to safeguard U.S. embassy personnel.

It does not provide exceptions for our intelligence community or Special Forces so they can continue to support Afghanistan and Pakistan in the search for al Qaeda and Osama bin Laden.

It does not provide exceptions for U.S. military personnel who are engaged in training the Afghanistan National Army or Afghanistan National Police to provide their own security.

We should not be involved in a civil war in Afghanistan, but there are a few, limited missions in Afghanistan that may be necessary to protect our national interests. This Resolution

does not allow us any flexibility to address those missions, and this is why I cannot support a policy that endangers the lives of U.S. personnel on the ground and allows al Qaeda to continue to destabilize the border region between Afghanistan and Pakistan, and potentially strike us here at home.

I hope Representative KUCINICH will refine his legislation and work with the President to present us with a plan to bring our troops home safely and in a timely manner.

Mr. SCHRADER. Madam Speaker, I believe it is time to bring the United States Military's involvement in Afghanistan to a close. Last year I became a cosponsor of H.R. 2404, to require the President to issue a plan for withdrawal from Afghanistan by the end of 2009; and I voted for an amendment to the FY2010 Defense Authorization Act to mandate the same. Although a majority of my colleagues did not join me in supporting those measures, H. Con. Res. 248 is not the right approach.

It is unrealistic to ask President Obama to remove military forces from Iraq within the next 30 days or even the next 10 months as H. Con. Res. 248 demands. Ending a war is unfortunately more complicated than beginning one. Even as a candidate in 2008, President Obama recognized an expedited withdrawal of troops from Iraq would take 15 to 24 months. Asking for a 10 month window for withdrawal from Afghanistan is unrealistic.

With thousands of Oregon Guardsmen currently serving in Iraq and hundreds more deploying to Afghanistan, such a resolution at this time, in this manner, would be inappropriate.

Mr. KENNEDY. Madam Speaker, as the tragic events of September 11, 2001, demonstrated, the continued existence of the Taliban and terrorists in Afghanistan poses a threat to the security of the American people. We need to be eliminating those who are organizing to strike at the American people.

That is why we can't afford to "double-down" on a bad policy that infringes on the ability of our troops to successfully execute their mission. Using the men and women of our armed forces to secure ground subjects them unnecessarily to risks that we should not be taking.

Several of my colleagues have stated that to end this conflict would fail to honor those who have fought and died in Afghanistan. Yet, we all acknowledge that there isn't a single American soldier who has laid down his or her life for this country that isn't a hero.

Instead, I think of families like that of Kyle Coutu. Kyle was 20 years old and had just graduated from William E. Tolman High School last June, when he was killed on February 18, 2010, in the Helmand Province during combat operations. How many more mothers like Melissa Coutu will have to bury their son or daughter? For how much longer will we ask America's youth to risk their lives for the people of Afghanistan?

Rather than put our troops in harm's way, the best way to honor them is to take care of them when they return home, ending veteran homelessness and unemployment, and fully funding veterans' health care, particularly for the treatment of mental health and PTSD.

Additionally, with limited resources, we can't afford to continue a mission in Afghanistan

that doesn't move us forward. There are places around the world, like the Horn of Africa, where our commitment and resources could be put to a greater good. More importantly, every dollar spent in Afghanistan is a dollar that can't be invested here at home to invest in our children's education, rebuild our country's infrastructure, and create jobs for American workers.

Mr. CAPUANO. Madam Speaker, I rise today in support of the resolution introduced by my colleague, Rep. DENNIS KUCINICH, with the aim of bringing an end to the U.S. troop commitment in Afghanistan. I am a cosponsor of this resolution because, while not perfect, I believe it initiates a debate that is long overdue in Congress: what is our military strategy in Afghanistan and what future mission or missions are planned for our troops there? How long are they to be deployed and what are they being asked to accomplish? Do we also have a coherent diplomatic strategy for South Asia, involving not just Afghanistan but both Pakistan and India?

For some time now, I have advocated the development of a U.S. exit strategy for Afghanistan. I voted to authorize use of force in 2001 against those responsible for the September 11 attacks. President Bush rightly determined that the Taliban regime in Afghanistan was providing shelter and material support to al-Qaeda, and he sent U.S. forces to Afghanistan to root out the terrorists. But the terrorists have now been largely driven from Afghanistan, and yet, President Obama seeks to increase our troop deployment to over 100,000 men and women in uniform. Given the statement from General Jim Jones last fall that there are currently fewer than 100 al-Qaeda members in Afghanistan, I have to question why a troop build up is necessary if our goal is to pursue the terrorists. In fact, I think all of my colleagues should question this.

It may not be realistic to withdraw all of our troops by year's end, and I believe we should retain the ability to take limited military action in concert with the Government of Afghanistan in certain circumstances. However, the time to change course and start concluding this war is now. We must plan for the orderly redeployment of troops and rethink our approach to fighting terrorism globally.

I thank my colleague for introducing this resolution and encouraging a fresh look at U.S. military policy. I know that we will continue to raise this issue until it has registered at the highest levels and we are able to bring our men and women in uniform home.

Ms. MCCOLLUM. Madam Speaker, I rise today in opposition to H. Con. Res. 248, a resolution that would require the President to precipitously withdraw American troops from Afghanistan by December 31, 2010. While I welcome today's robust debate on such a critical issue, there can be no doubt that abandoning Afghanistan and the region in this moment is against America's national interests.

I have supported America's engagement in Afghanistan since my vote in 2001 to authorize military action against those responsible for the terrorist attacks of September 11th. After years of inattentiveness by the Bush Administration, President Obama inherited a deteriorated security environment in Afghanistan. General Stanley McChrystal, the top U.S.

commander in Afghanistan, completed a review in August 2009 that confirmed conditions to be rapidly declining, with the Taliban insurgency gaining ground and the allied NATO effort losing the support of the Afghan people.

Stability in Afghanistan and Pakistan directly impacts the safety of our citizens, and violent extremism poses a real and significant threat to global security. For this very reason, our efforts in Afghanistan have received overwhelming international support, with over 40 nations—NATO and non-NATO alike—contributing troops.

I support President Obama's strategy to provide our service men and women with the resources they need for success, to increase the commitment of our NATO allies through renewed engagement, and to build up the Afghan security forces so that our troops can come home. This work will not be quick, nor will it be easy. Still, one thing is clear: Afghanistan cannot be allowed to once again become a sanctuary for terror and extremism.

Mr. TIAHRT. Madam Speaker, I join my colleagues on both sides of the aisle in opposition to H. Con. Res. 248, The Afghanistan War Powers Resolution. This resolution calls for a premature withdrawal of our forces from Afghanistan, putting our service men and women and our Nation at risk. Make no mistake, we are in the midst of a very important war. We did not seek the Global War on Terror, but it is one we cannot abandon.

On September 11, 2001, we were attacked in the most horrifying way. 2,973 innocent people were killed. Nine buildings were destroyed. The Pentagon was hit and but for the bravery of the passengers of United Flight #93, our Capitol would have been destroyed as well.

This war, however, did not begin or end on that fateful day. Muslim extremists have been at war with America for years, but few people took notice until 2001.

In 1983, terrorists launched a suicide truck-bomb attack against the U.S. Marine Barracks in Beirut, Lebanon, killing 242 Americans.

In 1993, Islamic terrorists attacked the World Trade Center building in New York City, killing six people and injuring 1,000 more.

In 1998, Al-Qaeda bombed the U.S. embassies in Kenya and Tanzania, leaving 300 dead and injuring over 5,000 people.

In 2000, the U.S. Navy Destroyer USS *Cole* was attacked by followers of Usama bin Laden, killing 17 sailors and injuring 39.

In May 2001, just over three months before the attacks of September 11, the Muslim terrorist group Abu Sayyaf kidnapped 16 people including Kansas missionaries Martin and Gracia Burnham. While some escaped, four hostages were killed including Martin. Fortunately, Gracia survived this terrifying ordeal and is now living in Rose Hill, Kansas.

On September 11, Americans awoke to the reality that we could no longer ignore the growing threat of Muslim extremists. We had a choice: either wait for the next attack, or take the fight to the terrorists. The American people and Congress were unified in answering that we would fight terrorists before they reach American soil.

Today, the United States remains engaged in a global war against Muslim extremists. In order to protect our country, we must ensure

that terrorists are not given safe haven in any nation. Most of the planning of training for the September 11, 2001 attacks took place in Afghanistan and terrorists continue to exploit vulnerabilities in Afghanistan today. Our troops have made tremendous progress in securing Afghanistan, but there is much more to do. Afghanistan needs our help to root out terrorists and ensure that terrorists no longer use their country to launch terrorist attacks around the world.

We are not naïve as to the cost of this war. Over 1,000 brave Americans have been killed in Afghanistan over the past eight years, and we mourn each one. Billions of dollars have been spent on this protracted effort. This has been a long and costly war, but it is not in vain.

The cost of this war does not negate the importance of this war. Afghanistan is the central front in the war against terror. Walking away from Afghanistan will not bring peace and security to our people. We have seen firsthand what happens when Afghanistan is a safe haven for terrorists. The consequences are too great for us to simply wait for the enemy to strike.

The question is not does this war exist? Though some are in denial, we are at war even if we do not want to be. Rather, the question is where will the battle be fought? In opposing this resolution, I vote to have that battle where every American carries a gun and wears body armor, not on the streets of Wichita.

We can not leave Afghanistan until the job is done. We owe it to the Marines killed in Lebanon, the sailors of the USS *Cole*, those murdered at the east African embassies, Martin and Gracia Burnham, all those who lost their lives on September 11, and to the troops who have died defending our freedom and security on the battlefields of the Global War on Terror. We must stay strong and finish the task at hand.

I look forward to the day when our troops come home in victory, and when our people can live in peace and security—free from the fear of a terrorist attack. But today is not that day. Today we must redouble our efforts to bring security to Afghanistan, which, in turn, will bring us one step closer to that day. I urge my colleagues to oppose this resolution.

Mr. ETHERIDGE. Madam Speaker, I rise in opposition to this resolution.

As a proud veteran of the United States Army, I have always worked to serve our men and women in uniform, our veterans, military families and their communities. In the U.S. House, I have the honor of representing Fort Bragg and Pope Air Force Base.

I recently traveled to Afghanistan to visit our troops and get a firsthand view of the situation on the ground. I met with 82nd Airborne troops as well as those from the North Carolina National Guard. They are doing a great job under the most trying of circumstances, and they make us all proud.

After the end of the Soviet occupation of Afghanistan, the United States simply walked away from a failed state. We know the impact that that decision has had on our history. We cannot simply walk away again. We must empower the Afghan army, security forces and the Afghan people themselves to tend to their

security needs and build functioning civil institutions. We must not allow the Taliban to return to power in Afghanistan and once again use that country to become a staging ground for Al Qaeda terrorists targeting America and our allies. And we must stabilize this fragile region that includes the nuclear armed republic in next door Pakistan. These are daunting challenges, but our military men and women and their civilian counterparts are making progress and deserve our support.

Madam Speaker, we should give our troops all of the resources they need, and make sure that we keep them in our prayers and appreciation. I am sure that my colleagues will join me in expressing our thanks. I thank first and foremost the Americans serving in Afghanistan. I thank their families for their tremendous sacrifice at home. I thank our allies, who would be left with an overwhelming task should we neglect our national commitments and suddenly depart. I thank the vast majority of the Afghans, who are working with us for their own futures in a functioning state. It is for their efforts, and all of their reasons for continuing to work tomorrow, that we should reject this resolution.

I urge my colleagues to join me in support of our troops and in opposition to this resolution.

Mr. VAN HOLLEN. Madam Speaker, I rise in opposition to this resolution. The immediate withdrawal of American and NATO forces from Afghanistan would put our Nation at greater risk of another 9/11 type attack from al Qaeda.

Unlike the Iraq war, the war in Afghanistan is not a war of our choosing. As President Obama pointed out during his speech at West Point last year, our troops are in the field because on September 11, 2001, al Qaeda launched a direct attack on the United States—killing thousands of innocent Americans. The United States is fully justified in taking action against al Qaeda and the Taliban and we continue to have the strong backing of our NATO allies and the international community.

Unfortunately, under the Bush Administration, many of our troops and resources were diverted away from Afghanistan to Iraq. As a result, al Qaeda and the Taliban began to regain strength and al Qaeda continues to plot against Americans from the Afghanistan-Pakistan border region. During his campaign for president, Barack Obama made it clear that he would end America's involvement in the war in Iraq and focus U.S. efforts on al Qaeda.

While there is no doubt that al Qaeda operates in parts of Yemen, Sudan, Somalia, and other areas, the Afghanistan-Pakistan border region remains the operational and ideological center for al Qaeda's global operations. The president is right to conclude that allowing al Qaeda to operate there unchecked poses a serious security risk to the U.S. and American citizens around the world.

The immediate withdrawal of U.S. forces from Afghanistan would have two immediate consequences. First, it would immediately strengthen the hand of the most extremist Taliban leaders (those most closely tied to al Qaeda), undercutting any leverage behind ongoing efforts to get some Taliban fighters to lay down their arms and it would also undermine Afghan President Hamid Karzai's new

initiative to reach a political accommodation with the members of the Taliban open to national reconciliation. If such a political solution is undermined and the old Taliban regime retakes control of Afghanistan, they will again turn that country into a safe haven for expanded al Qaeda operations. It would also lead to the return of an extreme Taliban regime that encourages horrendous acts like pouring gasoline into the eyes of girls who attempt to go to school. Second, an immediate withdrawal of NATO forces would weaken Pakistan's resolve to confront the Pakistani Taliban, the Afghan Taliban, and al Qaeda. The most promising development over the last year has been the Government of Pakistan's willingness to fight the growing menace of the Pakistani Taliban. In addition, very recently, the Pakistani government has also shown a willingness to confront elements of the Afghan Taliban. The recent capture of Mullah Bandar, the operational chief of the Afghan Taliban, and two Afghan Taliban shadow governors, demonstrates this progress. The withdrawal of U.S. forces from Afghanistan would sabotage those nascent efforts. Why should the Pakistani forces confront the Afghan Taliban if the U.S. walks away now?

President Obama has developed a carefully considered and comprehensive strategy for Afghanistan and Pakistan that relies not only on the use of troops but also on the use of civilian resources.

The strategy has three parts. First, coalition forces will reverse the Taliban's momentum by working to stabilize major population centers and accelerate the expansion of the Afghan national security forces.

Second, the U.S. will work with its partners to create a more effective civilian strategy—with the goal of establishing sustainable economic opportunities for Afghans and strengthening the country's national and local governance structures.

Third, the strategy engages Pakistan as a full partner in these efforts. As a result of better coordination between our two countries, for the first time since the beginning of the war, al Qaeda and the Taliban are being genuinely challenged by the Pakistan military.

The president's strategy contains a timeline which initiates a responsible redeployment of American troops in July 2011. He has established this timeline to send a clear message to the Afghan government that they must take seriously their role in creating a stable Afghanistan and to communicate to the people of Afghanistan that the U.S. has no interest in an open-ended engagement in their country.

The new strategy has already shown promising signs of success. We should not undermine this effort by the immediate and total withdrawal of all U.S./NATO forces.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 1146, the previous question is ordered.

The question is on the concurrent resolution.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. KUCINICH. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on adoption of House Concurrent Resolution 248 will be followed by 5-minute votes on the motion to suspend the rules on House Concurrent Resolution 249 and House Resolution 1144.

The vote was taken by electronic device, and there were—yeas 65, nays 356, not voting 9, as follows:

[Roll No. 98]

YEAS—65

Baldwin	Jackson Lee	Payne
Campbell	(TX)	Pingree (ME)
Capuano	Johnson (IL)	Polis (CO)
Chu	Johnson, E. B.	Quigley
Clarke	Jones	Rangel
Clay	Kagen	Richardson
Cleaver	Kucinich	Sánchez, Linda
Crowley	Larson (CT)	T.
Davis (IL)	Lee (CA)	Sanchez, Loretta
DeFazio	Lewis (GA)	Schakowsky
Doyle	Maffei	Serrano
Duncan	Maloney	Speier
Edwards (MD)	Markey (MA)	Stark
Ellison	McDermott	Stupak
Farr	McGovern	Tierney
Filner	Michaud	Towns
Frank (MA)	Miller, George	Tsongas
Grayson	Nadler (NY)	Velazquez
Grijalva	Napolitano	Waters
Gutierrez	Neal (MA)	Watson
Hastings (FL)	Obey	Welch
Jackson (IL)	Oliver	Woolsey
	Paul	

NAYS—356

Ackerman	Buyer	Etheridge
Aderholt	Calvert	Fallin
Adler (NJ)	Cantor	Fattah
Akin	Cao	Flake
Alexander	Capito	Fleming
Altmire	Capps	Forbes
Andrews	Cardoza	Fortenberry
Arcuri	Carnahan	Foster
Austria	Carney	Fox
Baca	Carson (IN)	Franks (AZ)
Bachmann	Carter	Frelinghuysen
Bachus	Cassidy	Fudge
Baird	Castle	Gallegly
Barrow	Castor (FL)	Garamendi
Bartlett	Chaffetz	Garrett (NJ)
Barton (TX)	Chandler	Gerlach
Bean	Childers	Giffords
Becerra	Clyburn	Gingrey (GA)
Berkley	Coble	Gohmert
Berman	Coffman (CO)	Gonzalez
Berry	Cohen	Goodlatte
Biggert	Cole	Gordon (TN)
Bilbray	Conaway	Granger
Bilirakis	Connolly (VA)	Graves
Bishop (GA)	Cooper	Green, Al
Bishop (NY)	Costa	Green, Gene
Bishop (UT)	Costello	Griffith
Blackburn	Courtney	Guthrie
Blumenauer	Crenshaw	Hall (NY)
Blunt	Cuellar	Hall (TX)
Bocchieri	Culberson	Halvorson
Boehner	Cummings	Hare
Bonner	Dahlkemper	Harman
Bono Mack	Davis (CA)	Harper
Boozman	Davis (KY)	Hastings (WA)
Boren	Davis (TN)	Heinrich
Boswell	DeGette	Heller
Boucher	Delahunt	Hensarling
Boustany	DeLauro	Henger
Boyd	Dent	Herseth Sandlin
Brady (PA)	Diaz-Balart, M.	Higgins
Brady (TX)	Dicks	Hill
Braley (IA)	Dingell	Himes
Bright	Doggett	Hinche
Broun (GA)	Donnelly (IN)	Hinojosa
Brown (SC)	Dreier	Hirono
Brown, Corrine	Driehaus	Hodes
Brown-Waite,	Edwards (TX)	Holden
Ginny	Ehlers	Holt
Buchanan	Ellsworth	Honda
Burgess	Emerson	Hoyer
Burton (IN)	Engel	Hunter
Butterfield	Eshoo	Inglis

Inslee	Meek (FL)	Salazar
Israel	Meeks (NY)	Sarbanes
Issa	Melancon	Scalise
Jenkins	Mica	Schauer
Johnson (GA)	Miller (FL)	Schiff
Johnson, Sam	Miller (MI)	Schmidt
Jordan (OH)	Miller (NC)	Schock
Kanjorski	Miller, Gary	Schrader
Kaptur	Minnick	Schwartz
Kennedy	Mitchell	Scott (GA)
Kildee	Mollohan	Scott (VA)
Kilpatrick (MI)	Moore (KS)	Sensenbrenner
Kilroy	Moore (WI)	Sessions
Kind	Moran (KS)	Sestak
King (IA)	Moran (VA)	Shadegg
King (NY)	Murphy (CT)	Shea-Porter
Kingston	Murphy (NY)	Sherman
Kirk	Murphy, Patrick	Shimkus
Kirkpatrick (AZ)	Murphy, Tim	Shuler
Kissell	Myrick	Shuster
Klein (FL)	Neugebauer	Simpson
Kline (MN)	Nunes	Sires
Kosmas	Nye	Skelton
Kratovil	Oberstar	Slaughter
Lamborn	Olson	Smith (NE)
Lance	Ortiz	Smith (NJ)
Langevin	Owens	Smith (TX)
Larsen (WA)	Pallone	Smith (WA)
Latham	Pascarell	
LaTourette	Pastor (AZ)	
Latta	Paulsen	
Lee (NY)	Pence	
Levin	Perlmutter	
Lewis (CA)	Perriello	
Linder	Peters	
Lipinski	Peterson	
LoBiondo	Petri	
Loeback	Pitts	
Lofgren, Zoe	Platts	
Lowe	Poe (TX)	
Lucas	Pomeroy	
Luetkemeyer	Posey	
Lujan	Price (GA)	
Lummis	Price (NC)	
Lungren, Daniel	Putnam	
E.	Radanovich	
Lynch	Rahall	
Mack	Rehberg	
Manzullo	Reichert	
Marchant	Reyes	
Markey (CO)	Rodriguez	
Marshall	Roe (TN)	
Matheson	Rogers (AL)	
Matsui	Rogers (KY)	
McCarthy (CA)	Rogers (MI)	
McCarthy (NY)	Rohrabacher	
McCaul	Rooney	
McClintock	Ros-Lehtinen	
McCollum	Roskam	
McCotter	Ross	
McHenry	Rothman (NJ)	
McIntyre	Roybal-Allard	
McKeon	Royce	
McMahon	Ruppersberger	
McMorris	Rush	
Rodgers	Ryan (OH)	
McNerney	Ryan (WI)	

NOT VOTING—9

Barrett (SC)	Deal (GA)	Wasserman
Camp	Diaz-Balart, L.	Schultz
Conyers	Hoekstra	Young (FL)
Davis (AL)		

□ 1822

Messrs. GENE GREEN of Texas, CARSON of Indiana, Mrs. CAPPS, Messrs. BACHUS, COSTELLO, and Mrs. LOWEY changed their vote from "yea" to "nay."

Mr. CROWLEY changed his vote from "nay" to "yea."

So the concurrent resolution was not agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:

Ms. WASSERMAN SCHULTZ. Madam Speaker, on rollcall No. 98, I was unavoidably

detained. Had I been present, I would have voted "no."

COMMEMORATING THE 45TH ANNIVERSARY OF BLOODY SUNDAY

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the concurrent resolution, H. Con. Res. 249, on which the yeas and nays were ordered.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 249.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 409, nays 0, not voting 21, as follows:

[Roll No. 99]

YEAS—409

Ackerman	Carnahan	Forbes
Aderholt	Carney	Fortenberry
Adler (NJ)	Carson (IN)	Foster
Akin	Carter	Fox
Alexander	Cassidy	Frank (MA)
Altmire	Castle	Franks (AZ)
Andrews	Castor (FL)	Frelinghuysen
Arcuri	Chaffetz	Fudge
Austria	Chandler	Gallegly
Baca	Childers	Garamendi
Bachmann	Chu	Garrett (NJ)
Bachus	Clarke	Gerlach
Baird	Clay	Giffords
Baldwin	Cleaver	Gingrey (GA)
Barrow	Clyburn	Gohmert
Bartlett	Coble	Gonzalez
Barton (TX)	Coffman (CO)	Goodlatte
Bean	Cohen	Granger
Becerra	Cole	Graves
Berkley	Conaway	Grayson
Berman	Connolly (VA)	Green, Al
Berry	Cooper	Green, Gene
Biggert	Costa	Griffith
Bilbray	Costello	Guthrie
Bilirakis	Courtney	Gutierrez
Bishop (GA)	Crenshaw	Hall (NY)
Bishop (NY)	Crowley	Hall (TX)
Bishop (UT)	Cuellar	Halvorson
Blackburn	Culberson	Hare
Blumenauer	Cummings	Harman
Boccieri	Dahlkemper	Harper
Boehner	Davis (CA)	Hastings (FL)
Bonner	Davis (IL)	Hastings (WA)
Bono Mack	Davis (KY)	Heinrich
Boozman	Davis (TN)	Heller
Boren	DeFazio	Hensarling
Boswell	DeGette	Herger
Boucher	DeLauro	Herseth Sandlin
Boustany	Dent	Higgins
Boyd	Diaz-Balart, M.	Hill
Brady (PA)	Dingell	Himes
Brady (TX)	Doggett	Hinchee
Braley (IA)	Donnelly (IN)	Hinojosa
Bright	Doyle	Holden
Broun (GA)	Dreier	Holt
Brown (SC)	Driehaus	Honda
Brown, Corrine	Duncan	Hoyer
Brown-Waite,	Ginny	Hunter
Buchanan	Ehlers	Inglis
Burgess	Ellison	Inslee
Butterfield	Ellsworth	Israel
Buyer	Emerson	Issa
Calvert	Engel	Jackson (IL)
Campbell	Eshoo	Jackson Lee
Cantor	Etheridge	(TX)
Cao	Fallin	Jenkins
Capito	Fattah	Johnson (GA)
Capps	Filner	Johnson (IL)
Capuano	Flake	Johnson, E. B.
Cardoza	Fleming	Johnson, Sam

Jones	Minnick	Schiff
Jordan (OH)	Mitchell	Schmidt
Kagen	Mollohan	Schock
Kanjorski	Moore (KS)	Schrader
Kaptur	Moore (WI)	Schwartz
Kennedy	Moran (KS)	Scott (GA)
Kildee	Moran (VA)	Scott (VA)
Kilpatrick (MI)	Murphy (CT)	Sensenbrenner
Kilroy	Murphy (NY)	Serrano
Kind	Murphy, Patrick	Sessions
King (IA)	Murphy, Tim	Sestak
King (NY)	Myrick	Shadegg
Kingston	Nadler (NY)	Shea-Porter
Kirk	Napolitano	Sherman
Kirkpatrick (AZ)	Neal (MA)	Shimkus
Kissell	Neugebauer	Shuler
Klein (FL)	Nunes	Shuster
Kosmas	Nye	Simpson
Kratovil	Oberstar	Sires
Kucinich	Obey	Skelton
Lamborn	Olson	Slaughter
Lance	Oliver	Smith (NE)
Langevin	Ortiz	Smith (NJ)
Larsen (WA)	Owens	Smith (TX)
Latham	Pallone	Smith (WA)
Latta	Pascarella	Snyder
Lee (CA)	Pastor (AZ)	Souder
Levin	Paul	Space
Lewis (CA)	Paulsen	Speier
Lewis (GA)	Payne	Spratt
Linder	Pence	Stark
Lipinski	Perlmutter	Stearns
LoBiondo	Perriello	Stupak
Loebach	Peters	Sullivan
Lofgren, Zoe	Peterson	Sutton
Lowey	Petri	Tanner
Lucas	Pingree (ME)	Taylor
Luetkemeyer	Pitts	Teague
Lujan	Platts	Terry
Lummis	Poe (TX)	Thompson (CA)
Lungren, Daniel	Pomeroy	Thompson (MS)
E.	Posey	Thompson (PA)
Lynch	Price (GA)	Thornberry
Mack	Price (NC)	Tiahrt
Maffei	Putnam	Tiberi
Maloney	Quigley	Tierney
Manzullo	Radanovich	Titus
Marchant	Rahall	Tonko
Markey (CO)	Rangel	Towns
Markey (MA)	Rehberg	Tsongas
Marshall	Reichert	Turner
Matheson	Reyes	Upton
Matsui	Richardson	Van Hollen
McCarthy (CA)	Rodriguez	Velázquez
McCarthy (NY)	Roe (TN)	Visclosky
McCaul	Rogers (AL)	Walden
McClintock	Rogers (KY)	Walz
McCollum	Rogers (MI)	Wamp
McCotter	Rohrabacher	Wasserman
McDermott	Rooney	Schultz
McGovern	Ros-Lehtinen	Waters
McHenry	Roskam	Watson
McIntyre	Ross	Watt
McKeon	Rothman (NJ)	Waxman
McMahon	Roybal-Allard	Weiner
McMorris	Royce	Welch
Rodgers	Ruppersberger	Westmoreland
McNerney	Rush	Whitfield
Meek (FL)	Ryan (OH)	Wilson (OH)
Meeks (NY)	Ryan (WI)	Wilson (SC)
Melancon	Salazar	Wittman
Mica	Sánchez, Linda	Wolf
Michaud	T.	Woolsey
Miller (FL)	Sanchez, Loretta	Wu
Miller (MI)	Sarbanes	Yarmuth
Miller (NC)	Scalise	Young (AK)
Miller, Gary	Schakowsky	
Miller, George	Schauer	

NOT VOTING—21

Barrett (SC)	Diaz-Balart, L.	Hoekstra
Blunt	Dicks	Kline (MN)
Burton (IN)	Edwards (TX)	Larson (CT)
Camp	Farr	LaTourette
Conyers	Gordon (TN)	Lee (NY)
Davis (AL)	Grijalva	Polis (CO)
Deal (GA)	Hodes	Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mrs. HALVORSON) (during the vote). There are 2 minutes remaining in this vote.

□ 1830

So (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. LARSON of Connecticut. Madam Speaker, on rollcall No. 99, had I been present, I would have voted "yes."

PERSONAL EXPLANATION

Mr. CONYERS. Madam Speaker, on March 10, 2010, I was called away on personal business. I regret that I was not present to vote on H. Res. 1146, H. Res. 1088, H.R. 4621, H. Con. Res. 248, and H. Con. Res. 249.

Had I been present, I would have voted "yea" on all votes.

EXPRESSING CONDOLENCES TO CHILE EARTHQUAKE VICTIMS

The SPEAKER pro tempore. The unfinished business is the question on suspending the rules and agreeing to the resolution, H. Res. 1144.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. CONNOLLY) that the House suspend the rules and agree to the resolution, H. Res. 1144.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

RECORDED VOTE

Mr. ANDREWS. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 404, noes 1, not voting 25, as follows:

[Roll No. 100]

AYES—404

Ackerman	Bishop (NY)	Burton (IN)
Aderholt	Bishop (UT)	Butterfield
Adler (NJ)	Blackburn	Buyer
Alexander	Blumenauer	Calvert
Altmire	Boccieri	Campbell
Andrews	Boehner	Cantor
Arcuri	Bonner	Cao
Austria	Bono Mack	Capito
Baca	Boozman	Capps
Bachmann	Boren	Capuano
Bachus	Boswell	Carnahan
Baird	Boucher	Carney
Baldwin	Boustany	Carson (IN)
Barrow	Boyd	Carter
Bartlett	Brady (PA)	Cassidy
Barton (TX)	Brady (TX)	Castle
Bean	Braley (IA)	Castor (FL)
Becerra	Bright	Chaffetz
Berkley	Broun (GA)	Chandler
Berman	Brown (SC)	Childers
Berry	Brown, Corrine	Chu
Biggert	Brown-Waite,	Clarke
Bilbray	Ginny	Clay
Bilirakis	Buchanan	Cleaver
Bishop (GA)	Burgess	Clyburn

Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
DeLauro
Dent
Diaz-Balart, M.
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Fox
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Holden
Holt
Honda
Hoyer
Hunter
Inglis

Insee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Levin
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebach
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Lujan
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCauley
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)

Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Oliver
Ortiz
Owens
Pallone
Pascarella
Pastor (AZ)
Paulsen
Payne
Pence
Perlmutter
Perrillo
Peters
Peterson
Petri
Petrone (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schradner
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skellton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space

Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt

Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Visclosky
Walden
Walz
Wamp
Wasserman
Schultz
Waters

Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)

NOES—1

NOT VOTING—25

Akin
Barrett (SC)
Blunt
Camp
Condoza
Conyers
Davis (AL)
Deal (GA)
Delahunt

Diaz-Balart, L.
Dicks
Gordon (TN)
Grijalva
Harman
Hodes
Hoekstra
Kaptur
Kline (MN)

Lee (NY)
Lewis (CA)
Melancon
Nadler (NY)
Roskam
Velázquez
Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1837

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ELECTING A MEMBER TO A CERTAIN STANDING COMMITTEE OF THE HOUSE OF REPRESENTATIVES

Mr. LARSON of Connecticut. Madam Speaker, by direction of the Democratic Caucus, I send to the desk a privileged resolution and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1156

Resolved, That the following named Member be and is hereby elected to the following standing committee of the House of Representatives:

COMMITTEE ON THE BUDGET.—Mr. Moore of Kansas.

The resolution was agreed to.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. KUCINICH. Madam Speaker, I ask UNANIMOUS consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on H. Con. Res. 248.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

COMMUNICATION FROM THE HONORABLE CAROLYN C. KILPATRICK, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from the Honorable CAROLYN C. KILPATRICK, Member of Congress:

HOUSE OF REPRESENTATIVES,
Washington, DC, March 1, 2010.

Hon. NANCY PELOSI,
Speaker, House of Representatives, Washington, DC.

DEAR MADAM SPEAKER: This is to notify you formally, pursuant to Rule VIII of the Rules of the House of Representatives, that I have been served with a grand jury subpoena for testimony by the United States District Court for the Eastern District of Michigan.

After consulting with my attorney, I will make the determinations required by Rule VIII.

Sincerely,
CAROLYN C. KILPATRICK,
Member of Congress.

COMMUNICATION FROM THE HONORABLE JOHN D. DINGELL, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from the Honorable JOHN D. DINGELL, Member of Congress:

CONGRESS OF THE UNITED STATES,
Washington, DC, March 10, 2010.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

DEAR MADAM SPEAKER: This is to notify you formally, pursuant to Rule VIII of the Rules of the House of Representatives that I have been served with a subpoena for testimony and documents by the United States District Court for the Eastern District of New York.

After consultation with the Office of General Counsel, I have determined that compliance with the subpoena is inconsistent with the precedents and privileges of the House.

Sincerely,
JOHN D. DINGELL,
Member of Congress.

MESSAGE FROM THE PRESIDENT

A message in writing from the President of the United States was communicated to the House by Mr. Brian E. Pate, one of his secretaries.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on the motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Any record vote on the postponed question will be taken later.

HAITI DEBT RELIEF AND EARTHQUAKE RECOVERY ACT OF 2010

Mr. MEEKS of New York. Mr. Speaker, I move to suspend the rules and

pass the bill (H.R. 4573) to direct the Secretary of the Treasury to instruct the United States Executive Directors at the International Monetary Fund, the World Bank, the Inter-American Development Bank, and other multilateral development institutions to use the voice, vote, and influence of the United States to cancel immediately and completely Haiti's debts to such institutions, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4573

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Haiti Debt Relief and Earthquake Recovery Act of 2010".

SEC. 2. DEBT RELIEF FOR HAITI.

Title XVI of the International Financial Institutions Act (22 U.S.C. 262p et seq.) is amended by adding at the end the following new section:

"SEC. 1628. CANCELLATION OF HAITI'S DEBTS TO INTERNATIONAL FINANCIAL INSTITUTIONS.

"(a) IN GENERAL.—The Secretary of the Treasury should direct the United States Executive Director at the International Monetary Fund, the International Development Association, the Inter-American Development Bank, the International Fund for Agricultural Development, and other multilateral development institutions (as defined in section 1701(c)(3)) to use the voice, vote and influence of the United States at each such institution to seek to achieve—

"(1) the immediate and complete cancellation of any and all remaining debts owed by Haiti to such institutions;

"(2) the suspension of Haiti's debt service payments to such institutions until such time as the debts are canceled completely; and

"(3) the provision of emergency, humanitarian and reconstruction assistance from such institutions to Haiti in the form of grants or other assistance such that Haiti does not accumulate debt.

"(b) USE OF CERTAIN FUNDS FOR ASSISTANCE TO HAITI.—The Secretary of the Treasury should instruct the United States Executive Director of the International Monetary Fund to advocate the use of some of the realized windfall profits that exceed the required contribution to the Poverty Reduction and Growth Trust (as referenced in the IMF Reforms Financial Facilities for Low-Income Countries Public Information Notice (PIN) No. 09/94) from the ongoing sale of 12,965,649 ounces of gold acquired since the second Amendment of the Fund's Article of Agreement, to provide debt stock relief, debt service relief, and grants for Haiti.

"(c) SECURING OTHER RELIEF FOR HAITI.—The Secretary of the Treasury and the Secretary of State should use all appropriate diplomatic influence to secure cancellation of any and all remaining bilateral, multilateral and private creditor debt owed by Haiti."

SEC. 3. INFRASTRUCTURE INVESTMENT.

(a) TRUST FUND.—The Secretary of the Treasury should support the creation and utilization of a multilateral trust fund for Haiti that would leverage potential United States contributions and promote bilateral

donations to such a fund for the purpose of making investments in Haiti's future, including efforts to combat soil degradation and promote reforestation and infrastructure investments such as electric grids, roads, water and sanitation facilities, and other critical infrastructure projects.

(b) INCREASE IN TRANSFER OF EARNINGS.—The Secretary of the Treasury should direct the United States Executive Director of the Inter-American Development Bank to seek to increase the transfer of its earnings to the Fund for Special Operations and to a trust fund or grant facility for Haiti.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. MEEKS) and the gentleman from California (Mr. GARY G. MILLER) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

Mr. MEEKS of New York. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on this legislation, and to insert extraneous materials thereon.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. MEEKS of New York. Madam Speaker, I yield myself 5 minutes.

Today, Madam Speaker, we consider an issue that is close to all of our hearts. Haiti suffered a devastating earthquake on January 12 of this year. The country, which was finally making strides to more stable economic and political growth after so many failed governments of the past, was rocked by a natural disaster of historic proportions. The images from the disaster are fresh in our minds. The immediate needs of the people are clear, and the desire of the global community and the average American citizens to help Haiti recover as fast as possible are clear and give us all hope.

Earlier today, I joined with President Obama and other members of this House at the White House in restating America's commitment to stand by our brothers and sisters in Haiti, and to lend them a hand up to get back on a path to economic growth and social healing. In speaking with President Preval today, I told him that Haiti debt relief was but the first of a broader set of initiatives that we will undertake to enable the people of Haiti to rebuild their country, their lives, their businesses, and their communities.

□ 1845

As Chair of the International Monetary Policy and Trade Subcommittee, I am proud to have moved this bill successfully in a strongly bipartisan manner. I thank the woman whose name will appear on this bill who has worked very hard to make this bill happen, the chairwoman of the Subcommittee on Housing, the gentlewoman from California (Ms. WATERS) who has been a long and strong supporter for Haiti.

Forgiving Haiti's debts to the World Bank, the IMF, the IDB, and IFAD is good policy and is the right thing to do. But forgiving these debts alone will not deliver the desperately needed tents to provide shelter from the impending rainy season. Debt relief alone will not rebuild roads, hospitals, churches, schools, and the physical infrastructure that Haiti needs to get back to work. Debt relief alone will not heal the physical and psychological wounds of the injured and traumatized or develop the human capital the country needs so desperately. As our agencies, from USAID to the Treasury Department, to the State Department, to our Armed Forces, to average citizens from around the country, lend support to Haiti in the immediate aftermath of the earthquake, we must not lose sight of the longer-term needs of this country, its government, and its people.

Indeed, we are now moving to the second and third phase of a long and arduous process; namely, moving from the immediate rescue and survival concerns, though they are still critical, to reconstruction and ultimately long-term economic recovery. Doing this will require leadership of the Haitian people and government as they take ownership for the future they care to build. It will also require effective coordination of our aid and development efforts to limit waste, duplication and, ultimately, loss of goodwill.

As we do all of this and as implementation is planned, special attention needs to be paid to the need to rebuild Haiti's human capital. Several of our government agencies are already at work doing this, and I will keep pressure on them, as I am sure others in this House will, as well as the development banks and international financial institutions, to ensure that they invest heavily in developing the people of Haiti and the institutions of Haiti, to enable them to effectively govern and set their own path to a brighter future with dignity and independence.

Lastly, I will keep the pressure on the international institutions to deliver the necessary resources to Haiti without adding to that nation's long-term debt burden. In over 200 years of independence, Haiti has always been saddled with unsustainable debts, whether extraordinarily high debt obligations owed to the French as a condition of independence in the early 1800s, as is often brought out by Congressman GREEN of Houston, or from international institutions unscrupulously saddling the people of Haiti with debts diverted by dictators in the second half of the 20th century, or over \$1 billion in debts still owed today, despite the country having earned \$1.2 billion in debt forgiveness from the international institutions last year.

The people of Haiti have worked far too long and far too hard to repay debts they had little say in accruing

and which have yielded very little benefit to the average citizen. This cynical game of debt accrual and debt forgiveness must end, and as Chair of the International Monetary Policy Subcommittee, I will be doing my part to see that happens. The people of Haiti deserve better than that and deserve a chance to invest in their own futures.

MARCH 8, 2010.

Hon. BARNEY FRANK,
Chairman, Committee on Financial Services,
Rayburn House Office Building, Wash-
ington, DC.

DEAR CHAIRMAN FRANK: I am writing to you concerning H.R. 4573, the Debt Relief for Earthquake Recovery in Haiti Act of 2010, introduced by Rep. Maxine Waters on February 2, 2010.

This bill contains provisions within the Rule X jurisdiction of the Committee on Foreign Affairs. In the interest of permitting your Committee to proceed expeditiously to floor consideration of this important bill, I am willing to waive this Committee's right to mark up this bill. I do so with the understanding that by waiving consideration of the bill, the Committee on Foreign Affairs does not waive any future jurisdictional claim over the subject matters contained in the bill which fall within its Rule X jurisdiction.

Further, I request your support for the appointment of Foreign Affairs Committee conferees during any House-Senate conference convened on this legislation.

Please include a copy of this letter and your response in the Congressional Record during consideration of the measure on the House floor.

Sincerely,

HOWARD L. BERMAN,
Chairman.

MARCH 8, 2010.

Hon. HOWARD BERMAN,
Chairman, Committee on Foreign Affairs, House
of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter concerning H.R. 4573, the "Debt Relief for Earthquake Recovery in Haiti Act of 2010." This bill will be considered by the House shortly.

I want to confirm our mutual understanding with respect to the consideration of this bill. I acknowledge that portions of the bill fall within the jurisdiction of the Committee on Foreign Affairs and I appreciate your cooperation in moving the bill to the House floor expeditiously. I further agree that your decision to not to proceed with a markup on this bill will not prejudice the Committee on Foreign Affairs with respect to its prerogatives on this or similar legislation. I would support your request for an appropriate number of conferees in the event of a House-Senate conference.

I will include a copy of this letter and your response in the Congressional Record. Thank you again for your cooperation.

BARNEY FRANK,
Chairman.

Madam Speaker, I reserve the balance of my time.

Mr. GARY G. MILLER of California. Madam Speaker, I yield to the gentleman from Alabama (Mr. BACHUS) such time as he may consume.

Mr. BACHUS. I thank the ranking member for yielding, and I want to commend him for his work on this legislation. I also want to commend

Chairman WATERS and Chairman MEEKS for their work, and other Members who I think have worked in a bipartisan way for an excellent legislation and a very worthy legislation. I rise in complete support for the Debt Relief for Earthquake Recovery Act.

If you picked a country and a capital in a country anywhere in the world which could least deal with a devastating earthquake, it would be Port-au-Prince, Haiti. You could not visualize a worse scenario.

The immediate legacy, other than which you have witnessed on the TV screens here in America, is that there will be virtually a generation of orphans who have lost their parents. That alone would be a challenge for any country. Think of New Orleans and what a challenge that has been for our country. For Haiti, it is a monumental undertaking. And, quite frankly, it is hard to visualize in our lifetime seeing Haiti recover.

The human tragedy following that earthquake is overwhelming. As Haiti's citizens seek to rebuild, I think it is very important for us to stand with them and alongside them. And I commend the administration for their efforts since the earthquake. Many of our agencies are there. Many of our charities are there. Many of our church groups are there. Many of our NGOs are there: the Jubilee Act, Melinda St. Louis, her organization; Tom Hart of the One Campaign. I think those two organizations have done a wonderful job of highlighting the need not only in Haiti, but in many of the impoverished countries.

The first measure we can take—other than the efforts that we have witnessed, many American volunteers and government efforts—to ensure that all of Haiti's remaining resources are devoted to reconstruction and not to development loans that it is unrealistic to expect can ever be repaid, this legislation is a part of that step.

Haiti's impoverished condition dates back to its origins under French colonial rule, to 1804, 205, 206 years ago, when Haiti's citizens won their independence in a revolution similar to our revolution from the French colonial regime. France imposed a blockade and imposed and extracted a promise of \$21 billion in reparations, and that is \$21 billion in today's currency. That is greater than the debt incurred at that time by the United States, a much bigger government. So Haiti, when they were born as a country, they were immediately impoverished, and their enslavement continued. I will say that.

The amazing thing, if you look at that debt that the French imposed and you read about it, part of the debt was repayment for compensation for property, which included the slave population. I mean, that's amazing. That's amazing. That is something that we can't go back and do anything about,

but we can certainly do something today. But when the French lost their ability to enslave that population, they extracted, because of their navy, a blockade and that debt.

With the country's economic productivity being drained, since its inception, to pay this enormous debt, which has never been paid off, never paid off because there were other debts added, economic development stifled since 1804.

Sometimes we say, Why Haiti? Why is it so poor? Why has it always been so poor? It never stood a chance.

In more recent times, and one would think that things couldn't get worse than that, Duvalier, under his dictatorship, was responsible for more than 40 percent of the additional loans to Haiti. I mean, think about loaning to a dictator who is suppressing his people. We have seen that in Africa and other places, and it is an absurdity that we ought to address in Haiti and we ought to address in other places because, in that way, countries that did that contributed. The brutal regime further despoiled the country by diverting funds borrowed for development to their own personal enrichment to bank accounts out of the country.

With this history, it is no surprise that Haiti was deeply impoverished since the beginning, their foundation as a nation. And this bill by Ms. WATERS and others takes a very fine first step toward the goal of eliminating Haiti's uncollectible debts so that the country can begin, for the first time, really, the process of becoming self-sustaining, and they are going to need a lot of help.

The text to be considered says the Treasury Secretary should direct U.S. representatives at international financial institutions to work with their colleagues to try to achieve cancellation of debt owed by Haiti to those institutions. Since any cancellation would take months to accomplish, it seeks suspension of debt payment services until the cancellation takes place. None of these institutions realistically expects Haiti to service its debt at a time Haiti is lying in ruins.

As a former Treasury Under Secretary before our committee last week said, it is a "cruel hoax" on both the people of developing countries and on the taxpayers of donor nations to pretend that even without an earthquake, Haiti, a country whose citizens subsist on a dollar or two a day, is ever going to be able to pay back billions of dollars in development loans.

The United States has always been a benevolent and caring country. Even during our current economic challenges, we have not lost our compassion. In fact, our present travails have, in some respects, I believe, given us a greater appreciation for the desperation and suffering of those facing challenges and hardships in Haiti, although

theirs are much greater than anything that we are undergoing.

The United States, and let me stress this, if you don't hear anything else, if you are thinking about voting against this bill, hear this: The United States has forgiven all of its bilateral debt to Haiti. What we are asking is we are asking others to do what we have done. What we are doing with this is directing the Secretary of the Treasury to use his voice and influence to seek debt cancellation from others. Among them are Venezuela and Taiwan. By far, Venezuela is the largest bilateral creditor. Taiwan is a distant second. Forgiving the debt Haiti owes to multilateral agencies is consistent with our principles, and we can lead by example while we lend a helping hand.

In conclusion, Madam Speaker, this bill before us contains some minor changes to the bill that came out of the Committee on Financial Services, all of which I support. The changes don't add any cost. They don't change the intent of the bill.

Added at the end of original committee text is a section very similar to the bill that the Senate passed last week by unanimous consent. The section says the Secretaries of State and Treasury should support the creation and use of a multinational trust fund that could include and leverage any future U.S. aid to Haiti, and that aid ought to be in the form of grants, not loans, and that the Secretary of the Treasury should seek a speed-up in interbank transfers at the Inter-American Development Bank so they may be used in Haiti's recovery.

These are sensible steps, and I support the changes and I commend my colleagues who are also here in support of this very worthy legislation.

Mr. MEEKS of New York. I want to thank the ranking member of the full committee as well as the ranking member of the subcommittee for the cooperative spirit in working together in getting this bill to where it is today. Thank you for working in a very bipartisan manner to this point.

At this time, I would like to yield 5 minutes to the gentlewoman from California (Ms. WATERS) who is the author of this bill and who has been a long-time supporter for the people of Haiti.

Ms. WATERS. First, I would like to thank the gentleman from New York (Mr. MEEKS) for the time, and I appreciate all of the work that he has done on this bill.

Indeed, I would also like to thank all of the Members who support this bill, including BARNEY FRANK, the chairman of the Financial Services Committee, who made sure we got the bill up and going and we could expedite it in a way I have never seen any other bill expedited.

I thank SPENCER BACHUS, the ranking member of the Financial Services Committee, whom I have worked with for

over 10 years, appreciating that he understands so very thoroughly the history of Haiti and what it means to the world.

I thank GREGORY MEEKS, again, the chairman of the International Monetary Policy and Trade Subcommittee, whose manager's amendment added so much in the way of improvement to this bill, and the gentlewoman from Florida (Ms. ROS-LEHTINEN), the ranking member of the Foreign Affairs Committee; ELIOT ENGEL, chairman of the Western Hemisphere Subcommittee, and all of the other cosponsors of the bill, and especially the Congressional Black Caucus.

□ 1900

I would also like to thank Kathleen Sengstock, my senior legislative assistant, who worked very hard on this bill. Kathleen is an expert on debt relief and has worked for the past 10 years on debt relief for all of the poor countries of the world.

I would also like to thank Daniel McGlinchey and other professional staff persons with the Financial Services Committee.

Ladies and gentlemen, Haiti was struck by a devastating earthquake on January 12, 2010. According to the U.S. Agency for International Development, 230,000 people were killed and 1.3 million people were displaced from their homes. There is still a desperate need for clean water, food, shelter, and basic sanitation. Three million people, one-third of the country's population, were affected by the earthquake.

Today, we are very fortunate to have in this country the President of Haiti, President Preval. The CBC—that is, the Congressional Black Caucus—held a meeting with President Preval, and he thanked us all, not only the members of the Congressional Black Caucus, but all of the Members of Congress and the American people for the aid and support we have provided for Haiti. He thanked all of the American agencies for the lives that they have saved, the food that they have distributed, along with the water and the medical care and much more.

He reminded us that the rains are coming, and perhaps hurricanes, and there is still a need for emergency adequate shelter, and of course long-term housing. But today we are talking about one of the simplest but most important things we can do to help Haiti: That is to cancel its debt.

Haiti's democratic government has worked very hard in recent years to qualify for debt relief. In order to qualify, the Government of Haiti successfully developed and implemented a comprehensive poverty-reduction strategy paper under the direction of the International Monetary Fund and the World Bank. As a result, multilateral financial institutions provided Haiti \$1.2 billion in debt relief last

June. This was a critical step forward for Haiti. Nevertheless, Haiti still has a significant debt burden that will interfere with recovery and development efforts unless the remaining debts are canceled.

According to the U.S. Treasury Department, Haiti still owes \$828 million to the multilateral development institutions. This includes \$447 million to the Inter-American Development Bank, \$284 million to the IMF, \$39 million to the World Bank Group's International Development Association, and \$58 million to the International Fund for Agricultural Development. In addition, Haiti owes approximately \$400 million to other individual countries.

I introduced H.R. 4573, the Debt Relief for Earthquake Recovery in Haiti Act of 2010, to free Haiti from the burden of these debts. The bill directs the Secretary of the Treasury to instruct the U.S. executive directors at the multilateral development institutions to use the voice, vote, and influence of the United States to achieve several things: The immediate and complete cancellation of all debts owed by Haiti to these institutions; the suspension of Haiti's debt service payments until such time as the debts are canceled; and the provision of emergency humanitarian and reconstruction assistance to Haiti in the form of grants so that Haiti does not accumulate additional debt.

This bill also directs the Secretary of the Treasury and the Secretary of State to use all appropriate diplomatic influence to secure the cancellation of all remaining bilateral, multilateral, and private creditor debt owed by Haiti. Debt cancellation will allow the Government of Haiti to focus its meager resources on essential humanitarian relief, reconstruction, and redevelopment.

The people of Haiti are poor, but they are physically and spiritually resilient. I know that with the support of the international community they will recover from this tragedy and create a brighter future for their children.

I urge my colleagues to support the Debt Relief for Earthquake Recovery in Haiti Act of 2010.

Mr. GARY G. MILLER of California. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of this bill, the Debt Relief for Earthquake Recovery in Haiti Act of 2010.

Representatives MEEKS and WATERS wasted no time responding with this legislation. They have been the most stalwart proponents of the Haitian people, and the Haitian people are very fortunate to have them on their side. I want to applaud them for their efforts with this act.

As the Members of this body know, on January 12, 2010, Haiti experienced a 7.0 magnitude earthquake centered approximately 15 miles southwest of the

nation's capital, Port-au-Prince. What followed were 50 aftershocks with magnitudes over 4.0, all occurring within 24 hours.

As of now, the Haitian Government has estimated 230,000 deaths and 300,000 injured. Additionally, 700,000 people have been displaced in the Port-au-Prince area. Damage caused by the earthquake is estimated between \$8 billion and \$14 billion, with reports speculating that reconstruction costs could approximate \$14 billion.

As the people of Haiti strive to put the pieces of their lives and the country back together, Congress clearly needs to help. This bill would have the Secretary of the Treasury instruct the U.S. representatives at the World Bank, the IMF, the Inter-American Development Bank, and other multilateral institutions to use their influence at these institutions to reach an agreement on relieving Haitian debt to these entities and to suspend Haiti's debt service payments until those debts are canceled.

Additionally, U.S. representatives at these institutions would advocate that future aid provided to Haiti be grant-based to avoid placing the country immediately back in debt as they seek to rebuild. In the shadow of a tragedy this size, this is an important first step, but I think the body must consider how much more can be done.

So often American efforts to provide aid to impoverished nations come in the form of a check, which does provide a significant boost, but the goal here is to mitigate the impact of the disaster on the people. I hope this body can look at areas where American resources and know-how can be invested in Haitian society. In addition to feeding the people and providing shelter and medical care, we can leverage American resources so that we aren't simply sending a check.

Americans are the most generous people in the world. In the aftermath of this tragedy, the citizens of this country have raised tens of millions of dollars to help the Haitian people. We should also be looking to send our heavy machinery and engineering capabilities along with qualified American workers—many of whom have been out of work themselves—to assist the Haitian people rebuild their nation quicker and more effectively.

We will be holding a hearing next week in Financial Services to discuss many of these issues, and I look forward to working with my colleagues on ways that we can further leverage our Nation's great resources.

In conclusion, I want to thank Representatives WATERS and MEEKS for introducing this legislation. You have been strong advocates, and I really applaud you for the efforts. I thank you for allowing me to participate here tonight.

I strongly urge support of this bill.

I reserve the balance of my time.

Mr. MEEKS of New York. It is my honor to yield 1 minute to the distinguished Chair of the Financial Services Committee who has led us this far, the gentleman from Massachusetts, the Honorable BARNEY FRANK.

Mr. FRANK of Massachusetts. Madam Speaker, I hope people will take note that there is not a correlation between the importance of what we do and the attention that what we do gets. This is not controversial because it is a product of genuine cooperation.

I am delighted to be on the floor with my friend, the gentleman from Alabama (Mr. BACHUS). A few years ago, along with him and the gentleman from California and our former colleague, the gentleman from Iowa, Mr. Leach, we, frankly, beat the leaderships of both parties and the Clinton administration to get debt relief through. They've learned, so we don't have to fight so hard this time for a very important cause.

I am very pleased to be joining in this wholly cooperative way in a morally compelled response to the problems of the people of Haiti. And I join in thanking the gentlewoman from California again, the gentleman from New York, and my colleagues on the other side from California and Alabama for letting us bring this forward.

Various Members and their staffs have been congratulated, as they should be. It's not as easy to do the right thing as it sometimes seems; you want to make sure you get it done well.

I just want to single out Daniel McGlinchey on the staff of the Financial Services Committee, who has been working at this for a long time, in cooperation with the others. This is a day in which the House can be proud, even if, because we're not yelling at each other, the press won't notice.

Mr. GARY G. MILLER of California. I reserve the balance of my time.

Mr. MEEKS of New York. Madam Speaker, it is my honor to yield 2 minutes to the chairwoman of the Congressional Black Caucus, a longtime fighter for Haiti, the Honorable BARBARA LEE.

Ms. LEE of California. Thank you very much, Chairman MEEKS.

Let me just first say how much I want to support this bill today and thank Chairman MEEKS for his steady and consistent support for Haiti, and also Chairman FRANK.

Also, let me just say, as Chair of the Congressional Black Caucus, I have to extend our thanks to Congresswoman MAXINE WATERS for her work on this bipartisan resolution, especially also for her long-term leadership on the campaign for debt relief for Haiti and for all countries in the developing world. Congresswoman WATERS has been a friend, an ally of the Haitian

people for many years, long before this devastating earthquake struck.

Also, to the ranking members, your support and your sense of justice for Haiti is deeply appreciated.

The Congressional Black Caucus has a long history of working with the Haitian and Haitian-American communities, and many of us have traveled to Haiti several times. During the current crisis, the Congressional Black Caucus has and will continue to work closely with the Obama administration, the Government of Haiti, and the non-governmental organizations to provide whatever assistance we can on an ongoing basis to help with the recovery and reconstruction efforts.

Debt relief is not a matter of charity; it is really a matter of economic justice. Over half of Haiti's debt was borrowed under Haiti's dictatorships, some of which were brutally repressive. Thus, moneys borrowed by these regimes should not be borne by the Haitian people who had no say whatsoever on how these moneys were spent.

But more to the point, I think that it is obvious that Haiti is not in a position to service debt—nor should it be—while it is struggling to meet the basic needs of its people like food, water, health care, and shelter. It is looking to rebuild from the most devastating tragedy to strike the island nation in its history. I know that the leaders of the international financial institutions feel the same way, and they understand this bill and that Haiti should not have to repay its debt. The United States Government and other donor nations must work with these institutions to fashion a plan for it, and this bill offered by Congresswoman WATERS offers a legal framework and mandate to do just that.

Finally, I just want to say that I hope this bill passes on a bipartisan basis.

Mr. GARY G. MILLER of California. Madam Speaker, am I correct that we have 7 minutes remaining?

The SPEAKER pro tempore. The gentleman is correct.

Mr. GARY G. MILLER of California. Mr. MEEKS, I would be happy to yield 4 minutes of our time to you because I see you have numerous speakers, and I think you could probably utilize that time in additional speaking.

I yield myself 1 minute at this point in time.

As I have spoken to my good friends, Mr. GREEN, Mr. MEEKS and Ms. WATERS, about introducing legislation to help employ American workers in Haiti, we are going to be giving—and other groups are giving—tremendous amounts of money to Haitians and to the Haitian Government to basically rebuild. We all believe that it is important, with the amount of American workers, especially construction industries, that we have that are unemployed, to utilize many of our dollars

to send the expertise and skills we have in contractors and workers and laborers from the United States to work with the labor and the Haitian people to rebuild their country.

I want to commend my colleagues on the other side of the aisle for working with me on this. We are close to having legislation done. Ms. WATERS, I spoke to you today, and we will be getting that to all of you to review before I introduce it. Hopefully we can bring this up in committee within a couple of weeks to start implementing American manpower and resources to help the Haitian people, and also, at the same time, to benefit those Americans that are out of work.

I reserve the balance of my time.

Mr. MEEKS of New York. Madam Speaker, how much time do we have remaining?

The SPEAKER pro tempore. The gentleman currently has 7½ minutes remaining.

Mr. GARY G. MILLER of California. I would be happy to yield 4 of our minutes to my good friend from New York (Mr. MEEKS).

The SPEAKER pro tempore. Without objection, the gentleman from New York will control 11½ minutes.

There was no objection.

Mr. MEEKS of New York. It is my pleasure now to yield 1½ minutes of that to the gentlelady from the great State of Florida, the Honorable CORRINE BROWN.

Ms. CORRINE BROWN of Florida. Madam Speaker, I stand in strong support of the Debt Relief for Earthquake Recovery in Haiti Act introduced by my dear friend and colleague, Representative MAXINE WATERS.

Like so many of my colleagues here in the Congress, and particularly in the CBC, we have been working to improve the lives of the people of Haiti for many, many years.

I was in Haiti last October with Chairman OBERSTAR and Congressman GREGORY MEEKS, and we met with President Preval and members of the Haitian Cabinet to discuss ways to improve the nation's infrastructure system, which is absolutely vital to Haiti's future economic development.

Haiti is an island filled with good-willed, hardworking people, yet their lives are extraordinarily difficult because their country has been in great turmoil for decades, long before the terrible earthquake that hit Port-au-Prince.

Being from Florida, Haiti has always been very, very near and dear to my heart. In my congressional district of Florida, we worked with numerous area churches, businesses, and nonprofit organizations to make about 60 donations of tractor-trailers filled with supplies for the Haitian people.

□ 1915

We worked with nonprofit organizations and with Food For The Poor, and

it was transported by the Royal Caribbean Cruise Line—all at no cost to the people of Haiti. You know, because Haiti is not on the front pages of the paper, their needs are very important, and we need to continue to work to help the people of Haiti.

I want to thank all of my colleagues for doing it. This is a really wonderful first step.

Mr. GARY G. MILLER of California. Madam Speaker, I continue to reserve the balance of my time.

Mr. MEEKS of New York. I yield 1½ minutes to one who is called from the Caribbean, the gentlewoman from the great State of New York, the Honorable YVETTE CLARKE.

Ms. CLARKE. Madam Speaker, I rise in support of H.R. 4573, the Debt Relief for Earthquake Recovery in Haiti Act.

I would like to acknowledge the tremendous leadership of the gentleman from New York (Mr. MEEKS) and the leadership of the gentlewoman from California (Ms. WATERS), who is the author of this legislation.

As Representative of the second largest Haitian population in the country, I commend the Obama administration's swift response to the Haitian crisis. Without the President's comprehensive relief campaign, which included food, water, medical, and military assistance, as well as the \$100 million in aid, we would not be at the point we are, which is ready to discuss the next step. Thankfully, we are.

We must remember that the January earthquake did not create the troubling conditions in Haiti, although it certainly exacerbated them. Haiti is already the poorest nation in the Western Hemisphere. H.R. 4573, the Debt Relief for Earthquake Recovery in Haiti Act, will achieve three distinct goals which will help to keep the focus on humanitarian assistance.

First, the Secretary of the Treasury would instruct the U.S. executive directors of the institutions which lent money to the Haiti Government to immediately cancel all debts owed to Haiti to their respective institutions.

Next, Haiti's debt service payments would be suspended.

Lastly, grants would be provided for additional assistance so that Haiti would not accumulate additional debts.

It is my hope that, as we continue to rebuild, our rebuilding effort will not begin until the relief effort has concluded, and it will be dependent on all allowing Haiti to focus solely on humanitarian aid. To do this, it is imperative that we cancel the debts of the Haitian Government.

Mr. GARY G. MILLER of California. Madam Speaker, I continue to reserve the balance of my time.

Mr. MEEKS of New York. I yield 1½ minutes the hardworking gentleman from the great State of Texas, the Honorable AL GREEN.

Mr. AL GREEN of Texas. I want to thank the team that worked on this ef-

fort. Of course, that would be the honorable Chair of the subcommittee, Mr. MEEKS. It would be the Honorable MAXINE WATERS. It would also be Mr. MILLER, the ranking member on the subcommittee and, of course, the ranking member of the full committee, Mr. BACHUS.

Madam Speaker, I must tell you that my comments have been revised because I cannot allow this moment to go by without speaking to the comments that were made by Mr. BACHUS.

He spoke to our hearts and he spoke truth. It's not easy to stand in the well of the House of Representatives and speak the kind of truth that we heard. A son of the South and a Representative from Alabama stood in the well of the House, and he spoke the truth about one of the greatest atrocities ever imposed upon humankind and about how one country, in an effort to extricate and liberate itself, had to pay for the very liberation that it accorded itself. It meant something to me to hear this son of the South speak this kind of truth in the well of the Congress of the United States of America.

So I commend you and I salute you.

Mr. MILLER, I thank you as well.

The two of you deserve to have it said that you truly spoke truth to power tonight. Thank you.

Mr. GARY G. MILLER of California. Madam Speaker, I yield to the ranking member of the committee, the gentleman from Alabama.

Mr. BACHUS. Madam Speaker, I would like unanimous consent for an additional minute on each side.

The SPEAKER pro tempore. Without objection, each side will control 1 additional minute.

There was no objection.

Mr. BACHUS. Madam Speaker, I now ask unanimous consent to yield our 1 minute to the majority.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Alabama?

There was no objection.

Mr. MEEKS of New York. I yield 1½ minutes to the gentlewoman from the great State of Texas, Ms. SHEILA JACKSON LEE.

Ms. JACKSON LEE of Texas. This is a very historic occasion.

I would like to thank Congresswoman WATERS for her continued and persistent leadership on debt relief for countries around the world.

I thank the chairman of the subcommittee, Mr. MEEKS of New York, for his persistence and guidance on passing this bill so quickly with Mr. BACHUS and Mr. MILLER. Thank you for your commitment and for your interesting and very good idea about putting Americans to work.

Madam Speaker, I rise today to support this legislation to acknowledge that we are talking about a country right now that has only 20 percent of the revenue that it needs to run its nation. They need seed. They need fertilizer. They are living some 80 percent

below the poverty line, owing some \$709 million in debts to multilateral financial institutions—\$447 million to the Inter-American Development Bank—and also to countries such as Venezuela. This legislation will, in essence, help us clear the slate of all of those debts, and it will help us track what the United States has done.

I would like to take this time to thank all of the first responders, USAID and so many who stood tall when Haiti called. Today, in the White House, it was good to be able to acknowledge those first responders from around the world, from around the Nation, in addition to the United States military.

Helping them with this debt relief over all the land will allow the President to focus on building and on rebuilding—rebuilding Port-au-Prince, rebuilding the suburbs in the outlying areas—and to focus on creating jobs for the Haitian people and on bringing contractors there who will work with Haitians in a joint venture with agencies. So the relief of this debt, I believe, is an enormous step in making a difference in the lives of Haitians.

I want to thank you and ask support of this legislation.

Madam Speaker, I rise in support of H.R. 4573—the Debt Relief for Earthquake Recovery in Haiti Act of 2010. As, a co-sponsor of this bill, I strongly believe that it is a necessary step to ensure a successful recovery in Haiti.

Haiti's long term development is currently hampered by its debt burden. January's earthquake struck Haiti during a time of economic vulnerability. Before the earthquake, Haiti was, by far, the poorest country in the Western Hemisphere.

Before the earthquake, Haiti also has among the world's lowest levels of gross domestic product per capita. An estimated 80 percent of the population lived under the poverty line with 54 percent living in abject poverty, according to the CIA World Factbook. According to the United Nations Human Development Report, more than two-thirds of the labor force is believed to not have formal jobs, and just 62.1 percent of adults over age 15 are literate. Additionally, 18 percent of Haitians did not live to the age of 40.

Yet, despite the destruction wreaked by multiple tropical storms in 2008, Haiti's economy and infrastructure-building seemed to be turning a corner in recent years, aided by international support and debt relief programs.

In fact, according to the New York Times, "Haiti was one of only two Caribbean countries expected to grow in 2009. There were hopes of a tourism revival, reinforced by the announcement that a new Comfort Inn would open there this May. In a sign of its growing structural sophistication, Haiti even recently announced that it would begin collecting better national statistics, with the help of the International Monetary Fund, so that it could better assess and calibrate its economic policies." The earthquake on January derailed this progress.

As this legislation states, the Government of Haiti cannot afford to invest in reconstruction

and development efforts while continuing to make payments on debts owed to multilateral financial institutions like the International Monetary Fund (IMF), the World Bank, and the Inter-American Development Bank and to other international creditors.

Prior to the earthquake, debt service payments to multilateral financial institutions and other international creditors already were a tremendous burden that interfered with the ability of the Government of Haiti to meet the needs of its people.

On June 30, 2009, the World Bank announced that Haiti qualified for and received \$1.2 billion in debt relief from the IMF, the World Bank, and other multilateral financial institutions. In order to qualify for this debt relief, the Government of Haiti successfully developed and implemented a comprehensive Poverty Reduction Strategy Paper, under the direction of the IMF and the World Bank.

According to the U.S. Department of the Treasury, despite previous debt relief, Haiti still owes a total of \$709 million in debts to multilateral financial institutions, including \$447 million to the Inter-American Development Bank, \$165 million to the IMF, \$39 million to the World Bank, and \$58 million to the International Fund for Agricultural Development.

According to the IMF, Haiti owed Venezuela \$167 million and Taiwan \$92 million at the end of September, 2008; furthermore, the amounts of these debts may have grown since that time. The cancellation of Haiti's debts to multilateral financial institutions and other international creditors will allow the Government of Haiti to use its meager resources for essential reconstruction and development efforts.

As important as this legislation is, it is only one part of a much larger American assistance response to the earthquake. America will continue to respond with humanitarian assistance to help the people of this struggling island nation rebuild their livelihoods. I send my condolences to the people and government of Haiti as they grieve once again in the aftermath of a natural disaster. As Haiti's neighbor, I believe it is the United States' responsibility to help Haiti recover, and build the capacity to mitigate against future disasters.

To date the United States Government has contributed over \$402 million in earthquake response funding for Haiti. It has also deployed approximately 17,000 military personnel in support of the relief effort. Subsequently, as part of the new Government of Haiti-led effort, the U.N. World Food Program will provide commodities, non-governmental organizations will manage distributions, and U.S. military will provide security escorts.

America and her allies have already initiated a comprehensive, interagency response to the earthquake. The State Department, Department of Defense, Department of Homeland Security, Coast Guard, USAID—all worked overnight to ensure critical resources were positioned to support the response and recovery effort, including efforts to find and assist American citizens in Haiti.

Once again I stand in solidarity with the people of Haiti and will do everything in my power to assist them with rebuilding their country and livelihoods. I am proud of our first responders and pledge that America's long term commitment to Haiti will live up to the standard that the first responders set.

Mr. GARY G. MILLER of California. Madam Speaker, I continue to reserve the balance of my time.

Mr. MEEKS of New York. It is my honor to yield 2 minutes to the chairman of the Subcommittee on Africa and Global Health, a longtime fighter for Haiti, the gentleman from New Jersey, the Honorable DONALD PAYNE.

Mr. PAYNE. Let me begin by commending Mr. MEEKS from New York and Ms. WATERS from California for this very important legislation, H.R. 4573, Debt Relief for Earthquake Recovery in Haiti.

I also would like to acknowledge Mr. BACHUS for his very impassioned speech. Yet I am not surprised.

Mr. BACHUS, you may recall, when we were fighting the brutal Government of Sudan, we tried to get capital market sanctions. You supported our legislation that brought Mr. Greenspan to the Senate to say, Defeat the Payne-Bachus legislation because it would disrupt the stock market. So I commend you again for the great work that you have done.

Madam Speaker, as we have mentioned, Haiti has had such a tremendous history. Since we know what is in the bill, I might also mention that it was during the Revolutionary War that Haitian soldiers fought in one of the key battles, the Battle of Savannah, where just recently a statue was completed in Savannah. I spoke at the dedication a year or so ago. It turned the tide of the war.

Haitian soldiers fought in a number of battles to help the original colonies of the United States become independent from Britain. So they shed blood for our independence. Many people didn't know that.

Then, as you know, with the defeat of Napoleon's army by Haiti, as was talked about, the reparations that had to be paid back caused France to be cash poor and land rich. It therefore forced them to sell the Louisiana Territory to the United States because it had lost the cash that Haiti had produced. Over 50 percent of all the commodities of tea and coffee and sugar in Europe came from Haiti. France lost that and therefore needed the cash from the Louisiana sale to have its treasury boosted. As a result, the Lewis and Clark expedition began in St. Louis, and the United States was able then to take the rest of this Nation. Once again, Haiti had a tremendous part of this.

Mr. GARY G. MILLER of California. Madam Speaker, I continue to reserve the balance of my time.

Mr. MEEKS of New York. I yield 2 minutes to the Chair of the subcommittee for the Western Hemisphere, the gentleman from New York, the Honorable ELIOT ENGEL.

Mr. ENGEL. I thank my good friend and fellow New Yorker for yielding to me. I want to commend him for the work he has done.

I want to commend my friend and colleague, the gentlewoman from California (Ms. WATERS) for this bill.

Madam Speaker, like all of my colleagues, I rise in strong support of H.R. 4573, which pushes for the cancellation of debts owed by Haiti to multilateral financial institutions.

I am the chairman of the Western Hemisphere Subcommittee, and I also have a large Haitian population in my district in Spring Valley, New York.

I am honored to say that, last Friday, I traveled to Haiti. You can see the devastation in the newspapers; you can look at it on television, but until you are there in person, you cannot imagine how horrible it is.

The other things you see are thousands upon thousands upon thousands upon thousands of people in the streets with nothing to do and with no place to go—with no place to go to work and with no place to call home. There are rows of tents and shacks and of things put up for people to seek shelter. There are people just in the streets, and they are friendly towards the United States. We have a special obligation to help the people of Haiti.

We met President Preval in Port-au-Prince last Friday. Today, I had the honor and pleasure of meeting him again twice—once at the White House with President Obama and then, after that meeting, at a private meeting with Members of Congress. I will tell everyone what I told him and what all of my colleagues are saying:

We must help Haiti. We have a responsibility to help Haiti. It is clear that Haiti faces a very long road of recovery from the impact of the earthquake, and this bill will allow the Government of Haiti to focus its efforts and attention on the present and future recovery of the country and on the Haitian people.

We all know Haiti's early history and independence. It is tragically marked by the onerous debts it was forced to pay by major powers, depriving Haiti of many years of needed resources and development. We shouldn't allow Haiti's present debts to pose similar obstacles in the wake of this earthquake.

People say that Congress can't agree on anything and that there is no bipartisanship here. What we are seeing now is bipartisanship at its best. We are all working together to help the people of Haiti.

Mr. GARY G. MILLER of California. Madam Speaker, I yield myself the balance of my time.

My daughter, Elizabeth, lived with me here in Washington for about 4 years. She was one of the directors for a group called Witness for Peace, which is a human rights organization.

I recall very well a trip she led of a group to Haiti. She spent a week in Haiti with individuals from the United States, looking at the situation that the people were in and trying to come

up with ways that we could help the people of that country.

My daughter passed away about 2 years ago, and I am proud to be part of this bill because she believed in this. She believed in the people. She believed that there was a lot of good that the American people could do for people in this part of the world. So I am just glad to chair this side of the hearing tonight. I would like to do it in honor of my daughter, if you don't mind.

I yield back the balance of my time.

□ 1930

Mr. MEEKS of New York. Madam Speaker, I yield myself the balance of my time.

Let me just first thank the chairman of the committee, BARNEY FRANK, Ranking Member BACHUS, and again my ranking member on the International Monetary Policy and Trade Subcommittee, Mr. MILLER. We came together because of the hard work and dedication that the gentlewoman from California put forward in writing this bill to make sure we did the right thing for the people of Haiti. This is one of those times where you are proud of being a Member of Congress, working together for the good of human beings.

Though oftentimes we say that Haiti is poor, when I think of Haiti, they are rich; rich in spirit, rich in human capital, rich in hope. These are a people suffering the most unimaginable tragedy, which still have the hope and desire of moving forward, who have overcome and survived all of the things that Mr. BACHUS and others have said today, when you think about it, from the very beginning of their independence.

Indeed, the people of Haiti are a rich people, and we are doing the right thing today and sending the right message to the people of Haiti, that we will stand by you, not just for the short haul, but for the long haul.

Madam Speaker, I am proud to be a Member of Congress and proud of my colleagues who have worked so hard to get this bill done, and I am proud that we are doing the right thing by the great people of Haiti.

Mr. HASTINGS of Florida. Madam Speaker, I rise today in strong support of H.R. 4573, the Debt Relief for Earthquake Recovery in Haiti Act.

It is almost 2 months to the date since the already struggling nation of Haiti was rocked by a 7.0 magnitude earthquake.

Approximately 3 million people were affected and 230,000 are estimated to have died. Those that survived are facing unimaginable conditions, with a crumbling infrastructure that has hindered the delivery of humanitarian aid.

Out of this destruction, however, the Haitian people have been given the incredible opportunity to right the wrongs of the past and rebuild their nation stronger than ever before.

Though I commend our government's generous contributions of humanitarian assistance

and that from foreign nations, Haiti cannot be self-sufficient and its recovery cannot be sustainable if a substantial amount of its resources must go to paying debts that were amounted out of desperation or by repressive, irresponsible regimes.

Despite previous debt relief, Haiti still owes a total of \$709 million in debts to multilateral financial institutions. Meanwhile, the IDB has estimated earthquake damages to total nearly \$14 billion.

How can we in good conscience expect Haiti to send money to foreign governments and international financial institutions when there are people sleeping in the streets, children going hungry, and schools and hospitals reduced to rubble?

I have long fought for the people of Haiti, both on the island and in our own Nation. On this issue in particular, last Congress, I offered an amendment which passed the House of Representatives unanimously that put Congress on record encouraging the expedited cancellation of Haiti's international debt.

At a time of extreme instability and crisis, Congress and the United States government must do all within our power to help ensure a long-term sustainable recovery for Haiti.

I applaud Congresswoman WATERS for her long-standing commitment to debt relief for Haiti and for other deserving nations and urge my colleagues to support this bill.

Mr. CONYERS. Madam Speaker, I rise in support of H.R. 4573. This legislation would direct the Secretary of the Treasury to instruct the United States Executive Directors at the International Monetary Fund, the World Bank, the Inter-American Development Bank to immediately cancel Haiti's debts and urge donors to disburse grants. While Haiti is rebuilding, we should allow them to turn a new leaf and not be burdened by overwhelming debt.

Last month I visited Haiti and witnessed firsthand the destruction caused by the massive earthquake of January 12, 2010. It is estimated by the Haitian government that well over 200,000 Haitians have been killed and 3 million have been affected by the natural disaster. It is imperative that this body help its neighbor in its time of need and make a significant long-term reconstruction commitment.

Haiti has had a long history of multilateral institutions distributing aid in the form of loans. At its peak, Haiti had a total external debt of \$1.8 billion. In recent years the United States has advocated debt forgiveness and the international community recently responded last summer by forgiving \$1.2 billion in debt to multilateral institutions.

I strongly support the legislation, which rightly argues that future aid to Haiti should be in the form of grants instead of loans. This must be kept in mind at the Haiti donor conference scheduled for later this month at the United Nations.

Madam Speaker, I am heartened by the public and private support given to the victims by millions of our generous fellow Americans. I also commend President Obama's unwavering commitment to alleviate the suffering.

Passing today's legislation would help free our struggling neighbor from the shackles of debt and offer a glimmer of hope during this time of need.

Mr. JOHNSON of Georgia. Madam Speaker, the earthquake on January 12, 2010, was the

worst disaster to afflict Haiti in over two centuries. According to recent estimates, the earthquake has killed 230,000 people and displaced another 1.3 million.

Haiti is the poorest country in the Western Hemisphere, with a long history of exploitation at the hands of world powers. Now, with severe damage to roads, ports, and hospitals, and a desperate need for clean water, food, shelter, and basic sanitation, Haiti faces reconstruction burdens that may exceed \$14 billion. With such expenses in the future, Haiti is in no position to repay the debts it owes wealthy international creditors.

Madam Speaker, with that in mind I urge my colleagues to support H.R. 4573, legislation I cosponsored that would promote debt relief for our Haitian brothers and sisters.

The bill urges the Secretary of the Treasury to instruct the United States executive directors at the International Monetary Fund, IMF, the World Bank, the Inter-American Development Bank, and other multilateral development institutions to use the "voice, vote, and influence of the United States" to cancel immediately and completely all debt owed by Haiti to such institutions; suspend Haiti's debt service payments to these institutions until the debts are canceled completely; and provide additional assistance from these institutions to Haiti through grants so that Haiti does not accumulate additional debt.

Despite significant debt relief last summer, Haiti owes a total of \$828 million in debt to multilateral financial institutions, including \$447 million to the Inter-American Development Bank, \$284 million to the IMF, \$39 million to the World Bank, and \$58 million to the International Fund for Agricultural Development. Haiti also owes about \$400 million to other individual countries.

Madam Speaker, it is abundantly clear that extraordinary circumstances render impossible Haiti's timely repayment of this debt. Furthermore, our humanity should compel us to extend a compassionate hand to our neighbors in need.

I urge my colleagues to support this bill.

Ms. ROS-LEHTINEN. Madam Speaker, I am proud to be an original cosponsor of H.R. 4573.

As my colleagues have explained, this bill calls on the U.S. Secretary of the Treasury to take certain measures to enable Haiti's debt relief and to provide additional assistance to Haiti from multilateral development institutions in the form of grants.

The United States cancelled all of Haiti's outstanding debt to the U.S. in September of last year.

Similarly, Haiti has already received hundreds of millions of dollars in debt relief from the World Bank and Inter-American Development Bank, IDB.

However, it still retains significant debt to various bilateral donors, the IMF, and the IDB.

By passing this measure, we can help to minimize the enormous fiscal pressures facing the Government of Haiti in the aftermath of its tragic earthquake so that its limited resources may be used for more immediate priorities.

Also, by encouraging the use of grants versus loans, Haiti will have the opportunity to take advantage of certain resources from these institutions without increasing its future financial burdens.

This bill will help prevent Haiti from getting in over its head at a time when every penny counts.

It also recognizes the important role that other bilateral donors play in the long-term recovery efforts of Haiti.

By calling on other bilateral, multilateral and private creditors to provide debt cancellation to Haiti, H.R. 4573 underscores the concept of shared responsibility.

An integrated approach based on a coordinated and transparent distribution of responsibilities will prove essential to a successful response to Haiti's catastrophic disaster.

I thank Congresswoman WATERS for introducing this important measure.

Mr. MEEKS of New York. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. MEEKS) that the House suspend the rules and pass the bill, H.R. 4573, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: "A bill to urge the Secretary of the Treasury to instruct the United States Executive Directors at the International Monetary Fund, the World Bank, the Inter-American Development Bank, and other multilateral development institutions to use the voice, vote, and influence of the United States to cancel immediately and completely Haiti's debts to such institutions, and for other purposes."

A motion to reconsider was laid on the table.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO IRAN—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 111-97)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent the enclosed notice to the *Federal Register* for publication stating that the Iran emergency declared on March 15, 1995, is to continue in effect beyond March 15, 2010.

The crisis between the United States and Iran resulting from actions and policies of the Government of Iran that

led to the declaration of a national emergency on March 15, 1995, has not been resolved. The actions and policies of the Government of Iran are contrary to the interests of the United States in the region and pose a continuing unusual and extraordinary threat to the national security, foreign policy, and economy of the United States. For these reasons, I have determined that it is necessary to continue the national emergency declared with respect to Iran and maintain in force comprehensive sanctions against Iran to respond to this threat.

BARACK OBAMA.

THE WHITE HOUSE, March 10, 2010.

SUPPORT NASA'S CONSTELLATION PROGRAM

(Mr. GENE GREEN of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GENE GREEN of Texas. Madam Speaker, I rise today in strong opposition to the President's proposal to cancel the NASA Constellation Program, which covers the Orion Crew capsule, the Altair Lunar Lander, and the Ares I and Ares V rockets. These programs, which together comprise our human spaceflight program, were authorized in both 2005 and 2008 by Republican and Democratic Congresses.

It is under the Constellation Program that NASA is currently developing new launch vehicles and spacecraft capable of traveling to the Moon, Mars, and other destinations. Not only does canceling the Constellation Program jeopardize America's leadership role in human space exploration, but it will have detrimental effects on our economy.

The issue is it will take years for the commercial spaceflight industry to get up to speed to where the level of competence exists in NASA today. Our government has already invested literally years and billions of dollars in this program. We should build upon these investments and not abandon them.

Our country can support the commercial spaceflight industry, but not at the expense of our human spaceflight programs.

It is my hope, Madam Speaker, that this Congress will continue NASA's Constellation Program.

PROVIDING FOR NASA SPACE EXPLORATION

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE of Texas. Madam Speaker, I rise today to ask my colleagues to join me in cosponsoring H. Con. Res. 1150, which establishes NASA and all of its assets as a national security interest.

We need to work with the President in moving forward on restoring the

funds for the Constellation Program and to reemphasize and recommit ourselves to human space exploration. In the current budget of the NASA program, funds have been increased, but funds have been taken away from the Constellation Program. In essence, it has been canceled.

My request is that we have our task before us, and the answer is simple: to reprogram the funds that are in the NASA budget to ensure that this great asset of NASA, NASA Johnson, the NASA centers in Alabama and Mississippi and Florida and elsewhere, are maintained.

The International Space Station has been built over the last 10 years. It has been built with the genius, the intellect, and the research of the United States. That research and genius and that kind of data requires protection as a national security interest. The funding that needs to be restored will help create this opportunity and save jobs.

Let us save jobs and provide for NASA space exploration.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

TRIBUTE TO THE LATE HONORABLE CHARLIE WILSON

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. ORTIZ) is recognized for 5 minutes.

Mr. ORTIZ. Madam Speaker, today we are here to honor the life and work of my good friend Representative Charlie Wilson, whom I had the pleasure of serving with in the House of Representatives for 13 years. Charlie was a unique person, one of a kind, and he will be missed dearly by his family, friends, and colleagues in the House.

Charlie had a very special and unique side to him. He knew when to be tough, he knew when to laugh, he knew when to speak his thoughts, but, above all, he knew how to serve the people of this great country and his district.

At the age of 23, after graduating with a bachelor of science degree from the U.S. Naval Academy, Charlie joined the United States Navy, where he attained the rank of lieutenant. After serving as a surface fleet officer for 4 years, he was assigned to the Pentagon as part of an intelligence unit that studied the Soviet Union's nuclear forces.

At the age of 27, Charlie was elected to the Texas Legislature, and in 1961 he was sworn into office in the State's capital in Austin, Texas. For more than 12 years, Charlie was known as the tough dog in the State capitol, and he was also often called the "liberal

from Lufkin, Texas." During his time in the State legislature, he fought for Medicaid, tax exemptions for the elderly, the Equal Rights Amendment, and a minimum wage bill.

In 1972, while I was an elected county commissioner in Texas, Charlie was elected to the House of Representatives from the Second District of Texas near Houston. He served in Congress for 11 terms and did not seek reelection to the 105th Congress and resigned on October 8, 1996.

Charlie was known in the Halls of Congress as "Good Time Charlie," but it was an appropriate name for him. He was very funny, joyful, and full of life—and very humorous. After he retired from Congress, he settled down, he got married, and he was at peace with himself and looked more comfortable and at ease. Charlie truly enjoyed life.

In 2006, we asked him to come and visit with us in Corpus Christi, and this was when his book came out, "Charlie Wilson's War." He gave time to the people in the district and signed and autographed every book.

I remember one of the stories—and some of the stuff that I know about Charlie we probably wouldn't be able to say here in the House, but he enjoyed life. He brought a beautiful young lady from Russia to visit the United States, and they asked Charlie, "Are you going to give her secrets?" He said, "The only thing I am going to give her are Victoria's Secrets."

That was Charlie Wilson. He was a great guy.

There is much I can say about Charlie—he was one-of-a-kind. I served with him diligently in the House of Representatives. I will miss him dearly, as well as my colleagues from the Texas Delegation. We all loved and cared for Charlie dearly, and I know we will continue to work together in unison for the betterment of our state and country.

On February 10, 2010, this country lost a great person and my friend, Charlie Wilson. May he rest in peace.

I offer my condolences to Charlie's wife, Barbara Alberstadt. May God bring peace to her, his family, friends and loved ones. May Charlie be with the Lord.

AMERICAN INVOLVEMENT IN AFGHANISTAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

Mr. JONES. Madam Speaker, today during the debate about Afghanistan, I joined Mr. KUCINICH and several others in our concerns about Afghanistan, and I wanted to further read to the House. I had used a Marine Times article that has a photograph of a marine who is retired now and his son, Joshua, who was killed in Afghanistan. The article says "Caution Killed My Son. Marine Families Blast Suicidal Tactics in Afghanistan."

In addition to this article about his son and the tighter rules of engagement, "families voice outrage over new restrictions in Afghanistan," they also have an article about four marines who were killed that asked the Army to give them cover. The Army didn't say "no"; they just didn't even respond.

The rules of engagement are so different for our troops that I think at some point in time we in the Congress, particularly on the Armed Services Committee, I am going to ask for a hearing about the rules of engagement.

I want to explain and then read a couple of comments from the father which was in this article, Sergeant Bernard, retired Marine, whose son Joshua was killed. What had happened was the marines had been in a firefight. Then there was an Afghan that came to the marines and said, Listen, there are other Taliban enemy down the road, and if you follow me, I will show you where they are located.

□ 1945

This is where I want to pick up the story by the father's writing. He said, When the ambush began, the tipster could not be found, and the interpreter took cover, raising questions in Bernard's mind about whether they led the Marines into a trap. There's no question they did. I further quote Sergeant Bernard, who's retired now: "Call me cynical if you want, but some rogue element led them there. The bottom line is both of those guys were gone. It's just another indication of how this counterinsurgency strategy can't work."

I further want to read: "In an October 13 letter to Collins, Mullen addressed Bernard's concerns by saying that 'the new tactical directive did not change the ROE in Afghanistan, but rather provided more clarification and guidelines regarding the use of force. We have refined our procedures in order to reduce civilian casualties, but at no time have the ROE been modified to place our troops at greater risk,' Mullen wrote. 'Our troops still operate under a set of ROE that allows them to protect themselves against enemy actions in balance with the Afghan populace.'"

Sergeant Bernard, a retired Marine who served this Nation, said "the letter is 'smoke and mirrors' and overlooks his consistent concern: A counterinsurgency strategy won't work as long as Afghanistan is filled with warring tribes that have no empathy for the U.S. and its way of life."

I further want to read down in his response in the Marine Corps Times: "I already talked to Collins' office and said, 'Don't let him spin this crap.' There's no indication that Afghanistan has changed anywhere. Our mission should be very, very simple: Chase and kill the enemy."

Madam Speaker, that's exactly what they should be doing, instead of this other type of strategy.

Bernard said he is frustrated that the senator's office, one of his home State senators and a member of the Senate Armed Service Committee, has handled his complaints as that of a single constituent—and I'm not getting into whether they did or didn't, but just reading what he said—rather, seeing for what he is: representative of the hundreds of people—hundreds of people—he says have contacted him about this whole rules of engagement. I want to quote, and this will be the close: “‘You can't turn this into one lone idiot in the backwoods of Maine mourning his son,’ he said. ‘This is bigger than that.’”

So, Madam Speaker, I intend to ask the Armed Services Committee, which is chaired by a wonderful man from Missouri, and the ranking member from California, we need to have this debate on behalf of the families as well as the Marines and the Army. What are the rules of engagement? What can they do and cannot do? When I read these articles about the number that have died just because we could not give them cover in certain situations, if that's the way we're supposed to fight a war, then that's a poor way to fight the war.

Madam Speaker, with that, I'm going to close as I always do. I know the gentleman from Texas has a tribute to pay to a former Member who I happened to serve one term with and thought the world of him. My daddy knew him and thought Charlie Wilson was a great guy. Let me get that on the RECORD.

My close is this: I ask God to please bless our men and women in uniform. I ask God to please bless the families of our men and women in uniform. I ask God to please bless this country and bless the President, that he will do what is right for this country. And I ask God to please bless America.

TRIBUTE TO CHARLIE WILSON

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GENE GREEN) is recognized for 5 minutes.

Mr. GENE GREEN of Texas. I'm proud to follow my colleague from North Carolina. We share his support and his prayers for our men and women serving this country. That's why it's so important tonight to be here to honor the late Member of Congress, Charlie Wilson, from east Texas.

I first met Charlie Wilson in 1972, as a young State representative. He had just been elected to Congress. It was a fundraiser for him at the Intercontinental Airport, The Marriott, in Houston. I was 25-years-old and went out there, and the State senator who was just elected to Congress, and heard Charlie tell the folks stories. And this is 1972—long before Afghanistan, long before Charlie Wilson became known as “good-time Charlie.” In fact, in Texas,

as a State senator he's known as “Timber Charlie” because he represented the timber trees of east Texas. But a great Member. He was elected in 1972, like I said, to the U.S. House of Representatives from the Second District. He was elected 11 times. He did not run for reelection in 1996. In fact, he resigned in October of 1996.

Charles Nesbitt Wilson was born in Trinity, Texas, where his father was an accountant for a lumber company, on June 1, 1933, in the depths of the Depression. He attended the Naval Academy in Annapolis and graduated in 1956. He served 4 years in the Navy, from 1956 to 1960, and came back to Texas, where he was elected to the State house and the State senate.

Charlie Wilson died on February 10, 2010, at Lufkin Memorial Hospital in Lufkin, Texas, where he had been taken after collapsing earlier in the day and suffered from a cardiopulmonary arrest. He was pronounced dead at 12:16 p.m. Central Time. Congressman Wilson received a graveside service with full military honors at the Arlington National Cemetery on February 23, 2010.

Now for some of the stories about Charlie Wilson as a friend. I'm glad my colleague from Texas, JOE BARTON, is here, and Congressman CHET EDWARDS and AL GREEN and SHEILA JACKSON LEE, because Charlie had some stories that we couldn't tell on the floor of the House. But I'm going to tell you some of the good ones.

He is survived by his wife, Barbara, the former Barbara Alberstadt, and his sister, Sharon Allison. Charlie told me many times, like he told other Members, that he credited his wife Barbara with saving his life because it got him off a lot of things that he shouldn't have been on to begin with. In having seen him many times after he left Congress, Charlie was still Charlie.

Charlie entered politics as a teenager. He began by running a campaign against his next-door neighbor, a city council member in Trinity, Texas. When Charlie was 13, his dog entered that neighbor's yard—a city council member—and he retaliated by mixing glass in the dog's food and causing fatal internal bleeding. Being a farmer's son, Charlie was able to get a driver's permit at age 13. And so he was going to pay that council member back. So he drove 96 people to the polls on the next election at age 13—it was mainly black citizens, African American citizens from the poor side of town—to make sure they knew what happened to his dog. That incumbent lost by 16 votes. So Charlie Wilson entered politics at 13 years of age by defeating a city council member in his neighborhood.

Charlie had so many things I could tell you; wrapping his arm around us and giving us that counsel. But I think he's best known outside of Texas for

being the leader in Congress during the 1980s and known for supporting Operation Cyclone, the largest-ever Central Intelligence Agency covert operation, under President Reagan's administration, by supplying military equipment, including anti-aircraft weapons such as Stinger anti-aircraft missiles and paramilitary officers from their Special Activities Division to the Afghan Mujahedeen during the Soviet war in Afghanistan. From a few million dollars in the 1980s, his support for the resistance grew to \$750 million a year by the end of the decade.

I remember Charlie Wilson telling us in 1996, when he was leaving, and earlier, that we made a mistake by abandoning Afghanistan. And literally after 9/11, he came and talked to the delegation and said we made a mistake, and we're paying the price for it right now because we left Afghanistan in turmoil and ended up with the Taliban. We don't need to make that mistake again. That's why tonight I'm proud to honor Charlie Wilson in his service to our country.

IN HONOR OF CHARLIE WILSON

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. BARTON) is recognized for 5 minutes.

Mr. BARTON of Texas. I rise in support and honor of the late Congressman Charlie Wilson of the Second Congressional District of Texas. I didn't know Congressman Wilson in his salad days. I didn't get elected until 1984. By that time, he had calmed down, apparently quite a bit. But I can now state it, since the statute of limitations has expired, I voted for Congressman Wilson six times. I lived in east Texas, in Crockett, Texas, in Houston County, in the Second Congressional District, and we didn't have a Republican primary, and I don't recall that we had a Republican opponent against Congressman Wilson in the time that I lived in Crockett. And so my choice was to vote for him or not vote at all. I chose to vote for him.

I never went to one of his town hall meetings down at the courthouse on the square because I felt like he was doing a very good job for those constituents in east Texas, including myself. He was a strong defender of the military, very strong on what we call Texas values. He worked quite a bit on the Big Thicket in east Texas. He was an environmentalist ahead of his time.

When I got elected in 1984, I made it a point to get to know Congressman Wilson, or Charlie Wilson, because I had been his constituent and I knew of his reputation. I just felt like he would be a good guy to get to know. And he was. He was a really, really good person. When his mother died, I felt as a courtesy that I should attend the funeral so that there would be some

Texas Congressmen at his mother's funeral in Trinity, Texas. As it turned out, I was the only Congressman that attended. I went up to him. And we didn't really know each other that well, but I said, Charlie, I'm here if you need me to do anything. I didn't really know your mother very well, but I know she must have been a good woman if you were her son. And he never forgot that. From then on, anything I needed from Congressman Wilson, if he could do it, he did it. But he also asked you things.

I will never forget out on the steps of the Capitol one time he came up to me and he said, JOE I need a favor. I said, What is it, Charlie? He said, Well, I need a Republican sponsor for an amendment in the Appropriations Committee. I said, Okay. What is it? He said, I can't tell you. I said, Well, how much money is it? He said, I can't tell you. I said, Well, how many years is it? He said, I can't tell you. I said, Well what can you tell me? He said, If you do this for me, I will do almost anything you want in the Appropriations Committee for you. So I didn't know. To this day, I don't know what that amendment was. But after reading some of the history of that time and that era, my assumption is that I was the Republican sponsor of an amendment that got funding for the black box programs in Afghanistan for Stinger missiles. Now I don't know that, Madam Speaker, but that's kind of the way he operated.

Another story I can tell you is that I was standing here back behind the rail one afternoon and we had a series of votes going on, and Charlie came up to me and he said, What are you doing in a month or so? I said, I don't know. He said, Well, I'm going to take a little trip. I said, Where are you going? He said, We'll go anywhere you want to go. I said, Where do you want to go? He said, Well, I have to go to Afghanistan, and I have to go to Morocco. And if you'll come with me, after that we'll go anywhere you want to go. I said, Well, I'll think about it. Well, I asked my chief of staff and she said no. I asked my wife, and she said no. So then I had to tell Congressman Wilson that I couldn't go. That's the trip that he took the Miss World on where he ended up going to Afghanistan.

Another story that I can tell you is that a couple of us Congressmen were walking down the street one day, and we saw Congressman Wilson walking over to the Capitol, and he had this very strikingly beautiful young woman that he was walking with. Congressman DAN BURTON said, Charlie, that woman is as pretty as Miss Universe. And he says, It is Miss Universe. And it was.

He also loved cats—I mean the four-legged cats. They ran all over his office and all over the Rayburn building on the floor. As far as I know, House Ad-

ministration never chastised him. When you walked into his office, right after Afghanistan, he had a live Stinger missile. He was very proud of that.

I see that my time is about to expire. So for all of his family members and constituents, there were a lot of Republicans that loved Charlie Wilson. He will be missed. He was a great patriot, a great son of Texas, and somebody that those who knew him, he was very, very loyal to. So God bless Charlie Wilson and his family.

□ 2000

REMEMBERING REPRESENTATIVE CHARLIE WILSON

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. EDWARDS) is recognized for 5 minutes.

Mr. EDWARDS of Texas. Mr. Speaker, I rise tonight to pay respects to my former colleague and friend, Texas Congressman Charlie Wilson. Charlie Wilson was bigger than life, and he was as real as the Texas day is long. I considered it a privilege and a joy to know him as a colleague and as a friend. Most Americans will forever know Charlie Wilson from the movie "Charlie Wilson's War." I have been asked by people who knew that I knew and served with Charlie whether he was really as colorful as he was portrayed to be in that movie. My answer is that that movie was the only time ever that Hollywood had to tone down reality in order to make it believable.

I have no idea whether Charlie ever read Shakespeare, but whether he did or not, the truth is, he personified Polonius' wise observation in Hamlet: "This above all: To thine own self be true, And it must follow, as the night the day, Thou canst not then be false to any man." It makes me wonder if somehow Polonius didn't know Charlie Wilson.

Charlie Wilson was not false to any man, any person or any constituent, not ever. He was the real thing, and I think in this sometimes cynical world, that is what all of us blessed to know him as a friend found so very endearing about him. In fact, Mr. Speaker, a number of Charlie's former colleagues who had served with him, members of the Texas delegation, have asked that we include their remarks with respect to Charlie, his life and his spirit.

Also, Mr. Speaker, I would like to insert into the RECORD the remarks of RALPH HALL who also served many years with Charlie, and I would only just summarize one statement made by RALPH about his good friend Charlie. He said, He was a courageous and kind man with a strong sense of justice that compelled him to work for the good of others.

The SPEAKER pro tempore. The gentleman's request will be covered under general leave.

Mr. EDWARDS of Texas. Thank you.

While he was known as Good Time Charlie—and yes, he did enjoy life—the truth is that Charlie Wilson spent his entire adult life in the serious business of public service to our Nation. He graduated from the Naval Academy and then served our Nation as a lieutenant and as a naval intelligence officer. At the age of 27, he was elected to the Texas legislature where he was known as the liberal from Lufkin, supporting such progressive causes as the minimum wage, Medicaid, and the Equal Rights Amendment.

In 1972, he was elected to Congress where he became known as a champion of a strong national defense, a friend of average working families, and yes, someone who played a key role in bringing down the Communist Soviet Union. Who would have ever guessed, my friends and colleagues from Texas, that Charles Hazard of Trinity, Texas, many years ago, killing his 13-year-old neighbor's dog, would lead to the mighty Soviet Union falling someday. History is an interesting thing, and Charlie Wilson certainly will always be a part of it, as playing a key role in one of the most monumental achievements in our Nation's history.

Charlie Wilson did what every one of us, Republican or Democrat, would dream to do and would dream that it be said about us at the end of our public service careers: Charlie Wilson made a difference. He made a difference for his State of Texas, for his beloved constituents in east Texas. He made a difference for America, and, yes, he made a difference for the world.

To his widow, Barbara, and to his sister, my dear friend Sharon Allison in my hometown of Waco, Texas, I hope they know that our thoughts and prayers are with them. I thank you and your family for sharing with us and for sharing with the world this great treasure that God brought into this world. His spirit will be with us always. May God bless Charlie Wilson and the great land that he loved.

Mr. HALL of Texas. Mr. Speaker, I'd like to take a few minutes to remember a patriot, a great Texan, and a great friend, Charlie Wilson. I had the pleasure of serving with Charlie in the Texas State Senate and then in the House for another 17 years, and though we didn't see eye to eye on every issue, it was not often we disagreed.

Charlie was a courageous and kind man with a strong sense of justice that compelled him to work for the good of others. I think that, more than anything else, will be the enduring part of his legacy. He decided to commit his energy, and the efforts of this country, to helping the Afghani people against the Soviets, not just because it was the Cold War and it was us versus them, but because he saw the atrocities committed against the Afghani people and he knew that the United States could not sit by and just allow it to happen. It was actions like that and his dedication to American values that ultimately helped President

Reagan bring down the wall between East and West and bring democracy to so much more of the world.

Charlie was also known for his ability to party, and it is true that he knew how to have a good time. He was married earlier in his life before coming up here to Washington, and I remember once, he had been dating this Russian beauty, and there were loud talks and rumors in the tabloids that wedding bells were inevitable, and then one day I woke up and the headlines read that the matrimony was off. So I asked him what happened, and he said to me, "Ralph, you knew I wasn't going to marry that girl," and I said, "Charlie, how was I supposed to know that?" And he said, "You ever see a three legged fox get near a trap again?"

Well, he was a wise old fox indeed and managed, himself, to trap the love of his life, the beautiful Barbara Alberstadt, and she blessed the last 11 years of Charlie's life. We're all sad that he's gone, but I for one am proud to have served in this Congress with such an outstanding man, Charlie Wilson.

REMEMBERING REPRESENTATIVE CHARLIE WILSON

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. GOHMERT) is recognized for 5 minutes.

Mr. GOHMERT. Mr. Speaker, I do rise in tribute to Charlie Wilson. He was a constituent of mine. He was an inspiration to me. For those that don't know, he was born in Trinity, Texas, and had education at Sam Houston State University, but he also attended the U.S. Naval Academy. He loved this country. He was willing to lay down his life for this country.

Between 1956 and 1960, Charlie Wilson served in the United States Navy, obtained the rank of lieutenant, and the man knew about defending America. It was a part of his heart and soul and was something he carried with him throughout his life. His political career began in 1960 when he was elected to the Texas House of Representatives. And as my friend Mr. EDWARDS mentioned, the official version is that it began in 1960 when he was elected to the House of Representatives in Texas, but actually, it did begin when his neighbor poisoned his dog, and Charlie got so active as a young high school kid that he started taking people to the polls to make sure there were enough people to defeat the man that poisoned his dog. That was really his start in politics. But he saw what one person could do if they were determined enough and sincere enough and gave it their all.

But to give a little more of his history, he served in the Texas House of Representatives for 6 years and was then elected to the Texas Senate in 1960. Then in 1972, the Second Congressional District of Texas elected Charlie to the U.S. House of Representatives. And it wasn't until 1996 that he decided

not to run again. The slogan that he used throughout his campaign—it really pretty well summarized the man, "Wilson gets it done," and Charlie did.

He is from what some people call the Bible Belt, and what I've heard from constituents many times is, Yes, we knew about Charlie's issues, but the thing about Charlie, he was always honest about them. And I will never forget when we were naming the VA clinic for the man who is the reason it's in Lufkin, Texas. The VA Secretary came and he spoke, and then I had the honor of introducing Charlie, and Charlie got up and he was really emotional. He told the crowd there—there was a huge crowd there that assembled in his honor there at the civic center—and he said very emotionally, I love you people. Sixteen times you overlooked my personal indiscretions and allowed me to represent you.

Now, there are not many politicians that would stand up and say, You overlooked my personal indiscretions 16 times and let me represent you, but Charlie did. That was Charlie, and he made no bones about who he was or what he was.

And in fact, when Tip O'Neill had put him on the Ethics Committee and a reporter said, Well, what are you doing on the Ethics Committee? He responded a famous quote: "Well, I love women, and I love whiskey, and we deserve to be represented on that committee too." He made no bones about it. His constituents loved him. He was always honest about things, and that goes so far, and everyone should take notice of that fact, that America loves people who are honest with them. He took care of his seniors. I heard that over and over. You know, Charlie Wilson took care of those who couldn't take care of themselves. And it was one of the reasons that people loved him in east Texas, and it's one of the things that inspires me, having seen what he did.

You know, here I was a Republican, he was a Democrat. He always made time if I had questions: What do you think about Afghanistan? Because nobody knew more about Afghanistan than Charlie. He always had sage advice, and I really appreciated that. And I would like to also quote Jim Turner that followed Charlie in Congress. Jim described him as a dedicated public servant who fought hard for the people of his district.

And I would just like to also pay tribute—and I know that Barbara, his widow, is still mourning his loss and will for a long time to come. Barbara Wilson made a difference in Charlie's life. Barbara sustained and prolonged Charlie's life. He loved her. He loved her family. They loved him. And she made a difference in his life, just as he made a difference in this country. Just as Charlie showed what one man can do when he puts his mind to it, this body

ought to always be inspired by the memory of the great, late Charlie Wilson.

REMEMBERING REPRESENTATIVE CHARLIE WILSON

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. AL GREEN) is recognized for 5 minutes.

Mr. AL GREEN of Texas. Mr. Speaker, I did not know Charlie Wilson, but I know friends of Charlie Wilson, and based upon what his friends say, he was truly a remarkable person. I admire people who march to the beat of a different drummer. I admire people who are original, who do things in a very good way, but they do the things that they do in their very own way.

It appears that Charlie Wilson was such a person. While he could easily have been a great Congressperson representing the people of his district and not traveling abroad, he took it upon himself to not only help the people of Afghanistan but to go there and be a part of it and to actually take others into Afghanistan as well to help people with a resistance movement. He marched to the beat of a different drummer. He did not allow the circumstances of what we call "the norm" to prevent him from doing unusual things in a most significant way.

I regret that I did not have the opportunity to meet him, because I believe that such a person has a positive impact on the lives around him; and as I listen to his friends speak so highly of what he was able to do here in the Congress of the United States of America, I only can say, Charlie, I didn't have an opportunity to meet you on this side, but I know that at some point, I'll have an opportunity to meet you, and I want you to share some of those many stories with me.

You have been a friend of this country, and this country loves you. God bless you, Charlie. I know that wherever you are, there's a good time being had.

OUR FUTURE IN AFGHANISTAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. CONAWAY) is recognized for 5 minutes.

Mr. CONAWAY. Mr. Speaker, this afternoon we had a serious and earnest debate about our future role in Afghanistan. I firmly believe that there are respectful differences of opinion on this war, and that support for a war is not a litmus test for one's support for America. However, I'm grateful that this House has overwhelmingly rejected running from America's vital interests and the people of Afghanistan.

Our debate today presented a stark choice to Members, quite literally, to stay or to go in Afghanistan. It is one

in which there is no middle ground, no hedging, no fudging. In the most unequivocal terms I can muster, I resolutely oppose our retreat from Afghanistan.

Mr. Speaker, more times than I can count in the past few years, we have been reminded that the war in Afghanistan was the good war, that it was the war of necessity over the war of choice. I stand here today to remind my colleagues of their many statements in that regard. We did not seek this war. Our enemy sought us out. We did not march into Afghanistan for profit or pleasure or plunder. We went to ensure that Afghan soil is never again used to wage war or terrorize civilians.

We did not ask for this war; but now that it's come, we cannot loosen the amount of responsibility that we have taken up. To be certain, our goals in Afghanistan are difficult. Continuing to forge a partnership with the Afghans will take military might, diplomatic finesse, and our hard-earned taxpayers to succeed.

□ 2015

However, these are costs that we must bear and should bear. The President and our military leadership understand the seriousness of our task. Time and again in speeches and testimony and interviews they have repeated that Afghanistan is the epicenter of Islamic extremism, and that defeating al Qaeda in central Asia is essential to securing peace both in the region and here at home.

Our partners in bringing peace to Afghanistan are the Afghan people themselves. It is their homes that have been destroyed and their children who have perished in 30 years of war. Yet these beaten and downtrodden people have stood next to our soldiers to fight for their future and their country because we told them that we will help them bring order to the chaos of their homeland.

Many of my colleagues have discussed the costs of war, and they are right to consider what we have paid in blood and treasure to fight this fight. However, they have failed to weigh what giving up would cost us. Practically speaking, to retreat today means the Afghan central government will fail. When it fails, the Taliban will return to reclaim what was theirs and again plunge the country into the despotism of blind religious zealotry. The Taliban will welcome home radical Islamic jihadists back to their soil to again plan their acts of murder and destruction. They will also expand their fight to the tribal areas of Pakistan, which has the potential to destabilize a nuclear power, and inflame the simmering tension between Pakistan and India, another nuclear power.

While it is relatively easy to estimate what we have spent so far and what we will spend in the coming years

in Afghanistan, it is impossible to know the value of the calamities that have been prevented because we remain. There is no value that can be put on the growth of a civil society, no cost that can be put on stabilizing Pakistan, and no price that can be put on the recent rapprochement of Pakistan and India. Failure in these developments will hurt our national security, yet a retreat will make them more likely.

I believe, as we all do, that Americans want peace above all else. None of us desires our friends and families to be deployed overseas, battling among the rocks and caves of the foreign countryside. However, peace will not come until our enemies end their drive for our destruction. Until that day, talk of leaving Afghanistan means only that our enemies will bring the fight back to us.

There can be no peace in Afghanistan without a cessation of hostilities. Whether we leave today, tomorrow, or at the end of this year, this war does not end simply because we choose not to be engaged in it. The Taliban will return. With their return, they will expand their efforts to destabilize our ally Pakistan, and again provide sanctuary for radical Islamic jihadists who will continue to try to murder Americans in the name of their faith.

Mr. Speaker, I hope and pray fervently for a day when our Armed Forces do come home. However, until our enemies lay down their arms and give up their fight to destroy our civilization, our military must remain out there on the wall, doing their duty to uphold America's democracy and our safety.

That we have spent so much time today discussing abandoning our allies deeply saddens me. Halfway around the world I know that our Afghan partners were watching what was said and trying to divine our intent by holding this debate. It is my firm hope that they see today's vote for what it is, the unqualified, overwhelming voice of the House of Representatives announcing that we will not abandon our friends in their deepest hour of need.

HONORING CHARLIE WILSON

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) is recognized for 5 minutes.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today to celebrate the life and honor the accomplishments of Congressman Charlie Wilson who passed away on February 10, 2010.

Charlie Wilson was a remarkable Congressman, and in his time in the U.S. House of Representatives, he worked diligently for his constituents in East Texas. During his tenure in the House, he gained a seat on the House Appropriations Committee and through his position on the Subcommittee on Defense, he

helped to fund the Afghan Mujahideen during the Soviet War in Afghanistan. Additionally, his support for progressive politics led him to be an advocate for the Equal Rights Amendment, a minimum wage bill, and Medicaid.

All of these actions have garnered Congressman Wilson a place in the history books, but it was his personality that earned him a place in the hearts of so many people across Texas. When everything was said and done, we all knew that his deepest concern was for the people of his district in East Texas, and as a fellow Texas Democrat, I am privileged to have served with him. His love for life will reverberate through the halls of Congress for years to come, and he will be truly missed by his fellow Texans, and especially me.

Mr. Speaker, Texas has lost a great leader and legislator with the passing of Congressman Wilson, and I ask my fellow colleagues to join me today in honoring his memory.

ECONOMIC RECOVERY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from California (Ms. CHU) is recognized for 60 minutes as the designee of the majority leader.

Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. BOCCIERI) is recognized for the remainder of the hour.

Mr. BOCCIERI. Thank you, Mr. Speaker. Sorry for the confusion this evening.

Tonight I am joined by several of my colleagues from around the country who want to talk to you about the economy and how we are working hard here in Congress to set the record straight, but also, more importantly, to put our people back to work.

If you remember when we took office, Mr. Speaker, we were suffering from one of the worst recessions since the Great Depression. In fact, many have called this the Great Recession. And ironically, of all commercials, there is a contemporary insurance commercial out on the airwaves today that says, "How will we remember the time and our experience? Will we remember this time as the great recession or the recession that made us great?" I think tonight you are going to hear from my colleagues who say that we are going to be remembered for the recession that will once again make this country as great as it has been in the past by focusing on real things, real challenges, and offering up real solutions.

When we took office, Mr. Speaker, the economy was in freefall. We didn't know where we were going to land. Record job losses were across the airwaves, people were standing in lines waiting for unemployment checks, and we found out that it was the most significant job loss since the Great Depression.

Record job losses. We didn't know where the economy was going to fall. Two undeclared, unfunded wars. A

banking system in chaos. Greed on Wall Street. It was a perfect prescription for a perfect storm, and one that has led us to where we now have enormous challenges in front of us. The job market was losing 750,000 jobs a month, and unemployment was climbing just as fast. The economy was contracting at a rate of over 6 percent, the worst in decades. Foreclosures were at record levels. Home prices had plummeted by 30 percent. The decline of home prices, stock values, pensions and other retirement plans had cost American households over \$10 trillion in wealth.

In fact, since the Great Recession had started, Mr. Speaker, since 2007, Americans' wealth had plummeted by \$17.5 trillion according to the Federal Reserve. Seventeen and a half trillion dollars of loss of wealth since the recession started in June of 2007. It didn't start to pick up until the American Recovery and Reinvestment Act.

Now, we have heard a lot of hype about the American Recovery and Reinvestment Act. We heard a lot about the fact that this was the largest investment of capital in our Nation's history. We have heard a lot about the fact that this was the largest tax reduction in our country's history. Faced with this economic meltdown that we were handed when we walked into the door here in the 111th Congress, it required swift action.

Mr. Speaker, I believe that Members of Congress will be judged by two measures: by action or inaction. And the Congress took swift action to act as a backstop against further job loss, to create some jobs along the way. That is what the stimulus was about. And every economic expert you speak to today says that this brought us back from the brink of a great depression.

So I want to tell those detractors today that it wasn't until we enacted the stimulus bill, the American Recovery and Reinvestment Act, that Americans' wealth started to grow again. And in fact we see pensions are starting to climb, we see the fact that Americans' IRAs and 401(k)s are back on the path towards prosperity, and in fact we have recognized a \$5 trillion recovery since the American Recovery and Reinvestment Act, the stimulus.

We are starting to create jobs, albeit not at the pace that I would like to see. But we have to understand the ditch that we are trying to climb out of. And I want to say to you that while we see manufacturing increasing, while we see home sales increasing, we need to see more and more people get back to work. And that is what my colleagues are focusing on here today.

Around the world over the last century the typical financial crisis caused jobless rates to rise almost 5 years, according to the economist Carmen Reinhart. Over the timeline our rate would still be rising by early 2012. And as Ben Bernanke and Henry Paulson,

who were both Republicans, said, that many others warned in 2008 if dramatic action was not taken to break back the recession, the United States could spiral into another Great Depression. These are experts. These are economists. These are people who have distinction and recognition all around the world. It is important that we recognize that we had to take swift action here.

In the fourth quarter of 2009, the economy grew by almost 6 percent. Six percent. Job losses for the fourth quarter in 2009 were one-seventh of what they were when we took office, Mr. Speaker. The nonpartisan Center for Budget and Policy Priorities said that the American Recovery and Reinvestment Act kept more than 6 million Americans out of poverty and reduced the severity of poverty for more than 33 million more.

Can you imagine what it would be like if we didn't enact a robust policy to extend unemployment benefits, to extend coverage for health care so folks could keep their health care during this time of great need? Could you imagine if we didn't help our people what kind of condition we would find the people that we represent?

Well, it is disappointing because the challenges that confront us, Mr. Speaker, aren't Democrat or Republican challenges. They are not conservative or liberal challenges. They are not even moderate challenges. They are American challenges. And it is so frustrating to me that we have got to find the courage to stand up and confront these together. That is why I am so disappointed in my colleagues who didn't lend their support to help America recover in her greatest time of need.

□ 2030

A few more facts before I ask some of my colleagues to be recognized here.

According to economists polled in a recent USA Today survey, unemployment would have hit 10.8 percent higher than December's 10 percent rate without the Recovery Act. The difference would have translated into another 1.2 million jobs lost. These problems were years in the making, and they are not going to be fixed overnight. In fact, I can argue it is a decade of failed economic policies that have led us here.

A lot of our colleagues on the other side like to talk about the national debt. You know, when President Clinton left office, our country was facing a \$5.6 trillion surplus, a \$5.6 trillion surplus, and when President Bush left office, we were facing almost a \$13 trillion deficit. So it is very clear that after two tax cuts to the wealthiest among us, after two undeclared, unfunded wars and a prescription drug plan that left a huge doughnut hole for average working families and seniors, we have a deficit now that has put us

on the brink. And that's why we had a quick reaction and that is why we passed the American Recovery Act.

Now I want to call on my colleague from California, because she is going to talk about how this has impacted one of the largest States in the country, and I yield to the gentlewoman from California (Ms. CHU).

Ms. CHU. Mr. Speaker, I am proud to be a member of the Democratic Congressional Jobs Working Group. Together, we are proposing solutions to our job crisis. In fact, one of those proposals is H.R. 4564, the Emergency Jobs Program and Assistance for Families Act. This bill extends an extremely successful employment program that we call Jobs NOW. It has created over 156,000 jobs over 29 States and is still developing more.

In Palmdale, California, Jobs NOW helped Jody, a single mother of two, find a job at a local coffeehouse working as a barista. The regular paycheck puts food on the table and is helping her get through a rough patch. Her boss is impressed with her work and plans to permanently hire her and the other three subsidized employees they brought in. It is this kind of success story that makes Jobs NOW such a model for job creation. Without it, the coffeehouse would not have been able to grow its business or take on new employees. Jody would not have had a chance to learn new skills and support her family.

I first learned of this innovative program in Los Angeles County. One of the supervisors, Don Knabe, created 11,000 jobs over the last year, using stimulus funds to create subsidized jobs.

How does it work? Eligible participants are placed into subsidized jobs in all sectors of the economy, from nonprofits to government agencies to private businesses, and are matched with jobs that complement their employment goals. The employer must provide supervision equal to 20 percent of the wage cost and ensure that the job does not displace an existing employee or replace someone who was to be promoted. This means the county is paying for 80 percent or more of payroll costs in Recovery Act funds.

Some examples of these jobs include park rangers, receptionists, teacher assistants, dental assistant trainees, customer service clerks, and child care workers. Workers get paid \$10 per hour for up to 40 hours per week. Jobs NOW allows businesses to succeed and the employee to succeed.

I have spoken to countless people in my district about this program, and I keep hearing about how this program is a win/win. It works for both workers and businesses. Workers benefit beyond the paycheck by getting hands-on experience in a setting where they earn wages, develop new skills, and enhance existing skills. Businesses benefit by

getting the help they need to grow or expand while temporarily reducing payroll costs. Companies may ultimately decide to hire these subsidized workers permanently as the economy improves. The jobs generated by this program can help businesses expand in these difficult times by reducing their economic risk and need for expensive loans.

California is leading the Nation in creating these subsidized jobs. For instance, V-Cube, a high-tech firm in Torrance, California, hired two subsidized employees with very little experience. Very quickly, these two employees showed they were motivated and quick to learn. Now one of the employees runs Web seminars and the other is a project coordinator. It is only through Jobs NOW that V-Cube and other businesses feel secure in taking on new workers in this economic environment.

You can see that across California, in this map here, many, many jobs were created. In Fresno, 1,000 jobs were created. In San Francisco, over 1,500 jobs were created. In Los Angeles, an astonishing 11,000 jobs were created by the country's Jobs NOW program in less than a year. The State predicts that 25,000 jobs will be created through the Jobs NOW program by the end of present funding.

However, we must act quickly or the job placements will stop when the program expires on September 30. Because subsidized employment programs often run for at least 6 months, many localities are planning to discontinue their jobs program between March and June of this year in anticipation of the emergency funds expiration date. Almost 60,000 jobs will disappear if the fund expires.

In California, L.A. County will stop placing participants in new jobs in June. San Bernardino County has to stop creating new jobs in April. Sacramento County will stop putting people in 6-month-long jobs in March. It will pay people for shorter periods until June 2010, and then stop the program altogether.

But the full amount of funding has yet to be claimed by the States. The Recovery Act authorized \$5 billion for Jobs NOW employment subsidization programs, but actually less than \$1.5 billion has been accessed by the States. And the program is still in the process of expanding. That's why I am proposing, along with the gentleman from Washington (Mr. MCDERMOTT), a bill that will allow more States to help residents get back on their feet and into a job.

In fact, all across the country there have been programs such as this. We can see that all across the country in the dark green spots there have been successful programs.

In Tennessee, the State focused on rural Perry County, which was hard hit

by a plant closure. The unemployment rate had risen to 27 percent. Tennessee brought local workforce development and human service agencies and the business community together and developed a subsidized employment program for over 500 individuals.

In Mississippi, the State has developed the Steps Program, which uses Jobs NOW money to create private sector jobs that transition into permanent employment. The State begins by funding all of the wages of a new employee and steadily reduces its commitment until the business can support the employee on its own.

As you can see, 29 States across the country have implemented programs that created subsidized jobs, and even more want to jump on the bandwagon. That's why people on each side of the aisle are in strong support of this proposal. President Obama is a strong supporter. Besides its funding in the Recovery Act, he has proposed a \$2.5 billion increase and a year-long extension for this upcoming year's budget.

But it is not just the President who thinks this is a good idea; there is deep bipartisan support. The American Enterprise Institute's Kevin Hassett recently wrote in *Business Week* that this program should be renewed and said, "Given the state of the labor market, it is hard to imagine how any sensible person could oppose such a move."

Jobs NOW allows States to be in the driver's seat for this program, and that is why the National Governors Association also supports this, urging Congress to pass an extension because of the outsized benefits to the States.

The human cost of the recession has been high. It is easy to think of unemployment in terms of numbers and statistics, but numbers cannot describe the anxiety and fear a person feels when they are unemployed. Numbers can't show the hope and pride a person feels when they find a job.

I was moved by the words of Ms. Taylor in Los Angeles about the Jobs NOW program and its effect on her life. Ms. Taylor is a mother of two children, one with autism. She has been living on her aunt's couch because she couldn't find work. Because of a job through Jobs NOW, she was able to get back on her feet and into her own apartment. She told California Social Services, "You guys gave me a chance when the whole world seemed like they were saying 'No, not this time.' Without this program, I could not have paid my rent, and my babies and I would be on the streets."

She is not the only one. There are millions of economically disadvantaged people on the front lines of this economy. They are struggling every day. The Jobs NOW emergency fund gives them a chance to find work and start moving towards a future. It helps businesses expand in these tough times.

I strongly urge the House leadership and my colleagues not to forget the thousands of people who need this help. We must pass H.R. 4564 for Jobs NOW.

Mr. BOCCIERI. I thank the gentleman from California who made some very compelling arguments about why California needs to have this investment.

While we are joined by several of my colleagues tonight, let me just say a little bit about what we are doing to create jobs in Ohio.

In Ohio's 16th Congressional District, we have had some good news recently. Rolls Royce, an international company, has announced that they are going to move their fuel cell research from Singapore to Stark County, Ohio. They are going to expand their fuel cell research and development activities, investing \$3 million in equipment, creating up to 60 jobs and retaining 32, while offering apprenticeship and training programs with the local college.

Barbasol Shaving Cream invested \$7.2 million to buy land and a new plant in Ashland, Ohio; a 78,000-square-foot plant to start, 30 new employees, and grow up to about 75.

Scotts Miracle-Gro is opening a manufacturing plant in Orrville, where they are expected to create nearly a hundred jobs in the next several months.

Shearer's Foods, they make potato chips, and they are mighty good, I might add. They broke ground earlier this summer to build a new production facility in Massillon's Northeast Commercial Park. They will hire as many as a hundred employees in the first phase of development. These are the type of success stories that have been helped, if not augmented, by the efforts of the American Recovery and Reinvestment Act.

With that, I yield to the gentleman from Virginia (Mr. SCOTT).

Mr. SCOTT of Virginia. Mr. Speaker, I want to thank the gentleman from Ohio for his leadership in bringing us together to make sure that we can discuss the importance of creating jobs. As we discuss jobs, I think it is important that we put our job efforts in perspective, because a little over a year ago when this administration came into office, we were losing jobs at the rate of over 700,000 per month, every month; 700,000 jobs a month. And we reacted to it by passing the American Recovery and Reinvestment Act, and we have slowly made progress, losing fewer and fewer jobs every month. But that is obviously not sufficient. We have to do better than that. But we have to put this in perspective. We were losing all of those jobs, and we found ourselves not only in the ditch with the economy, but also in the ditch with the Federal budget. We had a huge deficit which limited our ability to respond to this challenge.

We are also shooting at a moving target. Just this week, the Virginia Legislature, my home State of Virginia, will pass a budget that will cut approximately \$4 billion out of the budget. Virginia is about 2 percent of the population, \$4 billion. California is cutting \$20 billion out of their budget, a little over 10 percent of the population. If you extrapolate that nationally, that is about \$200 billion that the States will be cutting out of their budgets this year on top of about \$300 billion to \$350 billion that they cut last year. So that is \$500 billion that would have been cut out of budgets in the last 2 years. So the first \$500 billion of job creation that we do will do nothing but just hire the people who have been laid off on the State level.

So as much we are doing on the Federal level, it is obvious that we are shooting at a moving target. States are laying off people as fast as they can, and our job is to make sure that we try to create jobs.

Part of the Federal investment will help States retain some of their critical employees, particularly the public safety first responders and teachers. The American Recovery and Reinvestment Act made significant reinvestments in funding States and helping with their health care and other critical needs so that they would not have to lay off as many as they were doing.

□ 2045

But obviously some of the major investments I think that are doing the most good are those that were made in infrastructure and transportation. We still have a 10 percent unemployment rate, so obviously a lot has to be done. And it's those investments in infrastructure and transportation that can be the most effective in creating jobs.

When responding to a recession, we use the shorthand of three Ts: We want the response to be timely, targeted, and temporary. Timely because sooner or later the recession is going to be over even if we don't do anything, so we want to make sure we take timely action. Targeted—you want to put the money where it's most needed, people that are out of work and people that will actually spend the money to help stimulate the economy. So it has to be targeted. And it is temporary. When we recover from the recession, we don't want to be stuck with ongoing programs and expenses that we will have to continue to fund.

Transportation and infrastructure projects fulfill the three Ts for a successful stimulus plan; they are timely, targeted and temporary. They're timely. We are aiming at programs that are shovel ready, ready to go, no environmental needed, nothing else needed, no architectural anything, ready to go. We are targeted at industries that are most in need. The construction industry in many States has unemployment

rates of 25 percent or more. And it's temporary. When you fund a project, when the project is completed, you stop spending the money. When you finish building the school, you don't have to spend any more money. It's not like you would set up a program where you would have to continue paying salaries on and on and on.

The Recovery Act, for example, put money into transit systems. Throughout the Nation, transit systems are cutting back on employment. St. Louis, for example, eliminated 25 percent of its workforce and cut services by 17 percent. Chicago laid off 1,000 workers. And so investments in the transit systems are areas where we can make timely and targeted investments.

Across the Nation these are necessary projects. Across the Nation, 78 metropolitan areas have identified over \$240 billion in needed transit investments that need to be done. These jobs not only put people back to work, they complete needed projects. Now, these investments are also very effective in creating jobs. For every \$1 billion the Federal Government puts in infrastructure the economic activity is about \$6 billion and about 35,000 jobs are created.

Now, we need these projects, and we found that a lot of them are ready to go now. The Public Transportation Association identified \$15 billion worth of projects that are ready to go. As soon as we fund them they are ready to go. Highway associations across the country identified 7,000 ready-to-go highway projects and bridge projects, almost \$50 billion ready to go. As soon as we come up with the money, they can go. And so not only are these projects needed, they can be timely and they can put people to work. We have found that when we fund a construction project, when it's ready to go, the contractors can hire the employees within a couple of weeks, and they're on the job right then. So we have timely projects that are ready to go. We have put money into it. Two-thirds of the projects that have been funded, the construction has already started.

We have more work to do. We still have a 10 percent unemployment rate because the States are still laying people off, so we still have to keep creating jobs. I am happy to report that today the gentleman from California (Mr. MILLER), the chairman of the Education and Labor Committee, has introduced a bill with significant new investments in infrastructure and transportation. These will make sure that we will have these workers on the job in very short order.

The Miller jobs bill will create jobs quickly and efficiently. As States continue to lay people off, we need to make sure that we are creating as many jobs as we possibly can on the Federal level. We should give the Miller jobs bill quick consideration so that

jobs can be created when they are needed, and that's right now.

So I thank you. I would like to thank the gentleman from Ohio for bringing us together, for talking about jobs and encouraging us to continue doing what we need to do to create jobs and end the unemployment problems that we're having today.

Mr. BOCCIERI. Well, I thank the senior gentleman from Virginia.

I just want to be clear about your chart. It looks as if we stabilized the job losses in this country and started to grow them again after the Recovery Act was passed.

Mr. SCOTT of Virginia. The Recovery Act was passed right down here, and since then we have been making progress. But losing fewer jobs is not good enough. We need to continue this chart. In short order, we will be creating hundreds of thousands of jobs, putting people back to work. Those who have lost their jobs need to be rehired. We need to create about 100,000 jobs a month just to keep up with the population growth. So this chart is just the beginning. By the middle of this year we hope to be well into the plus, creating jobs, hiring people, and bringing people back from the unemployment lines.

Mr. BOCCIERI. Well, these are exciting numbers. We have got to get people back to work. And I concur with the gentleman from Virginia.

Let me revisit for just a moment exactly what the Recovery Act and the stimulus bill included.

Thirty-seven percent of the package was tax cuts. \$288 billion was given to small businesses so that they could help grow and invest in our new economy. In my opinion, that is going to be our investment in energy. \$288 billion was invested back so small businesses could start growing again and investing back.

Largest tax cut in America's history, largest tax cut for working middle class families. In fact, 95 percent of middle class families in our country got some tax relief through their employer. \$144 billion, or 18 percent of the Recovery Act, was allocated to State and local fiscal relief. More than 90 percent of the State aid is going to help folks who are finding themselves on Medicaid rolls. Fighting to make sure that we didn't have double-digit increases in tuition across State universities and so that our local school districts could keep teachers hired and we could keep custodians in the building. This is very important, Mr. Speaker, that we understand that we help bring our economy back from the brink of a great recession.

As that contemporary commercial says today, How will we remember this time? How will we remember it? Will we remember it as the great recession or the recession that made us great? I think with these key investments into

our people, into our workforce, and into our country, we are definitely making our country stronger.

I want to take a moment to recognize a distinguished gentleman that I have a lot of respect for. Not only do we share a common heritage, but we share a common belief that we should invest in our people, in our country, and in our way of life. Congressman PASCARELL from New Jersey is a man who I have a lot of respect for, and I would like to yield him some time so that he can talk about exactly what we're doing to help put America back to work. Congressman PASCARELL, my friend, you have the floor.

Mr. PASCARELL. I thank the gentleman for yielding.

Mr. Speaker, if you look at the data, it is clear that since the start of the Obama administration and the passage of the Recovery Act—which you've heard depicted by the three former speakers—we are stemming the number of job losses per month; there is no doubt about that. But we need to do everything we can to actually start gaining jobs instead of just losing fewer. It would seem like the charts, it would seem by the facts that in the next several months we will see, finally, for the first time in several years a plus in terms of the creation of jobs.

The U.S. jobs deficit has reached millions. Our unemployment rate is 9.7 percent. That is an intolerable rate. The problem we are facing is how to address the shortfall in employment opportunities and articulate a new strategy that targets and engages our small businesses and American workers. Mr. Speaker, we simply need jobs.

Which brings me to what I think is the most obvious answer. It was obvious many years ago, it's obvious now: Our infrastructure. Our infrastructure is in disrepair. And it's not just our roads, and it's not just our bridges that are falling down. Earlier this year, the American Society of Civil Engineers gave the Nation's wastewater systems and water systems the lowest grade of any infrastructure category, a D-minus. I want to have our viewers in the House see this. This is a rotted water main pipe, much like the pipes in many of our districts and many of our communities. I like to call these the out-of-sight, out-of-mind pipes; you don't see them until you have a problem with your water main. But as we have learned over the last couple of years, just because our infrastructure needs are not visible doesn't mean that they are not deteriorating.

A quick look at the recent news headlines across the country illustrates the state of our water infrastructure, and I can only list a few because time does not permit: "Franklin Water Main Break Closes Roads and Schools"; "Boil your water," says Franklin, New Jersey"; "Lancaster Water Main Breaks"; "Sinkhole Swal-

lows Car in California"; "Water Main Break in Manhattan Causes Evacuations in Traffic, Subway Disruptions in New York City"; "Water Main Break Cuts Off Water Service to the Medical Center in West Virginia."

Here we have an illustration of the water main break on River Road in Bethesda, Maryland, watching people airlifted out of their cars. We're not making this stuff up; this is real. In metropolitan D.C. on Christmas Eve, 2008, it was quite a spectacle. One headline actually read, "Water main break forces dramatic rescue of nine." The road literally exploded.

We cannot turn a blind eye to two realities: America needs jobs, and our infrastructure cannot put people to work fast enough. As a former mayor of Paterson, New Jersey, I understand the significance of local water and wastewater systems. A strong water infrastructure is essential to the community's public health and economic vitality.

The Environmental Protection Agency and the General Accounting Office estimate that community water systems will require \$500 billion above their expected rate of investment in order to meet safe drinking water standards and sanitation needs just over the next 20 years.

As Congress struggles with historic deficits, I strongly believe that we must leverage private capital investment and look at options for public-private partnerships. That is what we are talking about this evening.

In order to encourage this possibility, I introduced the Sustainable Water Infrastructure Investment Act, H.R. 537, which will generate significant investment through the use of tax-exempt bonds for water infrastructure, and that is water and wastewater projects.

Congress already exempts airports, intercity rail, and solid waste disposal sites from those bond caps. My bill would remove water infrastructure projects from the cap as well.

By exempting water projects from the bond cap, we can get people working on the very projects to my right in 90 to 120 days. This isn't hot air; this is real relief. This is real jobs. Standard & Poor's estimates that \$180 billion in new money infrastructure is available for investment. This capital cannot be deployed until a private activity bond cap exemption is created.

□ 2100

This legislation aims to repair our crumbling water infrastructure while leveraging private capital to create jobs. Every dollar invested in public water and sewer infrastructure will add \$8.97 to the national economy. This is a win-win situation. Economists estimate a \$1 billion investment in water infrastructure will create 28,500 local jobs. You cannot in any manner, shape

or form produce any other job plan that is going to do what this can do, because these are our needs. These need to be done because things are only going to get worse.

That pipe, which I showed you before, is not going to cleanse itself. It has led that pipe and many other pipes like it to this particular situation of people being airlifted, to rescue workers having to go to a particular community and, of course, to vehicles that have been raised in the air because of the explosion of our water mains.

This would be 28,500 jobs in 1 year. This is bipartisan legislation. Both sides of the aisle have signed onto this. It could put Americans in every State to work within 120 days of its enactment. It is time to focus on creating jobs and on building a strong infrastructure for future generations. Let's stop talking about what needs to get done, and let's actually get this done.

There are huge economic benefits that come with water and wastewater infrastructure projects. In fact, a recent study found that every \$1 billion invested in water and wastewater infrastructure creates 27,000 new jobs with average annual earnings of more than \$50,000. Each \$1 billion invested generates approximately \$82.4 million in State and local tax revenue at a time when States and localities need it most.

This chart shows how construction dollars ripple through local communities. Right here, an estimated 20,000 to 26,669 jobs can result from a national investment of \$1 billion in water and wastewater infrastructure—everything from construction, to real estate, to retail, to legal services, to the management of companies and enterprises, to private households, and to maintenance and repair. This chart shows how these construction dollars ripple through our entire communities.

Let's face it: as of this unemployment situation that we are in today, 40 percent of those jobs will never return, and 40 percent of those jobs that have been lost—get this—are by people who have been out of work for more than 6 to 8 months. They will not return to those jobs. We need to invest with the private community in order to do things that must be done that communities cannot afford. We have found that every \$1 billion invested in these projects creates jobs in 325 other industries, and they are listed.

I urge all of my colleagues on both sides of the aisle to take action to support this legislation and to push its passage for measures that will empower American workers and that will provide them with opportunities.

Eligible and essential public health and environmental projects approved for 2010 are waiting for funding. They are waiting for private and public investment, which we can leverage with

a very small amount of money. The resulting jobs are important. In California, 285,000 jobs can be created and, in Illinois, 133,950 jobs. In New Jersey, \$1.8 billion will mean 51,300 jobs on projects that are needed. In every State we go over, this is the case.

There are 60 different organizations which support this legislation—from engineers to waterworks associations, to equipment manufacturers—Caterpillar, Coca Cola, Design-Build Institute of America. There are 60 different organizations which support this bipartisan legislation that will create jobs and not hot air. We have had a lot of hot air in Washington. I think this legislation is what we need.

My good friend, Mr. BOCCIERI, I thank you for bringing us together tonight.

America needs jobs. This is our priority. I have presented an idea which, I hope, will be accepted. I hope that America can get back to work again. Our people need jobs—jobs that will be needed and that are needed so that we don't have to make work. Remember school? Make work. Keep the kids busy. These are things we need. We understand this, but we don't look at it because these waterworks, whether they are sewers, whether they are water or whether they are watersheds, are all mostly under the ground. It's not a romantic or a sexy thing to talk about, but I have presented to the House a way to put people to work. These jobs need to be done, and the private and public sectors must be brought together.

With that, I yield back. I thank you for allowing me to share in this important evening.

Mr. BOCCIERI. The gentleman from New Jersey has some very good ideas, which we have got to look at very seriously, about putting our country back to work and about long-term investments.

You know, I have often said that we have got to be the producers of wealth, not just the movers of wealth, and that we have got to build things here.

In 1950, over half the jobs in our country were in manufacturing. Today, one out of 10 of our jobs is in manufacturing. We are actually building. Some of that has been because of the fact that we have gained in productivity and because we have gained in efficiency. Yet we have still outsourced too many of our jobs. In States like New Jersey, Ohio, Pennsylvania, Michigan, and Illinois, we have seen some of those manufacturing jobs go overseas.

Our great trade imbalance that we have, the trade deficit that we have every year, is very troubling to me. We have a trade imbalance with China—\$280 billion every year. We have a trade imbalance with oil-producing countries because they send \$330 billion of oil over to the United States. Those two account for some of the largest imbal-

ances our country has ever known in terms of our trade policy.

We know that 95 percent of the marketplace is outside the United States, and Ohio is leading the Nation. Some of our local municipalities have begun to start exporting some of their goods overseas, creating their own trade relationships. We need more help here from the American Government, from the Federal Government, so that States like Ohio, Virginia, New Jersey, and Pennsylvania can help make those needed investments into our local communities.

We have to be the producers of wealth. We have to build things again in this country. It's not only a matter of our economic security. It's a matter of our national security. That's why it is so key and strategic that the American Recovery and Reinvestment Act invests in our people, in our country and in our future, and that we also lay the groundwork for future prosperity by investing in energy.

Energy is a key component of our Nation's economy, but it is very troubling when we import 66 percent of our oil from overseas and 40 percent from the Middle East. We see that the largest user of energy in our country is our Nation's military. The Department of Defense is the largest user of energy in our country. So it is very key, not only to our economic interests but to our national security interests, that we move away from our dependence on foreign oil, that we invest and create jobs here that cannot be outsourced, and that we make sure that we put our people back to work. That's why it is so important that we make these needed investments.

According to Andrew Stettner, I have to say—he is a deputy director of the National Employment Law Center—14.9 million jobless Americans have been out of work for an average of 30 weeks, which is the highest level since the government began keeping those records in the 1950s. It is the highest record.

We have some on the other side who are suggesting that we shouldn't have extended unemployment benefits. I've even heard some who have had the audacity to say that we shouldn't be giving them government/taxpayer money because they don't want to work. Are you kidding me? We have millions of people out of work in this country who are now just being called back to work. In fact, some of my friends on the other side voted against an extension of unemployment benefits which would have helped 11,600 Ohioans who have found themselves struggling just to put bread on their tables for their families.

To me, we have got to invest in our people. If we can spend \$1 trillion on war, we can spend money to invest in our people, in our country, and we can put Americans back to work.

I want to yield some time before we close today, Mr. Speaker, to a good

friend of mine from Virginia, a gentleman who has the passion and vigor to take on the challenges of our great country, TOM PERRIELLO.

Congressman PERRIELLO, enlighten us for a few moments, sir.

Mr. PERRIELLO. Grazie to my paizan from Ohio. I appreciate that, and I appreciate your remarks on where we are with this economy, both with where we have come and with where we have to go.

I think both the present statistics in the history books will make clear that we have prevented a depression, which is no small feat; but I am not satisfied until we see robust economic growth that reemploys America. We should be willing to look back and say, Here is an opportunity, when we were going off a cliff into a depression, where we said, No, we will not allow that, not on our watch. We will make sure that that depression is prevented. Yet I'm not satisfied until we see the kind of job creation we need to see back on Main Street. We need to shift our focus from that speculation on Wall Street to that job creation on Main Street. These ideas are not Republican ideas or Democrat ideas. These are ideas about putting people back to work.

You know, in Ohio and I know in Virginia that we are right on the cusp of the summer construction season. We have an opportunity to start building again. Americans are ready to do it. Small businesses are ready to do it. Unfortunately, we are not going to see the housing starts pick up which many would like to see, but we know we can still build things. We can build our infrastructure, and we can retrofit our existing building stock. We have had a tool belt recession, and it is time to see growth in the tool belt sector.

These may not be the sexiest jobs to talk about in Washington or on Wall Street, but the fact is we must rebuild America's competitive advantage, and we must rebuild it one community at a time, one commonwealth at a time, one country, together, rebuilding our competitive advantage and putting people back to work. We have a chance to do that.

Now, most of the gentlemen on the other side of this building, down in the Senate, may be through this recession. The media elites may be through this recession, but working class America and middle class America are not through it. We have prevented the worst from happening, but we will not be satisfied until we see the kind of robust economic growth that will bring us back together. We will rebuild that competitive advantage, and we will need to do it in time for the summer construction season.

I appreciate all that you have done to keep that focus on jobs, jobs, jobs in Ohio, in Virginia, and around this country. We must be deadily focused on

jobs, and we must do it with the urgency that does not miss the construction season ahead.

Mr. BOCCIERI. I agree with the gentleman from Virginia. We have seen almost a flip from a 6 percent job loss, when we began the 111th Congress in January of 2009, to nearly a 6 percent job growth in our gross domestic product. Yet we know that this is not about the GDP. This is about the j-o-b-s. We have got to put people back to work. That's why we are focusing on doing that.

There are some things that we have done for our small businesses, to help struggling small businesses stay open:

There is the net operating loss carry-back. We have also extended tax credits for renewable energy production because, as my colleague and I know, the cheapest energy is the energy we never use. Small businesses can save a lot by writing that off. They can save by weathering their businesses and by weathering their homes. That's what is going to save money in the long term.

We are also going to give bonus appreciation, which extends to businesses that are buying equipment, such as computers. It speeds up the appreciation through 2009. That is helping our small businesses write off those losses so that they can get folks back to work.

Mr. PERRIELLO. This is an opportunity. What we have made is the down payment on America's future. We know that jobs of the future are going to come in the energy sector and that they are going to come in research and development. We need the strong universities, and we need the strong infrastructure.

A year ago, we made a down payment, which is starting to pay off now in the kind of rebound that we are starting to see; but we cannot be satisfied, and we cannot take that foot off the gas. This is the time. Americans are ready to build.

Again, this should not be a partisan idea. We all have construction companies in our districts. We all have roads and bridges and water and sewer systems in our districts. We all have small businesses that help supply that construction sector. We must see that this can be a chance to come together and to understand the urgency of this moment.

We have made that down payment. Now it is time to start seeing that growth. We are going to do that, not by saying "no" to everything but by saying "yes" to America's future, by saying "yes" to America's competitive advantage. There are many in the top echelon of this country who have stopped believing that America can manufacture, that it can grow things, that it can be strong again.

□ 2115

Those include elites on the left and elites on the right. Well, they are

wrong. America's working and middle class is still strong. If we invest in them, they will outcompete every country on Earth.

We can outcompete the rest the world, but only if we invest in education and workforce development, if we get a 21st century infrastructure, and we understand that two out of three new jobs in this country come from small businesses. Instead of bailing out the biggest businesses, it is time to reward and support the small businesses. They are the engine of innovation and growth. They are the civic leaders in our community.

That is what our agenda needs to be about. It is what we started on. It is what we must push forward, regardless of party line, and get America growing again.

Mr. BOCCIERI. Well, Mr. Speaker, he is exactly right. The gentleman from Virginia is exactly right that we have got to invest in our people, in our country, in our way of life. As that contemporary commercial says on the airwaves, Is this going to be remembered as the great recession or the recession that makes us great?

I believe that we can do this if we work together, if we invest in our people. Again, if we can spend \$1 trillion on war, we can certainly spend money to make sure that we invest in our people and do the things that are going to set us on the track towards prosperity.

We are starting to begin to see the glimmers of light. We are starting to see the glimmers of hope that people once again are going to be on to a path of prosperity.

I want to thank the gentleman from Virginia, because he believes that our greatest days are still yet to come. We will be stronger, we will be more robust, and we will be smarter on how we handle these future downturns. This is the time that we cannot let go away from us. We have got to invest in our people, in our country, and that is why I am so proud of the gentleman from Virginia, who stands with me saying that we will again be the producers of wealth, not just the movers of wealth.

THE QUESTION OF HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AKIN. Mr. Speaker, it is a pleasure to join you here once again as we get a chance to take a look at Special Orders, and also I am joined by some of my distinguished colleagues. We are going to be looking once again at a subject that has really absorbed the attention of Americans now for almost 9 months, the question of health care. It is still before us.

Today was a little bit of a unique day for me because the President came to

my district in the St. Louis area, and he wanted to deliver speeches and tell everybody that they should vote for the health care bill.

He and I have a difference of opinion on the bill. I think his opinion is that if people just know more about this bill, they will like it. My opinion is the more we have looked at it, the more that people have taken a look at it publicly, the uglier they think it gets and the more they hate it. Fortunately, the poll data seems to be on my side, and the more you look at the bill, the more it seems it has problems with it.

We have, today, joining us some distinguished colleagues from all over the country. We have two doctors and an attorney, and just, I think, a businessman and an engineer. It almost sounds like the start of some sort of a joke. But this isn't a joke, unfortunately. This is a very serious subject, indeed.

So I am going to recognize Dr. BROWN from Georgia, a gentleman who has spent a lifetime practicing medicine and then got elected to Congress, and now he is trying to straighten things out. I am going to have him, followed by Dr. FLEMING as well.

So, Dr. BROWN, thank you for joining us tonight. Let's talk a little bit about this health care bill.

Mr. BROWN of Georgia. Well, thank you, Mr. AKIN. You have been a stalwart friend in this fight to try to stop the government overtaking of the health care system. I, as a medical doctor, have been fighting for my patients for their economic well-being for years. I just wanted to come tonight and bring up a few things.

The Wall Street Journal yesterday, there was an editorial written, coauthored by Scott Rasmussen, the famous pollster. The title of it is "Why Obama Can't Move the Health Care Numbers." One of the lines in here right at the end is basically giving the bottom line. It says most voters believe the current plan will harm the economy—they are right about that—cost more than projected—absolutely—raise the cost of care—without any shadow of a doubt—and would lead to higher middle class taxes—and that is just undoubtedly a fact.

The American people get it. And one thing that the American people do get is that it is going to cost millions of Americans their jobs if this is put into place.

I thank you for bringing this forward tonight so we can talk about jobs and health care. I look forward to this discussion as we go along.

Mr. AKIN. I really appreciate your bringing that up. I am just thinking, picture yourself instead of being a doctor as being a salesman, and you are given an assignment that you are supposed to go out and sell something.

Say you are the President and your job is to go out and make this case. We

have three huge entitlements that are destroying the solvency of our country. One of them is Medicare, one of them is Medicaid, both methodical things, and the government is running these things and they are destroying the economy because they are out of control, they are spending so much money. So your assignment is to go out and sell people that we ought to have the government take over the rest of the medical part. That is a little counterintuitive. You could be a good salesman, and it is hard to make that case. We have it messed up in this and this area, so give us the whole thing. It takes a little bit of courage to even try to do that.

Dr. FLEMING, please.

Mr. FLEMING. I want to thank the gentleman again, faithful virtually every week to have this leadership hour and talk about such weighty issues as health care.

But to follow up on your very point, and that is today, the big question is why all these increases in private insurance rates. Well, there are several reasons, but the main reason is that private insurance premiums help subsidize Medicare and Medicaid. Why? Medicare and Medicaid underpays the providers, the gap is getting larger, and so providers have to make it up in order to survive in business on the private insurance which has to escalate in relation to that.

So that is something you will not hear from Speaker PELOSI or the President. He wants to demonize the insurance companies. As a physician, I am no big friend of the insurance companies. But fair is fair. If we are going to fix this problem, we have got to start, in my opinion, by looking at cost savings. We are going to have to be real about and realistic about where the real costs are coming from.

Again, you are right. Half of medicine today is under government control, and that is the part that is bankrupting the system.

Mr. AKIN. That is interesting. What I think I am hearing you say is, as much as you want to knock the insurance companies, the fact that people have insurance and the insurance pays claims, in a way they are the ones that are helping to balance out the cost of health care, because Medicare and Medicaid are underpaying the actual cost of what it takes.

That gets to a point, and I would like to ask you, I am going to go to my good friend from Texas too, Congressman GOHMERT, but sometimes we get into the weeds a little bit too much. So let's say you get way up on an airplane and take a look at the health care question.

What someone told me is, he said, Look, look at health care in America as two parts. The front end is the medical service we provide to the people who are sick in America. They said that is the best health care anywhere

in the world. If you are a millionaire sheikh from Bahrain, you want to come over here to get some of that health care. So we have the best health care service, in terms of providers.

What the problem is is how we pay for it that has gotten messed up, and I think that is a little bit to your question.

My good friend from Texas, Congressman GOHMERT.

Mr. GOHMERT. Well, looking at the chart you have there that has the quote on it about reconciliation, it brings us back to what is being discussed. The reporters all out here in the hall have been there for much of the night, and they are starting to go away because apparently they think there is not going to be any agreement. But what people need to understand is what is being pushed here called reconciliation. What a misnomer. Reconcile? That is not what happens.

The Senate has passed a bill, and they are not going to get 60 votes to do a new bill, so they are trying to push the House into passing exactly what the Senate did. But we have got fine, upstanding pro-lifers like BART STUPAK and a dozen others, and they say if you are going to have a bill that pries tax money out of the hands of people who believe with all their heart, as I do, that it is immoral to kill unborn children, and you are going to take their money and use it to do that, then we can't vote for this bill.

So what we hear being discussed is, Well, if you will just vote for the Senate bill that allows the government to take away taxpayer money and use it for abortions, then we may be able to get you an amendment to come back. It has to be signed into law, has to become law before you can amend it, but then we may be able to amend that to then put in the Stupak language that prevents tax dollars from being used for abortion.

But the thing that our colleagues have to understand is please don't get roped into that. The Speaker knows how the process works. But if it becomes law and the bill provides for the funding of abortion, you may or may not get the amendment passed. It may pass through the House, but then the Senate has to pass it, and there is no way anyone in the House can guarantee what the Senate will do. Then the people who everybody, well-intentioned, no intention to deceive, but anyway, the bottom line is they end up not getting what they are promised, not because of deception. It just doesn't happen.

Mr. AKIN. I would like to just run over to our good friend from Pennsylvania, Congressman THOMPSON, and I just wanted to get your perspective on what you are seeing. It has been almost 9 months, and people have been looking more and more into the details of the bill. The more they see it, the more

they don't like it. Yet the majority seems to be determined, they have the pedal to the metal, they have the battleship at ramming speed, and they are going to just try and drive this thing through.

What is your impression of where we are?

Mr. THOMPSON of Pennsylvania. Well, first of all, I want to thank my good friend from Missouri for providing the leadership for this evening. It is just so important.

The American people, I have to tell you, I am very proud of the American people on this issue. During this past 15 months, I think they fulfilled the responsibility that our Founders intended. Our Founders have to be smiling right now, because the American people have woken up and are paying attention and engaging on this issue.

When it comes to health care, I think the large majority of Americans share the same perspective I do, and it is a perspective I developed as a health care professional. I started out as a therapist over 30 years ago, and for 28 years I was a health care manager, licensed as a nursing home administrator, worked in all areas of health care, in nonprofit community health care.

The four principles I have always led my professional life by have been the same four principles that have guided me in my role working for the people as a Member of Congress, and it is the same principles that I see the people agreeing with when it comes to health care. They want to improve our health care system, not throw it out, not create some government-run system.

My principles that I have always led my life by, and I think they are principles that are important in this debate, let's do what we can to make sure that we lower the cost of health care for all Americans. The bill that is coming at us at light speed from the Senate raises costs for most Americans. It doesn't address real cost reduction.

The second principle for me is increasing access, improving quality, and making sure that we strengthen that decisionmaking relationship between the physician and patient. We don't need the government or a bureaucrat making those decisions.

The bill that is coming at us, in particular I will just talk about one aspect. I started at that last principle of strengthening the decisionmaking relationship between the physician and the patient. This bill creates a health care czar, and this czar is going to have the ability to impose not just health care prices and controls, but that czar is going to dictate what kind of benefits we should get and not get. And just as my good friend from Texas was talking about, we will wind up paying for procedures, such as abortions, something that we would never use, that we certainly, based on my faith, would be very much in objection to.

So that type of imposition of a czar making decisions, inserting themselves between the patient and physician, is just absolutely wrong.

□ 2130

Mr. AKIN. I appreciate your perspective on that. I bet you that has got to, even after all these months, has got to really bother those of you who are doctors. I mean you invested I don't know how many years in med school. I flunked fetal pig. I would never have made it. Part of the reason was because you wanted to treat patients. And to have some insurance person sticking their nose in that relationship has got to really rub you the wrong way. But what happens if—at least if it's the insurance company, you can get rid of the insurance company. But what happens if it's the Federal Government? That would drive me crazy.

Congressman BROUN, please.

Mr. BROUN of Georgia. The Federal Government already sticks its nose in the doctor-patient relationship in Medicare-Medicaid. The insurance company executives do in managed care. But in my medical practice for the last 5 years prior to being elected to Congress, I saw Medicare patients, Medicaid patients, managed care patients, but they just paid me at the time of service. If they couldn't pay me, that was all right too. I've given away hundreds of thousands of dollars worth of my services over my medical career.

We hear from Democrats, the President particularly, that the doctors are all in favor of this Obama care bill. I've got a letter here from the Medical Association of Georgia that was just sent to me and other members of the Georgia delegation that says, We oppose the Senate-passed health care bill. They list a number of things that they see as problems with the bill. Among these include undermining the patient-physician relationship and empowering the Federal Government with even greater authority. It's unsustainable from a financial standpoint. The Federal Government will have unprecedented authority to change the Medicare program through these new boards without Congress or the courts or anybody having any oversight to that. It's devoid of proven medical liability reform.

They're concerned about many things that aren't in this bill, two of which are: it takes away the right to make a private contract between two individuals, particularly doctor and a patient or any provider and patient. Another one is, there's nothing to stop the sustainable growth rate formula that is killing physicians.

It goes back to what you were just saying a few minutes ago, Mr. AKIN, where doctors are being underpaid. We have this SGR, sustainable growth rate formula, that needs to be thrown out. But we don't do anything about that.

What that's going to do to the American public, and particularly Medicare patients need to understand, if this bill is passed, it's going to be exceedingly difficult for a senior to find a doctor who's going to accept their government insurance. It's already a problem, but it's going to be even much more of a problem and exceedingly difficult because the Federal Government is going to pay a lower rate, and doctors just can't afford to do that.

Mr. AKIN. So this is going to be a good deal. Everybody is going to have medical insurance, but you just won't have any doctor to go to see.

Dr. FLEMING.

Mr. FLEMING. Well, first of all, let me say something that I think is not as obvious, but if you think about it, it should be very clear. Coverage under health care does not mean access to health care. Look at Cuba. In Cuba, you have universal health care, you have universal access, and it's all free. The problem is there is no health care in Cuba. They have one colonoscope for the whole country. Antibiotics, medications. Nonexistent. So what good is 100 percent universal coverage?

Now how does that apply to us? Well, what we're really doing in effect with this bill is taking two big entitlements, which is Medicare-Medicaid. The States can't afford Medicaid. The Federal Government cannot afford Medicare. Medicare will run out of money in 8 years. On top of that, we're taking out half a trillion dollars for Medicare, not knowing how we're going to make up for it, and then we're going to take the money and tax people and create a whole new entitlement, stacking one entitlement after another.

Bottom line here is, there's two ways to save costs, to bend the cost curve down in health care. One is to have a giant system like that, and create bureaucrats who are going to control things and micromanage, and ultimately save money through long lines, a waiting list, and rationing. The other, the one I prefer, is a free market where we attack the doctor patient-relationship and we empower the patient, make him into a consumer, where he has clarity and transparency, where he has health savings accounts, for instance, and he can go and decide and have patient choice as to what the cost, what the providers are going to be, and where he can get his best value for the money.

Mr. AKIN. You know, I just today was talking to my constituents back in the State of Missouri and we were having this forum. I spoke in pretty strong terms. I told my constituents that this bill, first of all, would destroy the quality of health care in America. The second thing it was going to do was it was going to destroy the Federal budget. And that if I were to put this bill on a scale of all the legislation I've seen since I've been in Congress—and I'm

getting a little older; this is my tenth year—that this bill is more than twice as bad as the next worst bill that I've ever seen. So this bill is altogether in another category.

I spoke before a group this last weekend, and I looked out and there were a lot of other legislators I'd served with in the State of Missouri. I said, We've all served in the majority, we've served in the minority. But I said, The last year and a half, we've served in the wilderness. I said, The difference of the wilderness is that I walk up as though I were walking up to the edge of the Grand Canyon and contemplated what happens if you go over that abyss.

It appears to me tonight, gentlemen, and tell me if I'm not overstating this, that we are standing on an abyss. And that if we step off the edge by passing this bill, America will not be the same country she's ever been in the past, and we will not be able to recover from that.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. AKIN. I do yield.

Mr. BROUN of Georgia. Absolutely. You're correct about that. In fact, we're at a tipping point where this country is either going to be totally socialistic—government controls everything in everybody's life from Washington, D.C. And that's what this health care bill is designed and geared to do. Or, we are going to walk away from that and start fighting for freedom and cutting down the size of the Federal Government and let people live their own lives without all the government intrusion. That's exactly where we are.

I wanted to bring up another issue to throw this out then: That people should understand that this bill that we are supposedly going to vote upon—I guess we will, the Senate bill, H.R. 3590—the CBO, the Congressional Budget Office, says that it will increase premiums for everybody who's buying private insurance today by \$2,100 per family. So not only is it going to destroy the Federal budget, it's going to destroy the State's budget, but it's going to destroy everybody's family budget. It's going to be horrendously expensive, and it's also going to destroy jobs. There are going to be over 5 million people that are going to lose their jobs if this bill ever becomes law.

Mr. AKIN. You know, when we're running at whatever it is—and these numbers, I don't really believe them, because these numbers are worse—but 10 percent unemployment, and you dump 5 million more jobs lost on a bill that is already going to cost trillions of dollars that we don't have, this thing, it just seems like somebody has to have some sort of blind faith to have their foot down on the pedal of the battleship and just try to drive the battleship through the dock.

In my district, this is a working day today. We rented a facility at the St.

Charles Convention Center. It had seating for 800 people. Now where are you going to find 800 people that care about politics in the middle of a Wednesday? Wednesday morning at 10 o'clock in St. Louis. When the beginning of the town hall started, we had over a thousand. By the time it had gotten going a little bit, we had 2,200 people. You couldn't even get any more people in the room. And their sentiment was along the lines of what we sense here. They said, We don't like this bill. We really don't like this bill. They were begging, What can we do to stop this thing? So my sense is that we're not the only people that are thinking like this in this country.

My good friend from Texas, Congressman GOHMERT.

Mr. GOHMERT. Well, I think there's actually great wisdom in what President Obama said that's on the chart right behind you, and that is, Reconciliation is therefore the wrong place for policy changes. In short, the reconciliation process appears to have lost its proper meaning. A vehicle designed for deficit reduction and fiscal responsibility has been hijacked to facilitate reckless deficits and unsustainable debt. The President called that exactly right.

I need to ask my friend, I can't see the date there. Was that last week that he said that? When was that?

Mr. AKIN. You know, that's the ironic thing about this quote and the reason why we put it on this chart. The President has been saying a lot of things. I think the most truthful thing he said was that, I'm going to bring you change. I think he's been fair in doing that. Not much else that I've heard that doesn't seem to have some contradiction.

But this quote here, Reconciliation is therefore the wrong place for policy changes, such as the government taking over one-sixth of the economy. In short, this process seems to have lost its proper meaning. A vehicle designed for deficit reduction. That's what it was supposed to be for—deficit reduction, fiscal responsibility. It's been hijacked.

I'm glad you asked that question because the date here says December, 2005. So I don't think he really wants us to remember what he said in 2005, because if you were to take this today, this would mean that they aren't going to pass this bill.

Mr. GOHMERT. That's right.

Mr. AKIN. So it kind of depends whether it's your bill or my bill, I guess.

Mr. GOHMERT. And as we understand now, in 2005, Senator Obama was moving forward, campaigning, moving toward a Presidential run. But I tell you, it just blessed my heart to hear President Obama say in the summit at the Blair House, when he said to Senator MCCAIN, We're not campaigning

any more. I said, Hallelujah. The President's going to stop campaigning. I tell you, that was such good news to me because that means the President's going to quit campaigning and just try to govern. If he were to go to campaign, he would probably have gone off to who knows where—Missouri or somewhere today—and given another speech. The fact that we're not campaigning anymore means he's back here trying to figure out how we can reform health care without cramming it down the throats of 60 to 70 percent of Americans that don't want this bad medicine that's about to be rammed down their throat.

Mr. AKIN. I appreciate your perspective and particularly calling attention to the fact that this reconciliation is hijacking the entire legislative process. He is willing to do this, to pass this particular piece of legislation.

My good friend from Pennsylvania, somebody said that if you've got a busted faucet or sink in your kitchen, a smart thing to do is to fix the faucet or the sink, not to remodel the whole kitchen. Does it appear to you that the difference between the two political parties on this issue is that the Democrats have really decided they're going to remodel the kitchen, whether you want it or not, and the Republicans, we have a lot of different health care bills as Republicans, but ours are all fix the sink or fix the drain. We're taking a look at what we have, seeing what needs to be fixed to make it better, and we're selectively doing that, whereas it seems the Democrats have the concept they're just going to re-create everything. Take one-sixth of the economy, have the government run it.

Does that seem like it fits for you?

Mr. THOMPSON of Pennsylvania. I think that comes close. Actually, I believe that the health care issue is more like a leaky faucet. And what my good friends on the Democratic side of the aisle are choosing to do is to burn the house down versus just—

Mr. AKIN. So remodeling the kitchen—

Mr. THOMPSON of Pennsylvania. They're burning the entire house down and taking it from a system that has been a model for the world, actually. I give you one example. One of the issues we talk about—and we agree we need to improve access to quality health care. I would have been much happier if this whole debate, when we started it—in fact, I came to Congress thinking that we would have that debate—how do we improve access to quality health care. No. What are we debating? Health insurance. Not even the right topic.

I want to put it in the perspective of probably an example that I think touches all the colleagues here on the floor. I'm from a very rural district. I have probably almost 24 different rural hospitals in my congressional district. Those hospitals, in addition to the eco-

nomic engines, they're incredibly important to those communities. They're the source of positions. They're really good jobs. They purchase resources. They're good neighbors. They purchase resources in the community. So they're good for the community. But beyond that, having those in those rural communities provides access to quality health care.

You never want to see a hospital close. I don't believe that. But if you close one in the city, probably within about a six-block radius you're going to find another hospital that's going to be able to provide you access to life-saving care.

□ 2145

You close a hospital in my congressional district, and what you wind up with is a commute that makes the difference between life and death. We're talking hours to get the same type of, or any type of, access to health care. So here's the rub when it comes to this bill that's being proposed, \$500 billion cuts to Medicare. And my good friend already talked about the fact that Medicare only pays maybe 80 to 90 cents for a dollar's worth of care that a hospital or a physician provides. So Medicare is already underfunded.

We've talked about how that is one of the contributing factors to why commercial health insurance is so expensive. Commercial health insurance nationally pays 135 percent of costs. The Federal Government only pays 80 to 90 percent of costs. So what are we going to do? What's the solution to that obvious problem? Let's cut more Medicare. Let's throw in \$500 billion in cuts.

Mr. AKIN. There you go. That's another counterintuitive thing. This whole bill seems to be counterintuitive, doesn't it?

Let me ask a question. We have two of you who are medical doctors here, one who's a judge, one's a former medical professional. I'm an engineer by training, and now we're Congressmen. And one of the things that we have to do and we should pay attention to is our constituents. We get calls from people saying, Hey, I've got a problem with this, Congressman. You need to help me. And they ask us to do some weird stuff sometimes. Like, I remember the first time they asked me to get them a job. And I'm thinking, Hey, I'm not a job agency. I'm a Congressman. But we're asked to do a lot of different things, and we try to help out.

Now, my question to you is, let's say we jump off the abyss, and now we've got this mess, and we have people back home calling us saying, My mom, my mom is sick. She got cancer. She got it bad, and she's going to need help right away. So I went to get some health care for my mom. They said I have got to wait 6 months. What I'm asking you is this question: How, as Congressmen, are we going to get through this mess

to try to help our constituents? And even worse, how are our constituents ever going to get from here over to get their medical care? Does that concern you? Congressman GOHMERT, do you want to take a shot at that? This doesn't look friendly to me.

Mr. GOHMERT. Well, it's because it's not friendly. I was privileged back in 1973 for the summer to be an exchange student in the Soviet Union. I saw socialized medicine firsthand, and that's where this is going. It's socialized medicine where the government controls it. I don't want the insurance companies between me and my doctor, and that means I also don't want any of that just massive amount of government between me and my doctor, but that's where this takes us.

And you wonder, Why would a group risk losing the majority in Congress to pass a bill like this when they know what's at stake politically? And the answer is, it puts in place so much government that once it's in place, it won't matter which party is in the majority. It's kind of like the Department of Education or other things that are not enumerated powers in the Constitution. Once it's there, you can't do anything about it. The school districts lose billions of dollars over the years that have been usurped by just a bureaucracy in Washington. It's going to happen with health care.

And just quickly, let me tell you, what inspired me to get with professionals, health care professionals, economists to come up with a solution was, when I saw that if you added together the amount of money we spend on Medicare and Medicaid and divide that by the total number of households in all of the United States, it's an average of over \$10,000 from every household in America to fund Medicare and Medicaid.

When I saw that, I was thinking, My goodness, all that government, all that we're paying for, we're better off if we said to every household that has people on Medicare or Medicaid or even SCHIP, here's \$3,500 cash from the Federal Government in a health savings account you control with a debit card, and we will buy you private insurance that's catastrophic care to cover everything above that. You don't have to buy any more supplemental coverage or wraparound coverage.

And I know that scares AARP because they made a lot of money off of that supplemental insurance. But this will help seniors. You give them a choice. You want to keep having Medicare, you want to keep having Medicaid, or do you want us to give you cash you control and get the insurance company and the government out between you and your doctor? And I think people, when you give them that voluntary choice, they will make the choices that will save us from bankruptcy that Medicare is driving us to. I yield back.

Mr. AKIN. Now wait a minute. You have got me all confused, Congressman GOHMERT because my understanding is, Republicans—from what the President has said—don't have any ideas. We don't have any bills. Of course he also said that he read our bills, so that was a little confusing too. But what you just outlined was basically getting up at 50,000 feet, looking at the problem and saying, We really don't need the government to get into all this detail. We simply take the amount of money that the government's spending right now. You break it into pieces, just designate the number of families in our country, and you've already got something that's going to work.

Mr. GOHMERT. That's actually a lot cheaper than what we're doing now. It would save money. But let me just say this: I know a lot of people kowtow to CBO. Let me tell you that in this Congress—and the director has called me and said, Oh, we are very objective. And I know they do the best they can to being objective. But I'm telling you, since he got woodshedded at the White House, let me tell you, there have been I believe it's been 56 health care bills that have been scored by CBO.

We have about 70 bills from Republican Study Committee members to reform health care. Seventy bills, they are bills. And you know how many we have gotten scored on the Republican side? Six, six bills. I have been begging and writing all kinds of ways. I have had ranking member of the committee of jurisdiction, JOE BARTON, request my bill be scored. I've had DAVE CAMP when they said, Well, you don't have the Joint Commission ranking member. Well, then, DAVE CAMP requested. I can't get it scored. And I realize by making a big deal about CBO not scoring Republican plans, that they may say, Oh, GOHMERT, we'll take your bill, and we'll score it, and you're not going to like the way it comes out. I realize that's a risk. But I'm telling you, it has been so abusive that CBO has done virtually nothing.

About a tenth of the Republican bills that they have scored are Democratic bills. And if they want to bring some equity to this and some objectiveness, it is time CBO started scoring Republican bills and not just Democratic bills. I had to get that out.

Mr. AKIN. Well, I appreciate that, Congressman GOHMERT. You know, those of us who know Congressman GOHMERT—and I know my colleagues do—know that he has a gift of persistence. And I recall one of his more persistent moments. It was right here on this floor when there was a bill that I would say is probably the second worst bill I have seen. It's only half as bad as this bill, and it was a bill that was amended with 300 pages of amendments at 3 o'clock in the morning. I think it was the late part of spring of this last year.

I remember Mr. GOHMERT had the same sense of persistence, and he got this idea that maybe if we're going to vote on a bill that it ought to be here in the Chamber because there is a rule that the bill we're debating and voting on is supposed to be in the Chamber. I remember just asking, is it north, south, east or west? It was like a kid looking for a button that's hidden in a room somewhere. And he's back and forth and back and forth. Finally they said, The bill is right up there in that desk. He went up and looked for it. And guess what? It wasn't there.

So I don't know, people like to hide things on you, Congressman. I don't know what to tell you, but it would be interesting if we knew what the financial score on some ideas, such as what you had, that are innovative. And it's the fact that Republicans, of course, don't have any ideas except that the President did read them and all. So that makes it kind of interesting.

I notice we're joined by some other good friends of mine. Congressman SCALISE from Louisiana is here, and I just wanted to let you have a chance. We're going to talk a little bit about this really amazing medical bill that's being pushed forward.

Mr. SCALISE. Well, I want to thank my colleague from Missouri for hosting this and my other colleagues who are expressing leadership and really trying to make this last stand because we are at the last stand for health care, as the President continues to try to ram down the throats of the American people this government takeover. And here we are on the House floor as Speaker PELOSI is trying in the next week, possibly, to have a vote here on the House floor on a bill that the American people have said in every way possible that they don't want.

You had the elections, of course, in Virginia and New Jersey; and then you had the election in Massachusetts, of all places, where SCOTT BROWN said, I'll be the 41st vote against health care, and he won. And even after that, this tone-deaf liberal leadership here in Congress is saying that they're going to continue to try to ram down this government takeover. What you're pointing out and my colleagues are pointing out are some incredibly important facts that I think the American people themselves have been seeing as they've been reading the bill, and this latest version is over 2,400 pages long.

But there's a couple of points in there, and I want to touch on one of them, and I know you have touched on a few others. Clearly there is over \$500 billion in new taxes in this bill. There is over \$500 billion in cuts to Medicare in this bill, things that would devastate medical care in this country as people know and enjoy it. We want to reform health care. We want to fix real

problems to lower costs, to address preconditions. They don't want to do that. They want a government takeover.

But there are some other things in this bill that also show some of their real intentions. And the issue of abortion funding, taxpayer funding of abortion has been one of those at the core of, you know, who do you believe and what are the myths. And of course you've got Speaker PELOSI out there saying, Oh, don't worry. Abortion funding won't be in this bill.

There are two pieces of information I want to point out, and I think a lot of people have started to see all of this, but it really clarifies what's going on. This first letter I want to read a few sentences from is from the United States Conference of Catholic Bishops. Catholic bishops, they don't have a vested interest in whether the Republican approach or the Democratic approach is moving forward. But they have two real concerns. One is, they don't want abortion funding, and they want a conscience clause protection. So I'm going to read a few quick sentences.

First on human life: "Disappointingly, the Senate-passed bill in particular does not meet our moral criteria on life and conscience. Specifically, it violates the longstanding Federal policy against the use of Federal funds for elective abortions and health plans that include such abortions." It goes on to say: "We believe legislation that fails to comply with this policy and precedent is not true health care reform and should be opposed until this fundamental problem is remedied." This is the United States Conference of Catholic Bishops.

And then one other I'm going to read for you is National Right to Life, a very respected organization, a bipartisan organization. National Right to Life also addresses the Senate language as it relates to taxpayer funding of abortion: "Any House Member who votes for the Senate health bill is casting a career-defining pro-abortion vote." This is National Right to Life. And the final sentence I will read: "The Senate health bill is a 2,407-page labyrinth strewn with the legislative equivalents of improvised explosive devices—disguised provisions that will result in Federal pro-abortion mandates and Federal subsidies for abortion." That's National Right to Life.

So as the American people are contemplating all of this, they're going to have to ask themselves, who do they believe as this information and misinformation is out there? Do they believe Speaker PELOSI who says, Don't worry, taxpayer funding of abortion is not in this 2,400-page bill? Or do they believe the United States Conference of Catholic Bishops and National Right to Life who both clearly state that the Senate bill does contain taxpayer funding of abortion? Yet one of just many big

points of opposition we have to this government takeover of health care.

Mr. AKIN. I certainly appreciate the gentleman making that point. And it is usually presented as a pro-life position that we don't want the government funding abortions. It almost struck me as kind of two different things almost. One, Do you think it's a good idea to abort little children? But the second question is a conscience question, Do you think it's a good idea to force people to pay taxes and then use those taxes for something that they believe is the destruction of a human life?

You know, one of the things that has really encouraged me—you just talked about that election in Massachusetts. You know, in America there's always been a few people that say they're agnostic or an atheist. And what really encouraged me about that election is that nobody can claim they're an atheist or agnostic anymore in America because only God could have elected a Republican in the State of Massachusetts. I mean, it couldn't have been done by anybody else. So I'm glad at least we won't have too many of those kicking around.

□ 2200

I am joined here also by the gentlewoman from Minnesota (Mrs. BACHMANN), and you have been a voice for conservative values and so strong on this bill, and I am so thankful we have the A-Team out here this evening as we are coming down to the finish line, and that is the bill will be finished. I appreciate your giving us a northern perspective as well as some other perspectives as well.

Mrs. BACHMANN. Thank you so much. Congressman AKIN, you were also involved with the Declaration of Health Care Independence. I believe every Member here was involved with putting that document together. This weekend I was with Congressman GOMMERT, and one of his constituents walked up to me and handed me another thousand signatures that she gathered to sign the Declaration of Health Care Independence. Just in her sphere in east Texas, she got a thousand people to sign. I thought one voice that hasn't been heard real loud in the health care debate is that of the American people. She gave me not only a thousand signatures, she also took comments from the people. I wanted, if I could, just to read one page as my contribution tonight, because I think it is important here in the most important democratic body in the history of the world, the United States House of Representatives, the American people should have their voice heard tonight because they haven't had it.

So with your permission, let me read a few of those comments.

Mr. AKIN. That sounds like it would be very interesting, because we just had 2,200 people come to our town hall

meeting today. We should have had our Declaration of Health Care Independence there because you would have had another 2,200 people.

Please share their comments.

Mrs. BACHMANN. This is from Cheri Hamilton, who said, Stop trying to destroy this country. The health care system can be fixed without a takeover. Listen to the American people. Stop this socialist agenda.

Ted Mesjak: ObamaCare is a can of socialized medicine worms.

Duane Anderson: My wish for signing this petition is that it adds more fuel to fight the government takeover of my health care. The despair is that the government so far has not listened to my views or the views of others who share the same viewpoint.

Kathleen Somers: I do not want the current health care reform bill. It will put this country into further debt, and Obama and his administration need to work with Republicans.

Herbert Rudolph: As a senior citizen, I am absolutely sick and tired of the Federal Government interfering in my personal life.

Kerry Ferguson: It is our President and his congressional bullies began respecting the will of the American people. Please keep up the good fight for intelligent health care reform. We must get this right.

Mike Tarbert: Stop these idiots and have them change their meds.

Beverly Harper: This bill is a travesty.

Mary Baptista: I do not want the inefficiency of the DMV and the compassion of the IRS to be part of my health care. Less government and more freedom to choose.

They have a good sense of humor in east Texas.

Lorrie Breed: Let the States handle this. Governors can do this if the Feds will get out of the way.

Shirley Wahl: I expect that the Congress will vote what the American citizens want, and set aside their preferences in favor of their constituents.

Nancy York: Hear, hear.

And this goes on for a thousand different comments from people across the country.

And today I heard that a lot of the Blue Dogs, the so-called conservatives here in Congress, are starting to weaken. Their spines are starting to go. We all know this is going to break the bank, this bill, and yet it is these dear, sweet people from all across America who have been begging and fighting their own government to get their government to listen to what they want. And no less than CNN has reported that three out of four Americans don't want this current health care bill.

Time magazine last week reported, not exactly a right-wing news source, that the Obama administration is laying the foundation that within 10 years, we will have to pay double taxes before this health care bill passes.

So the American people have been desperately trying to get into this debate and get the American Congress to hear them, and the President. I think it is important, Mr. AKIN, that the American people know that we have tried to let their voices be heard here in the House. We are hearing them and we are trying to speak back to the American people. We hear you. We are fighting. Don't give up. We are not giving up.

I still believe it is not inevitable. If the people call, if the people go to their Member's office, we can still defeat this. I really appreciate you leading this Special Order tonight.

Mr. AKIN. I appreciate you, Congresswoman.

When we were at this last summer, the President said, I want a vote before we go on summer break. And you were pleading the charge last summer, saying, No, we are going to hold the line. Even though we are 80 votes short in the House, we are going to talk. We are going to take this battle to the American public. We are going to win the war of ideas.

What we have seen is we got past the summer. We got into the fall. After we got through the fall, it looked like if we could just get into 2010, it will be election year, maybe people will listen then. We saw at Christmastime, we saw the situation where the 60 Democrats got together and they passed it and it looked like we were really in trouble.

And what struck me, you and those on the floor tonight, and my friends and comrades, a band of brothers and sisters, have been discovering in our hearts what our minds knew for a long time, and that is when a group of people stand and do everything in their power to do what is right, they can call on the power of God to help them, just as our forefathers did, and expect to see unusual results.

When I saw Massachusetts with a Republican Senator, I had to start laughing. I thought, Boy, does God have a sense of humor. And we saw, while we didn't have any power at all, all we could do, as you are doing, just tell the hearts of the American people. Let people understand, you are not the only one out there who is feeling like you are crazy. You are not the only one who is starting to see that government is not the answer; government is the problem. The American public is making their voices heard, and they will make them heard in the elections coming up.

Thank you for joining us.

Congressman THOMPSON.

Mr. THOMPSON of Pennsylvania. Mr. AKIN, I want to come back to the chart you have there. It is a perfect capture of bureaucracy. Bureaucracy, one of the things that we talked about. We are all committed to lowering the health care costs for every single American. That is a principle that we

all should be doing the right things towards. And there are solutions out there that we have worked on and introduced. The Putting Patients First Act is just one of them that would bring the cost of health care down for everyone.

But I want to talk about the consequences of that chart, of this Senate bill which is being shoved like a freight train through Congress and on the American people. Over a hundred different mandates, well over a hundred different new bureaucracies are being created in health care. I will just come back to one that was created, and the practical impact of that, under President Clinton: the Health Insurance Portability and Accountability Act, HIPAA.

Everyone wants privacy when it comes to health care. It is a very intimate subject. That is why we don't want a bureaucrat involved in our health care. The portability part, I have to say, if that worked back in the 1990s, we would all be better if we could take our insurance with us where we went. But it didn't; it failed. But what it did do is put a layer of bureaucracy in our health care system that has just piled tons and tons of layers and money, money that is required to be spent to implement and execute that bureaucracy.

And you know where that money comes from? It comes from direct care. That is money that goes into—and when they talk about waste in health care, government mandates are a tremendous waste. That is how I got involved in public policy, actually, out of frustration, because I saw what the Medicare regulations, many of them, were doing to add cost and decrease access to cost-effective health care.

Mr. AKIN. So what you are talking about isn't exactly a surprise to us. You've been there, and what you are saying is health care is just what you expect. When the government does it, it is inefficient and it is a tremendous waste. And so to try and say, Now we have got Medicare and Medicaid that have gone bankrupt, and so give us the rest of health care to take over, there is a problem with that line of reasoning somehow.

Mr. THOMPSON of Pennsylvania. Absolutely. And what we are talking about today goes well beyond Medicare. I thought Medicare and Medicaid were complex. This new proposal, this Senate bill that is being pushed at us, HIPAA, the impact of costs on health care just from HIPAA were significant. If you multiply that times a hundred new Federal mandates on health care, and you multiply that by 150 new bureaucracies within the health care system, the ultimate cost of what this will cost our country, our citizens, and our health is just devastating.

□ 2210

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. AKIN. I'm going to yield to my good friend, Congressman BROUN, but I can't help but think that we need somebody who's a songwriter. Do you remember there was a guy in Boston that won a political race by writing that song, "Charlie the MTA?" It was a sad song about poor old Charlie because he's bound to ride forever because he doesn't have the last nickel for the fare that some politician was pushing, an increase in the rate of the train. But we could have poor Charlie trying to get through this mess, lost forever in this system trying to get his cold medicine, or whatever it is; he's going to get lost forever in that mess.

Congressman BROUN from down in Georgia.

Mr. BROUN of Georgia. Mr. AKIN, you made a very astute observation just a moment ago, and our good friend, G.T. THOMPSON, was just talking about something that I want to come back to, back to your comment that government is the problem.

Practicing medicine, I've seen the cost of health care go up for everybody in this country because of government regulations. And let me just tell you about a couple of things; one is HIPAA that G.T. was just talking about. HIPAA was totally unneeded, totally unwarranted. It's a law passed by Congress. It's a regulatory burden that's been placed on the health care system. It has cost billions of dollars and has not paid for the first aspirin to treat the headaches it has created.

Another bill that was passed, HENRY WAXMAN, Ted Kennedy, PETE STARK, and others, passed a bill a couple of years ago called CLIA, the Clinical Laboratory Improvement Act. I was practicing medicine in a small, rural community down in southwest Georgia. Prior to HIPAA, I had a fully automated lab in my office, quality controlled so that I knew that the results I got out of my lab were absolutely correct so I could give good, quality care to my patients. Congress passed CLIA, which shut my lab and every doctor's lab down in this country.

Prior to CLIA, if a patient came in to see me with a red sore throat, running a fever, coughing, runny nose, headache, I would do a CBC, a complete blood count, to see if they had a bacterial infection which needs antibiotics to treat it or a viral infection, which does not need antibiotics. They don't need to spend the money, they don't to be exposed to the antibiotics. I could do that test in 5 minutes. It cost 12 bucks. That's what I charged, \$12. HIPAA shut me down so I couldn't do that anymore, and I had to send patients over to the hospital to get the same test or else I just had to arbitrarily give them antibiotics so that they had the huge cost of going to buy those antibiotics. But if they went to the hospital, it took two to three hours and cost \$75. For one test, it went from

one \$12, 5 minutes to \$75, two to three hours for one test, for one regulatory burden. Now, you can multiply that over the whole course of the health care system in the United States and you will see that it drove up, markedly, the cost of everybody's insurance in this country.

Government is the problem. And getting the regulatory burden off of the health care system, getting the tax burden off of small businesses, we can literally lower the cost of health care and make it affordable for those that don't have the ability to buy it today. So government is the problem, and adding more government to it is going to drive the cost up.

Mr. AKIN. I think a lot of Americans have come to the same conclusion, government is the problem, and they want a whole lot less of it down here threatening them from D.C.

My good friend from Texas, Congressman GOHMERT.

Mr. GOHMERT. What you're talking about is exactly what Thomas Jefferson talked about when he said the natural course of things is for liberty to yield and government to gain. And I thought Steve Moore from the Wall Street Journal made a great point this morning, in talking with him, when he said, people inherently know in America that if you add 30 million people to the same health care coverage you're not going to save money. If you were to save money by adding 30 million people to our health insurance or Medicare, then, as he said, we might as well say, you know what? We'll insure everybody in China, and that will get us out of the deficit. It's not true; it doesn't work. We've got to be practical and stop government from taking over where liberty is yielding.

Mr. AKIN. Now I've got a question: Do you think that the guy that came up with the idea that if we add people that are uninsured to the health care situation it's going to save money maybe was the same guy that said the economy will get better if you spend a whole lot more money? I thought maybe they were twins or something like that.

Dr. FLEMING, just got a minute.

Mr. FLEMING. We're in the closing moments. I just want to touch on the process. We've heard about the Corn Husker kickback, the Louisiana Purchase, the Gatorade Carve-out for the Medicare Advantage in Florida.

Mr. AKIN. All special deals, yeah.

Mr. FLEMING. All special deals. And today we find out that yesterday or the day before our Speaker, Speaker PELOSI, made this comment, she said, We're going to have to pass this bill in order to find out what's in it. Now, we're talking about one-sixth of the entire economy here, and our Speaker has the audacity to say that we need to pass this crazy 3,000-page bill just to find out what's in it? And with that she's referring to reconciliation.

Mr. AKIN. That's an amazing quote, isn't it? We have to pass the 3,000-page bill just to find out what's in it.

Mr. FLEMING. Well, we learned with the stimulus bill that you didn't have to read it to pass it, so I guess maybe it just correlated with that.

Mr. AKIN. Well, there does seem to be some parallelism here, but it seems like it's close to insane almost.

We've got just a minute or so left, and MICHELE, I wanted to give you the last minute or two here.

Thanks, everybody.

Mrs. BACHMANN. Thanks, I appreciate it.

I want to go back to a little sign that LOUIE GOHMERT held up at the State of the Union speech, or something, the joint session, that said, "What plan?" Remember the President, at the 7-hour infomercial that was supposedly a summit on health care, he had a 12-page proposal. There was no legislative plan, there were no words on paper, and we didn't know how much it cost.

We Republicans are still in the dark, and I don't know if the American people know that. There is still no bill out there that we've been able to see. All these backroom deals that my good friend, JOHN FLEMING, is talking about, they're being cut on a bill not one of us has ever had a chance to read. Nobody has read the bill that these deals are being cut on. Every bit of this, every word in this bill is all behind closed doors, and these backroom deals. And no one is going to know about what all these deals are until it goes through.

But just to give the American people a chance, let me read a couple more. Judith Kaminsky: "To force unwanted, expensive, unconstitutional health care laws on the United States is not only a blow to capitalism, but a dismembering of our way of life and our rule of law. It's criminal to push so hard for something as unhelpful, unsafe, unpopular, and uneconomical as the current administration's want list. There are better ways to achieve a desirable outcome for the changes that might be necessary."

Mr. AKIN. Let's elect her to Congress. That's a good idea.

I think we're about out of time here. I just want to thank the A team for coming out tonight, just a great discussion.

PRESIDENT'S BUDGET ON NASA

The SPEAKER pro tempore (Ms. CHU). Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. OLSON) is recognized for 60 minutes.

Mr. OLSON. Madam Speaker, tonight, my colleagues and I would like to share with you and the American people our deep concern with the effects of the President's budget on NASA.

By overwhelming concern with the decision to cancel the Constellation

program, there are several reasons why this is bad for America, about which my colleagues and I will go into more detail over the next hour.

□ 2220

Madam Speaker, Constellation was and is the right path forward to maintain America's leadership in space.

Just this past week, the Constellation program successfully completed its preliminary design review. This is a milestone towards future development. This is a major programmatic milestone that should be noted and applauded by all of us in addition to the successful test launch of the Are's I-X rocket back in September.

Madam Speaker, I am going to talk tonight about a couple of issues: national priority; national security and how important NASA and human spaceflight is for that; inspiration for our youth; and our educational purposes, particularly in the discipline of STEM—science, technology, engineering, math—and the technological benefits that every American, every person in the world, has gotten from NASA and human spaceflight.

America's global dominance in space exploration has always been for so much more than just the race to be first. It has signaled a commitment from our Nation to forge a path. Previously unimaginable scientific and technological discoveries are born both from necessity and from risk-taking. They are born out of unexpected consequences. It has been said many times before that it is not just the destination but the journey.

The journey on which our space exploration program has taken the United States has given rise to our global leadership on many, many fronts. Our Nation's global dominance in human spaceflight has coincided with our status as the world's only superpower, which is not by accident. The national commitment to be the best in national security and in space exploration goes hand in hand. That is precisely why there is always such strong bipartisan support for NASA and for human spaceflight.

Abandoning the enterprise of space exploration is a striking decision because it violates something that makes us human—the desire to know new things through personal experience. As Americans, our heritage is about exploration. Our nature is to seek out the unknown and to explore. The administration's decision to kill the Constellation is an affront to that heritage.

America cannot escape the irrefutable fact that to fly regularly into space is the most difficult technological challenge that we know is possible under complicated and expensive scenarios. Even when done successfully, it is difficult and dangerous. In the half century we have been putting human beings into space, we have lost

three brave crews. The support that is needed requires an overarching vision that requires political courage. As he stood on the football field at my alma mater, Rice University, President Kennedy had that political courage when he made the commitment to go to the Moon by the end of the decade.

A person either believes that expanding the range of human action is a noble undertaking, worthy of the cost and the risk, or a person does not. I fundamentally believe that this goal represents the heart of American entrepreneurialism. It is what sets our Nation apart from the rest of the world. It is why Russia, China, and India are making the investments necessary to catch up or to even surpass us.

Is human exploration worth the cost? If Americans question this, then we should ask why other nations are desperately ramping up their human space exploration.

What do China, India, Japan, and Russia know that we don't know? They clearly know what America has known for years, which is that the direct investment alone is worth the cost and that the indirect benefits have provided economic drivers and scientific discoveries that have far exceeded expectations.

Think about what human spaceflight has done for America. There is the Hubble space telescope, one of the greatest pieces of technological advancements in our society. Unfortunately, when it was launched, it was launched in a flawed vehicle. It had a flawed refractory mirror on it. It was basically a \$2 billion piece of junk that we put into orbit.

Yet, because we had a human spaceflight capability and because we had men and women who were willing to take the risk to go into space, they went up and repaired the Hubble telescope four times. They brought it back, and made it one of the most incredible pieces of technology in our society. They brought back images from across the solar system and the universe. It wouldn't have happened without human spaceflight.

We risk losing this with the President's budget. The President's decision of NASA's role in human spaceflight is not only a step back for America; it is a calculated decision that says we aren't up to the challenge.

Yes, our Nation is in a fiscal situation that should force us to examine our spending priorities. We may disagree on how our limited resources should be spent, but there are fundamental national priorities that are worth the investment. Abandoning human space exploration isn't the tough decision that America needs.

We need leadership that clearly states we will not cede our leadership in human spaceflight to any other nation on Earth. We should not hand over

space to the Russians, to the Chinese, or to India. If we stay on the path the President's budget lays out, the United States faces the very real and very humiliating prospect of paying billions of dollars to Russia for years to hitch rides to the international space station, which has been largely built by American taxpayer funds.

We used to pay the Russians just over \$20 million to take one of our astronauts to the space station. They have learned capitalism very well; and now, this year, it is going to cost us \$50 million, which is more than double the price that it was last year. That contract only extends through 2013. So, in all likelihood, we are going to have to renew another contract with them in the future. They have got a monopoly. They are going to charge us whatever they want, and we are going to have to pay it if we want access to the space station, which, again, the American taxpayers have largely funded.

This is unacceptable. We need to stay the course with the Constellation to make sure that we minimize that gap and to make sure we get our astronauts delivering our people to the space station and beyond—to the Moon and beyond.

Even more unsettling is knowing, when we finally have the ability to get there on our own, we may find the Chinese are already there and working it. Their goal is to be to the Moon by 2023. The United States' goal: question mark. We don't know when we're going to be back to the Moon, if at any time in the near future. Americans have rightly grown accustomed to serving as the global leader in human space exploration. Sadly, we will be in for a huge shock when reality sets in that we no longer hold that title.

NASA has long been a cradle for innovation. Without human spaceflight, where is the incentive for future scientists and engineers to take up these careers?

Human spaceflight is so much more than the basis for an inspirational movie. It is the heart of American ingenuity; and in our pioneering nature as Americans, we say, Place our Nation at the forefront of technology and science. Madam Speaker, we must make the commitment that America will always stay number one.

I urge my colleagues to look closely at what our Nation has achieved through our leadership on human space exploration and to think about what is at stake if we walk away.

I have some of my colleagues here tonight whom I would like to recognize. One is my good colleague from Louisiana, Congressman CAO.

Thanks for coming tonight, ANH. I look forward to your comments.

Mr. CAO. Thank you very much, PETE.

I know that the NASA program is extremely important to your district,

and I know that it is very integral in providing good jobs to your people in your district. It is also the same with mine. I have a NASA facility plant in New Orleans East, a facility that is called Michoud.

Earlier this year, President Obama released his 2011 budget. To my surprise and to the surprise of many other Members—I'm pretty sure you're included—the President recommended canceling NASA's Constellation human spaceflight program. During a time when our space shuttle program is phasing out, I am very concerned that this decision will leave our Nation with no means of transporting our astronauts to and from the international space station. It could set the U.S. space program back decades.

Nearly 50 years ago, President John F. Kennedy showed remarkable vision when he directed NASA to launch the Apollo program to the Moon. America remains the only country in the world to have landed a person on the Moon and to have brought him back to Earth safely. We have achieved what people once thought to be impossible because we pushed ourselves and because we challenged our understanding of science and the universe. To this day, we still enjoy the countless benefits reaped from the first spaceflight.

Technologically, NASA is regularly commercialized, and it can be found in countless products, like in improved medical devices, in household smoke detectors, in barcode scanners, and in every computer.

□ 2230

So we see that the technology from spaceflight is incorporated into our everyday lives.

It has also allowed us to improve weather forecasting, which is extremely important in Louisiana, given the threats of hurricanes and tornadoes and what have you in the region. If you were to listen to the former NASA Administrator, Dr. Mike Griffin, he wrote, "I believe that this budget request advocates a strategy that is, frankly, disastrous for the U.S. human spaceflight program."

Harrison Schmitt, former U.S. Senator and Apollo 17 astronaut, said, "It is simply bad for the country."

With the loss of our manufacturing base, many jobs have been moved to other countries. The manufacturing of the space vehicle is among the very few areas where we still enjoy a technical advantage, and I think it is extremely unwise to give it up.

Like you said, the Chinese are pushing to bring a person to the Moon. The Russians are continuing their space program, and I am pretty sure that they are catching up with us in the technical field to put a person on the Moon and beyond. And we, as one of the most powerful countries in the world, the most advanced country in

the world, we are scaling back on our space program, one of the few areas where we still have a technical advantage beyond other countries.

The Michoud facility in my own district was slated to build components of the Orion crew module and the Ares 1 and Ares 5 cargo rockets. Michoud faces the prospect of losing thousands of high-skilled jobs. In a time in which we are trying to preserve jobs, trying to create jobs, this cut will destroy jobs. With the Michoud facility facing a reduced workforce of 1,000 employees, that is 1,000 good-paying jobs that we can preserve and we can retain.

We have this world-class manufacturing facility in New Orleans which has been used to build the Saturn rockets for the Apollo program and the main fuel tanks for the space shuttle, among many other notable achievements, and we will lose all of the experience and all of the manufacturing jobs, along with \$9 billion of taxpayer money that could have been spent on the Constellation Program.

Some have made the argument that the future of manned spaceflight is best outsourced to the private sector, as indicated in the budget proposal. But I think, though commercial spaceflight is a promising and exciting endeavor, and we need to keep those programs in our country, in our districts, to provide those good-paying jobs to our people. If we are trying to preserve jobs in the United States, I think it is unwise to outsource those good-paying jobs to other countries. Institutional knowledge of over 40 years of human spaceflight would be lost under the current budget proposal.

Just to close, I just want to quote a statement given by Charlie Duke, an Apollo 16 astronaut. He said, "We cannot afford to lose our leadership in space. The Constellation Program must be continued."

You know what, PETE? I cannot agree with him more. I am pretty sure you can also agree with me on that assertion. Thank you very much for your hard work and dedication to this project.

Mr. OLSON. Thank you for those very kind comments, and I couldn't agree with you more. One of the problems I have with this decision is how it was sprung upon all of us.

I am the ranking member on the subcommittee that has jurisdiction over NASA, and I found out, like probably all of you, everybody here in the Chamber, by reading the newspaper. No one ever gave me a heads-up that this was coming. Nobody ever gave our ranking member a heads-up this was coming. I don't think even the chairman of the committee had any knowledge that this was coming. It seemed to be a small little cabal in the White House that made this decision that has a tremendous impact on our society.

You mentioned the loss of jobs. There are going to be thousands and thou-

sands and thousands of good-paying, high-tech jobs, the kind of jobs we want here in America, that are going to go away. As you alluded to, once those people walk out, they are gone.

Mr. CAO. And I do recognize that we are facing a budget problem, a budget crisis in this country, and we have to cut costs, but I believe that we have to do it in a responsible manner. Cutting one of the few areas in which we have an advantage over every other country in the world seems to me to be a very unwise decision.

Mr. OLSON. Again, there is no reason why we should ever, ever, give up our leadership in human spaceflight. We have worked for it from the onset, over 50 years ago now, almost 50 years ago since NASA was formed.

Again, you referred to President Kennedy's speech. The ultimate called shot; we are going to be on the Moon by the end of this decade. And we were behind the Soviets, as you remember, at that time. We hadn't done anything. Yet because of American ingenuity, American persistence, and American innovation, on July 20, 1969, Neil Armstrong backed down that ladder, put that foot on the lunar surface, and uttered the famous words that every American knows, "one small step for man; one giant leap for mankind."

I agree with you, we cannot give that up. I think if you could talk to Astronaut Schmitt, Apollo 17, that was the last Moon mission, and if you could have talked to him when he got back home and said, Well, you know, sir, we are not going to be back for at least 40 years, he would have taken money and said, No, we are going to go back. We are going to be there over and over. We are going to be at Mars by 40 years from now.

Unfortunately, we are looking at cutting the program and continuing our domination of low-Earth orbit, which the Augustine Commission that the administration cites as sort of the bible for their action also here basically said, the front page of their summary, we are done with low-Earth orbit. There are no more challenges for our Nation in low-Earth orbit. We have got to fund a fantastic space station up there that is delivering science and discoveries to us every day, but we are not challenging ourselves from an exploration perspective going beyond low-Earth orbit.

We have to do that, and the Augustine Commission recognized that, and killing the Constellation just completely curtails that. There is no plan to get beyond low-Earth orbit. And, quite frankly, that is not what our country wants. That is not what we need. As you alluded to, we are number one, we have been number one throughout history, and we should never give that up.

Thank you for your comments.

Very briefly, I would like to talk about sort of the education perspec-

tive, some of the issues involved with promoting our youth and getting them involved again in the STEM disciplines, the science, technology, engineering, and mathematics.

When we think about the new competitive global economy, we know that China and India don't hesitate to encourage their top students to pursue science and math careers. They know that it is this expertise that will dictate their countries' futures. Unfortunately, these are the careers which America is losing ground on, calling into question our own future.

The problems with U.S. test scores and recruiting teachers in science, math, and engineering fields are well publicized. U.S. students lag well behind their Asian and Indian counterparts, and we risk losing the level of excellence in science, research, and innovation that is necessary to meet the needs of our future.

Harvard University and many others recruit top students from China to be educated here in America. Why? Because Chinese students are laser-focused on a top education, and their test scores reflect that. Unfortunately, after those students receive a top-tier degree at an American school, they go back home and return to their country and we will not benefit from that knowledge that they got here in America. And here at home we have some American students graduating from high school needing remedial math courses to begin college level math.

□ 2240

We have a shortage of teachers to inspire young minds and we have deemphasized the pursuit of solving difficult problems and seem to choose the path of least resistance. While the solutions to those problems may require a great national epiphany, we do see small but important steps taking place every day across America. The Johnson Space Center in the district I'm fortunate to represent in Houston hosts several programs in which employees volunteer their time to mentor students in math, science, and engineering.

Just recently, just this past Monday, I was pleased to be present when Hannah Gorse, a student at Pearland High School in the district I represent, won a slot at the prestigious NASA High School Aerospace Scholars Program. Hannah is a junior there at Pearland High School. She told me that all she wants to do when she grows up is become an astronaut or an aerospace engineer and work in human spaceflight exploration. As part of this program, she designs things. I was stunned. She designed a CEV—a crew exploration vehicle. A lunar rover, for those of you who have been following the space program. She's designed parts to a shuttle; she designed components for the international space station, all as part of this program.

Madam Speaker, Hannah is the kind of student we want to get the math or science degree and channel her intellect toward great achievements in human spaceflight. We cannot take that inspiration and opportunity away from our students. And we do exactly that by killing the Constellation Program.

The NASA High School Aerospace Scholars Program allows students to write essays, solve math problems, design upgrades for the international space station, like Hannah did, among other projects. It's coordinated, as I said, through the Johnson Space Center, and serves as a valuable tool for students like Hannah to encourage them to pursue the career degrees in math and science. These innovative initiatives encourage and inspire students to be the pathfinders we want when we show the way forward. These young leaders will scale greater heights in their critical careers that will help develop new technologies in science, engineering, and health care.

There's another opportunity for our Nation through the government to have a role in this solution, but to do so we must fully commit to our Nation's human spaceflight program. The Constellation Program is that program. A robust national program like Constellation maintains our global leadership in human space exploration and inspires generations of young minds like Hannah Gorse to create the next level of American superiority. As we speak, China and India are demonstrating their commitment to human space exploration, and they have the students graduating with the degrees to get the job done. Again, the Chinese plan to be back to the Moon between 2025 and 2030. The United States has no plans to go back to the Moon at this time.

Space exploration has always been a primary motivator for students to pursue careers in math, science, and engineering. Children stare up at the stars or watch grainy footage of the first man on the Moon or watch a shuttle blast off at nighttime, and a future scientist, astronaut, or engineer is born. As it stands now, the administration's budget is putting the U.S., the global leader in human spaceflight exploration, firmly into fourth place. Without a manned space program, again, we will be forced to pay Russia over \$50 million per astronaut to give access to the international space station.

The United States has been a beacon of cutting-edge technology when it comes to pioneering the path in science and space exploration. We were the first to set foot on the Moon because we made a national commitment to being first and being the best. That's what America does. We must continue that investment so our next generation reaps the benefits of excellence in science, math, engineering. Human

space exploration is part of that national plan. There's still time to correct our national decline in both education and space exploration. They go hand-in-hand.

Madam Speaker, a strong human space exploration program is a key motivator for America's students to pursue careers, again, in science, math, and engineering that we desperately need to compete globally. It requires a national commitment, both public and private. That is America at its best—and that's what we want to keep. We do that by maintaining the Constellation Program.

If my colleague from Utah would like to speak to some of these issues, I yield the floor to him.

Mr. BISHOP of Utah. I thank my good friend from Texas for yielding me some time on this significant issue. I have read some of the comments that have been made in the past, saying, You're a conservative. NASA is saying in this new budget that they want to commercialize and privatize the program. Why aren't you supporting that? I have to admit, I think it comes down to an issue of semantics. When I think of privatization, I make three assumptions: It will cost the taxpayer less money, there will be a smaller government force in use, and there will be a better product.

I think, as the gentleman from Texas would agree with me, this plan that NASA has put forward doesn't do any of those. Indeed, it costs more for a NASA budget. It increases the cost that the taxpayer will be spending on NASA. There are no Federal jobs that will be eliminated, only private-sector jobs, to the tune of about 30,000 jobs nationwide of scientists, engineers, mathematicians, those kinds of jobs that we don't really want to lose and we're trying to encourage young students to go into, and there is not a better product.

As the gentleman from Texas said, it was ironic that the other day the Constellation Program passed their predesign review, which means after expensive engineering and technical checks, they passed everything. There is nothing technologically wrong with Constellation. It is ready to go forward. Ironically enough, on that very same day, one of the alternatives that the NASA administration would like us to fund was having a test on their engine, and it was a total failure. Ironically, NASA didn't publicize either of those events—the engine failure or the complete success in the predesign and review of Constellation.

So let me just spend a moment and talk about these commercial startup enterprises that NASA administrators are telling us they want to transfer all American taxpayer moneys into going into this direction. These are programs like Rocketplane Kistler, which after a 14-month review or alliance with NASA, was terminated because it

failed to meet any of its goals. Or, SpaceX, which over 8 years working with NASA and being funded by taxpayer money, has had a 40 percent success rate. The Falcon 9 was supposed to be ready for flight in 2009. It's not there yet. It is now scheduled for sometime in 2010, but that was the engine failure that I talked about that happened this very week. They are behind. They have already received \$158 million of tax money, but obligations of NASA run in the multibillions of dollars.

Orbital, another of those companies, is 7 months late on all of their assignments, which means if you actually look in the proposed budget, there is \$312 million assigned to a category called: Additional incentives for commercial cargo providers. If you want to take the spin off of it, it's a bailout for these companies who are not meeting their deadlines, who are not providing the product.

After \$600 million to these kind of companies, NASA can clearly say they have no hardware to show for it. They have no services that have been delivered with it. There are no intellectual property rights. And this is what certain administrators within NASA call the "bold new direction for this country." It is ludicrous.

When the *Columbia* accident occurred—and was a tragic event all of us mourned—there was an intense study to find out what went wrong and how to prevent it. And they came up with two goals: that if there is an entity that's going to be successful, they have to first have a clear goal of what their mission is. And second, they have to have an ultimate emphasis on safety.

Let me talk about safety for just a moment, because the Bowman report, as much as we may not like it, clearly said the Federal Government's supervision in this area produces a safer project. But in that report as well there was a mandatory report given by the Aerospace Safety Advisory Panel after that *Columbia* accident. In the report in 2008, in which the current chairman—General Bolden was a member—as well as this year's report, at no time were they supportive of making entrepreneurial commercial options the primary means of U.S. human spaceflight.

□ 2250

So what were they supportive of? Well, Constellation. Time magazine this year—actually I'm sorry, the end of last year—came up with their 50 Great Inventions of the Year. And what was the invention they rated number one? Ares, the Ares rocket which is part of the Constellation program. That's what they did.

In the official report to NASA, it says, The simplicity of the Ares design makes the mature Ares 1 clearly superior to all other vehicles no matter what choice of qualification method.

Even accounting for error bars on method and model inputs, Ares 1 is superior to all other options with more than a 90 percent confidence.

In short, results suggest that the Ares 1 launch vehicle is clearly the safest launch vehicle option and the only one that can meet the goal post-*Columbia* of having a launch vehicle that was 100 times safer than the space shuttle which it was designed to replace. What they are doing, simply, is Constellation is meeting the goals.

Now, once again, the goals are somewhat nebulous. If you don't have a goal, almost anything you appropriate can meet your goal. And I am suggesting that the NASA administrators right now do not have a clear goal.

Deputy Administrator Garver gave a speech today over in Maryland in which she said that the President's budget should be approved by Congress because it will enable NASA to align with the priorities of the Nation. And those priorities, these key national priorities that I am referring to are: economic development, ending poverty, hunger and creating jobs; international leadership in geopolitics, or world peace; education; and environment.

Now, I hate to say anything, but in 1958 when NASA was started, their goal was to—and I will quote, Provide for research into problems of flight within and outside Earth's atmosphere and to ensure that the United States conducts activities in space devoted to peaceful purposes for the benefit of humankind. Nearly 50 years later, NASA proudly pledges to redefine what is possible for the benefit of all humankind by using NASA's unique competencies in scientific and engineering systems to fulfill the agency's purpose, to pioneer the future in space exploration, scientific discovery and aeronautics research.

Mr. OLSON. If my colleague would yield for a quick question. So economic development, international global leadership and education?

Mr. BISHOP of Utah. And environment. I think at some time, Ms. Garver needs to explain what she meant, as this is the priority of NASA now when, in reality, this should have been the priority of NASA. And once again, if you have those goals, I think it makes sense to take away the program that everyone who knows what they are talking about says is clearly the best innovation we have and the only way of supplanting the space shuttle with safe vehicle mechanisms for the future and for manned space flight. But once again, if your goals are to eliminate anything that deals with the traditional role of NASA, then perhaps those goals aren't significant whatsoever.

I have one last area, and if the gentleman from Texas has time, I would like to go into that or I could wait if you would like to.

Mr. OLSON. Yes, sir.

Mr. BISHOP of Utah. Let me try one last thing. We talk a lot about the industrial base. It's a term that maybe not a lot of people understand. As I define the industrial base, I simply want to say that the kinds of people, the kinds of jobs that put a man on a rocket and shoot him to the Moon are the same kinds of people and the same kinds of jobs that build our missile defense against those who wish to attack this country. That is our industrial base.

Last year, this country engaged in some significant—and I think unwise—decreases in our military missile defense system, and it had the effect of putting our industrial base in disarray.

However, if now NASA goes through with this, I think, unwise and naive approach of canceling Constellation, it is going to destroy that industrial base, which means not only will you not have the ability of putting a man in space very quickly with a program that works. If, indeed, our projections of the threat of countries like North Korea and Iran are underestimated, we will have no capacity to ramp up for a missile defense future.

Now, what that simply means is—and the Pentagon has recognized this—last year, three different reports came to us. In April of last year, the Defense Department report to Congress on the solid rocket motor industrial base said, If there was a delay in Constellation, it would have a negative impact on our defense system. Next month after that, there was another report. This time the solid rocket motor capabilities report to Congress in June which had a different conclusion. This report said, If there was a delay in Constellation, there would be a significant negative impact on the military capabilities of this country.

Later, the Assistant Secretary for Defense for Acquisitions sent us a letter in which he simply said that the technological base in the world is not a birthright which means several years ago the Air Force dropped all of its military missile plants to build these projects. We are relying on the private sector, and it's into the birthright. It's about certain kinds of jobs, very rare kinds of skills that are not easily replicated in the commercial world. And if we allow them to erode, it would be difficult to rebuild.

Mr. OLSON. Would my colleague yield for a question?

Mr. BISHOP of Utah. Please.

Mr. OLSON. What kind of consultation went on with DOD, with NASA and this decision? I heard press reports that said there was little, if none. DOD, just like you and I, woke up and read the paper and saw what had happened had not had any opportunity to let the powers that be, the administration know that you are putting our national security at risk by cutting the Constellation program. I wonder if my col-

league has heard anything along those lines.

Mr. BISHOP of Utah. If you would yield, I will try to come up with that because, indeed, the deputy administrator of NASA said that she did have consultations. But one she said she consulted is the very same person who said that if it's allowed to erode, it would be difficult to rebuild.

I'm on the Armed Services Committee, and we had the opportunity to question Secretary Gates when he came in. I asked if there was any consultation. He said no. I asked the same thing of the Air Force chief, if they had had any consultation. His response was over this entire issue—and I added the Minuteman III issue as well—We recognize not just the Minuteman challenge going forth but a broader industrial base issue which we're going to have to wrestle with this year. So we do not right now have a long-term solution to that in hand, which means that the Defense Department was caught unaware.

There was no communication between NASA and Defense. If, indeed, there was, then clearly NASA was not listening to what was being told to them because we have had a year of comment from the Defense Department and from the Pentagon, saying that this is a significant issue, that if, indeed, North Korea and Iran have a greater capacity than we think, and you've destroy the industrial base, we do not have the capacity to react to it and defend this country.

Now, what we are simply doing in this program is not just dismantling our manned space mission. We're not just losing the ability to go up to the Moon and beyond. We are also destroying our defense capability at the same time, and that is a consequence of this rash and naive proposal that has to be fully explored, and this Congress needs to address because it is the future of this country.

This NASA opinion, in my estimation, is nothing more than managing America's decline in the world, and that is not the role we should be doing. That is not the purpose of this country. That's not the purpose of this Congress. This Congress needs to make the clear statement that NASA is going on the wrong approach. It has to have a proper goal for its mission. It has to properly fund its goal for its mission. This, the Constellation, is the solution to the space shuttle and beyond.

Mr. OLSON. Yes, sir, I couldn't agree more with my colleague from Utah. And just to reinforce some of your things for my people back home, one of the things I heard being at the Johnson Space Center this past Monday, numerous people came up to me and said, What's our plan? I mean, what's our mission? This is an organization that has been focused on a mission for 40 years. And right now, they have no

idea what they're working towards. Some nebulous stuff about global warming research, climate change research, developing the private sector doesn't do anything to inspire them.

Again, these are the best, most qualified engineers, propulsion people, defense, as well, in the world. And we are giving them no mission and possibly letting them walk out the door. Once they walk, they're gone.

□ 2300

Mr. BISHOP of Utah. It is not wise for us to take our 30,000 best scientists and engineers and give them pink slips.

One thing you said as well, when John Kennedy gave us the challenge to go to the Moon, those people who started to study engineering, science, and math, it skyrocketed because there was a challenge. There was a mission there.

NASA is talking about all kinds of programs to encourage kids to get excited about space with their summer school programs. They instituted a new computer simulation game so students could pretend to go up to the space shuttle. I am contending to you, it is cruel to excite these kids about this future when you give them no realistic way of exercising that dream because we have stopped the mechanism of doing it.

Once again, as we should have learned out of *Columbia*, we have to put safety first. This program is not. And secondly, we have to have a clear goal. If we don't do those two things, we are courting another disaster. This plan of certain NASA administrators is courting another national disaster.

Mr. OLSON. My colleague, getting into the safety issue, which is a big issue, has NASA published any safety regulations or requirements for the commercial spaceflight operators? I have had many come in my office and say they are working towards that, and I have gotten information from other people who say, no, NASA has not published anything yet. Have you heard anything?

Mr. BISHOP of Utah. To my understanding, that has not taken place because those other commercial endeavors are not far enough along in their testing and their success pattern to be to that stage. Once again, it goes back to why we should keep Constellation. It was designed to have that factor of safety. That was the purpose for its design. That is its simplicity. For example, there has to be a way of escaping. That is the Orion capsule, where people will be kept. It has to have an escape process. None of the other commercial ventures have any kind of plan or design for that component yet, and it is a long, long way away.

Mr. OLSON. Yes, sir. And there was an issue with that as well. The administration put out, as I understand it, the test was supposed to be in your dis-

trict. It was supposed to happen in April, and there was a notice to cease and desist, and we contacted the administration, a bipartisan letter, saying I'm sorry, Constellation is the law of the land. You don't have the ability to cut and choose programs that you don't think are going to be valuable or project into the future, because the President only has a voice in this. Congress is the final authority.

I thank my colleague for coming here late because you speak the truth. It is a battle that we can win. The American people get this. Thank you again for your time tonight.

Finally, I would like to finish up with talking about some of the technology issues associated with Constellation and its cancellation.

The administration's budget plan again cancels NASA's Constellation to develop vehicles that will ensure America has access to space and capabilities to go beyond low-Earth orbit. But what they have done, they have eliminated Constellation which does that in favor of undefined "game-changing technology efforts" without clearly defined goals and metrics.

This is exactly what my constituents back home are saying: What is our goal? What is our mission?

In my experience, whenever someone, whether it is a company or government agency, proposes that some new radical breakthrough is just around the corner and will provide the solutions to all of our problems, I want to immediately grab my wallet, button my back pocket, and hunker down. Spaceflight is governed by the laws of chemistry and physics, and there are very few game-changing technologies.

I want to say that I am an avid supporter of NASA, and I think technology development is an important part of what we have gotten from NASA. New technology is one of the many benefits we get from human spaceflight, but that technology development must be the result of a mission-driven pursuit with clearly defined goals and objectives. Like my colleague mentioned, the difficulty of the mission is what forces the development of technology. The proponents are always ardent and sincere in their desire to make a difference, but history shows that it is not an effective way to manage programs.

I want to explain how the misguided quest for game-changing technologies and flexible paths similar to what is currently proposed have led to wasteful and ultimately futile spending efforts over the past 18 years.

This is a chart of NASA's human spaceflight development programs from 1992 to 2010. The red areas are cancelled programs; blue, completed programs; ongoing, yellow. As you can see, we only have two ongoing programs out there right now, and they are the commercial private programs.

We have got the international space station still rolling strong, probably going to go beyond 2015 to 2020. We have completed a superlightweight tank, completed the X-43A, but then ran into the X-43B and cancelled that program. And then the only other thing we have was the DARPA program, which failed. This is one of the challenges of NASA. We have gone through all of these programs and changes with different administrations, and we are looking to do that right now, another change, a huge change in our human spaceflight path by shifting gears to the program of record, the Constellation Program, and going to some unknown, unproven technology from the private sector.

I support the private sector. I think they have a role in certainly some cargo resupply of the space station, but they need to prove that they have the capabilities, and they are not close. As my colleague from Utah alluded to earlier, they had a firing of an engine, and I believe some of the fire came out towards the side. Everybody here knows that rockets, it needs to come out the bottom and generate propulsion up. Coming out the side is not something that you want to see. That is what we are dealing with right now. That is what the administration has chosen to hang our future in human spaceflight on. I think it is an incredibly poor decision.

Congress, we have seen a number of game-changing proposals over the years. Again, this graph shows all of the different programs that have been "game changers," and the blue ones are the only ones that actually came to fruition.

What this represents are billions of dollars being spent without anything to show for it. Again, the Constellation is on track. We have had a very successful test launch of the Ares I-X. We passed our PDR this week. This program is the program of record. It deserves to go forward. It is in America's best interest, and we need to stay the course, put Constellation, bring it up and put U.S. astronauts in space again, get rid of that gap with the space shuttle being retired, get our astronauts up there again, going to the space station and going to the Moon and going beyond.

It is up to Congress to remember the lessons of the past and ensure that the administration's ill-conceived proposals are thoroughly reviewed. We should not agree to open-ended, unproven, unconstrained technological demonstrations. Anything we agree to must be clearly defined. NASA must show us how and why it is included, and it should be part of an as yet to be defined broader goal for human spaceflight exploration.

Would my colleague like to add anything?

Mr. BISHOP of Utah. I would just like to echo what you have said in all

of these particular areas. It is important that we move forward. I think it is common sense that we do not cede space to the Russians and the Chinese. The United States has been a leader in this area. It has been very productive for us. We ought to ensure that our goal is to be number one and to continue to be a leader.

Having our astronauts standing on the edge of space trying to catch a Russian taxi where the meter will say \$51 million as soon as they sit down is not the way America becomes a leader in this particular world. We have the ability to do the right thing. It is planned. We need to follow through with the original plan and not change courses right now to an experiment that is unproven and has a history of failure.

I appreciate the gentleman for allowing me to join him tonight. This is an important issue for all of us, and it is important for America's future.

Mr. OLSON. You raise some great points. Again, \$51 million to put our astronauts on facilities to get up to the international space station. As I understand it, that contract has been signed through 2013, and it is highly unlikely given the current situation, and certainly a cancellation or with the attempted cancellation of the Constellation Program, that we will have the capability to get our astronauts up to the station by 2013. It will probably be 2015 or somewhere in that window.

The Russians were a communist country when I was born. They have moved over to capitalism. They have figured it out. They have it down. It was \$20 million last year. Now that we are in the throes of this, getting rid of the Constellation and having this gap, it is up to \$50 million, and who is to say what it is going to be after 2013 when the contract expires.

□ 2310

So we've got ourselves in a big pickle, and we need to stick with the program of record.

Madam Speaker, I would like to thank my colleagues who have joined me here tonight, and I saw my colleague from Houston, my fellow Texan come here.

It's just stunning that this decision has been made, and again, the manner in which it was made. No one at the NASA centers—not the director of the Johnson Space Center, he was not consulted—had any input into this decision.

Across the center, again, Congress, no one that I'm aware of, had any inclination of what was going to happen until he got up and read the paper and saw that the Constellation Program had been canceled. And again, if it's allowed to stand—and we're going to do everything we can here in this Congress to ensure that it doesn't stand—but if it's allowed to stand, it condemns the United States to being an

average country in terms of human spaceflight, giving up the leadership that we've had for almost 50 years now. It will ensure that we will lose hundreds of thousands of jobs here in America, good paying high-tech jobs, the kind of jobs we are trying to generate particularly in this economy. And it will take away the inspiration—you can't put a dollar value on this, but the ability to inspire America's youth to get into science, technology, engineering, and math degrees.

The Constellation Program is the right program for our human spaceflight efforts at this time in our history. We can't cancel it. We need to go forward and do everything we can to minimize that gap.

To my colleague from Texas, from the 18th Congressional District of Texas (Ms. JACKSON LEE), thank you for coming out tonight, Congresswoman.

Ms. JACKSON LEE of Texas. Thank you very much, Congressman OLSON, and to the colleagues that have joined you tonight and who recognize the importance of this hour, albeit how late it might be, to really emphasize the uniqueness of America's space program and the uniqueness of, if you will, the human space exploration.

As I was listening to the debate, I was very much convinced that we do have an opportunity to save this valuable asset. I think we know that the NASA budget actually, as I understand it, has seen an increase in 2011. And I think all of us would admit—and thank the President—that's a good thing that the budget itself has increased, but we know that the program that deals with exploration to the Moon and Mars have suffered a blow.

So I would say that we have an easy fix, a reprogramming of the moneys to allow for a program that has now had a sufficient start to be able to redesign itself, to be able to focus on what's important about human space exploration. But the main thing is to save it, because when we save it, we not only save jobs of today—Johnson, Huntsville, Mississippi, Florida, and places around the Nation—but we save the jobs for 2020, 2030, 2040, and beyond.

I think it's important for our colleagues to know that we built the space station. I was on the Science Committee. That space station is barely a decade old—it is a decade-plus. We put it together piece by piece. And when our friends, the Russians, were delayed, they had bad economic times, we moved on.

The space station is the size of a football field. And the necessity of human space exploration is to be able to tend to that space station which has the possibilities of massive research that creates jobs.

Let me thank my friends on the floor. And Congressman OLSON, let me thank you for your leadership—we

have joined you in this bipartisan effort—for signing onto the legislation, H. Res. 1150, which establishes or, if you will, determines that NASA is a national security asset, and it is. Because involved in NASA is much of our military science, climatic science, and technology not yet discussed or discovered.

And so I would rise today to support the moving forward on the Constellation Program, but also the working with this administration. I think we all know that we have a leader at NASA who knows Houston, for example, but also knows the human space exploration program. General Bolden was an astronaut and a marine. That's good news for us. And the reason why it is good news is because that is a voice that can be part of this discussion.

I don't take the initial budget by the President as a statement that human space exploration is not good. And I think it is important tonight to take a stand for our continued effort and energy in working to bring about the right kind of response between the Congress and the administration, a budget that is right there in the President's budget, one that can be reprogrammed, reformed, enhanced, if you will, to emphasize the importance of saving the space exploration, this Constellation Program.

Now, let me say this, Constellation is Moon and Mars. And there are scientists who probably have different perspectives, but I don't think anyone can have a different perspective on the pushing of the human capacity and what it brings about in terms of our own enhancement, both in terms of the knowledge that we gain—and I remember when we were trying to gain votes, Congressman OLSON, that we would say things which were really true—the kind of research on the space station had to do with heart disease, cancer, HIV/AIDS. And discoveries today are being utilized. Those discoveries are saving lives, but they also create jobs, medical jobs.

So I, one, want to continue to raise the question. I want to put in the RECORD that the potential of jobs lost at Johnson Space Center could be anywhere from 4,000 to 7,000 high-tech jobs. And each day jobs are being created more and more. And then of course the idea of the national security information—classified, climatic, as I've said, the weather research that's being done—and the need I think most of all—let me not say most of all because we stand on our own merit here in the United States, we are inventors, we are world leaders, but there are other countries that have looked to our leadership, Russia, India, China, all competing to be part of space exploration.

Let me close and yield back to you by saying this: I want to see business involvement in this industry, but I believe it is important for NASA to, in

essence, be part of the government and for the jobs we save all over this Nation on behalf of the American people.

Madam Speaker, I rise in support of NASA programs across the country and to express my concerns about the Administration's proposal to cancel NASA's Constellation Program, which includes the Orion Crew Capsule, the Altair Lunar Lander, and the Ares I and Ares V rockets.

These programs, which together comprise our human spaceflight program, were authorized in both 2005 and 2008 by Republican and Democratic Congresses respectively. It is under the Constellation program, that NASA is currently developing new launch vehicles and spacecraft capable of travel to the moon, Mars and other destinations. Not only does cancelling the Constellation Program jeopardize America's leadership role in human space exploration, but it will have detrimental effects on our economy and national security.

Take, for example, the Johnson Space Center in Houston, Texas. The Johnson Space Center has the lead to manage the Constellation Program and several of its major elements, including the Orion Crew Exploration Vehicle and the Altair Lunar Lander. Without Constellation, the Johnson Space Center could lose anywhere from 4,000 to 7,000 high-tech jobs. If the JSC loses 4,000 direct jobs, an additional 2,315 indirect jobs would be lost, totaling 6,315; loss of income and expenditures locally would be over \$567 million. If the JSC loses 7,000 direct jobs, an additional 4,052 indirect jobs would be lost, totaling 11,052; loss of income and expenditures locally would total almost \$1 billion.

When speaking of the decision to cancel the Constellation Program, Administrator Bolden stated that "NASA intends to work with the Congress to make this transition smooth and effective, working responsibly on behalf of the Taxpayers." To the contrary, I believe that the best use of taxpayers' money is to continue the investment in NASA to build America's scientific future. That future will create jobs. Finally, I would like to reiterate that the present Administration's plan for the Constellation Program would cause drastic job loss across America and would place America in a behind the edge position as it relates to competitiveness in scientific research.

NASA and the space industry are critical to Houston's economic success in both the short and long term. According to the Bay Area Houston Economic Partnership, NASA accounts for nearly 16,800 direct federal jobs and serves as the engine for another 3,100 civilian jobs that together supply more than \$2.5 billion in payroll into Houston's regional economy. As you are aware, the Johnson Space Center is the primary location for training Astronauts for spaceflights and this move; yet, the proposed budget will effectively cancel America's human spaceflight program.

In his statement announcing NASA's budget, Administrator Bolden stressed that changes in the FY 2011 budget would be "good for NASA, great for the American workforce, and essential for our nation's future prosperity." While I seek the same objectives, I strongly disagree with the closing of this project and I believe it will hurt America's scientific progress.

Additionally, the aerospace industry would lose as many as 20,000–30,000 jobs nationally in either of these scenarios.

Given our current economic downturn, we cannot take the possibility of these job losses lightly and the Johnson Space Center is just one example of what the cancellation of this program would do to other NASA centers nationally.

It will take years for the commercial spaceflight industry to get up to speed to reach the level of competence that exists at NASA today. Our government has already invested literally years and billions of dollars into this program. We should build upon these investments and not abandon them. Our country can support the commercial spaceflight industry, but not at the expense of our human spaceflight program, which for years has inspired future generations and driven technology that enhances our quality of life.

This technology is crucial to our national security. NASA conducts aeronautics research to address aviation safety, air traffic control, noise and, emissions reductions and fuel efficiency. NASA's contribution to our knowledge of air and water supports improved decision making for natural resource management and emergency response, thus enabling us to better respond to future homeland security threats.

Knowledge of Earth's water cycle is a critical first step in protecting our water supply; water flows over the Earth's surface in oceans, lakes, and streams, and is particularly vulnerable to attack.

NASA sensors provide a wealth of information about the water cycle; and contributes to improving our ability to monitor water resources and water quality from space; we must also protect the quality and safety of the air we breathe; airborne contaminants can pose danger to human health; and chemical, nuclear, radiological, and biological attacks are plausible threats against which we can protect.

Thus, join me in my efforts to restore funding for the Constellation to the FY 2011 budget for the following reasons:

(1) Elimination of the Constellation program, will present Homeland security implications for Cyberspace, critical infrastructure, and Intelligence community of the United States;

(2) Elimination of the Constellation program will compromise the effectiveness of the International Space Station as it relates to the strategic importance of space station research, and intelligence;

(3) Continuation of NASA's Constellation program is crucial to improving national security, climate, and research in science and medicine.

It is my hope, Madam Speaker, that this Congress will continue to support NASA's Constellation Program and to support balanced energy policies that promote economic growth and will help us meet our clean energy goals.

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 9, 2010.

DEAR COLLEAGUE: I hope you will consider joining me as a co-sponsor for the resolution I will introduce expressing the sense of Congress that the National Aeronautics and Space Administration (NASA) is a national security interest and asset, and that the

elimination of funding for the NASA Constellation program in the President's proposed FY 2011 budget presents national security concerns.

The President's proposed FY2011 budget eliminates funding for the Constellation Program which includes the Orion Crew Capsule, the Altair Lunar Lander, and the Ares I and Ares V rockets. These programs, which together comprise our human spaceflight program, were authorized in both 2005 and 2008 by Republican and Democratic Congresses respectively. It is under the Constellation program, that NASA is currently developing new launch vehicles and spacecraft capable of travel to the moon, Mars and other destinations. Not only does cancelling the Constellation Program jeopardize America's leadership role in human space exploration, but it will have detrimental effects on national security.

NASA conducts aeronautics research to address aviation safety, air traffic control, noise and, emissions reductions and fuel efficiency. NASA's contribution to our knowledge of air and water supports improved decision making for natural resource management and emergency response, thus enabling us to better respond to future homeland security threats.

Knowledge of Earth's water cycle is a critical first step in protecting our water supply; water flows over the Earth's surface in oceans, lakes, and streams, and is particularly vulnerable to attack.

NASA sensors provide a wealth of information about the water cycle; and contributes to improving our ability to monitor water resources and water quality from space; we must also protect the quality and safety of the air we breathe; airborne contaminants can pose danger to human health; and chemical, nuclear, radiological, and biological attacks are plausible threats against which we can protect.

Thus, join me in my efforts to restore funding for the Constellation to the FY 2011 budget for the following reasons:

(1) Elimination of the Constellation program, will present Homeland security implications for Cyberspace, critical infrastructure, and Intelligence community of the United States;

(2) Elimination of the Constellation program will compromise the effectiveness of the International Space Station as it relates to the strategic importance of space station research, and intelligence;

(3) Continuation of NASA's Constellation program is crucial to improving national security, climate, and research in science and medicine.

(4) The United States should maintain its funding of the Constellation program and should begin funding commercial space in five years and not sooner.

To join as a co-sponsor, please call my office for Mona K. Floyd of my staff or email (Mona.FloydP@mail.house.gov).

Very truly yours,

SHEILA JACKSON LEE,
Member of Congress.

Mr. OLSON. Very briefly, I would like to thank my colleague from Texas for all her support of the Johnson Space Center. True hero back home. And I couldn't agree with you more about every American has benefited from the human spaceflight.

I thank all my colleagues for coming here tonight.

CHARLIE WILSON

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON LEE) is recognized for 5 minutes.

Ms. JACKSON LEE of Texas. Earlier this evening, Madam Speaker, colleagues came to the floor of the House to salute our late colleague, the Honorable Congressman Charles Wilson, who made the people of the world happy because of his enthusiasm and leadership.

Congressman Wilson was born June 1, 1933, in the small town of Trinity, Texas. He attended public schools there and graduated from Trinity High School in 1951.

While attending Sam Houston State University in Huntsville, Texas, Wilson was appointed to the United States Naval Academy. He received his B.S. degree, graduating eighth from the bottom of his class in 1956.

□ 2320

However, that was not a testimony to how Charlie Wilson would serve this Nation.

He served in the Navy, attaining the rank of lieutenant. He graduated as a gunnery officer. He was assigned to a destroyer to search for Soviet submarines. He then took a top secret post at the Pentagon as part of an intelligence unit that evaluated the Soviet Union's nuclear forces.

Wilson came into politics by volunteering for John F. Kennedy's Presidential campaign in 1960. After a 30-day leave from the Navy, he entered his name into the race for Texas Representative from his home district. While back on duty, his mother, sister and their friends went door-to-door, campaigning. It worked. At age 27, he was sworn into office. For the next dozen years, Wilson was known as "the liberal from Lufkin."

In 1972, he came to the United States Congress. He was a power. He was a man who enjoyed the friendship of many of our colleagues. He was a staunch supporter of the elderly, of women, and of equal rights. He was unique in his time.

He came to this Congress in a segregated time, coming from Houston, Texas, and the surrounding areas; but he knew my colleagues Congressman Mickey Leland and Congresswoman Barbara Jordan.

I know that he had a relationship that showed no discrimination, no bias. I know he loved this country. He wanted to do well by our allies; and, yes, he was the star of "Charlie's War." He was the one who led quietly an opposition to the Russians' takeover of Afghanistan. That story will always be his—brave, quiet, but successful. As the story is told, he didn't do a lot of talking about it, but he got the job done.

We will miss Congressman Charlie Wilson. I am so honored and privileged to have had the opportunity to serve

with him for 2 years when I first came to the United States Congress. He was a joy to serve with. He was a defined Member of this body, who respected this body but who had a great time. We will miss him as he has lost his life just recently.

We say to his lovely wife who shared times with him for 11 years, Thank you for sharing Charlie Wilson. Thank you for giving him the joy of his life, and thank you so very much for recognizing what a special treasure he was to the American people and to the great State of Texas.

Madam Speaker, my words, I hope, will be a mere comfort to his family and friends.

To my colleagues in the Texas delegation, yes, we have a fallen hero; but we have a friend we will be able to remember for a lifetime.

God bless you, Charlie Wilson. May you rest in peace.

Madam Speaker, I rise to recognize the contributions Congressman Charles Wilson made to the people of Houston, Texas, and the nation. He served the people of Houston, Texas with vigor. Congressman Wilson was born June 1, 1933 in the small town of Trinity, Texas. He attended public schools there and graduated from Trinity High School in 1951.

While attending Sam Houston State University in Huntsville, Texas, Wilson was appointed to the United States Naval Academy. Wilson received a B.S. degree.

From 1956 to 1960, Wilson served in the U.S. Navy, attaining the rank of lieutenant. Having graduated as a gunnery officer, he was assigned to a destroyer that searched for Soviet submarines. He then took a top secret post at the Pentagon as part of an intelligence unit that evaluated the Soviet Union's nuclear forces.

Wilson stumbled into politics by volunteering for John F. Kennedy's presidential campaign in 1960. After a 30-day leave from the Navy, he entered his name into the race for Texas State Representative from his home district. While back on duty, his mother, sister and their friends went door to door campaigning. It worked. And at age 27, he was sworn into office.

For the next dozen years, Wilson made a name for himself as the "liberal from Lufkin." In 1972, Wilson was elected to the U.S. House of Representatives from the Second District of Texas, taking office the following January.

Though he did not speak much on the House floor, he spoke through his actions. He was a staunch supporter of the elderly, women, and equal rights. Charlie Wilson supported abortion rights and the Equal Rights Amendment. Wilson also battled for regulation of utilities, Medicaid, tax exemptions for the elderly and a minimum wage bill.

Madam Speaker, I am pleased to recognize the contributions of Charlie Wilson as a representative of the people of Houston and this nation.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. YOUNG of Florida (at the request of Mr. BOEHNER) for today and March 9 on account of illness.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. ORTIZ) to revise and extend their remarks and include extraneous material:)

Mr. BRIGHT, for 5 minutes, today.
Ms. WOOLSEY, for 5 minutes, today.
Mr. DEFAZIO, for 5 minutes, today.
Ms. KAPTUR, for 5 minutes, today.
Mr. ORTIZ, for 5 minutes, today.
Mr. GENE GREEN of Texas, for 5 minutes, today.

Mr. EDWARDS of Texas, for 5 minutes, today.

Mr. GONZALEZ, for 5 minutes, today.
Mr. CUELLAR, for 5 minutes, today.

Mr. AL GREEN of Texas, for 5 minutes, today.

Ms. JACKSON LEE of Texas, for 5 minutes, today.

Ms. EDDIE BERNICE JOHNSON of Texas, for 5 minutes, today.

(The following Members (at the request of Mr. JONES) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, March 17.

Mr. JONES, for 5 minutes, March 17.

Mr. MORAN of Kansas, for 5 minutes, March 17.

Mr. BARTON of Texas, for 5 minutes, today.

Mr. BISHOP of Utah, for 5 minutes, March 11.

Mr. CONAWAY, for 5 minutes, today.

Mr. GOHMERT, for 5 minutes, today.

Mr. MCCOTTER, for 5 minutes, March 11 and 12.

ENROLLED BILL SIGNED

Lorraine C. Miller, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 3433. An act to amend the North American Wetlands Conservation Act to establish requirements regarding payment of the non-Federal share of the costs of wetlands conservation projects in Canada that are funded under that Act, and for other purposes.

ADJOURNMENT

Ms. JACKSON LEE of Texas. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 11 o'clock and 22 minutes p.m.), the House adjourned until tomorrow, Thursday, March 11, 2010, at 10 a.m.

BUDGETARY EFFECTS OF PAYGO LEGISLATION

Pursuant to Public Law 111-139, Mr. SPRATT hereby submits, prior to the

vote on passage, the attached estimate of the costs of H.R. 4783, as introduced, a bill to accelerate the income tax benefits for charitable cash contributions for the relief of victims of the earth-

quake in Chile, and to extend the period from which such contributions for the relief of victims of the earthquake in Haiti may be accelerated, for printing in the CONGRESSIONAL RECORD.

CBO ESTIMATE OF THE STATUTORY PAY-AS-YOU-GO EFFECTS FOR H.R. 4783, A BILL TO ACCELERATE THE INCOME TAX BENEFITS FOR CHARITABLE CASH CONTRIBUTIONS FOR THE RELIEF OF VICTIMS OF THE EARTHQUAKE IN CHILE, AND TO EXTEND THE PERIOD FROM WHICH SUCH CONTRIBUTIONS FOR THE RELIEF OF VICTIMS OF THE EARTHQUAKE IN HAITI MAY BE ACCELERATED AS INTRODUCED ON MARCH 9, 2010

[Millions of dollars, by fiscal year]

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010-2015	2010-2020
Net Impact on the On-Budget Deficit													
Total On-Budget Changes	25	-24	0	0	0	0	0	0	0	0	0	1	1
Less:													
Designated as Emergency Requirements ¹	25	-24	0	0	0	0	0	0	0	0	0	1	1
Statutory Pay-As-You-Go Impact	0	0	0	0	0	0	0	0	0	0	0	0	0

¹ Section 3 of the bill would designate all sections of the Act as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010.

Notes: Positive numbers for "Net Impact on the On-Budget Deficit" denote an increase in the deficit; negative numbers denote a decrease in the deficit.

Sources: Congressional Budget Office and Joint Committee on Taxation.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6477. A letter from the Management and Program Analyst, Department of Agriculture, transmitting the Department's final rule — Sale and Disposal of National Forest System Timber; Special Forest Products and Forest Botanical Products (RIN: 0596-AB81) received February 23, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6478. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — 1,2,3-Propanetriol, Homopolymer Diisooctadecanoate; Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2009-0213; FRL-8813-8] received February 24, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6479. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — *Trichoderma asperellum* strain ICC 012; Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2008-0750; FRL-8800-9] received February 24, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6480. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement; Limitation on Procurements on Behalf of DoD (DFARS Case 2008-D005) (RIN: 0750-) received February 1, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

6481. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement; Additional Requirements Applicable to Multiyear Contracts (DFARS Case 2008-D023) received February 1, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

6482. A letter from the Director, Department of the Treasury, transmitting the De-

partment's final rule — Financial Crimes Enforcement Network; Expansion of Special Information Sharing Procedures to Deter Money Laundering and Terrorist Activity (RIN: 1506-BA04) received February 22, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6483. A letter from the Legal Information Assistant, Department of the Treasury, transmitting the Department's final rule — Risk-Based Capital Guidelines; Capital Adequacy Guidelines; Capital Maintenance; Regulatory Capital; Impact of Modifications to Generally Accepted Accounting Principles; Consolidation of Asset-Backed Commercial Paper Programs; and Other Related Issues [Docket No.: OTS-2010-0020] (RIN: 1550-AD36) received February 3, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6484. A letter from the Deputy to the Chairman for External Affairs, Federal Deposit Insurance Corporation, transmitting the Corporation's final rule — Community Reinvestment Act Regulations (RIN: 3064-AD54) received February 23, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6485. A letter from the Secretary, Department of Education, transmitting the Department's final rule — School Improvement Grants; American Recovery and Reinvestment Act of 2009 (ARRA); Title I of the Elementary and Secondary Education Act of 1965, as Amended (ESEA) [Docket ID: ED-2009-OESE-0010] (RIN: 1810-AB06) received January 27, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6486. A letter from the Director, Office of Policy, Reports and Disclosure, Department of Labor, transmitting the Department's final rule — Trust Annual Reports (RIN: 1215-AB75) received February 1, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6487. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's final rule — Grants for Research Projects [Docket No.: NIH-2007-0929] (RIN: 0925-AA42) received February 2, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6488. A letter from the Program Manager, Department of Health and Human Services, transmitting the Department's final rule —

National Practitioner Data Bank for Adverse Information on Physicians and Other Health Care Practitioners; Reporting on Adverse and Negative Actions (RIN: 0906-AA57) received January 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6489. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Federal Motor Vehicle Safety Standard; Air Brake Systems [Docket No.: NHTSA-2009-0038] (RIN: 2127-AK44) received January 29, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6490. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Regulation of Fuels and Fuel Additives: Federal Volatility Control Program in the Denver-Boulder-Greeley-Ft. Collins-Loveland, Colorado, 1997 8-Hour Ozone Nonattainment Area [EPA-HQ-OAR-2008-0924; FRL-9119-3] (RIN: 2060-AP40) received February 24, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6491. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Operating Permits Program; State of Iowa [EPA-R07-OAR-2009-0860; FRL-9120-2] received February 24, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6492. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Ohio New Source Review Rules [EPA-R05-OAR-2004-OH-0004; FRL-9107-4] received February 24, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6493. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Illinois; NO_x Budget Trading Program [EPA-R05-OAR-2009-0964; FRL-9116-8] received February 24, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6494. A letter from the Assistant Bureau Chief, WTB, Federal Communications Commission, transmitting the Commission's

final rule — Revisions to Rules Authorizing the Operation of Low Power Auxiliary Stations in the 698-806 MHz Band, Public Interest Spectrum Coalition, Petition for Rule-making Regarding Low Power Auxiliary Stations, Including Wireless Microphones, and the Digital Television Transition, Amendment of Parts 15, 74 and 90 of the Commission's Rules Regarding Low Power Auxiliary Stations, Including Wireless Microphones [WT Docket No.: 08-166, WT Docket No. 08-167, ET Docket No. 10-24] received February 3, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6495. A letter from the Executive Director, Federal Energy Regulatory Commission, transmitting the Commission's final rule — Annual Update of Filing Fees [Docket No.: RM10-14-000] received February 23, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6496. A letter from the Legal Advisor, International Bureau, Federal communications Commission, transmitting the Commission's final rule — Elimination of Part 23 of the Commission's Rules [IB Docket No. 05-216] received January 29, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6497. A letter from the Acting Deputy Director, Defense Security Cooperation Agency, transmitting a report submitted in accordance with Section 36(a) of the Arms Export Control Act, pursuant to 22 U.S.C. 2776(a); to the Committee on Foreign Affairs.

6498. A letter from the Acting Deputy Director, Defense Security Cooperation Agency, transmitting Transmittal No. 10-12, pursuant to the reporting requirements of Section 36(b)(1) of the Arms Export Control Act, as amended, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

6499. A letter from the Acting Assistant Secretary, Bureau of Political-Military Affairs, Department of State, transmitting addendum to a certification, Transmittal Number: DDTC 10-002; to the Committee on Foreign Affairs.

6500. A letter from the Acting Assistant Secretary, Bureau of Political-Military Affairs, Department of State, transmitting addendum to a certification, Transmittal No.: DDTC 10-011; to the Committee on Foreign Affairs.

6501. A letter from the Senior Procurement Executive, General Services Administration, transmitting the Administration's final rule — General Services Administration Acquisition Regulation; Rewrite of Part 512, Acquisition of Commercial Items [GSAR Amendment 2010-01; GSAR Case 2008-G504 (Change 43); Docket GSAR-2010-0001; Sequence 1] (RIN: 3090-A161) received February 3, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

6502. A letter from the Deputy Archivist of the United States, National Archives & Records Administration, transmitting the Administration's Final rule—Photography in Public Exhibit Space [FDMS Docket NARA-09-003] (RIN: 3095-AB60) Received January 27, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

6503. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Northeastern United States; Spiny Dogfish Fishery; Commercial Period 2 Quota Harvested [Docket No.: 060418103-6181-02] (RIN: 0648-XT98) received February 23, 2010, pursuant to 5 U.S.C.

801(a)(1)(A); to the Committee on Natural Resources.

6504. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Drug and Alcohol Testing Program; Correction [Docket No.: FAA-2008-0937; Amendment No. 120-0A, 135-117A] (RIN: 2120-AJ37) received January 29, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6505. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Effluent Limitations Guidelines and Standards for the Construction and Development Point Source Category; Correction [EPA-HQ-OW-2008-0465; FRL-9118-7] (RIN: 2040-AE91) received February 24, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6506. A letter from the Director, National Legislative Commission, American Legion, transmitting the financial statement and independent audit of The American Legion, proceedings of the 91th annual National Convention of the American Legion, held in Louisville, Kentucky from August 21-27, 2009 and a report on the Organization's activities for the year preceding the Convention, pursuant to 36 U.S.C. 49; (H. Doc. No. 111-93); to the Committee on Veterans' Affairs and ordered to be printed.

6507. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Tier I Industry Director's Directive on the Planning and Examination of Repairs vs. Capitalization Change in Accounting Method (CAM) #1 received February 3, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. STARK (for himself, Mr. MORAN of Virginia, and Ms. WATSON):

H.R. 4800. A bill to amend the Immigration and Nationality Act to eliminate the 1-year deadline for application for asylum in the United States; to the Committee on the Judiciary.

By Mr. BERMAN (for himself, Mr. FORTENBERRY, Mr. LIPINSKI, Mr. BAIRD, and Mr. HOLT):

H.R. 4801. A bill to establish the Global Science Program for Security, Competitiveness, and Diplomacy, and for other purposes; to the Committee on Foreign Affairs, and in addition to the Committee on Science and Technology, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MOORE of Kansas (for himself, Mr. CAMPBELL, and Ms. KOSMAS):

H.R. 4802. A bill to modernize the Liability Risk Retention Act of 1986 and expand coverage to include commercial property insurance, and for other purposes; to the Committee on Financial Services.

By Mr. BARTON of Texas (for himself, Mr. GENE GREEN of Texas, Mr. BURGESS, and Mr. STUPAK):

H.R. 4803. A bill to ensure health care consumer and provider access to certain health benefits plan information and to amend title

XIX of the Social Security Act to provide transparency in hospital price and quality information; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. KOSMAS (for herself, Mr. POSEY, Ms. JACKSON LEE of Texas, Ms. WASSERMAN SCHULTZ, Mr. LATOURETTE, Ms. CORRINE BROWN of Florida, Mr. GRAYSON, Ms. CASTOR of Florida, Mr. MELANCON, Mr. PUTNAM, Mr. KLEIN of Florida, Mr. MICA, Mr. COSTA, Ms. PINGREE of Maine, and Mr. TEAGUE):

H.R. 4804. A bill to reauthorize the National Aeronautics and Space Administration Human Space Flight Activities, and for other purposes; to the Committee on Science and Technology.

By Ms. MATSUI (for herself and Mr. EHLERS):

H.R. 4805. A bill to amend the Toxic Substances Control Act to reduce the emissions of formaldehyde from composite wood products, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. STARK (for himself, Mr. GRIJALVA, Ms. LINDA T. SANCHEZ of California, Mr. LEWIS of Georgia, Ms. BERKLEY, Mr. ROTHMAN of New Jersey, Ms. BALDWIN, Ms. CHU, and Mr. HASTINGS of Florida):

H.R. 4806. A bill to prohibit discrimination in adoption or foster care placements based on the sexual orientation, gender identity, or marital status of any prospective adoptive or foster parent, or the sexual orientation or gender identity of the child involved; to the Committee on Ways and Means.

By Mr. KIRK (for himself, Mr. KLEIN of Florida, Ms. ROS-LEHTINEN, Ms. BERKLEY, Mr. BLUNT, Mr. ISRAEL, Mr. LANCE, Mr. ROE of Tennessee, Ms. LORETTA SANCHEZ of California, Mr. SHERMAN, and Mr. SCHOCK):

H.R. 4807. A bill to amend the Iran Sanctions Act of 1996 to require the President to investigate possible violations of that Act within a specified period, and for other purposes; to the Committee on Foreign Affairs.

By Ms. DEGETTE (for herself, Mr. CASTLE, Mr. LANGEVIN, Ms. BALDWIN, Mrs. CAPPS, Mr. CARNAHAN, Mr. DENT, Mr. GENE GREEN of Texas, Mr. KIRK, and Mr. PERLMUTTER):

H.R. 4808. A bill to amend the Public Health Service Act to provide for human stem cell research, including human embryonic stem cell research, and for other purposes; to the Committee on Energy and Commerce.

By Mr. McNERNEY:

H.R. 4809. A bill to provide greater technical resources to FCC Commissioners; to the Committee on Energy and Commerce.

By Mr. FILNER (for himself, Ms. CORRINE BROWN of Florida, Mr. BROWN of South Carolina, Mr. SNYDER, Mr. ROE of Tennessee, Mr. MICHAUD, Ms. HERSETH SANDLIN, Mr. HALL of New York, Mrs. HALVORSON, Mr. PERRIELLO, Mr. TEAGUE, Mr. RODRIGUEZ, Mr. McNERNEY, Mr. WALZ, and Mr. ADLER of New Jersey):

H.R. 4810. A bill to amend title 38, United States Code, to make certain improvements in the services provided for homeless veterans under the laws administered by the Secretary of Veterans Affairs; to the Committee on Veterans' Affairs.

By Mrs. CAPITO (for herself, Mr. BACHUS, Mrs. BIGGERT, Mr. GARRETT of New Jersey, Mr. NEUGEBAUER, Mr. LANCE, Mr. HENSARLING, and Mr. GARY G. MILLER of California):

H.R. 4811. A bill to protect the American taxpayers by improving the safety and soundness of the FHA mortgage insurance programs of the Department of Housing and Urban Development; to the Committee on Financial Services.

By Mr. GEORGE MILLER of California (for himself, Mr. LARSON of Connecticut, Mr. HARE, Mr. ELLISON, Ms. SUTTON, Mr. PIERLUISI, Mr. SABLAN, Ms. CLARKE, Mr. HASTINGS of Florida, Mr. LEVIN, Mr. RANGEL, Mr. GARAMENDI, Mr. HOLT, Mr. GRIJALVA, Ms. ESHOO, Mr. KILDEE, Ms. MCCOLLUM, Mr. LOEBBACH, Mr. POLIS of Colorado, Mr. DINGELL, and Mr. TIERNEY):

H.R. 4812. A bill to provide funds to States, units of general local government, and community-based organizations to save and create local jobs through the retention, restoration, or expansion of services needed by local communities, and for other purposes; to the Committee on Education and Labor.

By Mr. BERRY:

H.R. 4813. A bill to provide for insurance reform (including health insurance reform), amend title XVIII of the Social Security Act to reform Medicare Advantage and reduce disparities in the Medicare Program, regulate the importation of prescription drugs, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on the Judiciary, Oversight and Government Reform, Ways and Means, and Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FLAKE (for himself, Mr. SHAD-EGG, and Mr. FRANKS of Arizona):

H.R. 4814. A bill to prohibit the further extension or establishment of national monuments in Arizona except by express authorization of Congress; to the Committee on Natural Resources.

By Mr. GRAVES (for himself, Mr. BOSWELL, Mr. EHLERS, and Mr. PETRI):

H.R. 4815. A bill to amend title 49, United States Code, to allow through-the-fence access to general aviation airports, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. HINCHEY:

H.R. 4816. A bill to amend the Federal Food, Drug, and Cosmetic Act to provide for the deposit in the general fund of the Treasury of fees that are collected from manufacturers of drugs and devices under chapter VII of such Act, to terminate the authority of the Food and Drug Administration to negotiate with the manufacturers on particular uses of the fees, to establish a Center for Postmarket Drug Safety and Effectiveness, to establish additional authorities to ensure the safe and effective use of drugs, and for other purposes; to the Committee on Energy and Commerce.

By Mr. TEAGUE (for himself, Mr. LUJÁN, and Mr. HEINRICH):

H.R. 4817. A bill to amend the Surface Mining Control and Reclamation Act of 1977 to

clarify that uncertified States and Indian tribes have the authority to use certain payments for certain noncoal reclamation projects; to the Committee on Natural Resources.

By Ms. RICHARDSON (for herself, Ms. BORDALLO, and Ms. JACKSON LEE of Texas):

H.R. 4818. A bill to amend the Small Business Act to improve the program under section 8(a), and for other purposes; to the Committee on Small Business.

By Ms. RICHARDSON:

H.R. 4819. A bill to amend the Older Americans Act of 1965 to expand the Senior Community Service Employment Program; to the Committee on Education and Labor.

By Mr. ENGEL (for himself, Mr. POE of Texas, Mr. GENE GREEN of Texas, Mr. SMITH of Washington, Mr. PAYNE, Ms. LEE of California, Ms. BALDWIN, Mr. DOYLE, Ms. MATSUI, Mr. NADLER of New York, Mrs. MALONEY, Ms. SCHAKOWSKY, and Mr. CROWLEY):

H. Res. 1155. A resolution commending the progress made by anti-tuberculosis programs; to the Committee on Foreign Affairs, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. LARSON of Connecticut:

H. Res. 1156. A resolution electing a Member to a certain standing committee of the House of Representatives; considered and agreed to.

By Mr. HASTINGS of Florida (for himself, Mr. AL GREEN of Texas, Ms. RICHARDSON, Ms. NORTON, Mr. TURNER, Ms. CORRINE BROWN of Florida, Mr. LEWIS of Georgia, Mr. JACKSON of Illinois, Ms. FUDGE, Mr. BISHOP of Georgia, Mr. DAVIS of Illinois, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. CONYERS, Mr. GARAMENDI, Ms. MOORE of Wisconsin, Ms. MCCOLLUM, Ms. CHU, Ms. SUTTON, Mr. CONNOLLY of Virginia, Mr. CUMMINGS, Ms. LEE of California, Mr. VAN HOLLEN, Ms. CLARKE, Mr. SCOTT of Virginia, Mr. HINOJOSA, Ms. KILPATRICK of Michigan, Mr. MEEKS of New York, Mr. CARSON of Indiana, Mr. COHEN, Mr. PAYNE, Mr. KLEIN of Florida, Mr. ELLISON, Mr. RUPPERSBERGER, Ms. WASSERMAN SCHULTZ, and Mr. GRAYSON):

H. Res. 1157. A resolution congratulating the National Urban League on its 100th year of service to the United States; to the Committee on Education and Labor.

By Ms. EDDIE BERNICE JOHNSON of Texas:

H. Res. 1158. A resolution recognizing Certified Nurses Day; to the Committee on Oversight and Government Reform.

By Mrs. MCCARTHY of New York:

H. Res. 1159. A resolution supporting efforts to address the crisis faced by Haitian orphans following the earthquake of January 12, 2010; to the Committee on Foreign Affairs.

By Mr. MEEKS of New York (for himself, Mr. GUTIERREZ, Mr. TOWNS, Ms. LEE of California, Mr. FATTAH, Mr. RANGEL, Mr. SCOTT of Virginia, Mr. BUTTERFIELD, Ms. NORTON, Mr. AL GREEN of Texas, Ms. CLARKE, Mr. PAYNE, Mr. HONDA, Mr. KINGSTON, Mrs. CHRISTENSEN, Ms. KILPATRICK of Michigan, Mr. CUMMINGS, Ms. FUDGE, Ms. WATSON, Mr. CLAY, Mr. FRANK of

Massachusetts, Mr. FALEOMAVAEGA, Ms. WATERS, Mr. LEWIS of Georgia, Ms. WOOLSEY, Mr. BACHUS, Ms. ROSELEHTINEN, and Mr. ENGEL):

H. Res. 1160. A resolution calling for the establishment of a Haiti Marshall Plan Committee to coordinate aid and development initiatives from multilateral development banks, international financial institutions, United States bilateral aid programs, and major international charities and nongovernmental organizations in response to the earthquake that struck Haiti on January 12, 2010, and encouraging them to work in a coordinated manner and to do even more to support Haiti as it recovers and rebuilds following the greatest natural disaster to hit this nation in over 200 years; to the Committee on Financial Services, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. MOORE of Wisconsin (for herself, Mr. MANZULLO, Mr. PETRI, Mr. KIND, Mr. RYAN of Wisconsin, Mr. KAGEN, Ms. BALDWIN, and Mr. AUSTRIA):

H. Res. 1161. A resolution honoring the Centennial Celebration of Women at Marquette University, the first Catholic university in the world to offer co-education as part of its regular undergraduate program; to the Committee on Education and Labor.

MEMORIALS

Under clause 4 of rule XXII, memorials were presented and referred as follows:

237. The SPEAKER presented a memorial of the House of Representatives of the State of Michigan, relative to House Resolution No. 125 memorializing the Congress to appropriate the \$475 million called for in President Obama's FY 2010 budget for a Great Lakes Restoration Initiative; to the Committee on Appropriations.

238. Also, a memorial of the House of Representatives of the State of Michigan, relative to House Resolution No. 175 urging the Congress of the United States to enact and put into effect the Humphrey-Hawkins Full Employment Act; to the Committee on Education and Labor.

239. Also, a memorial of the House of Representatives of the State of Michigan, relative to House Resolution No. 186 urging the Congress and the Army Corps of Engineers to take immediate actions to prevent the Asian carp from entering the Great Lakes; to the Committee on Transportation and Infrastructure.

240. Also, a memorial of the House of Representatives of the State of Michigan, relative to House Concurrent Resolution No. 33 urging the Congress and the Army Corps of Engineers to take steps to prevent the Asian carp from entering the Great Lakes; jointly to the Committees on the Judiciary and Transportation and Infrastructure.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 85: Mr. FORBES.
H.R. 197: Ms. GIFFORDS.
H.R. 208: Mr. BILIRAKIS.
H.R. 273: Mr. NUNES.

H.R. 275: Mr. HELLER.
 H.R. 336: Mr. GARAMENDI.
 H.R. 442: Mr. ELLSWORTH, Mr. SHULER, Mrs. MYRICK, Mr. TAYLOR, Mr. ISSA, and Mr. MELANCON.
 H.R. 537: Ms. LINDA T. SÁNCHEZ of California, and Mr. LEWIS of Georgia.
 H.R. 618: Mr. RUSH.
 H.R. 624: Ms. MCCOLLUM.
 H.R. 658: Mr. ANDREWS.
 H.R. 690: Mr. MCNERNEY.
 H.R. 734: Ms. VELÁZQUEZ, Mr. ROGERS of Alabama, Mr. OLVER, Mr. PASCARELL, Mr. ANDREWS, Mr. WILSON of South Carolina, Mr. TURNER, Mr. POSEY, Mr. HODES, Mr. LUETKEMEYER, Mr. PATRICK J. MURPHY of Pennsylvania, and Ms. EDDIE BERNICE JOHNSON of Texas.
 H.R. 775: Mr. SHULER, Mr. SABLAN, Mr. DOYLE, Mr. SIMPSON, and Mr. PETERS.
 H.R. 795: Ms. BERKLEY.
 H.R. 877: Mr. SENSENBRENNER.
 H.R. 919: Mr. ISRAEL.
 H.R. 932: Mr. RAHALL.
 H.R. 1067: Ms. LORETTA SANCHEZ of California and Ms. DELAURO.
 H.R. 1074: Mr. MELANCON, Mr. SHULER, and Mr. TAYLOR.
 H.R. 1177: Mr. ACKERMAN, Mrs. CAPPS, Mr. COSTELLO, Ms. DELAURO, Mr. SHIMKUS, Mr. HOYER, Mr. OBERSTAR, and Ms. PELOSI.
 H.R. 1210: Mr. ROSS.
 H.R. 1240: Mr. PLATTS and Mr. KAGEN.
 H.R. 1258: Mr. ADLER of New Jersey, Mr. BURTON of Indiana, and Mr. POLIS.
 H.R. 1324: Mr. LATOURETTE.
 H.R. 1362: Mr. AUSTRIA, Mr. BLUNT, Mr. MARKEY of Massachusetts, Mr. MICHAUD, and Mr. MARSHALL.
 H.R. 1581: Mr. MOORE of Kansas.
 H.R. 1587: Mr. LATHAM.
 H.R. 1616: Ms. WASSERMAN SCHULTZ and Mr. FILNER.
 H.R. 1740: Ms. ROYBAL-ALLARD.
 H.R. 1806: Mr. MILLER of North Carolina.
 H.R. 1831: Mr. GARAMENDI.
 H.R. 1879: Mr. BUYER and Mr. SULLIVAN.
 H.R. 1895: Mr. SIREs.
 H.R. 1964: Mr. WATT and Mr. CUMMINGS.
 H.R. 1995: Mr. KISSELL.
 H.R. 2000: Mr. GORDON of Tennessee.
 H.R. 2024: Mr. MICHAUD.
 H.R. 2067: Ms. DELAURO.
 H.R. 2089: Ms. KILROY.
 H.R. 2105: Mr. ARCURI and Mr. BILBRAY.
 H.R. 2273: Ms. NORTON.
 H.R. 2296: Mr. TAYLOR.
 H.R. 2373: Mr. GRIFFITH.
 H.R. 2377: Mr. SIREs and Mr. SHERMAN.
 H.R. 2378: Mr. GERLACH.
 H.R. 2381: Ms. FUDGE.
 H.R. 2472: Mr. KING of Iowa.
 H.R. 2492: Mr. LEWIS of Georgia.
 H.R. 2811: Mr. PASCARELL.
 H.R. 2849: Mr. COSTA, Ms. ROYBAL-ALLARD, Mrs. DAVIS of California, Ms. LORETTA SANCHEZ of California, Ms. TSONGAS, and Mr. WAXMAN.
 H.R. 2879: Mr. KISSELL.
 H.R. 3077: Mr. HASTINGS of Florida.
 H.R. 3212: Mr. NEAL of Massachusetts and Mr. TOWNS.
 H.R. 3365: Ms. BERKLEY.
 H.R. 3445: Mr. HELLER.
 H.R. 3464: Mr. SOUDER, Mr. SPRATT, Mr. BRIGHT, and Mr. PUTNAM.
 H.R. 3516: Mr. MCCOTTER.

H.R. 3560: Mr. LARSEN of Washington.
 H.R. 3579: Mr. HEINRICH and Mr. TEAGUE.
 H.R. 3580: Mr. COFFMAN of Colorado.
 H.R. 3592: Mr. DEFazio.
 H.R. 3668: Ms. BALDWIN, Mr. RYAN of Ohio, Ms. LEE of California, Mr. LINCOLN DIAZ-BALART of Florida, Mr. PAYNE, Mr. BRALEY of Iowa, Mr. ALTMIRE, Mr. RUSH, Mr. ROONEY, Mr. DENT, Mr. MORAN of Kansas, Mr. SESSIONS, Mr. ANDREWS, Mr. CHILDERS, Mr. KING of New York, Mr. HILL, Ms. ZOE LOFGREN of California, Mr. FILNER, Mr. MARSHALL, Mr. LEWIS of Georgia, Mr. BERMAN, Mr. HIMES, Mr. REICHERT, Mr. HALL of Texas, and Mr. LOBIONDO.
 H.R. 3719: Mr. YOUNG of Alaska, Mrs. MILLER of Michigan, and Mr. DAVIS of Kentucky.
 H.R. 3734: Mr. DOYLE.
 H.R. 3757: Mr. PERRIELLO.
 H.R. 3764: Mr. FILNER.
 H.R. 3787: Mr. KING of Iowa.
 H.R. 3964: Mr. CHAFFETZ.
 H.R. 4000: Mr. BISHOP of New York.
 H.R. 4060: Mr. MCKEON.
 H.R. 4129: Mr. JACKSON of Illinois.
 H.R. 4133: Mr. COURTNEY and Mrs. CAPITO.
 H.R. 4241: Mr. TANNER.
 H.R. 4311: Mr. BOUCHER.
 H.R. 4325: Mr. WEINER.
 H.R. 4356: Ms. BORDALLO, Mr. FRANK of Massachusetts, Mr. PASCARELL, Mr. JOHNSON of Georgia, and Mr. WAXMAN.
 H.R. 4360: Mr. MORAN of Kansas, Mr. WAMP, Mr. DAVIS of Kentucky, Mr. BISHOP of Utah, Mr. MCGOVERN, Mrs. LUMMIS, Mr. GRIFFITH, Mr. CHAFFETZ, Mr. MICHAUD, Mr. TERRY, Mr. CAO, and Mr. ROGERS of Kentucky.
 H.R. 4402: Ms. FUDGE, Mr. MICHAUD, Ms. ZOE LOFGREN of California, Mr. LYNCH, Mr. GRIJALVA, and Mr. PALLONE.
 H.R. 4404: Mr. CLEAVER.
 H.R. 4405: Mr. CAPUANO.
 H.R. 4429: Mr. FLEMING.
 H.R. 4480: Ms. KAPTUR, Mr. THOMPSON of Mississippi, Mr. LUJÁN, Ms. NORTON, and Mr. MCINTYRE.
 H.R. 4496: Mr. HINCHEY.
 H.R. 4502: Mr. POLIS of Colorado.
 H.R. 4509: Mr. MARIO DIAZ-BALART of Florida.
 H.R. 4527: Mr. CAPUANO, Mr. GRAYSON, and Mr. HIMES.
 H.R. 4529: Ms. FOXX.
 H.R. 4556: Ms. JENKINS.
 H.R. 4564: Mr. COSTA, Mr. MCNERNEY, and Ms. LORETTA SANCHEZ of California.
 H.R. 4592: Mr. BUYER.
 H.R. 4599: Mr. SESTAK.
 H.R. 4616: Mr. HASTINGS of Florida, Mr. GRIJALVA, and Mr. WEINER.
 H.R. 4621: Mr. LOEBSACK.
 H.R. 4632: Mr. SESTAK.
 H.R. 4635: Ms. NORTON, Mr. DAVIS of Illinois, and Mr. GRAYSON.
 H.R. 4637: Mr. ACKERMAN.
 H.R. 4650: Mr. GRAYSON and Mr. DEFazio.
 H.R. 4667: Mr. BUYER.
 H.R. 4678: Ms. CHU.
 H.R. 4700: Mr. GRIJALVA, Mr. VAN HOLLEN, and Ms. NORTON.
 H.R. 4709: Ms. GIFFORDS.
 H.R. 4720: Mr. SCHAUER, Mr. THOMPSON of Pennsylvania, and Mr. WITTMAN.
 H.R. 4722: Mr. GRIJALVA, Ms. SCHWARTZ, Mr. GEORGE MILLER of California, Mr. STARK, and Ms. WOOLSEY.
 H.R. 4752: Mr. COSTELLO, Mr. GENE GREEN of Texas, Mr. TONKO, Mr. CLEAVER, Ms. CASTOR of Florida, and Ms. HERSETH SANDLIN.

H.R. 4755: Ms. KILPATRICK of Michigan, Mr. KILDEE, and Mr. GUTIERREZ.
 H.R. 4757: Mr. COURTNEY and Mr. KILDEE.
 H.R. 4783: Ms. BERKLEY.
 H.J. Res. 79: Mr. NEUGEBAUER, Mr. UPTON, Mrs. MCMORRIS RODGERS, Mr. WITTMAN, Mr. SENSENBRENNER, Mr. WILSON of South Carolina, Mr. TIAHRT, Mr. OLSON, Mr. BARRETT of South Carolina, Mr. HERGER, Mr. SULLIVAN, Mr. LANCE, Mr. BROWN of Georgia, Mrs. MYRICK, and Mr. SOUDER.
 H.J. Res. 80: Mr. FILNER, Mr. PETERSON, Mr. POE of Texas, and Mr. GARAMENDI.
 H. Con. Res. 49: Mr. DINGELL and Mr. TIM MURPHY of Pennsylvania.
 H. Con. Res. 98: Mr. GARAMENDI.
 H. Con. Res. 242: Mr. STARK, Mr. HINCHEY, Mr. GUTIERREZ, Mr. KENNEDY, Mr. MOORE of Kansas, and Mr. ROSS.
 H. Con. Res. 246: Mr. RANGEL and Mrs. CHRISTENSEN.
 H. Con. Res. 248: Ms. EDWARDS of Maryland and Mr. KAGEN.
 H. Res. 173: Ms. JENKINS, Ms. SHEA-PORTER, Mr. GUTHRIE, and Mr. FRANK of Massachusetts.
 H. Res. 213: Ms. CLARKE, Mr. PIERLUISI, Mr. GARAMENDI, Mr. SABLAN, Mr. SALAZAR, and Mr. GENE GREEN of Texas.
 H. Res. 311: Mr. ALEXANDER and Mr. OLVER.
 H. Res. 704: Mr. KENNEDY, Mr. DICKS, Mrs. MILLER of Michigan, Mr. HARE, Mr. HODES, Mr. JONES, Mr. CUMMINGS, and Mr. McDERMOTT.
 H. Res. 767: Mr. SESTAK.
 H. Res. 874: Mr. OLSON.
 H. Res. 886: Mr. SOUDER and Mr. BARTLETT.
 H. Res. 899: Ms. GIFFORDS, Mr. BRALEY of Iowa, Ms. JACKSON LEE of Texas, Ms. HIRONO, Mr. LOEBSACK, Mr. COURTNEY, Mr. KILDEE, Mr. SCOTT of Georgia, Mr. THOMPSON of Mississippi, Ms. CLARKE, Ms. WATSON, and Mr. CONNOLLY of Virginia.
 H. Res. 947: Mr. BACA, Mr. MEEK of Florida, Mr. GARAMENDI, and Mrs. CHRISTENSEN.
 H. Res. 989: Mr. POLIS and Mr. QUIGLEY.
 H. Res. 996: Mr. STARK and Mr. CASSIDY.
 H. Res. 1075: Mr. LAMBORN, Mr. KIND, and Mr. LATTA.
 H. Res. 1078: Mr. CARTER, Mr. LAMBORN, Mr. FORBES, Ms. GIFFORDS, Mr. LOBIONDO, Mr. KINGSTON, Mr. JONES, Mrs. BLACKBURN, Mr. BROWN of South Carolina, and Mr. POE of Texas.
 H. Res. 1099: Mr. ORTIZ, Mr. LARSON of Connecticut, Mr. PAULSEN, Mr. ANDREWS, Mr. WITTMAN, Mr. MCGOVERN, and Mr. OWENS.
 H. Res. 1116: Mr. WITTMAN, Mr. THORNBERRY, and Ms. SCHAKOWSKY.
 H. Res. 1145: Mr. MITCHELL, Mrs. KIRKPATRICK of Arizona, Mr. YOUNG of Alaska, Mr. SARBANES, Mr. HODES, Mr. PASCARELL, Mr. SMITH of Washington, Mr. GORDON of Tennessee, Mr. McDERMOTT, Ms. LINDA T. SÁNCHEZ of California, Mr. BUTTERFIELD, Ms. BORDALLO, Mr. BOSWELL, Mr. MURPHY of New York, Mr. WU, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. BRADY of Pennsylvania, Mr. FRANKS of Arizona, Mr. ARCURI, Mr. LIPINSKI, Mr. COOPER, Mr. NYE, Mr. FARR, Mr. BERRY, Mr. BISHOP of Georgia, Mr. TAYLOR, Mr. HOLT, Mr. CASTLE, Mr. MINNICK, Mr. SCHOCK, Mr. REHBERG, and Mr. INGLIS.

EXTENSIONS OF REMARKS

IN APPRECIATION OF DEDICATION TO COMMUNITY

HON. LINCOLN DAVIS

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. DAVIS of Tennessee. Madam Speaker, I rise today to honor the life of a remarkable Tennessean.

Mr. Robert Bryson Brindley, Sr. is remembered by everyone who knew him as a man of great integrity and principle.

In 1960, Mr. Brindley, along with his father, founded Brindley Construction in Pulaski, Tennessee. Due to the tireless work and steadfast commitment of his devoted employees, Mr. Brindley, together with his father and sons, grew Brindley Construction into one of the leading general contracting companies in middle Tennessee.

Mr. Brindley, equipped with his legendary moral character, earned himself the highest distinction among his peers and colleagues. He was recently posthumously awarded the prestigious Eagle Lifetime Achievement Award from the Associated Builders and Contractors of North Alabama. This annual award honors the contributions of the recipient for a lifetime of work in the field of construction.

While I, along with his family, employees, church, community and peers within the construction industry continue to mourn his passing, we will continue to remember and commend the life he led.

HONORING MR. DONALD JOHNSTON

HON. BRIAN HIGGINS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. HIGGINS. Madam Speaker, I rise today to pay tribute to the years of service given to the people of Chautauqua County by Mr. Donald Johnston. Mr. Johnston served his constituency faithfully and justly during his tenure as the Ripley Town Justice.

Public service is a difficult and fulfilling career. Any person with a dream may enter but only a few are able to reach the end. Mr. Johnston served his term with his head held high and a smile on his face the entire way. I have no doubt that his kind demeanor left a lasting impression on the people of Chautauqua County.

We are truly blessed to have such strong individuals with a desire to make this county the wonderful place that we all know it can be. Mr. Johnston is one of those people and that is why, Madam Speaker, I rise in tribute to him today.

CONGRATULATING MICHAEL YOUNG

HON. HARRY E. MITCHELL

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. MITCHELL. Madam Speaker, I rise today to congratulate Michael Young, named one of Arizona's top youth volunteers for 2010 by the Prudential Spirit of Community Awards. This award recognizes Michael's outstanding volunteerism and his contributions to the animal-assisted therapy program at Phoenix Children's Hospital.

At only 12 years of age, Michael founded the Swing Fore Kids Golf Classic, an annual charity golf tournament. In the four years since its inception, the Classic has raised approximately \$200,000, ensuring that the hospital's patients will have the opportunity to receive animal-assisted therapy. This therapy has been proven to provide positive physical and emotional benefits by motivating patients to help themselves.

A community's quality of life is determined by many factors, such as the policies set by city government and the programs available to its citizens. However, I believe that a community rises and falls on the shoulders of its citizens, and the contributions they make to that community. Michael exemplifies this commitment and raises the bar for everyone around him.

Madam Speaker, please join me in recognizing Michael Young's continuing work for the animal-assisted therapy program at Phoenix Children's Hospital in Arizona.

A TRIBUTE TO MAYOR JACK HAMMONS

HON. RODNEY ALEXANDER

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. ALEXANDER. Madam Speaker, I rise today to pay tribute to the life and achievements of Mayor Jack Hammons who passed away on March 5, 2010. Until his death, Mayor Hammons was a dedicated public servant. His strong connection and unwavering support of his dearly loved town of Winnsboro are qualities for which he will always be remembered.

Before being elected as mayor three times, Mayor Hammons also served two terms on the city council. In addition to his long history of public service, he had a 40 year background as a businessman.

Among his impressive list of endeavors and recognitions, he served for 12 years on the Franklin Medical Center Board of Commissioners, serving six as chairman. He was a

member and past president of the Winnsboro-Franklin Parish Chamber of Commerce and was awarded the Chamber of Commerce's "Spirit Award" for his remarkable volunteer work. He also served as president of the Winnsboro Merchants Association for eight years, president of the Winnsboro Economic Development Foundation for seven years, a Franklin Parish Head Start advisory member for six years.

But his commitment to others did not end there. Mayor Hammons was also a devoted family man. He is survived by his wife, Bobbie, and their three daughters, Paula, Sandy and Rhonda.

Mayor Hammons was truly an inspiration to all who knew him. I wish to express my deepest condolences to his family, and may God continue to bless the memory of a man who will be missed by his family, his friends and his community.

Madam Speaker, I ask my colleagues to join with me to pay tribute to Mayor Jack Hammons. He will always be remembered by all as a loving husband and father, a faithful public servant and an integral part of the Winnsboro community.

HONORING THE LIFE OF CLARENCE FAULK

HON. RODNEY ALEXANDER

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. ALEXANDER. Madam Speaker, I rise today to honor the life and achievements of Mr. Clarence E. Faulk, Jr., who passed away at his residence on March 5, 2010.

Mr. Faulk was born on January 9, 1909 in West Monroe, La., and recently celebrated the occasion of his 100th birthday.

In 2003, Mr. Faulk lost his beloved wife of 72 years, Louise Benson Page. The couple is survived by their two sons and daughter, as well as their 10 grandchildren and seven great grandchildren.

Having been raised by a family with deep roots in publishing, Mr. Faulk was well suited for a career path loaded with journalism and broadcasting endeavors. Mr. Faulk was the publisher of the Ruston Daily Leader from 1931 to 1962, the owner of radio station KRUS, the first radio station in Ruston, La. from 1947 to 1968. In addition, he served many years as the president of the Louisiana Press Association and the Louisiana Broadcasters Association.

Outside of this field, Mr. Faulk owned numerous rent homes and commercial buildings in Ruston, and even received the Russ Award from the Ruston-Lincoln Parish Chamber of Commerce for his efforts in support of his treasured Ruston community.

Mr. Faulk was a friend to many, and deemed a gracious and hardworking person

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

by all who knew him. It is my privilege to honor Mr. Faulk as a man emblematic of the true spirit of North Louisiana. He will surely be remembered by all as a loving husband and father, a successful businessman and an important part of the Ruston community.

Madam Speaker, I ask my colleagues to join me in honoring the late Clarence Faulk.

RECOGNIZING THE 2010 RIMPACT DAY HELD BY THE NATIONAL ASSOCIATION OF CHAIN DRUG STORES

HON. PETER J. ROSKAM

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. ROSKAM. Madam Speaker, I rise today to recognize the 2010 RIMPACT Day held by the National Association of Chain Drug Stores (NACDS).

Founded in 1933, NACDS has worked tirelessly to promote the positive community impact of the chain drug industry. Throughout its history, NACDS and its 150 chains and 39,000 individual pharmacy members have worked to adapt to the changing needs of consumers. RIMPACT Day allows community pharmacies to share the numerous benefits of their industry.

I am delighted to recognize the chain drug stores nationwide that have a significant presence in my district. Not only do they provide thousands of quality jobs, but these pharmacies also provide a vital service as part of the healthcare delivery system of my district.

Madam Speaker and Distinguished Colleagues, please join me in recognizing The 2010 RIMPACT Day, the National Association of Chain Drug Stores, and the work these tireless professionals are doing to provide high quality health services to the public.

HONORING THE PLUMBERS AND PIPEFITTERS LOCAL 230

HON. BOB FILNER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. FILNER. Madam Speaker, for more than 120 years the United Association—the union of plumbers, pipefitters, welders and HVAC technicians—has built the infrastructure of cities and towns across the United States.

In the 1930s the UA helped pull the country out of the Great Depression as members built dams, roads, libraries, schools, public buildings and housing projects as part of President Franklin D. Roosevelt's New Deal.

During World War II, thousands of UA members answered our nation's call and volunteered for the armed forces. Once completing their duty, members returned home and continued to build across the country.

In San Diego, UA Local 230 members have had a hand in building iconic structures such as Petco Park, Sharp Memorial Hospital, Palomar Medical Center and the new Hilton Bayfront.

In addition to being a part of building the San Diego of today, Local 230 has helped to build a strong and unified labor community in San Diego and Imperial Counties by being a leader in the Labor Council's foundation of great volunteers.

The members of Local 230 can be found volunteering at nearly every Labor Council event, from precinct walks to the Cesar Chavez Day March to the Letter Carriers Food Drive.

Led by their Business Manager, Kirk Crosswhite, the plumbers and pipefitters of Local 230 have stood in dedicated support of their union brothers and sisters.

For creating a solid infrastructure through volunteering and participation, Plumbers and Pipefitters Local 230 are the Labor Council's 2009–2010 "Union of the Year."

WHEN, HEARTS TOOK FLIGHT, IN HONOR OF THE MAGNIFICENT WOMEN OF THE AIRFORCE SERVICE PILOTS THE WASP AND THEIR COURAGEOUS ACTS DURING WWII AND THE CONGRESSIONAL GOLD MEDAL CEREMONY MARCH 10, 2010 AT THE UNITED STATES CAPITOL "SAVING THE WORLD"

HON. JOE WILSON

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. WILSON of South Carolina. Madam Speaker, I rise today in honor of The Magnificent Women of the WASP, Women Airforce Service Pilots of World War II and the presentation of the Congressional Gold Medals to them on this day, March 10th 2010 in the United States Capitol. Our nation owes a great debt of gratitude to these women of faith and courage, who helped set the stage so that this war could be won. Breaking and fighting stereotypes, they helped to forge the way for women in today's world. As their courage, character and dedication were key to Saving The World. As the son of a World War II Flying Tiger of the 14th Air force, Hugh deV. Wilson, I appreciate firsthand the extraordinary pilots who protected the people of India and China defeating totalitarians worldwide. For as this darkness approached and mankind bled, they stood at the edge and helped To Save The World. I ask that this poem penned in honor of them and their families by Albert Caswell, a very thoughtful poet and patriot, of the United States Capitol Guide Service be placed in the RECORD.

WHEN, HEARTS TOOK FLIGHT

As a time ago . . .
As when, it looked as though . . .
The world stood, at its edge . . .
As Woman and Mankind bled . . .
With Satan on the rise . . .
As his son's filled the darkened skies . . .
With all his dark death and hate, as this evil begins!
Would this be the end, of woman and mankind?
As upon them, all our hopes hinged . . .
When, Hearts took flight!
To but bring their light!

Lifting us all above, to such high heights!
To all of those wrongs, to right!
All in their strength, and might!
To help Save The World . . .
But, for their country they so loved . . .
Upon, the wings of a dove!
As a darkness approached!
As upon them, were placed all our hopes . . .
As out across the world, such an evil unfurled!
When, came such women of faith To Save The World . . .
To rise up, with such splendid courage in eyes!
To fight a war, and all those stereotypes . . . those lies!
To but bring their light!
As this fearless force of women, so won the night!
All out upon their most heroic course . . .
With, but only their most courageous hearts to voice . . .
To Fly!
As was but a time When Hearts Took Flight!
To win that day, that night!
To Soar so bright, and reach for the skies . . .
Heroines, pioneers on the cutting edge!
Upon, these machines of steel their fine lives were pledged!
Magnificent test pilots, who died and bled!
Carriers of freedom, who all in their actions so led!
Who flew the planes to the theater, as the blood ran red!
Over 25,000, would apply . . .
But only 1,074 . . . the cream of the crop, would fly!
As The WASP . . .
The WOMEN AIRFORCE SERVICE PILOTS, so filled the skies!
All for God and Country, but ready to die!
For no war could be won, without these ones!
All in what they had done, now all so etched in history's sun!
To "Help Save The World!"
To teach all of our little boys and girls!
What can be done, when courage is unfurled!
And hearts take, flight!
So on this day, we now bestow . . .
Upon, all of these . . . and all of those!
Most Magnificent Patriots of Peace we know . . .
The Congressional Gold Medal . . . So!
Great American patriots, with such hearts of gold!
And Ladies, your final flight . . .
Will be, up to our Lord in Heaven's light!
Because, you helped . . . "Save The World!"
As history will find!
It was but a time, when hearts took flight!
Amen . . .

HONORING UFCW INTERNATIONAL PRESIDENT JOSEPH T. HANSEN

HON. BOB FILNER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. FILNER. Madam Speaker, Joseph T. Hansen is leading the transformation of the UFCW into a dynamic, growth-focused organization poised to unite the millions of North American workers who want and need a union. After four decades of union activism, Joe's mission is essentially the same as it was when he began his career: organizing workers for power and uniting them at the bargaining table to win middle class wages, benefits, and respect on the job.

Today, Hansen stands at the helm of the broad-based worker movement to win respect for work and those who do the work. Joe is an effective voice for working people, advocating for affordable, quality health care for all; for comprehensive and humane immigration reform; and for the millions of working people who want a voice on the job. He is helping revitalize the labor movement to meet the challenges of the global economy—by delivering union jobs that provide wages that pay the bills, retirement security, and affordable health care. His leadership is bringing new hope and opportunity for workers and their families to improve their living standards and live a middle class life.

Joe began his career as a meat cutter in Milwaukee, Wisconsin. Since that time, Hansen has been activating and empowering members. He spent more than 11 years working at his trade while serving as a volunteer organizer for his local union—Local 73 of the Amalgamated Meat Cutters and Butcher Workmen of North America. His activism helped keep Milwaukee a union town, where new grocery stores were quickly met with organizing activity. His passion for organizing led Hansen to become one of the youngest members of his local union's executive board. Hansen was elected to serve as International Secretary-Treasurer in 1997 and International President in 2004.

Hansen has been active in the global union movement since 1994. His early experience with global unionism provided him with the foresight to realize that only global solidarity can confront global corporations. He took office as president of Union Network International (UNI), an international labor organization representing 15 million workers in 900 unions in more than 100 countries, in 2003. He was reelected president at its second World Congress in Chicago in 2005.

In the United States, lawmakers and opinion leaders seek his perspective and leadership on two of the most important challenges facing American workers in the 21st century—health care and immigration reform. In 2005, the U.S. Congress named Hansen to the 14-member Citizens' Health Care Working Group. The panel did groundbreaking work to bring the American people together to confront the health care crisis and facilitated the direct communication of their views and concerns to lawmakers. His leadership on the panel established Hansen as a key leader and trusted advisor to Congress and the Obama administration on the primary health care issues facing working families and the elements of comprehensive health care reform.

Hansen is the Founding National Chair of the National Commission on Immigration and Customs Enforcement (ICE) Misconduct and Violations of 4th Amendment Rights. The commission examined ICE misconduct during the Bush administration's workplace raids. It presented the findings to the American people in a report that documents the terrible costs and human suffering caused by ICE misconduct and outlined key elements of needed immigration policy reforms.

Hansen is a founding architect of the Change to Win Federation that has set a new course for the labor movement. Recognizing that industry-wide organizing is the best way

to give workers the power to raise working and living standards, Hansen is leading the UFCW through a dramatic shift in priorities as more staff and resources than ever before are dedicated to uniting workers and bringing them under a union contract.

At the core of Hansen's leadership is the spirit and exuberance that he demonstrated as a young volunteer organizer and activist. He knows that activated members can organize, that they can build their union, and that they can confront corporate power and win. After all, Hansen did all of those things as a rank-and-file member—today he is activating and leading a new generation of workers and building a 21st century union.

50TH ANNIVERSARY OF AEROSPACE CORPORATION

HON. JANE HARMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Ms. HARMAN. Madam Speaker, I rise today to celebrate the Aerospace Corporation's 50th anniversary.

Fifty years ago the United States Congress had the foresight to create the Aerospace Corporation, a federally funded research and development center.

The Aerospace Corporation doesn't make the things that orbit in space. It makes the things that orbit in space work properly, and helps get them there safely.

The Aerospace Corporation has been involved in every Defense Department space program since 1960. From blueprint to launch and system architecture, the Aerospace Corporation is the Pentagon's technical conscience, its independent math checker.

The Aerospace Corporation has played a key role in developing and maintaining the space systems Americans and people around the world now take for granted, like GPS and weather satellites. And it makes sure the launches of those satellites are safe and successful.

Fifty years after its creation, we need The Aerospace Corporation more than ever.

The United States is at a crossroads in space. China launched a shot across our bow in 2007 when it destroyed a satellite in low-Earth orbit. That sent me a very clear message. While the United States may still enjoy superiority in space, we're no longer the only player.

We must protect our space assets, and build a constellation of robust, redundant, low-cost communication, navigation and reconnaissance satellites that can withstand an attack or a catastrophic accident. If we don't start now we are going to be too late.

We not only need a new generation of spacecraft, we need a new generation of space engineers.

Our space workforce is aging. Some 60% of aerospace workers are over age 50, and almost 26% are eligible for retirement this year. Not enough young scientists and engineers are signing up to take their place.

While the United States graduates 70,000 engineers, a meager 15 percent of our college

graduates every year, China graduates more than half a million.

China has decided the most important asset to a space program and its future as a super power is human capital—the scientists, engineers, and technicians that design and build satellites, rockets, and space vehicles.

And while we struggle to educate enough engineers to keep up internationally, we're losing many of them to the sexy new world of Internet technology.

It used to be that being a rocket scientist was synonymous with genius. Now it seems that mantle has slipped onto the shoulders of those who invented Facebook, eBay and Google.

If we want to continue to be the world's leader in space, we have to get our young people to dream again—dreaming out of this world, literally. We need to inspire our young people the same way President Kennedy did nearly 50 years ago when he committed the United States to winning the space race.

I've lived through a half century of U.S. space superiority. Only with sustained focus and leadership will my kids and grandchildren enjoy another half century of U.S. dominance. At this milestone, let us chart a path to that century.

THE INTRODUCTION OF THE RESTORING PROTECTION TO VICTIMS OF PERSECUTION ACT

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. STARK. Madam Speaker, I rise with my colleagues, Mr. MORAN of Virginia and Ms. WATSON of California, to end a part of our immigration system that has denied protection to those who need it the most. The Restoring Protection to Victims of Persecution Act ends the practice of barring asylum claims by those who have been in our country for more than a year.

Enacted as part of the Illegal Immigrant Reform and Immigrant Responsibility Act of 1996, the one-year bar to asylum has failed. Instead of preventing fraudulent asylum claims as intended, the one-year limitation has turned away individuals who would most benefit from sanctuary. A disproportionate number of these immigrants are women who are the targets of gender-based persecution, including domestic violence, female genital cutting, and "honor" crimes.

Although the law includes exceptions to excuse those who are determined to have valid reasons for applying for asylum after one year, adjudicators routinely deny applicants who meet these exceptions. People who are attempting to care for their children, hide from their abusers, cope with past trauma, and deal with the challenges of surviving in a new country are repeatedly and arbitrarily denied asylum status because of missing the one-year deadline.

Once denied, an applicant has only two other possibilities for safety: to petition for withholding of removal or to seek protection under the Convention Against Torture. Both

these forms of relief demand an applicant surmount a much higher standard of proof than asylum and never provide them permanency or allow reunification with family members.

I also thank my colleague, Mr. ORTIZ, for introducing a comprehensive immigration reform bill that includes language to end the one-year bar. I hope that by giving this issue its own legislation, Congress can move swiftly to help these victims who are being turned away every day. Since its enactment in 1996, more than 35,000 people have been denied asylum solely because of the one-year bar.

As a country, we pride ourselves in our advocacy for democracy and human rights around the world. Please join us in supporting this bill so that we can prove we are as good as our word.

HONORING AL SHUR: LABOR
LEADER OF THE YEAR

HON. BOB FILNER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. FILNER. Madam Speaker, in his more than four decades of union activism, International Brotherhood of Electrical Workers Local 569 Business Manager Al Shur has earned a well-deserved reputation as labor's "greenest" leader.

Al, a member of IBEW since 1967, quickly distinguished himself through his political involvement as a rank-and-file member. His activism eventually led him to serve on Local 569's executive board until being elected business manager in 1995.

As business manager, Al has supported development and construction that focuses on improving job quality, the community and the environment.

Under Al's leadership, IBEW Local 569 has been an outspoken advocate for responsible, sustainable development, as well as serving as a model for using green technologies in the construction industry.

IBEW Local 569's offices and training center proudly display a vast network of solar panels which allow the union to operate almost completely free of a traditional power grid.

Al has also worked tirelessly to build relationships with San Diego's environmental leaders through his work with organizations such as the Apollo Alliance, the Environmental Health Coalition and San Diego Coastkeeper.

By working together, the partnership between the labor movement and the environmentalist has become a powerful force for change in San Diego and Imperial Counties.

For his dedication to building alliances between labor and the environmental community, the Executive Board of the Labor Council has named Al Shur our 2009–2010 "Labor Leader of the Year."

HONORING RICHARD RECHTIEN

HON. LINCOLN DIAZ-BALART

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. LINCOLN DIAZ-BALART of Florida. Madam Speaker, I rise today to congratulate

Richard (Dick) Rechten and his business, Rechten International Trucks, which received the prestigious honor of the International Circle of Excellence Award for 2009.

The Circle of Excellence Award is awarded by the international dealer organization of Navistar, Inc., and honors international truck dealerships that achieve the highest level of dealer performance with respect to operating and financial standards, market representation, and most importantly, customer satisfaction. It is the highest honor a dealer principal can receive from the company.

Rechten International Trucks was founded in 1981 and is headquartered in Miami. Under his leadership, it has grown into one of the preeminent truck dealerships in the Southeast and the entire nation, with 188 employees and four dealer locations, including Miami, Riviera Beach, Fort Pierce and Broward County. Dick has served as chairman of the International Dealer Council and of the Florida Trucking Association, and as co-chair of numerous dealer advisory groups for Navistar. With this most recent award, Rechten International will now receive the Circle of Excellence Award, under Dick's leadership, a total of 23 times.

Through his commitment to hard work and outstanding customer service, he has built an economically vital business of which he can be justly proud. Madam Speaker, I ask our colleagues to join with me in congratulating Dick Rechten for his record of accomplishment and for his many contributions to our South Florida community.

PERSONAL EXPLANATION

HON. LYNN C. WOOLSEY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Ms. WOOLSEY. Madam Speaker, on March 9, 2010, I was unavoidably detained and was unable to record my vote for rollcall Nos. 92–94. Had I been present I would have voted:

Rollcall No. 92 "yes"—Harmful Algal Blooms and Hypoxia Research and Control Amendments Act.

Rollcall No. 93 "yes"—Congratulating Wilard S. Boyle and George E. Smith for being awarded the Nobel Prize in physics.

Rollcall No. 94 "yes"—Honoring John E. Warnock, Charles M. Geschke, Forrest M. Bird, Esther Sans Takeuchi, and IBM Corporation for receiving the 2008 National Medal of Technology and Innovation.

HONORING ED GOTTHARDT

HON. HENRY CUELLAR

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. CUELLAR. Madam Speaker, I rise today to honor the contributions of the late Ed Gotthardt, former Mayor of Seguin, Texas. Mayor Gotthardt served the community through his distinguished business career and great service as mayor for two terms in Seguin, Texas.

Mayor Gotthardt was born on January 1929 in Galle, Texas and passed away of natural causes February 2010 in New Braunfels, Texas. His accomplished lifetime as a businessman and mayor stemmed from his humble beginnings. His childhood was spent on a farm in Galle in a town between Seguin and San Marcos where he learned about produce. He received his education in the public schools of Guadalupe County, where he graduated from high school. At the age of twenty-one, the late Gotthardt was hired as a produce worker at a local grocery store. With a twelfth grade education, he rose through the ranks to store manager, unit director, to the corporate office as a buyer and then as Vice President of Produce Marketing. In the 1980s, he retired having lived during his career throughout the area in Seguin, San Antonio, and Corpus Christi. The late Gotthardt had a thirty-seven year career in the grocery business before serving two three-year terms as Mayor. After his retirement, he later served as President of the H-E-B grocery store retirees' organization.

In 1990, Gotthardt announced that he planned to run for mayor of Seguin. He had not previously held any position in public office, but his involvement with the community and commitment to the people of Seguin aided to his election. His re-election was without opposition, serving as mayor until 1996. During his time in office, Mayor Gotthardt contributed to the city by ensuring that the Sebastopol State Historical Park in Seguin was renovated and dedicated much of his work for those who served their country in the military. He worked on the Veterans Memorial at the Guadalupe County Courthouse extensively. The late Mayor Gotthardt was recognized for his tireless efforts to ensure the community and people were provided the services needed.

Along with his business career and terms as Mayor of Seguin, the late Gotthardt was a member of Seguin Masonic Lodge AF&AM 109, Alzafar Shrine, Elks Lodge 1229, Order of the Eastern Star Chapter 555, the Seguin Chamber of Commerce, the Seguin Rotary Club and the Comal County Seniors Center. His leisure time was spent with the Seguin Chamber of Commerce, senior center, and with his family.

Madam Speaker, I am honored to have had this time to recognize the late Ed Gotthardt, former Mayor of Seguin, Texas on his contributions to the community.

HONORING MS. ERIN CONATON

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. SKELTON. Madam Speaker, I rise to pay tribute to Ms. Erin Conaton, the Majority Staff Director of the House Armed Services Committee, who leaves our staff today to become the new Under Secretary of the Air Force.

Madam Speaker, this is a bittersweet moment for me. I have come to depend upon Erin Conaton as a trusted advisor and friend since she joined the House Armed Services

Committee staff in 2001. Seldom does one person have the combination of talent, good judgment, knowledge, devotion to duty, common sense, and, as we say in Missouri, "good get along," but Erin is blessed with all of these qualities. And while I am not happy about losing her to the Pentagon and no longer working with her on a daily basis, I know that our country will not just be in good hands, but better hands, with Erin as Under Secretary of the Air Force.

Erin has an impressive academic and professional background. She holds a bachelor's degree from Georgetown University's School of Foreign Service and a master's degree from the Fletcher School of Law and Diplomacy at Tufts University. Before becoming a Congressional staffer, Erin was highly recommended to me as a result of her outstanding work as the Research Staff Director for the U.S. Commission on National Security/21st Century, also known as the Hart-Rudman Commission.

Erin joined the House Armed Services Committee staff in 2001, serving as a Professional Staff Member covering a range of defense policy issues. In 2005, she became the committee's Minority Staff Director. And at the start of the 110th Congress in 2007, Erin assumed the post of Majority Staff Director, serving all of the members of our committee and overseeing the committee's 70-person staff. She has run the House Armed Services Committee as well as anyone in my 33 years in Congress.

In the nine years that I have had the privilege to know and work closely with Erin, she has consistently demonstrated her leadership ability, mastery of national security issues, and dedication to our men and women in uniform. Erin's work ethic is unparalleled, but more importantly, she has a rare gift for getting along with people. Despite the demands of working on Capitol Hill, Erin is unflappable and approaches every challenge with a level head, whether working with Members of Congress, Congressional staff, or Administration officials.

I am delighted that the Obama Administration recognized that Erin Conaton would be an excellent nominee for the next Under Secretary of the Air Force. I can't brag on her enough, and I am pleased that the other body confirmed her nomination last week. I know Erin will make us proud as she continues her career in public service with the Department of the Air Force, and I wish her all the best as she takes on this new challenge.

HONORING DOUGLAS MALONEY

HON. LYNN C. WOOLSEY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Ms. WOOLSEY. Madam Speaker, I rise today to honor former Marin County counsel Douglas Maloney who passed away on February 17, 2010 at his home in San Rafael, California. Serving on the legal frontlines of county government for more than three decades, Marin has greatly benefited from his unwavering dedication and skilled advocacy of the public's best interest.

Born in San Francisco in 1933, Mr. Maloney, a 50-year member of the California Bar

Association, received his bachelor's degree from the California Maritime Academy in Vallejo, California, and his law degree from the University of San Francisco. A world traveler, voracious reader, exceptional public speaker, and a prolific writer, Doug Maloney loved life!

It was Doug Maloney who led the county's legal defense of the "Marin-only" provision in Ross philanthropist Beryl Buck's multi-million-dollar bequest. Maloney took on the San Francisco Foundation's challenge to spend the millions on needs beyond the county borders. With an outstanding legal team, he presented strong arguments upholding the Buck bequest and proving that, despite Marin's affluence, there were plenty of needs right in the county that could use financial assistance. The 1986 court-approved settlement transferred the Buck Trust to newly formed Marin Community Foundation to focus funds on research into aging, advocacy against alcohol abuse and research into educational issues. Had that battle been lost, Marin would be a far different place.

The legal engineer of land-use restrictions that saved West Marin from suburban sprawl, Maloney successfully defended the county's 1972 zoning restrictions designed to preserve and protect West Marin farmland and the ranching lifestyle. Challenged in 1989, Maloney won a federal court decision upholding the zoning restrictions and turning back a lawsuit by a Chicago landowner wanting to carve up his 561-acre Nicasio ranch. While we may take our open space and ranch lands for granted, we owe a huge debt of gratitude to the vision, political courage and legal skill of Douglas Maloney.

A man of great personal integrity and not one to back away from a rousing legal argument, Doug was good humored and a passionate follower of film and stage. He enjoyed rewriting fashionable Broadway shows and stage musicals, putting on a Marin spin and political satire to benefit local causes, complete with titles like, "As the Candidate Turns," "Damn Yuppies" and "Caucus Line." A popular op-ed columnist for the Alarin Independent Journal, readers enjoyed his musings and appreciated his skill at weaving literature, history, politics, opinion and the proverbial Marin angle into his biweekly essays.

Doug Maloney was a devoted husband and father. In addition to his sister, Marion Berger of Redding, California, Mr. Maloney is survived by his wife of twenty-two years, Ellen Caulfield of San Rafael, Marin County, six children, ten grandchildren and six great-grandchildren.

Madam Speaker, Douglas Maloney will be missed by so many who shared in his work and vision. A man of letters and the law, he practiced what he preached. It is fitting to recognize his extraordinary efforts on behalf of Marin County and its residents. I join the many people who will miss Doug Maloney's inspiration, friendship, bright spirit, and clever quotes delivered with perfect timing and meaning.

HONORING SOL PRICE: A TRUE FRIEND OF LABOR

HON. BOB FILNER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. FILNER. Madam Speaker, few in the business world have had as great of an impact on building the middle class as San Diego's own Sol Price.

When Price passed away in December, San Diego's middle class lost possibly its greatest advocate in the business world. Price's Fed-Mart stores, and later Price Club, were known for skimping on the luxuries of modern chain retailers. The bulk stores occupied warehouses in out-of-the-way locations, avoided unnecessary displays, and limited advertising to essentially word-of-mouth only. Besides low prices, the one thing his stores did invest in was its employees. The Price business model realized that the happiness of customers, employees, and stockholders are not mutually exclusive. At Sol Price companies, all three could be, and were, successful.

"We think the stockholder comes last," Price told Wall Street analysts in 1985. "But if you do the other three jobs well, (the stockholder) will be taken care of." This method of business resulted in all Price Club employees, union and non-union, receiving "close to the highest prevailing wages in the community."

Sol Price's legacy lives on today, as the average wage of Costco employees is \$19 per hour, with 90 percent receiving health care. A far cry from the disturbing trend of retail stores becoming low-wage outposts.

In San Diego County, workers at several Costco stores are proud members of Teamsters Local 542.

For these reasons, Sol Price will always be remembered as a friend of labor.

CONGRATULATING THE VOLK FIELD COMBAT READINESS TRAINING CENTER FOR RECEIVING A 2009 AIR FORCE ORGANIZATIONAL EXCELLENCE AWARD

HON. RON KIND

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. KIND. Madam Speaker, it is with great pride that I rise today to congratulate the Volk Field Combat Readiness Training Center for receiving a 2009 United States Air Force Organizational Excellence Award. The National Air Force award recognizes the Western Wisconsin based Airmen to be among the top Air Force units in the nation.

The Volk Field Unit Airmen have consistently demonstrated a high level of excellence and efficiency in their service to the Wisconsin Air National Guard. Volk Field is one of four Combat Readiness Training Centers in the nation and the only selected for this top Air Force Award in 2009.

The citizen-Airmen at Volk Field provide an invaluable service to our nation in supporting the National Guard, the Reserve, and inter-agency training and operational needs. This

award sets the Volk Field unit apart from similar units and congratulate them on this outstanding achievement.

I commend the strong leadership of Volk Field's Combat Readiness Training Center Commander Colonel Gary Ebben and the great work of both the civilian staff and the men and women in his unit. I am proud to represent such dedicated and hardworking Wisconsin citizens committed to public service.

The Volk Field unit exemplifies the great work ethic that characterizes the citizens of Western Wisconsin. I anticipate continued achievements from the Wisconsin Air National Guard units.

IN RECOGNITION OF CLARA WHITE'S 60 YEARS OF VOLUNTEERISM AND SERVICE TO THE GREATER PONTIAC COMMUNITY

HON. GARY C. PETERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. PETERS. Madam Speaker, I rise today to recognize Mrs. Clara White, a native of Michigan and Pontiac resident, for her lifelong dedication to volunteerism and community service. As a Member of Congress it is both my privilege and honor to recognize Mrs. White for her many accomplishments and to thank her for her dedication to strengthening our shared communities.

At 86 years old, Mrs. White has spent over six decades giving back to the people and institutions of Pontiac through her countless hours of volunteer work. Her volunteer efforts are even more impressive considering that for 20 years of this time she also worked as a social worker for Oakland County Children's Village and raised a family with her husband, William, to whom she was married for 52 years.

A major facet of Mrs. White's 60 years of volunteer service centers around her work with the National Urban League's local organization in Pontiac. The Urban League is a national civil rights organizations dedicated to improving the lives of urban area residents. Her involvement with the Pontiac Urban League even included two terms as Chairman of its Board of Directors. In 1996, for her outstanding dedication and service, she was awarded the honor of "Living Legend" from the National Urban League. After 50 years of volunteerism with the National Urban League Mrs. White was awarded with the Diamond Urban League Pin, an honor very few Urban League members ever receive.

In addition to her work with the Urban League, Mrs. White shared her vitality of spirit and passion for community service with many other community organizations which have had a profound positive impact on the Pontiac community. Mrs. White's served on the Executive Board of Pontiac Youth Assistance, aiding the organization is its efforts to support Pontiac youth and prevent truancy. Mrs. White's work as a Vice President of the Pontiac Area PTA Council and President of PTAs for several Pontiac schools furthered her work with

local schools to strengthen and empower all sectors of the Pontiac community. Additionally, Mrs. White's volunteer efforts with the United Way and March of Dimes supported causes serving those in need in our area and beyond.

Madam Speaker, I ask my colleagues to join me today to honor Mrs. Clara White's dedication to the Pontiac community through public service and volunteerism. Mrs. White's recognition from organizations in Pontiac, Oakland County, and Michigan make evident that her positive impact has been felt far and wide. I wish her many many more years of health, happiness, and productive service to our shared communities.

RECOGNIZING THE RETIREMENT OF LARRY WARGOWSKY

HON. RON KIND

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. KIND. Madam Speaker, I rise today in recognition of Larry Wargowsky, who has retired from his position as Refuge Manager for the Necedah National Wildlife Refuge after thirty three years of service with the U.S. Fish and Wildlife Service, fourteen which were spent managing the Necedah Refuge.

He was born and raised across from the Refuge in Juneau County, and enjoyed a career that took him many places, but was fortunate to retire at the Necedah National Wildlife Refuge. Larry Wargowsky started his career of public service after college where he worked for the Wisconsin Department of Natural Resources at Horicon, Black River Falls and Mead Wildlife Area. He then joined the U.S. Fish and Wildlife Service working at various National Wildlife Refuges in Illinois, Iowa, Michigan, Ohio and Wisconsin. His work has benefited not merely one refuge, or even just one state, but Larry Wargowsky has been a public servant whose career has benefited an entire nation.

Throughout his tenure at the refuge, Larry has seen the resurgence of many wildlife critters from the first bald eagle reproduction in 25 years in 1996 to an increase in populations of the timber wolf and was instrumental in the reintroduction of the Whooping crane to this area. For this he received the Recovery Champion Award from the U.S. Fish and Wildlife Service in 2002. The Whooping crane project at the Necedah Refuge has been a boon to Necedah and Juneau County and has made the area a major ecotourism destination. The Whooping cranes brought international attention to the Necedah National Wildlife Refuge. To accommodate visitors, Larry led an effort to build a new visitor center. Additionally, the Friends of the Necedah National Wildlife Refuge was created under his leadership and this today represents a robust and active group. He is as much a friend to our country as he is to our environment.

I am proud to stand before this chamber and applaud the dedication of Larry Wargowsky to a life of public service and conservation. As an avid sportsman, I am personally grateful to Larry for all of his hard work in preserving our wildlife refuges, but this recognition goes beyond the gratitude of one individual.

We as Americans should be grateful to a man who has dedicated his life to public service, and we as inhabitants of this planet should be grateful to that same man who has dedicated his life to defending our wildlife refuges.

RECOGNIZING THE SERVICE OF HENRIETTA SPROAT AND THE WOMEN AIRFORCE SERVICE PILOTS OF WORLD WAR II

HON. TOM MCCLINTOCK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. MCCLINTOCK. Madam Speaker, I rise today to honor the service and achievements of Henrietta Sproat from Oroville, California. During World War II, Mrs. Sproat flew as a member of the Women Airforce Service Pilots (WASPs). These aviators were the first female flyers to be trained on U.S. Military aircraft. During the time when the need of the country was greatest, these brave women flew fighter, bomber, transport and training aircraft in the defense of American freedom.

I was a proud cosponsor of the legislation that recognized these women's service, and I rise today to recognize Henrietta Sproat and congratulate her on receiving the Congressional Gold Medal.

RECOGNIZING NATIONAL PEACE CORPS WEEK AND THE 49TH ANNIVERSARY OF THE PEACE CORPS

HON. MAZIE K. HIRONO

OF HAWAII

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Ms. HIRONO. Madam Speaker, in the 49 years since the Peace Corps was established, nearly 200,000 volunteers have contributed their time, energy, and skills to create opportunity, empower people, and encourage progress in the developing world.

By facilitating an international dialogue between the people of the United States and others across the globe, Peace Corps volunteers have helped to increase cultural awareness, tolerance, and respect at home and abroad. The compassion and commitment of these volunteers have left significant and enduring impacts on individuals and communities throughout the world.

I am honored to represent many Peace Corps alumni, and I would like to recognize ten current volunteers: Claire Albrecht in Zambia; Maridee Bonadea in Mali; Mitra Heffron in Paraguay; Hololapakaen Hoopai in Kyrgyzstan; Kacie Miura in China; Steven Miyakawa in Togo; Nicole Nakama in Botswana; Kathryn Ogin in Ukraine; Mai Shintani in China; and Theodore Varns in Guatemala. The selfless service and dedication of these individuals make them exemplary ambassadors of the Aloha spirit.

Mahalo (thank you) to all Peace Corps volunteers, past and present, for your work in

promoting peace and friendship throughout our world.

RECOGNIZING THE SADLOWSKI
FAMILY

HON. GUS M. BILIRAKIS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. BILIRAKIS. Madam Speaker, I rise today to recognize George and Tina Sadlowski, who have two sons as well as a daughter-in-law who currently serve in the United States Army. Mr. and Mrs. Sadlowski have founded Operation Treasures for Troops, which provides food and other essential items to military personnel who are stationed overseas.

The Sadlowskis began Operation Treasures for Troops during their oldest son's first deployment in order to provide their son with food and other items that are not available during their deployments. Currently, the Sadlowskis collect items for the troops through their church, the North Lake Family Church, in Tarpon Springs, Florida, and are in the process of recruiting stores to donate items, which would offset the costs of their organization.

The Sadlowski's oldest son, Eric Sadlowski, is currently serving in Afghanistan after having previously served twice in Iraq. Andrew Sadlowski, their middle son, recently joined the military and is awaiting his first deployment. Andrew's wife, Nicole, is currently preparing to be deployed to Afghanistan. Because both are currently serving in the military, Andrew and Nicole have lived apart since they were married. Additionally, the Sadlowski's youngest son, Patrick, also desires to serve in the military.

The Sadlowskis currently mail about 100 boxes to the troops per year, financing the postal and shipping costs themselves. H.R. 707, the Home Front to Heroes Postal Benefits Act, which I have cosponsored, would provide monthly vouchers so those at home could mail packages and correspondence to deployed soldiers without charge. This would allow more funding to be spent on items for the troops instead of on postal costs.

Madam Speaker, I strongly commend the Sadlowski family for their extraordinary military service and for the selfless work that Mr. and Mrs. Sadlowski do to serve the troops overseas. I sincerely thank Eric, Andrew, and Nicole for their service for our country and the many sacrifices they make as they serve overseas. My most heartfelt thanks go to George and Tina as they voluntarily organize and send boxes to our troops overseas. The Sadlowski family has shown how much they care about our nation as each of them willingly serves our country, both by their military service and their service for our troops.

HONORING THE WORK OF MS.
MAXINE FLOURNOY

HON. SOLOMON P. ORTIZ

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. ORTIZ. Madam Speaker, I rise today to recognize the work and dedication of a true patriot, Maxine Flournoy who today receives the Congressional Gold Medal of Honor for her service as an airforce service pilot during World War II.

She is among 300 surviving women who served as Women Airforce Service Pilots during World War II. During the war, 1,102 women pilots served.

Ms. Flournoy completed a pilot training program in early 1941 at a junior college in Joplin, Missouri, and while working as a grinder at a defense plant, she learned about the military needing women to serve as pilots.

Shortly after that, Ms. Flournoy was en route to Kansas City on a bus to volunteer. She trained for about one year. The Women Airforce Service Pilots logged 60 million miles in missions across the United States; however, during their time in the military, they did not have the benefits offered equally to other service members.

In 1977, the Women Airforce Service Pilots were granted status as veterans of this country. I am moved to learn these women served our country during a time of hardship, and thank them for their service to our nation.

Today, I ask my colleagues in the House of Representatives to honor the work, service and dedication of Ms. Flournoy, who is among 300 surviving women who served this country during World War II.

RECOGNIZING THE SERVICE OF
MARGARET DEBOLT AND THE
WOMEN AIRFORCE SERVICE PI-
LOTS OF WORLD WAR II

HON. TOM McCLINTOCK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. McCLINTOCK. Madam Speaker, I rise today to honor the service and achievements of the late Margaret Louise Debolt from my home state of California. During World War II, Margaret flew as a member of the Women Airforce Service Pilots (WASP). These aviators were the first female flyers to be trained on U.S. Military aircraft. During the time when the need of the country was greatest, these brave women flew fighter, bomber, transport and training aircraft in the defense of American freedom.

It was during her service with the WASPs that Margaret met her future husband, First Lieutenant Charles D. Christian of the United States Army Air Corps. They were married in November, 1945 and went on to be the proud parents of James and Kay Christian, who now reside in El Dorado Hills, California. Margaret continued flying well into her seventies, exemplifying the adventurous spirit for which she was so well known. Margaret passed away at

the age of 83 in Covina, California on August 6, 2004.

I was a proud cosponsor of the legislation that recognized the service of the WASPs and awarded them the Congressional Gold Medal. I regret that Margaret could not be with us when her medal was awarded, but I am glad that her family joined us in Washington to remember and honor her service.

A TRIBUTE TO SHELIA EVANS-
TRANUMN

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition of Shelia Evans-Tranumn, who, as an Associate Commissioner for the New York State Education Department, managed the Office of School Improvement and Community Services in New York City and in Albany, New York. Associate Commissioner Evans-Tranumn has had the major responsibility for directing and coordinating State Education Department Services and technical assistance to New York City schools and to the New York City public school system. Her work as associate commissioner will always be valued by the New York education community, especially as a model for leadership, management and supervision of the service needs of schools and school districts. As an advisor to the Commissioner and the Board of Regents, she is a role model in her steadfast efforts to serve and represent our children effectively.

Prior to joining the New York State Education Department, Ms. Evans-Tranumn served as an English teacher, center administrator, assistant principal and the Director of the New York City Board of Education's Auxiliary Services for High Schools, the largest alternative high school program in the United States. Ms. Evans-Tranumn supervised interdisciplinary teams that work with the New York City educational community to implement school reform initiatives. The impact of her work in New York State can be found in documents published by the United States Education Department, policy documents of National Board of Education, and implementation plans for local school districts. Based upon the work of her office, Education Week has named New York State No.1 for its work in the area of accountability.

Ms. Evans-Tranumn is a product of New York City public schools. A graduate of North Carolina Central University, she received a Master's degree from Long Island University. Additionally, she completed class requirements for a doctorate at New York University. She is the recipient of numerous awards and recognitions, including the Reliance Award for Excellence in Education, the Administrative Women in Education Trailblazer Award, the Albany NAACP Freedom Award and the New York State NAACP "Measure of a Woman" Award in honor of Dr. Martin Luther King, Jr. Ms. Evans-Tranumn also received an Honorary Doctorate from Medgar Evers College.

Building the capacity of institutions, communities and individuals to better serve children

is the core of her professional and personal life. As the highly respected advocate and voice of reason in Brooklyn for educational ideals to benefit inner-city children, Ms. Evans-Tranumn stands with those who understand that equal and quality education is a fundamental civil, constitutional right.

Madam Speaker, I urge my colleagues to join me in recognizing Shelia Evans-Tranumn.

THE IRAN SANCTIONS ENHANCEMENT ACT

HON. MARK STEVEN KIRK

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. KIRK. Madam Speaker, I rise to introduce the Iran Sanctions Enhancement Act, a bipartisan measure to enforce U.S. law regarding Iran.

As the New York Times reported last Sunday, for far too long, international businesses have ignored the Iran Sanctions Act of 1996.

The Iranian regime continues its pursuit of nuclear weapons and remains the world's leading sponsor of terrorist organizations, including Hamas, Hezbollah, and the Palestinian Islamic Jihad. While the original ISA was intended to deter investment in Iran's energy sector that serves as the main source of financial support for the regime, no entity has ever been held accountable under the Act.

The executive branch has disregarded the enforcement of existing U.S. sanctions on Iran for far too long—and this Administration has been no exception to the rule. In October of last year, fifty members of Congress wrote to the Administration, requesting an investigation of potential ISA violators identified by the non-partisan Congressional Research Service (CRS). Despite a pledge by the Assistant Secretary of State Jeffrey Feltman to conduct such an investigation within 45 days, the Administration still has not provided Congress with the full results of its investigation.

Therefore, this bill would require the President to investigate and determine ISA violators within 45 days and to notify Congress. To aid the Administration's efforts, this bill mandates the Government Accountability Office (GAO) to publish monthly a list of those entities suspected of violating the ISA.

The time to act is now. To stop Iran's pursuit of nuclear weapons and curb its sponsorship of global terrorism, I urge my colleagues to join in cosponsoring this important bipartisan legislation.

HONORING JUDGE THOMAS WARD

HON. C.A. DUTCH RUPPERSBERGER

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. RUPPERSBERGER. Madam Speaker, I rise before you today to honor Judge Thomas Ward for his remarkable work with the Hibernian Society and outstanding service to the citizens of Baltimore, especially within our Irish community.

Ward, a native Baltimorean, began his career in civic duty as a Member of the Baltimore City Council in 1963, during which time he sponsored legislation to create The Parking Lot Act, the Architectural and Historical Commission, and a tree planting program that resulted in the implantation of over 25,000 trees.

A graduate from Georgetown University, the University of Maryland School of Law, and The Johns Hopkins University Graduate School, Judge Ward spent an illustrious 29 years practicing law as an attorney and another 15 years presiding as a judge, where he was known as one of the hardest working judges on the Baltimore Circuit Court.

When the people of Ireland immigrated to Baltimore, many of them found employment with the B & O Railroad. Judge Ward was so inspired by the gritty hard work of these immigrants that he wanted to find an appropriate way to honor them. In the late 90s, he helped begin the Railroad Historical District Corporation after he was approached to help repair 5 alley homes along Lemmon Street, commonly referred to as the "Lemmon Street Five." Ward rallied historic preservationists, raised money, recruited volunteers, and faced the difficult task of restoring dilapidated 160-year-old buildings. With his steadfast determination and desire to better his community, Judge Ward saw the completion of the "Lemmon Street Five" in 2002. Of the five Lemmon Street houses, two developed into the Irish Shrine and Railroad Workers Museum, which pays tribute to the Irish immigrants who started new lives in Baltimore during the Great Famine of 1845–50.

As a member of the Hibernian Society of Baltimore, Judge Ward continues to provide charitable assistance and advice to immigrants from Ireland. Judge Thomas Ward greatly deserves the title of Hibernian of the Year for his exceptional work within their organization.

Madam Speaker, I ask that you join with me today to honor Judge Ward, an exemplary citizen of the State of Maryland and commendable member of the Hibernian Society.

MARCH IS RED CROSS MONTH

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. TOWNS. Madam Speaker, I rise today to acknowledge that March is Red Cross Month. This is a time for us to officially recognize the essential role that the American Red Cross plays in our communities helping to ensure our communities are more ready and resilient in the face of future disasters. March has been celebrated as "Red Cross Month" since 1943 when President Franklin D. Roosevelt called the wartime fundraising campaign the "greatest single crusade of mercy in all of history." As we celebrate this American Red Cross Month, I encourage all individuals to commit themselves to strengthen their own communities through service and volunteer opportunities with the Red Cross. Volunteers help make our country stronger, and no where is this more evident than in communities coming together to support each other in times of need.

From rebuilding former adversaries after World War II, to saving lives after the tragic earthquake in Haiti, the American people have an unmatched tradition of responding to challenges at home and abroad with compassion and generosity. In just over one month since the earthquake, the Red Cross has provided assistance to more than 1.3 million people and will continue to aid hundreds of thousands more in the months ahead. In Chile, the American Red Cross is prepared to mobilize support, including relief supplies and trained personnel. The American Red Cross is also assisting the Chilean Red Cross, through the International Federation of the Red Cross and Red Crescent appeal, to assist 75,000 people for six months in the areas of shelter, water and sanitation, health and telecommunications.

At home and abroad, one in five Americans is touched by the Red Cross every single year. The American Red Cross in Greater New York responds to an average of 7 emergencies a day—fires, floods, building collapses—and provides immediate humanitarian aid to as many as 100,000 people affected by these emergencies each year. In my district alone in 2009, the Greater New York Chapter responded to 264 disasters and registered 1,337 people for Red Cross assistance.

Whether it is an earthquake or a single family home fire; a call for blood or a call for help, the American Red Cross is there. I ask that you and my distinguished colleagues join me in applauding the hard work of the American Red Cross volunteers and celebrating March as American Red Cross Month.

MEGAN HELT

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Megan Helt. Megan is a very special young woman who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Girl Scouts of the USA and earning the high honor of the Gold Award.

Megan's outstanding achievement reflects her hard work and dedication. Megan has exhibited unique and creative examples of service that have made a difference in her community. I am confident that she will continue to hold herself to the highest standards in the future. This is an accomplishment for which Megan can take pride in for the rest of her life.

Madam Speaker, I proudly ask you to join me in commending Megan Helt for her accomplishments with the Girl Scouts of the USA and for her efforts put forth in achieving the highest distinction of the Gold Award.

TRIBUTE TO JAMES D. MACPHEE

HON. FRED UPTON

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. UPTON. Madam Speaker, I rise today to pay tribute to James D. MacPhee of

Schoolcraft, Michigan, who will become Chairman of the Independent Community Bankers of America, ICBA, on Thursday, March 18, 2010.

Mr. MacPhee's long association and dedication to the ICBA has unquestionably qualified him for this position. He has served as chairman of the ICBA Membership/Marketing Committee and is this year's ICBPAC auction chairman. He has served as vice-chairman and an at-large member of the ICBA Executive Committee and represented the State of Michigan on the ICBA Board of Directors.

Southwest Michigan has greatly benefited from Mr. MacPhee's career in the community banking industry. He has been with Kalamazoo County State Bank for 35 years, serving as CEO for the past 17, and is a member of the board of directors of First State Bank in Decatur, Michigan. Mr. MacPhee has held the esteemed positions of both director and president in the Michigan Association of Community Bankers and currently serves as chairman and a member of the board of directors of the Michigan Association of Community Bankers Service Company.

Throughout his impressive career, James MacPhee has continually given back to the community. He was a charter member and chairman of the Village of Schoolcraft Downtown Development Authority, and a charter member of the Schoolcraft Community Association, and has served on the board of directors of the Bronson Health Foundation. Mr. MacPhee's dedication to Michiganders has been evident in both his career and his long history of community involvement.

I am confident that James MacPhee will serve the ICBA with the same dedication and fervor he has given to the Michigan banking community. We in Southwest Michigan are very proud and grateful for his leadership.

TRIBUTE TO PAUL OOSTBURG SANZ

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. SKELTON. Madam Speaker, I rise today to pay tribute to Mr. Paul Oostburg Sanz, who until recently served as the General Counsel of the House Armed Services Committee. As a result of his confirmation by the other body late last week, Paul will soon take a new position as the General Counsel of the Department of the Navy.

Paul Oostburg Sanz became General Counsel of the House Armed Services Committee in January 2007, just at the time I had the honor to begin serving as committee chairman. In the almost three years since, Paul has played a critical role in day-to-day operations of the committee and has also been a trusted advisor on the legal issues facing the Department of Defense.

It is no exaggeration to say that Paul's ability to grasp complex issues, his attention to detail, and his years of experience on Capitol Hill were instrumental in helping our committee and the Congress to achieve the enactment of the last three annual National Defense Authorization Acts.

Our committee and the Congress have particularly benefited from Paul's expertise on matters related to detainee policy and the Military Commissions Act, as well as issues related to counter-narcotics, matters related to Southern Command, and international legal issues.

A look at Paul's resume gives you a good idea about the breadth and diversity of his experience. He earned a law degree at Harvard University Law School and earned a Master in Public Affairs degree from Princeton University.

His international experience includes service as Peace Corps English teacher in Guinea-Bissau, and work in South Africa conducting political party training during the historic 1994 national elections. Paul also worked on conflict-resolution issues for the U.S. Embassy in Liberia, and on democracy and governance programs for the USAID Mission in Mozambique.

Before coming to Capitol Hill, Paul clerked for a U.S. district court judge in Puerto Rico. From May 2001 to December 2006, Paul served as the Deputy Chief Counsel for the House Committee on International Relations, providing strategic and procedural counsel to our distinguished colleague, the late Congressman Tom Lantos, who at that time was the committee's Ranking Member.

It is clear that Paul has the education, experience, and intellectual gifts to be an excellent General Counsel for the U.S. Navy. I also believe Paul has the temperament to serve our country exceptionally well in this position. In the time I have worked with Paul, he has approached every problem and every challenge thrown his way with a calm demeanor and rational analysis. Then he gets to work, and his hard work pays off.

Because of Paul Oostburg Sanz's outstanding ability and work performance, I am not surprised the Obama Administration sought him out to serve at the Pentagon. The prospect of Paul's departure from the Hill gives me no joy, but I am happy that his talents have been recognized and that our country will continue to benefit from his service. Paul will be missed by all of us on the House Armed Services Committee, but I wish him every success in his new role as General Counsel of the Department of the Navy.

KAITLYNN McLAUGHLIN

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Kaitlynn McLaughlin. Kaitlynn is a very special young woman who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Girl Scouts of the USA and earning the high honor of the Gold Award.

Kaitlynn's outstanding achievement reflects her hard work and dedication. Kaitlynn has exhibited unique and creative examples of service that have made a difference in her community. I am confident that she will continue to hold herself to the highest standards in the fu-

ture. This is an accomplishment for which Kaitlynn can take pride in for the rest of her life.

Madam Speaker, I proudly ask you to join me in commending Kaitlynn McLaughlin for her accomplishments with the Girl Scouts of the USA and for her efforts put forth in achieving the highest distinction of the Gold Award.

A TRIBUTE TO RHONDA SPAULDING'S FIRST WOMEN'S CONFERENCE

HON. ROBERT A. BRADY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. BRADY of Pennsylvania. Madam Speaker, I rise today to honor Rhonda Spaulding, Deliverance Evangelistic Church's First Lady, on her first Women's Conference. I congratulate Sister Spaulding on this achievement, as it will greatly benefit the women, and larger community, of Philadelphia.

As First Lady of the Deliverance Evangelistic Church, Sister Spaulding is a devoted teacher and community servant. Working with her church, she has been involved with various ministries dedicated to bettering the surrounding neighborhood. In an effort to continue and extend her community outreach and assistance, she has established the Deliverance Evangelistic Church's first Women's Conference, to be held on April 22 and 23, 2010.

This conference will address many of the most pressing issues facing women in Philadelphia. The unique needs and concerns of abused women, women in shelters, and young single mothers will be paid special attention. In focusing on the women of her community, especially the most disadvantaged, Sister Spaulding will be strengthening her community for generations to come.

Madam Speaker, I ask that you and my other distinguished colleagues join me in thanking First Lady Rhonda Spaulding and the Deliverance Evangelistic Church for their work in bettering their community, and congratulate Sister Spaulding on the occasion of her first Women's Conference.

HONORING LANCE CORPORAL NIGEL K. OLSEN, USMC

HON. JASON CHAFFETZ

OF UTAH

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. CHAFFETZ. Madam Speaker, I rise for the second time in just one short week to honor a young Marine from my district who paid the ultimate price for our country, and reminded us with his sacrifice that freedom isn't free.

Marine LCpl Nigel K. Olsen died on March 4, 2010, while serving in the Helmand province in Afghanistan, just days after Lance Corporal Aragon, a fellow Utah Marine in his unit passed away.

Like so many serving with him, Lance Corporal Olsen rose to answer the call of duty with a maturity and patriotic honor far beyond his years. He had finished high school at Mountain View High in Orem just 3 years earlier, and enlisted right after graduation. He knew from a young age that he wanted to serve in the military, to serve the country he loved, even before he rode on an aircraft carrier from Hawaii to California in elementary school.

We honor Lance Corporal Olsen's mother Kim and father Todd, and his sister Stacy and her daughter as well. They also loved their country—our country—enough to let the son and brother and uncle whom they loved serve in Afghanistan with his fellow Marines.

At this time of their loss, I would ask my colleagues to join with me in extending our Nation's heartfelt condolences and appreciation for the service and sacrifices of Lance Corporal Olsen and his family. We ask so much of these fine young men and women in the Armed Forces.

May we ever keep our servicemembers and their families in our thoughts and prayers, and may God bless them, and the United States of America.

DANIELLE MULLENS

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Danielle Mullens. Danielle is a very special young woman who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Girl Scouts of the USA and earning the high honor of the Gold Award.

Danielle's outstanding achievement reflects her hard work and dedication. Danielle has exhibited unique and creative examples of service that have made a difference in her community. I am confident that she will continue to hold herself to the highest standards in the future. This is an accomplishment for which Danielle can take pride in for the rest of her life.

Madam Speaker, I proudly ask you to join me in commending Danielle Mullens for her accomplishments with the Girl Scouts of the USA and for her efforts put forth in achieving the highest distinction of the Gold Award.

IN RECOGNITION OF P.K. BROOKS

HON. MIKE ROGERS

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. ROGERS of Alabama. Madam Speaker, I would like to request the House's attention today to pay recognition to a constituent and friend of mine, Mr. P.K. Brooks.

Mr. Brooks is 78 years old and has been in business in my community of Saks for 56 years. During that time he has been a pillar of the community and a role model for genera-

tions of young people whose lives he has touched. He remains one of the most respected leaders in the area.

He grew up in Wedowee, Alabama, and played basketball for Randolph County High School. He later joined the Navy during the Korean War.

Mr. Brooks is a man of integrity and full of compassion for the folks around him. He has been a member of Saks Baptist Church for 53 years. Over the years, he has belonged to numerous organizations including Civitan, VFW and Gideon's.

On March 28th, an appreciation function will be held in the afternoon at Saks Civitan Club.

All of us across Calhoun County are pleased to recognize such an outstanding individual. I hope we can all look to Mr. Brooks as an example of how to live and I am proud to call him my friend.

HONORING THE LIFE OF SGT
BENJAMIN SHERMAN

HON. BILL DELAHUNT

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. DELAHUNT. Madam Speaker, I rise today to honor the memory of a fallen soldier, son, husband, and, now, a father. The life of Sergeant Benjamin Sherman was tragically cut short thousands of miles from home near on his second heroic tour of duty in Afghanistan. His daughter, Skylah May-Marie Sherman, was born just yesterday on Tuesday, March 9.

Ben was a hero long before he sacrificed his life for his country. Born to Bill and Denise Sherman of New Bedford, Massachusetts, he served as an exemplary role model for his two sisters, Meredith and Jessica, through their youth and adolescence at Plymouth South High School. It was during middle school in Plymouth that Ben first met Patricia—the girl who would one day become his wife. While many young high school students struggle to balance their daily routines with the natural torment of their teen years, Ben held himself to a standard above his peers. Always the first to stand up for a cause, he was a student of integrity and a model of resilience.

Recognizing his own passion to aid his fellow Americans, Ben enlisted in the Army in August of 2006. He was assigned to the 82nd Airborne Division at Fort Bragg, North Carolina in the battalion mortars section of the 508th Parachute Infantry Regiment. He was deployed for the first time in January of 2007, where his unit was engaged in fierce fighting throughout the Helmand Province of Afghanistan. Often in the thick of the action, Ben was instrumental in the battalion's efforts to clear the Taliban from the Helmand River Valley. His steadfast resolve served him well through the cutting edge of battle, and he was publicly lauded for his astute decision-making despite the pressures of battle and his courage in the face of determined enemy attacks.

It was during his return from that first deployment, on May 2, 2008, that he proposed to the girl who had waited for him with patience and grace through the long months of deployment. Patricia and Ben were married

August 26 and hurriedly began what they prayed would be a long, healthy life together in Fayetteville, North Carolina. In July of 2009, one month before his final deployment, Ben and Patricia learned the happy news that their first child—a daughter—was on her way. With this newfound joy in his heart, Ben returned with his unit to Afghanistan in August.

Regularly exposed to the many dangers inherent in war, Ben continued his tradition of excellence during his second deployment in the Badghis Province in northwestern Afghanistan. No task was too difficult nor challenge too daunting for the expert mortar-man, Sergeant Sherman. On November 4, 2009, while conducting operations near the town of Bala Murghab, Ben fell into the Murghab River and drowned. He was 21 years old.

Ben's greatest gift to his country lies not in his heroism in battle, his legacy at Plymouth South High School, or the tragedy of his untimely death. Instead, his memory will forever endure in the starlit eyes, coy smile, and zealous ambition of Skylah May-Marie Sherman—a daughter who may never know the embrace of her father, yet will always carry in her heart the stories, photos, and memories of a man whose passion for life was fueled by his love for an unborn daughter and beloved wife.

BEAUMONT FIREFIGHTER AND 80
OTHER TEXANS RESPOND TO
THE HAITIAN EARTHQUAKE

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. POE of Texas. Madam Speaker, we grieve with those in Haiti over the loss of life during the devastating 7.0-magnitude earthquake January 12. Many Americans rushed to help, including one particular Texan from Beaumont. Firefighter Joshua Fowler is one such hero. The city of Beaumont in the Second District of Texas is proud to honor Joshua Fowler for his service to the people of Haiti during his international rescue tour as a member of the Texas Task Force 1.

The Texas Task Force 1, an urban search and rescue group, is comprised of 210 personnel. These individuals respond to disasters including earthquakes, hurricanes, widespread tornadoes, and man-made technological and terrorist events in Texas and throughout the United States. Haiti was their very first international deployment. Joshua Fowler has been a firefighter/EMT-1 for the City of Beaumont Fire/Rescue Services since 2000 and was one of 80 Texans that assisted the people of Haiti.

We applaud Joshua for his selfless service as well as the many others that have also put themselves in harm's way to protect and rescue Haitians who were trapped and wounded during this earthquake. We thank them for their commitment to responding to disaster-stricken areas with a selfless love for others.

BROOKE JACKSON

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Brooke Jackson. Brooke is a very special young woman who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Girl Scouts of the USA and earning the high honor of the Gold Award.

Brooke's outstanding achievement reflects her hard work and dedication. Brooke has exhibited unique and creative examples of service that have made a difference in her community. I am confident that she will continue to hold herself to the highest standards in the future. This is an accomplishment in which Brooke can take pride for the rest of her life.

Madam Speaker, I proudly ask you to join me in commending Brooke Jackson for her accomplishments with the Girl Scouts of the USA and for her efforts put forth in achieving the highest distinction of the Gold Award.

HONORING FORMER NASSAU
COUNTY COMPTROLLER HOWARD
WEITZMAN

HON. GARY L. ACKERMAN

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. ACKERMAN. Madam Speaker, I rise today to honor Howard Weitzman, who served as the Comptroller of Nassau County, New York from 2001 through 2009.

When Howard first took office, Nassau County faced an unprecedented budget crisis. Together with the County Executive, Howard brought Nassau County back from the brink of bankruptcy, balanced the county's budget, and turned deficits into surpluses; a feat made more remarkable when considering he engineered Nassau County's fiscal turnaround without a tax increase for three consecutive years.

During his eight year tenure, Howard enhanced the reputation of the Comptroller's Office and helped to restore Nassau County residents' trust that their local government worked for their best interests. Under his stewardship, Nassau County recovered millions of dollars for taxpayers by exposing waste, fraud, abuse and mispending by agencies and vendors that did business with the County. He pioneered the launch of the NassauRx Card, an innovative prescription drug discount program that, to this day, provides savings off retail prescription drug prices. To date, the NassauRx Card has saved Nassau residents more, than \$12 million.

Prior to becoming Comptroller, Howard served as the Mayor of Great Neck Estates, where he and his wife, Susan, have resided for 28 years. He is a Certified Public Account, a former national healthcare partner at KPMG, and the paragon of a true, dedicated public servant. Howard's years of selfless service to his community are exemplary and his many

achievements on behalf of Nassau County residents are worthy of recognition. I ask all my colleagues in the House of Representatives to please join me in honoring Howard Weitzman and thanking him for his service.

REMEMBERING MANUS "JACK" FISH**HON. FRANK R. WOLF**

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. WOLF. Madam Speaker, I come to the floor today to share the sad news of the passing of Manus "Jack" Fish. An engineer by profession, Jack worked for almost four decades at the National Park Service here in Washington, serving from 1973 until his retirement in 1988 as the director of the National Capital Region. Jack, one of my constituents from Ashburn, Virginia, died on February 27 at the age of 81 following a stroke.

I had the pleasure of first working with Jack Fish in the early 1970's when I served in the Interior Department under Secretary Rogers C.B. Morton and he was at the Park Service. When I came to Congress in 1981, our working relationship continued, and Jack was instrumental in the approval of a safety improvement plan I had recommended at the merge of the Spout Run Parkway and the George Washington Memorial Parkway, the first federal parkway and gateway to the nation's capital.

Jack was the epitome of a public servant. He loved his job and made it his life's work to maintain and beautify and preserve the grounds that encompass the vast national capital region—from the gardens to the memorials to the Mall to the parks—for every resident and visitor of this area to enjoy.

We express our condolences to his wife of 58 years, Rosemary Fish, their 12 children, 42 grandchildren and nine great-grandchildren, and we remember Jack Fish with these biblical words: "Well done, good and faithful servant."

Madam Speaker, I submit an obituary for Jack Fish published in the Washington Post on March 4.

[From the Washington Post, Mar. 4, 2010]

MANUS "JACK" FISH, 81, DIES; LED NATIONAL
PARK SERVICE WORK
(By Patricia Sullivan)

Manus "Jack" Fish, 81, the National Park Service regional director who oversaw the heavily trafficked National Mall, expanded the Civil War battlefield at Manassas and supervised the planting of 150,000 trees and millions of flowers in the parks and byways of greater Washington, died after a stroke Feb. 27 at Heritage Hall nursing and rehabilitation center in Leesburg.

Mr. Fish led the Park Service's complex and diverse National Capital Region, whose holdings include historic memorials, the 185 mile-long C&O Canal, an urban sports complex, Civil War battlefields, the White House and two major highways. His office granted 1,000 permits a year for demonstrations including a one-person crusade for "husband liberation" as well as the hundreds of thousands who gather for the Fourth of July celebrations between the Capitol and Wash-

ington Monument. He was the regional director from 1973 to 1988 after working three years as the deputy.

A diplomatic and unflappable engineer, Mr. Fish worked for the Park Service for 36 years, based the entire time in Washington. He helped design playground swings and the Roosevelt Bridge and became a regular presence on Capitol Hill, either appearing at hearings or reassuring his hundreds of Congressional bosses that, yes, he was dealing with the timing of lights on Spout Run at George Washington Parkway or trying to resolve who would pay for a leaking roof at the Kennedy Center.

"I've got to study issues in detail," he told a Washington Post reporter in 1978. "And I guess I like that. If I didn't, I'd have ulcers and high blood pressure."

His nighttime studying was done in a household of a dozen children, with television, radio, stereos and phone conversations swirling around him. His wife of 58 years, Rosemary Fish, was "kind of a short-order cook," he joked, adept at managing the comings and goings of the brood.

In addition to his wife of Ashburn, survivors include 12 children, M. John Fish of Herndon, Theresa Grooms of Leesburg, Mary Ann LaRock of Gambrills, Joan Rowe of Irmo, S.C., Peter Fish of Huntsville, Ala., Christine Behrmann of Troy, N.Y., Helen Kokolakis of Falls Church, and Kathleen Key, Rosemary Burke, Brigid Powell and Bernadette Ishmael, all of Ashburn; a brother; a sister; 42 grandchildren; and nine great-grandchildren.

After leaving the Park Service in 1988, Mr. Fish worked for 10 years as vice president at the West Group, a local real estate developer, and was chairman of the Parks & History Association, which operates 25 bookstores in the national parks. He also served on numerous boards and was a member of St. Theresa Catholic Church in Ashburn.

A native of Trenton, N.J., Manus John Fish Jr. moved to Washington as a youth and graduated from St. John's College High School. He served in the Army in Korea between World War II and the Korean War, then returned to Washington and graduated from Catholic University with a degree in engineering. He began working for the Park Service in 1952, reporting to the stone engineer's office near the Washington Monument.

In pursuit of his duties, he rode in countless parades, mastering horseback riding in two days in order to accompany a member of Congress on a tour of one of the parks, and learned to iceskate overnight when a skating rink opened on the Mall. "I was able to stay on the horse, and I kind of skated on my ankles," he told a Post reporter in 1988.

He also managed 3,000 employees and oversaw an annual operating budget of \$100 million. During his tenure, Constitution Gardens and the Vietnam Veterans Memorial opened on the Mall; handicapped-accessible entrances were added to many memorials, and Wolf Trap's Filene Center was rebuilt. It was his decision to close Beach Drive in Rock Creek Park to vehicles on weekends and holidays, to close and grass over two streets on the Mall and to eliminate nine holes from a 36-hole golf course in East Potomac Park to expand an adjacent softball field, a decision that did not stand under fierce protests from golfers.

He made maintenance and preservation a priority and struggled for additional appropriations for repairs, which forced him to reduce grass cutting and put off hiring Park Police officers. He received the Interior Department's Distinguished Service Medal for

guiding the expansion of the parks, especially during the 1976 Bicentennial year.

"There remains much to be done," he said upon his retirement.

So long did he hold the politically sensitive "fish-bowl" job that he, too, is memorialized. If you're at the Tidal Basin next month when the cherry blossoms bloom, take a look at the Ohio Drive bridge. You'll find some gargoyles sculpted into the stone. The fish creature is a caricature of the Park Service's Mr. Fish.

INTRODUCING A RESOLUTION COMMEMORATING THE 100TH ANNIVERSARY OF THE NATIONAL URBAN LEAGUE

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. HASTINGS of Florida. Madam Speaker, I rise today to introduce a resolution congratulating the National Urban League on its 100th anniversary.

From humble beginnings, the National Urban League has become the famed organization that it is today. Founded by Dr. George E. Haynes and Ruth S. Baldwin in 1910, the National Urban League created its first department in the area of housing in 1913.

Today, the League has expanded its operations to include over 25 national programs in 36 states, as well as in the District of Columbia. The League does extraordinary work aiding African American communities on a range of critical issues affecting the nation. Through programs designed to empower African Americans in areas of education, civil rights, civic engagement and health, the League combats inequality while improving the lives of countless people.

I am immensely proud of my own affiliation with the Urban League, going back over 35 years. In 1974, I was one of the founding members of the National Urban League of Broward County, the 104th affiliate chapter in the United States. Our goal then was to help alleviate some of the racial tensions felt throughout the community during desegregation. I went on to serve on the original board of directors for the local chapter, where we worked to empower the community, increase educational opportunities for our children, and change lives through strong advocacy for essential public services. I am pleased to add that we enjoyed numerous successes.

Over the past century, the League has made great strides in education and youth leadership and played a pivotal role in the civil rights movement. Working closely with leaders such as A. Philip Randolph and Martin Luther King, Jr., the League assisted in planning the 1963 March on Washington, and carried on the hard work of advocating for equality and opportunity in the tumultuous decades of that era. The magnitude of these accomplishments, and countless others, cannot be understated. The League's efforts have played an integral role in shaping local communities throughout the United States, advancing many of the rights that Americans today take for granted.

The National Urban League continues to improve American society through programs that positively impact education and youth, health and quality of life, entrepreneurship and business development, workforce development, and housing. Through workshops, summer programs, hands-on-learning opportunities, and other endeavors, the League enriches the quality of life of African Americans of all ages.

Although we can take great pride in the many outstanding accomplishments of the National Urban League, its work is far from over. As part of its effort to galvanize greater action, the League recently began an initiative called "I AM EMPOWERED," a social mobilization campaign of volunteers to increase awareness of the League's efforts to achieve further progress in education, jobs, housing, and health care. With 100 years of experience behind them, the hard working and dedicated men and women of the National Urban League are well poised to carry forth its important mission through the next century of progress.

Madam Speaker, I urge my colleagues to support this important resolution congratulating the National Urban League for its 100 outstanding years of service to our great nation.

MEREDITH HUGHES

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 10, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Meredith Hughes. Meredith is a very special young woman who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Girl Scouts of the USA and earning the high honor of the Gold Award.

Meredith's outstanding achievement reflects her hard work and dedication. Meredith has exhibited unique and creative examples of service that have made a difference in her community. I am confident that she will continue to hold herself to the highest standards in the future. This is an accomplishment for which Meredith can take pride in for the rest of her life.

Madam Speaker, I proudly ask you to join me in commending Meredith Hughes for her accomplishments with the Girl Scouts of the USA and for her efforts put forth in achieving the highest distinction of the Gold Award.

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate on February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place, and purpose of the meetings, when scheduled, and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Thursday, March 11, 2010 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED

MARCH 16

9:30 a.m.

Armed Services

To hold hearings to examine U.S. Special Operations Command and U.S. Central Command in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program; with the possibility of a closed session in SVC-217 following the open session.

SH-216

Foreign Relations

To hold hearings to examine the nomination of Robert Stephen Ford, of Maryland, to be Ambassador to the Syrian Arab Republic.

SD-419

10 a.m.

Energy and Natural Resources

Water and Power Subcommittee

To hold an oversight hearing to examine the Bureau of Reclamation's implementation of the SECURE Water Act, (Title 9501 of Public Law 111-11) and the Bureau of Reclamation's WaterSMART program which includes the WaterSMART Grant Program, the Basin Study Program and the Title XVI Program.

SD-366

Commission on Security and Cooperation in Europe

To hold hearings to examine Ukraine, focusing on the new challenges and prospects they face domestically and internationally and implications for U.S. policy.

SVC-201/200

2 p.m.

Homeland Security and Governmental Affairs

Oversight of Government Management, the Federal Workforce, and the District of Columbia Subcommittee

To hold hearings to examine assessing foster care and family services in the District of Columbia, focusing on challenges and solutions.

SD-342

2:30 p.m.

Intelligence

Closed business meeting to consider pending calendar business.

SH-219

MARCH 17

9:30 a.m.

Energy and Natural Resources

To hold hearings to examine the nomination of Jeffrey A. Lane, of Virginia, to be Assistant Secretary of Energy for Congressional and Intergovernmental Affairs.

SD-366

Armed Services

SeaPower Subcommittee

To hold hearings to examine Navy shipbuilding programs in review of the Defense Authorization request for fiscal

- year 2011 and the Future Years Defense Program.
SR-222
- 10 a.m.
Environment and Public Works
To hold hearings to examine the Government Accountability Office's investigation of the Environmental Protection Agency's (EPA) efforts to protect children's health.
SD-406
- Health, Education, Labor, and Pensions
To hold hearings to examine the Elementary and Secondary Education Act (ESEA) reauthorization, focusing on the Obama Administration's ESEA reauthorization priorities.
SH-216
- Homeland Security and Governmental Affairs
To hold hearings to examine the lessons and implications of the Christmas day attack, focusing on intelligence reform and interagency integration.
SD-342
- Judiciary
Administrative Oversight and the Courts Subcommittee
To hold hearings to examine bankruptcy reform, focusing on small business jobs.
SD-226
- 2:30 p.m.
Energy and Natural Resources
National Parks Subcommittee
To hold hearings to examine S. 553, to revise the authorized route of the North Country National Scenic Trail in northeastern Minnesota to include existing hiking trails along Lake Superior's north shore and in Superior National Forest and Chippewa National Forest, S. 1017, to reauthorize the Cane River National Heritage Area Commission and expand the boundaries of the Cane River National Heritage Area in the State of Louisiana, S. 1018, to authorize the Secretary of the Interior to enter into an agreement with Northwestern State University in Natchitoches, Louisiana, to construct a curatorial center for the use of Cane River Creole National Historical Park, the National Center for Preservation Technology and Training, and the University, S. 1537, to authorize the Secretary of the Interior, acting through the Director of the National Park Service, to designate the Dr. Norman E. Borlaug Birthplace and Childhood Home in Cresco, Iowa, as a National Historic Site and as a unit of the National Park System, S. 1629, to authorize the Secretary of the Interior to conduct a special resource study of the archaeological site and surrounding land of the New Philadelphia town site in the state of Illinois, S. 2892, to establish the Alabama Black Belt National Heritage Area, S. 2933, to authorize the Secretary of the Interior to conduct a special resource study to determine the suitability and feasibility of designating the Colonel Charles Young Home in Xenia, Ohio, as a unit of the National Park System, S. 2951, to authorize funding to protect and conserve lands contiguous with the Blue Ridge Parkway to serve the public, and H.R. 3804, to make technical corrections to various Acts affecting the National Park Service, to extend, amend, or establish certain National Park Service authorities.
SD-366
- Armed Services
Strategic Forces Subcommittee
To hold hearings to examine strategic forces programs in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program; with the possibility of a closed session in SVC-217 following the open session.
SR-232A
- Aging
To hold hearings to examine seniors, focusing on rising drug prices and the Part D program.
SD-562
- 3 p.m.
Commerce, Science, and Transportation
Consumer Protection, Product Safety, and Insurance Subcommittee
To hold hearings to examine financial services and products, focusing on the role of the Federal Trade Commission in protecting consumers, part 2.
SR-253
- 9:30 a.m.
Armed Services
To resume hearings to examine the "Don't Ask, Don't Tell" policy.
SH-216
- Veterans' Affairs
To hold hearings to examine legislative presentations from AMVETS, National Association of State Directors of Veterans Affairs, Non Commissioned Officers Association, Gold Star Wives, The Retired Enlisted Association, Fleet Reserve Association, Vietnam Veterans of America, and Iraq and Afghanistan Veterans of America.
SDG-50
- 2:15 p.m.
Indian Affairs
To hold an oversight hearing to examine Bureau of Indian Affairs and tribal police recruitment, training, hiring, and retention.
SD-628
- 2:30 p.m.
Intelligence
To hold closed hearings to consider certain intelligence matters.
SH-219
- MARCH 23
- 9:30 a.m.
Armed Services
To hold hearings to examine U.S. Pacific Command, U.S. Strategic Command, and U.S. Forces Korea in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program; with the possibility of a closed session in SVC-217 following the open session.
SH-216
- Judiciary
To hold an oversight hearing to examine the Department of Justice.
SD-226
- MARCH 24
- 9:30 a.m.
Veterans' Affairs
To hold an oversight hearing to examine Veterans' Affairs plan for ending homelessness among veterans.
SR-418

HOUSE OF REPRESENTATIVES—Thursday, March 11, 2010

The House met at 10 a.m. and was called to order by the Speaker.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord, we humble ourselves in Your presence. You are all powerful. We accept our limitations and turn to You in time of deepest need.

During this National Week of Prayer For Healing, we pray for the healing of AIDS in this Nation and across the globe. This devastating epidemic does not discriminate, and people of any gender, age, ethnicity, income, or sexual orientation can and are contracting this disease.

Help us, Lord, to improve the lives of those living with HIV/AIDS and enable us to spread resources, awareness, and hope to communities around the world to fight this aggressive virus.

In good times and bad, in sickness and health we find compassion in You, O Lord, and seek Your healing now and forever. Amen.

THE JOURNAL

The SPEAKER. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentlewoman from Florida (Ms. ROS-LEHTINEN) come forward and lead the House in the Pledge of Allegiance.

Ms. ROS-LEHTINEN led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1067. An act to support stabilization and lasting peace in northern Uganda and areas affected by the Lord's Resistance Army through development of a regional strategy to support multilateral efforts to successfully protect civilians and eliminate the threat posed by the Lord's Resistance Army and to authorize funds for humanitarian re-

lief and reconstruction, reconciliation, and transitional justice, and for other purposes.

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. The Chair will entertain up to 10 requests for 1-minute speeches on each side of the aisle.

CONGRATULATING UNIVERSITY OF ARIZONA

(Ms. GIFFORDS asked and was given permission to address the House for 1 minute.)

Ms. GIFFORDS. Madam Speaker, I rise today to recognize the University of Arizona for its dedication to excellence and achievement in higher education. One hundred and twenty-five years ago tomorrow, the 13th Territorial Legislature of the Arizona Territory—we were a territory at that time—authorized the establishment of the University of Arizona. And since that date in 1885, the U of A has maintained a steadfast dedication to building a better Arizona and a better future. The U of A is a testament to the vision of land-grant universities established across the country. For over 100 years, they have led, being the most important drivers for research and innovation that has powered our Nation's economy.

The U of A today continues to be at the forefront of that research. Whether it is mapping the corn genome, teaming with NASA, or using advanced optics to harvest and utilize the power of the sun, the U of A continues to press forward with cutting-edge technology. Most importantly, the university understands that its strength is in the diversity of its students.

I ask my colleagues to please join me in honoring and recognizing the 125th anniversary of the University of Arizona. Congratulations, President Shelton, to the students, the region, and to everyone associated with the U of A.

CONGRATULATING PHILLIS OETERS

(Ms. ROS-LEHTINEN asked and was given permission to address the House for 1 minute.)

Ms. ROS-LEHTINEN. Mr. Speaker, today I rise to honor Phillis Oeters, chair of the 2009-2010 Orange Bowl Committee. Phillis has offered outstanding public service to Miami-Dade for the past 25 years. She has served on numerous community boards and has

been active in several community arts organizations. She has also been recognized for her altruistic works many times, receiving awards and honors from the Greater Miami Chamber of Commerce, the American Red Cross, and United Way of Miami-Dade.

Phillis' strong professional background and her commitment to serving others made her the ideal candidate to chair the prestigious Orange Bowl Committee. She became the second woman in 100 years to chair a college bowl game.

Phillis, on behalf of all of south Florida and the United States Congress, congratulations on this achievement. Thank you for what you have done to make our community a much better place. Thank you, Phillis.

TIGHTENING FISCAL BELT

(Mr. ARCURI asked and was given permission to address the House for 1 minute.)

Mr. ARCURI. Mr. Speaker, during these tough economic times, American families have been forced to cut back and tighten their financial belts. It is time that Congress do the same and set an example for the rest of the Federal Government.

That is why I have introduced the Congressional Belt Tightening Act of 2010, which would cut our salaries as Members of Congress and our office budgets by 5 percent next year. Last year, my office tightened its financial belt and returned more than 8 percent of our official office budget to the Treasury for deficit reduction.

Additionally, we should pass legislation that requires votes on pay raises every year, no more automatic pay raises. My bill would require an up-or-down vote on all salary increases indefinitely. If Members think they are deserving of a pay raise, they will have to vote on it or answer to the American people.

Congress cannot seriously talk about reining in spending in Washington and working to decrease our Nation's debt if we are not willing to do it ourselves.

GEERT WILDERS IS PROSECUTED AND PERSECUTED FOR FREE SPEECH

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Mr. Speaker, freedom of speech continues to be shouted down by the politically correct police.

In the Netherlands, it is against the law to say something that offends someone else's religion.

That is why Dutch lawmaker Geert Wilders is on trial for hurting people's feelings. He made a movie about terrorists and radical Islamic clerics encouraging violence in the name of hate. Now he is on trial for insulting Islam. He is charged with discrimination and incitement to hatred. Because Dutch law is intolerant of intolerance.

The Dutch courts say even truthful insult speech is a crime. Sounds like the law has become the enemy of free speech and a protector of radicals.

Geert Wilders boldly brings to the world's attention the dangers of religious radicals who believe in hateful violence, and he gets in trouble for it. He ought to be commended rather than condemned and charged with a crime. Freedom of speech is a universal human right, granted by God, especially if that speech is political, religious, or truthful. A free people won't tolerate intolerance for freedom for very long.

And that's just the way it is.

HONORING WOMEN IN PENNSYLVANIA'S LEGISLATURE

(Mrs. DAHLKEMPER asked and was given permission to address the House for 1 minute.)

Mrs. DAHLKEMPER. Mr. Speaker, March is Women's History Month, and this year will be the 90th anniversary of the adoption of the 19th Amendment. Yet after nine decades, the United States ranks only 74th out of 187 countries for the percentage of women in Federal legislature, with only 17 percent as Members of Congress that are female.

In my home State of Pennsylvania, only 14 percent of the general assembly are women. For Women's History Month, I would like to recognize the women of my district who serve in the Pennsylvania General Assembly: State Senators Jane Earll, Jane Clare Orie and Mary Jo White; and State Representatives Michele Brooks, Donna Oberlander, and Kathy Rapp.

I am proud so many women represent western Pennsylvania in Harrisburg. It is my hope that women in Pennsylvania and across this country will be inspired to seek office at the local, State, and Federal level.

START OVER ON HEALTH CARE

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute.)

Mr. SMITH of Texas. Mr. Speaker, here are the results of a new Investor's Business Daily public opinion poll about health care, and if you look at the chart right here, you will see those results.

Asked if Congress should pass the current health care bill or start over,

respondents said "start fresh" by a 2 to 1 ratio, by 61 percent to 32 percent, start over.

For Independents, the split was 65 percent to only 24 percent.

On using the budget reconciliation process to circumvent a Senate filibuster to help pass the bill, 51 percent were opposed and 35 percent in favor.

Independents disliked the idea by 57 percent to 29 percent, with 39 percent opposing it strongly.

By 41 percent to 27 percent, Americans were more likely to oppose than support lawmakers who voted for the current health care reform bill.

The American people are right: Congress should listen, start over, and do it right.

HEALTH CARE REFORM

(Mr. BACA asked and was given permission to address the House for 1 minute.)

Mr. BACA. Mr. Speaker, Anthem Blue Cross in my district of California has requested raising premiums by 39 percent.

If we do nothing, the American people will continue to pay higher premiums and higher out-of-pocket costs now and in the future. And the insurance companies will continue to control the high cost of health care. A step-by-step approach is not enough, and it is not the answer, especially for the 219,000 families in my district without coverage, and with a 14 percent unemployment rate.

Health care reform holds the insurance companies accountable, ends discrimination based on preexisting conditions, cuts and eventually closes the doughnut hole for thousands of seniors, including 5,200 in seniors in my district, expands coverage for 31 million Americans who do not have health care coverage, and cuts the national deficit by \$100 billion over the next 10 years.

Health care reform must make insurance more affordable, providing the largest middle class cut for health care in history, reducing the premium costs for tens of millions of families and small business owners who are priced out of coverage today. I ask us to support health care reform.

COMMENDING GREEN MOUNTAIN CLUB

(Mr. WELCH asked and was given permission to address the House for 1 minute.)

Mr. WELCH. Mr. Speaker, I rise today to mark the 100th anniversary of the Long Trail in Vermont, and to honor the Green Mountain Club for creating, maintaining, and preserving this national treasure.

Founded March 11, 1910, by James P. Taylor, the Green Mountain Club has been dedicated to, in Taylor's words, "making the Vermont mountains play a larger part in the life of the people."

In the past century, Taylor's dream has become a reality as seasoned hikers have taken to the trail, traversing the peaks and valleys of Vermont. From Massachusetts to Canada, they have hiked the spine of the Green Mountains, some for a day and some for the length of the 237-mile beautiful trail. And in the process, they have gained an appreciation for the glory of Vermont and the importance of stewardship and conservation.

I commend members of the Green Mountain Club, and I wish them another 100 years of success.

BROKEN HEALTH CARE SYSTEM

(Mr. YARMUTH asked and was given permission to address the House for 1 minute.)

Mr. YARMUTH. Mr. Speaker, yesterday Jewish Hospital in my home town of Louisville, Kentucky, was forced to lay off 250 workers and announced plans to eliminate a total of 500 jobs. These hardworking people who played by the rules now, through no fault of their own, must figure out a new way to provide for their families.

Here are the reasons the CEO gave for the layoffs: "With 900,000 Kentuckians now without health insurance, we are experiencing a perfect storm of declining volumes and increasing levels of uncompensated care."

To my colleagues who argue health care should be scrapped and focus given to jobs and the economy, I urge you to note this tragic situation and understand: Health care is all about jobs and the economy.

To my Senator and constituent, MITCH MCCONNELL, who keeps saying we should start over and take our time, 250 Louisvillians, your constituents and mine, Senator, are the ones who are now starting over.

Louisville is anything but alone in this crisis, and the unemployed workers in my community are far from the only casualties of this failed system. I urge my colleagues to directly address our struggling economy and high unemployment without delay by working together to reform our broken health care system.

JOB CREATION IS THE KEY

(Mr. SIREs asked and was given permission to address the House for 1 minute.)

Mr. SIREs. Mr. Speaker, during the 111th Congress, Democrats have taken numerous measures to restore our Nation's fiscal health. Job creation is an essential element of this financial recovery.

We have passed the Small Business Financing and Investment Act, which will make it more affordable for small businesses to get loans and will save or create 1.3 million jobs annually.

We have passed the American Clean Energy and Security Act, which will

create millions of jobs and also provide skilled training for workers.

We passed the Jobs for Main Street Act out of the House, which has targeted investment for job training, small businesses, affordable housing, school renovation, hiring teachers, and much more.

At the very beginning of this session, the American Recovery and Reinvestment Act was signed into law, and this legislation has saved or created nearly 2 million jobs. The Recovery Act was the largest middle class tax cut in history, and has helped to provide over 300,000 jobs in the education sector.

As the weather gets warmer, thousands of infrastructure jobs will be created through Recovery Act funds to build bridges, roads, and rails.

Additionally, community health centers around the country are being created through Recovery Act funding.

I ask all of my friends to continue to support job creation.

□ 1015

DO HEALTH INSURANCE COMPANIES REALLY CARE ABOUT YOU?

(Ms. TITUS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. TITUS. Mr. Speaker, as you know, the people in southern Nevada have been hit hard during these tough economic times, caused largely by unbridled corporate greed and complicitous government action during the 8 years of the Bush administration. We have the highest foreclosure rate in the country, second highest unemployment rate, and we are one of the highest States for rates of uninsured.

People are struggling every day just to keep body and soul together. But do the insurance companies care? No, no, they don't. They continue to raise premiums up 39 percent in some States while making record profits and handing out obscene bonuses. They finance thousands of lobbyists to come to the Hill to argue against meaningful reform, and they brag about the millions that they are spending on television and radio ads that are filled with lies and distortions aimed at confusing and scaring the people, especially seniors.

So I ask the folks in District Three and beyond: Next time you see or hear one of those ads on TV or the radio, ask yourself, are the insurance companies concerned more about you or more about protecting and growing their bottom line?

HEALTH CARE REFORM NOW

(Mr. COURTNEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. COURTNEY. Mr. Speaker, as we've heard this morning, in the last

month this country has been subjected to jaw-dropping increases of health insurance rates—39 percent in California, over 20 percent in the State of Connecticut. Small businesses and the self-employed are being asked to make a choice between jobs and paying for health care. But it is not just limited to small businesses. School districts that are now putting together their school budgets are getting increases. In the State of Connecticut, 14 percent increase in Coventry, 16 percent in Old Saybrook, 18 percent in Clinton, 21 percent in Plainfield, and 25 percent in Waterford.

For school districts who cannot afford their budgets because of the bad economy, they are now going to be forced with making choices between laying off teachers, closing schools, forcing our kids into bigger school classrooms, or paying for health insurance.

For those who say start over, the insurance companies aren't going to start over. These school districts have to make decisions now, and it is time for this Congress to make a decision now to reform our health care system, protect our school districts, and help small businesses who are getting killed with these rate increases.

IMPEACHING JUDGE G. THOMAS PORTEOUS, JR.

Mr. CONYERS. Mr. Speaker, by direction of the Committee on the Judiciary, I call up House Resolution 1031 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1031

Resolved, That G. Thomas Porteous, Jr., a judge of the United States District Court for the Eastern District of Louisiana, is impeached for high crimes and misdemeanors, and that the following articles of impeachment be exhibited to the Senate:

Articles of impeachment exhibited by the House of Representatives of the United States of America in the name of itself and all of the people of the United States of America, against G. Thomas Porteous, Jr., a judge in the United States District Court for the Eastern District of Louisiana, in maintenance and support of its impeachment against him for high crimes and misdemeanors.

ARTICLE I

G. Thomas Porteous, Jr., while a Federal judge of the United States District Court for the Eastern District of Louisiana, engaged in a pattern of conduct that is incompatible with the trust and confidence placed in him as a Federal judge, as follows:

Judge Porteous, while presiding as a United States district judge in Lifemark Hospitals of Louisiana, Inc. v. Liljeberg Enterprises, denied a motion to recuse himself from the case, despite the fact that he had a corrupt financial relationship with the law firm of Amato & Creely, P.C. which had entered the case to represent Liljeberg. In denying the motion to recuse, and in contravention of clear canons of judicial ethics,

Judge Porteous failed to disclose that beginning in or about the late 1980s while he was a State court judge in the 24th Judicial District Court in the State of Louisiana, he engaged in a corrupt scheme with attorneys, Jacob Amato, Jr., and Robert Creely, whereby Judge Porteous appointed Amato's law partner as a "curator" in hundreds of cases and thereafter requested and accepted from Amato & Creely a portion of the curatorship fees which had been paid to the firm. During the period of this scheme, the fees received by Amato & Creely amounted to approximately \$40,000, and the amounts paid by Amato & Creely to Judge Porteous amounted to approximately \$20,000.

Judge Porteous also made intentionally misleading statements at the recusal hearing intended to minimize the extent of his personal relationship with the two attorneys. In so doing, and in failing to disclose to Lifemark and its counsel the true circumstances of his relationship with the Amato & Creely law firm, Judge Porteous deprived the Fifth Circuit Court of Appeals of critical information for its review of a petition for a writ of mandamus, which sought to overrule Judge Porteous's denial of the recusal motion. His conduct deprived the parties and the public of the right to the honest services of his office.

Judge Porteous also engaged in corrupt conduct after the Lifemark v. Liljeberg bench trial, and while he had the case under advisement, in that he solicited and accepted things of value from both Amato and his law partner Creely, including a payment of thousands of dollars in cash. Thereafter, and without disclosing his corrupt relationship with the attorneys of Amato & Creely PLC or his receipt from them of cash and other things of value, Judge Porteous ruled in favor of their client, Liljeberg.

By virtue of this corrupt relationship and his conduct as a Federal judge, Judge Porteous brought his court into scandal and disrepute, prejudiced public respect for, and confidence in, the Federal judiciary, and demonstrated that he is unfit for the office of Federal judge.

Wherefore, Judge G. Thomas Porteous, Jr., is guilty of high crimes and misdemeanors and should be removed from office.

ARTICLE II

G. Thomas Porteous, Jr., engaged in a longstanding pattern of corrupt conduct that demonstrates his unfitness to serve as a United States District Court Judge. That conduct included the following: Beginning in or about the late 1980s while he was a State court judge in the 24th Judicial District Court in the State of Louisiana, and continuing while he was a Federal judge in the United States District Court for the Eastern District of Louisiana, Judge Porteous engaged in a corrupt relationship with bail bondsman Louis M. Marcotte, III, and his sister Lori Marcotte. As part of this corrupt relationship, Judge Porteous solicited and accepted numerous things of value, including meals, trips, home repairs, and car repairs, for his personal use and benefit, while at the same time taking official actions that benefited the Marcottes. These official actions by Judge Porteous included, while on the State bench, setting, reducing, and splitting bonds as requested by the Marcottes, and improperly setting aside or expunging felony convictions for two Marcotte employees (in one case after Judge Porteous had been confirmed by the Senate but before being sworn in as a Federal judge). In addition, both while on the State bench and on the Federal bench, Judge Porteous used the power and

prestige of his office to assist the Marcottes in forming relationships with State judicial officers and individuals important to the Marcottes' business. As Judge Porteous well knew and understood, Louis Marcotte also made false statements to the Federal Bureau of Investigation in an effort to assist Judge Porteous in being appointed to the Federal bench.

Accordingly, Judge G. Thomas Porteous, Jr., has engaged in conduct so utterly lacking in honesty and integrity that he is guilty of high crimes and misdemeanors, is unfit to hold the office of Federal judge, and should be removed from office.

ARTICLE III

Beginning in or about March 2001 and continuing through about July 2004, while a Federal judge in the United States District Court for the Eastern District of Louisiana, G. Thomas Porteous, Jr., engaged in a pattern of conduct inconsistent with the trust and confidence placed in him as a Federal judge by knowingly and intentionally making material false statements and representations under penalty of perjury related to his personal bankruptcy filing and by repeatedly violating a court order in his bankruptcy case. Judge Porteous did so by—

(1) using a false name and a post office box address to conceal his identity as the debtor in the case;

(2) concealing assets;

(3) concealing preferential payments to certain creditors;

(4) concealing gambling losses and other gambling debts; and

(5) incurring new debts while the case was pending, in violation of the bankruptcy court's order.

In doing so, Judge Porteous brought his court into scandal and disrepute, prejudiced public respect for and confidence in the Federal judiciary, and demonstrated that he is unfit for the office of Federal judge.

Wherefore, Judge G. Thomas Porteous, Jr., is guilty of high crimes and misdemeanors and should be removed from office.

ARTICLE IV

In 1994, in connection with his nomination to be a judge of the United States District Court for the Eastern District of Louisiana, G. Thomas Porteous, Jr., knowingly made material false statements about his past to both the United States Senate and to the Federal Bureau of Investigation in order to obtain the office of United States District Court Judge. These false statements included the following:

(1) On his Supplemental SF-86, Judge Porteous was asked if there was anything in his personal life that could be used by someone to coerce or blackmail him, or if there was anything in his life that could cause an embarrassment to Judge Porteous or the President if publicly known. Judge Porteous answered "no" to this question and signed the form under the warning that a false statement was punishable by law.

(2) During his background check, Judge Porteous falsely told the Federal Bureau of Investigation on two separate occasions that he was not concealing any activity or conduct that could be used to influence, pressure, coerce, or compromise him in any way or that would impact negatively on his character, reputation, judgment, or discretion.

(3) On the Senate Judiciary Committee's "Questionnaire for Judicial Nominees", Judge Porteous was asked whether any unfavorable information existed that could affect his nomination. Judge Porteous answered that, to the best of his knowledge, he did

"not know of any unfavorable information that may affect [his] nomination". Judge Porteous signed that questionnaire by swearing that "the information provided in this statement is, to the best of my knowledge, true and accurate".

However, in truth and in fact, as Judge Porteous then well knew, each of these answers was materially false because Judge Porteous had engaged in a corrupt relationship with the law firm Amato & Creely, whereby Judge Porteous appointed Creely as a "curator" in hundreds of cases and thereafter requested and accepted from Amato & Creely a portion of the curatorship fees which had been paid to the firm and also had engaged in a corrupt relationship with Louis and Lori Marcotte, whereby Judge Porteous solicited and accepted numerous things of value, including meals, trips, home repairs, and car repairs, for his personal use and benefit, while at the same time taking official actions that benefitted the Marcottes. As Judge Porteous well knew and understood, Louis Marcotte also made false statements to the Federal Bureau of Investigation in an effort to assist Judge Porteous in being appointed to the Federal bench. Judge Porteous's failure to disclose these corrupt relationships deprived the United States Senate and the public of information that would have had a material impact on his confirmation.

Wherefore, Judge G. Thomas Porteous, Jr., is guilty of high crimes and misdemeanors and should be removed from office.

Mr. CONYERS (during the reading). Mr. Speaker, I ask unanimous consent that the resolution be considered as read.

The SPEAKER pro tempore (Mr. JACKSON of Illinois). Is there objection to the request of the gentleman from Michigan?

There was no objection.

CALL OF THE HOUSE

Mr. SENSENBRENNER. Mr. Speaker, I move a call of the House.

A call of the House was ordered.

The call was taken by electronic device, and the following Members responded to their names:

[Roll No. 101]

Ackerman	Blackburn	Capps	Crowley	Johnson, Sam	Obey
Aderholt	Blumenauer	Capuano	Cuellar	Jones	Olson
Adler (NJ)	Blunt	Carnahan	Culberson	Jordan (OH)	Oliver
Akin	Bocchieri	Carney	Cummings	Kagen	Ortiz
Alexander	Bonner	Carson (IN)	Dahlkemper	Kanjorski	Owens
Altmire	Bono Mack	Carter	Davis (CA)	Kaptur	Pallone
Andrews	Boren	Cassidy	Davis (IL)	Kennedy	Pascarell
Arcuri	Boswell	Castle	Davis (KY)	Kildee	Pastor (AZ)
Austria	Boucher	Castor (FL)	Davis (TN)	Kilpatrick (MI)	Paul
Baca	Boustany	Chaffetz	DeFazio	Kilroy	Paulsen
Bachmann	Boyd	Chandler	DeGette	Kind	Payne
Bachus	Brady (PA)	Childers	Delahunt	King (IA)	Pence
Baird	Brady (TX)	Chu	Dent	King (NY)	Perlmutter
Baldwin	Braley (IA)	Clarke	Diaz-Balart, M.	Kingston	Perriello
Barrett (SC)	Bright	Clay	Dicks	Kirk	Peters
Barrow	Brown (GA)	Cleaver	Doggett	Kirkpatrick (AZ)	Peterson
Bartlett	Brown (SC)	Clyburn	Donnelly (IN)	Kissell	Petri
Barton (TX)	Brown, Corrine	Coble	Doyle	Klein (FL)	Pingree (ME)
Bean	Brown-Waite,	Coffman (CO)	Dreier	Kline (MN)	Pitts
Becerra	Ginny	Cohen	Driehaus	Kosmas	Platts
Berkley	Buchanan	Cole	Duncan	Kratovil	Poe (TX)
Berman	Burgess	Conaway	Edwards (MD)	Kucinich	Polis (CO)
Berry	Burton (IN)	Connolly (VA)	Edwards (TX)	Lamborn	Pomeroy
Biggert	Butterfield	Conyers	Ehlers	Lance	Posey
Bilbray	Calvert	Cooper	Ellison	Langevin	Price (GA)
Bilirakis	Camp	Costa	Ellsworth	Larsen (WA)	Price (NC)
Bishop (GA)	Campbell	Costello	Emerson	Latham	Putnam
Bishop (NY)	Cao	Courtney	Eshoo	LaTourette	Quigley
Bishop (UT)	Capito	Crenshaw	Etheridge	Latta	Radanovich
			Fallin	Lee (CA)	Rahall
			Farr	Lee (NY)	Rangel
			Fattah	Levin	Rehberg
			Filner	Lewis (CA)	Reichert
			Flake	Lewis (GA)	Reyes
			Fleming	Linder	Richardson
			Forbes	Lipinski	Rodriguez
			Fortenberry	LoBiondo	Roe (TN)
			Foster	Loebuck	Rogers (KY)
			Fox	Loftgren, Zoe	Rogers (MI)
			Franks (AZ)	Lowey	Rohrabacher
			Frelinghuysen	Lucas	Rooney
			Fudge	Luetkemeyer	Ros-Lehtinen
			Gallely	Lujan	Roskam
			Garamendi	Lummis	Ross
			Garrett (NJ)	Lungren, Daniel	Rothman (NJ)
			Gerlach	E.	Roybal-Allard
			Giffords	Lynch	Royce
			Gingrey (GA)	Mack	Ruppersberger
			Gohmert	Maffei	Rush
			Gonzalez	Maloney	Ryan (OH)
			Goodlatte	Marchant	Ryan (WI)
			Gordon (TN)	Markey (CO)	Salazar
			Granger	Markey (MA)	Sánchez, Linda
			Graves	Marshall	T.
			Grayson	Matheson	Sanchez, Loretta
			Green, Al	Matsui	Sarbanes
			Green, Gene	McCarthy (CA)	Scalise
			Griffith	McCarthy (NY)	Schakowsky
			Grijalva	McCaul	Schauer
			Guthrie	McClintock	Schiff
			Gutierrez	McCollum	Schmidt
			Hall (NY)	McCotter	Schock
			Hall (TX)	McDermott	Schrader
			Halvorson	McGovern	Schwartz
			Hare	McHenry	Scott (GA)
			Harman	McIntyre	Scott (VA)
			Harper	McKeon	Sensenbrenner
			Hastings (FL)	McMorris	Serrano
			Hastings (WA)	Rodgers	Sessions
			Heinrich	McNerney	Sestak
			Heller	Meeks (NY)	Shadegg
			Hensarling	Melancon	Shea-Porter
			Hерger	Mica	Sherman
			Herseth Sandlin	Michaud	Shimkus
			Higgins	Miller (FL)	Shuler
			Hill	Miller (MI)	Shuster
			Himes	Miller (NC)	Simpson
			Hinchey	Miller, Gary	Sires
			Hinojosa	Minnick	Skelton
			Hirono	Mitchell	Smith (NE)
			Hodes	Mollohan	Smith (NJ)
			Holt	Moore (KS)	Smith (TX)
			Honda	Moore (WI)	Smith (WA)
			Hoyer	Moran (KS)	Snyder
			Hunter	Moran (VA)	Souder
			Inglis	Murphy (CT)	Space
			Inlee	Murphy (NY)	Speier
			Israel	Murphy, Tim	Spratt
			Issa	Myrick	Stearns
			Jackson (IL)	Nadler (NY)	Stupak
			Jackson Lee	Napolitano	Sullivan
			(TX)	Neal (MA)	Sutton
			Jenkins	Neugebauer	Tanner
			Johnson (GA)	Nunes	Taylor
			Johnson (IL)	Nye	Teague
			Johnson, E.B.	Oberstar	Terry

Thompson (CA)	Van Hollen	Weiner
Thompson (MS)	Velázquez	Welch
Thompson (PA)	Visclosky	Westmoreland
Thornberry	Walden	Whitfield
Tiahrt	Walz	Wilson (OH)
Tiberi	Wamp	Wilson (SC)
Tierney	Wasserman	Wittman
Titus	Schultz	Wolf
Tonko	Waters	Woolsey
Tsongas	Watson	Wu
Turner	Watt	Yarmuth
Upton	Waxman	Young (AK)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1046

The SPEAKER pro tempore. On this rollcall, 405 Members have recorded their presence.

A quorum is present.

IMPEACHING JUDGE G. THOMAS PORTEOUS, JR.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. CONYERS) is recognized for 1 hour.

GENERAL LEAVE

Mr. CONYERS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include therein extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. CONYERS. Mr. Speaker, I yield 30 minutes to my friend the distinguished ranking member, the gentleman from Texas (Mr. SMITH), and ask unanimous consent that he be allowed to control the time on his side for purposes of debate.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

Mr. CONYERS. I yield myself such time as I may consume.

Members of the House, it is a sad day that we must find that a Federal judge has betrayed his office and should be impeached, and yet that is our task today. It is assigned to us by the Constitution to protect the institutions of government from those who show themselves unfit to hold positions of public trust, and, of course, we take this duty very seriously.

The judge in question is G. Thomas Porteous, who has cast a long shadow on the administration of justice under his watch. Your House Judiciary Committee has completed an independent investigation conducted with thoroughness by a special task force on our committee chaired by ADAM SCHIFF, with much distinction. I also thank his co-Chair, BOB GOODLATTE, and HANK JOHNSON, the subcommittee Chair on Judiciary from which this matter arose.

Members of the House, our investigation has demonstrated that Judge

Porteous has engaged in misconduct in various spheres of his public life spanning decades. His misconduct is described in detail in the report filed by our committee, which is available to any Member that wishes a copy, and our committee has subsequently voted unanimously to recommend four articles of impeachment. Our Chair of the Impeachment Task Force, ADAM SCHIFF, is going to expand on the details.

Since so many Members want time, I just want to make this opening comment: The Department of Justice and the Judicial Conference have determined that Judge Porteous had clearly committed serious misconduct in various spheres of his personal and professional life. The Judicial Conference referred the matter to the House for possible impeachment. The Fifth Circuit suspended him from sitting on the bench.

This committee, through a specially appointed task force, has thoroughly and independently investigated the facts, held detailed factual hearings relating to the judge's misconduct in connection with his relationships with lawyers, in connection with his personal bankruptcy filing, and his relationship with bail bondsmen. Additional hearings included testimony from experts on judicial ethics and on the constitutional standards that surround impeachment.

So the four separate articles before us today are laid out in detail and include a variety of offenses that we will go into shortly. The misconduct, I am sorry to say, easily satisfies the constitutional standard of being high crimes and misdemeanors, and clearly renders the judge unfit to continue service.

I bring this resolution to the floor with regret that we are called upon to take this action, but I have no doubt that we must take action. The grounds for impeachment are overwhelmingly established, and, therefore, I urge my colleagues' careful consideration in support of the resolution.

Mr. Speaker, I reserve the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, we are here today to consider and vote on four articles of impeachment against United States District Judge G. Thomas Porteous. Thanks go to Congressman SCHIFF and Congressman GOODLATTE for the way they have worked together in overseeing the Impeachment Task Force's very thorough inquiry into a number of serious allegations involving Judge Porteous. They have set an outstanding example of how an inquiry like this can in fact be conducted in a bipartisan manner.

The Constitution grants the House of Representatives the sole power to im-

peach a sitting Federal judge. This is a very serious power which Congress does not take lightly. Impeachment by the House constitutes one of the few checks on the judiciary and is to be used only in instances when a judge betrays his office or proves unfit to hold that position of trust. In fact, only 14 Federal judges have been impeached by the House in our entire Nation's history, with four of these occurring in the past 24 years.

After an extensive investigation and a series of hearings by the Impeachment Task Force, clear and convincing evidence has been developed involving a number of different actions by Judge Porteous that make him unfit to serve as a Federal judge. The report, which accompanies the articles of impeachment, sets forth in detail the various incidents of improper conduct by Judge Porteous.

Though judges rule on the law, they are not above the law. To preserve equality and fairness in our constitutional democracy, we must protect the integrity of the courts. It is clear that Judge Porteous' actions are a violation of the American people's trust and a threat to the integrity of the Federal bench. The American people deserve better from their Federal judges.

I also hope our vote today sends a message of encouragement to the great majority of judges who serve our Nation with distinction. We will not let a few bad actors mar the reputation of others on the Federal bench.

The time has come for the House of Representatives to conclude that Judge Porteous' conduct has made him unworthy to serve on the Federal bench.

Mr. Speaker, I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield such time as he may consume to the gentleman from California, ADAM SCHIFF, who was our task force chairman and who had ample time over these many months to display his legislative and judicial skills.

Mr. SCHIFF. I thank the gentleman, and want to commend the leadership of Chairman CONYERS in bringing this matter to conclusion here on the House floor and for all your leadership on the committee, Mr. Chairman.

Mr. Speaker, today we again find ourselves in the regrettable circumstance where we must act to remove a Federal judge from the bench. The task before us is not one that we would welcome, however it is an important responsibility entrusted to us by the Founders and one that we cannot shrink from.

Unlike elected officials who may be removed periodically by the voters or serve a term that comes to an end, the Founding Fathers provided only one extraordinary method of removing a Federal judge, that of impeachment, which has only been used 14 times in our Nation's history. Regrettably, the

matter before us today warrants its use once again.

The House of Representatives directed the House Judiciary Committee Task Force on Judicial Impeachment to inquire into whether Judge Porteous of the Eastern District of Louisiana should be impeached. As Chair of the task force, I would like to report on our work and provide the Members of the House with a procedural history of the matter, as well as an overview of the relevant facts.

I want to thank each of the members of the task force that worked on the matter, and in particular the ranking member, BOB GOODLATTE, for his extraordinary work. Together we have tried to ensure that we proceed in a fair, open, and deliberate manner, and this has been done in a bipartisan, really nonpartisan, basis.

G. Thomas Porteous, Jr., was appointed to the Federal bench in 1994 and has served in the New Orleans Courthouse in the Eastern District of Louisiana. After a multiyear FBI and Federal grand jury investigation, the Department of Justice in May 2007 submitted a complaint referring allegations of judicial misconduct.

The complaint noted that the department had determined not to seek criminal charges for reasons including the statute of limitations and other factors impacting prosecution, but the complaint stated that the investigation uncovered evidence of pervasive misconduct and evidence that Judge Porteous may have violated Federal and State criminal laws controlling canons of judicial conduct, rules of professional responsibility, and conducted himself in a manner antithetical to the constitutional standard of good behavior required of all Federal judges.

After an extensive disciplinary proceeding in the Fifth Circuit Court of Appeals, at which Judge Porteous, representing himself, made statements, cross-examined witnesses, and called witnesses on his own behalf, the Judicial Conference of the United States voted unanimously to refer this matter to the House of Representatives based on substantial evidence of conduct that individually and collectively brought disrepute to the Federal judiciary. The Fifth Circuit also moved to take the maximum disciplinary action allowed by law against Judge Porteous, suspending him for 2 years or until Congress takes final action on the impeachment proceedings.

As a part of our initial investigation, Impeachment Task Force staff interviewed over 65 individuals, deposed about 25 witnesses under oath, obtained documents from various sources, including from witnesses, the 24th Judicial Court in Jefferson Parish, and the Department of Justice.

After the initial investigatory phase, the task force held four separate evidentiary hearings over 5 days in No-

vember and December of 2009 in order to determine whether Judge Porteous' conduct provides a sufficient basis for impeachment and to develop a record upon which to recommend whether to adopt articles of impeachment.

□ 1100

Our first hearing focused on allegations of misconduct in relation to Judge Porteous presiding over the case *In re: Liljeberg Enterprises, Inc.* The record reflects that Judge Porteous was engaged in a corrupt kickback scheme with the law firm of Amato & Creely, that he failed to disclose his relationship with the firm, and that he denied a motion to recuse himself from the case, despite the firm's representation of one of the parties. The kickback scheme involved appointing Mr. Creely as a curator in hundreds of cases, with fees amounting to approximately \$40,000 paid to the Amato & Creely firm, approximately half of which was then paid back to Judge Porteous. Judge Porteous made intentionally misleading statements at the recusal hearing intended to minimize the extent of his personal relationship with the firm.

The record also reflects that Judge Porteous engaged in corrupt conduct after the bench trial and while the case was under advisement by soliciting and accepting things of values from attorneys at the firm, including \$2,000 in cash. This corrupt relationship and his conduct as a Federal judge have brought his court into scandal and disrepute and demonstrates that he is unfit for office. Our investigation also uncovered evidence that his solicitation and acceptance of things from Creely & Amato were not isolated events limited to two attorneys, but a pattern of using his perch on the Federal bench to extract and to receive things of value from attorneys and parties in front of him.

Our second hearing focused on allegations that Judge Porteous repeatedly made false and misleading statements, including the concealment of debts, under oath and in disregard of a bankruptcy court's orders. The record reflects that as a Federal judge he knowingly and intentionally made material false statements and representations under penalty of perjury and repeatedly violated a court order in his case. This included using a false name and post office box to conceal his identity as a debtor in the case; concealing assets, preferential payments to certain creditors, and gambling losses and debts; as well as incurring new debts while the case was pending, all in violation of the court's order.

Our investigation also uncovered further evidence of his willful efforts to conceal his financial situation and the extent of his gambling over the years. Taken together, it is clear that his false statements and the bankruptcy

proceedings were not the result of an oversight or mistake, but reflected instead an effort to conceal his financial affairs and his gambling.

Our third hearing focused on allegations that Judge Porteous engaged in a corrupt relationship with bail bondsman Louis Marcotte and his sister Lori. The record reflects that as part of this corrupt relationship, Judge Porteous solicited and received numerous things of value, including meals, trips, home and car repairs, for his personal use and benefit while at the same time taking official actions on behalf of the Marcottes. This included setting, reducing, and splitting bonds for the Marcottes while on the State bench, and improperly setting aside or expunging felony convictions for two Marcotte employees.

Judge Porteous used the power and prestige of his office to assist the Marcottes in forming relationships with other State judicial officers and others. Judge Porteous also knew and understood that Louis Marcotte made false statements to the FBI in an effort to assist his appointments to the Federal bench.

At our fourth and final hearing, we received testimony from a panel of constitutional scholars on whether Judge Porteous' conduct renders him unfit to hold office, and provided a sufficient basis for impeachment. The record reflects that Judge Porteous knowingly made false material statements about his past to both the U.S. Senate and the FBI in connection with his nomination to the Federal bench in order to conceal corrupt relationships.

In addition, Judge Porteous knew that another individual made false statements to the FBI in an effort to assist his appointment to the Federal bench. Judge Porteous' failure to disclose these corrupt relationships deprived the U.S. Senate and the public of the information that would have had a material impact on his confirmation. Our panel of experts testified that such behavior clearly constitutes impeachable conduct.

I'd like to note that the task force invited Judge Porteous to testify, but he declined our offer. In addition, the task force afforded the opportunity for Judge Porteous and his counsel to request that the task force hear from a witness or witnesses that they wish to call. Judge Porteous' counsel informed the task force that they did not wish to avail themselves of that opportunity. The task force permitted Judge Porteous' counsel to participate in our hearings on behalf of his client, and he was permitted to question the witnesses. This was an extraordinary prerogative that was granted to counsel.

Our proceeding today does not constitute a trial, as the constitutional power to try impeachment resides in the Senate. Rather, the House's role is to inquire whether Judge Porteous'

conduct provides a sufficient basis for impeachment. According to leading commentators and historical precedent on this issue, there are two broad categories of conduct that have been recognized as justifying impeachment: serious abuse of power, and conduct that demonstrates that an official is “unworthy to fill” the office that he or she holds.

After concluding that the full record establishes that Judge Porteous should be impeached for high crimes and misdemeanors, the Impeachment Task Force met in late January and unanimously voted in favor of recommending four Articles of Impeachment for consideration by the Judiciary Committee. On January 27, the House Judiciary Committee voted unanimously in favor of each article and to favorably report H. Res. 1031 to the full House. A 147-page report has been filed detailing the inquiry for Members of the House.

Mr. Speaker, Judge Porteous engaged in a pattern of conduct that is incompatible with the trust and confidence placed in him as a Federal judge. His longstanding pattern of corrupt conduct, so utterly lacking in honesty or integrity, demonstrates his unfitness to serve as a U.S. District Court judge. His material false statements about his past, made knowingly to both the U.S. Senate and to the FBI in order to obtain his Federal office, deprived the Senate and the public of information that would have had a material impact on his confirmation. Accordingly, I urge the House to approve the Articles of Impeachment included in House Resolution 1031.

Mr. SMITH of Texas. Mr. Speaker, I yield 7 minutes to the ranking member of the Impeachment Task Force, the gentleman from Virginia (Mr. GOODLATTE.)

Mr. GOODLATTE. I want to thank our ranking member, the gentleman from Texas, for yielding me time and for his active engagement in support of moving this process forward.

Mr. Speaker, Article III of the Constitution provides that Federal judges are appointed for life and that they “shall hold their offices during good behavior.” Indeed, the Framers knew that an independent judiciary free of political motivations was necessary to the fair resolution of disputes and the fair administration of our laws. However, the Framers were also pragmatists and had the foresight to include checks against the abuse of the independence and power that comes with a judicial appointment.

Article I, Section 2, Clause 5 of the Constitution grants the House of Representatives the sole power of impeachment. This is a very serious power that should not be undertaken lightly. Indeed, it is a rare and solemn occasion when the House of Representative must vote on Articles of Impeachment

against a Federal judge. Today’s vote will mark only the second time in over 20 years that this has occurred. However, when the evidence emerges that an individual is abusing his judicial office for his own advantage, the integrity of the judicial system becomes compromised, and the House of Representatives has the duty to investigate the matter and take the appropriate actions to end the abuse and restore confidence in the judicial system.

On June 17, 2008, the Judicial Conference of the United States certified to the House of Representatives that “consideration of impeachment of U.S. District Judge G. Thomas Porteous may be warranted.” This certification was the culmination of an investigation and formal complaint by the Department of Justice, an investigation and final report by a special investigatory committee appointed by the Fifth Judicial Circuit, and consideration and vote by the Judicial Council of the Judicial Conference of the United States.

In September 2008, the House passed a resolution instructing the Judiciary Committee to further investigate whether Judge Porteous should be impeached. The Task Force on Judicial Impeachment was then created by the House Judiciary Committee to further investigate the matter. The task force conducted an exhaustive investigation, working with law enforcement and judicial officials, conducting numerous interviews, taking depositions from key witnesses, gathering evidence and transcripts from previous investigations, and conducting congressional hearings. Those efforts have uncovered a large amount of information, including much new evidence that was not uncovered in previous investigations.

The evidence shows that, among other instances of misconduct, while on the Federal bench, Judge Porteous refused to recuse himself from a Federal case when he had previously engaged in a corrupt kickback scheme with the attorneys representing the defense; that he later took thousands of dollars in cash from those same attorneys while the case was still pending; that he took gifts from a bail bondsman in exchange for granting favorable bond rates for him and then improperly expunged the records of two of the bail bondsman’s employees, one after Porteous was confirmed by the Senate to be a Federal judge; that he used his influence as a Federal judge to help the Marcottes establish beneficial relationships with State court judges; that he lied to a bankruptcy court when he filed for bankruptcy and then violated a bankruptcy court order mandating that he not incur further debt; and that he made materially false statements to the U.S. Senate and the FBI during his confirmation process.

Based on the evidence gathered on January 21, 2010, I joined with Chairman CONYERS, Ranking Member SMITH,

and Task Force Chairman SCHIFF to introduce House Resolution 1031, which contains four separate Articles of Impeachment against Judge Porteous. The details of these Articles have been discussed already today. It is important to note that every member of the Task Force on Judicial Impeachment joined as an original cosponsor of these articles. Furthermore, these Articles of Impeachment were reported from the Judiciary Committee with a unanimous vote of 24-0, a very rare occurrence. It is my strong recommendation that the Members of the House now support these Articles of Impeachment against Judge Porteous.

It is also important to note that during the task force investigation Judge Porteous was invited to come testify, but declined this invitation. His attorney was also invited to attend the hearings, was given the privilege of asking questions of the witnesses at the hearings, and was offered the opportunity to bring forth witnesses on behalf of Judge Porteous.

I would like to take this opportunity to thank ADAM SCHIFF, the chairman of the Task Force on Judicial Impeachment, for his leadership in this effort, along with all of the Members of the Task Force on both sides of the aisle. As ranking member of the Impeachment Task Force, I appreciate the fact that this effort was undertaken in a nonpartisan fashion.

I would like to thank the task force staff on both sides of the aisle and Branden Ritchie, legislative counsel in my office, for their dedicated and invaluable work on this matter.

I would like to also thank Chairman CONYERS and Ranking Member SMITH for their comprehensive, yet expeditious, consideration of these Articles of Impeachment in the full Judiciary Committee. I’d also like to extend additional thanks to the gentleman from Wisconsin (Mr. SENSENBRENNER), who’s the only Member who participated in the last series of impeachment of Federal judges back in the 1980s. His experience and knowledge has been invaluable as well.

I urge my colleagues in the House, not in a bipartisan manner, but in a nonpartisan manner, to join in supporting all four of these Articles of Impeachment and send this measure to the United States Senate for trial.

Mr. CONYERS. Mr. Speaker, how much time remains on both sides?

The SPEAKER pro tempore. The gentleman from Michigan has 15 minutes. The gentleman from Texas has 22 minutes.

Mr. CONYERS. I yield such time as she may consume to a member of the committee, the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE of Texas. Mr. Speaker, this is indeed a sad day and a solemn day. As indicated by my colleagues on the floor of the House, however, it is an obligation of this body.

I'd like to acknowledge the chairman of the Impeachment Task Force, Congressman SCHIFF, for his leadership, but also for his balance and temperament in a very serious challenge that we have in providing the guideposts and the moral guideposts for a number of tough issues that deal with our Federal Judiciary and a number of other instances where impeachment is in fact the authority of this body and the Constitution. I'd like to acknowledge the ranking member, Mr. GOODLATTE; the chairman of the full committee, Mr. CONYERS; and the ranking member, Mr. SMITH.

This is an instance where you would have hoped that we would have had a different outcome. But as my colleagues have so articulately expressed, there was a long pattern that many of us found very disturbing. Judge Thomas Porteous seemingly began these actions without reproof while he was a State district judge, soliciting and accepting cash and other things of values from attorneys practicing before him, and failing to recuse himself from a prominent case in which those attorneys were involved.

□ 1115

As a State judge, he repeatedly accepted things of value from bail bondsmen in exchange for setting bonds at levels to increase profits for the bail bondsmen and, after becoming a Federal judge, assisting them in forming corrupt relationships with other State judges. The pattern continued.

As a Federal judge, he fraudulently concealed his personal bankruptcy, income, assets, gambling activities, gambling debts, and in violation of court order, incurring additional gambling debt while his bankruptcy proceeding was pending.

He fraudulently concealed, in his FBI background check and on his Senate questionnaire, the corrupt relationships with attorneys and bail bondsmen.

I think it is worth noting that Judge Porteous began his career as a State court judge, but because of the concealment of these activities, he was then nominated to the Federal bench. In the essence of being nominated, let me be very clear, one could have personally taken one's self out of the running for a bench as high and as sacred as a Federal Judiciary. That is a lifetime appointment, but at no time during the time that his nomination was put before the President of the United States, the United States Senate, did Judge Porteous think that his previous behavior did not warrant him ascending to the Federal bench. That saddens me. Maybe we need to look more at counseling individuals who are seeking or have the opportunity to be nominated to these high offices. Maybe they need that to understand the flaws or failures in their character or performance.

Again, fraudulently concealing in his FBI background check and on his Senate questionnaire the corrupt relationships with the attorneys and bail bondsmen, evidence that the committee was able to see when questions were asked whether there was anything in your background that would warrant you not being able to be appointed to the Federal bench, this judge did not answer truthfully.

The Department of Justice attempted to reprimand, and their complaint indicated that the instances of Judge Porteous' dishonesty in his own sworn statements and court filings, his decade-long course of conduct in soliciting and accepting streams of payments and gifts from litigants and lawyers with matters before him, and his repeated failure to disclose those dealings to interested parties and the court all render him unfit as an Article III judge, that is, a Federal judge.

Although the Department did not seek criminal charges for reasons that involve partly the statute of limitations, their complaint indicated that his actions would render him unfit as an Article III judge. The Fifth Circuit also moved to take the maximum disciplinary action allowed by law against Judge Porteous, suspending him for 2 years or until Congress takes final action on the impeachment proceedings.

Unfortunately and sadly, that day has come, and as we had asked, through the task force, for the opportunity for Judge Porteous to have due process, and that is to give him the opportunity to speak before the task force and, the alternative, to allow witnesses to come on his behalf, none of that was accepted. So today I rise on the floor of the House to accept the findings of our task force and the vote of our committee in full and ask this body to address the concern by sending this to the United States Senate for hearings on impeachment. This is a resolution to suggest that the Articles of Impeachment should be passed to the United States Senate under our constitutional process.

Again, this is a sad day and a solemn day. But sadly, this indicates that a behavior of an individual who has achieved one of the highest offices in the land, that is, of the Article III courts, judge for life on the Federal bench, deserves, if you will, to be recommended for impeachment.

I ask for a vote of "yes" on the resolution.

Mr. Speaker, I rise in support of H. Res 1031, a resolution setting forth four Articles of Impeachment against G. Thomas Porteous, Jr., judge of the U.S. District Court for the Eastern District of Louisiana, for high crimes and misdemeanors. I would like to thank our Judiciary Chairman CONYERS for shepherding this bill through the Judiciary Committee so that justice can be served.

The Judiciary Committee was charged with determining whether federal Judge Thomas

Porteous should be impeached for the following: soliciting and accepting cash and other things of value from attorneys practicing before him and failing to recuse himself from a prominent case in which those attorneys were involved; as a State judge, repeatedly accepting things of value from bail bondsmen in exchange for setting bonds at levels to increase profits for the bail bondsmen and, after becoming a federal judge, assisting them in forming corrupt relationships with other State judges; as a federal judge, fraudulently concealing, in his personal bankruptcy, income, assets, gambling activities, and gambling debts and, in violation of court order, incurring additional gambling debt while his bankruptcy proceeding was pending; and fraudulently concealing, in his FBI background check and on his Senate questionnaire, the corrupt relationships with the attorneys and bail bondsmen.

As a federal judge, Judge Thomas Porteous's number one responsibility under the oath that he is sworn to is to ensure that the laws of the land under the United States Constitution are protected and supported. The Justice Department investigated whether or not Judge Porteous broke his oath. In May 2007, the Department of Justice and the Federal Bureau of Investigation completed a multi-year criminal investigation of Judge Porteous and submitted a formal complaint of judicial misconduct to the U.S. Court of Appeals for the Fifth Circuit.

Although the Department decided not to seek criminal charges for reasons including statute of limitations issues and other factors impacting prosecution, the complaint stated that the investigation uncovered evidence that "indicates that Judge Porteous may have violated federal and state criminal laws, controlling canons of judicial conduct, rules of professional responsibility, and conducted himself in a manner antithetical to the constitutional standard of good behavior required of all federal judges." The complaint concluded that "the instances of Judge Porteous's dishonesty in his own sworn statements and court filings, his decade-long course of conduct in soliciting and accepting a stream of payments and gifts from litigants and lawyers with matters before him, and his repeated failures to disclose those dealings to interested parties and the Court all render him unfit as an Article III judge."

Mr. Speaker, there was also an investigation by the Fifth Circuit. The Fifth Circuit appointed a Special Investigatory Committee to investigate the allegations. Hearings were held at which Judge Porteous, representing himself, made statements, cross-examined witnesses, and called witnesses on his own behalf. Based on the Special Committee's report concluding that Judge Porteous had engaged in conduct which might constitute grounds for impeachment, the Judicial Conference voted unanimously to certify the matter to the U.S. House of Representatives, based on substantial evidence that Judge Porteous had repeatedly committed perjury, willfully and systematically concealed information from litigants and the public, violated several criminal statutes and ethical canons, and made false representations with the intent to defraud.

The Fifth Circuit also moved to take the maximum disciplinary action allowed by law

against Judge Porteous, suspending him for two years or “until Congress takes final action on the impeachment proceedings.”

As Members of the House Judiciary Impeachment Task Force, my colleagues were directed by the House to determine whether there was sufficient evidence to impeach Judge Porteous for the alleged crimes for which he was being charged. As part of the initial investigation, our staff interviewed over 65 individuals, deposed approximately 25 witnesses under oath, and obtained documents from various sources, including from witnesses, the 24th Judicial Court in Jefferson Parish, Louisiana, and the Department of Justice.

After the initial investigatory phase, the task force held four separate hearings over five days in November and December 2009 in order to determine whether Judge Porteous's conduct provides a sufficient basis for impeachment and to develop a record upon which to recommend whether to adopt Articles of Impeachment.

The first task force hearing focused on allegations of misconduct in relation to Judge Porteous presiding over the case *In re: Liljeberg Enterprises, Inc.* The record reflects that Judge Porteous was engaged in a corrupt kickback scheme with the law firm of Amato & Creely, that he failed to disclose his relationship with the firm, and that he denied a motion to recuse himself from the case despite the firm's representation of one of the parties. The kickback scheme involved appointing Mr. Creely as a curator in hundreds of cases, with fees amounting to approximately \$40,000 paid to the Amato & Creely firm, approximately half of which was paid back to Judge Porteous. Judge Porteous made intentionally misleading statements at the recusal hearing, intended to minimize the extent of this personal relationship with the firm. The record also reflects that Judge Porteous engaged in corrupt conduct after the bench trial and while the case was under advisement, by soliciting and accepting things of value from attorneys at the firm, including \$2,000 in cash. This corrupt relationship and his conduct as a federal judge have brought his court into scandal and disrepute and demonstrate that he is unfit for office.

The second task force hearing focused on allegations that Judge Porteous repeatedly made false and misleading statements, including the concealment of debts, under oath and in disregard of a bankruptcy court's orders. The record reflects that as a federal judge, he knowingly and intentionally made material false statements and representations under penalty of perjury and repeatedly violated a court order in his case. This included using a false name and post office box to conceal his identity as a debtor in the case; concealing assets, preferential payments to certain creditors, and gambling losses and debts; and incurring new debts while the case was pending in violation of the court's order.

The third task force hearing focused on allegations that Judge Porteous engaged in a corrupt relationship with bail bondsman Louis Marcotte and his sister Lori. The record reflects that as part of this corrupt relationship, Judge Porteous solicited and accepted numerous things of value, including meals, trips, and home and car repairs, for his personal use

and benefit, while at the same time taking official actions to improperly benefit the Marcottes. This included setting, reducing, and splitting bonds for the Marcottes while on the State bench, and improperly setting aside or expunging felony convictions for two Marcotte employees. Judge Porteous also used the power and prestige of his office to assist the Marcottes in forming relationships with State judicial officers and others. Judge Porteous also knew and understood that Louis Marcotte made false statements to the FBI in an effort to assist his appointment to the federal bench.

FOURTH HEARING—FALSE AND MISLEADING STATEMENTS
IN CONFIRMATION; EXPERT VIEWS

At the fourth hearing, the Task Force received testimony from a panel of constitutional scholars on whether Judge Porteous's conduct renders him unfit to hold office and provides a sufficient basis for impeachment. The scholars considered not only allegations that were the subject of the previous hearings, but also the record reflecting that Judge Porteous had knowingly made material false statements about his past to both the U.S. Senate and to the FBI in connection with his nomination to the federal bench in order to conceal corrupt relationships. In addition, Judge Porteous knew that another individual made false statements to the FBI in an effort to assist his appointment to the federal bench. Judge Porteous's failure to disclose these corrupt relationships deprived the U.S. Senate and the public of information that would have had a material impact on his confirmation. The panel of experts testified that making these materially false statements, clearly constituted impeachable conduct, as did the conduct established in the previous task force hearings.

The task force invited Judge Porteous to testify, but he declined the offer. In addition, the task force afforded the opportunity for Judge Porteous and his counsel to request that the task force hear from a witness or witnesses that they wish to call. Judge Porteous's counsel informed the task force that they did not wish to avail themselves of that opportunity. The task force permitted Judge Porteous's counsel to participate in the hearings on behalf of his client and to question the witnesses. This was an extraordinary prerogative that was granted to counsel.

After the task force concluded that the full record established that Judge Porteous should be impeached for high crimes and misdemeanors, we met on January 21st and unanimously voted in favor of recommending four Articles of Impeachment for consideration by the House Judiciary Committee. These Articles were subsequently introduced in the House in the form of H. Res. 1031. On January 27th, the House Judiciary Committee individually approved each Article unanimously and ordered H. Res. 1031 favorably reported by a rollcall vote of 24–0.

Mr. Speaker, today we must determine whether we fulfill our duty to uphold the laws of the Constitution and allow justice to be served or whether we will condone what has been determined by my colleagues on the judiciary committee as impeachable actions. As a member of the Impeachment Task Force, I had an opportunity to see firsthand the evidence that was presented in this case and believe that Judge Porteous should be impeached for his actions.

Mr. Speaker, I strongly support H. Res. 1031 and urge my colleagues to join me in upholding the laws of our great nation.

Mr. SMITH of Texas. Mr. Speaker, I yield 5 minutes to the gentleman from Wisconsin (Mr. SENSENBRENNER), former chairman of the Judiciary Committee.

Mr. SENSENBRENNER. Before I begin, I demand a division of the question for a separate vote on each of the four Articles of Impeachment.

The SPEAKER pro tempore. The question is divisible and will be divided for the vote by article.

Mr. SENSENBRENNER. Mr. Speaker, both the Task Force on Judicial Impeachment and the full Judiciary Committee unanimously adopted and reported out House Resolution 1031. The overwhelming support for this resolution is indicative of the weight of evidence supporting the four Articles of Impeachment against Judge G. Thomas Porteous.

Impeaching a Federal judge is not something that the House of Representatives takes lightly, and impeachment proceedings are not something that we consider too often around here. By my count, this is only the 20th time that the House of Representatives will impeach a civil officer under the Constitution, and these tasks are not pleasant. When we need to do them from time to time, it is our responsibility, as Members of the House of Representatives. I have been involved in a number of impeachment proceedings over the years, but never before have I seen the overwhelming and blatant corruption we have before us here today. Judge Porteous is one of a kind, and it is time for him to receive his comeuppance.

The FBI and Justice Department have spent years investigating the wrongdoings by this judge. After their investigation, the Judicial Conference of the United States unanimously voted to refer this matter to the United States House of Representatives. In addition to the Justice Department's investigation, the staff of our Impeachment Task Force conducted a systematic investigation. This investigation resulted in four evidentiary hearings over the course of 5 days late last year, and it culminated in the full Judiciary Committee unanimously voting to approve four Articles of Impeachment against Judge Porteous.

The Impeachment Task Force hearings laid out overwhelming corruption orchestrated by Judge Porteous. My colleagues on the task force have detailed the specific actions taken by Judge Porteous, but I think it is worthwhile to focus on a few of them.

Judge Porteous was engaged in a crooked kickback scheme with his buddies at the law firm of Amato & Creely. The firm received tens of thousands of dollars in curator fees, and they kicked

back about half of it to the judge. The kickback scheme wasn't the only shady dealing Judge Porteous engaged in with Amato & Creely. He was so emboldened that he would solicit gifts and cash while sitting on the bench. Sometimes he accepted trips. Other days, it was an expensive lunch or dinner. On another occasion, Creely helped pay for the judge's son's bachelor party in Las Vegas.

He didn't just solicit from Amato & Creely but also from others with business before his court. With this information alone, there should be no question about his blatant ethical lapses, rendering him unfit to serve on the Federal bench, but there's more.

Judge Porteous made false and misleading statements under the penalty of perjury with regard to his debts and bankruptcy proceedings. He misrepresented his name on court filings and used a post office box to conceal his identity. He also attempted to conceal assets and violated court rules.

While it's sad to say these actions almost seemed innocuous compared to his other actions and corrupt relationships, our task force spent a day focusing our attention on Judge Porteous' relationship with a bail bondsman named Louis Marcotte and his sister Lori. This hearing included testimony about the judge soliciting meals and trips like he did with the lawyers but also other things of value, such as auto and home repairs. In return, Judge Porteous assisted the Marcottes.

Judge Porteous had the opportunity to testify before the task force, but he chose not to participate in the proceedings. The entirety of the record by the task force plainly shows a pattern of unethical conduct that is not worthy of a Federal judge. The evidence demonstrates that he clearly abused his office and had complete disregard for the laws that he took an oath to uphold.

Soon, the onus will fall on the Senate to hold a trial. The clock is ticking, and it's important this trial take place promptly. Judge Porteous' suspension is set to expire in September, making him eligible to return to the bench. It is imperative that the Senate act expeditiously to ensure that this corrupt judge does not resume his perch on the Federal bench and preside again.

I urge my colleagues to join me in voting to impeach Judge G. Thomas Porteous on each of the four Articles of Impeachment.

Mr. CONYERS. I reserve the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from Louisiana (Mr. SCALISE), a Member of Congress who has taken an active interest in this case.

Mr. SCALISE. I thank the gentleman from Texas for yielding.

I rise in support of the resolution to impeach U.S. District Judge Thomas Porteous, who is a judge representing

the Eastern District of Louisiana. I want to thank Representatives SCHIFF of California, GOODLATTE of Virginia, Chairman CONYERS of Michigan, Ranking Member SMITH of Texas, and the entire Judiciary Committee and task force for their diligent investigation and for keeping this a priority in your committee.

After I read through all four Articles of Impeachment, it is clear that the task force's findings warrant Judge Porteous' removal from the Federal bench. In order to remove the cloud that exists, we need to pass this resolution so the Eastern District of Louisiana can once again provide the citizens a justice system free from corruption.

It is important that we pass this resolution today and that the Senate takes this up in a time frame that doesn't allow Judge Porteous to return to the bench, as would be the case in September if no further action is taken. Passing this resolution will be yet another shot across the bow and a strong reminder to everyone in public office that we will not tolerate corruption and that we will maintain a zero tolerance policy against public corruption at every level of government.

Since Katrina, we've been vigilant against corruption at all levels of government in south Louisiana. From Members of Congress to our local levee boards, Louisiana is rebuilding the way our government works, and we have made a commitment to upholding a zero tolerance policy against public corruption at every level. This resolution reiterates that our commitment is not just in word but in tough action.

Following Hurricane Katrina, those of us who vowed to rebuild the New Orleans region both structurally and politically didn't just want to simply rebuild the same old broken system that existed before the storm. In fact, we committed to rebuild better. Part of that better New Orleans includes reforming the old, corrupt system of the past. Corruption might be a part of Louisiana's past, but it's no longer acceptable behavior for our future.

I urge my colleagues to pass this resolution and also urge the Senate to move swiftly in carrying out justice. A number of times I have urged Judge Porteous to resign from the bench, and I would still encourage him to do that. But short of that, Senate action in a swift timeframe is necessary. Help us usher in a new day in Louisiana.

Mr. CONYERS. I continue to reserve the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. COBLE), a distinguished and senior member of the Judiciary Committee.

Mr. COBLE. Mr. Speaker, I thank my friend, the distinguished gentleman from Texas, for yielding.

It has been said time and again today, Mr. Speaker, and I reiterate it,

it is, indeed, a sad day today. Hopefully, none of us takes great glee in another's misfortune, but it appears, regarding the case at hand, we have little or no choice.

The issue of ethics has become a prominent issue, and the American citizenry justifiably insists as well as demands that high officeholders practice high ethical values. In this case, it appears clear that the judge did, indeed, violate the oath of his office. He violated the trust that the public extended to him. I know of no greater office than that of a United States Federal judge. People clamor for it. They fight for it, to get on that bench. And once on the bench, I think we are justified in insisting that they comply ethically, accordingly.

The House Judiciary Committee, as you know, is the committee of jurisdiction on impeachment matters. Nothing's happy about it. Nothing's gleeful about it, but we discharge our duties.

I thank everyone on the floor for having spoken on this resolution, and I urge its passage.

Mr. CONYERS. I continue to reserve the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today's vote on the Articles of Impeachment against Judge Porteous is necessary to ensure justice is applied to a corrupt Federal judge. When a judge is given a lifetime appointment, it is a tremendous honor and responsibility. They serve the ideals of justice. But when a judge abuses this authority, they must be held accountable for any violation of those same principles of justice. Congress has an obligation to put an end to Judge Porteous' abuse of authority and remove him from the bench.

I urge my colleagues to vote in favor of each of the four Articles of Impeachment being considered today and to help restore integrity to the Federal bench. I also hope the Senate will act quickly to conduct the trial of Judge Porteous.

Mr. JOHNSON of Georgia. Mr. Speaker, I rise today to support H. Res. 1031. As Chairman of the Subcommittee on Courts and Competition Policy and a member of the Impeachment Task Force which heard evidence of the unacceptable conduct of Judge Porteous, I continue to feel strongly that the integrity of our judiciary is of the utmost importance. Based on the evidence provided to the Task Force, Judge Porteous violated his responsibility to uphold the honesty of our judiciary. Congress must vote in favor of this resolution to demonstrate that such conduct cannot and will not be tolerated from our judiciary.

□ 1130

Mr. SMITH of Texas. Mr. Speaker, I yield back the balance of my time.

Mr. CONYERS. Mr. Speaker, I want to commend my colleagues on both

sides of the aisle for the very thoughtful discussion that has gone on around this matter.

I yield back the balance of my time.

The SPEAKER pro tempore. All time having been yielded back, the Chair will divide the question for voting among the four articles of impeachment.

The question is on resolving the first article of impeachment.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. SENSENBRENNER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on resolving the first article of impeachment will be followed by 5-minute votes, if ordered, on resolving each of the three succeeding articles, and motions to suspend the rules with regard to House Resolution 1107 and House Resolution 1047, if ordered.

The vote was taken by electronic device, and there were—yeas 412, nays 0, not voting 18, as follows:

[Roll No. 102]

YEAS—412

Ackerman	Campbell	Driehaus
Aderholt	Cantor	Duncan
Adler (NJ)	Cao	Edwards (MD)
Akin	Capito	Edwards (TX)
Alexander	Capps	Ehlers
Altmire	Capuano	Ellison
Andrews	Cardoza	Ellsworth
Arcuri	Carnahan	Emerson
Austria	Carney	Engel
Baca	Carson (IN)	Eshoo
Bachmann	Carter	Etheridge
Bachus	Cassidy	Fallin
Baird	Castle	Farr
Baldwin	Castor (FL)	Fattah
Barrett (SC)	Chaffetz	Fliner
Barrow	Chandler	Flake
Bartlett	Childers	Fleming
Barton (TX)	Chu	Forbes
Bean	Clarke	Fortenberry
Becerra	Clay	Foster
Berkley	Cleaver	Fox
Berman	Clyburn	Frank (MA)
Berry	Coble	Franks (AZ)
Biggart	Coffman (CO)	Frelinghuysen
Bilbray	Cohen	Fudge
Bishop (GA)	Cole	Galleghy
Bishop (NY)	Conaway	Garamendi
Bishop (UT)	Connolly (VA)	Garrett (NJ)
Blackburn	Conyers	Gerlach
Blumenauer	Cooper	Giffords
Blunt	Costa	Gingrey (GA)
Boccheri	Costello	Gohmert
Bonner	Courtney	Gonzalez
Bono Mack	Crenshaw	Goodlatte
Boozman	Crowley	Gordon (TN)
Boren	Cuellar	Granger
Boswell	Culberson	Graves
Boucher	Cummings	Grayson
Boustany	Dahlkemper	Green, Al
Boyd	Davis (IL)	Green, Gene
Brady (PA)	Davis (KY)	Griffith
Brady (TX)	Davis (TN)	Grijalva
Braley (IA)	DeFazio	Guthrie
Bright	DeGette	Gutierrez
Brown (GA)	Delahunt	Hall (NY)
Brown, Corrine	DeLauro	Hall (TX)
Brown-Waite,	Dent	Halvorson
Ginny	Diaz-Balart, M.	Hare
Buchanan	Dicks	Harman
Burgess	Dingell	Harper
Burton (IN)	Doggett	Hastings (FL)
Butterfield	Donnelly (IN)	Hastings (WA)
Calvert	Doyle	Heinrich
Camp	Dreier	Heller

Hensarling	McDermott
Herger	McGovern
Herseeth Sandlin	McHenry
Higgins	McIntyre
Hill	McKeon
Himes	McMahon
Hinchev	McMorris
Hinojosa	Rodgers
Hirono	McNerney
Hodes	Meek (FL)
Holden	Meeks (NY)
Holt	Melancon
Honda	Mica
Hoyer	Michaud
Hunter	Miller (FL)
Inglis	Miller (MI)
Inlee	Miller (NC)
Israel	Miller, Gary
Issa	Miller, George
Jackson (IL)	Minnick
Jenkins	Mitchell
Johnson (GA)	Mollohan
Johnson (IL)	Moore (KS)
Johnson, E. B.	Moore (WI)
Johnson, Sam	Moran (KS)
Jones	Moran (VA)
Jordan (OH)	Murphy (CT)
Kagen	Murphy (NY)
Kanjorski	Murphy, Patrick
Kaptur	Murphy, Tim
Kennedy	Myrick
Kildee	Nadler (NY)
Kilpatrick (MI)	Napolitano
Kilroy	Neal (MA)
Kind	Neugebauer
King (IA)	Nunes
King (NY)	Nye
Kingston	Oberstar
Kirk	Obey
Kirkpatrick (AZ)	Olson
Kissell	Olver
Klein (FL)	Ortiz
Kline (MN)	Owens
Kosmas	Pallone
Kratovil	Pascarella
Kucinich	Pastor (AZ)
Lamborn	Paul
Lance	Paulsen
Langevin	Payne
Larsen (WA)	Pence
Latham	Perlmutter
LaTourette	Perriello
Latta	Peters
Lee (CA)	Peterson
Lee (NY)	Petri
Levin	Pingree (ME)
Lewis (CA)	Pitts
Lewis (GA)	Platts
Linder	Poe (TX)
Lipinski	Polis (CO)
LoBiondo	Pomeroy
Loeb sack	Posney
Lofgren, Zoe	Price (CA)
Lucas	Price (NC)
Luetkemeyer	Putnam
Lujan	Quigley
Lummis	Radanovich
Lungren, Daniel	Rahall
E.	Rangel
Lynch	Rehberg
Mack	Reichert
Maffei	Reyes
Maloney	Rodriguez
Manzullo	Roe (TN)
Marchant	Rogers (AL)
Markey (CO)	Rogers (KY)
Markey (MA)	Rogers (MI)
Marshall	Rohrabacher
Matheson	Rooney
Matsui	Ros-Lehtinen
McCarthy (CA)	Roskam
McCaul	Ross
McClintock	Rothman (NJ)
McCollum	Roybal-Allard
McCotter	Royce

NOT VOTING—18

Bilirakis	Diaz-Balart, L.
Boehner	Hoekstra
Brown (SC)	Jackson Lee
Buyer	(TX)
Davis (AL)	Larson (CT)
Davis (CA)	Lowey
Deal (GA)	McCarthy (NY)

Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)

□ 1157

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

So the first article of impeachment was adopted.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Ms. SCHAKOWSKY. Mr. Speaker, on rollcall No. 102, had I been present, I would have voted "yea."

Mr. TONKO. Mr. Speaker, on rollcall No. 102, I was detained with legislative business. Had I been present, I would have voted "yea."

Mrs. DAVIS of California. Mr. Speaker, on rollcall No. 102, had I been present, I would have voted "yea."

Mr. BILIRAKIS. Mr. Speaker, on rollcall No. 102, had I been present, I would have voted "yea."

Mr. LARSON of Connecticut. Mr. Speaker, on rollcall No. 102, had I been present, I would have voted "yea."

The SPEAKER pro tempore. The question is on resolving the second article of impeachment.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. SENSENBRENNER. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—aye 410, noes 0, not voting 20, as follows:

[Roll No. 103]

AYES—410

Ackerman	Boucher	Coffman (CO)
Aderholt	Boustany	Cohen
Adler (NJ)	Boyd	Cole
Akin	Brady (PA)	Conaway
Alexander	Brady (TX)	Connolly (VA)
Altmire	Braley (IA)	Conyers
Andrews	Bright	Cooper
Arcuri	Brown (GA)	Costa
Austria	Brown, Corrine	Costello
Baca	Buchanan	Courtney
Bachmann	Burgess	Crenshaw
Bachus	Burton (IN)	Crowley
Baird	Calvert	Cuellar
Barrett (SC)	Camp	Culberson
Barrow	Campbell	Cummings
Bartlett	Cantor	Dahlkemper
Barton (TX)	Cao	Davis (CA)
Bean	Capito	Davis (IL)
Becerra	Capps	Davis (KY)
Berkley	Capuano	Davis (TN)
Berman	Cardoza	DeFazio
Berry	Carnahan	DeGette
Biggart	Carney	Delahunt
Bilirakis	Carson (IN)	DeLauro
Bishop (GA)	Carter	Dent
Bishop (NY)	Cassidy	Dicks
Bishop (UT)	Castle	Dingell
Blackburn	Castor (FL)	Doggett
Blumenauer	Chaffetz	Donnelly (IN)
Blunt	Chandler	Doyle
Boccheri	Childers	Dreier
Boehner	Chu	Drieaus
Bonner	Clarke	Duncan
Bono Mack	Clay	Edwards (MD)
Boozman	Cleaver	Edwards (TX)
Boren	Clyburn	Ehlers
Boswell	Coble	Ellison

Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxy
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance

Langevin
Larsen (WA)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loeb sack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Lujan
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCauley
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Oliver
Ortiz
Owens
Pallone
Pascarelli
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts

Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schradler
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp

Wasserman
Schultz
Waters
Watson
Watt
Waxman

Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)

Wittman
Wolf
Wu
Yarmuth
Young (AK)

Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxy
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance

Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loeb sack
Lofgren, Zoe
Lowey
Luetkemeyer
Lujan
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCauley
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)

Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Oliver
Ortiz
Owens
Pallone
Pascarelli
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schradler
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan

NOT VOTING—20

Baldwin
Bilbray
Brown (SC)
Brown-Waite,
Ginny
Butterfield
Buyer
Davis (AL)
Deal (GA)
Diaz-Balart, L.
Diaz-Balart, M.
Griffith
Hoekstra
Hunter
Larson (CT)
Miller, George
Ros-Lehtinen
Shuster
Towns
Woolsey
Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1204

So the second article of impeachment was adopted.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. LARSON of Connecticut, Mr. Speaker, on rollcall No. 103, had I been present, I would have voted "aye."

Mr. MARIO DIAZ-BALART of Florida. Mr. Speaker, on rollcall No. 103, I was unavoidably detained. Had I been present, I would have voted "aye."

The SPEAKER pro tempore. The question is on resolving the third article of impeachment.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. SENSENBRENNER. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 416, noes 0, not voting 14, as follows:

[Roll No. 104]

AYES—416

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggart
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Blackburn
Blumenauer
Blunt
Bocieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown, Corrine
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings

Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxy
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.

Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loeb sack
Lofgren, Zoe
Lowey
Luetkemeyer
Lujan
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCauley
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)

Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Oliver
Ortiz
Owens
Pallone
Pascarelli
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schradler
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Spratt
Stark
Stearns
Stupak
Sullivan

Sutton Towns
Tanner Tsongas
Taylor Turner
Teague Upton
Terry Van Hollen
Thompson (CA) Velázquez
Thompson (MS) Visclosky
Thompson (PA) Walden
Thornberry Walz
Tiahrt Wamp
Tiberi Wasserman
Tierney Schultz
Titus Waters
Tonko Watson

Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Wu
Yarmuth
Young (AK)

Culberson
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxy
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Insee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)

Johnson (IL)
Johnson, E.B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebisack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim

Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascarell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space

NOT VOTING—14

Bishop (UT)
Brown (SC)
Buyer
Davis (AL)
Deal (GA)

Diaz-Balart, L.
Griffith
Hoekstra
Larson (CT)
Miller, George

Rangel
Speier
Woolsey
Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1211

So the third article of impeachment was adopted.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. LARSON of Connecticut. Mr. Speaker, on rollcall No. 104, had I been present, I would have voted "aye."

The SPEAKER pro tempore. The question is on resolving the fourth article of impeachment.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. SENSENBRENNER. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 423, noes 0, not voting 7, as follows:

[Roll No. 105]

AYES—423

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggart
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer

Blunt
Bocieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps

Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar

Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar

NOT VOTING—7

Buyer
Davis (AL)
Deal (GA)

Diaz-Balart, L.
Griffith
Hoekstra

Young (FL)

□ 1244

So the fourth article of impeachment was adopted.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

Mr. BOEHNER. Mr. Speaker, I send to the desk a privileged resolution and ask for its immediate consideration in the House.

The SPEAKER pro tempore. The Clerk will report the resolution.

The Clerk read as follows:

H. RES. 1164

Whereas, on March 8, 2010, Representative Eric Massa resigned from the House;

Whereas, numerous newspapers and other media organizations reported in the days before and after Mr. Massa's resignation that the Committee on Standards of Official Conduct was investigating allegations that Mr. Massa sexually harassed Members of his congressional staff;

Whereas, on March 3, 2010, Majority Leader Hoyer's office issued a statement saying, "The week of February 8th, a member of Rep. Massa's staff brought to the attention of Mr. Hoyer's staff allegations of misconduct that had been made against Mr. Massa. Mr. Hoyer's staff immediately informed him of what they had been told";

Whereas, on Thursday, March 4, Roll Call newspaper reported, "Speaker Nancy Pelosi said she only learned Wednesday of misconduct allegations against freshman Rep. Eric Massa, though her staff had learned of it earlier and decided against briefing her. 'There had been a rumor, but just that,' Pelosi told reporters at her weekly news conference. 'A one-, two-, three-person rumor that had been reported to Mr. Hoyer's office and reported to my staff which they did not report to me because you know what? This is rumor city. There are rumors.'";

Whereas, on March 11, 2010, The Washington Post reported, "House Speaker Nancy Pelosi's office was notified in October by then-Rep. Eric Massa's top aide [Joe Ralcato] of concerns about the New York Democrat's behavior";

Whereas, on March 11, 2010, Politico newspaper reported, "Democratic insiders say Pelosi's office took no action after Ralcato expressed his concerns about his then-boss in October";

Whereas, on March 9, 2010, The Corning Leader newspaper reported, "Hoyer said last

week he told Massa to inform the House Ethics Committee of the charges within 48 hours. 'Steny Hoyer has never said a single word to me, never, not once, not a word,' Massa said Sunday. 'This is a lie. It is a blatant false statement.'";

Whereas, numerous confusing and conflicting media reports that House Democratic leaders knew about, and may have failed to handle appropriately, allegations that Rep. Massa was sexually harassing his own employees have raised serious and legitimate questions about what Speaker Pelosi as well as other Democratic leaders and their respective staffs were told, and what those individuals did with the information in their possession;

Whereas, the aforementioned media accounts have held the House up to public ridicule;

Whereas, the possibility that House Democratic leaders may have failed to immediately confront Rep. Massa about allegations of sexual harassment may have exposed employees and interns of Rep. Massa to continued harassment;

Whereas, clause one of rule XXIII of the Rules of the House of Representatives, titled "Code of Conduct," states "A Member, Delegate, Resident Commissioner, officer, or employee of the House shall conduct himself at all times in a manner that shall reflect creditably on the House";

Whereas, the Committee on Standards of Official Conduct is charged under House Rules with enforcing the Code of Conduct: Now, therefore, be it

Resolved:

(1) The Committee on Standards of Official Conduct is directed to investigate fully, pursuant to clause 3(a)(2) of House rule XI, which House Democratic leaders and members of their respective staffs had knowledge prior to March 3, 2010 of the aforementioned allegations concerning Mr. Massa, and what actions each leader and staffer having any such knowledge took after learning of the allegations;

(2) Within ten days following adoption of this resolution, and pursuant to Committee on Standards of Official Conduct rule 19, the committee shall establish an Investigative Subcommittee in the aforementioned matter, or report to the House no later than the final day of that period the reasons for its failure to do so;

(3) All Members and staff are instructed to cooperate fully in the committee's investigation and to preserve all records, electronic or otherwise, that may bear on the subject of this investigation;

(4) The Chief Administrative Officer shall immediately take all steps necessary to secure and prevent the alteration or deletion of any e-mails, text messages, voicemails and other electronic records resident on House equipment that have been sent or received by the Members and staff who are the subjects of the investigation authorized under this resolution until advised by the Committee on Standards of Official Conduct that it has no need of any portion of said records; and,

(5) The Committee shall issue a final report of its findings and recommendations in this matter no later than June 30, 2010.

The SPEAKER pro tempore. The resolution presents a question of privilege.

MOTION TO REFER THE RESOLUTION

Mr. CLYBURN. Mr. Speaker, I move that the resolution be referred to the Committee on Standards of Official Conduct.

The SPEAKER pro tempore. The gentleman from South Carolina is recognized for 1 hour.

Mr. CLYBURN. Mr. Speaker, this is a matter that properly belongs before the Committee on Standards of Official Conduct.

I yield back the balance of my time, and I move the previous question on the motion.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. BOEHNER. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 404, noes 2, answered "present" 15, not voting 9, as follows:

[Roll No. 106]

AYES—404

Ackerman	Carnahan	Forbes
Aderholt	Carney	Fortenberry
Adler (NJ)	Carson (IN)	Foster
Alexander	Carter	Foxx
Altmire	Cassidy	Frank (MA)
Andrews	Castle	Franks (AZ)
Arcuri	Chaffetz	Frelinghuysen
Austria	Childers	Fudge
Baca	Chu	Gallegly
Bachmann	Clarke	Garamendi
Bachus	Clay	Garrett (NJ)
Baird	Cleaver	Gerlach
Baldwin	Clyburn	Giffords
Barrett (SC)	Coble	Gingrey (GA)
Barrow	Coffman (CO)	Gohmert
Bartlett	Cohen	Gonzalez
Barton (TX)	Cole	Goodlatte
Bean	Connolly (VA)	Gordon (TN)
Becerra	Conyers	Granger
Berkley	Cooper	Graves
Berman	Costa	Grayson
Berry	Costello	Green, Al
Biggett	Courtney	Green, Gene
Bilbray	Crenshaw	Grijalva
Bilirakis	Crowley	Guthrie
Bishop (GA)	Cuellar	Gutierrez
Bishop (NY)	Culberson	Hall (NY)
Bishop (UT)	Cummings	Hall (TX)
Blackburn	Dahlkemper	Halvorson
Blumenauer	Davis (CA)	Hare
Blunt	Davis (IL)	Harman
Bocci	Davis (KY)	Hastings (FL)
Boehner	Davis (TN)	Heinrich
Bono Mack	DeFazio	Heller
Boozman	DeGette	Hensarling
Boren	Delahunt	Hergert
Boswell	DeLauro	Herseth Sandlin
Boucher	Diaz-Balart, M.	Higgins
Boustany	Dicks	Hill
Boyd	Dingell	Himes
Brady (PA)	Doggett	Hinchey
Brady (TX)	Donnelly (IN)	Hinojosa
Braley (IA)	Doyle	Hirono
Bright	Dreier	Hodes
Broun (GA)	Driehaus	Holden
Brown (SC)	Duncan	Holt
Brown, Corrine	Edwards (MD)	Honda
Brown-Waite,	Edwards (TX)	Hoyer
Ginny	Ehlers	Hunter
Buchanan	Ellison	Inglis
Burgess	Ellsworth	Inlee
Burton (IN)	Emerson	Israel
Calvert	Engel	Issa
Camp	Eshoo	Jackson (IL)
Campbell	Etheridge	Jackson Lee
Cantor	Fallin	(TX)
Cao	Farr	Jenkins
Capito	Fattah	Johnson, E. B.
Capps	Filner	Johnson, Sam
Capuano	Flake	Jones
Cardoza	Fleming	Jordan (OH)

Kagen	Miller, Gary	Schakowsky
Kanjorski	Miller, George	Schauer
Kaptur	Minnick	Schiff
Kennedy	Mitchell	Schmidt
Kildee	Mollohan	Schock
Kilpatrick (MI)	Moore (KS)	Schrader
Kilroy	Moore (WI)	Schwartz
Kind	Moran (KS)	Scott (GA)
King (IA)	Moran (VA)	Scott (VA)
King (NY)	Murphy (CT)	Sensenbrenner
Kingston	Murphy (NY)	Serrano
Kirk	Murphy, Patrick	Sessions
Kirkpatrick (AZ)	Murphy, Tim	Sestak
Kissell	Nadler (NY)	Shadegg
Klein (FL)	Napolitano	Shea-Porter
Kline (MN)	Neal (MA)	Sherman
Kosmas	Neugebauer	Shimkus
Kratovil	Nunes	Shuler
Kucinich	Nye	Shuster
Lamborn	Oberstar	Sires
Lance	Obey	Skelton
Langevin	Olson	Slaughter
Larsen (WA)	Olver	Smith (NE)
Larson (CT)	Ortiz	Smith (NJ)
Latham	Owens	Smith (TX)
LaTourette	Pallone	Smith (WA)
Latta	Pascarella	Snyder
Lee (CA)	Pastor (AZ)	Souder
Lee (NY)	Paul	Space
Levin	Paulsen	Speier
Lewis (CA)	Payne	Spratt
Lewis (GA)	Pence	Stark
Linder	Perlmutter	Stearns
Lipinski	Perriello	Stupak
LoBiondo	Peters	Sullivan
Loeb	Peterson	Sutton
Lowe	Petri	Tanner
Lucas	Pingree (ME)	Taylor
Luetkemeyer	Pitts	Teague
Lujan	Platts	Terry
Lummis	Poe (TX)	Thompson (CA)
Lungren, Daniel	Polis (CO)	Thompson (MS)
E.	Pomeroy	Thompson (PA)
Lynch	Posey	Thornberry
Mack	Price (GA)	Tiahrt
Maffei	Price (NC)	Tiberi
Maloney	Putnam	Tierney
Manzullo	Quigley	Titus
Marchant	Radanovich	Tonko
Markey (CO)	Rahall	Towns
Markey (MA)	Rangel	Tsongas
Marshall	Rehberg	Turner
Matheson	Reichert	Upton
Matsui	Reyes	Van Hollen
McCarthy (CA)	Richardson	Velázquez
McCarthy (NY)	Rodriguez	Vislousky
McClintock	Roe (TN)	Walz
McCollum	Rogers (AL)	Wamp
McCotter	Rogers (KY)	Wasserman
McDermott	Rogers (MI)	Schultz
McGovern	Rooney	Waters
McHenry	Ros-Lehtinen	Watson
McIntyre	Roskam	Watt
McKeon	Ross	Waxman
McMahon	Rothman (NJ)	Weiner
McMorris	Roybal-Allard	Westmoreland
Rodgers	Royce	Whitfield
McNerney	Ruppersberger	Wilson (OH)
Meek (FL)	Rush	Wilson (SC)
Meeks (NY)	Ryan (WI)	Wittman
Melancon	Salazar	Wolf
Mica	Sánchez, Linda	Woolsey
Michaud	T.	Wu
Miller (FL)	Sanchez, Loretta	Yarmuth
Miller (MI)	Sarbanes	Young (AK)
Miller (NC)	Scalise	

NOES—2

Johnson (IL) Rohrabacher

ANSWERED "PRESENT"—15

Bonner	Dent	McCaul
Butterfield	Harper	Myrick
Castor (FL)	Hastings (WA)	Simpson
Chandler	Johnson (GA)	Walden
Conaway	Lofgren, Zoe	Welch

NOT VOTING—9

Akin	Deal (GA)	Hoekstra
Buyer	Diaz-Balart, L.	Ryan (OH)
Davis (AL)	Griffith	Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1314

Mr. KING of Iowa changed his vote from “no” to “aye.”

Mr. McCAUL changed his vote from “aye” to “present.”

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the motion to refer.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. CANTOR. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on the motion to refer the resolution will be followed by a 5-minute vote on suspending the rules and agreeing to House Resolution 1107.

The vote was taken by electronic device, and there were—ayes 402, noes 1, answered “present” 15, not voting 12, as follows:

[Roll No. 107]

AYES—402

Ackerman	Burton (IN)	Donnelly (IN)
Aderholt	Calvert	Doyle
Adler (NJ)	Camp	Dreier
Akin	Campbell	Driehaus
Alexander	Cantor	Duncan
Altmire	Cao	Edwards (MD)
Andrews	Capito	Edwards (TX)
Arcuri	Capps	Ehlers
Austria	Capuano	Ellison
Baca	Cardoza	Ellsworth
Bachmann	Carnahan	Emerson
Bachus	Carney	Engel
Baird	Carson (IN)	Etheridge
Baldwin	Carter	Fallin
Barrett (SC)	Cassidy	Farr
Barrow	Castle	Filner
Bartlett	Chaffetz	Flake
Barton (TX)	Childers	Fleming
Bean	Chu	Forbes
Becerra	Clarke	Fortenberry
Berkley	Clay	Foster
Berman	Cleaver	Fox
Biggert	Clyburn	Frank (MA)
Bilbray	Coble	Franks (AZ)
Bilirakis	Coffman (CO)	Frelinghuysen
Bishop (GA)	Cohen	Fudge
Bishop (NY)	Cole	Galleghy
Bishop (UT)	Connolly (VA)	Garamendi
Blackburn	Conyers	Garrett (NJ)
Blumenauer	Cooper	Gerlach
Blunt	Costa	Giffords
Boccieri	Costello	Gingrey (GA)
Boehner	Courtney	Gohmert
Bono Mack	Crenshaw	Gonzalez
Boozman	Crowley	Goodlatte
Boren	Cuellar	Gordon (TN)
Boswell	Culberson	Granger
Boucher	Cummings	Graves
Boustany	Dahlkemper	Grayson
Boyd	Davis (CA)	Green, Al
Brady (PA)	Davis (IL)	Green, Gene
Brady (TX)	Davis (KY)	Grijalva
Braley (IA)	Davis (TN)	Guthrie
Bright	DeFazio	Gutierrez
Broun (GA)	DeGette	Hall (NY)
Brown (SC)	Delahunt	Hall (TX)
Brown, Corrine	DeLauro	Halvorson
Brown-Waite,	Diaz-Balart, M.	Hare
Ginny	Dicks	Harman
Buchanan	Dingell	Hastings (FL)
Burgess	Doggett	Heinrich

Heller	McClintock	Roybal-Allard
Hensarling	McCollum	Royce
Herger	McCotter	Ruppersberger
Hereth Sandlin	McDermott	Rush
Higgins	McGovern	Ryan (OH)
Hill	McHenry	Ryan (WI)
Himes	McIntyre	Salazar
Hinchee	McKeon	Sánchez, Linda T.
Hinojosa	McMahon	Sanchez, Loretta
Hirono	McMorris	Sarbanes
Hodes	Rodgers	Scalise
Holden	McNerney	Schakowsky
Holt	Meek (FL)	Schauer
Honda	Meeks (NY)	Schiff
Hoyer	Melancon	Schmitt
Hunter	Mica	Schock
Inglis	Michaud	Schrader
Inslee	Miller (FL)	Schwartz
Israel	Miller (MI)	Scott (GA)
Issa	Miller (NC)	Scott (VA)
Jackson (IL)	Miller, Gary	Sensenbrenner
Jackson Lee	Miller, George	Serrano
(TX)	Minnick	Sessions
Jenkins	Mollohan	Sestak
Johnson (IL)	Moore (KS)	Shadegg
Johnson, E. B.	Moore (WI)	Shea-Porter
Johnson, Sam	Moran (KS)	Sherman
Jones	Moran (VA)	Shimkus
Jordan (OH)	Murphy (CT)	Shuler
Kagen	Murphy (NY)	Shuster
Kanjorski	Murphy, Patrick	Sires
Kaptur	Murphy, Tim	Skelton
Kennedy	Nadler (NY)	Slaughter
Kildee	Napolitano	Smith (NE)
Kilpatrick (MI)	Neal (MA)	Smith (NJ)
Kilroy	Neugebauer	Smith (TX)
Kind	Nunes	Smith (WA)
King (IA)	Nye	Snyder
King (NY)	Oberstar	Souder
Kingston	Obey	Space
Kirk	Olson	Spratt
Kirkpatrick (AZ)	Olver	Stark
Kissell	Ortiz	Stearns
Klein (FL)	Owens	Stupak
Kline (MN)	Pallone	Sullivan
Kosmas	Pascrell	Sutton
Kratovil	Pastor (AZ)	Tanner
Kucinich	Paul	Taylor
Lamborn	Paulsen	Teague
Lance	Payne	Terry
Langevin	Pence	Thompson (CA)
Larsen (WA)	Perlmutter	Thompson (MS)
Larsen (CT)	Perrillo	Thompson (PA)
Latham	Peters	Thornberry
LaTourette	Peterson	Tiahrt
Latta	Petri	Tiberi
Lee (CA)	Pingree (ME)	Tierney
Lee (NY)	Pitts	Titus
Levin	Platts	Tonko
Lewis (CA)	Poe (TX)	Towns
Lewis (GA)	Polis (CO)	Tsongas
Linder	Pomeroy	Turner
Lipinski	Posey	Upton
LoBiondo	Price (GA)	Van Hollen
Loeb sack	Price (NC)	Velázquez
Lowe y	Putnam	Visclosky
Lucas	Quigley	Walz
Luetkemeyer	Radanovich	Wamp
Lujan	Rahall	Wasserman
Lummis	Rangel	Schultz
Lungren, Daniel	Rehberg	Waters
E.	Reichert	Watson
Lynch	Reyes	Watt
Mack	Richardson	Waxman
Maffei	Rodriguez	Weiner
Maloney	Roe (TN)	Westmoreland
Manzullo	Rogers (AL)	Whitfield
Marchant	Rogers (KY)	Wilson (OH)
Markey (CO)	Rogers (MI)	Wilson (SC)
Markey (MA)	Rohrabacher	Wittman
Marshall	Rooney	Wolf
Matheson	Ros-Lehtinen	Woolsey
Matsui	Roskam	Wu
McCarthy (CA)	Ross	Yarmuth
McCarthy (NY)	Rothman (NJ)	

NOES—1

Fattah

ANSWERED “PRESENT”—15

Bonner	Dent	McCaul
Butterfield	Harper	Myrick
Castor (FL)	Hastings (WA)	Simpson
Chandler	Johnson (GA)	Walden
Conaway	Lofgren, Zoe	Welch

NOT VOTING—12

Berry	Diaz-Balart, L.	Mitchell
Buyer	Eshoo	Speier
Davis (AL)	Griffith	Young (AK)
Deal (GA)	Hoekstra	Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1331

So the motion was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING THE 189TH ANNIVERSARY OF GREEK INDEPENDENCE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1107, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Virginia (Mr. CONNOLLY) that the House suspend the rules and agree to the resolution, H. Res. 1107.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 414, nays 0, answered “present” 1, not voting 15, as follows:

[Roll No. 108]

YEAS—414

Ackerman	Braley (IA)	Courtney
Aderholt	Bright	Crenshaw
Adler (NJ)	Broun (GA)	Crowley
Akin	Brown (SC)	Cuellar
Alexander	Brown, Corrine	Culberson
Altmire	Brown-Waite,	Cummings
Andrews	Ginny	Dahlkemper
Arcuri	Buchanan	Davis (CA)
Austria	Burgess	Davis (IL)
Baca	Burton (IN)	Davis (KY)
Bachmann	Butterfield	Davis (TN)
Bachus	Calvert	DeFazio
Baird	Camp	DeGette
Baldwin	Campbell	Delahunt
Barrett (SC)	Cantor	DeLauro
Barrow	Cao	Dent
Bartlett	Capito	Diaz-Balart, M.
Barton (TX)	Capps	Dicks
Bean	Capuano	Dingell
Becerra	Cardoza	Doggett
Berkley	Carnahan	Donnelly (IN)
Berman	Carney	Doyle
Berry	Carson (IN)	Dreier
Biggert	Carter	Driehaus
Bilbray	Cassidy	Duncan
Bilirakis	Castle	Edwards (MD)
Bishop (GA)	Castor (FL)	Edwards (TX)
Bishop (NY)	Chaffetz	Ehlers
Bishop (UT)	Chandler	Ellison
Blackburn	Childers	Ellsworth
Blumenauer	Chu	Emerson
Blunt	Clarke	Engel
Boccieri	Clay	Eshoo
Boehner	Cleaver	Etheridge
Bonner	Clyburn	Fallin
Bono Mack	Coble	Farr
Boozman	Coffman (CO)	Fattah
Boren	Cohen	Filner
Boswell	Cole	Flake
Boucher	Conaway	Fleming
Boustany	Connolly (VA)	Forbes
Boyd	Cooper	Fortenberry
Brady (PA)	Costa	Foster
Brady (TX)	Costello	Fox

Frank (MA)
 Franks (AZ)
 Frelinghuysen
 Fudge
 Gallegly
 Garamendi
 Garrett (NJ)
 Gerlach
 Giffords
 Gingrey (GA)
 Gonzalez
 Goodlatte
 Gordon (TN)
 Granger
 Graves
 Grayson
 Green, Al
 Green, Gene
 Grijalva
 Guthrie
 Gutierrez
 Hall (NY)
 Hall (TX)
 Halvorson
 Hare
 Harman
 Harper
 Hastings (FL)
 Hastings (WA)
 Heinrich
 Heller
 Hensarling
 Herger
 Higgins
 Hill
 Himes
 Hinchey
 Hinojosa
 Hirono
 Hodes
 Holden
 Holt
 Honda
 Hoyer
 Hunter
 Inglis
 Inslee
 Israel
 Issa
 Jackson (IL)
 Jackson Lee
 (TX)
 Jenkins
 Johnson (GA)
 Johnson (IL)
 Johnson, E. B.
 Johnson, Sam
 Jones
 Jordan (OH)
 Kagen
 Kanjorski
 Kaptur
 Kennedy
 Kildee
 Kilpatrick (MI)
 Kilroy
 Kind
 King (IA)
 King (NY)
 Kingston
 Kirk
 Kirkpatrick (AZ)
 Kissell
 Klein (FL)
 Kline (MN)
 Kosmas
 Kratochvil
 Kucinich
 Lamborn
 Lance
 Langevin
 Larsen (WA)
 Larson (CT)
 Latham
 LaTourette
 Latta
 Lee (CA)
 Lee (NY)
 Levin
 Lewis (CA)
 Lewis (GA)
 Lipinski
 LoBiondo
 Loebach
 Lofgren, Zoe
 Lowey

Lucas
 Luetkemeyer
 Lujan
 Lummis
 Lungren, Daniel
 E.
 Lynch
 Mack
 Maffei
 Maloney
 Manzullo
 Marchant
 Markey (CO)
 Markey (MA)
 Marshall
 Matheson
 Matsui
 McCarthy (CA)
 McCarthy (NY)
 McCaul
 McClintock
 McCollum
 McCotter
 McDermott
 McGovern
 McHenry
 McIntyre
 McKeon
 McMahon
 McMorris
 Rodgers
 McNerney
 Meek (FL)
 Meeks (NY)
 Melancon
 Mica
 Michaud
 Miller (FL)
 Miller (MI)
 Miller (NC)
 Miller, Gary
 Miller, George
 Minnick
 Mitchell
 Mollohan
 Moore (KS)
 Moore (WI)
 Moran (KS)
 Moran (VA)
 Murphy (CT)
 Murphy (NY)
 Murphy, Patrick
 Myrick
 Nadler (NY)
 Napolitano
 Neal (MA)
 Neugebauer
 Nye
 Oberstar
 Obey
 Olson
 Olver
 Ortiz
 Owens
 Pallone
 Pascrell
 Pastor (AZ)
 Paulsen
 Payne
 Perlmutter
 Perriello
 Peters
 Peterson
 Petri
 Pingree (ME)
 Pitts
 Platts
 Poe (TX)
 Polis (CO)
 Pomeroy
 Posey
 Price (GA)
 Price (NC)
 Putnam
 Quigley
 Radanovich
 Rahall
 Rangel
 Rehberg
 Reichert
 Reyes
 Richardson
 Rodriguez
 Roe (TN)
 Rogers (AL)

Rogers (KY)
 Rogers (MI)
 Rohrabacher
 Rooney
 Ros-Lehtinen
 Roskam
 Ross
 Rothman (NJ)
 Roybal-Allard
 Royce
 Ruppersberger
 Rush
 Ryan (OH)
 Ryan (WI)
 Salazar
 Sanchez, Linda
 T.
 Sanchez, Loretta
 Sarbanes
 Scalise
 Schakowsky
 Schauer
 Schiff
 Schmidt
 Schock
 Schrader
 Schwartz
 Scott (GA)
 Scott (VA)
 Sensenbrenner
 Serrano
 Sessions
 Sestak
 Shadegg
 Shea-Porter
 Sherman
 Shimkus
 Shuler
 Shuster
 Simpson
 Sires
 Skelton
 Slaughter
 Smith (NE)
 Smith (NJ)
 Smith (TX)
 Smith (WA)
 Snyder
 Souder
 Space
 Spratt
 Stark
 Stearns
 Stupak
 Sullivan
 Sutton
 Tanner
 Nunes
 Teague
 Terry
 Thompson (CA)
 Thompson (MS)
 Thompson (PA)
 Thornberry
 Tiahrt
 Tiberi
 Tierney
 Titus
 Tonko
 Towns
 Tsongas
 Turner
 Upton
 Van Hollen
 Velázquez
 Visclosky
 Walden
 Walz
 Wamp
 Wasserman
 Schultz
 Watson
 Watt
 Waxman
 Weiner
 Welch
 Westmoreland
 Whitfield
 Wilson (OH)
 Wilson (SC)
 Wittman
 Wolf
 Woolsey
 Wu
 Yarmuth
 Young (AK)

ANSWERED "PRESENT"—1

Gohmert

NOT VOTING—15

Buyer
 Conyers
 Davis (AL)
 Deal (GA)
 Diaz-Balart, L.
 Griffith
 Herseth Sandlin
 Hoekstra
 Linder
 Murphy, Tim
 Paul
 Pence
 Speier
 Waters
 Young (FL)

□ 1341

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

COMMENDING OHIO STATE FOOTBALL TEAM ON 2010 ROSE BOWL VICTORY

The SPEAKER pro tempore (Mr. DRIEHAUS). The unfinished business is the question on suspending the rules and agreeing to the resolution, H. Res. 1047.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Puerto Rico (Mr. PIERLUISI) that the House suspend the rules and agree to the resolution, H. Res. 1047.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed with an amendment in which the concurrence of the House is requested, a bill of the House of the following title:

H.R. 2194. An act to amend the Iran Sanctions Act of 1996 to enhance United States diplomatic efforts with respect to Iran by expanding economic sanctions against Iran.

The message also announced that the Senate insists upon its amendment to the bill (H.R. 2194) "An Act to amend the Iran Sanctions Act of 1996 to enhance United States diplomatic efforts with respect to Iran by expanding economic sanctions against Iran," requests a conference with the House on the disagreeing votes of the two Houses thereon, and appoints Mr. DODD, Mr. KERRY, Mr. LIEBERMAN, Mr. MENENDEZ, Mr. SHELBY, Mr. BENNETT, and Mr. LUGAR to be the conferees on the part of the Senate.

APPOINTING AND AUTHORIZING MANAGERS FOR THE IMPEACHMENT OF JUDGE G. THOMAS PORTEOUS, JR.

Mr. SCHIFF. Mr. Speaker, I send to the desk a resolution and ask unani-

mous consent for its immediate consideration.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

The text of the resolution is as follows:

H. RES. 1165

Resolved, That Mr. Schiff, Ms. Zoe Lofgren of California, Mr. Johnson of Georgia, Mr. Goodlatte, and Mr. Sensenbrenner are appointed managers on the part of the House to conduct the trial of the impeachment of G. Thomas Porteous, Jr., a Judge for the United States District Court for the Eastern District of Louisiana, that a message be sent to the Senate to inform the Senate of these appointments, and that the managers on the part of the House may exhibit the articles of impeachment to the Senate and take all other actions necessary in connection with preparation for, and conduct of, the trial, which may include the following:

(1) Employing legal, clerical, and other necessary assistants and incurring such other expenses as may be necessary, to be paid from amounts available to the Committee on the Judiciary under House Resolution 15, One Hundred Eleventh Congress, agreed to January 13, 2009, or any other applicable expense resolution on vouchers approved by the Chairman of the Committee on the Judiciary.

(2) Sending for persons and papers, and filing with the Secretary of the Senate, on the part of the House of Representatives, any subsequent pleadings which they consider necessary.

The resolution was agreed to.

A motion to reconsider was laid on the table.

COMMUNICATION FROM STAFF MEMBER, THE HONORABLE TIM RYAN, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from Matt Vadas, Constituent Liaison, the Honorable TIM RYAN, Member of Congress:

CONGRESS OF THE UNITED STATES,
 17th District, Ohio, March 3, 2010.

Hon. NANCY PELOSI,
 Speaker, U.S. House of Representatives,
 Washington, DC.

DEAR MADAM SPEAKER: This is to notify you formally, pursuant to Rule VIII of the Rules of the House of Representatives, that I have been served with a subpoena, issued in the Youngstown, Ohio Municipal Court, for testimony in a criminal case.

After consultation with the Office of General Counsel, I have determined that compliance with the subpoena is consistent with the precedents and privileges of the House.

Sincerely,

MATT VADAS,
 Constituent Liaison.

COMMUNICATION FROM STAFF MEMBER, THE HONORABLE TIM RYAN, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from Pearlette Wigley, Staff

Assistant, the Honorable TIM RYAN, Member of Congress:

CONGRESS OF THE UNITED STATES,
17th District, Ohio, March 3, 2010.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

DEAR MADAM SPEAKER: This is to notify you formally, pursuant to Rule VIII of the Rules of the House of Representatives, that I have been served with a subpoena, issued in the Youngstown, Ohio Municipal Court, for testimony in a criminal case.

After consultation with the Office of General Counsel, I have determined that compliance with the subpoena is consistent with the precedents and privileges of the House.

Sincerely,

PEARLETTE WIGLEY,
Staff Assistant.

□ 1345

WHERE ARE THE JOBS?

(Mr. FLEMING asked and was given permission to address the House for 1 minute.)

Mr. FLEMING. Mr. Speaker, where are the jobs? Our Nation's unemployment rate continues to hover around 10 percent and 36,000 more Americans lost their jobs last month; yet, once again, the current administration is failing to listen.

Despite public opinion 2-1 supporting opening new areas of the Outer Continental Shelf to drilling, the administration announced last week that it would discard the 2010-2015 lease plan for new development on the Outer Continental Shelf and wait until 2012 to put a new plan in place. This decision flies in the face of the bipartisan action in 2008 lifting the decades-long ban on energy development on 500 million acres on the Outer Continental Shelf, and it certainly goes against the idea of energy independence and lower energy costs.

As the number one producer of oil and number two producer of natural gas in this country, we in Louisiana know that energy development means good-paying jobs. It has been estimated that the 500 million acres, when producing, would provide 1.2 million new jobs and contribute \$273 billion annually to our gross domestic product.

Where are the jobs, Mr. Speaker?

PARTISAN HEALTH CARE PROCESS

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, the process that liberals are considering to take to pass the government health care takeover is almost as bad as the bill itself. The latest plan includes the House passing the Senate's version of the takeover bill, complete with the kickbacks and backroom deals that have become regular under the current liberal leadership.

An informative memo put together by Senator JOHN KYL and Congressman ERIC CANTOR helps explain this process to the American people. The memo goes on to explain that House Democrats would fast-track the reconciliation bill, fixing some, but not all, of the problems. Next, the Senate will then take up the House version and send it to the President.

Americans need to know that House Democrats must pass the Senate's health care takeover before the Senate can alter or try to improve it. The Senate bill is too bitter of a pill for my colleagues to swallow because it kills jobs. On the good side, The Hill today reports, front page, the Senate bill provides for citizenship verification to buy insurance.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

MANAGING THE BORDER

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Utah (Mr. BISHOP) is recognized for 5 minutes.

Mr. BISHOP of Utah. Mr. Speaker, you know, we, as Americans, have a responsibility to protect our environment and to protect our homeland, and unfortunately we are failing at both.

Our border patrol has done a wonderful job in the urban areas of this country; however, in rural areas, where the United States Federal Government owns about 40 percent of the land from California to Texas, we seem to not be doing quite as well, and that now becomes the prime area where evil groups like drug cartels and human traffickers and potential terrorists are now entering into this country.

The rules, the regulations, and our interpretations of the law are prohibiting our Border Patrol from actually fulfilling their functions. We have gaps, not only gaps in the fence, but gaps in our virtual fence, gaps in our monitoring that allow these groups to have open access—drug cartels, human trafficking cartels, potential terrorists—undetected and unfettered into this country.

Secretary Salazar is currently at the border. On Saturday, he will be at the Chris Eggle Visitors Center. Chris Eggle is a Border Patrol agent who was shot and killed in the line of duty at Oregon Pipe National Monument back in August of 2002. He was pursuing a drug cartel hit squad who had fled across these open areas into the United States after committing a string of murders in Mexico.

These people we are talking about who are illegally coming into this country are those who are bringing massive amounts of illegal drugs into this country, who are involved in human trafficking—illegally coming into this country—who are involved in unthinkable acts of aggression, and especially violence against women.

We have wilderness law protection that is supposedly there to protect the sanctity of the land; unfortunately, in some of our laws or interpretation of those laws about wilderness area we are actually opening up this land to some of those evil people who are coming across. And in so doing, they are destroying the wilderness characteristics we are trying to protect. What it means is that we are destroying that which we wish to protect.

Therefore, I am asking Secretary Salazar for four items in his visit when he sees firsthand the problems we have on our southern border.

Number one, I am asking him to end the Department of the Interior's requirement that the Department of Homeland Security must negotiate access and seek permission before entering onto Interior lands to enforce the law and secure the border.

Two, I want him to acknowledge that Department of the Interior policies have contributed to severe environmental damage and destruction by hampering Homeland Security from fulfilling their job to stop organized crime, drug and human traffickers, and potential terrorists from crossing the border through protected natural areas.

Three, I want him to stop impeding Border Patrol access to public lands, including wilderness areas, for the purpose of siting and building electronic surveillance.

And, four, I want to end the Department of the Interior's practice of extorting mitigation funds from Homeland Security. Money appropriated for border security should only be spent on making our borders secure, not diverted to unrelated Interior spending projects.

To secure our borders, we must do so to stop the evils of drug traffic, human trafficking, and potential terrorism. Common sense tells us that should be our goal; common sense tells us we should agree to that particular goal.

SOMBER ANNIVERSARY OF ALABAMA TRAGEDY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Alabama (Mr. BRIGHT) is recognized for 5 minutes.

Mr. BRIGHT. Mr. Speaker, 1 year ago yesterday, a terrible tragedy occurred in south Alabama. On March 10, 2009, a lone gunman went on a murderous rampage through Coffee and Geneva Counties, leaving 10 people dead and

several wounded in Kinston, Samson, and Geneva, Alabama. It was truly one of the worst acts of violence our part of the country has ever seen.

We can never fully understand what would drive someone to commit such a monstrous act, especially against his own family and a helpless child. Be it personal, economic, or mental problems that led to such cruelty, it is unimaginable that something like this could happen until it strikes your friends and neighbors.

Even though the tragedy was a devastating shock to our small and close-knit community, it also showed the resolve of those who help protect and defend our way of life. We all owe a debt of gratitude to the first responders—the Alabama State Troopers of the Dothan Troopers Post, officers of the Geneva Police Department, officers of the Geneva County Sheriff's Department, and an officer of the Alabama Conservation and Natural Resources Department who pursued and eventually found the gunman dead from a self-inflicted gunshot wound. Without their swift action and response, the loss of life could have been even worse. A year's time of reflection has only made their brave efforts more worthy of our respect and praise.

Another group that must be recognized are the soldiers of nearby Fort Rucker, Alabama. Since World War II, Fort Rucker has been an invaluable part of the Wiregrass area. They were quick to answer the call of local officials still reeling from the shock to serve their communities and keep the peace. We are proud of Fort Rucker's presence in the Second District of Alabama and are very appreciative of everything they do.

I would also like to thank my colleagues in the House, especially the 58 cosponsors of the resolution expressing sympathy to the victims of that terrible day, for showing their steadfast support. Though nothing could replace those who are lost, I know the folks in Geneva and Coffee Counties certainly appreciate that Congress was thinking of them during their time of mourning.

I encourage those watching across the country to remember the wounded as we pray for their continued recovery—State Trooper Mike Gillis, Greg McCullough, Ella Meyers, and Jeffrey Nelson—and to join me in praying for the departed victims and their families, Bruce Maloy, Lisa McClendon, Andrea Myers, Corrine Gracy Myers, Sonya Smith, James Starling, James White, Virginia White, Dean Wise and Tracy Wise. Even though those 10 souls are no longer with us, I know we will never forget them and will do all that we can to honor their memories.

As elected officials, we never want to come to the House floor for these purposes. In many ways, however, it is one of the most important duties we have as Members of Congress to honor and

call the attention of the Nation to those in our districts who have experienced great loss and committed brave acts in the most difficult times. I hope for all of us that these appearances are few and far between.

May our thoughts and prayers be with the citizens of Geneva and Coffee Counties as they remember the tragic event that happened in their community 1 year ago today.

THIRD FRONT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, I bring you news from the third front. The battle wages for control of the border, and I'm not talking about the border between Afghanistan and Pakistan where the Taliban runs back and forth at will to commit crimes in Afghanistan and then goes and hides in Pakistan. No, I'm bringing you news from the border, the southern border of the United States, which is very violent.

In Reynosa, Mexico, right across the border from the Rio Grande River in Texas, recently the U.S. consulate closed because of the violence on the border. In fact, Americans are prohibited from being in that consulate office because of the kidnappings, the murders, the shootings, the Old West-style events that are taking place on this border town south of our border.

The inconvenient truth is there is a battle for the border that is taking place in our own country. Across the southern border of the United States the drug cartels, all in the name of money and their financing of illegal activities, including organized crime and violence, and working with the coyotes—those people, for money, that smuggle people into the United States—are seeking control of our border so that they can bring in drugs and people. It seems as though drugs and people are coming into the United States and going south are money and guns.

Someone has said recently that the northern border is porous and the southern border is porous. But at the northern border all you've got to do is walk across; on the southern border you can shoot your way across into the United States. But be that as it may, we have a problem. It's an inconvenient truth that we spend time on other issues besides national security of our own borders, and it seems to me that we ought to solve this problem.

But before we do this, we now hear this talk again, this talk by those who don't live on the border about, well, let's just give everybody that's in the country illegally a little amnesty. Amnesty for all is what they say. But these individuals that preach amnesty are ignoring the obvious: if we grant

amnesty, that means all of the criminals that have come into the United States—like drug dealers, like those bandits that come here to commit crimes—they get that free amnesty as well. And they get the permission to stay here in the United States, not just those people that come here trying to seek a better life and to work.

Some have estimated that in our county jails and our prisons up to 20 percent of the people incarcerated are in this country from foreign countries. And yet we want to grant amnesty to all of these people? Amnesty has proven in this country it doesn't work; it encourages people to come here illegally.

So what should we do? We should do three things and we should do them in this order: the first thing we do is secure the border and mean it when we say we will secure the border. If necessary, we should have our military on the southern border of the United States so that people don't cross into this country illegally without permission of the United States. We have given lipservice to border security, and we haven't solved that problem.

□ 1400

You tell me, Mr. Speaker, that the greatest country that has ever existed, the greatest country militarily that has ever existed, the strongest country that has ever existed in the history of the world can't protect its own borders? I think not. We can do it, but we don't have the moral will to do it, and we have to make the decision that we will secure the Nation's border. The first duty of government is national security.

After we secure the border, we've got to deal with the immigration problem. The legal immigration system we have now is a disaster. It has been a disaster since the fifties. It is time to set that aside and to draw up an easier model, a more efficient model, a business model that solves the issues of immigration, a model that makes it more streamlined, efficient, and secure so that, when people come into the United States legally, we know who they are and so that we keep up with who they are—whether they want to be here as citizens, whether they want to work, whether they want to be tourists, or whether they're coming over here just to visit somebody.

Solve the border problem first. Solve the immigration problem second. Then deal with the problem of the 20 million-plus people illegally in the United States. We can solve that problem, but we can't solve that problem until we deal with the first two. It is time for the government to do its job. The duty of government is to protect us, not to give our country away to other people who want to come here illegally.

So, right now, the border war continues—controlled by the drug cartels,

controlled by the human smugglers who wish to make money and who profiteer from illegal activities on the southern border of the United States. We owe it to the citizens of this country, and we also owe it to the citizens of the countries which are south of the United States to secure the border, to fix the immigration issue, and then to deal with the issue of the illegal immigrants who are here.

And that's just the way it is.

PRO-LIFE WOMEN IN HISTORY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Ohio (Mrs. SCHMIDT) is recognized for 60 minutes as the designee of the minority leader.

Mrs. SCHMIDT. Thank you, Mr. Speaker.

I am here today, joined by my good colleague from the other side of the aisle, Mrs. DAHLKEMPER from Pennsylvania.

Today, we really want to focus this next hour on women in history because this is the month for women in history. Toward that end, we really want to focus on women in history who were pro-life.

I would like to begin by talking about the fact that National Women's History Month traces its origins back to 1911, to the first observance of International Women's Day. Since that year, countries around the world have devoted each March 8 to celebrate the economic, political, and social achievements of women, and they have recognized the many obstacles women have had to overcome.

In the United States, this day is celebrated as part of National Women's History Month, first established in 1987 by Congress. A similar resolution is approved with bipartisan support in the House and Senate each year, therein recognizing women here in the United States and around the world. Though, today, as I said, we are going to focus on pro-life women in history. I am going to start off by talking about a woman who began this movement in the United States way back in 1792. In 1792, as you well know, we were just becoming the United States—developing our Constitution, developing our institutions, our Congress, our Presidency, et cetera.

There was a woman by the name of Mary Wollstonecraft. This woman, Mary Wollstonecraft, was very, very pro-life. She actually wrote a book, "A Vindication of the Rights of Woman." In that, she condemned those who would either destroy the embryo in the womb or who would cast it off when born, saying, "Nature in everything demands respect, and those who violate her laws seldom violate them with impunity." She was really the first pro-life woman in the United States, and

we have been blessed with many since then.

Right now, Mr. Speaker, I would like to ask my good colleague from Pennsylvania if she would like to join me in this wonderful discussion.

Mrs. DAHLKEMPER. Well, thank you. I thank the gentlelady from Ohio for leading this special hour today to talk about the importance of women in history, particularly pro-life women.

I am just pleased that we can work together on this issue, one of which I find to be of great importance. It is an issue that really is not defined by party, that is not defined by geography, and that is not defined by demographics. This is an issue which, I believe, has national importance, and I am proud to stand here today with my colleague from Ohio and with my colleagues from other areas to raise our voices in defense of all in this country.

During the March for Life in January of this year, hundreds of my constituents from western Pennsylvania, pro-life advocates, visited my office in the Capitol. I spoke to a large group of Pennsylvanians who had traveled all day and all night. They'd marched in the cold to demonstrate their commitment to the unborn, and I was so impressed by their dedication. Overwhelmingly, it was women and young women who came to my office to show solidarity in our cause.

When I go home to western Pennsylvania, where my district is overwhelmingly pro-life in its beliefs, I talk to mothers and daughters, women of all ages, who thank me for supporting life and who encourage me to stay strong in this fight.

It is so important that we have women representing the pro-life movement both here in Washington and in our districts back home. We can speak to this issue, I believe, in a more personal way than can men. No one can dismiss us for not understanding. No one can look at me and say, "You don't know what it's like." I have been in those shoes. At the age of 20, as a student in college, I found myself unmarried and pregnant. So I know what it means. I know what it means to choose life.

Today, we are here because National Women's History Month and pro-life issues do go hand in hand.

The suffragettes who worked so hard to secure our voting rights as women believed in the right to life. Susan B. Anthony, Elizabeth Cady Stanton, Alice Paul, and so many others whose names are lesser known believed in the sanctity of life as strongly as they believed in the rights of women. Women led the feminist movement, and women led the pro-life movement. Our voices are the loudest and the clearest for both of these very important causes. Contrary to what media or other organizations would have us believe, women can be both feminists and pro-life.

The bottom line is this: Respect—respect for women in the workplace, women in the home, in schools, and in the voting booth—and respect for the rights of the unborn. The principle that motivates both the feminists and the pro-life movement is one and the same, which is the belief that people have rights and freedom.

As pro-life women, we believe these rights and these freedoms belong also to the unborn. We believe they have the right to be born and the right to live. This is not only consistent with the legacy of the early advocates of women's rights, but it reinforces their beliefs in the rights of all Americans.

So I am happy to stand here today with my other colleagues in Congress, pro-life Members, who are speaking in support of women and who are speaking in support of pro-life issues.

I yield to my colleague from Ohio.

Mrs. SCHMIDT. Thank you very much to my very good friend from Pennsylvania.

Right now, I would like to give as much time as needed to my very, very good friend from North Carolina, Ms. FOXX.

Ms. FOXX. I want to thank my colleagues from Ohio and Pennsylvania for organizing this Special Order today.

Today, we are marking National Women's History Month, and we are commemorating the brave and principled women who have spoken out and who have fought for the unborn as well as those who have spoken out for equal rights for women in terms of our voting. It remains more important than ever that women speak out on behalf of defenseless, unborn children, for, each year, more than 1 million of the unborn are aborted in America.

I want to strongly agree with my colleague from Pennsylvania that one can be a feminist and that one can also be pro-life.

Today, I am pleased to highlight how some North Carolina women are standing up for the unborn back in my district. Two women in particular come to mind today. Toni Buckler and Donna Dyer are in the midst of leading a 40-day-long vigil in Winston-Salem to bring an end to the practice of abortion. Their efforts, dubbed 40 Days of Life, are focused on 40 days of peaceful prayer, of fasting, and of community outreach on the issue of abortion.

One of the most important and visible parts of their 40 Days of Life effort is the prayer vigil that is held outside the local Planned Parenthood facility in Winston-Salem. Every day between February 17 and March 28, they are bringing together concerned pro-life citizens to take a stand for the cause of life.

What is truly amazing about this effort is that it does not stand alone. Hundreds of other cities in 45 States have similar 40 Days of Life vigils, which seek to raise awareness about

the scourge of abortion and to bring an end to abortion in America.

It is an honor to represent such committed pro-life women as Toni and Donna. Their efforts echo the voices of early women's rights leaders like Susan B. Anthony and Elizabeth Cady Stanton, who stood up for women and for the unborn.

I want to thank all of the pro-life women who are participating in the Winston-Salem 40 Days of Life vigil. I commend them for their dedication to the pro-life cause.

With that, I yield back.

Mrs. SCHMIDT. Thank you so much.

At this time, I will yield as much time as he may consume to my good friend from Louisiana (Mr. FLEMING).

Mr. FLEMING. I want to thank the gentlelady, Mrs. SCHMIDT, for giving me the opportunity to speak on this subject.

Of course, for those who are in the audience, in the gallery, the question is probably, What does this guy know about National Women's History Month? Certainly, what does he know about women in general?

Well, what I can tell you is that a very important woman in my life gave me life, itself—my mother. She passed away many years ago, but, obviously, she is someone I can never forget. I have a wife of almost 32 years, and I also have two daughters, one of whom has gifted to me two grandsons. So I think I know something about the appreciation of women when it comes to National Women's History Month. Let me just mention about abortion and about my pro-life stance.

Mr. Speaker, I really oppose abortion for four reasons. Number one, I am a Christian. I believe that only God can give or can take away innocent life. That is within his prerogative and within his power and his only.

Number two, as a physician, practicing for over 30 years, I believe in the protection of life. I don't see any way that abortion could be considered health care. Health care and abortion are totally different things.

Number three, as a scientist, I understand that, at the moment of conception, the unique DNA combination that results remains unique into history. That unique person can never be replicated by anyone else.

Number four, as a person, I believe that the only way that one can accept abortion is through something we call dehumanization. What do I mean by that? We human beings have the distinct ability to think of other human beings in a less than human way. What are some examples of this? Well, oftentimes, those who were pro-slavery gave certain explanations which would suggest that slaves were somehow less than human beings. Certainly, during the pre-World War II period and during World War II, we know that the Nazis used a similar characterization in

order to justify what they did to the Jewish people and to many others.

I think that we have to deal with that today, that to accept taking innocent life, even if it is preborn, requires dehumanization, and I think we need to come to that recognition.

□ 1415

If we accept that the unborn child is indeed a human, then I don't see any way we can justify taking that innocent life.

I also stand today, Mr. Speaker, to just briefly mention that I think abortion is exploitive of women. There are a lot of reasons for this, and I will just speak to the area of health care.

Today, there are more than 3,000 American mothers who are victimized by a procedure, abortion, that ends the lives of small children, the small children they carry. The harm to women is real and the physical ramifications are significant.

As a physician, I can tell you that women who have abortions are more likely to experience more infertility, ectopic pregnancies, stillbirths, miscarriages, and premature births than other women who have not had abortions.

Studies have shown that women having had abortions are 3.5 times more likely to die in the following year; six times more likely to die of suicide; 7 to 15-fold more likely to have placenta previa in a subsequent pregnancy, which is a life-threatening condition for the mother and the baby, and which increases, of course, the chance of death or stillbirth; and twice as likely to have preterm or postterm deliveries—and pre-term delivery increases the risk of neonatal death and certainly handicaps.

In conclusion, Mr. Speaker, I do appreciate the gentlelady giving me an opportunity to speak on this subject. I think that anytime we think about women, we have to think about moms, and anytime we think about moms, we have to think about children, and those children, of course, are children, in my opinion, from the moment of conception. That is when life begins. And anything that disrupts that deliberately that is not of the nature of God is indeed the taking of innocent life and is not health care.

So I thank the gentlelady, and appreciate the time you have given me today.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore. All Members are reminded to refrain from references to occupants of the gallery.

The gentlewoman from Ohio is recognized.

Mrs. SCHMIDT. Thank you again, Mr. Speaker.

To continue with Women's History Month and to focus on pro-life women, I want you to imagine, Mr. Speaker, what it was like to be an American woman in the 1700s and 1800s.

It surprises me to have to say this, but at that time women could not vote, we could not hold property, we could not inherit property if we were married, we could not control our own money or sit on a jury or testify on our own behalf. We needed somebody to testify for us if we were involved in a criminal case. We couldn't assemble or speak freely. We couldn't keep our children if we were divorced, and sometimes even when we were widowed. There was no such thing as marital rape, and no woman had ever graduated from college.

Mr. Speaker, that almost sounds like some Third World countries today, and yet that is the kind of an environment women faced in the 1700s and 1800s. Once women realized that we needed to have our rights reserved in the Constitution, other feminists stepped forward.

One of those feminists was Elizabeth Cady Stanton. She was a pretty moxie woman, because at the time when women were pregnant—and you couldn't even say the term "pregnant," I am not even you could say the term "with child"—they were supposed to stay at home and not be seen until the child was born.

What did Elizabeth Cady Stanton do? She shocked Victorian society, because she paraded through the streets showing the baby inside of her. And people were aghast. But people were also surprised at the voice of the message that she was carrying, because, you see, at the time of the feminist movement as we know it today with Elizabeth Cady Stanton and Susan B. Anthony, they were fighting for all people's rights; not just the right of women, but the right of the African American, man and woman, and also the right of the child, African American and white. They were fighting for everyone.

It was Elizabeth Cady Stanton who I think was the most shocking of all, because what she did was she showed her feminism on the streets. One of the things that she said was, "When we consider that women are treated as property, it is degrading to women that we should treat our children as property to be disposed of as we see fit."

Now, think about that: "When we consider that women are treated as property"—I think you could probably put in there the African American as well—"it is degrading to women that we should treat our children"—at that time the African American slave child as well—"as property to be disposed of as we see fit."

This was a letter to Julia Ward Howe, October 16, 1873, recorded in Howe's diary at Harvard University library. So these are a pro-life feminist's words.

Mr. Speaker, her statue is in the hall just beyond these doors, and yet when I was a child in school, I never heard she was pro-life. I knew she was pro-

woman and pro-freedom for all mankind, but nobody ever said she was also protecting the unborn. And yet she was.

But it wasn't just Elizabeth Cady Stanton that was holding these views. It was also her good friend, Susan B. Anthony. Susan B. Anthony, who also wrote, "Guilty? Yes, no matter what the motive, love of ease, or a desire to save from suffering the unborn innocent, the woman is awfully guilty who commits the deed. It will burden her conscience in life, it will burden her soul in death."

Mr. Speaker, these words were written over 100 years ago. I want to repeat them. "Guilty? Yes, no matter what the motive, love of ease, or a desire to save from suffering the unborn innocent, the woman is awfully guilty who commits the deed. It will burden her conscience in life, it will burden her soul in death."

Mr. Speaker, we hear that sentiment today from women who have had abortions and come around and realized that this was the wrong decision for them, and that they wish they hadn't made that decision, that they wish they could have made the decision for life.

But she wasn't the only person, Elizabeth Cady Stanton, or Susan B. Anthony, that felt like this. I bet most people in Congress don't know, Mr. Speaker, but we actually had a female candidate at the time of the feminist movement in the 1800s, and her name was Victoria Woodhull. She was the first female candidate for President.

December 24, 1870, this was the first female President candidate, a strong opponent of abortion. She said, "The rights of children as individuals begin while they remain the fetus."

Think about that. First off, in 1870, long before women had the right to vote, the right to have a divorce, the right to own property, the right to represent themselves in court, this courageous woman ran for President. Now, we know she didn't get very far, but criminy, Mr. Speaker, she certainly had a voice, and it is a voice that I think is a shame that history doesn't highlight, regardless of her message on abortion. Again, as a history major, I never knew that this woman ran for as a history major, I never knew that this woman ran for President in the 1870s, Mr. Speaker, and I will bet most of our colleagues didn't know that either.

But it wasn't just Victoria Woodhull that talked abortion. It was also someone by the name of Alice Paul. Alice Paul, another person that was part of the Equal Rights Amendment, stated in 1923 that "abortion is the ultimate exploitation of women." That was Alice Paul. She was the author of the original Equal Rights Amendment and opposed the later version of the ERA because it promoted abortion.

But before I forget, I also want to talk about Sarah Norton. Sarah Norton

first challenged Cornell University to admit women. Think about that: Women couldn't go to college. Sarah Norton, right out there fighting to go to college, just as a man, also pondered whether there would ever come a time when the right of the unborn to be born would not be denied or interfered with.

You know, Mr. Speaker, we have to think about the way women were treated back then and why they came to this conclusion. Again, as I said a moment ago, they had no rights. They were very much like the slaves of that time. They had no voice, no right in court, no real rights at home. If they were raped, they had no way to address the rape. And if they found themselves in a situation where they had a child as an accident, there was no other choice but to either carry it and be like Hester Prynne in "The Scarlet Letter" or to have an abortion. And many times the people they were involved with didn't want society to know that they were the father of that child, and so they would force these women into a situation to have an abortion.

Again, Mr. Speaker, there were no rights for women at the time. They couldn't go to court and say, "my neighbor raped me" or "I had an affair with a neighbor, he was a married man," kind of like Hester Prynne in "The Scarlet Letter." They had no rights. But they could be forced into situations that they disagreed with.

I think that is why these women who were so much at the forefront of the feminist movement were also at the forefront in talking about the right of life for all people.

What amazes me in all of this struggle is that up until the 1970s, people really didn't believe that abortion should be legal in the United States. There was a lot of controversy going on at the time, and I think I became involved in this movement because where I come from in Cincinnati, Ohio, a piece of the Right to Life movement in the Nation was actually born in my district, or actually not my district, but the First Congressional District, the district that borders mine.

It was with folks like Barbara and Jack Willke and folks like my parents, who are from my district, that really realized that abortion could become the law of the land, and they wanted to prevent that. So they became very proactive at the State level. They went to the State legislature and talked with the legislators, telling them if they were going to consider having abortion legal in Ohio, that was the wrong thing to do.

They weren't unique to Ohio or unique to Cincinnati. This was really going on all throughout the United States, these little pockets of discontent about the issue of abortion, and they were beginning to weave together into a national movement.

But it is Barbara Willke who said to her husband Jack, a physician, "You

know, Jack, the Constitution gives everybody the right to life, including the unborn child." And he looked at her and he said, "Barbara, that will be the name of our movement."

Well, we know that that name didn't just stay in Ohio, but there is also the National Right to Life Movement, and Barbara and Jack Willke have been at the forefront of this movement since its inception in the early 1970s. Jack Willke has served not only on the board of the Greater Cincinnati Right to Life, but he has also been on the board of the National Right to Life, serving as its president. Currently today he is with the Life Issues Institute, but he and Barbara continue to be on the forefront of abortion.

I am going to ask those wonderful folks if they could bring those two posters over for me.

Now, back in the 1970s, when the ERA movement was going around, people wanted to have an additional amendment to the Constitution stating in full force that women were equal and should have equal protections, but the problem with the movement was that they also wanted an equal protection for abortion.

□ 1430

At that time, the public really started to figure out where they were on that issue: Did they believe in abortion or not believe in abortion? And toward that end, there were a lot of mixed reviews. People certainly didn't want to have women suffer from back-alley abortions, but at the same time the question was: Should they have an abortion after all? And before the States could figure it out on their own, the Supreme Court, in 1973, handed down the decision of *Roe v. Wade*. And we all know what that said: that women have the right to an abortion.

Well, folks like Barbara and Jack Willke and my parents and myself were aghast because we really understood that life begins at its inception. And you can't question life at its inception, because if you do, you compromise life throughout history. So we began to work very, very hard to end it.

What I really think is interesting is that while in the beginning of the seventies and eighties it appeared that women were on the edge of believing that women should have abortion rights, today the trend is changing. I have to digress a minute because the pro-choice women have been very smart on this. In fact, it was in the late eighties, early nineties, that they realized with ultrasounds that women were recognizing that that baby inside of their womb really was alive and breathing and moving and had a little personality. And so they started to wane back on whether they agreed women should have the right to an abortion or not. And so they made a language change. What they said was,

instead of calling it pro-life or pro-abortion, anti-abortion or pro-abortion, they changed the name to pro-life or pro-choice.

Now the pro-choice, pro-abortion folks were very smart in that marketing approach because we as a society believe in choices, Mr. Speaker. We go to the grocery store—in my town, it would be Kroger, Meijers, Biggs, or Super Value—and you have an array of deli meats, you have an array of cheeses, you have an array of fruits and vegetables, and just anything that you're willing to pay for. In fact, in some of these stores you can even buy furniture. We love choice. How many restaurants offer a salad bar where you can get all kinds of salad? We like choice. You go to a department store and how many kinds of shirts and shoes and ties and sweaters can we buy? We like choice.

And so it was a very smart marketing strategy because at the time when women were starting to hesitate on whether women should have the right to an abortion because of the ultrasound, the pro-choice tag made them feel that yes, indeed, maybe women should have that right.

But you know, Mr. Speaker, it's interesting, because as technology has come full forward and as we've had 3D with technology, women stepped back a few years ago—back about 10 years ago—with ultrasounds that we have today and recognized that even as a child is at the age of 2 weeks, it begins to appear to look like a child. And they started to hesitate on whether abortion should be legalized and women should have that right.

And if you look at this chart, what you see is that this was a Gallup Poll. A 2009 Gallup Poll. The majority of Americans—this was the first time, Mr. Speaker—a majority of Americans, 51 percent, consider themselves to be pro-life over the terminology pro-choice. So this isn't pro-abortion versus anti-abortion. This is pro-life over pro-choice, the pro-abortion marketing verbiage.

What we see is that in 2001, 40 percent believed in pro-life. Forty-nine percent believed in pro-choice. Back in 2005, it was 42 to 52. In 2006, 45 to 47. We're tightening up. In 2007, 42 to 51. In 2008, 46 to 48. In 2009, 43 to 50. And in 2009, it has finally come full circle to where the pro-lifers are at 49 and the pro-choicers are at 44.

So we have seen this very narrow trend all the way through, finally eclipsing just about a year ago. And I think it's because women especially, but men as well, realize that that baby in the womb is actually a human being. And that human being deserves to have the right to life.

The other interesting thing that I think we need to talk about as we focus on women in history is that women really oppose the use of Federal

funds for abortion. Even if they're pro-choice women, they just don't think Federal funds should be used for abortion.

Now, the late Henry Hyde—Mr. Speaker, I'm not sure whether you had a chance to serve with Henry Hyde. I did have the luxury to serve with the gentleman from Illinois. But it was Henry Hyde after *Roe v. Wade* became the law of the land that decided that maybe we shouldn't have Federal funding for abortion. And so in the appropriation bill he put in an amendment, which we still continue to use today, that said there shall be no Federal funding for abortion, period. And this has been the law of the land for the last 30 years.

And when you ask folks today—now this was a Quinnipiac poll, December 2009, and this was for women: Do you support or oppose allowing abortions to be paid for by public funds under a health care reform bill, well, 25 percent support it, 70 percent oppose it, and folks that weren't sure of the answer were about 5 percent.

So I really think that, Mr. Speaker, there's a real clear message here that women, whether they're pro-choice or pro-life, do not believe that we should have Federal funding for abortion. They just don't think that's a smart way of using taxpayer dollars. I have to agree because, Mr. Speaker, when we are discussing the bill of the moment—and the bill of the moment is health care, it's the bill that touches everyone's mind. It's a bill that is something that will be a game-changer in the United States, if passed.

One of the things that is in that bill is the public funding of abortion. From what I have gleaned, there will be a dollar of every premium paid to women's reproductive health that will allow for all kinds of things for women, including abortions. I think that when you look at the polling and you see that 70 percent of women oppose Federal funding of abortion, I think we should listen to the will of the people. And whatever we do on this health care bill, at least let's listen to the women of today. Because as we look at women in history, we really have to recognize that we do have a choice today.

My good friend, Dr. ROE, just came. Before I give Dr. ROE a chance to speak on this, I want to mention that in women in history we've come a long way, but we still have a long way to go. And when you think about the first woman to try to run for President way back in 1870, I think it's ironic that the first woman to serve in this House was in 1917. Her name was Jeannette Rankin. This was 2 years before women got the right to vote. Yet, today in the House there's about 275 women in total that have ever served here, Mr. Speaker.

We have a lot of pro-choice women, we have got pro-life, we have got some

that probably haven't made up their mind. But we have really got a long way to go when you think of the thousands of men that have served here. I think that's why it's so important, as we debate this issue of health care, to listen to women, because it is women that are saying, Wait a minute, not with my tax dollar.

Right now I've been joined by my good friend from Tennessee. I will give you as much time as you need, sir.

Mr. ROE of Tennessee. Thank you very much for holding this Special Order on health care and the life issue. As I was walking over here, I thought back to my medical school years and how this issue of abortion ever came up. I followed it from the time I was a medical student, when abortion was illegal in this country, until it was legalized. At that time, pregnancy was basically a mystery. It was described as tissue. I've heard of a human being described in a lot of different ways.

But as ultrasound came along and we were able to view noninvasively inside the woman's uterus to see what was actually going on, an astonishing thing happened. I will tell you, after 30-plus years of practicing medicine, it will make your adrenaline flow to look at a baby and watch it grow from the time you see a flicker of a heart beat. We can see that around 28 days post-conception. I can remember the first time to this day. It's been over 30 years since I saw that. And to see that within weeks develop into a little person at around 12 weeks. And certainly now with the new 3D ultrasounds, it is amazing what you can see.

This is a person there. You watch them move, you watch them breathe, you watch their eyes blink, and so on. They're people. If you have any question about what's in the uterus, simply look at an ultrasound and there will be no doubt in your mind that it is a person there. I know that in our area certainly a higher percentage than even 70 percent oppose abortion funding using their tax dollars to end life. That's exactly what it is. It's certainly illegal in this country now. But I think the pendulum is swinging. We have a very limited amount of resources for health care in this country. I think we will talk about certainly the need for reform. But abortion is not health care. It is not. And we should not be using our tax dollars, as precious as they are, to provide care.

Let me just give you an example of what we're trying to do in our State of Tennessee right now. This year, because of the budget crunch, we're limiting our State health insurance plan; and Medicaid, or TennCare in our case, is limiting doctor visits to eight per year. So you as a patient, if you were a patient of mine in Tennessee and you had Tennessee Medicaid, you can only come see me, and that's all the State will pay for, no matter what your condition is. Also, we will only pay \$10,000

per year, no matter how many hospitalizations. That's all you're going to get paid. So those costs are shifted.

Right now, in Tennessee, with our Medicaid system, we're rationing care. What we should be doing before we massively expand the system is to adequately fund what we currently have. Certainly, funding abortion, not only is it just the public doesn't want it, it's the wrong policy. So I think the current bill that currently has this language in there should not be passed certainly in this body.

I yield back.

Mrs. SCHMIDT. I thank you. I have just been joined my good friend from Minnesota, Mrs. BACHMANN. Would you like to add to the conversation?

Mrs. BACHMANN. I'd love to. Thank you so much. I appreciate the gentleness from Ohio for inviting me. I also want to honor her for her service as the head of the Pro-Life Women's Caucus here in the United States Congress. We benefit greatly from your leadership, and we appreciate all that you do.

This is the first issue that all of us have to deal with, the issue of life, going all the way back to the Declaration of Independence. If you look at the Declaration, the inalienable rights, the rights that no government can give, that no government can take away, that were given to each one of us, a very personal right by our Creator, the first one is life. And that's why this issue is central in every debate that we have—how will we as an American government and society deal with vouchsafing life. Because in the Declaration it goes on to say that governments were instituted to secure the inalienable right of life. That's why we're here—to make sure that life is a value that we uphold and that we save.

I appreciate so much the chart that the gentlelady has put up to demonstrate that 70 percent of Americans oppose funding for abortions. That's what we're going to see in this health care bill going forward. I'm sure my colleague, Dr. ROE, had addressed that very well: that Americans don't want to have their tax dollars pay for other people's abortions and have their consciences violated. That's why we have seen the Catholic bishops all across the country so heavily involved in this health care debate, because they know what will happen.

The Alan Guttmacher Institute tells us that there will be more abortions if we have government-subsidized abortions. As a matter of fact, there will probably be a good 30 percent increase in the number of abortions that we currently have today. That wouldn't be good for the women of America, abortion-minded women, and it certainly wouldn't be good for the next generation.

□ 1445

You know, in so many countries across the world today, whether it's

Russia or in Eastern Europe or Western Europe, certainly Italy—Greece has a population replacement rate of 1.3—all of those nations are not replacing themselves. There is a very high level of abortion that is occurring in those nations. We don't want to see that here in the United States. We are at replacement, but our population levels could fall. It's not good when a Nation's population levels fall below replacement. The countries now, like Russia and in Western Europe, are dealing with that fact.

It's also a vital interest, just for the sake of abortion-minded women, that they have alternatives. All too often what we see are women that are put into a position that they don't want to be in by their parents, by pressuring boyfriends, to tell them, Have an abortion because it will cost me money. It will cost me embarrassment. But it's the woman who pays the price. The woman pays the price emotionally.

I have just looked at some figures that said that women who have an abortion have a higher risk of death and are six times more likely to commit suicide. That's such a terrible, horrible outcome for women. There are things that we can do for women who find themselves in an unplanned pregnancy.

We have pro-life centers all across the Nation that would love to help women, whether it's with free pregnancy tests, free ultrasound tests where they can see their unborn baby alive, moving within their womb. And then there is also help, whether it comes from free clothing during the pregnancy, free help with baby supplies once the baby comes.

If a mother chooses that she would like to have her baby adopted, there are services that are available that are free, open to women to help them with the adoption, and situations where women can actually help and choose the family that her baby will be raised in. There are great options for life. My husband and I have been involved in foster care, helping children as well who are in less than ideal circumstances.

I thank Dr. ROE for all the very strong work that he's done with the pro-life movement, and also my colleague Congresswoman JEAN SCHMIDT.

Mrs. SCHMIDT. Thank you.

You know, one of the things that I'm proud of is the fact that it's not just conservative women that have been at the forefront of this debate. As we all know, this debate, as I said before, began in 1792, and when Mrs. Wollstonecraft was the first pro-life woman, she really wasn't that conservative. She was very, very radical.

One of the things I forgot to mention was that her name may be unknown, but her daughter's name is not. You see, if you have ever read the book *Frankenstein*, her daughter Mary

Wollstonecraft Shelley wrote it. And this lovely little girl never even really got a chance to know her wonderful mother because her mother died giving birth to her.

But it was women like Mrs. Mary Wollstonecraft; it was women like Lucretia Mott; it was women like Susan B. Anthony; it was women like Cady Stanton who really brought this to the attention of America over 100 years ago. And even today, we have women from all over the country making a difference on this issue.

There is a group of women called Feminists for Life, and they've got some pretty liberal thoughts on other social issues in America, but they're really dead on on this issue. I had a chance to meet with them the other day, and Serrin Foster is one of the leaders in that. She wrote a paper that she gave to Wellesley College on March 3, 2004, that talks about the feminist case against abortion, and that's really where I got a lot of my literature. It's amazing what she talks about in here and how women throughout society who have had abortions, what social ills tend to fall to them, just as my good colleague from Minnesota brought up. The depression, the anger, the suicide rate. There's even talk that there could be some physical harm that could happen with abortion.

And I don't know if my good friend Tennessee knows anything about that, being the doctor that he is, but are there any physical risks to abortion?

Mr. ROE of Tennessee. Oh, certainly, there are. Again, thank you for having this conversation, because what you're doing today is that you and MICHELE are speaking for the unborn. They cannot speak for themselves, so you're here on the floor of the House speaking for them.

Yes. I mean, throughout my career, I remember a case that I had—and I won't obviously disclose anything other than just a case I had in over a 30-year career—of a patient that I had known for years. She came in one day and had tears in her eyes. This was a woman in her fifties now. And she told me, she said, I have to tell you something. I had known her for a long time very well, even as a friend I had known her. And she told me, I had an abortion years ago, and I have got to share this.

Many of the problems I traced back through the 20 years, 25 years I cared for her were directly related to that abortion and the psychological impact that it had on her and her life. And we had a long talk that day, just as a friend to a friend. I hope she left there that day and could go on and continue her life.

So many women won't share things that are very negative—or people, not just women, but men and women both—a very negative part of their life that they're not very happy about and later realize it was a very bad decision.

What we're trying to do here today is to prevent women from suffering that psychological damage.

And the other thing that Congresswoman BACHMANN just brought up a minute ago was adoption. As an OB/GYN doctor—that's what I do. I have delivered almost 5,000 babies. I can assure you, I can find hundreds of babies a home right now in one town. I can't tell you how many friends of mine that have gone to Eastern Europe, to Russia, and to China to adopt babies. And those are very lucky children who get to come and live with these families.

But why are we doing that when we have babies right here in America that you can adopt? And I will assure you that it would be no cost to the families. Those medical costs will be cared for by these families who desperately need and want children. And what you brought out about a life that is lost, you never have the opportunity to find out what that person could and would be, boy or girl. Maybe they will be a Congressman or a President or a doctor or someone who discovers a cure for—

Mrs. SCHMIDT. Or a Heisman Trophy winner.

Mr. ROE of Tennessee. Exactly. Or a Heisman Trophy winner. And even though he is from the University of Florida, and I am from Tennessee, I have to brag about that young man, that great young person. But those are the things that I think we have to talk about.

And the other thing that you hear discussed a lot, Congresswoman SCHMIDT, is that you will hear about third trimester abortions. It's about the life of the mother. And I have to say this right now, there are no medical indications whatsoever for that procedure, a third trimester termination of life. There are none. I will be willing to sit and debate with over 30 years of experience to tell you there's only one reason for that procedure, and that is to kill the baby. That's the only reason. And if anyone wants to debate that, I will be glad to do it here on this House floor or in a medical setting. But I want to make that a part of the RECORD today. We, again, are here today to advocate not only for the unborn but for the mother who bears the problem, the brunt of what happens to her.

Mrs. SCHMIDT. And I think it's interesting that as we continue to debate this since *Roe v. Wade*, sometimes the media inadvertently sends a pro-life message. There was a movie a few years ago which captured Hollywood's attention, and it was called "Juno." It was about a young girl and a young guy, high school age, and she found herself pregnant. I remember the scene vividly in the movie where she was going to go to have an abortion, and her friend was standing outside the abortion clinic with a sign. And she

said, "What are you going to do, Juno?" and she kind of sloughed her off. Her friend screamed, "It's got fingernails."

So when Juno goes in and she fills out the paperwork, she hears somebody wrapping their fingernails, somebody filing them, somebody chewing on them. And what does she do? She leaves. The end of the story, we know the outcome, she finds a wonderful woman who wanted a child, wanted to be a mother, and she gives that child to a loving arm.

Now, I know that sounds like a Hollywood fantasy, except I have someone very close to me who worked with me on a daily basis, and 11 years ago, he and his current wife, the lady he married, had a Juno experience, and yet today, they are a loving family. They had their own child, and they're doing just fine. I got to meet his birth daughter, and she is a beautiful young lady. Who knows in another 10 years or 20 years what she will aspire to. Maybe to just be the greatest mother of all or maybe be the next President of the United States. But he and his wife made that decision.

And so when I saw "Juno" and knowing his story, I thought, This is real. And yet Hollywood, for whatever reason, didn't see the power in the message. Mr. Speaker, I truly believe this country is recognizing that every life is precious, and I think what is equally compelling is the fact that last year in the Presidential debate, the issue of abortion took center stage, and it took center stage because a little unknown Governor from Alaska was suddenly thrust into the limelight and could have been the Vice President of the United States. And with her came a family, and in that family came their last child, and their last child has some issues. And most cases in the United States when parents are met after an ultrasound where indications say that your child will have a mental handicap, a mental issue, they are given the opportunity to abort the child. I think the numbers are—Doctor, am I correct?—about 80 percent do have an abortion when they believe that they're going to have a child that will not have what society deems as a "normal life." And yet she had Trig, and Trig has become the face of life.

I think it's interesting that as history continues to develop, that this wonderful woman, Sarah Palin, continues to be at the forefront of the media, and her child is right there. And together, that family is the face of life. And she is, I think, our most current and prominent member of women's history. Yet again, another woman who was pro-life.

I was hoping my good friend Mrs. DAHLKEMPER could get back. She had to go to a hearing. But I want to say that—is she here? Oh, good. Mrs. DAHLKEMPER just came back.

Mrs. DAHLKEMPER, my good friend from Pennsylvania, I want to give you the opportunity to close this wonderful hour and to thank you for your participation and all that you do for the cause.

Mrs. DAHLKEMPER. Well, thank you. And again, thank you to my colleague Mrs. SCHMIDT from Ohio, who has been a good friend and is obviously a defender of women's rights and a defender of the rights of the unborn. And to all those who have joined us here this afternoon as we have had this special hour, as we recognize Women's History Month and we recognize the women that fought for our right to vote, for our right to serve our country as so many of us are now; although, unfortunately, still only 17 percent of Congress. Those women also fought for the right of the unborn, and I think it's important that we remember that as we remember them and what they do for us.

As I was on a plane flying down here yesterday, I was sitting next to a woman who was from my hometown, and we were talking about many different things. And as we got up to leave the plane, in front of us sat her daughter and her granddaughter and her granddaughter with Down syndrome. She was telling me how it was only her granddaughter's second time to fly on a plane. One of the things that she expressed to me is that she is afraid that someday there will no longer be Down syndrome children in our world, and yet they are so loving and the beauty that they bring to our world, if you have ever known or been hugged by a child with Down syndrome.

We have a wonderful place in my community called the Gertrude Barber Center that just has done wonderful work with those children over the years. But they are precious. They are very precious, and I think that's the important thing here is that they all bring gifts to our world and they bring gifts to our lives.

When I think about, as I mentioned in the beginning, my own son who is now 30 and the grandchild that he's brought into my life and what he's doing as a young man, the value of all of these children, born, unborn, we have yet to see what they will bring to our world.

Mrs. SCHMIDT. Thank you. This is really a bipartisan debate. One of the things I know my good friend from Pennsylvania and I will agree with, there is nothing better than having grandchildren. It is worth having children, isn't it?

But to my good colleagues from Tennessee and Minnesota, do either one of you have want to add anything before we lose this hour?

Mr. ROE of Tennessee. I agree with both of you. I'm not sure why I had kids first. I just need to go to

grandkids. They are so much better. But I think that you can't imagine life—I know I have heard this right here—without our children and without our grandchildren. When you see a child out there—anybody that would abuse a child, I have no tolerance for them whatsoever. But to have a hug from a child, it doesn't matter whether that child is challenged or not, it's love. And I can't imagine life without mine and my grandchildren.

I thank you for the opportunity to be here today.

Mrs. BACHMANN. And if I could just add, I think that it's so important that you have offered this opportunity for us to honor and recognize Susan B. Anthony, Elizabeth Cady Stanton, Mattie Brinkerhoff, Victoria Woodhull, Mary Wollstonecraft, Alice Paul, among many other women who stood strong for women's rights and for the value of women in the country, but also, to be clear, that these women also stood for the unborn. They weren't on a wild tear to make sure that women could have the right to an abortion. They stood strong for women's rights, understanding that it's all women, born and preborn, that need to have their rights secured.

So I am very grateful that you posted this Women's History Month, and especially highlighting the fact that our foremothers who went before stood for life, just as we stand for life today. So I thank you, and I thank Representative DAHLKEMPER.

□ 1500

Mrs. SCHMIDT. As we go back out into the hall and we look at that statue of the women who gave us the opportunity to be able to be here on the floor today, not only did they give us the right to vote, they gave all children the opportunity to have the right to life. And it wasn't until *Roe v. Wade* that that was taken away.

Maybe we can be the generation of women that will find ourselves with a statue out in the hall that will give all children, all God's children back the right to life. Thank you all for this.

I yield back the balance of my time.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Arizona (Mr. SHADEGG) is recognized for 60 minutes.

Mr. SHADEGG. I thank the Speaker.

I would like to begin an hour where I hope to discuss with my colleagues and with the American people the extraordinary situation we face with respect to health care reform here in the United States House. I believe most people across America know that we have been debating health care reform for almost a year now—actually, quite frankly, a little over a year now. And I

think most Americans agree with me and probably with almost everybody who comes to this floor that our health care system needs to be reformed.

I have been a passionate advocate for health care reform since I was elected in 1994. I believe I have written more health care reform proposals and introduced them in this Congress than perhaps any other Member who began serving in 1995 or thereafter. I began working on patients' bill of rights legislation, and have moved onto comprehensive reform legislation because I think our system can be much better than it currently is.

Indeed, if you look at it, the President is absolutely right that the cost of health care is going up dramatically faster than the cost of all of the other goods and services we buy in our society. And the President is right that that increase in cost is not sustainable over time. We have got to rein in this spiking cost of health care, the spike in the cost of health insurance premiums. Unfortunately, I don't believe the President is right about the manner in which he wants to go about it. I believe we are being confronted with an effort now to cram through this House, as early perhaps as next week, legislation which is proposed to reform health care in America, but will not do that. Certainly it will not rein in costs.

I want to reiterate I am a supporter of health care reform. I not only think we need to take steps to rein in the cost of health care, I believe we need to address other problems, such as pre-existing conditions. I happen to have an older sister who is a breast cancer survivor, thankfully. She is now almost a 20-year breast cancer survivor. And she at certain points in her career, because of her breast cancer, could have been placed into a situation where she would have been denied care or denied coverage by a health insurance company because she had a preexisting condition of breast cancer. But there are lots of ideas out there to deal with the problem of preexisting conditions rather than the heavy-handed edict or mandate which is in the President's legislation.

I am joined right now by one of my colleagues, Dr. ROE from Tennessee, and I would like to conduct this particular hour in an informal fashion where each of us talk about issues within the health care bill that is going to be before us as early as next week and kind of banter those back and forth and try to make this interesting for the people of America to look at what we are being confronted with to confront the issue of is this a better bill to pass than so-called "doing nothing." And I think the answer to that is fairly clear. I believe this bill would be disastrous.

Let me begin by yielding some time to my colleague, Mr. ROE, and let him give you some of his thoughts on what we confront at this point.

Mr. ROE of Tennessee. Thank you very much, Mr. SHADEGG. I appreciate the opportunity to be here on the House floor, Mr. Speaker.

When I was elected to Congress, I had a 31-year medical career, and was coming to the tail end of that. I had been an obstetrician/gynecologist and surgeon. And I had seen various changes from the late 1960s, when I was in medical school, until now. I had seen absolutely incredible changes in the way we deliver health care and what we can do for our patients.

Just a brief example. When I graduated from medical school in 1970, there were about five high blood pressure medicines, five antihypertensives. And three of them made you sicker almost than high blood pressure. Today, 40 years later, there are probably 50 or more, and with relatively minor side effects. And patients now have the opportunity with high blood pressure, with diabetes, with heart disease—we have just seen recently former Vice President Dick Cheney and former President Clinton get state-of-the-art health care.

The question is, how can we get this health care to the majority of our people and not bankrupt the country? Because it is not the quality of care we are talking about, whether it is heart disease or cancer or any other cadre of diseases that we are talking about.

In the mid eighties we started seeing a shift in the way we discussed and delivered health care. What fee-for-service health care is, is that you as a patient come to me, and I see you, and I give you a bill when you leave, and you pay the bill. That is fee-for-service health care. We saw that that was creating a situation where there was overconsumption of the services, we didn't have enough money in the system to provide that, so a new system of, quotes, "managed care" came along where insurance companies said, look, we can manage this care and we can do this by limiting the number of visits and very specifically saying what we are going to pay for in this particular health care contract that you have. That is your insurance plan. And there were various methods out there to do this.

In Tennessee, we saw costs rising ever so slowly, but rising faster than our inflation was. We tried to control these in our State Medicaid program called TennCare. We got a waiver from HHS, the Health and Human Services here in Washington, to try an experiment with managed care. We had about seven or eight different plans that were going to compete for your health insurance business.

What happened to us was that it was a very generous plan, as this plan is as we will discuss later, JOHN, in this hour. When you mandate what is in a particular plan and you provide more health care in it than someone needs to

consume, it costs a lot of money. What our plan did in Tennessee, it was first dollar coverage, all prescription drugs paid for, so the patient had no cost in this. They had no so-called "skin in the game."

In 1993 when we instituted this plan, the State spent about \$2.6 billion on health care for the entire State. Ten years later we were spending \$8 billion. Every new dollar that the State brought in, we spent on health care. There was no money in our State for schools, for new construction in colleges, and so on, new capital, other things that the State does; roads. We had to rein those in. And our Democratic Governor did that. The way we did that wasn't a very good way. It was basically we rationed care by cutting people off the rolls.

Today in the State of Tennessee, and the other unknown about these Federal plans, is they never pay for the cost of the care. In Tennessee, the State TennCare plan paid about 60 percent of the cost of actually providing the care. So the more people you got on that plan, the more costs that were shifted to private insurers, forcing those plans to charge higher premium benefits. So we shifted the costs with a hidden tax over from the government plan to the private sector, forcing costs to be passed onto businesses, and businesses much like I had.

Today what we are doing in Tennessee is that in this particular year right now, our State legislature is in the process of looking at our State health insurance plan. They have cut the cost down to about \$7 billion. And how did they do that? Well, they simply just disenroll people. And what the plan is paying for this year are only eight doctor visits. In the State of Tennessee, if you have that type plan, you can only come to a physician eight times that the State will pay for. And they will only pay for a total of \$10,000, no matter what your hospital bill is. That means that cost is being shifted.

JOHN, in our State this year, the hospitals are going to have a bed tax. They will pass a tax on again to other paying patients to be able to make the Medicaid match that they have right here in the State. So an expansion that the Senate bill currently has of Medicaid will be disastrous for the State of Tennessee. We cannot pay for the plan we have.

Mr. SHADEGG. If I can jump in, let me just talk about an update with the experience of the State of Arizona. I happen to have here a letter dated yesterday from the Governor of Arizona. And she explains, Governor Janice Brewer of the State of Arizona, my Governor, explains that our State is already taking a deep financial hit as a result of the economy. We have had a loss of State revenues in excess of 30 percent. This letter is from the Governor to the President of the United

States. And I just think some of the points the letter makes reiterate what you have just said, Doctor, and I think they are important for the people of America to understand.

She writes, "As the Governor of a State that is bleeding red ink," this is a direct quote, "I am imploring our congressional delegation to vote against your proposal to expand government health care and to help vote it down. The reason for my position is simple: we cannot afford it." She said, based on our own experience with government health care expansion, we doubt the rest of America can afford it. She then goes on to lay out the extra burdens that that legislation will place unfairly, in her view, on the State of Arizona.

She says, "Unfortunately, your proposal to further expand government health care does not fix the problem we face in Arizona. In fact, it makes our situation much worse, exacerbating our State's fiscal woes by billions of dollars." And she cites a series of points. One, it makes Arizonans pay twice to fund other States' expansions. She writes, "Your proposal continues the inequities established in the Senate health bill"—by the way, that is the very bill we are being asked to pass verbatim without changing so much as a comma, because we can't change a comma—"with regard to early expansion States. It is clear it will not fully cover the costs we," the State of Arizona, "will experience as a result of the mandated expansion. Therefore, Arizona taxpayers will have the misfortune to pay twice: once for our program and once more for the higher match for other States." She then says, "It makes States responsible for financing national health care."

I won't read the entire paragraph, but she says, "For 28 years, Arizona and the Federal Government have been partners in administering the Medicaid program. However," she writes, "under your proposal, more power is centralized in Washington, D.C., and the States become just another financing mechanism." Now, that might not be bad, but she points out, "Not only will States be forced to pay for this massive new entitlement program, but our ability," Arizona's ability, "to control the costs of our existing program will be limited." She then says it creates a massive new entitlement program which our country cannot afford. And her letter says, Your proposal creates a program that does not have the resources and our country does not have the resources to support.

I think the point is made that it is great to have good intentions, but it is important to be able to pay for these programs. And this is simply one Governor of I think many Governors who are deeply concerned that what we are doing is expanding the health care entitlement on the backs of States already in deep financial trouble.

Mr. ROE of Tennessee. Our State Governor, who is a Democrat, has said that this is the mother of all unfunded mandates. And let me give you an example of what has happened in our State. We are now being asked, if this bill were to pass as is, to have a massive expansion of government-run health care. It would cost the State \$1.5 billion. In our State, we have 50 less State troopers than we had 30 years ago, and we have 2 million more people. We are not doing a single new capital project on the campus of a university this year in our State because we cannot afford it. So it is a matter of not do you do health care reform, it is a matter of can you afford this.

And when I have heard the President say that premiums will go down, well, I beg to differ. If you look at the Tennessee experience, I can assure you if you extrapolate our experience with what they are proposing nationwide, I did the math this morning on the way into the office, it will be exactly twice what they are saying. And if you look at the estimates that the government has done on health care plans, let me just run through a couple of those for you. When Medicare came on board in 1965, it was a \$3 billion program. The government estimated, the CBO didn't occur until 1974, but the government estimate in 1965 was that by 1990, Medicare would be a \$15 billion program. It was a \$90 billion program. And today it is a \$500 billion program in 2010. That particular plan, Medicare, will go upside down, there will be less revenue coming in than going out in 6 or 7 years depending on current estimates.

□ 1515

What we are proposing in this, and our senior citizens get this, is that one of the proposals in this plan is to take out \$500 billion. Here is a news flash. Next year the baby boomers, which are a large number of people, hit Medicare age. That is 2011. They will begin at the rate of several million, tens of millions in the next 10 years, to be in a plan that is now underfunded by \$500 billion.

One of the things that the Senate plan does have, which I totally agree with, is that we should have been doing this instead of, are the fraud and abuse. There is no question that anywhere there is fraud and abuse in the Medicare plan, we should be going after it. I couldn't agree more.

Also, in this plan, the new taxes that are in the plan over the next 10 years which equal about \$500 billion, this is the absolute worst time on the planet Earth to have new taxes when the economy is still reeling from the worst recession since the 1930s. To increase taxes on business, whether it is device makers, or whatever it may be, is absolutely the wrong time.

Mr. SHADEGG. I think it is important to understand the burden that this legislation does place on our economy

at a time when we ought to be focused on jobs.

I know when I go home on the weekends, I encounter many of my constituents. I get to see them at the Safeway or the Home Depot. I have to tell you, quite frankly, and I don't understand why the President and the majority don't get this message, but they do not come up to me and say: Congressman, when are you going to fix health care? I'm deeply worried about it.

What they come up to me and say is: Congressman, what are you doing about this economy? I need a job. My son just graduated from college, and he can't get a job.

That is where they are.

But one of the issues I want to focus on in this hour goes to how we propose to pass this legislation because I think it shows that we are not a functioning institution and are not doing what the people want, and that they have reason to be, quite frankly, very upset with us.

Speaker PELOSI, when she ran and captured the majority in 2006, said she was going to have the cleanest, most ethical Congress in history. You can debate that issue.

I personally believe it has been the least procedurally open Congress I have ever seen. But I at least hoped that she would fulfill the promise Republicans had made of no special deals. And when President Obama campaigned and said he was going to bring America change we could believe in, and he was, for example, going to negotiate this bill on C-SPAN, I had hoped that, well, maybe you might not attain that goal but that at least there would be fewer backroom deals. But it is absolutely stunning to me, and I think it ought to be stunning to every Member of this body, and stunning to every American, that not only have we not cleaned the process up, but we have seen in the year that we have debated this bill, the most outrageous examples of backroom deals in the composition or construction of this bill ever in at least the history that I have been here since 1995.

It is important to understand that every one of those backroom deals, every one of those special deals cut with Members of the United States Senate and put into the Senate-passed bill, will have to be voted upon as a part in the bill that passes the U.S. House.

We are now being asked to vote for, my colleagues on the Democrat side, are being asked to vote for a bill that contains the Corn Husker Kickback and that contains the Louisiana Purchase, that contains a special provision for a Connecticut hospital. Let me just document those because I think it is important to understand.

The latest trick is somehow we are going to avoid that because the majority is going to simply pass a rule deeming the Senate bill passed. If that is

not a charade to trick the American people, I don't know what is. But I will tell you this, these provisions are in that bill: number one, the Louisiana Purchase. According to The Washington Post on November 22, 2009, their headline, "Sweeteners For the South." The bill in section 2006 provides a special adjustment of \$300 million to aid or to provide for the State Medicaid program, and the only State that would qualify, the State of Louisiana. It sounds like a sweetheart deal to me. It sounds like a backroom deal that the American people thought wasn't going to happen any more.

Second, according to Politico, December 20, 2009, "Health bill money for hospitals sought by Dodd." Section 10502 of the bill, this is the bill we will vote upon or we will deem passed, so you can go on the Internet and look at it, go and look at section 10502, provides \$100 million for the University of Connecticut Hospital. I don't know about you, Dr. ROE, but I didn't get \$100 million for a hospital in the State of Arizona in this bill.

Item number 3, Politico, February 3, 2010, headline, "Democrats protect backroom deals." This one is pretty interesting. It appears that Vermont, represented by Senator BERNIE SANDERS, JOHN KERRY representing Massachusetts, were able to find in the bill, or put into the bill in section 10201, \$1.1 billion for the States of Vermont and Massachusetts for their Medicaid program.

Now I have had my staff go over the bill and I am looking for Arizona's \$1.1 billion. Or, since those two States split it, it turns out to be \$600 million for Vermont and \$500 million for Massachusetts. I looked around to see if I could find \$500 million or \$600 million for Arizona, but it is not there. But every Member of this body, I think as early as next week, or maybe the week after, is going to get to vote on that special deal. They can't change a word of it. So if your congressman says oh, no, I'm not voting for that, that is wrong because it will be in the bill.

I have many more of these to go over.

Mr. ROE of Tennessee. Let me just point out that when you pointed out Louisiana, Nebraska, Massachusetts, Vermont, and Connecticut, all of these special deals, what that is saying is that those Representatives and Senators from there realize that this is a bad idea if it is going to cost the State money.

Mr. SHADEGG. Wait, wait. So you are suggesting that they find the bill a bad idea, so they had to find a special deal, or a sweetener, to get their vote? Shocking.

Mr. ROE of Tennessee. It is shocking. And the people from the outside who look at it, the people from Nebraska and Louisiana are fair people. I have heard the governors say this. They will pay their own way. They didn't ask to

be cut into a special deal, and that is exactly what this is.

What we are looking at in Tennessee is that what this special deal will cost us in Tennessee is a billion and a half more dollars, in addition to what we are doing now, of dollars we do not have. Neither does the State of Arizona, and most of the other states.

It doesn't mean that we can't do something for health care, but this is not the right way to do it.

Another thing, in Tennessee we have a law called the sunshine law. I as a mayor—that was my last political job before I got here—could not discuss with other members outside a public meeting, totally transparent, any city business. So the camera was on or it was an open meeting. Every single thing we did. Was it cumbersome and hard to do? Yes. But guess what didn't happen? This kind of nonsense didn't happen.

I woke up on December 24 when the Senate voted on this, and I knew what was in there, and I told my wife, I said I worked very hard to gain my reputation throughout the years as physician, and I was very proud to be a Member of the U.S. Congress. It made me ashamed to be part of an organization that would cut a backroom deal like this.

Mr. SHADEGG. I think you make a fascinating point. Clearly, the American people get it. They believe the health care system delivers quality care, but a lot of people are left out. Indeed, many of my friends in Arizona point out, way too many people are left out. The uninsured are left out. Many of the uninsured are people who are just not lucky enough to get employer-provided care.

One of the moral outrages I find in America's political system is that we say if you work for a big employer, let's say you work for General Motors or you work for in my State Intel or Motorola. You get employer-provided health care. You know what that is? It is tax free. But if you own a lawn service or a small corner garage and you don't get employer-provided health care, and your employees don't get employer-provided health care, they have to go out and buy health care on their own. That might be okay. I actually think it is better when you buy your own policy, but here is what the Federal Government does to those people. They say we want you, the guy who works for the lawn service or the guy who works for the corner garage that can't provide employer-provided health care, we want you to go out and buy health care, and we want it so much that we are going to make you buy it with after-tax dollars. That is to say that we are going to charge you at least a third more.

I want to make the point that we can fix that inequity and let every American buy health care tax free, just like their employers can, but this bill doesn't do it.

Mr. ROE of Tennessee. You are describing me. When I worked for myself in a group of physicians, we had 70 physicians and 350 employees. I retired to run for Congress, and I am on my own. So that year that I ran, whatever my tax bracket was, my health insurance cost me that much more money, because as an individual I couldn't deduct my health insurance premiums. But a large company could do that. And my business could do that. I have experienced that very thing.

Mr. SHADEGG. If that bill solved that one thing, if it just said to the average American who doesn't get employer-provided insurance, we will let you buy it tax free, like the people who get it from their employer, we would solve a huge amount of the problem of uninsured Americans who can't get care. But it doesn't do that. Let's talk about what it does do, because I only went through some of them. Let's talk about how this is the cleanest, most ethical Congress in history, and how we have change you can believe in.

Well, here are some of the things you can believe in. The bill has \$1 billion, according to *The Wall Street Journal* in an article published on October 15, called "States of Personal Privilege." This article says that there is \$1 billion in the bill to assist New Jersey's biotech companies, and they get that subsidy, put in there, according to the article, by Senator BOB MENENDEZ, Democrat from New Jersey. Apparently he didn't think it was a particularly good bill, not good enough until he got \$1 billion in there for drug company research, at least according to *The Wall Street Journal*, one more special deal.

But wait, there is more. Let's look at an article in *The Wall Street Journal*, same article, October 15, 2009, "States Of Personal Privilege." It points out that Massachusetts—one of their United States Senators is JOHN KERRY—or Michigan—one of their Senators is DEBBIE STABENOW—get, and these guys are not pikers, they get \$5 billion, with a "b," \$5 billion in a, I would suggest, a special deal, back-room deal, certainly a deal I didn't get, for union members that happen to live in Michigan and Massachusetts. You know, I guess it is a good deal if you can get it. You suggest maybe that persuaded them to support this bill that we now get to vote for, and I assume my Democrat colleagues are going to say, Look, we want all that stuff stripped out of the bill. The President says he is going to strip some out. But, quite frankly, I don't think that he is talking about stripping out many of these. They won't be stripped out from the bill we vote upon.

Mr. ROE of Tennessee. You can't change. If you dot an "i" or cross a "t," that is not the same bill, so they can't strip it out.

Mr. SHADEGG. I presume that makes those Senators who got these

deals into the bill that aren't going to be stripped very happy.

Mr. ROE of Tennessee. I would think so.

I think the thing that bothers the American people, the fairest people in the world, as long as we are all treated the same—we have fought for that equality. And we expect equality in health care. We are trying to provide the same high quality health care for all of our citizens, but this is not the way to do it. I am telling you, this is a prescription for rationed care over time. I have seen it happen in my own State. The people understand it. They get it.

A couple of things that I would like to talk about. The financing of this bill, it is really a shell game. You've got 10 years of taxes to pay for about six-plus years of care which, when you stretch out over \$1 trillion dollars, \$100 billion a year, really you are putting that \$1 trillion in 6 years worth of spending.

The other thing that this bill doesn't do, there is a little thing called the sustainable growth rate for physicians.

□ 1530

Right now, doctors are expected to have, in the next month, if we don't kick the can down the road again, a 21-percent cut in their Medicare payments. If that happens, and I have talked to my own doctor, colleagues around the country, three things are going to happen.

Number one, you are going to decrease access because the physicians can't afford to see those patients. Remember another government program, Medicare, doesn't pay for the total cost of the care; it pays about 80 to 90 percent of the cost.

Number two, when you do that, you will decrease access and quality.

And, number three, you're going to increase the cost to our seniors, who cannot afford it.

So I think that's a thing that people get. This doctor fix, which is left out, is about a \$250 billion or \$260 billion additional cost to health care. And how you can take physician payments of Medicare out of the health care bill and say you're reforming it is beyond me.

I yield back.

Mr. SHADEGG. Pretty stunning when you discover that, for example, lots of people can't find a doctor that will take them as a Medicare patient. And even more so, unfortunately America's poorest, who do get Medicaid, a program that some would advocate expanding, cannot find a doctor who will treat them under Medicaid because the reimbursement rates are so low.

You know, we're mixing a discussion here of kind of the things that are procedurally wrong with the bill because they must pass, here in the House, the Senate bill exactly as it passed the

Senate. We're talking about the special deals that are in that bill.

But I think we ought to also be talking about this whole notion about do Republicans have any ideas. What is it that we would do? I've already talked about one. I said, look, if you fix the Tax Code so that every single American could buy health insurance tax free, just like those who get it from their employer, you would go, instantaneously, just with that one fix, toward solving I think the single biggest inequity in American Society. We say to the lucky, who work for big employers, you get tax-free health care. We say to the unlucky, you don't; you've got to buy it with after-tax dollars. But that isn't fixed in this bill.

But let's talk about another, since Republicans don't have any ideas—I'm saying that facetiously—let's talk about another Republican idea. I mentioned in my introductory remarks that I have an older sister who is a breast cancer survivor. Fortunately, she has now survived breast cancer for more than 20 years. That has focused my attention on the issue of pre-existing conditions. I don't know a single Republican bill that does not solve the problem of preexisting conditions.

Now, let me see if I understand this: the Democrats want to solve the problem of preexisting conditions; Republicans want to solve the problem of preexisting conditions. I know of nobody on that side of the aisle who says, yup, you ought to be able to be denied care because you once had and survived cancer or heart disease. I don't know anybody on this side of the aisle who says you ought to be able to be denied care because you once had cancer or heart disease. We all agree it's a problem that needs to be solved.

Indeed, back in 2006, this Congress, when there was a Republican majority, passed legislation to deal with pre-existing conditions and the Senate adopted it. It passed the House by a voice vote, it passed the Senate by unanimous consent, and it was signed into law by the President. Nobody remembers it. I happen to remember it because I wrote it. But let's talk about what it would do because, unfortunately, my colleagues on the other side of the aisle and President Obama and Secretary Sebelius apparently don't understand it. Let me explain how it works.

This is legislation that would create high-risk pools. The bill offered money to every State in the Nation to create a State-based high-risk pool, do the administrative work of creating that pool, and then it offered additional money to help pay for the pool. Now, the average American out there listening might not know how a high-risk pool works. Well, here is how a high-risk pool works:

If you live in the State of Tennessee and they created a State-based high-

risk pool, or the State of Arizona, my home State, and you are denied coverage like my older sister because you had breast cancer or denied coverage because you had, say, heart bypass surgery, you would have a right to go to the State-based high-risk pool, you would have the right to buy insurance, you could not be denied coverage, and you could not be charged more than, we'll say, 110 or 120 percent of what they would charge someone that didn't have that preexisting condition. Now, that would mean that everyone with a preexisting condition could join the high-risk pool.

Now, here's how a high-risk pool works: the people in the high-risk pool do not pay the cost of its care because naturally if there is a cap on their premiums of 110 or 120 percent of the cost of a healthy person, they wouldn't have enough money to pay. So the extra cost for those people who are admittedly high risk, admittedly sick, is borne either by all of the taxpayers in the State through a tax subsidy, or by all the people in the State who purchase insurance because it is a levy on all the insurance companies in the State.

There is also risk readjustment that's been proposed. But all of these are concepts whereby the healthy in a given State help pay for the care of the sick. Now, here's what I'm stunned by: at the White House summit on health care, the President described State high-risk pools, or high-risk pools, and he said, oh, those don't work very well because you just put all the sick people in them and over time their premiums go up. Secretary Sebelius said, no, high-risk pools don't work because you put the sick in them and you give them no help with their premiums.

I've got news for the President and news for Secretary Sebelius: no high-risk pool in America works the way the President described it, one. No high-risk pool in America works the way Secretary Sebelius described it. In point of fact, they don't work by putting the sick people in and expecting the premiums paid by the sick people to take care of their care. They are put in the high-risk pool so that healthy people can be assessed a fee to help care for the extra care and services needed by the sick. And in point of fact, they work quite well.

We could and should expand them dramatically, and the costs are spread amongst the healthy. Now, why do people agree to that? Well, it's very obvious. It's because you and I don't know that tomorrow we won't be the one with breast cancer or the one with heart disease and need to be in the high-risk pool ourselves.

So we are supposedly having an educated debate where the Secretary of Health and Human Services and the President, who sponsored the summit, don't even understand how a high-risk

pool works. That's an idea that Republicans have put on the table. I guess if Democrats are going to say we don't have ideas, it's because they don't understand our ideas.

Does Tennessee have a high-risk pool, and is that how they work?

Mr. ROE of Tennessee. We do have a high-risk pool, and that is how they work.

And just so people understand, a pre-existing condition is a problem in the individual. If you're an individual like I was 2 years ago out trying to buy insurance, or, number two, in the small business pool, if you have 10 employees or 12 employees, it's very difficult. If one person has an illness, it just runs your cost up so high you can't afford it. So how do you make small groups or individuals large groups?

One of the things that Congressman SHADEGG has brought up makes absolute sense to me—I cannot understand why anybody but an insurance company wouldn't want you to do it—to remove the State line. What you do, you can buy car, your life, your home, everything else across the State line except health insurance. Well, if I'm Blue Cross Blue Shield in Alabama and I've got 84 percent of the market there, I don't want that to happen, but I bet the consumers in Alabama or Tennessee, or wherever it may be, would like that. Allow us, as consumers, to go on the Internet, look and purchase across the State line and form pools which make small groups large groups and preexisting conditions go away.

I yield back.

Mr. SHADEGG. As I understand it, we first talked about a Republican idea of saying let everyone buy health insurance tax free. Republican idea. That would take care of the little guy who's paying an outrageous after-tax price for his health care. One Republican solution not in this bill.

We've talked about high-risk pools so that people who have a preexisting condition—and they may have diabetes or something very expensive to treat—they can get help from those who are healthy in the State; they actually get a subsidy. Second Republican idea not in this bill. The President says it's in, but it's in as a temporary measure and taken right back out. Now you're talking about a third Republican idea, which is that we allow people in the individual market to buy health insurance across State lines, increase their competition.

It sounds to me like there are ideas coming from our side of the aisle. I guess I would like to know, why don't we, rather than doing one big massive bill some 2,000 pages long that according to what I've read at least 56 percent of Americans don't want, that at least 78 percent of Americans believe will cause the cost of government to go up and cause the cost of their premiums to go up, why don't we just pass indi-

vidual bills, one, to allow people to buy health insurance tax free; two, one to allow people to join either a State or a national high-risk pool; three, a bill that will allow people to buy health insurance in the individual market across State lines and enjoy the competition of not having to pick from just Blue Cross Blue Shield of Alabama, but be able to pick from Blue Cross Blue Shield across the country or 20 other companies. Couldn't we do that on a piece-by-piece basis, do one bill and then the other bill and then the other bill?

Mr. ROE of Tennessee. We absolutely could. As we say, you don't eat an elephant in one bite; you take a bite at a time.

Mr. SHADEGG. I don't think I could eat an elephant in one bite.

Mr. ROE of Tennessee. I tried last night.

The other thing that I would like to bring up while we're talking about it is how you affect cost, because we started this hour talking about health care cost. And without meaningful tort reform, liability reform, you will never bend the cost curve.

Let me give you an example. Years ago, when I was a resident in my training and after I got out of the Army and came back, we didn't make a lot of money as a resident so we would moonlight, work in emergency rooms. If you came into the emergency room and let's say you had some right-side, right-lower quadrant pain, I would examine you, get your vital signs, get a very simple, inexpensive blood test, a CBC. Let's say it was 10,000, a little bit elevated, your temperature is 99.2, a little bit elevated. I don't think you have appendicitis. And I say, well, why don't you come back in 8 or 12 hours and we'll reevaluate you. That was a very inexpensive visit.

Today, if that person comes into an emergency room, you're not going to leave until you glow in the dark, I can tell you, because you're going to get a CT scan, ultrasounds, and every other thing in the world. It's going to be a \$1,500 or \$2,000 visit. And, JOHN, I will guarantee you most of those are negative.

The reason that the doctor orders them is that there is no reason I shouldn't do that because if that appendicitis patient does happen to get out there, you can just write the check with the zeros and the commas. I can tell you when you get sued, the cost of that is enormous in this country. And who pays for that? We all do. Every consumer of health care pays for that.

Mr. SHADEGG. Just to interrupt for one quick second. That's what we call defensive medicine, which means a doctor defending himself in advance or practicing defensive medicine because he is afraid he's going to get sued and has to be able to respond to that suit.

Mr. ROE of Tennessee. Exactly. And you hear us being compared to Canada

and England and so forth. They have tort reform. They don't practice defensive medicine there. As a matter of fact, there is a lot of medicine that doesn't get practiced there at all because of cost, but they don't because you can't sue the government. The VA has that system; you can't sue a doctor in the VA. That's another area where tort reform has worked.

The reason that it needs to be done is that no one has argued not to compensate an injured person. Someone who has actually sustained an injury with actual damages, absolutely that should be done. In our State of Tennessee, since 1975, when we formed the State Volunteer Mutual Insurance Company, over half the premiums paid in by physicians into that company have gone to attorneys, not to the injured party. Less than 40 cents on the dollar have actually gone to people who have been hurt and about 10 to 12 cents on the dollar has gone to run the company and put back reserves.

We need a system where we can actually help people who have been damaged. And the cost of this, I can tell you right now, I have a friend of mine in my local community, a great family practitioner, 25 years, got his first lawsuit on a 19-year-old woman who had a very rare situation that occurred. There was no malpractice involved, just a very rare condition. His first year after that, his referrals to doctors, to specialists went up 500 percent and his ordering tests went up 300 percent. And that happens all over the country.

Mr. SHADEGG. It is clear that tort reform should be a part of this legislation, but of course it is not.

I have tried to outline here, I told you that I had many, many kinds of special deals, backroom deals, behind the scenes deals—"change you can believe in" if you will—that I wanted to go through during this hour. I think we've been through five of them so far.

You just mentioned Blue Cross Blue Shield. It turns out that Blue Cross Blue Shield does pretty well in this legislation because section 10905, if you want to look at it, of the Senate bill, the bill we will vote on here on the floor next week or the week after, without changing a comma has a special deal in it that exempts Blue Cross Blue Shield, but only Blue Cross Blue Shield of two States. It turns out it exempts Blue Cross Blue Shield of Nebraska and Blue Cross Blue Shield of Michigan from having to pay a particular fee that will be imposed on all other insurance companies.

Interestingly, Senator BEN NELSON represents Nebraska; Senator DEBBIE STABENOW represents Michigan. And, again, the source of this story, another news story, Boston Globe, December 22, 2009, title of the article, "Concessions Lawmakers Won in the Health Care Bill." These Senators won a lot of concessions. Blue Cross Blue Shield of, I

guess, Nebraska and Michigan are happy.

Let's talk about the next one. It turns out that, according to the New York Times—so we've got lots of sources, we've got the Wall Street Journal, we've got the Boston Globe, we've got Politico, we've got the New York Times—this one is the New York Times, December 20, 2009, "Deep in Health Bill," is the title of the article. Very specific beneficiaries. It turns out that coal miners in Libby, Montana, in section 10323, get several billion dollars' worth of free coverage as a result of, according to the article, Senator MAX BAUCUS of Montana.

□ 1545

Yet I thought maybe that is a part of the change we can believe in when only powerful Senators are able to get the deals and not powerful House Members.

The third one that I thought I'd bring up in this particular segment goes back to Florida. I think this has actually been called the "Gator Aid."

Then this particular one appeared in an ABC News blog on February 22 of this year, 2010, which reads, "White House Cuts Special Help for Nebraska, but Other Deals Remain in Reform Bill." It points out the provision that Senator BILL NELSON was able to negotiate in not cutting Medicare Advantage in Florida.

Now, mind you, Medicare Advantage is very important to the elderly. In Arizona, in my State, which is a big retirement State, I have lots of constituents on Medicare Advantage. If I could have cut this deal, you know, maybe I wouldn't have been complaining, but that's not the way the system works. I wasn't a Senator, and I didn't get to cut this deal, but BEN NELSON did. It says that the Medicare Advantage cuts that will occur in Tennessee or in Arizona won't occur in Florida, courtesy of Senator BEN NELSON.

So I guess we have the most ethical and the change we can believe in except when we don't have the most ethical and the change we can believe in.

Mr. ROE of Tennessee. I think one of the things I have fought against for many, many years is that of the abuse of insurance companies. They don't get off free here. In one of the last cases I did in practice before I came to Congress, I spent as much time on the telephone getting a case approved as I did doing the case, which was a major surgical case. So there needs to be some meaningful insurance reform.

How do you do that?

Well, what also isn't in this bill works extremely well because I have used one myself, and 80-something percent of my 300 employees who get health care through our practice use this. It's called a health savings account. What it does is it puts me, the consumer, in charge of first dollar. The insurance company is not in charge of

it; I am in charge of it. The argument is that only the wealthy will use a health savings account. That is not true. This is how my health savings account works and how it works for my employees:

The business puts \$3,000 away, tax deductible, into a plan that is yours. You have a debit card—and I have one right here in my pocket—so, when I go and purchase health care, I buy it on the first dollar. The people I'm buying it from don't have to wait 2 seconds to get paid, so I want the lowest price. The one I used had a \$5,000 deductible. I take good care of myself, and I've been fortunate. After 2 years, I had almost \$8,000 left of my money. The insurance company didn't keep it as profit—I kept it—so I am incentivized to spend my health care dollars wisely.

This is a very good way to bend down that cost curve when you put me, the consumer, in charge of my own health decisions.

Mr. SHADEGG. You've touched on a hot button for me.

I think the health insurance industry in America has cut a fat hog. I think, quite frankly, they have failed the American people.

Mr. ROE of Tennessee. That sounds like a southern comment.

Mr. SHADEGG. It does. I think they have failed to provide economic coverage to the American people. I think they have failed to hold down costs. I think that the health insurance industry is largely to blame for a system that wastes a ton of money; yet it's the government that puts them in that position, because it's the government that says that you and I can't buy first-dollar coverage just for ourselves without paying for it with after-tax dollars.

In this bill, I think we ought to be making the American health insurance companies compete with each other, and they don't right now. I can hear now the howls and screams of the health insurance executives across the country, saying, Of course we compete with each other. What are you talking about? Wrong. Wrong. They compete to get your employer to buy their products. They don't compete to get you to buy their products.

I've got to tell you, in my life, I've worked for a number of different employers. I've never had an employer say to me, Look. I'll buy your suits for you because I know better what kind of suits you need than you do; or, I'll buy your car for you because I know better what kind of car you need than you do; or, I'll buy your home for you because I know better what kind of home you should live in than you do. I've never had any of them say, I'll buy your auto insurance for you because I know better than you do.

With all of those other products, we allow individuals to pick the products. I pick out my own suits. I pick out my

own home. I pick out my own auto. I pick out my own auto insurance, my own homeowners' insurance, and my own life insurance.

Interestingly, in each of those businesses, costs aren't going up as fast as they are in health care. They're going up at a slower rate. Now, why is that? Ah, could it be that those companies, the people who sell me suits, are competing with other people? Could it be that the people who sell me a house are competing with other builders? Let's just talk about one clear comparison.

When you go home tonight, turn on the TV, Doctor. I guarantee that you will see advertisements for auto insurance by GEICO, by Progressive, by Allstate, by State Farm, by Farmers. There will be a slew of TV commercials on your TV tonight, and every single commercial will say the same thing, which is, Buy our auto insurance, and we will charge you less and will give you more. They're pounding each other's heads in with competition.

As a matter of fact, when I was a kid growing up, there was a song called "Breaking Up is Hard to Do." You've probably heard it. Allstate has an ad out right now. It uses that song "Breaking Up is Hard to Do." Allstate says, Guess what? If you'll fire your auto insurance company and buy ours, you'll get a better deal, but since you probably don't want to fire your auto insurance company, Allstate will do it for you.

Now, it's interesting. Here are these auto insurance companies that are pounding each other's heads, saying they can give you a better product for a lower price. How many ads like that do you think you'll see tonight by UnitedHealthcare or Blue Cross Blue Shield or Aetna, saying, Buy our health care product, and we'll give you our health care plan, and we'll give you lower health insurance costs and better health insurance coverage?

I know the answer. I think you know the answer.

You will not see a single ad from a health insurance company, saying, Buy our health insurance plan, and we will charge you less and give you more. Do you know why? Because they don't have to compete for our business.

That's just dead wrong. If this bill does one thing, it ought to make those guys compete for our business. Instead, look at what this bill does:

Stunningly, the White House says that the answer to solving health care problems in America is to force us to buy a health insurance plan from the guys who already are selling us lousy, expensive health insurance. It has got an individual mandate. It has got an employer mandate. They're saying, We're going to fix health care in America. We're going to make you buy that crummy product that the current health insurance companies are selling you.

How is that going to work? So let's talk about who has cut a fat hog in this deal.

The health insurance industry came into this, and they said, Here is what we want out of health insurance reform. We want no public plan, because that would be competition, and we don't want to compete with a public plan. Well, maybe they've got a point. They said, Well, we do want an individual mandate.

Guess what they're going to get?

The bill that the Senate passed, the bill we're going to vote on in this House, says there will be no public plan, but they're going to compel, at almost gunpoint, every American to buy a health insurance plan, approved by the Federal Government, from one of those same health insurance companies that are overcharging us now.

The White House says they're fighting the health insurance industry? Get a grip.

Mr. ROE of Tennessee. They're in bed with them.

Mr. SHADEGG. They're in bed with them.

Mr. ROE of Tennessee. Well, let's talk about a couple of solutions. We've talked about a lot of problems. If you did two things, you could cover almost two-thirds of what the Senate bill does and would not have one new program. Actually, one new bill would do it.

Number one: Allow your adult-aged children when they're above 18 years of age or when they've graduated from college—and I've had three who have had this problem. For their first jobs, they didn't have health insurance. Just let them stay on their parents' plans. That's in the House bill. Pick your number—26, 27, 28 years old. You would cover 7 million young people by doing that.

Number two: Adequately fund and simply sign up the people who are eligible for SCHIP, the State Children's Health Insurance plan, in Medicaid right now. You would cover 10 to 12 million people.

In this way, you'd cover almost 20 million people without this massive, incomprehensible, 2,700-page bill with all the special deals in it.

Mr. SHADEGG. But wait. But wait.

Without a 2,700-page bill, you couldn't hide the Cornhusker Kickback. You couldn't hide the Gator Aid. You couldn't hide the Louisiana Purchase. I haven't even gotten to all of them yet, but go ahead.

Mr. ROE of Tennessee. You can talk about one page, and you're talking about 18, 19, or 20 million people.

Mr. SHADEGG. There you go.

Mr. ROE of Tennessee. So what could you do very briefly and very simply?

Number one: Increase competition. You have to do away with State lines and allow competition to occur across State lines.

Mr. SHADEGG. Wait. Can I stop you right there?

Mr. ROE of Tennessee. Yes.

Mr. SHADEGG. I was the first guy to introduce a bill to allow cross-State-line purchase.

Mr. ROE of Tennessee. I know you were.

Mr. SHADEGG. You just used the number of 12 million. Two professors at the University of Minnesota, which is not exactly a conservative university, said, if you just enacted cross-State-line purchases, then that would enable 12 million additional Americans to afford health insurance with not one penny of cost to the American taxpayer.

Mr. ROE of Tennessee. Well, the three things we have mentioned right there would cover this bill.

Anyway, one, you've got State lines. Two, you've got association health plans, or groups, which would allow individuals or groups to form. Three, you've got the tax deduction allowing an individual to deduct it from his tax. Four, you've got tort reform. Five, which we've just mentioned, will allow adult-aged children to stay on their parents' plans.

These are five simple things you can do without having all of the special interest groups and everything else. Then guess what? One of the things would be to expand the health savings account. You would be putting individuals in charge of their health care and of their health care decisions. Who should make them? A health care decision should be made between a physician, the family, and the patient. That's who should be making the decisions—not insurance companies, not the government.

Mr. SHADEGG. I just want to reiterate what you said: A health care decision ought to be made by the patient, the family, and the physician.

Mr. ROE of Tennessee. That's absolutely right.

Mr. SHADEGG. Yet that's not how the system works today.

Mr. ROE of Tennessee. No.

Mr. SHADEGG. In the system today, your employer picks the plan, and the plan picks the doctor. You don't get to pick the plan, and you don't get to pick the doctor. If the plan or the doctor abuses you, you can't fire them.

Mr. ROE of Tennessee. You're stuck.

Mr. SHADEGG. Your idea is we should empower patients to be able to pick their plans and to be able to pick their doctors, which we could do by, number one, letting those Americans who can afford it but who don't get employer-provided care buy health care without paying a tax penalty; number two, letting those who get money from their employers either take their employers' plans or pick their own plans. I guess that's why we call it "patient choice."

Instead of empowering patients, this bill that we're going to vote on of 2,000-and-some-odd pages, the Senate bill,

which has these 11 special backroom deals in it—and I still haven't gotten to all of them. That bill says, no, we shouldn't make it the patient, his or her family, and the doctor. We shouldn't leave it as the employer is overruling you. We should make it that the government is controlling the system.

Mr. ROE of Tennessee. Yes.

I had a very successful medical practice, and I understood who I worked for—not the insurance company, not the hospital. I worked for the patient. We are losing that because we are putting insurance companies and we are putting the government in between those decisionmakers.

Mr. SHADEGG. It's a third-party pay system that exists right now. It does not work when your employer controls your health care plan. It will not work when the government controls your health care plan. It makes all the sense in the world to let people control their own health care plans. I've got a couple of myths and facts here I thought I'd conclude with.

The White House says that your insurance premiums will decrease if this bill is enacted. Interestingly, the CBO and the Joint Committee on Taxation say that the average premium per person covered for new nongroup policies would be about 10 percent to 13 percent higher in 2016 than the average premium for nongroup coverage in that same year under current law. So we're going to put the government in charge, and premiums will go up.

The President said that you could keep your coverage if you like it. Interestingly, in Baltimore, when he came and talked to us, he admitted that was no longer the case. In fact, here are the numbers: Between 8 and 9 million people who would be covered by an employment-based plan under current law would not have that offer of coverage if this bill passes.

I think this is a critically important debate. I think we can reform health care in America. I think we can find ideas on the other side of the aisle and on this side of the aisle. I think we can get to reform, but I don't think the way to do that is with a system that moves power away from you and me and gives it to the government.

I thank the gentleman for his assistance.

Mr. Speaker, I yield back the balance of my time.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3650, HARMFUL ALGAL BLOOMS AND HYPOXIA RESEARCH AND CONTROL AMENDMENTS ACT OF 2010

Ms. SLAUGHTER, from the Committee on Rules, submitted a privileged report (Rept. No. 111-439) on the resolution (H. Res. 1168) providing for

consideration of the bill (H.R. 3650) to establish a National Harmful Algal Bloom and Hypoxia Program, to develop and coordinate a comprehensive and integrated strategy to address harmful algal blooms and hypoxia, and to provide for the development and implementation of comprehensive regional action plans to reduce harmful algal blooms and hypoxia, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. YOUNG of Florida (at the request of Mr. BOEHNER) for today on account of illness caused by food poisoning.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. BRIGHT) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. BRIGHT, for 5 minutes, today.

(The following Members (at the request of Mrs. SCHMIDT) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, March 18.

Mr. JONES, for 5 minutes, March 18.

Mr. WHITFIELD for 5 minutes, today.

Mr. MORAN of Kansas, for 5 minutes, March 18.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 1067. An act to support stabilization and lasting peace in northern Uganda and areas affected by the Lord's Resistance Army through development of a regional strategy to support multilateral efforts to successfully protect civilians and eliminate the threat posed by the Lord's resistance Army and to authorize funds for humanitarian relief and reconstruction, reconciliation and transitional justice, and for other purposes; to the Committee on Foreign Affairs.

ADJOURNMENT

Ms. SLAUGHTER. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 4 p.m.), the House adjourned until tomorrow, Friday, March 12, 2010, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from

the Speaker's table and referred as follows:

6508. A letter from the Administrator, Department of Agriculture, transmitting the Department's "Major" final rule — National Organic Program; Access to Pasture (Livestock) [Doc. No.: AMS-TM-06-0198] (RIN: 0581-AC57) received February 25, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6509. A letter from the Office of Research and Analysis, Department of Agriculture, transmitting the Department's "Major" final rule — Food Stamp Program: Eligibility and Certification Provisions of the Farm Security and Rural Investment Act of 2002 [FNS-2007-0006] (RIN: 0584-AD30) received March 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6510. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Laminarin; Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2008-0529; FRL-8812-1] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6511. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Nicosulfuron; Pesticide Tolerances for Emergency Exemptions [EPA-HQ-OPP-2009-0569; FRL-8812-5] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6512. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Trichoderma gamsii strain ICC 080; Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2008-0749; FRL-8799-4] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6513. A letter from the Chairman and Chief Executive Officer, Farm Credit Administration, transmitting the Administration's 2010 compensation program adjustments, including the Agency's current salary range structure and the performance-based merit pay matrix, in accordance with section 1206 of the Financial Institutions, Reform, Recovery, and Enforcement Act of 1989; to the Committee on Agriculture.

6514. A letter from the Secretary, Department of Defense, transmitting a letter providing notification that the Navy intends to implement policy changes to support a phased approach to the assignment of women to submarines; to the Committee on Armed Services.

6515. A letter from the Assistant Secretary, Department of Defense, transmitting the Department's annual report for fiscal year 2006 on the quality of health care furnished under the health care programs of the Department of Defense, pursuant to Section 723 of the National Defense Authorization Act for Fiscal Year 2000; to the Committee on Armed Services.

6516. A letter from the Chief Counsel, Department of Homeland Security, transmitting the Department's final rule — Final Flood Elevation Determinations [Docket ID: FEMA-2008-0020] received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6517. A letter from the Regulatory Specialist, LRAD, Department of the Treasury, transmitting the Department's "Major" final rule — Risk-Based Capital Guidelines; Capital Adequacy Guidelines; Capital Maintenance: Regulatory Capital; Impact of

Modifications to Generally Accepted Accounting Principles; Consolidation of Asset-Backed Commercial Paper Programs; and Other Related Issues [Docket ID: OCC-2009-0020] (RIN: 1557-AD26) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6518. A letter from the Chairman and President, Export-Import Bank, transmitting a report on transactions involving U.S. exports to the Republic of Korea pursuant to Section 2(b)(3) of the Export-Import Bank Act of 1945, as amended; to the Committee on Financial Services.

6519. A letter from the Secretary, Securities and Exchange Commission, transmitting the Commission's "Major" final rule — Money Market Fund Reform [Release No. IC-29132; File Nos. S7-11-09, S7-20-09] (RIN: 3235-AK33) March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6520. A letter from the Special Inspector General For The Troubled Asset Relief Program, transmitting the Office's quarterly report on the actions undertaken by the Department of the Treasury under the Troubled Asset Relief Program, the activities of SIGTARP, and SIGTARP's recommendations with respect to operations of TARP, for the period ending January 30, 2010; to the Committee on Financial Services.

6521. A letter from the Assistant General Counsel for Regulatory Services, Department of Education, transmitting the Department's "Major" final rule — Investing in Innovation Fund [Docket ID: ED-2009-OII-0012] (RIN: 1855-AA06) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6522. A letter from the Director, Office of Workers' Compensation Programs, Department of Labor, transmitting the Department's "Major" final rule — Claims for Compensation; Death Gratuity Under the Federal Employees' Compensation Act (RIN: 1215-AB66) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6523. A letter from the Assistant General Counsel for Regulatory Affairs, Consumer Product Safety Commission, transmitting the Commission's final rule — Children's Products Containing Lead; Exemptions for Certain Electronic Devices received February 22, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6524. A letter from the Assistant General Counsel, Consumer Product Safety Commission, transmitting the Commission's final rule — Guidelines and Requirements for Mandatory Recall Notices received February 22, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6525. A letter from the Assistant Secretary for Communications and Information, Department of Commerce, transmitting the Department's "Major" final rule — Broadband Technology Opportunities Programs [Docket No.: 0907141137-0024-06] (RIN: 0660-AZ28) received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6526. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting the Department's Alternative Fuel Vehicle program report for FY 2009, pursuant to Public Law 109-58; to the Committee on Energy and Commerce.

6527. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation

of Air Quality Implementation Plans; Virginia; Opacity Source Surveillance Methods [EPA-R03-OAR-2010-0009; FRL-9115-9] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6528. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Virginia Revisions to the Definition of Volatile Organic Compound and Other Terms [EPA-R03-OAR-2009-0871; FRL-9116-1] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6529. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Indiana; Volatile Organic Compound Emission Control Measures for Lake and Porter Counties in Indiana [EPA-R05-OAR-2009-0704; FRL-9107-2] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6530. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — National Emission Standards for Hazardous Air Pollutants for Reciprocating Internal Combustion Engines [EPA-HQ-OAR-2008-0708, FRL-9115-7] (RIN: 2060-AP36) received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6531. A letter from the Director, Defense Security Cooperation Agency, transmitting a report in accordance with Section 25(a)(6) of the Arms Export Control Act; to the Committee on Foreign Affairs.

6532. A letter from the Deputy Assistant Secretary For Export Administration, Department of Commerce, transmitting the Department's final rule — Addition of Certain Persons to the Entity List: Addition of Persons Acting Contrary to the National Security or Foreign Policy Interests of the United States [Docket No.: 100115025-0032-01] (RIN: 0694-AE84) received February 22, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

6533. A letter from the Deputy Assistant Secretary For Export Administration, Department of Commerce, transmitting the Department's final rule — Amendments to the Select Agents Controls in Export Control Classification Number (ECCN) 1C360 on the Commerce Control List (CCL); Correction to ECCN 1E998 [Docket No.: 0907241163-91434-01] (RIN: 0694-AE67) received February 22, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

6534. A letter from the Associate Director, PP&I, Department of the Treasury, transmitting the Department's final rule — Belarus Sanctions Regulations received February 1, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

6535. A letter from the Associate Director for Human Resources, Court Services and Offender Supervision Agency for the District of Columbia, transmitting report on the use of the Category Rating System for the period September 2008 through August 2009; to the Committee on Oversight and Government Reform.

6536. A letter from the Associate General Counsel for General Law, Department of Homeland Security, transmitting a report pursuant to the Federal Vacancies Reform

Act of 1998; to the Committee on Oversight and Government Reform.

6537. A letter from the Senior Vice President and Chief Financial Officer, Export-Import Bank, transmitting the Bank's annual report for fiscal year 2009; to the Committee on Oversight and Government Reform.

6538. A letter from the General Counsel, Department of Commerce, transmitting draft legislation that make certain technical and conforming amendments to trademark and patent law as well as other needed changes; to the Committee on the Judiciary.

6539. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Interim Final Rules under the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 [TD 9479] (RIN: 1545-BJ05) received February 15, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

6540. A letter from the Deputy Associate Commissioner, Social Security Administration, transmitting the Administration's final rule — Transfer of Accumulated Benefit Payments [Docket No.: SSA-2009-0067] (RIN: 0960-AH08) received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

6541. A letter from the Chairman, Federal Election Commission, transmitting the Commission's FY 2011 budget request, pursuant to 2 U.S.C. 437d(d)(1); jointly to the Committees on House Administration, Appropriations, and Oversight and Government Reform.

6542. A letter from the Administrator, FEMA, Department of Homeland Security, transmitting the Department's report on the Preliminary Damage Assessment information on FEMA-1865-DR for the State of Alaska; jointly to the Committees on Transportation and Infrastructure, Appropriations, and Homeland Security.

6543. A letter from the Administrator, FEMA, Department of Homeland Security, transmitting the Department's report on the Preliminary Damage Assessment information on FEMA-1867-DR for the State of New Jersey; jointly to the Committees on Transportation and Infrastructure, Appropriations, and Homeland Security.

6544. A letter from the Administrator, FEMA, Department of Homeland Security, transmitting the Department's report on the Preliminary Damage Assessment information on FEMA-1868-DR for the State of Kansas; jointly to the Committees on Transportation and Infrastructure, Appropriations, and Homeland Security.

6545. A letter from the Administrator, FEMA, Department of Homeland Security, transmitting the Department's report on the Preliminary Damage Assessment information on FEMA-1864-DR for the State of Nebraska; jointly to the Committees on Transportation and Infrastructure, Appropriations, and Homeland Security.

6546. A letter from the Administrator, FEMA, Department of Homeland Security, transmitting the Department's report on the Preliminary Damage Assessment information on FEMA-1870-DR for the State of Alabama; jointly to the Committees on Transportation and Infrastructure, Homeland Security, and Appropriations.

6547. A letter from the Administrator, FEMA, Department of Homeland Security, transmitting the Department's report on the Preliminary Damage Assessment information on FEMA-1869-DR for the State of New York; jointly to the Committees on Transportation and Infrastructure, Appropriations, and Homeland Security.

6548. A letter from the Administrator, FEMA, Department of Homeland Security, transmitting the Department's report on the Preliminary Damage Assessment information on FEMA-1866-DR for the State of Alabama; jointly to the Committees on Transportation and Infrastructure, Appropriations, and Homeland Security.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. TOWNS: Committee on Oversight and Government Reform. H.R. 4098. A bill to require the Director of the Office of Management and Budget to issue guidance on the use of peer-of-peer file sharing software to prohibit the personal use of such software by Government employees, and for other purposes (Rept. 111-431). Referred to the Committee of the Whole House on the State of the Union.

Mr. TOWNS: Committee on Oversight and Government Reform. H.R. 946. A bill to enhance citizen access to Government information and services by establishing that Government documents issued to the public must be written clearly, and for other purposes; with an amendment (Rept. 111-432). Referred to the Committee of the Whole House on the State of the Union.

Mr. RAHALL: Committee on Natural Resources. H.R. 4252. A bill to direct the Secretary of the Interior to conduct a study of water resources in the Rialto-Colton Basin in the State of California, and for other purposes (Rept. 111-433). Referred to the Committee of the Whole House on the State of the Union.

Mr. RAHALL: Committee on Natural Resources. H.R. 1769. A bill to expand the Alpine Lakes Wilderness in the State of Washington, to designate the Middle Fork Snoqualmie River and Pratt River as wild and scenic rivers, and for other purposes; with an amendment (Rept. 111-434). Referred to the Committee of the Whole House on the State of the Union.

Mr. RAHALL: Committee on Natural Resources. H.R. 2788. A bill to designate a Distinguished Flying Cross National Memorial at the March Field Air Museum in Riverside, California (Rept. 111-435). Referred to the Committee of the Whole House on the State of the Union.

Mr. RAHALL: Committee on Natural Resources. H.R. 4003. A bill to direct the Secretary of the Interior to conduct a special resource study to evaluate resources in the Hudson River Valley in the State of New York to determine the suitability and feasibility of establishing the site as a unit of the National Park System, and for other purposes; with an amendment (Rept. 111-436). Referred to the Committee of the Whole House on the State of the Union.

Mr. RAHALL: Committee on Natural Resources. H.R. 4192. A bill to designate the Stornetta Public Lands as an Outstanding Natural Area to be administered as a part of the National Landscape Conservation System, and for other purposes; with an amendment (Rept. 111-437). Referred to the Committee of the Whole House on the State of the Union.

Mr. RAHALL: Committee on Natural Resources. H.R. 4395. A bill to revise the boundaries of the Gettysburg National Military Park to include the Gettysburg Train Sta-

tion, and for other purposes; with an amendment (Rept. 111-438). Referred to the Committee of the Whole House on the State of the Union.

Ms. PINGREE of Maine: Committee on Rules. House Resolution 1168. A resolution providing for consideration of the bill (H.R. 3650) to establish a National Harmful Algal Bloom and Hypoxia Program, to develop and coordinate a comprehensive and integrated strategy to address harmful algal blooms and hypoxia, and to provide for the development and implementation of comprehensive regional action plans to reduce harmful algal blooms and hypoxia. (Rept. 111-439). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. NADLER of New York (for himself and Mr. CONYERS):

H.R. 4820. A bill to amend the Fair Housing Act to prohibit discrimination on the basis of sexual orientation and gender identity, and for other purposes; to the Committee on the Judiciary.

By Mr. BURTON of Indiana:

H.R. 4821. A bill to amend title 5, United States Code, to make stillborn children eligible for optional life insurance coverage; to the Committee on Oversight and Government Reform.

By Mr. CHILDERS:

H.R. 4822. A bill to provide for the settlement of claims arising from the failure of the Natural Resource Conservation Service (and former Soil Conservation Service) to carry out the Houlika Creek Watershed Project in Mississippi; to the Committee on Agriculture.

By Mrs. KIRKPATRICK of Arizona:

H.R. 4823. A bill to establish the Sedona-Red Rock National Scenic Area in the Coconino National Forest, Arizona, and for other purposes; to the Committee on Natural Resources.

By Mrs. KIRKPATRICK of Arizona:

H.R. 4824. A bill to provide for the conveyance of a small parcel of land in the Coconino National Forest, Arizona; to the Committee on Natural Resources.

By Mrs. KIRKPATRICK of Arizona:

H.R. 4825. A bill to require any amounts remaining in a Member's Representational Allowance at the end of a fiscal year to be deposited in the Treasury and used for deficit reduction or to reduce the Federal debt; to the Committee on House Administration.

By Mr. FOSTER:

H.R. 4826. A bill to promote neighborhood stabilization by incentivizing short sales, as a preferable alternative to foreclosure, through the Internal Revenue Code of 1986; to the Committee on Ways and Means, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CALVERT (for himself, Mr. LEWIS of California, Mr. BACA, and Mrs. BONO MACK):

H.R. 4827. A bill to provide for the conveyance of a small parcel of Natural Resources Conservation Service property in Riverside, California, and for other purposes; to the Committee on Agriculture.

By Mr. TOWNS:

H.R. 4828. A bill to amend the Fair Housing Act to prohibit housing discrimination on

the basis of sexual orientation or gender identity, to amend the Civil Rights Act of 1964 to prohibit such discrimination in public accommodations and public facilities, and for other purposes; to the Committee on the Judiciary.

By Ms. ESHOO (for herself, Mr. SHIMKUS, and Mr. KAGEN):

H.R. 4829. A bill to amend the National Telecommunications and Information Administration Organization Act to enhance and promote the Nation's public safety and citizen activated emergency response capabilities through the use of 9-1-1 services, to further upgrade public safety answering point capabilities and related functions in receiving 9-1-1 calls, and to support in the construction and operation of a ubiquitous and reliable citizen activated system; to the Committee on Energy and Commerce.

By Mr. POLIS of Colorado (for himself,

Ms. BORDALLO, Mr. BRADY of Pennsylvania, Mr. BRALEY of Iowa, Ms. CORRINE BROWN of Florida, Mrs. CAPPS, Ms. CHU, Ms. CLARKE, Mr. COHEN, Mr. CONYERS, Mr. COURTNEY, Ms. DELAUNO, Mr. ELLISON, Mr. FILLNER, Ms. FUDGE, Mr. AL GREEN of Texas, Mr. GRAYSON, Mr. GRIJALVA, Mr. HARE, Ms. HIRONO, Mr. JOHNSON of Georgia, Mr. KENNEDY, Ms. KILPATRICK of Michigan, Mr. LANGEVIN, Mr. LEWIS of Georgia, Mr. MICHAUD, Ms. MOORE of Wisconsin, Mr. NADLER of New York, Ms. NORTON, Mr. OLVER, Mr. PERLMUTTER, Ms. PINGREE of Maine, Ms. RICHARDSON, Mr. SABLAN, Ms. SCHAKOWSKY, Ms. SCHWARTZ, Mr. SERRANO, Mr. SESTAK, Ms. SUTTON, Ms. TTUS, Mr. TONKO, and Ms. WOOLSEY):

H.R. 4830. A bill to promote the economic self-sufficiency of low-income women through their increased participation in high-wage, high-demand occupations where they currently represent 25 percent or less of the workforce; to the Committee on Education and Labor.

By Mr. GINGREY of Georgia:

H.R. 4831. A bill to amend the Congressional Budget Act of 1974 to set a cap on allocated funds for earmarks; to the Committee on Rules, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. HONDA (for himself, Ms.

VELAZQUEZ, Mr. PIERLUISI, Mr. SABLAN, Mr. GRIJALVA, Mr. HEINRICH, Ms. CHU, Mr. PRICE of North Carolina, Ms. RICHARDSON, Mr. HINOJOSA, and Mr. AL GREEN of Texas):

H.R. 4832. A bill to amend title 5, United States Code, to provide that premium pay be paid to Federal employees whose official duties require the use of one or more languages besides English; to the Committee on Oversight and Government Reform.

By Mr. PIERLUISI (for himself, Mr.

ANDREWS, Mr. BACA, Ms. BORDALLO, Mr. FARR, Mr. GRAYSON, Mr. GENE GREEN of Texas, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. HONDA, Ms. KOSMAS, Mrs. NAPOLITANO, Mr. REYES, Mr. RODRIGUEZ, and Mr. SIREN):

H.R. 4833. A bill to authorize the Secretary of Education to make grants to local educational agencies to carry out teacher exchanges; to the Committee on Education and Labor.

By Mr. SCHAUER:

H.R. 4834. A bill to amend section 493C of the Higher Education Act of 1965 to limit

student loan payments to 10 percent of discretionary income, and for other purposes; to the Committee on Education and Labor.

By Mr. MCGOVERN (for himself and Mr. BERMAN):

H. Con. Res. 251. Concurrent resolution recognizing the life of Orlando Zapata Tamayo, who died on February 23, 2010, in the custody of the Government of Cuba, and calling for a continued focus on the promotion of internationally recognized human rights, listed in the Universal Declaration of Human Rights, in Cuba; to the Committee on Foreign Affairs.

By Ms. ROS-LEHTINEN (for herself, Mr. MARIO DIAZ-BALART of Florida, Mr. LINCOLN DIAZ-BALART of Florida, Mr. BURTON of Indiana, Mr. TIAHRT, Mr. MCCOTTER, Mr. WOLF, Mr. SIRES, Mr. MACK, Ms. WASSERMAN SCHULTZ, and Mr. MEEK of Florida):

H. Con. Res. 252. Concurrent resolution recognizing the life of Orlando Zapata Tamayo, who died on February 23, 2010, in the custody of the Government of Cuba, and calling for a continued focus on the promotion of internationally recognized human rights, listed in the Universal Declaration of Human Rights, in Cuba; to the Committee on Foreign Affairs.

By Ms. ROYBAL-ALLARD (for herself and Mr. MCGOVERN):

H. Res. 1162. A resolution recognizing National Public Health Week; to the Committee on Energy and Commerce.

By Mrs. McMORRIS RODGERS:

H. Res. 1163. A resolution recognizing Washington State University Honors College for 50 years of excellence; to the Committee on Education and Labor.

By Mr. BOEHNER:

H. Res. 1164. A resolution raising a question of the privileges of the House; to the Committee on Standards of Official Conduct.

By Mr. SCHIFF:

H. Res. 1165. A resolution appointing and authorizing managers for the impeachment of G. Thomas Porteous, Jr., a Judge for the United States District Court for the Eastern District of Louisiana; considered and agreed to.

By Mr. OWENS:

H. Res. 1166. A resolution directing the Clerk of the House of Representatives to establish and implement a process under which members of the public may view the proceedings of the House and the committees of the House online; to the Committee on House Administration.

By Ms. SHEA-PORTER:

H. Res. 1167. A resolution expressing the support of the House of Representatives for the goals and ideals of Professional Social Work Month and World Social Work Day; to the Committee on Education and Labor.

By Mr. GRAYSON (for himself, Ms. KOSMAS, Ms. CORRINE BROWN of Florida, Mr. MICA, Ms. WASSERMAN SCHULTZ, Mr. CONYERS, and Ms. MOORE of Wisconsin):

H. Res. 1169. A resolution honoring the 125th anniversary of Rollins College; to the Committee on Education and Labor.

By Mr. HUNTER:

H. Res. 1170. A resolution congratulating the winners of the Voice of Democracy national scholarship program; to the Committee on Education and Labor.

By Mrs. MCCARTHY of New York (for herself, Mr. KANJORSKI, Mr. MAFFEI, Mr. CARNEY, Mr. BROWN of South Carolina, Mr. HALL of New York, Mr. DOYLE, Mr. CONNOLLY of Virginia, Mr. HOLDEN, and Mr. MCGOVERN):

H. Res. 1171. A resolution expressing support for the designation of March 2010 as Irish American Heritage Month and honoring the significance of Irish Americans in the history and progress of the United States; to the Committee on Oversight and Government Reform.

By Mr. SCHAUER:

H. Res. 1172. A resolution recognizing the life and achievements of Will Keith Kellogg; to the Committee on Oversight and Government Reform.

By Mr. WELCH:

H. Res. 1173. A resolution recognizing the 100th anniversary of the Vermont Long Trail, the oldest long-distance hiking trail in the United States, and congratulating the Green Mountain Club for its century of dedication in developing and maintaining the trail; to the Committee on Natural Resources.

By Ms. WOOLSEY (for herself, Ms.

CLARKE, Ms. FUDGE, Ms. WATSON, Mr. OLVER, Ms. LEE of California, Ms. RICHARDSON, Ms. NORTON, Ms. ROYBAL-ALLARD, Ms. SPEIER, Mr. GRIJALVA, Mr. SIRES, Mrs. MALONEY, Mr. ORTIZ, Mr. TEAGUE, Mr. KENNEDY, Ms. BORDALLO, Mr. AL GREEN of Texas, Ms. MATSUI, Mr. SMITH of Washington, Mr. HINCHEY, Ms. HARMAN, Ms. MOORE of Wisconsin, Mr. LANGEVIN, Ms. SHEA-PORTER, Mr. ANDREWS, Mr. ELLISON, Mr. BERMAN, Mr. WU, Ms. WASSERMAN SCHULTZ, Mrs. CAPPs, Mr. WILSON of Ohio, Mr. HOLT, Mr. HINOJOSA, Mr. INSLEE, Mrs. DAHLKEMPER, Mr. KANJORSKI, Mr. MCDERMOTT, Ms. HIRONO, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. KAPTUR, Ms. KILPATRICK of Michigan, Ms. ZOE LOFGREN of California, Ms. MCCOLLUM, Mr. GRAYSON, Mr. BECERRA, Ms. BALDWIN, Ms. BERKLEY, Mr. BLUMENAUER, Mr. CARDOZA, Mr. COHEN, Mr. CLYBURN, Mrs. DAVIS of California, Ms. DELAUNO, Ms. EDWARDS of Maryland, Mr. ENGEL, Ms. LORETTA SANCHEZ of California, Ms. TITUS, Mr. PASCRELL, Mr. PASTOR of Arizona, Mr. RUSH, Mr. RAHALL, Mr. SNYDER, Mr. STARK, Mr. TANNER, Mr. TIERNEY, Mr. BACA, Mr. NUNES, Ms. SCHAKOWSKY, Ms. KILROY, and Mr. DAVIS of Tennessee):

H. Res. 1174. A resolution supporting the goals and ideals of National Women's History Month; to the Committee on Oversight and Government Reform.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 24: Ms. EDDIE BERNICE JOHNSON of Texas, Mr. YARMUTH, Mr. OBERSTAR, Mr. HALL of New York, Mr. WAXMAN, and Mr. DRIEHAUS.

H.R. 197: Mr. TAYLOR.

H.R. 211: Ms. MOORE of Wisconsin.

H.R. 484: Mr. ARCURI.

H.R. 537: Ms. BEAN, Mr. MORAN of Virginia, and Ms. SCHWARTZ.

H.R. 690: Ms. MATSUI.

H.R. 708: Mr. UPTON and Mr. PENCE.

H.R. 1077: Mr. KAGEN.

H.R. 1132: Mr. OLSON.

H.R. 1177: Mr. MCNERNEY, Ms. CORRINE BROWN of Florida, Mr. CAPUANO, Mr. CARNAHAN, Mr. DEFAZIO, Ms. DEGETTE, Ms. ESHOO, Mr. LARSON of Connecticut, Ms. MATSUI, Mr. REYES, Mr. TAYLOR, and Mr. COURTNEY.

H.R. 1301: Mr. COSTELLO.

H.R. 1352: Mrs. BACHMANN and Ms. KILROY.

H.R. 1522: Mr. BOUCHER and Ms. SHEA-PORTER.

H.R. 1628: Mr. COFFMAN of Colorado.

H.R. 1908: Mrs. CAPITO.

H.R. 2159: Mr. SESTAK.

H.R. 2421: Ms. GIFFORDS, Mr. HIMES, Mr. HOLDEN, Mr. KANJORSKI, Ms. KILROY, Mr. MEEK of Florida, Mr. MELANCON, Mr. ROSS, Ms. LINDA T. SANCHEZ of California, Mr. SPRATT, and Mr. STUPAK.

H.R. 2443: Mr. OBERSTAR.

H.R. 2446: Mr. REHBERG.

H.R. 2478: Mr. MITCHELL.

H.R. 2584: Mr. LEWIS of Georgia.

H.R. 2783: Ms. SHEA-PORTER.

H.R. 2807: Mr. GRIJALVA.

H.R. 2999: Mr. NEAL of Massachusetts and Mr. BISHOP of Georgia.

H.R. 3024: Mr. KILDEE.

H.R. 3054: Ms. ZOE LOFGREN of California.

H.R. 3101: Mr. ENGEL.

H.R. 3189: Mr. MCCOTTER.

H.R. 3202: Mr. FILNER.

H.R. 3208: Mr. OWENS.

H.R. 3286: Mr. ROSS, Mrs. MCCARTHY of New York, Mr. BISHOP of New York, Mr. DAVIS of Illinois, Mr. ACKERMAN, Mr. RANGEL, Mr. KISSELL, Mrs. EMERSON, Mr. ANDREWS, and Mr. ELLISON.

H.R. 3287: Ms. HIRONO.

H.R. 3393: Ms. HERSETH SANDLIN, Mr. SHULER, and Mr. CARDOZA.

H.R. 3413: Mr. WILSON of Ohio.

H.R. 3464: Mr. SESTAK, Mr. MOORE of Kansas, Mr. TURNER, and Mr. DOGGETT.

H.R. 3564: Mr. GARAMENDI and Mr. FILNER.

H.R. 3650: Mr. GARAMENDI.

H.R. 3655: Ms. EDDIE BERNICE JOHNSON of Texas.

H.R. 3656: Mr. MICHAUD and Ms. NORTON.

H.R. 3731: Ms. WASSERMAN SCHULTZ.

H.R. 3790: Mr. QUIGLEY, Mr. MILLER of Florida, and Mr. DEFAZIO.

H.R. 3828: Mr. SOUDER.

H.R. 3904: Mr. WAXMAN.

H.R. 3943: Mr. PUTNAM.

H.R. 3976: Mr. BUYER and Mr. TEAGUE.

H.R. 4021: Mr. DOYLE, Ms. HIRONO, and Mr. VAN HOLLEN.

H.R. 4051: Mr. MCGOVERN, Ms. JACKSON LEE of Texas, and Mr. LATHAM.

H.R. 4065: Mr. POLIS of Colorado.

H.R. 4222: Mr. WITTMAN and Mr. KAGEN.

H.R. 4244: Mr. KAGEN.

H.R. 4278: Mr. BARROW.

H.R. 4320: Mr. LATOURETTE and Mr. KIND.

H.R. 4390: Mr. FOSTER.

H.R. 4396: Mr. PETERSON, Mr. BARROW, and Mr. SOUDER.

H.R. 4400: Mr. BISHOP of Georgia.

H.R. 4410: Mr. BUYER, Mr. POE of Texas, Mr. SOUDER, and Mr. SCHRADER.

H.R. 4415: Mr. CANTOR.

H.R. 4473: Mr. KISSELL and Mrs. DAHLKEMPER.

H.R. 4489: Mr. CLAY, Ms. NORTON, Mr. KUCINICH, and Mr. WEINER.

H.R. 4490: Mrs. CAPITO.

H.R. 4494: Mr. JOHNSON of Illinois and Mr. LIPINSKI.

H.R. 4502: Mr. SESTAK and Mr. ELLISON.

H.R. 4522: Mr. KILDEE.

H.R. 4553: Mr. KAGEN.

H.R. 4563: Mr. HASTINGS of Florida.

H.R. 4587: Mr. LAMBORN.

H.R. 4594: Mr. JACKSON of Illinois, Mr. PETERSON, Ms. LINDA T. SANCHEZ of California, and Ms. KILROY.

H.R. 4597: Mr. HINCHEY.

H.R. 4599: Mr. HARE.

H.R. 4607: Mr. SESTAK.

H.R. 4614: Ms. KOSMAS.

- H.R. 4629: Mr. RUSH.
- H.R. 4689: Mr. ROSS, Mr. NEAL of Massachusetts, Mrs. MCCARTHY of New York, Mr. BISHOP of New York, Mr. DAVIS of Illinois, Mr. ACKERMAN, Mr. PAULSEN, Mr. BURGESS, Mr. KISSELL, Mr. SPRATT, Mrs. EMERSON, Mr. RYAN of Ohio, Mr. ANDREWS, and Mr. ELLISON.
- H.R. 4692: Mr. MURPHY of Connecticut.
- H.R. 4703: Mr. NUNES.
- H.R. 4710: Ms. BALDWIN and Mr. PALLONE.
- H.R. 4722: Mr. KAGEN, Mr. DOYLE, Ms. LEE of California, and Mr. VAN HOLLEN.
- H.R. 4745: Mr. BERRY, Mr. DAVIS of Tennessee, and Mr. GARAMENDI.
- H.R. 4755: Mr. LATOURETTE.
- H.R. 4758: Mr. LAMBORN.
- H.R. 4761: Mr. CHILDERS.
- H.R. 4780: Mr. TIAHRT, Mr. KLINE of Minnesota, Mr. BACHUS, and Mr. CONAWAY.
- H.R. 4787: Mr. BOREN.
- H.R. 4788: Mr. GARAMENDI, Ms. CORRINE BROWN of Florida, Mrs. MILLER of Michigan, and Mr. LOEBSACK.
- H.R. 4789: Mr. LEWIS of Georgia, Mr. WEINER, Mr. NADLER of New York, Ms. VELAZQUEZ, Mr. ELLISON, Ms. LORETTA SANCHEZ of California, Mr. JOHNSON of Georgia, Ms. WATERS, Mr. GUTIERREZ, Ms. WOOLSEY, Ms. KAPTUR, Mr. RANGEL, Mr. KENNEDY, Mr. GRIJALVA, Mr. OLIVER, Mr. JACKSON of Illinois, Ms. CORRINE BROWN of Florida, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. FUDGE, Mr. DAVIS of Illinois, Mr. PIERLUISI, Mrs. NAPOLITANO, Mr. HASTINGS of Florida, Mr. HALL of New York, Ms. BERKLEY, Mr. CONYERS, Mr. MCGOVERN, Mr. HARE, Ms. SUTTON, Mr. McDERMOTT, Mr. SABLAN, Mr. HINCHEY, Mrs. MALONEY, Ms. LEE of California, Mr. CUMMINGS, Mr. MEEKS of New York, Mr. TOWNS, Mr. AL GREEN of Texas, Mr. WU, and Mr. HOLT.
- H.R. 4806: Ms. MOORE of Wisconsin.
- H.R. 4812: Ms. LEE of California, Ms. LINDA T. SANCHEZ of California, and Mr. FATTAH.
- H.J. Res. 77: Mr. TIAHRT, Mr. POSEY, Mr. TIBERI, Mr. DUNCAN, Mr. COFFMAN of Colorado, Mr. PLATTS, and Mr. WAMP.
- H.J. Res. 80: Mr. McNERNEY and Mr. CUMMINGS.
- H. Con. Res. 240: Mr. PAYNE, Mr. CARNAHAN, Mr. HOLT, Mr. BUCHANAN, and Mr. SEXTAK.
- H. Res. 173: Mr. SIRES.
- H. Res. 267: Mr. MCCARTHY of California.
- H. Res. 276: Mr. RYAN of Wisconsin.
- H. Res. 614: Mr. BURTON of Indiana.
- H. Res. 763: Mr. CONAWAY.
- H. Res. 796: Mr. REHBERG.
- H. Res. 886: Mr. SESTAK and Mr. KAGEN.
- H. Res. 989: Mr. SESTAK and Ms. CASTOR of Florida.
- H. Res. 992: Mr. MCCOTTER.
- H. Res. 1053: Ms. LEE of California, Mr. STUPAK, Mr. DOYLE, and Ms. KILROY.
- H. Res. 1060: Mr. MARCHANT.
- H. Res. 1063: Mr. OLSON.
- H. Res. 1064: Mr. MARKEY of Massachusetts, Mr. MILLER of North Carolina, and Ms. DELAURO.
- H. Res. 1075: Mr. COSTELLO.
- H. Res. 1103: Mr. GONZALEZ, Mr. SHUSTER, and Mrs. BLACKBURN.
- H. Res. 1129: Mr. DUNCAN.
- H. Res. 1145: Mr. WILSON of Ohio, Mr. PETERS, and Mr. PASTOR of Arizona.
- H. Res. 1155: Mr. ACKERMAN, Ms. BERKLEY, Mr. BISHOP of Georgia, Mr. MCMAHON, Mr. MURPHY of Connecticut, Mr. RANGEL, Mr. HALL of New York, Mr. SIRES, Mr. HINCHEY, Mr. TOWNS, Mr. MEEKS of New York, Ms. CLARKE, Mr. DAVIS of Illinois, Ms. JACKSON LEE of Texas, and Mr. KIND.
- H. Res. 1161: Mr. GRAYSON.

SENATE—Thursday, March 11, 2010

The Senate met at 9:30 a.m. and was called to order by the Honorable KIRSTEN E. GILLIBRAND, a Senator from the State of New York.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Lord of life, we praise and magnify Your Name. Forgive us when we give less and expect more. Teach our lawmakers to give to You their best, so that they may receive from You beyond their dreams. May they prepare for the decisions of this day by opening their minds to the inflow of Your Spirit. In all their getting, guide them to seek understanding. Make them fruitful, always reaping a harvest that glorifies You. Lord, give light to all who are in darkness, and lift us by Your mercy.

We pray in Your loving Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable KIRSTEN E. GILLIBRAND led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The bill clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, March 11, 2010.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable KIRSTEN E. GILLIBRAND, a Senator from the State of New York, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mrs. GILLIBRAND thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Madam President, following leader remarks, there will be a

period of morning business for an hour, with Senators allowed to speak for 10 minutes each during that period of time. Following that morning business, we will resume consideration of the Federal Aviation Administration reauthorization legislation. We have two amendments pending: the Sessions amendment and the Lieberman amendment. Votes are expected to occur throughout the day. Senators will be notified when any votes are scheduled.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

HEALTH CARE

Mr. MCCONNELL. Madam President, as Democratic leaders in Congress continue to insist that we are at some make-or-break moment in the health care debate, and that for some reason we need to pass a bill that raises taxes, raises premiums, and cuts Medicare, I would like to call attention to a notice we received just yesterday from the Congressional Budget Office informing us that they plan to issue a cost estimate today for the Senate-passed health care bill.

In other words, sometime today the CBO will release its final cost estimate on the health spending bill the majority passed on Christmas Eve. This is March 11. We passed that bill on Christmas Eve. We are now getting a cost estimate from the Congressional Budget Office.

So our friends on the other side—every single one of them—voted for this enormous bill, a bill affecting the cost and quality of health care for every single man, woman, and child in America without knowing the full cost to the taxpayers.

Well, excuse me for noting the obvious, but this is no way to legislate on an issue of this importance. Month after month, we were told it was urgent to pass that bill—so urgent, apparently, that Democrats in Congress could not even wait to find out the effect the bill would have on the cost to the American people.

Now we are being told the same thing. Democratic leaders are telling their members they have to vote on this latest version of the same bill by Easter—the latest version of the same bill by Easter. When are we going to find out how much that one costs, Columbus Day?

Americans are not in any rush to pass this or any other 2,700-page bill

that poses as reform but actually raises the cost of health care. Members of Congress should not be deceived by these theatrical attempts to create a sense of urgency about this legislation. The least that lawmakers can do is find out how much these bills will cost the taxpayers before they schedule a vote. They cannot have it both ways. They cannot say they are concerned about how much these bills cost and not even ask to see the pricetag.

The fact is, anybody who even considers voting for these health spending bills does not have lower costs as a priority because we know these bills are going to drive costs up, not down.

HONORING OUR ARMED FORCES

LANCE CORPORAL JONATHAN B. THORNSBERRY

Mr. MCCONNELL. Madam President, I rise today to pay tribute to a young man from McDowell, KY, who bravely served his country. LCpl Jonathan B. Thornsberry was tragically killed during combat operations in Iraq back on October 25, 2006. He was 22 years old. He left behind a family and friends who love him and remember that today, March 11, is his birthday.

For his heroic service with the U.S. Marines, Lance Corporal Thornsberry received several medals, awards, and decorations, including the National Defense Service Medal and the Purple Heart.

The man called “Jon-Jon” by family and friends was following a family tradition when he elected to wear America’s uniform. His brother, father, and grandfather all served in the military.

“It was just something he wanted to do,” Jonathan’s brother Jeff recalls of why Jonathan signed up. “It was a decision he made.” Jonathan’s parents, Jackie and Judy, remember their son saying, “We have to go over there. If we don’t go over there, they will be here.”

Jonathan grew up in Floyd County where he attended McDowell Elementary School and South Floyd High School. He played catcher on his high school baseball team. Everybody remembers how good he was, and South Floyd High has retired his old No. 13 in his memory.

The name of the McDowell Elementary School’s sports team is the Daredevils. Jonathan certainly fit that description growing up, as he liked to play in the mountains, go four-wheeling, and go hunting. This is not to say he did not have any sense of responsibility.

Once when he was just 4 or 5 years old, Jonathan and his father were hunting when they climbed too high on a

mountain. "We need to go down. Mommy will be worried about us," Jonathan said.

Jonathan was very close to his father, and the two of them worked together in the coal mines before Jonathan joined the Marines. Jonathan was also a father himself. He and his wife Toni Renee have a daughter, Haylee Jo. Haylee Jo recently turned 5 years old, and she likes to tell people she has her daddy's green eyes.

Jonathan was also close to his aunt, Edia Hamilton, better known in the family as Aunt Edia Girl. She would always buy candy for her favorite nephew even though she was on a fixed income.

Jonathan graduated from South Floyd High School in 2002, and after working alongside his father in the coal mines enlisted in the Marines in January 2004. He was assigned to the Marine Forces Reserve's 3rd Battalion, 24th Regiment, 4th Marine Division, based out of Johnson City, TN.

After training in California, Jonathan was deployed in support of Operation Iraqi Freedom in 2006. His family recalls he left California on September 26, and just 1 month later his life was tragically lost.

A few days before his death, Jonathan called his mother Judy to wish her a happy birthday, but she was at the grocery store and missed his call. Jonathan did get to talk to his wife Toni. Toni and Judy talked later, and Judy remembers they shared an uneasy feeling.

"I could feel God all around me that morning and I should have known something," Judy says. "I [could] feel God protecting me from the harshness of this." Later that day they received the horrible news.

Funeral services were held at the Little Rosa Church in McDowell, where Jonathan's two favorite songs, "The Old Ship of Zion" and "Amazing Grace," were played. Tributes to him were held in Frankfort and back at South Floyd High School.

Today, on Jonathan's birthday, Madam President, our thoughts are with the many loved ones he has left behind. We are thinking of his wife Toni Renee; his daughter Haylee Jo; his parents Jackie and Judy; his brother and sister-in-law, Jeff and Angela; his grandmother, Alice Moore Lawson; his nephews, Thomas and Jack; his nieces, Evelyn Grace and Julia Ann; his aunt, Edia Hamilton; and many more family members and friends.

One year after Jonathan's death, his family, friends, and fellow marines gathered to remember him at a service in Pikeville City Park. Friends recalled him as the "type of guy who would give you the shirt off his back." Another remembered the last time he saw Jonathan and what they talked about.

His wife Toni talked about how much she had lost. "We loved each other

from the moment we laid eyes on each other," she said. Then she read a poem that got across how her husband was a man who did not ask for much.

"If you have a place for me, Lord, it needn't be so grand," she read.

A place of honor will be kept in the Senate for LCpl Jonathan B. Thornsberry, who sacrificed everything for his country. Today, on his birthday, I know my colleagues will join me in paying tribute to his service.

Madam President, I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period for morning business for 1 hour, with Senators permitted to speak therein for up to 10 minutes each, with the majority controlling the first 30 minutes and the Republicans controlling the next 30 minutes.

The Senator from Delaware.

Mr. KAUFMAN. Madam President, I ask unanimous consent to speak for up to 25 minutes.

The ACTING PRESIDENT pro tempore. Without Objection, it is so ordered.

WALL STREET REFORM

Mr. KAUFMAN. Madam President, financial regulatory reform is perhaps the most important legislation the Congress will address for many years to come. If we do not get it right, the consequences of another financial meltdown could be devastating.

In the Senate, as we continue to move closer to consideration of a landmark bill, however, we are still far short of addressing some of the fundamental problems—particularly that of too big to fail—that caused the last crisis and already have planted the seeds for the next one. This is happening after months of careful deliberation and negotiations and just a year and a half after the virtual meltdown of our entire financial system.

Following the Great Depression, the Congress built a legal and regulatory edifice that endured for decades. One of its cornerstones was the Glass-Steagall Act, which established a firewall between commercial and investment banking activities. Another was the federally guaranteed insurance fund to back up bank deposits. There were other rules imposed on investors and designed to tamp down on rampant speculation—Federal rules such as margin requirements and the uptick rule for short selling.

That edifice worked well to ensure financial stability for decades. But in

the past thirty years, the financial industry, like so many others, went through a process of deregulation. Bit by bit, many of the protections and standards put in place by the New Deal were methodically removed. And while the seminal moment came in 1999 with the repeal of Glass-Steagall, that formal rollback was primarily the confirmation of a lengthy process already underway.

Indeed, after 1999, the process only accelerated. Financial conglomerates that combined commercial and investment banking consolidated, becoming more leveraged and interconnected through ever more complex transactions and structures, all of which made our financial system more vulnerable to collapse. A shadow banking industry grew to larger proportions than even the banking industry itself, virtually unshackled by any regulation. By lifting basic restraints on financial markets and institutions, and more importantly, failing to put in place new rules as complex innovations arose and became widespread, this deregulatory philosophy unleashed the forces that would cause our financial crisis.

I start by asking a simple question: Given that deregulation caused the crisis, why don't we go back to the statutory and regulatory frameworks of the past that were proven successes in ensuring financial stability? This is basically a conservative question and I am a conservative on this issue. Why don't we go back to what has worked in the past?

And what response do I hear when I raise this rather obvious question? That we have moved beyond the old frameworks, that the eggs are too scrambled, that the financial industry has become too sophisticated and modernized and that it was not this or that piece of deregulation that caused the crisis in the first place.

Mind you, this is a financial crisis that necessitated a \$2.5 trillion bailout. And that amount includes neither the many trillions of dollars more that were committed as guarantees for toxic debt nor the de facto bailout that banks received through the Federal Reserve's easing of monetary policy. The crisis triggered a Great Recession that has thrown millions out of work, caused millions to lose their homes, and caused everyone to suffer in an American economy that has been knocked off its stride for more than 2 years.

Given the high costs of our policy and regulatory failures, as well as the reckless behavior on Wall Street, why should those of us who propose going back to the proven statutory and regulatory ideas of the past bear the burden of proof? The burden of proof should be upon those who would only tinker at the edges of our current system of financial regulation. After a crisis of

this magnitude, it amazes me that some of our reform proposals effectively maintain the status quo in so many critical areas, whether it is allowing multitrillion-dollar financial conglomerates that house traditional banking and speculative activities to continue to exist and pose threats to our financial system, permitting banks to continue to determine their own capital standards, or allowing a significant portion of the derivatives market to remain opaque and lightly regulated.

To address these problems, Congress needs to draw hard lines that provide fundamental systemic reforms, the very kind of protections we had under Glass-Steagall. We need to rebuild the wall between the government-guaranteed part of the financial system and those financial entities that remain free to take on greater risk. We need limits on the size of systemically significant nonbank players. And we need to effectively regulate the derivatives market that caused so much widespread financial ruin. It is my sincere hope that we don't enact compromise measures that give only the illusion of change and a false sense of accomplishment. If we do, then we will only have set in place the prelude to the next financial crisis.

First, however, let us examine the origins—both obscure and well-known—of the Great Recession of 2008. As I have already noted, the regulators began tearing down the walls between commercial banking and investment banking long before the repeal of Glass-Steagall. Through a series of decisions in the 1980s and 1990s, the Federal Reserve liberalized prudential limitations placed upon commercial banks, allowing them to engage in securities underwriting and trading activities, which had traditionally been the particular province of investment banks. One fateful decision in 1987 to relax Glass-Steagall restrictions passed over the objections of then Federal Reserve Chairman Paul Volcker, the man who is today leading the charge to restrict government-backed banks from engaging in proprietary trading and other speculative activities.

With the steady erosion of these protections by the Federal Reserve, the repeal of Glass-Steagall had become a fait accompli even before the passage of the Gramm Leach Bliley Act in 1999. In effect, by passing GLBA, Congress was acknowledging the reality in the marketplace that commercial banks were already engaging in investment banking. As the business of finance moved from bank loans to bonds and other forms of capital provided by investors, commercial banks pushed the Federal Reserve to relax Glass-Steagall standards to allow them to underwrite bonds and make markets in new products like derivatives. Even before GLBA was passed, J.P. Morgan,

Citigroup, Bank of America and their predecessor organizations had all become leaders in those businesses.

If the changes in the financial marketplace that led to the repeal of Glass-Steagall took place over many years, the market's transformation after 1999 was swift and profound.

First, there was frenzied merger activity in the banking sector, as financial supermarkets that had bank and nonbank franchises under the umbrella of a single holding company bought out smaller rivals to gain an ever-increasing national and international footprint. While the Riegle-Neal Banking Act of 1994, which established a 10 percent cap nationally on any particular bank's share of federally insured deposits, should have been a barrier for at least some of these mergers, regulatory forbearance permitted them to go through anyway. In fact, then Citicorp's proposed merger Travelers Insurance was actually a major rationale behind the Glass-Steagall Act. Most of the largest banks are products of serial mergers. For example, J.P. Morgan Chase is a product of J.P. Morgan, Chase Bank, Chemical Bank, Manufacturers Hanover, Banc One, Bear Stearns, and Washington Mutual. Meanwhile, Bank of America is an amalgam of that predecessor bank, National's Bank, Barnett Banks, Continental Illinois, MBNA, Fleet Bank, and finally Merrill Lynch.

Second, the business of finance was changing. Disintermediation, the process by which investors directly fund businesses and individuals through securities markets, was already in full bloom by the time of the repeal of Glass-Steagall. This was demonstrated by the dramatic growth in money market fund and mutual fund assets and by the fact that corporate bonds actually exceeded nonmortgage bank loans by the middle of the 1990s.

The subsequent boom in structured finance took this process to ever greater heights. Securitization, whereby pools of illiquid loans and other assets are structured, converted and marketed into asset-backed securities, ABS, is in principle a valuable process that facilitates the flow of credit and the dispersion of risk beyond the banking system. Regulatory neglect, however, permitted a good model to mutate and grow into a sad farce.

On one end of the securitization supply chain, regulators allowed underwriting standards to erode precipitously without strengthening mortgage origination regulations or sounding the alarm bells on harmful nonbank actors—not even those within bank holding companies over which the regulators had jurisdiction. On the other, securities backed by risky loans were transformed into securities deemed “hi-grade” by credit rating agencies, only after a dizzying array of steps where securities were packaged and re-

packaged into many layers of senior tranches, which had high claims to interest and principal payments, and subordinate tranches.

The nonbanking actors—investment banks, hedge funds, money market funds, off-balance-sheet investment funds—that powered structured finance came to be known as the shadow banking market. Of course, the shadow banking market could only have grown to surpass by trillions of dollars the actual banking market with the consent of regulators.

In fact, one of the primary purposes behind the securitization market was to arbitrage bank capital standards. Banks that could show regulators that they could offload risks through asset securitizations or through guarantees on their assets in the form of derivatives called credit default swaps received more favorable regulatory capital treatment, allowing them to build their balance sheets to more and more stratospheric levels.

With the completion of the Basel II Capital Accord, determinations on capital adequacy became dependent on the judgments of rating agencies and, increasingly, the banks' own internal models. While this was a recipe for disaster, it reflected in part the extent to which the size and complexity of this new era of quantitative finance exceeded the regulators' own comprehension.

When Basel II was effectively applied to investment banks like Lehman Brothers and Goldman Sachs, which had far more precarious and potentially explosive business models that utilized overnight funding to finance illiquid inventories of assets, the results were even worse. The SEC, which had no track record to speak of with respect to ensuring the safety and soundness of financial institutions, allowed these investment banks to leverage a small base of capital over 40 times into asset holdings that, in some cases, exceeded \$1 trillion.

Third, little more than a year after repealing Glass-Steagall, Congress passed legislation—the Commodity Futures Modernization Act of 2000—to allow over-the-counter derivatives to essentially remain unregulated. Following the collapse of the hedge fund Long Term Capital Management in 1998, then Commodity Futures Trading Commission Chairwoman Brooksley Born began to warn of problems in this market. Unfortunately, her calls for stronger regulation of the derivatives market clashed with the uncompromising free-market philosophies of Federal Reserve Chairman Alan Greenspan, then Treasury Secretary Robert Rubin and later Treasury Secretary Larry Summers. To head off any attempt by the CFTC or another agency from regulating this market, they successfully convinced Congress to pass the CFMA.

The explosive growth of the OTC derivatives market following the passage

of the CFMA was stunning—the size of the OTC derivatives market grew from just over \$95 trillion at the end of 2000 to over \$600 trillion in 2009. This growth had profound implications for the overall risk profile of the financial system. While derivatives can be used as a valuable tool to mitigate or hedge risk, they can also be used as an inexpensive way to take on leverage and risk. As I noted before, certain OTC derivatives called credit default swaps were crucial in allowing banks to evade their regulatory capital requirements. In other contexts, CDS contracts have been used to speculate on the credit worthiness of a particular company or asset.

But they pose other problems as well. Since derivatives represent contingent liabilities or assets, the risks associated with them are imperfectly accounted for on company balance sheets. And they have concentrated risk in the banking sector, since even before the repeal of Glass-Steagall, large commercial banks like J.P. Morgan were major derivatives dealers. Finally, the proliferation of derivatives has significantly increased the interdependence of financial actors while also overwhelming their back-office infrastructure. Hence, while the growth of derivatives greatly increased counterparty credit risks between financial institutions—the risk, that is, that the other party will default at some point during the life of the derivative contract—those entities had little ability to quantify those risks, let alone manage them.

Therefore, on the eve of what was arguably the biggest economic crisis since the Great Depression, which was caused in large part by the confluence of all the forces and trends that I have just described, the financial industry was larger, more concentrated, more complex, more leveraged and more interconnected than ever before. Once the subprime crisis hit, it spread like a contagion, causing a collapse in confidence throughout virtually the entire financial industry. And without clear walls between those institutions the government insures and those that are free to take on excessive leverage and risk, the American taxpayer was called upon to step forward into the breach.

Unfortunately, the government's response to the financial meltdown has only made the industry bigger, more concentrated and more complex. As the entire financial system was imploding following the bankruptcy filing by Lehman Brothers, the Treasury and the Federal Reserve hastily arranged mergers between commercial banks, which had a stable source of funding in insured deposits, and investment banks, whose business model depended on market confidence to roll over short-term debt.

Before the Lehman bankruptcy, Bear Stearns had been merged into J.P.

Morgan. After the Lehman collapse, one of the biggest mergers to occur was between Bank of America and Merrill Lynch. And Ken Lewis, the CEO of Bank of America at the time, alleges that it was consummated only following pressure he received from Treasury Secretary Hank Paulson and Federal Reserve Chairman Ben Bernanke.

As merger plans for the remaining two investment banks, Goldman Sachs and Morgan Stanley, faltered, another plan was hatched. Both Goldman Sachs and Morgan Stanley—neither of which had anything even close to traditional banking franchises—were both given special dispensations from the Federal Reserve to become bank holding companies. This provided them with permanent borrowing privileges at the Federal Reserve's discount window—without having to dispose of risky assets. In a sense, it was an official confirmation that they were covered by the government safety net because they were literally “too big to fail.”

Following the crisis, the U.S. mega banks left standing have even more dominant positions. Take the multi-trillion-dollar market for OTC derivatives. The five largest banks control 95 percent of that market. Let me repeat that. The five largest banks control 95 percent of the over-the-counter derivatives market. With such strong pricing power, these firms could afford to expand dramatically their margins. The Federal Reserve estimated that those five banks made \$35 billion from trading in the first half of 2009 alone. Of course, they used these outsized profits from trading activities in derivatives and other securities not only to replenish their capital, but also to pay billions of dollars in bonuses.

Large and complex institutions like Citigroup dominate our financial industry and our economy. MIT professor Simon Johnson and James Kwak, a researcher at Yale Law School, estimate that the six largest U.S. banks now have total assets in excess of 63 percent of our overall GDP. Only 15 years ago, the six largest US banks had assets equal to 17 percent of GDP. This is an extraordinary increase. We haven't seen such concentration of financial power since the days of Morgan, Rockefeller and Carnegie.

As I stated at the outset, I am extremely concerned that our reform efforts to date do little, if anything, to address this most serious of problems. By expanding the safety net—as we did in response to the last crisis—to cover ever larger and more complex institutions heavily engaged in speculative activities, I fear that we may be sowing the seeds for an even bigger crisis in only a few years or a decade.

Unfortunately, the current reform proposals focus more on reorganizing and consolidating our regulatory infrastructure, which does nothing to ad-

dress the most basic issue in the banking industry: that we still have gigantic banks capable of causing the very financial shocks that they themselves cannot withstand.

Rather than pass the buck to a reshuffled regulatory deck, which will still be forced to oversee banks that former FDIC Chairman Bill Isaac describes as “too big to manage, and too big to regulate,” we must draw hard statutory lines between banks and investment houses.

We must eliminate the problem of “too big to fail” by reinstituting the spirit of Glass-Steagall, a modern version that separates commercial from investment banking activities and imposes strict size and leverage limits on financial institutions.

We must also establish clear and enforceable rules of the road for our securities market in the interest of making them less fragmented, opaque and prone to collapse. The over-the-counter derivatives market must be tightly regulated, as originally proposed by Brooksley Born—and rejected by Congress—in the late 1990s.

Finally, I believe the myriad conflicts of interest on Wall Street must be addressed through greater protection and empowerment of individual investors. Our antifraud provisions, as represented for example by rule 10(b)5, under the 1934 Securities Act, need to be strengthened.

One key reform that has been proposed to address the “too big to fail” problem is resolution authority. The existing mechanism whereby the FDIC resolves failing depository institutions has, by and large, worked well. After the experiences of Bear Stearns and Lehman Brothers in 2008, it is clear that a similar process should be applied to entire bank holding companies and large nonbank institutions.

While no doubt necessary, this is no panacea. No matter how well Congress crafts a resolution mechanism, there can never be an orderly wind-down, particularly during periods of serious stress, of a \$2-trillion institution like Citigroup that had hundreds of billions of off-balance-sheet assets, relies heavily on wholesale funding, and has more than a toehold in over 100 countries.

There is no cross-border resolution authority now, nor will there be for the foreseeable future. In the days and weeks following the collapse of Lehman Brothers, there was an intense and disruptive dispute between regulators in the U.S. and U.K. regarding how to handle customer claims and liabilities more generally. Yet experts in the private sector and governments agree—national interests make any viable international agreement on how financial failures are resolved difficult to achieve. A resolution authority based on U.S. law will do precisely nothing to address this issue.

While some believe market discipline would be reimposed by refining the

bankruptcy process, Lehman Brothers demonstrates that the very concept of market discipline is illusory with institutions like investment banks, which used funds that they borrowed in the repo market to finance their own inventories of securities, as well as their own book of repurchase agreements, which they provided to hedge funds through their prime brokerage business.

Investment banks, the fulcrum of these institutional arrangements, found themselves in a classic squeeze. On one side, their hedge fund clients and counterparties withdrew funds and securities in their prime brokerage accounts, drew down credit lines and closed out derivative positions, all of which caused a massive cash drain on the bank. On the other side, the repo lenders, concerned about the value of their collateral as well as the effect of the cash drain on the banks' credit worthiness, refused to roll over their loans without the posting of substantial additional collateral. These circumstances quickly prompted a vicious cycle of deleveraging that brought our financial system to the brink. With such large, complex and combustible institutions like these, there can be no orderly process of winding them down. The rush to the exits happens much too quickly.

That is why we need to directly address the size, the structure and the concentration of our financial system.

The Volcker rule, which would prohibit commercial banks from owning or sponsoring "hedge funds, private equity funds, and purely proprietary trading in securities, derivatives or commodity markets," is a great start, and I applaud Chairman Volcker for proposing that purely speculative activities should be moved out of banks. That is why I joined yesterday with Senators JEFF MERKLEY and CARL LEVIN to introduce a strong version of the Volcker rule. But I think we must go further still. Massive institutions that combine traditional commercial banking and investment banking are rife with conflicts and are too large and complex to be effectively managed.

We can address these problems by reimposing the kind of protections we had under Glass-Steagall. To those who say "repealing Glass-Steagall did not cause the crisis, that it began at Bear Stearns, Lehman Brothers and AIG," I say that the large commercial banks were engaged in exactly the same behavior as Bear Stearns, Lehman and AIG—and would have collapsed had the federal government not stepped in and taken extraordinary measures. That is the reason why commercial banks did not go under, because we were protecting them because they were too big to fail. We let Bear, Lehman and AIG—go under because they were not. This seems like a circular argument on why we should not do more about commercial

banks in this country that are so incredibly large and we would be stuck with the same situation we were in during the meltdown. Moreover, in response to the last crisis, we increased the safety net that covers these behemoth institutions. The result: they will continue to grow unchecked, using insured deposits for speculative activities without running any real risk of failure on account of their size.

We need to reinstate Glass-Steagall in an updated form to prevent or at least severely moderate the next crisis.

By statutorily splitting apart massive financial institutions that house both banking and securities operations, we will both cut these firms down to more reasonable and manageable sizes and rightfully limit the safety net only to traditional banks. President of the Federal Reserve Bank of Dallas Richard Fisher recently stated:

I think the disagreeable but sound thing to do regarding institutions that are ["too big to fail"] is to dismantle them over time into institutions that can be prudently managed and regulated across borders. And this should be done before the next financial crisis, because it surely cannot be done in the middle of a crisis.

A growing number of people are calling for this change. They include former FDIC Chairman Bill Isaac, former Citigroup chairman John Reed, famed investor George Soros, Nobel Prize winning economist Joseph Stiglitz, president of the Federal Reserve Bank of Kansas City, Thomas Hoenig, and Bank of England Governor, Mervyn King, among others. A chastened Alan Greenspan also adds to that chorus, noting:

If they're too big to fail, they're too big. In 1911 we broke up Standard Oil—so what happened? The individual parts became more valuable than the whole. Maybe that's what we need to do.

Alan Greenspan, in my opinion, has never been more right.

But even this extraordinary step of splitting these institutions apart is not sufficient. Cleaving investment banking from traditional commercial banking will still leave us with massive investment banks, some with balance sheets that exceed \$1 trillion in assets.

For that reason, Glass-Steagall would need to be supplemented with strict size and leverage constraints. The size limit should focus on constraining the amount of nondeposit liabilities at large investment banks, which rely heavily on short-term financing, such as repos and commercial paper.

The growth of those funding markets in the run-up to the crisis was staggering. One report by researchers at the Bank of International Settlements estimated that the size of the overall repo market in the United States, Euro region and the United Kingdom totaled approximately \$11 trillion at the end of 2007. Incredibly, the size was more than \$5 trillion more than the total value of

domestic bank deposits at that time, which was less than \$7 trillion.

The overreliance on such wholesale financing made the entire financial system vulnerable to a classic bank run, the type that we had before we instituted a system of deposit insurance and strong bank supervision. Remarkably, while there is a prudential cap on the amount of deposits a bank can have—even though deposits are already federally insured—there is no limit of any kind on liabilities like repos that need to be rolled over every day. With a sensible limit on these liabilities at each financial institution—for example, as a percentage of GDP—we can ensure that never again will the so-called shadow banking system eclipse the real banking system.

In addition, institutions that rely upon market confidence every day to finance their balance sheet and market prices to determine the worth of their assets should not be leveraged to stratospheric levels. To ensure that regulatory forbearance does not permit another Lehman Brothers, we should institute a simple statutory leverage requirement, that is, a limit on how much firms can borrow relative to how much their shareholders have on the line. As I have said in a previous speech, a statutory leverage requirement that is based upon banks' core capital—i.e., their common stock plus retained earnings—could supplement regulators' more highly calibrated risk-based assessments, providing a sorely needed gut check that ensures that regulators don't miss the forest for the trees when assessing the capital adequacy of a financial institution.

This would push firms back towards the levels of effective capital they had in the pre-bailout days—like in the post World War II period when our financial system generally functioned well. To be sure, this would move our core banks from being predominantly debt financed to substantially based on equity. But other parts of our financial system already operate well on this basis—with venture capital being the most notable example. The return on equity relative to debt would need to rise to accommodate this change, but—as long as we preserve a credible monetary policy—this is consistent with low interest rates in real terms.

I would also stress that a leverage limit without breaking up the biggest banks will have little effect. Because of their implicit guarantee, "too big to fail" banks enjoy a major funding advantage—and leverage caps by themselves do not address that. Our biggest banks and financial institutions have to become significantly smaller if we are to make any progress at all.

Turning now to derivatives reform, I have already noted how large dealer banks completely dominate the OTC marketplace for derivatives, an opaque

market where these banks exert enormous pricing power. For over two decades, this market has existed with virtually no regulation whatsoever.

Amazingly, it is a market where the dealers themselves actually set the rules for the amount of collateral and margin that needs to be posted by different counterparties on trades. Dealers never post collateral, while the rules they set for their counterparties are both lax and procyclical, meaning that margin requirements tend to increase during periods of market turmoil when liquidity is at a premium. The complete lack of oversight of these markets has almost brought our financial system to its knees twice in 10 years, first with the failure of LTCM in 1998, and then with the failure of Lehman Brothers in 2008. We have known about these problems for over a decade—yet we have so far done nothing to make this market better regulated.

That is why I applaud CFTC Chairman Gary Gensler's efforts in pushing for centralized clearing and regulated electronic execution of standardized OTC derivatives contracts as well as more robust collateral and margin requirements. Clearinghouses have strong policies and procedures in place for managing both counterparty credit and operational risks. Chairman Gensler underscores that this would get directly at the problem of "too big to fail" by stating: "Central clearing would greatly reduce both the size of dealers as well as the interconnectedness between Wall Street banks, their customers and the economy." Moreover, increased clearing and regulated electronic trading will make the market more transparent, which will ultimately give investors better pricing.

A strong clearing requirement, however, should not be swallowed by large exemptions that circumvent the rules. While I am sympathetic to concerns about increased costs raised by non-financial corporations that use interest rate and currency swaps for hedging purposes, any exemption of this sort should be narrowly crafted. For example, it might be limited to transactions where non-financial corporations use OTC derivatives in a way that qualifies for GAAP hedge accounting treatment. In any case, we should recognize more explicitly that when such derivatives contracts are provided by too big to fail banks, the end users are in effect splitting the hidden taxpayer subsidy with the big banks. And remember that this subsidy is not only hidden—it is also dangerous, because it is central to the incentives to become bigger and to take more risk once any financial firm is large.

Given that one of the key objectives behind increased clearing is to reduce counterparty credit risk, it also seems reasonable that derivatives legislation place meaningful constraints on the ownership of clearinghouses by large dealer banks.

Finally, we need to address the fundamental conflicts of interest on Wall Street. While separating commercial banking from investment banking is a critical step, there are still inherent conflicts within the modern investment banking model.

Let's take the example of auction rate securities. Brokers at UBS and other firms marketed these products, which were issued by municipalities and not-for-profit entities, as "safe, liquid cash alternatives" to retail investors even though they were really long-term debt instruments whose interest rates would reset periodically based upon the results of Dutch auctions. In other words, these unsuspecting investors would be unable to sell their securities if new buyers didn't enter the market, which is exactly what happened. As credit concerns by insurers who guaranteed these securities drained liquidity from the market, bankers continued to sell these securities to retail clients as safe, liquid investments. There was a blatant conflict of interest where the banks served as broker to their retail customers while also underwriting the securities and conducting the auctions.

There is an open issue of why such transactions did not constitute securities fraud, for example under rule 10(b)5—which prohibits the nondisclosure of material information. Civil actions are still in progress and perhaps we will learn more from the outcomes of particular cases. But no matter how these specific cases are resolved, we should move to strengthen the legal framework that enables both private parties and the SEC—both civil and criminal sides—to bring successful enforcement actions.

Individuals at Enron, Merrill Lynch, and Arthur Anderson were called to account for their participation in fraudulent activities—and at least one executive from Merrill went to prison for signing off on a deal that would help manipulate Enron's earnings. But it is quite possible that no one will be held to account, either in terms of criminal or civil penalties, due to the deception and misrepresentation manifest in our most recent credit cycle. We must work hard to remove all the loopholes that helped create this unfair and unreasonable set of outcomes.

We can begin by strengthening investor protection. Currently, brokers are not subject to a fiduciary standard as financial advisors are, but only subject to a "suitability" requirement when selling securities products to investors. Hence, brokers don't have to be guided by their customers' best interest when recommending investment product offerings—they might instead be focused on increasing their compensation by pushing proprietary financial products. I am not saying they are doing that, but we have to be aware and deal with clear conflicts of interest. By harmo-

nizing the standards that brokers and financial advisors face and by better disclosing broker compensation, retail investors will be able to make better, more informed investment decisions. Even Lloyd Blankfein, the CEO of Goldman Sachs, has stated that he "support[s] the extension of a fiduciary standard to broker/dealer registered representatives who provide advice to retail investors. The fiduciary standard puts the interests of the client first. The advice-giving functions of brokers who work with investors have become similar to that of investment advisers."

It has also become known that some firms underwrite securities—promoting them to investors—and then short these same securities within a week and without disclosing this fact, which any reasonable investor would regard as adverse material information. In the structured finance arena, investment banks sold pieces of collateralized debt obligations—which were packages of different asset-backed securities divided into different risk classes—to their clients and then took—proceeded to take short positions in those securities by purchasing credit default swaps. Some banks went further by shorting mortgage indexes tied to securities they were selling to clients and by shorting their counterparties in the CDS market. This is how a firm such as Goldman Sachs could claim that they were effectively hedged to an AIG collapse.

Unfortunately, the use of products like CDS in this way allows the banks to become empty creditors who stand to make more money if people and companies default on their debts than if they actually paid them. These and other problematic practices that place financial firms' interests against those of their clients need to be restricted. They also completely violate the spirit of our seminal legislation from the 1930s, which insisted—for the first time—that the sellers and underwriters of securities disclose all material information. This is nothing less than a return to the unregulated days of the 1920s; to be sure, those days were heady and exciting, but only for a while—such practices always end in a major crash, with the losses disproportionately incurred by small and unsuspecting investors.

Investors should also have greater recourse through our judicial system. For example, auditors, accountants, bankers and other professionals that are complicit in corporate fraud should be held accountable. That is why I worked on a bill with Senators SPECTER and REED to allow for private civil actions against individuals who knowingly or recklessly aid or abet a violation of securities laws.

Admittedly, this is not an exhaustive list of financial reforms. I also believe we need to reconstitute our system of

consumer financial protection, which was a major failure before our last crisis. We must have an independent Consumer Financial Protection Agency, CFPA, that has strong and autonomous rulemaking authority and the ability to enforce those rules at nonbanking entities like payday lenders and mortgage finance companies. Most importantly, the head of this agency must not be subject to the authority of any regulator responsible for the "safety and soundness" of the financial institutions.

This is basic. If you are involved, like most of our banking regulatory agencies, in the Treasury, their primary responsibility is the safety and soundness of those financial institutions. We need an organization such as the CFPA, which looks out totally for the interest of consumers and consumers alone.

Unfortunately, like the public option in healthcare, the CFPA issue has become something of a "shiny object"—though certainly an important one—that has distracted the focus of debate away from the core issues of "too big to fail."

Beginning with the solutions for "too big to fail," each of these challenges represents a crucial step along the way towards fixing a regulatory system that has permitted both large and small failures. Each is an important piece to the puzzle.

I know there are those who will disagree with some, and perhaps all of these proposals. They sincerely advocate a path of incrementalism, of achieving small reforms over time. They say that problems as complex as these need to be solved by the regulators, not by Congress. After all, they are the ones with the expertise.

I respectfully disagree.

Giving more authority to the regulators is not a complete solution. While I support having a systemic risk council and a consolidated bank regulator, these are necessary but not sufficient reforms—the President's Working Group on Financial Markets has actually played a role in the past similar to that of the proposed council, but to no discernible effect. I do not see how these proposals alone will address the key issue of "too big to fail."

In the brief history I outlined earlier, the regulators sat idly by as our financial institutions bulked up on short-term debt to finance large inventories of collateralized debt obligations backed by subprime loans and leveraged loans that financed speculative buyouts in the corporate sector.

They could have sounded the alarm bells and restricted this behavior, but they did not. They could have raised capital requirements, but instead farmed out this function to credit rating agencies and the banks themselves. They could have imposed consumer-related protections sooner and to a greater degree, but they did not. The sad re-

ality is that regulators had substantial powers, but chose to abdicate their responsibilities.

What is more, regulators are almost completely dependent on the information, analysis and evidence as presented to them by those with whom they are charged with regulating. Last year, former Federal Reserve Chairman Alan Greenspan, once the paragon of laissez-faire capitalism, stated that "it is clear that the levels of complexity to which market practitioners, at the height of their euphoria, carried risk management techniques and risk-product design were too much for even the most sophisticated market players to handle properly and prudently." I submit that if these institutions that employ such techniques are too complex to manage, then they are surely too complex to regulate.

That is why I believe that reorganizing the regulators and giving them additional powers and responsibilities isn't the answer. We cannot simply hope that chastened regulators or newly appointed ones will do a better job in the future, even if they try their hardest. Putting our hopes in a resolution authority is an illusion. It is like the harbor master in Southampton adding more lifeboats to the *Titanic*, rather than urging the ship to steer clear of the icebergs. We need to break up these institutions before they fail, not stand by with a plan waiting to catch them when they do fail.

Without drawing hard lines that reduce size and complexity, large financial institutions will continue to speculate confidently, knowing that they will eventually be funded by the taxpayer if necessary. As long as we have "too big to fail" institutions, we will continue to go through what Professor Johnson and Peter Boone of the London School of Economics has termed "doomsday" cycles of booms, busts and bailouts, a so-called "doom loop" as Andrew Haldane, who is responsible for financial stability at the Bank of England, describes it.

The notion that the most recent crisis was a "once in a century" event is a fiction. Former Treasury Secretary Paulson, National Economic Council Chairman Larry Summers, and J.P. Morgan CEO Jamie Dimon all concede that financial crises occur every 5 years or so.

Without clear and enforceable rules that address the unintended consequences of unchecked financial innovation and which adequately protect investors, our markets will remain subverted.

These solutions are among the cornerstones of fundamental and structural financial reform. With them we can build a regulatory system that will endure for generations instead of one that will be laid bare by an even bigger crisis in perhaps just a few years or a decade's time. We built a lasting regu-

latory edifice in the midst of the Great Depression, and it lasted for nearly half a century. I only hope we have both the fortitude and the foresight to do so again.

IRAN REFINED PETROLEUM SANCTIONS ACT OF 2009

Mr. KAUFMAN. Madam President, I ask unanimous consent that the Banking Committee be discharged from further consideration of H.R. 2194, the Iran Refined Petroleum Sanctions Act of 2009, and the Senate then proceed to its consideration.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 2194) to amend the Iran Sanctions Act of 1996 to enhance United States diplomatic efforts with respect to Iran by expanding economic sanctions against Iran.

There being no objection, the Senate proceeded to the consideration of the bill.

Mr. KAUFMAN. Madam President, I ask unanimous consent that the substitute amendment, which is at the desk and is the language of S. 2799 as passed by the Senate on January 28, 2010, be considered and agreed to, the bill, as amended, be read three times, passed, and the motion to reconsider be laid upon the table; that upon passage, the Senate insist on its amendment, request a conference with the House on the disagreeing votes of the two Houses, and the Chair be authorized to appoint conferees on the part of the Senate with a ratio of 4 to 3, without further intervening action or debate.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The amendment (No. 3466) was agreed to.

(The amendment is printed in today's RECORD under "Text of Amendments.")

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill (H.R. 2194), as amended, was read the third time and passed.

The ACTING PRESIDENT pro tempore appointed Mr. DODD, Mr. KERRY, Mr. LIEBERMAN, Mr. MENENDEZ, Mr. SHELBY, Mr. BENNETT, and Mr. LUGAR conferees on the part of the Senate.

Mr. KAUFMAN. I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Tennessee.

Mr. ALEXANDER. Madam President, I ask unanimous consent that the Republican Senators be able to engage in a colloquy.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. ALEXANDER. Madam President, the Senator from Arizona and I and

Senator BARRASSO, who will be here in a few minutes, had the privilege of being invited by the President to a lengthy health care summit a couple of weeks ago at the Blair House, a historic location right across from the White House.

Over the 7½-hour discussion, there were some obvious differences of opinion. In fact, my friend, the majority leader, said: LAMAR, you are not entitled to your own facts. I think he is right about that. We want to use the real facts. But the American people, once again, seem to have understood the real facts.

In the Wall Street Journal yesterday, March 10, there was an article by Scott Rasmussen and Doug Schoen. Mr. Rasmussen is an independent pollster, and Mr. Schoen was President Clinton's pollster. Here is one of the things they said. We were saying, with respect to the President: Mr. President, your plan will increase the deficit. This is a time when many people in America believe the deficit is growing at an alarming rate and will bring the country to its knees in a few years if we do not do something about it. The President and his Democratic colleagues said: No, the Congressional Budget Office says we do not increase the deficit.

The American people do not believe that, according to Mr. Rasmussen and Mr. Schoen. They say:

... 66 percent of voters believe passage of the President's plan will lead to higher deficits.

They are right about that. Why do I say that? Because not included in the comprehensive health care plan that the President has yet to send up—we do not have a bill yet. We have an 11-page memo which is suggested recommendations in a 2,700-page Senate bill. We do not have a bill. But the plan does not include what it costs to prevent the planned 22 percent pay cuts for doctors that serve Medicare patients over the next 10 years. According to the President's own budget—and PAUL RYAN, the Congressman from Wisconsin, brought this up at the summit—that costs \$371 billion over 10 years.

Let me say that once more. What we are being asked to believe is, here is a comprehensive health care plan that does not add to the debt, but it does not include what it costs to prevent the planned 22 percent pay cuts for doctors that serve Medicare patients. That is akin to asking you to come to a horse race without a horse. Does anybody believe a comprehensive health care plan is complete and comprehensive if it does not include what you actually are going to pay doctors to see Medicare patients? Of course not. You have to include that in there. That adds \$371 billion to the President's proposal, and that, by itself, makes it clear the proposal adds to the deficit.

The Senator from Arizona is here, and I say this to the Senator. Also in

the article in the Wall Street Journal it said:

Fifty-nine percent of the voters say that the biggest problem with the health care system is the cost. . . .

That is what we have been saying over and over again. Let's don't expand a program that costs too much. Let's fix the program by reducing costs.

According to the survey—remember this is an independent pollster and a Democratic pollster:

Fifty-nine percent of voters say that the biggest problem with the health care system is the cost: They want reform that will bring down the cost of care. For these voters, the notion that you need to spend an additional trillion dollars doesn't make sense. If the program is supposed to save money, why does it cost anything at all?

Asked the pollsters.

I ask the Senator from Arizona that question. If this program is supposed to save money, reduce costs, why does it cost anything at all?

MR. MCCAIN. Madam President, I say to my friend, obviously, the answer to that question is, they continue to go back to the Congressional Budget Office with different assumptions in order to get the answers they want when the American people have figured it out.

Again, I know my friend from Tennessee saw yesterday's news, which has to be considered in the context of the cost of this bill, which Congressman RYAN estimates at around \$2.5 trillion with true budgeting over 10 years. But we cannot ignore the fundamental fact that "the government ran up"—this is an AP article yesterday:

The government ran up the largest monthly deficit in history in February, keeping the flood of red ink on track to top last year's record for the full year.

The Treasury Department said Wednesday that the February deficit totaled \$220.9 billion, 14 percent higher than the previous record set in February of last year.

The deficit through the first 5 months of this budget year totals \$651.6 billion, 10.5 percent higher than a year ago.

The Obama administration is projecting that the deficit for the 2010 budget year will hit an all-time high of \$1.56 trillion, surpassing last year's of \$1.4 trillion total.

I say to my friend from Tennessee, these are numbers that in our younger years we would not believe. We would not believe we could be running up these kinds of deficits. Yet we hear from the President and from the administration that things are getting better—certainly not from the debt we are laying onto future generations of Americans.

May I mention also in this context—I wonder if my friend from Tennessee will agree with me that there is so much anger out there over porkbarrel spending and earmark spending that the Speaker of the House said they are going to ban earmarks in the other body for for-profit companies. I think that is a step forward. Why not ban

them all? Immediately they would set up shadow outfits.

Chairman OBEY says that would be 1,000 earmarks. In one bill last year, there were 9,000 earmarks. So why don't we take the final step and put a moratorium on earmarks until we have a balanced budget, until there is no more deficit? I think that is what the American people wanted to get rid of—this corruption that continues there.

But I would also mention to my friend from Tennessee very briefly that the President, when he and I sat next to each other at Blair House, and I talked about the special deals for the special interests and the unsavory deal that was cut with PhRMA and how the American people are as angry about the process as the product, the President's response to me was—and there is a certain accuracy associated with it—the campaign is over.

Well, I would remind my friend that before the campaign—even before the campaign—when the President was still a Senator, he said this about reconciliation:

You know, the Founders designed this system, as frustrating [as] it is, to make sure that there's a broad consensus before the country moves forward. . . . And what we have now is a president who—

And there he was referring to President Bush—

hasn't gotten his way. And that is now prompting, you know, a change in the Senate rules that really I think would change the character of the Senate forever. . . . And what I worry about would be you essentially have still two chambers—the House and the Senate—but you have simply majoritarian absolute power on either side, and that's just not what the founders intended.

That was a statement by then-Senator Barack Obama. Then he went on to say:

I would try to get a unified effort saying this is a national emergency to do something about this. We need the Republicans, we need the Democrats.

Just yesterday, of course, at rallies around the country, he said: It is time to vote.

It is time to vote, is his message, which certainly is attractive. We will be glad to vote. But we want to vote preserving the institution of the Senate and the 60-vote rule.

In the interest of full disclosure, Republicans, when they were in the majority, tried to change it, as the Senator from Tennessee remembers. But the fact is, if we take away the 60-vote majority that has characterized the way this body has proceeded, we would then have just what then-Senator Obama said:

You essentially have still two Chambers—the House and the Senate—but you have simply majoritarian absolute power on either side, and that's just not what the founders intended.

I wonder if my colleague from Tennessee would like to comment on whether the President still believes

that is not what the Founders intended.

Mr. ALEXANDER. Madam President, I appreciate the Senator from Arizona bringing this up, and I think it is important for the American people to be reminded that the Senator from Arizona has a certain amount of credibility on this matter because about 4 years ago—when we were in the majority and we became frustrated because Democrats were blocking President Bush's judicial appointments—it was the Republicans who said—I didn't, but some Republicans said—well, let's just jam it through. We won the election, let's get it with 51 votes. Let's change the rules.

But Senator MCCAIN and a group of others said: Wait just a minute. He said then what he has said just today. He said the U.S. Founders set up the Senate to be a protector of minority rights. As Senator BYRD, the senior Democratic Senator, has said: Sometimes the minority is right. And it was Alexis de Tocqueville who said, when he wrote his observations about our country in the 1830s, that potentially the greatest threat to American democracy is the tyranny of the majority.

This is supposed to be a place where decisions are made based upon consensus, not just a majority. As Senator BYRD has said: Running the health care bill through the Senate like a freight train is an outrage. It would be an outrage.

I would ask the Senator from Arizona whether he believes it is not just the higher premiums and the higher taxes and the extra costs to States; that, in the end, the reason this health care bill is so deeply unpopular is because of the process because, first, there were 25 days of secret meetings, and now they are jamming it through by a partisan vote. Something this big, this important ought to be decided by consensus in the Senate.

Mr. MCCAIN. I would also remind my friend from Tennessee of Senator BYRD's comments regarding reconciliation and health care reform.

Madam President, I ask unanimous consent to have printed in the RECORD Senator ROBERT BYRD's statement on the floor of the Senate from April of 2001.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

SENATOR BYRD ON THE USE OF RECONCILIATION FOR THE CLINTON HEALTH PLAN

U.S. Senator Robert Byrd on the Floor of the Senate in April of 2001 explaining his objection to using reconciliation to pass controversial health care legislation (Clinton plan):

"The democratic leadership pleaded with me at length to agree to support the idea that the Clinton health care bill should be included in that year's reconciliation package. President Clinton got on the phone and called me also and pressed me to allow his

massive health care bill to be insulated by reconciliation's protection. I felt that changes as dramatic as the Clinton health care package, which would affect every man, woman and child in the United States should be subject to scrutiny.

"I said Mr. President, I cannot in good conscience turn my face the other way. That's why we have a Senate. To amend and debate freely. And that health bill, as important as it is, is so complex, so far-reaching that the people of this country need to know what's in it. And, moreover, Mr. President, we Senators need to know what's in it before we vote. And he accepted that. He accepted that. Thanked me and said good bye."

"I could not, I would not, and I did not allow that package to be handled in such a cavalier manner. It was the threat of the use of the Byrd rule."

"Reconciliation was never, never, never intended to be a shield, to be used as a shield for controversial legislation."

Mr. MCCAIN. Let me explain his objection to using reconciliation to pass controversial health care legislation by quoting from Senator ROBERT BYRD:

The Democratic leadership pleaded with me at length to agree to support the idea that the Clinton health care bill should be included in that year's reconciliation package. President Clinton got on the phone and called me also and pressed me to allow his massive health care bill to be insulated by reconciliation's protection. I felt that changes as dramatic as the Clinton health care package, which would affect every man, woman child in the United States would be subject to scrutiny.

I said, Mr. President, I cannot in good conscience turn my face the other way. That's why we have a Senate. To amend and debate freely. And that health bill, as important as it is, is so complex, so far-reaching that the people of this country need to know what's in it.

Let me note here what the Speaker of the House said on March 9:

We have to pass the bill so that you can find out what is in it.

Now, continuing to quote from Senator ROBERT BYRD:

And, moreover, Mr. President, we Senators need to know what's in it before we vote. And he accepted that. He accepted that. Thanked me and said good bye.

I could not, I would not, and I did not allow that package to be handled in such a cavalier manner. It was the threat of the use of the Byrd rule. Reconciliation was never, never, never intended to be a shield, to be used as a shield for controversial legislation.

I might also point out that the Senator from Tennessee mentioned the process. I don't think the American people understand that if the House passes the Senate bill, every one of these sweetheart deals that were included behind closed-door negotiations in the majority leader's office and in the White House will remain in that bill. We Republicans have all signed a letter, 41 votes, that we will not accept any change or amendment, whether it is good or bad, because we oppose the use of reconciliation, as ROBERT BYRD did so eloquently back in 2001.

Mr. ALEXANDER. I wonder if the Senator from Arizona would agree with me that what is happening is the Presi-

dent is inviting the House Democrats to join hands and jump off a cliff and hope Senator REID catches them.

Mr. MCCAIN. Will the C-SPAN cameras be in those meetings, I would ask my friend?

Mr. ALEXANDER. Well, when they jump, they may be. But Senator REID and his Democratic colleagues, I would say to my friend from Arizona, are not going to have any incentive to catch these House Members who vote for the bill because the President will have already signed it into law, and he will be well on his way to Indonesia, as the Senator from Arizona has just said. We have 41 Republican Senators who have signed a letter saying that you are not going to make new deals and send them over here and change them by reconciliation.

Mr. MCCAIN. Madam President, I ask unanimous consent to have printed in the RECORD an article entitled "Health-Care Reform's Sickeningly Sweet Deals" by Kathleen Parker, which appeared in the Washington Post on Wednesday, March 10.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Washington Post, Mar. 10, 2010]
HEALTH-CARE REFORM'S SICKENINGLY SWEET DEALS

(By Kathleen Parker)

"Skipping through the Candy Land of the health-care bill, one is tempted to hum a few bars of 'Let Me Call You Sweetheart.'"

"What a deal. For dealmakers, that is. Not so much for American taxpayers, who have been misled into thinking that the sweetheart deals have been excised."

"Not only are the deals still there, but they're bigger and worse, as the Bard gave us permission to say. And the health-care 'reform' bill is, consequently, more expensive by billions."

"Yes, gone (sort of) is the so-called Cornhusker kickback, extended to Nebraska Sen. Ben Nelson when his 60th vote needed a bit of coaxing. Meaning, Nelson is no longer special. Instead, everyone is. All states now will get their own Cornhusker kickbacks. And everything is beautiful in its own way."

"Originally, Nelson had secured 100 percent federal funding for Nebraska's Medicaid expansion—in perpetuity—among other hidden prizes to benefit locally based insurance companies. When other states complained about the unfair treatment, President Obama and Congress 'fixed' it by increasing the federal share of Medicaid to all states through 2017, after which all amounts are supposed to decrease."

"Nelson's deal might have escaped largely unnoticed, if not for his pivotal role on the Senate vote last December. The value of what he originally negotiated for Nebraska—about \$100 million—wasn't that much in the trillion-dollar scheme of things, but the cost of the 'fix' runs in the tens of billions, according to a health lobbyist who crunched the numbers for me."

Other sweetheart provisions that remain in the bill include special perks for Florida ("Gatorade"), Louisiana ("The Louisiana Purchase"), Nevada, Montana, Wyoming, North Dakota and Utah ("The Frontier States"). There may well be others, and staffers on the Hill, who come to work each

day equipped with espresso shooters, magnifying glasses and hair-splitters, are sifting through the stacks of verbiage.

Wearily, one might concede that this is, well, politics as usual. But weren't we supposed to be finished with backroom deals? Whither the transparency of the Promised Land?

To his credit, Obama conceded McCain's point in a post-summit letter to Congress, noting that some provisions had been added to the legislation that shouldn't have been. His own proposal does not include the Medicare Advantage provision mentioned by McCain that allowed extra benefits for Florida, as well as other states. The president also mentioned that his plan eliminates the Nebraska yum-yum (not his term), "replacing it with additional federal financing to all states for the expansion of Medicaid."

More fair? Sure, but at mind-boggling cost to taxpayers. To correct a \$100 million mistake, we'll spend tens of billions instead.

Throughout the health-care process, the Democrats' modus operandi has been to offer a smarmy deal and then, when caught, to double down rather than correct course. The proposed tax on high-end "Cadillac" insurance policies to help defray costs is another case in point. Pushed by the President, and initially passed by the Senate, the tax was broadly viewed as an effective way to bend the cost curve down. But then labor unions came knocking and everyone caved. The tax will be postponed until 2018.

And the cost of the union compromise? According to the Congressional Budget Office, the original Cadillac tax would have saved the Treasury \$149 billion from 2013 to 2019. Under the postponed tax, the savings will probably plunge to just \$65 billion, or a net loss to the Treasury of \$84 billion.

Regardless of what the CBO reports in the coming days, no one can claim the bill is as lean as it could be. A spoonful of sugar may indeed help the medicine go down, but even King Kandy and the Gingerbread People can choke on too many sweets.

Mr. MCCAIN. I think Kathleen Parker says it best, and let me quote from her article:

Skipping through the Candy Land of the health-care bill, one is tempted to hum a few bars of "Let Me Call You Sweetheart." What a deal. For dealmakers, that is. Not so much for American taxpayers, who have been misled into thinking the sweetheart deals have been excised.

That is why I say to my friend from Tennessee, it is important the American people understand that the Senate bill cannot be changed without coming back to the Senate. Therefore, all these deals they have pledged to remove will be in the bill that will be voted on by the other body—the "Cornhusker kick-back," which, by the way, had to secure 100 percent Federal funding for Nebraska's Medicaid expansion in perpetuity, among other hidden prizes to benefit locally based insurance companies. When other States complained about the unfair treatment, President Obama and Congress fixed it by increasing the Federal share of Medicaid to all States through 2017, after which all amounts are supposed to decrease. But they didn't fix it.

Anyway, I think it is important for us to understand that these sweetheart deals have not been removed and that

we are in opposition to this entire reconciliation which would lead to the erosion and eventual destruction of the 60-vote procedure that has characterized the way the Senate has operated.

I have been in the majority, and I have been in the minority, and when I have been in the majority, we have been frustrated by the 60-vote rule and vice versa. Some of the people who are doing the greatest complaining and arguing about the fact that we have a 60-vote rule are the same ones who were the most steadfast defenders of it in past years when they were in the minority. That alone is enough argument for us to leave the process alone.

I believe historians will show that there are times where the 60-vote rule, because of the exigency of the moment, averted us from taking actions; and later on, in perhaps calmer times, we were glad that we did not act at that time.

Mr. ALEXANDER. Madam President, I congratulate the Senator from Arizona for his consistency, for 5 years ago saying to members of his own party that the Senate is a place where minority rights are protected. As Senator BYRD has said, sometimes the minority is right. It slows things down, yes; but it forces us to get it right.

I ask unanimous consent to have printed in the RECORD the editorial from the Wall Street Journal to which I referred a little earlier.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Wall Street Journal]

WHY OBAMA CAN'T MOVE THE HEALTH-CARE NUMBERS

(By Scott Rasmussen and Doug Schoen)

One of the more amazing aspects of the health-care debate is how steady public opinion has remained. Despite repeated and intense sales efforts by the president and his allies in Congress, most Americans consistently oppose the plan that has become the centerpiece of this legislative season.

In 15 consecutive Rasmussen Reports polls conducted over the past four months, the percentage of Americans that oppose the plan has stayed between 52% and 58%. The number in favor has held steady between 38% and 44%.

The dynamics of the numbers have remained constant as well. Democratic voters strongly support the plan while Republicans and unaffiliated voters oppose it. Senior citizens—the people who use the health-care system more than anybody else and who vote more than anybody else in mid-term elections—are more opposed to the plan than younger voters. For every person who strongly favors it, two are strongly opposed.

Why can't the president move the numbers? One reason may be that he keeps talking about details of the proposal while voters are looking at the issue in a broader context. Polling conducted earlier this week shows that 57% of voters believe that passage of the legislation would hurt the economy, while only 25% believe it would help. That makes sense in a nation where most voters believe that increases in government spending are bad for the economy.

When the president responds that the plan is deficit neutral, he runs into a pair of basic problems. The first is that voters think reducing spending is more important than reducing the deficit. So a plan that is deficit neutral with a big spending hike is not going to be well received.

But the bigger problem is that people simply don't trust the official projections. People in Washington may live and die by the pronouncements of the Congressional Budget Office, but 81% of voters say it's likely the plan will end up costing more than projected. Only 10% say the official numbers are likely to be on target.

As a result, 66% of voters believe passage of the president's plan will lead to higher deficits and 78% say it's at least somewhat likely to mean higher middle-class taxes. Even within the president's own political party there are concerns on these fronts.

A plurality of Democrats believe the health-care plan will increase the deficit and a majority say it will likely mean higher middle-class taxes. At a time when voters say that reducing the deficit is a higher priority than health-care reform, these numbers are hard to ignore.

The proposed increase in government spending creates problems for advocates of reform beyond the perceived impact on deficits and the economy.

Fifty-nine percent of voters say that the biggest problem with the health-care system is the cost: They want reform that will bring down the cost of care. For these voters, the notion that you need to spend an additional trillion dollars doesn't make sense. If the program is supposed to save money, why does it cost anything at all?

On top of that, most voters expect that passage of the congressional plan will increase the cost of care at the same time it drives up government spending. Only 17% now believe it will reduce the cost of care.

The final piece of the puzzle is that the overwhelming majority of voters have insurance coverage, and 76% rate their own coverage as good or excellent. Half of these voters say it's likely that if the congressional health bill becomes law, they would be forced to switch insurance coverage—a prospect hardly anyone ever relishes. These numbers have barely moved for months: Nothing the president has said has reassured people on this point.

The reason President Obama can't move the numbers and build public support is because the fundamentals are stacked against him. Most voters believe the current plan will harm the economy, cost more than projected, raise the cost of care, and lead to higher middle-class taxes.

That's a tough sell when the economy is hurting and people want reform to lower the cost of care. It's also a tough sell for a president who won an election by promising tax cuts for 95% of all Americans.

Mr. ALEXANDER. Madam President, I ask unanimous consent that the Senator from Wyoming be allowed to lead the colloquy in our remaining time.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. MCCAIN. Madam President, may I ask the Senator from Wyoming if he is aware of a letter written to House leadership, representing, I believe, 85,000 physicians who oppose this legislation?

Mr. BARRASSO. I am not aware of that article, but I look forward to hearing about it from my colleague from Arizona.

Mr. MCCAIN. Let me quote a little for my colleague, Dr. BARRASSO:

The undersigned state and national specialty medical societies—representing more than 85,000 physicians and the millions of patients they serve—are writing to oppose passage of the “Patient Protection and Affordable Care Act.” The changes that were recently proposed by President Obama do not address our many concerns with this legislation, and we therefore urge you to draft a more patient-centered bill that will reform the country’s flawed system for financing healthcare, while preserving the best healthcare in the world.

At this point, I want to ask my friend, the doctor, isn’t it true that included in this legislation remains the so-called doc fix, and that there will be a 21-percent cut in doctors payments for treatment of Medicare enrollees? There is no one in America who believes that cut will actually be enacted, which then makes the comments by supporters of this bill false on their face—just that alone. I believe that is \$371 billion; is that correct?

Mr. BARRASSO. My colleague is absolutely correct. That is exactly what is happening. They call this a health care bill. It doesn’t seem to address the major issues that patients across the country are concerned about. My colleague is absolutely right, we need a patient-centered approach. It doesn’t address the issue that doctors are concerned about, which is the issue of making sure a doctor and a patient can work together toward the best health for that patient.

Doctors and patients alike are very much opposed to this bill. When Senator MCCAIN talks about the doctor fix to make this bill work, they say they are going to cut doctors across the country 21 percent in what they get paid for taking care of patients who depend upon Medicare for their health care, and then keep that price frozen for the next 10 years. That is the only way the Democrats can say, well, this actually saves money. In reality, in terms of health care in the country, it does not.

This bill, if it passes, is going to end up costing patients more. It is going to interfere with the doctor-patient relationship. It is going to result in an America where people truly believe their personal care—and that is what people care about: What is in it for me? How will this bill affect me and my life and my children? If they are providing for adult care, how is it going to affect their parents? They believe the care they receive, in terms of the quality of care and the available care they receive, it is going to be worse. They believe it is going to end up costing more. That is why, in a recent poll this week, 57 percent of Americans say this plan, if it passes, will hurt the economy. We

are at a time where we are at 9.7 percent unemployment in this country. People are looking for work, and the place people find jobs in this economy right now seems to be working for the government.

For decades and decades, the engine that drives the economy of our Nation has been small businesses. That is who we rely upon to stimulate the economy and get job growth. That is who we should be relying on, not Washington, not the Federal Government. That is why 57 percent of Americans who are focused on the economy say we believe this economy will be hurt if this bill passes.

People are focused on the debt and the cost, and 81 percent of Americans say it is going to cost more than estimated because of the fact, as Senator MCCAIN has said, that doctors are going to be cut 21 percent across the board and continue for the next 10 years with their Medicare fees. The people of America realize that is not going to work for health care. People are going to say how am I going to get to see a doctor? I am on Medicare. I want to see a doctor. That is why people believe Medicare in their own personal care is going to get worse if this bill passes.

Then the President promised we are not going to raise taxes on anyone. Seventy-eight percent of Americans believe there will be middle-class tax hikes if this passes. That is why people are opposed to a bill that cuts \$500 billion from Medicare for our seniors who depend on Medicare for their health care. It is not just cutting payments to doctors; it is to hospitals, to nursing homes where we have so many seniors across the country. It affects home health agencies, which is a lifeline for people who are at home, and keeps them out of the hospitals. They are even going to cut payments for people who are in hospice care, who are at the terminal point, who are in the final days of their life. They are cutting that out.

All of these are reasons the American people say I am not for this bill and it is time to stop. Half of America says stop and start over. One in four says stop completely. Only one in four actually believes this is going to help. That is not a way to pass legislation in this country. That is not a way to find something the American people agree with. That is not the way to get successful implementation of a program. I spent 5 years in the Wyoming State Senate. On major pieces of legislation, we always sought broad bipartisan support because if you have broad bipartisan support, then people all around the community and the country would say this must be the right solution to a significant problem we are facing.

We are facing a problem with health care in this country and we need health care reform. We just do not need this bill that cuts Medicare, raises taxes,

and for the most part most Americans will tell you they believe their own personal care will suffer as a result of this bill becoming law. For whatever means or mechanism or parliamentary tricks are used to try to cram this bill through and cram it down the throats of the American people, the American people want to say no, thank you. They are saying it in a less polite way than just saying no, thank you. They are calling, they are showing up, they are turning out to tell their elected representatives that we do not want this bill under any circumstances. Let’s get to the things we can agree upon and isolate those and pass those immediately, not an over-2,000-page bill that is loaded with new government rules and new government regulations and new government agencies and new government employees at a time when 10 percent of Americans are unemployed and people are looking for work in communities around the country.

One of the things I found so interesting and also distressing when the President says everyone will have coverage is he wants to do it by putting 15 million Americans on Medicaid. Having practiced medicine for 25 years and seen all patients, regardless of ability to pay, I can tell you there are many doctors across the country who do not see Medicaid patients because what they receive in payment from the Government for seeing those patients is so little. Even the people at the Congressional Budget Office—who look at this health care bill with the cuts in Medicare and with so many people put on Medicaid—say one in five hospitals is going to be unable to stay open 10 years from now if this gets passed because they are not going to be able to even cover the expenses of staying open. The same applies to doctors’ offices and to nursing homes.

We need a program approach that is sustainable, not something like this, that we know is irresponsible and unsustainable. That is what we are going to do if we put 15 million more people on Medicaid by sending them a Medicaid card. But, as Senator ALEXANDER has said, that is like giving somebody a bus ticket when a bus is not coming—because coverage does not always equal care.

As a surgeon in Wyoming, I took care of people who came from Canada. They came to Wyoming from Canada for health care. They had coverage in Canada because Canada covers all the people, but they do not get care in Canada. That is why 33,000 Canadians last year came to the United States for surgery. Why? Because the waiting lines were so long in Canada. Even a Member of Parliament had cancer—and my wife is a breast cancer survivor—a Member of Parliament in Canada came to the United States for her cancer care because the survival rates for people treated in the United States are so

much better. Why are they better? It is more timely care.

People come for artificial hip replacements because they do not want to wait in Canada. In Canada, come Halloween—it is called trick-or-treat medicine—they have spent the amount of money they are going to spend on a procedure, whether it is cataract surgery or total joint replacement, and they say: OK, we are done. Wait until next year. Go get in line again.

I hear it time and time again in patients who come from Canada to the United States because they have coverage but they do not have care.

Then we look at Medicaid and Medicare and we look at the model the President has lifted up as the one that is a good model for health care in America, and he pointed to the Mayo Clinic, which is a wonderful place with wonderful care. Yet the Mayo Clinic in Arizona said we can't take more Medicare patients. They said we have to limit the number of Medicaid patients we take. Why? Because, by taking care are of those patients in the past, the Mayo Clinic has said they have lost hundreds and hundreds of millions of dollars because Washington is the biggest deadbeat payer of all for health care.

When it comes to actually rejecting patients' claims, the No. 1 rejecter of claims in this country is Medicare. The highest percentage of claims rejected is Medicare, over other insurance companies. Having practiced medicine for 25 years, I have fought with Medicare and I fought with insurance companies, all on behalf of patients. When you are fighting with an insurance company you can always actually appeal that if they reject it. It is very hard to fight with Washington.

This health care bill we have been debating in the Senate and is now before the House is the one where the American people say don't make me live under this. Don't cut my Medicare. Don't raise my taxes. Don't interfere with my relationship with my doctor. Don't make it tougher for me to get care. Don't lessen the quality of that care.

I ask how much time I have remaining.

The ACTING PRESIDENT pro tempore. The Senator's time has expired.

Mr. BARRASSO. Madam President, I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BARRASSO. Madam President, I ask unanimous consent the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. BARRASSO. Madam President, I ask unanimous consent to have printed

in the RECORD the letter that Senator MCCAIN referenced from the 85,000 doctors across the country opposing the bill.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

MARCH 10, 2010.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

Hon. JOHN BOEHNER,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER PELOSI AND MINORITY LEADER BOEHNER: The undersigned state and national specialty medical societies—representing more than 85,000 physicians and the millions of patients they serve—are writing to oppose passage of the “Patient Protection and Affordable Care Act” (H.R. 3590) by the House of Representatives. The changes that were recently proposed by President Obama do not address our many concerns with this legislation, and we therefore urge you to draft a more patient-centered bill that will reform the country's flawed system for financing healthcare, while preserving the best healthcare in the world. While we agree that the status quo is unacceptable, shifting so much control over medical decisions to the federal government is not justified and is not in our patients' best interest. We are therefore united in our resolve to achieve health system reform that empowers patients and preserves the practice of medicine—without creating a huge government bureaucracy.

There are a number of problems associated with H.R. 3590 as passed by the Senate in December, including:

The bill undermines the patient-physician relationship and empowers the federal government with even greater authority. Under the bill: 1) employers would be required to provide health insurance or face financial penalties; 2) health insurance packages with government-prescribed benefits will be mandatory; 3) doctors would be forced to participate in the flawed Physician Quality Reporting Initiative (PQRI) or face penalties for nonparticipation; and 4) physicians would have to comply with extensive new reporting requirements related to quality improvement, case management, care coordination, chronic disease management, and use of health information technology.

The bill is unsustainable from a financial standpoint. It significantly expands Medicaid eligibility—shifting healthcare costs to physicians who are already paid below the cost of delivering care and to the states that are already operating under severe budget constraints.

Largely unchecked by Congress or the courts, the federal government would have unprecedented authority to change the Medicare program through the new Independent Payment Advisory Board and the new Center for Medicare & Medicaid Innovation. Specifically, these entities could arbitrarily reduce payments to physicians for valuable, life-saving care for elderly patients—reducing treatment options in a dramatic way. Medicare payment policy requires a broad and thorough analysis, and leaving these payment policy decisions in the hands of an unelected, unaccountable government body with minimal Congressional oversight will negatively impact the availability of quality healthcare for Americans.

The bill is devoid of proven medical liability reform measures that have been shown to

reduce costs in demonstrable ways. Instead, it merely includes a grant program to encourage states to test alternatives to the current civil litigation system. We have ample evidence—as was recently confirmed by the Congressional Budget Office (CBO)—that reforms such as those adopted by California, Georgia and Texas decrease costs and improve patient access to care. Given the fact that costs remain a significant concern, Congress should enact a comprehensive set of tort reforms, which will save the federal government at least \$54 billion over 10 years. These savings could help offset increased health insurance premiums which, according to the CBO, are expected to increase under the bill or other costs of the bill.

Our concerns about this legislation also extend to what is not in the bill. Two important issues include:

The right to privately contract is a touchstone of American freedom and liberty. Patients should have the right to choose their doctor and negotiate fee arrangements for those services without penalty. Current Medicare patients are denied that right. By guaranteeing all patients the right to privately contract with their physicians—without penalty—patients will have greater access to physicians and the government will have budget certainty. Nothing in the Patient Protection and Affordable Care Act addresses these fundamental tenets, which we believe are essential components of real health system reform.

For healthcare reform to be successful, Medicare's Sustainable Growth Rate (SGR) must be permanently repealed—something the Senate bill fails to do. The SGR needs to be replaced by a new system that also establishes realistic baseline for physician services. The CBO has confirmed that a significant reduction in physicians' Medicare payments will reduce beneficiaries' access to services.

We are at a critical moment in history. America's physicians deliver the best medical care in the world, yet the systems that have been developed to finance the delivery of that care to patients have failed. With congressional action upon us, we are at a crossroads. One path accepts as “necessary” a substantial increase in federal government control over how medical care is delivered and financed. We believe the better path is one that allows patients and physicians to take a more direct role in their healthcare decisions. By encouraging patients to own their health insurance policies and by allowing them to freely exercise their right to privately contract with the physician of their choice, healthcare decisions will be made by patients and physicians and not by the government or other third party payers.

We urge you to change the direction of the current reform efforts for the sake of our patients and our profession. We have a prescription for reform that will work for all Americans, and we are happy to share these solutions with you to improve our nation's healthcare system.

Thank you for considering our views.

Sincerely,

Medical Association of the State of Alabama; Medical Society of Delaware; Medical Society of the District of Columbia; Florida Medical Association; Medical Association of Georgia; Kansas Medical Society; Louisiana State Medical Society; Missouri State Medical Association; Medical Society of New Jersey; South Carolina Medical Association; American Academy of Facial Plastic and Reconstructive Surgery;

American Association of Neurological Surgeons; American Society of Breast Surgeons; American Society of General Surgeons; Congress of Neurological Surgeons; Daniel H. Johnson, Jr., MD, AMA President 1996-1997; Donald J. Palmisano, MD, JD, FACS, AMA President 2003-2004; William G. Plested III, MD, FACS, AMA President 2006-2007.

Mr. BARRASSO. I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MERKLEY. Madam President, I ask unanimous consent the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

REMEMBERING BEN WESTLUND

Mr. MERKLEY. Madam President, I rise today to honor my colleague and my good friend, Oregon's State treasurer, Ben Westlund, who passed away this last Sunday after a protracted battle with lung cancer. A true independent voice in Oregon politics, Ben entered the legislature to improve the lives of all Oregonians and he remained committed to that cause.

I first met him in 1997 when I was working for the World Affairs Council and went down to talk to the legislature about education in Oregon. I was fortunate to start serving with him 2 years later, in 1999. Ben was an unwavering advocate for affordable and available health care. He helped stabilize Oregon's college savings plan. He increased the State's credit rating. Over the years, I worked with Ben on many issues, including setting up Oregon's Rainy Day Fund, a savings account to protect Oregon's solvency and critical programs when the economy turned down. I also worked with my friend Ben Westlund to create Individual Development Accounts to help empower low-income families. It is a savings program matched by grants that help families buy homes, start small businesses, return to college—pathways from poverty into middle class.

It speaks to Ben's belief in helping families succeed that he took a lead role in that program.

Ben's political affiliations ranged at times from Republican to Independent to Democrat. But no matter what party he belonged to, his focus first and foremost was always on creating a better Oregon.

In 2003, Ben gave one of the most passionate and moving speeches I have ever witnessed in my life. He gave his speech shortly after being diagnosed with cancer. He was not sure he would return to the legislature, and he wanted us to know we could not retreat in the face of the challenge of passing reforms for affordable and quality health care. He knew it was an enormous chal-

lenge, but he took his personal story and turned it to the cause. His work ethic was unmatched. Ben was working as recently as just last week. It was an honor to serve with Ben in the Oregon Legislature and to consult with him as he took on new challenges as Oregon's treasurer.

If you knew Ben, you knew he was gregarious. He lit up the room. Every moment, his enthusiasm for improving our State and our world was inspiring. I will miss him. I am sure his passion and his presence will be missed throughout our State, and I know all Oregonians join me today in honoring the legacy of Ben Westlund.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Oregon.

Mr. WYDEN. Madam President, my colleague and friend, Senator MERKLEY, has spoken very eloquently about Ben Westlund, and I wanted to echo those thoughts and reflect on Ben's special and unique style and warmth.

All of us who have been around government and politics know the challenge of the early-morning meeting. Folks are a little bit sleep-deprived, they are looking for coffee, and maybe they are just trying to keep their eyes open at 7:30 or 8 a.m. Senator MERKLEY and I want to tell you a little bit about how Ben Westlund handled those meetings. Ben Westlund was able to master, like everything else, the challenge of the early-morning meeting in government. I am sure Senator MERKLEY remembers that even at that early hour, Ben Westlund would bound to the podium—would not walk, he would bound to the podium—and at the top of his lungs, Ben Westlund would shout: Good morning, Oregon. Good morning, folks. How are you doing? And within a matter of seconds, as Senator MERKLEY remembers, the entire room would be smiling and everybody would feel like attacking the challenge of the day. That was Ben Westlund.

As Senator MERKLEY noted, he was always on the offensive against injustice, always speaking out, for example, on health care.

Ben Westlund lived his life in full view. He shared his battle with cancer with his colleagues in the State legislature because he wanted everybody to know what it was like to try to wrestle with an illness.

He always made the point that he had all of these friends. One of our colleagues, Alan Bates, for example, was there for Ben, and Ben would always say: What would it have been like without Alan Bates? I have so many advantages other people did not have. And that was Ben, always sticking up for others.

He and I were trading calls before he passed—I think Senator MERKLEY will identify with this—because I think Ben was prepared to give me heck, and

maybe a little stronger, on a couple of the provisions in the tax legislation that I just introduced with Senator GREGG. Ben was our treasurer. He had mastered the Tax Code in and out. I was trying to reach him because I knew that, invariably, Ben Westlund would be right, he would give us good input, and his thoughts would come directly from the people of Oregon. That was Ben Westlund.

Both of Oregon's U.S. Senators are going to deeply miss this wonderful man, his good counsel, and his companionship. We wanted to take a couple of minutes this morning to note that Oregon has lost a special person, a special person who did so much for our State and did a lot for our country as well.

I yield the floor, and I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DORGAN. I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. DORGAN. I ask unanimous consent to speak in morning business for such time as I may consume.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

FAA REAUTHORIZATION

Mr. DORGAN. I assume we will report the FAA reauthorization bill shortly, and I believe Senator ROCKEFELLER will be on his way. He is chairing the Commerce Committee hearing right now. I will go over and chair the hearing in his stead when he comes to the floor.

Prior to bringing the bill to the floor today or prior to making it the order of the day, let me just speak in morning business before we get to the bill.

I wanted to talk just for a minute. Yesterday, I talked about what is in the FAA reauthorization bill. Much of what we will discuss today is about commercial aviation—getting on an airliner someplace and flying across the country or across the world. But I wanted to mention that there is another component to this, and that is what is called general aviation.

General aviation is a very large and increasingly important component of air travel in this country. In a State such as my home State of North Dakota, which is a very large State and one that does not have a great deal of interstate commercial airline service, the use of private planes is very prevalent, and general aviation plays a very significant role in our economy.

I learned to fly many years ago. I am not a current pilot at all. I was not even very good at it, I don't think. But

I learned to fly and got out of the airplane one day, when the instructor said: You are ready. And I took off and wore this metal suit with an engine attached and got up about 5,000 or 6,000 feet and practiced stalls, steep turns, and the things that you do. So I understand a little about flying an airplane. It is an extraordinary thing.

The private pilots who have an airplane in their hangar out on the farm or in a town and the small business man or woman who has a Cessna 210 or perhaps a Cirrus or a Piper or any number of other small airplanes, single-engine, twin-engine, use those planes every day in every way for very important purposes—to travel around the State and the country to do commerce, to haul parts, to haul people. It is a very significant contribution to our economy. It is estimated that \$150 billion annually is added to our economy by general aviation. It is also estimated that there are about 1.2 million jobs in America from general aviation.

I know the thoughts people have about general aviation are immediately to go to: OK, here is a big corporation flying a G-5 and sipping Cristal and eating strawberries dipped in chocolate, flying across the country. The fact is, big corporations do have airplanes that move their executives around. In most cases, they do that because they want to be at a meeting in Los Angeles in the morning and in Dallas in the afternoon and an evening meeting in New York. The only way they do that is through the use of private planes. It makes them much more effective and much more efficient. I understand that.

But much more than the large corporate jet that is flying people around this country, it is the smaller planes of general aviation that are used in all of our States in many ways across this country. You know, it is true that, yes, the corporate planes and the smaller private planes in general aviation every day are flying organ transplants around, flying hearts and so on around to be transplanted at a hospital; to reunite combat troops with their families; to take someone for cancer treatment, to an urgent appointment with a cancer specialist. All of that is the case. I understand that.

So what I wanted to say is that the use of general aviation and the extensive impact it has on our economy is something we also should discuss and describe in this bill. The legislation we have created has things that are so important to all of aviation—yes, commercial aviation, but to general aviation and to private pilots as well.

The investment, for example, in airport infrastructure, the building of and maintaining of runways in communities that don't have scheduled airline service but do have a lot of activity with private pilots flying in and out is very important. The general aviation

portion is important. Six hundred general aviation airplanes have now brought fresh doctors, relief services, workers, equipment, and supplies to the country of Haiti. Six hundred private airplanes have flown in and landed at airports—in most cases, airstrips—other than the airstrip at Port-au-Prince. That is a story that needs to be told. I have great admiration for the pilots, particularly the older pilots who have been around and used to fly those airplanes when there weren't many rules. They kind of chafe at the rules. When you meet with pilots, the older they are, the more they chafe at the fact that there are now rules because in the old days you would jump in an airplane and run off, and you could do almost anything.

We do have rules and regulations and general aviation subscribes to them willingly and ably. It is an important part of our aviation system.

I wish to mention as well Senator ROCKEFELLER, chairman of the committee, is now in the Chamber, and I will chair the Commerce Committee hearing that is underway. I would like to take a couple minutes to retrace what I described yesterday. This legislation, the FAA Reauthorization Act, has been extended 11 times. Rather than passing the bill, we have extended it 11 times. Finally, at long last, with the leadership of Senator ROCKEFELLER and Senator HUTCHISON and the work that I and Senator DEMINT did on the Aviation Subcommittee, we have a bill on the floor, and we want to get it done. We want to get to conference and finally reauthorize FAA programs. We are talking about investment in infrastructure, jobs, aviation safety. All that is critically important. I have held a number of hearings now on the issue of aviation safety.

The skies, particularly with respect to the record of commercial airlines, are very safe. We have a great record with respect to aviation safety. There is no question about that. But we are learning as well along the way from the last accident that occurred in this country that tragically killed 50 people, landing on a winter evening in icy conditions going into Buffalo, NY. I have held hearings on that. I have studied it. I have read the transcript of the cockpit voice recorder. I know a fair amount about the crash. What I know is pretty disconcerting. Let me describe a few things.

That was a Dash 8 propeller airplane, flying in ice at night. The pilot had not slept in a bed for the two previous evenings. The copilot had not slept in a bed the previous evening. The copilot was a person earning somewhere between \$20,000 and \$23,000 a year, living in Seattle, and the work station was flying out of Newark.

That copilot flew all the way from Seattle, deadheaded on a FedEx jet that landed in Memphis, flew all night

to go to work at Newark. The pilot flew up from Florida in order to fly on that Colgan route. But you had two people in the cockpit, according to testimony, the captain of which had not slept in a bed. There was no record of his sleeping in a bed. He was in the crew lounge, where there is no bed. The captain hadn't slept in a bed for 2 days and the copilot for 1 day. They had inadequate training, with respect to stick shakers and other related issues. The fact is, there are a series of things that have now led us to understand that fatigue is an issue. There is a rule-making on fatigue going on right now.

Administrator Babbitt has now sent that to the Office of Management and Budget. That is important. Training is an issue, critically important.

Commuting is an issue. I wish to put up this chart. This shows where Colgan pilots commute in order to go to work. They commute from all over the country to Newark. There clearly is a fatigue factor. There has to be some action taken on a range of these issues—training, fatigue, sterile cockpits, which were violated on this flight, training in icing, a whole series of things such as those. There is a most wanted list at the NTSB that has said: Here is what you must do. That most wanted list, for 15 or 18 years, has had icing and fatigue on that list, and the FAA has not taken appropriate action. I will speak more about this, but I do have to go spell Senator KERRY, who is now chairing the Commerce Committee.

Senator ROCKEFELLER, chairman of the committee is here, as is the Senator from Texas.

I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. VITTER. I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

CIAP FUNDS

Mr. VITTER. Madam President, I rise to speak about Vitter amendment No. 3458. I hope, by the time I wrap up, the Members leading the discussion on this bill will be prepared to make the bill pending so I may also make my amendment pending.

This amendment is real simple. It is about the Coastal Impact Assistance Program, CIAP, which was established in the Energy Policy Act of 2005. This program is very important for energy-producing States. It takes some revenue from that energy production and leaves it in those States to deal with the impacts of energy production. The problem is, that funding was supposed

to be distributed to these States from 2007 to 2010. The entirety of it was supposed to be distributed by and through this year. But that has not been happening at all because MMS has added an additional bureaucratic layer to getting funding out beyond that which was talked about and established in the statute.

My amendment is simple. It would get rid of that bureaucratic layer. It would still retain oversight. It would still retain all the protections of the statute, but it would streamline the process so this funding actually gets out to the States as intended. It is way behind. Rather than 100 percent being distributed to the States by this year, they have only distributed 15 percent. Obviously, we are way behind the 8 ball. We would accelerate that. Because this funding has already been allocated, this amendment does not cost anything, does not score. This is the same money that was allocated through the CIAP in the Energy Policy Act of 2005.

This streamlines the process. This helps us get back on track in terms of distributing that vital money to coastal States. It doesn't cost anything because all that money was supposed to be distributed by this year anyway. This is important.

One of the crucial areas the Coastal Impact Assistance Program can help with in my State is related to hurricanes, all sorts of uses—mitigation, emergency preparedness, hurricane evacuation routes related to hurricanes.

Yesterday, hurricane forecasters predicted, unfortunately, that 2010 is going to be a very severe hurricane season. We are preparing for that in any way we can. The fact that this CIAP funding has been blocked, has not gone to the coastal States, is a real problem in that regard. We need to do better. This amendment streamlines the process so we can do better.

This amendment also retains the oversight mechanism in the underlying bill. As the plain language of CIAP in the bill says, if the Secretary determines that any expenditure made by a producing State is not consistent with the underlying plan, then the State may not be disbursed any further funds until repayment of the unauthorized use of already obligated funds. Clearly, there is that mechanism for complete accountability.

In addition, a State CIAP plan has to be approved to begin with by MMS, and that has already occurred. This gets back to the intent of the statute. It gets back to the timeline of the statute. It streamlines that process so we can get on with it. One hundred percent of these funds were supposed to be distributed by 2010 and, instead, we are at the 15 percent mark. That is simply not good enough when important use of this money is planned on by vulnerable States such as Louisiana.

I yield the floor.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

TAX ON BONUSES RECEIVED FROM CERTAIN TARP RECIPIENTS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 1586, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 1586) to impose an additional tax on bonuses received from certain TARP recipients.

Pending:

Rockefeller amendment No. 3452, in the nature of a substitute.

Sessions/McCaskill amendment No. 3452 (to amendment No. 3452), to reduce the deficit by establishing discretionary spending caps. Lieberman amendment No. 3456 (to amendment No. 3452), to reauthorize the DC opportunity scholarship program.

AMENDMENT NO. 3458 TO AMENDMENT NO. 3452

The ACTING PRESIDENT pro tempore. The Senator from Louisiana.

Mr. VITTER. Madam President, I ask unanimous consent to set aside any pending business and to call up Vitter amendment No. 3458.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Louisiana [Mr. VITTER] proposes an amendment numbered 3458 to amendment No. 3452.

Mr. VITTER. I ask unanimous consent that reading of the amendment be dispensed with.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The amendment is as follows:

(Purpose: To clarify application requirements relating to the coastal impact assistance program)

At the end of title VII, add the following:

SEC. 7. COASTAL IMPACT ASSISTANCE PROGRAM AMENDMENTS.

Section 31 of the Outer Continental Shelf Lands Act (43 U.S.C. 1356a) is amended—

(1) in subsection (c), by adding at the end the following:

“(5) APPLICATION REQUIREMENTS; AVAILABILITY OF FUNDING.—On approval of a plan by the Secretary under this section, the producing State shall—

“(A) not be subject to any additional application or other requirements (other than notifying the Secretary of which projects are being carried out under the plan) to receive the payments; and

“(B) be immediately eligible to receive payments under this section.”; and

(2) by adding at the end the following:

“(e) FUNDING.—

“(1) ENVIRONMENTAL REQUIREMENTS.—A project funded under this section that does

not involve wetlands shall not be subject to environmental review requirements under Federal law.

“(2) COST-SHARING REQUIREMENTS.—Any amounts made available to producing States under this section may be used to meet the cost-sharing requirements of other Federal grant programs, including grant programs that support coastal wetland protection and restoration.”.

Mr. VITTER. I have already discussed my amendment. I yield the floor.

AMENDMENT NO. 3454 TO AMENDMENT NO. 3452

The ACTING PRESIDENT pro tempore. The Senator from South Carolina.

Mr. DEMINT. Madam President, I ask unanimous consent to temporarily set aside the pending amendment so I may call up my amendment No. 3454, which is at the desk.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The clerk will report.

The assistant legislative clerk read as follows:

The Senator from South Carolina [Mr. DEMINT] proposes an amendment numbered 3454 to amendment No. 3452. Mr. DEMINT. I ask unanimous consent that reading of the amendment be dispensed with.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The amendment is as follows:

(Purpose: To establish an earmark moratorium for fiscal years 2010 and 2011)

At the appropriate place, insert the following:

SEC. ____ . FISCAL YEARS 2010 AND 2011 EARMARK MORATORIUM.

(a) BILLS AND JOINT RESOLUTIONS.—

(1) POINT OF ORDER.—It shall not be in order to—

(A) consider a bill or joint resolution reported by any committee that includes an earmark, limited tax benefit, or limited tariff benefit; or

(B) a Senate bill or joint resolution not reported by committee that includes an earmark, limited tax benefit, or limited tariff benefit.

(2) RETURN TO THE CALENDAR.—If a point of order is sustained under this subsection, the bill or joint resolution shall be returned to the calendar until compliance with this subsection has been achieved.

(b) CONFERENCE REPORT.—

(1) POINT OF ORDER.—It shall not be in order to vote on the adoption of a report of a committee of conference if the report includes an earmark, limited tax benefit, or limited tariff benefit.

(2) RETURN TO THE CALENDAR.—If a point of order is sustained under this subsection, the conference report shall be returned to the calendar.

(c) FLOOR AMENDMENT.—It shall not be in order to consider an amendment to a bill or joint resolution if the amendment contains an earmark, limited tax benefit, or limited tariff benefit.

(d) AMENDMENT BETWEEN THE HOUSES.—

(1) IN GENERAL.—It shall not be in order to consider an amendment between the Houses if that amendment includes an earmark, limited tax benefit, or limited tariff benefit.

(2) RETURN TO THE CALENDAR.—If a point of order is sustained under this subsection, the

amendment between the Houses shall be returned to the calendar until compliance with this subsection has been achieved.

(e) **WAIVER.**—Any Senator may move to waive any or all points of order under this section by an affirmative vote of two-thirds of the Members, duly chosen and sworn.

(f) **DEFINITIONS.**—For the purpose of this section—

(1) the term “earmark” means a provision or report language included primarily at the request of a Senator or Member of the House of Representatives providing, authorizing, or recommending a specific amount of discretionary budget authority, credit authority, or other spending authority for a contract, loan, loan guarantee, grant, loan authority, or other expenditure with or to an entity, or targeted to a specific State, locality or Congressional district, other than through a statutory or administrative formula-driven or competitive award process;

(2) the term “limited tax benefit” means any revenue provision that—

(A) provides a Federal tax deduction, credit, exclusion, or preference to a particular beneficiary or limited group of beneficiaries under the Internal Revenue Code of 1986; and

(B) contains eligibility criteria that are not uniform in application with respect to potential beneficiaries of such provision; and

(3) the term “limited tariff benefit” means a provision modifying the Harmonized Tariff Schedule of the United States in a manner that benefits 10 or fewer entities.

(g) **FISCAL YEARS 2010 AND 2011.**—The point of order under this section shall only apply to legislation providing or authorizing discretionary budget authority, credit authority or other spending authority, providing a federal tax deduction, credit, or exclusion, or modifying the Harmonized Tariff Schedule in fiscal years 2010 and 2011.

(h) **APPLICATION.**—This rule shall not apply to any authorization of appropriations to a Federal entity if such authorization is not specifically targeted to a State, locality or congressional district.

Mr. DEMINT. Madam President, my amendment is cosponsored by Senators MCCAIN, GRAHAM, COBURN, GRASSLEY, LEMIEUX, and FEINGOLD. An identical bill has 16 cosponsors, including Senators BURR, CHAMBLISS, CORNYN, CRAPO, ENSIGN, ISAKSON, JOHANNES, KYL, MCCASKILL, RISCH, SESSIONS, and a number of others.

This is an amendment for a 1-year moratorium on earmarks. The fact that we are even having this debate shows how out of touch Congress is with the American people. I have had a chance over the last week to speak to thousands of Americans in several States, and all you have to do to get them on their feet cheering is say: The time for excuses and explanations is over. It is time to end the practice of earmarking. And people will stand up, people of both parties. They understand earmarks are the most offensive form of government spending. They are wasteful porkbarrel projects delivered by lawmakers to curry favor with small constituencies back home and special interest groups. We have heard the excuses for years. But it is time to end this practice.

I have introduced this bill before. At the time President Obama was running

for President of the United States, he flew back to Washington to vote on it. He cosponsored the bill with me. He essentially said: The era of earmarks is over. I think we will see, as I talk a little bit more, that is the opposite of what is true.

We have all heard of the crazy earmarks that have been brought up—the infamous “bridge to nowhere.” We have things that sound so ridiculous that people do not even believe it is true—the tattoo removal earmark, the Totally Teen Zone earmark, and the midnight basketball earmark. You go through the list and you say, how does this make sense in light of the fact that the same people who are asking for these earmarks come onto this floor, onto the House floor, and in the White House and say: Our debt is unsustainable. It is a crisis. We cannot continue to spend and borrow and create debt. Yet I need \$1 million for tattoo removal or a bridge to nowhere or a local museum.

The American people are onto us. They know it makes absolutely no sense for us to focus so much time and energy on parochial earmarks for our press releases rather than working on the issues of our country, the general welfare of our Nation.

All of these projects add up. Last year alone, according to the Congressional Research Service, President Obama—who said he would not sign bills with earmarks—signed bills with 11,320 earmarks, totaling \$32 billion for the last fiscal year. That is an increase from the \$28.8 billion in earmarks in fiscal year 2008 and the \$30 billion in earmarks in fiscal year 2009. Big and small, these earmarks are adding up and are causing our budget to balloon out of control, and they are saddling our children with an overwhelming debt.

Beyond just the inherent wastefulness of earmarks themselves is the effect they have on spending. Quite simply, they grease the skids for the wasteful spending that is bankrupting our country—the “Cornhusker kickback” being a case study at the top of the list right now.

Fortunately, it seems we are making some progress, some headway in putting an end to the favor factory we call earmarks here in Washington. Just this week, Roll Call reported that Speaker PELOSI is considering an earmark moratorium. Additionally, just this morning, the House Republican Conference unilaterally declared a moratorium on earmarks. This is an exciting first step, and I commend the Republican leadership in the House and all of their Members for taking a stand on behalf of the American people on this issue that is so clear and obvious to everyone except many here in Washington.

It is time for the Senate to lead and demand that we stop this wasteful ear-

mark spending. Keep in mind, I am not asking that we end the practice forever but to take a 1-year timeout while we try to figure out how to create a system that is within the scope of the Constitution, within the general welfare of our country, and does not turn this Federal Government into some kind of sponsorship of many local projects.

My amendment will do just that. It is very simple. It puts an end to earmarking by prohibiting the consideration of any bill, joint resolution, conference report, or message between the Houses that contains earmarks. And we use the same definition currently in the Senate rules of what an earmark is. We require a two-thirds supermajority to waive the rules. So if there is some kind of emergency where we have to designate spending, we can do it if there is a consensus here.

President Obama, as I said, highlighted the need for this amendment when he cosponsored the identical language in 2008. He rightly stated:

We can no longer accept a process that doles out earmarks based on a member of Congress' seniority, rather than the merit of the project.

Despite his support and election, the problem has not gotten any better. Citizens Against Government Waste, in their 2009 Pig Book, pointed out:

While the number of specific projects declined by 12.5 percent, from 11,610 in fiscal year 2008 to 10,160 in fiscal year 2009, the total tax dollars spent to fund them increased by 14 percent, from \$17.2 billion to \$19.6 billion.

A lot of my colleagues will say: JIM, you are making a big deal out of nothing. Really \$20 billion or \$30 billion is such a small part of our budget that you shouldn't make an issue of it. But this is like saying an engine is a small part of a train. If you want to look at what is pulling through the bad policy and the overspending, all you have to do is look at earmarks.

So we continue the same type of wasteful projects since President Obama spoke these words, and we need to stop it. And we can stop it. My amendment will put these kinds of things to an end—at least for a year while we look at it. What will immediately happen if we do this? We hear the argument here: If we do not designate spending here in Congress, the executive branch will. But the first thing we would do, if we turned off our own earmark spigot, is every appropriations bill would require that the administration only spend money according to nonpreferential formulas or to merit-based competitive grants. We could bring an end to earmarking in the executive branch as well as in Congress and focus the attention on the Federal Government on true national interests rather than what we have now, which is nearly 535 Congressmen and Senators who think it is their job

to come to Washington to get money for their States and congressional districts. If you want to know what happens if we allow that to happen, you can look at what is going to be at the end of this year: \$14 trillion in debt—when people see the Federal Government as a cow to milk rather than having a constitutional oath we need to keep.

The time for excuses is over. Enough is enough. We are not here to get money for our States; we are here to fulfill our oath of office to protect and defend the Constitution that would not allow money for local bridges and local roads and local museums. All of these are good projects, and many of them are very necessary, but that is not the purpose of the Federal Government.

Again, I commend the Republican leadership in the House for taking a bold stand against the practice of earmarks. I challenge my colleagues, Republicans and Democrats, to vote for this bill President Obama cosponsored and many here voted for so we can show America we are listening, we understand that perception is reality, and the corruption that takes place, the vote-buying with earmarks—the “Cornhusker kickback” and “Louisiana purchase” and all this we have heard about—that we are going to end at least for 1 year while we prove to the American people we can break this addiction to spending.

So, again, the amendment number is 3454. I encourage my colleagues to support this amendment.

I yield the floor.

The ACTING PRESIDENT pro tempore, The Senator from Texas.

Mrs. HUTCHISON. Madam President, yesterday we made good progress on the bill that is the underlying bill, which is FAA reauthorization. It is in the interest of the traveling public that we start on the glidepath to passing this bill. We need to make progress on amendments. But I have to ask my colleagues on both sides of the aisle if they would be very careful about offering amendments that are not germane to this bill. The FAA reauthorization is not a legislative vehicle that can carry a lot of highly controversial provisions.

The previous FAA reauthorization expired in 2007. Since then, we have passed 11 short-term extensions and we will be drafting the 12th in the next 2 weeks because the current extension expires at the end of this month. While another extension is likely inevitable, we have to go to the final bill and see if we have the opportunity to pass a final bill in the next 2 weeks.

The repeated use of short-term FAA extensions does not provide the long-term stability and funding predictability we should be giving to our airports, the traveling public, and the airlines that are looking at what we are going to be doing with airports. We have to have a predictable roadmap if

we are going to have a sound fiscal investment in our aviation infrastructure and, in turn, aviation safety.

Senator DORGAN mentioned earlier today the many safety provisions that are in this bill in response to the Colgan Buffalo, NY, accident that happened last year, and they are very good provisions.

There are some common themes we can all support throughout our country in this bill. It would improve safety—safety of airlines, safety of pilots, safety of our traveling public, and especially in the area of human factors that have long been a challenge for this industry. The bill would modernize our antiquated air traffic control system and move us one step closer to an efficient and effective use of our national airspace. We are not up with many of the other countries around the world in the modernization of our air traffic control system. We are back in the 1960s in our technology. This bill would move us toward the satellite-based system that is much more reliable, much more efficient, and we need to move forward on it. But, again, since 2007 we have not been able to have a stabilized approach because we have been doing these short-term extensions. The bill would provide infrastructure funds for our vast national airport system, along with streamlining the approval process for airport projects. The bill would improve rural access to aviation and the economic opportunities that go along with air service. The bill would provide the foundation for robust consumer protections and the disclosure of industry practices.

I support most of the amendments I have heard being offered; I just do not support them on this bill. I hope we will take those up and have the ability to truly argue about those amendments and pass them, if possible. I just hope we will not jeopardize, once again, a permanent FAA reauthorization that is in the interest of every American who travels on airlines and who thinks it is important that we have airports for not only people moving but product moving. Our commerce depends on a good aviation system.

I am going to urge my colleagues on both sides of the aisle to let us go to cloture on this bill, let us assure that the traveling public is going to be able to at least have a bill that will move us one step toward this.

This bill is not an easy bill. My colleague, the distinguished chairman of the committee, knows we have hammered out a lot of differences already. But we have differences with the House on this bill as well. The Senate is in pretty much agreement on the fundamentals of what is in this bill on both sides of the aisle. And my colleague, Senator DEMINT, who just offered an amendment, is actually the ranking member of the Subcommittee on Aviation, so he knows this bill is a

good bill that has been hammered out, and it will be the Senate position.

But extraneous amendments, regardless of our view on the amendment's substance, will kill this bill. I think it is in our best interests, and certainly our responsibility, to put this bill forward for the interests of the traveling public.

I urge my colleagues to work with us to have the ability for their amendments to come up and be debated and voted on. I am going to support everything I have heard so far. But I hope we will keep this bill on aviation—on aviation security, on airport infrastructure, on modernization of our air traffic control system—because that is what our job is and that is what this bill is about.

I hope our colleagues will come forward with their aviation-related amendments, of which there are several that are certainly worthy of our discussion, and let's move through those. But I hope we will limit the extraneous amendments and try to move this bill in an expeditious and commonsense way.

Thank you, Madam President. I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from West Virginia.

Mr. ROCKEFELLER. Madam President, just one word on what my distinguished colleague Senator HUTCHISON said.

I completely and totally agree. This is kind of a feast, I guess, for some who want to bring all their frustrations about government and put them into the aviation authorization bill, but it is so frustrating because we have been working on this for so long. There have been 11 delays on this when we were not able to go forward with anything. If they keep doing what they are doing with extraneous amendments, we have no hope for this bill.

What they need to consider is that as they take down our bill, which is important for the Nation, they will take down their amendments, should they prevail, as well. So that doesn't make any sense.

I am so proud, as always, of the Senator from Texas and her work to try to get rid of extraneous amendments, discourage those, and to work on Federal aviation. This is very important work.

I know the Senator from Kansas wishes to speak, and I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Kansas.

Mr. ROBERTS. Madam President, I rise today to join my colleagues in support of this bipartisan agreement. Yes, there is a bipartisan agreement in regard to this bill. It can be done. It has been reached by the Senate Finance and Commerce Committees on the reauthorization of the Federal Aviation Administration and Airport and Airway Trust Fund; i.e., the Rockefeller substitute amendment No. 3452.

I thank Chairman ROCKEFELLER for his leadership. He is right; we need to move this bill. He referred to the 11 times it has been delayed. I have been working on this bill for 4 years. I know he has been working very hard, very diligently, and we do have a workable compromise. I think it represents the true meaning of that word. It shows what is possible when we roll up our sleeves and go to work together. So special thanks to Chairman BAUCUS and Ranking Member GRASSLEY and to Senator ROCKEFELLER and all of his staff and all of Senator BAUCUS's staff, everybody's people who have been working on this.

In 2006, at my invitation, then-Secretary of Transportation Mary Peters joined me and Congressman TIAHRT from the fourth district of Kansas, local officials, all sorts of representatives from the aviation businesses in Wichita, for a roundtable discussion about the importance of aviation to Kansas and to the country. We then toured Cessna's manufacturing lines to see firsthand an example of the great work of Kansans who build 50 percent of the world's general aviation aircraft. Reauthorizing the FAA and the Airport Airway Trust Fund is not only a top national priority to, obviously me, Senator BROWBACK, and the Kansas delegation, but a top Kansas priority.

We tried to pass this bill 2 years ago, and at that time 40,000 employees were in Wichita and the surrounding counties and they made their living building planes, manufacturing parts, and servicing aviation. Now, unfortunately, after delay and delay and delay due to the rough economic climate and conditions, that number has dropped to just over 25,000. That is a tremendous decrease with an awful lot of hurt for a lot of families in Kansas.

Kansas is home to nearly 3,200 aviation and manufacturing businesses, including Cessna, Hawker-Beechcraft, Bombardier-Learjet, Boeing, Spirit, AeroSystems, Garmin, and Honeywell, to name a few. However, aviation isn't simply an economic engine in Kansas; it is part of our history, our way of life and, most importantly, part of our future. It is an example of our entrepreneurial spirit.

Throughout this debate, I wish to point out that general aviation has been called to increase its contribution to the Airport and Airway Trust Fund to help pay for what everybody knows needs to happen: the modernization of our air traffic control system. All along the way, general aviation has stepped to the plate and agreed to help pay for the necessary increases to move our aviation infrastructure into next-generation technology.

I cannot recall a time when any industry has come to me and said, We want to help and we are willing to support an increase—65 percent, by the way—in our taxes to do so, but that is

exactly what the general aviation community did. Their only request has been that they be able to pay through the current efficient and effective tax structure, the fuel tax. So the agreement reached between the Finance and the Commerce Committees respects this request and allows the general aviation community to be part of the modernization solution without creating a new bureaucracy or any additional redtape. This raises an additional \$113 million dedicated to updating the air traffic control technology that will increase safety and decrease congestion. At the same time, our commercial airlines and passengers are held harmless from tax increases.

So, again, I am pleased this agreement recognizes the value of both commercial aviation and general aviation to our Nation's transportation system. I realize there have been strong feelings on both sides of this debate for a considerable number of years.

My goals as we drafted the bill were very clear: First, ensure that our air traffic control system is upgraded and remains safe for all passengers and aircraft. Secondly, protect the general aviation community and Kansas jobs which would have been threatened by a new user fee.

This legislation represents the best of a bipartisan compromise and a real effort to make our skies safer. I am very proud to be a part of this compromise, as are tens of thousands of workers employed in Kansas in aviation manufacturing.

Our State has always been and remains the air capital of the world, and under this agreement it will continue. I thank my colleagues for helping us to reach a compromise that will maintain our world standing.

I am very hopeful the Senate will continue to work in this spirit of bipartisanship on this bill. Yesterday Senator BROWBACK in his remarks, Senator ROCKEFELLER in his remarks just a while ago, and Senator HUTCHISON made these same comments. We need to move quickly to a conference committee and eventually have this bill signed into law before the current program expires. I know when a train moves, everybody wants to put their car on the train. However, let's try to keep extraneous amendments—I don't mind Senators at all talking about their concerns, whether it be education, gay marriage, or earmarks; and I would expect we would hear a lot of speeches on earmarks—but we need to keep this bill the way it is and move this bill. Then there will be another train or I will have Kansas general aviation provide an aircraft for a more speedy amendment to go over to the House if that is the case.

So let's try to keep our extraneous amendments if we can, despite our strong feelings, off this bill, and let's get something done. It has been lan-

guishing here for over 4 years and probably longer than that.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from West Virginia.

Mr. ROCKEFELLER. Madam President, I thank the Senator from Kansas for his very cogent remarks. Kansas probably is the airplane center of the country, if not the world. The point he makes is that it is bipartisan and that we have been working on it a long time.

Anybody can come down and offer extraneous amendments. We don't preclude that in our system. It is possible under the Senate rules. It is also possible under the Senate rules to make extraneous amendments unacceptable and unactionable. I think what we want to do is try to avoid some of those processes. I know the leaders on both sides are trying to figure out a way to deal with this problem of extraneous amendments. If it has to do with aviation, we are all for it. If people simply want to talk about subjects they care about but not offer amendments, that is fine. If people want to offer aviation amendments, please come forward. Those are important.

This is a 3- to 4-year effort we have been on, trying to do an aviation bill. The Presiding Officer certainly understands the consequences of aviation delays and all the rest of it. It is something we have to do as a country and we cannot dally. This is not the Senate acting in its finest tradition. We have a chance to change that, and I hope the Members will cooperate in that effort.

I thank the Chair and note the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. GREGG. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. GREGG. Madam President, I ask unanimous consent to speak as in morning business for 10 minutes.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. GREGG. Without my losing the floor, does the Senator wish to speak after I speak?

Mr. FEINGOLD. Madam President, I ask unanimous consent that after the remarks of Senator GREGG, I be recognized.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

FISCAL POLICIES

Mr. GREGG. Madam President, I rise to discuss the issue of fiscal policies, which we talk a little bit about around here but on which we are not focusing, in my opinion, with the intensity we

should, and the fact we are now seeing in Europe the meltdown of a major nation-state's financial situation, Greece. Greece has become a precursor for many other industrialized nations in this world which are finding themselves grossly overextended in the amount of debt they put on their books. As a result, in the situation of Greece, they are incapable of repaying their national debt, or what is known as their sovereign debt.

Fortunately, the European Community has rallied around and has tried to stabilize the situation. But the fact that the situation may be being stabilized should not allow us to take much solace because this is not a unique problem to Greece.

As we look at the debt levels of a large number of nations in the industrialized West, especially, many of them are in serious trouble. Many are grossly overextended. We have seen, obviously, pressures on Ireland, Spain, Portugal, the United Kingdom, Italy, and, of course, Greece is so overextended that it was about to default potentially.

What does this mean for us as a nation? Unfortunately, we are on the same track. People talk in terms of default and overextension and too much debt and their eyes sort of glaze over.

What does that mean? Essentially, it means we as a nation see a fundamental drop in our standard of living. If our debt gets to a certain point, we basically as a nation, in order to pay for that debt, have to reduce the standard of living of our people.

What is that point? There is general consensus that a public debt; that is, debt owned by other countries and by the people of the nation who is running it up, a public debt that amounts to about 35 percent or 40 percent of your gross domestic product—what you are producing as a nation—is a very good status. But as that moves up by running deficits—and, remember, we are running a \$1.6 trillion deficit this year, and under the President's budget we will be running over \$1 trillion in deficits over the next 10 years—as that debt goes up—which means you are basically borrowing money and borrowing it from Americans, but mostly now from other countries, especially the Chinese and Saudi Arabia—it starts to cross certain thresholds. The next most significant threshold is to have a debt-to-public-production ratio of about 60 percent. That gets serious.

In fact, that is such a high debt-to-public-production ratio that in Europe you can't even join the European Union if you have a debt situation that big. Well, unfortunately, later this year, because of all the debt we have put on the books in the last 3 years, we are going to pass the 60-percent threshold as a nation. Then you start moving into waters which are more than uncharted and choppy, they are dan-

gerous. You start to move into the waters that Greece finds itself in. Because when your public debt gets up around 70, 80, 90 percent of your gross domestic product, you have trouble paying it back without doing some very horrible things to your people—things such as massive inflation or massive tax increases, both of which cost Americans jobs and reduces their savings and their ability to live a better lifestyle.

Under the President's budget, as proposed, and under the scenario which is clearly in front of us—it is like a railroad track that is almost impossible to get off unless we do something very significant—we hit 80 percent within 6 years, or approximately 80 percent. So we are basically where Greece is 6, 7, 8 years from now, and the implications for us as a society are catastrophic.

What are we doing about this? Not a lot. In fact, we are aggravating it every day. Just yesterday, we passed another bill, or the day before, that spent \$100 billion—\$100 billion that wasn't paid for. It went to the debt. Last week, we passed another bill that alleged to spend \$10 billion, but buried in it were some parliamentary games which actually meant it spent another \$100 billion that wasn't paid for in highway funds. So \$200 billion in 2 weeks. And the week before that, we did another bill that spent \$15 billion unpaid for. Not only are we not addressing this problem, but we are fundamentally aggravating the problem. Now the House has this Senate health care bill over there. What are the fiscal implications of that? It grows the Federal Government by \$2.5 trillion—\$2.5 trillion.

It is claimed the bill is paid for. But how is it paid for? It alleges it is going to reduce Medicare spending by \$500 billion. But rather than using that money to make Medicare more solvent, it takes that money and creates two new entitlements—or expands one and creates another one. We know from our history that entitlements are never fully paid for. Then it takes money from a fund, which is supposed to be an insurance fund, and it spends that money—long-term care insurance. So that when those insurance IOUs come up to be paid, there isn't going to be any money to pay them. It is called the CLASS Act. It is a classic game of pyramid accounting. In fact, if you did it in the private sector you would go to jail.

So that is the course we are on—a massive expansion in our debt, leading us to a situation where our capacity to pay that debt will be virtually impossible to accomplish without huge negative implications for the standard of living of our children and our grandchildren, and even our generation, quite honestly. It is going to arrive pretty soon. In fact, today, there was a CNBC question put out: Should you continue to invest in American debt in

light of what we are headed toward? How do you avoid the impending meltdown?

As people start to sense this coming at us, the cost of selling our debt is going to become extraordinarily expensive, because people will have to price in either massive inflation or an economic cost through reduction in productivity due to massive taxes, which will reduce our capacity to repay this debt in any sort of reasonable way. This is a serious problem, and yet we do not seem to be willing to face up to it.

There is something else we need to focus on. Not only is it the sovereign nations of the world that have this debt problem, it is our States. Think about this for a moment. California's debt problem is so severe they are represented as being close to potential default. What is the implication of that for us as a country if one of our States were to default on their debt? The domino effect would be extraordinary. Do we have enough gas in our tanks, so to say, to come in and resolve this from the Federal level? I doubt it. We have used up most of our running room. If we go into a fiscal cardiac arrest, which is approximately what we are going to do—it is exactly what we are going to do, a fiscal cardiac arrest—4 or 5 years from now, and we reach for the defibrillators, there isn't going to be any power. There won't be any power to activate them because we have used up all our resources already. We have spent it. We can't borrow any more, and we certainly don't want to inflate our way out of it. It will be severe, and the arrest may become terminal for certain parts of our economy and certain people's lifestyles—basically, regular Americans living on Main Street. So the issue is out there and it is pretty clear.

Greece is a precursor, California is an example, and our own profligate attitude here in the Congress about it is not helping the problem at all. You don't have to listen to me on this. Mohamed El-Erian, who is a senior member of a group known as PIMCO, the largest bond dealer in the world and one of the leading authorities on debt and the purchase and selling of debt in the world, wrote a very thoughtful article, and this article hits the nail on the head about the threat we confront as a nation for our failure to face up to this debt situation now and allowing it to erode and continue to grow.

Madam President, I ask unanimous consent to have printed in the RECORD the article I just referred to.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

HOW TO HANDLE THE SOVEREIGN DEBT EXPLOSION

(By Mohamed El-Erian)

Every once in a while, the world is faced with a major economic development that is

ill-understood at first and dismissed as of limited relevance, and which then catches governments, companies and households unawares.

We have seen a few examples of this over the past 10 years. They include the emergence of China as a main influence on growth, prices, employment and wealth dynamics around the world. I would also include the dramatic over-extension, and subsequent spectacular collapse, of housing and shadow banks in the finance-driven economies of the US and UK.

Today, we should all be paying attention to a new theme: the simultaneous and significant deterioration in the public finances of many advanced economies. At present this is being viewed primarily—and excessively—through the narrow prism of Greece. Down the road, it will be recognised for what it is: a significant regime shift in advanced economies with consequential and long-lasting effects. To stay ahead of the process, we should keep the following six points in mind.

First, at the most basic level, what we are experiencing is best characterised as the latest in a series of disruptions to balance sheets. In 2008–09, governments had to step in to counter the simultaneous implosion in housing, finance and consumption. The world now has to deal with the consequences of how this was done.

US sovereign indebtedness has surged by a previously unthinkable 20 percentage points of gross domestic product in less than two years. Even under a favourable growth scenario, the debt-to-GDP ratio is projected to continue to increase over the next 10 years from its much higher base.

Many metrics speak to the generalised nature of the disruption to public finances. My favourite comes from Willem Buiter, Citi's chief economist. More than 40 per cent of global GDP now resides in jurisdictions (overwhelmingly in the advanced economies) running fiscal deficits of 10 per cent of GDP or more. For much of the past 30 years, this fluctuated in the 0–5 per cent range and was dominated by emerging economies.

Second, the shock to public finances is undermining the analytical relevance of conventional classifications. Consider the old notion of a big divide between advanced and emerging economies. A growing number of the former now have significantly poorer economic and financial prospects, and greater vulnerabilities, than a growing number of the latter.

Third, the issue is not whether governments in advanced economies will adjust; they will. The operational questions relate to the nature of the adjustment (orderly versus disorderly), timing and collateral impact.

Governments naturally aspire to overcome bad debt dynamics through the orderly (and relatively painless) combination of growth and a willingness on the part of the private sector to maintain and extend holdings of government debt. Such an outcome, however, faces considerable headwinds in a world of unusually high unemployment, muted growth dynamics, persistently large deficits and regulatory uncertainty.

Countries will thus be forced to make difficult decisions relating to higher taxation and lower spending. If these do not materialise on a timely basis, the universe of likely outcomes will expand to include inflating out of excessive debt and, in the extreme, default and confiscation.

Fourth, governments can impose solutions on other sectors in the domestic economy. They do so by preempting and diverting re-

sources. This is particularly relevant when there is limited scope for the cross-border migration of activities, which is the case today given the generalised nature of the public finance shock.

Fifth, the international dimension will complicate the internal fiscal adjustment facing advanced economies. The effectiveness of any fiscal consolidation is not only a function of a government's willingness and ability to implement measures over the medium term. It is also influenced by what other countries decide to do.

These five points all support the view that the shock to balance sheets is highly relevant to a wide range of sectors and markets. Yet for now, the inclination is to dismiss the shock as isolated, temporary and reversible.

This leads to the sixth and final point. We should expect (rather than be surprised by) damaging recognition lags in both the public and private sectors. Playbooks are not readily available when it comes to new systemic themes. This leads many to revert to backward-looking analytical models, the thrust of which is essentially to assume away the relevance of the new systemic phenomena.

There is a further complication. Timely recognition is necessary but not sufficient. It must be followed by the correct response. Here, history suggests that it is not easy for companies and governments to overcome the tyranny of backward-looking internal commitments.

Where does all this leave us? Our sense is that the importance of the shock to public finances in advanced economies is not yet sufficiently appreciated and understood. Yet, with time, it will prove to be highly consequential. The sooner this is recognised, the greater the probability of being able to stay ahead of the disruptions rather than be hurt by them.

MR. GREGG. It is time for us to act. It is time to, first, stop spending. That is the bottom line. It is like a diet. The only way you can lose some weight is to actually stop eating the wrong way. We have to stop spending, and then we have to come up with some pretty aggressive ideas addressing the very systemic problems we have as a country relative to the growth of our debt, so that if we do them now it will have less negative impact on people than if we have to do them in a crisis situation.

Madam President, I yield the floor.

THE PRESIDING OFFICER (Mrs. HAGAN). The Senator from Wisconsin.

AMENDMENT NO. 3470 TO AMENDMENT NO. 3452

MR. FEINGOLD. Madam President, I ask unanimous consent that the pending amendment be set aside so I may call up amendment No. 3470.

THE PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The clerk will report.

The bill clerk read as follows:

The Senator from Wisconsin [MR. FEINGOLD], for himself, MR. COBURN, and MR. BROWN of Ohio, proposes an amendment numbered 3470 to amendment No. 3452.

MR. FEINGOLD. Madam President, I ask unanimous consent that the reading of the amendment be dispensed with.

THE PRESIDING OFFICER. Without objection, it is so ordered.

The amendment is as follows:

(Purpose: To provide for the rescission of unused transportation earmarks and to establish a general reporting requirement for any unused earmarks)

At the end, insert the following:

TITLE —RESCISSION OF UNUSED TRANSPORTATION EARMARKS AND GENERAL REPORTING REQUIREMENT

SEC. 01. DEFINITION.

In this title, the term "earmark" means the following:

(1) A congressionally directed spending item, as defined in Rule XLIV of the Standing Rules of the Senate.

(2) A congressional earmark, as defined for purposes of Rule XXI of the Rules of the House of Representatives.

SEC. 02. RESCISSION.

Any earmark of funds provided for the Department of Transportation with more than 90 percent of the appropriated amount remaining available for obligation at the end of the 9th fiscal year following the fiscal year in which the earmark was made available is rescinded effective at the end of that 9th fiscal year, except that the Secretary of Transportation may delay any such rescission if the Secretary determines that an additional obligation of the earmark is likely to occur during the following 12-month period.

SEC. 03. AGENCY WIDE IDENTIFICATION AND REPORTS.

(a) AGENCY IDENTIFICATION.—Each Federal agency shall identify and report every project that is an earmark with an unobligated balance at the end of each fiscal year to the Director of OMB.

(b) ANNUAL REPORT.—The Director of OMB shall submit to Congress and publically post on the website of OMB an annual report that includes—

(1) a listing and accounting for earmarks with unobligated balances summarized by agency including the amount of the original earmark, amount of the unobligated balance, the year when the funding expires, if applicable, and recommendations and justifications for whether each earmark should be rescinded or retained in the next fiscal year;

(2) the number of rescissions resulting from this title and the annual savings resulting from this title for the previous fiscal year; and

(3) a listing and accounting for earmarks provided for the Department of Transportation scheduled to be rescinded at the end of the current fiscal year.

MR. FEINGOLD. Madam President, I rise today to offer an amendment, along with Senators COBURN and SHERROD BROWN, to make a small but necessary step toward addressing the growing problem of Federal deficits. This is the second time in as many weeks that we are offering this amendment, and I hope we will be able to have a vote and get it accepted on the FAA reauthorization bill. The underlying bill we are considering reauthorizes many vitally important programs, including investments in our aviation infrastructure and the long overdue modernization of air traffic control. While I support many of these investments, I think it is also critically important that we take a close look at where our spending can be cut as we try to address the looming deficit.

Of course, my amendment won't come close to solving this whole looming problem, but it will make a dent as we try to get our financial house in order and make the tough choices to avoid burdening future generations with debt. There is no single or easy solution to the massive deficits we face, but one thing we should be doing is taking a hard look at the Federal budget for wasteful or unnecessary spending. Hard-working American families have to make these kinds of decisions every week to make ends meet, whether skipping dinners out, making do with old clothes instead of buying new ones, or finding new ways to trim their grocery bill. People are looking at everything in their household budget to cut back in tough times, and the Congress should be doing the same things, looking to save the taxpayers' money everywhere we can.

What I am trying to do here is a proposal to get rid of old, unwanted transportation earmarks that would save about \$600 million right away and perhaps a few billion dollars over time. It won't eliminate the Federal deficit on its own, but it is real money, in places such as Racine or Fond du Lac, WI, where I recently held townhall meetings. It is one step on a path that is going to have to involve many additional cuts.

I have put together a number of proposals for where we should begin tightening our belt, including the one for this amendment, in a piece of legislation I introduced last fall called the Control Spending Now Act. The combined bill would cut the Federal deficit by about $\frac{1}{2}$ trillion over 10 years.

This amendment, my bipartisan amendment here with Senators COBURN and BROWN of Ohio, would build off of a proposal put forward in President George W. Bush's fiscal year 2009 budget proposal to rescind \$626 million in highway earmarks that were over a decade old and still had less than 10 percent of the funding utilized. When Transportation Weekly did an analysis of these earmarks at the time, they found that over 60 percent of the funding—\$389 million—was in 152 earmarks that had no funding spent or obligated from them. These clearly are either unwanted or a low priority for the designated recipients.

This is nothing against transportation funding either, of course. I fully realize the need for reinvestment in our crumbling infrastructure and its potential for job creation in hard-hit segments such as construction. But hundreds of millions of dollars sitting in an account untouched at the Department of Transportation does nothing to address our infrastructure needs or put people back to work.

I have tried to build on President Bush's concept a little and my amendment expands this rescission to all transportation earmarks that are over

10 years old with unobligated balances of more than 90 percent. At a hearing before the Budget Committee 2 weeks ago, I asked Transportation Secretary Ray LaHood about these unwanted and unspent earmarks, and whether he supported my proposal to rescind them. Secretary LaHood responded:

The answer is yes, we are supportive of your proposal, and we have identified significant millions of dollars worth of earmarks.

So at the suggestion of the chairman of the Environment and Public Works Committee, we have also included a provision to allow the Secretary of Transportation to delay a rescission if the project is expected to be obligated within the next 12 months. I know there are sometimes extenuating circumstances and delays that pop up, and this seemed like a good way to deal with these situations while still ensuring that the intention to eliminate unwanted and low-priority projects was retained. I also hope this will help alleviate concerns and ensure that the potential for extenuating circumstances is not used as a reason to somehow oppose our amendment.

It is unclear exactly how many hundreds of millions or even billions of dollars would be saved by this proposal being expanded to other transportation earmarks in addition to the previous estimate of \$626 million that would be rescinded from unwanted highway earmarks in the first year. This proposal would also be permanent, so there would likely be additional savings as the unwanted earmarks in the most recent highway bill reach their 10-year anniversary.

I think this is a very modest proposal, going after the lowest of the low-hanging fruit and would support going even further and make it cover all Federal agencies. But with the uncertainty about how many of these unwanted and unspent earmarks there might be across the whole Federal Government, our amendment instead requires an annual report by the OMB to collect information from each agency and include recommendations on whether these other unobligated earmarks should be rescinded.

As you can see, this is a proposal with bipartisan support both in the Senate and from the past administration and this current administration. This shouldn't be a hard decision and I hope we have strong support here in the Senate. This is simply about instituting a good government principle of returning unused funds to the Treasury, and it shouldn't be controversial. If we can't agree to take old earmarks that no one wants and use the money to pay down the deficit, then how are we ever going to get our fiscal house in order?

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. FEINGOLD. Madam President, I ask unanimous consent that at the

conclusion of the remarks of Senators ENSIGN and BROWN of Ohio, the Senate then stand in recess until 2 p.m. today.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

UNEMPLOYMENT AND FORECLOSURES

Mr. ENSIGN. Madam President, first, let me start by complimenting the Senator from Wisconsin for addressing the spending going on in Washington, DC. I applaud his efforts. He understands this is a modest effort, but we have to start someplace. For my whole 10 years in the Senate, I have been talking about spending and getting our debt under control, not passing debt on to our children across America. This is a huge debt burden we are passing on to them. I applaud the efforts, even though they are small. Anything we can do around here to address the deficits and the debt I think is very important.

I want to talk about unemployment and foreclosures, especially how they are affecting Nevada and the overall economy. I think everybody admits the our economy is hurting. There are people all over the country in need of employment. Many are hurting because of foreclosures or potential foreclosures on their houses.

In new unemployment numbers just released, Nevada has a 13-percent unemployment rate, with Clark County, where Las Vegas is located, now at almost a record high of 13.8 percent; Washoe County, which is where Reno is, a 13.5-percent unemployment rate. The Review Journal, the largest paper in Nevada, pointed out this week that the salary and job outlook for Nevadans is going from bad to worse. Wages are declining across industries in our State, and experts recently told the paper if we were to count discouraged workers who have given up looking for employment and part-time employees who wish to work full time, the real unemployment rate in Nevada would actually hover somewhere around 25 percent.

In fact, if we were to count those who are self-employed—for instance, if you are a realtor and you are not selling homes, you may still be classified as employed but you are effectively unemployed. If we counted all the self-employed people who are not counted in the normal unemployment rates, these numbers would even be higher.

Housing in Nevada is still hurting severely. We are leading the Nation in home foreclosures and there does not seem to be a solution to this problem coming out of Congress. Instead, Congress has gone off on a wayward path in trying to muscle through health care reform when the immediate focus of this institution should be on the millions of Americans who have lost their jobs, are at risk of losing their homes, or even worse—both.

In fact, nearly 5 million Americans have lost their jobs during the time

Congress has shifted its focus away from the economy onto health care. I will point out, however, if you live in the Washington, DC, area you are actually OK. There have been 100,000 new jobs created in this city in the last year. These are government jobs; not private sector jobs, government jobs. This is a direct result of a massive expansion of the Federal Government.

I do not believe that growing the Federal Government and creating jobs in Washington does anything to help the unemployment in Nevada or around the rest of the country. Health care reform proposals that the majority is trying to push through both Houses are not designed to incentivize job creation at a time when we need a lifeline. Instead, their bills will be job killers.

The National Federation of Independent Business, which is the largest organization that represents small businesses in America, believes their health care reform proposals will actually cost millions of jobs in small businesses over the next 4 years. It also will greatly add to the Nation's debt when we are already borrowing from future generations, as the Senator from Wisconsin just talked about.

It is time for Congress to shift our focus back to creating jobs, and do it in a responsible way by reducing wasteful government spending and thinking about the future of our country. One spending bill after another that comes before this Senate is not going to solve the economic problems our country is facing. It is actually just going to make the situation worse over the next several years because as we borrow more money, inflation and interest rates will increase.

There are concerns about the strength of the dollar in the world. Adding to our debt intensifies those worries. We all, as Republicans and as Democrats—really, as Americans—ought to be concerned about what this debt is going to do to the future of our country.

We need real solutions to our economic problems. We need to get the country back on track. To do that, we need to get control of out-of-control spending, especially wasteful spending.

Job creation needs to be our number one focus, and we cannot incentivize job creation when our Nation is buried in debt. This means we are all going to have to start taking some difficult votes to reverse the wild spending spree we are on. Here in Washington it is much easier to get reelected if you are giving money away to people. It is much more difficult politically to take votes that actually cut spending because for every government program that is out, there is a constituency that lobbies to keep that gravy train coming from the Federal Government.

Last week we had two options in the Senate. We had the option to pay for

the extension of unemployment insurance benefits with unspent stimulus funds, money we have already taken out of the pockets of taxpayers, or we had the option of adding more debt to the credit card of this Nation. I voted to extend unemployment insurance without having American families foot yet another government bill. Unfortunately, the majority party did not pass this bill. Instead, they voted to continue adding to our Nation's debt. Over \$100 billion was added to our Nation's debt just yesterday by this Senate.

By the way, \$100 billion used to be a lot of money around this place. It is tossed around like it is almost nothing now. \$100 billion is a huge amount of money. It passed and hardly got any notice around the country. That is what we added to our deficit and our debt yesterday.

I stress again that job creation needs to be our number one focus, but we cannot begin to incentivize job creation just by adding more debt. I have been focused on introducing legislation that will help create jobs in Nevada while not increasing the debt—for example, the recent passage of my legislation with Senator DORGAN, called the Travel Promotion Act. This will incentivize tourists from across the world to come to the United States and visit our world-class destinations. This will spur job growth across Nevada and our entire Nation. These will not be government jobs; these will be private sector jobs. These jobs will not be paid for by the American taxpayer; these will be jobs that will be a lifeline for our economy.

Legislation like the Travel Promotion Act illustrates that we need to get past the idea that government spending creates jobs and showcases that we need to institute policies that incentivize the private sector to create jobs. We can do this by lowering taxes on small businesses. They are the engine of our economy. We can start creating employment opportunities throughout the United States. These private sector jobs will help get our country back on the road to recovery and will not add to the financial burden of the United States.

The majority party seems to believe the only way to spur job creation is to pass spending bill after spending bill. As we have witnessed over the past year, this does not seem to be working. But this has not lessened the resolve of those across the aisle. This week, House Education and Labor Committee Chairman George Miller announced that he will unveil a jobs bill—that is what he called it, a jobs bill—aimed to save or create a lot of jobs in local governments. It is a \$100 billion bill—another \$100 billion.

The problem with this is these jobs are going to be paid for by the Community Development Block Grant Program, which, in simple English, means

we are adding to the debt. This is money the taxpayers are going to have to pay for in the future—borrowing once again from our children and adding to our Nation's credit card debt. This is not a solution to create jobs in the long run.

The Federal Government spending money on legislation whose only connection to job creation is putting the phrase in the title of the bill is not working. In the short term, will it save some local government jobs? No question, in Nevada it probably would. But Nevada is making tough choices right now. They are actually looking where there is waste. They are looking how they can make government more efficient. We are not doing that at the Federal level. We are actually discouraging it by sending more and more money to the States. But at the Federal Government level we are certainly not looking for any efficiencies because all we continue to do is spend more and more money, add more and more government agencies, more and more government programs.

We should be tightening our belts like every family, every business, local government, and State government are doing across the country. That is one of the reasons many of us have cosponsored legislation for a balanced budget amendment. If we were required to balance the budget we would be required to take those tough votes. That is why we get elected, to do something, to make a positive difference for our country. Adding to our debt is not that positive difference. We need to think about the future of our country instead of just getting reelected by being able to give money away to some of our constituents.

I will conclude with this: Job number one needs to be about creating jobs in a responsible way—not government jobs, private sector jobs. We need to stop adding to the deficit, get government spending under control, and cut taxes for small businesses so that entrepreneurs across this country can create jobs. These are what the priorities of this body should be.

I yield the floor.

Mr. BROWN of Ohio. Madam President, I ask unanimous consent to address the Senate for about 10 minutes under morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

THE DEFICIT

Mr. BROWN of Ohio. Madam President, I came to the floor to talk about a young woman in Cincinnati, OH, but I guess I am just amazed at the amnesia in this body. I hear colleagues on the other side of the aisle say Democrats vote for spending to keep that gravy train going; that Democrats believe that job creation is always the government; that Republicans believe we have to get spending under control and how politically unpopular it is to

vote to cut spending. I hear these things over and over, and I hate clichés but, you know the Yogi Berra line: "It's déjà vu all over again."

I was in the House of Representatives for the first 6 years of this decade, and I saw what happened. What happened was my colleagues on the other side of the aisle—when one bird flies off the telephone wire, they all fly off the telephone wire—voting on issue after issue to bankrupt this country and to drive our economy into the ditch. In 2001, tax cuts for the rich, George Bush's tax cuts which went overwhelmingly to the richest taxpayers and, as the Presiding Officer from North Carolina knows, using reconciliation to drive these tax cuts through in 2001, 2003, 2005, bringing Vice President Cheney in so they not only used reconciliation, they had to bring the Vice President in, who is almost never here, as the Presiding Officer knows, to vote in passing that with 51 votes.

We had a surplus in those days. We had a surplus, and they took that surplus and they enacted tax cuts for the wealthy. Then they started the war with Iraq but did not pay for it. I disagreed with going to war. I voted against it. But at least we should have paid for it. They didn't pay for the war in Iraq and still have not.

Then they did this huge, tens of billions of dollars in giveaways to the drug companies and insurance companies, all in the way of privatization of Medicare.

So when I hear them preaching to me about Democrats want to spend money on unemployment compensation, or Democrats want to spend money on health care—such as COBRA, for those people who have lost their health insurance—or Democrats want to spend money on reimbursing doctors at a fairer rate for Medicare, they attack us for doing that yet they took a budget surplus and ran this economy into the ground by deregulating Wall Street, by cutting taxes on the richest people in this country, by turning the surplus into deficits to the tune of hundreds and hundreds of billions of dollars.

We had projected in 2000 a budget surplus—projected—of \$1 trillion. One trillion dollars is 1,000 billion dollars. We now have a projection of \$1 trillion in budget deficit. They come here and they preach that Democrats should quit spending money on unemployment compensation because all these workers, they do not want to work, they want to receive their unemployment benefits.

Well, what somebody needs to explain to them, and perhaps my friends on the other side of the aisle do not know anybody who is exactly getting unemployment compensation because they spend too much time with people similar to us, wearing suits and hanging around places such as this and not enough time in places in Charlotte and

Dayton and Winston-Salem and Cleveland, with people who have lost their jobs and talking about it.

But it is not unemployment welfare, as they would like to say it is, it is unemployment insurance. That means when you are employed, you pay into a fund, and when you lose your job you get money out of that fund. It is called insurance, unemployment insurance. They should remember that.

REMEMBERING ESME KENNEY

Madam President, I would like to commemorate the life of Esme Louise Kenney of Cincinnati, OH, whose life was tragically cut short 1 year ago this past Sunday.

Esme was a bright, inquisitive, and spirited young girl with many talents and a limitless imagination and a boundless love for life.

She was an artist, a musician, an avid reader, an expressive writer, and a budding water-skier.

The beloved daughter of Tom Kenney and Lisa Siders-Kenney, the caring sister of Brian, Meghan and Frances, and a loyal and loving friend to so many, Esme touched many hearts in her short time with us.

From all accounts, Esme's compassion and enthusiasm always warmed the room and lifted the spirits of everyone she met. Her loving brother described her as a real "people person," one who loved meeting people, talking with them, learning about them, and sharing her life with them.

For all of those whose days were brightened by Esme's radiant joy and love of life, this week marks an anniversary filled with sorrow and heartache.

One year ago, Esme's life was taken from her under tragic and horrifying circumstances.

The 13-year-old left the house one day to go for a jog, and would never return.

One man's rage and delusion resulted in the brutal and senseless murder of an innocent, virtuous, and loving child.

Perhaps most disturbing is the fact that Anthony Kirkland, the confessed murderer, was already a convicted killer and registered sex offender when he committed this atrocity. He had served 16 years in prison for the sadistic assault and murder of another young woman.

My wife Connie and I extend our deepest sympathy to Esme's family, friends, and community during this unthinkable difficult time. We lost Esme a year ago, but I know she will be part of our lives always.

The recurrence of these horrible acts underscores the urgent need to review our criminal justice system, and that is why I join the Kenney family in support of legislation introduced by my colleague, Senator WEBB: S. 174, the National Criminal Justice Commission Act of 2009.

This bill would establish the National Criminal Justice Commission to

undertake a comprehensive review of the current system and submit a report to Congress and the President that outlines findings and recommendations for changes in criminal justice policies.

Such action is vital to keeping our children safe. We must not be complacent in the face of such inconceivably violent and destructive acts as the crime that took Esme from us.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2 p.m.

Thereupon the Senate, at 12:34 p.m., recessed until 2 p.m. and reassembled when called to order by the Presiding Officer (Mr. BURRIS).

TAX ON BONUSES RECEIVED FROM CERTAIN TARP RECIPIENTS—Continued

The PRESIDING OFFICER. The Senator from Nebraska is recognized.

(The remarks of Mr. JOHANNIS pertaining to the submission of S. Res. 452 are located in today's RECORD under "Submitted Resolutions.")

The PRESIDING OFFICER. The Senator from Utah is recognized.

HEALTH CARE REFORM

Mr. HATCH. Mr. President, I rise, joined by my friend, the distinguished Senator from South Dakota and chairman of the Senate Republican Policy Committee, to discuss the health care legislation being considered in Congress. The current debate is primarily about process. But before addressing that, I wish to remind everyone that in the end, this is about the substance of the legislation that Washington liberals want to impose upon the country by any means necessary.

This legislation is bad, both for what it represents and for what it would do. It represents a massive Federal Government takeover of the health care system. The health care and health insurance systems could be significantly improved with policies that respect individual choice, that embrace our system of federalism, in which the States can tailor solutions to their own needs and demographics. It could. But Washington liberals have rejected that path.

What would this legislation do? As I have argued in the past, this legislation would bust the limits the Constitution places on Federal Government power. Liberty itself depends on those limits, it always has and it always will. Those limits mean Congress may exercise only the powers listed in the Constitution. None of those powers authorizes Congress to take such unprecedented steps as requiring that individuals spend their own money to purchase a particular good or service, such as health insurance, or face a financial penalty. This legislation would

unnecessarily take this country into unchartered political and legal territory.

We just heard from the Congressional Budget Office that President Obama's policies will add a staggering \$8.5 trillion—that is trillion with a “t”—to our already sky-high national debt.

This is before passage of the health care tax-and-spend bill that would cost another \$2.5 trillion. Claims that this boondoggle will lower the deficit result from some pretty impressive accounting tricks. This legislation, for example, would start taking money from Americans immediately but would not provide any benefits to them for years. How about that as a neat way to lower a bill's supposed cost?

What do Americans get for all these trillions of dollars? They would be required to buy health insurance, but only 7 percent of Americans would receive any government subsidy to do so. Washington liberals say this bill cuts taxes, but 93 percent of all Americans would not be eligible for any tax benefit. Contrary to President Obama's explicit pledge, one-quarter of Americans making under \$200,000 per year would see their taxes go up. Middle-class American families paying higher taxes will outnumber those receiving any government subsidy by more than 3 to 1.

And after the higher taxes, increased government control, greater regulation, and paltry help in buying health insurance, this legislation would not control health care costs, which is the main reason for the concern about health insurance in the first place.

It does nothing to rein in the junk lawsuits that drive up costs and drive doctors out of medicine. Instead, this legislation would cut \$500 billion from Medicare to pay for a massive new government entitlement system that would include 159 new boards and other bureaucratic entities.

Last month, the White House released an 11-page document titled “The President's Proposal.” Calling it that, I suppose, was to make it appear to be a meaningful step in a genuine negotiation. It is nothing of the kind. One of the most obvious changes suggested in this document was elimination of the Medicaid subsidy that the Senate bill gave to only one State. That was for political rather than policy reasons. And I cannot forget to mention that this 11-page document's suggested changes would add at least \$75 billion more to the cost of the Senate bill. That is around \$7 billion a page. But it offered nothing to change the real defects in this legislation.

For these and so many other reasons, this legislation is the wrong way to address the challenges we face in health care and health insurance.

Let me turn to my friend from South Dakota, Senator THUNE. Now that we have been debating these issues for the

better part of a year, what do the American people think of these liberal Washingtonian proposals and how did we get where we are today?

Mr. THUNE. I say to the Senator from Utah that he has made, over the course of the last year, many compelling arguments about the substance of this legislation and just now summarized what some of those are. The reason the American people have rejected this legislation is because they understand the substance of it. As the Senator pointed out, it has tax increases, Medicare cuts, and premium increases for most Americans. They figured that out a long time ago. That is why, if you look at the public opinion surveys that have been done with regard to the bill itself and to the process by which it got where it is, the American people reject it.

The reconciliation process, which has been talked about as a way in which to ultimately pass this through the House and then through the Senate, there have been polls that have asked the American public what they think of using reconciliation to enact health care reform.

The Gallup poll from February 25: 52 percent of Americans oppose the use of reconciliation. Last week's Rasmussen Report poll shows that 53 percent of Americans are opposed to the health care plan. Perhaps the most telling poll is a CNN poll from February 24—if you can believe this—that says 48 percent of Americans want Congress to start working on a new bill, and 25 percent of Americans want Congress to stop working on health care. Added together, that is 73 percent of the American public that wants Congress to either stop working on health care altogether or start over.

I am not among those who think we ought to stop working on this. This is a big, important issue to the American people. They want us to do it. But they want us to get it right. What is being proposed by our colleagues on the other side and what so far has been rammed through on a very partisan basis is a \$2.5 trillion expansion of the Federal Government that expands the health care entitlement but does very little to reform health care in this country or to address the underlying drivers of health care costs in this country.

So the Senator from Utah is absolutely right in describing why the American people are so opposed to this legislation; that is, because they understand it. They know what it does. They are concerned about the cost of their health care insurance in this country. They are concerned as well about those who do not have health care, and we have come up with solutions we think make sense to cover those who do not have coverage. But I think it is pretty clear where the American people come down on this issue.

Incidentally, I think that is also what many of these elections we have had recently are about. If you look at what happened in Virginia, New Jersey, and most recently in Massachusetts, many of those elections were referendums, if you go inside the numbers, on the health care issue. I think it is a clear message to Washington that these health care proposals are not acceptable to the American people. Yet it does not seem that those of us in Washington, DC—or at least some of us—are listening to that message. Frankly, I believe, I say to my colleague from Utah, this is a bad bill. It has been rejected by the American people, part of it because of the substance of it; part of it because the normal process has not been followed. We all know what was done to get that extra vote to try and pass this bill through the Senate, to get that 60th vote—all these backroom deals that were put together at the last minute. We have heard the “Cornhusker kickback” chronicled, we have heard the “Louisiana purchase” chronicled many times over the last several months.

But I think the point, very simply, I say to my friend from Utah, is that, one, the American people understand this will lead to higher costs for most Americans, it is going to increase their cost of health insurance in this country; two, they want to see a bill that is put together in a way that elicits bipartisan support.

The Senator from Utah has been here since 1977. He has been involved in a whole series of important bipartisan debates, where important legislation was acted on in the Senate, but it was done in a way that had support from both Republicans and Democrats. I think that is what the American people expect of this process. They also expect us to conduct ourselves in a way that is transparent.

Doing legislation, 2,700-page bills behind closed doors, adding last-minute backroom deals to try and get that illusive 60th vote to pass it, and now using reconciliation—something that clearly was not designed for this process—is another issue that is even worsening the American public's opinion not only of the substance of this legislation but also the process.

I wish to ask my colleague about reconciliation. But before I do that, I wish to mention one thing because many of us—you and I both and others on our side—have talked a lot during the course of this debate about the cost and what we ought to be doing to address health care. If we wish to address health care in this country for most Americans—or reform health care—it means getting costs under control.

We have been arguing for some time that most Americans—and I think the Congressional Budget Office has validated this, the Actuary for the Centers for Medicare & Medicaid Services has

validated this—that if you are buying in the individual market, you are going to see your insurance premiums go up above what they would normally go up, 10 percent to 13 percent, and if you are someone who buys in the large employer or small employer market, you are still going to see your health insurance premiums go up; they are going to be going up at the rate they are today or maybe slightly higher, but the rate they are going up today is twice the rate of inflation.

Yesterday, the Senator from Illinois, the distinguished whip in the majority, the Democratic whip, said on the floor of the Senate:

Anyone who would stand before you and say, well, if you pass health care reform, next year's health care premiums are going down, I don't think is telling the truth. I think it is likely they would go up, but what we're trying to do is slow the rate of increase.

So there you have it. We have been saying this all along—an acknowledgment by folks on the other side who are finally saying or reiterating what we have been saying all along; that is, health premiums are going to go up.

I think if you are someone who, as I said, buys in the individual marketplace or who is in the large or small employer market, you are going to see your premiums go up. The question is How much? I think for most Americans, they would go up significantly.

But I say to my colleague—and I would ask him because he has been here since reconciliation almost was put in place; you have to go back to 1974 and the Budget Act—but I am told it has been used 18 or 19 times since then. Since the Senator came here in 1977, I think every time reconciliation has been used, the Senator has been part of that process, has had to vote on that. There probably is not anybody in this Chamber who is more experienced on the issue of reconciliation—what it was designed to do, what it can do—than the Senator from Utah.

So I would ask the Senator if he could explain to those of us who have not been here as long exactly what reconciliation was designed to be used for, how it is designed to function, and why it is not applicable to the case of trying to restructure or reorder literally one-sixth of the American economy, which is what health care represents in this country.

Mr. HATCH. I thank my colleague for his cogent remarks because my friend from North Dakota is absolutely right. The American people are not buying this, nor are they going to buy this misuse of reconciliation.

Even with large majorities in the Senate and the House, the White House, and most of the mainstream media, Washington liberals have not been able to convince the American people this is the right way to go. The American people oppose this bill. They

want us to start over, and they want us to adopt step-by-step, commonsense reforms.

We could do that, but Washington liberals instead are determined to find some way to get their way. The latest procedural gambit, which has been raised by my colleague, is called reconciliation. Before talking about what reconciliation is, I have to emphasize what it is not. Reconciliation is not simply an alternative to the Senate's regular process for handling legislation. Instead, reconciliation is an exception to that process.

While the House is about action, the Senate is about deliberation, and the rules in each body reflect its role. For more than 200 years, Senate rules have allowed smaller groups of Senators to slow down or stop legislation. The House is a simple majority vote body, but the Senate is not. This creates checks and speed bumps to legislation, but passing legislation is not supposed to be easy, especially something that affects one-sixth of the American economy.

Reconciliation is the exception to that because it limits debate and amendments and requires only a simple majority. It allows for only 20 hours of debate. It actually weakens the role the Senate plays in the legislative branch and, therefore, this exception to our regular order was created to handle a small category of legislation related to the budget. While thousands of public laws have been enacted since the reconciliation process was created, that process, as the distinguished Senator from South Dakota said, has been used only 19 times to enact legislation of any kind into law.

Not only is reconciliation a rare exception to our regular legislative process, but using reconciliation to pass sweeping social legislation, as opposed to budget or tax legislation, is even more rare. Reconciliation has been used only three times to pass such major social legislation. Welfare reform passed in 1996 with 78 votes, child health insurance passed in 1997 with 85 votes, and a college tuition bill passed in 2007 with 79 votes. In each case, dozens of Senators in the minority party supported the legislation.

The health care legislation before us is not the kind of budget or tax legislation that has been the primary focus of the reconciliation process in the past. It is much more like the welfare reform or child health insurance bills, except for one very important thing: The health care legislation is a completely, 100-percent, partisan bill—100 percent. The reconciliation process, which from the start is a rare exception to our regular process, has never been used for such sweeping, major social legislation that did not have wide bipartisan support—never. It was never supposed to be used for that. You can criticize the three times social legisla-

tion was passed, and your criticism might be considered valid by some, but the fact is, those bills were bipartisan.

Washington liberals obviously know this because their latest talking point is, reconciliation will not be used to pass the large health care bill only to change the big health care bill. My friends, that is a distinction without a difference. The bill Washington liberals want is the combination of the big Senate bill and the smaller fixer bill. In fact, they cannot stomach the one without the other. The bill they want, whether passed in one piece or two, cannot pass Congress through the regular legislative process. The health care bill that Washington liberals want, if it can be passed at all, can only be passed through an illegitimate use of this extraordinary process called reconciliation.

By the way, I would like to remind my friends on the other side of the aisle that the reconciliation process has been used only twice to pass a purely partisan bill on any subject, even those that reconciliation may have been designed for. In both cases—1993, when Democrats were in charge, and 2005, when Republicans were in charge—the American people in the next election threw the majority party out and gave the other party a chance to run the Senate.

Just as Washington liberals cannot convince the American people to support the substance of this legislation, they cannot make the case that reconciliation is a legitimate way to pass it.

Let me also say, there are those in the House who want to distort this reconciliation process even further by devising a way so that House Members do not have to actually vote directly on the Senate-passed bill. They want to create a rule that would deem the Senate bill as passed. Talk about distorting the process. Talk about the lack of guts to stand and vote for what they claim is so good. Talk about deceiving the American people. They have already distorted the reconciliation rules, but that would be a bridge too far.

I ask my friend from South Dakota, Senator THUNE, whether he has seen, as I have, the spin and misdirection that have been employed to give the impression that this is a legitimate process to pass this unpopular legislation.

Mr. THUNE. Well, I would say to my friend from Utah, it is interesting how the semantics and terminology changes in Washington depending upon what point you are trying to make. But many of our colleagues who have weighed in heavily against the use of reconciliation on a range of subjects—more specifically now health care reform—are now referring to it as simply a simple majority. All we are asking for is a simple majority vote, which does represent a spin and misdirection.

Because, as the Senator from Utah has noted, reconciliation, as a procedure, has a fairly special place in the history of the Senate, going back to 1974, when it was created. It is to be used for specific purposes: to reconcile spending, revenues, tax increases, tax cuts—primarily to accomplish deficit reduction.

As the Senator from Utah has pointed out, when it is used to enact significant legislation, generally it has broad bipartisan support. The Senator mentioned welfare reform. It had 78 votes for it. That is the most frequently cited example of the use of reconciliation for something that was policy oriented. But, remember, that had 78 votes in the Senate. A huge and decisive majority of Senators decided to vote for its use in that case.

You also have, as I said, other examples where it was done to accomplish reducing taxes, increasing taxes. Those are all arguably legitimate uses under the procedure of reconciliation.

But now what you are finding is legislation that literally would restructure and reorder one-sixth of the American economy that would have profound consequences and a profound impact on the American people for not only the near term but the long term. We are talking about using this “go your own way,” “go it alone” process of reconciliation simply because using regular order cannot accomplish the objective that is desired by the Democratic majority. So they have fallen back on the use of reconciliation for something that is unprecedented.

It is interesting to me, if you look historically at what some of our colleagues have said, there are not many people who have more experience with this issue or more experience in the Senate than the Senator from Utah, but the Senator from West Virginia, a member of the Democratic majority, has been here even longer and is cited most often as being the author of the current budget process that we have, which includes this reconciliation procedure. He wrote a letter a year ago which I wish to submit for the RECORD, and I wish to quote the first paragraph from that letter of a year ago in April. He said:

Dear colleague:

I oppose using the budget reconciliation process to pass health care reform and climate change legislation. Such a proposal would violate the intent and spirit of the budget process and do serious injury to the constitutional role of the Senate.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

U.S. SENATE,
COMMITTEE ON APPROPRIATIONS,
Washington, DC, April 2, 2009

DEAR COLLEAGUE: I oppose using the budget reconciliation process to pass health care reform and climate change legislation. Such a proposal would violate the intent and spirit of the budget process, and do serious injury to the Constitutional role of the Senate.

As one of the authors of the reconciliation process, I can tell you that the ironclad parliamentary procedures it authorizes were never intended for this purpose. Reconciliation was intended to adjust revenue and spending levels in order to reduce deficits. It was not designed to cut taxes. It was not designed to create a new climate and energy regime, and certainly not to restructure the entire health care system. Woodrow Wilson once said that the informing function is the most important function of Congress. How do we inform? We publicly debate and amend legislation. We receive public feedback, which allows us to change and improve proposals. Matters that affect the lives and livelihoods of our people must not be rushed through the Senate using a procedural fast track that the people never get a chance to comment upon or fully understand.

Reconciliation bills are insulated from debate and amendments. Debate is limited to twenty hours, and a majority vote can further limit debate. The rules are stacked against a partisan Minority, and also against dissenting views within the Majority caucus. It is such a dangerous process that in the 1980s, the then-Republican Majority and then-Democratic Minority adopted language, now codified as the Byrd Rule, to discourage extraneous matter from being attached to these fast-track measures.

The Senate cannot perform its Constitutional role if Senators forgo debate and amendments. I urge Senators to jealously guard their individual rights to represent their constituents on such critical matters as the budget process moves forward.

With kind regards, I am

Sincerely yours,

ROBERT C. BYRD.

Mr. THUNE. That is what the author of reconciliation said a year ago about trying to do health care reform through this process that the majority has decided to use.

There are lots of other examples of our colleagues in the Senate on the other side of the aisle—and I could go on and on. The majority leader, Senator REID, in November of 2009 said: “I am not using reconciliation.”

Senator CONRAD, the chairman of the Budget Committee, said in March 2009 on the Senate floor:

I don't believe reconciliation was ever intended for the purpose of writing this kind of substantive reform legislation such as health care reform.

Even the President, when he was a Senator at that time, and now President said reconciliation is a bad idea.

So we could go on and on and we can find these statements of our colleagues on the other side who, in the past, have expressed opposition, and not just timid, tepid opposition but, I would argue, very aggressive opposition to the use of reconciliation for something this consequential and are now sort of falling back.

I have 18 Democrats on the record who have said they oppose reconciliation and are now saying they think this could be used for this purpose and now is being referred to as a simple majority.

So, again, I would say to my colleague from Utah that I think the spin

that is going on now to try to confuse the American people about what is happening is something we need to end. We need to be transparent and clear with the American people about what is being done here.

I would simply ask my colleague from Utah whether he thinks the process of using reconciliation, the process that has led us to this point, or, for that matter, the underlying substance of this bill, is something the American people would be proud of and would want to see us pass in the Senate.

Mr. HATCH. My friend from South Dakota hit the nail on the head. I appreciate his remarks. If this legislation were sound policy, if it incorporated consensus ideas, if it had any level of real support among the American people, Washington liberals would not need to use the gimmicks they are using. They wouldn't have to use the tricks that are being used. They wouldn't have to use the spin that the Senator from South Dakota so accurately described.

I mentioned earlier that the reconciliation process has never been used to enact sweeping social legislation that did not have wide bipartisan support.

Mr. ROCKEFELLER. Would the Senator yield?

Mr. HATCH. I am happy to yield for a question because I do want to finish my remarks.

Mr. ROCKEFELLER. As I understand it—and I am presiding over the Federal Aviation Administration legislation, so this is a little offtrack, but it is very hard for me to listen to this kind of dialogue week after week without having these thoughts and questions.

Mr. HATCH. OK.

Mr. ROCKEFELLER. The Senate passed with 60 votes the health care bill which is now—

Mr. HATCH. Sixty partisan votes.

Mr. ROCKEFELLER. Right—which is now on the way over to the House. The House has it.

Mr. HATCH. Right.

Mr. ROCKEFELLER. The question is, is the House going to pass it. If there is going to be any health care reform at all, the House has to pass it. Now, if the House does pass it, it will then constitute about 85 to 90 percent of the entire health care bill.

I listened to my good friend and the Senator from South Dakota talk about 16 percent of the gross national product. But the bill that will come out of the House—hopefully passed—and, therefore, will not have to come back to the Senate will, No. 1, be nowhere—will be the vast majority of the 16 percent, if that is an accurate figure. But one thing that is even more clear to me is it will have absolutely nothing to do with reconciliation, just the regular legislative process.

The only question about reconciliation and the only place where it applies from this Senator's point of view

is on that particular add-on that would be done to include some Republican ideas and include a few more things that the House wants to do.

I ask the Senator from Utah, why does he say this is reconciliation affecting 16 percent of GDP when, in fact, it affects 14 percent or 15 percent of GDP, which is simply in the regular order of Senate process and has nothing to do with reconciliation?

Mr. HATCH. Well, I have already said that it is the combination of these bills that Washington liberals want and that combination cannot pass without reconciliation. First of all, we know the House doesn't like the bill that passed in the Senate. If they had the votes to pass it over in the House, it would already be passed. So what they have done is come up with some cockamamie misuse of reconciliation to do a smaller bill.

Mr. ROCKEFELLER. I have stipulated that.

Mr. HATCH. Let me finish—doing a smaller bill that, assuming they can pass the large bill, would then come over here.

I submit to you—and I know it is absolutely true—they can't pass the larger bill. I have also indicated that they may abuse the rules further by getting a special rule over there that would have to deem the Senate bill as having been passed by the House even though there never was a vote on it.

So the key vote would be the vote on the rule to deem the Senate bill as passed. That is a really, really mixed up and messed up version of the reconciliation process. There is only one reason they are doing that, and that is because it is the only way they can possibly get the health care reform they want.

Mr. ROCKEFELLER. Then I would further inquire: I don't see any possibility of the House changing a bill, which would have to come back over to the Senate, because it would be highly unlikely the Senate would be able to pass that bill. So I don't think that will be the process. I think what the House will do—and they said they haven't done it; therefore they can't do it—well, they said that about the Senate bill in the Senate, too, and we did, and it was very close for reasons that it got no votes from your side. But that is not the point.

The point is, reconciliation on 16 percent of the GDP, if they pass it—and this is all in the full time of working out the process on the House side the Senate bill, which is what they want to try to do, and then the reconciliation is not done on their side, it is done on our side, in which we put in a few things to—whatever will be attractive to Republicans as well as some things which will help with liberals on the Democratic side in the House because they are more liberal than we are.

That, I would say to my good friend from Utah, is not reconciliation, but it

is put that way for months now. I am on the floor and I have this microphone and you are being kind enough to be patient with me, but it isn't reconciliation. The Senator from South Dakota said it is 16 percent of the gross domestic product. It isn't. It is probably about 5 percent, 6 percent.

Mr. HATCH. Well, I wish to finish my remarks.

Mr. ROCKEFELLER. I thank the Senator.

Mr. HATCH. I am happy to do it. I wish to finish my remarks, but the real problem is that the House is having difficulty passing the Senate bill because an awful lot of liberals don't like it, and an awful lot of conservative Democrats don't like it—if there are any conservative Democrats in that body; there may be a few, although there aren't any over here in this body. The only way they can get the bill back over here with their small reconciliation package that they talked about—the only way they can do that is by abusing the rules.

Frankly, if they had the votes to pass it, it would have been passed by now. The Senator from West Virginia and I both know they don't have the votes.

Let me just continue on with my remarks. I mentioned earlier that the reconciliation process has never been used to enact sweeping social legislation that did not have wide bipartisan support, but I also wish to emphasize that such major legislation has had wide bipartisan support even when passed through the regular legislative process. That is the best way to achieve such significant change that can impact so much of our economy and virtually every American family.

The Senate, for example, passed the Social Security Act in August 1935 by a voice vote. The legislation creating the Medicare Program in July 1965 received 70 votes, a bipartisan vote. Legislation such as the Americans with Disabilities Act, in which I played a significant role, passed in 1990 by a vote of 94 to 6, and a revision in 2008 passed the Senate and the House unanimously. That is the best way to enact sweeping social legislation with wide bipartisan support and the deep consensus of the American people.

If you look at the meeting down at the White House of Republicans and Democrats and the President, I think it was shocking to many who had been blaming Republicans for not coming up with a bill, knowing that there was no chance it would even be considered, to see that Republicans had a lot of ideas and were willing to work with Democrats, would have worked together. We could have started by doing the things we can agree on and then go from there and see what we can do to bring about a bipartisan consensus. But, no, that wasn't good enough.

So whether our regular legislative process is used or the exception to that

process called reconciliation is used, major social legislation has had wide bipartisan support. This one does not. Legislation with much less impact on the health care bills before us had to have wide bipartisan support. But rather than compromise or deviate in any way from their big government, federally controlled, one-size-fits-all approach, Washington liberals have insisted that they know better than the American people, and the American people have caught on to them. These liberals are determined to have their way by any means necessary, even by the illegitimate use of an extraordinary process such as reconciliation.

I ask unanimous consent that a column by this body's former majority leader, Dr. Bill Frist, appearing in the February 25 edition of the Wall Street Journal be placed in the RECORD following my remarks.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See exhibit 1.)

Mr. HATCH. Mr. President, Senator Frist cogently argues that using reconciliation for this health care legislation would be a historic and dangerous mistake.

There is still time to turn back from this path. There is still time to do what nearly three-quarters of Americans want us to do and that is start over and work together. I hope we do. I told the President 3 days after the inauguration, when I was down there at their request, that I would be happy to work with him, and I know a lot of other Republicans would be happy to. We were never even called on it.

I wish to thank my distinguished colleague from South Dakota, Senator THUNE, for his leadership in this body and his articulate arguments here today. I have appreciated them. He does a great job leading our policy committee and is a real advocate for sound ideas and conservative principles. I hope he feels as I do, as we have outlined today, that on both substance and process the Senate is heading in the wrong direction on health care reform. We need to pull back and do it right.

Mr. THUNE. If the Senator will yield for just one final point.

Mr. HATCH. I am happy to yield.

Mr. THUNE. I think it is an important one point. I hear articulated by our colleagues on the other side the whole process by which the House is acting on this legislation. I served for three terms in the House of Representatives. I still have colleagues and friends over there, and I know they have a way, through the rules process, of doing a lot of things that aren't allowed in the Senate.

The Senate was designed by our Founders to be more free flowing, to slow things down, and to be more deliberative. The Rules Committee allows them to put together what is called a

self-enacting, self-executing rule and, as you said, to “deem as passed” the Senate bill without a rollcall vote or without a recorded vote on it, which tells us right there that there are a lot of House Members who don’t want to vote on the Senate-passed bill. They don’t want to go on the record.

The only way that bill can pass in the House of Representatives is with an accompanying reconciliation vehicle that makes the fixes that most of those House Members want to make.

My point simply is this: Health care reform cannot pass absent this reconciliation process that is being promised on the House side, and also being promised to House Members is that if they vote for it over there, the Senate will follow suit. With all the points of order that will lie against this legislation when it comes to the Senate, in all likelihood the House Members are being asked to take an incredible leap of faith that the Senate is going to be able to maintain many of the provisions they added to the reconciliation bill in the House.

The point—and I come back to the dialog the Senator from Utah had with the Senator from West Virginia because I think it is an interesting point of discussion and one criticism I heard from our colleagues on the other side—but, frankly, the House of Representatives could not pass health care reform absent this reconciliation vehicle. It is about one-sixth of our economy. It is about reordering, restructuring, literally, something that is personal and important to every American. When you are talking about doing issues of that consequence and that impact, it ought to be done, as the Senator from Utah has mentioned, as has been done in the past, in a bipartisan way that elicits the best suggestions and ideas of both sides and gets a broad bipartisan vote in the Senate.

I thank the Senator from Utah for his leadership.

Mr. HATCH. I appreciate the Senator’s remarks. Make no bones about it, they know they cannot pass the bill that has been sent over there, so they are going to attempt this extraordinary rules gimmick.

Frankly, it really disturbs me that on something this important, something that affects one-sixth of the American economy, they are willing to play games with this in order to get their will when a vast majority of the American people are against what they are doing. Only about 24 percent are for it. Frankly, they want their way no matter what. If they pull this off, and I question whether they can, but if they do, I believe they are going to pay a tremendous price.

It is not the way we should be legislating, especially since a number of us have been willing to work with them on issues we agree on first—and there is a lot we could agree on first—and

then go from there and battle it out on the issues on which we cannot agree. That is a pretty good offer, and it has been on the table from the inauguration on.

There is something more to this. It is a question of power. If they get control of the health care system of this country and they move it more and more into the Federal Government and more and more people become dependent on the Federal Government, then it is a question of power.

I want to make fewer and fewer people dependent on the Federal Government. I would like to have people have freedoms. This is going to take away freedoms. Not only that, in order to arrive at this \$2.5 trillion bill, they have had to use accounting gimmicks like imposing taxes first and then 4 years later implementing other parts of the bill. Some of it will not be implemented until 2018, long after President Obama, assuming he is elected to two terms, is gone. That is to accommodate their union friends, knowing that otherwise they will never have the guts to enact that part of the bill.

This bill is going to cost a lot more. We are already spending \$2.4 trillion on our health care system in this country. They want to add another \$2.5 trillion to it. They say it is \$1 trillion, but they use gimmicks for the first several years. Can you imagine \$5 trillion for health care? And they still do not cover everybody in our society. There is a real issue of whether they are covering a lot of people the American taxpayers are going to have to pay for who should not be covered.

To use this process to slip such a bill through, it is abysmal. They should be ashamed of themselves. They act as if the American people are so doggone stupid, they cannot figure it out. They have already figured it out. They know it is not a good thing.

Mr. THUNE. Will the Senator yield?

Mr. HATCH. Yes, I yield.

Mr. THUNE. I think they have figured it out, which is why the last survey I quoted was the CNN survey which said 48 percent of the people want us to start over and 25 percent want Congress to quit working on the issue altogether. That is literally three-quarters of Americans who have rejected the substance of this legislation—higher taxes, expanded government, Medicare cuts, higher premiums for most Americans—and some who flatout do not want anything done, which, as I said, is not the view to which I subscribe. Three-quarters of Americans understand what this bill is about. They know how it was put together, and they reject both.

Mr. HATCH. I know the distinguished Senator knows as well as I know that there are 1,700 provisions in this bill that turn the power over to make decisions on our health care matters to the Secretary of Health and Human Serv-

ices. I don’t care whether the Secretary is a Democrat or a Republican. Naturally, I prefer a Republican, but I don’t care whether they are either. That kind of power should not be turned over to the bureaucracy.

I think Republicans are willing to stand up and have the guts to do it. My gosh, there has not been a hand extended to us at all during this process. They just said: Take it or leave it.

I was in the Gang of 7 on the Finance Committee. I thought that the chairman was trying his best but was not given enough power to really come up with a health care bill, except within the parameters they had already decided. He was so restricted. I decided that I could no longer continue in those talks.

The bill turned out as I thought it would. They took the HELP Committee bill and then they took aspects of the Finance bill and in one office, with even very few Democrats—no Republicans—they came up with this monstrosity of a bill on which the House now does not want to vote. They are going to do anything they can to avoid that vote, even gimmicking up the whole process. That is disgraceful, in my eyes.

I do not need to go on any further. I think we ought to start over. We ought to do it right. We ought to work together and start with the issues on which we can agree. I think there would be a number of considerable issues we can agree on, starting with people who have preexisting conditions. They ought to be able to get health insurance. We all agree on that. There are a number of other things on which we can agree.

I thank my dear colleague from South Dakota. I thank him for the excellent remarks he made on the floor. I appreciate him answering some of the questions I had.

I yield the floor.

EXHIBIT 1

[From the Wall Street Journal, Feb. 25, 2010]
A HISTORIC AND DANGEROUS SENATE MISTAKE:
USING ‘RECONCILIATION’ TO RAM THROUGH
HEALTH REFORM WOULD ONLY DEEPEN PARTISAN PASSIONS

(By Bill Frist)

Senate Majority Leader Harry Reid has announced that while Democrats have a number of options to complete health-care legislation, he may use the budget reconciliation process to do so. This would be an unprecedented, dangerous and historic mistake.

Budget reconciliation is an arcane Senate procedure whereby legislation can be passed using a lowered threshold of requisite votes (a simple majority) under fast-track rules that limit debate. This process was intended for incremental changes to the budget—not sweeping social legislation.

Using the budget reconciliation procedure to pass health-care reform would be unprecedented because Congress has never used it to adopt major, substantive policy change. The Senate’s health bill is without question such a change: It would fundamentally alter one-fifth of our economy.

The first use of this special procedure was in the fall of 1980, as the Democratic majority in Congress moved to reduce entitlement programs in response to candidate Ronald Reagan's focus on the growing deficit. Throughout the 1980s and '90s, reconciliation was used to reduce deficit projections and to enact budget enforcement mechanisms. In early 2001, with projected surpluses well into the future, it was used to return a portion of that surplus to the public by changing tax rates.

Senators of both parties have assiduously avoided using budget reconciliation as a mechanism to pass expansive social legislation that lacks bipartisan support. In 1993, Democratic leaders—including the dean of Senate procedure and an author of the original Budget Act, Robert C. Byrd—appropriately prevailed on the Clinton administration not to use reconciliation to adopt its health-care agenda. It was used to pass welfare reform in 1996, an entitlement program, but the changes had substantial bipartisan support.

In 2003, while I was serving as majority leader, Republicans used the reconciliation process to enact tax cuts. I was approached by members of my own caucus to use reconciliation to extend prescription drug coverage to millions of Medicare recipients. I resisted. The Congress considered the legislation under regular order, and the Medicare Modernization Act passed through the normal legislative procedure in 2003.

The same concerns I expressed about using this procedure to fast-track prescription drug expansions with a simple majority vote were similarly expressed by Majority Leader Reid, Senate Budget Committee Chairman Kent Conrad, Finance Committee Chairman Max Baucus, and others last year when they chose not to use the procedure to enact their health-care legislation. Over the past several months, an additional 15 Democratic senators have expressed opposition to using this tool.

The concerns about using reconciliation to bypass Senate rules which do not limit debate reflect the late New York Democratic Sen. Pat Moynihan's admonishment—that significant policy changes impacting almost all Americans should be adopted with bipartisan support if the legislation is to survive and be supported in the public arena.

Applying the reconciliation process is dangerous because it would likely destroy its true purpose, which is to help enact fiscal policy consistent with an agreed-upon congressional budget blueprint. Worse, using reconciliation to amend a bill before it has become law in order to avoid the normal House and Senate conference procedure is a total affront to the legislative process.

Finally, enacting sweeping health-care reform through reconciliation is a mistake because of rapidly diminishing public support for the strictly partisan Senate and House health bills. The American people disdain the backroom deals that have been cut with the hospital and pharmaceutical industries, the unions, the public display of the "cornhusker kickback," etc. The public will likely—and in my opinion, rightly—rebel against the use of a procedural tactic to lower the standard threshold for passage because of a lack of sufficient support in the Senate.

Americans want bipartisan solutions for major social and economic issues; they don't want legislative gimmicks that force unpopular legislation through the Senate. Thomas Jefferson once referred to the Senate as "the cooling saucer" of the legislative

process. Using budget reconciliation in this way would dramatically alter the founders' intent for the Senate, and transform it from cooling saucer to a boiling teapot of partisanship.

Mr. Reid was right to rule out this option when this saga began last year. He would be wise to abandon it today.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. ROCKEFELLER. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BURRIS. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. (Mrs. SHAHEEN). Without objection, it is so ordered.

HEALTH CARE REFORM

Mr. BURRIS. Madam President, I just heard an interesting colloquy between two distinguished friends from across the aisle in reference to health care. Although I found that back-and-forth dialogue very interesting, one problem with the dialogue was it was misinformation that my distinguished colleagues are putting out on this floor and to the people of America. They keep saying we should start over on health care. They are saying we didn't incorporate any of their proposals. And that is the farthest thing from the truth.

The work on this bill took over a year, and they had all the input. Even the President of the United States incorporated their ideas into the bill we passed from this distinguished body, in the bill that is now lying between the House and the Senate. So while I found their colloquy very interesting, I hope the American people will begin to look at what is being put out here, what is being said here, and realize that our distinguished colleagues across the aisle don't want to see health care reform enacted. Evidently, they want to continue with the same old ways, with the insurance companies controlling this health sick system, not health care system. It is a profit-making system for them. I hope the American people will see right through their comments.

I want to talk today about whether there are real winners and losers in this health care debate. Since the beginning of the debate over health care reform, we have heard an awful lot about the political problems associated with taking on this issue. It is difficult, it is divisive, and there are no easy answers, and for those reasons, it is no wonder our elected leaders have been unable to solve this problem for almost 100 years. This is nothing new. We have been working on this in this body for over 97 years.

There will never be a shortage of reasons to put off the tough questions, to avoid the tough issues and kick the can

down the road. There will never be a shortage of roadblocks and excuses. Over the last century, we have heard an awful lot of them. But we must not settle for that any longer. We must reject the tired politics of the past and the tired politics of right now—and the politics we just heard from my distinguished colleagues from across the aisle. It is now time to lead. It is time to say: Enough is enough—to stop shrugging off the difficult problems and to meet them head on. It is time to fundamentally change the conversation.

We have heard far too much about the political winners and losers in the health care debate and not enough about the real winners and losers in America's health care system. So let us refocus the terms of this discussion and keep the perspective where it should be: on the ordinary Americans who need our help, the ordinary Americans who need health care coverage now.

Because this isn't about electoral math. It is not about poll numbers or partisan talking points or cold statistics. It is about hard-working folks who are suffering and dying every single day under a system that is badly in need of repair. It is about the people whose lives and livelihoods are on the line. Our success or failure at passing reform will have political consequences for some of the people in this Chamber, but I believe those concerns are insignificant compared to the real consequences it will have for ordinary Americans all across this country.

So I call upon my colleagues in the Senate and my friends in the media to focus our attention on what matters. Let's talk about what reform means for regular folks, not politicians or special interests or even insurance lobbyists. This is bigger than politics. This is about addressing a national problem that has touched untold millions of lives over the past 100 years.

As we debate this legislation today, there are 47 million people in this country without any insurance coverage at all, and there are another 41 million people who lack stable coverage. For every year we fail to pass reform, another 45,000 Americans will die because they do not have health insurance and can't get access to the care they need. These are the people who are depending on us—folks in Illinois and every other State in this Union. These are the people who stand to benefit from our reform proposals and who continue to suffer every single day that we fail to take action; for example, people such as Linda and her husband, back in my home State of Illinois. In 2008, they were paying \$577 per month for health insurance under the COBRA program. They each had a clean bill of health and had no reason to fear illness or injury. But when their COBRA coverage ran out on the first day of 2009, their premiums jumped up to over

\$1,000 per month. They had no idea why the change was so drastic. They were perfectly healthy. Yet their monthly bills had almost doubled. So to try to save money, Linda and her husband switched to the individual insurance market and got a plan with a \$5,000 deductible and a large copay. The switch was easy. They didn't even have to get a physical exam. Like many Americans, they had every reason to believe their coverage was secure.

When Linda's husband got sick in October of 2009, he had a successful bypass surgery. The insurance provider approved the procedure ahead of time. But once the surgery was complete, the company simply changed its mind. Even though Linda and her husband had never been treated for previous heart problems, and even though he had not even been diagnosed with anything, Blue Cross/Blue Shield suddenly decided he had a preexisting condition and they rescinded his policy. His coverage ended on the spot, and he and his wife were left out in the cold. Today, they owe medical bills that add up to \$208,000, with \$89,000 about to go into collection.

Linda and her husband are just like millions of us in this country; they were perfectly healthy; they thought they had stable insurance; they paid for quality coverage. And then, when they needed it most, their insurance company walked away from them. That is absurd. That should not happen to anybody in the United States of America.

I think Linda said it best when she said:

They did nothing but take our money, and now they're sticking us with the bill.

This is outrageous and it is totally unacceptable. Yet this is the reality faced by millions of Americans every single day. Insurance companies should no longer be allowed to pull this kind of bait-and-switch action on anybody. That is why we need to pass reform that will give people like Linda the ability to hold insurance companies accountable so they can stop abusing their customers. That is why we need to restore robust competition to the market, so people can shop around if they don't think they are getting a fair deal with their insurance provider. That is why we need reform that will provide real cost savings, so coverage is affordable for Linda and her husband, along with millions of others like them. These are the people our legislation is designed to help.

I think we have heard enough talk about the political winners and losers in the health care debate. We have heard enough about Washington. Because across America, the only real winners are the big insurance corporations that continue to rake in the cash, making record profits. We saw the reports given on their income for 2009—record profits for the insurance compa-

nies, with less coverage, and millions of Americans being denied coverage. The only real losers are the hard-working Americans who can't afford coverage and can't get treatment.

It is our duty to fight for these folks, and I would urge my colleagues to honor this sacred trust. The other day President Obama gave a stern speech that captured the spirit of this fight. He called for bipartisan cooperation and urged regular Americans to get angry and to get fired up and to say: We aren't going to take it anymore. He asked them to get involved in this process so we can pass this bill and make reform a reality for Linda and millions of others.

My colleagues, let us take President Obama's speech as a wake-up call. Let us listen to the will of the American people. We have moved this legislation further than any other Congress. At this time, we cannot let this legislation not become effective. It should become effective, it will become effective, and we must finish the job.

Madam President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. SPECTER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

AMENDMENT NO. 3485 TO AMENDMENT NO. 3452

Mr. SPECTER. Madam President, I have sought recognition to discuss an amendment I intend to offer.

The U.S. shipyards play an important role in supporting our Nation's maritime presence by building and repairing our domestic fleet. The industry has a significant impact on our national economy by adding billions of dollars to our annual output. The commercial shipbuilding and ship repair industry is a pillar of the American steelworker labor force, employing nearly 40,000 skilled workers.

In the year 2000, the Philadelphia shipyard was rebuilt on the site of the U.S. Navy shipyard. The Philadelphia Naval Shipyard was a historical institution in Philadelphia, employed upwards of 40,000 during the height of the war. At the time of its closing, it employed about 7,000. We fought the case to retain the Philadelphia Naval Shipyard all the way to the Supreme Court of the United States because the government on the BRAC had concealed information from admirals that the yard ought to be kept open. But the case was too difficult, argued on the grounds that there was an unconstitutional delegation of authority to the base-closing commission. But the Supreme Court would have had to have overturned some 300 decisions to leave the Philadelphia Naval Shipyard intact.

The Aker Philadelphia Shipyard employs some 1,200 highly skilled professional workers. Since 2003, it has built more than 50 percent of the large commercial vessels produced in the United States. Additionally, the shipyard contributes over \$230 million annually to the Philadelphia region—\$5 to \$7 million per month in local purchases, \$8.5 million in annual revenues to the city of Philadelphia—and supports over 8,000 jobs throughout the region. Today, the Aker Philadelphia Shipyard is one of only two companies producing large commercial vessels in the United States and is a critical asset to the economic vitality of the mid-Atlantic region of the domestic shipbuilding industry.

Since the economic downturn, shipyards such as the Aker Philadelphia Shipyard do not qualify for loan guarantees under existing programs at the Department of Transportation. Without assistance, shipyards will be forced to begin reducing their highly skilled workforce.

As the economy recovers, so will the need for ships and our domestic shipbuilding capacity. There will also be an additional need for ships, as almost \$5 billion worth of double-hull construction and conversion work will need to take place by the year 2015 to meet the double-hull requirement under the Oil Pollution Control Act of 1990.

To address this dire situation facing our domestic shipbuilding industry, I am seeking the establishment of a loan guarantee program where the Secretary of Transportation can issue a loan guarantee for \$165 million to qualifying shipyards. Because loan guarantees leverage funding, the program would require only \$15 million to leverage the \$165 million. The \$15 million is offset by reprogramming previously appropriated funds, so there is no additional spending associated with this program. The Federal assistance would be short-term financing, bridge financing, to enable shipyards to remain in operation and meet the future anticipated demand for domestically produced ships.

I ask unanimous consent to have the full text of my statement printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Mr. SPECTER. Mr. President, I seek recognition to speak on an amendment I am offering to H.R. 1586, which is the legislative vehicle for the FAA Air Transportation Modernization and Safety Improvement Act." This amendment would create a loan guarantee program to maintain the domestic manufacturing capacity for shipbuilding.

With the U.S. economy still struggling to recover, manufacturing investments can have an immediate impact. Manufacturers have lost more than two million jobs since the recession began in December of 2007, so there is an opportunity to create a large number of jobs in the industry and to simultaneously revitalize our economy and overall

global competitiveness. One area where benefits can immediately be seen is the shipbuilding industry. U.S. shipyards play an important role in supporting our Nation's maritime presence by building and repairing our domestic fleet; and the industry has a significant impact on our national economy by adding billions of dollars to U.S. economic output annually.

These shipbuilding investments are vital to the United States, creating thousands of good-paying jobs across the country. The commercial shipbuilding and ship repair industry is a pillar of the American skilled labor workforce employing nearly 40,000 skilled workers; and the ships produced domestically are an integral part of commerce, international trade, the Navy, Coast Guard, and other military and emergency support. With more than 80 percent of the world's trade carried in whole or part by seaborne transportation, the shipbuilding industry has always had and will continue to have a large industrial base that can support significant job creation and economic growth.

Since the mid 1990s, the industry has been experiencing a period of expansion and renewal. The last expansion was largely market-driven, backed by long-term customer commitments. Those new assets created much more productive and advanced ships than those they replaced. For example, articulated double-hull tank barge units replaced single-hull product tankers in U.S. coastal trades, and new dual propulsion double-hull crude carriers replaced 30+ year-old, steam propulsion single-hull crude carriers. The new crude carriers are larger, faster, more fuel-efficient and have a four-fold increase in efficiency over the vessels they replaced.

During the last expansion, the Department of Transportation's Maritime Administration touted the success of Aker Philadelphia Shipyard as a great achievement for the American shipbuilding industry. In 2000, Aker Philadelphia Shipyard was rebuilt on the site of a closed U.S. Navy shipyard. In a few short years, the shipyard became the country's most modern shipbuilding facility employing 1,200 highly skilled professional workers. Since 2003, it has built more than 50 percent of the large commercial vessels produced in the United States. Additionally, the shipyard contributes over \$230 million annually to the Philadelphia region, \$5 million to \$7 million per month in local purchases, \$8.6 million in annual tax revenues to the City of Philadelphia, and supports over 8,000 jobs throughout the region. Today, Aker Philadelphia Shipyard is one of only two companies producing large commercial vessels in the United States and is a critical asset to the economic viability of the mid-Atlantic region and the domestic shipbuilding industry.

Despite these successes, the economic collapse has stalled the shipbuilding industry by delaying planned ship acquisitions, constraining the credit markets, and making large vessel acquisitions impossible to finance. The long-term customer driven commitments that drove the last expansion are not a possibility in this economic climate. As a result, this industry, which is a part of the national security industrial base, supports thousands of highly skilled jobs, and is critical to the industrial fabric of our nation, is struggling to survive.

Since the economic downturn, shipyards such as the Aker Philadelphia Shipyard do not qualify for loan guarantees under existing programs at the Department of Transportation. Without assistance, shipyards will

be forced to begin reducing their highly skilled workforce, apprentice programs, and vendor and supplier contracts, at a time when we can least afford additional job losses. If this situation persists and companies like Aker were to cease operations, our nation's ability to construct commercial vessels would be severely limited and the investments we made to build this state-of-the-art facility would be lost.

At the same time, there is a strong and direct correlation between the performance of shipbuilding and the global economy and trade. Shipbuilding activities rise when global trade and the economy grow. Likewise, shipbuilding will be among the first activities to suffer when trade slumps and the economy stutters. This puts shipbuilding at the forefront of one of the world's key and most important economic activities, and a reliable barometer of economic performance.

As the economy recovers, so will the need for ships and our domestic shipbuilding capacity. The Maritime Administration has recognized that construction of vessels for the Nation's marine highway system could result in significant new opportunities for U.S. shipyards. The shipbuilding industry is also developing vessel portfolios that can be leveraged by the government including military vessels to meet the nation's needs in time of national emergency. For example, the Navy's Littoral Combat Ship and Joint High Speed Vessel programs are based on commercially designed and available vessels. There will also be a need for additional ships as almost \$5 billion worth of double hull construction and conversion work will need to take place by 2015 to meet the double hull requirement under the Oil Pollution Act of 1990.

To address the dire situation facing the domestic shipbuilding industry, I am seeking the establishment of a loan guarantee program, where the Secretary of Transportation can issue a loan guarantee for \$165 million to qualifying shipyards. Because loan guarantees leverage funding, the program would require only \$15 million to leverage \$165 million. This \$15 million is offset by reprogramming previously appropriated funds, so there is no additional spending associated with this program.

The federal assistance would be a short-term financing "bridge" to enable shipyards to remain in operation and meet the future anticipated demand for domestically produced ships. I encourage my colleagues to help maintain the commercial shipbuilding capacity of the United States through the inclusion of a loan guarantee program.

Mr. SPECTER. It is my intent to offer this amendment when the time is right. I know the distinguished majority leader is now arranging a schedule of pending amendments for votes. So I will not offer it at this time but will seek to have all of the relevant record and all of the relevant information included in the RECORD as I have stated. I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Madam President, the legislation on the floor of the Senate is the FAA reauthorization bill. Senator ROCKEFELLER is here, Senator HUTCHISON has been here, and we are working now, trying to find a way to move the legislation. It has attracted a lot of amendments that have nothing at all to do with the subject. It is as if

some believe this is not urgent or important. Of course, nothing could be further from the truth. There is an urgency to this legislation.

I know it is not, perhaps, the highest profile legislation in the Congress these days, but we have a requirement to reauthorize the activities of the FAA. We have now failed to do that and instead had to extend their authorization 11 successive times. But because we extend it, we then do not improve the authorization and do the things that are necessary for improving airline safety, the things that are necessary to include the passenger bill of rights which is in this bill, airport improvement funds, and particularly modernization of the air traffic control system.

I mentioned yesterday the urgency of moving on what is called NextGen; that is, next-generation air traffic control.

In this country, we now fly to ground-based radar. We have all of these airplanes in the sky. Most of them have a transponder or something that puts a mark on a controller's screen somewhere in an air traffic control sector, and it says, this is where the airplane is. Well, that is technically right at that nanosecond, that is where the airplane is, but instantly thereafter the airplane is somewhere else, and for the next 7 seconds or so, as the sweep of the radar occurs, that airplane, particularly if it is a jet, is long gone from that little spot. So because we do not know exactly where the airplane is—we know about where the airplane is—we have routes that are flown that are much less direct than they should be. We use more fuel than we should. Rather than have direct flights, we cost the passengers time and we pollute the air by keeping that airplane in the sky longer because we cannot fly direct routes because we do not fly by GPS. Our children can operate by GPS with their cell phones, but we cannot fly or we do not fly a system of GPS. We fly a system of ground-based radar for our navigation, and that has been around forever.

I mentioned yesterday the circumstances of being able to control air traffic in this country. When people began to learn how to fly and they started flying airplanes and figured out they could make money by carrying the mail, they could only do that when the Sun was up because they could not figure out how to fly at night. So they started building bonfires, and then they would fly to a bonfire, put a big-old bonfire out there 50 miles away and fly to a bonfire and then land. Then they put up light stanchions with the lights into the air so they could fly toward the lights. Then they invented radar. Then they fly based on and guided by ground-based radar.

But we are way beyond ground-based radar right now. That is what we still

use. But you do not drive a car out here with ground-based radar; you drive a car with GPS. Talk about all of the people who are driving their vehicles using this little monitor—that is GPS. Your kids have GPS on their cell phones, but if you are on a 757 with 250 people behind the cockpit flying from Washington, DC, to Seattle, you are not flying by GPS because they do not have the technology, they do not have the equipment in the planes, in most cases, and they do not have the capability on the ground through the FAA to convert from ground-based radar to GPS and something called Next Generation, modernization of the air traffic control system.

If we pass this legislation, finally, at long last, we will move in that direction aggressively. I have met with the Europeans and others who are moving aggressively on Next Generation, and we just keep extending—11 times—the FAA reauthorization bill.

So we bring it to the floor. It includes safety, which I will talk about in a moment, it includes investment in the airport infrastructure in this country, which means jobs, putting people back to work. But we bring the bill to the floor at long last, I think 3 years after it should have been done but we could not do it because it got extended.

Now we have amendments that have nothing at all to do with this—earmark moratoriums, discretionary spending limits, school vouchers for Washington, DC, coastal impact programs for drilling. They do not have the foggiest thing to do with the bill that is on the floor of the Senate, which is why it is so hard to get things done.

I have often said, you know, the difference between a glacier and the Senate is at least you can see a glacier move from time to time. It is so hard to get things done. And this is a demonstration of it right now. People come trotting to the floor of the Senate and say: Oh, we are working on aviation safety. You know what. Why don't I offer an amendment on something that has nothing to do with it at all and then go back to my office. It is unbelievable to me.

Let me talk for a moment about safety because that also represents the urgency in this bill.

I chaired the hearing—several of them now—on the tragic crash that occurred in Buffalo, NY, 1 year ago. It took 50 lives—the captain, the copilot, flight attendants, passengers, and 1 person died on the ground. This is a case where, when we investigate it, as we have, a lot of things went wrong. We have a very safe system, very few accidents, but if you investigate what happened that night flying into Buffalo, NY, you understand we are not far away from another accident unless we fix some of these things.

Here is a Dash 8 airplane, propeller airplane, flying at night in icy condi-

tions in the winter, about to land in Buffalo, NY.

Here is what we have learned. I don't know whether it is just this case, just this cockpit, just this airplane, but I doubt it. What we learned is the captain of the plane had not slept in a bed 2 nights previous. The copilot had not slept in a bed the night before. Two people in the cockpit had not slept in a bed the night before the flight. Why? The copilot flew from Seattle all the way to Newark to be at the duty station because that is where she went to work. She flew all night long on a plane that stopped in Memphis to get to the duty station. This is a young woman making between \$20,000 and \$23,000 a year in salary. Do we think a young pilot making \$20,000 or \$23,000—which raises another question about compensation, low compensation—do we think that person, if that person travels all night, is going to have the money to pay for a hotel? I don't think so. Two people in that cockpit flying at night in the winter with icing conditions.

We now know that what are supposed to be sterile conditions in the cockpit, speaking only below 10,000 feet and only about what is happening with that airplane, that sterile condition was violated repeatedly, talking about other things, careers and so on. We know now there was a training deficiency with respect to the issue of the stick push and the stick shaker which engaged when the icing became significant. We now know that the most wanted list of airline safety requirements from the NTSB, they have had on their most wanted list several things that deal with fatigue, with icing that have been there for 10, 15 years. All of these things come together and raise questions about how do you fix this, how do you make sure this doesn't happen again.

I am not suggesting that regional airlines are unsafe, although I think evidence suggests that the most recent crashes have been regional carriers. There are questions about the number of hours required to be able to sit in the right seat on a regional carrier. There are questions about whether the majors that hire a regional carrier to carry passengers have some responsibility for that. I believe they should. But when someone gets on a regional carrier, which carries 50 percent of the passengers in the country, all they see is the fuselage and the marking that says United, Continental, Delta, USAIR. That is all they see. But that may not be the company that is transporting them. It may be a very different company, a regional airline company.

The question is, that trunk carrier whose brand exists on the fuselage, have they required the same set of standards? Is there one level of safety? That is a requirement dating back at

the time in the mid-1990s, one level of safety. When you step on an airplane, you should have the opportunity to believe that in that cockpit, on that plane, with the training and so on, there is one level expected. I think this crash in Buffalo raises serious questions about whether that exists.

I had a chart that describes a combination of a couple of issues. One is duty time. The other is fatigue. The third is commuting. In this case, with this tragedy, I want to show what has occurred. It requires us to address this issue. I want to show a chart that shows Colgan Air pilots. This could be a chart of virtually any airline, the major carriers or the regional carriers. What it shows is where the Colgan pilots were commuting from in order to get to the work station at Newark, living in Seattle, Portland, Los Angeles, San Francisco, and commuting to work all the way across the country. It is not unusual. Commuting has been going on for a long time. But the issue of commuting is a reasonable issue for us to try to understand and do something about.

It also relates to the issue of fatigue. Do you think in that cockpit on that airplane, with a pilot who hadn't slept in a bed for 2 nights and a copilot that hadn't slept in a bed the night previous, there was not fatigue? It seems pretty unlikely that that group was not fatigued. We don't in this bill address the issue of commuting. Randy Babbitt, the FAA Administrator, now has sent to OMB a rulemaking on fatigue which is important.

My point is, this crash, this tragedy a year ago raised so many questions. You can make the point that this is a very safe system. All of us fly all the time. Most every weekend we get on airplanes believing that we are being transported safely. I am not trying to scare anybody to say that is not the case. I am saying you can decide to ignore some of the things we have discovered about the Colgan crash, but we do that at our risk, at the risk of reducing that margin of safety.

Here is what a pilot said in a Wall Street Journal article on the subject. This is an 18-year veteran pilot describing the routine of commuter flights with short layovers in the middle of night: Take a shower, brush your teeth, then pretend you slept.

An important issue for those who fly airplanes, an important issue in terms of the question, are pilots fatigued? This shows a pilot watching a movie on his computer at a crash house in Sterling Park, VA. It houses up to 20 to 24 occupants and is designed to give flight crews from regional airlines a quiet place to sleep near their base. Many can't afford hotels.

The copilot made between \$20,000 and \$23,000 a year. That was her salary. She had a part-time job working at a coffee shop. She got on the airplane in Seattle to fly to Newark to begin her

workday because that is where her duty station was. She flew all night long to do it. The fact is, crews who are making that amount of money, particularly those who are flying right seat in an airplane, did not have the funding to get a motel room.

My point is, Senator ROCKEFELLER and I and others have worked on this FAA reauthorization bill to try to address a wide range of issues. This is one, the issue of safety.

In addition, the captain of this plane had failed a number of different exams along the way to getting accredited. But the airline that hired the pilot was not able to have the information to understand that. This legislation changes that. This airline has said: Had we known about the failure of those exams, this pilot would not have been hired. But he was because the company didn't know. This legislation fixes that. If you want to hire a pilot, you know everything there is to know about the record of that pilot.

My point is, Senator ROCKEFELLER and I, Senator HUTCHISON and others, have brought this bill to the floor of the Senate at long last hoping that perhaps we can get a bill passed. There is an urgency here with respect to safety and other things. I hope Senator ROCKEFELLER and others can expect some cooperation. It is very hard to get cooperation here on the floor of the Senate, but if ever there is something we might decide to cooperate on, how about making certain there is an extra margin of safety in the skies by passing legislation that addresses, among other issues, aviation safety. If we do that, we will give the American people some measure of confidence on this important subject.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Madam President, I ask unanimous consent to set aside the pending amendment and call up amendment No. 3475.

Mr. ROCKEFELLER. I object.

The PRESIDING OFFICER. Objection is heard.

Mr. MCCAIN. I understand that is the process right now. However, I will discuss the amendment. It is very simple. It would place a moratorium on all earmarks in years in which there is a deficit. I am pleased to be joined in this effort by my good friend from Indiana Senator BAYH. I thank him for his leadership and courage.

I am sure I don't need to remind my colleagues about our Nation's fiscal situation. But let's review the facts anyway. This morning the Treasury Department announced that the government racked up a record high monthly budget deficit of \$220.9 billion last month. We now have a deficit of over \$1.4 trillion and a debt of over \$12.5 trillion. I recently have seen a bumper sticker in Arizona that says:

Please don't tell the President what comes after a trillion.

Unemployment remains close to 10 percent. According to Forbes.com, a record 2.8 million American households were threatened with foreclosure last year. That number is expected to rise to well over 3 million homes this year. Even with all of this, we continue to spend and spend and spend. Every time we pass an appropriations bill with increased spending loaded up with earmarks, we are robbing future generations of their ability to obtain the American dream. I believe that is immoral. That is why I have been pleased and somewhat surprised over the last several days to hear about the renewed bipartisan interest in banning earmarks. I am thankful for the attention. I welcome the Democratic House leadership to the fight against earmarks.

According to today's Washington Post:

Facing an election year backlash over runaway spending and ethics scandals, House Democrats moved Wednesday to ban earmarks for private companies, sparking a war between the parties over which would embrace the most dramatic steps to change the way business is done in Washington.

I applaud the Democrats in the other body for this step. It is a small step, but it is a step in the right direction. As House Appropriations Committee Chairman OBEY pointed out, the fiscal year 2010 budget included more than 1,000 earmarks for private companies. So the effect of the moratorium proposed by the other body would be a reduction of about 1,000 earmarks. The problem with this is that there were over 9,000 earmarks loaded onto just one of the bills we passed last year.

According to Taxpayers for Common Sense, last year's earmarks funded by Congress but not requested by the administration totaled \$15.9 billion. So we spent \$15.9 billion on earmarks while we are facing the highest national debt in history. Additionally, according to today's Congressional Quarterly, "there are several significant catches" to the House Democrats' earmark moratorium. They note:

If a program is not formally considered an earmark, according to congressional rules, for instance, it could escape any ban. Billions of dollars in spending for the defense industry could end up slipping through that caveat alone, analysts say.

So why am I not surprised. Thankfully, the House Republican caucus recognized the fact that the Speaker's proposal did little to seriously address the problem so they upped the ante and voted unanimously to impose an across-the-board earmark ban on their conference. I congratulate Mr. BOEHNER and especially Congressman FLAKE of Arizona for taking this bold step. It was the right thing to do.

Unfortunately, this newfound zeal for attacking earmarks is not shared by their Senate counterparts. According to today's Congressional Quarterly:

Senate Democrats signal that they would not follow suit, even as senior House Republicans responded that all earmarks should be banned.

Congressional Quarterly also noted:

It is not clear where Majority Leader Harry Reid stands. His office declined to comment on the House appropriations move. But the Senate appropriators' opposition does not bode well for a ban's prospects in that body.

Again, I am not surprised. The Washington Post article I cited earlier also noted that:

The latest earmark reform efforts follow a wave of investigations focusing on House appropriators' actions. The Justice Department has looked into the earmarking activities of several lawmakers and, relying on public documents, the House Ethics Committee investigated five Democrats and two Republicans on the Appropriations defense subcommittee, finding that the lawmakers steered more than \$245 million to clients of a lobbying firm under federal criminal investigation.

The lawmakers collected more than \$840,000 in political contributions from the firm's lobbyists and clients in a little more than two years.

The battle over earmarks has been waged over many years—I have been engaged in it for 20 years—and I am under no illusions that it will end anytime soon. I was encouraged in January 2007 when the Senate passed, by a vote of 96 to 2, an ethics and lobbying reform package which contained, meaningful earmark reforms. I believed that at last we would finally enact some effective reforms. Unfortunately, that victory was short lived.

In August 2007—some 8 months later—we were presented with a bill containing very watered-down earmark provisions and doing far too little to rein in wasteful earmarks and porkbarrel spending. I find myself encouraged by what I have heard over the last several days, but I have been around here long enough to know not to get my hopes up. I do not look at this as being cynical, just practical.

Let's take a look at some of the things we have spent hundreds of billions of taxpayers' dollars on over the last several years: \$165,000 for maple syrup research in Vermont; \$150,000 for the Polynesian Voyaging Society in Honolulu; \$250,000 for turtle observer funding; \$500,000 for the Bellevue Arts Museum in Washington; \$2 million for the algae research in Washington; \$500,000—one of my all-time favorites; it comes back all the time—to the National Wild Turkey Federation in Nebraska; \$799,000 for soybean research; \$349,000 for pig waste management in North Carolina; \$819,000 for catfish genome research in Alabama; \$250,000 for gypsy moth research in New Jersey; \$1 million for potato research at Oregon State University—and the list goes on—a \$250,000 earmark for the Iowa Vitality Center at Iowa State University. The list goes on and on.

For over 20 years, I have fought vigorously against the wasteful practice

of earmarking. The fight has been a lonely one and has not won me friends in this town over the years. But it is an important fight, and I am confident that, in the end, the opponents of this practice will be victorious. The corruption which stems from earmarking has resulted in current and former Members of both the House and the Senate either under investigation, under indictment, or in prison.

Again, I was pleased to see that the Speaker of the House and the chairman of the House Appropriations Committee have recognized earmarks for what they are: a corrupting influence that should not be tolerated in these times of fiscal crisis—or ever. I applaud my Republican colleagues in the House and Senate, especially Senators COBURN and DEMINT, who have called for a yearlong moratorium on all earmarks. I fully support and join them in those efforts.

But I also think we need to do more. We need a complete ban on earmarks until our budget is balanced and we have eliminated our massive deficit. This amendment, if considered—and I will make it considered at one point or another—will have a proposal to do just that, and I encourage my colleagues to join me in this effort. It is what the American people want, and we have an obligation to give it to them.

We, as Members of Congress, owe it to the American people to conduct ourselves in a way that reinforces, rather than diminishes, the public's faith and confidence in Congress. An informed citizenry is essential to a thriving democracy, and a democratic government operates best in the disinfecting light of the public eye. By seriously addressing the corrupting influence of earmarks, we will allow Members to legislate with the imperative that our government must be free from corrupting influences, both real and perceived. We must act now to ensure that the erosion we see today in the public's confidence in Congress does not become a complete collapse of faith in our institutions. We can and we must end the practice of earmarking.

I have traveled around the country and all around my home State of Arizona. I have seen the Tea Party participants. I have met citizens in my State who have never been involved in the political process before. They are angry, they are frustrated, and they want change. They want the change that was promised them last November, which they have not gotten. They want us to act as careful stewards of their tax dollars.

Just the other night, my colleague from Arizona, Senator KYL, and I were on a teleconference call to the citizens of our State, and many thousands of them were on the call, and we responded to their questions. A guy on the phone—he was from Thatcher, AZ—

said: I've never been involved nor cared much about politics before. But you have gotten me off the couch.

"You have gotten me off the couch." We have lots of people "off the couch" because they are saying: Enough. They are saying: Enough of a \$1.4 trillion debt this year and an increase in that debt for next year of some \$1.5 trillion and an accumulated debt of \$12.5 trillion. They believe we have spent too much and we have taxed too much.

So I hope we can send a message by completely banning earmarks and go through the appropriate process for the funding of sometimes much needed projects; that is, the authorization and then appropriation route. Many people believe I am saying—I and those of us who oppose earmarks—that we are against any projects for anyone's State or much needed help.

It is not the case. What we are saying is that we want any project and expenditure of taxpayers' dollars authorized and then appropriated. That way, by authorizing, the authorizing committees can compare all the virtues or the necessities of every project and match them up against one another rather than an appropriation being added in the middle of the night that is directly related to a position on the Appropriations Committee or a position of influence rather than merit. We cannot afford to continue that practice which has led to the anger and cynicism of the American people, and also has led over time to the investigation, sometimes indictment, and even incarceration of Members of Congress in Federal prison.

So I urge my colleagues to now stand up and do the right thing; that is, to ban the earmarks, at least until we can tell the American people we have eliminated this debt we have laid on our children and our grandchildren.

I say to the distinguished chairman of the committee, I did have an amendment on bicycle storage facilities, and one other. Perhaps at the appropriate time—I will be glad to brief the chairman and his staff—it would be appropriately in order.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. ROCKEFELLER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ROCKEFELLER. Madam President, a primary emphasis I have put into this Federal aviation bill over the last number of years is modernizing our air traffic control system. I have heard myself talk about it so much that I am tired of listening to myself. But, on the other hand, I am not sure other people have heard it enough, it is so important.

One way of explaining it is that most cars use a more sophisticated global positioning system than do our air carriers, our legacy airlines. That is kind of pathetic and it has to end. The only way we can do that is by modernizing the air traffic control system. It is doable. There is money in the bill to do it on an annual basis. It should be completed by the year 2025. In fact, it has already begun. In one of the Gulf States, it is completed and they are using it. Mongolia is using it, and we just would think it is not too much to ask to catch up to Mongolia on air traffic control.

We have a very safe air system, but it is not safe enough. By that I mean we move 30,000 flights a day in America. More than half of all the air traffic in the world is American. Nearly 700 million people per year use our airplanes. So how you position airplanes and how you guide them and how they know where they are and where they are going and how they can most quickly and safely get there is very important.

The FAA's recent forecasts say there will be probably a 50-percent increase in the foreseeable future. That will be well over 1 billion passengers per year. But we are already stretched too thin in the air traffic control system that we have, which is antiquated and which is owned by no other industrialized country in the world, obviously, including Mongolia, which probably is not fully industrialized.

So the Next Generation Air Transportation System—and the word for it is NextGen; we just use that word—will create the capacity, will save us millions of dollars, it will help clean up our air because airplanes will be able to go from one place to the other because they will be able to see in real time what the weather patterns are, where other planes are. It will help the air traffic controllers on the ground position them. Airplanes will be able to fly more closely to each other's tail, so to speak. In all ways, it will be much more efficient, much more manageable—all in real time. We do it with our automobiles, and we ought to be able to do it with planes.

It is very good environmentally, which to the Presiding Officer, the Senator from New Hampshire, may sound like a reasonable prospect. Jet fuel is not inexpensive, and it is not carbon free. This will produce a lot less carbon emissions. It will also lower another kind of emission, which is noise, which affects people, and not just in this city but everywhere.

Most importantly, NextGen will dramatically improve safety, and that is the whole point. It will provide pilots and air traffic controllers with better situational awareness. It is what we do for our troops, it is what we do for ourselves, and we need to do it for our airplanes.

If you can see weather maps in real time—and you just know airplanes are

going this way and that way to avoid what they visually see in the way of clouds or rain or whatever—if they can get it in real-time GPS, then they can cut right through and go from point to point much quicker.

So our bill, S. 1451, takes a lot of steps right away to do that. We will be spending \$500 million a year—that is in the bill—on this. We expect it to be finished by 2025. It seems like a long time. We are not going to pay for all of it. We are going to ask the airlines to pay for equipage, which is their electronic response to what is on the ground, which is what we will pay for. Obviously, every airplane will have to have that. They will want to do that. They will not like paying for it, but they will not like not having it when everybody else does.

The bill takes further steps to make certain about NextGen. This is one of those items that does not sound very good, but if it is done properly, it will be very good. We create an air traffic control modernization oversight board within the FAA, and they will be active. We establish a chief NextGen officer at the FAA. That is a person and a group to be responsible simply for seeing that progress is on schedule, pushing people who have to be pushed, and we will include representatives of Federal employees in the planning of the NextGen projects. It is appropriate that we include people who fly airplanes in this.

So we need to begin implementing this technology now, and we need to get to the day when we can know we are as safe as we are in our car. Actually, I am not sure that is the right encouraging statement, but it is dangerous up there and we take a lot of chances. I have been in an airplane that was struck by lightning, a single-engine plane with one pilot. I did a lot of praying, and here I am.

Senator DORGAN was speaking about safety. The grieving families from flight 3407, that accident in Buffalo, NY, are never to be forgotten, and we can never allow a tragedy such as that to happen again. That is the problem when you have commuter airlines. Fifty percent of all our air traffic is now commuter airlines. As I am sure the Presiding Officer understands, in West Virginia and New Hampshire, we don't get—you get a lot more than we do of major jet flights. We don't get those very much. So we make do with the propellers, and I squeeze my 6-foot-7 frame as best I can usually next to the exit door because there is more room there.

But that accident in Buffalo, NY, was avoidable. It didn't have to happen, and it shouldn't ever happen again. We have an important opportunity to make serious changes, and we need to make sure these changes put safety first. Safety is always the No. 1 consideration.

So a few ideas. Our bill includes measures to strengthen the Nation's aviation safety system and takes great strides to promote something called one level of safety. As I stand here speaking to the Presiding Officer, I can't believe that one level of safety is going to be achieved within 6 months, but that is the objective of the bill—that nobody gets to be more safe than somebody else.

When the Senator from North Dakota was talking about—and this is airline pilot folks. They pay their senior people a great deal. But if you pay somebody who did not land in Buffalo, NY, in that tragic flight, he was being paid between \$20,000 and \$25,000. Neither the Presiding Officer's State nor mine pay teachers that little. It is shocking. It is absolutely shocking that an airline pilot would be subject to those wages and, therefore, can't stay in a motel overnight and, therefore, may go one or two nights without sleep and then fly a plane. We can't do that. We can't allow that. That is why we want to get to this bill, and we ought to pass this bill instead of waiting year after year and postponing it 11 times, as we have, by extending the authorization.

So in recent years we actually have seen the safest period in aviation history, even with the busiest system in the world. The air traffic controllers oversee over 30,000 flights a day—I think it is closer to 36,000 flights a day—and, again, 800 million people each year. But there are ways we can do better. Our passengers and the dedicated airline workforce deserve better.

As chairman of the Commerce Committee and as former chairman of the Aviation Subcommittee for more than 10 years—I have been into this a lot—I appreciate the work Senator DORGAN, who is now chairman of the Aviation Subcommittee, has done to continue to focus on safety, using flight 3407 that crashed in Buffalo as his sort of emotional touch point but simply driving and driving and driving—we have had actually eight safety hearings in the committee since that time, since that accident.

One could say, well, so what. But that is what galvanizes us. That is what allows us to put together a better safety section in this bill which, in fact, we have done.

So in the bill, we strengthen greatly the training and certification of commercial aviation pilots, two vague words with two very sharp meanings.

Our bill requires the FAA to reevaluate pilot training and qualifications and issue a new rule to make certain flight crew members have the proper skills and experience. They either do or they don't. They have to be evaluated, and if they don't make it, they are out. I don't know what the union will say about that, but that is what we have to do. If the FAA fails to do this and do so

by the end of 2011, then all air carrier pilots must have at least 1,500 flight hours, and now it would be more at the 800 level. In other words, that is a jolt. That is a real stick which we are holding out there in this bill to make them better in their certification and the rest of it.

We focus a lot on pilot fatigue. That is a human phenomenon, but it is a dangerous one if you are flying an airplane. It requires the FAA to revise the flight and duty time regulations for commercial airline pilots and issue the final rule within 1 year. No, that is not tomorrow but within 1 year, they will have a schedule that will hopefully stop this kind of thing, where pilots fly in from San Francisco, don't get any sleep, have to sleep in a little bunk house.

We also require some other key changes. We require an electronic database that the FAA must develop and that carriers must consult to obtain a full picture of a pilot's experience and skills before giving them such enormous responsibility. They have to pass that database examination.

The FAA will also require air carriers to implement a formal remedial training program for underperforming pilots. The underperforming is a hard thing to evaluate, but it is doable, and the remedial training is not hard to do. That is just time in simulated cockpits or in real cockpit situations.

In conclusion, we all must understand the reality we are living with; that our utmost priority is always safety, but that is easier said than accomplished. The National Transportation Safety Board recently determined pilot error was the primary cause of that accident in Buffalo, flight 3407. To put it even more clearly, this tragedy simply did not have to happen and could have been avoided, and by passing this bill, we can do more to make sure we don't repeat that kind of history.

Safety is always important. I don't know of anyplace where it is more important than in the skies.

I thank the Presiding Officer. I yield the floor and note the absence of a quorum.

THE PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

MR. ROCKEFELLER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

THE PRESIDING OFFICER. Without objection, it is so ordered.

AMENDMENT NO. 3453, AS MODIFIED

MR. ROCKEFELLER. Madam President, I ask unanimous consent that the Sessions amendment No. 3453 be modified with the changes at the desk.

THE PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 3453), as modified, is as follows:

At the end, insert the following:

SEC. 01. DISCRETIONARY SPENDING LIMITS.

(a) IN GENERAL.—Title III of the Congressional Budget Act of 1974 is amended by inserting at the end the following:

“DISCRETIONARY SPENDING LIMITS

“SEC. 316. (a) DISCRETIONARY SPENDING LIMITS.—It shall not be in order in the House of Representatives or the Senate to consider any bill, joint resolution, amendment, or conference report that includes any provision that would cause the discretionary spending limits as set forth in this section to be exceeded.

“(b) LIMITS.—In this section, the term ‘discretionary spending limits’ has the following meaning subject to adjustments in subsection (c):

“(1) For fiscal year 2011—

“(A) for the defense category (budget function 050), \$564,293,000,000 in budget authority; and

“(B) for the nondefense category, \$529,662,000,000 in budget authority.

“(2) For fiscal year 2012—

“(A) for the defense category (budget function 050), \$573,612,000,000 in budget authority; and

“(B) for the nondefense category, \$533,232,000,000 in budget authority.

“(3) For fiscal year 2013—

“(A) for the defense category (budget function 050), \$584,421,000,000 in budget authority; and

“(B) for the nondefense category, \$540,834,000,000 in budget authority.

“(4) With respect to fiscal years following 2013, the President shall recommend and the Congress shall consider legislation setting limits for those fiscal years.

“(c) ADJUSTMENTS.—

“(1) IN GENERAL.—After the reporting of a bill or joint resolution relating to any matter described in paragraph (2), or the offering of an amendment thereto or the submission of a conference report thereon—

“(A) the Chairman of the Senate Committee on the Budget may adjust the discretionary spending limits, the budgetary aggregates in the concurrent resolution on the budget most recently adopted by the Senate and the House of Representatives, and allocations pursuant to section 302(a) of the Congressional Budget Act of 1974, by the amount of new budget authority in that measure for that purpose and the outlays flowing there from; and

“(B) following any adjustment under subparagraph (A), the Senate Committee on Appropriations may report appropriately revised suballocations pursuant to section 302(b) of the Congressional Budget Act of 1974 to carry out this subsection.

“(2) MATTERS DESCRIBED.—Matters referred to in paragraph (1) are as follows:

“(A) OVERSEAS DEPLOYMENTS AND OTHER ACTIVITIES.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013, that provides funding for overseas deployments and other activities, the adjustment for purposes paragraph (1) shall be the amount of budget authority in that measure for that purpose but not to exceed—

“(i) with respect to fiscal year 2011, \$50,000,000,000 in new budget authority;

“(ii) with respect to fiscal year 2012, \$50,000,000,000 in new budget authority; and

“(iii) with respect to fiscal year 2013, \$50,000,000,000 in new budget authority.

“(B) INTERNAL REVENUE SERVICE TAX ENFORCEMENT.—

“(i) IN GENERAL.—If a bill or joint resolution is reported making appropriations for

fiscal year 2011, 2012, or 2013, that includes the amount described in clause (ii)(I), plus an additional amount for enhanced tax enforcement to address the Federal tax gap (taxes owed but not paid) described in clause (ii)(II), the adjustment for purposes of paragraph (1) shall be the amount of budget authority in that measure for that initiative not exceeding the amount specified in clause (ii)(II) for that fiscal year.

“(ii) AMOUNTS.—The amounts referred to in clause (i) are as follows:

“(I) For fiscal year 2011, \$7,171,000,000, for fiscal year 2012, \$7,243,000,000, and for fiscal year 2013, \$7,315,000,000.

“(II) For fiscal year 2011, \$899,000,000, for fiscal year 2012, and \$908,000,000, for fiscal year 2013, \$917,000,000.

“(C) CONTINUING DISABILITY REVIEWS AND SSI REDETERMINATIONS.—

“(i) IN GENERAL.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013 that includes the amount described in clause (ii)(I), plus an additional amount for Continuing Disability Reviews and Supplemental Security Income Redeterminations for the Social Security Administration described in clause (ii)(II), the adjustment for purposes of paragraph (1) shall be the amount of budget authority in that measure for that initiative not exceeding the amount specified in clause (ii)(II) for that fiscal year.

“(ii) AMOUNTS.—The amounts referred to in clause (i) are as follows:

“(I) For fiscal year 2011, \$276,000,000, for fiscal year 2012, \$278,000,000, and for fiscal year 2013, \$281,000,000.

“(II) For fiscal year 2011, \$490,000,000; for fiscal year 2012, and \$495,000,000; for fiscal year 2013, \$500,000,000.

“(iii) ASSET VERIFICATION.—

“(i) IN GENERAL.—The additional appropriation permitted under clause (ii)(II) may also provide that a portion of that amount, not to exceed the amount specified in subclause (II) for that fiscal year instead may be used for asset verification for Supplemental Security Income recipients, but only if, and to the extent that the Office of the Chief Actuary estimates that the initiative would be at least as cost effective as the redeterminations of eligibility described in this subparagraph.

“(ii) AMOUNTS.—For fiscal year 2011, \$34,340,000, for fiscal year 2012, \$34,683,000, and for fiscal year 2013, \$35,030,000.

“(D) HEALTH CARE FRAUD AND ABUSE.—

“(i) IN GENERAL.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013 that includes the amount described in clause (ii) for the Health Care Fraud and Abuse Control program at the Department of Health & Human Services for that fiscal year, the adjustment for purposes of paragraph (1) shall be the amount of budget authority in that measure for that initiative but not to exceed the amount described in clause (ii).

“(ii) AMOUNT.—The amount referred to in clause (i) is for fiscal year 2011, \$314,000,000, for fiscal year 2012, \$317,000,000, and for fiscal year 2013, \$320,000,000.

“(E) UNEMPLOYMENT INSURANCE IMPROPER PAYMENT REVIEWS.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013 that includes \$10,000,000, plus an additional amount for in-person reemployment and eligibility assessments and unemployment improper payment reviews for the Department of Labor, the adjustment for purposes paragraph (1) shall be the amount of budget authority in that measure for that initiative but not to exceed—

“(i) with respect to fiscal year 2011, \$51,000,000 in new budget authority;

“(ii) with respect to fiscal year 2012, \$51,000,000 in new budget authority; and

“(iii) with respect to fiscal year 2013, \$52,000,000 in new budget authority.

“(F) LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP).—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013 that includes \$3,200,000,000 in funding for the Low-Income Home Energy Assistance Program and provides an additional amount up to \$1,900,000,000 for that program, the adjustment for purposes of paragraph (1) shall be the amount of budget authority in that measure for that initiative but not to exceed \$1,900,000,000.

“(d) EMERGENCY SPENDING.—

“(1) AUTHORITY TO DESIGNATE.—In the Senate, with respect to a provision of direct spending or receipts legislation or appropriations for discretionary accounts that Congress designates as an emergency requirement in such measure, the amounts of new budget authority, outlays, and receipts in all fiscal years resulting from that provision shall be treated as an emergency requirement for the purpose of this subsection.

“(2) EXEMPTION OF EMERGENCY PROVISIONS.—Any new budget authority, outlays, and receipts resulting from any provision designated as an emergency requirement, pursuant to this subsection, in any bill, joint resolution, amendment, or conference report shall not count for purposes of this section, sections 302 and 311 of the Congressional Budget Act of 1974, section 201 of S. Con. Res. 21 (110th Congress) (relating to pay-as-you-go), and section 311 of S. Con. Res. 70 (110th Congress) (relating to long-term deficits).

“(3) DESIGNATIONS.—If a provision of legislation is designated as an emergency requirement under this subsection, the committee report and any statement of managers accompanying that legislation shall include an explanation of the manner in which the provision meets the criteria in paragraph (6).

“(4) DEFINITIONS.—In this subsection, the terms ‘direct spending’, ‘receipts’, and ‘appropriations for discretionary accounts’ mean any provision of a bill, joint resolution, amendment, motion, or conference report that affects direct spending, receipts, or appropriations as those terms have been defined and interpreted for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985.

“(5) POINT OF ORDER.—

“(A) IN GENERAL.—When the Senate is considering a bill, resolution, amendment, motion, or conference report, if a point of order is made by a Senator against an emergency designation in that measure, that provision making such a designation shall be stricken from the measure and may not be offered as an amendment from the floor.

“(B) SUPERMAJORITY WAIVER AND APPEALS.—

“(i) WAIVER.—Subparagraph (A) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn.

“(ii) APPEALS.—Appeals in the Senate from the decisions of the Chair relating to any provision of this paragraph shall be limited to 1 hour, to be equally divided between, and controlled by, the appellant and the manager of the bill or joint resolution, as the case may be. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this paragraph.

“(C) DEFINITION OF AN EMERGENCY DESIGNATION.—For purposes of subparagraph (A), a provision shall be considered an emergency designation if it designates any item as an emergency requirement pursuant to this paragraph.

“(D) FORM OF THE POINT OF ORDER.—A point of order under subparagraph (A) may be raised by a Senator as provided in section 313(e) of the Congressional Budget Act of 1974.

“(E) CONFERENCE REPORTS.—When the Senate is considering a conference report on, or an amendment between the Houses in relation to, a bill, upon a point of order being made by any Senator pursuant to this paragraph, and such point of order being sustained, such material contained in such conference report shall be deemed stricken, and the Senate shall proceed to consider the question of whether the Senate shall recede from its amendment and concur with a further amendment, or concur in the House amendment with a further amendment, as the case may be, which further amendment shall consist of only that portion of the conference report or House amendment, as the case may be, not so stricken. Any such motion in the Senate shall be debatable. In any case in which such point of order is sustained against a conference report (or Senate amendment derived from such conference report by operation of this subsection), no further amendment shall be in order.

“(6) CRITERIA.—

“(A) IN GENERAL.—For purposes of this subsection, any provision is an emergency requirement if the situation addressed by such provision is—

“(i) necessary, essential, or vital (not merely useful or beneficial);

“(ii) sudden, quickly coming into being, and not building up over time;

“(iii) an urgent, pressing, and compelling need requiring immediate action;

“(iv) subject to clause (ii), unforeseen, unpredictable, and unanticipated; and

“(v) not permanent, temporary in nature.

“(7) UNFORESEEN.—An emergency that is part of an aggregate level of anticipated emergencies, particularly when normally estimated in advance, is not unforeseen.

“(e) LIMITATIONS ON CHANGES TO EXEMPTIONS.—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report that would exempt any new budget authority, outlays, and receipts from being counted for purposes of this section.

“(f) POINT OF ORDER IN THE SENATE.—

“(1) WAIVER.—The provisions of this section shall be waived or suspended in the Senate only—

“(A) by the affirmative vote of two-thirds of the Members, duly chosen and sworn; or

“(B) in the case of the defense budget authority, if Congress declares war or authorizes the use of force.

“(2) APPEAL.—Appeals in the Senate from the decisions of the Chair relating to any provision of this section shall be limited to 1 hour, to be equally divided between, and controlled by, the appellant and the manager of the measure. An affirmative vote of two-thirds of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

“(3) LIMITATIONS ON CHANGES TO THIS SUBSECTION.—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report that would repeal or otherwise change this subsection.”.

(b) TABLE OF CONTENTS.—The table of contents set forth in section 1(b) of the Congressional Budget and Impoundment Control Act of 1974 is amended by inserting after the item relating to section 315 the following new item:

“Sec. 316. Discretionary spending limits.”.

Mr. ROCKEFELLER. Madam President, I yield the floor and note the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mrs. SHAHEEN. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. FRANKEN). Without objection, it is so ordered.

INTERNATIONAL WOMEN'S DAY

Mrs. SHAHEEN. Mr. President, I rise to express my disappointment, and frankly bewilderment, over the blocking of a resolution to recognize International Women's Day. This week, on Monday, March 8, the world commemorated International Women's Day, a day for people around the world to celebrate the economic, political, and social achievements of women—past, present, and future.

We have made significant progress over the years in advancing women's rights and these should be celebrated. However, International Women's Day is also a day to recognize how much work there is yet to do in the struggle for equal rights and opportunities.

But last week, I, along with three of our colleagues—Senator CARDIN, Senator GILLIBRAND, and Senator BOXER—submitted a resolution to do that, to recognize and honor those women in the United States and around the world who have worked throughout history to ensure that women are guaranteed equality and basic human rights and to recognize the significant obstacles women continue to face. Our resolution garnered 15 cosponsors from both sides of the aisle, so both our Republican colleagues and Democrats cosponsored this resolution.

I think it is important to note that over the last several years, Congress has unanimously passed similar statements supporting the goals of International Women's Day and encouraging people across the country to observe this important day with appropriate programs and activities.

But this year, while this day was celebrated and recognized around the world, it was not recognized by the Senate. This noncontroversial, bipartisan resolution was blocked and the blocking of this resolution, is inexplicable and indefensible. But, sadly, it is not surprising because obstruction seems to have become a way of doing business around here no matter how innocuous the issue.

Because we were not able to get agreement from the other side in pass-

ing this resolution, I would like to read into the RECORD some of the statements that are in the resolution so we can honor, at least in our RECORD, the contributions of women around the world.

Whereas women around the world participate in the political, social, and economic life of their communities and play the predominant role in providing and caring for their families;

... Whereas although strides have been made in recent decades, women around the world continue to face significant obstacles in all aspects of their lives including discrimination, gender-based violence, and denial of basic human rights;

Whereas women are responsible for 66 percent of the work done in the world, yet earn only 10 percent of the income earned in the world;

Whereas women account for approximately 70 percent of individuals living in poverty world-wide;

... Whereas women in developing countries are disproportionately affected by global climate change;

... Whereas according to the Department of State, 56 percent of all forced labor victims are women and girls;

Whereas according to the United Nations, 1 in 3 women in the world will be beaten, coerced into sex, or otherwise abused in her lifetime;

... Whereas, the United Nations theme for International Women's Day 2010 is “Equal rights, equal opportunities: Progress for all”; Now, therefore, be it

Resolved, That the Senate . . .

recognizes and honors the women in the United States and around the world who have worked throughout history to strive to ensure that women are guaranteed equality and basic human rights;

reaffirms the commitment to end gender-based discrimination in all forms, to end violence against women and girls worldwide; and

encourages the people of the United States to observe International Women's Day with appropriate programs and activities.

That is a brief version of the full resolution, but I think you can tell by what I read, this is a resolution that recognizes the challenges that still face too many women, not only in this country but especially in developing countries around the world. I hope next year when International Women's Day comes around, this body, the Senate, will be willing to recognize that day and recognize what is happening with women across the country and around the world.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, I thank Senator SHAHEEN for her leadership on S. Res. 433. I thank her for coming to the floor this evening to explain what this resolution does, that it would have the Senate go on record in support of recognizing March 8 as International Women's Day. I appreciate Senator SHAHEEN reading into the RECORD what is included in this resolution. The resolution supports the goals of International Women's Day. It recognizes that the economic growth and empowerment of women is inextricably

linked with the potential of nations to generate economic growth in sustainable democracies. It recognizes the women in the United States and around the world who have worked throughout history to strive to ensure that women are guaranteed equality and basic human rights. It reaffirms the commitment to end gender-based discrimination in all forms, to end violence against women and girls worldwide, and encourages the people of the United States to observe International Women's Day with appropriate programs and activities.

I think it is important, as Senator SHAHEEN has done, to point out we have not been able to adopt this resolution because of the objection of a Senator. This should have been done. There is nothing controversial in this resolution. It has 15 cosponsors. It is bipartisan.

But most important, it points out a very important fact about women around the world; that is, that they are being discriminated against; they are being abused; they are being treated unjustly, and we should go on record as to what we need to do in order to recognize that fact. It is beyond dispute. These are the facts. These are facts stated by respected international organizations about how women and girls are abused.

We know about the trafficking of young women and girls. We know about the lack of maternal health care. We know about the lack of health care for children. We know about the discrimination in education. In Sub-Saharan Africa, only 17 percent of girls are enrolled in secondary schools. We know about that. We know about the abuses in the workforce, the fact that Senator SHAHEEN mentioned—66 percent of the work done by women and only 10 percent of the income. These are facts, and we know we need to go on record to say we will not allow this to continue.

I am disappointed we are not going to be able to approve this resolution because of the objections. I think it is an inappropriate use of a Senator's right to object. I think it is important the American people understand that. I thank my colleague from New Hampshire for bringing to the attention of our colleagues in the Senate, bringing to the attention of the American people, that we stand for gender equality. Unfortunately, one Senator is preventing us from passing a resolution that should have been passed unanimously by this body.

I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

TRIBUTE TO KATE PUZEY

Mr. ISAKSON. Mr. President, I rise on a very sad moment for me, but a very poignant moment as well. This morning at 6:30, when I got up in my condominium in Washington, I lit a candle. When I return there this

evening, I will relight that candle. If you go on YouTube and look to "Light A Candle for Kate Puzey," you will understand why I lit it, because 12 months ago today, March 11 of last year, Katherine "Kate" Puzey was murdered in Benin, Africa. Two years of volunteer teaching in a school in Benin and she was brutally murdered, her life was taken.

I didn't know Kate Puzey in life, but I have come to know her well in death. When I read the article in the Atlanta newspaper about her death, I was compelled to go to the funeral that day, to a family I did not know in a neighborhood I had not visited. I sat at the back of the church, and I listened for 2 hours to the tributes of young person after young person, minister after minister, teacher after teacher, Peace Corps volunteer after Peace Corps volunteer, talking about this wonderful woman of the world, this wonderful light to the world. Kate Puzey graduated at the top of her class in Cumming, GA, Forsyth County, in high school. She went on to William and Mary College, graduated with distinction and honors, was president of student government in high school, was everything you would like to see in a young person.

But she was not just a citizen of America, she was a citizen of the world.

She cared about the less fortunate. She cared deeply about troubled children. She committed her life to the Peace Corps immediately upon her graduation from college.

She was assigned to Benin, in west Africa. I am on the Africa sub-committee and travel to Africa every year. Last year I was in Rwanda, Tanzania, Sudan and Darfur, Kenya. I understand the wonderful work of the Peace Corps volunteers in Africa. They are bringing hope out of despair, love out of tragedy. That was Kate's mission in life.

To listen to those Peace Corps volunteers who served with her—and they came to visit me and tell me about her—she was a shining star for America, she was a shining star for the children of Benin, Africa, she was everything John Kennedy intended the Peace Corps to be around the world when he created it 49 years ago this month.

Tragically, though, Kate was murdered. She was brutally murdered at the hands of an alleged person who is pending trial in Benin now, a person who is alleged to have murdered her because Kate Puzey did what is right. You see, Kate, as a teacher in this school, learned there was an individual who was sexually abusing young African children in Benin.

Benin is not like Washington. You do not pick up the phone and call the main desk and order something; you don't pick up a newspaper and read it; you do not send an e-mail, because it

does not exist. To communicate is very difficult.

But Kate, at risk to herself, communicated back to the central office what she had learned was taking place in the abuse of these children. The next day she was murdered at night in her hut.

The trial has not taken place yet. I am never going to convict anybody until they have had their day of justice. But from all the evidence that has been seen, Kate Puzey died because she did what is right. It caused me to think, when I met with her folks a few weeks ago, and listened to their concerns about other young people around the world volunteering in the Peace Corps, that maybe there is something we ought to do as a tribute for the sacrifice of Kate Puzey's life; that is, find a way to provide for these volunteers a protection, such as whistleblowers receive every day in government.

You see, whistleblower protection for those who would report something that is being done wrong keeps them from being abused. But Peace Corps people are not employees, they are volunteers. I met with Aaron Williams not too long ago, the new Director, who is doing a wonderful job at the Peace Corps. He agreed to meet with Kate's parents, Lois and Harry Puzey, who suggested to him some of the things that could be done as a tribute to Kate, and hopefully preventing something like this from ever happening again. I know Aaron Williams is looking at that. I commend him for the investigation he is doing.

CHRISTOPHER DODD from Connecticut, in this body, a Peace Corps volunteer himself many years ago, and I have met. He has some legislation coming soon on the Peace Corps. I spoke to him about incorporating a protection similar to whistleblower protection that government employees have for these volunteers who are in the Peace Corps, and immediately he seized on the idea, because he recognized what I know: Peace Corps volunteers are not in the luxury spots around the world. They live in danger and with very little support. They live way out, but they live there because they want to help. They want to protect. They want to right the wrongs.

When I travel to Africa every year, in every country I go, I invite Peace Corps volunteers for breakfast or lunch or dinner. I am always struck, first, that it usually takes them a couple of days to get to me, because they have to hitch rides or literally walk, because there is no transportation. I realize how remote their service is. But I also realize how wonderfully received their service is in the countries where they serve. We are blessed as a nation to have had a President who created the Peace Corps. We are blessed as a nation to have 7,600 Americans right now volunteering around the world, 155 of them from my home State of Georgia.

But periodically we face great tragedy. A year ago, Kate Puzey's life was taken away from her and her family, tragically. As sad as that tragedy is, we need to bring hope from that tragedy. From the despair that her family feels, we need to have a sense of love, and the best way to do it is to see to it that we pass legislation to protect or add protection to Peace Corps volunteers for providing information that is critical to be known and protect them from retribution.

I will work with CHRIS DODD on that as a tribute to Kate Puzey, and when I go home tonight, I am going to relight that candle, a candle that pays tribute to the life and the love and the many successes of Kate Puzey.

While taken from us at the age of 24, she has left us with a legacy of everything that is right with America, everything that is right with our youth, everything that is right with the Peace Corps; that is, to deliver the message of hope to people around the world who have no hope, promise to those who have despair and hope for the future of mankind.

I pay tribute to the life of Catherine "Kate" Puzey, of Cumming, GA.

I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE

Mr. WHITEHOUSE. Mr. President, more than a year ago I came to the Senate floor to share stories I had heard from Rhode Islanders who are struggling in our broken health care system. Since then I have been here on many occasions continuing to share those stories and continuing to urge Congress to get to work on legislation to transform our health care system so all Americans can receive the health care they deserve.

Over the past year, with my colleagues in the Senate on the HELP Committee, our colleagues on the Finance Committee—the many colleagues who were active in preparing this legislation and working on the Senate floor—we have worked through differences, ironed out details, and slowly but surely moved toward creating a reformed health care system that will lower costs, cover millions of the uninsured, and deliver the care we need when we need it.

Today, we stand on the brink, on the doorstep, just a few short steps away, from achieving this landmark reform. As we move forward to take those welcome final steps, let's not forget that the deliberate failure to act—as our Republican colleagues recommend—

would leave millions of Americans mired in a status quo that consistently—consistently—fails them.

I recently heard from Valerie, a working mother in Warwick, who carried the health insurance coverage for her entire family until she lost her job. The double blow of losing her job and her insurance left Valerie and her husband with very few choices. The choice they faced was a difficult one. Here is what they decided: After paying for costly individual plans for their teenagers, they could not afford coverage for themselves. So they went ahead, covered their kids, and have left themselves exposed to the devastating financial consequences of getting sick while uninsured.

Here is what Valerie wrote to me:

Looking back on our lives, major life decisions have been based upon the availability and affordability of health insurance for our family. I have had to pass up job opportunities and make other major sacrifices to ensure we had affordable insurance. Now that isn't even possible.

Valerie is one of the 14,000 Americans who lose their health care coverage every day we do not act. Mr. President, 14,000 is a very big number, but it is just a number. Behind each one of those 14,000 people is a story like Valerie's and a family who is worried and anxious, perhaps even frightened.

For Emily, a resident of Barrington, the continuation of the status quo would prolong the endless runaround she and her husband have endured to get just one health insurance claim resolved.

Last March, Emily's husband required back surgery. The insurance company preapproved the coverage, assuring him the surgery would be paid for. With this assurance, Emily's husband went to the hospital and went through with the surgery.

Months later, however, the insurance company still had not paid. They began to ask for more information. Emily resubmitted lengthy paperwork, but she heard nothing back. Nine months have now passed—9 months—and the insurer has yet to pay the \$17,000 charge for her husband's surgery.

Nationally, insurance company overhead has more than doubled in the past 6 years. It is up more than 100 percent in the past 6 years. It is now estimated to cost America \$128 billion. What do you suppose they spent that money on when they doubled their overhead and their bureaucracy? More people to take cases such as Emily's and find more ways to deny and delay their payment.

If we do not change the status quo, there will be even more insurance bureaucracy, even more fighting to delay or deny claims, and even more people such as Emily and her husband who are on the short end of the stick when the insurance companies engage with them.

For Christine, a concerned mother in Providence, the status quo has left her

worried sick about her son. Christine has always provided health insurance for her family, but when her son turned 23 years old he became ineligible for coverage under her insurance policy.

In this difficult economy, Christine's son has only been able to find part-time work, like so many other Americans, so many Rhode Islanders. Christine writes this:

It breaks my heart when he expresses to me that he feels insecure and strange that he is not covered medically.

Christine prays that nothing goes wrong with her son that would require medical care, and asks me: "What is he to do?"

Well, when this bill passes, Christine's son will have something to do. He will be able to stay on her family coverage until he turns 26.

These stories I have shared today—stories from anxious families of fear, uncertainty, and frustration—are the direct result of the rampant dysfunction in the broken status quo of our health care system. I know the Presiding Officer, who comes from Minnesota, sees this in his home State every day.

The legislation we passed in the Senate on Christmas Eve will begin to correct this rampant dysfunction. It will begin to make our system start to work for the American people and not support the insurance companies working against them.

To our Republican colleagues who seek to delay and obstruct this historic reform, I have to say we need to pass comprehensive health care reform so people like Valerie never have to make the choice between health insurance for herself and health insurance for her children. We need to pass comprehensive health care reform so that people such as Emily and her husband can't be denied care or denied payment or get the runaround from profit-driven insurance companies. We need to pass comprehensive health care reform so that children such as Christine's son can stay on their parents' insurance policies, particularly during this tough economy, until the age of 26, helping them get by during those exciting, challenging, tumultuous years when a young person gets out of college and starts to find their way in the workforce, those years between college and an established career.

These changes will make a real difference in the lives of millions of Americans. I hope all of my colleagues will hit the reset button on their opposition and will think of the Emilys and the Valeries and the Christines in their home States, the thousands of Americans whose lives will be made better in real and important ways by this reform. I urge them to join us in supporting this historic effort.

I yield the floor, and I note the absence of a quorum.

The PRESIDING OFFICER (Mr. BURRIS). The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

UNANIMOUS CONSENT AGREEMENT

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the list that I will send to the desk shortly be the only first-degree amendments in order to H.R. 1586 other than any pending amendments; that the first-degree amendments be subject to second-degree amendments which are relevant to the amendment to which offered; that managers' amendments be in order if they have been cleared by the managers and leaders and, if offered, they be considered and agreed to and the motion to reconsider be laid upon the table; further, that upon disposition of all amendments, the substitute amendment, as amended, if amended, be agreed to and the motion to reconsider be laid upon the table; the bill, as amended, be read a third time and the Senate proceed to vote on the passage of the bill; that upon passage, the title amendment, which is at the desk, be considered and agreed to and the motion to reconsider be laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The list of amendments is as follows:

DEMOCRATIC LIST—FAA

Baucus: 1. Relevant to any on list.
Begich: 1. Alaska Native training, 2. Oxygen cylinders, 3. NextGen Avionics.
Bingaman: 1. EAS.

Cantwell: 1. Increase number of beyond perimeter exemption DCA, 2. Bond financing fixed wing emergency medical aircraft (#3477), 3. Study natural soundscape preservation, 4. Required navigation performance improvements, 5. Implementation NextGen, 6. Rollover treatment IRAs airline carrier bankruptcy, 7. Shipping investment withdrawal rules.

Cardin: 1. Worker safety, 2. Passenger bill of rights, 3. EAS, 4. Relevant.

Durbin: 1. Study airline and intercity rail codeshare arrangements, 2. Development best practices/metrics/design/maintenance.

Feingold: 1. Transportation earmarks (pending), 2. Airport development funds.

Feinstein: 1. Cabin air quality.
Landrieu: 1. Passenger rights.

Lautenberg: 1. Newark Airport Traffic study #3473, 2. Transportation terminal fees #3484.

Lieberman: D.C. Schools (pending).

Menendez: 1. Transparency of fees, 2. Fuel surcharges, 3. Monitoring of air noise in NYC/NJ air space, 4. Pilot distraction study.

Nelson (NE): 1. Passenger fare charges.

Nelson (FL): 1. General Aviation/Military airport program #3479.

Rockefeller: 1. Relevant to any on list, 2. Relevant to any on list.

Reid: 1. Clark County lands #3467, 2. Airport improvement land lease #3468, 3. Flood mitigation #3469, 4. Relevant to any on list.

Schumer: 1. Rules relocation #3478, 2. Transfer off peak slots #3480, 3. Pilot qualifications.

Shaheen: 1. Expansion New Hampshire site.

Specter: 1. Qualified shipyards loan guarantees.

Warner: 1. DCA slots/perimeter rules, 2. DCA slots/perimeter rules, 3. DCA slots/perimeter rules, 4. Volunteer pilot organization (medical airlift).

Wyden: 1. Regulating air tours in national parks.

Sessions: 3453.

Vitter: 3458.

DeMint: 3454.

McCain: 3472, Bicycle storage facilities, Grand Canyon Overflights, NextGen, Earmarks moratorium.

Ensign: 3476, DCA perimeter rules.

Johanns: FAA.

Inhofe: 3464, Volunteer Pilots.

Coburn: Audit Airports with 10,000 Enplanements, Offset National Park Tour Management Plans, Repeal an Essential Air Service Alternative Program, Reform the Essential and Small Air Service program, Prioritize Aviation national priorities over earmarks, Cap subsidy rate per passenger for certain programs.

Collins: FAA hearing in Maine.

Murkowski: FAA trainee program, flight service stations.

Bunning: Pilots.

Crapo: 3457, Boise TRACON.

Barrasso: 3474.

Bennett: 3462.

Hutchison: 3481, 2. relevant to list.

Grassley: 1. relevant to list.

McConnell: 1. relevant to list.

Wicker: 3494, Amtrak technicals.

MORNING BUSINESS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

TRIBUTE TO GENEVIEVE "GENE" SEGERBLOM

Mr. REID. Mr. President, I rise today to honor Genevieve "Gene" Segerblom for a lifetime of service to her family, community, and the entire State of Nevada. It has been my privilege to serve the State of Nevada for close to 45 years in a variety of capacities, and during this time I have worked alongside monumental figures from my home State. Yet, perhaps no other person with whom I have come in contact over these years has been as great a force for good as has Gene. Gene will soon be celebrating her 92nd birthday, and on this occasion I am happy to recognize her life and accomplishments before the U.S. Senate.

Gene was born in Ruby Valley, near Elko, NV. Gene and her family moved to Salt Lake City when she was a baby, but the Great Depression brought them to the Reno area, where Gene attended junior high school. After graduating from high school in Winnemucca, Gene enrolled as a mechanical engineering student at the University of Nevada but changed her major to education. It was during this time that Gene met

Cliff Segerblom, the man she eventually married and with whom she raised two children, Robin and Richard. After her graduation, Gene relocated to Boulder City, NV, where she worked as a school teacher.

This upcoming Monday, March 15, Gene will celebrate her 92nd birthday at an event honoring her late husband's artwork. Nevada: The Photography of Cliff Segerblom, is certain to display Cliff's marvelous talent in capturing with his artistic eye the state that I love. I would like to take a moment to speak about Gene's husband Cliff. Cliff Segerblom was one of Nevada's most accomplished artists. Although he was best known for his work with watercolors, Cliff also thrived in photography and acrylics. I am lucky enough to own some of Cliff's incredible paintings, and I count them among my most prized possessions. Gene's husband displayed incredible gifts, and I know that all of Nevada has been enriched by his talents.

Gene is a third-generation Nevadan and comes from a family with a long tradition of public service in Nevada. Her grandfather, W. J. Bell, was in the Nevada Legislature, and her mother, Hazel Bell Wines, was a Humboldt County assemblywoman. Like her mother and grandfather before her, Gene took an active interest in the betterment of her community. In 1979, she ran for and won a seat on the Boulder City Council. Her election coincided with an uneasy period of growth for Boulder City, a time in which the city's water and power resources were dwindling. However, Gene met the problem head-on and helped to bring about an era of sustainable growth to Boulder City.

By 1993, Gene was serving in the Nevada State Assembly, representing Boulder City, Henderson, Laughlin, and my hometown of Searchlight. In 2000, Gene Segerblom's time in the assembly came to a close. However, it was not long before her son Richard "Tick" Segerblom followed in his mother's footsteps and was elected to the Nevada State Legislature.

My wife Landra and I feel grateful for the chance to call Gene a dear friend. Indeed, Gene's life has been one of friendship and compassion to all Nevadans. I am proud of all that she has accomplished, and all she will continue to achieve. I wish her a very happy 92nd birthday.

TAX EXTENDERS ACT

Mr. KYL. Mr. President, the economic downturn has continued for a year-and-a-half now and has affected most Americans in some way.

Congress has approved a number of measures, which I supported, aimed at helping those Americans. It recently extended unemployment benefits for those who do not have a job. It also expanded the eligibility requirements

and duration for COBRA health benefits for those between jobs, and provided a subsidy for those premiums.

I could not, however, support the so-called jobs bill put forward by the majority leader and recently passed by the Senate.

A jobs bill should create jobs. Beyond some of the tax extenders, there is little in this bill that provides a foundation for jobs creation.

The bill is essentially a large spending package that extends, through 2010, aspects of current law. The provisions it contains, such as long-term extensions of unemployment insurance, COBRA, and FMAP State aid, do not promote jobs growth, and, in fact, anticipate that unemployment will still be a serious problem for the remainder of the year.

A negative correlation exists between unemployment benefits and work incentives. As President Obama's chief economist Larry Summers has written:

Government-assistance programs contribute to long-term unemployment by providing an incentive, and the means, not to work. Each unemployed person has a 'reservation wage'—the minimum wage he or she insists on getting before accepting a job. Unemployment insurance and other social-assistance programs increase that reservation wage, causing an unemployed person to remain unemployed longer.

He further concludes:

Unemployment insurance also extends the time a person stays off the job.

That analysis underscores my point. While I do not disavow the need for unemployment benefits and have supported every short-term extension, I do believe that long-term extensions of those benefits do not lead to job creation and should not be touted as part of a jobs bill.

The cost of this bill is also a problem. When President Obama signed the pay-go Act 4 weeks ago, he said:

Now, Congress will have to pay for what it spends, just like everybody else.

This bill waives those brand new pay-go requirements and adds more than \$100 billion to the already-exploding deficit.

Good jobs legislation would address the underlying problem of unemployment, rather than treating the symptoms of a weak economy. Good jobs provide far more security to American families than temporary government benefits do.

There are a number of steps Congress can take that will actually put Americans back to work.

One is ending the constant cycle of spending billions of dollars the Treasury does not have. When the government borrows money—it borrowed \$1.4 trillion last year—it's more difficult for the private sector to borrow and invest. When businesses can't grow their operations, they can't afford to hire new employees.

Congress can also ameliorate the uncertainty that is preventing new hiring

by not raising taxes and costs on employers. Unless they are extended, the lower tax rates that have been in place since 2001 are set to expire at the end of this year, triggering a \$2 trillion tax increase over the next decade. Businesses will remain timid about hiring if they think new taxes will add to the cost of their business and consume the capital that could be used to pay new employees.

There are other steps Congress can take—promoting our Nation's exports by passing free-trade agreements with Colombia, Panama, and South Korea, and increasing production of domestic energy resources, for example.

Passing bills that increase our Nation's debt and create disincentives to work will not encourage investment in the economy. If we want business owners and entrepreneurs to start creating jobs, Congress should act so that it does not become harder and more expensive to do business.

TRIBUTE TO MARY McBRIDE

Mrs. MURRAY. Mr. President, I would like to take a moment today to recognize Mary McBride for her years of service to the U.S. Senate and the people of Washington State. Mary served on my staff for the last 9 years of her distinguished public career. Prior to her service in my office, Mary served as the Washington State Director of USDA Rural Development during the Clinton administration. As of March 1, 2010, Mary is assuming yet another role in the Federal Government as Region X Administrator for the U.S. Department of Housing and Urban Development.

Mary is a thoughtful and dedicated public servant. She covered three diverse regions in Washington State on my behalf: central Washington, the Olympic Peninsula, and South Puget Sound. The issues facing each of these regions differ greatly, and Mary was able to immerse herself in the concerns facing my constituents and build lasting relationships in each community. Whether working on farm worker housing, economic development or gang violence, Mary approached each topic with an outstanding knowledge of the Federal process and resources and with a strong commitment to solving problems and creating opportunity.

I would like to thank Mary for her years of service to me and the people of Washington State. Her career is a tremendous example of public service, and her dedication to her work is truly appreciated. I wish her all the best in her future endeavors and know that her many talents will continue to serve the U.S. Department of Housing and Urban Development in the Obama administration.

TRIBUTE TO JUDY OLSON

Mrs. MURRAY. Mr. President, I would like to take a moment today to recognize Judy Olson for her years of service to the U.S. Senate and the people of Washington State. Judy served on my staff for 11 years prior to becoming the Washington State Director of the U.S. Department of Agriculture Farm Service Agency in August of 2009.

During her many years on my staff, Judy served as my eastern Washington regional director. Covering a region that spanned 13 counties and 24,239 square miles, Judy brought a tireless dedication to the needs of my constituents in this vast region. A longtime resident of Whitman County, Judy and her husband farmed wheat, dried peas, and lentils. This gave her deep understanding and firsthand knowledge of the challenges facing our farmers and agricultural communities. Over the years, Judy continuously worked to ensure that the people of Washington State, whether they lived in Spokane or in Omak, were well served by the Federal Government.

I would like to thank Judy for her years of service to me and the people of Washington State. Her career is a tremendous example of public service, and her dedication to her work is truly appreciated. I wish her all the best in her future endeavors and know that her many talents will continue to serve the Farm Service Agency in the Obama administration.

REMEMBERING KENT M. RONHOVDE

Mr. BENNETT. Mr. President, I was saddened to learn that Kent M. Ronhovde of the Congressional Research Service died on February 19. Mr. Ronhovde devoted a 36-year career at CRS to serving both sides of the aisle and both sides of the Capitol, Senate and the House.

Mr. Ronhovde was a senior leader and an adviser to Director Daniel P. Mulholland. For the last 7 years as Associate Director of the Office of Congressional Affairs and Counselor to the Director, he brought astute judgment and keen insight into some of the most sensitive issues facing the Service.

CRS provides members of Congress authoritative, objective and non-partisan analysis. All of us appreciate CRS experts' solid advice untainted by advocacy, hidden agendas or personal biases. Kent Ronhovde was instrumental in preserving those core values of CRS.

Mr. Ronhovde was the primary liaison between CRS and its Senate and House oversight committees. He managed the CRS Review Office in which all CRS written work is judged for conformance with CRS policies.

Mr. Ronhovde was a native Washingtonian who received his JD at Georgetown University Law Center and served

in Vietnam. He subsequently earned a master's in public administration while at CRS. CRS hired him in 1974 as an attorney and he rose progressively through the American Law Division and CRS senior management.

Some of us here today may remember Mr. Ronhovde's excellent work as a legislative attorney in the American Law Division in the 1970s and 80s. He served senators, committees and their staffs in such areas as criminal law, intelligence activities, gun control and terrorism. He wrote extensively on legal issues raised in connection with the reports of the Senate Select Committee to Study Government Operations with Respect to Intelligence Activities—Church Committee—and of the House Select Committee on Assassinations.

His distinguished performance led to his selection as section head in 1985 and assistant chief of the division in 1986. As assistant chief, he managed the Federal Law Update, a twice-yearly series of seminars on important issues of law and policy related to the legislative business of Congress. In 1996, he was promoted to a senior management position in CRS and in 2003 assumed the duties of associate director and counselor to the Director. Throughout this illustrious career, Mr. Ronhovde guarded and exemplified CRS's core values: authoritativeness, confidentiality and objectivity. He honored and respected CRS's role in serving the Congress and he ensured the role was undertaken judiciously and wisely. His astute counsel, sound judgment and devotion to the institutions of CRS and Congress will be sorely missed.

Mr. President, I extend my sincerest condolences to Mr. Ronhovde's wife Juliet, daughters Kristen and Brooke, their families, and to all his many friends and colleagues at CRS.

RIGHT TO BEAR ARMS

Mr. UDALL of New Mexico. Mr. President, last week, the Supreme Court heard oral arguments in the *McDonald v. City of Chicago* case.

Despite much of the rhetoric surrounding this case, *McDonald v. Chicago* isn't a case about gun control. It is a case about our constitutional, fundamental rights as Americans.

Our freedoms in the Bill of Rights—including those of speech and religion and the press—are incorporated by the 14th amendment. They cannot be infringed upon by the states. The Supreme Court ruled on that issue long ago.

The issue in *McDonald* is whether an individual's second amendment right to keep and bear arms must be protected against State infringement. The case follows the Court's landmark 2008 ruling in *District of Columbia v. Heller*. In *Heller*, the Court—for the first time—ruled that the second amend-

ment protects an individual's right to keep and bear arms.

There is precedent dating back more than 100 years that reaffirms that the second amendment applies only to the Federal Government. However, in 1873, the Court began to develop modern incorporation doctrine principles. These principles were used to determine if amendments apply to the States through the due process clause of the 14th amendment.

The Court in *McDonald* is likely to use the modern incorporation doctrine, rather than simply uphold precedent from its previous second amendment cases.

The Supreme Court in *Duncan v. Louisiana* summarized the modern incorporation doctrine, stating, "the question has been asked whether a right is among those fundamental principles of liberty and justice which lie at the base of all our civil and political institutions . . . whether it is basic in our system of jurisprudence . . . and whether it is a fundamental right, essential to a fair trial."

I believe the second amendment right to bear arms is a fundamental, constitutional right of law-abiding Americans. And, like most of the Bill of Rights, it must also be protected from unreasonable state restrictions.

Since the *Heller* decision, three appellate courts have addressed whether the second amendment applies to the States. Two of the courts, the Second and Seventh Circuits, followed Supreme Court precedent. They held that the second amendment only applies to the Federal Government. This was not because the judges were in favor of gun control—as many tried to state during Justice Sotomayor's confirmation hearing. Instead, it was because they showed judicial restraint. They recognized that only the Supreme Court should overturn its own precedent. In the third case, the Ninth Circuit failed to follow Supreme Court precedent. Instead, it applied modern incorporation principles. It held that the second amendment is incorporated by the 14th amendment and protected against State infringement. Although I think the Ninth Circuit should have followed precedent, I agree with their analysis.

I would emphasize this: Even if the Court decides that the second amendment does not apply to the States, citizens do not need to worry that people are going to start taking away their firearms.

Forty-four State constitutions contain provisions addressing the right to bear arms. Most of these are much clearer than the Federal Constitution. They were adopted more recently and address specific issues such as concealed carry laws.

New Mexico's Constitution states: No law shall abridge the right of the citizen to keep and bear arms for security and defense, for lawful hunting and rec-

reational use and for other lawful purposes, but nothing herein shall be held to permit the carrying of concealed weapons. No municipality or county shall regulate, in any way, an incident of the right to keep and bear arms.

I am confident that our citizens' right to bear arms will continue, regardless of the *McDonald* decision. However, I believe that the Court will hold that the second amendment is incorporated by the 14th amendment.

When the Court asks whether the right to bear arms is "among those fundamental principles of liberty and justice which lie at the base of all our civil and political institutions . . . and is deeply rooted in this nation's history and tradition," I have no doubt in the conclusion they will reach.

ADDITIONAL STATEMENTS

RECOGNIZING DAMARISCOTTA RIVER GRILL

• Ms. SNOWE. Mr. President, today I honor a small restaurant in my home State of Maine that has taken a creative approach to bringing people together by hosting a number of community-oriented events. Located in the charming and quaint town of Damariscotta, the Damariscotta River Grill has become a well-known name in the midcoast Maine dining scene by providing diners with a comfortable and welcoming environment to enjoy a good meal while meeting local artists.

The Damariscotta River Grill opened in late 2003 and has quickly become a recognized name throughout Maine's burgeoning restaurant scene. Noted for its fresh and diverse menu, the Grill offers customers an eclectic mix of local seafood, meats, and produce. For lunch, the restaurant makes a wide array of sandwiches, and on Sundays the restaurant prepares a delectable brunch complete with an incredible number of options for landlubbers and seafood lovers alike.

The restaurant has quickly caught the attention of critics from far and wide, who all agree that the Damariscotta River Grill is not to be missed when visiting Midcoast Maine. Publications as divergent as the *Boston Herald*, *New York Times*, *Portland Press Herald*, and *Fodor's* have praised the consistent and mouthwatering cuisine that chef-owner Rick Hirsch cooks up year round. *Cape Cod Today* went as far as to say that the restaurant offers ". . . as original and appealing a menu as any in New England"—a ringing endorsement given the number of superb establishments throughout the six-state region!

On March 30, Chef Rick Hirsch will be acknowledged for his hard work and dedication in producing such a high-caliber restaurant when he receives the Maine Restaurant Association's 2010

Chef of the Year award at a ceremony in Portland. A graduate of the renowned Johnson & Wales University in Rhode Island, Mr. Hirsch is extraordinarily deserving of this prestigious award, which recognizes Mr. Hirsch's more than two decades of culinary experience as the owner of two restaurants in Maine—the Damariscotta River Grill, as well as the Anchor Inn Restaurant in Round Pond—and his Red Plate Catering business.

Additionally, since its inception, the Damariscotta River Grille has been an engaged participant in the local community. The Maine winner of the National Restaurant Association's 2008 Restaurant Neighbor Award, the Damariscotta River Grill contributes regularly and generously to numerous regional organizations and initiatives, including the Boys and Girls Clubs' wreath sale each year. The restaurant is also involved in the annual Chocolate Fest, which was just held last month, to support "Healthy Kids!," a program that helps prevent child abuse and neglect in Lincoln County through educational outreach to families.

Beyond fundraisers for charities and other organizations, the Damariscotta River Grill hosts inventive gatherings to attract the restaurant's loyal following. To highlight its Wine Spectator award-winning wine list, the restaurant's Wine Club features at least six wine and food tastings with a wine expert, as well as door prizes and discounts on wine purchases. Additionally, the Grill's "Art At the Grill" series, presently in its 5th year, shines a significant spotlight on area artists. The restaurant displays an artist's work for a period of time, and hosts a reception, open to the public, where guests can speak with the artists about their work. In 2010, the restaurant plans to host over 15 artists, including painters, potters, photographers and fabric artists through this unique project.

The Damariscotta River Grill has become a favorite of locals and tourists alike because of its wide-ranging menu and unique character and charm. Chef Hirsch, along with his wife and business partner, Jean Kerrigan, has created something truly special in downtown Damariscotta. I congratulate Mr. Hirsch on his well-deserved award, and wish everyone at the Damariscotta River Grill a remarkable and successful year.●

MESSAGES FROM THE HOUSE

At 9:33 a.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 4573. An act to urge the Secretary of the Treasury to instruct the United States Executive Directors at the International

Monetary Fund, the World Bank, the Inter-American Development Bank, and other multilateral development institutions to use the voice, vote, and influence of the United States to cancel immediately and completely Haiti's debts to such institutions, and for other purposes.

ENROLLED BILL SIGNED

The President pro tempore (Mr. BYRD) reported that he had signed the following enrolled bill, which was previously signed by the Speaker of the House:

H.R. 3433. An act to amend the North American Wetlands Conservation Act to establish requirements regarding payment of the non-Federal share of the costs of wetlands conservation projects in Canada that are funded under that Act, and for other purposes.

At 11:51 a.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 4621. An act to protect the integrity of the constitutionally mandated United States census and prohibit deceptive mail practices that attempt to exploit the decennial census.

The message also announced that the House has agreed to the following concurrent resolution, in which it requests the concurrence of the Senate:

H. Con. Res. 249. Concurrent resolution commemorating the 45th anniversary of Bloody Sunday and the role that it played in ensuring the passage of the Voting Rights Act of 1965.

MEASURES REFERRED

The following bill was read the first and the second times by unanimous consent, and referred as indicated:

H.R. 4621. An act to protect the integrity of the constitutionally mandated United States census and prohibit deceptive mail practices that attempt to exploit the decennial census; to the Committee on Homeland Security and Governmental Affairs.

The following concurrent resolution was read, and referred as indicated:

H. Con. Res. 249. Concurrent resolution commemorating the 45th anniversary of Bloody Sunday and the role that it played in ensuring the passage of the Voting Rights Act of 1965; to the Committee on the Judiciary.

PETITIONS AND MEMORIALS

The following petitions and memorials were laid before the Senate and were referred or ordered to lie on the table as indicated:

POM-85. A resolution adopted by the Legislature of Guam expressing strong and abiding opposition to any use of eminent domain [condemnation] for the purpose of obtaining Guam lands for either the currently planned military buildup or other U.S. federal government purposes, or both; to the Committee on Armed Services.

RESOLUTION No. 258-30 (COR)

Relative to expressing the strong and abiding opposition of *I Liheslaturan Guåhan* and

the People of Guam to any use of eminent domain [condemnation] for the purpose of obtaining Guam lands for either the currently planned military buildup or other U.S. federal government purposes, or both.

Be it *Resolved by I Mina'Trenta Na Liheslaturan Guåhan*

Whereas, the island of Guam has only one hundred forty-seven thousand (147,000) acres of land available to it for all purposes; and

Whereas, the Department of Defense currently possesses forty thousand (40,000) acres, constituting 27.21 percent of the island's land mass; and

Whereas, the United States National Park Service currently possesses six hundred ninety-five (695) acres, or 0.47 percent of the island; and

Whereas, the United States Fish & Wildlife Service currently possesses three hundred eighty-five (385) acres, or 0.26 percent of the island; and

Whereas, the Government of Guam currently possesses thirty-seven thousand six hundred seventy-three and thirty-six (37,673.36) acres, or 25.6 percent of the island; and

Whereas, the private lands of Guam consist of only sixty-eight thousand two hundred forty-six (68,246) acres, or 46.43 percent of the island; and

Whereas, the Federal Government, in its draft Environmental Impact Statement (DEIS) for the military buildup, has stated it desires additional land for its buildup for a Proposed Training Range Complex, offering two (2) alternatives: Alternative A, identified as the preferred alternative, calls for acquiring by lease or condemnation nine hundred twenty-one (921) acres for this training range complex, which apparently is limited to public lands belonging to the Chamorro Land Trust Commission and the Ancestral Lands Commission, and Alternative B, east of Andy South, that calls for acquiring by long-term lease or condemnation one thousand one hundred twenty-nine (1,129) additional acres, some private and some public; and

Whereas, the DEIS also states that the military desires the former FAA Housing Area, comprising six hundred eighty (680) acres of Ancestral Lands, which would fill in a gap in the future Marine Corps base between NCTS Finegayan and South Finegayan; and

Whereas, the Joint Guam Program Office (JGPO) has declined to be clear regarding the possibility of eminent domain/condemnation being used as a tool to acquire the desired access to additional land in Guam, either directly or indirectly as a threat to back up "negotiations"; and

Whereas, the Joint Guam Program Office has stated that all options "are on the table" when it comes to additional land needed by the military, and that there is such a thing as "friendly condemnation"; and

Whereas, it appears that the Federal Government has no appreciation for the history of Federal land takings in Guam, or the importance of land to the people of Guam; and

Whereas, the history of land takings and the importance of land in the local culture of a tiny island have resulted in a significant sensitivity to Federal land takings on the part of the local people; and

Whereas, Chamorro historian, Reverend Joaquin Flores Sablan, wrote that land and family lineage continued to be the basis of wealth and prestige: "Land ownership was the greatest security, particularly inherited property which they treated as a sacred trust from their parents. To part with the land

was the same as committing suicide.” [Destiny’s Landfall: A History of Guam, by Robert F. Rogers, University of Hawai’i Press, 1995, page 142]; and

Whereas, the Naval government, from 1898 until 1950, completely ignored the Chamorro people’s devotion to the land, issuing their second order, on January 30, 1899, to confiscate land in the Piti area to use for a coal- ing site and Navy yard. The people of Guam were never compensated for that very first land taking, just the “first of a long series of controversial steps whereby United States governmental agencies acquired large portions of land on Guam” [Rogers, page 115]; and

Whereas, the Naval government held over one-third of the island of Guam on the eve of World War II, and within three (3) months of the liberation of the island in 1944, five (5) airfields were built; and

Whereas, by Public Law 594, the Land Acquisition Act passed by the U.S. Congress on August 2, 1946, the Navy Department was authorized to acquire private land needed for permanent military installations on the island, but compensation was inadequate, due in part to a lack of proper land valuation in the largely agrarian island, amounting to only pennies on the dollar for the actual value of the land; and

Whereas, from 1947 to 1950, the main mission of Guam’s military command was to complete building facilities, and for this purpose large pieces of land were taken; and

Whereas, the postwar land takings were mixed in time and process with limited and inadequate compensation for personal injury and death and property damage under the Federally-created Land and Claims Commission; and

Whereas, the United States federal government still has not appreciated the connection between compensation for the sufferings of the people of Guam at the hands of the Japanese occupiers and the takings of land; and

Whereas, the Land and Claims Commission condemned land, but became bogged down in the legal complexities of hundreds of property transactions. Rogers states [p. 215] that, “The commission was understaffed as well as inexperienced in real estate matters. Higher commands nonetheless pressured the staff to meet tight deadlines for land transfers in order for construction of new military projects to proceed”; and

Whereas, when former landowners or their heirs attempted to take these injustices to Federal court for redress of the situation, they were told that the statute of limitations had been exceeded; and

Whereas, without consultation with Guam officials or owners of leased properties, the new civilian governor, Carlton Skinner, signed a quitclaim deed on July 31, 1950, the day before the Organic Act went into effect, whereby the Government of Guam transferred all condemned property to the United States of America “for its own use.” This left the Navy and Air Force in direct control of about forty-nine thousand six hundred (49,600) acres, or over thirty-six percent (36%) of the island; and

Whereas, the very first case in the new court under the Organic Act, which granted American citizenship to the Chamorros, was a retaking of all of the previous takings, to ensure that no claim could be made that land could not be taken from the Chamorros prior to their becoming American citizens; and

Whereas, in 1977, the creation of the new War in the Pacific Memorial Park saw the

condemnation of coastal land in the Agat area, thus preventing the construction of the Agat Marina for many years; and

Whereas, in the 1980’s, the U.S. Congress attempted to correct the obvious injustice of the postwar land takings by authorizing the land taking cases to be reopened and additional compensation be paid; and

Whereas, while many former landowners accepted the class action settlement under this law, some previous landowners of large holdings, such as those at Andersen Air Force Base and including the very land at NCTS envisioned by the federal government for the new Marine Corps base, opted out of the settlement and their claims against the federal government under that law have not been settled to this day; and

Whereas, the final insult to the people of Guam came when the three hundred eighty-five (385) acres of the former Naval Facility, Guam at Ritidian Point was declared excess in the 1990’s and was grabbed quietly, without fanfare or advance notice, by the U.S. Fish & Wildlife Service, rather than being returned to the original landowners via the Government of Guam; and

Whereas, a former Assistant U.S. Attorney handling land matters in Guam in 2000 and 2001, freely admitted that many Chamorro landowners at the time were cheated out of their land by land agents telling them that the paperwork to be signed was compensation for damage to coconut trees or that the land would be returned to the owner once there was no longer any need for it; and

Whereas, this sordid history of the people of Guam’s most precious resource, other than its children, needs to be and must be appreciated by the United States federal government; and

Whereas, in response, I Liheslatura has specifically enacted legislation addressing Federal acquisition of property, including:

(a) Public Law 29-113, specifically §15105 of Chapter 15, Title 21 of the Guam Code Annotated, which calls for duly enacted legislation by I Liheslatura to authorize “the acquisition by condemnation or otherwise of private property” by means of Congressional appropriation to acquire property for public use; and

(b) Public Law 30-21, specifically §2401 (c) of Chapter 24, Title 1 of the Guam Code Annotated, which tasks the Guam First Commission to determine which land the federal government may intend to lease or sub-lease, exchange for other land, or purchase, and to report their findings to I Liheslatura and I Maga’lahi, and also requires Legislative approval of any Federal acquisition of government of Guam property, whether by lease, sub-lease, exchange or sale; Now, therefore, be it

Resolved, That I Mina’Trenta Na Liheslaturan Guåhan does hereby, on behalf of the people of Guam, absolutely oppose the use, or threat of use, of eminent domain/condemnation for any acquisition of any additional Guam land, private or public, for any purpose whatsoever related to the planned military buildup; and be it further

Resolved, That I Mina’Trenta Na Liheslaturan Guåhan does hereby, on behalf of the people of Guam, demand negotiations at arms length, with a level table, and without undue pressure being exerted on Guam landowners by the United States federal government/Department of Defense, for the acquisition of any additional land, public or private; and be it further

Resolved, That I Mina’Trenta Na Liheslaturan Guåhan does hereby, on behalf of the people of Guam, demand dealings con-

cerning land are held in good faith between the United States federal government/Department of Defense and private landowners that are willing to lease/sell their property to the federal government, and are also held in good faith with the official representatives of the people of Guam in discussing the potential lease of land from the government of Guam; and be it further

Resolved, That I Mina’Trenta Na Liheslaturan Guåhan does hereby, on behalf of the people of Guam, demand that the federal government renounce any repeat of history, and declares that condemnation SHALL NOT be a tool available to the federal government, either directly or through the use of intimidation, in relation to the Guam military buildup; and be it further

Resolved, That I Mina’Trenta Na Liheslaturan Guåhan does hereby, on behalf of the people of Guam, recognize and memorialize the many years of injustice and mistreatment of the people of Guam, as reflected in the foregoing history of Federal land takings; and be it further

Resolved, That the Speaker certify, and the Legislative Secretary attest to, the adoption hereof, and that copies of the same be thereafter transmitted to the Honorable Barack Obama, President of the United States; to the Honorable Nancy Pelosi, Speaker of the United States House of Representatives; to the Honorable Robert Byrd, President Pro Tem of the U.S. Senate; to the Honorable Madeleine Z. Bordallo, Guam Delegate to Congress; to the Honorable Ban Ki-moon, Secretary General of the United Nations; to the Honorable Hillary Rodham Clinton, Secretary of State; to the Honorable William Gates, Secretary of Defense; to the Honorable Ray Mabus, Secretary of the Navy; to the Honorable Michael B. Donley, Secretary of the Air Force; to the Honorable John M. McHugh, Secretary of the Army; to the Honorable Ken Salazar, Secretary of the Interior; to the Honorable Anthony Babauta, Assistant Secretary of the Interior for Insular Affairs; to the Honorable Benigno Fitial, Governor of the Commonwealth of the Northern Mariana Islands; and to the Honorable Felix P. Camacho, I Maga’lahen Guåhan (Governor of Guam).

POM-86. A joint memorial adopted by the Legislature of the State of New Mexico requesting the support in the preservation of the Navajo Code Talkers’ remarkable legacy; to the Committee on Armed Services.

SENATE JOINT MEMORIAL NO. 51

Whereas, the few living Navajo Code Talkers are undertaking a multi-year project to build an educational, historical and humanitarian facility that will bring pride to Native American and Non-Native American communities alike, educate the young and old and conserve the instruments of freedom gifted to the American people by an awe-inspiring group of young Navajo men during World War II; and

Whereas, during World War II, these modest young Navajo men fashioned from the Navajo language the only unbreakable code in military history; and

Whereas, these Navajo Radio Operators transmitted the code throughout the dense jungles and exposed beachheads of the Pacific theater from 1942 to 1945, passing over eight hundred error-free messages in forty-eight hours at Iwo Jima alone; and

Whereas, the bravery and ingenuity of these young Navajo men gave the United States and allied forces the upper hand they so desperately needed, finally hastening the war’s end and assuring victory for the United States; and

Whereas, after being sworn to secrecy for twenty-three years after the war, these young Navajo men eventually came to be known as Navajo Code Talkers and were honored by President George W. Bush more than fifty years after the war with Congressional Gold and Silver Medals in 2001; and

Whereas, the Navajo Code Talkers are now in their eighties, and with fewer than fifty remaining from the original four hundred, the urgency to capture and share their stories and memorabilia from their service in the war is now critical; and

Whereas, these American treasures and revered elders of the Navajo Nation have come together to tell their story, one that has never been heard, from their own hearts and in their own words; and

Whereas, the Navajo Code Talkers' heroic story of an ancient language, valiant people and a decisive victory that changed the path of modern history is the greatest story never told; and

Whereas, the Navajo Code Talkers ultimately envision a lasting memorial, the Navajo Code Talkers Museum and Veterans Center, on donated private land; and

Whereas, the Navajo Code Talkers' mission is to create a place where their legacy of service will inspire others to achieve excellence and instill core values of pride, discipline and honor in all those who visit; and

Whereas, through the lead efforts of the Navajo Code Talkers foundation and many partners and individuals, the Navajo Code Talkers' legacy, history, language and code will be preserved to benefit all future generations; Now, therefore, be it

Resolved by the Legislature of the State of New Mexico, That the United States Congress, Department of the Interior, Department of Veterans Affairs, Department of Health and Human Services, Department of Defense, Department of Agriculture, Department of State and Department of Energy be requested to support the preservation of the Navajo Code Talkers' remarkable legacy; and, be it further

Resolved, That copies of this memorial be transmitted to the President Pro Tempore of the United States Senate, the Speaker of the United States House of Representatives, the Secretary of the Interior, the Secretary of Defense, the Secretary of Veterans Affairs, the Secretary of Health and Human Services, the Secretary of Agriculture, the Secretary of State, the Secretary of Energy and the New Mexico Congressional Delegation.

POM-87. A memorial adopted by the Senate of the State of New Mexico urging Congress to expedite the passage of legislation to enact the necessary amendments to the Surface Mining Control and Reclamation Act of 1977 to clarify that uncertified states have authority to use payments for non-coal mine reclamation projects; to the Committee on Energy and Natural Resources.

SENATE MEMORIAL NO. 30

Whereas, New Mexico is known to have some of the richest uranium resources in the nation in the area known as "The Grants Mineral Belt"; and

Whereas, dating back to the 1940s, states such as New Mexico mined uranium for the benefit of the Atomic Energy Commission and the federal government's Nuclear Weapons Program; and

Whereas, the Atomic Energy Commission did not require that early mines be reclaimed; and

Whereas, research shows that many uranium mines were abandoned and never reclaimed; and

Whereas, the federal government has direct responsibility to provide funding, both for the initial surveying of these mines and for potential subsequent reclamation where warranted; and

Whereas, the Surface Mining Control and Reclamation Act of 1977 is a federal law that mandates a reclamation fee on each ton of coal produced in the country, and Title IV of that Act provides for abandoned mine reclamation; and

Whereas, in 2006, the United States Congress passed amendments to Title IV of the Surface Mining Control and Reclamation Act of 1977 providing that the funds collected from the reclamation fees will now go directly to the states rather than be appropriated by Congress; and

Whereas, the Solicitor of the Department of the Interior has interpreted those 2006 amendments to limit uncertified states, such as New Mexico, from using the funds available through the Surface Mining Control and Reclamation Act of 1977 for non-coal mine reclamation; and

Whereas, following the 2006 amendments, the Office of Surface Mining Reclamation and Enforcement promulgated regulations that restrict uncertified states from using funds available through the Surface Mining and Control Reclamation Act of 1977 for non-coal mine reclamation; and

Whereas, Secretary Ken Salazar of the Department of the Interior has suggested that a legislative solution is necessary in order to allow funding distribution under Section 411(h)(1) of the Surface Mining Control and Reclamation Act of 1977 to be used for non-coal mine reclamation; Now, therefore, be it

Resolved by the Senate of the State of New Mexico, That Congress be requested to expedite the passage of legislation to enact the necessary amendments to the Surface Mining Control and Reclamation Act of 1977 to clarify that uncertified states have authority to use payments for non-coal mine reclamation projects; and be it further

Resolved, That copies of this memorial be transmitted to the Speaker of the United States House of Representatives, the President Pro Tempore of the United States Senate and the New Mexico Congressional Delegation.

POM-88. A resolution adopted by the House of the Legislature of the State of West Virginia urging support of West Virginia's coal industry by encouraging measures that protect miners and their families, provide incentives for the development of advanced coal technologies, enhance the energy independence of the State and the nation, protect the environment from which coal is mined, and supply consumers with cleaner and more affordable energy produced from coal; to the Committee on Energy and Natural Resources.

HOUSE RESOLUTION NO. 402

Whereas, the coal industry provides salaries and benefits to thousands of West Virginians; and

Whereas, the coal industry is responsible for millions of dollars of tax revenues that are used to fund important government services and programs; and

Whereas, the coal industry is vitally important to the economic welfare of this State and its citizens; and

Whereas, the Legislature, with the leadership and support of the Governor, has worked to enact legislation to ensure the future of West Virginia coal, including the adoption of sweeping coal mine safety reforms, planning requirements for post-mining land use, an al-

ternative and renewable energy portfolio featuring clean coal technology, and a regulatory framework for carbon capture and sequestration projects; and

Whereas, recent events at the federal level, most notably the debate over "cap and trade" legislation in Congress and obscure regulatory actions by the Environmental Protection Agency, are casting a shadow of doubt and uncertainty over the future of the coal industry in West Virginia; and

Whereas, for the sake of those individuals who depend upon coal to support themselves and their families, the House of Delegates, the Senate, the Governor and West Virginia's congressional delegation must work together to secure the future of the coal industry, and with it the future of the State; therefore, be it

Resolved by the House of Delegates, That the West Virginia House of Delegates will continue to support the West Virginia coal industry by encouraging measures that protect miners and their families, provide incentives for the development of advanced coal technologies, enhance the energy independence of the State and the nation, protect the environment from which coal is mined, and supply consumers with cleaner and more affordable energy produced from coal; and, be it further

Resolved, That the West Virginia House of Delegates requests that West Virginia's congressional delegation resist and oppose efforts at the federal level to undermine the future of West Virginia's coal industry; and, be it further

Resolved, That the Clerk of the House of Delegates forward a certified copy of this resolution to United States Senators Robert C. Byrd and John D. Rockefeller IV and Representatives Nick J. Rahall, Alan B. Mollohan and Shelley M. Capito.

POM-89. A memorial from the Public Safety Personnel Retirement System, transmitting, pursuant to Arizona law, a report relative to the Arizona Terrorism Country Divestment act; to the Committee on Banking, Housing, and Urban Affairs.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. DORGAN, from the Committee on Indian Affairs, with an amendment in the nature of a substitute:

S. 1011. A bill to express the policy of the United States regarding the United States relationship with Native Hawaiians and to provide a process for the recognition by the United States of the Native Hawaiian governing entity (Rept. No. 111-162).

By Mr. KERRY, from the Committee on Foreign Relations, with an amendment in the nature of a substitute and with an amended preamble:

S. Res. 400. A resolution urging the implementation of a comprehensive strategy to address instability in Yemen.

By Mr. LEAHY, from the Committee on the Judiciary, with an amendment in the nature of a substitute:

S. 1132. A bill to amend title 18, United States Code, to improve the provisions relating to the carrying of concealed weapons by law enforcement officers, and for other purposes.

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. LEAHY for the Committee on the Judiciary.

Jane E. Magnus-Stinson, of Indiana, to be United States District Judge for the Southern District of Indiana.

Christopher Tobias Hoyer, of Nevada, to be United States Marshal for the District of Nevada for the term of four years.

Kelvin Corneilius Washington, of South Carolina, to be United States Marshal for the District of South Carolina for the term of four years.

(Nominations without an asterisk were reported with the recommendation that they be confirmed.)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. LUGAR (for himself, Mr. KAUFMAN, Mr. FRANKEN, Mr. INOUE, and Mr. RISCH):

S. 3104. A bill to permanently authorize Radio Free Asia, and for other purposes; to the Committee on Foreign Relations.

By Mr. WYDEN:

S. 3105. A bill to expand the scope of the definition of airport planning to include waste management planning; to the Committee on Commerce, Science, and Transportation.

By Mrs. HAGAN (for herself, Mr. BURR, Mr. ISAKSON, Mr. MERKLEY, and Mr. CHAMBLISS):

S. 3106. A bill to authorize States to exempt certain nonprofit housing organizations from the licensing requirements of the S.A.F.E. Mortgage Licensing Act of 2008; to the Committee on Banking, Housing, and Urban Affairs.

By Mr. AKAKA (for himself, Mr. BURR, Mr. ROCKEFELLER, Mrs. MURRAY, Mr. SANDERS, Mr. BROWN of Ohio, Mr. TESTER, Mr. BEGICH, Mr. BURRIS, Mr. SPECTER, Mr. ISAKSON, and Mr. GRAMHAM):

S. 3107. A bill to amend title 38, United States Code, to provide for an increase, effective December 1, 2010, in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. MENENDEZ (for himself, Mr. LAUTENBERG, Mr. JOHNSON, Mr. FEINGOLD, Mr. BINGAMAN, Mr. CASEY, and Mr. BROWN of Ohio):

S. 3108. A bill to amend title 31 of the United States Code to require that Federal children's programs be separately displayed and analyzed in the President's budget; to the Committee on the Budget.

By Mr. BAUCUS (for himself and Mr. TESTER):

S. 3109. A bill to require the Secretary of the Army to conduct levee system evaluations and certifications on receipt of requests from non-Federal interests; to the Committee on Environment and Public Works.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. BURR (for himself, Mr. INHOFE, Mr. BROWN of Massachusetts, Ms. MURKOWSKI, and Mr. JOHANNIS):

S. Res. 451. A resolution expressing support for designation of a "Welcome Home Vietnam Veterans Day"; to the Committee on Veterans' Affairs.

By Mr. JOHANNIS (for himself, Mrs. LINCOLN, Mr. CHAMBLISS, Mr. ROBERTS, Mr. BROWNBACK, Mrs. HUTCHISON, Mr. CORNYN, Mr. ENZI, Mr. DORGAN, Mr. CONRAD, Mr. INHOFE, Mr. THUNE, Mr. CRAPO, Mr. PRYOR, Mr. BARRASSO, Mr. BOND, Mr. NELSON of Nebraska, Ms. KLOBUCHAR, Mr. RISCH, Mr. BENNET, Mr. UDALL of New Mexico, Mr. NELSON of Florida, Mr. VOINOVICH, and Mr. COBURN):

S. Res. 452. A resolution supporting increased market access for exports of United States beef and beef products to Japan; to the Committee on Finance.

By Mr. UDALL of New Mexico (for himself, Mr. BROWN of Ohio, Mr. BURRIS, Mr. WYDEN, Mr. AKAKA, Mr. MENENDEZ, Mr. TESTER, Mr. BEGICH, Mr. DURBIN, and Mr. MERKLEY):

S. Res. 453. A resolution supporting the goals and ideals of "National Public Health Week"; to the Committee on Health, Education, Labor, and Pensions.

ADDITIONAL COSPONSORS

S. 148

At the request of Mr. KOHL, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 148, a bill to restore the rule that agreements between manufacturers and retailers, distributors, or wholesalers to set the minimum price below which the manufacturer's product or service cannot be sold violates the Sherman Act.

S. 259

At the request of Mr. BOND, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 259, a bill to establish a grant program to provide vision care to children, and for other purposes.

S. 653

At the request of Mr. CARDIN, the name of the Senator from Michigan (Mr. LEVIN) was added as a cosponsor of S. 653, a bill to require the Secretary of the Treasury to mint coins in commemoration of the bicentennial of the writing of the Star-Spangled Banner, and for other purposes.

S. 704

At the request of Mr. HARKIN, the name of the Senator from North Carolina (Mrs. HAGAN) was added as a cosponsor of S. 704, a bill to direct the Comptroller General of the United States to conduct a study on the use of Civil Air Patrol personnel and resources to support homeland security missions, and for other purposes.

S. 750

At the request of Mrs. BOXER, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 750, a bill to amend the Public Health Service Act to attract

and retain trained health care professionals and direct care workers dedicated to providing quality care to the growing population of older Americans.

S. 781

At the request of Mr. ROBERTS, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 781, a bill to amend the Internal Revenue Code of 1986 to provide for collegiate housing and infrastructure grants.

S. 904

At the request of Mr. HARKIN, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 904, a bill to amend the Fair Labor Standards Act of 1938 to prohibit discrimination in the payment of wages on account of sex, race, or national origin, and for other purposes.

S. 987

At the request of Mr. DURBIN, the name of the Senator from New Jersey (Mr. LAUTENBERG) was added as a cosponsor of S. 987, a bill to protect girls in developing countries through the prevention of child marriage, and for other purposes.

S. 999

At the request of Mr. BINGAMAN, the name of the Senator from Ohio (Mr. BROWN) was added as a cosponsor of S. 999, a bill to increase the number of well-trained mental health service professionals (including those based in schools) providing clinical mental health care to children and adolescents, and for other purposes.

S. 1038

At the request of Mrs. FEINSTEIN, the name of the Senator from Indiana (Mr. LUGAR) was added as a cosponsor of S. 1038, a bill to improve agricultural job opportunities, benefits, and security for aliens in the United States and for other purposes.

S. 1089

At the request of Mr. BAUCUS, the names of the Senator from Minnesota (Ms. KLOBUCHAR) and the Senator from New Mexico (Mr. UDALL) were added as cosponsors of S. 1089, a bill to facilitate the export of United States agricultural commodities and products to Cuba as authorized by the Trade Sanctions Reform and Export Enhancement Act of 2000, to establish an agricultural export promotion program with respect to Cuba, to remove impediments to the export to Cuba of medical devices and medicines, to allow travel to Cuba by United States citizens and legal residents, to establish an agricultural export promotion program with respect to Cuba, and for other purposes.

S. 1171

At the request of Mr. PRYOR, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 1171, a bill to amend title XVIII of the Social Security Act to restore State authority to waive the 35-mile rule for designating critical access hospitals under the Medicare Program.

S. 1192

At the request of Mr. WYDEN, the name of the Senator from North Carolina (Mr. BURR) was added as a cosponsor of S. 1192, a bill to restrict any State or local jurisdiction from imposing a new discriminatory tax on mobile wireless communications services, providers, or property.

S. 1516

At the request of Mr. FEINGOLD, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 1516, a bill to secure the Federal voting rights of persons who have been released from incarceration.

S. 1612

At the request of Mrs. LINCOLN, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 1612, a bill to amend the Internal Revenue Code of 1986 to improve the operation of employee stock ownership plans, and for other purposes.

S. 1652

At the request of Mr. HARKIN, the names of the Senator from Maine (Ms. SNOWE) and the Senator from South Dakota (Mr. JOHNSON) were added as cosponsors of S. 1652, a bill to amend part B of the Individuals with Disabilities Education Act to provide full Federal funding of such part.

S. 1700

At the request of Mr. LUGAR, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 1700, a bill to require certain issuers to disclose payments to foreign governments for the commercial development of oil, natural gas, and minerals, to express the sense of Congress that the President should disclose any payment relating to the commercial development of oil, natural gas, and minerals on Federal land, and for other purposes.

S. 1932

At the request of Mr. MCCAIN, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 1932, a bill to amend the Elementary and Secondary Education Act of 1965 to allow members of the Armed Forces who served on active duty on or after September 11, 2001, to be eligible to participate in the Troops-to-Teachers Program, and for other purposes.

S. 2749

At the request of Mrs. GILLIBRAND, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 2749, a bill to amend the Richard B. Russell National School Lunch Act to improve access to nutritious meals for young children in child care.

S. 2750

At the request of Mr. SCHUMER, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 2750, a bill to amend the Public Health Service Act to authorize the Secretary of Health and Human Services to make grants to eligible States

for the purpose of reducing the student-to-school nurse ratio in public secondary schools, elementary schools, and kindergarten.

S. 2758

At the request of Ms. STABENOW, the name of the Senator from New Mexico (Mr. UDALL) was added as a cosponsor of S. 2758, a bill to amend the Agricultural Research, Extension, and Education Reform Act of 1998 to establish a national food safety training, education, extension, outreach, and technical assistance program for agricultural producers, and for other purposes.

S. 2760

At the request of Mr. UDALL of New Mexico, the name of the Senator from North Carolina (Mrs. HAGAN) was added as a cosponsor of S. 2760, a bill to amend title 38, United States Code, to provide for an increase in the annual amount authorized to be appropriated to the Secretary of Veterans Affairs to carry out comprehensive service programs for homeless veterans.

S. 2908

At the request of Mr. KOHL, the name of the Senator from Arkansas (Mrs. LINCOLN) was added as a cosponsor of S. 2908, a bill to amend the Energy Policy and Conservation Act to require the Secretary of Energy to publish a final rule that establishes a uniform efficiency descriptor and accompanying test methods for covered water heaters, and for other purposes.

S. 2989

At the request of Ms. LANDRIEU, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 2989, a bill to improve the Small Business Act, and for other purposes.

S. 3018

At the request of Mr. WYDEN, the name of the Senator from Missouri (Mr. BOND) was added as a cosponsor of S. 3018, a bill to amend the Internal Revenue Code of 1986 to make the Federal income tax system simpler, fairer, and more fiscally responsible, and for other purposes.

S. 3036

At the request of Mr. BAYH, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 3036, a bill to establish the Office of the National Alzheimer's Project.

S. 3038

At the request of Mr. INHOFE, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 3038, a bill to amend the Safe Drinking Water Act to prevent the enforcement of certain national primary drinking water regulations unless sufficient funding is available.

S. 3047

At the request of Mr. ISAKSON, the name of the Senator from Ohio (Mr. VOINOVICH) was added as a cosponsor of S. 3047, a bill to terminate the Internal

Revenue Code of 1986, and for other purposes.

S. 3056

At the request of Mr. WYDEN, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 3056, a bill to amend the Energy Policy Act of 2005 to repeal a section of that Act relating to exportation and importation of natural gas.

S. 3058

At the request of Mr. DORGAN, the names of the Senator from Maine (Ms. SNOWE) and the Senator from Pennsylvania (Mr. CASEY) were added as cosponsors of S. 3058, a bill to amend the Public Health Service Act to reauthorize the special diabetes programs for Type I diabetes and Indians under that Act.

S. 3059

At the request of Mr. BINGAMAN, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 3059, a bill to improve energy efficiency of appliances, lighting, and buildings, and for other purposes.

S. 3065

At the request of Mr. LIEBERMAN, the name of the Senator from Connecticut (Mr. DODD) was added as a cosponsor of S. 3065, a bill to amend title 10, United States Code, to enhance the readiness of the Armed Forces by replacing the current policy concerning homosexuality in the Armed Forces, referred to as "Don't Ask, Don't Tell", with a policy of nondiscrimination on the basis of sexual orientation.

S. 3095

At the request of Mr. INHOFE, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 3095, a bill to reduce the deficit by establishing discretionary caps for non-security spending.

S. 3098

At the request of Mr. MERKLEY, the name of the Senator from California (Mrs. FEINSTEIN) was added as a cosponsor of S. 3098, a bill to prohibit proprietary trading and certain relationships with hedge funds and private equity funds, to address conflicts of interest with respect to certain securitizations, and for other purposes.

S. RES. 409

At the request of Mr. FEINGOLD, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. Res. 409, a resolution calling on members of the Parliament in Uganda to reject the proposed "Anti-Homosexuality Bill", and for other purposes.

S. RES. 432

At the request of Mr. CRAPO, the name of the Senator from Mississippi (Mr. WICKER) was added as a cosponsor of S. Res. 432, a bill supporting the goals and ideals of the Year of the Lung 2010.

AMENDMENT NO. 3453

At the request of Mr. SESSIONS, the name of the Senator from Minnesota

(Ms. KLOBUCHAR) was added as a cosponsor of amendment No. 3453 proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3454

At the request of Mr. DEMINT, the names of the Senator from Florida (Mr. LEMIEUX), the Senator from Missouri (Mrs. McCASKILL), the Senator from Nevada (Mr. ENSIGN), the Senator from Texas (Mr. CORNYN), the Senator from Idaho (Mr. RISCH) and the Senator from South Carolina (Mr. GRAHAM) were added as cosponsors of amendment No. 3454 proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3458

At the request of Mr. VITTER, the names of the Senator from Texas (Mr. CORNYN), the Senator from Mississippi (Mr. WICKER) and the Senator from Mississippi (Mr. COCHRAN) were added as cosponsors of amendment No. 3458 proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3463

At the request of Mr. BENNETT, the name of the Senator from Idaho (Mr. RISCH) was added as a cosponsor of amendment No. 3463 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. AKAKA (for himself, Mr. BURR, Mr. ROCKEFELLER, Mrs. MURRAY, Mr. SANDERS, Mr. BROWN of Ohio, Mr. TESTER, Mr. BEGICH, Mr. BURRIS, Mr. SPECTER, Mr. ISAKSON, and Mr. GRAHAM):

S. 3107. A bill to amend title 38, United States Code, to provide for an increase, effective December 1, 2010, in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes; to the Committee on Veterans' Affairs.

Mr. AKAKA. Mr. President, today, as Chairman of the Senate Committee on Veterans' Affairs, I introduce the Veterans' Compensation Cost-of-Living Adjustment Act of 2010.

This measure would direct the Secretary of Veterans Affairs to increase, effective December 1, 2010, the rates of veterans' compensation to keep pace with the rising cost of living in this country, if such an adjustment is triggered by an increase in the Consumer Price Index. This legislation, commonly referred to as the COLA, would make an increase available to veterans at the same level as a cost-of-living increase, if provided to those who receive Social Security benefits.

My colleagues on the Committee on Veterans' Affairs, including Senators BURR, ROCKEFELLER, MURRAY, SANDERS, BROWN of Ohio, TESTER, BEGICH, BURRIS, SPECTER, ISAKSON, and GRAHAM join me in introducing this important legislation. I appreciate their continued support of the Nation's veterans.

Congress regularly enacts a cost-of-living adjustment for veterans' compensation in order to ensure that inflation does not erode the purchasing power of those veterans and survivors who depend upon this income to meet their daily needs. Last year, Congress passed, and the President signed into law, Public Law 111-37. While there was no cost-of-living increase in 2010 due to a decline in the Consumer Price Index, the 2011 adjustment has not yet been determined.

The COLA affects, among other benefits, veterans' disability compensation and dependency and indemnity compensation for surviving spouses and children. It is projected that over 3.5 million veterans and survivors will be in receipt of compensation benefits in fiscal year 2011. Many of these recipients depend upon these tax-free payments not only to provide for their own basic needs, but those of their spouses and children as well.

It is important that we view veterans' compensation, including the COLA, and indeed all benefits earned by veterans, as a continuing cost of war. It is clear that the ongoing conflicts in Iraq and Afghanistan will continue to result in injuries and disabilities that will yield an increase in claims for compensation.

Payment of disability compensation to those of our Nation's veterans who have an illness or disability related to their service constitutes one of the central missions of the Department of Veterans Affairs. It is a necessary measure of appreciation afforded to those veterans whose lives were forever altered by their service to this country.

I urge our colleagues to work together to ensure this benefit remains available and is not diminished by the effects of inflation. I also ask our colleagues for their continued support for the Nation's veterans.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 3107

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans' Compensation Cost-of-Living Adjustment Act of 2010".

SEC. 2. INCREASE IN RATES OF DISABILITY COMPENSATION AND DEPENDENCY AND INDEMNITY COMPENSATION.

(a) RATE ADJUSTMENT.—Effective on December 1, 2010, the Secretary of Veterans Af-

fairs shall increase, in accordance with subsection (c), the dollar amounts in effect on November 30, 2010, for the payment of disability compensation and dependency and indemnity compensation under the provisions specified in subsection (b).

(b) AMOUNTS TO BE INCREASED.—The dollar amounts to be increased pursuant to subsection (a) are the following:

(1) WARTIME DISABILITY COMPENSATION.—Each of the dollar amounts under section 1114 of title 38, United States Code.

(2) ADDITIONAL COMPENSATION FOR DEPENDENTS.—Each of the dollar amounts under section 1115(1) of such title.

(3) CLOTHING ALLOWANCE.—The dollar amount under section 1162 of such title.

(4) DEPENDENCY AND INDEMNITY COMPENSATION TO SURVIVING SPOUSE.—Each of the dollar amounts under subsections (a) through (d) of section 1311 of such title.

(5) DEPENDENCY AND INDEMNITY COMPENSATION TO CHILDREN.—Each of the dollar amounts under sections 1313(a) and 1314 of such title.

(c) DETERMINATION OF INCREASE.—

(1) PERCENTAGE.—Except as provided in paragraph (2), each dollar amount described in subsection (b) shall be increased by the same percentage as the percentage by which benefit amounts payable under title II of the Social Security Act (42 U.S.C. 401 et seq.) are increased effective December 1, 2010, as a result of a determination under section 215(i) of such Act (42 U.S.C. 415(i)).

(2) ROUNDING.—Each dollar amount increased under paragraph (1), if not a whole dollar amount, shall be rounded to the next lower whole dollar amount.

(d) SPECIAL RULE.—The Secretary of Veterans Affairs may adjust administratively, consistent with the increases made under subsection (a), the rates of disability compensation payable to persons under section 10 of Public Law 85-857 (72 Stat. 1263) who have not received compensation under chapter 11 of title 38, United States Code.

(e) PUBLICATION OF ADJUSTED RATES.—The Secretary of Veterans Affairs shall publish in the Federal Register the amounts specified in subsection (b), as increased under subsection (a), not later than the date on which the matters specified in section 215(i)(2)(D) of the Social Security Act (42 U.S.C. 415(i)(2)(D)) are required to be published by reason of a determination made under section 215(i) of such Act during fiscal year 2011.

By Mr. BAUCUS (for himself and Mr. TESTER):

S. 3109. A bill to require the Secretary of the Army to conduct levee system evaluations and certifications on receipt of requests from non-Federal interests; to the Committee on Environment and Public Works.

Mr. BAUCUS. Mr. President, I rise today to introduce the Rural Community Flood Protection Act of 2010.

We have all seen, and many of us have experienced firsthand, the devastation that a flood can bring to any community. This devastation is experienced equally, whether your home is in an area that is high or low hazard, rural or urban, wealthy or poor. Flood control is a multi-pronged effort involving structural and non-structural

flood control measures, hazard mitigation, emergency planning, and insurance. Our Nation has a myriad of programs designed to address flood hazards. FEMA produces flood maps to define the risk and operates hazard mitigation programs to reduce risk. The National Flood Insurance Program, NFIP, provides flood insurance to property owners in a mapped risk area. The Army Corps of Engineers designs and constructs flood control projects. This hodgepodge of responsibilities has always been a challenge for the U.S., and it continues to be one today.

Nowhere is this challenge more evident than in the process of FEMA's map modernization program, the Corps' levee certification responsibilities, and NFIP program requirements. This issue has lingered around the edges for years, and its impact is now being felt in an enormous way in Montana where communities struggling to navigate the maze of what seems to be an overwhelming Federal bureaucracy are incredibly frustrated.

Let me begin by saying that it is important that we recognize the risks we face before we make snap judgments about whether preventive action should or shouldn't be taken. Specifically, it is a good idea for FEMA to update our Nation's flood maps so that we can be honest with ourselves about the risks we face. However, that process, must be transparent and it must recognize the differences between Sacramento, CA, and Saco, MT. It can be overwhelming for a small community in Montana to participate in this process. That is why I have written to FEMA Director Craig Fugate asking him to consider the needs of small, rural communities as the Agency progresses with its map modernization program.

Once flood hazards are accurately mapped, communities must work to ensure that their flood control structures, if they have them, are up to par and can actually provide protection for the hazards they face. Without a levee "certification" by a professional engineer, those portions of a community located behind the levee, believing for years that they had adequate flood protection, are suddenly faced with a map that depicts them as in the floodplain, unprotected, required to purchase flood insurance.

It seems like it would be a simple process to get a levee certification. Traditionally, the Army Corps has performed this work. However, in 2008 the Army Corps of Engineers established a policy that it would no longer perform levee certifications on non-Federally operated levees. This policy has left communities like Great Falls, Montana high and dry when it comes to a certification process. I wrote to the Corps of Engineers on February 18, 2010, asking the Agency to re-evaluate this policy.

I hope that the Corps will change their policy. But, Montana cannot wait for that to happen. Great Falls, Vaughn, Miles City, Glendive, Saco, Havre, Forsyth, Malta, Glasgow and others cannot wait for the Corps deliberations. That is why I am introducing legislation today that will give the Corps direct authority to perform levee certifications. In addition, my bill includes special provisions for small communities and for those levee districts that are operated by a volunteer staff, allowing the Corps to perform these certifications at 100 percent Federal cost.

This bill is one step in what will be a long process for all of us as we update and upgrade our knowledge of the risks posed by flooding, our current level of protection, and additional steps we need to take to ensure that lives and property are not unnecessarily lost. In the process of that upgrade, we cannot lose sight of the impact of this process and these decisions on our local communities.

We don't want the cost of staying in the NFIP to rise above the point where small communities can participate. We don't want a burdensome Federal bureaucracy to make it impossible for people to make good decisions about their own safety and that of their community. In these economic times, rural communities are struggling to come up with enough money just to keep afloat, and a hefty certification fee can be an undue burden.

I urge my colleagues to support this measure.

Mr. President, I ask unanimous consent that letters of support be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD.

U.S. SENATE,

Washington, DC, March 11, 2010.

Administrator W. CRAIG FUGATE,
Office of the Administrator, Federal Emergency
Management Agency, C Street, S.W., Wash-
ington, DC.

DEAR ADMINISTRATOR FUGATE: I am writing to express concern about the impact of FEMA's Flood Insurance Rate Map Modernization on small communities across Montana. Let me state up front that I fully support your agency's efforts to provide the nation with digital flood hazard data and maps that are more reliable. It is critically important that land owners are protected against the risk to life and property posed by flooding.

However, as your agency conducts the Map Modernization in Montana, I urge you to take every possible step to accommodate the unique circumstances small rural communities face. For example, small towns often cannot afford to challenge FEMA's preliminary flood insurance study. These communities are left in the untenable position of paying thousands of dollars for an engineering firm to develop the revised flood insurance study required to appeal FEMA's preliminary study, or to accept FEMA's preliminary flood insurance study as is, even if there are valid grounds to dispute the study's findings. It is clear that an improved

appeals process could help correct errors made during FEMA's map modernization and thus prevent unneeded flood insurance expenses.

Please provide a detailed list of the steps your agency is taking to accommodate the special needs of rural communities during the map modernization process. Specifically, detail how your agency accommodates appeals to a preliminary flood insurance study by small communities with small budgets.

Thank you for your prompt response to this request.

Sincerely,

MAX BAUCUS.

U.S. SENATE,

Washington, DC, February 18, 2010.

Hon. JO-ELLEN DARCY,
Assistant Secretary of the Army (Civil Works),
U.S. Army Corps of Engineers, G Street,
NW., Washington, DC.

DEAR ASSISTANT SECRETARY DARCY: I am writing to you regarding the January 23, 2008 memo establishing priorities for Fiscal Year 2008 Levee Safety Program Inspection Funds. Specifically, I would like you to provide additional justification for your policy determination that levee certification is a non-Federal responsibility and that these certifications will not be funded using Federal funds.

Throughout Montana and the rest of the country, non-Federal sponsors for Federally-constructed levees are struggling to work through the FEMA floodplain re-mapping process and the associated requirements for levee certification. I recognize the need to ensure that accurate information is provided to property owners and decision-makers regarding the residual risk of flooding that exists behind a flood control structure and to ensure that such properties are adequately insured to prevent excessive disaster payments by the Federal government. I understand that FEMA's map updates will portray a floodplain area protected by a certified levee as an area with 1 in 100 year flood protect and a floodplain area that is protected by an uncertified levee as unprotected.

Therefore, the levee certification process is a critical step in the nation's efforts to ensure that our existing flood control system offers viable protection for life and property. First and foremost, from an engineering perspective, it is important that any flaws or shortcomings in our existing levees are identified and repaired before a disaster, not after. Second, because the certification of a levee is the determining factor in how a particular floodplain will be mapped and what insurance requirements will apply, it is important that communities have access to a clear, reasonable process to obtain this certification.

Prior to January 2008, the Corps performed levee certifications for Federally-constructed levees. On January 23, 2008, a memorandum regarding prioritization of fiscal year 2008 funds was released by your office, which precluded the Corps from using fiscal year 2008 funds to perform levee certifications and stated that levee certification is a non-Federal responsibility. Please provide your justification for this abrupt change in policy, in addition to a cost analysis of the impact of this change to non-Federal sponsors. Please describe the outreach that was performed prior to and after this decision to ensure that levee managers throughout the country were properly informed. Please articulate, in detail, the options available for levee districts seeking certification of their Federally-constructed levee. In determining

the effective date of your new policy, was a transition plan considered and/or implemented for those levees that were already moving through the remapping process and were anticipating that the certification process would be conducted by the Corps? Was consideration given to the differing technical and financial capabilities of levee districts throughout the country to ensure that small, rural communities are not adversely impacted by this policy change when compared to large communities? Has the Corps considered the lack of engineering resources in certain parts of the country as a planning factor for implementing the new January 2008 policy? The January 23 memo states that the Corps can perform levee certification on a reimbursable basis. How do the limitations adopted in 31 U.S.C. 6505, as amended, affect the ability of the Corps to perform these certifications? Have levee districts in small, rural communities elected to pay the Corps to perform levee certifications since January 2008? Please describe how this decision was and continues to be coordinated with the FEMA remapping process. Thank you for your attention to this critical issue.

Sincerely,

MAX BAUCUS.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 451—EXPRESSING SUPPORT FOR A DESIGNATION OF A “WELCOME HOME VIETNAM VETERANS DAY”

Mr. BURR (for himself, Mr. INHOFE, Mr. BROWN of Massachusetts, Ms. MURKOWSKI, and Mr. JOHANNIS) submitted the following resolution; which was referred to the Committee on Veterans Affairs:

S. RES. 451

Whereas the Vietnam War was fought in the Republic of South Vietnam from 1961 to 1975, and involved North Vietnamese regular forces and Viet Cong guerrilla forces in armed conflict with United States Armed Forces and the Army of the Republic of Vietnam;

Whereas the United States Armed Forces became involved in Vietnam because the United States Government wanted to provide direct military support to the Government of South Vietnam to defend itself against the growing Communist threat from North Vietnam;

Whereas members of the United States Armed Forces began serving in an advisory role to the Government of the Republic of South Vietnam in 1961;

Whereas, as a result of the Gulf of Tonkin incidents on August 2 and 4, 1964, Congress overwhelmingly passed the Gulf of Tonkin Resolution (Public Law 88-408), on August 7, 1964, which provided the authority to the President of the United States to prosecute the war against North Vietnam;

Whereas, in 1965, United States Armed Forces ground combat units arrived in Vietnam;

Whereas, by the end of 1965, there were 80,000 United States troops in Vietnam, and by 1969, a peak of approximately 543,000 troops was reached;

Whereas, on January 27, 1973, the Treaty of Paris was signed, which required the release of all United States prisoners-of-war held in North Vietnam and the withdrawal of all United States Armed Forces from South Vietnam;

Whereas, on March 30, 1973, the United States Armed Forces completed the withdrawal of combat units and combat support units from South Vietnam;

Whereas, on April 30, 1975, North Vietnamese regular forces captured Saigon, the capitol of South Vietnam, effectively placing South Vietnam under Communist control;

Whereas more than 58,000 members of the United States Armed Forces lost their lives in Vietnam and more than 300,000 members of the Armed Forces were wounded;

Whereas, in 1982, the Vietnam Veterans Memorial was dedicated in the District of Columbia to commemorate those members of the United States Armed Forces who died or were declared missing-in-action in Vietnam;

Whereas the Vietnam War was an extremely divisive issue among the people of the United States and a conflict that caused a generation of veterans to wait too long for the United States public to acknowledge and honor the efforts and services of such veterans;

Whereas members of the United States Armed Forces who served bravely and faithfully for the United States during the Vietnam War were often wrongly criticized for the policy decisions made by 4 presidential administrations in the United States;

Whereas the establishment of a “Welcome Home Vietnam Veterans Day” would be an appropriate way to honor those members of the United States Armed Forces who served in South Vietnam and throughout Southeast Asia during the Vietnam War; and

Whereas March 30, 2010, would be an appropriate day to establish as “Welcome Home Vietnam Veterans Day”: Now, therefore, be it

Resolved, That the Senate—

(1) honors and recognizes the contributions of veterans who served in the United States Armed Forces in Vietnam during war and during peace;

(2) encourages States and local governments to also establish “Welcome Home Vietnam Veterans Day”; and

(3) encourages the people of the United States to observe “Welcome Home Vietnam Veterans Day” with appropriate ceremonies and activities that—

(A) provide the appreciation Vietnam War veterans deserve, but did not receive upon returning home from the war;

(B) demonstrate the resolve that never again shall the Nation disregard and denigrate a generation of veterans;

(C) promote awareness of the faithful service and contributions of such veterans during their military service as well as to their communities since returning home;

(D) promote awareness of the importance of entire communities empowering veterans and the families of veterans to readjust to civilian life after military service; and

(E) promote opportunities for such veterans to assist younger veterans returning from the wars in Iraq and Afghanistan in rehabilitation from wounds, both seen and unseen, and to support the reintegration of younger veterans into civilian life.

SENATE RESOLUTION 452—SUPPORTING INCREASED MARKET ACCESS FOR EXPORTS OF UNITED STATES BEEF AND BEEF PRODUCTS TO JAPAN

Mr. JOHANNIS (for himself, Mrs. LINCOLN, Mr. CHAMBLISS, Mr. ROBERTS, Mr. BROWNBACK, Mrs. HUTCHISON, Mr. CORNYN, Mr. ENZI, Mr. DORGAN, Mr. CON-

RAD, Mr. INHOFE, Mr. THUNE, Mr. CRAPO, Mr. PRYOR, Mr. BARRASSO, Mr. BOND, Mr. NELSON of Nebraska, Ms. KLOBUCHAR, Mr. RISCH, Mr. BENNET, Mr. UDALL of New Mexico, Mr. NELSON of Florida, Mr. VOINOVICH, and Mr. COBURN) submitted the following resolution; which was referred to the Committee on Finance:

S. RES. 452

Whereas, in 2003, Japan was the largest market for United States beef, with exports valued at \$1,400,000,000;

Whereas, after the discovery of 1 Canadian-born cow infected with bovine spongiform encephalopathy (BSE) disease in the State of Washington in December of 2003, Japan closed its market to United States beef, and still restricts access to a large number of safe United States beef products;

Whereas for years the Government of the United States has developed and implemented a multilayered system of interlocking safeguards to ensure the safety of United States beef, and after the 2003 discovery, the United States implemented further safeguards to ensure beef safety;

Whereas a 2006 study by the United States Department of Agriculture found that BSE was virtually nonexistent in the United States;

Whereas the internationally recognized standard-setting body, the World Organization for Animal Health (OIE), has classified the United States as a controlled risk country for BSE, which means that United States beef is safe for export and consumption;

Whereas, from 2004 through 2009, United States beef exports to Japan averaged roughly \$196,000,000, less than 15 percent of the amount the United States sold to Japan in 2003, causing significant losses for United States cattle producers; and

Whereas, while Japan remains an important ally and trading partner of the United States, this unscientific trade restriction is not consistent with fair trade practices, nor with United States treatment of Japanese imports: Now, therefore, be it

Resolved, That it is the sense of the Senate that—

(1) it is not in the interest of either the United States or Japan to arbitrarily restrict market access for their close partners;

(2) trade between the United States and Japan should be conducted with mutual respect and based on sound science;

(3) since banning United States beef in December 2003, Japan has not treated United States beef producers fairly;

(4) both Japan and the United States should comply with guidelines based on sound science;

(5) Japan should immediately expand market access for United States exporters of both bone-in and boneless beef beyond the existing standard of beef from cattle 20 months and younger; and

(6) the President should insist on increased access for United States exporters of beef and beef products to the market in Japan.

Mr. JOHANNIS. Mr. President, I rise to offer a resolution supporting increased access for U.S. beef and beef products to the country of Japan. Let me step back and set the stage for this resolution.

On December 23, 2003, one cow was discovered in the United States with BSE, the disease sometimes referred to in a kind of slang way as “mad cow disease.” Even though that animal was

actually born in Canada, the reaction of our trading partners around the world was swift and devastating. Almost immediately, Japan and other countries closed their markets to U.S. beef. Virtually with the snap of a finger, we lost over 90 percent of our export market. It just disappeared. At the time, Japan was the largest export market for U.S. beef. It had a value to our producers of \$1.4 billion.

We began work to address BSE in this country dating all the way back to 1988, when the Department of Agriculture established a BSE committee to make recommendations on appropriate regulatory controls. Our government has developed and implemented a multilayered system of interlocking safeguards to ensure the safety of American beef. After the 2003 BSE discovery, we added even more safeguards. These efforts by our government, in coordination with U.S. cattle producers, have paid off. A 2006 study by USDA found that BSE was virtually nonexistent among the 40 million adult cattle in our country. Again in 2007, the World Organization for Animal Health, the internationally recognized standard-setting body, also known as OIE, classified the United States as a "controlled risk" country for BSE. This classification simply means that because of the expansive system of safeguards that are in place, U.S. beef is safe for export and for consumption.

Interestingly enough, that is the identical classification the OIE gave to Japan just last year. So as Japan asked their trading partners to treat them fairly under OIE standards, we are asking them to reopen their market for our beef.

Seven years have passed. We have proven, time and again, the effectiveness of our safety system. The Japanese still restrict most U.S. beef products. Japan's actions are not consistent with fair trading practices, nor with the U.S. treatment of Japan's imports. That is why I agreed to meet last week with the Japanese Ambassador to discuss this matter. I asked the Ambassador: What would happen if the United States said it doesn't want any more car parts from Japan until they can assure us that there are absolutely no defects? That is essentially what it has done to our beef industry. If we in the United States said we would never do anything in response to the current Toyota situation that they have not already done to us, that would not be a good deal for Japan when it comes to exports. Their treatment of our beef has cost our Nation's beef industry billions of dollars and has been economically devastating to States such as mine, the State of Nebraska. If we treated their products the same way, it would be equally as devastating to Japan because we are a major importer of Japanese goods. Over the last 6 years, the United States has pur-

chased, on average, over \$132 billion in Japanese goods annually. In 2009 alone, even in the midst of a global economic downturn, the United States purchased \$95.9 billion of products from Japan. Cars led the way. We purchased \$31.5 billion in vehicles and parts. Beyond that, we bought \$19.5 billion in nuclear reactors, machinery, and parts. Just over \$15 billion worth of electronics we bought from Japan, another \$5 billion in optic, photo, medical or surgical instruments, and dozens and dozens of other products that add up to another \$25 billion.

I wish to make something clear. I am not advocating that the United States close its borders to Japan's products. Japan is a valued friend. But what I do say I say directly and with the resolution: Sanctions on our beef do not represent the act of a friend nor that of a fair trading partner. There is simply no scientific justification for their restrictions, none whatsoever, a point my friends from Japan cannot deny. Quite honestly, Japan's standard of accepting only beef from cattle aged 20 months and younger was pulled out of thin air. It is nothing more than an economic sanction.

I have been dealing with this issue for nearly 7 years, first as the Governor of Nebraska, then as our Agriculture Secretary, and now as a Senator. My confirmation hearing before this body to become Secretary of Agriculture was dominated by one topic: Opening Japan's borders to our beef.

I come forward to offer this sense-of-the-Senate resolution. The resolution does not say we want to keep Japanese products out of the United States. It is in the interest of neither the United States nor Japan to arbitrarily restrict market access for friends and close partners. We are both with Japan. Trade between the United States and Japan should be conducted with mutual respect and based on sound science, something we haven't seen from Japan in this area in the last 7 years. My resolution does say that both Japan and the United States should comply with science-based standards. It also states the Obama administration should insist on increased access for U.S. beef and beef products to Japan.

Very simply, it is time for fair treatment from our friends in Japan. I will continue to press this issue. I ask my colleagues to join me in supporting a resolution that basically says trade should be fair.

SENATE RESOLUTION 453—SUPPORTING THE GOALS AND IDEALS OF "NATIONAL PUBLIC HEALTH WEEK"

Mr. UDALL of New Mexico (for himself, Mr. BROWN of Ohio, Mr. BURRIS, Mr. WYDEN, Mr. AKAKA, Mr. MENENDEZ, Mr. TESTER, Mr. BEGICH, Mr. DURBIN,

and Mr. MERKLEY) submitted the following resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. RES. 453

Whereas the week of April 5 through 11, 2010, is "National Public Health Week";

Whereas the theme of "National Public Health Week" is "A Healthier America: One Community at a Time";

Whereas the United States spends more on health care than any other country in the world, but an estimated 47,000,000 people in the United States do not have health insurance and millions more do not have access to life-saving clinical preventive services;

Whereas millions of people in the United States do not have access to cost-effective, community-based preventive services;

Whereas many of the illnesses that are caused by tobacco use, poor diet, physical inactivity, and alcohol consumption are potentially preventable;

Whereas many neighborhoods lack access to safe walkways and bikeways, are inaccessible by public transportation, and are too far from offices, schools, health providers, and grocery stores to walk;

Whereas studies have shown that 10,500,000 cases of infectious disease and 33,000 deaths can be prevented in the United States by the standard childhood immunization series;

Whereas public health professionals and lawmakers are working to enact a health reform bill that emphasizes prevention and supports a strong public health infrastructure, despite challenges; and

Whereas a change in individual communities will improve the health of the people of the United States: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals and ideals of "National Public Health Week";

(2) recognizes the efforts of public health professionals, the Federal Government, States, municipalities, local communities, and individuals in improving the health of the people of the United States;

(3) recognizes the role of public health programs in preventing disease, promoting good health, protecting the food supply, protecting worker health and safety, ensuring access to clean air and water, promoting nutrition for children, and achieving the many other benefits of public health programs that promote the health of the people of the United States;

(4) encourages efforts to increase access to both clinical and community-based preventive services and to strengthen the public health system of the United States to improve the health of the people of the United States;

(5) encourages community planners to consider the health implications of planning decisions and to plan communities and transportation systems that enable all residents to access safe, affordable housing, nutritious foods, clean air and water, public transportation, safe sidewalks, safe streets, and public health services; and

(6) encourages each person in the United States to learn about the role of public health programs in improving the health of the people of the United States.

Mr. UDALL of New Mexico. Mr. President, I rise to ask the U.S. Senate to resolve that April 5th–11th be known as National Public Health Week 2010. I submit this resolution along with my colleagues Senators AKAKA, BEGICH, SHERROD BROWN, BURRIS, DURBIN,

MENENDEZ, TESTER, WYDEN, and BERKLEY.

Since 1995, we have recognized the first week in April as National Public Health Week in order to help focus the efforts of hundreds of thousands of public health professionals and organizations to educate the public, policymakers, and practitioners about the importance of public health.

This year's theme is "A Healthier America: One Community at a Time." This is especially timely since I hope that we will soon pass comprehensive health care reform and because for the first time, the next generation is not expected to be healthier than the previous one. This is also consistent with the First Lady Michelle Obama's efforts to reduce child obesity.

Our Nation's health is in poor shape. Despite spending more money on health care than any other country, more than 47 million Americans still do not have health insurance, nearly 900,000 people die from deaths that can be prevented each year, and we lag far behind the rest of the developed world in preventing obesity, HIV/AIDS infections, and many other diseases.

During this week, public health workers across the country will be focusing on how to more fully and effectively achieve a healthier Nation. They will be addressing the underlying social and economic conditions that encourage individuals and communities to be healthy, as well as shifting us from a Nation solely focused on treating individual illness to one that also promotes population-based health services that encourage preventive and early intervention practices.

For example, public health and prevention strategies from the foundation for health system reform. Community-level intervention has more positive health impact on people than individual interventions alone. Population-based programs address main causes of disease, disability and health disparities for a wide range of people and can help achieve increased value for our health dollar.

During National Public Health Week, Americans will be asked to champion public health by making healthy changes—big and small—in their families, individual neighborhoods, workplaces and schools.

I wish to thank the American Public Health Association for leading this effort and the National Association of County and City Health Officials, Council of State and Territorial Epidemiologists, and Partnership for Prevention for endorsing this recognition, and helping us highlight the importance of strengthening our public health system and encouraging Americans to value public health and take part in preventing disease and building healthier communities.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3466. Mr. KAUFMAN (for Mr. DODD) proposed an amendment to the bill H.R. 2194, to amend the Iran Sanctions Act of 1996 to enhance United States diplomatic efforts with respect to Iran by expanding economic sanctions against Iran.

SA 3467. Mr. REID (for himself and Mr. ENSIGN) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table.

SA 3468. Mr. REID submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3469. Mr. REID submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3470. Mr. FEINGOLD (for himself, Mr. COBURN, Mr. BROWN, of Ohio, and Mr. MCCAIN) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra.

SA 3471. Mrs. HUTCHISON submitted an amendment intended to be proposed by her to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3472. Mr. MCCAIN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3473. Mr. LAUTENBERG submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3474. Mr. BARRASSO submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3475. Mr. MCCAIN (for himself and Mr. BAYH) submitted an amendment intended to be proposed by him to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3476. Mr. ENSIGN (for himself, Mr. KYL, Mr. MCCAIN, and Mr. COBURN) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3477. Ms. CANTWELL (for herself and Mrs. MURRAY) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3478. Mr. SCHUMER submitted an amendment intended to be proposed by him to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3479. Mr. NELSON, of Florida submitted an amendment intended to be proposed by him to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3480. Mr. SCHUMER (for himself and Mr. NELSON, of Florida) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3481. Mrs. HUTCHISON submitted an amendment intended to be proposed by her to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3482. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3483. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3484. Mr. LAUTENBERG submitted an amendment intended to be proposed by him to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3485. Mr. SPECTER submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3486. Mr. SCHUMER submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3487. Mr. BINGAMAN (for himself, Ms. SNOWE, Mr. HARKIN, Mr. CONRAD, and Mr. BURRIS) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3488. Mr. WARNER submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3489. Mr. WARNER (for himself and Mr. WEBB) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3490. Mr. WARNER (for himself and Mr. WEBB) submitted an amendment intended to be proposed by him to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3491. Mr. BEGICH submitted an amendment intended to be proposed by him to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3492. Mr. BEGICH (for himself and Ms. MURKOWSKI) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3493. Ms. CANTWELL submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3494. Mr. WICKER submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3495. Mr. BENNETT (for himself, Mr. BROWNBACK, and Mr. WICKER) submitted an amendment intended to be proposed by him to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3496. Mr. CARDIN (for himself and Ms. LANDRIEU) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3497. Mr. CARDIN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3498. Mr. DURBIN proposed an amendment to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

SA 3499. Mr. DURBIN proposed an amendment to amendment SA 3498 proposed by Mr. DURBIN to the bill H.R. 2847, *supra*.

SA 3500. Mr. DURBIN proposed an amendment to the bill H.R. 2847, *supra*.

SA 3501. Mr. DURBIN proposed an amendment to the bill H.R. 2847, *supra*.

SA 3502. Mr. DURBIN proposed an amendment to amendment SA 3501 proposed by Mr. DURBIN to the bill H.R. 2847, *supra*.

SA 3503. Mr. MENENDEZ (for himself, Mr. SCHUMER, Mrs. GILLIBRAND, and Mr. LAUTENBERG) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table.

SA 3504. Mr. MENENDEZ submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3505. Mr. MENENDEZ submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3506. Mr. MENENDEZ (for himself and Mr. SCHUMER) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3507. Mr. JOHANNIS submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3508. Mr. JOHANNIS submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3509. Mr. JOHANNIS submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3510. Mr. JOHANNIS submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3511. Ms. CANTWELL submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3512. Ms. CANTWELL submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3513. Mr. JOHANNIS submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 3466. Mr. KAUFMAN (for Mr. DODD) proposed an amendment to the bill H.R. 2194, to amend the Iran Sanctions Act of 1996 to enhance United States diplomatic efforts with respect to Iran by expanding economic sanctions against Iran; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Comprehensive Iran Sanctions, Accountability, and Divestment Act of 2009”.

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

Sec. 3. Sense of Congress regarding illicit nuclear activities and violations of human rights in Iran.

TITLE I—SANCTIONS

Sec. 101. Definitions.

Sec. 102. Expansion of sanctions under the Iran Sanctions Act of 1996.

Sec. 103. Economic sanctions relating to Iran.

Sec. 104. Liability of parent companies for violations of sanctions by foreign subsidiaries.

Sec. 105. Prohibition on procurement contracts with persons that export sensitive technology to Iran.

Sec. 106. Increased capacity for efforts to combat unlawful or terrorist financing.

Sec. 107. Reporting requirements.

Sec. 108. Sense of Congress regarding the imposition of sanctions on the Central Bank of Iran.

Sec. 109. Policy of the United States regarding Iran’s Revolutionary Guard Corps and its affiliates.

Sec. 110. Policy of the United States with respect to Iran and Hezbollah.

Sec. 111. Sense of Congress regarding the imposition of multilateral sanctions with respect to Iran.

TITLE II—DIVESTMENT FROM CERTAIN COMPANIES THAT INVEST IN IRAN

Sec. 201. Definitions.

Sec. 202. Authority of State and local governments to divest from certain companies that invest in Iran.

Sec. 203. Safe harbor for changes of investment policies by asset managers.

Sec. 204. Sense of Congress regarding certain ERISA plan investments.

TITLE III—PREVENTION OF TRANSHIPMENT, REEXPORTATION, OR DIVERSION OF SENSITIVE ITEMS TO IRAN

Sec. 301. Definitions.

Sec. 302. Identification of locations of concern with respect to transshipment, reexportation, or diversion of certain items to Iran.

Sec. 303. Destinations of Possible Diversion Concern and Destinations of Diversion Concern.

Sec. 304. Report on expanding diversion concern system to countries other than Iran.

TITLE IV—EFFECTIVE DATE; SUNSET

Sec. 401. Effective date; sunset.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) The illicit nuclear activities of the Government of Iran and its support for international terrorism represent threats to the security of the United States, its strong ally Israel, and other allies of the United States around the world.

(2) The United States and other responsible countries have a vital interest in working together to prevent the Government of Iran from acquiring a nuclear weapons capability.

(3) The International Atomic Energy Agency has repeatedly called attention to Iran’s illicit nuclear activities and, as a result, the United Nations Security Council has adopted a range of sanctions designed to encourage the Government of Iran to cease those activities and comply with its obligations under the Treaty on Non-Proliferation of Nu-

clear Weapons, done at Washington, London, and Moscow July 1, 1968, and entered into force March 5, 1970 (commonly known as the “Nuclear Non-Proliferation Treaty”).

(4) The serious and urgent nature of the threat from Iran demands that the United States work together with its allies to prevent Iran from acquiring a nuclear weapons capability.

(5) The United States and its major European allies, including the United Kingdom, France, and Germany, have advocated that sanctions be strengthened should international diplomatic efforts fail to achieve verifiable suspension of Iran’s uranium enrichment program and an end to its illicit nuclear activities.

(6) There is an increasing interest by States, local governments, educational institutions, and private institutions to seek to disassociate themselves from companies that conduct business activities in the energy sector of Iran, since such business activities may directly or indirectly support the efforts of the Government of Iran to achieve a nuclear weapons capability.

(7) Black market proliferation networks continue to flourish in the Middle East, allowing countries like Iran to gain access to sensitive dual-use technologies.

(8) The Government of Iran continues to engage in serious, systematic, and ongoing violations of human rights and religious freedom, including illegitimate prolonged detention, torture, and executions. Such violations have increased in the aftermath of the presidential election in Iran on June 12, 2009.

SEC. 3. SENSE OF CONGRESS REGARDING ILLICIT NUCLEAR ACTIVITIES AND VIOLATIONS OF HUMAN RIGHTS IN IRAN.

It is the sense of Congress that—

(1) international diplomatic efforts to address Iran’s illicit nuclear efforts and support for international terrorism are more likely to be effective if the President is empowered with the explicit authority to impose additional sanctions on the Government of Iran;

(2) additional measures should be adopted by the United States to prevent the diversion and transshipment of sensitive dual-use technologies to Iran;

(3) the concerns of the United States regarding Iran are strictly the result of the actions of the Government of Iran;

(4) the people of the United States—

(A) have a long history of friendship and exchange with the people of Iran;

(B) regret that developments in recent decades have created impediments to that friendship;

(C) hold the people of Iran, their culture, and their ancient and rich history in the highest esteem; and

(D) remain deeply concerned about continuing human rights abuses in Iran;

(5) the President should—

(A) continue to press the Government of Iran to respect the internationally recognized human rights and religious freedoms of its citizens;

(B) identify the officials of the Government of Iran that are responsible for continuing and severe violations of human rights and religious freedom in Iran; and

(C) take appropriate measures to respond to such violations, including by—

(i) prohibiting officials the President identifies as being responsible for such violations from entry into the United States; and

(ii) freezing the assets of those officials; and

(6) additional funding should be provided to the Secretary of State to document, collect,

and disseminate information about human rights abuses in Iran, including serious abuses that have taken place since the presidential election in Iran conducted on June 12, 2009.

TITLE I—SANCTIONS

SEC. 101. DEFINITIONS.

In this title:

(1) **AGRICULTURAL COMMODITY.**—The term “agricultural commodity” has the meaning given that term in section 102 of the Agricultural Trade Act of 1978 (7 U.S.C. 5602).

(2) **APPROPRIATE CONGRESSIONAL COMMITTEES.**—The term “appropriate congressional committees” has the meaning given that term in section 14(2) of the Iran Sanctions Act of 1996 (Public Law 104-172; 50 U.S.C. 1701 note).

(3) **EXECUTIVE AGENCY.**—The term “executive agency” has the meaning given that term in section 4 of the Office of Federal Procurement Policy Act (41 U.S.C. 403).

(4) **FAMILY MEMBER.**—The term “family member” means, with respect to an individual, the spouse, children, grandchildren, or parents of the individual.

(5) **INFORMATION AND INFORMATIONAL MATERIALS.**—The term “information and informational materials” includes publications, films, posters, phonograph records, photographs, microfilms, microfiche, tapes, compact disks, CD ROMs, artworks, and news wire feeds.

(6) **INVESTMENT.**—The term “investment” has the meaning given that term in section 14(9) of the Iran Sanctions Act of 1996 (Public Law 104-172; 50 U.S.C. 1701 note).

(7) **IRANIAN DIPLOMATS AND REPRESENTATIVES OF OTHER GOVERNMENT AND MILITARY OR QUASI-GOVERNMENTAL INSTITUTIONS OF IRAN.**—The term “Iranian diplomats and representatives of other government and military or quasi-governmental institutions of Iran” has the meaning given that term in section 14(11) of the Iran Sanctions Act of 1996 (Public Law 104-172; 50 U.S.C. 1701 note).

(8) **MEDICAL DEVICE.**—The term “medical device” has the meaning given the term “device” in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321).

(9) **MEDICINE.**—The term “medicine” has the meaning given the term “drug” in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321).

SEC. 102. EXPANSION OF SANCTIONS UNDER THE IRAN SANCTIONS ACT OF 1996.

(a) **IN GENERAL.**—Section 5 of the Iran Sanctions Act of 1996 (Public Law 104-172; 50 U.S.C. 1701 note) is amended by striking subsection (a) and inserting the following:

“(a) **SANCTIONS WITH RESPECT TO THE DEVELOPMENT OF PETROLEUM RESOURCES OF IRAN, PRODUCTION OF REFINED PETROLEUM PRODUCTS IN IRAN, AND EXPORTATION OF REFINED PETROLEUM PRODUCTS TO IRAN.**—

“(1) **DEVELOPMENT OF PETROLEUM RESOURCES OF IRAN.**—

“(A) **IN GENERAL.**—Except as provided in subsection (f), the President shall impose 2 or more of the sanctions described in paragraphs (1) through (6) of section 6(a) with respect to a person if the President determines that the person, with actual knowledge, on or after the effective date of the Comprehensive Iran Sanctions, Accountability, and Divestment Act of 2009—

“(i) makes an investment described in subparagraph (B) of \$20,000,000 or more; or

“(ii) makes a combination of investments described in subparagraph (B) in a 12-month period if each such investment is at least \$5,000,000 and such investments equal or exceed \$20,000,000 in the aggregate.

“(B) **INVESTMENT DESCRIBED.**—An investment described in this subparagraph is an investment that directly and significantly contributes to the enhancement of Iran’s ability to develop petroleum resources.

“(2) **PRODUCTION OF REFINED PETROLEUM PRODUCTS.**—

“(A) **IN GENERAL.**—Except as provided in subsection (f), the President shall impose the sanctions described in section 6(b) (in addition to any other sanctions imposed under this subsection) with respect to a person if the President determines that the person, with actual knowledge, on or after the effective date of the Comprehensive Iran Sanctions, Accountability, and Divestment Act of 2009, sells, leases, or provides to Iran any goods, services, technology, information, or support described in subparagraph (B)—

“(i) any of which has a fair market value of \$200,000 or more; or

“(ii) that, during a 12-month period, have an aggregate fair market value of \$1,000,000 or more.

“(B) **GOODS, SERVICES, TECHNOLOGY, INFORMATION, OR SUPPORT DESCRIBED.**—Goods, services, technology, information, or support described in this subparagraph are goods, services, technology, information, or support that could directly and significantly facilitate the maintenance or expansion of Iran’s domestic production of refined petroleum products, including any assistance with respect to construction, modernization, or repair of petroleum refineries.

“(3) **EXPORTATION OF REFINED PETROLEUM PRODUCTS TO IRAN.**—

“(A) **IN GENERAL.**—Except as provided in subsection (f), the President shall impose the sanctions described in section 6(b) (in addition to any other sanctions imposed under this subsection) with respect to a person if the President determines that the person, with actual knowledge, on or after the effective date of the Comprehensive Iran Sanctions, Accountability, and Divestment Act of 2009—

“(i) provides Iran with refined petroleum products—

“(I) that have a fair market value of \$200,000 or more; or

“(II) that, during a 12-month period, have an aggregate fair market value of \$1,000,000 or more; or

“(ii) sells, leases, or provides to Iran any goods, services, technology, information, or support described in subparagraph (B)—

“(I) any of which has a fair market value of \$200,000 or more; or

“(II) that, during a 12-month period, have an aggregate fair market value of \$1,000,000 or more.

“(B) **GOODS, SERVICES, TECHNOLOGY, INFORMATION, OR SUPPORT DESCRIBED.**—Goods, services, technology, information, or support described in this subparagraph are goods, services, technology, or support that could directly and significantly contribute to the enhancement of Iran’s ability to import refined petroleum products, including—

“(i) underwriting or otherwise providing insurance or reinsurance for the sale, lease, or provision of such goods, services, technology, information, or support;

“(ii) financing or brokering such sale, lease, or provision; or

“(iii) providing ships or shipping services to deliver refined petroleum products to Iran.”

(b) **DESCRIPTION OF SANCTIONS.**—Section 6 of such Act is amended—

(1) by striking “The sanctions to be imposed on a sanctioned person under section 5 are as follows:” and inserting the following:

“(a) **IN GENERAL.**—The sanctions to be imposed on a sanctioned person under subsections (a)(1) and (b) of section 5 are as follows:”;

(2) by adding at the end the following:

“(b) **ADDITIONAL SANCTIONS.**—The sanctions to be imposed on a sanctioned person under paragraphs (2) and (3) of section 5(a) are as follows:

“(1) **FOREIGN EXCHANGE.**—The President shall, pursuant to such regulations as the President may prescribe, prohibit any transactions in foreign exchange by the sanctioned person.

“(2) **BANKING TRANSACTIONS.**—The President shall, pursuant to such regulations as the President may prescribe, prohibit any transfers of credit or payments between, by, through, or to any financial institution, to the extent that such transfers or payments involve any interest of the sanctioned person.

“(3) **PROPERTY TRANSACTIONS.**—The President shall, pursuant to such regulations as the President may prescribe and subject to the jurisdiction of the United States, prohibit any person from—

“(A) acquiring, holding, withholding, using, transferring, withdrawing, transporting, importing, or exporting any property with respect to which the sanctioned person has any interest;

“(B) dealing in or exercising any right, power, or privilege with respect to such property; or

“(C) conducting any transactions involving such property.”

(c) **REPORT RELATING TO PRESIDENTIAL WAIVER.**—Section 9(c)(2) of such Act is amended by striking subparagraph (C) and inserting the following:

“(C) an estimate of the significance of the conduct of the person in contributing to the ability of Iran to, as the case may be—

“(i) develop petroleum resources, produce refined petroleum products, or import refined petroleum products; or

“(ii) acquire or develop—

“(I) chemical, biological, or nuclear weapons or related technologies; or

“(II) destabilizing numbers and types of advanced conventional weapons; and”.

(d) **CLARIFICATION AND EXPANSION OF DEFINITIONS.**—Section 14 of such Act is amended—

(1) in paragraph (13)(B)—

(A) by inserting “financial institution, insurer, underwriter, guarantor, and any other business organization, including any foreign subsidiary, parent, or affiliate thereof,” after “trust,”; and

(B) by inserting “, such as an export credit agency” before the semicolon at the end;

(2) in paragraph (14), by striking “petroleum and natural gas resources” and inserting “petroleum, refined petroleum products, oil or liquefied natural gas, natural gas resources, oil or liquefied natural gas tankers, and products used to construct or maintain pipelines used to transport oil or liquefied natural gas”;

(3) by redesignating paragraphs (15) and (16) as paragraphs (16) and (17), respectively; and

(4) by inserting after paragraph (14) the following:

“(15) **REFINED PETROLEUM PRODUCTS.**—The term ‘refined petroleum products’ means diesel, gasoline, jet fuel (including naphtha-type and kerosene-type jet fuel), and aviation gasoline.”

(e) **CONFORMING AMENDMENT.**—Section 4 of such Act is amended—

(1) in subsection (b)(2), by striking “(in addition to that provided in subsection (d))”;

(2) by striking subsection (d); and

(3) by redesignating subsections (e) and (f) as subsections (d) and (e), respectively.

SEC. 103. ECONOMIC SANCTIONS RELATING TO IRAN.

(a) IN GENERAL.—Notwithstanding any other provision of law, and in addition to any other sanction in effect, beginning on the date that is 15 days after the effective date of this Act, the economic sanctions described in subsection (b) shall apply with respect to Iran.

(b) SANCTIONS.—The sanctions described in this subsection are the following:

(1) PROHIBITION ON IMPORTS.—

(A) IN GENERAL.—Except as provided in subparagraph (B), no article of Iranian origin may be imported directly or indirectly into the United States.

(B) EXCEPTION.—The prohibition in subparagraph (A) does not apply to imports from Iran of information and informational materials.

(2) PROHIBITION ON EXPORTS.—

(A) IN GENERAL.—Except as provided in subparagraph (B), no article of United States origin may be exported directly or indirectly to Iran.

(B) EXCEPTIONS.—The prohibition in subparagraph (A) does not apply to exports to Iran of—

(i) agricultural commodities, food, medicine, or medical devices;

(ii) articles exported to Iran to provide humanitarian assistance to the people of Iran;

(iii) except as provided in subparagraph (C), information or informational materials;

(iv) goods, services, or technologies necessary to ensure the safe operation of commercial passenger aircraft produced in the United States if the exportation of such goods, services, or technologies is approved by the Secretary of the Treasury, in consultation with the Secretary of Commerce, pursuant to regulations promulgated by the Secretary of the Treasury regarding the exportation of such goods, services, or technologies, if appropriate; or

(v) goods, services, or technologies that—

(I) are provided to the International Atomic Energy Agency and are necessary to support activities of that Agency in Iran;

(II) are necessary to support activities, including the activities of nongovernmental organizations, relating to promoting democracy in Iran; or

(III) the President determines to be necessary to the national interest of the United States.

(C) SPECIAL RULE WITH RESPECT TO INFORMATION AND INFORMATIONAL MATERIALS.—Notwithstanding subparagraph (B)(iii), information and informational materials of United States origin may not be exported directly or indirectly to Iran—

(i) if the exportation of such information or informational materials is otherwise controlled—

(I) under section 5 of the Export Administration Act of 1979 (50 U.S.C. App. 2404) (as in effect pursuant to the International Emergency Economic Powers Act (50 U.S.C. 1701 et seq.)); or

(II) under section 6 of that Act (50 U.S.C. App. 2405), to the extent that such controls promote the nonproliferation or antiterrorism policies of the United States; or

(ii) if such information or informational materials are information or informational materials with respect to which acts are prohibited by chapter 37 of title 18, United States Code.

(3) FREEZING ASSETS.—

(A) IN GENERAL.—At such time as the United States has access to the names of persons in Iran, including Iranian diplomats and representatives of other government and military or quasi-governmental institutions of Iran (including Iran's Revolutionary Guard Corps and its affiliates), that satisfy the criteria for designation with respect to the imposition of sanctions under the authority of the International Emergency Economic Powers Act (50 U.S.C. 1701 et seq.) or are otherwise subject to sanctions under any other provision of law, the President shall take such action as may be necessary to freeze, as soon as possible, the funds and other assets belonging to anyone so named and any family members or associates of those so named to whom assets or property of those so named were transferred on or after January 1, 2009. The action described in the preceding sentence includes requiring any United States financial institution that holds funds and assets of a person so named to report promptly to the Office of Foreign Assets Control information regarding such funds and assets.

(B) ASSET REPORTING REQUIREMENT.—Not later than 14 days after a decision is made to freeze the property or assets of any person under this paragraph, the President shall report the name of such person to the appropriate congressional committees. Such a report may contain a classified annex.

(4) UNITED STATES GOVERNMENT CONTRACTS.—The head of an executive agency may not procure, or enter into a contract for the procurement of, any goods or services from a person that meets the criteria for the imposition of sanctions under section 5 of the Iran Sanctions Act of 1996 (Public Law 104-172; 50 U.S.C. 1701 note).

(c) WAIVER.—The President may waive the application of the sanctions described in subsection (b) if the President—

(1) determines that such a waiver is in the national interest of the United States; and

(2) submits to the appropriate congressional committees a report describing the reasons for the determination.

SEC. 104. LIABILITY OF PARENT COMPANIES FOR VIOLATIONS OF SANCTIONS BY FOREIGN SUBSIDIARIES.

(a) DEFINITIONS.—In this section:

(1) ENTITY.—The term “entity” means a partnership, association, trust, joint venture, corporation, or other organization.

(2) OWN OR CONTROL.—The term “own or control” means, with respect to an entity—

(A) to hold more than 50 percent of the equity interest by vote or value in the entity;

(B) to hold a majority of seats on the board of directors of the entity; or

(C) to otherwise control the actions, policies, or personnel decisions of the entity.

(3) SUBSIDIARY.—The term “subsidiary” means an entity that is owned or controlled, directly or indirectly, by a United States person.

(4) UNITED STATES PERSON.—The term “United States person” means—

(A) a natural person who is a citizen, resident, or national of the United States; and

(B) an entity that is organized under the laws of the United States, any State or territory thereof, or the District of Columbia, if natural persons described in subparagraph (A) own or control the entity.

(b) IN GENERAL.—A United States person shall be subject to a penalty for a violation of the provisions of Executive Order 12959 (50 U.S.C. 1701 note) or Executive Order 13059 (50 U.S.C. 1701 note), or any other prohibition on transactions with respect to Iran imposed under the authority of the International

Emergency Economic Powers Act (50 U.S.C. 1701 et seq.), if—

(1) the President determines, pursuant to such regulations as the President may prescribe, that the United States person establishes or maintains a subsidiary outside of the United States for the purpose of circumventing such provisions; and

(2) that subsidiary engages in an act that, if committed in the United States or by a United States person, would violate such provisions.

(c) WAIVER.—The President may waive the application of subsection (b) if the President—

(1) determines that such a waiver is in the national interest of the United States; and

(2) submits to the appropriate congressional committees a report describing the reasons for the determination.

(d) EFFECTIVE DATE.—

(1) IN GENERAL.—Subsection (b) shall take effect on the date of the enactment of this Act and apply with respect to acts described in subsection (b)(2) that are—

(A) commenced on or after the date of the enactment of this Act; or

(B) except as provided in paragraph (2), commenced before such date of enactment, if such acts continue on or after such date of enactment.

(2) EXCEPTION.—Subsection (b) shall not apply with respect to an act described in paragraph (1)(B) by a subsidiary owned or controlled by a United States person if the United States person divests or terminates its business with the subsidiary not later than 90 days after the date of the enactment of this Act.

SEC. 105. PROHIBITION ON PROCUREMENT CONTRACTS WITH PERSONS THAT EXPORT SENSITIVE TECHNOLOGY TO IRAN.

(a) IN GENERAL.—Notwithstanding any other provision of law, and pursuant to such regulations as the President may prescribe, the head of an executive agency may not enter into or renew a contract for the procurement of goods or services with a person that exports sensitive technology to Iran.

(b) WAIVER.—The President may waive the application of the prohibition under subsection (a) if the President—

(1) determines that such a waiver is in the national interest of the United States; and

(2) submits to Congress a report describing the reasons for the determination.

(c) SENSITIVE TECHNOLOGY DEFINED.—The term “sensitive technology” means hardware, software, telecommunications equipment, or any other technology that the President determines is to be used specifically—

(1) to restrict the free flow of unbiased information in Iran; or

(2) to disrupt, monitor, or otherwise restrict speech of the people of Iran.

SEC. 106. INCREASED CAPACITY FOR EFFORTS TO COMBAT UNLAWFUL OR TERRORIST FINANCING.

(a) FINDING.—Congress finds that the work of the Office of Terrorism and Financial Intelligence of the Department of the Treasury, which includes the Office of Foreign Assets Control and the Financial Crimes Enforcement Network, is critical to ensuring that the international financial system is not used for purposes of supporting terrorism and developing weapons of mass destruction.

(b) AUTHORIZATION OF APPROPRIATIONS FOR OFFICE OF TERRORISM AND FINANCIAL INTELLIGENCE.—There are authorized to be appropriated to the Secretary of the Treasury for the Office of Terrorism and Financial Intelligence—

(1) \$64,611,000 for fiscal year 2010; and
(2) such sums as may be necessary for each of the fiscal years 2011 and 2012.

(C) **AUTHORIZATION OF APPROPRIATIONS FOR THE FINANCIAL CRIMES ENFORCEMENT NETWORK.**—Section 310(d)(1) of title 31, United States Code, is amended by striking “such sums as may be necessary for fiscal years 2002, 2003, 2004, and 2005” and inserting “\$104,260,000 for fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 and 2012”.

SEC. 107. REPORTING REQUIREMENTS.

(A) **REPORT ON INVESTMENT AND ACTIVITIES THAT MAY BE SANCTIONABLE UNDER IRAN SANCTIONS ACT OF 1996.**—

(1) **IN GENERAL.**—Not later than 180 days after the date of the enactment of this Act, the President shall submit to the appropriate congressional committees a report containing—

(A) a description of—
(i) any foreign investments of \$20,000,000 or more that contribute directly and significantly to the enhancement of Iran’s ability to develop petroleum resources made during the period described in paragraph (2);

(ii) any sale, lease, or provision to Iran during the period described in paragraph (2) of any goods, services, technology, information, or support that would facilitate the maintenance or expansion of Iran’s domestic production of refined petroleum products; and

(iii) any refined petroleum products provided to Iran during the period described in paragraph (2) and any other activity that could contribute directly and significantly to the enhancement of Iran’s ability to import refined petroleum products during that period;

(B) with respect to each investment or other activity described in subparagraph (A), an identification of—

(i) the date or dates of the investment or activity;

(ii) the steps taken by the United States to respond to the investment or activity;

(iii) the name and United States domiciliary of any person that participated or invested in or facilitated the investment or activity; and

(iv) any Federal Government contracts to which any person referred to in clause (iii) are parties; and

(C) the determination of the President with respect to whether each such investment or activity qualifies as a sanctionable offense under section 5(a) of the Iran Sanctions Act of 1996 (Public Law 104-172; 50 U.S.C. 1701 note).

(2) **PERIOD DESCRIBED.**—The period described in this paragraph is the period beginning on January 1, 2009, and ending on the date on which the President submits the report under paragraph (1).

(b) **SUBSEQUENT REPORTS.**—Not later than 1 year after the date of the enactment of this Act, and every 180 days thereafter, the President shall submit to the appropriate congressional committees an updated version of the report required under subsection (a) that contains the information required under that subsection for the 180-day period preceding the submission of the updated report.

(c) **FORM OF REPORTS; PUBLICATION.**—A report submitted under subsection (a) or (b) shall be submitted in unclassified form, but may contain a classified annex. The unclassified portion of the report shall be published in the Federal Register.

SEC. 108. SENSE OF CONGRESS REGARDING THE IMPOSITION OF SANCTIONS ON THE CENTRAL BANK OF IRAN.

Congress urges the President, in the strongest terms, to consider immediately using the authority of the President to impose sanctions on the Central Bank of Iran and any other Iranian bank engaged in proliferation activities or support of terrorist groups.

SEC. 109. POLICY OF THE UNITED STATES REGARDING IRAN’S REVOLUTIONARY GUARD CORPS AND ITS AFFILIATES.

It is the sense of Congress that the United States should—

(1) continue to target Iran’s Revolutionary Guard Corps persistently with economic sanctions for its support for terrorism, its role in proliferation, and its oppressive activities against the people of Iran; and

(2) impose sanctions, including travel restrictions, sanctions authorized pursuant to this Act, and the full range of sanctions available to the President under the International Emergency Economic Powers Act (50 U.S.C. 1701 et seq.), on—

(A) any foreign individual or entity that is an agent, alias, front, instrumentality, official, or affiliate of Iran’s Revolutionary Guard Corps and is designated for the imposition of sanctions by the President;

(B) any individual or entity who—
(i) has provided material support to Iran’s Revolutionary Guard Corps or any of its affiliates designated for the imposition of sanctions by the President; or

(ii) has conducted any financial or commercial transaction with Iran’s Revolutionary Guard Corps or any of its affiliates so designated; and

(C) any foreign government found—
(i) to be providing material support to Iran’s Revolutionary Guard Corps or any of its affiliates designated for the imposition of sanctions by the President; or

(ii) to have conducted any commercial transaction or financial transaction with Iran’s Revolutionary Guard Corps or any of its affiliates so designated.

SEC. 110. POLICY OF THE UNITED STATES WITH RESPECT TO IRAN AND HEZBOLLAH.

It is the sense of Congress that the United States should—

(1) continue to counter support received by Hezbollah from the Government of Iran and other foreign governments in response to Hezbollah’s terrorist activities and the threat Hezbollah poses to Israel, the democratic sovereignty of Lebanon, and the national security interests of the United States;

(2) impose the full range of sanctions available to the President under the International Emergency Economic Powers Act (50 U.S.C. 1701 et seq.) on Hezbollah, its designated affiliates and supporters, and persons providing Hezbollah with commercial, financial, or other services;

(3) urge the European Union, individual countries in Europe, and other countries to classify Hezbollah as a terrorist organization to facilitate the disruption of Hezbollah’s operations; and

(4) renew international efforts to disarm Hezbollah and disband its militias in Lebanon, as called for by United Nations Security Council Resolutions 1559 (2004) and 1701 (2006).

SEC. 111. SENSE OF CONGRESS REGARDING THE IMPOSITION OF MULTILATERAL SANCTIONS WITH RESPECT TO IRAN.

It is the sense of Congress that—

(1) in general, multilateral sanctions are more effective than unilateral sanctions at

achieving desired results from countries such as Iran;

(2) the President should continue to work with allies of the United States to impose such sanctions as may be necessary to prevent the Government of Iran from acquiring a nuclear weapons capability; and

(3) the United States should continue to consult with the 5 permanent members of the United Nations Security Council and Germany (commonly referred to as the “P5-plus-1”) and other interested countries regarding imposing new sanctions with respect to Iran in the event that diplomatic efforts to prevent Iran from acquiring a nuclear weapons capability fail.

TITLE II—DIVESTMENT FROM CERTAIN COMPANIES THAT INVEST IN IRAN

SEC. 201. DEFINITIONS.

In this title:

(1) **ENERGY SECTOR.**—The term “energy sector” refers to activities to develop petroleum or natural gas resources or nuclear power.

(2) **FINANCIAL INSTITUTION.**—The term “financial institution” has the meaning given that term in section 14(5) of the Iran Sanctions Act of 1996 (Public Law 104-172; 50 U.S.C. 1701 note).

(3) **IRAN.**—The term “Iran” includes any agency or instrumentality of Iran.

(4) **PERSON.**—The term “person” means—

(A) a natural person, corporation, company, business association, partnership, society, trust, or any other nongovernmental entity, organization, or group;

(B) any governmental entity or instrumentality of a government, including a multilateral development institution (as defined in section 1701(c)(3) of the International Financial Institutions Act (22 U.S.C. 262(c)(3))); and

(C) any successor, subunit, parent company, or subsidiary of any entity described in subparagraph (A) or (B).

(5) **STATE.**—The term “State” means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

(6) **STATE OR LOCAL GOVERNMENT.**—The term “State or local government” includes—

(A) any State and any agency or instrumentality thereof;

(B) any local government within a State, and any agency or instrumentality thereof;

(C) any other governmental instrumentality; and

(D) any public institution of higher education within the meaning of the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.).

SEC. 202. AUTHORITY OF STATE AND LOCAL GOVERNMENTS TO DIVEST FROM CERTAIN COMPANIES THAT INVEST IN IRAN.

(a) **SENSE OF CONGRESS.**—It is the sense of Congress that the United States Government should support the decision of any State or local government that for moral, prudential, or reputational reasons divests from, or prohibits the investment of assets of the State or local government in, a person that engages in investment activities in the energy sector of Iran, as long as that country is subject to economic sanctions imposed by the United States.

(b) **AUTHORITY TO DIVEST.**—Notwithstanding any other provision of law, a State or local government may adopt and enforce measures that meet the requirements of subsection (d) to divest the assets of the State or local government from, or prohibit investment of the assets of the State or local government in, any person that the State or

local government determines, using credible information available to the public, engages in investment activities in Iran described in subsection (c).

(c) INVESTMENT ACTIVITIES DESCRIBED.—A person engages in investment activities in Iran described in this subsection if the person—

(1) has an investment of \$20,000,000 or more in the energy sector of Iran, including in a person that provides oil or liquified natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquified natural gas, for the energy sector in Iran; or

(2) is a financial institution that extends \$20,000,000 or more in credit to another person, for 45 days or more, if that person will use the credit to invest in the energy sector in Iran.

(d) REQUIREMENTS.—Any measure taken by a State or local government under subsection (b) shall meet the following requirements:

(1) NOTICE.—The State or local government shall provide written notice to each person to which a measure is to be applied.

(2) TIMING.—The measure shall apply to a person not earlier than the date that is 90 days after the date on which written notice is provided to the person under paragraph (1).

(3) OPPORTUNITY FOR HEARING.—The State or local government shall provide an opportunity to comment in writing to each person to which a measure is to be applied. If the person demonstrates to the State or local government that the person does not engage in investment activities in Iran described in subsection (c), the measure shall not apply to the person.

(4) SENSE OF CONGRESS ON AVOIDING ERRONEOUS TARGETING.—It is the sense of Congress that a State or local government should not adopt a measure under subsection (b) with respect to a person unless the State or local government has made every effort to avoid erroneously targeting the person and has verified that the person engages in investment activities in Iran described in subsection (c).

(e) NOTICE TO DEPARTMENT OF JUSTICE.—Not later than 30 days after adopting a measure pursuant to subsection (b), a State or local government shall submit written notice to the Attorney General describing the measure.

(f) NONPREEMPTION.—A measure of a State or local government authorized under subsection (b) is not preempted by any Federal law or regulation.

(g) DEFINITIONS.—In this section:

(1) INVESTMENT.—The “investment” of assets, with respect to a State or local government, includes—

(A) a commitment or contribution of assets;

(B) a loan or other extension of credit; and

(C) the entry into or renewal of a contract for goods or services.

(2) ASSETS.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the term “assets” refers to public monies and includes any pension, retirement, annuity, or endowment fund, or similar instrument, that is controlled by a State or local government.

(B) EXCEPTION.—The term “assets” does not include employee benefit plans covered by title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.).

(h) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), this section applies to meas-

ures adopted by a State or local government before, on, or after the date of the enactment of this Act.

(2) NOTICE REQUIREMENTS.—Subsections (d) and (e) apply to measures adopted by a State or local government on or after the date of the enactment of this Act.

SEC. 203. SAFE HARBOR FOR CHANGES OF INVESTMENT POLICIES BY ASSET MANAGERS.

(a) IN GENERAL.—Section 13(c)(1) of the Investment Company Act of 1940 (15 U.S.C. 80a-13(c)(1)) is amended to read as follows:

“(1) IN GENERAL.—Notwithstanding any other provision of Federal or State law, no person may bring any civil, criminal, or administrative action against any registered investment company, or any employee, officer, director, or investment adviser thereof, based solely upon the investment company divesting from, or avoiding investing in, securities issued by persons that the investment company determines, using credible information available to the public—

“(A) conduct or have direct investments in business operations in Sudan described in section 3(d) of the Sudan Accountability and Divestment Act of 2007 (50 U.S.C. 1701 note); or

“(B) engage in investment activities in Iran described in section 202(c) of the Comprehensive Iran Sanctions, Accountability, and Divestment Act of 2009.”.

(b) SEC REGULATIONS.—Not later than 120 days after the date of the enactment of this Act, the Securities and Exchange Commission shall issue any revisions the Commission determines to be necessary to the regulations requiring disclosure by each registered investment company that divests itself of securities in accordance with section 13(c) of the Investment Company Act of 1940 to include divestments of securities in accordance with paragraph (1)(B) of such section, as added by subsection (a).

SEC. 204. SENSE OF CONGRESS REGARDING CERTAIN ERISA PLAN INVESTMENTS.

It is the sense of Congress that a fiduciary of an employee benefit plan, as defined in section 3(3) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(3)), may divest plan assets from, or avoid investing plan assets in, any person the fiduciary determines engages in investment activities in Iran described in section 202(c) of this Act, without breaching the responsibilities, obligations, or duties imposed upon the fiduciary by section 404 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1104), if—

(1) the fiduciary makes such determination using credible information that is available to the public; and

(2) such divestment or avoidance of investment is conducted in accordance with section 2509.08-1 of title 29, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act).

TITLE III—PREVENTION OF TRANSHIPMENT, REEXPORTATION, OR DIVERSION OF SENSITIVE ITEMS TO IRAN

SEC. 301. DEFINITIONS.

In this title:

(1) APPROPRIATE CONGRESSIONAL COMMITTEES.—The term “appropriate congressional committees” means—

(A) the Committee on Banking, Housing, and Urban Affairs, the Committee on Foreign Relations, and the Select Committee on Intelligence of the Senate; and

(B) the Committee on Financial Services, the Committee on Foreign Affairs, and the Permanent Select Committee on Intelligence of the House of Representatives.

(2) END-USER.—The term “end-user” means an end-user as that term is used in the Export Administration Regulations.

(3) EXPORT ADMINISTRATION REGULATIONS.—The term “Export Administration Regulations” means subchapter C of chapter VII of title 15, Code of Federal Regulations.

(4) GOVERNMENT.—The term “government” includes any agency or instrumentality of a government.

(5) IRAN.—The term “Iran” includes any agency or instrumentality of Iran.

(6) STATE SPONSOR OF TERRORISM.—The term “state sponsor of terrorism” means any country the government of which the Secretary of State has determined has repeatedly provided support for acts of international terrorism pursuant to—

(A) section 6(j)(1)(A) of the Export Administration Act of 1979 (50 U.S.C. App. 2405(j)(1)(A)) (or any successor thereto);

(B) section 40(d) of the Arms Export Control Act (22 U.S.C. 2780(d)); or

(C) section 620A(a) of the Foreign Assistance Act of 1961 (22 U.S.C. 2371(a)).

(7) TRANSHIPMENT, REEXPORTATION, OR DIVERSION.—The term “transshipment, reexportation, or diversion” means the exportation, directly or indirectly, of items that originated in the United States to an end-user whose identity cannot be verified or to an entity in Iran in violation of the laws or regulations of the United States by any means, including by—

(A) shipping such items through 1 or more foreign countries; or

(B) by using false information regarding the country of origin of such items.

SEC. 302. IDENTIFICATION OF LOCATIONS OF CONCERN WITH RESPECT TO TRANSHIPMENT, REEXPORTATION, OR DIVERSION OF CERTAIN ITEMS TO IRAN.

Not later than 180 days after the date of the enactment of this Act, and annually thereafter, the Director of National Intelligence shall submit to the Secretary of Commerce, the Secretary of State, the Secretary of the Treasury, and the appropriate congressional committees a report that identifies all countries that the Director determines are of concern with respect to transshipment, reexportation, or diversion of items subject to the provisions of the Export Administration Regulations to an entity in Iran.

SEC. 303. DESTINATIONS OF POSSIBLE DIVERSION CONCERN AND DESTINATIONS OF DIVERSION CONCERN.

(a) DESTINATIONS OF POSSIBLE DIVERSION CONCERN.—

(1) DESIGNATION.—The Secretary of Commerce shall designate a country as a Destination of Possible Diversion Concern if the Secretary, in consultation with the Secretary of State and the Secretary of the Treasury, determines that such designation is appropriate to carry out activities to strengthen the export control systems of that country based on criteria that include—

(A) the volume of items that originated in the United States that are transported through the country to end-users whose identities cannot be verified;

(B) the inadequacy of the export and reexport controls of the country;

(C) the unwillingness or demonstrated inability of the government of the country to control diversion activities; and

(D) the unwillingness or inability of the government of the country to cooperate with the United States in interdiction efforts.

(2) STRENGTHENING EXPORT CONTROL SYSTEMS OF DESTINATIONS OF POSSIBLE DIVERSION

CONCERN.—If the Secretary of Commerce designates a country as a Destination of Possible Diversion Concern under paragraph (1), the United States shall initiate government-to-government activities described in paragraph (3) to strengthen the export control systems of the country.

(3) GOVERNMENT-TO-GOVERNMENT ACTIVITIES DESCRIBED.—The government-to-government activities described in this paragraph include—

(A) cooperation by agencies and departments of the United States with counterpart agencies and departments in a country designated as a Destination of Possible Diversion Concern under paragraph (1) to—

(i) develop or strengthen export control systems in the country;

(ii) strengthen cooperation and facilitate enforcement of export control systems in the country; and

(iii) promote information and data exchanges among agencies of the country and with the United States; and

(B) efforts by the Office of International Programs of the Department of Commerce to strengthen the export control systems of the country to—

(i) facilitate legitimate trade in high-technology goods; and

(ii) prevent terrorists and state sponsors of terrorism, including Iran, from obtaining nuclear, biological, and chemical weapons, defense technologies, components for improvised explosive devices, and other defense items.

(b) DESTINATIONS OF DIVERSION CONCERN.—

(1) DESIGNATION.—The Secretary of Commerce shall designate a country as a Destination of Diversion Concern if the Secretary, in consultation with the Secretary of State and the Secretary of the Treasury, determines—

(A) that the government of the country allows substantial transshipment, reexportation, or diversion of items that originated in the United States to end-users whose identities cannot be verified or to entities in Iran; or

(B) 12 months after the Secretary of Commerce designates the country as a Destination of Possible Diversion Concern under subsection (a)(1), that the country has failed—

(i) to cooperate with the government-to-government activities initiated by the United States under subsection (a)(2); or

(ii) based on the criteria described in subsection (a)(1), to adequately strengthen the export control systems of the country.

(2) LICENSING CONTROLS WITH RESPECT TO DESTINATIONS OF DIVERSION CONCERN.—

(A) REPORT ON SUSPECT ITEMS.—

(i) IN GENERAL.—Not later than 45 days after the date of the enactment of this Act, the Secretary of Commerce, in consultation with the Director of National Intelligence, the Secretary of State, and the Secretary of the Treasury, shall submit to the appropriate congressional committees a report containing a list of items that, if the items were transshipped, reexported, or diverted to Iran, could contribute to—

(I) Iran obtaining nuclear, biological, or chemical weapons, defense technologies, components for improvised explosive devices, or other defense items; or

(II) support by Iran for acts of international terrorism.

(ii) CONSIDERATIONS FOR LIST.—In developing the list required under clause (i), the Secretary of Commerce shall consider—

(I) the items subject to licensing requirements under section 742.8 of title 15, Code of

Federal Regulations (or any corresponding similar regulation or ruling) and other existing licensing requirements; and

(II) the items added to the list of items for which a license is required for exportation to North Korea by the final rule of the Bureau of Export Administration of the Department of Commerce issued on June 19, 2000 (65 Fed. Reg. 38148; relating to export restrictions on North Korea).

(B) LICENSING REQUIREMENT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Commerce shall require a license to export an item on the list required under subparagraph (A)(i) to a country designated as a Destination of Diversion Concern.

(C) WAIVER.—The President may waive the imposition of the licensing requirement under subparagraph (B) with respect to a country designated as a Destination of Diversion Concern if the President—

(i) determines that such a waiver is in the national interest of the United States; and

(ii) submits to the appropriate congressional committees a report describing the reasons for the determination.

(c) TERMINATION OF DESIGNATION.—The designation of a country as a Destination of Possible Diversion Concern or a Destination of Diversion Concern shall terminate on the date on which the Secretary of Commerce determines, based on the criteria described in subparagraphs (A) through (D) of subsection (a)(1), and certifies to Congress and the President that the country has adequately strengthened the export control systems of the country to prevent transshipment, reexportation, and diversion of items through the country to end-users whose identities cannot be verified or to entities in Iran.

(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.

SEC. 304. REPORT ON EXPANDING DIVERSION CONCERN SYSTEM TO COUNTRIES OTHER THAN IRAN.

Not later than 180 days after the date of the enactment of this Act, the Director of National Intelligence, in consultation with the Secretary of Commerce, the Secretary of State, and the Secretary of the Treasury, shall submit to the appropriate congressional committees a report that—

(1) identifies any country that the Director determines may be transshipping, reexporting, or diverting items subject to the provisions of the Export Administration Regulations to another country if such other country—

(A) is seeking to obtain nuclear, biological, or chemical weapons, defense technologies, components for improvised explosive devices, or other defense items; or

(B) provides support for acts of international terrorism; and

(2) assesses the feasibility and advisability of expanding the system established under section 303 for designating countries as Destinations of Possible Diversion Concern and Destinations of Diversion Concern to include countries identified under paragraph (1).

TITLE IV—EFFECTIVE DATE; SUNSET

SEC. 401. EFFECTIVE DATE; SUNSET.

(a) EFFECTIVE DATE.—Except as provided in sections 104, 202, and 303(b)(2), the provisions of, and amendments made by, this Act shall take effect on the date that is 120 days after the date of the enactment of this Act.

(b) SUNSET.—The provisions of this Act shall terminate on the date that is 30 days after the date on which the President certifies to Congress that—

(1) the Government of Iran has ceased providing support for acts of international terrorism and no longer satisfies the requirements for designation as a state sponsor of terrorism under—

(A) section 6(j)(1)(A) of the Export Administration Act of 1979 (50 U.S.C. App. 2405(j)(1)(A)) (or any successor thereto);

(B) section 40(d) of the Arms Export Control Act (22 U.S.C. 2780(d)); or

(C) section 620A(a) of the Foreign Assistance Act of 1961 (22 U.S.C. 2371(a)); and

(2) Iran has ceased the pursuit, acquisition, and development of nuclear, biological, and chemical weapons and ballistic missiles and ballistic missile launch technology.

SA 3467. Mr. REID (for himself and Mr. ENSIGN) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 364, between lines 17 and 18, insert the following:

SEC. 434. AUTHORIZATION OF USE OF CERTAIN LANDS IN THE LAS VEGAS MCCARRAN INTERNATIONAL AIRPORT ENVIRONS OVERLAY DISTRICT FOR TRANSIENT LODGING AND ASSOCIATED FACILITIES.

(a) IN GENERAL.—Notwithstanding any other provision of law and except as provided in subsection (b), Clark County, Nevada, is authorized to permit transient lodging, including hotels, and associated facilities, including enclosed auditoriums, concert halls, sports arenas, and places of public assembly, on lands in the Las Vegas McCarran International Airport Environs Overlay District that fall below the forecasted 2017 65 dB day-night annual average noise level (DNL), as identified in the Noise Exposure Map Notice published by the Federal Aviation Administration in the Federal Register on July 24, 2007 (72 Fed. Reg. 40357), and adopted into the Clark County Development Code in June 2008.

(b) LIMITATION.—No structure may be permitted under subsection (a) that would constitute a hazard to air navigation, result in an increase to minimum flight altitudes, or otherwise pose a significant adverse impact on airport or aircraft operations.

SA 3468. Mr. REID submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 262, strike line 18 and all that follows through “or transfer” on page 263, line 4, and insert the following:

(2) in subsection (c)—

(A) in paragraph (2)(A)(i), by striking “purpose” and inserting the following: “purpose, which includes serving as noise buffer land that may be—

“(I) undeveloped; or

“(II) developed in a way that is compatible with using the land for noise buffering purposes;”;

(B) in paragraph (2)(B)(iii), by striking “paid to the Secretary for deposit in the Fund if another eligible project does not exist.” and inserting “reinvested in another project at the airport or transferred to another airport as the Secretary prescribes.”;

(C) by redesignating paragraph (3) as paragraph (5); and

(D) by inserting after paragraph (2) the following:

“(3)(A) A lease by an airport owner or operator of land acquired for a noise compatibility purpose using a grant provided under this subchapter shall not be considered a disposal for purposes of paragraph (2).

“(B) The airport owner or operator may use revenues from a lease described in subparagraph (A) for ongoing airport operational and capital purposes.

“(C) The Administrator of the Federal Aviation Administration shall coordinate with each airport owner or operator to ensure that leases described in subparagraph (A) are consistent with noise buffering purposes.

“(D) The provisions of this paragraph apply to all land acquired before, on, or after the date of the enactment of this paragraph.

“(4) In approving the reinvestment or transfer.

SA 3469. Mr. REID submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 489, after line 8, add the following:

SEC. 7. LAND CONVEYANCE FOR SOUTHERN NEVADA SUPPLEMENTAL AIRPORT.

(a) DEFINITIONS.—In this section:

(1) COUNTY.—The term “County” means Clark County, Nevada.

(2) PUBLIC LAND.—The term “public land” means the land located at—

(A) sec. 23 and sec. 26, T. 26 S., R. 59 E., Mount Diablo Meridian;

(B) the NE $\frac{1}{4}$ and the N $\frac{1}{2}$ of the SE $\frac{1}{4}$ of sec. 6, T. 25 S., R. 59 E., Mount Diablo Meridian, together with the SE $\frac{1}{4}$ of sec. 31, T. 24 S., R. 59 E., Mount Diablo Meridian; and

(C) sec. 8, T. 26 S., R. 60 E., Mount Diablo Meridian.

(3) SECRETARY.—The term “Secretary” means the Secretary of the Interior.

(b) LAND CONVEYANCE.—

(1) IN GENERAL.—As soon as practicable after the date described in paragraph (2), subject to valid existing rights, and notwithstanding the land use planning requirements of sections 202 and 203 of the Federal Land Policy and Management Act of 1976 (43 U.S.C. 1712, 1713), the Secretary shall convey to the County, without consideration, all right, title, and interest of the United States in and to the public land.

(2) DATE ON WHICH CONVEYANCE MAY BE MADE.—The Secretary shall not make the conveyance described in paragraph (1) until the later of the date on which the Administrator of the Federal Aviation Administration has—

(A) approved an airport layout plan for an airport to be located in the Ivanpah Valley; and

(B) with respect to the construction and operation of an airport on the site conveyed to the County pursuant to section 2(a) of the Ivanpah Valley Airport Public Lands Transfer Act (Public Law 106-362; 114 Stat. 1404), issued a record of decision after the preparation of an environmental impact statement or similar analysis required under the National Environmental Policy Act of 1969 (42 U.S.C. 4321 et seq.).

(3) WITHDRAWAL.—Subject to valid existing rights, the public land to be conveyed under paragraph (1) is withdrawn from—

(A) location, entry, and patent under the mining laws; and

(B) operation of the mineral leasing and geothermal leasing laws.

(4) USE.—The public land conveyed under paragraph (1) shall be used for the development of flood mitigation infrastructure for the Southern Nevada Supplemental Airport.

SA 3470. Mr. FEINGOLD (for himself, Mr. COBURN, Mr. BROWN of Ohio, and Mr. MCCAIN) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; as follows:

At the end, insert the following:

TITLE —RESCISSION OF UNUSED TRANSPORTATION EARMARKS AND GENERAL REPORTING REQUIREMENT

SEC. 01. DEFINITION.

In this title, the term “earmark” means the following:

(1) A congressionally directed spending item, as defined in Rule XLIV of the Standing Rules of the Senate.

(2) A congressional earmark, as defined for purposes of Rule XXI of the Rules of the House of Representatives.

SEC. 02. RESCISSION.

Any earmark of funds provided for the Department of Transportation with more than 90 percent of the appropriated amount remaining available for obligation at the end of the 9th fiscal year following the fiscal year in which the earmark was made available is rescinded effective at the end of that 9th fiscal year, except that the Secretary of Transportation may delay any such rescission if the Secretary determines that an additional obligation of the earmark is likely to occur during the following 12-month period.

SEC. 03. AGENCY WIDE IDENTIFICATION AND REPORTS.

(a) AGENCY IDENTIFICATION.—Each Federal agency shall identify and report every project that is an earmark with an unobligated balance at the end of each fiscal year to the Director of OMB.

(b) ANNUAL REPORT.—The Director of OMB shall submit to Congress and publically post on the website of OMB an annual report that includes—

(1) a listing and accounting for earmarks with unobligated balances summarized by agency including the amount of the original earmark, amount of the unobligated balance, the year when the funding expires, if applicable, and recommendations and justifications for whether each earmark should be rescinded or retained in the next fiscal year;

(2) the number of rescissions resulting from this title and the annual savings resulting from this title for the previous fiscal year; and

(3) a listing and accounting for earmarks provided for the Department of Transportation scheduled to be rescinded at the end of the current fiscal year.

SA 3471. Mrs. HUTCHISON submitted an amendment intended to be proposed by her to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. . ALLOCATION OF 4 BEYOND-PERIMETER EXEMPTIONS.

Section 41718(a) is amended—

(1) by striking “24” and inserting “28”; and

(2) by adding at the end the following:

“The Secretary shall allocate 4 of the exemptions granted under the preceding sentence to air carriers to operate limited frequencies and aircraft between Ronald Reagan Washington National Airport and a medium hub airport located outside the perimeter established for civil aircraft operations at Ronald Reagan Washington National Airport but within 1,400 miles of that airport without regard to paragraphs (1) and (2) of this subsection.”.

SA 3472. Mr. MCCAIN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 29, after line 21, insert the following:

SEC. 207(b) PROHIBITION ON USE OF PASSENGER FACILITY CHARGES TO CONSTRUCT BICYCLE STORAGE FACILITIES.—Section 40117(a)(3) is amended—

(1) by redesignating subparagraphs (A) through (G) as clauses (i) through (vii);

(2) by striking “The term” and inserting the following:

“(A) IN GENERAL.—The term”; and

(3) by adding at the end the following:

“(B) BICYCLE STORAGE FACILITIES.—A project to construct a bicycle storage facility may not be considered an eligible airport-related project.”.

SA 3473. Mr. LAUTENBERG submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 723. REPORT ON NEWARK LIBERTY AIRPORT AIR TRAFFIC CONTROL TOWER.

Not later than 90 days after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration shall report to the Committee on Commerce, Science, and Transportation of the Senate, the Subcommittee on Transportation and Housing and Urban Development, and Related Agencies of the Senate, the Committee on Transportation and Infrastructure of the House of Representatives, and the Subcommittee on Transportation, Housing and Urban Development, and Related Agencies of the House of Representatives on the Federal Aviation Administration's plan to staff the Newark Liberty Airport air traffic control tower with a minimum of 35 certified professional controllers within 1 year after such date of enactment.

SA 3474. Mr. BARRASSO submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 723. PRIORITY OF REVIEW OF CONSTRUCTION PROJECTS.

(a) FINDINGS.—Congress makes the following findings:

(1) Winter weather in States located in cold regions of the United States shortens the period during the year in which construction projects may be carried out in such States.

(2) If the review and approval process for a construction project in a cold weather State is delayed—

(A) the project may not be completed in 1 construction season; and

(B) the cost to complete the project will increase.

(b) PRIORITY REVIEW OF CONSTRUCTION PROJECTS IN COLD WEATHER STATES.—The Administrator of the Federal Aviation Administration shall, to the maximum extent practicable, prioritize the Administrator's review of construction projects so that projects to be carried out in a States in which the weather during a typical calendar year prevents major construction projects from being carried out before May 1 are reviewed as early as possible.

SA 3475. Mr. MCCAIN (for himself and Mr. BAYH) submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end, insert the following:

SEC. ____ . EARMARKS PROHIBITED IN YEARS IN WHICH THERE IS A DEFICIT.

(a) IN GENERAL.—It shall not be in order in the Senate or the House of Representatives to consider a bill, joint resolution, or conference report containing a congressional earmark or an earmark attributable to the President for any fiscal year in which there is or will be a deficit as determined by CBO.

(b) CONGRESSIONAL EARMARK.—In this section, the term "congressional earmark" means the following:

(1) A congressionally directed spending item, as defined in Rule XLIV of the Standing Rules of the Senate.

(2) A congressional earmark for purposes of Rule XXI of the House of Representatives.

(c) WAIVER AND APPEAL.—

(1) WAIVER.—This section may be waived or suspended in the Senate only by the affirmative vote of three-fifths of the Members, duly chosen and sworn.

(2) APPEALS.—Appeals in the Senate from the decisions of the Chair relating to any provision of this section shall be limited to 1 hour, to be equally divided between, and controlled by, the appellant and the manager of the bill or joint resolution, as the case may be. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

SA 3476. Mr. ENSIGN (for himself, Mr. KYL, Mr. MCCAIN, and Mr. COBURN) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 723. EXTENDING THE LENGTH OF FLIGHTS FROM RONALD REAGAN WASHINGTON NATIONAL AIRPORT.

Section 41718 is amended by adding at the end the following:

"(g) USE OF AIRPORT SLOTS FOR BEYOND PERIMETER FLIGHTS.—Notwithstanding section 49109 or any other provision of law, any air carrier that holds or operates air carrier slots at Ronald Reagan Washington National Airport as of January 1, 2010, pursuant to subparts K and S of part 93 of title 14, Code of Federal Regulations, which are being used as of that date for scheduled service between that airport and a large hub airport (as defined in section 40102(a)(29)), may use such slots for service between Ronald Reagan Washington National Airport and any airport located outside of the perimeter restriction described in section 49109."

SA 3477. Ms. CANTWELL (for herself and Mrs. MURRAY) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VIII, add the following:
SEC. 8 ____ . TAX-EXEMPT BOND FINANCING FOR FIXED-WING EMERGENCY MEDICAL AIRCRAFT.

(a) IN GENERAL.—Subsection (e) of section 147 (relating to no portion of bonds may be issued for skyboxes, airplanes, gambling establishments, etc.) is amended by adding at the end the following new sentence: "The preceding sentence shall not apply to any fixed-wing aircraft equipped for, and exclusively dedicated to providing, acute care emergency medical services (within the meaning of 4261(g)(2))."

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to obligations issued after the date of the enactment of this Act.

SA 3478. Mr. SCHUMER submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 27, line 9, strike "The Secretary" and insert "Effective January 1, 2008, the Secretary".

SA 3479. Mr. NELSON of Florida submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 282, between lines 3 and 4, insert the following:

SEC. 219. DESIGNATION OF FORMER MILITARY AIRPORTS.

Section 47118(g) is amended by inserting "or more" after "one".

SA 3480. Mr. SCHUMER (for himself and Mr. NELSON of Florida) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients;

which was ordered to lie on the table; as follows:

At the end of title VII, add the following:
SEC. 723. TRANSFER OF UNUSED OFF-PEAK HOUR SLOTS AT RONALD REAGAN WASHINGTON NATIONAL AIRPORT INTO PEAK HOUR SLOTS.

Section 41718 is amended by adding at the end the following:

"(g) TRANSFER OF UNUSED OFF-PEAK HOUR SLOTS TO PEAK HOUR SLOTS.—

"(1) IN GENERAL.—Notwithstanding section 41714(d), any other provision of this title, or subpart K or S of part 93 of title 14, Code of Federal Regulations, and subject to paragraph (3), the Secretary may transfer any slot available for the takeoff or landing of an aircraft by an air carrier during off-peak hours at the Ronald Reagan Washington National Airport that the Secretary determines is unused into a slot available for the takeoff or landing of an aircraft by an air carrier described in paragraph (2) during peak hours at that Airport.

"(2) AIR CARRIER DESCRIBED.—An air carrier described in this paragraph is a new entrant air carrier or a limited incumbent air carrier that the Secretary determines will—

"(A) produce maximum competitive benefits, including low fares;

"(B) increase the presence of new entrant air carriers and limited incumbent air carriers in air transportation, especially at large hub airports that are dominated by large incumbent air carriers, or otherwise promote air transportation by new entrant air carriers and limited incumbent air carriers; and

"(C) use aircraft that—

"(i) meet the Stage 3 noise limits under part 36 of title 14, Code of Federal Regulations; and

"(ii) have a maximum seating capacity of more than 76 passengers.

"(3) LIMITATION ON INCREASE IN HOURLY OPERATIONS.—The transfer of a slot under paragraph (1) may not increase the number of operations at Ronald Reagan Washington National Airport in any 1-hour period by more than 4 operations.

"(4) DEFINITIONS.—In this subsection:

"(A) LARGE INCUMBENT AIR CARRIER.—The term 'large incumbent air carrier' means, with respect to a large hub airport, an air carrier that holds more than 20 slots at the airport (other than slots for use in foreign air transportation).

"(B) OFF-PEAK HOURS.—The term 'off-peak hours' means the time between 10:00 post meridiem and 6:59 ante meridiem.

"(C) PEAK HOURS.—The term 'peak hours' means the time between 7:00 ante meridiem and 9:59 post meridiem."

SA 3481. Mrs. HUTCHISON submitted an amendment intended to be proposed by her to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . ALLOCATION OF 4 BEYOND-PERIMETER EXEMPTIONS.

Section 41718(a) is amended—

(1) by striking "24" and inserting "28"; and

(2) by adding at the end the following:
"The Secretary shall allocate 4 of the exemptions granted under the preceding sentence to air carriers to operate limited frequencies and aircraft between Ronald Reagan Washington National Airport and a

medium hub airport located outside the perimeter established for civil aircraft operations at Ronald Reagan Washington National Airport but within 2,000 miles of that airport without regard to paragraphs (1) and (2) of this subsection.”.

SA 3482. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:
SEC. 720. AIR-RAIL CODESHARE STUDY.

(a) **CODESHARE STUDY.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Transportation, in coordination with the Federal Aviation Administration and the Federal Railroad Administration, shall conduct a study of—

(1) the current airline and intercity passenger rail codeshare arrangements;

(2) the best methods for encouraging better integration of future airline and intercity passenger rail schedules; and

(3) the feasibility of increasing intermodal connectivity of airline and intercity passenger rail facilities and systems to improve passenger travel.

(b) **CONSIDERATIONS.**—The study shall consider—

(1) the potential benefits to passengers from the development of a more efficient travel network through the implementation of more integrated scheduling between airlines and Amtrak or other intercity passenger rail carriers achieved through codesharing arrangements;

(2) statutory and regulatory challenges or barriers to greater integration of future scheduling through implementation of codeshare arrangements between airlines and Amtrak or other intercity passenger rail carriers;

(3) financial or other challenges to implementing more integrated codeshare arrangements between airlines and Amtrak or other intercity passenger rail carriers; and

(4) airport operations that can improve connectivity to intercity passenger rail facilities and stations.

(c) **REPORT.**—Not later than 1 year after commencing the study required by subsection (a), the Secretary shall submit a report on the study to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives. The report shall include any conclusions of the Secretary resulting from the study, the Secretary's recommendations for improving intermodal connections between airlines and intercity passenger rail, and the Secretary's recommendations for regulatory or legislative changes necessary to facilitate codeshare arrangements between airlines and Amtrak and other intercity passenger rail carriers.

SA 3483. Mr. DURBIN submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 282, between lines 3 and 4, insert the following:

SEC. 219. AIRPORT SUSTAINABILITY PLANNING.

(a) **IN GENERAL.**—The Administrator of the Federal Aviation Administration may make

a grant from amounts made available under section 48103 of title 49, United States Code, to an entity to develop, in accordance with subsection (b)—

(1) best practices and metrics with respect to the sustainable design, construction, planning, maintenance, and operation of airports; and

(2) a rating system and voluntary rating process for airports based on those best practices and metrics.

(b) **DEVELOPMENT OF BEST PRACTICES AND METRICS AND VOLUNTARY RATING SYSTEM.**—

(1) **IN GENERAL.**—The entity receiving the grant under subsection (a) shall develop—

(A) consensus-based best practices and metrics for the sustainable design, construction, planning, maintenance, and operation of an airport that comply with standards prescribed by the Administrator of the Federal Aviation Administration, including standards for site location, airport layout, site preparation, paving, and lighting and safety of approaches;

(B) a consensus-based rating system for airports based on the best practices and metrics developed under subparagraph (A); and

(C) a voluntary rating process for airports based on the best practices and metrics developed under subparagraph (A) and the rating system developed under subparagraph (B).

(2) **REVIEW AND DISSEMINATION OF BEST PRACTICES AND METRICS.**—The Administrator of the Federal Aviation Administration—

(A) shall review the best practices and metrics developed under paragraph (1)(A) by the entity receiving the grant under subsection (a) to determine whether those best practices and metrics contribute to the protection of natural resources, the reduction of energy consumption, or the mitigation of any other negative environmental, social, or economic impacts of the design, construction, planning, maintenance, and operation of airports; and

(B) if the Administrator makes an affirmative determination under subparagraph (A), may publish those best practices and metrics in the Federal Register and on the website of the Federal Aviation Administration in order to disseminate those best practices and metrics to support the sustainable design, construction, planning, maintenance, and operation of airports.

(c) **APPLICATIONS.**—An entity seeking a grant under subsection (a) shall submit an application to the Administrator of the Federal Aviation Administration in such form and containing such information as the Administrator may require.

(d) **CRITERIA FOR AWARING GRANT.**—The Administrator shall award the grant under subsection (a) to an entity that—

(1) has experience in developing sustainable best practices for transportation or aviation systems or facilities;

(2) has experience in aviation operations, planning, design, and maintenance and evaluating the costs and benefits of incorporating sustainable design features into aviation projects and practices;

(3) has experience with commercial or non-profit sustainable building certification programs; and

(4) does not have any conflicts of interest that would jeopardize the independence of the entity in developing the best practices and metrics and rating system under subsection (b)(1).

(e) **DETERMINATION OF AMOUNT OF GRANT AWARD.**—The Administrator of the Federal Aviation Administration shall—

(1) determine the amount of the grant award based on the amount the Administrator determines necessary to develop the best practices and metrics and rating system required under subsection (b)(1); and

(2) publish that amount in any document seeking applicants for the grant under subsection (a).

SA 3484. Mr. LAUTENBERG submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

After title VII, insert the following:

TITLE VIII—PREVENTION OF UNREASONABLE FEES

SEC. 801. SHORT TITLE.

This title may be cited as the “Prevention of Unreasonable Fees Act”.

SEC. 802. PREVENTION OF UNREASONABLE FEES.

Section 14501(d) is amended—

(1) in paragraph (1), by striking “on account of the fact that a motor vehicle” and inserting “to be paid with respect to a motor vehicle that”;

(2) by redesignating paragraphs (2) and (3) as paragraph (3) and (4), respectively;

(3) by inserting after paragraph (1) the following:

“(2) **TRANSPORTATION TERMINAL FEES PROHIBITED.**—An operator of a transportation terminal that, at any time after the date of enactment of the Prevention of Unreasonable Fees Act, uses any Federal funds for the construction, expansion, renovation, or other capital improvement of such transportation terminal, or for the purchase or lease of any equipment installed in such transportation terminal or on its property, may not charge any fee to a provider of prearranged ground transportation service described in paragraph (1), except—

“(A) a fee charged to the general public for access to, or use of, any part of the transportation terminal; or

“(B) a fee for the availability of ancillary facilities at the transportation terminal that is reasonable in relation to the costs of operating the ancillary facilities.”;

(4) by amending paragraph (3), as redesignated, to read as follows:

“(3) **DEFINITIONS.**—In this section:

“(A) **ANCILLARY FACILITIES.**—The term ‘ancillary facilities’ includes restrooms, vending machines, monitoring facilities that advise parties accessing the transportation terminal of arrivals or departures of aircraft, buses, trains, ships, or boats, and such other facilities determined by the Secretary to be necessary, appropriate, desirable, or useful to the business of providing prearranged ground transportation service.

“(B) **INTERMEDIATE STOP.**—The term ‘intermediate stop’, with respect to transportation by a motor carrier, means a pause in the transportation in order for 1 or more passengers to engage in personal or business activity if the driver providing the transportation to such passengers does not, before resuming the transportation of at least 1 of such passengers, provide transportation to any other person not included among the passengers being transported when the pause began.

“(C) **TRANSPORTATION TERMINAL.**—The term ‘transportation terminal’ means any airport, port facility for ships or boats, train station, or bus terminal, including any principal building and all ancillary buildings, roads, runways, and other facilities.”;

(5) in paragraph (4), as redesignated—
 (A) in subparagraph (B)—
 (i) by striking “an airport, train, or bus”
 and inserting “a transportation”; and
 (ii) by striking “and” at the end;
 (B) by redesignating subparagraph (C) as
 subparagraph (D);
 (C) by inserting after subparagraph (B) the
 following:

“(C) as prohibiting or restricting a transportation terminal operator from requiring vehicles that cannot safely use parking facilities that are otherwise available to the general public to use segregated facilities, if the fee for such facilities is not more than the amount charged to the public for similar facilities;”;

(D) in subparagraph (D), as redesignated, by striking the period at the end and inserting “; or”; and

(E) by inserting after subparagraph (D), as redesignated, the following:

“(E) as restricting the right of any State or political subdivision of a State to require a license or fee (other than a fee by a transportation terminal operator prohibited under paragraph (2)) with respect to a vehicle that is providing transportation not described in paragraph (1).”.

SEC. 803. REGULATIONS.

(a) IN GENERAL.—Not later than December 31, 2010, the Secretary of Transportation shall promulgate regulations to carry out the provisions of section 14501(d) of title 49, United States Code, as amended by section 802.

(b) PROVISIONS.—The regulations promulgated pursuant to subsection (a) shall include—

(1) a comprehensive list of the ancillary facilities determined by the Secretary to be necessary, appropriate, desirable, and useful to the business of the provision of prearranged ground transportation service;

(2) a schedule of suggested fees that—

(A) may be charged for such ancillary facilities by any transportation terminal operator to a provider of prearranged ground transportation service for the availability of the ancillary facility; and

(B) are determined by the Secretary to be reasonable in relation to the costs of operating the ancillary facility;

(3) a requirement that any fee proposed by a transportation terminal operator for the availability of an ancillary facility may not be greater than the fee for such ancillary facility provided in the schedule described in paragraph (2), unless the fee is approved in advance by the Secretary after a public hearing and determination that the proposed fee and the amount of the fee for the availability of such ancillary facility at such transportation terminal—

(A) is reasonable in relation to the costs of operating the ancillary facility; and

(B) otherwise complies with section 14501(d) of title 49, United States Code; and

(4) such other provisions as the Secretary determines to be necessary or appropriate to carry out such section 14501(d) in a manner that prevents the imposition by a transportation terminal operator of—

(A) fees to be paid by or with respect to a motor vehicle that is providing prearranged ground transportation service; or

(B) any other discriminatory or punitive action or measure against, or with respect to, a motor vehicle that is providing prearranged ground transportation service.

SA 3485. Mr. SPECTER submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr.

ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:
SEC. 723. LOAN GUARANTEES FOR SHIPYARDS AND REPROGRAMMING OF FUNDS FOR SEALIFT CAPACITY.

Section 115 of the Miscellaneous Appropriations and Offsets Act, 2004 (division H of Public Law 108-199; 118 Stat. 439), as amended by section 1017 of the Emergency Supplemental Appropriations Act for Defense, the Global War on Terror, and Tsunami Relief, 2005 (Public Law 109-13; 119 Stat. 250), is amended to read as follows:

“SEC. 115. (a)(1) Of the amounts provided in the Department of Defense Appropriations Act, 2002 (Public Law 107-117; 115 Stat. 2244), the Department of Defense Appropriations Act, 2003 (Public Law 107-248; 116 Stat. 1533), and the Department of Defense Appropriations Act, 2004 (Public Law 108-87; 117 Stat. 1068) under the heading ‘NATIONAL DEFENSE SEALIFT FUND’ for construction of additional sealift capacity, notwithstanding section 2218(c)(1) of title 10, United States Code—

“(A) \$15,000,000, shall be made available for the Secretary of Transportation to make loan guarantees as described in subsection (b); and

“(B) any remaining amount may be made available for—

“(i) design testing simulation and construction of infrastructure improvements to a marine cargo terminal capable of supporting a mixed use of traditional container operations, high speed loading and off-loading, and military sealift requirements; and

“(ii) engineering, simulation, and feasibility evaluation of advance design vessels for the transport of high-value, time sensitive cargoes to expand a capability to support military sealift, aviation, and commercial operations.

“(2) The amounts made available in this subsection shall remain available until expended.

“(b)(1) A loan guarantee described in this subsection is a loan guarantee issued by the Secretary of Transportation to maintain the capability of a qualified shipyard to construct a large ocean going commercial vessel if the applicant for such a loan guarantee demonstrates that absent such loan guarantee—

“(A) the domestic capacity for the construction of large ocean going commercial vessels will be significantly impaired;

“(B) more than 1,000 shipbuilding-related jobs will be terminated at any one facility; and

“(C) the capability of domestic shipyards to meet the demand for replacement and expansion of the domestic ocean going commercial fleet will be significantly constrained.

“(2) In this subsection, the term ‘qualified shipyard’ means a shipyard that—

“(A) is located in the United States;

“(B) consists of at least one facility with not less than 1,000 employees;

“(C) has exclusively constructed ocean going commercial vessels larger than 20,000 gross registered tons;

“(D) delivered 8 or more such ocean going commercial vessels during the 5-year period ending on the date of the enactment of the FAA Air Transportation Modernization and Safety Improvement Act; and

“(E) applies for a loan guarantee made available pursuant to subsection (a)(1)(A).

“(3) Notwithstanding the provisions of chapter 537 of subtitle V of title 46, United

States Code, or any regulations issued pursuant to such chapter, a loan guarantee pursuant to subsection (a)(1)(A) shall be issued only to a qualified shipyard upon commitment by the qualified shipyard of not less than \$40,000,000 in equity and demonstrated proof that actual construction of the new vessel for which such loan guarantee was issued will commence not later than April 30, 2010.

“(4) A loan guarantee issued pursuant to subsection (a)(1)(A) shall be deemed to have a subsidy rate of no greater than 9 percent.

“(5) The Secretary of Transportation shall select each qualified shipyard to receive a loan guarantee pursuant to subsection (a)(1)(A) not later than 60 days after the date of the enactment of the FAA Air Transportation Modernization and Safety Improvement Act.”.

SA 3486. Mr. SCHUMER submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 201, strike lines 20 through 24, and insert the following:

(b) MINIMUM EXPERIENCE REQUIREMENT.—

(1) IN GENERAL.—The final rule prescribed under subsection (a) shall, among any other requirements established by the rule, require that a pilot—

(A) have not less than 800 hours of flight time before serving as a flightcrew member for a part 121 air carrier; and

(B) demonstrate the ability to—

(i) function effectively in a multipilot environment;

(ii) function effectively in an air carrier operational environment;

(iii) function effectively in adverse weather conditions, including icing conditions;

(iv) function effectively during high altitude operations; and

(v) adhere to the highest professional standards.

(2) HOURS OF FLIGHT EXPERIENCE IN DIFFICULT OPERATIONAL CONDITIONS.—The total number of hours of flight experience required by the Administrator under paragraph (1) for pilots shall include a number of hours of flight experience in difficult operational conditions that may be encountered by an air carrier that the Administrator determines to be sufficient to enable a pilot to operate an aircraft safely in such conditions.

SA 3487. Mr. BINGAMAN (for himself, Ms. SNOWE, Mr. HARKIN, Mr. CONRAD, and Mr. BURRIS) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of subtitle B of title IV, add the following:

SEC. 419. REPEAL OF ESSENTIAL AIR SERVICE LOCAL PARTICIPATION PROGRAM.

(a) IN GENERAL.—Subchapter II of chapter 417 of title 49, United States Code, is amended by striking section 41747, and such title 49 shall be applied as if such section 41747 had not been enacted.

(b) CLERICAL AMENDMENT.—The table of sections for chapter 417 of title 49, United

States Code, is amended by striking the item relating to section 41747.

SA 3488. Mr. WARNER submitted an amendment to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . CLARIFICATION OF REQUIREMENTS FOR VOLUNTEER PILOTS OPERATING CHARITABLE MEDICAL FLIGHTS.

In administering part 61.113(c) of title 14, Code of Federal Regulations, the Administrator of the Federal Aviation Administration shall allow an aircraft owner or aircraft operator who has volunteered to provide transportation for an individual or individuals for medical purposes to accept reimbursement to cover all or part of the fuel costs associated with the operation from a volunteer pilot organization.

SA 3489. Mr. WARNER (for himself and Mr. WEBB) submitted an amendment to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . FORFEITURE OF SLOTS UPON INCREASING EXTRAPERIMETER SERVICE FROM REAGAN WASHINGTON NATIONAL AIRPORT.

Section 41718 is amended—

(1) by redesignating subsection (f) as subsection (g); and

(2) by inserting after subsection (e) the following:

“(f) REALLOCATION OF EXEMPTIONS UPON COMMENCEMENT OF CERTAIN SERVICE.—

“(1) IN GENERAL.—If, after the date of enactment of the FAA Air Transportation Modernization and Safety Improvement Act, an air carrier—

“(A) commences air transportation pursuant to an exemption under subsection (a) to a beyond-perimeter airport previously unserved by that air carrier from Ronald Reagan Washington National Airport,

“(B) provides additional service to a beyond-perimeter airport served by that air carrier from that airport, or

“(C) exchanges an exemption granted under subsection (b) for an exemption granted under subsection (a),

the air carrier shall forfeit 4 of its other exemptions granted under subsection (a) or (b).

“(2) REALLOCATION OF FORFEITED EXEMPTIONS.—If an air carrier forfeits exemptions under paragraph (1), the Secretary—

“(A) shall grant one of the forfeited exemptions to a new entrant air carrier or limited incumbent air carrier; and

“(B) may grant the remaining exemption to another air carrier under this section in accordance with the requirements of this section.”.

SA 3490. Mr. WARNER (for himself and Mr. WEBB) submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from

certain TARP recipients; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . IMPACT ANALYSIS REQUIRED BEFORE ANY ADDITIONAL SLOTS.

The Secretary of Transportation may not grant an exemption under subsection (a) or (b) of section 41718 of title 49, United States Code, not authorized by that section (as in effect on the day before the date of enactment of this Act) unless the Secretary has conducted a study and determined that the additional exemption—

(1) will cause no strain on existing gate and parking facilities at Ronald Reagan Washington National Airport;

(2) will have no impact on the environment;

(3) will not increase traffic congestion at or near the airport; and

(4) will not exacerbate community concerns about airport-related noise.

SA 3491. Mr. BEGICH submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . ALASKA NATIVE AVIATION TRAINING PROGRAM.

(a) IN GENERAL.—chapter 445 is amended by adding at the end the following:

“§ 44518. Alaska Native aviation training program

“(a) GENERAL AUTHORITY.—The Secretary of Transportation shall carry out, at a minimum, one project to improve opportunities for residents of Alaska Native communities to receive aviation training to enhance safety in air service to and from remote Alaska Native communities.

“(b) IMPLEMENTATION.—

“(1) IN GENERAL.—In carrying out this section, the Secretary shall provide funding through a grant, contract, or another agreement described in section 106(l)(5) to a nonprofit organization composed of Federally recognized tribes operating flight and air mechanics schools in an Alaska Native community.

“(2) PROJECT SELECTION.—The Secretary shall select a project under this subsection that provides training for residents of Alaska Native communities—

“(A) to obtain commercial pilot certificates pursuant to part 61 of title 14, Code of Federal Regulations; and

“(B) to obtain mechanic certificates pursuant to subpart D of part 65 of such title.

“(c) MATCHING SHARE.—Notwithstanding section 47109 or any other provision of law, the Federal share of allowable project costs for a project under this section shall be 100 percent.

“(d) TERMS AND CONDITIONS.—The Secretary may establish such terms and conditions as the Secretary determines appropriate, consistent with the provisions of the Indian Self-Determination and Education Assistance Act of 1975 (25 U.S.C. 450 et seq.) for carrying out a project under this section, including terms and conditions relating to the form and content of a proposal for a project, project assurances, and schedule of payments.

“(e) ADMINISTRATION.—The Secretary may enter into an agreement in accordance with

section 106(m) to provide for the administration of any project under the program.

“(f) AUTHORIZATION OF APPROPRIATIONS.—Notwithstanding any other provision of law, the Secretary shall make available not less than \$1,000,000 of the amounts made available to the Secretary under section 48105 of this title for each of fiscal years 2011 and 2012 to carry out this section.”.

(b) CONFORMING AMENDMENT.—The table of contents for chapter 445 is amended by adding at the end the following:

“44518. Alaska Native aviation training program”.

SA 3492. Mr. BEGICH (for himself and Ms. MURKOWSKI) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

SEC. ____ . CYLINDERS OF COMPRESSED OXYGEN, NITROUS OXIDE, OR OTHER OXIDIZING GASES.

(a) IN GENERAL.—The transportation within Alaska of cylinders of compressed oxygen, nitrous oxide, or other oxidizing gases aboard aircraft shall be exempt from compliance with the requirements, under sections 173.302(f)(3) and (f)(4) and 173.304(f)(3) and (f)(4) of the Pipeline and Hazardous Material Safety Administration's regulations (49 C.F.R. 173.302(f)(3) and (f)(4) and 173.304(f)(3) and (f)(4)), that oxidizing gases transported aboard aircraft be enclosed in outer packaging capable of passing the flame penetration and resistance test and the thermal resistance test, without regard to the end use of the cylinders, if—

(1) there is no other practical means of transportation for transporting the cylinders to their destination and transportation by ground or vessel is unavailable; and

(2) the transportation meets the requirements of subsection (b).

(b) EXEMPTION REQUIREMENTS.—Subsection (a) shall not apply to the transportation of cylinders of compressed oxygen, nitrous oxide, or other oxidizing gases aboard aircraft unless the following requirements are met:

(1) PACKAGING.—

(A) SMALLER CYLINDERS.—Each cylinder with a capacity of not more than 116 cubic feet shall be—

(i) fully covered with a fire or flame resistant blanket that is secured in place; and

(ii) placed in a rigid outer packaging or an ATA 300 Category 1 shipping container.

(B) LARGER CYLINDERS.—Each cylinder with a capacity of more than 116 cubic feet but not more than 281 cubic feet shall be—

(i) secured within a frame;

(ii) fully covered with a fire or flame resistant blanket that is secured in place; and

(iii) fitted with a securely attached metal cap of sufficient strength to protect the valve from damage during transportation.

(2) OPERATIONAL CONTROLS.—

(A) STORAGE; ACCESS TO FIRE EXTINGUISHERS.—Unless the cylinders are stored in a Class C cargo compartment or its equivalent on the aircraft, crew members shall have access to the cylinders and at least 2 fire extinguishers shall be readily available for use by the crew members.

(B) SHIPMENT WITH OTHER HAZARDOUS MATERIALS.—The cylinders may not be transported in the same aircraft with other hazardous materials other than Division 2.2 materials with no subsidiary risk, Class 9 materials, and ORM-D materials.

(3) AIRCRAFT REQUIREMENTS.—

(A) AIRCRAFT TYPE.—The transportation shall be provided only aboard a passenger-carrying aircraft or a cargo aircraft.

(B) PASSENGER-CARRYING AIRCRAFT.—

(i) SMALLER CYLINDERS ONLY.—A cylinder with a capacity of more than 116 cubic feet may not be transported aboard a passenger-carrying aircraft.

(ii) MAXIMUM NUMBER.—Unless transported in a Class C cargo compartment or its equivalent, no more than 6 cylinders in each cargo compartment may be transported aboard a passenger-carrying aircraft.

(C) CARGO AIRCRAFT.—A cylinder may not be transported aboard a cargo aircraft unless it is transported in a Class B cargo compartment or a Class C cargo compartment or its equivalent.

(c) DEFINITIONS.—Terms used in this section shall have the meaning given those terms in parts 106, 107, and 171 through 180 of the Pipeline and Hazardous Material Safety Administration's regulations (49 C.F.R. parts 106, 107, and 171–180).

SA 3493. Ms. CANTWELL submitted an amendment to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:
SEC. 723. FLIGHT OPERATIONS AT RONALD REAGAN WASHINGTON NATIONAL AIRPORT.

(a) BEYOND PERIMETER EXEMPTIONS.—Section 41718(a) is amended by striking “24” and inserting “34”.

(b) LIMITATIONS.—Section 41718(c)(2) is amended by striking “3 operations” and inserting “5 operations”.

(c) ALLOCATION OF BEYOND-PERIMETER EXEMPTIONS.—Section 41718(c) is further amended—

(1) by redesignating paragraphs (3), (4), and (5) as paragraphs (4), (5), and (6), respectively; and

(2) by inserting after paragraph (2) the following:

“(3) SLOTS.—The Administrator of the Federal Aviation Administration shall reduce by 10 the total number of slots available for air carriers at Ronald Reagan Washington National Airport during a 24-hour period by eliminating slots during the 1-hour periods beginning at 6:00 a.m., 10:00 p.m., and 11:00 p.m. that are available for allocation, in order to grant exemptions under subsection (a).”.

(d) SCHEDULING PRIORITY.—Section 41718 is further amended—

(1) by redesignating subsections (e) and (f) as subsections (f) and (g), respectively; and

(2) by inserting after subsection (d) the following:

“(e) SCHEDULING PRIORITY.—In administering this section, the Secretary shall afford a scheduling priority to operations conducted by new entrant air carriers and limited incumbent air carriers over operations conducted by other air carriers granted exemptions pursuant to this section, with the highest scheduling priority to be afforded to beyond-perimeter operations conducted by

new entrant air carriers and limited incumbent air carriers.”.

SA 3494. Mr. WICKER submitted an amendment to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 723. TECHNICAL CORRECTION.

Section 159(b)(2)(C) of title I of division A of the Consolidated Appropriations Act, 2010, is amended by striking clauses (i) and (ii) and inserting the following:

“(i) requiring inspections of any container containing a firearm or ammunition; and

“(ii) the temporary suspension of firearm carriage service if credible intelligence information indicates a threat related to the national rail system or specific routes or trains.”.

SA 3495. Mr. BENNETT (for himself, Mr. BROWNBACK, and Mr. WICKER) submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end, insert the following:

SEC. ____ . RIGHT OF THE PEOPLE OF THE DISTRICT OF COLUMBIA TO DEFINE MARRIAGE.

(a) FINDINGS.—Congress finds that—

(1) a broad coalition of residents of the District of Columbia petitioned for an initiative in accordance with the District of Columbia Home Rule Act to establish that “only marriage between a man and a woman is valid or recognized in the District of Columbia”; and

(2) this petition anticipated the Council of the District of Columbia's passage of an Act legalizing same-sex marriage;

(3) the unelected District of Columbia Board of Elections and Ethics and the unelected District of Columbia Superior Court thwarted the residents' initiative effort to define marriage democratically, holding that the initiative amounted to discrimination prohibited by the District of Columbia Human Rights Act; and

(4) the definition of marriage affects every person and should be debated openly and democratically.

(b) REFERENDUM OR INITIATIVE REQUIREMENT.—Notwithstanding any other provision of law, including the District of Columbia Human Rights Act, the government of the District of Columbia shall not issue a marriage license to any couple of the same sex until the people of the District of Columbia have the opportunity to hold a referendum or initiative on the question of whether the District of Columbia should issue same-sex marriage licenses.

SA 3496. Mr. CARDIN (for himself and Ms. LANDRIEU) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

Strike section 405 and insert the following:

SEC. 405. DISCLOSURE OF PASSENGER FEES; PROHIBITION ON FEES FOR CARRY-ON BAGGAGE.

(a) IN GENERAL.—Within 180 days after the date of enactment of this Act, the Secretary of Transportation shall complete a rulemaking that—

(1) prohibits each air carrier operating in the United States under part 121 of title 49, Code of Federal Regulations, from charging any fees for carry-on baggage that falls within the restrictions imposed by the air carrier with respect to the weight, size, or number of bags;

(2) requires each such air carrier to make detailed information about restrictions with respect to the weight, size, and number carry-on baggage available to passengers before they arrive at the airport for a scheduled departure on the air carrier; and

(3) requires each such air carrier to make available to the public and to the Secretary a list of all passenger fees and charges (other than airfare) that may be imposed by the air carrier, including fees for—

(A) checked baggage or oversized or heavy baggage, including specialty items such as bicycles, skis, and firearms;

(B) meals, beverages, or other refreshments;

(C) seats in exit rows, seats with additional space, or other preferred seats in any given class of travel;

(D) purchasing tickets from an airline ticket agent or a travel agency; or

(E) any other good, service, or amenity provided by the air carrier, as required by the Secretary.

(b) PUBLICATION; UPDATES.—In order to ensure that the fee information required by subsection (a)(3) is both current and widely available to the traveling public, the Secretary—

(1) may require an air carrier to make such information available on any public website maintained by an air carrier, to make such information available to travel agencies, and to notify passengers of the availability of such information when advertising airfares; and

(2) shall require air carriers to update the information as necessary, but no less frequently than every 90 days unless there has been no increase in the amount or type of fees shown in the most recent publication.

SA 3497. Mr. CARDIN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

Strike section 412 and insert the following:

SEC. 412. EXTENSION OF FINAL ORDER ESTABLISHING MILEAGE ADJUSTMENT ELIGIBILITY.

Section 409(d) of the Vision 100—Century of Aviation Reauthorization Act (49 U.S.C. 41731 note) is amended by striking “September 30, 2010.” and inserting “September 30, 2013.”.

SA 3498. Mr. DURBIN proposed an amendment to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; as follows:

On page 3, in the first House amendment strike:

“SUBTITLE E—DISADVANTAGED
BUSINESS ENTERPRISES

SEC. 451. DISADVANTAGED BUSINESS ENTERPRISES.

and insert:

“SUBTITLE E—UNPROFITABLE
BUSINESS ENTERPRISES”

SA 3499. Mr. DURBIN proposed an amendment to amendment SA 3498 proposed by Mr. DURBIN to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; as follows:

At the end of the pending amendment insert the following:

SEC. 451. UNPROFITABLE BUSINESS ENTERPRISES.

SA 3500. Mr. DURBIN proposed an amendment to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; as follows:

At the end, insert the following:

The Senate Committee on Appropriations is requested to study the impact of any delays in enactment on the creation of any jobs on a regional basis.

SA 3501. Mr. DURBIN proposed an amendment to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; as follows:

At the end, insert the following:

“and include any local statistics.”

SA 3502. Mr. DURBIN proposed an amendment to amendment SA 3501 proposed by Mr. DURBIN to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; as follows:

At the end, insert the following:

“including specific information on the types of jobs created.”

SA 3503. Mr. MENENDEZ (for himself, Mr. SCHUMER, Mrs. GILLIBRAND, and Mr. LAUTENBERG) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 723. ON-GOING MONITORING OF AND REPORT ON THE NEW YORK/NEW JERSEY/PHILADELPHIA METROPOLITAN AREA AIRSPACE REDESIGN.

Not later than 270 days after the date of the enactment of this Act and every 180 days thereafter until the completion of the New York/New Jersey/Philadelphia Metropolitan Area Airspace Redesign, the Administrator of the Federal Aviation Administration

shall, in conjunction with the Port Authority of New York and New Jersey and the Philadelphia International Airport—

(1) monitor the air noise impacts of the New York/New Jersey/Philadelphia Metropolitan Area Airspace Redesign; and

(2) submit to Congress a report on the findings of the Administrator with respect to the monitoring described in paragraph (1).

SA 3504. Mr. MENENDEZ submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 204, between lines 17 and 18, insert the following:

(e) STUDY.—

(1) IN GENERAL.—The Administrator of the Federal Aviation Administration shall review relevant air carrier data and carry out a study—

(A) to identify common sources of distraction for the cockpit flight crew on commercial aircraft; and

(B) to determine the safety impacts of such distractions.

(2) REPORT.—Not later than 6 months after the date of the enactment of this Act, the Administrator shall submit a report to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives that contains—

(A) the findings of the study conducted under paragraph (1); and

(B) recommendations about ways to reduce distractions for cockpit flight crews.

SA 3505. Mr. MENENDEZ submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of subtitle A of title IV, add the following:

SEC. 407. PROHIBITION ON FUEL SURCHARGES NOT CORRELATED TO COST OF AIR TRANSPORTATION.

(a) IN GENERAL.—Section 41712, as amended by this Act, is further amended by adding at the end the following:

“(d) PROHIBITION ON FUEL SURCHARGES NOT CORRELATED TO COST.—

“(1) IN GENERAL.—It shall be an unfair or deceptive practice under subsection (a) for an air carrier or foreign air carrier to impose a fuel surcharge with respect to a ticket for air transportation unless the amount of the fuel surcharge correlates to the amount paid by the air carrier for fuel and to the amount of fuel used by the air carrier to provide the purchaser with such air transportation.

“(2) DETERMINATIONS OF CORRELATION.—The Secretary of Transportation, in consultation with the Administrator of the Federal Aviation Administration, shall prescribe standards to be used in determining under paragraph (1) whether a fuel surcharge imposed by an air carrier correlates to the amount paid by the air carrier for fuel and to the amount of fuel used by the air carrier to provide air transportation.”.

(b) REGULATIONS.—The Secretary of Transportation, in consultation with the Adminis-

trator of the Federal Aviation Administration, shall prescribe such regulations as may be necessary to carry out subsection (d) of section 41712 of title 49, United States Code, as added by subsection (a) of this section.

SA 3506. Mr. MENENDEZ (for himself and Mr. SCHUMER) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of subtitle A of title IV, add the following:

SEC. 407. NOTIFICATION REQUIREMENTS WITH RESPECT TO THE SALE OF AIRLINE TICKETS.

(a) IN GENERAL.—The Office of Aviation Consumer Protection and Enforcement of the Department of Transportation shall establish rules to ensure that all consumers are able to easily and fairly compare airfares and other costs applicable to tickets for air transportation, including all taxes and fees.

(b) NOTICE OF TAXES AND FEES APPLICABLE TO TICKETS FOR AIR TRANSPORTATION.—Section 41712, as amended by this Act, is further amended by adding at the end the following:

“(d) NOTICE OF TAXES AND FEES APPLICABLE TO TICKETS FOR AIR TRANSPORTATION.—

“(1) IN GENERAL.—It shall be an unfair or deceptive practice under subsection (a) for an air carrier, foreign air carrier, or ticket agent to sell a ticket for air transportation unless the air carrier, foreign air carrier, or ticket agent, as the case may be—

“(A) displays information with respect to the taxes and fees described in paragraph (2), including the amount and a description of each such tax or fee, simultaneously with and in reasonable proximity to the price listed for the ticket; and

“(B) in the case of a ticket for air transportation sold on the Internet, provides to the purchaser of the ticket information with respect to the taxes and fees described in paragraph (2), including the amount and a description of each such tax or fee, before requiring the purchaser to provide any personal information, including the name, address, phone number, e-mail address, or credit card information of the purchaser.

“(2) TAXES AND FEES DESCRIBED.—The taxes and fees described in this paragraph are all taxes, fees, and charges applicable to a ticket for air transportation, including—

“(A) all taxes, fees, charges, and surcharges included in the price paid by a purchaser for the ticket, including fuel surcharges and surcharges relating to peak or holiday travel; and

“(B) any fees for checked baggage, seating assignments, and optional in-flight goods and services, and other fees that may be charged after the ticket is purchased.”.

(c) REGULATIONS.—The Secretary of Transportation, in consultation with the Administrator of the Federal Aviation Administration, shall prescribe such regulations as may be necessary to carry out subsection (d) of section 41712 of title 49, United States Code, as added by subsection (b) of this section.

SA 3507. Mr. JOHANNES submitted an amendment to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of subtitle B of title V, add the following:

SEC. 564. STUDY ON COSTS OF IMPROVEMENTS.

Not later than 180 days after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a study and report to Congress on the costs and benefits associated with required airport security improvements, including the costs for airports to install backscatter or other advanced scanning equipment, and the additional capital expenditures airports will need to make to accommodate the required improvements.

SA 3508. Mr. JOHANNIS submitted an amendment to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:
SEC. 723. STUDY ON AVIATION FUEL PRICES.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a study and report to Congress on the impact of increases in aviation fuel prices on the Airport and Airway Trust Fund and the aviation industry in general. The study shall include the impact of increases in aviation fuel prices on—

- (1) general aviation;
- (2) commercial passenger aviation;
- (3) piston aircraft purchase and use;
- (4) the aviation services industry, including repair and maintenance services;
- (5) aviation manufacturing;
- (6) aviation exports; and
- (7) the use of small airport installations.

(b) ASSUMPTIONS ABOUT AVIATION FUEL PRICES.—In conducting the study required by subsection (a), the Comptroller General shall use the average aviation fuel price for fiscal year 2010 as a baseline and measure the impact of increases in aviation fuel prices that range from 5 percent to 200 percent over the 2010 baseline.

SA 3509. Mr. JOHANNIS submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 77, strike lines 13 through 18, and insert the following:

(2) IDENTIFICATION AND MEASUREMENT OF BENEFITS.—In the report required by paragraph (1), the Administrator shall identify actual benefits that will accrue to National Airspace System users, small and medium-sized airports, and general aviation users from deployment of ADS-B and provide an explanation of the metrics used to quantify those benefits.

SA 3510. Mr. JOHANNIS submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 80, after line 21, insert the following:

(d) CONDITIONAL EXTENSION OF DEADLINES FOR EQUIPPING AIRCRAFT WITH ADS-B TECHNOLOGY.—

(1) ADS-B OUT.—In the case that the Administrator fails to complete the initial rulemaking described in subparagraph (A) of subsection (b)(1) on or before the date that is 45 days after the date of the enactment of this Act, the deadline described in clause (ii) of such subparagraph shall be extended by an amount of time that is equal to the amount of time of the period beginning on the date that is 45 days after the date of the enactment of this Act and ending on the date on which the Administrator completes such initial rulemaking.

(2) ADS-B IN.—In the case that the Administrator fails to initiate the rulemaking required by paragraph (2) of subsection (b) on or before the date that is 45 days after the date of the enactment of this Act, the deadline described in subparagraph (B) of such paragraph shall be extended by an amount of time that is equal to the amount of time of the period beginning on the date that is 45 days after the date of the enactment of this Act and ending on the date on which the Administrator initiates such rulemaking.

SA 3511. Ms. CANTWELL submitted an amendment to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 98, between lines 20 and 21, insert the following:

SEC. 325. SEMIANNUAL REPORT ON STATUS OF GREENER SKIES PROJECT.

(a) INITIAL REPORT.—Not later than 180 days after the date of the enactment of this Act, the Administrator shall submit to Congress a report on the strategy of the Administrator for implementing, on an accelerated basis, the NextGen operational capabilities produced by the Greener Skies project, as recommended in the final report of the RTCA NextGen Mid-Term Implementation Task Force that was issued on September 9, 2009.

(b) SUBSEQUENT REPORTS.—

(1) IN GENERAL.—Not later than 180 days after the Administrator submits to Congress the report required by subsection (a) and not less frequently than once every 180 days thereafter until September 30, 2011, the Administrator shall submit to the Committee on Commerce, Science, and Transportation of the Senate and to the Committee on Transportation and Infrastructure of the House of Representatives a report on the progress of the Administrator in carrying out the strategy described in the report submitted under subsection (a).

(2) CONTENTS.—Each report submitted under paragraph (1) shall include the following:

(A) A timeline for full implementation of the strategy described in the report submitted under subsection (a).

(B) A description of the progress made in carrying out such strategy.

(C) A description of the challenges, if any, encountered by the Administrator in carrying out such strategy.

SA 3512. Ms. CANTWELL submitted an amendment to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses re-

ceived from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 279, after line 24, add the following:

SEC. 7. STUDIES OF NATURAL SOUNDSCAPE PRESERVATION.

(a) DEFINITIONS.—In this section:

(1) ADMINISTRATOR.—The term “Administrator” means the Administrator of the Federal Aviation Administration.

(2) SECRETARY.—The term “Secretary” means the Secretary of the Interior, acting through the Director of the National Park Service.

(b) STUDY OF LEAST DEGRADED NATIONAL PARK SERVICE NATURAL SOUNDSCAPES.—

(1) IN GENERAL.—The Secretary shall conduct a study to identify National Park Service natural soundscape values and resources, as defined by policies 4.9 and 8.2 of the 2006 Management Policies of the National Park Service.

(2) IDENTIFICATION OF LEAST DEGRADED SOUNDSCAPES.—In conducting the study under paragraph (1), the Secretary shall analyze and identify National Park Service natural soundscapes that have been the least degraded by—

- (A) unnatural sounds; and
- (B) undesirable sounds caused by humans.

(3) TECHNICAL ASSISTANCE.—To the extent that the Secretary has identified aviation or aircraft noise as 1 of the sources of natural soundscapes degradation, the Secretary of Transportation, acting through the Administrator, shall provide technical assistance to the Secretary in carrying out the study under paragraph (1).

(c) STUDY OF PRESERVATION OF NATURAL SOUNDSCAPE RESOURCES.—To the extent that the Secretary has identified aviation or aircraft noise as 1 of the sources of National Park Service natural soundscapes degradation, the Secretary, in coordination with the Secretary of Transportation (acting through the Administrator), shall conduct a study to identify methods to preserve the National Park Service natural soundscapes that have been the least degraded by—

- (1) unnatural sounds; and
- (2) undesirable sounds caused by humans.

(d) REPORT.—Not later than 1 year after the date of enactment of this Act, the Secretary shall submit to Congress a report that—

- (1) describes the results of the studies conducted under subsections (b) and (c); and
- (2) includes any recommendations that the Secretary determines to be appropriate.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary to carry out this section.

SA 3513. Mr. JOHANNIS submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 46, beginning on line 4, strike all through line 25, and insert the following:

“(C) 7 members representing aviation interests, as follows:

- “(i) 1 representative that is the chief executive officer of an airport.
- “(ii) 1 representative that is the chief executive officer of a passenger or cargo air carrier.
- “(iii) 1 representative of a labor organization representing employees at the Federal

Aviation Administration that are involved with the operation of the air traffic control system.

“(iv) 1 representative with extensive operational experience in the general aviation community.

“(v) 1 representative from an aircraft manufacturer.

“(vi) 1 representative of a labor organization representing employees at the Federal Aviation Administration who are involved with maintenance of the air traffic control system.

“(vii) 1 representative that is the chief executive officer of a small- or medium-sized airport.”.

NOTICE OF HEARING

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that a hearing has been scheduled before the Subcommittee on Public Lands and Forests. The hearing will be held on Tuesday, March 23, 2010, at 2:30 p.m., in room SD-366 of the Dirksen Senate Office Building.

The purpose of the hearing is to receive testimony on the following bills:

S. 1546, to provide for the conveyance of certain parcels of land to the town of Mantua, Utah;

S. 2798, to reduce the risk of catastrophic wildfire through the facilitation of insect and disease infestation treatment of National Forest System and adjacent land, and for other purposes;

S. 2830, to amend the Surface Mining Control and Reclamation Act of 1977 to clarify that uncertified States and Indian tribes have the authority to use certain payments for certain noncoal reclamation projects; and

S. 2963, to designate certain land in the State of Oregon as wilderness, to provide for the exchange of certain Federal land and non-Federal land, and for other purposes.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record should send it to the Committee on Energy and Natural Resources, United States Senate, Washington, DC 20510-6150, or by email to allison_seyferth@energy.senate.gov.

For further information, please contact Scott Miller at (202) 224-5488 or David Brooks at (202) 224-9863.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on March 11, 2010, at 9 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Com-

mittee on Energy and Natural Resources be authorized to meet during the session of the Senate on March 11, at 10 a.m., in room SD-366 of the Dirksen Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Committee on Environment and Public Works be authorized to meet during the session of the Senate on March 11, 2010, at 10 a.m., in room 406 of the Dirksen Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON FOREIGN RELATIONS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on March 11, 2010, at 2:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet, during the session of the Senate, to conduct a hearing entitled “A Fair Share for All: Pay Equity in the New American Workplace” on March 11, 2010. The hearing will commence at 10 a.m. in room 430 of the Dirksen Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON THE JUDICIARY

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate, on March 11, 2010, at 10 a.m. in SD-226 of the Dirksen Senate Office Building, to conduct an executive business meeting.

The PRESIDING OFFICER. Without objection, it is so ordered.

AD HOC SUBCOMMITTEE ON STATE, LOCAL, AND PRIVATE SECTOR PREPAREDNESS AND INTEGRATION

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Ad Hoc Subcommittee on State, Local, and Private Sector Preparedness and Integration of the Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on March 11, 2010, at 11 a.m. to conduct a hearing entitled, “New Border War: Corruption of U.S. Officials by Drug Cartels.”

The PRESIDING OFFICER. Without objection, it is so ordered.

SELECT COMMITTEE ON INTELLIGENCE

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on March 11, 2010, at 2:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON COMMUNICATIONS, TECHNOLOGY, AND THE INTERNET

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Subcommittee on Communications, Technology, and the Internet of the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on March 11, 2010, at 10 a.m., in room 253 of the Russell Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

PRIVILEGES OF THE FLOOR

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that Chris Goble, a legislative fellow with the Senate Finance Committee, be granted the privilege of the floor during the consideration of H.R. 1586.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

Mr. DURBIN. Mr. President, I ask the Chair to lay before the Senate a message from the House with respect to H.R. 2847, the Commerce, Justice, Science Appropriations Act.

The PRESIDING OFFICER. The Chair lays before the Senate a message from the House.

The legislative clerk read as follows:

Resolved, that the House agree to the amendment of the Senate to the amendment of the House to the amendment of the Senate to the bill (H.R. 2847) entitled “An Act making appropriations for the Departments of Commerce and Justice and Science, and Related Agencies for fiscal year ending September 30, 2010, and for other purposes,” with a House amendment to the Senate amendment to the House amendment to the Senate amendment.

CLOTURE MOTION

Mr. DURBIN. I move to concur in the House amendments to the Senate amendment to the House amendment to the Senate amendment to the bill, and I have a cloture motion at the desk on the motion to concur.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The assistant legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the motion to concur in the House amendments to the Senate amendment to the House amendment to the Senate amendment to H.R. 2847, the Commerce, Justice, Science Appropriations Act.

Byron L. Dorgan, Carl Levin, Dianne Feinstein, Jack Reed, Mark R. Warner,

Patrick J. Leahy, Benjamin L. Cardin, Debbie Stabenow, Daniel K. Akaka, Robert P. Casey, Jr., Michael F. Bennet, Maria Cantwell, John D. Rockefeller, IV, Barbara Boxer, Charles E. Schumer, Patty Murray, Christopher J. Dodd.

AMENDMENT NO. 3498

Mr. DURBIN. I move to concur in the House amendments to the Senate amendment to the House amendment to the Senate amendment to the bill with an amendment which is at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Illinois [Mr. DURBIN] moves to concur in the House amendments to the Senate amendment to the House amendment to the Senate amendment with an amendment numbered 3498.

The amendment is as follows:

On page 3, in the first House amendment strike

“SUBTITLE E—DISADVANTAGED BUSINESS ENTERPRISES

SEC 451. DISADVANTAGED BUSINESS ENTERPRISES.”

and insert

“SUBTITLE E—UNPROFITABLE BUSINESS ENTERPRISES”

Mr. DURBIN. I ask for the yeas and nays on the amendment.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The yeas and nays were ordered.

AMENDMENT NO. 3499 TO AMENDMENT NO. 3498

Mr. DURBIN. I send a second-degree amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Illinois [Mr. DURBIN] proposes an amendment numbered 3499 to amendment No. 3498.

The amendment is as follows:

At the end of the pending amendment insert the following:

SEC. 451. UNPROFITABLE BUSINESS ENTERPRISES.

Mr. DURBIN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The yeas and nays were ordered.

AMENDMENT NO. 3500

Mr. DURBIN. I have a motion to refer with instructions at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Illinois [Mr. DURBIN] moves to refer the House message to the Senate Committee on Appropriations with instructions to report back forthwith with the following amendment numbered 3500.

The amendment is as follows:

At the end, insert the following:

The Senate Committee on Appropriations is requested to study the impact of any

delays in enactment on the creation of any jobs on a regional basis.

Mr. DURBIN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The yeas and nays were ordered.

AMENDMENT NO. 3501 TO AMENDMENT NO. 3500

Mr. DURBIN. I have an amendment to my instructions at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Illinois [Mr. DURBIN] proposes an amendment numbered 3501 to the instructions to refer H.R. 2847.

The amendment is as follows:

At the end, insert the following:

“and include any local statistics.”

Mr. DURBIN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The yeas and nays were ordered.

AMENDMENT NO. 3502 TO AMENDMENT NO. 3501

Mr. DURBIN. I have a second-degree amendment at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

The Senator from Illinois [Mr. DURBIN] proposes an amendment numbered 3502 to Amendment No. 3501.

The amendment is as follows:

At the end, insert the following:

“including specific information on the types of jobs created.

Mr. DURBIN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The yeas and nays were ordered.

Mr. DURBIN. I ask unanimous consent that the mandatory quorum be waived with respect to the cloture motion and that the cloture vote occur at 5:30 p.m. on Monday, March 15.

The PRESIDING OFFICER. Without objection, it is so ordered.

PREVENT ALL CIGARETTE TRAFFICKING ACT OF 2009

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 216, S. 1147.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 1147) to prevent tobacco smuggling, to ensure the collection of all tobacco taxes, and for other purposes.

There being no objection, the Senate proceeded to consider the bill which had been reported from the Committee on the Judiciary with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE; FINDINGS; PURPOSES.

(a) *SHORT TITLE.*—This Act may be cited as the “Prevent All Cigarette Trafficking Act of 2009” or “PACT Act”.

(b) *FINDINGS.*—Congress finds that—

(1) the sale of illegal cigarettes and smokeless tobacco products significantly reduces Federal, State, and local government revenues, with Internet sales alone accounting for billions of dollars of lost Federal, State, and local tobacco tax revenue each year;

(2) Hezbollah, Hamas, al Qaeda, and other terrorist organizations have profited from trafficking in illegal cigarettes or counterfeit cigarette tax stamps;

(3) terrorist involvement in illicit cigarette trafficking will continue to grow because of the large profits such organizations can earn;

(4) the sale of illegal cigarettes and smokeless tobacco over the Internet, and through mail, fax, or phone orders, makes it cheaper and easier for children to obtain tobacco products;

(5) the majority of Internet and other remote sales of cigarettes and smokeless tobacco are being made without adequate precautions to protect against sales to children, without the payment of applicable taxes, and without complying with the nominal registration and reporting requirements in existing Federal law;

(6) unfair competition from illegal sales of cigarettes and smokeless tobacco is taking billions of dollars of sales away from law-abiding retailers throughout the United States;

(7) with rising State and local tobacco tax rates, the incentives for the illegal sale of cigarettes and smokeless tobacco have increased;

(8) the number of active tobacco investigations being conducted by the Bureau of Alcohol, Tobacco, Firearms, and Explosives rose to 452 in 2005;

(9) the number of Internet vendors in the United States and in foreign countries that sell cigarettes and smokeless tobacco to buyers in the United States increased from only about 40 in 2000 to more than 500 in 2005; and

(10) the intrastate sale of illegal cigarettes and smokeless tobacco over the Internet has a substantial effect on interstate commerce.

(c) *PURPOSES.*—It is the purpose of this Act to—

(1) require Internet and other remote sellers of cigarettes and smokeless tobacco to comply with the same laws that apply to law-abiding tobacco retailers;

(2) create strong disincentives to illegal smuggling of tobacco products;

(3) provide government enforcement officials with more effective enforcement tools to combat tobacco smuggling;

(4) make it more difficult for cigarette and smokeless tobacco traffickers to engage in and profit from their illegal activities;

(5) increase collections of Federal, State, and local excise taxes on cigarettes and smokeless tobacco; and

(6) prevent and reduce youth access to inexpensive cigarettes and smokeless tobacco through illegal Internet or contraband sales.

SEC. 2. COLLECTION OF STATE CIGARETTE AND SMOKELESS TOBACCO TAXES.

(a) *DEFINITIONS.*—The Act of October 19, 1949 (15 U.S.C. 375 et seq.; commonly referred to as the “Jenkins Act”) (referred to in this Act as the “Jenkins Act”), is amended by striking the first section and inserting the following:

“SECTION 1. DEFINITIONS.

“As used in this Act, the following definitions apply:

“(1) *ATTORNEY GENERAL.*—The term ‘attorney general’, with respect to a State, means the attorney general or other chief law enforcement officer of the State.

“(2) *CIGARETTE.*—

“(A) *IN GENERAL.*—The term ‘cigarette’—

“(i) has the meaning given that term in section 2341 of title 18, United States Code; and
 “(ii) includes roll-your-own tobacco (as defined in section 5702 of the Internal Revenue Code of 1986).

“(B) EXCEPTION.—The term ‘cigarette’ does not include a cigar (as defined in section 5702 of the Internal Revenue Code of 1986).

“(3) COMMON CARRIER.—The term ‘common carrier’ means any person (other than a local messenger service or the United States Postal Service) that holds itself out to the general public as a provider for hire of the transportation by water, land, or air of merchandise (regardless of whether the person actually operates the vessel, vehicle, or aircraft by which the transportation is provided) between a port or place and a port or place in the United States.

“(4) CONSUMER.—The term ‘consumer’—

“(A) means any person that purchases cigarettes or smokeless tobacco; and

“(B) does not include any person lawfully operating as a manufacturer, distributor, wholesaler, or retailer of cigarettes or smokeless tobacco.

“(5) DELIVERY SALE.—The term ‘delivery sale’ means any sale of cigarettes or smokeless tobacco to a consumer if—

“(A) the consumer submits the order for the sale by means of a telephone or other method of voice transmission, the mails, or the Internet or other online service, or the seller is otherwise not in the physical presence of the buyer when the request for purchase or order is made; or

“(B) the cigarettes or smokeless tobacco are delivered to the buyer by common carrier, private delivery service, or other method of remote delivery, or the seller is not in the physical presence of the buyer when the buyer obtains possession of the cigarettes or smokeless tobacco.

“(6) DELIVERY SELLER.—The term ‘delivery seller’ means a person who makes a delivery sale.

“(7) INDIAN COUNTRY.—The term ‘Indian country’—

“(A) has the meaning given that term in section 1151 of title 18, United States Code, except that within the State of Alaska that term applies only to the Metlakatla Indian Community, Annette Island Reserve; and

“(B) includes any other land held by the United States in trust or restricted status for one or more Indian tribes.

“(8) INDIAN TRIBE.—The term ‘Indian tribe’, ‘tribe’, or ‘tribal’ refers to an Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(e)) or as listed pursuant to section 104 of the Federally Recognized Indian Tribe List Act of 1994 (25 U.S.C. 479a-1).

“(9) INTERSTATE COMMERCE.—

“(A) IN GENERAL.—The term ‘interstate commerce’ means commerce between a State and any place outside the State, commerce between a State and any Indian country in the State, or commerce between points in the same State but through any place outside the State or through any Indian country.

“(B) INTO A STATE, PLACE, OR LOCALITY.—A sale, shipment, or transfer of cigarettes or smokeless tobacco that is made in interstate commerce, as defined in this paragraph, shall be deemed to have been made into the State, place, or locality in which such cigarettes or smokeless tobacco are delivered.

“(10) PERSON.—The term ‘person’ means an individual, corporation, company, association, firm, partnership, society, State government, local government, Indian tribal government, governmental organization of such a government, or joint stock company.

“(11) STATE.—The term ‘State’ means each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto

Rico, or any territory or possession of the United States.

“(12) SMOKELESS TOBACCO.—The term ‘smokeless tobacco’ means any finely cut, ground, powdered, or leaf tobacco, or other product containing tobacco, that is intended to be placed in the oral or nasal cavity or otherwise consumed without being combusted.

“(13) TOBACCO TAX ADMINISTRATOR.—The term ‘tobacco tax administrator’ means the State, local, or tribal official duly authorized to collect the tobacco tax or administer the tax law of a State, locality, or tribe, respectively.

“(14) USE.—The term ‘use’ includes the consumption, storage, handling, or disposal of cigarettes or smokeless tobacco.”

(b) REPORTS TO STATE TOBACCO TAX ADMINISTRATORS.—Section 2 of the Jenkins Act (15 U.S.C. 376) is amended—

(1) by striking “cigarettes” each place it appears and inserting “cigarettes or smokeless tobacco”;

(2) in subsection (a)—

(A) in the matter preceding paragraph (1)—

(i) by inserting “CONTENTS.” after “(a)”;

(ii) by striking “or transfers” and inserting “, transfers, or ships”;

(iii) by inserting “, locality, or Indian country of an Indian tribe” after “a State”;

(iv) by striking “to other than a distributor licensed by or located in such State,”; and

(v) by striking “or transfer and shipment” and inserting “, transfer, or shipment”;

(B) in paragraph (1)—

(i) by striking “with the tobacco tax administrator of the State” and inserting “with the Attorney General of the United States and with the tobacco tax administrators of the State and place”; and

(ii) by striking “; and” and inserting the following: “, as well as telephone numbers for each place of business, a principal electronic mail address, any website addresses, and the name, address, and telephone number of an agent in the State authorized to accept service on behalf of the person.”;

(C) in paragraph (2), by striking “and the quantity thereof.” and inserting “the quantity thereof, and the name, address, and phone number of the person delivering the shipment to the recipient on behalf of the delivery seller, with all invoice or memoranda information relating to specific customers to be organized by city or town and by zip code; and”;

(D) by adding at the end the following:

“(3) with respect to each memorandum or invoice filed with a State under paragraph (2), also file copies of the memorandum or invoice with the tobacco tax administrators and chief law enforcement officers of the local governments and Indian tribes operating within the borders of the State that apply their own local or tribal taxes on cigarettes or smokeless tobacco.”;

(3) in subsection (b)—

(A) by inserting “PRESUMPTIVE EVIDENCE.” after “(b)”;

(B) by striking “(1) that” and inserting “that”;

(C) by striking “, and (2)” and all that follows and inserting a period; and

(4) by adding at the end the following:

“(c) USE OF INFORMATION.—A tobacco tax administrator or chief law enforcement officer who receives a memorandum or invoice under paragraph (2) or (3) of subsection (a) shall use the memorandum or invoice solely for the purposes of the enforcement of this Act and the collection of any taxes owed on related sales of cigarettes and smokeless tobacco, and shall keep confidential any personal information in the memorandum or invoice except as required for such purposes.”.

(c) REQUIREMENTS FOR DELIVERY SALES.—The Jenkins Act is amended by inserting after section 2 the following:

“SEC. 2A. DELIVERY SALES.

“(a) IN GENERAL.—With respect to delivery sales into a specific State and place, each delivery seller shall comply with—

“(1) the shipping requirements set forth in subsection (b);

“(2) the recordkeeping requirements set forth in subsection (c);

“(3) all State, local, tribal, and other laws generally applicable to sales of cigarettes or smokeless tobacco as if the delivery sales occurred entirely within the specific State and place, including laws imposing—

“(A) excise taxes;

“(B) licensing and tax-stamping requirements;

“(C) restrictions on sales to minors; and

“(D) other payment obligations or legal requirements relating to the sale, distribution, or delivery of cigarettes or smokeless tobacco; and

“(4) the tax collection requirements set forth in subsection (d).

“(b) SHIPPING AND PACKAGING.—

“(1) REQUIRED STATEMENT.—For any shipping package containing cigarettes or smokeless tobacco, the delivery seller shall include on the bill of lading, if any, and on the outside of the shipping package, on the same surface as the delivery address, a clear and conspicuous statement providing as follows: ‘CIGARETTES/ SMOKELESS TOBACCO: FEDERAL LAW REQUIRES THE PAYMENT OF ALL APPLICABLE EXCISE TAXES, AND COMPLIANCE WITH APPLICABLE LICENSING AND TAX-STAMPING OBLIGATIONS’.

“(2) FAILURE TO LABEL.—Any shipping package described in paragraph (1) that is not labeled in accordance with that paragraph shall be treated as nondeliverable matter by a common carrier or other delivery service, if the common carrier or other delivery service knows or should know the package contains cigarettes or smokeless tobacco. If a common carrier or other delivery service believes a package is being submitted for delivery in violation of paragraph (1), it may require the person submitting the package for delivery to establish that it is not being sent in violation of paragraph (1) before accepting the package for delivery. Nothing in this paragraph shall require the common carrier or other delivery service to open any package to determine its contents.

“(3) WEIGHT RESTRICTION.—A delivery seller shall not sell, offer for sale, deliver, or cause to be delivered in any single sale or single delivery any cigarettes or smokeless tobacco weighing more than 10 pounds.

“(4) AGE VERIFICATION.—

“(A) IN GENERAL.—A delivery seller who mails or ships tobacco products—

“(i) shall not sell, deliver, or cause to be delivered any tobacco products to a person under the minimum age required for the legal sale or purchase of tobacco products, as determined by the applicable law at the place of delivery;

“(ii) shall use a method of mailing or shipping that requires—

“(I) the purchaser placing the delivery sale order, or an adult who is at least the minimum age required for the legal sale or purchase of tobacco products, as determined by the applicable law at the place of delivery, to sign to accept delivery of the shipping container at the delivery address; and

“(II) the person who signs to accept delivery of the shipping container to provide proof, in the form of a valid, government-issued identification bearing a photograph of the individual, that the person is at least the minimum age required for the legal sale or purchase of tobacco products, as determined by the applicable law at the place of delivery; and

“(iii) shall not accept a delivery sale order from a person without—

“(I) obtaining the full name, birth date, and residential address of that person; and

“(II) verifying the information provided in subclause (I), through the use of a commercially available database or aggregate of databases, consisting primarily of data from government sources, that are regularly used by government and businesses for the purpose of age and identity verification and authentication, to ensure that the purchaser is at least the minimum age required for the legal sale or purchase of tobacco products, as determined by the applicable law at the place of delivery.

“(B) LIMITATION.—No database being used for age and identity verification under subparagraph (A)(iii) shall be in the possession or under the control of the delivery seller, or be subject to any changes or supplementation by the delivery seller.

“(c) RECORDS.—

“(1) IN GENERAL.—Each delivery seller shall keep a record of any delivery sale, including all of the information described in section 2(a)(2), organized by the State, and within the State, by the city or town and by zip code, into which the delivery sale is so made.

“(2) RECORD RETENTION.—Records of a delivery sale shall be kept as described in paragraph (1) until the end of the 4th full calendar year that begins after the date of the delivery sale.

“(3) ACCESS FOR OFFICIALS.—Records kept under paragraph (1) shall be made available to tobacco tax administrators of the States, to local governments and Indian tribes that apply local or tribal taxes on cigarettes or smokeless tobacco, to the attorneys general of the States, to the chief law enforcement officers of the local governments and Indian tribes, and to the Attorney General of the United States in order to ensure the compliance of persons making delivery sales with the requirements of this Act.

“(d) DELIVERY.—

“(1) IN GENERAL.—Except as provided in paragraph (2), no delivery seller may sell or deliver to any consumer, or tender to any common carrier or other delivery service, any cigarettes or smokeless tobacco pursuant to a delivery sale unless, in advance of the sale, delivery, or tender—

“(A) any cigarette or smokeless tobacco excise tax that is imposed by the State in which the cigarettes or smokeless tobacco are to be delivered has been paid to the State;

“(B) any cigarette or smokeless tobacco excise tax that is imposed by the local government of the place in which the cigarettes or smokeless tobacco are to be delivered has been paid to the local government; and

“(C) any required stamps or other indicia that the excise tax has been paid are properly affixed or applied to the cigarettes or smokeless tobacco.

“(2) EXCEPTION.—Paragraph (1) does not apply to a delivery sale of smokeless tobacco if the law of the State or local government of the place where the smokeless tobacco is to be delivered requires or otherwise provides that delivery sellers collect the excise tax from the consumer and remit the excise tax to the State or local government, and the delivery seller complies with the requirement.

“(e) LIST OF UNREGISTERED OR NONCOMPLIANT DELIVERY SELLERS.—

“(1) IN GENERAL.—

“(A) INITIAL LIST.—Not later than 90 days after this subsection goes into effect under the Prevent All Cigarette Trafficking Act of 2009, the Attorney General of the United States shall compile a list of delivery sellers of cigarettes or smokeless tobacco that have not registered with the Attorney General of the United States pursuant to section 2(a), or that are otherwise not in compliance with this Act, and—

“(i) distribute the list to—

“(I) the attorney general and tax administrator of every State;

“(II) common carriers and other persons that deliver small packages to consumers in inter-

state commerce, including the United States Postal Service; and

“(III) any other person that the Attorney General of the United States determines can promote the effective enforcement of this Act; and

“(ii) publicize and make the list available to any other person engaged in the business of interstate deliveries or who delivers cigarettes or smokeless tobacco in or into any State.

“(B) LIST CONTENTS.—To the extent known, the Attorney General of the United States shall include, for each delivery seller on the list described in subparagraph (A)—

“(i) all names the delivery seller uses or has used in the transaction of its business or on packages delivered to customers;

“(ii) all addresses from which the delivery seller does or has done business, or ships or has shipped cigarettes or smokeless tobacco;

“(iii) the website addresses, primary e-mail address, and phone number of the delivery seller; and

“(iv) any other information that the Attorney General of the United States determines would facilitate compliance with this subsection by recipients of the list.

“(C) UPDATING.—The Attorney General of the United States shall update and distribute the list described in subparagraph (A) at least once every 4 months, and may distribute the list and any updates by regular mail, electronic mail, or any other reasonable means, or by providing recipients with access to the list through a non-public website that the Attorney General of the United States regularly updates.

“(D) STATE, LOCAL, OR TRIBAL ADDITIONS.—The Attorney General of the United States shall include in the list described in subparagraph (A) any noncomplying delivery sellers identified by any State, local, or tribal government under paragraph (6), and shall distribute the list to the attorney general or chief law enforcement official and the tax administrator of any government submitting any such information, and to any common carriers or other persons who deliver small packages to consumers identified by any government pursuant to paragraph (6).

“(E) ACCURACY AND COMPLETENESS OF LIST OF NONCOMPLYING DELIVERY SELLERS.—In preparing and revising the list described in subparagraph (A), the Attorney General of the United States shall—

“(i) use reasonable procedures to ensure maximum possible accuracy and completeness of the records and information relied on for the purpose of determining that a delivery seller is not in compliance with this Act;

“(ii) not later than 14 days before including a delivery seller on the list, make a reasonable attempt to send notice to the delivery seller by letter, electronic mail, or other means that the delivery seller is being placed on the list, which shall cite the relevant provisions of this Act and the specific reasons for which the delivery seller is being placed on the list;

“(iii) provide an opportunity to the delivery seller to challenge placement on the list;

“(iv) investigate each challenge described in clause (iii) by contacting the relevant Federal, State, tribal, and local law enforcement officials, and provide the specific findings and results of the investigation to the delivery seller not later than 30 days after the date on which the challenge is made; and

“(v) if the Attorney General of the United States determines that the basis for including a delivery seller on the list is inaccurate, based on incomplete information, or cannot be verified, promptly remove the delivery seller from the list as appropriate and notify each appropriate Federal, State, tribal, and local authority of the determination.

“(F) CONFIDENTIALITY.—The list described in subparagraph (A) shall be confidential, and any

person receiving the list shall maintain the confidentiality of the list and may deliver the list, for enforcement purposes, to any government official or to any common carrier or other person that delivers tobacco products or small packages to consumers. Nothing in this section shall prohibit a common carrier, the United States Postal Service, or any other person receiving the list from discussing with a listed delivery seller the inclusion of the delivery seller on the list and the resulting effects on any services requested by the listed delivery seller.

“(2) PROHIBITION ON DELIVERY.—

“(A) IN GENERAL.—Commencing on the date that is 60 days after the date of the initial distribution or availability of the list described in paragraph (1)(A), no person who receives the list under paragraph (1), and no person who delivers cigarettes or smokeless tobacco to consumers, shall knowingly complete, cause to be completed, or complete its portion of a delivery of any package for any person whose name and address are on the list, unless—

“(i) the person making the delivery knows or believes in good faith that the item does not include cigarettes or smokeless tobacco;

“(ii) the delivery is made to a person lawfully engaged in the business of manufacturing, distributing, or selling cigarettes or smokeless tobacco; or

“(iii) the package being delivered weighs more than 100 pounds and the person making the delivery does not know or have reasonable cause to believe that the package contains cigarettes or smokeless tobacco.

“(B) IMPLEMENTATION OF UPDATES.—Commencing on the date that is 30 days after the date of the distribution or availability of any updates or corrections to the list described in paragraph (1)(A), all recipients and all common carriers or other persons that deliver cigarettes or smokeless tobacco to consumers shall be subject to subparagraph (A) in regard to the corrections or updates.

“(3) EXEMPTIONS.—

“(A) IN GENERAL.—Subsection (b)(2) and any requirements or restrictions placed directly on common carriers under this subsection, including subparagraphs (A) and (B) of paragraph (2), shall not apply to a common carrier that—

“(i) is subject to a settlement agreement described in subparagraph (B); or

“(ii) if a settlement agreement described in subparagraph (B) to which the common carrier is a party is terminated or otherwise becomes inactive, is administering and enforcing policies and practices throughout the United States that are at least as stringent as the agreement.

“(B) SETTLEMENT AGREEMENT.—A settlement agreement described in this subparagraph—

“(i) is a settlement agreement relating to tobacco product deliveries to consumers; and

“(ii) includes—

“(I) the Assurance of Discontinuance entered into by the Attorney General of New York and DHL Holdings USA, Inc. and DHL Express (USA), Inc. on or about July 1, 2005, the Assurance of Discontinuance entered into by the Attorney General of New York and United Parcel Service, Inc. on or about October 21, 2005, and the Assurance of Compliance entered into by the Attorney General of New York and Federal Express Corporation and FedEx Ground Package Systems, Inc. on or about February 3, 2006, if each of those agreements is honored throughout the United States to block illegal deliveries of cigarettes or smokeless tobacco to consumers; and

“(II) any other active agreement between a common carrier and a State that operates throughout the United States to ensure that no deliveries of cigarettes or smokeless tobacco shall be made to consumers or illegally operating Internet or mail-order sellers and that any such

deliveries to consumers shall not be made to minors or without payment to the States and localities where the consumers are located of all taxes on the tobacco products.

“(4) SHIPMENTS FROM PERSONS ON LIST.—

“(A) IN GENERAL.—If a common carrier or other delivery service delays or interrupts the delivery of a package in the possession of the common carrier or delivery service because the common carrier or delivery service determines or has reason to believe that the person ordering the delivery is on a list described in paragraph (1)(A) and that clauses (i), (ii), and (iii) of paragraph (2)(A) do not apply—

“(i) the person ordering the delivery shall be obligated to pay—

“(I) the common carrier or other delivery service as if the delivery of the package had been timely completed; and

“(II) if the package is not deliverable, any reasonable additional fee or charge levied by the common carrier or other delivery service to cover any extra costs and inconvenience and to serve as a disincentive against such noncomplying delivery orders; and

“(ii) if the package is determined not to be deliverable, the common carrier or other delivery service shall offer to provide the package and its contents to a Federal, State, or local law enforcement agency.

“(B) RECORDS.—A common carrier or other delivery service shall maintain, for a period of 5 years, any records kept in the ordinary course of business relating to any delivery interrupted under this paragraph and provide that information, upon request, to the Attorney General of the United States or to the attorney general or chief law enforcement official or tax administrator of any State, local, or tribal government.

“(C) CONFIDENTIALITY.—Any person receiving records under subparagraph (B) shall—

“(i) use the records solely for the purposes of the enforcement of this Act and the collection of any taxes owed on related sales of cigarettes and smokeless tobacco; and

“(ii) keep confidential any personal information in the records not otherwise required for such purposes.

“(5) PREEMPTION.—

“(A) IN GENERAL.—No State, local, or tribal government, nor any political authority of 2 or more State, local, or tribal governments, may enact or enforce any law or regulation relating to delivery sales that restricts deliveries of cigarettes or smokeless tobacco to consumers by common carriers or other delivery services on behalf of delivery sellers by—

“(i) requiring that the common carrier or other delivery service verify the age or identity of the consumer accepting the delivery by requiring the person who signs to accept delivery of the shipping container to provide proof, in the form of a valid, government-issued identification bearing a photograph of the individual, that the person is at least the minimum age required for the legal sale or purchase of tobacco products, as determined by either State or local law at the place of delivery;

“(ii) requiring that the common carrier or other delivery service obtain a signature from the consumer accepting the delivery;

“(iii) requiring that the common carrier or other delivery service verify that all applicable taxes have been paid;

“(iv) requiring that packages delivered by the common carrier or other delivery service contain any particular labels, notice, or markings; or

“(v) prohibiting common carriers or other delivery services from making deliveries on the basis of whether the delivery seller is or is not identified on any list of delivery sellers maintained and distributed by any entity other than the Federal Government.

“(B) RELATIONSHIP TO OTHER LAWS.—Except as provided in subparagraph (C), nothing in

this paragraph shall be construed to nullify, expand, restrict, or otherwise amend or modify—

“(i) section 14501(c)(1) or 41713(b)(4) of title 49, United States Code;

“(ii) any other restrictions in Federal law on the ability of State, local, or tribal governments to regulate common carriers; or

“(iii) any provision of State, local, or tribal law regulating common carriers that is described in section 14501(c)(2) or 41713(b)(4)(B) of title 49 of the United States Code.

“(C) STATE LAWS PROHIBITING DELIVERY SALES.—

“(i) IN GENERAL.—Except as provided in clause (ii), nothing in the Prevent All Cigarette Trafficking Act of 2009, the amendments made by that Act, or in any other Federal statute shall be construed to preempt, supersede, or otherwise limit or restrict State laws prohibiting the delivery sale, or the shipment or delivery pursuant to a delivery sale, of cigarettes or other tobacco products to individual consumers or personal residences.

“(ii) EXEMPTIONS.—No State may enforce against a common carrier a law prohibiting the delivery of cigarettes or other tobacco products to individual consumers or personal residences without proof that the common carrier is not exempt under paragraph (3) of this subsection.

“(6) STATE, LOCAL, AND TRIBAL ADDITIONS.—

“(A) IN GENERAL.—Any State, local, or tribal government shall provide the Attorney General of the United States with—

“(i) all known names, addresses, website addresses, and other primary contact information of any delivery seller that—

“(I) offers for sale or makes sales of cigarettes or smokeless tobacco in or into the State, locality, or tribal land; and

“(II) has failed to register with or make reports to the respective tax administrator as required by this Act, or that has been found in a legal proceeding to have otherwise failed to comply with this Act; and

“(ii) a list of common carriers and other persons who make deliveries of cigarettes or smokeless tobacco in or into the State, locality, or tribal land.

“(B) UPDATES.—Any government providing a list to the Attorney General of the United States under subparagraph (A) shall also provide updates and corrections every 4 months until such time as the government notifies the Attorney General of the United States in writing that the government no longer desires to submit information to supplement the list described in paragraph (1)(A).

“(C) REMOVAL AFTER WITHDRAWAL.—Upon receiving written notice that a government no longer desires to submit information under subparagraph (A), the Attorney General of the United States shall remove from the list described in paragraph (1)(A) any persons that are on the list solely because of the prior submissions of the government of the list of the government of noncomplying delivery sellers of cigarettes or smokeless tobacco or a subsequent update or correction by the government.

“(7) DEADLINE TO INCORPORATE ADDITIONS.—The Attorney General of the United States shall—

“(A) include any delivery seller identified and submitted by a State, local, or tribal government under paragraph (6) in any list or update that is distributed or made available under paragraph (1) on or after the date that is 30 days after the date on which the information is received by the Attorney General of the United States; and

“(B) distribute any list or update described in subparagraph (A) to any common carrier or other person who makes deliveries of cigarettes or smokeless tobacco that has been identified and submitted by a government pursuant to paragraph (6).

“(8) NOTICE TO DELIVERY SELLERS.—Not later than 14 days before including any delivery seller on the initial list described in paragraph (1)(A), or on an update to the list for the first time, the Attorney General of the United States shall make a reasonable attempt to send notice to the delivery seller by letter, electronic mail, or other means that the delivery seller is being placed on the list or update, with that notice citing the relevant provisions of this Act.

“(9) LIMITATIONS.—

“(A) IN GENERAL.—Any common carrier or other person making a delivery subject to this subsection shall not be required or otherwise obligated to—

“(i) determine whether any list distributed or made available under paragraph (1) is complete, accurate, or up-to-date;

“(ii) determine whether a person ordering a delivery is in compliance with this Act; or

“(iii) open or inspect, pursuant to this Act, any package being delivered to determine its contents.

“(B) ALTERNATE NAMES.—Any common carrier or other person making a delivery subject to this subsection—

“(i) shall not be required to make any inquiries or otherwise determine whether a person ordering a delivery is a delivery seller on the list described in paragraph (1)(A) who is using a different name or address in order to evade the related delivery restrictions; and

“(ii) shall not knowingly deliver any packages to consumers for any delivery seller on the list described in paragraph (1)(A) who the common carrier or other delivery service knows is a delivery seller who is on the list and is using a different name or address to evade the delivery restrictions of paragraph (2).

“(C) PENALTIES.—Any common carrier or person in the business of delivering packages on behalf of other persons shall not be subject to any penalty under section 14101(a) of title 49, United States Code, or any other provision of law for—

“(i) not making any specific delivery, or any deliveries at all, on behalf of any person on the list described in paragraph (1)(A);

“(ii) refusing, as a matter of regular practice and procedure, to make any deliveries, or any deliveries in certain States, of any cigarettes or smokeless tobacco for any person or for any person not in the business of manufacturing, distributing, or selling cigarettes or smokeless tobacco; or

“(iii) delaying or not making a delivery for any person because of reasonable efforts to comply with this Act.

“(D) OTHER LIMITS.—Section 2 and subsections (a), (b), (c), and (d) of this section shall not be interpreted to impose any responsibilities, requirements, or liability on common carriers.

“(f) PRESUMPTION.—For purposes of this Act, a delivery sale shall be deemed to have occurred in the State and place where the buyer obtains personal possession of the cigarettes or smokeless tobacco, and a delivery pursuant to a delivery sale is deemed to have been initiated or ordered by the delivery seller.”.

(d) PENALTIES.—The Jenkins Act is amended by striking section 3 and inserting the following:

“SEC. 3. PENALTIES.

“(a) CRIMINAL PENALTIES.—

“(1) IN GENERAL.—Except as provided in paragraph (2), whoever knowingly violates this Act shall be imprisoned for not more than 3 years, fined under title 18, United States Code, or both.

“(2) EXCEPTIONS.—

“(A) GOVERNMENTS.—Paragraph (1) shall not apply to a State, local, or tribal government.

“(B) DELIVERY VIOLATIONS.—A common carrier or independent delivery service, or employee of a common carrier or independent delivery service, shall be subject to criminal penalties under paragraph (1) for a violation of section

2A(e) only if the violation is committed knowingly—

“(i) as consideration for the receipt of, or as consideration for a promise or agreement to pay, anything of pecuniary value; or

“(ii) for the purpose of assisting a delivery seller to violate, or otherwise evading compliance with, section 2A.

“(b) CIVIL PENALTIES.—

“(1) IN GENERAL.—Except as provided in paragraph (3), whoever violates this Act shall be subject to a civil penalty in an amount not to exceed—

“(A) in the case of a delivery seller, the greater of—

“(i) \$5,000 in the case of the first violation, or \$10,000 for any other violation; or

“(ii) for any violation, 2 percent of the gross sales of cigarettes or smokeless tobacco of the delivery seller during the 1-year period ending on the date of the violation.

“(B) in the case of a common carrier or other delivery service, \$2,500 in the case of a first violation, or \$5,000 for any violation within 1 year of a prior violation.

“(2) RELATION TO OTHER PENALTIES.—A civil penalty imposed under paragraph (1) for a violation of this Act shall be imposed in addition to any criminal penalty under subsection (a) and any other damages, equitable relief, or injunctive relief awarded by the court, including the payment of any unpaid taxes to the appropriate Federal, State, local, or tribal governments.

“(3) EXCEPTIONS.—

“(A) DELIVERY VIOLATIONS.—An employee of a common carrier or independent delivery service shall be subject to civil penalties under paragraph (1) for a violation of section 2A(e) only if the violation is committed intentionally—

“(i) as consideration for the receipt of, or as consideration for a promise or agreement to pay, anything of pecuniary value; or

“(ii) for the purpose of assisting a delivery seller to violate, or otherwise evading compliance with, section 2A.

“(B) OTHER LIMITATIONS.—No common carrier or independent delivery service shall be subject to civil penalties under paragraph (1) for a violation of section 2A(e) if—

“(i) the common carrier or independent delivery service has implemented and enforces effective policies and practices for complying with that section; or

“(ii) the violation consists of an employee of the common carrier or independent delivery service who physically receives and processes orders, picks up packages, processes packages, or makes deliveries, taking actions that are outside the scope of employment of the employee, or that violate the implemented and enforced policies of the common carrier or independent delivery service described in clause (i).”

(e) ENFORCEMENT.—The Jenkins Act is amended by striking section 4 and inserting the following:

“SEC. 4. ENFORCEMENT.

“(a) IN GENERAL.—The United States district courts shall have jurisdiction to prevent and restrain violations of this Act and to provide other appropriate injunctive or equitable relief, including money damages, for the violations.

“(b) AUTHORITY OF THE ATTORNEY GENERAL.—The Attorney General of the United States shall administer and enforce this Act.

“(c) STATE, LOCAL, AND TRIBAL ENFORCEMENT.—

“(1) IN GENERAL.—

“(A) STANDING.—A State, through its attorney general, or a local government or Indian tribe that levies a tax subject to section 2A(a)(3), through its chief law enforcement officer, may bring an action in a United States district court to prevent and restrain violations of this Act by any person or to obtain any other appropriate

relief from any person for violations of this Act, including civil penalties, money damages, and injunctive or other equitable relief.

“(B) SOVEREIGN IMMUNITY.—Nothing in this Act shall be deemed to abrogate or constitute a waiver of any sovereign immunity of a State or local government or Indian tribe against any unconsented lawsuit under this Act, or otherwise to restrict, expand, or modify any sovereign immunity of a State or local government or Indian tribe.

“(2) PROVISION OF INFORMATION.—A State, through its attorney general, or a local government or Indian tribe that levies a tax subject to section 2A(a)(3), through its chief law enforcement officer, may provide evidence of a violation of this Act by any person not subject to State, local, or tribal government enforcement actions for violations of this Act to the Attorney General of the United States or a United States attorney, who shall take appropriate actions to enforce this Act.

“(3) USE OF PENALTIES COLLECTED.—

“(A) IN GENERAL.—There is established a separate account in the Treasury known as the ‘PACT Anti-Trafficking Fund’. Notwithstanding any other provision of law and subject to subparagraph (B), an amount equal to 50 percent of any criminal and civil penalties collected by the Federal Government in enforcing this Act shall be transferred into the PACT Anti-Trafficking Fund and shall be available to the Attorney General of the United States for purposes of enforcing this Act and other laws relating to contraband tobacco products.

“(B) ALLOCATION OF FUNDS.—Of the amount available to the Attorney General of the United States under subparagraph (A), not less than 50 percent shall be made available only to the agencies and offices within the Department of Justice that were responsible for the enforcement actions in which the penalties concerned were imposed or for any underlying investigations.

“(4) NONEXCLUSIVITY OF REMEDY.—

“(A) IN GENERAL.—The remedies available under this section and section 3 are in addition to any other remedies available under Federal, State, local, tribal, or other law.

“(B) STATE COURT PROCEEDINGS.—Nothing in this Act shall be construed to expand, restrict, or otherwise modify any right of an authorized State official to proceed in State court, or take other enforcement actions, on the basis of an alleged violation of State or other law.

“(C) TRIBAL COURT PROCEEDINGS.—Nothing in this Act shall be construed to expand, restrict, or otherwise modify any right of an authorized Indian tribal government official to proceed in tribal court, or take other enforcement actions, on the basis of an alleged violation of tribal law.

“(D) LOCAL GOVERNMENT ENFORCEMENT.—Nothing in this Act shall be construed to expand, restrict, or otherwise modify any right of an authorized local government official to proceed in State court, or take other enforcement actions, on the basis of an alleged violation of local or other law.

“(d) PERSONS DEALING IN TOBACCO PRODUCTS.—Any person who holds a permit under section 5712 of the Internal Revenue Code of 1986 (regarding permitting of manufacturers and importers of tobacco products and export warehouse proprietors) may bring an action in an appropriate United States district court to prevent and restrain violations of this Act by any person other than a State, local, or tribal government.

“(e) NOTICE.—

“(1) PERSONS DEALING IN TOBACCO PRODUCTS.—Any person who commences a civil action under subsection (d) shall inform the Attorney General of the United States of the action.

“(2) STATE, LOCAL, AND TRIBAL ACTIONS.—It is the sense of Congress that the attorney general

of any State, or chief law enforcement officer of any locality or tribe, that commences a civil action under this section should inform the Attorney General of the United States of the action.

“(f) PUBLIC NOTICE.—

“(1) IN GENERAL.—The Attorney General of the United States shall make available to the public, by posting information on the Internet and by other appropriate means, information regarding all enforcement actions brought by the United States, or reported to the Attorney General of the United States, under this section, including information regarding the resolution of the enforcement actions and how the Attorney General of the United States has responded to referrals of evidence of violations pursuant to subsection (c)(2).

“(2) REPORTS TO CONGRESS.—Not later than 1 year after the date of enactment of the Prevent All Cigarette Trafficking Act of 2009, and every year thereafter until the date that is 5 years after such date of enactment, the Attorney General of the United States shall submit to Congress a report containing the information described in paragraph (1).”

SEC. 3. TREATMENT OF CIGARETTES AND SMOKELESS TOBACCO AS NONMAILABLE MATTER.

(a) IN GENERAL.—Chapter 83 of title 18, United States Code, is amended by inserting after section 1716D the following:

“§ 1716E. Tobacco products as nonmailable

“(a) PROHIBITION.—

“(1) IN GENERAL.—All cigarettes and smokeless tobacco (as those terms are defined in section 1 of the Act of October 19, 1949, commonly referred to as the Jenkins Act) are nonmailable and shall not be deposited in or carried through the mails. The United States Postal Service shall not accept for delivery or transmit through the mails any package that it knows or has reasonable cause to believe contains any cigarettes or smokeless tobacco made nonmailable by this paragraph.

“(2) REASONABLE CAUSE.—For the purposes of this subsection reasonable cause includes—

“(A) a statement on a publicly available website, or an advertisement, by any person that the person will mail matter which is nonmailable under this section in return for payment; or

“(B) the fact that the person is on the list created under section 2A(e) of the Jenkins Act.

“(b) EXCEPTIONS.—

“(1) CIGARS.—Subsection (a) shall not apply to cigars (as defined in section 5702(a) of the Internal Revenue Code of 1986).

“(2) GEOGRAPHIC EXCEPTION.—Subsection (a) shall not apply to mailings within the State of Alaska or within the State of Hawaii.

“(3) BUSINESS PURPOSES.—

“(A) IN GENERAL.—Subsection (a) shall not apply to tobacco products mailed only—

“(i) for business purposes between legally operating businesses that have all applicable State and Federal Government licenses or permits and are engaged in tobacco product manufacturing, distribution, wholesale, export, import, testing, investigation, or research; or

“(ii) for regulatory purposes between any business described in clause (i) and an agency of the Federal Government or a State government.

“(B) RULES.—

“(i) IN GENERAL.—Not later than 180 days after the date of enactment of the Prevent All Cigarette Trafficking Act of 2009, the Postmaster General shall issue a final rule which shall establish the standards and requirements that apply to all mailings described in subparagraph (A).

“(ii) CONTENTS.—The final rule issued under clause (i) shall require—

“(I) the United States Postal Service to verify that any person submitting an otherwise nonmailable tobacco product into the mails as authorized under this paragraph is a business or

government agency permitted to make a mailing under this paragraph;

“(II) the United States Postal Service to ensure that any recipient of an otherwise non-mailable tobacco product sent through the mails under this paragraph is a business or government agency that may lawfully receive the product;

“(III) that any mailing described in subparagraph (A) shall be sent through the systems of the United States Postal Service that provide for the tracking and confirmation of the delivery;

“(IV) that the identity of the business or government entity submitting the mailing containing otherwise nonmailable tobacco products for delivery and the identity of the business or government entity receiving the mailing are clearly set forth on the package;

“(V) the United States Postal Service to maintain identifying information described in subsection (IV) during the 3-year period beginning on the date of the mailing and make the information available to the Postal Service, the Attorney General of the United States, and to persons eligible to bring enforcement actions under section 3(d) of the Prevent All Cigarette Trafficking Act of 2009;

“(VI) that any mailing described in subparagraph (A) be marked with a United States Postal Service label or marking that makes it clear to employees of the United States Postal Service that it is a permitted mailing of otherwise non-mailable tobacco products that may be delivered only to a permitted government agency or business and may not be delivered to any residence or individual person; and

“(VII) that any mailing described in subparagraph (A) be delivered only to a verified employee of the recipient business or government agency, who is not a minor and who shall be required to sign for the mailing.

“(C) DEFINITION.—In this paragraph, the term ‘minor’ means an individual who is less than the minimum age required for the legal sale or purchase of tobacco products as determined by applicable law at the place the individual is located.

“(4) CERTAIN INDIVIDUALS.—

“(A) IN GENERAL.—Subsection (a) shall not apply to tobacco products mailed by individuals who are not minors for noncommercial purposes, including the return of a damaged or unacceptable tobacco product to the manufacturer.

“(B) RULES.—

“(i) IN GENERAL.—Not later than 180 days after the date of enactment of the Prevent All Cigarette Trafficking Act of 2009, the Postmaster General shall issue a final rule which shall establish the standards and requirements that apply to all mailings described in subparagraph (A).

“(ii) CONTENTS.—The final rule issued under clause (i) shall require—

“(I) the United States Postal Service to verify that any person submitting an otherwise non-mailable tobacco product into the mails as authorized under this paragraph is the individual identified on the return address label of the package and is not a minor;

“(II) for a mailing to an individual, the United States Postal Service to require the person submitting the otherwise nonmailable tobacco product into the mails as authorized by this paragraph to affirm that the recipient is not a minor;

“(III) that any package mailed under this paragraph shall weigh not more than 10 ounces;

“(IV) that any mailing described in subparagraph (A) shall be sent through the systems of the United States Postal Service that provide for the tracking and confirmation of the delivery;

“(V) that a mailing described in subparagraph (A) shall not be delivered or placed in the possession of any individual who has not been verified as not being a minor;

“(VI) for a mailing described in subparagraph (A) to an individual, that the United States Postal Service shall deliver the package only to a recipient who is verified not to be a minor at the recipient address or transfer it for delivery to an Air/Army Postal Office or Fleet Postal Office number designated in the recipient address; and

“(VII) that no person may initiate more than 10 mailings described in subparagraph (A) during any 30-day period.

“(C) DEFINITION.—In this paragraph, the term ‘minor’ means an individual who is less than the minimum age required for the legal sale or purchase of tobacco products as determined by applicable law at the place the individual is located.

“(5) EXCEPTION FOR MAILINGS FOR CONSUMER TESTING BY MANUFACTURERS.—

“(A) IN GENERAL.—Subject to subparagraph (B), subsection (a) shall not preclude a legally operating cigarette manufacturer or a legally authorized agent of a legally operating cigarette manufacturer from using the United States Postal Service to mail cigarettes to verified adult smoker solely for consumer testing purposes, if—

“(i) the cigarette manufacturer has a permit, in good standing, issued under section 5713 of the Internal Revenue Code of 1986;

“(ii) the package of cigarettes mailed under this paragraph contains not more than 12 packs of cigarettes (240 cigarettes);

“(iii) the recipient does not receive more than 1 package of cigarettes from any 1 cigarette manufacturer under this paragraph during any 30-day period;

“(iv) all taxes on the cigarettes mailed under this paragraph levied by the State and locality of delivery are paid to the State and locality before delivery, and tax stamps or other tax-payment indicia are affixed to the cigarettes as required by law; and

“(v) (I) the recipient has not made any payments of any kind in exchange for receiving the cigarettes;

“(II) the recipient is paid a fee by the manufacturer or agent of the manufacturer for participation in consumer product tests; and

“(III) the recipient, in connection with the tests, evaluates the cigarettes and provides feedback to the manufacturer or agent.

“(B) LIMITATIONS.—Subparagraph (A) shall not—

“(i) permit a mailing of cigarettes to an individual located in any State that prohibits the delivery or shipment of cigarettes to individuals in the State, or preempt, limit, or otherwise affect any related State laws; or

“(ii) permit a manufacturer, directly or through a legally authorized agent, to mail cigarettes in any calendar year in a total amount greater than 1 percent of the total cigarette sales of the manufacturer in the United States during the calendar year before the date of the mailing.

“(C) RULES.—

“(i) IN GENERAL.—Not later than 180 days after the date of enactment of the Prevent All Cigarette Trafficking Act of 2009, the Postmaster General shall issue a final rule which shall establish the standards and requirements that apply to all mailings described in subparagraph (A).

“(ii) CONTENTS.—The final rule issued under clause (i) shall require—

“(I) the United States Postal Service to verify that any person submitting a tobacco product into the mails under this paragraph is a legally operating cigarette manufacturer permitted to make a mailing under this paragraph, or an agent legally authorized by the legally operating cigarette manufacturer to submit the tobacco product into the mails on behalf of the manufacturer;

“(II) the legally operating cigarette manufacturer submitting the cigarettes into the mails under this paragraph to affirm that—

“(aa) the manufacturer or the legally authorized agent of the manufacturer has verified that the recipient is an adult established smoker;

“(bb) the recipient has not made any payment for the cigarettes;

“(cc) the recipient has signed a written statement that is in effect indicating that the recipient wishes to receive the mailings; and

“(dd) the manufacturer or the legally authorized agent of the manufacturer has offered the opportunity for the recipient to withdraw the written statement described in item (cc) not less frequently than once in every 3-month period;

“(III) the legally operating cigarette manufacturer or the legally authorized agent of the manufacturer submitting the cigarettes into the mails under this paragraph to affirm that any package mailed under this paragraph contains not more than 12 packs of cigarettes (240 cigarettes) on which all taxes levied on the cigarettes by the State and locality of delivery have been paid and all related State tax stamps or other tax-payment indicia have been applied;

“(IV) that any mailing described in subparagraph (A) shall be sent through the systems of the United States Postal Service that provide for the tracking and confirmation of the delivery;

“(V) the United States Postal Service to maintain records relating to a mailing described in subparagraph (A) during the 3-year period beginning on the date of the mailing and make the information available to persons enforcing this section;

“(VI) that any mailing described in subparagraph (A) be marked with a United States Postal Service label or marking that makes it clear to employees of the United States Postal Service that it is a permitted mailing of otherwise non-mailable tobacco products that may be delivered only to the named recipient after verifying that the recipient is an adult; and

“(VII) the United States Postal Service shall deliver a mailing described in subparagraph (A) only to the named recipient and only after verifying that the recipient is an adult.

“(D) DEFINITIONS.—In this paragraph—

“(i) the term ‘adult’ means an individual who is not less than 21 years of age; and

“(ii) the term ‘consumer testing’ means testing limited to formal data collection and analysis for the specific purpose of evaluating the product for quality assurance and benchmarking purposes of cigarette brands or sub-brands among existing adult smokers.

“(6) FEDERAL GOVERNMENT AGENCIES.—An agency of the Federal Government involved in the consumer testing of tobacco products solely for public health purposes may mail cigarettes under the same requirements, restrictions, and rules and procedures that apply to consumer testing mailings of cigarettes by manufacturers under paragraph (5), except that the agency shall not be required to pay the recipients for participating in the consumer testing.

“(c) SEIZURE AND FORFEITURE.—Any cigarettes or smokeless tobacco made nonmailable by this subsection that are deposited in the mails shall be subject to seizure and forfeiture, pursuant to the procedures set forth in chapter 46 of this title. Any tobacco products seized and forfeited under this subsection shall be destroyed or retained by the Federal Government for the detection or prosecution of crimes or related investigations and then destroyed.

“(d) ADDITIONAL PENALTIES.—In addition to any other fines and penalties under this title for violations of this section, any person violating this section shall be subject to an additional civil penalty in the amount equal to 10 times the retail value of the nonmailable cigarettes or smokeless tobacco, including all Federal, State, and local taxes.

“(e) **CRIMINAL PENALTY.**—Whoever knowingly deposits for mailing or delivery, or knowingly causes to be delivered by mail, according to the direction thereon, or at any place at which it is directed to be delivered by the person to whom it is addressed, anything that is nonmailable matter under this section shall be fined under this title, imprisoned not more than 1 year, or both.

“(f) **USE OF PENALTIES.**—There is established a separate account in the Treasury, to be known as the ‘PACT Postal Service Fund’. Notwithstanding any other provision of law, an amount equal to 50 percent of any criminal fines, civil penalties, or other monetary penalties collected by the Federal Government in enforcing this section shall be transferred into the PACT Postal Service Fund and shall be available to the Postmaster General for the purpose of enforcing this subsection.

“(g) **COORDINATION OF EFFORTS.**—The Postmaster General shall cooperate and coordinate efforts to enforce this section with related enforcement activities of any other Federal agency or agency of any State, local, or tribal government, whenever appropriate.

“(h) **ACTIONS BY STATE, LOCAL, OR TRIBAL GOVERNMENTS RELATING TO CERTAIN TOBACCO PRODUCTS.**—

“(1) **IN GENERAL.**—A State, through its attorney general, or a local government or Indian tribe that levies an excise tax on tobacco products, through its chief law enforcement officer, may in a civil action in a United States district court obtain appropriate relief with respect to a violation of this section. Appropriate relief includes injunctive and equitable relief and damages equal to the amount of unpaid taxes on tobacco products mailed in violation of this section to addressees in that State, locality, or tribal land.

“(2) **SOVEREIGN IMMUNITY.**—Nothing in this subsection shall be deemed to abrogate or constitute a waiver of any sovereign immunity of a State or local government or Indian tribe against any unconsented lawsuit under paragraph (1), or otherwise to restrict, expand, or modify any sovereign immunity of a State or local government or Indian tribe.

“(3) **ATTORNEY GENERAL REFERRAL.**—A State, through its attorney general, or a local government or Indian tribe that levies an excise tax on tobacco products, through its chief law enforcement officer, may provide evidence of a violation of this section for commercial purposes by any person not subject to State, local, or tribal government enforcement actions for violations of this section to the Attorney General of the United States, who shall take appropriate actions to enforce this section.

“(4) **NONEXCLUSIVITY OF REMEDIES.**—The remedies available under this subsection are in addition to any other remedies available under Federal, State, local, tribal, or other law. Nothing in this subsection shall be construed to expand, restrict, or otherwise modify any right of an authorized State, local, or tribal government official to proceed in a State, tribal, or other appropriate court, or take other enforcement actions, on the basis of an alleged violation of State, local, tribal, or other law.

“(5) **OTHER ENFORCEMENT ACTIONS.**—Nothing in this subsection shall be construed to prohibit an authorized State official from proceeding in State court on the basis of an alleged violation of any general civil or criminal statute of the State.

“(i) **DEFINITION.**—In this section, the term ‘State’ has the meaning given that term in section 1716(k).”

(b) **CLERICAL AMENDMENT.**—The table of sections for chapter 83 of title 18 is amended by inserting after the item relating to section 1716D the following:

“1716E. Tobacco products as nonmailable.”.

SEC. 4. INSPECTION BY BUREAU OF ALCOHOL, TOBACCO, FIREARMS, AND EXPLOSIVES OF RECORDS OF CERTAIN CIGARETTE AND SMOKELESS TOBACCO SELLERS; CIVIL PENALTY.

Section 2343(c) of title 18, United States Code, is amended to read as follows:

“(c)(1) Any officer of the Bureau of Alcohol, Tobacco, Firearms, and Explosives may, during normal business hours, enter the premises of any person described in subsection (a) or (b) for the purposes of inspecting—

“(A) any records or information required to be maintained by the person under this chapter; or

“(B) any cigarettes or smokeless tobacco kept or stored by the person at the premises.

“(2) The district courts of the United States shall have the authority in a civil action under this subsection to compel inspections authorized by paragraph (1).

“(3) Whoever denies access to an officer under paragraph (1), or who fails to comply with an order issued under paragraph (2), shall be subject to a civil penalty in an amount not to exceed \$10,000.”.

SEC. 5. EXCLUSIONS REGARDING INDIAN TRIBES AND TRIBAL MATTERS.

(a) **IN GENERAL.**—Nothing in this Act or the amendments made by this Act shall be construed to amend, modify, or otherwise affect—

(1) any agreements, compacts, or other intergovernmental arrangements between any State or local government and any government of an Indian tribe (as that term is defined in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(e)) relating to the collection of taxes on cigarettes or smokeless tobacco sold in Indian country;

(2) any State laws that authorize or otherwise pertain to any such intergovernmental arrangements or create special rules or procedures for the collection of State, local, or tribal taxes on cigarettes or smokeless tobacco sold in Indian country;

(3) any limitations under Federal or State law, including Federal common law and treaties, on State, local, and tribal tax and regulatory authority with respect to the sale, use, or distribution of cigarettes and smokeless tobacco by or to Indian tribes, tribal members, tribal enterprises, or in Indian country;

(4) any Federal law, including Federal common law and treaties, regarding State jurisdiction, or lack thereof, over any tribe, tribal members, tribal enterprises, tribal reservations, or other lands held by the United States in trust for one or more Indian tribes; or

(5) any State or local government authority to bring enforcement actions against persons located in Indian country.

(b) **COORDINATION OF LAW ENFORCEMENT.**—Nothing in this Act or the amendments made by this Act shall be construed to inhibit or otherwise affect any coordinated law enforcement effort by 1 or more States or other jurisdictions, including Indian tribes, through interstate compact or otherwise, that—

(1) provides for the administration of tobacco product laws or laws pertaining to interstate sales or other sales of tobacco products;

(2) provides for the seizure of tobacco products or other property related to a violation of such laws; or

(3) establishes cooperative programs for the administration of such laws.

(c) **TREATMENT OF STATE AND LOCAL GOVERNMENTS.**—Nothing in this Act or the amendments made by this Act shall be construed to authorize, deputize, or commission States or local governments as instrumentalities of the United States.

(d) **ENFORCEMENT WITHIN INDIAN COUNTRY.**—Nothing in this Act or the amendments made by this Act shall prohibit, limit, or restrict enforce-

ment by the Attorney General of the United States of this Act or an amendment made by this Act within Indian country.

(e) **AMBIGUITY.**—Any ambiguity between the language of this section or its application and any other provision of this Act shall be resolved in favor of this section.

(f) **DEFINITIONS.**—In this section—

(1) the term “Indian country” has the meaning given that term in section 1 of the Jenkins Act, as amended by this Act; and

(2) the term “tribal enterprise” means any business enterprise, regardless of whether incorporated or unincorporated under Federal or tribal law, of an Indian tribe or group of Indian tribes.

SEC. 6. EFFECTIVE DATE.

(a) **IN GENERAL.**—Except as provided in subsection (b), this Act shall take effect on the date that is 90 days after the date of enactment of this Act.

(b) **BATFE AUTHORITY.**—The amendments made by section 4 shall take effect on the date of enactment of this Act.

SEC. 7. SEVERABILITY.

If any provision of this Act, or any amendment made by this Act, or the application thereof to any person or circumstance, is held invalid, the remainder of the Act and the application of the Act to any other person or circumstance shall not be affected thereby.

SEC. 8. SENSE OF CONGRESS CONCERNING THE PRECEDENTIAL EFFECT OF THIS ACT.

It is the sense of Congress that unique harms are associated with online cigarette sales, including problems with verifying the ages of consumers in the digital market and the long-term health problems associated with the use of certain tobacco products. This Act was enacted recognizing the longstanding interest of Congress in urging compliance with States’ laws regulating remote sales of certain tobacco products to citizens of those States, including the passage of the Jenkins Act over 50 years ago, which established reporting requirements for out-of-State companies that sell certain tobacco products to citizens of the taxing States, and which gave authority to the Department of Justice and the Bureau of Alcohol, Tobacco, Firearms, and Explosives to enforce the Jenkins Act. In light of the unique harms and circumstances surrounding the online sale of certain tobacco products, this Act is intended to help collect cigarette excise taxes, to stop tobacco sales to underage youth, and to help the States enforce their laws that target the online sales of certain tobacco products only. This Act is in no way meant to create a precedent regarding the collection of State sales or use taxes by, or the validity of efforts to impose other types of taxes on, out-of-State entities that do not have a physical presence within the taxing State.

Mr. KOHL. Mr. President, I thank my colleagues for supporting S.1147, the Prevent All Cigarette Trafficking, PACT, Act. The PACT Act closes loopholes in current tobacco trafficking laws, enhances penalties for violations, and provides law enforcement with new tools to combat the innovative methods being used by cigarette traffickers to distribute their products. With its passage, we cut off a source of funding for terrorists and criminals raise more money, enhance states’ ability to collect significant amounts of tax revenue, and further limit kids from easy access to tobacco products sold over the internet.

By passing this bill, we are solving a serious problem that is growing every

day. In 1998, the Bureau of Alcohol, Tobacco, Firearms and Explosives, BATFE, had six active tobacco smuggling investigations. Today there are more than 400 active tobacco smuggling investigations.

Last November, BATFE announced that they were charging 14 people with paying over \$8 million, nearly 40 firearms, and drugs to purchase more than 77 million contraband cigarettes to sell in New York. Moreover, two of the conspirators were also charged with hiring a hitman to kill two people they believed to be stealing contraband cigarettes. The problem is significant, and today we are giving law enforcement the additional tools they need to root out and end cigarette trafficking and related crimes.

The number of cases alone does not sufficiently put this problem into perspective. The amount of money involved is truly astonishing. Cigarette trafficking, including the illegal sale of tobacco products over the Internet, costs States billions of dollars in lost tax revenue each year. It is estimated that we lose \$5 billion of tax revenue, at the Federal and State level, each year. As lost tobacco tax revenue lines the pockets of criminals and terrorist groups, states are being forced to squeeze their budgets even tighter by cutting programs and increasing college tuition. Tobacco smuggling may provide some with cheap access to cigarettes, but those cheap cigarettes are coming at a significant cost to the rest of us.

The cost to Americans is not merely financial. Tobacco smuggling has developed into a popular, and highly profitable, means of generating revenue for criminal and terrorist organizations. Hezbollah, al-Qaida and Hamas have all generated significant revenue from the sale of counterfeit cigarettes. That money is often raised right here in the United States, and it is then funneled back to these international terrorist groups.

In July 2004, the 9/11 Commission recommended that "[v]igorous efforts to track terrorist financing must remain front and center in U.S. counterterrorism efforts." And the 9/11 commission stressed that it is important to rely, in part, on traditional criminal tools to disrupt terrorist fundraising efforts, since they often raise money by trafficking in counterfeit goods. Specifically, it said, "[c]ounterterrorism investigations often overlap or are cued by other criminal investigations, such as money laundering or the smuggling of contraband." All too often, that contraband is cigarettes.

By passing this bill today, we are sending a strong message that terrorist organizations can no longer exploit the weaknesses in our tobacco laws to generate significant amounts of money. Cutting off financial support to terrorist groups is an indispensable part

of protecting the country against future attacks.

According to the Government Accountability Office, GAO, cigarette trafficking investigations are growing more and more complex, and take longer to resolve. More people are selling cigarettes illegally, and they are getting better at it. As these cases become more difficult to crack, we owe it to law enforcement officials to do our part to lend a helping hand. The PACT Act does that by enhancing BATFE's authority to enter premises to investigate and enforce cigarette trafficking laws. It also increases penalties for cigarette trafficking under the Jenkins Act from a misdemeanor to a felony. Instead of a slap on the wrist, we need to show these people we mean business and make sure the investigative efforts of our law enforcement officers pays off. Unless these existing laws are strengthened, traffickers will continue to operate with near impunity.

Just as important, though, we must enable our country's law enforcement officials to combat the cigarette smugglers of the 21st century. The Internet represents a new obstacle to enforcement. Illegal tobacco vendors around the world evade detection by conducting transactions over the Internet, and then shipping their illegal products around the country to consumers. Just a few years ago, there were less than 100 vendors selling cigarettes online. Today, approximately 500 vendors sell illegal tobacco products over the Internet.

Without innovative enforcement methods, law enforcement will not be able to effectively address the growing challenges facing them today. The PACT Act sets out to do just that by empowering states to go after out-of-state sellers who are violating their tax laws in Federal court. It also cuts off their method of delivery. A significant part of this problem involves the shipment of contraband cigarettes through the United States Postal Service, USPS. This bill would cut off online vendors' access to the USPS. We would treat cigarettes just like we treat alcohol, making it illegal to ship them through the U.S. mails and cutting off a large portion of the delivery system.

In addition to cracking down on tobacco smuggling, the bill will keep tobacco out of the hands of kids. One of the primary ways children get access to cigarettes today is on the Internet and through the mails. The PACT Act contains a strong age verification section that will prevent online sales of cigarettes by requiring sellers to use a method of shipment that includes a signature and photo ID check upon delivery. Most States already have similar laws on the books, and this would simply make sure that we have a national standard to ensure that the Internet is not being used to evade ID

checks required at our grocery and convenience stores.

It is important to point out that this bill has been carefully drafted, following negotiations with numerous interested parties, including the Campaign for Tobacco Free Kids, the National Association of Attorneys General, the Department of Justice, and various tribal groups, to ensure that it would be strictly neutral in regards to tribal sovereignty and tribal immunity rights. The PACT Act would neither expand nor contract the current scope of tribal sovereignty and immunity, as determined by Federal statute and judicial interpretations. Also, the bill makes clear that it cannot be used to expand, contract, or otherwise change the scope of tribal sovereignty and immunity.

The commonsense approach of the PACT Act has brought together a strong coalition of supporters. Tobacco companies and public health advocates; State law enforcement and Federal law enforcement; and Republicans and Democrats alike all agree that this is an issue that must be addressed. Today, we begin to provide law enforcement authorities with the tools they need to combat a very serious threat to our States' coffers, national security, and public health.

Again, I thank leadership, the cosponsors of the bill, and all of my colleagues for their support of the PACT Act.

Mr. DURBIN. I ask unanimous consent that the committee substitute be agreed to, the bill, as amended, be read a third time and passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment in the nature of a substitute was agreed to.

The bill (S. 1147), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

ORDERS FOR MONDAY, MARCH 15, 2010

Mr. DURBIN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 2 p.m. on Monday, March 15; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate proceed to a period of morning business until 3 p.m., with Senators permitted to speak therein for up to 10 minutes each. Finally, I ask that following morning business, the Senate resume consideration of the House message on H.R. 2847.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. DURBIN. Mr. President, tonight cloture was filed on the motion to concur with respect to the legislative vehi-

cle for the HIRE Act. The cloture vote will occur at 5:30 p.m. on Monday.

ADJOURNMENT UNTIL MONDAY,
MARCH 15, 2010, at 2 p.m.

Mr. DURBIN. If there is no further business to come before the Senate, I

ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 7:18 p.m., adjourned until Monday, March 15, 2010, at 2 p.m.

EXTENSIONS OF REMARKS

CONGRATULATING A.K. MAGO ON RECEIVING THE PRAVASI BHARATIYA SAMMAN AWARD

HON. PETE SESSIONS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. SESSIONS. Madam Speaker, I rise today to congratulate A.K. Mago on receiving the Pravasi Bharatiya Samman Award.

On January 9th, the Pravasi Bharatiya Samman Award was presented to A.K. Mago for his outstanding work which has enhanced India's prestige in the United States. He is the first recipient of this award from the Houston Consulate Jurisdiction, which covers Alabama, Arkansas, Florida, Georgia, Kansas, Louisiana, Mississippi, Oklahoma, and Texas.

The Pravasi Bharatiya Samman Award is the highest honor conferred on overseas Indians. The award is presented by the President of India as a part of the Pravasi Bharatiya Divas Conventions, which have been organized annually since 2003. Recipients of this award have made significant contributions towards a better understanding of India abroad and have supported India's causes and concerns in a tangible way. Additionally, the honorees have made significant contributions in the welfare of the Diaspora, philanthropic and charitable work in India and abroad, and in building closer links between India and its Diaspora in the economic, cultural, and scientific fields.

Madam Speaker, I ask my esteemed colleagues to join me in expressing our congratulations to A.K. Mago for receiving this high honor.

HONORING ARMY SERGEANT JUSTIN SIKMA FOR HIS EXEMPLARY SERVICE IN IRAQ

HON. DEBORAH L. HALVORSON

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mrs. HALVORSON. Madam Speaker, today I rise to recognize Army Sergeant Justin Sikma, Bourbonnais resident and member of the 317th Engineer Company.

While working to clear a swampy field in Iraq, an extra vigilant Sergeant Sikma, spotted a live fragmentation rocket in the path of a piece of machinery being operated by a fellow soldier.

Sikma's keen eye protected the nine other men at his squad's work site.

America is fortunate to have brave soldiers like Sergeant Sikma in our armed forces keeping us safe and protecting our freedoms here at home and abroad. We all owe a debt of gratitude to Sergeant Justin Sikma and the

millions of those who have served and will serve the great United States of America.

CONGRATULATING JOSEPH A. HEFFERS, RECIPIENT OF THE 2010 ACHIEVEMENT AWARD FROM THE GREATER PITTSBURGH FRIENDLY SONS OF ST. PATRICK

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. KANJORSKI. Madam Speaker, I rise today to ask you and my esteemed colleagues in the House of Representatives to pay tribute to Joseph A. Heffers, the 2010 recipient of the Achievement Award from the Greater Pittston Friendly Sons of St. Patrick.

A son of the late John Heffers and Mary Golden Heffers, Mr. Heffers was born and raised in Pittston City, Luzerne County, Pennsylvania.

A graduate of Pittston City High School and Wilkes-Barre Business College, where he earned a degree in business and accounting, Mr. Heffers served in the United States Army from 1964 to 1967 in the Special Troops Unit at Fort Dix, New Jersey.

Mr. Heffers worked at Eberhard Faber Company in Mountaintop, Pennsylvania, as a project manager for 21 years, receiving the President's Award from Mr. Eberhard Faber in 1986.

He later worked for Cooper Industries in Weatherly, Carbon County, Pennsylvania, as a production specialist and later retired from Intermetro Industries in Wilkes-Barre, Luzerne County, Pennsylvania.

Mr. Heffers is currently the Chief Executive Officer and Manager of the Metro Wire Federal Credit Union in Plains Township, Pennsylvania.

A past president of the Greater Pittston Friendly Sons of St. Patrick, Mr. Heffers serves on the advisory board of the Salvation Army in West Pittston and also is a member and former financial secretary of President John F. Kennedy Council 372 Knights of Columbus, their Council Choir and the Fourth Degree Assembly.

Mr. Heffers coached several youth athletic teams including Stoners Soccer, Jenkins Township Girls Softball and Girls Varsity Basketball at St. Mary's Assumption School in Pittston.

He is a member of St. John the Evangelist Church, Pittston.

Mr. Heffers resides in Port Griffith with his wife of 38 years, the former Mary Catherine Shea. They are the parents of two children, Joseph, Elizabethtown, Pennsylvania and Mary Elizabeth Gregor, Plains Township, Pennsylvania. The couple also has two grandchildren, Maxwell Wallace Gregor and Declan Joseph Gregor.

Madam Speaker, please join me in congratulating Mr. Heffers on this notable occasion. His exemplary service to his family and community has earned him widespread respect and recognition.

HONORING THE MEDICAL TEAM ORGANIZED BY DR. JESSE BUTLER

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Ms. SCHAKOWSKY. Madam Speaker, I rise tonight to recognize a medical team from my district that recently traveled to the Dominican Republic to provide life-saving spinal surgery to victims of the Haiti earthquake.

In the immediate aftermath of January's devastating earthquake, Dr. Jesse Butler, an orthopedic spinal surgeon from Advocate Lutheran General Hospital in Park Ridge, found a way to contribute his unique skills. In just a few short days, Dr. Butler was able to organize a medical team, collect medical equipment worth millions of dollars, and travel to the Dominican Republic.

Members of the team included anesthesiologist Dr. Howard Konowitz, from Gottlieb Memorial Hospital in Melrose Park; scrub nurse Teresa Dudic, from Gottlieb; registered nurse Maria Korbel, from the Illinois Bone & Joint Institute in Morton Grove; nurse Aimee Duque-Randolph; and physician's assistant Alicia Granger-Carlson.

Dr. Butler's team operated on 11 patients, ages 14 to 35, at Dario Contreras Hospital in Santo Domingo, where many earthquake victims were treated. Conditions were far from ideal: patients waited in crowded hallways, and surgeries were performed in rooms as hot as 85 degrees. Victims withstood the pain of their injuries without the aid of morphine.

Upon their return, members of the team recalled the fear and desperation of those they treated, but also the Haitians' will to live and persevere. And though they could only meet a fraction of Haiti's enormous medical needs, they said they hope that their work will inspire others to similarly volunteer their time and talents.

I would like to submit for my colleagues' interest the following article from the February 10th edition of the Chicago Tribune about the team's trip.

LIFE-SAVING TRIP FOR EARTHQUAKE VICTIMS
'LIFE-CHANGING' FOR SURGICAL TEAM—SPINAL SURGERY UNIT INSPIRED BY RESOLVE OF HAITIANS

(By Courtney Flynn)

When orthopedic spine surgeon Dr. Jesse Butler saw images of the lives shattered by the Haiti earthquake, he knew he had to help the only way he knew how: by fixing broken backs.

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

Within 48 hours of the Jan. 12 quake, the physician from Advocate Lutheran General Hospital in Park Ridge organized a spinal surgery team, called in favors to collect millions of dollars of medical equipment and boarded a plane to the Dominican Republic.

"Instead of going the traditional route through a relief agency, we thought it would be more successful if we took charge of the logistics ourselves," Butler said. "We put together a team that could pretty much handle anything thrown at them."

In one week, the team operated on 11 patients, from 14 to 35, including a 25-year-old pregnant woman whose injuries had left her a quadriplegic. Nine of the patients were Haitian earthquake victims; two were injured in a motorcycle crash.

Despite the severity of the patients' injuries and the tragedy they'd been through, members of the surgical team said they were struck by the Haitians' resolve to live and wait for help.

"When you looked into their eyes, you saw a terror and fear that just burns into your soul," said Dr. Howard Konowitz, an anesthesiologist from Gottlieb Memorial Hospital in Melrose Park who was on the trip. "There was no morphine . . . but no one was moaning, no one was screaming."

The team performed its work at Dario Contreras Hospital, a public hospital in the Dominican capital of Santo Domingo where many Haitians have sought medical attention since the earthquake. Team members chose the hospital consulting with the Ministry of Health on where their skills would be of most help.

The team worked in grueling conditions, operating in rooms where the heat reached 85 degrees. Some patients waited in crowded hallways, others on thin mattresses atop rusted metal frames.

"We were working long hours. The rooms were so hot, people were dehydrated," said Teresa Dudic, a bilingual scrub nurse from Gottlieb. "And the patients, you could see the desperation in their eyes, they were scared."

Konowitz described the trip as "life-changing."

"All the other catastrophes that I can remember in my lifetime, there was nothing medically like this that I can remember," he said. "It's haunting what we saw."

And although it was gratifying to provide what help they could, team members recognized it was a tiny fraction of the need.

"We may have fixed their spine during the week, but we only got to 11 (people)," Butler said. "There were another 20 we couldn't take care of."

And the people they did treat need long-term care.

Maria Korbel, another member of the team who's bilingual and a registered nurse at the Illinois Bone & Joint Institute in Morton Grove, said she hopes their work will inspire others.

"If we were able to start a chain reaction, I think that would be fabulous," Korbel said. "I hope we started something good, something positive, something that will keep going."

Physician's assistant Alicia Granger-Carlson and nurse Aimee Duque-Randolph also were members of the team.

HONORING TIMOTHY REILLY

HON. JEAN SCHMIDT

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mrs. SCHMIDT. Madam Speaker, I rise today to honor and congratulate Mr. Timothy Reilly. Recently, both Tim and his business, Miami Valley International Trucks, were awarded the International Circle of Excellence Award for 2009.

Awarded by Navistar, Inc., the Circle of Excellence is given to dealerships that "achieve the highest level of performance in terms of operating and financial standards, market representation, and, most importantly, customer satisfaction." It is the highest honor that an International dealer can receive from Navistar.

Tim purchased Miami Valley International Trucks in 2004. Since then, he has earned 14 Circle of Excellence Awards and an Isuzu Ichiban Award, given to commercial truck dealers to recognize business excellence and civic-mindedness. Under his leadership, Miami Valley Trucks has grown to include five dealer locations and two parts and services sites in Ohio that employ 367 employees.

These awards are a testament to Tim's reputation as a leader in the trucking industry. This reputation has been honed through his activity and commitment to organizations like the Ohio Automobile Dealers Association, International Marketing, Sales & Finance Advisory Board, and as a former member of the Idealease board of directors. A dedicated supporter of his alma mater, Notre Dame, Tim also is a devoted father to his twin daughters, now 13 years old.

Madam Speaker, please join me in congratulating Tim Reilly for his accomplishments, his record of success, and his many contributions to his community, the State of Ohio, and our Nation.

CELEBRATING MINOOKA COMMUNITY HIGH SCHOOL VARSITY BOYS WRESTLING TEAM FOR WINNING THEIR FIRST EVER STATE CHAMPIONSHIP

HON. DEBORAH L. HALVORSON

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mrs. HALVORSON. Madam Speaker, today I rise to recognize the Minooka Community High School Boys Varsity Wrestling Team for becoming the 2009–2010 Illinois High School Association Class 3A Dual Team State Wrestling Champions.

Through relentless practice and commitment to their sport, the team captured Minooka Community High School's first ever team state championship title. I congratulate the hard work, dedication, and long hours that everyone involved put in to make this title possible; the coaches for their patience and working with these young athletes, to the parents for believing in their students, to the competitors for believing in themselves and their team.

The members of the championship Indian squad are: Kevin Akers, Mitchell Brozovich,

Clayton Charland, Brandon Collofello, Jacob DeKlerk, Zachary Friant, Joseph Govednik, Brandon Haase, Kalvin Hill, Alex Hoshell, Cody Jones, Sean Kenny, Matthew Meyer, Matthew McEvilly, Michael McNulty, Blake Montella, Mitchell Morris, Colin Nielsen, Corbett Oughton, Jacob Potts, Josh Pullara, Jacob Residori, Daniel Ruettiger, Leo Ruettiger, Kevin Ruettiger, Matthew Stevens, Timothy Wright and Robert Zabel; and are led by head coach Bernie Ruettiger; and the assistant coaches; Jeff Charlebois, Mike Butterbach, Paige Schoolman, Stan Tischer, and Jon Ryan.

Congratulations on a season to be remembered.

CONGRATULATING MARTIN F. QUINN, THE MAN OF THE YEAR OF THE GREATER PITTSSTON FRIENDLY SONS OF ST. PATRICK

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. KANJORSKI. Madam Speaker, I rise today to ask you and my esteemed colleagues in the House of Representatives to pay tribute to Martin F. Quinn, who was named "Man of the Year" by the Greater Pittston Friendly Sons of St. Patrick in Luzerne County, Pennsylvania.

Mr. Quinn is a son of the late Martin J. Quinn and Margaret Mitchell Quinn and was raised in the Cork Lane section of Pittston Township. He graduated from Pittston Central Catholic High School. He also attended Fairleigh Dickinson University and the Electrical Programming Institute, both in New Jersey.

He served and was honorably discharged from the United States Army. He was employed by the Lehigh Valley Railroad and ConRail Inc. for over 30 years, retiring as a line foreman in 1999. He is a licensed electrician and was recording secretary of the International Brotherhood of Electrical Workers, Local 1153 for many years. He is also a licensed projectionist.

Prior to returning to the Greater Pittston area in 1973, Mr. Quinn was employed in the trucking industry in New Jersey and was vice-president of the Teamsters' Union Local 701.

In addition to his extensive railroad career, Mr. Quinn has contributed a great amount of time to many community activities in the Greater Pittston area. He has served his community for over 20 years as a member of the Pittston Area Board of Education and is actively involved in many local clubs and political organizations. He is a sustaining member of the Greater Pittston Friendly Sons of St. Patrick and is also a charter member of Wolfe Tone Luzerne County Division 1, Ancient Order of Hibernian.

He is a member of the President John F. Kennedy Council #372, Knights of Columbus, and its Fourth Degree Assembly. He is a member of the board of the Parking Authority of the City of Pittston. He is active with the Third District Democrats and served many years as a committeeman in his ward. He is

a member of St. Mary's Help of Christians Church.

Mr. Quinn resides in Pittston with his wife, the former Barbara Brigido. They are the proud parents of three sons, Mitch, Mike, and Brian and have four grandchildren, Zach, Samantha, Katie, and Kearney.

Madam Speaker, please join me in congratulating Mr. Quinn on this very special occasion. His love of his family and community is evident in all the good works he has been responsible for over many years. Moreover, his example inspires others to emulate him and to share in improving the quality of life throughout the region.

HONORING THE WORLD WAR II VETERANS OF AMERICA

HON. MIKE QUIGLEY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. QUIGLEY. Madam Speaker, I rise today to honor the World War II veterans from across the country who are traveling to Washington, D.C. with the Honor Flight Network, a program whose goal is to provide as many World War II veterans as possible the opportunity to see the World War II Memorial here in Washington, D.C., a memorial that was built to honor their courage and service.

The American veteran is one of our greatest treasures. The Soldiers, Airmen, Sailors, Marines, and Coast Guardsmen traveling here today answered our nation's call to service during one of its greatest times of need. From the European Campaign to the Pacific Asian Theatre to the African Theater, these brave Americans risked life and limb, gave service and sacrificed much, all while embodying what it is to be a hero. We owe them more gratitude than can ever be expressed.

I welcome these brave veterans to Washington and to their memorial. I am proud to submit the names of these heroes for all to see, hear, and recognize, and I call on my colleagues to rise and join me in expressing thanks.

Irwin L. Abelson, William Ahearn, Norm Albaugh, Frank Albert, William G. Anderson, George Anderson, Joseph Ansaldi, Dante Argenti, Charles Aschmann, Jr., John Bacik, Sr., Francis R. Bailey, William Banta, Ted Barnes, Benjamin Bauer, Irving Berge, Donald Bergeron, Leroy F. Berkebile, Carmine Biondi, George H. Bitting, Alfred Blake, Henry L. Blim, Eugene G. Bonetti, Edward Borucki, Francis L. Bouthiette, Edward A. Branning, Jr., George W. Briggs, Lionel Brindamour, Blair B. Brooks, George Brown, Carl Brown, Douglas Bryant, Eldon Burgess, Jack F. Bussert, Anthony V. Caggiano, Adone T. Calderone, Sam M. Calucci, Alex Campbell, James J. Carbone, James S. Cardone, Lloyd E. Carpenter, Henry C. Carroll, Edwin Cartoski, Bert L. Casagrande, Pasquale Cassetta, Charles Catyb, Albert Catyb, Carmine J. Cella, Salvatore Chiarelli, Salvatore A. Citrano, Harold Cohen, John J. Colleary, Russell N. Collins, Robert F. Colvin, Victor Coronella, William Coronella, Vincent F. Costello, Edward T. Coyne, Arthur A. Cozza, Don Cruse, Robert

Curtis, Raymond D. Daniel, Robert L. Davis, Carl E. Davis, Ralph M. Day, Frank Dezenzo, Fred P. Dickinson, Russell E. Diefenbach, Joseph G. Doherty, James J. Donnell, Joseph E. Donnelly, Calvin B. Double, Gerard Doyle, Clifford W. Drumm, Charles du Moulin, O'Neal Duffey, Gordon R. Dunbar, William R. Elwinger, Alvin R. Engelhardt, Raymond J. Enser, Julius J. Erdos, Karl Esler, Peter Fabregas, Peter J. Fantacone, Edmond G. Farah, Mike Florio, Dennis Focas, John E. Franklin, Jerome Freund, Arthur G. Fulte, John Fulton, Paul Gaither, Albert F. Gallo, John R. Giarrusso, Monroe Glazer, James Goins, Edward V. Golien, Frank M. Gondela, Jr., Milton R. Gore, Albert P. Greenwald, Victor Grillo, Don Griswold, Vaclav S. Gursky, Edward A. Haas, Robert B. Hagerman, Howard E. Haines, Charles Hamblin, Richard L. Hamel, Milton S. Harrell, Calvin N. Hartz, William T. Hay, Eugene J. Henleben, Kenneth Herrington, Ivan E. Hertle, Lawrence Hickey, William F. Hill, Edward R. Hodgman, Jr., Charles Holdstein, William B. Howell, Elmer Hurt, Walter H. Ingham, James Inglis, Bart Ingoglia, Thomas J. Jarecki, Elbert I. Jaudon, Jr., Warren Jenkins, Otto Jensen, Frank F. Jurek, Joseph L. Keller, George Keys, Paul J. Kieffer, Victor F. Kilkowski, Robert D. Kistler, George A. Klein, Robert Knight, Christos A. Kourambis, John L. Kraus, Leo Kukiela, Lewis A. Kull, Charles Lafferty, James L. Lange, Carman Laspatha, John P. Lauriello, James H. Leidig, Harold C. Levenberg, Lawrence J. Levy, Clifford Lewis, Walter Lightcap, Edward Lindstrom, Harry Lines, Joseph Locurto, Vincent J. Lombardi, Thomas A. Long, David Loree, Alfred Maccheronio, James D. Maniatis, Anthony A. Marchitelli, Robert M. Marraccini, George Martin, Joseph McGinnis, William McCarron, John W. McCormick, Elijah McKelvin, Marion F. Merrick, Robert Meyer, Richard Miller, Arthur Minichiello, Glen A. Mohler, Blasco Molle, Carl Montensen, John "Jack" Mueller, Thomas Murphy, Edward L. Norton, Paul E. Novak, Ed Novak, Felix A. Novelli, Dennis J. O'Keefe, Thomas J. Oliva, Raymond J. Olley, Frank H. Otremsky, Neil L. Pallante, Edlen C. Pearson, Edlen Pearson, Arthur Pendleton, Henry J. Pepe, Salvatore O. Perrone, Arthur Petterson, Clinton Phillips, Lawrence M. Pinto, Dale Pottorff, Edward D. Radbill, Ellenor Rennell, Samuel W. Revels, William Rimshaw, Charles F. Romano, Fred Rose, Philip Roston, Robert Roy, Glenn J. Royer, George W. Sarlito, Glenn E. Sauers, Angelo N. Sauro, Lawrence Schechter, Herman F. Schult, Nick Schweitzer, Elliott Sears, Andrew Serrell, Burton L. Showers, Fred B. Simonson, Calvin L. Simpson, Daniel Siraco, William D. Sitman, Richard Skovira, William W. Sleezer, William Sligo, Emil Sliwa, Clarence Smith, Nicholas Smith, Kenneth W. Soderstrom, Frank T. Spero, Theodore W. Stathis, Gilbert Stead, Donald B. Stearns, Charles H. Stewart, John D. Stover, Shirley Sutherland, Arthur J. Sutton, Morris B. Sweet, James B. Tedrick, William J. Toohey, Arthur P. Travis, William Tully, Richard L. Usinger, Frank G. Valentine, Earl N. VanDyke, John E. Vargo, Nicholas J. Velardi, Albert J. Vicarelli, Anthony Vieceli, Lowell R. Wagner, Nicholas J. Waters Jr., Richard E. Watkins, John H. Webb, Robert H. Wetter, Robert White, Cecil F. Wigmore, Raymond W. Wike, John C.

Witty, Milton S. Wolchuck, James M. Zirakian, Leon Zochowski.

H.R. 4821 THE "KAYTLYNN NOGGLE FEDERAL LIFE INSURANCE EQUITY ACT"

HON. DAN BURTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. BURTON of Indiana. Madam Speaker, I rise today to introduce the "Kaytlynn Noggle Federal Life Insurance Equity Act," named in honor of the daughter of constituents of mine, Elizabeth and Larry Noggle; and to encourage all of my colleagues to support this bill.

I would like to read the e-mail sent to me by Mr. Noggle as I think it sums up the need for this legislation far better than I could.

"Representative Burton, recently my wife, Elizabeth, and I had a stillborn daughter, Kaytlynn Grace on December 19, 2009.

We are both Federal employees with the Defense Department and when we looked to see if the Federal Group Life Insurance covered stillborn children, we were told it did not.

As you are probably aware, Indiana law requires any child 20 weeks gestation or more to be buried or cremated as if they were a regular person who lived and died, the cost of which ran our family over \$2,000 in funeral expenses.

As the insurance didn't cover it, this was a large unexpected expense. Since Indiana law requires burial, we had hoped our insurance would cover at least the funeral expenses as we carried the family coverage on our policy. We discovered that for military service members, their life insurance covers stillborn children up to \$10,000.

While neither Elizabeth nor I expect to benefit from any changes, we request that the Federal Employees Group Life Insurance program be modified to include stillborns for all Federal employees, at least equivalent to the Servicemembers group Life Insurance Program.

We aren't looking to profit from Kaytlynn's death. We are hoping to bring about a change to help other families in this situation. Thank you Larry Noggle."

Madam Speaker, Public Law 110-389, the "Veterans" Benefits Improvement Act of 2008" in addition to enhancing other veterans and military benefits, amended the definition of dependent under the Family Servicemembers' Group Life Insurance program to include stillborn children. And coverage for stillborn children has been part of the program since November 18, 2009.

The "Veterans Benefits Improvement Act" did not, however, amend the definition of dependent under the Federal Employees Group Life Insurance program. The Kaytlynn Noggle Federal Life Insurance Equity Act simply corrects this imbalance and brings the two programs into parity.

Although I do not have an official CBO score on the bill, the costs to the Federal Government should be negligible for several reasons.

First, the cost of Basic insurance under the Federal Employees' Group Life Insurance program is shared between the employee and the

Government; with the employee paying $\frac{2}{3}$ of the total cost while the Government pays $\frac{1}{3}$. The cost of the Optional Coverage under the program—in other words coverage for spouses and children (including coverage for stillborn children)—is paid 100 percent by the employee.

Second, stillbirths are fortunately rare. According to the latest figures from the Centers for Disease Control, each year in the United States approximately 25,000 babies are stillborn—roughly 1 percent of all births. Consequently, the probability is that the Federal Employees Group Life Insurance program would pay out relatively few claims under the stillborn provision.

To paraphrase Mr. Noggle, no one is going to make a profit from this provision. But it will hopefully give Federal families some peace of mind that they won't be made destitute by the tragic event of a stillborn baby.

I would encourage all of my colleagues to co-sponsor this critically important legislation.

IN RECOGNITION OF ROBERT
FRONEK FOR HIS YEARS OF
SERVICE TO THE NEW LENOX
FIRE PROTECTION DISTRICT

HON. DEBORAH L. HALVORSON

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mrs. HALVORSON. Madam Speaker, on April 3, 2010, friends, family, and colleagues of Robert Fronek will gather to celebrate his 35 years of service to the New Lenox Fire Protection District. Today, I join the chorus of praise for Robert's service.

Robert, or Bob to his friends, began his service to the New Lenox Fire Protection District on June 14, 1973. When he first began, Bob gave his time for little or no pay. He gained a Master's Degree in Fire Science and his role in the fire department grew as he devoted his time and effort to the Fire Protection District.

Over the past 35 years Bob has worked for the New Lenox Fire Protection District. He has served as Lieutenant, Captain, Deputy Chief, and Trustee. He currently serves as District Operations Manager. Bob is the only person to have held every office on the district's Board of Trustees, serving as President, Treasurer, and Secretary. Bob has also been awarded the honor of Firefighter of the Year. During his time with the Fire District, Bob was an advocate for the businesses in New Lenox by making sure that the Fire District received bids from local businesses whenever possible. Bob is known to his colleagues as a very meticulous worker and a great friend.

Bob is also a loving grandfather, father, and husband. Bob and his wife Mary have been married for 37 years, all but one of which have been spent living in New Lenox. Bob and Mary have five children and ten grandchildren.

The 11th Congressional District of Illinois and the community of New Lenox owe Robert Fronek a debt of gratitude. I am proud to represent him and all the wonderful firefighters who serve the 11th District. I congratulate Robert on being honored by his colleagues and wish him continued success.

RECOGNIZING CORPORAL CHAD
WATSON

HON. JANICE D. SCHAKOWSKY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Ms. SCHAKOWSKY. Madam Speaker, I rise tonight to recognize Cpl Chad Watson of the United States Marine Corps, a true American hero.

Corporal Watson gave up his final year of a wrestling scholarship at Indiana University to serve his country in Iraq with the Marine Corps in 2006. He was quickly assigned to be a team leader, and led his team on five ambushes and more than 60 combat patrols. Corporal Watson was popular with his team and was even voted as the one Marine his fellow Marines would most like to serve with in combat.

However, after serving a little more than three months in Fallujah, Corporal Watson's time in Iraq was cut short when he was severely injured by an IED while on a mission. He spent the next 17 months in various forms of recovery and rehabilitation.

Corporal Watson received the respect and praise of his colleagues while serving in the military, and was named Marine of the Quarter for his actions in Iraq. Despite his injuries and substantial recovery time, he continues to serve his country and his fellow servicemen through his work with the Wounded Warrior Project. This organization seeks to empower injured veterans by spreading awareness and enlisting the aid of the public to meet the needs of men and women who have been injured in service to their country. The Wounded Warrior project also helps severely injured service members aid and assist each other.

Corporal Watson's devotion to his country before, during, and after his time in Iraq is an example of true patriotism. I want to both recognize him and, on behalf of the United States Congress, thank him for his selfless service on the frontlines in Iraq and for his continued dedication to serving as a tireless advocate for our nation's veterans.

HONORING JEAN SPRINGER

HON. JEAN SCHMIDT

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mrs. SCHMIDT. Madam Speaker, I rise today to recognize an American heroine and one of my constituents, Jean Springer. Jean was a twenty-two year old student at Adelphi University, who instead of thinking about studying and exams, began thinking about how she could help her country in the War effort.

In 1943, Jean joined the newly formed Women Air Force Service Pilots or WASP Corps and began flying non-combat missions in support of the United States Army Air Forces.

Jean grew up in Long Island, New York. She learned to fly on Long Island and began a lifelong love of flying.

Jean and more than one-thousand other female pilots joined the Army Air Forces WASP Corps in an effort to free up their male counterparts to fly combat missions in the war effort. At that time women pilots were prohibited from flying combat missions. Instead they flew missions to ferry military personnel, equipment and delivered new aircraft.

Yesterday, the United States Congress honored these women by awarding them the Congressional Gold Medal, a recognition that was long overdue. It wasn't until 1977 that our nation recognized these women for their military service. The WASP Corps was disbanded in 1944.

Jean relocated to Cincinnati over sixty years ago and is the retired Director of the Men's Mercantile Library Association. She is a mother of three and grandmother to four wonderful grandchildren, her family was present today to see her honored.

Jean and the women of the Women Air Force Service Pilots Corp are true American Heros. I am extremely happy that today they were given the recognition they have long deserved.

IN RECOGNITION OF GLEN KROHN
FOR HIS YEARS OF SERVICE TO
THE NEW LENOX FIRE PROTECTION
DISTRICT

HON. DEBORAH L. HALVORSON

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mrs. HALVORSON. Madam Speaker, on April 3, 2010, friends, family, and colleagues of Glen Krohn will gather to celebrate his 50 years of service to the New Lenox Fire Protection District. Today I join the chorus of praise for Glen's service.

Glen, a 70 year resident of New Lenox, began his service to the New Lenox Fire Protection District on December 8, 1960. When he first began, Glen gave his time for little or no pay. His role in the fire department grew as he devoted additional time and effort for what he viewed as a great cause.

Glen began his life of service to our country with three years in the US Army. He then began a half century of service to the New Lenox Fire Protection District. He has served as Lieutenant Engineer, Chief Engineer, and, since 1997, as Trustee. Glen has twice been awarded the honor of Firefighter of the Year. He is known to his colleagues as the historian of the fire district and is said to possess a heart of gold.

Glen is also a loving grandfather, father, and husband. Glen and his wife, Doris, have been married for 56 years and have three children and seven grandchildren.

The 11th Congressional District of Illinois and the community of New Lenox owe Glen Krohn a debt of gratitude. I am proud to represent him and all the wonderful firefighters who serve the 11th District. I congratulate Glen on being honored by his colleagues and wish him continued success.

HONORING ARIZONA WESTERN
COLLEGE FOR HISTORIC SOLAR
ARRAY

HON. RAÚL M. GRIJALVA

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. GRIJALVA. Madam Speaker, I rise today to honor Arizona Western College, a community college in southwestern Arizona that serves over 13,000 full-time and part-time students in Yuma and La Paz Counties. Arizona Western College, in collaboration with Arizona Public Service and Power Purchase Agreement Inc., will be establishing the largest array of solar energy panels of any college in the country. The total solar installation, which will be on the college's main campus in Yuma, Arizona, will be 5 megawatts, generating enough energy to cover 100% of the college's energy needs.

The installation will also be a testing site for manufacturers around the world as well as the foundation for education and workforce development in renewable energy technology. Arizona Western College is in the process of developing curriculum in solar energy technology, ranging from occupational certificates to an associate's degree program while plans to partner with university programs for bachelor and master's degrees are also underway. The installation will not only provide a source of clean energy for the campus, but it will also help train the next generation of "green collar" professionals. While the solar array will most surely change the face of the local economy, it also has the potential to impact solar technology research and education on a national and global scale. By training individuals in these technologies and supporting technological advances in solar energy production, Arizona Western College is leading the way to a clean energy economy.

Arizona Western College's decision to enter this partnership will help reduce our country's dependence on unsustainable fossil fuels, actions which I applaud. By investing in renewable energy technologies and research, Arizona Western College will help make these technologies more affordable and readily available across America. Our country has been at the forefront of past technological revolutions, and with Arizona Western College spearheading the effort, America will be the leading innovator in solar energy technology.

This project takes us one step closer to establishing a sustainable energy future. As a member of the House Committee on Natural Resources, I not only admire but also wholeheartedly support Arizona Western College's initiative to help lead the country in developing technologies that will help harness the power of the sun.

SARA PLATT

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Sara Platt. Sara is a very

special young woman who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Girl Scouts of the USA and earning the high honor of the Gold Award.

Sara's outstanding achievement reflects her hard work and dedication. Sara has exhibited unique and creative examples of service that have made a difference in her community. I am confident that she will continue to hold herself to the highest standards in the future. This is an accomplishment for which Sara can take pride in for the rest of her life.

Madam Speaker, I proudly ask you to join me in commending Sara Platt for her accomplishments with the Girl Scouts of the USA and for her efforts put forth in achieving the highest distinction of the Gold Award.

CONGRATULATING JOHN D.
MC CARTHY WHO WAS NAMED
MAN OF THE YEAR BY THE
WILKES-BARRE FRIENDLY SONS
OF ST. PATRICK

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. KANJORSKI. Madam Speaker, I rise today to ask you and my esteemed colleagues in the House of Representatives to pay tribute to John D. McCarthy, who was named "Man of the Year" by the Wilkes-Barre Friendly Sons of St. Patrick.

Born in Wilkes-Barre, June 19, 1935, Mr. McCarthy graduated from St. Mary's High School and King's College where he earned a Bachelor of Science degree in business administration.

Mr. McCarthy is chairman of the board of McCarthy Tire Service Company, Inc., one of the largest tire distributorships in North America and also Chairman of the Board of McCarthy Realty, Inc.

Mr. McCarthy has, for many years, left an indelible and positive imprint on many groups and organizations in the Greater Wyoming Valley. He served on the boards of directors of the Wyoming Valley Health Care Systems, Inc., Pennsylvania American Water Company, Blue Cross/Blue Shield, Continental Bank and the Wilkes-Barre Housing Authority.

He served as chairman of the board at the Wyoming Valley Health Care System and at the Wilkes-Barre Housing Authority.

A member of the Fox Hill Country Club, he is also a member of the Knights of Columbus, Fourth Degree.

Mr. McCarthy was awarded the "Citizen of the Year" by the Wilkes-Barre Lions Club and "Small Businessman of the Year" by the Wilkes-Barre Chamber of Commerce.

Mr. McCarthy is married to the former Cecelia M. Corgan and they are the parents of Mary Ellen Horn, Kathleen Lambert and John D. McCarthy Jr. They also have seven grandchildren.

Madam Speaker, please join me in congratulating Mr. McCarthy on this auspicious occasion. His extraordinary service to the community and his personal example has been inspirational to many. The contribution

he has made has greatly enhanced the quality of life throughout the region and has earned him widespread respect and admiration.

PERSONAL EXPLANATION

HON. JIM JORDAN

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. JORDAN of Ohio. Madam Speaker, I was absent from the House Floor during Tuesday evening's three rollcall votes.

Had I been present, I would have voted in favor of H. Res. 1069 and H. Res. 935, and against H.R. 3650.

TRIBUTE TO CALIFORNIA CHIEF
JUSTICE RONALD GEORGE ON
THE OCCASION OF HIS 70TH
BIRTHDAY

HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Ms. ESHOO. Madam Speaker, I rise today to honor the Chief Justice of California Supreme Court, Ronald Marc George on the occasion of his 70th birthday and to thank him for his years of extraordinary public service to the people of California and beyond.

Chief Justice George is married to his beloved wife, Barbara and they have three children . . . Eric, Andrew and Chris, and two grandchildren, Charlotte and Maya, daughters of Chris and his wife Rebecca.

Born on March 11, 1940, Chief Justice George received his A.B. from Princeton University's Woodrow Wilson School of Public and International Affairs in 1961, and a J.D. from Stanford University in 1964. Currently serving as the 27th Chief Justice of California, he heads the Supreme Court of California as well as the Judicial Council of California.

Chief Justice George has had a long and distinguished career. He was appointed to the Supreme Court of California in 1991 by Governor Pete Wilson after serving on the bench in the Los Angeles Municipal Court, the Los Angeles Superior Court and on the Court of Appeals. He also served as Deputy Attorney General in the California Department of Justice where he prepared six oral arguments and briefs for the U.S. Supreme Court.

Chief Justice George served as the President of the Conference of Chief Justices, Chair of the Board of Directors in the National Center for State Courts, President of the California Judges Association, as well as many other activities and associations outside his work on the bench. He has been honored by numerous organizations including the Consumer Attorneys' Association of Los Angeles' Roger J. Traynor Memorial Award in 2009, the Bar Association of San Francisco's Champion of Justice Award in 2008, the American Bar Association's John Marshall Award in 2007 and the Legal Writing Institute's Golden Pen

Award in 2007. His accomplishments and recognitions are simply too many to name. In addition to his judicial commitments and volunteer activities, he takes time to lecture at numerous judicial education programs, law schools and events around the country to share his experience and legal expertise.

Madam Speaker, I ask the entire House of Representatives to join me in offering our best wishes to Chief Justice Ronald George on the very special occasion of his 70th birthday, and extend our gratitude for his integrity, his love of the Constitution and his exemplary leadership which strengthens California's judicial system and our nation as well.

RECOGNITION FOR THE 2010
TUCSON FESTIVAL OF BOOKS

HON. GABRIELLE GIFFORDS

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Ms. GIFFORDS. Madam Speaker, I rise today to recognize the 2010 Tucson Festival of Books, which will be held at the University of Arizona on March 13 and 14.

The Tucson Festival of Books is a celebration of literacy and an opportunity for those of us who cherish books to meet the men and women who write them. It is, ultimately, a community's recognition of the great value we place on the written word.

As the proud home of the University of Arizona, Tucson is the ideal place for a festival of books. The Festival brings together more than 450 authors and presenters who will speak about their work, sign their books and answer questions about their craft.

Now in its second year, the Tucson Festival of Books will have writing workshops and competitions, panel presentations, children's activities, storytelling, artists and musicians. The Festival truly provides something for readers of all ages. In 2009 more than 50,000 people attended the Festival and an even larger turn out is expected this year. Clearly the people of Southern Arizona have a strong love of books and reading.

As much fun and informative as the Festival will be, it also serves a larger purpose. I believe that the Tucson Festival of Books can help us improve literacy and encourage young people to expand their knowledge of the world. It is a reminder of how essential books and the information they impart are to our society and to our form of government. In 2009, the Festival raised \$200,000, which was distributed to agencies providing literacy services in Tucson.

"Once you learn to read," Frederick Douglass told us, "you will be forever free." The Tucson Festival of Books plays an important role in fulfilling that promise.

The 2010 Tucson Festival of Books is sponsored by the University of Arizona, the Arizona Daily Star and The Diamond Children's Medical Center.

The Festival is organized and run by the Tucson Festival of Books Foundation, a non-profit organization. It was founded by Bill Viner, President of the Foundation Board of Directors. He is joined in this labor of love by

Board Vice Presidents Frank Farias and John M. Humenik, Treasurer Bruce Beach and Secretary Brenda Viner. The Festival would not be possible without their hard work and dedication and the efforts of many volunteers. On behalf of a grateful community I thank and commend them for bringing us this incredible gift.

IN MEMORY OF CROSWELL FIRE
CHIEF THOMAS A. DICKENSHEETS

HON. CANDICE S. MILLER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mrs. MILLER of Michigan. Madam Speaker, I come to the floor today to honor and remember the life of Thomas A. Dickensheets. Sadly, at just the age of 55 years old, he unexpectedly died on Sunday, March 7th, 2010. I offer my deepest sympathy and condolences to his family, friends and colleagues from the City of Croswell. I know this is an extremely difficult time as they mourn his passing, but hopefully they can find comfort and solace and eventually start the healing process.

Tom was a loyal and dedicated employee for the City of Croswell. He served his community with great pride and enthusiasm while performing numerous functions in many different capacities. He worked for the Croswell Department of Public Works (DPW) for 25 years, serving as the Superintendent for 11 years as well as the City's Zoning Administrator and Cemetery Sexton.

In addition, he achieved 34 years of service as a Volunteer Fireman and was the Chief for the past 22 years. His knowledge, expertise, and commitment to the safety and security of this community will be significantly missed. He dedicated his life to protecting property and saving lives. Instead of running away from a threat, Chief Dickensheets hurried to the firehouse to throw on his gear and race towards the emergency and danger that awaited him. That is an admirable characteristic that many would not choose to pursue on a daily basis and as a profession. There is no doubt his impeccable integrity has created a void throughout Sanilac County, the 10th Congressional District and the State of Michigan. He truly was an outstanding person.

Chief Dickensheets' life demonstrates a consistent pattern of going above and beyond the required call of duty. He served his community through numerous roles such as the City of Croswell Emergency Management, Sanilac County 911 Committee Member, and President of the Sanilac County Firemen's Association, President of the Sanilac County Police Firemen Field Day Association, Regional Homeland Security Committee Member, and a Sanilac County Fire Training Committee Member. These are just some of the leadership roles Tom pursued during his tenure with the city.

I cannot imagine how heart-breaking this time is for the family of Mr. Dickensheets and the City of Croswell. Tom was an inspirational leader and a wonderful man. He loved his family, community and country very much. He always strived to improve the world around

him and the fire department he served so proudly. Without question, he will be severely missed but definitely not forgotten.

In closing, it is an honor to have an opportunity to recognize his lifetime of achievements and offer my sincere gratitude and thanks for his service. My thoughts and prayers go out to all of those who knew Chief Dickensheets. May he rest in peace and receive eternal rest.

MICAH PROCTOR

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Micah Proctor. Micah is a very special young woman who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Girl Scouts of the USA and earning the high honor of the Gold Award.

Micah's outstanding achievement reflects her hard work and dedication. Micah has exhibited unique and creative examples of service that have made a difference in her community. I am confident that she will continue to hold herself to the highest standards in the future. This is an accomplishment for which Micah can take pride in for the rest of her life.

Madam Speaker, I proudly ask you to join me in commending Micah Proctor for her accomplishments with the Girl Scouts of the USA and for her efforts put forth in achieving the highest distinction of the Gold Award.

MOURNING THE PASSING OF JON
JONES

HON. JANE HARMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Ms. HARMAN. Madam Speaker, I rise today to mourn the passing of my friend Jon Jones, the Vice President of Raytheon Company and President of Raytheon Space and Airborne Systems (SAS)—and to celebrate his life.

Jon was a single father with sole custody of his two beloved daughters. He was a proud family man and was pleased to see them grow successfully into adulthood—Alexis, a nurse practitioner who does research at USC, and Ashley, a student at the University of Arizona. He was looking forward to Alexis' wedding in May.

Jon led a life devoted to others. In addition to supporting numerous veterans' charities and causes, Jon is remembered for his authenticity, his even temper, and the kindness with which he treated others.

He was a proud native of California and a true Bruins fan serving on the Dean's Advisory Council at UCLA School of Engineering, where he was scheduled to give the commencement address in May.

He was Raytheon Executive Diversity Champion and throughout his career served as a model for inclusion and embracing diverse viewpoints to solve some of our nation's most difficult technology challenges.

He pioneered the development of the Sidewinder missile and the Tomahawk cruise missile, both of which have provided critical capabilities to our nation's military.

Jon served as Vice President and Deputy General Manager of Space and Airborne Systems before becoming its president in 2005. He demonstrated for his 12,400 employees the professionalism and self-confidence that allows them to serve their country so well. He demanded excellence and got it, turning a troubled Raytheon contract around after some major challenges.

Jon was an admired innovator. He won the Malcolm R. Currie Innovation award in 1996. He was named the State of Arizona's Innovator of the Year in 1997, and he received Raytheon's corporate Excellence in Technology Award for advancements in infrared guided missiles in 2001.

He was an advocate for the warfighter, a patriot, and a successful businessman and innovator, but most importantly, a devoted and wonderful father. My colleagues and I who knew and worked closely with him mourn his passing.

CONGRATULATING HON. JAMES M. MUNLEY FOR 25 YEARS OF SERVICE TO THE FRIENDLY SONS OF ST. PATRICK OF LACKAWANNA COUNTY

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. KANJORSKI. Madam Speaker, I rise today to ask you and my esteemed colleagues in the House of Representatives to pay tribute to Hon. James M. Munley, senior Federal District Court Judge of the Middle District of Pennsylvania, who is being honored for 25 years of service to the Friendly Sons of St. Patrick of Lackawanna County, Pennsylvania.

Judge Munley was nominated by President William Clinton, confirmed by the United States Senate and sworn in as a federal district judge on October 26, 1998.

A graduate of the University of Scranton and Temple Law School, he also graduated from the National College of State Trial Judges in Nevada and pursued additional legal studies at Harvard Law School, Massachusetts, and participated in national security seminars at the U.S. Army War College in Carlisle, Pennsylvania.

He served in the United States Army from 1958 to 1960 during which he was stationed in Germany.

Formerly engaged in the practice of law with his brother, Attorney Robert W. Munley, from 1964 to 1978, he was elected as Judge of the Court of Common Pleas November 8, 1977, and was retained for additional terms in 1987 and 1997.

In 1986 he was appointed by the Pennsylvania Supreme Court to serve on the Judicial Inquiry and Review Board. He was elected chairman of that board in 1989.

He has lectured, taught and written extensively on the law over the years and has remained active in the Lackawanna County, Pennsylvania and American Bar Associations.

Judge Munley has also been active in the Boy Scouts, Friendly Sons of St. Patrick, Ancient Order of Hibernians, Knights of Columbus and the Country Club of Scranton.

He has also been actively involved in Lourdesmont, Good Shepherd Youth and Family Services, St. Joseph's Hospital School of Nursing, Lackawanna County United Way, Everhart Museum, First National Bank, Peckville; Pennsylvania Trial Lawyers Association, Pennsylvania Trial Judges Association and its State Ethics Committee.

He has received numerous awards from Marywood University, University of Scranton, Women's Resource Center of Scranton, Boy Scouts, American Legion, Temple University, Young Lawyers of the Lackawanna County Bar Association, Judicial Inquiry and Review Board, Dickinson School of Law and Bethel A.M.E. Church of Scranton.

Married to Dr. Kathleen P. Munley, a professor at Marywood University, they are the parents of two daughters, Attorney Julia K. Munley and Gwendolyn Munley.

Madam Speaker, please join me in congratulating Judge Munley on this auspicious occasion. His exemplary service to his profession and to his community has improved the quality of life throughout the region.

COMMEMORATING THE 31ST ANNUAL WINDHAM SPECIAL OLYMPICS INVITATIONAL SWIM MEET

HON. JOE COURTNEY

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. COURTNEY. Madam Speaker, I rise today to commemorate and honor the 31st Annual Windham Special Olympics Invitational Swim Meet. This Saturday, I will have the great pleasure of attending the Opening Ceremony of this event with hundreds of athletes, families and volunteers from around the region. I am familiar with the good work of Special Olympics Connecticut and am particularly excited for Saturday's meet.

All of the events that the Special Olympics organizes are first and foremost about the athletes who participate in them. They provide a unique opportunity for these individuals to compete and learn the benefits of regular training and physical fitness activities. In addition to the athletic component, I want to highlight the overwhelmingly positive impact that Special Olympics competitions have on the lives of the athletes. The social, educational, and professional skills that are gained from mere involvement in these programs are outcomes that the organization and the athletes should be tremendously proud of.

I also want to take this opportunity to acknowledge the many volunteers and other members of the community that make each and every Special Olympics event possible. Without them, the athletes and their families could not enjoy the activities and terrific memories that come from these events. Thank you for all your service and good luck to the athletes competing in the Windham Special Olympics Invitational Swim Meet.

LACY RADZIEJ

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Lacy Radziej. Lacy is a very special young woman who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Girl Scouts of the USA and earning the high honor of the Gold Award.

Lacy's outstanding achievement reflects her hard work and dedication. Lacy has exhibited unique and creative examples of service that have made a difference in her community. I am confident that she will continue to hold herself to the highest standards in the future. This is an accomplishment for which Lacy can take pride in for the rest of her life.

Madam Speaker, I proudly ask you to join me in commending Lacy Radziej for her accomplishments with the Girl Scouts of the USA and for her efforts put forth in achieving the highest distinction of the Gold Award.

CONGRATULATING THE REV. BERNARD R. MCILHENNY, S.J., THE RECIPIENT OF THE PRESIDENT'S AWARD FROM THE FRIENDLY SONS OF ST. PATRICK OF LACKAWANNA COUNTY

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. KANJORSKI. Madam Speaker, I rise today to ask you and my esteemed colleagues in the House of Representatives to pay tribute to the Rev. Bernard R. McIlhenny, S. J., who is being honored by the Friendly Sons of St. Patrick of Lackawanna County, Pennsylvania, with their 2010 President's Award.

Currently the Dean of Admissions Emeritus at the University of Scranton and minister of the Jesuit Community at Scranton, Father McIlhenny was ordained a priest at Woodstock College on June 17, 1956. He spent the last year of his training at Auriesville, New York.

On July 1, 1958, he was named fourth headmaster at Scranton Preparatory School where he spent the next eight years. In 1966, he was assigned as Dean of Admissions at the University of Scranton where he remained for the next 31 years.

On June 1, 1997, Father McIlhenny retired as Dean of Admissions to become Administrator of the Scranton Jesuit Community.

He received an honorary degree from the University of Scranton on May 26, 1998, and, on September 13, 2009, the University recognized Father McIlhenny's years of dedicated service by naming the Rev. Bernard R. McIlhenny Ballroom in his honor.

Born in Philadelphia on March 27th, 1926, Father McIlhenny is the son of Bernard and Marie Seiberlich McIlhenny. He graduated from St. Joseph's Preparatory School in Philadelphia. He entered St. Joseph's University in 1943 and entered the Novitiate of the Society

of Jesus in Wernersville, Pennsylvania, in February, 1944.

Father McIlhenny attended his first Friendly Sons of St. Patrick dinner in 1959 and has been enjoying the event ever since.

Father McIlhenny has distinguished himself throughout northeastern Pennsylvania over the years for his extraordinary service to his Church, to his community and to the Friendly Sons of St. Patrick of Lackawanna County.

Madam Speaker, please join me in congratulating Father McIlhenny on this auspicious occasion. His personal example has been an inspiration to many and he has contributed greatly to the improvement of the quality of life throughout the region.

HONORING THE REVEREND DR. S.
L. ROBERSON ON THE OCCASION
OF HIS 90TH BIRTHDAY

HON. JOHN D. DINGELL

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. DINGELL. Madam Speaker, I rise today in honor of my friend S. L. Roberson of Ypsilanti, Michigan and to pay tribute to him on the occasion of his upcoming 90th birthday on Saturday, March 14th, 2010.

The Reverend Dr. S. L. Roberson is a pillar of the Ypsilanti-area community, a servant for his fellow man and a dear friend of mine; one whose wisdom and counsel I have been lucky to receive.

S. L. Roberson was born in Alabama to Estella and Reverend Gaither Roberson, Sr., on March 14th, 1920. As a child he moved to Michigan and received his education in the Ypsilanti Public Schools. The church has always been central to S. L.'s life, and he was baptized at an early age while attending Second Baptist Church of Ypsilanti where his father served as pastor. It was at this time that S. L. received his calling, preached his trial sermon and was ordained in his ministry. He was later called to pastor the now Metropolitan Memorial Full Gospel Baptist Church and has led that congregation for over 50 years. S. L. has undergraduate degrees from Eastern Michigan University, has studied at Detroit Bible College and has a doctorate of divinity from Urban Bible College. Reverend Roberson has also served his country with great pride and distinction as a member of the United States Marine Corps. He is quick to tell you that once a Marine, always a Marine.

My friend S. L. is a devoted husband to Elder Hollie Roberson, who is not only his wife, but his "right hand." He is also the loving father of five children, but he serves as a fatherly figure to many more individuals throughout our community.

Reverend Roberson's service has not gone unnoticed. He has received many distinctions, including the Liberty Bell from the Lawyers Association, the Ypsilanti Police Department Honor Award, and the Washtenaw Community College Service Award. December 14th has even been recognized as Reverend S. L. Roberson Day in the City of Ypsilanti. In addition to these achievements, I had the pleasure of hosting Reverend Roberson when he gave

the opening prayer for the United States House of Representatives on September 5, 2007.

As he celebrates his 90th birthday on March 14th, 2010, I hope that S. L. Roberson will know how beloved he is by his community, myself included. S. L. has lived a life of service, dedicating himself to his fellow human beings and the great cause of justice. I ask that the House join me in paying tribute to a fine and decent man as he comes to this remarkable milestone in a life so well lived.

PERSONAL EXPLANATION

HON. JAY INSLEE

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. INSLEE. Madam Speaker, on rollcall No. 95 I was unavoidably detained. Had I been present, I would have voted "yes."

KRISTINA SEVY

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Kristina Sevy. Kristina is a very special young woman who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Girl Scouts of the USA and earning the high honor of the Gold Award.

Kristina's outstanding achievement reflects her hard work and dedication. Kristina has exhibited unique and creative examples of service that have made a difference in her community. I am confident that she will continue to hold herself to the highest standards in the future. This is an accomplishment for which Kristina can take pride in for the rest of her life.

Madam Speaker, I proudly ask you to join me in commending Kristina Sevy for her accomplishments with the Girl Scouts of the USA and for her efforts put forth in achieving the highest distinction of the Gold Award.

HONORING LIEUTENANT GENERAL
JAMES F. RECORD

HON. STEVE BUYER

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. BUYER. Madam Speaker, I am here to honor a fellow Hoosier, Lieutenant General James F. Record, who passed away on December 22, 2009. He is being interred tomorrow at his final resting place, a short distance from here, at Arlington National Cemetery. Born and raised in Indiana, General Record's distinguished career and service to our nation makes me especially proud to recognize the accomplishments of this Hoosier patriot.

General Record graduated from Purdue University in West Lafayette in 1961 with a Bach-

elor's degree in Animal Science. Shortly after graduation, he was commissioned as a Second Lieutenant in the Air Force through Purdue's Reserve Officer Training Corps Program.

After graduating from pilot training, General Record served as an instructor pilot at Laredo Air Force Base, Texas. In 1967, he was deployed to combat in Vietnam where he served meritoriously for two years. Following his tour in Vietnam, he became commander of the 8th Tactical Fighter Wing stationed in South Korea, the 58th Tactical Training Wing, and the 388th Tactical Fighter Wing. In 1985, he was promoted to Brigadier General and took command of the 833rd Air Division.

Following his command tour with the 833rd, he served as deputy commander of the Joint Task Force Middle East in the Persian Gulf. General Record also served as the chief of staff for the United Nations Command and the Republic of Korea/United States Combined Forces Command in Seoul, South Korea. While serving as vice commander of the 12th Air Force and U.S. Southern Command Air Forces, he took command of the Joint Task Force Southwest Asia. In 1995, he was named commander of the 12th Air Force and U.S. Southern Command Air Forces and promoted to Lieutenant General. General Record retired from the Air Force in 1997.

Throughout his career, General Record accumulated over 6,000 flight hours and received numerous awards and decorations. Among his many medals for meritorious service, General Record received the Defense Distinguished Service Medal with oak leaf cluster, Defense Superior Service Medal, the Legion of Merit with three oak leaf clusters, the Distinguished Flying Cross with two oak leaf clusters, the Bronze Star Medal, the Defense Meritorious Service Medal, the Meritorious Service Medal with three oak leaf clusters, the Air medal with 27 oak leaf clusters, the Air Force Commendation Medal, Vietnam Service Medal with six service stars, the Republic of Vietnam Gallantry Cross with Palm, and the Republic of Vietnam Campaign Medal.

While General Record's passing brings great sadness to our beloved country, his family, and his friends, we as Americans should be thankful that people like him dedicate their lives to the cause of liberty and make countless sacrifices so that we may enjoy the blessings of freedom. Today, I salute this honorable and distinguished warrior, a role model for Hoosiers and all Americans, as the nation bids him farewell.

HONORING THE CALIFORNIA NA-
TIONAL GUARD 235TH ENGINEER
COMPANY

HON. LYNN C. WOOLSEY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Ms. WOOLSEY. Madam Speaker, I rise today to honor the California National Guard 235th Engineer Company, SAPPER, who recently returned from a tour in Afghanistan as part of Operation Enduring Freedom.

Their mission in Afghanistan was to clear the routes of improvised explosive devices,

IEDs, to allow the infantry freedom of movement. They were the front line for the front line! These brave soldiers risked their lives every day for their comrades and returned as the most decorated unit. They also received the Valorous Unit Award which is awarded to a unit that displays extraordinary heroism in actions against the enemy.

As part of their primary mission, 235th Engineer Company cleared more than 10,000 kilometers of road in 5 separate battle spaces and more than 208,000 square meters around Bagram Air Base, destroyed 4,800 pieces of unexploded ordnance and land mines, and found 54 IEDs.

In addition, they completed 220 combat missions (enduring 32 IED strikes and 25 other enemy engagements) as well as 2 FOB defense missions. They captured 604 persons of interest and conducted 11 named operations, 5 air-assault missions, and 17 combat resupply missions during the heat of battle. Medics helped in more than 30 mass casualty and MEDEVAC trauma events.

Through their deployment there was no single loss of life, limb, or eyesight.

Our courageous SAPPERS earned 39 Purple Hearts, 23 Bronze Stars, 2 Meritorious Service Medals, 87 Army Commendation Medals, 5 Army Achievement Medals, 87 Combat Action Badges, 4 Combat Medic Badges, and received a special commendation from the Polish Battle Group Commander.

Madam Speaker, it is my privilege to honor the 235th Engineer Company for their service to our Nation. Our heroic soldiers were true to the SAPPER creed by completing the mission regardless of available assets and overcoming insurmountable odds.

CONGRATULATING JAMES A. GILMARTIN, RECIPIENT OF THE W. FRANCIS SWINGLE AWARD FROM THE GREATER PITTSBURGH FRIENDLY SONS OF ST. PATRICK

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. KANJORSKI. Madam Speaker, I rise today to ask you and my esteemed colleagues in the House of Representatives to pay tribute to James A. Gilmartin, who was selected to receive the "W. Francis Swingle Award" from the Greater Pittston Friendly Sons of St. Patrick in Luzerne County, Pennsylvania.

Born in Pittston, Pennsylvania, Mr. Gilmartin graduated from Pittston High School, Class of 1952.

He worked in private industry for six years before enrolling in King's College Night School in 1958. In 1960, he became a full-time student and graduated with a bachelor's degree in economics in 1962.

Mr. Gilmartin returned to his high school alma mater where he was appointed as a teacher of social studies for five years until he moved to Hamburg, Pennsylvania, to accept a position as assistant junior-senior high school principal.

He moved through the ranks, serving as assistant superintendent for seven years and, in

1978, was named superintendent of schools, a position he held until his retirement.

Subsequently, he has served in eight school districts and the Intermediate Unit in temporary capacities.

Mr. Gilmartin continues to be involved in education, serving as a reader for the Educational Testing Service and as a special education auditor for the Pennsylvania Department of Education. During the last school year, he served as a mentor to two new administrators as part of the Principal's Leadership Initiative and as an advisor to the Superintendent of the Pittston Area School District.

He is a member of the Board of Trustees of the Reading Area Community College, Hamburg Center Board of Trustees, a member of the Berks County Municipal Authority and he also serves on U.S. Congressman TIM HOLDEN's Academy Selection Team.

He has been active with the volunteer fire and ambulance units in Pittston.

He has also written a weekly newspaper column for the Pittston Sunday Dispatch in recent years.

Mr. Gilmartin has noted that it was W. Francis Swingle, a former King's College professor, who guided him through the college enrollment process more than 50 years ago. In 2002, Mr. Gilmartin established a scholarship at King's College that provides a substantial four-year award to a student from the Greater Pittston Area. The application and selection process is determined by the Greater Pittston Friendly Sons of St. Patrick.

Madam Speaker, please join me in congratulating Mr. Gilmartin on this notable occasion. His commitment to the education of our young people is evidence of the positive influence W. Francis Swingle had on him more than a half century ago and his selection to receive the Swingle Award is a fitting tribute to both.

INTRODUCTION OF "THE NEXT GENERATION 9-1-1 PRESERVATION ACT OF 2010"

HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Ms. ESHOO. Madam Speaker, I rise today to introduce "The Next Generation 9-1-1 Preservation Act of 2010." This bill represents the combined work of my colleague and E9-1-1 Caucus Co-Chair, JOHN SHIMKUS, as well as our Senate Co-Chair counterparts, Senators AMY KLOBUCHAR and RICHARD BURR.

I'm very grateful to my colleagues for their efforts. Representative SHIMKUS and I are the remaining original co-founders of the E9-1-1 Caucus and we have shared in its mission over the years. I'm very pleased that Senators KLOBUCHAR and BURR have joined us in this important work. Together, we will make a difference in the lives of millions of Americans who call 9-1-1 each day.

For the past seven years, the E9-1-1 Caucus has worked in a bi-partisan, bicameral fashion to ensure that 9-1-1 call centers have essential technology to perform their life-saving tasks. In 2004, we introduced the EN-

HANCE 911 Act, which established a National 9-1-1 Office to coordinate the implementation of Enhanced 9-1-1 services at the Federal, State and local levels. We provided funding resources for a grant program and made certain that funds collected on telecommunications bills for 9-1-1 were used only in support of 9-1-1 services.

We followed up on this initial core legislation with language in the "Implementing Recommendations of the 9/11 Commission Act of 2007;" the "New and Emerging Technologies 9-1-1 Improvement Act of 2008;" and the "National 9-1-1 Education Month Resolution in 2008." The 2008 Farm bill also included language to make loans to improve 9-1-1 access to entities eligible to borrow from the Rural Utilities Service.

Our work and dedication to 9-1-1 call centers is ongoing and evolving because technology changes and new tools have become available to upgrade safety protocols. In part, that's why we call the new program "Next Generation 9-1-1." We have moved from the point where we are mainly concerned about enhanced services for location identification. Now we take global positioning technology for granted. We need to focus on coordinated efforts to recognize essential technology and upgrades, and facilitate this process at the national level through a coordinated, Federal effort. We need to enhance interoperability and citizen access, while providing tools for the call centers as they route information and coordinate responses.

The Next Generation 9-1-1 bill authorizes \$250 million in grants for each fiscal year for the next five years for ongoing programming and moves the Coordination Office to the National Telecommunications and Information Administration at the Department of Commerce. When this program initially began, it was placed in the Department of Transportation, but we now recognize that NTIA is the proper location for public safety technology grants and programming.

We also remain concerned about states that raise funds for 9-1-1 services on consumers' telecommunications bills, but divert those funds for other budgetary purposes. Now, more than ever, we need to provide incentives for States to keep their promise to use the funds for the purpose for which they were raised. We cannot permit routine raids of the 9-1-1 coffers at the expense of public safety.

And that's what this bill really is about—public safety at its most basic level. The first tool of first responders is the E9-1-1 call center. Let's ensure that these centers have the tools that they need to serve the public and keep us all safe.

HONORING RITA WISCHMEYER AND THE WOMEN AIRFORCE SERVICE PILOTS

HON. EDDIE BERNICE JOHNSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, I am so privileged to rise today to recognize Ms. Rita Wischmeyer and

the members of the Women Airforce Service Pilots.

These women truly broke gender barriers and defied tradition when they served as military pilots during World War II. From September 10, 1942 until December 20, 1944, roughly 1,000 women served in this group and helped to lay groundwork for future generations of women to serve in the armed forces, and particularly, as pilots. Their actions were both heroic and daring, and we honor their legacy with heartfelt thanks and warm thoughts.

Recently the Women Air Force Service Pilots were honored with the Congressional Gold Medal, and I applaud them on receiving this long overdue recognition. America is a better country because of these women and because of their service, and I extend a personal thank you for their sacrifice.

Additionally, I would be remiss if I did not mention Ms. Rita Wischmeyer, a citizen from my district, who served with this group. We can all learn a valuable lesson from her courage in the face of discrimination and willingness to give to her country. Together with these women, Ms. Wischmeyer helped to change the course of history so that people could serve both in the military and as pilots, regardless of gender.

Madam Speaker, the Women Airforce Service Pilots were remarkable women that gave unselfishly and wholeheartedly for their country. I ask my fellow colleagues today to join me in honoring their accomplishments and celebrating their legacy for future generations of women.

HONORING THE 100TH ANNIVERSARY OF THE TRUELIGHT BAPTIST CHURCH

HON. JERRY F. COSTELLO

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. COSTELLO. Madam Speaker, I rise today to ask my colleagues to join me in recognizing the 100th Anniversary of Truelight Baptist Church in East St. Louis, Illinois.

In 1910, a small congregation was formed under the leadership of the Reverend James Alfred Lampley. This was the founding of Truelight Baptist Church in East St. Louis, Illinois. Serving with Pastor Lampley as the original church officers were Deacons John Wright and Charles King, Clerk Mary King, and Treasurer Frank Settles.

Originally located at 14th Street and Baker Avenue, Truelight Baptist Church would move several times as the requirements and size of the congregation grew, while always staying within the same East St. Louis neighborhood. When the current, brick church at 1535 Tudor Avenue was under construction, the congregation met for a time at the funeral home of one of its members. When the first floor of the church was completed, the congregation marched from the funeral home to the new church building.

Upon the death of founding Pastor Lampley in 1956, Reverend Henry Nicholson was chosen as pastor at the very young age of 23.

Pastor Nicholson continues to serve as pastor to this day. It is a rare blessing that Truelight Baptist Church has had only two pastors in its 100 year history.

Truelight Baptist Church has grown and expanded since its humble beginnings. Several parishioners have moved but continue to return for services. The congregation has started several ministries and has developed an active participation in social, political and educational issues while remaining rooted in its spiritual foundation.

Madam Speaker, I ask my colleagues to join me in honoring the 100th Anniversary of Truelight Baptist Church and to wish the congregation the best for many years to come.

JENNIFER ROBINSON

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Jennifer Robinson. Jennifer is a very special young woman who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Girl Scouts of the USA and earning the high honor of the Gold Award.

Jennifer's outstanding achievement reflects her hard work and dedication. Jennifer has exhibited unique and creative examples of service that have made a difference in her community. I am confident that she will continue to hold herself to the highest standards in the future. This is an accomplishment for which Jennifer can take pride in for the rest of her life.

Madam Speaker, I proudly ask you to join me in commending Jennifer Robinson for her accomplishments with the Girl Scouts of the USA and for her efforts put forth in achieving the highest distinction of the Gold Award.

A TRIBUTE TO TOM A. CURTSINGER

HON. BRETT GUTHRIE

OF KENTUCKY

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. GUTHRIE. Madam Speaker, I rise today to honor Tom A. Curtsinger of Owensboro, Kentucky for his service both to his country and the Commonwealth.

Born in Graves County, Mr. Curtsinger grew up working on his family farm and honorably served in the US Air Force during World War II. After his service, Mr. Curtsinger received his bachelor's degree in agriculture and his master's degree from the University of Kentucky.

Tom and his wife Rose were married in 1954, and they have five children, ten grandchildren, and two great grandchildren. In 1968, when Mr. Curtsinger was hired as Daviess County's 2nd Extension Agent, the Curtsinger family moved to Owensboro, where they still reside today.

During his work in Daviess County, crop yields improved by nearly 100 percent, an ac-

complishment that greatly benefited his community.

For all his hard work and dedication, Mr. Curtsinger received the Kentucky Farm Bureau Federation's Distinguished Service to Agriculture Award on December 12, 2000. He also received the Lifetime Achievement Award from the Rural Life Celebration Committee recognizing Mr. Curtsinger's commitment to promoting the agriculture industry and helping his community.

As a leader in Daviess County, Mr. Curtsinger has been involved with many organizations, including serving as Treasurer and Secretary of the DC Lions Club and past president of the Kentucky Agriculture County Extension Agent Association. Mr. Curtsinger has also served as an honorary board member of the DC Farm Bureau and is the founder and organizer of the Annual Agriculture Farm Expo.

I want to thank Mr. Curtsinger, along with Rose and their family, for serving as role models for all Kentucky families, especially those within the rapidly changing farming industry. I wish them nothing but the best, and I hope their success continues for many years to come.

HONORING MR. JACK JONES JR.

HON. BRIAN HIGGINS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. HIGGINS. Madam Speaker, I rise today to pay tribute to the years of service given to the people of Chautauqua County by Mr. Jack Jones Jr. Mr. Jones served his constituency faithfully and justly during his tenure as the Supervisor for the Town of Carroll.

Public service is a difficult and fulfilling career. Any person with a dream may enter but only a few are able to reach the end. Mr. Jones served his term with his head held high and a smile on his face the entire way. I have no doubt that his kind demeanor left a lasting impression on the people of Chautauqua County.

We are truly blessed to have such strong individuals with a desire to make this county the wonderful place that we all know it can be. Mr. Jones is one of those people and that is why Madam Speaker I rise to pay tribute to him today.

HONORING WILSON COUNTY, TEXAS

HON. HENRY CUELLAR

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. CUELLAR. Madam Speaker, I rise today to honor Wilson County, Texas on its sesquicentennial year. It was 150 years ago when Wilson County was founded in South Texas by an act of the state legislature. The area is rich in culture and history and serves a great part to the state of Texas.

Before the founding of the county, the first Spanish explorers traveled the area in the

early eighteenth century and used the land mostly for ranching. Most notably, the birthplace of ranching took place at Rancho de las Cabras. This was a ranching outpost for Mission San Francisco de la Espada where the first ranches and cowboys settled near Floresville in Wilson County. By the 1800s, Mexicans, Anglo American, German and Polish settlers began moving into the area. Soon after, the state Legislature founded Wilson County on February 13, 1860. The county was named after James Charles Wilson, who was an early settler of Texas and a state legislator.

Throughout the years, Wilson County has played a significant role in South Texas history. After the Civil War, Wilson County's population underwent the greatest growth due to the completion of the San Antonio and Aransas Pass Railway, which reached Floresville in 1886. By the early nineteenth century, farmers who were once known for cotton crops as the most important cash crop, then diversified into a wider range of like peas, watermelons, and peanuts. Today, some call Floresville the "Peanut Capital of Texas." Wilson County residents have served valiantly in combat from the Civil War to today's conflicts in Iraq and Afghanistan. One hundred and fifty years has shaped the county and development of Texas through its rich culture and history and of a diversified economy that includes farming, ranching, and even oil discovery.

Wilson County includes towns and cities such as, Floresville, La Vernia, Pandora, Poth, Stockdale, Sutherland Springs, and communities such as Carpenter, Calaveras, Canada Verde, Grass Pond Colony, Kicaster, Doseido Colony, Saspameo and Sandy Hills. It totals 809 square miles and has a population of more than 40,000.

From a legacy in ranching, to its honorable natives and rich historical culture, Wilson County celebrating its sesquicentennial year is a milestone for the county and for Texas. I am honored to have had this time to recognize Wilson County on its sesquicentennial year.

OUR UNCONSCIONABLE NATIONAL DEBT

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. COFFMAN of Colorado. Madam Speaker, today our national debt is \$12,544,389,439,808.45.

On January 6, 2009, the start of the 111th Congress, the national debt was \$10,638,425,746,293.80.

This means the national debt has increased by \$1,905,963,693,514.65 so far this Congress.

This debt and its interest payments we are passing to our children and all future Americans.

HONORING THE LIFE OF MRS. HERTA ADLER

HON. STEVE COHEN

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. COHEN. Madam Speaker, I rise today to honor the life of Mrs. Herta Adler, known to Memphians as the "matriarch of the local Jewish community." She was born to Adolf and Mathilde Arfeld on September 27, 1915, in Diez, Germany.

Herta Adler was 24 when she witnessed the burning of her synagogue on Kristallnacht, or Night of Broken Glass. That night rioters burned or destroyed 267 synagogues; thousands of homes and businesses were vandalized or destroyed; at least 91 Jewish people were killed, and 25,000 to 30,000 Jews were sent to concentration camps, including many who were friends or family of Herta Adler.

In 1940, Mrs. Adler was permitted to move to Lisbon, Portugal, where her brother was in business, because the government granted residency to family members of established residents. From Portugal, Mrs. Adler made her way to New York City, where she met her husband, Dr. Justin H. Adler. They married in 1943 and relocated to Memphis not long after.

Herta and Justin Adler were well-known as avid collectors of art and Judaica. Mrs. Adler, in particular, was known as a philanthropist who supported all kinds of artistic and cultural organizations, reminding others that "charity is the gift that we give for having a good life." In the early 1990s, the Adlers donated a large collection of Jewish ritual art to Temple Israel, which is located in Memphis, TN, helping to create the only Judaica museum in the region. In 1992, the Adlers also contributed their extensive pewter collection, which spans 400 years, to Dixon Gallery and Gardens, where it is part of the permanent collection.

Even greater than Mrs. Adler's passion and appreciation for art was Mrs. Adler's interest in the people around her and her dedication to her synagogue. She befriended and supported several young Memphis artists and centered much of her life on Temple Israel, where she was a member for more than 60 years. Mrs. Adler and her husband were also founders of Beth Shalom Synagogue, a Conservative Synagogue in Memphis.

Mrs. Herta Adler passed away on Friday, February 12, 2010, and was laid to rest on Monday, February 15, 2010. She was 94 years old. She is survived by her daughters Hedda A. Schwartz, a residential and commercial real estate executive, and Susan Adler Thorp, a respected journalist, and her son Michael Adler, an accomplished attorney—all of Memphis. I will always remember Mrs. Adler for her devotion to shaping the cultural and Jewish life of Memphis, Tennessee.

CONGRATULATING HUGH DUGAN ON HIS SELECTION TO SERVE AS GRAND MARSHALL FOR THE 2010 CARBON COUNTY ST. PATRICK'S DAY PARADE

HON. PAUL E. KANJORSKI

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. KANJORSKI. Madam Speaker, I rise today to ask you and my esteemed colleagues in the House of Representatives to pay tribute to Mr. Hugh D. Dugan, who was named Grand Marshall for the Carbon County St. Patrick's Day Parade.

Mr. Dugan was born in Coaldale, Pennsylvania, July 29, 1943, a son of the late Dennis and Margaret Hogan Dugan. Mr. Dugan was raised in Jim Thorpe with his older brother, John.

He attended Immaculate Conception Elementary School and graduated from Jim Thorpe High School in 1961.

Mr. Dugan enlisted in the U.S. Coast Guard in 1962 and served for 22 years until his retirement as a Master Chief Petty Officer in 1984. During his military service, he was stationed in New Jersey, New York, Washington, D.C., New London, Connecticut, and London, England. During that period, Mr. Dugan was awarded two Coast Guard Achievement Medals as well as numerous other citations.

Mr. Dugan was also employed by the U.S. Post Office in Jim Thorpe, where he worked for 20 years.

Mr. Dugan and his wife, Fran, have resided in Jim Thorpe since 1977. They have been married for 45 years and have three daughters, Theresa, Denise and Maureen, and a son, Michael. They also have nine grandchildren. They are members of the Immaculate Conception Church in Jim Thorpe.

Mr. Dugan is a charter member and co-founder of the Ancient Order of Hibernians. He served as its first vice president and two terms as president. He is currently financial secretary of that organization. He has also served as co-chairman of the St. Patrick's Day Parade for the past several years.

Mr. Dugan also served as Division Representative for the Children's Friendship Project for Northern Ireland, a program that brought teens from Northern Ireland to the United States to live with host families for six weeks. Mr. and Mrs. Dugan served as host for four Irish teens over the years.

Madam Speaker, please join me in congratulating Mr. Dugan on this auspicious occasion. His commitment to his family, his community and his Nation is exemplary and inspirational. Clearly, he has improved the quality of life throughout northeastern Pennsylvania.

HONORING THE LIFE, SERVICE, AND WORK OF MAJ. GEN. HUGH G. ROBINSON

HON. EDDIE BERNICE JOHNSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Ms. EDDIE BERNICE JOHNSON of Texas. Madam Speaker, I rise today in remembrance

of a great American, Maj. Gen. Hugh G. Robinson, who passed away on March 1, 2010 at the age of 77.

General Robinson was an outstanding civic leader in the Dallas community, and as a decorated Vietnam War veteran who served in the Army from 1954 to 1983, he was an inspiration to countless individuals across the city. Born in Washington, D.C., he attended the United States Military Academy at West Point where he received a bachelor's degree before completing graduate studies at the Massachusetts Institute of Technology. During his time in Vietnam, he received an Air Medal, a Bronze Star, the Legion of Merit, and an Army Commendation Medal for his work commanding the 39th Engineer Battalion and serving as an executive officer of the 45th Engineer Group. He later returned to Washington, D.C. where he served at the Pentagon and in President Lyndon B. Johnson's White House where he became the first African-American Army aide to a President.

After leaving the military in 1983, General Robinson settled in Dallas where he served on the board of directors of several corporations including Southland Corp. and Belo Corp. He

was active in the New Way Christian Outreach Church in Dallas, and along with his wife, adopted 13 foster children.

Madam Speaker, Maj. Gen. Robinson was regarded as a true hero in the Dallas community, and I ask my fellow colleagues to join me today in honoring his life and service. He was an inspiration to us all and will be truly missed.

HONORING PATRICK R. BYRNE

HON. BRIAN HIGGINS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 11, 2010

Mr. HIGGINS. Madam Speaker, I rise today to recognize Patrick R. Byrne, the 2010 Honorary Chairman of the 38th Annual St. Patrick's Day Luncheon being held at the Buffalo Irish Center this March 12th.

Pat's Irish roots certainly run deep; his father Mike is a native of County Offaly while his mother Maureen hails from County Limerick. The Byrnes were incredibly involved in Buf-

falo's Irish American community, helping to establish the St. Patrick's Irish American Club as well as the Gaelic American Athletic Association of Buffalo—now the Buffalo Irish Center.

Pat himself has continued this great tradition as a steadfast supporter of the Buffalo Irish Center. The extensive list of his community involvements includes being the President of M.P.B. Travel and the Byrne Agency. He is also a member of the Society of Financial Service Professionals as well as the Golden Key Society. Pat has served as a trustee for the Orchard Park School District, President of the Upstate Chapter of the American Society of Travel Agents, and President of the Buffalo Chapter of Scalp and Blade. He and his wife Darlene reside in Orchard Park.

The St. Patrick's Day Luncheon is a time to celebrate all of Western New York's businesses, community members, government leaders, and friends. It is a wonderful Buffalo tradition that I am proud to be a part of. I ask my fellow Members to join me in recognizing Pat for his chairmanship of the St. Patrick's Day Luncheon and his many contributions to the Buffalo community.

HOUSE OF REPRESENTATIVES—Friday, March 12, 2010

The House met at 9 a.m. and was called to order by the Speaker pro tempore (Ms. EDWARDS of Maryland).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 12, 2010.

I hereby appoint the Honorable DONNA F. EDWARDS to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer: For the Members of Congress and all those scattered around the world who have been called to be Your ambassadors of reconciliation and peace, Lord, we pray this day.

Almighty Creator of the universe, receive them all in Your love and continue to call them out of darkness into light, out of ignorance to the knowledge of Your glorious name and bring hope to Your people.

Open human hearts to know You and You alone as the Most High, the Holy One, Whose dwelling is wrapped in mystery and beyond our imagining.

You alone flatten the arrogance of the proud, frustrate the designs of the godless, raise up the lowly and humble the self-righteous.

You are the benefactor of all the blessed and the Savior of all humanity. Be a help to all in peril or in crisis. Be strength for the sick and the weak and consolation to those who mourn or who are afraid. Gift us and the whole world with peace now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. PALLONE. Madam Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER pro tempore. The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. PALLONE. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from Maine (Ms. PINGREE) come forward and lead the House in the Pledge of Allegiance.

Ms. PINGREE of Maine led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to five requests for 1-minute speeches on each side of the aisle.

HEALTH CARE REFORM

(Ms. PINGREE of Maine asked and was given permission to address the House for 1 minute.)

Ms. PINGREE of Maine. Madam Speaker, I rise today to urge my colleagues to come together and finally pass a health reform bill that provides Americans with the stability, affordability, and access to high quality choice in coverage they so richly deserve.

We must act now. We absolutely cannot afford to wait any longer.

Over the last year, we saw what happens when you give pharmaceutical companies, insurance companies, and entrenched special interests time to spend millions of dollars on ad campaigns that spread misinformation, fear, and confusion.

In my home State of Maine, our largest insurer, Anthem, used this time to demand a 23 percent rate hike on individuals. And they weren't alone. Last year, profits for the five biggest insurance companies rose by 56 percent over the year before.

Enough is enough. Americans are counting on us. They sent us here to work hard and make difficult choices, entrusting us to represent them with integrity and to set aside partisanship and pettiness to do what is best for the American people. And I, for one, look forward to showing them that their trust was not misplaced.

HEALTH CARE COSTS IN A DISMAL ECONOMY

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Madam Speaker, this week it was announced that the unemployment rate in my home State reached a tragic new high of 12.6 percent. Statewide, 172,400 people have lost their jobs since the end of 2007.

In this crisis, the administration has irresponsibly announced that March 18 is their deadline to pass a job-killing health care takeover that imposes 100 new mandates on private individuals and businesses; includes billions of dollars in new taxes, and trillions in new government spending, squeezing Medicare; forces employers to cancel health care coverage, and forces people into a government-run health care plan.

More taxes, borrowing, and spending is not the way to reform health care in America. NFIB warns 1.6 million jobs will be killed. We should first consider job-creation policies, and then work on a step-by-step approach to lowering health care costs.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

HEALTH CARE COSTS

(Mr. McDERMOTT asked and was given permission to address the House for 1 minute.)

Mr. McDERMOTT. Madam Speaker, Republicans have talked so much about the need for tort reform, you would think that lawyers single-handedly were responsible for America's skyrocketing health care costs. But a new report from Public Citizen found that the value of malpractice settlements is actually the lowest it has been since 1999, and that for 5 consecutive years the number of malpractice settlements has actually dropped.

And, of course, the health care costs have gone down; right? No, absolutely not.

Health care spending increased 83 percent between 2000 and 2009, while malpractice payments fell 8 percent during the same period.

Blaming our health care crisis on litigation costs is simply baloney. I hope my Republican friends can find another theme song for their attempt to derail what the American people want, and that is health care that is guaranteed and will not bankrupt America.

CONGRATULATING KANSAS JAYHAWKS

(Ms. JENKINS asked and was given permission to address the House for 1 minute.)

Ms. JENKINS. Madam Speaker, I rise today to recognize the University of Kansas men's basketball program and to congratulate them on a tremendous accomplishment. Yesterday, the Jayhawks defeated Texas Tech to pick up their 2,000th victory. The only other schools to reach this milestone are the University of Kentucky and North Carolina, and it should be noted that the basketball arenas at both of those schools are named after native Kansans and former Kansas basketball players. From James Naismith, the inventor of basketball, to the legendary Forrest "Phog" Allen, to current coach Bill Self, KU is a proven perennial power in college basketball.

This year, the Jayhawks will compete for their sixth national championship. In commemoration of this impressive accomplishment, I ask my congressional colleagues in the Congress to join me in a hearty, Rock Chalk Jayhawk, go KU.

JOBS—OUR TIME TO LEAD

(Mr. HALL of New York asked and was given permission to address the House for 1 minute.)

Mr. HALL of New York. I rise today to talk about the Nation's unemployment problem. There are people in my district who are struggling. They want to work; they know how to work. Many of them are highly skilled and have great ideas, but they cannot find a job. It is our job, Madam Speaker, to help them.

In the 19th District of New York last Saturday, I sponsored two job fairs that helped hundreds of people connect with resources and people who can help them. Among them was 65-year-old George Myrnyj of Sparrow Bush. George retired last year from a career in manufacturing, but he still wants and needs to work. He has an idea for packaging do-it-yourself solar panel kits. Last Saturday, he was able to connect with people he thinks can help him.

Madam Speaker, I submit that it is our job to help George find a way to realize his dream and find a job or create one. This is not a time to do nothing. It is our time to lead.

OCS DELAY

(Mr. SMITH of Nebraska asked and was given permission to address the House for 1 minute.)

Mr. SMITH of Nebraska. Madam Speaker, offshore energy development is an important step toward reducing our dependence on foreign oil, creating new jobs, and putting our economy back on track.

In 2008, by ending the decades-long ban on offshore exploration, we opened 500 million acres containing an estimated 14 billion barrels of oil and 55 trillion cubic feet of natural gas.

Unfortunately, the Obama administration immediately instituted an extended public comment period, delaying progress.

Despite public support for increased offshore drilling, Secretary of the Interior Salazar recently stated the Obama administration will now wait until 2012 to put a new plan in place. This means the administration's initial 6-month delay has turned into a 3-year moratorium on new offshore exploration.

With the potential to create 1.2 million jobs and add \$8 trillion to our economy, it is irresponsible to continue to ignore the economic potential these areas hold.

HEALTH REFORM NOW

(Mr. PALLONE asked and was given permission to address the House for 1 minute.)

Mr. PALLONE. Madam Speaker, we need health care reform now, and failure to act is not an option. Doing nothing on health care reform doesn't mean that nothing happens. People will continue to lose coverage, to pay more in premiums, to be banned for preexisting conditions, to have caps on coverage, and other discriminatory practices.

By doing nothing for 8 years, the Republicans essentially endorsed these things. It isn't a choice, Madam Speaker, between the reform plan we have or nothing. The real option is how everything will continue to get worse.

INCURSION BY MEXICAN MILITARY HELICOPTER

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Madam Speaker, yesterday an armed Mexican military helicopter was spotted and photographed over a residential area a mile inside the territorial boundary of the United States.

Texas Sheriff Sigi Gonzalez of Zapata County said the Mexican Navy helicopter was not the first incursion by the Mexican military onto the U.S. side of the Rio Grande River.

There is a violent border war raging in this area between the Los Zetas and Gulf drug cartels for territory. Eight Mexican journalists have been kidnapped, numerous individuals killed in old west style shoot-outs, and the violence and corruption has even spilled over to the U.S. side. The cartels have even infiltrated U.S. law enforcement agencies on the border, resulting in 400 corruption cases being filed.

The border has become a corrupt, violent area, and now the Mexican military crosses our border with un-

known intentions. The United States cannot allow the border to be a war zone for murder, mayhem, violence, drugs, and corruption.

And that's just the way it is.

□ 0915

HEALTH CARE COVERAGE ONE- SIDED

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Madam Speaker, yesterday, The New York Times, the Washington Post and the Los Angeles Times each featured a news story about President Obama's trip to Missouri to promote his health care plan. Combined, the three articles feature 16 quotes from individuals who support the administration's plan compared to just two quotes from those opposing it. This is a high level of bias considering that most Americans oppose the health care proposal and about two-thirds of Americans want Congress to start over and get it right.

The national media continue to be an unpaid public relations firm for this administration's health care scheme. To restore their credibility, the national media should give Americans the facts on health care, not just the administration's opinions.

PROVIDING FOR CONSIDERATION OF H.R. 3650, HARMFUL ALGAL BLOOMS AND HYPOXIA RE- SEARCH AND CONTROL AMEND- MENTS ACT OF 2010

Ms. PINGREE of Maine. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 1168 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1168

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3650) to establish a National Harmful Algal Bloom and Hypoxia Program, to develop and coordinate a comprehensive and integrated strategy to address harmful algal blooms and hypoxia, and to provide for the development and implementation of comprehensive regional action plans to reduce harmful algal blooms and hypoxia. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. In lieu of the amendment in the nature of a substitute recommended by the Committee on Science and Technology now printed in the bill, the amendment in the nature of a substitute printed in part A of the report of the Committee on Rules accompanying this resolution shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions of the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any amendment thereto to final passage without intervening

motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Science and Technology; (2) the amendment printed in part B of the report of the Committee on Rules, if offered by Representative Flake of Arizona or his designee, which shall be in order without intervention of any point of order except those arising under clause 9 or 10 of rule XXI, shall be considered as read, shall be separately debatable for 10 minutes equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for division of the question; and (3) one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentlewoman from Maine is recognized for 1 hour.

Ms. PINGREE of Maine. Madam Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from California (Mr. DREIER). All time yielded during consideration of this rule is for debate only.

GENERAL LEAVE

Ms. PINGREE of Maine. I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and insert extraneous materials into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Maine?

There was no objection.

Ms. PINGREE of Maine. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, the resolution provides for consideration of H.R. 3650, the Harmful Algal Blooms and Hypoxia Research and Control Amendments Act of 2009, under a structured rule.

The resolution waives all points of order against consideration of the bill except those arising under clause 9 or 10 of rule XXI. The resolution provides 1 hour of debate on the bill. The resolution provides that in lieu of the amendment in the nature of a substitute recommended by the Science Committee, the amendment in the nature of a substitute printed in the Rules Committee report shall be considered as adopted.

The bill, as amended, shall be considered as read. The rule waives all points of order against the bill, as amended. The resolution makes in order the amendment printed by the Rules Committee report if offered by Representative FLAKE or a designee. The resolution waives all points of order against the amendment except those arising under clause 9 or 10 of rule XXI. The resolution provides one motion to recommit with or without instructions.

Madam Speaker, harmful algal blooms, or HABs, are a growing problem along U.S. coasts and they impact almost every coastal district. Some algae, like red tide, produce toxins that contaminate shellfish and shut down shellfish beds to local harvesters.

Severe red tide blooms can be harmful to tourism across the country.

When red tide affects an area, people can't go in the water, seafood isn't bought and sold, and stores and hotels along the coast are empty.

Over the past few decades, harmful algae have begun to bloom more frequently and with greater intensity. HABs are one of the most complex and economically significant coastal management challenges facing the Nation.

We know that algae growth is influenced by a number of factors, including light, water temperature, salinity, and nutrient availability, but the factors that drive outbreaks like red tide are not understood as well, and additional efforts are needed to monitor, control, prevent, and mitigate these outbreaks.

A professor at the University of Maine has done research that shows that the blooms start offshore and are blown towards shore by easterly winds. This sounds simple enough; yet in the field of red tide research, this was groundbreaking work.

Addressing HABs on a national level requires a coordinated approach that involves a number of Federal agencies, including the EPA and NOAA. The underlying bill oversees the development and implementation of regional research and action plans to help coastal managers understand and deal with HAB outbreaks.

New England, and Maine in particular, have been especially hard hit by outbreaks. Severe red tide events occurred in 4 of the last 5 years, causing tens of millions of dollars in lost income to shellfish harvesters.

The shellfish industry is vital to the Maine economy, Madam Speaker. Over 2,000 harvesters and dealers depend directly on access to healthy shellfish beds to make their living and support their families. Maine's Department of Marine Resources estimates total annual economic value of the shellfish industry in Maine to be about \$50 million.

Last spring and summer, the shellfish industry in Maine was shut down because of severe red tide bloom. At its peak, the density of the red tide toxin was nearly 100 times the federally mandated quarantine level and closed 97 percent of the State's shellfish beds and 100 percent of the offshore beds in Federal waters. Many shellfish harvesters were stuck on land for months with nowhere to go. This all occurred during the peak of the tourist season, and the results were devastating.

Coastal families rely on the income generated during the short summer months to carry them through Maine's long, cold winters; and the timing could have not have been worse for these hardworking harvesters. Not only were they missing out on the best time to sell their product, but they had no way of knowing when it would be okay to return to the mudflats. The uncertainty made it impossible to know whether to look for other em-

ployment or to wait and see if the next week would bring clear water.

Predictions for 2010 indicate that it could be an even worse year for red tide in the Gulf of Maine. According to a recent NOAA report, the cysts that cause red tide are at some of the highest levels ever measured, 60 percent higher than what was observed in the sediments prior to the historic red tide of 2005.

While red tide in Maine is a coastal issue, HABs are increasingly occurring in our inland lakes and rivers. Blue-green algae blooms in some Midwest lakes and the Great Lakes have killed dozens of dogs and poisoned people all over the region. Frequently, these freshwater algae blooms are caused by a combination of droughts and fertilizer runoff. These outbreaks lead to rashes, sore throats, and other health concerns. This bill helps address algal blooms in lakes as well.

I am proud to be a cosponsor of this important bill, and I am glad that Senator SNOWE from Maine is a leader on this issue in the Senate and is the author of the Senate companion legislation. I look forward to continuing to work with her to improve the economic health of our coastal communities.

This bill will help shellfish harvesters in every coastal community by improving our knowledge and ability to predict red tide blooms. We need a national strategy to address HABs and to provide for the development of regional action plans to reduce HAB outbreaks.

I urge my colleagues to vote "yes" on the rule and "yes" on the underlying bill.

Madam Speaker, I reserve the balance of my time.

Mr. DREIER. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, let me begin by expressing my appreciation to my Rules Committee colleague, the distinguished gentlewoman from North Haven, for yielding me the customary 30 minutes.

Madam Speaker, I sat and listened attentively as my colleague talked about the challenge of dealing with algal blooms and hypoxia research. And I am reminded, as I mentioned in the Rules Committee yesterday afternoon, of the rather famous vice presidential debate that took place in 1992.

Now, vice presidential debates, Madam Speaker, are not terribly memorable, but in 1992, for those who are old enough to remember, we saw three top-tier Presidential candidates, George H.W. Bush was running for reelection, Bill Clinton was the Democratic nominee, and H. Ross Perot was running as an independent candidate. In that vice presidential debate we saw Vice President Quayle, challenger Al Gore, who went on to become Vice President, of course, and this totally unknown figure, Admiral James

Stockdale, a great man whom I was privileged to know. The famous line that came from that vice presidential debate, Madam Speaker, was from not Vice President Quayle or Vice-President-to-be Gore, but from Admiral Stockdale, who looked into the camera and said, "I'm sure you're asking who am I and why am I here." That term went on to be used throughout the decade plus in our vernacular.

I was reminded of that as we look at what it is that we're doing right here, Madam Speaker. One can't help but ask, who am I and why are we here? And having listened to the very thoughtful statement on algal blooms and hypoxia research from my friend from North Haven, I would like to yield to her, if I might, Madam Speaker, to see if she could give us a really good description of why it is that we are here at this moment at 9:25 Friday morning when this was a measure that had been considered under a suspension of the rules and we had, mid-afternoon yesterday, completed the work and I know many of my colleagues have gone into their districts.

So I would like to yield to my colleague and ask her to provide us a clear, clear definition as to exactly why it is that we're here.

Ms. PINGREE of Maine. I appreciate my colleague's yielding, and I appreciate his thoughtful comments about red tide and hypoxia research.

I can only answer for the residents of my home State, who are deeply concerned about algal blooms, red tide, the economic impact in our communities, and the importance of passing this legislation so that the research is done.

Mr. DREIER. Well, Madam Speaker, let me reclaim my time and say that we had an emergency Rules Committee meeting yesterday to bring this measure up. Now, I understand the importance of dealing with algal blooms and hypoxia research, but in my State of California we have many counties, Madam Speaker, that tragically have an unemployment rate that is in excess of 20 percent. We have a nationwide unemployment rate that is hovering right around 10 percent, 9.7 percent—it's been around 10 percent for 7 months—and we know that millions and millions of Americans have lost their homes and many more continue to face either the threat of foreclosure or years of upside-down mortgages. Our deficit is \$1.4 trillion, and we all know that our national debt has exceeded \$12 trillion.

Credit remains very scarce. We hear regularly decried from both sides of the aisle about working families and small business owners who depend on a robust financial services system. We have serious, very serious issues as a Nation that the American people expect us to deal with aggressively and responsibly. And I would argue, Madam Speaker, that while we are considering the algal

blooms and hypoxia research measure under an emergency structure that was put forth by the Rules Committee, I'm not in any way diminishing its importance, but I think these issues that I just mentioned are what are on the minds of Americans all across this country: job creation and economic growth.

So what is it that we do in response to the economic crisis that we're facing in the United States of America? It is, as I said, the Harmful Algal Blooms and Hypoxia Research and Control Amendments.

□ 0930

Now, Madam Speaker, I yielded to my colleague to say why it is that we are really here, which is the fact that we were promised transparency. You don't need a really, really good pair of reading glasses to know exactly why it is that we are here.

Very simply, we are here because the Democratic leadership is doing everything that it possibly can to twist arms and to line up votes. Based on public opinion polling and on three elections that have been held within the last couple of months in Virginia, New Jersey, and Massachusetts, they are twisting arms to try and pass a very, very, very unpopular and, I believe, outrageous, horrible measure that would see us have the Federal Government take control of one-sixth of our Nation's economy.

The most recent maneuver they were considering to ram this thing through was something that has been dubbed the "Slaughter solution." Many media outlets have tried to explain to the American people what exactly the Slaughter solution would be. Most explanations have left listeners more confused and outraged than when they started. It is a twisted and contorted process that can make anyone's head spin, but this is it in a nutshell:

Madam Speaker, the Slaughter solution is an end run around a vote in the House of Representatives on the health care bill. As the health care process has moved forward, the substance of what the Democratic majority is trying to accomplish has become ever more unpopular. The result is that they simply do not have the votes to pass a bill that can get to the President for his signature. We all know that.

In the last 30 minutes, the President has announced that he is delaying his trip to Indonesia and to Australia. We know that they are doing everything within their power to try and twist arms and to encourage people to vote for something that is extraordinarily unpopular and that, I believe, would be devastating for our Nation's economy.

So, Madam Speaker, what is it that you do if you don't have the votes? What is it that you do? Do you start over and work for a bipartisan solu-

tion, which is what the American people want? This is not a partisan issue on our part. We are saying let's take the commonsense approach that the American people have said we should take, a step-by-step approach. So is that the message that has come through?

Do you listen? Do you listen, as many of us have, to what it is that the American people are saying through town hall meetings and through other fora, and do you incorporate their ideas into this quest that we all share of trying to drive health care costs down so that we can increase access to health insurance for our fellow Americans?

Apparently, the answer to every single one of those, Madam Speaker, is "no," for this Democratic majority; when you don't have the votes, you simply come up with a scheme to avoid a vote altogether, which is what the Slaughter solution is. This so-called "Slaughter solution" would allow the House to wait for the Senate to pass a fix-it package to their flawed health care bill. When the fix would be passed by the Senate, the bill would magically be deemed passed by the House without our ever having a transparent up-or-down vote on the original bill.

Let's remind ourselves of a new direction for America, the document that then-Minority Leader NANCY PELOSI put forward, one promising transparency, disclosure, accountability, and the kind of openness that we all aspire to, but which tragically has deteriorated over the past 3 years.

The approach that we have with the Slaughter solution is a hopelessly cynical attempt to completely upend the democratic process. It also, Madam Speaker, I believe, creates the potential for a real backfire. For months, the Democratic majority has blamed the Senate for their own inability to provide leadership and decisive action on the pressing challenges that we face, and now they want to put the fate of their convoluted plan on the ability of the Senate to pass a clean fix-it bill.

Madam Speaker, the Senate has disappointed my Democratic colleagues yet again. We got the report just yesterday which seemed to undermine the Slaughter solution. It appears that the Senate parliamentarian will insist on the enactment of the Senate health care reform bill before he will recognize the fix-it bill as reconciliation, meaning that reconciliation can only be utilized to deal with existing law. That means, if the Democrats won't take a straight up-or-down vote on the bill, their only option is the light version of the Slaughter solution, having the bill deemed as passed by the rule and sending the Senate bill to the President for his signature. Now, that's what the lawyers call, Madam Speaker, a distinction without a difference.

The reality is that a vote on the rule will be a vote on the Senate health

care bill, complete with all of the special interest provisions that it contains—the Cornhusker kickback, gator aid, the Louisiana purchase, these kinds of things that we have heard about. Then there are all sorts of hidden items in there which some friends of mine have been discussing with me, like promises that there won't be a middle class tax increase. What does the measure do? It slashes FSAs, Flexible Savings Accounts, which have been utilized by people who are trying to address their health care needs. By doing what they do in this bill, it will be a slap to the taxpayers of this country who are middle-income wage earners. Their problems don't end there. There will be, Madam Speaker, challenges to some proposed fixes and, therefore, changes to the Senate package.

Then there is the question of the Federal funding of abortion. If this cannot be banned through reconciliation, would the Slaughter solution be further expanded to implement a fix on that issue as well? How would that fix make its way through the United States Senate?

Now, with serious unanswered questions like these, why would any Member of this House take the bait and support the Slaughter solution, even in its light version, by deeming a measure passed with the passage of a rule? There is a high probability that House Democrats would be forced into taking the tough votes they tried so hard to avoid after putting themselves on record as supporting an end run around a real transparent vote.

In the end, Madam Speaker, rank-and-file Democrats would be making themselves all the more vulnerable for having supported their leadership's egregious tactics. The Slaughter solution is bad policy, bad process, and bad politics. The fact that the Democratic leadership is pursuing this option exposes its unwillingness to abandon the most fundamental element of legislating. The most fundamental element of being a deliberative body is a transparent up-or-down vote, and they are doing that in order to achieve what everyone recognizes, based on public opinion polling. And I don't make my decisions based on public opinion polling; I make my decisions on what I think is right, but it just so happens that public opinion overwhelmingly has pointed to this as a very, very, very unpopular, unpopular proposal.

Today, on which I have just had an exchange with my colleague from North Haven, they are hiding behind blooming algae as they twist arms and try to work their backroom deals. But, Madam Speaker, your leadership cannot hide forever. If the Democratic majority proceeds with its plan to ram through their health care bill without actually holding a vote, it's going to take more than algae to protect them from the American public's outrage.

With that, I reserve the balance of my time.

Ms. PINGREE of Maine. Madam Speaker, I had no idea that we were here to debate health care this morning, but I appreciate that the gentleman, my friend from California, has brought up the differences between us. I would like to make a couple of points.

First off, we are here today to take up this bill that could have been done under a suspension; but as I understand, my colleague voted "no" when this bill originally came to the floor, which is why we're back here today—to pass what is a relatively simple, I agree, piece of legislation but what is very important in coastal districts like mine.

Yes, we do have a disagreement on health care legislation, and I wish that your caucus were doing what my caucus is doing right now, which is going through the health care legislation that we hope to bring to this floor soon, line by line, to make sure that we are confident this is excellent legislation to move forward the cause of health care reform, something on which he and I don't agree.

I support very strongly and am looking forward to the debate that we will have on this floor about that health care legislation, and I am thrilled with the year and a half that I have spent here and with the number of hours that the committees and Members on both sides of the aisle, Republicans and Democrats, have put in in crafting health care legislation. Now, we may not agree on the final product, and that will come down to a vote. You're right. It will depend on making sure that we have enough votes on our side of the aisle, and I am glad that we are making sure that everyone feels confident about that vote.

You know, it was interesting. I, as you know, am a freshman, so I wasn't here in previous years when you were. But when you talk about arm-twisting and about getting votes, I am reminded of the stories that I've heard about passing the prescription drug legislation, and about what it took for the other party, in the middle of the night and with a vote open for many hours, to pass a piece of legislation. I have to say, from my perch as a former State legislator from a State where the cost of prescription drugs is crippling the health care costs for many of our senior citizens, I was shocked to see what that final piece of legislation came to be. I am thrilled that our health care legislation, which I believe will be on this floor soon, will fix some of the problems in there, but, I'm sorry to say, not all.

I remember hearing about that legislation. Was it 2 hours or was it 3 hours in the middle of the night when people were convinced to change their votes so as to get the votes, and when every minute counted to get one more vote?

That was the legislation that left us with this tremendous doughnut hole of which our senior citizens talk to me every day. Frankly, that's the public opinion polling that I hear about when I go back to my district.

Yet it's not a public opinion poll. It's senior citizens who come up to me and ask, Do you see what it costs me to buy my prescription drugs? Do you see what happens when I get into the doughnut hole?

Here is what they really ask me. They ask, How could the Republican Party, in the middle of the night and in twisting arms for every vote, pass a piece of legislation that doesn't allow us to negotiate with the pharmaceutical manufacturers for the price of prescription drugs? I can tell you, in my home State of Maine, this was an issue for years.

When I first got elected in 1992 to my State legislature, senior citizens came up to me and asked, Do you see what it costs me to buy my prescription drugs? Then, every year, it got worse and worse and worse as the pharmaceutical manufacturers, which are some of the wealthiest corporations and multinational corporations in this country, were able to sell their drugs at the highest prices in the world to senior citizens in America. Those people had to pay cash for their prescription drugs. Those people had to decide whether to put heating oil in their tanks to keep warm or put food on their tables.

The Republicans came to the point where they could have changed the law like they've done in Canada or like they've done in virtually every other country in the world. They could have done what they're always telling us: Be like a good business, have good business practices. You know, I own a small business. I wouldn't think of buying something I didn't negotiate for. Well, that's what that bill said. It said we won't negotiate. In fact, we'll give them sweetheart deals. We'll say to our senior citizens, You know what? You're going to pay the highest prices in the world, so there will be no cost savings. These are the same Republicans who tell us now there aren't enough cost savings in our health care bill. They use it as an excuse, but that was what was done in the dark of the night, for 3 hours, in holding open a debate.

Do you know how I first found out about this? I got on a bus with senior citizens from the State of Maine. Let me tell you how it worked. We'd stop in Biddeford, Maine. Then we'd go to Portland, Maine. Then we'd go to Lewiston, Maine. We'd stop at places all along the State of Maine, and we'd drive all the way up to the Canadian border. We'd get all the way to the Canadian border, and we'd visit with a duly licensed physician so that they could have their prescriptions rewritten and they could take them across

the Canadian border legally. So then we'd go to a Canadian drug store. This is a busload of senior citizens. We'd go into that Canadian drug store, and they'd buy their prescriptions. I want to tell you about one person I sat next to on one of the many bus trips.

I sat next to a person who had to take Tamoxifen, which is a wonderful drug that we're glad we have for breast cancer, but this person takes 30 pills a month. At that point, I think it cost her about \$150 a month for her 30 pills. When we got across the Canadian border, it was \$12.35. In my opinion, that was highway robbery. Do you know why that was? Because the Canadian Government, just like every other Western nation, requires that they negotiate for the best prices possible.

So, as far as I'm concerned, that's what should have been in that prescription drug plan that was decided in the middle of the night when arms were twisted to get every last vote. That is what should be: closing the doughnut hole and lowering prescription drug prices in the health care bill that we will debate soon.

□ 0945

As far as I am concerned, I am thrilled that members of my caucus are here today to go through line by line, to make sure that we are getting the best possible health care plan we can get. And I will say, it is not going to be everything I want in a health care plan.

I come from the State of Maine. Our doctors think that single payer ought to be the health care plan in Maine, and I am right there with them, but I know that is not what we are going to get to vote on here on the floor. But I am anxious to make sure that we get the best possible compromise, and I would be thrilled if some of the members of your caucus would vote for that bill. I would be thrilled.

I reserve the balance of my time.

Mr. DREIER. Madam Speaker, I yield myself such time as I may consume.

I would like to yield to my colleague to engage in a colloquy, if I might, so we might have a discussion.

I found it very interesting, very interesting, Madam Speaker, that she talked about that amazing drug that is used for breast cancer, and, unfortunately, the huge disparity in the cost that that woman she was riding on the bus had in Canada versus the United States of America. There is an important reason for that, Madam Speaker, and that is the fact that we want to make sure that there are more amazing drugs created.

There are many very serious ailments that exist out there today, and one of the things that we have as our great comparative advantage here in the United States of America is that we are the center for research and innovation. And, unfortunately, we have

had to shoulder the financial burden for that research so that that woman riding on the bus with my friend from North Haven was able to have a drug that would never have been developed had it not been for the kind of innovation that exists here in the United States of America.

I would like to yield to my friend to see if she would recognize that the innovation and creativity that exists in the United States of America is what allowed that friend of hers on the bus to have.

I am happy to yield whatever amount of time my friend consumes from my time.

Ms. PINGREE of Maine. Well, thank you so much for yielding your time and for allowing me to address this topic, and even though we are here to address algal blooms, I appreciate the chance to go back and forth on this important topic.

Mr. DREIER. Let me just say, Madam Speaker, that I am very happy that we are here to address an issue that is of concern to the American people. With all due respect to the importance of algal blooms and hypoxia research, I believe what we are talking about today is much more important. And the thing we should be talking about is not something that happened 5 years ago, which, frankly, many, many seniors are benefiting from, but what we should talk about is what is about to happen and what is happening behind closed doors throughout this Capitol at this moment.

I am happy to further yield to my friend.

Ms. PINGREE of Maine. Thank you. And just to answer your point, I, too, think it is essential that we continue our research and development here in this country. Frankly, much of it is done around the world on research and development. But I don't think that negotiating for a better price, that lowering the prices to our senior citizens, would cost us research and development. And, frankly—

Mr. DREIER. Madam Speaker, if I could reclaim my time just to say to my friend that she is right. She is right, Madam Speaker, that there are other parts of the world where research and innovation are taking place. But it all pales, it pales in comparison to the kind of research and development that takes place here in the United States.

I would like to ask my colleague, Madam Speaker, if she would support making permanent the research and development tax credit so that we could have the kind of incentive for our pharmaceutical industry and others out there who are creating these innovative new ideas to deal with Alzheimer's and cancer and diabetes and other ailments that exist. Madam Speaker, would she be supportive of the notion of our pursuing that kind of incentive to deal with these problems

that can play a role in driving costs down?

Ms. PINGREE of Maine. First off, I would prefer to answer you on my own time, because it seems to me when you yield me your time, you usually answer for me. So I would rather wait until I have my time.

Mr. DREIER. I just asked the question on my own time. I am happy to yield to my friend. I asked a question, and I would welcome your answer.

Ms. PINGREE of Maine. I have to say I am unprepared to answer your question about the research and development tax credit for the pharmaceutical industry—I know that I have industries in my State that benefit from that tax credit—before I say yes or no about the solution that you are proposing.

But I do want to go back to one other thing—

Mr. DREIER. Madam Speaker, let me just say, because I control the time—

Ms. PINGREE of Maine. See, I don't think you are letting me finish my answer, so you go ahead.

Mr. DREIER. Madam Speaker, I am happy to yield to my friend further, but the gentlewoman has chosen to say she doesn't know whether or not she would support making permanent the research and development tax credit, when we all know that would play a critical role in driving costs down for our seniors and others.

Madam Speaker, the fact of the matter is we are here at this juncture dealing with a measure that may be important to some, but this measure was considered, as I said, under an emergency structure upstairs in the Rules Committee.

Now, I ask the question, when the President made his decision to delay his trip to Indonesia and Australia from March 18 to March 21 or 22, was that so that he could deal with the emergency of signing legislation dealing with algal blooms and hypoxia research? I don't think so. But that is the measure, as my friend said, she wanted to discuss here on the House floor today, when in fact we know, we know that arm-twisting is taking place. And to liken, to liken the structure that is taking place with what happened 5 years ago is preposterous.

It is true, it is true that under the rules of the House that vote may have been left open, and as a by-product of that we have seen literally millions and millions of seniors have access to affordable prescription drugs.

Madam Speaker, I have to say that that pales in comparison to this unprecedented and outrageous structure that is being utilized, that is being utilized to ram down the throats of the American people something that they don't want.

Madam Speaker, with that, I reserve the balance of my time.

Ms. PINGREE of Maine. Madam Speaker, I will just say a couple of more things again.

I am thrilled that the President has decided to focus all of his energy on health care. I think that the people of this country have waited long enough for health care reform, and I am anxious to see it come to this floor. I am anxious to see us bring it to final passage.

I reserve the balance of my time.

Mr. DREIER. I yield myself such time as I may consume.

Let me say that I was just reminded by my staff, Madam Speaker, and I have got a couple of articles that were just handed to me here today, about this process issue. I regularly argue that process is substance. And excuse me, I am not talking, by the way, about algal blooms or hypoxia research. I am talking about this convoluted process known as the "Slaughter solution."

For some strange reason, the Democratic leadership has said that, regardless of what the Senate is going to do, we are going to proceed with taking our action here, when reconciliation itself is a Senate process. That was designed, as we all know, it is called budget reconciliation, put into place in the 1974 Budget and Impoundment Act. It was put into place by Senator BYRD, and the goal of providing an opportunity for reconciliation, budget reconciliation, was so that there could be an opportunity to deal with tax increases or spending cuts.

I will say, the last time we dealt with meaningful spending cuts under this kind of structure was when we tried to tackle the issue of entitlement reform, and we were able to bring about a very, very modest \$40 billion reduction. I think that we need to work harder on that and we need to utilize that process in doing it.

But what we are seeing right now and these reports that are out there, the confusion that exists in this House, and certainly with the American people, who are just casual observers of this, is that this is not what we were promised, Madam Speaker. It is not what we were promised.

With that, I reserve the balance of my time.

Ms. PINGREE of Maine. I have no further requests for time, and I will continue to reserve my time.

Mr. DREIER. Madam Speaker, it looks like my friend from Texas is here and would like to be recognized. I am happy to yield to my friend, the gentleman from Texas (Mr. GOHMERT).

Mr. GOHMERT. Madam Speaker, I appreciate so much the points my friend from California has been making. Here there have been discussions about health care and the White House wanting to take that over for the American people, and it really is highlighted by something that I ran into just this morning at the White House.

Now, we know from the prior hearings that were held that apparently the

Social Secretary had a meeting with people at security at the White House and decided to change protocol so she wouldn't be there, and so some people got waved in that shouldn't have gotten waved in. As a result, what has happened now, with Members of Congress, it used to be that if you gave 24 hours' notice with Social Security numbers, date of birth, all that kind of thing, you could get six people into the White House at 8 o'clock, 7:45, something like that the next morning. Now, under this White House that was changed to where they want 48 hours. Okay, fine.

As a result of the incompetent handling over letting people into the White House that shouldn't have been, not by the Secret Service, not by the armed guards there—now they have doubled the number of guards that are out there—they now make both Members of Congress and those people who are obviously law-abiding and have had their security checked and double-checked with not one smudge on their record, now they have to go clear down a block away to 15th Street and go through security there.

The Member of Congress, like today in the rain, has to go down a block and then go through security there, with double the number of guards, and then come up and go through security again and go through guards again, all not because Secret Service messed up or the armed guards that are now doubled in number, but because somebody in the White House staff screwed up. Now they are deciding to punish Members of Congress and law-abiding citizens that normally just get in.

The point here is that this is a circus over there. Nobody seems to know what is going on. When accountability was demanded and the Social Secretary was requested by Members of Congress to come testify, they said, "We are not going to let you come testify."

The same thing happened on the Auto Task Force. Could you have them at least come tell us about their secret meetings, these czars and all that stuff? "We are not going to be accountable."

It is a circus going on over there, and now the people in the circus want to be in charge of your health care. Good grief. It is time to say we don't want clowns in charge of something as important as our health care. I don't even want them in charge of algal blooms.

With that, I appreciate the time.

Mr. DREIER. Madam Speaker, I thank my friend for his very thoughtful remarks.

Let me just close—I know my colleague is prepared to do the same—by making a couple of comments.

I began by pointing to the fact that in California we have a number of counties with an unemployment rate in excess of 20 percent. In part of the area I represent in suburban Los Angeles,

we have an unemployment rate in excess of 14 percent. We have, obviously, tremendous numbers of home foreclosures and small business people are unable to gain access to credit.

I believe that we can get our economy growing boldly, strongly, and dynamically, with bipartisanship—and I underscore that term "bipartisan," Madam Speaker—by utilizing the John F. Kennedy-Ronald Reagan approach with marginal tax rate reduction which, during the 1960s under John F. Kennedy and the 1980s under Ronald Reagan, stimulated economic growth by reducing marginal tax rates and doubled, doubled the flow of revenues to the Federal Treasury.

Everyone is decrying the \$1.4 trillion deficit and the \$12 trillion debt that we have today. And what is it we are doing? We are sitting here with a discussion about algal blooms and hypoxia research, and we are witnessing arm-twisting to see the Federal Government take control of one-sixth of our economy, while the American people want us to focus on job creation and economic growth.

□ 1000

We can be doing that, Madam Speaker, if we can refocus our attention to where it is that the American people want us to be. And I urge a "no" vote on this rule.

With that, I yield back the balance of my time.

Ms. PINGREE of Maine. I thank my colleague from California.

We have had a lively debate this morning on a whole variety of issues. I had no idea I was going to have the pleasure of coming to the floor to talk about the bus trips with senior citizens, about the prescription drug debate in the middle of the night and many of the things that have been part of our process for years before I was ever here. And I thank you for that opportunity to go back and forth on those issues.

I appreciate your thoughts and our differences of opinion on this issue of health care reform. I want to reiterate we are here today on the issue of algal blooms and red tide and a variety of things that are important to my constituents here in Maine.

The reason this bill is here on this floor today is because many of those on the other side of the aisle, including my Republican colleague, whom we have been going back and forth with today, Mr. DREIER, voted "no" on the bill when it first hit the floor and we are taking up again.

I would like to close and stick to the topic for a minute and let us move forward with our business today making sure that we continue to bring more bills around jobs here, and I hope that we have some Republican votes on our future jobs bill and certainly on our health care bill.

In closing, I just want to say that the 2009 red tide in Maine hit our coastal communities hard. Most shellfish harvesters are self-employed and make the majority of their living in the summer months. Every day, shellfish harvesters were calling the State agencies and asking for help with mortgages payments, utility bills, doctor bills, car payments, and even food. In my State and in many coastal States, these are jobs. These are jobs that keep families working through the summer and help them get through the winter.

The economic impact of closing much of the coast to shellfish harvesters, aquaculturists and related businesses was conservatively estimated to be between \$1.6 million and \$2.5 million each week. This is real money to coastal States in every corner of this country.

This bill will make a difference for coastal communities. With improved testing and tracking, scientists will be able to accurately identify localized areas. This means that smaller portions of the coast will be shut down instead of entire regions. In addition, it will build on so much of the good work that has already been done, improve our prediction and monitoring capabilities, and take steps to mitigate the impact of red tide and other HABs. We need a national program dedicated to coordinating and integrating Federal resources to minimize or even prevent HABs in both fresh and saltwater. Enhanced coordination will help resource managers make better decisions, and with better decisions will come less economic hardship in our coastal communities.

I urge a "yes" vote on the previous question and on the rule.

I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. BAIRD. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on the bill, H.R. 3650.

The SPEAKER pro tempore (Mr. HASTINGS of Florida). Is there objection to the request of the gentleman from Washington?

There was no objection.

HARMFUL ALGAL BLOOMS AND HYPOXIA RESEARCH AND CONTROL AMENDMENTS ACT OF 2010

Mr. BAIRD. Mr. Speaker, pursuant to the resolution just adopted, I call up the bill (H.R. 3650) to establish a National Harmful Algal Bloom and Hy-

poxia Program, to develop and coordinate a comprehensive and integrated strategy to address harmful algal blooms and hypoxia, and to provide for the development and implementation of comprehensive regional action plans to reduce harmful algal blooms and hypoxia, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1168, in lieu of the amendment in the nature of a substitute recommended by the Committee on Science and Technology printed in the bill, the amendment in the nature of a substitute printed in part A of House Report 111-439 is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Harmful Algal Blooms and Hypoxia Research and Control Amendments Act of 2010".

SEC. 2. AMENDMENT OF HARMFUL ALGAL BLOOM AND HYPOXIA RESEARCH AND CONTROL ACT OF 1998.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Harmful Algal Bloom and Hypoxia Research and Control Act of 1998 (16 U.S.C. 1451 note).

SEC. 3. DEFINITIONS.

(a) AMENDMENT.—The Act is amended by inserting after section 602 the following:

"SEC. 602A. DEFINITIONS.

"In this title:

"(1) ADMINISTRATOR.—The term 'Administrator' means the Administrator of the Environmental Protection Agency.

"(2) PROGRAM.—The term 'Program' means the National Harmful Algal Bloom and Hypoxia Program established under section 603A.

"(3) STATE.—The term 'State' means each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, any other territory or possession of the United States, and any Indian tribe.

"(4) UNDER SECRETARY.—The term 'Under Secretary' means the Under Secretary of Commerce for Oceans and Atmosphere."

(b) TABLE OF CONTENTS AMENDMENT.—The table of contents in section 2 of the Coast Guard Authorization Act of 1998 is amended by adding after the item relating to section 602 the following new item:

"Sec. 602A. Definitions."

SEC. 4. NATIONAL HARMFUL ALGAL BLOOM AND HYPOXIA PROGRAM.

(a) AMENDMENT.—The Act is amended by inserting after section 603 the following:

"SEC. 603A. NATIONAL HARMFUL ALGAL BLOOM AND HYPOXIA PROGRAM.

"(a) IN GENERAL.—Except as provided in subsection (d), the Under Secretary, through the Task Force established under section 603(a), shall establish and maintain a National Harmful Algal Bloom and Hypoxia Program pursuant to this section.

"(b) DUTIES.—The Under Secretary, through the Program, shall coordinate the efforts of the Task Force to—

"(1) develop and promote a national strategy to understand, detect, predict, control, mitigate, and respond to marine and freshwater harmful algal bloom and hypoxia events;

"(2) integrate the research of all Federal programs, including ocean and Great Lakes science and management programs and centers, that address the chemical, biological, and physical components of marine and freshwater harmful algal blooms and hypoxia;

"(3) coordinate and work cooperatively with State, tribal, and local government agencies and programs that address marine and freshwater harmful algal blooms and hypoxia;

"(4) identify additional research, development, and demonstration needs and priorities relating to monitoring, prediction, prevention, control, mitigation, and response to marine and freshwater harmful algal blooms and hypoxia;

"(5) encourage international information sharing and research efforts on marine and freshwater harmful algal blooms and hypoxia, and encourage international mitigation, control, and response activities;

"(6) ensure the development and implementation of methods and technologies to protect the ecosystems affected by marine and freshwater harmful algal blooms;

"(7) integrate, coordinate, and augment existing education programs to improve public understanding and awareness of the causes, impacts, and mitigation efforts for marine and freshwater harmful algal blooms and hypoxia;

"(8) assist in regional, State, tribal, and local efforts to develop and implement appropriate marine and freshwater harmful algal bloom and hypoxia response plans, strategies, and tools;

"(9) provide resources for and assist in the training of State, tribal, and local water and coastal resource managers in the methods and technologies for monitoring, controlling, mitigating, and responding to the effects of marine and freshwater harmful algal blooms and hypoxia events;

"(10) oversee the development, implementation, review, and periodic updating of the Regional Research and Action Plans under section 603B; and

"(11) administer peer-reviewed, merit-based competitive grant funding to support—

"(A) the projects maintained and established by the Program; and

"(B) the research and management needs and priorities identified in the Regional Research and Action Plans.

"(c) COOPERATIVE EFFORTS.—The Under Secretary shall work cooperatively and avoid duplication of efforts with other offices, centers, and programs within the National Oceanic and Atmospheric Administration and other agencies represented on the Task Force established under section 603(a), States, tribes, and nongovernmental organizations concerned with marine and freshwater aquatic issues related to harmful algal blooms and hypoxia.

"(d) FRESHWATER PROGRAM.—With respect to the freshwater aspects of the Program, the Administrator and Under Secretary, through the Task Force, shall carry out the duties otherwise assigned to the Under Secretary under this section and section 603B, including the activities described in subsection (e). The Administrator's participation under this subsection shall include—

"(1) research on the ecology of freshwater harmful algal blooms;

"(2) monitoring and event response of freshwater harmful algal blooms in lakes,

rivers, estuaries (including their tributaries), and reservoirs;

“(3) mitigation and control of freshwater harmful algal blooms; and

“(4) an identification in the President’s annual budget request to Congress of how much funding is proposed in that request for carrying out the activities described in subsection (e).

“(e) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION ACTIVITIES.—As part of the program under this section, the Under Secretary shall—

“(1) maintain and enhance existing competitive grant programs at the National Oceanic and Atmospheric Administration relating to marine and freshwater harmful algal blooms and hypoxia;

“(2) carry out marine and freshwater harmful algal bloom and hypoxia events response activities; and

“(3) enhance communication and coordination among Federal agencies carrying out marine and freshwater harmful algal bloom and hypoxia activities, and increase the availability to appropriate public and private entities of—

“(A) analytical facilities and technologies;

“(B) operational forecasts; and

“(C) reference and research materials.

“(f) INTEGRATED COASTAL AND OCEAN OBSERVATION SYSTEM.—All monitoring and observation data collected under this Act shall be collected in compliance with all data standards and protocols developed pursuant to the National Integrated Coastal and Ocean Observation System Act of 2009 (33 U.S.C. 3601 et seq.), and such data shall be made available through the System established under that Act.

“(g) ACTION STRATEGY.—

“(1) IN GENERAL.—Not later than 12 months after the date of enactment of the Harmful Algal Blooms and Hypoxia Research and Control Amendments Act of 2010, the Under Secretary, through the Task Force established under section 603(a), shall transmit to the Congress an action strategy that identifies—

“(A) the specific activities to be carried out by the Program and the timeline for carrying out such activities; and

“(B) the roles and responsibilities of each Federal agency in the Task Force established under section 603(a) in carrying out Program activities.

“(2) FEDERAL REGISTER.—The Under Secretary shall publish the action strategy in the Federal Register.

“(3) PERIODIC REVISION.—The Under Secretary shall periodically review and revise the action strategy prepared under this subsection as necessary.

“(h) REPORT.—Two years after the submission of the action strategy, the Under Secretary shall prepare and transmit to the Congress a report that describes—

“(1) the activities carried out under the Program and the Regional Research and Action Plans and the budget related to these activities;

“(2) the progress made on implementing the action strategy; and

“(3) the need to revise or terminate activities or projects under the Program.”.

(b) TABLE OF CONTENTS AMENDMENT.—The table of contents in section 2 of the Coast Guard Authorization Act of 1998 is amended by adding after the item relating to section 603 the following new item:

“Sec. 603A. National Harmful Algal Bloom and Hypoxia Program.”.

SEC. 5. REGIONAL RESEARCH AND ACTION PLANS.

(a) AMENDMENT.—The Act is amended by inserting after section 603A the following:

“SEC. 603B. REGIONAL RESEARCH AND ACTION PLANS.

“(a) IN GENERAL.—The Under Secretary, through the Task Force established under section 603(a), shall—

“(1) identify the appropriate regions and subregions to be addressed by each Regional Research and Action Plan; and

“(2) oversee the development and implementation of the Regional Research and Action Plans.

“(b) CONTENTS.—The Plans developed under this section shall identify—

“(1) regional priorities for ecological, economic, and social research on issues related to the impacts of harmful algal blooms and hypoxia;

“(2) research, development, and demonstration activities needed to develop and advance technologies and techniques for minimizing the occurrence of harmful algal blooms and hypoxia and improving capabilities to prevent, predict, monitor, control, and mitigate harmful algal blooms and hypoxia;

“(3) ways to reduce the duration and intensity of harmful algal blooms and hypoxia, including in times of emergency;

“(4) research and methods to address human health dimensions of harmful algal blooms and hypoxia;

“(5) mechanisms, including the potential costs and benefits of those mechanisms, to protect vulnerable ecosystems that could be or have been affected by harmful algal blooms and hypoxia events;

“(6) mechanisms by which data, information, and products are transferred between the Program and State, tribal, and local governments and relevant research entities;

“(7) communication, outreach, and information dissemination methods that State, tribal, and local governments and stakeholder organizations can undertake to educate and inform the public concerning harmful algal blooms and hypoxia; and

“(8) the roles that Federal agencies can play to assist in the implementation of the Plan.

“(c) BUILDING ON AVAILABLE STUDIES AND INFORMATION.—In developing the Plans under this section, the Under Secretary shall—

“(1) utilize and build on existing research, assessments, and reports, including those carried out pursuant to existing law and other relevant sources; and

“(2) consider the impacts, research, and existing program activities of all United States coastlines and fresh and inland waters, including the Great Lakes, the Chesapeake Bay, and estuaries and tributaries.

“(d) DEVELOPMENT OF PLANS.—The Under Secretary shall develop Plans under this section with assistance from the individuals and entities described in subsection (f).

“(e) PLAN TIMELINE AND UPDATES.—The Under Secretary, through the Task Force established under section 603(a), shall ensure that the Plans developed under this section are completed not later than 24 months after the date of enactment of the Harmful Algal Blooms and Hypoxia Research and Control Amendments Act of 2010, and updated once every 5 years thereafter.

“(f) COORDINATION AND CONSULTATION.—In developing the Plans under this section, as appropriate, the Under Secretary—

“(1) shall coordinate with State coastal management and planning officials;

“(2) shall coordinate with tribal resource management officials;

“(3) shall coordinate with water management and watershed officials from both coastal States and noncoastal States with water sources that drain into water bodies affected by harmful algal blooms and hypoxia; and

“(4) shall consult with—

“(A) public health officials;

“(B) emergency management officials;

“(C) science and technology development institutions;

“(D) economists;

“(E) industries and businesses affected by marine and freshwater harmful algal blooms and hypoxia;

“(F) scientists, with expertise concerning harmful algal blooms or hypoxia, from academic or research institutions; and

“(G) other stakeholders.”.

(b) TABLE OF CONTENTS AMENDMENT.—The table of contents in section 2 of the Coast Guard Authorization Act of 1998 is amended by adding after the item relating to section 603A, as added by section 4(b) of this Act, the following new item:

“Sec. 603B. Regional research and action plans.”.

SEC. 6. NORTHERN GULF OF MEXICO HYPOXIA.

Section 604 is amended to read as follows:

“SEC. 604. NORTHERN GULF OF MEXICO HYPOXIA.

“(a) TASK FORCE INITIAL PROGRESS REPORTS.—Not later than 12 months after the date of enactment of the Harmful Algal Blooms and Hypoxia Research and Control Amendments Act of 2010, the Administrator, through the Mississippi River/Gulf of Mexico Watershed Nutrient Task Force, shall complete and transmit to the Congress and the President a report on the progress made by Task Force-directed activities toward attainment of the goals of the Gulf Hypoxia Action Plan 2008.

“(b) TASK FORCE 2-YEAR PROGRESS REPORTS.—After the initial report required under subsection (a), the Administrator, through the Task Force, shall complete and transmit to Congress and the President a report every 2 years thereafter on the progress made by Task Force-directed activities toward attainment of the coastal goal of the Gulf Hypoxia Action Plan 2008.

“(c) CONTENTS.—The reports required by this section shall assess progress made toward nutrient load reductions, the response of the hypoxic zone and water quality throughout the Mississippi/Atchafalaya River Basin, and the economic and social effects. The reports shall—

“(1) include an evaluation of how current policies and programs affect management decisions, including those made by municipalities and industrial and agricultural producers;

“(2) evaluate lessons learned; and

“(3) recommend appropriate actions to continue to implement or, if necessary, revise the strategy set forth in the Gulf Hypoxia Action Plan 2008.”.

SEC. 7. PACIFIC NORTHWEST, ESTUARIES, AND PUGET SOUND HYPOXIA.

(a) AMENDMENT.—The Act is amended by inserting after section 604 the following:

“SEC. 604A. PACIFIC NORTHWEST, ESTUARIES, AND PUGET SOUND HYPOXIA.

“(a) ASSESSMENT REPORT.—Not later than 12 months after the date of enactment of the Harmful Algal Blooms and Hypoxia Research and Control Amendments Act of 2010, the Task Force established under section 603 shall complete and submit to Congress and the President an integrated assessment of hypoxia in the coastal and estuarine waters of the Pacific Northwest that examines the

status of current research, monitoring, prevention, response, and control efforts.

“(b) PLAN.—The Task Force shall include in the regionally appropriate Regional Research and Action Plan developed under section 603B a plan, based on the integrated assessment submitted under subsection (a), for reducing, mitigating, and controlling hypoxia in the coastal and estuarine waters of the Pacific Northwest. In developing such plan, the Task Force shall consult with State, Indian tribe, and local governments, and academic, agricultural, industry, and environmental groups and representatives. Such plan shall include incentive-based partnership approaches. The plan shall also address the social and economic costs and benefits of the measures for reducing, mitigating, and controlling hypoxia.”

(b) TABLE OF CONTENTS AMENDMENT.—The table of contents in section 2 of the Coast Guard Authorization Act of 1998 is amended by adding after the item relating to section 604 the following new item:

“Sec. 604A. Pacific Northwest, estuaries, and Puget Sound hypoxia.”

SEC. 8. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION.—Section 605 is amended to read as follows:

“SEC. 605. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated—

“(1) to the Under Secretary to carry out sections 603A and 603B, \$34,000,000 for each of fiscal years 2011 through 2015, of which, for each fiscal year—

“(A) \$2,000,000 may be used for the development of the Regional Research and Action Plans and the reports required by section 604A;

“(B) \$3,000,000 may be used for the research and assessment activities related to marine and freshwater harmful algal blooms at research laboratories of the National Oceanic and Atmospheric Administration;

“(C) \$8,000,000 may be used to carry out the Ecology and Oceanography of Harmful Algal Blooms Program (ECOHAB);

“(D) \$5,500,000 may be used to carry out the Monitoring and Event Response for Harmful Algal Blooms Program (MERHAB);

“(E) \$1,500,000 may be used to carry out the Northern Gulf of Mexico Ecosystems and Hypoxia Assessment Program (NGOMEX);

“(F) \$5,000,000 may be used to carry out the Coastal Hypoxia Research Program (CHRP);

“(G) \$5,000,000 may be used to carry out the Prevention, Control, and Mitigation of Harmful Algal Blooms Program (PCM);

“(H) \$1,000,000 may be used to carry out marine and freshwater harmful algal bloom and hypoxia events response activities; and

“(I) \$3,000,000 may be used for increased availability, communication, and coordination activities; and

“(2) to the Administrator to carry out sections 603A, 603B, and 604, \$7,000,000 for each of fiscal years 2011 through 2015.”

(b) EXTRAMURAL RESEARCH ACTIVITIES.—The Under Secretary shall ensure that a substantial portion of funds appropriated pursuant to subsection (a) that are used for research purposes are allocated to extramural research activities.

The SPEAKER pro tempore. After 1 hour of debate on the bill, as amended, it shall be in order to consider the amendment printed in part B of House Report 111-439 if offered by the gentleman from Arizona (Mr. FLAKE) or his designee, which shall be considered read, and shall be debatable for 10 minutes equally divided and controlled by the proponent and an opponent.

The gentleman from Washington (Mr. BAIRD) and the gentleman from Texas (Mr. HALL) each will control 30 minutes.

The Chair recognizes the gentleman from Washington.

Mr. BAIRD. Mr. Speaker, I yield myself such time as I may consume.

H.R. 3650, the Harmful Algal Blooms and Hypoxia Research and Control Amendments Act of 2009, as amended, is a good bipartisan bill. The bill represents a timely and necessary step to address the large and growing problems of harmful algal blooms and hypoxia. The Harmful Algal Blooms and Hypoxia Research and Control Act was first signed into law in 1998 and last reauthorized in 2004. Since the last reauthorization, there has been an increase in the number, frequency, and type of algal blooms and hypoxic events.

These events can terribly affect the marine and freshwater systems where they occur. Large fish kills, closed beaches, and poisoned seafood are all typical consequences of harmful algal blooms.

I listened to the debate on the rule prior to our debating the bill itself; and as far as the question of why are we debating this, the simple answer is, it can kill you. Indeed, it does kill some of our citizens every year. It kills countless numbers of fish life, it destroys tourism, and it costs hundreds of millions of dollars. That seems to me a pretty good reason to take something up.

In addition, as my dear friend and colleague from Florida will attest, his tourist industry, as mine, and as the gentlewoman from Maine who spoke earlier and indeed the gentleman from California and my colleague from Texas, all have beaches which are adversely affected. If the issue we are concerned about is jobs, harmful algal blooms are destroyers of jobs in addition to takers of lives.

In freshwater, harmful algal blooms present a toxin that is very, very difficult to remove; and let me clarify why. All the normal means we use to purify water don't work with harmful algal blooms. You cannot boil it because boiling separates the toxin from the algae and actually concentrates the toxin. Indeed, lab researchers use boiling as a way to concentrate the toxin when they are trying to study it. You can't filter it because filtering breaks down the bodies of the algae, and that also releases the toxin. Chlorine doesn't work because chlorine is designed to kill protozoa, and these are not protozoa. The toxin is not caused by a protozoa.

So we've got a very dangerous problem. And beyond that, it is a problem that is expanding in duration. Harmful algal blooms and hypoxic events are starting earlier in the season and lasting longer. They are growing in larger scale, and they are spreading around

the country. We have some ideas about why, and we have some ideas about how to control them, but we don't know for certain. And that is why this bill matters, and that is why my colleagues, Mr. MACK, Mr. EHLERS and others, have worked on it. We have taken some important steps since 1998 and 2004. And, again, I want to commend my colleague, VERN EHLERS, who has been instrumental on this issue for many, many years.

The bill before us would establish a National Harmful Algal Bloom and Hypoxia program within the National Oceanic and Atmospheric Administration tasked as the lead in overseeing the development of these plans and the execution of this national program.

HABs, again, do not only affect our coastlines. From the waters and streams of Virginia and West Virginia to the Great Lakes, throughout this country, every single State in the Union, whether it is freshwater or marine ecosystem, has been affected by harmful algal blooms. My own State of Washington, the Puget Sound in Hood Canal, has a dead zone that expands every year. Off our coast, we have increasing dead zones, and red tides devastate the tourist industry when they stop the clamming season from happening.

Legitimate questions have been raised about the authorized funding levels in this bill. But the increased investment this legislation calls for is necessary to address the harmful economic impacts and health impacts that HABs pose to our country. Conservative estimates back in 2006 estimated a minimum impact of \$82 million per year.

This bill is the product of bipartisan collaboration and contains the input of both Democratic and Republican Members. And as I mentioned, Dr. VERN EHLERS, Dr. CONNIE MACK, as well as on our side Mr. KRATOVIL and Ms. CASTOR, have all offered very valuable input.

The bill you have before you today is the product of two hearings, a subcommittee markup, a full committee markup, post-markup negotiations with the three House committees with jurisdiction over the bill, as well as negotiations with the Senate Commerce Committee.

The bill represents a focused effort to address the specific issues of harmful algal blooms and hypoxia.

I urge my colleagues to support the bill, and I reserve the balance of my time.

Mr. HALL of Texas. Mr. Speaker, I yield myself such time as I may consume.

The bill before us today is the same bill that was before this body 3 days ago. As such, I don't have much to add today except to compliment the gentleman from Washington and tell him that he has made a difference in the time he has been here and he will be

missed when he leaves in November. And it is tough to go against a bill that I'm in favor of the thrust that he has, but I have some concerns about it.

I will simply reiterate that I'm supportive of the underlying goals of this legislation. It fosters continued research into the causes of harmful algal blooms, explores ways to manage these events, and sets up mechanisms to potentially predict when they might even occur. While supportive of the goals of the measure, I and several of my Republican colleagues, and there is a difference among us on this side, have some concerns about the authorization levels in this bill as well as the potential for unfunded mandates on States and localities.

This bill authorizes funding that is almost three times the amount that had been appropriated in recent years and is 50 percent higher than the last reauthorization in 2004. In authorizing legislation, we must be mindful of fiscal constraints both at the Federal and the State level.

I look forward to continuing to work with Dr. BAIRD and my colleagues on the House Science and Technology Committee as this bill moves through the process.

I reserve the balance of my time.

Mr. BAIRD. I thank the gentleman for his comments.

Before recognizing Ms. CASTOR, I would just point out, as he is aware—first of all, I want to thank him for his support of the underlying issue here. I think the recognition of the severity of this problem is much appreciated, as Mr. MACK will attest to in just a moment.

Regarding the issue of unfunded mandates, the Congressional Budget Office has looked at this legislation and determined specifically that it does not impose any unfunded mandates, so I respect the concern but would offer assurance that it is not considered a problem, at least by CBO.

Regarding the authorization levels, we discussed these levels at some length. Given the severity of the problem, we actually began with the higher number. In consult with our friends on the other side of the aisle, we actually lowered the number. And, furthermore, the number, of course, is an authorizing number; it is not an appropriated amount. Our premise is that the problem actually perhaps deserves substantially more money than we have been spending on it because it is a deadly threat and an economic loss. But we recognize that probably now actual appropriated levels will fall below authorization. Having a greater authorization allows us to up the effort should a situation arise that needs that.

With that, I'm happy to yield such time as she may consume to the gentlewoman from Florida (Ms. CASTOR), who has been a champion of this, as it affects so much of her State.

Ms. CASTOR of Florida. Mr. Speaker, I'm very pleased to rise in strong support of H.R. 3650. I call this the "red tide" bill. I would like to thank my colleague Mr. BAIRD for his great leadership on this initiative.

□ 1015

I've heard some discussion here in the Chamber and throughout the Capitol the last couple of days. Why are we taking up time with algae? Well, let's not diminish the issue because this is vitally important for jobs throughout the great State of Florida. I am very pleased that my colleague from Florida is in the Chair this morning to preside over this.

We simply can't go backwards when it comes to jobs in our economy, and red tide is a significant threat to the tourism economy in the State of Florida. We depend in Florida upon people coming from all over the country and all over the world to vacation, especially on the beautiful beaches of the west coast of Florida, where you have the warm waters of the Gulf of Mexico. There are no better beaches across the entire world than there are on the west coast of Florida. Now, also, on the Atlantic side it is quite lovely and the Florida Keys, but we face a significant threat from red tide.

The tourism industry in Florida employs over 1 million people, and it is estimated that tourism has a \$65 billion impact on our State's economy. Add on top of that recreational fishing, commercial fishing. What happens when this red tide washes in, it's awful. The tourists flee the beaches, and the folks that live and work and rely upon those industries really suffer. This happened just a few years ago in 2005. We had terrible red tide outbreaks on the west coast of Florida. And I can tell you because I had my family there at the beach with about a dozen other families where we go right after school is out. And what happens is that it causes you a lot of difficulty breathing. Your eyes start to water, the fish wash up on the shore, dead fish. And you can forget about it. Our economy took a real hit because of red tide. The tourists simply don't want to visit polluted beaches. We have beautiful, clean, crystal clear water most of the time. But when this red tide invades, it's absolutely awful. You can see where it's directly tied to jobs because then the word spreads. There were news stories over in England and Great Britain, where a lot of our tourists come from, and they decided not take their vacation. Now, if that happened in this economy, it would be very detrimental. So today's legislation will help us combat that threat.

And I would like to especially thank my colleague from Florida, Representative CONNIE MACK, who represents the Naples, Sanibel Island area. There is simply no more beautiful place to va-

cation than maybe up towards my district in Longboat Key and Anna Maria Island. But Congressman MACK and I have been working on this issue since 2007. He was working on it before I arrived in Congress, and we introduced the Save Our Shores Act to bring more attention to the research on red tide. That's why I am so gratified that the Science Committee, Mr. BAIRD and Mr. BARTON, have really stepped up and promoted this. It's a bipartisan effort. And it's important because it comes on the heels of the tourism bill, the Travel Promotion Act that was signed into law by President Obama just last week. It's another good bolstering of the tourism economy and all those important jobs to the Sunshine State and across the country.

Now, this legislation will ensure that we learn more about harmful algal blooms so that we can protect our precious coastlines and the tourism-related jobs that come with having healthy beaches. According to the National Centers for Coastal Ocean Science, the national economic impact of the red tide, the harmful algal blooms, is at least \$82 million annually. So if we can pump in a little bit of research money and figure out what causes this—you see, that's the problem. We don't really know what causes the red tide and the algal blooms. If we're already suffering an \$82 million hit, then it is very cost-effective for us to put a little bit more money into research and coordination. There's a lot of good research out there, but I don't think that it's being shared widely. So this initiative will help do that. And I think we'll be able to avoid devastating losses to tourism, to recreation and to commercial fishing all across the country.

In 1971, Florida faced an exceptionally bad case of red tide, and then again in 2005, and we think that that caused Florida to take a hit of over \$100 million. So the level of concern about red tide's cost to tourism is still high even though it's been a couple of years since our last big outbreak. But like I said, if we had an outbreak today in this economy, it would severely hurt businesses at a time when we just can't take it anymore. The unemployment rate in my community is about 13 percent, and we rely on folks needing some relaxation time and vacations in the beautiful Sunshine State. So that's why I strongly support this initiative.

Again, I want to thank my colleagues, Representative MACK from Florida, Mr. BAIRD, the Science and Technology Committee, and I am pleased to urge all my colleagues to vote for H.R. 3650.

Mr. HALL of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. MACK).

Mr. MACK. I want to thank the chairman, Mr. BAIRD, for his work on this important issue. I also want to

thank the ranking member, Mr. HALL, for his hard work and dedication.

I also want to recognize that in this bill, there may be a lot of people who have concerns about the funding levels, and I'll just pick up where the chairman talked about that this is an authorizing bill. This is not the appropriations process. But it is important that we recognize that for our researchers around the country, they need to be able to plan looking forward, and if they constantly are relying on funding to be done through the appropriations process once a year, whether or not they're going to have the research dollars or not, that is no way to conduct quality research, especially on an issue that's so important, and I too call this red tide.

This is an important issue for all of us, not just those that live along the coast, but for all of us. It used to be thought that red tide was only something that affected the marine life, but now we have seen that this has crossed over and is affecting not only the quality of life for people who live or vacation at the beach but also can cause death. So I commend the committee for this bill.

Passing this important legislation is the first step in increasing research on red tide while ensuring that scientists and experts in the field, and not politicians, determine where research money is spent. And this is an important fact because right now, all of my colleagues and I, we try to make sure that we bring some money home for our local research organizations, which we support. But in this legislation what we're saying is, let's have a peer review group look at the research projects that are out there, and let them decide. Let scientists decide what's most important, what research is to be supported and funded.

This is very important for everybody at home. For those people who want to make sure that we control spending, one of the best ways to control spending through this bill is to make sure that peer review groups are deciding where the money's going, not everyone and Members of Congress fighting for their own little project in their backyards. So I see this in that light as well. There are great organizations out there, whether it's Woods Hole, or Mote Marine, or Florida Gulf Coast University, and also Ocean Champions, who have been working hard on this legislation, and we need to support them as well.

So on a last note, growing up in southwest Florida, I have spent my whole life on the water in Sanibel and Fort Myers Beach and Captiva, and we would have red tide maybe 1 week out of the year.

The SPEAKER pro tempore (Mr. SALAZAR). The time of the gentleman from Florida has expired.

Mr. HALL of Texas. I yield the gentleman 1 additional minute.

Mr. MACK. So we would have an outbreak maybe once a year for 1 week. Not too long ago, we had 13 months of straight red tide off the coast of Florida in southwest Florida. Clearly something is changing, something is happening. And right now, frankly, I don't know that we can trust all the research that's out there. This bill will ensure that we can trust the research that's happening, that it's done through a peer review group, through NOAA, and that we will have reporting to the Congress on those findings so we can continue to monitor and hopefully eliminate or begin to control red tide so the citizens of this great country can enjoy the beaches, our economies can grow, and the quality of life can improve.

Thank you for the time.

Mr. BAIRD. I want to commend the gentleman from Florida. His personal story is one we hear so often. But he knows it firsthand, from his time as a child, an occasional red tide where his parents probably said, No, you can't go swimming today, son, to a 13-month period of red tide. Earlier when I said we have seen an expansion in duration, in size, and in breadth across the country, that's precisely what I'm referring to.

I'm sure this is true of both of my colleagues from Florida. If you're a hotel owner, and you get notice that a red tide is forming off your beach, that's it. You basically can kiss your entire season of income—or at least a good part of it—goodbye. Where I'm from in the Pacific Northwest, clamming, razor clams are one of the great things that draws people to the coast. Our beaches just are covered with folks, and they get up in the wee hours of the morning when the tide is low and go out. It is a great family endeavor. It provides a wonderful delicacy to people, and people look forward to it year-round, and it is the high season at the coast. Except if a scientist is out there and says, We've got an algal bloom forming, and it is not safe for people to eat the shellfish or to swim in this water at this time.

Why isn't it safe? Well, first off, I want to underscore that most shellfish from around our country is safe, but during these periods, it is not. And here is why: The toxin that forms is a neurotoxin. It attacks your brain. It's called paralytic shellfish poisoning. In some areas, sometimes you will hear it as amnesic shellfish poisoning. Amnesic shellfish poisoning attacks the part of your brain that turns short-term memories into long-term memories. This is a bad thing. This means that you can't learn new information. So when people say, Oh, this is algae, what do we care about algae—I heard this a lot yesterday. Why are we coming back into session to talk about algae? Well, I hope people can remember that if they eat shellfish with paralytic shellfish poisoning, they can die.

Their brain can be damaged. Their children's brains can be damaged. If somebody says, Oh, Mom and Dad, it's just red tide, I'm going swimming anyway, you can't let that happen. The kid will die. It's that serious.

Let me turn to the freshwater. A true story from my district. Imagine you take your family dog, your beloved favorite pet, to the water that you always take them to. You take the tennis ball and you fling it out into the water. And your retriever jumps in the water, swims out, grabs that tennis ball, swims back to the shore. You take the tennis ball out, you turn to throw it, and the dog is dying before your eyes. That really happened. It happened in my district in a lake that, when there's not an algal bloom, people recreate in, they have sailboats, they have boat races, they swim in it, they take their dogs there. From one week when it was safe for that dog to go in the water, the owner comes back the next week, and through no fault of their own, the dog does everything it normally does, and it dies.

If I had a glass of clear water here, and someone were saying, Oh, what a waste of time, what a waste of time to work on this, and it had the toxin from blue-green algae, the person who drank that water would die. If it's in your freshwater system, a large reservoir for your municipality, and you get a blue-green algal bloom in that with toxin, I would ask my colleagues who are skeptical about this, Tell me how you get it out? There are mechanisms, but they're not easy, and they're very costly. How do you get it out of there? And more importantly, tell me how you're going to give the people who you represent clean drinking water if your water system is contaminated. If you depend on surface reservoirs, and you get a blue-green algal bloom, you are in deep, deep trouble, and you are looking at a lot of money and possibly some deaths of your constituents.

Mr. MACK talked a little bit about hypoxia, which is a huge problem in the Gulf. Let me put this in terms we understand: Hypoxic zones are areas where the algae has decomposed, and that decomposition has taken the air out of the water, basically taken the oxygen out. Imagine if you were walking your normal route to work or to your home, and suddenly, invisibly, you went into an area where there was no oxygen in the air. You're walking a route you normally take. No oxygen. What happens? You suffocate. You die. That's what dead zones do. Hundreds of thousands, millions of aquatic fish—the very fish that our fishermen in our coastal communities depend on, the very fish we eat and enjoy—they just flat die. They're swimming in their normal, maybe their migratory route, maybe their reproductive areas. They go into this area. They can't tell there is no oxygen in the water. They swim

into it, they have no oxygen, and they die in enormous quantities. Then they wash up on the beaches as a pleasant attraction for our tourism industry.

In this body, we stick around to honor sports teams, we praise movie stars. This is something that can kill you, for goodness sakes.

I also want to make sure we thank the many scientists who have done the work on this legislation. Scientists around the world are trying to study the causes, trying to study the interventions. They literally evaluate our beaches around the country and our freshwater systems on a daily basis and give us the information we need to protect the public safety and health. And I want to make sure I commend them.

At this point I will reserve the balance of my time.

□ 1030

Mr. HALL of Texas. Mr. Speaker, I have no further requests for time.

In closing, I just want to point out once again to be guarding against unfunded mandates on States and localities. This bill will reach probably a conference committee somewhere down the road. I would like to have that remembered.

In authorizing legislation, we have to still be mindful of fiscal constraints both at the Federal and the State level. The President's budget request for the NOAA program is \$12.7 million. Forty-one million dollars in authorization is significantly above the request. It is a good program, a great thrust. I support the thrust. I just ask those who vote upon it, for or against it, to remember the unfunded mandate danger and the fact that it is well above.

I now see my colleague from Michigan, Dr. EHLERS, here, who is probably going to disagree with me. I will yield him 5 minutes.

Mr. EHLERS. I thank the gentleman for yielding.

I am sorry I arrived late for this debate, but I was speaking at the National Academy of Engineering.

I simply want to speak on the record in support of this bill. It is essentially the same bill that I introduced several years ago when we were in the majority, and it did pass then. The major change now is of course increased funding because of the increased need that has occurred.

The hypoxia and harmful algal blooms, also known as HABs, are nationwide problems that have grown tremendously in the last decade, not just in the Gulf of Mexico, but also in the Great Lakes, Chesapeake Bay, California, the Pacific Northwest, and elsewhere. This is a problem that just simply has to be dealt with. It is hurting the fishing industry tremendously.

I recognize that there is concern about the cost of the bill. First of all, I am sure we will not be appropriating as much money as is authorized. But

secondly, you have to measure the effect on commerce of this bill, particularly the commercial fishing industry, but also the safety of the tourist industry. If we do not correct this problem and it continues to spread, we will soon find the tourist industry off the southern coast, particularly Florida and the Gulf States and also Texas, will be injured because people will simply not be able to use the waters and will vacation elsewhere.

This could create additional problems. I won't go into all the details on that. I do have a prepared statement which I will submit. But I just wanted to go on record as supporting this bill very strongly. I have worked with Mr. BAIRD. I was the sponsor a few years ago, and he helped me then. He is the sponsor now, and I have helped him. And I just want to encourage the body to vote for this bill and adopt it.

The cost issue is certainly a legitimate one. It always is. But I think that is best addressed through the appropriations process. But certainly there is the need to go after this HAB problem scientifically and find out why the problem is becoming so much worse, and what we can do to stop it. I am hoping that through research we can stop it at far less cost than we are talking about in this bill. But we won't know until we do the research and get into the details of the problem.

I again thank the ranking member, Mr. HALL, who has done yeoman work on the committee this year. I thank him for yielding time to me, and thank him for all the good work he has done.

I urge the body to adopt this particular bill.

Mr. Speaker, I am pleased that today the House is considering H.R. 3650, the Harmful Algal Blooms and Hypoxia Research and Control Amendments Act of 2010.

Hypoxia and harmful algal blooms, also known as HABs, are nationwide problems that affect our coastal and Great Lakes communities. The damaging effects of HABs and hypoxia are felt in locations including the Chesapeake Bay, California, the Pacific Northwest, the Great Lakes, and the Gulf of Mexico. Less than two weeks ago, the National Oceanic and Atmospheric Administration (NOAA) released a warning indicating the potential for a major bloom in New England this summer that may threaten the shellfish industry. These blooms have major economic consequences for our country, and must be prevented.

In 1998, Congress passed a three-year bill authorizing HAB and hypoxia research programs, with a focus on the "dead zone" in the Gulf of Mexico and *Pfiesteria* in the Chesapeake Bay. The Act was reauthorized in 2004, and added freshwater, such as the Great Lakes, as an important area for HAB and hypoxia research. It also increased the participation of local resource managers in developing HAB and hypoxia research plans; ensuring that the research was prioritized to address the questions facing people working with HABs and hypoxia on a daily basis. Also, the bill required that all research funding be ad-

ministered through a competitive, merit-based, peer-reviewed process.

The amendments we are considering today strengthen the algal bloom research activities at NOAA and the Environmental Protection Agency (EPA), and improve the communication and coordination between the many federal, state and local stakeholders. The bill would facilitate a clear national strategy for research in both marine and freshwater environments, and reauthorize activities through 2015.

One comment on the process; I am aware that modifications have been made to the legislation since it was considered by the Science and Technology Committee, and that some of these modifications fall within this committee's jurisdiction. While I understand there are necessary technical changes following markups, I do believe the consideration of substantive changes should take place in a manner that all committee members have the opportunity to voice their input. I understand that Subcommittee Chairman BAIRD will detail these changes on the floor, and I thank him for his efforts to share this information with all Members.

I am pleased that Chairmen BAIRD and GORDON and Ranking Member HALL have worked diligently within the Science and Technology Committee and other Committees of jurisdiction to bring this bill expeditiously to the floor of the House. This bill will help us improve our understanding of these phenomena so that we can accurately predict their occurrence and develop tools for improved detection and mitigation of these problems. I urge the House to pass this bill.

Mr. HALL of Texas. Mr. Speaker, I yield back the balance of my time.

Mr. BAIRD. Mr. Speaker, I yield myself such time as I may consume.

I am so delighted that Mr. EHLERS is here for a number of reasons. First of all, the history of harmful algal bloom legislation really owes its existence to this gentleman. As a scientist, as someone who cares passionately about the people of his State and the Great Lakes, I will say without any hesitation the Great Lakes have had no stronger champion in the Congress than this gentleman here, Dr. EHLERS. And for that matter, I believe science itself has had no stronger champion.

If you look at his contributions on the Great Lakes, harmful algal blooms I just mentioned. Invasive species. He has been a champion in trying to fight the zebra mussel, which is also the kind of thing someone could look at with derision and say why are we trying to fight invasive species, a little tiny mussel? Well, it costs billions of dollars a year in property loss and economic loss. Just yesterday we were on a panel together and he was raising the very important issue of the possible invasion of carp into the Great Lakes system, which would devastate the sports fishing and other industries in the Great Lakes.

The other reason I think it is particularly appropriate that he is here is when we speak about red tide, inland

communities may say, we don't have any marine waters, what do we care? The Great Lakes are a classic example of an area where harmful algal blooms can affect fresh waters as well as maritime waters. And so my hat is off to Dr. EHLERS, and he has my gratitude for his leadership on this over the years.

In closing, I would like to again thank my friend and colleague from Texas, my friend from Michigan, and Mr. MACK, Ms. CASTOR, and Mr. KRATOVL. I am very grateful for the time, and urge passage of this.

Mr. HOLT. Mr. Speaker, I rise in support of H.R. 3650, the Harmful Algal Blooms and Hypoxia Research and Control Amendments Act of 2010. I am pleased to cosponsor this bill, which would help us address one of the most underrecognized problems affecting our coastal communities, damaging aquatic environments, and threatening human health.

Harmful algal blooms can devastate commercial fisheries and tourism. Some blooming species produce potent neurotoxins that can kill marine organisms and cause human illness—or even death—when contaminated seafood is consumed. For this reason, blooms often necessitate fisheries closures. The National Oceanic and Atmospheric Administration estimates that HABs cost the commercial fishing industry \$38 million per year. In cases where the blooming organisms do not produce toxins, they can deplete the water column of light and oxygen, causing dead zones. These often drive off tourists at a cost of millions of dollars annually to our coastal communities. All together, NOAA estimates that HABs cost the United States economy \$82 million per year.

The bill before us today would establish and maintain a National Harmful Algal Bloom and Hypoxia Program to develop a national strategy to address this national problem. This would include a full analysis of our research, development, and demonstration needs and priorities and the creation of coordinated education programs. This is just the kind of action we need to take more often. We need to provide our federal science agencies the tools they need to gather the scientific data necessary to help us develop an effective solution to this problem. I am pleased to support this bill, and I urge my colleagues to do so as well.

Mrs. NAPOLITANO. Mr. Speaker, H.R. 3650, the Harmful Algal Blooms and Hypoxia Research and Control Amendments Act, will address a growing threat to the health of our aquatic environments and our coastal communities.

H.R. 3650 establishes a program, led by the National Oceanic and Atmospheric Administration, NOAA, to reduce the environmental impact of harmful algal blooms, HABs, and hypoxia.

Algal blooms, which are a rapid increase in the population of algae in an aquatic system, are typically not threatening to their environments. However, a growing percentage of algal blooms produce toxins that can kill fish, shellfish, marine mammals, and birds, and may cause illness in people. Non-toxic algal blooms may also have a hypoxic effect on marine ecosystems. For example, when masses

of algae die and decompose, they can deplete oxygen in the water, causing the water to become so low in oxygen that animals either leave the area or die. HABs have been reported in almost every U.S. coastal state, and their occurrence may be on the rise.

H.R. 3650 authorizes \$41 million each year for the next four years for NOAA and the Environmental Protection Agency, EPA, to further research the complex causes of HABs. The program will develop a national strategy to address marine and freshwater HABs, hypoxia, and the protection of affected ecosystems. It will educate coastal resource managers and the general public with training and awareness programs. The program will also identify further research needs, and provide grant funding for research projects.

I strongly support this bill because it is a critical step towards the preservation of our coastlines for future generations.

Mr. BOYD. Mr. Speaker, I rise in support of H.R. 3650, the Harmful Algal Blooms and Hypoxia Research and Control Amendments Act. I represent North Florida along the coast line of the Gulf of Mexico. My district has some of the most beautiful and cleanest beaches in the Nation, as well as a strong fishing and oyster industry. This coastline is pristine and much of it is undeveloped. Every time the Algal Blooms near our coastline, our local economy and environment come under threat.

Algal blooms have a significant impact on our seafood industry. In particular, the blooms directly affect the filter-feeders. Oysters and scallops are a significant economic engine to many of the small towns along the Gulf coastline. When the 2005 algal bloom incident occurred, many folks in my district lost a significant amount of their income because of the toxins that result from algal blooms. In fact, the Apalachicola Bay was closed for over 50 percent of the season, resulting in loss of seafood harvest, cancelled tourist reservations, regional defamation and illness that exceeded millions.

Algal blooms also have a significant impact on Florida's tourism industry. The effects of the toxins can lead to respiratory and eye problems in people who are exposed. When algal blooms take over, tourists can not enjoy the wildlife and ecosystems they came to experience and this has a clear and disastrous impact on our State's \$53 billion tourism industry.

In conclusion, the welfare of our coastal communities, seafood production, and health in the Apalachicola Bay, and all along the Florida coast, remains at risk due to algal blooms. This situation must have more attention and science devoted to protect our economy and job, as well as the environment and public health. I support H.R. 3650 and will continue to do my part to help develop responsible and more effective methods to stop algal blooms.

Mr. BAIRD. I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired.

The Chair understands that the gentleman from Arizona will not be offering his amendment.

Pursuant to House Resolution 1168, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. BAIRD. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on passage of H.R. 3650 will be followed by 5-minute votes on the Speaker's approval of the Journal and the motion to suspend the rules on H.R. 4506.

The vote was taken by electronic device, and there were—yeas 251, nays 103, not voting 76, as follows:

[Roll No. 109]

YEAS—251

Adler (NJ)	Doggett	Kucinich
Andrews	Donnelly (IN)	Langevin
Arcuri	Doyle	Larsen (WA)
Baird	Driehaus	Larson (CT)
Baldwin	Edwards (MD)	Lee (CA)
Barrow	Edwards (TX)	Levin
Bean	Ehlers	Lewis (GA)
Becerra	Ellison	Lipinski
Berkley	Ellsworth	LoBiondo
Berry	Engel	Lowe
Biggert	Eshoo	Lucas
Billbray	Etheridge	Lynch
Bilirakis	Fallin	Mack
Bishop (GA)	Farr	Maffei
Bishop (NY)	Fattah	Markey (CO)
Blumenauer	Filner	Markey (MA)
Boccheri	Fleming	Matheson
Bono Mack	Fortenberry	Matsui
Boozman	Foster	McCarthy (NY)
Boucher	Fudge	McCollum
Boustany	Garamendi	McCotter
Boyd	Gerlach	McDermott
Brady (PA)	Giffords	McGovern
Braley (IA)	Gohmert	McIntyre
Brown, Corrine	Gonzalez	McMahon
Brown-Waite,	Gordon (TN)	McNerney
Ginny	Grayson	Meek (FL)
Butterfield	Green, Al	Meeks (NY)
Capito	Green, Gene	Melancon
Capps	Gutierrez	Michaud
Capuano	Hall (NY)	Miller (NC)
Cardoza	Halvorson	Miller, George
Carnahan	Hare	Minnick
Carney	Harman	Mitchell
Carson (IN)	Hastings (FL)	Mollohan
Cassidy	Heinrich	Moore (KS)
Castle	Herseth Sandlin	Moore (WI)
Castor (FL)	Himes	Moran (VA)
Chandler	Hinchey	Murphy, Patrick
Chu	Hinojosa	Nadler (NY)
Clarke	Hirono	Neal (MA)
Cleaver	Hodes	Nye
Clyburn	Holden	Oberstar
Cohen	Holt	Obey
Cole	Honda	Olver
Connolly (VA)	Hoyer	Ortiz
Conyers	Inslee	Pallone
Cooper	Israel	Pascarell
Costa	Jackson (IL)	Pastor (AZ)
Courtney	Jackson Lee	Paulsen
Crenshaw	(TX)	Payne
Crowley	Johnson (GA)	Perlmutter
Cuellar	Johnson (IL)	Perriello
Cummings	Johnson, E. B.	Peters
Dahlkemper	Kanjorski	Peterson
Davis (CA)	Kennedy	Petri
Davis (IL)	Kildee	Pingree (ME)
Davis (TN)	Kilroy	Platts
DeGette	Kind	Polis (CO)
DeLauro	Kissell	Posey
Dent	Kline (MN)	Price (NC)
Dicks	Kosmas	Putnam
Dingell	Kratovil	Quigley

Rahall
Rangel
Rehberg
Reichert
Richardson
Rooney
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schrader

Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Snyder
Space
Spratt
Stark
Stupak
Sutton
Tanner
Taylor
Teague
Thompson (MS)

Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Wittman
Woolsey
Wu
Yarmuth

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mrs. NAPOLITANO. Mr. Speaker, on Friday, March 12, 2010, I was absent during rollcall vote No. 109. Had I been present, I would have voted “yea” on passage of H.R. 3650, the Harmful Algal Blooms and Hypoxia Research and Control Amendments Act.

Stated against:

Mr. HELLER. Mr. Speaker, on rollcall No. 109, had I been present, I would have voted “nay.”

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, on rollcall No. 109, had I been present, I would have voted “nay.”

Polis (CO)
Posey
Price (NC)
Quigley
Rahall
Rangel
Richardson
Roe (TN)
Rooney
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky

Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Skelton
Slaughter
Snyder
Space
Spratt
Stark
Stupak
Tanner
Teague
Thompson (MS)
Tiberi

Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—103

Aderholt
Akin
Altmire
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Blackburn
Boehner
Bonner
Boren
Brady (TX)
Bright
Broun (GA)
Burton (IN)
Camp
Cantor
Coble
Coffman (CO)
Conaway
Culberson
Davis (KY)
Dreier
Duncan
Emerson
Forbes
Foxy
Franks (AZ)
Frelinghuysen
Garrett (NJ)
Goodlatte
Granger
Graves
Griffith

Guthrie
Hall (TX)
Harper
Hastings (WA)
Hensarling
Herger
Hunter
Inglis
Jenkins
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirkpatrick (AZ)
Lamborn
Lance
Latham
Latta
Lee (NY)
Lewis (CA)
Linder
Luetkemeyer
Lummis
Lungren, Daniel E.
Manzullo
McCarthy (CA)
McCaul
McClintock
McHenry
McKeon
McMorris
Rodgers
Mica
Miller (FL)

Miller (MI)
Myrick
Neugebauer
Nunes
Olson
Owens
Pitts
Poe (TX)
Price (GA)
Radanovich
Roe (TN)
Rogers (AL)
Rogers (MI)
Royce
Schmidt
Sensenbrenner
Sessions
Shadegg
Shuster
Simpson
Smith (TX)
Souder
Stearns
Sullivan
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Westmoreland
Whitfield
Wilson (SC)
Wolf
Young (AK)

NOT VOTING—76

Ackerman
Alexander
Baca
Barton (TX)
Berman
Bishop (UT)
Blunt
Boswell
Brown (SC)
Buchanan
Burgess
Buyer
Calvert
Campbell
Cao
Carter
Chaffetz
Childers
Clay
Costello
Davis (AL)
Deal (GA)
DeFazio
Delahunt
Diaz-Balart, L.
Diaz-Balart, M.

Flake
Frank (MA)
Gallegly
Gingrey (GA)
Grijalva
Heller
Higgins
Hill
Hoekstra
Issa
Johnson, Sam
Jones
Kagen
Kaptur
Kilpatrick (MI)
Kirk
Klein (FL)
LaTourette
Loeb
Loeb
Lofgren, Zoe
Lujan
Maloney
Marchant
Marshall
Miller, Gary
Moran (KS)

Murphy (CT)
Murphy (NY)
Murphy, Tim
Napolitano
Paul
Pence
Pomeroy
Reyes
Rodriguez
Rogers (KY)
Rohrabacher
Ros-Lehtinen
Roskam
Rush
Schock
Shimkus
Sires
Smith (WA)
Speier
Terry
Thompson (CA)
Walden
Wamp
Young (FL)

□ 1106

Messrs. SOUDER and WHITFIELD changed their vote from “yea” to “nay.”

So the bill was passed.

THE JOURNAL

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the question on agreeing to the Speaker's approval of the Journal, on which the yeas and nays were ordered.

The question is on the Speaker's approval of the Journal.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 203, nays 144, answered “present” 1, not voting 82, as follows:

[Roll No. 110]

YEAS—203

Andrews
Bachmann
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boucher
Boyd
Brady (PA)
Braley (IA)
Brown, Corrine
Brown-Waite, Paul
Butterfield
Capito
Capps
Capuano
Carnahan
Carson (IN)
Castle
Castor (FL)
Chu
Clarke
Cleaver
Clyburn
Cohen
Conyers
Cooper
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis (IL)
Davis (TN)
DeGette
DeLauro
Dent
Dicks
Dingell
Doggett
Doyle

Driehaus
Edwards (MD)
Edwards (TX)
Ellison
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Forbes
Fortenberry
Foster
Fudge
Garamendi
Gonzalez
Goodlatte
Gordon (TN)
Grayson
Green, Al
Green, Gene
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Herseth Sandlin
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee (TX)
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Kanjorski
Kennedy
Kildee
Kilroy

Kind
Klein (FL)
Kosmas
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Latham
Lee (CA)
Levin
Lewis (GA)
Lipinski
Lowey
Luetkemeyer
Lynch
Maffei
Markey (MA)
Matheson
Matsui
McCarthy (NY)
McClintock
McCollum
McDermott
McGovern
McIntyre
McMahon
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Mollohan
Moore (KS)
Moran (VA)
Murphy, Patrick
Neal (MA)
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascarella
Paulsen
Payne
Perlmutter
Pingree (ME)

Aderholt
Adler (NJ)
Akin
Altmire
Arcuri
Austria
Bachus
Barrett (SC)
Bartlett
Biggart
Bilbray
Bilirakis
Blackburn
Boccieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Bright
Broun (GA)
Burton (IN)
Camp
Cantor
Cardoza
Carney
Cassidy
Chandler
Coble
Coffman (CO)
Cole
Conaway
Connolly (VA)
Costa
Crenshaw
Culberson
Dahlkemper
Davis (KY)
Donnelly (IN)
Dreier
Duncan
Ehlers
Ellsworth
Emerson
Fallin
Fleming
Foxy

Franks (AZ)
Frelinghuysen
Garrett (NJ)
Gerlach
Giffords
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Hensarling
Herger
Himes
Hunter
Inglis
Jenkins
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirkpatrick (AZ)
Kissell
Kline (MN)
Kratovil
Lamborn
Lance
Latta
Lee (NY)
Lewis (CA)
LoBiondo
Lucas
Lummis
Lungren, Daniel E.
Mack
Manzullo
Markey (CO)
McCarthy (CA)
McCaul
McCotter
McHenry
McKeon
McMorris
Rodgers
Melancon
Mica
Miller (FL)

Miller (MI)
Minnick
Mitchell
Myrick
Neugebauer
Nunes
Nye
Olson
Perriello
Peters
Peterson
Petri
Pitts
Platts
Poe (TX)
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Rogers (AL)
Rogers (MI)
Royce
Scalise
Schmidt
Sensenbrenner
Sessions
Shadegg
Shuler
Shuster
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Thompson (PA)
Thornberry
Tiahrt
Turner
Upton
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)

ANSWERED “PRESENT”—1

Gohmert

NOT VOTING—82

Ackerman
Alexander
Baca
Barton (TX)
Berman
Bishop (UT)
Blunt
Boswell
Brown (SC)
Buchanan
Burgess
Buyer
Calvert
Campbell
Cao
Carter
Chaffetz
Childers

Clay
Costello
Davis (AL)
Deal (GA)
DeFazio
Delahunt
Diaz-Balart, L.
Diaz-Balart, M.
Flake
Frank (MA)
Gallegly
Gingrey (GA)
Grijalva
Gutierrez
Heller
Higgins
Hill
Hoekstra

Issa
Johnson, Sam
Jones
Kagen
Kaptur
Kilpatrick (MI)
Kirk
LaTourette
Linder
Loeb
Loeb
Lofgren, Zoe
Lujan
Maloney
Marchant
Marshall
Miller, Gary
Moore (WI)
Moran (KS)

Murphy (CT)
Murphy (NY)
Murphy, Tim
Nadler (NY)
Napolitano
Pastor (AZ)
Paul
Pence
Pomeroy
Reyes

Rodriguez
Rogers (KY)
Rohrabacher
Ros-Lehtinen
Roskam
Ryan (WI)
Schock
Shimkus
Simpson
Sires

Smith (WA)
Speier
Sutton
Terry
Thompson (CA)
Walden
Wamp
Young (FL)

Doyle
Dreier
Driehaus
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Fleming
Forbes

Langevin
Larsen (WA)
Larson (CT)
Latham
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Lipinski
LoBiondo
Lowey
Lucas
Luetkemeyer
Lummis
Lungren, Daniel E.

Rangel
Rehberg
Reichert
Richardson
Roe (TN)
Rogers (AL)
Rogers (MI)
Rooney
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.

Ackerman
Alexander
Baca
Barton (TX)
Berman
Bishop (UT)
Blunt
Boswell
Brown (SC)
Buchanan
Burgess
Buyer
Calvert
Campbell
Cao
Carter
Chaffetz
Childers
Clay
Costello
Davis (AL)
Deal (GA)
DeFazio
Delahunt
Diaz-Balart, L.
Diaz-Balart, M.
Flake

Frank (MA)
Gallegly
Gingrey (GA)
Grijalva
Heller
Hensarling
Higgins
Hill
Hoekstra
Issa
Johnson, Sam
Jones
Kagen
Kaptur
Kilpatrick (MI)
Kirk
LaTourette
Linder
Loebsock
Lofgren, Zoe
Luján
Maloney
Marchant
Marshall
Miller, Gary
Moore (WI)
Moran (KS)

Murphy (CT)
Murphy (NY)
Murphy, Tim
Napolitano
Pastor (AZ)
Paul
Pence
Pomeroy
Reyes
Rodriguez
Rogers (KY)
Rohrabacher
Ros-Lehtinen
Roskam
Ryan (WI)
Schock
Shimkus
Sires
Smith (WA)
Speier
Terry
Thompson (CA)
Walden
Wamp
Woolsey
Young (FL)

NOT VOTING—80

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1114

So the Journal was approved.

The result of the vote was announced as above recorded.

Stated for:

Mrs. NAPOLITANO. Mr. Speaker, on Friday, March 12, 2010, I was absent during rollcall vote No. 110. Had I been present, I would have voted “yea” on approving the journal.

Stated against:

Mr. HELLER. Mr. Speaker, on rollcall No. 110, had I been present, I would have voted “nay.”

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, on rollcall No. 110, had I been present, I would have voted “nay.”

BANKRUPTCY JUDGESHIP ACT OF 2010

The SPEAKER pro tempore (Mrs. HALVORSON). The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4506, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and pass the bill, H.R. 4506, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 345, nays 5, not voting 80, as follows:

[Roll No. 111]

YEAS—345

Aderholt
Adler (NJ)
Akin
Altmire
Andrews
Arcuri
Austria
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Bean
Becerra
Berkley
Berry
Biggart
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Blackburn
Blumenauer
Bocieri
Boehner
Bonner

Bono Mack
Boozman
Boren
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Brown, Corrine
Burton (IN)
Butterfield
Camp
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Cassidy
Castle
Castor (FL)
Chandler
Chu
Clarke
Cleaver

Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeGette
DeLauro
Dent
Dicks
Dingell
Doggett
Donnelly (IN)

Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Jordan (OH)
Kanjorski
Kennedy
Kildee
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovich
Kucinich
Lamborn
Lance

NAYS—5

Bright
Broun (GA)

Brown-Waite,
Ginny

Duncan
Westmoreland

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1126

Mr. MANZULLO changed his vote from “nay” to “yea.”

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. HELLER. Madam Speaker, on rollcall No. 111, had I been present, I would have voted “yea.”

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, on rollcall No. 111, had I been present, I would have voted “yea.”

Mrs. NAPOLITANO. Madam Speaker, on Friday, March 12, 2010, I was absent during rollcall vote No. 111. Had I been present, I would have voted “yea” on the motion to suspend the rules and pass H.R. 4506, the Bankruptcy Judgeship Act of 2010, which will authorize the appointment of additional bankruptcy judges into the courts.

PERSONAL EXPLANATION

Ms. KILPATRICK of Michigan. Madam Speaker, I was unable to attend several votes today. Had I been present, I would have voted “aye” on final passage of H.R. 3650 and “aye” on final passage of H.R. 4506.

PERSONAL EXPLANATION

Mr. THOMPSON of California. Madam Speaker, on March 12, 2010, I was unavoidably unable to cast my votes for rollcall 109, rollcall 110 and rollcall 111. Had I been present, I would have voted “aye.”

PERSONAL EXPLANATION

Ms. JACKSON LEE of Texas. Madam Speaker, yesterday, I debated the impeachment resolution, H. Res. 1031, but

I was delayed in a health care discussion and meeting, which caused me to miss rollcall vote 102 of article I of H. Res. 1031, the impeachment resolution.

Had I been present, I would have voted "aye."

PERMISSION FOR MEMBER TO BE
CONSIDERED AS FIRST SPONSOR
OF H.R. 562

Ms. BERKLEY. Mr. Speaker, I ask unanimous consent that I may hereafter be considered to be the first sponsor of H.R. 562, a bill originally introduced by Representative Neil Abercrombie of Hawaii, for the purposes of adding cosponsors and requesting reprintings pursuant to clause 7 of rule XII.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Nevada?

There was no objection.

PERMISSION FOR MEMBER TO BE
CONSIDERED AS FIRST SPONSOR
OF H.R. 3333

Ms. BERKLEY. Mr. Speaker, I ask unanimous consent that I may hereafter be considered to be the first sponsor of H.R. 3333, a bill originally introduced by Representative Neil Abercrombie of Hawaii, for the purposes of adding cosponsors and requesting reprintings pursuant to clause 7 of rule XII.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Nevada?

There was no objection.

LEGISLATIVE PROGRAM

(Mr. CANTOR asked and was given permission to address the House for 1 minute.)

Mr. CANTOR. Madam Speaker, I yield to the gentleman from Maryland, the majority leader, for the purposes of announcing next week's schedule.

Mr. HOYER. I thank my friend, the Republican whip, for yielding.

Madam Speaker, on Monday the House will meet at 12:30 p.m. for morning-hour debate and at 2 p.m. for legislative business, with votes postponed until 6:30 p.m. On Tuesday the House will meet at 10:30 a.m. for morning-hour debate and 12 p.m. for legislative business. On Wednesday and Thursday, the House will meet at 10 a.m. for legislative business. On Friday, the House will meet at 9 a.m. for legislative business.

We will consider several bills under suspension of the rules, including a number of bills focused on improving government operations: the Plain Language Act, H.R. 946, by Representative BRALEY; H.R. 4720, Taking Responsibility for Congressional Pay Act, by Representative KIRKPATRICK of Ari-

zona. A complete list of suspension bills will be announced by the close of business today, as is the custom.

In addition, we will consider further action on H.R. 1586, the FAA Air Transportation Modernization and Safety Improvement Act. Further action on the jobs agenda is possible, and further action on health care legislation is also possible.

□ 1130

Mr. CANTOR. I thank the gentleman. Madam Speaker, I think it has been well reported that the majority plans to try to use the reconciliation process to ram a health care bill through this House and the one across the Capitol, and we also know from the reports that it is imperative that this House and the House majority and members of the majority must first pass the Senate's health care bill before any other action on a reconciliation measure is taken. The gentleman has announced, Madam Speaker, that all this will take place next week.

I wonder if the gentleman could give us a little bit more clarity as to the schedule and perhaps the need for Members to keep their schedules flexible through the weekend.

Mr. HOYER. First, let me say that no matter how often the gentleman and his colleagues want to say so, that we are going to "ram through" something, no matter how many times the press and public may be misled by that assertion, we are not ramming through anything, I tell my friend.

We are following the rules of the House and following the rules of the Senate that have been decades in existence, which, when they have been used, 72 percent of the time they have been used, 72 percent of the time they have been used, I tell my friend, your party used them. They are the rules, and we are going to follow the rules.

Both bills that are pending before the Congress of the United States have been passed with a majority, and, in fact, the Senate bill was passed by a 60 percent majority, I tell my friend, not rammed through, after a full year of debate and discussion, scores of hearings, hundreds of witnesses, and thousands of hours of consideration.

I tell my friend that you can say we are ramming something through as much as you want and it will not make it true, no matter how often it is said by your side of the aisle, who, in my opinion, wants simply to stop the legislation in its tracks.

I tell my friend that we are going to be in the regular order, as we have been on these bills since they were introduced. We are going to be in the regular order in terms of considering the passage of bills that have received majorities in both Houses. As I say again, the Senate bill has received a 60 percent majority in its House.

Now, the American public, frankly, I expect when we vote on bills, they ex-

pect things to pass by majority vote. They do here. They unfortunately don't in the other body. So you can have 59 percent, as we had in the House, to give children health care, and children don't get health care.

So I say to my friend, as I said, the expectation is we will consider passing health care legislation this coming week. We think it is long overdue. We expect the Budget Committee to mark up a reconciliation bill, as the committee did when the Republicans were in charge on 16 occasions out of the 22 that reconciliation has been used, 72 percent of the time, as I want to reiterate; because I, frankly, get a little impatient with this assertion that somehow a process that you utilized 72 percent of the times it has been utilized, which means we used it 28 percent, that somehow now when we are using it, it is somehow now not consistent with the rules. My friend knows it is consistent with the rules, and we are pursuing that process.

The committee, I expect, will mark up on Monday. I expect thereafter the Rules Committee to meet, as is consistent with the rules, to prepare a reconciliation bill and to report it to this floor. I expect them to report a rule to consider that reconciliation bill, and I expect that reconciliation bill to be considered.

Mr. CANTOR. I thank the gentleman.

Madam Speaker, all I asked was whether the Members should be prepared to be here over the weekend.

Mr. HOYER. No, you said a number of things before that which I was responding to. But, yes, Members should prepare to be here next weekend.

Mr. CANTOR. I thank the gentleman.

Madam Speaker, without having to delve back into the debate on what makes this health care bill different than the other times reconciliation was used, I think the American people are those that see the obvious.

But I would ask the gentleman, since he says we will be employing regular order here in response to the President's request that there be an up-or-down vote in this House, could the gentleman give us some enlightenment as to the suggestion surrounding something called the "Slaughter solution" and whether, in fact, Members can have an up-or-down vote, clean up-or-down vote on this bill, or whether there will be some procedural maneuvering, self-executing rule deeming the Senate bill passed? If he could give us some indication of what we may be able to expect next week.

Mr. HOYER. Of course, as the gentleman knows, the gentleman's party has used that process as well, as I am sure the gentleman knows. But, in any event, we will follow the rules. We will have a vote on the rule, consistent with the rules.

I have not talked to the chairwoman of the Rules Committee at this point in

time, so that I cannot give you a specific response and have not heard—this is the first I have heard something referred to in the terms you have just referred to it as. But we will provide for a rule for consideration of the Senate bill for reconciliation, and the process of doing so will be consistent with the rules.

Mr. CANTOR. I thank the gentleman.

Madam Speaker, I would like to ask again, consistent with the President's request that there be an up-or-down vote on the Senate bill itself, can we expect an up-or-down vote on the Senate bill itself?

Mr. HOYER. What the President was referring to, of course, in terms of an up-or-down vote, was a majority vote. One of the problems we have had in the Senate, as the gentleman knows and experienced as well when his party was in the majority, it is difficult to get an up-or-down vote when the majority of the Senate is for something. They have to get an extraordinary majority, some 60 votes, before they can bring a bill to the floor.

That process, obviously, thwarts, does not facilitate, a vote by the majority. In fact, a minority in the Senate on a regular basis thwarts the will of the majority. That is what the President was referring to, that he wanted an up-or-down vote on that, and I expect we are going to get an up-or-down vote in the Senate. Why? Because in the Senate they have rules that we are going to follow, as you did in 16 out of the 22 times, that allow for an up-or-down majority vote in the United States Senate.

We have to have, as you know, a majority vote in the House, and we consistently do have measures that can fail or succeed, depending upon the will of the majority, as opposed to the thwarting by the minority.

Mr. CANTOR. I thank the gentleman.

Madam Speaker, I know the gentleman would like to speak to the Senate. We are trying to focus on the House here and what the vote will look like. Since the gentleman has indicated that the President and he and all of America would like to see a vote up or down in this House as well, I would ask the gentleman whether we can expect an up-or-down vote on the health care bill itself or not.

Mr. HOYER. I tell the gentleman that nothing will pass here without a majority vote.

Mr. CANTOR. I thank the gentleman.

I take that to mean that there is a likelihood that we will not see an up-or-down vote on the Senate bill itself and that perhaps these reports of a concept called the Slaughter solution in which the majority will deem it passed, the Senate bill, in some type of procedural move, that maybe the public can expect that to happen. I know that the gentleman does not think that that represents the kind of vote that

the American people expect, but I take that to mean that that certainly is a possibility.

Madam Speaker, I would ask the gentleman whether he expects the House to have 72 hours to review whatever legislation comes to the floor next week.

Mr. HOYER. I expect the House to have very significant time to consider the proposals that come out of the Budget Committee and/or the Rules Committee. And this bill, of course, either bill, the House bill or the Senate bill, as proposed, have been online for some 2½ months, otherwise known as about 75 days. So there has been ample time to review the bill, whether it is the Senate bill or the House bill. So my friend is, I am sure, well aware of what is in the Senate bill and what is in the House bill.

In addition to that, the President put online his proposed compromises between the Senate and the House, which have been the subject of great discussion, including the bipartisan meeting that the gentleman and I attended at the White House, an extraordinary, historical meeting at which the President invited leaders from both parties and both Houses to come and discuss what he believed to be a historic opportunity to provide health care accessibility to all Americans.

So I say to my friend that we will certainly give as much notice as possible, but I am not going to say that 72 hours is going to be the litmus test, *per se*, because that which we have voted on already in the House and the Senate have given Members months of notice and the American public months of notice on the substance of the propositions that are pending before us.

Mr. CANTOR. I thank the gentleman.

Again, I am a little bit taken aback that now the 72-hour rule has been completely cast aside, since no one in this House has had an opportunity to see what is in the reconciliation bill, at least I speak for the Members on our side of the aisle that have not had an opportunity to see what is in the reconciliation bill, and I imagine would have some of the provisions that the President in his plan, not the legislation, put up online prior to the Blair House meeting.

Again, it is rather disturbing, Madam Speaker, that the 72-hour rule has now been completely cast aside.

Mr. HOYER. First of all, the 72-hour rule, I didn't say that we were casting aside any rule, nor did I say that we may not have more than 72 hours' notice. You may well have more than 72 hours' notice. What I said to you was I am not going to commit myself and then have 70 hours as opposed to 72 hours and think that I have violated some representation that I made. We want to give as much notice as we possibly can.

This has been a very difficult discussion, as you know, and as you well

know, the Members on your side of the aisle in the other body have indicated they are going to do everything in their power to stop the passage of this legislation. So we need to get about this business and engage, if you will.

Mr. CANTOR. I thank the gentleman.

I guess the gentleman may begin to understand why it is some on our side of the aisle, including yours truly, depict this as ramming the bill through. I mean, if we can't even get a commitment from the gentleman, as well as the Speaker had indicated prior, that we would have 72 hours to review any piece of legislation that comes to the floor, I think that that is consistent with the depiction that perhaps there is a ramming through going on.

Mr. HOYER. The gentleman has had 72 days, I tell the gentleman, to review the bill that he refers to—72 days, not 72 hours—72 days in final form to review the bill.

Now, you can keep saying this. You can keep telling the American public that somehow we are ramming something through. You have had, I tell the gentleman, and you know you have had, 72 days, at least, to review the bill as it stands today.

Mr. CANTOR. Madam Speaker, I tell the gentleman again, we are expecting, as he said, to see a new bill, a reconciliation bill on the floor next week. That bill, no one on our side of the aisle has had an opportunity to see. Perhaps the Congressional Budget Office has had 72 hours to see it, but we haven't. No one, I believe, has had 72 hours in this body to see the reconciliation bill. That is the bill that I am speaking to.

□ 1145

Mr. HOYER. Let me repeat the process that I'm sure the gentleman knows well. The Budget Committee will meet. They will report out the bills that are to be reconciled. The Rules Committee will then take them under consideration shortly thereafter and will present a reconciliation bill. We will all see it at that point in time. It will obviously do exactly what the instructions that we adopted in the budget a year ago instructed it to do, and that is to reconcile these bills.

And it will have a fiscally positive effect, in my view. I haven't seen it yet finally, but my expectation is it will have a positive fiscal impact, and we will all see that. But it will be simply following the instructions that the Budget Committee in the budget passed. I don't think the gentleman voted for it; but, nevertheless, the majority of the House did vote for it.

I know that the other body doesn't like majority will. Maybe that is not the case here. But I will tell the gentleman that, yes, he is going to see the reconciliation bill. And as I said, the reconciliation bill, which will be drafted by the Rules Committee after the Budget Committee reports to it, the

process that you followed on a regular basis when you utilized reconciliation. We will hope to have as much notice of that particular piece of legislation as possible.

But I tell my friend, again, when he refers to the health care bill, the Senate bill or the House bill, you have had months to review the substance of that bill. You don't like it. We understand it. You're going to oppose it. We understand that as well. But the fact of the matter is you cannot say that you have not had notice of each and every one of its provisions for over 2 months.

Mr. CANTOR. I thank the gentleman, Madam Speaker.

And, again, it seems as if we are not going to get an up-or-down vote on the Senate bill in the House, but we will be voting on a reconciliation measure. And the instructions that were included in the budget bill are not legislative text. That is my point, Madam Speaker.

But since we are not going to, since we cannot be guaranteed a 72-hour period for review, Madam Speaker, nor can the American people realize their right to know during the 72-hour period, I would ask the gentleman whether the reconciliation package will contain the House language referred to as the Stupak-Pitts language.

I yield.

Mr. HOYER. I don't have knowledge of that at this point in time; so I can't give my friend a definitive answer. But as my friend does know, that language, or any other alternative language, may not qualify for reconciliation.

Mr. CANTOR. I thank the gentleman.

I would just like to, Madam Speaker, read a recently reported statement by the gentleman in which he said, it is clear that the matter of abortion cannot be dealt with *per se* in the reconciliation bill; so we are pretty much going to have to deal with it as is at this point in time.

I ask the gentleman if that is a correct translation of his remarks today.

I yield.

Mr. HOYER. It wasn't a translation. It was an accurate reporting of what I said.

Mr. CANTOR. So, Madam Speaker, I would take that to mean the Stupak-Pitts language will not be in the reconciliation package.

Mr. HOYER. As I said, we don't believe that any change in that language—because the gentleman is well aware reconciliation needs to deal with budgetary impact—we don't believe that can be dealt within reconciliation.

Mr. CANTOR. I thank the gentleman.

I would say to the gentleman that I'm sure he has seen a letter that has been signed by 41 Senate Republicans in which they indicated they would oppose any effort to waive the so-called Byrd rule during the Senate's consideration of the reconciliation bill, which means to me, Madam Speaker, it is far

from certain that the Senate will actually pass the bill when the House sends it to the Senate. And, in fact, I would just call that to the gentleman's attention that we stand ready to continue to work in another direction, but it seems to me very much in doubt with this bill.

Mr. HOYER. Will my friend yield on that issue?

Mr. CANTOR. I will yield.

Mr. HOYER. That is an interesting letter. I'm glad you brought it up, because you brought it up in juxtaposition to the issue of the Stupak amendment. What the letter essentially said is, even if you send over the Stupak language and we agree with the Stupak language, we will not waive the Byrd rule.

So even though they agree with the policy, they won't waive the Byrd rule. Why? They want to defeat the bill. We understand that. That is what that letter said. And I think Americans probably, if they knew enough about the process and could take the time to do what you and I do to follow this very closely, they know what is going on.

And, very frankly, it is ironic that 41 Senators will say, notwithstanding the fact that they may agree with the proposition that we put in the bill and sent over to them, that they would not waive the rule to adopt the proposition with which they agree for procedural purposes of defeating the bill.

Mr. CANTOR. Madam Speaker, I thank the gentleman.

I would indicate that in that letter there is no specific language that directly relates to an abortion provision or any other. And the gentleman I know agrees that this country has had a longstanding tradition of denying government funding for abortion services. That is the very important issue behind the Stupak-Pitts language. In fact, 45 Senators voted in favor of that language, just as a majority of this House voted for that language. That is why it is so important, I think, that the Members, as well their constituents, understand that you will not be including the Stupak-Pitts language with the protection that will guarantee no government funding goes toward abortion services, which is why I bring the point up, Madam Speaker.

Mr. HOYER. As the gentleman knows, the language in the Senate bill specifically provides for no government funding. I know there is a dispute because there is a contribution towards policies. But, as you know, the Senate drew language very carefully to ensure that no public funds were spent for or participated in purchasing insurance for abortion services.

In fact, as the gentleman, I'm sure, well knows, the Senate language specifically provides that if those protections are going to be purchased, they must be purchased by separate payment with none, either subsidy dollars

or government dollars, that they must be spent out of an individual's personal pocket.

Mr. CANTOR. Madam Speaker, I say to the gentleman, if that is his interpretation and belief that this language in the Senate bill protects that longstanding tradition, that may be. However, the U.S. Catholic Bishops as well as Right to Life have strongly, strongly opposed the language in the Senate bill as not having the adequate safeguards to deny government funding of abortion services.

I yield.

Mr. HOYER. This is an extraordinarily difficult issue not only for the Congress but for Americans generally and for individuals. There is a dispute on this language, he is correct. As he knows, neither side likes the language in the Senate bill. One side, the pro-choice side if you will, for simplification, believes that the language goes beyond the Hyde language. The Catholic bishops believe it is short of the Hyde language. There is a difference of opinion on that. I think the gentleman understands that well. There are other groups which believe that, in fact, the language that is in the Senate bill does, in fact, as I have projected it does, preclude any public dollars from being spent, which is consistent with the Hyde language.

I tell my friend that from our perspective on this side of the aisle, there is no intent nor objective of changing the Hyde language in any health care legislation that is adopted. The President has indicated that is his intent. That is our intent. And that is why we are proceeding in the manner we are.

Mr. CANTOR. I thank the gentleman for his clarification of his intent. I would just say again the Catholic bishops, as well as the right-to-life organizations, stand very much in opposition to this language. I stand with them.

I would say to the gentleman, Madam Speaker, that the Parliamentarian in the Senate has ruled that the Senate cannot take up the reconciliation package until the Senate-passed health care bill is signed into law. That is the bill, Madam Speaker, that contains provisions such as the Cornhusker kickback. And I would ask the gentleman if it is his position that that would be the case that this House must pass the Senate bill first, it must be signed into law before the Senate can even take up the reconciliation package.

I yield.

Mr. HOYER. I think the gentleman correctly states the Senate Parliamentarian's position, and therefore I think the gentleman is correct on that observation. I might say to him, while I do not know the entire thrust of the reconciliation bill, I can guarantee him this: The reconciliation bill will take out that Nebraska provision which offended him, offended me, and I think

offended people across America, not because it advantaged Nebraska, but because it advantaged Nebraska unequally.

I think the gentleman is going to be pleased that Nebraska will be treated like every other State; and, in fact, every other State will be advantaged to the same extent that the Senator wanted to make sure that Nebraska was advantaged. But the Nebraska provision to which the gentleman speaks, and which all of us have felt was inappropriate, will be changed.

Mr. CANTOR. I thank the gentleman.

In closing, Madam Speaker, I look forward to working with the gentleman in trying to refocus the issue of this House on getting Americans back to work. And the gentleman did indicate that there will be further action in what he is calling a "jobs agenda." Certainly that didn't happen today, as we are here already having finished the legislative business of the day and only having considered a bill dealing with algae.

I only mention this because 52 percent of Americans do think that jobs and the economy are the Nation's top issue; and, by contrast, only 13 percent of Americans think that health care is our Nation's top priority. This was according to a CBS-New York Times poll.

So I do thank the gentleman for his willingness, hopefully, to get back to the question of how we get America back to work.

Mr. HOYER. Will the gentleman yield?

Mr. CANTOR. I yield.

Mr. HOYER. I thank the gentleman for yielding.

First of all, let me say to the gentleman from Virginia that Maryland and Virginia and a lot of other States think the bill we passed through this House on algae is critically important to the health of the Chesapeake Bay. I'm sure the gentleman shares that view with me, a critically important bill for the health of our bay and its estuaries. I happen to live on a river, the Patuxent River, and the gentleman's State feels the Chesapeake Bay is a major asset of his, as well and of his State. So I know that he is pleased that we passed that bill. It was an important bill.

We are here trying to make sure that we have the time to get ready to pass a major historic piece of legislation that Teddy Roosevelt set us on the path to accomplish over a century ago so that we have accomplished, I think, a significant piece of legislation today.

Let me say that in addition to that, we believe the jobs agenda is very important. We passed a bill through here last week. The Senate passed a bill over to us. We are in the process of considering those bills. And I want to say to the gentleman that I share his view, that we look forward to working together to try to get Americans back to work.

I won't go through the litany of how we got here. The gentleman has heard it before. But I will tell the gentleman this part of it, that in 4 months of the last administration, as he well knows, we lost over 700,000 jobs per month. During the last 4 months here, we have lost 27,000 jobs per month. That is a 95 percent reduction in the loss of jobs. Surely anybody who is fair-minded will say that is progress. It is not success. We need to create jobs. We have lost 8 million jobs over the last 2 years.

People are hurting in America. Families are hurting in America. We need to get people back to work. We are going to keep continuing to make sure that when they can't find a job because they are not available that they don't go hungry, that they can support themselves and their families, not to the level that they would if they were working, but certainly support themselves in a way that we think is humanitarian. So those are included in those bills, as the gentleman knows.

I will tell the gentleman that we feel keenly the pain of the American public confronting this historic great recession, the deepest recession that we have seen in 75 years. The gentleman knows that in the decade of the 1990s, we saw the best economy that you and I have seen in our lifetime, and I, of course, am very substantially older than you are. That is an admission against interest, but it nevertheless is true. So I will yield back to the gentleman saying we share your view. We want to continue to work on this jobs agenda.

□ 1200

Mr. CANTOR. I thank the gentleman for his view of history. I also would like to say to the gentleman, Madam Speaker, I share his commitment to the preservation of the Chesapeake Bay. I do, however, think that the American people are most interested in seeing us get back to the business of focusing on the economy. That is why I raised the issue of our being here today, not doing anything today to promote job creation.

And as far as any quarrel we may have with history as to why we got or how we got to where we are today, I would just like to quote to the gentleman in closing Winston Churchill's speech to the House of Commons June 18, 1940. And he said, "Of this I'm quite sure, that if we open a quarrel between the past and the present, we shall find that we have lost the future."

And with that, Madam Speaker, I yield back.

ADJOURNMENT TO MONDAY, MARCH 15, 2010

Mr. HOYER. Madam Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 12:30 p.m. on Monday next for morning-hour debate.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Maryland?

There was no objection.

VIRTUAL COLONOSCOPIES AND MEDICARE

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Madam Speaker, the President just had a physical and is apparently very healthy. Among the tests he had was a virtual colonoscopy to screen for colorectal cancer. A virtual colonoscopy employs x ray technology that produces a three-dimensional image of the entire colorectal structure. However, it is much less invasive and does not require sedation that is often needed for a standard colonoscopy.

I bring this up because the Centers for Medicare & Medicaid Services have denied coverage of this procedure for seniors enrolled in Medicare. Colorectal cancer is the third most diagnosed cancer among men and women in the United States and the second leading cause of cancer death, despite having a 90 percent cure rate when detected early. Many insurers like Anthem Blue Cross-Blue Shield and CIGNA cover this virtual procedure but not Medicare.

The National Cancer Institute Colorectal Cancer Progress Review Group predicts that the minimal invasiveness and lower cost of this procedure could attract more people to be screened, with the possibility of saving 20,000 lives annually. The President has set an example. The American Cancer Society recommends it. Medicare should cover it as a provided procedure.

RESPECT FOR OUR DIPLOMATIC GUESTS

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON LEE of Texas. Madam Speaker, I have served on the Homeland Security Committee, tragically, since the occurrences of 9/11, and I want to congratulate this Nation for moving toward securing its people in a way that balances civil liberties and as well recognizes our responsibilities.

As the chairwoman of the Transportation Security Committee, I want to acknowledge that in looking at how we treat our guests that come from other countries, we should always continue to review those circumstances. Just a few days ago, our guests from Pakistan, Pakistani parliamentarians, were traveling through our airport and were detained and asked a number of questions even though they were traveling

with State Department escorts, as we understand it. I believe it is important to always remain secure but to remain balanced as well. I think it is appropriate that we look again at our procedures to ensure that our international diplomatic guests receive the kind of responsible treatment that is appropriate. We thank those who serve us on the front lines, but I will be looking forward to a full report by the Department of Homeland Security, and I offer to those dignitaries our respect because we do believe in international diplomacy.

HEALTH CARE

(Mr. TURNER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TURNER. Madam Speaker, it is irresponsible for Congress to continue debating an increasingly unpopular and costly health care bill at a time of record-breaking deficits and uncertainty about our economy. We should be focusing on reducing spending and creating jobs. In Tuesday's New York Times, columnist David Brooks editorialized that the majority's "passion for coverage has swamped their . . . commitment to reducing the debt. The result is a bill that is fundamentally imbalanced." Brooks wrote that "they've stuffed the legislation with gimmicks and dodges designed to get a good score from the Congressional Budget Office but that don't genuinely control runaway spending." He points out that the bill appears deficit-neutral because it immediately collects revenues but doesn't pay for benefits until 2014. It also doesn't include \$300 billion in additional costs because it assumes Congress will cut Medicare reimbursements by 21 percent.

Unfortunately, this proposed government takeover of health care has blocked the path to reasonable reform. We can and must work together on a bipartisan basis to achieve real reform that will bring down costs and increase access for all Americans without increasing the national debt.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. GARAMENDI) is recognized for 5 minutes.

Mr. GARAMENDI. Madam Speaker, if I might, we heard just a moment ago

from one of our esteemed colleagues from the Republican side that there were no savings in the health care bill. In fact, there are substantial savings, at least according to the Congressional Budget Office, and over time, the American deficit would be substantially reduced. Let me just tell you some of the reasons why. First of all, by extending coverage to most all Americans, you eliminate one of the most pernicious and most difficult cost increases in the system, and that is that the uninsured wind up in the emergency room, usually very, very sick, and that gets to be a very, very expensive matter. That cost is in the system and is passed on to both the Federal Government as well as to those people that are buying private insurance.

Also there is a major effort in the legislation to extend the medical technology information systems. We know that that will reduce errors and omissions, and create not only better care but reduced cost. We know that the system will also have a Medicare panel look at ways of reducing the costs in the Medicare system. Finally, there are programs in the system and in the legislation to promote wellness. Healthy people are not expensive. If you are well, you are not going to be increasing the cost of the systems. There are many, many parts of this bill that will significantly reduce the cost, and therefore, this is a good piece of legislation.

Finally, I want to speak to one of the issues that our Republican colleagues constantly put before us as a way of reducing costs, and this is the ability of the insurance companies to sell products across State lines. Now, I was the insurance commissioner in California for 8 years, 1991 to 1995 and again from 2003 to 2007. During that period of time, we had insurance companies that were not licensed for business in California, selling products illegally in the State of California. There was a reason why we had a procedure to make sure that insurance companies that were selling health insurance in California were licensed. We wanted to know that they were legitimate companies, that they actually would have the financial strength to pay claims, that their policy actually provided benefits, and that they were able to carry out the contract that they had made with people. All too often, we found that companies that were selling policies illegally in California without the proper license were selling junk to the public.

I remember a case in San Diego, a woman who was working, a lawyer, had lost her employment with a law firm. She went out and purchased an individual policy. It was cheap. It was actually too good to believe. She got sick, and she wound up with an enormous expenditure, and she had to actually file bankruptcy in order to cover that cost.

So we know that if companies are simply selling across State lines without the proper underlying strength and without the proper regulation, it will not solve the problem. In fact, it will create a whole set of other problems. That is not the solution. What we need is a national program and, in fact, we have such a program in the proposal that will hopefully be before us next week. That proposal establishes a national benefit program. It establishes a mechanism for the pooling of risk and pooling of companies in what are called exchanges, either State, regional exchanges, or a national exchange. That is a procedure that is in the bill and does provide the kind of protections that every consumer needs and also provides some competition. Because one of those companies that will be operating in the exchange—at least the national exchange—will be a nonprofit company that will have a national reach and be able to have the actuarial strength of being able to spread the risk across the entire Nation and all parts of it.

So I'm looking forward to next week. It's going to be a terrific week. We will finally deal with something that the Nation has wrestled with for a century, and that is how to expand health insurance to the entire population. We're well on the road.

CONGRATULATING DETROIT CATHOLIC CENTRAL HIGH SCHOOL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. MCCOTTER) is recognized for 5 minutes.

Mr. MCCOTTER. Madam Speaker, today I rise to acknowledge the Division I State Champion wrestling team from my alma mater, Detroit Catholic Central High School. On February 27, 2007, the Catholic Central Shamrocks defeated Rockford 39-24 to hoist their first State championship trophy since 1988. Third-year Head Coach Mitch Hancock, an individual State final winner for the Shamrocks in 2000, saw all 14 of his wrestlers earn a berth to the Individual State Finals. This is the first time in recent Division I history that an entire team has qualified for the Individual State meet. Three Shamrock grapplers brought home State titles to complement the team championship. Following in the remarkable tradition of legendary Catholic Central Coach Mike Rodriguez, who was both coach and mentor to current coach Mitch Hancock, the Shamrocks brought home their eighth State wrestling team title and earned Coach Hancock the Division I honors for Wrestling Coach of the Year.

Madam Speaker, with a season record of 27-4, the 2010 Catholic Central Shamrocks deserve to be recognized for their determination, achievement, and spirit, and we are all very proud of their determination and effort.

Equally, Madam Speaker, I also rise today to acknowledge the Division I State Championship bowling team from my alma mater, Detroit Catholic Central High School. This has been a noteworthy year for the gentlemen at Catholic Central, as the championship marks the fourth State title for the school during the 2009–2010 year. The Michigan High School Athletic Association recognized bowling as an official sport in 2006. Thus, it is impressive how the Catholic Central team has risen to State prominence in a very short time.

Two members of the State championship bowling team qualified for the individual finals, and although they did not ultimately win, they represented C.C. High admirably and honorably. This year, after defeating Salem 1,856–1,824 pins in the quarterfinals, the Shamrock bowlers outdueled Flint Carman-Ainsworth 1,855–1,747 to earn a berth in the finals, setting them up to take on Macomb Dakota. On March 5, 2010, the Catholic Central Shamrocks rolled over Macomb Dakota 1,834–1,565 to earn their first State championship trophy.

□ 1215

Coach Al Bridges saw his bowlers in seventh place after the morning qualifying round, yet in true Shamrock fashion the team kept fighting and refused to give up. As the day wore on, CC kept moving up in the standings, leading by 143 pins after the Baker games. From that point on, the Shamrocks never looked back.

Coach Al Bridges credits good conditioning and a lot of practice for the payoff of winning a championship. In earning their first bowling title, the 2010 Catholic Central Shamrocks deserve to be recognized for their determination, achievement, and spirit.

In conclusion, Madam Speaker, the hard work and dedication of each of these State championship teams epitomizes what it means to be a Shamrock. By the teaching of our Basilian fathers, through goodness, discipline, and knowledge, the entire Catholic Central family, including this alumnus, share in their accomplishments.

In recognition of their effort, I ask my colleagues to join me in congratulating the Detroit Catholic Central Shamrocks for achieving these State titles and for honoring their devotion to Mary, alma mater. Live and die for CC High.

NUCLEAR WASTE

The SPEAKER pro tempore (Mr. GARAMENDI). Under a previous order of the House, the gentleman from Kentucky (Mr. WHITFIELD) is recognized for 5 minutes.

Mr. WHITFIELD. Mr. Speaker, today I rise to discuss an issue that I think very few people in America are aware

of. It relates to the very important topic of nuclear waste and the impact that that has upon our Federal policy and its effect on our energy needs and our Federal debt.

Most Americans support nuclear power as a major source of our electricity. Today it provides 20 percent of all the electricity produced in America. Now, we know that over the next 15 or 20 years our demand for electricity is going to double what it is today. I might also remind everyone that coal is providing 51 percent of all the electricity produced in America. As I said, nuclear power provides about 20 percent.

The administration and many people are focused on alternative forms of energy, particularly solar and wind power. Now, all of the experts will tell you that while, yes, some energy can be produced from solar and wind power, it will never come close to meeting the demands of the American people in energy.

I might add on the nuclear power front, today in America we have 109 nuclear power plants located in 39 States across the country. At each one of those sites nuclear waste is being stored today. It does have a major impact on our environment, it has major concerns for security, and it has major costs for the American people.

The solution that Congress came up with many years ago was to build Yucca Mountain as a deep repository to store this waste indefinitely. Now, unfortunately last week President Obama withdrew the license application for a high-level nuclear waste repository at Yucca Mountain. This application was before the Nuclear Regulatory Commission to look at from a scientific standpoint of could this repository at Yucca Mountain safely take care of this waste for the American people for hundreds of years in the future? And I might also add that the American taxpayer has already spent billions of dollars trying to build this repository at Yucca Mountain.

Well, not only did President Obama jerk back the application so that it cannot be considered anymore, but now the Department of Energy is asking the Appropriations Committee for approval to reprogram all of the money that was going to Yucca Mountain in 2010, which in essence would stop all movement in the development of Yucca Mountain and the solution for storage of this high-level waste.

So the question that I would have for President Obama and his administration today is this. Very simply, what are we going to do with all of the waste currently being stored at the 109 nuclear sites around the Nation? Now, the President has appointed a blue panel commission to come up with a solution to this problem. As I said, we have already spent billions of dollars on Yucca Mountain. In fact, in the very near future it was getting ready to open.

Why is it important as to what are we going to do with this nuclear waste that is stored at these 109 sites around the country? It is important for this reason. Number one, in 1982 Congress passed the Nuclear Policy Waste Act. It in essence said that the Federal Government was going to be responsible for taking care of this. Well, as a result of the policies we have adopted so far today, here is our situation. The utility companies who are now depending upon the Federal Government to store this waste for them are now filing lawsuits against the Federal Government, and have already obtained judgments in excess of \$11 billion against the Federal Government. Experts are saying that additional lawsuits will cost the Federal Government \$56 billion.

I want to raise this issue with the American people and make them aware that this decision on Yucca Mountain not only is a security issue for America, but it also is a costly decision for the American taxpayer at a time when we already have a Federal debt of \$14 trillion.

Mr. Speaker, I rise today to discuss a very important topic facing our nation—Nuclear Waste and the impact our Federal Policy on this issue will have on our energy needs and our Federal Debt.

I support nuclear power as a major source of electricity for our nation, which currently accounts for twenty percent of our electricity supply.

In Kentucky, we do not have any nuclear power although some of my District receives electricity from the Tennessee Valley Authority, which does have nuclear power plants. Of course, Kentucky is not uninvolved with nuclear power because in Paducah, Kentucky the gaseous diffusion plant enriches all the uranium for reactors around the nation.

Today, we have 109 nuclear power plants in the United States in 39 states across the country. At each one of these sites, nuclear waste is being stored that creates a major environmental security and economic challenge for our nation.

Mr. Speaker, the solution that was being proposed was to build Yucca Mountain as a deep repository to store the waste indefinitely. However, last week President Obama withdrew the license application for a high-level nuclear waste repository at Yucca Mountain with prejudice.

Additionally, the Department of Energy asked the Appropriations Committee for approval to reprogram the money from the project for Fiscal Year 2010, essentially stopping all movement on the project.

I might also add that there was an article in Energy Daily today where the former chairman of the Nuclear Regulatory Commission said the Obama Administration's decision to terminate the Yucca Mountain nuclear waste repository does not appear to be based on "factual findings" and its "unfortunate" handling of the issue will delay resolution of the nation's nuclear waste disposal problems for years.

Some have said that President Obama is pushing forward with Nuclear Power because of the loan guarantee money he has proposed for building nuclear plants.

My question to the President is—What do we do with all the waste currently being stored at the 109 nuclear sites around the nation? This blue label commission the President has created is going to take years to develop a process and a path forward, when we've already spent billions of dollars and many years developing a state of the art facility that could accept waste in the next few years.

Because the government's plan was to take care of the material after the Yucca Mountain facility was completed, the utility companies paid the federal government to care for this waste, but as a result of the government's failure to take the waste, the utilities have recently been filing lawsuits against the government to recoup costs associated with having to store the waste at their own plant sites.

Additionally, two attorney generals—Washington State and North Carolina—have filed lawsuits against the federal government.

A number of court cases have ruled that the Department of Energy is liable for the cost of keeping the waste because of a breach of contract. How much is at stake is anyone's guess, but the industry has put the number as high as \$56 billion.

Nuclear power is essential to our energy portfolio, which at this point in time is very important to Americans. We simply cannot afford to do without nuclear power.

I urge the House of Representatives to tell President Obama to stop playing politics with out nation's energy future and finish Yucca Mountain to ensure that Nuclear Power continues to create jobs and provide electricity.

TRIBUTE TO CONGRESSMAN JACK MURTHA

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON LEE) is recognized for 5 minutes.

Ms. JACKSON LEE of Texas. Mr. Speaker, I rise today to pay tribute to a fallen hero, my friend, the late Congressman John Murtha. During the time of his memorial services and the special order hour that was rendered on this floor, my statements were not able to be submitted because I wanted to speak directly on the floor in his honor.

John Murtha was of course a husband, a father, a loved one, a Marine, and a patriot. What we loved most about John Murtha was his love for the United States military, unwavering and always steadfast. He was a family man that loved his family, and a Congressperson that loved his people. Those he represented were so very important in his mind and in his heart.

He came to this floor and to this House tall and recently from battle, having served in the Vietnam war on several occasions, knowing what it is to have been shot at and to be in battle on behalf of your Nation. That true lesson gave him a cause for life, and the cause for life was to be able to fight for the men and women of the United States military.

But he did not stop there. As the chairman of the Subcommittee on De-

fense on the Appropriations Committee, he fought for the families of the United States military, the wives and husbands and the children. He fought for a better quality of life in health care and housing. He fought for better standards, if you will. And yes, he recognized the importance of leave time, R & R coming out of battle. And there was no greater champion during the midst of the Iraq war, the most recent war, who fought to give relief to the soldiers on the battlefield who were doing tours of duty one after another.

He was a man of courage. He didn't step away from a fight. But he also was a friend. And if he gave you his word, he would fight on behalf of your constituents as he would fight on behalf of his. In fact, Mr. Speaker, he was an American's American, all-American. And if it had something to do with bettering the lives of Americans, you can be assured John Murtha was there.

He took a very tough stand just a few years ago. The eyes of those who knew him as a champion of the military fighting for their cause, standing alongside of them, wondered what happened when he stood up with his eloquent voice, steady voice, and spoke about the Iraq war, calling for the soldiers to come home. That is courage, because he had been a supporter of that war. But he saw it crumbling before his eyes.

Oh, yes, there has been an election over the last couple of days, but we always wonder what direction and how we could have handled it differently so that the lives that were laid down did not have to be laid down in a war in Iraq. The champion for the military saw that there was a crack in the system, and he chose to speak eloquently about it.

I miss John Murtha. This body misses John Murtha, Democrats and Republicans. America misses John Murtha. But the one good news about John Murtha's life is that his legacy will live on forever and ever and ever. I thank him for serving, for living. And to his family, God bless you, and may he rest in peace.

Mr. Speaker, I will submit a statement into the RECORD next week that will also speak to the qualities and the honor of John Murtha, the late Congressman from Pennsylvania.

YUCCA MOUNTAIN

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Nevada (Ms. BERKLEY) is recognized for 5 minutes.

Ms. BERKLEY. I was in the doctor's office a moment ago, and I had the opportunity to be watching C-SPAN and listen to what the gentleman from Kentucky said about Yucca Mountain. I just thought I better come down here and set the record straight, because obviously my esteemed colleague from

Kentucky doesn't know the Yucca Mountain issue very well. So with this 5 minutes I would like to help enlighten him and the rest of my colleagues.

The State of Nevada is opposed to storing this Nation's nuclear waste at Yucca Mountain, Nevada. President Obama pulled the plug because, and only because there is no scientific evidence, and there never has been, that Yucca Mountain can safely store thousands and thousands of tons of toxic radioactive nuclear waste within the Yucca Mountain complex. And let me tell you why, Mr. Speaker.

At Yucca Mountain we have discovered there are groundwater issues, seismic activity, volcanic activity. To refresh everybody's memory, the EPA, Environmental Protection Agency, had a radiation standard of 10,000 years, where they wanted to be able to safely store this Nation's nuclear waste, thousands and thousands of tons of radioactive material, for 10,000 years.

□ 1230

The U.S. Court of Appeals overthrew that radiation standard, and let me share with you why: Because they determined, based on scientific evidence, that the radiation standard should be 300,000 years because that is when radiation reaches its peak. So the 10,000-year radiation standard was thrown out by the U.S. Court of Appeals, and they could never figure out how to come up with a radiation standard that tracks with the scientific evidence.

There is no way to safely transport radioactive nuclear waste across 43 States in order to be buried in a hole in the Nevada desert where, I remind you, we have groundwater problems, seismic activity, and volcanic activity. There are no canisters that currently exist—they do not exist—that can safely transport and store nuclear waste; not in Yucca Mountain, not anywhere.

We had better figure out as a Nation, before we start building more nuclear power plants that create more nuclear waste, what we are going to do with the by-product of nuclear energy, which is the nuclear waste.

This country has been single focused, and the people of Nevada have said year after year, decade after decade, we are not the answer. We don't want to be this Nation's garbage dump for this Nation's nuclear waste.

We do not produce one nanogram, not one speck of energy using nuclear in the State of Nevada, so why should we be accepting everybody's nuclear waste. If you have a nuclear power plant in your district, in your State, then that is fine. You figure out what you are going to do with the nuclear waste that is produced by creating nuclear energy.

The idea that Nevada should be the repository, and some people call it the suppository, for nuclear waste in this

country is an absolute absurdity. We will fight this.

We thank the President of the United States for standing with the people of the State of Nevada. We do not want the nuclear waste. It is dangerous, and we join with everyone else in trying to come up with a solution. But this myth that we are going to have one repository instead of 43 or 33 or however many nuclear power plants we have in this country is preposterous, because these power plants are going to keep creating nuclear waste. So we are not eliminating nuclear dump sites; we are creating an extra one. Can't do it. Shouldn't do it. Won't do it.

I urge my colleagues to join with me and come up with a suitable method of dealing with our nuclear waste. Yucca Mountain just is not that answer, and it never will be.

NO GOVERNMENT TAKEOVER OF HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

Ms. FOXX. Mr. Speaker, Republicans have been talking for over 3 years about the problem of the debt and deficit facing our Nation. We, as well as average Americans, have realized that these problems are a threat to our existence as the greatest and freest Nation on Earth. But what the Democrats are proposing to do in passing a health care bill that Americans do not want is an even more immediate threat to the future of this Nation. Let me explain just a little bit about that.

What the Democrats are proposing to do is a government takeover of health care that the American people do not want. Because they have a political problem, because there is no support for this bill among Americans, they are going to use a procedural mechanism to avoid an up-or-down vote on the bill that the Senate passed on Christmas Eve. They are going to create a reconciliation bill that meets the Senate test for reconciliation. As the majority leader said out here a few minutes ago, we are not the Senate. We don't have reconciliation rules. He kept making that point over and over again. But they are going to create a mechanism to pass a bill in the House to match reconciliation rules over in the Senate.

What they want to do is to develop mechanics to hide a vote on the Senate bill and create a scheme to pass a bill in the House that will then pass muster in the Senate. It is a cram-down; and despite what the majority leader keeps saying about the fact that we have seen the bill, we know what is in the bill, we have not. Bills have to be developed in bill language, and we have to see specifically what it is we are going to vote on.

The President has never presented a bill to the American people. What the

President did present about 3 weeks ago was an 11-page proposal. That is exactly what it is called on the President's Web site: The President's proposal, February 22, 2010. It is really 10 pages with one line on page 11. It has general language. It makes insurance more affordable. It sets up competitive health insurance markets, ends discrimination against Americans with preexisting conditions, and it says that it bridges the gap between the House and Senate bills and includes new provisions to crack down on waste, fraud, and abuse. This is not legislative language. We cannot vote on something like this.

In addition, one of my colleagues just pointed out to me that there is a 19-page summary of the 11-page proposal on the White House Web site. You know, if you haven't read "1984," I ask you, read it. If it has been a long time since you've read it, read it again.

Now let me give you an example of specific legislative language. This is a page out of the Senate bill that passed. I don't know the section before, but this starts out with (1). It is page 35.

"(1) Requirement to provide value for premium payments. A health insurance issuer offering group or individual health insurance coverage shall, with respect to each plan year, provide an annual rebate to each enrollee under such coverage, on a pro rata basis, in an amount that is equal to the amount by which premium revenue expended by the issuer on activities described in subsection (a)(3) exceeds," and then it has an (A) and a (B) and a (2). That is specific language that is used in bills that we pass here every day.

What the President has proposed is not legislative language. What they want to do is use something called the "Slaughter sleight of hand," and the American people don't want it.

HONORING REVEREND DAVID CRUMP

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland (Mr. CUMMINGS) is recognized for 5 minutes.

Mr. CUMMINGS. Mr. Speaker, I rise today to commend to this House the memory of one of my constituents, the Reverend David Joshua Crump, who, at the age of 42, died suddenly on February 20 of this year.

Rev. Crump was a young man of strong personal faith, coming from a long line of leaders in America's faith community, including Bishop Alexander Waymon. His parents, the Reverends Izell and Elaine Crump, are also well-regarded ministers in my hometown of Baltimore.

At a time when so many of America's young people are struggling to come of age without strong and loving fathers in their lives, Rev. David Crump's commitment to their upbringing was a bea-

con of personal and social responsibility for us all.

I had the occasion to attend the funeral of the late David Crump, and his foster children, a number of them, came forward and talked about how he had touched their lives and how he had opened so many doors for them and what a wonderful parent he was.

Not only that, David Crump excelled in his mastery of that most valuable kind of wisdom: the insights that help us to remain focused squarely upon what is truly important in our lives.

In 1998, I invited the Congressional Black Caucus to Baltimore for a field investigation hearing of our local responses to illicit drug use and HIV/AIDS. We chose Micah's Cafeteria as the primary site for our hearing. David Crump's family owned Micah's, and David was the master chef and maitre d' at the restaurant. During our field hearing there, he made a very favorable impression on all of my CBC colleagues. Our positive response went beyond the positive quality of the restaurant's food. We were heartened by how well David worked with Micah's staff, and especially with the young people who worked with him. These young men and women were competent and polite, building better lives for themselves, and a lot of that had to do with David's leadership and compassion for them. It soon became apparent that David Crump was at the heart of a transformation that was worth our understanding.

In the years that followed, I would often find David reaching out to the young and giving them an opportunity to find themselves in life-affirming settings. His calling was at the center of his faith.

So often, people go to church and prayer meeting, and when they come out the door, they forget their faith. But he never forgot. Not only was he a great foster parent, but he was a very loving husband.

With his wife, Theresa Mina, he built a home full of love and laughter for the children who came into their lives. He was a man of good humor and a gentle spirit. He was a good father and husband who was devoted to his God and to his family.

One of the things that I said at his funeral was, if I ever met someone who tried to walk in the path that God had laid out, it was David Crump.

Mr. Speaker, recently I was thinking about Rev. Crump's example as I read comments that Attorney General Eric Holder made during a recent speech. Encouraging men to take more responsibility for our children and homes, Attorney General Holder observed that, "I have held many titles in my life, but the title I am most proud of is father. A father's role in the life of a child is irreplaceable."

Stressing that we must do more to create a culture of mutual respect, our

Attorney General went on to emphasize that we hold the future in our hands. He said, "We as men need to spend more time with our sons and daughters. We need to teach our sons to have respect for women and daughters to demand respect for themselves."

This same wisdom was at the heart of David Crump's ministry and personal life. His vision and commitment are examples that we all would be well advised to follow.

I strongly believe that government has important roles to play in rebuilding America's communities, yet I also understand that we, as individual citizens, are the critical element in the social transformation that this Nation needs to undertake. Rev. David Crump understood this, both in his ministry and in his personal commitment to the young people in his life. He was, indeed, a wonderful role model.

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes as the designee of the minority leader.

Mr. GOHMERT. Mr. Speaker, I very much appreciate this opportunity to speak here on the floor. The topic again will be health care because, even though most of Americans are more concerned about the economy, as am I, and jobs, because the President keeps trying to shove this thing into the lap of Americans—actually, it will control the lap of Americans—we have to deal with this until we can start over, start fresh, get the special interest groups, the unions, AARP, those people who have been meeting in the last few weeks behind closed doors, away from C-SPAN cameras, getting special deals for themselves, we start over and start fresh. And the number one most important aspect is not the unions. It is not AARP. It is retired people. It is seniors. It is Americans across the country. It is the poor. It is the wealthy. It is everybody.

□ 1245

Those people who are United States citizens, those are the number one concern, should be, under a newly negotiated bill.

I just got sent a copy of an e-mail that has gone all over the country apparently from a group called Organizing Against America—I'm sorry, Organizing for America, it just sounds like they're organizing against America—and it has an individual's name, first name. It says: "President Obama has called for the House to vote to move health reform forward as early as next week. Your representative"—in this case, LOUIS GOHMERT—"voted last fall to allow insurance companies to

continue to jack up rates, drop coverage when folks need it the most, and discriminate against people with pre-existing conditions." You know, the rules of the House do not prevent me from calling this what it is: that's a lie; that's simply not true.

But it goes on to say: "We're in the final margin, one last chance to do the right thing." It says: "Call Representative GOHMERT today," and it says: "Let them know"—that's not correct grammar, but that's not the only thing that's not correct—"know that there is a political price to favoring big insurance companies over the American people."

"Organizing Against America"—I'm sorry, "Organizing for America" supporters in Texas have pledged 506,830 volunteer hours to fight for candidates who support reform."

So, anyway, what they're not apparently aware of is that the vast majority of Americans, the vast majority in my district, they know what this bill—I've got four volumes to get it all, that's the bill that was passed in the House—they know what this represents. It's a government takeover not just of health care, but a whole lot more than that. Anyway, that's the stuff that's going out in this hour of desperation to try to cram this bill through, cram it down on America.

I heard our valiant Speaker PELOSI, I saw and heard the video of the Speaker saying we've got to pass this bill so that we can find out what's in it. I understand that she was talking about apparently there's a big fog around the bill and we really won't see what's in the bill until we pass it and then the fog is lifted; but some of us have been concerned that we need to look at this bill, and everybody needs to know what's in it now and not wait until later.

We also know that secretly negotiated—I saw an AARP rep and union rep saying that before this summit the President was going to have his health care bill that would be discussed at the summit between Republicans and Democrats. I know my friend, ERIC CANTOR, brought a copy of the bill, and it seemed like that made people mad. I suggested that they have a copy of the Senate bill and the House bill there so that when somebody made a representation that wasn't accurate as to what was represented in the bill, you could immediately turn to the bill during the summit and correct whatever inaccuracy was painted.

Well, one of the problems with the President's health care bill, like my friend, Ms. FOXX, pointed out earlier, is that there is still no President's bill. He came in here and spoke from the second level up there and kept referring to "my bill," "this bill," "my plan," "this plan"; but as I asked Secretary Sebelius later, I said, I've been trying to find a copy of the President's

bill; he keeps referring to it, said he was going to call us out if we misrepresented it, and I just want to know where I get a copy of it. And that's when she told us, Well, actually, I think he was talking about a set of proposals or principles.

Well, I was told by CBO that they could not score my plan until I had it in a hard and fast bill. So we did, we got it in bill form. And that took a lot of work because legislative counsel, who prepares the bills in legislative form, were so tied up with all the Democratic bills that were being filed and being shoved to the front so quickly. But we finally got it done. It took, I think, around 6 weeks or so. And then we got it filed. And then we couldn't get a CBO scoring. We were finally told in August, well, you know, you don't have the request from the highest-ranking Republican on the committee of jurisdiction, Energy and Commerce. So I talked to Republican JOE BARTON, and JOE said, yeah, it sounds great; let's get it done. He said to send a request that my bill be scored.

Then, about 1 month later, we were told, well, we haven't scored it. You still don't have the approval of the highest-ranking Republican on the Joint Tax Committee. So I got DAVE CAMP, told him about the bill, showed him what I had. He said, sure. He sends over a letter saying, Please score GOHMERT's bill. That was in September. I think September 19, something like that, 20th, somewhere around there.

In the meantime, anytime a Democratic leader doesn't have a bill, just has an idea, a plan, wow, they can rush that in to CBO. Every now and then CBO will say, you know, you just don't give us enough to work from, we're making presumptions, but here's a score usually is what they get to anyway. That is something that is so grossly unfair.

There is a summary of 70 health care bills in this document here that have been filed by Republicans to help reform health care. So if someone bothered to read that before they sent out a false e-mail saying we don't want to do anything to reform insurance, they would find out they're wrong. We've got all kinds of good proposals because the truth is, and I'll say it again, all the people I know want health care reformed. They don't want insurance companies between us and our doctors or between any American and their doctors. And they don't want government in between them and their doctors. That's what we're trying to get to.

And even though CBO hasn't been kind enough to, after all these months—and we have the data here that shows what CBO has done. There have been 50 total health care bills formally scored in the 111th Congress, and six of them—six—have been Republican plans. We've got 70 others we'd like to

get scored, but they're not going to get to those, they're not even going to get to mine. In the 111th Congress there have been a total all together of 530 bills that have been scored by CBO: 442 were for Democrats, 88 were from Republicans. But we didn't even get that good of odds as far as the health care scoring. So we are obviously working at a severe disadvantage here.

I know that there are so many things the President said that even though they're inaccurate, he has no intent to deceive. It's just that when you're President of the United States, obviously you can't have all the facts at your fingertip. You have to rely on people who work for you to give you accurate information. Unfortunately, our good President has not been given all the accurate information he needs in order to address things properly.

I've been joined by my good friend from Georgia, and I would like to yield such time as Mr. LYNN WESTMORELAND might need.

Mr. WESTMORELAND. Well, I want to thank the gentleman from Texas for taking this Special Order to come talk about the health care bill that, regardless of what anybody says, is actually being rammed through the process. And the reason it's being rammed through, as I think my friend from Texas mentioned, the American people are not in favor of this health care bill. It also, I believe, is unconstitutional that we're going to require our citizens to buy health care. That should be a choice that every individual makes on whether they buy health care or don't buy health care. They may be in an economic situation to where they don't need it, or they may be young and they may be doing health savings accounts. We need to be promoting the health savings accounts and other ways that young people can do things to provide health care for themselves without their government forcing them to buy a health insurance program.

The other thing that I think is interesting is the unions get a special break out of this. You know, I thought that everything that we did in this body was supposed to be fair to everybody, but what they're doing is they're making a difference in this health care proposal that if you have neighbors living beside one another and one is a union employee and the other is a nonunion employee and they're making the same amount of money, their health benefits are going to be taxed differently. Now, why should that be? I mean, I think that's one of the disservices that has come about through this bill is there is so much inequity between individuals. It all depends on how much money you make, where you live.

There is also going to be a czar that we don't know who that's going to be and we don't really know what his or her full capability is going to be and what they're going to regulate. But I

would say to my friend from Texas that they may tell you that the current health care plan that you have that you're happy with does not meet the Federal requirements.

This plan also establishes about 111 new commissions, boards, and agencies that we have no idea what their responsibility or what their rules or what their regulations are going to be and what other type of impact they're going to have on our freedom and our privacy.

The interesting thing is that the leadership continues to talk about how many jobs this is going to create. If it creates any jobs, they will be government jobs. We need to create private sector jobs. We need to be concentrating on the economy. All the political capital that has been spent on health care—and not only on health care, this most open, honest, ethical Congress that we were promised by then-Minority Leader NANCY PELOSI, now Speaker PELOSI, is the fact that they've been tied up with ethics investigations of Congressman RANGEL. We've had the tickle wrestling controversy that just came up lately about young people being allowed to be subject to sexual harassment.

Now, we need to be concentrating on jobs. Most of my constituents are calling me saying, look, where are the jobs? You passed a \$787 billion stimulus package that was supposed to keep unemployment from going from 8 percent any higher, well, it's at 9.7. The only jobs that have been created have been government jobs. We created about 5,000 jobs with Cash for Clunkers. We have created over 120,000 government jobs since this President has been in office. We need to be concentrating on our economy and on creating jobs from the private sector. We need to be freeing up credit. We need to be making it so small business has an initiative to hire people.

The jobs bill that we passed through here was really a joke. And my friend from Texas, I'm sure you talk to many of your small business people who said, Congressman, do they really think that I'm going to go out and hire somebody for \$30,000 or \$35,000 a year to get a \$1,000 tax credit? Do they not understand that you can't survive in small business doing something that silly? I said, well, the problem is only about 7 percent of the people in the President's administration have ever even had a private sector job, and I don't know how many or what percentage of that ever created any jobs or actually was responsible for job creation.

What we have got to do is remove the uncertainty that's out there to the small business world, to that employer that is ready to create, to expand, to put infrastructure in our communities. We've got to make sure that he has some certainty. The small business people I talk to go, look, I'm not going

to do anything until I have some certainty, and the one thing that the 111th Congress has brought to the American people and to the people that create jobs in this country is uncertainty. They don't know what their energy cost is going to be; they have no idea. Is cap-and-trade going to pass that would raise, just on individuals, energy costs of about \$3,200 a year? Is that going to pass? I don't know.

□ 1300

Are we going to raise taxes on the small business people? Are we going to raise taxes on the people who make over \$250,000 or over \$200,000 or over \$150,000? Most of these subchapter S corps that create the jobs are under those individual guidelines.

They ask, Am I going to end up paying more taxes? I don't know.

I can't answer that for you.

What are our health care costs going to be? Are you going to mandate these health care prescriptions on us?

I don't know. I can't answer that.

We don't know about any free trade agreements. This administration has refused to act on free trade agreements. We need to remove the uncertainty for business in this country. We need to crank up our economic engine without starving it for the fuel that it needs to stand and to create those jobs that we so desperately need.

So this health care plan is going to be rammed through regardless of what you say. The rules are going to be adjusted to fit what they need to do. But I've got something to tell the majority: The American people are not that stupid. They understand smoke and mirrors and hocus-pocus when they see it. I promise you they're not just going to hold the majority accountable; they're going to hold every Member of this body and every Member of the body across this Capitol accountable for taking this country in a direction that the majority of people does not want to see it go.

With that, I yield back my time to the gentleman, my friend from Texas.

Mr. GOHMERT. I appreciate so much the insights from the gentleman from Georgia. You make such good points.

Madam Speaker, I've heard people say before, Well, you know, I see you go down to the House floor and just pour your heart out, and you're really trying to convince people of what's right. I wonder. It has got to be pretty frustrating when there's not more than a handful of people around on the House floor.

I think what a lot of people don't realize is, since C-SPAN came about, every Member of Congress whom I know has a television in his or her office, and they watch C-SPAN. A lot of folks will have more than one so that you can monitor C-SPAN and watch the news. You can monitor what is being said, and you can monitor debate. We've been told there may be

200,000 or there may be many more people watching on C-SPAN. Yet this is a chance, under the Constitution, under the Speech or Debate Clause, to come in and to try to bring light. Light is the best disinfectant to any kind of infection. That's what we're trying to do, to shed some light on this.

We have been joined by my dear friend, Ms. VIRGINIA FOXX. When you're talking about someone who has been the president of a university before—and I know her work hours as they're not unlike my work hours—I know that she comes to the floor informed.

I yield such time as Ms. FOXX may need.

Ms. FOXX. Well, I want to thank both of my colleagues, my classmates, actually—my colleague from Georgia (Mr. WESTMORELAND) and my colleague from Texas (Mr. GOHMERT) for their insights and for their sharing of information in this Special Order today.

Instead of going home to be in our districts, we stayed in town today to vote on a bill on algae, which we could have voted on yesterday, but our colleagues across the aisle are twisting arms every minute of every day in order to get votes. They understand that the American people don't want this health care bill that they're trying to ram through and pass. They're trying to be responsive to their constituents, but they're being forced, in many cases, to vote for something by their leadership.

I want to talk for just a minute about two problems here. We have a problem with the bill, and we also have a problem with the process, or the rule, that is going to be governing this bill.

I serve on the Rules Committee. Up until this year, people have always said, Oh, we shouldn't try to talk about process because the public's eyes glaze over. They don't really want to know about that.

Yet more and more Americans have awakened and are paying attention to what is going on in Congress, and I find that people are concerned about the process here because they understand the process is sometimes as important as the substance of what we're doing.

The Rules Committee is the committee here that establishes the rules for debate and the procedure on legislation that's being considered by the House. Unfortunately, our colleagues will not allow the Rules Committee to be covered by C-SPAN, so very few people have seen the Rules Committee in action. We meet in a tiny room up here. Really, there are no seats for the public, or almost no seats for the public. There are seats for Members; there are seats for the press, and there are seats for staff, but there are almost no seats for the public. So very few people have observed the Rules Committee, but it is doing extremely important work in the House.

The Rules Committee establishes the length of the debate and which amend-

ments, if any, will be allowed to be debated. It has nine Members of the majority and four Members of the minority, so they have it stacked pretty good against the minority. We meet at all times of the day and night, lots of times in the middle of the night. Last year, on the cap-and-trade bill, we got the manager's amendment at 3 a.m., an almost 400-page amendment at 3 o'clock in the morning. Then we voted on that bill just a little later on that day.

Well, what is being talked about to get a health care bill passed some people are calling "the Slaughter solution," but I call it the Slaughter sleight of hand. Ms. SLAUGHTER, from New York, is the Chair of the committee, and she has come up with a really, really clever way of having the Members of this body not vote on a bill but say that the bill has passed.

I said a few minutes ago that we are facing a major crisis in this country, a crisis with our debt and deficit, but the more immediate crisis is this very cynical attempt to pass a bill without having the Members vote for the bill. That has never happened in this House before. This is a complete cynical approach to this, and they have to do that because their Members don't want to vote for it because they know their constituents don't want them to vote for it.

They believe they're going to be able to send their Members home to say, Oh, I didn't vote for that horrible bill. I didn't vote for that bill you don't want. I only voted for the rule, or I only voted for this reconciliation bill, and I didn't vote for that bill.

Now, folks, they're trying to go from passing bills they haven't read to passing bills they haven't voted on. I think any high school youngster in this country who has taken civics knows how a bill becomes law. You pass a bill in one House, and you pass exactly the same thing in the other Chamber. It then goes to the President. The President can veto it or sign it. Yet that's not what the majority party is about here. They want a procedural vote that would simply declare the measure to have passed at the moment the Senate passes what they are calling a reconciliation bill.

As I also pointed out earlier, we have no reconciliation process here. We have straight up-or-down votes. The majority rules. Because there are four vacancies in the House, and because nobody is in the House of Representatives unless he or she is elected, as you don't appoint people to the House of Representatives, the Speaker only needs 216 votes. So what we have again is a sleight of hand going on.

You know, I've seen a lot of cartoons representing the President as the Wizard of Oz, and I think that's a pretty apt description. The President and the people in charge here have been talk-

ing a lot about this reconciliation bill because they want people's attention on that. They don't want people to pay attention to the bill that has to be voted on in order for it to become law, which is the Senate bill.

Now, a few minutes ago, the majority leader said, Oh, everybody knows what's in these bills. They've been out there for months. We've discussed them for thousands of hours.

That is not true.

What's going to happen next week is the Budget Committee is going to meet on Monday. They're going to pass what amounts to an empty vessel, which is going to come to the Rules Committee. Sometime next week—and we don't know what time of day or night—we're going to execute an amendment in the Rules Committee that will be seen for the very first time by anybody in a position to vote on it. The staff will have seen it, and perhaps those in charge will have seen it, but my guess is they will not have seen it either. We'll be asked to vote on that immediately in the Rules Committee. That's going to be the first time anybody will have seen it.

As my colleague from Texas talked about, and as I mentioned earlier, we don't have a bill from the President. He presented an 11-page set of principles, which he called a proposal, and he has got a 19-page summary of the 11-page proposal on the Web site. There is still no legislative language, and we have to have legislative language.

The Democratic majority is engaging in such extraordinary legislative chicanery to get this bill passed that it is a clear indication they cannot pass the bill without doing that. They don't have the votes within their membership to pass that bill, so they've got to do all this sleight of hand to get it passed.

These people have exposed themselves as willing to abandon the most fundamental element of legislating, a transparent up-or-down vote, in order to achieve an unpopular, partisan objective.

This is very disturbing, and it should be an alarm to every American. This is what banana republics do. This is not what the greatest Nation in the world does. This is not what the greatest deliberative bodies in the world do. The American people do not want this health care bill, and they don't want their democratic process turned on its head to pass it over their objectives.

I said it before: I was ridiculed. I was ridiculed for saying that I feared this health care bill almost more than anything else. I want to tell you the American people need to fear it because it undermines our entire system of laws. It takes us from being a nation of laws to being a nation of people who will do anything to pass their ideological program, and they will go out to attempt

to destroy what is great about this Nation, and that is our Constitution and our rule of law.

With that, I yield back.

Mr. GOHMERT. I appreciate the comments of the gentlelady, Ms. FOXX. They were really on target. Thank you so much.

When she mentions banana republics, I actually had the experience in 1973 of being an exchange student to the Soviet Union for a summer, and I got to see firsthand how the former Soviet Union operated before, of course, it went broke. It couldn't borrow enough money. It couldn't print enough money, so it went broke.

□ 1315

In looking at the President's comment in his speech on March 3 of this year, it was after the so-called health care summit, and I am quoting: "My proposal would give uninsured individuals and small business owners the same kind of choice of private health insurance that Members of Congress get for themselves, because if it is good enough for Members of Congress, it is good enough for the people who pay their salaries." And there was applause on that.

But apparently he hasn't read the bill that was passed in the House that he is trying to join and mesh up in his so-called proposal. This is in the first volume. Let me get over here to that, the benefit package levels. It says, "The commissioner," this is another czar-type person he will appoint, "shall specify benefits to be made available under the exchange participating health benefit plans."

Then subparagraph B, "Limitation on health benefit plans offered by offering entities." I haven't seen anything in the President's proposal that changes this. It says, "In every area of the United States," and it will be cut up into different service areas, it says, "the entity only offers one basic plan."

The commissioner will designate what has to be in the health care insurance policy. Then their idea of that is you will have a slew of insurance companies that will offer the same policy, one basic plan. And then you could, if you wanted to, as an insurance company, offer an enhanced plan. But the big deal is the same exact plan will be offered by different insurance companies.

I had an experience that this reminds me of so much when I was in a city stay in Moscow. We had read and heard that the largest department store in the world was in Moscow, and the Russian letters in the English equivalent are GUM, which stood for governmental universal store or department store.

I needed some 110 film for my little camera. There were probably a dozen camera stores on three or four different levels, and there were several different

sections. It was enormous. I went to every one of them, and every single one had the exact same products, the exact same prices. And that is what we are talking about in this plan. There is no choice. And it won't be long, there will only be one insurance company, and that will be the Federal Government.

We have been joined by my good friend from California, former attorney general, former Member of Congress before coming back, who has always terrific insights. I yield to Mr. LUNGREN.

Mr. DANIEL E. LUNGREN of California. I thank the gentleman for yielding. I actually came down because I was listening to the debate and I wondered whether there would be room for someone who spoke with the absence of an accent on this floor.

Mr. GOHMERT. There is nobody talking with an accent that I have heard.

Mr. DANIEL E. LUNGREN of California. I appreciate that. I thank the gentleman for yielding.

I would just say that there is a fundamental proposition that is before the House that is often forgotten in the discussion of the procedure, as strange as the procedure might be for consideration of this bill, and that is, if this bill were to be brought to the floor, the Senate version, or the House version that already passed, and it were ultimately to be signed by the President, it is my understanding that for the first time in the history of the United States we will condition your legal status in the United States, that is, your ability to remain a legal citizen in good standing in the United States, on the mandated purchase of a product provided by a private entity, but as determined by parameters established by the Federal Government.

Is that the gentleman's understanding as well?

Mr. GOHMERT. That is indeed my understanding.

Mr. DANIEL E. LUNGREN of California. It is sometimes easily called an individual mandate, but no one really talks too much about that, where we have the authority to mandate your continued legal presence in the United States. There has been a lot of debate, some even engendered by comments during the President's speech before a joint session, on whether or not people who are here illegally will be covered by all of the government health programs that will be established by law. In fact, that has been at least a matter of contention, whether or not the language contained in the versions would have any meaningful limitation on the provision of health care to people who are in this country illegally. The gentleman is aware of that debate.

But here we have a situation where those who are born in the United States would be rendered an illegal status if, in fact, they did not purchase a

product mandated by the Federal Government. Of course, in the House provision, that mandate is enforced by way of criminal sanction, first by way of a fine, and then failure to pay the fine could bring one a criminal sanction.

In fact, in one way, they are attempting to get around this question of whether or not the Federal Government has the authority to mandate this. They have introduced it by way of a section of the Internal Revenue Code. We know that if one commits fraud in terms of not paying a tax, and they are trying to qualify the definition of the fine as a tax, that you can go to prison for committing fraud on the government in your failure to pay the tax. So it is not a reach, as some have suggested, that the penalty would be, in fact, a criminal penalty, which includes incarceration for failure to follow this mandate.

Is that the gentleman's understanding as well? I know the gentleman is a former judge of the State of Texas.

Mr. GOHMERT. A judge, and was briefly chief justice of an intermediary court filling an unexpired term. And that is my understanding. But I also know the gentleman from California was the highest ranking legal officer in the State of California and very articulately has set out his, as well as my, understanding.

But I am curious as to the gentleman's opinion of whether or not this really meets constitutional muster. Nobody knows what the Supreme Court would do. Some project maybe 5 or 6 years before it got there, since we were unsuccessful in getting any fast track in the House version or the Senate version.

Mr. DANIEL E. LUNGREN of California. In other words, an expedited consideration of the legal matters up to the Supreme Court, which we have done on other legislation in the past.

Mr. GOHMERT. I am curious about the gentleman's opinion.

Mr. DANIEL E. LUNGREN of California. Here is my concern. There are those who say these bills are justified under the expansive reading of the commerce clause, and it is true in the past the Supreme Court has found a rather expansive view of the commerce clause. But if one suggests that one's own health and the decision on how one provides for one's own health is, in fact, a part of interstate commerce, which then grants the authority to the Federal Government to act, then the question I would ask is: What is left that is not covered by Federal authority? What part of your life is not covered by the Federal authority?

In other words, if we can do this for the purpose, admittedly a good purpose, of ensuring that people have health care in this country, but if we can extend the reach of the Federal Government in this way, would it be out of the realm of possibility that one

could argue it would be constitutional for the Federal Government to say, in light of the impact of obesity on certain health conditions, and in light of the fact that when one develops those health conditions one has a call on medical care in this country, and that impacts all of us, because that is the argument that is being made, would it not then be logical that we, on the Federal level, could mandate that you must belong to a federally approved fitness program? Is that so much of a reach?

Wouldn't that be less of an interference in one's life than to mandate precisely how one has to prepare for one's own health and pay for one's own health, and then dictate exactly what coverage one might have, even though you might not want to have that particular coverage?

So I think it goes beyond just the health care question. It goes to the question—and I have had this discussion in my town hall meetings as recently as this last Monday, where I had 250 people in Rancho Cordova. It goes to the question of what is the proper relationship between the individual and their Federal Government, and the greatness of our Founding Fathers was to say that would be a limited relationship; that is, the Federal Government's call on us, because we recognize that government did not extend rights to us. Those rights were God-given rights. And we the people—those are the words that are found in the Constitution. We the people formed a United States of America, but we decided what authority we would give that government, and they should not go beyond that.

Mr. KING of Iowa. Would the gentleman yield? I thank the gentleman from Texas.

This argument about the commerce clause and the Federal Government being able to regulate interstate commerce, I take this to the other side of the scenario that Mr. LUNGREN has laid out and take it down to the assumption that is in this bill that everybody in America is engaged in interstate commerce is relevant to health insurance.

I would submit that in Texas or California or Georgia or Iowa, there is likely to have been, I will say certain to have been, and likely to still be, individuals born in those particular States that never participated in a health care program of any kind, lived within the State, didn't cross the State line to get an aspirin, and died, and never engaged in health care that could be even described as interstate commerce in any way. Yet this commerce clause would be broadened to the point of being so inclusive that not only would that, by inference, give Congress the authority to require a person to join a health club, but also to show up and exercise, tell us what we can and can't eat, and the commerce clause then would have no limits whatsoever.

I am going to say that the individual that is born in one of those States, or any State in America that doesn't participate in a health care program that links the interstate commerce, is completely exempt under the commerce clause, and therefore that is one of the bases for which I believe this is an unconstitutional bill.

Mr. GOHMERT. We have a friend from Georgia, Mr. WESTMORELAND. Do you have anything to add on that point?

Mr. WESTMORELAND. Well, I don't have anything to add on the constitutionality of the legislation, because I have already expressed I think it is unconstitutional, but I did want to make one comment before I had to go to my friend from Texas.

I believe you said the President had put out an 11-page summary and then had put out a 19-page summary of the 11-page summary, so I wanted to quote from the 19-page summary of the 11-page summary. And anybody within the sound of my voice, Madam Speaker, if they believe this, then they need some help and some counseling.

This is the new affordable choices where the 19-page explanation of the 11-page explanation says, "paper reduction and simplified forms will begin to reduce costs."

Anybody that has ever dealt with the government knows they do nothing to reduce paperwork.

"A new Web site to help consumers compare different insurance coverage options, along with State-by-State consumer health care assistance and assistance for any of their health insurance questions."

To my friend from Texas, you can't call a government agency now and even talk to a real human being, and now they are going to answer questions for 300 million people?

Here is the final one. "Clear and easy-to-understand insurance documents to help Americans make decisions when shopping for health insurance."

The government has never had any documents that were clear and simple to understand. The majority of Americans today cannot even fill out their own 1040 personal income tax.

This is a sham, and I hope that the American people will wake up and understand that what is fixing to happen to them is not only unconstitutional, but will be something that will not be easily undone.

□ 1330

Mr. GOHMERT. I want to yield more time to my friend from California.

Mr. DANIEL E. LUNGREN of California. I think the gentleman from Georgia made a point about a summary of a summary being larger than the original summary, and we're talking about a 2,000-page bill at least in both the House and the Senate, which will

then spawn thousands, tens of thousands, of pages of regulations which will then be interpreted by thousands of people employed by the Federal Government, which will then finally get to you and your doctor. And I think that is one of the problems that we have.

I would just cite the Speaker of the House who recently said in a press conference: We must pass the bill so we can find out what is in it. Now, I don't make that stuff up. It almost sounds like a comedy routine from "Saturday Night Live." But that was essentially the statement: We must pass the bill to find out what was in it.

I used to think that good legislation was you knew what was in it before you voted on it, and if you had problems with it, you didn't vote on it until you fixed the problems, and you didn't say, well, we know we have problems in the bill, but we are going to reconcile those problems later on. And particularly when "reconcile" is a special term of art in the United States Senate, and it allows you to fix some things but not others, and those that you cannot fix in the arcane notion of the reconciliation process in the Senate, you will then have to take to the floor of the House, and that will be then subject to the possibility of filibuster, which means essentially you will have to get 60 votes to pass it.

So I would ask the gentleman on an issue that is of immense importance to the American people, as they have expressed at town hall meetings, in polling and everything else, there has been a 30-plus-year consensus in this Congress and in this country about the limits of Federal funding for the procedure called abortion. That law, that line of laws, has been encapsulated in what was known as the Stupak amendment in the House of Representatives.

We know that the Stupak amendment is not in the Senate bill. There is another provision which Mr. STUPAK and others have said is insufficient to maintain the current law, therefore meaning that it will establish a new law allowing Federal funding of abortions for procedures that have not been allowed that is paid for by the taxpayers for over 30 years.

Is the gentleman aware of whether the history of the voting pattern in the Senate would lead one to conclude that there are 60 votes for the Stupak amendment in the Senate?

Mr. GOHMERT. I thank the gentleman for the question. It's a great question because we know when SCOTT BROWN was elected, he said, I'm the 41st vote against this. There are not 60 votes to do what they are saying, which as you're pointing out, the Stupak amendment—if our pro-life friends across the aisle were to get talked into voting for the Senate bill as is, on the promise that, oh, gee, we will bring that amendment up, and we are sure it will pass—I just don't see how anybody

can make that claim because it has already been made clear at the other end of the Hall that they are not getting 60 votes to do it.

Mr. DANIEL E. LUNGREN of California. If you have an animal control officer come to your house and say that your dog or cat hasn't been neutered or spayed, and you say, well, wait a second, I'm going to let my dog or cat out for the next month, but I will get him fixed, do you think the animal control officer would trust you?

Mr. GOHMERT. No, they don't. And there is no reason to believe that anything could happen other than what we've already seen. They're not going to have 60 votes to do it, which is why they are trying to do it on a reconciliation gimmick.

Mr. DANIEL E. LUNGREN of California. Is the gentleman aware of whether or not the language that articulates the Stupak amendment or the language that would articulate something close to the Stupak amendment would be allowed under the tight controls of reconciliation?

Mr. GOHMERT. Well, it is hard to know; but I believe if the Speaker tells BART STUPAK, we are going to get the amendment, your Stupak amendment passed in the House through reconciliation, we'll get it done, and we should get it done in the Senate, I'm sure if she tells him that she will get it done in the House, then she probably will. But there is no way on this Earth that she can guarantee what will happen in the Senate because it's not going to happen.

Mr. DANIEL E. LUNGREN of California. In other words, if one were to preserve the Stupak amendment, it would be to take the House bill over to the Senate, have the Senate accept the House bill, and then perhaps try and reconcile it later on if you were going to preserve the intent of the Stupak amendment and thereby preserve 30 years or 35 years of the consensus of this Congress and the consensus of the courts and the consensus of the American people.

Mr. GOHMERT. The gentleman is exactly right.

And I want to emphasize how important the Stupak language was. We did hear our friends across the aisle say, look, there is no money that will be allowed under the House bill for abortion. And I know they believe that when they said it or they really wouldn't have said it. The trouble is one of the problems in this body is we have ended up having such massive bills come so fast that people do not read the bills, because on page 110 of the very bill that was under debate that the Stupak amendment was to address, this is page 110, subsection 4b, the subsection titled, "Abortions For Which Public Funding is Allowed," then it goes on to say the services described in this subparagraph are abor-

tions for which expenditure of Federal funds appropriated for the Department of Health and Human Services is permitted, and then it goes and sets out conditions.

The point is they hadn't read that bill or they would never have gotten up and said, there is no money in this bill for Federal tax dollars for abortion. It was there, and it is there if you don't have the Stupak amendment.

Mr. DANIEL E. LUNGREN of California. If I might ask the gentleman to yield again, the point we're making is this has nothing to do with *Roe v. Wade*. This has nothing to do with a woman's right to choose. It has to do with the question of whether Federal taxpayers are required to pay for the procedures, and there has been a consensus in this country with a limitation on federally funded abortions except for the life of the mother, rape and incest. There have been those kinds of limitations on that. And this changes that, changes the consensus that has existed for 30-some years.

Again, if you wanted to protect that consensus that was repeated on this floor in the nature of the Stupak amendment, you would take that up in the Senate and you would pass that. Now, why are they not doing it? We hear they are not doing it because they couldn't pass it in the Senate.

Mr. GOHMERT. That is exactly right.

Mr. DANIEL E. LUNGREN of California. So we are supposed to believe that if they can't pass the Stupak amendment in the Senate, we should pass the Senate bill here because then there is a promise that they will pass a virtual Stupak amendment with a requirement of 60 votes.

Mr. GOHMERT. That they can't get on any other bill itself. It makes no sense.

Mr. DANIEL E. LUNGREN of California. So people should understand the conundrum we are in, not of our own making, but precisely because of the bill that was brought to this floor and the bill that was brought to the Senate. And those are basically the two options that are out there. And the question is, How can you get a majority vote in either body while finessing that issue?

I would suggest you cannot do that if, in fact, that issue is as important to people as they stated it was during the consideration of the bill both in the House and the Senate.

And of course that goes far beyond the question we had before, which is, What about the constitutionality of the underlying principle that we will now mandate that you must purchase a product, in this case, a health care policy, or if you do not, you will find yourself in illegal status in the United States? We are not talking about you having entered the United States illegally. We are not talking about you

having overstayed your visa. We are not talking about you committing some fraud on the United States to come here.

We are talking about you already being an American citizen, someone with legal status in the United States, and now you are going to be rendered illegal because you will not purchase a product imposed by the Federal Government for the first time in our Nation's history.

Mr. GOHMERT. That is such a great point. I was talking with some of my constituents this past weekend who are scared to death this thing is going to pass. Some of them work for lower wages, and they are on their spouse's insurance with their employer.

There are companies that exist only because they are able to hire people who don't need health insurance, and so they are able to hire them without providing health insurance. Under the bill, they are going to get hit with an 8 percent tax. And I'm hearing employers say, we can't pay the 8 percent tax. They've either got to take an 8 percent cut or lay people off.

There's been one estimate confirmed by a number of people that if this bill passes, if this bill becomes law at the worst time conceivable, more Americans out of work than ever in history, it will put 5½ million people out of work. This is incredible. I have heard friends across the aisle talk about how important it is to help the working poor, the lower middle class, that is who we really want to help. Under the bill, if they can't afford the mandated type of insurance, then they are going to get hit with an additional tax, the very people that can't afford it. In addition to that, they are going to be hit with other taxes to help pay for this bill. It is not a friend of the working poor in America.

I yield to the gentleman from Iowa.

Mr. KING of Iowa. I thank the gentleman from Texas.

I point out an additional 5½ million people resulting unemployed over this bill, but it provides access, according to calculations from the Congressional Budget Office, to health insurance policies for as many as 6.1 illegals. So there's your trade-off: 5½ million unemployed Americans, 6.1 million illegals having access to their own health insurance policy.

Additionally, picking up on the point of the gentleman from California, not only does it render an illegal status to someone who wouldn't, could not perhaps or would not, purchase health insurance policies that are mandated by the Federal Government. It levies a fine against them, as we have said, and it takes us into the realm of what I think is a definition of debtor's prison. You levy a fine against someone, and if you don't pay the fine, and when it gets to \$250,000, then the original bill adds a prison penalty in there.

And it would be for the first time in the history of this country that the Federal Government had either produced a product or certified a product to be produced by the private sector, required every American citizen to purchase that product; and if they didn't do so, levy a fine against them and then have them facing a jail term. That's the kind of debtor's prison that our Founding Fathers rejected. I use stark terms, but that's where it takes us up in our logic.

I will say, Mr. Speaker, that we are at this point now where the nuances of these bills, we know what's in them, that anything that is likely to pass this House and go to the President's desk, he will be sitting there with pen in hand to sign. He is salivating to sign something that is called national health care that he can call ObamaCare and does call ObamaCare. He is for single-payer. He is for socialized medicine. He has said that he is for single-payer. So has the Speaker, and so has HARRY REID. So this is about whether we keep our freedom, whether we keep the Federal Government from nationalizing and taking over our bodies like they did at General Motors and Chrysler.

Mr. DANIEL E. LUNGREN of California. I think a very, very basic question is this. There is a notion of healthy skepticism within our government and our view of government. We grow up with that. That is part and parcel of the Constitution. But if you move from healthy skepticism to destructive, not skepticism, but cynicism, then you have really ruptured the relationship between the American people and their government.

And if we were to ignore the voices of the American people as they have been articulated in town hall after town hall after town hall throughout this country, not just in August—I had my last town hall meeting this Monday; 250 people in one of my communities, overwhelming opposition not to some changes in health care—they are not arguing for the status quo—they are arguing against these two visions of health care reform. And they ask me, they beg me to bring a message here from them directly: scrap what you're doing, start over, give us the right medicine, not the wrong medicine.

Mr. GOHMERT. I thank the gentlemen. My time has expired.

□ 1345

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Nevada (Ms. TITUS) is recognized for 60 minutes as the designee of the majority leader.

Ms. TITUS. Mr. Speaker, we've heard a lot about health care today and for the past month and, actually, for the

past year as this issue has been debated as one of the most important things facing this country and the people in all our districts. We know that we need better access to health care. We need more affordable health care. We need to protect Medicare as we move forward with meaningful reforms. These reforms need to include issues involving the insurance companies, the insurance companies that are today advertising on television against reform, are sending their lobbyists to the Hill against reform, who are resisting any kind of meaningful reform in hopes of protecting their bottom line. I welcome additional comments from some of my colleagues.

I will reserve my time for a few minutes.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from California (Ms. WATSON) is recognized for 54 minutes as the designee of the majority leader.

PARLIAMENTARY INQUIRY

Mr. KING of Iowa. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. KING of Iowa. Mr. Speaker, under the rules of the House on a Special Order, is it appropriate for a Member to yield to someone else when they've been recognized for 60 minutes?

The SPEAKER pro tempore. The Speaker's announced policy allows for the leadership hour to be subdivided among designees.

Mr. KING of Iowa. I thank the Speaker.

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California.

Ms. WATSON. Mr. Speaker, I would like to extend our time to 1 hour. Do I have 54 minutes?

The SPEAKER pro tempore. The gentlewoman has 54 minutes.

Ms. WATSON. Fifty-four. Thank you.

Madam Speaker, I would like to yield time to Congressman GARAMENDI from California.

Mr. GARAMENDI. Thank you very much, Congresswoman. As you recall, you and I have had a long, long history of dealing with health care issues. In the late 1970s, I was chairman of the California State senate health committee, and when I left that post, you took it over. And over those many, many years that you and I worked on health care, we are now approaching the final moment in which this Nation will take up an extraordinarily important task, and that is moving towards providing health insurance and health care for all of the citizens in this country.

It's going to be a very, very busy week next week. Over the last hour or so, I've heard from our esteemed col-

leagues on the Republican side talk about a rush to judgment. It was not a rush to judgment if you consider the 30 years that you and I have been spending, trying to provide health care services for all the people in California, and now we have this opportunity to deal with this issue here for the entire Nation.

It certainly wasn't a work to rush to judgment in the early part of the 20th century when, in California and across the Nation, men and women were being injured on the job, and to deal with that, the Workers' Compensation programs were created. Even Teddy Roosevelt back in those periods said that we needed to have a health care system for all. It didn't happen then. During the World War II period and before it, the Blue Cross-Blue Shield programs were developed by the medical community to provide services. But again, it wasn't universal, and it wasn't available to all.

Later during World War II, I remember in California and on the west coast, Kaiser Industries found that their workers were getting sick. Actually, it was during the Depression when they were building the dam on the Colorado River. And so they started what has become known as Kaiser Permanente to provide health care to their workers beyond just the Workers' Compensation program. In the 1960s, we made a major step forward here in America with Medicare and then following it with Medicaid. An enormous debate erupted, but progress was made, and a universal program was made available to every person—every legal citizen, legal person in this Nation who attained the age of 65.

And I noted with some humor that at the President's summit, just I think about 10 days ago, men and women were sitting around the table, nearly all of whom—excluding the President and I think just two others—actually belong to a single-payer universal health care program called Medicare. Yet many of those people said they wouldn't want anything to do with a single-payer universal health care system, but yet they were participating in such a system.

So we have been at this a long, long time, and in this House, the debate on how to finish the process began 1 year ago. So there's no rush to judgment here, nor is there a rush to judgment. I yield to the gentlewoman.

Ms. WATSON. One of the things I would like to make perfectly clear in this debate. I was listening to the former hour from my office, and I heard over and over and over again how we are cramming the unknown through. Now prior to this whole new concept of reconciliation, I remember the other side coming down with 2,700 pages and talking about what was in those pages and also mentioning to us, Madam Speaker, that they had their

staff reading through every single word. Now I heard them say, Congressman GARAMENDI, that we're cramming the unknown through. This is highly, highly unreasonable and a misstatement. We intended and we set out to address the 38 million uninsured. If you have insurance—and I want the public to hear this—the original intent was to cover the 38 million uninsured. And by the way, Congressman GARAMENDI, 8 million of that 38 million is in California, our State, and 6 million of those are children. Would we not want to cover health care for our children?

Mr. GARAMENDI. If I might for a moment, Congresswoman WATSON—absolutely. It would seem to be the fundamental compassion of a human being to make sure that their children and the community's children, indeed our Nation's children, have health care. And we should extend that well beyond to all of us. It is not in our interest as human beings who presumably have compassion to leave people without health care.

□ 1400

We are not rushing to judgment here. We have been at this in America for more than a century. And this House has been at it for a year, heavily debated. I was just elected to Congress back in November, came here 3 days later, and voted on a bill that you and others had worked on for the previous 10 months.

So here we are with the House having passed its bill, the Senate having passed a bill back Christmas Eve, I think 72 days ago. That bill has been available. It is my understanding that next week we may have an opportunity to vote on the Senate bill and send that to the President and then follow up with corrections to the Senate bill that are desired by both Houses, such things as eliminating that little advantage that was given to Nebraska and other corrections to the bill.

So this is not something that is being rushed to judgment. In fact, it has been debated for a century. It has been debated in this House. Back in the Clinton period, there was a major debate going on during that period of time.

Ms. WATSON. This is not mystery content. What we are going to be considering are the issues that both sides can agree on. We should have health insurance that is affordable, health insurance that is accessible, and with the great expanse of land in California, where you go to get your health care needs to be accessible to you, and not in another town like it is in so many areas of our districts.

Mr. GARAMENDI. One of the things that was in both the Senate bill and the House bill was an effort to expand access to care, not just with an insurance policy, but also with facilities. There were major improvements and

significant sums of money available to expand community clinics, where most poor people, where many young children and people that are moving from one town to another are able to get their care. That is an enormous expansion of services. So what is wrong with providing a facility, community care? It happens to be good care, and it happens to be very well priced.

Ms. WATSON. I think of your district, over an expanse of land. I have gone to other districts in Colorado with DIANA DEGETTE, and we drove for miles all within her district, town to town. So the community clinics will be accessible to people who live in remote areas. Then we all agreed that we wanted to cover preexisting conditions.

Mr. GARAMENDI. Let's talk about that. I was the insurance commissioner in California 1991 to 1995, 4 years, and then again in 2003 to 2008. And in that 8-year period I saw horrible things being done by the health insurance industry in the way in which they discriminated. There are many lessons I learned, but one of the principal ones is for the private health insurance companies it is profit before people; do whatever you need to do to enhance your profits. And you just mentioned one of the ways, which is various mechanisms to discriminate, preexisting conditions.

Let me give you an example. I know of a young woman that had been on her family's health insurance program for 23 years. She turned 23, and under the current law a 23-year-old can no longer be on their parents' care. Under the bills that will be before us for final review hopefully next week is a proposal to extend that to 26 years.

But for her that wasn't yet law, so she went out searching for insurance. It turns out she went back to the company that had insured her for 23 years. And the company said, oh, we can't insure you. She asked why. You have a preexisting condition. It turns out the condition was acne. The list of conditions that would exclude you from coverage called preexisting conditions is about three pages long for most insurance companies, which basically say if you are a woman in the child-bearing age group you are not going to get coverage. Why? Because you might actually have a child. My goodness, that is expensive. We are not talking about family friendly policies here, are we? But that is reality. For this young woman she was excluded on the excuse of a preexisting condition.

Now, I happen to have been familiar with this woman and I said let me see, let me get on the computer and see what this is all about. So I entered her name, came out she was excluded. I went back and entered her name as a male, and she got coverage. Something seriously wrong. And the bills before us next week will eliminate that kind of discrimination, preexisting conditions,

as well as discrimination because you happen to be a woman. Those days will be over.

Ms. WATSON. I am so appreciative of your knowledge. You live in an area that is a valley in Sacramento, California. I went up to Sacramento, and I spent 20 years there; and I inherited the health committee, as you have already mentioned, from you. I had it for 17 years. And I found out that I had allergies. I spent years and years trying to find out why I had these allergies. Then I found that in this valley the allergens collect. And I found out that I was allergic to grass, tree bark, cat hair, the CBCs, that material on the wall.

Mr. GARAMENDI. I am sorry, Congresswoman, but you are uninsurable. You cannot get a health care policy.

Ms. WATSON. Exactly. Exactly.

Mr. GARAMENDI. Unless you happen to live until you are 65. When you are 65, you will automatically be eligible for a single-payer universal health care program called Medicare. People want to live long enough to get into that system. And at that White House meeting most of the graybeards there were 65, and they belonged to that system.

Ms. WATSON. Well, I finally made 65 and went beyond.

Mr. GARAMENDI. I don't believe it.

Ms. WATSON. I did. Way beyond. But the point I am trying to make here is that Americans deserve health care. If you have an insurance company that covers you and your family and you like it, you keep it. And I want to make this perfectly clear to the public that many meetings were held.

Many meetings were held here in Congress. No bill gets out of committee that has not been voted on. And a majority vote will get the bill out of committee. We hold our meetings in front of the public. When a bill goes to a committee, it is held, and it is spoken to, it is marked up in front of the public. So I want to make that perfectly clear to the viewing audience and the listening audience out there.

We did nothing in a closed smokey room. We don't really smoke in all of our rooms. Some people do. In California, we have a policy that you cannot smoke in any enclosure or outside. You can smoke in your own homes, however.

So everything that was in the bill that we are going to consider has been discussed in the public. You were not here for all of those discussions, but you follow policymaking because you served with distinction in the California legislature. You served as a statewide officer, and you know something about this. And thank you for tuning in to what we were doing here.

But our premise was we ought to have a single-payer so that every American can feel that they are covered. If we want to keep costs down, we are going to keep people healthy. And

we even have a provision that allows medical students to be able to get grants and scholarships if they then commit to becoming a general practitioner so that people can go, particularly to these clinics or to their hospitals, their doctors' offices, and stay healthy. That is what is going to save money.

We are not doing this, Mr. Speaker and Congressman GARAMENDI, to increase the deficit. It is just the opposite. We are doing it to save Americans money. Because if you don't have good health care and coverage and you have a sick child and that child has a fever, what are you going to do? You are going to take that child into where you see that flashing light, that neon light. That is emergency. That is a costly area in a hospital. And if that child is acutely ill, the next stop will be in the surgical suite. And that is where the cost goes up.

Mr. GARAMENDI. Congresswoman WATSON, you are very, very aware of all of these, having served those many years in the California legislature, here, and also as an ambassador. And you understand what apparently our colleagues on the other side tend to miss, and that is that the cost is in the system. And because there are so many uninsured who do wind up in the emergency room, the cost actually goes up.

Now, for a variety of reasons I was at an emergency room in Sacramento over the weekend, and it was plain to see that there were a variety of people there. Most of them did not have a true emergency from perhaps an auto accident. They were there with a cold, with the flu; and they were waiting.

Now, America has been waiting. And they are in a waiting room that is extraordinarily expensive, as you said. The bills, the Senate bill as well as the House bill, address this in two ways. First of all, they provide the health insurance so that a person can go to the doctor before they become seriously ill and go to the clinic, go to the doctor's office rather than to the expensive emergency room. That is one way they save money. The second way is there are a variety of elements in the Senate bill as well as the House bill specifically designed to reduce the cost in the system. You mentioned one: stay healthy. Smoking: we know that if we can keep people healthy we reduce the overall costs.

There are provisions in the bill to advance wellness. Great. There are also provisions in the bill to deal with the extraordinary administrative costs in the system. One of them, which I heard our colleagues on the other side of the aisle demean, is a national benefit package, a uniform benefit package across the Nation.

Now, I know from my experience as insurance commissioner doctors, insurance companies are faced with hundreds of different kinds of policies, dif-

ferent deductibles, different copays. The result of that is extraordinary administrative cost. One way of dealing with it is to have a national benefit available through what are called exchanges, which are pools which insurance companies can get involved in, creating a large actuarial, a large group so the actuarial cost, the actual cost is reduced per person. And also allowing competition to exist, which is the other third way. There will be competition within the pools.

So you have got a uniform benefit, you have competition, you have a national nonprofit company operating within those exchanges. So that would provide additional competition. So you have got competition keeping prices down.

And on this floor 2 weeks ago we passed a major change in the antitrust laws applying the antitrust laws to the health insurance. So within this area of legislation that will be voted on next week are major efforts to reduce the costs. And I have only begun. I have gone through three of what I think are half a dozen different ways to reduce the costs in the system. So much so that the Congressional Budget Office estimates that the reforms that will be before us will actually reduce the national deficit in the decade ahead and in the out-years, more than a trillion-dollar reduction in the national deficit as a result of these reforms.

Ms. WATSON. Congressman, we have been waiting for the CBO to then give us some idea of what these reforms will cost and how they will reduce the costs of health care here in America. We were hoping that we would have gotten that information today. We do have to give everyone 72 hours to look at the bill before we can bring it up. So we are waiting to get the cost estimate on this new proposal, and we do expect it to come in lower than anticipated. Thank you for giving that information.

□ 1415

Mr. GARAMENDI. The figures I was giving you are based on the Senate bill. Now, the additional changes that are going to be made, corrections to the Senate bill, will provide, we are quite confident, additional reductions in the cost of the total bill and reductions in the national deficit in the years ahead.

The other thing that needs to be understood is that these cost reductions will be real, and many will be available in the near term, others as we learn how to implement the medical technology so that we have records that are readily available. So we will be able to see significant reductions in cost, as we have already discussed.

One of the things that will also be available as a result of this legislation is the availability of medical providers. You touched on this and hit it hard, and we need to emphasize it once again. There is a lot of discussion like

the bill has too many pages, some say. Well, many of those pages specifically deal with making sure that the medical providers are there, extending the availability of loans and programs for primary care doctors, for nurses, for nurse practitioners. And I recall, years ago you carried the nurse practitioner legislation in California.

Ms. WATSON. One of the misstatements I hear over and over again is that government that doesn't do anything right will be running the system, and that is a misconception, and I want everyone to hear me. We do cover the conversation between the patient and the doctor to determine end-of-life care. It will be covered for the first time. They called it death panels. It is just the opposite.

You know, you ought to have a right to discuss with your practitioner, with your doctor, what your quality of life should be.

Mr. GARAMENDI. How to deal with what will inevitably be the final days for all of us. We would want that to be in the interest of the individual and the individual's family. Right now, many doctors cannot do that.

Ms. WATSON. We allow you to tell your doctor, and it will be covered, who has the durable power of attorney; where your will is; do you want to be resuscitated; do you want to have these kinds of treatments or not. This is a discussion that will be covered. Government does not have this discussion. The patient and the doctor will have that discussion.

Mr. GARAMENDI. That is the way it should be, but the way it often is, it is the insurance company that makes the decision. I cannot begin to count the number of times when I was insurance commissioner that complaints would be brought to me that the insurance company decided that this young girl was going to die because she was not going to get treatment for her leukemia. This is not unusual.

In California last year, the statistics collected by the Department of Managed Health Care showed that the five largest insurance companies that cover most everybody in California, the denial of claims and the denial of services ranged from 25 to 40 percent. So it is the insurance company, not the doctor or the patient, that is making the decision. It is the insurance company.

Now, on the other side of it, in Medicare and in Medi-Cal, you don't see those kinds of denials. There are denials for things that are inappropriate.

So we know in the reforms that are coming before us, we open the door for the patient and the medical practitioner, the doctor, the nurse, to have that relationship to make the decision on what is the appropriate care. That is not the case today. It is the insurance company, all too often, that is making the judgment on whether a treatment will be available.

Ms. WATSON. Congressman GARAMENDI, you know this, a few weeks ago, Anthem Blue Cross, the California Blue Cross program, announced to its consumers that they will have a 39, almost a 40 percent raise in their fees. If we did nothing in the State of California, it would cost a family \$1,800 annually for coverage.

Now, we had a series of community forums.

Mr. GARAMENDI. I think that is \$1,800 a month.

Ms. WATSON. It would raise their coverage up \$1,800.

Mr. GARAMENDI. Yes, additional cost.

Ms. WATSON. We had a series of town halls and so on, and I will never forget this man. He had a heavy accent, but he was an American citizen. He said he worked three jobs, and he said, My 2-year-old became ill, and even with my three jobs, I was not able to afford an insurance policy and could not get coverage for her, and she died. We should never get that testimony in the United States of America.

Mr. GARAMENDI. That is yet again an example of what is seen every day in every community in this Nation. There is a denial of coverage by the insurance companies. And for those who have no insurance, they face a situation of death, bankruptcy, and the loss of their jobs. It is not necessary.

Now, we have talked about the cost in the system, and perhaps this is where we will let this discussion end today. This Nation is spending 17.5 percent of its total wealth on health care. Our competitors around the world, not including China, which is completely different, but the other industrialized nations of the world, Japan, Korea, the European countries, spend 10 percent or less of their wealth on health care. In all of those countries, they have universally available health care, different kinds of systems, but it is universally available. We are spending 17.5. They are spending 10. You would think with that additional expenditure we would be healthier. Unfortunately, we are not. We don't live as long. Our children die earlier. Our women die in childbirth more often. Our health care statistics rank us in the range of the nation of Colombia. This is a tragedy for America, and it is a blot on our reputation in America.

The legislation before us will begin to address that by providing better health care services, as we have discussed with the clinics and other reforms that are taking place; access to health care, because of the expansion of insurance to some 30 million Ameri-

cans that don't presently have it; and control of the insurance companies. So no more preexisting conditions, no more game playing and discrimination and post-event underwriting, which is you get sick and suddenly your insurance is cancelled. Those things are gone.

We are also, in this legislation, controlling the cost of health care in America so that our Nation can once again revive its competitiveness, so we spend our money on education and manufacturing and the things that create a strong economy and a strong society with health care. That is our goal.

And the great opportunity that you and I have, and all 432 Members of this House and the 100 Members of the Senate and the President have, is to finally close the gap—finally, after a century of effort—to provide a system that covers Americans with a health insurance program that has the quality and the benefits that they need.

I know you have been there. You have been there since I first met you in 1976 in California and the years you have been here. So, Congresswoman WATSON, it is a great privilege to engage in this dialogue with you.

Ms. WATSON. I would just like to conclude by saying I serve on the International Relations Committee. We travel the globe. I served as an ambassador. I taught school in my twenties in the Far East and over in Europe. And so I have been around this world many, many times. Our status has dropped among other nations. My intent is to continue to lift the status of the most wonderful country in the world, and we are only as strong as our weakest link.

It amazes me to hear the criticism, to hear people rant over delivering health care rather than reason over delivering health care, when I know that they happily nodded their heads to spending \$15 billion a month on a war that has not really benefited the United States much, and that is the war in Iraq. And no one complained about adding to the deficit then. And now we come up with a health care reform that we want to strengthen America's children, America's adults, all Americans. And to think that would be the cause for these tirades we hear is beyond reason.

So I really appreciate you enriching this House with your experience and your knowledge. And I am a little prejudiced because you are from California, but I think your background helps to give understanding to our audience, Americans, that we are doing this for the benefit of all Americans.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. KILPATRICK of Michigan (at the request of Mr. HOYER) for today.

Mrs. NAPOLITANO (at the request of Mr. HOYER) for today.

Mr. JONES (at the request of Mr. BOEHNER) for today on account of personal reasons.

Mr. WALDEN (at the request of Mr. BOEHNER) for today on account of attending a memorial service in the district.

Mr. YOUNG of Florida (at the request of Mr. BOEHNER) for today on account of illness caused by food poisoning.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. PERLMUTTER) to revise and extend their remarks and include extraneous material:)

Mr. CUMMINGS, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. JACKSON LEE of Texas, for 5 minutes, today.

Mr. GARAMENDI, for 5 minutes, today.

(The following Members (at the request of Ms. FOX) to revise and extend their remarks and include extraneous material:)

Mr. WHITFIELD, for 5 minutes, today.

Mr. BURTON of Indiana, for 5 minutes, March 15, 16, 17, 18, and 19.

Mr. POE of Texas, for 5 minutes, March 19.

Mr. JONES, for 5 minutes, March 19.

Mr. DREIER, for 5 minutes, today.

Ms. FOX, for 5 minutes, today and March 15, 16, 17, 18, and 19.

(The following Member (at her own request) to revise and extend her remarks and include extraneous material:)

Ms. BERKLEY, for 5 minutes, today.

ADJOURNMENT

Ms. WATSON. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 2 o'clock and 25 minutes p.m.), under its previous order, the House adjourned until Monday, March 15, 2010, at 12:30 p.m., for morning-hour debate.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Speaker-Authorized Official Travel during the third and fourth quarters of 2009 and the first quarter of 2010 pursuant to Public Law 95-384 are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO KUWAIT AND AFGHANISTAN, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JAN. 15 AND JAN. 18, 2010

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Hon. Loretta Sanchez	1/15	1/18	Kuwait/Afghanistan		245		229.50		5,143.77		5,618.27
Hon. Jean Schmidt	1/15	1/18	Kuwait/Afghanistan		245						245.00
Hon. Suzanne Kosmas	1/15	1/18	Kuwait/Afghanistan		245						245.00
Hon. Laura Richardson	1/15	1/18	Kuwait/Afghanistan		245						245.00
Hon. Dina Titus	1/15	1/18	Kuwait/Afghanistan		245						245.00
Hon. Judy Chu	1/15	1/18	Kuwait/Afghanistan		245						245.00
Debra Wada	1/15	1/18	Kuwait/Afghanistan		245						245.00
Lynn Williams	1/15	1/18	Kuwait/Afghanistan		245						245.00
Committee total					1,960.00		229.50		5,143.77		7,578.27

¹ Per diem constitutes lodging and meals.² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. LORETTA SANCHEZ, Feb. 18, 2010.

(AMENDED) REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON FOREIGN AFFAIRS, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JULY 1 AND SEPT. 30, 2009

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Hon. Gus M. Bilirakis	8/4	8/5	Turkey		300.00		(³)				
	8/5	8/6	Afghanistan		26.00		(³)				
	8/6	8/7	Qatar		341.00		(³)				
	8/7	8/8	Kuwait		416.60		(³)				
	8/8	8/9	Iraq				(³)				
	8/9	8/10	Germany		310.00		(³)				
Hon. Sheila Jackson Lee	8/16	8/17	Liberia		420.00		(³)				
	8/17	8/19	Ghana		694.00		(³)				
	8/19	8/20	Nigeria		1,027.28						
							⁴ 4,528.20				
	8/27	8/30	Tunisia		1,111.97		(³)				
	8/30	9/2	Rwanda		625.00		(³)				
	9/2	9/3	Zimbabwe		317.00		(³)				
	9/3	9/4	Senegal		393.00		(³)				
Committee total					5,981.25		4,528.20				10,509.45

¹ Per diem constitutes lodging and meals.² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.³ Military Air transportation.⁴ One-way Airfare.

HON. HOWARD L. BERMAN, Chairman, Feb. 19, 2010.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON VETERANS' AFFAIRS, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2009

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Hon. Bob Filner	11/21	11/28	Philippines		1,337.00						1,337.00
Tony Buckles	11/21	11/28	Philippines		1,337.00						1,337.00
Jian Zapata	11/21	11/28	Philippines		1,337.00						1,337.00
Committee total											

¹ Per diem constitutes lodging and meals.² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. BOB FILNER, Chairman, Feb. 26, 2010.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, COMMITTEE ON WAYS AND MEANS, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN OCT. 1 AND DEC. 31, 2009

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Behnaz Kibria	9/30	10/02	Haiti		482.00		1,250.80				1,732.80
Angela Ellard	9/30	10/02	Haiti		482.00		1,250.80				1,732.80
Hon. Sander Levin	11/10	11/12	Singapore		1,459.00		10,098.70		929.00		12,486.70
Hon. Kevin Brady	11/11	11/12	Singapore		1,459.00		8,391.20				9,850.20
Jason Kearns	11/10	11/12	Singapore		1,203.00		9,890.70				11,093.70
David Thomas	11/12	11/14	Singapore		1,254.00		10,439.80				11,693.80
Hon. Ron Kind	11/11	11/14	Pakistan		1,267.00		11,901.10				13,168.10
	11/14	11/15	England		458.00						458.00
Angela Ellard	11/30	12/03	Switzerland		1,947.00		6,144.90				8,091.90
Evan Alexander	11/30	12/03	Switzerland		1,947.00		6,144.90				8,091.90
Vijaya Rangaswami	11/30	12/02	Switzerland		1,332.61		8,020.90				9,343.51
George York	11/30	12/03	Switzerland		1,670.31		6,144.90				7,815.21
Hon. Brian Higgins	12/27	12/28	United Arab Emirates		387.72		7,755.10				8,142.82
	12/28	12/29	Afghanistan		75.00						75.00
	12/29	12/30	United Arab Emirates		748.13						748.13
Committee total					16,161.77		87,433.80		929.00		104,524.57

¹ Per diem constitutes lodging and meals.² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

HON. CHARLES B. RANGEL, Chairman, Feb. 22, 2010.

EXECUTIVE COMMUNICATIONS,
ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6549. A letter from the Regulatory Analyst, Department of Agriculture, transmitting the Department's final rule — Registration, Five Year Terms (RIN: 0580-AB03) received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6550. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Acetamiprid; Pesticide Tolerances [EPA-HQ-OPP-2009-0289; FRL-8809-9] received February 16, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6551. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Exemption from the Requirement of a Tolerance; Technical Amendment [EPA-AQ-OPP-2008-0923; FRL-8809-4] received February 16, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6552. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Inert Ingredients; Extension of Effective Date of Revocation of Certain Tolerance Exemptions with Insufficient Data for Reassessment [EPA-HQ-OPP-2009-0601; FRL-8812-3] received February 16, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6553. A letter from the Director, Defense Procurement and Acquisition Policy, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement; Acquisition Strategies to Ensure Competition throughout the Life Cycle of Major Defense Acquisition Programs (DFARS Case 2009-D014) (RIN: 0750-AG61) received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

6554. A letter from the Chair, Congressional Oversight Panel, transmitting the Panel's monthly report pursuant to Section 125(b)(1) of the Emergency Economic Stabilization Act of 2008, Pub. L. 110-343; to the Committee on Financial Services.

6555. A letter from the Chairman and President, Export-Import Bank, transmitting a report on transactions involving U.S. exports to Turkey pursuant to Section 2(b)(3) of the Export-Import Bank Act of 1945, as amended; to the Committee on Financial Services.

6556. A letter from the Assistant General Counsel for Regulatory Affairs, Consumer Product Safety Commission, transmitting the Commission's final rule — Requirements for Consumer Registration of Durable Infant or Toddler Products; Final Rule received February 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6557. A letter from the Administrator, Energy Information Administration, Department of Energy, transmitting the Department's report entitled, "Emissions of Greenhouse Gases in the United States 2008", pursuant to Public Law 102-486, section 1605(a); to the Committee on Energy and Commerce.

6558. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agen-

cy's final rule — Approval and Promulgation of Air Quality Implementation Plans; Georgia: Update to Materials Incorporated by Reference [GA-200922; FRL-9097-5] received February 16, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6559. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Louisiana; Baton Rouge 1-Hour Ozone Non-attainment Area; Determination of Attainment of the 1-Hour Ozone Standard [EPA-R06-OAR-2009-0014; FRL-9113-5] received February 16, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6560. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Maryland; Control of Carbon Monoxide Emissions from Basic Oxygen Furnaces [EPA-R03-OAR-2010-0010; FRL-9111-7] received February 16, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6561. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; West Virginia; Removal of NOx SIP Call Rules [EPA-R03-OAR-2009-0706; FRL-9111-5] received February 16, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6562. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval of Air Quality Implementation Plans; New Mexico; Albuquerque/Bernalillo County [EPA-R06-OAR-2006-0569; FRL-9112-1] received February 16, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6563. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Delegation of National Emission Standards for Hazardous Air Pollutants for Source Categories; State of Arizona, Maricopa County Air Quality Department; State of Nevada, Nevada Division of Environmental Protection, Washoe County District Health Department [EPA-R09-OAR-2010-0044; FRL-9111-2] received February 16, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6564. A letter from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule — Policies to Promote Rural Radio Service and to Streamline Allotment and Assignment Procedures [MD Docket No.: 09-52] received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6565. A letter from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule — Review of the Commission's Program Access Rules and Examination of Programming Tying Arrangements [MB Docket No.: 07-198] received January 29, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6566. A letter from the Deputy Assistant Administrator, Bureau for Legislative and Public Affairs, Agency for International Development, transmitting the agency's response to the GAO's report "UN OFFICE

FOR PROJECT SERVICES: Management Reforms Proceeding but Effectiveness Not Assessed, and USAID's Oversight of Grants Has Weaknesses" GAO-10-168; to the Committee on Foreign Affairs.

6567. A letter from the Assistant Secretary, Department of Defense, transmitting report on proposed obligations of funds provided for the Cooperative Threat Reduction Program; to the Committee on Foreign Affairs.

6568. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting pursuant to section 3(d) of the Arms Export Control Act, as amended, certification regarding the proposed transfer of major defense equipment to Turkish Aerospace Industries (Transmittal No. RSAT-09-1973); to the Committee on Foreign Affairs.

6569. A letter from the Acting Director, Office of Communications and Legislative Affairs, Equal Employment Opportunity Commission, transmitting the Commission's Annual Sunshine Act Report for 2009; to the Committee on Oversight and Government Reform.

6570. A letter from the Chairman, Merit Systems Protection Board, transmitting the Board's FY 2010 — FY 2015 Strategic Plan; to the Committee on Oversight and Government Reform.

6571. A letter from the Chairman, Merit Systems Protection Board, transmitting the Board's report entitled "Fair & Equitable Treatment: Progress Made and Challenges Remaining", pursuant to 5 U.S.C. 1204(a)(3); to the Committee on Oversight and Government Reform.

6572. A letter from the Secretary, Department of the Interior, transmitting the Department's annual accomplishments report during Fiscal Year 2009; to the Committee on Natural Resources.

6573. A letter from the Assistant Secretary for Fish and Wildlife and Parks, Department of the Interior, transmitting the Department's final rule — Special Regulation: Areas of the National Park System, National Capital Region; Correction [Docket No.: E8-27047] (RIN: 1024-AD71) received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6574. A letter from the Acting Assistant Administrator for Fisheries, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Endangered and Threatened Species; Designation of Critical Habitat for North Pacific Right Whale [Docket No.: 070717354-8251-02] (RIN: 0648-AV73) received February 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6575. A letter from the Deputy Assistant Administrator for Regulatory Programs, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Endangered and Threatened Species: Final Threatened Listing Determination, Final Protective Regulations, and Final Designation of Critical Habitat for the Oregon Coast Evolutionary Significant Unit of Coho Salmon [Docket No.: 071227892-7894-01] (RIN: 0648-AW39) received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6576. A letter from the Deputy Assistant Administrator for Operations, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Atlantic Highly Migratory Species; Atlantic Commercial Shark Management Measures [Docket No.: 0906221072-91425-02] (RIN: 0648-AX95) received January 16, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6577. A letter from the Director, Department of Justice, transmitting the Department's report on the activities of the Community Relations Service (CRS) for Fiscal Year 2009, pursuant to 42 U.S.C. 2000g-3; to the Committee on the Judiciary.

6578. A letter from the Deputy Chief, Regulatory Products Division, Department of Homeland Security, transmitting the Department's final rule — Professional Conduct for Practitioners: Rules, Procedures, Representation, and Appearances [Docket No.: DHS-2009-0077] (RIN: 1601-AA58) received February 22, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

6579. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Criminal and Civil Penalties Under the Robert T. Stafford Disaster Relief and Emergency Assistance Act [Docket ID: FEMA-2009-0007] (RIN: 1660-AA01) received February 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

6580. A letter from the Administrator, FAA, Department of Transportation, transmitting the Federal Aviation Administration's Capital Investment Plan (CIP) for fiscal years 2011-2015, pursuant to 49 U.S.C. app. 2203(b)(1); to the Committee on Transportation and Infrastructure.

6581. A letter from the President and Chief Executive Officer, Amtrak, National Railroad Passenger Corporation, transmitting the Corporation's FY 2011 General and Legislative annual report, pursuant to 49 U.S.C. 24315(b); to the Committee on Transportation and Infrastructure.

6582. A letter from the Director, of Regulations Management, Department of Veterans Affairs, transmitting the Department's final rule — VA Veteran-Owned Small Business Verification Guidelines (RIN: 2900-AM78) received February 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Veterans' Affairs.

6583. A letter from the Secretary, Department of Energy, transmitting the Department's "2010 Annual Plan for the Ultra-Deepwater and Unconventional Natural Gas and Other Petroleum Resources Research and Development Program"; jointly to the Committees on Science and Technology and Natural Resources.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. OBERSTAR: Committee on Transportation and Infrastructure. House Resolution 1125. Resolution supporting the goals and ideals of National Public Works Week, and for other purposes (Rept. 111-440). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. WHITFIELD:

H.R. 4835. A bill to allow an employer to pay an H-2A worker the Federal minimum wage or the prevailing wage in a case where the employer pays either wage to United States citizens similarly employed; to the Committee on the Judiciary.

By Ms. SHEA-PORTER:

H.R. 4836. A bill to amend part D of title V of the Elementary and Secondary Education Act of 1965 to provide grants to schools for the development of asthma management plans and the purchase of asthma inhalers and spacers for emergency use, as necessary; to the Committee on Education and Labor.

By Mr. YOUNG of Alaska:

H.R. 4837. A bill to amend the Elementary and Secondary Education Act of 1965, and for other purposes; to the Committee on Education and Labor.

By Mr. CASTLE (for himself, Mr. CAPUANO, Mr. GERLACH, Mr. SESTAK, Mr. KING of New York, Mr. CUMMINGS, Mr. HOLT, Mr. RUPPERSBERGER, Mr. COURTNEY, Mrs. LOWEY, and Mr. PASCRELL):

H.R. 4838. A bill to make the Northeast Corridor eligible for high-speed rail corridor development grants under section 26106 of title 49, United States Code; to the Committee on Transportation and Infrastructure.

By Mr. DAVIS of Illinois (for himself, Mr. ROSKAM, and Mr. TIBERI):

H.R. 4839. A bill to amend the Internal Revenue Code of 1986 to exclude from gross income contributions to the capital of a partnership, and for other purposes; to the Committee on Ways and Means.

By Mr. TIBERI (for himself, Mr. DRIEHAUS, Mrs. SCHMIDT, Mr. TURNER, Mr. JORDAN of Ohio, Mr. LATTA, Ms. SUTTON, Mr. LATOURETTE, Ms. KILROY, Mr. BOCCIERI, Mr. RYAN of Ohio, Mr. SPACE, Mr. WILSON of Ohio, Mr. AUSTRIA, Ms. KAPTUR, Mr. KUCINICH, and Ms. FUDGE):

H.R. 4840. A bill to designate the facility of the United States Postal Service located at 1979 Cleveland Avenue in Columbus, Ohio, as the "Clarence D. Lumpkin Post Office"; to the Committee on Oversight and Government Reform.

By Ms. VELÁZQUEZ:

H.R. 4841. A bill to amend the Internal Revenue Code of 1986 to provide tax relief for small businesses; to the Committee on Ways and Means.

By Mr. BROUN of Georgia (for himself, Mr. ROHRBACHER, Ms. FOXX, Mr. BARTLETT, Mr. MILLER of Florida, Mr. KLINE of Minnesota, Mr. HARPER, Mr. SMITH of Texas, Mr. WILSON of South Carolina, Mr. KING of Iowa, Mr. BOOZMAN, Mr. LAMBORN, Mr. GOMMERT, Mr. FRANKS of Arizona, Mrs. BACHMANN, and Mr. CONAWAY):

H. Res. 1175. A resolution expressing support for designation of the first weekend of May as Ten Commandments Weekend to recognize the significant contributions the Ten Commandments have made to shaping Western civilization and the vital role they played in the development of the institutions and national character of the United States; to the Committee on Oversight and Government Reform.

By Mr. HODES:

H. Res. 1176. A resolution amending the Rules of the House of Representatives to ban congressional earmarks, limited tax benefits, and limited tariff benefits; to the Committee on Rules.

By Mr. MINNICK (for himself and Mr. SIMPSON):

H. Res. 1177. A resolution amending the Rules of the House of Representatives to prohibit congressional earmarks, limited tax benefits, and limited tariff benefits; to the Committee on Rules.

By Mr. MURPHY of New York:

H. Res. 1178. A resolution directing the Clerk of the House of Representatives to

compile the cost estimates prepared by the Congressional Budget Office which are included in reports filed by committees of the House on approved legislation and post such estimates on the official public Internet site of the Office of the Clerk; to the Committee on House Administration.

By Mr. DAVIS of Illinois:

H. Res. 1179. A resolution expressing the sense of the House of Representatives that biotechnology firms meeting small business standards are critical to the United States, its people and its economy because they create new medicines, services, and jobs and meet unmet needs related to populations and patients with infectious and chronic diseases, including those of medically underserved populations; to the Committee on Energy and Commerce.

By Mr. HASTINGS of Florida (for himself, Ms. LEE of California, Mr. FALEOMAVAEGA, and Ms. WASSERMAN SCHULTZ):

H. Res. 1180. A resolution expressing the sense of the House of Representatives regarding the policy of the United States on wild animals at the Conference of the Parties of the Convention on International Trade in Endangered Species of Wild Fauna and Flora; to the Committee on Foreign Affairs.

By Mr. MCCOTTER (for himself and Mr. POE of Texas):

H. Res. 1181. A resolution calling on the United Nations General Assembly to reject the Islamic Republic of Iran's bid to join the United Nations Human Rights Council; to the Committee on Foreign Affairs.

MEMORIALS

Under clause 4 of rule XXII, memorials were presented and referred as follows:

241. The SPEAKER presented a memorial of the Senate of the State of New Mexico, relative to Senate Memorial 30 urging the Congress to expedite the passage of legislation to provide funding to reclaim abandoned uranium mines; to the Committee on Natural Resources.

242. Also, a memorial of the House of Representatives of the State of South Dakota, relative to House Concurrent Resolution No. 1001 supporting the prompt enactment of a well-funded, multi-year federal surface transportation program; to the Committee on Transportation and Infrastructure.

243. Also, a memorial of the Senate of the State of Michigan, relative to Senate Resolution No. 27 urging the Congress to revise the requirements for federal guardianship assistance funding; to the Committee on Ways and Means.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 43: Mr. BARROW, Mr. MCCAUL, and Mr. GRIFFITH.

H.R. 197: Mrs. BLACKBURN.

H.R. 213: Mr. UPTON.

H.R. 275: Mr. ROONEY.

H.R. 391: Mr. INGLIS.

H.R. 442: Mr. SENSENBRENNER and Mr. CHANDLER.

H.R. 444: Mr. OWENS.

H.R. 618: Mr. SIRES.

H.R. 636: Mr. UPTON.

H.R. 816: Mr. KLINE of Minnesota.

H.R. 1020: Mr. MAFFEI.

H.R. 1024: Mr. LARSEN of Washington.
 H.R. 1177: Mr. BOCCIERI, Mr. MURPHY of New York, and Mr. PETERSON.
 H.R. 1310: Mr. QUIGLEY.
 H.R. 1410: Mr. KISSELL, Ms. NORTON, and Ms. RICHARDSON.
 H.R. 1458: Mr. ROSS and Mr. SCHAUER.
 H.R. 1585: Mr. COLE.
 H.R. 1695: Mr. BILIRAKIS.
 H.R. 1755: Mr. MINNICK.
 H.R. 1806: Ms. EDDIE BERNICE JOHNSON of Texas, Ms. ROYBAL-ALLARD, and Mr. LIPINSKI.
 H.R. 2000: Mr. TONKO, Mr. PASCRELL, Ms. DEGETTE, Mr. TERRY, Mr. CLEAVER, Ms. SPEIER, Mr. DEFAZIO, Ms. SCHWARTZ, and Mrs. BIGGERT.
 H.R. 2275: Mr. PATRICK J. MURPHY of Pennsylvania, Mr. JONES, Mr. ARCURI, Mr. PITTS, Mr. EHLERS, and Mr. HOLT.
 H.R. 2296: Mr. WELCH and Mr. PETRI.
 H.R. 2361: Mr. WU and Mr. GRIJALVA.
 H.R. 2373: Mr. SOUDER.
 H.R. 2406: Mr. COFFMAN of Colorado.
 H.R. 2421: Ms. MCCOLLUM and Mr. ELLISON.
 H.R. 2565: Mr. MILLER of Florida.
 H.R. 2568: Mr. DAVIS of Illinois.
 H.R. 2597: Mr. KENNEDY.
 H.R. 2676: Mr. MARSHALL.
 H.R. 2737: Ms. NORTON and Mr. KISSELL.
 H.R. 2866: Mr. PITTS, Mr. TIM MURPHY of Pennsylvania, and Mr. TIAHRT.
 H.R. 2882: Mr. SCHIFF.
 H.R. 3131: Mr. SAM JOHNSON of Texas.
 H.R. 3140: Mr. TIAHRT.
 H.R. 3188: Mr. SOUDER.
 H.R. 3240: Mr. MILLER of Florida, Mr. LOBONDO, and Mr. GARRETT of New Jersey.
 H.R. 3431: Mr. COLE.
 H.R. 3623: Mr. COHEN.
 H.R. 3670: Mr. FILNER.
 H.R. 3680: Mr. AL GREEN of Texas.
 H.R. 3734: Mr. FILNER.
 H.R. 3904: Mr. DAVIS of Illinois.
 H.R. 3922: Mr. BURTON of Indiana.
 H.R. 3934: Mr. BROWN of South Carolina.
 H.R. 3990: Mr. QUIGLEY and Ms. NORTON.
 H.R. 4005: Mr. CAPUANO.
 H.R. 4014: Mr. THOMPSON of California.
 H.R. 4054: Mr. CHANDLER, Ms. DELAURO, and Ms. ROS-LEHTINEN.
 H.R. 4114: Mr. DAVIS of Illinois.
 H.R. 4132: Mr. HASTINGS of Florida, Mr. POSEY, and Mr. ROONEY.
 H.R. 4148: Mr. TONKO.
 H.R. 4150: Mr. BRADY of Texas, Mr. CONAWAY, Mr. CARTER, Ms. GRANGER, and Mr. HALL of Texas.
 H.R. 4196: Mr. ROTHMAN of New Jersey and Mr. MCINTYRE.
 H.R. 4202: Mrs. NAPOLITANO, Mr. SESTAK, and Mr. HINCHEY.
 H.R. 4229: Ms. NORTON, Mr. SIRES, and Mr. COFFMAN of Colorado.
 H.R. 4241: Mr. ROE of Tennessee and Mr. SALAZAR.
 H.R. 4255: Mr. TONKO and Mrs. CAPITO.
 H.R. 4274: Mr. SERRANO and Mr. SESTAK.
 H.R. 4278: Mr. POLIS.
 H.R. 4306: Mr. SCHOCK.
 H.R. 4320: Ms. BORDALLO and Mr. HEINRICH.
 H.R. 4324: Mr. LUJÁN.
 H.R. 4371: Mr. OLSON, Mr. YARMUTH, Mrs. McMORRIS RODGERS, and Mr. WILSON of South Carolina.
 H.R. 4420: Mr. AL GREEN of Texas.
 H.R. 4533: Mr. JACKSON of Illinois, Mr. OLVER, and Mr. PAYNE.

H.R. 4545: Mr. DEFAZIO.
 H.R. 4557: Mr. CONYERS.
 H.R. 4596: Mr. COHEN, Mr. VAN HOLLEN, Mrs. MYRICK, and Mr. HARE.
 H.R. 4629: Mr. CARNAHAN.
 H.R. 4656: Mr. ROONEY.
 H.R. 4662: Mr. ROE of Tennessee.
 H.R. 4663: Mr. KAGEN and Mr. POLIS of Colorado.
 H.R. 4683: Mr. ROHRBACHER, Mr. CHAFFETZ, and Mr. FLAKE.
 H.R. 4720: Mr. MICA.
 H.R. 4732: Mr. BURTON of Indiana.
 H.R. 4733: Mr. SHERMAN, Mr. STARK, and Ms. JACKSON LEE of Texas.
 H.R. 4753: Mr. WALZ, Mr. GENE GREEN of Texas, Mr. WILSON of Ohio, and Mr. MELANCON.
 H.R. 4755: Mr. LEE of New York.
 H.R. 4785: Mr. BROWN of South Carolina and Mr. WILSON of South Carolina.
 H.R. 4788: Mr. HARE and Mr. SIRES.
 H.R. 4790: Mr. FRANK of Massachusetts, Mr. MCGOVERN, Ms. MOORE of Wisconsin, and Mr. ROTHMAN of New Jersey.
 H.R. 4812: Mr. OLVER and Mr. TONKO.
 H.R. 4820: Ms. CHU.
 H.J. Res. 74: Ms. JACKSON LEE of Texas.
 H.J. Res. 78: Mr. SCOTT of Georgia and Mr. SPACE.
 H. Con. Res. 16: Ms. GINNY BROWN-WAITE of Florida.
 H. Con. Res. 192: Mr. SOUDER.
 H. Con. Res. 201: Mr. STEARNS, Mr. JONES, Mr. SENSENBRENNER, Mr. BURTON of Indiana, Mr. COLE, and Mr. RADANOVICH.
 H. Con. Res. 232: Mr. GARY G. MILLER of California.
 H. Con. Res. 244: Mr. SOUDER.
 H. Con. Res. 252: Mr. ACKERMAN, Mr. SMITH of New Jersey, Mr. BILIRAKIS, and Mr. QUIGLEY.
 H. Res. 173: Mr. PAYNE and Ms. BORDALLO.
 H. Res. 236: Mr. SHERMAN.
 H. Res. 486: Mr. SHERMAN.
 H. Res. 870: Mr. INGLIS.
 H. Res. 919: Mr. KAGEN.
 H. Res. 929: Mr. PAYNE.
 H. Res. 947: Ms. KILROY, Mr. MOORE of Kansas, and Mr. HINCHEY.
 H. Res. 982: Mr. SCHOCK, Mr. BISHOP of Utah, Mr. THORNBERRY, and Mr. COFFMAN of Colorado.
 H. Res. 1034: Mr. SESTAK.
 H. Res. 1053: Mr. RYAN of Ohio and Ms. BALDWIN.
 H. Res. 1058: Mr. SHERMAN.
 H. Res. 1063: Mr. JOHNSON of Illinois.
 H. Res. 1089: Mr. RUSH, Mr. JACKSON of Illinois, Mr. LIPINSKI, Mr. GUTIERREZ, Mr. QUIGLEY, Mr. ROSKAM, Mr. DAVIS of Illinois, Ms. BEAN, Ms. SCHAKOWSKY, Mr. KIRK, Mrs. HALVORSON, Mr. COSTELLO, Mrs. BIGGERT, Mr. FOSTER, Mr. JOHNSON of Illinois, Mr. MANZULLO, Mr. SCHOCK, and Mr. SHIMKUS.
 H. Res. 1099: Ms. RICHARDSON.
 H. Res. 1103: Mr. PRICE of Georgia, Mr. HERGER, Mr. HENSARLING, Mr. DOGGETT, Mr. PLATTS, Mr. ROGERS of Alabama, Ms. FOXX, Mr. BOREN, Mr. SULLIVAN, Mr. KING of New York, Mr. DENT, Mr. BURTON of Indiana, Mr. MACK, Mr. GORDON of Tennessee, Mr. MCHENRY, Mr. BONNER, Mr. BARRETT of South Carolina, and Mr. WESTMORELAND.
 H. Res. 1116: Mr. MARSHALL, Mr. PETERS, Mr. DOGGETT, Mr. MURPHY of New York, and Mr. SESTAK.
 H. Res. 1148: Mr. UPTON, Mr. KLEIN of Florida, Mr. LARSEN of Washington, Ms. MATSUI,

Mr. SHIMKUS, Mr. CROWLEY, Mr. SMITH of Washington, Mr. INSLEE, Mr. KENNEDY, Mr. LEVIN, Ms. EDWARDS of Maryland, Ms. MARKEY of Colorado, Mr. HINCHEY, Mr. MEEKS of New York, Mr. NEAL of Massachusetts, Mr. TANNER, Mr. DREIER, Mr. PRICE of North Carolina, Mr. DAVIS of Tennessee, Mr. KIRK, Ms. GIFFORDS, Mr. CARDOZA, Mr. LYNCH, Mr. CONNOLLY of Virginia, Mr. HOLT, Mr. WHITFIELD, Mr. PLATTS, Mr. WAXMAN, Ms. WATSON, Mr. WALZ, Mrs. LOWEY, Mrs. MALONEY, Mr. BRADY of Texas, Mr. CASTLE, Mr. FILNER, Mr. PERLMUTTER, Mr. BERMAN, Mr. DELAHUNT, Mr. RYAN of Wisconsin, Mr. BOUSTANY, Mr. BLUMENAUER, Mr. EDWARDS of Texas, Ms. CHU, Mr. PAYNE, Mr. COSTELLO, Mr. VAN HOLLEN, Mr. COOPER, Mr. ANDREWS, Mr. MATHESSON, Mr. HASTINGS of Florida, Mr. WELCH, Mr. MARKEY of Massachusetts, Mr. THOMPSON of California, Mr. BISHOP of New York, Mr. LARSON of Connecticut, and Ms. HARMAN.
 H. Res. 1155: Mr. WAXMAN and Ms. WOOLSEY.

H. Res. 1157: Mr. BAIRD, Mr. WATT, and Mr. BOYD.

H. Res. 1174: Mr. GEORGE MILLER of California, Mr. FILNER, Mr. SCOTT of Virginia, Mr. MAFFEI, Mr. FARR, Mrs. NAPOLITANO, Mr. LOEBSACK, Mr. CAPUANO, Ms. CORRINE BROWN of Florida, Mr. GONZALEZ, Ms. GRANGER, Mr. CAO, Mrs. MCCARTHY of New York, Mrs. BIGGERT, and Ms. HERSETH SANDLIN.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

The amendment to be offered by Representative FLAKE, or a designee, to H.R. 3650, the harmful Algal Blooms and Hypoxia Research and Control Amendments Act of 2009, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

PETITIONS, ETC.

Under clause 1 of rule XXII, petitions and papers were laid on the Clerk's desk and referred as follows:

107. The SPEAKER presented a petition of City of Kansas City, Missouri, relative to Resolution No. 100112, as amended, urging the President and the Congress of the United States to repeal the "Don't Ask, Don't Tell" policy; to the Committee on Armed Services.

108. Also, a petition of City of North Miami Beach, Florida, relative to Resolution No. R2010-8 urging the President and the Congress of the United States to automatically waive all application fees for Haitians applying for Temporary Protected Status; to the Committee on the Judiciary.

109. Also, a petition of City and County of Honolulu, Hawaii, relative to Resolution No. 10-8 urging the Congress of the United States to support and pass S. 2757, the Military Families Act; to the Committee on the Judiciary.

EXTENSIONS OF REMARKS

IN MEMORY OF DARCY POHLAND

HON. KEITH ELLISON

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. ELLISON. Madam Speaker, it is with great sadness I rise today to mourn the passing of my friend and Minnesota news pioneer, Darcy Pohland.

Ms. Pohland was born in Mendota Heights, Minnesota and graduated from Sibley High School. She started her career as an intern at WCCO-TV's Washington, D.C. bureau while attending George Washington University.

In 1963 Pohland accidentally dove into the shallow end of her apartment's swimming pool and broke her neck, causing permanent paralysis from the chest down. After months of rehabilitation at the University of Minnesota, Pohland was hired by WCCO-TV in 1986 as a part-time dispatcher and quickly worked her way to the assignment desk in 1989. In August of 1994, she became one of the nation's first quadriplegic reporters when she was assigned as a full-time local news reporter. Soon she was covering top stories, making her one of WCCO's top reporters.

She will be remembered for being positive, opinionated, and smart. Her love of Minnesota sports was second to none. Most of all, Darcy will be remembered for being the friend you could always count on.

Madam Speaker, the world is a smaller place because of the passing of Darcy Pohland.

A TRIBUTE TO COLONEL ROBERT PURCELL

HON. KAY GRANGER

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Ms. GRANGER. Madam Speaker, I rise today to honor Air Force Colonel Bob Purcell who died in Fort Worth, Texas, on December 6, 2009.

He was born on February 14, 1931 in Louisville to the late William Tilden Purcell and Mary Baldwin Purcell. He was a 1949 graduate of St. Xavier High School in Louisville. Upon graduating from St. Xavier, he attended the University of Louisville, Speed Scientific School. He attended primary flight training at Marianna Air Base in Marianna, Florida. He received his basic training at Greenville Air Force Base in Mississippi. He graduated in December 1954 as a 2nd lieutenant and also received his pilot wings. He went to advanced training in the F-100, assigned to Kadena AFB in Okinawa. He subsequently upgraded to the F-105 and flew combat missions in Vietnam until he was shot down on July 27,

1965. He was the 17th American captured. He remained a prisoner of war for seven-and-a-half years. He repatriated on February 12th, 1973.

After repatriation, he returned to school and completed studies earning a BA from Bellarmine University and an MA in Political Science from Auburn University. He was also a graduate of the United States Air Force Air University Air War College at Maxwell Air Force Base. He finished a distinguished Air Force career as a full Colonel.

After he retired from the Air Force, Percy became a simulator pilot Instructor with American Airlines in Ft. Worth, Texas. He was a former member of St. Louis Bertrand Catholic Church in Louisville where he also attended elementary school.

He loved his family, his friends and his country. He was a true American hero, and I am honored that we live among such men of courage and character.

THE REPUBLICAN MYTH OF SOLVING HEALTH CARE WITH TORT REFORM

HON. JIM McDERMOTT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. McDERMOTT. Madam Speaker, I rise today to debunk some of the health care myths we've heard from my friends across the aisle. Listening to my Republican colleagues, you'd think that lawyers were single handedly responsible for breaking our health care system. It's one of the major pillars of their health care proposal they recently unveiled and has long been one of their favorite talking points. They seem to have little else to talk about when it comes to health reform.

I have always believed that you can have your own opinion but you can't have your own facts. For years, Republicans have claimed that because patients are able to sue doctors at whim for inordinate sums of money, doctors have been forced to buy expensive malpractice insurance. This system, they say, is one of the major causes of the nation's beleaguered health care system. But it seems Republicans have been very inventive with their facts.

A new report from Public Citizen undercuts the Republican refrain that health care costs have skyrocketed because doctors have been forced to practice "defensive medicine." The report found that the value of malpractice payments is actually at its lowest since 1999, and when adjusted for inflation, malpractice payments are at their lowest since 1992. The report goes on to show that for five consecutive years, the number of medical malpractice payments has fallen and for six straight years, the value of malpractice payments has fallen.

Have we seen a corresponding decrease in health care costs for the last five years? Absolutely not. Quite the opposite, in fact: health care spending rose a staggering 83 percent between 2000 and 2009, while malpractice payments actually fell 8 percent during the same period. Litigation costs were found to be less than one-half of one percent of health care costs. Blaming our health care crisis on litigation costs is just baloney.

So instead of looking into how we can hold the insurance industry more accountable, my Republican colleagues have made a boogeyman out of devilish trial lawyers. But medical malpractice costs have been wholly stagnant and represent an inconsequential portion of our total health care spending. It's time the Republicans brought some new ideas to the table.

The rest of us know the real reasons why our health care costs are spiraling out of control. Medical inflation continues to outpace general inflation. Insurance companies are making record profits and rewarding their executives with jaw-dropping salaries. The third quarter net income for Humana was almost \$300 million, a 65 percent increase from the third quarter of 2008. The CEO of Aetna made almost \$24 million last year while the CEO of WellPoint made nearly \$10 million. In many areas of the country, people can only get health insurance from only one or two companies, and with such diminished market competition, those companies can charge whatever they want. And the list goes on and on. But my Republican colleagues have conveniently buried their head in the sand and have literally chosen to ignore 99.5 percent of the reasons for our nation's broken health care system.

Sure, it is easy to demonize the trial lawyers. But if we fail to address the true reasons for rapidly escalating health care costs, we will never fix the real problems we're facing and health care costs will continue to skyrocket. To do otherwise would force prevent us from taking this once-in-a-lifetime opportunity to get reform right. While I know the final health reform bill will be far from perfect, it will still include meaningful and enduring reforms that will drive down costs and help millions of Americans. In the meantime, I hope my Republican colleagues will find themselves a new theme song.

INTRODUCTION OF "THE NEXT GENERATION 9-1-1 PRESERVATION ACT OF 2010"

HON. JOHN SHIMKUS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. SHIMKUS. Madam Speaker, I am here today to introduce "The Next Generation

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

9–1–1 Preservation Act of 2010.” This bill represents the hard work of my colleague and E9–1–1 Caucus Co-Chair, ANNA ESHOO, as well as our Senate Co-Chair counterparts, Senators AMY KLOBUCHAR and RICHARD BURR.

Representative ESHOO and I have worked on 911 issues for many years and I appreciate her reaching across the aisle to work on these issues. As we both sit on the Commerce Committee, which has jurisdiction on these issues, it was only logical that seven years ago we would work together to start this Caucus. This year we welcomed two new Senate Co-Chairs, Senator KLOBUCHAR and Senator BURR who are going to be shepherding this important legislation on the Senate side. I know they share our concerns with E911 service and understand the unique importance of ensuring this technology will expand to the areas that need it most.

Moving forward to “Next Generation 9–1–1” is one of the most important aspects of our legislation. Encouraging rural communities like Illinois’ 19th district to invest in these critical technologies is what our Caucus and this legislation are hoping to achieve. My goal, along with my Caucus Co-Chairs is to bring attention for the need for true interoperability in these call centers and ensure that all Americans can have access to these critical emergency services.

Finally, one of the most important parts of our bill is to correct the problem of states diverting their 9–1–1 funds to support other programs. The Next Generation 9–1–1 Preservation Act prevents states that divert funds from receiving the grants in the legislation. In tough economic times I can see how it would be tempting for states to reach into 911 funds but we simply cannot allow these important tax dollars to be used for something other than critical 911 services.

I am proud to be an original sponsor of this legislation and look forward to working with my good friend Representative ESHOO and my Senate Co-Chairs on getting this legislation signed into law.

RECOGNIZING LESTER A. STUMPE

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. KUCINICH. Madam Speaker, I rise to recognize Lester A. Stumpe, an engineer with the Northeast Ohio Regional Sewer District (NEORS) for nearly 3 decades. As an engineer, Lester played a key role in protecting the rivers and streams in northeast Ohio. I am saddened to learn that Lester died on Sunday, March 7 after a 5-year struggle with cancer.

Lester Stumpe had more than 30 years of experience designing and directing a variety of efforts to protect and enhance our water resources. He conducted numerous large-scale multifaceted facilities planning and watershed studies. In total, he directed or managed more than \$20 million in engineering and technical studies that have resulted in several hundred million dollars in constructed projects.

Lester served on a variety of boards and committees to further environmental and infra-

structure goals in the Greater Cleveland area. Through his studies and activities, Lester has greatly contributed to our knowledge and protection efforts of both West Creek and Mill Creek, major tributaries to the Cuyahoga River.

Lester was passionately concerned for the streams and watershed areas of Northeast Ohio. His job title was NEORS’ “Manager of Watershed Programs, Policy and Technical Support.” But for Lester, this was much more than a job or title. Protecting our region’s watersheds was Lester’s life mission. Even while battling cancer, Lester lit up with enthusiasm when he communicated his ideas about how to make the Cleveland area’s watersheds cleaner and more habitable to the species meant to live there, including the human species.

Madam Speaker and colleagues, please join me in remembering Lester and expressing condolences to his wife, Marcia Mauter, his children Meagan, Melissa and Justin Mauter, his mother Dorothy, his sister Ruth Tofle, and the many friends, relatives, and colleagues who mourn his loss.

HONORING DR. RITA BORNSTEIN’S CONTRIBUTIONS AS THE FIRST WOMAN PRESIDENT OF ROLLINS COLLEGE

HON. ALAN GRAYSON

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. GRAYSON. Madam Speaker, I rise today in honor of Women’s History Month. This month, I would like to recognize a few of the phenomenal women from central Florida who are making a distinguished contribution to my district, the great State of Florida, and to our nation as a whole. Today, I honor Dr. Rita Bornstein. Dr. Bornstein’s commitment to education and her service as the first female president of Rollins College from 1990 to 2004 was trailblazing. Her distinguished leadership throughout her time at Rollins serves as a model to her unwavering dedication to her students, the university and her overall educational ideals.

Under President Bornstein’s leadership, Rollins focused on strengthening its commitment to excellence, innovation, and community. Standards were raised for faculty evaluation, student selectivity, and all aspects of administration. Average SAT scores for entering arts and sciences students rose more than 65 points, and Rollins’ place in U.S. News & World Report’s annual rankings of “America’s Best Colleges” climbed from No. 6 regional university in the South to No. 2, and No. 1 in Florida. That trajectory has continued—Rollins is currently No. 1 in the South. Innovation was encouraged and rewarded, and programs were added in film studies, international business, and sustainable development, as well as the signature Rollins College Conference for first-year students. The college’s commitment to building strong communities was enhanced through programs of intellectual discourse, civic engagement, international study, and service learning.

In addition to raising the education standards and national acclaim of Rollins College, President Bornstein also oversaw Rollins’ most ambitious fundraising effort. Widely considered to have transformed the college, The Campaign For Rollins secured \$160.2 million, providing support for academic programs, scholarships, faculty chairs, and facilities, and significantly strengthening the college’s financial health. Thanks to the generosity of donors, including the largest gift in Rollins’ history—alumnus George Cornell’s \$93.3-million bequest—and astute financial management, the college’s endowment more than quintupled during Bornstein’s presidency.

In 2001, she was named to the George D. and Harriet W. Cornell Chair of Distinguished Presidential Leadership when Rollins received a \$10-million gift for the first endowment of a college presidency in the nation. At the conclusion of her 14-year presidency, she was named president emerita and appointed to the George D. and Harriet W. Cornell Chair of Philanthropy and Leadership Development. As a recognized leader in higher education, Dr. Rita Bornstein regularly consults on issues of leadership, governance, and fundraising in the nonprofit sector. She is also the author of numerous journal articles and book chapters and two books, including *Legitimacy in the Academic Presidency: From Entrance to Exit*, published in 2003.

Madam Speaker, during Women’s History Month, it is my honor to recognize this remarkable woman whose enthusiasm for education and commitment to excellence can be shown through her great achievements during her time at Rollins College and after. I applaud her accomplishments to our central Florida community, our great State and our Nation.

A TRIBUTE TO RYAN BEDFORD AND TRAVIS JAYNER, SPEED SKATERS, MICHIGANDERS, AND OLYMPIANS

HON. DAVE CAMP

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. CAMP. Madam Speaker, I rise today to congratulate Ryan Bedford and Travis Jayner on their performances in the 2010 Winter Olympics. These are two outstanding athletes from my district. Ryan and Travis are great athletes, who can truly be called “Olympians,” and who we can be proud of as representatives of America in the 2010 Winter Olympics.

Ryan Bedford of Midland, Michigan, is an outstanding skater and represented the U.S. in the Olympics in the 10,000 meter speed skating event. In fact, Ryan is the reigning U.S. champion in that event. Ryan has a history of impressive skating accomplishments and in a one-week span last spring he won two world championship medals in two different events. Last year, Ryan was a member of the world champion short track relay team, and one week later, as part of the long track speed skating pursuit team, he earned a bronze medal at the 2009 Single Distance Worlds. He started skating at the age of 5, beginning his career at the Midland Speed Skating Club in Michigan.

I also congratulate Travis Jayner on winning the bronze medal in the 5000 meter relay for short track speed skating. Travis trains in Midland, Michigan. On Friday, February 26, Travis won his first Olympic medal when the American speed skating team crossed the finish line in 6:44.498. The 2010 Olympics were his first, but Travis has a long record of speed skating accomplishments: he was the 500 meter National Champion in 2008–09, he won bronze at the 2007 and 2009 World Team Championships, and won two gold medals in the relay at World Cup 5. Travis has become a versatile athlete competing in 500m, 1000m, 1500m, 3000m and 5000m relay teams. He got his start on the ice at the age of 5, after the encouragement and support of his father, who was also a speed skater.

Today I wish to congratulate Ryan Bedford and Travis Jayner for their participation in the 2010 Winter Olympics as true Olympians and athletes my district and our country can be proud to cheer for.

**PAYING TRIBUTE TO THE LATE
STUART DUNNINGS, JR.**

HON. MIKE ROGERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. ROGERS of Michigan. Madam Speaker, I rise to honor the accomplishments of the late Stuart Dunning, Jr., the first African-American attorney to practice law in Michigan's Capitol City of Lansing, and founder in 1950 of the city's first African-American owned law firm.

Mr. Dunning, who passed away March 10, 2010, at age 85, was a champion of minorities from the beginning. President of the Lansing Chapter of the National Association for the Advancement of Colored People in 1951, he had been involved in the civil rights movement for half a century. He led the fight to get Lansing schools to hire more black teachers and successfully represented a Detroit basketball team's black student athletes when they were refused hotel rooms while in a Lansing tournament.

Mr. Dunning was co-counsel in school desegregation lawsuits in several Michigan cities, and served on civil rights committees and in lawsuits seeking equality for minorities.

In 1992 he was honored by the Michigan State Bar Association as the "Champion of Justice." He was inducted into the National Bar Association Hall of Fame.

Mr. Dunning and his late wife Janet had four children: Stuart III, Steven, Susan and Shauna. All four have law degrees, and one of eight grandchildren is attending law school. Stuart III is the Ingham County Prosecutor.

Born in Staunton, Virginia, Mr. Dunning graduated from Lincoln University, then from the University of Michigan Law School. During college, he hitchhiked back and forth to the east coast to visit family and seek employment in places like Washington, D.C. before opening his Lansing practice. He often hitchhiked to the courthouse in Mason when his cases were before the court.

Facing the challenges of being the city's first black attorney, Mr. Dunning practiced law

until mid-afternoon, worked the Oldsmobile evening shift on the fender line, and spent weekends cleaning his office building to support himself and his family.

Madam Speaker, I ask my colleagues to join me in honoring the late Stuart Dunning, Jr., a man whose hard work, family commitment, and community spirit represent all that is good about our great nation and its people. Mr. Dunning is truly deserving of our respect and admiration.

**HAITI CHILDREN PROJECT
FOUNDER S. WADE MCGUINN**

HON. JOE WILSON

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. WILSON of South Carolina. Madam Speaker, S. Wade McGuinn, who has an extensive record of helping the people of Haiti, is a member of the Home Builders Association of Greater Columbia and is founder and President of McGuinn Construction Management, Inc. and Custom Home Construction Management Systems, Inc (MCM and CHCMS). McGuinn's Construction, which serves as the only full service residential construction management firm in the Midlands, has constructed 1,700 custom homes. He has built more homes in Columbia's metropolitan area than any other custom homebuilder in Columbia.

Taking his business success to the next level, Wade has six land development projects—four of which have shattered sales records. All of the companies under Mr. McGuinn's business umbrella have overall sales exceeding 12 million dollars annually.

What is most captivating is what Wade has chosen to do with all of this success. He has led several overseas mission trips to Haiti, Mexico, Honduras, and Cuba, serving as a construction team leader for the United Methodist Volunteers in Missions. Known as "Father Wade" to children at a Haitian orphanage, Wade and his wife, Janet, have solely supported an orphanage comprised of 29 children and seven staff members.

Wade founded the Haiti Children Project with the purpose of providing food, shelter, clothing, health care and education through sponsorship, donations, and love. After the recent devastating earthquake in Haiti, Wade encouraged his fellow members in the Home Builders Association of Greater Columbia (HBA) to hold a charitable fundraiser for the Haiti Children project. Over 200 HBA members and their guests attended the event, raising over \$10,000 to send to help the children in Haiti.

I want to thank Wade and Janet for their selfless contributions in South Carolina and across the globe, especially Haiti in its time of extraordinary crisis.

TRIBUTE TO FALLEN OFFICERS

HON. DEVIN NUNES

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. NUNES. Madam Speaker, I rise today on behalf of myself and my colleagues GEORGE RADANOVICH and JIM COSTA, to extend my deepest condolences to the family and friends of Javier Bejar and Joel Wahlenmaier, who recently died in the line of duty in Minkler, California.

On February 25, 2010, Fresno County Deputy Sheriffs Wahlenmaier and Mark Harris were ambushed and shot while attempting to serve a search warrant. Sadly, Deputy Wahlenmaier died a short time later that day and Reedley Police Officer Bejar, who was critically wounded while providing backup, died on Monday, March 1.

Words are insufficient to convey the depth of pain and loss felt by the families, friends, and colleagues of these brave men. They displayed enormous courage and a true commitment to protecting the public. Their tragic loss will continue to be felt by many for years to come.

PERSONAL EXPLANATION

HON. G. K. BUTTERFIELD

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. BUTTERFIELD. Madam Speaker, on rollcall No. 103—H. Res. 1031; Article 2, had I been present, I would have voted "yea."

**IN HONOR OF GIRL SCOUT WEEK
AND THE 98TH ANNIVERSARY OF
GIRL SCOUTING**

HON. JOE COURTNEY

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. COURTNEY. Madam Speaker, I rise to recognize and celebrate this week, March 7 through March 13, as Girl Scout Week and the 98th anniversary of Girl Scouting. In the state of Connecticut, we have approximately 44,000 Girl Scouts. I am pleased to see Girl Scouts' strong commitment to enriching the lives of young females, and contributing to our nation's communities, evolve over the past 98 years.

Juliette Gordon Low founded Girl Scouts in 1912. Since then, the organization's membership has grown from 18 members in Savannah, Georgia to 3.4 million members throughout the United States, including U.S. territories, and more than 90 countries through USA Girl Scouts Overseas. Today, there are over 2.4 million girl members, including my daughter, and 928,000 adult members working primarily as volunteers. Throughout history, more than 50 million American women enjoyed Girl Scouting during their childhood. That number continues to grow as Girl Scouts

of the USA continues to inspire, challenge, and empower girls everywhere.

The Girls Scouts' mission includes building girls of courage, confidence, and character who make our country and the world a better place. The organization motivates these young women to have fun, create meaningful friendships, and discover the power of young women working together. Through enriching experiences such as extraordinary field trips, skill-building clinics, community service projects, cultural exchanges, and environmental stewardships, girls grow courageous and strong. Girl Scouting encourages girls to develop to their full individual potential; to relate to others with increasing understanding, skill, and respect; to develop values to guide their actions and provide the foundation for sound decision-making; and to contribute to the improvement of society through their abilities, leadership skills, and cooperation with others.

I know that Connecticut's young women will continue to benefit from the Girl Scouts program for generations to come. That is why we are thankful for the outstanding work they have done in eastern Connecticut communities. Girl Scouts' commitment to community and empowering women and girls is certain to continue to enrich our communities for many more years. I ask my colleagues to join with me and my constituents in recognizing and celebrating Girl Scout Week and the 98th anniversary of Girl Scouting.

COMMENDING ROYAL CARIBBEAN INTERNATIONAL FOR THEIR RELIEF EFFORTS IN HAITI

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. HASTINGS of Florida. Madam Speaker, I rise today to recognize the extraordinary relief efforts of Royal Caribbean International following the earthquake that devastated Haiti this past January.

Long before this latest tragedy brought the world's attention to Haiti, Royal Caribbean had been committed to bringing economic development and opportunities to the impoverished nation. Royal Caribbean has been partnering with Haiti's tourism industry for almost 30 years, employing a large number of Haitians and maintaining a resort at Labadee, a port off the northern coast of Haiti. Therefore, when the earthquake shook the country, they personally felt the effects of the tragedy before them and were compelled to find a way to assist the people of Haiti.

Royal Caribbean immediately set out to provide the people of Haiti with emergency relief. Using their cruise ships for delivery, Royal Caribbean has brought over 120 pallets of materials to Haiti. Additionally, they have provided monetary support to emergency assistance organizations, such as the Pan American Development Foundation, which also provide emergency supplies to the island.

I commend Royal Caribbean for their rapid response to this tragedy and the much-needed assistance and aid they have provided. Fur-

thermore, I would like to express my support for their dedication to long-term rebuilding of Haiti.

Although many found it controversial, I believe that Royal Caribbean's decision to continue to dock at Labadee was the right decision. If the cruise line had bypassed Haiti, it would have worsened an already devastating situation. By continuing to bring guests to Labadee, Royal Caribbean kept Haitians working and brought tourist dollars to the country at a time when Haiti's already struggling economy was at a complete stand-still. This commitment to keeping the Haitian economy going is truly admirable.

I thank Royal Caribbean for their exemplary service to the people of Haiti, not simply in providing emergency aid in the immediate aftermath of the earthquake, but in their 30 years of work in Haiti and in their commitment to ensuring a sustainable recovery.

HONORING CHARLTON BOYD

HON. JOHN FLEMING

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. FLEMING. Madam Speaker, I would like to congratulate and honor a young student from my district who has achieved national recognition for exemplary volunteer service in his community. Charlton Boyd of Shreveport is today being named one of the top two youth volunteers in Louisiana for 2010, in the 15th annual Prudential Spirit of Community Awards. This is an extraordinary honor; more than 21,000 young people across the country were considered for state-level recognition in this year's program.

Mr. Charlton Boyd of Shreveport is being recognized for being one of the top two youth volunteers for 2010 by The Prudential Spirit of Community Awards, a nationwide program honoring young people for outstanding acts of volunteerism. The awards program, now in its 15th year, is conducted by Prudential Financial in partnership with the National Association of Secondary School Principals, NASSP.

In light of numerous statistics that indicate Americans today are less involved in their communities than they once were, it's vital that we encourage and support the kind of selfless contribution this young citizen has made. People of all ages need to think more about how we, as individual citizens, can work together at the local level to ensure the health and vitality of our towns and neighborhoods. Young volunteers like Mr. Charlton Boyd are inspiring examples to all of us, and are among our brightest hopes for a better tomorrow.

The program that brought this young role model to our attention—The Prudential Spirit of Community Awards—was created by Prudential Financial in partnership with the National Association of Secondary School Principals in 1995 to impress upon all youth volunteers that their contributions will inspire other young people to follow their example. Over the past 15 years, the program has become the nation's largest youth recognition effort based solely on community service, and has honored nearly 100,000 young volunteers at the local, state and national level.

Mr. Charlton Boyd should be extremely proud to have been singled out from the thousands of dedicated volunteers who participated in this year's program. I heartily applaud Mr. Charlton Boyd for his initiative in seeking to make his community a better place to live, and for the positive impact he has had on the lives of others. He has demonstrated a level of commitment and accomplishment that is truly extraordinary in today's world, and deserves our sincere admiration and respect. His actions show that young Americans can—and do—play important roles in our communities, and that America's community spirit continues to hold tremendous promise for the future.

PERSONAL STATEMENT ON REMOVAL AS COSPONSOR OF H.R. 2499

HON. LYNN A. WESTMORELAND

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. WESTMORELAND. Madam Speaker, I would like the RECORD to reflect my desire to be removed as a cosponsor of H.R. 2499, the Puerto Rico Democracy Act of 2009. Due to H.R. 2499's placement on the Union Calendar, I am unable to officially remove myself from this legislation according to the Rules of the U.S. House of Representatives.

INTRODUCING A RESOLUTION EXPRESSING THE SENSE OF THE HOUSE OF REPRESENTATIVES REGARDING THE POLICY OF THE UNITED STATES ON WILD ANIMALS AT THE CONFERENCE OF THE PARTIES OF THE CONVENTION ON INTERNATIONAL TRADE IN ENDANGERED SPECIES OF WILD FAUNA AND FLORA

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. HASTINGS of Florida. Madam Speaker, I rise today to introduce a resolution expressing the sense of the House of Representatives regarding the policy of the United States on wild animals at the Conference of the Parties of the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES).

CITES was created in 1973 to regulate international trade in endangered species to ensure that it does not threaten their survival. Launched with a few signatory nations, CITES has now 175 parties that have an international obligation and responsibility to protect our planet's endangered animals and plants. Adherence to these protective measures has proven to have benefited the conservation of animals and plants worldwide.

Unfortunately, more and more species are at risk of extinction and international trade, both legal and illegal, has exacerbated the dangers. International wildlife trade is estimated to be worth billions of dollars a year

and to include hundreds of millions of live plants and animals and derived products such as food, leather, fur, ivory, and timber. Such high levels of exploitation of and trade in wild animals and plants, together with other factors such as habitat loss, are capable of bringing some species close to extinction.

Between 1979 and 1989 more than 600,000 African elephants were killed for their ivory, cutting the continent's population in half. Nevertheless, poaching has continued with an estimated 38,000 elephants killed annually and 23.2 tons of poached ivory seized since 2007. As sea ice declines, polar bears will not be able to adapt to a terrestrial-based life resulting in increased mortality, reduced reproduction, increased human-bear conflicts, and overall drastic decline of populations. Bobcats keep being poached for their skins. Several sharks are being severely depleted with declines as high as 99 percent in some areas as a result of the high demand for their fins and meat. Overfishing, increased consumer demand and inadequate enforcement of infractions have led to historically low populations of bluefin tuna.

This month, CITES' signatory nations will meet for the 15th Conference of the Parties to review the status of species in danger of extinction and establish trade restrictions. The conference will consider proposals offered by several countries to either enhance protections of endangered species or to remove or downlist some animals from the endangered species listings and reauthorize international trade. Several countries which benefit from trade of animals' derived products, such as elephants' ivory, sharks' fins or bluefin tunas' meat, are putting economic interests before wild animals' survival, risking to bring species close to extinction. This is unacceptable.

My resolution will help preserve many endangered animals by urging CITES to accept proposals that protect these species and oppose those proposals that put them in greater danger.

Madam Speaker, the United States has a moral obligation to protect endangered species and their natural habitat. Wild animals are a very important part of our commonly held natural resources and contribute to the diversity and stability of our environment. We must continue to maintain a balanced and healthy ecosystem that allows for the coexistence of both human beings and the world's most incredible species.

I urge my colleagues to join me in protecting wildlife and environmental conservation across

the globe by supporting this important resolution.

PERSONAL EXPLANATION

HON. TIM MURPHY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, on rollcall No. 108, had I been present, I would have voted "aye".

PERSONAL EXPLANATION

HON. JOHN B. LARSON

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. LARSON of Connecticut. Madam Speaker, on March 11, 2010, I missed rollcall votes 102, 103 and 104. Had I been present, I would have voted "yea" on all.

OUR UNCONSCIONABLE NATIONAL DEBT

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. COFFMAN of Colorado. Madam Speaker, today our national debt is \$12,575,479,490,348.47.

On January 6, 2009, the start of the 111th Congress, the national debt was \$10,638,425,746,293.80.

This means the national debt has increased by \$1,937,053,744,054.67 so far this Congress.

This debt and its interest payments we are passing to our children and all future Americans.

HONORING WASHINGTON STATE
REPRESENTATIVE SHARON
TOMIKO SANTOS

HON. ADAM SMITH

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Friday, March 12, 2010

Mr. SMITH of Washington. Madam Speaker, I rise today to congratulate Washington State Representative Sharon Tomiko Santos for receiving the 2010 Desjardin Financial Literacy Award.

The Desjardin Financial Literacy Award, given by the Credit Union National Association, annually recognizes one State lawmaker for their exemplary leadership and legislative efforts in the field of youth financial education.

Financial literacy is a crucial skill for all to have in today's society, from balancing a checkbook to budgeting for retirement. This skill allows us to make wise decisions about our finances and our financial future. The earlier that our youth attain this knowledge, the more successful and prepared they are later in life.

In Washington State, financial literacy training supports the goals of Washington's Basic Education Act. This Act seeks to provide students with the skills necessary to "understand the importance of work and finance and how performance, effort, and decisions directly affect future career and educational opportunities."

Washington State Representative Santos has exemplified the effort to provide financial literacy opportunities for our youth statewide since being elected to the Washington State House of Representatives in 1998. Representative Santos led the campaign to establish the Financial Education Public Private Partnership (previously the Financial Literacy Public Private Partnership) in 2003, as well as to secure public funding for the project.

The Partnership works to increase students' financial education, provide financial education information for school districts, and provides financial education instructional materials. Additionally, the Partnership has grown because of Representative Santos' enduring support and her legislative work throughout the years.

The work of Representative Santos stands as a model for all States in the effort to promote fiscal responsibility and literacy. I commend her for her efforts and congratulate her again on this tremendous achievement.

SENATE—Monday, March 15, 2010

The Senate met at 2 p.m. and was called to order by the Honorable MARK R. WARNER, a Senator from the Commonwealth of Virginia.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Gracious God, today inspire and encourage our lawmakers to do the work of justice and mercy so that all citizens will be bound together in respecting one another. Give our Senators an awareness of this Nation's rich diversity and heritage as well as the mutual goals that unite us as a people.

Lord, lead us all away from any self-sufficiency that makes us not feel our need for Your redeeming and refreshing grace. And Lord, we praise You for Your healing mercies that have been felt by our leader's wife and daughter, Mrs. Landra Reid and Lana.

We pray in Your merciful Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable MARK R. WARNER led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, March 15, 2010.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable MARK R. WARNER, a Senator from the Commonwealth of Virginia, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. WARNER thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

OUTPOURING OF SUPPORT

Mr. REID. Mr. President, last Thursday my wife was involved in a violent car accident.

We often say this Senate is a family. I am reminded of it time and time again when both triumph and tragedy unite us. Over the past few days, I learned all over again just how close, how genuine, how meaningful that family is. The tremendous outpouring of support for my wife and daughter from people across Nevada and the Nation and from my Senate family has deeply touched all of us. We have received literally hundreds and hundreds of e-mails and phone calls. We very much appreciate all the thoughts for Landra and every prayer on her behalf. The kindness and concern are overwhelming and really humbling.

It really was a close call, but we are grateful it wasn't worse, and we are confident she will be making a full recovery. It won't be tomorrow or the next day, but she will be back on her feet as soon as she can. My wife Landra and I have been married for 50 years. She is the strongest and most selfless person I know. If anyone can recover, it is she.

Before we begin this week's work, I wish to say to my Senate family and all of those watching: Thank you very much.

SCHEDULE

Mr. REID. Mr. President, following leader remarks, the Senate will turn to a period of morning business until 3 p.m., with Senators permitted to speak therein for up to 10 minutes each. Following morning business, the Senate will resume consideration of the House message on H.R. 2847, the HIRE Act or the Jobs I bill. At 5:30 p.m., we will have a cloture vote on the motion to concur in the House amendments with respect to that bill.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

SPEEDY RECOVERY

Mr. MCCONNELL. Mr. President, let me first say to my good friend from Nevada how good it is to hear such a positive report on Landra's recovery. We are all grateful that hopefully she will be home sometime soon and on her way to a speedy recovery.

HEALTH CARE

Mr. MCCONNELL. Mr. President, the debate over health care continues, and

this week all eyes are on the House. All we hear about is the arm-twisting and the horse-trading going on over there behind the scenes—the mad dash ahead of the big vote—and once again Americans just can't believe what they are hearing.

Behind all of these stories is a simple truth: Democratic leaders are doing everything they can to convince a handful of lawmakers that they should vote for a bill they don't really like and which their constituents overwhelmingly oppose. They are scrambling to get these wavering House Members to vote for a bill which claims to be reform but which promises to lead to higher health care costs, higher insurance premiums, and a vast expansion of government's role in our daily lives. They are pulling out all the stops. They are doing everything they can to jam this bill through, and they don't even seem to care anymore about how ugly it all looks.

What we are seeing is nothing more than a replay of the same revolting process Democrats used to pass this bill in the Senate, a process that completely outraged the public. The same deals they used to get this bill through the Senate are back. As if voting on these deals the first time wasn't bad enough, Democrats in the House are now getting ready to vote for them again. Every one of the deals that were so revolting to the American people will still be in the bill House Members are expected to vote on later this week. That means that anybody who votes for this bill will be voting in favor of the special deals that were put there for no other reason than to sway votes.

A handful of Democrats have stood up in opposition to these deals and this entire process. One longtime Democratic Congressman said last week that he won't be voting for the bill as a result of the deals. Here is what he had to say. This Democratic Congressman said:

I reject unequivocally the unsavory deal making that took place in the Senate where Nebraska, Florida, and Louisiana obtained special benefits that do not apply to the other States and those special benefits provided to those States at the expense of the residents of all other States. I simply cannot support legislation that contains those unwarranted giveaways to a select few States at the expense of others.

That was a Democratic Member of the House of Representatives.

But others are keeping quiet. They are still on the fence. That is why this week's vote promises to be even uglier than the last one, because this bill goes beyond things such as the "Cornhusker kickback" and the "Louisiana purchase" and the "Gator aid."

I was disappointed to see the White House reverse itself over the weekend and endorse many of these sweetheart deals after the President said he would try to have them removed. Apparently, they determined that removing the deals might jeopardize efforts to pass the bill. So now the White House says it won't object to all of the special deals, just some of them. The White House says it won't object to all the special deals, just some of them. What that means, of course, is that some Senators and House Members are getting special deals on top of special deals.

But that is not all the White House is willing to do to jam this bill through. According to press reports, it is also promising to raise campaign cash for House Members who vote for the House bill. We read in one of the papers today that the White House is openly signaling that those lawmakers will go to the top of the list for fundraisers and Presidential visits ahead of the November elections. So if press accounts are accurate, lawmakers who support the bill are being told they get repaid with Presidential visits and big-money fundraisers from the President or the Vice President—vote for the bill and you get a special visit for your reelection campaign.

We also read this morning in the Politico Pulse that the drug lobbyists were here in the Capitol over the weekend huddling with Democratic staffers to make sure their interests would be protected in the final bill.

This is precisely the kind of thing Americans rebelled against after the last vote on this bill. This debate should be about the substance of a bill that would restructure one-sixth of our economy and the direction Americans want to go in as a country, not how much money such-and-such Senator or Congressman needs in order to vote for it.

It is especially disappointing that this particular White House is supporting all this. After the "Cornhusker kickback" and the other special deals, the administration had an opportunity to distance itself from this process, to hit the reset button, and to work toward a bill Americans could be proud of. Unfortunately, in its desperation to force this bill through, the White House is reverting to the anything-goes approach, and the result is predictable: Americans won't like this bill any more than they liked the last one. They have issued their verdict about this bill and this process. They don't like either one. And once again, the only people who don't seem to get it are the Democrats here in Washington.

Mr. President, I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period for the transaction of morning business until 3 p.m., with Senators permitted to speak therein for up to 10 minutes each.

The Senator from Arizona.

HEALTH CARE

Mr. KYL. Mr. President, I wish to pick up on the comments of my colleague, the Republican leader.

There is another distressing story in the paper today reported by the Associated Press. They report that all of the special deals that last week the President said he was going to try to remove from the legislation, now—except for the "Cornhusker kickback"—they are going to leave them in there because they need the votes. If that is correct, this process is even sicker than we thought it was.

Part of the reason for the Democratic leadership using the reconciliation provision to fix the Senate bill was to take all of these special provisions out, but now it appears, according to the Associated Press, that they are going to be kept in there because they need the votes.

Let me detail what a couple of these are. Last week, there was a story in Politico that detailed six specific items. Of course, there was the "Cornhusker kickback" that got such bad publicity and everybody agreed it had to go, including the Senator who voted for the legislation after he was promised that in his State there would be no cost for the coverage of additional Medicaid patients. Now that is apparently going to be "fixed," at great expense, I might add, to the taxpayers of the United States, but apparently unfixed are six other items, and there are more, by the way.

Quote:

"We have defended it and we will defend it," said Senator Bernie Sanders of Vermont, whose state picked up \$600 million in extra Medicaid funding . . .

Again, I am quoting from a March 10 Politico story.

Second:

In a letter to congressional leaders last week, Obama targeted the Nebraska and Florida deals for elimination. The Florida provision could also shield some seniors in California, New York, New Jersey, and Pennsylvania, according to Senator Bill Nelson's office.

This provision deals with Medicare patients. The reason it is important to me is because there are 330,000-plus Arizona seniors who have Medicare Advantage plans. These are the plans that would suffer under the legislation proposed by the President. Because they would have benefits they currently enjoy taken away from them, the seniors in all of the States are obviously complaining to their Senators. So

Democrats have said: Well, OK, if seniors are upset about having these benefits taken away, then we will shield the seniors in our States who have these Medicare Advantage policies so that they don't have to give up their benefits—the biggest set of beneficiaries, and there are over 800,000 of them in the State of Florida but apparently also some in California, New York, New Jersey, and Pennsylvania. All right. Special deal for them.

If this bill, by the way, is so great, why do we have to protect our citizens from its provisions? But that is the way it works. However, my senior citizen constituents in Arizona don't get grandfathered as do those in other States. It just shows you how bad the bill policy is in the area generally that you have to protect your constituents from suffering the effects of the bill but also the bad policy that does that to the detriment of other constituencies. Apparently, now that is going to stay in the bill.

Then there was the so-called "Louisiana purchase," \$300 million to Louisiana. Then there was the \$1.1 billion in extra Medicaid funding to Massachusetts and Vermont. This Politico article quotes Senator PATRICK LEAHY of Vermont:

What I told Harry Reid is that Vermont does the right thing, and I don't want Vermont to be penalized for doing the right thing.

Of course, that is the kind of argument that is made in response to provisions in the bill that are bad provisions because they hurt the people in your State. But the solution is not to exempt your State's constituents from the bad effects of the bill. Don't pass the bill. It is a bad bill.

Here is a fifth example. There is a \$100 million hospital grant program requested by our colleague from Connecticut, Senator DODD, "who has acknowledged that the University of Connecticut would qualify for the money."

Here is a sixth one that is being promoted by the chairman of the Finance Committee, Senator BAUCUS, on behalf of the residents of Libby, MT.

There is another one not mentioned here, but I am aware of it. It protects two insurance companies—Blue Cross/Blue Shield and Mutual of Omaha in Nebraska, again at the request of the Senator from Nebraska. I believe there is another company in the State of Wisconsin protected.

My point is, first, if this bill is so wonderful, why do we have to have all these separate carve-outs, special deals, for Representatives or for constituents in the States of certain Democrats in order, presumably, in the House of Representatives, to help the Speaker of the House get her vote total up to where she can actually pass the bill? Why don't we just fix the bill in the first place so none of these bad effects are visited on the constituents

whom I represent, for example, or anybody else's constituents for that matter?

At a minimum, the President should follow through on his plan last week to try to get these provisions out of the bill. It turns out now that apparently this week, according to David Axlerod, during the rotations of the Sunday morning talk shows he was on, that is no longer part of the plan.

The last thing I would like to do is comment briefly on a Washington Post column by Robert Samuelson this morning.

Mr. President, I ask unanimous consent to have printed in the RECORD a Washington Post column by Robert Samuelson.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

(See exhibit 1.)

Mr. KYL. Mr. President, I will briefly summarize it. The President is visiting in Ohio, I believe, today to highlight the case of a particular Ohio resident. I believe she is a breast cancer survivor. Her insurance eventually became too expensive for her to keep up. She now has a diagnosis of another disease, and the President is highlighting this type of case. I think it is important to highlight it for another reason.

I presume the President or the Senators or Representatives of Ohio are finding an alternative way to ensure she is cared for. Frequently, we have constituents come to us with situations such as this. They represent very heartrending situations, problems with which you want to deal. The real question is how to deal with it. The answer to her problem is not to pass this health care bill. There are alternatives.

For example, for those who cannot get insurance that is affordable to them because of preexisting conditions—Republicans have put ideas on the table, as have Democrats, but that is a specific kind of problem that can be solved with a specific solution rather than this entire health care bill the President is trying to sell to us.

What Robert Samuelson points out in his article is there are a lot of different situations such as this, where people who are not insured nevertheless get care. In fact, the argument is made that we need this kind of health care bill because there are too many people who are uninsured and get expensive and ineffective treatment at the emergency room. He says: "Unfortunately it's not true."

He quotes a study by the Robert Wood Johnson Foundation that finds that the insured population "accounted for 83 percent of emergency-room visits, reflecting their share of the population." In other words, there is not a difference of who visits the emergency room and who does not depending on whether you are insured.

He goes on to say:

After Massachusetts adopted universal insurance, emergency-room use remained higher than the national average, an Urban Institute study found.

The point is, even after you get the so-called universal coverage, you do not find any difference in terms of emergency room visits. If anything, with universal coverage, you had even higher emergency room visits. His point is, and I quote Robert Samuelson:

If universal coverage makes appointments harder to get, emergency-room use may increase.

So you are not making the problem better; if anything, you are making it worse. My guess is, you are not affecting it much one way or the other. It is simply not an argument that because people who are uninsured go to the emergency room, therefore, we have to pass some kind of nationwide health care bill such as has been suggested to us.

He goes on to point out:

You probably think that insuring the uninsured will dramatically improve the nation's health.

He goes on to debunk that myth:

I've written before that expanding health insurance would result, at best, in modest health gains.

He goes on to point out that studies have validated the fact it does not make a difference one way or another.

Claims that the uninsured suffer tens of thousands of premature deaths are "open to question." Conceivably, the "lack of health insurance has no more impact on your health than lack of flood insurance.

He goes on to detail the reasons why that is so.

He concludes with this point:

Though it seems compelling, covering the uninsured is not the health-care system's major problem. The big problem is uncontrolled spending.

That is a point Republicans have been trying to make from the very beginning, to point out we ought to first focus on dealing with what is driving up health care costs. That will, if we are successful, have a positive impact on getting people insured because it will reduce the cost of insurance they have to buy or their employer is buying on their behalf.

That is what we should be focusing on rather than this rather elusive issue of coverage of the uninsured. To be sure, nobody is arguing we should not help cover the uninsured. That is not the argument we are making. The argument we are making is, it does not justify a \$2.5 trillion expenditure and that, in any event, if you focus first on dealing with costs, you are going to reduce costs, which is a good thing in and of itself, and, thereby, also enhance coverage because the cost is less expensive.

Here is the penultimate paragraph in the piece. I will quote him and close. What Samuelson said is the President is:

... telling people what they want to hear, not what they need to know. Whatever their sins, insurers are mainly intermediaries; they pass along the costs of the delivery system. In 2009, the largest 14 insurers had profits of roughly \$9 billion; that approached 0.4 percent of total health spending of \$2.472 trillion.

Four tenths of 1 percent.

He goes on to say:

This hardly explains high health costs. What people need to know is that Obama's plan evades health care's major problems and would worsen the budget outlook. It's a big new spending program when government hasn't paid for the spending programs it already has.

His point is, instead of trying to make insurance companies the villain, the President should be honest about what their true cost is.

Somebody pointed out—my colleague, LAMAR ALEXANDER—if you take all the profits of all the insurance companies, it pays for 2 days' worth of health care expenditures in the country. What about the other 363 days? Nobody is defending the insurance companies, but you cannot say they are responsible for the high costs of health care in this country, since they are primarily just passing those costs on.

The bottom line is, we need to be honest and explain to the American people what we are trying to accomplish or what we should be trying to accomplish is reducing health care costs. That will have the salutary effect of making access easier for people because they will be able to afford the insurance that now may be unaffordable for them. But the idea that the insurance companies are the reason we have the problem or that emergency rooms are used more because of the uninsured are two myths that are dispelled in this piece by Robert Samuelson.

I yield to my colleague from Oklahoma.

EXHIBIT 1

[From the Washington Post, Mar. 15, 2010]

OBAMA'S ILLUSIONS OF COST-CONTROL

(By Robert J. Samuelson)

"What we need from the next president is somebody who will not just tell you what they think you want to hear but will tell you what you need to hear."—Barack Obama, Feb. 27, 2008

One job of presidents is to educate Americans about crucial national problems. On health care, Barack Obama has failed. Almost everything you think you know about health care is probably wrong or, at least, half wrong. Great simplicities and distortions have been peddled in the name of achieving "universal health coverage." The miseducation has worsened as the debate approaches its climax.

There's a parallel here: housing. Most Americans favor homeownership, but uncritical pro-homeownership policies (lax lending standards, puny down payments, hefty housing subsidies) helped cause the financial crisis. The same thing is happening with health care. The appeal of universal insurance—who, by the way, wants to be uninsured?—justifies half-truths and dubious

policies. That the process is repeating itself suggests that our political leaders don't learn even from proximate calamities.

How often, for example, have you heard the emergency-room argument? The uninsured, it's said, use emergency rooms for primary care. That's expensive and ineffective. Once they're insured, they'll have regular doctors. Care will improve; costs will decline. Everyone wins. Great argument. Unfortunately, it's untrue.

A study by the Robert Wood Johnson Foundation found that the insured accounted for 83 percent of emergency-room visits, reflecting their share of the population. After Massachusetts adopted universal insurance, emergency-room use remained higher than the national average, an Urban Institute study found. More than two-fifths of visits represented non-emergencies. Of those, a majority of adult respondents to a survey said it was "more convenient" to go to the emergency room or they couldn't "get [a doctor's] appointment as soon as needed." If universal coverage makes appointments harder to get, emergency-room use may increase.

You probably think that insuring the uninsured will dramatically improve the nation's health. The uninsured don't get care or don't get it soon enough. With insurance, they won't be shortchanged; they'll be healthier. Simple.

Think again. I've written before that expanding health insurance would result, at best, in modest health gains. Studies of insurance's effects on health are hard to perform. Some find benefits; others don't. Medicare's introduction in 1966 produced no reduction in mortality; some studies of extensions of Medicaid for children didn't find gains. In the Atlantic recently, economics writer Megan McArdle examined the literature and emerged skeptical. Claims that the uninsured suffer tens of thousands of premature deaths are "open to question." Conceivably, the "lack of health insurance has no more impact on your health than lack of flood insurance," she writes.

How could this be? No one knows, but possible explanations include: (a) many uninsured are fairly healthy—about two-fifths are age 18 to 34; (b) some are too sick to be helped or have problems rooted in personal behaviors—smoking, diet, drinking or drug abuse; and (c) the uninsured already receive 50 to 70 percent of the care of the insured from hospitals, clinics and doctors, estimates the Congressional Budget Office.

Though it seems compelling, covering the uninsured is not the health-care system's major problem. The big problem is uncontrolled spending, which prices people out of the market and burdens government budgets. Obama claims his proposal checks spending. Just the opposite. When people get insurance, they use more health services. Spending rises. By the government's latest forecast, health spending goes from 17 percent of the economy in 2009 to 19 percent in 2019. Health "reform" would probably increase that.

Unless we change the fee-for-service system, costs will remain hard to control because providers are paid more for doing more. Obama might have attempted that by proposing health-care vouchers (limited amounts to be spent on insurance), which would force a restructuring of delivery systems to compete on quality and cost. Doctors, hospitals and drug companies would have to reorganize care. Obama refrained from that fight and instead cast insurance companies as the villains.

He's telling people what they want to hear, not what they need to know. Whatever their sins, insurers are mainly intermediaries; they pass along the costs of the delivery system. In 2009, the largest 14 insurers had profits of roughly \$9 billion; that approached 0.4 percent of total health spending of \$2.472 trillion. This hardly explains high health costs. What people need to know is that Obama's plan evades health care's major problems and would worsen the budget outlook. It's a big new spending program when government hasn't paid for the spending programs it already has.

"If not now, when? If not us, who?" Obama asks. The answer is: It's not now, and it's not "us." Pass or not, Obama's proposal is the illusion of "reform," not the real thing.

The ACTING PRESIDENT PRO TEMPORE. The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I thank the Senator from Arizona for yielding. I ask unanimous consent that I be recognized in morning business for such time as I may consume.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

GLOBAL WARMING

Mr. INHOFE. Mr. President, after weeks of the global warming scandal—and we talked about it on the floor, what happened with climategate just prior to the Copenhagen convention—I had the opportunity to visit and to uncover some of the things we had suspected were going on for a long period of time. Five years ago, I had occasion to give a speech on this floor, where I outlined, from information that had come through the backdoor to me from scientists, how bad the science was and how it had been, in fact, cooked. Then, of course, along came climategate.

After weeks of the global warming scandal, the world's first potential climate billionaire is running for cover. Yes, I am talking about Al Gore. He is under siege these days. The credibility of the IPCC is eroding, EPA's endangerment finding is collapsing, and belief that anthropogenic global warming is leading to catastrophe is evaporating. Gore seems to be drowning in a sea of his own global warming illusions. Nevertheless, he is desperately trying to keep global warming alarmism alive.

It is my understanding that tonight he is having a high-level meeting of all his global warming alarmists around the country to see how they can resurrect this issue and regroup.

Consider Gore's nearly 2,000-word op-ed piece that recently appeared in the New York Times. It is a sure-fire sign of desperation. Gore's piece was about China, solar and wind power, globalization, rising sea levels, big polluters, melting glaciers, and cap and trade. One searches in vain for any explanation of the IPCC's errors and mistakes or of Phil Jones, the former director of the Climate Research Unit. That is in East Anglia. We heard a lot

about him. He was the one who was actually assembling a lot of the science—or so-called science—or creating the science, I should say, to support the position of those who believe anthropogenic gases cause global warming.

Seven years ago, I believe this month, I had occasion to study on the floor and find out that, in fact, we had spent so much time on this issue that everyone was believing this to be true. When we realized the science was not there, I made the statement that the notion that anthropogenic gases are causing catastrophic global warming is the greatest hoax ever perpetrated on the American people.

What is Gore's take on the climategate scandal? Climate scientists, he wrote, were "besieged" by an "onslaught" of hostile information requests from climate "skeptics." That is it, nothing else. Even the IPCC announced last week an independent review of its process and procedures.

You see, former Vice President Gore was saying: Oh, that was nothing; that was just a few comments. I might add, one of the largest and most respected publications in the UK, which is called the UK Telegraph, said this is the worst scientific scandal of our generation.

The Atlantic Monthly, the Financial Times, the New York Times, the Chicago Tribune, Newsweek and Time and many others are saying this is a legitimate scandal and reform of the IPCC is absolutely essential. Let's keep in mind, IPCC, the Intergovernmental Panel on Climate Change, is the United Nations. They put this together back in 1988 to try to scare people into changing our policy in this country.

By the way, I mentioned Time magazine as one of the many magazines and publications that have now said, looking at climategate, this investigation should be there. This is the same Time magazine—and I don't blame them for doing this; I would have done the same thing—that back in 1975, on the cover they had: Another Ice Age is coming, we are all going to die. A couple years ago, you might remember the last polar bear standing on the last cube of ice and it said: Global warming is coming; we are all going to die. Anyway, the publications are coming around.

When it comes to reform, openness, transparency, and peer review, when it comes to practicing good science, Gore stands alone. He wants the world to put its head in the sand and pretend nothing is happening.

It reminds me of the story of the two boy ostriches chasing two girl ostriches through the woods, and they were catching them. One girl ostrich said to the other, when they came up to a clearing: What do we do? Well, let's hide. Each of the girl ostriches stuck their heads in a respective hole, and the boy ostriches came galloping up to the clearing and one looked at

the other and said: Where did the girls go?

That is what we are looking at here. They are hiding their heads in the sand. Then Gore is writing in this op-ed piece, even if all these disasters will not happen, we still have to deal with national security risks and energy independence. Of course, Gore fails to mention that the United States leads the world in technically recoverable resources of oil, coal, and natural gas. According to a recent release from a report from the Congressional Research Service, America's combined recoverable natural gas, oil, and coal endowment is the largest on Earth. America's recoverable resources are far greater than those of Saudi Arabia, China, and Canada combined, and that is without including America's absolute immense oil shale and methane hydrate deposits.

It is always kind of humorous when people say: We have to get rid of our oil and gas and our coal. Yet those are the things which we are using to generate the energy necessary to run America.

They say: Well, we have to become independent. But they want to do away with all of that. We have enough oil and gas and coal—and now nuclear, which we are expanding—to take care of our needs so we wouldn't have to be dependent upon any foreign country for any of our energy. The problem is a political problem. Democrats will not allow us to go ahead and explore our own resources and exploit them. We are the only country that doesn't do that.

Gore has to know the edifice of alarmism is starting to crumble, so he is swinging for the fences, hoping for a home run to change the game. But Gore is striking out, as he loses his support almost daily in Congress and from the American people. Let's face it; Gore's side of the argument is collapsing. He and his allies are running short on facts, and Gore's criticism of recent events rings hollow. For example, after the climategate scandal broke, Gore was asked by an online publication called Slate as to what he thought of it.

Gore's response: Well, I haven't read all of the e-mails, but the most recent one is more than 10 years old. Obviously, of course, that is not true because they go all the way up to 2009. So all he is left with is a two-pronged fork of anger and attack. Just read the New York Times op-ed piece.

By the way, I was told his op-ed piece in the New York Times was three times larger than that which they normally will receive. He wrote that those who question climate alarmism are members of a "criminal generation." That is me—a criminal? Is Roger Pielke, Jr., a criminal? How about Dr. John Christy of the University of Alabama, Richard Lindzen of MIT, Chris Landsea of the National Hurricane Center? No, they haven't committed any crimes.

They just want honest, open scientific debate.

I might add that thus far the only scientists who commit crimes are those at the CRU. Again, that is the collection point of all the science that the United Nations has put together in this thing called IPCC—those involved in climategate, according to findings of the UK's Information Commissioner.

The Weekly Standard recently placed Al Gore on its cover—we have that right here—showing that the emperor has no clothes. The cover story, by Steven Hayward, of the Weekly Standard is entitled, "In Denial: The Meltdown of the Climate Campaign."

Hayward writes a compelling narrative of climategate and its consequences. This story is a must read for anyone interested in the recent implosion of global warming alarmism.

Let me mention this: If you look at the movie "An Inconvenient Truth," the one where he made, I guess, most of his money, the last sentence says, I believe: Are you willing to change the way you live?

Well, we thought that was probably a good idea, so let's put that up here. It has now been 1,009 days since we have invited Al Gore to sign this pledge. Here is what it says:

As a believer that human-caused global warming is a moral, ethical, and spiritual issue affecting our survival; that home energy use is a key component of overall energy use; that reducing my fossil fuel-based home energy usage will lead to lower greenhouse gas emissions; and that leaders on moral issues should lead by example; therefore, I pledge to consume no more energy for use in my home, my residence, than the average American household 1 year from today.

Well, it hasn't been a year; it was 3 years ago. It was 1,009 days ago.

Then, of course, there is always the question: What if we are wrong? What if we should do something? Since the Kyoto treaty failed—and we came this close, Mr. President. You weren't in your current position at that time, but this is how close we came to actually signing on and ratifying the Kyoto treaty. We didn't do it.

Then along came Members of Congress in 2003, where we had the McCain-Lieberman bill—cap-and-trade bill—and in 2005 we had the McCain-Lieberman bill, then the Warner-Lieberman bill in 2008, we had the Boxer-Sanders bill in 2009, and now it looks as if we are going to have the John Kerry and Lindsay Graham bill that is up. What do they all have in common? It is all cap and trade.

Mr. President, I have some respect for James Hansen. But the one thing I really respect is that he has made this statement about cap and trade. He said cap and trade is a devious way of getting away from the issue. The main issue is that we have to do something about greenhouse gas emissions, anthropogenic gas, CO₂. Well, why not just go ahead and have a tax on them?

There is a good reason the cap and traders don't want a tax. Because then the American people would know what it is costing them.

What is the cost of cap and trade? With any of these bills I just mentioned, it is approximately the same because cap and trade is cap and trade. You have to somehow make everyone think they are winners and everyone else is a loser. So we had the ranges come from the Wharton School of Economics, from MIT, from the CRA, and the range is always somewhere between \$300 billion and \$400 billion a year. Now, that is significant—\$300 to \$400 billion a year.

Mr. President, if you are like I am, it is kind of hard to relate to billions and trillions of dollars. So what I try to do is relate it to what it would cost the average family that pays taxes in my State of Oklahoma. How much would this cost that family? It comes out to be a little over \$3,000 a year. Now, \$3,000 a year is an awful lot of money.

What do we get for that? Let's get the other chart up here. I had occasion the other day to hear from Lisa Jackson, who is President Obama's Administrator of the EPA, the Environmental Protection Agency—a fine lady whom I think an awful lot of—when she was testifying before us. Now, this chart—and people are not questioning this chart's reliability—reflects what would happen: U.S. action without international action will have no effect on world CO₂. It just stands to reason. And these are the bills that have been introduced that I mentioned before—the McCain-Lieberman bill in 2003, McCain-Lieberman in 2005, Warner-Lieberman in 2008, and some of the rest of them. It reflects what would happen if we had passed those and what would happen if we don't pass them. The chart shows nothing.

I asked the question of Lisa Jackson, President Obama's Administrator of the EPA. I said: This chart up here, is this an accurate chart? In other words, to put it in plain words, to better understand it, if we were to pass—at that time it might have been the Markey bill. I am not sure which one it was, but it doesn't matter because cap and trade is cap and trade. If we had passed that bill or any of the Senate bills we have talked about, how would that have reduced CO₂ worldwide?

Her response: Well, it wouldn't really reduce it because we are doing that unilaterally in the United States of America.

What happens when we take away our ability to have energy in America? We have to manufacture it somewhere, and they have estimated how many thousands of manufacturing jobs if we were to pass any of these bills.

Those are polar bears, by the way, and they are all smiling in case you can't see that too well, Mr. President.

We would lose our manufacturing jobs to countries such as China and

Mexico and India. Right now, in China, they are cranking out two new coal-fired generating plants every week. Some people are saying: Oh, they are going to follow us and our example and start restricting their CO₂. No, they are not. They are preparing right now to be able to generate the electricity necessary as the people start coming in. So that is what is happening right now.

I would say this, though. I don't want you to feel—even though his world is crumbling, don't feel sorry for Al Gore because he is doing all right. There is actually an article that just came out—this is the *National Review*—at the same time a *New York Times* article did, and I have kind of put together things from both of them. This from the *New York Times* says:

Former Vice President Al Gore thought he had spotted a winner last year when a small California firm sought financing for an energy-saving technology from the venture capital firm where Al Gore is a partner. The company, the Silver Spring Networks, produces hardware and software to make the electricity grid more efficient. It came to Mr. Gore's firm, Kleiner Perkins Caufield & Byers, one of Silicon Valley's top venture capital providers, looking for \$75 million to expand its partnership with utilities seeking to install millions of so-called smart meters in homes and businesses.

Mr. Gore and his partners decided to back the company, and in gratitude Silver Spring retained him and John Doerr, another Kleiner Perkins partner, as unpaid corporate advisers. The deal appeared to pay off in a big way last week, when the Energy Department announced \$3.4 billion in smart grid grants. Of the total, more than \$560 million went to utilities with which Silver Spring has contacts.

Wait a minute, we are talking about Silver Spring, the company with which Al Gore is connected.

Kleiner Perkins and its partners, including Mr. Gore, could recoup their investment many times over in the coming years.

Silver Spring Networks is a foot soldier in the global green energy revolution Mr. Gore hopes to lead. Few people have been as vocal about the urgency of global warming and the need to reinvent the way the world produces and consumes energy. And few have put as much money behind their advocacy as Mr. Gore and are as well positioned to profit from this green transformation if and when it comes.

Critics, mostly the political right and among global warming skeptics, say Mr. Gore is poised to become the world's first "carbon billionaire," profiteering from government policies he supports that would direct billions of dollars to the business ventures that he has invested in.

Representative Marsha Blackburn, a Republican from Tennessee, asserted at a hearing this year that Mr. Gore stood to benefit personally from the energy and climate policies he was urging Congress to adopt.

Mr. Gore says that he is simply putting his money where his mouth is. "Do you think there is something wrong with being active in business in this country?" Mr. Gore said. "I am proud of it. I am proud of it."

In an e-mail message this week, he said his investment activities were consistent with his public advocacy over the decades. "I have

advocated policies to promote renewable energy and accelerate reductions in global warming pollution for decades, including all the time I was in public service." Mr. Gore wrote: "As a private citizen, I have continued to advocate the same policies. Even though the vast majority of my business career has been in areas that do not involve renewable energy or global warming pollution reductions, I absolutely believe in investing in ways that are consistent with my values and beliefs. I encourage others to invest in the same way."

Mr. Gore has invested a significant portion of the tens of millions of dollars that he has earned since leaving government in 2001 in a broad array of environmentally friendly energy and technology business ventures, like carbon trading markets, solar cells, and waterless urinals. He has also given away millions more to finance the nonprofit he founded, the Alliance for Climate Protection, and to another group, the Climate Project, which trains people to present the slide show that was the basis of his documentary "An Inconvenient Truth." Royalties from his new book on climate change, "Our Choice," printed on 100 percent recycled paper, will go to the alliance, an aide said.

Other public figures, like speaker Nancy Pelosi and Robert F. Kennedy, Jr., who have vocally supported government financing of energy-saving technologies have investments in alternative energy ventures. Some scientists and policy advocates also promote energy policies that personally enrich them.

As a private citizen, Mr. Gore asked not to have to disclose his income and assets, as he did—

as I do, as others do in this Chamber in his years in Congress and the White House. When he left government in 2001, he listed assets of less than \$2 million, including homes in suburban Washington and in Tennessee. Since then his net worth has skyrocketed, helped by timely investments in Apple and Google, profits from books and his movie, and the scores of speeches for which he can be paid more than \$100,000 . . .

a speech. I suggest now that price may be going down a little bit for Al Gore.

Mr. Gore's spokeswoman would not give a figure for his current net worth, but the scale of his wealth is evident in a single investment of \$35 million in Capricorn Investment Group. . . .

It goes on and on. I ask unanimous consent to submit the rest of this for the RECORD because it is pretty good reading.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Mr. Gore's spokeswoman would not give a figure for his current net worth, but the scale of his wealth is evident in a single investment of \$35 million in Capricorn Investment Group, a private equity fund started by his friend Jeffrey Skoll, the first president of eBay.

Ion Yadigároglu, a co-founder of Capricorn, said that Mr. Gore does not sit on the fund's investment committee, but obviously agrees with the partners' strategy of putting long-term money into promising ventures in energy, technology and health care around the globe.

"Aspirationally," said Mr. Yadigároglu, who holds a doctorate from Stanford in astrophysics, "we're trying to make more money than others doing the same thing and

do it in a way that is superior in ethics and impacts."

Mr. Gore has said he invested in partnerships and funds that try to identify and support companies that are advancing cutting-edge green technologies and are paving the way toward a low-carbon economy.

He has a stake in the world's pre-eminent carbon credit trading market and in an array of companies in bio-fuels, sustainable fish farming, electric vehicles and solar power.

Capricorn holds a major stake in Falcon Waterfree Technologies, the world's leading maker of waterless urinals. Generation has holdings in Ausra, a solar energy company based in California, and Camco, a British firm that develops carbon dioxide emissions reduction projects. Kleiner Perkins has a green ventures fund with nearly \$1 billion invested in renewable energy and efficiency concerns.

Mr. Gore also has substantial interests in technology, media and biotechnology ventures that have no direct tie to his environmental advocacy, an aide said.

Mr. Gore is not a lobbyist, and he has never asked Congress or the administration for an earmark or policy decision that would directly benefit one of his investments. But he has been a tireless advocate for policies that would move the country away from the use of coal and oil, and he has begun a \$300 million campaign to end the use of fossil fuels in electricity production in 10 years.

But Marc Morano, a climate change skeptic who until recently was a top aide to Senator James M. Inhofe, Republican of Oklahoma, said that what he saw as Mr. Gore's alarmism and occasional exaggerations distorted the debate and also served his personal financial interests.

Mr. Gore has testified numerous times in support of legislation to address climate change and to revamp the nation's energy policies.

He appeared before the House Energy and Commerce Committee in April to support an energy and climate change bill that was intended to reduce global warming emissions through a cap-and-trade program for major polluting industries.

Mr. Gore, who shared the 2007 Nobel Peace Prize for his climate advocacy, is generally received on Capitol Hill as something of an oracle, at least by Democrats.

But at the hearing in April, he was challenged by Ms. Blackburn, who echoed some of the criticism of Mr. Gore that has swirled in conservative blogs and radio talk shows. She noted that Mr. Gore is a partner at Kleiner Perkins, which has hundreds of millions of dollars invested in firms that could benefit from any legislation that limits carbon dioxide emissions.

"I believe that the transition to a green economy is good for our economy and good for all of us, and I have invested in it," Mr. Gore said, adding that he had put "every penny" he has made from his investments into the Alliance for Climate Protection.

"And, Congresswoman," he added, "if you believe that the reason I have been working on this issue for 30 years is because of greed, you don't know me."

Mr. INHOFE. "Marc Morano, a climate change skeptic who was recently a top aide to [me], Senator James M. Inhofe, Republican of Oklahoma, said that what he saw as Mr. Gore's alarmism and occasional exaggerations distorted the debate and also served his personal financial interests."

I say don't feel sorry for Al Gore. He is doing fine right now.

Last, on this subject, my wife and I have been married for 50 years. We have 20 kids and grandkids. They are achievers. They are great people. All 20 of them, all but 6, live within walking distance of my home in Tulsa, OK. Not many people can say that. The one who doesn't is the family of six of my daughter Molly, her husband, and four children.

It happens one of these children you can't see very well right here, Zegita Marie, actually was one we found in Ethiopia. My daughter adopted her. Molly only had three boys and always wanted a girl so she adopted this cute little girl. This little girl, by the way, is 9 years old. She is reading at college level. She came up to Washington to speak to a group I sponsor every year. It is called the African Dinner, about 400 or so of them.

Anyway, when they are up here, I say to my friend in the chair, they found, because of the global warming problem we had, we had all these snowstorms and blizzards and consequently the airport was closed and they were stuck here. What do you do with a family of six when they are stuck? They went out and built, of all things, an igloo. They are kind of engineering oriented. This is not an igloo. It sleeps four people with ice bricks and all that. On top of that they put "Al Gore's New Home." It is right next to the Library of Congress. This is a picture of it. I thought that was fun.

I regret to say one of the real liberal stations, Keith Olbermann, declared my daughter's family as "The Worst Family in America."

One last subject here I want to address. I want to compliment Sean Hannity for something I saw last night. I happened to get in at the last of it, so I found out what this guy is up to. What he has done is he has taken—there is a lot of wasteful, stupid spending in America. He has taken 102 of the ridiculous things that we spend money on around here and he has listed them. He started several days ago.

No. 102: Protecting a Michigan insect collection from other insects—\$187,000;

No. 101: Highway beautified by fish art in Washington—\$10,000.

It goes on and on.

Over those last few evenings he listed these. Last night was the last 20 of them. Let me quickly run over these in reverse order.

No. 20: Researching how paying attention improves performance of difficult tasks in Connecticut.

That was just \$850,000.

No. 19: Kentucky Transportation Department awarded contracts to companies associated with the road contractor accused of bribing the previous state transportation secretary—\$24 million.

No. 18: Amtrak losing \$32 per passenger nationally but rewarded with windfall—\$1.3 billion.

No. 17: Widening an Arizona interstate even though the company that won the con-

tract has a history of tax fraud and pollution—\$21.8 million.

I am going to submit this for the RECORD. To get on down to the last items—

No. 9: Resurfacing a tennis court in Montana—\$50,000;

No. 8: University in Indiana studying why young men do not like to wear—

I will not say that.

No. 7: Funds for Massachusetts roadway construction, to companies that have defrauded taxpayers, polluted the environment, and have paid tens of thousands of dollars in fines for violating workplace safety laws

—in the millions of dollars.

No. 6: Sending 11 students and 4 teachers from an Arkansas university to the U.N. climate change convention in Copenhagen, using almost 54,000 pounds of carbon dioxide from air travel alone—\$50,000.

No. 5: Storytelling festival in Utah—\$15,000.

No. 4: Door mats to the Department of the Army in Texas—\$14,000;

No. 3: University in New York researching young adults who drink malt liquor and smoke pot—

that is only \$389,000;

No. 2: Solar panels for a climbing gym in Colorado—\$157,800;

No. 1: Grant for one Massachusetts university for "robobees"—miniature flying robot bees.

That was \$2 million.

I want to ask you, Mr. President, what do you think all 102 of these projects have in common? Do you think they are congressional earmarks? A lot of people probably believe they are. They are not. The one thing they have in common is they are all done by the President, President Obama. He said back when they passed the \$787 billion stimulus bill, there would not be one earmark in this bill. Everything you are looking at there was all in this bill. That was not done by Members of Congress, that was done by unelected bureaucrats.

The inconvenient truth is that we do have a problem with earmarks in America, but it is not congressional earmarks. I was distressed, the other day, last Thursday, when I saw my fellow Republicans over in the House did something they should not have done. They actually said we are going to stop, we are going to put a permanent moratorium on all earmarks that we in the Republican Party have over there.

Let's stop and think about that. One of the things people do not understand is if you kill what they call—what people think is a Congressional earmark, it does not save a penny. What happens to it, because it is part of an underlying bill, is it goes to the bureaucracies, the unelected bureaucrats, the President, President Obama. I suggest there is a serious problem with what the House did. They resolved that it is the policy of the Republican conference that no Member shall request a Congressional earmark, limited tax benefit, and so forth, all in conjunction

with clause 9, rule XXI of the Rules of the House of the 111th Congress.

Let's see what that is. Clause 9 of rule XXI applies to all legislation in the House of Representatives, whether it be authorization, appropriation, tax or tariff.

That is what we are supposed to be doing here, and then said we are not going to do it. I think that is rather interesting because we all, everyone in this room who serves here—I have done it four times—takes an oath of office. In that oath of office we solemnly swear we will support and bear true allegiance to the Constitution of the United States.

Here they have come out and said we are not going to do that. This is mind boggling, that this can take place. It is something that will have to be reversed. When you go back and look at the Federalist Papers, James Madison, the father of the Constitution, made it very clear. He is the one who coined the phrase "power of the purse." That is what we do here in the Constitution. In article I, section 9 it says what we are supposed to do. We are supposed to do the appropriations and spend the money that comes in. That is what we are supposed to do. That is our constitutional responsibility.

We have a serious problem in this, what they are talking about, the moratorium. I think there are some of those who want the Senate to do it. I am hoping we will not follow that course. I respect my friends over in the House but they made a mistake and we do not want to march down that same path. I think it is very important for us to understand earmarks, what they call appropriations over here; that is what an earmark is, if you want to define it. They do not save any money. That money merely goes to the bureaucracy so they can spend it. All 102 of the things I mentioned were bureaucratic earmarks. Not one of them was a congressional earmark.

We have this as a very serious problem right now. One of the reasons I have always said I do not like the idea of the earmark discussion is that people do not understand. They think they are something if you eliminate you save money. You don't save a cent. By the way, earmarks of the spending that takes place are discretionary, not mandatory spending. It constitutes 1.5 percent. I am concerned about the 98.5 percent. For that reason I have introduced a bill that is very similar to something President Obama said. Everyone rejoiced during the State of the Union Message when he stood up and said I am going to freeze nondefense discretionary spending at the 2010 level. Everyone applauded. They thought that was a great statement to make until I went back and I looked and found out that this nondiscretionary spending had increased between 2008 and 2010 by act of this President, Obama, by 20 percent. So what he is saying is we are

going to increase discretionary spending by 20 percent and then we are going to freeze it. I do not want to freeze it. I want to bring it back down. So I have taken the same bill and said we are going to freeze that at 2008 levels.

I encourage my friends, we have now about 40-some cosponsors of that legislation. That being the case, I hope we will look very carefully and consider not just what people are thinking out there but do them a great service and tell them in fact what the real issue is on earmarks.

With that, I yield the floor. I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Ms. KLOBUCHAR. Mr. President, I ask unanimous consent to speak up to 10 minutes.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

EXPORT PROMOTION

Ms. KLOBUCHAR. We have been working and focused very much in the last few weeks on the economy with our tax extender bill as well as the jobs bill we passed, and I, for one, am glad. My State is glad, because that is what I have been hearing all around my State, especially from small businesspeople who have been troubled, are having trouble getting credit. Mr. President, as someone who has worked so much on this issue, you know how important that is to the strength of our economy, as 65 percent of our jobs have come from small businesses.

Today, I would like to take a few minutes to discuss two bipartisan bills I recently introduced that I hope will do more to add to the creation of jobs, to innovation, to exports. The first one is called the Export Promotion Act of 2010, and the second is the Travel Restriction Reform and Export Enhancement Act of 2010.

Export promotion is a topic of special interest to me. I chair the Subcommittee on Competitiveness, Innovation, and Export Promotion. The Export Promotion Act is cosponsored with my good friend on the subcommittee, the Republican ranking member, GEORGE LEMIEUX, and also by Senators SHAHEEN and WYDEN, who have taken an active interest in export promotion.

We have an important national interest in promoting exports. Access to new markets can make the difference between expansion and stagnation of a new and developing business. The

President recognizes this, and that is why I am pleased he called for a doubling of exports in his State of the Union speech, a doubling in the next 5 years.

One way to do this, to take this opportunity to open new markets, is going to be Cuba. A bipartisan bill I introduced with Senator ENZI, a second bill, would do just that. The bill makes it easier for American farmers to export agricultural products to Cuba—currently a closed market—by relaxing the restrictions on financial transactions between the two countries and by making it easier for American farmers to travel there to promote their products. The sponsor of the bill in the House is Minnesota Congressman and chair of the Agriculture Committee, COLIN PETERSON.

Another way to promote American exports is to make sure businesses know about the potential export opportunities available to them. Currently, the United States derives the smallest percentage of its GDP from exports compared to all other major countries. America has always been “the world’s customer,” buying our way and in effect buying our way to huge trade deficits. But it is clear that exports will be increasingly important to our economy as people in China, India, and other developing countries gain more purchasing power and they become our potential customers. Right now, more than 95 percent of the world’s customers are outside our borders. Think of it; with the growing economic power of customers in these new developing nations—I was just in India a few months ago, and you see that mass of humanity, the potential, as that country builds itself up, of people who can buy our products from all over our country. More exports will mean more business, more jobs, and more growth for the American economy.

Exports are also important for small businesses for several reasons. First and most obviously, exports allow a company to increase its sales and grow its business. Second, a diversified base of customers helps a business weather the economic ups and downs.

So there is a world of opportunity out there. I can tell you, I have seen it in my own State.

Mattracks, a company in Karlstad, MN—population 900, known as the Moose Capital of Minnesota—is a little company named after a little second-grade boy named Matt who came home and drew a picture of tank tracks on each wheel instead of going between the wheels. His dad, a mechanic, decided to build this product in his machine shop, and they now export to dozens and dozens of countries all over the world. They started with 5 employees and they are now up to 50. How did they do it? They went over to Fargo, ND, which covered this area of Minnesota, and talked to a woman named

Heather at the Foreign Commercial Service Department. They went over there, and she matched them up, like a business match.com, with potential countries, from Kazakhstan to Turkey, that were interested in their product. That is how they grew their business in Karlstad, MN.

Akkerman, down by Austin, MN, really in the middle of cornfields, is a longstanding family business—different from Mattracks—where they actually do trenchless digging. They put major steel pipes underground, and they have the machinery to push those pipes underground. They can dig major trenches underground without actually digging up the landscape, without digging up the ground. They have done it in Los Angeles, but they are doing it in India. Why? Highly populated areas like digging this way; they do not have to dig up over ground to do it. Again, as you look at these countries with the kind of infrastructure they need, Akkerman is now up to 77 employees—again, in the middle of the farmland in southern Minnesota.

But for so many businesses, it is very difficult to do this because for them the world looks like one of those ancient maps that contain only the outlines of the continents and a few coastline features. But the rest of it is blank space, vast unknown and unexplored territory. They know there is something more, they know accessing these markets will help them expand their profits, open new facilities, and hire more people, but they do not really know how to find out about opportunities.

Fortunately, there is help available. There are a number of Federal programs through the Small Business Administration, the Commerce Department, and the Export-Import Bank that assist U.S. companies in promoting their products abroad. The idea here is to give that kind of help to small and medium-sized businesses so they can vet a potential customer, so they can find out what is available. They don’t have a full-time trade department or full-time person looking at each continent like a company such as 3M or Cargill—very successful businesses in my home State—would have. So they need this help.

Another example: Epicurean in Duluth, a company that makes commercial and home-kitchen cutting surfaces. With 40 employees, it has customers in 45 countries. I invited Epicurean’s owner, Dave Benson, to join me for this year’s State of the Union Address, and he thinks we are right on track in focusing on the export market.

What does our bill do? Our bill focuses on expanding the Commerce Department programs that help these companies get the word out. It does three major things:

First, it expands the scope of existing Department of Commerce programs

that help America's small and medium-sized businesses commercialize and manufacture new technologies that export abroad.

Second, it increases the people at the Department of Commerce who are responsible for identifying new export opportunities abroad and matching these markets with American companies. For the past 2 years, the program that specializes in matching small business with potential export markets has not replaced retiring officials, losing roughly 200 people since 2004 even as demand for their assistance continues to increase. This bill would restore staffing levels in this program to their 2004 levels. I talked to Secretary Locke this morning. I know he is focused on this. He is doing reshuffling of people in his own department. That is the key to this.

Finally, the legislation will expand the Commerce Department's Rural Export Initiative to ensure that small and medium-sized businesses located in rural areas know about all of the available export opportunities for them. Why is this cost-worthy? Well, look at this: a return of approximately \$213 on each dollar—\$213 on each dollar. That is what we are talking about here.

What we are trying to do here, Senator LEMIEUX and I, with this bill and also with our bill regarding Cuba is to open these markets and say: You know what, if we can give our small and medium-sized businesses and our farmers a little help, either getting in the door, knowing whether a customer is real, letting them know where their product is hot, what countries are interested, they are going to do the work. These are private sector jobs. Our idea here is not to create the jobs ourselves but to help them to get into these markets, to make them on an even playing field with the big businesses that already have the resources to do it.

The ability to envision creative new products and then develop them, commercialize them, and sell them has been part of the American dream as long as there has been an American dream. That spirit of innovation has gotten us everything in my State from the Post-it note to the pacemaker. Those companies—Medtronic started in a garage, and 3M started up in Two Harbors, MN, a tiny little town. Target started as a dry goods storefront on Nicollet Mall in Minneapolis, and they grew to what they were. But they can only do this now if they get that kind of help. It is no longer only America that is their market; it is India, it is Kazakhstan, it is Turkey, it is China.

So it is not as easy now to build to the point that they need to build to. That is why Senator LEMIEUX and I are introducing this bill, to assist the Commerce Department to assist these small and medium-size businesses. As we continue to fight through this economic crisis, it is important to keep

the end game in mind, an end game where the United States is again the world leader in job creation by virtue of developing and selling the world's most innovative products. This bill will help us get there.

I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. MCCAIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. MCCAIN. Mr. President, I ask unanimous consent that I be allowed to engage in a colloquy with the Senator from Connecticut.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

U.S.-ISRAELI RELATIONS

Mr. MCCAIN. Mr. President, I say to my friend, I know he has been observing in the last few days the events that have transpired in regard to the situation in Israel and the reaction of the United States to the announcement that there would be additional housing construction in areas the Israelis believe are within the boundaries that will exist once peace is settled, and that the Palestinians are of the view that it is their area—as there are many territorial disputes between the Palestinians and the Israelis, which is one of the reasons there is a compelling argument for a peace process.

I know my friend from Connecticut is disturbed, as I am, about the level of tension in the public discourse that has been going on, which cannot only not be helpful to Israeli-U.S. relations but also to the ability of Israel to deal with other tensions in the region and the existential threats they face from their neighbors who have threatened their extinction.

So I have had the great pleasure and honor of travelling to Israel on numerous occasions with my friend from Connecticut. I would state for the record that no one has a closer relationship and a better understanding of the Israeli-Palestinian situation and the urgency of the peace process.

I would just ask my friend, doesn't he think if we want the Israeli Government to act in a way that would be more in keeping with our objectives, that it does not help them to have public disparagement by the Secretary of State, by the President's political adviser on the Sunday shows? On the contrary, shouldn't we lower the dialog, talk quietly among friends, and work together toward the mutual goals we share?

Mr. LIEBERMAN. Mr. President, I thank my friend from Arizona for the

question and for the opportunity to engage in this dialog on the important and troubling course of relations at this moment between the United States and Israel.

Mr. President, I ask unanimous consent that this colloquy be conducted as in morning business.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. LIEBERMAN. I thank the Chair.

I say to my friend from Arizona what not only he knows, but what he has helped to bring about throughout his career, are two things: that the American relationship with Israel is one of the strongest, most important, most steadfast bilateral alliances we have in the world because it is not based on temporal matters—that is, matters that come and go and politics or diplomacy—it is based on shared values, shared strategic interests in the world, and, unfortunately, now on the fact that we in the United States and the Israelis are also targets of the Islamist extremists, the terrorists who threaten the security of so much of the world. So we have a strong bilateral relationship.

The second thing to say, in answering my friend's question, is that the Israelis depend, to a very large degree, on America's friendship as they approach the world. The Senator is absolutely right, without a confidence—not that everything Israel does America will support, but that underlying we are heading in the same direction, we are allies, we are friends, it is as if we are part of the same family. Without that confidence in the U.S.-Israel relationship, the Israelis will not have the confidence to take the risks necessary for peace. So the uproar over the last several days is very troubling in that regard.

Vice President BIDEN, as my friend knows, went to Israel to reset the relationship. Unfortunately, at that time, from all the Israeli Government says—I have no reason to doubt them—a bureaucratic decision was made within one department of the government, the Ministry of the Interior, to issue a permit—I gather one of seven permits necessary within the next few years for this building project to take place. It has become not just a bureaucratic mistake but a major, for the moment, source of division between our ally, Israel, and ourselves, and it does not help anyone to continue this.

I just want to say briefly to my friend because he said something most people do not know—and this is my understanding of the situation—the permits for this housing are in an area of Jerusalem that is today mostly Jewish. The Israeli Government has taken the position, however, since 1967 that anybody ought to be able to buy property and build and live in any section of Jerusalem they choose to regardless of

their religion or nationality or anything else. That is a very American concept.

Secondly, this particular part of Jerusalem is, in most anybody's vision of a possible peace settlement, going to be part of Israel. A lot of Israelis believe all of Jerusalem should remain the eternal unified capital of Israel. But going to the negotiations that occurred between President Clinton, Prime Minister Barak, Chairman Arafat in 2000, which were about as detailed as any recent negotiations, this particular neighborhood of Jerusalem, in the document that was almost accepted by Arafat, was part of Israel.

So it is not a violation of that. It is not a violation of the moratorium on new settlements that Prime Minister Netanyahu adopted, and it ought not to be—I tell you, that first wave of reaction, when Vice President BIDEN was there, I understood. He was upset. It was embarrassing. Maybe some of the words—"condemn" was a little strong for a bureaucratic mistake. But why this continues now, including on the Sunday talk shows, with Mr. Axelrod saying it was an affront and an insult by Israel to the United States, serves nobody's good. It does not serve our interests; it does not serve Israel's interests. It helps those like the people in Tehran who want to cause difficulty throughout the region.

Mr. MCCAIN. Could I ask my colleague, shouldn't we be emphasizing what I very much appreciated? Vice President BIDEN—and I quote him—said:

In my experience one necessary precondition for progress [toward peace in the Middle East] is that every time progress is made, it's made when the rest of the world knows there is absolutely no space between the United States and Israel when it comes to security, none.

I thought the Vice President had it exactly right, and as the Senator says: Look, mistakes are made. It is a government in Israel which is sometimes interesting to watch, particularly when you watch the proceedings in the Knesset, the parliamentary proceedings.

But somehow it seems that the rhetoric has escalated and maybe given the impression to the wrong people—the neighbors of Israel who have stated time after time they are bent on Israel's extinction; the statements by Ahmadinejad that he wants to "wipe Israel off the map"—and that perhaps there may be sufficient space, as the Vice President pointed out, that they could exploit that in a way that would be harmful to the State of Israel. I know that was not the intention of the President's political adviser on Sunday, and it is not the intention of the Secretary of State. But the Secretary of State knows the Israelis very well. She has had dealings with all of the countries in the region. She is very knowledgeable and experienced.

I hope all of us would realize, let's lower the rhetoric. Let's try and fix the problems that exist amongst the close friends we are rather than escalate the tensions that exist in a very dangerous time.

The Senator from Connecticut and I were recently briefed about perhaps increased tensions in southern Lebanon, the possibility of attacks from southern Lebanon into Israel, the continued nuclear buildup on the part of the Iranians, the continued statements of assertiveness by the President of Syria, al-Assad.

There are increased tensions in the region, and this is not the time—certainly, most importantly, not the time—that we give the impression that there is such differences between ourselves and Israel that it could be exploited by Israel's enemies.

Mr. LIEBERMAN. Mr. President, I thank my friend from Arizona. I agree totally with what he said. I think it is very important the Senator from Arizona has gone to the speech that Vice President BIDEN made. I believe it was on Wednesday of last week in Tel Aviv at Tel Aviv University.

What is interesting is, that speech came after the first date he was there. When this bureaucratic announcement of housing permits being issued in Jerusalem was made, Vice President BIDEN put out a statement condemning that action. I understand why he was upset by it, that it had been happening when he came. Prime Minister Netanyahu outright apologized in public for it. He said he is appointing a review committee to look at how it happened so they could set up a mechanism within the Israeli Government so a decision such as that would not be made, if I understood what their intention is, without the Prime Minister's office being notified. Then Vice President BIDEN made quite an important speech at Tel Aviv University.

The Senator from Arizona is absolutely right. The Vice President said the relationship between the United States and Israel is unbreakable, and there is no space between us. When there is space between us, it only helps our shared enemies, not the two of us, the two great democracies.

Vice President BIDEN also made clear that while we are committed to the Israeli-Palestinian peace process, it is very important for both—and Prime Minister Netanyahu has too. He has taken his Likud Party to a place it has never been before. In a speech he gave at Bar-Ilan University, he said for the first time, very clearly, as the Likud Prime Minister, that he supports the two-state solution: two countries, two peoples side by side. Then he issued that moratorium on settlement expansion in a whole series of areas which Secretary Clinton, in an earlier visit, described as unprecedented.

Then we go to the Vice President's speech. There, he focuses on Iran and

the threat of a nuclear Iran, the threat of an Iran that suppresses the rights of its people, and he says not only is Iran explicitly a threat to Israel—as Ahmadinejad has said, threatening Israel's existence—Vice President BIDEN made very clear our concern about an Iranian nuclear weapon is not because of what Ahmadinejad said about Israel, although, obviously, that concerns us; it is because a nuclear, autocratic, tyrannical, totalitarian Iran threatens the short-, medium-, and long-term security of the United States of America.

After that speech, I thought this whole business about the permits for housing was over. Yet then the State Department spokesman comes out on Friday with very strong language about the phone conversation with the Secretary of State whom, of course, the Senator from Arizona and I not only respect but like very much. She is our friend, our colleague. She has a long record of support for the United States-Israel relationship. But Friday afternoon's press statement seemed to be dredging up again something that seemed to have been calmed and ought to be calmed.

The Senator from Arizona is absolutely right. I take it that is the point the Senator is making: There is too much that ties us together with Israel, too much on the line for both countries, to continue to make a mistake, for which the Prime Minister of Israel has apologized, into a division between two great allies.

Mr. MCCAIN. Mr. President, wouldn't my colleague agree that the original purpose of the Vice President's trip, as I understand it, was a precursor or even an announcement of indirect talks between the Palestinians and the Israelis, using the good auspices of Senator George Mitchell? So the trip was a signal to the world that the process of peace between Israelis and the Palestinians was on track, and a beginning, albeit a modest one, was taking place.

So it might be good if our friends in the administration—and other places in the United States—could start refocusing our efforts on the peace process, which came very close to the beginning—again, modest, indirect but still beginning—of peace talks and emphasize the need to commence those, assure our Arab friends in the region of our commitment to the Palestinian-Israeli peace talks, and move forward in that direction. We need to understand that the Prime Minister of Israel has apologized and is trying, as the Senator from Connecticut pointed out, to put a mechanism in place to make sure that an incident of this nature would not arise again.

So we could go back—I will not—and be very critical of the Obama administration's initial demand of a complete freeze of settlements which was, in my

view, an unnecessary precondition and an impediment, but that is done also. So now we have had our spat, we have had our family fight, and it is time for us to now stop. We have to get our eye back on the goal, which is the commencement of Israeli-Palestinian peace talks, and move forward with that—and I know the Senator from Connecticut shares my view—particularly with the leadership we are seeing on the Palestinian side. The chances for fruitful negotiations are better than they have been since the time the Senator from Connecticut cited back when President Clinton had Arafat and Ehud Barak to Camp David.

Mr. LIEBERMAN. Mr. President, I agree totally with my friend. Let's cut the family fighting, the family feud. It is unnecessary, and it is destructive of our shared national interests, the United States and Israel, and it takes our eye off the two balls we have to focus on. One is the Israeli-Palestinian peace process and the other is the threat of a nuclear Iran, which is not only a threat to us and Israel, it is a threat to Palestinian leadership because Iran is the No. 1 supporter of Hamas, which is the foremost antagonist to the leadership of the Palestinian Authority.

The Senator from Arizona is absolutely right. Peace between the Israelis and the Palestinians requires very difficult, delicate negotiations. But we are at a moment—and my friend and I were together in Israel and the Palestinian areas in January of this year and we met with the leadership. It is an interesting moment, because in both countries the economy is doing pretty well. The Palestinians have seen a real surge in economic growth. Security is better on both sides. We have leadership on both sides: Netanyahu in Israel and the President of the Palestinian Authority, Abu Mazen, and Prime Minister Salam Fayyad. We have three leaders there committed to the two-state solution, renouncing terrorism, a peaceful process. If, for some reason, people in the American Government continue this dispute, frankly, it makes it hard for not just the Israelis but the Palestinians to get into the peace process because we can't be more demanding than they are, if you will. I think Abu Mazen and Salam Fayyad want to move the peace process forward, I am convinced, as Prime Minister Netanyahu said.

So it is time to lower voices and get over the family feud between the United States and Israel. It doesn't serve anybody's interests but our enemies: George Mitchell—I will say it here—is a saint. Whoever the saint of patience is, George works under that saint's aegis. Through his patience and persistence, the proximity talks between Israel and the Palestinian leadership are about to begin, and they have the prospect of making some real progress.

Mr. MCCAIN. Mr. President, I thank my friend from Connecticut.

I rise today to address the very concerning, and unfortunately very public, tensions that have broken out recently between the governments of the United States and Israel. I am not here to take sides or to call out one party at the expense of the other. There have been enough accusations, recriminations, and bad blood.

I certainly understand the anger felt by members of the U.S. administration that the announcement of new settlement construction in East Jerusalem by Israel's Interior Ministry simply seemed intended to embarrass Vice President BIDEN in the middle of his visit. I can also understand the anger felt by Israelis that the U.S. reaction to this announcement has been out of step with the announcement itself. At this point, there is little to be gained by either side by focusing on their anger, however justified they feel it is. It is now time to focus on what matters most: the common interests we share, the urgent need for cooperation between us, and the large capacity within our alliance to move beyond differences and work together.

Vice President BIDEN spoke to exactly these themes in his excellent speech in Tel Aviv during his recent visit to Israel—a speech, I would add, that was delivered 2 days after the Interior Ministry's announcement. Perhaps the most correct and important thing the Vice President said was this: "In my experience one necessary precondition for progress toward peace in the Middle East is that every time progress is made, it's made when the rest of the world knows there is absolutely no space between the United States and Israel when it comes to security, none." This is absolutely correct, and we all need to remember it right now.

We now have a conservative Israeli leader who is committed to the goal of two States for two peoples, living side by side in peace and security. We have a leadership in the Palestinian Authority that is committed to beginning negotiations while also building the institutions of a democratic Palestinian state, including effective security forces that can enforce the rule of law and fight terrorism. We have a U.S. administration, and U.S. Congress, that is committed to being engaged in and supportive of the pursuit of peace in the Middle East.

So let us focus on the opportunity we have, the United States and Israel together, as historic allies, to achieve goals that serve both our interests. The United States is completely committed to Israel's security, so Israel can feel totally confident in taking on the large and difficult decisions that peace requires. As the Vice President said, there should be no space between these allies—none.

Mr. President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. NELSON of Florida. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. KAUFMAN). Without objection, it is so ordered.

SUPERFUND SITES

Mr. NELSON of Florida. Mr. President, the House is on my mind right now, since the House seems to have something important going on with regard to something known as health care reform and health insurance reform. We are waiting expectantly to hear information that the House will get the votes together and pass the Senate-passed bill on health reform that we passed on Christmas Eve.

But I came to speak about another subject today, something I voted on when I was a young Congressman, way back in 1980, and that something was known as the Clean Water and Clean Air Act. One of the parts of that legislation—it has a fancy name, but in essence that is what it was, clean air and clean water—one of the major thrusts of the legislation was that we had these toxic waste dumps all over the country. They were first exposed by a toxic canal, called Love Canal, in the State of New York. The cause for the toxic dump, the company, was long since gone, probably bankrupt, and, therefore, there was no financial means by which we could go about cleaning it up. We couldn't get to the responsible party because they had long since left town or they had long since gone through a series of bankruptcies and there were no funds available to clean it up, and that left it on all the rest of us—the taxpayers.

What we found was there were a lot of these places all over the country. This was particularly true in my State of Florida. All of these sites are now called Superfund sites, named after the trust fund that was being set up, filled with trust fund money that would come from a fee being imposed upon the industries that were doing the polluting. The concept was that the polluter was going to pay instead of the average taxpayer, and they called this trust fund the Superfund. So they called these sites the Superfund sites. In my State, we have 52 of these sites, and we have another 13 identified. But nationwide there are over 1,200 of these sites that have already been named and which need to be cleaned up.

Here is the problem. Why aren't they cleaned up? Well, as I said, when I was a young Congressman and we passed this new law, we were going to have the financial means to clean up these

sites by having the industries that were polluting pay a fee that annually would go into this trust fund and, in return, they were getting something. They were getting relieved of any financial liability. That was the deal. This law operated along fine for about 15 years, and it came up for renewal, and lo and behold, those industries activated their lobbyists and they killed the reimposition of that fee in the mid-1990s. So they got off scot free because they don't have any more liability, but they are not paying their fair share.

The industries were the petroleum industry—and it was a minor tax that was imposed on the production of oil and the importation of foreign oil into this country—and the chemical industry, in 42 chemicals that were produced, and there was a small fee that was assessed for that which went in and filled up this fund basically to the tune of about \$1.3 billion a year. But along come the mid-1990s and those industries activate their lobbyists and they kill the fees on a going-forward basis—but they didn't kill their relief from liability.

What we have now is a trust fund that is depleted of money. We have over 1,200 sites all over the country that desperately need to be cleaned up. There is no money except going to the American taxpayer and getting the money to keep cleaning up these sites.

What we need to do is to reimpose the fee so we go back to the original agreement with these polluting industries; in other words, the polluters paid into the trust fund and they got that in exchange for relieving them of liability for the pollution that left these toxic dumps.

I am introducing legislation that would cause this to occur. The President has recommended it. He has recommended a provision by which it would fill the trust fund partially by \$1.3 billion in the first year from these fees and thereafter \$2.5 billion a year. I am changing the recommendation from the President a little bit because the President is imposing a corporate fee as well and I do not think that corporations that did not have anything to do with polluting ought to be paying this fee. I think it ought to be assessed only on those corporations that were a part of the polluting under the original theory of the law back in 1980, so that is how I have changed the legislation from what the President has recommended. I will be introducing this shortly. I am going to send it around to our colleagues and I hope they will join me as cosponsors.

I want to tell you about one of these sites I visited this morning in Jacksonville, FL. It is right on the St. Johns River. It is right next to one of the main sites of the Port of Jacksonville, which is a major national seaport. It is 31 acres and it is all fenced, with signs with a skull and crossbones that say:

Don't go on the property because you could get cancer.

As a matter of fact, EPA has done an analysis of this. They say the toxic chemicals on this site, if somebody were to drink the water, if somebody were to live there, if somebody were to go and scratch around in the sand, they could be exposed to cancer-causing agents. Can you imagine. That is right in the middle of a big city, next to the St. Johns River where the runoff is going into the St. Johns River, and guess who is ingesting that? The fish in the river and the mammals in the river.

What we need to do is clean up these sites. This site is a typical one. It started over a century ago, in the late 1890s. It was a fertilizer plant. It operated for almost a century. It was shut down in the 1980s and then it was declared a Superfund site a few years ago. Analysis showed just what kind of toxic things were there. EPA, doing an analysis of this, has said it could affect nervous disorders; it could cause cancer. They have gone through a whole list of potential terrible health effects that could occur from something that could come from somebody being exposed to this site.

There is another reason we want to close up this site. That is that this 31 acres is sitting right next to the major part of the Port of Jacksonville, which is going to significantly expand once the Panama Canal is widened and the superships that have these cargo containers on them are able to come from Asia, through the Panama Canal to the east coast of the United States. The Port of Jacksonville will significantly expand and this particular location called the Talleyrand part of the Port of Jacksonville will be able to expand by 31 acres, right on the St. Johns River, right next to the Port of Jacksonville. That is highly desirable real estate, of which you cannot dare even go through the fence and walk on the land because of the potential toxic exposure.

Remember, this is just one of 1,200 sites across America that needs to be cleaned up. That is the reason people now should clearly understand, under the theory that the polluter pays, why we need to reinstitute the original agreement struck in 1980 for the trust fund to be filled by the fee associated with these toxic substances and therefore be able to clean up these sites for the benefit of the American taxpayer.

I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BAUCUS. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. BURRIS). Without objection, it is so ordered.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the House message to accompany H.R. 2847, which the clerk will report.

The legislative clerk read as follows:

House message to accompany H.R. 2847, an act making appropriations for the Departments of Commerce, and Justice and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

Pending:

Durbin amendment No. 3498 (to the motion to concur in the amendments of the House to the amendment of the Senate to the amendment of the House to the amendment of the Senate), of a perfecting nature.

Durbin amendment No. 3499 (to amendment No. 3498), of a perfecting nature.

Durbin amendment No. 3500, to provide for a study.

Durbin amendment No. 3501 (to amendment No. 3500), of a perfecting nature.

Durbin amendment No. 3502 (to amendment No. 3501), of a perfecting nature.

The PRESIDING OFFICER. The Senator from Montana is recognized.

Mr. BAUCUS. Mr. President, the Senate returns today to creating jobs. Today, we return to the HIRE Act.

This bill provides incentives for businesses to hire new employees, and it encourages businesses to invest in building their operations.

It has a payroll tax exemption for newly hired employees. It provides continued funding for the vital Federal highway program. It expands the successful Build America Bonds program. And it extends the tax incentive in section 179 of the Tax Code, which allows small businesses to expense capital expenditures, instead of depreciating them over time.

These proposals will help to get Americans back to work.

The Senate passed the HIRE Act last month, with strong bipartisan support.

Since then, the House of Representatives considered the legislation and returned it to the Senate with some modifications.

The HIRE Act includes the Schumer-Hatch payroll tax exemption for newly hired employees. This is a straightforward tax cut: If you hire a person who has been unemployed for 60 days, you don't have to pay your share of the Social Security payroll taxes for that person for the rest of the year.

And if you keep the newly hired person employed for 1 year, you get an additional income tax credit.

The House modified the Schumer-Hatch payroll tax exemption to allow employers to receive the exemption if

they pay the railroad retirement tax instead of the Social Security payroll tax.

The House also included modifications to ease implementation of the payroll tax exemption.

This payroll tax exemption provides a simple and immediate tax incentive for businesses to employ new workers, right away. A business can use the cash that it saves from the payroll tax cut to help pay the wages of the new employee. Or it can invest in equipment. Either way, the incentive will help boost hiring and help businesses.

The HIRE Act will also create jobs in the transportation sector, by extending the 2009 highway funding level through the end of 2010.

Highway construction plays a vital role in our economy. The Department of Transportation estimates that every \$1 billion in Federal highway spending—when coupled with the State or local matching share—creates or sustains 34,500 jobs. These are jobs in construction, engineering, manufacturing and other sectors hard-hit by the recession.

The HIRE Act keeps the program working.

The HIRE Act also expands the successful Build America Bonds program. Last month, Treasury Secretary Geithner testified before the Finance Committee that the Build America Bonds program is the most successful stimulus program based on jobs per dollar.

And the HIRE Act extends the enhanced expensing provision in section 179 of the Tax Code. This valuable tax incentive allows small business taxpayers to write off up to \$250,000 of certain capital expenditures in 2010, instead of depreciating those costs over time.

This helps small businesses to pay less in taxes now, and thus meet their needs for cash in this difficult time.

The American economy has lost more than 7 million jobs. And the unemployment rate is near 10 percent.

We need to help people to get jobs. We need to do more to help businesses to hire more workers. The HIRE Act does just that.

And so, let us help America's businesses to create more jobs. Let us complete our work on this commonsense legislation. And let us send the HIRE Act to the President, so that this law can start creating jobs right away.

PEOS

Mr. NELSON of Florida. Mr. President, I would like to ask the chairman of the Finance Committee and its ranking member a question on the application of the pending legislation, H.R. 2847, the Hiring Incentives to Restore Employment Act, to Professional Employer Organizations or PEOs.

In my State we have over 700,000 workers in Florida who are working in PEO arrangements regulated by Flor-

ida law. PEOs in my State work with over 50,000 businesses, most of them small, providing a range of human resource-related services. I would like to ask the Senators to confirm that for purposes of the retention credit for newly hired individuals contained in the legislation the rules for eligibility and calculating the credits would be applied to each business working with a PEO as if the business was not in a PEO relationship. In other words, the retention credit would be claimed by the business in these cases.

Mr. BAUCUS. The Senator from Florida is correct.

Mr. GRASSLEY. I agree with the chairman.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BAUCUS. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, hereby move to bring to a close debate on the motion to concur in the House amendments to the Senate amendment to the House amendment to the Senate amendment to H.R. 2847, the Commerce, Justice, Science Appropriations Act.

Byron L. Dorgan, Carl Levin, Dianne Feinstein, Jack Reed, Mark R. Warner, Patrick J. Leahy, Benjamin L. Cardin, Debbie Stabenow, Daniel K. Akaka, Robert P. Casey, Jr., Michael F. Bennet, Maria Cantwell, John D. Rockefeller, IV, Barbara Boxer, Charles E. Schumer, Patty Murray, Christopher J. Dodd.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call is waived.

The question is, Is it the sense of the Senate that debate on the motion to concur in the House amendments to the Senate amendment to the House amendment to the Senate amendment to H.R. 2847 shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD), the Senator from North Carolina (Mrs. HAGAN), and the Senator from Montana (Mr. TESTER) are necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Utah (Mr. BENNETT), the Senator from Kentucky (Mr. BUNNING), the Senator

from South Carolina (Mr. DEMINT), the Senator from New Hampshire (Mr. GREGG), the Senator from Utah (Mr. HATCH), and the Senator from Ohio (Mr. VOINOVICH).

Further, if present and voting, the Senator from Kentucky (Mr. BUNNING) would have voted "nay." The Senator from South Carolina (Mr. DEMINT) would have voted "nay."

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 61, nays 30, as follows:

[Rollcall Vote No. 49 Leg.]

YEAS—61

Akaka	Feingold	Mikulski
Baucus	Feinstein	Murray
Bayh	Franken	Nelson (FL)
Begich	Gillibrand	Pryor
Bennet	Harkin	Reed
Bingaman	Inhofe	Reid
Bond	Inouye	Rockefeller
Boxer	Johnson	Sanders
Brown (MA)	Kaufman	Schumer
Brown (OH)	Kerry	Shaheen
Burr	Klobuchar	Snowe
Burr	Kohl	Specter
Cantwell	Landrieu	Stabenow
Cardin	Lautenberg	Udall (CO)
Carper	Leahy	Udall (NM)
Casey	Levin	Warner
Collins	Lieberman	Webb
Conrad	Lincoln	Whitehouse
Dodd	McCaskill	Wyden
Dorgan	Menendez	
Durbin	Merkley	

NAYS—30

Alexander	Enzi	McConnell
Barraso	Graham	Murkowski
Brownback	Grassley	Nelson (NE)
Chambliss	Hutchison	Risch
Coburn	Isakson	Roberts
Cochran	Johanns	Sessions
Corker	Kyl	Shelby
Cornyn	LeMieux	Thune
Crapo	Lugar	Vitter
Ensign	McCain	Wicker

NOT VOTING—9

Bennett	DeMint	Hatch
Bunning	Gregg	Tester
Byrd	Hagan	Voinovich

The PRESIDING OFFICER. On this vote, the yeas are 61, the nays are 30. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

The majority leader.

Mr. REID. Mr. President, we are now postcloture. It is my understanding that my Republican colleagues wanted some opportunity to talk about this bill. We certainly have no problem with doing that.

I ask, however, that we have a definite time to vote on this legislation. I hope we could do it before our caucuses tomorrow. I ask my distinguished friend, the Republican leader, to comment on when he expects being able to vote on this legislation.

Mr. MCCONNELL. Mr. President, my members are here and ready to talk. We are going to be talking about health care, which is the most important issue in the country. We are fully prepared to discuss it throughout.

Mr. REID. I appreciate very much my friend being candid in that regard. I

ask unanimous consent that we have the vote on this matter by 12 o'clock noon tomorrow.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. Mr. President, as I just indicated, we are here. We have been notified by the other side that they wish to have a lengthy discussion. We are here and prepared to do that and fully intend to talk about what we view as the flaws in the health care proposal that will be voted on in the House apparently sometime later this week. Therefore, I object.

The PRESIDING OFFICER. Objection is heard.

The majority leader.

Mr. REID. Mr. President, we in America today have a major problem, and that is jobs. I appreciate the bipartisan support of this bill; it has been bipartisan, but we need to get to this bill and pass it so we can start having small businesses take the tax credits that are going to be available in this legislation to allow the Build America bonds to be replenished. We need to make sure that the highway budgets go forward as quickly as possible.

I understand the efforts to divert attention from the issue at hand, but there is going to be plenty of time to talk about health care. Let's get this done. The bill we are on now—when we finish this bill, there is the FAA bill. There are amendments in that regard that have been offered. As we know, Senators can speak about any subject they want. But let's get off health care for a few hours and get jobs. This bill should go to the President tomorrow so people can start being hired.

For example, I have a provision in this bill that will allow \$45 million that has already been appropriated, to be reprogrammed—in fact, I use that term, but it will be directed by this bill—it will go to the transportation departments of Nevada, \$45 million. The highway departments in Nevada will build things to create jobs. That is what we need to do.

We understand the concern people have with health care, but this is a jobs bill. I hope that tonight if my Republican colleagues want to talk about health care they will take a little consideration and understand that this is a jobs bill. But the jobs before us are dealing with this beautiful bill that has passed—bipartisan, a bill that will allow small businesses to take a tax credit if they hire somebody who has been out of work 60 days. It will allow someone who has a small business who wants to buy a new machine, a new desk, new office equipment to write that off—not depreciate it but write it off. Of course, saving 1 million jobs with the highway bill and the Build America Bonds.

Mr. SCHUMER. Will the majority leader yield?

Mr. REID. Certainly.

Mr. SCHUMER. Is it not true, Mr. Leader, by the rules of the Senate, that the minority could spend time talking about health care tonight, without holding up the jobs bill; that they could let the jobs bill go forward and then talk about health care all they wanted?

Mr. REID. The answer is yes. I say to my friend from New York, we would be happy to give consent, if they want to talk all night on health care or whatever they want. That is fine—and we would be able to respond to that, of course—but let us get this done. There are people waiting to buy things. Not only does this help small business and help them purchase items, but the businesses are going to buy them—up to \$250,000. In Reno or Las Vegas, this is big-time stuff, and I would think the same is true all over the State of New York.

Mr. SCHUMER. That is true.

Mr. REID. I would bet, in the first week, that this bill was effective, there would be a massive purchase of property because people no longer have to depreciate. They can write it off, up to \$250,000. That is a lot of stuff.

Thank you, Mr. President.

The PRESIDING OFFICER. The Republican leader.

Mr. MCCONNELL. My good friend, the majority leader, left out one thing, which is this is the second time he has done what is called filling the tree. What that means to the constituents we represent on this side of the aisle is, we got to offer no amendments, no amendments whatsoever, to this bill. This is the second time and the 27th time the majority leader has filled the tree, thereby denying to the minority an opportunity to offer any amendments at all.

We can argue, I guess, about the relative merits of this bill. What we do know for sure is that \$47 billion of it is not paid for. So it adds that much additional money to the deficit. We also note, for sure, the one kind of jobs this administration has been able to produce is government jobs.

As a result of the spending binge we have been on for the last year, we have added 120,000 government jobs. In America, if you work for the government, you make an average of \$70,000 a year. If you work in the private sector, you make an average of \$40,000 a year. We have had a job boon all right—with the government. Of course, the stimulus package principally benefitted State governments, which were very happy to have the money so they did not have to pare back their employment.

So we are interested in talking about jobs all right, but health care is what the majority has been trying to ram through the Congress over the last year. It is the big issue this week. I am sure Members on my side of the aisle who will speak tonight will indeed talk

about jobs, but we also fully intend to talk about the health care bill that will be voted on over in the House that cuts Medicare by $\frac{1}{2}$ trillion, that raises $\frac{1}{2}$ trillion in new taxes, and is replete with special deals. We now understand the fix-it bill—the second bill that will come after the health care bill—will not fix all the special deals; maybe only one of the special deals. So we will have on opportunity—

Mr. DURBIN. Would the Senator yield for a question?

Mr. MCCONNELL. I believe I have the floor.

The PRESIDING OFFICER. The Republican leader has the floor.

Mr. MCCONNELL. We will have an opportunity to discuss all these things, and what I would suggest to the majority leader, if he wants to maximize the time, we could simply agree to vote on this bill at 9 a.m. on Wednesday and then go back to the FAA bill, upon which we have made substantial progress. That would be another way to advance the ball, which I would suggest.

The PRESIDING OFFICER. The majority leader is recognized.

Mr. REID. Mr. President, my friend from Kentucky said it all in the last statement. He would be willing to agree to have a vote at 9 a.m. on Wednesday morning. Why in the world would we want to waste American taxpayer dollars sitting around here not sending a bill to the President? This is a bipartisan bill. It is a bill that has been widely acknowledged to be approved by groups such as the liberal-minded Chamber of Commerce, the National Chamber of Commerce, and other such groups. It is a bill that is so badly needed in this country.

I would also suggest to my friend, I don't know of a single government job that would be produced with our HIRE bill. I don't know of a single job because everything we have done in the four provisions will create jobs in the private sector—thousands and thousands of jobs, new jobs, in the private sector.

Mr. SCHUMER. Would the leader yield for a question?

Mr. REID. Of course, I would.

Mr. SCHUMER. Again, first, there are four provisions in this bill: One is the highway bill, which as I understand it hires private sector people to build highways; is that correct?

Mr. REID. That is true.

Mr. SCHUMER. Second is Build America Bonds, which allows the States and cities to hire private people; is that correct?

Mr. REID. The only thing it can be used for.

Mr. SCHUMER. Third is the depreciation for small businesses, which is obviously for the private sector.

Mr. REID. Nondepreciation. Just write it off.

Mr. SCHUMER. Four is the provision Senator HATCH and I put forward,

which gives directly to small businesses a payroll tax deduction if they hire; is that correct?

Mr. REID. The four things my friend has enunciated create not a single government job.

Mr. SCHUMER. Let me ask one other question because my friend, the minority leader, talked about the \$48 billion not paid for. Isn't it correct this bill is fully paid for?

Mr. REID. Yes, it is.

Mr. SCHUMER. I thank the Senator.

Mr. REID. I would also say, Mr. President, the State of Kentucky and the State of Nevada have been having tremendous problems with a number of programs, one of which is Medicaid. One of the things we did in our recovery package was to give all 50 States—Nevada and Kentucky, all 50 States—some help with their Medicaid. The cost of health care is wreaking havoc with our States. There is nothing wrong with doing that. We have an obligation. Medicaid was a program we started back here. To talk about the States getting some kind of a big benefit they do not deserve I don't think is right.

I met 2 weeks ago tonight in Room 219 with 12 Governors. They handed me a letter signed by 48 Governors all saying: We need some help, and one of the places we need help is with Medicaid. These health care costs are skyrocketing. Even though we have given help, there are very few States in the Union that haven't had massive layoffs.

Again, I would hope we could get this out of the way and have a discussion on health care at some subsequent point. There is another bill that this is holding up. This bill is going to pass, and I appreciate very much my Republican colleagues voting for this legislation, but let's not waste 30 hours because we are not only holding up sending this bill to the President but we are holding up finishing work on the Federal Aviation Administration bill.

My friend has wanted to offer amendments. Amendments are being offered on this legislation as we do on most everything. I have been very nonrestrictive in how I have handled the floor. Of course, there have been occasions when we have done what has been done here for generations; that is to say, at this time, we are not going to have, on a bill dealing with jobs, an abortion amendment, we are not going to have an amendment on gay marriage or on income tax. On things such as that, there comes a time.

On this FAA bill, the first year—the first year—the experts tell us will create 150,000 jobs, but not only that, it will make air travel safer. We will have the air travelers' bill of rights. We will have, for the first time in the history of this country, a GPS system for our aircraft which will allow us to do more flights into airports and to make it safer.

I would hope we don't waste this time. It is Monday night, it is 10 after 6. Let's not waste tonight and tomorrow and into Wednesday. Let's get off this, get to FAA, and if somebody wants to give a health care speech and beat up on Obama, let them do it on the FAA bill.

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. MCCONNELL. As you can see, we are all in the mood for a spirited debate, and I know the junior Senator from Florida is on the floor and anxious to begin the discussion.

The PRESIDING OFFICER. The majority leader is recognized.

Mr. REID. Before my friend leaves, if I could just say this. I think we could probably accomplish what we both should want by saying: OK, let's vote at a reasonable time Wednesday morning on this jobs bill, but in the meantime—in the meantime, all day tomorrow—let's work on the FAA bill. That way we would accomplish two very important things.

I would hope my friend would consider that. That way we could not only have a time certain where we are going to pass this bill—the HIRE bill—but we could also work on FAA. We have Senators waiting to do work on the FAA bill.

Mr. DORGAN. Would the Senator from Nevada yield?

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. MCCONNELL. Mr. President, if I could respond to the majority leader's suggestion, it may very well be worth talking about. As I understand the suggestion, it is that we lock in a time for a vote certain, such as the one I suggested, at 9 a.m. on this bill, and we resume consideration of the FAA bill between now—tomorrow—and then.

Mr. REID. I think that is very appropriate. During that period of time, people can offer amendments or, if they feel so inclined—

Mr. MCCONNELL. I think that is a matter worth talking about. Why don't we put in a quorum call and have that discussion.

Mr. REID. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

The PRESIDING OFFICER. The Senator from Oregon is recognized.

Mr. WYDEN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. WYDEN. Mr. President, we are going to have the leadership discuss the process for moving forward, but I wish to take a minute and talk about one of the important bipartisan provisions in the jobs bill. I think colleagues know it is never hard to get me to

focus on the health reform issue, and we are certainly going to be doing a lot of that in the days ahead, but our constituents want us to focus on jobs as well and particularly a jobs effort that is going to work. We have that in the Build America Bonds program. I say to colleagues, the Build America Bonds program has far exceeded even the optimistic projections some of us had for this program.

I have been involved in the development of this program now for 6 years. Senator THUNE, on the other side of the aisle, has worked very closely with me. When we started our work on the Build America Bonds program, our hope was that perhaps \$4 billion or \$5 billion worth of these Build America Bonds would be let. What we have seen is that now close to \$80 billion worth of these bonds have been issued. They are literally selling like hotcakes. They have revolutionized municipal finance, and some have projected that perhaps this year \$150 billion worth of these Build America Bonds will be sold.

So Build America Bonds work, and they put people in the private sector to work as well. In my home State of Oregon, it has been proven, time and time again, that private investment follows well-targeted public investment. That is what we are seeing with this bipartisan program, and that is why colleagues on both sides of the aisle have proposed expanding it.

I note my good friend, Senator THUNE, on the other side of the aisle, is here. He and I have worked hand in hand on this effort because we wanted to have something that would create jobs in our country that was nonpartisan.

The reason Senator THUNE and I have worked on this effort in a bipartisan way is we wanted to have something that is common sense, we wanted to have a jobs creation effort that responded to basic needs of our country, and we wanted to see it part of an effort where the private sector takes the lead.

I am particularly appreciative the chairman of the Senate Finance Committee is here, Chairman BAUCUS. I wish to express my appreciation to him and his staff for their help in this effort. We saw in the Senate Finance Committee—Chairman BAUCUS is here, he remembers our discussions—our projections for Build America Bonds were pretty modest. The reality blew past those projections almost overnight. The projections for Build America Bonds were a few billion dollars, and we blew past those projections like a bullet train.

Build America Bonds are getting desperately needed funding flowing into local communities, they are creating jobs, and they are helping to strengthen America's infrastructure. Almost \$80 billion has been generated. This is in addition to the \$80 billion of direct

Federal infrastructure spending that has been included in the Recovery Act.

I note that in the HIRE bill there is going to be an effort once again to ensure there is direct support for infrastructure, and we also have this very promising opportunity with the private sector that we have been able to secure with Build America Bonds.

When a project is funded with Build America Bonds, the Federal Government pays a portion of the finance costs. It equals a very small percentage, perhaps a single-digit percentage of the total project cost. The city or State pays almost the entire cost of the project over time.

A project that is funded with direct spending will often have the Federal Government pay 50 percent or 75 percent of the project costs. Some communities need that kind of help to get needed projects off the ground. But when some argued that projects should only be funded with direct spending, I thought it was important to look for other opportunities. That is why Build America Bonds came into existence. It is not possible, given the enormous needs for infrastructure improvements, for roads and bridges and transportation systems, to rely just on direct spending or rely just on bonds. What we ought to do is what we have done here in the Senate on a bipartisan basis; that is, put more options in the tool box for funding infrastructure. Of course, direct spending will be important. What we have seen is Build America Bonds take off as an additional tool.

In my home State, in the Dayton School District, they are using Build America Bonds to employ up to 150 people building and remodeling classrooms. By using Build America Bonds, this small school district in my home State saved an estimated \$1.2 million in interest costs.

Up in Washington State, in Grand Coulee, the Coulee Medical Center was able to finance a new hospital building with Build America Bonds, saving more than \$7 million in finance costs. They were able to start construction immediately. We had discussion on the floor earlier—are these government jobs? What that project did was put people in the private sector to work—construction workers, plumbers, electricians, tradesmen. Once the building, of course, is completed at the end of the year, doctors and nurses, clerks and support staff get to work in the new hospital.

Recently, a joint Congressional Budget Office-Joint Tax Committee report highlighted other benefits flowing from Build America Bonds. As my friend Senator THUNE, who is in the Chamber, knows about Build America Bonds, this report shows that tax-credit bonds, such as Build America Bonds, can be more effective than tax-exempt bonds. The report also concluded that

because the bonds are more attractive to investors, they are more efficient at raising capital.

Once again, Democrats and Republicans have been able to come together in the Senate to advance a fresh approach that saves municipalities time and money and effort that can otherwise be devoted to other priorities.

Aside from the fact that the funds are raised efficiently, they are answering a cry we hear again and again; that is, get the job done quickly. People are frustrated that sometimes it takes eons for government to work out the particular project, particularly in the transportation area. Bond funds need to be spent within 2 years of the date the bond is issued. What that means is money is not just flowing into projects, it is being spent in the short term. People get back to work quickly. You get more bang for your dollar, and that obviously is what Americans are asking for, and Build America Bonds deliver.

Back in the days before these bonds were issued, the market for the traditional, normal municipal bond was just about frozen. It was hard to sell them. Now Build America Bonds have changed that. The private sector is strongly supporting this program. Groups such as the Chamber of Commerce and the National Association of Manufacturers and businesses across the country are saying they need a fresh approach to build infrastructure. Particularly with Build America Bonds, we are now seeing businesses say this is an approach that gives them a long-term boost to what they know they can count on. They can plan new avenues for their businesses when they know there is going to be infrastructure there to support it.

It is not, however, just businesses that are buying Build America Bonds. Nonprofits such as pension funds are finding these bonds are an attractive investment. Nonprofits cannot benefit from the tax credits, but bond issuers can pass on the value of the tax credits in the form of a higher interest rate for Build America Bonds than other types of bonds. By contrast, traditional tax-exempt municipal bonds have not been a good investment for pension funds and other institutional investors that do not pay taxes. What Build America Bonds have been able to do is provide a way for nonprofits to invest in American infrastructure that traditional tax-exempt bonds don't provide.

We are not surprised that Build America Bonds are reinventing the municipal bond market. We were told by people in the private sector, in the States, in the finance community, all across the country, that they thought this was a chance to, in effect, unfreeze the municipal bond market that had been frozen in Illinois, in Oregon, in South Dakota, and across the country. In some cases, these bonds are going to make the difference between whether

the infrastructure projects come to fruition. In other cases, they are going to lower the cost of the projects and allow the community to reinvest the savings in other projects.

By any scenario, the Build America Bonds program helps local government, local businesses, and those who rely on them for jobs and dependable infrastructure. In my view, that is exactly what the American people are looking for from their elected officials—something that works, something that is common sense, something that is bipartisan, something with a proven track record. That is, in fact, the Build America Bonds program.

Let me close with one last point. There have been discussions—and we have been in consultation with Chairman BAUCUS and the Senate Finance Committee staff on this—about financial institutions and whether the fees they are charging are appropriate for the issuance of Build America Bonds. First of all, it has been the position of Chairman BAUCUS, myself, and others that anybody who tries to take advantage of State and municipal issuers needs to understand that the Senate Finance Committee is going to have a zero tolerance policy—zero tolerance policy—for ripping off the taxpayers. This program is designed to create jobs and make infrastructure funding more efficient and certainly not create any opportunities for somebody to try to skate around the rules and to take advantage of taxpayers.

In the Senate Finance Committee—and I am very appreciative of Chairman BAUCUS taking this approach. The Congress included a 2-percent limit on the amount of fees issuers of Build America Bonds can charge. In practice, the typical fee, in fact, has been far less than the statutory maximum fee that is allowed.

As the market for Build America Bonds has grown—and I pointed out that it has mushroomed far beyond projections—the fees have kept coming down. They have come down close to the levels currently charged for tax-exempt bonds. With Build America Bonds having become well established—in fact, they now represent 20 percent of the municipal bond market—in our view, there simply is no longer a justification for charging a higher fee.

As the expiration of the Build America Bonds program approaches at the end of the year—and I am very glad the administration has proposed making the program permanent—I intend to keep monitoring the fees charged for issuing the bonds. If some can present the case that it is appropriate to further reduce the statutory cap on fees, I am certainly open to listening to it. I want to make sure every single dime of taxpayer money goes to these bondholders.

I am open to listening to any suggestions and any ideas to make a program

that works, a program that Senator THUNE and I have worked on together for many months that is working—we are certainly open to ideas for improving on it.

I see my friend from Florida is anxious to speak. I appreciate his desire to talk tonight.

Let's keep focusing—whether it is health care, whether it is transportation, whether it is tax reform—on ideas that bring the Senate together. I wanted to take a few minutes to talk about Build America Bonds specifically tonight. Again, the chairman of the Finance Committee is in the Chamber. I am very appreciative of his support and Senator GRASSLEY's support. As the majority leader, Senator REID, noted earlier tonight, we have to zero in on jobs. There is no economic multiplier out there like jobs. If you put people to work, as I outlined—construction workers, electricians, plumbers—restaurants make the sandwiches to feed all the men and women who are doing the work. Let's keep coming back to approaches that bring both sides together. I have tried to do that in health care, in tax reform, and certainly in transportation, where Senator THUNE and I have been able to team up on something that works and is being used around the country. Let's remember that is what is needed right now when our folks are hurting. When they are looking for approaches that are common sense, that are nonpartisan, we can give them one specifically with the Build America Bonds program.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida is recognized.

HEALTH CARE REFORM

Mr. LEMIEUX. Mr. President, I thank my colleague from Oregon for his good words tonight and for his approach in trying to do things in a bipartisan way.

There are some good things in this jobs bill. I think the issue we on this side of the Chamber have had is we would have liked to have offered some amendments. The 18 million people I represent in Florida expect that we have the opportunity to offer amendments, to bring up ideas, good ideas, and let those ideas rise and fall depending upon their merit. Unfortunately, we did not have the opportunity to have amendments. My colleague, the Republican leader, said earlier what was done on the majority side was something called filling the tree. What does that mean? It means we do not have the opportunity to bring forward our good ideas. The people of Florida, the people of all of our States, expect that we get to do that. So while there are some good things in here, it is a shame that we could not have made this bill better.

What I really want to speak about tonight is the debate Americans are having around their living room tables and

around their kitchen tables about this health care bill. This is a trillion-dollar bill that is being discussed in this country and that we now hear is going to go through the House of Representatives and possibly come back to this Chamber through a procedure called reconciliation.

It occurs to me that what we are dealing with here is a little bit of fantasy land. Why do I say that? This weekend, I took my kids to see "Alice in Wonderland." That is a famous story. It occurred to me that we are creating our own sort of wonderland here in the Senate.

A lot of things have been said about this health care bill, what it does and what it does not do. I thought tonight it would be important to go through the representations that are being made to the American people as to whether we should pass this health care bill. Let's go through all the things we have heard, things that President Obama has said, things that Members of the majority have said in this Chamber as to why we should pass this health care bill.

Let me first say that everybody believes we need health care reform in this country. We have 4 million-plus Americans who do not have health insurance. Nearly 4 million Floridians do not have health insurance.

We know the cost of health insurance is too high for those Americans who have health insurance. In the last 10 years, health insurance costs have risen by 130 percent. That is unsustainable. It is something that is afflicting the people of Florida and all across this country.

It is hard to make ends meet when your salary may be going down or you may have lost your job but your health care costs continue to go up. So there is no debate within this Chamber that we should do something. Of course, we should do something. The debate is about what we should do.

On this side of the aisle, we would like to take a step-by-step approach. We would like to go after the cost of health care. We would like to increase competition in health care so that costs could actually go down. We would like to put patients back in charge of their health care purchasing decisions.

We know if the consumer is back involved the price of health care will go down. But we find ourselves having to vote on this massive new government entitlement program, a program that I cannot support because I do not believe it will be in the best interests of Floridians.

Last Monday I was down in South Florida, down in Miami and Fort Lauderdale. In Fort Lauderdale I had the opportunity to have a townhall meeting where we specifically talked about health care. In that meeting I had many Floridians come up to the microphone and ask questions. Most of them

were bewildered about this plan. They wanted to know why we cut a \$½ trillion out of Medicare. Medicare is health care for seniors. Why would we create a new program by cutting a program we have now that is already in financial trouble?

We know in the next 7 years Medicare is going to have its own solvency problems. Why would we take money out of health care for seniors—more than 3 million Floridians in that program—to start a new program?

They want to know why we are going to raise taxes on medicine and health care devices which we know will increase the cost of health care. They want to know why we are creating a \$1 trillion new entitlement program when we cannot afford the entitlement programs we have, when we cannot afford the \$12 trillion debt we are saddling upon our children and our grandchildren.

So with that, I would like to go through some of the myths, some of the myths that have been created in this wonderland I spoke about before, and try to debunk those myths and say what is in this bill and let the facts speak for themselves.

The first myth—and the President likes to say this; he said it again today in a rally—if you like your health insurance, you can keep it under his proposal. Well, it is simply not true. The Congressional Budget Office has said between 8 and 9 million people who would be covered by employment-based plans under current law would not have the offer of such a proposal. Why is this going to happen? Because under the incentives and penalties this bill creates, businesses are going to drop health insurance for their employees and put them into the government-subsidized system.

So for those 8 or 9 million Americans, they are not going to get to keep the health insurance they have now. They are not going to be able to keep the health care they want.

Rick Foster, the CMS Actuary—and those are the folks who administer Medicare and Medicaid—says the number could even be higher. He concluded that 17 million people will lose their employer-sponsored coverage. Seventeen million people will not be able to keep the health care they enjoy today. So what the President says is simply not the case.

Second, we know under this myth that you will be able to keep the health care if you like it, that people who have Medicare Advantage, Medicare Part C, a lot of them will not be able to keep their program either. Medicare Advantage is a promise that offers extra benefits for folks on Medicare.

If you sign up for it, you get wellness benefits, you get hearing benefits, you get dental benefits oftentimes. People like it. We have more than 1 million

people in Florida on Medicare Advantage. This bill cuts \$120 billion out of Medicare Advantage.

Now, I am not sure how it is going to impact Florida. There was this Florida fix that was going to be an off-ramp, not an exit. But over several years there would be in the same situation as the rest of the folks in America. I do not know whether that is going to make it into the final bill. But I do know we are going to cut \$120 billion out of Medicare Advantage. When that happens, according to Rick Foster, the CMS Actuary, lower benchmarks will reduce Medicare Advantage rebates to plans and thereby result in less generous benefit packages.

He estimates in 2015, enrollment in Medicare Advantage plans would decrease by about 33 percent. So for many folks, they are going to get dropped by their employer and not be able to keep the health care plan they have now. For many folks on Medicare Advantage, they are going to get dropped as well, as much as 33 percent by 2015. You are not going to be able to keep the health insurance you have now.

We also know these mandates that exist in this bill are going to change your health insurance policy. If the government deems that your health insurance plan does not pass muster, they are going to mandate that your health insurance plan change.

Now, you may like your health insurance plan the way you have it. You may have a high deductible. You may have bought catastrophic insurance. You may not want to buy a comprehensive health insurance plan that is soup to nuts; you may only want certain things covered.

Well, under this plan, under this bill, there are going to be certain mandates put in place, and you may not be able to keep the type of insurance you have. So for those three instances alone—for people who are going to get dropped by their employer and get forced into the public plan, for people who are Medicare Advantage, and for people who have a certain type of insurance plan—they may not be able to keep it.

So we know, unfortunately, what the President is telling us about this bill is not true. Myth No. 1 is busted.

Myth No. 2: Your health insurance premiums will go down. Why did he get involved in this whole debate to start with? What was told to the American people during the Presidential campaign in 2008 and since the time that we have discussed this health care plan? That we were going to lower the cost of health insurance for most Americans.

That is not going to happen under this plan. We are not going to lower the cost of health insurance. In fact, for some Americans the price is going to go up. Table 1—I hate to get into the weeds, but let's look at the facts.

We have the CBO report I cited earlier. There is a Table 1 on page 5 of that Congressional Budget Office report that analyzes this plan. It goes through what people have in the current insurance market.

There are about 25 million people in the small group market. There are 134 million people in the large group market. That is 159 million Americans who have health insurance. So the small group market, it is estimated the cost increase or savings is between a 1-percent increase or down 2 percent.

For those in the large group, it is zero to potentially minus 3 percent. So this is not reducing the cost of health insurance in any meaningful way. For individuals who are out there who are not in a group, who are purchasing insurance individually, the Congressional Budget Office says their cost of health insurance will go up 10 to 13 percent.

So the whole very reason, the primary reason we are about the business allegedly of debating health care and passing this big bill was to lower the cost of health insurance for most Americans. Not only is it not going to lower the cost of health insurance for most Americans, it is going to increase it for those who are in the individual market.

I ask unanimous consent that Table 1 be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See exhibit 1.)

Mr. LEMIEUX. So you are not going to be able to keep your health insurance, for a lot of Americans, if you like it, and the cost of health insurance is not going to go down. Those two myths have been busted.

Myth No. 3: This plan, the Democratic plan, will lower costs, lower the cost of health care overall. We have all heard about—and I said before the rising cost of health care, 130 percent in the past 10 years. There is an expression, “bending the cost curve down,” making sure that we can get control of costs. This plan is not going to do that. This plan does not have mechanisms, true mechanisms in it to really control costs.

In today's Washington Post, Robert Samuelson takes on the President's claim that his plan will control costs.

In this article, he talks about the fact that when people get insurance they use more health services; that spending rises and by the government's latest forecast health spending goes from 17 percent of the economy in 2009 to 19 percent in 2019.

According to the CMS Actuary, he estimates overall national health expenditures under this bill will increase by an estimated total of \$222 billion during 2010 to 2019.

It is also going to increase the government's share of health care spending. According to the CBO, under the legislation, national outlays for health

care would increase by \$210 billion over the next 10 years. So we are just chasing our tails. We are going to put a lot more money into health care, but we are not going to reduce costs.

How could we reduce costs? How do we get at the problem of increased health care? Well, we could try to foster more competition among health insurance companies instead of creating these subsidies, which is going to plow more money into the insurance companies.

We could make the insurance companies compete across State lines. That is one of the ideas the Republicans have brought forward. We also could go after meaningful lawsuit reform. There is one estimate we would save more than \$50 billion a year if we had meaningful lawsuit reform.

My colleague, Senator COBURN from Oklahoma, talks about the fact, being a practicing physician, that doctors are engaged in defensive medicine, and when thousands of kids across this country this year get hit in the nose with a baseball they are going to show up at the emergency room. Instead of just watching the patient and making sure the kid is going to be OK, they are going to order a CT scan even if one is not necessary because that has become the standard operating procedure in order to protect the doctor from lawsuits.

The CBO says if we had real medical malpractice reform, we could save as much as \$54 billion over the next decade. We also do not have transparency. Here is the essential problem with health care costs. We do not know what anything costs.

In the next couple of days my wife and I are going to be fortunate enough to have our fourth child. She is due any day now. When we go to the hospital, we are going to get back—after that baby is born, just like we have done with the last three kids, we are going to get back a bill. It is going to be page after page after page of things that we cannot understand.

At the bottom of the bill, we will pay some small fraction because we have good health insurance in the Senate. We will pay some small fraction of the total bill, and we will never question the pages and pages and pages of line items of information we do not understand.

We will not because we do not have to pay for it, and we, as consumers, have been removed from the transaction in health insurance because of third-party payers, whether it be Medicare, Medicaid, or insurance companies. We are not involved in that transaction.

Now, let me give you a different example. If we had to look at that bill because we were responsible for a portion of it because we were given, say, a tax credit to go out and buy insurance, and we were trying to get the most bang

for the buck, and they tried to add \$75 for a bedpan or gauze or for Band-Aids, Mrs. LeMieux would not pay for that. Mrs. LeMieux would be in there saying: Wait a minute. I can go to Target and I can get Band-Aids for \$1.50, not \$75.

I guarantee you that the men and women of this country, if they really had to look at those bills because they really had to pay them, we would not have these exploding costs. We also would not have all of the cost shifting that is going around.

The dirty secret about health care is that if I have insurance, my full payment on insurance or close to the full payment is going to pay for the Medicare patient and the Medicaid patient because Medicare and Medicaid do not pay enough for the services they render.

The hospitals cost shift all the money around. At the end of the day, we don't have a transparent system or a market-driven system. What we should do is give every American who needs it a tax credit to buy health insurance on their own. If they were out in the marketplace, that would lower cost, because competition would reign and they would insist on bang for their buck. But that is not in this bill. We know now that, one, you will not be able to keep, in a lot of cases, your health insurance, if you like it. We know, two, it is not going to reduce your cost of health care. And we know, three, it will not lower the cost of health care in general. Those myths have been busted.

Let me go to the next one, myth No. 4: The Democrats' plan will reduce the deficit. We have heard this estimate that over \$100 billion is going to be saved over the next 10 years. Not true. The way this is scored or evaluated by the CBO is that whatever you send them, they have to give you an answer back on the confines and the specifications of what you sent. So the Democrats' bill has 6 years of spending or benefits and 10 years of taxes. If they have 10 years of taxes and only 6 years of spending, then they can get to a situation where the CBO will come back and say: It is going to reduce the deficit. But if you compare apples to apples, spending to deficit, if you compare spending to taxes, we know it is going to run a deficit. You cannot create a new entitlement program and not run a deficit. It is going to cost us, by some estimates, more than \$400 billion over a 10-year period, in the first 10 years, and \$1.4 trillion in the next 10 years. We know that myth is busted. It is not going to reduce the deficit.

Let me also say this is going to be a budget buster for States. The States, unlike the Federal Government, have to make ends meet. The States have balanced budget requirements. As we increase the requirements of Medicaid, which this bill does, then we will be putting increased burdens upon our

States. Our States are going to have to find more money to put into Medicaid. They can't print money like the Federal Government. They can't spend more than they take in. What is going to happen? They are going to have to cut other programs, or they will have to raise taxes. What is going to get hurt? I can cite the example of Florida where they are suffering under a huge and emerging Medicaid problem. Medicaid and Health and Human Services is the No. 1 portion of the budget of the State of Florida. It grows every year. So what loses out? Education, money for teachers and schools, law enforcement, protecting the environment, and economic stimulus. Florida has to live within its means, unlike the Federal Government.

This is not a Republican or Democratic issue. Governors of both sides of the aisle are very concerned about the increased mandates placed upon States. Governor Phil Bredesen of Tennessee called this bill the mother of all unfunded mandates. The head of Washington State's Medicaid Program believes that States facing severe financial distress may say they have to get out of the Medicaid Program altogether.

CBO released its first estimate of expected discretionary spending under this bill, confirming that \$10 to \$20 billion in discretionary spending over the next decade will be used to implement this legislation. We are going to spend \$10 to \$20 billion to implement this bill; \$5 to \$10 billion to the IRS and to Health and Human Services. Also in terms of this topic, of looking at how the plan will reduce the deficit, which it will not, we know this is going to be a \$1 trillion program over time. With rare exception, when this Congress creates a program, especially an entitlement program, it does not stay within its estimates. It grows and grows.

We have a debt. When I first came to the Senate and had the privilege to serve here back in September of last year, we were at something like \$11.6 or \$11.7 trillion. Now we are already at \$12.4 trillion. It is unsustainable.

The fifth myth: Medicare cuts won't affect seniors. This bill cuts half of a trillion dollars out of Medicare. Some say this is savings. The money that is going to be saved is not going back into Medicare to prolong the life of Medicare. We had an amendment from my colleague Senator GREGG who said that any savings would have to go into Medicare. The majority party defeated that amendment.

It makes no sense to me that we would take half a trillion dollars out of Medicare to create a new entitlement program. I can't go back to my seniors in Florida, more than 3 million of them, and say: Your Medicare Program is already facing insolvency in about 7 years, but we are going to take a half a trillion dollars out of it now to create a new health care program.

This could not be good for seniors. On its effect on Medicare, there was a letter from the CBO Director to the majority leader, Senator REID. He warned that while the effects of the cuts to Medicare remain unclear, they could reduce access to care or diminish the quality of care. Let's go through the cuts: \$135 billion from hospitals; \$120 billion from Medicare Advantage; nearly \$15 billion from nursing homes; \$40 billion from home health agencies, \$7 billion from hospice. The CMS Actuary says that many of the Medicare cuts are unrelated to the providers' cost of furnishing services to beneficiaries. That means it is not about savings. That means the money is being taken from Medicare, robbing Peter to pay Paul. He concludes it is doubtful that providers could reduce cost to keep up with these cuts. The CMS Actuary also finds that because of the bill's severe cuts to Medicare, providers for whom Medicare constitutes a substantive portion of their business could find it difficult to remain profitable and might end their participation in the program.

What does this mean in plain language? We are not paying these health care providers enough under Medicare, but we are going to take out still more money, and they will not be Medicare providers anymore. They will not provide health care for seniors. If you want to see the future of this, look at Medicaid. Medicaid is even one step worse in trouble than Medicare is. We know now that folks who are entering into the Medicaid system who are trying to find a specialist in a metropolitan area, half of them can't find a specialist. We know in Medicare, according to a June 2008 Medicare Payment Advisory Commission Report, that 29 percent of the Medicare beneficiaries it surveyed had trouble finding a primary care doctor. That is up from 24 percent in 2007. If the doctor is not in, it is not health care reform.

How can I go back to my seniors in Florida and say: We are creating a new program by taking money out of your program, and you may not be able to find a doctor who is going to see you anymore? That is not conscionable.

Florida will be disproportionately affected by these cuts. It has the second highest population of seniors and highest concentration of seniors in the Nation at 19 percent. Let me tell you how it will specifically hurt one portion of health care for seniors, home health care. I talked to Ron Malone, vice president of Gentiva Health Services, one of the largest providers of home health services in Florida. He said: Look, it is not going to hurt us so much. We are a big company. We can spread costs. We will get more market share. But it is going to hurt the smaller companies, and a lot of the smaller companies are going to go out of business.

How is that health care reform? Who do we owe an obligation to provide health care more than to our seniors?

I recently visited with the president of the Florida Medical Association, which is the largest physician association in Florida, with 20,000 members. They say:

... this legislation does not adequately fix what's wrong with our current system. It contains many provisions that would allow government bureaucrats to interfere with patient care decisions and actually raises the cost of health insurance unnecessarily.

This is from the doctors association in Florida. They say it is going to interfere with the doctor-patient relationship and increase costs. Why are we doing this?

The sixth myth I want to tackle is this idea that emergency rooms are going to be less burdened. You hear this justification. People now are uninsured. They go to the emergency room to get health care. If we give folks insurance or they have the ability to purchase insurance at a subsidized rate, they will stop going to the emergency room, and that will lower the cost of health care because emergency room procedures are expensive. It will free up the emergency room for its intended purpose, for people who really have an emergency. But according to the Urban Institute, after Massachusetts adopted a somewhat similar plan, emergency use remained higher than the national average. More than two-fifths of the visits in these emergency rooms were nonemergencies and, of these, the majority of adult respondents said it was more convenient to check into the ER. More convenient?

We know we are going to be paying health care providers less. What does that mean? There is going to be less of them providing health care. That means your lines at the doctor's office, which are already too long, are going to get longer. So what are folks going to still do? They are going to still show up at the emergency room. If we look at the Massachusetts model, that has happened. We also know that ultimately we are going to have a severe doctor shortage. We have not prepared, nor does this bill prepare, to make sure we will have sufficient health care providers to meet new demands.

Seventh myth: The Democrats' plan takes on the insurance companies. You have heard the President say we are going to fight against the insurance companies; we are going to make sure that we are putting the patient first. Basically what we are going to do, in reality, is create a lot of new business for the insurance companies. This subsidy plan is going to force a lot of new people into health care with an insurance company. That is why the insurance companies are for it. What we need to do is empower individuals. What we need to do is give individuals money that is in their own pocket and

let them go out and be consumers. If they were consumers, it would lower the cost of health care. What we need to do is let insurance companies compete across State lines so we as consumers have more choices. Look at auto insurance. It is so easy a caveman can do it. In 15 minutes, you can save 15 percent on your auto insurance. These folks are out there competing. We need that in health care. Why do I only get to pick from the insurance companies that are in Florida? If there is an enterprising insurance company from South Carolina that wants to come into my State and offer cheaper prices, why should I not have that opportunity as a consumer? There are commonsense things we can do, market-driven things we can do that will lower the cost of health insurance and, by doing so, when it is less expensive, more people can afford it and you have more access.

The eighth myth: It has been said that this bill takes an unprecedented step to fight health care fraud. It is going to go after waste, fraud, and abuse, and we will save billions of dollars. In fact, the \$500 billion being cut from Medicare is often described as an elimination of waste, fraud, and abuse. It is not. It is just taking money out of that program and putting it in this program. To be fair, there are some provisions of this bill that go after health care fraud. They are good, but they go around the margins. They are going to save a billion or two, which is a lot of money, I will grant you that, but it is not the kind of money we need to save. We believe there are \$60 to \$100 billion of fraud in Medicare every year alone, not talking about Medicaid, not talking about veterans health care, just Medicare, \$60 to \$100 billion, \$1 out of every \$7 spent. What we need to do is implement a plan that is going to stop the health care fraud before it starts.

I have a bill, S. 2128, that has bipartisan support, has more than a dozen Senators who sponsor it. It would do three things. One, it would create a person at HHS who would be the No. 2 person at the agency for Health and Human Services, appointed by the President to be the chief health care fraud prevention officer of this country. No other job, not focused on worrying about H1N1, not focused on anything else that should be done in health, focused on stopping health care fraud, someone we could measure against performance to make sure we are doing everything we can to stop wasting the people's money. The second thing it does is it takes a page from another business that exists in the marketplace that does an excellent job at stopping fraud. There is another business that is about the same size as health care, about \$2 trillion a year. That business, instead of having a \$1-in-\$7 fraud ratio, has a ratio of 7 cents out of every \$100. That is the credit

card industry. We have all had this experience. You go somewhere to use your credit card and you get a phone call or an e-mail that says: Did you mean to make that purchase? If you do not say yes, they do not pay.

What we do in health care is we pay, and then if we think something is fraudulent, we chase. When we chase, the money is gone. The credit cards stop the fraud before it starts.

Now, why couldn't we implement that kind of computer technology? In health care, it is called predictive modeling. So when someone tries to sell a wheelchair 100 times in an hour, the bells go off, the phone call is made, and if it is not verified, we do not pay.

We have people—unfortunately, a lot of them in my home State of Florida—who are bilking the system for tens of millions of dollars a year because it is much easier to steal from Uncle Sam than it is to steal from anybody else because nobody is watching.

One group in town that has evaluated my bill with this predictive modeling system, where we would set up a computer program to stop the fraud before it starts and make people verify when there is a questionable transaction, has said it will save \$20 billion a year.

During the health care debate we had last December, I asked to amend my bill on to the main health care bill, and my colleagues on the other side of the aisle objected. Why we wouldn't implement real waste, fraud, and abuse reform is beyond me. But this bill we are talking about does not have it. That myth I, too, believe is busted.

The third part of my bill is, it will require background checks for all health care providers. Can you believe we do not do background checks on people who bill Medicare and Medicaid in this country? We have folks who are convicted felons who are billing alleged "health care" providers. It is so bad that in reimbursements for AIDS treatment under Medicare, while south Florida only has 7 percent of the AIDS population, they bill 78 percent of the treatment—only 7 percent of the population and they bill 78 percent of the treatment. It is just fraud, and it should stop today.

The ninth myth I want to tackle is that this Democratic health care reform bill will not impact the doctor-patient relationship. In fact, it will. I agree with my colleague, Dr. BARRASSO, who supports a patient-centered approach. Real health care reform should ensure a doctor and a patient can work together to the best efforts in the health of the patient. As I said before, we are still going to have third-party payers. We have to put the patient back in charge of their health care. That is the only way we are going to reduce costs.

There is a common thread throughout our governmental programs that has led entitlements to expand and expand and expand; that is, people do not

have what is called skin in the game. If I am not paying, I do not care. But if I have to go out as a consumer, if the government would give me a tax credit to go buy health insurance, all of a sudden I am in the game. If I have a reasonable deductible where I have to pay a little when I go to the doctor, all of a sudden I am in the game and I am not going to ask for a procedure I do not need. I am going to sit there and talk with my health care provider about whether this is something I really need. Now, if you tell me it is free, I will take it. And if you advertise to me on television every drug in the world, I will go to my doctor and say: Sign me up for that because I get it for free. We have to change the whole structure of how we do health care because this will just continue to expand. Medicare will continue to expand. Medicaid will continue to expand. If this program passes, it will continue to expand.

While it might be great to throw all this money into these programs, we cannot afford it. We cannot afford the programs we have, let alone the programs the majority in this Chamber want.

The tenth and final myth I want to tackle tonight is that taxes will not go up. This is a jobs bill for the tax collector. We already said there is going to be \$5 billion to \$10 billion to the IRS and HHS to implement this bill. Remember, if you do not buy health insurance for yourself, you are going to have to pay a tax, a fine, a penalty to the IRS—\$750 a person. Small businesses that do not provide certain levels of health insurance will be fined. And what do you think they are going to do? Pay that fine or drop to under 50 employees so they do not have to pay

the fine anymore, which will cause more people to be out of work.

Can you believe that in the United States of America, we are going to tax you if you do not buy health insurance for yourself because the government cares more about you than you care about you? If the government can tax you for not buying health insurance, what else can they tax you for not doing? Not working out? Not eating your spinach? That cannot be what our Founders intended.

Remember, we give up our rights to the government. Our institution was created that it governs with the consent of the governed, that we have the inalienable rights. In our social contract, we give those rights up to the government. It is not the other way around. How is it the government can fine me for not doing something?

So at the end of the day, when this entitlement program increases beyond its means, when it is more than we can afford, and when the \$500 billion we take out of Medicare starts to put Medicare in insolvency even quicker, what is going to happen? Is the majority in this Chamber really going to cut Medicare? Probably not. So what are they going to do to help pay for this new program without their cuts? They are going to raise your taxes—raise your taxes to levels that are going to be hard to imagine when you factor in what we are going to have to do for all the other entitlement programs we cannot afford, when you factor in what we are going to have to do with our \$12 trillion debt that is estimated to be \$10 trillion higher by 2020.

That is why the National Federation of Independent Businesses has said:

When evaluating health care reform options, small business owners ask themselves

two specific questions. First, will the bill lower insurance costs?

We know the answer to that is no.

Second, will the bill increase the overall cost of doing business?

The answer to that is yes.

They say:

In both cases, the Patient Protection and Affordable Care Act fails the small business test and, therefore, fails small business.

It has been my goal tonight to present facts. I know others have a differing view.

As a Senator from Florida with more than 3 million folks in Medicare, as a Senator who cares about health care reform and wants to create more access but also wants to lower the cost of health care, I cannot support this bill.

I hope my colleagues in the House who are being faced with this option of voting for this bill and then passing something on reconciliation will do the right thing. I hope they will not be pressured politically to change their votes from “no” votes to “yes” votes. I hope they will stand for the people of their State and for the American people.

We could get this right. We could work together on a bipartisan way, as all of the other big, important bills over time have been done, with 70 or 80 Senators working together to do the right thing for the American people. I sign up for that. I am standing ready to do that if that opportunity presents itself. But I cannot vote for this bill that will not lower the cost of health insurance for most Americans, nor will it put us in a situation financially that is tenable going forward.

With that, Mr. President, I yield the floor.

EXHIBIT 1

Table 1.

Effect of Senate Proposal on Average Premiums for Health Insurance in 2016

	Percentage, by Market		
	Nongroup ^a	Small Group ^b	Large Group ^c
Distribution of Nonelderly Population Insured in These Markets Under Proposal	17	13	70
<i>Differences in Average Premiums Relative to Current Law</i>			
<i>Due to:</i>			
Difference in Amount of Insurance Coverage	+27 to +30	0 to +3	Negligible
Difference in Price of a Given Amount of Insurance Coverage for a Given Group of Enrollees	-7 to -10	-1 to -4	Negligible
Difference in Types of People with Insurance Coverage	-7 to -10	-1 to +2	0 to -3
Total Difference Before Accounting for Subsidies	+10 to +13	+1 to -2	0 to -3
<i>Effect of Subsidies in Nongroup and Small Group Markets</i>			
Share of People Receiving Subsidies ^d	57	12	n.a.
For People Receiving Subsidies, Difference in Average Premiums Paid After Accounting for Subsidies	-56 to -59	-8 to -11	n.a.
<i>Effect of Excise Tax on High-Premium Plans Sponsored by Employers</i>			
Share of People Who Would Have High-Premium Plans Under Current Law	n.a.	19	
For People Who Would Have High-Premium Plans Under Current Law, Difference in Average Premiums Paid ^e	n.a.	-9 to -12	
Memorandum			
Number of People Covered Under Proposal (Millions)	32	25	134

Source: Congressional Budget Office and the staff of the Joint Committee on Taxation.

Notes: n.a. = not applicable.

- The nongroup market includes people purchasing coverage individually either in the proposed insurance exchanges or in the individual insurance market outside the insurance exchanges.
- The small group market includes people covered in plans sponsored by firms with 50 or fewer employees.
- The large group market includes people covered in plans sponsored by firms with more than 50 employees.
- Premium subsidies in the nongroup market are those available through the exchanges. Premium subsidies in the small group market are those stemming from the small business tax credit.
- The effect of the tax includes both the increase in premiums for policies with premiums remaining above the excise tax threshold and the reduction in premiums for those choosing plans with lower premiums.

Mr. LEMIEUX. I yield the remainder of my post-cloture time to the Republican Leader, Senator MCCONNELL.

The PRESIDING OFFICER (Mr. MERKLEY). The Senator from Illinois.

HEALTH CARE

Mr. DURBIN. Mr. President, I thank the Senator from Florida for coming to the floor and expressing his point of view on the issue of health care, and I would like to have a few minutes to express my own.

Let me explain our health insurance, the health insurance we have as Members of Congress. It is a government-administered health insurance plan. It has been around for 40 years. It is called the Federal Employees Health Benefits Program. It is a government plan that provides health insurance for most of the Senators in both parties and their families, and it establishes minimum standards for the health insurance we receive as Members of Congress so we do not end up buying health insurance that is worthless when we need it. The government picks up a share of the cost—70 percent or so, I believe—and we pick up the rest. If you decide in the open enrollment period of each year that you want to change your insurance company, you want more coverage, then you are going to pay a higher premium out of your paycheck. The government pays a share of it, but you will pay a higher premium. That is something like an insurance exchange. In Illinois, my wife and I, through the Federal employees program, can choose from nine different private health insurance plans. It is a dream come true that most Americans never, ever experience: competition and choice.

That is at the heart of health care reform. We want to give to people across America the same thing we have as Members of Congress. I have yet to hear the first Senator come and stand in this well or stand before a microphone and say: The Federal Employees Health Benefits Program is socialism. It is a government-run health care program and it mandates benefits, and therefore I cannot in good conscience insure my family with it, and I am turning in my Federal employees health insurance. Not one. Yet when we suggest that for the rest of America, they say: This is an awful idea. It will never work.

It has worked for 40 years in providing private health insurance for Members of Congress and Federal employees. It is what we want to make available for small businesses, which have no choices. If Members on the other side think this is such a bad idea, I want them to march down the middle of this aisle and say: We are giving up our Federal Employees Health Benefits Programs today; it is such a bad idea. But they will not because it is a great program and it works and it gives us choice and it empowers us as con-

sumers. If we do not like the way we are treated by an insurance company, we can shop for another one next year in open enrollment.

So to argue insurance exchanges are some radical notion—really? We live with it every day as Members of Congress. Don't the people of America deserve as good of insurance as their Members of Congress? That is the starting point in this debate. I think they do.

Secondly, when it comes to whether health care reform is going to add to the deficit, we can debate that for a long time. But the people who are the experts, the umpires, and referees, are from the Congressional Budget Office. They came back and told us: If you do this health care reform, you will reduce the deficit by over \$100 billion in the first 10 years and by over \$1 trillion in the second 10 years. That is it. They looked at it. They analyzed it, and they concluded it. I hear Members come to the floor and say: Oh, this is just going to run the deficit up to higher levels than we have ever seen before. There is no evidence of that. The CBO analysis comes out with exactly the opposite position.

This argument about heaping a new burden on Governors because there will be more people on Medicaid—Medicaid is health insurance for the poor and disabled in America, and the Federal Government pays at least 50 percent of the cost of it. It is true the States have to assume a burden. But it also says to the State of Illinois, with 11 percent unemployment, when people lose their jobs and lose their health insurance and go on Medicaid, the Federal Government is going to pick up, in this case, 62 percent of the cost of these Medicaid recipients in my State of Illinois, and 38 percent is going to be picked up by the State. So Governors can say Medicaid is a terrible thing. What is the alternative? More uninsured people in your State showing up seriously ill and needing treatment, being treated as charity patients? Is that the alternative?

I have listened carefully while the people on the other side of the aisle for over a year have criticized every idea we have come forward with on changing the health care system and making it more affordable. I have yet to see them come forward with any kind of comprehensive bill. They have ideas, and some of them are not bad, but they have never put them together in a bill and brought them to the floor. We have. That is the responsibility of governing.

There are other elements here too. The Senator from Florida is naturally concerned about senior citizens, and he should be. His State has a lot of snow birds from Illinois going down to Florida who spend their winters there and some of them end up becoming permanent residents. They love the nice cli-

mate in your State. We miss it. We go visit too, I might add. But the point is if we do nothing about Medicare, it is going to run out of money in 9 years. It will run out of money and 40 million people plus will wonder why Congress didn't act.

The health care reform bill adds 10 more years to the life of Medicare. It closes the gap known as the doughnut hole in prescription drug coverage under Medicare, and it gives every senior citizen a free annual checkup so they can at least get in to see a doctor and find out if something has happened that might be stopped early and avoid a major expense or major illness. Those are dramatically positive improvements in Medicare.

Are we going to have to take some money out of Medicare spending? Yes. Why? Because we have waste in the system and things that need to be reconciled. For the Senator from Florida, let me give a couple of illustrations. I lived in Springfield, IL. The average expenditure annually for Medicare recipients in my hometown is \$7,600 a year average. The average in Chicago, IL, for Medicare recipients is \$9,600 a year. The average expenditure for Medicare recipients in Miami, FL, is \$17,000 a year. Miami may be a little bit more expensive than Chicago—we can argue that point—but is it twice as expensive? I don't think so. I want to know why. Why does it cost so much more in Miami, FL, and in McAllen, TX, for Medicare patients than it does in Chicago or Springfield or Rochester, MN? And are there ways to save money without compromising quality?

Senator MICHAEL BENNET of Colorado offered an amendment adopted on the floor that said when we get done cutting waste and fraud, we are not going to cut the basic benefits under Medicare. We are on record. That is part of the bill. That is part of the health care reform bill. We could make Medicare better and stronger and save money. There are a lot of things being ripped off in Medicare. Turn on late-night TV and watch all the come-on ads for people to come and get something they may or may not need and Medicare is going to take care of it. Those are the things we ought to take a look at and I think it is well worthwhile.

Let me also say this: We cannot as a nation address the problems of health care with 50 million people uninsured and the numbers growing dramatically. Our proposal will put 30 million of those under the protection of Medicaid and health insurance through exchanges. We will provide, thanks to the leadership of Senator NELSON of Nebraska, up to 2 or 3 years with the Federal Government picking up every penny of the cost for the new Medicaid recipients; then, beyond that, high amounts—90, 95 percent—for several years. It is a reasonable transition for the States to absorb people who are

now uninsured presenting themselves for care.

We end up with 30 million people with coverage. The Republicans' best effort addressing the 50 million uninsured in America covered 3 million. We can do better. We need to do better as a nation. Uninsured people show up at hospitals, incur costs, and pass them along to other people. I think we need to move forward on health care reform.

I had a call in my office on a Saturday. I was sitting around doing a few things at my desk by myself in my office and the phone rang in Springfield and a lady was calling from Nokomis, IL, which is not too far away from Springfield, in Montgomery County. It is a small town with a lot of retired farmers and a lot of conservative folks I have represented in Congress for a long time.

She said: Senator, whatever you do, don't vote for health care reform.

I said: Do you have health insurance?

She said: We do. My husband and I have health insurance.

I said: You can keep it. If you want to keep it, you can keep it. We are not changing that.

Well, I just worry about the government getting involved in it, she says. She says, When government gets involved in insurance, I am not sure it is a good thing.

I said: Is anybody in your family on Medicare?

Well, sure. We have all signed up for it and my mother who is 85 is on Medicare and recently had a surgery, major surgery at Memorial Medical Center in Springfield.

How is she doing?

Just fine.

I said: I am glad your mom could depend on Medicare to pick up the bills for the surgery and didn't have to exhaust her savings or sell whatever property she has left in this world. But that is a government health insurance plan, ma'am. It has been there for all of us. My contributions out of my paycheck help pay your mom's medical bills and that is just fine with me, because I think we are all in this American family and we should watch out for one another.

Well, she didn't see it that way and I am sure I didn't convince her. The phone is ringing off the hook in all the offices of Senators and Congressmen for and against this idea. There is a lot of misunderstanding out there. I think this is an important step forward for America. We have put a lot of blood, sweat, and tears in this effort and now we need to get it done. We need to give the American people an alternative, because watching health insurance premiums go up the way they are going up is unsustainable. Businesses can't afford it; individuals can't afford it; our Nation cannot afford it.

For those who stand on the floor and have different ideas, that is your right.

As a Member of the Senate, that is your right—maybe your responsibility. But I also think you have a responsibility to come forward with your plan, with your idea, unless you think everything is fine and we ought to leave it the way it is; we shouldn't worry about the uninsured; we shouldn't be concerned about the increases in health insurance premiums; we shouldn't worry that Medicare is going to go broke in 9 years. If you think those are things that we should push aside and, as some say, let's start over, let's do baby steps, let's think about it later, let's go back to it next year, that is a point of view, but I don't think that is the responsibility we have as Members of the Senate to address the issues facing our Nation.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. BURRIS. Mr. President, I wish to commend my senior Senator from Illinois for his comments on health care and what we must do in this body to pass health care. It is long overdue. It is time for us to work with our colleagues in the House of Representatives to make sure we cover those 50 million Americans who are uninsured.

URBAN PREP ACADEMY

I wish to do a little presentation here for some young men from Chicago. In 2006, a brandnew school opened its doors to the community of Englewood on the south side of Chicago. This school is called the Urban Prep Charter Academy for Young Men. It was designed to provide quality education to an area desperately in need of a new approach.

Local schools were failing. Last year, 93 percent of the public high school students in the neighborhood were classified as low income. The public school attendance rate was around 60 percent. The local high school ranked 81st out of 98 Chicago public schools in terms of preparing students to succeed on college entrance exams such as the ACT.

Until 2006, there were few places to turn. Most residents were unable to afford to send their sons or daughters to expensive private schools. It seemed inevitable that these young people would face an uphill fight to graduate from high school, let alone move on to get a college education and find a good career. It seemed as though there was no alternative and no way to break the cycle.

But then, in 2002, a group of African-American business persons, educators, and civic leaders came together under the leadership of a young man by the name of Tim King, and they decided to find a solution. They started a nonprofit organization designed to give local residents the tools to succeed in college and to build a better future for themselves. They saw beyond the low-income level and the stereotypes and

the destructive cycle that kept the neighborhood schools from succeeding. So, in 2006, the Englewood campus of Urban Prep Charter Academy admitted its first class of students.

Many charter schools are able to cherry-pick their students, selecting from the cream of the crop to ensure a high success rate, but the founders of Urban Prep rejected this idea. They looked at the kids in the Englewood public schools and they saw that every one of them had the potential for success, if given the opportunity. So they selected students based on a lottery system rather than strictly by the numbers. Some 400 names went into the barrel and the names were drawn from the barrel.

Today, the very first class of Urban Prep students is preparing for their graduation date. While other local schools have had attendance rates of only 60 percent, Urban Prep maintained an attendance rate of 91 percent. The local public school ranked 81st at preparing their students for the ACT with an average score of 13.4, but Urban Prep is ranked third, with an average ACT score of 16.5.

When the class of 2010 enrolled in Urban Prep in 2006, only 4 percent of these students were reading at grade level. But today, as their commencement date draws near, I am proud to say that every one of them—100 percent of the first-year class—has been accepted to a 4-year college. Not only that, they were accepted with scholarships, 4-year scholarships.

This is an extraordinary success story. This is a testament to the vision of Tim King and the faculty and staff that he and other local leaders have assembled. I applaud them for their dedication and I congratulate them on this outstanding achievement. Most of all, though, this is a testament to the students of Englewood and to all of the other communities in Chicago—the students who broke the cycle and proved they do have the talent, the skill, and the drive to succeed, if only they were presented with the opportunity. Thanks to Urban Prep and the leadership of those who founded this organization, these students got that chance.

But the story doesn't end here. In August of 2009, a second Urban Prep campus opened its doors in East Garfield Park, and later this year a third school will open in South Shore, extending the reach of this great organization and expanding the opportunity for Chicago students to realize their dreams.

So in the coming months, as my colleagues and I take up President Obama's update on No Child Left Behind, I urge them to remember success stories such as this one. As we reexamine our educational priorities, I hope we can move in a direction that will provide investment in public schools

that need assistance as well as organizations such as Urban Prep. Organizations that grow out of local communities demonstrate a shared interest in seizing the best future for our children. We need to invest in communities such as Englewood and East Garfield Park and South Shore and dozens of others in Chicago and across the country. We need to make sure more and more students have the opportunity to succeed so they can go to college, find a career, and become productive members of our society and, as I always say, become an asset to society and not a liability to society.

It really does take a village to educate these young people. It takes a steadfast commitment to education and a vision such as the one Tim King shared with others in his community back in 2002. As a member of Sigma Pi Phi fraternity, we played a minor role in assisting Urban Prep with our fundraising efforts to contribute to the purchase of a uniform for these young men. We also make ourselves available to go there and work with them during career day to point out our successes and opportunities to challenge them to do no less than what we were able to do. So the men of Sigma Pi Phi worked with these young men at Urban Prep and we made sure that we made a similar contribution to the overall efforts.

Let us renew our investment in America's education system. Let us affirm our priorities for young people today and make sure every one of them has a chance to get the education they deserve. Together, we can build more success stories such as Urban Prep, and that is what we must do. Urban Prep is a public school so, therefore, we do not have to be dedicating all of the resources commitment to the private schools. We can educate our young people in the public system.

I thank you, Mr. President. I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, I ask unanimous consent that notwithstanding rule XXII, the Senate resume consideration of H.R. 1586 at 2:15 p.m., Tuesday, March 16; further, that during any recess, adjournment or period of morning business, postcloture time continue to run; and that after the convening of the Senate at 9:30 a.m., Wednesday, the Senate resume consideration of the House message with respect to H.R. 2847, and all postcloture time be considered expired, the motion to concur with an amendment be withdrawn, and no further amendments or motions be in order, except as provided in the DeMint motion to suspend; that it be in order for Senator DEMINT to offer a motion to suspend the rules in order to offer an amendment, and that if the motion is offered, Senator DEMINT be recognized for up to 10 minutes; that upon disposition of the

DeMint motion, the Senate then vote on the motion to concur in the House amendments to the Senate amendment to the House amendment to the Senate amendment to the bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DURBIN. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BROWN of Ohio. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HONORING THE SERVICE OF JOHN HATCHER

Mr. BROWN of Ohio. Mr. President, I rise to speak about a dear and trusted friend, not just for me and my family but for the people of Lorain County, OH. John Hatcher is a man of conscience and courage. His commitment to the highest ideals is unwavering, even in the face of criticism and attempts to silence him.

In large and small ways, John Hatcher has done more for the working men and women of Lorain County and organized labor than anyone else I know. John is a retired United Auto Workers member from the Ford Motor Company Ohio assembly plant in Avon Lake.

For generations, the plant helped build Lorain's middle class—the same way that American manufacturing built America's middle class. He has long held a position of leadership in the labor movement, and his loyalty to his fellow workers and to those who champion them has never wavered. He is still president of the Lorain County UAW CAP Council and a board member of the Lorain County Labor Agency.

He has chaired the Lorain County Labor Day Festival Committee for several years—an event that attracts thousands of Lorain County families to celebrate the accomplishments and heritage of organized labor. And every month, John finds time to deliver food to the elderly through the Lorain County Office on Aging.

For the many years I have known John—two-and-a-half decades, perhaps—he has been a fighter who is not afraid to stand up for what he believes. And as he battles cancer, John is displaying the same vigor, the same fighting spirit. Yesterday, hundreds of friends, families, and elected officials joined in honoring John with the Lorain County AFL-CIO Lifetime Achievement Award.

John said—and I was standing with him—“I haven't been out in the community much the past few months, but as the warm weather comes, I will be back out soon.”

In many ways, John's presence is always felt in Lorain—through the work-

ers he has helped and for the causes which he has championed. He is a tireless champion for working men and women. He has made an invaluable contribution to the labor movement.

You never wonder where you stand with John Hatcher. He is the best kind of friend. He stands sturdily at your side in the highest winds, but is also willing to rein you in if you are getting too full of yourself. He is one of the kindest people I know, always greeting his friends with a twinkle in his eye and the hug of a man twice his size.

Of all his accomplishments, the hours of labor spent at the factory, in the union hall, or on the picket line fighting for others, if you asked John, his proudest achievement is being a devoted husband to Carol—one of my favorite people—and a loving father to 6 children, 13 grandchildren, and 7 great-grandchildren.

Thank you, John, for your service to the working men and women of Lorain County, for your service to the State of Ohio, and for your service to our Nation. Connie and I are honored to consider you our dear friend.

TRIBUTE TO MARILYN ROBERSON

Mr. BROWN of Ohio. Mr. President, I rise today to honor Marilyn Roberson of Massillon, OH, a proud grandmother of five Eagle Scouts. This year, the Boy Scouts of America celebrates its hundredth anniversary of service to our Nation. Already this year, I have attended Boy Scout celebrations and Eagle Scout Courts of Honor across my State.

Around Ohio and our Nation, families and friends, community and business leaders, are celebrating Scouting's commitment to service, to protecting the outdoors—some of the original environmentalists—and to instilling the values of faith and fellowship.

Growing up in Mansfield, OH, a city of 50,000 in north central Ohio—an industrial town—my parents instilled in my brother and me our own values of compassion and commitment to community. My two brothers and I are Eagle Scouts and my mother wore a charm bracelet representing each of her Eagle Scout sons. I always claimed my Eagle Scout emblem was larger than my brothers'. She always denied that.

In many ways, Scouting's commitment to family and community laid the groundwork for my years in public service—as it has for the Eagle Scouts now in elected office in this body—I think there are 6 others in the Senate—or executives in boardrooms, teachers in classrooms, or just model citizens everywhere in our country.

On March 20, 2010, the Boy Scouts of America, Venture Crew 10 of Massillon, OH, will hold an Eagle Court of Honor for five young men who will become Eagle Scouts. Among the Eagle Scouts

will be Andrew and Timothy Bushman, who will become the fourth and fifth grandsons of Mrs. Marilyn Roberson to become Eagle Scouts.

Marilyn Roberson is now 86 years old, and like many of our role models she has taught her grandchildren the capacity for selflessness, and to have the confidence to serve with humility and honor. I knew Marilyn's late husband Al 25 years ago, when I first met Al and Marilyn and several of their children. Al grew up in Tupelo, MS, across the street from Elvis Presley, then moved north, started a business, was very successful, and always—always—Marilyn and Al and their children gave back to the community.

I congratulate Andrew, Timothy, their fellow Eagle Scouts, Ian Christopher McKinney, Mathew Michael McKinney, and Michael David Ternaux, for earning this important honor. I congratulate Eagle Scouts across Ohio—there are hundreds of New Eagle Scouts every year—for earning this honor and taking part in a great American tradition, which asks you to live with honor and loyalty and act with courage and service.

It is a creed of common purpose and community service based on the Scout oath, ever present in the 12 points of the Scout law.

While each of you as Eagle Scouts will forever be an Eagle Scout, your accomplishments are not easily defined by the number of badges earned but, rather, the character and dignity you show in earning them. For Andrew and Timothy, that dignity has been shaped by your remarkable grandmother, Mrs. Marilyn Roberson. Thank you, Mrs. Roberson, for your dedication to your family and for your service to our great State and for the legacy you have created for so many.

I yield the floor. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BROWN of Ohio. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. BROWN of Ohio. Mr. President, I ask unanimous consent the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

REMEMBERING SANDRA MASON

Mr. BYRD. Mr. President, I have often talked about the importance of the many professional staff members and various support services that allow

for the proper functioning of this great institution, the U.S. Senate. These individuals and offices are rarely mentioned in newspapers or history books, but they work many long hours with great energy, exceptional skill, and admirable adherence to high quality work. As a result, the contribution of such dedicated public servants greatly assists the work we do as Senators; they make our work more pleasant and productive than otherwise would be possible.

An example of the sense of pride and loyalty that Senate employees bring to their daily responsibilities is the career of Mrs. Sandra Mason, who prior to her retirement was the Director of Protocol and Foreign Travel for the Senate Committee on Foreign Relations. Mrs. Sandra Mason, who was known to her many friends in the Senate as "Sandy" served on the staff of that committee from 1979 through 2008, when she completed her Federal employment. As one can easily imagine, this is a position of considerable responsibility, which in no small part determines the successful hosting of high-level foreign dignitaries visiting the Senate, as well as the efficient operation of official Senate delegations traveling abroad. I remember that when I traveled on Senate business accompanied by my dear wife Erma, Sandy Mason's hard work and expert aplomb made all the difference for a memorable and very positive undertaking.

During her entire extraordinary career, which commenced with employment with Senator Hubert H. Humphrey in 1971, Sandy earned the love, respect, and praise of all those who worked with her and came to know her.

Sandy passed away on Monday, March 8, 2010. She will be greatly missed but certainly not forgotten. I extend warm personal condolences to her husband Ronald, her son Aaron, and all of her beloved family, and offer my sincere wishes that she, and they, receive the Blessings of our Creator.

Let fate do her worst, there are relics of joy,
Bright dreams of the past that she cannot destroy,

That come in the night-time of sorrow and care,
And bring back the features that joy used to wear.

Long, long be my heart with such memories filled,
Like the vase in which roses have once been distilled,

You may break, you may shatter the vase if you will,
But the scent of the roses will hang round it still.

Scent of the Roses
—by Thomas Moore

STATE DEPARTMENT HUMAN RIGHTS REPORTS

Mr. CARDIN. Mr. President, this month's release of the State Depart-

ment's annual Country Reports on Human Rights Practices shows the value of consistently monitoring human rights around the globe.

As Chairman of the U.S. Helsinki Commission charged with monitoring international human rights commitments in 56 countries from the U.S. and Canada to Europe and Central Asia, this annual report is a key tool that we, and others, use to track progress being made on universal freedoms.

This year's reports have increased significance as 2010 is the 35th anniversary of the Helsinki Final Act and the 20th anniversary of historic international human rights agreements, the Copenhagen Document, and the Charter of Paris for a New Europe.

In a year commemorating such landmark human rights documents, this month's State Department reports remind us that many of the commitments countries made in the past still have not been met with meaningful action today.

In Belarus, where I visited last summer, the political space for opposition remains tightly controlled, independent media face continual harassment, and elections are a farce.

The overall situation in Russia remains disturbing as well. There 2009 was a year again filled with mourning the very people who stood for freedom, be they journalists, human rights advocates or lawyers simply trying to present a case against corruption. The country's harassment of Jehovah's Witnesses and forceful break up of public demonstrations remain particularly concerning.

I urge Kazakhstan, as the current chair of the OSCE, to lead by example through concrete actions, starting with the release of activist Yevgeny Zhovtis, whom staff from the Helsinki Commission visited this week in prison. Zhovtis at least deserves the same freedoms afforded other prisoners in his facility, including the right to work outside the facility during the day.

In Kosovo, in addition to problems with human trafficking, official corruption and a lack of judicial due process, the State Department notes the lack of progress regarding displaced persons of all ethnicities, politically and ethnically motivated violence, and societal antipathy against Serbs and the Serbian Orthodox Church. The lack of progress regarding the country's international recognition, while unfortunate, does not absolve Kosovo authorities from their responsibility to ensure greater respect for human rights and adherence to the rule of law.

Assistant Secretary of State for Democracy Human Rights and Labor Michael Posner, who serves as the State Department Commissioner on the U.S. Helsinki Commission, did a superb job of unveiling the report today with Secretary of State Hillary Clinton.

I was heartened to hear him specifically flag examples of 2009 human

rights violations within the OSCE region that drew the attention of the Commission last year. The banning of construction of Muslim minarets in Switzerland, the pervasiveness of discrimination against Roma—Europe's largest ethnic minority, and the continued rise of anti-Semitism in Europe sadly still remain concerns this year.

While these country reports help to hold all governments—including our own—to account; and while much of their text shows the reality of a world troubled by violent conflicts and the mistreatment of our most vulnerable people; the State Department reports also show the positive that surrounds us.

In this vein, Assistant Secretary Posner was right to mention the fairness of Ukraine's recent elections, for which my colleague Cochairman HASTINGS led the election observation mission. And the reports are eager to cite progress where appropriate.

But these reports affirm something else, and that is the strength of the legislative-executive branch cooperation when it comes to upholding universal standards. The Helsinki Commission is unique among all federal agencies for being comprised of Senate, House and executive branch commissioners, and Assistant Secretary Posner's activity with the Commission and the State Department's annual human rights reports mandated by Congress are but two examples of our two branches working together to keep a spotlight on human rights abuses.

CONTRIBUTIONS OF PHARMACIES ACROSS THE COUNTRY

Mrs. HAGAN. Mr. President, today, I am proud to recognize the contributions of our Nations' pharmacies to the American health care system. Over 200 members of the pharmacy community—including practicing pharmacists, pharmacy school faculty and students, state pharmacy leaders, and pharmacy company executives—will come together to highlight the importance of supporting policies that protect access to neighborhood pharmacies and utilizes pharmacists to improve quality and reduce health costs.

Currently, there are over 50,000 community pharmacies operating nationwide. Pharmacists are one of the Nation's most accessible health care providers, and nearly all Americans live within about 2 miles from a community retail pharmacy. Pharmacy has a long history of receiving, filling, billing, and dispensing prescriptions in tandem with counseling. But pharmacists, utilizing their specialized education, also play a major role in medication therapy management, disease state management, immunizations, health care screenings, and other health care services designed to improve patient health and reduce overall health care costs.

Pharmacists help patients adhere to their medications to improve health outcomes and reduce the risks of adverse events and unnecessary costly hospital readmissions and emergency room visits. Pharmacists are uniquely qualified to work with patients to help manage their medications and play an essential role in helping them take their medications as prescribed. Unfortunately, only 50 percent of Americans living with chronic diseases adhere to their drug regimens. Patient nonadherence costs the Nation's economy an estimated \$290 billion each year, not to mention the avoidable loss of quality of life for patients and their loved ones. Congress recognized the important role of local pharmacists when it included a medication therapy management, MTM, benefit in Medicare Part D. As we have seen the increasing power of this benefit in improving patient health outcomes, I support community pharmacy's efforts to strengthen the MTM benefit so it is available for seniors and others struggling with chronic conditions and other illnesses.

As the face of neighborhood health care, pharmacies across the Nation offer these and other cost-saving programs and services to help patients take medicines they need to achieve positive results from appropriate use of their medications. For more than a century, pharmacies and pharmacists have made a difference in the lives of people in North Carolina and the rest of America. In order to ensure pharmacies continue to exist in our local communities, pharmacists deserve fair reimbursements for the cost effective medications that they dispense.

Today, I celebrate the value of pharmacy and support efforts to protect access to neighborhood pharmacies and utilize pharmacies to improve the quality and reduce the costs of health care. Finally, I would like to congratulate over 200 pharmacy leaders, pharmacists, students, and executives and the pharmacy community for their contributions to the good health of the American people.

ADDITIONAL STATEMENTS

TRIBUTE TO S. MARK MCCURRY

• Mr. VITTER. Mr. President, today I wish to recognize S. Mark McCurry, who has served as parish administrator of Calcasieu Parish for more than 20 years. He will retire on April 3, 2010, and I would like to take some time to make a few remarks on his accomplishments and contributions to the Louisiana community.

Mr. McCurry started his career with Calcasieu parish as assistant administrator in 1976. In 1983 he was named Outstanding Young Man of Lake Charles, thus beginning a notable career as a public servant. Furthering his

career with Calcasieu parish, in 1988 he became parish administrator, and he continued making great strides for the State of Louisiana. In 1999, Mr. McCurry was named Appointed Public Official of the Year by the Calcasieu Chapter of the National Association of Social Workers and in 2003 he was the recipient of the statewide Public Service Award given by the Louisiana Public Health Association.

In addition to his time as parish administrator, Mr. McCurry served Louisiana in many other arenas. He sat on the board of directors of First Federal Bank of Louisiana and was chair of the Board of Trustees of the United Methodist Foundation of Louisiana. He also presided as president of the Organization of Parish Administrative Officials of the Louisiana Police Jury Association.

Mr. McCurry has been credited with "raising the level of professionalism in police jury affairs," as well as, "making local governments work together more effectively." He has been a great asset for the State of Louisiana.

Thus, today, I am proud to honor a fellow Louisianan, Mr. S. Mark McCurry, for his distinguished service to Calcasieu Parish and to the State of Louisiana.●

MESSAGES FROM THE HOUSE

At 2:11 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 3650. An act to establish a National Harmful Algal Bloom and Hypoxia Program, to develop and coordinate a comprehensive and integrated strategy to address harmful algal blooms and hypoxia, and to provide for the development and implementation of comprehensive regional action plans to reduce harmful algal blooms and hypoxia.

H.R. 4506. An act to authorize the appointment of additional bankruptcy judges, and for other purposes.

At 3:08 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that Mr. SCHIFF, Ms. ZOE LOFGREN, of California, Mr. JOHNSON of Georgia, Mr. GOODLATTE, and Mr. SENBRENNER are appointed managers on the part of the House to conduct the trial of impeachment of G. Thomas Porteous, Jr., a Judge for the United States District Court for the Eastern District of Louisiana, that a message be sent to the Senate to inform the Senate of these appointments, and that the managers on the part of the House may exhibit the articles of impeachment to the Senate and take all other actions necessary in connection with preparation for, and conduct of, the trial, which may include the following: (1) Employing legal, clerical, and other necessary assistants and incurring

such other expenses as may be necessary, to be paid from amounts available to the Committee on the Judiciary under House Resolution 15, One Hundred Eleventh Congress, agreed to January 13, 2009, or any other applicable expense resolution on vouchers approved by the Chairman of the Committee on the Judiciary. (2) Sending for persons and papers, and filing with the Secretary of the Senate, on the part of the House of Representatives, any subsequent pleadings which they consider necessary.

MEASURES REFERRED

The following bill was read the first and the second times by unanimous consent, and referred as indicated:

H.R. 4506. An act to authorize the appointment of additional bankruptcy judges, and for other purposes; to the Committee on the Judiciary.

MEASURES PLACED ON THE CALENDAR

The following bill was read the first and second times by unanimous consent, and placed on the calendar:

H.R. 3650. An act to establish a National Harmful Algal Bloom and Hypoxia Program, to develop and coordinate a comprehensive and integrated strategy to address harmful algal blooms and hypoxia, and to provide for the development and implementation of comprehensive regional action plans to reduce harmful algal blooms and hypoxia.

MEASURES READ THE FIRST TIME

The following bill was read the first time:

H.R. 2314. An act to express the policy of the United States regarding the United States relationship with Native Hawaiians and to provide a process for the recognition by the United States of the Native Hawaiian governing entity.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. LIEBERMAN, from the Committee on Homeland Security and Governmental Affairs, without amendment:

S. 2865. A bill to reauthorize the Congressional Award Act (2 U.S.C. 801 et seq.), and for other purposes (Rept. No. 111-163).

By Mr. LEAHY, from the Committee on the Judiciary, with an amendment in the nature of a substitute:

S. 1789. A bill to restore fairness to Federal cocaine sentencing.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Ms. KLOBUCHAR (for herself, Mrs. GILLIBRAND, and Mr. BEGICH):

S. 3110. A bill to improve consumer protection for purchasers of broadband services by requiring consistent use of broadband service terminology by providers, requiring clear and conspicuous disclosure to consumers about the actual broadband speed that may reasonably be expected, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. LEAHY (for himself and Mr. CORNYN):

S. 3111. A bill to establish the Commission on Freedom of Information Act Processing Delays; to the Committee on the Judiciary.

By Ms. KLOBUCHAR (for herself and Mr. ENZI):

S. 3112. A bill to remove obstacles to legal sales of United States agricultural commodities to Cuba and to end certain travel restrictions to Cuba; to the Committee on Foreign Relations.

By Mr. LEAHY (for himself and Mr. LEVIN):

S. 3113. A bill to amend the Immigration and Nationality Act to reaffirm the United States' historic commitment to protecting refugees who are fleeing persecution or torture; to the Committee on the Judiciary.

By Mrs. GILLIBRAND:

S. 3114. A bill to improve communication to consumers when there is a food recall; to the Committee on Health, Education, Labor, and Pensions.

By Ms. KLOBUCHAR (for herself and Mr. BURR):

S. 3115. A bill to amend the National Telecommunications and Information Administration Organization Act to enhance and promote the Nation's public safety and citizen activated emergency response capabilities through the use of 9-1-1 services, to further upgrade public safety answering point capabilities and related functions in receiving 9-1-1 calls, and to support in the construction and operation of a ubiquitous and reliable citizen activated system; to the Committee on Commerce, Science, and Transportation.

By Mr. KERRY:

S. 3116. A bill to amend the Whale Conservation and Protection Study Act to promote international whale conservation, protection, and research, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. WYDEN (for himself and Ms. SNOWE):

S. 3117. A bill to strengthen the capacity of eligible institutions to provide instruction in nanotechnology; to the Committee on Health, Education, Labor, and Pensions.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. BROWN of Ohio:

S. Res. 454. A resolution supporting the goals of World Tuberculosis Day to raise awareness about tuberculosis; to the Committee on Foreign Relations.

By Mrs. BOXER (for herself, Mr. BROWNBACK, Mr. SPECTER, Ms. SNOWE, Mr. SCHUMER, Mrs. GILLIBRAND, Ms. KULSKIS, Mr. CARDIN, and Mr. LEVIN):

S. Res. 455. A resolution honoring the life, heroism, and service of Harriet Tubman; considered and agreed to.

ADDITIONAL COSPONSORS

S. 362

At the request of Mr. ROCKEFELLER, the name of the Senator from Arkansas (Mr. PRYOR) was added as a cosponsor of S. 362, a bill to amend title 38, United States Code, to improve the collective bargaining rights and procedures for review of adverse actions of certain employees of the Department of Veterans Affairs, and for other purposes.

S. 437

At the request of Mr. SPECTER, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 437, a bill to amend the Internal Revenue Code of 1986 to allow the deduction of attorney-advanced expenses and court costs in contingency fee cases.

S. 493

At the request of Mr. CASEY, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 493, a bill to amend the Internal Revenue Code of 1986 to provide for the establishment of ABLE accounts for the care of family members with disabilities, and for other purposes.

S. 649

At the request of Mr. KERRY, the name of the Senator from North Dakota (Mr. CONRAD) was added as a cosponsor of S. 649, a bill to require an inventory of radio spectrum bands managed by the National Telecommunications and Information Administration and the Federal Communications Commission.

S. 654

At the request of Mr. BUNNING, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 654, a bill to amend title XIX of the Social Security Act to cover physician services delivered by podiatric physicians to ensure access by Medicaid beneficiaries to appropriate quality foot and ankle care.

S. 678

At the request of Mr. LEAHY, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 678, a bill to reauthorize and improve the Juvenile Justice and Delinquency Prevention Act of 1974, and for other purposes.

S. 695

At the request of Ms. SNOWE, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 695, a bill to authorize the Secretary of Commerce to reduce the matching requirement for participants in the Hollings Manufacturing Partnership Program.

S. 850

At the request of Mr. KERRY, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of S. 850, a bill to amend the High Seas Driftnet Fishing Moratorium Protection Act and the Magnuson-Stevens

Fishery Conservation and Management Act to improve the conservation of sharks.

S. 1606

At the request of Mr. WHITEHOUSE, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 1606, a bill to require foreign manufacturers of products imported into the United States to establish registered agents in the United States who are authorized to accept service of process against such manufacturers, and for other purposes.

S. 1611

At the request of Mr. GREGG, the name of the Senator from Illinois (Mr. DURBIN) was added as a cosponsor of S. 1611, a bill to provide collective bargaining rights for public safety officers employed by States or their political subdivisions.

S. 1683

At the request of Mr. BENNET, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 1683, a bill to apply recaptured taxpayer investments toward reducing the national debt.

S. 1765

At the request of Mr. CARDIN, the name of the Senator from Pennsylvania (Mr. SPECTER) was added as a cosponsor of S. 1765, a bill to amend the Hate Crime Statistics Act to include crimes against the homeless.

S. 1789

At the request of Mr. DURBIN, the names of the Senator from Iowa (Mr. GRASSLEY) and the Senator from California (Mrs. FEINSTEIN) were added as cosponsors of S. 1789, a bill to restore fairness to Federal cocaine sentencing.

S. 1939

At the request of Mrs. GILLIBRAND, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 1939, a bill to amend title 38, United States Code, to clarify presumptions relating to the exposure of certain veterans who served in the vicinity of the Republic of Vietnam, and for other purposes.

S. 2805

At the request of Mr. SPECTER, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 2805, a bill to amend the Food and Nutrition Act of 2008 to increase the amount made available to purchase commodities for the emergency food assistance program in fiscal year 2010.

S. 2862

At the request of Ms. SNOWE, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. 2862, a bill to amend the Small Business Act to improve the Office of International Trade, and for other purposes.

S. 2908

At the request of Mr. KOHL, the name of the Senator from Tennessee (Mr.

ALEXANDER) was added as a cosponsor of S. 2908, a bill to amend the Energy Policy and Conservation Act to require the Secretary of Energy to publish a final rule that establishes a uniform efficiency descriptor and accompanying test methods for covered water heaters, and for other purposes.

S. 3028

At the request of Mr. KERRY, the name of the Senator from Maine (Ms. COLLINS) was added as a cosponsor of S. 3028, a bill to amend title XVIII of the Social Security Act to eliminate the 190-day lifetime limit on inpatient psychiatric hospital services under the Medicare program.

S. 3036

At the request of Mr. BAYH, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 3036, a bill to establish the Office of the National Alzheimer's Project.

S. 3058

At the request of Mr. DORGAN, the name of the Senator from Indiana (Mr. LUGAR) was added as a cosponsor of S. 3058, a bill to amend the Public Health Service Act to reauthorize the special diabetes programs for Type I diabetes and Indians under that Act.

S. 3065

At the request of Mr. LIEBERMAN, the name of the Senator from Washington (Ms. CANTWELL) was added as a cosponsor of S. 3065, a bill to amend title 10, United States Code, to enhance the readiness of the Armed Forces by replacing the current policy concerning homosexuality in the Armed Forces, referred to as "Don't Ask, Don't Tell", with a policy of nondiscrimination on the basis of sexual orientation.

S. 3079

At the request of Mr. MERKLEY, the name of the Senator from Arkansas (Mrs. LINCOLN) was added as a cosponsor of S. 3079, a bill to assist in the creation of new jobs by providing financial incentives for owners of commercial buildings and multifamily residential buildings to retrofit their buildings with energy efficient building equipment and materials and for other purposes.

S. 3108

At the request of Mr. MENENDEZ, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 3108, a bill to amend title 31 of the United States Code to require that Federal children's programs be separately displayed and analyzed in the President's budget.

S. CON. RES. 54

At the request of Mr. NELSON of Florida, the names of the Senator from Georgia (Mr. ISAKSON), the Senator from Idaho (Mr. RISCH), the Senator from Pennsylvania (Mr. CASEY), the Senator from Connecticut (Mr. LIEBERMAN) and the Senator from Arizona (Mr. KYL) were added as cosponsors of S. Con. Res. 54, a concurrent resolution

recognizing the life of Orlando Zapata Tamayo, who died on February 23, 2010, in the custody of the Government of Cuba, and calling for a continued focus on the promotion of internationally recognized human rights, listed in the Universal Declaration of Human Rights, in Cuba.

S. RES. 412

At the request of Mrs. GILLIBRAND, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. Res. 412, a resolution designating September 2010 as "National Childhood Obesity Awareness Month".

S. RES. 451

At the request of Mr. BURR, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of S. Res. 451, a resolution expressing support for designation of a "Welcome Home Vietnam Veterans Day".

S. RES. 452

At the request of Mr. BINGAMAN, his name was added as a cosponsor of S. Res. 452, a resolution supporting increased market access for exports of United States beef and beef products to Japan.

AMENDMENT NO. 3464

At the request of Mr. INHOFE, the name of the Senator from Louisiana (Mr. VITTER) was added as a cosponsor of amendment No. 3464 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3465

At the request of Mr. INHOFE, the name of the Senator from Oregon (Mr. WYDEN) was added as a cosponsor of amendment No. 3465 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3470

At the request of Mr. FEINGOLD, the name of the Senator from Missouri (Mrs. MCCASKILL) was added as a cosponsor of amendment No. 3470 proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3474

At the request of Mr. BARRASSO, the name of the Senator from Wyoming (Mr. ENZI) was added as a cosponsor of amendment No. 3474 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3486

At the request of Mr. SCHUMER, the names of the Senator from New York (Mrs. GILLIBRAND), the Senator from Connecticut (Mr. LIEBERMAN), the Senator from Vermont (Mr. LEAHY), the Senator from Maine (Ms. COLLINS), the Senator from Oregon (Mr. WYDEN), the Senator from Massachusetts (Mr. BROWN), the Senator from Oregon (Mr. MERKLEY), the Senator from Illinois (Mr. BURRIS) and the Senator from

Idaho (Mr. RISCH) were added as co-sponsors of amendment No. 3486 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3487

At the request of Mr. BINGAMAN, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a co-sponsor of amendment No. 3487 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3497

At the request of Mr. CARDIN, the name of the Senator from Pennsylvania (Mr. CASEY) was added as a co-sponsor of amendment No. 3497 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3504

At the request of Mr. MENENDEZ, the name of the Senator from New Jersey (Mr. LAUTENBERG) was added as a co-sponsor of amendment No. 3504 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3506

At the request of Mr. MENENDEZ, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a co-sponsor of amendment No. 3506 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. LEAHY (for himself and Mr. CORNYN):

S. 3111. A bill to establish the Commission on Freedom of Information Act Processing Delays; to the Committee on the Judiciary.

Mr. LEAHY. Mr. President, this week, the Nation commemorates Sunshine Week—a time to educate the public about the importance of open government. In recognition of Sunshine Week 2010, I am pleased to join with Senator CORNYN to introduce the Faster FOIA Act of 2010, a bill to improve the implementation of the Freedom of Information Act, FOIA.

Senator CORNYN and I first introduced this bill in 2005 to address the growing problem of excessive FOIA delays within our Federal agencies. Our decision to reintroduce the Faster FOIA Act this year is the most recent example of our bipartisan efforts to help reinvigorate FOIA.

Today, thanks to the reforms contained in the Leahy-Cornyn OPEN Government Act of 2007, millions of Americans who seek information under FOIA will experience a process that is much

more transparent and less burdened by delays. In 2009, President Obama signed the OPEN FOIA Act into law. That bill is the result of another successful collaboration with Senator CORNYN and me that is making the process for creating new legislative exemptions to FOIA more transparent.

While both of these legislative accomplishments are strengthening FOIA, more reforms are needed.

According to the Department of Justice's Freedom of Information Act Annual Report for fiscal year 2009, the Department had a backlog of almost 5,000 FOIA requests at the end of 2009. The Department of Homeland Security's report for the same period shows a backlog of 18,918 FOIA requests. These mounting FOIA backlogs are simply unacceptable.

The Faster FOIA Act will help to reverse these troubling statistics by establishing a bipartisan Commission to examine the root causes of agency delay. The commission created by this bill will make recommendations to Congress for reducing impediments to the efficient processing of FOIA requests.

The commission will also examine whether the current system for charging fees and granting fee waivers under FOIA should be modified. Lastly, the commission will be made up of government and non-governmental representatives with a broad range of experience in both submitting and handling FOIA requests, in information science, and in the development of government information policy.

Thomas Jefferson once wisely observed that "information is the currency of democracy." I share this view. I also firmly believe that the Faster FOIA Act will help ensure the dissemination of Government information, so that our democracy remains vibrant and free.

I have said many times that open government is neither a Democratic issue, nor a Republican issue—it is truly an American value and virtue that we all must uphold. As we celebrate Sunshine Week, it is in this bipartisan spirit that I join Americans from across the Nation in celebrating an open and transparent government. I urge all of my Senate colleagues to support the Faster FOIA Act.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 3111

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. COMMISSION ON FREEDOM OF INFORMATION ACT PROCESSING DELAYS.

(a) SHORT TITLE.—This Act may be cited as the "Faster FOIA Act of 2010".

(b) ESTABLISHMENT.—There is established the Commission on Freedom of Information

Act Processing Delays (in this Act referred to as the "Commission") for the purpose of conducting a study relating to methods to help reduce delays in processing requests submitted to Federal agencies under section 552 of title 5, United States Code (commonly referred to as the "Freedom of Information Act").

(c) MEMBERSHIP.—

(1) IN GENERAL.—The Commission shall be composed of 16 members of whom—

(A) 3 shall be appointed by the chairman of the Committee on the Judiciary of the Senate;

(B) 3 shall be appointed by the ranking member of the Committee on the Judiciary of the Senate;

(C) 3 shall be appointed by the chairman of the Committee on Government Reform of the House of Representatives;

(D) 3 shall be appointed by the ranking member of the Committee on Government Reform of the House of Representatives;

(E) 1 shall be appointed by the Attorney General of the United States;

(F) 1 shall be appointed by the Director of the Office of Management and Budget;

(G) 1 shall be appointed by the Archivist of the United States; and

(H) 1 shall be appointed by the Comptroller General of the United States.

(2) QUALIFICATIONS OF CONGRESSIONAL APPOINTEES.—Of the 3 appointees under each of subparagraphs (A), (B), (C), and (D) of paragraph (1)—

(A) at least 1 shall have experience in submitting requests under section 552 of title 5, United States Code, to Federal agencies, such as on behalf of nonprofit research or educational organizations or news media organizations; and

(B) at least 1 shall have experience in academic research in the fields of library science, information management, or public access to Government information.

(d) STUDY.—The Commission shall conduct a study to—

(1) identify methods that—

(A) will help reduce delays in the processing of requests submitted to Federal agencies under section 552 of title 5, United States Code; and

(B) ensure the efficient and equitable administration of that section throughout the Federal Government; and

(2) examine whether the system for charging fees and granting waivers of fees under section 552 of title 5, United States Code, needs to be reformed in order to reduce delays in processing requests.

(e) REPORT.—Not later than 1 year after the date of enactment of this Act, the Commission shall submit a report to Congress and the President containing the results of the study under this section, which shall include—

(1) a description of the methods identified by the study;

(2) the conclusions and recommendations of the Commission regarding—

(A) each method identified; and

(B) the charging of fees and granting of waivers of fees; and

(3) recommendations for legislative or administrative actions to implement the conclusions of the Commission.

(f) STAFF AND ADMINISTRATIVE SUPPORT SERVICES.—The Comptroller General of the United States shall provide to the Commission such staff and administrative support services, including research assistance at the request of the Commission, as necessary for the Commission to perform its functions efficiently and in accordance with this section.

(g) INFORMATION.—To the extent permitted by law, the heads of executive agencies, the Government Accountability Office, and the Congressional Research Service shall provide to the Commission such information as the Commission may require to carry out its functions.

(h) COMPENSATION OF MEMBERS.—Members of the Commission shall serve without compensation for services performed for the Commission.

(i) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(j) APPLICABILITY OF FEDERAL ADVISORY COMMITTEE ACT.—The Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the Commission.

(k) TERMINATION.—The Commission shall terminate 30 days after the submission of the report under subsection (e).

By Mr. LEAHY (for himself and Mr. LEVIN):

S. 3113. A bill to amend the Immigration and Nationality Act to reaffirm the United States' historic commitment to protecting refugees who are fleeing persecution or torture; to the Committee on the Judiciary.

Mr. LEAHY. Mr. President, I am pleased today to introduce the Refugee Protection Act of 2010. This week marks the thirtieth anniversary of the Refugee Act, which was signed into law on March 17, 1980. In the years since, our statute and case law have evolved in ways that place unnecessary and harmful barriers before genuine refugees and asylum seekers. This bill, which is cosponsored by Senator LEVIN of Michigan, will restore the U.S. as a beacon of hope for those who suffer from persecution around the world.

The Convention Relating to the Status of Refugees was negotiated in 1951 to protect those who suffered persecution in war-torn Europe prior to 1951, yet the U.S. did not sign it at that time. In 1967, the U.S. signed and ratified a Protocol to the Convention, which expanded its geographic and temporal scope, establishing a definition of refugee that applied around the world. It was not until 1980, however, that Congress enacted implementing legislation to bring our laws into compliance with the Convention and Protocol. During the intervening years, our Government acted in an ad hoc manner to bring in refugees fleeing Southeast Asia by boat, to protect Jews and other refugees from the Soviet bloc, and to provide safety for victims of persecution in Africa. Our Nation acted generously in those years, providing aid and relief, but our policies needed to be grounded in law.

The Refugee Act of 1980 was championed by the late Senator Edward Kennedy, who fought for decades to protect victims of persecution who had been forced to flee their home nations,

leaving behind livelihood, family, and security. I supported the Refugee Act in the 96th Congress, and voted for it when it passed the Senate. When the Senate debated the bill, Senator Kennedy spoke of its dual goals: to "welcome homeless refugees to our shores," thereby embracing "one of the oldest and most important themes in our Nation's history," and to "give statutory meaning to our national commitment to human rights and humanitarian concerns." 125 Cong. Rec. 23231–32 Sept. 6, 1979.) We lost our dear friend last year, but we can honor Ted Kennedy's memory by carrying forward the mantle of refugee protection.

The Refugee Protection Act of 2010 contains provisions of a bipartisan bill that I previously introduced in the 106th and 107th Congresses to repeal the most harsh and unnecessary elements of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, a law that had tragic consequences for asylum seekers. It also corrects agency and court misinterpretations of law that limit access to safety in the U.S. for asylum seekers. Finally, it modifies the immigration statute to ensure that innocent persons with valid claims are not unfairly barred from the U.S. by laws enacted after September 11, 2001, while leaving in place provisions that prevent dangerous terrorists from manipulating our immigration system.

In the years since the Refugee Act was enacted, over 2.6 million refugees and asylum seekers have been granted protection in the U.S. I am proud that my home State of Vermont has long welcomed refugees and helped these new Americans to rebuild their lives. More than 5,300 refugees have been resettled in Vermont since 1989, from countries as diverse as Burma, Bhutan, Somalia, Bosnia, and Vietnam. In the early days of resettlement, Vermont accepted refugees fleeing persecution from Southeast Asia and the Soviet Union, and from the war in the former Yugoslavia and the genocide in Rwanda.

Vermonters' welcoming spirit is illustrated by the "Lost Boys" of Sudan. Beginning in the 1980s, thousands of boys in Sudan traveled hundreds of miles by foot to escape war and ethnic and religious-based persecution. Some had seen family members killed before their eyes. They walked from nation to nation, searching for safety in Ethiopia and Kenya, before reaching camps that helped them find a permanent and secure home in the U.S. The first group of Lost Boys arrived in Vermont in 2001. Many of them have thrived. I am proud that a number of them are now college graduates, and some have attended graduate school.

Vermonters have made a strong and sustained commitment to assisting refugees with resettlement. Caseworkers and volunteers help new Americans ad-

just to the new culture, learn English, and navigate daily life, from grocery shopping to public transportation, to school and sports programs for their children. The Vermont Refugee Resettlement Program has led the effort with its compassionate and experienced staff, and a roster of more than 250 volunteers. I also want to recognize the organizations, churches, synagogues, and libraries in Vermont that have offered support, contributions of food, clothing, furniture, English classes, tutoring, and perhaps most importantly, companionship and friendship to refugees resettled in our state. These groups include the Vermont Refugee Resettlement Program, Vermont Immigration and Asylum Advocates, the Association of Africans Living in Vermont, the Vermont Agency of Human Services-State Refugee Coordinator, Vermont Interfaith Action, the Housing Resource Center, the Salvation Army, the First Congregational Church of Burlington, the Cathedral Church of St. Paul, the Roman Catholic Diocese of Burlington, the Islamic Society of Vermont, Ohavi Zedek Synagogue, the Fletcher Free Library, and Vermont Adult Basic Education. These volunteers and organizations demonstrate the Vermont spirit of tolerance and generosity. They deserve our thanks and praise.

I am proud of the Vermonters who have devoted countless hours to help victims of persecution build new lives in our state. And I am continually amazed by the resilience of the refugees and asylees in Vermont. Refugees in Vermont enrich the communities in which they live, opening small businesses, farming, and participating in cultural activities. They put all they have at risk to reach the U.S., and once here, strive each day to make our country better and to give their children every opportunity that America offers.

The bill I introduce today will give refugees and asylum seekers a fair chance of finding safety in the U.S. For those who seek asylum, it eliminates the requirement added to the law in 1996 that asylum applicants file their claim within 1 year of arrival. By definition, worthy asylum applicants arrive in the U.S. after suffering serious harm abroad, often experiencing post-traumatic stress. They often must spend their first months here learning the language and adjusting to a culture that in many cases is extraordinarily different from the one they know. I understand the desire to have asylum seekers submit timely applications, but the 1-year rule was deemed unnecessary by the Immigration and Naturalization Service when it was enacted. In practice, it has barred genuine applicants from gaining the benefits of our asylum law, resulting in their return to the country in which they were persecuted.

The bill also makes a number of modifications to give asylum seekers a fair opportunity to respond to requests for corroborating evidence, to clarify inconsistencies, and to provide evidence of the persecution they suffered or that which they fear if returned. None of these changes to the law will encourage fraud or frivolous claims; they simply ensure that no asylum seeker is denied the opportunity to present a full application for relief.

The 1996 immigration law created the system called "expedited removal," which enables an immigration officer to prevent certain non-citizens from entering the U.S. I fought against expedited removal in 1996 because I feared that asylum seekers could be turned away from our borders without being given the chance to seek protection. In 2005, the U.S. Commission for International Religious Freedom, a bipartisan Commission established by Congress, documented widespread problems in the implementation of expedited removal. The Refugee Protection Act of 2010 responds to the Commission's findings by requiring that asylum seekers who pass an initial "credible fear" interview proceed to an interview with an asylum officer instead of being sent straight to the immigration removal system. Any asylum seeker who is not granted protection by the asylum officer would then be placed in removal proceedings and proceed to an adversarial hearing before an immigration judge.

Under current law, an asylum seeker who arrives at our borders and immediately requests protection is detained. We should not detain people whom our own Government has found to be likely candidates for asylum as if they were awaiting a criminal trial. Moreover, the cost to the Government to detain an asylum seeker for months at a time cannot be justified, especially if they have family members or nongovernmental organizations that are willing to house them and ensure that they appear for their asylum hearing. The Refugee Protection Act would clarify that the Secretary of Homeland Security should release asylum seekers as long as they do not pose risks of flight or to public safety. It would codify DHS guidance announced in December 2009 stating that it is the policy of the U.S. to release asylum seekers who have been found to have a credible fear of persecution and who meet the criteria for release.

The bill also instructs the Secretary to promulgate regulations to authorize and promote the use of alternatives to the detention of asylum seekers, such as releasing them to private nonprofit voluntary agencies. For those who would still be detained, the bill would guarantee access to legal and religious services, humane treatment in detention, and medical care where needed. These changes will reduce the deten-

tion of asylum seekers, offer them fundamental due process, and improve the conditions of their confinement in those cases where detention is appropriate. I have long urged an improvement of the shameful conditions of immigration detention, and this need is particularly acute for asylum seekers.

For years, I have fought to modify a law that prevents genuine refugees and asylum seekers from obtaining protection in the U.S. The law, which contains an overly broad definition of "material support" to terrorist organizations, has the effect of barring some who were victims of terrorist organizations. More than 2 years ago, Senator KYL and I worked together to ensure that the Department of Homeland Security had the authority it needed to provide waivers and exemptions in certain "material support" cases. The Obama administration convened an interagency process to try to resolve the matter, but thousands of refugees with pending adjustment of status applications are still being held in limbo while the Government studies how to exercise its exemption and waiver authority. This bill contains language that would fix this problem once and for all. The bill modifies definitions in the statute to ensure that innocent asylum seekers and refugees are not unfairly denied protection as a result of the material support and terrorism bars in the law, while ensuring that those with material ties to terrorist activity will be denied entry to the U.S.

This bill makes common sense changes to refugee adjudication and resettlement. It eliminates the 1-year waiting period for refugees and asylees to apply for lawful permanent residence, facilitating assimilation into our communities. The bill also allows certain children and family members of refugees to be considered as derivative applicants for refugee status, as long as they pass standard security checks and expedites the adjudication of family reunification petitions.

The potential effect of these changes is best illustrated by an example. One of the Lost Boys originally resettled in Vermont is a young man named Jacob. He attended my alma mater, St. Michael's College, at some point visited Kenya, got married and fathered twin sons before returning to Vermont. After he became a U.S. citizen, he visited his wife in Kenya again, this time fathering twin daughters. I am happy that my office was able to assist Jacob, and his entire family is now happily living in the U.S. Had the Refugee Protection Act been enacted, Jacob's family might have been reunited much sooner. The bill I introduce today will greatly facilitate family reunification, which is at the core of American values.

This bill will also help children who have been separated from their fami-

lies during war or flight from persecution. For a child who has been separated from immediate family, and where it is in the best interest of the child, the bill would authorize refugee status and enable such a child to come to the U.S. I am committed to working with the Departments of State and Homeland Security to ensure that the "best interest of the child" protects families that are separated for months or years, but later discover that children lost or feared dead can be reunited with their immediate relatives.

The need for such authority is illustrated by a Vermont resettlement case I know very well. After the Rwandan atrocities, Martha believed her son Eric had been killed. A number of years later, she learned that her son was alive and living in the Kakuma refugee camp in Kenya, along with his two young first cousins. Eric had fled the violence with these two boys on his back, and he is the only father figure they have ever known. Martha petitioned to bring her son and nephews to Vermont, but only her son was granted refugee status as a derivative child. Martha had not seen her son for 10 years, but until my office intervened, the case had languished due to miscommunication. After the case was reactivated, Eric had to decide whether to join his mother in Vermont or to stay in the refugee camp to continue caring for his two young cousins. Eric made the heart-wrenching decision to resettle in Vermont. Eight months after Eric arrived, with the help of my office, his two young cousins were successfully resettled with him. Martha is fully employed, just passed her naturalization exam and is about to be sworn in as a U.S. citizen. Eric has been working two jobs, studying, and raising his cousins, who are both doing quite well in school. This case has a happy ending, but it should not have been so hard or taken so long to resolve. The Refugee Protection Act will help to bring families like Martha's together more quickly.

This bill authorizes the Secretary of State to designate certain groups as eligible for expedited adjudication as refugees. Such a change to law would assist those who are at a particularly high risk of harm, such as certain groups of Iraqi refugees, groups targeted for genocide, or gay men in countries that impose the death penalty on homosexuals. Congress has tried to respond to specific crises with Special Immigrant Visas and other limited forms of relief, but something more must be done.

Again, an example is illustrative. An Iraqi family, a mother and two daughters, came to Vermont as refugees from Iraq by way of Syria, after the father had been killed. The son believed his life to also be in danger in Iraq, because he had worked as a driver for a U.S. military contractor. Just before

completing the resettlement process, the adult son was forced by Syria to leave the country, and he made his way to Sweden. While he was safe there for a short while, Sweden soon started taking action to deport many Iraqi refugees that it had previously welcomed. The separation was extremely painful for this close-knit family. They were having a difficult time reopening his resettlement case, but my office was able to help this young man finally receive a Special Immigrant Visa for Iraqis Employed on Behalf of the U.S. Government. He was finally reunited with his family in Burlington. I would prefer to see the Secretary of State be able to designate certain highly vulnerable groups for expedited adjudication, so that stories like this one are not common, and eligible refugees reach safety here in the U.S. as soon as possible.

Finally, this bill makes targeted improvements to the resettlement process in the United States. Most importantly, it prevents newly resettled refugees from slipping into poverty by adjusting the per capita refugee resettlement grant level annually for inflation and the cost of living. The current per capita grant is \$1,800, but it was just raised in January 2010 from roughly half that amount. I thank the Obama administration for recognizing the need to raise the per capita grant level, but believe it must be adjusted annually for inflation and the cost of living. This bill will ensure that the per capita grant level does not decrease in real terms over time.

This bill is supported by leading refugee resettlement organizations across the Nation including the U.S. Conference of Catholic Bishops, Hebrew Immigrant Aid Society, International Rescue Committee, Lutheran Immigrant & Refugee Service, the Episcopal Church, Refugee Council USA, Heartland Alliance for Human Needs and Human Rights, Church World Service, and the Interfaith Refugee and Immigration Ministries of Illinois. The Congressionally-created and bipartisan U.S. Commission for International Religious Freedom endorsed the provisions that make improvements to the expedited removal system. It is endorsed by advocates and legal aid providers serving the refugee and asylee community, including the American Bar Association, Human Rights First, National Immigrant Justice Center, the Center for Gender & Refugee Studies at U.C. Hastings College of the Law, Tahirih Justice Center, American Immigration Lawyers Association, National Immigration Forum, Refugees International, Immigration Equality, Amnesty International USA, Human Rights Watch, and the American Civil Liberties Union. And in Vermont, it has the support of the Vermont Refugee Resettlement Program, Vermont Immigration and Asylum Advocates,

and the Association of Africans Living in Vermont. All of those organizations that stand with me in support of this legislation have my sincere thanks.

The 30th anniversary of the Refugee Act is this week. It is time to renew America's commitment to the Refugee Convention, and to bring our law back into compliance with the Convention's promise of protection. Our Nation is a leader among the asylum-providing countries, and our communities have embraced refugees and asylum seekers, welcoming them as Americans. Our laws must now match that humanitarian spirit. I urge all Senators to support the Refugee Protection Act of 2010.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 3113

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Refugee Protection Act of 2010”.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions.
- Sec. 3. Elimination of arbitrary time limits on asylum applications.
- Sec. 4. Protecting victims of terrorism from being defined as terrorists.
- Sec. 5. Protecting certain vulnerable groups of asylum seekers.
- Sec. 6. Effective adjudication of proceedings.
- Sec. 7. Scope and standard for review.
- Sec. 8. Efficient asylum determination process and detention of asylum seekers.
- Sec. 9. Secure alternatives program.
- Sec. 10. Conditions of detention.
- Sec. 11. Timely notice of immigration charges.
- Sec. 12. Procedures for ensuring accuracy and verifiability of sworn statements taken pursuant to expedited removal authority.
- Sec. 13. Study on the effect of expedited removal provisions, practices, and procedures on asylum claims.
- Sec. 14. Lawful permanent resident status of refugees and asylum seekers granted asylum.
- Sec. 15. Protections for minors seeking asylum.
- Sec. 16. Multiple forms of relief.
- Sec. 17. Protection of refugee families.
- Sec. 18. Reform of refugee consultation process and refugee processing.
- Sec. 19. Admission of refugees in the absence of the annual presidential determination.
- Sec. 20. Authority to designate certain groups of refugees for consideration.
- Sec. 21. Update of reception and placement grants.
- Sec. 22. Legal assistance for refugees and asylees.
- Sec. 23. Protection for aliens interdicted at sea.
- Sec. 24. Protection of stateless persons in the United States.

Sec. 25. Authorization of appropriations.

SEC. 2. DEFINITIONS.

In this Act:

(1) ASYLUM SEEKER.—The term “asylum seeker” —

(A) means—

(i) any applicant for asylum under section 208 of the Immigration and Nationality Act (8 U.S.C. 1158);

(ii) any alien who indicates an intention to apply for asylum under that section; and

(iii) any alien who indicates an intention to apply for withholding of removal, pursuant to—

(I) section 241 of the Immigration and Nationality Act (8 U.S.C. 1231); or

(II) the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, done at New York December 10, 1984;

(B) includes any individual described in subparagraph (A) whose application for asylum or withholding of removal is pending judicial review; and

(C) does not include an individual with respect to whom a final order denying asylum and withholding of removal has been entered if such order is not pending judicial review.

(2) SECRETARY.—The term “Secretary” means the Secretary of Homeland Security.

SEC. 3. ELIMINATION OF ARBITRARY TIME LIMITS ON ASYLUM APPLICATIONS.

Section 208(a)(2) of the Immigration and Nationality Act (8 U.S.C. 1158(a)(2)) is amended—

(1) by striking subparagraph (B);

(2) by redesignating subparagraphs (C) and (D) as subparagraphs (B) and (C), respectively;

(3) in subparagraph (B), as redesignated, by striking “(D)” and inserting “(C)”; and

(4) by striking subparagraph (C), as redesignated, and inserting the following:

“(C) CHANGED CIRCUMSTANCES.—Notwithstanding subparagraph (B), an application for asylum of an alien may be considered if the alien demonstrates, to the satisfaction of the Attorney General, the existence of changed circumstances that materially affect the applicant's eligibility for asylum.”

SEC. 4. PROTECTING VICTIMS OF TERRORISM FROM BEING DEFINED AS TERRORISTS.

Section 212(a)(3)(B) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(3)(B)) is amended—

(1) in clause (i)—

(A) by amending subclause (IX) to read as follows:

“(IX) is an officer, official, representative, or spokesman of the Palestine Liberation Organization;” and

(B) by striking the matter following subclause (IX) and inserting the following:

““is inadmissible.”;

(2) in clause (iii), by inserting “which is intended to intimidate or coerce a civilian population or to influence the policy of a government by intimidation or coercion and” after “means any activity”;

(3) in clause (iv)(VI), by inserting “(other than as the result of coercion)” after “to commit an act”;

(4) in clause (vi)—

(A) in subclause (I), by adding “or” at the end;

(B) in subclause (II), by striking “; or” and inserting a period; and

(C) by striking subclause (III); and

(5) by adding at the end the following:

“(vii) As used in this paragraph, the term, ‘coercion’ means—

“(I) serious harm, including restraint against any person; or

“(II) any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to, or restraint against, any person.”.

SEC. 5. PROTECTING CERTAIN VULNERABLE GROUPS OF ASYLUM SEEKERS.

(a) DEFINED TERM.—Section 101(a)(42) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(42)) is amended to read as follows:

“(42)(A) The term ‘refugee’ means any person who—

“(i)(I) is outside any country of such person’s nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided; and

“(II) is unable to return to, and is unable or unwilling to avail himself or herself of the protection of, that country because of persecution, or a well-founded fear of persecution, on account of race, religion, nationality, membership in a particular social group, or political opinion; or

“(ii) in such circumstances as the President may specify, after appropriate consultation (as defined in section 207(e))—

“(I) is within the country of such person’s nationality or, in the case of a person having no nationality, within the country in which such person is habitually residing; and

“(II) is persecuted, or who has a well-founded fear of persecution, on account of race, religion, nationality, membership in a particular social group, or political opinion.

“(B) The term ‘refugee’ does not include any person who ordered, incited, assisted, or otherwise participated, other than as a result of coercion (as defined in section 212(a)(3)(B)(vii)), in the persecution of any person on account of race, religion, nationality, membership in a particular social group, or political opinion.

“(C) For purposes of determinations under this Act—

“(i) a person who has been forced to abort a pregnancy or to undergo involuntary sterilization, or who has been persecuted for failure or refusal to undergo such a procedure or for other resistance to a coercive population control program, shall be deemed to have been persecuted on account of political opinion; and

“(ii) a person who has a well-founded fear that he or she will be forced to undergo such a procedure or subject to persecution for such failure, refusal, or resistance shall be deemed to have a well-founded fear of persecution on account of political opinion.

“(D) For purposes of determinations under this Act, any group whose members share a characteristic that is either immutable or fundamental to identity, conscience, or the exercise of the person’s human rights such that the person should not be required to change it, shall be deemed a particular social group, without any additional requirement.”.

(b) CONDITIONS FOR GRANTING ASYLUM.—Section 208(b)(1)(B) of the Immigration and Nationality Act (8 U.S.C. 1158(b)(1)(B)) is amended—

(1) in clause (i), by striking “at least one central reason for persecuting the applicant” and inserting “a factor in the applicant’s persecution or fear of persecution”;

(2) in clause (ii), by striking the last sentence and inserting the following: “If the trier of fact determines that the applicant should provide evidence that corroborates otherwise credible testimony, the trier of fact shall provide notice and allow the applicant a reasonable opportunity to file such evidence unless the applicant does not have

the evidence and cannot reasonably obtain the evidence.”;

(3) by redesignating clause (iii) as clause (iv);

(4) by inserting after clause (ii) the following:

“(iii) SUPPORTING EVIDENCE ACCEPTED.—Direct or circumstantial evidence, including evidence that the State is unable to protect the applicant or that State legal or social norms tolerate such persecution against persons like the applicant, may establish that persecution is on account of race, religion, nationality, membership in a particular social group, or political opinion.”; and

(5) in clause (iv), as redesignated, by striking “, without regard to whether an inconsistency, inaccuracy, or falsehood goes to the heart of the applicant’s claim, or any other relevant factor.” and inserting “. If the trier of fact determines that there are inconsistencies or omissions, the alien shall be given an opportunity to explain and to provide support or evidence to clarify such inconsistencies or omissions.”.

(c) REMOVAL PROCEEDINGS.—Section 240(c)(4) of the Immigration and Nationality Act (8 U.S.C. 1229a(c)(4)) is amended—

(1) in subparagraph (B), by striking the last sentence and inserting the following: “If the trier of fact determines that the applicant should provide evidence that corroborates otherwise credible testimony, the trier of fact shall provide notice and allow the applicant a reasonable opportunity to file such evidence unless the applicant does not have the evidence and cannot reasonably obtain the evidence.”; and

(2) in subparagraph (C), by striking “, without regard to whether an inconsistency, inaccuracy, or falsehood goes to the heart of the applicant’s claim, or any other relevant factor” and inserting “. If the trier of fact determines that there are inconsistencies or omissions, the alien shall be given an opportunity to explain and to provide support or evidence to clarify such inconsistencies or omissions.”.

SEC. 6. EFFECTIVE ADJUDICATION OF PROCEEDINGS.

Section 240(b)(4) of the Immigration and Nationality Act (8 U.S.C. 1229a(b)(4)) is amended—

(1) in the matter preceding subparagraph (A), by striking “In proceedings under this section, under regulations of the Attorney General” and inserting “The Attorney General shall promulgate regulations for proceedings under this section, under which—”

(2) in subparagraph (B), by striking “, and” at the end and inserting a semicolon;

(3) by redesignating subparagraph (C) as subparagraph (D); and

(4) by inserting after subparagraph (B) the following:

“(C) the Attorney General, or the designee of the Attorney General, may appoint counsel to represent an alien if the fair resolution or effective adjudication of the proceedings would be served by appointment of counsel; and”.

SEC. 7. SCOPE AND STANDARD FOR REVIEW.

Section 242(b) of the Immigration and Nationality Act (8 U.S.C. 1252(b)) is amended—

(1) in paragraph (1), by adding at the end the following: “The alien shall not be removed during such 30-day period, unless the alien indicates in writing that he or she wishes to be removed before the expiration of such period.”; and

(2) by striking paragraph (4) and inserting the following:

“(4) SCOPE AND STANDARD FOR REVIEW.—Except as provided in paragraph (5)(B), the

court of appeals shall sustain a final decision ordering removal unless it is contrary to law, an abuse of discretion, or not supported by substantial evidence. The court of appeals shall decide the petition only on the administrative record on which the order of removal is based.”.

SEC. 8. EFFICIENT ASYLUM DETERMINATION PROCESS AND DETENTION OF ASYLUM SEEKERS.

(a) IN GENERAL.—Section 235(b)(1)(B) of the Immigration and Nationality Act (8 U.S.C. 1225(b)(1)(B)) is amended—

(1) in clause (ii), by striking “shall be detained for further consideration of the application for asylum” and inserting “may, in the Secretary’s discretion, be detained for further consideration of the application for asylum by an asylum officer designated by the Director of United States Citizenship and Immigration Services. The asylum officer, after conducting a nonadversarial asylum interview, may grant asylum to the alien under section 208 or refer the case to a designee of the Attorney General, for a de novo asylum determination, for relief under the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, done at New York December 10, 1984, or for withholding of removal under section 241(b)(3).”;

(2) in clause (iii)(IV)—

(A) by amending the subclause heading to read as follows:

“(IV) DETENTION.—”; and

(B) by striking “shall” and inserting “may, in the Secretary’s discretion.”; and

(3) by inserting after clause (v) the following:

“(vi) PAROLE OF CERTAIN ALIENS.—Any alien subject to detention under clause (iii)(IV) who has established identity and been determined to have a credible fear of persecution shall be released from the custody of the Department of Homeland Security not later than 7 days after such determination unless the Department demonstrates by substantial evidence that the alien—

“(I) poses a risk to public safety, which may include a risk to national security; or

“(II) is a flight risk, which cannot be mitigated through other conditions of release, such as bond or secure alternatives, that would reasonably ensure that the alien would appear for immigration proceedings.

“(vii) REVIEW OF DETENTION.—If an alien described in clause (vi) is denied release from detention, the Attorney General shall—

“(I) not later than 7 days after such denial, review the parole determination through a hearing before an immigration judge, who shall determine whether the alien should be paroled and any conditions of such release; and

“(II) notify the detained alien and the alien’s legal representative of the reason for such denial, orally and in writing, in a language the alien claims to understand.

“(viii) WAIVER.—The alien may waive the 7-day review requirement under clause (vii)(I) and request a review at a later time. Any alien whose parole request has been reviewed and denied under clause (vii)(I) may request another review and determination upon showing that there was a material change in circumstances since the last review.”.

(b) RULEMAKING.—The Secretary and the Attorney General shall promulgate regulations establishing a process for reviewing the eligibility of aliens for parole in accordance with clause (vi) and (vii) of section 235(b)(1)(B) of the Immigration and Nationality Act, as amended by subsection (a).

SEC. 9. SECURE ALTERNATIVES PROGRAM.

(a) **ESTABLISHMENT.**—The Secretary shall establish the Secure Alternatives Program (referred to in this section as the “Program”) under which an alien who has been detained may be released under enhanced supervision—

- (1) to prevent the alien from absconding;
- (2) to ensure that the alien makes appearances related to such detention; and
- (3) to authorize and promote the utilization of alternatives to detention of asylum seekers.

(b) **PROGRAM REQUIREMENTS.**—

(1) **NATIONWIDE IMPLEMENTATION.**—The Secretary shall facilitate the nationwide implementation of the Program.

(2) **UTILIZATION OF ALTERNATIVES.**—The Program shall utilize a continuum of alternatives based on the alien’s need for supervision, which may include placement of the alien—

- (A) with an individual or organizational sponsor; or
- (B) in a supervised group home.

(3) **PROGRAM ELEMENTS.**—The Program shall include—

- (A) individualized case management by an assigned case supervisor; and
- (B) referral to community-based providers of legal and social services.

(4) **RESTRICTIVE ELECTRONIC MONITORING.**—

(A) **IN GENERAL.**—Restrictive electronic monitoring devices, such as ankle bracelets, may not be used unless there is a demonstrated need for such enhanced monitoring.

(B) **PERIODIC REVIEW.**—The Secretary shall periodically review any decision to require the use of devices described in subparagraph (A).

(5) **ALIENS ELIGIBLE FOR SECURE ALTERNATIVES PROGRAM.**—

(A) **IN GENERAL.**—Asylum seekers shall be eligible to participate in the Program.

(B) **PROGRAM DESIGN.**—The Program shall be designed to ensure sufficient supervision of the population described in subparagraph (A).

(6) **CONTRACTS.**—The Secretary shall enter into contracts with qualified nongovernmental entities to implement the Program.

(7) **OTHER CONSIDERATIONS.**—In designing the Program, the Secretary shall—

- (A) consult with relevant experts; and
- (B) consider programs that have proven successful in the past, including the Appearance Assistance Program developed by the Vera Institute of Justice.

SEC. 10. CONDITIONS OF DETENTION.

(a) **RULEMAKING.**—The Secretary shall promulgate regulations that—

- (1) authorize and promote the utilization of alternatives to detention of asylum seekers;
- (2) establish the conditions for detention of asylum seekers that ensure a safe and humane environment; and
- (3) include the rights and procedures set forth in subsections (c) through (h).

(b) **DEFINITIONS.**—In this section:

(1) **DETAINEE.**—The term “detainee” means an individual who is detained under the authority of United States Immigration and Customs Enforcement.

(2) **DETENTION FACILITY.**—The term “detention facility” means any Federal, State, local government facility, or privately owned and operated facility, which is being used to hold detainees longer than 72 hours.

(3) **SHORT-TERM DETENTION FACILITY.**—The term “short-term detention facility” means any Federal, State, local government, or privately owned and operated facility that is used to hold immigration detainees for not more than 72 hours.

(4) **GROUP LEGAL ORIENTATION PRESENTATIONS.**—The term “group legal orientation presentations” means live group presentations, supplemented by individual orientations, pro se workshops, and pro bono referrals, that—

- (A) are carried out by private nongovernmental organizations;
- (B) are presented to detainees;
- (C) inform detainees about United States immigration law and procedures; and
- (D) enable detainees to determine their eligibility for relief.

(c) **ACCESS TO LEGAL SERVICES.**—

(1) **LISTS OF LEGAL SERVICE PROVIDERS.**—All detainees arriving at a detention facility shall promptly receive—

- (A) access to legal information, including an on-site law library with up-to-date legal materials and law databases;
- (B) free access to the necessary equipment and materials for legal research and correspondence, such as computers, printers, copiers, and typewriters;
- (C) an accurate, updated list of free or low-cost immigration legal service providers that—

- (i) are near such detention facility; and
- (ii) can assist those with limited English proficiency or disabilities;
- (D) confidential meeting space to confer with legal counsel; and
- (E) services to send confidential legal documents to legal counsel, government offices, and legal organizations.

(2) **GROUP LEGAL ORIENTATION PRESENTATIONS.**—

(A) **ESTABLISHMENT OF A NATIONAL LEGAL ORIENTATION SUPPORT AND TRAINING CENTER.**—The Attorney General, in consultation with the Secretary, shall establish a National Legal Orientation Support and Training Center (referred to in this subsection as the “Center”) to ensure quality and consistent implementation of group legal orientation programs nationwide.

(B) **DUTIES.**—The Center shall—

- (i) offer training to nonprofit agencies that will offer group legal orientation programs;
- (ii) consult with nonprofit agencies offering group legal orientation programs regarding program development and substantive legal issues; and
- (iii) develop standards for group legal orientation programs.

(C) **PROCEDURES.**—The Secretary shall establish procedures for regularly scheduled, group legal orientation presentations.

(3) **GRANTS AUTHORIZED.**—The Attorney General shall establish a program to award grants to nongovernmental agencies to develop, implement, or expand legal orientation programs for all detainees at a detention facility that offers such programs.

(4) **NOTIFICATION REQUIREMENT.**—The Secretary shall establish procedures to promptly notify detainees at a detention facility, orally and in writing in a language that the detainee claims to understand, of—

- (A) their available release options; and
- (B) the procedures for requesting such options.

(d) **VISITS.**—

(1) **LEGAL REPRESENTATION.**—Detainees in detention facilities have the right to meet privately with current or prospective legal representatives, interpreters, and other legal support staff for at least 8 hours per day on regular business days and 4 hours per day on weekends and holidays, subject to appropriate security procedures. Legal visits may only be restricted for narrowly defined exceptional circumstances, such as a natural disaster or comparable emergency.

(2) **PRO BONO ORGANIZATIONS.**—Detention facilities shall prominently post, in detainee housing units and other appropriate areas, official lists of pro bono legal organizations and their contact information. The Secretary shall update such lists semiannually.

(3) **RELIGIOUS, CULTURAL, AND SPIRITUAL VISITORS.**—Detainees have the right to reasonable access to religious or other qualified individuals to address religious, cultural, and spiritual considerations.

(4) **CHILDREN.**—Detainees have the right to regular, private contact visits with their children (as defined in section 101(b)(1) of the Immigration and Nationality Act (8 U.S.C. 1101(b)(1))).

(e) **QUALITY OF MEDICAL CARE.**—

(1) **RIGHT TO MEDICAL CARE.**—Each detainee has the right to—

(A) prompt and adequate medical care, designed to ensure continuity of care, at no cost to the detainee;

(B) care to address medical needs that existed prior to detention; and

(C) primary care, emergency care, chronic care, reproductive health care, prenatal care, dental care, eye care, mental health care, and other medically necessary specialized care.

(2) **SCREENINGS AND EXAMINATIONS.**—Each detainee shall receive—

(A) a comprehensive medical, dental, and mental health intake screening, including screening for sexual abuse or assault, conducted by a licensed health care professional upon arrival at a detention facility or short-term detention facility; and

(B) a comprehensive medical and mental health examination by a licensed health care professional not later than 14 days after the detainee’s arrival at a detention facility.

(3) **MEDICATIONS AND TREATMENT.**—

(A) **PRESCRIPTIONS.**—Each detainee taking prescribed medications prior to detention shall be allowed to continue taking such medications, on schedule and without interruption, until a licensed health care professional examines the immigration detainee and decides upon an alternative course of treatment. Detainees who arrive at a detention facility without prescription medications and report being on specific prescription medications shall be evaluated by a qualified health care professional not later than 24 hours after such arrival. All decisions to discontinue or modify a detainee’s reported prescription medication regimen shall be conveyed to the detainee in a language that the detainee understands and recorded in writing in the detainee’s medical records.

(B) **PSYCHOTROPIC MEDICATION.**—Medication may not be forcibly administered to a detainee to facilitate transport, removal, or otherwise to control the detainee’s behavior. Involuntary psychotropic medication may only be used, to the extent authorized by applicable law, in emergency situations after a physician has personally examined the detainee and determined that—

(i) the detainee is imminently dangerous to self or others due to a mental illness; and

(ii) involuntary psychotropic medication is medically appropriate to treat the mental illness and necessary to prevent harm.

(C) **TREATMENT.**—Each detainee shall be provided medically necessary treatment, including prenatal care, prenatal vitamins, hormonal therapies, and birth control. Female detainees shall be provided with adequate access to sanitary products.

(4) **MEDICAL CARE DECISIONS.**—Any decision regarding requested medical care for a detainee—

(A) shall be made in writing by an on-site licensed health care professional not later than 72 hours after such medical care is requested; and

(B) shall be immediately communicated to the detainee.

(5) ADMINISTRATIVE APPEALS PROCESS.—

(A) IN GENERAL.—The operators of detention facilities, in conjunction with the Department of Homeland Security, shall ensure that detainees, medical providers, and legal representatives are provided the opportunity to appeal a denial of requested health care services by an on-site provider to an independent appeals board.

(B) APPEALS BOARD.—The appeals board shall include health care professionals in the fields relevant to the request for medical or mental health care.

(C) DECISION.—Not later than 7 days after an appeal is received by the appeals board under this paragraph, or earlier if medically necessary, the appeals board shall—

(i) issue a written decision regarding the appeal; and

(ii) notify the detention facility and the appellee, orally and in a writing in a language the appellee claims to understand, of such decision.

(6) REVIEW OF ON-SITE MEDICAL PROVIDER REQUESTS.—

(A) IN GENERAL.—The Secretary shall respond within 72 hours to any request by an on-site medical provider for authorization to provide medical or mental health care to a detainee.

(B) WRITTEN EXPLANATION.—If the Secretary denies or fails to grant a request described in subparagraph (A), the Secretary shall immediately provide a written explanation of the reasons for such decision to the on-site medical provider and the detainee.

(C) APPEALS BOARD.—The on-site medical provider and the detainee (or the detainee's legal representative) shall be permitted to appeal the denial of, or failure to grant, a request described in subparagraph (A) to an independent appeals board.

(D) DECISION.—Not later than 7 days after an appeal is received by the appeals board under this paragraph, or earlier if medically necessary, the appeals board shall—

(i) issue a written decision regarding the appeal;

(ii) notify the detainee of such decision, orally and in a writing in a language the detainee claims to understand; and

(iii) notify the on-site medical provider and the detention facility of such decision.

(7) CONDITIONAL RELEASE.—

(A) IN GENERAL.—If a licensed health care professional determines that a detainee has a medical or mental health care condition, is pregnant, or is a nursing mother, the Secretary shall consider releasing the detainee on parole, on bond, or into a secure alternatives program.

(B) REEVALUATION.—If a detainee described in subparagraph (A) is not initially released under this paragraph, the Secretary shall periodically reevaluate the situation of the detainee to determine if such a release would be appropriate.

(C) DISCHARGE PLANNING.—Upon removal or release, all detainees with serious medical or mental health conditions and women who are pregnant shall receive discharge planning to ensure continuity of care for a reasonable period of time.

(8) MEDICAL RECORDS.—

(A) IN GENERAL.—The Secretary shall—

(i) maintain complete, confidential medical records for each detainee and make such records available to the detainee, or to indi-

viduals authorized by the detainee, not later than 72 hours after receiving a request for such records.

(B) TRANSFER OF MEDICAL RECORDS.—Immediately upon a detainee's transfer between detention facilities, the detainee's complete medical records, including any transfer summary, shall be provided to the receiving detention facility.

(f) TRANSFER OF DETAINEES.—

(1) NOTICE.—Absent exigent circumstances, such as a natural disaster or comparable emergency, the Secretary shall provide written notice to any detainee, orally and in a writing in a language the detainee claims to understand, not less than 72 hours before transferring such detainee to another detention facility. Not later than 24 hours after such transfer, the Secretary shall notify the detainee's legal representative, or other person designated by the detainee of the transfer, by telephone and in writing.

(2) PROCEDURES.—Absent exigent circumstances, such as a natural disaster or comparable emergency, the Secretary may not transfer a detainee to another detention facility if such transfer would—

(A) impair an existing attorney-client relationship;

(B) prejudice the rights of the detainee in any legal proceeding, including any Federal, State, or administrative proceeding; or

(C) negatively affect the detainee's health, including by interrupting the continuity of medical care or provision of prescription medication.

(g) ACCESS TO TELEPHONES.—

(1) IN GENERAL.—Not later than 6 hours after the commencement of a detention of a detainee, the detainee shall be provided reasonable access to a telephone, with at least 1 working telephone available for every 25 detainees.

(2) CONTACTS.—Each detainee has the right to contact by telephone, free of charge—

(A) legal representatives;

(B) nongovernmental organizations designated by the Secretary;

(C) consular officials;

(D) the United Nations High Commissioner for Refugees;

(E) Federal and State courts in which the detainee is, or may become, involved in a legal proceeding; and

(F) all government immigration agencies and adjudicatory bodies, including the Office of the Inspector General of the Department of Homeland Security and the Office for Civil Rights and Civil Liberties of the Department of Homeland Security, through confidential toll-free numbers.

(3) EMERGENCIES.—Each detainee subject to expedited removal or who is experiencing a personal or family emergency, including the need to arrange care for dependents, shall be allowed to make confidential calls at no charge.

(4) PRIVACY.—Each detainee has the right to hold private telephone conversations for the purpose of obtaining legal representation or related to legal matters.

(5) RATES.—The Secretary shall ensure that rates charged in detention facilities for telephone calls are reasonable and do not significantly impair the detainee's right to make telephone calls.

(h) PHYSICAL AND SEXUAL ABUSE.—

(1) IN GENERAL.—No detainee, whether in a detention facility or short-term detention facility, shall be subject to degrading or inhumane treatment such as physical abuse, sexual abuse or harassment, or arbitrary punishment.

(2) PREVENTION.—The operators of detention facilities shall take all necessary measures—

(A) to prevent sexual abuse and sexual assaults of detainees;

(B) to provide medical and mental health treatment to victims of sexual abuse and sexual assaults; and

(C) to comply fully with the national standards for the detection, prevention, reduction, and punishment of prison rape adopted pursuant to section 8(a) of the Prison Rape Elimination Act of 2003 (42 U.S.C. 15607(a)).

(i) LIMITATIONS ON SOLITARY CONFINEMENT, SHACKLING, AND STRIP SEARCHES.—

(1) EXTRAORDINARY CIRCUMSTANCES.—Solitary confinement, shackling, and strip searches of detainees—

(A) may not be used unless such techniques are necessitated by extraordinary circumstances in which the safety of other persons is at imminent risk; and

(B) may not be used for the purpose of humiliating detainees either within or outside the detention facility.

(2) PROTECTED CLASSES.—Solitary confinement, shackling, and strip searches may not be used on pregnant women, nursing mothers, women in labor or delivery, or children who are younger than 18 years of age. Strip searches may not be conducted in the presence of children who are younger than 21 years of age.

(3) WRITTEN POLICIES.—Detention facilities shall—

(A) adopt written policies pertaining to the use of force and restraints; and

(B) train all staff on the proper use of such techniques and devices.

(j) LOCATION OF DETENTION FACILITIES.—

(1) NEW FACILITIES.—All detention facilities first used by the Department of Homeland Security after the date of the enactment of this Act shall be located within 50 miles of a community in which there is a demonstrated capacity to provide free or low-cost legal representation by—

(A) nonprofit legal aid organizations; or

(B) pro bono attorneys with expertise in asylum or immigration law.

(2) EXISTING FACILITIES.—Not later than January 1, 2014, all detention facilities used by the Department of Homeland Security shall meet the location requirement described in paragraph (1).

(3) REPORT.—If the Secretary fails to comply with the requirement under paragraph (2) by January 1, 2014, the Secretary shall submit a report to Congress on such date, and annually thereafter, that—

(A) explains the reasons for such failure; and

(B) describes the specific plans of the Secretary to meet such requirement.

(k) TRANSLATION CAPABILITIES.—The operators of detention facilities and short-term detention facilities shall—

(1) employ staff who are professionally qualified in any language spoken by more than 10 percent of its detainee population;

(2) arrange for alternative translation services, as needed, in the exceptional circumstances when trained bilingual staff members are unavailable to translate; and

(3) provide notices and written materials to detainees in the native language of such detainees if such language is spoken by more than 5 percent of the detainees in the facility.

(l) RECREATIONAL PROGRAMS AND ACTIVITIES.—Detainees shall be provided with access to at least 1 hour of indoor and outdoor recreational programs and activities each day.

(m) **TRAINING OF PERSONNEL.**—All personnel at detention facilities and short-term detention facilities shall be given comprehensive, specialized training and regular, periodic updates, including—

(1) an overview of immigration detention and all detention standards;

(2) the characteristics of the noncitizen detainee population, including the special needs of vulnerable populations among detainees and cultural, gender, gender identity, and sexual orientation issues; and

(3) the due process and grievance procedures to protect the rights of detainees.

(n) **TRANSPORTATION.**—The Secretary shall ensure that—

(1) each detainee is safely transported, which shall include the appropriate use of safety harnesses and occupancy limitations of vehicles; and

(2) female officers are responsible and at all times present during the transfer and transport of female detainees who are in the custody of the Department of Homeland Security.

(o) **VULNERABLE POPULATIONS.**—Detention facility conditions and minimum requirements for detention facilities shall recognize and accommodate the unique needs of vulnerable detainees, including—

- (1) families with children;
- (2) asylum seekers;
- (3) victims of abuse, torture, or trafficking;
- (4) individuals who are older than 65 years of age;
- (5) pregnant women; and
- (6) nursing mothers.

(p) **CHILDREN.**—The Secretary shall ensure that unaccompanied alien children are—

- (1) physically separated from any adult who is not an immediate family member; and
- (2) separated by sight and sound from—

(A) immigration detainees and inmates with criminal convictions;

(B) pretrial inmates facing criminal prosecution;

(C) children who have been adjudicated delinquents or convicted of adult offenses or are pending delinquency or criminal proceedings; and

(D) inmates exhibiting violent behavior while in detention.

(q) **SHORT-TERM FACILITY REQUIREMENTS.**—

(1) **ACCESS TO BASIC NEEDS, PEOPLE, AND PROPERTY.**—

(A) **BASIC NEEDS.**—All detainees in short-term detention facilities shall receive—

- (i) potable water;
- (ii) food, if detained for more than 5 hours;
- (iii) basic toiletries, diapers, sanitary products, and blankets; and
- (iv) access to bathroom facilities.

(B) **PEOPLE.**—The Secretary shall provide consular officials with access to detainees held at any short-term detention facility. Detainees shall be afforded reasonable access to a licensed health care professional. The Secretary shall ensure that nursing mothers in such facilities have access to their children.

(C) **PROPERTY.**—Any property belonging to a detainee that was confiscated by an official of the Department of Homeland Security shall be returned to the detainee upon repatriation or transfer.

(2) **PROTECTIONS FOR CHILDREN.**—

(A) **QUALIFIED STAFF.**—The Secretary shall ensure that adequately trained and qualified staff are stationed at each major port of entry at which, during the 2 most recent fiscal years, an average of at least 50 unaccompanied alien children have been held per year by United States Customs and Border Protection. Such staff shall include—

(i) independent licensed social workers dedicated to ensuring the proper temporary care for the children while in the custody of United States Customs and Border Protection; and

(ii) agents charged primarily with the safe, swift, and humane transportation of such children to the custody of the Office of Refugee Resettlement.

(B) **SPECIFIC RIGHTS.**—The social workers described in subparagraph (A)(i) shall ensure that each unaccompanied alien child—

- (i) receives emergency medical care;
- (ii) receives mental health care in case of trauma;
- (iii) has access to psychosocial health services;
- (iv) is provided with—

(I) a pillow, linens, and sufficient blankets to rest at a comfortable temperature; and

(II) a bed and mattress placed in an area specifically designated for residential use;

(v) receives adequate nutrition;

(vi) enjoys a safe and sanitary living environment;

(vii) receives educational materials; and

(viii) has access to at least 3 hours of indoor and outdoor recreational programs and activities per day.

(3) **CONFIDENTIALITY.**—

(A) **IN GENERAL.**—The Secretary of Health and Human Services shall maintain the privacy and confidentiality of all information gathered in the course of providing care, custody, placement, and follow-up services to unaccompanied alien children, consistent with the best interest of such children, by not disclosing such information to other government agencies or nonparental third parties, except as provided under paragraph (2).

(B) **LIMITED DISCLOSURE OF INFORMATION.**—The Secretary may disclose information regarding an unaccompanied alien child only if—

- (i) the child authorizes such disclosure and it is consistent with the child's best interest; or
- (ii) the disclosure is to a duly recognized law enforcement entity and is necessary to prevent imminent and serious harm to another individual.

(C) **WRITTEN RECORD.**—All disclosures under paragraph (2) shall be duly recorded in writing and placed in the child's file.

SEC. 11. TIMELY NOTICE OF IMMIGRATION CHARGES.

Section 236 of the Immigration and Nationality Act (8 U.S.C. 1226) is amended by adding at the end the following:

“(f) **NOTICE AND CHARGES.**—Not later than 48 hours after the commencement of a detention of an individual under this section, the Secretary of Homeland Security shall—

“(1) file a Notice to Appear or other relevant charging document with the immigration court closest to the location at which the individual was apprehended; and

“(2) serve such notice or charging document on the individual.”.

SEC. 12. PROCEDURES FOR ENSURING ACCURACY AND VERIFIABILITY OF SWORN STATEMENTS TAKEN PURSUANT TO EXPEDITED REMOVAL AUTHORITY.

(a) **IN GENERAL.**—The Secretary shall establish quality assurance procedures to ensure the accuracy and verifiability of signed or sworn statements taken by employees of the Department of Homeland Security exercising expedited removal authority under section 235(b) of the Immigration and Nationality Act (8 U.S.C. 1225(b)).

(b) **RECORDING OF INTERVIEWS.**—

(1) **IN GENERAL.**—Any sworn or signed written statement taken from an alien as part of

the record of a proceeding under section 235(b)(1)(A) of the Immigration and Nationality Act shall be accompanied by a recording of the interview which served as the basis for such sworn statement.

(2) **CONTENT.**—The recording shall include—

(A) a reading of the entire written statement to the alien in a language that the alien claims to understand; and

(B) the verbal affirmation by the alien of the accuracy of—

- (i) the written statement; or
- (ii) a corrected version of the written statement.

(3) **FORMAT.**—The recording shall be made in video, audio, or other equally reliable format.

(4) **EVIDENCE.**—Recordings of interviews under this subsection may be considered as evidence in any further proceedings involving the alien.

(c) **EXEMPTION AUTHORITY.**—

(1) **EXEMPTED FACILITIES.**—Subsection (b) shall not apply to interviews that occur at detention facilities exempted by the Secretary under this subsection.

(2) **CRITERIA.**—The Secretary, or the Secretary's designee, may exempt any detention facility if compliance with subsection (b) at that facility would impair operations or impose undue burdens or costs.

(3) **REPORT.**—The Secretary shall annually submit a report to Congress that identifies the facilities that have been exempted under this subsection.

(4) **NO PRIVATE CAUSE OF ACTION.**—Nothing in this subsection may be construed to create a private cause of action for damages or injunctive relief.

(d) **INTERPRETERS.**—The Secretary shall ensure that a professional fluent interpreter is used if—

(1) the interviewing officer does not speak a language understood by the alien; and

(2) there is no other Federal Government employee available who is able to interpret effectively, accurately, and impartially.

SEC. 13. STUDY ON THE EFFECT OF EXPEDITED REMOVAL PROVISIONS, PRACTICES, AND PROCEDURES ON ASYLUM CLAIMS.

(a) **STUDY.**—

(1) **IN GENERAL.**—The United States Commission on International Religious Freedom (referred to in this section as the “Commission”) is authorized to conduct a study to determine whether immigration officers described in paragraph (2) are engaging in conduct described in paragraph (3).

(2) **IMMIGRATION OFFICERS DESCRIBED.**—An immigration officer described in this paragraph is an immigration officer performing duties under section 235(b) of the Immigration and Nationality Act (8 U.S.C. 1225(b)) with respect to aliens who—

(A) are apprehended after entering the United States; and

(B) may be eligible to apply for asylum under section 208 or 235 of such Act.

(3) **CONDUCT DESCRIBED.**—An immigration officer engages in conduct described in this paragraph if the immigration officer—

(A) improperly encourages an alien referred to in paragraph (2) to withdraw or retract claims for asylum;

(B) incorrectly fails to refer such an alien for an interview by an asylum officer to determine whether the alien has a credible fear of persecution (as defined in section 235(b)(1)(B)(v) of such Act (8 U.S.C. 1225(b)(1)(B)(v))); or

(C) incorrectly removes such an alien to a country in which the alien may be persecuted; or

(D) detains such an alien improperly or under inappropriate conditions.

(b) REPORT.—Not later than 2 years after the date on which the Commission initiates the study under subsection (a), the Commission shall submit a report containing the results of the study to—

(1) the Committee on Homeland Security and Governmental Affairs of the Senate;

(2) the Committee on the Judiciary of the Senate;

(3) the Committee on Foreign Relations of the Senate;

(4) the Committee on Homeland Security of the House of Representatives;

(5) the Committee on the Judiciary of the House of Representatives; and

(6) the Committee on Foreign Affairs of the House of Representatives.

(c) STAFF.—

(1) FROM OTHER AGENCIES.—

(A) IDENTIFICATION.—The Commission may identify employees of the Department of Homeland Security, the Department of Justice, and the Government Accountability Office that have significant expertise and knowledge of refugee and asylum issues.

(B) DESIGNATION.—At the request of the Commission, the Secretary, the Attorney General, and the Comptroller General of the United States shall authorize staff identified under subparagraph (A) to assist the Commission in conducting the study under subsection (a).

(2) ADDITIONAL STAFF.—The Commission may hire additional staff and consultants to conduct the study under subsection (a).

(3) ACCESS TO PROCEEDINGS.—

(A) IN GENERAL.—Except as provided in subparagraph (B), the Secretary and the Attorney General shall provide staff designated under paragraph (1) or hired under paragraph (2) with unrestricted access to all stages of all proceedings conducted under section 235(b) of the Immigration and Nationality Act (8 U.S.C. 1225(b)).

(B) EXCEPTIONS.—The Secretary and the Attorney General may not permit unrestricted access under subparagraph (A) if—

(i) the alien subject to a proceeding under such section 235(b) objects to such access; or

(ii) the Secretary or Attorney General determines that the security of a particular proceeding would be threatened by such access.

SEC. 14. LAWFUL PERMANENT RESIDENT STATUS OF REFUGEES AND ASYLUM SEEKERS GRANTED ASYLUM.

(a) ADMISSION OF EMERGENCY SITUATION REFUGEES.—Section 207(c) of the Immigration and Nationality Act (8 U.S.C. 1157(c)) is amended—

(1) in paragraph (1)—

(A) by striking “Attorney General” the first time it appears and inserting “Secretary of Homeland Security”; and

(B) by striking “Attorney General” each additional place it appears and inserting “Secretary”; and

(C) by striking “(except as otherwise provided under paragraph (3)) as an immigrant under this Act.” and inserting “(except as provided under subsection (b) and (c) of section 209) as an immigrant under this Act. Notwithstanding any numerical limitations specified in this Act, any alien admitted under this paragraph shall be regarded as lawfully admitted to the United States for permanent residence as of the date of such alien’s admission to the United States.”;

(2) in paragraph (2)(A)—

(A) by striking “(except as otherwise provided under paragraph (3))” and inserting “(except as provided under subsection (b) and (c) of section 209)”;

(B) by striking the last sentence and inserting the following: “An alien admitted to the United States as a refugee may petition for his or her spouse or child to follow to join him or her in the United States at any time after such alien’s admission, notwithstanding his or her treatment as a lawful permanent resident as of the date of his or her admission to the United States.”;

(3) by striking paragraph (3);

(4) by redesignating paragraph (4) as paragraph (3); and

(5) in paragraph (3), as redesignated—

(A) by striking “Attorney General” the first time it appears and inserting “Secretary of Homeland Security”; and

(B) by striking “Attorney General” each additional place it appears and inserting “Secretary”; and

(b) TREATMENT OF SPOUSE AND CHILDREN.—Section 208(b)(3) of such Act (8 U.S.C. 1158(b)(3)) is amended—

(1) by redesignating subparagraph (B) as subparagraph (E); and

(2) by inserting after subparagraph (A) the following:

“(B) PETITION.—An alien granted asylum under this subsection may petition for the same status to be conferred on his or her spouse or child at any time after such alien is granted asylum whether or not such alien has applied for, or been granted, adjustment to permanent resident status under section 209.

“(C) PERMANENT RESIDENT STATUS.—Notwithstanding any numerical limitations specified in this Act, a spouse or child admitted to the United States as an asylee following to join a spouse or parent previously granted asylum shall be regarded as lawfully admitted to the United States for permanent residence as of the date of such spouse’s or child’s admission to the United States.

“(D) APPLICATION FOR ADJUSTMENT OF STATUS.—A spouse or child who was not admitted to the United States pursuant to a grant of asylum, but who was granted asylum under this subparagraph after his or her arrival as the spouse or child of an alien granted asylum under section 208, may apply for adjustment of status to that of lawful permanent resident under section 209 at any time after being granted asylum.”.

(c) REFUGEES.—

(1) IN GENERAL.—Section 209 of such Act (8 U.S.C. 1159) is amended to read as follows:

“SEC. 209. TREATMENT OF ALIENS ADMITTED AS REFUGEES AND OF ALIENS GRANTED ASYLUM.

“(a) IN GENERAL.—

“(1) TREATMENT OF REFUGEES.—Notwithstanding any numerical limitations specified in this Act, any alien who has been admitted to the United States under section 207 shall be regarded as lawfully admitted to the United States for permanent residence as of the date of such admission.

“(2) TREATMENT OF SPOUSE AND CHILDREN.—Notwithstanding any numerical limitations specified in this Act, any alien admitted to the United States under section 208(b)(3) as the spouse or child of an alien granted asylum under section 208(b)(1) shall be regarded as lawfully admitted to the United States for permanent residence as of the date of such admission.

“(3) ADJUSTMENT OF STATUS.—The Secretary of Homeland Security or the Attorney General, in the discretion of the Secretary or the Attorney General, and under such regulations as the Secretary or the Attorney General may prescribe, may adjust, to the status of an alien lawfully admitted to the United States for permanent residence, the

status of any alien who, while in the United States—

“(A) is granted—

“(i) asylum under section 208(b) (as a principal alien or as the spouse or child of an alien granted asylum); or

“(ii) refugee status under section 207 as the spouse or child of a refugee;

“(B) applies for such adjustment of status at any time after being granted asylum or refugee status;

“(C) is not firmly resettled in any foreign country; and

“(D) is admissible (except as otherwise provided under subsections (b) and (c)) as an immigrant under this Act at the time of examination for adjustment of such alien.

“(4) RECORD.—Upon approval of an application under this subsection, the Secretary of Homeland Security or the Attorney General shall establish a record of the alien’s admission for lawful permanent residence as of the date such alien was granted asylum or refugee status.

“(5) DOCUMENT ISSUANCE.—An alien who has been admitted to the United States under section 207 or 208 or who adjusts to the status of a lawful permanent resident as a refugee or asylee under this section shall be issued documentation indicating that such alien is a lawful permanent resident pursuant to a grant of refugee or asylum status.

“(b) INAPPLICABILITY OF CERTAIN INADMISSIBILITY GROUNDS TO REFUGEES, ALIENS GRANTED ASYLUM, AND SUCH ALIENS SEEKING ADJUSTMENT OF STATUS TO LAWFUL PERMANENT RESIDENT.—Paragraphs (4), (5), and (7)(A) of section 212(a) shall not apply to—

“(1) any refugee under section 207;

“(2) any alien granted asylum under section 208; or

“(3) any alien seeking admission as a lawful permanent resident pursuant to a grant of refugee or asylum status.

“(c) WAIVER OF INADMISSIBILITY OR DEPORTABILITY FOR REFUGEES, ALIENS GRANTED ASYLUM, AND SUCH ALIENS SEEKING ADJUSTMENT OF STATUS TO LAWFUL PERMANENT RESIDENT.—

“(1) IN GENERAL.—Except as provided in paragraph (2), the Secretary of Homeland Security or the Attorney General may waive any ground of inadmissibility under section 212 or any ground of deportability under section 237 for a refugee admitted under section 207, an alien granted asylum under section 208, or an alien seeking admission as a lawful permanent resident pursuant to a grant of refugee or asylum status if the Secretary or the Attorney General determines that such waiver is justified by humanitarian purposes, to ensure family unity, or is otherwise in the public interest.

“(2) INELIGIBILITY.—A refugee under section 207, an alien granted asylum under section 208, or an alien seeking admission as a lawful permanent resident pursuant to a grant of refugee or asylum status shall be ineligible for a waiver under paragraph (1) if it has been established that the alien is—

“(A) inadmissible under section 212(a)(2)(C) or subparagraph (A), (B), (C), or (E) of section 212(a)(3);

“(B) deportable under section 237(a)(2)(A)(iii) for an offense described in section 101(a)(43)(B); or

“(C) deportable under subparagraph (A), (B), (C), or (D) of section 237(a)(4).”.

(d) TECHNICAL AMENDMENTS.—

(1) ALIENS NOT SUBJECT TO DIRECT NUMERICAL LIMITATIONS.—Section 201(b)(1)(B) of the Immigration and Nationality Act (8 U.S.C. 1151(b)(1)(B)) is amended to read as follows:

“(B) Aliens who are admitted to the United States as permanent residents under section

207 or 208 or whose status is adjusted under section 209.”.

(2) **TRAINING.**—Section 207(f)(1) of such Act (8 U.S.C. 1157(f)(1)) is amended by striking “Attorney General” and inserting “Secretary of Homeland Security”.

(3) **TABLE OF CONTENTS.**—The table of contents for such Act is amended by striking the item relating to section 209 and inserting the following:

“Sec. 209. Treatment of aliens admitted as refugees and of aliens granted asylum.”.

(e) **SAVINGS PROVISIONS.**—

(1) **IN GENERAL.**—Nothing in the amendments made by this section may be construed to limit access to the benefits described at chapter 2 of title IV of the Immigration and Nationality Act (8 U.S.C. 1521 et seq.).

(2) **CLARIFICATION.**—Aliens admitted for lawful permanent residence under section 207 or 208 of the Immigration and Nationality Act (8 U.S.C. 1157 and 1158) or who adjust status to lawful permanent resident under section 209 of such Act (8 U.S.C. 1159) shall be considered to be refugees and aliens granted asylum in accordance with sections 402, 403, 412, and 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (8 U.S.C. 1612, 1613, 1622, and 1641).

(f) **EFFECTIVE DATE.**—This section, and the amendments made by this section, shall become effective on the earlier of—

(1) the date that is 180 days after the date of the enactment of this Act; or

(2) the date on which a final rule is promulgated to implement this section.

SEC. 15. PROTECTIONS FOR MINORS SEEKING ASYLUM.

(a) **IN GENERAL.**—Section 208 of the Immigration and Nationality Act (8 U.S.C. 1158) is amended—

(1) in subsection (a)(2), as amended by section 3, by adding at the end the following:

“(D) **APPLICABILITY TO MINORS.**—Subparagraphs (A), (B), and (C) do not apply to an applicant who is younger than 18 years of age on the earlier of—

“(i) the date on which the asylum application is filed; or

“(ii) the date on which any Notice to Appear is issued.”; and

(2) in subsection (b)(3), as amended by section 14(b), by adding at the end the following:

“(F) **JURISDICTION.**—An asylum officer (as defined in section 235(b)(1)(E)) shall have initial jurisdiction over any asylum application filed by an applicant who is younger than 18 years of age on the earlier of—

“(i) the date on which the asylum application is filed; or

“(ii) the date on which any Notice to Appear is issued.”.

(b) **REINSTATEMENT OF REMOVAL.**—Section 241(a) of the Immigration and Nationality Act (8 U.S.C. 1231(a)) is amended—

(1) in paragraph (5), by striking “If the Attorney General” and inserting “Except as provided in paragraph (8), if the Secretary of Homeland Security”; and

(2) by adding at the end of the following:

“(8) **APPLICABILITY OF REINSTATEMENT OF REMOVAL.**—Paragraph (5) shall not apply to an alien who has reentered the United States illegally after having been removed or having departed voluntarily, under an order of removal, if the alien was younger than 18 years of age on the date on which the alien was removed or departed voluntarily under an order of removal.”.

SEC. 16. MULTIPLE FORMS OF RELIEF.

(a) **IN GENERAL.**—Applicants for admission as refugees may simultaneously pursue admission under any visa category for which such applicants may be eligible.

(b) **ASYLUM APPLICANTS WHO BECOME ELIGIBLE FOR DIVERSITY VISAS.**—Section 204(a)(1)(I) (8 U.S.C. 1154(a)(1)(I)) of the Immigration and Nationality Act (8 U.S.C. 1154(a)(1)(I)) is amended by adding at the end the following:

“(iv)(I) An asylum seeker in the United States who is notified that he or she is eligible for an immigrant visa pursuant to section 203(c) may file a petition with the district director that has jurisdiction over the district in which the asylum seeker resides (or, in the case of an asylum seeker who is or was in removal proceedings, the immigration court in which the removal proceeding is pending or was adjudicated) to adjust status to that of a permanent resident.

“(II) A petition under subclause (I) shall be filed not later than 30 days before the end of the fiscal year for which the petitioner received notice of eligibility for the visa and shall contain such information and be supported by such documentary evidence as the Secretary of State may require.

“(III) The district director or immigration court shall attempt to adjudicate each petition under this clause before the last day of the fiscal year for which the petitioner was selected. Notwithstanding clause (ii)(II), if the district director or immigration court is unable to complete such adjudication during such fiscal year, the adjudication and adjustment of the petitioner's status may take place after the end of such fiscal year.”.

SEC. 17. PROTECTION OF REFUGEE FAMILIES.

(a) **CHILDREN OF REFUGEE OR ASYLEE SPOUSES AND CHILDREN.**—A child of an alien who qualifies for admission as a spouse or child under section 207(c)(2)(A) or 208(b)(3) of the Immigration and Nationality Act (8 U.S.C. 1157(c)(2)(A) and 1158(b)(3)) shall be entitled to the same admission status as such alien if the child—

(1) is accompanying or following to join such alien; and

(2) is otherwise admissible under such section 207(c)(2)(A) or 208(b)(3).

(b) **SEPARATED CHILDREN.**—A child younger than 18 years of age who has been separated from the birth or adoptive parents of such child and is living under the care of an alien who has been approved for admission to the United States as a refugee shall be admitted as a refugee if—

(1) it is in the best interest of such child to be placed with such alien in the United States; and

(2) such child is otherwise admissible under section 207(c)(3) of the Immigration and Nationality Act (8 U.S.C. 1157(c)(3)).

(c) **ELIMINATION OF TIME LIMITS ON REUNIFICATION OF REFUGEE AND ASYLEE FAMILIES.**—

(1) **EMERGENCY SITUATION REFUGEES.**—Section 207(c)(2)(A) of the Immigration and Nationality Act (8 U.S.C. 1157(c)(2)(A)) is amended by striking “A spouse or child (as defined in section 101(b)(1) (A), (B), (C), (D), or (E))” and inserting, “Regardless of when such refugee was admitted to the United States, a spouse or child (other than a child described in section 101(b)(1)(F))”.

(2) **ASYLUM.**—Section 208(b)(3)(A) of such Act (8 U.S.C. 1158(b)(3)(A)) is amended to read as follows:

“(A) **IN GENERAL.**—A spouse or child (other than a child described in section 101(b)(1)(F)) of an alien who was granted asylum under this subsection at any time may, if not oth-

erwise eligible for asylum under this section, be granted the same status as the alien if accompanying or following to join such alien.”.

(d) **TIMELY ADJUDICATION OF REFUGEE AND ASYLEE FAMILY REUNIFICATION PETITIONS.**—The Immigration and Nationality Act (8 U.S.C. 1101 et seq.) is amended—

(1) in section 207(c)(2), as amended by subsection (c), by adding at the end the following:

“(D) The Secretary shall ensure that the application of an alien who is following to join a refugee who qualifies for admission under paragraph (1) is adjudicated not later than 90 days after the submission of such application.”; and

(2) in section 208(b)(3), by adding at the end the following:

“(G) **TIMELY ADJUDICATION.**—The Secretary shall ensure that the application of each alien described in subparagraph (A) who applies to follow an alien granted asylum under this subsection is adjudicated not later than 90 days after the submission of such application.”.

SEC. 18. REFORM OF REFUGEE CONSULTATION PROCESS AND REFUGEE PROCESSING.

Section 207 of the Immigration and Nationality Act (8 U.S.C. 1157) is amended—

(1) in subsection (a), by adding at the end the following:

“(5) All officers of the Federal Government responsible for refugee admissions or refugee resettlement shall treat the determinations made under this subsection and subsection (b) as the refugee admissions goal for the fiscal year.”;

(2) in subsection (d), by adding at the end the following:

“(4) Not later than 15 days after the last day of each calendar quarter, the President shall submit a report to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives that contains—

“(A) the number of refugees who were admitted during the previous quarter;

“(B) the percentage of those arrivals against the refugee admissions goal for such quarter;

“(C) the cumulative number of refugees who were admitted during the fiscal year as of the end of such quarter;

“(D) the number of refugees to be admitted during the remainder of the fiscal year in order to meet the refugee admissions goal for the fiscal year; and

“(E) a plan that describes the procedural or personnel changes necessary to achieve the refugee admissions goal for the fiscal year.”; and

(3) in subsection (e)—

(A) by redesignating paragraphs (1) through (7) as subparagraphs (A) through (G), respectively;

(B) in the matter preceding subparagraph (A), as redesignated—

(i) by inserting “(1)” after “(e)”; and

(ii) by inserting “, which shall be commenced not later than May 1 of each year and continue periodically throughout the remainder of the year, if necessary,” after “discussions in person”;

(C) by striking “To the extent possible,” and inserting the following:

“(2) To the extent possible”; and

(D) by adding at the end the following:

“(3)(A) The plans referred to in paragraph (1)(C) shall include estimates of—

“(i) the number of refugees the President expects to have ready to travel to the United States at the beginning of the fiscal year;

“(ii) the number of refugees and the stipulated populations the President expects to

admit to the United States in each quarter of the fiscal year; and

“(iii) the number of refugees the President expects to have ready to travel to the United States at the end of the fiscal year.

“(B) The Secretary of Homeland Security shall ensure that an adequate number of refugees are processed during the fiscal year to fulfill the refugee admissions goals under subsections (a) and (b).”.

SEC. 19. ADMISSION OF REFUGEES IN THE ABSENCE OF THE ANNUAL PRESIDENTIAL DETERMINATION.

Section 207(a) of the Immigration and Nationality Act (8 U.S.C. 1157(a)) is amended—

(1) by striking paragraph (1);

(2) by redesignating paragraphs (2), (3), (4), and (5) as paragraphs (1), (2), (3), and (4), respectively;

(3) in paragraph (1), as redesignated—

(A) by striking “after fiscal year 1982”; and

(B) by adding at the end the following: “If the President does not issue a determination under this paragraph before the beginning of a fiscal year, the number of refugees that may be admitted under this section in each quarter before the issuance of such determination shall be 25 percent of the number of refugees admissible under this section during the previous fiscal year.”; and

(4) in paragraph (3), as redesignated, by striking “(beginning with fiscal year 1992)”.

SEC. 20. AUTHORITY TO DESIGNATE CERTAIN GROUPS OF REFUGEES FOR CONSIDERATION.

(a) IN GENERAL.—Section 207(c)(1) of the Immigration and Nationality Act (8 U.S.C. 1157(c)(1)) is amended—

(1) by inserting “(A)” before “Subject to the numerical limitations”; and

(2) by adding at the end the following:

“(B)(i) The Secretary of State, after notification to Congress, may designate specifically defined groups of aliens whose resettlement in the United States is justified by humanitarian concerns or is otherwise in the national interest and who share common characteristics that identify them as targets of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion or who otherwise have a shared need for resettlement due to vulnerabilities or a lack of local integration prospects in their country of first asylum.

“(ii) An alien who establishes membership in a group designated under clause (i) to the satisfaction of the designee of the Secretary of Homeland Security shall establish, for purposes of admission as a refugee under this section, that such alien has a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.

“(iii) A designation under clause (i)—

“(I) shall expire at the end of each fiscal year; and

“(II) may be extended by the Secretary of State after notification to Congress.

“(iv) An alien's admission under this subparagraph shall count against the refugee admissions goal under subsection (a).

“(v) A designation under clause (i) shall not influence decisions to grant, to any alien, asylum under section 208, protection under section 241(b)(3), or protection under the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, done at New York December 10, 1984.”.

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect on the first day of the first fiscal year that begins after the date of the enactment of this Act.

SEC. 21. UPDATE OF RECEPTION AND PLACEMENT GRANTS.

Beginning with fiscal year 2012, not later than 30 days before the beginning of each fiscal year, the Secretary shall notify Congress of the amount of funds that the Secretary will provide in its Reception and Placement Grants in the coming fiscal year. In setting the amount of such grants each year, the Secretary shall ensure that—

(1) the grant amount is adjusted so that it is adequate to provide for the anticipated initial resettlement needs of refugees, including adjusting the amount for inflation and the cost of living;

(2) an amount is provided at the beginning of the fiscal year to each national resettlement agency that is sufficient to ensure adequate local and national capacity to serve the initial resettlement needs of refugees the Secretary anticipates the agency will resettle throughout the fiscal year; and

(3) additional amounts are provided to each national resettlement agency promptly upon the arrival of refugees that, exclusive of the amounts provided pursuant to paragraph (2), are sufficient to meet the anticipated initial resettlement needs of such refugees and support local and national operational costs in excess of the estimates described in paragraph (1).

SEC. 22. LEGAL ASSISTANCE FOR REFUGEES AND ASYLEES.

Section 412(c)(1)(A) of the Immigration and Nationality Act (8 U.S.C. 1522(c)(1)(A)) is amended—

(1) in clause (ii), by striking “and” at an end;

(2) by redesignating clause (iii) as clause (iv); and

(3) by inserting after clause (ii) the following:

“(iii) to provide legal services for refugees to assist them in obtaining immigration benefits for which they are eligible; and”.

SEC. 23. PROTECTION FOR ALIENS INTERDICTED AT SEA.

Section 241(b)(3) of the Immigration and Nationality Act (8 U.S.C. 1231(b)(3)) is amended—

(1) in the paragraph heading, by striking “TO A COUNTRY WHERE ALIEN'S LIFE OR FREEDOM WOULD BE THREATENED” and inserting “OR RETURN IF REFUGEE'S LIFE OR FREEDOM WOULD BE THREATENED OR ALIEN WOULD BE SUBJECTED TO TORTURE”;

(2) in subparagraph (A)—

(A) by striking “Notwithstanding” and inserting the following:

“(1) LIFE OR FREEDOM THREATENED.—Notwithstanding”; and

(B) by adding at the end the following:

“(ii) ASYLUM INTERVIEW.—Notwithstanding paragraphs (1) and (2), a United States officer may not return any alien interdicted or otherwise encountered in international waters or United States waters who has expressed a fear of return to his or her country of departure, origin, or last habitual residence—

“(I) until such alien has had the opportunity to be interviewed by an asylum officer to determine whether that alien has a well-founded fear of persecution because of the alien's race, religion, nationality, membership in a particular social group, or political opinion, or because the alien would be subject to torture in that country; or

“(II) if an asylum officer has determined that the alien has such a well-founded fear of persecution or would be subject to torture in his or her country of departure, origin, or last habitual residence.”;

(3) by redesignating subparagraphs (B) and (C) as subparagraphs (C) and (D), respectively; and

(4) by inserting after subparagraph (A) the following:

“(B) PROTECTIONS FOR ALIENS INTERDICTED IN INTERNATIONAL OR UNITED STATES WATERS.—The Secretary of Homeland Security shall issue regulations establishing a uniform procedure applicable to all aliens interdicted in international or United States waters that—

“(i) provides each alien—

“(I) a meaningful opportunity to express, through a translator who is fluent in a language the alien claims to understand, a fear of return to his or her country of departure, origin, or last habitual residence; and

“(II) in a confidential setting and in a language the alien claims to understand, information concerning the alien's interdiction, including the ability to inform United States officers about any fears relating to the alien's return or repatriation;

“(ii) provides each alien expressing such a fear of return or repatriation a confidential interview conducted by an asylum officer, in a language the alien claims to understand, to determine whether the alien's return to his or her country of origin or country of last habitual residence is prohibited because the alien has a well-founded fear of persecution—

“(I) because of the alien's race, religion, nationality, membership in a particular social group, or political opinion; or

“(II) because the alien would be subject to torture in that country;

“(iii) ensures that each alien can effectively communicate with United States officers through the use of a translator fluent in a language the alien claims to understand; and

“(iv) provides each alien who, according to the determination of an asylum officer, has a well-founded fear of persecution for the reasons specified in clause (ii) or would be subject to torture, an opportunity to seek protection in—

“(I) a country other than the alien's country of origin or country of last habitual residence in which the alien has family or other ties that will facilitate resettlement; or

“(II) if the alien has no such ties, a country that will best facilitate the alien's resettlement, which may include the United States.”.

SEC. 24. PROTECTION OF STATELESS PERSONS IN THE UNITED STATES.

(a) IN GENERAL.—Chapter 1 of title II of the Immigration and Nationality Act (8 U.S.C. 1151 et seq.) is amended by adding at the end the following:

“SEC. 210A. PROTECTION OF STATELESS PERSONS IN THE UNITED STATES.

“(a) DEFINED TERM.—

“(1) IN GENERAL.—In this section, the term ‘de jure stateless person’ means an individual who is not considered a national under the laws of any country.

“(2) DESIGNATION OF SPECIFIC DE JURE GROUPS.—The Secretary of Homeland Security may designate specific groups of individuals who are considered de jure stateless persons, for purposes of this section.

“(b) MECHANISMS FOR REGULARIZING THE STATUS OF STATELESS PERSONS.—

“(1) RELIEF FOR INDIVIDUALS DETERMINED TO BE DE JURE STATELESS PERSONS.—The Secretary of Homeland Security or the Attorney General may cancel removal or provide conditional lawful status to an alien who is otherwise inadmissible or deportable from the United States if the alien—

“(A) is a de jure stateless person;

“(B) applies for such relief;

“(C) is not inadmissible under paragraph (2) or (3) of section 212(a);

“(D) is not deportable under paragraph (2), (3), or (4) of section 237(a); and

“(E) is not described in section 241(b)(3)(C)(i).

“(2) WAIVERS.—

“(A) AUTOMATIC WAIVERS.—In determining an alien’s eligibility for relief under paragraph (1), paragraphs (4), (5), (6)(A), (7)(A), and (9) of section 212(a) shall not apply.

“(B) APPLICATION.—An alien seeking relief under paragraph (1) may apply to the Secretary or the Attorney General for a waiver of any of the grounds set forth in subparagraph (C) and (D) of paragraph (1).

“(C) OTHER WAIVERS.—The Secretary or the Attorney General may waive any other ground of inadmissibility or deportability (except for section 241(b)(3)(C)(i)) with respect to such an applicant, including felony convictions and health conditions, if such waiver—

“(i) is justified by humanitarian purposes;

“(ii) would ensure family unity; or

“(iii) is otherwise in the public interest.

“(3) WORK AUTHORIZATION.—The Secretary may—

“(A) authorize an alien who has applied for relief under paragraph (1) to engage in employment in the United States while such application is being considered; and

“(B) provide such applicant with an employment authorized endorsement or other appropriate document signifying authorization of employment.

“(4) DEPENDENT SPOUSES AND CHILDREN.—The spouse, child, or unmarried son or daughter of an alien who has been granted conditional lawful status under paragraph (1) may apply for conditional lawful status under this section as a dependent if—

“(A) the dependent properly files an application for such status;

“(B) the dependent is physically present in the United States on the date on which such application is filed;

“(C) the dependent meets the eligibility criteria set forth in paragraph (1); and

“(D) the qualifying relationship to the principal beneficiary existed on the date on which such alien was granted conditional lawful status.

“(c) ADJUSTMENT OF STATUS.—

“(1) INSPECTION AND EXAMINATION.—At the end of the 1-year period beginning on the date on which an alien has been granted conditional lawful status under subsection (b), the alien may apply for lawful permanent residence in the United States if—

“(A) the alien has been physically present in the United States for at least 1 year;

“(B) the alien’s conditional lawful status has not been terminated by the Secretary of Homeland Security or the Attorney General, pursuant to such regulations as the Secretary or the Attorney General may prescribe; and

“(C) the alien has not otherwise acquired permanent resident status.

“(2) REQUIREMENTS FOR ADJUSTMENT.—The Secretary or the Attorney General, under such regulations as the Secretary or the Attorney General may prescribe, may adjust the status of an alien granted conditional lawful status under subsection (b) to that of an alien lawfully admitted for permanent residence if such alien—

“(A) is a de jure stateless person;

“(B) properly applies for such adjustment of status;

“(C) has been physically present in the United States for at least 1 year after being granted conditional lawful status under subsection (b);

“(D) is not firmly resettled in any foreign country; and

“(E) is admissible (except as otherwise provided under subsection (b)(2)) as an immigrant under this chapter at the time of examination of such alien for adjustment of status.

“(3) PROVING THE CLAIM.—In determining an alien’s eligibility for adjustment of status under this subsection, the Secretary or the Attorney General shall consider any credible evidence relevant to the application. The determination of what evidence is credible and the weight to be given that evidence shall be within the sole discretion of the Secretary or the Attorney General.

“(4) RECORD.—Upon approval of an application under this subsection, the Secretary or the Attorney General shall establish a record of the alien’s admission for lawful permanent residence as of the date that is 1 year before the date of such approval.

“(d) REVIEW.—

“(1) ADMINISTRATIVE REVIEW.—The Attorney General shall provide applicants for relief under this section the same right to, and procedures for, administrative review as are provided to aliens subject to removal proceedings under section 240.

“(2) JUDICIAL REVIEW.—The United States Court of Appeals shall—

“(A) sustain a final decision denying relief under this section unless it is contrary to law, an abuse of discretion, or not supported by substantial evidence; and

“(B) decide the petition only on the administrative record on which the denial of relief is based.

“(3) MOTIONS TO REOPEN.—Notwithstanding any limitation imposed by law on motions to reopen removal or deportation proceedings, any individual who is eligible for relief under this section may file 1 motion to reopen removal or deportation proceedings in order to apply for relief under this section.”

(b) CLERICAL AMENDMENT.—The table of contents for the Immigration and Nationality Act is amended by inserting after the item relating to section 210 the following:

“Sec. 210A. Protection of stateless persons in the United States.”

SEC. 25. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated such sums as may be necessary to carry out this Act, and the amendments made by this Act.

By Mr. WYDEN (for himself and Ms. SNOWE):

S. 3117. A bill to strengthen the capacity of eligible institutions to provide instruction in nanotechnology; to the Committee on Health, Education, Labor, and Pensions.

Mr. WYDEN. Mr. President, I am pleased to join today with my colleague from Maine, Senator SNOWE, to introduce the Promote Nanotechnology in Schools Act of 2010.

As Co-Chair of the Congressional Nanotechnology Caucus, and former Chair of the Commerce Subcommittee on Science, Technology, and Innovation, I have been involved in encouraging the development of nanotechnology for many years. Although I am gratified by the tremendous advancements that have already been achieved in nanotechnology, there are significant hurdles that could prevent the U.S. from realizing the full potential that nanotechnology holds for job creation, economic growth, and international competitiveness.

During this challenging period when the economy is faltering and the government is working to help create jobs, nanotechnology represents an opportunity to provide long-term, well-paid employment for millions of Americans. In fact, the National Nanotechnology Initiative—the Federal Government organization that coordinates nanotechnology research across all Federal agencies—estimates that the global nanotechnology workforce will require 2 million trained workers by 2015. It is estimated that only 20,000 workers are currently employed in this field.

To ensure that many of the needed jobs will be created here in the U.S., it is necessary to provide our students with the tools that will provide the skills and knowledge that nanotechnology companies need. This is exactly what the Promote Nanotechnology in Schools Act will do.

This act directs the National Science Foundation to establish a grant program that would provide schools, community colleges, 2- and 4-year colleges and universities and other educational institutions with up to \$400,000 to purchase nanotechnology education equipment and materials. Schools participating in the program would be required to provide matching funds of at least 1/4 of the amount of the grant.

In my home State, it has been very rewarding to see the technological advances and entrepreneurial success achieved by the Oregon Nanoscience and Microtechnologies Institute, ONAMI. Oregon’s first signature research center, ONAMI is a public-private partnership between the State’s top research universities, major corporations, and small business entrepreneurs. Working with top scientists and graduate students, and leveraging the nanotechnology equipment available at Oregon’s public universities, ONAMI has provided gap funding to 18 start-up businesses, which have created at least 60 new jobs.

While Oregon has been a leader in this arena, it is certainly not alone. Nanotechnology job creation efforts are accelerating in hubs for technology development throughout the country. As Co-Chair of the Congressional Nanotechnology Caucus, I have had the opportunity to talk with innovators and entrepreneurs from nanotechnology companies working in the areas as diverse as energy management, health technology, environmental sciences, advanced computing, textile and material sciences, and many others. What I have heard in common across all of these fields is the need for qualified workers.

If high school and college students are not exposed to nanotechnology, this emerging field will not be able to reach its full potential. Without a qualified workforce that will allow nanotech companies in this country to scale-up, foreign competitors will be

able to fill the vacuum in the global marketplace. With the Promote Nanotechnology in Schools Act, this country will put the resources into place that will prepare our students to meet the needs of the emerging nanotech economy.

That is why I want to thank Senator SNOWE for joining me in introducing this timely, and much-needed legislation. I also want to acknowledge the support and efforts of the nanotech companies that worked with me and other Members of Congress to help build support for this bill. Finally, I call upon my colleagues to move quickly not only to pass this legislation but also the National Nanotechnology Initiative Amendments Act reauthorization. These important bills will help advance nanotechnology in this country, and protect the U.S.'s position at the forefront of innovation and economic opportunity.

I urge all my colleagues to support innovation and promote entrepreneurial competition by cosponsoring this legislation.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 454—SUPPORTING THE GOALS OF WORLD TUBERCULOSIS DAY TO RAISE AWARENESS ABOUT TUBERCULOSIS

Mr. BROWN of Ohio submitted the following resolution; which was referred to the Committee on Foreign Relations:

S. RES. 454

Whereas tuberculosis (TB) is the second leading global infectious disease killer behind HIV/AIDS, claiming 1,800,000 lives each year;

Whereas the global TB pandemic and spread of drug resistant TB present a persistent public health threat to the United States;

Whereas according to 2009 data from the World Health Organization, 5 percent of all new TB cases are drug resistant;

Whereas TB is the leading killer of people with HIV/AIDS;

Whereas TB is the third leading killer of adult women, and the stigma associated with TB disproportionately affects women, causing them to delay seeking care and interfering with treatment adherence;

Whereas the Institute of Medicine found that the resurgence of TB between 1980 and 1992 was caused by cuts in TB control funding and the spread of HIV/AIDS;

Whereas, although the numbers of TB cases in the United States continue to decline, progress towards TB elimination has slowed, and it is a disease that does not recognize borders;

Whereas an extensively drug resistant strain of TB, known as XDR-TB, is very difficult and expensive to treat and has high and rapid fatality rates, especially among HIV/AIDS patients;

Whereas the United States has had more than 83 cases of XDR-TB over the last decade;

Whereas the Centers for Disease Control and Prevention estimated in 2009 that it

costs \$483,000 to treat a single case of XDR-TB;

Whereas African-Americans are 8 times more likely to have TB than Caucasians, and significant disparities exist among other United States minorities, including Native Americans, Asian-Americans, and Hispanic-Americans;

Whereas the United States public health system has the expertise to eliminate TB, but many State TB programs have been left seriously under-resourced due to budget cuts at a time when TB cases are growing more complex to diagnose and treat;

Whereas, although drugs, diagnostics, and vaccines for TB exist, these technologies are antiquated and are increasingly inadequate for controlling the global epidemic;

Whereas the most commonly used TB diagnostic in the world, sputum microscopy, is more than 100 years old and lacks sensitivity to detect TB in most HIV/AIDS patients and in children;

Whereas current tests to detect drug resistance take at least 1 month to complete and faster drug susceptibility tests must be developed to stop the spread of drug resistant TB;

Whereas the TB vaccine, BCG, provides some protection to children, but has little or no efficacy in preventing pulmonary TB in adults;

Whereas there is also a critical need for new TB drugs that can safely be taken concurrently with antiretroviral therapy for HIV;

Whereas the Global Health Initiative commits to reducing TB prevalence by 50 percent;

Whereas enactment of the Lantos-Hyde Global Leadership Against HIV/AIDS, TB, and Malaria Act and the Comprehensive TB Elimination Act provide an historic United States commitment to the global eradication of TB, including to the successful treatment of 4,500,000 new TB patients and 90,000 new multi-drug resistant (MDR) TB cases by 2013, while providing additional treatment through coordinated multilateral efforts;

Whereas the United States Agency for International Development provides financial and technical assistance to nearly 40 highly burdened TB countries and supports the development of new diagnostic and treatment tools, and is authorized to support research to develop new vaccines to combat TB;

Whereas the Centers for Disease Control and Prevention, working in partnership with United States, States, and territories, directs the national TB elimination program and essential national TB surveillance, technical assistance, prevention activities, and supports the development of new diagnostic, treatment, and prevention tools to combat TB;

Whereas the National Institutes of Health, through its many institutes and centers, plays the leading role in basic and clinical research into the identification, treatment, and prevention of TB;

Whereas the Global Fund to Fight AIDS, Tuberculosis, and Malaria provides 63 percent of all international financing for TB programs worldwide and finances proposals worth \$3,200,000,000 in 112 countries, and TB treatment for 6,000,000 people, 1,800,000 HIV/TB services, and in many countries in which the Global Fund supports programs, TB prevalence is declining, as are TB mortality rates; and

Whereas, March 24, 2010 is World Tuberculosis Day, a day that commemorates the

date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacteria that causes tuberculosis: Now, therefore, be it

Resolved, That the Senate—

(1) supports the goals of World Tuberculosis Day to raise awareness about tuberculosis;

(2) commends the progress made by anti-tuberculosis programs, including the United States Agency for International Development, the Centers for Disease Control and Prevention, the National Institutes of Health, and the Global Fund to Fight AIDS, Tuberculosis and Malaria; and

(3) reaffirms its commitment to global tuberculosis control made through the Lantos-Hyde United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2008 (Public Law 108-25; 117 Stat. 711).

SENATE RESOLUTION 455—HONORING THE LIFE, HEROISM, AND SERVICE OF HARRIET TUBMAN

Mrs. BOXER (for herself, Mr. BROWNBACK, Mr. SPECTER, Ms. SNOWE, Mr. SCHUMER, Mrs. GILLIBRAND, Ms. MIKULSKI, Mr. CARDIN, and Mr. LEVIN) submitted the following resolution; which was considered and agreed to:

S. RES. 455

Whereas Harriet Ross Tubman was born into slavery as Araminta Ross in Dorchester County, Maryland, in or around 1820;

Whereas in 1849, Ms. Tubman bravely escaped to freedom, traveling alone for approximately 90 miles to Pennsylvania;

Whereas, after escaping slavery, Ms. Tubman participated in the Underground Railroad, a network of routes, people, and houses that helped slaves escape to freedom;

Whereas Ms. Tubman became a "conductor" on the Underground Railroad, courageously leading approximately 19 expeditions to help more than 300 slaves to freedom;

Whereas Ms. Tubman served as a spy, nurse, scout, and cook during the Civil War;

Whereas during her service in the Civil War, Ms. Tubman became the first woman in the United States to plan and lead a military expedition, which resulted in successfully freeing more than 700 slaves;

Whereas after the Civil War, Ms. Tubman continued to fight for justice and equality, including equal rights for African-Americans and women;

Whereas Ms. Tubman died on March 10, 1913, in Auburn, New York; and

Whereas the heroic life of Ms. Tubman continues to serve as an inspiration to the people of the United States: Now, therefore, be it

Resolved, That the Senate—

(1) honors the life and courageous heroism of Harriet Tubman;

(2) recognizes the great contributions made by Harriet Tubman throughout her lifelong service and commitment to liberty, justice, and equality for all; and

(3) encourages the people of the United States to remember the courageous life of Harriet Tubman, a true hero.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3514. Mr. FEINGOLD submitted an amendment intended to be proposed to

amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table.

SA 3515. Mr. NELSON of Nebraska (for himself and Ms. SNOWE) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3516. Mr. INOUE submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3517. Mr. PRYOR submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3518. Ms. CANTWELL submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3519. Ms. MURKOWSKI submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3520. Ms. MURKOWSKI submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3521. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table.

SA 3522. Ms. CANTWELL submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table.

SA 3523. Ms. CANTWELL submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 3514. Mr. FEINGOLD submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title II, add the following:

SEC. 219. INCLUSION OF HIGH-PERFORMANCE GREEN BUILDINGS AS AIRPORT DEVELOPMENT.

Section 47102(3), as amended by section 208(j) of this Act, is further amended by adding at the end the following:

“(N) modernization, renovation, and repairs of a building to meet one or more of the criteria for being a high-performance green building set forth in section 401(13) of the Energy Independence and Security Act of 2007 (42 U.S.C. 17061(13)).”.

SA 3515. Mr. NELSON of Nebraska (for himself and Ms. SNOWE) submitted

an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 24, between lines 18 and 19, insert the following:

(c) **QUALIFICATIONS BASED SELECTION.**—Section 40117, as amended by subsection (a), is amended by adding at the end the following:

“(o) **QUALIFICATIONS BASED SELECTION.**—

“(1) **IN GENERAL.**—Any contract or subcontract, described in paragraph (2) that is funded in whole or in part from the proceeds from passenger facility charges imposed under this section, shall be awarded in the same manner as a contract for architectural and engineering services is awarded under chapter 11 of title 40, United States Code, or an equivalent qualifications-based requirement prescribed for or by the eligible agency.

“(2) **CONTRACT OR SUBCONTRACT DESCRIBED.**—A contract or subcontract described in this subsection is a contract or subcontract for program management, construction management, planning studies, feasibility studies, architectural services, preliminary engineering, design, engineering, surveying, mapping, and related services.”.

SA 3516. Mr. INOUE submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 302, between lines 3 and 4, insert the following:

SEC. —. MODIFICATION OF THE APPLICATION OF THE TONNAGE TAX ON VESSELS OPERATING IN THE DUAL UNITED STATES DOMESTIC AND FOREIGN TRADES.

(a) **IN GENERAL.**—Subsection (f) of section 1355 of the Internal Revenue Code of 1986 (relating to definitions and special rules) is amended to read as follows:

“(f) **EFFECT OF OPERATING A QUALIFYING VESSEL IN THE DUAL UNITED STATES DOMESTIC AND FOREIGN TRADES.**—For purposes of this subchapter—

“(1) an electing corporation shall be treated as continuing to use a qualifying vessel in the United States foreign trade during any period of use in the United States domestic trade, and

“(2) gross income from such United States domestic trade shall not be excluded under section 1357(a), but shall not be taken into account for purposes of section 1353(b)(1)(B) or for purposes of section 1356 in connection with the application of section 1357 or 1358.”.

(b) **REGULATORY AUTHORITY FOR ALLOCATION OF CREDITS, INCOME, AND DEDUCTIONS.**—Section 1358 of the Internal Revenue Code of 1986 (relating to allocation of credits, income, and deductions) is amended—

(1) by striking “in accordance with this subsection” in subsection (c) and inserting “to the extent provided in such regulations as may be prescribed by the Secretary”, and

(2) by adding at the end the following new subsection:

“(d) **REGULATIONS.**—The Secretary shall prescribe regulations consistent with the provisions of this subchapter for the purpose

of allocating gross income, deductions, and credits between or among qualifying shipping activities and other activities of a taxpayer.”.

(c) **CONFORMING AMENDMENTS.**—

(1) Section 1355(a)(4) of the Internal Revenue Code of 1986 is amended by striking “exclusively”.

(2) Section 1355(b)(1)(B) of such Code is amended by striking “as a qualifying vessel” and inserting “in the transportation of goods or passengers”.

(d) **EFFECTIVE DATE.**—The amendments made by this section shall apply to taxable years beginning after the date of the enactment of this Act.

SA 3517. Mr. PRYOR submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 128, strike lines 11 through 15 and insert the following:

(1) by striking “benefit.” and inserting “benefit, with the maximum allowable local cost share capped at 20 percent.”.

SA 3518. Ms. CANTWELL submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 723. PLAN FOR FLYING SCIENTIFIC INSTRUMENTS ON COMMERCIAL FLIGHTS.

(a) **PLAN DEVELOPMENT.**—Not later than 270 days after the date of the enactment of this Act, the Secretary of Transportation and the Secretary of Commerce, in consultation with interested representatives of the aviation industry and other relevant agencies, shall develop a plan and process to allow Federal agencies to fly scientific instruments on commercial flights with willing commercial aviation industry partners, for the purpose of taking measurements to improve weather forecasting.

(b) **REPORT TO CONGRESS.**—The Secretary of Transportation and the Secretary of Commerce shall provide a copy of the plan to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure and the Committee on Science and Technology of the House of Representatives.

SA 3519. Ms. MURKOWSKI submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 266, line 2, strike the end quote and final period at the end and insert the following:

“(j) **TRAINEE POSITIONS.**—Subject to subsection (b), grant amounts received under this subchapter by airports located in Alaska may be used for trainee positions in the same manner as such positions are authorized for Federal-aid highway projects under section 230.111 of title 23, Code of Federal Regulations (or successor regulations).”.

SA 3520. Ms. MURKOWSKI submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 458, after line 23, add the following:

(d) FLIGHT SERVICE STATIONS.—

(1) ESTABLISHMENT OF MONITORING SYSTEM.—Not later than 60 days after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration shall develop and implement a monitoring system for flight service specialist staffing and training under service contracts for flight service stations.

(2) COMPONENTS.—At a minimum, the monitoring system developed under paragraph (1) shall include mechanisms to monitor—

(A) flight specialist staffing plans for individual facilities;

(B) actual staffing levels for individual facilities;

(C) the initial and recurrent certification and training of flight service specialists on the safety, operational, and technological aspects of flight services, including any certification and training necessary to meet user demand; and

(D) system outages, excessive hold times, dropped calls, poor quality briefings, and any other safety or customer service issues under a contract for flight service station services.

(3) REPORT TO CONGRESS.—Not later than 90 days after the date of the enactment of this Act, the Administrator shall submit a report to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives that includes—

(A) a description of monitoring system;

(B) if the Administrator determines that contractual changes or corrective actions are required for the Federal Aviation Administration to ensure that the vendor under a contract for flight service station services provides safe and high quality service to consumers, a description of the changes or actions required; and

(C) a description of the contingency plans of the Administrator and the protections that the Administrator will have in place to provide uninterrupted flight service station services in the event of—

(i) material non-performance of the contract;

(ii) a vendor's default, bankruptcy, or acquisition by another entity; or

(iii) any other event that could jeopardize the uninterrupted provision of flight service station services.

(4) ALASKA FLIGHT SERVICE STATIONS.—Not later than 180 days after the date of the enactment of this Act, the Administrator, in conjunction with flight service station personnel, shall develop, implement, and submit to Congress a plan for the future of flight service stations in Alaska that includes—

(A) the establishment of a formal training and hiring program for flight service specialists; and

(B) a schedule for necessary inspection, upgrades, and modernization of stations and equipment.

SA 3521. Mr. DEMINT submitted an amendment intended to be proposed by him to the bill H.R. 2847, making appropriations for the Department of

Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes; which was ordered to lie on the table; as follows:

At the end of the bill, insert the following:

SEC. ____ . FISCAL YEARS 2010 AND 2011 EARMARK MORATORIUM.

(a) BILLS AND JOINT RESOLUTIONS.—

(1) POINT OF ORDER.—It shall not be in order to—

(A) consider a bill or joint resolution reported by any committee that includes an earmark, limited tax benefit, or limited tariff benefit; or

(B) a Senate bill or joint resolution not reported by committee that includes an earmark, limited tax benefit, or limited tariff benefit.

(2) RETURN TO THE CALENDAR.—If a point of order is sustained under this subsection, the bill or joint resolution shall be returned to the calendar until compliance with this subsection has been achieved.

(b) CONFERENCE REPORT.—

(1) POINT OF ORDER.—It shall not be in order to vote on the adoption of a report of a committee of conference if the report includes an earmark, limited tax benefit, or limited tariff benefit.

(2) RETURN TO THE CALENDAR.—If a point of order is sustained under this subsection, the conference report shall be returned to the calendar.

(c) FLOOR AMENDMENT.—It shall not be in order to consider an amendment to a bill or joint resolution if the amendment contains an earmark, limited tax benefit, or limited tariff benefit.

(d) AMENDMENT BETWEEN THE HOUSES.—

(1) IN GENERAL.—It shall not be in order to consider an amendment between the Houses if that amendment includes an earmark, limited tax benefit, or limited tariff benefit.

(2) RETURN TO THE CALENDAR.—If a point of order is sustained under this subsection, the amendment between the Houses shall be returned to the calendar until compliance with this subsection has been achieved.

(e) WAIVER.—Any Senator may move to waive any or all points of order under this section by an affirmative vote of two-thirds of the Members, duly chosen and sworn.

(f) DEFINITIONS.—For the purpose of this section—

(1) the term “earmark” means a provision or report language included primarily at the request of a Senator or Member of the House of Representatives providing, authorizing, or recommending a specific amount of discretionary budget authority, credit authority, or other spending authority for a contract, loan, loan guarantee, grant, loan authority, or other expenditure with or to an entity, or targeted to a specific State, locality or Congressional district, other than through a statutory or administrative formula-driven or competitive award process;

(2) the term “limited tax benefit” means any revenue provision that—

(A) provides a Federal tax deduction, credit, exclusion, or preference to a particular beneficiary or limited group of beneficiaries under the Internal Revenue Code of 1986; and

(B) contains eligibility criteria that are not uniform in application with respect to potential beneficiaries of such provision; and

(3) the term “limited tariff benefit” means a provision modifying the Harmonized Tariff Schedule of the United States in a manner that benefits 10 or fewer entities.

(g) FISCAL YEARS 2010 AND 2011.—The point of order under this section shall only apply

to legislation providing or authorizing discretionary budget authority, credit authority or other spending authority, providing a federal tax deduction, credit, or exclusion, or modifying the Harmonized Tariff Schedule in fiscal years 2010 and 2011.

(h) APPLICATION.—This rule shall not apply to any authorization of appropriations to a Federal entity if such authorization is not specifically targeted to a State, locality or congressional district.

SA 3522. Ms. CANTWELL submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 302, between lines 3 and 4, insert the following:

SEC. ____ . REPEAL OF QUALIFIED SHIPPING INVESTMENT WITHDRAWAL RULES.

(a) IN GENERAL.—Section 955 of the Internal Revenue Code of 1986 is hereby repealed.

(b) CONFORMING AMENDMENTS.—

(1) Section 951(a)(1)(A) of the Internal Revenue Code of 1986 is amended by adding “and” at the end of clause (i) and by striking clause (iii).

(2) Section 951(a)(1)(A)(ii) of such Code is amended by striking “, and” at the end and inserting “, except that in applying this clause amounts invested in less developed country corporations described in section 955(c)(2) (as so in effect) shall not be treated as investments in less developed countries.”.

(3) Section 951(a)(3) of such Code is hereby repealed.

(4) Section 964(b) of such Code is amended by striking “, 955,”.

(5) The table of sections for subpart F of part III of subchapter N of chapter 1 of such Code is amended by striking the item relating to section 955.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years of controlled foreign corporations ending on or after the date of the enactment of this Act, and to taxable years of United States shareholders in which or with which such taxable years of controlled foreign corporations end.

SEC. ____ . TAX IMPOSED ON ELECTING UNITED STATES SHAREHOLDERS.

(a) IN GENERAL.—In the case of a United States shareholder for which an election is in effect under this section, a tax is hereby imposed on such shareholder's pro rata share (determined under the principles of paragraph (2) of subsection (a) of section 951 of the Internal Revenue Code of 1986) of the sum of—

(1) the foreign base company shipping income (determined under section 954(f) of the Internal Revenue Code of 1986 as in effect before the enactment of the American Jobs Creation Act of 2004) for all prior taxable years beginning after 1975 and before 1987, and

(2) income described in section 954(b)(2) of the Internal Revenue Code as in effect prior to the effective date of the Tax Reform Act of 1975, without regard to whether such income was not included in subpart F income under section 954(b)(2) or any other provision of such Code,

but only to the extent such income has not previously been included in the gross income of a United States person as a dividend or under any section of the Internal Revenue

Code after 1962, or excluded from gross income pursuant to subsection (a) of section 959 of the Internal Revenue Code of 1986.

(b) AMOUNT OF TAX.—The amount of tax imposed by subsection (a) shall be 5.25 percent of the income described therein.

(c) INCOME NOT SUBJECT TO FURTHER TAX.—The income on which a tax is imposed by subsection (a) shall not (other than such tax) be included in the gross income of such United States shareholder (or any other United States person who acquires from any person any portion of the interest of such United States shareholder in such foreign corporation) and shall be treated for purposes of the Internal Revenue Code of 1986 as if such amounts are, or have been, included in the income of the United States shareholder under section 951(a)(1)(B) of such Code.

(d) ADDITIONAL TAX IMPOSED FOR FAILURE TO MAINTAIN EMPLOYMENT LEVELS.—

(1) IN GENERAL.—If, during the period consisting of the calendar month in which the election under this section is made and the succeeding 23 calendar months, the taxpayer does not maintain an average employment level at least equal to the taxpayer's prior average employment, an additional amount shall be taken into account as income by the taxpayer during the taxable year that includes the final day of such period, equal to \$25,000 multiplied by the number of employees by which the taxpayer's average employment level during such period falls below the prior average employment.

(2) PRIOR AVERAGE EMPLOYMENT.—For purposes of this subsection, the taxpayer's prior average employment is the average number of full time equivalent employees of the taxpayer during the period consisting of the 24 calendar months immediately preceding the calendar month in which the election under this section is made.

(3) AGGREGATION RULES.—In determining the taxpayer's average employment level and prior average employment, all domestic members of a controlled group (as defined in section 264(e)(5)(B) of the Internal Revenue Code of 1986) shall be treated as a single taxpayer.

(e) ELECTION.—

(1) IN GENERAL.—A taxpayer may elect to apply this section to—

(A) the taxpayer's last taxable year which begins before the date of the enactment of this Act, or

(B) the taxpayer's first taxable year beginning on or after such date.

(2) TIMING OF ELECTION AND ONE-TIME ELECTION.—Such election may be made only once by any taxpayer, and only if made on or before the due date (including extensions) for filing the return of tax for the taxable year of such election.

(f) EFFECTIVE DATE.—This section shall apply to taxable years ending on or after the date of the enactment of this Act.

SA 3523. Ms. CANTWELL submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VIII, add the following:
SEC. ____ . ROLLOVER OF AMOUNTS RECEIVED IN AIRLINE CARRIER BANKRUPTCY.

(a) GENERAL RULES.—

(1) ROLLOVER OF AIRLINE PAYMENT AMOUNT.—If a qualified airline employee re-

ceives any airline payment amount and transfers any portion of such amount to a traditional IRA within 180 days of receipt of such amount (or, if later, within 180 days of the date of the enactment of this Act), then such amount (to the extent so transferred) shall be treated as a rollover contribution described in section 402(c) of the Internal Revenue Code of 1986. A qualified airline employee making such a transfer may exclude from gross income the amount transferred, in the taxable year in which the airline payment amount was paid to the qualified airline employee by the commercial passenger airline carrier.

(2) TRANSFER OF AMOUNTS ATTRIBUTABLE TO AIRLINE PAYMENT AMOUNT FOLLOWING ROLLOVER TO ROTH IRA.—A qualified airline employee who made a rollover of an airline payment amount to a Roth IRA pursuant to section 125 of the Worker, Retiree, and Employer Recovery Act of 2008, may transfer to a traditional IRA all or any part of the Roth IRA attributable to such rollover, and the transfer to the traditional IRA will be deemed to have been made at the time of the rollover to the Roth IRA, if such transfer is made within 180 days of the date of the enactment of this Act. A qualified airline employee making such a transfer may exclude from gross income the airline payment amount previously rolled over to the Roth IRA, to the extent an amount attributable to the previous rollover was transferred to a traditional IRA, in the taxable year in which the airline payment amount was paid to the qualified airline employee by the commercial passenger airline carrier.

(3) EXTENSION OF TIME TO FILE CLAIM FOR REFUND.—A qualified airline employee who excludes an amount from gross income in a prior taxable year under paragraph (1) or (2) may reflect such exclusion in a claim for refund filed within the period of limitation under section 6511(a) (or, if later, April 15, 2011).

(b) TREATMENT OF AIRLINE PAYMENT AMOUNTS AND TRANSFERS FOR EMPLOYMENT TAXES.—For purposes of chapter 21 of the Internal Revenue Code of 1986 and section 209 of the Social Security Act, an airline payment amount shall not fail to be treated as a payment of wages by the commercial passenger airline carrier to the qualified airline employee in the taxable year of payment because such amount is excluded from the qualified airline employee's gross income under subsection (a).

(c) DEFINITIONS AND SPECIAL RULES.—For purposes of this section—

(1) AIRLINE PAYMENT AMOUNT.—

(A) IN GENERAL.—The term "airline payment amount" means any payment of any money or other property which is payable by a commercial passenger airline carrier to a qualified airline employee—

(i) under the approval of an order of a Federal bankruptcy court in a case filed after September 11, 2001, and before January 1, 2007, and

(ii) in respect of the qualified airline employee's interest in a bankruptcy claim against the carrier, any note of the carrier (or amount paid in lieu of a note being issued), or any other fixed obligation of the carrier to pay a lump sum amount.

The amount of such payment shall be determined without regard to any requirement to deduct and withhold tax from such payment under sections 3102(a) and 3402(a).

(B) EXCEPTION.—An airline payment amount shall not include any amount payable on the basis of the carrier's future earnings or profits.

(2) QUALIFIED AIRLINE EMPLOYEE.—The term "qualified airline employee" means an employee or former employee of a commercial passenger airline carrier who was a participant in a defined benefit plan maintained by the carrier which—

(A) is a plan described in section 401(a) of the Internal Revenue Code of 1986 which includes a trust exempt from tax under section 501(a) of such Code, and

(B) was terminated or became subject to the restrictions contained in paragraphs (2) and (3) of section 402(b) of the Pension Protection Act of 2006.

(3) TRADITIONAL IRA.—The term "traditional IRA" means an individual retirement plan (as defined in section 7701(a)(37) of the Internal Revenue Code of 1986) which is not a Roth IRA.

(4) ROTH IRA.—The term "Roth IRA" has the meaning given such term by section 408A(b) of such Code.

(d) SURVIVING SPOUSE.—If a qualified airline employee died after receiving an airline payment amount, or if an airline payment amount was paid to the surviving spouse of a qualified airline employee in respect of the qualified airline employee, the surviving spouse of the qualified airline employee may take all actions permitted under section 125 of the Worker, Retiree and Employer Recovery Act of 2008, or under this section, to the same extent that the qualified airline employee could have done had the qualified airline employee survived.

(e) EFFECTIVE DATE.—This section shall apply to transfers made after the date of the enactment of this Act with respect to airline payment amounts paid before, on, or after such date.

NOTICE OF INTENT TO SUSPEND THE RULES

Mr. DEMINT. Mr. President, I submit the following notice in writing: In accordance with Rule V of the Standing Rules of the Senate, I hereby give notice in writing that it is my intention to move to suspend Rule XXII, Paragraph 2, for the purpose of proposing and considering the following amendment to H.R. 2847, the Hiring Incentives to Restore Employment Act, including germaneness requirements:

At the end of the bill, insert the following:
SEC. ____ . FISCAL YEARS 2010 AND 2011 EARMARK MORATORIUM.

(a) BILLS AND JOINT RESOLUTIONS.—

(1) POINT OF ORDER.—It shall not be in order to—

(A) consider a bill or joint resolution reported by any committee that includes an earmark, limited tax benefit, or limited tariff benefit; or

(B) a Senate bill or joint resolution not reported by committee that includes an earmark, limited tax benefit, or limited tariff benefit.

(2) RETURN TO THE CALENDAR.—If a point of order is sustained under this subsection, the bill or joint resolution shall be returned to the calendar until compliance with this subsection has been achieved.

(b) CONFERENCE REPORT.—

(1) POINT OF ORDER.—It shall not be in order to vote on the adoption of a report of a committee of conference if the report includes an earmark, limited tax benefit, or limited tariff benefit.

(2) RETURN TO THE CALENDAR.—If a point of order is sustained under this subsection, the

conference report shall be returned to the calendar.

(c) FLOOR AMENDMENT.—It shall not be in order to consider an amendment to a bill or joint resolution if the amendment contains an earmark, limited tax benefit, or limited tariff benefit.

(d) AMENDMENT BETWEEN THE HOUSES.—

(1) IN GENERAL.—It shall not be in order to consider an amendment between the Houses if that amendment includes an earmark, limited tax benefit, or limited tariff benefit.

(2) RETURN TO THE CALENDAR.—If a point of order is sustained under this subsection, the amendment between the Houses shall be returned to the calendar until compliance with this subsection has been achieved.

(e) WAIVER.—Any Senator may move to waive any or all points of order under this section by an affirmative vote of two-thirds of the Members, duly chosen and sworn.

(f) DEFINITIONS.—For the purpose of this section—

(1) the term “earmark” means a provision or report language included primarily at the request of a Senator or Member of the House of Representatives providing, authorizing, or recommending a specific amount of discretionary budget authority, credit authority, or other spending authority for a contract, loan, loan guarantee, grant, loan authority, or other expenditure with or to an entity, or targeted to a specific State, locality or Congressional district, other than through a statutory or administrative formula-driven or competitive award process;

(2) the term “limited tax benefit” means any revenue provision that—

(A) provides a Federal tax deduction, credit, exclusion, or preference to a particular beneficiary or limited group of beneficiaries under the Internal Revenue Code of 1986; and

(B) contains eligibility criteria that are not uniform in application with respect to potential beneficiaries of such provision; and

(3) the term “limited tariff benefit” means a provision modifying the Harmonized Tariff Schedule of the United States in a manner that benefits 10 or fewer entities.

(g) FISCAL YEARS 2010 AND 2011.—The point of order under this section shall only apply to legislation providing or authorizing discretionary budget authority, credit authority or other spending authority, providing a federal tax deduction, credit, or exclusion, or modifying the Harmonized Tariff Schedule in fiscal years 2010 and 2011.

(h) APPLICATION.—This rule shall not apply to any authorization of appropriations to a Federal entity if such authorization is not specifically targeted to a State, locality or congressional district.

Chippewa National Forest, and for other purposes;

S. 1017, to reauthorize the Cane River National Heritage Area Commission and expand the boundaries of the Cane River National Heritage Area in the State of Louisiana;

S. 1018, to authorize the Secretary of the Interior to enter into an agreement with Northwestern State University in Natchitoches, Louisiana, to construct a curatorial center for the use of Cane River Creole National Historical Park, the National Center for Preservation Technology and Training, and the University, and for other purposes;

S. 1537, to authorize the Secretary of the Interior, acting through the Director of the National Park Service, to designate the Dr. Norman E. Borlaug Birthplace and Childhood Home in Cresco, Iowa, as a National Historic Site and as a unit of the National Park System, and for other purposes;

S. 1629, to authorize the Secretary of the Interior to conduct a special resource study of the archeological site and surrounding land of the New Philadelphia town site in the state of Illinois, and for other purposes;

S. 2892, to establish the Alabama Black Belt National Heritage Area, and for other purposes;

S. 2933, to authorize the Secretary of the Interior to conduct a special resource study to determine the suitability and feasibility of designating the Colonel Charles Young Home in Xenia, Ohio, as a unit of the National Park System, and for other purposes;

S. 2951, to authorize funding to protect and conserve lands contiguous with the Blue Ridge Parkway to serve the public, and for other purposes; and

H.R. 3804, to make technical corrections to various Acts affecting the National Park Service, to extend, amend, or establish certain National Park Service authorities, and for other purposes.

Because of the limited time available for the hearing, witnesses may testify by invitation only. However, those wishing to submit written testimony for the hearing record should send it to the Committee on Energy and Natural Resources, United States Senate, Washington, DC 20510-6150, or by e-mail to allison_seyferth@energy.senate.gov.

For further information, please contact David Brooks at (202) 224-9863 or Allison Seyferth at (202) 224-4905.

TAX EXTENDERS ACT OF 2009

On Wednesday, March 10, 2010, the Senate passed H.R. 4213, as amended, as follows:

H.R. 4213

Resolved, That the bill from the House of Representatives (H.R. 4213) entitled “An Act to amend the Internal Revenue Code of 1986 to extend certain expiring provisions, and for other purposes.”, do pass with the following amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; AMENDMENT OF 1986 CODE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “American Workers, State, and Business Relief Act of 2010”.

(b) AMENDMENT OF 1986 CODE.—Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of

an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Internal Revenue Code of 1986.

(c) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; amendment of 1986 Code; table of contents.

TITLE I—EXTENSION OF EXPIRING PROVISIONS

Subtitle A—Energy

Sec. 101. Alternative motor vehicle credit for new qualified hybrid motor vehicles other than passenger automobiles and light trucks.

Sec. 102. Incentives for biodiesel and renewable diesel.

Sec. 103. Credit for electricity produced at certain open-loop biomass facilities.

Sec. 104. Credit for refined coal facilities.

Sec. 105. Credit for production of low sulfur diesel fuel.

Sec. 106. Credit for producing fuel from coke or coke gas.

Sec. 107. New energy efficient home credit.

Sec. 108. Excise tax credits and outlay payments for alternative fuel and alternative fuel mixtures.

Sec. 109. Special rule for sales or dispositions to implement FERC or State electric restructuring policy for qualified electric utilities.

Sec. 110. Suspension of limitation on percentage depletion for oil and gas from marginal wells.

Subtitle B—Individual Tax Relief

PART I—MISCELLANEOUS PROVISIONS

Sec. 111. Deduction for certain expenses of elementary and secondary school teachers.

Sec. 112. Additional standard deduction for State and local real property taxes.

Sec. 113. Deduction of State and local sales taxes.

Sec. 114. Contributions of capital gain real property made for conservation purposes.

Sec. 115. Above-the-line deduction for qualified tuition and related expenses.

Sec. 116. Tax-free distributions from individual retirement plans for charitable purposes.

Sec. 117. Look-thru of certain regulated investment company stock in determining gross estate of non-residents.

PART II—LOW-INCOME HOUSING CREDITS

Sec. 121. Election for refundable low-income housing credit for 2010.

Subtitle C—Business Tax Relief

Sec. 131. Research credit.

Sec. 132. Indian employment tax credit.

Sec. 133. New markets tax credit.

Sec. 134. Railroad track maintenance credit.

Sec. 135. Mine rescue team training credit.

Sec. 136. Employer wage credit for employees who are active duty members of the uniformed services.

Sec. 137. 5-year depreciation for farming business machinery and equipment.

Sec. 138. 15-year straight-line cost recovery for qualified leasehold improvements, qualified restaurant buildings and improvements, and qualified retail improvements.

Sec. 139. 7-year recovery period for motorsports entertainment complexes.

Sec. 140. Accelerated depreciation for business property on an Indian reservation.

Sec. 141. Enhanced charitable deduction for contributions of food inventory.

NOTICE OF HEARING

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate that the hearing scheduled before the Subcommittee on National Parks, for Wednesday, March 17, 2010, will begin at 3:30 p.m., in room SD-366 of the Dirksen Senate Office Building.

The purpose of the hearing is to receive testimony on the following bills:

S. 553, to revise the authorized route of the North Country National Scenic Trail in northeastern Minnesota to include existing hiking trails along Lake Superior's north shore and in Superior National Forest and

- Sec. 142. Enhanced charitable deduction for contributions of book inventories to public schools.
- Sec. 143. Enhanced charitable deduction for corporate contributions of computer inventory for educational purposes.
- Sec. 144. Election to expense mine safety equipment.
- Sec. 145. Special expensing rules for certain film and television productions.
- Sec. 146. Expensing of environmental remediation costs.
- Sec. 147. Deduction allowable with respect to income attributable to domestic production activities in Puerto Rico.
- Sec. 148. Modification of tax treatment of certain payments to controlling exempt organizations.
- Sec. 149. Exclusion of gain or loss on sale or exchange of certain brownfield sites from unrelated business income.
- Sec. 150. Timber REIT modernization.
- Sec. 151. Treatment of certain dividends and assets of regulated investment companies.
- Sec. 152. RIC qualified investment entity treatment under FIRPTA.
- Sec. 153. Exceptions for active financing income.
- Sec. 154. Look-thru treatment of payments between related controlled foreign corporations under foreign personal holding company rules.
- Sec. 155. Reduction in corporate rate for qualified timber gain.
- Sec. 156. Basis adjustment to stock of S corps making charitable contributions of property.
- Sec. 157. Empowerment zone tax incentives.
- Sec. 158. Tax incentives for investment in the District of Columbia.
- Sec. 159. Renewal community tax incentives.
- Sec. 160. Temporary increase in limit on cover over of rum excise taxes to Puerto Rico and the Virgin Islands.
- Sec. 161. American Samoa economic development credit.

Subtitle D—Temporary Disaster Relief Provisions

PART I—NATIONAL DISASTER RELIEF

- Sec. 171. Waiver of certain mortgage revenue bond requirements.
- Sec. 172. Losses attributable to federally declared disasters.
- Sec. 173. Special depreciation allowance for qualified disaster property.
- Sec. 174. Net operating losses attributable to federally declared disasters.
- Sec. 175. Expensing of qualified disaster expenses.

PART II—REGIONAL PROVISIONS

SUBPART A—NEW YORK LIBERTY ZONE

- Sec. 181. Special depreciation allowance for nonresidential and residential real property.
- Sec. 182. Tax-exempt bond financing.
- SUBPART B—GO ZONE
- Sec. 183. Special depreciation allowance.
- Sec. 184. Increase in rehabilitation credit.
- Sec. 185. Work opportunity tax credit with respect to certain individuals affected by Hurricane Katrina for employers inside disaster areas.

SUBPART C—MIDWESTERN DISASTER AREAS

- Sec. 191. Special rules for use of retirement funds.
- Sec. 192. Exclusion of cancellation of mortgage indebtedness.

TITLE II—UNEMPLOYMENT INSURANCE, HEALTH, AND OTHER PROVISIONS

Subtitle A—Unemployment Insurance

- Sec. 201. Extension of unemployment insurance provisions.

Subtitle B—Health Provisions

- Sec. 211. Extension and improvement of premium assistance for COBRA benefits.
- Sec. 212. Extension of therapy caps exceptions process.
- Sec. 213. Treatment of pharmacies under durable medical equipment accreditation requirements.
- Sec. 214. Enhanced payment for mental health services.
- Sec. 215. Extension of ambulance add-ons.
- Sec. 216. Extension of geographic floor for work.
- Sec. 217. Extension of payment for technical component of certain physician pathology services.
- Sec. 218. Extension of outpatient hold harmless provision.
- Sec. 219. EHR Clarification.
- Sec. 220. Extension of reimbursement for all Medicare part B services furnished by certain Indian hospitals and clinics.
- Sec. 221. Extension of certain payment rules for long-term care hospital services and of moratorium on the establishment of certain hospitals and facilities.
- Sec. 222. Extension of the Medicare rural hospital flexibility program.
- Sec. 223. Extension of section 508 hospital reclassifications.
- Sec. 224. Technical correction related to critical access hospital services.
- Sec. 225. Extension for specialized MA plans for special needs individuals.
- Sec. 226. Extension of reasonable cost contracts.
- Sec. 227. Extension of particular waiver policy for employer group plans.
- Sec. 228. Extension of continuing care retirement community program.
- Sec. 229. Funding outreach and assistance for low-income programs.
- Sec. 230. Family-to-family health information centers.
- Sec. 231. Implementation funding.
- Sec. 232. Extension of ARRA increase in FMAP.
- Sec. 233. Extension of gainsharing demonstration.

Subtitle C—Other Provisions

- Sec. 241. Extension of use of 2009 poverty guidelines.
- Sec. 242. Refunds disregarded in the administration of Federal programs and federally assisted programs.
- Sec. 243. State court improvement program.
- Sec. 244. Extension of national flood insurance program.
- Sec. 245. Emergency disaster assistance.
- Sec. 246. Small business loan guarantee enhancement extensions.

TITLE III—PENSION FUNDING RELIEF

Subtitle A—Single Employer Plans

- Sec. 301. Extended period for single-employer defined benefit plans to amortize certain shortfall amortization bases.
- Sec. 302. Application of extended amortization period to plans subject to prior law funding rules.
- Sec. 303. Lookback for certain benefit restrictions.
- Sec. 304. Lookback for credit balance rule for plans maintained by charities.

Subtitle B—Multiemployer Plans

- Sec. 311. Adjustments to funding standard account rules.

TITLE IV—OFFSET PROVISIONS

Subtitle A—Black Liquor

- Sec. 401. Exclusion of unprocessed fuels from the cellulosic biofuel producer credit.
- Sec. 402. Prohibition on alternative fuel credit and alternative fuel mixture credit for black liquor.

Subtitle B—Homebuyer Credit

- Sec. 411. Technical modifications to homebuyer credit.

Subtitle C—Economic Substance

- Sec. 421. Codification of economic substance doctrine; penalties.

Subtitle D—Additional Provisions

- Sec. 431. Revision to the Medicare Improvement Fund.

TITLE V—SATELLITE TELEVISION EXTENSION

- Sec. 500. Short title.

Subtitle A—Statutory Licenses

- Sec. 501. Reference.
- Sec. 502. Modifications to statutory license for satellite carriers.
- Sec. 503. Modifications to statutory license for satellite carriers in local markets.
- Sec. 504. Modifications to cable system secondary transmission rights under section 111.
- Sec. 505. Certain waivers granted to providers of local-into-local service for all DMAs.
- Sec. 506. Copyright Office fees.
- Sec. 507. Termination of license.
- Sec. 508. Construction.

Subtitle B—Communications Provisions

- Sec. 521. Reference.
- Sec. 522. Extension of authority.
- Sec. 523. Significantly viewed stations.
- Sec. 524. Digital television transition conforming amendments.
- Sec. 525. Application pending completion of rulemakings.
- Sec. 526. Process for issuing qualified carrier certification.
- Sec. 527. Nondiscrimination in carriage of high definition digital signals of non-commercial educational television stations.
- Sec. 528. Savings clause regarding definitions.
- Sec. 529. State public affairs broadcasts.

Subtitle C—Reports and Savings Provision

- Sec. 531. Definition.
- Sec. 532. Report on market based alternatives to statutory licensing.
- Sec. 533. Report on communications implications of statutory licensing modifications.
- Sec. 534. Report on in-state broadcast programming.
- Sec. 535. Local network channel broadcast reports.
- Sec. 536. Savings provision regarding use of negotiated licenses.
- Sec. 537. Effective date; noninfringement of copyright.

Subtitle D—Severability

- Sec. 541. Severability.

TITLE VI—OTHER PROVISIONS

- Sec. 601. Increase in the Medicare physician payment update.
- Sec. 602. Election to temporarily utilize unused AMT credits determined by domestic investment.
- Sec. 603. Information reporting for rental property expense payments.
- Sec. 604. Extension of low-income housing credit rules for buildings in GO zones.
- Sec. 605. Increase in information return penalties.

- Sec. 606. Tax-exempt bond financing.
 Sec. 607. Application of levy to payments to Federal vendors relating to property.
 Sec. 608. Election for refundable low-income housing credit for 2010.
 Sec. 609. Low-income housing grant election.
 Sec. 610. Rollovers from elective deferral plans to Roth designated accounts.
 Sec. 611. Modification of standards for windows, doors, and skylights with respect to the credit for nonbusiness energy property.
 Sec. 612. Participants in government section 457 plans allowed to treat elective deferrals as Roth contributions.
 Sec. 613. Extension of special allowance for certain property.
 Sec. 614. Application of bad checks penalty to electronic payments.
 Sec. 615. Grants for energy efficient appliances in lieu of tax credit.
 Sec. 616. Budgetary effects of legislation passed by the Senate.
 Sec. 617. Senate spending disclosure.
 Sec. 618. Allocation of geothermal receipts.
 Sec. 619. Qualifying timber contract options.
 Sec. 620. ARRA planning and reporting.
 Sec. 621. GAO study.
 Sec. 622. Extension and modification of section 45 credit for refined coal from steel industry fuel.
 Sec. 623. Modifications to mine rescue team training credit and election to expense advanced mine safety equipment.
 Sec. 624. Application of continuous levy to employment tax liability of certain Federal contractors.

TITLE VII—DETERMINATION OF BUDGETARY EFFECTS

- Sec. 701. Determination of budgetary effects.

TITLE I—EXTENSION OF EXPIRING PROVISIONS

Subtitle A—Energy

SEC. 101. ALTERNATIVE MOTOR VEHICLE CREDIT FOR NEW QUALIFIED HYBRID MOTOR VEHICLES OTHER THAN PASSENGER AUTOMOBILES AND LIGHT TRUCKS.

(a) IN GENERAL.—Paragraph (3) of section 30B(k) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to property purchased after December 31, 2009.

SEC. 102. INCENTIVES FOR BIODIESEL AND RENEWABLE DIESEL.

(a) CREDITS FOR BIODIESEL AND RENEWABLE DIESEL USED AS FUEL.—Subsection (g) of section 40A is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) EXCISE TAX CREDITS AND OUTLAY PAYMENTS FOR BIODIESEL AND RENEWABLE DIESEL FUEL MIXTURES.—

(1) Paragraph (6) of section 6426(c) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(2) Subparagraph (B) of section 6427(e)(6) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to fuel sold or used after December 31, 2009.

SEC. 103. CREDIT FOR ELECTRICITY PRODUCED AT CERTAIN OPEN-LOOP BIOMASS FACILITIES.

(a) IN GENERAL.—Clause (ii) of section 45(b)(4)(B) is amended by striking “5-year period” and inserting “6-year period”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to electricity produced and sold after December 31, 2009.

SEC. 104. CREDIT FOR REFINED COAL FACILITIES.

(a) IN GENERAL.—Subparagraphs (A) and (B) of section 45(d)(8) are each amended by striking

“January 1, 2010” and inserting “January 1, 2011”.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to facilities placed in service after December 31, 2009.

SEC. 105. CREDIT FOR PRODUCTION OF LOW SULFUR DIESEL FUEL.

(a) APPLICABLE PERIOD.—Paragraph (4) of section 45H(c) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) EFFECTIVE DATE.—The amendment made by this section shall take effect as if included in section 339 of the American Jobs Creation Act of 2004.

SEC. 106. CREDIT FOR PRODUCING FUEL FROM COKE OR COKE GAS.

(a) IN GENERAL.—Paragraph (1) of section 45K(g) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to facilities placed in service after December 31, 2009.

SEC. 107. NEW ENERGY EFFICIENT HOME CREDIT.

(a) IN GENERAL.—Subsection (g) of section 45L is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to homes acquired after December 31, 2009.

SEC. 108. EXCISE TAX CREDITS AND OUTLAY PAYMENTS FOR ALTERNATIVE FUEL AND ALTERNATIVE FUEL MIXTURES.

(a) IN GENERAL.—Sections 6426(d)(5), 6426(e)(3), and 6427(e)(6)(C) are each amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to fuel sold or used after December 31, 2009.

SEC. 109. SPECIAL RULE FOR SALES OR DISPOSITIONS TO IMPLEMENT FERC OR STATE ELECTRIC RESTRUCTURING POLICY FOR QUALIFIED ELECTRIC UTILITIES.

(a) IN GENERAL.—Paragraph (3) of section 451(i) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to transactions after December 31, 2009.

SEC. 110. SUSPENSION OF LIMITATION ON PERCENTAGE DEPLETION FOR OIL AND GAS FROM MARGINAL WELLS.

(a) IN GENERAL.—Clause (ii) of section 613A(c)(6)(H) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2009.

Subtitle B—Individual Tax Relief

PART I—MISCELLANEOUS PROVISIONS

SEC. 111. DEDUCTION FOR CERTAIN EXPENSES OF ELEMENTARY AND SECONDARY SCHOOL TEACHERS.

(a) IN GENERAL.—Subparagraph (D) of section 62(a)(2) is amended by striking “or 2009” and inserting “2009, or 2010”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 112. ADDITIONAL STANDARD DEDUCTION FOR STATE AND LOCAL REAL PROPERTY TAXES.

(a) IN GENERAL.—Subparagraph (C) of section 63(c)(1) is amended by striking “or 2009” and inserting “2009, or 2010”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 113. DEDUCTION OF STATE AND LOCAL SALES TAXES.

(a) IN GENERAL.—Subparagraph (I) of section 164(b)(5) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 114. CONTRIBUTIONS OF CAPITAL GAIN REAL PROPERTY MADE FOR CONSERVATION PURPOSES.

(a) IN GENERAL.—Clause (vi) of section 170(b)(1)(E) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) CONTRIBUTIONS BY CERTAIN CORPORATE FARMERS AND RANCHERS.—Clause (iii) of section 170(b)(2)(B) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to contributions made in taxable years beginning after December 31, 2009.

SEC. 115. ABOVE-THE-LINE DEDUCTION FOR QUALIFIED TUITION AND RELATED EXPENSES.

(a) IN GENERAL.—Subsection (e) of section 222 is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 116. TAX-FREE DISTRIBUTIONS FROM INDIVIDUAL RETIREMENT PLANS FOR CHARITABLE PURPOSES.

(a) IN GENERAL.—Subparagraph (F) of section 408(d)(8) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to distributions made in taxable years beginning after December 31, 2009.

SEC. 117. LOOK-THRU OF CERTAIN REGULATED INVESTMENT COMPANY STOCK IN DETERMINING GROSS ESTATE OF NONRESIDENTS.

(a) IN GENERAL.—Paragraph (3) of section 2105(d) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to estates of decedents dying after December 31, 2009.

PART II—LOW-INCOME HOUSING CREDITS

SEC. 121. ELECTION FOR REFUNDABLE LOW-INCOME HOUSING CREDIT FOR 2010.

(a) IN GENERAL.—Section 42 is amended by redesignating subsection (n) as subsection (o) and by inserting after subsection (m) the following new subsection:

“(m) ELECTION FOR REFUNDABLE CREDITS.—

“(1) IN GENERAL.—The housing credit agency of each State shall be allowed a credit in an amount equal to such State’s 2010 low-income housing refundable credit election amount, which shall be payable by the Secretary as provided in paragraph (5).

“(2) 2010 LOW-INCOME HOUSING REFUNDABLE CREDIT ELECTION AMOUNT.—For purposes of this subsection, the term ‘2010 low-income housing refundable credit election amount’ means, with respect to any State, such amount as the State may elect which does not exceed 85 percent of the product of—

“(A) the sum of—

“(i) 100 percent of the State housing credit ceiling for 2010 which is attributable to amounts described in clauses (i) and (iii) of subsection (h)(3)(C), and

“(ii) 40 percent of the State housing credit ceiling for 2010 which is attributable to amounts described in clauses (ii) and (iv) of such subsection, multiplied by

“(B) 10.

“(3) COORDINATION WITH NON-REFUNDABLE CREDIT.—For purposes of this section, the amounts described in clauses (i) through (iv) of subsection (h)(3)(C) with respect to any State for 2010 shall each be reduced by so much of such amount as is taken into account in determining the amount of the credit allowed with respect to such State under paragraph (1).

“(4) **SPECIAL RULE FOR BASIS.**—Basis of a qualified low-income building shall not be reduced by the amount of any payment made under this subsection.

“(5) **PAYMENT OF CREDIT; USE TO FINANCE LOW-INCOME BUILDINGS.**—The Secretary shall pay to the housing credit agency of each State an amount equal to the credit allowed under paragraph (1). Rules similar to the rules of subsections (c) and (d) of section 1602 of the American Recovery and Reinvestment Tax Act of 2009 shall apply with respect to any payment made under this paragraph, except that such subsection (d) shall be applied by substituting ‘January 1, 2012’ for ‘January 1, 2011’.”

(b) **CONFORMING AMENDMENT.**—Section 1324(b)(2) of title 31, United States Code, is amended by inserting “42(n),” after “36A.”

Subtitle C—Business Tax Relief

SEC. 131. RESEARCH CREDIT.

(a) **IN GENERAL.**—Subparagraph (B) of section 41(h)(1) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **CONFORMING AMENDMENT.**—Subparagraph (D) of section 45C(b)(1) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to amounts paid or incurred after December 31, 2009.

SEC. 132. INDIAN EMPLOYMENT TAX CREDIT.

(a) **IN GENERAL.**—Subsection (f) of section 45A is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 133. NEW MARKETS TAX CREDIT.

(a) **IN GENERAL.**—Subparagraph (F) of section 45D(f)(1) is amended by inserting “and 2010” after “2009”.

(b) **CONFORMING AMENDMENT.**—Paragraph (3) of section 45D(f) is amended by striking “2014” and inserting “2015”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to calendar years beginning after 2009.

SEC. 134. RAILROAD TRACK MAINTENANCE CREDIT.

(a) **IN GENERAL.**—Subsection (f) of section 45G is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to expenditures paid or incurred in taxable years beginning after December 31, 2009.

SEC. 135. MINE RESCUE TEAM TRAINING CREDIT.

(a) **IN GENERAL.**—Subsection (e) of section 45N is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 136. EMPLOYER WAGE CREDIT FOR EMPLOYEES WHO ARE ACTIVE DUTY MEMBERS OF THE UNIFORMED SERVICES.

(a) **IN GENERAL.**—Subsection (f) of section 45P is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to payments made after December 31, 2009.

SEC. 137. 5-YEAR DEPRECIATION FOR FARMING BUSINESS MACHINERY AND EQUIPMENT.

(a) **IN GENERAL.**—Clause (vii) of section 168(e)(3)(B) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to property placed in service after December 31, 2009.

SEC. 138. 15-YEAR STRAIGHT-LINE COST RECOVERY FOR QUALIFIED LEASEHOLD IMPROVEMENTS, QUALIFIED RESTAURANT BUILDINGS AND IMPROVEMENTS, AND QUALIFIED RETAIL IMPROVEMENTS.

(a) **IN GENERAL.**—Clauses (iv), (v), and (ix) of section 168(e)(3)(E) are each amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) **CONFORMING AMENDMENTS.**—

(1) Clause (i) of section 168(e)(7)(A) is amended by striking “if such building is placed in service after December 31, 2008, and before January 1, 2010,”.

(2) Paragraph (8) of section 168(e) is amended by striking subparagraph (E).

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to property placed in service after December 31, 2009.

SEC. 139. 7-YEAR RECOVERY PERIOD FOR MOTORSPORTS ENTERTAINMENT COMPLEXES.

(a) **IN GENERAL.**—Subparagraph (D) of section 168(i)(15) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to property placed in service after December 31, 2009.

SEC. 140. ACCELERATED DEPRECIATION FOR BUSINESS PROPERTY ON AN INDIAN RESERVATION.

(a) **IN GENERAL.**—Paragraph (8) of section 168(j) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to property placed in service after December 31, 2009.

SEC. 141. ENHANCED CHARITABLE DEDUCTION FOR CONTRIBUTIONS OF FOOD INVENTORY.

(a) **IN GENERAL.**—Clause (iv) of section 170(e)(3)(C) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to contributions made after December 31, 2009.

SEC. 142. ENHANCED CHARITABLE DEDUCTION FOR CONTRIBUTIONS OF BOOK INVENTORIES TO PUBLIC SCHOOLS.

(a) **IN GENERAL.**—Clause (iv) of section 170(e)(3)(D) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to contributions made after December 31, 2009.

SEC. 143. ENHANCED CHARITABLE DEDUCTION FOR CORPORATE CONTRIBUTIONS OF COMPUTER INVENTORY FOR EDUCATIONAL PURPOSES.

(a) **IN GENERAL.**—Subparagraph (G) of section 170(e)(6) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to contributions made in taxable years beginning after December 31, 2009.

SEC. 144. ELECTION TO EXPENSE MINE SAFETY EQUIPMENT.

(a) **IN GENERAL.**—Subsection (g) of section 179E is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to property placed in service after December 31, 2009.

SEC. 145. SPECIAL EXPENSING RULES FOR CERTAIN FILM AND TELEVISION PRODUCTIONS.

(a) **IN GENERAL.**—Subsection (f) of section 181 is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to productions commencing after December 31, 2009.

SEC. 146. EXPENSING OF ENVIRONMENTAL REMEDIATION COSTS.

(a) **IN GENERAL.**—Subsection (h) of section 198 is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to expenditures paid or incurred after December 31, 2009.

SEC. 147. DEDUCTION ALLOWABLE WITH RESPECT TO INCOME ATTRIBUTABLE TO DOMESTIC PRODUCTION ACTIVITIES IN PUERTO RICO.

(a) **IN GENERAL.**—Subparagraph (C) of section 199(d)(8) is amended—

(1) by striking “first 4 taxable years” and inserting “first 5 taxable years”, and

(2) by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) **EFFECTIVE DATE.**—The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 148. MODIFICATION OF TAX TREATMENT OF CERTAIN PAYMENTS TO CONTROLLING EXEMPT ORGANIZATIONS.

(a) **IN GENERAL.**—Clause (iv) of section 512(b)(13)(E) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to payments received or accrued after December 31, 2009.

SEC. 149. EXCLUSION OF GAIN OR LOSS ON SALE OR EXCHANGE OF CERTAIN BROWNFIELD SITES FROM UNRELATED BUSINESS INCOME.

(a) **IN GENERAL.**—Subparagraph (K) of section 512(b)(19) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to property acquired after December 31, 2009.

SEC. 150. TIMBER REIT MODERNIZATION.

(a) **IN GENERAL.**—Paragraph (8) of section 856(c) is amended by striking “means” and all that follows and inserting “means December 31, 2010.”

(b) **CONFORMING AMENDMENTS.**—

(1) Subparagraph (I) of section 856(c)(2) is amended by striking “the first taxable year beginning after the date of the enactment of this subparagraph” and inserting “in a taxable year beginning on or before the termination date”.

(2) Clause (iii) of section 856(c)(5)(H) is amended by inserting “in taxable years beginning” after “dispositions”.

(3) Clause (v) of section 857(b)(6)(D) is amended by inserting “in a taxable year beginning” after “sale”.

(4) Subparagraph (G) of section 857(b)(6) is amended by inserting “in a taxable year beginning” after “In the case of a sale”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to taxable years ending after May 22, 2009.

SEC. 151. TREATMENT OF CERTAIN DIVIDENDS AND ASSETS OF REGULATED INVESTMENT COMPANIES.

(a) **IN GENERAL.**—Paragraphs (1)(C) and (2)(C) of section 871(k) are each amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 152. RIC QUALIFIED INVESTMENT ENTITY TREATMENT UNDER FIRPTA.

(a) **IN GENERAL.**—Clause (ii) of section 897(h)(4)(A) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—

(1) **IN GENERAL.**—The amendment made by subsection (a) shall take effect on January 1, 2010. Notwithstanding the preceding sentence, such amendment shall not apply with respect to the withholding requirement under section 1445

of the Internal Revenue Code of 1986 for any payment made before the date of the enactment of this Act.

(2) AMOUNTS WITHHELD ON OR BEFORE DATE OF ENACTMENT.—In the case of a regulated investment company—

(A) which makes a distribution after December 31, 2009, and before the date of the enactment of this Act, and

(B) which would (but for the second sentence of paragraph (1)) have been required to withhold with respect to such distribution under section 1445 of such Code,

such investment company shall not be liable to any person to whom such distribution was made for any amount so withheld and paid over to the Secretary of the Treasury.

SEC. 153. EXCEPTIONS FOR ACTIVE FINANCING INCOME.

(a) IN GENERAL.—Sections 953(e)(10) and 954(h)(9) are each amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) CONFORMING AMENDMENT.—Section 953(e)(10) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years of foreign corporations beginning after December 31, 2009, and to taxable years of United States shareholders with or within which any such taxable year of such foreign corporation ends.

SEC. 154. LOOK-THRU TREATMENT OF PAYMENTS BETWEEN RELATED CONTROLLED FOREIGN CORPORATIONS UNDER FOREIGN PERSONAL HOLDING COMPANY RULES.

(a) IN GENERAL.—Subparagraph (C) of section 954(c)(6) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years of foreign corporations beginning after December 31, 2009, and to taxable years of United States shareholders with or within which any such taxable year of such foreign corporation ends.

SEC. 155. REDUCTION IN CORPORATE RATE FOR QUALIFIED TIMBER GAIN.

(a) IN GENERAL.—Paragraph (1) of section 1201(b) is amended by striking “ending” and all that follows through “such date”.

(b) CONFORMING AMENDMENT.—Paragraph (3) of section 1201(b) is amended to read as follows: “(3) APPLICATION OF SUBSECTION.—The qualified timber gain for any taxable year shall not exceed the qualified timber gain which would be determined by not taking into account any portion of such taxable year after December 31, 2010.”

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years ending after May 22, 2009.

SEC. 156. BASIS ADJUSTMENT TO STOCK OF S CORPS MAKING CHARITABLE CONTRIBUTIONS OF PROPERTY.

(a) IN GENERAL.—Paragraph (2) of section 1367(a) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to contributions made in taxable years beginning after December 31, 2009.

SEC. 157. EMPOWERMENT ZONE TAX INCENTIVES.

(a) IN GENERAL.—Section 1391 is amended—

(1) by striking “December 31, 2009” in subsection (d)(1)(A)(i) and inserting “December 31, 2010”, and

(2) by striking the last sentence of subsection (h)(2).

(b) INCREASED EXCLUSION OF GAIN ON STOCK OF EMPOWERMENT ZONE BUSINESSES.—Subparagraph (C) of section 1202(a)(2) is amended—

(1) by striking “December 31, 2014” and inserting “December 31, 2015”, and

(2) by striking “2014” in the heading and inserting “2015”.

(c) TREATMENT OF CERTAIN TERMINATION DATES SPECIFIED IN NOMINATIONS.—In the case of a designation of an empowerment zone the nomination for which included a termination date which is contemporaneous with the date specified in subparagraph (A)(i) of section 1391(d)(1) of the Internal Revenue Code of 1986 (as in effect before the enactment of this Act), subparagraph (B) of such section shall not apply with respect to such designation unless, after the date of the enactment of this section, the entity which made such nomination reconfirms such termination date, or amends the nomination to provide for a new termination date, in such manner as the Secretary of the Treasury (or the Secretary’s designee) may provide.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to periods after December 31, 2009.

SEC. 158. TAX INCENTIVES FOR INVESTMENT IN THE DISTRICT OF COLUMBIA.

(a) IN GENERAL.—Subsection (f) of section 1400 is amended by striking “December 31, 2009” each place it appears and inserting “December 31, 2010”.

(b) TAX-EXEMPT DC EMPOWERMENT ZONE BONDS.—Subsection (b) of section 1400A is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(c) ZERO-PERCENT CAPITAL GAINS RATE.—

(1) ACQUISITION DATE.—Paragraphs (2)(A)(i), (3)(A), (4)(A)(i), and (4)(B)(i)(I) of section 1400B(b) are each amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(2) LIMITATION ON PERIOD OF GAINS.—

(A) IN GENERAL.—Paragraph (2) of section 1400B(e) is amended—

(i) by striking “December 31, 2014” and inserting “December 31, 2015”, and

(ii) by striking “2014” in the heading and inserting “2015”.

(B) PARTNERSHIPS AND S-CORPS.—Paragraph (2) of section 1400B(g) is amended by striking “December 31, 2014” and inserting “December 31, 2015”.

(d) FIRST-TIME HOMEBUYER CREDIT.—Subsection (i) of section 1400C is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(e) EFFECTIVE DATES.—

(1) IN GENERAL.—Except as otherwise provided in this subsection, the amendments made by this section shall apply to periods after December 31, 2009.

(2) TAX-EXEMPT DC EMPOWERMENT ZONE BONDS.—The amendment made by subsection (b) shall apply to bonds issued after December 31, 2009.

(3) ACQUISITION DATES FOR ZERO-PERCENT CAPITAL GAINS RATE.—The amendments made by subsection (c) shall apply to property acquired or substantially improved after December 31, 2009.

(4) HOMEBUYER CREDIT.—The amendment made by subsection (d) shall apply to homes purchased after December 31, 2009.

SEC. 159. RENEWAL COMMUNITY TAX INCENTIVES.

(a) IN GENERAL.—Subsection (b) of section 1400E is amended—

(1) by striking “December 31, 2009” in paragraphs (1)(A) and (3) and inserting “December 31, 2010”, and

(2) by striking “January 1, 2010” in paragraph (3) and inserting “January 1, 2011”.

(b) ZERO-PERCENT CAPITAL GAINS RATE.—

(1) ACQUISITION DATE.—Paragraphs (2)(A)(i), (3)(A), (4)(A)(i), and (4)(B)(i) of section 1400F(b) are each amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(2) LIMITATION ON PERIOD OF GAINS.—Paragraph (2) of section 1400F(c) is amended—

(A) by striking “December 31, 2014” and inserting “December 31, 2015”, and

(B) by striking “2014” in the heading and inserting “2015”.

(3) CLERICAL AMENDMENT.—Subsection (d) of section 1400F is amended by striking “and ‘December 31, 2014’ for ‘December 31, 2014’”.

(c) COMMERCIAL REVITALIZATION DEDUCTION.—

(1) IN GENERAL.—Subsection (g) of section 1400I is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(2) CONFORMING AMENDMENT.—Subparagraph (A) of section 1400I(d)(2) is amended by striking “after 2001 and before 2010” and inserting “which begins after 2001 and before the date referred to in subsection (g)”.

(d) INCREASED EXPENSING UNDER SECTION 179.—Subparagraph (A) of section 1400J(b)(1) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(e) TREATMENT OF CERTAIN TERMINATION DATES SPECIFIED IN NOMINATIONS.—In the case of a designation of a renewal community the nomination for which included a termination date which is contemporaneous with the date specified in subparagraph (A) of section 1400E(b)(1) of the Internal Revenue Code of 1986 (as in effect before the enactment of this Act), subparagraph (B) of such section shall not apply with respect to such designation unless, after the date of the enactment of this section, the entity which made such nomination reconfirms such termination date, or amends the nomination to provide for a new termination date, in such manner as the Secretary of the Treasury (or the Secretary’s designee) may provide.

(f) EFFECTIVE DATES.—

(1) IN GENERAL.—Except as otherwise provided in this subsection, the amendments made by this section shall apply to periods after December 31, 2009.

(2) ACQUISITIONS.—The amendments made by subsections (b)(1) and (d) shall apply to acquisitions after December 31, 2009.

(3) COMMERCIAL REVITALIZATION DEDUCTION.—

(A) IN GENERAL.—The amendment made by subsection (c)(1) shall apply to buildings placed in service after December 31, 2009.

(B) CONFORMING AMENDMENT.—The amendment made by subsection (c)(2) shall apply to calendar years beginning after December 31, 2009.

SEC. 160. TEMPORARY INCREASE IN LIMIT ON COVER OVER OF RUM EXCISE TAXES TO PUERTO RICO AND THE VIRGIN ISLANDS.

(a) IN GENERAL.—Paragraph (1) of section 7652(f) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to distilled spirits brought into the United States after December 31, 2009.

SEC. 161. AMERICAN SAMOA ECONOMIC DEVELOPMENT CREDIT.

(a) IN GENERAL.—Subsection (d) of section 119 of division A of the Tax Relief and Health Care Act of 2006 is amended—

(1) by striking “first 4 taxable years” and inserting “first 5 taxable years”, and

(2) by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

Subtitle D—Temporary Disaster Relief Provisions

PART I—NATIONAL DISASTER RELIEF

SEC. 171. WAIVER OF CERTAIN MORTGAGE REVENUE BOND REQUIREMENTS.

(a) IN GENERAL.—Paragraph (11) of section 143(k) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) SPECIAL RULE FOR RESIDENCES DESTROYED IN FEDERALLY DECLARED DISASTERS.—Paragraph (13) of section 143(k), as redesignated by

subsection (c), is amended by striking “January 1, 2010” in subparagraphs (A)(i) and (B)(i) and inserting “January 1, 2011”.

(c) **TECHNICAL AMENDMENT.**—Subsection (k) of section 143 is amended by redesignating the second paragraph (12) (relating to special rules for residences destroyed in federally declared disasters) as paragraph (13).

(d) **EFFECTIVE DATES.**—

(1) **IN GENERAL.**—Except as otherwise provided in this subsection, the amendment made by this section shall apply to bonds issued after December 31, 2009.

(2) **RESIDENCES DESTROYED IN FEDERALLY DECLARED DISASTERS.**—The amendments made by subsection (b) shall apply with respect to disasters occurring after December 31, 2009.

(3) **TECHNICAL AMENDMENT.**—The amendment made by subsection (c) shall take effect as if included in section 709 of the Tax Extenders and Alternative Minimum Tax Relief Act of 2008.

SEC. 172. LOSSES ATTRIBUTABLE TO FEDERALLY DECLARED DISASTERS.

(a) **IN GENERAL.**—Subclause (I) of section 165(h)(3)(B)(i) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) **\$500 LIMITATION.**—Paragraph (1) of section 165(h) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(c) **EFFECTIVE DATE.**—

(1) **IN GENERAL.**—The amendment made by subsection (a) shall apply to federally declared disasters occurring after December 31, 2009.

(2) **\$500 LIMITATION.**—The amendment made by subsection (b) shall apply to taxable years beginning after December 31, 2009.

SEC. 173. SPECIAL DEPRECIATION ALLOWANCE FOR QUALIFIED DISASTER PROPERTY.

(a) **IN GENERAL.**—Subclause (I) of section 168(n)(2)(A)(ii) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to disasters occurring after December 31, 2009.

SEC. 174. NET OPERATING LOSSES ATTRIBUTABLE TO FEDERALLY DECLARED DISASTERS.

(a) **IN GENERAL.**—Subclause (I) of section 172(j)(1)(A)(i) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to losses attributable to disasters occurring after December 31, 2009.

SEC. 175. EXPENSING OF QUALIFIED DISASTER EXPENSES.

(a) **IN GENERAL.**—Subparagraph (A) of section 198A(b)(2) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to expenditures on account of disasters occurring after December 31, 2009.

PART II—REGIONAL PROVISIONS

Subpart A—New York Liberty Zone

SEC. 181. SPECIAL DEPRECIATION ALLOWANCE FOR NONRESIDENTIAL AND RESIDENTIAL REAL PROPERTY.

(a) **IN GENERAL.**—Subparagraph (A) of section 1400L(b)(2) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to property placed in service after December 31, 2009.

SEC. 182. TAX-EXEMPT BOND FINANCING.

(a) **IN GENERAL.**—Subparagraph (D) of section 1400L(d)(2) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to bonds issued after December 31, 2009.

Subpart B—GO Zone

SEC. 183. SPECIAL DEPRECIATION ALLOWANCE.

(a) **IN GENERAL.**—Paragraph (6) of section 1400N(d)(6) is amended by striking subparagraph (D).

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to property placed in service after December 31, 2009.

SEC. 184. INCREASE IN REHABILITATION CREDIT.

(a) **IN GENERAL.**—Subsection (h) of section 1400N is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to amounts paid or incurred after December 31, 2009.

SEC. 185. WORK OPPORTUNITY TAX CREDIT WITH RESPECT TO CERTAIN INDIVIDUALS AFFECTED BY HURRICANE KATRINA FOR EMPLOYERS INSIDE DISASTER AREAS.

(a) **IN GENERAL.**—Paragraph (1) of section 201(b) of the Katrina Emergency Tax Relief Act of 2005 is amended by striking “4-year” and inserting “5-year”.

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall apply to individuals hired after August 27, 2009.

Subpart C—Midwestern Disaster Areas

SEC. 191. SPECIAL RULES FOR USE OF RETIREMENT FUNDS.

(a) **IN GENERAL.**—Section 702(d)(10) of the Heartland Disaster Tax Relief Act of 2008 (Public Law 110-343; 122 Stat. 3918) is amended—

(1) by striking “January 1, 2010” both places it appears and inserting “January 1, 2011”, and

(2) by striking “December 31, 2009” both places it appears and inserting “December 31, 2010”.

(b) **EFFECTIVE DATE.**—The amendments made by this section shall take effect as if included in section 702(d)(10) of the Heartland Disaster Tax Relief Act of 2008.

SEC. 192. EXCLUSION OF CANCELLATION OF MORTGAGE INDEBTEDNESS.

(a) **IN GENERAL.**—Section 702(e)(4)(C) of the Heartland Disaster Tax Relief Act of 2008 (Public Law 110-343; 122 Stat. 3918) is amended by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) **EFFECTIVE DATE.**—The amendments made by this section shall apply to discharges of indebtedness after December 31, 2009.

TITLE II—UNEMPLOYMENT INSURANCE, HEALTH, AND OTHER PROVISIONS

Subtitle A—Unemployment Insurance

SEC. 201. EXTENSION OF UNEMPLOYMENT INSURANCE PROVISIONS.

(a) **IN GENERAL.**—(1) Section 4007 of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note) is amended—

(A) by striking “April 5, 2010” each place it appears and inserting “December 31, 2010”;

(B) in the heading for subsection (b)(2), by striking “APRIL 5, 2010” and inserting “DECEMBER 31, 2010”; and

(C) in subsection (b)(3), by striking “September 4, 2010” and inserting “May 31, 2011”.

(2) Section 2002(e) of the Assistance for Unemployed Workers and Struggling Families Act, as contained in Public Law 111-5 (26 U.S.C. 3304 note; 123 Stat. 438), is amended—

(A) in paragraph (1)(B), by striking “April 5, 2010” and inserting “December 31, 2010”;

(B) in the heading for paragraph (2), by striking “APRIL 5, 2010” and inserting “DECEMBER 31, 2010”; and

(C) in paragraph (3), by striking “October 5, 2010” and inserting “June 30, 2011”.

(3) Section 2005 of the Assistance for Unemployed Workers and Struggling Families Act, as contained in Public Law 111-5 (26 U.S.C. 3304 note; 123 Stat. 444), is amended—

(A) by striking “April 5, 2010” each place it appears and inserting “January 1, 2011”; and

(B) in subsection (c), by striking “September 4, 2010” and inserting “June 1, 2011”.

(4) Section 5 of the Unemployment Compensation Extension Act of 2008 (Public Law 110-449;

26 U.S.C. 3304 note) is amended by striking “September 4, 2010” and inserting “May 31, 2011”.

(b) **FUNDING.**—Section 4004(e)(1) of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note) is amended—

(1) in subparagraph (C), by striking “and” at the end; and

(2) by inserting after subparagraph (D) the following new subparagraph:

“(E) the amendments made by section 201(a)(1) of the American Workers, State, and Business Relief Act of 2010; and”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall take effect as if included in the enactment of the Temporary Extension Act of 2010.

Subtitle B—Health Provisions

SEC. 211. EXTENSION AND IMPROVEMENT OF PREMIUM ASSISTANCE FOR COBRA BENEFITS.

(a) **EXTENSION OF ELIGIBILITY PERIOD.**—Subsection (a)(3)(A) of section 3001 of division B of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), as amended by section 3 of the Temporary Extension Act of 2010, is amended by striking “March 31, 2010” and inserting “December 31, 2010”.

(b) **RULES RELATING TO 2010 EXTENSION.**—Subsection (a) of section 3001 of division B of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), as amended by subsection (b)(1)(C), is further amended by adding at the end the following:

“(18) RULES RELATED TO 2010 EXTENSION.—

“(A) **ELECTION TO PAY PREMIUMS RETROACTIVELY AND MAINTAIN COBRA COVERAGE.**—In the case of any premium for a period of coverage during an assistance eligible individual’s 2010 transition period, such individual shall be treated for purposes of any COBRA continuation provision as having timely paid the amount of such premium if—

“(i) such individual’s qualifying event was on or after April 1, 2010 and prior to the date of enactment of this paragraph, and

“(ii) such individual pays, by the latest of 60 days after the date of the enactment of this paragraph, 30 days after the date of provision of the notification required under paragraph (16)(D)(ii) (as applied by subparagraph (D) of this paragraph), or the period described in section 4980B(f)(2)(B)(iii) of the Internal Revenue Code of 1986, the amount of such premium, after the application of paragraph (1)(A).

“(B) **REFUNDS AND CREDITS FOR RETROACTIVE PREMIUM ASSISTANCE ELIGIBILITY.**—In the case of an assistance eligible individual who pays, with respect to any period of COBRA continuation coverage during such individual’s 2010 transition period, the premium amount for such coverage without regard to paragraph (1)(A), rules similar to the rules of paragraph (12)(E) shall apply.

“(C) **2010 TRANSITION PERIOD.**—

“(i) **IN GENERAL.**—For purposes of this paragraph, the term ‘transition period’ means, with respect to any assistance eligible individual, any period of coverage if—

“(I) such assistance eligible individual experienced an involuntary termination that was a qualifying event prior to the date of enactment of the American Workers, State, and Business Relief Act of 2010, and

“(II) paragraph (1)(A) applies to such period by reason of the amendments made by section 211 of the American Workers, State, and Business Relief Act of 2010.

“(ii) **CONSTRUCTION.**—Any period during the period described in subclauses (I) and (II) of clause (i) for which the applicable premium has been paid pursuant to subparagraph (A) shall be treated as a period of coverage referred to in such paragraph, irrespective of any failure to

timely pay the applicable premium (other than pursuant to subparagraph (A)) for such period.

“(D) NOTIFICATION.—Notification provisions similar to the provisions of paragraph (16)(E) shall apply for purposes of this paragraph.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in the provisions of section 3001 of division B of the American Recovery and Reinvestment Act of 2009.

SEC. 212. EXTENSION OF THERAPY CAPS EXCEPTIONS PROCESS.

Section 1833(g)(5) of the Social Security Act (42 U.S.C. 1395l(g)(5)) is amended by striking “March 31, 2010” and inserting “December 31, 2010”.

SEC. 213. TREATMENT OF PHARMACIES UNDER DURABLE MEDICAL EQUIPMENT ACCREDITATION REQUIREMENTS.

(a) IN GENERAL.—Section 1834(a)(20) of the Social Security Act (42 U.S.C. 1395m(a)(20)) is amended—

(1) in subparagraph (F)—

(A) in clause (i)—

(i) by striking “clause (ii)” and inserting “clauses (ii) and (iii)”;

(ii) by striking “January 1, 2010” and inserting “January 1, 2011”; and

(iii) by striking “and” at the end;

(B) in clause (ii)(II), by striking the period at the end and inserting “; and”;

(C) by inserting after clause (ii)(II) the following new clause:

“(iii)(I) subject to subclause (II), with respect to items and services furnished on or after January 1, 2011, the accreditation requirement of clause (i) shall not apply to a pharmacy described in subparagraph (G); and

“(II) effective with respect to items and services furnished on or after the date of the enactment of this subparagraph, the Secretary may apply to pharmacies quality standards and an accreditation requirement established by the Secretary that are an alternative to the quality standards and accreditation requirement otherwise applicable under this paragraph if the Secretary determines such alternative quality standards and accreditation requirement are appropriate for pharmacies.”; and

(D) by adding at the end the following flush sentence:

“If determined appropriate by the Secretary, any alternative quality standards and accreditation requirement established under clause (iii)(II) may differ for categories of pharmacies established by the Secretary (such as pharmacies described in subparagraph (G)).”; and

(2) by adding at the end the following new subparagraph:

“(G) PHARMACY DESCRIBED.—A pharmacy described in this subparagraph is a pharmacy that meets each of the following criteria:

“(i) The total billings by the pharmacy for such items and services under this title are less than 5 percent of total pharmacy sales for a previous period (of not less than 24 months) specified by the Secretary.

“(ii) The pharmacy has been enrolled under section 1866(j) as a supplier of durable medical equipment, prosthetics, orthotics, and supplies, has been issued (which may include the renewal of) a provider number for at least 2 years, and for which a final adverse action (as defined in section 424.57(a) of title 42, Code of Federal Regulations) has not been imposed in the past 2 years.

“(iii) The pharmacy submits to the Secretary an attestation, in a form and manner, and at a time, specified by the Secretary, that the pharmacy meets the criteria described in clauses (i) and (ii).

“(iv) The pharmacy agrees to submit materials as requested by the Secretary, or during the course of an audit conducted on a random sam-

ple of pharmacies selected annually, to verify that the pharmacy meets the criteria described in clauses (i) and (ii). Materials submitted under the preceding sentence shall include a certification by an independent accountant on behalf of the pharmacy or the submission of tax returns filed by the pharmacy during the relevant periods, as requested by the Secretary.”.

(b) CONFORMING AMENDMENTS.—Section 1834(a)(20)(E) of the Social Security Act (42 U.S.C. 1395m(a)(20)(E)) is amended—

(1) in the first sentence, by striking “The” and inserting “Except as provided in the third sentence, the”;

(2) by adding at the end the following new sentences: “Notwithstanding the preceding sentences, any alternative quality standards and accreditation requirement established under subparagraph (F)(iii)(II) shall be established through notice and comment rulemaking. The Secretary may implement by program instruction or otherwise subparagraph (G) after consultation with representatives of relevant parties. The specifications developed by the Secretary in order to implement subparagraph (G) shall be posted on the Internet website of the Centers for Medicare & Medicaid Services.”.

(c) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to this section.

(d) RULE OF CONSTRUCTION.—Nothing in the provisions of, or amendments made by, this section shall be construed as affecting the application of an accreditation requirement for pharmacies to qualify for bidding in a competitive acquisition area under section 1847 of the Social Security Act (42 U.S.C. 1395w-3).

(e) WAIVER OF 1-YEAR REENROLLMENT BAR.—In the case of a pharmacy described in subparagraph (G) of section 1834(a)(20) of the Social Security Act, as added by subsection (a), whose billing privileges were revoked prior to January 1, 2011, by reason of noncompliance with subparagraph (F)(i) of such section, the Secretary of Health and Human Services shall waive any reenrollment bar imposed pursuant to section 424.535(d) of title 42, Code of Federal Regulations (as in effect on the date of the enactment of this Act) for such pharmacy to reapply for such privileges.

SEC. 214. ENHANCED PAYMENT FOR MENTAL HEALTH SERVICES.

Section 138(a)(1) of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

SEC. 215. EXTENSION OF AMBULANCE ADD-ONS.

(a) IN GENERAL.—Section 1834(l)(13) of the Social Security Act (42 U.S.C. 1395m(l)(13)) is amended—

(1) in subparagraph (A)—

(A) in the matter preceding clause (i), by striking “before January 1, 2010” and inserting “before January 1, 2011”; and

(B) in each of clauses (i) and (ii), by striking “before January 1, 2010” and inserting “before January 1, 2011”.

(b) AIR AMBULANCE IMPROVEMENTS.—Section 146(b)(1) of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275) is amended by striking “ending on December 31, 2009” and inserting “ending on December 31, 2010”.

(c) SUPER RURAL AMBULANCE.—Section 1834(l)(12)(A) of the Social Security Act (42 U.S.C. 1395m(l)(12)(A)) is amended—

(1) in the first sentence, by striking “2010” and inserting “2011”; and

(2) by adding at the end the following new sentence: “For purposes of applying this subparagraph for ground ambulance services furnished on or after January 1, 2010, and before January 1, 2011, the Secretary shall use the per-

cent increase that was applicable under this subparagraph to ground ambulance services furnished during 2009.”.

SEC. 216. EXTENSION OF GEOGRAPHIC FLOOR FOR WORK.

Section 1848(e)(1)(E) of the Social Security Act (42 U.S.C. 1395w-4(e)(1)(E)) is amended by striking “before January 1, 2010” and inserting “before January 1, 2011”.

SEC. 217. EXTENSION OF PAYMENT FOR TECHNICAL COMPONENT OF CERTAIN PHYSICIAN PATHOLOGY SERVICES.

Section 542(c) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (as enacted into law by section 1(a)(6) of Public Law 106-554), as amended by section 732 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 U.S.C. 1395w-4 note), section 104 of division B of the Tax Relief and Health Care Act of 2006 (42 U.S.C. 1395w-4 note), section 104 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110-173), and section 136 of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275), is amended by striking “and 2009” and inserting “2009, and 2010”.

SEC. 218. EXTENSION OF OUTPATIENT HOLD HARMLESS PROVISION.

(a) IN GENERAL.—Section 1833(t)(7)(D)(i) of the Social Security Act (42 U.S.C. 1395l(t)(7)(D)(i)) is amended—

(1) in subclause (II)—

(A) in the first sentence, by striking “2010” and inserting “2011”; and

(B) in the second sentence, by striking “or 2009” and inserting “, 2009, or 2010”; and

(2) in subclause (III), by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) PERMITTING ALL SOLE COMMUNITY HOSPITALS TO BE ELIGIBLE FOR HOLD HARMLESS.—Section 1833(t)(7)(D)(i)(III) of the Social Security Act (42 U.S.C. 1395l(t)(7)(D)(i)(III)) is amended by adding at the end the following new sentence: “In the case of covered OPD services furnished on or after January 1, 2010, and before January 1, 2011, the preceding sentence shall be applied without regard to the 100-bed limitation.”.

SEC. 219. EHR CLARIFICATION.

(a) QUALIFICATION FOR CLINIC-BASED PHYSICIANS.—

(1) MEDICARE.—Section 1848(o)(1)(C)(ii) of the Social Security Act (42 U.S.C. 1395w-4(o)(1)(C)(ii)) is amended by striking “setting (whether inpatient or outpatient)” and inserting “inpatient or emergency room setting”.

(2) MEDICAID.—Section 1903(t)(3)(D) of the Social Security Act (42 U.S.C. 1396b(t)(3)(D)) is amended by striking “setting (whether inpatient or outpatient)” and inserting “inpatient or emergency room setting”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be effective as if included in the enactment of the HITECH Act (included in the American Recovery and Reinvestment Act of 2009 (Public Law 111-5)).

(c) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary may implement the amendments made by this section by program instruction or otherwise.

SEC. 220. EXTENSION OF REIMBURSEMENT FOR ALL MEDICARE PART B SERVICES FURNISHED BY CERTAIN INDIAN HOSPITALS AND CLINICS.

Section 1880(e)(1)(A) of the Social Security Act (42 U.S.C. 1395qq(e)(1)(A)) is amended by striking “5-year period” and inserting “6-year period”.

SEC. 221. EXTENSION OF CERTAIN PAYMENT RULES FOR LONG-TERM CARE HOSPITAL SERVICES AND OF MORATORIUM ON THE ESTABLISHMENT OF CERTAIN HOSPITALS AND FACILITIES.

(a) **EXTENSION OF CERTAIN PAYMENT RULES.**—Section 114(c) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (42 U.S.C. 1395ww note), as amended by section 4302(a) of the American Recovery and Reinvestment Act (Public Law 111–5), is amended by striking “3-year period” each place it appears and inserting “4-year period”.

(b) **EXTENSION OF MORATORIUM.**—Section 114(d)(1) of such Act (42 U.S.C. 1395ww note), as amended by section 4302(b) of the American Recovery and Reinvestment Act (Public Law 111–5), in the matter preceding subparagraph (A), is amended by striking “3-year period” and inserting “4-year period”.

SEC. 222. EXTENSION OF THE MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM.

Section 1820(j) of the Social Security Act (42 U.S.C. 1395i–4(j)) is amended—

(1) by striking “2010, and for” and inserting “2010, for”; and

(2) by inserting “and for making grants to all States under subsection (g), such sums as may be necessary in fiscal year 2011, to remain available until expended” before the period at the end.

SEC. 223. EXTENSION OF SECTION 508 HOSPITAL RECLASSIFICATIONS.

(a) **IN GENERAL.**—Subsection (a) of section 106 of division B of the Tax Relief and Health Care Act of 2006 (42 U.S.C. 1395 note), as amended by section 117 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173) and section 124 of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110–275), is amended by striking “September 30, 2009” and inserting “September 30, 2010”.

(b) **SPECIAL RULE FOR FISCAL YEAR 2010.**—For purposes of implementation of the amendment made by subsection (a), including (notwithstanding paragraph (3) of section 117(a) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110–173), as amended by section 124(b) of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110–275)) for purposes of the implementation of paragraph (2) of such section 117(a), during fiscal year 2010, the Secretary of Health and Human Services (in this subsection referred to as the “Secretary”) shall use the hospital wage index that was promulgated by the Secretary in the Federal Register on August 27, 2009 (74 Fed. Reg. 43754), and any subsequent corrections.

SEC. 224. TECHNICAL CORRECTION RELATED TO CRITICAL ACCESS HOSPITAL SERVICES.

(a) **IN GENERAL.**—Subsections (g)(2)(A) and (l)(8) of section 1834 of the Social Security Act (42 U.S.C. 1395m) are each amended by inserting “101 percent of” before “the reasonable costs”.

(b) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall take effect as if included in the enactment of section 405(a) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2266).

SEC. 225. EXTENSION FOR SPECIALIZED MA PLANS FOR SPECIAL NEEDS INDIVIDUALS.

(a) **IN GENERAL.**—Section 1859(f)(1) of the Social Security Act (42 U.S.C. 1395w–28(f)(1)) is amended by striking “2011” and inserting “2012”.

(b) **TEMPORARY EXTENSION OF AUTHORITY TO OPERATE BUT NO SERVICE AREA EXPANSION FOR DUAL SPECIAL NEEDS PLANS THAT DO NOT MEET CERTAIN REQUIREMENTS.**—Section 164(c)(2) of the Medicare Improvements for Patients and

Providers Act of 2008 (Public Law 110–275) is amended by striking “December 31, 2010” and inserting “December 31, 2011”.

SEC. 226. EXTENSION OF REASONABLE COST CONTRACTS.

Section 1876(h)(5)(C)(ii) of the Social Security Act (42 U.S.C. 1395mm(h)(5)(C)(ii)) is amended, in the matter preceding subclause (I), by striking “January 1, 2010” and inserting “January 1, 2011”.

SEC. 227. EXTENSION OF PARTICULAR WAIVER POLICY FOR EMPLOYER GROUP PLANS.

For plan year 2011 and subsequent plan years, to the extent that the Secretary of Health and Human Services is applying the 2008 service area extension waiver policy (as modified in the April 11, 2008, Centers for Medicare & Medicaid Services’ memorandum with the subject “2009 Employer Group Waiver-Modification of the 2008 Service Area Extension Waiver Granted to Certain MA Local Coordinated Care Plans”) to Medicare Advantage coordinated care plans, the Secretary shall extend the application of such waiver policy to employers who contract directly with the Secretary as a Medicare Advantage private fee-for-service plan under section 1857(i)(2) of the Social Security Act (42 U.S.C. 1395w–27(i)(2)) and that had enrollment as of January 1, 2010.

SEC. 228. EXTENSION OF CONTINUING CARE RETIREMENT COMMUNITY PROGRAM.

Notwithstanding any other provision of law, the Secretary of Health and Human Services shall continue to conduct the Erickson Advantage Continuing Care Retirement Community (CCRC) program under part C of title XVIII of the Social Security Act through December 31, 2011.

SEC. 229. FUNDING OUTREACH AND ASSISTANCE FOR LOW-INCOME PROGRAMS.

(a) **ADDITIONAL FUNDING FOR STATE HEALTH INSURANCE PROGRAMS.**—Subsection (a)(1)(B) of section 119 of the Medicare Improvements for Patients and Providers Act of 2008 (42 U.S.C. 1395b–3 note) is amended by striking “(42 U.S.C. 1395w–23(f))” and all that follows through the period at the end and inserting “(42 U.S.C. 1395w–23(f)), to the Centers for Medicare & Medicaid Services Program Management Account—

“(i) for fiscal year 2009, of \$7,500,000; and
“(ii) for fiscal year 2010, of \$6,000,000.

Amounts appropriated under this subparagraph shall remain available until expended.”.

(b) **ADDITIONAL FUNDING FOR AREA AGENCIES ON AGING.**—Subsection (b)(1)(B) of such section 119 is amended by striking “(42 U.S.C. 1395w–23(f))” and all that follows through the period at the end and inserting “(42 U.S.C. 1395w–23(f)), to the Administration on Aging—

“(i) for fiscal year 2009, of \$7,500,000; and
“(ii) for fiscal year 2010, of \$6,000,000.

Amounts appropriated under this subparagraph shall remain available until expended.”.

(c) **ADDITIONAL FUNDING FOR AGING AND DISABILITY RESOURCE CENTERS.**—Subsection (c)(1)(B) of such section 119 is amended by striking “(42 U.S.C. 1395w–23(f))” and all that follows through the period at the end and inserting “(42 U.S.C. 1395w–23(f)), to the Administration on Aging—

“(i) for fiscal year 2009, of \$5,000,000; and
“(ii) for fiscal year 2010, of \$6,000,000.

Amounts appropriated under this subparagraph shall remain available until expended.”.

(d) **ADDITIONAL FUNDING FOR CONTRACT WITH THE NATIONAL CENTER FOR BENEFITS AND OUTREACH ENROLLMENT.**—Subsection (d)(2) of such section 119 is amended by striking “(42 U.S.C. 1395w–23(f))” and all that follows through the period at the end and inserting “(42 U.S.C. 1395w–23(f)), to the Administration on Aging—

“(i) for fiscal year 2009, of \$5,000,000; and
“(ii) for fiscal year 2010, of \$2,000,000.

Amounts appropriated under this subparagraph shall remain available until expended.”.

SEC. 230. FAMILY-TO-FAMILY HEALTH INFORMATION CENTERS.

Section 501(c)(1)(A)(iii) of the Social Security Act (42 U.S.C. 701(c)(1)(A)(iii)) is amended by striking “fiscal year 2009” and inserting “each of fiscal years 2009 through 2011”.

SEC. 231. IMPLEMENTATION FUNDING.

For purposes of carrying out the provisions of, and amendments made by, this Act that relate to titles XVIII and XIX of the Social Security Act, there are appropriated to the Secretary of Health and Human Services for the Centers for Medicare & Medicaid Services Program Management Account, from amounts in the general fund of the Treasury not otherwise appropriated, \$100,000,000. Amounts appropriated under the preceding sentence shall remain available until expended.

SEC. 232. EXTENSION OF ARRA INCREASE IN FMAP.

Section 5001 of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5) is amended—

(1) in subsection (a)(3), by striking “first calendar quarter” and inserting “first 3 calendar quarters”; and

(2) in subsection (c)—

(A) in paragraph (2)(B), by striking “July 1, 2010” and inserting “January 1, 2011”; and

(B) in paragraph (3)(B)(i), by striking “July 1, 2010” each place it appears and inserting “January 1, 2011”; and

(C) in paragraph (4)(C)(ii), by striking “the 3-consecutive-month period beginning with January 2010” and inserting “any 3-consecutive-month period that begins after December 2009 and ends before January 2011”;

(3) in subsection (g)—

(A) in paragraph (1), by striking “September 30, 2011” and inserting “March 31, 2012”; and

(B) in paragraph (2)—

(i) by inserting “of such Act” after “1923”; and

(ii) by adding at the end the following new sentence: “Voluntary contributions by a political subdivision to the non-Federal share of expenditures under the State Medicaid plan or to the non-Federal share of payments under section 1923 of the Social Security Act shall not be considered to be required contributions for purposes of this section.”; and

(C) by adding at the end the following:

“(3) **CERTIFICATION BY CHIEF EXECUTIVE OFFICER.**—No additional Federal funds shall be paid to a State as a result of this section with respect to a calendar quarter occurring during the period beginning on January 1, 2011, and ending on June 30, 2011, unless, not later than 45 days after the date of enactment of this paragraph, the chief executive officer of the State certifies that the State will request and use such additional Federal funds.”; and

(4) in subsection (h)(3), by striking “December 31, 2010” and inserting “June 30, 2011”.

SEC. 233. EXTENSION OF GAINSHARING DEMONSTRATION.

(a) **IN GENERAL.**—Subsection (d)(3) of section 5007 of the Deficit Reduction Act of 2005 (Public Law 109–171) is amended by inserting “(or 21 months after the date of the enactment of the American Workers, State, and Business Relief Act of 2010, in the case of a demonstration project in operation as of October 1, 2008)” after “December 31, 2009”.

(b) **FUNDING.**—

(1) **IN GENERAL.**—Subsection (f)(1) of such section is amended by inserting “and for fiscal year 2010, \$1,600,000,” after “\$6,000,000.”.

(2) **AVAILABILITY.**—Subsection (f)(2) of such section is amended by striking “2010” and inserting “2014 or until expended”.

(c) REPORTS.—

(1) **QUALITY IMPROVEMENT AND SAVINGS.**—Subsection (e)(3) of such section is amended by striking “December 1, 2008” and inserting “18 months after the date of the enactment of the American Workers, State, and Business Relief Act of 2010”.

(2) **FINAL REPORT.**—Subsection (e)(4) of such section is amended by striking “May 1, 2010” and inserting “42 months after the date of the enactment of the American Workers, State, and Business Relief Act of 2010”.

Subtitle C—Other Provisions

SEC. 241. EXTENSION OF USE OF 2009 POVERTY GUIDELINES.

Section 1012 of the Department of Defense Appropriations Act, 2010 (Public Law 111–118) is amended—

(1) by striking “before March 31, 2010”; and

(2) by inserting “for 2011” after “until updated poverty guidelines”.

SEC. 242. REFUNDS DISREGARDED IN THE ADMINISTRATION OF FEDERAL PROGRAMS AND FEDERALLY ASSISTED PROGRAMS.

(a) **IN GENERAL.**—Subchapter A of chapter 65 is amended by adding at the end the following new section:

“SEC. 6409. REFUNDS DISREGARDED IN THE ADMINISTRATION OF FEDERAL PROGRAMS AND FEDERALLY ASSISTED PROGRAMS.

“(a) **IN GENERAL.**—Notwithstanding any other provision of law, any refund (or advance payment with respect to a refundable credit) made to any individual under this title shall not be taken into account as income, and shall not be taken into account as resources for a period of 12 months from receipt, for purposes of determining the eligibility of such individual (or any other individual) for benefits or assistance (or the amount or extent of benefits or assistance) under any Federal program or under any State or local program financed in whole or in part with Federal funds.

“(b) **TERMINATION.**—Subsection (a) shall not apply to any amount received after December 31, 2010.”.

(b) **CLERICAL AMENDMENT.**—The table of sections for such subchapter is amended by adding at the end the following new item:

“Sec. 6409. Refunds disregarded in the administration of Federal programs and federally assisted programs.”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to amounts received after December 31, 2009.

SEC. 243. STATE COURT IMPROVEMENT PROGRAM.

Section 438 of the Social Security Act (42 U.S.C. 629h) is amended—

(1) in subsection (c)(2)(A), by striking “2010” and inserting “2011”; and

(2) in subsection (e), by striking “2010” and inserting “2011”.

SEC. 244. EXTENSION OF NATIONAL FLOOD INSURANCE PROGRAM.

Section 129 of the Continuing Appropriations Resolution, 2010 (Public Law 111–68), as amended by section 1005 of Public Law 111–118, is further amended by striking “by substituting” and all that follows through the period at the end, and inserting “by substituting December 31, 2010, for the date specified in each such section.”. The amendment made by this section shall be considered to have taken effect on February 28, 2010.

SEC. 245. EMERGENCY DISASTER ASSISTANCE.

(a) **DEFINITIONS.**—Except as otherwise provided in this section, in this section:

(1) **DISASTER COUNTY.**—

(A) **IN GENERAL.**—The term “disaster county” means a county included in the geographic area

covered by a qualifying natural disaster declaration for the 2009 crop year.

(B) **EXCLUSION.**—The term “disaster county” does not include a contiguous county.

(2) **ELIGIBLE AQUACULTURE PRODUCER.**—The term “eligible aquaculture producer” means an aquaculture producer that during the 2009 calendar year, as determined by the Secretary—

(A) produced an aquaculture species for which feed costs represented a substantial percentage of the input costs of the aquaculture operation; and

(B) experienced a substantial price increase of feed costs above the previous 5-year average.

(3) **ELIGIBLE PRODUCER.**—The term “eligible producer” means an agricultural producer in a disaster county.

(4) **ELIGIBLE SPECIALTY CROP PRODUCER.**—The term “eligible specialty crop producer” means an agricultural producer that, for the 2009 crop year, as determined by the Secretary—

(A) produced, or was prevented from planting, a specialty crop; and

(B) experienced crop losses in a disaster county due to drought, excessive rainfall, or a related condition.

(5) **QUALIFYING NATURAL DISASTER DECLARATION.**—The term “qualifying natural disaster declaration” means a natural disaster declared by the Secretary for production losses under section 321(a) of the Consolidated Farm and Rural Development Act (7 U.S.C. 1961(a)).

(6) **SECRETARY.**—The term “Secretary” means the Secretary of Agriculture.

(7) **SPECIALTY CROP.**—The term “specialty crop” has the meaning given the term in section 3 of the Specialty Crops Competitiveness Act of 2004 (Public Law 108–465; 7 U.S.C. 1621 note).

(b) **SUPPLEMENTAL DIRECT PAYMENT.**—

(1) **IN GENERAL.**—Of the funds of the Commodity Credit Corporation, the Secretary shall use such sums as are necessary to make supplemental payments under sections 1103 and 1303 of the Food, Conservation, and Energy Act of 2008 (7 U.S.C. 8713, 8753) to eligible producers on farms located in disaster counties that had at least 1 crop of economic significance (other than fruits and vegetables or crops intended for grazing) suffer at least a 5-percent crop loss due to a natural disaster, including quality losses, as determined by the Secretary, in an amount equal to 90 percent of the direct payment the eligible producers received for the 2009 crop year on the farm.

(2) **ACRE PROGRAM.**—Eligible producers that received payments under section 1105 of the Food, Conservation, and Energy Act of 2008 (7 U.S.C. 8715) for the 2009 crop year and that otherwise meet the requirements of paragraph (1) shall be eligible to receive supplemental payments under that paragraph in an amount equal to 112.5 percent of the reduced direct payment the eligible producers received for the 2009 crop year under section 1103 or 1303 of the Food, Conservation, and Energy Act of 2008 (7 U.S.C. 8713, 8753).

(3) **RELATIONSHIP TO OTHER LAW.**—Assistance received under this subsection shall be included in the calculation of farm revenue for the 2009 crop year under section 531(b)(4)(A) of the Federal Crop Insurance Act (7 U.S.C. 1531(b)(4)(A)) and section 901(b)(4)(A) of the Trade Act of 1974 (19 U.S.C. 2497(b)(4)(A)).

(c) **SPECIALTY CROP ASSISTANCE.**—

(1) **IN GENERAL.**—Of the funds of the Commodity Credit Corporation, the Secretary shall use not more than \$300,000,000, to remain available until September 30, 2011, to carry out a program of grants to States to assist eligible specialty crop producers for losses due to a natural disaster affecting the 2009 crops, of which not more than—

(A) \$150,000,000 shall be used to assist eligible specialty crop producers in counties that have

been declared a disaster as the result of drought; and

(B) \$150,000,000 shall be used to assist eligible specialty crop producers in counties that have been declared a disaster as the result of excessive rainfall or a related condition.

(2) **NOTIFICATION.**—Not later than 60 days after the date of enactment of this Act, the Secretary shall notify the State department of agriculture (or similar entity) in each State of the availability of funds to assist eligible specialty crop producers, including such terms as are determined by the Secretary to be necessary for the equitable treatment of eligible specialty crop producers.

(3) **PROVISION OF GRANTS.**—

(A) **IN GENERAL.**—The Secretary shall make grants to States for disaster counties on a pro rata basis based on the value of specialty crop losses in those counties during the 2009 calendar year, as determined by the Secretary.

(B) **TIMING.**—Not later than 120 days after the date of enactment of this Act, the Secretary shall make grants to States to provide assistance under this subsection.

(C) **MAXIMUM GRANT.**—The maximum amount of a grant made to a State for counties described in paragraph (1)(B) may not exceed \$40,000,000.

(4) **REQUIREMENTS.**—The Secretary shall make grants under this subsection only to States that demonstrate to the satisfaction of the Secretary that the State will—

(A) use grant funds to assist eligible specialty crop producers;

(B) provide assistance to eligible specialty crop producers not later than 90 days after the date on which the State receives grant funds; and

(C) not later than 30 days after the date on which the State provides assistance to eligible specialty crop producers, submit to the Secretary a report that describes—

(i) the manner in which the State provided assistance;

(ii) the amounts of assistance provided by type of specialty crop; and

(iii) the process by which the State determined the levels of assistance to eligible specialty crop producers.

(5) **PROHIBITION.**—An eligible specialty crop producer that receives assistance under this subsection shall be ineligible to receive assistance under subsection (b).

(6) **RELATION TO OTHER LAW.**—Assistance received under this subsection shall be included in the calculation of farm revenue for the 2009 crop year under section 531(b)(4)(A) of the Federal Crop Insurance Act (7 U.S.C. 1531(b)(4)(A)) and section 901(b)(4)(A) of the Trade Act of 1974 (19 U.S.C. 2497(b)(4)(A)).

(d) **COTTONSEED ASSISTANCE.**—

(1) **IN GENERAL.**—Of the funds of the Commodity Credit Corporation, the Secretary shall use not more than \$42,000,000 to provide supplemental assistance to eligible producers and first-handlers of the 2009 crop of cottonseed in a disaster county.

(2) **GENERAL TERMS.**—Except as otherwise provided in this subsection, the Secretary shall provide disaster assistance under this subsection under the same terms and conditions as assistance provided under section 3015 of the Emergency Agricultural Disaster Assistance Act of 2006 (title III of Public Law 109–234; 120 Stat. 477).

(3) **DISTRIBUTION OF ASSISTANCE.**—The Secretary shall distribute assistance to first-handlers for the benefit of eligible producers in a disaster county in an amount equal to the product obtained by multiplying—

(A) the payment rate, as determined under paragraph (4); and

(B) the county-eligible production, as determined under paragraph (5).

(4) **PAYMENT RATE.**—The payment rate shall be equal to the quotient obtained by dividing—

(A) the sum of the county-eligible production, as determined under paragraph (5); by

(B) the total funds made available to carry out this subsection.

(5) **COUNTY-ELIGIBLE PRODUCTION.**—The county-eligible production shall be equal to the product obtained by multiplying—

(A) the number of acres planted to cotton in the disaster county, as reported to the Secretary by first-handlers;

(B) the expected cotton lint yield for the disaster county, as determined by the Secretary based on the best available information; and

(C) the national average seed-to-lint ratio, as determined by the Secretary based on the best available information for the 5 crop years immediately preceding the 2009 crop, excluding the year in which the average ratio was the highest and the year in which the average ratio was the lowest in such period.

(e) **AQUACULTURE ASSISTANCE.**—

(1) **GRANT PROGRAM.**—

(A) **IN GENERAL.**—Of the funds of the Commodity Credit Corporation, the Secretary shall use not more than \$25,000,000, to remain available until September 30, 2011, to carry out a program of grants to States to assist eligible aquaculture producers for losses associated with high feed input costs during the 2009 calendar year.

(B) **NOTIFICATION.**—Not later than 60 days after the date of enactment of this Act, the Secretary shall notify the State department of agriculture (or similar entity) in each State of the availability of funds to assist eligible aquaculture producers, including such terms as are determined by the Secretary to be necessary for the equitable treatment of eligible aquaculture producers.

(C) **PROVISION OF GRANTS.**—

(i) **IN GENERAL.**—The Secretary shall make grants to States under this subsection on a pro rata basis based on the amount of aquaculture feed used in each State during the 2008 calendar year, as determined by the Secretary.

(ii) **TIMING.**—Not later than 120 days after the date of enactment of this Act, the Secretary shall make grants to States to provide assistance under this subsection.

(D) **REQUIREMENTS.**—The Secretary shall make grants under this subsection only to States that demonstrate to the satisfaction of the Secretary that the State will—

(i) use grant funds to assist eligible aquaculture producers;

(ii) provide assistance to eligible aquaculture producers not later than 60 days after the date on which the State receives grant funds; and

(iii) not later than 30 days after the date on which the State provides assistance to eligible aquaculture producers, submit to the Secretary a report that describes—

(I) the manner in which the State provided assistance;

(II) the amounts of assistance provided per species of aquaculture; and

(III) the process by which the State determined the levels of assistance to eligible aquaculture producers.

(2) **REDUCTION IN PAYMENTS.**—An eligible aquaculture producer that receives assistance under this subsection shall not be eligible to receive any other assistance under the supplemental agricultural disaster assistance program established under section 531 of the Federal Crop Insurance Act (7 U.S.C. 1531) and section 901 of the Trade Act of 1974 (19 U.S.C. 2497) for any losses in 2009 relating to the same species of aquaculture.

(3) **REPORT TO CONGRESS.**—Not later than 240 days after the date of enactment of this Act, the Secretary shall submit to the appropriate committees of Congress a report that—

(A) describes in detail the manner in which this subsection has been carried out; and

(B) includes the information reported to the Secretary under paragraph (1)(D)(iii).

(f) **HAWAII TRANSPORTATION COOPERATIVE.**—Notwithstanding any other provision of law, the Secretary shall use \$21,000,000 of funds of the Commodity Credit Corporation to make a payment to an agricultural transportation cooperative in the State of Hawaii, the members of which are eligible to participate in the commodity loan program of the Farm Service Agency, for assistance to maintain and develop employment.

(g) **LIVESTOCK FORAGE DISASTER PROGRAM.**—

(1) **DEFINITION OF DISASTER COUNTY.**—In this subsection:

(A) **IN GENERAL.**—The term “disaster county” means a county included in the geographic area covered by a qualifying natural disaster declaration announced by the Secretary in calendar year 2009.

(B) **INCLUSION.**—The term “disaster county” includes a contiguous county.

(2) **PAYMENTS.**—Of the funds of the Commodity Credit Corporation, the Secretary shall use not more than \$50,000,000 to carry out a program to make payments to eligible producers that had grazing losses in disaster counties in calendar year 2009.

(3) **CRITERIA.**—

(A) **IN GENERAL.**—Except as provided in subparagraph (B), assistance under this subsection shall be determined under the same criteria as are used to carry out the programs under section 531(d) of the Federal Crop Insurance Act (7 U.S.C. 1531(d)) and section 901(d) of the Trade Act of 1974 (19 U.S.C. 2497(d)).

(B) **DROUGHT INTENSITY.**—For purposes of this subsection, an eligible producer shall not be required to meet the drought intensity requirements of section 531(d)(3)(D)(ii) of the Federal Crop Insurance Act (7 U.S.C. 1531(d)(3)(D)(ii)) and section 901(d)(3)(D)(ii) of the Trade Act of 1974 (19 U.S.C. 2497(d)(3)(D)(ii)).

(4) **AMOUNT.**—Assistance under this subsection shall be in an amount equal to 1 monthly payment using the monthly payment rate under section 531(d)(3)(B) of the Federal Crop Insurance Act (7 U.S.C. 1531(d)(3)(B)) and section 901(d)(3)(B) of the Trade Act of 1974 (19 U.S.C. 2497(d)(3)(B)).

(5) **RELATION TO OTHER LAW.**—An eligible producer that receives assistance under this subsection shall be ineligible to receive assistance for 2009 grazing losses under the program carried out under section 531(d) of the Federal Crop Insurance Act (7 U.S.C. 1531(d)) and section 901(d) of the Trade Act of 1974 (19 U.S.C. 2497(d)).

(h) **EMERGENCY LOANS FOR POULTRY PRODUCERS.**—

(1) **DEFINITIONS.**—In this subsection:

(A) **ANNOUNCEMENT DATE.**—The term “announcement date” means the date on which the Secretary announces the emergency loan program under this subsection.

(B) **POULTRY INTEGRATOR.**—The term “poultry integrator” means a poultry integrator that filed proceedings under chapter 11 of title 11, United States Code, in United States Bankruptcy Court during the 30-day period beginning on December 1, 2008.

(2) **LOAN PROGRAM.**—

(A) **IN GENERAL.**—Of the funds of the Commodity Credit Corporation, the Secretary shall use not more than \$75,000,000, to remain available until expended, for the cost of making no-interest emergency loans available to poultry producers that meet the requirements of this subsection.

(B) **TERMS AND CONDITIONS.**—Except as otherwise provided in this subsection, emergency loans under this subsection shall be subject to

such terms and conditions as are determined by the Secretary.

(3) **LOANS.**—

(A) **IN GENERAL.**—An emergency loan made to a poultry producer under this subsection shall be for the purpose of providing financing to the poultry producer in response to financial losses associated with the termination or nonrenewal of any contract between the poultry producer and a poultry integrator.

(B) **ELIGIBILITY.**—

(i) **IN GENERAL.**—To be eligible for an emergency loan under this subsection, not later than 90 days after the announcement date, a poultry producer shall submit to the Secretary evidence that—

(I) the contract of the poultry producer described in subparagraph (A) was not continued; and

(II) no similar contract has been awarded subsequently to the poultry producer.

(ii) **REQUIREMENT TO OFFER LOANS.**—Notwithstanding any other provision of law, if a poultry producer meets the eligibility requirements described in clause (i), subject to the availability of funds under paragraph (2)(A), the Secretary shall offer to make a loan under this subsection to the poultry producer with a minimum term of 2 years.

(4) **ADDITIONAL REQUIREMENTS.**—

(A) **IN GENERAL.**—A poultry producer that receives an emergency loan under this subsection may use the emergency loan proceeds only to repay the amount that the poultry producer owes to any lender for the purchase, improvement, or operation of the poultry farm.

(B) **CONVERSION OF THE LOAN.**—A poultry producer that receives an emergency loan under this subsection shall be eligible to have the balance of the emergency loan converted, but not refinanced, to a loan that has the same terms and conditions as an operating loan under subtitle B of the Consolidated Farm and Rural Development Act (7 U.S.C. 1941 et seq.).

(i) **STATE AND LOCAL GOVERNMENTS.**—Section 1001(f)(6)(A) of the Food Security Act of 1985 (7 U.S.C. 1308(f)(6)(A)) is amended by inserting “(other than the conservation reserve program established under subchapter B of chapter 1 of subtitle D of title XII of this Act)” before the period at the end.

(j) **ADMINISTRATION.**—

(1) **REGULATIONS.**—

(A) **IN GENERAL.**—As soon as practicable after the date of enactment of this Act, the Secretary shall promulgate such regulations as are necessary to implement this section and the amendment made by this section.

(B) **PROCEDURE.**—The promulgation of the regulations and administration of this section and the amendment made by this section shall be made without regard to—

(i) the notice and comment provisions of section 553 of title 5, United States Code;

(ii) the Statement of Policy of the Secretary of Agriculture effective July 24, 1971 (36 Fed. Reg. 13804), relating to notices of proposed rulemaking and public participation in rulemaking; and

(iii) chapter 35 of title 44, United States Code (commonly known as the “Paperwork Reduction Act”).

(C) **CONGRESSIONAL REVIEW OF AGENCY RULEMAKING.**—In carrying out this paragraph, the Secretary shall use the authority provided under section 808 of title 5, United States Code.

(2) **ADMINISTRATIVE COSTS.**—Of the funds of the Commodity Credit Corporation, the Secretary may use up to \$10,000,000 to pay administrative costs incurred by the Secretary that are directly related to carrying out this Act.

(3) **PROHIBITION.**—None of the funds of the Agricultural Disaster Relief Trust Fund established under section 902 of the Trade Act of 1974

(19 U.S.C. 2497a) may be used to carry out this Act.

SEC. 246. SMALL BUSINESS LOAN GUARANTEE ENHANCEMENT EXTENSIONS.

(a) **APPROPRIATION.**—There is appropriated, out of any funds in the Treasury not otherwise appropriated, for an additional amount for “Small Business Administration – Business Loans Program Account”, \$560,000,000, to remain available through December 31, 2010, for the cost of—

(1) fee reductions and eliminations under section 501 of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 151), as amended by this section, for loans guaranteed under section 7(a) of the Small Business Act (15 U.S.C. 636(a)), title V of the Small Business Investment Act of 1958 (15 U.S.C. 695 et seq.), or section 502 of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 152), as amended by this section; and

(2) loan guarantees under section 502 of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 152), as amended by this section, Provided, That such costs, including the cost of modifying such loans, shall be as defined in section 502 of the Congressional Budget Act of 1974.

(b) **EXTENSION OF PROGRAMS.**—

(1) **FEES.**—Section 501 of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 151) is amended by striking “September 30, 2010” each place it appears and inserting “December 31, 2010”.

(2) **LOAN GUARANTEES.**—Section 502(f) of division A of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 153) is amended by striking “March 28, 2010” and inserting “December 31, 2010”.

(3) **EFFECTIVE DATE FOR LOAN GUARANTEES.**—The amendment made by paragraph (2) shall take effect on February 27, 2010.

TITLE III—PENSION FUNDING RELIEF

Subtitle A—Single Employer Plans

SEC. 301. EXTENDED PERIOD FOR SINGLE-EMPLOYER DEFINED BENEFIT PLANS TO AMORTIZE CERTAIN SHORTFALL AMORTIZATION BASES.

(a) **AMENDMENTS TO ERISA.**—

(1) **IN GENERAL.**—Paragraph (2) of section 303(c) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1083(c)) is amended by adding at the end the following subparagraph:

“(D) **SPECIAL ELECTION FOR ELIGIBLE PLAN YEARS.**—

“(i) **IN GENERAL.**—If a plan sponsor elects to apply this subparagraph with respect to the shortfall amortization base of a plan for any eligible plan year (in this subparagraph and paragraph (7) referred to as an ‘election year’), then, notwithstanding subparagraphs (A) and (B)—

“(I) the shortfall amortization installments with respect to such base shall be determined under clause (ii) or (iii), whichever is specified in the election, and

“(II) the shortfall amortization installment for any plan year in the 9-plan-year period described in clause (ii) or the 15-plan-year period described in clause (iii), respectively, with respect to such shortfall amortization base is the annual installment determined under the applicable clause for that year for that base.

“(ii) **2 PLUS 7 AMORTIZATION SCHEDULE.**—The shortfall amortization installments determined under this clause are—

“(I) in the case of the first 2 plan years in the 9-plan-year period beginning with the election year, interest on the shortfall amortization base of the plan for the election year (determined using the effective interest rate for the plan for the election year), and

“(II) in the case of the last 7 plan years in such 9-plan-year period, the amounts necessary

to amortize the remaining balance of the shortfall amortization base of the plan for the election year in level annual installments over such last 7 plan years (using the segment rates under subparagraph (C) for the election year).

“(iii) **15-YEAR AMORTIZATION.**—The shortfall amortization installments determined under this subparagraph are the amounts necessary to amortize the shortfall amortization base of the plan for the election year in level annual installments over the 15-plan-year period beginning with the election year (using the segment rates under subparagraph (C) for the election year).

“(iv) **ELECTION.**—

“(i) **IN GENERAL.**—The plan sponsor of a plan may elect to have this subparagraph apply to not more than 2 eligible plan years with respect to the plan, except that in the case of a plan described in section 106 of the Pension Protection Act of 2006, the plan sponsor may only elect to have this subparagraph apply to a plan year beginning in 2011.

“(II) **AMORTIZATION SCHEDULE.**—Such election shall specify whether the amortization schedule under clause (ii) or (iii) shall apply to an election year, except that if a plan sponsor elects to have this subparagraph apply to 2 eligible plan years, the plan sponsor must elect the same schedule for both years.

“(III) **OTHER RULES.**—Such election shall be made at such time, and in such form and manner, as shall be prescribed by the Secretary of the Treasury, and may be revoked only with the consent of the Secretary of the Treasury. The Secretary of the Treasury shall, before granting a revocation request, provide the Pension Benefit Guaranty Corporation an opportunity to comment on the conditions applicable to the treatment of any portion of the election year shortfall amortization base that remains unamortized as of the revocation date.

“(v) **ELIGIBLE PLAN YEAR.**—For purposes of this subparagraph, the term ‘eligible plan year’ means any plan year beginning in 2008, 2009, 2010, or 2011, except that a plan year shall only be treated as an eligible plan year if the due date under subsection (j)(1) for the payment of the minimum required contribution for such plan year occurs on or after the date of the enactment of this subparagraph.

“(vi) **REPORTING.**—A plan sponsor of a plan who makes an election under clause (i) shall—

“(I) give notice of the election to participants and beneficiaries of the plan, and

“(II) inform the Pension Benefit Guaranty Corporation of such election in such form and manner as the Director of the Pension Benefit Guaranty Corporation may prescribe.

“(vii) **INCREASES IN REQUIRED INSTALLMENTS IN CERTAIN CASES.**—For increases in required contributions in cases of excess compensation or extraordinary dividends or stock redemptions, see paragraph (7).”.

(2) **INCREASES IN REQUIRED INSTALLMENTS IN CERTAIN CASES.**—Section 303(c) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1083(c)) is amended by adding at the end the following paragraph:

“(7) **INCREASES IN ALTERNATE REQUIRED INSTALLMENTS IN CASES OF EXCESS COMPENSATION OR EXTRAORDINARY DIVIDENDS OR STOCK REDEMPTIONS.**—

“(A) **IN GENERAL.**—If there is an installment acceleration amount with respect to a plan for any plan year in the restriction period with respect to an election year under paragraph (2)(D), then the shortfall amortization installment otherwise determined and payable under such paragraph for such plan year shall, subject to the limitation under subparagraph (B), be increased by such amount.

“(B) **TOTAL INSTALLMENTS LIMITED TO SHORTFALL BASE.**—Subject to rules prescribed by the Secretary of the Treasury, if a shortfall amorti-

zation installment with respect to any shortfall amortization base for an election year is required to be increased for any plan year under subparagraph (A)—

“(i) such increase shall not result in the amount of such installment exceeding the present value of such installment and all succeeding installments with respect to such base (determined without regard to such increase but after application of clause (ii)), and

“(ii) subsequent shortfall amortization installments with respect to such base shall, in reverse order of the otherwise required installments, be reduced to the extent necessary to limit the present value of such subsequent shortfall amortization installments (after application of this paragraph) to the present value of the remaining unamortized shortfall amortization base.

“(C) **INSTALLMENT ACCELERATION AMOUNT.**—For purposes of this paragraph—

“(i) **IN GENERAL.**—The term ‘installment acceleration amount’ means, with respect to any plan year in a restriction period with respect to an election year, the sum of—

“(I) the aggregate amount of excess employee compensation determined under subparagraph (D) with respect to all employees for the plan year, plus

“(II) the aggregate amount of extraordinary dividends and redemptions determined under subparagraph (E) for the plan year.

“(ii) **ANNUAL LIMITATION.**—The installment acceleration amount for any plan year shall not exceed the excess (if any) of—

“(I) the sum of the shortfall amortization installments for the plan year and all preceding plan years in the amortization period elected under paragraph (2)(D) with respect to the shortfall amortization base with respect to an election year, determined without regard to paragraph (2)(D) and this paragraph, over

“(II) the sum of the shortfall amortization installments for such plan year and all such preceding plan years, determined after application of paragraph (2)(D) (and in the case of any preceding plan year, after application of this paragraph).

“(iii) **CARRYOVER OF EXCESS INSTALLMENT ACCELERATION AMOUNTS.**—

“(I) **IN GENERAL.**—If the installment acceleration amount for any plan year (determined without regard to clause (ii)) exceeds the limitation under clause (ii), then, subject to subclause (II), such excess shall be treated as an installment acceleration amount with respect to the succeeding plan year.

“(II) **CAP TO APPLY.**—If any amount treated as an installment acceleration amount under subclause (I) or this subclause with respect any succeeding plan year, when added to other installment acceleration amounts (determined without regard to clause (ii)) with respect to the plan year, exceeds the limitation under clause (ii), the portion of such amount representing such excess shall be treated as an installment acceleration amount with respect to the next succeeding plan year.

“(III) **LIMITATION ON YEARS TO WHICH AMOUNTS CARRIED FOR.**—No amount shall be carried under subclause (I) or (II) to a plan year which begins after the first plan year following the last plan year in the restriction period (or after the second plan year following such last plan year in the case of an election year with respect to which 15-year amortization was elected under paragraph (2)(D)).

“(IV) **ORDERING RULES.**—For purposes of applying subclause (II), installment acceleration amounts for the plan year (determined without regard to any carryover under this clause) shall be applied first against the limitation under clause (ii) and then carryovers to such plan year shall be applied against such limitation on a first-in, first-out basis.

“(D) EXCESS EMPLOYEE COMPENSATION.—For purposes of this paragraph—

“(i) IN GENERAL.—The term ‘excess employee compensation’ means, with respect to any employee for any plan year, the excess (if any) of—

“(I) the aggregate amount includible in income under chapter 1 of the Internal Revenue Code of 1986 for remuneration during the calendar year in which such plan year begins for services performed by the employee for the plan sponsor (whether or not performed during such calendar year), over

“(II) \$1,000,000.

“(ii) AMOUNTS SET ASIDE FOR NONQUALIFIED DEFERRED COMPENSATION.—If during any calendar year assets are set aside or reserved (directly or indirectly) in a trust (or other arrangement as determined by the Secretary of the Treasury), or transferred to such a trust or other arrangement, by a plan sponsor for purposes of paying deferred compensation of an employee under a nonqualified deferred compensation plan (as defined in section 409A of such Code) of the plan sponsor, then, for purposes of clause (i), the amount of such assets shall be treated as remuneration of the employee includible in income for the calendar year unless such amount is otherwise includible in income for such year. An amount to which the preceding sentence applies shall not be taken into account under this paragraph for any subsequent calendar year.

“(iii) ONLY REMUNERATION FOR CERTAIN POST-2009 SERVICES COUNTED.—Remuneration shall be taken into account under clause (i) only to the extent attributable to services performed by the employee for the plan sponsor after February 28, 2010.

“(iv) EXCEPTION FOR CERTAIN EQUITY PAYMENTS.—

“(I) IN GENERAL.—There shall not be taken into account under clause (i)(I) any amount includible in income with respect to the granting after February 28, 2010, of service recipient stock (within the meaning of section 409A of the Internal Revenue Code of 1986) that, upon such grant, is subject to a substantial risk of forfeiture (as defined under section 83(c)(1) of such Code) for at least 5 years from the date of such grant.

“(II) SECRETARIAL AUTHORITY.—The Secretary of the Treasury may by regulation provide for the application of this clause in the case of a person other than a corporation.

“(v) OTHER EXCEPTIONS.—The following amounts includible in income shall not be taken into account under clause (i)(I):

“(I) COMMISSIONS.—Any remuneration payable on a commission basis solely on account of income directly generated by the individual performance of the individual to whom such remuneration is payable.

“(II) CERTAIN PAYMENTS UNDER EXISTING CONTRACTS.—Any remuneration consisting of nonqualified deferred compensation, restricted stock, stock options, or stock appreciation rights payable or granted under a written binding contract that was in effect on March 1, 2010, and which was not modified in any material respect before such remuneration is paid.

“(vi) SELF-EMPLOYED INDIVIDUAL TREATED AS EMPLOYEE.—The term ‘employee’ includes, with respect to a calendar year, a self-employed individual who is treated as an employee under section 401(c) of such Code for the taxable year ending during such calendar year, and the term ‘compensation’ shall include earned income of such individual with respect to such self-employment.

“(vii) INDEXING OF AMOUNT.—In the case of any calendar year beginning after 2010, the dollar amount under clause (i)(II) shall be increased by an amount equal to—

“(I) such dollar amount, multiplied by

“(II) the cost-of-living adjustment determined under section 1(f)(3) of such Code for the calendar year, determined by substituting ‘calendar year 2009’ for ‘calendar year 1992’ in subparagraph (B) thereof.

If the amount of any increase under clause (i) is not a multiple of \$1,000, such increase shall be rounded to the next lowest multiple of \$1,000.

“(E) EXTRAORDINARY DIVIDENDS AND REDEMPTIONS.—

“(i) IN GENERAL.—The amount determined under this subparagraph for any plan year is the excess (if any) of the sum of the dividends declared during the plan year by the plan sponsor plus the aggregate amount paid for the redemption of stock of the plan sponsor redeemed during the plan year over the greater of—

“(I) the adjusted net income (within the meaning of section 4043) of the plan sponsor for the preceding plan year, determined without regard to any reduction by reason of interest, taxes, depreciation, or amortization, or

“(II) in the case of a plan sponsor that determined and declared dividends in the same manner for at least 5 consecutive years immediately preceding such plan year, the aggregate amount of dividends determined and declared for such plan year using such manner.

“(ii) ONLY CERTAIN POST-2009 DIVIDENDS AND REDEMPTIONS COUNTED.—For purposes of clause (i), there shall only be taken into account dividends declared, and redemptions occurring, after February 28, 2010.

“(iii) EXCEPTION FOR INTRA-GROUP DIVIDENDS.—Dividends paid by one member of a controlled group (as defined in section 302(d)(3)) to another member of such group shall not be taken into account under clause (i).

“(iv) EXCEPTION FOR CERTAIN REDEMPTIONS.—Redemptions that are made pursuant to a plan maintained with respect to employees, or that are made on account of the death, disability, or termination of employment of an employee or shareholder, shall not be taken into account under clause (i).

“(v) EXCEPTION FOR CERTAIN PREFERRED STOCK.—

“(I) IN GENERAL.—Dividends and redemptions with respect to applicable preferred stock shall not be taken into account under clause (i) to the extent that dividends accrue with respect to such stock at a specified rate in all events and without regard to the plan sponsor’s income, and interest accrues on any unpaid dividends with respect to such stock.

“(II) APPLICABLE PREFERRED STOCK.—For purposes of subclause (I), the term ‘applicable preferred stock’ means preferred stock which was issued before March 1, 2010 (or which was issued after such date and is held by an employee benefit plan subject to the provisions of this title).

“(F) OTHER DEFINITIONS AND RULES.—For purposes of this paragraph—

“(i) PLAN SPONSOR.—The term ‘plan sponsor’ includes any member of the plan sponsor’s controlled group (as defined in section 302(d)(3)).

“(ii) RESTRICTION PERIOD.—The term ‘restriction period’ means, with respect to any election year—

“(I) except as provided in subclause (II), the 3-year period beginning with the election year (or, if later, the first plan year beginning after December 31, 2009), and

“(II) if the plan sponsor elects 15-year amortization for the shortfall amortization base for the election year, the 5-year period beginning with the election year (or, if later, the first plan year beginning after December 31, 2009).

“(iii) ELECTIONS FOR MULTIPLE PLANS.—If a plan sponsor makes elections under paragraph (2)(D) with respect to 2 or more plans, the Secretary of the Treasury shall provide rules for

the application of this paragraph to such plans, including rules for the ratable allocation of any installment acceleration amount among such plans on the basis of each plan’s relative reduction in the plan’s shortfall amortization installment for the first plan year in the amortization period described in subparagraph (A) (determined without regard to this paragraph).

“(iv) MERGERS AND ACQUISITIONS.—The Secretary of the Treasury shall prescribe rules for the application of paragraph (2)(D) and this paragraph in any case where there is a merger or acquisition involving a plan sponsor making the election under paragraph (2)(D).”

(3) CONFORMING AMENDMENTS.—Section 303 of such Act (29 U.S.C. 1083) is amended—

(A) in subsection (c)(1), by striking “the shortfall amortization bases for such plan year and each of the 6 preceding plan years” and inserting “any shortfall amortization base which has not been fully amortized under this subsection”, and

(B) in subsection (j)(3), by adding at the end the following:

“(F) QUARTERLY CONTRIBUTIONS NOT TO INCLUDE CERTAIN INCREASED CONTRIBUTIONS.—Subparagraph (D) shall be applied without regard to any increase under subsection (c)(7).”

(b) AMENDMENTS TO INTERNAL REVENUE CODE OF 1986.—

(1) IN GENERAL.—Paragraph (2) of section 430(c) is amended by adding at the end the following subparagraph:

“(D) SPECIAL ELECTION FOR ELIGIBLE PLAN YEARS.—

“(i) IN GENERAL.—If a plan sponsor elects to apply this subparagraph with respect to the shortfall amortization base of a plan for any eligible plan year (in this subparagraph and paragraph (7) referred to as an ‘election year’), then, notwithstanding subparagraphs (A) and (B)—

“(I) the shortfall amortization installments with respect to such base shall be determined under clause (ii) or (iii), whichever is specified in the election, and

“(II) the shortfall amortization installment for any plan year in the 9-plan-year period described in clause (ii) or the 15-plan-year period described in clause (iii), respectively, with respect to such shortfall amortization base is the annual installment determined under the applicable clause for that year for that base.

“(ii) 2 PLUS 7 AMORTIZATION SCHEDULE.—The shortfall amortization installments determined under this clause are—

“(I) in the case of the first 2 plan years in the 9-plan-year period beginning with the election year, interest on the shortfall amortization base of the plan for the election year (determined using the effective interest rate for the plan for the election year), and

“(II) in the case of the last 7 plan years in such 9-plan-year period, the amounts necessary to amortize the remaining balance of the shortfall amortization base of the plan for the election year in level annual installments over such last 7 plan years (using the segment rates under subparagraph (C) for the election year).

“(iii) 15-YEAR AMORTIZATION.—The shortfall amortization installments determined under this subparagraph are the amounts necessary to amortize the shortfall amortization base of the plan for the election year in level annual installments over the 15-plan-year period beginning with the election year (using the segment rates under subparagraph (C) for the election year).

“(iv) ELECTION.—

“(I) IN GENERAL.—The plan sponsor of a plan may elect to have this subparagraph apply to not more than 2 eligible plan years with respect to the plan, except that in the case of a plan described in section 106 of the Pension Protection Act of 2006, the plan sponsor may only elect to have this subparagraph apply to a plan year beginning in 2011.

“(II) AMORTIZATION SCHEDULE.—Such election shall specify whether the amortization schedule under clause (ii) or (iii) shall apply to an election year, except that if a plan sponsor elects to have this subparagraph apply to 2 eligible plan years, the plan sponsor must elect the same schedule for both years.

“(III) OTHER RULES.—Such election shall be made at such time, and in such form and manner, as shall be prescribed by the Secretary, and may be revoked only with the consent of the Secretary. The Secretary shall, before granting a revocation request, provide the Pension Benefit Guaranty Corporation an opportunity to comment on the conditions applicable to the treatment of any portion of the election year shortfall amortization base that remains unamortized as of the revocation date.

“(v) ELIGIBLE PLAN YEAR.—For purposes of this subparagraph, the term ‘eligible plan year’ means any plan year beginning in 2008, 2009, 2010, or 2011, except that a plan year shall only be treated as an eligible plan year if the due date under subsection (j)(1) for the payment of the minimum required contribution for such plan year occurs on or after the date of the enactment of this subparagraph.

“(vi) REPORTING.—A plan sponsor of a plan who makes an election under clause (i) shall—

“(I) give notice of the election to participants and beneficiaries of the plan, and

“(II) inform the Pension Benefit Guaranty Corporation of such election in such form and manner as the Director of the Pension Benefit Guaranty Corporation may prescribe.

“(vii) INCREASES IN REQUIRED INSTALLMENTS IN CERTAIN CASES.—For increases in required contributions in cases of excess compensation or extraordinary dividends or stock redemptions, see paragraph (7).”

(2) INCREASES IN REQUIRED CONTRIBUTIONS IF EXCESS COMPENSATION PAID.—Section 430(c) is amended by adding at the end the following paragraph:

“(7) INCREASES IN ALTERNATE REQUIRED INSTALLMENTS IN CASES OF EXCESS COMPENSATION OR EXTRAORDINARY DIVIDENDS OR STOCK REDEMPTIONS.—

“(A) IN GENERAL.—If there is an installment acceleration amount with respect to a plan for any plan year in the restriction period with respect to an election year under paragraph (2)(D), then the shortfall amortization installment otherwise determined and payable under such paragraph for such plan year shall, subject to the limitation under subparagraph (B), be increased by such amount.

“(B) TOTAL INSTALLMENTS LIMITED TO SHORTFALL BASE.—Subject to rules prescribed by the Secretary, if a shortfall amortization installment with respect to any shortfall amortization base for an election year is required to be increased for any plan year under subparagraph (A)—

“(i) such increase shall not result in the amount of such installment exceeding the present value of such installment and all succeeding installments with respect to such base (determined without regard to such increase but after application of clause (ii)), and

“(ii) subsequent shortfall amortization installments with respect to such base shall, in reverse order of the otherwise required installments, be reduced to the extent necessary to limit the present value of such subsequent shortfall amortization installments (after application of this paragraph) to the present value of the remaining unamortized shortfall amortization base.

“(C) INSTALLMENT ACCELERATION AMOUNT.—For purposes of this paragraph—

“(i) IN GENERAL.—The term ‘installment acceleration amount’ means, with respect to any plan year in a restriction period with respect to an election year, the sum of—

“(I) the aggregate amount of excess employee compensation determined under subparagraph

(D) with respect to all employees for the plan year, plus

“(II) the aggregate amount of extraordinary dividends and redemptions determined under subparagraph (E) for the plan year.

“(ii) ANNUAL LIMITATION.—The installment acceleration amount for any plan year shall not exceed the excess (if any) of—

“(I) the sum of the shortfall amortization installments for the plan year and all preceding plan years in the amortization period elected under paragraph (2)(D) with respect to the shortfall amortization base with respect to an election year, determined without regard to paragraph (2)(D) and this paragraph, over

“(II) the sum of the shortfall amortization installments for such plan year and all such preceding plan years, determined after application of paragraph (2)(D) (and in the case of any preceding plan year, after application of this paragraph).

“(iii) CARRYOVER OF EXCESS INSTALLMENT ACCELERATION AMOUNTS.—

“(I) IN GENERAL.—If the installment acceleration amount for any plan year (determined without regard to clause (ii)) exceeds the limitation under clause (ii), then, subject to subclause (II), such excess shall be treated as an installment acceleration amount with respect to the succeeding plan year.

“(II) CAP TO APPLY.—If any amount treated as an installment acceleration amount under subclause (I) or this subclause with respect any succeeding plan year, when added to other installment acceleration amounts (determined without regard to clause (ii)) with respect to the plan year, exceeds the limitation under clause (ii), the portion of such amount representing such excess shall be treated as an installment acceleration amount with respect to the next succeeding plan year.

“(III) LIMITATION ON YEARS TO WHICH AMOUNTS CARRIED FOR.—No amount shall be carried under subclause (I) or (II) to a plan year which begins after the first plan year following the last plan year in the restriction period (or after the second plan year following such last plan year in the case of an election year with respect to which 15-year amortization was elected under paragraph (2)(D)).

“(IV) ORDERING RULES.—For purposes of applying subclause (II), installment acceleration amounts for the plan year (determined without regard to any carryover under this clause) shall be applied first against the limitation under clause (ii) and then carryovers to such plan year shall be applied against such limitation on a first-in, first-out basis.

“(D) EXCESS EMPLOYEE COMPENSATION.—For purposes of this paragraph—

“(i) IN GENERAL.—The term ‘excess employee compensation’ means, with respect to any employee for any plan year, the excess (if any) of—

“(I) the aggregate amount includible in income under this chapter for remuneration during the calendar year in which such plan year begins for services performed by the employee for the plan sponsor (whether or not performed during such calendar year), over

“(II) \$1,000,000.

“(ii) AMOUNTS SET ASIDE FOR NONQUALIFIED DEFERRED COMPENSATION.—If during any calendar year assets are set aside or reserved (directly or indirectly) in a trust (or other arrangement as determined by the Secretary), or transferred to such a trust or other arrangement, by a plan sponsor for purposes of paying deferred compensation of an employee under a non-qualified deferred compensation plan (as defined in section 409A) of the plan sponsor, then, for purposes of clause (i), the amount of such assets shall be treated as remuneration of the employee includible in income for the calendar

year unless such amount is otherwise includible in income for such year. An amount to which the preceding sentence applies shall not be taken into account under this paragraph for any subsequent calendar year.

“(iii) ONLY REMUNERATION FOR CERTAIN POST-2009 SERVICES COUNTED.—Remuneration shall be taken into account under clause (i) only to the extent attributable to services performed by the employee for the plan sponsor after February 28, 2010.

“(iv) EXCEPTION FOR CERTAIN EQUITY PAYMENTS.—

“(I) IN GENERAL.—There shall not be taken into account under clause (i)(I) any amount includible in income with respect to the granting after February 28, 2010, of service recipient stock (within the meaning of section 409A) that, upon such grant, is subject to a substantial risk of forfeiture (as defined under section 83(c)(1)) for at least 5 years from the date of such grant.

“(II) SECRETARIAL AUTHORITY.—The Secretary may by regulation provide for the application of this clause in the case of a person other than a corporation.

“(v) OTHER EXCEPTIONS.—The following amounts includible in income shall not be taken into account under clause (i)(I):

“(I) COMMISSIONS.—Any remuneration payable on a commission basis solely on account of income directly generated by the individual performance of the individual to whom such remuneration is payable.

“(II) CERTAIN PAYMENTS UNDER EXISTING CONTRACTS.—Any remuneration consisting of non-qualified deferred compensation, restricted stock, stock options, or stock appreciation rights payable or granted under a written binding contract that was in effect on March 1, 2010, and which was not modified in any material respect before such remuneration is paid.

“(vi) SELF-EMPLOYED INDIVIDUAL TREATED AS EMPLOYEE.—The term ‘employee’ includes, with respect to a calendar year, a self-employed individual who is treated as an employee under section 401(c) for the taxable year ending during such calendar year, and the term ‘compensation’ shall include earned income of such individual with respect to such self-employment.

“(vii) INDEXING OF AMOUNT.—In the case of any calendar year beginning after 2010, the dollar amount under clause (i)(II) shall be increased by an amount equal to—

“(I) such dollar amount, multiplied by

“(II) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year, determined by substituting ‘calendar year 2009’ for ‘calendar year 1992’ in subparagraph (B) thereof.

If the amount of any increase under clause (i) is not a multiple of \$1,000, such increase shall be rounded to the next lowest multiple of \$1,000.

“(E) EXTRAORDINARY DIVIDENDS AND REDEMPTIONS.—

“(i) IN GENERAL.—The amount determined under this subparagraph for any plan year is the excess (if any) of the sum of the dividends declared during the plan year by the plan sponsor plus the aggregate amount paid for the redemption of stock of the plan sponsor redeemed during the plan year over the greater of—

“(I) the adjusted net income (within the meaning of section 4043 of the Employee Retirement Income Security Act of 1974) of the plan sponsor for the preceding plan year, determined without regard to any reduction by reason of interest, taxes, depreciation, or amortization, or

“(II) in the case of a plan sponsor that determined and declared dividends in the same manner for at least 5 consecutive years immediately preceding such plan year, the aggregate amount of dividends determined and declared for such plan year using such manner.

“(ii) ONLY CERTAIN POST-2009 DIVIDENDS AND REDEMPTIONS COUNTED.—For purposes of clause

(i), there shall only be taken into account dividends declared, and redemptions occurring, after February 28, 2010.

“(iii) EXCEPTION FOR INTRA-GROUP DIVIDENDS.—Dividends paid by one member of a controlled group (as defined in section 412(d)(3)) to another member of such group shall not be taken into account under clause (i).

“(iv) EXCEPTION FOR CERTAIN REDEMPTIONS.—Redemptions that are made pursuant to a plan maintained with respect to employees, or that are made on account of the death, disability, or termination of employment of an employee or shareholder, shall not be taken into account under clause (i).

“(v) EXCEPTION FOR CERTAIN PREFERRED STOCK.—

“(I) IN GENERAL.—Dividends and redemptions with respect to applicable preferred stock shall not be taken into account under clause (i) to the extent that dividends accrue with respect to such stock at a specified rate in all events and without regard to the plan sponsor's income, and interest accrues on any unpaid dividends with respect to such stock.

“(II) APPLICABLE PREFERRED STOCK.—For purposes of subclause (I), the term ‘applicable preferred stock’ means preferred stock which was issued before March 1, 2010 (or which was issued after such date and is held by an employee benefit plan subject to the provisions of title I of Employee Retirement Income Security Act of 1974).

“(F) OTHER DEFINITIONS AND RULES.—For purposes of this paragraph—

“(i) PLAN SPONSOR.—The term ‘plan sponsor’ includes any member of the plan sponsor's controlled group (as defined in section 412(d)(3)).

“(ii) RESTRICTION PERIOD.—The term ‘restriction period’ means, with respect to any election year—

“(I) except as provided in subclause (II), the 3-year period beginning with the election year (or, if later, the first plan year beginning after December 31, 2009), and

“(II) if the plan sponsor elects 15-year amortization for the shortfall amortization base for the election year, the 5-year period beginning with the election year (or, if later, the first plan year beginning after December 31, 2009).

“(iii) ELECTIONS FOR MULTIPLE PLANS.—If a plan sponsor makes elections under paragraph (2)(D) with respect to 2 or more plans, the Secretary shall provide rules for the application of this paragraph to such plans, including rules for the ratable allocation of any installment acceleration amount among such plans on the basis of each plan's relative reduction in the plan's shortfall amortization installment for the first plan year in the amortization period described in subparagraph (A) (determined without regard to this paragraph).

“(iv) MERGERS AND ACQUISITIONS.—The Secretary shall prescribe rules for the application of paragraph (2)(D) and this paragraph in any case where there is a merger or acquisition involving a plan sponsor making the election under paragraph (2)(D).”.

(3) CONFORMING AMENDMENTS.—Section 430 is amended—

(A) in subsection (c)(1), by striking “the shortfall amortization bases for such plan year and each of the 6 preceding plan years” and inserting “any shortfall amortization base which has not been fully amortized under this subsection”, and

(B) in subsection (j)(3), by adding at the end the following:

“(F) QUARTERLY CONTRIBUTIONS NOT TO INCLUDE CERTAIN INCREASED CONTRIBUTIONS.—Subparagraph (D) shall be applied without regard to any increase under subsection (c)(7).”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to plan years beginning after December 31, 2007.

SEC. 302. APPLICATION OF EXTENDED AMORTIZATION PERIOD TO PLANS SUBJECT TO PRIOR LAW FUNDING RULES.

(a) IN GENERAL.—Title I of the Pension Protection Act of 2006 is amended by redesignating section 107 as section 108 and by inserting the following after section 106:

“SEC. 107. APPLICATION OF EXTENDED AMORTIZATION PERIODS TO PLANS WITH DELAYED EFFECTIVE DATE.

“(a) IN GENERAL.—If the plan sponsor of a plan to which section 104, 105, or 106 of this Act applies elects to have this section apply for any eligible plan year (in this section referred to as an ‘election year’), section 302 of the Employee Retirement Income Security Act of 1974 and section 412 of the Internal Revenue Code of 1986 (as in effect before the amendments made by this subtitle and subtitle B) shall apply to such year in the manner described in subsection (b) or (c), whichever is specified in the election. All references in this section to ‘such Act’ or ‘such Code’ shall be to such Act or such Code as in effect before the amendments made by this subtitle and subtitle B.

“(b) APPLICATION OF 2 AND 7 RULE.—In the case of an election year to which this subsection applies—

“(1) 2-YEAR LOOKBACK FOR DETERMINING DEFICIT REDUCTION CONTRIBUTIONS FOR CERTAIN PLANS.—For purposes of applying section 302(d)(9) of such Act and section 412(l)(9) of such Code, the funded current liability percentage (as defined in subparagraph (C) thereof) for such plan for such plan year shall be such funded current liability percentage of such plan for the second plan year preceding the first election year of such plan.

“(2) CALCULATION OF DEFICIT REDUCTION CONTRIBUTION.—For purposes of applying section 302(d) of such Act and section 412(l) of such Code to a plan to which such sections apply (after taking into account paragraph (1))—

“(A) in the case of the increased unfunded new liability of the plan, the applicable percentage described in section 302(d)(4)(C) of such Act and section 412(l)(4)(C) of such Code shall be the third segment rate described in sections 104(b), 105(b), and 106(b) of this Act, and

“(B) in the case of the excess of the unfunded new liability over the increased unfunded new liability, such applicable percentage shall be determined without regard to this section.

“(c) APPLICATION OF 15-YEAR AMORTIZATION.—In the case of an election year to which this subsection applies, for purposes of applying section 302(d) of such Act and section 412(l) of such Code—

“(1) in the case of the increased unfunded new liability of the plan, the applicable percentage described in section 302(d)(4)(C) of such Act and section 412(l)(4)(C) of such Code for any pre-effective date plan year beginning with or after the first election year shall be the ratio of—

“(A) the annual installments payable in each year if the increased unfunded new liability for such plan year were amortized over 15 years, using an interest rate equal to the third segment rate described in sections 104(b), 105(b), and 106(b) of this Act, to

“(B) the increased unfunded new liability for such plan year, and

“(2) in the case of the excess of the unfunded new liability over the increased unfunded new liability, such applicable percentage shall be determined without regard to this section.

“(d) ELECTION.—

“(1) IN GENERAL.—The plan sponsor of a plan may elect to have this section apply to not more than 2 eligible plan years with respect to the plan, except that in the case of a plan to which section 106 of this Act applies, the plan sponsor may only elect to have this section apply to 1 eligible plan year.

“(2) AMORTIZATION SCHEDULE.—Such election shall specify whether the rules under subsection (b) or (c) shall apply to an election year, except that if a plan sponsor elects to have this section apply to 2 eligible plan years, the plan sponsor must elect the same rule for both years.

“(3) OTHER RULES.—Such election shall be made at such time, and in such form and manner, as shall be prescribed by the Secretary of the Treasury, and may be revoked only with the consent of the Secretary of the Treasury.

“(e) DEFINITIONS.—For purposes of this section—

“(1) ELIGIBLE PLAN YEAR.—For purposes of this subparagraph, the term ‘eligible plan year’ means any plan year beginning in 2008, 2009, 2010, or 2011, except that a plan year beginning in 2008 shall only be treated as an eligible plan year if the due date for the payment of the minimum required contribution for such plan year occurs on or after the date of the enactment of this clause.

“(2) PRE-EFFECTIVE DATE PLAN YEAR.—The term ‘pre-effective date plan year’ means, with respect to a plan, any plan year prior to the first year in which the amendments made by this subtitle and subtitle B apply to the plan.

“(3) INCREASED UNFUNDED NEW LIABILITY.—The term ‘increased unfunded new liability’ means, with respect to a year, the excess (if any) of the unfunded new liability over the amount of unfunded new liability determined as if the value of the plan's assets determined under subsection 302(c)(2) of such Act and section 412(c)(2) of such Code equaled the product of the current liability of the plan for the year multiplied by the funded current liability percentage (as defined in section 302(d)(8)(B) of such Act and 412(l)(8)(B) of such Code) of the plan for the second plan year preceding the first election year of such plan.

“(4) OTHER DEFINITIONS.—The terms ‘unfunded new liability’ and ‘current liability’ shall have the meanings set forth in section 302(d) of such Act and section 412(l) of such Code.”.

(b) ELIGIBLE CHARITY PLANS.—Section 104 of the Pension Protection Act of 2006 is amended—

(1) by striking “eligible cooperative plan” wherever it appears in subsections (a) and (b) and inserting “eligible cooperative plan or an eligible charity plan”, and

(2) by adding at the end the following new subsection:

“(d) ELIGIBLE CHARITY PLAN DEFINED.—For purposes of this section, a plan shall be treated as an eligible charity plan for a plan year if the plan is maintained by more than one employer (determined without regard to section 414(c) of the Internal Revenue Code) and 100 percent of the employers are described in section 501(c)(3) of such Code.”.

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—The amendment made by subsection (a) shall take effect as if included in the Pension Protection Act of 2006.

(2) ELIGIBLE CHARITY PLAN.—The amendments made by subsection (b) shall apply to plan years beginning after December 31, 2007, except that a plan sponsor may elect to apply such amendments to plan years beginning after December 31, 2008. Any such election shall be made at such time, and in such form and manner, as shall be prescribed by the Secretary of the Treasury, and may be revoked only with the consent of the Secretary of the Treasury.

SEC. 303. LOOKBACK FOR CERTAIN BENEFIT RESTRICTIONS.

(a) IN GENERAL.—

(1) AMENDMENT TO ERISA.—Section 206(g)(9) of the Employee Retirement Income Security Act of 1974 is amended by adding at the end the following:

“(D) SPECIAL RULE FOR CERTAIN YEARS.—Solely for purposes of any applicable provision—

“(i) *IN GENERAL.*—For plan years beginning on or after October 1, 2008, and before October 1, 2010, the adjusted funding target attainment percentage of a plan shall be the greater of—

“(I) such percentage, as determined without regard to this subparagraph, or

“(II) the adjusted funding target attainment percentage for such plan for the plan year beginning after October 1, 2007, and before October 1, 2008, as determined under rules prescribed by the Secretary of the Treasury.

“(ii) *SPECIAL RULE.*—In the case of a plan for which the valuation date is not the first day of the plan year—

“(I) clause (i) shall apply to plan years beginning after December 31, 2007, and before January 1, 2010, and

“(II) clause (i)(II) shall apply based on the last plan year beginning before November 1, 2007, as determined under rules prescribed by the Secretary of the Treasury.

“(iii) *APPLICABLE PROVISION.*—For purposes of this subparagraph, the term ‘applicable provision’ means—

“(I) paragraph (3), but only for purposes of applying such paragraph to a payment which, as determined under rules prescribed by the Secretary of the Treasury, is a payment under a social security leveling option which accelerates payments under the plan before, and reduces payments after, a participant starts receiving social security benefits in order to provide substantially similar aggregate payments both before and after such benefits are received, and

“(II) paragraph (4).”

(2) *AMENDMENT TO INTERNAL REVENUE CODE OF 1986.*—Section 436(j) of the Internal Revenue Code of 1986 is amended by adding at the end the following:

“(3) *SPECIAL RULE FOR CERTAIN YEARS.*—Solely for purposes of any applicable provision—

“(A) *IN GENERAL.*—For plan years beginning on or after October 1, 2008, and before October 1, 2010, the adjusted funding target attainment percentage of a plan shall be the greater of—

“(i) such percentage, as determined without regard to this paragraph, or

“(ii) the adjusted funding target attainment percentage for such plan for the plan year beginning after October 1, 2007, and before October 1, 2008, as determined under rules prescribed by the Secretary.

“(B) *SPECIAL RULE.*—In the case of a plan for which the valuation date is not the first day of the plan year—

“(i) subparagraph (A) shall apply to plan years beginning after December 31, 2007, and before January 1, 2010, and

“(ii) subparagraph (A)(ii) shall apply based on the last plan year beginning before November 1, 2007, as determined under rules prescribed by the Secretary.

“(C) *APPLICABLE PROVISION.*—For purposes of this paragraph, the term ‘applicable provision’ means—

“(i) subsection (d), but only for purposes of applying such paragraph to a payment which, as determined under rules prescribed by the Secretary, is a payment under a social security leveling option which accelerates payments under the plan before, and reduces payments after, a participant starts receiving social security benefits in order to provide substantially similar aggregate payments both before and after such benefits are received, and

“(ii) subsection (e).”

(b) *INTERACTION WITH WRERA RULE.*—Section 203 of the Worker, Retiree, and Employer Recovery Act of 2008 shall apply to a plan for any plan year in lieu of the amendments made by this section applying to sections 206(g)(4) of the Employee Retirement Income Security Act of 1974 and 436(e) of the Internal Revenue Code of 1986 only to the extent that such section pro-

duces a higher adjusted funding target attainment percentage for such plan for such year.

(c) *EFFECTIVE DATE.*—

(1) *IN GENERAL.*—Except as provided in paragraph (2), the amendments made by this section shall apply to plan years beginning on or after October 1, 2008.

(2) *SPECIAL RULE.*—In the case of a plan for which the valuation date is not the first day of the plan year, the amendments made by this section shall apply to plan years beginning after December 31, 2007.

SEC. 304. LOOKBACK FOR CREDIT BALANCE RULE FOR PLANS MAINTAINED BY CHARITIES.

(a) *AMENDMENT TO ERISA.*—Paragraph (3) of section 303(f) of the Employee Retirement Income Security Act of 1974 is amended by adding the following at the end thereof:

“(D) *SPECIAL RULE FOR CERTAIN YEARS OF PLANS MAINTAINED BY CHARITIES.*—

“(i) *IN GENERAL.*—For purposes of applying subparagraph (C) for plan years beginning after August 31, 2009, and before September 1, 2011, the ratio determined under such subparagraph for the preceding plan year shall be the greater of—

“(I) such ratio, as determined without regard to this subparagraph, or

“(II) the ratio for such plan for the plan year beginning after August 31, 2007, and before September 1, 2008, as determined under rules prescribed by the Secretary of the Treasury.

“(ii) *SPECIAL RULE.*—In the case of a plan for which the valuation date is not the first day of the plan year—

“(I) clause (i) shall apply to plan years beginning after December 31, 2008, and before January 1, 2011, and

“(II) clause (i)(II) shall apply based on the last plan year beginning before September 1, 2007, as determined under rules prescribed by the Secretary of the Treasury.

“(iii) *LIMITATION TO CHARITIES.*—This subparagraph shall not apply to any plan unless such plan is maintained exclusively by one or more organizations described in section 501(c)(3) of the Internal Revenue Code of 1986.”

(b) *AMENDMENT TO INTERNAL REVENUE CODE OF 1986.*—Paragraph (3) of section 430(f) of the Internal Revenue Code of 1986 is amended by adding the following at the end thereof:

“(D) *SPECIAL RULE FOR CERTAIN YEARS OF PLANS MAINTAINED BY CHARITIES.*—

“(i) *IN GENERAL.*—For purposes of applying subparagraph (C) for plan years beginning after August 31, 2009, and before September 1, 2011, the ratio determined under such subparagraph for the preceding plan year of a plan shall be the greater of—

“(I) such ratio, as determined without regard to this subsection, or

“(II) the ratio for such plan for the plan year beginning after August 31, 2007 and before September 1, 2008, as determined under rules prescribed by the Secretary.

“(ii) *SPECIAL RULE.*—In the case of a plan for which the valuation date is not the first day of the plan year—

“(I) clause (i) shall apply to plan years beginning after December 31, 2007, and before January 1, 2010, and

“(II) clause (i)(II) shall apply based on the last plan year beginning before September 1, 2007, as determined under rules prescribed by the Secretary.

“(iii) *LIMITATION TO CHARITIES.*—This subparagraph shall not apply to any plan unless such plan is maintained exclusively by one or more organizations described in section 501(c)(3).”

(c) *EFFECTIVE DATE.*—

(1) *IN GENERAL.*—Except as provided in paragraph (2), the amendments made by this section

shall apply to plan years beginning after August 31, 2009.

(2) *SPECIAL RULE.*—In the case of a plan for which the valuation date is not the first day of the plan year, the amendments made by this section shall apply to plan years beginning after December 31, 2008.

Subtitle B—Multiemployer Plans

SEC. 311. ADJUSTMENTS TO FUNDING STANDARD ACCOUNT RULES.

(a) *ADJUSTMENTS.*—

(1) *AMENDMENT TO ERISA.*—Section 304(b) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1084(b)) is amended by adding at the end the following new paragraph:

“(8) *SPECIAL RELIEF RULES.*—Notwithstanding any other provision of this subsection—

“(A) *AMORTIZATION OF NET INVESTMENT LOSSES.*—

“(i) *IN GENERAL.*—A multiemployer plan with respect to which the solvency test under subparagraph (C) is met may treat the portion of any experience loss or gain attributable to net investment losses incurred in either or both of the first two plan years ending after August 31, 2008, as an item separate from other experience losses, to be amortized in equal annual installments (until fully amortized) over the period —

“(I) beginning with the plan year in which such portion is first recognized in the actuarial value of assets, and

“(II) ending with the last plan year in the 30-

plan year period beginning with the plan year in which such net investment loss was incurred.

“(ii) *COORDINATION WITH EXTENSIONS.*—If this subparagraph applies for any plan year—

“(I) no extension of the amortization period under clause (i) shall be allowed under subsection (d), and

“(II) if an extension was granted under sub-

section (d) for any plan year before the election to have this subparagraph apply to the plan year, such extension shall not result in such amortization period exceeding 30 years.

“(iii) *NET INVESTMENT LOSSES.*—For purposes of this subparagraph—

“(I) *IN GENERAL.*—Net investment losses shall be determined in the manner prescribed by the Secretary of the Treasury on the basis of the difference between actual and expected returns (including any difference attributable to any criminally fraudulent investment arrangement).

“(II) *CRIMINALLY FRAUDULENT INVESTMENT ARRANGEMENTS.*—The determination as to whether an arrangement is a criminally fraudulent investment arrangement shall be made under rules substantially similar to the rules prescribed by the Secretary of the Treasury for purposes of section 165 of the Internal Revenue Code of 1986.

“(B) *EXPANDED SMOOTHING PERIOD.*—

“(i) *IN GENERAL.*—A multiemployer plan with respect to which the solvency test under subparagraph (C) is met may change its asset valuation method in a manner which—

“(I) spreads the difference between expected and actual returns for either or both of the first 2 plan years ending after August 31, 2008, over a period of not more than 10 years,

“(II) provides that for either or both of the first 2 plan years beginning after August 31, 2008, the value of plan assets at any time shall not be less than 80 percent or greater than 130 percent of the fair market value of such assets at such time, or

“(III) makes both changes described in subclauses (I) and (II) to such method.

“(ii) *ASSET VALUATION METHODS.*—If this subparagraph applies for any plan year—

“(I) the Secretary of the Treasury shall not treat the asset valuation method of the plan as unreasonable solely because of the changes in such method described in clause (i), and

“(II) such changes shall be deemed approved by such Secretary under section 302(d)(1) and section 412(d)(1) of such Code.

“(iii) AMORTIZATION OF REDUCTION IN UNFUNDED ACCRUED LIABILITY.—If this subparagraph and subparagraph (A) both apply for any plan year, the plan shall treat any reduction in unfunded accrued liability resulting from the application of this subparagraph as a separate experience amortization base, to be amortized in equal annual installments (until fully amortized) over a period of 30 plan years rather than the period such liability would otherwise be amortized over.

“(C) SOLVENCY TEST.—The solvency test under this paragraph is met only if the plan actuary certifies that the plan is projected to have sufficient assets to timely pay expected benefits and anticipated expenditures over the amortization period, taking into account the changes in the funding standard account under this paragraph.

“(D) RESTRICTION ON BENEFIT INCREASES.—If subparagraph (A) or (B) apply to a multiemployer plan for any plan year, then, in addition to any other applicable restrictions on benefit increases, a plan amendment increasing benefits may not go into effect during either of the 2 plan years immediately following such plan year unless—

“(i) the plan actuary certifies that—

“(I) any such increase is paid for out of additional contributions not allocated to the plan immediately before the application of this paragraph to the plan, and

“(II) the plan's funded percentage and projected credit balances for such 2 plan years are reasonably expected to be at least as high as such percentage and balances would have been if the benefit increase had not been adopted, or

“(ii) the amendment is required as a condition of qualification under part I of subchapter D of chapter 1 of the Internal Revenue Code of 1986 or to comply with other applicable law.

“(E) REPORTING.—A plan sponsor of a plan to which this paragraph applies shall—

“(i) give notice of such application to participants and beneficiaries of the plan, and

“(ii) inform the Pension Benefit Guaranty Corporation of such application in such form and manner as the Director of the Pension Benefit Guaranty Corporation may prescribe.”.

(2) AMENDMENT TO INTERNAL REVENUE CODE OF 1986.—Section 431(b) is amended by adding at the end the following new paragraph:

“(8) SPECIAL RELIEF RULES.—Notwithstanding any other provision of this subsection—

“(A) AMORTIZATION OF NET INVESTMENT LOSSES.—

“(i) IN GENERAL.—A multiemployer plan with respect to which the solvency test under subparagraph (C) is met may treat the portion of any experience loss or gain attributable to net investment losses incurred in either or both of the first two plan years ending after August 31, 2008, as an item separate from other experience losses, to be amortized in equal annual installments (until fully amortized) over the period —

“(I) beginning with the plan year in which such portion is first recognized in the actuarial value of assets, and

“(II) ending with the last plan year in the 30-plan year period beginning with the plan year in which such net investment loss was incurred.

“(ii) COORDINATION WITH EXTENSIONS.—If this subparagraph applies for any plan year—

“(I) no extension of the amortization period under clause (i) shall be allowed under subsection (d), and

“(II) if an extension was granted under subsection (d) for any plan year before the election to have this subparagraph apply to the plan year, such extension shall not result in such amortization period exceeding 30 years.

“(iii) NET INVESTMENT LOSSES.—For purposes of this subparagraph—

“(I) IN GENERAL.—Net investment losses shall be determined in the manner prescribed by the

Secretary on the basis of the difference between actual and expected returns (including any difference attributable to any criminally fraudulent investment arrangement).

“(II) CRIMINALLY FRAUDULENT INVESTMENT ARRANGEMENTS.—The determination as to whether an arrangement is a criminally fraudulent investment arrangement shall be made under rules substantially similar to the rules prescribed by the Secretary for purposes of section 165.

“(B) EXPANDED SMOOTHING PERIOD.—

“(i) IN GENERAL.—A multiemployer plan with respect to which the solvency test under subparagraph (C) is met may change its asset valuation method in a manner which—

“(I) spreads the difference between expected and actual returns for either or both of the first 2 plan years ending after August 31, 2008, over a period of not more than 10 years,

“(II) provides that for either or both of the first 2 plan years beginning after August 31, 2008, the value of plan assets at any time shall not be less than 80 percent or greater than 130 percent of the fair market value of such assets at such time, or

“(III) makes both changes described in subclauses (I) and (II) to such method.

“(ii) ASSET VALUATION METHODS.—If this subparagraph applies for any plan year—

“(I) the Secretary shall not treat the asset valuation method of the plan as unreasonable solely because of the changes in such method described in clause (i), and

“(II) such changes shall be deemed approved by the Secretary under section 302(d)(1) of the Employee Retirement Income Security Act of 1974 and section 412(d)(1).

“(iii) AMORTIZATION OF REDUCTION IN UNFUNDED ACCRUED LIABILITY.—If this subparagraph and subparagraph (A) both apply for any plan year, the plan shall treat any reduction in unfunded accrued liability resulting from the application of this subparagraph as a separate experience amortization base, to be amortized in equal annual installments (until fully amortized) over a period of 30 plan years rather than the period such liability would otherwise be amortized over.

“(C) SOLVENCY TEST.—The solvency test under this paragraph is met only if the plan actuary certifies that the plan is projected to have sufficient assets to timely pay expected benefits and anticipated expenditures over the amortization period, taking into account the changes in the funding standard account under this paragraph.

“(D) RESTRICTION ON BENEFIT INCREASES.—If subparagraph (A) or (B) apply to a multiemployer plan for any plan year, then, in addition to any other applicable restrictions on benefit increases, a plan amendment increasing benefits may not go into effect during either of the 2 plan years immediately following such plan year unless—

“(i) the plan actuary certifies that—

“(I) any such increase is paid for out of additional contributions not allocated to the plan immediately before the application of this paragraph to the plan, and

“(II) the plan's funded percentage and projected credit balances for such 2 plan years are reasonably expected to be at least as high as such percentage and balances would have been if the benefit increase had not been adopted, or

“(ii) the amendment is required as a condition of qualification under part I of subchapter D or to comply with other applicable law.

“(E) REPORTING.—A plan sponsor of a plan to which this paragraph applies shall—

“(i) give notice of such application to participants and beneficiaries of the plan, and

“(ii) inform the Pension Benefit Guaranty Corporation of such application in such form

and manner as the Director of the Pension Benefit Guaranty Corporation may prescribe.”.

(b) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by this section shall take effect as of the first day of the first plan year ending after August 31, 2008, except that any election a plan makes pursuant to this section that affects the plan's funding standard account for the first plan year beginning after August 31, 2008, shall be disregarded for purposes of applying the provisions of section 305 of the Employee Retirement Income Security Act of 1974 and section 432 of the Internal Revenue Code of 1986 to such plan year.

(2) RESTRICTIONS ON BENEFIT INCREASES.—Notwithstanding paragraph (1), the restrictions on plan amendments increasing benefits in sections 304(b)(8)(D) of such Act and 431(b)(8)(D) of such Code, as added by this section, shall take effect on the date of enactment of this Act.

TITLE IV—OFFSET PROVISIONS

Subtitle A—Black Liquor

SEC. 401. EXCLUSION OF UNPROCESSED FUELS FROM THE CELLULOSE BIOFUEL PRODUCER CREDIT.

(a) IN GENERAL.—Subparagraph (E) of section 40(b)(6) is amended by adding at the end the following new clause:

“(iii) EXCLUSION OF UNPROCESSED FUELS.—The term ‘cellulosic biofuel’ shall not include any fuel if—

“(I) more than 4 percent of such fuel (determined by weight) is any combination of water and sediment, or

“(II) the ash content of such fuel is more than 1 percent (determined by weight).”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to fuels sold or used after the date of the enactment of this Act.

SEC. 402. PROHIBITION ON ALTERNATIVE FUEL CREDIT AND ALTERNATIVE FUEL MIXTURE CREDIT FOR BLACK LIQUOR.

(a) IN GENERAL.—The last sentence of section 6426(d)(2) is amended by striking “or biodiesel” and inserting “biodiesel, or any fuel (including lignin, wood residues, or spent pulping liquors) derived from the production of paper or pulp”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to fuel sold or used after December 31, 2009.

Subtitle B—Homebuyer Credit

SEC. 411. TECHNICAL MODIFICATIONS TO HOME-BUYER CREDIT.

(a) EXPANDED DOCUMENTATION REQUIREMENT.—Subsection (d) of section 36, as amended by the Worker, Homeownership, and Business Assistance Act of 2009, is amended—

(1) by striking “or” at the end of paragraph (3),

(2) by striking the period at the end of paragraph (4) and inserting a comma, and

(3) by adding at the end the following new paragraphs:

“(5) in the case of a taxpayer to whom such a credit would be allowed (but for this paragraph) by reason of subsection (c)(6), the taxpayer fails to attach to the return of tax for such taxable year a copy of such property tax bills or other documentation as are required by the Secretary to demonstrate compliance with the requirements of subsection (c)(6), or

“(6) in the case of a taxpayer to whom such a credit would be allowed (but for this paragraph) by reason of subsection (h)(2), the taxpayer fails to attach to the return of tax for such taxable year a copy of the binding contract which meets the requirements of subsection (h)(2).”.

(b) MODIFICATION OF EFFECTIVE DATE OF DOCUMENTATION REQUIREMENTS.—Paragraph (2) of section 12(e) of the Worker, Homeownership, and Business Assistance Act of 2009 is

amended by striking “returns for taxable years ending after the date of the enactment of this Act” and inserting “returns filed after the date of the enactment of this Act”.

(c) **EFFECTIVE DATES.**—

(1) **DOCUMENTATION REQUIREMENTS.**—The amendments made by subsection (a) shall apply to purchases on or after the date of the enactment of this Act.

(2) **EFFECTIVE DATE OF WORKER, HOMEOWNER-SHIP, AND BUSINESS ASSISTANCE ACT.**—The amendment made by subsection (b) shall apply to purchases of a principal residence on or after the date of the enactment of the Worker, Homeownership, and Business Assistance Act of 2009.

Subtitle C—Economic Substance

SEC. 421. CODIFICATION OF ECONOMIC SUBSTANCE DOCTRINE; PENALTIES.

(a) **IN GENERAL.**—Section 7701 is amended by redesignating subsection (o) as subsection (p) and by inserting after subsection (n) the following new subsection:

“(o) **CLARIFICATION OF ECONOMIC SUBSTANCE DOCTRINE.**—

“(1) **APPLICATION OF DOCTRINE.**—In the case of any transaction to which the economic substance doctrine is relevant, such transaction shall be treated as having economic substance only if—

“(A) the transaction changes in a meaningful way (apart from Federal income tax effects) the taxpayer’s economic position, and

“(B) the taxpayer has a substantial purpose (apart from Federal income tax effects) for entering into such transaction.

“(2) **SPECIAL RULE WHERE TAXPAYER RELIES ON PROFIT POTENTIAL.**—

“(A) **IN GENERAL.**—The potential for profit of a transaction shall be taken into account in determining whether the requirements of subparagraphs (A) and (B) of paragraph (1) are met with respect to the transaction only if the present value of the reasonably expected pre-tax profit from the transaction is substantial in relation to the present value of the expected net tax benefits that would be allowed if the transaction were respected.

“(B) **TREATMENT OF FEES AND FOREIGN TAXES.**—Fees and other transaction expenses shall be taken into account as expenses in determining pre-tax profit under subparagraph (A). The Secretary may issue regulations requiring foreign taxes to be treated as expenses in determining pre-tax profit in appropriate cases.

“(3) **STATE AND LOCAL TAX BENEFITS.**—For purposes of paragraph (1), any State or local income tax effect which is related to a Federal income tax effect shall be treated in the same manner as a Federal income tax effect.

“(4) **FINANCIAL ACCOUNTING BENEFITS.**—For purposes of paragraph (1)(B), achieving a financial accounting benefit shall not be taken into account as a purpose for entering into a transaction if the origin of such financial accounting benefit is a reduction of Federal income tax.

“(5) **DEFINITIONS AND SPECIAL RULES.**—For purposes of this subsection—

“(A) **ECONOMIC SUBSTANCE DOCTRINE.**—The term ‘economic substance doctrine’ means the common law doctrine under which tax benefits under subtitle A with respect to a transaction are not allowable if the transaction does not have economic substance or lacks a business purpose.

“(B) **EXCEPTION FOR PERSONAL TRANSACTIONS OF INDIVIDUALS.**—In the case of an individual, paragraph (1) shall apply only to transactions entered into in connection with a trade or business or an activity engaged in for the production of income.

“(C) **OTHER COMMON LAW DOCTRINES NOT AFFECTED.**—Except as specifically provided in this subsection, the provisions of this subsection

shall not be construed as altering or supplanting any other rule of law, and the requirements of this subsection shall be construed as being in addition to any such other rule of law.

“(D) **DETERMINATION OF APPLICATION OF DOCTRINE NOT AFFECTED.**—The determination of whether the economic substance doctrine is relevant to a transaction shall be made in the same manner as if this subsection had never been enacted.

“(E) **TRANSACTION.**—The term ‘transaction’ includes a series of transactions.

“(6) **REGULATIONS.**—The Secretary shall prescribe such regulations as may be necessary or appropriate to carry out the purposes of this subsection.”.

(b) **PENALTY FOR UNDERPAYMENTS ATTRIBUTABLE TO TRANSACTIONS LACKING ECONOMIC SUBSTANCE.**—

(1) **IN GENERAL.**—Subsection (b) of section 6662 is amended by inserting after paragraph (5) the following new paragraph:

“(6) Any disallowance of claimed tax benefits by reason of a transaction lacking economic substance (within the meaning of section 7701(o)) or failing to meet the requirements of any similar rule of law.”.

(2) **INCREASED PENALTY FOR NONDISCLOSED TRANSACTIONS.**—Section 6662 is amended by adding at the end the following new subsection:

“(i) **INCREASE IN PENALTY IN CASE OF NONDISCLOSED NONECONOMIC SUBSTANCE TRANSACTIONS.**—

“(1) **IN GENERAL.**—In the case of any portion of an underpayment which is attributable to one or more undisclosed noneconomic substance transactions, subsection (a) shall be applied with respect to such portion by substituting ‘40 percent’ for ‘20 percent’.

“(2) **NONDISCLOSED NONECONOMIC SUBSTANCE TRANSACTIONS.**—For purposes of this subsection, the term ‘nondisclosed noneconomic substance transaction’ means any portion of a transaction described in subsection (b)(6) with respect to which the relevant facts affecting the tax treatment are not adequately disclosed in the return nor in a statement attached to the return.

“(3) **SPECIAL RULE FOR AMENDED RETURNS.**—Except as provided in regulations, in no event shall any amendment or supplement to a return of tax be taken into account for purposes of this subsection if the amendment or supplement is filed after the earlier of the date the taxpayer is first contacted by the Secretary regarding the examination of the return or such other date as is specified by the Secretary.”.

(3) **CONFORMING AMENDMENT.**—Subparagraph (B) of section 6662A(e)(2) is amended—

(A) by striking “section 6662(h)” and inserting “subsections (h) or (i) of section 6662”; and

(B) by striking “GROSS VALUATION MISSTATEMENT PENALTY” in the heading and inserting “CERTAIN INCREASED UNDERPAYMENT PENALTIES”.

(c) **REASONABLE CAUSE EXCEPTION NOT APPLICABLE TO NONECONOMIC SUBSTANCE TRANSACTIONS.**—

(1) **REASONABLE CAUSE EXCEPTION FOR UNDERPAYMENTS.**—Subsection (c) of section 6664 is amended—

(A) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively;

(B) by striking “paragraph (2)” in paragraph (4)(A), as so redesignated, and inserting “paragraph (3)”; and

(C) by inserting after paragraph (1) the following new paragraph:

“(2) **EXCEPTION.**—Paragraph (1) shall not apply to any portion of an underpayment which is attributable to one or more transactions described in section 6662(b)(6).”.

(2) **REASONABLE CAUSE EXCEPTION FOR REPORTABLE TRANSACTION UNDERSTATEMENTS.**—Subsection (d) of section 6664 is amended—

(A) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively;

(B) by striking “paragraph (2)(C)” in paragraph (4), as so redesignated, and inserting “paragraph (3)(C)”; and

(C) by inserting after paragraph (1) the following new paragraph:

“(2) **EXCEPTION.**—Paragraph (1) shall not apply to any portion of a reportable transaction understatement which is attributable to one or more transactions described in section 6662(b)(6).”.

(d) **APPLICATION OF PENALTY FOR ERRONEOUS CLAIM FOR REFUND OR CREDIT TO NONECONOMIC SUBSTANCE TRANSACTIONS.**—Section 6676 is amended by redesignating subsection (c) as subsection (d) and inserting after subsection (b) the following new subsection:

“(c) **NONECONOMIC SUBSTANCE TRANSACTIONS TREATED AS LACKING REASONABLE BASIS.**—For purposes of this section, any excessive amount which is attributable to any transaction described in section 6662(b)(6) shall not be treated as having a reasonable basis.”.

(e) **EFFECTIVE DATE.**—

(1) **IN GENERAL.**—Except as otherwise provided in this subsection, the amendments made by this section shall apply to transactions entered into after the date of the enactment of this Act.

(2) **UNDERPAYMENTS.**—The amendments made by subsections (b) and (c)(1) shall apply to underpayments attributable to transactions entered into after the date of the enactment of this Act.

(3) **UNDERSTATEMENTS.**—The amendments made by subsection (c)(2) shall apply to understatements attributable to transactions entered into after the date of the enactment of this Act.

(4) **REFUNDS AND CREDITS.**—The amendment made by subsection (d) shall apply to refunds and credits attributable to transactions entered into after the date of the enactment of this Act.

Subtitle D—Additional Provisions

SEC. 431. REVISION TO THE MEDICARE IMPROVEMENT FUND.

Section 1898(b)(1)(A) of the Social Security Act (42 U.S.C. 1395iii(b)(1)(A)), as amended by section 1011(b) of the Department of Defense Appropriations Act, 2010 (Public Law 111-118), is amended by striking “\$20,740,000,000” and inserting “\$12,740,000,000”.

TITLE V—SATELLITE TELEVISION EXTENSION

SEC. 500. SHORT TITLE.

This title may be cited as the “Satellite Television Extension and Localism Act of 2010”.

Subtitle A—Statutory Licenses

SEC. 501. REFERENCE.

Except as otherwise provided, whenever in this subtitle an amendment is made to a section or other provision, the reference shall be considered to be made to such section or provision of title 17, United States Code.

SEC. 502. MODIFICATIONS TO STATUTORY LICENSE FOR SATELLITE CARRIERS.

(a) **HEADING RENAMED.**—

(1) **IN GENERAL.**—The heading of section 119 is amended by striking “**SUPERSTATIONS AND NETWORK STATIONS FOR PRIVATE HOME VIEWING**” and inserting “**DISTANT TELEVISION PROGRAMMING BY SATELLITE**”.

(2) **TABLE OF CONTENTS.**—The table of contents for chapter 1 is amended by striking the item relating to section 119 and inserting the following:

“119. Limitations on exclusive rights: Secondary transmissions of distant television programming by satellite.”.

(b) **UNSERVED HOUSEHOLD DEFINED.**—

(1) **IN GENERAL.**—Section 119(d)(10) is amended—

(A) by striking subparagraph (A) and inserting the following:

“(A) cannot receive, through the use of an antenna, an over-the-air signal containing the primary stream, or, on or after the qualifying date, the multicast stream, originating in that household’s local market and affiliated with that network of—

“(i) if the signal originates as an analog signal, Grade B intensity as defined by the Federal Communications Commission in section 73.683(a) of title 47, Code of Federal Regulations, as in effect on January 1, 1999; or

“(ii) if the signal originates as a digital signal, intensity defined in the values for the digital television noise-limited service contour, as defined in regulations issued by the Federal Communications Commission (section 73.622(e) of title 47, Code of Federal Regulations), as such regulations may be amended from time to time;”;

(B) in subparagraph (B)—

(i) by striking “subsection (a)(14)” and inserting “subsection (a)(13);”;

(ii) by striking “Satellite Home Viewer Extension and Reauthorization Act of 2004” and inserting “Satellite Television Extension and Localism Act of 2010”; and

(C) in subparagraph (D), by striking “(a)(12)” and inserting “(a)(11)”.

(2) QUALIFYING DATE DEFINED.—Section 119(d) is amended by adding at the end the following:

“(14) QUALIFYING DATE.—The term ‘qualifying date’, for purposes of paragraph (10)(A), means—

“(A) July 1, 2010, for multicast streams that exist on December 31, 2009; and

“(B) January 1, 2011, for all other multicast streams.”.

(c) FILING FEE.—Section 119(b)(1) is amended—

(1) in subparagraph (A), by striking “and” after the semicolon at the end;

(2) in subparagraph (B), by striking the period and inserting “; and”; and

(3) by adding at the end the following:

“(C) a filing fee, as determined by the Register of Copyrights pursuant to section 708(a).”.

(d) DEPOSIT OF STATEMENTS AND FEES; VERIFICATION PROCEDURES.—Section 119(b) is amended—

(1) by amending the subsection heading to read as follows: “(b) DEPOSIT OF STATEMENTS AND FEES; VERIFICATION PROCEDURES.—”;

(2) in paragraph (1), by striking subparagraph (B) and inserting the following:

“(B) a royalty fee payable to copyright owners pursuant to paragraph (4) for that 6-month period, computed by multiplying the total number of subscribers receiving each secondary transmission of a primary stream or multicast stream of each non-network station or network station during each calendar year month by the appropriate rate in effect under this subsection; and”;

(3) by redesignating paragraphs (2), (3), and (4) as paragraphs (3), (4), and (5), respectively;

(4) by inserting after paragraph (1) the following:

“(2) VERIFICATION OF ACCOUNTS AND FEE PAYMENTS.—The Register of Copyrights shall issue regulations to permit interested parties to verify and audit the statements of account and royalty fees submitted by satellite carriers under this subsection.”;

(5) in paragraph (3), as redesignated, in the first sentence—

(A) by inserting “(including the filing fee specified in paragraph (1)(C))” after “shall receive all fees”; and

(B) by striking “paragraph (4)” and inserting “paragraph (5)”;

(6) in paragraph (4), as redesignated—

(A) by striking “paragraph (2)” and inserting “paragraph (3)”;

(B) by striking “paragraph (4)” each place it appears and inserting “paragraph (5)”;

(7) in paragraph (5), as redesignated, by striking “paragraph (2)” and inserting “paragraph (3)”.

(e) ADJUSTMENT OF ROYALTY FEES.—Section 119(c) is amended as follows:

(1) Paragraph (1) is amended—

(A) in the heading for such paragraph, by striking “ANALOG”;

(B) in subparagraph (A)—

(i) by striking “primary analog transmissions” and inserting “primary transmissions”; and

(ii) by striking “July 1, 2004” and inserting “July 1, 2009”;

(C) in subparagraph (B)—

(i) by striking “January 2, 2005, the Librarian of Congress” and inserting “May 1, 2010, the Copyright Royalty Judges”; and

(ii) by striking “primary analog transmission” and inserting “primary transmissions”;

(D) in subparagraph (C), by striking “Librarian of Congress” and inserting “Copyright Royalty Judges”;

(E) in subparagraph (D)—

(i) in clause (i)—

(I) by striking “(i) Voluntary agreements” and inserting the following:

“(i) VOLUNTARY AGREEMENTS; FILING.—Voluntary agreements”; and

(II) by striking “that a parties” and inserting “that are parties”; and

(ii) in clause (ii)—

(I) by striking “(ii)(I) Within” and inserting the following:

“(ii) PROCEDURE FOR ADOPTION OF FEES.—

“(I) PUBLICATION OF NOTICE.—Within”; and

(II) in subclause (I), by striking “an arbitration proceeding pursuant to subparagraph (E)” and inserting “a proceeding under subparagraph (F)”;

(III) in subclause (II), by striking “(II) Upon receiving a request under subclause (I), the Librarian of Congress” and inserting the following:

“(II) PUBLIC NOTICE OF FEES.—Upon receiving a request under subclause (I), the Copyright Royalty Judges”; and

(IV) in subclause (III)—

(aa) by striking “(III) The Librarian” and inserting the following:

“(III) ADOPTION OF FEES.—The Copyright Royalty Judges”;

(bb) by striking “an arbitration proceeding” and inserting “the proceeding under subparagraph (F)”;

(cc) by striking “the arbitration proceeding” and inserting “that proceeding”;

(F) in subparagraph (E)—

(i) by striking “Copyright Office” and inserting “Copyright Royalty Judges”; and

(ii) by striking “March 28, 2010” and inserting “December 31, 2014”; and

(G) in subparagraph (F)—

(i) in the heading, by striking “COMPULSORY ARBITRATION” and inserting “COPYRIGHT ROYALTY JUDGES PROCEEDING”;

(ii) in clause (i)—

(I) in the heading, by striking “PROCEEDINGS” and inserting “THE PROCEEDING”;

(II) in the matter preceding subclause (I)—

(aa) by striking “May 1, 2005, the Librarian of Congress” and inserting “July 1, 2010, the Copyright Royalty Judges”;

(bb) by striking “arbitration proceedings” and inserting “a proceeding”;

(cc) by striking “fee to be paid” and inserting “fees to be paid”;

(dd) by striking “primary analog transmission” and inserting “the primary transmissions”; and

(ee) by striking “distributors” and inserting “distributors—”;

(III) in subclause (II)—

(aa) by striking “Librarian of Congress” and inserting “Copyright Royalty Judges”; and

(bb) by striking “arbitration”; and

(IV) by amending the last sentence to read as follows: “Such proceeding shall be conducted under chapter 8.”;

(iii) in clause (ii), by amending the matter preceding subclause (I) to read as follows:

“(ii) ESTABLISHMENT OF ROYALTY FEES.—In determining royalty fees under this subparagraph, the Copyright Royalty Judges shall establish fees for the secondary transmissions of the primary transmissions of network stations and non-network stations that most clearly represent the fair market value of secondary transmissions, except that the Copyright Royalty Judges shall adjust royalty fees to account for the obligations of the parties under any applicable voluntary agreement filed with the Copyright Royalty Judges in accordance with subparagraph (D). In determining the fair market value, the Judges shall base their decision on economic, competitive, and programming information presented by the parties, including—”;

(iv) by amending clause (iii) to read as follows:

“(iii) EFFECTIVE DATE FOR DECISION OF COPYRIGHT ROYALTY JUDGES.—The obligation to pay the royalty fees established under a determination that is made by the Copyright Royalty Judges in a proceeding under this paragraph shall be effective as of January 1, 2010.”;

(v) in clause (iv)—

(I) in the heading, by striking “FEE” and inserting “FEES”; and

(II) by striking “fee referred to in (iii)” and inserting “fees referred to in clause (iii)”.

(2) Paragraph (2) is amended to read as follows:

“(2) ANNUAL ROYALTY FEE ADJUSTMENT.—Effective January 1 of each year, the royalty fee payable under subsection (b)(1)(B) for the secondary transmission of the primary transmissions of network stations and non-network stations shall be adjusted by the Copyright Royalty Judges to reflect any changes occurring in the cost of living as determined by the most recent Consumer Price Index (for all consumers and for all items) published by the Secretary of Labor before December 1 of the preceding year. Notification of the adjusted fees shall be published in the Federal Register at least 25 days before January 1.”.

(f) DEFINITIONS.—

(1) SUBSCRIBER.—Section 119(d)(8) is amended to read as follows:

“(8) SUBSCRIBER; SUBSCRIBE.—

“(A) SUBSCRIBER.—The term ‘subscriber’ means a person or entity that receives a secondary transmission service from a satellite carrier and pays a fee for the service, directly or indirectly, to the satellite carrier or to a distributor.”.

“(B) SUBSCRIBE.—The term ‘subscribe’ means to elect to become a subscriber.”.

(2) LOCAL MARKET.—Section 119(d)(11) is amended to read as follows:

“(11) LOCAL MARKET.—The term ‘local market’ has the meaning given such term under section 122(j).”.

(3) LOW POWER TELEVISION STATION.—Section 119(d) is amended by striking paragraph (12) and redesignating paragraphs (13) and (14) as paragraphs (12) and (13), respectively.

(4) MULTICAST STREAM.—Section 119(d), as amended by paragraph (3), is further amended by adding at the end the following new paragraph:

“(14) MULTICAST STREAM.—The term ‘multicast stream’ means a digital stream containing programming and program-related material affiliated with a television network, other than the primary stream.”.

(5) PRIMARY STREAM.—Section 119(d), as amended by paragraph (4), is further amended by adding at the end the following new paragraph:

“(15) PRIMARY STREAM.—The term ‘primary stream’ means—

“(A) the single digital stream of programming as to which a television broadcast station has the right to mandatory carriage with a satellite carrier under the rules of the Federal Communications Commission in effect on July 1, 2009; or

“(B) if there is no stream described in subparagraph (A), then either—

“(i) the single digital stream of programming associated with the network last transmitted by the station as an analog signal; or

“(ii) if there is no stream described in clause (i), then the single digital stream of programming affiliated with the network that, as of July 1, 2009, had been offered by the television broadcast station for the longest period of time.”.

(6) CLERICAL AMENDMENT.—Section 119(d) is amended in paragraphs (1), (2), and (5) by striking “which” each place it appears and inserting “that”.

(g) SUPERSTATION REDESIGNATED AS NON-NETWORK STATION.—Section 119 is amended—

(1) by striking “superstation” each place it appears in a heading and each place it appears in text and inserting “non-network station”; and

(2) by striking “superstations” each place it appears in a heading and each place it appears in text and inserting “non-network stations”.

(h) REMOVAL OF CERTAIN PROVISIONS.—

(1) REMOVAL OF PROVISIONS.—Section 119(a) is amended—

(A) in paragraph (2), by striking subparagraph (C) and redesignating subparagraph (D) as subparagraph (C);

(B) by striking paragraph (3) and redesignating paragraphs (4) through (14) as paragraphs (3) through (13), respectively; and

(C) by striking paragraph (15) and redesignating paragraph (16) as paragraph (14).

(2) CONFORMING AMENDMENTS.—Section 119 is amended—

(A) in subsection (a)—

(i) in paragraph (1), by striking “(5), (6), and (8)” and inserting “(4), (5), and (7)”;

(ii) in paragraph (2)—

(I) in subparagraph (A), by striking “subparagraphs (B) and (C) of this paragraph and paragraphs (5), (6), (7), and (8)” and inserting “subparagraph (B) of this paragraph and paragraphs (4), (5), (6), and (7)”;

(II) in subparagraph (B)(i), by striking the second sentence; and

(III) in subparagraph (C) (as redesignated), by striking clauses (i) and (ii) and inserting the following:

“(i) INITIAL LISTS.—A satellite carrier that makes secondary transmissions of a primary transmission made by a network station pursuant to subparagraph (A) shall, not later than 90 days after commencing such secondary transmissions, submit to the network that owns or is affiliated with the network station a list identifying (by name and address, including street or rural route number, city, State, and 9-digit zip code) all subscribers to which the satellite carrier makes secondary transmissions of that primary transmission to subscribers in unserved households.

“(ii) MONTHLY LISTS.—After the submission of the initial lists under clause (i), the satellite carrier shall, not later than the 15th of each month, submit to the network a list, aggregated by designated market area, identifying (by name and address, including street or rural route number, city, State, and 9-digit zip code) any persons who have been added or dropped as subscribers under clause (i) since the last submission under this subparagraph.”; and

(iii) in subparagraph (E) of paragraph (3) (as redesignated)—

(I) by striking “under paragraph (3) or”; and

(II) by striking “paragraph (12)” and inserting “paragraph (11)”;

(B) in subsection (b)(1), by striking the final sentence.

(i) MODIFICATIONS TO PROVISIONS FOR SECONDARY TRANSMISSIONS BY SATELLITE CARRIERS.—

(I) PREDICTIVE MODEL.—Section 119(a)(2)(B)(ii) is amended by adding at the end the following:

“(III) ACCURATE PREDICTIVE MODEL WITH RESPECT TO DIGITAL SIGNALS.—Notwithstanding subclause (I), in determining presumptively whether a person resides in an unserved household under subsection (d)(10)(A) with respect to digital signals, a court shall rely on a predictive model set forth by the Federal Communications Commission pursuant to a rulemaking as provided in section 339(c)(3) of the Communications Act of 1934 (47 U.S.C. 339(c)(3)), as that model may be amended by the Commission over time under such section to increase the accuracy of that model. Until such time as the Commission sets forth such model, a court shall rely on the predictive model as recommended by the Commission with respect to digital signals in its Report to Congress in ET Docket No. 05–182, FCC 05–199 (released December 9, 2005).”.

(2) MODIFICATIONS TO STATUTORY LICENSE WHERE RETRANSMISSIONS INTO LOCAL MARKET AVAILABLE.—Section 119(a)(3) (as redesignated) is amended—

(A) by striking “analog” each place it appears in a heading and text;

(B) by striking subparagraphs (B), (C), and (D), and inserting the following:

“(B) RULES FOR LAWFUL SUBSCRIBERS AS OF DATE OF ENACTMENT OF 2010 ACT.—In the case of a subscriber of a satellite carrier who, on the day before the date of the enactment of the Satellite Television Extension and Localism Act of 2010, was lawfully receiving the secondary transmission of the primary transmission of a network station under the statutory license under paragraph (2) (in this subparagraph referred to as the ‘distant signal’), other than subscribers to whom subparagraph (A) applies, the statutory license under paragraph (2) shall apply to secondary transmissions by that satellite carrier to that subscriber of the distant signal of a station affiliated with the same television network, and the subscriber’s household shall continue to be considered to be an unserved household with respect to such network, until such time as the subscriber elects to terminate such secondary transmissions, whether or not the subscriber elects to subscribe to receive the secondary transmission of the primary transmission of a local network station affiliated with the same network pursuant to the statutory license under section 122.

“(C) FUTURE APPLICABILITY.—

“(i) WHEN LOCAL SIGNAL AVAILABLE AT TIME OF SUBSCRIPTION.—The statutory license under paragraph (2) shall not apply to the secondary transmission by a satellite carrier of the primary transmission of a network station to a person who is not a subscriber lawfully receiving such secondary transmission as of the date of the enactment of the Satellite Television Extension and Localism Act of 2010 and, at the time such person seeks to subscribe to receive such secondary transmission, resides in a local market where the satellite carrier makes available to that person the secondary transmission of the primary transmission of a local network station affiliated with the same network pursuant to the statutory license under section 122.

“(ii) WHEN LOCAL SIGNAL AVAILABLE AFTER SUBSCRIPTION.—In the case of a subscriber who lawfully subscribes to and receives the secondary transmission by a satellite carrier of the primary transmission of a network station under the statutory license under paragraph (2) (in

this clause referred to as the ‘distant signal’) on or after the date of the enactment of the Satellite Television Extension and Localism Act of 2010, the statutory license under paragraph (2) shall apply to secondary transmissions by that satellite carrier to that subscriber of the distant signal of a station affiliated with the same television network, and the subscriber’s household shall continue to be considered to be an unserved household with respect to such network, until such time as the subscriber elects to terminate such secondary transmissions, but only if such subscriber subscribes to the secondary transmission of the primary transmission of a local network station affiliated with the same network within 60 days after the satellite carrier makes available to the subscriber such secondary transmission of the primary transmission of such local network station.”;

(C) by redesignating subparagraphs (E), (F), and (G) as subparagraphs (D), (E), and (F), respectively;

(D) in subparagraph (E) (as redesignated), by striking “(C) or (D)” and inserting “(B) or (C)”;

(E) in subparagraph (F) (as redesignated), by inserting “9-digit” before “zip code”.

(3) STATUTORY DAMAGES FOR TERRITORIAL RESTRICTIONS.—Section 119(a)(6) (as redesignated) is amended—

(A) in subparagraph (A)(ii), by striking “\$5” and inserting “\$250”;

(B) in subparagraph (B)—

(i) in clause (i), by striking “\$250,000 for each 6-month period” and inserting “\$2,500,000 for each 3-month period”; and

(ii) in clause (ii), by striking “\$250,000” and inserting “\$2,500,000”; and

(C) by adding at the end the following flush sentences:

“The court shall direct one half of any statutory damages ordered under clause (i) to be deposited with the Register of Copyrights for distribution to copyright owners pursuant to subsection (b). The Copyright Royalty Judges shall issue regulations establishing procedures for distributing such funds, on a proportional basis, to copyright owners whose works were included in the secondary transmissions that were the subject of the statutory damages.”.

(4) TECHNICAL AMENDMENT.—Section 119(a)(4) (as redesignated) is amended by striking “and 509”.

(5) CLERICAL AMENDMENT.—Section 119(a)(2)(B)(iii)(II) is amended by striking “In this clause” and inserting “In this clause.”.

(j) MORATORIUM EXTENSION.—Section 119(e) is amended by striking “March 28, 2010” and inserting “December 31, 2014”.

(k) CLERICAL AMENDMENTS.—Section 119 is amended—

(1) by striking “of the Code of Federal Regulations” each place it appears and inserting “, Code of Federal Regulations”; and

(2) in subsection (d)(6), by striking “or the Direct” and inserting “, or the Direct”.

SEC. 503. MODIFICATIONS TO STATUTORY LICENSE FOR SATELLITE CARRIERS IN LOCAL MARKETS.

(a) HEADING RENAMED.—

(1) IN GENERAL.—The heading of section 122 is amended by striking “BY SATELLITE CARRIERS WITHIN LOCAL MARKETS” and inserting “OF LOCAL TELEVISION PROGRAMMING BY SATELLITE”.

(2) TABLE OF CONTENTS.—The table of contents for chapter 1 is amended by striking the item relating to section 122 and inserting the following:

“122. Limitations on exclusive rights: Secondary transmissions of local television programming by satellite.”.

(b) STATUTORY LICENSE.—Section 122(a) is amended to read as follows:

“(a) SECONDARY TRANSMISSIONS INTO LOCAL MARKETS.—

“(1) SECONDARY TRANSMISSIONS OF TELEVISION BROADCAST STATIONS WITHIN A LOCAL MARKET.—A secondary transmission of a performance or display of a work embodied in a primary transmission of a television broadcast station into the station's local market shall be subject to statutory licensing under this section if—

“(A) the secondary transmission is made by a satellite carrier to the public;

“(B) with regard to secondary transmissions, the satellite carrier is in compliance with the rules, regulations, or authorizations of the Federal Communications Commission governing the carriage of television broadcast station signals; and

“(C) the satellite carrier makes a direct or indirect charge for the secondary transmission to—

“(i) each subscriber receiving the secondary transmission; or

“(ii) a distributor that has contracted with the satellite carrier for direct or indirect delivery of the secondary transmission to the public.

“(2) SIGNIFICANTLY VIEWED STATIONS.—

“(A) IN GENERAL.—A secondary transmission of a performance or display of a work embodied in a primary transmission of a television broadcast station to subscribers who receive secondary transmissions of primary transmissions under paragraph (1) shall be subject to statutory licensing under this paragraph if the secondary transmission is of the primary transmission of a network station or a non-network station to a subscriber who resides outside the station's local market but within a community in which the signal has been determined by the Federal Communications Commission to be significantly viewed in such community, pursuant to the rules, regulations, and authorizations of the Federal Communications Commission in effect on April 15, 1976, applicable to determining with respect to a cable system whether signals are significantly viewed in a community.

“(B) WAIVER.—A subscriber who is denied the secondary transmission of the primary transmission of a network station or a non-network station under subparagraph (A) may request a waiver from such denial by submitting a request, through the subscriber's satellite carrier, to the network station or non-network station in the local market affiliated with the same network or non-network where the subscriber is located. The network station or non-network station shall accept or reject the subscriber's request for a waiver within 30 days after receipt of the request. If the network station or non-network station fails to accept or reject the subscriber's request for a waiver within that 30-day period, that network station or non-network station shall be deemed to agree to the waiver request.

“(3) SECONDARY TRANSMISSION OF LOW POWER PROGRAMMING.—

“(A) IN GENERAL.—Subject to subparagraphs (B) and (C), a secondary transmission of a performance or display of a work embodied in a primary transmission of a television broadcast station to subscribers who receive secondary transmissions of primary transmissions under paragraph (1) shall be subject to statutory licensing under this paragraph if the secondary transmission is of the primary transmission of a television broadcast station that is licensed as a low power television station, to a subscriber who resides within the same designated market area as the station that originates the transmission.

“(B) NO APPLICABILITY TO REPEATERS AND TRANSLATORS.—Secondary transmissions provided for in subparagraph (A) shall not apply to any low power television station that retransmits the programs and signals of another television station for more than 2 hours each day.

“(C) NO IMPACT ON OTHER SECONDARY TRANSMISSIONS OBLIGATIONS.—A satellite carrier that makes secondary transmissions of a primary transmission of a low power television station under a statutory license provided under this section is not required, by reason of such secondary transmissions, to make any other secondary transmissions.

“(4) SPECIAL EXCEPTIONS.—A secondary transmission of a performance or display of a work embodied in a primary transmission of a television broadcast station to subscribers who receive secondary transmissions of primary transmissions under paragraph (1) shall, if the secondary transmission is made by a satellite carrier that complies with the requirements of paragraph (1), be subject to statutory licensing under this paragraph as follows:

“(A) STATES WITH SINGLE FULL-POWER NETWORK STATION.—In a State in which there is licensed by the Federal Communications Commission a single full-power station that was a network station on January 1, 1995, the statutory license provided for in this paragraph shall apply to the secondary transmission by a satellite carrier of the primary transmission of that station to any subscriber in a community that is located within that State and that is not within the first 50 television markets as listed in the regulations of the Commission as in effect on such date (47 C.F.R. 76.51).

“(B) STATES WITH ALL NETWORK STATIONS AND NON-NETWORK STATIONS IN SAME LOCAL MARKET.—In a State in which all network stations and non-network stations licensed by the Federal Communications Commission within that State as of January 1, 1995, are assigned to the same local market and that local market does not encompass all counties of that State, the statutory license provided under this paragraph shall apply to the secondary transmission by a satellite carrier of the primary transmissions of such station to all subscribers in the State who reside in a local market that is within the first 50 major television markets as listed in the regulations of the Commission as in effect on such date (section 76.51 of title 47, Code of Federal Regulations).

“(C) ADDITIONAL STATIONS.—In the case of that State in which are located 4 counties that—

“(i) on January 1, 2004, were in local markets principally comprised of counties in another State; and

“(ii) had a combined total of 41,340 television households, according to the U.S. Television Household Estimates by Nielsen Media Research for 2004,

the statutory license provided under this paragraph shall apply to secondary transmissions by a satellite carrier to subscribers in any such county of the primary transmissions of any network station located in that State, if the satellite carrier was making such secondary transmissions to any subscribers in that county on January 1, 2004.

“(D) CERTAIN ADDITIONAL STATIONS.—If 2 adjacent counties in a single State are in a local market comprised principally of counties located in another State, the statutory license provided for in this paragraph shall apply to the secondary transmission by a satellite carrier to subscribers in those 2 counties of the primary transmissions of any network station located in the capital of the State in which such 2 counties are located, if—

“(i) the 2 counties are located in a local market that is in the top 100 markets for the year 2003 according to Nielsen Media Research; and

“(ii) the total number of television households in the 2 counties combined did not exceed 10,000 for the year 2003 according to Nielsen Media Research.

“(E) NETWORKS OF NONCOMMERCIAL EDUCATIONAL BROADCAST STATIONS.—In the case of

a system of three or more noncommercial educational broadcast stations licensed to a single State, public agency, or political, educational, or special purpose subdivision of a State, the statutory license provided for in this paragraph shall apply to the secondary transmission of the primary transmission of such system to any subscriber in any county or county equivalent within such State, if such subscriber is located in a designated market area that is not otherwise eligible to receive the secondary transmission of the primary transmission of a noncommercial educational broadcast station located within the State pursuant to paragraph (1).

“(5) APPLICABILITY OF ROYALTY RATES AND PROCEDURES.—The royalty rates and procedures under section 119(b) shall apply to the secondary transmissions to which the statutory license under paragraph (4) applies.”

(c) REPORTING REQUIREMENTS.—Section 122(b) is amended—

(1) in paragraph (1), by striking “station a list” and all that follows through the end and inserting the following: “station—

“(A) a list identifying (by name in alphabetical order and street address, including county and 9-digit zip code) all subscribers to which the satellite carrier makes secondary transmissions of that primary transmission under subsection (a); and

“(B) a separate list, aggregated by designated market area (by name and address, including street or rural route number, city, State, and 9-digit zip code), which shall indicate those subscribers being served pursuant to paragraph (2) of subsection (a).”; and

(2) in paragraph (2), by striking “network a list” and all that follows through the end and inserting the following: “network—

“(A) a list identifying (by name in alphabetical order and street address, including county and 9-digit zip code) any subscribers who have been added or dropped as subscribers since the last submission under this subsection; and

“(B) a separate list, aggregated by designated market area (by name and street address, including street or rural route number, city, State, and 9-digit zip code), identifying those subscribers whose service pursuant to paragraph (2) of subsection (a) has been added or dropped since the last submission under this subsection.”

(d) NO ROYALTY FEE FOR CERTAIN SECONDARY TRANSMISSIONS.—Section 122(c) is amended—

(1) in the heading, by inserting “FOR CERTAIN SECONDARY TRANSMISSIONS” after “REQUIRED”; and

(2) by striking “subsection (a)” and inserting “paragraphs (1), (2), and (3) of subsection (a).”

(e) VIOLATIONS FOR TERRITORIAL RESTRICTIONS.—

(1) MODIFICATION TO STATUTORY DAMAGES.—Section 122(f) is amended—

(A) in paragraph (1)(B), by striking “\$5” and inserting “\$250”; and

(B) in paragraph (2), by striking “\$250,000” each place it appears and inserting “\$2,500,000”.

(2) CONFORMING AMENDMENTS FOR ADDITIONAL STATIONS.—Section 122 is amended—

(A) in subsection (f), by striking “section 119 or” each place it appears and inserting the following: “section 119, subject to statutory licensing by reason of paragraph (2)(A), (3), or (4) of subsection (a), or subject to”; and

(B) in subsection (g), by striking “section 119 or” and inserting the following: “section 119, paragraph (2)(A), (3), or (4) of subsection (a), or”.

(f) DEFINITIONS.—Section 122(j) is amended—

(1) in paragraph (1), by striking “which contracts” and inserting “that contracts”; and

(2) by redesignating paragraphs (4) and (5) as paragraphs (6) and (7), respectively;

(3) in paragraph (3)—

(A) by redesignating such paragraph as paragraph (4);

(B) in the heading of such paragraph, by inserting “NON-NETWORK STATION;” after “NETWORK STATION;”; and

(C) by inserting “‘non-network station,’” after “‘network station,’”;

(4) by inserting after paragraph (2) the following:

“(3) **LOW POWER TELEVISION STATION.**—The term ‘low power television station’ means a low power TV station as defined in section 74.701(f) of title 47, Code of Federal Regulations, as in effect on June 1, 2004. For purposes of this paragraph, the term ‘low power television station’ includes a low power television station that has been accorded primary status as a Class A television licensee under section 73.6001(a) of title 47, Code of Federal Regulations.”;

(5) by inserting after paragraph (4) (as redesignated) the following:

“(5) **NONCOMMERCIAL EDUCATIONAL BROADCAST STATION.**—The term ‘noncommercial educational broadcast station’ means a television broadcast station that is a noncommercial educational broadcast station as defined in section 397 of the Communications Act of 1934, as in effect on the date of the enactment of the Satellite Television Extension and Localism Act of 2010.”; and

(6) by amending paragraph (6) (as redesignated) to read as follows:

“(6) **SUBSCRIBER.**—The term ‘subscriber’ means a person or entity that receives a secondary transmission service from a satellite carrier and pays a fee for the service, directly or indirectly, to the satellite carrier or to a distributor.”.

SEC. 504. MODIFICATIONS TO CABLE SYSTEM SECONDARY TRANSMISSION RIGHTS UNDER SECTION 111.

(a) **HEADING RENAMED.**—

(1) **IN GENERAL.**—The heading of section 111 is amended by inserting at the end the following: **“OF BROADCAST PROGRAMMING BY CABLE”**.

(2) **TABLE OF CONTENTS.**—The table of contents for chapter 1 is amended by striking the item relating to section 111 and inserting the following:

“111. Limitations on exclusive rights: Secondary transmissions of broadcast programming by cable.”.

(b) **TECHNICAL AMENDMENT.**—Section 111(a)(4) is amended by striking “; or” and inserting “or section 122;”.

(c) **STATUTORY LICENSE FOR SECONDARY TRANSMISSIONS BY CABLE SYSTEMS.**—Section 111(d) is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A)—

(i) by striking “A cable system whose secondary” and inserting the following: “STATEMENT OF ACCOUNT AND ROYALTY FEES.—Subject to paragraph (5), a cable system whose secondary”; and

(ii) by striking “by regulation—” and inserting “by regulation the following.”;

(B) in subparagraph (A)—

(i) by striking “a statement of account” and inserting “A statement of account”; and

(ii) by striking “; and” and inserting a period; and

(C) by striking subparagraphs (B), (C), and (D) and inserting the following:

“(B) Except in the case of a cable system whose royalty fee is specified in subparagraph (E) or (F), a total royalty fee payable to copyright owners pursuant to paragraph (3) for the period covered by the statement, computed on the basis of specified percentages of the gross receipts from subscribers to the cable service dur-

ing such period for the basic service of providing secondary transmissions of primary broadcast transmitters, as follows:

“(i) 1.064 percent of such gross receipts for the privilege of further transmitting, beyond the local service area of such primary transmitter, any non-network programming of a primary transmitter in whole or in part, such amount to be applied against the fee, if any, payable pursuant to clauses (ii) through (iv);

“(ii) 1.064 percent of such gross receipts for the first distant signal equivalent;

“(iii) 0.701 percent of such gross receipts for each of the second, third, and fourth distant signal equivalents; and

“(iv) 0.330 percent of such gross receipts for the fifth distant signal equivalent and each distant signal equivalent thereafter.

“(C) In computing amounts under clauses (ii) through (iv) of subparagraph (B)—

“(i) any fraction of a distant signal equivalent shall be computed at its fractional value;

“(ii) in the case of any cable system located partly within and partly outside of the local service area of a primary transmitter, gross receipts shall be limited to those gross receipts derived from subscribers located outside of the local service area of such primary transmitter; and

“(iii) if a cable system provides a secondary transmission of a primary transmitter to some but not all communities served by that cable system—

“(I) the gross receipts and the distant signal equivalent values for such secondary transmission shall be derived solely on the basis of the subscribers in those communities where the cable system provides such secondary transmission; and

“(II) the total royalty fee for the period paid by such system shall not be less than the royalty fee calculated under subparagraph (B)(i) multiplied by the gross receipts from all subscribers to the system.

“(D) A cable system that, on a statement submitted before the date of the enactment of the Satellite Television Extension and Localism Act of 2010, computed its royalty fee consistent with the methodology under subparagraph (C)(iii), or that amends a statement filed before such date of enactment to compute the royalty fee due using such methodology, shall not be subject to an action for infringement, or eligible for any royalty refund or offset, arising out of its use of such methodology on such statement.

“(E) If the actual gross receipts paid by subscribers to a cable system for the period covered by the statement for the basic service of providing secondary transmissions of primary broadcast transmitters are \$263,800 or less—

“(i) gross receipts of the cable system for the purpose of this paragraph shall be computed by subtracting from such actual gross receipts the amount by which \$263,800 exceeds such actual gross receipts, except that in no case shall a cable system’s gross receipts be reduced to less than \$10,400; and

“(ii) the royalty fee payable under this paragraph to copyright owners pursuant to paragraph (3) shall be 0.5 percent, regardless of the number of distant signal equivalents, if any.

“(F) If the actual gross receipts paid by subscribers to a cable system for the period covered by the statement for the basic service of providing secondary transmissions of primary broadcast transmitters are more than \$263,800 but less than \$527,600, the royalty fee payable under this paragraph to copyright owners pursuant to paragraph (3) shall be—

“(i) 0.5 percent of any gross receipts up to \$263,800, regardless of the number of distant signal equivalents, if any; and

“(ii) 1 percent of any gross receipts in excess of \$263,800, but less than \$527,600, regardless of the number of distant signal equivalents, if any.

“(G) A filing fee, as determined by the Register of Copyrights pursuant to section 708(a).”; (2) in paragraph (2), in the first sentence—

(A) by striking “The Register of Copyrights” and inserting the following “HANDLING OF FEES.—The Register of Copyrights”; and

(B) by inserting “(including the filing fee specified in paragraph (1)(G))” after “shall receive all fees”;

(3) in paragraph (3)—

(A) by striking “The royalty fees” and inserting the following: “DISTRIBUTION OF ROYALTY FEES TO COPYRIGHT OWNERS.—The royalty fees”; (B) in subparagraph (A)—

(i) by striking “any such” and inserting “Any such”; and

(ii) by striking “; and” and inserting a period;

(C) in subparagraph (B)—

(i) by striking “any such” and inserting “Any such”; and

(ii) by striking the semicolon and inserting a period; and

(D) in subparagraph (C), by striking “any such” and inserting “Any such”; (4) in paragraph (4), by striking “The royalty fees” and inserting the following: “PROCEDURES FOR ROYALTY FEE DISTRIBUTION.—The royalty fees”; and

(5) by adding at the end the following new paragraphs:

“(5) **3.75 PERCENT RATE AND SYNDICATED EXCLUSIVITY SURCHARGE NOT APPLICABLE TO MULTICAST STREAMS.**—The royalty rates specified in sections 256.2(c) and 256.2(d) of title 37, Code of Federal Regulations (commonly referred to as the ‘3.75 percent rate’ and the ‘syndicated exclusivity surcharge’, respectively), as in effect on the date of the enactment of the Satellite Television Extension and Localism Act of 2010, as such rates may be adjusted, or such sections redesignated, thereafter by the Copyright Royalty Judges, shall not apply to the secondary transmission of a multicast stream.

“(6) **VERIFICATION OF ACCOUNTS AND FEE PAYMENTS.**—The Register of Copyrights shall issue regulations to provide for the confidential verification by copyright owners whose works were embodied in the secondary transmissions of primary transmissions pursuant to this section of the information reported on the semiannual statements of account filed under this subsection on or after January 1, 2010, in order that the auditor designated under subparagraph (A) is able to confirm the correctness of the calculations and royalty payments reported therein. The regulations shall—

“(A) establish procedures for the designation of a qualified independent auditor—

“(i) with exclusive authority to request verification of such a statement of account on behalf of all copyright owners whose works were the subject of secondary transmissions of primary transmissions by the cable system (that deposited the statement) during the accounting period covered by the statement; and

“(ii) who is not an officer, employee, or agent of any such copyright owner for any purpose other than such audit;

“(B) establish procedures for safeguarding all non-public financial and business information provided under this paragraph;

“(C)(i) require a consultation period for the independent auditor to review its conclusions with a designee of the cable system;

“(ii) establish a mechanism for the cable system to remedy any errors identified in the auditor’s report and to cure any underpayment identified; and

“(iii) provide an opportunity to remedy any disputed facts or conclusions;

“(D) limit the frequency of requests for verification for a particular cable system and the number of audits that a multiple system operator can be required to undergo in a single year; and

“(E) permit requests for verification of a statement of account to be made only within 3 years after the last day of the year in which the statement of account is filed.

“(7) ACCEPTANCE OF ADDITIONAL DEPOSITS.—Any royalty fee payments received by the Copyright Office from cable systems for the secondary transmission of primary transmissions that are in addition to the payments calculated and deposited in accordance with this subsection shall be deemed to have been deposited for the particular accounting period for which they are received and shall be distributed as specified under this subsection.”.

(d) EFFECTIVE DATE OF NEW ROYALTY FEE RATES.—The royalty fee rates established in section 111(d)(1)(B) of title 17, United States Code, as amended by subsection (c)(1)(C) of this section, shall take effect commencing with the first accounting period occurring in 2010.

(e) DEFINITIONS.—Section 111(f) is amended—

(1) by striking the first undesignated paragraph and inserting the following:

“(1) PRIMARY TRANSMISSION.—A ‘primary transmission’ is a transmission made to the public by a transmitting facility whose signals are being received and further transmitted by a secondary transmission service, regardless of where or when the performance or display was first transmitted. In the case of a television broadcast station, the primary stream and any multicast streams transmitted by the station constitute primary transmissions.”.

(2) in the second undesignated paragraph—

(A) by striking “A ‘secondary transmission’” and inserting the following:

“(2) SECONDARY TRANSMISSION.—A ‘secondary transmission’”; and

(B) by striking “‘cable system’” and inserting “‘cable system’”;

(3) in the third undesignated paragraph—

(A) by striking “A ‘cable system’” and inserting the following:

“(3) CABLE SYSTEM.—A ‘cable system’”; and

(B) by striking “Territory, Trust Territory, or Possession” and inserting “territory, trust territory, or possession of the United States”;

(4) in the fourth undesignated paragraph, in the first sentence—

(A) by striking “The ‘local service area of a primary transmitter’, in the case of a television broadcast station, comprises the area in which such station is entitled to insist” and inserting the following:

“(4) LOCAL SERVICE AREA OF A PRIMARY TRANSMITTER.—The ‘local service area of a primary transmitter’, in the case of both the primary stream and any multicast streams transmitted by a primary transmitter that is a television broadcast station, comprises the area where such primary transmitter could have insisted”;

(B) by striking “76.59 of title 47 of the Code of Federal Regulations” and inserting the following: “76.59 of title 47, Code of Federal Regulations, or within the noise-limited contour as defined in 73.622(e)(1) of title 47, Code of Federal Regulations”; and

(C) by striking “as defined by the rules and regulations of the Federal Communications Commission,”;

(5) by amending the fifth undesignated paragraph to read as follows:

“(5) DISTANT SIGNAL EQUIVALENT.—

“(A) IN GENERAL.—Except as provided under subparagraph (B), a ‘distant signal equivalent’—

“(i) is the value assigned to the secondary transmission of any non-network television programming carried by a cable system in whole or in part beyond the local service area of the primary transmitter of such programming; and

“(ii) is computed by assigning a value of one to each primary stream and to each multicast

stream (other than a simulcast) that is an independent station, and by assigning a value of one-quarter to each primary stream and to each multicast stream (other than a simulcast) that is a network station or a noncommercial educational station.

“(B) EXCEPTIONS.—The values for independent, network, and noncommercial educational stations specified in subparagraph (A) are subject to the following:

“(i) Where the rules and regulations of the Federal Communications Commission require a cable system to omit the further transmission of a particular program and such rules and regulations also permit the substitution of another program embodying a performance or display of a work in place of the omitted transmission, or where such rules and regulations in effect on the date of the enactment of the Copyright Act of 1976 permit a cable system, at its election, to effect such omission and substitution of a nonlive program or to carry additional programs not transmitted by primary transmitters within whose local service area the cable system is located, no value shall be assigned for the substituted or additional program.

“(ii) Where the rules, regulations, or authorizations of the Federal Communications Commission in effect on the date of the enactment of the Copyright Act of 1976 permit a cable system, at its election, to omit the further transmission of a particular program and such rules, regulations, or authorizations also permit the substitution of another program embodying a performance or display of a work in place of the omitted transmission, the value assigned for the substituted or additional program shall be, in the case of a live program, the value of one full distant signal equivalent multiplied by a fraction that has as its numerator the number of days in the year in which such substitution occurs and as its denominator the number of days in the year.

“(iii) In the case of the secondary transmission of a primary transmitter that is a television broadcast station pursuant to the late-night or specialty programming rules of the Federal Communications Commission, or the secondary transmission of a primary transmitter that is a television broadcast station on a part-time basis where full-time carriage is not possible because the cable system lacks the activated channel capacity to retransmit on a full-time basis all signals that it is authorized to carry, the values for independent, network, and noncommercial educational stations set forth in subparagraph (A), as the case may be, shall be multiplied by a fraction that is equal to the ratio of the broadcast hours of such primary transmitter retransmitted by the cable system to the total broadcast hours of the primary transmitter.

“(iv) No value shall be assigned for the secondary transmission of the primary stream or any multicast streams of a primary transmitter that is a television broadcast station in any community that is within the local service area of the primary transmitter.”.

(6) by striking the sixth undesignated paragraph and inserting the following:

“(6) NETWORK STATION.—

“(A) TREATMENT OF PRIMARY STREAM.—The term ‘network station’ shall be applied to a primary stream of a television broadcast station that is owned or operated by, or affiliated with, one or more of the television networks in the United States providing nationwide transmissions, and that transmits a substantial part of the programming supplied by such networks for a substantial part of the primary stream’s typical broadcast day.

“(B) TREATMENT OF MULTICAST STREAMS.—The term ‘network station’ shall be applied to a multicast stream on which a television broadcast

station transmits all or substantially all of the programming of an interconnected program service that—

“(i) is owned or operated by, or affiliated with, one or more of the television networks described in subparagraph (A); and

“(ii) offers programming on a regular basis for 15 or more hours per week to at least 25 of the affiliated television licensees of the interconnected program service in 10 or more States.”;

(7) by striking the seventh undesignated paragraph and inserting the following:

“(7) INDEPENDENT STATION.—The term ‘independent station’ shall be applied to the primary stream or a multicast stream of a television broadcast station that is not a network station or a noncommercial educational station.”;

(8) by striking the eighth undesignated paragraph and inserting the following:

“(8) NONCOMMERCIAL EDUCATIONAL STATION.—The term ‘noncommercial educational station’ shall be applied to the primary stream or a multicast stream of a television broadcast station that is a noncommercial educational broadcast station as defined in section 397 of the Communications Act of 1934, as in effect on the date of the enactment of the Satellite Television Extension and Localism Act of 2010.”; and

(9) by adding at the end the following:

“(9) PRIMARY STREAM.—A ‘primary stream’ is—

“(A) the single digital stream of programming that, before June 12, 2009, was substantially duplicating the programming transmitted by the television broadcast station as an analog signal; or

“(B) if there is no stream described in subparagraph (A), then the single digital stream of programming transmitted by the television broadcast station for the longest period of time.

“(10) PRIMARY TRANSMITTER.—A ‘primary transmitter’ is a television or radio broadcast station licensed by the Federal Communications Commission, or by an appropriate governmental authority of Canada or Mexico, that makes primary transmissions to the public.

“(11) MULTICAST STREAM.—A ‘multicast stream’ is a digital stream of programming that is transmitted by a television broadcast station and is not the station’s primary stream.

“(12) SIMULCAST.—A ‘simulcast’ is a multicast stream of a television broadcast station that duplicates the programming transmitted by the primary stream or another multicast stream of such station.

“(13) SUBSCRIBER; SUBSCRIBE.—

“(A) SUBSCRIBER.—The term ‘subscriber’ means a person or entity that receives a secondary transmission service from a cable system and pays a fee for the service, directly or indirectly, to the cable system.

“(B) SUBSCRIBE.—The term ‘subscribe’ means to elect to become a subscriber.”.

(f) TIMING OF SECTION 111 PROCEEDINGS.—Section 804(b)(1) is amended by striking “2005” each place it appears and inserting “2015”.

(g) TECHNICAL AND CONFORMING AMENDMENTS.—

(1) CORRECTIONS TO FIX LEVEL DESIGNATIONS.—Section 111 is amended—

(A) in subsections (a), (c), and (e), by striking “clause” each place it appears and inserting “paragraph”;

(B) in subsection (c)(1), by striking “clauses” and inserting “paragraphs”; and

(C) in subsection (e)(1)(F), by striking “subclause” and inserting “subparagraph”.

(2) CONFORMING AMENDMENT TO HYPHENATE NONNETWORK.—Section 111 is amended by striking “nonnetwork” each place it appears and inserting “non-network”.

(3) PREVIOUSLY UNDESIGNATED PARAGRAPH.—Section 111(e)(1) is amended by striking “second

paragraph of subsection (f)” and inserting “subsection (f)(2)”.

(4) REMOVAL OF SUPERFLUOUS ANDS.—Section 111(e) is amended—

(A) in paragraph (1)(A), by striking “and” at the end;

(B) in paragraph (1)(B), by striking “and” at the end;

(C) in paragraph (1)(C), by striking “and” at the end;

(D) in paragraph (1)(D), by striking “and” at the end; and

(E) in paragraph (2)(A), by striking “and” at the end.

(5) REMOVAL OF VARIANT FORMS REFERENCES.—Section 111 is amended—

(A) in subsection (e)(4), by striking “, and each of its variant forms,”; and

(B) in subsection (f), by striking “and their variant forms”.

(6) CORRECTION TO TERRITORY REFERENCE.—Section 111(e)(2) is amended in the matter preceding subparagraph (A) by striking “three territories” and inserting “five entities”.

(h) EFFECTIVE DATE WITH RESPECT TO MULTICAST STREAMS.—

(1) IN GENERAL.—Subject to paragraphs (2) and (3), the amendments made by this section, to the extent such amendments assign a distant signal equivalent value to the secondary transmission of the multicast stream of a primary transmitter, shall take effect on the date of the enactment of this Act.

(2) DELAYED APPLICABILITY.—

(A) SECONDARY TRANSMISSIONS OF A MULTICAST STREAM BEYOND THE LOCAL SERVICE AREA OF ITS PRIMARY TRANSMITTER BEFORE 2010 ACT.—In any case in which a cable system was making secondary transmissions of a multicast stream beyond the local service area of its primary transmitter before the date of the enactment of this Act, a distant signal equivalent value (referred to in paragraph (1)) shall not be assigned to secondary transmissions of such multicast stream that are made on or before June 30, 2010.

(B) MULTICAST STREAMS SUBJECT TO PRE-EXISTING WRITTEN AGREEMENTS FOR THE SECONDARY TRANSMISSION OF SUCH STREAMS.—In any case in which the secondary transmission of a multicast stream of a primary transmitter is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, a distant signal equivalent value (referred to in paragraph (1)) shall not be assigned to secondary transmissions of such multicast stream beyond the local service area of its primary transmitter that are made on or before the date on which such written agreement expires.

(C) NO REFUNDS OR OFFSETS FOR PRIOR STATEMENTS OF ACCOUNT.—A cable system that has reported secondary transmissions of a multicast stream beyond the local service area of its primary transmitter on a statement of account deposited under section 111 of title 17, United States Code, before the date of the enactment of this Act shall not be entitled to any refund, or offset, of royalty fees paid on account of such secondary transmissions of such multicast stream.

(3) DEFINITIONS.—In this subsection, the terms “cable system”, “secondary transmission”, “multicast stream”, and “local service area of a primary transmitter” have the meanings given those terms in section 111(f) of title 17, United States Code, as amended by this section.

SEC. 505. CERTAIN WAIVERS GRANTED TO PROVIDERS OF LOCAL-INTO-LOCAL SERVICE FOR ALL DMAS.

Section 119 is amended by adding at the end the following new subsection:

“(g) CERTAIN WAIVERS GRANTED TO PROVIDERS OF LOCAL-INTO-LOCAL SERVICE TO ALL DMAS.—

“(1) INJUNCTION WAIVER.—A court that issued an injunction pursuant to subsection (a)(7)(B) before the date of the enactment of this subsection shall waive such injunction if the court recognizes the entity against which the injunction was issued as a qualified carrier.

“(2) LIMITED TEMPORARY WAIVER.—

“(A) IN GENERAL.—Upon a request made by a satellite carrier, a court that issued an injunction against such carrier under subsection (a)(7)(B) before the date of the enactment of this subsection shall waive such injunction with respect to the statutory license provided under subsection (a)(2) to the extent necessary to allow such carrier to make secondary transmissions of primary transmissions made by a network station to unserved households located in short markets in which such carrier was not providing local service pursuant to the license under section 122 as of December 31, 2009.

“(B) EXPIRATION OF TEMPORARY WAIVER.—A temporary waiver of an injunction under subparagraph (A) shall expire after the end of the 120-day period beginning on the date such temporary waiver is issued unless extended for good cause by the court making the temporary waiver.

“(C) FAILURE TO PROVIDE LOCAL-INTO-LOCAL SERVICE TO ALL DMAS.—

“(i) FAILURE TO ACT REASONABLY AND IN GOOD FAITH.—If the court issuing a temporary waiver under subparagraph (A) determines that the satellite carrier that made the request for such waiver has failed to act reasonably or has failed to make a good faith effort to provide local-into-local service to all DMAs, such failure—

“(I) is actionable as an act of infringement under section 501 and the court may in its discretion impose the remedies provided for in sections 502 through 506 and subsection (a)(6)(B) of this section; and

“(II) shall result in the termination of the waiver issued under subparagraph (A).

“(ii) FAILURE TO PROVIDE LOCAL-INTO-LOCAL SERVICE.—If the court issuing a temporary waiver under subparagraph (A) determines that the satellite carrier that made the request for such waiver has failed to provide local-into-local service to all DMAs, but determines that the carrier acted reasonably and in good faith, the court may in its discretion impose financial penalties that reflect—

“(I) the degree of control the carrier had over the circumstances that resulted in the failure;

“(II) the quality of the carrier’s efforts to remedy the failure; and

“(III) the severity and duration of any service interruption.

“(D) SINGLE TEMPORARY WAIVER AVAILABLE.—An entity may only receive one temporary waiver under this paragraph.

“(E) SHORT MARKET DEFINED.—For purposes of this paragraph, the term ‘short market’ means a local market in which programming of one or more of the four most widely viewed television networks nationwide as measured on the date of the enactment of this subsection is not offered on the primary stream transmitted by any local television broadcast station.

“(3) ESTABLISHMENT OF QUALIFIED CARRIER RECOGNITION.—

“(A) STATEMENT OF ELIGIBILITY.—An entity seeking to be recognized as a qualified carrier under this subsection shall file a statement of eligibility with the court that imposed the injunction. A statement of eligibility must include—

“(i) an affidavit that the entity is providing local-into-local service to all DMAs;

“(ii) a request for a waiver of the injunction; and

“(iii) a certification issued pursuant to section 342(a) of Communications Act of 1934.

“(B) GRANT OF RECOGNITION AS A QUALIFIED CARRIER.—Upon receipt of a statement of eligibility, the court shall recognize the entity as a qualified carrier and issue the waiver under paragraph (1).

“(C) VOLUNTARY TERMINATION.—At any time, an entity recognized as a qualified carrier may file a statement of voluntary termination with the court certifying that it no longer wishes to be recognized as a qualified carrier. Upon receipt of such statement, the court shall reinstate the injunction waived under paragraph (1).

“(D) LOSS OF RECOGNITION PREVENTS FUTURE RECOGNITION.—No entity may be recognized as a qualified carrier if such entity had previously been recognized as a qualified carrier and subsequently lost such recognition or voluntarily terminated such recognition under subparagraph (C).

“(4) QUALIFIED CARRIER OBLIGATIONS AND COMPLIANCE.—

“(A) CONTINUING OBLIGATIONS.—

“(i) IN GENERAL.—An entity recognized as a qualified carrier shall continue to provide local-into-local service to all DMAs.

“(ii) COOPERATION WITH GAO EXAMINATION.—An entity recognized as a qualified carrier shall fully cooperate with the Comptroller General in the examination required by subparagraph (B).

“(B) QUALIFIED CARRIER COMPLIANCE EXAMINATION.—

“(i) EXAMINATION AND REPORT.—The Comptroller General shall conduct an examination and publish a report concerning the qualified carrier’s compliance with the royalty payment and household eligibility requirements of the license under this section. The report shall address the qualified carrier’s conduct during the period beginning on the date on which the qualified carrier is recognized as such under paragraph (3)(B) and ending on December 31, 2011.

“(ii) RECORDS OF QUALIFIED CARRIER.—Beginning on the date that is one year after the date on which the qualified carrier is recognized as such under paragraph (3)(B), but not later than October 1, 2011, the qualified carrier shall provide the Comptroller General with all records that the Comptroller General, in consultation with the Register of Copyrights, considers to be directly pertinent to the following requirements under this section:

“(I) Proper calculation and payment of royalties under the statutory license under this section.

“(II) Provision of service under this license to eligible subscribers only.

“(iii) SUBMISSION OF REPORT.—The Comptroller General shall file the report required by clause (i) not later than March 1, 2012, with the court referred to in paragraph (1) that issued the injunction, the Register of Copyrights, the Committees on the Judiciary and on Energy and Commerce of the House of Representatives, and the Committees on the Judiciary and on Commerce, Science, and Transportation of the Senate.

“(iv) EVIDENCE OF INFRINGEMENT.—The Comptroller General shall include in the report a statement of whether the examination by the Comptroller General indicated that there is substantial evidence that a copyright holder could bring a successful action under this section against the qualified carrier for infringement. The Comptroller General shall consult with the Register of Copyrights in preparing such statement.

“(v) SUBSEQUENT EXAMINATION.—If the report includes the Comptroller General’s statement that there is substantial evidence that a copyright holder could bring a successful action under this section against the qualified carrier

for infringement, the Comptroller General shall, not later than 6 months after the report under clause (i) is published, initiate another examination of the qualified carrier's compliance with the royalty payment and household eligibility requirements of the license under this section since the last report was filed under clause (iii). The Comptroller General shall file a report on such examination with the court referred to in paragraph (1) that issued the injunction, the Register of Copyrights, the Committees on the Judiciary and on Energy and Commerce of the House of Representatives, and the Committees on the Judiciary and on Commerce, Science, and Transportation of the Senate. The report shall include a statement described in clause (iv), prepared in consultation with the Register of Copyrights.

“(vi) COMPLIANCE.—Upon motion filed by an aggrieved copyright owner, the court recognizing an entity as a qualified carrier shall terminate such designation upon finding that the entity has failed to cooperate with the examinations required by this subparagraph.

“(C) AFFIRMATION.—A qualified carrier shall file an affidavit with the district court and the Register of Copyrights 30 months after such status was granted stating that, to the best of the affiant's knowledge, it is in compliance with the requirements for a qualified carrier.

“(D) COMPLIANCE DETERMINATION.—Upon the motion of an aggrieved television broadcast station, the court recognizing an entity as a qualified carrier may make a determination of whether the entity is providing local-into-local service to all DMAs.

“(E) PLEADING REQUIREMENT.—In any motion brought under subparagraph (D), the party making such motion shall specify one or more designated market areas (as such term is defined in section 122(j)(2)(C)) for which the failure to provide service is being alleged, and, for each such designated market area, shall plead with particularity the circumstances of the alleged failure.

“(F) BURDEN OF PROOF.—In any proceeding to make a determination under subparagraph (D), and with respect to a designated market area for which failure to provide service is alleged, the entity recognized as a qualified carrier shall have the burden of proving that the entity provided local-into-local service with a good quality satellite signal to at least 90 percent of the households in such designated market area (based on the most recent census data released by the United States Census Bureau) at the time and place alleged.

“(5) FAILURE TO PROVIDE SERVICE.—

“(A) PENALTIES.—If the court recognizing an entity as a qualified carrier finds that such entity has willfully failed to provide local-into-local service to all DMAs, such finding shall result in the loss of recognition of the entity as a qualified carrier and the termination of the waiver provided under paragraph (1), and the court may, in its discretion—

“(i) treat such failure as an act of infringement under section 501, and subject such infringement to the remedies provided for in sections 502 through 506 and subsection (a)(6)(B) of this section; and

“(ii) impose a fine of not less than \$250,000 and not more than \$5,000,000.

“(B) EXCEPTION FOR NONWILLFUL VIOLATION.—If the court determines that the failure to provide local-into-local service to all DMAs is nonwillful, the court may in its discretion impose financial penalties for noncompliance that reflect—

“(i) the degree of control the entity had over the circumstances that resulted in the failure;

“(ii) the quality of the entity's efforts to remedy the failure and restore service; and

“(iii) the severity and duration of any service interruption.

“(6) PENALTIES FOR VIOLATIONS OF LICENSE.—A court that finds, under subsection (a)(6)(A), that an entity recognized as a qualified carrier has willfully made a secondary transmission of a primary transmission made by a network station and embodying a performance or display of a work to a subscriber who is not eligible to receive the transmission under this section shall reinstate the injunction waived under paragraph (1), and the court may order statutory damages of not more than \$2,500,000.

“(7) LOCAL-INTO-LOCAL SERVICE TO ALL DMAS DEFINED.—For purposes of this subsection:

“(A) IN GENERAL.—An entity provides ‘local-into-local service to all DMAs’ if the entity provides local service in all designated market areas (as such term is defined in section 122(j)(2)(C)) pursuant to the license under section 122.

“(B) HOUSEHOLD COVERAGE.—For purposes of subparagraph (A), an entity that makes available local-into-local service with a good quality satellite signal to at least 90 percent of the households in a designated market area based on the most recent census data released by the United States Census Bureau shall be considered to be providing local service to such designated market area.

“(C) GOOD QUALITY SATELLITE SIGNAL DEFINED.—The term ‘good quality signal’ has the meaning given such term under section 342(e)(2) of Communications Act of 1934.”

SEC. 506. COPYRIGHT OFFICE FEES.

Section 708(a) is amended—

(1) in paragraph (8), by striking “and” after the semicolon;

(2) in paragraph (9), by striking the period and inserting a semicolon;

(3) by inserting after paragraph (9) the following:

“(10) on filing a statement of account based on secondary transmissions of primary transmissions pursuant to section 119 or 122; and

“(11) on filing a statement of account based on secondary transmissions of primary transmissions pursuant to section 111.”; and

(4) by adding at the end the following new sentence: “Fees established under paragraphs (10) and (11) shall be reasonable and may not exceed one-half of the cost necessary to cover reasonable expenses incurred by the Copyright Office for the collection and administration of the statements of account and any royalty fees deposited with such statements.”

SEC. 507. TERMINATION OF LICENSE.

Section 1003(a)(2)(A) of Public Law 111–118 is amended by striking “March 28, 2010” and inserting “December 31, 2014”.

SEC. 508. CONSTRUCTION.

Nothing in section 111, 119, or 122 of title 17, United States Code, including the amendments made to such sections by this subtitle, shall be construed to affect the meaning of any terms under the Communications Act of 1934, except to the extent that such sections are specifically cross-referenced in such Act or the regulations issued thereunder.

Subtitle B—Communications Provisions

SEC. 521. REFERENCE.

Except as otherwise provided, whenever in this subtitle an amendment is made to a section or other provision, the reference shall be considered to be made to such section or provision of the Communications Act of 1934 (47 U.S.C. 151 et seq.).

SEC. 522. EXTENSION OF AUTHORITY.

Section 325(b) is amended—

(1) in paragraph (2)(C), by striking “March 28, 2010” and inserting “December 31, 2014”; and

(2) in paragraph (3)(C), by striking “March 29, 2010” each place it appears in clauses (ii) and (iii) and inserting “January 1, 2015”.

SEC. 523. SIGNIFICANTLY VIEWED STATIONS.

(a) IN GENERAL.—Paragraphs (1) and (2) of section 340(b) are amended to read as follows:

“(1) SERVICE LIMITED TO SUBSCRIBERS TAKING LOCAL-INTO-LOCAL SERVICE.—This section shall apply only to retransmissions to subscribers of a satellite carrier who receive retransmissions of a signal from that satellite carrier pursuant to section 338.

“(2) SERVICE LIMITATIONS.—A satellite carrier may retransmit to a subscriber in high definition format the signal of a station determined by the Commission to be significantly viewed under subsection (a) only if such carrier also retransmits in high definition format the signal of a station located in the local market of such subscriber and affiliated with the same network whenever such format is available from such station.”

(b) RULEMAKING REQUIRED.—Within 210 days after the date of the enactment of this Act, the Federal Communications Commission shall take all actions necessary to promulgate a rule to implement the amendments made by subsection (a).

SEC. 524. DIGITAL TELEVISION TRANSITION CONFORMING AMENDMENTS.

(a) SECTION 338.—Section 338 is amended—

(1) in subsection (a), by striking “(3) EFFECTIVE DATE.—No satellite” and all that follows through “until January 1, 2002.”; and

(2) by amending subsection (g) to read as follows:

“(g) CARRIAGE OF LOCAL STATIONS ON A SINGLE RECEPTION ANTENNA.—

“(1) SINGLE RECEPTION ANTENNA.—Each satellite carrier that retransmits the signals of local television broadcast stations in a local market shall retransmit such stations in such market so that a subscriber may receive such stations by means of a single reception antenna and associated equipment.

“(2) ADDITIONAL RECEPTION ANTENNA.—If the carrier retransmits the signals of local television broadcast stations in a local market in high definition format, the carrier shall retransmit such signals in such market so that a subscriber may receive such signals by means of a single reception antenna and associated equipment, but such antenna and associated equipment may be separate from the single reception antenna and associated equipment used to comply with paragraph (1).”

(b) SECTION 339.—Section 339 is amended—

(1) in subsection (a)—

(A) in paragraph (1)(B), by striking “Such two network stations” and all that follows through “more than two network stations.”; and

(B) in paragraph (2)—

(i) in the heading for subparagraph (A), by striking “TO ANALOG SIGNALS”;

(ii) in subparagraph (A)—

(I) in the heading for clause (i), by striking “ANALOG”;

(II) in clause (i)—

(aa) by striking “analog” each place it appears; and

(bb) by striking “October 1, 2004” and inserting “October 1, 2009”;

(III) in the heading for clause (ii), by striking “ANALOG”;

(IV) in clause (ii)—

(aa) by striking “analog” each place it appears; and

(bb) by striking “2004” and inserting “2009”;

(iii) by amending subparagraph (B) to read as follows:

“(B) RULES FOR OTHER SUBSCRIBERS.—

“(i) IN GENERAL.—In the case of a subscriber of a satellite carrier who is eligible to receive the signal of a network station under this section (in this subparagraph referred to as a ‘distant signal’), other than subscribers to whom subparagraph (A) applies, the following shall apply:

“(I) In a case in which the satellite carrier makes available to that subscriber, on January

1, 2005, the signal of a local network station affiliated with the same television network pursuant to section 338, the carrier may only provide the secondary transmissions of the distant signal of a station affiliated with the same network to that subscriber if the subscriber's satellite carrier, not later than March 1, 2005, submits to that television network the list and statement required by subparagraph (F)(i).

“(II) In a case in which the satellite carrier does not make available to that subscriber, on January 1, 2005, the signal of a local network station pursuant to section 338, the carrier may only provide the secondary transmissions of the distant signal of a station affiliated with the same network to that subscriber if—

“(aa) that subscriber seeks to subscribe to such distant signal before the date on which such carrier commences to carry pursuant to section 338 the signals of stations from the local market of such local network station; and

“(bb) the satellite carrier, within 60 days after such date, submits to each television network the list and statement required by subparagraph (F)(ii).

“(ii) SPECIAL CIRCUMSTANCES.—A subscriber of a satellite carrier who was lawfully receiving the distant signal of a network station on the day before the date of enactment of the Satellite Television Extension and Localism Act of 2010 may receive both such distant signal and the local signal of a network station affiliated with the same network until such subscriber chooses to no longer receive such distant signal from such carrier, whether or not such subscriber elects to subscribe to such local signal.”;

(iv) in subparagraph (C)—

(I) by striking “analog”;

(II) in clause (i), by striking “the Satellite Home Viewer Extension and Reauthorization Act of 2004; and” and inserting the following: “the Satellite Television Extension and Localism Act of 2010 and, at the time such person seeks to subscribe to receive such secondary transmission, resides in a local market where the satellite carrier makes available to that person the signal of a local network station affiliated with the same television network pursuant to section 338 (and the retransmission of such signal by such carrier can reach such subscriber); or”;

(III) by amending clause (ii) to read as follows:

“(ii) lawfully subscribes to and receives a distant signal on or after the date of enactment of the Satellite Television Extension and Localism Act of 2010, and, subsequent to such subscription, the satellite carrier makes available to that subscriber the signal of a local network station affiliated with the same network as the distant signal (and the retransmission of such signal by such carrier can reach such subscriber), unless such person subscribes to the signal of the local network station within 60 days after such signal is made available.”;

(v) in subparagraph (D)—

(I) in the heading, by striking “DIGITAL”;

(II) by striking clauses (i), (iii) through (v), (vii) through (ix), and (xi);

(III) by redesignating clause (vi) as clause (i) and transferring such clause to appear before clause (ii);

(IV) by amending such clause (i) (as so redesignated) to read as follows:

“(i) ELIGIBILITY AND SIGNAL TESTING.—A subscriber of a satellite carrier shall be eligible to receive a distant signal of a network station affiliated with the same network under this section if, with respect to a local network station, such subscriber—

“(I) is a subscriber whose household is not predicted by the model specified in subsection (c)(3) to receive the signal intensity required under section 73.622(e)(1) or, in the case of a

low-power station or translator station transmitting an analog signal, section 73.683(a) of title 47, Code of Federal Regulations, or a successor regulation;

“(II) is determined, based on a test conducted in accordance with section 73.686(d) of title 47, Code of Federal Regulations, or any successor regulation, not to be able to receive a signal that exceeds the signal intensity standard in section 73.622(e)(1) or, in the case of a low-power station or translator station transmitting an analog signal, section 73.683(a) of such title, or a successor regulation; or

“(III) is in an unserved household, as determined under section 119(d)(10)(A) of title 17, United States Code.”;

(V) in clause (ii)—

(aa) by striking “DIGITAL” in the heading;

(bb) by striking “digital” the first two places such term appears;

(cc) by striking “Satellite Home Viewer Extension and Reauthorization Act of 2004” and inserting “Satellite Television Extension and Localism Act of 2010”; and

(dd) by striking “, whether or not such subscriber elects to subscribe to local digital signals”;

(VI) by inserting after clause (ii) the following new clause:

“(iii) TIME-SHIFTING PROHIBITED.—In a case in which the satellite carrier makes available to an eligible subscriber under this subparagraph the signal of a local network station pursuant to section 338, the carrier may only provide the distant signal of a station affiliated with the same network to that subscriber if, in the case of any local market in the 48 contiguous States of the United States, the distant signal is the secondary transmission of a station whose prime time network programming is generally broadcast simultaneously with, or later than, the prime time network programming of the affiliate of the same network in the local market.”;

(VII) by redesignating clause (x) as clause (iv); and

(vi) in subparagraph (E), by striking “distant analog signal or” and all that follows through “(B), or (D))” and inserting “distant signal”;

(2) in subsection (c)—

(A) by amending paragraph (3) to read as follows:

“(3) ESTABLISHMENT OF IMPROVED PREDICTIVE MODEL AND ON-LOCATION TESTING REQUIRED.—

“(A) PREDICTIVE MODEL.—Within 210 days after the date of the enactment of the Satellite Television Extension and Localism Act of 2010, the Commission shall develop and prescribe by rule a point-to-point predictive model for reliably and presumptively determining the ability of individual locations, through the use of an antenna, to receive signals in accordance with the signal intensity standard in section 73.622(e)(1) of title 47, Code of Federal Regulations, or a successor regulation, including to account for the continuing operation of translator stations and low power television stations. In prescribing such model, the Commission shall rely on the Individual Location Longley-Rice model set forth by the Commission in CS Docket No. 98–201, as previously revised with respect to analog signals, and as recommended by the Commission with respect to digital signals in its Report to Congress in ET Docket No. 05–182, FCC 05–199 (released December 9, 2005). The Commission shall establish procedures for the continued refinement in the application of the model by the use of additional data as it becomes available.

“(B) ON-LOCATION TESTING.—The Commission shall issue an order completing its rulemaking proceeding in ET Docket No. 06–94 within 210 days after the date of enactment of the Satellite Television Extension and Localism Act of 2010. In conducting such rulemaking, the Commission

shall seek ways to minimize consumer burdens associated with on-location testing.”;

(B) by amending paragraph (4)(A) to read as follows:

“(A) IN GENERAL.—If a subscriber's request for a waiver under paragraph (2) is rejected and the subscriber submits to the subscriber's satellite carrier a request for a test verifying the subscriber's inability to receive a signal of the signal intensity referenced in clause (i) of subsection (a)(2)(D), the satellite carrier and the network station or stations asserting that the retransmission is prohibited with respect to that subscriber shall select a qualified and independent person to conduct the test referenced in such clause. Such test shall be conducted within 30 days after the date the subscriber submits a request for the test. If the written findings and conclusions of a test conducted in accordance with such clause demonstrate that the subscriber does not receive a signal that meets or exceeds the requisite signal intensity standard in such clause, the subscriber shall not be denied the retransmission of a signal of a network station under section 119(d)(10)(A) of title 17, United States Code.”;

(C) in paragraph (4)(B), by striking “the signal intensity” and all that follows through “United States Code” and inserting “such requisite signal intensity standard”;

(D) in paragraph (4)(E), by striking “Grade B intensity”.

(c) SECTION 340.—Section 340(i) is amended by striking paragraph (4).

SEC. 525. APPLICATION PENDING COMPLETION OF RULEMAKINGS.

(a) IN GENERAL.—During the period beginning on the date of the enactment of this Act and ending on the date on which the Federal Communications Commission adopts rules pursuant to the amendments to the Communications Act of 1934 made by section 523 and section 524 of this title, the Federal Communications Commission shall follow its rules and regulations promulgated pursuant to sections 338, 339, and 340 of the Communications Act of 1934 as in effect on the day before the date of the enactment of this Act.

(b) TRANSLATOR STATIONS AND LOW POWER TELEVISION STATIONS.—Notwithstanding subsection (a), for purposes of determining whether a subscriber within the local market served by a translator station or a low power television station affiliated with a television network is eligible to receive distant signals under section 339 of the Communications Act of 1934, the rules and regulations of the Federal Communications Commission for determining such subscriber's eligibility as in effect on the day before the date of the enactment of this Act shall apply until the date on which the translator station or low power television station is licensed to broadcast a digital signal.

(c) DEFINITIONS.—As used in this subtitle:

(1) LOCAL MARKET; LOW POWER TELEVISION STATION; SATELLITE CARRIER; SUBSCRIBER; TELEVISION BROADCAST STATION.—The terms “local market”, “low power television station”, “satellite carrier”, “subscriber”, and “television broadcast station” have the meanings given such terms in section 338(k) of the Communications Act of 1934.

(2) NETWORK STATION; TELEVISION NETWORK.—The terms “network station” and “television network” have the meanings given such terms in section 339(d) of such Act.

SEC. 526. PROCESS FOR ISSUING QUALIFIED CARRIER CERTIFICATION.

Part I of title III is amended by adding at the end the following new section:

“SEC. 342. PROCESS FOR ISSUING QUALIFIED CARRIER CERTIFICATION.

“(a) CERTIFICATION.—The Commission shall issue a certification for the purposes of section

119(g)(3)(A)(iii) of title 17, United States Code, if the Commission determines that—

“(1) a satellite carrier is providing local service pursuant to the statutory license under section 122 of such title in each designated market area; and

“(2) with respect to each designated market area in which such satellite carrier was not providing such local service as of the date of enactment of the Satellite Television Extension and Localism Act of 2010—

“(A) the satellite carrier's satellite beams are designed, and predicted by the satellite manufacturer's pre-launch test data, to provide a good quality satellite signal to at least 90 percent of the households in each such designated market area based on the most recent census data released by the United States Census Bureau; and

“(B) there is no material evidence that there has been a satellite or sub-system failure subsequent to the satellite's launch that precludes the ability of the satellite carrier to satisfy the requirements of subparagraph (A).

“(b) INFORMATION REQUIRED.—Any entity seeking the certification provided for in subsection (a) shall submit to the Commission the following information:

“(1) An affidavit stating that, to the best of the affiant's knowledge, the satellite carrier provides local service in all designated market areas pursuant to the statutory license provided for in section 122 of title 17, United States Code, and listing those designated market areas in which local service was provided as of the date of enactment of the Satellite Television Extension and Localism Act of 2010.

“(2) For each designated market area not listed in paragraph (1):

“(A) Identification of each such designated market area and the location of its local receive facility.

“(B) Data showing the number of households, and maps showing the geographic distribution thereof, in each such designated market area based on the most recent census data released by the United States Census Bureau.

“(C) Maps, with superimposed effective isotropically radiated power predictions obtained in the satellite manufacturer's pre-launch tests, showing that the contours of the carrier's satellite beams as designed and the geographic area that the carrier's satellite beams are designed to cover are predicted to provide a good quality satellite signal to at least 90 percent of the households in such designated market area based on the most recent census data released by the United States Census Bureau.

“(D) For any satellite relied upon for certification under this section, an affidavit stating that, to the best of the affiant's knowledge, there have been no satellite or sub-system failures subsequent to the satellite's launch that would degrade the design performance to such a degree that a satellite transponder used to provide local service to any such designated market area is precluded from delivering a good quality satellite signal to at least 90 percent of the households in such designated market area based on the most recent census data released by the United States Census Bureau.

“(E) Any additional engineering, designated market area, or other information the Commission considers necessary to determine whether the Commission shall grant a certification under this section.

“(c) CERTIFICATION ISSUANCE.—

“(1) PUBLIC COMMENT.—The Commission shall provide 30 days for public comment on a request for certification under this section.

“(2) DEADLINE FOR DECISION.—The Commission shall grant or deny a request for certification within 90 days after the date on which such request is filed.

“(d) SUBSEQUENT AFFIRMATION.—An entity granted qualified carrier status pursuant to section 119(g) of title 17, United States Code, shall file an affidavit with the Commission 30 months after such status was granted stating that, to the best of the affiant's knowledge, it is in compliance with the requirements for a qualified carrier.

“(e) DEFINITIONS.—For the purposes of this section:

“(1) DESIGNATED MARKET AREA.—The term ‘designated market area’ has the meaning given such term in section 122(j)(2)(C) of title 17, United States Code.

“(2) GOOD QUALITY SATELLITE SIGNAL.—

“(A) IN GENERAL.—The term ‘good quality satellite signal’ means—

“(i) a satellite signal whose power level as designed shall achieve reception and demodulation of the signal at an availability level of at least 99.7 percent using—

“(I) models of satellite antennas normally used by the satellite carrier's subscribers; and

“(II) the same calculation methodology used by the satellite carrier to determine predicted signal availability in the top 100 designated market areas; and

“(ii) taking into account whether a signal is in standard definition format or high definition format, compression methodology, modulation, error correction, power level, and utilization of advances in technology that do not circumvent the intent of this section to provide for non-discriminatory treatment with respect to any comparable television broadcast station signal, a video signal transmitted by a satellite carrier such that—

“(I) the satellite carrier treats all television broadcast stations' signals the same with respect to statistical multiplexer prioritization; and

“(II) the number of video signals in the relevant satellite transponder is not more than the then current greatest number of video signals carried on any equivalent transponder serving the top 100 designated market areas.

“(B) DETERMINATION.—For the purposes of subparagraph (A), the top 100 designated market areas shall be as determined by Nielsen Media Research and published in the Nielsen Station Index Directory and Nielsen Station Index United States Television Household Estimates or any successor publication as of the date of a satellite carrier's application for certification under this section.”

SEC. 527. NONDISCRIMINATION IN CARRIAGE OF HIGH DEFINITION DIGITAL SIGNALS OF NONCOMMERCIAL EDUCATIONAL TELEVISION STATIONS.

(a) IN GENERAL.—Section 338(a) is amended by adding at the end the following new paragraph:

“(5) NONDISCRIMINATION IN CARRIAGE OF HIGH DEFINITION SIGNALS OF NONCOMMERCIAL EDUCATIONAL TELEVISION STATIONS.—

“(A) EXISTING CARRIAGE OF HIGH DEFINITION SIGNALS.—If, before the date of enactment of the Satellite Television Extension and Localism Act of 2010, an eligible satellite carrier is providing, under section 122 of title 17, United States Code, any secondary transmissions in high definition format to subscribers located within the local market of a television broadcast station of a primary transmission made by that station, then such satellite carrier shall carry the signals in high-definition format of qualified noncommercial educational television stations located within that local market in accordance with the following schedule:

“(i) By December 31, 2010, in at least 50 percent of the markets in which such satellite carrier provides such secondary transmissions in high definition format.

“(ii) By December 31, 2011, in every market in which such satellite carrier provides such secondary transmissions in high definition format.

“(B) NEW INITIATION OF SERVICE.—If, on or after the date of enactment of the Satellite Tele-

vision Extension and Localism Act of 2010, an eligible satellite carrier initiates the provision, under section 122 of title 17, United States Code, of any secondary transmissions in high definition format to subscribers located within the local market of a television broadcast station of a primary transmission made by that station, then such satellite carrier shall carry the signals in high-definition format of all qualified noncommercial educational television stations located within that local market.”

(b) DEFINITIONS.—Section 338(k) is amended—

(1) by redesignating paragraphs (2) through (8) as paragraphs (3) through (9), respectively;

(2) by inserting after paragraph (1) the following new paragraph:

“(2) ELIGIBLE SATELLITE CARRIER.—The term ‘eligible satellite carrier’ means any satellite carrier that is not a party to a carriage contract that—

“(A) governs carriage of at least 30 qualified noncommercial educational television stations; and

“(B) is in force and effect within 60 days after the date of enactment of the Satellite Television Extension and Localism Act of 2010.”

(3) by redesignating paragraphs (6) through (9) (as previously redesignated) as paragraphs (7) through (10), respectively; and

(4) by inserting after paragraph (5) (as so redesignated) the following new paragraph:

“(6) QUALIFIED NONCOMMERCIAL EDUCATIONAL TELEVISION STATION.—The term ‘qualified noncommercial educational television station’ means any full-power television broadcast station that—

“(A) under the rules and regulations of the Commission in effect on March 29, 1990, is licensed by the Commission as a noncommercial educational broadcast station and is owned and operated by a public agency, nonprofit foundation, nonprofit corporation, or nonprofit association; and

“(B) has as its licensee an entity that is eligible to receive a community service grant, or any successor grant thereto, from the Corporation for Public Broadcasting, or any successor organization thereto, on the basis of the formula set forth in section 396(k)(6)(B) of this title.”

SEC. 528. SAVINGS CLAUSE REGARDING DEFINITIONS.

Nothing in this subtitle or the amendments made by this subtitle shall be construed to affect—

(1) the meaning of the terms “program related” and “primary video” under the Communications Act of 1934; or

(2) the meaning of the term “multicast” in any regulations issued by the Federal Communications Commission.

SEC. 529. STATE PUBLIC AFFAIRS BROADCASTS.

Section 335(b) is amended—

(1) by inserting “**STATE PUBLIC AFFAIRS**,” after “**EDUCATIONAL**,” in the heading;

(2) by striking paragraph (1) and inserting the following:

“(1) CHANNEL CAPACITY REQUIRED.—

“(A) IN GENERAL.—Except as provided in subparagraph (B), the Commission shall require, as a condition of any provision, initial authorization, or authorization renewal for a provider of direct broadcast satellite service providing video programming, that the provider of such service reserve a portion of its channel capacity, equal to not less than 4 percent nor more than 7 percent, exclusively for noncommercial programming of an educational or informational nature.

“(B) REQUIREMENT FOR QUALIFIED SATELLITE PROVIDER.—The Commission shall require, as a condition of any provision, initial authorization, or authorization renewal for a qualified satellite provider of direct broadcast satellite service providing video programming, that such provider reserve a portion of its channel capacity, equal to not less than 3.5 percent nor more

than 7 percent, exclusively for noncommercial programming of an educational or informational nature.”;

(3) in paragraph (5), by striking “For purposes of the subsection—” and inserting “For purposes of this subsection.”; and

(4) by adding at the end of paragraph (5) the following:

“(C) The term ‘qualified satellite provider’ means any provider of direct broadcast satellite service that—

“(i) provides the retransmission of the State public affairs networks of at least 15 different States;

“(ii) offers the programming of State public affairs networks upon reasonable prices, terms, and conditions as determined by the Commission under paragraph (4); and

“(iii) does not delete any noncommercial programming of an educational or informational nature in connection with the carriage of a State public affairs network.

“(D) The term ‘State public affairs network’ means a non-commercial non-broadcast network or a noncommercial educational television station—

“(i) whose programming consists of information about State government deliberations and public policy events; and

“(ii) that is operated by—

“(I) a State government or subdivision thereof;

“(II) an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 that is exempt from taxation under section 501(a) of such Code and that is governed by an independent board of directors; or

“(III) a cable system.”.

Subtitle C—Reports and Savings Provision

SEC. 531. DEFINITION.

In this subtitle, the term “appropriate congressional committees” means the Committees on the Judiciary and on Commerce, Science, and Transportation of the Senate and the Committees on the Judiciary and on Energy and Commerce of the House of Representatives.

SEC. 532. REPORT ON MARKET BASED ALTERNATIVES TO STATUTORY LICENSING.

Not later than 1 year after the date of the enactment of this Act, and after consultation with the Federal Communications Commission, the Register of Copyrights shall submit to the appropriate Congressional committees a report containing—

(1) proposed mechanisms, methods, and recommendations on how to implement a phase-out of the statutory licensing requirements set forth in sections 111, 119, and 122 of title 17, United States Code, by making such sections inapplicable to the secondary transmission of a performance or display of a work embodied in a primary transmission of a broadcast station that is authorized to license the same secondary transmission directly with respect to all of the performances and displays embodied in such primary transmission;

(2) any recommendations for alternative means to implement a timely and effective phase-out of the statutory licensing requirements set forth in sections 111, 119, and 122 of title 17, United States Code; and

(3) any recommendations for legislative or administrative actions as may be appropriate to achieve such a phase-out.

SEC. 533. REPORT ON COMMUNICATIONS IMPLICATIONS OF STATUTORY LICENSING MODIFICATIONS.

(a) **STUDY.**—The Comptroller General shall conduct a study that analyzes and evaluates the changes to the carriage requirements currently imposed on multichannel video programming distributors under the Communications Act of 1934 (47 U.S.C. 151 et seq.) and the regulations promulgated by the Federal Communica-

tions Commission that would be required or beneficial to consumers, and such other matters as the Comptroller General deems appropriate, if Congress implemented a phase-out of the current statutory licensing requirements set forth under sections 111, 119, and 122 of title 17, United States Code. Among other things, the study shall consider the impact such a phase-out and related changes to carriage requirements would have on consumer prices and access to programming.

(b) **REPORT.**—Not later than 1 year after the date of the enactment of this Act, the Comptroller General shall report to the appropriate Congressional committees the results of the study, including any recommendations for legislative or administrative actions.

SEC. 534. REPORT ON IN-STATE BROADCAST PROGRAMMING.

Not later than 1 year after the date of the enactment of this Act, the Federal Communications Commission shall submit to the appropriate Congressional committees a report containing an analysis of—

(1) the number of households in a State that receive the signals of local broadcast stations assigned to a community of license that is located in a different State;

(2) the extent to which consumers in each local market have access to in-state broadcast programming over the air or from a multichannel video programming distributor; and

(3) whether there are alternatives to the use of designated market areas, as defined in section 122 of title 17, United States Code, to define local markets that would provide more consumers with in-state broadcast programming.

SEC. 535. LOCAL NETWORK CHANNEL BROADCAST REPORTS.

(a) REQUIREMENT.—

(1) **IN GENERAL.**—On the 180th day after the date of the enactment of this Act, and on each succeeding anniversary of such 180th day, each satellite carrier shall submit an annual report to the Federal Communications Commission setting forth—

(A) each local market in which it—

(i) retransmits signals of 1 or more television broadcast stations with a community of license in that market;

(ii) has commenced providing such signals in the preceding 1-year period; and

(iii) has ceased to provide such signals in the preceding 1-year period; and

(B) detailed information regarding the use and potential use of satellite capacity for the retransmission of local signals in each local market.

(2) **TERMINATION.**—The requirement under paragraph (1) shall cease after each satellite carrier has submitted 5 reports under such paragraph.

(b) FCC STUDY; REPORT.—

(1) **STUDY.**—If no satellite carrier files a request for a certification under section 342 of the Communications Act of 1934 (as added by section 526 of this title) within 180 days after the date of the enactment of this Act, the Federal Communications Commission shall initiate a study of—

(A) incentives that would induce a satellite carrier to provide the signals of 1 or more television broadcast stations licensed to provide signals in local markets in which the satellite carrier does not provide such signals; and

(B) the economic and satellite capacity conditions affecting delivery of local signals by satellite carriers to these markets.

(2) **REPORT.**—Within 1 year after the date of the initiation of the study under paragraph (1), the Federal Communications Commission shall submit a report to the appropriate Congressional committees containing its findings, conclusions, and recommendations.

(c) DEFINITIONS.—In this section—

(1) the terms “local market” and “satellite carrier” have the meaning given such terms in section 339(d) of the Communications Act of 1934 (47 U.S.C. 339(d)); and

(2) the term “television broadcast station” has the meaning given such term in section 325(b)(7) of such Act (47 U.S.C. 325(b)(7)).

SEC. 536. SAVINGS PROVISION REGARDING USE OF NEGOTIATED LICENSES.

(a) **IN GENERAL.**—Nothing in this title, title 17, United States Code, the Communications Act of 1934, regulations promulgated by the Register of Copyrights under this title or title 17, United States Code, or regulations promulgated by the Federal Communications Commission under this title or the Communications Act of 1934 shall be construed to prevent a multichannel video programming distributor from retransmitting a performance or display of a work pursuant to an authorization granted by the copyright owner or, if within the scope of its authorization, its licensee.

(b) **LIMITATION.**—Nothing in subsection (a) shall be construed to affect any obligation of a multichannel video programming distributor under section 325(b) of the Communications Act of 1934 to obtain the authority of a television broadcast station before retransmitting that station’s signal.

SEC. 537. EFFECTIVE DATE; NONINFRINGEMENT OF COPYRIGHT.

(a) **EFFECTIVE DATE.**—Unless specifically provided otherwise, this title, and the amendments made by this title, shall take effect on February 27, 2010, and with the exception of the reference in subsection (b), all references to the date of enactment of this Act shall be deemed to refer to February 27, 2010, unless otherwise specified.

(b) **NONINFRINGEMENT OF COPYRIGHT.**—The secondary transmission of a performance or display of a work embodied in a primary transmission is not an infringement of copyright if it was made by a satellite carrier on or after February 27, 2010, and prior to enactment of this Act, and was in compliance with the law as in existence on February 27, 2010.

Subtitle D—Severability

SEC. 541. SEVERABILITY.

If any provision of this title, an amendment made by this title, or the application of such provision or amendment to any person or circumstance is held to be unconstitutional, the remainder of this title, the amendments made by this title, and the application of such provision or amendment to any person or circumstance shall not be affected thereby.

TITLE VI—OTHER PROVISIONS

SEC. 601. INCREASE IN THE MEDICARE PHYSICIAN PAYMENT UPDATE.

Paragraph (10) of section 1848(d) of the Social Security Act, as added by section 1011(a) of the Department of Defense Appropriations Act, 2010 (Public Law 111–118), is amended—

(1) in subparagraph (A), by striking “March 31, 2010” and inserting “September 30, 2010”; and

(2) in subparagraph (B), by striking “April 1, 2010” and inserting “October 1, 2010”.

SEC. 602. ELECTION TO TEMPORARILY UTILIZE UNUSED AMT CREDITS DETERMINED BY DOMESTIC INVESTMENT.

(a) **IN GENERAL.**—Section 53 is amended by adding at the end the following new subsection:

“(g) **ELECTION FOR CORPORATIONS WITH UNUSED CREDITS.**—

“(1) **IN GENERAL.**—If a corporation elects to have this subsection apply, then notwithstanding any other provision of law, the limitation imposed by subsection (c) for any such taxable year shall be increased by the AMT credit adjustment amount.

“(2) **AMT CREDIT ADJUSTMENT AMOUNT.**—For purposes of paragraph (1), the term ‘AMT credit

adjustment amount' means with respect to any taxable year beginning in 2010, the lesser of—

“(A) 50 percent of a corporation's minimum tax credit determined under subsection (b), or

“(B) 10 percent of new domestic investments made during such taxable year.

“(3) NEW DOMESTIC INVESTMENTS.—For purposes of this subsection, the term ‘new domestic investments’ means the cost of qualified property (as defined in section 168(k)(2)(A)(i))—

“(A) the original use of which commences with the taxpayer during the taxable year, and

“(B) which is placed in service in the United States by the taxpayer during such taxable year.

“(4) CREDIT REFUNDABLE.—For purposes of subsections (b) and (c) of section 6401, the aggregate increase in the credits allowable under part IV of subchapter A for any taxable year resulting from the application of this subsection shall be treated as allowed under subpart C of such part (and not to any other subpart).

“(5) ELECTION.—

“(A) IN GENERAL.—An election under this subsection shall be made at such time and in such manner as prescribed by the Secretary, and once effective, may be revoked only with the consent of the Secretary.

“(B) INTERIM ELECTIONS.—Until such time as the Secretary prescribes a manner for making an election under this subsection, a taxpayer is treated as having made a valid election by providing written notification to the Secretary and the Commissioner of Internal Revenue of such election.

“(6) TREATMENT OF CERTAIN PARTNERSHIP INVESTMENTS.—For purposes of this subsection, any corporation's allocable share of any new domestic investments by a partnership more than 90 percent of the capital and profits interest in which is owned by such corporation (directly or indirectly) at all times during the taxable year in which an election under this subsection is in effect shall be considered new domestic investments of such corporation for such taxable year.

“(7) NO DOUBLE BENEFIT.—Notwithstanding clause (iii)(I) of section 172(b)(1)(H), any taxpayer which has previously made an election under such section shall be deemed to have revoked such election by the making of its first election under this subsection.

“(8) REGULATIONS.—The Secretary may issue such regulations or other guidance as may be necessary or appropriate to carry out this subsection, including to prevent fraud and abuse under this subsection.

“(9) TERMINATION.—This subsection shall not apply to any taxable year that begins after December 31, 2010.”

(b) QUICK REFUND OF REFUNDABLE CREDIT.—Section 6425 is amended by adding at the end the following new subsection:

“(e) ALLOWANCE OF AMT CREDIT ADJUSTMENT AMOUNT.—The amount of an adjustment under this section as determined under subsection (c)(2) for any taxable year may be increased to the extent of the corporation's AMT credit adjustment amount determined under section 53(g) for such taxable year.”

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 603. INFORMATION REPORTING FOR RENTAL PROPERTY EXPENSE PAYMENTS.

(a) IN GENERAL.—Section 6041 is amended by adding at the end the following new subsection:

“(h) TREATMENT OF RENTAL PROPERTY EXPENSE PAYMENTS.—

“(1) IN GENERAL.—Solely for purposes of subsection (a) and except as provided in paragraph (2), a person receiving rental income from real estate shall be considered to be engaged in a trade or business of renting property.

“(2) EXCEPTIONS.—Paragraph (1) shall not apply to—

“(A) any individual, including any individual who is an active member of the uniformed services, if substantially all rental income is derived from renting the principal residence (within the meaning of section 121) of such individual on a temporary basis,

“(B) any individual who receives rental income of not more than the minimal amount, as determined under regulations prescribed by the Secretary, and

“(C) any other individual for whom the requirements of this section would cause hardship, as determined under regulations prescribed by the Secretary.”

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to payments made after December 31, 2010.

SEC. 604. EXTENSION OF LOW-INCOME HOUSING CREDIT RULES FOR BUILDINGS IN GO ZONES.

Section 1400N(c)(5) is amended by striking “January 1, 2011” and inserting “January 1, 2013”.

SEC. 605. INCREASE IN INFORMATION RETURN PENALTIES.

(a) FAILURE TO FILE CORRECT INFORMATION RETURNS.—

(1) IN GENERAL.—Subsections (a)(1), (b)(1)(A), and (b)(2)(A) of section 6721 are each amended by striking “\$50” and inserting “\$100”.

(2) AGGREGATE ANNUAL LIMITATION.—Subsections (a)(1), (d)(1)(A), and (e)(3)(A) of section 6721 are each amended by striking “\$250,000” and inserting “\$1,500,000”.

(b) REDUCTION WHERE CORRECTION WITHIN 30 DAYS.—

(1) IN GENERAL.—Subparagraph (A) of section 6721(b)(1) is amended by striking “\$15” and inserting “\$30”.

(2) AGGREGATE ANNUAL LIMITATION.—Subsections (b)(1)(B) and (d)(1)(B) of section 6721 are each amended by striking “\$75,000” and inserting “\$250,000”.

(c) REDUCTION WHERE CORRECTION ON OR BEFORE AUGUST 1.—

(1) IN GENERAL.—Subparagraph (A) of section 6721(b)(2) is amended by striking “\$30” and inserting “\$60”.

(2) AGGREGATE ANNUAL LIMITATION.—Subsections (b)(1)(B) and (d)(1)(C) of section 6721 are each amended by striking “\$150,000” and inserting “\$500,000”.

(d) AGGREGATE ANNUAL LIMITATIONS FOR PERSONS WITH GROSS RECEIPTS OF NOT MORE THAN \$5,000,000.—Paragraph (1) of section 6721(d) is amended—

(1) by striking “\$100,000” in subparagraph (A) and inserting “\$500,000”,

(2) by striking “\$25,000” in subparagraph (B) and inserting “\$75,000”, and

(3) by striking “\$50,000” in subparagraph (C) and inserting “\$200,000”.

(e) PENALTY IN CASE OF INTENTIONAL DISREGARD.—Paragraph (2) of section 6721(e) is amended by striking “\$100” and inserting “\$250”.

(f) ADJUSTMENT FOR INFLATION.—Section 6721 is amended by adding at the end the following new subsection:

“(f) ADJUSTMENT FOR INFLATION.—

“(1) IN GENERAL.—For each fifth calendar year beginning after 2012, each of the dollar amounts under subsections (a), (b), (d) (other than paragraph (2)(A) thereof), and (e) shall be increased by such dollar amount multiplied by the cost-of-living adjustment determined under section 1(f)(3) determined by substituting ‘calendar year 2011’ for ‘calendar year 1992’ in subparagraph (B) thereof.

“(2) ROUNDING.—If any amount adjusted under paragraph (1)—

“(A) is not less than \$75,000 and is not a multiple of \$500, such amount shall be rounded to the next lowest multiple of \$500, and

“(B) is not described in subparagraph (A) and is not a multiple of \$10, such amount shall be rounded to the next lowest multiple of \$10.”

(g) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to information returns required to be filed on or after January 1, 2011.

SEC. 606. TAX-EXEMPT BOND FINANCING.

(a) IN GENERAL.—Paragraphs (2)(D) and (7)(C) of section 1400N(a) are each amended by striking “January 1, 2011” and inserting “January 1, 2012”.

(b) CONFORMING AMENDMENTS.—Sections 702(d)(1) and 704(a) of the Heartland Disaster Tax Relief Act of 2008 (Public Law 110-343; 122 Stat. 3913, 3919) are each amended by striking “January 1, 2011” each place it appears and inserting “January 1, 2012”.

SEC. 607. APPLICATION OF LEVY TO PAYMENTS TO FEDERAL VENDORS RELATING TO PROPERTY.

(a) IN GENERAL.—Section 6331(h)(3) is amended by striking “goods or services” and inserting “property, goods, or services”.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to levies approved after the date of the enactment of this Act.

SEC. 608. ELECTION FOR REFUNDABLE LOW-INCOME HOUSING CREDIT FOR 2010.

Subsection (n) of section 42, as added by section 121, is amended to read as follows:

“(n) ELECTION FOR REFUNDABLE CREDITS.—

“(1) IN GENERAL.—The housing credit agency of each State shall be allowed a credit in an amount equal to such State's 2010 low-income housing refundable credit election amount, which shall be payable by the Secretary as provided in paragraph (5).

“(2) 2010 LOW-INCOME HOUSING REFUNDABLE CREDIT ELECTION AMOUNT.—For purposes of this subsection, the term ‘2010 low-income housing refundable credit election amount’ means, with respect to any State, such amount as the State may elect which does not exceed 85 percent of the product of—

“(A) the sum of—

“(i) 100 percent of the State housing credit ceiling for 2010 which is attributable to amounts described in clauses (i) and (iii) of subsection (h)(3)(C), plus any increase in the State housing credit ceiling for 2010 made by reason of section 1400N(c) (including as such section is applied by reason of sections 702(d)(2) and 704(b) of the Tax Extenders and Alternative Minimum Tax Relief Act of 2008), and

“(ii) 40 percent of the State housing credit ceiling for 2010 which is attributable to amounts described in clauses (ii) and (iv) of such subsection, plus any increase in the State housing credit ceiling for 2010 made by reason of the application of such section 702(d)(2) and 704(b), multiplied by

“(B) 10.

For purposes of subparagraph (A)(ii), in the case of any area to which section 702(d)(2) or 704(b) of the Tax Extenders and Alternative Minimum Tax Relief Act of 2008 applies, section 1400N(c)(1)(A) shall be applied without regard to clause (i).

“(3) COORDINATION WITH NON-REFUNDABLE CREDIT.—For purposes of this section, the amounts described in clauses (i) through (iv) of subsection (h)(3)(C) with respect to any State for 2010 shall each be reduced by so much of such amount as is taken into account in determining the amount of the credit allowed with respect to such State under paragraph (1).

“(4) SPECIAL RULE FOR BASIS.—Basis of a qualified low-income building shall not be reduced by the amount of any payment made under this subsection.

“(5) PAYMENT OF CREDIT; USE TO FINANCE LOW-INCOME BUILDINGS.—The Secretary shall pay to the housing credit agency of each State

an amount equal to the credit allowed under paragraph (1). Rules similar to the rules of subsections (c) and (d) of section 1602 of the American Recovery and Reinvestment Tax Act of 2009 shall apply with respect to any payment made under this paragraph, except that such subsection (d) shall be applied by substituting 'January 1, 2012' for 'January 1, 2011'."

SEC. 609. LOW-INCOME HOUSING GRANT ELECTION.

(a) CLARIFICATION OF ELIGIBILITY OF LOW-INCOME HOUSING CREDITS FOR LOW-INCOME HOUSING GRANT ELECTION.—Paragraph (1) of section 1602(b) of the American Recovery and Reinvestment Tax Act of 2009 is amended—

(1) by inserting ", plus any increase in the State housing credit ceiling for 2009 attributable to any State housing credit ceiling returned in 2009 to the State by reason of section 1400N(c) of such Code (including as such section is applied by reason of sections 702(d)(2) and 704(b) of the Tax Extenders and Alternative Minimum Tax Relief Act of 2008)" after "1986" in subparagraph (A), and

(2) by inserting ", plus any increase in the State housing credit ceiling for 2009 attributable to any additional State housing credit ceiling made by reason of the application of such section 702(d)(2) and 704(b)" after "such section" in subparagraph (B).

(b) APPLICATION OF ADDITIONAL HOUSING CREDIT AMOUNT FOR PURPOSES OF 2009 GRANT ELECTION.—Subsection (b) of section 1602 of the American Recovery and Reinvestment Tax Act of 2009, as amended by subsection (a), is amended by adding at the end the following flush sentence:

"For purposes of paragraph (1)(B), in the case of any area to which section 702(d)(2) or 704(b) of the Tax Extenders and Alternative Minimum Tax Relief Act of 2008 applies, section 1400N(c)(1)(A) of such Code shall be applied without regard to clause (i)."

(c) EFFECTIVE DATE.—The amendments made by this section shall apply as if included in the enactment of section 1602 of the American Recovery and Reinvestment Tax Act of 2009.

SEC. 610. ROLLOVERS FROM ELECTIVE DEFERRAL PLANS TO ROTH DESIGNATED ACCOUNTS.

(a) IN GENERAL.—Section 402A(c) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

"(4) TAXABLE ROLLOVERS TO DESIGNATED ROTH ACCOUNTS.—

"(A) IN GENERAL.—Notwithstanding sections 402(c), 403(b)(8), and 457(e)(16), in the case of any distribution to which this paragraph applies—

"(i) there shall be included in gross income any amount which would be includible were it not part of a qualified rollover contribution,

"(ii) section 72(t) shall not apply, and

"(iii) unless the taxpayer elects not to have this clause apply, any amount required to be included in gross income for any taxable year beginning in 2010 by reason of this paragraph shall be so included ratably over the 2-taxable-year period beginning with the first taxable year beginning in 2011.

Any election under clause (iii) for any distributions during a taxable year may not be changed after the due date for such taxable year.

"(B) DISTRIBUTIONS TO WHICH PARAGRAPH APPLIES.—In the case of an applicable retirement plan which includes a qualified Roth contribution program, this paragraph shall apply to a distribution from such plan other than from a designated Roth account which is contributed in a qualified rollover contribution to the designated Roth account maintained under such plan for the benefit of the individual to whom the distribution is made.

"(C) OTHER RULES.—The rules of subparagraphs (D), (E), and (F) of section 408A(d)(3)

(as in effect for taxable years beginning after 2009) shall apply for purposes of this paragraph."

SEC. 611. MODIFICATION OF STANDARDS FOR WINDOWS, DOORS, AND SKYLIGHTS WITH RESPECT TO THE CREDIT FOR NONBUSINESS ENERGY PROPERTY.

(a) IN GENERAL.—Paragraph (4) of section 25C(c) is amended by striking "unless" and all that follows and inserting "unless—

"(A) in the case of any component placed in service after the date which is 90 days after the date of the enactment of the American Workers, State, and Business Relief Act of 2010, such component meets the criteria for such components established by the 2010 Energy Star Program Requirements for Residential Windows, Doors, and Skylights, Version 5.0 (or any subsequent version of such requirements which is in effect after January 4, 2010),

"(B) in the case of any component placed in service after the date of the enactment of the American Workers, State, and Business Relief Act of 2010 and on or before the date which is 90 days after such date, such component meets the criteria described in subparagraph (A) or is equal to or below a U factor of 0.30 and SHGC of 0.30, and

"(C) in the case of any component which is a garage door, such component is equal to or below a U factor of 0.30 and SHGC of 0.30."

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to property placed in service after the date of the enactment of this Act.

SEC. 612. PARTICIPANTS IN GOVERNMENT SECTION 457 PLANS ALLOWED TO TREAT ELECTIVE DEFERRALS AS ROTH CONTRIBUTIONS.

(a) IN GENERAL.—Section 402A(e)(1) (defining applicable retirement plan) is amended by striking "and" at the end of subparagraph (A), by striking the period at the end of subparagraph (B) and inserting ", and", and by adding at the end the following:

"(C) an eligible deferred compensation plan (as defined in section 457(b)) of an eligible employer described in section 457(e)(1)(A)."

(b) ELECTIVE DEFERRALS.—Section 402A(e)(2) (defining elective deferral) is amended to read as follows:

"(2) ELECTIVE DEFERRAL.—The term 'elective deferral' means—

"(A) any elective deferral described in subparagraph (A) or (C) of section 402(g)(3), and

"(B) any elective deferral of compensation by an individual under an eligible deferred compensation plan (as defined in section 457(b)) of an eligible employer described in section 457(e)(1)(A)."

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2010.

SEC. 613. EXTENSION OF SPECIAL ALLOWANCE FOR CERTAIN PROPERTY.

(a) IN GENERAL.—Section 15345(d)(1)(D) of the Food Conservation and Energy Act of 2008 (Public Law 110-246) is amended by striking "December 31, 2009" and inserting "December 31, 2010".

(b) CONFORMING AMENDMENT.—Section 15345(d)(1)(F) of such Act is amended by striking "January 1, 2008" and inserting "January 1, 2010".

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in section 15345 of the Food Conservation and Energy Act of 2008.

SEC. 614. APPLICATION OF BAD CHECKS PENALTY TO ELECTRONIC PAYMENTS.

(a) IN GENERAL.—Section 6657 is amended—

(1) by striking "If any check or money order in payment of any amount" and inserting "If any instrument in payment, by any commercially acceptable means, of any amount", and

(2) by striking "such check" each place it appears and inserting "such instrument".

(b) EFFECTIVE DATES.—The amendments made by this section shall apply to instruments tendered after the date of the enactment of this Act.

SEC. 615. GRANTS FOR ENERGY EFFICIENT APPLIANCES IN LIEU OF TAX CREDIT.

In the case of any taxable year which includes the last day of calendar year 2009 or calendar year 2010, a taxpayer who elects to waive the credit which would otherwise be determined with respect to the taxpayer under section 45M of the Internal Revenue Code of 1986 for such taxable year shall be treated as making a payment against the tax imposed under subtitle A of such Code for such taxable year in an amount equal to 85 percent of the amount of the credit which would otherwise be so determined. Such payment shall be treated as made on the later of the due date of the return of such tax or the date on which such return is filed. Elections under this section may be made separately for 2009 and 2010, but once made shall be irrevocable.

SEC. 616. BUDGETARY EFFECTS OF LEGISLATION PASSED BY THE SENATE.

(a) ESTABLISHMENT OF WEB PAGE.—

(1) IN GENERAL.—Not later than 90 days after the enactment of this Act, the Secretary of the Senate shall establish on the official website of the United States Senate (www.senate.gov) a page entitled "Information on the Budgetary Effects of Legislation Considered by the Senate" which shall include—

(A) links to appropriate pages on the website of the Congressional Budget Office (www.cbo.gov) that contain cost estimates of legislation passed by the Senate; and

(B) as available, links to pages with any other information produced by the Congressional Budget Office that summarize or further explain the budgetary effects of legislation considered by the Senate.

(2) UPDATES.—The Secretary of the Senate shall update this page every 3 months.

(b) CBO REQUIREMENTS.—Nothing in this section shall be construed as imposing any new requirements on the Congressional Budget Office.

SEC. 617. SENATE SPENDING DISCLOSURE.

(a) IN GENERAL.—The Secretary of the Senate shall post prominently on the front page of the public website of the Senate (<http://www.senate.gov>) the following information:

(1) The total amount of discretionary and direct spending passed by the Senate that has not been paid for, including emergency designated spending or spending otherwise exempted from PAYGO requirements.

(2) The total amount of net spending authorized in legislation passed by the Senate, as scored by CBO.

(3) The number of new government programs created in legislation passed by the Senate.

(4) The totals for paragraphs (1) through (3) as passed by both Houses of Congress and signed into law by the President.

(b) DISPLAY.—The information tallies required by subsection (a) shall be itemized by bill and date, updated weekly, and archived by calendar year.

(c) EFFECTIVE DATE.—The PAYGO tally required by subsection (a)(1) shall begin with the date of enactment of the Statutory Pay-As-You-Go Act of 2010 and the authorization tally required by subsection (a)(2) shall apply to all legislation passed beginning January 1, 2010.

SEC. 618. ALLOCATION OF GEOTHERMAL RECEIPTS.

Notwithstanding any other provision of law, for fiscal year 2010 only, all funds received from sales, bonuses, royalties, and rentals under the Geothermal Steam Act of 1970 (30 U.S.C. 1001 et seq.) shall be deposited in the Treasury, of which—

(1) 50 percent shall be used by the Secretary of the Treasury to make payments to States within the boundaries of which the leased land and geothermal resources are located;

(2) 25 percent shall be used by the Secretary of the Treasury to make payments to the counties within the boundaries of which the leased land or geothermal resources are located; and

(3) 25 percent shall be deposited in miscellaneous receipts.

SEC. 619. QUALIFYING TIMBER CONTRACT OPTIONS.

(a) DEFINITIONS.—In this section:

(1) QUALIFYING CONTRACT.—The term “qualifying contract” means a contract that has not been terminated by the Bureau of Land Management for the sale of timber on lands administered by the Bureau of Land Management that meets all of the following criteria:

(A) The contract was awarded during the period beginning on January 1, 2005, and ending on December 31, 2008.

(B) There is unharvested volume remaining for the contract.

(C) The contract is not a salvage sale.

(D) The Secretary determined there is not an urgent need to harvest under the contract due to deteriorating timber conditions that developed after the award of the contract.

(2) SECRETARY.—The term “Secretary” means the Secretary of the Interior, acting through the Director of Bureau of Land Management.

(3) TIMBER PURCHASER.—The term “timber purchaser” means the party to the qualifying contract for the sale of timber from lands administered by the Bureau of Land Management.

(b) MARKET-RELATED CONTRACT EXTENSION OPTION.—Upon a timber purchaser’s written request, the Secretary may make a one-time modification to the qualifying contract to add 3 years to the contract expiration date if the written request—

(1) is received by the Secretary not later than 90 days after the date of enactment of this Act; and

(2) contains a provision releasing the United States from all liability, including further consideration or compensation, resulting from the modification under this subsection of the term of a qualifying contract.

(c) REPORTING.—Not later than 6 months after the date of the enactment of this Act, the Secretary shall submit to Congress a report detailing a plan and timeline to promulgate new regulations authorizing the Bureau of Land Management to extend timber contracts due to changes in market conditions.

(d) REGULATIONS.—Not later than 2 years after the date of the enactment of this Act, the Secretary shall promulgate new regulations authorizing the Bureau of Land Management to extend timber contracts due to changes in market conditions.

(e) NO SURRENDER OF CLAIMS.—This section shall not have the effect of surrendering any claim by the United States against any timber purchaser that arose under a timber sale contract, including a qualifying contract, before the date on which the Secretary adjusts the contract term under subsection (b).

SEC. 620. ARRA PLANNING AND REPORTING.

Section 1512 of the American Recovery and Reinvestment Act of 2009 (Public Law 111–5; 123 Stat. 287) is amended—

(1) in subsection (d)—

(A) in the subsection heading, by inserting “PLANS AND” after “AGENCY”;

(B) by striking “Not later than” and inserting the following:

“(1) DEFINITION.—In this subsection, the term ‘covered program’ means a program for which funds are appropriated under this division—

“(A) in an amount that is—

“(i) more than \$2,000,000,000; and

“(ii) more than 150 percent of the funds appropriated for the program for fiscal year 2008; or

“(B) that did not exist before the date of enactment of this Act.

“(2) PLANS.—Not later than July 1, 2010, the head of each agency that distributes recovery funds shall submit to Congress and make available on the website of the agency a plan for each covered program, which shall, at a minimum, contain—

“(A) a description of the goals for the covered program using recovery funds;

“(B) a discussion of how the goals described in subparagraph (A) relate to the goals for ongoing activities of the covered program, if applicable;

“(C) a description of the activities that the agency will undertake to achieve the goals described in subparagraph (A);

“(D) a description of the total recovery funding for the covered program and the recovery funding for each activity under the covered program, including identifying whether the activity will be carried out using grants, contracts, or other types of funding mechanisms;

“(E) a schedule of milestones for major phases of the activities under the covered program, with planned delivery dates;

“(F) performance measures the agency will use to track the progress of each of the activities under the covered program in meeting the goals described in subparagraph (A), including performance targets, the frequency of measurement, and a description of the methodology for each measure;

“(G) a description of the process of the agency for the periodic review of the progress of the covered program towards meeting the goals described in subparagraph (A); and

“(H) a description of how the agency will hold program managers accountable for achieving the goals described in subparagraph (A).

“(3) REPORTS.—

“(A) IN GENERAL.—Not later than”;

(C) by adding at the end the following:

“(B) REPORTS ON PLANS.—Not later than 30 days after the end of the calendar quarter ending September 30, 2010, and every calendar quarter thereafter during which the agency obligates or expends recovery funds, the head of each agency that developed a plan for a covered program under paragraph (2) shall submit to Congress and make available on a website of the agency a report for each covered program that—

“(i) discusses the progress of the agency in implementing the plan;

“(ii) describes the progress towards achieving the goals described in paragraph (2)(A) for the covered program;

“(iii) discusses the status of each activity carried out under the covered program, including whether the activity is completed;

“(iv) details the unobligated and unexpired balances and total obligations and outlays under the covered program;

“(v) discusses—

“(I) whether the covered program has met the milestones for the covered program described in paragraph (2)(E);

“(II) if the covered program has failed to meet the milestones, the reasons why; and

“(III) any changes in the milestones for the covered program, including the reasons for the change;

“(vi) discusses the performance of the covered program, including—

“(I) whether the covered program has met the performance measures for the covered program described in paragraph (2)(F);

“(II) if the covered program has failed to meet the performance measures, the reasons why; and

“(III) any trends in information relating to the performance of the covered program; and

“(vii) evaluates the ability of the covered program to meet the goals of the covered program given the performance of the covered program.”;

(2) in subsection (f)—

(A) by striking “Within 180 days” and inserting the following:

“(1) IN GENERAL.—Within 180 days”; and

(B) by adding at the end the following:

“(2) PENALTIES.—

“(A) IN GENERAL.—Subject to subparagraphs (B), (C), and (D), the Attorney General may bring a civil action in an appropriate United States district court against a recipient of recovery funds from an agency that does not provide the information required under subsection (c) or knowingly provides information under subsection (c) that contains a material omission or misstatement. In a civil action under this paragraph, the court may impose a civil penalty on a recipient of recovery funds in an amount not more than \$250,000. Any amounts received from a civil penalty under this paragraph shall be deposited in the general fund of the Treasury.

“(B) NOTIFICATION.—

“(i) IN GENERAL.—The head of an agency shall provide a written notification to a recipient of recovery funds from the agency that fails to provide the information required under subsection (c). A notification under this subparagraph shall provide the recipient with information on how to comply with the necessary reporting requirements and notice of the penalties for failing to do so.

“(ii) LIMITATION.—A court may not impose a civil penalty under subparagraph (A) relating to the failure to provide information required under subsection (c) if, not later than 31 days after the date of the notification under clause (i), the recipient of the recovery funds provides the information.

“(C) CONSIDERATIONS.—In determining the amount of a penalty under this paragraph for a recipient of recovery funds, a court shall consider—

“(i) the number of times the recipient has failed to provide the information required under subsection (c);

“(ii) the amount of recovery funds provided to the recipient;

“(iii) whether the recipient is a government, nonprofit entity, or educational institution; and

“(iv) whether the recipient is a small business concern (as defined under section 3 of the Small Business Act (15 U.S.C. 632)), with particular consideration given to businesses with not more than 50 employees.

“(D) APPLICABILITY.—This paragraph shall apply to any report required to be submitted on or after the date of enactment of this paragraph.

“(E) NONEXCLUSIVITY.—The imposition of a civil penalty under this subsection shall not preclude any other criminal, civil, or administrative remedy available to the United States or any other person under Federal or State law.

“(3) TECHNICAL ASSISTANCE.—Each agency distributing recovery funds shall provide technical assistance, as necessary, to assist recipients of recovery funds in complying with the requirements to provide information under subsection (c), which shall include providing recipients with a reminder regarding each reporting requirement.

“(4) PUBLIC LISTING.—

“(A) IN GENERAL.—Not later than 45 days after the end of each calendar quarter, and subject to the notification requirements under paragraph (2)(B), the Board shall make available on the website established under section 1526 a list of all recipients of recovery funds that did not provide the information required under subsection (c) for the calendar quarter.

“(B) CONTENTS.—A list made available under subparagraph (A) shall, for each recipient of recovery funds on the list, include the name and

address of the recipient, the identification number for the award, the amount of recovery funds awarded to the recipient, a description of the activity for which the recovery funds were provided, and, to the extent known by the Board, the reason for noncompliance.

“(5) REGULATIONS AND REPORTING.—

“(A) REGULATIONS.—Not later than 90 days after the date of enactment of this paragraph, the Attorney General, in consultation with the Director of the Office of Management and Budget and the Chairperson, shall promulgate regulations regarding implementation of this section.

“(B) REPORTING.—

“(i) IN GENERAL.—Not later than July 1, 2010, and every 3 months thereafter, the Director of the Office of Management and Budget, in consultation with the Chairperson, shall submit to Congress a report on the extent of noncompliance by recipients of recovery funds with the reporting requirements under this section.

“(ii) CONTENTS.—Each report submitted under clause (i) shall include—

“(I) information, for the quarter and in total, regarding the number and amount of civil penalties imposed and collected under this subsection, sorted by agency and program;

“(II) information on the steps taken by the Federal Government to reduce the level of noncompliance; and

“(III) any other information determined appropriate by the Director.”; and

(3) by adding at the end the following:

“(i) TERMINATION.—The reporting requirements under this section shall terminate on September 30, 2013.”.

SEC. 621. GAO STUDY.

Not later than 180 days after the date of enactment of this Act, the Comptroller General shall report to Congress detailing—

(1) the pattern of job loss in the New England and Midwest States over the past 20 years;

(2) the role of the off-shoring of manufacturing jobs in overall job loss in the regions; and

(3) recommendations to attract industries and bring jobs to the region.

SEC. 622. EXTENSION AND MODIFICATION OF SECTION 45 CREDIT FOR REFINED COAL FROM STEEL INDUSTRY FUEL.

(a) CREDIT PERIOD.—

(1) IN GENERAL.—Subclause (II) of section 45(e)(8)(D)(ii) is amended to read as follows:

“(II) CREDIT PERIOD.—In lieu of the 10-year period referred to in clauses (i) and (ii)(II) of subparagraph (A), the credit period shall be the period beginning on the date that the facility first produces steel industry fuel that is sold to an unrelated person after September 30, 2008, and ending 2 years after such date.”.

(2) CONFORMING AMENDMENT.—Section 45(e)(8)(D) is amended by striking clause (iii) and by redesignating clause (iv) as clause (iii).

(b) EXTENSION OF PLACED-IN-SERVICE DATE.—Subparagraph (A) of section 45(d)(8) is amended—

(1) by striking “(or any modification to a facility)”; and

(2) by striking “2010” and inserting “2011”.

(c) CLARIFICATIONS.—

(1) STEEL INDUSTRY FUEL.—Subclause (I) of section 45(c)(7)(C)(i) is amended by inserting “, a blend of coal and petroleum coke, or other coke feedstock” after “on coal”.

(2) OWNERSHIP INTEREST.—Section 45(d)(8) is amended by adding at the end the following new flush sentence:

“With respect to a facility producing steel industry fuel, no person (including a ground lessor, customer, supplier, or technology licensor) shall be treated as having an ownership interest in the facility or as otherwise entitled to the credit allowable under subsection (a) with respect to such facility if such person’s rent, li-

cense fee, or other entitlement to net payments from the owner of such facility is measured by a fixed dollar amount or a fixed amount per ton, or otherwise determined without regard to the profit or loss of such facility.”.

(3) PRODUCTION AND SALE.—Subparagraph (D) of section 45(e)(8), as amended by subsection (a)(2), is amended by redesignating clause (iii) as clause (iv) and by inserting after clause (ii) the following new clause:

“(iii) PRODUCTION AND SALE.—The owner of a facility producing steel industry fuel shall be treated as producing and selling steel industry fuel where that owner manufactures such steel industry fuel from coal, a blend of coal and petroleum coke, or other coke feedstock to which it has title. The sale of such steel industry fuel by the owner of the facility to a person who is not the owner of the facility shall not fail to qualify as a sale to an unrelated person solely because such purchaser may also be a ground lessor, supplier, or customer.”.

(d) SPECIFIED CREDIT FOR PURPOSES OF ALTERNATIVE MINIMUM TAX EXCLUSION.—Subclause (II) of section 38(c)(4)(B)(iii) is amended by inserting “(in the case of a refined coal production facility producing steel industry fuel, during the credit period set forth in section 45(e)(8)(D)(ii)(II))” after “service”.

(e) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by subsections (a), (b), and (d) shall take effect on the date of the enactment of this Act.

(2) CLARIFICATIONS.—The amendments made by subsection (c) shall take effect as if included in the amendments made by the Energy Improvement and Extension Act of 2008.

SEC. 623. MODIFICATIONS TO MINE RESCUE TEAM TRAINING CREDIT AND ELECTION TO EXPENSE ADVANCED MINE SAFETY EQUIPMENT.

(a) MINE RESCUE TEAM TRAINING CREDIT ALLOWABLE AGAINST AMT.—Subparagraph (B) of section 38(c)(4) is amended—

(1) by redesignating clauses (vi), (vii), and (viii) as clauses (vii), (viii), and (ix), respectively, and

(2) by inserting after clause (v) the following new clause:

“(vi) the credit determined under section 45N.”.

(b) ELECTION TO EXPENSE ADVANCED MINE SAFETY EQUIPMENT ALLOWABLE AGAINST AMT.—Subparagraph (C) of section 56(g)(4) is amended by adding at the end the following new clause:

“(vii) SPECIAL RULE FOR ELECTION TO EXPENSE ADVANCED MINE SAFETY EQUIPMENT.—Clause (i) shall not apply to amounts deductible under section 179E.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 624. APPLICATION OF CONTINUOUS LEVY TO EMPLOYMENT TAX LIABILITY OF CERTAIN FEDERAL CONTRACTORS.

(a) IN GENERAL.—Section 6330(h) is amended by inserting “or if the person subject to the levy (or any predecessor thereof) is a Federal contractor that was identified as owing such employment taxes through the Federal Payment Levy Program” before the period at the end of the first sentence.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to levies issued after December 31, 2010.

TITLE VII—DETERMINATION OF BUDGETARY EFFECTS

SEC. 701. DETERMINATION OF BUDGETARY EFFECTS.

(a) IN GENERAL.—The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement ti-

tled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the Senate Budget Committee, provided that such statement has been submitted prior to the vote on passage.

(b) EMERGENCY DESIGNATION.—Sections 201, 211, and 232 of this Act are designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (Public Law 111-139; 2 U.S.C. 933(g)) and section 403(a) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010. In the House of Representatives, sections 201, 211, and 232 of this Act are designated as an emergency for purposes of pay-as-you-go principles.

ORDER FOR EXHIBITING ARTICLES OF IMPEACHMENT AGAINST G. THOMAS PORTEOUS, JR.

Mr. BROWN of Ohio. Mr. President, I ask unanimous consent the Secretary inform the House of Representatives the Senate is ready to receive the managers appointed by the House of Representatives for the purpose of exhibiting articles of impeachment against G. Thomas Porteous, Jr., Judge of the U.S. District Court for the Eastern District of Louisiana, agreeable to the notice communicated to the Senate, and at the hour of 2 p.m., Wednesday, March 17, 2010, the Senate will receive the honorable managers on the part of the House of Representatives in order that they may present and exhibit the said articles of impeachment against the said G. Thomas Porteous, Jr., Judge of the U.S. District Court for the Eastern District of Louisiana.

The PRESIDING OFFICER. Without objection, it is so ordered.

HONORING HARRIET TUBMAN

Mr. BROWN of Ohio. Mr. President, I ask unanimous consent the Senate proceed to the immediate consideration of S. Res. 455, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A resolution (S. Res. 455) honoring the life, heroism, and service of Harriet Tubman.

There being no objection, the Senate proceeded to consider the resolution.

Mr. BROWN of Ohio. Mr. President, I ask unanimous consent the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 455) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 455

Whereas Harriet Ross Tubman was born into slavery as Araminta Ross in Dorchester County, Maryland, in or around 1820;

Whereas in 1849, Ms. Tubman bravely escaped to freedom, traveling alone for approximately 90 miles to Pennsylvania;

Whereas, after escaping slavery, Ms. Tubman participated in the Underground Railroad, a network of routes, people, and houses that helped slaves escape to freedom;

Whereas Ms. Tubman became a "conductor" on the Underground Railroad, courageously leading approximately 19 expeditions to help more than 300 slaves to freedom;

Whereas Ms. Tubman served as a spy, nurse, scout, and cook during the Civil War;

Whereas during her service in the Civil War, Ms. Tubman became the first woman in the United States to plan and lead a military expedition, which resulted in successfully freeing more than 700 slaves;

Whereas after the Civil War, Ms. Tubman continued to fight for justice and equality, including equal rights for African-Americans and women;

Whereas Ms. Tubman died on March 10, 1913, in Auburn, New York; and

Whereas the heroic life of Ms. Tubman continues to serve as an inspiration to the people of the United States: Now, therefore, be it

Resolved, That the Senate—

(1) honors the life and courageous heroism of Harriet Tubman;

(2) recognizes the great contributions made by Harriet Tubman throughout her lifelong service and commitment to liberty, justice, and equality for all; and

(3) encourages the people of the United States to remember the courageous life of Harriet Tubman, a true hero.

RECOGNIZING AND CONGRATULATING COLORADO SPRINGS, COLORADO

Mr. BROWN of Ohio. Mr. President, I ask unanimous consent the Judiciary Committee be discharged from further consideration of S. Con. Res 53 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the concurrent resolution by title.

The assistant legislative clerk read as follows:

A concurrent resolution (S. Con. Res 53) recognizing and congratulating the City of Colorado Springs, Colorado, as the new official site of the National Emergency Medical Services Memorial Service and the National Emergency Medical Services Memorial.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. BROWN of Ohio. I ask unanimous consent the concurrent resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The concurrent resolution (S. Con. Res. 53) was agreed to.

The preamble was agreed to.

The concurrent resolution, with its preamble, reads as follows:

S. CON. RES. 53

Whereas in 1928, Julian Stanley Wise founded the first volunteer rescue squad in

the United States, the Roanoke Life Saving and First Aid Crew, and Virginia subsequently took the lead in honoring the thousands of people nationwide who give their time and energy to community rescue squads;

Whereas in 1993, to further recognize the selfless contributions of emergency medical service (referred to in this preamble as "EMS") personnel nationwide, the Virginia Association of Volunteer Rescue Squads, Inc., and the Julian Stanley Wise Foundation organized the first annual National Emergency Medical Services Memorial Service in Roanoke, Virginia, to honor EMS personnel from across the country who died in the line of duty;

Whereas the National Emergency Medical Services Memorial Service is the annual memorial service to honor all air and ground EMS providers, including first responders, search and rescue personnel, emergency medical technicians, paramedics, nurses, and pilots;

Whereas the annual National Emergency Medical Services Memorial Service captures national attention by annually honoring and remembering EMS personnel who have given their lives in the line of duty;

Whereas the annual National Emergency Medical Services Memorial Service is devoted to the families, colleagues, and loved ones of those EMS personnel;

Whereas the singular devotion of EMS personnel to the safety and welfare of their fellow citizens is worthy of the highest praise;

Whereas the annual National Emergency Medical Services Memorial Service is a fitting reminder of the bravery and sacrifice of EMS personnel nationwide;

Whereas EMS personnel stand ready 24 hours a day, every day, to assist and serve people in the United States with life-saving medical attention and compassionate care;

Whereas the National Emergency Medical Services Memorial Service Board sought and selected a new city to host the annual National Emergency Medical Services Memorial Service;

Whereas the city of Colorado Springs, Colorado, was chosen to host the National Emergency Medical Services Memorial, the annual National Emergency Medical Services Memorial Service, and the families of our fallen EMS personnel;

Whereas "Flight for Life" in Colorado was founded in 1972 as the first civilian-based helicopter medical evacuation system established in the United States;

Whereas ambulance systems in Colorado provide care and transport to approximately 375,000 residents and visitors each year;

Whereas approximately 60 percent of the licensed ambulance services in Colorado are staffed by volunteers that serve the vast rural and frontier communities of Colorado; and

Whereas the life of every person in the United States will be affected, directly or indirectly, by the uniquely skilled and dedicated efforts of EMS personnel who work bravely and tirelessly to preserve the greatest resource in the United States, the people: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That the Congress recognizes and congratulates the City of Colorado Springs, Colorado, as the new official site of the National Emergency Medical Services Memorial Service and the National Emergency Services Memorial.

MEASURE READ THE FIRST TIME—H.R. 2314

Mr. BROWN of Ohio. Mr. President, I understand that H.R. 2314 has been received from the House and is at the desk.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative read as follows:

A bill (H.R. 2314) to express the policy of the United States regarding the United States relationship with Native Hawaiians and to provide a process for the recognition by the United States of the Native Hawaiian governing entity.

Mr. BROWN of Ohio. I would ask for its second reading and object to my own request.

The PRESIDING OFFICER. Objection is heard. The bill will receive its second reading on the next legislative day.

APPOINTMENT

The PRESIDING OFFICER. The Chair, pursuant to Executive Order 12131, as amended and extended, reappoints and appoints the following Members to the President's Export Council:

Reappointment: the Senator from Michigan (Ms. STABENOW) and the Senator from Ohio (Mr. BROWN).

Appointment: the Senator from Oregon (Mr. WYDEN) vice the Senator from North Dakota (Mr. DORGAN).

ORDERS FOR TUESDAY, MARCH 16, 2010

Mr. BROWN of Ohio. I ask unanimous consent that when the Senate completes its business today, it adjourn until 10:15 a.m. on Tuesday, March 16; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate proceed to a period of morning business until 12:30 p.m. with Senators permitted to speak therein for up to 10 minutes each; further, that the time until 10:30 a.m. be equally divided and controlled between the two leaders or their designees, and the time from 10:30 a.m. to 12:30 p.m. be equally divided and controlled between the two leaders or their designees, with the majority controlling the first half and the Republicans controlling the final half; that following morning business, the Senate recess until 2:15 p.m. to allow for the weekly caucus meetings.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. BROWN of Ohio. Tonight we were able to reach an agreement to set the vote with respect to the HIRE Act for

9:30 a.m. Wednesday, March 17. Tomorrow we will resume consideration of the FAA reauthorization bill, and roll-call votes in relation to the FAA bill are possible Tuesday afternoon.

ADJOURNMENT UNTIL 10:15 A.M.
TOMORROW

Mr. BROWN of Ohio. Mr. President, if there is no further business to come before the Senate, I ask unanimous con-

sent that it adjourn under the previous order.

There being no objection, the Senate, at 8:05 p.m., adjourned until Tuesday, March 16, 2010, at 10:15 a.m.

HOUSE OF REPRESENTATIVES—Monday, March 15, 2010

The House met at 12:30 p.m. and was called to order by the Speaker pro tempore (Ms. HIRONO).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 15, 2010.

I hereby appoint the Honorable MAZIE HIRONO to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 6, 2009, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 30 minutes and each Member, other than the majority and minority leaders and the minority whip, limited to 5 minutes.

HEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Thank you, Madam Speaker.

This week marks the homestretch of the health care debate. Reform will pass if people focus on the facts and the opportunities. No more outsourcing our analysis to the talking heads. Now, facts matter and the American people should find them.

Health care is in crisis not just because we pay more for mediocre results in our health care system. The number of uninsured Americans is increasing, soon to reach 50 million Americans. And health insurance is getting worse for those who already have it. It's getting more expensive, people will have higher co-pays, higher premiums. Then people will have to fight to get their health bills paid. The United States is the only industrialized country where people go bankrupt from health care. This year, a thousand people that I represent back in Oregon will go bankrupt from health care costs—and most of them will have health insurance.

Medicare is a great success story. Most of us recognize that. It was en-

acted 45 years ago over many of the same objections that we are now hearing from my Republican colleagues 45 years ago. Medicare has been responsible for our senior citizens getting the health care outcomes that people in most other developed countries enjoy.

Opponents attack government-paid insurance in France, Germany, Switzerland, and Canada. But most American families would welcome the health care results in those countries where people get sick less often, they get well faster, and they live longer, and they pay far less than Americans.

We have a huge problem because Medicare is at risk. It's on an unsustainable financial path while it penalizes low-cost, high-value States like mine—Oregon—and others such as Wisconsin and Iowa. The House bill shows how to make those important reforms.

Finally, part of the problem today is that there continues to be brutal political attacks that are unfettered by the truth and history. I take some of this a little personally because my bipartisan legislation to help families make sure that their end-of-life decisions are respected morphed into the Sarah Palin's "death panel"—which I am pleased to report was judged the lie of the year by Politifacts.com.

The mandate to buy insurance, which has been an object of attack, was in fact a Republican idea that was introduced in the early 1990s as an alternative plan to the approach that was offered by the Clinton administration. And now we are having people fight to prevent any change in Medicare despite the fact that they admit it's on an unsustainable path, and they themselves have proposed some of the most Draconian efforts to cut—some would say gut it—in the past.

Is the legislation that we will be considering this week perfect? No, it's not. Of course, I have only been here 14 years and I've not yet seen a "perfect bill." And the sad decision that was made to follow Republican Leader BOEHNER's admonition to not legislate but to communicate, to talk and argue, actually made it harder to make good legislation.

Is this the final word in health care reform? Not by a long shot. We will be working to refine and improve this legislation for months, and indeed, years to come. But is it worth doing? Absolutely. This is a critically important step, the most important since Medicare was created 45 years ago.

This legislation passed the Senate 10 weeks ago. A month before that, the

House passed its legislation. The facts are clear. The legislation is available. If the public and Congress focus on the facts, this bill will pass and a sick American health care system will start to get better.

HEALTH CARE RECONCILIATION

The SPEAKER pro tempore. The Chair recognizes the gentleman from Florida (Mr. STEARNS) for 5 minutes.

Mr. STEARNS. Madam Speaker, in 1974, Congress passed the Congressional Budget Act. This law created an optional procedure we know as the budget reconciliation process. The chief purpose of the reconciliation process was to enhance Congress' ability to change current law in order to bring revenue and spending levels into alignment with the budget resolution. That is a definition of a reconciliation bill, to control government spending; not to enact new policies.

The last reconciliation bill passed by Congress was in the year 2007. This process was first used in 1980, and in 1985, Senator ROBERT BYRD had the Senate adopt a temporary rule to curb the practice of using reconciliation as a vehicle to move extraneous materials outside of the budget process. This rule is known today as the Byrd Rule. The Byrd Rule has been extended and modified over the years and in 1990 was made permanent when Congress amended the Congressional Budget Act of 1974.

Now, under the Byrd Rule, a senator who is opposed to the inclusion of extraneous material in the reconciliation bill may offer an amendment or a point of order to strike that provision. The Byrd Rule defines six provisions of what constitutes extraneous matter. The three most important provisions are, one, the bill language must produce a change in outlays or revenues; two, the bill cannot increase the deficit for fiscal years beyond the budget window; three, the provision is a nonbudgetary component that has a fiscal effect outside of the Treasury.

So today, Madam Speaker, the House Budget Committee will be meeting to markup a Budget Reconciliation Bill. Despite the House not having done a budget for the fiscal year 2011, the Budget Committee is going forward with reconciliation authority from last year's budget. The reconciliation process is being used to pass a Senate-passed health care bill in the House and to get the Senate to amend the reconciliation bill or law without fear of a filibuster.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

Now, the press is reporting that the Rules Committee will report a rule that will deem the Senate health care bill as passed with the adoption of the rule and we only have a chance to debate and vote on the budget reconciliation. This is outrageous and absurd. The majority will claim that they will only be voting on the rule, when in fact they will be voting on accepting the Senate bill. Last year, the House was passing bills without reading them. This year, they're passing bills without voting on them.

This 2,309-page document makes a mockery of the entire budget reconciliation process. This monstrosity will be used to force a Senate health care bill reform on the American people who have spoken up loudly and spoken up to reject its backroom deals and special interest giveaways. Yet the Democratic leadership will ask its members to vote for the rule which will self-enact the Senate bill, the entire health care bill, in the hope that the Senate Democrats will vote later for reconciliation that the Senate parliamentarians will uphold the provisions inside the reconciliation bill which includes a self-enacting rule vis-a-vis health care bill.

Now, this is my understanding. There is no precedent for what the Democrats are doing with this deception. There has never been a reconciliation process as corrupt as what is happening this week. We have never written a reconciliation bill to amend a law that does not exist. We have never had a reconciliation bill with so far a reaching scope. This bill would seek to alter one-sixth of our economy permanently.

Thomas Jefferson, the Founding Father and author of the first Senate rules, states, "The minority possess their equal rights, which equal law must protect, and to violate would be oppression." The Democrats are violating the minority rules by this procedure. If the Byrd Rule applied to the House, we would never be able to pass the budget reconciliation.

This bill, these tactics being used, goes way too far. It undermines the process of creating laws, the right to offer amendments, and the right to vote on a bill. It may not be politically safe for the majority, but we should have a proper vote, up-and-down, on this health care bill and an ability to amend the Senate bill. As legislators, we were sent here by our constituents to vote, not to hide. The proposed rule and the Budget Reconciliation Bill undermine our rights enumerated within the Constitution.

So I urge the Democrat majority to rethink the whole procedure for bringing up the Senate health care bill. Enacting a rule which includes health care will mean that once it passes the House it will go directly to the President. It will not return to the Senate. The President will sign it and it will

become law. This is what they intend contrary to the transparency they promised.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 12 o'clock and 41 minutes p.m.), the House stood in recess until 2 p.m.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. WOOLSEY) at 2 p.m.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord, our God, at times we seem to lose our way. Personal problems so consume us we find it difficult to look around and face squarely larger issues which touch us all.

You have told us You are the way, the way to freedom, the way to gain proper perspective, the way to follow, if only we keep our eyes and fix our expectations on You.

Lord, guide us in Your own way that we may seek only truth and love life. Both now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Texas (Mr. BURGESS) come forward and lead the House in the Pledge of Allegiance.

Mr. BURGESS led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

HOUSE OF REPRESENTATIVES,
WASHINGTON, DC, MARCH 12, 2010.
Hon. NANCY PELOSI,
The Speaker, the Capitol, House of Representatives, Washington, DC.

DEAR MADAM SPEAKER: Pursuant to the permission granted in Clause 2(h) of rule II of

the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on March 12, 2010 at 2:33 p.m.:

That the Senate passed S. 1147.

With best wishes, I am,

Sincerely,

LORRAINE C. MILLER,
Clerk of the House.

FINAL THROES OF GOVERNMENT TAKEOVER

(Mr. BURGESS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURGESS. Madam Speaker, we are in the final throes of the government takeover of America's health care system. We have a shell bill that was posted on the Budget Committee site last night. This shell bill will give rise to a phantom bill. The phantom bill goes over to the Rules Committee, and that is where we get real reconciliation. We probably have one day or two to look at the shell bill, one day or two to look at the phantom bill, and virtually no time to see what is in the real reconciliation bill. My committee, the Committee on Energy and Commerce, is completely bypassed in this process. No respect for the oldest standing committee in the United States House of Representatives.

And speaking of no respect for the oldest standing committee in the House of Representatives, our committee sent a request to the White House weeks ago for information regarding the secret deals that were cut in May and June of last year. This letter was signed by Chairman WAXMAN and Ranking Member BARTON, and as of today, no response.

Heather Higgins and Kelly Anne Conway, writing in today's Wall Street Journal, talked about, no matter the demographic group that you look at, men, women, old, young, independents, dramatic pluralities say that if this legislation doesn't pass, they will be relieved.

We ought to listen to the American people on this one.

DESPITE MEDIA'S SPIN, AMERICANS OPPOSE HEALTH CARE PLAN

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Madam Speaker, in a recent Washington Post op-ed, here is what two Democratic pollsters had to say about the media's spin on the administration's health care proposal:

"Nothing had been more disconcerting than to watch Democratic politicians and their media supporters deceive themselves into believing that the public favors the Democrats' current health care plan.

"A solid majority of Americans opposes the massive health reform plan. Many more Americans believe the legislation will worsen their health care, cost them more personally, and add significantly to the national deficit.

"Never in our experience as pollsters can we recall such self-deluding misconstruction of survey data."

Madam Speaker, despite the media spin, the American people are sending a clear message about health care: Congress should start over and get it right.

OBAMA CARE

(Mr. COLE asked and was given permission to address the House for 1 minute.)

Mr. COLE. Madam Speaker, my Dad always told me, "Your friends are the people who tell you what you need to know, not what you want to hear."

In August, the American people flooded town hall meetings and told their representatives to vote "no" on Obama care. The Speaker called them extremists. In November, voters in Virginia and New Jersey elected Republican governors in States President Obama had carried one year earlier. The White House said it was due to local issues. And in January, the voters of Massachusetts elected a Republican to the United States Senate for the first time in 38 years. Senate Democrats said it was because they had nominated a poor candidate.

As we approach the vote on Obama care, I urge my colleagues on the other side of the aisle to ignore the Speaker, ignore the President, and ignore the Democrats in the Senate. Just listen to your friends, the voters of America, who oppose this \$1 trillion, 2,700 page health care monstrosity, and then vote "no." In November, you will be glad you did.

NATIONAL AGRICULTURE WEEK

(Mr. SMITH of Nebraska asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Nebraska. Madam Speaker, National Agriculture Week is dedicated to celebrating the impact agriculture has on our Nation and our everyday lives.

Agricultural products are America's number one export, and about 17 percent of raw U.S. agriculture products are exported yearly valued at over \$43 billion. The industry generates 20 percent of the U.S. gross domestic product, and one-fourth of the world's beef and nearly one-fifth of the world's grain, milk, and eggs are produced in the United States.

Nebraska has 47,000 farms and ranches, with many located in the Third District. I am proud to represent a district which truly embodies the spirit of this celebration, and I am

proud to be a co-chair of the Congressional Rural Caucus, a bipartisan group of Members who work together to address the challenges facing our Nation's agriculture producers.

Agriculture is integral to our Nation, and I invite my colleagues to join me in celebrating its contribution.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken after 6:30 p.m. today.

RECOGNIZING 125TH ANNIVERSARY OF THE UNIVERSITY OF ARIZONA

Ms. HIRONO. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1145) recognizing the University of Arizona's 125 years of dedication to excellence in higher education, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1145

Whereas the University of Arizona was authorized by Arizona's 13th Territorial Assembly on March 12, 1885;

Whereas the University of Arizona is the flagship university of the State of Arizona and, true to its land-grant heritage, is dedicated to building a better Arizona through access, quality, and discovery;

Whereas classes at the University of Arizona first met in 1891 with 32 students in Old Main, the first building constructed on campus;

Whereas the University of Arizona is Arizona's only member of the prestigious 62-member Association of American Universities;

Whereas the University of Arizona is committed to an accessible, quality education for all, maintaining the third lowest tuition rate of any public university among the Association of American Universities;

Whereas the University of Arizona is ranked No. 15 among public universities by the National Science Foundation for research and development;

Whereas the University of Arizona offers 122 undergraduate degrees, 217 graduate programs, and 3 professional schools including pharmacy, medicine, and law;

Whereas the University of Arizona has over 225,000 alumni in all 50 States and across the world, including a former U.S. Secretary of the Interior and a former U.S. Surgeon General;

Whereas the University of Arizona is recognized as an international leader in research and innovation in many fields including optics, water research, and astronomy;

Whereas the University of Arizona has achieved remarkable success in athletics, winning 20 national championships, including 8 softball titles and the 1997 men's basketball title;

Whereas University of Arizona students have consistently answered the call to service as memorialized by the clock tower of the Student Union Memorial Center, home to a bell rescued from the USS Arizona after the attack on Pearl Harbor on December 7, 1941;

Whereas the University of Arizona played a leading role in NASA's Phoenix Mars Mission, leading to the discovery of water on Mars and furthering the understanding of the Martian condition using advanced robotics; and

Whereas the University of Arizona is dedicated to a more sustainable energy future as reflected in its selection to and achievement in the U.S. Department of Energy's distinguished Solar Decathlon; Now, therefore, be it—

Resolved, That the House of Representatives

(1) recognizes the University of Arizona for 125 years of dedication to excellence in higher education;

(2) congratulates the University of Arizona on the occasion of its 125th anniversary, and

(3) expresses thanks to the University of Arizona for its contribution to the betterment of the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Hawaii (Ms. HIRONO) and the gentlewoman from Illinois (Mrs. BIGGERT) each will control 20 minutes.

The Chair recognizes the gentlewoman from Hawaii.

GENERAL LEAVE

Ms. HIRONO. Madam Speaker, I request 5 legislative days during which Members may revise and extend and insert extraneous material on House Resolution 1145 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Hawaii?

There was no objection.

Ms. HIRONO. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H. Res. 1145, which recognizes the 125th anniversary of the University of Arizona.

The University of Arizona attained its charter on March 12, 1891, with the authorization of Arizona's 13th Territorial Assembly. The mission of this new university focused on building a better Arizona through access, quality, and self-discovery. The university's first day of classes commenced on October 1, 1891, with a small group of 32 students from the surrounding region. The school instantly became a symbol of pride for Tucson, Arizona.

From these humble beginnings, the University of Arizona has grown into one of the most prominent universities in the country. The student body contains over 36,000 students, including almost 7,000 graduate students. Students are enrolled in 122 undergraduate degree programs, 217 graduate programs, and three professional schools.

The University of Arizona has gained national accolades for its breakthroughs in science and technology. The university's scientific research and development program, ranked 15th in the Nation by the National Science

Foundation, played a leading role in NASA's Phoenix Mars Mission, which led to greater understanding of the red planet.

For all these accomplishments, the University of Arizona is also known for its athletic dominance. The 500 student athletes of the University of Arizona compete in over 19 Division I sports, winning 20 national championships, 37 Pacific Ten titles, including a men's national basketball championship in 1997, and eight softball national titles.

This year, the University of Arizona will celebrate 125 years of providing excellence in education and athletics, cultivating young men and women to become stewards of their community and leaders of the Nation.

Madam Speaker, once again I express my support of the University of Arizona, and wish it and its students future success in all their endeavors. And I thank Representative GIFFORDS for bringing this bill forward. I urge my colleagues to join me in support of this resolution.

I reserve the balance of my time.

Mrs. BIGGERT. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of House Resolution 1145, recognizing the University of Arizona's 125 years of dedication to excellence in higher education.

The University of Arizona, located in Tucson, Arizona, was founded in 1885, and first opened its doors to students in 1891. Thirty-two students applied for the first semester, but only six were admitted to the freshman class. The remaining 26 students were enrolled in a specially established prep school, since there were no high schools in the area.

Today, the University of Arizona has 29,719 undergraduate students, 6,962 graduate students, and 1,376 professional and medical students. The university is ranked number 16 among all public universities by the National Science Foundation. The university has a three-fold commitment to education, research, and community service, and offers more than 300 undergraduate degrees through 20 colleges and 11 schools.

The university boasts excellent academic programs, but its students also excel in athletics. The university houses 18 NCAA athletic teams. The University of Arizona Wildcats basketball team has reached the NCAA tournament for the last 25 consecutive years.

The women's softball team is among the top programs in the country, and has won eight Women's College World Series.

The University of Arizona is designated as both a land-grant and space-grant institution, and research conducted at the university has led to advances such as the development of Pima cotton and new artificial hearts, and has helped in the building of the

largest telescopes in the world. The mission of the university is "to discover, educate, serve, and inspire," and the accomplishments of its students reflect this.

I extend my congratulations to the University of Arizona for 125 years of excellence in higher education, and wish all of its faculty, staff, students, and alumni continued success. I would ask my colleagues to support this resolution, and I thank the gentlelady from Hawaii for being the manager of this bill.

I yield back the balance of my time.
Ms. HIRONO. I join in urging all my colleagues to support this resolution.

I yield back the balance of my time.
The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Hawaii (Ms. HIRONO) that the House suspend the rules and agree to the resolution, H. Res. 1145, as amended.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. HIRONO. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

□ 1415

CONGRATULATING WINNERS OF VOICE OF DEMOCRACY SCHOLARSHIP

Ms. HIRONO. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1170) congratulating the winners of the Voice of Democracy national scholarship program.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1170

Whereas the Voice of Democracy (VOD) scholarship program is an audio-essay contest for high school students in grades 9 through 12 that annually provides more than \$3,000,000 in scholarships;

Whereas the Voice of Democracy program is designed to foster patriotism by allowing students the opportunity to voice their opinion in a 3- to 5-minute audio essay based on an annual theme;

Whereas the winners of the 2010 Voice of Democracy contest are selected based on the originality, content, and delivery of their audio essay;

Whereas the Veterans of Foreign Wars has sponsored the Voice of Democracy scholarship program since 1947 and has encouraged students to express patriotism since that time;

Whereas the Voice of Democracy program is closely associated with the Patriots Pen program, a youth-essay writing contest for students in grades 6 through 8;

Whereas the 2009-2010 Voice of Democracy theme is "Does America still have heroes?";

Whereas more than 50,000 American students across the world participated in the

Voice of Democracy competition for the 2009-2010 school year; and

Whereas Madison Mullen, Anthony Zendejas IV, and Lena Savell were named the first, second, and third place winners of the 2009-2010 Voice of Democracy scholarship program: Now, therefore, be it

Resolved, That the House of Representatives congratulate the winners of the Voice of Democracy national scholarship program.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Hawaii (Ms. HIRONO) and the gentlewoman from Illinois (Mrs. BIGGERT) each will control 20 minutes.

The Chair recognizes the gentlewoman from Hawaii.

GENERAL LEAVE

Ms. HIRONO. Madam Speaker, I request 5 legislative days during which Members may revise and extend and insert extraneous material on House Resolution 1170 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Hawaii?

There was no objection.

Ms. HIRONO. Madam Speaker, I yield myself such time as I may consume.

I rise today to congratulate the winners of the Voice of Democracy national scholarship program. The Voice of Democracy scholarship program was originally created in 1947 and now is an audio essay contest for high school students in grades nine through twelve that annually provides more than \$3 million in scholarships. The winners are high school students from different parts of the country who clearly articulated and creatively presented American democratic values in a national scholarship competition. The first-place winner receives a \$30,000 scholarship that is paid directly to the recipient's American university, college, vocational, or technical school.

Every year, thousands of students participate in the Voice of Democracy scholarship competition. With last year's theme, "Does America still have Heroes?" this competition makes democracy come alive and helps students connect their real-world experience to contemporary issues and events. This type of learning is important not only for academic purposes, but also for youth civic engagement. Students are able to express their democratic knowledge and responsibilities in a creative art form.

Madam Speaker, I want to congratulate Madison Mullen, Anthony Zendejas IV, and Lena Savell for the first, second, and third place finishes, as well as all the rest of the winners. I hope all students think about the ideals of democracy and how they can contribute to our society. I thank Representative HUNTER for bringing this resolution forward.

I reserve the balance of my time.

Mrs. BIGGERT. I yield myself such time as I may consume.

Madam Speaker, I rise today in support of House Resolution 1170, congratulating the winners of the Voice of

Democracy national scholarship program. The Voice of Democracy national scholarship program is an audio essay scholarship contest for American high school students across the world. Students in grades nine through twelve enter the contest by recording an audio essay on a selected theme. Since its beginning, the program has provided more than \$3 million in scholarship funds to student winners. This year alone, \$149,000 in scholarships was awarded to the winners. The Voice of Democracy's national competition is designed to foster patriotism by providing students with the opportunity to voice their opinion on selected themes. The 2009-2010 school year's theme was, "Does America still have Heroes?" America's youth responded with a resounding "yes."

Veterans of Foreign Wars began sponsoring this event in 1947 and also sponsor similar national essay competitions for middle school students. For example, Patriot's Pen encourages American students in grades six through eight to write an essay expressing their views on democracy, based on an annual theme. The VFW's 2.2 million members have fought for America's freedom and continue to give to our Nation through programs such as Voice of Democracy.

The first, second, and third place winners of the 2009-2010 voice of America's national scholarship competition are Madison Mullen, Anthony Zendejas IV, and Lena Savell, respectively. The winners were selected from over 50,000 student entries based on originality, content, and delivery of their audio essays. Finalists were invited here to Washington, D.C., to deliver their oral essays. Participating students' essays described today's heroes in America, and I'm sure that many of these students will grow up to become tomorrow's heroes.

I'd like to congratulate all the winners, finalists, and participants in the Voice of Democracy national scholarship program and thank the VFW for providing students with this opportunity. I'd also like to thank my colleague from California, Congressman DUNCAN HUNTER, for sponsoring this resolution and thank the gentlelady from Hawaii for managing this bill, and I ask for my colleagues' support.

Having no further speakers, I yield back the balance of my time.

Ms. HIRONO. Once again, I urge all my colleagues to agree to House Resolution 1170, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Hawaii (Ms. HIRONO) that the House suspend the rules and agree to the resolution, H. Res. 1170.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. HIRONO. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECOGNIZING 50TH ANNIVERSARY OF WASHINGTON STATE UNIVERSITY HONORS COLLEGE

Ms. HIRONO. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1163) recognizing Washington State University Honors College for 50 years of excellence.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1163

Whereas Washington State University Honors College was established in 1960, 70 years after the founding of Washington State University;

Whereas Sidney Hacker, Professor of Mathematics, directed the establishment of the Honors program at Washington State University;

Whereas Washington State University, located in Pullman, Washington, is the State's largest land-grant university and offers more than 200 areas of study;

Whereas the Washington State University Honors College offers an enriched 4-year curriculum to highly able students and provides such students with the opportunity to challenge themselves;

Whereas studies at the Washington State University Honors College promote the six learning goals of the Honors College, including critical and creative thinking, quantitative and symbolic reasoning, information literacy, communication, self in society, and disciplinary knowledge; and

Whereas Washington State University Honors College is one of the most respected programs of its kind nationally: Now, therefore, be it

Resolved, That the House of Representatives recognizes Washington State University Honors College for 50 years of excellence.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Hawaii (Ms. HIRONO) and the gentlewoman from Illinois (Mrs. BIGGERT) each will control 20 minutes.

The Chair recognizes the gentlewoman from Hawaii.

GENERAL LEAVE

Ms. HIRONO. Madam Speaker, I request 5 legislative days during which Members may revise and extend and insert extraneous material on House Resolution 1163 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Hawaii?

There was no objection.

Ms. HIRONO. I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H. Res. 1163, which recognizes Washington State University Honors

College for 50 years of excellence. Established in 1960 in Pullman, Washington, Washington State University Honors College is an institution with an enriched curriculum, small classes, a talented and diverse student body with a wealth of abroad opportunities. The 4-year core curriculum is designed to develop each member of the school's academic community to reach his or her full potential, and to lead and serve their local, national, and global communities.

The faculty, staff, and students of the Honors College create a community of learning that values creativity, high standards of scholarship, and achievement. It also fosters independent thinking and intellectual risk-taking, while valuing engagement and responsibility to community.

Many of Washington State University's high-achieving students chose to attend the Honors College because of the school's small class sizes and the curriculum designed around real-life issues. They also seek out the extensive focus on written and oral presentations and the interactive structure of the college's program, which allows students to take ownership for their own learning. Members of the Honors College student body are also encouraged to spend a portion of their academic years studying abroad and to gain proficiency in a second language. During the school's 2008-2009 school year, 34 percent of the Honors College's students studied abroad. The schools entering class of fall 2008 had a remarkable 80 percent of their freshmen class study a language other than English during their first semester at college.

Madam Speaker, once again, I congratulate Washington State University Honors College on 50 years of excellence in education and thank Representative McMORRIS RODGERS for bringing this resolution forward.

I urge my colleagues to support this resolution, and I reserve the balance of my time.

Mrs. BIGGERT. At this time I yield such time as she may consume to my friend and colleague, the sponsor of this resolution, the gentlewoman from Washington (Mrs. McMORRIS RODGERS).

Mrs. McMORRIS RODGERS. I thank the gentlewoman for yielding some time on this resolution. I rise in support of H. Res. 1163, recognizing Washington State University's Honors College for 50 years of excellence. Nestled in the rolling hills of the Palouse region, Washington State University, in Pullman, Washington, is the State's largest land-grant university and offers over 200 areas of study. This year marks the 50th anniversary of the establishment of the Honors College.

Originally established in 1960 under the direction of Professor Sidney Hacker, the Washington State University's Honors College provides highly motivated and highly capable students the

opportunity to challenge themselves through an enriched 4-year curriculum. The Honors College emphasizes six specific learning goals throughout its program, including critical and creative thinking, quantitative and symbolic reasoning, information literacy, communication, self in society, and disciplinary knowledge.

The Honors College at WSU has produced thousands of entrepreneurs, scientists, doctors, and educators. Regardless of their profession or status, a graduate of WSU's Honors College has the tools to make a difference wherever life may lead them. For instance, Captain Amos Peterson of the U.S. Army Veterinary Corps is a WSU Honors College graduate and has been officer-in-charge of Andrews Air Force Base veterinary clinic since 2008. Captain Peterson's sister, Ella, is also an Honor's College alumnus, and after completing service in the U.S. Peace Corps, has become an English teacher in Taiwan. These two examples are indicative of the successful students that graduate from the Honors College at WSU.

Madam Speaker, the Washington State University Honors College is one of the most respected in the Nation, and it is wholly fitting that this House applaud its past and most certain future successes. I urge my colleagues to join me in adopting H. Res. 1163, recognizing WSU's Honors College for 50 years of excellence.

Ms. HIRONO. I reserve the balance of my time.

Mrs. BIGGERT. Madam Speaker, I yield myself such time as I may consume.

I also rise in support of House Resolution 1163, recognizing Washington State University's Honors College for 50 years of excellence. For 50 years, the Washington State University Honors College has offered an enriched liberal arts curriculum with an international context. Undergraduates seeking challenges can optimize their academic experience; and they're known for accomplishments in undergraduate research, leadership skills, and service to their local, national, and international communities.

□ 1430

The honors thesis allows students to develop their own mentored undergraduate research project. Scholarship support is available to help cover college expenses, undergraduate research, and study abroad thanks to the support from the Honors' alumni and friends. Students from any major may follow the Honors curriculum and expect to graduate in 4 years because the curriculum works within each student's major. All coursework at Washington State University Honors College is designed to promote the six learning goals of the Honors College.

Washington State University Honors College is an accomplished institution

that contributes to the economic and civic vitality of the State, Nation, and world. Today we congratulate the faculty, staff, students, and alumni for 50 years of excellence.

I ask my colleagues to support this resolution.

I yield back the balance of my time.

Ms. HIRONO. Once again, I urge my colleagues to vote for H. Res. 1163, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Hawaii (Ms. HIRONO) that the House suspend the rules and agree to the resolution, H. Res. 1163.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. HIRONO. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

AUTHORIZING NEW AWARD PROGRAM FOR SCHOOL WORKERS

Ms. HIRONO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2377) to direct the Secretary of Education to establish and administer an awards program recognizing excellence exhibited by public school system employees providing services to students in pre-kindergarten through higher education.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2377

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. FINDINGS.

The Congress finds as follows:

(1) The term "classified school employee" refers to employees working in pre-kindergarten through higher education, in the following nine job families:

- (A) Paraprofessionals.
- (B) Clerical services.
- (C) Custodial and maintenance services.
- (D) Transportation services.
- (E) Food services.
- (F) Skilled trades.
- (G) Health and student services.
- (H) Security services.
- (I) Technical services.

(2) Classified school employees provide valuable service to public schools in the United States.

(3) Classified school employees provide essential services, such as transportation, facilities maintenance and operations, food service, safety, and health care.

(4) Classified school employees play a vital role in providing for the welfare and safety of students.

(5) Classified school employees strive for excellence in all areas of service to the education community.

(6) Exemplary classified school employees should be recognized for their outstanding

contributions to quality education in the United States.

SEC. 2. RECOGNITION PROGRAM ESTABLISHED.

(a) IN GENERAL.—The Secretary of Education shall establish and administer a national recognition program to be known as the "National Classified School Employees of the Year Awards". The purpose of the program shall be to recognize and promote the commitment and excellence exhibited by employees within certain occupational specialties in public schools who provide exemplary service to students in pre-kindergarten through higher education.

(b) OCCUPATIONAL SPECIALTIES.—

(1) IN GENERAL.—The occupational specialties referred to in subsection (a) are the following:

- (A) Paraprofessionals.
- (B) Clerical and administrative services.
- (C) Transportation services.
- (D) Food and nutrition services.
- (E) Custodial and maintenance services.
- (F) Security services.
- (G) Health and student services.
- (H) Technical services.
- (I) Skilled trades.

(2) NUMBER OF AWARDS.—Prior to March 31 of each year (beginning with the second calendar year that begins after the date of the enactment of this Act), the Secretary shall select an employee from each occupational specialty described in paragraph (1) to receive an award under the recognition program.

(c) SELECTION PROCESS.—

(1) NOMINATION PROCESS.—Not later than November 1 of each year (beginning with the first calendar year that begins after the date of the enactment of this Act), the Secretary shall solicit nominations from each occupational specialty described in subsection (b)(1) from the chief State school officer of each State. The chief State school officer of each State shall consider nominations submitted by the following:

- (A) Local educational agencies.
- (B) School administrators.
- (C) Professional associations.
- (D) Labor unions.
- (E) Any other group determined appropriate by the Secretary.

(2) DEMONSTRATION.—Each nomination shall be submitted to the Secretary by a chief State school officer in such manner as the Secretary may require and shall contain, at a minimum, demonstrations of excellence in the following areas:

- (A) Work performance.
- (B) School and community involvement.
- (C) Leadership and commitment.
- (D) Local support.
- (E) Enhancement of classified school employees' image in the community and schools.

(F) Any other area of superior performance, such as health and safety promotion or efficient use of energy or other resources.

(3) SELECTION.—The Secretary shall develop uniform national guidelines for evaluating nominations submitted under paragraph (2) in order to select the most deserving nominees based on the demonstrations made in the areas described in such paragraph.

(d) DEFINITIONS.—The terms used in this Act shall have the meaning given such terms in section 9101 of the Elementary and Secondary Education Act 1965 (20 U.S.C. 7801).

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Hawaii (Ms. HIRONO) and the gentlewoman from Illinois (Mrs. BIGGERT) each will control 20 minutes.

The Chair recognizes the gentlewoman from Hawaii.

GENERAL LEAVE

Ms. HIRONO. Madam Speaker, I request 5 legislative days during which Members may revise and extend and insert extraneous material on H.R. 2377 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Hawaii?

There was no objection.

Ms. HIRONO. I yield myself as much time as I may consume.

Madam Speaker, I rise today in support of H.R. 2377, which is a bill that establishes a National Classified School Employees of the Year Award.

Every day in schools across the country, there are people working hard to make sure our students have an opportunity to learn and succeed. Classified school employees are critical to this effort. They work as paraprofessionals: clerks, custodians, bus drivers, cooks, maintenance employees, nurses, security guards, and technicians. The work they do provides essential support to students and teachers, and for far too long, their contributions have gone unrecognized at a national level. H.R. 2377 will change this and create a National Classified School Employees of the Year Award.

The award will honor and recognize excellence in the classified school worker field. Their services vary widely, from establishing and promoting a high-quality instructional environment as paraeducators and library aides to providing other essential services, such as transportation, skilled maintenance, food and support services, and health care.

I'm sure we can all remember our favorite bus driver who provided our safe arrival to and from school. We can recall the nurse that perfectly bandaged our scraped knee, or we can reflect on a guidance counselor who helped us navigate our paths to college.

No matter the profession, classified school employees work tirelessly to ensure the success of America's students and public schools. Their dedication ensures the safety and welfare of students while improving the educational atmosphere, helping students meet the highest educational standards.

Today we recognize this work and thank them. I ask that you join us in support of this bill. I urge my colleagues to recognize the contributions of classified school employees by voting for H.R. 2377.

I reserve the balance of my time.

Mrs. BIGGERT. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 2377, to direct the Secretary of Education to establish and administer an awards program recognizing excellence exhibited by public school system employees, providing services to students in

pre-kindergarten through higher education. In short, this bill would create a national recognition program for classified school employees in nine categories, including transportation, food, security, and health and student services.

As you may well know, classified school employees provide the support services necessary to keep our Nation's schools open and running on time. These awards would be given annually by the Secretary of Education. Despite the fact that a school's support staff is often overlooked, they are an important part of the education team that we entrust our children to each day. These school employees provide transportation services that enable students to safely arrive to and from school, prepare and serve the food students eat each day, and keep the school facilities in which students learn clean and safe. Those classified school employees who go above and beyond deserve to be recognized for their efforts, and this bill would do just that.

I urge my colleagues to support H.R. 2377.

I reserve the balance of my time.

Ms. HIRONO. Madam Speaker, I am pleased to yield as much time as she may consume to the gentlewoman from Nevada (Ms. TITUS), the sponsor of this legislation.

Ms. TITUS. Madam Speaker, I rise today in support of H.R. 2377, a bill to establish a National Classified School Employees of the Year Award.

For teachers to teach and students to learn, schools must be well maintained; students must be kept healthy and safe; and all of the adults with whom students interact throughout their day, whether on the playground or in the lunch room, must support a school's culture of excellence.

Classified employees help to create and maintain an atmosphere that fosters achievement by working tirelessly to ensure the success of our Nation's students in public schools, colleges, and universities. They provide essential services, including transportation, facilities maintenance and operations, food service, safety, health care, and others. Whether they are in the classroom alongside teachers, helping to establish and promote a high-quality instructional environment, or in a bus, making sure that students arrive at school on time so they are ready to learn, these classified employees play a vital role in our schools, and they should be recognized for the outstanding work that they do.

There are approximately 2.8 million education support professionals across the country, yet too often their contributions go unrecognized. And that is why I am so pleased to have worked with you, Madam Speaker, as the lead sponsor of H.R. 2377, a bill that would establish a National Classified School Employees of the Year Award, and I am

proud that this legislation has 57 bipartisan supporters and cosponsors.

This award would be very similar to the Teacher of the Year Award but would recognize outstanding public school employees who provide support services to students from pre-kindergarten through their education in nine different categories: paraprofessionals, clerical services, custodial and maintenance services, transportation services, food services, skilled trades, health and students services, security services, and technical services.

The Secretary of Education will solicit nominations from the States in each of these occupational specialties. Nominees must demonstrate excellence in work performance, school and community involvement, leadership and commitment, local support, enhancement of classified school employees' image in the community and the school, and any other area of superior performance that is determined by the Secretary. The award winners will then be recognized by the U.S. Secretary of Education and the President.

Let me be clear, this is not a new government program, and honoring these special employees will not cost the government any money. Nor would this be the first time that government agencies have presented such awards to individuals who make important contributions. Both the Department of Defense and the Department of Commerce currently give such awards.

Honoring our classified school employees will provide the recognition and appreciation they deserve for the important work they do every day on the front lines to help our students succeed. As Booker T. Washington said, "Excellence is to do a common thing in an uncommon way."

So I urge my colleagues to reward the uncommon excellence of classified school employees by supporting H.R. 2377.

Mrs. BIGGERT. I yield back the balance of my time.

Ms. HIRONO. Madam Speaker, once again, I want to commend my colleague, Ms. TITUS, for bringing this bill forward, and reminding us that it truly takes many, many hands and hearts to enable our students to succeed. Again, I urge my colleagues to support H.R. 2377.

Ms. WOOLSEY. Madam Speaker, as an original cosponsor of H.R. 2377, I rise in strong support of the passage of this bill. H.R. 2377 would create an annual award program to honor the great work classified school employees do for our schools every day.

Classified school employees serve an important role in schools and help ensure students get the best possible education. Paraeducators, bus drivers, food service employees, and many other support staff help make the school day run smoothly. It is high time we honor their contributions by creating an annual award program that will honor the key role they play in promoting and ensuring

student achievement, student safety and well-being.

I look forward to working with the National Association of Classified School Employees and other education groups to continue to honor the important work of School Classified Employees. Again, I urge my colleagues to support this legislation.

Ms. JACKSON LEE of Texas. Madam Speaker, I rise in support of H.R. 2377, "To direct the Secretary of Education to establish and administer an awards program recognizing excellence exhibited by public school system employees providing services to students in pre-kindergarten through higher education" introduced by my distinguished colleague from Nevada, Representative TITUS.

The program which shall be known as the "National Classified School Employees of the Year Awards," will allow all of our classified school employees who work as paraprofessionals, clericals, custodial and maintenance, transportation, food and nutrition, skilled trades, health and human services, security, and technical services who provide exceptional service to public schools in the United States that play a vital role in providing for the welfare and safety of students. The awards program established and administered under the Secretary of Education will recognize those who strive for excellence in all areas of service to the education community and will recognize exemplary employees for their outstanding contributions to quality education in the United States.

Nominations will be submitted to the Secretary of Education by a chief state school officer no later than November 1 and shall consider nominations from local education agencies, school administrators, labor unions and professional associations based on work performance, school and community involvement, leadership and commitment, and local support. Prior to March 31, the Secretary of Education shall select an employee from each occupational specialty to receive an award under this recognition program.

I believe in recognizing those individuals who take time out to make a difference in the lives of our young people and I feel that the "National Classified School Employees of the Year Awards," will highlight the great work put forth by great people who have a great impact not only in the lives of our children, but in the area of education and in our local communities. I would like to personally thank all of those who work and contribute to the area of education through their selfless service and tireless efforts.

Ms. HIRONO. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Hawaii (Ms. HIRONO) that the House suspend the rules and pass the bill, H.R. 2377.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

SERGEANT CHRISTOPHER R. HRBEK POST OFFICE BUILDING

Mr. LYNCH. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4628) to designate the facility of the United States Postal Service located at 216 Westwood Avenue in Westwood, New Jersey, as the "Sergeant Christopher R. Hrbek Post Office Building".

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4628

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SERGEANT CHRISTOPHER R. HRBEK POST OFFICE BUILDING.

(a) DESIGNATION.—The facility of the United States Postal Service located at 216 Westwood Avenue in Westwood, New Jersey, shall be known and designated as the "Sergeant Christopher R. Hrbek Post Office Building".

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the "Sergeant Christopher R. Hrbek Post Office Building".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Massachusetts (Mr. LYNCH) and the gentlewoman from Illinois (Mrs. BIGGERT) each will control 20 minutes. The Chair recognizes the gentleman from Massachusetts.

GENERAL LEAVE

Mr. LYNCH. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and add any extraneous materials.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Massachusetts?

There was no objection.

Mr. LYNCH. I yield myself such time as I may consume.

Madam Speaker, as chairman of the House subcommittee with jurisdiction over the United States Postal Service, I am proud to present H.R. 4628 for consideration. This legislation, when passed, will designate the United States Postal Service facility located at 216 Westwood Avenue in Westwood, New Jersey, as the Sergeant Christopher R. Hrbek Post Office Building. Introduced by my friend and colleague Representative SCOTT GARRETT of New Jersey on February 22, 2009, H.R. 4628 was favorably reported out of the Oversight and Government Reform Committee on March 4, 2010, by unanimous consent. In addition, this legislation enjoys the support of the entire New Jersey House delegation.

A native of Westwood, New Jersey, Sergeant Christopher Hrbek proudly served our Nation as a field artillery cannoneer with the Third Battalion, 10th Marine Regiment, Second Marine Division, Second Marine Expeditionary Force out of Camp Lejeune, North

Carolina. Regrettably, Sergeant Hrbek was killed in action on January 14, 2010, by an improvised explosive device while supporting combat operations in Helmand province, Afghanistan. Sergeant Hrbek was 25 years old at the time of his death and on his fourth tour of duty with the United States Marine Corps.

As recalled by his family and friends, Sergeant Hrbek's enlistment in the United States Marine Corps evidenced his lifelong dedication to serving his community and his country.

At the age of 16, Sergeant Hrbek, who came from a family of firefighters, joined the Westwood Fire Department as a cadet and continued to serve his local community as a firefighter for the next 9 years. In addition to his dedication to the Westwood Fire Department and the town of Westwood, Sergeant Hrbek also aspired to serve in the United States military, and in particular, the United States Marine Corps. As noted by his loving stepfather Jaymee Hodges, Sergeant Hrbek "knew in his soul he wanted to be a Marine . . . and Christopher ate, drank, and slept the Marine Corps."

□ 1445

Accordingly, on his 18th birthday, Sergeant Hrbek asked his stepfather to take him to the Marine recruitment office in Hackensack, New Jersey, in order to enlist in the Marine Corps. Shortly thereafter, Sergeant Hrbek left for basic training at Parris Island, South Carolina. Sergeant Hrbek's subsequent and distinguished career in the United States Marine Corps included four tours of duty, three tours of duty in Iraq in support of Operation Iraqi Freedom, and then most recently, his last tour of duty in Afghanistan in support of Operation Enduring Freedom. In recognition of his service and sacrifice on behalf of our grateful Nation, Sergeant Hrbek has been posthumously awarded the Purple Heart.

Additionally, Sergeant Hrbek has also posthumously received the Bronze Star with Valor device. This was awarded for his heroic service during combat operations several weeks before his death. Specifically, in December of 2009, in the midst of hostile gunfire, Sergeant Hrbek rushed to save the life of a fellow marine, Sergeant Major Raymond Mackey, who had lost his legs as a result of an improvised explosive device attack. Sergeant Hrbek and a Navy corpsman carried Sergeant Major Mackey to safety and quickly applied tourniquets in order to stop the bleeding. This past Christmas Eve, Sergeant Hrbek was informed that he had been nominated for the Bronze Star with Valor device in recognition of that heroism.

In addition to the distinction and honor with which he served in the United States military, Sergeant Hrbek will be equally remembered for

his steadfast devotion to his family and his friends. As noted by Westwood Fire Chief Mark Fedorchak, Sergeant Hrbek would do anything for anybody. He will be sorely missed. It is a huge loss for our community.

While Sergeant Hrbek is no longer with us, his memory will continue to live on through his devoted family and friends, his loving community and the dedicated servicemen and women who were fortunate to serve with him.

Madam Speaker, the life of Sergeant Christopher R. Hrbek stands as a testament to all the brave servicemen and women who have offered the ultimate sacrifice in defense of our Nation.

Let us join with Congressman GARRETT from New Jersey and honor this outstanding soldier and American hero through the passage of this legislation to designate the Westwood Post Office in his name. I urge my colleagues to join me in supporting H.R. 4628.

I reserve the balance of our time.

Mrs. BIGGERT. Madam Speaker, I yield such time as he may consume to my friend and colleague from New Jersey, the sponsor of this bill, Mr. GARRETT.

Mr. GARRETT of New Jersey. Madam Speaker, I do indeed rise today in honor of Sergeant Christopher Richard Hrbek, a recently fallen marine. It was on January 14, 2010, when Sergeant Hrbek gave his life in service of our country. And today, we have the opportunity to pay tribute to Sergeant Hrbek by considering H.R. 4628, this legislation that will rename the post office up in Westwood, New Jersey, in his honor.

In addition, though, to paying tribute to Sergeant Hrbek, I would like to pause for a moment to recognize his family as well, for the sacrifice that they now have endured on behalf of our Nation. Chris is survived by his wife, Jamie Lynn Wengerter, his mother and stepfather, Cheryl and James Hodges, his father and stepmother, Richard and Gail Hrbek, his two sisters, Amy Dellentash and Lori Hrbek, and his two stepbrothers, Jim and Beau Hodges, as well.

As was pointed out, Sergeant Hrbek was not only a hero in the armed services, he was a hero back in his hometown as well. Chris was born and raised up in Westwood, New Jersey, and as stated, at the age of 16, he, along with a couple of his friends, became cadets in the Westwood Fire Department.

And just as an aside, I remember going to the funeral and hearing the little stories that they told—even before they were 16 just pretending to be firemen and the like, and always wanting to be a fireman when they grew up. But at age 16 they were able to actually put that into action and become cadets in the Westwood Fire Department.

Chris saw every opportunity to serve as a chance to shine. This is why it was

no surprise when he enlisted in the U.S. Marines in 2003. And as a marine, Sergeant Hrbek served four tours of duty, which included two combat tours in Iraq and Afghanistan. But it was indeed on December 23, 2009, when they were under heavy enemy fire that he saved a life, and it was of his own Sergeant Major, Sergeant Major Raymond Mackey.

As it was recounted later on to his family, Chris had been out on a patrol at that time when he heard an explosion about 10 paces behind him. Chris turned to see what it was, and he saw Sergeant Major Mackey badly wounded by the explosion.

So what did he do?

Well, he immediately turned his attention to Mackey, applying seven tourniquets and saving the Sergeant Major's life, and he did this all while under attack at the time. This is truly a definition of grace under fire. And for his valiant efforts Chris earned a Bronze Star with a Combat V. However, Chris was not able to ever receive that medal in person.

For it was on January 14 that Sergeant Chris Hrbek was killed on patrol in Helmand Province in Afghanistan after he encountered an IED. Hrbek's family posthumously accepted the Bronze Star on behalf of his life at his funeral. A letter was issued to his parents from the Marine Corps, and I think it really captured the sentiment that I know all America shares. It said, "by his zealous initiative, courageous actions, and exceptional dedication to duty, Sergeant Hrbek reflected great credit upon himself and were in keeping with the highest traditions of the Marine Corps and the United States Naval Service."

After Chris died in combat he received a hero's welcome back in his hometown in Westwood, New Jersey. It was on January 20th, this year, that his flag-draped coffin passed through the streets of Westwood, which were lined as far as you could see with flags and residents and students all coming out who stood proudly, side by side, in a mass of people, to pay tribute to this young man.

Now, joining the procession were the Marines from Camp Lejeune who served alongside him. And one of the marines was Sergeant Ryan Harsman. Sergeant Harsman noted, When Chris walked into a room everyone knew that he was there. He just had that presence. He never ran out of fuel.

Now, the New York Fire Department also honored Chris and, this month, bestowed the title of honorary firefighter, because Sergeant Hrbek had been accepted to begin training with the fire department over in New York City, but he deferred his enrollment twice so that he could continue his service to the U.S. Marines.

Sergeant Hrbek set the highest example, someone who was willing to

risk his life to save the lives of others. And so I am proud to be the sponsor of H.R. 4628 honoring the life of Sergeant Hrbek.

And I, with my colleague, join all my colleagues here to support this legislation memorializing Chris and his service to his hometown of Westwood, New Jersey, where Christopher Hrbek will forever be remembered as a hero, as a heroic marine, a loving husband, a son and a brother as well.

Mr. LYNCH. Madam Speaker, we have no further speakers on this, but I continue to reserve.

Mrs. BIGGERT. Madam Speaker, I yield myself such time as I consume to close. Let me just say that Sergeant Christopher Hrbek died preserving the lives of his fellow soldiers and the freedom of this Nation. And I urge that we support this bill to honor that spirit of sacrifice of a true hero embodied by Sergeant Hrbek.

I yield back the balance of my time.

Mr. LYNCH. Madam Speaker, I ask all Members on both sides of the aisle to join with Mr. GARRETT in honoring this proud young marine and in supporting H.R. 4628.

I yield back the balance of our time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Massachusetts (Mr. LYNCH) that the House suspend the rules and pass the bill, H.R. 4628.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. LYNCH. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECOGNIZING THE SIGNIFICANCE OF NOWRUZ AND CONTRIBUTIONS OF IRANIAN-AMERICANS

Mr. LYNCH. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 267) recognizing the cultural and historical significance of Nowruz, expressing appreciation to Iranian-Americans for their contributions to society, and wishing Iranian-Americans and the people of Iran a prosperous new year.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 267

Whereas Nowruz marks the traditional Iranian New Year, which originated in ancient Persia, and dates back more than 3,000 years;

Whereas Nowruz, meaning a "New Day", occurs on the vernal equinox and celebrates the arrival of spring;

Whereas Nowruz symbolizes a time of renewal and community, it harkens the departure from the trials and tribulations of the

previous year and brings hope for the New Year;

Whereas Nowruz is celebrated by nearly 300,000,000 Iranians and other peoples all over the world, including in the United States, Iran, and other countries in Central Asia, South Asia, Caucasus, Crimea, and Balkan Regions;

Whereas Nowruz is celebrated by more than 1,000,000 Iranian-Americans of all backgrounds, including those with Baha'i, Christian, Jewish, Muslim, Zoroastrian, and non-religious backgrounds;

Whereas the people of Iran have a long history of celebrating Nowruz and are congratulated for their bringing in of the New Year;

Whereas Nowruz embodies the tradition that each individual's thinking, speaking, and conduct should always be virtuous, and the ideal of compassion for our fellow human beings regardless of ethnicity or religion, and symbolizes a time of renewal and community;

Whereas the United States is a melting pot of ethnicities and religion and Nowruz contributes the richness of American culture and is consistent with our founding principles of peace and prosperity for all;

Whereas in 539 B.C., Cyrus the Great established one of the earliest charters on human rights, which abolished slavery and allowed for freedom of religion, and this marker in Iranian history has had significant impact on the respect for human rights that Iranian-Americans carry today;

Whereas Nowruz serves to remind the United States of the many noteworthy and lasting contributions of Iranian-Americans to the social and economic fabric of society in the United States;

Whereas Iranian-Americans continue to make contributions in all sectors of American public life, including as government, military, and law enforcement officials working to uphold the Constitution of the United States and to protect all people in the United States;

Whereas Iranian-Americans are vibrant, peaceful, and law-abiding citizens, many of whom are Baha'i, Christian, Jewish, Muslim, and Zoroastrian faiths; and

Whereas the Iranian-American community continues to enrich the tapestry of the diversity in the United States: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the cultural and historical significance of Nowruz;

(2) expresses its appreciation for the contributions of Iranian-Americans to society in the United States in observance of Nowruz; and

(3) wishes Iranian-Americans and the people of Iran and all those who observe this holiday a prosperous new year.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Massachusetts (Mr. LYNCH) and the gentlewoman from Illinois (Mrs. BIGGERT) each will control 20 minutes.

The Chair recognizes the gentleman from Massachusetts.

GENERAL LEAVE

Mr. LYNCH. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and add any extraneous materials.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Massachusetts?

There was no objection.

Mr. LYNCH. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, on behalf of the Committee on Oversight and Government Reform, I present House Resolution 267 for consideration. This legislation recognizes the cultural and historical significance of the traditional Iranian holiday of Nowruz, expresses our appreciation for the contributions of Iranian Americans to the United States and wishes all Iranian Americans, as well as the people of Iran, a prosperous new year.

This resolution has been offered by my friend and colleague, Representative MIKE HONDA of California.

I am going to yield to him such time as he may consume.

Mr. HONDA. Madam Speaker, I want to thank my good friend and colleague, Mr. LYNCH from Massachusetts, for yielding me time.

Madam Speaker, I rise today in support of my resolution, H. Res. 267, of the Iranian American community. Last year I introduced this resolution, which honors the Iranian New Year or Nowruz.

This resolution recognizes the cultural and historic significance of Nowruz, expresses appreciation for the contributions of Iranian Americans to society, and wishes Iranian Americans and the people of Iran a prosperous new year.

Nowruz will occur on March 21st of this year, and translates as "A New Day" or the first day of spring. This ancient holiday is rooted back to the Zoroastrian ancestors of modern Iran, and is celebrated over the first 13 days of spring.

Iranian American constituents of mine tell me it is their favorite time of the year, when families get together, picnic at a park, and celebrate the coming of spring and the new year. Many Iranian Americans also take the time to visit friends and contribute to local charities during this holiday.

Nowruz is not just celebrated by Iranians or Iranian Americans though. It is celebrated by over 300 million people across this world, and over one million Iranian Americans in our country. That is what intrigues me about this holiday. Nowruz festivities bring people together from all walks of life, not just Iranians, to join and celebrate as a community.

This ancient holiday has survived centuries of religious differences and political rivalries, and is celebrated by a diverse group of people from different religious and ethnic backgrounds.

Iranian Americans have made noteworthy and lasting contributions in all sectors of American public life, including as government, military, law enforcement officials, and in the fields of medicine, engineering and business.

I am proud to represent the civically engaged Iranian American community

in my Silicon Valley district who continue to teach all of us about their rich cultural history. I've had the opportunity to have meaningful dialogues with them over the years and witness firsthand their contributions to our society.

Madam Speaker, I am proud to stand on the House floor today to recognize and honor the exceptional ways in which the Iranian American community enriches our Nation's diversity. I wish the Iranian American community, and all those who celebrate Nowruz, a prosperous new year.

□ 1500

Mrs. BIGGERT. I yield myself such time as I may consume.

Madam Speaker, I rise today in support of House Resolution 267 and join my colleague from California (Mr. HONDA) in expressing appreciation to Iranian Americans for their contributions to society and wishing the people of Iran a prosperous new year.

Nowruz, meaning "new day," is a 3,000-year-old tradition that marks the beginning of spring and is celebrated by over 300 million people worldwide. Originated in ancient Persia, Nowruz is not limited to a specific ethnicity, religion, or creed. To commemorate the ideals and principles of Nowruz, families decorate a special table called the Haft Seen or Seven S's with items that symbolize significant characteristics associated with Nowruz such as love, life, prosperity, beauty, health, happiness, honesty, and faith.

In congratulating Iranian Americans and Iranians throughout the world on this momentous holiday, I think it is important to acknowledge the many significant contributions of these fellow citizens and neighbors to the framework of our great Nation. Ostad Elahi, an Iranian philosopher, believes that it is everyone's duty to be useful in society and placed such importance on service to society that he considered it to be the true meaning of piety and altruism. Iranian Americans continue to hold true to this principle as evidenced by their many noteworthy contributions to this Nation. From science and technology to commerce and trade; academia and medicine to music and the arts, Iranian Americans continue to enrich the social and economic fabric of American society.

Madam Speaker, I hope that our colleagues will join in recognizing this holiday by strengthening the ties of mutual respect with one another while advancing a harmonious exchange of ideals with our neighbors. We should mark the coming year with a revival of our shared values, principles, and ethics in the spirit of Nowruz.

I have no further requests for time, and I yield back the balance of my time.

Ms. JACKSON LEE of Texas. Madam Speaker, I rise today to support H. Res. 267

"Recognizing the cultural and historical significance of Nowruz, expressing appreciation to Iranian-Americans for their contributions to society, and wishing the Iranian-Americans and the people of Iran a prosperous new year."

As a cosponsor of this resolution, I am proud to recognize the contributions of Iranian Americans on their day of celebration. Nowruz is celebrated by nearly 300 million Iranians and other peoples all over the world, including in the United States, Iran, and other countries in Central Asia, South Asia, Caucasus, Crimea, and Balkan Regions. Nowruz, which means new day, is celebrated on 21 March, the day of the vernal equinox. Nowruz is celebrated by more than 1,000,000 Iranian-Americans of all backgrounds, including those with Baha'i, Christian, Jewish, Muslim, Zoroastrian, and non-religious backgrounds. The people of Iran have a long history of celebrating Nowruz—a holiday that embodies the tradition that each individual's thinking, speaking, and conduct should always be virtuous, and the ideal of compassion for our fellow human beings regardless of ethnicity or religion, and symbolizes a time of renewal and community.

This resolution not only reminds us all of the contributions made by our Iranian constituents, but also of the trying times faced by Iranians in Iran and in the Iranian diaspora. During this time of renewal, my thoughts are with the residents of Camp Ashraf and their families—some of whom reside in my district.

Late last year, three months after U.S. forces turned over control of Camp Ashraf, Iraqi security forces violated the human rights of the People's Mujahideen of Iran (PMOI). Camp Ashraf detains over 3,400 exiled Iranian political dissidents, who are members of the PMOI, including over 1,000 women. The PMOI opposes the current Iranian regime, and for their political beliefs they have been exiled from Iran and sequestered in Camp Ashraf. Several women detained at Camp Ashraf have reported acts of intimidation and threats of physical and sexual violence by members of the Iraqi security forces.

On July 28, 2009, Iraqi security forces conducted a raid on the detainees at Camp Ashraf. The raid occurred fewer than three months after the U.S. passed control of Camp Ashraf to the government of Iraq. The raid began on Tuesday, July 28th when Iraqi armored vehicles began attacks against the Iranian prisoners. The attacks continued for two full days and resulted in the death of 11 exiles and the injury of over 400 more. As a result of the raid on Camp Ashraf, 36 men were arrested under allegations of violent behavior. The 36 arrested Camp Ashraf residents have since been freed, but the United States has a continuing interest in ensuring that the events of July 28th never occur again.

The Iraqi government's treatment of the camp's residents sets a dangerous precedent for future treatment of minority groups. In recent years, there have been alarming numbers of religiously motivated killings, abductions, beatings, rapes, threats, intimidation, forced conversions, marriages, and displacement from homes and businesses, and attacks on religious leaders, pilgrims, and holy sites, in Iraq, with the smallest religious minorities in Iraq having been among the most vulnerable, although Iraqis from many religious commu-

nities, Muslim and non-Muslim alike, have suffered in this violence. In summary, members of small religious minority communities in Iraq do not have militia or tribal structures to defend them, do not receive adequate official protection, and are legally, politically, and economically marginalized.

Madam Speaker, as 300 million people worldwide celebrate the start of a new year, it is my hope that Iranians around the world find peace and prosperity.

Mr. WAXMAN. Madam Speaker, I rise in support of H. Res. 267, a resolution recognizing Nowruz, a festival celebrating the Persian New Year and arrival of spring.

It is a pleasure to join my colleagues in support of the first-ever congressional resolution marking Nowruz, a two-week holiday that is observed by millions of people of Persian descent in the United States, Iran, Iraq, Azerbaijan, and many other nations of the world. The holiday symbolizes renewal, health, happiness, peace and prosperity and is celebrated by adherents of many religions including Islam, Judaism, Zoroastrianism, and the Baha'i faith. It is a special time to share with family and friends and honor cultural traditions that date back more than 3,000 years.

As reflected in this resolution, Nowruz is also a special opportunity to recognize the important contributions of the Iranian-American community to our Nation's social and economic fabric. In Los Angeles, which is home to the largest Iranian-American community in the United States, there is great pride in the community's devotion to civic activism, philanthropy, and entrepreneurship. I would like to take this opportunity to wish all those celebrating Nowruz Aideh Shoma Mobarak, a happy and prosperous new year.

Mrs. MALONEY. Madam Speaker, I rise today in strong support of H. Res. 267, which recognizes the cultural and historical significance of Nowruz.

As an original cosponsor of H. Res. 267, I am pleased that we are using this occasion to reflect on the many contributions Iranian Americans have made to our society. I am proud of the ethnically diverse district that I represent and greatly appreciate all that Iranian Americans have added to the rich and varied culture of New York City.

Nowruz marks the traditional Iranian New Year and dates back more than 3,000 years. Nowruz, literally meaning "new day," celebrates the arrival of spring and occurs on the vernal equinox which this year will happen on Saturday, March 20th.

Through the ages Nowruz has provided the occasion for renewal and rejuvenation, displaying new resolve in settling old issues, and making new beginnings. Nowruz celebrates the core of our common humanity and our relation to Mother Nature. Although colored with vestiges of Iran's Mazdian and Zoroastrian past, Nowruz celebration is neither religious nor national in nature, nor is it an ethnic celebration. Muslim, Jewish, Zoroastrian, Baha'i, and Christian Iranians as well as many other peoples celebrate Nowruz with the same enthusiasm and sense of belonging.

Recognizing the cultural and historical significance of Nowruz and in its observance, I want to wish Iranian Americans and all those who observe this holiday a happy and prosperous new year.

I would like to thank Representative HONDA for introducing this important resolution, and I urge my colleagues to support it.

Mr. ROYCE. Madam Speaker, the following speech, "Nowruz: A New Day for Humanity," was given by Dr. Ahmad Karimi-Hakkak, on the evening of March 17, 2010, at the Library of Congress for the Nowruz Commission's inaugural event. Dr. Karimi-Hakkak serves as Chair of the Nowruz Commission's Cultural Committee.

NOWRUZ: A NEW DAY FOR HUMANITY

Nowruz, literally meaning "new day," has lived up to its name in wondrous ways. For at least three millennia, it has provided the supreme occasion for renewal and rejuvenation. The power behind its inexhaustible appeal resides in a simple truth: humans need a ritual that transcends distinct and distinguishable group identities to celebrate our common humanity. Nowruz does so by inviting everyone to contemplate nature as it puts on its most magnificent dress at springtime and to synchronize personal and communal relations with the spirit of nature. Pointing to nature's ability to renew itself each and every year, Nowruz manifests intense human yearnings that transcend all divisions. The roots of Nowruz are scattered in myth and in history in much of western Asia and is anchored most profoundly in Persian mythology, where it marks the beginning of the calendar. In recent centuries, as Empires in India and Iran, in Anatolia and Central Asia gave way to the modern countries, Nowruz has been celebrated in accordance with myriad local customs and traditions. Everywhere, however, it offers the promise of a human community in which a race of all races can create a new global culture beyond all nationhood and nationality. It aspires to no less than a human community as beautiful and colorful as nature on the first day of spring.

Mr. LYNCH. Madam Speaker, I have no further requests for time. I ask all Members on both sides of the aisle to join with Mr. HONDA, the principal sponsor of this resolution, and support House Resolution 267.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Massachusetts (Mr. LYNCH) that the House suspend the rules and agree to the resolution, H. Res. 267.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. LYNCH. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 3 o'clock and 4 minutes p.m.), the House stood in recess until approximately 6:30 p.m.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. DAHLKEMPER) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

House Resolution 1145, House Resolution 1170, House Resolution 1163, and House Resolution 267, in each case by the yeas and nays.

Proceedings on H.R. 4628 will resume later in the week.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

RECOGNIZING 125TH ANNIVERSARY OF THE UNIVERSITY OF ARIZONA

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1145, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Hawaii (Ms. HIRONO) that the House suspend the rules and agree to the resolution, H. Res. 1145, as amended.

The vote was taken by electronic device, and there were—yeas 392, nays 0, not voting 38, as follows:

[Roll No. 112]

YEAS—392

Ackerman	Boehner	Castor (FL)
Aderholt	Bono Mack	Chaffetz
Adler (NJ)	Boren	Chandler
Akin	Boswell	Childers
Alexander	Boustany	Chu
Altmire	Boyd	Clarke
Andrews	Brady (PA)	Clay
Arcuri	Brady (TX)	Cleaver
Austria	Bright	Clyburn
Baca	Broun (GA)	Coble
Bachmann	Brown (SC)	Coffman (CO)
Bachus	Brown, Corrine	Cohen
Baird	Burgess	Cole
Baldwin	Burton (IN)	Conaway
Barrow	Buyer	Connolly (VA)
Bartlett	Calvert	Conyers
Barton (TX)	Camp	Cooper
Becerra	Campbell	Costa
Berkley	Cantor	Costello
Berman	Cao	Courtney
Berry	Capito	Crowley
Biggert	Capps	Cuellar
Bilbray	Capuano	Culberson
Bilirakis	Cardoza	Cummings
Bishop (GA)	Carnahan	Dahlkemper
Bishop (NY)	Carney	Davis (AL)
Bishop (UT)	Carson (IN)	Davis (CA)
Blackburn	Carter	Davis (KY)
Blumenauer	Cassidy	Davis (TN)
Boccieri	Castle	DeFazio

DeGette	King (IA)	Pastor (AZ)
Delahunt	King (NY)	Paul
DeLauro	Kingston	Paulsen
Dent	Kirk	Payne
Diaz-Balart, L.	Kirkpatrick (AZ)	Perlmutter
Diaz-Balart, M.	Kissell	Perriello
Dicks	Klein (FL)	Peters
Dingell	Kline (MN)	Peterson
Doggett	Kosmas	Petri
Donnelly (IN)	Kratovil	Pingree (ME)
Doyle	Kucinich	Pitts
Dreier	Lamborn	Platts
Driehaus	Lance	Poe (TX)
Duncan	Langevin	Polis (CO)
Edwards (MD)	Larsen (WA)	Pomeroy
Edwards (TX)	Larson (CT)	Posey
Ehlers	Latham	Price (GA)
Ellison	LaTourette	Price (NC)
Ellsworth	Latta	Radanovich
Emerson	Lee (CA)	Rahall
Engel	Lee (NY)	Rangel
Eshoo	Levin	Rehberg
Etheridge	Lewis (CA)	Reichert
Farr	Lewis (GA)	Reyes
Fattah	Linder	Richardson
Filner	Lipinski	Rodriguez
Fleming	LoBiondo	Roe (TN)
Forbes	Loeb sack	Rogers (AL)
Fortenberry	Lofgren, Zoe	Rogers (MI)
Foster	Lowe y	Rohrabacher
Fox x	Lucas	Rooney
Frank (MA)	Luetkemeyer	Roskam
Franks (AZ)	Luján	Ross
Frelinghuysen	Lummis	Rothman (NJ)
Fudge	Lungren, Daniel E.	Roybal-Allard
Galle gly	Lynch	Royce
Garamendi	Mack	Ruppersberger
Garrett (NJ)	Maloney	Ryan (OH)
Gerlach	Manzullo	Ryan (WI)
Giffords	Marchant	Salazar
Gohmert	Mark ey (CO)	Sánchez, Linda T.
Gonzalez	Mark ey (MA)	Sanchez, Loretta
Goodlatte	Marshall	Sarbanes
Gordon (TN)	Matheson	Scalise
Granger	Matsui	Schakowsky
Graves	McCarthy (CA)	Schauer
Grayson	McCarthy (NY)	Schiff
Green, Al	McCaul	Schmidt
Green, Gene	McClintock	Schock
Griffith	McCollum	Schwartz
Guthrie	McCotter	Scott (GA)
Hall (NY)	McDermott	Scott (VA)
Hall (TX)	McGovern	Sensenbrenner
Halvorson	McHenry	Serrano
Hare	McIntyre	Sessions
Harman	McKeon	Sestak
Harper	McMahon	Sherman
Hastings (FL)	McMorris	Shimkus
Hastings (WA)	Rodgers	Shuler
Heinrich	McNerney	Shuster
Heller	Meek (FL)	Simpson
Hensarling	Meeks (NY)	Sires
Hergert	Melancon	Skelton
Herseth Sandlin	Mica	Slaughter
Higgins	Michaud	Smith (NE)
Hill	Miller (FL)	Smith (NJ)
Himes	Miller (MI)	Smith (TX)
Hinchey	Miller (NC)	Snyder
Hinojosa	Miller, Gary	Space
Hirono	Miller, George	Spratt
Hodes	Minnick	Stark
Holden	Mitchell	Stearns
Holt	Mollohan	Stupak
Honda	Moore (KS)	Sullivan
Hoyer	Moore (WI)	Sutton
Hunter	Moran (KS)	Tanner
Inglis	Murphy (CT)	Taylor
Inlee	Murphy (NY)	Teague
Israel	Murphy, Patrick	Terry
Issa	Murphy, Tim	Thompson (CA)
Jackson (IL)	Myrick	Thompson (MS)
Jackson Lee	Nadler (NY)	Thompson (PA)
(TX)	Napolitano	Thornberry
Jenkins	Neal (MA)	Tiahrt
Johnson (GA)	Neugebauer	Tiberi
Johnson, E. B.	Nunes	Tierney
Johnson, Sam	Nye	Titus
Jones	Oberstar	Tonko
Jordan (OH)	Obey	Towns
Kanjorski	Olson	Tsongas
Kaptur	Oliver	Turner
Kennedy	Ortiz	Upton
Kildee	Owens	Van Hollen
Kilpatrick (MI)	Pallone	Velázquez
Kilroy		Visclosky
Kind		

Walden	Weiner	Wolf
Walz	Welch	Woolsey
Wasserman	Westmoreland	Wu
Schultz	Whitfield	Yarmuth
Watson	Wilson (OH)	Young (AK)
Watt	Wilson (SC)	
Waxman	Wittman	

NOT VOTING—38

Barrett (SC)	Deal (GA)	Quigley
Bean	Fallin	Rogers (KY)
Blunt	Flake	Ros-Lehtinen
Bonner	Gingrey (GA)	Rush
Boozman	Grijalva	Schrader
Boucher	Gutierrez	Shadegg
Braley (IA)	Hoekstra	Shea-Porter
Brown-Waite,	Johnson (IL)	Smith (WA)
Ginny	Kagen	Souder
Buchanan	Moran (VA)	Speier
Butterfield	Pascrell	Wamp
Crenshaw	Pence	Waters
Davis (IL)	Putnam	Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining on this vote.

□ 1904

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

CONGRATULATING WINNERS OF VOICE OF DEMOCRACY SCHOLARSHIP

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1170, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Hawaii (Ms. HIRONO) that the House suspend the rules and agree to the resolution, H. Res. 1170.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 384, nays 0, not voting 46, as follows:

[Roll No. 113]

YEAS—384

Ackerman	Bishop (GA)	Cao
Aderholt	Bishop (UT)	Capito
Adler (NJ)	Blackburn	Capps
Akin	Blumenauer	Capuano
Alexander	Boccieri	Cardoza
Altmire	Boehner	Carnahan
Andrews	Bono Mack	Carson (IN)
Arcuri	Boren	Carter
Austria	Boswell	Cassidy
Baca	Boustany	Castle
Bachmann	Boyd	Castor (FL)
Bachus	Brady (PA)	Chaffetz
Baird	Brady (TX)	Chandler
Baldwin	Bright	Childers
Barrow	Broun (GA)	Chu
Bartlett	Brown (SC)	Clarke
Barton (TX)	Brown, Corrine	Clay
Becerra	Burgess	Cleaver
Berkley	Burton (IN)	Clyburn
Berman	Buyer	Coble
Berry	Calvert	Coffman (CO)
Biggert	Camp	Cohen
Bilbray	Campbell	Cole
Bilirakis	Cantor	Conaway

Connolly (VA)	Jenkins	Napolitano	Tierney	Walden	Whitfield	Camp	Halvorson	McDermott
Conyers	Johnson (GA)	Neal (MA)	Titus	Walz	Wilson (OH)	Campbell	Hare	McGovern
Cooper	Johnson, E. B.	Neugebauer	Tonko	Wasserman	Wilson (SC)	Cantor	Harman	McHenry
Costa	Johnson, Sam	Nunes	Towns	Schultz	Wittman	Cao	Harper	McIntyre
Costello	Jordan (OH)	Nye	Tsongas	Watson	Wolf	Capito	Hastings (FL)	McKeon
Courtney	Kanjorski	Oberstar	Turner	Watt	Woolsey	Capps	Hastings (WA)	McMahon
Crowley	Kaptur	Obey	Upton	Waxman	Wu	Capuano	Heinrich	McMorris
Cuellar	Kennedy	Olson	Van Hollen	Weiner	Yarmuth	Cardoza	Heller	Rodgers
Culberson	Kildee	Olver	Velázquez	Weich	Young (AK)	Carnahan	Hensarling	McNerney
Cummings	Kilpatrick (MI)	Ortiz	Visclosky	Westmoreland		Carney	Herger	Meek (FL)
Dahlkemper	Kilroy	Pallone				Carson (IN)	Herseth Sandlin	Meeks (NY)
Davis (AL)	Kind	Pastor (AZ)				Carter	Higgins	Melancon
Davis (CA)	King (IA)	Paul	Barrett (SC)	Deal (GA)	Putnam	Cassidy	Hill	Mica
Davis (TN)	King (NY)	Paulsen	Bean	Doyle	Quigley	Castle	Himes	Michaud
DeFazio	Kingston	Payne	Bishop (NY)	Fallin	Rogers (KY)	Castor (FL)	Hinchey	Miller (FL)
DeGette	Kirk	Perlmutter	Blunt	Flake	Ros-Lehtinen	Chaffetz	Hinojosa	Miller (MI)
Delahunt	Kirkpatrick (AZ)	Perriello	Bonner	Gingrey (GA)	Rush	Chandler	Hirono	Miller (NC)
DeLauro	Kissell	Peters	Boozman	Grijalva	Schrader	Childers	Hodes	Miller, Gary
Dent	Klein (FL)	Peterson	Boucher	Gutierrez	Shadegg	Chu	Holden	Miller, George
Diaz-Balart, L.	Kline (MN)	Petri	Braley (IA)	Heinrich	Shea-Porter	Clarke	Holt	Minnick
Diaz-Balart, M.	Kosmas	Pingree (ME)	Brown-Waite,	Hoekstra	Smith (NE)	Clay	Honda	Mitchell
Dicks	Kratovil	Pitts	Ginny	Johnson (IL)	Smith (WA)	Cleaver	Hoyer	Mollohan
Dingell	Kucinich	Platts	Buchanan	Jones	Souder	Clyburn	Hunter	Moore (KS)
Doggett	Lamborn	Poe (TX)	Butterfield	Kagen	Speier	Coble	Inglis	Moore (WI)
Donnelly (IN)	Lance	Polis (CO)	Carney	Moran (VA)	Wamp	Coffman (CO)	Inslee	Moran (KS)
Dreier	Langevin	Pomeroy	Crenshaw	Owens	Waters	Cohen	Israel	Murphy (CT)
Driehaus	Larsen (WA)	Posey	Davis (IL)	Pascrell	Young (FL)	Cole	Issa	Murphy (NY)
Duncan	Larson (CT)	Price (GA)	Davis (KY)	Pence		Connolly (VA)	Jackson (IL)	Murphy, Patrick
Edwards (MD)	Latham	Price (NC)				Conyers	Jackson Lee	Murphy, Tim
Edwards (TX)	LaTourette	Radanovich				Cooper	(TX)	Myrick
Ehlers	Latta	Rahall				Costa	Jenkins	Nadler (NY)
Ellison	Lee (CA)	Rangel				Costello	Johnson (GA)	Napolitano
Ellsworth	Lee (NY)	Rehberg				Courtney	Johnson, E. B.	Neal (MA)
Emerson	Levin	Reichert				Crowley	Johnson, Sam	Neugebauer
Engel	Lewis (CA)	Reyes				Cuellar	Jones	Nunes
Eshoo	Lewis (GA)	Richardson				Culberson	Jordan (OH)	Nye
Etheridge	Linder	Rodriguez				Cummings	Kanjorski	Oberstar
Farr	Lipinski	Roe (TN)				Dahlkemper	Kaptur	Obey
Fattah	LoBiondo	Rogers (AL)				Davis (AL)	Kennedy	Olson
Filner	Loeb sack	Rogers (MI)				Davis (CA)	Kildee	Olver
Fleming	Lofgren, Zoe	Rohrabacher				Davis (KY)	Kilpatrick (MI)	Ortiz
Forbes	Lowey	Rooney				Davis (TN)	Kilroy	Owens
Fortenberry	Lucas	Roskam				DeFazio	Kind	Pallone
Foster	Luetkemeyer	Ross				DeGette	King (IA)	Pastor (AZ)
Fox	Luján	Rothman (NJ)				DeLahunt	King (NY)	Paul
Frank (MA)	Lummis	Royal-Allard				DeLauro	Kingston	Paulsen
Franks (AZ)	Lungren, Daniel	Royce				Dent	Kirk	Payne
Frelinghuysen	E.	Ruppersberger				Diaz-Balart, L.	Kirkpatrick (AZ)	Perlmutter
Fudge	Lynch	Ryan (OH)				Diaz-Balart, M.	Kissell	Perriello
Gallegly	Mack	Ryan (WI)				Dicks	Klein (FL)	Peters
Garamendi	Maffei	Salazar				Dingell	Kline (MN)	Peterson
Garrett (NJ)	Maloney	Sánchez, Linda				Doggett	Kosmas	Petri
Gerlach	Manzullo	T.				Donnelly (IN)	Kratovil	Pingree (ME)
Giffords	Marchant	Sanchez, Loretta				Doyle	Kucinich	Pitts
Gohmert	Markey (CO)	Sarbanes				Dreier	Lamborn	Platts
Gonzalez	Markey (MA)	Scalise				Driehaus	Lance	Poe (TX)
Goodlatte	Marshall	Schakowsky				Duncan	Langevin	Polis (CO)
Gordon (TN)	Matheson	Schauer				Edwards (MD)	Larsen (WA)	Pomeroy
Granger	Matsui	Schiff				Edwards (TX)	Larson (CT)	Posey
Graves	McCarthy (CA)	Schmidt				Ehlers	Latham	Price (GA)
Grayson	McCarthy (NY)	Schock				Ellison	LaTourette	Price (NC)
Green, Al	McCaul	Schwartz				Ellsworth	Latta	Radanovich
Green, Gene	McClintock	Scott (GA)				Emerson	Lee (CA)	Rahall
Griffith	McCollum	Scott (VA)				Engel	Lee (NY)	Rangel
Guthrie	McCotter	Sensenbrenner				Eshoo	Levin	Rehberg
Hall (NY)	McDermott	Serrano				Etheridge	Lewis (CA)	Reichert
Hall (TX)	McGovern	Sessions				Farr	Lewis (GA)	Reyes
Halvorson	McHenry	Sestak				Fattah	Linder	Richardson
Hare	McIntyre	Sherman				Filner	Lipinski	Rodriguez
Harman	McKeon	Shimkus				Fleming	LoBiondo	Roe (TN)
Harper	McMahon	Shuler				Forbes	Loeb sack	Rogers (AL)
Hastings (FL)	McMorris	Shuster				Fortenberry	Lofgren, Zoe	Rogers (MI)
Hastings (WA)	Rodgers	Simpson				Foster	Lowey	Rohrabacher
Heller	McNerney	Sires				Fox	Lucas	Rooney
Hensarling	Meek (FL)	Skelton				Frank (MA)	Luetkemeyer	Roskam
Herger	Meeks (NY)	Slaughter				Franks (AZ)	Luján	Ross
Herseth Sandlin	Melancon	Smith (NJ)				Frelinghuysen	Lummis	Rothman (NJ)
Higgins	Mica	Smith (TX)				Fudge	Lungren, Daniel	Royal-Allard
Hill	Michaud	Snyder				Gallegly	E.	Royce
Himes	Miller (FL)	Space				Garamendi	Lynch	Ruppersberger
Hinchey	Miller (MI)	Spratt				Garrett (NJ)	Mack	Ryan (OH)
Hinojosa	Miller (NC)	Stark				Gerlach	Maffei	Ryan (WI)
Hirono	Miller, Gary	Stearns				Giffords	Maloney	Salazar
Hodes	Miller, George	Stupak				Gohmert	Manzullo	Salazar
Holden	Minnick	Sullivan				Gonzalez	Marchant	Sánchez, Linda
Holt	Mitchell	Sutton				Goodlatte	T.	
Honda	Mollohan	Tanner				Gordon (TN)	Markey (CO)	Sanchez, Loretta
Hoyer	Moore (KS)	Taylor				Granger	Markey (MA)	Sarbanes
Hunter	Moore (WI)	Teague				Graves	Marshall	Scalise
Inglis	Moran (KS)	Terry				Grayson	Matheson	Schakowsky
Inslee	Murphy (CT)	Thompson (CA)				Green, Al	Matsui	Schiff
Israel	Murphy (NY)	Thompson (MS)				Green, Gene	McCarthy (CA)	Schmidt
Issa	Murphy, Patrick	Thompson (PA)				Griffith	McCarthy (NY)	Schock
Jackson (IL)	Murphy, Tim	Thornberry				Guthrie	McCaul	Schwartz
Jackson Lee	Myrick	Tiahrt				Hall (NY)	McClintock	Scott (GA)
(TX)	Nadler (NY)	Tiberi				Hall (TX)	McCollum	Scott (VA)
							McCotter	Sensenbrenner

NOT VOTING—46

□ 1912

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. SMITH of Nebraska. Madam Speaker, on rollcall No. 113 I was unavoidably detained. Had I been present, I would have voted "yea."

Mr. JONES. Madam Speaker, on rollcall No. 113, had I been present, I would have voted "yea."

RECOGNIZING 50TH ANNIVERSARY OF WASHINGTON STATE UNIVERSITY HONORS COLLEGE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1163, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Hawaii (Ms. HIRONO) that the House suspend the rules and agree to the resolution, H. Res. 1163.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 389, nays 0, not voting 41, as follows:

[Roll No. 114]

YEAS—389

Ackerman	Bartlett	Bono Mack
Aderholt	Barton (TX)	Boren
Adler (NJ)	Becerra	Boswell
Akin	Berkley	Boustany
Alexander	Berman	Boyd
Altmire	Berry	Brady (PA)
Andrews	Biggert	Brady (TX)
Arcuri	Bilbray	Bright
Austria	Billirakis	Broun (GA)
Baca	Bishop (GA)	Brown (SC)
Bachmann	Bishop (NY)	Brown, Corrine
Bachus	Bishop (UT)	Burgess
Baird	Blumenauer	Burton (IN)
Baldwin	Boccheri	Buyer
Barrow	Boehner	Calvert

Serrano	Sutton	Walden	Camp	Harman	McHenry	Shuler	Teague	Walz
Sessions	Tanner	Walz	Campbell	Harper	McIntyre	Shuster	Terry	Wasserman
Sestak	Taylor	Wasserman	Cantor	Hastings (FL)	McKeon	Simpson	Thompson (CA)	Schultz
Sherman	Teague	Schultz	Cao	Hastings (WA)	McMahon	Sires	Thompson (MS)	Watson
Shimkus	Terry	Watson	Capito	Heinrich	McMorris	Skelton	Thompson (PA)	Watt
Shuler	Thompson (CA)	Watt	Capps	Heller	Rodgers	Slaughter	Thornberry	Waxman
Shuster	Thompson (MS)	Waxman	Capuano	Hensarling	McNerney	Smith (NE)	Tiahrt	Weiner
Simpson	Thompson (PA)	Weiner	Cardoza	Herger	Meek (FL)	Smith (NJ)	Tiberi	Welch
Sires	Thornberry	Welch	Carnahan	Herseth Sandlin	Meeks (NY)	Smith (TX)	Tierney	Westmoreland
Skelton	Tiahrt	Westmoreland	Carney	Higgins	Melancon	Snyder	Titus	Whitfield
Slaughter	Tiberi	Whitfield	Carson (IN)	Hill	Mica	Space	Tonko	Wilson (OH)
Smith (NE)	Tierney	Wilson (OH)	Cassidy	Himes	Michaud	Spratt	Towns	Wilson (SC)
Smith (NJ)	Titus	Wilson (SC)	Castle	Hinchee	Miller (MI)	Stark	Tsongas	Wittman
Smith (TX)	Tonko	Wittman	Castro (FL)	Hinojosa	Miller (NC)	Stearns	Turner	Wolf
Snyder	Towns	Wolf	Chaffetz	Hirono	Miller, Gary	Stupak	Upton	Woolsey
Space	Tsongas	Woolsey	Chandler	Hodes	Miller, George	Sullivan	Van Hollen	Wu
Spratt	Turner	Wu	Childers	Holden	Minnick	Sutton	Velázquez	Yarmuth
Stark	Upton	Yarmuth	Chu	Holt	Mitchell	Tanner	Visclosky	Young (AK)
Stearns	Van Hollen	Young (AK)	Clarke	Honda	Mollohan	Taylor	Walden	
Stupak	Velázquez		Clay	Hoyer	Moore (KS)			
Sullivan	Visclosky		Cleaver	Hunter	Moore (WI)			

NOT VOTING—41

Barrett (SC)	Davis (IL)	Quigley
Bean	Deal (GA)	Rogers (KY)
Blackburn	Fallin	Ros-Lehtinen
Blunt	Flake	Rush
Bonner	Gingrey (GA)	Schauer
Boozman	Grijalva	Schrader
Boucher	Gutierrez	Shadegg
Braley (IA)	Hoekstra	Shea-Porter
Brown-Waite,	Johnson (IL)	Smith (WA)
Ginny	Kagen	Souder
Buchanan	Moran (VA)	Speier
Butterfield	Pascarell	Wamp
Conaway	Pence	Waters
Crenshaw	Putnam	Young (FL)

□ 1920

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING THE SIGNIFICANCE OF NOWRUZ AND CONTRIBUTIONS OF IRANIAN-AMERICANS

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 267, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Massachusetts (Mr. LYNCH) that the House suspend the rules and agree to the resolution, H. Res. 267.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 384, nays 2, not voting 44, as follows:

[Roll No. 115]

YEAS—384

Ackerman	Bartlett	Boehner
Aderholt	Barton (TX)	Bono Mack
Adler (NJ)	Becerra	Boren
Akin	Berkley	Boswell
Alexander	Berman	Boustany
Altmire	Berry	Boyd
Andrews	Biggart	Brady (PA)
Arcuri	Bilbray	Brady (TX)
Austria	Bilirakis	Bright
Baca	Bishop (GA)	Broun (GA)
Bachmann	Bishop (NY)	Brown (SC)
Bachus	Bishop (UT)	Brown, Corrine
Baird	Blackburn	Burgess
Baldwin	Blumenauer	Burton (IN)
Barrow	Bocchieri	Calvert

Coble	Coffman (CO)	Cohen
Cole	Conaway	Cole
Conaway	Connelly (VA)	Conyers
Cooper	Cooper	Costa
Costello	Courtney	Crowley
Cuellar	Culberson	Cummings
Dahlkemper	Davis (CA)	Davis (KY)
Davis (TN)	DeFazio	DeGette
DeLauro	Delahunt	DeLauro
Dent	Diaz-Balart, L.	Diaz-Balart, M.
Dicks	Dingell	Doggett
Donnelly (IN)	Doyle	Dreier
Driehaus	Duncan	Edwards (MD)
Edwards (TX)	Ehlers	Ellison
Ellsworth	Emerson	Engel
Eshoo	Etheridge	Farr
Fattah	Filner	Fleming
Forbes	Fortenberry	Foster
Fox	Frank (MA)	Franks (AZ)
Frelinghuysen	Fudge	Gallely
Garrett (NJ)	Gerlach	Giffords
Gonzalez	Goodlatte	Gordon (TN)
Granger	Graves	Grayson
Green, Al	Green, Gene	Griffith
Guthrie	Hall (NY)	Hall (TX)
Halvorson	Hare	Harman
Harper	Hastings (FL)	Hastings (WA)
Heinrich	Heller	Hensarling
Herger	Herseth Sandlin	Higgins
Hill	Himes	Hinchee
Hinojosa	Hirono	Hodes
Holden	Holt	Honda
Hoyer	Hunter	Inglis
Inslee	Israel	Issa
Jackson (IL)	Jackson Lee	Jenkins
Johnson (GA)	Johnson, E. B.	Johnson, Sam
Jones	Jordan (OH)	Kanjorski
Kaptur	Kennedy	Kildee
Kilpatrick (MI)	Kilroy	Kissell
Klein (FL)	Kline (MN)	Kosmas
Kratovil	Kucinich	Lamborn
Lance	Langevin	Larsen (WA)
Larson (CT)	Latham	LaTourette
Latta	Lee (CA)	Lee (NY)
Levin	Lewis (CA)	Lewis (GA)
Linder	Lipinski	LoBiondo
Loeb	Loeb	Lofgren, Zoe
Lowey	Lucas	Luetkemeyer
Lujan	Lummis	Lungren, Daniel
Lynch	Mack	Maffei
Maloney	Manzullo	Marchant
Markey (CO)	Markey (MA)	Marshall
Matheson	Matsui	McCarthy (CA)
McClintock	McCollum	McCotter
McDermott	McGovern	McHenry
McIntyre	McKeon	McMahon
McMorris	Rodgers	McNerney
Meek (FL)	Meeks (NY)	Melancon
Michaud	Miller (MI)	Miller (NC)
Miller, Gary	Miller, George	Minnick
Mitchell	Mollohan	Moore (KS)
Moore (WI)	Moran (KS)	Murphy (CT)
Murphy (NY)	Murphy, Patrick	Murphy, Tim
Myrick	Nadler (NY)	Napolitano
Neal (MA)	Neugebauer	Nunes
Nye	Oberstar	Obe
Olson	Oliver	Ortiz
Owens	Pallone	Pastor (AZ)
Paul	Paulsen	Perlmutter
Perriello	Peters	Peterson
Petri	Pingree (ME)	Pitts
Platts	Poe (TX)	Polis (CO)
Pomeroy	Price (GA)	Price (NC)
Radanovich	Rahall	Rangel
Rehberg	Reichert	Reyes
Richardson	Rodriguez	Roe (TN)
Rogers (AL)	Rohrabacher	Rooney
Roskam	Ross	Rothman (NJ)
Roybal-Allard	Royce	Ruppersberger
Ryan (OH)	Ryan (WI)	Salazar
Sánchez, Linda	T. Sanchez, Loretta	Sarbanes
Scalise	Schakowsky	Schauer
Schiff	Schmidt	Schock
Schwartz	Scott (GA)	Scott (VA)
Sensenbrenner	Serrano	Sessions
Sestak	Sherman	Shimkus

NAYS—2

Miller (FL) Posey

NOT VOTING—44

Barrett (SC)	Deal (GA)	Putnam
Bean	Fallin	Quigley
Blunt	Flake	Rogers (KY)
Bonner	Garamendi	Rogers (MI)
Boozman	Gingrey (GA)	Ros-Lehtinen
Boucher	Gohmert	Rush
Braley (IA)	Grijalva	Schrader
Brown-Waite,	Gutierrez	Shadegg
Ginny	Hoekstra	Shea-Porter
Buchanan	Johnson (IL)	Smith (WA)
Butterfield	Kagen	Souder
Buyer	Moran (VA)	Speier
Crenshaw	Pascarell	Wamp
Davis (AL)	Payne	Waters
Davis (IL)	Pence	Young (FL)

□ 1927

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. BRALEY of Iowa. Madam Speaker, I missed votes on Monday, March 15, 2010 due to travel delays. If I were present, I would have voted:

“Yea” on rollcall 112, On Motion to Suspend the Rules and Agree to H. Res. 1145—Recognizing the University of Arizona’s 125 years of dedication to excellence in higher education;

“Yea” on rollcall 113, On Motion to Suspend the Rules and Agree to H. Res. 1170—Congratulating the winners of the Voice of Democracy national scholarship program;

“Yea” on rollcall 114, On Motion to Suspend the Rules and Agree to H. Res. 1163—Recognizing Washington State University Honors College for 50 years of excellence;

“Yea” on rollcall 115, On Motion to Suspend the Rules and Agree to H. Res. 267—Recognizing the cultural and historical significance of Nowruz, expressing appreciation to Iranian-Americans for their contributions to society, and wishing Iranian-Americans and the people of Iran a prosperous new year.

PERSONAL EXPLANATION

Mr. GUTIERREZ. Madam Speaker, I was unavoidably absent from the House Chamber today. Had I been present, I would have voted “yea” on rollcall votes 112 through 115.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF HOUSE RESOLUTION 1177

Mr. MINNICK. Madam Speaker, I ask unanimous consent to remove Mr. SIMPSON as a cosponsor of House Resolution 1177. He was added in error.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Idaho?

There was no objection.

□ 1930

CONGRATULATING THE UNIVERSITY OF HOUSTON ON ITS NCAA BASKETBALL TOURNAMENT SELECTION

(Mr. GENE GREEN of Texas asked and was given permission to address the House for 1 minute.)

Mr. GENE GREEN of Texas. Madam Speaker, I rise today to honor both my alma mater and hometown school, the University of Houston, and its men's basketball team, for being selected for the NCAA tournament for the first time in 18 years. The Cougars secured a bid to the tournament by winning the Conference USA championship game. Houston goes to the tournament with the Nation's leading scorer, Aubrey Coleman, and a solid team surrounding him. The team faces the University of Maryland on Friday in the opening round of the tournament.

While it's been some time since Houston has made an appearance in the NCAA tournament, we have a long history of success in the NCAA tournament, most notably in the early eighties. It was during this time, from 1982 to 1984, that Phi Slama Jama became the nickname of the University of Houston Cougars men's basketball team. The phrase was coined by a local sportswriter, Thomas Bonk, and the nickname was quickly adopted by the players and even appeared on team warm-up suits. Phi Slama Jama was coached by Guy Lewis and featured NBA Hall of Fame players Hakeem Olajuwon and Clyde Drexler. "Texas' Tallest Fraternity" was known for its dunking and explosive, fast-breaking style of play. While the 2009-2010 team has a different style of play, they're exciting to watch, and we'll be rooting for an upset on the number four seed on Friday.

GOVERNMENT DOES TOO MUCH FOR US, AND TOO MUCH TO US

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Madam Speaker, Dr. Adrian Rogers of Bellevue Baptist Church, Memphis, Tennessee, gave some sage advice over 20 years ago about the role of government. It is as relevant today as it was when he first said it. He said, "You cannot multiply

wealth by dividing it. You cannot legislate the poor into prosperity by legislating the wealthy out of prosperity. What one person receives without working for, another person must work for without receiving. The government cannot give to anybody anything the government does not first take from somebody else. When half of the people get the idea that they do not have to work because the other half is going to take care of them, then the other half gets the idea it does no good to work because somebody else is going to get what they work for. And that is the beginning of the end of any Nation."

Madam Speaker, we are in a time when the government does too much for us and too much to us in the name of taking care of all of us.

And that's just the way it is.

FLAWED PLAN TO PASS HEALTH CARE

(Mr. MORAN of Kansas asked and was given permission to address the House for 1 minute.)

Mr. MORAN of Kansas. In an effort to pass health care reform, Democrat leadership is considering a procedural tactic known as the "Slaughter solution" that will allow the passage of the Senate health care bill without an actual vote. Skirting a direct vote on a trillion-dollar plan that would increase health care spending, cut Medicare by nearly \$500 billion, and increase taxes by over \$500 billion is outrageous.

And I'm not surprised that the House Democrats don't want their name attached to this Senate bill, which was pieced together through shameless vote peddling and secret backroom deals like the "Cornhusker Kickback" and the "Louisiana Purchase." I'm not surprised that the Democratic leaders want to avoid a direct vote on a partisan measure that infuriated Americans and led to a stunning electoral upset in Massachusetts. I'm not surprised that Democrat leaders don't want their names linked to legislation that fails to reduce costs and adds to increasing deficit.

House Democrats have no problem imposing a flawed plan on the American people, but they are taking every opportunity to distance themselves from the passage of this package.

CONGRATULATING LASALLE COLLEGE HIGH SCHOOL AND STATE COLLEGE HIGH SCHOOL

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Madam Speaker, it was late in December 2009 when two high school football teams met on a snow-covered field in Hersheypark Stadium. They were there to determine who would walk away as

the Pennsylvania Interscholastic Athletic Association AAAA champions. It was LaSalle College High School versus State College High School. LaSalle won 24-7. Touchdowns were made by Sam Feleccia, Jamal Abdur-Rahman, and Tim Wade. Going into the game, LaSalle had a winning record of 13 wins and only one loss. Feleccia's 55-yard run pushed the Explorers ahead 24-0 with 4 minutes left in the quarter, sealing the victory for the Catholic school in front of more than 3,000 LaSalle fans.

The LaSalle Explorers became the first-ever Philadelphia city team to win a PIAA football title. They went on to the honor of having six of their team players selected for the Pennsylvania sports writers' all-State football teams. LaSalle's coach, Drew Gordon, was selected as the Coach of the Year. Runner-up State College had three players chosen for All-State.

I want to extend my sincere congratulations to LaSalle College High School for their outstanding victory and the State College Little Lions for an outstanding season.

SUPPORT ISRAEL

(Mr. BURTON of Indiana asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURTON of Indiana. Madam Speaker, one of our best friends in the Middle East, if not the best friend, is Israel. Israel has been criticized by our State Department last week because they were going to build some additional housing in Jerusalem. They have accepted the premise that they shouldn't right now be building housing outside Jerusalem. They have a moratorium on that. I think that was worked out with our government.

But as far as building in Jerusalem is concerned, they have always built in Jerusalem, and they have allowed Christians and Muslims and other groups to build in Jerusalem. So I can't understand why the Secretary of State criticized Israel and Benjamin Netanyahu, the Prime Minister, for allowing the construction of new housing in Jerusalem, because it's always been done and there's never been a prohibition against it.

At a time when we should be worrying about what is going on in Iran, a nuclear development program that threatens the entire Middle East and energy supplies that we need in this country to keep our economy going, we certainly should not be criticizing our best friend, Israel. Israel is a best friend. They stuck with us through thick and thin, and we should support them in every way possible.

CANCER CLUSTER

(Mr. ROONEY asked and was given permission to address the House for 1 minute.)

Mr. ROONEY. Madam Speaker, today I had the opportunity to meet with a group of residents from an area of Palm Beach called "The Acreage." Recently, a pediatric cancer cluster was confirmed in the Acreage, yet the cause is still unknown. In today's meeting, I spoke with mothers who have had children with brain tumors, along with other residents of the affected area. I was inspired by their optimism and dedication to this cause. They are not seeking to play the "blame game." They are simply looking for answers. At the same time, I heard their frustration with the overall Federal Government involvement—or lack thereof.

While the State and local health departments have been active in investigating and confirming the cluster at the local level, there are limits to what they can do and experiences they can draw on. And so today I call on the Federal involvement to improve. Action is needed now by the CDC and other agencies so they can lend their expertise and knowledge from other investigations to assist as we move forward. This is not a political or partisan issue. It's about finding answers to what caused the cancer cluster so my constituents can get on with their lives.

THE WEEK FOR HEALTH CARE

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE of Texas. Madam Speaker, this is the week—the week—that we will have an opportunity to provide expanded coverage for Americans. I hope this will be the week of truth and not for misrepresentations that have been carried forward. I hope that those who are uninsured will understand now that 31 million will have insurance; that Medicare care will be protected and in actuality expanded by the basic benefits plan; that Medicaid will be reimbursed in all 50 States. There will be no fixes for 100 percent, and then, going forward, 95 percent, and then 90 percent to protect those who are impoverished; we will have a system of a pool of insurance companies to thwart the one-insurance-company per State. You will be able to shop for the best plan. If you have your insurance, you'll be able to keep it. If you're a small business, you'll have subsidies. As well, yes, we require companies to carry insurance. But I believe this is "the week." It is a good week for America to vote for real health care reform.

HEALTH CARE TAKEOVER THIS WEEK

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Madam Speaker, this weekend I attended several community events throughout the Second District, and the message I received was clear: scrap this government takeover of health care and start working across the aisle to create jobs. How many times are the American people going to have to reject this health care monstrosity before the message is finally taken to heart? Americans across the country are tired of Congress's misplaced priorities. Tragic unemployment continues to cripple many communities. Liberals are obsessed with passing a job-killing health care takeover. NFIB documents 1.6 million jobs will be killed by the takeover.

Americans want health care reform, but they want Congress to tackle the unemployment rate first through job creation incentives and then work together for a bipartisan health care reform that increases access and lower costs.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

WOFFORD COLLEGE

(Mr. INGLIS asked and was given permission to address the House for 1 minute.)

Mr. INGLIS. Madam Speaker, I rise tonight to join a celebration going on in Spartanburg, South Carolina, because the Wofford College Terriers have won the Southern Conference Tournament Championship last week and they have gotten a ticket to the NCAA tournament. Led by Southern Conference Player of the Year Noah Dahlman, Wofford also won the regular season this year and then its first ever SoCon tournament title last week in Charlotte. Winning 13 straight games, Wofford will be making its first ever appearance in the NCAA tournament as the smallest school in the field of 65 this year, with 1,450 students. While the Terriers may be small in size, they played big in upset wins against Georgia and South Carolina.

My congratulations to Wofford head coach Mike Young and all the Terrier players. I'm with them all the way to the final. If they're against Duke at that point—sorry, all bets are off. Until then, I'm for the Terriers.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

THE RIGHT OF PRIVACY IS VIOLATED BY GOVERNMENT TAKEOVER OF HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Madam Speaker, the new health care bill is an invasion of people's privacy. It's another reason why we should vote it down. The government shouldn't be sticking its nose into people's medical records. It's none of the government's business. There's a "health care integrity data bank" in the bill that gives the Feds access to everyone's medical records. Once the government has everybody's medical records, none of that information is secure. Health care information should be between the patient and the doctor—and that's all. Not the patient and some yet unnamed, anonymous, unaccountable Federal bureaucrat.

Ask Joe the Plumber about government bureaucrats keeping personal information private. Joe was standing around in his front yard one day when the Presidential candidate walked right up to him for a little chat. It could have literally happened to any of us. Joe asked the candidate a question about "spreading the wealth around." Well, some government bureaucrat didn't like his question. She saw it on the news. She took it upon herself to illegally dig up his tax records and leak all that information to the media.

Giving government bureaucrats access to people's most private health insurance gives them opportunity to misuse that information, private and intimate information. The right of privacy is almost sacred, and this Federal Government grab of health care will eliminate medical privacy. Why do you think there are 111 new Federal agencies in this 2,700-page bill? It's to administer and snoop around in the medical records of Americans.

If the government health care bill passes, privacy is history. Talk to your doctor? The government will know about it. You have some type of illness or disease? The government will know. Feeling a bit depressed after a family death and need some medication for that depression? Well, the government will even know about your mental health issues.

Is this the kind of information that should be in the hands of Federal bureaucrats? When you fill out that background information for your private doctor and they ask you all about the diseases and illnesses and medical problems you have ever had, now that formerly confidential information will be in the hands of Federal Government bureaucrats to use however they want to. That should make us all sleep very well tonight. Once medical records are available to the Feds, every government agency will be fighting for the right to get their hands on that information. That's the way bureaucrats

work, especially when every individual's health in America becomes a Federal budget item.

□ 1945

Every American will be required to be a part of the Big Brother health care database because everybody will be required to have government-approved health insurance plans. It's not just the medical records that are no longer private. Under the government takeover of health care, they will have a plan for the government to have access to your banking records as well. The law now is that government has no access to your finances without a court order, but under the new plan, the government will have access to your bank accounts to make sure you're paying for that government-mandated health care or paying the fine on that failure to have insurance.

This 2,700-page bill gives the Feds the authority to automatically debit your bank account. Private medical records and bank records are none of the government's business. People won't talk to their doctor about problems anymore. They'll know somewhere in the deep, dark, dank dungeons of Washington, D.C., a Federal bureaucrat will be reading their medical records and their bank statements.

This is all an invasion of privacy and a violation of our Constitution, and those who say we can trust the government to keep this confidential live in an "Alice in Wonderland" existence. This whole scheme is a denial of individual liberty and an attempt to make America another European-style nanny state where the people are mere subjects to an oppressive, inefficient Federal bureaucracy. This health care takeover by the Feds is a violation of the right of privacy for all Americans.

And that's just the way it is.

FREEDOM OF THE PRESS CRACKDOWN IN AFGHANISTAN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Madam Speaker, for 8-plus years, we've been told that the military campaign in Afghanistan is about promoting freedom and democratic values, which is why the latest news out of Afghanistan is so disappointing and ironic. The Karzai government, which has proven itself corrupt and ineffective in so many ways, is imposing restrictions on media's freedom to cover suicide attacks. Of course the government insists, quite condescendingly, that this policy is simply about keeping journalists safe. It reminds me of when you were a kid and your parents told you they were enforcing some new rule or discipline because it was "for your own good." Of course, you thought that they were

doing it to serve their own interests, not yours. But in all seriousness, Madam Speaker, that's what's going on here.

This is censorship, plain and simple, designed to shield all of us from fully understanding the horrors and abject failures of this war. Sometimes, Madam Speaker, propaganda takes the form of active misinformation, but sometimes, as in this case, the propaganda is in what they don't tell you. Just as the previous Bush administration didn't want the coffins of dead U.S. soldiers photographed, the Afghan Government doesn't want its people or the world to know that the insurgency remains alive and well. They don't want us to know about the violence. They don't want us to know about the bloodshed because they don't want us to know that this troop surge is not working, that it is emboldening rather than crushing Taliban militants.

And here is the richest irony of all. The Taliban, one of the cruelest and most repressive regimes Afghanistan or the world has ever known, has put out a statement tweaking the Afghan Government for an action against the recognized principles of freedom of speech. You know you've run afoul of civil liberties when you've gotten a rise out of the Taliban, which banned everything from the Internet to kite flying to painted fingernails.

Madam Speaker, democracy depends on the ability of citizens to make sound decisions based on open access to information. When we crack down on freedom of the press, we undermine the very foundation of democracy and everything we're fighting for in this war. This episode is just one more reason why we need to bring an end to the conflict and adopt an entirely new national security approach.

A smart security strategy would replace the military surge with a civilian surge. It would defeat terrorism by providing aid and promoting human rights instead of sending troops. And smart security would also have a strong democracy-building component to help principles like freedom of speech and the press to take root in the troubled regions of the world.

We cannot passively accept this decision by the Karzai government to impose a gag order on the media. I urge Secretary of State Clinton and Special Envoy Richard Holbrooke to raise this issue at the highest levels. At a time when Americans are sacrificing so very much, when they're being asked to send their sons and daughters to risk their lives halfway around the world, we owe them nothing less than the unvarnished truth about this war. Now is the moment for more information, not less; the bad news as well as the good news.

AFGHANISTAN WAR POWERS RESOLUTION

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

Mr. JONES. Madam Speaker, last week during the debate on Afghanistan, I spoke on the floor. I was in support of the resolution introduced by Mr. KUCINICH, House Resolution 248, and I used in my remarks an article from Marine Corps Times of November 2, 2009. It says, "Caution Killed My Son: Marine families blast 'suicidal' tactics in Afghanistan." Sadly, Retired Marine First Sergeant John Bernard lost his son Lance Corporal Joshua Bernard, 19, who was killed in Afghanistan; and from that, his concern was that the rules of engagement have changed to such a point where our military is restricted in certain areas of what they can use in the way of defending themselves.

Well, after I read part of the article on the floor, it really got on my mind about, you know, what are we doing to our military if we're asking them to go to Afghanistan and fight, yet we tell them in certain situations, You cannot use your weapons? So I asked my staff to email a very dear friend of mine who is a retired senior military general. I wanted him to help me understand the rules of engagement. Well, the comments that he sent back really didn't speak to my question of rules of engagement, but I want to share with you part of his email back to my staff.

"As I wrote and mentioned to Congressman Jones before, trying to 'win' in Afghanistan is a losing proposition. You are not dealing with a nation-state, nor are you dealing with state actors. Afghanistan is a tribal country, and we are involved in a tribal warfare. Bottom line: as I told Congressman Jones before, Afghanistan has been too tough a nut to crack for every nation that has ever tried to crack it. We need to figure out a way to honorably pack our bags and get out. It is not in our national interest to be there. Al Qaeda is the enemy . . . not some tribesmen who are loosely affiliated with something called the Taliban. Al Qaeda does not need Afghanistan to attack us. They play 'whack-a-mole' . . . we beat them down in one location and they will pop up somewhere else. Case in point—Yemen. If we want to fight these guys, we need to fight like them. Hunter-killer teams supported by air and artillery . . . set ourselves up in the bad guys' backyard and hit them whenever they show their faces."

Madam Speaker, before I close, I want to say again that I am concerned about the issue of rules of engagement. I intend to write the chairman of the Armed Services Committee and ask for hearings, because it's not fair to send our men and women overseas to fight for this country and then tell them

that they're handcuffed. They can only shoot at certain times to defend themselves.

Madam Speaker, with that, before I yield back my time, as you know, I have signed over 9,000 letters to families and extended families who have lost loved ones in Afghanistan and Iraq because I will go to my grave regretting that I voted to send our troops to Iraq. Madam Speaker, I ask God to please bless our men and women in uniform. I ask God to please bless the families of our men and women in uniform. I ask God in his loving arms to hold the families who have given a child dying for freedom in Afghanistan and Iraq. And I will ask God to please bless the House and Senate, that we will do what is right in the eyes of God. And I will ask God to give wisdom, strength, and courage to the President of the United States, President Obama, that he will do what is right in the eyes of God. And I will ask three times, God please, God please, God please continue to bless America.

THE U.S.-ISRAEL RELATIONSHIP

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. ENGEL) is recognized for 5 minutes.

Mr. ENGEL. Madam Speaker, I rise this evening to reaffirm the strength of the U.S.-Israel relationship. Both of our countries have shared values. Both of our countries are democracies. Israel is the only democracy in the Middle East. I know there have been some difficulties during the past few days.

When Vice President BIDEN visited Israel, there was an announcement of the expansion of a neighborhood in North Jerusalem. The timing of that announcement was wrong, but I don't think that we should blow the timing of that announcement out of proportion. We should not have a disproportionate response to Israel. We need to be careful and measured in our response, and I think we all have to take a step back.

The relationship remains rock solid. The Obama administration and the administration of Prime Minister Netanyahu have been cooperating on a number of things: containing Iran, the Goldstone Report, and making sure that Israel retains its qualitative military edge in the region. And there has been good cooperation between our two administrations, the Obama administration and the Netanyahu administration. But to seem to question the very nature of the U.S.-Israel relationship and to put it in personal terms in a very public way will not contribute to peace in the Middle East. Rather, it's the contrary. It will cause the Palestinians to dig in their heels, thinking that the Americans can just deliver the Israelis.

Last year, when there was public pressure being put on Israel not to ex-

pand settlements, there was no simultaneous public pressure being put on the Palestinians, and we saw that the Palestinian President Mahmoud Abbas just sat back, didn't make any concessions, didn't say that he would do anything positively to further peace talks, and just thought that the United States would wring concessions out of Israel.

The fact of the matter is that the Israelis have been welcoming peace talks with the Palestinians. The Israelis have said they would sit down and have face-to-face talks for peace with the Palestinians. That's what you do when you have peace. Instead, the Palestinians have refused to sit with the Israelis, and Senator Mitchell is proposing to shuttle back and forth between the Palestinian side and the Israeli side to have negotiations, but not direct negotiations.

We need to be careful. If we criticize Israel for doing what we think was wrong, then we need to also criticize the Palestinians when they do things wrong. Just recently, the Palestinians named a square in Ramallah for a terrorist who killed 30-some-odd Israelis. I didn't hear any criticism of the Palestinian side. When the Palestinians dig in their heels and say they won't recognize Israel as a Jewish state, I didn't hear any criticism of Palestinians.

So all I am saying, Madam Speaker, is that we need to not only reaffirm the strength of our ties between our two countries, but we also need to understand that in a relationship between friends, as in family, there will be some disagreements. We need to be careful about how we voice those disagreements in public.

Let me say that harsh words are never a replacement for working together, but I think that harsh words can sometimes make us understand that only by working together can we confront the things that we both know need to be confronted—the scourge of terrorism, the thing that all nations understand emanates in the Middle East from radical forces, and those are the kinds of fights that Israel has every single day fighting terrorism. We learned about terrorism on this soil on 9/11. Israel has to deal with it every day.

So let me just say in conclusion that I think we need to take a step back. We need to reaffirm all the things that bring our two countries together. We in the United States understand that our best friend in the Middle East is Israel, and we need to continue with Israel. When we have disagreements, we have to talk about them, but we have to always understand that only by working together can we have peace in the Middle East.

□ 2000

RULES OF ENGAGEMENT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. You know, tonight, Madam Speaker, I was going to talk about health care. I think that subject's been covered fairly well by my predecessors, but I will be talking about it later this week, like all my colleagues on the Republican side will.

But what I'd like to talk about is what my colleague from North Carolina just talked about a few minutes ago, and that's the rules of engagement in the conflict in Afghanistan and Iraq.

One of the things that really surprised me was that we have three Navy SEALs that are being court-martialed right now for capturing an al Qaeda terrorist in Fallujah, Iraq. And this terrorist took four American contractors, one who was a retired Navy SEAL, he tortured them, he killed them, dragged their bodies through the streets, and then burned their bodies and hung them from a bridge. I think most people in America, Madam Speaker, probably saw that and were horrified that someone could be that inhumane.

But this man is an al Qaeda terrorist, one of the leaders over there, and we've been after him for some time. So we sent these three Navy SEALs to get him, and they did their job. These Navy SEALs, and many of the super-trained military personnel that we have, do an outstanding job in going after these people and risk their lives. In fact, in Afghanistan, we lost 19 Navy SEALs doing their job not too long ago when they went after an al Qaeda terrorist.

In any event, they captured this terrorist, and they brought him back so that he could be questioned and dealt with. They turned him over to the Iraqi military for a couple of days, and then he was turned back over to them. And then he said that he had been hit in the stomach by one of the Navy SEALs, and he had a split lip.

Now, bear in mind that this guy had murdered and tortured four American contractors and hung their bodies from a bridge. And he was complaining because he was hit in the stomach and had a bloody lip. Well, the Navy SEALs said that they didn't do that, and there's several witnesses that said they didn't do that. But one person off in the distance said that he saw some kind of an altercation. And because of that, they're being court-martialed.

Now, get this, Madam Speaker. They're being court-martialed for risking their lives and capturing a terrorist who killed and tortured four American contractors and who, we believe, was involved in beheading some other Americans.

I can't believe it. I don't understand what the administration and what our Defense Department's doing. We should be going after these people, and we can't go after them with kid gloves. We can't keep—we can't coddling them. These people are terrorists.

And my colleague from North Carolina that talked about the rules of engagement—now in Afghanistan we have military personnel over there that are told when and how they can shoot at the enemy who may be firing at them. And I've been told that many of the Taliban and al Qaeda terrorists over there, if they see they're going to be hit or attacked, they'll drop their guns after firing at the American personnel and our NATO allies. It's just crazy. You can't run a war like that.

And so I'd like to say to the Defense Department and to the President of the United States, if he were listening—I know I can't talk to him directly because I can only talk to the House and my colleagues. I can't talk to the people of America, even if they might be paying attention. But we can't run a war like this. We have to go after the terrorists, no holds barred. If we catch them and they're terrorists we should bring them to justice or kill them. It's just that simple.

And we shouldn't be holding our military personnel like these three Navy SEALs up to a standard that's impossible for them to be able to attain. They have to do their job. They risk their lives. Many of them get killed and come back maimed. I've been out to Walter Reed and to Bethesda, and I've seen the horrible things that happen in war and how they lose their arms and legs and are maimed for life. But they do that to help us maintain our freedom and our democracy, our Republic.

And so I hope that somebody in the Defense Department may be listening and paying attention, Madam Speaker, and in the administration. We need to take the gloves off of our men and women in combat and let them know we're behind them 100 percent. And these Navy SEALs should not be court-martialed, as is the case right now.

We have sent 140,000 petitions to the Defense Department asking for this case to be dropped. I hope it will be dropped. But we are not going to let this thing go away. We're going to fight for these Navy SEALs until we get them exonerated. If anything, they should get medals for what they did.

RESOLUTION CALLING FOR SUPPORT OF CUBA'S PRO-DEMOCRACY MOVEMENT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. LINCOLN DIAZ-BALART) is recognized for 5 minutes.

Mr. LINCOLN DIAZ-BALART of Florida. Madam Speaker, inside the

gulag of prisons in the Caribbean totalitarian state of the Castro brothers, a few days ago six heroes managed to get a statement out of one of the prisons, and I'd like to read it at this time.

"We continue to suffer cruel treatment, inhuman, degrading treatment, and even torture in the Communist regime's prisons. We ask all who support Cuba's freedom to, between March 12 and March 31, unite in short periods of fasting and study of the Bible, demanding the liberation of all political prisoners and liberty and democracy in Cuba. Please engage in short fasts and prayer sessions in your homes, churches, or other public gathering places, and speak out in articles and conferences to reflect upon and help implement, through peaceful, just, and patriotic means, the long-sought objectives of the Cuban people."

And this statement is from Oscar Elias Biscet, Julio Cesar Galvez, Ricardo Gonzalez, Normando Hernandez, Regis Iglesias, and Angel Moya. They are in the Combinado del Este prison of Cuba. This was sent March 3rd.

The Parliamentary Forum of the Community of Democracies was formed this last Friday, Madam Speaker, under the leadership of Lithuania, that is chairing the Community of Democracies, and especially a magnificent diplomat, Ambassador Pavilionis.

Lithuania led the Community of Democracies to form a parliamentary assembly, the Parliamentary Forum, and the first meeting was held in Vilnius, Lithuania, on Friday. And the first resolution by motion of the new president of the Parliamentary Forum of the Community of Democracies, President Zingeris, the first resolution of that Parliamentary Forum of the Community of Democracies, I'd like to read. It's titled Calling for Support of Cuba's Pro-Democracy Movement. In the convening meeting, the Parliamentary Forum of the Community of Democracies, Vilnius, Lithuania, March 12, 2010:

"Whereas the pro-democracy movement in Cuba has grown at a rapid pace over the last 3 years, and specifically expressions of the movement are evident today in the explosion of bloggers, independent journalists and musicians, artists, writers, and others who are using their talents to denounce the atrocities of the dictatorship, all while putting forth new ideas for the transition to democracy;

"Whereas there are still extraordinary obstacles to overcome such as the continued repression by the totalitarian dictatorship, extremely limited access to the Internet and 'texting' capabilities, and a lack of a coherent message of solidarity from the international community;

"Whereas the dictatorship is fearful of the growth of the pro-democracy movement;

"Whereas the message of the movement is coherent and clear in demand-

ing freedom for all Cuban political prisoners, beginning with those are gravely ill inside the prisons, freedom of expression, and fair multiparty elections with international supervision;

"Whereas this common position of the Cuban pro-democracy movement requires recognition, dissemination, and solidarity on the part of the international community;

"Whereas now more than ever the Cuban pro-democracy movement requires that the democratic community take concrete steps to demonstrate its solidarity;

"Now, therefore it is resolved by the Parliamentary Forum of the Community of Democracies that it condemns the brutality of the Cuban regime against Cuban political prisoners;

expresses its full support for the Cuban pro-democracy movement;

honors Cuban pro-democracy fighters such as the martyr Orlando Zapata Tamayo and express its admiration for the efforts of other heroes such as Guillermo Farinas;

calls for the immediate release of all Cuban political prisoners and free multiparty elections in Cuba; and

calls on the democratic community to take concrete steps in demonstrating their solidarity with the Cuban pro-democracy movement by providing humanitarian and technological assistance to the pro-democracy movement, urging foreign diplomatic posts in Havana to strengthen contacts with pro-democracy activists on the island, encouraging foreign dignitaries to visit Cuba for the sole purpose of meeting with pro-democracy activists, and looking for opportunities to reiterate and support the common position of the Cuban pro-democracy movement in the international community."

This action by the Parliamentary Forum of the Community of Democracies deserves commendation. Those heroes in the gulag who are suffering today are the leaders of Cuba tomorrow, and they deserve our support.

THE RULE OF LAW

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. CARTER) is recognized for 60 minutes as the designee of the minority leader.

Mr. CARTER. Madam Speaker, for the past, about—I don't know—12 to 18 months, I've been coming on the floor of the House and talking about various aspects of the rule of law. The rule of law is the underpinning upon which our society is built. We've talked about this over and over. We've talked about it in terms of ethical issues that pertain to people in this House. We've talked about it in terms of criminal actions. We've talked about it in terms of what's going on with our military.

You heard some speakers here tonight raise some issues concerning how we fight wars, rules of engagement. All of these are rules we set for ourselves in some form or fashion.

Well, I've also been on this floor talking about the fact that political correctness, in my humble opinion, is becoming so rampant in our society that we forget the "why" of what we are doing because we're so afraid of offending someone.

I am from central Texas. My district includes the largest military facility, as far as soldiers are concerned, on the face of the globe, Fort Hood, Texas. I think everybody, those of us from central Texas, we know Fort Hood, and when we hear Fort Hood we have a lot of great thoughts about the great soldiers out there, we have great thoughts about the great commanders that serve at Fort Hood, about the awesome accomplishments of the soldiers that have passed through Fort Hood for generations, fighting our Nation's battles on every shore you can imagine and all over this country, dating back to the Civil War.

Fort Hood doesn't date back to the Civil War, but Fort Hood is named after a Civil War soldier. We are proud of Fort Hood.

But, unfortunately, because of something that happened this year, Fort Hood will also be identified always in the minds of American citizens as a place where a terrorist stabbed people in the back by walking down the line of soldiers and shooting soldiers just standing in line, either checking in from going to war or checking out, getting ready to go to war. They were not armed. They were not doing anything more than what's required of them by the Army to process into or out of the facility.

And yet, a man who's now—we call him the accused, but over 200 people witnessed Mr. Hasan go on a shooting rampage, killing soldiers who were doing nothing more than standing in line, or processing another soldier. These were not people that were at war or were armed to defend themselves. Had they been armed to defend themselves, Mr. Hasan wouldn't have gotten over more than maybe one shot before he would have died, because these were professional soldiers who knew exactly how to take care of business.

But they were not armed. And, in fact, they were in a safe place. That's the sad thing. They were in a safe place, a place where they should have been safe or where they thought they were safe, and where maybe never again they will think that they are safe because of what happened that day.

□ 2015

Now, this was not some terrorist that sneaked into our country. This was a man that had joined the United States

Army and, through the goodness of the American citizen and the American taxpayer, received a medical degree with a psychiatric specialty; and all of this was paid for by the United States Army. He did his medical school, his residency, his post-residency training and his residency for psychiatry all while working for the U.S. Army and all paid for by the United States Government. He was an American citizen.

And yet homemade jihadism, we're now calling it, and some of that has been in the news this week, caused this man to go out and murder 13 people and one unborn child and wound or injure 43 additional people. There's one soldier right now—I won't mention his name but if he's watching he'll know who I'm talking about—he's sitting in a hospital in South Austin, he was shot multiple times, he's had a plate put in his head and it was rejected and he's going to have another plate put in his head. When I talked to his father, his father said: Two deployments. We prayed and worried our son all the way through two deployments. He came out with not a scratch. He's at home where he should be safe and this animal killed him; almost killed him. He's surviving through his heart being big and being tough and having a family and an Army that supports him.

This young man had been so successful in his last deployment that they were sending him to Officer Candidate School. He was not even stationed at Fort Hood. He was just transitioning through there to Officer Candidate School when he was shot. He still hopes to be an officer in the United States Army, and we are very hopeful that he will be, but he's a seriously wounded soldier. But he's going to make it and hopefully he'll get back in the Army that he loves.

And this is this domestic terrorist who decided he would take it upon himself to start a fight, right there at Fort Hood. Not a real fight, a one-sided fight, where he was the only guy with a gun. He had two of them. And he got to selectively shoot who he wanted to shoot, and he shot men and women in uniform. I don't know about you, but I think this was just another theater of war, a war that we've been fighting in Iraq and a war that we've been fighting in Afghanistan, against these terrorists who indiscriminately think that they have the right to kill in the name of whatever cause they call it. Some would say they are religious fanatics. Others would say they are jihadists and they have some kind of fanatical following. Whatever it may be. This is who we've been at war with now for 10 or 12 years.

And as we were told when it all started, it's going to be a long fight, maybe the longest in the history of the Republic. And it's approaching that now. I think these kids, these young men and women, were killed on the battlefield

of Fort Hood, and that's why I've introduced a piece of legislation to have them get the kind of benefits of people who get killed in combat or wounded in combat get, and that is that if there are medals to be awarded, they should get a medal; if they are wounded, they should get a Purple Heart.

I've already heard a story of a sergeant who was there with several of his troops. The sergeant was shot four times and as the man lowered the pistol to fire the fifth time, one of his enlisted men, thinking he couldn't take anymore, jumped in between the shooter and the sergeant to protect his sergeant and took the three other rounds that were fired. Had that taken place on the battlefield, I'm sure that would be something that would be heroism in the line of fire, and I think that young man should be awarded something like the Bronze Star, the Silver Star, something like that. I don't know. I'm not saying what medal, but he ought to get a medal for it. And if there are families from this combat experience who either lost a loved one or were injured from this battle at Fort Hood, I think they ought to get the extended combat benefits that we give to our soldiers when we send them into harm's way on a battlefield. And I think the American people, if they heard about that, would think, sure they ought to get that; that this was just another battle.

Because, remember, the testimony will be when this trial comes out, because I've talked to a lot of these soldiers that were there, that he was shooting soldiers. If he hit any civilians, it's just because he missed. But he was walking down the line shooting soldiers. He was declaring war on the American soldier.

I wanted to talk tonight about Fort Hood and what's going on there, the fact that we've got a report out that doesn't even mention radical jihadists or mention even the name of the shooter, and I'm afraid it was done because somebody was afraid they were going to step on somebody's toes. I've had some tell me they did it because they wanted to protect the prosecution of this man. Being a judge who tried cases in his courtroom for 20 years, including, I believe, five or six capital murder cases, I can assure you that if you can't prove a case with 200 eyewitnesses, you've got a serious problem with your lawyers. So I don't hesitate to say what I think about this thing because I think it was wrong for them not to report accurately who the person was and what he did.

I am joined by a good friend of mine who is a former Federal prosecutor, MIKE MCCAUL. He's my friend, my colleague from Texas, my neighbor, right down the road. I'm glad he's come to join us, and I will yield to my friend from Texas whatever time he wishes to consume.

Mr. McCAUL. I thank the gentleman from Texas and your hosting this leadership hour and your great leadership on this issue. You and I see this the same way. You were a judge. I was a Federal prosecutor. We respect the rule of law, but we respect the truth. We call it like it is. We call it like we see it. That's what Texans do. And the way I see it is this matter has been swept under the rug; we're not calling it what it is.

You and I, I think, were some of the first two Members of Congress to stand up and say, you know what, that was an act of terrorism that occurred the other day at Fort Hood. That was an act of a terrorist. Not some criminal defendant. This was an act of terrorism. You stood up, in representing Fort Hood in your usual way, and said that's what it was and I stood up and said the same. And it took months before the Secretary of Homeland Security came before our committee and finally acknowledged what we had said all along and that this was truly an act of terrorism.

I want to congratulate you for your bill, which essentially acknowledges it for what it was, and that was an act of war on U.S. soil, combat, recognizing the victims and their families, giving them the combat pay that they deserve. You and I were at the ceremony, the memorial service, one of the most dramatic memorial services I think I've ever attended. I know the gentleman feels the same way.

I just wanted to hold up a picture of that tragic day, where we had 13 pairs of combat boots, 13 rifles with 13 helmets honoring the dead and, of course, one unborn child; 43 injured, two of those injured standing next to me in this photograph. I asked them the question, because they are the best evidence, what happened that day? They were shot by him. What did he say to you? And these two said: Congressman, he said "Allahu Akbar." He screamed "Allahu Akbar" as he gunned down my colleagues in cold blood, as he wounded 43 soldiers on the base, the largest military installation in the country.

And who is this man? I met with General Cone at the ceremony and I said, Would you have liked to have known that a major on your base was making communications with the top al Qaeda operative?

Sure I would have.

What happened that day? The Joint Terrorism Task Force who I used to work with when I was a prosecutor had that evidence; a Department of Defense representative on the JTTF had that evidence; but for a variety of reasons—and I've questioned witnesses on this—did not want to share that with the commander of Fort Hood; for a variety of reasons. But for God's sake at least let the commanding officer know that he's got a major—this is not some ordinary event—a major on his base talk-

ing to an al Qaeda operative in Yemen, a man who it has come to our attention in a big way recently with the Christmas bomber, the same radical cleric who talked to the Christmas bomber.

But who is Mr. Hasan? And thank God he's a terrorist that is going to face a military tribunal. Well, he was born of Jordanian immigrants. Each of these, as the case unfolded, if you will, raised a flag as to who is this man. We talk a lot about connecting the dots, but these were dots that popped up that were failed to be acted upon. Why weren't these dots acted upon?

A man who said his allegiance was to the Koran, not the Constitution.

A man who described the war on terrorism as a war against Islam, according to a doctor who was in a graduate program with him.

A man who argued that Muslims are being targeted by U.S. anti-terror campaigns. A former classmate said of Mr. Hasan, he was very vocal about the war; very up-front about being a Muslim first and an American second.

And if that's politically incorrect for me to say that, all I'm saying here in this Chamber is the truth. You take it for what it is.

He was also concerned that Muslims in the military were being persecuted. On his business cards—this is all the evidence of this man—his business card said Soldier of Allah. We know that the morning of the shooting he wore traditional Pakistani garb at the 7-Eleven that morning. He was known to wear that off-duty. Certainly there are religious protections in this country for that.

But all these flags put together shows us an individual who was presenting a threat to the soldiers. We know al Qaeda has targeted military installations. We know they targeted Fort Dix. The question that General Cone asked me was, We just don't know how many more Hasans are out there. How many more Hasans are out there who are a direct threat to our military installations? The cleric in Yemen basically said that Hasan trusted him and praised him as a hero after the shooting. "God is great," that's what he screamed when he shot those men in cold blood. I can't think of anything more sickening to my heart as a God-fearing man, a Christian, or anybody who believes in God, to believe in a God where you could say, "God is great" as you're killing somebody. That's a perverted, twisted religion. That is what we are dealing with.

I have asked the Homeland Security Committee through letters. I am ranking on the Homeland Security Intelligence Subcommittee. I asked Chairwoman JANE HARMAN to hold hearings on this. We asked BENNIE THOMPSON, the majority chairman of the Homeland Security Committee, to hold hearings on this matter, because the Amer-

ican people are entitled to know what happened that day. And yet we got a report, a report that really didn't say a whole lot, a report that was so politically correct, it didn't even mention radical Islam. Well, in my view, that's what this war is all about that we're in right now, is a war against the extremists, against a radical, perverted teaching of Islam that says it's okay to kill in the name of Allah. The day we recognize that in this country, I think is the day we're going to be a lot safer.

I have a lot more to say, but I know the gentleman probably has some comments, but I do want to thank you for being one of the first ones to step out of the box and say this was an act of terrorism. I'm glad that NAPOLITANO has come around to that same conclusion. And I want to thank you also for your steadfast support for our troops. You represent a base that has more soldiers than any in the world, and I know how proud you are of them and how well you represent them, and I want to personally thank you for that.

□ 2030

Mr. CARTER. I thank my friend, Mr. McCAUL, for those kind words. And let's look at this exhibit we have got here. Congressman McCAUL, you have touched on a lot of these things. But you know, it was said by Mr. Nidal Hasan that he felt that he was being persecuted by people. And I have an old Gulf War colonel who said, You know, the Army must have changed a whole lot since I left the Army, because I never did know any enlisted men that would persecute a major in the United States Army. It makes to sense what he says, that enlisted men were persecuting a major. It makes no sense.

But the first question you need to ask yourself is how does a man who has shown the signs of radical Islamic behavior on multiple occasions, who has acted erratically for months before the attack and, I would argue and the evidence will show, actually for years before the attack—in fact, one of our Members of this House has talked to a doctor who went through medical school with him and said he was doing this in medical school, which is long before this period of time. And he promoted radical Islamic views at Walter Reed Hospital. He exchanged emails with this al-Aulaqi character, this radical imam character. How does a guy do those things and get promoted to major? He didn't start out in the Army as a major. He got promoted to major. He got moved down the line.

Well, I am going to tell you. And this is only my opinion, but it is based upon some experience I have had in my life. I tried a case one time back in the eighties that involved a nurse. And in our case she was accused of killing a baby while giving it its injections for typhoid-tetanus at a doctor's office and intentionally killing that baby. And

there was an awful lot of evidence that while working in an intensive care neonatal unit in San Antonio, a lot of other babies died very mysteriously on her watch. And unless I am mistaken, she got life imprisonment and she is still there.

But what is interesting is the system she was working in, when they started seeing unusual behavior, rather than doing something about it for fear of offending someone, they just recommended her for another job. And this pediatrician who was operating in Kerrville had asked whether this nurse would be a good nurse to go to work for them. And she got glowing reports from people who were looking at records and saying something is wrong when this lady is on duty.

You ask why would people do that? Well, because people have gotten to where we are so afraid of stepping on somebody's toes or offending someone because of their class, sexual classification, whatever it may be, that we don't just speak the truth. Something smells here. Something's bad. This doesn't make sense. We need to ask questions about this. We can't have a society like this. We have to be able, when we see something that looks wrong, to say that is wrong.

That is why I have got a bill that I introduced and will be working on it even further, the Military Whistleblower Protection Act. We have whistleblower protection which is very effective in the United States in many categories. And one of the things that happens in the military is your progress report; how you are doing in your job in the military is very important to whether you are going to be promoted to the next rank. And if you don't get promoted in the military, your days in the military are numbered. So you need to be promoted.

Many people fear to speak out in something like this for fear that someone might think they are exhibiting some sort of prejudice or prejudicial behavior which would go on their record and maybe prevent them from being advanced in the military even though everything else says they should be advanced. So they fear speaking out for fear of retribution. And they have made movies about whistleblowers. People know that in our society today the guy that steps up and says something and gets fired because he said it has a protection under the law called the whistleblower act. So I have asked us to look at granting to the Members of Congress the right to create a whistleblower act and doing it to protect our soldiers.

So we have got a whistleblower act that basically says that servicemembers can report unusual, bizarre behavior by other members, whether they be equal rank or other rank, without fear of retribution, and especially as it relates to radical Islamic threats, as we saw in this case.

Mr. McCAUL mentioned one of the things that we need somebody in the Department of Defense to say is that this involved a radical Islamic terrorist event. I have had my differences with Ms. Napolitano, but I will give her credit: when she was asked both in Mr. McCAUL's committee and in the Appropriations Subcommittee of Homeland Security, she made the statement that this was a violent Islamic terrorist act that took place at Fort Hood. She had the courage to call it what it is.

It is time for the Defense Department to call it what it is, to recognize these were men and women put in harm's way because they were serving in the United States Army in the presence of an enemy combatant with a gun. And that is why they should get the kind of benefits, including medals that should be awarded for heroism, if they deserve them and they earned them. So I commend Secretary Napolitano for being a person who speaks the truth.

Mr. McCAUL. If the gentleman would yield.

Mr. CARTER. Yes, I will yield.

Mr. McCAUL. It was refreshing to see that. And I don't always agree with her either, but she had the courage to call it like it is, like you and I called it for quite some time. The sad thing is there are 13 dead, one unborn, and 43 wounded because people didn't have the guts to stand up and call it what it was. You know, the day that happened it seemed to me there was a systematic process of trying to—like you said, I was a prosecutor too. If you can't win this case, you know, you need to get out of the business. The sweeping under the rug and not wanting to hold hearings on this issue and not willing to brief us.

We finally got a briefing on this just a couple of weeks ago for the first time. And you saw the impact this administration was trying to have on this whole thing that no, this wasn't—you know, we can't really call it what it is because we don't want to offend anybody. Well, that is the same type of attitude that led to this monster killing 13 people to begin with.

It was when all these red flags popped up and these dots, if you will, when they popped up, no one had the guts to act on it. And they want to sweep it under the rug, and they swept his promotion. They promoted him, even though all this was out there, swept it under the rug. And now even after the tragic events that happened that day, there is an attempt, in my view, to try to sweep all this under the rug and trying to move forward.

You know, this is one example of many things that have happened this past year. I always said that they like to attack a President in the first year of office, al Qaeda. They did it with Bill Clinton, '93 World Trade Center. They did it with George W. Bush with 9/11. And I predicted that this was going to

happen under this President's watch this year. And not only did this happen, but we had the same radical cleric tied to the Christmas bomber. Fortunately, Mr. Hasan will face a military tribunal. The Christmas bomber, on the other hand, will not.

We had several events over the last year of threats to the United States and multiple attempted terrorist attacks on the United States of America. And I think it is high time we recognize it and see it for what it is to better protect the American people and our military bases that we know are being targeted right now. The idea that the Joint Terrorism Task Force and, again, these are friends of mine, that they had this information and they didn't—I understand compromising investigations. But you could at least let the general at the base know that he has an individual, a major, in his outfit talking to a top al Qaeda recruiter, and you may just want to put him under observation. You don't have to question him, you don't have to dig into his files, you don't have to put him on alert that we are looking at him; but you may want to kind of just monitor his actions because there is some radical stuff going on, and potentially he could be a threat.

This man did not believe in the mission. The irony of Mr. Hasan is he was the man trained and paid for by the taxpayer in the United States Army to counsel people coming back from the theater of war, and he didn't believe in the mission. I can only imagine what kind of counseling he was giving to these troops coming back from the war theaters that you and I have been to in Iraq and Afghanistan and what he was telling them when he himself didn't believe in the mission they were sent to do. That is the absurd irony of Mr. Hasan.

And, again, as General Cone asked, how many more Hasans are out there? I think we have a duty in the Congress. I think the Department of Defense has a duty. I hope the Webster report will uncover more of this. But we have a duty to better protect our soldiers not only abroad, but right here in the United States. And that is the great, awful tragic event of what happened was that it happened on American soil and it happened in their home. That is just not supposed to occur in this country.

It needs to be taken seriously. It shouldn't be swept under the rug. And I think we should continue to do this and continue to ask the majority to hold hearings on this. And you know, as Secretary Napolitano admitted, it was a violent Islamic terrorist attack. I think the Department of Defense needs to come forward with that as well, and I think we have an obligation to the American people not to sweep this under the rug, to prevent future actions from occurring. Our oversight

responsibilities under the Constitution I take very seriously, and we have a duty here in the Congress to hold those hearings and get to the bottom of this case so we can stop it in the future.

I went down to Guantanamo after the President decided to close it down, and I saw Khalid Sheikh Mohammed. And it was during prayer hour. And he was laying on his rug, bowing to Mecca. And it was one of the most chilling things I have ever seen in my life. A man responsible for killing 3,000 Americans, and the idea that we are going to bring him into the United States. And look, I am a Federal prosecutor. The Southern District of New York is one of the best U.S. Attorney's offices in the country. But are we going to treat these people as criminal defendants or enemy combatants? Are we going to say that this is a war or a criminal prosecution?

It seems to me that we are slipping back into the Clinton years, where we really looked at these as really just illegal criminal prosecution, not an act of warfare perpetrated against the United States of America. It seems to me, particularly with the top 16 al Qaeda operatives, many of whom were responsible for 9/11, that was an act of warfare, and it should be treated as such.

□ 2045

Mr. CARTER. This exhibit right here has a picture actually of the Pentagon right after it was hit. We have this displayed here because in talking about the receiving of medals by our soldiers at Fort Hood and getting the kind of benefits that you get from being in combat, we awarded the people killed and injured by the plane that flew into the Pentagon with exactly those benefits. And I am told by members of the Armed Services Committee that it was done without an act of Congress; although, I will ask for this Congress to act.

I have also written a letter to Secretary Gates asking him for the same administrative remedy for these casualties of the war on terror on American soil. We gave it to them. It was a horrendous act. That picture, and other pictures from that time, should be cemented in our memory forever. Whether you kill 3,000 or whether you kill 14 and injure 43, these are still American people who lost their lives at the hands of terrorists in the middle of the war on terror, a war on radical Islamic jihadism. It's time for us to step up to the plate for these people and do this for them.

Mr. McCAUL. If the gentleman would yield, I was proud to be a cosponsor of your bill. I hope we see it pass in short order.

I agree with you. That was an attack on American soil by the terrorists. According to the Secretary of Homeland Security, so was Fort Hood, and Amer-

ican soldiers were killed. So how can we differentiate between the Pentagon and Fort Hood? Both are symbols of military might and power in the United States. I think it is fitting to the families. I would hope the majority would see it the same way, that this was an act of terror perpetrated on American soldiers and on a symbol of military might and power, and give them the just compensation that they gave the victims of 9/11 and the Pentagon.

I can think of no reason why that legislation should be blocked by the majority.

Mr. CARTER. Let me state that many Members of both sides of the aisle have joined in cosponsoring this bill. I think when we get through some of this other business that is taking forever around here we might get down to something like this. I agree with you. This was supposed to be an oversight Congress, and I think in many ways, there is a valid attempt to try to be an oversight Congress.

Nothing is more important for oversight than an issue like this, and that is, just what happened and how it happened. And you say, Well, okay, people were killed. It has got bigger ramifications than that. That is what is so hard to understand. This was a man wearing the same uniform of the people he shot.

I want to share a story, and I have shared it before on the floor of the House. The day after all this took place, I was at Fort Hood. I was out at Darnall Hospital where there were wounded out there who had been transported both there and all over our district. Our community, from all the way down into Williamson County, Bell County, and Coryell County, the whole surrounding area just united behind the medical community, behind this terrible act and gave the very best medical care available anywhere for these people.

I was talking to a nurse, and she said when she was deployed to Afghanistan, she worked in a hospital with Australians. And she got an email from an Australian nurse the morning I visited Fort Hood, which was the day after the shooting, and in that email the lady said, you know, Soldiers in the Australian army are starting to question and asking this question of mental health professionals in our army already today: If the Americans can't trust the people in their uniform, can we trust the people in our uniform?

Now, remember, if you're in the military and you're a soldier, we like to say we depend on each other in this place. But when they say they depend on each other, they mean they put their life in the hands of the man behind them and the man on either side of them and the man in front of them, and they in turn have those people's lives in their hands. The military functions by knowing that each can do

their job and trusting the other one to do it.

And so there is something that strikes in the psyche of a soldier when a fellow soldier publicly executes 13 people and ultimately results in the death of an unborn child, 14 deaths, wearing the same uniform as the people who were shot, and so it strikes to the soul of a soldier. We are doing our very best and I would say doing a good job of overcoming that. These are awfully, awfully talented young men and women in the army, but it's still there. It's still creating distrust, driving a wedge in our military, and, arguably, it's as effective a strike as you can have if you cause folks to distrust. So this has big scope. In truth of fact, what will we think if somebody we trusted to have our backs started shooting people in this place? We would wonder who we could trust.

Mr. McCAUL. I agree. I think this is, in some ways, worse than 9/11 because, there, the enemy was foreign, radical Islamic terrorists. In this case, these soldiers are saluting their colleagues who lost their lives, who were killed by a major in the U.S. Army who was wearing the very same military uniform that they are. And the idea that he could betray his soldiers like this, and not only betray, but kill them, that's what I think makes it so very, very hard to accept.

Aulaqi, the Yemeni cleric, said that Hasan trusted him. The radical cleric said that Hasan trusted him. Unfortunately, the Army trusted Mr. Hasan and promoted him through the ranks. Because of political correctness, he was never called out for his behavior, which we know was a problem. We know the flags were raised. I'm not making this stuff up. He had business cards that said "soldier of Allah," the jihadist line he used when he killed them in cold blood, talking about the war on terrorism is a war against Islam. It just makes you wonder how could we have promoted someone in the United States Army and the United States military with these types of flags going up? He said his allegiance was to the Koran and not the Constitution.

Judge, you are absolutely right. The morale, which is so important in a time of war that we are in, is critical here. And if we can't act upon cases like this in the United States Army in the United States out of fear that we won't be politically correct and we may hurt someone's feelings, where have we gone in this country? We can't call it out like it is and say it for what it is, that this man did not love his country, that he had more loyalty to radical Islam, and that is precisely why he killed those 13 soldiers that day.

Mr. CARTER. I will make another argument besides that, and then I'm going to let my good friend Mr. KING from Iowa talk a little bit.

I would also argue that the way this thing has been treated, I would say

with kid gloves, makes the next homegrown terrorist, of which we have seen, what, two or three in the last 2 weeks up here, Jihad Jane and I think there is another one now, Jihad Jenny or somebody, these women who are American citizens who are now promoting jihadist terrorism, and the underwear bomber on Christmas Day. So these people, I think, by looking at the soft kid gloves activity of a murderer on a military base, I think it encourages them to get involved in this stuff. If they have got a screw loose, which most of these people do, I think it just encourages them.

Mr. McCAUL. I point to the same radical cleric who praised Mr. Hasan's actions and called him a hero is the same radical cleric who is behind the Christmas bomber. This is no coincidence here. It is connecting back to a radical al Qaeda operative out of Yemen. Why in the world General Cone didn't know about this, a major on his base, is really beyond me. And that's what we have got to fix looking forward with the JTTFs and with the Department of Defense.

We have talked to them about the Christmas bomber. But how many Christmas bombers are out there? How many more people is the radical cleric Aulaqi influencing? Jihad Jane and others, they all go to these Web sites. And not only do we have to deal with the al Qaeda operatives overseas, but this kind of act inspires them, and the fact that we could have let this happen inspires them. And then how many more radical homegrown terrorists are potentially out there in the United States?

We know that the radical cleric has now said just one man, one incident. They are decentralizing. They are saying one man can carry out, take a gun, take an explosive device. That is in a very radical departure from how al Qaeda had worked in the past, and it is coming from the same individual who is tied to Mr. Hasan and the Christmas bomber, and we better wake up to that.

Mr. CARTER. Let me say as a comment that I have huge respect for General Cone and the outstanding job he did with the situation that happened at Fort Hood. And this is the same man who was preparing to deploy three corps to Afghanistan to start the very serious business of pulling American soldiers out of that combat zone. With that on his plate, this fellow in his lap, I think he did an outstanding job of handling it. And by the way, he still, on time, deployed the third corps to Iraq, and he is right now, today, over there doing our bidding and our job of pulling down, making elections work, and pulling down the forces for the taking out of 50,000-plus soldiers in August. He is a great American and an outstanding soldier.

I want to yield to Mr. KING from Iowa however much time he wants to take

to talk about these issues of radical Islamic jihadism and not letting political correctness silence our mouths.

Mr. KING of Iowa. I thank the Judge from Texas for yielding and my friend from Texas for being here to lead on this Special Order tonight, and you especially felt it more than anyone else outside of Texas, the pain of the 14 that were murdered by Major Hasan. And the question arises that we need to face, and it is something we talked around a little bit here, and I don't believe we talked about it directly, and that is the issue of profiling. What is it about people that makes us think we should be a little more suspicious of them than somebody else?

I grew up in a law enforcement family, and a couple of things never occurred to the law enforcement extended family that I grew up in. One of them was to ignore the law or the rule of law, and another one would be to ignore the very evidence in front of your eyes. The good thing about police work and investigation is you see things that are out of order, you notice those, turn your focus on that and wonder why it is out of order. And the instincts and the training, which is profiling to one fashion or another, causes the law enforcement resources to be used in a far more effective fashion, and time after time, crimes are solved because there have been police officers that understood the anomalies in the people.

I'm opposed to using law enforcement to go out and target people because of race, religion, or ethnicity. But when it's before your very eyes, and when you see people going in and out of the airports and who has been blowing up our planes and who has been hijacking us, that is young Muslim men. And so I would suggest that, instead of spread-eagle searching the 80-year-old Norwegian grandmother with blues eyes and white hair, we ought to turn our focus in a higher percentage on the people that fit the profile of the kind that are likely to bomb us.

Now, it's unfortunate that there are a lot of innocent people that would fit that profile, but it's far more unfortunate if we waste our resources searching people that have no history and then their profile doesn't fit anyone that would be bombing an airline. And that is just simple common sense, and it is good police work. But we are so politically correct in this country, we wallow in self-guilt in America. We go back and look at ourselves and figure out, somebody once pointed the finger and said, Well, you're bigoted and racist, so, therefore, we have to bend over backwards to demonstrate we will do all kinds of foolish expenditures of our taxpayer dollars to avoid anybody being able to point statistically to the focus of resources where the resources should be focused.

And I don't suggest, Madam Speaker, that we ought to simply profile and put

all of our efforts into one particular profile; I just suggest that we score them according to a weight system and turn our focus on those in proportion to the degree of the score. That makes sense. And I would assume that that would have been the thing we would have done after September 11, but in reality, no. We are a nation with self-guilt.

□ 2100

Another component of this would be Major Hasan. The question that came out was, whatever happened that he got radicalized? We use the term "got radicalized" as if it somehow is not their fault; we allowed an environment or nurtured an environment. Every individual that attacks people and kills them is responsible for their own actions. And if the radicalization does take place, it is by their will and by the will of people like Awlaki.

We are also so politically correct that we won't go in and listen to the radicalization taking place. We won't tape the sermons in the mosque. We simply wait for something bad to happen and, therefore, nobody can point their finger to us and accuse us of being politically incorrect. Of course, they point their finger at me every day as politically incorrect, Madam Speaker.

I think this Nation needs to utilize their resources, utilize them wisely, and do so in a fashion that is clearly for the purposes of enforcing the law and protecting the safety of the American people.

We should look into the psychology of the Army—and I have an Army tie on today, you might notice—that they need to also understand that they have the ability to speak up and keep an eye out for the kind of people that would come and kill us, the people that believe their path to salvation is in killing Jews, Christians, and capitalists, in that order. And if they can get a twofer, they are happy. They believe that is the eternal bliss for them if they can get that done. I say there is a place for them in the next life, and it is not where they think.

I yield back to the judge from Texas, and thank him for indulging me.

Mr. CARTER. I thank the gentleman for his comments.

I think the most important thing we ought to do as Americans is be willing to stand up for what is right. And if it means that someone might get their feelings hurt, I don't have a problem with that.

I am not for dragnets. I am not for going out and shaking up communities like used to happen in the olden days, older than me anyway. In fact, there used to be a television show called "Dragnet" and a radio show called "Dragnet." Those are wrong, and we aren't talking about that. But we are talking about using good intelligence.

And if we are going to kill our intelligence and not look at things because we are afraid we are going to hurt somebody's feelings, then we are going to get hit again. And if we get hit again, we are going to be standing around still asking the same questions we are asking here tonight: Why? What happened? Why did this happen? Why didn't we know? As my friend Mr. MCCAUL had been saying, we had the information to ask the question. Somebody should have asked it. That is the key.

Mr. MCCAUL. If the gentleman would yield. We had the information in both the Hasan case and the Christmas bomber. I made all the points about the Hasan case, all the flags that popped up, a failure to act upon those red flags.

Indeed, in the Christmas bomber case you had a State Department cable coming out that warned the father had come in warning that his son was in touch with Islamic extremists in Yemen. Yet, when I asked the Under Secretary of the State Department, Mr. Kennedy, in God's name when he found that out, why didn't he revoke his visa, his response was, You know, a lot of people come into embassies and a lot of people give us tips, and they are not all credible. And I said, Well, this was not some anonymous source coming in, it was his father.

Meanwhile, in the intelligence community there is specific threat information coming in about this individual. The State Department has got the cable, the intelligence community has got the threat information. It is not put together. Both sides could have acted on it. The intelligence community could have asked the State Department, Does this guy have a passport? Does he have a visa? Can we revoke that? And the same with the State Department. Yet, that doesn't happen.

We need to move forward to make sure the Christmas bomber never happens again, and to make sure, with all the evidence coming in with Mr. Hasan, to make sure that with individuals like this the evidence isn't swept under the rug out of political correctness.

Mr. CARTER. Reclaiming my time. Mr. KING made the comment about crazy conservatives, so let's look at some crazy conservatives that made the same statements we are asking.

I wouldn't classify Time magazine as one of the great conservative magazines of the 21st century, but here is an article from Time magazine asking the same question: "The Fort Hood Report: Why No Mention of Islam?"

Here is another, I would say, not very conservative organization, The San Francisco Chronicle, asking the same question: "Political Correctness on Fort Hood at Pentagon"

I think that you cross all boundaries here when you start getting down to

the logical things we ought to be doing to fight people trying to kill us. I mean, it doesn't take a genius to say, Daddy says he is crazy, and he may do something crazy. And when you get reports that this guy is out there talking to this guy over in Yemen, these things start to fit together. Maybe you ought to check him when he hits the airport or before he takes off from either Brussels or Amsterdam. Fortunately, he had a misfire and it didn't work. But he could have killed all the people on the airplane, hurt a whole lot of people on the ground in Detroit. Detroit has enough problems right now without having somebody blowing up an airplane over their city, and God bless them.

Mr. MCCAUL. If the gentleman will yield. It was preventable. There is a lot of information coming in, and we have a lot of good men and women working counterterrorism. They have got a tough job. There is a lot of information coming in. But we had these two major focal points that just were never acted upon and never put together in the Christmas bomber case. And Mr. Hasan, my God, how many points of error popping up on him? How many red flags are popping up?

And why weren't they acted upon? I think it goes back to your original point: We didn't want to hurt someone's feelings.

And do you know what? We see this in the Federal Government. They would rather just kind of promote and move on somebody rather than have to deal with the problem. Gee, we have someone who is making these radical statements, but I would rather not deal with the problem. Let's just push them along in the system. Let's transfer him from Walter Reed, where he was a major problem—we know that, poor performance evaluations—to one of the largest military installations in the country, and let's promote him to major in spite of the fact all these points of evidence were out on him. I think that is the real tragedy.

I know my good friend from Texas has probably one of the most difficult jobs out of any Member in this body, and that is because you have more soldiers in your district than any other, and you are the one who has to comfort them, as we all do, but you, many more times than any other Member, have to comfort the loved ones whose son or daughter has been killed in a time of war. I know you personally have comforted the families of the victims here and Fort Hood, and the biggest tragedy is that it could have been prevented.

With that, I yield back.

Mr. CARTER. We are about to run out of time for this evening. Once again, we are talking about the rules we make for ourselves and how we should apply them. I think it is honestly said here that let's don't be so politically correct that we oversee ills

that may fall upon our society. That is why we make rules. That is why we have laws and order in our society, so we can protect our citizens, whether they be civilian or in the military.

It has been a great evening, and I thank my friends Mr. MCCAUL and Mr. KING for being here to join me in this conversation. I am going to thank the House for allowing me to continue to talk about issues that relate to rules or to the law.

With that, I yield back the balance of my time.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate notifies the House that the Senate shall convene as a Court of Impeachment at 2:00 p.m., on Wednesday, March 17, 2010, for the purpose of receiving the Managers on the part of the House in the matter of the Impeachment proceedings against G. Thomas Porteous, Jr., Judge of the United States District Court for the Eastern District of Louisiana.

The message also announced that pursuant to Executive Order 12131, as amended and extended, the Chair reappoints and appoints the following Members to the President's Export Council:

Reappointment:

The Senator from Michigan (Ms. STABENOW).

The Senator from Ohio (Mr. BROWN).

Appointment:

The Senator from Oregon (Mr. WYDEN) vice the Senator from North Dakota (Mr. DORGAN).

MORE GOVERNMENT WON'T WORK

The SPEAKER pro tempore (Mr. HIMES). Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

Ms. FOXX. Mr. Speaker, today I had the great pleasure of holding a town hall meeting in one of the towns in the Fifth District in North Carolina, Statesville, North Carolina.

I didn't count the number of folks there, and I haven't had a chance to ask my staff exactly how many were there, but I think probably about 175 people were there.

We let these folks put in questions or their names into a box, and we pull their names out randomly and let them speak about the health care bill. This was a health care town hall. And to a person who spoke, and there were probably about a dozen who had a chance to speak for about 2 minutes, and I answered their questions, they all are very upset about what is going on here in Congress. They are upset about many, many things, but they are particularly upset about this government takeover of our health care system,

and they just don't understand why the folks in the majority continue to push this issue knowing that the majority of the people in this country are very much opposed to it.

They very much are concerned about what they have heard and read about the way this is going to be pushed through this week. They hate it when bills are put together that aren't germane to each other or that aren't related. They heard about the education bill being put on the health care bill, and they are very concerned about that. They just don't like that.

They said over and over again they know that the government does not do things more efficiently and effectively than the private sector. One businessman talked about how he has been struggling for the last year. He has used up all his savings, all his equity in the last year to keep his business going because the economy is so bad, and he wants to know, where is that stimulus that he thought that we were getting?

So it was a great town hall, because they talked about what was on their mind and got a chance to ask me questions.

When I told them about the plan to do this reconciliation bill, where the folks on the majority side are going to go from passing bills without reading them to passing bills without voting for them, they understood what a threat that is to our entire way of life. They understand that that is a threat to the rule of law, and they are very much concerned about that.

I told them of the President meeting with us at our retreat and saying, You know, I was wrong when I said over and over again that you can keep your health insurance if you like it. But, he said, I made a mistake by saying that, because some cats and dogs got into that Senate bill that we weren't planning to get into that bill. But we are going to take care of that.

But guess what. That is not going to get taken care of. And the President, I understand, made that comment again this week, saying out on the stump, If you like your plan you can keep it—when he told the Republicans at our retreat that is absolutely not true.

We have a major problem, Mr. Speaker, in this country. We have people trying to establish a takeover of our lives from birth to death. They want the government to run our lives and to make all of our decisions for us.

I have an article, Mr. Speaker, from The Washington Times, Wednesday, January 20, 2010, that says "More Government Won't Work."

[From the Washington Times, Jan. 20, 2010]

EDITORIAL: MORE GOVERNMENT WON'T WORK

Government is bigger than ever and controls more aspects of American life than at any time in U.S. history. Last year, the federal government ate \$3.52 trillion out of a \$13.2 trillion economy. With the current trajectory of big government under the Demo-

crats, the federal bureaucracy will devour as much as 50 percent of this nation's economic activity by midcentury. To illustrate how wasteful that is, take a look at the empty space above this editorial. That's what government creates—nothing.

A basic problem with a future dominated by ever-expanding government is that bureaucracies are hobbled by waste, fraud and abuse. Government simply does not work well. Freedom works, but the more government that exists, the less freedom we have. Under President Obama and the Democratic Congress, the United States is heading in the wrong direction. The big spenders are on a joy ride, and we're stuck in the back seat on the road to dramatically less freedom.

The main battleground of the war between freedom and government is the marketplace. Markets work for a simple reason: They give people choice. Consumers know what they want, and businesses try to figure out how to produce and deliver the goods and services the best way, considering price, quality and service. Only the best firms survive.

Today is the first anniversary of the start of Mr. Obama's term in the Oval Office. For the past year, Americans have been told that government is smarter than private industry and that more government intervention is needed to fix problems in the market. Central to this agenda is the canard that private for-profit companies have to charge higher prices than nonprofits to recoup enough to earn profits, thus making for-profit firms less competitive. This explanation is wrong-headed because it ignores that profits give an incentive to lower costs and improve quality. The greater the incentive to reduce costs, the less waste there is. That is why, despite all the tax advantages given to nonprofits, the economy is dominated by for-profit firms.

Politicians and bureaucrats in Washington don't know what individual consumers want and certainly shouldn't be the ones to decide what individuals need. If the government decides everything, elections will determine what businesses can produce and what options consumers will have. In a healthy market system, consumers wouldn't have to persuade their neighbors to use the ballot box to determine what type of toys, computers, books, houses or cars they can buy. Those products will be produced as long as the value consumers get is greater than the costs of producing them. The government should stay out of the way of these inherently private everyday decisions.

A common justification for government intervention is based on the notion that individuals and firms don't bear the full costs and benefits of their actions and that taxes and regulations are needed to correct the imbalance. The debate over global warming is an example of this idea. Climate-change activists argue that markets don't take into account damage purportedly caused by carbon dioxide. Yet even if they were right that carbon emissions cause global warming (which is unlikely), there are many stumbling blocks that prevent effective government intervention. First, there is the pure numbers-crunching aspect: Government must figure out how much to tax carbon emissions to alter behavior, which is a difficult and error-plagued challenge. Other than taking wealth out of private hands, all the negative impact of higher taxation is rarely clear, and it's a fair question whether the outcome is likely to cause more damage than the original problem.

Second, politics is a dirty business. Special interests twist programs into dole-outs for

favored groups. Political machinations are behind every dollar of federal spending, and the interest of the taxpayer usually doesn't have a seat at the table when the spoils are divvied up. Consider all the special favors to unions and particular constituencies in everything from last year's \$787 billion stimulus package to the Democrats' government health care bills. So much of federal spending amounts to nothing more than a big slush fund.

Regulations are the second edge on the knife government uses to cut the heart out of private initiative. Bureaucratic red tape ties up markets with little consideration about its impact. Take the health care debate. Amidst government's attempt to take over health care, politicians are telling American families that the suits in Washington know how to run health care at a lower cost and with better quality than what is currently being produced. If that were true, government wouldn't need to pass a regulation. If Democratic ideas had any merit, companies would pay Mr. Obama, House Speaker Nancy Pelosi and Senate Majority Leader Harry Reid for advice to help provide customers a better product at a lower price. Democrats wouldn't have to scheme behind closed doors to figure out how to ram through legislation to force Americans to accept a system they don't want.

This gets to the heart of the matter. Markets are fundamentally different from government programs in that market transactions are voluntary. Government's main tool is coercion. Consumers don't buy a product unless they think it makes them better off. Firms don't sell a product unless they think they can make profits. Telling people what to do doesn't make them want to do it or like doing it. There's no question which way works best. Countries with the most market-based economies have enjoyed the largest growth in wealth. The innovations generated in these places benefit the entire world. Messing with the market-based model slows the pace of progress for our children and grandchildren.

The massive "tea party" protests all across the land reveal how outraged Americans are by the direction of government. President Obama and Democrats in Congress are making government bigger than ever because they think bureaucracies make smarter decisions than individuals and the government is better than private business. But taxpayers aren't hitting the streets for so-called smarter or better government—they want less government. A lot less. A new Congress will be seated a year from now. Hopefully that will bring real change to the nation's capital.

The Senate bill that the House is about to pass this week under a very, very, shaky rule is going to let people vote on the rule and then say the bill is passed. It has major problems with it. It is not addressing the cost of insurance and health care. It has a tax on hiring low-income workers. It funds abortions. It has the Cornhusker kick-back, the Louisiana purchase, the Gatorade. It has a new Federal mandate to buy insurance. There is a penalty enforced by the IRS that is going to require an additional 40,000 IRS agents if we don't buy insurance. And there will be a job-killing 8 percent tax on employers who don't offer government-approved health insurance. This is wrong, Mr. Speaker.

The people in my district want jobs. They want to be able to work. And they want to see our country continue to operate the way it always has, under the rule of law, not with the majority abusing the rules. They want us to do the right kind of thing here.

What do Republicans support? We want legislation that will reduce the cost of health care. We want to force insurance companies to compete with each other across State lines and let people buy insurance across State lines if they choose. We want to cover pre-existing conditions. We want medical liability reform, which would save tens of billions of dollars each year. And we want to expand health savings accounts, which put Americans in charge of their health care and their health dollars. We can do that, Mr. Speaker.

We passed a bill the other day in a bipartisan fashion, a 1½ page bill taking away the antitrust exemption for insurance companies. Folks on the other side said we couldn't do it, but we can.

Mr. Speaker, I yield back.

□ 2115

JOB CREATION IN THE AFRICAN AMERICAN COMMUNITY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Ohio (Ms. FUDGE) is recognized for 60 minutes as the designee of the majority leader.

GENERAL LEAVE

Ms. FUDGE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert materials related to the topic of this Special Order.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Ohio?

There was no objection.

Ms. FUDGE. Thank you. The Congressional Black Caucus is proud to anchor this hour on job creation in the African American community. Currently, the CBC is chaired by the Honorable BARBARA LEE from the Ninth Congressional District of California. My name is Congresswoman MARCIA FUDGE, representing the 11th Congressional District of Ohio, and I anchor this hour.

Mr. Speaker, I would now like to yield to our chairwoman, the Honorable BARBARA LEE.

Ms. LEE of California. First, let me take this moment to thank Congresswoman FUDGE again for the Special Order tonight, for your leadership, and for bringing to the Congress, really, the understanding of what unemployment is, given the unemployment rates in your district, given what has taken place in Ohio in terms of the recession. Your leadership and your commitment to turn the economy around is remark-

able. We can learn a lot by what you have done in Ohio. So thank you again.

As Chair of the Congressional Black Caucus, I rise this evening to continuing to sound the alarm about the need to create jobs in America, particularly for the chronically unemployed who are disproportionately suffering the brunt of this economic crisis and, who, as a result, are in desperate need of targeted, concrete, and meaningful relief.

Last week, members of the Congressional Black Caucus met with President Obama at the White House to discuss our job creation agenda. It was a candid, constructive, and substantive conversation which the CBC had with the President. We reviewed our priorities to create jobs, especially for the chronically unemployed.

We understand very well that President Obama inherited an economy on the brink of collapse and all that he and his administration have done in working with Congress to hold it together. It has certainly been remarkable, and we commend the administration for their efforts. The recovery, however, from this economic crisis has been uneven, at best, and there is a long way to go to put people back to work.

The impact of unemployment foreclosures and the housing crisis are particularly extreme among African Americans and Latinos. People are desperate, as Congresswoman FUDGE knows in Ohio. As we try to create jobs, States are laying off people in order to balance their budgets. California has cut \$20 billion out of our budget. Virginia will pass a State budget with \$4 billion in cuts. If you extrapolate this nationally, we are talking about \$200 billion State budget cuts nationwide, after about \$350 billion last year. So we need the \$200 billion this year just to break even.

Our Congressional Black Caucus member, Congressman BOBBY SCOTT, who's on the Budget Committee, continues to remind us of these very glaring numbers and how we need a major jobs initiative just to break even. That's why the CBC has been and remains laser focused on helping people who are chronically unemployed and on direct job creation.

On Wednesday morning, the CBC will host a hearing focused on job creation. The event is called: "Out of Work but Not Out of Hope: Addressing the Crisis of the Chronically Unemployed." This will be held on March 17 from 9 to 11 in room 2237 of the Rayburn House Office Building on Capitol Hill. The hearing will focus on data that suggests the chronically unemployed include African Americans and other communities of color with unemployment rates significantly higher than the national average. Youth and adult workers also are in need of enhanced education and training, and those who have lost their

jobs as a result of the weakened economy and who have been unemployed for at least 6 months. Wednesday's hearing is part of a 5-week campaign launched by the Congressional Black Caucus at the beginning of this month to seek policy solutions for the chronically unemployed. Our aim is to engage our leadership and our coalition partners in a strategy to put America back to work.

We are all aware of the staggering high unemployment rates facing our communities. In February, the rate of unemployment for African Americans was 15.8 percent, compared with 12.4 percent for Latinos and 8.8 percent for whites. This is according to the Bureau of Labor and Statistics' March 5, 2010 report.

But the job problem goes deeper for many of our constituents and communities because African Americans are not only unemployed in higher numbers but also stay unemployed significantly longer. Of the people who have been unemployed for over 6 months, 20.3 percent are African American. For those unemployed for a year or more, 22.1 percent are African American. The median duration of unemployment was 23.8 weeks for African Americans, and 18.4 weeks for our national average.

These figures underscore the urgent need to target job creation efforts for those communities hardest hit by the recession. This has nothing to do with directing resources based on race. This has to do with directing resources based on need, based on unemployment statistics, and based on where the unemployed live. These stories illustrate the reality that many of our communities have been disproportionately hit by this recession. That's why we must simply prioritize and deliver, and that's what we talked with the President about. We said specifically we must focus on chronic unemployment. We must have direct and targeted job creation, which can make a real and significant impact quickly for everyone.

For instance, given the unemployment rate of approximately 10 percent, that's 15 million people, one percentage point of the total number of unemployed is about 1.5 million. At \$50,000 per job, \$75 billion would hire 1.5 million workers and reduce the unemployment rate by one percentage point. For \$300 billion we should be able to hire 6 million workers and reduce the unemployment rate by four percentage points below what would have been without any investment at all.

But it's not just enough to create jobs. We must ensure that we include all of our communities in that effort by targeting high areas of poverty, unemployment, and the chronically unemployed. Summer jobs for young people must be part of our direct job creation efforts. We all know that many of our young people have to help pay the rent

and help buy food because their parents are unemployed.

We must also invest in infrastructure spending; but when we do so, we must ensure a path to apprenticeship and pre-apprenticeship opportunities in any transportation and infrastructure investments, otherwise we're going to leave communities and millions of people behind.

Finally, we must ensure that contracting and procurement opportunities for minority and disadvantaged businesses are included and that existing provisions in transportation and in other areas are enforced. According to the Kirwan Institute for the Study of Race and Ethnicity, which recently released its report on the impact of the Recovery Act, black businesses only received 1.1 percent and Latino businesses only 1.6 percent of all federally contracted ARRA funds.

So in closing, Mr. Speaker, members of the Congressional Black Caucus are committed to continue to work with congressional leaders and President Obama to fix our economy and create jobs to address the true depth, mind you the true depth, of this recession. There's no question that by working together we can make a real difference in the lives of all Americans. So as we work to turn the economy around and create jobs, the Congressional Black Caucus will continue to fight to make sure that no one is left behind. That is our moral responsibility as the conscience of the Congress.

Thank you again, Congresswoman FUDGE. Let me thank Congressman EMANUEL CLEAVER who has led our Jobs and Economic Recovery Task Force since last January and has done a marvelous job in doing that and getting us to this point.

Ms. FUDGE. Thank you. I want to thank you as well, Madam Chair, just for keeping our caucus focused on jobs and poverty and, of course, pushing for the fundamental fairness we all deserve and what is expected of all of us in this House. I thank you for your work and for your leadership.

Mr. Speaker, I now yield to my friend, Mr. CLEAVER, the Representative from Missouri.

Mr. CLEAVER.

Mr. CLEAVER. Thank you, Ms. FUDGE. Thank you for getting this hour tonight for us to talk about one of the most significant issues facing the American public. And I would also like to thank Oakland's BARBARA LEE for her leadership. She has been myopic in making sure that not only the Black Caucus, but none of the caucuses nor the Democratic Caucus stray too far from the main theme that we have been pushing, which is that we need jobs, and we need them now.

Mr. Speaker, there's little question that the economists believe that the U.S. economy is in fact in a recovery mode. There are signs all around that

we are coming out of the recession, but the recession continues to take its toll on the American public. We know that jobs always lag in the recovery. In fact, if you look at some of the Wall Street banks, you will find that many of them actually are showing huge profits, some of the top 10 banks—actually, the top 25 banks, some of whom received money from the taxpayers to help bail them out.

And so the question today, when we still have an anemic economy, is: Who's going to bail out the American public? Well, what we do know is that the jobless rate is now still hovering at about 10 percent. And if you break it down, as did our Chair, BARBARA LEE, you will find out that many African Americans are the ones who are suffering. Why is that? Well, it's kind of simple. The weak labor markets in our country are in areas where we generally have high black populations. South Carolina is one. Michigan is the other. African Americans migrated to Michigan to work in the automobile industry. African Americans have been in South Carolina almost since 1619, when we came to this land. And so it is somewhat misleading to believe that we can address this issue of unemployment without some special emphasis on what's happening to African Americans who are also unemployed.

When you just look at the statistics, the economists say that we need to create 100,000 jobs a month just to absorb the new people coming into the job market. We are not creating jobs. In fact, we have not created the kinds of jobs that we need for the last three decades. We have not been able to generate a hundred thousand jobs a month.

I think the President was wise when he submitted to Congress the stimulus package. I think Congress was wise, or at least we were wise, to vote for it. Because inside this stimulus package is at least the opportunity for jobs for all people, but it provides minorities with a unique opportunity to connect with what I believe and what many others believe to be the next job creator, and that is in the field of energy.

We have significant dollars placed in the Department of Energy, where men and women who are citizens of our country can in fact seek new opportunities in that field. For example, I am convinced that in the days to come, men and women will call people to come out to do weatherization in their homes like they call a plumber today. People will call a weatherization specialist, who comes out, he surveys the place, he finds where there's a leak, where there's an energy leak, and they will seal it up. That's an entirely new arena—a whole new job area that we have not had before.

But it's also important to keep in mind that technology is eliminating jobs even as we try and produce them.

I used to tell my staff members how frustrated I was when I go to the airport, as we all do twice a week, and look at the kiosk which all of the airlines now have, and the clerks behind the counter will direct you to the kiosk. I told my staff, I said, Do you realize what's happening? The people who are directing us to use the kiosk to get our ticket are also eliminating their jobs.

It's just a matter of time, Mr. Speaker, before we're going to go to airports that are not going to be "peopled" by the ticket clerks, as we see today. And everybody will simply go use a credit card or some special card and they will be able to get their tickets. For most of the Members of Congress, most of us go to the airport with our tickets in hand anyway, because you can now get your ticket printed on the computer. So I think we're eliminating jobs and there's a need for us to do something, and do something significant.

Now there are those who are saying, Look, the job market will take care of itself. The markets will always engage in self-correction. That is what has gotten us into the economic collapse that we have experienced over the last year and a half, is waiting for the markets to do the right thing and waiting for some of the institutions that were able to function without strong regulations to do the right thing. They did not. And they hurt us. And we were hurt perhaps more than any other group.

□ 2130

So what I think we are going to have to do is do a jobs bill, a serious jobs bill. And by the way, I was delighted that in our meeting with the President last week that he said to us that he strongly supports a summer youth jobs program. I thought that was the most significant thing that came out of the meeting. Why? Because in about 8 weeks, schools will turn out all over the United States. Everywhere in this country kids will be going home, and these kids this summer will be going home unemployed to unemployed parents.

Now, it does not take a physicist or a nuclear scientist to look at that situation and see that it is going to be chaotic at the very least, and so we need a summer youth jobs bill, and we need it now. We need it quickly so that the bureaucrats can have things in place by the time school is out, so that there won't be a long period of time during which kids are just aimlessly walking up and down the streets. Because we all have been kids, and we all know that we were not at our highest level of thoughtfulness and can do dumb things at that age. So I'm thinking that it might be helpful if we move that summer youth jobs program to the forefront.

And I am not, Mr. Speaker, convinced that we don't need something

else. I don't think we need another \$876 billion stimulus, but I do believe that we've got to do something that would create jobs directly. And Paul Krugman, the economist who also is a columnist in *The New York Times*, has suggested—and I agree—that perhaps we need to think about the fact that the United States Government can create jobs that people can actually use. I'm not suggesting that we need to approve money at the level that we did for the WPA during the Great Depression, from 1929 through the thirties, but I am saying that there can be some kind of direct jobs program put in place that will enable folks to get jobs quickly. If we don't, we're going to find that this job market is going to continue to hemorrhage.

When you think about the fact, as Congresswoman LEE mentioned earlier, that the States are laying off employees, cities are laying off employees, by the time we find employment for those government workers on the local level who lost their jobs to get some kind of job, we still have not done much, because we haven't dealt with the people who have been on the unemployment rolls.

In my committee last week, Ms. FUDGE, we had a person who testified before the Select Committee on Energy Independence and Global Warming who said that he was opposed to giving employment insurance. He also went on further to say that if you give unemployment insurance, it will make people lazy. Now, somebody like me who spent time growing up in public housing and heard people saying that welfare people love to have babies so they could get another \$100 a month is almost laughable, but it is also believed by many. So we need to keep in mind that there will always be push-back against what we are trying to do.

But the American public needs to go to work, right now start going to work. And most economists believe that unemployment will continue at at least 8 percent or higher into 2012. We can't afford to have that size of our population without employment. It is dehumanizing when you can't take care of yourself, and we're going to find more and more people doing what I have seen in Kansas City at the church my son pastors, where middle class people, people who were in the U.S. middle class, are now unemployed. We have had Ph.D.'s coming to my office, trying to get an internship just so they can get in and hopefully get a job. So when people say, Well, there are jobs out there for everybody; they just need to go and get them, that's absolutely ludicrous. It is ridiculous, and it plays the American public as fools, because there are real human beings with real families who are losing their homes.

What people don't realize is, when you lose your job, you can't make your mortgage payment. If you can't make

your mortgage payment, you lose your home. If you lose your home, your credit is ruined. You can't buy a car. You can't hardly buy anything. Even today, with an 800 credit score, you are barely going to be able to buy a new car. So I think we are having a recovery, but the recovery is not strong enough, and it's not moving quickly enough.

So, Congresswoman FUDGE, I appreciate the fact that this issue—through you getting this before the American public tonight—is going to resonate with a lot of people who are unemployed, but it will also resonate, I hope, with men and women of goodwill who believe that the American public must always take care of the American public.

Ms. FUDGE. I want to thank my friend, Mr. Speaker, for just saying to us in a clear and concise way that it is time to be honest about where we find ourselves as a Nation, and that it is important that people be given an opportunity, just an opportunity—not a handout, an opportunity—to find work because, if we don't, we will have more problems than we can ever imagine. Not only does it take a toll on the wallet and on your home, but on your physical and on your mental health. So I certainly do hope that we will take heed to the things that were said by our Chair tonight as well as by Representative CLEAVER and start to move in a direction that is going to positively impact the people of this country. I thank you both for being with me tonight.

Mr. Speaker, the CBC believes that stable employment at a fair wage is a fundamental right for all Americans. In times of economic weakness, such as this recession, government should empower our Nation's workforce by providing training and placement opportunities for dislocated workers. During the month of March, the CBC will engage in a 5-week campaign to seek policy solutions for the chronically unemployed, engaging President Obama, Congress, and the coalition partners in a strategy to put Americans back to work.

The chronically unemployed are not counted by labor statistics, Mr. Speaker. They are not counted in the Workforce Investment Act, which is designed to get people back to work. Congress inadvertently sent them a message that they don't count. But they do count, and they want to work.

The CBC's agenda, Opportunities for All—Pathways Out of Poverty focuses on six areas: education for low-income communities, increasing the reach of economic security, eliminating health disparities, providing affordable housing options, reforming our judicial system to break the cradle-to-prison pipeline, and addressing global poverty. During tonight's Special Order, Chairwoman LEE discussed with you some of

the progress we've made in our efforts in this endeavor. If you wish to receive additional information or ask for updates, you can email the Congressional Black Caucus at congressional_black_caucus@mail.house.gov.

I want to just talk a bit about some of the things that you've heard tonight but maybe in a different way. We know that national unemployment is somewhere around 9.7 percent. There are currently 15 million people seeking employment in this Nation, up from 7.5 million in December of 2007. There are 2.5 million people out of work, and 9 million are employed only part time rather than the full-time employment they prefer and need. With the unemployment rate at 9.7 percent, U.S. labor market conditions are certainly grim. We all, I think, can agree with that.

The unemployed who have been out of work and searching for a new job for at least 6 months remains at a record high, at or above 27 percent, and hitting a record 41 percent in January of this year. If we examine unemployment rates by demographic information, you will see proof of the inequality of which we speak tonight. While all major groups have experienced substantial layoffs during this downturn, communities of color, particularly African Americans and Hispanic Americans, are experiencing the worst of these job losses.

According to the Department of Labor, although the national unemployment rate was 9.7 in February, the rate for African Americans was 15.8 and the rate for Hispanics was 12.4. Not only is the unemployment rate for African Americans nearly twice that of Caucasians, the gap in some important demographics has widened rapidly over the past 14 months. Over those months, the unemployment rate for Caucasian college graduates under 24 years of age grew by about 20 percent. The rate for African Americans in the same demographics grew by almost twice that much.

Data from the Bureau of Labor Statistics indicates that the gap in unemployment rates for communities of color is widening. As a result, minority children and families are entering poverty at an increasingly alarming rate. More than 24 percent of African Americans live below the poverty level and are 55 percent more likely to be unemployed than other Americans.

As then-Candidate Obama said in a speech during the Democratic primary, "Race is an issue that I believe this Nation cannot afford to ignore right now." In a speech to the Hispanic Caucus Institute earlier this year, President Obama said that when unemployment reaches over 10 percent among Hispanics, that was not just a problem for them, it was a problem for the Nation. We believe it is the same for African Americans. The Congressional Black Caucus, in its continued role as

the conscience of the Congress, has a moral obligation to address inequality and injustice as never before in our history.

And I have been joined by my colleague and my dear friend from Minnesota (Mr. ELLISON). How are you, sir?

Mr. ELLISON. Doing all right. If the gentlelady will yield, let me just point out that the gentlelady coming down here Monday after Monday, speaking to the Nation about the agenda of the Congressional Black Caucus, is so meritorious. I salute you. Thank you.

But I just want to say that, look, jobs are an essential component of a good quality of life; and lack of a job not only means you don't have any money, it means that your life is not ordered well. It means that you are living a life where you want respect, you want to be productive, you want to make something, create something and put some value into the world, but yet, because you don't have that employment opportunity, you're denied that.

When we talk about a direct creation of jobs, yes, we're talking about stimulating demand; we're talking about putting money and food on the table, but we're talking about giving people a sense of value, of worth, a sense of purpose. And you know what? That's one of the best things you can do for anyone.

This is absolutely true, that in the black community, unemployment levels are elevated three times the national rate. And as the gentlelady from Ohio pointed out, President Obama's right when he says that making sure that the black, brown, and people of color throughout America are working is good for the whole country, because if people of color have money, they spend it. Where do they spend it? In the economy. And if somebody spends money, then that means that somebody's making money. And if somebody's making money, that company can use that money to then hire somebody else. So this circular interconnected nature of the economy tells us that opportunity for one means opportunity for all.

I just want to yield back to the gentlelady because I just want to thank you again. I'm going to stick with you, but I want you to know that I want to commend you for your service and your fidelity and your persistence and your commitment.

Ms. FUDGE. I thank you so much.

I just want to say that in addition to some of the things that you said is that I see our job as making sure that we protect all Americans. That includes us. I see our job as a Congress, as a governmental body, to protect the people who sent us here. I believe the job of government is to serve its people; and until we do that, we've not done an effective job. So that is why it is so important that we continue on this path to make sure that all Americans who

want a job, who need a job, have the opportunity to find a job.

I mean, certainly we're not going to ever create the kinds of jobs that many of us had as we were growing up. I mean, our parents had jobs they kept for 30 years. They've got good retirements. They still can afford to pay their bills. Those days may be gone for many people in this country, but I think it is our responsibility to make sure that people can provide for their families, that people can live in a decent home. I think the bare necessities are something that we should guarantee that all Americans can receive.

□ 2145

Mr. ELLISON. Well, if the gentlelady would yield back, I would say that, you know, the days of high wage, the high-wage sector can come back if we have a national commitment to manufacturing, and we don't take the position that manufacturing is something that happens overseas or something that your father or grandfather did.

Manufacturing is what young people today can do. We can make the windmills. We can make the solar generators. We can do retrofitting on buildings and manufacture the tools to make them more efficient. We've got to just be a little bit more creative. We can make cars in Ohio and in Michigan and Minnesota and all over this country in a way that is fuel efficient so consumers want them. We can do these things.

As a matter of fact, the American automakers are late to the game, but they've started to make fuel efficient cars. We need to make sure they continue to do that.

I yield back to the gentlelady.

Ms. FUDGE. The one thing that you said that is just so very true—if at some point we don't start to make things in this Nation again, we are never going to dig ourselves out of this hole. I mean, you talk about the middle class. I'm from Ohio that has been hit especially hard, one of the biggest manufacturing States in the United States. We made our living making cars, clothes, widgets, whatever they were; we made a living manufacturing.

But what has happened over the last few years? I mean, we've lost more than 60 percent of our manufacturing. And a lot of it did go overseas—there's absolutely no doubt about that. And then the other thing is it became more high tech, and so people were not then retrained to maintain those positions. A lot of it became automated, and so they downsized. But we have taken significant losses. In our State alone we lost more than 200,000 manufacturing jobs over the last 2 years. So we have to find a way to get those people back into the work force.

I yield.

Mr. ELLISON. Well, the gentlelady is right. I mean the fact is the high-wage

sector has been the manufacturing sector historically. And there's really no reason that America cannot make great things. Like I said, the solar panels, the windmills, the things that—the fuel efficient vehicles. There's all kinds of things in the tech area. We need training, and we need the government to invest in an industrial policy, a manufacturing policy that says, hey, you know what? We're going to make sure America makes things. Let's get the label "Made in America" stamped on some stuff again, just like it used to be. It can be.

And let me just tell you. We need to address manufacturing policy. We need to address trade policy. But this time around, when we rededicate ourselves to manufacturing, let's not say that it's only for some; let's say it's for all. Let's not say it's green for some; it's green for all. Let's not say that the manufacturing renewal is for one group, one segment of the community; let's say it's for all segments of the community. And let's invest in making things again in Ohio, in Minnesota, in Michigan, in Florida, and Texas, and all over this country.

And let's also say that we can work in our educational system where we can make manufacturing and creativity a value system all over again. So see, this thing is connected to how we educate our youngsters. We've got to say, you know, STEM—science, technology, you know, math, and we've got to get into the schools, and we've got to make sure that that curriculum is available for all the kids.

Ms. FUDGE. Will the gentleman yield?

Mr. ELLISON. Absolutely.

Ms. FUDGE. I think you just really hit the nail on the head. We have to, at some point, prepare our young people for a job once they leave high school. All children are not going to college. We have to prepare young people to be able to do something when they leave high school because really all college does is prepare you to work anyway. So we need to prepare all young people to work as soon as they leave high school. And the only way to do that is to start to train them in the new green technologies, in the weatherization programs that we've put out there, to put them in positions where they can sit at a computer and do manufacturing jobs, where they can assist people who need help, maybe if it's just training them to do other things.

We can put in windows. We can build homes. We can do so many things. But young people have never been geared in a direction to think about work after high school. We just keep talking about college.

And I think college is important. I am a very, very strong proponent of education, and I am passionate about education. But the reality of our lives is that less—that fewer young people,

especially young people of color, are going to college. And if this trend continues with their parents unemployed, with them not being able to find jobs themselves, then that number is going to continue to decrease. So we do have to address that in a very, very, serious way and in a very timely manner.

Mr. ELLISON. If the gentlelady would yield back, I'd also say, you know, America's crumbling. You know, in Minnesota, August 1, 2007, we had a bridge collapse. I-35 collapsed. It went over the Mississippi River, and it fell into that river. We lost 13 Minnesotans. They lost their lives. And 65 people—no, 100 people—had back injuries as they fell 65 feet.

You know what? I bet you in Ohio and Minnesota and Michigan we've got more potholes than we can shake a stick at. We need—our buildings are crumbling, our infrastructure is crumbling. We need to put broadband all over this country. We need to rebuild in America. It's not like there's not enough work to do. It's not like, oh well, everything's done and nothing needs to be maintained or made. We need to rebuild America. There's enough work to be done; we've just got to get about doing it.

And so I just want to point out, you know. Don't be thinking that there's not work in America, you know. We've got work to be done here.

And you know what? I just want to draw another point out, Mr. Speaker, and the gentlelady from Ohio. You know, the fact is I was walking along the Cedar Lake in Minneapolis, and if you're not from the Twin Cities you may not know about Cedar Lake. It's the land of 10,000 lakes. We've got lakes everywhere. You can hardly walk anywhere without stepping in one of them.

And I was walking along a trail at Cedar Lake, and I sat down at a picnic table, and it was a sturdy table. And I sat there, and I ate some chicken or something. But when I got up I saw a little plate on that table and it said, WPA 1934. That table was made by another generation when Americans were out of work, Americans of all colors.

This time we've got Americans out of work again. And at that time, that generation responded to the needs of employment and to the needs of the country to be built up, and we can't do any less in this day and in this time and in this age. We need a WPA-style, CCC camp. We need direct government job creation to help work ourselves up out of this recession.

And let me tell you, when the economy finally turns around, we're going to have some picnic tables that people in 2050 are going to be sitting on. We're going to have some trails that people in 2050 are walking on. We're going to, you know, have some bike paths that people are on. We're going to have some stronger bridges. We're going to have some broadband cable laid so peo-

ple can talk all over this country and be on the computer.

So I yield back to the gentlelady. This is a vision we need to pursue.

Ms. FUDGE. I thank the gentleman for yielding. Let me just take that WPA one step further. I happen to have given a speech in Memphis, Tennessee, on Saturday, and had found out that over the 8 years WPA was in existence in the State of Tennessee, more than 240,000 people were hired. Those people built the stadium, the zoo, the juvenile center. I mean, there is so much that still exists.

And I also want to take the training part one step further. We're going to have to do more targeted training. I come from an area that, in my opinion, has the best health care in the world. But there is a shortage of nurses; there is a shortage of primary care physicians; there is a shortage of technicians. There is a shortage of people to just—orderlies, cooks, I mean, everything that you can think of that goes into a hospital or a community center, there is a shortage.

We have community colleges. We have some of the best educational institutions. Why are we not focusing more on filling in for the shortages that we need? Because the jobs are there for them to take.

That's what we need to be focusing on as opposed to some of the things that, in my opinion, are not going to be especially helpful. I certainly believe any skill you have can help. But if we know jobs are available in the health professions, then we need to be focusing on health professions. If we know the jobs are available in steel, which we don't have a lot of anymore, but we still do have some of those things, let's train in those areas because I think we've got the training money.

We put all this training money into the Recovery Act. Let's make sure that once we spend it, the outcome is going to be what we want it to be.

I yield.

Mr. ELLISON. Well, I thank the gentlelady for yielding. I'm glad you mentioned steel. Now you know there is no reason in the world we can't make more steel in America. In Minnesota we make steel. We've got taconite mines in Minnesota. It's in an area called the Iron Range, and we make steel. And you know what? We make some of the highest quality steel in the world. And if you really want to make something that's going to have to last and the steel that's going to have a lot of integrity, this is the place you want to get the steel from.

Yet, we're making bridges and roads all over this country importing the steel from other places. Let's make the steel here. Let's adjust our trade policy to make sure we've got a fair, even, level playing field.

Ms. FUDGE. Will the gentleman yield?

Mr. ELLISON. Yes, ma'am. Yield back.

Ms. FUDGE. You've talked about infrastructure twice, and I think it's so significant, because one of the things that we know we need across this Nation is to shore up our infrastructure. We know we need to do it.

We need more apprenticeship programs for young people to learn how to build roads and bridges. We need more apprenticeship programs to teach people how to paint bridges, to repair bridges, or to lay asphalt and concrete and steel and rebar, whatever it is that we need to do. That is happening all across this country. And we need to make sure that there are programs in place for young people to learn how to do those jobs because they are well-paying jobs. They are jobs that they will have for a lifetime because there's always, as you say, from our communities, we're always going to be fixing roads, and we're always going to be fixing bridges.

And so I think it's really important that we start to try to say to these people that it's important that this be an opening for young people to get into these trades.

I yield back to the gentleman.

Mr. ELLISON. Will the gentlelady yield for a question?

Ms. FUDGE. Yes, I yield.

Mr. ELLISON. Do you think that the Congressional Black Caucus has a vision for America to put America back to work? And do you think that constituents of all colors, all faiths, all cultures, can be trained to do the work that needs to be done to rebuild America?

Ms. FUDGE. Will the gentleman yield?

Mr. ELLISON. Yes, ma'am.

Ms. FUDGE. Without question. There is no doubt in my mind that if the plan we have presented, not only to the President, but to other Members of this body, to other institutions and agencies that we have worked with and collaborated with, we have come up with something that I think is a can't-miss, and I do, in fact, believe that it is time for our plan to be reviewed and to be moved forward. I mean, we have a good plan. We can put people back to work. And I just hope that others, our colleagues, will join with us in making sure we do that.

Mr. ELLISON. Will the gentlelady yield for another question?

Ms. FUDGE. I yield to the gentleman.

Mr. ELLISON. So the plan that the Congressional Black Caucus is offering, it's not just a plan for African Americans; it's a plan for the whole country, is that right?

I yield to the gentlelady.

Ms. FUDGE. Absolutely, you're right. And I thank you for yielding. The only thing that I would say about this plan is that this plan not only talks about

how we get all Americans back to work, but it also says to us, how do we get those people who have been unemployed for so long or those people who are in such pockets of poverty that they don't have the same opportunities, how do we lift them to the same level as all the others?

Mr. ELLISON. Will the gentlelady yield back?

Ms. FUDGE. I yield to the gentleman.

Mr. ELLISON. So that kind of vision, that is the kind of thing that we need more of around here. The Black Caucus does believe, you know, that we—that opportunity doesn't know a color, doesn't know a culture, doesn't know a faith, that we all have to do better when we all do better, and that we, America, must make sure that we're tapping the talents of everyone, whether that person is an African American person, living in the inner city, or a rural area, or a suburb, or any person, that we can't leave our talent behind.

We don't know where the answer to curing cancer is. It might be locked up in the mind of a little Black girl in Cleveland somewhere, and she just needs some development of her talents. Does the Black Caucus believe that's true?

Ms. FUDGE. Will the gentleman yield?

Mr. ELLISON. Yes, ma'am.

Ms. FUDGE. In this global economy in which we live, we need every single American to bring that which they are good at, that which they have trained for, worked for, that which they know, because if we don't, then we are going to start to find ourselves not being the number one Nation in the world anymore. We're not going to be the Nation that brings forth all of the new technology, all of the new research, all of the new things that we know are going to move and drive this country. So I think it is imperative that every single individual, and we know every individual has worth, but we certainly need to say to them, whatever it is that you can do, we need it as a Nation. That is what's going to make us strong. That is what keeps the chain strong. I think that we are in a place where we just must continue to work with every single person in this Nation.

Mr. ELLISON. If the gentlelady would yield, I just want to offer the idea that, you know, so tonight we are talking, it's the Congressional Black Caucus hour, we're talking about jobs for Americans. We've talked about infrastructure. We've talked about manufacturing. We've talked about the need to address trade policy. We've talked about a progressive vision that the Congressional Black Caucus is offering for America to address joblessness, but also long-term joblessness.

But also, I think we should make a mention that we're relying on our small business and entrepreneurs to

help get into this fight and get people employed again as well. And that's why I was very pleased to hear certain members of the Congressional Black Caucus raise an issue with the President regarding streamlining and loosening up the SBA to make sure, because if we can get the small businesses into this, they're going to hire quicker than some of these big businesses are.

□ 2200

A lot of big businesses, when they hire somebody they are going to just give the people they already have overtime. And they are going to give the people they already have, make them work more hours often. And that is why we often see employment as a lagging indicator even when the GDP is improving.

But if we can get the small businesses to get some loans, that might be something that can really spark up the economy. So I was very pleased to hear Chairman BENNIE THOMPSON make this point, because I think small business development has got to be a key strategy we pursue in getting America back to work.

I would yield to the gentlelady.

Ms. FUDGE. You are absolutely right. But the one thing we have to stress is that small business growth, that is where most of our people are employed. We know how important it is, but it has to be fair. We have to do it fairly.

For those people who might be watching us for the first time, do understand that we don't represent just African Americans. We don't represent just minorities. There are very few of us in this entire caucus that represent just African Americans. I don't know of any. So no one should feel that we are excluding any other group of people. We want all of our people in need to be served by what we do.

So it is important that we talk about small businesses, that we talk about contractors and how they are handled and treated in this country, minority and non-minority. We talk about women-owned businesses. We are advocating for all of them to be treated fairly and equally as we dole out the resources that we think are going to help bring this country back. So I thank you for mentioning that, because we do represent so many people. We represent all people.

Mr. ELLISON. If the gentlelady would yield, I only have about 10.2 percent of my constituents who are African American. I would say clearly 80 percent of my constituents are white. We have a diverse community. We have new Americans, we have Latinos, we have different people from Russia coming into our community. We welcome them. The Black Caucus is made up of African American members. This is rooted in the 1960s. But the truth is

there are a lot of people who are white in the U.S. Congress who represent a great deal more black people than I do.

So we always have a focus on what is good for the whole country, what is good for America, persistently unemployed. But it is also true that our country does have a particular history as it relates to opportunity. And when we work for opportunity for all people, it enhances America, makes America better, and also helps people who have been on the more challenged end of the lack of opportunity. So this is something that we stand up for.

I yield to the gentlelady.

Ms. FUDGE. Thank you. I am very proud to say that I probably represent one of the most diverse districts in this House, and I am very proud of that. What I know, though, is that the people who have the least are the people who need me the most. So I do focus more on the poor, I focus on children in need, I focus on the hungry. But so do all of the other people in my district, which makes me so proud. When you look at how we pull together to try to help the neediest people, all of us as a district, that is what has so impressed me about all of the people that I serve. So we all, I think, really understand the necessity of pulling up and helping our neighbor. And I am very proud that I represent people such as that.

I yield back.

Mr. ELLISON. The gentlelady is right. We have dynamic districts. You know, we have got a lot of smart people in the districts we represent, good ideas coming from all places all the time.

In fact, even this morning I was lucky enough to talk to some people representing the business community, listening to some of their good ideas. They were telling me some of their views about how we might be able to generate some employment. And, actually, these are folks who work in small businesses, but also some Fortune 500 companies. All of them, I am proud to say, want to help deal with this job gap we have.

One of them pointed out and said, look, you know, we used to say that 5 percent unemployment was a natural rate of unemployment. But, in fact, some economists say it is going to be 7 percent unemployment is going to be the natural rate of unemployment. It would be a shame if we tolerate that. We need to be the people who fight that and say, look, we are trying to get every American who wants to work a job.

Let me yield back to the gentlelady. And I see we are joined by one of my favorites.

Ms. FUDGE. Thank you for yielding. I am going to make this comment, and then I am going to yield to our colleague from Texas.

I do want to say that certainly there is some recovery going on in this country. We just don't want for people who need it the most to be left out of it.

And I thank you so much, Representative ELLISON, for sharing this time with me. I am always impressed by your passion. I am always impressed by your ability to articulate your position. And I thank you so much.

Mr. Speaker, I would now yield to my colleague from Texas, the gentlelady from Texas, Ms. SHEILA JACKSON LEE.

Ms. JACKSON LEE of Texas. I thank the Congresswoman from Ohio. And I rushed back because I was listening to you and this debate on the floor of the House. Let me bring you greetings from NBC-LEO, which is the component of the National Black Caucus of Local Elected Officials, city council members and many mayors. And I mentioned you and Congresswoman BARBARA LEE, who I know was already on the floor, and Congressman EMANUEL CLEAVER and others that came.

Let me add to the cry and the desperate need for work for the chronically unemployed. This is a time when we must focus on this effort. I met with my local governmental agency that receives Federal funding, and they are begging not only for the chronically unemployed, which they are familiar with, but summer youth jobs. And this is the work of the Congressional Black Caucus, to focus on those who have been left along the wayside.

We are grateful for the leadership of this President that understands the value and importance of making sure that everyone has a job. I stopped calling the Recovery Act "stimulus." I call it an investment, an investment in people. I don't let anyone tag me with a stimulus bill. Stimulating. It is investing. It is building roads and bridges. It is putting people back to work.

We want to make sure that those people who have been unemployed for a long period of time, who still have hope, who still have abilities to be able to work, want to make sure that those who have paid their time, who are rehabilitated, who have families, who may have had a, if you will, a start that wasn't the best start, may have deviated from the straight road but are now trying to ensure that their families are taken care of, ex-felons, should be able to have training.

We want to work with unions to ensure that they open vastly the opportunities for people to be trained in apprenticeships. And we want to make sure that small and minority businesses, who in fact are the backbone of this economy in terms of employment, get the opportunity through our transportation infrastructure rebuild to be able to both participate in the contractual process of rebuild and then at the same time go into our communities and build.

I want to say also that the faith community can be a real partner to us. They can be the sources of recruitment. I have spoken to my pastors in my own congressional district. They

are eager to work with us to provide resources and sites and populations of those who can be employed.

This is a crucial effort that the Congressional Black Caucus is initiating, our day on Wednesday when we will be speaking, in essence, truth to power, where we will be talking about the chronically unemployed, summer youth jobs, and public jobs. Maybe we cannot do the WPA as we did in World War II, but we can have a focus to ensure that there is an opportunity for every single American to have a job.

And I would say in closing that the challenge is not hard, because we are talking about census tracts. And census tracts have people from all walks of life. They are Caucasian, they are Latino, they are African American, they are Asian. We are talking about going into the census tracts that are documented as impoverished. We want to get those people who want to work, who can work.

If we lift their boat, if we provide them with the opportunity for income, they are renting, they are buying, they are circulating the dollar inside our community. If we give small businesses the opportunity, they are growing, they are multiplying, and they are placed inside those communities. And if we give the summer youth job program the boost that it needs to have, what an amazing opportunity to get young people not only to be committed to work and understand what work is, but to be able to invest in the community, to be able to buy school supplies, school uniforms, and also to be able to help their family.

I think that this effort is long overdue. I look forward to working with President Obama and the Congressional Black Caucus. I want to thank the chairwoman, BARBARA LEE. I want to thank Congresswoman FUDGE and the economic task force, which I am proud to be working with.

And, finally, what I would say is I am going to speak about them later on this week, but Jack Yates won the State championship for basketball, and they are rated as the number one high school basketball team in the Nation.

□ 2210

I only cite them to say that our young people are not our yesterdays. They are not our todays. Excuse me, they are not our future. They are our todays. And as they play sports and they are academically geared as we want them to do, let's give them an opportunity to work and to invest in themselves and to help them go forward in their college education.

I'm excited about what we are doing. It is something that cannot be left along the wayside. We cannot forget those who have been forgotten for too long. I believe that our theme should be the chronically unemployed not yesterday, and not even in the future, but

today. We must answer the question to provide opportunities for them.

Ms. FUDGE. I thank you so much again for joining me. It is always a pleasure to have your insight. You are just so very good at making the American people understand what the situation is and how we might correct it. And I thank you, as always, for helping me to formulate some of the ideas that I have as well.

And I do want to reinforce something, Mr. Speaker, that my colleague said, and that is, we have to really pay some particular interest and concern to ex-felons and unskilled workers, because they are the ones who are, right now, at the bottom of the barrel. And we have to find a way, indeed, to get them gainful employment and to just make them feel useful to society again as well as to provide for their families. I think it's so important. I thank you for raising that.

Ms. JACKSON LEE of Texas. I want to quickly make two points. The community college system we have heard now is expanding because everyone wants an opportunity to be there and be trained. I hope that we will be able to have, in our package, the unemployed who are getting unemployment, keeping their unemployment but getting a scholarship to be trained which helps their income and, therefore, does not deprive of them that unemployment while they are getting a stipend to go to school. And I also hope that in the Houston community—I'm sorry. Let me cite the Houston community college system that I have on my mind. They do a great job, but that in our community college system, that those ex-felons that we have just spoken about can also be trained and be given opportunities. Let's not close any door to the chronically unemployed.

Ms. FUDGE. And it is one of the things we discussed with the President, how do we make sure that ex-felons in particular are included in programs that we are funding throughout our States. So I think it is very, very important that we bring that to the attention of the American people.

Mr. Speaker, I want to thank you for, again, allowing me to anchor this hour. It has, as always, been an interesting discussion amongst my colleagues about how we do the work we do, how we continue to be the conscience of the Congresses. I thank you so much.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, there are at least 13 private companies in the \$1 billion revenue bracket and 19 companies listed in Fortune 500 in North Texas. Dallas is also known as the Silicon Prairie of the United States and is proud to house the largest hi-tech employment centers in the nation.

The 30th Congressional District in Texas, where I represent, concentrates on electronics, hi-tech industries, manufacturing, and has a very large concentration of global headquarters.

However, current global economic trends force large high tech companies to lay off their workforce and it is apparent the industry has no immediate plans to rehire.

I do believe job creation will occur through small businesses. Small businesses, infrastructure, and clean energy are areas in which we can put Americans to work while putting our nation on a sturdier economic footing. The foundation for sustained economic growth must be our continuing focus and our ultimate goal which includes capitol lines of credit for small businesses. It continues to concern me that banks are currently not lending.

(a) Establish public interest free loans for small IT companies to get new products on the market. Loan time should be in the range of 7 to 10 years;

(b) Encourage banks to be more generous reworking home loans to prevent more foreclosures;

(c) Because our economic future depends on a financial system that encourages sound investments, honest dealings, and long-term growth, I believe jobs can be available if small businesses can get help. Small IT companies can be leaders in achieving electronic medical records;

(d) And because our economic future depends on our leadership in small business we can help them create jobs and employ more people through enhancing their abilities to lead in the installation of energy saving windows, weatherization, water-saving plumbing, etc. I am encouraged that the current administration's policies will help investing in basic and applied research, as well as to create the incentives to build a new clean energy economy.

As one of the Senior Members in the U.S. Congress, I will work with the administration and my colleagues in the House to make sure that the reauthorization of the Workforce Investment Act (WIA) occurs in this Congress. The Workforce Investment Act addresses retraining and training issues. I believe in work force training through local government or community colleges so opportunities can be fairly practiced.

Ms. FUDGE. I yield back the balance of my time.

HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for half the remaining time until midnight.

Mr. KING of Iowa. Mr. Speaker, I appreciate being recognized here on the floor of the House. I came to the floor tonight, Mr. Speaker, to address you and hopefully the American people listening in. We will give some more thought to what is going on in this country.

There are many people across America that are having trouble sleeping tonight and last night and they will tomorrow night and the next night and the next night because they see what is happening to our country. They are watching the deals that are being made. They have got to guess what

they are because, yes, they are back behind closed doors, and they are more creative than ever before.

Even though the President believed that it was incumbent upon him to at least go through the demonstration of discussions on C-SPAN and having bipartisan discussions which took place here in this city at the Blair House on February 25, it didn't absolve the fact that intensively the weekend before and probably while the discussions were taking place and certainly intensively after, there had been all kinds of backroom bargaining and deals that have been taking place. Not that we have to do all the legislation out in the open. This is just the point the President made, Mr. Speaker.

The American people are watching what is happening to our liberty. They are laying awake at night. They are talking with each other at work, at play, and not quite over the backyard fence where I live, but further south, yes, it is warm enough for that. They are wondering how it is that the American people have done everything that they know how to do that is legal and proper to redress their grievances with the United States Congress, and still this Congress' hearts are hardened. Still this Congress doesn't hear the message that has been sent by the American people.

Over and over again, it goes clear back to the beginning of August of last year, right after cap-and-tax passed this House, a bill that was not read by anybody and a bill that didn't exist when it was debated on the floor, voted on the floor. And when the House of Representatives, for the first time that I know, messaged a bill that didn't exist to the United States Senate, right after that—I should pause for a moment, Mr. Speaker, and let that soak in—this House passed a huge bill—cap-and-trade they call it, cap-and-tax I call it—right before we left for the August break, a bill that didn't exist, that was messaged to the United States Senate; a bill that didn't exist messaged to the United States Senate, and then, Mr. Speaker, the debate over this national health care act began in earnest.

Now, the American people are apprehensive about this. They love our liberty, they love our Constitution, and they love our freedoms, as do I. And here is how this unfolded.

We had a Democrat Presidential primary that was the challenge between Barack Obama and Hillary Clinton. Hillary Clinton, 15 years earlier, had produced a legislation. A lot of that was done behind closed doors and in backroom bargaining sessions, but at least they had the boldness to introduce a bill, a bill that went up on the flowchart, a flow that I still have somewhere in my archives. It scared the living daylights out of me, growth of government. But it was single-payer,

socialized medicine, HillaryCare, rejected in this Congress 15 years ago, reared its ugly head in the Presidential primary on the Democrat side in 2007 and 2008. The challenge between Hillary Clinton and Barack Obama brought the focus on reforming health care before the Presidential race.

Now, this is how these things happen. First, some experts out there go out and identify a problem, and then they get the media to pick up the problem. And then the political class begins to churn that problem and raise it to the level where, after a while, people hear it every day and they think, We must do something. We must do something.

We got here because that contest in the Democrat primary side brought forward the health care issue as one of the top issues. Whether it was that important compared to our other priorities like war or a collapsing economy, I would say this is not the time. But Barack Obama believed he had a mandate as elected President. And as a candidate and early on as a President, Barack Obama, Mr. Speaker, consistently made the statement that he is for a single-payer plan. "Single-payer plan" is code language for socialized medicine, for government pays everything, government writes all the rules, government writes all the checks, government decides who works and who doesn't.

I have seen some of this language that has emerged that has been filed in this Congress clear back as early as 1981 that said we should establish a national health care service and everybody working in health care will be either a salaried or an hourly employee. That means if you are a brain surgeon, you don't get to charge for your service. The government writes you a check once a month and you go operate on as many brains as you are given to operate on by the government. That is single payer. That is Canadian style. It's German style. It's British style. It's European Union style.

We know that Canadian style isn't something all the Canadians want to live with. As a matter of fact, the Premier of Newfoundland and Labrador, his name is Danny Williams, a little over a month ago needed some heart surgery. And if he had submitted to the heart surgery that would have been available to him under the health care program in Canada, they would have had to have gone in and split his sternum to do the surgery.

□ 2220

So there is a long recovery process to stitch that sternum back together, and it is painful. But the specialist in Mount Sinai Hospital in Miami had a procedure where they could go in under the arm, separate the ribs, and do the surgery. The recovery is a lot quicker.

So what does the wealthy prime minister of Newfoundland and Labrador

do? He walked away from the Canadian system, flew down to Miami, and paid for his surgery out of his pocket. Now, that is Canadian access to American health care.

No one who has been proposing this idea of socialized medicine has told us where we are going to go for our health care if we morph into the Canadian, German, European Union, United Kingdom model. No one who is proposing this socialized medicine, government-managed everything, has pointed to a single nation that has produced a model of health care insurance and delivery system that they would point to and say, We want to emulate that. We want to model that. No.

Of all the experimenting that has been going on in the world, the experiments haven't worked out for the rest of the world, Mr. Speaker. I happen to have an example of how poorly those experiments have worked out in the world.

This would be the survival rate chart comparing the countries by color. If you look at the blue, the mauve, I guess that would be, and then the yellow and the light blue, it goes this way, left to right, generally: United States, then Canada in the reddish, Europe in the yellow, and then England in the lighter blue or the green.

Here are the types of cancer and the survival rates: Prostate cancer, United States, 91.90, call that 92 percent, survival rate for prostate cancer, as compared to, going down the list: Canada is not as good, 85 percent; Europe, 57 percent; and England, 50 percent, 51 percent. That is prostate. Clearly better than anybody else.

Breast cancer. The United States above everybody else. The slope is the same, although the competition is pretty close between us and Canada.

Then you underline all men's cancer lumped in together: Americans, 66 percent survival rate; and then on down to 53 percent for Canada; 47 percent for Europe; and 44 percent for England.

A little bit different configuration here for all women's cancer, but still the United States' survival rate is better.

These are the outcomes that we get. The innovations that Americans are providing, by the way, are being utilized in these countries. They just aren't utilizing them as effectively as we are here in the United States, and they certainly aren't innovating like we are here in the United States, Mr. Speaker.

So President Obama believed that he had a mandate to produce a single-payer plan that emulated one of these systems that clearly, by survival rates, are failures.

We have the best health care delivery system in the world. We have the best outcomes in the world. And, yes, we are spending a lot of money. We are a nation that makes a lot of money. We are apparently willing to pay that.

So the President made this argument: The economy is collapsing, and we have to fix the economy.

President Obama again, Mr. Speaker: We can't fix the economy without first fixing health care, because health care costs too much money.

So the President's solution is throw another \$2.5 trillion at a government takeover of health care. Spending too much money, you solve the problem by spending a lot more money. Now, that doesn't pass the third-grade logic test, but somehow that argument just drifts off into the distance, and we operate on that premise as if it were a premise that was stable and built on some kind of logic. Well, it is not.

The second argument the President made is that we need more competition in health insurance companies. Now, he didn't get it done over there, but the President wants to establish an extra health insurance company that is the Federal Government.

So you won't hear this number very often. It's certainly not something that would ever come out of the White House, the number of health insurance companies there are in the United States: 1,300 health insurance companies in the United States. Now, we can't buy from all of them because some of them are health insurance companies within the States that market to the residents within those States because they are prohibited from selling insurance outside of State lines.

For example, a young 25-year-old man in reasonably good health in New Jersey would be paying \$6,000 a year for a health insurance policy, where if he were in Kentucky he could buy a similar but not identical policy for around \$1,000 a year. If you let that young man in New Jersey buy his insurance from Kentucky, I guarantee you he is going to buy the Kentucky insurance, the cheaper insurance.

The President, though, his solution is to create another health insurance company so we could have 1,301 health insurance companies. Just one of them would be the Federal Government. And of the 100,000 possible health insurance varieties to choose from, the President's company would produce, pick your number, 10 or 15 policies. So we would add a little bit to the number of choices we have there, but not to the competition.

Meanwhile, the most expensive, unnecessary thing we have is the lawsuit abuse in health care and the defensive medicine that necessarily must be part of it. If you look at the numbers on the range, they go down to as low as 5.5 percent of overall health care costs are attributed to lawsuit abuse, much of it going into the pockets of the trial lawyers, and that number goes on up to 35 percent or so.

The dollar figure that I would anchor to is health insurance underwriters'

number: 8.5 percent of overall health care costs. That is \$207 billion a year unnecessarily being wasted, a lot into the pockets of the trial lawyers, a lot being spent on defensive medicine. Some goes to plaintiffs. That is \$207 billion a year. The Government Reform Committee produced a report that showed it was at \$210 billion a year, but those numbers go on up to \$650 billion a year. So there is a range.

I will just take us back down to \$207 billion. That is a number that I think is entirely defensible and very conservative. And if you calculate that for the duration of the bill, Mr. Speaker, that is \$2 trillion over the course of this bill.

So the President is going to solve a problem of spending too much money by spending more, and he is going to solve the problem of not having enough competition in health insurance by creating a Federal health insurance company and regulating all the other insurance companies. Now, if they regulate the other insurance companies the way they are regulating Toyota right now, you can see how they can compete in the marketplace.

Mr. Speaker, that is the framework of how we got here, and it is based on two flawed premises: One, we spend too much money, and the solution is to spend a lot more; and the other is, we don't have enough competition in the health insurance industry, so the solution is to create a Federal health insurance company.

The solution is: Allow people to buy health insurance across State lines; fix the lawsuit abuse, reform the lawsuit abuse; and, provide for full deductibility for everybody's health insurance.

I would be so happy to yield to the gentleman from Pennsylvania, Mr. THOMPSON.

Mr. THOMPSON of Pennsylvania. I thank my good friend from Iowa for hosting this Special Order tonight at a late hour, but it is important. It is important that we use every hour this week to stop what really is just a terrible attack upon the health care of this country.

When I came here 15 months ago, I came out of health care, 28 years working in nonprofit community health care, serving people that were facing life-changing disease and disability. I came here with a commitment that there were some things we could do to improve the system we have, and I have that same commitment today. But I came here with almost 30 years of experience, 30 years of pride in the health care system that we have, how we meet the needs of the people that have needs, and people with varying amounts of means as well.

There are many processes we have just in my congressional district. We have almost two-dozen rural hospitals. We also have other great facilities such

as federally qualified medical centers that meet people's needs that frankly don't have a lot of means and don't have a lot of money to put towards health care, but they have access to quality health care.

And that is one of the things that disturbed me since this debate began, because the President and the Speaker have made this debate about access to health insurance. That is the wrong debate, absolutely the wrong debate. We should be talking about and should have been talking about from day one access to quality health care. That is what Americans want. That is what Republicans are committed to. Those are the proposals that we put forward back in July.

My good friend said a very important word when it comes to health care in this country and serving our citizens, and that is "innovation." The United States of America is a country of innovation when it comes to health care. The system we have allows us to find procedures, treatments, medications, even just medical equipment, new innovations that frankly help those survival rates that you referred to, many of those that contributed to those higher survival rates for cancer in the United States of America, innovations in health and recovery that, once we help people survive, help people to rehabilitate, to recover, to get back to the things that they did in their lives, to be able to return to work and return to a productive life, which is what everybody strives to do.

My background actually was specifically rehabilitation, durable medical equipment, wonderful innovations that help people live and age with dignity, help people stay in their own home settings so that they don't have to go into any kind of an institutional setting. That innovation only comes from the health system that we have.

□ 2230

There are four principles I've led my life by as a health care professional and have guided me in this debate in 15 months, and that is that we need to do everything possible to, first of all, lower the cost of health care for every American. We need to strive to increase the access to quality health care for all. We need to improve on the quality and the innovation that we've enjoyed in this country, but we can do better. And the fourth principle for me is to strengthen that decisionmaking relationship between the patient and the physician, not allowing the government or a bureaucrat to insert themselves in that decisionmaking process.

Yet, as I look at what was the Pelosi health care bill and what I look at now as the Senate health care bill, I see, as I tear that apart, and not as a Republican, not as a partisan, but as someone who spent their lifetime dedicated to providing health care services and

meeting the needs of people facing life-changing disease and disability, my evaluation, assessment is these bills make all four dimensions of health care worse.

They drive up costs. We can talk more on that as we go on this evening. It really will limit access. It will serve to decrease quality in the long run. And certainly it will kill innovation, which has been just one of the bright spots of this health care system in this country. Frankly, it provides a wedge—and that's a government or bureaucrat between the patient and physician in terms of decisionmaking.

I yield back.

Mr. KING of Iowa. Reclaiming my time and thanking the gentleman from Pennsylvania, we have talked these different pieces over. I just reiterate this: that the principles you laid out—lower the cost, provide for access to good care, improve the quality, and strengthen the doctor-patient relationship rather than intercede in the doctor-patient relationship, which is what is going on—all of these discussions that we're making, and they claim that there is a bipartisan bill out here.

It's pretty interesting. Some language—the shell bill—apparently has gone to the Rules Committee and they have debated and reported a rule out of the Rules Committee that's designed to be the reconciliation language. But the substance of this reconciliation apparently isn't in the bill. Seems to be only a couple of pieces about that bill, a shell bill, and then basically it's pieces of H.R. 3200 that the House has passed that would be inserted supposedly as amendments.

Well, it would be passed as reconciliation language that would become amendments to the Senate bill and also an attachment of student loan provisions in there. So it finalizes the complete government takeover of the student loan program. What student loans have to do with health care, what a takeover of our health care by the Federal Government have to do with student loans might just be what qualifies a piece of legislation before the United States Senate down the hallway to meet the standards of reconciliation for the Parliamentarian so that this fantastic bait-and-switch can take place.

Here are the circumstances, Mr. Speaker: the House has gone through great pains to pass a bill, and it was very, very close. Well, the Senate wouldn't take up the House bill. The Senate took up the Senate bill. The House bill passed here November 7, 11 o'clock at night, on a Saturday night. Unusual for this House to be in session at a time like that. But even more unusual was the United States Senate passing their version of a health care bill. That was on Christmas Eve morning. They stayed in session on Christmas Eve morning and passed a bill with

60 votes. That 60 votes was required to break the filibuster.

And so we're in a circumstance today where the Senate can't pass their own version of the bill today because of the vacancy that was created by the death of Senator Kennedy, and was replaced by an appointment and then by a special election on January 19. They elected SCOTT BROWN. They know SCOTT BROWN is a "no" vote on the Senate version of the bill. He has said so.

So here's the unique circumstance: the Senate can't even pass their own version of the bill today. They can run that bill back across the Senate, and it would fail. The Senate wouldn't pass the House version of the bill either. And so the House is being asked to pass the Senate version of the bill—the Senate version they can't today, remember, Mr. Speaker. The House is being asked to pass that even though the House rejects it—pass it on faith—so that this reconciliation package, this shell bill that PAUL RYAN called a Trojan horse, can be brought here to the floor of the House and be passed, be sent over to the Senate, where the Parliamentarian could rule on whether it would be able to take it up and pass it on a simple majority to circumvent the filibuster in the Senate.

This is unprecedented. Others will say this has happened some 21 times in history—not in a government takeover of our health care, not in something as personal and private as this is. This is unprecedented. Then you have the Slaughter rule.

The gentleman from Pennsylvania.

Mr. THOMPSON of Pennsylvania. Well, if the gentleman will yield, you have been here obviously serving the American people a lot more years than I have, but I have a question in this process. Obviously, we're supposed to—and I expect Friday night or Saturday we will see the Senate bill. It will be shoved at us, and we will be forced to take a vote on that. It will be a vote that we're supposed to take with a promise, under reconciliation, that all the very terribly flawed parts of this bill will be fixed under reconciliation.

My question is: Relying on your experience, what if reconciliation—if we take this and my Democratic colleagues pass the Senate bill, which they don't like, but they do it under a false promise that it will be fixed in reconciliation, what happens if reconciliation never occurs?

Mr. KING of Iowa. Then I think the gentleman does know what happens. If reconciliation doesn't occur, the President will sign the Senate version of the bill that would have been passed by the House by hook or shenanigan, and that would become law. And it would be the law of the land. The law of the land would be the "Cornhusker Kickback," the "Louisiana Purchase," the "Florida Gatorade," which exempts Florida from Medicare Advantage cuts. It

would include also billions of dollars for medical health clinics in the State of Vermont to satisfy the Senator from Vermont and six or seven other special deals, along with language that would fund abortion and also language that would fund illegals. That's in the Senate bill, all of that.

There's some margins there where it's not as egregious, the House version versus Senate, but Stupak language—BART STUPAK, as has been reported in the news, he has been advised that there will be no negotiations on that piece, that the Senate version of the bill that funds abortion is what they're going to stick with here in the House. And so they'll be forced to put up a vote "yes" or "no." That's what happens.

This is on the cusp of becoming the law of the land. And the effort to produce this House version of the fix, which, by the way, I reject it all in any combination, it's just the idea of circumventing the rules and trying to pass something through. They're actually trying to amend a bill that is not law and then the promise becomes maybe a signed letter from 51 Senators that says that they will vote for a reconciliation package that will amend the bill after the fact.

The Founding Fathers never envisioned that there would be legislation that passed both Houses of this Chamber that neither House would accept. This House won't accept the Senate version on its face. They will only deal with it if there is a reconciliation promise. The Senate can't pass their own version of the bill today. They don't have the votes to do it. They just had the votes while they had another Massachusetts vote. Now there's been a special election. The American people have spoken.

A piece of legislation that neither body can pass could very well become law in the next week. This city needs to fill up with people tomorrow.

I yield to the gentleman from Texas.

Mr. GOHMERT. I appreciate my friend yielding. You make great points. This is unprecedented, what is going on—to have the leaders in Congress and in the White House trying to ram through a health care bill that the majority, not just barely over 50 percent like the President won with, but way over 60 percent of Americans do not want this bill passed. Yet they're forcing it through. You wonder, why would someone work so hard to push through a bill that they know is grossly unpopular. Even if you think it's so grossly unpopular, why wouldn't you want to back up and start over?

□ 2240

There are a number of things that have been said that are not true about the Senate bill. Now, you could be cynical like some people and say, Well, I think they're lying. They're dishonest.

I wouldn't say that. I think they're just completely ignorant. And we all have areas of ignorance where there are things we don't know. But I think that just like with the crap-and-trade bill, we had people come down here and say, This bill will not cost a single job. Well, that told you immediately that they had not read the bill, because toward the back of the bill, there was a fund created, and it said that the fund was explicitly for those who lost their jobs. So we know that there is a vast ignorance by people who don't read the bills that they come down here to talk about.

Now, speaking of ignorance, we have David Axelrod down here. I see you have his quote there: The law of the land right now—this is what he said Sunday. I heard him say this. He seems like a really decent guy, so I'm sure that he didn't intend to deceive, but he said? The law of the land right now is that Federal funds should not be used for abortion services. There's nothing in the proposal that he's—Obama's advanced. There's nothing in what would be approved by the Congress that would upset the existing status quo.

And I appreciate my friend for yielding because there are three things about this bill that allow for the Federal funding of abortion and, in fact, can require it.

Number one, until now, all plans regulated by the Office of Personnel Management have been required to exclude nonfederally covered abortions. So the Senate bill allows all but one of the federally subsidized health care plans in each area to cover abortion. They'll say, Now, you may have one plan that doesn't take care of people like it needs to. We'll offer one plan over here that probably nobody's going to want to buy that will not cover abortions, but the plans that may well be what most people need will cover abortions. So if you want to buy the plan that you're going to need, then you're going to have to cover abortions. That's one thing that's very clear. So that's one way.

A second way under the Senate bill, it authorizes and appropriates billions of dollars in new funding outside the scope of the appropriations bills covered by the Hyde amendment. And the billions of dollars that are here—this is under section 10503, Community Health Centers and the National Health Service Corps. Well, I don't want to make the President look bad, so I will call it "corpse" also. The Service Corps Funds, subsection B funding, it's authorized to be appropriated, and it is appropriated out of any moneys in the Treasury not otherwise appropriated to the CHC fund—that's Community Health Center fund. And then subsection 1 of that to be transferred to the Secretary of Health and Human Services to provide enhanced funding for the Community Health Center pro-

gram; \$700,000 for fiscal year 2011, \$800 million for fiscal year 2012, \$1 billion for fiscal year 2013, \$1.6 billion for fiscal year 2014, and \$2.9 billion for fiscal year 2015.

Now, the reason that's significant is that the Hyde amendment, which is existing law, only pertains to money appropriated—actually, appropriated in the Labor and HHS bill. This money is not being appropriated in the labor and HHS bill. It is not covered by the Hyde amendment, and that's why I'm sure that it's got to be ignorance instead of the lie that David Axelrod is demonstrating. He probably doesn't realize that the Henry Hyde amendment only pertains to money appropriated through Labor and HHS. This is separate money that is not restricted, and so it can go to community health centers to provide abortions. That is allowed under this bill, and people need to understand that.

Mr. KING of Iowa. If the gentleman will briefly yield, is that out of the House or Senate version, Mr. GOHMERT?

Mr. GOHMERT. This is the Senate bill. This is the one that the House is expected to vote on this week, maybe Saturday. This is the bill that the House is going to vote on. So anybody that comes in here and thinks—or has been sold a bill of goods, because so often if you don't read the bill and you allow somebody to tell you who you think may have read the bill that, Oh, no, no, no. That's not—Oh, no, it doesn't change existing law, they just don't know. It does change existing law. You just have to read it and understand the implication of the Hyde amendment, what's covered and, you know, the implication here.

But there's another thing, too. Section 1303 of the Senate bill that we're expected to vote on only limits the direct use of Federal tax credit to fund abortion coverage. The credit still could be used to pay premiums for health care plans that allow abortions. So the Federal tax law, the Federal tax dollars, through their credits, are going to fund health care plans that allow abortion. That's a third way that the Senate bill that we're going to supposedly vote on the end of this week will fund abortions.

Now I know there are people in this body who think that's a great thing, to fund abortions with Federal funds. Others, like me and my friends here, believe that it is not appropriate to take money away from people who know in their hearts it's murder to kill an unborn child and make them take their tax dollars and pay for abortion. That's been the law of the land for over 30 years, and it is changed dramatically by the Senate bill. And people just need to understand, if they're going to vote for this bill or they're going to vote for a rule if it's self-effectuating, then they are going to vote for and bring into effect a dramatic change to

the law on Federal funding of abortions.

Mr. KING of Iowa. Reclaiming my time and posing a question back to the gentleman from Texas, having read through this language in the Senate version of the bill and done this analysis that you have so well delivered here on the floor, can you imagine that this would just be an innocent mistake created by the drafters?

Mr. GOHMERT. Well, I can imagine that it's an innocent mistake by those who are talking about the bill. I do not believe it's an innocent mistake by those who've drafted this bill. It's unfortunate that we don't know who they are. We were not privy to those private sessions that were not under C-SPAN cameras, that were not covered—or reporters were not allowed. Nobody was allowed to see. Certainly there were no Republican in the House or Senate that were allowed in there when this stuff was drafted.

So, yes, I think it can be an innocent mistake, and I believe it is by many who don't realize what this does. But to answer the gentleman's question, it's certainly not innocent by those who've drafted this to spend billions in tax dollars of tax money that can fund abortion.

Mr. KING of Iowa. Reclaiming my time, and I'm posing another question to the gentleman from Texas, the judge, and that is, was there an opportunity—would there be an opportunity for any Member of the House of Representatives to offer an amendment to fix those provisions so that abortion is not funded under the Senate language of the bill?

Mr. GOHMERT. My understanding is we're not going to be given that opportunity to amend the bill here in the House. The House will have to pass the bill exactly as the Senate did. And actually, there was an effort in the Senate to amend the bill to put Stupak-type language in there, and they voted it down. Now, why would anybody in the Senate fight that kind of battle and work so hard to try to get that kind of Stupak language in the Senate bill and go to all the grueling fight that they had to try to get it in there if it was unnecessary?

Mr. THOMPSON of Pennsylvania. Well, I believe that some of our colleagues across the aisle are probably looking to vote for this Senate bill that may even agree with us on abortion and how wrong that is to publicly fund, let alone to complete procedure under the promise—the promise it will be fixed through a reconciliation bill. And I just want to talk a little bit more about what the probability of that is.

We're going to be relying on the Senate to bring a bill to us, to pass a reconciliation bill to make these fixes that they're putting together, these sweeteners, these promises. Now, to

the best of my knowledge right now, we've passed a number of bills in this Chamber in the past 15 months, and by my calculations, we've sent over 200 bills to the Senate that are just lingering in the Senate. They haven't taken action on them. So if there's 200 bills there already that they haven't taken action on, what is the probability, what is the chance that they'll actually do a reconciliation bill that would make these fixes?

□ 2250

Mr. KING of Iowa. Well, reclaiming my time, I think we should spend a little time on the Slaughter rule. And before I go to that, I want to make the point that, Mr. Speaker, I anticipate there will be a lot of Americans in Washington, D.C., tomorrow. I believe there are a lot of Americans that have come in tonight to be here to stand up for their liberty and stand up for their freedom, stand up for their Constitution. They've done this on 9/12, and April 15, and November 5, and November 7, and again in December on the Senate side. And then they went to Massachusetts, where we received an intervention in Massachusetts. And now it's up, again, to the American people to defend our freedom and our liberty and protect our health care.

But one of the other maneuvers that is not off the table yet, and the majority leader last Friday talked around it every way, every way except taking it off the table, and that is the Slaughter rule, named for the Chair of the Rules Committee, who proposes that, rather than requiring Democrats who don't want to vote for the Senate version of the bill to vote for it, vote it up or down—they're afraid it would fail. I don't think they're worried about making them vote for it. I think they're afraid it would fail. Her proposal is that they would just bring a rule that would deem that the Senate bill had been before the House and been passed. So they wouldn't ever have to vote on the Senate bill. They would just pass a rule that would deem that it had been passed by the House, so there'd never be a recorded vote here in the House on the Senate version of the bill; and that way they could get it off the decks and over to the President's desk where he is salivating to sign anything that says national health care.

We have another expert on the floor tonight, another Texan.

Mr. GOHMERT. Will the gentleman yield for just a moment?

Mr. KING of Iowa. And I'm going to go to the first Texan right before I quickly yield to Dr. BURGESS, but Mr. GOHMERT, Judge GOHMERT.

Mr. GOHMERT. I appreciate that. And my friend, Dr. BURGESS, has done probably more work in the area of health care reform and potential legislation than anybody I know of in the House. And so, it'd be great to hear from him tonight.

But I think it was critical, and it is critical for people to understand, who are really wrestling with whether or not they can satisfy their conscience and their concern over Federal tax dollars being pried out of people's hands to fund abortions against their will. It's important that those people understand that David Axelrod—apparently, we're told he's an honorable man, so are they all, so are they all honorable men—but that he apparently was ignorant of the law of which he spoke because he's just wrong, completely, on three counts. And so if anybody's trying to save their conscience over Federal funding of abortion, they need to understand there are three ways that Federal funding will pay for abortions if this Senate bill is passed. And I thank the gentleman for yielding.

Mr. KING of Iowa. Reclaiming my time and thanking the gentleman from Texas, and yielding to Dr. BURGESS from Texas—who has constantly been pounding against this socialized medicine plan, has a meeting in the morning at 8:00, again to put some more light on the subject matter—as much time as he may consume, the gentleman from Texas.

Mr. BURGESS. I thank the gentleman for yielding. I actually came down to talk about some polling data that was in the Wall Street Journal today. You know, you talk about the Slaughter rule. And one of the talking pundits on television tonight, Hardball, at the end of that program, the moderator, the host said, it is only right that Congress allow an up-or-down vote on this health care bill. And he called on Republicans to stop obstructing.

Let me remind everyone: Republicans are opposed to this bill, but Republicans lack the numbers to obstruct much of anything right now. So it is an internal fight in the Democratic Caucus that is obstructing this bill; it is not House Republicans.

True, it is a bad bill. We all oppose it, as we should. But it is that internal fight on the Democratic side.

Now, an up-or-down vote to me would mean that there'd be an up-or-down vote on some bill, not an up-or-down vote on a rule that deems passage of a bill that was passed by the Senate on Christmas Eve. Up-or-down vote means an up-or-down vote on an actual piece of legislation that has been filed with one of the clerks of either of the bodies.

And I know I need to address my remarks to the Speaker. Mr. Speaker, if I would just ask, if you haven't thrown away your Wall Street Journal from today, you might want to take a look at it. There is some very interesting information in here, some polling data by Heather Higgins and Kellyanne Conway. Kellyanne Conway has spoken to many groups up here on the Hill many times. Their group is the polling company on behalf of the Independent

Women's Voice. Twelve hundred people were polled in 35 Congressional districts; 20 previously had voted "yes" for the health care bill, 15 had voted "no." But the survey shows astonishing intensity and sharp opposition, far more than the national polls reflect. For 82 percent of those surveyed, the health care bill is either the top or one of the top issues for deciding who to support for Congress next November. Seven in 10 would vote against a House Member who votes for the Senate health care bill with its special interest provisions. That includes 45 percent of self-identified Democrats, 75 percent of independents, 88 percent of Republicans, which you would expect. Almost half of the Democrats would not reelect a Democratic Member who voted for the Senate bill.

Reconciliation poses its own set of problems. People see through that. That is a parliamentary trick. Yeah, if you can have an up-or-down vote, let's have an up-or-down vote on a bill, not on a procedural motion.

But here was the part that really struck me. When they looked at various demographic groups, men and women, young and old, people who had voted for JOHN MCCAIN, people who had voted for Barack Obama, across all demographic groups, they described dramatic pluralities that say that if the legislation doesn't pass, they will be relieved.

Well, I would submit that with what's left of this week and what's left of this bill, whether it's a long hard slog or what, we have a chance to provide the relief to millions of Americans by killing this bill and stopping it in its tracks.

We can talk a good story about repealing the bill if it passes. The time for action is now. The action is to kill the bill. And I yield back to the gentleman.

Mr. KING of Iowa. Reclaiming my time. I thank the gentleman from Texas for coming down and laying this part out and making it clear. To me, it's just breathtaking to think that the Rules Committee, up on the third floor, the hole in the wall committee, the people that rarely have a reporter in the room, and only once in the 7 years that I've been in this Congress has there been a television camera in the room, the people that conduct themselves as if they are operating out of the sight or the scrutiny of the public, would be the ones that would cook up the idea that they could bring a rule to the floor that would deem that the House had passed a Senate bill and dodge the idea of the vote.

And I want to make this point over again. We are in this circumstance now where the Speaker, Mr. Speaker, the Speaker of the House, seems to be compelled to bring a Senate version of the bill to the floor of the House, a bill that could not pass the Senate today, a

bill that would not pass the House today on its own merits, and in order to get a bill to the President's desk that they could chase with amendments to fix the bill—according to them, fix it. I don't think it actually improves it; it just makes it so that they can get the votes done. It's called reconciliation. And they don't even want to face that first vote of the Senate version of the bill.

It is completely ironic that the House has to pass the Senate version of the bill that the Senate couldn't pass because the Senate won't pass the House version of the bill, but the House won't vote on the Senate version of the bill that they have to pass that the Senate can't pass so they'll pass a rule instead that deems that the bill, the Senate bill, has passed the House. That's what's up.

Now, I hope that's really clear, Mr. Speaker, because I believe I said it precisely and exactly right. That's what's going on this Congress. No wonder people are revolted by the business that is going on here.

And I don't think that we actually addressed the situation on how—I think Mr. GOHMERT did a good job of showing us how abortion is funded under this. But I don't think we've addressed this very well at all tonight, on how either version of the bill, the one that, if we get one, we're most likely to end up with, is the Senate version, funds illegals in this process. And the President has said, and many of his mouthpieces at the White House have said, the President won't support a bill that funds illegals. Well, both versions, the House and Senate bill, do that. The Senate bill has tighter language than the House bill. But this language that protected the American taxpayers' assets from going to benefits to illegals was in the Medicaid legislation that existed for years and years. And 2 years ago, when the changes were forced through this House for SCHIP, the socialized, Clinton-style Hillarycare for children and their parents, that piece of legislation lowered the standards for Medicaid so that the proof of citizenship that did require a birth certificate and supporting documents, to keep it simple, was no longer required, and all that was required of an applicant for Medicaid then was to attest to a nine-digit number, presumably a Social Security number.

□ 2300

That is essentially the standard that is in the Senate, the standard that is in the House. It lowers the standard to the point where fraud is anticipated to the point where the Congressional Budget Office's calculations produce that it will open up health care benefits to as many as 6.1 million illegals. That is CBO's number. That is a number that is calculated from their estimates, not exactly their number. It is not mine.

That is where we stand with this legislation that funds abortion—not so much the House version of the bill, we are not going to get that language—and legislation that funds illegals, legislation that takes away our very freedom and liberty, that nationalizes our bodies, that tells everybody in America the Federal Government can tell you how your health care is going to be managed, that you will buy a health insurance policy, what type of care it will be, what tests will be provided, and what will not be provided.

This is a great theft of American liberty. And never before in the history of this country has the Federal Government produced or approved a product that they required every American to own or buy, let alone the transfer of wealth of taxing people and putting refundable tax credits in the hands of some people to buy insurance, while we expand the Medicaid rolls and tax others for their insurance policies so that we can afford to pay others to buy insurance.

And the next argument that will be of the next generation if this happens in Congress will be the argument that will come from this side of the aisle, and it will be, gosh, hand-wringers, we are spending so much money on administration writing out checks to people to buy their own health insurance policy, why do they need to have a policy? Why don't we just provide them free health care? And then we can bypass all of this insurance business that is going on and put our money directly into the health care, because they won't have enough money to provide the care because of the costs that are being driven up. That is the next generation of this debate.

I am watching the clock; I think we are down to about 3½ minutes left. But I want to yield to the gentleman from Pennsylvania for any concluding remarks he might have.

Mr. THOMPSON of Pennsylvania. I appreciate my good friend yielding.

I appreciate Dr. BURGESS sharing those Wall Street Journal statistics. There was one just a few weeks prior, a CNN poll that showed that 79 percent of independents say start over. Stop the bill that is going on now. That is independents, 79 percent of them.

I was visiting a hospital earlier today, and I talked with everyone. As I talked with the staff, I went with the physicians, the nurses, the therapists, the secretaries; that was the same message they gave me. And these are folks that understand health care. They live it every day, long days in health care. And they said stop the madness, stop this bill, and start over.

And I talked with patients, I talked with family members, and I talked with just visitors. It was kind of interesting. They had no idea who I was. And I was riding in the elevator with a couple folks, and you can tell what is

on their mind. They looked at me and they said, What are those people in Washington doing to our health care? They get it. The people at home get it. We need to stop and do the right things.

I just throw in here in terms of the unintended consequences here, one of my first principles was to decrease costs for all Americans. And you mentioned tort reform. Even the President has acknowledged for those folks who buy their insurance individually, non-group, you know, he has come out and said this is going to drive their premiums up 10 to 13 percent. Ten to 13 percent. That is exactly opposite of what we should be doing.

I appreciate you leading this tonight. I yield back.

Mr. KING of Iowa. Reclaiming my time, I thank the gentleman from Pennsylvania and yield to the gentleman from Texas for any concluding remarks he might have.

Mr. BURGESS. I think it is important for people to remember that what we are doing right now has nothing to do with health care, has nothing to do with health care policy. This is all about pure political power and solidifying a hold on political power for the next 2 or 3 generations.

This bill will be impossible to undo once it is passed. We need to step up and do our duty, stop this bill, then fix the things the American people want us to fix.

Mr. KING of Iowa. Reclaiming my time, purely political about expanding the dependency class because the dependency class expands the political power of the left in America at the expense of our freedom and at the expense of our liberty, never to be gotten back again.

I thank you, Mr. Speaker, for your indulgence tonight, and my colleagues for joining me.

I yield back the balance of my time.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. RYAN) is recognized for the remaining time until midnight.

Mr. RYAN of Ohio. Thank you, Mr. Speaker.

I appreciate the opportunity here to respond to some of the criticisms that have been made here, unjust as they seem to be to me, and try to straighten the record out just a little bit.

It is our belief on this side of the aisle that the United States Government and the government of many of our States have a moral mission to protect our citizens, a moral mission to empower our citizens, and a moral mission to improve the lives of many of our citizens. The issue of health care reform to us on this side of the aisle is a moral issue, and it is an economic issue.

When we see throughout our country the level of abuse that has been put upon the people of this country through the insurance system, that, my friends, that, Mr. Speaker, is a moral issue. Nobody is saying that this health care reform bill is a perfect bill. Nobody says that it is going to be a panacea, that it is going to fix all of our problems in this country. But this is a major step forward for our country. And we have as a country a moral obligation to stand up between what the insurance industry is doing to the American people, somebody has to intervene. And there is nobody left because average people who are in Ohio or Iowa or some of these other States have no recourse. They cannot battle the insurance industry.

This has been going on for years and years and years, where the insurance industry kicks people off the rolls when they need coverage or when they get sick, when they deny people coverage because they have a preexisting condition; and so they therefore can't get any insurance at all. And they have created a system here over the past few years, past 5, 10 years where we see 20, 30, 40, 50 percent increases in health care costs for individuals and small businesses, and large businesses in many instances and the government.

So we have a situation where we are that far from addressing one of the great moral issues of our time. And we are that far from addressing an economic issue that will continue to strangle the economy of the United States of America if we fail to act.

Now, I think it is very convenient for our friends on the other side of the aisle and those in the insurance industry to say let's start again. Let's start all over. Let's start from scratch. Well, if the insurance industry wants to go back and revoke 10 years of increases that they have bestowed upon the American people, if they want to start over, then maybe we will start over. If they want to eliminate all of the increases that they put on the American people, eliminate them all. Let's go back to 1995 or 1994 rates, or even just cost of living from 1994 or 1995 when we tried to do this the last time. Why don't the insurance companies start over, Mr. Speaker, and go back and erase their increases that they put on the American people. Then we may consider starting over.

Now, for those people, Mr. Speaker, who have been listening to this debate, they need to recognize that maybe this process isn't pretty, and maybe we could have done a better job explaining what is going on. And many people, and our friends on the other side were talking about polls, and at the same time would lament the fact that we are governing by polls.

So when you look at what has happened over the course of the past few years and what has happened to aver-

age people—I want to find the poll that we had here when you pull out the issues from the poll. So the general consensus is, do you want the health care? And they hear on the news, Mr. Speaker, about different things that are going on and they say, well, it doesn't sound like such a good idea.

□ 2310

But then when you pull out specific provisions of this bill, of this health care reform proposal, most of those issues, most of those reforms poll at 60, 70, or 80 percent support.

Are you for getting rid of preexisting conditions and allowing insurance companies to not cover you because you have a preexisting condition? Sixty-seven percent of the American people support that.

Do you support eliminating lifetime caps so that when you get sick and you really need the insurance, you can get it? Sixty to 70 percent of the American people support that.

Do you support not being able to deny every child in the United States of America because of a preexisting condition? Seventy, 80 percent of the American people support that.

Do you support giving small businesses tax credits to cover their workers? Significant support for that.

So we are moving forward with a proposal that addresses the major needs of the American people.

When you ask seniors, are you for closing the doughnut hole? More than a majority of seniors say, Yes, that is something that what we want included in the health reform proposal. And it is included in here. And many of these reforms will go in effect within the next year.

And so when we pass this, Mr. Speaker, and our friends campaign in November about repealing this, they are going to have to go to all the moms and dads in the country and say, No, you know how your child, if they get sick or you want to get insurance, they can't be denied because of a preexisting condition, they want to run a campaign saying, No, we want to repeal that. Our friends on the other side of the aisle, when we say, You can't be denied coverage for a preexisting condition, they are going to want to run a campaign saying, No, we want to repeal that. When we close the doughnut hole and start moving in the direction of fully closing the doughnut hole that the Republican Party put in here when they passed the prescription drug bill that they didn't pay for, we had to borrow money from China to pay for it, and it has a doughnut hole in it, and we attempt to close it, our friends on the other side of the aisle are going to run a campaign in November saying, We want to repeal the closure of the doughnut hole.

Those are the issues that are in here, that are in this reform proposal, and

these are the issues that are going to bring some justice to the health care industry in the United States of America.

This isn't about whether the government is going to run health care or the insurance industry is going to run health care. This is about whether doctors can make decisions. And our friends on the other side want to talk about life and liberty. Let's talk about life and liberty. Let's have this debate.

You want to talk about freedom? How free are you when you are sick and you can't afford health insurance? You can't get out of bed to go to work. You have to give up your job because you don't have health insurance. How free are you? I cannot be convinced that the Founders of this great country thought that freedom is somehow the government not protecting individual citizens from underhanded practices from a corporation. I can't believe it.

I believe that the definition of freedom is about being healthy and empowered in 2010 in America. And if there is a corporation or an industry that is limiting your freedom by their underhanded practices, then the government has a moral responsibility to intervene and to protect the individual citizen and protect the rights of the individual citizen. Let's have this debate all day long, Mr. Speaker, telling me some boogie man is being created here that is going to come in to Washington, D.C.

My one friend said nationalizing our bodies. One of our friends on the other side said that this was about nationalizing our bodies. What? Talk about fear mongering, Mr. Speaker. Nationalizing our bodies? This is about protecting individuals in the United States of America who can't protect themselves, and the government has a moral obligation to do it. If it is a foreign terrorist, moral obligation to do it. If it is crime in the streets and our cities, moral obligation to do it. If it is an unruly industry that has underhanded business practices, moral obligation to stop it. That is what we have here. That is why we are here. That is how this country was founded, to protect the individual freedoms.

To say to small business people, You have to go out into the shark-infested waters to try to get health insurance and have 40, 50, 60 percent increases and do nothing about it because of some warped concept of freedom that is made up, how free is that business person who takes money continually out of wages, out of capital investments into their factories, into their machine shops, into their businesses, into their technology, into training their workers? They are not free to make good business decisions. They probably have all kinds of good ideas about what kind of investments they would rather be making than paying to some health insurance company that doesn't give us value added.

You want to help manufacturing in the United States of America? Help fix some of the health care burdens that our manufacturers are plagued with day in and day out. And how many factories were shuttered because they couldn't make the capital investments because they had to put so much money into health care? How many?

We have seen the decline in manufacturing over the last 10 or 20 years. We have seen stagnant wages over the last 10 or 20 years because businesses had to absorb health care costs while simultaneously trying to compete with China and India and manufacturing all over the globe. And our friends on the other side want to start all over. And they want to tell all these people who are getting denied because they have a pre-existing condition we need to start all over and wait another hundred years to do it, or at least another 15 years, the last time someone had the courage like President Clinton had to try to do this.

We have an obligation to fix these problems. We didn't get sent here to take polls. We were sent here to do the right thing. And it is my hope that this week—you know, it was great today. We were in Cleveland with the President. And he was in the middle of his speech, and he said something like, What we need, or, We need, and there was a pause. And a woman shouted out, "We need courage."

We need courage. That is what people are feeling. They feel like there's no one there to help them. They get stuck in situations where they don't have anywhere to turn. And imagine the United States Government passing a law that says, when you get sick, you can't get kicked off your insurance.

□ 2320

That is what is in this bill. That is why, when you look at the lists of faith-based organizations who are supporting this bill—Sojourners, Network, Catholic organizations, Evangelicals for Social Action, Jim Wallis at Sojourners, Catholics in Alliance for the Common Good, New Evangelical Partnership for the Common Good, former Associate General Secretary for U.S. Conference of Catholic Bishops, Sisters of Mercy of the Americas, Boston College professors, University of Dayton professors, Marquette University professors. On and on and on and on.

Then, this weekend a huge endorsement for this bill. As my friends on the other side were talking about the abortion issue, 25 pro-life Catholic and evangelical leaders have endorsed this bill, and this weekend the Catholic Hospital Associations endorsed this bill. Do you think the Catholic Hospital Associations of America would endorse this bill if this was a pro-abortion bill? This is the pro-life bill. This may be the most pro-life bill that has passed this House in 20 years.

How do we define life? How many people die too early because they are

sick and they can't get the proper care? How many people have a reduced quality of life because they can't get proper health care? Aren't those pro-life issues? They most certainly are. And to have the Catholic Hospital Association endorsing this bill, and then to come out and fearmonger, Mr. Speaker, on the abortion issue is wrong. It is wrong. Twenty-five pro-life Catholic and evangelical leaders, strong, nationally recognized endorsing this bill, because this is a pro-life bill, and we should support it as a pro-life bill.

We talk a lot about freedom, too. How many people in America today are out there locked in a job that they probably don't like all that well, that they probably would rather go work somewhere else or maybe, even better, start their own business? But they can't leave their current employment because they know if they go out into the free market and they try to get their own insurance, that they won't get covered because maybe they have a preexisting condition or maybe their spouse has a preexisting condition or maybe one of their kids has a pre-existing condition.

So our friends on the other side say, Start over. Don't do that, don't give that person who got an idea and wants to start a business in America and take a chance—don't help them.

Are we providing the kind of environment for someone to express, have the freedom to express their energy and their talents in America? No. We are limiting it if we don't fix this health care system. We are limiting it. We have a moral obligation as a country to allow each and every individual in this country to express their talents and their skills in this country. We have the opportunity here in the next week or so to make this happen. We have never been so close, extending insurance to 30 million Americans who currently don't have it.

A lot of people say, too, as we talk about this bill that they don't want to pay for these 30 million people. It is important that we recognize that we all are already paying for these people who don't have health insurance.

You see, our friends on the other side—and I sat here and I watched them, and I listened very carefully, and they were picking these fringe issues to try to incite. They were talking about abortion, which, okay, I am sure they believe strongly in that. I do as well. I have a pro-life voting record. But when you have the Catholic Health Association and you have 25 national Catholic and evangelical leaders supporting this bill, it becomes very difficult to scare the American people about that issue.

They don't want to talk about pre-existing conditions. They don't want to talk about making sure kids don't get denied. They don't want to talk about

tax cuts, tax credits for small businesses to provide health care insurance. Of course not. They don't want to talk about how the Democrats are going to close the doughnut hole. They don't want to talk about how seniors will not have to pay for any preventative care at all in Medicare. They don't want to talk about how this bill is deficit neutral, how it actually reduces the deficit. They don't want to talk about how this bill extends the life span of the Medicare program. They don't want to talk about any of that stuff. And it goes back to the original memo that one of their top pollsters gave them in the spring that said: Do not let Obama pass health care reform. Do not let him. You will be in the minority for a long time. And so they will do anything they can, anything in their power to try to prevent this President from passing health care legislation.

It is good to know, Mr. Speaker, because they are rooting against the President. They are rooting against the President. If the President fails, we all fail. He has extended his hand, taken all of the Republican ideas, put many of them into the health care reform proposal, and there still are Republicans who won't vote for it. Just like in the stimulus package, we had to put \$300 billion in tax cuts in the stimulus bill because that is what the Republicans wanted, and we didn't get any Republican votes, because there is no benefit for the Republican side to support the President, to support the American people, because politics has gotten in the way.

So we have all of these issues that are going to go into effect within the year. Within the year small business tax credits, up to 35 percent of premiums, will be immediately available to firms that choose to offer coverage, closing the part D doughnut hole. Immediate help for the uninsured now to create an interim high-risk pool. End rescissions so insurers can't drop people from coverage when they get sick. No discrimination against children with preexisting conditions. Are you going to vote against that? Go ahead.

Extends coverage for young people up to their 26th birthday, so all the young people in our country will now be able to stay on their parents' insurance until they are 26 years old. So if you want to go to grad school, you will be able to stay on your parents' health insurance. Times are tough now. You may not be able to find work, or at least find work with some decent health care. You can stay on your parents' insurance until you are 26 years old.

Bans lifetime limits on coverage. Bans restrictive annual limits on coverage. Free preventative care under Medicare. This is a reform proposal that we should have passed 30 years ago. Those are the moral issues. But

the economic issues are just as profound, just as great.

Small businesses have seen a 126 percent increase over the last 5 or 6 years, and the projections as we move forward are even higher for families and small businesses: Up, up, up, and away will their health care costs go if we do nothing.

And, as we said, they want us to start over. How about the insurance companies start over? How about the insurance companies repeal 10 years of increases and they start over? Maybe that would be fair. Wouldn't that be nice? We want to start all over in this country, come together and figure something out. Repeal 10 years of your health care increases. Free preventative care under all the new health care plans, new independent appeals process. Help for early retirees, which is something that is huge, I know, in Ohio. Creates a temporary reinsurance program until the exchange is available to help offset the cost of expensive health claims for employers that provide health benefits for retirees age 55 to 64. Billions of dollars for community health clinics, and it increases the number of primary care doctors by making huge investments, making sure that we get that done.

The Republicans didn't do anything to address any of these issues for 10 years. Now, all of a sudden, they are late to the game, and they still won't support it. They say, Well, we are for repealing preexisting conditions. They are not going to vote for this bill. We are for tax credits for small businesses. They are not going to vote for this bill. We are for closing the doughnut hole. They are not going to vote for this bill. We are against preexisting conditions, making sure that any child doesn't get denied coverage because of a preexisting condition. They are going to vote against this bill. We are for children allowed to stay on their parents' insurance until they are 26. They are going to vote against this bill.

□ 2330

We're for increased competition. They're going to vote against this bill, because they've been told by the people who guide their political decisions, their pollsters, the cottage industry in Washington that tells political parties what to do, they have been told, Do not let the Democrats succeed in this. And we have asked time and time and time again for their suggestions. The President has taken many of them, implemented them into this bill, and they keep moving the yardstick further and further down because they don't want to support this because their political leadership, their pollsters, their lobbyist friends say we can't do it. We can't let them get a win.

And it's not about the Democrats winning. This is about the people in our districts who are getting hurt; that

are getting hurt by the current practices. And when you see the number of faith-based organizations supporting this legislation—Evangelical, Catholic, Jewish, Muslim, Buddhists, I mean, the spectrum of faith-based organizations in the United States of America are supporting this. And they all say, Is it perfect? No. Of course not. This is a body made of human beings who are flawed and make mistakes. But this is a tremendous step forward in our country—monumental, historic.

I'm proud to be here today. I'm proud to support this bill. I'm going to be even prouder after it passes and we can point to X, Y, and Z, as I am tonight, exactly what is in here and exactly what the benefits are. I'll be honest with you: I'm excited to run a campaign in November talking about this. I want to see the campaign where all of the stuff that I just listed is the debate in the fall. And our friends on the other side and our TEA Party folks who haven't done anything in 10 years to try to address any of these problems are going to want to repeal a ban on preexisting conditions for kids—children; a ban on preexisting conditions for adults, saying that you shouldn't be able to stay on your parents' health insurance until you're 26. They're going to run a campaign saying that we should expand the doughnut hole instead of closing the doughnut hole, which is what we're doing in here. They're going to run a campaign saying that we want to repeal the tax cuts that we have given to small businesses to try to make this happen. We want to repeal the subsidies that people are going to get to help them pay for insurance.

It's going to be a heck of a campaign. And they're going to scream socialism like they have been doing for 7 years. They screamed about it.

This is the same party, Mr. Speaker, that just a few years ago, when I first got in the Congress, the early part of this first decade, wanted to privatize Social Security. You don't hear anybody here saying they want to get rid of Medicare. I remember, we sat on this floor, Congresswoman WASSERMAN SCHULTZ, KENDRICK MEEK, and myself. Started when we first got in Congress. The first issue we were addressing was President Bush's idea to privatize Social Security.

Now, imagine a year and a half ago if you had dumped your 401(k) or your Social Security was looking like your 401(k) and you had nothing to draw upon. That's the kind of vision we're getting from the other side of the aisle. We're talking about tax cuts for small businesses and individuals so that employers can provide health care and jobs. That's what this is about. Our friends on the other side did not act. They led to what is happening here today, and we have got the consequences of their inaction that we're forced to deal with today.

We have got a lot of issues to talk about. This is not going to be the last time we're on the floor. We're going to be here all week talking about these issues. But, again, our government has a moral mission, a moral responsibility to protect our citizens and to empower our citizens. This health care reform bill is about protecting our citizens. It's not about government-run; it's not about insurance-run. That's a false debate. This is about making sure that doctors and patients and families make their own health care decisions. That's what this is about.

This is about making sure that seniors have an extended Medicare program by making sure we rid it of waste, fraud, and abuse. This is making sure that our seniors have prescription drug programs. This is making sure that our government protects individuals from the practices of the insurance company, being denied a pre-existing condition; that we protect our citizens from, when they get sick, their insurance company says to them, We can't cover you any more. That's what this reform bill is about. And those protections will empower and stimulate and allow the American people to express their talents in the marketplace.

How many business people are going to have more money in their pocket to reinvest back into their business, into the technology, into the capital improvements? How many families are going to have more money to send their kids to college, to go on a family vacation, to make sure their kids can go to graduate school? How many people who are locked into jobs now and fear starting their own business are out there? We don't know. It's a hard thing to quantify. But there are thousands of them. Who's the next Bill Gates who has a spouse that maybe has a pre-existing condition so they're stuck in a cubicle somewhere and can't start their own business? How many children in our country have been denied health insurance because they have a pre-existing condition? How many people are in a hospital right now, right now, because they didn't get the proper health care that they needed? And so their problems, their issues, their health concerns got worse and they ended up in the hospital.

We have a moral obligation to step up to bat and to make this happen. This reform bill is a good piece of legislation. And I recognize that there are some outlets, some people who want to maybe not be quite as straightforward with the facts that are presented here in this bill, and they want to touch upon those same issues of abortion and immigration, all the issues that have been addressed in this bill. When you have 25 national pro-life Catholics and Evangelicals organizations endorsing this bill, when you have the Catholic Hospital Association endorsing this

bill, you can honestly say that the abortion issue has been taken care of and that this is a pro-life bill. Because the idea of pro-life is very broad and should have a very broad interpretation. Quality of life, shortened life spans, those are pro-life issues. Shortened and reduced quality because they don't have the proper health care, those are pro-life issues.

Freedom to invest in your business, start your own business, those are issues that our Founding Fathers talked about a great deal.

□ 2340

So we do have a moral obligation to pass this piece of legislation. When we pull out all of the parts of this bill, you will see that the American people support this. And the American people want this legislation. Here it is. I will read them real quickly. They would be more likely to support the reform if it has tax credits—these are all issues that are in here—if it has tax credits to small businesses, 73 percent more likely to support; if it has insurance exchanges, 67 percent more likely to support; if you can keep what you have, which is exactly how this is set up, 66 percent more likely to support the reform; if you ban preexisting conditions and denials, 63 percent; Medicaid expansion, 62 percent; dependent coverage through 26 years old, 60 percent; close the Medicare doughnut hole, 60 percent; subsidy assistance to individuals, 57 percent. These are all things that are in the bill. These are all things that are in the bill and are all the reasons why we need to pass it.

This is a basic human rights issue. This will be the most significant pro-life piece of legislation that has passed this House in a long, long time. This will be the most historic piece of legislation that has passed this House in a long, long time.

I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. DAVIS of Illinois (at the request of Mr. HOYER) for today.

Mr. BACA (at the request of Mr. HOYER) for March 12 on account of business in the district.

Mr. YOUNG of Florida (at the request of Mr. BOEHNER) for today on account of illness caused by food poisoning.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. ENGEL, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. JACKSON LEE of Texas, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, March 22.

Mr. JONES, for 5 minutes, March 22.

Mr. LINCOLN DIAZ-BALART of Florida for 5 minutes, today and March 16, 17, and 18.

Mrs. CAPITO, for 5 minutes, March 16.

ADJOURNMENT

Mr. RYAN of Ohio. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 11 o'clock and 41 minutes p.m.), under its previous order, the House adjourned until tomorrow, Tuesday, March 16, 2010, at 10:30 a.m., for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6584. A letter from the Executive Director, Securities and Exchange Commission, transmitting Final Commission's final rule — Final Model Privacy Form Under the Gramm-Leach-Bliley Act [Release Nos.: 34-61003, IA-2950, IC-28997; File No. S7-09-07] (RIN: 3235-AJO6) received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6585. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Final Flood Elevation Determinations [Docket ID: FEMA-2008-0020] received February 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6586. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility [Docket ID: FEMA-2009-0020; Internal Agency Docket No.: FEMA-8105] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6587. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Changes In Flood Elevation Determinations [Docket ID: FEMA-2008-0020] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6588. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Final Flood Elevation Determinations [Docket No.: FEMA-2008-0020] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6589. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule —

Suspension of Community Eligibility [Docket ID: FEMA-2008-0020; Internal Agency Docket No. FEMA-8107] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6590. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Final Flood Elevation Determinations [Docket ID: FEMA-2010-0003] received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6591. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility [Docket ID: FEMA-2010-0003; Internal Agency Docket No. FEMA-8119] received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6592. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility for Failure To Maintain Adequate Floodplain Management Regulations [Docket ID: FEMA-2010-0003; Internal Agency Docket No. FEMA-8117] received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6593. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility [Docket ID: FEMA-2010-0003; Internal Agency Docket No. FEMA-8115] received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6594. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility [Docket ID: FEMA-2008-0020; Internal Agency Docket No. FEMA-8103] received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6595. A letter from the Secretary, Securities and Exchange Commission, transmitting the Commission's final rule — Commission Guidance Regarding Disclosure Related to Climate Change [Release Nos.: 33-9106; 34-61469; FR-82] received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6596. A letter from the General Counsel, Corporation For National and Community Service, transmitting the Corporation's final rule — Serve America Act Amendments to the National and Community Service Act of 1990 and the Domestic Volunteer Service Act of 1973 (RIN: 3045-AA50) received February 22, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6597. A letter from the Acting Director, Pension Benefit Guaranty Corporation, transmitting the Corporation's final rule — Benefits Payable in Terminated Single-Employer Plans; Interest Assumptions for Valuing and Paying Benefits received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6598. A letter from the Senior Legal Advisor/Chief, Wireless Telecommunications Bureau, Federal Communications Commission, transmitting the Commission's final rule — MARITEL, INC. and MOBEX NETWORK SERVICES, LLC Petitions for Rule Making to Amend the Commission's Rules to Provide Additional Flexibility for AMTS and VHF Public Coast Station Licensees [WT Docket No. 04-257] received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6599. A letter from the Director, International Cooperation, Department of De-

fense, transmitting Pursuant to Section 27(f) of the Arms Export Control Act and Section 1(f) of Executive Order 11958, Transmittal No. 01-10 informing of an intent to sign a Memorandum of Understanding with Australia; to the Committee on Foreign Affairs.

6600. A letter from the Deputy Assistant Secretary For Export Administration, Department of Commerce, transmitting the Department's final rule — Revisions to License Exception GOV to Provide Authorization for Exports and Reexports of Commodities for Use on International Space Station (ISS) [Docket No.: 0812241645-91422-01] (RIN: 0694-AE52) received February 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

6601. A letter from the Assistant Legal Adviser for Treaty Affairs, Department of State, transmitting report prepared by the Department of State concerning international agreements other than treaties entered into by the United States to be transmitted to the Congress within the sixty-day period specified in the Case-Zablocki Act; to the Committee on Foreign Affairs.

6602. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting correspondence from Speaker Ahmed Fathy Sorour of the Egyptian People's Assembly; to the Committee on Foreign Affairs.

6603. A letter from the Chairman, Federal Election Commission, transmitting in accordance with Section 647(b) of Title VI of the Consolidated Appropriations Act, FY 2004, Pub. L. 108-199, the Commission's Report to Congress on FY 2009 Competitive Sourcing Efforts; to the Committee on Oversight and Government Reform.

6604. A letter from the Administrator, General Services Administration, transmitting the Administration's Alternative Fuel Vehicle program report for FY 2009; to the Committee on Oversight and Government Reform.

6605. A letter from the Chairman, Nuclear Regulatory Commission, transmitting the Commission's Annual Report on the Administration of the Government in the Sunshine Act for Calendar Year 2009; to the Committee on Oversight and Government Reform.

6606. A letter from the President and Chief Executive Officer, Little League Baseball, transmitting the Annual Report of Little League Baseball, Incorporated for the fiscal year ending September 30, 2009, pursuant to 36 U.S.C. 1084(b); to the Committee on the Judiciary.

6607. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Section 1256 Contracts Marked to Market (Rev. Rul. 2010-3) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

6608. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Update for Weighted Average Interest Rates, Yield Curves, and Segment Rates [Notice 2010-20] received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

6609. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Examination of returns and claims for refund, credit, or abatement; determination of correct tax liability (Rev. Proc. 2010-18) February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

6610. A letter from the Chief, Publications and Regulations, Internal Revenue Service,

transmitting the Service's final rule — Examination of returns and claims for refund, credit, or abatement; determination of correct tax liability (Rev. Proc. 2010-17) received February 18, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Ms. CLARKE (for herself, Mr. THOMPSON of Mississippi, and Mr. DANIEL E. LUNGREN of California):

H.R. 4842. A bill to authorize appropriations for the Directorate of Science and Technology of the Department of Homeland Security for fiscal years 2011 and 2012, and for other purposes; to the Committee on Homeland Security.

By Mr. MINNICK (for himself and Mr. SIMPSON):

H.R. 4843. A bill to amend title 32, United States Code, to authorize the Secretary of Defense to cover a larger share of expenses under the National Guard Youth Challenge Program in the case of a State program during its first three years of operation; to the Committee on Armed Services.

By Mr. BOUSTANY (for himself and Mr. STUPAK):

H.R. 4844. A bill to ensure that amounts credited to the Harbor Maintenance Trust Fund are used for harbor maintenance; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CROWLEY:

H.R. 4845. A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide housing loan benefits for children of members of the Armed Forces and veterans who die from service-connected disabilities; to the Committee on Veterans' Affairs.

By Mrs. MCCARTHY of New York (for herself, Mr. GRIJALVA, Mr. BISHOP of Georgia, Ms. RICHARDSON, and Ms. BORDALLO):

H.R. 4846. A bill to authorize the Secretary of Health and Human Services to conduct programs to screen adolescents, and educate health professionals, with respect to bleeding disorders; to the Committee on Energy and Commerce.

By Mr. YOUNG of Alaska:

H.R. 4847. A bill to provide for the establishment of the National Volcano Early Warning and Monitoring System; to the Committee on Natural Resources.

By Mr. YOUNG of Alaska:

H.R. 4848. A bill to amend the Internal Revenue Code of 1986 to reduce the rate of tax on corporations that make certain education contributions; to the Committee on Ways and Means.

By Mr. BOUCHER (for himself, Mr. WOLF, Mr. MORAN of Virginia, Mr. FORBES, Mr. SCOTT of Virginia, Mr. PERRIELLO, and Mr. WITTMAN):

H. Res. 1182. A resolution congratulating Radford University on the 100th anniversary of the university; to the Committee on Education and Labor.

By Mr. QUIGLEY (for himself and Mr. COOPER):

H. Res. 1183. A resolution expressing the sense of the House of Representatives that public debt as a share of gross domestic product should be stabilized at not more than 60 percent by 2018; to the Committee on Ways and Means.

MEMORIALS

Under clause 4 of rule XXII,

244. The SPEAKER presented a memorial of the House of Representatives of the State of South Dakota, relative to House Concurrent Resolution No. 1008 urging the Congress to oppose current energy and climate legislation; jointly to the Committees on Energy and Commerce, Foreign Affairs, Financial Services, Science and Technology, Education and Labor, Transportation and Infrastructure, Natural Resources, Ways and Means, and Agriculture.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 39: Mr. DOGGETT and Mr. YARMUTH.
 H.R. 40: Mrs. CHRISTENSEN.
 H.R. 205: Mr. TIAHRT.
 H.R. 208: Mr. KING of Iowa and Mr. MCHENRY.
 H.R. 426: Mr. REHBERG.
 H.R. 460: Mr. ROSS.
 H.R. 476: Ms. JACKSON LEE of Texas.
 H.R. 510: Mr. HEINRICH.
 H.R. 690: Mr. SALAZAR, Mr. CLEAVER, and Mr. CHILDERS.
 H.R. 959: Mr. FOSTER, Mr. KRATOVIL, Mr. ADLER of New Jersey, Ms. MARKEY of Colorado, Mr. MICHAUD, Mr. PETERS, Mr. MURPHY of New York, Mr. ROONEY, Mr. DONNELLY of Indiana, Ms. GIFFORDS, Mr. KAGEN, Mr. ARCURI, Mr. MINNICK, Mr. ISRAEL, Mr. WILSON of Ohio, Mr. EHLERS, Mrs. EMERSON, Mr. LANCE, Mr. UPTON, and Mr. THOMPSON of Pennsylvania.
 H.R. 1074: Mr. CHANDLER, Mr. BLUNT, and Mr. BOUCHER.
 H.R. 1175: Mrs. DAHLKEMPER.
 H.R. 1230: Mr. MAFFEL.
 H.R. 1310: Mr. FOSTER.
 H.R. 1362: Mr. GINGREY of Georgia.
 H.R. 1384: Mr. ROE of Tennessee.
 H.R. 1431: Mr. FORBES.
 H.R. 1443: Mr. LEWIS of Georgia, Mr. FILNER, and Ms. PINGREE of Maine.
 H.R. 1478: Ms. JACKSON LEE of Texas.
 H.R. 1549: Mr. LEVIN.
 H.R. 1744: Mr. LUCAS, Mr. KIND, Mr. CHILDERS, Mr. ROGERS of Kentucky, Mr. OLSON, Mr. GUTHRIE, and Mr. LATHAM.
 H.R. 2000: Mr. INSLEE and Ms. WATERS.
 H.R. 2067: Mr. MURPHY of Connecticut and Mrs. DAVIS of California.
 H.R. 2105: Mr. BISHOP of Georgia, Mr. COLE, and Mr. LEE of New York.
 H.R. 2119: Mr. TIAHRT.
 H.R. 2149: Mr. TONKO.
 H.R. 2251: Mr. POSEY.
 H.R. 2377: Ms. JACKSON LEE of Texas, Mr. SOUDER, and Mrs. NAPOLITANO.
 H.R. 2378: Mr. DENT.
 H.R. 2421: Mrs. KIRKPATRICK of Arizona.
 H.R. 2672: Mr. KISSELL.
 H.R. 2746: Ms. FUDGE, Mr. GARAMENDI, and Mr. DAVIS of Illinois.
 H.R. 2859: Ms. ZOE LOFGREN of California.
 H.R. 2866: Mrs. CAPPS.

H.R. 3077: Mr. McDERMOTT and Mrs. CAPPS.
 H.R. 3125: Mr. VAN HOLLEN.
 H.R. 3286: Mr. LYNCH, Mr. KING of New York, Mr. FILNER, Mr. PAYNE, Ms. NORTON, Mr. CARNEY, and Mr. KAGEN.
 H.R. 3315: Ms. HIRONO, Mr. ELLISON, and Ms. CHU.
 H.R. 3328: Ms. FUDGE.
 H.R. 3438: Mr. FLEMING and Mr. MARCHANT.
 H.R. 3577: Mr. TAYLOR.
 H.R. 3656: Mr. SOUDER.
 H.R. 3670: Mr. TONKO.
 H.R. 3671: Mr. FOSTER.
 H.R. 3712: Mrs. MILLER of Michigan, Mr. ISSA, Mr. MINNICK, Mr. YOUNG of Alaska, and Mr. DAVIS of Kentucky.
 H.R. 3734: Ms. WOOLSEY.
 H.R. 3765: Mr. KING of Iowa.
 H.R. 3787: Mr. BOSWELL.
 H.R. 3790: Mr. CAPUANO, Ms. VELÁZQUEZ, and Mr. WEINER.
 H.R. 3974: Ms. SPEIER, Mr. GERLACH, Mr. SCHIFF, and Mr. FRANK of Massachusetts.
 H.R. 3989: Mr. HONDA.
 H.R. 3995: Ms. EDDIE BERNICE JOHNSON of Texas and Ms. TSONGAS.
 H.R. 4021: Mr. MOORE of Kansas, Mr. HARE, Ms. LEE of California, Mr. LEWIS of Georgia, Mr. LIPINSKI, and Ms. WOOLSEY.
 H.R. 4051: Mr. MICHAUD and Ms. GINNY BROWN-WAITE of Florida.
 H.R. 4068: Mr. TANNER.
 H.R. 4109: Mr. SIRES.
 H.R. 4128: Mr. MILLER of North Carolina and Mr. NADLER of New York.
 H.R. 4147: Mr. PASCRELL.
 H.R. 4214: Mr. BECERRA, Mrs. CAPPS, Ms. ESHOO, Mr. GARAMENDI, Ms. HARMAN, Mr. HERGER, Mr. HONDA, Ms. ZOE LOFGREN of California, Ms. MATSUI, Mr. McKEON, Mrs. NAPOLITANO, Ms. ROYBAL-ALLARD, Mr. ROYCE, Mr. SHERMAN, and Mr. THOMPSON of California.
 H.R. 4241: Mr. TONKO and Mr. WAMP.
 H.R. 4324: Mr. ROTHMAN of New Jersey and Mr. GORDON of Tennessee.
 H.R. 4374: Mr. FOSTER.
 H.R. 4393: Mr. LEE of New York and Mr. PIERLUISI.
 H.R. 4400: Mr. JOHNSON of Georgia.
 H.R. 4403: Mr. TAYLOR.
 H.R. 4463: Mr. HERGER.
 H.R. 4502: Mr. KIND.
 H.R. 4530: Mr. CLEAVER and Mr. COHEN.
 H.R. 4564: Mr. KAGEN.
 H.R. 4592: Mr. LUJÁN.
 H.R. 4598: Mr. DAVIS of Illinois and Mr. GARAMENDI.
 H.R. 4616: Mr. JOHNSON of Georgia, Ms. RICHARDSON, and Ms. JACKSON LEE of Texas.
 H.R. 4677: Mr. WATT, Mr. GRIJALVA, Mr. GUTIERREZ, Mr. CAPUANO, Ms. KAPTUR, Ms. LINDA T. SÁNCHEZ of California, Mr. MAFFEL, and Ms. SCHAKOWSKY.
 H.R. 4689: Mr. GRIJALVA, Mrs. DAHLKEMPER, Mr. FILNER, Mr. SCOTT of Georgia, and Mr. CARNEY.
 H.R. 4692: Mr. DeFAZIO.
 H.R. 4710: Mrs. DAHLKEMPER and Mr. CARNAHAN.
 H.R. 4722: Mr. MARKEY of Massachusetts, Mr. SIRES, Mrs. DAVIS of California, Ms. GIFFORDS, and Mr. McGOVERN.
 H.R. 4733: Mr. CONYERS, Mr. ISRAEL, Ms. BERKLEY, Ms. SHEA-PORTER, and Mr. COHEN.
 H.R. 4755: Mr. PETRI.
 H.R. 4806: Mr. KENNEDY.
 H.R. 4807: Mr. BURTON of Indiana, Ms. FOX, and Mr. LoBIONDO.
 H.R. 4812: Mr. SCOTT of Virginia, Mr. COHEN, Mr. McGOVERN, Mr. McDERMOTT, Ms. NORTON, Ms. FUDGE, and Mr. MEEKS of New York.

H.R. 4825: Mr. HODES and Mr. KIND.
 H.R. 4833: Mr. POLIS.
 H. Con. Res. 244: Mr. SHADEGG, Mr. ROE of Tennessee, Mr. TIM MURPHY of Pennsylvania, Mr. WESTMORELAND, Mr. LINCOLN DIAZ-BALART of Florida, Mr. HARPER, Mr. KINGSTON, Mr. PRICE of Georgia, Mr. WHITFIELD, Mr. DEAL of Georgia, Mr. DAVIS of Kentucky, Mr. ROGERS of Michigan, Mr. SULLIVAN, Mr. THOMPSON of Pennsylvania, Ms. ROSELEHTINEN, Mr. BROUN of Georgia, Mrs. BONO MACK, Mr. WILSON of South Carolina, Mr. BOOZMAN, Mr. LINDER, Ms. BERKLEY, Mr. BOUSTANY, Mr. CAMPBELL, and Mr. BURGESS.
 H. Res. 22: Mr. ENGEL and Ms. KILROY.
 H. Res. 173: Mr. BISHOP of Georgia.
 H. Res. 213: Mr. CONYERS, Ms. MCCOLLUM, Ms. KAPTUR, and Ms. JACKSON LEE of Texas.
 H. Res. 252: Mr. GARY G. MILLER of California and Mr. GEORGE MILLER of California.
 H. Res. 516: Mr. BARTLETT.
 H. Res. 763: Mr. WILSON of South Carolina.
 H. Res. 947: Mr. BISHOP of Georgia and Mr. KENNEDY.
 H. Res. 977: Mr. STEARNS.
 H. Res. 988: Mr. STEARNS.
 H. Res. 1040: Mr. ISSA.
 H. Res. 1060: Ms. WASSERMAN SCHULTZ.
 H. Res. 1099: Mr. WAMP.
 H. Res. 1116: Mr. SOUDER and Ms. TSONGAS.
 H. Res. 1139: Mr. FLEMING, Mrs. LUMMIS, Mr. HENSARLING, Mr. BISHOP of Utah, and Mr. OLSON.
 H. Res. 1141: Ms. WASSERMAN SCHULTZ, Ms. ZOE LOFGREN of California, Mr. JOHNSON of Georgia, Ms. HERSETH SANDLIN, Mr. CONYERS, and Mr. HONDA.
 H. Res. 1148: Mr. MORAN of Virginia and Mr. SCHRADER.
 H. Res. 1157: Mr. RYAN of Ohio and Ms. MATSUI.
 H. Res. 1158: Mr. LaTOURETTE, Ms. SCHWARTZ, and Mr. REYES.
 H. Res. 1174: Mr. BAIRD, Mr. BRALEY of Iowa, Mr. CLEAVER, Mr. CROWLEY, Mr. DAVIS of Illinois, Ms. DeGETTE, Mr. HALL of New York, Ms. JACKSON LEE of Texas, Mr. KILDEE, Mrs. LOWEY, Mr. NADLER of New York, Mr. PAYNE, Mr. PETERSON, Mr. PRICE of North Carolina, Mr. SERRANO, Ms. SLAUGHTER, Ms. SUTTON, Mr. VAN HOLLEN, Ms. WATERS, Mr. WATT, Mr. WAXMAN, Mr. WEINER, Mr. COURTNEY, Mr. PALLONE, Mr. RANGEL, Mr. DONNELLY of Indiana, Mr. ELLSWORTH, Mr. COOPER, Mr. LARSEN of Washington, Mr. COSTA, Mr. GARAMENDI, Mr. MOLLOHAN, Mr. SARBANES, and Mr. TONKO.
 H. Res. 1181: Mr. CANTOR and Mr. BURTON of Indiana.

DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions as follows:

H. Res. 1177: Mr. SIMPSON.

PETITIONS, ETC.

Under clause 1 of rule XXII,

110. The SPEAKER presented a petition of Wilton Manors City Commission, Florida, relative to Resolution No. 3508 congratulating the President on his award of the Noble Peace Prize; which was referred to the Committee on Foreign Affairs.

EXTENSIONS OF REMARKS

RECOGNITION OF THE OHIO STATE SCHOOL FOR THE BLIND MARCHING BAND ON MARCHING IN THE 2010 TOURNAMENT OF ROSES PARADE

HON. MARY JO KILROY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Ms. KILROY. Madam Speaker, I rise today to honor the Ohio State School for the Blind Marching Band, who in January 2010, became the first blind marching band in the nation to march in the Tournament of Roses Parade in Pasadena, California. Thirty-five talented and inspirational blind students, accompanied by their sighted marching assistants, demonstrated their unique abilities by marching alongside some of the nation's top marching bands.

Located in Columbus, the publicly-funded Ohio State School for the Blind offers academic, vocational, and extra-curricular opportunities to its students. The school is committed to developing their students' potential by partnering with the community to ensure that their students' educational experience is both effective and enjoyable.

The Ohio State School for the Blind has the only fully blind marching band in the nation. Before joining the Tournament of Roses Parade, the marching band performed at the Ohio School for the Deaf football games and other local events. This unique marching band was formed in 2005 and the members were thrilled to discover in October 2008 that their application to march in the Tournament of Roses Parade had been approved.

January 1, 2010, was an exciting day for central Ohio. In addition to celebrating the victory of The Ohio State Buckeyes over the University of Oregon Ducks, I was proud to see the young people of the Ohio State School for the Blind Marching Band represent our district with such passion and skill. The marching band completed the full parade route of almost six miles and participated in the halftime show, wowing the crowds with their signature performance of Script Ohio in Braille.

The Ohio School for the Blind provides an immeasurable service to our blind children and their families. Their marching band's recent trip to California is an excellent example of one of the many achievements these dedicated and talented students have attained. It is with great pride that I honor the Ohio State School for the Blind and congratulate its stellar Marching Band on such a remarkable achievement.

PERSONAL EXPLANATION

HON. LYNN C. WOOLSEY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Ms. WOOLSEY. Madam Speaker, on March 11, 2010, I was unavoidably detained and was unable to record my vote for rollcall Nos. 92–94. Had I been present I would have voted: rollcall 103: “yes”—On Agreeing to Article II of the Resolution; and rollcall 104: “yes”—On Agreeing to Article III of the Resolution.

RECOGNITION OF THE SHAMROCK CLUB AND THE IRISH COMMUNITY OF CENTRAL OHIO

HON. MARY JO KILROY

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Ms. KILROY. Madam Speaker, I rise today in support of The Shamrock Club of Columbus and its president Francis Doyle for their efforts to share and celebrate the historical, cultural, and social contributions of Irish-Americans. The Shamrock Club of Columbus is a non-profit social organization that hosts events throughout the year and builds lasting friendships between Columbus residents.

On March 17, 2010, The Shamrock Club will join other members of our nation's Irish community in celebrating Saint Patrick's Day. Each year, The Shamrock Club celebrates the Feast of Saint Patrick with a procession, a mass, a parade, and the annual Irish Family Reunion. Since 1936, this group has organized and sponsored the traditional St. Patrick's Day Parade, which has become a beloved tradition for families throughout Columbus area.

The Shamrock Club benefits from the leadership of President Francis Doyle, a man whose dedication to the Irish community of Columbus has made him an influential member of the group since he first joined over 40 years ago. Before being named president, Francis helped to organize the annual Irish Family Reunion, which brings together Irish families and supporters for an afternoon of activities and celebration. Francis has proven to be an energetic and intelligent president, and under his leadership The Shamrock Club has grown to almost 2,500 members.

The members of The Shamrock Club and Irish-Americans throughout central Ohio have contributed greatly to the social and cultural development of our community. I am proud to honor Francis Doyle, The Shamrock Club of Columbus, and the large and vibrant Irish community in central Ohio as they join together to celebrate Irish heritage.

HONORING GLADYS FLAMER

HON. JIM GERLACH

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. GERLACH. Madam Speaker, I rise today to honor Gladys Flamer, a Coatesville, Pennsylvania resident whose tremendous dedication to her community and church and participation in local politics have earned her the Fourth Annual Rebecca Lukens Award.

At 103 years old, Gladys maintains an incredible work ethic that she developed at her father's side helping with farm chores and polishing silver with other employees at the estate of Lukens Steel President Robert Wolcott. After holding jobs as a licensed practical nurse and owning her own beauty salon, Gladys retired from her jobs as a sales associate at Strawbridge and Clothier at age 90. She still bakes homemade pies and serves lunch to the Thursday Retired Men's Club in Coatesville.

Gladys has worked equally hard to help improve the Coatesville community. She is a member of the Coatesville Historical Commission, The Eastern Stars, The Better Community Group, and the Coatesville Senior Center. She also served as a Judge of Elections in Coatesville's Fifth Ward and as President and Treasurer of the Hyacinth Federated Club. As a member of the Historical Hutchinson Memorial UAME Church, Gladys has been a member of the Senior Usher Board for more than 84 years, serving 17 years as President.

The Graystone Society, located in the Lukens National Historic District of Coatesville, will present the Rebeca Lukens award during a reception March 18, 2010 in the Lukens Executive Office Building.

Madam Speaker, I ask my colleagues to join me in honoring Gladys Flamer for her longstanding civic involvement and tireless work in helping others. She is an inspiration to all.

HONORING MEMBERS OF HUNTINGTON HIGH SCHOOL FASHION PROGRAM FOR THEIR ACHIEVEMENTS

HON. STEVE ISRAEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. ISRAEL. Madam Speaker, a group of impressive students from the Huntington High School Fashion Program joined First Lady Michelle Obama for a historic occasion, the donation of her Inauguration gown to the Smithsonian's First Ladies Collection.

These students impressed and inspired the First Lady a year ago when their teachers challenged them to design an Inauguration

● This “bullet” symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

gown fit for the new First Lady. They studied both Michelle Obama and the work of other designers. They then sent a book of their designs to the First Lady.

More than a year later, the First Lady remembered that project and it when it was time to arrange for her Smithsonian ceremony she asked the Huntington High School students to join her in Washington, DC for the special event.

Madam Speaker, all of Long Island couldn't be more proud of the work of the Huntington High School students.

We are equally proud of their teachers who challenged them with this creative project. These teachers thought big. They thought outside the box. And they along with their students are being rightfully rewarded with this once-in-a-lifetime opportunity.

Madam Speaker, I thank First Lady Michelle Obama for her thoughtful inclusion of the Huntington High School Fashion Program in this ceremony and I commend Huntington High School's students, teachers, parents and administrators whose great efforts led to this special recognition.

IN RECOGNITION OF PAUL
McHUGH

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. KUCINICH. Madam Speaker, I rise today in recognition of Paul McHugh as he is named the recipient of the 2010 James P. Sweeney Founder Award by the Retired Irish Police Society of Cleveland, Ohio.

Mr. McHugh began his service as a police officer in 1965 as a member of the Cleveland Motorcycle Unit. His twenty-seven-year tenure was framed by integrity, loyalty and bravery. He risked his life on numerous occasions to protect his colleagues and the citizens of Cleveland. His acts of courage did not go unrecognized. In 1967, Mr. McHugh was awarded the Meritorious Award for an act of heroism by the Cleveland Police Department. While assigned to the First District Detective Bureau, Mr. McHugh's sharp and persistent investigative efforts led to the dismantling of a massive burglary ring, for which he was recognized as the "City of Cleveland Police Officer of the Month."

After his retirement from the Police Department in 1992, he volunteered as a leader and member of many local police and charitable organizations including the Police and Fire Holy Name Society, where he currently serves as Treasurer, the Saint Patrick West Park Hunger Center, the American Legion and AmVets, and the Holy Family Cancer Home.

Mr. McHugh has a life-long connection to his Irish heritage. He grew up as one of twelve children on Cleveland's west side. He is extremely active in Cleveland's Irish-American community. For the past twelve years he has served as Treasurer for the Retired Irish Police. Mr. McHugh is also a member of the West Side Irish American Club, serves on the St. Patrick's Day Parade Committee, and served as the Past President of the May 6 So-

ciety of Greater Cleveland. Above all his civic engagements, Mr. McHugh is a dedicated family man. Together, he and his wife, Marie raised their children, Colleen and Allan. Mr. and Mrs. McHugh remain active in the lives of their children and four grandsons.

Madam Speaker and colleagues, please join me in honoring Paul McHugh, whose exemplary service on behalf of our community is an inspiration and example for all of us. His dedication to helping others continues to enhance and strengthen our entire community, and we are grateful for his efforts.

IN HONOR OF ANGELO PETITTI

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. KUCINICH. Madam Speaker, I rise today in honor of Angelo Petitti upon his recognition as the recipient of the St. Malachi Center's 2010 Sister Michael Marie Griffin Anchor Award, which will be presented to him at the St. Malachi Center's Tenth Annual Soup for the Soul Benefit.

Mr. Petitti emigrated from Faeto, Italy in 1963 when he was just 16 years old. He studied political science at Kent State University and worked as a landscaper. He left Kent State to pursue his true passion: landscape design. He moved to Florida and founded his own landscape business, but eventually moved the business back to Ohio to form Petitti Landscape Company with his brother Dominic.

Working out of a small garage, the Petitti brothers were soon inundated with requests from passersby who saw the shrubs that lined the driveway. Over the past forty years, Mr. Petitti has become one of the most successful garden center owners in Ohio. He can be heard on his weekly radio show, "In the Garden with Angelo," and is regularly seen out in the community, lending his time to help raise funds for numerous local charitable organizations.

Above all, Mr. Petitti is devoted to his family. His wife, Maria, also emigrated from the same town in Italy, and they married in 1975. Together, they raised their son, AJ, and daughters, Andria and Lisa—all of whom are involved in the family business. Mr. Petitti's unwavering integrity and generosity continues to spread throughout our community, where he is highly respected and admired by the community. He is a kind and humble man with a deep sense of charity.

Madam Speaker and colleagues, please join me in honoring Angelo Petitti, recipient of the 2010 Sister Michael Marie Griffin Anchor Award. Mr. Petitti personifies the American Dream and is an inspiration to us all.

OUR UNCONSCIONABLE NATIONAL
DEBT

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. COFFMAN of Colorado. Madam Speaker, today our national debt is \$12,575,678,862,901.61.

On January 6, 2009, the start of the 111th Congress, the national debt was \$10,638,425,746,293.80.

This means the national debt has increased by \$1,937,253,116,607.81 so far this Congress. The debt has increased \$1,739,800,627,446.86 since just yesterday.

This debt and its interest payments we are passing to our children and all future Americans.

IN HONOR OF OTIS PAUL
DRAYTON, JR.

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. KUCINICH. Madam Speaker, I rise today in honor of Otis Paul Drayton Jr., a Veteran and an Olympic champion. Mr. Drayton's life was built upon a foundation of family, friends and community. His kind heart and energetic spirit will be forever remembered by those who loved him.

As a young man, Mr. Drayton moved from New York to Cleveland. He graduated from Cathedral Latin High School and went on to Villanova University where his talent as a runner was apparent. He won several national championships including a 1961 meet with the Soviet Union where Mr. Drayton set a world record for the 4 x 100 relay with a time of 39.1 seconds. In the 1964 Olympics in Tokyo where he won gold and silver medals, Mr. Drayton set the record again with a time of 39.0 seconds.

Though highly accomplished, Mr. Drayton was a kind and humble man. His quick smile and gentle nature easily endeared him to everyone. For many years he served as the Deputy Project Director for the City of Cleveland Division of Recreation and later as a part-time employee of the Cuyahoga County Sheriff's Department. Above all else, Mr. Drayton was a devoted husband to his beloved wife, Jeune.

Madam Speaker and Colleagues, please join me in honoring Otis Paul Drayton. I offer my deepest condolences to his wife, Jeune, his son, Walter, and his extended family and friends. Mr. Drayton lived his life with great joy, energy, and a generous heart. He will never be forgotten.

HONORING EDD KELLUM HENDEE

HON. KEVIN BRADY

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. BRADY of Texas. Madam Speaker, I rise to honor the life of Edd Kellum Hendee,

a beloved father, husband, son and brother taken from his loving family far too soon.

A 1999 graduate of the Naval Academy who served his country honorably as a Lieutenant on the U.S.S. *Denver* during Operation Enduring Freedom, Hendee earned a Masters in English from George Mason University and an MBA from Harvard Business School.

As Vice President of Acquisitions for the Starwood Capital Group, Hendee led one of the largest initial public offerings in history by balancing his keen intellect with a heart the size of Texas and his love for his Savior. Hendee also pushed the limits of his own endurance as an Ironman Triathlete.

His proud parents would tell you that their son's exceptional achievements paled in comparison to his greatest accomplishment, the family that he, and the love of his life, Claudine Moore Hendee, were building with their sons, Campbell Luke, 4, and Hudson Jacob, 2, and 8-month-old daughter Reagan Reese.

In addition to his wife and three children, Edd K. Hendee leaves behind his devoted parents, Nina Johnson and Edd Campbell Hendee, his sisters, Lisa Hendee Blackard and Kristin Ann Hendee, his mother-in-law Norma Jean Moore, father-in-law Gary Lee Moore, sisters-in-law Gena Moore Rush and Gabriella Lee Moore, brothers-in-law Chris Kirkland Blackard and David Rush, as well as friends and co-workers around the globe.

Hendee's quick smile and infectious laugh will be remembered fondly by all who knew him. If there was one thing we could learn from him, it would be to never let a minute pass without treasuring family and making every moment with them count to the absolute fullest.

IN HONOR OF FATHER JEROME
LAJACK

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. KUCINICH. Madam Speaker, I rise today in honor of Father Jerome Lajack, who has served as pastor of St. Wendelin Parish in Cleveland since 1977. Throughout his tenure, Father Lajack worked tirelessly to strengthen and guide the community of St. Wendelin.

A man of kindness and compassion, Father Lajack brought a sense of family and community to the St. Wendelin congregation. Moreover, he brought special attention to the needs and struggles of our most vulnerable citizens—the young and the elderly.

Father Lajack developed and instituted many new programs on behalf of children and teens, including Children's Choir, Children's Liturgy, and Vacation Bible School. He also focused on caring for the elderly of the congregation, visiting the sick and addressing the needs of the homebound. Additionally, Father Lajack has been an excellent steward of the parish, maintaining fiscal stability over three decades through the generous help of parishioners.

Madam Speaker and colleagues, please join me in recognition of Father Jerome Lajack.

Father Lajack's leadership, kindness, unwavering faith and ability to improve the lives of others will endure as part of the spirit of the members of St. Wendelin Church. His impact will forever radiate far beyond the front steps of St. Wendelin's.

PERSONAL EXPLANATION

HON. TAMMY BALDWIN

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Ms. BALDWIN. Madam Speaker, I regret that I missed a recorded vote on March 11, 2010. Had I been present, I would have voted in support of H. Res. 1031 on agreeing to Article II of the resolution (roll No. 103).

IN HONOR OF DORIS "GRANNY D"
HADDOCK

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. KUCINICH. Madam Speaker, I rise today in honor of Doris "Granny D" Haddock, whose 100 years of life radiated love, energy, and belief in social justice.

Granny D and her late husband, Jim Haddock, shared a spirit of activism and a belief in giving back to the people. Together they raised two children, Elizabeth and James. Their family, which would come to include eight grandchildren and sixteen great-grandchildren, was a source of their joy and strength.

Granny D and her husband's commitment to public service began fifty years ago when they worked tirelessly to stop the development of a nuclear bomb test site in Alaska. Their efforts were successful and an entire Inuit fishing village was saved.

More than a decade ago, Granny D took the first step in a cross-country trek from California to Washington D.C. She walked over 3,000 miles to bring international attention to the need for campaign finance reform. After 14 months of marching eastward, and just after her ninetieth birthday, Granny D arrived at her destination. Granny D's work on behalf of this issue has taken root in her home state where New Hampshire House Bill 513 will appear on the ballot in the next election. If passed, the bill will enable candidates running for certain state senate seats to campaign with public financing.

Madam Speaker and Colleagues, please join me in honoring Doris "Granny D" Haddock. I offer my deep condolences to her son and daughter-in-law, Jim and Libby Haddock, her grandchildren, her great-grandchildren, and her many friends. Granny D will never be forgotten.

PERSONAL EXPLANATION

HON. LYNN C. WOOLSEY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Ms. WOOLSEY. Madam Speaker, on March 12, 2010, I was unavoidably detained and was unable to record my vote for rollcall No. 111. Had I been present I would have voted: rollcall No. 111: "yes"—Bankruptcy Judgeship Act of 2010.

AMY DAVID—PRUDENTIAL SPIRIT
OF COMMUNITY AWARD

HON. CYNTHIA M. LUMMIS

OF WYOMING

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mrs. LUMMIS. Madam Speaker, I would like to congratulate and honor a young student from the State of Wyoming who has achieved national recognition for exemplary volunteer service in her community.

Amy David of Boulder, Wyoming has just been named one of the top honorees in Wyoming by the 2010 Prudential Spirit of Community Awards program, an annual honor conferred on the most impressive student volunteers in each state. Amy was nominated by the Sublette County 4-H. She is a senior at Pinedale High School and has represented the state as Miss Wyoming Teen USA. Amy has been an ambassador throughout Wyoming promoting physical fitness, healthy minds, self-confidence and goal setting for youth. She has participated in many health-related fund raisers and co-founded an annual race to raise money for cystic fibrosis research.

In light of numerous statistics that indicate Americans today are less involved in their communities than they once were, it is vital that we encourage and support the kind of selfless contribution this young citizen has made. People of all ages need to think more about how we, as individual citizens, can work together at the local level to insure the health and vitality of our towns and neighborhoods. Young volunteers like Ms. David are inspiring to all of us, and are among our brightest hopes for a better tomorrow.

Ms. David should be extremely proud to have been singled out from the thousands of dedicated volunteers who participated in this year's program. I heartily applaud Ms. David for her initiative in seeking to make her community and state a better place to live, and for the positive impact she has had on the lives of others. She has demonstrated a level of commitment and accomplishment that is truly extraordinary in today's world, and deserves our sincere admiration and respect. Her actions show that young Americans can—and do—play important roles in our communities, and that America's community spirit continues to hold tremendous promise for the future.

RECOGNIZING ANN SATHER
RESTAURANT

HON. MIKE QUIGLEY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. QUIGLEY. Madam Speaker, I rise today to recognize the 65th anniversary of a Chicago institution—Ann Sather Restaurant. Although renowned for Scandinavian food, the string of restaurants has also built a reputation for hospitality and service to the community.

More than half a century ago, Ann Sather pooled her life savings and bought a diner. Her devotion to creating a restaurant with homemade meals, warm hospitality, and low prices made it a legend on the North Side of Chicago.

After more than 30 years, Ann Sather passed on her famous restaurant in 1981 to 24-year-old Cornell graduate Tom Tunney. Tunney has since opened several more Ann Sather restaurants, steering the business to new heights. Now alderman of Chicago's 44th Ward, Tunney has carried on Ann Sather's legacy of giving back to the community by supporting local organizations and causes.

Ann Sather passed away in 1996, but her spirit lives on through her restaurant. At the flagship Belmont location, her portrait still hangs in the dining room, smiling down on all who stop by for an order of her one-of-a-kind Swedish pancakes or world-famous cinnamon rolls.

Six-and-a-half decades later, this Chicago legend remains a staple of the Lakeview neighborhood thanks to its tradition, charm and commitment to the community. I wish to thank Ann Sather and Tom Tunney for all they've done, all they continue to do, and wish Ann Sather's the best of luck for another 65 years.

DON'T CRY FOR ME—IN HONOR OF
A REAL AMERICAN HERO PFC
BRENDAN MARROCCO, STATEN
ISLAND STEEL, THE UNITED
STATES ARMY, AND HIS MAG-
NIFICENT FAMILY

HON. MICHAEL E. MCMAHON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. MCMAHON. Madam Speaker, PFC Brendan Marrocco of Staten Island, New York. Rocco, as his Brothers in Arms call him, is an inspiration to all of us and to all the men and women recovering over at Walter Reed Hospital. Rocco is the only surviving quadruple amputee of the Iraq war. His will to live, and his courage makes him a heroes' hero, and a shining lesson to us all. His family, like his brother Michael who quit his job, is always there for him. His fine father and mother raised one heck of a son. For Rocco's heart matches this Gotham City from which he comes. Could there be a bigger one? I ask that this poem, penned by Albert Caswell in honor of him, his family, and SGT Jeff Mittman, and all of our heroes of these wars,

FAOY, who have come home to teach us all, be placed in the RECORD. Bless them all.

DON'T, CRY FOR ME!

Don't, cry for me!

Lift up your head, there's so much more I'm going to be!

Don't, feel sorry for me!

Yea, I've hurt . . . but, I'm growing ever stronger! Don't you see?

Yea, its been hard . . . and it will always be! But, this is the life that I so chose to lead! But, on this road that we call life . . . there are no promises, or guarantees . . .

All except, for what's deep down inside of me! Arms and legs, we all need!

But, we can survive! But, without hearts . . . We so surely, can not so breathe! For all in life, of which is great . . .

Love, valor, hope, courage, and honor . . . and so sacrifice . . .

So emanates, from deep down inside of me!

Sure, I'd love to touch and feel . . .

Or run once again . . . upon my once two strong legs so very real . . .

Still, all of this pain and heartache can not so steal . . .

My heart, that which so beats inside of me! That which so heals all of me! Don't cry for me!

Because, there's Staten Island steel inside of me!

Yea . . . I'm up and running . . . can't you see?

Well, you better get started . . . if you want to catch up with me!

As I make the best of what my Lord God has so left to me . . .

For all is possible, when hearts believe!

People live such useless lives!

Honor in death and freedom . . . are but for what I rise!

As but what, I've so lived for . . . and die!

And all of my most precious gifts, my arms and legs . . .

And so all of this . . . I give to thee, and not ask why?

Yea, I'd love to see . . .

Or hear, all those words you're saying to me . . .

But, my heart still hears and sees!

For all I've lost, and is no longer part of me! For I can hear, far much more clearer now!

And see . . . indeed!

Standing here, now with but half a face . . . With such scars and burns . . .

And such great burdens upon my soul as placed!

As so bravely, I carry on . . . both night and day . . .

But, in my Lord's eyes . . . my beauty so emanates!

To make a difference with it all!

As but what I so fought for, what I saw!

As I so answered that most noble cause!

As my new battle is to be won!

To so shine upon this world, all in courage's sun . . .

Giving hope to all, each and everyone!

For in this minute, That we call life . . .

Have you but so made a difference, I cry?

All in this our Lord's eyes?

And for all of those, who failed or not tried . . .

It's but for you, I cry!

Don't Cry For Me!

HONORING MANUEL "MABER"
BERNAL

HON. CHARLES A. GONZALEZ

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. GONZALEZ. Madam Speaker, I rise today to offer my words of congratulation to one of San Antonio's most distinguished citizens. Manuel "Maber" Bernal was born in Veracruz, Mexico, on November 19, 1904. In 1930, he began his career in broadcasting when Mexico's Radio XEW-AM first went on the air. Over the next 23 years, Mr. Bernal's fame, both in Mexico and in the United States, grew. He was well known for his radio performances, as an actor, author, and producer for XEQ and Radio Cadena Nacional. His voice was known to millions from his dubbings of Disney movies into Spanish.

In 1953, after years of business trips here, Mr. Bernal made the United States his home. He settled in San Antonio, Texas, where he helped to build the radio station KCOR, the first full-time Spanish-language radio station in the United States. In addition to authoring several novellas and radio jingles, Mr. Bernal was dedicated to bridging the gap between his Spanish-speaking audience and their government. He worked with the local Social Security Administration District Manager to produce "Su Seguro Social," tapes which introduced Americans to the Social Security Administration and explained its workings.

As America transitioned into the television era, so did Mr. Bernal, and he continued to ensure that his work benefited the community. His program on KCOR-TV—once again the first full-time Spanish-language television station in the country as well as the first UHF station—was called "Escuadron de Auxilio," "The Help Brigade." KCOR would become the foundation of the Spanish International Network and, later, Univision.

Manuel Bernal turned 105 years old on November 19, 2009. Over more than century, he has seen tremendous changes in the world and, often enough, he was at the forefront of those changes. I may be late in saying it, but I want to congratulate Mr. Bernal on a lifetime of accomplishment. I hope that his 105th birthday was a joy and I wish him many, many more.

A TRIBUTE TO RICHARD "DICK"
SWEET

HON. STEVE COHEN

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. COHEN. Madam Speaker, I rise today to congratulate Mr. Richard "Dick" Sweet and his Memphis-based business, Diamond Companies, for receiving Navistar Incorporated's prestigious 2009 International Circle of Excellence Award.

The Circle of Excellence Award honors International truck dealerships that achieve the highest level of dealer performance with respect to operating and financial standards,

market representation, and most importantly, customer satisfaction. It is the highest award a dealer principal can receive from Navistar. Diamond Companies has now received the Circle of Excellence Award a total of 17 times.

Diamond Companies has grown from a single International truck dealership to one of the largest International truck dealers in North America. Mr. Sweebe began his career with International Harvester in 1972 and served in several capacities before purchasing his first International dealership in 1982. His entrepreneurial leadership helped grow Diamond Companies to an operation with more than 600 employees in 16 locations across Tennessee, Arkansas, Missouri and Kansas. Diamond Companies is the holding company for Diamond International, Diamond Idealease and Diamond State Bus Company.

As an industry leader, Mr. Sweebe has held numerous positions of responsibility in International organizations, including the former chairman of the International Dealer Council and co-chair of the International Dealer Development and Systems Board.

Through his commitment to hard work and outstanding customer service, Mr. Sweebe has built an economically vital business of which he can be justly proud. Madam Speaker, I ask you and my colleagues to join with me in congratulating Dick Sweebe for his record of accomplishment, the success of Diamond Companies, and for his many contributions to his community.

**CAMILLE ALLSOP—PRUDENTIAL
SPIRIT OF COMMUNITY AWARD**

HON. CYNTHIA M. LUMMIS

OF WYOMING

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mrs. LUMMIS. Madam Speaker, I would like to congratulate and honor a young student from the State of Wyoming who has achieved national recognition for exemplary volunteer service in her community.

Camille Allsop of Cheyenne has just been named one of the top honorees in Wyoming by the 2010 Prudential Spirit of Community Awards program, an annual honor conferred on the most impressive student volunteers in each state. Camille was nominated by Cheyenne's East high School. She is the lead performer and interpreter in a song and dance group that travels across the country bridging the gap between deaf and hearing audiences.

In light of numerous statistics that indicate Americans today are less involved in their communities than they once were, it is vital that we encourage and support the kind of selfless contribution this young citizen has made. People of all ages need to think more about how we, as individual citizens, can work together at the local level to insure the health and vitality of our towns and neighborhoods. Young volunteers like Ms. Allsop are inspiring to all of us, and are among our brightest hopes for a better tomorrow.

Ms. Allsop should be extremely proud to have been singled out from the thousands of dedicated volunteers who participated in this year's program. I heartily applaud Ms. Allsop

for her initiative in seeking to make her community and state a better place to live, and for the positive impact she has had on the lives of others. She has demonstrated a level of commitment and accomplishment that is truly extraordinary in today's world, and deserves our sincere admiration and respect. Her actions show that young Americans can—and do—play important roles in our communities, and that America's community spirit continues to hold tremendous promise for the future.

**RECOGNIZING PETTY OFFICER 2ND
CLASS ANTHONY THOMPSON**

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. POE of Texas. Madam Speaker, Petty Officer 2nd Class Anthony Thompson is a true hero. Like all of our nation's heroes, we will always be grateful for the sacrifices they have made in order to ensure our continued freedom.

Having served two deployments in Iraq, the sacrifices made by both Petty Officer 2nd Class Thompson and his family on behalf of our nation are innumerable. On April 2004, Anthony's life changed forever near Fallujah, when a suicide bomber detonated an explosive under an overpass where he and his fellow Marines had taken up post.

Although he is fortunate to have survived, he is now not only ensured a life of reduced ability and pain, but in need of a new means to support his family of five. He suffered a Traumatic Brain Injury, an incomplete spinal cord injury and a punctured right lung. The process of rebuilding his life is also blessed by the Homes for our Troops organization, which helps wounded veterans transition successfully into their communities by providing them with homes.

The Homes for our Troops Organization works with combat wounded veterans to build specially adapted homes; allowing the veteran to be as independent as possible. The organization raises monetary donations, building materials, professional labor and coordinates the process of building a home. They insure that each home provides maximum freedom of movement and the ability to live more independently for each veteran recipient.

By providing returning service members with needed resources, they are better able to succeed in their local communities. Organization's like Homes for our Troops allow us, as Americans, to give back to veterans who have selflessly given so much for the sake of our freedom, and for that we are forever grateful.

**“HONORING NIEL ELLERBROOK
FOR HIS OUTSTANDING LEADERSHIP
AND SERVICE TO HIS COMMUNITY”**

HON. BRAD ELLSWORTH

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Monday, March 15, 2010

Mr. ELLSWORTH. Madam Speaker, I rise today to commend Niel Ellerbrook on his out-

standing leadership and service to his community in Southwest Indiana.

In 2000, Mr. Ellerbrook was integral in the merging of Indiana Energy and SIGCORP into Vectren Energy Corporation—a company that would bring many new jobs to the Evansville area. Since that time, he has served as the Chairman, President and Chief Executive Officer of the company. Vectren is currently one of Indiana's largest publicly traded corporations with over 3,700 employees.

During his tenure as CEO, Mr. Ellerbrook has been recognized for his leadership in promoting diversity in the workplace. Additionally, his community-minded business approach has inspired other businesses throughout Indiana and Ohio to engage their local communities with hopes of improving their quality of life. He was recently inducted into Evansville's Business Hall of Fame, and in 2007, the Indiana Chamber of Commerce named him as Business Leader of the Year.

Mr. Ellerbrook's dedication to community is well known. He serves on the Board of Directors for the Indiana Chamber of Commerce, Signature School Learning Center, University of Evansville, Indiana Fiscal Policy Institute, Old National Bancorp and the American and Indiana Gas Associations. He was influential in the opening of the Koch Family Children's Museum of Evansville, as well as the Ivy Tech University campus. He is also a longtime supporter of the United Way and is involved with many other community outreach efforts.

Niel Ellerbrook has served as an outstanding business leader and a steadfast advocate for his community. As an Evansville resident, I appreciate his dedication and leadership within our local community, as well as throughout the Hoosier state. I commend Mr. Ellerbrook on an impressive career, and I wish him only the best in his future endeavors.

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate on February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Committee—of the time, place, and purpose of the meetings, when scheduled, and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Tuesday, March 16, 2010 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED
MARCH 17

9:30 a.m.

Energy and Natural Resources

To hold hearings to examine the nomination of Jeffrey A. Lane, of Virginia, to be Assistant Secretary of Energy for Congressional and Intergovernmental Affairs.

SD-366

Appropriations

Interior, Environment, and Related Agencies Subcommittee

To hold hearings to examine proposed budget estimates for fiscal year 2011 for the United States Forest Service.

SD-124

10 a.m.

Environment and Public Works

To hold hearings to examine the Government Accountability Office's investigation of the Environmental Protection Agency's (EPA) efforts to protect children's health.

SD-406

Foreign Relations

To hold hearings to examine the nomination of Mari Carmen Aponte, of the District of Columbia, to be Ambassador to the Republic of El Salvador, Department of State.

SD-419

Health, Education, Labor, and Pensions

To hold hearings to examine the Elementary and Secondary Education Act (ESEA) reauthorization, focusing on the Obama Administration's ESEA reauthorization priorities.

SH-216

Homeland Security and Governmental Affairs

To hold hearings to examine the lessons and implications of the Christmas day attack, focusing on intelligence reform and interagency integration.

SD-342

Judiciary

Administrative Oversight and the Courts Subcommittee

To hold hearings to examine bankruptcy reform, focusing on small business jobs.

SD-226

10:30 a.m.

Appropriations

Defense Subcommittee

To hold hearings to examine proposed budget estimates for fiscal year 2011 for the Navy.

SD-192

2:30 p.m.

Armed Services

Strategic Forces Subcommittee

To hold hearings to examine strategic forces programs in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program; to be followed by a closed session at 4:00 pm in SVC-217 following the open session.

SR-232A

Aging

To hold hearings to examine seniors, focusing on rising drug prices and the Part D program.

SD-562

3 p.m.

Commerce, Science, and Transportation

Consumer Protection, Product Safety, and Insurance Subcommittee

To hold hearings to examine financial services and products, focusing on the

role of the Federal Trade Commission in protecting consumers, part 2.

SR-253

3:30 p.m.

Energy and Natural Resources

National Parks Subcommittee

To hold hearings to examine S. 553, to revise the authorized route of the North Country National Scenic Trail in northeastern Minnesota to include existing hiking trails along Lake Superior's north shore and in Superior National Forest and Chippewa National Forest, S. 1017, to reauthorize the Cane River National Heritage Area Commission and expand the boundaries of the Cane River National Heritage Area in the State of Louisiana, S. 1018, to authorize the Secretary of the Interior to enter into an agreement with Northwestern State University in Natchitoches, Louisiana, to construct a curatorial center for the use of Cane River Creole National Historical Park, the National Center for Preservation Technology and Training, and the University, S. 1537, to authorize the Secretary of the Interior, acting through the Director of the National Park Service, to designate the Dr. Norman E. Borlaug Birthplace and Childhood Home in Cresco, Iowa, as a National Historic Site and as a unit of the National Park System, S. 1629, to authorize the Secretary of the Interior to conduct a special resource study of the archaeological site and surrounding land of the New Philadelphia town site in the state of Illinois, S. 2892, to establish the Alabama Black Belt National Heritage Area, S. 2933, to authorize the Secretary of the Interior to conduct a special resource study to determine the suitability and feasibility of designating the Colonel Charles Young Home in Xenia, Ohio, as a unit of the National Park System, S. 2951, to authorize funding to protect and conserve lands contiguous with the Blue Ridge Parkway to serve the public, and H.R. 3804, to make technical corrections to various Acts affecting the National Park Service, to extend, amend, or establish certain National Park Service authorities.

SD-366

MARCH 18

9:30 a.m.

Armed Services

To resume hearings to examine the "Don't Ask, Don't Tell" policy.

SH-216

Veterans' Affairs

To hold hearings to examine legislative presentations from AMVETS, National Association of State Directors of Veterans Affairs, Non Commissioned Officers Association, Gold Star Wives, The Retired Enlisted Association, Fleet Reserve Association, Vietnam Veterans of America, and Iraq and Afghanistan Veterans of America.

SDG-50

10 a.m.

Commerce, Science, and Transportation

To hold hearings to examine the nominations of Robert J. Papp, Jr., to be a Commandant of the United States Coast Guard, Department of Homeland Security, Larry Robinson, of Florida, to be Assistant Secretary of Commerce for Oceans and Atmosphere, Earl F. Weener, of Oregon, to be a Member of

the National Transportation Safety Board, Michael F. Tillman, of California, and Daryl J. Boness, of Maine, both to be a Member of the Marine Mammal Commission, and Jeffrey R. Moreland, of Texas, to be a Director of the Amtrak Board of Directors.

SR-253

Environment and Public Works

To hold hearings to examine mobility and congestion in urban and rural America.

SD-406

Judiciary

Business meeting to consider S. 148, to restore the rule that agreements between manufacturers and retailers, distributors, or wholesalers to set the minimum price below which the manufacturer's product or service cannot be sold violates the Sherman Act, S. 2960, to exempt aliens who are admitted as refugees or granted asylum and are employed overseas by the Federal Government from the 1-year physical presence requirement for adjustment of status to that of aliens lawfully admitted for permanent residence, S. 2974, to establish the Return of Talent Program to allow aliens who are legally present in the United States to return temporarily to the country of citizenship of the alien if that country is engaged in post-conflict or natural disaster reconstruction, S. 1624, to amend title 11 of the United States Code, to provide protection for medical debt homeowners, to restore bankruptcy protections for individuals experiencing economic distress as caregivers to ill, injured, or disabled family members, and to exempt from means testing debtors whose financial problems were caused by serious medical problems, S. 1765, to amend the Hate Crime Statistics Act to include crimes against the homeless, and the nominations of Josephine Staton Tucker, to be United States District Judge for the Central District of California, Mark A. Goldsmith, to be United States District Judge for the Eastern District of Michigan, Brian Anthony Jackson, to be United States District Judge for the Middle District of Louisiana, Elizabeth Erny Foote, to be United States District Judge for the Western District of Louisiana, Marc T. Treadwell, to be United States District Judge for the Middle District of Georgia, Wilfredo A. Ferrer, to be United States Attorney for the Southern District of Florida, and William N. Nettles, to be United States Attorney for the District of South Carolina.

SD-226

2:15 p.m.

Indian Affairs

To hold an oversight hearing to examine Bureau of Indian Affairs and tribal police recruitment, training, hiring, and retention.

SD-628

2:30 p.m.

Appropriations

Financial Services and General Government Subcommittee

To hold hearings to examine proposals for addressing the current financial situation facing the United States Postal Service.

SD-192

Appropriations

Legislative Branch Subcommittee

To hold hearings to examine proposed budget estimates for fiscal year 2011 for

the Office of the Architect of the Capitol, and the Office of Compliance.

SD-138

Commerce, Science, and Transportation
Science and Space Subcommittee
To hold hearings to examine assessing commercial space capabilities.

SR-253

Intelligence
To hold closed hearings to consider certain intelligence matters.

SH-219

MARCH 22

4 p.m.

Banking, Housing, and Urban Affairs
Business meeting to consider an original bill entitled, "Restoring American Financial Stability Act of 2010".

SD-538

MARCH 23

9:30 a.m.

Armed Services
To hold hearings to examine U.S. Pacific Command, U.S. Strategic Command, and U.S. Forces Korea in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program; with the possibility of a

closed session in SVC-217 following the open session.

SH-216

Judiciary

To hold an oversight hearing to examine the Department of Justice.

SD-226

2:30 p.m.

Armed Services

To hold hearings to examine the nominations of Elizabeth A. McGrath, of Virginia, to be Deputy Chief Management Officer, Michael J. McCord, of Virginia, to be Principal Deputy Under Secretary, Comptroller, Sharon E. Burke, of Maryland, to be Director of Operational Energy Plans and Programs, Solomon B. Watson IV, of New York, to be General Counsel of the Department of the Army, and Katherine Hammack, of Arizona, to be Assistant Secretary of the Army, all of the Department of Defense.

SH-216

Energy and Natural Resources

Public Lands and Forests Subcommittee
To hold hearings to examine S. 1546, to provide for the conveyance of certain parcels of land to the town of Mantua, Utah, S. 2798, to reduce the risk of catastrophic wildfire through the facilitation of insect and disease infestation treatment of National Forest System

and adjacent land, S. 2830, to amend the Surface Mining Control and Reclamation Act of 1977 to clarify that uncertified States and Indian tribes have the authority to use certain payments for certain noncoal reclamation projects, and S. 2963, to designate certain land in the State of Oregon as wilderness, to provide for the exchange of certain Federal land and non-Federal land.

SD-366

MARCH 24

9:30 a.m.

Veterans' Affairs

To hold an oversight hearing to examine Veterans' Affairs plan for ending homelessness among veterans.

SR-418

CANCELLATIONS

MARCH 17

9:30 a.m.

Armed Services

SeaPower Subcommittee

To hold hearings to examine Navy shipbuilding programs in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program.

SR-222

SENATE—Tuesday, March 16, 2010

The Senate met at 10:15 a.m. and was called to order by the Honorable JEANNE SHAHEEN, a Senator from the State of New Hampshire.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Fountain of all light and glory, giving life and light and joy, Your greatness and power continue to amaze us.

Today, guide our Senators with Your abiding love. Keep them brave before their fears, pure in their battle against temptations, and true to the duty You have called them to fulfill. May they seek in their times of need the shadow of Your presence, ready to bless even before they ask You.

Lord, take us all as we are and make us by Your grace what we ought to be.

We pray in Your great Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable JEANNE SHAHEEN led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, March 16, 2010.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable JEANNE SHAHEEN, a Senator from the State of New Hampshire, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mrs. SHAHEEN thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Madam President, following leader remarks, the Senate will

proceed to a period of morning business until 12:30 p.m. Senators will be allowed to speak for up to 10 minutes each, with the time until 10:30 equally divided and controlled between the two leaders or their designees and with the time from 10:30 until 12:30 equally divided, with the majority controlling the first half of that time and the Republicans controlling the second half. The Senate will recess from 12:30 until 2:15 p.m. to allow for the weekly caucus luncheons. When the Senate reconvenes at 2:15, we will resume consideration of H.R. 1586, the FAA reauthorization legislation. Senators should be prepared for rollcall votes this afternoon in relation to amendments to the FAA bill.

The reason I talked about the time equally divided and controlled between Democrats and Republicans, according to how long Senator MCCONNELL might take, it may not be the full 2 hours, but it will be very close.

MEASURE PLACED ON THE CALENDAR—H.R. 2314

Mr. REID. Madam President, I understand that H.R. 2314 is at the desk and is due for a second reading.

The ACTING PRESIDENT pro tempore. The clerk will report the bill by title for the second time.

The legislative clerk read as follows:

A bill (H.R. 2314) to express the policy of the United States regarding the United States relationship with Native Hawaiians and to provide a process for the recognition by the United States of the Native Hawaiian governing entity.

Mr. REID. I object to the matter being placed on the calendar.

The ACTING PRESIDENT pro tempore. Objection having been heard, the matter will be placed on the calendar under rule XIV.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader is recognized.

HEALTH CARE

Mr. MCCONNELL. Madam President, the President recently noted that everything there is to say about health care has already been said. When it comes to the substance of the legislation, this may be true. I suspect that is why an overwhelming majority of Americans oppose it. Americans know exactly what is in this bill, and they have rejected it. They do not want this bill to pass.

But there is still a lot to be said about the process Democrats are using to force this bill through. That won't change whether they get their votes this week or not. The fact is, the die has already been cast on this Congress. Democratic leaders have been imploring Members to make history—make history, they say—by voting for this bill. But this Congress is already guaranteed to go down in history—not for any piece of legislation but for the arrogant way it has dictated to the American people what is best for them and for the ugly way in which it has gone about getting around the will of the American people. Democratic leaders have made it perfectly clear that they view their constituents as an obstacle, particularly on the issue of health care. At every turn, they have met fierce public opposition, and every time they have tried to come up with a way to get around that fierce public opposition. It has become a vicious cycle: the harder Democrats try to get around the public, the more repellent their proposals become and the more egregious their efforts become to get them through anyway.

We watched last summer as they forced their partisan health care bill through the committees. We watched as they tried to sell it to the public as something other than what it was. We watched as they wrote the final bill behind closed doors, then wheeled and dealt to get the last few votes they needed to squeeze it through both Chambers on a party-line vote. We saw the “Cornhusker kickback,” the “Louisiana purchase,” “Gator Aid,” and all the rest. But as ugly as all this was, as distasteful as all these deals have been, they were child's play—child's play—compared to the scheme they have been cooking up over in the House just this week.

The plan Speaker PELOSI has hatched for getting this bill through is to try to pull the wool over the eyes of the public, and it is jaw-dropping—it is jaw-dropping—in its audacity. Here is their plan: Speaker PELOSI can't get enough of her Democratic majority to vote for the Senate version of the bill, so she and her allies have concocted a way to pass it without actually casting a vote on it. They are concocting a way to pass it without actually casting a vote on it—the so-called Slaughter solution in which the Senate bill is “deemed” to have passed. This way, they will claim they never voted for it, even though they will vote to send it to the President for his signature.

This “scheme and deem” approach has never been tried on a bill of this

scope, according to today's Washington Post. This is how they will try to keep their fingerprints off a bill that forces taxpayers to cover the cost of abortions, cuts Medicare by \$½ trillion, raises taxes by \$½ trillion, raises insurance premiums, creates a brand new government entitlement program at a time when the entitlement programs we already have are on the verge of bankruptcy, and vastly expands the cost and reach of the Federal Government in Washington at a time when most Americans think government is already entirely too big.

As Speaker PELOSI put it, "Nobody wants to vote for the Senate bill." But anyone who believes they can send this bill to the President without being tarred by it is absolutely delusional. Anybody who thinks this is a good strategy isn't thinking clearly. They are too close to the situation. They don't realize this strategy is the only thing for which they or this Congress will be remembered. Anyone who endorses this strategy will be forever remembered for trying to claim they didn't vote for something they did. They will be forever remembered by claiming they didn't vote for something they did vote for. It will go down as one of the most extraordinary legislative sleights of hand in history. Make no mistake, this will be a career-defining and a Congress-defining vote. Make no mistake, this will be a career-defining and a Congress-defining vote.

Most of the time, the verdict of history is hard to predict. In this case, it is not. Anyone who endorses this strategy will be remembered for it. On the other hand, anyone who decides in a moment of clarity that they shouldn't, that they should resist this strategy, will be remembered for standing up to party leadership that lost its way.

Democratic leaders continue to advance the false argument that this effort is somehow akin to certain legislative efforts of the past. There is no comparison. First of all, the good programs they are referring to were far more modest. They enjoyed broad support from both parties in Congress. Most importantly, they enjoyed broad support of the American people.

By contrast, there is no bipartisan consensus about this bill in Congress. It aims to reshape no less than one-sixth of our entire economy at a moment when our economy is already suffering and our existing debts threaten to drown us in a sea of red ink. Most importantly, Americans overwhelmingly oppose it. If you need any evidence of that, look no further than today's Washington Post, which calls this process unseemly, or the Cincinnati Enquirer, which calls it disgusting. Look no further than the President's own pollster, who is telling the White House that the chicanery the Democrats have used to advance this measure is a serious problem.

This entire effort has been a travesty, but the latest solution to give House Members a way out by telling them they can pretend they didn't vote for something they will, in fact, be voting for has sealed its fate. The latest solution to give House Members a way out by telling them they can pretend they didn't vote for something they will, in fact, vote for has sealed the fate of this legislation with the American public.

It is time for rank-and-file Democrats to pull the fire alarm—pull the fire alarm—and save the American people from this latest scheme and this unpopular bill. The process has been tainted. It is time to end the vicious cycle, start over, cleanse the process, and work on the step-by-step reforms the American people really want. It is time to recognize that constituents are not obstacles—constituents are not obstacles—to overcome with schemes and sweetheart deals. Fortunately, it is not too late.

I yield the floor.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period for the transaction of morning business until 12:30 p.m., with Senators permitted to speak therein for up to 10 minutes each, and the time from 10:30 a.m. until 12:30 p.m. shall be equally divided and controlled between the two leaders or their designees, with the majority controlling the first half and the Republicans controlling the final half.

Mr. MCCONNELL. Madam President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. WARNER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The Senator from Virginia is recognized.

EXECUTIVE NOMINATIONS

Mr. WARNER. Madam President, there are many reasons why the Senate is known as one of the world's greatest deliberative bodies. This Chamber has seen some of the most important debates and votes since the beginning of our Republic. As a freshman Senator—I know my colleague, the Presiding Officer, is also a freshman Senator and

soon we will be joined by a series of freshman Senators and my good friend, the Senator from Illinois, is here as well—I think we have all been struck by how much history has been made in this very Chamber.

I am reminded, as we saw last evening some of the exchanges between the majority leader and the Republican leader, there is still an awful lot that I at least feel, as a newcomer, I have to learn. But one thing has become clear to me since being sworn in a little over a year ago. Some of the very safeguards that were created to make this a serious and responsible deliberative body have been abused in a way that damages this institution. In some instances, this abuse also runs contrary to our national interest.

This became very clear to me several weeks ago during the nomination and voting on Justice Barbara Keenan. Senator JIM WEBB, my colleague, and I had the honor of nominating Virginia Supreme Court Justice Barbara Milano Keenan to the Federal Appeals Court for the Fourth Circuit. She is one of the most highly regarded jurists in Virginia. She received a unanimously "well qualified" rating from the ABA. She was reported by the Judiciary Committee unanimously last October, and then her nomination ground to a halt, first for weeks and then for months. In fact, her nomination was filibustered, if you can call it that. I recall in school thinking the filibuster was something that was only going to be used on rare occasions of issues of national concern to make sure minority rights were protected.

Justice Keenan was filibustered, in effect, because one Senator placed a hold on her. Consequently, cloture had to be filed. That was despite the strong endorsement Justice Keenan had received from our new Republican Governor, Governor McDonnell. I appreciate his support of Justice Keenan.

A funny thing happened when we forced the vote both on cloture and the nomination: She was confirmed unanimously. Filibustering a nominee who gets a unanimous vote, something is not right with that. That is not the way this body is supposed to work.

This experience was truly an eye-opener for me. I see dozens of executive branch nominees caught up in this web. My understanding is, right now, in the second week of March, literally the Obama administration has 64 nominees pending. These are nominees where, despite overwhelming committee votes, they have languished on the calendar for months, often because one Senator has a completely different gripe about a completely unrelated issue.

The Presiding Officer knows, she and I were both Governors, we were both CEOs. I think it is incredibly important, whether you are a Governor, whether you are a CEO of a private company, and particularly if you are

the President of this great country, you ought to be able to have your management team in place, clearly, 14 months after the inauguration of President Obama.

I certainly do not believe the Senate should be a rubberstamp for nominees. Far from it. In cases where there is legitimate disagreement about qualifications of any particular nominee, I am all for having a debate and then a straight up-or-down vote. But that has not been the case. It has not been the case with Justice Keenan, and I am going to cite one other individual today, and I know my other colleagues are going to be citing others.

The individual I wish to talk about is Michael Mundaca. He has been nominated by President Obama to be Assistant Secretary of the Treasury for Tax Policy—a very important job in crafting tax and revenue policies. He is both highly qualified and well respected, having worked previously at high levels of the Treasury Department and in the international tax department of Ernst and Young. He has a law degree from UC Berkeley School of Law and was executive editor of the *California Law Review*.

As I understand it, Mr. Mundaca's nomination was approved overwhelmingly, 19 to 4, in the Senate Finance Committee before Christmas. Since then, he has been denied a vote in this body, not over any substantive concerns. If there is a concern about Mr. Mundaca's qualifications, a Senator ought to come and make that case, and we ought to have a debate. No, that is not the reason. It is because one Senator or group of Senators has decided to try to leverage this nomination to some other end. To me, that is simply not fair.

This morning—I see my colleagues starting to arrive—many Senators who are relatively new to the body will take to the floor. We are the new guys and gals, the freshmen and the sophomores. Maybe we do not understand all the rules and traditions. We basically spent our first year trying to learn those rules and traditions.

But one of the issues that has united us in all coming here this morning is because the nomination process is broken, and we are asking all our colleagues—Republicans and Democrats—to come together, not as partisans but as Americans.

In the last four Presidential terms, there have been two Democrats and two Republicans holding the White House. I am confident we would be here regardless of who occupies the White House because a President deserves his or her management team to be in place 14 months after inauguration. If there are problems with their nominees, they ought to be debated and brought to the floor and discussed, not simply left in limbo. We need to start doing our job and start voting up or down on these

nominees who are languishing on the Senate calendar.

I see my colleague who is much more experienced than this freshman, my good friend, the Senator from Rhode Island. I now yield 4 minutes to my friend, Senator WHITEHOUSE.

Mr. WHITEHOUSE. Madam President, I thank the Senator.

The last 2 years have seen the American economy on the brink of collapse, battered by an economic maelstrom not seen since the Great Depression and now slowly—too slowly—recovering its strength. President Obama's Recovery Act led the way, and we have seen its benefits over the last year with job losses slowing significantly. He inherited an economy losing, I think, 700,000 jobs a month, and it is now back to nearly break even.

An essential element of this recovery has been encouraging thriving export markets. Last week, President Obama laid out his plan to double exports in 5 years, an initiative which could create up to 2 million jobs. As the President said: "In a time when millions of Americans are out of work, boosting our exports is a short-term imperative."

But for international trade to function, our government must participate fully in international trade negotiations, advocating fair and open trading rules that allow American businesses to compete and export.

Yet a single Senator, the Republican Senator from Kentucky, has blocked the President's nominees for two key trade positions—nominees who cleared the committee with strong, positive votes. Michael Punke, nominated as Deputy Trade Representative to Geneva, and Islam Siddiqui, nominated to be Chief Agricultural Negotiator, deserve an up-or-down vote in the Senate.

In this economic crisis, why in the world would a Senator hold up such important appointments for our exports and for our economy, hobbling this administration's ability to fully participate in international trade talks?

The Senator from Kentucky has told us why: to try to force U.S. Trade Representative Ron Kirk to file a complaint regarding Canada's recently passed antismoking law. Yes, believe it or not, the Senator from Kentucky is blocking the appointment of critical U.S. international trade officials to try to force the administration to put pressure on Canada to change its antismoking law.

I am sure the tobacco industry is important in the Senator's home State, and protecting home State jobs is important. But hampering our ability to negotiate our trade agreements in this time of economic distress is not the way to do it. The Senator's hold is particularly ironic and unproductive, since trade officials, such as these nominees, are the ones charged with negotiating resolutions to trade issues

such as the one that appears to motivate the Senator from Kentucky. Ambassador Kirk recently commented that the absence of these officials is having a significant impact and indicated the situation is causing some countries to question our commitment to serious trade talks. "We would be greatly advantaged not only just from the manpower and intellectual strength these two individuals bring, but I think it would help us regain some of our credibility," is what Ambassador Kirk said.

Let's be clear. The Senator from Kentucky has said he does not have any objection to these nominees. He is only blocking the nominations as leverage against the President and Ambassador Kirk. That is pure obstructionism.

It is these kinds of political power plays—one Senator actually had 70 nominees on hold—that lead to such cynicism in the country about our ability to work together and get things done. When a Senator blocks basic governmental action—action that all agree is of national importance—for purely parochial and political reasons, the public rightly wonders what is going on.

If the Senator from Kentucky disagrees with the Canadian Legislature, fine, he should voice that disagreement publicly and try to persuade the President of the merits of his point of view. He is welcome to do that. Instead, he has chosen to add to the obstructionist tactics that are poisoning this Chamber and preventing the Government of the United States from doing its business. That may serve the immediate political goals of his party, but it is wrong for our country and it is wrong for all Americans who depend on an effective U.S. Government. I urge the Senator from Kentucky to release his holds.

I yield the floor back to Senator WARNER from Virginia.

Mr. WARNER. Madam President, I appreciate the comments of Senator WHITEHOUSE and his pointing out one more example of a qualified nominee who needs to be voted on up or down.

I now call upon my friend and colleague from Illinois, Senator BURRIS.

The ACTING PRESIDENT pro tempore. The Senator from Illinois.

Mr. BURRIS. Madam President, I thank my colleague from Virginia and the distinguished Senator from Rhode Island. It is a pleasure for me to join in this very important discussion in the Senate.

I am proud to join my Democratic colleagues on the floor this morning to discuss some of the obstructionism we have seen from the other side on a number of Presidential nominations. It is the duty of this Senate to provide advice and consent on more than 2,000 government officials appointed by the President of the United States. These individuals range from Cabinet level

officers to agency administrators, ambassadors, Federal judges, and more. They are tasked with leading important agencies and offices such as the Transportation Security Administration, our diplomatic missions around the world, and various law enforcement organizations.

These nominees generally make it through committee on near-unanimous bipartisan votes. They are extremely dedicated public servants who stand ready to defend our national security, advance our shared interests, and carry out the important work of the American people. But when these nominations come out of the committee, they invariably hit a roadblock. They hit a stone wall. They are stalled the moment they come to the Senate floor. That is because my Republican friends are holding up dozens of these nominations.

Scores of important offices remain vacant because of the same partisan tactics of distraction and delay that we have seen time and time again from the other side. It is not that my Republican colleagues have any problems with the qualifications of the nominees themselves. They enjoy bipartisan support in committee. They carry the high esteem of both Democrats and Republicans. When we are finally able to break the filibuster and have an up-or-down vote, these individuals are almost always confirmed unanimously, as the judge from Senator WARNER's State of Virginia was, with a vote of 99 to 0. It was senseless for that nomination to be held up for that long.

But thanks to the same old political games, it is difficult to get cloture on these nominations so we can get a floor vote in the first place. The same Republican Senators who vote in favor of these nominees in committee—the same Senators who later support them on the floor—try to keep us from moving forward as a full Senate. This is obstructionism at its worst. This is pure politics at the expense of the American taxpayers.

This is a waste of our time and effort, and the American people deserve better. They sent us to Washington to solve big problems—to create jobs, to reform health care, to strengthen our educational system. But my Republican friends are not interested in working together to confront these challenges. Instead, they drag their feet on noncontroversial things such as Presidential nominations in hopes of scoring political points. They bring this body to a standstill just so they can advance a partisan agenda. Meanwhile, dozens of important Federal agencies are without leadership at the highest levels. Thousands of government employees are working without the public servants who have been appointed to lead them—all because of Republican political games.

So I would ask my good friends from the other side of the aisle to abandon

these tactics of distraction and delay. Let's have a substantial debate about the issues, not an argument over procedure. Let's stop wasting time and start working together to solve the problems we face. In the meantime, let's confirm these nominees so they can take up their appointed offices and begin to serve the American people.

I yield the floor to the distinguished Senator from New Hampshire.

The PRESIDING OFFICER (Mr. WARNER). The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, I am here to join my colleagues from the freshman and sophomore classes to point out the obstruction that we are seeing from the other side of the aisle in holding up these executive branch nominees. It is unfortunate, with so many challenges facing this country, that we have to be on the floor of the Senate today talking about obstructionism rather than talking about what we can do to address the real issues facing this country.

One of those important issues has to do with how we get this economy going again. Ninety-five percent of the world's consumers live outside of the United States; and for American companies to grow and expand, to create jobs, we have to increase exports of goods and services. That is the simple reality.

There are several actions we need to take to help American companies compete overseas. Tomorrow, for example, I am going to be back on the Senate floor talking about what we can do to strengthen the Small Business Administration's export lending and promotion services. Certainly another thing we need to do is to protect the interests of American companies and workers in the trade arena.

As we have already heard from Senator WHITEHOUSE, that is why it is unconscionable that the confirmation of President Obama's nominee to be Ambassador to the World Trade Organization, Michael Punke, is being held up by a single Senator.

Senator TESTER came to the floor last week to ask Senator BUNNING to stop blocking Mr. Punke's confirmation. Now, after reading yesterday's New York Times, I felt compelled to also speak about the hold on this confirmation. Yesterday's story in the paper reported on China's aggressive filing of complaints with the WTO. In the last 12 months, China filed more complaints with the WTO than any other country, even though it is cleaning the clock of every country on the planet, including the United States, when it comes to trade.

China racked up a nearly \$200 billion trade surplus with the rest of the world last year. Its trade imbalance with the United States is 4 to 1. Yet the top position of the United States at the WTO—you guessed it, the position that

Mr. Punke has been nominated for—is being held up, is still vacant because there is one Senator who is unhappy with Canada's tobacco law.

That is right. As Senator WHITEHOUSE has already told us, the hold on Mr. Punke has nothing to do with whether he is qualified to be ambassador to the WTO. His confirmation was unanimously recommended by the Finance Committee 3 months ago. No, this critical post remains vacant because one Senator—Senator BUNNING—is angry that Canada banned flavored cigarettes as a way to combat teen smoking.

I certainly understand the tobacco industry fears the Canadian law will be interpreted broadly to ban American-blend cigarettes. But blocking the confirmation of our WTO ambassador over this issue at this time, when expanding exports is critical to our economic recovery, is counterproductive, and it is an abuse of Senate rules. The point has now been made. So now is the time for Senator BUNNING to lift this hold so we can confirm Mr. Punke and we can get this critical position filled and make sure that American businesses have a level playing field when it comes to exports.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. BURRIS). The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I am proud to join my colleagues in the freshman and sophomore classes today to highlight a recurring problem in the Senate—the Republican holds on the confirmations of crucial executive branch nominees. These are not controversial people, as you will hear from what I am going to tell you from my part of the story today and what you have heard from some of my colleagues.

As a former prosecutor and the manager of a prosecutor's office of more than 400 people, I know from personal experience how important it is to have a strong leadership team in place. Only with a strong leadership team can an executive implement his or her vision. In our current economy, a vision for increased trade and export promotion is particularly important, and the President has one.

Earlier this year, he announced a plan, widely supported by CEOs of large and small corporations, to double American exports overseas in the next 5 years. Export promotion is a topic that is of special interest to me, as I chair the Subcommittee on Competitiveness, Innovation and Export Promotion.

I truly believe if we are to move this economy again, we have a world of opportunity out there. Ninety-five percent of the world's customers are outside of our borders. This is a different world with growing buying power in countries such as India and China, where instead of just importing goods

we can be making stuff again; we can be sending it out so that customers in these other countries can be buying it.

Look at the numbers. A diversified base of customers helps a business weather the economic ups and downs. According to research, businesses that export grow 1.3 percent faster—and they are nearly 8.5 percent more likely to stay in business—than companies that don't export. These are the facts. So it is hard to believe, when we have a laser focus on the economy right now, when that is all I hear about from the people of my State, that my friends on the other side of the aisle are holding up the President's nominees for positions that promote American exports abroad. It makes absolutely no sense.

Right now, Republican holds are blocking votes on the confirmations of Michael Punke, nominated to be Deputy U.S. Trade Representative, and "Isi" Siddiqui, nominated to be Chief Agricultural Negotiator. These nominees have five decades of experience in international trade between the two of them, including extensive private sector and government work. They work with Democrats and they work with Republicans. They just want to get this economy moving again. But our friends on the other side of the aisle are placing holds on them at the very time when we all know this is the direction in which we need to move. These are exactly the type of people who could help expand American agricultural and small business exports and grow our economy.

These two nominees have been fully vetted and received strong bipartisan support in their Finance Committee hearings. They were recommended by the Finance Committee to the full Senate by a vote of 23 to 0—including the affirmative vote of the Senator who has since placed a hold on Mr. Punke. No one would believe this. The reason for the hold? The Senator in question wants Mr. Punke to commit to forcing Canada to repeal parts of an antismoking law passed by the Canadian Parliament.

So we have people in Rhode Island, in Illinois, in Minnesota, in New Hampshire who are looking for jobs, and they know that a key part of this is to increase exports to be able to sell our goods to other countries. Yet these guys are placing a hold on the very people who can get this work done because they are concerned about a law passed by the Canadian Parliament. It is too good to be true but, sadly, it is true.

Holding these nominees in limbo has dire consequences for our ability to promote American products abroad. Our international partners actually use the absence of Mr. Punke and Dr. Siddiqui as an excuse to stall progress on serious negotiations. You know what they say. They say: You don't have your guys in place. You don't

have your people in place, so we are not negotiating with you, America.

Blocking these nominees gives cover to other nations that want to keep the United States from getting fair market access in the global trading system for American agriculture, manufacturing, and services.

A coalition of 42 food and agricultural groups wrote Senators REID and MCCONNELL in January to call for quick approval. They said: U.S. food and agricultural exports are under assault in many markets with trading partners erecting even more barriers in recent months. It has to stop.

In the United States, we further export promotion policy through a variety of different executive agencies, and Republicans aren't just holding up USTR reps, they are also holding up Eric Hirschhorn, the nominee to head up the Bureau of Industry and Security at the Commerce Department. This is the division at Commerce that screens exports to make sure national security, economic security, cyber-security, and homeland security standards are upheld when we export sensitive technologies.

The head of this bureau engages in strategic dialogues with high-level government officials from key transshipment countries such as Malaysia, Singapore, Hong Kong, and the United Arab Emirates in order to prevent sensitive technologies from being diverted to China, Iran, and North Korea. Leaving this position unfilled sends a negative message to the domestic exporting community, to our allied governments, and it hurts our security. Why would we want to leave this position unfilled?

Mr. Hirschhorn has spent more than 30 years involved in issues related to export control. As an author of numerous articles and "The Export Control and Embargo Handbook," which is widely recognized as the leading text on the issue, Hirschhorn displays an unparalleled understanding of the importance of export control systems and work.

These are a few examples of the pivotal positions being held up by our colleagues on the other side of the aisle. If you are going to talk the talk about moving this economy, about exports, about trade, about getting our goods out there, building things again, then you should walk the walk. You should not be holding up Siddiqui and Punke and Hirschhorn. These are non-controversial people. Nobody watching C-SPAN has ever heard of them before. They are not in the middle of some controversial mess. They are trying to get our country moving again. That is what this is about. For people who are trying to get jobs, trying to move this country, they need people in place in the government to help them. Take those holds off, get this moving, put these people in place.

I yield the floor.

The PRESIDING OFFICER (Mrs. SHAHEEN). The Senator from Oregon is recognized.

Mr. MERKLEY. Madam President, I rise today to decry the attack of my Republican colleagues on the executive branch of the United States of America. The Constitution, which we are sworn to uphold, calls for a balance of power between three branches of government—the executive branch, the legislative branch, and the judicial branch. In it, it gives us a certain ability to test the fitness of high appointees to the executive branch. That is the advise and consent clause of the Constitution.

The Constitution does not have a delay and obstruct clause. It has an advise and consent clause. That means we have the responsibility, on a timely basis, to review high appointees to the executive branch and give our opinion. If we vote a person down, then indeed that nomination does not go forward.

What we have here is not a sincere application of advise and consent. We have a systematic effort underway to undermine the credibility and the capability of the President's team here in America.

This is a list of nominations that is being held up. This is not one nomination here and one nomination there. These are dozens and dozens of key appointees who will make the executive branch operate. Let's look at some of these. The Federal Election Commission, the Department of Energy, the Small Business Administration, the National Labor Relations Board, the Legal Services Corporation, the Department of Homeland Security, the Army, the Executive Office of the President, the Amtrak Board of Directors, the National Transportation Safety Board, the Equal Employment Opportunity Commission, the Farm Credit Administration, the Department of Commerce, the Department of Housing and Urban Development, the Department of the Treasury, the Department of Health, the Department of Veterans Affairs, the Department of State, the Department of Energy, the Nuclear Regulatory Commission, the National Council on Disability, the Tennessee Valley Authority.

Fellow Americans, I think you get the picture that this is a list in a systematic effort to undermine the ability of the executive branch to do its job. If we simply look back at the nominations on which we have had to file cloture and hold a vote in this Chamber, two-thirds of those nominees have passed by more than 70 of this body. Many of them had 80 or 90 votes because there was no sincere objection to this individual, be it he or she, in a number of these departments. But it was a systematic effort to delay the capability of the executive branch of the United States of America. That is unacceptable. We are not empowered as a

Chamber, in this Constitution, to delay and obstruct and prevent the executive branch from doing its job.

I call upon my Republican colleagues who are conducting this attack on the President and his team to honor their constitutional responsibilities to advise and consent, to take this list and if there are a couple of key nominees that you have serious concerns about, then indeed let's have that debate here on the floor. But these dozens need to be set free to do their job. That is how the balance of powers is envisioned in the Constitution.

The PRESIDING OFFICER (Mr. FRANKEN). The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I rise this morning to raise questions about why the Republicans in the Senate are holding up a number of nominations. We have heard some of that articulated this morning by a number of our colleagues. I have a specific example of what this kind of obstruction leads to. It is with regard to a circuit court nomination, in this case a judge in the Middle District of Pennsylvania. This is someone I have known a long time, someone I have known to be not only capable to do the job a U.S. Court of Appeals judge must do, but also someone who has demonstrated his ability on the district court for many years. The person I am speaking of is Judge Thomas I. Vanaskie, who has been nominated for a position on the Third Circuit Court of Appeals, which covers Pennsylvania, New Jersey, Delaware, and the Virgin Islands.

As I said, I have known him a long time. He is someone who has been a legal scholar, someone who has a long and distinguished career on the Federal bench as well as a career as an advocate when he was practicing law.

I ask unanimous consent a fuller statement of his record and résumé be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

BIOGRAPHY

Judge Vanaskie's biography highlights both his scholarly and professional accomplishments and the high esteem in which he is held by his colleagues in the legal profession. He graduated magna cum laude from Lycoming College in Williamsport, Pennsylvania, where he was also an honorable mention All-American football player, a first team Academic All-American, the college's outstanding male student athlete, and the recipient of the highest award given to a graduating student.

At Dickinson School of Law, from which he graduated cum laude in 1978, Judge Vanaskie served as an editor of the Law Review and received the M. Vashti Burr award, a scholarship given by the faculty to the student deemed "most deserving".

After graduating, Judge Vanaskie served as a law clerk for Judge William J. Nealon, Chief Judge of the U.S. District Court for the Middle District of Pennsylvania.

Judge Vanaskie practiced law for two highly regarded Pennsylvania firms before his

appointment to the U.S. District Court for the Middle District of Pennsylvania in 1994.

He became the Middle District's Chief Judge in 1999 and completed his seven-year term in 2006.

He was appointed by Chief Justice Rehnquist to the Information Technology Committee of the Judicial Conference of the United States where he served as Chair for three years. He has also participated in several working groups of the Administrative Office of the United States Courts, mostly recently on the Future of District CM/ECF Working Group, tasked with determining the design and development of the next generation of the federal judiciary's electronic case filing program.

He is an adjunct professor at the Dickinson School of Law and has also been active in civic and charitable efforts in his hometown of Scranton.

ACCOLADES

Lawyers who have appeared before Judge Vanaskie have expressed tremendous respect for his intellectual rigor and the disciplined attention he brings to the matters before him.

One attorney who has tried over a dozen cases before Judge Vanaskie has described him as "objective, fair, analytical, dispassionate, extraordinarily careful, and very respectful of appellate authority." This same practitioner said that he has not always agreed with Judge Vanaskie's decisions, but he has always felt that his rulings reflected what the Judge considered to be the most appropriate result, and the result that he was obligated to impose under the law.

U.S. District Judge William J. Nealon, for whom Judge Vanaskie clerked has described him as "superbly qualified . . . He's outstanding . . . He's brilliant. He's objective. And he's tireless . . ."

Judge Vanaskie recognizes that for many citizens, his decisions will be the final word on their claims. He treats people with respect and honors their right to be heard. His deep understanding of and respect for the law will serve him well in ruling on cases and authoring opinions that will be influential in the Third Circuit and beyond.

CAREER HIGHLIGHTS

In 2008, Judge Vanaskie presided over the first known court appearance of aging mobster Bill D'Elia where he pleaded guilty to two federal felonies. He later sentenced "Big Billy" to serve in federal prison.

Late last year, Judge Vanaskie sentenced the former Superintendent of the Pittston Area School District to 13 months in federal prison and a \$15,000 fine for accepting \$5,000 cash in kickbacks from a contractor he supported in obtaining a contract with the school district. The case is part of an ongoing investigation by the FBI and the IRS and is being prosecuted by a team of federal prosecutors.

He ruled that the government could not deport Sameh Khouzam, a native of Egypt and a Christian, because the State Department did not review Egyptian diplomatic assurances that Khouzam would not be tortured upon his return. "The fact that this matter implicates the foreign affairs of the United States does not insulate the executive branch action from judicial review," the Judge wrote. "Not even the president of the United States has the authority to sacrifice . . . the right to be free from torture . . ."

He presided over the trial and sentencing of an Old Forge man who spent more than \$413,000 that he stole from victims of an investment scam. "You stole these people's

money," said the Judge. "I can't sugarcoat it."

Mr. CASEY. Judge Vanaskie graduated with high honors from Lycoming College and was an honorable mention All-American football player there. He attended the Dickinson School of Law in Pennsylvania, graduated with honors in 1978, was editor of the Law Review, clerked for Judge William Nealon, who was then the Chief Judge for the Middle District of Pennsylvania. Judge Vanaskie went on to have a distinguished career as a lawyer. He got to the Middle District Court, the U.S. Middle District of Pennsylvania in 1994, became the Chief Judge, just like Judge Nealon, the judge he served. Judge Vanaskie became the Middle District's Chief Judge in 1999 and his 7-year term as Chief Judge was completed in 1996.

He was appointed by Chief Justice Rehnquist to the Information Technology Committee of the Judicial Conference of the United States, where he served as Chair for 3 years.

I will submit for the RECORD, as I mentioned before, what many people have said about him in addition to his record. I will read one of those at this moment. Judge Nealon, someone who has been on the District Court of Pennsylvania, the Middle District, for more than a generation, since 1962—here is what that judge said about Judge Vanaskie. He said:

He is superbly qualified, he is outstanding, he is brilliant, he is objective and he is tireless.

There is not much more you could say that would be higher praise than that from not only a colleague but someone who has had decades of experience presiding over complex matters in the district courts.

In my own judgment, Judge Vanaskie demonstrated, when he was on the district court, the kind of legal acumen and scholarship and commitment to the rule of law that made him stand out on the district court. I know I personally have experience with that; I appeared before him. I remember in particular trying a case in front of him. He is someone I knew very well for many years, someone I had great respect for, but also someone I knew personally. Despite that personal connection, I do remember him ruling against me on a number of objections. That alone is testament to his integrity. It is widely shared.

When you consider all of that legal experience, unquestioned ability on the district court, unquestioned ability to handle very complex matters that prepared him to serve on the Third Circuit Court of Appeals and that he was voted out of committee close to unanimously—I think there were three votes against him. I will doublecheck this, but I think the vote was 16 to 3. I will make sure we check that for the RECORD.

Having said all that, I cannot understand why our friends on the other side of the aisle would want to hold up someone who has such a brilliant record, who is committed to being and has already demonstrated a commitment to be a fair-minded judge, someone who will set aside their personal points of view, their personal biases, to rule on matters that come before the U.S. Court of Appeals for the Third Circuit. It does not make much sense when you consider the support he has received. But it seems, as on so many of these nominations, the impediment here is not a set of questions, not a set of unresolved issues. The impediment is too many Senators on the other side of the aisle who want to use the nomination process to achieve political objectives. That, in my judgment, is what is happening.

What they should do for the American people is set aside those political objectives and get people confirmed, just as they would hope that their nominees, people they support under a Republican President, would be confirmed.

This is just one example, but I think a very telling example, of what our friends are doing when they hold up a judge who has that kind of record of service, of commitment to justice and the rule of law. I think it speaks volumes about what is happening in the Senate on nominations.

I yield the floor.

The PRESIDING OFFICER (Mr. BURRIS). The Senator from Minnesota is recognized.

Mr. FRANKEN. Mr. President, I rise today to speak about the gridlock in the Senate and the effect it has on our ability to do our jobs as legislators. If you talk to the average person on the street, he or she will probably tell you that Americans are pretty frustrated with their government right now. People think government does not work and that politicians care more about fighting with each other than they do about helping American families.

Some days I can hardly blame the people who hold this opinion. We are now in the second year of President Obama's administration and we have only just begun to fill the spots in the executive and judicial branches because of filibusters, holds, and other procedural tactics that have delayed an extraordinary number of people. We had no Under Secretary for Domestic Finance at the Treasury Department despite the fact that our country has just experienced arguably the worst economic crisis since the Great Depression. We have no Assistant Secretary for Legislation at the Department of Health and Human Services. You would think when we have been considering health care reform legislation in the past year, it might be helpful to confirm an Assistant Secretary for Legislation at the Department of Health and Human Services.

There are so few members of the National Labor Relations Board, the Supreme Court is currently deciding whether the NLRB's current decisions have any legal standing, yet we have failed to confirm a single one of President Obama's three nominees.

In one of the most egregious examples of obstructionism, the Senate failed to vote on the appointment of the first nominee for Transportation Security Administration Chief, the person charged with keeping our Nation's airlines safe. In the interim, a terrorist tried to attack Northwest flight 253. Perhaps unsurprisingly, the nominee eventually withdrew himself from consideration, saying he was "obstructed by political ideology."

I have said it before and I will say it again: I have no problem with standing on principle. Our first President, George Washington, supposedly once said we pour House legislation into the senatorial saucer to cool it. Whether or not that story is true, the Senate has long served as the cooling Chamber, the place where reason and thoughtful debate occur in our Congress. The filibuster is a key tool for the way the minority can stand up to a majority that is acting irrationally in the heat of the moment. So I have no problems with my colleagues threatening to filibuster nominees or legislation that they actually oppose.

That is what the Founders intended. The Senate has an important role to play in giving the President its advice and consent on nominations. I take that role very seriously. But too often my colleagues filibuster nominees they actually support in an effort to extract other promises or just to slow the Senate down.

In February, the Senate finally confirmed the noncontroversial administrator of the General Services Administration after 9 months. The vote was 94 to 2. Similarly this month, my colleagues forced a cloture vote, they forced a cloture vote to approve a judicial nominee for the Fourth Circuit Court of Appeals. She was then confirmed unanimously, 99 to 0.

Yet we are forced to vote for a filibuster. That is nuts. This is a perversion of the filibuster and a perversion of the role of the Senate. It used to be the filibuster was reserved for matters of great principle. Today it has become a way to play out the clock. Some of my colleagues seem more interested in using every procedural method possible to keep the Senate from doing anything then they are in creating jobs or helping Americans struggling in a difficult economy.

They seem to actually want the government to fail. Why else delay things you actually agree with? No wonder Americans are frustrated with the government. It is time for this to stop. It is time for the Senate to stop playing politics or pursuing personal agendas

and start approving well-qualified nominees without forcing unnecessary delay.

For our government to function the way it is supposed to, it needs to have personnel. Let's give the executive branch and the judicial branch the people they need so we can help government function in the way it is supposed to and reassure Americans that government does work for them.

I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. UDALL of Colorado. Mr. President, I rise, along with my colleagues this morning, to draw attention to the growing dysfunction exacted on this institution's ability to confirm both judicial and executive branch nominees.

Having served five terms in the House of Representatives, I have come to expect a certain amount of political revelry and combat. While I was honored to serve in the House, and I have fond memories of the often raucous debates there, I had high expectations that the Senate would truly be a place of deliberation and bipartisan goodwill.

Of late, however, it seems the worst political gamesmanship has infiltrated the Senate. Perhaps the proverb "the grass is always greener on the other side" applies here, but I do have to tell you, I think the level of gridlock we have faced in the last year is unprecedented.

We have seen roadblock after roadblock as we have tried to exercise one of the most basic functions of the Senate, that of making sure we have a full complement of Federal judges and ensuring the departments and agencies of the sitting administration are filled with competent public servants.

In contrast, by this date during President Bush's first term in office, the Senate, with a Democratic majority, had confirmed twice as many circuit and district court nominations. The obstruction of present judicial nominees is all the more galling when you note that they were reported by the Judiciary Committee without dissent.

Two weeks ago today, we were forced to invoke cloture on Barbara Milano Keenan to be U.S. circuit judge. Her nomination was held up for months. We finally had to say enough is enough and shut off the filibuster. When we finally voted on cloture, it was invoked 99 to 0, meaning not a single Senator was willing to stand and oppose the nominee.

You know in your State, Mr. President, this is the kind of superficial partisanship the American people are fed up with. In addition to judicial nominees, President Obama's executive branch appointments have suffered from a similar kind of gamesmanship. One would be hard-pressed to find one single department in this administration whose work has not been interrupted by phony delays.

Let me give you an example. After having invoked cloture and overcome a filibuster on Martha Johnson to be the Director of the General Services Administration, not a single Senator was willing to stand in opposition to the nominee. Cloture was invoked and she was confirmed by a 96-to-0 margin.

I know partisanship is rampant in this town, but the American people deserve to know what is happening in the Senate. We are reaching a heightened level of imprudence, the kind George Washington warned us about in his farewell address in 1796.

In outlaying the principle we first all have an obligation to govern, Washington stated, "All obstructions to the execution of the national laws [. . .] with the real design to direct, control, counteract, or awe the regular deliberation and action of the constituted authorities are destructive of this fundamental principle."

As I close, the American people know this town causes grown men and women to bicker and fight like children. Children have an excuse, they are children. We are not. We can do better, and I urge my colleagues to set aside their partisan differences, end this gridlock, and begin working together for the good of the American people.

I yield the floor.

The PRESIDING OFFICER (Mr. FRANKEN.) The Senator from North Carolina.

Mrs. HAGAN. I thank the Senator from Colorado for yielding.

I am joining my freshman colleagues on the floor to express my amazement at the difficulty this body is having conducting even the simplest legislative functions.

When I came to Washington last year from the North Carolina State Senate, I was certainly under no illusions that the process here would be lightening fast. In fact, I believe strongly we should take the time to make reasoned judgments about legislative and executive branch and judicial nominees. The American people are better served when we take the time to make the best decisions.

But there is a difference between taking time for reasoned judgment and impeding progress for the sole purpose of delay. There currently are 67 executive branch nominations awaiting action by the full Senate. Every one of these has been approved by the committee of jurisdiction, many having been approved unanimously. Thirty-one of those sixty-seven nominees were approved in committee last year and have been waiting for months for action by the full Senate.

One individual awaiting action by the Senate, Michael Punke, has been nominated to be our ambassador to the World Trade Organization. He was approved unanimously by the Senate Finance Committee in December.

As my colleagues know, the member countries of the WTO are currently en-

gaged in a round of trade talks that could have enormous implications for American workers and industries. Would it not make sense to have the best possible American representation at those talks? Should we not want someone there who is advocating forcefully on behalf of our American workers, producers, and businesses?

It has been reported the delay in considering this particular nomination is connected to a concern one Senator has regarding a recent tobacco law passed in the Canadian Parliament. Well, I represent the largest tobacco State in the country. I will be honest, I understand the concerns of my fellow tobacco-State Senator regarding this legislation.

But I guess I have not been here long enough to understand how concerns with Canadian tobacco legislation lead you to the conclusion that you should prevent the United States from being represented in international trade negotiations. How are we supposed to address our issues with Canada and all trading partners when our seat at the table is empty? That is just one example. The calendar is full of nominees who deserve a vote.

In fact, there are two judicial nominees on the calendar from North Carolina who would be easily confirmed should they come up with for a vote, Jim Wynn and Al Diaz, nominees for the Fourth Circuit Court of Appeals. They were both approved by the Senate Judiciary Committee in January. But truth be told, we have not just been waiting since January, we have been waiting since 1994.

There has been an opening for a North Carolina judge on the Fourth Circuit since 1994. Partisan politics has gotten in the way of filling that vacancy time and again. Finally, we have not one but two qualified judges, supported by both myself and Senator BURR. Let's bring them up for a vote.

The government cannot function without qualified appointees in place. Let's stop the delays and bring these nominees up for a vote so they can get on with the business of the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Mr. President, I rise to call on the Senate to do something the rest of the American people are doing, our job. Most of President Obama's nominees to the executive branch and our Federal courts are not even remotely controversial. The country needs them on the job, and their responsibilities, their careers, and the stress on their families should not be caused by holds and other pointless delays.

We face serious challenges as a nation. Unemployment and underemployment rates are unacceptably high. Our courts have unprecedented backlogs.

We are fighting two wars and have the persistent threat of terror that casts a shadow over our security.

We need a functioning Federal Government. The American people expect this. Yet some in this body are too tied up in "politics as usual" to get our government working again. Rather than making sure we get the government up and running by allowing our votes on key administration nominees, the Senate is mired in perpetual stalling, failing to perform its constitutional responsibility to advise and consent. Qualified people nominated to hold key positions in the administration are languishing in the Senate because of procedural abuses. These should end.

I have introduced a resolution which would help address some of these abuses. My resolution would bring holds by one Senator outside the shadows, time limit them, and place requirements that, after 2 days, holds must be bipartisan to continue.

These commonsense improvements ought not be necessary. But in today's Senate, unfortunately, they are. I fully support scrutinizing all positions requiring confirmation. In fact, that is why my suggested resolution actually says, if you have bipartisan support—and there might be a reason to look at it other than just pure politics—I think we should look at it.

But useless delay is not getting us anywhere. I am not asking for a rubberstamp from anyone. But a desire to assert leverage over the administration or a desire to frustrate the government's efforts to work for the American people is unacceptable for holding up nominees.

Too often we have seen nominees held for months only to be confirmed by overwhelming margins. Judge Barbara Keenan was recently confirmed to the Fourth Circuit Court of Appeals by the breathtakingly close vote of 99 to 0. This was after her nomination was held up for 4 months following approval by the Judiciary Committee.

There are currently 16 other judicial nominees who, similar to Judge Keenan, have cleared the Senate Judiciary Committee and are awaiting floor time. Unfortunately, they are subject to partisan and meritless delays. The result is, our district and appellate courts will continue to be backlogged and justice will not be served in communities all across the United States of America.

Judicial nominations have a sad history of partisanship in recent years. The delays and games that have replaced the Senate's role to advise and consent have now bled into all executive branch nominations at unprecedented levels.

Just last month, the media reported 80 nominees were being held up by one Senator. These holds included the Under Secretary for Military Readiness

and top officials at the Departments of State and Homeland Security. These holds were unrelated to the actual nominee and solely concerned parochial and political interests. Our national security should never be subjugated to one Senator's politics.

We also had the President's nomination to the Transportation Security Administration tied up and ultimately withdrawn because of partisan bickering unrelated to his responsibilities to secure our airports. This is unacceptable. Does it no longer matter whether there is someone at the helm of the agencies responsible for securing our airports?

How is this acceptable behavior in the Senate? It would not be acceptable behavior around my kitchen table. If it is not acceptable there, it should not be acceptable here. There are too many examples of qualified, noncontroversial nominees, such as Martha Johnson, the GSA Administrator with impeccable qualifications whose nomination was held for 9 months. Yet she was confirmed by a 96-to-0 vote once the hold on her nomination was removed.

These nominations are being blocked even though they have broad bipartisan support.

I urge my colleagues to remove their holds on noncontroversial administration nominees and allow confirmation votes.

I yield the floor.

Mr. WARNER. I thank my colleague from Colorado.

Mr. LEAHY. Mr. President, many Senators are speaking on the Senate floor today about the Republican delays and obstruction of President Obama's nominations to fill critical posts throughout the executive branch.

Republicans have engaged in a partisan effort to block scores of nominations, preventing up-or-down votes in the Senate. This Republican effort has prevented the Senate from considering well-qualified public servants like Professor Chris Schroeder, who was first nominated by President Obama on June 4, 2009. He appeared before the Senate Judiciary Committee last June, and was reported favorably in July by voice vote, with no dissent. His nomination then languished on the Senate's Executive Calendar for nearly 5 months. Not a single Republican explained the reason for the delay.

Republican Senators objected to carrying over Professor Schroeder's nomination into the new session. It was returned to the President with no action. President Obama nominated Professor Schroeder again this year, and again his nomination was reported by the Judiciary Committee with Republican support. An esteemed scholar and public servant who has served with distinction on the staff of the Senate Judiciary Committee and in the Justice Department, Professor Schroeder has support across the political spectrum.

We treated President Bush's nominations to run the Office of Legal Policy much more fairly than Republicans are treating President Obama's, confirming all four nominees to lead that office quickly. We confirmed President Bush's first nominee to that post by a vote of 96 to 1 just 1 month after he was nominated, and only a week after his nomination was reported by the Judiciary Committee. In contrast Professor Schroeder's nomination has been pending since last June. It is time for an up-or-down vote on his nomination.

In addition to the many executive branch nominees currently stalled on the Senate calendar, there are 18 judicial nominees that have been reported favorably by the Judiciary Committee—most of them unanimously—who await Senate consideration. That is more nominees than the total of President Obama's circuit and district court nominees—17—that have been confirmed since he took office. This sorry state of affairs is the result of a Republican strategy to stall, obstruct, and delay that has existed throughout President Obama's time in office. The casualties of this effort are the American people who seek justice in our increasingly overburdened Federal courts.

By this date during President Bush's first term, the Senate had confirmed 41 Federal circuit and district court nominations. That was a tumultuous period in which Senate Democrats worked hard to make progress with a staunchly partisan Republican President. It included the period of the 9/11 attacks and the anthrax attacks upon the Senate. In contrast, the Senate has confirmed just 17 Federal and circuit court nominees—just 17—during President Obama's first term.

We are currently on pace to confirm fewer than 30 Federal circuit and district court nominees during this Congress, which would be easily the lowest in memory. That number stands in sad contrast to the 100 judges we confirmed when I chaired the Judiciary Committee for 17 months during President Bush's first term. When we were reviewing the judicial nominees of a President of the other party, and one who consulted across the aisle far less than President Obama has, we confirmed 100 judges in just 17 months. President Obama is in his 14th month and Senate Republicans have allowed only 17 Federal circuit and district court judges to be confirmed. We are 24 behind the pace we set in 2001 and 2002.

The Judiciary Committee has favorably reported 35 of President Obama's Federal circuit and district court nominees to the Senate for final consideration and confirmation. Eighteen of those nominees are still awaiting a vote by the Senate. The Senate can more than double the total number of judicial nominations it has confirmed by considering the other judicial nomi-

nees already before the Senate awaiting final action. We should do that now, without more delay, without additional obstruction. There are another five judicial nominations set to be reported by the Judiciary Committee this week. They will bring the total awaiting final action by the Senate to 23. Confirming them without unnecessary delay would put us back on track.

While Republican Senators stall, judicial vacancies continue to skyrocket. Vacancies have already grown to more than 100, undoing years of our hard work repairing the damage done by Republican pocket filibusters of President Clinton's judicial nominees. When I chaired the Judiciary Committee during President Bush's last year in office, we reduced judicial vacancies to as low as 34, even though it was a presidential election year. When President Bush left office, we had reduced vacancies in 9 of the 13 Federal circuits. As matters stand today, judicial vacancies have spiked and are being left unfilled. We started 2010 with the highest number of vacancies on article III courts since 1994, when the vacancies created by the last comprehensive judgeship bill were still being filled.

More than 30 of the vacancies on our Federal courts today are classified as "judicial emergencies." This is another reversal of our hard work during the Bush administration when we reduced judicial emergencies by more than half. Those vacancies have now increased dramatically, encumbering judges across the country with overloaded dockets and preventing ordinary Americans from seeking justice in our overburdened Federal courts. This is wrong. We owe it to the American people to do better.

President Obama deserves praise for working closely with home State Senators, whether Democratic or Republican, to identify and select well-qualified nominees to fill vacancies on the Federal bench. Yet Senate Republicans delay and obstruct even nominees chosen after consultation with Republican home State Senators. President Obama has worked closely with home State Republican Senators, but Senate Republicans have still chosen to treat his nominees badly. Last year, President Obama sent 33 Federal circuit and district court nominations to the Senate, but the Senate confirmed only 12 of them, the fewest judicial nominees confirmed in the first year of a Presidency in more than 50 years.

Senate Republicans unsuccessfully filibustered the nomination of Judge David Hamilton of Indiana to the Seventh Circuit, despite support for his nomination from the senior Republican in the Senate, DICK LUGAR of Indiana. Republicans delayed for months Senate consideration of Judge Beverly Martin of Georgia to the Eleventh Circuit despite the endorsement of both her Republican home State Senators. When

Republicans finally agreed to consider her nomination on January 20, she was confirmed unanimously. Whether Jeffrey Viken or Roberto Lange of South Dakota, who were supported by Senator THUNE, or Charlene Edwards Honeywell of Florida, who was supported by Senators Martinez and LEMIEUX, virtually all of President Obama's nominees have been denied prompt Senate action by Republican objections.

I noted when the Senate considered the nominations of Judge Christina Reiss of Vermont and Mr. Abdul Kallon of Alabama relatively promptly that they should serve as the model for Senate action. Sadly, they are the exception rather than the model. They show what the Senate could do, but does not. Time and again, noncontroversial nominees are delayed. When the Senate does finally consider them, they are confirmed overwhelmingly.

In December, I made several statements in this Chamber about the need for progress on the nominees reported by the Senate Judiciary Committee. I also spoke repeatedly to Senate leaders on both sides of the aisle and made the following proposal: Agree to immediate votes on those judicial nominees that are reported by the Senate Judiciary Committee without dissent, and agree to time agreements to debate and vote on the others. I have recently reiterated my proposal and urged Senate Republicans to reconsider their strategy of obstruction. There is no justification for these nominations to be dragged out week after week, month after month.

The last time the Senate considered judicial nominations was weeks ago. Indeed, on March 2, the Republican filibuster and obstruction of the nomination of Justice Barbara Keenan of Virginia to be a Fourth Circuit Judge had to be ended by invoking cloture. Senate Republicans would not agree to debate and vote on her nomination and the majority leader was required to proceed through a time consuming procedure to end the obstruction. The votes to end debate and on her confirmation were both 99 to 0. That nomination had been reported in October. So after more than 4 months of stalling, there was no justification, explanation or basis for the delay. That is wrong. That was the 17th filibuster of President Obama's nominations.

The 18 judicial nominees awaiting Senate consideration are: Jane Stranch of Tennessee, nominated to the Sixth Circuit; Judge Thomas Vanaskie of Pennsylvania, nominated to the Third Circuit; Judge Denny Chin of New York, nominated to the Second Circuit; Justice Rogerie Thompson of Rhode Island, nominated to the First Circuit; Judge James Wynn of North Carolina, nominated to the Fourth Circuit; Judge Albert Diaz of North Carolina, nominated to the Fourth Circuit;

Judge Edward Chen, nominated to the Northern District of California; Justice Louis Butler, nominated to the Western District of Wisconsin; Nancy Freudenthal, nominated to the District of Wyoming; Denzil Marshall, nominated to the Eastern District of Arkansas; Benita Pearson, nominated to the Northern District of Ohio; Timothy Black, nominated to the Southern District of Ohio; Gloria M. Navarro, nominated to the District of Nevada; Audrey G. Fleissig, nominated to the Eastern District of Missouri; Lucy H. Koh, nominated to the Northern District of California; Jon E. DeGuilio, nominated to the Northern District of Indiana; Tanya Walton Pratt, nominated to the Southern District of Indiana; and Jane Magnus-Stinson, nominated to the Southern District of Indiana. Twelve of the 18 were reported from the Senate Judiciary Committee without opposition; one had a single negative vote. The stalling and obstruction should end and these nominations should be considered by the Senate and voted upon without further delay. When they are, they, too, will be confirmed overwhelmingly.

I also want to highlight my concern about the new standard the Republican minority is applying to many of President Obama's district court nominees. Democrats never used this standard with President Bush's nominees, whether we were in the majority or the minority. In 8 years, the Judiciary Committee reported only a single Bush district court nomination by a party-line vote. That was the controversial nomination of Leon Holmes, who was opposed not because of some litmus test, but because of his strident, intemperate, and insensitive public statements over the years. During President Obama's short time in office, not one, not two, but three district court nominees have been reported on a party-line vote as Senate Republicans look for any reason to oppose every nomination. I hope this new standard does not become the rule for Senate Republicans.

Of the 17 Federal circuit and district court judges confirmed, 14 have been confirmed unanimously. That is right. The delay and obstruction is so baseless that when votes are finally taken, they are overwhelmingly in favor and most often unanimous. There have been only a handful of votes cast against just three of President Obama's nominees to the Federal circuit and district courts. One of those, Judge Gerry Lynch of the Second Circuit, garnered only three negative votes, and 94 votes in favor. Judge Andre Davis of Maryland was stalled for months and then confirmed with 72 votes in favor. Judge David Hamilton was filibustered in a failed effort to prevent an up or down vote.

So why all the obstruction and delay? It is part of a partisan pattern.

Even when they cannot say "no," Republicans nonetheless demand that the Senate go slow. The practice is continuing. There have already been 17 filibusters of President Obama's nominees. That is the same number of Federal circuit and district nominees the Senate has confirmed during the entirety of the Obama administration. And that comparison does not include the many other nominees who were delayed or who are being denied up-or-down votes by Senate Republicans refusing to agree to time agreements to consider even noncontroversial nominees.

I urge Senate Republicans to reconsider their destructive strategy and to work with us to provide final consideration without further delay to the 18 judicial nominees on the Senate Executive Calendar awaiting final action. We can make real progress if they will join with us and we work together.

The PRESIDING OFFICER. The Senator from Virginia.

EXTENSION OF MORNING BUSINESS

Mr. WARNER. I thank my colleague from Colorado. I ask unanimous consent that 7 minutes of morning business be added to each side and at the end of that time, the Senate stand in recess as provided for under the previous order. I thank my colleagues on the other side for their courtesy.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Alaska.

Mr. President, I am pleased to join my colleagues on the floor today to discuss what none of us are the least bit happy to see happening in the U.S. Senate.

We were sent here by the people of our States to get work done. This means passing legislation and overseeing the work of Federal agencies.

It is difficult, if not impossible, for Federal agencies to do the work Congress and the American people want them to do if they spend months—in some cases, years—leaderless. It is impossible for them to do their work if they can hope that a momentary peace will break out in the Senate to allow for confirmation of the presidential designee for their respective agency.

As Senators, we are endowed with a constitutional responsibility to lend our advice and consent to the men and women a President nominates to run agencies and parts of agencies.

Career civil servants can do a lot. We would be lost without them. But they do not have the authority, or the accountability to Congress and the American people to accomplish what a President selects them to do.

Yet many of our colleagues on the other side of the aisle would deny President Obama any of his nominees. I believe a President—the current

President or any future President with whom I am lucky enough to serve—is due a great deal of deference in his or her selections for Senate-confirmable positions.

For our Republican colleagues, it would seem there is a belief that the Federal Government should just not function, certainly any government led by President Obama.

We have seen the slow-walking, the indefinite—and indefensible—holds on nominations for crucial national security positions. Only when Armed Services Chairman LEVIN took the unusual step of embarrassing colleagues who were placing a hold for their home State politics did a number of important nominees get reported out of our committee.

There is still a hold by one of our Republican colleagues—unbelievable as it may seem—on the promotion of an Army general while our Nation is involved in two wars.

But the problem and the cynicism of Republican obstructionism is seen nowhere as obviously as in the judiciary. There are currently 103 Federal judge vacancies.

Several nominees reported out of the Judiciary Committee have been denied votes in the Senate by Republican obstructionism for almost 200 days. In some cases the judicial seat to be filled has been vacant for years.

It is clear that—even if they are in denial about who was elected in 2008—our Republican colleagues have their sights set on 2012 and beyond, when they hope to have a huge number of Federal court vacancies to be filled by a President more to their liking.

Obstruction of nominees hurts the functioning of the government our colleagues have strived to be part of. If they continue to block qualified nominees, our Republican colleagues only further demonstrate their unwillingness to perform the duties for which they were elected and prove their disdain for the constitutional responsibilities with which they have been entrusted.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, let me thank Senator WARNER for organizing this presentation to point out the abuses the minority has used in blocking the responsibility of the Senate to confirm appointments made by the President. I believe in the right of the minority. At times, it needs to be exercised. But it has been abused. The American people need to know that because it is affecting their rights and the ability of agencies and the courts to protect the rights of Americans.

Let me cite one number: 60 individuals the President has nominated for important offices have been blocked in their confirmation votes on the Senate floor even though their nominations

were approved by the committees either by voice vote or unanimous vote or by significant supermajorities. These are just being delayed, when we now know the final outcome will be approval. As a result, Americans are being denied judges on the courts and administrators who can help enforce their rights.

We have already heard the circumstances about our courts, how we have had to take to a cloture vote, which means floor time, for the nomination of Judge Keenan, who received 99 votes and no one in opposition. We have two vacancies on the Fourth Circuit right now. These appointments have been approved overwhelmingly by the Judiciary Committee—Albert Diaz and James Wynn—by votes of 19 to 0 and 18 to 1. They have the support of Senators BURR and HAGAN. Yet they have still not been brought to the floor for a vote. That represents a 20-percent vacancy on the Fourth Circuit, denying the people of my region their full representation on the appellate court.

We are very proud of legislation we have passed to help the disabled—the ADA law—to guarantee gender pay equity with the Lilly Ledbetter law, and genetic discrimination prohibition legislation. But it takes the EEOC to enforce those rules. President Obama has submitted four nominees for the EEOC. They have been approved by the committee by voice votes, which means they are not controversial. Yet we cannot bring those nominations to the floor for quick action because Republicans are abusing their rights to hold up action on the floor of the Senate to carry out our constitutional responsibilities to act on the President's nominations.

This is denying the people of America the protections they are entitled to by the courts and by agencies. It is wrong. It is time for this practice to end.

I yield the floor.

The PRESIDING OFFICER (Mr. BEGICH). The Senator from Arizona.

Mr. KYL. I ask unanimous consent to speak for 15 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

HIRE ACT

Mr. KYL. Mr. President, we are going to be taking up the so-called HIRE Act starting tomorrow. I wish to address some of the problems with it since the procedure under which we have considered this bill does not allow any amendments. As a result, we have no opportunity to fix problems that are inherent with the bill and will force me to vote against it.

The first provision that should be highlighted is the provision called the Build America Bonds. This was created first in the 2009 stimulus bill. It offers a direct subsidy from the Federal Government to States and other govern-

mental entities to cover their cost of financing for certain kinds of projects.

The House-passed bill expands this subsidy by allowing four current tax-preferred bonds to qualify for the direct subsidy under this program and increases the generosity of that subsidy to cover all of the borrowing costs for education projects. This will mean an expansion of the already substantial support the Federal Government offers for State and local governments, support for which we taxpayers are then responsible. The Federal Government gave \$44 billion in extraordinary stimulus State aid last year and regularly spends \$26 billion annually in sub-Federal Government subsidies through tax-exempt bond financing. This is a significant Federal expenditure for which taxpayers will be responsible.

Here is the key problem, in addition to the additional exposure of taxpayers: Because interest rates reflect risks, States with poor credit ratings that therefore pay higher interest rates would actually be rewarded under this legislation due to the structure of these bonds. For example, a State that issues \$1 billion worth of debt paying a 5-percent interest rate would receive a bigger direct payment from the Federal Government than a State issuing \$1 billion worth of debt paying a 4-percent interest rate. Thus, States with lower credit ratings could receive larger subsidies, which, of course, encourages greater risk-taking and creates an incentive for States to issue even more debt than they would have without the subsidy.

The so-called jobs bill would further reward States with poor credit. The Senate version of the bill expands the Build America Bonds program by giving insurers of certain tax credit bonds for school construction and alternative energy projects the option of receiving direct payment of up to 65 percent of the interest cost. The House bill would, in certain cases, reimburse up to 100 percent of a project's interest costs.

The original Build America Bonds program encouraged States to take greater risks. The bill we will consider tomorrow would make the problem even worse. One of the lessons from the financial crisis is that people should not borrow more than they can afford. Unfortunately, it appears many of us have not taken this lesson to heart.

There is a provision relating to highway extension. Rather than being a straight extension of the current highway authorization, this bill represents a significant expansion of the Federal Government's funding for highway projects. The highway piece first cancels rescissions that were scheduled under the last highway reauthorization. It then permanently increases the authorization levels for highway spending and permanently authorizes interest payments from the general fund to the highway trust fund and authorizes

a one-time transfer of \$19.5 billion from the general fund to the highway trust fund.

Although not all of these costs will show up as increasing the deficit because of the unique CBO scoring conventions, all told, the highway extension under this bill will add \$46.5 billion to the debt over the next 10 years and will authorize \$142.5 billion in additional spending over the next 10 years.

You hear the President talking about not adding to the deficit. All of our colleagues wring their hands and say: We have to somehow control Federal spending. Yet in this legislation we take up tomorrow we add \$46.5 billion to the debt over the next 10 years and then authorize an additional \$142.5 billion of spending over the next 10 years. When will it stop?

There is a provision of the bill that has some merit to it. It is called the payroll tax holiday, although I think the way it has been constructed is not something we should do. This is the most expensive piece of the bill. In fact, the Congressional Budget Office has told us that it expects a provision similar to this to create five to nine jobs for each million dollars in budgetary cost in 2010. Since this provision would cost approximately \$13 billion by using the CBO model, one would estimate that the provision would create between 65,000 and 117,000 jobs this year at a cost of \$110,000 to \$200,000 per job. This sounds a lot like the stimulus bill to me, a very inefficient way to create jobs, if, in fact, they actually get created.

The proposed payroll tax holiday comes on the heels of the Senate-passed health care bill which actually increases the Medicare payroll tax from 2.9 percent to 3.8 percent. This actually would relieve employers of an element of the payroll tax. So which is it? Do we agree that payroll taxes that are increased are unhelpful to job creation?

According to Timothy Bartik of the Economic Policy Institute:

The employer tax credit in the Senate jobs bill is likely to create few jobs and at an excessively high cost.

As I have said, up to \$200,000 per job. He explains it this way:

Awarding credits for hires can be very expensive. Over a one-year period, the number of hires, as a percentage of total private employment, is over 40 percent even during a recession. To pay for hires that would have occurred anyway will be expensive and won't necessarily increase total private sector employment. The Schumer-Hatch design tries to avoid some of these large costs in several ways. First, credits are limited to hiring the unemployed, apply only to the rest of 2010, and are only worth 6.2 percent of the new hire's payroll costs. The retention bonus is of modest size and delayed. While these limits control costs, they also hamper the credit's benefits.

Limiting the credit to hiring someone unemployed at least 60 days makes the credit less attractive to employers.

Not only does the credit become more complicated to claim (which reduces its effectiveness), but it restricts the employer's hiring to a more limited pool of workers.

Bartik also explains that past experiences—for example, with the targeted jobs tax credit, the work opportunities tax credit, and the welfare-to-work tax credit—show that tax credits to encourage hiring disadvantaged workers usually generate little employer interest and have a negligible effect upon employer behavior. He says:

Employers are happy to claim such credits, if they happen to meet the credit's rules, but they are reluctant to change their behavior in response to such targeted tax credits.

So even the one provision of the bill that actually has some alleged relationship to job creation probably would not and, to the extent it does, would cost an extraordinary amount of money per job actually created.

Let me turn to one of the ways in which these expenses are allegedly offset: delaying the application of the so-called worldwide interest allocation. This is a very bad idea. This delays implementing a corporate tax reform we passed in 2004 in order to help American businesses properly account for their overseas income and, frankly, be more competitive with those abroad.

The worldwide interest allocation rules were originally improved as part of the American Jobs Creation Act of 2004, as I said, and were scheduled to take effect in 2009. However, the Housing and Economic Recovery Act of 2008 delayed the effectiveness of these rules by 2 years to 2011. The Worker, Homeownership, and Business Assistance Act of 2009 that extended the first-time home buyer tax credit further delayed the effectiveness of these rules to 2018.

The so-called jobs bill would delay this provision through the end of the existing budget window to 2021. Repeated delays have the same effect as repeal: an increase in the effective corporate tax rate. As I said, that does nothing to help our American businesses in their desire to compete overseas.

So these are just some of the reasons why I am not going to be able to support the HIRE Act, and I would urge my colleagues, since we are not going to have an opportunity to amend it, to oppose it as well.

Might I ask, Mr. President, how much time I have remaining?

THE PRESIDING OFFICER. The Senator has 5 minutes.

HEALTH CARE

MR. KYL. Mr. President, I wish to address now the health care legislation we passed in the Senate and that is pending over in the House of Representatives.

There is a news report that Democrats are going to use the strangest of all procedural tactics to try to pass the

Senate health care bill over in the House of Representatives, and this is against a backdrop of a lot of strange things—the use of the reconciliation process, all the backroom deals that result in the various benefits for various Senators and Representatives—we have heard so much about.

It almost seems Democratic leaders view the views of their constituents as an obstacle to be overcome, and every time the polls show even more opposition to the legislation, they decide to try even more clever ways of getting around their constituents' views—wheeling and dealing, backdoor legislation—but nothing quite as brazen, I guess I would say, as the process we now see developing. This is a process I became familiar with as a Member of the Senate—not when I was in the House of Representatives because I do not believe it was ever used then, although it might have been and I was not aware of it. But it is a process by which House of Representatives Members can actually say they have passed a piece of legislation without ever voting on it.

You might say: That does not quite comport with what I learned in eighth grade civics class, and you would be right. We all know the only way a President can sign a bill is if identical versions of legislation pass both the House and the Senate.

Well, the House does not want to have to vote on the Senate health care bill because, as the Speaker of the House said: "Nobody wants to vote for the Senate bill." So now what they have done is concoct a way you can actually pass the bill without ever voting for it, and it is by including the substantive Senate-passed bill into the rule that as a procedural matter the House votes on to consider each measure. So as a rule to consider the reconciliation bill is brought to the House floor, it would contain a provision that would deem the Senate-passed bill passed, even though the House Members would never vote on it.

That is wrong. It is probably unconstitutional. Any House Member who believes he or she can go home and say to their constituents: Well, I never voted for the Senate-passed bill is, frankly, not going to get away with it because, by voting for the rule, they will have voted for the Senate-passed bill.

It seems to me this is the time for principled Members of the House of Representatives to stand and say: Enough. I may even somewhat like what we are trying to do with this health care legislation, but somebody has to stand for principle, and principle means, at a minimum, voting for legislation that you send to the President for his signature—not standing behind a rule which deems legislation to have been passed, even though it was never separately voted on.

It seems to me, first of all, we should make it crystal clear we will make this famous to the American people, if in fact they decide to use this process—something that has never been used for a bill such as this before. This so-called deeming rule will become part of the lexicon of American political discourse, and people will come to know it, just like they did the House banking scandal and certain other things here in Washington, to represent a time period and a group of people who were willing to violate all rules of sensibility, of morality, as well as legality in order to try to accomplish ends that could not be accomplished in other ways.

Nobody who votes for this rule and then later claims they did not have anything to do with passing this Senate bill is going to be able to get away with that. The American people will understand it. Frankly, whether they are sympathetic to the underlying health care legislation, they are not going to be sympathetic to Members of the House of Representatives who decide to do this kind of end run, this sort of scheme to deem a bill passed that has never been separately voted on in that body.

I hope the health care legislation we have now debated for a year can stand or fall on its merits. The American people have made it clear they do not want this legislation. Twenty-five percent do, but seventy-three percent have said either stop altogether or stop and start over. That is what we should be doing. Because of this wave of opposition by our constituents, our colleagues in the House should not try to get around that by using a procedure that is totally inappropriate to the purpose.

The PRESIDING OFFICER. The Senator has spoken for 10 minutes.

Mr. KYL. Mr. President, might I make a parliamentary inquiry: Is there more time remaining on the Republican side?

The PRESIDING OFFICER. Fifty-one minutes.

Mr. KYL. Thank you, Mr. President.

What I would like to do, until Senator GRASSLEY arrives—I first ask unanimous consent to have printed in the RECORD a letter from Gov. Janice K. Brewer of Arizona, dated March 10, 2010, to President Barack Obama.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

EXECUTIVE OFFICE,
STATE OF ARIZONA,
Phoenix, AZ, March 10, 2010.

Hon. BARACK OBAMA,
President of the United States, The White House, Washington DC.

DEAR MR. PRESIDENT: We share common ground in that we have both been called to lead during some of the most difficult times our nation has faced. Like you, I hear painful stories on a regular basis from people who are struggling to survive.

Yet in their time of need, our state government is on the brink of insolvency.

During this downturn, Arizona has lost the largest percentage of jobs in the United States. The flagging economy has resulted in a loss of state revenues in excess of 30%, placing tremendous pressure on our state budget. Today, Arizona faces one of the largest deficits of any state.

There is no doubt that this fiscal calamity has been compounded by the enormous spending increases we are facing as a result of our Medicaid program, which has seen population growth of almost 20% in the past 12 months.

It is for that reason I write to you today.

You have repeated on several occasions that the debate on health care reform has consumed the past year and you most recently called on Congress to vote the measure “up or down”. As the Governor of a state that is bleeding red ink, I am imploring our Congressional delegation to vote against your proposal to expand government health care and to help vote it down.

The reason for my position is simple: we cannot afford it. And based on our state's own experience with government health care expansion, we doubt the rest of America can, either.

Arizona is one of a few states that have pursued health care policies similar to those that you are proposing for the nation. In 2000, Arizonans voted to provide health care coverage up to 100% of the federal poverty limit for all residents, including childless adults, through the expansion of the state's Medicaid program.

While the expansion resulted in a modest reduction in the state's uninsured rate, the voters did not earmark adequate funding for the expansion and, as a result, our expenditures have become unsustainable, exploding from \$3.0 billion to \$9.5 billion during the past decade. Based on our state's own experience with underfunded government health care programs, Arizona can serve as a case in point for what will happen across our nation if your proposal is enacted.

Even with generous and enhanced federal matches, as well as recognition as one of the country's best Medicaid models, the program today demands nearly one in five state dollars. As a result, we find ourselves even more limited in our ability to invest in other critical state services, such as education and public safety, not to mention job creation and other economic development activities.

Unfortunately, your proposal to further expand government health care does not fix the problem we face in Arizona. In fact, it makes our situation much worse, exacerbating our state's fiscal woes by billions of dollars. Following are some of Arizona's concerns:

Makes Arizonans pay twice to fund other states' expansions—Your proposal continues the inequities established in the Senate bill with regard to early expansion states. While there is some mention of additional funding for states that have already expanded coverage, it is clear it will not fully cover the costs we will experience as a result of the mandated expansion. Therefore, Arizona taxpayers will have the misfortune to pay twice: once for our program and then once more for the higher match for other states.

Makes states responsible for financing national health care—In addition, your proposal, as well as the Senate bill it is based on, effectively terminates the partnership that has existed with the states since the inception of Medicaid. For 28 years, Arizona and the federal government have been partners in administering the Medicaid program.

States have been provided with important flexibility to develop and create programs that work for their citizens. However, under your proposal, more power is centralized in Washington, DC, and the states become just another financing mechanism. Not only will states be forced to pay for this massive new entitlement program our ability to control the costs of our existing program will be limited. These policies are simply not sustainable, and will result in a greater burden on state budgets and state taxpayers.

Creates a massive new entitlement program our country cannot afford—Your proposal creates a vast new entitlement program that our country does not have the resources to support. Our nation faces trillion dollar deficits far into our future. Medicare has an unfunded liability of \$38 trillion, and physicians are destined to realize a 21 percent decrease in Medicare reimbursement until Congress finally accounts for the \$371 billion in additional costs associated with their rates.

Mr. President, I am concerned that Washington does not recognize the fiscal realities states are facing, and likely will continue to face, for several years to come. Our country is living beyond its means and the federal government is leading the way by its example.

As Governor, it has been a painful process to move the State towards fiscal sanity. I have even proposed a temporary revenue increase, something I have never done in my 28 years of public service, to help mitigate impacts to education, public safety, and health services for our most extremely vulnerable citizens. Though Arizona's budget deficit is not of my creation, I am firm in my determination and responsibility to resolve it. I believe we have a moral imperative as leaders to not bankrupt and diminish the capacity of future generations.

I understand that there are tremendous pressures to show some progress on health care given the time and effort that has been spent to date on this important issue. Indeed, improving access to quality health care is a laudable goal. However, the approach being taken by your administration has been proven by states like Arizona to be unsustainable in the long run.

Mr. President, I humbly request that you heed Arizona's experience and reconsider your proposed policies that will further strain already overburdened state budgets.

Thank you for your consideration, and for your tireless efforts on behalf of our citizens. Yours in service to our great nation.

Sincerely,

JANICE K. BREWER,
Governor.

Mr. KYL. Let me briefly describe the reason for this request.

Arizona is suffering, as are other States, from the economic downturn. We have an unemployment rate now that has more than doubled. In fact, it has gone from 3.6 percent in June of 2007 to 9.2 percent this month. Our State faces a \$1.4 billion shortfall in the current fiscal year and a \$3.2 billion shortfall for the next fiscal year, despite the fact that the Governor and the State legislature have imposed significant spending reductions.

State revenues are down by 34 percent. Notwithstanding this, over 200,000 Arizonans have enrolled in the State's Medicaid Program, known as AHCCCS—which is our Arizona health

Care Cost Containment System—just since the beginning of 2009. That is nearly 20,000 new enrollees every month. The last thing, given these kinds of numbers, Washington should be doing is making the States' economic or fiscal problems even worse. Yet that is exactly what Governor Brewer says the Senate health care bill would do because it would require every State to expand its Medicaid Program.

The Federal Government would foot the bill for 3 years. Then the States would have to help finance the expansion in 2017 and in subsequent years. She estimates the bill would increase the cost in Arizona by nearly \$4 billion over the next 10 years. Making matters worse, the early expansion States—States such as Arizona that have already expanded Medicaid to cover the uninsured, as I noted—will actually get fewer Federal dollars than the States that have not yet expanded their Medicaid Programs, in effect punishing those who have tried to do the right things—the exact things Democrats have wanted in the health care bill.

As she observed in her letter:

Arizona taxpayers will have the misfortune to pay twice: once for [Arizona's] program and then once more for the higher match for other states.

Additionally, States currently retain important flexibility in administering their Medicaid Programs so they are not caught off-guard as the economy changes. But as Governor Brewer notes, that flexibility would be eliminated under the Senate bill. She says:

Under your proposal, more power is centralized in Washington, DC, and the states just become another financing mechanism. Not only will states be forced to pay for this massive new entitlement program, but our ability to control the costs of our existing program will be limited. These policies are simply not sustainable, and will result in a greater burden on state budgets and state taxpayers.

Mr. President, since I put the letter in the RECORD, I will not reflect further on it but note the fact that this is yet one more reason for Members to oppose the Senate-passed bill in the House.

The PRESIDING OFFICER. The Senator from Iowa.

HIRE ACT

Mr. GRASSLEY. Mr. President, one of the provisions the Democratic leadership decided to put in this HIRE bill is the expansion of Build America Bonds. Build America Bonds is a very rich spending program; however, it is disguised as a tax cut. One Democratic Senator was asked why the Build America Bonds program is viewed differently than appropriations, and she replied: It has a good name.

Ironically, the Finance Committee is returning to its roots of doing appropriations bills. When our committee was established in 1816, the Finance

Committee handled the major appropriations bills that came before Congress.

Mr. President, I ask unanimous consent that a portion of the document outlining the history of the Finance Committee be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

This vote of no confidence proved a turning point in jurisdiction over tariff bills. . . . Beginning in 1834, all tariff bills were referred initially to the Finance Committee. The important Tariff Act of 1842 was handled by the Finance Committee, as were a number of minor bills in the decade following the Compromise Tariff of 1833.

In 1846, a bill to reduce tariffs was passed by the House and sent to the Senate on July 6. The Senate leaders wished to take the bill up on the Senate floor immediately; a motion to refer it first to the Finance Committee was narrowly defeated 24 to 22. After 6 weeks of floor debate, it was referred to the Finance Committee on July 27 by a 28 to 27 vote, with detailed specific instructions on what to report. The following day the committee asked to be discharged from further consideration of the bill. A motion to refer the bill to a special committee, with similar detailed instructions, was defeated 27 to 27 (with the Vice President opposing the motion), the bill was then passed with the Vice President voting for the bill, thereby breaking a tie vote of 27 to 27.

For the next decade, there was no serious challenge to the Finance Committee's jurisdiction over tariff measures. The tariff-reducing Tariff Act of 1857 was handled by the Finance Committee; an attempt to prevent referral of the 1861 Tariff Act to the Finance Committee was defeated, 29 to 27 (though subsequent to Finance Committee action, a select committee was appointed to consider the bill further).

Appropriation bills.—Though the Finance Committee was to become the major committee handling appropriations before the Civil War, this role was not established immediately upon the creation of the committee in 1816.

In the earliest years of the committee's existence, there were only three major appropriation bills to be considered each year: for the Army, for the Navy, and for the civil functions of Government. In the first session of the 14th Congress, while the Finance Committee was still a select committee, the Army appropriation bill was handled by the Select Committee on Military Affairs; the Navy appropriation bill was handled by the Select Committee on Naval Affairs; and the general Government appropriation bill was referred to a specially created select committee none of whose members served on the select Committee on Finance and an Uniform National Currency).

The next year, when the standing Committee on Finance was established it took over the responsibility for the Army and general Government appropriation bills. The Navy appropriation bill continued to be handled by the Committee on Naval Affairs until 1827 (with the exception of the 2 years 1821 and 1822), when the Finance Committee was assigned the bill.

One of the appropriation actions in the early years of the Senate Finance Committee related to the Louisiana purchase, which had been made in 1803. Of the \$15 million cost of the purchase, \$3.75 million was retained by the United States to pay claims

of U.S. citizens for damages incurred (mostly at sea at the hands of the French). The remaining \$11.25 million was provided in 6-percent bonds payable in four annual installments, from 1818 to 1821. Since Napoleon wanted cash rather than bonds, he sold them to two international bankers for about \$10.2 million. The bankers held the bonds until maturity: when they were paid, the Senate Finance Committee had jurisdiction over the appropriation bills. The total cost of the Louisiana purchase to the United States, including interest and American damage claims, was \$23.5 million less than 3 cents an acre for the entire territory.

New appropriation bills were not always referred to the Finance Committee. An annual bill appropriating funds for Revolutionary War pensions was first referred to the Committee on Pensions; not until 1830 was Finance Committee jurisdiction over appropriations for this purpose firmly established. Appropriations related to Indian treaties were first handled by the Committee on Indian Affairs; transfer of jurisdiction to the Finance Committee took several years, and it was not until 1834 that all Indian appropriation bills began to be referred to the Finance Committee.

From this time on, jurisdiction over appropriation bills remained virtually unchanged until the Civil War. The Finance Committee was given basic responsibility for appropriations, with the sole exception of public works appropriation bills (which were referred either to the Committee on Commerce or the Committee on Territories, depending on the location of the projects).

Mr. GRASSLEY. Bloomberg News reported that large Wall Street investment banks were charging 37 percent higher underwriting fees on Build America Bond deals than on other tax-exempt bond deals. Therefore, American taxpayers appear to be funding huge underwriting fees for large Wall Street investment banks as part of the Build America Bonds.

The Wall Street Journal article, dated March 10, 2010, stated, Wall Street investment banks have made over \$1 billion in underwriting fees on Build America Bonds in less than 1 year.

The Wall Street Journal article, based on data from Thomson Reuters, stated underwriting fees on Build America Bond deals are higher than those for tax-exempt bond deals. That sounds like a great deal for the high rollers on Wall Street. But how about the taxpayers back on Main Street America who have to pick up this tab?

The Democratic leadership has said the Build America Bonds program is about creating jobs. But I wish to know whether it is about lining the pockets of Wall Street executives.

Recently, I asked the CEO of a large Wall Street investment bank a number of questions about these larger underwriting fees that are subsidized by the American taxpayers. He confirmed that the underwriting fees for Build America Bond deals are larger than those of tax-exempt bond deals.

The Senate and House have recently passed different versions of the bill we are currently debating which includes

a provision that expands the Build America Bonds program created in the stimulus bill. One would assume it was just a temporary provision and extend that to four types of tax credit bonds. I will give those four types. Before I do, I remind my colleagues that this is another example that the word “temporary” does not apply to very many things in Washington, DC, because it does not take long for a temporary program to become a permanent program.

I talked about four types of tax credit bonds. They are the qualified school construction bonds, qualified zone academy bonds, clean renewable energy bonds, and qualified energy conservation bonds.

The Build America Bonds program contains an option for the issuer of bonds which is a nontaxpaying entity to receive a check from the Treasury Department based on a percentage of the interest cost incurred by the issuer. Some refer to this option as the direct pay option.

The percentage of the interest costs on the four tax credit bonds subsidized by the American taxpayers under the direct pay option in the Senate bill is a whopping 45 percent and is increased to 65 percent for small issuers. “Small issuers” are defined as those issuing less than \$30 million in bonds per year.

The House version increased the direct payment subsidy to 100 percent for qualified school construction bonds and qualified zone academy bonds, and increased the subsidy to 70 percent for clean renewable energy bonds and the qualified energy conservation bonds.

Let me put this in context.

The Build America Bonds program created in the stimulus bill contains a 35-percent direct pay subsidy, and the President has proposed in his fiscal year 2011 budget that it be lowered to 28 percent.

It was reported in the March 11, 2010, Bond Buyer article that a senior House staffer asserted that no issuers would opt to issue direct pay bonds under the lower Senate rates of 45 and 65 percent.

When I read that assertion, I asked the Finance Committee Republican staff to reconcile that assertion with the scoring of the Build America Bonds proposal in the Senate-passed bill.

The Republican staff of the Finance Committee reviewed the Joint Committee on Taxation’s final estimate of the Senate-passed bill and found that the senior House staffer’s assertion was directly contradicted by the estimate provided by the Joint Committee on Taxation, which everybody knows is the nonpartisan official scorekeeper for Congress on any tax matters. In fact, footnote 2 of the estimate of the Senate Build America Bonds provision states that the Joint Tax Committee’s estimate of the Senate direct pay bonds option includes an increase in outlays of—let’s say \$8 billion. This means the Joint Committee on Tax-

ation estimates assumed that a large number of issuers would elect to use the direct pay option, contrary to that House staffer’s assertion.

The Bond Buyer—that is a publication—the Bond Buyer also reported that the senior House staffer stated:

There is nobody that I know who does not view the Build America Bonds program as an enormous success, with the possible exception of one person.

I assume that staffer was referring to me. There are many Federal taxpayers who do not view the Build America Bonds program as an enormous success. To understand why, let’s see which States benefit the most from the Build America Bonds.

In looking at data from Thomson Reuters on the 10 largest Build America Bonds deals, California alone issues 73 percent of those bonds. Between California and New York, those two States alone issue 92 percent of the bonds from the 10 largest Build America Bonds deals. California and New York are the biggest winners under the Build America Bonds, while American taxpayers from the remaining 48 States subsidize these States.

As Senator KYL pointed out in his “Dear Colleague” letter on Build America Bonds circulated on March 15, the Build America Bonds program actually rewards States for having a riskier credit rating by giving them more money. Build America Bonds creates a perverse incentive that causes State and local governments to borrow more than they otherwise would borrow. This is especially true regarding the school tax credit bonds.

This bill creates incentives where States and local governments should not even care what the interest rate is. The American taxpayers are picking up 100 percent of the interest cost. Actually, the cost borne by the American taxpayers is, in fact, more than 100 percent. At least with tax credit bonds, the taxpayers include the amount of the tax credit in income and the Federal Government collects taxes on that income. The only purchasers of tax credit bonds are those who have tax liabilities; otherwise, it makes no sense to buy tax credit bonds. However, Build America bonds are technically taxable bonds. But most of the investors do not pay tax on these bonds.

For example, under our tax rules, if a foreign person or a pension fund or a tax-exempt entity buys a Build America Bond, they do not pay tax on the interest they receive. Thus, the Federal Government not only cuts a check for 100 percent of the bond’s interest cost, but it also loses most of the revenue it would have collected from the tax credit bonds.

State and local governments can view this Federal money as what it really is—free money—because they do not have to collect it from their residents. Therefore, of course, State and

local governments turn out to be very big fans of the Build America Bonds program. They get Federal money that they do not have to pay back. The large Wall Street investment banks love Build America Bonds. Why? Because they are getting richer off those bonds.

However, we all know there is no such thing as a free lunch. Washington is an island surrounded by reality. Consequently, everybody in this town thinks there are free lunches, and the common sense of the rest of the country has difficulty getting inside this island. It is our responsibility to point out that in this city, this District—the only real industry is government—you cannot have everybody in the wagon. In this town, everybody is in the wagon. Everybody outside the District is pulling the wagon. That cannot go on very long.

There is no such thing as a free lunch. Federal taxpayers are footing the bill for this big spending program, which only gets bigger every time Congress touches it. This legislation before us is just an example. As this program that started out as a little program in the stimulus bill—and presumably the word “stimulus” means temporary, doesn’t it? But this is not turning out to be temporary and it is not turning out to be small because it has just been enhanced greatly in the other body. The American taxpayers are the ones we ought to be looking out for, and a temporary program ought to be temporary and a stimulus program ought to be stimulus and nothing else. And here we are expanding it.

The American taxpayers are the ones who, in the words of the senior House staffer, do “not view the Build America Bonds program as an enormous success.”

I urge my colleagues to look beyond the fancy, well-funded lobbying campaign for this rich subsidy. Take a look at who wins. The winners are big Wall Street banks. Maybe a small number of governments will issue bonds they otherwise would not. Main Street is not helped very much by this program. The only certainty is that the Federal taxpayers are on the hook for the interest costs.

With record budget deficits under this Congress and administration, we cannot casually look away as new, open-ended subsidies are proposed.

I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

YUCCA MOUNTAIN

Ms. MURKOWSKI. Mr. President, last Wednesday, the Department of Energy submitted a motion to the Nuclear Regulatory Commission to withdraw its license application to construct a spent nuclear fuel and high-level radioactive waste repository at

Yucca Mountain. What was the latest rationale for this? Simply because we need it too much.

That might seem like creative interpretation on my part, but just last week, Secretary of Energy Steven Chu noted that due to the revival of the nuclear industry, Yucca Mountain's repository would hit its statutory capacity limit in the next several decades and would not meet future industry needs. Instead of moving forward with a permanent repository that billions of dollars have already been spent on and simply expanding the arbitrary limit the law puts on the size of the repository, spent nuclear fuel from commercial nuclear reactors will be stored on-site at over 100 locations across the country for at least the next several decades.

If we do have the nuclear revival that many of us believe is needed to reduce greenhouse gas emissions and meet our energy needs, the number of onsite storage locations across the country will only increase.

Not only is the Department of Energy seeking to withdraw its license application—and I am not absolutely convinced they have the authority to do so—they are seeking to withdraw it “with prejudice,” making it very difficult, if not impossible, to resurrect Yucca Mountain as a possible option for spent nuclear fuel and high-level radioactive waste, regardless of what future scientific and engineering advances may offer and regardless of what the administration's blue ribbon panel that is directed to consider all of the options may conclude.

In fact, the Department of Energy argues in its motion that “scientific and engineering knowledge on issues relevant to disposition of high-level waste and spent nuclear fuel has advanced dramatically over the 20 years since the Yucca Mountain project was initiated.”

Apparently, the Department is also arguing that scientific and engineering knowledge on the same issues will not advance any further over the next several decades to address issues with the Yucca Mountain site.

Setting the legal issues aside surrounding the Department's motion to withdraw, I wish to focus for a moment on what stopping work on the Yucca Mountain site will actually cost the American taxpayers.

Under the Nuclear Waste Policy Act of 1982, the Federal Government has a contractual obligation to collect spent nuclear fuel from individual nuclear powerplants starting in 1998. The government has clearly missed on that deadline.

According to the Department of Justice, the Federal Government has so far paid \$565 million in settlement costs for breaching this contract with the utilities. I say “so far” because the ultimate cost to the American tax-

payer we know is going to be much higher.

Utility companies have filed 71 cases in Federal court alleging the Department of Energy's delay in taking title to spent nuclear fuel is a breach of contract. Of those 71 lawsuits, 10 have now been settled, 6 were withdrawn, and 4 were fully litigated, resulting in the \$565 million in payments. Of the 51 cases that are outstanding, then, the judgment has been entered in 13 of those cases, putting government liability, so far—so far—for commercial spent nuclear fuel stored onsite between 1998 and 2007 at a cost of \$1.3 billion. And there remain another 38 cases for judgment to be entered on, so the amount of the liability for that timeframe is likely to increase significantly in the future. Keep in mind, this number does not take in account the level of liability for the increasing amount of spent nuclear fuel stored onsite from 2008 until the date when a permanent repository is opened, whenever that might be, nor do the costs include the \$24 million in attorney costs, \$91 million in expert funds, \$39 million in litigation support costs, or the thousands of hours the DOE and the NRC employees have already expended on this effort.

The Department of Energy estimates that the potential liability of the Federal Government to utilities will be \$12.3 billion—if the government starts taking title to the spent fuel by 2020, just 10 years from now. According to the CBO, the Congressional Budget Office, utility industry reports estimate that the claims will total \$50 billion. And both of these estimates were developed before the administration took steps to withdraw the Yucca application. So we have liability estimates of between \$12 billion and \$50 billion in taxpayer money—if a repository is opened and accepting spent fuels in the next 10 years. Keep in mind, it took us almost 30 years to get this far on Yucca Mountain. With the current administration shutting down all work on Yucca and beginning the search for a solution anew, it seems increasingly likely that the costs will greatly exceed the \$50 billion estimate.

At a time when we are already racking up trillions of dollars in debt for future generations, the administration has freely chosen—freely chosen—to incur additional future taxpayer liability in terms of tens of billions of dollars by withdrawing the Yucca Mountain repository license application because, in the words of Secretary Chu, “the statutory limit of Yucca Mountain would have been used up in the next several decades.”

So all Americans are on the hook for tens of billions of dollars because the Federal Government is in breach of its contract to take title to spent nuclear fuel. But it gets even better for those Americans whose utility gets some of

its electricity from nuclear power plants: You get to pay twice. In return for the Federal Government taking title to commercial spent nuclear fuel, the Nuclear Waste Policy Act established a nuclear waste fund to provide for the construction of a spent nuclear fuel and high-level radioactive waste repository. Utilities that operate under nuclear power reactors are charged a fee by the Secretary of Energy, and that fee is then deposited into the waste fund. The cost of that fee is passed on from the utility to the consumer. The utilities, and then hence their customers, contribute between \$750 million and \$800 million into the waste fund each year.

As of September 30, 2009, payments and interest credited to the fund totaled just over \$30 billion. That is a substantial amount of money. However, there are restrictions on what those funds can be used for. Funds from the nuclear waste fund may only be expended for the construction of a facility expressly authorized by the Nuclear Waste Policy Act or subsequent legislation. The only facility that meets this description is Yucca Mountain. Yet the Obama administration has shut down work on Yucca and filed a motion to withdraw its license application. So the natural question is, What happens to the money in the nuclear waste fund since it can't be spent on anything other than the construction of the Yucca Mountain repository? Well, the Nuclear Waste Policy Act directs the Secretary of Energy to adjust the fee paid by the utilities if the amount collected is insufficient or in excess of the amount needed to meet the cost of construction of the repository. It is hard to see how the \$24 billion balance in the fund is not sufficient to pay for work on a facility where no more work will ever occur.

Utilities have been suggesting that the fee be dispensed with, but Secretary Chu said that the collection will continue. So some ratepayers will continue to pay a higher electricity bill to contribute to a fund that no longer serves a purpose, at least until the courts should rule otherwise. If—or perhaps when—the courts order the reduction of the fee and the refund of the balances already paid into the fund, you can add the loss of over \$750 million in income to the Federal Government per year, as well as the refund of the \$30 billion already collected, to the taxpayers' debt.

Mr. President, I have focused on the impact stopping work at Yucca Mountain will have on the commercial operations and the individual taxpayer, but the license application withdrawal will also impact those 13 States that host Federal sites that hold high-level radioactive waste from the production of nuclear weapons dating back to the Manhattan Project. These are, most notably, Hanford, WA; Savannah River,

SC; and the National Engineering and Environmental Lab in Idaho. Just as utilities have sued the Federal Government for breach of contract, the decision to terminate Yucca should open the door to a lawsuit from a State such as Idaho, which has a court-approved agreement with the Department of Energy to remove nuclear waste from the State by the year 2035.

I am also concerned that in the administration's haste to suspend the work on Yucca Mountain, valuable scientific data will be lost—for example, as the Sustainable Fuel Cycle Task Force noted, long-term corrosion samples containing decades of information that is irreplaceable.

To quote the task force, they say:

Scientific information developed at considerable cost in the Yucca Mountain program should be preserved to assist in future repository development, wherever that may be.

I call upon the administration to preserve the data it has collected so far. I support moving forward with the Yucca Mountain license application, but if the motion to withdraw the application is successful, the knowledge and data received so far in the process will be valuable for future repository siting needs.

Mr. President, taxpayers are on the hook for tens of billions of dollars. Some are paying twice for a repository that is being taken off the table. States are left with Federal holding sites that contain high-level radioactive waste. Valuable scientific data is at risk of being lost forever. And all the administration can offer in return is a 2-year delay while a panel studies the issue and offers a report.

It is encouraging to hear the administration voice its support for the development of additional nuclear power and back those words with a request for greater loan guarantee funding. That is good. But in order to have support for new nuclear at a national level, there must be support among the communities which host existing nuclear powerplants. I am increasingly concerned that until we can resolve what to do with the back end of the nuclear fuel cycle, local support for nuclear will erode as questions about how long the spent fuel will be stored onsite persist.

With the withdrawal of the Yucca Mountain license application, we are essentially back to square one, and the American taxpayer will continue to pay the cost—without receiving any answers.

Mr. President, with that, I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Mr. President, am I correct that, procedurally, I am speaking in morning business?

The PRESIDING OFFICER. That is correct.

HEALTH CARE

Mrs. HUTCHISON. Mr. President, I rise today to speak on this health care reform bill that is purportedly going through the House right now. I just have to speak on it because it is so obvious that the American people do not want this bill, and yet now the Democrats seem to be pushing it through the House with these elaborate procedures. So I want to talk about it, as I know many others on this floor are doing and have done, because really the only way we can bring to the attention of the American people what is going on here is to talk about it—both process as well as substance.

The health care bill that passed this Senate last December, on Christmas Eve, was passed really under a cloud, and the American people immediately saw that big cloud on the horizon, for sure. The bill has been bandied around so much that the American people have finally come to the conclusion that what was passed was not in the best interest of America. So we are still debating this legislation, and the reason is the American people don't want this bill. Why do they not want it? They know it will do great harm to our economy—one-sixth of the whole economy of our country—and it is not going to significantly change the course of our Nation's spending on health care, nor is it going to add to its quality. The Senate bill is a failure in terms of resolving the concerns Americans have with our current health care system.

Most of us in this Chamber agree that the health care system today is not what it needs to be and that it is not sustainable. And we can probably agree on the causes—No. 1, health care costs are going up, and No. 2, a lot of people can't afford and don't have access to health care insurance. So limited access to affordable options and rising costs. But this bill makes it worse, not better.

The bill is so bad that the President and the leadership in Congress are going to use the unique budget procedure known as reconciliation to force additional health care measures through Congress. In fact, they are even talking about not actually passing the bill that passed the Senate—without any minority votes—in December, and they are talking about “passing it” by deeming it in the House, which means Members of the House won't actually vote on it, because it is so bad. Well, how much sense does that make?

The media is continuing to speculate about whether the Speaker of the House can secure the votes needed to pass the Senate bill as well as a new unseen, unknown additional bill that would change the bill that passed the Senate and take out some of its flaws. We haven't seen this new bill, either, and we are talking about getting it over on the Senate side next week.

Amid this media storm of speculation on whether a bill can be passed using reconciliation, we need to talk about why this bill represents the wrong approach to health care reform.

No. 1 is the cost of the bill. The bill costs more than \$2 trillion. Some may try to say it is actually less than that, but the truth is, there are 10 years of tax increases and 10 years of Medicare cuts to pay for 6 years of spending. Yes, that is right. The taxes start immediately, the Medicare cuts start immediately, and 4 years from now there will be presumed options for people to be able to have affordable health care. The true 10-year cost of this bill is \$2 trillion.

More taxes. The bill imposes 10 years of taxes—\$½ trillion of tax increases—most of which will start immediately or very shortly. More than \$100 billion in taxes on prescription drug companies, medical device manufacturers, and insurance companies is going to be levied. What do those taxes mean? Well, clearly, every study shows and every economist says those taxes will be passed on to individuals. They will be passed on to individuals in the form of higher cost for prescription drugs and higher cost of insurance premiums and medical devices. That all starts before we ever see any kind of affordable health care options.

I offered an amendment in the December debate that would say no taxes start until services are provided. I thought that was a pretty clear tax policy, one that maybe the American people would at least say: OK, at least it is fair; the taxes don't start until the services start.

Of course, my amendment was rejected. Now we have the bill that was passed which is 10 years of taxes for 6 years of services. There are taxes on those who cannot afford insurance, the higher of \$750 per individual or 2 percent of household income. That is the tax on people who do not purchase insurance. Employers are also hit with new taxes. The penalty could be as high as \$3,000 per employee under the Senate bill.

What will this do to small businesses, which create 70 percent of the new jobs in our country? In a letter sent to the majority leader, the Small Business Coalition for Affordable Health Care stated “with the new taxes, mandates, growth in government programs and overall price tag, the Patient Protection and Affordable Care Act,” the health care reform bill, “costs too much and delivers too little.”

That is pretty succinct, the Small Business Coalition speaking out and saying this bill costs too much and delivers too little. Small businesses are reeling. We are in a time when families are struggling to pay their mortgages, struggling to find a job, struggling to pay bills, and businesses are having a hard time, too, and they are not hiring.

What are we doing? Providing more burdens on small businesses and expecting them to hire more people. This is so counterintuitive that the American people certainly see what is happening.

Those are all the taxes. The other side is the cuts to Medicare. The Senate bill includes \$½ trillion in cuts to Medicare over 10 years, including \$135 billion in cuts to hospitals. The Medicare Program is unsustainable. The Chief Actuary of Medicare has said as much as 20 percent of Medicare's providers will either go out of business or will have to stop seeing Medicare beneficiaries. Millions of seniors, including those who have chosen Medicare Advantage, will lose the coverage they now enjoy. Medicare is being used as a piggy bank, and it needs every penny that has been deposited. We cannot reform all of the health care system on the backs of our seniors. Cuts to hospitals will threaten access for seniors.

We have been asking the leadership of Congress to scrap this bill and work with Republicans to achieve the reform that Americans want, reform that will reduce costs, increase competition, and improve access. This bill achieves none of that. I cannot understand why the President chose to base his proposal for reform on the Senate bill that was passed by the Senate, but the American people have consistently opposed it. Every poll shows the American people do not want the Senate bill. They saw it for what it was, a failure.

I hope the Members of Congress who are being cajoled into voting for this bill will listen to the American people. They do not want the government to take over their health care. They want affordable access, and that means we have to bring the costs down and give more options.

Let's talk about the right kind of reform, what Republicans are putting on the table: more choices. How about allowing small businesses to pull together so their risk pool is increased and costs are lowered; and create an online marketplace where the public can easily compare and select insurance plans. But it would be a marketplace that is free from mandates and government interference. The one that is in the Senate bill had so many mandates and so many requirements that the costs are going to be out of sight.

So what happens? In comes the government plan to supplant the new higher cost options because of all the taxes that have been put on the companies that are trying to provide health care.

No. 2, how can we reduce costs and lower expenses? For one thing, we could reform our litigious system of tort law that punishes doctors and hospitals. It drives physicians away from the practice of medicine. Tort reform alone could save at least \$54 billion. That is the low end of the projections of what tort reform could save.

No. 3, we could lower the cost to taxpayers by giving tax incentives to encourage the purchase of health insurance. We do not have to have a government takeover, and we don't have to have new taxes. Let's give incentives, tax breaks for individuals and families who will buy health insurance. We will help them have affordable access. Senator DEMINT and I have a bill that would offer a voucher to families: \$5,000 for a family to purchase their own health insurance, to go on the exchange, to determine what they can afford, to determine what their needs are, and it is not tied to their employer so it is portable, so it is theirs and they own it. No preexisting conditions would ever keep them from having that policy again, and they could take it to whatever employer they decided to work for. They would not be tied to employment for health care coverage.

These are options the Republicans have given to the majority to ask them to consider in a bill that would reform health care in the right way.

I urge my colleagues to listen to their constituents. Their constituents are speaking in volumes at a time when we are seeing political games being played on the House side to strong-arm people to vote for a bill that their constituents do not want, and then they are going to send it over to the Senate with a new bill that is going to, supposedly, correct the problems in the Senate bill—except that we will still have the taxes, we will still have the increased costs, we will still have the cuts to Medicare. All of that will remain. It is a flawed bill.

Please, Members of Congress, listen to your constituents and let's start again and do this right. That is what the American people are asking for. It is the least that we owe them: not to pass a bill that is going to destroy one-sixth of the American economy and take away the choices that Medicare patients have, cut the services of Medicare, and tax every employer and every family whether they have not enough health insurance, no health insurance, or too much health insurance. They are going to be taxed no matter which way they go. That is not health reform. That is a government takeover of a system that needs improvement, but not killing.

Mr. President, I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15.

Thereupon, the Senate, at 12:39 p.m., recessed until 2:15 and reassembled

when called to order by the Presiding Officer (Mr. BEGICH).

TAX ON BONUSES RECEIVED FROM CERTAIN TARP RECIPIENTS

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 1586, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 1586) to impose an additional tax on bonuses received from certain TARP recipients.

Pending:

Rockefeller amendment No. 3452, in the nature of a substitute.

Sessions/McCaskill modified amendment No. 3453 (to amendment No. 3452), to reduce the deficit by establishing discretionary spending caps.

Lieberman amendment No. 3456 (to amendment No. 3452), to reauthorize the DC opportunity scholarship program.

Vitter amendment No. 3458 (to amendment No. 3452), to clarify application requirements relating to the coastal impact assistance program.

DeMint amendment No. 3454 (to amendment No. 3452), to establish an earmark moratorium for fiscal years 2010 and 2011.

Feingold amendment No. 3470 (to amendment No. 3452), to provide for the rescission of unused transportation earmarks and to establish a general reporting requirement for any unused earmarks.

The PRESIDING OFFICER. The Senator from Arizona.

AMENDMENTS NOS. 3472, 3475, 3527, AND 3528 TO AMENDMENT NO. 3452

Mr. McCain. Mr. President, I ask unanimous consent to set aside the pending amendment and that I be allowed to call up four amendments that are at the desk. They are amendment No. 3472, Amendment No. 3475, an amendment that has been at the desk on FAA reauthorization and—they are all at the desk—and the fourth concerns the Federal Aviation Administration finance proposal for development and implementation of technology for the Next Generation Air Transportation System.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the amendments.

The legislative clerk read as follows:

The Senator from Arizona [Mr. McCain] proposes amendments en bloc numbered 3472, 3475, 3527, and 3528 to amendment No. 3452.

Mr. McCain. Is amendment No. 3528 on the Grand Canyon National Park?

The PRESIDING OFFICER. Yes, it is. The amendments are as follows:

AMENDMENT NO. 3472

(Purpose: To prohibit the use of passenger facility charges for the construction of bicycle storage facilities)

On page 29, after line 21, insert the following:

SEC. 207(b) PROHIBITION ON USE OF PASSENGER FACILITY CHARGES TO CONSTRUCT BICYCLE STORAGE FACILITIES.—Section 40117(a)(3) is amended—

(1) by redesignating subparagraphs (A) through (G) as clauses (i) through (vii);

(2) by striking “The term” and inserting the following:

“(A) IN GENERAL.—The term”; and

(3) by adding at the end the following:

“(B) BICYCLE STORAGE FACILITIES.—A project to construct a bicycle storage facility may not be considered an eligible airport-related project.”.

AMENDMENT NO. 3475

(Purpose: To prohibit earmarks in years in which there is a deficit)

At the end, insert the following:

SEC. ____ . EARMARKS PROHIBITED IN YEARS IN WHICH THERE IS A DEFICIT.

(a) IN GENERAL.—It shall not be in order in the Senate or the House of Representatives to consider a bill, joint resolution, or conference report containing a congressional earmark or an earmark attributable to the President for any fiscal year in which there is or will be a deficit as determined by CBO.

(b) CONGRESSIONAL EARMARK.—In this section, the term “congressional earmark” means the following:

(1) A congressionally directed spending item, as defined in Rule XLIV of the Standing Rules of the Senate.

(2) A congressional earmark for purposes of Rule XXI of the House of Representatives.

(c) WAIVER AND APPEAL.—

(1) WAIVER.—This section may be waived or suspended in the Senate only by the affirmative vote of three-fifths of the Members, duly chosen and sworn.

(2) APPEALS.—Appeals in the Senate from the decisions of the Chair relating to any provision of this section shall be limited to 1 hour, to be equally divided between, and controlled by, the appellant and the manager of the bill or joint resolution, as the case may be. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

AMENDMENT NO. 3527

(Purpose: To require the Administrator of the Federal Aviation Administration to develop a financing proposal for fully funding the development and implementation of technology for the Next Generation Air Transportation System)

On page 84, between lines 21 and 22, insert the following:

SEC. 319. REPORT ON FUNDING FOR NEXTGEN TECHNOLOGY.

Not later than 90 days after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration shall submit to Congress a report that contains—

(1) a financing proposal that—

(A) uses innovative methods to fully fund the development and implementation of technology for the Next Generation Air Transportation System in a manner that does not increase the Federal deficit; and

(B) takes into consideration opportunities for involvement by public-private partnerships; and

(2) recommendations with respect to how the Administrator and Congress can provide operational benefits, such as benefits relating to preferred airspace, routings, or runway access, for air carriers that equip their aircraft with technology necessary for the operation of the Next Generation Air Transportation System before the date by which the Administrator requires the use of such technology.

AMENDMENT NO. 3528

(Purpose: To provide standards for determining whether the substantial restoration of the natural quiet and experience of the Grand Canyon National Park has been achieved and to clarify regulatory authority with respect to commercial air tours operating over the Park)

At the end of title VII, add the following:

SEC. 723. OVERFLIGHTS IN GRAND CANYON NATIONAL PARK.

(a) DETERMINATIONS WITH RESPECT TO SUBSTANTIAL RESTORATION OF NATURAL QUIET AND EXPERIENCE.—

(1) IN GENERAL.—Notwithstanding any other provision of law, for purposes of section 3(b)(1) of Public Law 100-91 (16 U.S.C. 1a-1 note), the substantial restoration of the natural quiet and experience of the Grand Canyon National Park (in this subsection referred to as the “Park”) shall be considered to be achieved in the Park if, for at least 75 percent of each day, 50 percent of the Park is free of sound produced by commercial air tour operations that have an allocation to conduct commercial air tours in the Park as of the date of the enactment of this Act.

(2) CONSIDERATIONS.—

(A) IN GENERAL.—For purposes of determining whether substantial restoration of the natural quiet and experience of the Park has been achieved in accordance with paragraph (1), the Secretary of the Interior (in this section referred to as the “Secretary”) shall use—

(i) the 2-zone system for the Park in effect on the date of the enactment of this Act to assess impacts relating to subsectional restoration of natural quiet at the Park, including—

(I) the thresholds for noticeability and audibility; and

(II) the distribution of land between the 2 zones; and

(ii) noise modeling science that is—

(I) developed for use at the Park, specifically Integrated Noise Model Version 6.2;

(II) validated by reasonable standards for conducting field observations of model results; and

(III) accepted and validated by the Federal Interagency Committee on Aviation Noise.

(B) SOUND FROM OTHER SOURCES.—The Secretary shall not consider sound produced by sources other than commercial air tour operations, including sound emitted by other types of aircraft operations or other noise sources, for purposes of—

(i) making recommendations, developing a final plan, or issuing regulations relating to commercial air tour operations in the Park; or

(ii) determining under paragraph (1) whether substantial restoration of the natural quiet and experience of the Park has been achieved.

(3) CONTINUED MONITORING.—The Secretary shall continue monitoring noise from aircraft operating over the Park below 17,999 feet MSL to ensure continued compliance with the substantial restoration of natural quiet and experience in the Park.

(4) DAY DEFINED.—For purposes of this subsection, the term “day” means the hours between 7:00 a.m. and 7:00 p.m.

(b) REGULATION OF COMMERCIAL AIR TOUR OPERATIONS.—Commercial air tour operations over the Grand Canyon National Park Special Flight Rules Area shall continue to be conducted in accordance with subpart U of part 93 of title 14, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act), except as follows:

(1) CURFEWS FOR COMMERCIAL FLIGHTS.—The hours for the curfew under section 93.317 of title 14, Code of Federal Regulations, shall be revised as follows:

(A) ENTRY INTO EFFECT OF CURFEW.—The curfew shall go into effect—

(i) at 6:00 p.m. on April 16 through August 31;

(ii) at 5:30 p.m. on September 1 through September 15;

(iii) at 5:00 p.m. on September 16 through September 30;

(iv) at 4:30 p.m. on October 1 through October 31; and

(v) at 4:00 p.m. on November 1 through April 15.

(B) TERMINATION OF CURFEW.—The curfew shall terminate—

(i) at 8:00 a.m. on March 16 through October 15; and

(ii) at 9:00 a.m. on October 16 through March 15.

(2) MODIFICATIONS OF AIR TOUR ROUTES.—

(A) DRAGON CORRIDOR.—Commercial air tour routes for the Dragon Corridor (Black 1A and Green 2 routes) shall be modified to include a western “dogleg” for the lower ½ of the Corridor to reduce air tour noise for west rim visitors in the vicinity of Hermits Rest and Dripping Springs.

(B) ZUNI POINT CORRIDOR.—Commercial air tour routes for the Zuni Point Corridor (Black 1 and Green 1 routes) shall be modified—

(i) to eliminate crossing over Nankoweap Basin; and

(ii) to limit the commercial air tour routes commonly known as “Snoopy’s Nose” to extend not farther east than the Grand Canyon National Park boundary.

(C) PERMANENCE OF BLACK 2 AND GREEN 4 AIR TOUR ROUTES.—The locations of the Black 2 and Green 4 commercial air tour routes shall not be modified unless the Administrator of the Federal Aviation Administration determines that such a modification is necessary for safety reasons.

(3) SPECIAL RULES FOR MARBLE CANYON SECTION.—

(A) FLIGHT ALLOCATION.—The flight allocation cap for commercial air tour operations in Marble Canyon (Black 4 route) shall be modified to not more than 5 flights a day to preserve permanently the high level of natural quiet that has been achieved in Marble Canyon.

(B) CURFEW.—Commercial air tour operations in Marble Canyon (Black 4 route) shall be subject to a year-round curfew that enters into effect one hour before sunset and terminates one hour after sunrise.

(C) ELIMINATION OF COMMERCIAL AIR TOUR ROUTE.—The Black 5 commercial air tour route for Marble Canyon shall be eliminated.

(4) CONVERSION TO QUIET AIRCRAFT TECHNOLOGY.—

(A) IN GENERAL.—All commercial air tour aircraft operating in the Grand Canyon National Park Special Flight Rules Area shall be required to fully convert to quiet aircraft technology (as determined in accordance with appendix A to subpart U of part 93 of title 14, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act)) by not later than the date that is 15 years after the date of the enactment of this Act.

(B) INCENTIVES FOR CONVERSION.—The Secretary and the Administrator of the Federal Aviation Administration shall provide incentives for commercial air tour operators that convert to quiet aircraft technology before the date specified in subparagraph (A), such as—

(i) reducing overflight fees for those operators; and

(ii) increasing the flight allocations for those operators.

(5) HUALAPAI ECONOMIC DEVELOPMENT EXEMPTION.—The exception for commercial air tour operators operating under contracts with the Hualapai Indian Nation under section 93.319(f) of title 14, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act) may not be terminated, unless the Administrator of the Federal Aviation Administration determines that terminating the exception is necessary for safety reasons.

(c) FLIGHT ALLOCATION CAP.—

(1) PROHIBITION ON REDUCTION OF FLIGHT ALLOCATION CAP.—Notwithstanding any other provision of law, the allocation cap for commercial air tours operating in the Grand Canyon National Park Special Flight Rules Area in effect on the day before the date of the enactment of this Act may not be reduced.

(2) RULEMAKING TO INCREASE FLIGHT ALLOCATION CAP.—Not later than 180 days after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration shall issue a notice of proposed rulemaking that—

(A) reassesses the allocations for commercial air tours operating in the Grand Canyon National Park Special Flight Rules Area in light of gains with respect to the restoration of natural quiet and experience in the Park;

(B) makes equitable adjustments to those allocations, subject to continued monitoring under subsection (a)(3); and

(C) facilitates the use of new quieter aircraft technology by allowing commercial air tour operators using such technology to petition the Federal Aviation Administration to adjust allocations in accordance with improvements with respect to the restoration of natural quiet and experience in the Park resulting from such technology.

(3) INTERIM FLIGHT ALLOCATIONS.—

(A) IN GENERAL.—Until the Administrator issues a final rule pursuant to paragraph (2), for purposes of the allocation cap for commercial air tours operating in the Grand Canyon National Park Special Flight Rules Area—

(i) from November 1 through March 15, a flight operated by a commercial air tour operator described in subparagraph (B) shall count as $\frac{1}{2}$ of 1 allocation; and

(ii) from March 16 through October 31, a flight operated by a commercial air tour operator described in subparagraph (B) shall count as $\frac{3}{4}$ of 1 allocation.

(B) COMMERCIAL AIR TOUR OPERATOR DESCRIBED.—A commercial air tour operator described in this subparagraph is a commercial air tour operator that—

(i) operated in the Grand Canyon National Park Special Flight Rules Area before the date of the enactment of this Act; and

(ii) operates aircraft that use quiet aircraft technology (as determined in accordance with appendix A to subpart U of part 93 of title 14, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act)).

(d) COMMERCIAL AIR TOUR USER FEES.—Notwithstanding section 4(n)(2)(A) of the Land and Water Conservation Fund Act of 1965 (16 U.S.C. 460l-6a(n)(1)(2)(A)), the Secretary—

(1) may establish a commercial tour use fee in excess of \$25 for each commercial air tour aircraft with a passenger capacity of 25 or less for air tours operating in the Grand Canyon National Park Special Flight Rules

Area in order to offset the costs of carrying out this section; and

(2) if the Secretary establishes a commercial tour use fee under paragraph (1), shall develop a method for providing a significant discount in the amount of that fee for air tours that operate aircraft that use quiet aircraft technology (as determined in accordance with appendix A to subpart U of part 93 of title 14, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act)).

AMENDMENT NO. 3475

Mr. MCCAIN. I would like to discuss all four amendments briefly. The first is the prohibition on earmarks in years in which there is a deficit. I have been pleased and somewhat surprised over the past week to hear about the renewed bipartisan interest in banning earmarks. I am thankful for the attention and I welcome the House Democratic leadership to the fight against earmarks.

According to last Thursday's Washington Post:

Facing an election year backlash over runaway spending and ethics scandals, House Democrats moved Wednesday to ban earmarks for private companies, sparking a war between the parties over which would embrace the most dramatic steps to change the way business is done in Washington.

I was pleased to see that the Speaker of the House and the chairman of the House Appropriations Committee have recognized earmarks for what they are: a corrupting influence that should not be tolerated in these times of fiscal crisis.

I applaud my Republican colleagues in the House and Senate, especially Senators Coburn and DeMint, who have called for a year-long moratorium on all earmarks. I fully support and join them in those efforts, but I think we need to do more.

We need a complete ban on earmarks until our budget is balanced and we have eliminated our massive deficit. This amendment promises to do just that. I encourage my colleagues to join me in this effort. It is what the American people want. We have an obligation to give it to them.

I am pleased to be joined by my good friend from Indiana, Senator BAYH.

AMENDMENT NO. 3472

The next amendment I would like to discuss very quickly is that no funds from the passenger facility fee could be used to construct bike storage facilities at airports.

As many know, the passenger facility fee is assessed on every ticket for any flight. Currently, this fee is \$4.50 per flight. During these very difficult economic times for most Americans, the bill from the House raises this fee to \$7 and indexes it to inflation. It is frustrating, but it is more frustrating that taxes and fees make up as much as 25 percent of every passenger's airline ticket.

I think most airline passengers would agree with me that they would rather

see more improvements to ensure faster travel times and safer departures and arrivals.

The Atlanta Journal Constitution reported earlier this year, on January 14, 2010, that \$1.5 million of passenger facility fees were used for a "function art project of glass panels laminated with patterns of tree bark."

It sounds beautiful, but I know most Americans want these excessive fees and charges to be used effectively and for the goal that Congress intended: to improve safety and performance.

AMENDMENT NO. 3527

On the issue of the amendment concerning moving Next Generation air traffic control forward, this amendment would require the FAA to report back to Congress in 90 days with proposals for innovative financing mechanisms to further the deployment and implementation of a modernized air traffic control system known as NextGen.

Specifically, the report requires these innovative financing proposals to not increase our Federal deficit and consider public-private partnerships. As the distinguished chairman of the committee knows all so well, modernizing our outdated air traffic control system will positively impact all Americans by decreasing airport delays, improving the flow of commerce, and advancing our Nation's air quality by reducing aircraft carbon emissions.

Every day Americans sit on a runway and miss meetings, children's soccer games, family dinners, and other important events due to air traffic delays that could have been avoided if our Nation had a modernized air traffic control system.

Thousands of goods are delayed for delivery each year due to air traffic delays which results in more than \$40 billion in costs each year that are passed on to consumers, according to the Joint Economic Committee.

The Government Accountability Office estimates that one in every four flights in the United States of America is delayed. The airlines have called our air traffic control system "an outdated World War II radar system."

The FAA's Next Generation Air Transportation System, NextGen, will transform the current ground-based radar air traffic control system to one that uses precision satellites, digital network communications, and an integrated weather system.

Moving from a ground-based to a satellite-based system will enable more flights to occupy the same airspace, meaning the ontime performance improvements would be a reality, and would triple the aircraft capacity according to airlines. However, the administration and Congress have not provided adequate funding toward air traffic control modernization, and instead continue to fund billions of dollars of earmarks. The FAA estimates it

will cost up to \$42 billion to implement a modern air traffic control system.

Congress appropriated \$188 million for air traffic control modernization in 2008, and \$638 million in 2009, then another \$358 million in the fiscal year 2010 Department of Transportation appropriations bill. However, that same bill dedicated \$1.7 billion on transportation earmarks. We have to stop spending billions of dollars and instead cut spending or at least spend taxpayers' dollars on worthy projects.

Again, I would like to thank the chairman of the committee for his efforts over many years on FAA modernization. There is no doubt the airlines are right when they describe our air traffic control system as "an outdated World War II radar system."

It is a shame that all of these years we have had attempts that failed and wasted billions of dollars in our efforts to modernize the air traffic control system, and we have failed. But we have to redouble our efforts.

As we expect the economy to recover, there will be more aircraft flying in crowded airspace. There will be a more dangerous situation unless we modernize our air traffic control system.

AMENDMENT NO. 3528

The final amendment I have is to provide standards for determining whether the substantial restoration of the natural quiet and experience of the Grand Canyon National Park has been achieved, and to clarify regulatory authority with respect to commercial air tours operating over the park.

I see my colleagues waiting, and I will not take a lot of time on this amendment. But I would like to mention to my colleagues that it was approximately 25 years ago that I proposed legislation to restore natural quiet in the great experience over the Grand Canyon National Park.

All of these years have intervened and there still have not been regulations written to implement that legislation. All of us share the same goal. We have been able to sit down, with the help of the majority leader's office, Senator ENSIGN's office, Senator KYL's office, and others to try to make progress on this important issue.

I think we have brought all parties together. I think there is consensus. So I am hoping that we will be able to adopt this amendment without further disagreement. It is important that we restore the natural quiet and experience of the Grand Canyon National Park. At the same time, it is also very important that people from all over the world have the opportunity to enjoy one of the great and magnificent experiences that any person can have; that is, to view the Grand Canyon from the air as well as from the ground.

I think this legislation represents that careful balance. I thank Senator REID and Senator ENSIGN and Senator KYL for their efforts in crafting this

legislation. It is time we acted. I appreciate the indulgence of my colleagues.

I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. ROCKEFELLER. Mr. President, I would say to the good Senator from the State of Arizona that we have a number of amendments that are already more or less agreed to. More amendments are coming in, including several that he has mentioned. We want a chance to look at those to see whether those are—I heard one amendment, for example, that sounded pretty easy to do.

The earmark amendment, I actually—I am not dissing this, but I just cannot resist but point something out; that is, on earmarks, this would ban earmarks for the foreseeable future. Let me redefine that.

In the last 71 years, the Congress of the United States has not had a budget deficit in only 13 years. So you can see for the foreseeable future it is sort of a large matter. Nevertheless, we welcome the chance to look at that and work on it.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. MENENDEZ. Mr. President, I rise to talk about two issues. First, I will talk about the pending business before the Senate, which is the FAA reauthorization, in a moment. I certainly want to commend my dear friend and colleague, the distinguished chairman of the Commerce Committee, for what he has done in bringing the reauthorization to the floor and the manner in which he has fashioned it.

This is an opportunity to create 150,000 jobs, modernize our system for this 21st century, save millions of gallons of fuel that get spent under a system that is antiquated, and people sitting in planes just idling, and \$9 billion in lost revenue to the Nation as a result of an antiquated system. All of this will be dealt with, with the FAA reauthorization.

But before I get to that I want to speak for a moment on an item that we will be voting on tomorrow which is critically important to make sure we put the Nation back to work, the HIRE Act. One of those items I believe is incredibly important that has been getting the wrong view here is the question of the Build America Bonds. It is one that has been debated quite a bit on the Senate floor the last couple of times we have been in session. My view is that these bonds have been one of the most successful pieces of the economic recovery package passed last year. They have helped to finance nearly \$80 billion in economic development projects in all 50 States.

Those are projects that are a win-win for America. By helping States and local governments finance vital public infrastructure projects, we are putting

Americans back to work; building better, stronger communities, better schools, retooling our infrastructure, and preparing for the new economy. That is what makes the Build America Bonds so effective. By lowering borrowing costs, these bonds incentivize investments in our communities across America. This gives State and local entities resources to fund badly needed projects, projects from which we all benefit.

These bonds have been a resounding success. As a matter of fact, in a November article by Stephen Gandel that appeared on time.com, it ran under this headline: "A Stimulus Success: Build America Bonds Are Working."

In this article, Amy Resnick, the editor in chief of a publication which follows bond markets, was quoted as saying: "It's clearly been a success as a means of stimulating the economy."

When we talk about stimulating the economy, ultimately we are talking about putting Americans back to work. The bill we have before us, that we will vote on tomorrow, expands this successful program to allow issuers of school construction and energy project bonds to convert these tax credit bonds into a Build America Bond. Seems like a rather simple provision to me, a commonsense provision that says if it has been successful, why not expand on it. If we can stimulate needed construction for schools and communities across America, if we have a proven way to promote putting people to work on critical energy projects, why wouldn't we do it?

Some of my Republican friends say they want to work on job creation, but I find it ironic that on one hand they speak about creating jobs, but on the other hand they criticize Build America Bonds for "doing too much" to create jobs and facilitate investment in vital public projects in communities across America.

You can't have it both ways. You can't blame the majority for not focusing on job creation while criticizing one of the most successful programs as having done too much. At a time of 10 percent unemployment, the question is not are we helping our communities too much; rather, the fundamental question the Congress must be focused on is how do we create more investment so we can create more jobs so that we can put more Americans back to work. The lessons of history are important. Build America Bonds, the jobs they create, the good they do, underscore some of the historic differences between this side of the aisle and the other. History tells us that in difficult economic times, creating badly needed jobs for families struggling to make ends meet strengthens the economy and helps us rebuild a better future.

In the Great Depression, Franklin Roosevelt understood the need for government to step in and create jobs. He

rebuilt America's rusted old 19th century infrastructure, retooled old systems and prepared the Nation for the 20th century. History has a way of repeating itself. We should not ignore it. We should instead learn from it, learn from our great successes so we don't repeat our worst failures. A proactive government creating a jobs agenda and putting people back to work during the New Deal and rebuilding our infrastructure was one of those successes. On the other hand, a static government doing nothing to create jobs in the face of massive unemployment, as Herbert Hoover did, was one of our worst failures.

The lesson of history is clear. If we are too shortsighted to repeat the things that work, we are doomed to repeat the things that failed.

Finally, on the second issue and the pending issue before the Senate, we need this FAA reauthorization bill because it will create jobs, over 150,000. It will reduce congestion, that \$9 billion lost for America by airplanes idling and people not being productive at work as they try to get to their business appointments and others who get lost along the way in terms of the time lost being with their families and friends. It also improves safety, which should be job 1. It will invest in infrastructure that will get more people to their destinations on two words we want to hear more and more, as the chairman is trying to make happen: On time.

It will address several essential safety issues related to oversight, pilot training, pilot safety, and pilot fatigue after the tragic Colgan Air crash last year in Buffalo. This bill takes several steps to ensure that, 1, an extremely high level of safety exists throughout the entire transportation system. It protects passengers from being stranded on the tarmac like those at Stewart Airport in New York who sat on a plane that ran out of food. Things got so bad that each passenger was given four potato chips and half a cup of water. That is simply ridiculous and unacceptable. This bill will put an end to these stories by requiring each airline to provide adequate provisions to stranded planes and give all passengers the right to deplane after 3 hours, if not sooner.

I salute Senator ROCKEFELLER and the members of the Commerce Committee who have worked to bring this important bill to the floor.

There are some things I hope we have offered that will be accepted into a managers' amendment. I look forward to some opportunities. We have something called the Clear Airfares Act. I believe when you buy a ticket, you should have the right to know what you are paying for. Anything short of that is simply unfair. My amendment No. 3506 would require airlines to be upfront with their fees so consumers

can make an informed decision. It seems as though the airlines never have met a fee they do not like. These are some of them. We have two easels here to try to make the case. It is rather busy, but this gives you a sense to these two chart that lay out 13 common airline fees that 18 different airlines assign—fees for ordering tickets by phone, fuel surcharges, for traveling with a pet. Last year they invented a new fee. It is called the holiday fee. Because these fees don't appear alongside a ticket's base airfare, consumers have little idea of how much the ticket will eventually cost them.

I brought an example we worked on to dramatize what we are talking about here. Airline A's ticket from BWI to La Guardia appears to be \$2 cheaper than airline B's ticket, \$223.50 compared to \$225.40. But then come the hidden fees. Airline A charges you \$120 round trip to check two bags plus an additional \$200 to travel with a pet. By contrast, airline B allows you to check two bags for free and charges you \$150 to travel with a pet. The end result, when you add up the fees, what appeared to be the least expensive ticket for the same exact flight is actually \$150 more expensive. My amendment shines a light on airline fees and surcharges so consumers have an accurate picture about what their trip is likely to cost them. We hope the committee will accept that.

We also have an amendment on focused flying which was written in response to the flight that flew 150 miles beyond its destination, allegedly because the pilots were too distracted to notice the airport. I am pleased. Working with the committee and Senator DORGAN, we were able to include language in the underlying bill that would prohibit unnecessary electronic devices from the cockpit. However, it is important we look at all pilot distractions. Our amendment calls for the FAA to conduct a study on the broader issue of distractive flying and its impact on flight safety.

The last amendment I have filed would require the FAA to monitor the air noise impacts of New Jersey, New York, and Philadelphia airspace redesign and simply provide the data to the public. I have not been supportive of the airspace redesign in part because it was done in such a way where noise impacts are rather severe. Now that the redesign is being implemented, the public has a right to know what consequences there are in that redesign and that some level of transparency should be provided to the flying public and the communities affected.

Lastly, I look forward to what I hope is an end product, as we move through this Chamber and have a conference, that no longer makes it tougher for some workers to organize unions than others who do the same work. I believe the rules should be applied evenly

across the board. Unions help improve safety standards which not only benefit workers, they touch all of us who drive on the roads and fly in the skies. I hope the ultimate result will create that opportunity. It is time we finally pass the FAA reauthorization. It will create jobs. It will make our flying experience safer. It will make it more efficient. We will save money in our economy.

I look forward to working with Chairman ROCKEFELLER to make the bill one we can continue to be proud of as we fly the skies of our country.

I yield the floor.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. ROCKEFELLER. Mr. President, I compliment the Senator from New Jersey who is complimented far too little for doing so many good things but did a lot of them on the floor this afternoon. I appreciate what he said which is not related to aviation, about the school bond. It makes an enormous difference. It has been changed a bit to make it more effective at the State level. I appreciate the fact that he said that. And the points he made with respect to some of the amendments to the aviation bill seemed to make a lot of sense. The last one may cause some discussion, but I know the Senator and I know what is in his heart. He always speaks the truth.

Mr. MENENDEZ. I thank my distinguished colleague and chairman for his remarks and observations. We look forward to working with the committee to achieve some of these things and to achieve ultimate success with him at the end of the day.

Mr. ROCKEFELLER. You could join the Commerce Committee. You are right up there in the leadership. I respect everything the Senator from New Jersey does.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DORGAN. Mr. President, I have just visited with Senator ROCKEFELLER. Of course, we, along with Senator HUTCHISON, are trying to pass an FAA reauthorization bill, which is not as easy as it sounds. This is not one of the most controversial or difficult or passionate issues that divide America. We have plenty of those issues around. But this is about modernizing our air traffic control system, about reauthorizing the Airport Improvement Program, improving air safety—a wide range of issues. Still, anything that is brought to the floor of the Senate these days slows down—way, way, way down—and that is the case with this

bill as well. I have described it as similar to trying to walk through wet cement to try to get something through the Congress.

We have amendments pending dealing with school vouchers, putting discretionary caps on budgets, earmark reform—things that have very little or in most cases nothing to do with this underlying bill. It is just that this is an authorization bill open for amendment, so we have amendments on a wide range of issues. We also have other amendments that have been offered that are germane and relate to this piece of legislation, and we have been working through trying to put together an en bloc amendment with our staffs and Senator ROCKEFELLER's staff, working through, with other colleagues, some of the suggestions. They make a lot of sense. I think we are making progress there.

I have described before the need for this legislation. Last year, I met with some of the Europeans who are putting together the modernization program in Europe. This issue of modernization of the air traffic control system—I think I heard Senator MCCAIN talk about World War II vintage air traffic control. It is the case that for those who are now taking off this minute from National Airport, when that airplane leaves the runway and is in the national airspace, it is the case that someone in a control tower somewhere is watching that airplane. Why? Because there is a lot of traffic up there.

This is the most complex airspace in the world here in the United States, and I think the FAA, the Federal Aviation Administration, does a terrific job in operating the most complex system in the world. We have the safest skies in the world, there is no question about that. We have had one particularly fatal accident in the last year. That tragedy occurred in Buffalo, NY, with Colgan Air, in which 50 people tragically lost their lives, including the pilot and copilot and flight attendant. But the fact is, we have safe skies, and I would be the last to come to the floor of the Senate and say the American public should be worried about safety. It is the case, however, that the Colgan crash gave us a roadmap to some changes that I believe are necessary and that I and Senator ROCKEFELLER and Senator HUTCHISON have put in this bill. The issues we have discovered from that tragedy persuaded us that a number of things needed to be done.

The FAA itself has worked on aviation safety for a long while. The National Transportation Safety Board, which investigates aviation accidents, has made recommendations. In fact, they have a most wanted list. There are some recommendations that will improve air safety that have been on the most wanted list for a long, long time, some for well over a decade and not yet adopted. So the Administrator

of the FAA, Randy Babbitt, has worked with us. I know he is working diligently to try to address some of those issues.

Let me mention safety in just a moment, but let me talk for a moment about modernizing the system.

When people say: Well, what is that about, it means we are moving from the tracking of that airplane that just left National Airport—I think we have about one a minute that is authorized at that slot airport, so every minute, an airplane is leaving that airport. When that airplane is at cruising altitude and on its way up to cruising altitude, it has a transponder, and that transponder is sending signals. That signal shows up on a screen. That screen is in front of an air traffic controller. That screen shows that airplane, in most cases by number, and that air traffic controller is directing that airplane with its traffic through other routes flown by other airplanes. It is all about safety, making sure airplanes can fly in a congested, crowded sky.

The dilemma—by the way, it has been relatively safe. It certainly is safer than in the old days when they first started flying at night. During the day, they would fly by sight, years and years ago. Then, at night, they would fly to bonfires. They would fly to a bonfire and then fly 50 miles to another bonfire as they carried the mail at night. Eventually they would fly to lights, and then eventually they would fly to ground-based radar. It has been around a long time.

The problem is, ground-based radar only shows where a jet plane is right at that moment—any airplane, for that matter, but a jet moves very fast, so at that nanosecond when that sweep of the radar shows that airplane in that airspace, that is exactly where it is. But a nanosecond later, it is somewhere else. Especially with a jet, with the next 5 or 7 seconds it takes to sweep the radar, that jet is somewhere other than where the dot showed it on the screen. Now we have the capability to know much more precisely than that where the airplane is, but because we only know about where that airplane is, we have to space airplanes for a margin of safety and we fly less direct routes. The result is, we use more fuel in that plane by flying a less direct route. We have to have much wider spacing of airplanes in a congested airspace. We are polluting the skies with more fuel used. We are costing the airplanes and the passengers the extra fuel. We are also taking extra time for the passengers to get to where they are headed because of less direct routes.

All of that can change with a new system of global positing, GPS. Everybody understands what GPS is. You have GPS in your automobile in many cases. You type in an address and it shows you where your car is and where

the address is and it takes you right to the address. If your child has a cell phone, in most cases they have access to GPS in their cell phone. In many cases, your child with a cell phone has the opportunity, with some of the providers, to link with their best friends—their five best friends, for example—and each of them with their cell phone can have GPS locators, so they can access their five friends and know exactly where each of the five is. We can do that with children and cell phones. We cannot do it today with commercial airplanes. We cannot know exactly where that airliner is with GPS technology. That is because we have not yet modernized.

That is what this is all about—modernization of the air traffic control system. When we do—and we will—we will be able to fly much more direct routes, have a greater margin of safety, save fuel, save the environment. We will do all of these things. Other parts of the world are doing it, and so must we. That is why Senator ROCKEFELLER and I have brought a bill to the floor that moves directly and aggressively toward what is called modernization of the air traffic control systems. It sounds complicated. It is less complicated than one would think. It needs the FAA to build the facilities on the ground, and it needs the airplanes to have the equipment in the jet or the airplane itself. When we do that and have the procedures and the developed process, we will have modernized the air traffic control system. That is what the legislation is about.

The legislation is also about building infrastructure across the country. If you are going to fly, you have to have someplace to land and someplace for passengers to embark and disembark. It means runways and terminals. It means a wide range of things. This also includes the Essential Air Service Program, which provides essential air service through contracts to smaller communities. As I indicated earlier, it addresses the issue of safety.

Let me describe safety for a moment, as I have done a couple of times on the floor because I think it is very important.

One-half of the flights in this country are by regional airlines. The passengers do not necessarily know it is a regional airline. They get on, in most cases, a smaller airplane, and it says United, US Airways, Delta, Continental, but it is not that company at all. That is just the brand on the airplane, and it is a regional company, in most cases, that is flying for the larger carrier. In some cases, the larger carrier owns the regional, but in most cases, it is a regional flying under contract to one of the major carriers.

What we have discovered in several hearings, in the aftermath of the Colgan accident, is some very difficult circumstances in terms of mistakes

that were made and things that we think we need to improve and correct. Some of it we do in this bill.

The pilot who was in charge of the Colgan plane that evening—flying at night, in ice, in the winter, into Buffalo, NY, from Newark Airport—that pilot, we discovered later, had failed a number of pilot exams along the way. We have learned that the CEO of this company, Colgan, indicated: Had we known about these multiple failures along the way of this pilot's credentials, we would not have hired the pilot. But they did not know because they did not have access to all of that information. This legislation provides that access shall be made available. So those hiring decisions will be better decisions.

The issue of fatigue is very important and was very evident as part of the cause, I believe, of that Colgan accident in Buffalo. There is almost never a circumstance where there was an airplane accident in this country where the accident report says definitively: This was caused by fatigue. But we know, of course, there are a number of tragedies that were caused by fatigue.

Let me point out something we learned with respect to this particular flight, and my assumption is it is not peculiar to this flight. This chart shows the Colgan Air pilots' commuting prior to a flight. On this particular flight, on that evening, when the passengers boarded that flight, the copilot, who got in the right seat of that cockpit, had flown from Seattle, WA, to Newark Airport in order to reach her duty station. She lived in Seattle and she worked out of Newark. She flew all night long, deadheaded on a FedEx plane to Memphis, changed, and flew to Newark all night long. The pilot commuted from Florida to Newark. So you have two people in the cockpit: one from Florida who commuted to Newark and one from Seattle who commuted to Newark.

What we now have heard from testimony from the National Transportation Safety Board is the pilot of that airplane had not slept in a bed the two previous nights, the copilot had not slept in a bed the previous night. Was this crash caused by fatigue? There will never be something that definitively suggests that, but if you were a passenger on an airplane and in the cockpit sat a pilot and copilot, neither of whom had slept in a bed the previous night or two nights, would you believe fatigue was the cause of perhaps a misjudgment in the cockpit? I would. I would.

The question is not, Can you end all commuting? I do not expect you can probably end all commuting. But the question is, Does some of this commuting invariably cause fatigue? I believe it does. And how do you begin to address that? The FAA Administrator

has now sent to the Office of Management and Budget, I believe, his rule-making on fatigue, so that is a step forward because we have to address that.

As shown on this chart, this quote is from a discussion by a regional pilot in the Wall Street Journal of September 12, 2008. He said:

Take a shower, brush your teeth, pretend you slept.

That is what a regional pilot says about the kind of work on regional carriers, where you have a lot of stops, small routes or short routes: "Take a shower, brush your teeth, pretend you slept."

Again, I think it raises the question—and a reasonable question—about how do you make this circumstance change. How do you promote greater safety in circumstances where there is so much commuting, where you have duty time that often allows for less than is necessary to sleep at night? There is the full 8 hours, to be sure. But by the time you get to a hotel somewhere during duty time, it is quite often the case you have not slept a full night.

In this case of the Colgan flight, we have now learned the copilot on that airplane not only traveled all the way across country to reach her duty station, but she is someone who made in the neighborhood of \$20,000 to \$23,000 a year. Does anybody believe a copilot on a commercial carrier paid \$20,000 to \$23,000 a year is going to be able to afford hotel rooms when they get to their duty station prior to taking a flight? I don't think so. That is not an unreasonable thing to expect to have happen.

Let me say, my discussion of this is not to tarnish regional airlines. They play a very important role in our air traffic system in the commercial aviation system—very important. My hope is, though, working with the regional carriers, these safety provisions we have included in this piece of legislation will substantially improve safety and avoid the kind of circumstances that existed on that particular Colgan flight.

I mentioned previously the families of the victims on that Colgan flight have been real champions for aviation safety. They have never missed a hearing. They have shown up at all the events in Washington, DC, whether it is a hearing or other activities, to say: I am here on behalf of my son, my daughter, my brother, my mother who perished in that crash. The fact is, that diligence and that effort has made a difference and shows itself in this legislation.

We also, in this legislation, are addressing the issue of pilot hours as qualifications. I will talk about that some other time.

I think there is a lot here to commend this bill to my colleagues. It is urgent we get this passed through the

Senate, get to conference, be able to reach a conference agreement with the House, and get the bill signed. We will, by that, I think improve the infrastructure in this country, substantially increase jobs—we are estimating 150,000 new jobs as a result of it—and dramatically change the air traffic control system from an archaic system to a modern system. All that is good for the country.

There is way too much that is needed to be done in this country to improve things, especially in areas of infrastructure and modernization, that is left undone. Let's at least get this piece for commercial aviation and for all aviation completed.

I have mentioned almost exclusively the issue of commercial aviation. I do not want to leave the floor again without saying there is another component to aviation in our country; that is, general aviation. Many of us fly on small planes a lot. I learned how to fly a small plane years and years ago. General aviation plays a very important role in the area of aviation in our lives.

In States such as Alaska, the Presiding Officer's State, or perhaps West Virginia or North Dakota, in States such as that, the ability to get on a Cessna 210 or a King Air, if we are lucky, or perhaps even a Mooney or a 172 Cessna and go someplace and get there, sometimes in circumstances where there are not a lot of roads, as would be the case in Alaska, and other circumstances where you have wide distances to travel on a Friday, Saturday or Sunday—general aviation is so important and they do so much good work.

In addition, very few people talk—it is true of general aviation and also commercial aviation—about the mercy flights, flying a heart for a donor on a mercy flight, or flying someone who needs desperate treatment to save a life. It goes on every day all across this country—corporate jets, private planes, and, yes, even with commercial airliners.

We are in the process right now of beginning to fight a flood in Fargo-Moorhead. That river will go up 20 feet in about 10 days. It is going to be 20 feet by Friday from 2 weeks ago. I recall last year when the flood occurred, then Northwest Airlines, now Delta Airlines, flew some very large planes into Fargo for relief purposes. They never asked for anything. They just said they were coming. There is a lot of work that goes on by some of the major carriers, as well as corporate and general aviation, that is very important.

Again, I thank Senator ROCKEFELLER for the work he and Senator HUTCHISON have done. I, as chairman, and Senator DEMINT, as ranking member, of the Subcommittee on Aviation are pleased to be working with them.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mrs. GILLIBRAND). The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. SPECTER. Madam President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

UNITED STATES AND ISRAEL CONTROVERSY

Mr. SPECTER. Madam President, I have sought recognition to comment on the current controversy between the United States and Israel on the settlement issue.

Before the current controversy between the United States and Israel escalates further, I suggest all parties cool the rhetoric, avoid public recriminations, determine exactly what happened and consider some fundamental questions.

What are the facts? It has been reported that there are 1,600 new settlements in East Jerusalem in violation of Israeli commitments. Authoritative sources insist that the announcement by a mid-level official at the Ministry of the Interior only involved planning subject to judicial review with no groundbreaking for 3 years. Another report said U.S. officials extracted a secret promise from Prime Minister Netanyahu not to allow provocative steps in East Jerusalem. Is it true that the United States accepted the 10-month moratorium on settlements with caveats that excluded East Jerusalem in line with the insistence by Israeli officials dating back to Prime Minister Golda Meir that Jerusalem was under Israeli exclusive sovereignty?

It is conceded that Prime Minister Netanyahu was blindsided by the announcement. It is further acknowledged that the Israeli Minister of the Interior is a member of the ultra-conservative Shaas party whose participation is essential to the continuation of the coalition government.

These matters need to be thought through before making public pronouncements that could significantly damage the U.S.-Israeli relationship and give aid and comfort to the enemies of the Mideast peace process.

The rock solid alliance between the United States and Israel has withstood significant disagreements for six decades. The mutual interests which bind these two countries together have always been stronger than the most substantial differences. The United States needs to respect Israeli security interests, understanding that Israel cannot lose a war and survive. The United States has many layers of defense to protect our security interests and survive.

I suggest that if we all take a few deep breaths, think through the pending questions and reflect on the importance of maintaining U.S.-Israeli solidarity, we can weather this storm.

(The further remarks of Mr. SPECTER pertaining to the introduction of S. 3120 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. SPECTER. I thank my distinguished colleague from Connecticut for awaiting those few comments and yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

AMENDMENT NO. 3456

Mr. LIEBERMAN. Madam President, it was a pleasure to yield that time to my friend from Pennsylvania, which he used very well.

I rise to continue a discussion of amendment No. 3456, which has been offered by Senators COLLINS, BYRD, FEINSTEIN, VOINOVICH, ENSIGN, and myself, which would reauthorize the Opportunity Scholarship Program for students, needy and deserving students here in the District of Columbia, sometimes referred to as the DC voucher program.

This amendment would, as I say, reauthorize this program which otherwise would either atrophy over time—there are still 1,300 students in it, but now, for the last 2 years, it has not been reauthorized. President Obama in his budget says this probably will be the last year that Federal funding would be in it. The nonprofit corporation that has administered this program has said—under the circumstances the Congress by our inaction and in some sense interruption have created—they cannot continue to administer the program. No one else has come forward to do that.

This amendment says, effectively, it would be a tragedy, a human tragedy, 1,300 human tragedies—that 1,300 economically disadvantaged students in the District of Columbia who have been given a lifeline out of failing public schools to try to better educate themselves so they can live a life of self-sufficiency and satisfaction—that all that hope would be ended, all that opportunity would be ended.

This amendment would turn all that around and say the Senate believes this program is at least worth continuing as an experiment. But more than that, it has worked, by independent evaluation. Why terminate it? There is no good reason to terminate it. Would the Chancellor of the District of Columbia School System, Michelle Rhee, obviously an advocate for the public schools here—as I am, as the other Senators, COLLINS, BYRD, FEINSTEIN, VOINOVICH, and ENSIGN are—would the Chancellor of a public school system here support this program if it were not a good program? Of course not. Would she support it if she thought it was a threat to the public schools? Of course not. That is her first and major commitment. She supports a 5-year extension of this program that this amendment would authorize because,

as she said poignantly to our Government Affairs Committee, which has jurisdiction over matters related to the District of Columbia—she said until she can say to a parent of a child at a school that has been designated under Federal law as a failing school, a school that has failed to give those children an equal educational opportunity—until, Chancellor Rhee has told us, she can say to the parent, “that public school that your child is in here in the District of Columbia, our Nation's Capital, is prepared to give your child an equal and good educational opportunity,” then she cannot say terminate the DC Opportunity Scholarship Program which gives low-income, economically disadvantaged children a lifeline, a passport, a scholarship they can use at a private or faith-based school of their choice.

This program was started after difficult and intricate negotiations in 2004. It was started with a basic premise that is deeply and wonderfully American, which is: Hey, this is the country whose Declaration of Independence said that the government was being created in the first place, in 1776, to secure the rights to life, liberty, and the pursuit of happiness; that everybody has an endowment from our Creator—not by the government; the government is there to secure those rights—the endowment came from God, from our Creator. One of the fundamental ways in which we have attempted over our history to secure those rights is through the public school system, through our school system.

Generations and generations of Americans, new Americans, immigrant Americans, have come here and the school system has given them an opportunity for education and they have gone on to not only make a success of themselves but contribute enormously to our country.

The sad fact is that a lot of our public schools today are failing particularly our economically disadvantaged students. There is a terrible gap based on income and race and ethnicity, an achievement gap, in our public school system. No Child Left Behind and various Federal programs are trying hard to close that, but it has not been closed yet.

That is why a lot of us got together in 2004, the administration and both parties, and tried to negotiate and ultimately did negotiate a compromise which was based not on supporting any particular educational institution but founded on that goal that was in the Declaration of Independence, that is characteristically and fundamentally American, the individual and, in this case, the individual child. How many individual children, in this case in the Nation's Capital, can we give a better education so they can develop their God-given talent to the highest level

possible, which they cannot do if they are not getting a good education?

So in this compromise that was enacted in 2004, we basically created new income streams. Some people say: Oh, the DC Opportunity Scholarship Program looks like it is working. It is a good idea to help kids get a scholarship to a private or faith-based school, but I am against it because it takes money from public schools. Wrong. That was the whole premise.

In fact, to even it out, when we adopted this program we gave an equal amount of additional money to the DC Public Schools as went into the DC Opportunity Scholarship Program, then a new stream of money into charter schools in the District of Columbia. That was the agreement that was made. It was a good agreement. Those of us who support the DC Opportunity Scholarship Program are not at all unhappy to give an equal amount of extra money to the public schools and to the charter school movement in the District.

I guess the program is controversial because some people do not want to experiment with something other than the public school system on how to educate the individual. OK, I respect that. I understand that.

Teachers unions are at the forefront of the opposition. They are against this bill. I understand that. But I disagree, respectfully. This is not an assault on teachers or the public schools. As Chancellor Rhee has said: This is a temporary lifeline for students who are in schools designated under Federal law as inadequate to educate them, to give them an opportunity to step up and go to a private or a faith-based school where they can do better.

I do not know why anyone would want to terminate this program. It is a small program. As I will make clear in a few moments, it has been positively evaluated. Particularly, I repeat, why would we want to intervene when the leader of the DC Public Schools says this Opportunity Scholarship Program should be continued because it is good for kids in the District of Columbia. She cannot really say to parents: I can give a good, first-class education to all of your children.

Parents like this program a lot. Kids like it. We heard moving testimony from children in the system. Polling in the District of Columbia shows very strong support for it, particularly and not surprisingly in economically disadvantaged areas.

Look, let's talk from the facts. Most of us, I will say "us," including me, have the money to send our kids to either private or faith-based schools because we think they can get a better education there or the kind of education we want them to get, particularly if it is in a faith-based school.

These are parents who do not have that choice because they do not have

the money. Imagine the frustration that we would feel if our children were trapped in a public school where we knew they were not getting a good education that would compromise the rest of their life and yet we did not have the money to get them a better education.

That is all this program deems, the Opportunity Scholarship Program. It is a scholarship to give economically disadvantaged kids an opportunity to rise to the limits of their ability. A vote against this amendment, I really believe, is a vote to take away opportunity for 1,300 economically disadvantaged students who are now in the program and hundreds of others who would join if and when this program is extended.

There have been hundreds of students involved. At its peak there were 1,930 students enrolled for the 2007-2008 school year. Because no new students could enroll, because the program was not reauthorized to that extent by Congress, enrollment declined to 1,721 for the 2008-2009 school year. It is now at 1,319.

Here is a terrible thing that happened: Last year, 216 students were offered a scholarship for the year that followed, the school year that followed. Then that offer, because of opposition to this program and a decision not to allow new students into it, was revoked by the Secretary of Education of the United States.

Since its inception, the Opportunity Scholarship Program has served over 3,000 students, and more than 8,400 have applied to participate. Over 85 percent of the students in this program would be attending a school in need of improvement, corrective action, or restructuring as designated under Federal law. This is a remarkable program that really does deserve to be continued.

I note the presence of my colleague and friend and cosponsor, Senator ENSIGN. If the Senator would like to speak at this time, I will be glad to yield the floor, and then I will take it back after he has concluded.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. ENSIGN. Madam President, first of all, I appreciate all of the great work that the chairman has done on this piece of legislation. This is a bipartisan piece of legislation that we are talking about today. We are talking about the DC Opportunity Scholarship Program.

Why is it on the bill that deals with the FAA, people would ask? Well, it is on there because we have been trying to get this reauthorized for a long time. In the Senate, we have to take whatever vehicle we can get.

I appreciate the leadership of Senator LIEBERMAN and the work he has done, as well as many of my other colleagues. Unfortunately, there are forces on the other side who apparently think giving opportunity scholarships

for 1,300 poor children in the District of Columbia is somehow a threat to our public education system in America.

I heard the chairman talk about Michelle Rhee. Michelle is one of the true reformers of education. She is a believer in the public education system in America, as I am. I know that Chairman LIEBERMAN is a big believer in the public education system. That is one of the reasons we want to explore and test various reform proposals to actually see if they will work, or see if they do not work.

Well, so far, there have been 1,300 students participating in the DC Opportunity Scholarship Program. Based on the satisfaction of their parents, it is serving the students well. Remember, when they get a scholarship, they do not have to go. Let me repeat that. If they are in a public school system, they are zoned for that public school system. They cannot afford to go anywhere else; they do not have any choice. But if they get one of these DC scholarships, nobody forces them to use it. Nobody forces them to go to one of those other private schools.

Why do the parents and the kids like it? They like it because they are escaping from a bad school.

As Senator LIEBERMAN discussed, 85 percent of the kids who participate in this program are from failing schools; failing based on objective criteria. The average household income is about \$25,000 a year for the families of these kids who are participating in the DC Opportunity Scholarship Program. These are kids who are from low-income families. They cannot afford to take their kids out of these failing schools by themselves. That is why we wanted to experiment to see whether the DC Opportunity Scholarship Program worked. Did it help the kids' educational system? Education in America has been called the new civil right. Well, I think that is exactly right. I think we need to look at education as a way to lift people out of poverty. But just because kids are getting an education at school, it does not give them the opportunities that other kids are getting. It is not a question of money. The DC Public School System spends \$15,000 per year per student. It is one of the highest, if not the highest, in the country. It is about \$4,600 a year more than the national average. It is almost three times more than what Nevada spends per student.

But I can guarantee you, I do not know of anybody in Nevada who would rather have their kids going here in Washington, DC, Public Schools than going to public school in Nevada. It is because of the poor performance of Washington, DC Public Schools.

Now, Michelle Rhee, to her credit, is doing a good job improving the public schools. But they have so far to go. The Mayor of Washington, DC, supports the DC Opportunity Scholarship Program.

The parents of these children—there were over 7,000 people who just signed a petition in Washington, DC, to continue this program. I have met many of these students. When you talk to them, and you look in their faces and you say: Do you want this program to continue? Is this something that has helped you in your life? The students who have participated in the DC Opportunity Scholarship Program say it is one of the best things that ever happened to them in their life. DC Opportunity Scholarship Program allowed the students to get out of a school that had high crime rates, that had low performance, and where sometimes the teachers did not have great attitudes. The students went to a caring, loving atmosphere where they had a chance to succeed.

That is really what this whole thing is about. Recent data shows that about 26 percent of eighth graders in the DC Public Schools score below basic in math. Students of DC Public Schools rank near the bottom in the Nation in both SAT and ACT scores. About half of the DC students do not even graduate from high school.

On the other side of the coin, when you look at what has happened with the DC Opportunity Scholarship kids, a rigorous study by the Institute of Education Services found that students in the program experienced statistically significant improvements in reading that were equal to more than 3 months of additional schooling.

The study also found that students in five out of ten subgroups improved in reading, and parents experienced increased satisfaction with the quality and the safety of their children's schools.

Dr. Wolf, who was the principal investigator for the Department of Education study, has stated:

... the D.C. scholarship program has proven to be the most effective education policy evaluated by the federal government's official education research arm so far.

You know, Rome was not built in a day. I believe we owe it to DC's children to continue this program and to continue the research on these promising gains.

Do we know that the DC Opportunity Scholarship Program will work in the future? No. But it is promising research so far. So we should not discontinue the DC Opportunity Scholarship Program. We should fund it, make sure that it continues and continue to study it.

Unfortunately, what has happened is that in the public school system, there are forces who believe that giving parents choice is somehow a threat to our public school system. To me, it is just about the kids and their education. That is who should come first in our education system, the children. Let's put their education and future first. Let's not have special interests decide who is going to control education.

That is what the DC Opportunity Scholarship Program is all about. I see Senator COLLINS is on the Senate floor. I appreciate her work, Senator LIEBERMAN, Senator VOINOVICH, and many others in the Senate who have worked in a bipartisan fashion. Let's not let this bill go down.

Secretary Duncan is a reformer. There is no question he has brought some reform proposals that I think deserve looking at.

He has talked a lot about putting our kids first in our education system. This is one way we can do it. We need to support Michelle Rhee in her efforts to improve the public school system, but we also need to keep this valuable program, the DC Opportunity Scholarship Program, intact for those 1,300 kids and their families who are enjoying its benefits.

I yield the floor and thank the chairman for allowing me to speak.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. LIEBERMAN. Madam President, I thank Senator ENSIGN for his cosponsorship, for his convincing and informed argument for this amendment. I couldn't agree more. There is such an irony here. Secretary Duncan of Education is a reformer. The President supports school reforms. Michelle Rhee is trying very hard and valiantly and effectively to reform the DC Public Schools. Why would Secretary Duncan and members of the administration and some in this body and our colleagues in the other body oppose this program, an opportunity scholarship program which Chancellor Rhee supports because it is consistent with her attempt and the attempt of Secretary Duncan to reform our public schools? The only answer I can think of is that certain interest groups, including particularly teachers unions, oppose this measure.

For me, that is not an acceptable reason to terminate the hopes of 1,300 children in a program in the Nation's Capital.

I note, with pleasure, the presence of our colleague from Maine, Senator COLLINS.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

Ms. COLLINS. Madam President, let me begin by saluting the leadership of my colleague, the chairman of the Homeland Security Committee, Senator LIEBERMAN. He has been so persistent in ensuring a debate on this program. His leadership on this issue, as on every other issue I work with him on, has been exemplary.

I am pleased to join Senators LIEBERMAN, ENSIGN, VOINOVICH, FEINSTEIN, and BYRD in offering this amendment to reauthorize the DC Opportunity Scholarship Program.

More than 5 years ago, leaders in the District of Columbia became frustrated with institutionalized failure within

the public school system, and designed a "three-sector" strategy that provided new funding for public schools, public charter schools and new educational options for needy children. Working with the District, Congress then implemented the DC School Choice Incentive Act in 2004, giving birth to the DC Opportunity Scholarship Program. The program is the first to provide federally funded scholarships to students, and has enabled low-income students from the District of Columbia public school system to attend the independent-private or parochial school of their choice. For many of these students, this was their first opportunity to access a high quality education.

The program has clearly filled a need, a fact that is illustrated by the long lines of parents waiting to enroll their children in the program. Since its inception, more than 7,000 students have applied for scholarships. With demand so high, it is dismaying that critics would seek to dismantle the program.

The inspiring stories we have heard from parents and students participating in the program, parallels what we have learned from recent independent studies conducted by the University of Arkansas and the Institute of Education Sciences at the U.S. Department of Education.

In December 2009, University of Arkansas researchers released the findings of a new evaluation entitled "Family Reflections on the District of Columbia Opportunity Scholarship Program." The project sought to "capture the contextual nuances of what is happening in the lives of the families experiencing the Program" by conducting a qualitative assessment.

The study showed that parents were overwhelmingly satisfied with their children's experience in the program. Common reasons for this higher level of satisfaction included, appreciation for the ability to choose their child's school, the success their children are having in new school environments, and the support provided by the Washington Scholarship Fund.

In March 2009, the Department of Education released its evaluation of the program's impact after three years, which showed that overall; students offered scholarships had higher reading achievement than those not offered scholarships, the equivalent of an additional three months of learning.

As I noted previously, this amendment has bipartisan support and was crafted using input from Members on both sides of the aisle. As chair and ranking member of the Financial Services General Government Appropriations Subcommittee, Senator DURBIN and I held a hearing last September on funding for schools in the District. We heard from stakeholders representing DC Public Schools, DC Public Charter Schools, and the DC Opportunity

Scholarship Program. This amendment is the byproduct of their input as well as that of my distinguished colleague, Senator DURBIN.

In addition to providing scholarships for low-income students and their family's real choice in education, the amendment authorizes \$20 million for DC public schools and \$20 million for public charter schools—so that all students in the District have access to a high quality education.

Further, our amendment includes provisions supported by Senator DURBIN. Among other things, it provides that all participating OSP schools maintain a valid certificate of occupancy issued by the DC government, that core subject matter teachers in OSP schools must hold at least a bachelor's degree, and that all OSP schools must be accredited.

We all must place what's best for students first. If Congress were to discontinue funding for DC opportunity scholarships, it is estimated that 86 percent of the students would be reassigned to schools that did not meet "adequate yearly progress" goals in reading and math for the 2006-07 school year. We simply cannot afford to allow that to happen. I urge my colleagues to support this amendment.

We are talking about averting a true tragedy by adopting the Lieberman amendment, which I am pleased to cosponsor. I do not use that word "tragedy" often nor lightly. That is what we are talking about. We are talking about the futures of young people in the District of Columbia. That is what is at stake in this debate. It is that serious.

It is important to go back and look at the history of the DC scholarship program. More than 5 years ago, the leaders of the District of Columbia became so frustrated with the institutionalized failure within the District's public school system that they came to Congress and worked with Members of Congress on both sides of the aisle to design a new three-sector strategy that provided new funding for public schools in the District, for public charter schools, and for scholarships for low-income children who might choose to attend a private school.

Working with the District's leaders, Congress then passed the DC School Choice Incentive Act of 2004, giving birth to the DC Opportunity Scholarship Program. For many of these students, this was their first opportunity to access a high-quality education, an education that would give them the opportunity to excel, the opportunity for a bright future. That is what the debate is about. Indeed, we have seen incredible enthusiasm for this program, and the three-pronged approach has helped DC's public schools to get on the path of improvement and DC's charter schools which are also providing some quality educational opportunities.

But a young man who testified before our Homeland Security and Governmental Affairs Committee put it very well when he was asked by a Senator who opposed the DC scholarship program why we should not, instead, focus solely on the DC Public Schools.

He said: Mr. Senator, the DC schools didn't get bad overnight, and they are not going to get better overnight.

Clearly, what he was saying was, why should he lose the opportunity for a good education and a bright future while he is waiting for DC Public Schools to get better.

I join in the admiration for Michelle Rhee, who is working very hard with the mayor and with the city council to improve the DC Public Schools. We are making progress. We rejoice in that progress. We support that progress. That is why we are continuing to provide Federal funding for DC's public schools. But as this young man told us, the DC schools did not get bad overnight, and they are not going to get better overnight, no matter what extraordinary leadership they are receiving.

The DC scholarship program has clearly filled a need, a fact that is illustrated by the long lines of parents waiting to enroll their children in the program. Since its inception, more than 7,000 students have applied for scholarships. With demand so high, with the stakes so great, it is dismaying, to say the least—I think it is tragic—that critics are seeking to dismantle this program.

The inspiring stories we have heard from parents and students participating in the DC scholarship program parallel what we have learned from recent independent, rigorous studies conducted by the University of Arkansas and the Institute of Education Sciences at the U.S. Department of Education. Senator LIEBERMAN and I heard firsthand from the researcher who conducted that study. He told us parents were overwhelmingly satisfied with their children's experience in this program, and they also told us the students offered scholarships had higher reading achievement than those not offered scholarships, the equivalent of an additional 3 months of learning. Given that these students had not been enrolled in these better schools for very long, that is impressive progress. I am certain as their education continues, if it is allowed to continue, we will see even more substantial educational gains.

It is so disappointing—it is discouraging and dismaying—that we are having to fight for the continuation of a program that each and every day is making a difference in the lives of these children.

I am going to challenge my colleagues, before you decide how you are going to vote on this program, if you are inclined to vote against our amend-

ment, first talk to just one student who is enrolled in this program and their parents. If you then can come to the floor and, in good conscience, vote against the Lieberman-Collins amendment—well, suffice it to say, I don't think our colleagues can, in good conscience, vote against our amendment, if they have talked to any of the students and their families who are benefiting from this program.

It would be truly a tragedy for the children of the District of Columbia if this program is not continued.

Let me end my comments with one startling fact. If Congress were to discontinue funding for DC opportunity scholarships, it is estimated 86 percent of the students would be returned to schools that are failing schools, schools that did not meet the adequate yearly progress standard for reading and math for the 2006-2007 school year. We simply cannot, in good conscience, allow that to happen.

I hope my colleagues will take a close look at the facts revealed by our hearing, the rigorous studies that have been done to compare educational progress, the recommendations of the chancellor of the DC Public Schools and, most of all, I hope they will listen to the students and to the families whose lives have been changed for the better due to this program.

I yield the floor.

The PRESIDING OFFICER (Mr. KAUFMAN). The Senator from Connecticut.

Mr. LIEBERMAN. I thank my colleague, Senator COLLINS, for coming to the floor, for being a cosponsor of this amendment. And for the passionate and reasoned way in which she spoke.

Two things come to mind in listening to her remarks. One is, we are very often dealing with big national or international matters on the floor of the Senate—health care reform, jobs act, whatever. They all involve people, of course. But here is one which is local, and we can actually quantify the people. We have 1,319 children who are in private or faith-based schools because of this DC Opportunity Scholarship Program, getting, by their own telling and that of their parents, so much better an education, feeling better about themselves, being on the road of opportunity.

If we don't authorize this, although the administration has said it is committed to at least following these students through high school, there is not enough money there to do that. The President, in the budget, said this is probably the last year he will fund it. There is not enough money to carry these students through high school.

The second point is, with all the uncertainty in the program, the current administrator of it, a nonprofit corporation, has said they don't want to do this anymore. So far, no one else has been found to do it.

So this definitely closes the door to opportunity for hundreds of other students in the District and their parents to give them a better education, while Chancellor Rhee, over the next 5 years, is trying to make every school in the District of Columbia a good school.

But, secondly, it really focuses us on the possibility that these 1,319 children will be forced to go back to the public schools in their neighborhoods, and 86 percent of those schools, as Senator COLLINS has said, are designated under Federal law as inadequate. None of us would let our kids go there, and we would pay their way out. But these parents who benefit from this program cannot.

So Senator COLLINS has really spoken of this as a tragedy, a human tragedy—she is right—that you could look into the face of each of these 1,319 kids and say: Sorry, you can't go on in this school you all are so happy to be going to at this point.

The second point is this, and I say this respectfully: It has been very rare, when I have been involved in a debate in the Senate on a matter, that I have not felt there were some respectable, good arguments on the other side. I did not agree with them. On balance, they did not convince me my position was wrong. But I must say that on this one I cannot think of a single good reason to be opposed to this amendment: 5 more years of an experimental program, \$20 million to the DC Opportunity Scholarship Program out of, by my recollection, \$13 billion of Federal taxpayer money that goes to title I schools, and over \$25 billion that goes from the Federal Government to public schools around America in the No Child Left Behind Program—a total of \$25 billion or \$26 billion.

This is \$20 million for these DC Opportunity Scholarships, alongside \$20 million more to the DC Public Schools that they will not otherwise get, and \$20 million more for the charter schools. In fact, if this program is allowed to die and those 1,319 students are forced back into the public schools in their neighborhoods, that adds, by the estimate of one independent authority I have seen, at least \$14 million more to the expense of the DC Public School System to take them back.

So I welcome people who oppose this amendment to come to the floor to debate it, but honestly, listening to Senator COLLINS, I cannot think of a good reason to be against this amendment. I thank the Senator very much for coming over, for her cosponsorship, and for all the work we have been able to do together.

Again, I say, why did this come before the Homeland Security and Governmental Affairs Committee? Because historically—the Presiding Officer, I am now proud to say, is a new member of the committee—the Governmental Affairs Committee has been given ju-

risdiction over matters regarding the District of Columbia. It is in that capacity that we have done oversight of this program.

I note the presence of another cosponsor—and I will give her a moment to get ready—Senator FEINSTEIN of California, whom I will yield to whenever she wants to speak.

One of the arguments against this—actually, since no one is on the floor opposing this, I am going to use a memo sent out this afternoon by staff to Senators opposing the amendment from the Democratic leadership office, I believe. I will just pick out a few of these.

The first problem cited: This program was passed in 2003 as a 5-year pilot program. It has now been extended twice through appropriations bills to minimize the disruption to students already in the program, and a plan for winding it down is in place. But that is the point.

So they say: Reauthorization is not needed to keep students in the schools they are in. That, according to the DC authorities on this, is not true. There is not enough money in it to keep them in there. The President said, in his budget this year, this would probably be the last time he would recommend appropriating to this program. The promise was to keep these students in the Opportunity Scholarship Program right through graduation from high school. There is not enough money there.

But more to the point, there is every reason to do it, based on the independent evaluation of the program, based on Michelle Rhee, chancellor of the DC Public Schools, who is supporting the 5-year reauthorization because she feels it is necessary.

Incidentally, this reauthorization is also supported by Mayor Fenty. He supports the tripartite appropriation: public schools, charter schools, and the Opportunity Scholarship Program. And it is supported in a letter from a majority of the members of the city council of the District.

I want to quote—I will come back to it again—Michelle Rhee. This is why it is not adequate to say this ought to be just appropriated every year and keep these students in the program dangling every year, making it harder to find an independent administrator of the program, why reauthorization is needed. But listen to this. This is Michelle Rhee in testimony before the Financial Services and General Government Subcommittee on September 16 of last year. She says:

[O]n a regular basis, I have parents from Wards 7 and 8 (which are our highest poverty wards, which are also the home of our lowest performing schools) come to me and they've done everything a parent should do and they say, "I've looked at all the data, I know my neighborhood school and the schools surrounding are not performing at the level that I want them to. So I participated in the

out-of-boundary process; I went through the lottery and I didn't get a slot at one of the schools I wanted." So they look at me and say, "Now what? What are you going to do?"

Michelle Rhee answered in her testimony:

And I cannot look at those parents in the eye right now at this point and offer every single one of them a spot in a school that I think is a high-performing school.

Here is a gutsy comment from this chancellor who is really devoted to the improvement of the public schools. Chancellor Rhee says:

And until I think we are able to do that, which I think is on that five-year horizon, then I believe that we do need to have choice for our families and I think they do have to have the ability to participate: either to move into a charter school or to use the opportunity scholarships.

End of quote from the chancellor of the DC Public School System. I have the greatest respect for her. It took a lot of guts to say that. But she said "5-year horizon," and that is what this reauthorization does. It gives these kids—these parents who know their children are not getting a good education in the public school they are in—who have not been able to go to one of the out-of-boundary, out-of-their-neighborhood schools because the schools are packed, have not made it into a charter school because I gather there are thousands waiting who cannot get into the existing charter schools—let's give them an opportunity to get one of these opportunity scholarships and have a chance for a better education and a better life.

Mr. President, I am going to stop now. I am very grateful for the cosponsorship by the distinguished Senator from California, a former mayor, of course, who is intimately knowledgeable on public education, who is committed to public education and yet really concerned about every child. That is what this program is about.

I will yield the floor at this moment.

The PRESIDING OFFICER. The Senator from California.

Mrs. FEINSTEIN. Mr. President, I thank you for the recognition.

I thank the distinguished Senator and chairman of the committee for his leadership on this issue. Also, the Senator from Maine is in the Chamber. I thank her for her support.

This has not been an easy program. It has always surprised me that people oppose anything that might give an individual another opportunity. I believe very deeply that some children do well in one kind of setting, other children do well in another kind of setting, and the real goal of education ought to be to provide a number of different choices for youngsters so you can see where they learn best and then enable them to be in that situation. I also have always had a hard time understanding why only the well-to-do can afford a private school, why youngsters have to go to schools that are among

the most troubled and, candidly, the worst anywhere because that is the way it is and that is what public education insists it be. So I have supported this program for some 6 years now, since its inception under the leadership of District of Columbia Mayor Anthony Williams, and I strongly believe it should be continued. It is right.

It started out as a 5-year pilot program to determine whether youngsters, low-income students, do, in fact, learn more and learn better in some of DC's private and parochial schools. The program's most recent evaluation results show this program is, in fact, valid and students are, in fact, improving. So I say, why not reauthorize it? What is everybody scared of? Why not reauthorize it? The scholarships of up to \$7,500 that are offered through the DC Opportunity Scholarship Program help children make their education in a private or parochial school possible.

Currently, we know this: There are 1,319 children who attend 45 private and parochial schools. They all come from families where the average income is \$25,000, and 85 percent of these students would be in DC's worst performing public schools if it were not for this program.

This amendment would extend the life of this worthy program for 5 more years and allow both current and new students the opportunity to participate. What are we afraid of? It is supported by DC Mayor Adrian Fenty, as the chairman said; DC School Chancellor Michelle Rhee—one very gutsy young superintendent; a majority of the District's council; and by parents in the District.

What are we afraid of?

Preliminary evaluations by the U.S. Department of Education's Institute of Education Sciences have shown academic gains and student improvement. When these students entered the program 6 years ago, they were performing in the bottom third on reading and math tests in the District's public schools. Last year's more comprehensive evaluation shows that reading test scores of students receiving a scholarship were higher by the equivalent of 3 months of additional schooling. It showed that they increased to the 35th percentile on the SAT-9 national standardized test from the 33rd percentile where they were before entering the program. So progress has been made. Specifically, pilot program students scored 4.5 points higher in reading on the SAT-9, with a total score of 635.4 when compared to the District's public school students' score of 630.9. These academic gains are despite the many challenges these students face outside the classroom, coming from families where the average income is \$25,000.

I look forward to learning more in the months ahead of how students are performing in the program and the im-

pact it has had on them. But in the meantime, there are these results. They may not be major, but what they are showing is that youngsters are learning to read better in this new setting than they were in the public school setting. That, indeed, is something.

I would like to share three examples with you of how the program has helped change the lives of the District's youngsters and how it has shown to give them a chance to reach their highest potential.

Let me give you the first one. OK. Here we are. This is a picture of Shirley-Ann Tomdio, a ninth grade student at Georgetown Visitation High School. I have someone very close to me at Georgetown Visitation. This is a tough academic school, so this youngster has gone from one of the worst schools to a very strong academic school. The scholarship has allowed her to attend this school for the past 5 years. She is now a ninth grade student at Georgetown Visitation School, and she wants to go to college and become a surgeon. She was the eighth grade valedictorian at Sacred Heart Middle School which is located in the District's neighborhood of Columbia Heights.

Shirley-Ann said at her eighth grade graduation speech last year:

The DC OSP [Opportunity Scholarship Program] is important to me because without it I wouldn't be able to receive the best education possible. It should continue so that my brother, sister, and other students get the same chance. Every child should get the chance to go to a good school.

Who can disagree with that? That is her statement. She is one of the lucky ones. She will go on, and she will do well.

The second student is Carlos Battle. He is a twelfth grade student at Georgetown Day School. He has attended a private school for the past 6 years, since the program started. He is a well-rounded student, participating in school plays. He enjoys classes in classical and modern dance. He plays on the basketball team. And he maintains a solid grade point average of 3.1. He wants to go to college and has already been accepted to Northeastern University with a possible full scholarship, and Loyola University, among other colleges.

He comes from a family with a single mother and has a younger brother named Calvin who is currently an eighth grader at St. Francis Xavier Academy, also with a scholarship from the program.

Carlos said this about his experience in the program:

The scholarships I have received through the Washington Scholarship Fund have afforded me countless opportunities, but most important, I have been given the chance to better myself. Now, instead of wanting to be someone who is well-known on the streets, I'd rather be someone who is well-known for his education, communication, and advocacy

skills. I now no longer have to worry about fights breaking out in my classroom, or being threatened on a constant basis.

With this security, I'm able to focus harder and become more active in my school's community. Even better, I can look forward to the future. If I keep on this same track, I am almost guaranteed a better future for my family and for myself.

Why should we be afraid of this program?

Let me show you a third youngster, Sanya Arias. This is someone who is now attending St. John's University in New York. She graduated last year from Archbishop Carroll High School with a 3.95 grade point average and is now in her first year at St. John's University in New York with a full scholarship, and she loves it.

The DC opportunity scholarship helped Sanya attend Archbishop Carroll High where she was vice president of her class, captain of the soccer team, on the lacrosse team, and president of the International Club.

In addition to her many extracurricular activities, Sanya took all honors and advanced placement courses. She said this about her experience in the program after just graduating from Archbishop Carroll High School:

It just shows the difference from 7th and 8th grade to where I am now, where my friends strive to succeed and they influence me to want to succeed along with them. So, I'm really grateful for this opportunity.

Why don't the words of students such as Sanya, Carlos, and Shirley-Ann affect us? Why don't they enable us to see that choice in education is not something that is threatening?

I serve on the Appropriations Committee. I was one of the deciding votes in that committee when this came up. We put a lot of amount of money, additionally, into the District for public education to be able to sustain a simple choice opportunity program.

This program goes to the District's neediest students from the District's most failing schools. I have just shown my colleagues three who have succeeded. Is that not worth it? I do not understand why we are so afraid to give needy youngsters the opportunity of choice in education, to allow someone who cannot do well in a certain setting to have a different setting in which they may well be able to do very well.

I say to these three youngsters: All the more power to you. I am very proud. We should listen to students such as Sanya, Carlos, and Shirley-Ann and continue to provide this program to the District's neediest children. We need different models for different children, and I think this program is showing that.

I don't know, there is a lot of lobbying against the program. The teachers union does not like the program. I don't understand why. I don't understand what is to fear. I don't understand why, if you provide some funding

for poor children to go to a special environment to learn and they learn and this youngster now is in a university because of it—I think that is what we are all about. I strongly support this program.

I thank Senator LIEBERMAN for his support and advocacy for it and his leadership in bringing this to the floor. I hope we have the votes.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. LIEBERMAN. Mr. President, briefly, I thank my colleague and dear friend from California for a wonderful statement. First, I say officially as an Independent that the Senator from California has begun demonstrating her independence of mind, spirit, and heart.

Secondly, I cannot tell the Senator how important it was that she did what she did with those three students because this is personal. This matters to individual students. It is hard to imagine the talents these three have shown and have developed would have been developed in the same way, unfortunately, at the school they were consigned to by their neighborhood.

Years ago, I learned an expression from some wise person—a hundred years ago—that if you save one life, it is as if you saved the whole world because every individual has all the potential of the world within them. That probably was talking more about physically saving a life. The truth is, in a way, that is real. By giving these kids an equal educational opportunity, we are giving them the ability to save their own lives.

I cannot thank the Senator from California enough for a wonderful statement. I appreciate it very much.

I note the presence of my friend and colleague from Ohio, Senator VOINOVICH, who has been a long-time advocate, going back to his days in Ohio, for better educational opportunity for every child.

I yield the floor and look forward to his statement at this time.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. VOINOVICH. Mr. President, I thank Senator LIEBERMAN for the leadership he has shown in this effort to make a difference in the lives of students in the District of Columbia. The Senator from California did a beautiful job of outlining the difference it has made for just a few who have been able to participate in the program thus far.

I rise, of course, to support the amendment—the amendment that will continue to give thousands of children in the District of Columbia an opportunity for a good education.

It was first authorized in 2004. The program has the potential to provide 1,700 children with scholarships of up to \$7,500 each to attend the school of their choice. To qualify, students must

live in the District and have a household income of no more than 185 percent of the poverty line. In the District, recipients' average family income is \$24,300. These are very poor kids from families who are just making it. It is not something we have created to make available to everyone.

Unfortunately, while the program can provide 1,700 children with scholarships, it does not. Increasingly, prohibitive language in the appropriations bills and a hostile administration—and I mean hostile—has already decreased participation significantly. The program now helps just over 1,300 students.

It is baffling to me why this administration has focused so much attention opposing a successful program which has provided a high-quality education to more than 3,300 children. According to the independent evaluator of the program, "participating DC students are reading at higher levels as a result of the Opportunity Scholarship Program." That is why, since 2004, approximately 9,000 families have applied for spots in the program—nearly three applications for each available scholarship.

In its fiscal year 2011 budget request, President Obama has indicated this will be the last year he expects to request funding for the program based on declining participation. Give me a break. I say to the President: It is difficult to participate in a program that is closed to new applicants. Participation levels are down because the Secretary of Education rescinded more than 200 scholarships to deserving children for the current school year, and he did so after enrollment in desirable charter and public schools had already begun.

Are we going to allow these children to return to failing, unsafe schools? High school graduation rates in the District's public schools are consistently among the worst in the Nation. According to the Washington Post—which, by the way, has editorialized in favor of this over and over—just over half the District's teenage students attend a school that is "persistently dangerous," as defined by the DC Government. On an average school day, nine violent incidents are reported throughout the school system.

I would like to say that Michelle Rhee is doing her very best to bring back the school system. The DC Tuition Assistance Grant Program has been a help to many of these students. In fact, we increased attendance to college education because of the TAG Program. She is doing everything she can. Here is someone who came in here and wants to make a difference for the District. Before our Governmental Affairs Committee, she came out strongly and said this program should be continued. Mayor Fenty, the Mayor of the District of Columbia, again said this program should be continued.

What I find troubling is that some of our leaders who have exercised their right to school choice are denying that right to District parents. President Obama enrolled his children in a private school. There is no way he would allow his kids to attend the DC public schools.

Listen to this: Secretary of Education Arne Duncan moved his family to Virginia, saying:

I didn't want to try to save the country's children and our educational system and jeopardize my own children's education.

Hear that?

I don't want to try to save the country's children and our educational system and jeopardize my own children's education.

He has that opportunity. These people who take advantage of the program do not have that opportunity.

To quote former DC Mayor Anthony Williams:

It is only fair to allow low-income parents the same choices that we all have, to select the best educational environment for their child.

In a letter to Senate Democrats regarding the DC program, the National Education Association wrote:

Throughout its history, NEA has strongly opposed any diversion of limited public funds to private schools.

Unfortunately, the letter neglects the fact that the scholarships were designed according to a three-sector approach under which not a single dime has been cut from public schools. In fact, when we came in with this program—I think the Senator from Connecticut remembers—we put \$14 million into charters, \$14 million into the public school system, and \$14 million into the scholarship program. We did not take a dime away from the District. In fact, they made out quite well on it. Add up 3 times 14, whatever that is. That is not bad coming from the Congress so we can move forward with some new ideas.

I have to tell my colleagues something. The merits of the program are of little importance to the NEA. I know this because after endorsing my 1998 Senate campaign, here is what they said. I love this:

It is fair to say that no other Governor has done more for education and Ohio's children.

That is the NEA. They then quickly withdrew support for my 2004 campaign because I supported the DC School Choice Act. I was told—I will never forget it. I went into the interview. They all sit around. You know how it is. I answered their questions. After it was over, my opponent did the same thing.

Later on I heard back from the people who were there. They said: You did a terrific job. We appreciate what you have done, but you are not going to get it because we have been told from the boys in Washington: There is no way you are going to be allowed to endorse GEORGE VOINOVICH because he came out for the DC Scholarship Program.

Mr. President, I know the same kind of pressure is on many Members of this Senate. What they are afraid of is, if they vote for this amendment Senator LIEBERMAN has, it will hurt them with the OEA or the NEA they have in their respective States. Senator LIEBERMAN has done the job explaining what this is. This is not a big deal. Why can't they stand and say: This is a little bitty program that is helping a bunch of kids in the District of Columbia. Give me a break. Why shouldn't I support it?

I may be a little emotional about this, but Ohioans knew this was a good program way back in 1995 when, as Governor, I supported the opportunity scholarships with the Cleveland Scholarship and Tutoring Program Office. This was opposed—of course it was—but Ohioans knew it was a good program. Over 1,900 students participated in the first year. So with hard work and dedication, we fought for the program for nearly a decade. Finally, on June 27, 2002, the U.S. Supreme Court, in a landmark decision, agreed that the program was constitutional in *Zelman v. Simmons-Harris*.

When I leave the Senate, I am going to write a book. One of the things I am going to talk about in that book is that landmark decision that started out in the State of Ohio in 1995 because I told the legislature the Cleveland system was going down the tubes and they needed to do something else. We finally got them to agree to put that scholarship program into Cleveland, OH. As a result of that program, over 1,900 participated in the beginning of it. Today, there are 6,000 students who are participating in that program.

The benefits, I would like to say, go beyond the academic. I think the Senator from California did a beautiful job in laying out how this helps academically, but a study by the Buckeye Institute in Ohio found students involved in the Cleveland program are gaining access to a more integrated school experience. It is very important they have this kind of experience.

This program wasn't available when I was mayor, and my children probably wouldn't have been eligible for it, but I will never forget that my son George was the only White kid in his class in a major work program in the city of Cleveland, and I have to tell you he is a different person because of the fact that he had that experience.

My daughter was one of two White kids who were in a class that was all African American. The program was terrific and they took advantage of it and they had a learning experience they would not have had if it hadn't been for this program that brought kids together for a special program.

In his closing testimony before our committee, former Mayor Anthony Williams said:

Quite frankly, I am befuddled by the proposal to have the program die by attrition. I

cannot understand why anyone could eliminate a program that has uplifted the lives, fulfilled the dreams and given hopes to thousands of low-income families.

I am also befuddled by that idea, and I urge my colleagues to stand and be counted. Support the Lieberman amendment. Let's let these kids have an opportunity that without this program they are not going to have available to them.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. LIEBERMAN. Mr. President, I rise to thank Senator VOINOVICH for his statement. He brings several thoughts to my mind. The first is: Senator VOINOVICH, I am going to miss you when you retire at the end of this year. You are a straight shooter, you are a straight talker, and you speak from your heart. You have had a lot of practical experience—as mayor, as Governor, and as a Member of the Senate—and you bring it all to bear in what you said.

Secondly, I look forward to buying that book you are about to write. I hope it is about your career broadly, but I would be real interested in that Ohio opportunity scholarships or voucher program.

Mr. VOINOVICH. If the Senator would yield, Mr. President, I would like to say, I hope that one of the things I write about is the Lieberman amendment that passed the Senate.

Mr. LIEBERMAN. Well, let's call it the Lieberman-Voinovich amendment.

Senator VOINOVICH has spoken from his own experience in the Ohio case. As he said, sometimes people say opportunity scholarships or vouchers are constitutionally suspect or unconstitutional. Not true. The Supreme Court has ruled that the Ohio voucher program was a neutral private choice program that did not violate the establishment clause.

But I will tell you what rings in my ear is the questions that have been raised by my colleagues in support of this amendment. Senator VOINOVICH said: Why would you vote against this amendment? Why would you vote against this program? As the Senator from California, Mrs. FEINSTEIN, said: What is there to be afraid of in this program? It doesn't take money away from the public schools. The head of the DC Public School System is for the program because she thinks it will benefit the children who need it, whom she knows she can't give a quality education to over the 5 years of the authorization program.

This program has been tested by an independent evaluator, Dr. Patrick Wolf, principal investigator for the U.S. Department of Education study, and he concluded that:

The DC voucher program has proven to be the most effective education innovation policy program evaluated by the Federal Government's official education research arm so far.

Of the 11 innovation programs investigated, studies showed only 3 have reported any statistically significant achievement gains, and the gains reported in the Opportunity Scholarship Program in the District of Columbia are the highest thus far.

I know Senator ROCKEFELLER wants to return to the FAA authorization bill, so I will begin to wind this up. I thank all my colleagues who came over to speak on behalf of the amendment. I regret that nobody has come to speak against it. I was looking forward to a good debate. So I have to go back to this staff memo sent out to Senators against the amendment. We have actually dealt with all the arguments made:

Public dollars should be spent on public schools that accept all students subject to uniform public standards. This program accepts the students who apply, and when there are too many, they subject them to a lottery. It is a wide-open program.

They cite the Department of Education study. They do not do it fairly. They speak wrongly: DC parents already have choices about where to send their children with the public charter school network. Yet we know those programs are oversubscribed.

The fact is, all the arguments made in this memo against the DC Opportunity Scholarship Program and keeping it alive in the hopes that the lives of a limited number of students in the DC school system—1,300; maybe with this reauthorization they will be able to add a couple hundred more in each year for the next 5 years; maybe it will be 1,000 more children—will be better and for whom the doors of opportunity will be opened in a way they are not opened now. Why would anybody oppose this? I can't think of a good reason.

The group that has been most vigorously opposed has been the teachers unions. I understand why, but their interests do not outweigh the interests of these children, economically disadvantaged, with dreams and hopes they can't realize in the schools they are in but who have those hopes elevated and realized—as those three beautiful pictures of students who have been in this program that Senator FEINSTEIN showed us.

Look, along with Chancellor Rhee, I hope for and, in fact, envision a day when the DC Opportunity Scholarship Program is not needed and it will not be needed because the DC Public School System will be providing a good education to every student who lives in the District of Columbia. But that, as Chancellor Rhee has said, is not the reality these children and their families live in today. Many schools in our Nation's Capital, as the chancellor has said, are not providing an adequate education to the students.

I repeat: I will bet there is not a Member of this Senate, if their children were consigned by neighborhood allocation systems, who would not spend the money to get their children out of those schools because their children's lives and hopes and dreams would be compromised, through no fault of their own, simply because the schools were not adequate to educate them. So this is all about helping some of those students by supporting this amendment to reauthorize the DC Opportunity Scholarship Program 5 more years.

I hope and pray what Chancellor Rhee said is right; that in 5 years she can look every parent of every student in the DC Public School System in the eye and say: Your child is at a school where he or she can get a good education so we don't need the DC Opportunity Scholarship Program anymore. But for now, Chancellor Rhee says we need it, Mayor Fenty says we need it, former Mayor Williams—who helped to create the program—is strongly for it, and a July 2009 poll conducted in the District of Columbia says, 75 percent of District residents want and need the DC Opportunity Scholarship Program.

I don't see a reason why a majority of Members of this Senate, hopefully an overwhelming bipartisan majority, would speak against this; would frustrate the hopes of all these families, all these students, and all these leaders of education in the District of Columbia. So I am going to yield the floor with the hope that we can have a vote on this soon, and I urge my colleagues to think about the 1,319 children whose lives will be compromised, whose dreams will be stifled if this program is not reauthorized.

I thank Senator ROCKEFELLER for his patience while we continued on this amendment, and with that, I yield the floor.

Ms. MIKULSKI. Mr. President, I rise to vehemently oppose Senator LIEBERMAN's amendment to reauthorize the District of Columbia Opportunity Scholarship Program. This amendment would extend a program that impacts fewer than 5 percent of the District's public school children, and, after more than 5 years in operation, has proved to be little more than an ineffective exercise in ideologically driven education reform.

The DC Opportunity Scholarship Program has minimal impact and scant evidence of any academic benefit to the students who participate in the program. It also siphons vital Federal money away from DC families that enroll their boys and girls in public schools. I would rather see that money invested in research-driven, high-impact education initiatives that benefit public schools open to all children. Let's invest more in DC's early education programs, so that moms and dads have kids ready for kindergarten

when they get there. Let's boost funding for teacher recruitment to bring the best teachers into DC's most challenged schools, which can have a tough time recruiting top talent. Let's invest in the renovation and modernization of DC's oldest school buildings, so students and families are guaranteed safe, clean, and healthy learning environments. Let's ramp up funding to improve DC's special education programs, so that parents aren't forced to send their children to costly, private special education providers.

I can understand why parents would be excited about the opportunity to send their child to a private school. I myself am the product of a Catholic education. But I cannot reconcile that potential benefit to parents with the fact that certain members of Congress believe they can act like DC's school board. I believe the District of Columbia should have a voice and a vote in Congress; that they should receive statehood. I believe they should control their own money. And, I believe that if DC would like to have a voucher program the DC School Board should vote for it and pay for it with local, not Federal, tax dollars.

I urge my colleagues to join me in opposing Senator LIEBERMAN's amendment.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. ROCKEFELLER. Mr. President, I rise to get back to something called the Federal Aviation Administration reauthorization bill. It is the bill we are on. I do not hesitate to say my daughter was one of the cofounders of a charter school, very successful, in Washington, DC, but I would also say to her, as I would to proponents of this legislation which is being discussed—vouchers—that in the Federal aviation bill, we are talking about 500 million Americans who fly every year. Not to diminish them nor my daughter's incredible work—1,300 students—that figure is going to rise very shortly to over 1 billion, and therefore what we do in the Federal aviation bill, which is the pending business, is incredibly important.

Senator BYRON DORGAN has discussed safety issues and other aspects of the legislation and he is the chairman of the Subcommittee on Aviation Operations, Safety, and Security, which I was for 10 years before I became chairman of the full committee, so I care passionately about the Federal Aviation Administration bill. I recognize it is not the most colorful, gallant legislation in the history of the world but, believe me, it affects every single American. It used to be that only 16 percent of Americans fly. Now everybody flies.

There is no way to describe how frustrated passengers are, and they have every right to be. This Federal aviation bill, incidentally, has been extended or

laid over 11 different times. Eleven different times we have not been able to get to it, until this day. So I am glad we had the previous discussion and we are going to get to a number of amendments and vote on them before 6 o'clock this evening, after I announce some agreements that have been already been reached. So progress is being made, and I just wish to see it continue being made.

You have to figure that some passengers—not many cases but in some cases—have been kept waiting 9 hours on a tarmac. I can't even begin to do the body math of 9 hours, but I don't choose to because it is not pleasant. How does one eat? How does one keep sanity? Presumably, the engines are running. If they are, there is air. If they are not, there is no air. So it is extremely stuffy. You are without food, you are without water, you are without facilities and, most important, you are without any information to know where you are. This is all absolutely unacceptable.

In one little section of the bill, I want to say a couple of the things we do to fix that. This bill requires that air carriers in coordination with airports develop contingency plans to make certain they are prepared for these kinds of delays which will happen and which do happen. As more and more people fly, they will happen more frequently. It is a fact of life.

Under our bill, passengers have to have access to water, they have to have access to food, to restroom facilities, and to medical attention. They cannot remain on the tarmac for over 3 hours. I think that is stretching it. There is one little caveat which I sort of accept—at least it is in the bill—that if a pilot in his or her judgment believes that within the next 30 minutes or less they will take off, they do not have to go back to the terminal to disgorge their passengers so they can get caught up on water, facilities, medical attention, all the rest of it.

These are such commonsense protections, but they affect so many people and children. I have five grandchildren. I am trying to think what my five grandchildren would be acting like after 3 hours on a plane that has not gone anywhere. I am trying to imagine that from various points of view and none of them comes out very favorably, not one of them.

The air carriers will also have to post on their Web site which of their flights as a matter of their record tend to be delayed, tend to be canceled, tend to be on time, or diverted. That is a matter of record. It is not doing every one, but those which are likely to do that. That is on the Web site so when the passenger purchases tickets they get that, and that information has to be updated on a monthly basis and it has to be provided to customers before they purchase a ticket, Web site or no Web site.

That is an advance in keeping passengers happier.

Any air carrier selling a ticket must disclose the actual air carrier. Why do I say that? Because, as Senator DORGAN has said a number of times, oft you do not know what you are flying on. There is a United up here, and a Colgan down here, and you don't know what you are flying on so you do not know who to hold accountable. We think accountability matters so you are told before you get the ticket what plane you are going to be flying on—who owns that plane, who flies that plane. So you do not, as I routinely—in West Virginia, this Senator—they are all propeller flights with one or two exceptions.

Senator DORGAN has also pointed out that 50 percent of all our aviation in America—and we do fly half the people in the world. We are half the world's air traffic, right in North America. So we have to know whether they are a regional carrier and we have to know the information about them before people buy their ticket.

Passengers have been overlooked. They have been dismissed by the aviation system for so many years because we could get away with it and everybody was prospering. But along this time people were suffering, grievously sometimes. I think a lot of people—in fact, I think of a couple of my sisters and some people in my office, who, just when they are in an airplane, they change. They get white-knuckled. It is a cylinder, and people react in different ways to that. So we need to give passengers all the comfort, the information, and the transparency they can possibly have.

I just make that short statement. It is one aspect of our very long and comprehensive FAA authorization bill which has been waiting now for 3 years to reauthorization, and which we wish to do.

The PRESIDING OFFICER (Mrs. HAGAN). The Senator from North Dakota.

Mr. DORGAN. Madam President, as the Senator from West Virginia said, we are on the FAA reauthorization bill, that is reauthorizing the programs that deal with aviation safety and air traffic control and airport improvement funds and essential air service—all of these issues. For the last hour we have been hearing debate about a school voucher program in the District of Columbia. Why would that be the case? Because this is an authorization bill and anyone can come and offer any amendment to an authorization bill. So Senator LIEBERMAN and the cosponsors of his amendment are well within their rights to do that. It has nothing at all to do with the bill on the floor of the Senate, however.

Because we are going to vote on it, however, let me say a few words about it. I have spoken about the FAA reauthorization bill previously this after-

noon and will again later, but let me talk for a moment about the issue of school vouchers. First, this is not the place to do it. This is not the place to offer the amendment. They have the right to offer the amendment but we are trying to get a bill done here.

The rest of the world is moving forward to modernize the aircraft control system and we, with the most congested and complicated air traffic control space in the world, we have extended the FAA authorization 11 straight times because we have not been able to get a bill done.

We will probably have three or four votes today and none of them have anything to do with the FAA. I hope we will clear some amendments. Senator ROCKEFELLER has been working hard to clear some amendments, but the votes we will have today have to do with earmark reform or school vouchers or any number of other subjects, discretionary budget caps, having nothing to do with the underlying bill. But if we must vote on them, let me at least take a couple of moments to respond to what we have heard for the last hour.

I know the people who came here to support the voucher amendment are enormously passionate about their support. The amendment is providing vouchers paid for by the American taxpayer for about 1,200 students in the District of Columbia, to attend private schools. In short, it provides public funding for certain students to attend private schools.

I am a big supporter of education. I believe education is our future. I believe when Thomas Jefferson said that anybody who believes a country can be both ignorant and free believes in something that never was and never can be. I understand that. I think education is the building block and foundation for America's future. In fact, it has been the success of America, that we designed education from the very start differently from many other countries. We said we are going to have a system of public education—public education, that means public schools that allow every child to go into that school and come out of that school with whatever their God-given talents allow them to become. We are not going to move people off, in the sixth grade or eighth grade, based on ability. That is not the way we are going to do it. Every child can enter those classrooms and decide to graduate with whatever their God-given talent allows them to achieve in this education system.

That is public education. I know people say to me America's schools do not work. Oh, really? Really? If you get to the Moon, anybody, would you please tell me whose bootprints are on the Moon? They are not Chinese or Russian, they are bootprints made by an American, made possible by people who were educated in America's public

school system, who helped us to understand the science and math that allowed us to learn to build airplanes and learn to fly them and then build rockets and walk on the Moon and plant an American flag on the Moon. Public education has been remarkable for this country.

I walked into the oldest House Member's office the first day I came to the Congress. His name was Claude Pepper and he had two photographs behind his chair, at his desk, that I have never forgotten. Claude was in his mid- or late eighties. One photo was of Orville and Wilbur Wright making the first airplane flight, December 17, 1903, 59 seconds off the ground, the first human-powered flight. The photo was autographed "To Congressman Claude Pepper with deep admiration, Orville Wright," before Orville died.

But just behind it was a second photograph of Neil Armstrong stepping gently with his boot on the surface of the Moon. I thought to myself, what is the distance measured between those two photographs? About four inches. But think of the distance in education, to learn to fly and fly to the Moon. Someone else didn't do that. We did that, with a network of public education that says to every kid: You can become whatever your God-given talents allow you to become.

Universal education in a system of public schools. Is it perfect? Certainly not. Has it worked? You bet. I am so tired of people trashing public schools. I go into a lot of classrooms and I almost never leave the classroom without thinking to myself: What an American hero teaching in that classroom. They didn't choose the profession that pays the most, for sure. But that teacher, that man or woman who is teaching those kids, what a remarkable person that is. I always leave classrooms feeling that way.

Let me talk about this program very quickly. This program, a voucher program to create public funding for a certain number of students here in the District of Columbia to attend private schools, was established as a 5-year pilot program in 2003. That is 7 years ago; a 5-year pilot program. It has now been extended twice through appropriations bills in order to minimize the disruption for students already in the program and a plan to wind it down is now in place. Reauthorization is not needed to keep current students in their schools.

In my judgment, public dollars should be spent on public schools. Yes, there are improvements that are needed in public schools. Why don't we invest in those improvements. Here in the District of Columbia they are \$40 million short of what is needed. Yet we are using public dollars to support vouchers for private schools. I know it is not a lot of money but this is a program that, 7 years ago, was authorized

for 5 years. It demonstrates how hard it is to shut down any program. At a time when education budgets are being slashed for public schools, we ought to be directing the money we have in the public domain for public schools.

Those who wish to attend private schools, they pay private tuition, I understand that. But our public funding ought to be devoted to strengthen our public schools.

Let me talk for a moment about a study that has been done of this voucher program. It has produced very mixed results. The Department of Education did a study that was mandated. After 3 years, no statistically significant achievement impacts were registered for students coming from the lowest performing schools. The reason that is important is that was the target of this program, low-performance schools, to allow those parents to get those kids out of those schools and give them a voucher to go to a private school. What we have discovered from the Department of Education study is for those very schools, the target schools, the lower performing schools, there is no statistical achievement impact for students who came from those schools going into this voucher program.

Some of my colleagues said you have to give these people a choice and a chance. How about giving them a choice? The District of Columbia already has choices. There are choices available to parents on where to send their kids. There is a robust public charter school network with 60 charter schools here in the District of Columbia. Unlike voucher schools, public charter schools are open to all students, subject to the same accountability as all other schools, public schools; the same accountability standards. So the parents in DC already have some of that flexibility about which schools their children shall attend.

This program has not gone through the full committee process since 2003. The Homeland Security and Governmental Affairs Committee has yet to mark up this legislation in this Congress. More important, this amendment has nothing at all to do with the bill that is on the floor of the Senate.

I do not support this on its merits. I didn't support it in the Appropriations Committee. I do not support it now. I believe we ought to defeat it at this point, not because I do not support education but it is precisely because I support public education that we ought not be spooning off money here into a voucher program, taking public funds and moving them into private schools with, as I indicated, very mixed results as reported in a study that was done by the U.S. Department of Education.

I want for our children, for all children, to have the best education they can have. Our public school system has served this country well, but we have a lot of challenges. I will, finally, say

this: One of the significant challenges of the public school system is not that teachers are poor teachers; it is not that the school is a bad school; it is, a school inherits virtually everything that exists in that town or that neighborhood and has to deal with it. That is just a fact.

So it is a challenge sometimes to, in public schools, do all that we want to do. But if we look at a couple of hundred years of history in the United States of America, it is pretty hard to conclude that we, as opposed to all other countries, we are the ones with universal education. We are the ones who supported public education. It is pretty hard to conclude that we have come up short relative to other countries.

Let me make one other point and perhaps boast just for a moment. If North Dakota were a country and not a State, a country not a State, we would rank second in the world next to Singapore in eighth grade math scores.

Does good news get reported very often? Not very often. It is just bad news that sells. This is an old saying: Bad news travels halfway around the world before good news gets its shoes on.

We ought to spend a day talking about the good news of education and then spend time as well addressing the challenges because there are some difficulties that we need to address. But I did want to say I am not going to vote for this voucher amendment. I do not think it is the right choice. I believe the proper choice is to strengthen public education, address the challenges of public education. We can do that. Our parents did it, our grandparents did it, and we can have the same kind of impact on our future as they did.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. KAUFMAN. Madam President, I ask unanimous consent to speak as in morning business for up to 25 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

LEHMAN BROTHERS

Mr. KAUFMAN. Madam President, last Thursday the bankruptcy examiner for Lehman Brothers Holdings, Incorporated released a 2,200-page report about the demise of the firm, which included riveting detail on the firm's accounting practices. That report has put into sharp relief what many have expected all along: that fraud and potential criminal conduct were at the heart of this financial crisis.

Now that we are beginning to learn many of the facts, at least with respect to the activities of Lehman Brothers, the country has every right to be outraged.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. ROCKEFELLER. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ROCKEFELLER. Madam President, I ask unanimous consent that the Senate now resume consideration of the DeMint amendment No. 3454, and that at 6 p.m. the Senate proceed to vote in relation to the amendment, with the time until then divided and controlled between Senators INOUE and DEMINT or their designees; and that upon disposition of amendment No. 3454, the Senate then proceed to vote in relation to the following amendments with 2 minutes of debate prior to each vote equally divided and controlled in the usual form; and that after the first vote in this sequence, the remaining votes be limited to 10 minutes each; and that no amendment be in order to any of the amendments in this order, prior to a vote in relation thereto; and that in the case where there is a modification, the amendment be so modified with the changes at the desk.

The amendments are Feingold amendment No. 3470, as modified; Vitter amendment No. 3458, as modified; Lieberman amendment No. 3456.

The PRESIDING OFFICER. Is there objection?

Mrs. HUTCHISON. Madam President, I will not object, but I would like to add that Senator COCHRAN be protected, with Senator INOUE, to have some of the divided time but that it not affect the 6 o'clock beginning.

The PRESIDING OFFICER. That is the understanding of the Chair.

Without objection, it is so ordered.

The amendments, as modified, are as follows:

AMENDMENT NO. 3458, AS MODIFIED

At the end of title VII, add the following:
SEC. 7. COASTAL IMPACT ASSISTANCE PROGRAM AMENDMENTS.

Section 31 of the Outer Continental Shelf Lands Act (43 U.S.C. 1356a) is amended—

(1) in subsection (c), by adding at the end the following:

“(5) APPLICATION REQUIREMENTS; AVAILABILITY OF FUNDING.—On approval of a plan by the Secretary under this section, the producing State shall—

“(A) not be subject to any additional application or other requirements (other than notifying the Secretary of which projects are being carried out under the plan) to receive the payments; and

“(B) be immediately eligible to receive payments under this section.”

AMENDMENT NO. 3470, AS MODIFIED

At the end, insert the following:
TITLE —RESCISSION OF UNUSED TRANSPORTATION EARMARKS AND GENERAL REPORTING REQUIREMENT
SEC. 01. DEFINITION.

In this title, the term “earmark” means the following:

(1) A congressionally directed spending item, as defined in Rule XLIV of the Standing Rules of the Senate.

(2) A congressional earmark, as defined for purposes of Rule XXI of the Rules of the House of Representatives.

SEC. 02. RESCISSION.

Any earmark of funds provided for the Department of Transportation with more than 90 percent of the appropriated amount remaining available for obligation at the end of the 9th fiscal year following the fiscal year in which the earmark was made available is rescinded effective at the end of that 9th fiscal year, except that the Secretary of Transportation may delay any such rescission if the Secretary determines that an additional obligation of the earmark is likely to occur during the following 12-month period.

SEC. 03. AGENCY WIDE IDENTIFICATION AND REPORTS.

(a) AGENCY IDENTIFICATION.—Each Federal agency shall identify and report every project that is an earmark with an unobligated balance at the end of each fiscal year to the Director of OMB.

(b) ANNUAL REPORT.—The Director of OMB shall submit to Congress and publically post on the website of OMB an annual report that includes—

(1) a listing and accounting for earmarks with unobligated balances summarized by agency including the amount of the original earmark, amount of the unobligated balance, and the year when the funding expires, if applicable;

(2) the number of rescissions resulting from this title and the annual savings resulting from this title for the previous fiscal year; and

(3) a listing and accounting for earmarks provided for the Department of Transportation scheduled to be rescinded at the end of the current fiscal year.

The PRESIDING OFFICER. Who yields time?

Mrs. HUTCHISON. Madam President, I just wanted to say to my colleagues that they need to prepare now for a 6 o'clock vote. Anyone wanting to debate will be able to do so within the constraints of the resolution that we just passed.

Senator INOUE is on the Senate floor. We are expecting Senator COCHRAN and Senator DEMINT. So I hope if anyone else wants to have time within those timeframes that they would come to the floor now because I will object to any delay beyond 6 o'clock to start these four votes.

I yield the floor.

Mr. ROCKEFELLER. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. INOUE. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. INOUE. Madam President, the amendment offered by the Senator from South Carolina is, simply stated, a misguided attempt which would turn over the power of the purse to the executive branch. It will not save a penny toward the deficit. It will allow unelected bureaucrats who have no ac-

countability to voters to determine how Federal tax dollars are expended instead of the Congress.

Despite the protestations of a few Senators and an active media campaign spurred on by well-financed so-called watchdogs, this amendment is a solution to a problem that does not exist.

For the sake of my colleagues who may still want to support a moratorium on earmarks, let me point out where we are at this moment. Since retaking the majority in 2006, the Democratic-led Congress has reduced funding for earmarks by more than 50 percent.

As the new chairman of the appropriations committee last year I vowed with the Chairman of the House Appropriations Committee, Representative OBEY, that we would continue on the path set by former Chairman BYRD to reduce earmarks until they represented less than 1 percent of discretionary spending.

We achieved that objective in the fiscal year 2010 Appropriations Bills, and we have agreed that we will not exceed 1 percent as long as we are chairmen of our respective committees.

If we look at the numbers in 2006, the completed appropriations Acts included \$16.7 billion in what are called "Non-project Based Earmarks."

Madam President, \$8.4 billion of these were in defense and the remainder in non-defense programs. In the fiscal year 2010 bills, we ended the year with a total of \$8.2 billion in earmarks, \$4.1 billion in defense and \$4.1 billion in non-defense, well below 50 percent of the amount in 2006.

As a percentage of discretionary spending, non-project based earmarks are hardly ½ of 1 percent. Not only have we accomplished our objective, we have exceeded our goal.

I am sure others will cite different numbers and try to say that we have many more earmarks than we are counting. The earmark definition that we use for FY 2010 is the one that comes from the Senate rules. Other outside groups may want to consider additional congressional items as earmarks, but we can only go by what the Senate has declared as earmarks.

In summation, let me say this. Since the Democrats have retaken the Congress we have reduced earmarks by more than 50 percent. We are well below 1 percent of total discretionary spending for non-project based earmarks, and we will not be going above 1 percent as long as I am Chairman.

As the Senate considers this amendment, I believe it is time we have an honest debate about the overall subject of earmarks. What they are and what they aren't.

First and foremost, earmarks have nothing to do with the deficit. And let me say that another way to make sure everyone understands.

If we eliminate all earmarks this year or forever, it will not save a nick-

el in Federal spending. Not a dime. Not this year, next year, or ever.

So to continue on this theme, if we adopt the amendment from the senator from South Carolina, we won't save a penny in fiscal year 2010 or fiscal year 2011. We just change who gets to decide what we spend.

The definition of an earmark is to carve out funding from a budget for a specific purpose. It is not adding to the budget. When we specify that we want an agency to spend a portion of its budget on a specific item we aren't increasing that agency's budget, we are simply reallocating funding within the budget for that purpose.

If that is not completely understood let's look at it this way. The president submits his request to the Congress for funding by agency and budget functions.

Our budget committee reviews the funding requested and tells the appropriations committee how much funding it can spend in the budget resolution.

The budget resolution makes no assumptions about earmarks. It doesn't designate earmark levels in any way, shape or form.

The appropriations committee then divides the total funding provided in the budget resolution among its subcommittees.

The committee doesn't increase an allocation for earmarks, nor does it reduce the allocation if earmarks are not funded.

Instead it provides the subcommittee with a total amount it can spend. For example, the Foreign Operations subcommittee usually chooses not to provide earmarks. That doesn't change the amount of spending the subcommittee provides.

If the Senate adopts this amendment it will dictate that the fiscal year 2011 there will be no earmarks, but the budget committee won't be reducing the allocation to the appropriations committee. The appropriations committee won't reduce the subcommittee allocations. We will just defer to the executive branch to determine how taxpayer funds are spent.

So this debate like all others on the issue of earmarks is who gets to determine how taxpayer funds are allocated, the congress or the Executive Branch?

All my colleagues are aware that the Constitution requires the Congress to determine where our Nation's funds should be spent. There can be no argument on that.

Why then do a handful of members persist in advocating the elimination of the congressional discretion to allocate funds?

Some raise the factor of corruption. We are all too aware the role that earmarks played in the corruption and eventual conviction of one Republican member of the House of Representatives.

While other corruption has swept other Members of the House, little of

that had to do with earmarks. It has involved paid vacations or gifts. It has had to do with sweetheart deals in legislation, or possible bribes for legislative favors.

Moreover, the appropriations committee has enacted reforms to minimize any possible chance of corruption by increasing transparency.

As Chairman I now require members to place all of their earmarks on their website 30 days before we act upon their requests.

We then post all earmarks that are to be included in appropriations bills on the committee's website 24 hours before the full committee takes action on the bill.

Furthermore, as directed under Senate Rules, we require each Senator to certify that he or she has no pecuniary interest in any earmark that is requested.

We cannot legislate morality. What we can do and have done, however, is to put safeguards in place to ensure that our actions are above board, transparent, and in the best interest of our constituents.

Clearly if this amendment were to become law it would change who does the earmarking, not whether earmarks are done.

On February 1, the President submitted his appropriations requests to the Congress. The staff of the appropriations committee has begun its detailed examination of that request.

My colleagues should know that our review by the staff and the members of our subcommittees takes months to complete. However, in our preliminary review of the budget we have discovered that the President has requested earmarks totalling \$25 billion.

This is a conservative estimate of the executive branch's earmarks and it uses the same criteria as we would use to identify a congressional spending earmark, specific location or entity, noncompetitive award, and specific dollar amount.

In this first assessment, we find that the administration request exceeds congressional earmarks that were approved last year by more than 100 percent, twice as much.

This amendment would do nothing to stop the practice of earmarking, but rather only eliminate the congressional influence in that process.

But for those who want to persist in championing this amendment as a reform, they should seriously think about the following information.

Last week, the democratic leadership of the House Appropriations Committee announced that they no longer would include earmarks done on behalf of for-profit entities, that means for all practical purposes, private companies.

The reaction from the lobbying community and other interested parties was swift.

According to a March 11 Washington Post article:

Lobbyists said a prohibition against for-profit earmarks will shift their focus from Capitol Hill to the Federal agencies.

Mr. Alan Chvotkin, a lobbyist for the Professional Services Council, was also quoted saying:

There will be greater attention focused on protecting programs in the President's Budget.

Lobbyists and oversight organizations both agree—the lobbyists will simply go around the Congress and attempt to get their earmarks in the President's Request.

A story that appeared in the March 11 edition of Roll Call reports that Bill Allison of the nonpartisan Sunlight Foundation, which advocates for government transparency, said earmarks should remain in appropriations bills.

"The dangerous earmarkers are those going underground," Mr. Allison said. "The real solution is to make them transparent."

Instead of banning earmarks, Mr. Allison said Congress should focus on creating a centralized place for the public to see who is requesting earmarks and an easily navigable process for following an earmark from start to finish.

Let me say for the record we already do that.

And finally, this from Laura Peterson of Taxpayers for Common Sense, an organization that has been outspoken in its criticism of the appropriations committee.

In a March 10 Congressional Quarterly article, she said:

Any ban on spending defined as earmarks could end up increasing the practice of securing funding without formally requesting an earmark. I would be concerned that some earmarks might just migrate to the appropriations bills as committee adds.

If it weren't so serious it would be almost laughable. Under this amendment, we won't eliminate earmarks, we will only eliminate our role, a role the Constitution has assigned to the Congress.

Moreover, all our efforts at making earmarks more transparent would be rendered moot.

The reforms we have implemented, which ensured full and open disclosure of who sponsors earmarks, as well as who has given money to those sponsoring earmarks, would be irrelevant.

Instead, we will have these decisions made by unelected bureaucrats in back rooms of agencies scattered all over this city. Is this the transparency that earmark opponents desired? I think not.

I don't understand why those who are the most opposed to the policies of the current president are so intent on putting additional power into his hands and those who serve the Executive Branch. Article I of the Constitution states very clearly:

No money shall be drawn from the Treasury, but in consequence of appropriations made by law.

The DeMint amendment tramples on the framework established by our

founding fathers. In fact, James Madison believed the power of the purse to be the most important power of congress. He called it "The most complete and effectual weapon with which any Constitution can arm the immediate representatives of the people."

I want all my colleagues to understand what we are doing today. I want everyone watching this body on the television to understand what we are doing today, so that in the future, no one can say, "I didn't know."

This amendment shifts the power to designate the expenditure of and accountability for taxpayers' hard earned dollars away from the representatives they elected, to the Executive Branch, where unelected bureaucrats who are accountable to no taxpayer will make the decisions of where those dollars will be spent.

There were indeed corruptions in the earmark process in the past. No one will dispute that. A Republican member of the House was convicted for corruption related to earmarking.

But we as Democrats addressed that issue when we came into power. We implemented reforms which ensured full and open disclosure of who sponsors earmarks, as well as who has given money to those sponsoring earmarks. It is all outlined for the world to see.

Now with this amendment, not only is transparency in the Congress not continued, but we are shifting the decisionmaking related to billions of dollars—which is another way of saying earmarking—to unelected bureaucrats.

As I said, now with this amendment, not only is transparency in the Congress not continued, but we are shifting the decision-making related to billions of dollars—which is another way of saying earmarking—to unelected bureaucrats that do not have to post anything about their relationships to recipients, who they meet with, when they meet with them, or who bought them dinner. None of those reporting requirements apply to unelected bureaucrats.

I am a strong proponent of earmarks. I am proud to sponsor earmarks that meet the needs of my constituents. Like every other Member of this body, I believe I understand the needs of my State better than the bureaucrats downtown do. I am closer to the people of Hawaii and I owe my allegiance to them.

I will continue to support earmarks for Hawaii as I will support the legitimate earmarks from other members of this institution.

The founders of our great Nation in their wisdom correctly placed the power of the purse in the hands of our elected legislators.

Those who seek to overturn that decision by placing artificial constraints on our ability to carry out that mandate are ultimately undermining our Nation's freedoms. They would create a

system where there is no accountability to the voter on how their tax dollars are spent.

This amendment is one of many this institution has faced and will continue to face that seeks to alter the way taxpayer funds are allocated.

Perhaps unwittingly, but if enacted it would turn over spending decisions to the executive branch and weaken our separation of powers. We should not tolerate that.

Finally, to remind my colleagues, this amendment won't save a nickel. It has no impact on the deficit. The amendment serves no purpose other than to take away the Congress's right to determine how funds are allocated. I urge all my colleagues to reject this amendment.

The PRESIDING OFFICER. The time of the Senator from Hawaii has expired.

Mr. INOUE. Madam President, I thank you very much and I hope this amendment is defeated.

The PRESIDING OFFICER. Who yields time?

Mr. INOUE. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. COCHRAN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Mississippi.

Mr. COCHRAN. Madam President, I understand we have time allocated to this side of the aisle, and the Senator from South Carolina has agreed to yield me a few minutes, and then he is going to close up debate after I speak.

The PRESIDING OFFICER. The Senator is recognized.

Mr. COCHRAN. Madam President, I oppose the amendment of the Senator from South Carolina. He is a friend of mine. He is a distinguished Senator. He makes an impact here in the Senate that is very impressive. But I think his proposal to impose a virtual moratorium on congressionally directed spending is not in the public's interest.

Some Senators who support the amendment voted earlier this year against creation of a deficit reduction commission and against pay-as-you-go rules. They argued that those initiatives were merely fig leaves and might make Congress feel good, but would not serve any useful purpose and might actually operate against our effort to reduce the national debt.

This amendment also may make you feel good, feel like you are doing something to reduce spending, but in reality, it does not accomplish that goal. Earmarking has nothing to do with how much the Federal Government spends, but it has everything to do with who decides how the Federal Government spends.

The DeMint amendment applies to earmarks in any bill—whether it is authorizing legislation, tax bills, or appropriations bills. The Appropriations Committee drafts bills that conform to the discretionary spending levels established in the annual budget resolution. If it is the will of the Congress, as expressed in the budget resolution, to increase domestic spending by 5 percent, the Appropriations Committee produces bills to conform to that level of spending. If the will of the Senate is to cut discretionary spending below a certain level, the committee will do that as well.

In any case, the committee allocates the discretionary amounts of funding for Federal programs as provided in the budget resolution. We also review the President's budget request, the levels of funding in prior years, and other considerations that are important. We meet with many outside groups during the annual hearing process. We review the requests for funding of every government agency in the executive branch. We also consider the priorities expressed by Members of the Senate. Some come to our hearings and testify as witnesses. We have an annual series of hearings reviewing every Department's budget requests and the agencies that operate within those Departments.

We subject the entire process to careful scrutiny. The Senate as a whole is involved as they want to be in negotiations with the other body, letting us know what their views are, and what we should argue for during conferences with the House. In disagreements with the administration, the Congress really has the power for the final say-so.

We do not all agree on the spending levels approved in the budget resolution. The Senator from South Carolina and I are likely to agree that the discretionary spending level approved for fiscal year 2010 was too high. But the level of spending is not the question before us. The question proposed by the DeMint amendment is whether Congress will allow the executive branch to make 100 percent of all the decisions about how spending is allocated or whether Congress will preserve its constitutional prerogative to appropriate funds for the purposes it deems meritorious.

There are many outstanding civil servants within the executive branch who do their best to manage in a careful way Federal funds in a professional manner. But those persons are not necessarily familiar with the interests of the people in our respective States and with the needs of those we represent.

It is naive to think that political considerations are not going to be a part of the executive branch decision-making process. History belies the notion that executive branch judgment with regard to spending is superior to the legislative branch.

Are my colleagues happy with the way stimulus funding has been spent, unfettered by congressional earmarks? Will western Senators be comfortable appropriating lump sums of money to the Department of the Interior for land acquisition not knowing what lands will be acquired? Inspector general reports arrive almost weekly describing wasteful and sometimes fraudulent spending by executive branch agencies.

Some may think executive branch spending decisions are entirely merit based, immune from political pressure and lapses in judgment. But they are not. That is one of the reasons I am not willing to cede every spending decision to the executive branch. I am not talking about political party-driven decisions, but I am not willing to concede superior public interests in the executive branch as compared with the legislative branch. I think the people of my State are entitled to be represented by advocates of projects that are important to the interests of their State. The programs and legislation that benefit our State they want me to support, and they want it to be in the best interests of my State and the country.

Each Member has to make his or her own analysis of each bill based on the entirety of its contents, the Member's views and background, his or her view of the national interest. So the presence or absence of earmarks is not the determining factor in the quality of the legislative process.

Every piece of legislation we consider in the Senate affects all of our citizens, communities, and industries in different ways. The bill currently before the Senate, which is the FAA authorization bill, has many provisions of particular interest and benefit to communities and sectors of the aviation community.

Madam President, I know the time is limited, and I do not want to prolong the debate. I do not question the motives of any Senator in this legislative process. Actions that we are taking are driven by notions of what is in the best interests of the country. We just happen to disagree, and I strongly disagree with this amendment.

Should we throw up our hands and say: This is a tough job, and let's turn it over to the executive branch; let's respect their decisions, forget our own interests in our States, and our own individual backgrounds and experience? Of course not. That would be an abdication of our responsibilities as Senators.

So the solution is to adopt an aggressive budget resolution; consider all spending and tax bills in a transparent fashion; subject them to public, careful scrutiny; allow Members to propose amendments on any and all provisions of any and all appropriations bills. When they judge it to be wasteful, vote against it. Cut the spending or approve it. In any case, do what each individual

Senator thinks is in the public interest, unfettered by makeshift budget restraints that accomplish nothing except shift power from the Congress to the Executive.

The PRESIDING OFFICER. The Senator from South Carolina. Mr. DEMINT. Thank you, Madam President. I thank the Senator from Mississippi and—

Mr. INHOFE. Will the Senator yield? Mr. DEMINT. No.

Mr. INHOFE. Will the Senator yield? Mr. DEMINT. No.

Mr. INHOFE. For a question?

Mr. DEMINT. Yes, sir.

Mr. INHOFE. Would you be willing to give me 2 minutes? That is all I need. I want to say and make sure everyone understands this. I have a totally different argument against this. I happen to be ranked as the most conservative Member of the Senate, and all you are trying to do with this thing—all you will end up doing, if you are successful, is giving all this to the executive branch.

Mr. DEMINT. I thank the Senator. I reclaim my time.

Mr. INHOFE. Well—

Mr. DEMINT. All the time so far—

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. DEMINT. All the time so far has been used—

Mr. INHOFE. Let me ask—

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. INHOFE. For a unanimous consent request.

The PRESIDING OFFICER. The Senator from South Carolina has the floor.

Mr. INHOFE. I ask for a unanimous consent request, please.

Mr. DEMINT. Thank you, Madam President.

The PRESIDING OFFICER. The Senator does not have the floor.

The Senator from South Carolina.

Mr. DEMINT. If the Senator will yield, all the time so far has been yielded to those who oppose the bill. As I understand it, the time will be cut off at 6, and I will use that remaining time.

I do want to thank the appropriators, the Senator from Mississippi, all of those who work for the entire Senate to do what the Members ask as far as to look out for their States, and I do not call into account their motives at all. But I think as Members of the Senate we have to ask ourselves: Is the way we are doing this working?

We can have all the theoretical arguments we want. But what we have is trillions of dollars of debt, many wasteful projects. The trust in our government is at an all-time low, and the earmarks we are sending out all across the country are mostly now with borrowed money.

So we can talk about our theories all we want, but what we are doing is not working, and perception is reality.

With all of our debt, the corruption, the waste, every American has a right to question what we are doing right now. Clearly, if it is a constitutional responsibility for all of us to be here to get money for our States, somehow for the first 200 years of our country that was missed because even a few years ago Ronald Reagan would veto a bill with less than a couple hundred earmarks in it because of all the pork and waste. But now we are in the thousands and tens of thousands. It is out of control. The waste and the fraud and the abuse is so obvious that it is time we see it in the Senate.

If you look at the Constitution, a couple of principles are clear. They expect uniformity across the States, non-preferential treatment, and that is not what happens with earmarks. Folks, we have to admit, while a lot of the proponents of earmarks will say it is a small part of our total budget, that is like looking at a long train that covers a whole mile and saying the engine is just a small part of that train. But the engine is what pulls the whole train, and earmarks are what pull through a lot of spending and a lot of borrowing.

Just going back 1 year, the big bailout bill—almost a trillion dollars—failed to pass the House, and then they added earmarks and it passed. Following that was a stimulus bill, a candy store of earmarks. After that, the omnibus bill with thousands of earmarks that sailed through the Congress, and even the health care bill. With the “Nebraska kickback,” the “Louisiana purchase,” Americans now know that we buy votes with earmarks.

Isn't it time we just take a timeout for 1 year and see if we can reform this system? Some of the reforms people are talking about that we have been talking about for years that we have not done—it is time to admit what we are doing is not working.

In the House of Representatives, yesterday, the Republicans led the way. They do not agree on how to deal with earmarks long term, but they agreed that it is enough of a problem that they decided to take a 1-year moratorium on earmarks. The House Republican Conference voted to eliminate earmarks for 1 year. It gives us a chance to take a timeout to try to work on this.

As to the argument that if we do not do earmarks, the administration will do it, folks, we have every power here by the way we appropriate to disallow the use of funds for certain things. We could not only here do what we are supposed to do, which is pass bills that provide funding for programs, and then provide the oversight for the administration—and we require they only use the funds in a nonpreferential, formula-based way or competitive grants or bids—we have every way to restrain the way the administration uses the funds that we appropriate. Then what

would happen is, we would resist big spending bills because we did not have our parochial interests, our conflicts of interest to get money for our States.

Senators, we are not here to get money for our States. We are here as representatives of our States in the United States of America, and we put up our hands and say: We are going to defend and protect the Constitution that is about the general welfare of America. We cannot continue to come here every day and talk about our unsustainable debt, and then say: I have to have \$1 million for my museum or my local sewer plant when, in fact, this is borrowed money.

We do not have the money we need to keep the promises to seniors we have made for Social Security and Medicare and to defend our country. Yet we spend most of the year trying to get earmarks for our local communities so we can do a press release, so we can talk about bringing home the bacon.

So we can talk about how a lot of these projects may have merit, but what doesn't have merit is when we forgo the interests of our Nation, the general welfare of our people, so that we can do our press releases on our tens of thousands of earmarks.

It is time to bring it to a close, at least for 1 year. The House has taken a bold stand, at least on the Republican side. Let's vote to take a timeout on earmarks, try to get our house in order, re-earn the trust of the American people, and stop putting this debt on the shoulders of our children.

We have a chance in a few minutes to vote on a moratorium of earmarks for 1 year. This is the very least we can do for the people of the United States of America. All of these arguments we can push aside. What America thinks right now is true. There is a connection between the waste, the fraud, the abuse, the debt, the borrowing, and earmarks. There is no question about it.

I implore my colleagues: Set aside the self-interests for one vote. Let's do what is best for our country and vote for a 1-year timeout on earmarks.

Thank you, Mr. President.

Mr. INHOFE. Mr. President, could I ask unanimous consent to have 15 seconds—

Mr. ROCKEFELLER addressed the Chair.

The PRESIDING OFFICER (Mr. UDALL of Colorado). The Senator from West Virginia is recognized.

Mr. INHOFE. Mr. President, I ask unanimous consent to have a response.

Mr. ROCKEFELLER. Mr. President, I move to table the amendment and hope it is defeated.

The PRESIDING OFFICER. The Senator from Oklahoma does not have the floor and cannot propound a unanimous consent request at this time.

The Senator from West Virginia has made a motion to table.

Mr. ROCKEFELLER. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from Montana (Mr. TESTER) are necessarily absent.

I further announce that if present and voting, the Senator from Montana (Mr. TESTER) would vote "yea."

Mr. KYL. The following Senator is necessarily absent: the Senator from Utah (Mr. BENNETT).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 68, nays 29, as follows:

[Rollcall Vote No. 50 Leg.]

YEAS—68

Akaka	Gillibrand	Nelson (NE)
Alexander	Gregg	Nelson (FL)
Baucus	Hagan	Pryor
Begich	Harkin	Reed
Bennet	Hutchison	Reid
Bingaman	Inhofe	Roberts
Bond	Inouye	Rockefeller
Boxer	Johnson	Sanders
Brown (OH)	Kerry	Schumer
Bunning	Klobuchar	Shaheen
Burr	Kohl	Shelby
Cantwell	Landrieu	Snowe
Cardin	Lautenberg	Specter
Carper	Leahy	Stabenow
Casey	Levin	Udall (CO)
Cochran	Lieberman	Udall (NM)
Collins	Lincoln	Voinovich
Conrad	Lugar	Warner
Dodd	Menendez	Webb
Dorgan	Merkley	Whitehouse
Durbin	Mikulski	Wicker
Feinstein	Murkowski	Wyden
Franken	Murray	

NAYS—29

Barrasso	DeMint	Kyl
Bayh	Ensign	LeMieux
Brown (MA)	Enzi	McCain
Brownback	Feingold	McCaskill
Burr	Graham	McConnell
Chambliss	Grassley	Risch
Coburn	Hatch	Sessions
Corker	Isakson	Thune
Cornyn	Johanns	Vitter
Crapo	Kaufman	

NOT VOTING—3

Bennett	Byrd	Tester
---------	------	--------

The motion was agreed to.

Mr. COCHRAN. I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3470

The PRESIDING OFFICER. There is now 2 minutes debate equally divided prior to a vote in relation to amendment No. 3470, offered by the Senator from Wisconsin, Mr. FEINGOLD.

The Senator from Wisconsin.

Mr. FEINGOLD. Mr. President, the Feingold-Coburn-Sherrod Brown-McCain-McCaskill amendment rescinds any earmarks that have sat on the shelf at the Department of Transpor-

tation for more than 10 years without more than 10 percent of it being obligated or spent. It also requires a report by the OMB on how many of these old, unspent earmarks are at all Federal agencies. This would save an estimated \$626 million in the first year and more down the road as other unused earmarks hit the 10-year milestone.

I know many Senators support transportation spending to create jobs and deal with crumbling infrastructure, as do I. But these unused and often unwanted earmarks do nothing to create jobs and fix roads.

The Bush administration supported the amendment, and the Obama administration and Chairwomen Boxer and Murray support the amendment. I hope it is adopted easily.

The PRESIDING OFFICER. Who yields time in opposition?

Mrs. HUTCHISON. Mr. President, I yield my 1 minute to the Senator from Oklahoma.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. Mr. President, first of all, I would like to make one statement on the DeMint amendment that was just defeated. I have to say this, as the person who was most recently characterized as the most conservative Member of the Senate: If there is anyone out there who thinks that was a conservative vote on earmarks, they are wrong. There has never been one case where an earmark has saved one penny that has been reduced.

I have to say this: Senator DEMINT had \$70 million worth of highway earmarks that were in the amendment that we are talking about right now.

Real quickly: The Feingold amendment does not reduce the deficit one penny. Because of environmental laws and other things, the CBO and the administration have said the average time for a highway project is 13 years. For example, in my State of Oklahoma, Highway 40—a huge project—was started in 1991. If this amendment had been in there, that project would have been terminated in 2001.

I urge my conservative friends, unless you just don't like highways and roads, to kill this amendment.

Mrs. HUTCHISON. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the amendment.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Utah (Mr. BENNETT).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 87, nays 11, as follows:

[Rollcall Vote No. 51 Leg.]

YEAS—87

Akaka	Enzi	McConnell
Barrasso	Feingold	Menendez
Baucus	Feinstein	Merkley
Bayh	Franken	Mikulski
Begich	Gillibrand	Murkowski
Bennet	Graham	Murray
Bingaman	Grassley	Nelson (NE)
Boxer	Gregg	Nelson (FL)
Brown (OH)	Hagan	Pryor
Brownback	Harkin	Reed
Bunning	Hatch	Reid
Burr	Hutchison	Risch
Burris	Inouye	Roberts
Cantwell	Isakson	Sanders
Cardin	Johanns	Schumer
Carper	Johnson	Sessions
Casey	Kaufman	Shaheen
Chambliss	Kerry	Snowe
Coburn	Klobuchar	Specter
Collins	Kohl	Stabenow
Conrad	Kyl	Tester
Corker	Lautenberg	Thune
Cornyn	Leahy	Udall (CO)
Crapo	LeMieux	Udall (NM)
DeMint	Lieberman	Vitter
Dodd	Lincoln	Warner
Dorgan	Lugar	Webb
Durbin	McCain	Whitehouse
Ensign	McCaskill	Wyden

NAYS—11

Alexander	Inhofe	Shelby
Bond	Landrieu	Voinovich
Brown (MA)	Levin	Wicker
Cochran	Rockefeller	

NOT VOTING—2

Bennett	Byrd
---------	------

The amendment (No. 3470), as modified, was agreed to.

Mrs. MURRAY. Mr. President, I move to reconsider the vote.

Ms. STABENOW. I move to lay that motion on the table.

The motion to lay on the table was agreed to.

AMENDMENT NO. 3458

The PRESIDING OFFICER. There is now 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3458 offered by the Senator from Louisiana, Mr. VITTER.

The Senator from Louisiana is recognized.

Mr. VITTER. Mr. President, I ask unanimous consent that Senators HUTCHISON and LANDRIEU be added as cosponsors of the amendment.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. VITTER. Mr. President, in 2005 we passed the CF program, which is revenue sharing for States, for coastal conservation and other purposes. Unfortunately, that money has been very slow to get to States. Only 15 percent that was supposed to have been distributed by now has been. This amendment helps fix that. It does not spend new money, it does not increase the deficit. I yield the remainder of my time to Senator LANDRIEU.

Ms. LANDRIEU. Mr. President, I join my colleague in supporting this amendment. We have modified it from the original version. No environmental laws will be ignored. The process will be followed. But this amendment would

simply expedite getting money to the Gulf Coast States and to other States that benefit from this program. I ask my colleagues to support it.

The PRESIDING OFFICER. Who yields time?

The Senator from New Mexico.

Mr. BINGAMAN. Mr. President, this amendment is completely unrelated to the FAA reauthorization legislation. It deals with a matter that is in the jurisdiction of the Energy Committee. It would make, in my view, inappropriate changes to a program that provides assistance to six coastal States.

I oppose the amendment. I urge my colleagues to oppose it as well. In my view, it will dilute the authority of the Secretary of Interior to properly oversee and ensure the accountability for the funds that are being spent in these programs.

I raise a point of order that the pending amendment violates section 311(a)(2)(A) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. VITTER. Mr. President, with regard to this technical point of order, pursuant to section 904 of the Congressional Budget Act of 1974, section 4(G)(3) of the Statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of my amendment and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second? There is a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD), is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Utah (Mr. BENNETT).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 41, nays 57, as follows:

[Rollcall Vote No. 52 Leg.]

YEAS—41

Alexander	Ensign	McCain
Barrasso	Enzi	McConnell
Bayh	Graham	Murkowski
Begich	Grassley	Nelson (NE)
Bond	Hagan	Risch
Brownback	Hatch	Roberts
Bunning	Hutchison	Sessions
Burr	Inhofe	Shelby
Chambliss	Isakson	Snowe
Cochran	Johanns	Thune
Corker	Kyl	Vitter
Cornyn	Landrieu	Voinovich
Crapo	LeMieux	Wicker
DeMint	Lugar	

NAYS—57

Akaka	Bingaman	Brown (OH)
Baucus	Boxer	Burr
Bennet	Brown (MA)	Cantwell

Cardin	Johnson	Pryor
Carper	Kaufman	Reed
Casey	Kerry	Reid
Coburn	Klobuchar	Rockefeller
Collins	Kohl	Sanders
Conrad	Lautenberg	Schumer
Dodd	Leahy	Shaheen
Dorgan	Levin	Specter
Durbin	Lieberman	Stabenow
Feingold	Lincoln	Tester
Feinstein	McCaskill	Udall (CO)
Franken	Menendez	Udall (NM)
Gillibrand	Merkley	Warner
Gregg	Mikulski	Webb
Harkin	Murray	Whitehouse
Inouye	Nelson (FL)	Wyden

NOT VOTING—2

Bennett Byrd

The PRESIDING OFFICER. On this vote, the yeas are 41, the nays are 57. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is not agreed to. The point of order is sustained and the amendment falls.

The Senator from Washington.

Mrs. MURRAY. Senators should note that the next vote is the last vote we are going to have this evening. The managers do have a managers' package; they are going to clear it tonight.

Tomorrow morning after the Senate convenes at 9:30 a.m., we are slated to complete action on Job 1, so Senators should expect up to two rollcall votes at that time.

As a reminder to all Senators, at 2 p.m. tomorrow there is going to be a live quorum so that we can receive the House managers with respect to the impeachment proceedings. Therefore, all Members are urged to be in the Chamber at 2 p.m. so that proceedings can be expedited.

I yield the floor.

AMENDMENT NO. 3456

The PRESIDING OFFICER. There is now 2 minutes of debate equally divided prior to a vote in relation to amendment No. 3456 offered by the Senator from Connecticut, Mr. LIEBERMAN.

The Senator from Connecticut is recognized.

Mr. LIEBERMAN. Mr. President, this is a bipartisan amendment introduced by Senators Collins, Burr, Voinovich, Feinstein, Ensign, and myself. It would benefit schoolchildren in the District of Columbia, reauthorizing a program we created 7 years ago now that has worked: \$20 million to the DC public schools, \$20 million to charter schools, and \$20 million to the Opportunity Scholarship Program.

The last part is the controversial part. But it should not be. As Senator FEINSTEIN said in her remarks on this amendment, what is there in this amendment to be afraid of? It has helped 1,300 economically disadvantaged children to have an opportunity to get out of a public school that the Chancellor of the DC Public Schools says is not working for them.

This measure is supported by Mayor Fenty, Chancellor Michelle Rhee, a majority of the members of the DC Public Schools, and it has been judged

by an independent evaluator to be the most effective program of its kind in America.

I urge my colleagues to support the amendment.

The PRESIDING OFFICER. Who yields time in opposition?

The Senator from Iowa.

Mr. HARKIN. Mr. President, first, this program has never been authorized. It was only put into an appropriations bill in 2003. It was extended once.

We had the Department of Education, not this one, the previous one, and this one, do studies of whether this was successful. After 3 years, no statistically significant achievement impacts were observed for students who came from the lowest performing schools—which was the target of the program—or for students who entered the program academically behind. No achievement impacts were found for male students, and there was no statistically significant impact on math scores. Already DC parents have a choice. We have over 60 charter schools here in the District of Columbia, and it is growing all the time. So there is a choice for them to go to charter schools which are public schools open to everyone and they do not discriminate.

So, again, there is no reason for this authorization. The kids who are in those schools on those vouchers can continue. There is no problem with that. But why open it for vouchers when we have got the charter schools building up here?

I might add the chairman of the Committee also, Senator ROCKEFELLER, opposes the amendment.

Mr. BAUCUS. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The question is on agreeing to the amendment.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Utah (Mr. BENNETT) and the Senator from Alabama (Mr. SHELBY).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 42, nays 55, as follows:

[Rollcall Vote No. 53 Leg.]

YEAS—42

Alexander	Corker	Hutchison
Barrasso	Cornyn	Inhofe
Bond	Crapo	Isakson
Brown (MA)	DeMint	Johanns
Brownback	Ensign	Kyl
Bunning	Enzi	LeMieux
Burr	Feinstein	Lieberman
Chambliss	Graham	Lugar
Coburn	Grassley	McCain
Cochran	Gregg	McConnell
Collins	Hatch	Murkowski

Nelson (FL)
Risch
Roberts

Sessions
Thune
Vitter

Voinovich
Warner
Wicker

NAYS—55

Akaka
Baucus
Bayh
Begich
Bennet
Bingaman
Boxer
Brown (OH)
Burris
Cantwell
Cardin
Carper
Casey
Conrad
Dodd
Dorgan
Durbin
Feingold
Franken

Gillibrand
Hagan
Harkin
Inouye
Johnson
Kaufman
Kerry
Klobuchar
Kohl
Landrieu
Lautenberg
Leahy
Levin
Lincoln
McCaskill
Menendez
Merkley
Mikulski
Murray

Nelson (NE)
Pryor
Reed
Reid
Rockefeller
Sanders
Schumer
Shaheen
Snowe
Specter
Stabenow
Tester
Udall (CO)
Udall (NM)
Webb
Whitehouse
Wyden

NOT VOTING—3

Bennett Byrd Shelby

The amendment (No. 3456) was rejected.

The PRESIDING OFFICER. The Senator from West Virginia is recognized.

AMENDMENTS NOS. 3462; 3467; 3472; 3473, AS MODIFIED; 3474, AS MODIFIED; 3482, AS MODIFIED; 3486, AS MODIFIED; 3487; 3497; 3503; 3504; 3508; 3509; 3510; AND 3531 TO AMENDMENT NO. 3452

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the pending amendment be set aside and that it be in order for the Senate to consider en bloc the amendments listed here—I will read them in a moment—and that the amendments be considered and agreed to; that in the case where an amendment is modified, the amendment, as modified, be considered and agreed to; and the motions to reconsider be laid upon the table en bloc; and that no amendments be in order to the amendments considered in this agreement.

The amendments are as follows: Bennett-Hatch No. 3462; Reid-Ensign No. 3467; McCain No. 3472; Lautenberg No. 3473, to be modified; Barrasso No. 3474, to be modified; Durbin No. 3482, to be modified; Schumer No. 3486, to be modified; Bingaman No. 3487; Cardin No. 3497; Menendez No. 3503; Menendez No. 3504; Johanns No. 3508; Johanns No. 3509; Johanns No. 3510; and Coburn No. 3531.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The amendments were agreed to, as follows:

AMENDMENT NO. 3462

(Purpose: To authorize the Secretary of Transportation to release restrictions on the use of certain property conveyed to the City of St. George, Utah for airport purposes)

At the appropriate place, insert the following:

SEC. ____ RELEASE FROM RESTRICTIONS.

(a) IN GENERAL.—Subject to subsection (b), and notwithstanding section 16 of the Federal Airport Act (as in effect on August 28, 1973) and sections 47125 and 47153 of title 49, United States Code, the Secretary of Transportation is authorized to grant releases

from any of the terms, conditions, reservations, and restrictions contained in the deed of conveyance dated August 28, 1973, under which the United States conveyed certain property to the city of St. George, Utah, for airport purposes.

(b) CONDITION.—Any release granted by the Secretary of Transportation pursuant to subsection (a) shall be subject to the following conditions:

(1) The city of St. George, Utah, shall agree that in conveying any interest in the property which the United States conveyed to the city by deed on August 28, 1973, the city will receive an amount for such interest which is equal to its fair market value.

(2) Any amount received by the city under paragraph (1) shall be used by the city of St. George, Utah, for the development or improvement of a replacement public airport.

AMENDMENT NO. 3467

(Purpose: To authorize Clark County, Nevada, to permit the use of certain lands in the Las Vegas McCarran International Airport Environs Overlay District for transient lodging and associated facilities)

On page 364, between lines 17 and 18, insert the following:

SEC. 434. AUTHORIZATION OF USE OF CERTAIN LANDS IN THE LAS VEGAS MCCARRAN INTERNATIONAL AIRPORT ENVIRONS OVERLAY DISTRICT FOR TRANSIENT LODGING AND ASSOCIATED FACILITIES.

(a) IN GENERAL.—Notwithstanding any other provision of law and except as provided in subsection (b), Clark County, Nevada, is authorized to permit transient lodging, including hotels, and associated facilities, including enclosed auditoriums, concert halls, sports arenas, and places of public assembly, on lands in the Las Vegas McCarran International Airport Environs Overlay District that fall below the forecasted 2017 65 dB day-night annual average noise level (DNL), as identified in the Noise Exposure Map Notice published by the Federal Aviation Administration in the Federal Register on July 24, 2007 (72 Fed. Reg. 40357), and adopted into the Clark County Development Code in June 2008.

(b) LIMITATION.—No structure may be permitted under subsection (a) that would constitute a hazard to air navigation, result in an increase to minimum flight altitudes, or otherwise pose a significant adverse impact on airport or aircraft operations.

AMENDMENT NO. 3472

(Purpose: To prohibit the use of passenger facility charges for the construction of bicycle storage facilities)

On page 29, after line 21, insert the following:

SEC. 207(b) PROHIBITION ON USE OF PASSENGER FACILITY CHARGES TO CONSTRUCT BICYCLE STORAGE FACILITIES.—Section 40117(a)(3) is amended—

(1) by redesignating subparagraphs (A) through (G) as clauses (i) through (vii);

(2) by striking “The term” and inserting the following:

“(A) IN GENERAL.—The term”; and
(3) by adding at the end the following:
“(B) BICYCLE STORAGE FACILITIES.—A project to construct a bicycle storage facility may not be considered an eligible airport-related project.”.

AMENDMENT NO. 3473, AS MODIFIED

(Purpose: To require a report on Newark Liberty Airport air traffic control)

At the end of title VII, add the following:

SEC. 723. REPORT ON NEWARK LIBERTY AIRPORT AIR TRAFFIC CONTROL TOWER.

Not later than 90 days after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration shall report to the Committee on Commerce, Science, and Transportation of the Senate, and the Committee on Transportation and Infrastructure of the House of Representatives, on the Federal Aviation Administration's plan to staff the Newark Liberty Airport air traffic control tower at negotiated staffing levels within 1 year after such date of enactment.

AMENDMENT NO. 3474, AS MODIFIED

(Purpose: To require the Administrator to prioritize the review of construction projects that are carried out in cold weather States)

At the end of title VII, add the following:

SEC. 723. PRIORITY REVIEW OF CONSTRUCTION PROJECTS IN COLD WEATHER STATES.

The Administrator of the Federal Aviation Administration shall, to the maximum extent practicable, schedule the Administrator's review of construction projects so that projects to be carried out in a States in which the weather during a typical calendar year prevents major construction projects from being carried out before May 1 are reviewed as early as possible.

AMENDMENT NO. 3482, AS MODIFIED

At the end of title VII, add the following:

SEC. 720. AIR-RAIL CODESHARE STUDY.

(a) CODESHARE STUDY.—Not later than 180 days after the date of the enactment of this Act, the GAO shall conduct a study of—

(1) the current airline and intercity passenger rail codeshare arrangements;

(2) the feasibility and costs to taxpayers and passengers of increasing intermodal connectivity of airline and intercity passenger rail facilities and systems to improve passenger travel.

(b) CONSIDERATIONS.—The study shall consider—

(1) the potential benefits to passengers and costs to taxpayers from the implementation of more integrated scheduling between airlines and Amtrak or other intercity passenger rail carriers achieved through codesharing arrangements;

(2) airport operations that can improve connectivity to intercity passenger rail facilities and stations.

(c) REPORT.—Not later than 1 year after commencing the study required by subsection (a), the Comptroller shall submit the report to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives. The report shall include any conclusions of the Comptroller resulting from the study.

AMENDMENT NO. 3486, AS MODIFIED

On page 201, strike lines 20 through 24, and insert the following:

(b) MINIMUM EXPERIENCE REQUIREMENT.—

(1) IN GENERAL.—The final rule prescribed under subsection (a) shall, among any other requirements established by the rule, require that a pilot—

(A) have not less than 800 hours of flight time before serving as a flightcrew member for a part 121 air carrier; and

(B) demonstrate the ability to—

(i) function effectively in a multipilot environment;

(ii) function effectively in an air carrier operational environment;

(iii) function effectively in adverse weather conditions, including icing conditions if the

pilot is expected to be operating aircraft in icing conditions;

(iv) function effectively during high altitude operations; and

(v) adhere to the highest professional standards.

(2) **HOURS OF FLIGHT EXPERIENCE IN DIFFICULT OPERATIONAL CONDITIONS.**—The total number of hours of flight experience required by the Administrator under paragraph (1) for pilots shall include a number of hours of flight experience in difficult operational conditions that may be encountered by an air carrier that the Administrator determines to be sufficient to enable a pilot to operate an aircraft safely in such conditions.

AMENDMENT NO. 3487, AS MODIFIED

(Purpose: To preserve the essential air service program)

At the end of subtitle B of title IV, add the following:

SEC. 419. REPEAL OF ESSENTIAL AIR SERVICE LOCAL PARTICIPATION PROGRAM.

(a) **IN GENERAL.**—Subchapter II of chapter 417 of title 49, United States Code, is amended by striking section 41747, and such title 49 shall be applied as if such section 41747 had not been enacted.

(b) **CLERICAL AMENDMENT.**—The table of sections for chapter 417 of title 49, United States Code, is amended by striking the item relating to section 41747.

AMENDMENT NO. 3497

(Purpose: To extend the termination date for the final order with respect to determining mileage eligibility for essential air service)

Strike section 412 and insert the following:

SEC. 412. EXTENSION OF FINAL ORDER ESTABLISHING MILEAGE ADJUSTMENT ELIGIBILITY.

Section 409(d) of the Vision 100—Century of Aviation Reauthorization Act (49 U.S.C. 41731 note) is amended by striking “September 30, 2010.” and inserting “September 30, 2013.”

AMENDMENT NO. 3503

(Purpose: To require an ongoing monitoring of and report on the New York/New Jersey/Philadelphia Metropolitan Area Airspace Redesign)

At the end of title VII, add the following:

SEC. 723. ON-GOING MONITORING OF AND REPORT ON THE NEW YORK/NEW JERSEY/PHILADELPHIA METROPOLITAN AREA AIRSPACE REDESIGN.

Not later than 270 days after the date of the enactment of this Act and every 180 days thereafter until the completion of the New York/New Jersey/Philadelphia Metropolitan Area Airspace Redesign, the Administrator of the Federal Aviation Administration shall, in conjunction with the Port Authority of New York and New Jersey and the Philadelphia International Airport—

(1) monitor the air noise impacts of the New York/New Jersey/Philadelphia Metropolitan Area Airspace Redesign; and

(2) submit to Congress a report on the findings of the Administrator with respect to the monitoring described in paragraph (1).

AMENDMENT NO. 3504

(Purpose: To require the Administrator of the Federal Aviation Administration to conduct a study of the safety impact of distracted pilots)

On page 204, between lines 17 and 18, insert the following:

(e) **STUDY.**—

(1) **IN GENERAL.**—The Administrator of the Federal Aviation Administration shall review relevant air carrier data and carry out a study—

(A) to identify common sources of distraction for the cockpit flight crew on commercial aircraft; and

(B) to determine the safety impacts of such distractions.

(2) **REPORT.**—Not later than 6 months after the date of the enactment of this Act, the Administrator shall submit a report to the Committee on Commerce, Science, and Transportation of the Senate and the Committee on Transportation and Infrastructure of the House of Representatives that contains—

(A) the findings of the study conducted under paragraph (1); and

(B) recommendations about ways to reduce distractions for cockpit flight crews.

AMENDMENT NO. 3508

(Purpose: To require the Comptroller General of the United States to study the impact of increases in fuel prices on the long-term viability of the Airport and Airway Trust Fund and on the aviation industry in general)

At the end of title VII, add the following:

SEC. 723. STUDY ON AVIATION FUEL PRICES.

(a) **IN GENERAL.**—Not later than 180 days after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a study and report to Congress on the impact of increases in aviation fuel prices on the Airport and Airway Trust Fund and the aviation industry in general. The study shall include the impact of increases in aviation fuel prices on—

(1) general aviation;

(2) commercial passenger aviation;

(3) piston aircraft purchase and use;

(4) the aviation services industry, including repair and maintenance services;

(5) aviation manufacturing;

(6) aviation exports; and

(7) the use of small airport installations.

(b) **ASSUMPTIONS ABOUT AVIATION FUEL PRICES.**—In conducting the study required by subsection (a), the Comptroller General shall use the average aviation fuel price for fiscal year 2010 as a baseline and measure the impact of increases in aviation fuel prices that range from 5 percent to 200 percent over the 2010 baseline.

AMENDMENT NO. 3509

(Purpose: To require the Administrator of the Federal Aviation Administration to identify the benefits of ADS-B for small and medium-sized airports and general aviation users)

On page 77, strike lines 13 through 18, and insert the following:

(2) **IDENTIFICATION AND MEASUREMENT OF BENEFITS.**—In the report required by paragraph (1), the Administrator shall identify actual benefits that will accrue to National Airspace System users, small and medium-sized airports, and general aviation users from deployment of ADS-B and provide an explanation of the metrics used to quantify those benefits.

AMENDMENT NO. 3510

(Purpose: To extend conditionally the deadlines for equipping aircraft with ADS-B Technology)

On page 80, after line 21, insert the following:

(d) **CONDITIONAL EXTENSION OF DEADLINES FOR EQUIPPING AIRCRAFT WITH ADS-B TECHNOLOGY.**—

(1) **ADS-B OUT.**—In the case that the Administrator fails to complete the initial rulemaking described in subparagraph (A) of subsection (b)(1) on or before the date that is 45 days after the date of the enactment of

this Act, the deadline described in clause (ii) of such subparagraph shall be extended by an amount of time that is equal to the amount of time of the period beginning on the date that is 45 days after the date of the enactment of this Act and ending on the date on which the Administrator completes such initial rulemaking.

(2) **ADS-B IN.**—In the case that the Administrator fails to initiate the rulemaking required by paragraph (2) of subsection (b) on or before the date that is 45 days after the date of the enactment of this Act, the deadline described in subparagraph (B) of such paragraph shall be extended by an amount of time that is equal to the amount of time of the period beginning on the date that is 45 days after the date of the enactment of this Act and ending on the date on which the Administrator initiates such rulemaking.

AMENDMENT NO. 3531

(Purpose: To discontinue a Federal program that has never been used since its creation in 2003)

On page 114, strike line 8 and all that follows through page 116, line 6 and insert the following:

SEC. 414. CONVERSION OF FORMER EAS AIRPORTS.

(a) **IN GENERAL.**—Section 41745 is amended to read as follows:

“§41745. Conversion of lost eligibility airports

“(a) **IN GENERAL.**—The Secretary shall establish a program to provide general aviation conversion funding for airports serving eligible places that the Secretary has determined no longer qualify for a subsidy.

“(b) **GRANTS.**—A grant under this section—

“(1) may not exceed twice the compensation paid to provide essential air service to the airport in the fiscal year preceeding the fiscal year in which the Secretary determines that the place served by the airport is no longer an eligible place; and

“(2) may be used—

“(A) for airport development (as defined in section 47102(3)) that will enhance general aviation capacity at the airport;

“(B) to defray operating expenses, if such use is approved by the Secretary; or

“(C) to develop innovative air service options, such as on-demand or air taxi operations, if such use is approved by the Secretary.

“(c) **AIP REQUIREMENTS.**—An airport sponsor that uses funds provided under this section for an airport development project shall comply with the requirements of subchapter I of chapter 471 applicable to airport development projects funded under that subchapter with respect to the project funded under this section.

“(d) **LIMITATION.**—The sponsor of an airport receiving funding under this section is not eligible for funding under section 41736.”

(b) **CLERICAL AMENDMENT.**—The table of sections for chapter 417 is amended by striking the item relating to section 41745 and inserting the following:

“41745. Conversion of lost eligibility airports.”

Mr. MCCAIN. Mr. President, I am proud to introduce an amendment along with Senators REID, ENSIGN and KYL to clarify the Grand Canyon Overflights Act of 1987 that sought to restore the natural quiet of the canyon from commercial air tour overflights. After 23 years of numerous rulemakings by the National Park Service and the Federal Aviation Administration, and a lawsuit in 2002, it

is now time to move forward to ensure that the 5 million visitors to the Grand Canyon can enjoy its majestic beauty by air or by foot without excessive noise from commercial air tour operators.

Specifically, this amendment would set forth in statute the “substantial restoration of the natural quiet and experience of the Grand Canyon” is achieved if for at least 75 percent of each day—between 7 a.m. and 7 p.m.—50 percent of the park is free from the sound produced by commercial air tour operations. Additionally, the amendment provides curfews for overflights, particularly during the peak visitor season, so many visitors can enjoy the grand sunset at the Grand Canyon relatively free from overflight noise.

The amendment also sets forth curfews and reduced flight allocations for specific parts of the canyon that are particularly special for many visitors, including the Dragon Corridor on the west rim in the vicinity of Hermits Rest and Dripping Spring, the Zuni Point Corridor that includes the area known as “Snoopy’s Nose,” and Marble Canyon. I have many fond memories of hiking the canyon with my sons, most recently just last year, and I hope all Americans are able to enjoy the beauty of the canyon without the interference of excessive noise from air tours. I believe this amendment allows without waiting another 23 years for progress.

Over the past few years, there have been strong improvements in quiet technology for aircraft. I am pleased that several of the air tour operators that provide air tours at the Grand Canyon have migrated to quiet technology aircraft. This amendment would mandate the conversion to quiet technology for all air tour operations within 15 years of enactment. Additionally, this amendment provides numerous incentives for operators to convert to quiet technology, including a reduced park entrance fee and increased flight allocations for aircraft that utilize quiet technology.

Lastly, this amendment requires the FAA to review flight allocations for air tour operators serving the Grand Canyon. These allocations have not been reviewed since 2001 and are based on 1990s data. Tourism is essential to Arizona’s economic recovery. Over 37 million visitors came to Arizona in 2008 generating over \$2.5 billion in tax revenues. There are over 300,000 jobs in Arizona that are tied to tourism in Arizona, and we must ensure that these jobs continue to exist and grow.

Over 5 million tourists, hikers and adventure seekers visited the Grand Canyon in 2008. These visitors have also contributed millions of dollars to the great States of Arizona and Nevada, in addition to the local communities surrounding the Grand Canyon. We must ensure that these visitors have the ability to view the canyon by

air if they wish to do so, but in a manner that maintains “natural quiet” for those visiting the canyon by foot. I think this amendment achieves that goal.

Again, I am proud to have the support of Senators REID, ENSIGN, and KYL who share my commitment to continuing the progress that has been made toward establishing “natural quiet” at the Grand Canyon, while continuing to ensure that its majesty is available to be viewed by air for those who wish to do so. I hope my colleagues will join me in supporting this important amendment.

Mr. KERRY. Mr. President, the FAA bill we are considering contains important new changes in both the Disadvantaged Business Enterprise Program, DBE, and the Airport Concessions Disadvantaged Business Enterprise, ACDBE, program. While we have made progress, discrimination in airport related business remains pervasive. Both of these programs are critical to our Nation’s efforts to level the playing field in airport related contracting.

Over the past couple of years, both in my role on the Commerce Committee and Aviation Subcommittee and in my former role as chairman of the Committee on Small Business and Entrepreneurship, I have received an enormous amount of evidence about the ongoing existence of race and gender discrimination against minority and women owned businesses. Discrimination impacts every aspect of the contracting process, every major industry category and hurts all types of disadvantaged business owners including African Americans, Hispanic Americans, Asian Americans, Native Americans, and women. Here in the Congress, we have received a great deal of evidence about the discrimination that specifically impacts minority and women owned businesses in the airport business context. In September of 2008 the Committee on Small Business heard testimony from diverse perspectives about the ongoing problem of discrimination in lending and access to capital across the disadvantaged business perspective, including discrimination against minority and women businesses in airport related business issues. In March of 2009, the House Committee on Transportation and Infrastructure conducted an extensive hearing focused on the DBE and ACDBE programs. They heard testimony about discrimination and needed program improvements from the administration, researchers, advocates and minority and women businesses themselves. And the Senate Aviation subcommittee itself received similar testimony and evidence in our May 2009 hearing—including a large number of disparity studies outlining extremely compelling statistical testimony of discrimination in airport related contracting.

The present day effects of past discrimination, and ongoing current discrimination, continue to be barriers to minority and women owned businesses. Even in the context of the highest constitutional scrutiny required by the Supreme Court, this powerful evidence of discrimination makes the maintenance of these programs imperative and constitutional. It also makes all the more important the changes we have proposed to improve the programs—adjusting the personal net worth cap for inflation, prohibiting excessive and discriminatory bonding, and improving certification training. The disturbing fact is, discrimination is still a major impediment to the formation, growth and success of minority and women business owners. That is unacceptable. Race and gender discrimination are bad for minority and women business owners, bad for our economy and morally wrong. With this bill, we are seeking to remedy that wrong in the FAA context.

VOTE EXPLANATION

Mr. TESTER. Mr. President, due to a meeting at the White House today, I regret I was unable to make the vote on the motion to table the DeMint amendment No. 3454 to H.R. 1586, the legislative vehicle for FAA reauthorization. If present, I would have voted aye, to table the amendment.

MORNING BUSINESS

Mr. ROCKEFELLER. Mr. President, I now ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak therein for up to 10 minutes each, with the following Senators recognized to speak as follows: Senator MERKLEY for up to 5 minutes, Senator SANDERS for up to 15 minutes, and Senator KAUFMAN for up to 20 minutes; and that if there are any Republican speakers, they would be included in an alternating fashion.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Oregon is recognized.

KLAMATH BASIN DROUGHT ASSISTANCE

Mr. MERKLEY. Mr. President, I rise tonight to tell you a tale about the Klamath Basin. It is really two stories about the Klamath Basin. One is of a terrific vision that has come together between fishermen and ranchers and tribes, and the second is a story about a terrible drought. So I want to start with the good news and share a little bit of the vision.

First, let me tell you about the magical place that is the Klamath Basin. It is in southern Oregon and northern California. It is an area of the country

that is rich with agricultural resources and exceptional wildlife populations. The basin contains approximately 1,400 family farms and ranches and encompasses over 200,000 acres of farmland irrigated with water from the Klamath River and Klamath Lake.

In 2009, the basin's agricultural industry produced over \$440 million in revenue. The Klamath is sometimes referred to as the "Western Everglades." The basin attracts 80 percent of the Pacific Flyway's waterfowl and supports the largest over-wintering population of bald eagles anywhere in the Lower 48 States. It is also home to one of the most productive salmon river systems in the country.

Let me tell you that the allocation of water in this basin has always been a source of enormous tension between the farmers and ranchers, the fishermen—both the instream fishermen and the offshore fishermen—and the tribes. These groups that have traditionally been in contest with each other have come together over the last few years to say that this situation—the uncertainty about water and the poor health of the river—is not sustainable into the future; that all of us could benefit, all of the parties could benefit, if we worked together for a different vision, for a vision that shared a little more regularity with water, that took out some dams that increased the water flow, that had colder water for the salmon, that avoided some of the terrible calamities that occurred, including the worst die-off of fish we have had in the United States of America that happened about a decade ago.

So these stakeholders have developed a collaborative agreement and signed it, called the Klamath Basin Restoration Agreement or KBRA. That agreement is designed to benefit farmers and ranchers as well as the Klamath tribe and fishermen up and down the west coast by offering more certainty about access to water. At the same time, it restores the river and improves habitat and riverflows for native fish species and wildlife refuges.

The development of the Klamath Basin Restoration Agreement is a historic step forward for the region. If it were already in place, it would provide a powerful set of collaborative tools for dealing with drought, for dealing with years when there is a shortage of water. But Congress has not yet acted and those tools are not in place.

That brings us to this current year and the second half of the story. To help me address that, I am going to put up a chart in the Chamber.

This black line on the chart shows what had been the lowest level of Klamath Lake since it has been recorded in Oregon history—the lowest level, which is shown by the black line. This red line represents the level of the lake this year. As you can readily see, the level of the lake is far below the

worst ever year that had been recorded—the calamity of 1992. These red dots on the chart represent the level the lake needs to be to provide irrigation water to farmers. There is no conceivable way we are going to get from this red line, as shown on the chart, to these red dots in order to provide water in the normal fashion. That is why we are facing such a calamity this year.

With spring planting season already upon us, it is critical that we take immediate action to respond to this crisis. We have the advantage of tracking this and knowing the crisis is coming. So together we can work to mitigate the worst effects of the drought rather than waiting for the drought to simply play itself out.

A drought of this magnitude requires an unprecedented, integrated, expansive set of responses from the Federal agencies and a dedicated effort to coordinate response efforts along with local and State governments. Along with Senator WYDEN, I have requested the Departments of Agriculture, Interior, and Commerce to dedicate all required resources to address this crisis swiftly. My team has been working with the teams at those Departments, and they are making a lot of progress. But we have to continue pushing forward as fast and as quickly as possible.

There are several key strategies that could help address this: first, acquiring upstream water rights from willing sellers to increase the amount of water that is available in the Klamath Basin; second, to pursue extensive flexibility within the boundaries of law and science to utilize surface water in the most effective possible manner; third, help farmers activate emergency drought wells and otherwise access ground water; and fourth, set up crop idling programs to conserve water.

The worst thing we can do is simply stand by, watch farmers plant their crops, and then watch those crops fail. So I want to say now that there is a big compliment owed to the Departments of Agriculture, Commerce, and Interior for their prompt and engaged action. I know Senator WYDEN and I will stay equally engaged. It is no exaggeration to say that without Federal assistance and cooperation with local and State officials, the impending drought will result in disaster for Klamath Basin communities. So I urge my colleagues to work with me to meet this challenge and avoid this calamity.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

THE ECONOMY

Mr. SANDERS. Mr. President, I wish to say a few words about the nature of the economy today, the cause of the very deep recession we are currently in, and what I think we have to do about it.

Right now, our country is experiencing the worst economy since the Great Depression of the 1930s. While officially unemployment is 9.7 percent, the reality is that we have some 19 percent of our people who are either unemployed or underemployed, people who would like to work 40 hours a week but they are only working 20 or 30 hours a week.

The crisis we are addressing today is magnified by the reality that the recession for the middle class and working families of this country did not just begin in the fall of 2008 with the financial crisis. In fact, the middle class has been collapsing for a very long time.

During the Bush administration, over 8 million Americans slipped out of the middle class and into poverty. Today, some 40 million Americans are living in poverty. During the Bush years, median household income declined by over \$2,100. Middle-class Americans earned more income in 1999 than they did in 2008, and middle-class men earned more money in 1973 than they did in 2008, with inflation being accounted for.

When we look at people in this country who are angry, there is the reason. After working long and hard hours, tens of millions of Americans find themselves in worse economic shape today than they were in 10 years ago or even 20 years ago. Meanwhile, while the middle class shrinks and poverty increases, while more and more people lose their health insurance—so today we have 46 million with no health insurance at all—while 4 million American workers have lost their pension over the last 9 years, we continue to see in this country the most unequal distribution of wealth and income of any major country on Earth. That growing inequality is a moral obscenity, but it is a very serious economic problem as well. Because we become a nation in which very few have a whole lot, while a whole lot of people have very little.

The immediate recession was caused, as I think everybody knows, by the greed, the recklessness, and the illegal behavior of a small number of giant financial institutions on Wall Street. These people were not content to be making 40 percent of the profits being made in America. Their CEOs were not content to earn bonuses of tens of millions of dollars a year. The hedge funds were not content to have their owners and managers become billionaires. No, that was not good enough. So what these financial tycoons had to do was to develop and produce worthless, complicated financial instruments which plunged our country and much of the world into a deep recession.

To the frustration of the American people, a year and a half has passed since the financial collapse and what has happened? What actions has the Congress taken to rein in Wall Street,

to tell Wall Street that their greed is not acceptable in this country, that they cannot continue to go forward with actions that destroy our economy and the lives of millions of people?

Within a short period of time, the Senate will be considering legislation dealing with financial reform. I wish to congratulate Senator DODD and others on the Banking Committee for the hard work they have done in producing a bill which, in a number of ways, moves us forward. But what I wish to say this evening is that moving us forward is not good enough. The American people want an end now to the recklessness and irresponsibility of Wall Street. They want an accounting and they want real change. They want, in my view, a new Wall Street which invests in the productive economy of small- and medium-sized businesses that actually produce real products and real services and which actually create real jobs, rather than the activities of Wall Street, which is a giant gambling casino, playing with financial instruments that nobody understands and which, at the end of the day, produces nothing real.

As the debate over financial reform moves on, I intend to play an active role in fighting for a number of concepts. Let me enumerate a few of them.

No. 1, right now, people in the State of Vermont, in the State of Colorado, in the State of Rhode Island, and all over this country are paying usurious interest rates on their credit cards, and I use the word "usury" advisedly. We now take it for granted, and we accept the fact that our friends and neighbors and family members are paying 20, 25, 30, 35 percent interest rates on their credit cards. That is wrong. That is unjust. In fact, according to every major religion on Earth—Christianity, Judaism, Islam—it is immoral. It is immoral to lend money to people who desperately need that money and then suck the blood out of them because, when they are desperate, they are going to have to pay 30 or 35 percent interest rates. That is immoral. That is wrong.

Over the years, a number of States, including Vermont, have said: We are going to prohibit usury. You can't do it. You can't charge more than 10 percent, 12 percent, 15 percent, whatever it is. But all those laws were made null and void by a Supreme Court decision which resulted in credit card companies being able to go to States which had no usury law and, therefore, they could sell their product all over this country with no limit.

Let us be clear. Those large financial institutions that are charging Americans 25, 30, 35 percent interest rates on their credit cards are no better than loan sharks. In the old days, what loan sharks used to do was break kneecaps if people couldn't repay their loans. Well, these guys don't break kneecaps,

but they are destroying lives just the same. People are desperate. They are borrowing money. We have all been to the grocery store and have seen people buying bread and milk with their credit cards, gas to get to work with their credit cards, because that is the only source of revenue they now have available to them, paying 25 to 30 percent. We have to eliminate that once and for all.

I will be bringing forth an amendment which does nothing more than what credit unions now exist under. Credit unions in this country, by law, cannot charge more than 15 percent interest rates, except under exceptional circumstances, and now they can go up to 18 percent, but most of them don't; the vast majority of them don't. I don't think that is asking too much.

Secondly, I am going to bring forth language which will increase transparency at the Federal Reserve. This is an issue, interestingly enough, that brings some of the most conservative Members and some of the most progressive Members together. I remember a year or so ago the chairman of the Fed, Ben Bernanke, came before the Budget Committee on which I serve, and I asked him a very simple question. I said: Mr. Bernanke, my understanding is that you have lent out trillions of dollars of zero interest loans to financial institutions. Trillions of dollars. Can you please tell me and the American people which financial institutions received that money and what the terms were. I don't think that was an unreasonable question—trillions of dollars.

He said: No, Senator, I am not going to do it.

We have since introduced legislation to make them do it, and so forth and so on.

It is beyond my comprehension that we do not know which financial institutions have received trillions of dollars of zero or close to zero interest loans. We don't know about the conflicts of interest that may have existed.

In that regard, let me talk about a scam which is quite unbelievable that goes on today. What goes on today is, companies such as Goldman Sachs borrow money from the Fed—and I have no reason to doubt that Goldman Sachs also was on the receiving end of these zero interest loans—and they borrow this money for a tenth of a percent, maybe a quarter of a percent, and then they take that money and they invest it in U.S. Treasury securities at 3.5 to 4 percent. That is a pretty good deal. Talk about welfare. Borrow money at zero or half a percent, lend it to the U.S. Government, which has the entire faith and credit of American history behind it, and you make 3 percent, 4 percent. What a deal. That is a pretty good deal. I think we have to end those types of practices and we have to move

forward with real transparency at the Fed.

The other thing we have to do, which is enormously important, is have these large financial institutions start lending money to small- and medium-sized businesses that are prepared to create meaningful jobs in this country.

Earlier today, I think the Presiding Officer and I heard from former President Clinton, who made a very important point. He believes—and I agree with him—we can make profound changes in our economy; that over a period of years we can create millions of jobs as we transform our energy system away from fossil fuels to energy efficiency and to sustainable energy. There are small businesses in the energy business in this country that are ready to go, to create the jobs, if they can get reasonable loans, and they can't get that money today. We can transform our energy system. We can give a real spirit to our economy. We can create good-paying jobs, but we have to demand that Wall Street start investing in the real economy.

Another issue I intend to play an active role in is this issue of too big to fail. I have said it once. I have said it many times. If a financial institution is too big to fail, it is too big to exist. We now have four major financial institutions which, if any one of them collapsed today, would bring down the entire economy, and what we have to do is start breaking them up now—now. We have to take action at this point.

I think the American people are angry and they are angry for some good reasons. They are hurting financially. As I mentioned earlier, there are millions of Americans today who have seen a substantial decline in their income and are working incredibly hard and they are wondering what has happened. Then, despite all that, with the trend that has led to the collapse of the middle class as a result of Wall Street greed, we have been driven into a major recession.

The American people want us to have the courage to stand up to Wall Street. I should say that in 2009 alone, our good friends on Wall Street who have unlimited resources spent \$300 million in lobbying this institution. They spent \$300 million. When they fought for the deregulation over a period of 10 years, they spent \$5 billion to be able to engage in the activities which they did engage in and that led us to the recession we are in right now.

So these guys, I guess they can borrow zero interest loans from the Fed—I don't know if they can use that for lobbying or whatever—but they have an unlimited sum of money. I think the American people want us to have the courage to stand with them, to take these guys on no matter how powerful and wealthy they may be. I think the eyes of the country and the eyes of the world will be on what we do.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

COOKING THE BOOKS

Mr. KAUFMAN. Mr. President, last Thursday, the bankruptcy examiner for Lehman Brothers Holding Company released a 2,200-page report about the demise of the firm, which included riveting detail on the firm's accounting practices. That report has put into sharp relief what many of us have expected all along: that fraud and potential criminal conduct were at the heart of the financial crisis.

Now that we are beginning to learn many of the facts, at least with respect to the activities at Lehman Brothers, the country has every right to be outraged. Lehman was cooking its books, hiding \$50 billion in toxic assets by temporarily shifting them off its balance sheet in time to produce rosier quarter-end reports. According to the bankruptcy examiner's report, Lehman Brothers's financial statements were "materially misleading" and said its executives engaged in "actionable balance sheet manipulation." Only further investigation will determine whether the individuals involved can be indicted or convicted of criminal wrongdoing.

According to the examiner's report, Lehman used accounting tricks to hide billions in debt from its investors and the public. Starting in 2001, that firm began abusing financial transactions called repurchase agreements or repos. Repos are basically short-term loans that exchange collateral for cash in trades that may be unwound as soon as the next day. While investment banks have come to overrely on repos to finance their operations, they are neither illegal nor questionable, assuming, of course, they are clearly accounted for.

Lehman structured some of its repo agreements so the collateral was worth 105 percent of the cash it received—hence, the name "Repo 105." As explained by the New York Times' DealBook:

That meant that for a few days—and by the fourth quarter of 2007 that meant end-of-quarter—Lehman could shuffle off tens of billions of dollars in assets to appear more financially healthy than it really was.

Even worse, Lehman's management trumpeted how the firm was decreasing its leverage so investors would not flee from the firm. But inside Lehman, according to the report, someone described the Repo 105 transactions as "window dressing," a nice way of saying they were designed to mislead the public.

Ernst & Young, Lehman's outside auditor, apparently became comfortable with and never objected to the Repo 105 transactions. While Lehman could never find a U.S. law firm to pro-

vide an opinion that treating the Repo 105 transactions as a sale for accounting purposes was legal, the British law firm Linklaters provided an opinion letter under British law that they were sales and not merely financing agreements. Lehman ran the transaction through its London subsidiary and used several different foreign bank counterparties.

The SEC and Justice Department should pursue a thorough investigation, both civil and criminal, to identify every last person who had knowledge Lehman was misleading the public about its troubled balance sheet—and that means everyone from the Lehman executives, to its board of directors, to its accounting firm, Ernst & Young. Moreover, if the foreign bank counterparties who purchased the now infamous "Repo 105s" were complicit in the scheme, they should be held accountable as well.

It is high time that we return the rule of law to Wall Street, which has been seriously eroded by the deregulatory mindset that captured our regulatory agencies over the past 30 years, a process I described at length in my speech on the floor last Thursday. We became enamored of the view that self-regulation was adequate, that "rational" self-interest would motivate counterparties to undertake stronger and better forms of due diligence than any regulator could perform, and that market fundamentalism would lead to the best outcomes for the most people. Transparency and vigorous oversight by outside accountants were supposed to keep our financial system credible and sound.

The allure of deregulation, instead, led to the biggest financial crisis since 1929. And now we are learning, not surprisingly, that fraud and lawlessness were key ingredients in the collapse as well. Since the fall of 2008, Congress, the Federal Reserve and the American taxpayer have had to step into the breach—at a direct cost of more than \$2.5 trillion—because, as so many experts have said: "We had to save the system."

But what exactly did we save?

First, a system of overwhelming and concentrated financial power that has become dangerous. It caused the crisis of 2008–2009 and threatens to cause another major crisis if we do not enact fundamental reforms. Only six U.S. banks control assets equal to 63 percent of the nation's gross domestic product, while oversight is splintered among various regulators who are often overmatched in assessing weaknesses at these firms.

Second, a system in which the rule of law has been broken yet again. Big banks can get away with extraordinarily bad behavior—conduct that would not be tolerated in the rest of society, such as the blatant gimmicks used by Lehman, despite the massive cost to the rest of us.

What lessons should we take from the bankruptcy examiner's report on Lehman, and from other recent examples of misleading conduct on Wall Street? I see three.

First, we must undo the damage done by decades of deregulation. That damage includes—financial institutions that are "too big to manage and too big to regulate"—as former FDIC Chairman Bill Isaac has called them—a "wild west" attitude on Wall Street, and colossal failures by accountants and lawyers who misunderstand or disregard their role as gatekeepers. The rule of law depends in part on manageable-sized institutions, participants interested in following the law, and gatekeepers motivated by more than a paycheck from their clients.

Second, we must concentrate law enforcement and regulatory resources on restoring the rule of law to Wall Street. We must treat financial crimes with the same gravity as other crimes, because the price of inaction and a failure to deter future misconduct is enormous.

Third, we must help regulators and other gatekeepers not only by demanding transparency but also by providing clear, enforceable "rules of the road" wherever possible. That includes studying conduct that may not be illegal now, but that we should nonetheless consider banning or curtailing because it provides too ready a cover for financial wrongdoing.

The bottom line is that we need financial regulatory reform that is tough, far-reaching, and untainted by discredited claims about the efficacy of self-regulation.

When Senators LEAHY, GRASSLEY and I introduced the Fraud Enforcement and Recovery Act—FERA—last year, our central objective was restoring the rule of law to Wall Street. We wanted to make certain that the Department of Justice and other law enforcement authorities had the resources necessary to investigate and prosecute precisely the sort of fraudulent behavior allegedly engaged in by Lehman Brothers that we learned about recently.

We all understood that to restore the public's faith in our financial markets and the rule of law, we must identify, prosecute, and send to prison the participants in those markets who broke the law. Their fraudulent conduct has severely damaged our economy, caused devastating and sustained harm to countless hard-working Americans, and contributed to the widespread view that Wall Street does not play by the same rules as Main Street.

FERA, signed into law in May, ensures that additional tools and resources will be provided to those charged with enforcement of our Nation's laws against financial fraud. Since its passage, progress has been made, including the President's creation of an interagency Financial

Fraud Enforcement Task Force, but much more needs to be done.

Many have said we should of seek to punish anyone, as all of Wall Street was in a delirium of profitmaking and almost no one foresaw the sub-prime crisis caused by the dramatic decline in housing values. But this is not about retribution. This is about addressing the continuum of behavior that took place—some of it fraudulent and illegal—and in the process addressing what Wall Street and the legal and regulatory system underlying its behavior have become.

As part of that effort, we must ensure that the legal system tackles financial crimes with the same gravity as other crimes. When crimes happened in the past—as in the case of Enron, when aided and abetted by, among others, Merrill Lynch, and not prevented by the supposed gatekeepers at Arthur Andersen—there were criminal convictions. If individuals and entities broke the law in the lead up to the 2008 financial crisis—such as at Lehman Brothers, which allegedly deceived everyone, including the New York Fed and the SEC—there should be civil and criminal cases that hold them accountable.

If we uncover bad behavior that was nonetheless lawful, or that we cannot prove to be unlawful, as may be exemplified by the recent reports of actions by Goldman Sachs with respect to the debt of Greece, then we should review our legal rules in the United States and perhaps change them so that certain misleading behavior cannot go unpunished again. This will not be easy. As the Wall Street Journal's "Heard on the Street" noted last week, "Give Wall Street a rule and it will find a loophole."

This confirms what I heard on December 9 of last year when I convened an oversight hearing on FERA. As that hearing made clear, unraveling sophisticated financial fraud is an enormously complicated and resource-intensive undertaking, because of the nature of both the conduct and the perpetrators.

Rob Khuzami, head of the SEC's enforcement division, put it this way during the hearing:

White-collar area cases, I think, are distinguishable from terrorism or drug crimes, for the primary reason that, often, people are plotting their defense at the same time they're committing their crime. They are smart people who understand that they are crossing the line, and so they are papering the record or having veiled or coded conversations that make it difficult to establish a wrongdoing.

In other words, Wall Street criminals not only possess enormous resources but also are sophisticated enough to cover their tracks as they go along, often with the help, perhaps unwitting, of their lawyers and accountants.

Assistant Attorney General Lanny Breuer and Khuzami, along with Assistant FBI Director Kevin Perkins, all

emphasized at the hearing the difficulty of proving these cases from the historical record alone. The strongest cases come with the help of insiders, those who have first-hand knowledge of not only conduct but also motive and intent. That is why I have applauded the efforts of the SEC and DOJ to use both carrots and sticks to encourage those with knowledge to come forward.

At the conclusion of that hearing in December, I was confident that our law enforcement agencies were intensely focused on bringing to justice those wrongdoers who brought our economy to the brink of collapse.

Going forward, we need to make sure that those agencies have the resources and tools they need to complete the job. But we are fooling ourselves if we believe that our law enforcement efforts, no matter how vigorous or well funded, are enough by themselves to prevent the types of destructive behavior perpetrated by today's too-big, too-powerful financial institutions on Wall Street.

I am concerned that the revelations about Lehman Brothers are just the tip of the iceberg. We have no reason to believe that the conduct detailed last week is somehow isolated or unique. Indeed, this sort of behavior is hardly novel. Enron engaged in similar deceit with some of its assets. And while we don't have the benefit of an examiner's report for other firms with a business model like Lehman's, law enforcement authorities should be well on their way in conducting investigations of whether others used similar "accounting gimmicks" to hide dangerous risk from investors and the public.

At the same time, there are reports that raise questions about whether Goldman Sachs and other firms may have failed to disclose material information about swaps with Greece that allowed the country to effectively mask the full extent of its debt just as it was joining the European Monetary Union, EMU. We simply do not know whether fraud was involved, but these actions have kicked off a continent-wide controversy, with ramifications for U.S. investors as well.

In Greece, the main transactions in question were called cross-currency swaps that exchange cash flows denominated in one currency for cash flows denominated in another. In Greece's case, these swaps were priced "off-market," meaning that they didn't use prevailing market exchange rates. Instead, these highly unorthodox transactions provided Greece with a large upfront payment, and an apparent reduction in debt, which they then paid off through periodic interest payments and finally a large "balloon" payment at the contract's maturity. In other words, Goldman Sachs allegedly provided Greece with a loan by another name.

The story, however, does not end there. Following these transactions,

Goldman Sachs and other investment banks underwrote billions of Euros in bonds for Greece. The questions being raised include whether some of these bond offering documents disclosed the true nature of these swaps to investors, and, if not, whether the failure to do so was material.

These bonds were issued under Greek law, and there is nothing necessarily illegal about not disclosing this information to bond investors in Europe. At least some of these bonds, however, were likely sold to American investors, so they may therefore still be subject to applicable U.S. securities law. While "qualified institutional buyers," QIBs, in the United States are able to purchase bonds, such as the ones issued by Greece, and other securities not registered with the SEC under Securities Act of 1933, the sale of these bonds would still be governed by other requirements of U.S. law. Specifically, they presumably would be subject to the prohibition against the sale of securities to U.S. investors while deliberately withholding material adverse information.

The point may be not so much what happened in Greece, but yet again the broader point that financial transactions must be transparent to the investing public and verified as such by outside auditors. AIG fell in large part due to its credit default swap exposure, but no one knew until it was too late how much risk AIG had taken upon itself. Why do some on Wall Street resist transparency so? Lehman shows the answer: everyone will flee a listing ship, so the less investors know, the better off are the firms which find themselves in a downward spiral. At least until the final reckoning.

Who is to blame for this state of affairs, where major Wall Street firms conclude that hiding the truth is okay? Well, there is plenty of blame to go around. As I said previously, both Congress and the regulators came to believe that self-interest was regulation enough. In the now-immortal words of Alan Greenspan, "Those of us who have looked to the self-interest of lending institutions to protect shareholder's equity—myself especially—are in a state of shocked disbelief." The time has come to get over the shock and get on with the work.

What about the professions? Accountants and lawyers are supposed to help insure that their clients obey the law. Indeed they often claim that simply by giving good advice to their clients, they are responsible for far more compliance with the law than are government investigators. That claim rings hollow, however, when these professionals now seem too often focused on helping their clients get around the law.

Experts such as Professor Peter Henning of Wayne State University

Law School, looking at the Lehman examiner's report on the Repo 105 transactions, are stunned that the accountant Ernst & Young never seemed to be troubled in the least about it. Of course, the fact that a Lehman executive was blowing a whistle on the practice in May 2008 did not change anything, other than to cause some discomfort in the ranks.

While saying he was confident he could clear up the whistleblower's concerns, the lead partner for Lehman at Ernst & Young wrote that the letter and off-balance sheet accounting issues were "adding stress to everyone."

As Professor Henning notes, one of the supposed major effects of the Sarbanes-Oxley Act was to empower the accountants to challenge management and ensure that transactions were accounted for properly. Indeed, it was my predecessor, then-Senator BIDEN, who was the lead author of the provision requiring the CEO and CFO to attest to the accuracy of financial statements, under penalty of criminal sanction if they knowingly or willfully certified materially false statements. I don't believe this is a failure of Sarbanes-Oxley. A law is not a failure simply because some people subsequently violate it.

I am deeply disturbed at the apparent failure of some in the accounting profession to change their ways and truly undertake the profession's role as the first line of defense—the gatekeeper—against accounting fraud. In just a few years time since the Enron-related death of the accounting firm Arthur Andersen, one might have hoped that "technically correct" was no longer a defensible standard if the cumulative impression left by the action is grossly misleading. But apparently that standard as a singular defense is creeping back into the profession.

The accountants and lawyers weren't the only gatekeepers. If Lehman was hiding balance sheet risks from investors, it was also hiding them from rating agencies and regulators, thereby allowing it to delay possible ratings downgrades that would increase its capital requirements. The Repo 105 transactions allowed Lehman to lower its reported net leverage ratio from 17.3 to 15.4 for the first quarter of 2008, according to the examiner's report. It was bad enough that the SEC focused on a misguided metric like net leverage when Lehman's gross leverage ratio was much higher and more indicative of its risks. The SEC's failure to uncover such aggressive and possibly fraudulent accounting, as was employed on the Repo 105 transactions, provides a clear indication of the lack of rigor of its supervision of Lehman and other investment banks.

The SEC in years past allowed the investment banks to increase their leverage ratios by permitting them to determine their own risk level. When that

approach was taken, it should have been coupled with absolute transparency on the level of risk. What the Lehman example shows is that increased leverage without the accountants and regulators and credit rating agencies insisting on transparency is yet another recipe for disaster.

Mr. President, last week's revelations about Lehman Brothers reinforce what I have been saying for some time. The folly of radical deregulation has given us financial institutions that are too big to fail, too big to manage, and too big to regulate. If we have any hope of returning the rule of law to Wall Street, we need regulatory reform that addresses this central reality.

As I said more than a year ago:

At the end of the day, this is a test of whether we have one justice system in this country or two. If we don't treat a Wall Street firm that defrauded investors of millions of dollars the same way we treat someone who stole \$500 from a cash register, then how can we expect our citizens to have faith in the rule of law? For our economy to work for all Americans, investors must have confidence in the honest and open functioning of our financial markets. Our markets can only flourish when Americans again trust that they are fair, transparent, and accountable to the laws.

The American people deserve no less.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. UDALL of Colorado. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. KAUFMAN). Without objection, it is so ordered.

Mr. UDALL of Colorado. Mr. President, before I speak to the topic that brought me to the floor tonight, I want to acknowledge the Presiding Officer's remarks on the situation with Lehman Brothers and others on Wall Street. I know that the Senator is on a mission, and nothing would make him happier, nor me happier, if the story of Lehman Brothers is a story that is told for the last time, much less written for the last time.

I listened with great interest to the narrative that is now unfolding, and with that interest also the sense of horror and outrage and anger that the Presiding Officer clearly carries. A crime is a crime, as it was pointed out, whether it is \$500 from a cash register or literally billions, in fact trillions of dollars of net worth that we have seen taken from Americans and American families.

I commend the Presiding Officer for his leadership, and I think he put it well when he pointed out if you are too big to fail, you are too big to exist, and too bad. Never again should that happen. So I wanted to acknowledge the Presiding Officer.

SOLAR UNITING NEIGHBORHOODS ACT

Mr. UDALL of Colorado. Mr. President, I want to speak about a bill that is born from the forward-thinking ideas of our constituents—a bill that will help spur our Nation's new energy economy and create jobs. To that end, tomorrow I will introduce the Solar Uniting Neighborhoods Act, or the SUN Act.

Last year, I began traveling across Colorado as part of a workforce tour to listen directly to Coloradans and hear their innovative policy ideas to create jobs. These ongoing efforts not only make me proud to be a Coloradan but they help me identify ways the Federal Government can help—or in some cases get out of the way—in supporting economic development and investing in Colorado. The SUN Act comes from directly visiting with Coloradans. It was one of the several job creation proposals developed after I hosted an energy jobs summit last month in Colorado.

Our summit brought together leading clean energy stakeholders from the worlds of business and public interest and government. Many of our top elected officials were there, including Energy Secretary Steven Chu, Governor Bill Ritter, Senator MICHAEL BENNET, and Congressman ED PERLMUTTER. They were there to discuss ways to sensibly spur job growth in our emerging clean energy economy. In the coming weeks, I will be introducing further legislation developed in part from the creative ideas that flowed from the clean energy summit.

The SUN Act will bring common sense to our Tax Code, get government out of the way of developing solar energy and spur job growth in every community across the United States. Americans currently qualify for a 30-percent Federal tax credit for the cost of installing solar panels on their homes. These solar panels are a great way to convert sunlight to electricity, and over time they save American families money on their utility bills. A few years ago, I installed panels on my own home to take advantage of the Sun, which is very strong in the great State of Colorado. But I have come to understand that this option isn't available for all American families who want to receive their electricity from solar power. Why? Well, there can be difficulties attaching solar panels to your home, which is why more and more neighborhoods and towns are creating so-called "community solar" projects. In those projects, instead of attaching the panels on every roof on the block, an increasing number of families have decided to place those same solar panels together in one open and unobstructed sunny area near their homes. By grouping these solar panels, you can reduce the cost by 30 percent compared to installing a panel on a set of

panels on every roof in the neighborhood. Moreover, community solar projects streamline maintenance and optimize energy production by avoiding trees, buildings, and other obstructions. Whether used by neighbors living at the end of a cul-de-sac or developed by a rural energy cooperative, creating these group solar projects to share energy is a great way to lower the cost of making electricity through the marvelous technology of photovoltaic units.

But there is a problem. Our Tax Code gets in the way. Why? Well, we have seen the Federal Tax Code discourage neighborhood solar projects because it requires the panels to be on your property. To put it simply, Federal law is telling Americans they need to have their solar panels affixed to their roofs instead of being able to partner with their neighbors on a community solar project. So this discourages innovation and slows the growth of solar power as an alternative energy source.

Back to the reason why I am introducing the SUN Act. It makes a small change in the Tax Code so that we no longer will be constrained in this innovative solar energy opportunity. By eliminating the requirement that the solar panel be on one individual's property, it frees Americans to work together on community projects where each individual can claim a tax credit on part of a shared project. This simple turnkey solution makes it easier to adopt and use clean renewable energy.

As more and more Americans are realizing, weaning ourselves off sources of foreign energy is a bipartisan imperative no matter what you think about global warming. Back in 2004, Colorado took a big step forward into the emerging clean energy economy when we approved a renewable electricity standard—a so-called RES. I know the Presiding Officer supports such a concept. It wasn't an easy transition. There were a lot of skeptics who feared setting a goal for renewable energy would result in job losses. I remember it well. I cochaired the campaign for this RES in the State of Colorado with the Republican Speaker of our Statehouse, Lola Spradley, who is a close friend. She and I toured the State during election season in a bipartisan effort. It was a surprise to a lot of people, who thought Republicans and Democrats only fight and disagree. We in fact agreed, and we had a wonderful time campaigning together. We passed the RES.

Colorado has initiated other efforts as well and we have easily created over 20,000 jobs. We have the fourth highest concentration of renewable energy and energy research jobs in our country. Estimates are that the solar energy requirement in the RES—because the RES allows for wind, biomass, and other kinds of renewable energies—created over 1,500 jobs.

So what does this tell us? It tells us what we already know well—that American capitalism can take the seeds of an idea and create positive economic change. So wherever possible, our Federal Government should encourage, not hinder, such entrepreneurial ideas and entrepreneurs.

Other important issues are at play as well. As we find our way out of the current recession, we are witness to the emergence of powerful economic competitors abroad, and we have an increasingly dangerous alliance on foreign fossil fuels. So with these factors in mind for our own economic and national security, Americans must become the world leader in adopting clean energy and creating homegrown jobs.

The story must be told that clean energy is one of the greatest economic opportunities of the 21st century. Fortunately, that is a promise we can meet as the global demand for clean energy is growing by \$1 trillion every year. Let me say that again—\$1 trillion every year. And what excites me about this bill, like many measures currently being debated here in our Chamber, is that it will create jobs for Americans in every neighborhood where these community solar projects are developed.

This bill reduces many of the barriers which currently prevent Americans from adopting solar energy, opens up new markets and creates a simple structure to allow people to utilize clean energy for their home.

As I close, I can tell you there is nothing more thrilling than making electricity, which I do in my own home. And then, when you need to use it at your home, you use it there. And also, when it is not needed, you send it back on the grid for your neighbors to use. So I urge my colleagues in both parties to join me in supporting this legislation.

I thank the Presiding Officer for his attention.

I yield the floor.

HONORING OUR ARMED FORCES

PRIVATE FIRST CLASS ERIC D. CURRIER

Mrs. SHAHEEN. Mr. President, I rise today with a heavy heart to pay tribute to the life and service of Marine PFC Eric D. Currier of Londonderry, NH. This young soldier died from wounds inflicted by an enemy sniper in Helmand Province, Afghanistan, on February 17, 2010. Private First Class Currier was just 21 years old at the time of his death. A rifleman, he was a member of the 3rd Battalion, 6th Marine Regiment, 2nd Marine Division, II Marine Expeditionary Force based at Camp Lejeune, NC, and was deployed to Afghanistan in January.

Eric was born in Massachusetts but moved to my home State of New Hampshire when he was in the eighth grade.

He continued his schooling in Londonderry and graduated from Londonderry High School in 2007. Like many in northern New England, Eric was an avid outdoorsman. He began fishing with his grandfather at the age of three. He enjoyed camping trips with his brothers and was a skilled hunter. He spent many summer days boating, fishing and swimming while staying with his grandparents on Plum Island in Massachusetts. Eric even met his future wife, Kaila Parkhurst, while canoeing on the Saco River as a teenager. He was a fine young man, friendly and outgoing, who cared deeply for his family. Army PVT Brent Currier, Eric's brother, describes him as the hero of his seven siblings.

Eric enlisted in the Marine Corps in March 2009 with a desire to serve an important cause and make his family proud. He most certainly accomplished those goals. Private First Class Currier selflessly joined the men and women of our armed services who give of themselves each day so that we, as a nation, might enjoy freedom and security. He has earned our country's enduring gratitude and recognition. While Eric's life may have ended too soon, his legacy lives on through the people who loved him and through all of us, who are forever indebted to him.

No words of mine can diminish the pain of losing such a young soldier, but I hope Eric's family can find solace in knowing that all Americans share a deep appreciation of his service. Daniel Webster's words, first spoken during his eulogy for Presidents Adams and Jefferson in 1826, are fitting: "Although no sculptured marble should rise to their memory, nor engraved stone bear record of their deeds, yet will their remembrance be as lasting as the land they honored." I ask my colleagues and all Americans to join me in honoring Eric's life, service and sacrifice.

Private First Class Currier is survived by his wife Kaila; his father Russell Currier; his mother Helen Boudreau and her husband Kevin; siblings Brent, Dylan, Kevin, Melana, Cassie, Jake and Alyssa; as well as grandparents, in-laws, and others. I offer my deepest sympathies to his entire family for their loss, and my sincere thanks for their loved one's service. This young marine will be dearly missed; his death while deployed far from home is another painful loss for our small State and for this Nation. It is my sad duty to enter the name of PFC Eric Currier in the RECORD of the U.S. Senate in recognition of his sacrifice for this country and his contribution to freedom and lasting peace.

VOTE EXPLANATION

Mr. TESTER. Mr. President, due to mechanical trouble that delayed my travel to the Senate on March 15, 2010,

I regret I was unable to make the vote on the motion to invoke cloture on the motion to concur in the House amendment to the Senate amendment to the House amendment to the Senate amendment to H.R. 2847, the legislative vehicle of the HIRE Act. If present I would have voted aye.

TAIWAN SELF-DEFENSE REQUIREMENTS

Mr. CORNYN. Mr. President, Taiwan is a steadfast ally in a very turbulent region of the world. On January 29, the State Department approved a \$6.4 billion arms package to Taiwan that includes 114 Patriot missiles, 60 Black Hawk helicopters, Harpoon antiship training missiles, and Osprey-class minehunter ships.

I am pleased that the administration is taking this important step toward fulfilling the United States' commitment to Taiwan under the Taiwan Relations Act, TRA, which requires us to make available to Taiwan such defense articles and defense services "as may be necessary to enable Taiwan to maintain a sufficient self-defense capability." However, despite the billions of dollars worth of weapons involved in this sale, it represents little more than a half step in providing Taiwan the defensive arms that it needs—and that we are obligated by law to provide it—to protect itself against rapidly increasing air- and sea-based threats from China. What Taiwan has repeatedly requested—and what was not in the arms package—are new fighter aircraft.

Since 2006, the Taiwanese have made clear their desire to purchase 66 F-16 C/Ds to augment an air fleet that is bordering on obsolescence. On April 22, 2009, Taiwanese President Ma Ying-jeou reiterated Taiwan's commitment to request the F-16C/Ds from the Obama Administration. And, in a December 29, 2009, letter to Senate and House leaders, members of Taiwan's Parliament stated, "Though economic and diplomatic relations with the People's Republic of China's Communist Party are improving, we face a significant threat from the People's Liberation Army Air Force. Our military must be able to defend our airspace as a further deterioration in the air balance across the Strait will only encourage PRC aggression."

On January 21, the U.S. Defense Intelligence Agency, DIA, completed a report on the current condition of Taiwan's air force. This formal assessment was required under a provision that I authored in the fiscal year 2010 National Defense Authorization Act, NDAA, which received bipartisan support. The report's findings are grim.

The unclassified version of the report concludes that, although Taiwan has an inventory of almost 400 combat aircraft, "far fewer of these are operationally capable." It states that Taiwan's

60 U.S.-made F-5 fighters have already reached the end of their operational service, that its 126 locally produced Indigenous Defense Fighter aircraft lack "the capability for sustained sorties," and that its 56 French-made Mirage 2000-5 fighter jets "require frequent, expensive maintenance" while lacking required spare parts. Furthermore, the report found that although some of Taiwan's 146 F-16 A/Bs may receive improvements to enhance avionics and combat effectiveness, the "extent of the upgrades, and timing and quantity of aircraft is currently unknown."

In the past, what has kept Taiwan free and allowed its democracy and free enterprise system to flourish has been a qualitative technological advantage in military hardware over Chinese forces. In simple terms, it would have been too costly for Beijing to contemplate an attack on Taiwan. This in and of itself created a stabilizing effect that promoted dialogue and negotiations. Yet due to the massive, non-transparent increase in China's defense spending, the past 10 years have seen a dramatic erosion in this cornerstone of Taiwan's defense strategy. A gauge of how quickly this tide has turned can be found in the Department of Defense's Annual Report on the Military Power of the People's Republic of China. The 2002 version of this report concluded that Taiwan "has enjoyed dominance of the airspace over the Taiwan Strait for many years." The DOD's 2009 Report now states this conclusion no longer holds true.

Taiwanese defense officials have also recognized this alarming trend, predicting that, in the coming decade, they will completely lose their qualitative edge. Beijing will have an advantage in both troops and arms. This imminent reality holds critical consequences for both our ally Taiwan and the United States. If China becomes emboldened, it might be tempted to try to take Taiwan through outright aggression or cow Taiwan into subservience through intimidation.

How would the U.S. react in the face of Chinese belligerence towards Taiwan? Would we deploy our ships and aircraft to ward off Chinese aggression? Would we decide to counter force with force? These are difficult and tough questions, and the soundest policy option is to ensure they never have to be answered. We know a Taiwan that is properly defended and equipped will raise the stakes for China, and that would serve as the best defense against belligerent acts.

Strategically, assisting Taiwan in maintaining a robust defense capability will help keep the Taiwan Strait stable. We should remember that, in 1996, Beijing rattled its Chinese saber and launched ballistic missiles off Taiwan's coast and initiated amphibious landing training exercises. This

prompted President Clinton to dispatch two carrier battle groups as a show of strength. President Ma recently commented on the latest weapons sale by stating, "The more confidence we have and the safer we feel, the more interactions we can have with mainland China. The new weapons will help us develop cross-strait ties and ensure Taiwan maintains a determined defense and effective deterrence." During the Reagan years, we knew this common-sense strategy as "Peace Through Strength."

The benefits of an F-16 sale to Taiwan are not limited to national security—this sale also stands to benefit the American economy during a difficult period. The F-16, one of the world's finest tactical aircraft, is proudly assembled in Fort Worth, TX. The overall production effort involves hundreds of suppliers and thousands of workers across the United States. The sale of 66 aircraft to Taiwan would be worth approximately \$4.9 billion and guarantee U.S. jobs for years to come. The ripple effects of this sale through our economy would be significant, especially for workers in states where the recession has hit hard. This sale will also be a shot in the arm to America's defense industrial base, where constructing and equipping the F-16 means high-paying jobs for Americans.

The Obama administration has indicated that it intends to further review Taiwan's request for F-16s. Yet, the time for a decision regarding this sale draws near, and this review cannot be allowed to continue indefinitely. Taiwan needs these F-16 C/D aircraft now. What's more, the F-16 production line is approaching its end, after having manufactured these world-class aircraft for decades and having equipped 25 nations with more than 4,000 aircraft. If hard orders are not received for Taiwan's F-16s this year, the U.S. production line will likely be forced to start shutting down. Once the line begins closing, personnel will be shifted to other programs, inventory orders will be cancelled, and machine tools will be decommissioned. When the F-16 line eventually goes "cold," it is not realistic to expect that it would be restarted. At the same time, through economic and diplomatic threats, China has effectively cut off all other countries from selling arms to Taiwan.

In the months leading up to the administration's recent arms sales announcement, the administration took great pains to telegraph to Beijing their intention that the sale would provide only defensive arms to Taiwan. Nevertheless, China has responded to the sale by threatening U.S. companies, cancelling high-level meetings with U.S. officials, and launching verbal assaults against our country. Beijing's blustering is clearly intended to intimidate the United States and dissuade us from selling new F-16s to

Taiwan. This is unacceptable. The United States must not allow Beijing to dictate the terms of any future U.S. arms sales or other support for Taiwan.

President Ma and Taiwan parliamentarians have been clear and direct in their request for these aircraft. It is my hope that they will redouble their efforts here in Congress, as well as with the administration, to make the case and demonstrate the urgent need for the sale of these F-16C/Ds. This is a telling moment for the Obama administration. Our allies are watching carefully, and so are our potential adversaries. Without question, the path of least resistance for the administration would be to not move forward with the sale of F-16s, under the guise of continued analysis of the proposal. Then, once the F-16 production line had shut down, the proposed sale would be a moot issue for the administration. However, that path would ultimately leave Taiwan—and U.S. interests in the region—dangerously exposed. The sale of these F-16s to Taiwan would send a powerful message that the U.S. will stand by our allies, both in the Taiwan Strait and in other parts of the world.

I urge the President to move forward expeditiously with the sale of F-16s to Taiwan. I hope he will do so, and I know that many of my colleagues on both sides of the aisle share this sentiment.

RECONCILIATION

Mr. SPECTER. Mr. President, I seek recognition today to address the subject of reconciliation.

I have previously spoken about gridlock in Congress and the negative impact it is having on our stature internationally. We are unable to confirm judicial and executive nominations

which is paralyzing the work of the Senate and putting the government's ability to confront the Nation's challenges at risk. It slows the judicial process and leaves many posts empty, including those in defense and national security.

The most central issue at the moment, however, is health care reform. Health care reform passed both the House of Representatives and the Senate. In the Senate, it passed by a supermajority vote of 60-39. The only issue before us now is aligning the already-passed Senate version with the already-passed House version. Despite its passage by 60-39, Republicans are still trying to stop this bill by threatening to filibuster the amendments needed to bring it into a condition that will pass the House of Representatives.

These tactics, which amount to a minority of Senators halting a bill that has overwhelming support, can be overcome by the often used reconciliation process. The reconciliation process is an optional procedure that operates as an adjunct to the budget resolution process established by the Congressional Budget Act of 1974. The reconciliation process has been used by nearly every Congress since its enactment to pass a vast array of legislation.

In their endless efforts to circumvent the will of the majority and thwart the passage of much needed and much supported health care legislation, the Republicans have launched a campaign against the reconciliation process, making it out to be an illegitimate tactic that the Democrats have invented to pass health care legislation. That is simply untrue.

A look back in time, however, shows that the very same Republicans who are now denouncing the use of rec-

onciliation were the very same Republicans who were defending its use not too long ago.

When he was chair of the Budget Committee, Senator JUDD GREGG, in defending the use of reconciliation to try to pass an amendment allowing oil drilling in the Arctic National Wildlife Refuge in 2005 said, "Reconciliation is a rule of the Senate set up under the Budget Act. It has been used before for purposes exactly like this on numerous occasions. The fact is all this rule of the Senate does is allow a majority of the Senate to take a position and pass a piece of legislation, support that position. Is there something wrong with 'majority rules'? I don't think so."

When using reconciliation to pass Medicare spending, Senator GREGG said, "You can't get 60 votes because the party on the other side of the aisle simply refuses to do anything constructive in this area." Senator CHUCK GRASSLEY, when defending the use of reconciliation to pass the Bush tax cuts, said that reconciliation was "the way it will have to be done in order to get it done at all."

Last year Republican Congressman PAUL RYAN said of Democrats using reconciliation, "It's their right. They did win the election. We don't like it because we don't like what looks like the outcome."

Republicans are implying that reconciliation is a new idea, and has never been used to pass significant legislation. The fact is, since 1980, Congress has sent 22 reconciliation bills to the President. Of those, 16 enacted into law occurred under Republican majority control.

The 16 reconciliation bills created with a Republican majority included:

FY	Majority	Resultant reconciliation act(s)	Veto?
1981	Republican	Omnibus Budget Reconciliation Act of 1980 (P.L. 96-499)	None.
1982	Republican	Omnibus Budget Reconciliation Act of 1981 (P.L. 97-35)	None.
1983	Republican	Tax Equity and Fiscal Responsibility Act of 1982 (P.L. 97-248)	None.
	Republican	Omnibus Budget Reconciliation Act of 1982 (P.L. 97-253)	None.
1984	Republican	Omnibus Budget Reconciliation Act of 1983 (P.L. 98-270)	None.
1986	Republican	Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272)	None.
1996	Republican	Balanced Budget Act of 1995	Vetoed by Clinton.
1997	Republican	Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193)	None.
1998	Republican	Balanced Budget Act of 1997 (P.L. 105-33)	None.
	Republican	Taxpayer Relief Act of 1997 (P.L. 105-34)	None.
2000	Republican	Taxpayer Refund and Relief Act of 1999 (H.R. 2488)	Vetoed by Clinton.
2001	Republican	Marriage Tax Relief Reconciliation Act of 2000 (H.R. 4810)	Vetoed by Clinton.
2002	Republican	Economic Growth and Tax Relief Reconciliation Act of 2001 (P.L. 107-16)	None.
2004	Republican	Jobs and Growth Tax Relief Reconciliation Act of 2003 (P.L. 108-27)	None.
2006	Republican	Deficit Reduction Act of 2005 (P.L. 109-171)	None.
	Republican	Tax Increase Prevention and Reconciliation Act of 2005 (P.L. 109-222)	None.

The six reconciliation bills created with a Democratic majority included:

Fiscal year	Majority	Resultant reconciliation act(s)	Veto?
1987	Democrat	Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509)	None.
1988	Democrat	Omnibus Budget Reconciliation Act of 1987 (P.L. 100-203)	None.
1990	Democrat	Omnibus Budget Reconciliation Act of 1989 (P.L. 101-239)	None.
1991	Democrat	Omnibus Budget Reconciliation Act of 1990 (P.L. 101-508)	None.
1994	Democrat	Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66)	None.
2008	Democrat	College Cost Reduction and Access Act of 2007 (P.L. 110-84)	Vetoed by Clinton.

This could not be further from the truth. The new Reagan administration

and Republican majority in 1981 that first used reconciliation to pass major

legislation—Reagan's tax cuts—and used it again in 1982 to cut spending

and roll back some tax cuts. A Republican-controlled Senate also used reconciliation to pass the 1996 welfare overhaul, the Children's Health Insurance Program, Medicare Advantage and COBRA.

Republicans have used reconciliation many times to pass partisan bills. For example, the 1995 Balanced Budget Act, the 2001 Bush tax cuts, the 2003 Bush tax cuts, the 2005 Deficit Reduction Act, and the 2006 Tax Relief Extension Act were all passed in reconciliation and with small vote margins. Two of these passed only with the tie-breaking intervention of Vice President Dick Cheney, and Democrats got more votes for the health bill than any of these measures received.

Republicans have also complained that reconciliation is not proper for a health care bill. However, over the past 20 years, reconciliation has been used to pass almost all major pieces of health care legislation, including COBRA; the Children's Health Insurance Program; the Emergency Medical Treatment and Active Labor Act, which requires hospitals that take Medicaid and Medicare to treat anyone entering an ER; and welfare reform, which disentangled Medicaid from welfare.

Further, the health care bill has already passed with 60 votes. It is only the amendments that need to pass via reconciliation. The 2009 budget resolution instructed both Houses of Congress to enact health care reform. Again, comprehensive health legislation has already passed both Chambers, garnering a majority in the House and a supermajority in the Senate. Since the House and the Senate versions are slightly different, using reconciliation to implement the budget resolution by reconciling the two bills follows established procedure. Reconciliation will be used only to pass a small package of fixes to the original health bills that are necessary to align the House and Senate versions. This is actually less ambitious than the usual reconciliation process, which usually applies to entire bills, not just small fixes.

RADIO SPECTRUM INVENTORY ACT

Mr. CONRAD. Mr. President, I express my support for S. 649, the Radio Spectrum Inventory Act. I am joining as a cosponsor of this legislation because it is important to complete a comprehensive assessment of how we use our radio spectrum before we make decisions about how we want to use it in the future.

As the FCC submits the Nation's first broadband plan to Congress, we have heard much about the need for allocating additional spectrum for the expansion of mobile broadband service. There is little question that rapidly expanding these networks is of critical importance—especially in rural States

like North Dakota, which rely on 21st-century technology like mobile broadband to stay competitive.

However, without a thorough understanding of how our public airwaves are currently being used, making a plan to reallocate spectrum would be putting the cart before the horse. For that reason, I strongly believe that the Congress should pass this legislation and policymakers should wait to review the results of the inventory it requires before decisions are made about how or where spectrum should be distributed for the expansion of mobile broadband services. This will allow us to shape spectrum policy in a more thoughtful manner.

Just as the National Broadband Plan gives us for the first time a comprehensive plan for broadband deployment and use, the Radio Spectrum Inventory Act will provide for the first time a comprehensive map of how the public airwaves are used—for radio broadcasts, over-the-air television, mobile phones, public safety, and mobile broadband. There are too many users involved to move forward in a piecemeal way. Ultimately, spectrum reallocation is too important to rush.

TRIBUTE TO GREG KENDALL

Mr. GREGG. Mr. President, I rise today on behalf of myself and my wife Kathy to pay tribute to Officer Greg Kendall of Rye, NH, who retired on January 1, 2010, after 50 years of service as an educator and law enforcement officer. It is important for us to take a moment to recognize and honor Officer Kendall's long career as a dedicated public servant. Citizens like Greg Kendall ensure that our communities remain great places to live, work, and raise a family. The outstanding community service demonstrated by him is what inspires people to leave behind a better society than they found, and contribute to the betterment of their local community.

Greg, whom Rye Police Chief Kevin Walsh describes as "irreplaceable," is both well known and highly respected throughout New Hampshire's Seacoast community, where he has served on the Rye police force and as an educator in the Rye and Seabrook school districts. Starting out on summer beach patrol in 1960 as a full-time officer, Greg continued to serve as a police officer on weekends while also beginning his career in education as a full-time sixth grade teacher at Rye Junior High School. Upon finishing graduate studies at the University of New Hampshire and the University of Maine, he became the principal at Rye Junior High School, where he continued to guide and shape the education and character of a generation of young students over the next 16 years. Following that, Greg taught in Seabrook for an additional 13 years, all while serving nights and

weekends as a special officer in Rye. Since 2001, Greg has also been animal control officer, performing his duties with the same compassion, calm demeanor, and professionalism that he always brought to his shifts on patrol or lessons in the classroom.

On a personal note, I had the pleasure of serving with Greg when, in the summer of 1968, I worked as a special officer on the Rye Police Force. The town of Rye, the people of the region and the State of New Hampshire are all better off for Greg's wisdom, skills, and experience. He is a friend and someone whose sense of humor, expertise and dedication I have always admired. Kathy and I join Greg's friends and neighbors in Rye in honoring him as an officer of the law, an educator of youth, and a motivator for us all. Thank you, Greg Kendall. We wish you the best in all your future endeavors; may they be as rewarding as those of the last 50 years.

MESSAGE FROM THE HOUSE

At 10:54 a.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 2377. An act to direct the Secretary of Education to establish and administer an awards program recognizing excellence exhibited by public school system employees providing services to students in pre-kindergarten through higher education.

MEASURES REFERRED

The following bill was read the first and the second times by unanimous consent, and referred as indicated:

H.R. 2377. An act to direct the Secretary of Education to establish and administer an awards program recognizing excellence exhibited by public school system employees providing services to students in pre-kindergarten through higher education; to the Committee on Health, Education, Labor, and Pensions.

MEASURES PLACED ON THE CALENDAR

The following bill was read the second time, and placed on the calendar:

H.R. 2314. An act to express the policy of the United States regarding the United States relationship with Native Hawaiians and to provide a process for the recognition by the United States of the Native Hawaiian governing entity.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC-5034. A communication from the Chief of Research and Analysis, Food and Nutrition Services, Department of Agriculture,

transmitting, pursuant to law, the report of a rule entitled "The Emergency Food Assistance Program: Amendments to Requirements Regarding the Submission of State Plans and Allowability of Certain Administrative Costs" (RIN0584-AD94) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Agriculture, Nutrition, and Forestry.

EC-5035. A communication from the Under Secretary of Defense (Personnel and Readiness), transmitting the report of (4) officers authorized to wear the insignia of the grade of brigadier general in accordance with title 10, United States Code, section 777; to the Committee on Armed Services.

EC-5036. A communication from the Director, Pentagon Renovation and Construction Program Office, Department of Defense, transmitting, pursuant to law, the Office's Annual Report for the year ending March 1, 2010; to the Committee on Armed Services.

EC-5037. A communication from the Assistant Administrator for Fisheries, National Oceanic and Atmospheric Administration, Department of Commerce, transmitting, pursuant to law, a biennial report entitled "Implementation of the Deep Sea Coral Research and Technology Program"; to the Committee on Commerce, Science, and Transportation.

EC-5038. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled "Amendment of Section 73.622(i), Final DTV Table of Allotments, Television Broadcast Stations; (Birmingham, Alabama)" (MB Docket No. 10-21) received in the Office of the President of the Senate on March 11, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5039. A communication from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting, pursuant to law, the report of a rule entitled "Amendment of Section 73.202(b), Table of Allotments, FM Broadcast Stations (Port Angeles, Washington)" (MB Docket No. 08-228) received in the Office of the President of the Senate on March 12, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5040. A communication from the Acting Director of Sustainable Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Inseason Closure of the Recreational Fishery for Greater Amberjack in Federal Waters of the Gulf of Mexico" (RIN0648-XS50) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5041. A communication from the Acting Director of Sustainable Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Suspension of Minimum Atlantic Surfclam Size Limit for Fishing Year 2010" (RIN0648-XS18) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5042. A communication from the Deputy Assistant Administrator for Regulatory Programs, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Amendment 15B to the Fishery Management Plan for the Snapper-Grouper Fishery of the South Atlantic Region" (RIN0648-AW12) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5043. A communication from the Deputy Assistant Administrator for Regulatory Programs, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Correcting Amendment to Implement Recordkeeping and Reporting Revisions" (RIN0648-AY37) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5044. A communication from the Acting Director of Sustainable Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Reopening of the Commercial Fishery for Gulf Group King Mackerel in the Florida East Coast Subzone for the 2009-2010 Fishing Year" (RIN0648-XU38) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5045. A communication from the Acting Director of Sustainable Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Pacific Coast Groundfish; Biennial Specifications and Management Measures; Inseason Adjustments" (RIN0648-AY40) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5046. A communication from the Secretary of the Commission, Bureau of Consumer Protection, Federal Trade Commission, transmitting, pursuant to law, the report of a rule entitled "Trade Regulation Rule Relating to Power Output Claims for Amplifiers Utilized in Home Entertainment Products" (RIN3084-AB09) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5047. A communication from the Acting Director of the Office of Sustainable Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Catcher/Processors Using Pot Gear in the Bering Sea and Aleutian Islands Management Area" (RIN0648-XU65) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5048. A communication from the Acting Director of the Office of Sustainable Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Exclusive Economic Zone Off Alaska; Closed Directed Fishing for Pacific Cod, Jig and Hook-and-Line Vessels, Bering Sea, Bogoslof Area" (RIN0648-XU64) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5049. A communication from the Acting Director of the Office of Sustainable Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Exclusive Economic Zone Off Alaska; Closed Directed Fishing for Pacific Cod, Offshore Component, Central Gulf of Alaska, A Season" (RIN0648-XU63) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5050. A communication from the Acting Director of the Office of Sustainable Fish-

eries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Exclusive Economic Zone Off Alaska; Closed Directed Fishing for Pacific Cod, Non-American Fisheries Act Crab Vessels, Offshore Component, Western Gulf of Alaska" (RIN0648-XU62) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5051. A communication from the Assistant Administrator for Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Magnuson-Stevens Act Provisions; Correction" (RIN0648-XU17) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5052. A communication from the Chief Counsel, Federal Emergency Management Agency, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Public Assistance Eligibility" ((44 CFR Part 206)(Docket No. FEMA-2006-0028)) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Banking, Housing, and Urban Affairs.

EC-5053. A communication from the Chief Counsel, Federal Emergency Management Agency, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Suspension of Community Eligibility" ((44 CFR Part 64)(Docket No. FEMA-2008-0020)) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Banking, Housing, and Urban Affairs.

EC-5054. A communication from the Chairman and President of the Export-Import Bank, transmitting, pursuant to law, a report relative to transactions involving U.S. exports to Australia; to the Committee on Banking, Housing, and Urban Affairs.

EC-5055. A communication from the Assistant General Counsel for Legislation and Regulatory Law, Office of Energy Efficiency and Renewable Energy, Department of Energy, transmitting, pursuant to law, the report of a rule entitled "Energy Conservation Program for Certain Commercial and Industrial Equipment: Test Procedure for Metal Halide Lamp Ballasts (Active and Standby Modes) and Proposed Information Collection; Comment Request; Certification, Compliance, and Enforcement Requirements for Consumer Products and Certain Commercial and Industrial Equipment; Final Rule and Notice" (RIN1904-AB87) received in the Office of the President of the Senate on March 12, 2010; to the Committee on Energy and Natural Resources.

EC-5056. A communication from the Assistant General Counsel for Legislation and Regulatory Law, Office of Energy Efficiency and Renewable Energy, Department of Energy, transmitting, pursuant to law, the report of a rule entitled "Weatherization Assistance for Low-Income Persons: Maintaining the Privacy of Applicants for and Recipients of Services" (RIN1904-AC16) received in the Office of the President of the Senate on March 12, 2010; to the Committee on Energy and Natural Resources.

EC-5057. A communication from the Assistant Secretary of the Army (Civil Works), transmitting, pursuant to law, a report relative to the Topeka, Kansas, Flood Risk Management Project; to the Committee on Environment and Public Works.

EC-5058. A communication from the Assistant Secretary, Bureau of Legislative Affairs,

Department of State, transmitting, pursuant to the Arms Export Control Act, the certification of a proposed technical assistance agreement for the transfer of Phalanx Close-In Weapon System Block 1B Baseline 1 systems, including spare and repair parts, installation, and maintenance to the United Arab Emirates in the amount of \$50,000,000 or more; to the Committee on Foreign Relations.

EC-5059. A communication from the Assistant Secretary, Bureau of Legislative Affairs, Department of State, transmitting, pursuant to the Arms Export Control Act, the certification of a proposed amendment to a manufacturing license agreement for the export of defense articles, including, technical data, and defense services to Japan relative to the design, manufacture, and repair of the Long Range Chinook Helicopter Variants (CH-47JA+) and the modification of CH-47JA helicopters in the amount of \$100,000,000 or more; to the Committee on Foreign Relations.

EC-5060. A communication from the Acting Assistant Secretary, Office of Legislative Affairs, Department of State, transmitting, pursuant to law, a report relative to overseas surplus property; to the Committee on Foreign Relations.

EC-5061. A communication from the Deputy Director of Regulations and Policy Management Staff, Food and Drug Administration, Department of Health and Human Services, transmitting, pursuant to law, the report of a rule entitled "Classification of Benzoyl Peroxide as Safe and Effective and Revision of Labeling to Drug Facts Format; Topical Acne Drug Products for Over-The-Counter Human Use; Final Rule" ((RIN0910-AG00)(Docket Nos. FDA-1981-N-0114 and FDA-1992-N-0049)) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Health, Education, Labor, and Pensions.

EC-5062. A communication from the Acting Director, Legislative and Regulatory Department, Pension Benefit Guaranty Corporation, transmitting, pursuant to law, the report of a rule entitled "Benefits Payable in Terminated Single-Employer Plans; Interest Assumptions for Valuing and Paying Benefits" (29 CFR Part 4022) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Health, Education, Labor, and Pensions.

EC-5063. A communication from the Acting Director, Legislative and Regulatory Department, Pension Benefit Guaranty Corporation, transmitting, pursuant to law, the report of a rule entitled "USERRA Benefits Under Title IV of ERISA" (RIN1212-AB19) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Health, Education, Labor, and Pensions.

EC-5064. A communication from the Chief Human Capital Officer, Corporation for National and Community Service, transmitting, pursuant to law, a report relative to a vacancy in the position of Chief Executive Officer of the Corporation for National and Community Service, received in the Office of the President of the Senate on March 11, 2010; to the Committee on Health, Education, Labor, and Pensions.

EC-5065. A communication from the Chairman, Federal Maritime Commission, transmitting, pursuant to law, the Commission's Fiscal Year 2009 Performance and Accountability Report; to the Committee on Homeland Security and Governmental Affairs.

EC-5066. A communication from the Chief Privacy Officer, Department of Homeland Security, transmitting, pursuant to law, a report entitled "Privacy Office Fourth Quar-

ter Fiscal Year 2009 Report to Congress"; to the Committee on Homeland Security and Governmental Affairs.

EC-5067. A communication from the Assistant Attorney General, Office of Legislative Affairs, Department of Justice, transmitting, pursuant to law, the Office of Community Oriented Policing Services (COPS Office) Annual Report for Fiscal Year 2009; to the Committee on the Judiciary.

EC-5068. A communication from the Director of Regulations Management, Department of Veterans Affairs, transmitting, pursuant to law, the report of a rule entitled "VA Acquisition Regulation: Supporting Veteran-Owned and Service-Disabled Veteran-Owned Small Businesses" (RIN2900-AM92) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Veterans' Affairs.

EC-5069. A communication from the Acting Director of Sustainable Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Exclusive Economic Zone of Alaska; Pollock in Statistical Area 630 in the Gulf of Alaska" (RIN0648-XU73) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

PETITIONS AND MEMORIALS

The following petition or memorial was laid before the Senate and was referred or ordered to lie on the table as indicated:

POM-90. A message from the Secretary-General of the United Nations petitioning support for Nuclear Disarmament and Non-Proliferation; to the Committee on Foreign Relations.

THE SECRETARY-GENERAL,
FEBRUARY 26, 2010.

Mr. JOSEPH R. BIDEN, Jr.,
President, Senate, United States of America, Washington, DC.

DEAR MR. JOSEPH R. BIDEN, JR.: We stand at a watershed moment for the achievement of international security through a world free of nuclear weapons. For several years now, momentum has been building towards this goal, due in no small part to the diligent efforts of civil society and parliamentarians.

I have tried to do my part to revitalize the peace and disarmament agenda. In October 2008, I presented a five-point proposal for nuclear disarmament. Greatly encouraged by the support that has been expressed for my initiative, I welcomed, in particular, the call by the Inter-Parliamentary Union in April 2009 for parliaments to instruct their Governments to support this proposal. I salute the Parliamentary Network for Nuclear Non-Proliferation and Disarmament for its related efforts and for its work towards building support for a nuclear weapon convention.

Since 2008, we have seen progress. The Russian Federation and the United States have negotiated on further reductions of their strategic nuclear arsenals. The Security Council held a historic summit on nuclear disarmament and non-proliferation. Treaties establishing nuclear-weapon-free zones have entered into force in Africa and Central Asia. Calls for global nuclear disarmament have emanated from many quarters and detailed plans have been proposed containing practical ideas to achieve the goal of global zero.

In order to sustain this momentum ahead of the 2010 Review Conference of the Treaty on the Non-Proliferation of Nuclear Weapons,

I have proposed an Action Plan on Nuclear Disarmament and Non-Proliferation. My plan is founded on a fundamental principle: nuclear disarmament and nuclear non-proliferation are mutually reinforcing and inseparable. In my action plan, I promised to explore ways to encourage greater involvement by civil society and parliamentarians.

Parliamentarians and parliaments play a key role in the success of disarmament and non-proliferation efforts. Parliaments support the implementation of treaties and global agreements contributing to the rule of law and promoting adherence to commitments. They adopt legislation that increases transparency and accountability, thus building trust, facilitating verification and creating conditions that are conducive to the further pursuit of disarmament.

At a time when the international community is facing unprecedented global challenges, parliamentarians can take on leading roles in ensuring sustainable global security, while reducing the diversion of precious resources from human needs. As parliaments set the fiscal priorities for their respective countries, they can determine how much to invest in the pursuit of peace and cooperative security. Towards this end, parliaments can establish the institutional infrastructures to support the development of necessary practical measures.

I would therefore like to take this opportunity to encourage all parliamentarians to join in efforts to achieve a nuclear-weapon-free world. In particular, I call upon parliamentarians to increase their support for peace and disarmament, to bring disarmament and non-proliferation treaties into force, and to start work now on the legislative agendas needed to achieve and sustain the objective of nuclear disarmament.

I look forward to opportunities to work with you to advance global nuclear disarmament and non-proliferation.

Yours sincerely,

BAN KI-MOON.

REPORTS OF COMMITTEES

The following reports of committees were submitted:

By Mr. LIEBERMAN, from the Committee on Homeland Security and Governmental Affairs, with amendments:

H.R. 885. A bill to elevate the Inspector General of certain Federal entities to an Inspector General appointed pursuant to section 3 of the Inspector General Act of 1978.

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. LEVIN for the Committee on Armed Services.

*Jessie Hill Roberson, of Virginia, to be a Member of the Defense Nuclear Facilities Safety Board for a term expiring October 18, 2013.

*Joseph F. Bader, of the District of Columbia, to be a Member of the Defense Nuclear Facilities Safety Board for a term expiring October 18, 2012.

*Peter Stanley Winokur, of Maryland, to be a Member of the Defense Nuclear Facilities Safety Board for a term expiring October 18, 2014.

Air Force nomination of Brig. Gen. Byron C. Hepburn, to be Major General.

Air Force nomination of Col. Robert R. Redwine, to be Brigadier General.

Army nomination of Lt. Gen. James D. Thurman, to be General.

Army nomination of Lt. Gen. Jack C. Stultz, Jr., to be Lieutenant General.

Army nomination of Maj. Gen. John W. Morgan III, to be Lieutenant General.

Army nomination of Lt. Gen. David M. Rodriguez, to be Lieutenant General.

Navy nomination of Vice Adm. Paul S. Stanley, to be Vice Admiral.

Marine Corps nomination of Maj. Gen. Walter E. Gaskin, Sr., to be Lieutenant General.

Marine Corps nomination of Brig. Gen. Melvin G. Spiese, to be Major General.

Marine Corps nomination of Col. Vaughn A. Ary, to be Major General.

Mr. LEVIN. Mr. President, for the Committee on Armed Services I report favorably the following nomination lists which were printed in the RECORDS on the dates indicated, and ask unanimous consent, to save the expense of reprinting on the Executive Calendar that these nominations lie at the Secretary's desk for the information of Senators.

The PRESIDING OFFICER. Without objection, it is so ordered.

Air Force nominations beginning with Elwood M. Barnes and ending with Rex A. Williams, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Air Force nominations beginning with Calvin N. Anderson and ending with Roger M. Welsh, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Air Force nominations beginning with Brian L. Bengs and ending with Lisa F. Willis, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Air Force nominations beginning with Donnette A. Boyd and ending with Paul D. Sutter, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Air Force nominations beginning with Richard S. Beyea III and ending with Travis C. Yelton, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Air Force nominations beginning with Afsana Ahmed and ending with Reggie D. Yager, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Army nominations beginning with Douglas R. Dixon and ending with Vicki J. Wyan, which nominations were received by the Senate and appeared in the Congressional Record on February 1, 2010.

Army nominations beginning with Romney C. Andersen and ending with D002085, which nominations were received by the Senate and appeared in the Congressional Record on February 1, 2010.

Army nominations beginning with Charles E. Bane and ending with D003028, which nominations were received by the Senate and appeared in the Congressional Record on February 1, 2010.

Army nominations beginning with Richard Acevedo and ending with D005704, which nominations were received by the Senate and appeared in the Congressional Record on February 1, 2010.

Army nominations beginning with Joseph C. Alexander and ending with Don H. Yamashita, which nominations were received by the Senate and appeared in the Congressional Record on February 1, 2010.

Army nominations beginning with David A. Allen and ending with Young J. Yauger, which nominations were received by the Senate and appeared in the Congressional Record on February 1, 2010.

Army nominations beginning with Matthew H. Adams and ending with Matthew H. Watters, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Marine Corps nominations beginning with Henry C. Bodden and ending with David M. Sousa, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

Marine Corps nominations beginning with James R. Reusse and ending with Jeffrey P. Wooldridge, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

Marine Corps nominations beginning with Anthony Redman and ending with Gary J. Spinelli, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

Marine Corps nominations beginning with Mark E. Dumas and ending with James Smiley, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

Marine Corps nominations beginning with Steven S. Devost and ending with William E. Lanham, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

Marine Corps nominations beginning with Tony C. Armstrong and ending with Shelton Williams, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

Marine Corps nominations beginning with Charles R. Baughn and ending with John P. Mullery, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

Marine Corps nominations beginning with Randall E. Davis and ending with Brian L. White, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

Marine Corps nominations beginning with Brent L. English and ending with Anthony C. Lyons, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

Marine Corps nominations beginning with Robert Boyero and ending with Andrew R. Strauss, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

Marine Corps nomination of Dennis L. Parks, to be Lieutenant Colonel.

Marine Corps nominations beginning with Steve K. Braund and ending with Steven E. Sprout, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Marine Corps nominations beginning with Charles E. Daniels and ending with Jay A. Rogers, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Marine Corps nominations beginning with Timothy L. Collins and ending with Steven J. Lengquist, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Marine Corps nominations beginning with Michael R. Glass and ending with Donald L. Hultz, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Marine Corps nominations beginning with Steven M. Dotson and ending with James I.

Saylor, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Marine Corps nominations beginning with Jack G. Abate and ending with Jason A. Higgins, which nominations were received by the Senate and appeared in the Congressional Record on March 3, 2010.

Navy nominations beginning with Craig E. Bundy and ending with Yaron Rabinowitz, which nominations were received by the Senate and appeared in the Congressional Record on February 22, 2010.

Navy nomination of Michael C. Biemiller, to be Commander.

*Nomination was reported with recommendation that it be confirmed subject to the nominee's commitment to respond to requests to appear and testify before any duly constituted committee of the Senate.

(Nominations without an asterisk were reported with the recommendation that they be confirmed.)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. KERRY:

S. 3118. A bill to amend title 38, United States Code, to provide that monetary benefits paid to veterans by States and municipalities shall be excluded from consideration as income for purposes of pension benefits paid by the Secretary of Veterans Affairs; to the Committee on Veterans' Affairs.

By Mrs. GILLIBRAND (for herself, Mr. LIEBERMAN, Mr. DODD, and Mr. SCHUMER):

S. 3119. A bill to amend and reauthorize certain provisions relating to Long Island Sound restoration and stewardship; to the Committee on Environment and Public Works.

By Mr. SPECTER (for himself and Mr. DURBIN):

S. 3120. A bill to encourage the entry of felony warrants into the National Crime Information Center database by States and provide additional resources for extradition; to the Committee on the Judiciary.

By Mr. BURR (for himself and Mrs. HAGAN):

S. 3121. A bill to amend title 10, United States Code, to authorize the Secretary of the Army to lease portions of the Airborne and Special Operations Museum facility to the Airborne and Special Operations Museum Foundation to support operation of the Museum; to the Committee on Armed Services.

By Mr. ENSIGN (for himself, Mr. RISCH, Mr. VITTER, Mr. BARRASSO, Mr. BENNETT, and Mr. ENZI):

S. 3122. A bill to require the Attorney General of the United States to compile, and make publicly available, certain data relating to the Equal Access to Justice Act, and for other purposes; to the Committee on the Judiciary.

By Mr. LEAHY (for himself, Mr. SPECTER, Mr. HARKIN, Mr. BENNET, Mrs. SHAHEEN, Mr. CASEY, Ms. KLOBUCHAR, Mrs. GILLIBRAND, Mr. BROWN of Ohio, Mr. UDALL of New Mexico, Mr. DURBIN, Mrs. MURRAY, Mr. SCHUMER, and Mr. SANDERS):

S. 3123. A bill to amend the Richard B. Russell National School Lunch Act to require

the Secretary of Agriculture to carry out a program to assist eligible schools and non-profit entities through grants and technical assistance to implement farm to school programs that improve access to local foods in eligible schools; to the Committee on Agriculture, Nutrition, and Forestry.

By Ms. KLOBUCHAR (for herself and Mr. HARKIN):

S. 3124. A bill to amend the Richard B. Russell National School Lunch Act to improve child health and nutrition and reduce administrative burdens for child care sponsors and providers; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. NELSON of Florida:

S. 3125. A bill to amend the Internal Revenue Code of 1986 to extend the financing of the Superfund; to the Committee on Finance.

By Ms. KLOBUCHAR:

S. 3126. A bill to amend the Richard B. Russell National School Lunch Act to promote the health and wellbeing of schoolchildren in the United States through effective local wellness policies, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

By Mrs. GILLIBRAND:

S. 3127. A bill to amend the Child Nutrition Act of 1966 to require regular updating of the supplemental foods provided under the special supplemental nutrition program for women, infants, and children; to the Committee on Agriculture, Nutrition, and Forestry.

By Mrs. GILLIBRAND:

S. 3128. A bill to amend the Richard B. Russell National School Lunch Act to ensure the categorical eligibility of foster children for free school lunches and breakfasts; to the Committee on Agriculture, Nutrition, and Forestry.

By Mrs. GILLIBRAND:

S. 3129. A bill to amend the Child Nutrition Act of 1966 to allow States to certify children for participation in special supplemental nutrition program for women, infants, and children for a period of 1 year; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. BENNET:

S. 3130. A bill to provide that, if comprehensive health care reform legislation provides Americans access to quality, affordable health care is not enacted by June 30, 2010, then Members of Congress may not participate or be enrolled in a Federal employees health benefits plan under chapter 89 of title 5, United States Code; to the Committee on Homeland Security and Governmental Affairs.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. WEBB (for himself and Mr. WARNER):

S. Res. 456. A resolution congratulating Radford University on the 100th anniversary of the university; considered and agreed to.

ADDITIONAL COSPONSORS

S. 132

At the request of Mrs. FEINSTEIN, the name of the Senator from Arkansas (Mrs. LINCOLN) was added as a cosponsor of S. 132, a bill to increase and enhance law enforcement resources com-

mitted to investigation and prosecution of violent gangs, to deter and punish violent gang crime, to protect law-abiding citizens and communities from violent criminals, to revise and enhance criminal penalties for violent crimes, to expand and improve gang prevention programs, and for other purposes.

S. 259

At the request of Mr. BOND, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 259, a bill to establish a grant program to provide vision care to children, and for other purposes.

S. 493

At the request of Mr. CASEY, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 493, a bill to amend the Internal Revenue Code of 1986 to provide for the establishment of ABLE accounts for the care of family members with disabilities, and for other purposes.

S. 565

At the request of Mr. DURBIN, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. 565, a bill to amend title XVIII of the Social Security Act to provide continued entitlement to coverage for immunosuppressive drugs furnished to beneficiaries under the Medicare Program that have received a kidney transplant and whose entitlement to coverage would otherwise expire, and for other purposes.

S. 700

At the request of Mr. BINGAMAN, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 700, a bill to amend title II of the Social Security Act to phase out the 24-month waiting period for disabled individuals to become eligible for Medicare benefits, to eliminate the waiting period for individuals with life-threatening conditions, and for other purposes.

S. 730

At the request of Mr. ENSIGN, the name of the Senator from Missouri (Mr. BOND) was added as a cosponsor of S. 730, a bill to amend the Harmonized Tariff Schedule of the United States to modify the tariffs on certain footwear, and for other purposes.

S. 752

At the request of Mr. DURBIN, the name of the Senator from New Hampshire (Mrs. SHAHEEN) was added as a cosponsor of S. 752, a bill to reform the financing of Senate elections, and for other purposes.

S. 1102

At the request of Mr. LIEBERMAN, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 1102, a bill to provide benefits to domestic partners of Federal employees.

S. 1492

At the request of Ms. MIKULSKI, the names of the Senator from Illinois (Mr.

BURRIS) and the Senator from Oregon (Mr. MERKLEY) were added as cosponsors of S. 1492, a bill to amend the Public Health Service Act to fund breakthroughs in Alzheimer's disease research while providing more help to caregivers and increasing public education about prevention.

S. 1619

At the request of Mr. DODD, the name of the Senator from Connecticut (Mr. LIEBERMAN) was added as a cosponsor of S. 1619, a bill to establish the Office of Sustainable Housing and Communities, to establish the Interagency Council on Sustainable Communities, to establish a comprehensive planning grant program, to establish a sustainability challenge grant program, and for other purposes.

S. 1639

At the request of Mr. BINGAMAN, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 1639, a bill to amend the Internal Revenue Code of 1986 to improve and extend certain energy-related tax provisions, and for other purposes.

S. 1660

At the request of Ms. KLOBUCHAR, the name of the Senator from California (Mrs. BOXER) was added as a cosponsor of S. 1660, a bill to amend the Toxic Substances Control Act to reduce the emissions of formaldehyde from composite wood products, and for other purposes.

S. 1683

At the request of Mr. BENNET, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of S. 1683, a bill to apply recaptured taxpayer investments toward reducing the national debt.

S. 1764

At the request of Mr. LAUTENBERG, the name of the Senator from Louisiana (Mr. VITTER) was added as a cosponsor of S. 1764, a bill to clarify the application of section 14501(d) of title 19, United States Code, to prevent the imposition of unreasonable transportation fees.

S. 1789

At the request of Mr. DURBIN, the name of the Senator from Texas (Mr. CORNYN) was added as a cosponsor of S. 1789, a bill to restore fairness to Federal cocaine sentencing.

S. 2870

At the request of Mr. INOUE, the name of the Senator from West Virginia (Mr. ROCKEFELLER) was added as a cosponsor of S. 2870, a bill to establish uniform administrative and enforcement procedures and penalties for the enforcement of the High Seas Driftnet Fishing Moratorium Protection Act and similar statutes, and for other purposes.

S. 2975

At the request of Mr. SCHUMER, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 2975, a bill to prohibit the

manufacture, sale, or distribution in commerce of children's jewelry containing cadmium, barium, or antimony, and for other purposes.

S. 3003

At the request of Mr. DODD, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 3003, a bill to enhance Federal efforts focused on public awareness and education about the risks and dangers associated with Shaken Baby Syndrome.

S. 3027

At the request of Ms. KLOBUCHAR, the name of the Senator from North Dakota (Mr. CONRAD) was added as a cosponsor of S. 3027, a bill to prevent the inadvertent disclosure of information on a computer through certain "peer-to-peer" file sharing programs without first providing notice and obtaining consent from an owner or authorized user of the computer.

S. 3035

At the request of Mr. BAUCUS, the names of the Senator from Idaho (Mr. CRAPO) and the Senator from North Dakota (Mr. CONRAD) were added as cosponsors of S. 3035, a bill to require a report on the establishment of a Polytrauma Rehabilitation Center or Polytrauma Network Site of the Department of Veterans Affairs in the northern Rockies or Dakotas, and for other purposes.

S. 3058

At the request of Mr. DORGAN, the name of the Senator from Maryland (Ms. MIKULSKI) was added as a cosponsor of S. 3058, a bill to amend the Public Health Service Act to reauthorize the special diabetes programs for Type I diabetes and Indians under that Act.

S. 3065

At the request of Mr. LIEBERMAN, the name of the Senator from Michigan (Ms. STABENOW) was added as a cosponsor of S. 3065, a bill to amend title 10, United States Code, to enhance the readiness of the Armed Forces by replacing the current policy concerning homosexuality in the Armed Forces, referred to as "Don't Ask, Don't Tell", with a policy of nondiscrimination on the basis of sexual orientation.

S. 3084

At the request of Ms. KLOBUCHAR, the name of the Senator from Virginia (Mr. WARNER) was added as a cosponsor of S. 3084, a bill to increase the competitiveness of United States businesses, particularly small and medium-sized manufacturing firms, in interstate and global commerce, foster job creation in the United States, and assist United States businesses in developing or expanding commercial activities in interstate and global commerce by expanding the ambit of the Hollings Manufacturing Extension Partnership program and the Technology Innovation Program to include projects that have potential for commercial exploitation in nondomestic markets, providing for an

increase in related resources of the Department of Commerce, and for other purposes.

S. 3113

At the request of Mr. LEAHY, the names of the Senator from Illinois (Mr. DURBIN), the Senator from Hawaii (Mr. AKAKA) and the Senator from Illinois (Mr. BURRIS) were added as cosponsors of S. 3113, a bill to amend the Immigration and Nationality Act to reaffirm the United States' historic commitment to protecting refugees who are fleeing persecution or torture.

S. RES. 204

At the request of Mr. VITTER, the name of the Senator from Alabama (Mr. SESSIONS) was added as a cosponsor of S. Res. 204, a resolution designating March 31, 2010, as "National Congenital Diaphragmatic Hernia Awareness Day".

S. RES. 412

At the request of Mrs. GILLIBRAND, the names of the Senator from Oregon (Mr. WYDEN) and the Senator from Virginia (Mr. WARNER) were added as cosponsors of S. Res. 412, a resolution designating September 2010 as "National Childhood Obesity Awareness Month".

S. RES. 447

At the request of Ms. MIKULSKI, the name of the Senator from Maryland (Mr. CARDIN) was added as a cosponsor of S. Res. 447, a resolution expressing the sense of the Senate that the United States Postal Service should issue a semipostal stamp to support medical research relating to Alzheimer's disease.

S. RES. 452

At the request of Mr. JOHANNES, the names of the Senator from Georgia (Mr. ISAKSON) and the Senator from South Dakota (Mr. JOHNSON) were added as cosponsors of S. Res. 452, a resolution supporting increased market access for exports of United States beef and beef products to Japan.

AMENDMENT NO. 3453

At the request of Mr. SESSIONS, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of amendment No. 3453 proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3456

At the request of Mr. LIEBERMAN, the name of the Senator from Arizona (Mr. KYL) was added as a cosponsor of amendment No. 3456 proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3458

At the request of Mr. VITTER, the names of the Senator from Texas (Mrs. HUTCHISON) and the Senator from Louisiana (Ms. LANDRIEU) were added as cosponsors of amendment No. 3458 proposed to H.R. 1586, a bill to impose an

additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3484

At the request of Mr. LAUTENBERG, the name of the Senator from Louisiana (Mr. VITTER) was added as a cosponsor of amendment No. 3484 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3493

At the request of Ms. CANTWELL, the names of the Senator from Oregon (Mr. MERKLEY) and the Senator from Washington (Mrs. MURRAY) were added as cosponsors of amendment No. 3493 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3497

At the request of Mr. CARDIN, the name of the Senator from Maryland (Ms. MIKULSKI) was added as a cosponsor of amendment No. 3497 proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3523

At the request of Ms. CANTWELL, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of amendment No. 3523 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SPECTER (for himself and Mr. DURBIN):

S. 3120. A bill to encourage the entry of felony warrants into the National Crime Information Center database by States and provide additional resources for extradition; to the Committee on the Judiciary.

Mr. SPECTER. Mr. President, I am now introducing the Fugitive Information Networked Database Act of 2010.

On December 12 of last year, the Philadelphia Inquirer began a series of articles that served as a blistering indictment of the Philadelphia criminal justice system. The Inquirer described it as "a system that too often fails to punish violent criminals, fails to protect witnesses, fails to catch thousands of fugitives, fails to decide cases on their merits, and fails to provide justice." The Inquirer article 3 days later elaborated on the fugitive problem, noting that as of November 2009, there were almost 47,000 long-term fugitives at large.

The warrant situation in Philadelphia is complicated by the fact that the Philadelphia Police Department only enters into the national database a few hundred bench warrants deemed by the district attorney's office to concern extraditable offenses. Those who

abscond from criminal proceedings in Philadelphia and flee to other States likely will not be captured because the information for their warrants is not automatically entered into the NCIC database.

The legislation I am introducing today, along with Senator DURBIN, builds on legislation previously entered by then-Senator BIDEN and Senator DURBIN. The proposed legislation will provide substantial Federal funding to assist the States in tracking and returning these fugitives.

Mr. President, I ask unanimous consent that the full text of my statement which I have just summarized and the text of the bill be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

SENATOR SPECTER'S STATEMENT UPON INTRODUCING THE FUGITIVE INFORMATION NETWORKED DATABASE ACT OF 2010, THE FIND ACT

Mr. President, I have sought recognition to introduce the Fugitive Information Networked Database Act of 2010, the FIND Act. On December 12, 2009, the Philadelphia Inquirer began a series of articles that served as a blistering indictment of the Philadelphia criminal justice system. The Inquirer described it as "a system that all too often fails to punish violent criminals, fails to protect witnesses, fails to catch thousands of fugitives, fails to decide cases on their merits—fails to provide justice." (Craig R. McCoy, Nancy Phillips, and Dylan Purcell, Justice: Delayed, Dismissed, Denied, Philadelphia Inquirer, Dec. 12, 2009). Three days later, on December 15, 2009, the Philadelphia Inquirer elaborated on the fugitive problem noting that as of November 2009, "there were 46,801 long-term fugitives—suspects generally on the run for at least a year. The bulk of these fugitives date from this decade and the last." (Dylan Purcell, Craig R. McCoy, and Nancy Phillips, Violent Criminals Flout Broken Bail System, Tens of Thousands of Philadelphia Fugitives are on the Streets, Abetted by the City's Deeply Flawed Program, Philadelphia Inquirer, Dec. 15, 2009). The article reported that Philadelphia "[f]ugitives now owe taxpayers a whopping \$1 billion in forfeited bail, according to court officials who computed the figure . . ." (Id.). Despite the obvious incentive to recapture those funds in this era of budget shortfalls, the article noted, that the "Clerk of Quarter Sessions Office . . . has never kept a computerized list of the debtors."

These problems warranted Senate hearings and in my capacity as the Chairman of the Judiciary Subcommittee on Crime and Drugs, I held a field hearing in Philadelphia titled, "Exploring Federal Solutions to the State and Local Fugitive Crisis," on January 19, 2010. What we learned was that Philadelphia's fugitive problem, though serious in scope, is not just a local problem but is in fact a significant national problem.

Nationwide, there are an estimated 2.7 million active Federal, State, and local outstanding felony warrants. Many of these fugitives commit additional crimes. Every day large numbers of fugitives evade capture because state and local law enforcement authorities have insufficient resources to find and arrest them. And even if found, state and local law enforcement authorities often do

not have the funds to pay for the fugitive's extradition to face trial. Shockingly, many fugitives are released without prosecution.

The nationwide database operated by the FBI's National Crime Information Center ("NCIC") is missing over half of the country's 2.7 million felony warrants, including warrants for hundreds of thousands of violent crimes. Fugitives who have fled to another state will not be caught—even if they are stopped and questioned by the police on a routine traffic stop—because their warrants have not been entered into the NCIC database.

In early 2008, the St. Louis Post Dispatch published a series of articles—affirmed by the Department of Justice documenting law enforcement's widespread failure to find and arrest fugitives. For purposes of the series, "fugitive" included un-arrested suspects with pending warrants that law enforcement cannot find, and those who cannot be found after violating the rules of their pre-trial detention, probation, or parole. The articles revealed that the reach of this national problem is extensive and cited federal estimates from two years ago that as many as an estimated 800,000 to 1.6 million outstanding state or local warrants are inaccessible to law enforcement outside the state or locality in which they were issued because the information about the warrants had not been entered into the NCIC database.

In Philadelphia, while all warrants, including bench warrants, are entered into a state database, only a small fraction of these warrants is entered into the NCIC database. The Philadelphia Police Department only enters into the NCIC database a few hundred bench warrants deemed by the District Attorney's Office to concern extraditable offenses and surprisingly the Police Departments makes these entries manually and not by automatic computer transfers. Thus, those who abscond from criminal proceedings in Philadelphia and flee to other states likely will not be captured because information from their warrants is not automatically entered into the NCIC database.

Last Congress, on June 16, 2008, then-Senator Biden introduced the FIND Act (S. 3136), that sought to address similar problems. At the time, Senator Biden said, "Too often, State and local law enforcement agencies enter warrants into the State and local databases, but not into the national database." His statement was prescient then and is still true now. By September 2008, Senator Biden had been joined by Senators Clinton and Durbin as cosponsors and the bill had passed the Judiciary Committee.

Today I take up Vice President Biden's mantle and, along with Senator Durbin, introduce the "Fugitive Information Networked Database Act of 2010," the FIND Act. This bill directs the Attorney General to make a total of \$10 million in grants each fiscal year 2011 through 2015 to states and Indian tribes for use in developing and implementing or upgrading secure electronic warrant management systems for the preparation, submission, and validation of state felony warrants that are interoperable with the NCIC database. A portion of these grant funds can be used to hire additional personnel to validate warrants entered into the NCIC database. The bill also directs the Attorney General to make a total of \$30 million in grants each fiscal year 2011 to 2015 to states and Indian tribes for extraditing fugitives for prosecution and encourages their participation in the U.S. Marshal's Justice Prisoner and Alien Transportation Service ("JPATS") program. The bill directs the

Comptroller General to submit a statistical report to the House and Senate Judiciary Committees on felony warrants issued by state, local, and tribal governments and entered into the NCIC database and on the apprehension and extradition of persons with active felony warrants.

Finally, in an enhancement of the prior FIND Act, this new bill requires any state seeking a grant renewal to file public reports with the Attorney General and within its own county clerk's offices indicating (i) the number of defendants assessed or interviewed for pretrial release; (ii) the number of indigent defendants included in (i); (iii) the total number of failures to appear for all defendants released; and (iv) the number and type of infractions committed by defendants while on pretrial release.

I urge my colleagues to support this important legislation which is designed to facilitate state and local data entry into the NCIC database through grants, increase the extradition of fugitives travelling in interstate commerce and to ascertain whether our pretrial release programs are operating effectively. The fugitive problem is national in scope, involves individuals travelling in interstate commerce, and requires federal solutions. By enacting this bill, we take an important first step.

S. 3120

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Fugitive Information Networked Database Act of 2010" or the "FIND Act".

SEC. 2. FINDINGS.

Congress finds the following:

(1) Nationwide, there are an estimated 2,700,000 active Federal, State, and local warrants for the arrest of persons charged with felony crimes.

(2) State and local law enforcement authorities have insufficient resources to devote to searching for and apprehending fugitives. As a result, large numbers of fugitives evade arrest. State and local law enforcement authorities also lack resources for extraditing fugitives who have been arrested in other States. As a result, such fugitives frequently are released without prosecution.

(3) Increasing the resources available for conducting fugitive investigations and transporting fugitives between States would increase the number of fugitives who are arrested and prosecuted.

(4) The United States Marshals Service (referred to in this Act as the "USMS") plays an integral role in the apprehension of fugitives in the United States, and has a long history of providing assistance and expertise to Federal, State, and local law enforcement agencies in support of fugitive investigations, including through 82 District Task Forces, and through the 7 Regional Fugitive Task Force Programs that have partnered with Federal, State and local law enforcement agencies to locate and apprehend fugitives.

(5) The USMS utilizes the Justice Prisoner and Alien Transportation Service (referred to in this Act as the "JPATS") to transport Federal detainees and prisoners. It also makes JPATS available to State and local law enforcement agencies on a reimbursable, space-available basis for the purpose of transporting a fugitive from the place where the fugitive was arrested to the jurisdiction that issued the warrant for the arrest of the fugitive. Through JPATS, these agencies are

able to reduce the cost of extradition significantly.

(6) Expanding the availability of JPATS to State and local law enforcement agencies would lower the cost of transporting fugitives for extradition and lead to the prosecution of a greater number of fugitives.

(7) Since 1967, the Federal Bureau of Investigation has operated the National Crime Information Center, which administers a nationwide database containing criminal history information from the Federal Government and the States, including outstanding arrest warrants. The National Crime Information Center database allows a law enforcement officer who stops a person in 1 State to obtain information about a warrant for that person issued in another State. It contains approximately 1,700,000 felony and misdemeanor warrants. It is missing nearly half of the 2,800,000 to 3,200,000 of the felony warrants issued across the Nation, including warrants for hundreds of thousands of violent crimes.

(8) The failure of a State to enter a warrant into the National Crime Information Center database enables a fugitive to escape arrest even when the fugitive is stopped by a law enforcement officer in another State, because the officer is not aware there was a warrant issued for the fugitive. Many of such fugitives go on to commit additional crimes. In addition, such fugitives pose a danger to law enforcement officers who encounter them without knowledge of the pending charges against the fugitives or their record of fleeing law enforcement authorities.

(9) All warrants entered into the National Crime Information Center database must be validated on a regular basis to ensure that the information in the warrant is still accurate and that the warrant is still active.

(10) Improving the entry and validation of warrants in the National Crime Information Center database would enable law enforcement officers to identify and arrest a larger number of fugitives, improve the safety of these officers, and better protect communities from crime.

(11) Federal funds for State and local law enforcement are most effective when they do not supplant, but rather supplement State and local funds.

SEC. 3. DEFINITIONS.

In this Act:

(1) **ACTIVE WARRANT.**—The term “active warrant” means a warrant that has not been cleared. A warrant may be cleared by arrest or by the determination of a law enforcement agency that a warrant has already been executed or that the subject is deceased.

(2) **FELONY WARRANT.**—The term “felony warrant” means any warrant for a crime that is punishable by a term of imprisonment exceeding 1 year.

(3) **INDIAN COUNTRY.**—The term “Indian country” has the meaning given the term in section 1151 of title 18, United States Code.

(4) **INDIAN TRIBE.**—The term “Indian tribe” has the meaning given the term in section 102 of the Federally Recognized Indian Tribe List Act of 1994 (25 U.S.C. 479a).

(5) **NATIONAL CRIME INFORMATION CENTER DATABASE.**—The term “National Crime Information Center database” means the computerized index of criminal justice information operated by the Federal Bureau of Investigation under section 534 of title 28, United States Code, and available to Federal, State, and local law enforcement and other criminal justice agencies.

(6) **STATE.**—The term “State” means any State of the United States, the District of

Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, Guam, and the Northern Mariana Islands.

(7) **UNIT OF LOCAL GOVERNMENT.**—The term “unit of local government”—

(A) means—

(i) any city, county, township, borough, parish, village, or other general purpose political subdivision of a State; or

(ii) any law enforcement district or judicial enforcement district that is established under applicable State law and has the authority to, in a manner independent of other State entities, establish a budget and impose taxes;

(B) includes law enforcement agencies, courts, and any other government agencies involved in the issuance of warrants; and

(C) in the case of Indian tribes, includes tribal law enforcement agencies, tribal courts and any other tribal agencies involved in the issuance of warrants.

SEC. 4. GRANTS TO ENCOURAGE STATES TO ENTER FELONY WARRANTS.

(a) **AUTHORIZATION OF GRANTS.**—

(1) **IN GENERAL.**—The Attorney General shall make grants to States or Indian tribes in a manner consistent with the National Criminal History Improvement Program, which shall be used by States or Indian tribes, in conjunction with units of local government, to—

(A)(i) develop and implement secure, electronic State, local or tribal warrant management systems that permit the prompt preparation, submission, and validation of warrants and are compatible and interoperable with the National Crime Information Center database to facilitate information sharing and to ensure that felony warrants entered into warrant databases by State, local and tribal government agencies can be automatically entered into the National Crime Information Center database; or

(ii) upgrade existing State, local or tribal electronic warrant management systems to ensure compatibility and interoperability with the National Crime Information Center database to facilitate information sharing and to ensure that felony warrants entered into warrant databases by State, local and tribal government agencies can be automatically entered into the National Crime Information Center database; and

(B) ensure that all State, local, and tribal government agencies that need access to the National Crime Information Center database for criminal justice purposes can access the database.

(2) **DURATION.**—A grant awarded under this section shall be—

(A) for a period of 1 year; and

(B) renewable at the discretion of the Attorney General if the State seeking renewal submits an application to the Attorney General that demonstrates compliance with subsection (b)(2).

(3) **HIRING OF PERSONNEL.**—Not more than 5 percent of the grant funds awarded under this section to each State and Indian tribe may also be used to hire additional personnel, as needed, to validate warrants entered into the National Crime Information Center database.

(4) **SET-ASIDE.**—Not more than 5 percent of the total funds available to be awarded under this section may be reserved for Indian tribes.

(b) **ELIGIBILITY.**—

(1) **IN GENERAL.**—In order to be eligible for a grant authorized under subsection (a), a State or Indian tribe shall submit to the Attorney General—

(A) a plan to develop and implement, or upgrade, systems described in subsection (a)(1);

(B) a report that—

(i) details the number of active felony warrants issued by the State or Indian tribe, including felony warrants issued by units of local government within the State or Indian tribe;

(ii) describes the number and type of active felony warrants that have not been entered into a State, local, or tribal warrant database or into the National Crime Information Center database;

(iii) explains the reasons State, local, and tribal government agencies have not entered active felony warrants into the National Crime Information Center database; and

(iv) demonstrates that State, local, and tribal government agencies have made good faith efforts to eliminate any such backlog; and

(C) guidelines for warrant entry by the State or Indian tribe, including units of local government within the State or Indian tribe, that—

(i) ensure that felony warrants issued by the State or Indian tribe, including units of local government within the State or Indian tribe, will be entered into the National Crime Information Center database; and

(ii) include a description of the circumstances, if any, in which, as a matter of policy, certain such warrants will not be entered into the National Crime Information Center database.

(2) **DEPOSIT BAIL AND CITIZENS RIGHT TO KNOW.**—A State that submits a grant renewal application under subsection (a)(3)(B) shall require that each unit of local government or State pretrial services agency in such State that has received grant funds under this section file with the Attorney General and the appropriate county clerk's office of jurisdiction the following public reports on defendants released at the recommendation or under the supervision of the unit of local government or State pretrial services agency:

(A) An annual report specifying—

(i) the number of defendants assessed or interviewed for pretrial release;

(ii) the number of indigent defendants included in clause (i);

(iii) the number of failures to appear for a scheduled court appearance; and

(iv) the number and type of program non-compliance infractions committed by a defendant released to a pretrial release program.

(B) An annual report at the end of each year, setting forth the budget of the unit of local government or State pretrial services agency for the reporting year.

(c) **REPORT TO THE ATTORNEY GENERAL.**—A State or Indian tribe that receives a grant under this section shall, 1 year after receiving the grant, submit a report to the Attorney General that includes—

(1) the number of active felony warrants issued by that State or Indian tribe, including units of local government within that State or Indian tribe;

(2) the number of the active felony warrants entered into the National Crime Information Center database; and

(3) with respect to felony warrants not entered into the National Crime Information Center database, the reasons for not entering such warrants.

(d) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to the Attorney General \$10,000,000 for each of the fiscal years 2011 through 2015 for grants to carry out the requirements of this section.

SEC. 5. FEDERAL BUREAU OF INVESTIGATION COORDINATION.

The Federal Bureau of Investigation shall provide to State, local, and tribal government agencies the technological standard to ensure the compatibility and interoperability of all State, local, and tribal warrant databases with the National Crime Information Center database, as well as other technical assistance to facilitate the implementation of automated State, local, and tribal warrant management systems that are compatible and interoperable with the National Crime Information Center database.

SEC. 6. REPORT REGARDING FELONY WARRANT ENTRY.

(a) IN GENERAL.—Not later than 270 days after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the House and Senate Committees on the Judiciary a report regarding—

(1) the number of active felony warrants issued by each State and Indian tribe, including felony warrants issued by units of local government within the State or Indian tribe;

(2) the number of the active felony warrants that State, local, and tribal government agencies have entered into the National Crime Information Center database; and

(3) for the preceding 3 years, the number of persons in each State with an active felony warrant who were—

(A) apprehended in other States or in Indian Country but not extradited; and

(B) apprehended in other States or in Indian Country and extradited.

(b) ASSISTANCE.—To assist in the preparation of the report required by subsection (a), the Attorney General shall provide the Comptroller General of the United States access to any information collected and reviewed in connection with the grant application process described in section 4.

(c) REPORT BY ATTORNEY GENERAL.—On an annual basis, the Attorney General shall submit to the Committees on the Judiciary of the Senate and the House of Representatives a report containing the information received from the States and Indian tribes under this section.

SEC. 7. EXTRADITION ASSISTANCE.

(a) GRANT ASSISTANCE.—

(1) AUTHORIZATION OF GRANT ASSISTANCE.—

(A) IN GENERAL.—The Attorney General shall, subject to paragraph (4), make grants to States and Indian tribes for periods of 1 year which shall be used by States and Indian tribes, including units of local government within the State or Indian tribe, to extradite fugitives from another State or Indian country for prosecution.

(B) SET ASIDE.—Not more than 5 percent of the grant funding available under this section may be reserved for Indian tribal governments, including tribal judicial systems.

(2) MATCHING FUNDS.—The Federal share of a grant received under this section may not exceed 80 percent of the costs of a program or proposal funded under this section unless the Attorney General waives, wholly or in part, the requirements of this paragraph in the event of extraordinary circumstances.

(3) GRANT APPLICATIONS.—A State or Indian tribe seeking a grant under this subsection shall submit an application to the Attorney General that—

(A) describes the process and any impediments to extraditing fugitives apprehended in other States or in Indian Country after being notified of such fugitives' apprehension;

(B) specifies the way in which grant amounts will be used, including the means of transportation the State or Indian tribe, or unit of local government within the State or Indian tribe, intends to use for extradition and whether the State or Indian tribe or unit of local government will participate in the JPATS program, as well as whether it has participated in that program in the past;

(C) specifies the number of fugitives extradited by all jurisdictions within that State or Indian tribe for each of the 3 years preceding the date of the grant application; and

(D) specifies the total amount spent by all jurisdictions within that State or Indian tribe on fugitive extraditions for each of the 3 years preceding the date of the grant application.

(4) ELIGIBILITY.—

(A) IN GENERAL.—In determining whether to award a grant under this section to a State or Indian tribe, the Attorney General shall consider the following:

(i) The information in the application submitted under paragraph (3).

(ii) The percentage of felony warrants issued by the State or Indian tribe, including units of local government within the State or Indian tribe, that were entered into the National Crime Information Center database, as calculated with the information provided under subsection (b) and, beginning 1 year after the date of enactment of this Act, whether the State or Indian tribe has made substantial progress in improving the entry of felony warrants into the National Crime Information Center database.

(iii) For grants issued after an initial 1 year grant, whether the State or Indian tribe, including units of local government within the State or Indian tribe, has increased substantially the number of fugitives extradited for prosecution.

(B) PREFERENCES.—In allocating extradition grants under this section, the Attorney General should give preference to States or Indian tribes that—

(i) 3 years after the date of enactment of this Act, have entered at least 50 percent of active felony warrants into the National Crime Information Center database;

(ii) 5 years after the date of enactment of this Act, have entered at least 70 percent of active felony warrants into the National Crime Information Center database; and

(iii) 7 years after the date of enactment of this Act, have entered at least 90 percent of active felony warrants into the National Crime Information Center database.

(5) USE OF FUNDS.—States and Indian tribes, including units of local government within the State or Indian tribe, receiving a grant under this section may use grant monies to credit the costs of transporting State and local detainees on behalf of such State to the Justice Prisoner and Alien Transportation System.

(6) RECORD KEEPING.—States and Indian tribes, including units of local government within the State or Indian tribe, that receive a grant under this section shall maintain and report such data, records, and information (programmatic and financial) as the Attorney General may require.

(7) AUDIT.—

(A) IN GENERAL.—The Attorney General shall conduct an audit of the use of funds by States and Indian tribes receiving grants under this section 18 months after the date of the enactment of this Act and biennially thereafter.

(B) INELIGIBILITY.—A State or Indian tribe, or unit of local government within a State or Indian tribe, that fails to increase substan-

tially the number of fugitives extradited after receiving a grant under this section will be ineligible for future funds.

(8) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$30,000,000 for each of fiscal years 2011 through 2015.

(b) ACTIVE FELONY WARRANTS ISSUED BY STATES AND INDIAN TRIBES.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, and annually thereafter on a date designated by the Attorney General, to assist the Attorney General in making a determination under subsection (a)(4) concerning eligibility to receive a grant, each State and Indian tribe applying for a grant under this section shall submit to the Attorney General—

(A) the total number of active felony warrants issued by the State or Indian tribe, including units of local government within the State or Indian tribe, regardless of the age of the warrants; and

(B) a description of the categories of felony warrants not entered into the National Crime Information Center database and the reasons for not entering such warrants.

(2) FAILURE TO PROVIDE.—A State or Indian tribe that fails to provide the information described in paragraph (1) by the date required under such paragraph shall be ineligible to receive any funds under subsection (a), until such date as it provides the information described in paragraph (1) to the Attorney General.

(c) ATTORNEY GENERAL REPORT.—

(1) IN GENERAL.—Not later than January 31 of each year, the Attorney General shall submit to the Committee on the Judiciary of the Senate and the Committee on the Judiciary of the House of Representatives a report—

(A) containing the information submitted by the States and Indian tribes under subsection (b);

(B) containing the percentage of active felony warrants issued by those States and Indian tribes that has been entered into the National Crime Information Center database, as determined under subsection (a)(4)(A)(ii);

(C) containing a description of the categories of felony warrants that have not been entered into the National Crime Information Center database and the reasons such warrants were not entered, as provided to the Attorney General under subsection (b)(1);

(D) comparing the warrant entry information to data from previous years and describing the progress of States and Indian tribes in entering active felony warrants into the National Crime Information Center database;

(E) containing the number of persons that each State or Indian tribe, including units of local government within the State or Indian tribe, has extradited from other States or in Indian country for prosecution and describing any progress the State or Indian tribe has made in improving the number of fugitives extradited for prosecution; and

(F) describing the practices of the States and Indian tribes regarding the collection, maintenance, automation, and transmittal of felony warrants to the National Crime Information Center, that the Attorney General considers to be best practices.

(2) BEST PRACTICES.—Not later than January 31 of each year, the Attorney General shall provide the information regarding best practices, referred to in paragraph (1)(F), to each State and Indian tribe submitting information to the National Crime Information Center.

By Mr. LEAHY (for himself, Mr. SPECTER, Mr. HARKIN, Mr. BENNETT, Mrs. SHAHEEN, Mr. CASEY, Ms. KLOBUCHAR, Mrs. GILLIBRAND, Mr. BROWN of Ohio, Mr. UDALL of New Mexico, Mr. DURBIN, Mrs. MURRAY, Mr. SCHUMER, and Mr. SANDERS):

S. 3123. A bill to amend the Richard B. Russell National School Lunch Act to require the Secretary of Agriculture to carry out a program to assist eligible schools and nonprofit entities through grants and technical assistance to implement farm to school programs that improve access to local foods in eligible schools; to the Committee on Agriculture, Nutrition, and Forestry.

Mr. LEAHY. Mr. President, I rise today to introduce my Growing Farm to School Programs Act of 2010. This important proposal will support grassroots efforts all across our Nation to improve the health and well-being of children while supporting local farmers and bolstering local economies.

I am pleased to have 13 of my respected Senate colleagues from across the country join with me today as original cosponsors of this bill. Farm to School is a proven, common-sense, community-driven approach to incorporate farm fresh local food into school meals. Schools nationwide understand the many benefits of farm to school but often lack the startup funding and the technical capacity to plan and implement the program. This bill will provide the important seed money and technical assistance needed to enable our schools to teach children about good nutrition and show them the importance of agriculture while also supporting local farms.

It is amazing how far some farm products travel to get to our school cafeterias, and how heavily processed it is when it arrives. While our Nation's schools should provide an enormous market for our struggling small and mid-sized farmers, for far too long the products grown by our family farms have largely been absent from school lunch trays. We should not be surprised that many kids today do not understand the link between the food they eat and farms on which it is raised. By offering our children local, fresh, less-processed choices, and a chance to learn how and where their food is grown we can also provide economic benefits for small, local farms and keep food dollars within the community.

Communities and schools all across our Nation are beginning to link farms and school with great success. In my home State of Vermont, from rural towns across the state to the city of Burlington, many of our schools have integrated school meals with classroom learning and local agriculture. As more schools create these important connections, neighboring communities are

often also eager to start similar programs. Unfortunately many of these schools do not have sufficient staff, expertise, equipment, or funding to start a Farm to School program on their own. The Growing Farm to Schools Programs Act will provide the small amount of funding and technical assistance that these schools need to create a program. Once in place, these programs can be expected to be self-sustaining.

In introducing the Growing Farm to School Programs Act of 2010, I am hoping that we will be able to provide more communities, schools, and farmers the opportunity to grow and cultivate Farm to School programs. I thank my 13 co-sponsors and urge my other colleagues to join us in support of this exciting initiative.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 3123

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Growing Farm to School Programs Act of 2010".

SEC. 2. ACCESS TO LOCAL FOODS: FARM TO SCHOOL PROGRAM.

Section 18 of the Richard B. Russell National School Lunch Act (42 U.S.C. 1769) is amended—

(1) by redesignating subsections (h) and (i) as subsections (i) and (j), respectively;

(2) in subsection (g), by striking "(g) ACCESS TO LOCAL FOODS AND SCHOOL GARDENS—" and all that follows through "(3) PILOT PROGRAM FOR HIGH-POVERTY SCHOOLS—" and inserting the following:

"(g) ACCESS TO LOCAL FOODS: FARM TO SCHOOL PROGRAM.—

"(1) DEFINITION OF ELIGIBLE SCHOOL.—In this subsection, the term 'eligible school' means a school or institution that participates in a program under this Act or the school breakfast program established under section 4 of the Child Nutrition Act of 1966 (42 U.S.C. 1773).

"(2) PROGRAM.—The Secretary shall carry out a program to assist eligible schools, State and local agencies, Indian tribal organizations, agricultural producers or groups of agricultural producers, and nonprofit entities through grants and technical assistance to implement farm to school programs that improve access to local foods in eligible schools.

"(3) GRANTS.—

"(A) IN GENERAL.—The Secretary shall award competitive grants under this subsection to be used for—

"(i) training;

"(ii) supporting operations;

"(iii) planning;

"(iv) purchasing equipment;

"(v) developing school gardens;

"(vi) developing partnerships; and

"(vii) implementing farm to school programs.

"(B) REGIONAL BALANCE.—In making awards under this subsection, the Secretary shall, to the maximum extent practicable, ensure—

"(i) geographical diversity; and

"(ii) equitable treatment of urban, rural, and tribal communities.

"(C) MAXIMUM AMOUNT.—The total amount provided to a grant recipient under this subsection shall not exceed \$100,000.

"(4) FEDERAL SHARE.—

"(A) IN GENERAL.—The Federal share of costs for a project funded through a grant awarded under this subsection shall not exceed 75 percent of the total cost of the project.

"(B) FEDERAL MATCHING.—As a condition of receiving a grant under this subsection, a grant recipient shall provide matching support in the form of cash or in-kind contributions, including facilities, equipment, or services provided by State and local governments, nonprofit organizations, and private sources.

"(5) CRITERIA FOR SELECTION.—To the maximum extent practicable, in providing assistance under this subsection, the Secretary shall give the highest priority to funding projects that, as determined by the Secretary—

"(A) benefit local small- and medium-sized farms;

"(B) make local food products available on the menu of the eligible school;

"(C) serve a high proportion of children who are eligible for free or reduced price lunches;

"(D) incorporate experiential nutrition education activities in curriculum planning that encourage the participation of school children in farm and garden-based agricultural education activities;

"(E) demonstrate collaboration between eligible schools, nongovernmental and community-based organizations, agricultural producer groups, and other community partners;

"(F) include adequate and participatory evaluation plans;

"(G) demonstrate the potential for long-term program sustainability; and

"(H) meet any other criteria that the Secretary determines appropriate.

"(6) EVALUATION.—As a condition of receiving a grant under this subsection, each grant recipient shall agree to cooperate in an evaluation by the Secretary of the program carried out using grant funds.

"(7) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance and information to assist eligible schools, State and local agencies, Indian tribal organizations, and nonprofit entities—

"(A) to facilitate the coordination and sharing of information and resources in the Department that may be applicable to the farm to school program;

"(B) to collect and share information on best practices; and

"(C) to disseminate research and data on existing farm to school programs and the potential for programs in underserved areas.

"(8) FUNDING.—

"(A) IN GENERAL.—On October 1, 2010, out of any funds in the Treasury not otherwise appropriated, the Secretary of the Treasury shall transfer to the Secretary to carry out this subsection \$50,000,000, to remain available until expended.

"(B) RECEIPT AND ACCEPTANCE.—The Secretary shall be entitled to receive, shall accept, and shall use to carry out this subsection the funds transferred under subparagraph (A), without further appropriation.

"(h) PILOT PROGRAM FOR HIGH-POVERTY SCHOOLS.—

"(1) IN GENERAL.—"; and

(3) in subsection (h) (as redesignated by paragraph (2))—

(A) in subparagraph (F) of paragraph (1) (as so redesignated), by striking “in accordance with paragraph (1)(H)” and inserting “carried out by the Secretary”; and

(B) by redesignating paragraph (4) as paragraph (2).

SEC. 3. BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go-Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 456—CONGRATULATING RADFORD UNIVERSITY ON THE 100TH ANNIVERSARY OF THE UNIVERSITY

Mr. WEBB (for himself and Mr. WARNER) submitted the following resolution; which was considered and agreed to:

S. RES. 456

Whereas Radford University was chartered on March 10, 1910, by the Commonwealth of Virginia as the State Normal and Industrial School for Women at Radford;

Whereas Radford University was chartered to prepare teachers to educate the people of the United States;

Whereas Radford University has grown substantially in scope and quality since the day on which the university was chartered;

Whereas Radford University was renamed the Radford State Teachers College in 1924 and the Women's Division of Virginia Polytechnic Institute in 1944, respectively;

Whereas Radford University was renamed Radford College in 1964 when the relationship between the Virginia Polytechnic Institute and Radford University ended;

Whereas Radford College was renamed Radford University in 1979;

Whereas, since the founding of the university, Radford University has provided thousands of students with the benefits of a Radford education;

Whereas Radford University graduates have made meaningful and lasting contributions to society through service, including service in—

- (1) education;
- (2) the sciences;
- (3) business;
- (4) health and human services;
- (5) government;
- (6) the arts and humanities; and
- (7) other endeavors;

Whereas Radford University is a productive and vital academic community with thousands of students;

Whereas the students of Radford University approach university life with an enthusiasm for learning and personal development;

Whereas the brilliant faculty of Radford University is committed to the highest ideals of academic scholarship and the advancement of society;

Whereas the devoted administrators and staff members of Radford University strive to foster an environment that supports the noble work of the university;

Whereas the centennial of Radford University is an appropriate time for faculty, staff, students, alumni, and friends—

(1) to unite in recognition of the past achievements Radford University with pride; and

(2) to consider ways to create an even more successful university during the century ahead;

Whereas Radford University celebrates the culture of service of the university through a program entitled “Centennial Service Challenge” that invites every member of the campus and extended university community to engage in, and document community service in honor of, the centennial; and

Whereas Radford University will observe a Centennial Charter Day Celebration on March 24, 2010, and host numerous other academic programs and arts and cultural events throughout 2010 to commemorate the event: Now, therefore, be it

Resolved, That the Senate commends Radford University on the 100th anniversary of the university.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3524. Mr. BARRASSO submitted an amendment intended to be proposed to amendment SA 3512 submitted by Ms. CANTWELL and intended to be proposed to the amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table.

SA 3525. Ms. CANTWELL submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3526. Mr. BROWN, of Ohio submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3527. Mr. MCCAIN proposed an amendment to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra.

SA 3528. Mr. MCCAIN (for himself, Mr. REID, Mr. KYL, and Mr. ENSIGN) proposed an amendment to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra.

SA 3529. Mr. VITTER submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3530. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3531. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra.

SA 3532. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3533. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3534. Mr. WYDEN (for himself and Mr. MERKLEY) submitted an amendment intended to be proposed to amendment SA 3452

proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3535. Mr. BEGICH submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3536. Mr. BEGICH submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3537. Mr. BROWN, of Ohio (for himself and Mr. VOINOVICH) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3538. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3539. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3540. Mr. WHITEHOUSE proposed an amendment to the bill S. 1782, to provide improvements for the operations of the Federal courts, and for other purposes.

SA 3541. Mrs. FEINSTEIN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 3524. Mr. BARRASSO submitted an amendment intended to be proposed to amendment SA 3512 submitted by Ms. CANTWELL and intended to be proposed to the amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

In lieu of the matter proposed to be inserted, insert the following:

SEC. 7. PROMOTION OF JOB CREATION AND TOURISM IN GATEWAY COMMUNITIES AND NATIONAL PARKS.

(a) DEFINITIONS.—In this section:

(1) ADMINISTRATOR.—The term “Administrator” means the Administrator of the Federal Aviation Administration.

(2) GATEWAY COMMUNITY.—The term “gateway community” means a community near or within a unit of the national park system that facilitates visitation, tourism, promotion, and conservation of the park.

(3) SECRETARY.—The term “Secretary” means the Secretary of the Interior, acting through the Director of the National Park Service.

(b) STUDY OF PROMOTION OF JOB CREATION AND TOURISM IN GATEWAY COMMUNITIES.—

(1) IN GENERAL.—The Secretary shall conduct a study of job creation and tourism promoted by the National Park Service in gateway communities, including job creation and tourism through—

- (A) hunting and shooting sports;
- (B) motorized recreation;
- (C) search and rescue operations;
- (D) security;

- (E) highways; and
- (F) aviation.

(2) **TECHNICAL ASSISTANCE.**—If the Secretary identifies aviation or aircraft as 1 of the sources of job creation and tourism promotion in the study, the Administrator shall provide technical assistance to the Secretary to carry out the study with respect to aviation or aircraft, respectively.

(c) **STUDY OF NATIONAL PARK SERVICE METHODS OF PROMOTING JOB CREATION AND TOURISM IN GATEWAY COMMUNITIES.**—The Secretary, in coordination with the Administrator, shall conduct a study of National Park Service methods of promoting job creation and tourism in gateway communities, including job creation and tourism through—

- (1) hunting and shooting sports;
- (2) motorized recreation;
- (3) search and rescue operations;
- (4) security;
- (5) highways; and
- (6) aviation.

(d) **REPORT.**—Not later than 1 year after the date of enactment of this Act, the Secretary shall submit to Congress a report that—

- (1) describes the results of the studies conducted under subsections (b) and (c); and
- (2) includes any recommendations that the Secretary determines to be appropriate.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated such sums as are necessary to carry out this section.

SA 3525. Ms. CANTWELL submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

Beginning on page 71, strike line 8 and all that follows through line 8 on page 74, and insert the following:

(a) **OPERATION EVALUATION PARTNERSHIP AIRPORT PROCEDURES.**—

(1) **IN GENERAL.**—Not later than 1 year after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration shall publish a report, after consultation with representatives of appropriate Administration employee groups, airport operators, air carriers, aircraft manufacturers, and third parties that have received letters of qualification from the Federal Aviation Administration to design and validate required navigation performance flight paths for public use (in this section referred to as “qualified third parties”), that includes the following:

(A) **RNP/RNAV OPERATIONS.**—With respect to area navigation and required navigation performance operations, the following:

(i) Which of the 35 Operational Evolution Partnership airports identified by the Federal Aviation Administration would benefit from implementation of area navigation procedures alone and which would benefit from implementation of both area navigation and required navigation performance procedures.

(ii) The required navigation performance and area navigation operations, including procedures to be developed, certified, and published, necessary to maximize the efficiency and capacity of NextGen commercial operations at each of those airports.

(iii) The air traffic control operational changes, which connect the terminal environment and en route airspace, necessary to maximize the efficiency and capacity of

NextGen commercial operations at each of those airports.

(iv) The number of potential required navigation performance procedures at each of those airports.

(v) Of the number of required navigation performance procedures identified under clause (iv) for an airport—

(I) the number of such procedures that would be an overlay of an existing instrument flight procedure and supporting analysis;

(II) the number of such procedures that would enable greater use of continuous descent arrivals; and

(III) an assessment of the priority for implementation of each such procedure.

(vi) The timeline for the Federal Aviation Administration to certify required navigation performance as a precision approach.

(B) **COORDINATION AND IMPLEMENTATION ACTIVITIES.**—With respect to the coordination and implementation of required navigation performance procedures, the following:

(i) A description of the activities and operational changes and approvals required from the Federal Aviation Administration to coordinate and utilize required navigation performance procedures at the 35 Operational Evolution Partnership airports identified by the Federal Aviation Administration.

(ii) A description of the software and database information, such as a current version of the Noise Integrated Routing System or the Integrated Noise Model, that the Administration will need to make available to qualified third parties to enable those third parties to design procedures that will meet the broad range of requirements of the Administration.

(C) **IMPLEMENTATION PLAN.**—A plan for implementing the required navigation performance procedures identified under subparagraph (A) that establishes—

(i) a clearly defined budget, schedule, project organization, and leadership requirements;

(ii) specific steps for implementation and transition;

(iii) coordination and communications mechanisms with qualified third parties;

(iv) specific procedures for engaging the appropriate Administration employee groups to ensure that human factors, training, and other issues surrounding the adoption of required navigation performance procedures in the en route and terminal environments are addressed;

(v) a plan for lifecycle management of required navigation performance procedures—

(I) developed by the Administration; and

(II) developed by qualified third parties;

(vi) an expedited validation process that allows an air carrier using a required navigation performance procedure validated by the Administration at an airport for a specific model of aircraft to transfer all of the information associated with the use of that procedure to another air carrier for use at the same airport for the same model of aircraft; and

(vii) baseline and performance metrics for measuring the Administration’s progress in implementing the plan, including the percentage utilization of required navigation performance in the National Airspace System.

(D) **INTERNAL RESOURCE ANALYSIS.**—An assessment of the internal capabilities of the Federal Aviation Administration with respect to designing and validating required navigation performance procedures, including—

(i) the number of staff working either full or part time on designing required navigation performance procedures;

(ii) the number of available staff that can be trained to design required navigation performance procedures, the training required, and the length of that training; and

(iii) the number of staff designing and validating required navigation performance procedures that are full-time employees and the number employed through term appointments.

(E) **COST/BENEFIT ANALYSIS FOR THIRD-PARTY USAGE.**—An assessment of the costs and benefits of using third parties to assist in the development of required navigation performance procedures.

(F) **ADDITIONAL PROCEDURES.**—A process for the identification, certification, and publication of additional or modified required navigation performance and area navigation procedures that may be required at the 35 Operational Evolution Partnership airports identified by the Federal Aviation Administration in the future.

(2) **IMPLEMENTATION SCHEDULE.**—The Administrator shall certify, publish, and implement—

(A) 30 percent of the required navigation performance procedures identified under paragraph (1)(A) within 18 months after the date of the enactment of this Act;

(B) 60 percent of such procedures within 36 months after the date of the enactment of this Act; and

(C) 100 percent of such procedures before January 1, 2014.

(b) **EXPANSION OF PLAN TO OTHER AIRPORTS.**—

(1) **IN GENERAL.**—Not later than 2 years after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration shall publish a report, after consultation with representatives of appropriate Administration employee groups, airport operators, air carriers, and qualified third parties, that includes a plan for applying the procedures, requirements, criteria, and metrics described in subsection (a)(1) to other airports across the United States.

(2) **SURVEYING OBSTACLES SURROUNDING REGIONAL AIRPORTS.**—Not later than 1 year after the date of the enactment of this Act, the Administrator, in consultation with the Secretary of State and the Secretary of Transportation, shall identify options and possible funding mechanisms for surveying obstacles in the areas around regional airports that can be used as an input to future required navigation performance procedures.

(3) **IMPLEMENTATION SCHEDULE.**—The Administrator shall certify, publish, and implement—

(A) 25 percent of the required navigation performance procedures included in the plan required by paragraph (1) at such other airports before January 1, 2015;

(B) 50 percent of such procedures at such other airports before January 1, 2016;

(C) 75 percent of such procedures at such other airports before January 1, 2017; and

(D) 100 percent of such procedures before January 1, 2018.

SA 3526. Mr. BROWN of Ohio submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 86, strike lines 4 through 8, and insert the following:

(b) **TEST SITE CRITERIA.**—In determining where the test sites to be established under the pilot project required by subsection (a)(1) are to be located, the Administrator shall—

- (1) take into consideration geographical and climate diversity; and
- (2) select one such site, subject to approval by the Secretary of the Air Force, that is located in proximity to principal Air Force research and acquisition functions to take advantage of Air Force instrumented radars and related research equipment and current defense science, research, and development activities in unmanned aerial systems.

SA 3527. Mr. MCCAIN proposed an amendment to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; as follows:

On page 84, between lines 21 and 22, insert the following:

SEC. 319. REPORT ON FUNDING FOR NEXTGEN TECHNOLOGY.

Not later than 90 days after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration shall submit to Congress a report that contains—

- (1) a financing proposal that—
 - (A) uses innovative methods to fully fund the development and implementation of technology for the Next Generation Air Transportation System in a manner that does not increase the Federal deficit; and
 - (B) takes into consideration opportunities for involvement by public-private partnerships; and
- (2) recommendations with respect to how the Administrator and Congress can provide operational benefits, such as benefits relating to preferred airspace, routings, or runway access, for air carriers that equip their aircraft with technology necessary for the operation of the Next Generation Air Transportation System before the date by which the Administrator requires the use of such technology.

SA 3528. Mr. MCCAIN (for himself, Mr. REID, Mr. KYL, and Mr. ENSIGN) proposed an amendment to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 723. OVERFLIGHTS IN GRAND CANYON NATIONAL PARK.

(a) **DETERMINATIONS WITH RESPECT TO SUBSTANTIAL RESTORATION OF NATURAL QUIET AND EXPERIENCE.**—

(1) **IN GENERAL.**—Notwithstanding any other provision of law, for purposes of section 3(b)(1) of Public Law 100-91 (16 U.S.C. 1a-1 note), the substantial restoration of the natural quiet and experience of the Grand Canyon National Park (in this subsection referred to as the “Park”) shall be considered to be achieved in the Park if, for at least 75 percent of each day, 50 percent of the Park is free of sound produced by commercial air tour operations that have an allocation to conduct commercial air tours in the Park as of the date of the enactment of this Act.

(2) **CONSIDERATIONS.**—

(A) **IN GENERAL.**—For purposes of determining whether substantial restoration of the natural quiet and experience of the Park has been achieved in accordance with paragraph (1), the Secretary of the Interior (in

this section referred to as the “Secretary”) shall use—

- (i) the 2-zone system for the Park in effect on the date of the enactment of this Act to assess impacts relating to subsectional restoration of natural quiet at the Park, including—
 - (I) the thresholds for noticeability and audibility; and
 - (II) the distribution of land between the 2 zones; and
- (ii) noise modeling science that is—
 - (I) developed for use at the Park, specifically Integrated Noise Model Version 6.2;
 - (II) validated by reasonable standards for conducting field observations of model results; and
 - (III) accepted and validated by the Federal Interagency Committee on Aviation Noise.

(B) **SOUND FROM OTHER SOURCES.**—The Secretary shall not consider sound produced by sources other than commercial air tour operations, including sound emitted by other types of aircraft operations or other noise sources, for purposes of—

- (i) making recommendations, developing a final plan, or issuing regulations relating to commercial air tour operations in the Park; or
- (ii) determining under paragraph (1) whether substantial restoration of the natural quiet and experience of the Park has been achieved.

(3) **CONTINUED MONITORING.**—The Secretary shall continue monitoring noise from aircraft operating over the Park below 17,999 feet MSL to ensure continued compliance with the substantial restoration of natural quiet and experience in the Park.

(4) **DAY DEFINED.**—For purposes of this subsection, the term “day” means the hours between 7:00 a.m. and 7:00 p.m.

(b) **REGULATION OF COMMERCIAL AIR TOUR OPERATIONS.**—Commercial air tour operations over the Grand Canyon National Park Special Flight Rules Area shall continue to be conducted in accordance with subpart U of part 93 of title 14, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act), except as follows:

(1) **CURFEWS FOR COMMERCIAL FLIGHTS.**—The hours for the curfew under section 93.317 of title 14, Code of Federal Regulations, shall be revised as follows:

- (A) **ENTRY INTO EFFECT OF CURFEW.**—The curfew shall go into effect—
 - (i) at 6:00 p.m. on April 16 through August 31;
 - (ii) at 5:30 p.m. on September 1 through September 15;
 - (iii) at 5:00 p.m. on September 16 through September 30;
 - (iv) at 4:30 p.m. on October 1 through October 31; and
 - (v) at 4:00 p.m. on November 1 through April 15.
- (B) **TERMINATION OF CURFEW.**—The curfew shall terminate—
 - (i) at 8:00 a.m. on March 16 through October 15; and
 - (ii) at 9:00 a.m. on October 16 through March 15.

(2) **MODIFICATIONS OF AIR TOUR ROUTES.**—

(A) **DRAGON CORRIDOR.**—Commercial air tour routes for the Dragon Corridor (Black 1A and Green 2 routes) shall be modified to include a western “dogleg” for the lower ⅓ of the Corridor to reduce air tour noise for west rim visitors in the vicinity of Hermits Rest and Dripping Springs.

(B) **ZUNI POINT CORRIDOR.**—Commercial air tour routes for the Zuni Point Corridor (Black 1 and Green 1 routes) shall be modified—

(i) to eliminate crossing over Nankoweap Basin; and

(ii) to limit the commercial air tour routes commonly known as “Snoopy’s Nose” to extend not farther east than the Grand Canyon National Park boundary.

(C) **PERMANENCE OF BLACK 2 AND GREEN 4 AIR TOUR ROUTES.**—The locations of the Black 2 and Green 4 commercial air tour routes shall not be modified unless the Administrator of the Federal Aviation Administration determines that such a modification is necessary for safety reasons.

(3) **SPECIAL RULES FOR MARBLE CANYON SECTOR.**—

(A) **FLIGHT ALLOCATION.**—The flight allocation cap for commercial air tour operations in Marble Canyon (Black 4 route) shall be modified to not more than 5 flights a day to preserve permanently the high level of natural quiet that has been achieved in Marble Canyon.

(B) **CURFEW.**—Commercial air tour operations in Marble Canyon (Black 4 route) shall be subject to a year-round curfew that enters into effect one hour before sunset and terminates one hour after sunrise.

(C) **ELIMINATION OF COMMERCIAL AIR TOUR ROUTE.**—The Black 5 commercial air tour route for Marble Canyon shall be eliminated.

(4) **CONVERSION TO QUIET AIRCRAFT TECHNOLOGY.**—

(A) **IN GENERAL.**—All commercial air tour aircraft operating in the Grand Canyon National Park Special Flight Rules Area shall be required to fully convert to quiet aircraft technology (as determined in accordance with appendix A to subpart U of part 93 of title 14, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act)) by not later than the date that is 15 years after the date of the enactment of this Act.

(B) **INCENTIVES FOR CONVERSION.**—The Secretary and the Administrator of the Federal Aviation Administration shall provide incentives for commercial air tour operators that convert to quiet aircraft technology before the date specified in subparagraph (A), such as—

- (i) reducing overflight fees for those operators; and
- (ii) increasing the flight allocations for those operators.

(5) **HUALAPAI ECONOMIC DEVELOPMENT EXEMPTION.**—The exception for commercial air tour operators operating under contracts with the Hualapai Indian Nation under section 93.319(f) of title 14, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act) may not be terminated, unless the Administrator of the Federal Aviation Administration determines that terminating the exception is necessary for safety reasons.

(c) **FLIGHT ALLOCATION CAP.**—

(1) **PROHIBITION ON REDUCTION OF FLIGHT ALLOCATION CAP.**—Notwithstanding any other provision of law, the allocation cap for commercial air tours operating in the Grand Canyon National Park Special Flight Rules Area in effect on the day before the date of the enactment of this Act may not be reduced.

(2) **RULEMAKING TO INCREASE FLIGHT ALLOCATION CAP.**—Not later than 180 days after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration shall issue a notice of proposed rulemaking that—

(A) reassesses the allocations for commercial air tours operating in the Grand Canyon National Park Special Flight Rules Area in light of gains with respect to the restoration of natural quiet and experience in the Park;

(B) makes equitable adjustments to those allocations, subject to continued monitoring under subsection (a)(3); and

(C) facilitates the use of new quieter aircraft technology by allowing commercial air tour operators using such technology to petition the Federal Aviation Administration to adjust allocations in accordance with improvements with respect to the restoration of natural quiet and experience in the Park resulting from such technology.

(3) INTERIM FLIGHT ALLOCATIONS.—

(A) IN GENERAL.—Until the Administrator issues a final rule pursuant to paragraph (2), for purposes of the allocation cap for commercial air tours operating in the Grand Canyon National Park Special Flight Rules Area—

(i) from November 1 through March 15, a flight operated by a commercial air tour operator described in subparagraph (B) shall count as ½ of 1 allocation; and

(ii) from March 16 through October 31, a flight operated by a commercial air tour operator described in subparagraph (B) shall count as ¾ of 1 allocation.

(B) COMMERCIAL AIR TOUR OPERATOR DESCRIBED.—A commercial air tour operator described in this subparagraph is a commercial air tour operator that—

(i) operated in the Grand Canyon National Park Special Flight Rules Area before the date of the enactment of this Act; and

(ii) operates aircraft that use quiet aircraft technology (as determined in accordance with appendix A to subpart U of part 93 of title 14, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act)).

(d) COMMERCIAL AIR TOUR USER FEES.—Notwithstanding section 4(n)(2)(A) of the Land and Water Conservation Fund Act of 1965 (16 U.S.C. 460l–6a(n)(1)(2)(A)), the Secretary—

(1) may establish a commercial tour use fee in excess of \$25 for each commercial air tour aircraft with a passenger capacity of 25 or less for air tours operating in the Grand Canyon National Park Special Flight Rules Area in order to offset the costs of carrying out this section; and

(2) if the Secretary establishes a commercial tour use fee under paragraph (1), shall develop a method for providing a significant discount in the amount of that fee for air tours that operate aircraft that use quiet aircraft technology (as determined in accordance with appendix A to subpart U of part 93 of title 14, Code of Federal Regulations (as in effect on the day before the date of the enactment of this Act)).

SA 3529. Mr. VITTER submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:
SEC. 723. POLLOCK MUNICIPAL AIRPORT, LOUISIANA.

(a) FINDINGS.—Congress finds that—

(1) Pollock Municipal Airport located in Pollock, Louisiana (in this section referred to as the “airport”), has never been included in the national plan of integrated airport systems established pursuant to section 47103 of title 49, United States Code, and is therefore not considered necessary to meet the current or future needs of the national aviation system; and

(2) closing the airport will not adversely affect aviation safety, aviation capacity, or air commerce.

(b) REQUEST FOR CLOSURE.—

(1) APPROVAL.—Notwithstanding any other provision of law, requirement, or agreement and subject to the requirements of this section, the Administrator of the Federal Aviation Administration shall—

(A) approve a request from the town of Pollock, Louisiana, to close the airport as a public airport; and

(B) release the town from any term, condition, reservation, or restriction contained in a surplus property conveyance or transfer document, and from any order or finding by the Department of Transportation on the use and repayment of airport revenue applicable to the airport, that would otherwise prevent the closure of the airport and redevelopment of the facilities to nonaeronautical uses.

(2) CONTINUED AIRPORT OPERATION PRIOR TO APPROVAL.—The town of Pollock shall continue to operate and maintain the airport until the Administrator grants a request from the town for closure of the airport under paragraph (1).

(3) RELOCATION OF AIRCRAFT.—Before closure of the airport, the town of Pollock shall provide adequate time for any airport-based aircraft to be relocated.

(c) REPAYMENT OF CERTAIN FEDERAL FUNDS.—Upon closing the airport pursuant to subsection (b), the town of Pollock shall return to the Federal Aviation Administration any amounts remaining from amounts provided by the Administration for airport operating expenses.

SA 3530. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 279, after line 24, add the following:

SEC. 723. PROHIBITION ON FUNDING OF EAS AIRPORTS WHERE OPERATING AIR CARRIERS RECEIVE SUBSIDIES AT RATES EXCEEDING \$200 PER PASSENGER.

The Administrator of the Federal Aviation Administration may not make any amount available under subchapter I of chapter 471 of title 49, United States Code, for a project relating to an airport—

(1) that is an eligible place, as such term is defined in section 41731 of such title; and

(2) in which an air carrier operates and receives compensation under subchapter II of chapter 417 of such title at a rate that exceeds \$200 per passenger.

SA 3531. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 114, strike line 8 and all that follows through page 116, line 6 and insert the following:

SEC. 414. CONVERSION OF FORMER EAS AIRPORTS.

(a) IN GENERAL.—Section 41745 is amended to read as follows:

“§ 41745. Conversion of lost eligibility airports

“(a) IN GENERAL.—The Secretary shall establish a program to provide general aviation conversion funding for airports serving eligible places that the Secretary has determined no longer qualify for a subsidy.

“(b) GRANTS.—A grant under this section—

“(1) may not exceed twice the compensation paid to provide essential air service to the airport in the fiscal year preceding the fiscal year in which the Secretary determines that the place served by the airport is no longer an eligible place; and

“(2) may be used—

“(A) for airport development (as defined in section 47102(3)) that will enhance general aviation capacity at the airport;

“(B) to defray operating expenses, if such use is approved by the Secretary; or

“(C) to develop innovative air service options, such as on-demand or air taxi operations, if such use is approved by the Secretary.

“(c) AIP REQUIREMENTS.—An airport sponsor that uses funds provided under this section for an airport development project shall comply with the requirements of subchapter I of chapter 471 applicable to airport development projects funded under that subchapter with respect to the project funded under this section.

“(d) LIMITATION.—The sponsor of an airport receiving funding under this section is not eligible for funding under section 41736.”.

(b) CLERICAL AMENDMENT.—The table of sections for chapter 417 is amended by striking the item relating to section 41745 and inserting the following:

“41745. Conversion of lost eligibility airports.”.

SA 3532. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 250, strike line 12 and all that follows through page 251, line 18, and insert the following:

(e) COLLECTION OF FEES FROM AIR TOUR OPERATIONS.—

(1) IN GENERAL.—The Secretary of the Interior shall assess a fee in an amount determined by the Secretary under paragraph (2) on a commercial air tour operator conducting commercial air tour operations over a national park.

(2) AMOUNT OF FEE.—In determining the amount of the fee assessed under paragraph (1), the Secretary shall collect sufficient revenue, in the aggregate, to pay for the expenses incurred by the Federal Government to develop air tour management plans for national parks.

(3) EFFECT OF FAILURE TO PAY FEE.—The Administrator of the Federal Aviation Administration shall revoke the operating authority of a commercial air tour operator conducting commercial air tour operations over any national park, including the Grand Canyon National Park, that has not paid the fee assessed by the Secretary under paragraph (1) by the date that is 180 days after the date on which the Secretary determines the fee shall be paid.

(f) FUNDING FOR AIR TOUR MANAGEMENT PLANS.—The Secretary of the Interior shall use the amounts collected under subsection (e) to develop air tour management plans

under section 40128(b) of title 49, United States Code, for the national parks the Secretary determines would most benefit from such a plan.

SA 3533. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 10, after the matter following line 5, insert the following:

(c) INSPECTOR GENERAL AUDIT.—

(1) IN GENERAL.—The Inspector General of the Department of Transportation shall conduct an audit of every airport in the United States that reported between 10,000 and 15,000 passenger enplanements during each of the 2 most recent years for which such data is available.

(2) AUDIT OBJECTIVES.—In carrying out the audits under paragraph (1), the Inspector General shall analyze the method used by each subject airport to reach the 10,000 passenger enplanement threshold, including whether airports subsidize commercial flights to reach such threshold.

(3) REPORT.—The Inspector General shall submit a report to Congress and to the Secretary of Transportation that contains the results of the audits conducted under this subsection.

(4) RULEMAKING.—After reviewing the results of the audits under paragraph (1), the Secretary of Transportation shall promulgate regulations for measuring passenger enplanements at airports that—

(A) include the method for determining which airports qualify for Federal funding under the Airport Improvement Program (AIP);

(B) exclude artificial enplanements resulting from efforts by airports to trigger increased AIP funding; and

(C) sets forth the consequences for tampering with the number of passenger enplanements.

SA 3534. Mr. WYDEN (for himself and Mr. MERKLEY) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 246, strike lines 16 through 18 and insert the following:

(D) in subsection (b)—

(i) in paragraph (1)—

(I) in subparagraph (A)—

(aa) by striking “, in cooperation with” and inserting “and”; and

(bb) by striking “The air tour” and all that follows; and

(II) by redesignating subparagraph (B) as subparagraph (C);

(III) by inserting after subparagraph (A) the following:

“(B) PROCESS AND APPROVAL.—The establishment of air tour management plans shall be a fully cooperative process between the Administrator and the Director. The Administrator shall be responsible for ensuring the safety of America’s airspace and the Director shall be responsible for protecting park resources and values. Each air tour management plan shall be—

“(i) developed through a public process that complies with paragraph (4); and

“(ii) approved by the Administrator and the Director.”; and

(IV) by adding at the end the following:

“(D) EXCEPTION.—An application to begin commercial air tour operations at any unit of the national park system that did not have air tour operations in effect, as of the date of the enactment of the FAA Air Transportation Modernization and Safety Improvement Act, may be denied, without the establishment of an air tour management plan, if—

“(i) the Administrator determines that such operations would create a safety problem for the airspace over the park; or

“(ii) the Director determines that such operations would unacceptably impact park resources or visitor experiences.”; and

(ii) in paragraph (4)(C), by striking “National Park Service” and inserting “Department of the Interior”.

SA 3535. Mr. BEGICH submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the appropriate place insert the following:

SEC. —. FINANCIAL INCENTIVES FOR NEXTGEN EQUIPAGE.

(a) IN GENERAL.—The Secretary of Transportation may make grants or loans, execute agreements, and engage in other transactions authorized under section 106(1)(6) of title 49, United States Code, to accelerate the transition to the Next Generation Air Transportation System by mitigating the costs of equipping aircraft with communications, surveillance, navigation, and other avionics to enable NextGen air traffic control capabilities.

(b) MATCHING REQUIREMENT.—In making grants, contracts, leases, cooperative agreements, other transactions, or credit instruments available under subsection (a), the Secretary shall require that not less than 50 percent of the costs of the activity funded come from non-Federal sources.

(c) FUNDING.—In carrying out subsection (a), the Secretary may use the authority under section 106(1)(6) of title 49, United States Code, as provided by appropriations Acts, for not more than \$50,000,000 for all fiscal years combined.

(d) REPORT.—Within 180 days after the date of enactment of this Act, the Secretary shall submit a report to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure on the potential for a program of grants, low-interest loans, and other incentives for equipping general aviation aircraft with NextGen avionics.

SA 3536. Mr. BEGICH submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 233, line 12, strike “system;” and insert “system and the installation of weather radars supporting that system;”.

On page 233, line 17, after “aides” insert “and weather radars”.

On page 235, line 7, after “Security,” insert “Commerce.”.

On page 235, line 11, strike “infrastructure” and insert “infrastructure, including surveillance and weather radars.”.

On page 235, line 19, after “Services,” insert “the Senate Committee on Commerce, Science, and Transportation.”.

On page 236, line 8, after “systems,” insert “weather radars.”.

SA 3537. Mr. BROWN of Ohio (for himself and Mr. VOINOVICH) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

Strike section 319 and insert the following:

SEC. 319. UNMANNED AERIAL SYSTEMS.

(a) IN GENERAL.—Within 1 year after the date of enactment of this Act, the Administrator shall develop a plan to accelerate the integration of unmanned aerial systems into the National Airspace System that—

(1) creates a pilot project to integrate such vehicles into the National Airspace System at 5 test sites in the National Airspace System by 2012;

(2) creates a safe, non-exclusionary airspace designation for cooperative manned and unmanned flight operations in the National Airspace System;

(3) establishes a process to develop certification, flight standards, and air traffic requirements for such vehicles at the test sites;

(4) dedicates funding for unmanned aerial systems research and development to certification, flight standards, and air traffic requirements;

(5) encourages leveraging and coordination of such research and development activities with the National Aeronautics and Space Administration and the Department of Defense;

(6) addresses both military and civilian unmanned aerial system operations;

(7) ensures the unmanned aircraft systems integration plan is incorporated in the Administration’s NextGen Air Transportation System implementation plan; and

(8) provides for verification of the safety of the vehicles and navigation procedures before their integration into the National Airspace System.

(b) TEST SITE CRITERIA.—In determining where the test sites to be established under the pilot project required by subsection (a)(1) are to be located, the Administrator shall—

(1) take into consideration geographical and climate diversity; and

(2) select one such site, subject to approval by the Secretary of the Air Force, that is located in proximity to principal Air Force research and acquisition functions to take advantage of Air Force instrumented radars and related research equipment and current defense science, research, and development activities in unmanned aerial systems.

SA 3538. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 10, after the matter following line 5, insert the following:

(c) INSPECTOR GENERAL AUDIT.—

(1) IN GENERAL.—The Inspector General of the Department of Transportation shall conduct an audit of every airport in the United States that reported between 10,000 and 15,000 passenger enplanements during each of the 2 most recent years for which such data is available.

(2) AUDIT OBJECTIVES.—In carrying out the audits under paragraph (1), the Inspector General shall analyze the method used by each subject airport to reach the 10,000 passenger enplanement threshold, including whether airports subsidize commercial flights to reach such threshold.

(3) REPORT.—The Inspector General shall submit a report to Congress and to the Secretary of Transportation that contains the results of the audits conducted under this subsection.

(4) RULEMAKING.—After reviewing the results of the audits under paragraph (1), the Secretary of Transportation shall promulgate regulations for measuring passenger enplanements at airports that—

(A) include the method for determining which airports qualify for Federal funding under the Airport Improvement Program (AIP);

(B) exclude artificial enplanements resulting from efforts by airports to trigger increased AIP funding; and

(C) sets forth the consequences for tampering with the number of passenger enplanements.

(d) PROPORTIONAL APPORTIONMENTS.—Section 47114(c)(1) is amended to read as follows:

“(1) PRIMARY AIRPORTS.—The Secretary shall apportion to the sponsor of each primary and non-primary airport for each fiscal year an amount that bears the same ratio to the amount subject to apportionment for fiscal year 2009 as the number of passenger boardings at the airport during the prior calendar year bears to the aggregate of all passenger boardings at all primary airports during that calendar year.”.

SA 3539. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

Beginning on page 34, strike line 8 and all that follows through page 36, line 4, and insert the following:

(i) PROPORTIONAL APPORTIONMENTS.—Section 47114(c) is amended by striking paragraph (1) and inserting the following:

“(1) PRIMARY AIRPORTS.—The Secretary shall apportion to the sponsor of each primary and non-primary airport for each fiscal year an amount that bears the same ratio to the amount subject to apportionment for fiscal year 2009 as the number of passenger boardings at the airport during the prior calendar year bears to the aggregate of all passenger boardings at all primary airports during that calendar year.”.

SA 3540. Mr. WHITEHOUSE proposed an amendment to the bill S. 1782, to provide improvements for the operations of the Federal courts, and for other purposes; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Federal Judiciary Administrative Improvements Act of 2010”.

SEC. 2. SENIOR JUDGE GOVERNANCE CORRECTION.

Section 631(a) of title 28, United States Code, is amended in the first sentence by striking “(including any judge in regular active service and any judge who has retired from regular active service under section 371(b) of this title, when designated and assigned to the court to which such judge was appointed)”.

SEC. 3. REVISION OF STATUTORY DESCRIPTION OF THE DISTRICT OF NORTH DAKOTA.

Chapter 5 of title 28, United States Code, is amended by striking section 114 and inserting the following:

“§ 114. North Dakota

“North Dakota constitutes one judicial district.

“Court shall be held at Bismarck, Fargo, Grand Forks, and Minot.”.

SEC. 4. SEPARATION OF THE JUDGMENT AND STATEMENT OF REASONS FORMS.

Section 3553(c)(2) of title 18, United States Code, is amended by striking “the written order of judgment and commitment” and inserting “a statement of reasons form issued under section 994(w)(1)(B) of title 28”.

SEC. 5. PRETRIAL SERVICES FUNCTIONS FOR JUVENILES.

Section 3154 of title 18, United States Code, is amended—

(1) by redesignating paragraph (14) as paragraph (15); and

(2) by inserting after paragraph (13) the following:

“(14) Perform, in a manner appropriate for juveniles, any of the functions identified in this section with respect to juveniles awaiting adjudication, trial, or disposition under chapter 403 of this title who are not detained.”.

SEC. 6. STATISTICAL REPORTING SCHEDULE FOR CRIMINAL WIRETAP ORDERS.

Section 2519 of title 18, United States Code, is amended—

(1) in paragraph (1), by striking “Within thirty days after the expiration of an order (or each extension thereof) entered under section 2518, or the denial of an order approving an interception, the issuing or denying judge” and inserting “In January of each year, any judge who has issued an order (or an extension thereof) under section 2518 that expired during the preceding year, or who has denied approval of an interception during that year.”;

(2) in paragraph (2), by striking “In January of each year” and inserting “In March of each year”; and

(3) in paragraph (3), by striking “In April of each year” and inserting “In June of each year”.

SEC. 7. THRESHOLDS FOR ADMINISTRATIVE REVIEW OF OTHER THAN COUNSEL CASE COMPENSATION.

Section 3006A of title 18, United States Code, is amended—

(1) in subsection (e)—

(A) in paragraph (2)—

(i) in subparagraph (A), in the second sentence, by striking “\$500” and inserting “\$800”; and

(ii) in subparagraph (B), by striking “\$500” and inserting “\$800”; and

(B) in paragraph (3), in the first sentence, by striking “\$1,600” and inserting “\$2,400”; and

(2) by adding at the end the following:

“(5) The dollar amounts provided in paragraphs (2) and (3) shall be adjusted simultaneously by an amount, rounded to the nearest multiple of \$100, equal to the percentage of the cumulative adjustments taking effect under section 5303 of title 5 in the rates of pay under the General Schedule since the date the dollar amounts provided in paragraphs (2) and (3), respectively, were last enacted or adjusted by statute.”.

SA 3541. Mrs. FEINSTEIN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title V, insert the following:

SEC. 564. STUDY OF AIR QUALITY IN AIRCRAFT CABINS.

(a) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration shall conduct a study of air quality in aircraft cabins to—

(1) assess bleed air quality on the full range of commercial aircraft operating in the United States;

(2) identify oil-based contaminants, hydraulic fluid toxins, and other air toxins that appear in cabin air and measure the quantity and prevalence of those toxins through a comprehensive sampling program;

(3) determine the specific amount of toxic fumes present in aircraft cabins that constitutes a health risk to passengers;

(4) develop a systematic reporting standard for smoke and fume events in aircraft cabins;

(5) evaluate the severity of symptoms among individuals exposed to toxic fumes during flight;

(6) determine the extent to which the installation of sensors and air filters on commercial aircraft would provide a public health benefit; and

(7) make recommendations for regulatory or procedural changes to reduce the adverse health effects of poor air quality in aircraft cabins, including recommendations with respect to the appropriateness and public health benefits of a requirement to install sensors and air filters on all aircraft or all new aircraft.

(b) AUTHORITY TO MONITOR AIR IN AIRCRAFT CABINS.—For purposes of conducting the study required by subsection (a), the Administrator of the Federal Aviation Administration shall require domestic air carriers to allow air quality monitoring on their aircraft.

(c) REGULATIONS.—If the Administrator makes recommendations under subsection (a)(7) for regulations to reduce the adverse health effects associated with poor air quality in commercial aircraft cabins, the Administrator shall—

(1) issue a notice of proposed rulemaking with respect to such regulations not later than 18 months after the date of the enactment of this Act; and

(2) issue final rules with respect to such regulations not later than 36 months after the date of the enactment of this Act.

NOTICE OF HEARING

COMMITTEE ON INDIAN AFFAIRS

Mr. DORGAN. Mr. President, I would like to announce that the Committee on Indian Affairs will meet on March

18, 2010 at 2:15 p.m. in room 628 of the Dirksen Senate Office Building to conduct an oversight hearing to examine Bureau of Indian Affairs and tribal police recruitment, training, hiring, and retention.

Those wishing additional information may contact the Indian Affairs Committee at 202-224-2251.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mrs. HUTCHISON. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on March 16, 2010, at 9:30 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON FOREIGN RELATIONS

Mrs. HUTCHISON. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on March 16, 2010, at 9:30 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SELECT COMMITTEE ON INTELLIGENCE

Mrs. HUTCHISON. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on March 16, 2010, at 2:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON OVERSIGHT OF GOVERNMENT MANAGEMENT, THE FEDERAL WORKFORCE, AND THE DISTRICT OF COLUMBIA

Mrs. HUTCHISON. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs' Subcommittee on Oversight of Government Management, the Federal Workforce, and the District of Columbia be authorized to meet during the session of the Senate on March 16, 2010, at 2 p.m. to conduct a hearing entitled, "Assessing Foster Care and Family Services in the District of Columbia: Challenges and Solutions."

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON WATER AND POWER

Mrs. HUTCHISON. Mr. President, I ask unanimous consent that the Subcommittee on Water and Power be authorized to meet during the session of the Senate on March 16, 2010, at 10 a.m., in room SD-366 of the Dirksen Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

PRIVILEGES OF THE FLOOR

Mr. WARNER. Mr. President, I ask unanimous consent that Scott Glick, a member of Senator CARDIN's staff, be granted the privilege of the floor during the pendency of morning business.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

ORDER OF PROCEDURE—H.R. 2847

Mr. KAUFMAN. Mr. President, I ask unanimous consent that when the Senate resumes consideration of the House message with respect to H.R. 2847, there be 10 minutes of debate time, with the time equally divided and controlled between Senators GREGG and SCHUMER or their designees, at which time Senator GREGG is expected to make a budget point of order and Senator SCHUMER would move to waive any relevant points of order; that if the waiver is successful, then no further debate or motions be in order, and the Senate proceed to vote on the DURBIN motion to concur; further, that the order with respect to the DEMINT motion to suspend be vitiated; that upon disposition of the House message, the Senate then resume consideration of H.R. 1586, and any other provisions with respect to the House message remaining in effect.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMEMORATING THE 45TH ANNIVERSARY OF BLOODY SUNDAY

Mr. KAUFMAN. I ask unanimous consent the Judiciary Committee be discharged from further consideration of H. Con. Res. 249 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The clerk will report the concurrent resolution by title.

The assistant legislative clerk read as follows:

A concurrent resolution (H. Con. Res. 249) commemorating the 45th anniversary of Bloody Sunday and the role that it played in ensuring the passage of the Voting Rights Act of 1965.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. KAUFMAN. I ask unanimous consent the concurrent resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and any statement be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (H. Con. Res. 249) was agreed to.

The preamble was agreed to.

CONGRATULATING RADFORD UNIVERSITY ON ITS 100TH ANNIVERSARY

Mr. KAUFMAN. Mr. President, I ask unanimous consent the Senate proceed to the immediate consideration of S. Res. 456, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A resolution (S. Res. 456) congratulating Radford University on the 100th anniversary of the university.

There being no objection, the Senate proceeded to consider the resolution.

Mr. KAUFMAN. I ask unanimous consent the resolution be agreed to, the preamble be agreed to, the motions to reconsider be laid upon the table, with no intervening action or debate, and any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 456) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 456

Whereas Radford University was chartered on March 10, 1910, by the Commonwealth of Virginia as the State Normal and Industrial School for Women at Radford;

Whereas Radford University was chartered to prepare teachers to educate the people of the United States;

Whereas Radford University has grown substantially in scope and quality since the day on which the university was chartered;

Whereas Radford University was renamed the Radford State Teachers College in 1924 and the Women's Division of Virginia Polytechnic Institute in 1944, respectively;

Whereas Radford University was renamed Radford College in 1964 when the relationship between the Virginia Polytechnic Institute and Radford University ended;

Whereas Radford College was renamed Radford University in 1979;

Whereas, since the founding of the university, Radford University has provided thousands of students with the benefits of a Radford education;

Whereas Radford University graduates have made meaningful and lasting contributions to society through service, including service in—

- (1) education;
- (2) the sciences;
- (3) business;
- (4) health and human services;
- (5) government;
- (6) the arts and humanities; and
- (7) other endeavors;

Whereas Radford University is a productive and vital academic community with thousands of students;

Whereas the students of Radford University approach university life with an enthusiasm for learning and personal development;

Whereas the brilliant faculty of Radford University is committed to the highest ideals of academic scholarship and the advancement of society;

Whereas the devoted administrators and staff members of Radford University strive to foster an environment that supports the noble work of the university;

Whereas the centennial of Radford University is an appropriate time for faculty, staff, students, alumni, and friends—

(1) to unite in recognition of the past achievements Radford University with pride; and

(2) to consider ways to create an even more successful university during the century ahead;

Whereas Radford University celebrates the culture of service of the university through a

program entitled "Centennial Service Challenge" that invites every member of the campus and extended university community to engage in, and document community service in honor of, the centennial; and

Whereas Radford University will observe a Centennial Charter Day Celebration on March 24, 2010, and host numerous other academic programs and arts and cultural events throughout 2010 to commemorate the event: Now, therefore, be it

Resolved, That the Senate commends Radford University on the 100th anniversary of the university.

FEDERAL JUDICIARY ADMINISTRATIVE IMPROVEMENTS ACT OF 2009

Mr. KAUFMAN. I ask unanimous consent that the Judiciary Committee be discharged from further consideration of S. 1782 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the bill by title. The assistant legislative clerk read as follows:

A bill (S. 1782) to provide improvements for the operations of the Federal courts, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. KAUFMAN. Mr. President, I ask unanimous consent that a Whitehouse substitute amendment which is at the desk be agreed to; the bill, as amended, be read a third time and passed; the motion to reconsider be laid upon the table, with no intervening action or debate, and any statements be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 3540), in the nature of a substitute, was agreed to, as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Federal Judiciary Administrative Improvements Act of 2010".

SEC. 2. SENIOR JUDGE GOVERNANCE CORRECTION.

Section 631(a) of title 28, United States Code, is amended in the first sentence by striking "(including any judge in regular active service and any judge who has retired from regular active service under section 371(b) of this title, when designated and assigned to the court to which such judge was appointed)".

SEC. 3. REVISION OF STATUTORY DESCRIPTION OF THE DISTRICT OF NORTH DAKOTA.

Chapter 5 of title 28, United States Code, is amended by striking section 114 and inserting the following:

"§ 114. North Dakota

"North Dakota constitutes one judicial district.

"Court shall be held at Bismarck, Fargo, Grand Forks, and Minot."

SEC. 4. SEPARATION OF THE JUDGMENT AND STATEMENT OF REASONS FORMS.

Section 3553(c)(2) of title 18, United States Code, is amended by striking "the written order of judgment and commitment" and inserting "a statement of reasons form issued under section 994(w)(1)(B) of title 28".

SEC. 5. PRETRIAL SERVICES FUNCTIONS FOR JUVENILES.

Section 3154 of title 18, United States Code, is amended—

(1) by redesignating paragraph (14) as paragraph (15); and

(2) by inserting after paragraph (13) the following:

"(14) Perform, in a manner appropriate for juveniles, any of the functions identified in this section with respect to juveniles awaiting adjudication, trial, or disposition under chapter 403 of this title who are not detained."

SEC. 6. STATISTICAL REPORTING SCHEDULE FOR CRIMINAL WIRETAP ORDERS.

Section 2519 of title 18, United States Code, is amended—

(1) in paragraph (1), by striking "Within thirty days after the expiration of an order (or each extension thereof) entered under section 2518, or the denial of an order approving an interception, the issuing or denying judge" and inserting "In January of each year, any judge who has issued an order (or an extension thereof) under section 2518 that expired during the preceding year, or who has denied approval of an interception during that year,";

(2) in paragraph (2), by striking "In January of each year" and inserting "In March of each year"; and

(3) in paragraph (3), by striking "In April of each year" and inserting "In June of each year".

SEC. 7. THRESHOLDS FOR ADMINISTRATIVE REVIEW OF OTHER THAN COUNSEL CASE COMPENSATION.

Section 3006A of title 18, United States Code, is amended—

(1) in subsection (e)—

(A) in paragraph (2)—

(i) in subparagraph (A), in the second sentence, by striking "\$500" and inserting "\$800"; and

(ii) in subparagraph (B), by striking "\$500" and inserting "\$800"; and

(B) in paragraph (3), in the first sentence, by striking "\$1,600" and inserting "\$2,400"; and

(2) by adding at the end the following:

"(5) The dollar amounts provided in paragraphs (2) and (3) shall be adjusted simultaneously by an amount, rounded to the nearest multiple of \$100, equal to the percentage of the cumulative adjustments taking effect under section 5303 of title 5 in the rates of pay under the General Schedule since the date the dollar amounts provided in paragraphs (2) and (3), respectively, were last enacted or adjusted by statute."

The bill, as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

ORDERS FOR WEDNESDAY, MARCH 17, 2010

Mr. KAUFMAN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m. on Wednesday, March 17; that following the prayer and the pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate resume consideration of the House Message on H.R. 2847, as provided for under the previous order. Finally, I ask that the Senate recess from 12:30 to 2 p.m. for a special Democratic caucus.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. KAUFMAN. Mr. President, Senators should expect two rollcall votes in relation to the HIRE Act beginning around 9:45 a.m. Upon disposition of the HIRE Act, the Senate will resume consideration of the FAA reauthorization legislation. Rollcall votes in relation to amendments to the FAA bill are expected to occur throughout the day.

As a reminder, at 2 o'clock tomorrow there will be a live quorum and the Senate will receive the managers appointed by the House of Representatives for the purpose of presenting and exhibiting Articles of Impeachment against G. Thomas Porteous, Jr., judge of the United States for the Eastern District of Louisiana. As a reminder, once the House managers are received, Senators will be sworn in and required to sign the Secretary's oath book.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. KAUFMAN. If there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 8:36 p.m., adjourned until Wednesday, March 17, 2010, at 9:30 a.m.

HOUSE OF REPRESENTATIVES—Tuesday, March 16, 2010

The House met at 10:30 a.m. and was called to order by the Speaker pro tempore (Ms. WATSON).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 16, 2010.

I hereby appoint the Honorable DIANE E. WATSON to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 6, 2009, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 30 minutes and each Member, other than the majority and minority leaders and the minority whip, limited to 5 minutes.

RESTORING AMERICANS' NET WORTH

The SPEAKER pro tempore. The Chair recognizes the gentleman from Virginia (Mr. CONNOLLY) for 5 minutes.

Mr. CONNOLLY of Virginia. Madam Speaker, last week I brought the same chart to the House floor to visibly demonstrate how, starting in 2007, the Great Recession destroyed \$17.5 trillion of household aggregate wealth in the United States. I noted that it represented a loss of more than \$56,000 for every man, woman, and child in America. Trillions of dollars of home equity were lost, retirement savings and college funds lost.

As you can see by the red line here, the worst recession since World War II continually destroyed value from American households for seven straight quarters, from June of 2007 until March of 2009; 21 months of lost net worth. The economy was on the brink of collapse, and the tremendous losses to every American household were directly evident.

But this Congress acted. And as you can see from the blue line, since passage of the Recovery Act, Americans recovered \$5 trillion in net worth during the second and third quarters of

2009. Today I have even better news. Last week, data came out for the fourth quarter of 2009, and once again Americans' net worth increased for the third straight quarter. There was an additional \$800 billion returned to American households over just the past 3 months.

Let me put this in context. The Recovery Act was an investment in this Nation, in this economy, in the American people, to help bring us out of the Great Recession. It kept hundreds of thousands of teachers from being laid off, including 800 in my own district. That is not just a short-term investment in economic recovery, it is a long-term investment in our communities and in the education of our children.

The Recovery Act also provided for thousands of needed transportation improvements. Again, that is a short-term investment in construction jobs, but a long-term investment in our communities and national infrastructure. The Recovery Act's investments, including more than \$200 billion in tax cuts, totaled \$787 billion, and it will be spent over 2 years time. Where is the return on that investment, you just have to look at the blue line showing \$5 trillion in net worth that has been recovered since we passed that bill for American families in the first 9 months of this year. We can now add another \$800 billion to that figure for the last 3 months of 2009, nearly \$6 trillion in recovered wealth.

The recovery of America's net worth is vital to the overall recovery of our economy. Consumer spending makes up 70 percent of our GDP. However, so long as consumers' net worth remains depressed, consumer spending will naturally suffer. When consumer spending suffers, businesses pull back and lay off employees. It is a tragic downward spiral, one that unfolded starting in the Bush administration in 2007.

But this chart, this blue line of recovery shows we are back on the right track. Despite historic blizzards that many thought would imperil the recovery, retail sales actually increased 0.3 percent in February, outpacing expectations. Housing prices increased 7 straight months, reversing 22 straight months of decline. New orders for manufactured goods are at their highest level since 2008. The manufacturing index has been growing for 6 straight months, and manufacturing jobs have been growing for 3 months. GDP grew at 5.9 percent, its fastest growth in 6 years, in the fourth quarter of 2009.

And today, the stock market is up more than 70 percent since its March of 2009 low.

We are not out of the woods yet, and we have some ground to cover before the value of the economic losses are fully recovered. But we are making steady progress, as we can see from this chart. We must now continue on that path to restore financial stability for our residents and the economy as a whole.

JOB KILLING HEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from North Carolina (Ms. FOXX) for 5 minutes.

Ms. FOXX. Madam Speaker, this week we are going to be taking up, we think, a job killing so-called health care reform bill that the American people do not want but that the Democratic leadership and the President are determined to cram down our throats.

This bill will not help our situation in terms of health care or health insurance. It does not reduce the cost of health insurance which was one of the goals the President said that he wanted. It does not solve any of the problems that we need to solve in health care. In fact, it makes those problems worse.

Yesterday I had a town hall in Statesville, North Carolina, with about 175 people there. They are very upset about this proposed health care reform bill. They understand that a lot of dirty tricks are being played here, and they don't like it. They don't like several aspects of the proposal that is being brought forth this week.

Number one, they don't like the fact that the Democrats are proposing to pass this bill without voting on the bill. They know that goes from passing bills without reading them to passing bills without voting for them. Another thing that they don't like is they don't like to see two bills that have no relationship to each other put together because one of the bills can't pass on its own and so the folks in charge attach it to a bill that they can get the votes for.

And so what the majority people are doing is they are going to latch onto their reconciliation bill a job-killing government takeover of student loans. They are attaching that to their job-killing government takeover of health care which many people have called a monstrosity.

This is not the way the American people want us to be operating in this

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

Congress. We are the greatest country in the world with the best form of government in the world. But what is about to happen this week, if the American people do not speak out even louder than they have spoken out, is you are going to see Democrats vote for this monstrosity and undermine the rule of law that exists in this country. It is a scary proposition.

Republicans know that we need reform in health insurance and in health care, and we have made proposals to do that. We have legislation that will reduce cost in health insurance. The plan that the Democrats have put forward will not reduce cost. Even one of their Senators, DICK DURBIN, said that last week on the floor of the Senate.

The bill also does not allow people to continue the current health insurance that they have which the President has been saying you could do. In his meeting with Republicans at our retreat, he admitted that he had been saying that incorrectly. He is still saying it even though he said it was incorrect because you will not be allowed to keep your insurance if you like it.

Republicans want for Americans to be able to buy their health care across State lines. We want medical liability reform. We want to expand health savings accounts. We want to put Americans in charge of their health care and in charge of their health insurance. We don't want a giant government takeover of health insurance and health care. This can be done to help Americans, but what the Democrats are proposing will not be the right thing to do.

I serve on the Rules Committee. They are planning to bring a rule that will say if you vote for the rule, you voted for the bill. That has never happened in the history of this country. Again, it undermines the rule of law and the American people will not stand for it.

COLON CANCER AWARENESS MONTH

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oklahoma (Mr. BOREN) for 5 minutes.

Mr. BOREN. Madam Speaker, I rise today to remind Members of this body that the month of March is Colorectal Cancer Awareness Month. During the month of March, colon cancer advocates across the country will organize and participate in a wide range of activities to raise awareness about this horrible disease. This year alone, almost 150,000 Americans will be diagnosed with colon cancer, and approximately 50,000 of them will die from it.

Madam Speaker, it doesn't have to be that way. If detected early, the survival rate for colon cancer is almost 90 percent. Yet less than half of all Americans get the recommended preventive tests by the suggested age of 50.

Colon cancer is an issue that is very personal to me; 12 years ago, I lost my

mother Janna to this dreadful disease. And since arriving in Congress, I have made it one of my missions to bring attention to this serious yet preventable cancer. So for the next 3 weeks, I want Members of this body to ask themselves and their constituents two important questions: Have you asked your doctor if you should get a colonoscopy? Do you know that it could save your life?

THE FAIR TAX

The SPEAKER pro tempore. The Chair recognizes the gentleman from Kansas (Mr. MORAN) for 5 minutes.

Mr. MORAN of Kansas. Madam Speaker, this past weekend, like many Americans, my wife and I sat at our kitchen table and worked on getting our taxes figured out so we could file our return. Across our country, millions of Americans are working to finalize their annual tax return. It is clear that our system of income taxes is broken. To restore our Nation's economic health, increase personal liberty, reduce cheating and confusion, and restore fairness, Congress must abandon our current tax code and replace it with something much better.

There is no reason that paying taxes should be so complicated and so confusing. The burden in this process that is placed upon individuals and small businesses must be relieved. The IRS itself has estimated that 7.6 billion hours are spent in tax preparation every year. That 7.6 billion hours equates to 3.8 million people working full time for a full year. Congress can simplify this process and reduce the amount of time and energy spent on paying our taxes.

As a longtime supporter of the FAIR Tax, I see H.R. 25 as a step in the direction of liberty and prosperity. The FAIR Tax seeks to eliminate the payroll, estate, and many other taxes to be replaced by a national sales tax levied on purchased goods. Overhauling the U.S. Tax Code is not an easy task to undertake, but reducing the burden of filing taxes should be a priority in this Congress. Anyone who views our tax collection practices can see the flaws. The question is whether Congress has the courage and determination to change it.

The process of tax reform has major consequences for every American, but it is a process that must be started because the consequences of inaction are too costly. The truth remains that Americans want and need some sort of tax filing relief. The need for common-sense reform becomes more obvious during this tax season.

I have called on the newly installed chairman of the Ways and Means Committee, the gentleman from Michigan (Mr. LEVIN) to schedule a hearing on the FAIR Tax. I encourage my colleagues who are serious about starting

an open conversation on tax reform to join me in this request. The American people are ready to have that conversation, and their representatives should be also.

□ 1045

Americans are in need of tax reform and simplification, but instead, all they are getting from this Congress is increased spending and record deficits. By reforming this broken process, Americans will once more be in charge of their lives and their money.

Over the course of the last several years, American taxpayers have become much more attentive to what is and what is not happening in Washington, DC. Tea Party protests and fair tax advocates are making their voices heard. Their message is clear to Congress if Congress will only listen—simplify the tax code. In doing so, we will create an opportunity for economic growth and new prosperity while increasing personal freedom and liberty.

April 15 is now less than 1 month away. No more business as usual. Let's not let another tax year go by without action to replace our convoluted, confusing, and freedom-restricting tax code.

HEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Minnesota (Mr. WALZ) for 5 minutes.

Mr. WALZ. Madam Speaker, this week this House has a historic opportunity. For far too long, millions of Americans have not been able to afford basic health care coverage. For far too long, families with insurance are told when they finally need to use that insurance, that they are not covered. For too long, insurance company executives and bureaucrats have dictated what is covered to the doctors.

For far too long, those who are insured have been paying a hidden tax to cover the millions of uninsured. This week the figure is \$51 million. For far too long, the United States has spent double the amount of any other industrialized nation, and we are no healthier for it. And for far too long, there have been those who have said we can wait a little longer; we will put health care off and do it at another time.

This button was given to me last weekend by a woman in Fountain, Minnesota. It reads, "Healthcare for All—the time is now." She's been carrying it for 25 years.

Last week, the Mayo Clinic—which is in my district in southern Minnesota—along with the Cleveland Clinic and other leading institutions, put out a statement urging reform in this House. The statement read, "Reforming health care in America will not become easier with the passage of time," and we urge you to move forward.

The time is right for America to fix this inequity. The time is right to move America forward, and as the button says, health care for all, the time is now. That is this week.

FLORIDIANS ARE HARD AT WORK

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. ROS-LEHTINEN) for 5 minutes.

Ms. ROS-LEHTINEN. Madam Speaker, yesterday, March 15, was Florida's Day of Action to raise awareness about the sham elections in Sudan which are scheduled for next month. When the Comprehensive Peace Agreement was signed in the year 2005, the dream of a united Sudan, where everyone—regardless of gender, ethnicity, or religion—lived in freedom, it seemed possible. Elections were intended to usher that change.

Unfortunately, the Sudanese Government has since proven that it will do anything to remain in power—including slaughtering civilians and stealing elections. Southern parties have committed abuses, but it is Sudan's tyrant—an indicted war criminal—who remains the greatest obstacle to peace.

The time for wishful thinking is over. These elections are a sham, hijacked to legitimize the rule of a reprehensible, murderous regime. Responsible nations must work to ensure Sudan's butcher answers for his crimes before this process moves forward.

So congratulations to the many Floridians who spearheaded the Day of Action yesterday.

And speaking of Floridians, our State is hurting. Our economy is in serious trouble. Floridians ask what is the best way to put Floridians back to work without increasing our mounting national debt. The latest national unemployment record shows that we're still facing an almost 10-percent unemployment statistic. And totally unacceptable is Florida's numbers. Florida's number, 11.8 percent unemployment rate in my home State of Florida.

How can we fix this problem? Part of it deals with what U.S. Trade Representative Ron Kirk, said, and it was an important and very timely message. He said, Trade supports millions of U.S. jobs and expanding trade must be part of the U.S. economy. Congress needs to support long-delayed trade pacts with Colombia, Panama, and South Korea, which will greatly expand access to overseas markets for Florida businesses.

While these agreements are stalling here in Washington, our competitors are cutting their own deals to open more markets for their exporters. The European Union, for example, has concluded an agreement with South Korea—similar to the one that has been languishing here in Washington, DC.

Hundreds of thousands of people are employed in the trade industry. In my home State of Florida, we exported more than \$47 billion in goods last year. South Florida is the gateway to Latin America, and it's a huge hub for trade with Colombia, which has already produced thousands of jobs in key industries, such as the flower-importing industry. Trade is a crucial part of our economic recovery and an ideal opportunity for Democrats and Republicans to work together on an important issue.

It's so important to my home State of Florida, which brings me to another national issue that is crucial to my State of Florida, and that is a complete and accurate census count. We must mobilize everyone to participate in the 2010 census and help increase funding for education, health care, transportation, and other key programs while ensuring that our area will get the programs it deserves.

Having represented a diverse area such as South Florida here in Congress, I know that we need to reach out to residents of low-income and minority neighborhoods, which are especially at risk of being undercounted in the 2010 census. Along with many other metropolitan areas, Miami-Dade County will have a bilingual, English and Spanish, census form, as well as a special census outreach effort to the Colombian, to the Haitian, to the Cuban communities, among many different ethnic groups in our community and in our Nation.

Accurate data reflecting changes in our diverse and ever-changing communities will decide how over \$400 billion per year is spent in Federal grants and how it's allocated for programs like new hospitals and schools.

So your assistance, South Florida, with a complete census count will help ensure that essential social service programs like job training, after-school programs, school lunch programs, senior citizen centers, they will receive the funding they deserve. So please help us kick off our efforts to get the most complete census count in history. Floridians, get on board.

And I am so proud of the many Floridians who do amazing things every day.

In my congressional district of South Florida, Madam Speaker, extraordinary groups such as Teens Against Domestic Abuse, otherwise known as T-A-D-A—TADA—are working to raise awareness about domestic abuse. And TADA is a local student activist group run by a caring and passionate young woman, Emily Martinez-Lanza.

So I thank the exemplary work of Floridians. From the Call of Action on Sudan, to the economy, to the census, to combating domestic abuse, Floridians are hard at work.

“PASSED” NOT “DEEMED”

The SPEAKER pro tempore. The Chair recognizes the gentleman from Indiana (Mr. PENCE) for 5 minutes.

Mr. PENCE. Madam Speaker, the American people don't want a government takeover of health care. I heard it at town hall meetings, across eastern Indiana this weekend, and at a rally at the Statehouse in Indianapolis yesterday where over a thousand gathered on short notice.

Now, I know many in the Democratic leadership and the administration don't like us to call it a “government takeover of health care,” but when you mandate that every American purchase health insurance—whether they want it or need it or not—you mandate what's in that insurance. If you set up a government-run insurance exchange to control what kind of insurance people can buy and set up a massive bureaucracy, even a new health care czar to govern all of it, that sure looks like to me a government takeover of health care. And the American people know it.

Now, clear majorities of this country have rejected this approach. But nevertheless, as we read in the papers, Congress is intent this week on bringing this legislation—seemingly by any means—to the floor of the House of Representatives. And I want to speak about those means today.

The choice that the leadership of the Congress has before them is whether or not to bring the wildly discredited Senate bill to the floor of the House of Representatives. But the truth is, the bill, with its Cornhusker Kickback, with the public funding of abortion, simply couldn't pass the House floor. There's just not the votes for it.

But it seems at this moment what we hear is that the Democratic leadership here in Congress is so desperate to pass this government takeover of health care that they are willing to twist the rules of the House and the Senate into a pretzel to get it done.

But I am not here to talk about the arcane rules of the Senate and reconciliation that the follow-on bill would be an abuse of. I'm not even here to talk about the rules of the House. I'm really here to talk about the Constitution of the United States of America.

I mean, this so-called Slaughter House Rule that is being proposed, the idea that the Senate bill could be deemed as passed on the House floor without Members of Congress being asked to vote for it, I believe not just tramples on the common sense and insults the intelligence of the American people, but it really tramples on the Constitution of the United States. Let me break it down for you.

I've understood this since the first time I saw “School House Rock” about how a bill becomes a law and that little bill danced up the House steps when I was a kid. Let me read it. It's in the

Constitution, Article I, section 7, "Every bill which shall have passed the House of Representatives and the Senate, shall, before it becomes a Law, be presented to the President of the United States." There it is.

As we learned as school children, as it says in the Constitution, a bill becomes a law after it has passed the House of Representatives—not after it was deemed to have passed, not after it was buried in a procedural motion that no one really has to say they have supported, but after it has passed on the floor of the House of Representatives.

Now, some will say that, well, Republicans just want to talk about process here; we're trying to do something for health care. Well, wait a minute. The processes that are in the Constitution of the United States exist to protect the liberty of the American people and hold those who govern them responsible. The reason our Founders enshrined in the Constitution of the United States the requirement that bills might not become law unless they pass on the House floor is so that they could hold accountable the decisions that the men and women who would serve in this Chamber throughout our history would make.

Madam Speaker, the very idea that the Senate bill could be adopted by the House without any vote on the floor is anathema to the Constitution of the United States, and I believe it's an insult to the American people.

I would say respectfully, Madam Speaker, if you have the votes, vote the Senate bill on the floor. Let's bring it down here. Let's have a good, long debate about that bill that passed the Senate on Christmas Eve with all of its backroom deals and all of its public funding for abortion and its individual mandates and its tax increases.

But if you don't have the votes, let's scrap the bill. Let's start over. Let's commit ourselves to building health care reform on the principles of limited government and free market economics. Let's pass health care reform that will lower the cost of health insurance rather than growing the size of government.

And for heaven's sake, whatever we do, let's go forward this week in a way that honors those who have gone before, those who have fought for this Constitution. Let us live up to the ideals of our Founders and the expectation of our people. And let's throw this Slaughter House Rule business in the trash heap where it belongs.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until noon today.

Accordingly (at 10 o'clock and 59 minutes a.m.), the House stood in recess until noon.

□ 1200

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. JACKSON LEE of Texas) at noon.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

God Almighty and Father of us all, we praise You, the source of all we have and all we are. Teach us to acknowledge always the many good things Your infinite love has given us. Help us to love You in return with all our heart and all our strength.

Empower us to serve this Nation with such wisdom and compassion that Your own gracious goodness and love of humanity may be evident and give You glory both now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Michigan (Mr. SCHAUER) come forward and lead the House in the Pledge of Allegiance.

Mr. SCHAUER led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to a concurrent resolution of the following title in which the concurrence of the House is requested:

S. Con. Res. 53. Concurrent resolution recognizing and congratulating the City of Colorado Springs, Colorado, as the new official site of the National Emergency Medical Services Memorial Service and the National Emergency Medical Services Memorial.

HEALTH CARE REFORM

(Mr. BACA asked and was given permission to address the House for 1 minute.)

Mr. BACA. Anthem Blue Cross in my home State of California is trying to raise premiums by 39 percent. This is only the beginning if we do nothing. We must give the American people, not the insurance companies, more control. If we do nothing, the American people will continue to pay higher premiums

and higher out-of-pocket costs now and in the future.

We cannot, our families cannot, afford to do nothing. Health reform will hold health insurance companies accountable; end discrimination based on preexisting conditions; cut and eventually close the doughnut hole for thousands of seniors, including 5,200 seniors in my district; cut the national deficit; and produce over 4 million new jobs in the coming decade. That is 400,000 new jobs every year.

Health care reform will bring coverage to 219,000 in my district and 31 million nationwide for the very first time in history. This is a historic moment. In 1935, we passed Social Security. In 1965, we passed Medicare. We must pass health reform now.

HEALTH CARE REFORM

(Mr. BOEHNER asked and was given permission to address the House for 1 minute.)

Mr. BOEHNER. Madam Speaker, the American people are appalled by what they have seen in this health care debate. But the worst is still ahead. The bill has already failed. The American people don't want it, and they are screaming at the top of their lungs, stop. But, yet, Congress continues to proceed.

The American people want jobs. But what does this bill do? It puts the American people out of work. They want lower health care costs, while the health care bill being debated is going to raise the cost of premiums. They want less government, yet this bill is going to create a giant bureaucracy here in Washington. They want to protect life. Yet the bill is going to force taxpayers to fund elective abortions.

If that weren't enough, the majority plans to force the toxic Senate bill through the House under some controversial trick. There is no way to hide from this vote. It will be the biggest vote that most Members ever cast. Now you can run, but you can't hide. Let's defeat this bill.

HEALTH CARE REFORM

(Mr. SCHAUER asked and was given permission to address the House for 1 minute.)

Mr. SCHAUER. Madam Speaker, health care is an issue of basic economics to middle class families, seniors and businesses. During the health care debate, my constituents have asked me to listen. I'm listening.

The story I heard last week is from a college in my area. It employs 300 people. As in the case with many employers, the lion's share of their costs come from employee costs, 70 percent in this college's case. Their health insurance premiums this year went up 17 percent. Seventeen percent. What does that mean? It means job cuts or tuition increases, or both, both disastrous for middle class families in our economy.

Seventeen percent premium increases. The Nation's five largest private health insurance companies' profits went up \$12 billion last year while they dropped 2.7 million people from coverage. Our current health care system may work for the health insurance industry, but it is broken for middle class families and is hurting our economies. It must be fixed now.

HEALTH CARE REFORM

(Mr. CANTOR asked and was given permission to address the House for 1 minute.)

Mr. CANTOR. Madam Speaker, Republicans have come to the floor today because we care about Americans' health care. We just don't care for this bill. But still, the majority seems committed to trying to muscle through a trillion-dollar overhaul that will change health care for every man, woman, and child.

Americans have made it very clear. They don't like this bill. They don't want the government in the decision-making of their health care. They want lower costs, and they don't want their government tax dollars going to fund abortion services.

So why can't we start over, Madam Speaker? We ask again. There has been a year and a half nearly of debate over this and still more questions than answers. That's why we are hearing reports that the majority will try to ram this through without a direct vote on the Senate bill, Madam Speaker. We should take an up-or-down vote on the Senate bill.

H.R. 4440, THE COMBAT ACT

(Mr. MCNERNEY asked and was given permission to address the House for 1 minute.)

Mr. MCNERNEY. Madam Speaker, I rise today to honor the sacrifices of American men and women serving our country overseas and to urge my colleagues to support legislation I introduced to give them a much-deserved pay increase for facing dangerous situations.

Late last year, I traveled to Afghanistan and was privileged to meet members of our Armed Forces serving our country in a difficult and dangerous environment. Two of those soldiers approached me and said they had not seen a combat pay increase in several years and asked me to do what I could do to make the burden of overseas deployment easier for them and their families.

As a result, when I got back to Washington, I introduced H.R. 4440, the COMBAT Act, which provides several types of combat pay increases, including hostile fire pay, imminent danger pay and family separation allowance. I ask my colleagues to join me in supporting our troops and their families by becoming a cosponsor of this bill.

HEALTH CARE REFORM

(Mr. PENCE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PENCE. The Democrat health care bill that is being brought through the Congress this week is nothing more than a government takeover of health care, and the American people know it. I know the administration doesn't like us to use that phrase, but come on. When you mandate that every American purchase health insurance whether they want it or need it or not, you mandate that every business provide it, you create a massive government-run bureaucracy exchange that mandates what is in insurance plans, you wrap that all in about \$1 trillion worth of spending, that is a government takeover of health care.

But what is really remarkable about this whole business is that not only have the American people rejected this plan, but Democrats are so desperate to pass it that they are willing to trample on the traditional rules of the House and the Senate and even trample on the Constitution of the United States to get it done. The Constitution provides that a bill becomes a law if it has passed the House of Representatives and the Senate. The Democrats actually don't have the votes to pass the Senate bill, so they have decided they are going to try and pass the bill without a vote.

Well, that would be news to the Founders of this country and a betrayal of the commitment of every Member of this Congress to the American people. I urge the Speaker, if you have the votes for the Senate bill, bring it to the floor. If you don't, let's scrap the bill and start over for the American people.

HEALTH CARE REFORM

(Ms. WOOLSEY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WOOLSEY. Madam Speaker, at least 46 million Americans are now uninsured; 7.7 million in California are uninsured, and at least 80,000 are uninsured in the Sixth Congressional District, which is the district I represent. By the end of the day, 14,000 more Americans will lose their coverage, more than 2,000 of them in California.

Without health care reform, the average family premium in California will rise from \$13,280 to \$22,660 by the year 2019. That's why we must pass the health care reform bill that brings down costs and increases competition. The Senate bill, with the corrections, including better subsidies and insurance market reforms, will be the beginning of this.

We must pass health reform so that our Nation's families have access to affordable, quality health insurance.

HEALTH CARE REFORM

(Mr. BLUNT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BLUNT. Madam Speaker, The Washington Post today on the front page said: Pelosi may try to pass health bill without a vote. May try to pass health bill without a vote. I didn't even think that was possible, but apparently The Washington Post and the Speaker of the House think it's possible. It's no wonder, Madam Speaker, that the country is outraged not just by the bill, but by the process. This was like the Speaker's statement that said we would have to pass the bill so we could know what's in it.

Madam Speaker, this bill does not reduce costs. It cuts Medicare and increases taxes for 10 years and spends the money in 6 years. Madam Speaker, this bill throws the health care system up in the air and just hopes that the greatest health care system in the world is still there when it lands a few years from now.

Madam Speaker, I hope that we have a vote on this bill, a debate on this bill and we do not pass this bill with a vote.

BORDER VIOLENCE

(Mrs. KIRKPATRICK of Arizona asked and was given permission to address the House for 1 minute.)

Mrs. KIRKPATRICK of Arizona. Madam Speaker, on Saturday, three people connected to the U.S. Consulate in Ciudad Juarez were brutally murdered by drug cartels in front of their young children.

What more must happen to focus our attention on the serious threat along 2,000 miles of our southern border? For the safety of Americans living in border States and traveling or working in Mexico, we must take this danger seriously and crack down on the cartels. U.S. citizens are increasingly at risk of being innocent victims of this brutal violence, but the administration budget would cut resources intended to crack down on cartels and to secure our border.

I call on the White House to provide necessary support for law enforcement, at all levels, to track down these criminals and their networks. This is a fight we cannot lose. It is too close to home. My thoughts and prayers are with the families of those who lost their lives in these attacks.

□ 1215

HEALTH CARE REFORM

(Mrs. MCMORRIS RODGERS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. MCMORRIS RODGERS. Madam Speaker, America needs health care reform, but America knows that this is

not the right approach. This is the wrong policy and it is the wrong process; yet the majority is willing to do everything possible to pass this bill, even over the objections of the American people.

Just recently, CNN had a poll that showed 73 percent of Americans across the country would like to scrap the bill or start all over; yet now we are being told the Democrat leadership may deem the bill passed without Members of Congress even voting on it. That is un-American. It ignores the democratic process.

Madam Speaker, we need an up-or-down vote. If Congress passes this bill without even a vote on it, the American people will be outraged, and rightfully so. There is a better way. Let's go to work on it.

HEALTH CARE REFORM

(Ms. EDWARDS of Maryland asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDWARDS of Maryland. Madam Speaker, just when we thought we had heard enough, seen enough, and paid enough, the big insurance companies are at it again. Seniors are paying more for prescriptions, home values plummet, savings and retirement accounts disappear, and millions lose homes, jobs, and their health care. But that didn't stop the big health insurance companies from announcing premium increases of nearly 40 percent.

Look, Madam Speaker, these companies have some impudence. They have to be stopped. Deny, deny, deny. They deny coverage. They deny claims. They deny care. And last week the CEOs came to Washington. It is not enough that we have to dodge their lobbyists in the Halls of Congress, but they came to town, staying at the Ritz on your premium dollars, and now they want to deny the American people quality, affordable, and accessible health care.

They know we are in the home stretch, and they won't stop at anything. They will stop at nothing to keep us from clamping down on their practices. But we are going to stop them. Let's deny them. Let's vote them off the island. I am ready to do it.

HEALTH CARE REFORM

(Mr. CARTER asked and was given permission to address the House for 1 minute.)

Mr. CARTER. Madam Speaker, words that strike fear in the heart of every American are, "I'm from the Federal Government, and I'm here to help you."

We have a bill here that people can't read; they are not given the opportunity to understand. We have smoke screens everywhere, backroom deals being made that nobody knows what

they are, all from the Federal Government that is here to help you.

We are going to take over your health care, take over about one-sixth of the economy, and "We're from the Federal Government, and we're here to help you."

By the way, we are even going to push this through the House of Representatives without a vote, so you don't have to worry about whether your Representative stands up for your rights or not. Is this the kind of democracy we want?

This is a bad bill. Give us a straight vote, be straight with the American people, and let's let the American people know that that man who says "We're here to help you" is not going to get in their back pocket.

HEALTH CARE REFORM

(Mr. TONKO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TONKO. Madam Speaker, we have been talking about health care reform for nearly a century, and certainly inaction is no longer acceptable. The American people voted for and demand reform. They deserve our support.

Health insurance reform is about cost. These reforms slow the growth of health care spending and make health care insurance more affordable for everyone while reducing our deficit.

Health insurance reform is about coverage. These reforms will cover nearly all Americans, including those with preexisting conditions, and will not drop you if you get sick.

Health insurance reform is about competition. It repeals antitrust exemptions for insurance companies and brings them into a regulated marketplace to bring down prices for families and small businesses.

Health insurance reform is about care. These reforms eliminate copays for yearly checkups and screenings and ensure that our seniors have access to prescription drugs that they can actually afford.

Health insurance reform returns control to mothers, to fathers, to grandparents, and families, where it belongs, not with insurance companies, not with government.

HEALTH CARE REFORM

(Mr. WALDEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WALDEN. Madam Speaker, I was a small business owner with my wife for nearly 22 years and I served on a hospital board, and I support reforming the health care system. In fact, I have offered up legislation to do that and supported other bills, but the way that

this process is being mismanaged and misrun today is not the way to do health care reform. There isn't the transparency the American people deserve and that is now being denied by those in charge.

We are reading in the press that the Senate bill, with all of its barnacles on it, may pass this House without ever having a stand-up "yes" or "no" vote. That is outrageous.

And what does that bill do and what do these bills do? They whack Medicare \$500 billion. Thirty-eight thousand seniors in my district run the risk of losing the Medicare Advantage policies that they have.

This is not the way to do health care reform. You should scrap the bill and start over on a bipartisan basis.

I had two amendments to deal with rural health care issues adopted unanimously in the Energy and Commerce Committee, both of which, after the committee passed the bill out of the committee itself, were stripped out somewhere between the committee and the House floor, and the Democrats wouldn't even let me offer those amendments on the House floor again.

Stop this process. Let's do it right.

STIMULUS AND ECONOMIC INDICATORS

(Mr. ALTMIRE asked and was given permission to address the House for 1 minute.)

Mr. ALTMIRE. Madam Speaker, I continue to hear my friends on the other side of the aisle refer to the stimulus bill as a failed policy, apparently in the belief that if you say it over and over again it will be true. But it's not true, not by a long shot.

Last year at this time, the stock market was at 6,500 and today it is at 10,600. One year ago, during the first quarter of 2009, GDP came in at a staggering 6 percent decline, but in the last quarter of 2009 it rose almost 6 percent. And monthly job losses, while not where we want them to be, are literally 20 times better than they were a year ago today.

Some may say this would have happened anyway and that the stimulus had nothing to do with it, but I would ask my colleagues, Madam Speaker, to consider that would be quite a coincidence, don't you think, for all those economic indicators to begin such a dramatic turnaround at precisely the time the stimulus passed. Quite a coincidence indeed.

SUNSHINE WEEK

(Mr. DREIER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DREIER. Madam Speaker, it was an interesting irony. When I woke up this morning, I heard on the radio that

this week has been dubbed "Sunshine Week," meaning that there needs to be greater openness and transparency.

We all agree that we need to do everything that we can, as my Democratic colleagues have said, to increase competition and bring the cost of health insurance down. We all agree that that needs to be done. But, Madam Speaker, this measure will not accomplish that at all. We have commonsense solutions that I believe we can utilize and implement in a bipartisan way.

So here we are in the midst of Sunshine Week, and as my colleagues have been saying: What is it that is happening? We are seeing every effort made to try and avoid the kind of transparency, disclosure, and accountability that were promised in that document, "A New Direction for America," that then-Minority Leader PELOSI put forward.

Madam Speaker, I am convinced, I am convinced that we can do better. But we need to make sure that, as we proceed with this process, we have the kind of openness that the American people insist upon.

HEALTH CARE REFORM

(Mr. BUTTERFIELD asked and was given permission to address the House for 1 minute.)

Mr. BUTTERFIELD. Madam Speaker, every process must end. After dozens of hearings on health care, we have all of the information that we need to create strong legislation to provide much needed health insurance reform. The American people cannot wait. It is time to vote.

Rising health care costs are crushing families and businesses, forcing small business owners to choose between health care and jobs. This isn't about politics or poll numbers. This is about making good on the promise of providing every American access to high quality, affordable health care. This is about having the courage to do what is right.

By voting for health insurance reform now, we are supporting the millions of Americans who quietly struggle every day with a system that works better for the insurance companies than it does for them.

Madam Speaker, I urge my colleagues, Democrat and Republican, to join us in helping the American people by voting for health insurance reform now.

HEALTH CARE REFORM

(Mr. BACHUS asked and was given permission to address the House for 1 minute.)

Mr. BACHUS. Madam Speaker, the United States is the largest economy in the world. We are bigger than our four next competitors, and we got

there through personal freedom and individual choice. We didn't get there by government management.

Now, countries in Europe, we have heard a lot about the fact that they have government-run health care, but that is not America. We are distinct. We place our faith in the individual. We compete, but we don't compete with the government.

The Federal Government should not be given the power to make health care choices for you or your family or to force you, as a taxpayer, as a citizen, to pay for an abortion when it violates your values.

Let's listen to the majority of Americans. Let's start over. Let's have an American plan. Let's work on solutions that are consistent with our traditions of choice, freedom, and put our faith in the individual, not the government.

HEALTH CARE REFORM

(Mrs. CAPPS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CAPPS. Madam Speaker, I rise in strong support of finally passing health reform.

This bill is the product of countless hearings, hundreds of amendments, and a full year of national public debate. It is time to vote.

According to the Robert Wood Johnson Foundation, without reform, health care costs for American families will rise by as much as 79 percent in the next 10 years. That is unsustainable for taxpayers, for small businesses, for families.

The bill we will pass this week will take the necessary steps to rein in these costs. It creates incentives to reduce preventable hospital readmission; it eliminates wasteful overpayments to Medicare Advantage plans; and it increases our capabilities to fight fraud, waste, and abuse.

Passing health reform means lower costs for patients, better access to higher quality care, and, at long last, accountability for insurance companies.

I urge all of my colleagues, Democrats and Republicans, let's move our Nation forward by passing health reform this week.

HEALTH CARE REFORM

(Mr. SMITH of Nebraska asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Nebraska. Madam Speaker, the American people are speaking, and I think we should listen even as the House leadership again prepares to force through a partisan government takeover of health care.

The bill includes hundreds of billions of dollars in new taxes and more than

\$1 trillion in new government spending. Strong-arm tactics and legislative gimmicks should not be used to jam through a bill which will impact the life of every single American.

We need to focus on true reform which lowers health care costs, limits unnecessary lawsuits, and expands access by allowing purchasing across the State lines for health insurance, not simply a takeover which we already know will not control costs.

That is the type of reform Americans want, not this one-size-fits-all approach, putting bureaucrats between doctors and their patients.

HEALTH CARE REFORM

(Mr. INSLEE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. INSLEE. I had a remarkable American in my office this morning, Gary Hall, who won five golds, three silvers, and two bronzes in three Olympic Games in freestyle swimming, a remarkable person. And he told me a story about having insurance for 12 years while he was in the Olympics, but then after he lost the Olympics, he couldn't get insurance. Do you know why? He has diabetes.

Here is a guy who won gold, silver, and bronze medals and couldn't get insurance in America because he had diabetes. And the reason he couldn't get insurance in America is that we haven't passed our health care reform bill yet.

In the next few days, we are going to put up at least 216 votes, I hope, green lights on that board, to pass health care reform so that Gary Hall can get insurance; and even if you haven't won a gold medal, you can get insurance if you have diabetes. And these people who are smoking something, I don't know what, who think we aren't going to take a vote on this, I am going to take a picture of this board to show you the votes, because the green lights are going to be to make sure that people with diabetes can get insurance, and the red lights will be you can't get insurance even if you have won a gold medal. That is not right. It is going to change in this country.

HEALTH CARE REFORM

(Ms. JENKINS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JENKINS. There are many problems with the Senate's government takeover of health care, problems with cuts to Medicare, problems with the Cornhusker kickback, problems with the massive job-killing taxes, problems with Federal funding of abortion, but the latest problem is that the majority doesn't have the votes to pass it.

Rather than finally listening to the American people's rejection of this misguided bill, the majority is planning to abuse the legislative process to pass their government takeover without a single up-or-down vote.

As a mom, I would never allow my kids to deem their rooms clean; so it is disgraceful that the majority plans to deem their \$2.5 trillion government takeover of health care as passed without a vote as provided for in the Constitution.

I urge my colleagues to do the truly courageous thing and demand a clean vote.

HEALTH CARE REFORM

(Mr. LEWIS of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LEWIS of Georgia. Madam Speaker, the time is always right to do what is right, and that time is now. The spirit of history is upon us. We must pass health care.

There are those who have told us to wait. They have told us to be patient. We cannot wait. We cannot be patient. The American people need health care, and they need it now.

Will we stand with the American people or will we stand with the big insurance companies? We have a moral obligation to make health care a right and not a privilege.

We cannot wait a moment longer. We must pass health care, and we must pass it now.

□ 1230

HEALTH CARE REFORM

(Mr. LANCE asked and was given permission to address the House for 1 minute.)

Mr. LANCE. Madam Speaker, today, The Washington Post bore a headline that should be of grave concern to all Americans: "House may try to pass Senate health care bill without voting on it." The Post article said, "After laying the groundwork for a decisive vote this week on the Senate's health care bill, House Speaker NANCY PELOSI suggested Monday that she might attempt to pass the measure without having Members vote on it."

Despite deep reservations of a majority of Americans, congressional leaders plan to ram through their 2,700-page, nearly \$1 trillion proposal, by using a parliamentary maneuver that is both politically treacherous and likely unconstitutional. Article I, section 7 of the Constitution clearly states that a bill must pass both the House and Senate to become law.

I call on leaders of Congress to adhere to our Constitution's requirement of democratic accountability and allow a straight up-or-down vote on the ma-

jority party's health care proposal that is opposed by the American people.

HEALTH CARE REFORM

(Mr. McDERMOTT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. McDERMOTT. Madam Speaker, the great philosopher George Santayana said, "Those who fail to learn from history are doomed to repeat it. Now the Republicans say we should scrap the bill and start all over again. In 1994, Newt Gingrich very proudly killed Mrs. Clinton's health care effort. We have waited 16 years. Twelve years we had Republicans in control of this House. We had 6 years with the Republican Senate, a Republican House, and a Republican President—and nothing was offered."

What you're saying today is, "Let's kill the Democratic bill, and we'll wait another 16 years to 2026 until we try again. The Americans are going into bankruptcy—two-thirds of them because of health care. We cannot wait any longer. The time has come for a vote, folks. Let's stand up and tell the American people you want to wait until 2026 to try again. That doesn't make sense."

HEALTH CARE REFORM

(Mr. PAULSEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAULSEN. Madam Speaker, the health care debate has roused the American public like few other issues ever have. For months, the American people have stood up and said they don't want the government in charge of health care and they don't want the bill that's currently moving through Congress. Now I've received thousands of emails and phone calls and letters from my constituents, and the vast majority of them are opposed to this bill. But how long will it take for Washington to listen to the American public?

Congress should heed the will of the American people and start over on bipartisan reform that will lower health care costs for everyone. But instead, the Speaker and the House leadership are now suggesting they may pass this controversial bill without Members even actually having to vote on it. Using a legislative sleight-of-hand to pass an unpopular bill represents an arrogance in Washington that Americans find so frustrating about politics and business as usual in Congress.

HEALTH CARE REFORM

(Ms. NORTON asked and was given permission to address the House for 1 minute.)

Ms. NORTON. Madam Speaker, the American people are fed up with the most costly health care system in the world with too little good health to show for it. We are 38th of 195 countries in life expectancy. Pity those who think they can run on the theme: "Repeal health care reform." Democrats opposed Bush's version of prescription drugs for seniors because, unlike our health care bill that's coming to the floor, the Bush plan added billions to the deficit, didn't pay for the bill, and cut seniors off with the doughnut hole. But we never ran on the outrageous theme "repeal prescription drugs for seniors." Instead, we vowed to fix the prescription drug law if Americans would give us control of the Congress. They did—and we are. We are closing the doughnut hole, and we are paying for it. You're entitled to criticize, indeed to change the health care reform Americans have been waiting for for almost a hundred years. But it is simply a fool's errand to oppose it, and madness to try to repeal it.

HEALTH CARE REFORM

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Madam Speaker, from The Cincinnati Enquirer to The Washington Post, the editorials today tell the Democrats to stop this health care reform and start again. I agree because I've always based my work on health care on increasing access. This bill fails at increasing overall access. The Senate bill expands Medicaid to cover families earning up to 133 percent of poverty level. The Medicaid rolls will explode under this proposal. But what does that mean? Some 40 percent of family practice physicians currently do not accept Medicaid patients. This is expected to increase to 60 percent. Some 60 percent of specialists currently do not accept Medicaid patients. This is expected to skyrocket to 80 percent.

This bill expands Medicaid beyond its capacity to absorb patients, it cuts Medicare for seniors, and leaves malpractice tort reform untouched and skyrocketing costs in place. This bill has the potential to bankrupt rural hospitals that have a disproportionate share of the problems inherent in the bill. This adds up to less access and lower quality. That is not reform.

REAFFIRM BONDS WITH ISRAEL

(Mr. QUIGLEY asked and was given permission to address the House for 1 minute.)

Mr. QUIGLEY. Madam Speaker, the United States and Israel have long shared an important friendship. That friendship is rooted in close moral and strategic bonds built on common values, common interests, and common

concerns. Today, that friendship is being tested, but we must not allow ourselves to be distracted from the concerns and goals that bring us together. The threat of a nuclear Iran is too great and the peace process is too important for us to spend more time engaging in critical rhetoric of our most important ally. It is time to put aside the rhetoric and reaffirm our bonds with Israel.

We must make it clear that we are united in our opposition to a nuclear Iran. While no one gains by an escalation of tensions, we must make it clear that we value and support our relationship with the State and the people of Israel.

HEALTH CARE REFORM

(Mr. CALVERT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CALVERT. Madam Speaker, right now, behind closed doors, negotiations are taking place on the \$1 trillion bill to provide for the government takeover of health care. I find it baffling that instead of talking about jobs, my friends on the other side of the aisle continue a path toward radically changing 20 percent of our economy. Small businesses continue to struggle, but rather than creating an environment that eases financial burdens on business, the administration and this Congress are creating uncertainty through health care takeovers, cap-and-tax, deficit spending, looming tax increases. A recent analysis of the current health care bill shows that it could cost America 1 million jobs by the end of this decade. That is unacceptable.

I recently polled my constituents. Two-thirds are absolutely opposed to the health care bill. They want Congress to start over and focus on items we agree on. Let's return to the question of how we can make health care more accessible, more efficient, and less expensive. Let's kill this bill and save American freedom and our economy.

HEALTH CARE REFORM

(Ms. SCHWARTZ asked and was given permission to address the House for 1 minute.)

Ms. SCHWARTZ. Families across our Nation understand deeply and personally that the status quo in health care is not working. They're calling upon us through millions of supportive calls, emails, and messages to Congress to pass a uniquely American solution to ensure that all Americans have access to meaningful, affordable health coverage. And that is what this Congress is committed to do.

Health care reform means commonsense consumer protections like pro-

hibiting insurers from denying coverage based on preexisting conditions, a provision that was supported by bipartisan, unanimous vote last night in the Budget Committee. It means affordable, private health care options. Choices for individuals and small businesses. It means strengthening Medicare for seniors, which means closing that doughnut hole—the gap in prescription coverage for too many seniors; improving quality and efficiency in health care services; and containing the rising cost of health care, a challenge that faces all of us as taxpayers and as purchasers of health care and health coverage.

Our plan builds on America's public-private system. It is not only paid for, but it reduces the Federal deficit by \$100 billion. Passing health care reform benefits all of us. The status quo is unacceptable. Now is the time to act.

HEALTH CARE REFORM

(Mrs. SCHMIDT asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. SCHMIDT. Yesterday, Bloomberg reported what Moody's has been saying all year. Moody's once again reminded the United States that we are moving "substantially" closer to losing our AAA credit rating due to the rising cost of our debt service. The U.S. will spend 7 percent of our revenue this year just on servicing our debt. By 2013, Moody's estimates, we will spend 11 percent of our revenue just to pay the interest on our national debt. This would be a higher percentage than every other top-rated country.

Fortunately, we can protect our credit rating by reining in runaway spending and reducing our debt. But what does this President and this Democrat-controlled Congress do? They want to ram down a new huge entitlement program called the health care bill, riddled with awful policy and budget gimmicks that mask its true impact, through the House, maybe even without an official vote. The truth is, this health care bill is going to choke our economy and saddle our children with \$500 billion in new taxes and deficits far worse than they are now.

PASS THE HIRE ACT

(Mr. CARDOZA asked and was given permission to address the House for 1 minute.)

Mr. CARDOZA. Few regions in the Nation are suffering more from the recession than the San Joaquin Valley of California. The three biggest cities in my district—Merced, Stockton, and Modesto—have some of the highest foreclosure and unemployment rates in the country. As I've said before, my district has been economically ravaged at the level equal to the devastation

that we have seen oftentimes in the aftermath of hurricanes.

Twelve days ago, the Democratic Congress passed the HIRE Act to help create jobs, strengthen our economy, and to bring help to the communities like mine that need it. It provides tax incentives and credits for businesses to hire unemployed workers and to help small businesses invest and expand. This commonsense legislation will help countless unemployed Americans back onto company payrolls. It's high time for the Senate to finally pass this bill and send it to President Obama. Nowhere is this bill more necessary than in the San Joaquin Valley. We needed help last week, and we needed it a year ago. Economic relief for my constituents remain long overdue. It's time to stop playing political games and start providing it.

HEALTH CARE REFORM

(Mr. COFFMAN of Colorado asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. COFFMAN of Colorado. Madam Speaker, my Democratic colleagues continue to tout claims that this health care bill is "completely paid for" and "will bring down the deficit." But those claims are patently false. The accounting assumptions Democrats have given the Congressional Budget Office to score this bill are nothing short of an Enron-style gimmick. Just look at the most glaring example. The bill counts 10 years of tax increases, amounting to nearly half a trillion dollars, and 10 years of Medicare cuts, also a half a trillion dollars, but it only counts for 6 years of spending.

So what is the real cost of this bill? What does it cost when you compare 10 years of spending with 10 years of taxes and Medicare cuts? \$2.3 trillion. That's nowhere near budget neutral and will drive the deficit up much higher than it already is. Let us defeat this bill.

□ 1245

HEALTH CARE REFORM

(Ms. SPEIER asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SPEIER. Madam Speaker, it's time for us to stop talking in generalities and gibberish. It's time to start talking about real people and their real experiences. One thing all of us can agree on is that we trust our doctors. I just received a letter from a doctor in my district, Michael Bresler, who is an ER doc. Four years ago, his insurance premium to Anthem Blue Cross for his family of four was \$539 a month. This year that same policy will cost him \$2,008 a month, a 373 percent increase

since 2006. What makes this especially hard to take is that in 2005, Dr. Bresler and his practice were forced by Blue Cross to accept a contract with a 60 percent reduction in payments. Dr. Bresler calls Anthem Blue Cross “robber barons.” I assume he uses harsher language when he is not corresponding with Congress.

Madam Speaker, this is not a fight among Democrats and Republicans. This is a fight between robber barons, the insurance industry, and American doctors, families and working people.

HEALTH CARE REFORM

(Mr. SHUSTER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SHUSTER. The next few days will tell the American people whether Congress represents their interests and their will. The American people do not want this health care bill to become law. In my district, they strongly and vocally oppose this plan, and I hear this every day in phone calls and emails, people coming into my office. But I also hear it when I go to the grocery store or to a restaurant in my district. People come up and tell me, BILL, oppose this bill. Stop this bill. And I fully intend on voting against it.

I have also talked to the small businesses and large businesses across this country. They oppose it also because it's creating great uncertainty for them, and this great uncertainty is causing harm to our economy. They're not hiring new employees because of the uncertainty of the cost this bill will have on them. They're not investing in their businesses because of the uncertainty these mandates will have, will push down onto their businesses. This is exactly the kind of uncertainty that's keeping our unemployment rate at 10 percent, and job creation is stagnant. The Democrats' health care plan is reckless, and I believe it will put America on a path to financial ruin.

THE THIRD CONGRESSIONAL DISTRICT OF NEVADA

(Ms. TITUS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. TITUS. Madam Speaker, last week I hosted a telephone town hall with more than 3,500 people tuned in from District Three. This was an excellent opportunity to hear directly from my constituents about the issues that are important to their lives. This was the sixth telephone town hall that I participated in. In addition, we've answered some 95,000 letters, held 10 Congress on the Corners, and hosted five housing workshops.

These means of communication have helped me to be a powerful voice for

the people of District Three and to provide as much transparency as possible about the proceedings here in Washington. In fact, thanks to these efforts, I've put \$1.6 million directly into the pockets of southern Nevadans by fighting for veterans to get their benefits, seniors to get their Social Security benefits, and homeowners to receive loan modifications that keep them in their homes. I've made it a top priority to stay closely connected to my constituents, fighting for them in Washington while serving them in southern Nevada. I encourage them to call on me any time.

HEALTH CARE REFORM

(Mr. GRIFFITH asked and was given permission to address the House for 1 minute.)

Mr. GRIFFITH. Madam Speaker, I rise today to encourage the rejection of this health care bill. The American people have spoken out time after time, and I'm puzzled why Congress is still considering it. Done in secrecy, this bill will cost jobs, raise taxes, and slash Medicare benefits. And as a physician, I know this bill will be bad for patients. It's terrible for our economy, and it's damaging to the very people we are trying to help.

Although the past is no guarantee of the future, it is, however, instructive. This administration has a failed stimulus package, a failed banking system, a failed cap-and-trade, and numerous questionable interventions into General Motors, AIG, Fannie Mae, Freddie Mac and others. This kind of track record gives the American public no reason to trust this administration with its health care. I urge my colleagues to listen to the will of the American people and vote “no.”

HEALTH CARE REFORM

(Mr. OLSON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. OLSON. Madam Speaker, the process which the Democratic majority will reportedly use to ram their costly government health care program through this House is truly deplorable and likely unconstitutional. Article I, section 7 of the Constitution clearly states that both Chambers must pass their bills by a vote. Then the bill is sent to the President for his signature before we can reconcile a bill here in Congress.

It's unconscionable to disregard these principles after the American people have clearly said “no” to this plan. They've told Congress to go back to the drawing board and find a solution. It's wrong to flaunt the Constitution and the will of the American people by forcing this proposal down their throats.

Madam Speaker, it will be a sad day for this institution and our great Nation if a proposal of this nature comes to the floor of the House under these circumstances.

HEALTH CARE REFORM

(Mr. PAYNE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAYNE. Madam Speaker, we have been debating health care reform for over 1 year. Today I am urging my colleagues to step up to the plate with courage and vote for passage of this critical legislation. If we don't move forward, the American people will be faced with grave consequences due to our inaction. Rising health costs are crushing American families, forcing small businesses to choose between health care and jobs.

Madam Speaker, \$1 out of every \$6 in the U.S. economy is spent on health care today. If we do nothing, in 30 years \$1 out of every \$3 in our economy will be tied up in health care. If we fail to pass health care reform, families could see their spending on premiums and out-of-pocket insurance costs rise 34 percent in 5 years and 79 percent in 10 years. Without reform, every 4 years 3.5 million American jobs will be lost. More importantly, if we fail to pass reform, insurance companies will be allowed to continue to deny coverage for preexisting conditions. Insurance companies will be allowed to drop coverage when you get sick.

I urge you to pass this bill now.

HEALTH CARE REFORM

(Mr. WOLF asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WOLF. Madam Speaker, I am deeply concerned by reports that the majority party may try to move the health care reform bill through the House without a vote. To move such sweeping legislation, especially considering the price tag, using a parliamentary gimmick is unconscionable. The majority of the American people do not support the health care reform bill presently before Congress. It spends money we don't have, cuts the Medicare program when we should be coming up with ways to get our financial house in order and make sure the Medicare program is protected. The American people want a bipartisan bill that fixes what is broken and keeps what is working.

Where is the accountability? Where is the transparency? America expects more and deserves more. This morning The Washington Post said that what the Democrats are threatening to do is “unseemly.” There needs to be an up-or-down vote on health care reform, not on a procedural sleight of hand.

HEALTH CARE REFORM

(Mr. GARAMENDI asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GARAMENDI. I often wonder what part of the world our colleagues are living in on the other side of the aisle. I arrived here on November 5. On November 6 there was an up-or-down vote on a major health reform bill in this House. The Senate did it just before Christmas. I think it was Christmas Eve. There has been an up-or-down vote, and now this week we will have an opportunity to take up this bill, pass it on to the President, get it signed, and simultaneously make corrections in the Senate. It sounds to me like that's an open process, and we've been at this now for more than a year here and this Nation for more than a century, trying to provide health care for all.

And let's keep in mind that our economy absolutely demands that we take action now. Seventeen percent of our economy is being used. The more we spend, the more uninsured we have. We solve those problems with this bill. It's time for action. It's time to stop saying "no" and get on with solving a major fundamental problem here in America.

A REPUBLIC OR A MONARCHY?

(Mr. LATTA asked and was given permission to address the House for 1 minute.)

Mr. LATTA. Madam Speaker, 233 years ago this May, a group of American patriots met in Philadelphia to create a Constitution which has been the guiding light to freedom-loving people around the world. Now, as we gather here, the majority is planning a procedural gimmick to get around having to vote for a health care bill that Americans don't want or can't afford. Let's not circumvent the Constitution. Outside Independence Hall when the Constitutional Convention concluded in September of 1787, a Mrs. Powell of Philadelphia is reported to have asked Benjamin Franklin, "Well, Doctor, what have we got, a republic or a monarchy?" With no hesitation whatsoever, Franklin responded, "A Republic, if you can keep it." Let's keep this Constitution.

HEALTH CARE REFORM

(Ms. HIRONO asked and was given permission to address the House for 1 minute.)

Ms. HIRONO. Your health or your home? Americans should not have to make this choice, but all too often they have to because of the high cost of health care. Lesley Czechowicz of Kihei, Maui, called my office yesterday to tell me about her 20-year-old niece.

Last year, her niece collapsed and fell into a seizure. Medics rushed her to the hospital; and, ultimately, she was diagnosed with epilepsy.

Her niece had a part-time retail job that did not offer health insurance to their employees. Because of the emergency care and subsequent follow-up visits to the doctor, her niece was recently forced to sell her house so that she could pay her medical bills. Lesley called me because she wanted to make sure I would support health care reform. She told me that while it's too late for her niece, it's not too late for our country. I couldn't agree more.

Private health insurance companies run a business. Their goal is to make money for their shareholders. They pay their CEOs millions of dollars a year while raising health care costs for the rest of us. Whose side are you on?

SLAUGHTER HOUSE RULE

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Madam Speaker, we're having the vote of the century on the Senate health care bill, but there's a sneaky snake oil gimmick afoot to pass the bill without voting on it. First, we're passing bills without reading them, and now they want us to pass bills without actually voting on the bill. The trick is to deem the Senate bill passed without ever having a straight up-or-down vote. And it's a trick.

When we vote on the rules for debate, they want to make that count as the vote on the health care bill instead of actually voting on the health care bill. Let's have an up-or-down vote on this bill and not hide behind some procedural mumbo jumbo. The Constitution says: "But in all such Cases the Votes of both Houses shall be determined by Yeas and Nays." It doesn't say anything about "deeming" in the Constitution.

To obtain votes for government-run health care, backroom secret deals are being made in the caverns of this building, and it's shameful. This is passing the government health care bill by any sneaking means necessary, including slaughtering the House rules.

And that's just the way it is.

□ 1300

HEALTH CARE REFORM

(Mr. COHEN asked and was given permission to address the House for 1 minute.)

Mr. COHEN. Madam Speaker, the gentleman from Texas (Mr. POE) was indeed correct. It's going to be a historic vote of 100 years that started with Teddy Roosevelt, who talked about the need for health care in this country. And that debate was continued by

Richard Nixon, and it was also advocated by Howard Baker. It's been bipartisan for 100 years that we need health care reform in this country. And it's never been more critical than now, when it's eating up our Federal budget, our individuals' budgets, and hurting us economically.

But beyond that, we need a compassionate and responsible government, and we have a President who is compassionate, responsible, and trying, like Nelson Mandela, to reach out to his former enemies and have bipartisanship. And he's had none of it, but he continues to try. And we need to support this President, support our country, preserve our economy, and provide health care like every other industrialized nation in this world does, and make America among the leaders and not the followers.

HEALTH CARE REFORM

(Mr. TIAHRT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TIAHRT. Madam Speaker, the Democrat claims that the Obama health care bill will reduce the debt and help balance the budget, but reviewing those calculations shows that they're going to collect higher taxes for 10 years and provide health care for only 6 years. Imagine that.

Isn't that a little misleading? Four years of health care taxes with no health care.

Imagine if you wanted to buy a house and you had to make 4 years of payments before you could move in, and then finally when you moved in, you found out you had rationed use of the property. You couldn't choose where to park your car, like in the garage. You had to drive blocks away down to a public parking lot and then wait in line for a stall.

Ten years of taxes, 6 years of benefits, followed by rationed care. You wouldn't buy a house under those terms, and Congress shouldn't pass a health care bill under those terms either.

We can do better. We can have health care reform that lowers costs by addressing preexisting conditions, by lowering defensive medicine costs, by having commonsense tort reform.

The Republican alternative lowers the price of health care by 10 percent, according to the Congressional Budget Office. That's what this Congress ought to pass.

I deem back the balance of my time.

WE MUST HAVE REFORM

(Mr. MOORE of Kansas asked and was given permission to address the House for 1 minute.)

Mr. MOORE of Kansas. Madam Speaker, I want to read to you an

email I just received from one of my staffers back in Overland Park, Kansas, my Congressional office there. It came at 11:55 a.m.:

"When I leave this job and have to seek new insurance, I will be largely uninsurable due to my preexisting condition, breast cancer, whether I show any remaining signs of the disease at that time or not.

"I was so fortunate last year to have this job and Federal employee insurance. The cancer treatment I received cost over \$50,000. My husband and I would have lost every penny we had and then some if we had not had this quality coverage.

"Without a bill like this one, I will likely not have access to that kind of coverage ever again due to my cancer diagnosis at the age of 24. Without quality coverage, and if, God forbid, I should ever have to go through this again, it would undoubtedly break us that time around.

"We must have reform.

"Thank you, Dennis."

This, folks, is what it's all about, people like this around the country. We've got to do something and reform our health insurance system, our health care system.

LET'S HAVE AN UP-OR-DOWN VOTE

(Mr. POSEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. POSEY. Madam Speaker, I think that there's unanimous will on both sides of this Chamber to take care of the uninsurable people because of preexisting conditions right now, but this side is willing to address that on stand-alone legislation, or it would have already have been passed, unfortunately. I am surprised they keep pounding on that over and over and over again.

Yesterday, in Ohio, the President said the Democrats needed courage to pass his national health care plan. Sadly, as we speak, leaders across the aisle are meeting behind closed doors to invent a creative way to approve the President's health care plan without requiring Members of the House to take an up-or-down vote on the actual bill. The legitimacy of something as controversial as the health care bill would be further clouded by such clever parliamentary maneuvers.

That's not courage. That's malfeasance. It's an absolute betrayal of the public trust, and it would represent an unprecedented abuse of power that would take this Nation down a dangerous path.

We're a Nation of laws. When these laws are not convenient, you shouldn't simply ignore them. We should follow them, regardless of the outcome; otherwise, everything about our democratic Republic is at risk.

HEALTH CARE REFORM

(Ms. CLARKE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. CLARKE. Madam Speaker, we all know that health care costs are unsustainable. They're still crushing families, small businesses and large companies alike. When people lose their jobs, they lose their health insurance. Even people who do have jobs and want coverage but have preexisting conditions still couldn't get coverage.

We are closer than ever to reforming our Nation's broken health insurance system with a plan that puts America back in control of their health care choices, holds insurance companies accountable, and makes coverage more affordable.

As we move forward through this legislative process, I am confident that our bill will make health insurance affordable for the middle class and small businesses by reducing premiums and out-of-pocket costs, give millions of Americans access to affordable insurance choices through a new, competitive health insurance market, and hold insurance companies accountable to keep premiums down and prevent denials of coverage, including for preexisting conditions. And it will close the disastrous doughnut hole that seniors are having to choose between life-saving medication and food to eat.

For over 12 years, the once Republican-led Congress has failed to do this. We're going to do it now.

HEALTH CARE AND THE SLAUGHTER RULE

(Mr. BILIRAKIS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BILIRAKIS. Madam Speaker, Article I, section 7 of the Constitution says that in order for a bill to become law, it shall have passed the House of Representatives and the Senate; yet yesterday, Speaker PELOSI endorsed the so-called Slaughter rule, which would merely deem that the House has passed the Senate health care bill and then send it to President Obama to sign without a direct recorded vote. This scheme is misguided, arrogant, and fundamentally wrong.

The Speaker reportedly added, nobody wants to vote for the Senate bill. Given the facts that, among other things, the \$1 trillion bill is marred with special deals, mandates, tax hikes, and Medicare cuts, it is no wonder they don't want to vote for it.

Considering the wide-ranging effects this trillion-dollar effort to change health care will have, the American people deserve a clear, up-or-down vote on this bill.

HEALTH CARE REFORM

(Mr. ELLISON asked and was given permission to address the House for 1 minute.)

Mr. ELLISON. Madam Speaker, between the year 2000 and 2006, the Republicans had the House, the Senate, and the White House, and they did nothing of good to help the American people. And now you listen to them and it sounds like they actually are for health care for the American people. But if they were for the American people, they would have done something in those 6 years about people being affected by rescission, by preexisting condition, by carrying young people on the health care policy of their parents until they're 26, about doing something about this doughnut hole. They'd have done something about it. But they didn't do anything other than make the problem worse.

And if you listen to them today, you would think they cared, but the evidence is before the American people, they did nothing at all. And now we are going to do something about it within a little more than 1 year of coming into office.

Who's on your side, America? You'll find out this week.

THE HOUSE HEALTH CARE VOTE AND THE CONSTITUTION

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Madam Speaker, yesterday's Wall Street Journal highlights the process by which Democrats are trying to pass this government health care takeover. The process is just as bad as the provisions of the bill.

Professor Michael McConnell, Director of the Constitutional Law Center at Stanford Law School, wrote the article entitled, "House Health Care Vote and the Constitution." Mr. MCCONNELL presents the process called the Slaughter solution, which is nothing more than a procedural trick that deems the Senate bill passed without ever having a straight up-or-down vote.

The article explains, "The Slaughter solution cannot be squared with Article I, section 7 of the Constitution. Senate rules protect against majoritarian overreach by allowing a determined minority to filibuster most types of legislation."

Madam Speaker, Americans need jobs, not a law which NFIB claims will kill 1.6 million jobs.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

HEALTH CARE REFORM

(Mrs. DAVIS of California asked and was given permission to address the House for 1 minute.)

Mrs. DAVIS of California. Madam Speaker, opponents often cite polls saying the American people don't want Congress to pass health care reform, but I've talked to my constituents and I've listened closely to what they expect from the system. They don't think preexisting conditions should stop you from getting coverage. Insurance companies shouldn't just drop you. And nobody, nobody should face one-time 40 percent increases in premiums like what just happened in California.

Madam Speaker, it has been a difficult and a long debate, but we're closer than any time in history to putting into law the health security Americans want. Let's finish the job and put patients first.

HEALTH CARE REFORM

(Mr. SCALISE asked and was given permission to address the House for 1 minute.)

Mr. SCALISE. Madam Speaker, the American people continue to say in every opportunity that they can that they don't want a government takeover of health care. And all they get from the tone-deaf liberals that are running Congress is this latest attempt to ram the bill through. And now this latest proposal is the Slaughter solution where they're even going to try to run it through without an actual vote.

Now, maybe some of them have been around so long that they forget what Article I, section 7 of the Constitution says, but it actually takes a vote here in this House for any bill to pass. And I hope their bill doesn't pass, because we need health care reform. We need to lower the cost of health care, which their bill doesn't do. We need to address preexisting conditions. But we don't want a government takeover of health care.

If you listen to the American people, what they're saying very loudly and clearly is scrap this bill. Let's go back to the table and start over again.

Now, Speaker PELOSI and her liberal lieutenants might run Congress, but the American people run this country, and their voices will be heard.

HEALTH CARE REFORM

(Mr. YARMUTH asked and was given permission to address the House for 1 minute.)

Mr. YARMUTH. Madam Speaker, every time I hear a Republican talking about health care reform, they say the American people don't want it. They say it so much that I think they're beginning to try to convince themselves that it's true. But there's a national poll that shows what the real story is.

They asked, of all the people who are opposed to health care or say they are, how many are opposed to it because they don't think it goes far enough. Forty percent. Almost 40 percent said

that was the reason. They will not be unhappy when we pass health care reform. They will be ecstatic, like the shopkeeper I talked to over Christmas who said she was against what we're doing because she has diabetes and she can't wait 4 years for the help she needs.

No, the American people will applaud us when we pass comprehensive health care reform, and I will consider it the proudest moment of my service.

HEALTH CARE REFORM

(Mr. AKIN asked and was given permission to address the House for 1 minute.)

Mr. AKIN. Madam Speaker, as I walk across back and forth from the Cannon Building to come to this Chamber, there is a wall in the steam tunnel of all of these different pictures that are painted by our high school students, and one continues to arrest my progress.

A beautiful little redheaded girl about 17 years old who looks like my daughter, and has beautiful lighting on her face. And as you look into her face, she has a profound sadness there. And the thought has crossed my mind that that's how my daughters will look if this bill passes with government rationing of health care, with the budget busted, with the destruction of our economy, and unemployment out of control.

We need to fix health care, but we don't need to destroy American health care or the American economy. That would be sad indeed.

HEALTH CARE REFORM

(Mr. GENE GREEN of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GENE GREEN of Texas. Madam Speaker, Members, we, as Members of Congress, this week have a choice. We have a choice between voting with the people who need health care or voting with the insurance corporations who have fouled this system up for decades.

The bill that we're going to deal with, the consumers select their insurance plan and their company. Consumers select their doctors. Consumers make treatment decisions with their doctors. Consumers will keep coverage they have if they change their jobs.

The insurance companies will have less control. Insurance companies will no longer be able to deny coverage or revoke coverage for preexisting conditions. Insurance companies will no longer be allowed to cap medical costs that people run into all the time for treatment. Insurance companies will no longer be allowed to drop coverage when you get sick. Insurance companies will have to compete for business.

That's why we have a choice. Whose side is your Member of Congress on,

with the people who need health care or the ones who want to sell it?

□ 1315

HEALTH CARE REFORM

(Mrs. LUMMIS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. LUMMIS. The gentleman from Missouri earlier gave a lovely image, and I would like to use image as well. I would like to use the image of President Obama saying over and over and over to the American people, "If you like your health insurance, you can keep it." And this bill does not fulfill the President's promise.

Yesterday in the House Budget Committee we worked for 8 hours to instruct the Rules Committee on how to make this a better bill. And we asked them to make the President's promise come true, to pass an amendment that says if you like your health insurance you can keep it. And that was killed on a party-line vote, with all of the Republicans voting to help the President fulfill his promise to the American people and the Democrats voting against it. This bill does not fulfill the President's promise that if you like your insurance you can keep it.

I urge that we kill this misguided health care bill.

HEALTH CARE REFORM

(Mr. POLIS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. POLIS. In listening to this debate back and forth, I can't help but be struck by the fact that many of the arguments from the other side of the aisle are simply not arguments against this health care bill. I have heard people rail against a government takeover of health care. Well, this bill actually helps reduce the number of people that depend on government programs for their health care. This bill will help end reliance on government for health care.

I have heard people say that this is somehow a rush to get to a bill. Well, we have been working on this for well over a year. When we first started over a year ago, I had calls to my office saying, "Why are you going so quickly? Why don't you slow down and get it right?" Now I am getting a lot of calls to my office saying, "Pass health care already. It's all you've been talking about."

It is time to pass this bill because what is in it is popular with the American people: letting kids and young people stay on their parents' policy until they are 26, ending pricing discrimination based upon preexisting conditions, helping make insurance

more affordable for people who are self-employed and in small businesses. That is what is in this bill, and that is what the American people support.

HEALTH CARE REFORM

(Mr. WHITFIELD asked and was given permission to address the House for 1 minute.)

Mr. WHITFIELD. Madam Speaker, since the founding of this great country, representatives of the people have come to this floor, this Chamber, to debate legislation and either vote for it or against it. If you support legislation, stand up and support it. If you are opposed to it, stand up and oppose it.

But today's Washington Post says that House Speaker NANCY PELOSI suggested Monday that she might attempt to pass the health care bill without having Members vote on it. Instead, she would rely on a procedural sleight of hand: The House would vote on a more popular piece of legislation, but under the House rule for that vote, passage would signify that lawmakers "deem" the health care bill to be passed. Speaker PELOSI added that she prefers this tactic because it would politically protect lawmakers who are reluctant to publicly support the health care bill. She says, "It's more insider and process-oriented than most people want to know, but I like it because people don't have to vote on the health care bill."

HEALTH CARE REFORM

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to address the House for 1 minute.)

Ms. EDDIE BERNICE JOHNSON of Texas. My voice is not quite clear, but I hope, Madam Speaker, that you can hear me.

We are hearing so much talk, and you know why? Because we are at a point where we are going to choose consumers over insurance companies. And it is time for that to happen. Insurance companies have held this public hostage for many years, controlling them. When we talk about rationing, that is who is rationing. They tell the physicians what to do, they tell the hospitals what to do. It is time to take the insurance companies out of control and let the people have their right to pick their health care.

We have always said if you have a health care plan you like, keep it. We are trying to make sure that the people that the insurance companies will not insure or will drop get a chance to have health insurance. This is misplaced anger because these insurance companies are spending a million dollars a day to kill this bill. And their cheering squad is right over here to my left.

We have got to do this for the people. It is time for the people to have a choice in their health care.

HEALTH CARE REFORM

(Mr. JORDAN of Ohio asked and was given permission to address the House for 1 minute.)

Mr. JORDAN of Ohio. Madam Speaker, what part of "no" don't the Democrats get? They were going to pass this health care bill last September and the American people said "no." They were going to pass it in October and the American people said "no." They said we're going to get it done by Thanksgiving and the American people said "no." Oh, we're going to get it done by Christmas and the American people said "no." We're going to get it done by the State of the Union and the American people said "no." And now they say, oh, we're going to get it done before Easter, and the American people continue to say "no." What part of "no" don't they get?

The American people don't want this big government takeover. They want real reform that will help them, their small businesses, and their families. That is what we should be doing, not taking this over by the government.

HEALTH CARE REFORM

(Mr. SCOTT of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SCOTT of Georgia. Ladies and gentlemen, the question that we have got to ask ourselves this day is whose side are you on? Are you on the insurance companies' side or are you on the American people's side?

Now, ladies and gentlemen, the American people are in pain. There are 13,000 American people who are losing their insurance every day. There are American people who are being denied coverage because of a preexisting condition by insurance companies. Whose side are you on? There are senior citizens who, because of the doughnut hole, cannot have the level of treatment for their prescription drugs that they should have because of the insurance companies. The American people are sick and tired, quite honestly, of being sick and tired of our waiting.

Now, we have had arguments to say why don't we start over. Ladies and gentlemen, the insurance companies aren't starting over. They have already raised the rates in California by 30 percent just 2 weeks ago. The side to be on is the American people's side.

HEALTH CARE REFORM

(Mr. YOUNG of Alaska asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. YOUNG of Alaska. Madam Speaker, we talk about reform—we're for reform and you're for reform. But 2,700 pages of what? 2,700 pages. The Bible only has 1,341 pages in it.

Let me give you an example on page 752 of this bill. Let me read it to you:

"Eligibility for non-traditional individuals with income below 133 percent of the Federal poverty level. (1) In general. Section 1902(a)(10)(A)(i) of the Social Security Act (42 U.S.C. 1396b(a)(10)(A)(i) is amended by striking "or" at the end of subclause (VI); by adding "or" at the end of subclause (VII); and by adding at the end of the following new subclause: (VIII) who are under 65 years of age, who are not described in previous subclauses of this clause, and who are in families whose income (determined using methodologies and procedures specified by the Secretary in consultation with the Health Choices Commissioner) does not exceed 133 3 percent of the income official poverty line (as defined by the Office of Management and Budget, and revised annually in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981).

Now, did anybody understand that?

HEALTH CARE REFORM

(Ms. PINGREE of Maine asked and was given permission to address the House for 1 minute.)

Ms. PINGREE of Maine. Madam Speaker, I couldn't be more pleased to have spent the last year and a few months working on this issue and to be here this month where we may get the opportunity to vote on this bill.

Because I want to tell you, Madam Speaker, what I hear from my constituents is get this bill done. When are you going to move forward on this? It is not a perfect bill. In fact, 50 percent of the doctors in my State wish we were passing a single-payer health care bill. But this is going to go a long way.

We have heard a lot of talk about process. When are we going to talk about the process of insurance companies? The process that denies my constituents coverage because of a preexisting condition. The times I hear from people who say their health care was cut off. And in my State, where Anthem Blue Cross wants to continually raise rates. You know, last year they asked for a 23 percent increase. When our insurance commissioner said no, you know what they did? They sued the State of Maine.

Well, I am ready to make sure that we are standing for our constituents, passing this health care bill, and doing away with the bad process of the insurance companies.

HEALTH CARE REFORM

(Mrs. MILLER of Michigan asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. MILLER of Michigan. Madam Speaker, this week March Madness comes to college basketball teams as

teams across America meet in the NCAA Tournament. And this week March Madness also comes to this House in the culmination of this health care debate.

The American people have watched as this bill has lumbered forward for the past year, and they have been outraged by both the substance and the process. The American people want jobs, Madam Speaker, but this bill is funded with job-killing tax increases.

Seniors need the protection of Medicare, but this bill cuts \$500 billion from that vital program. We all want freedom, of course, but this bill includes an unconstitutional mandate requiring individuals to purchase government-approved health care or face taxes, fines, or even jail.

The American people have been outraged at the vote buying epitomized by the Louisiana Purchase, the Cornhusker Kickback, and Gator Aid. And now the Democratic leadership is preparing to pass this bill without actually voting on it and deeming the bill passed through trickery.

It is time to end Washington's version of March Madness and do what the American people are asking us to do, and that is to start over with a clean sheet of paper and look for real health care reform.

HEALTH CARE REFORM

(Mr. WILSON of Ohio asked and was given permission to address the House for 1 minute.)

Mr. WILSON of Ohio. Madam Speaker, I am from Ohio's Sixth District, my district is in Appalachian Ohio, and we have a large population of seniors and retirees, so I'm truly interested in how this reform bill strengthens Medicare. If we don't do anything, the Medicare trust fund is projected to be insolvent by 2016. Medicare takes care of our seniors, but it is high time that we take care of Medicare.

The health care reform bill keeps Medicare solvent for 9 more years. We extend that timeline by finally getting tough on the waste in Medicare. So as we make services better for seniors, we also fight fraud and waste.

The inspector general of the Health and Human Services Department has found a number of problems in Medicare with false claims for wheelchairs and orthotics, and overcharging for devices and prescription drugs. We need to provide the tools to strengthen our enforcement mechanisms and fight these abuses.

I thank leadership for providing a long and thoughtful examination of health care, one of the most pressing issues of our time. I look forward to reading the bill soon.

HEALTH CARE REFORM

(Mr. BROWN of South Carolina asked and was given permission to address the House for 1 minute.)

Mr. BROWN of South Carolina. Madam Speaker, I rise today in opposition to the Democrats' latest health care plan. For the past year, my constituents in South Carolina have done everything they can to make it clear they do not want a government takeover of health care. Yet here we are again today discussing a plan that calls for more taxes, more regulations, more spending, and more Federal control over our current health care system. This legislation is not what the American people want, and it lacks a single ounce of Republican support.

Despite the overwhelming opposition, Democrats continue to push their partisan agenda and have made it clear they will use any means possible to get what they want. This is a bad bill for South Carolina and it's a bad bill for the entire country.

I join my constituents in asking the Democrats to scrap this legislation and start over on bipartisan health care reform.

HEALTH CARE REFORM

(Mr. LARSON of Connecticut asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LARSON of Connecticut. Madam Speaker, our colleagues on the other side say they want to start over, completely over. They would like to privatize Social Security. They would like to make sure that Medicare, a program that has served our seniors so well over all of these years, is also, well, doesn't just wither on the vine, as Speaker Gingrich wanted it to do, they want to ban it, end it for people under 55 years of age.

The other side would like to frame this issue as a matter of process. It is a matter of process, insurance process and then denying people claims even on their way to the operating table. This is why we are putting forth this bill to reform insurance and create health care for this entire country that they can depend upon and rely on.

It becomes a question of whose side you are on in the final analysis. Are you siding with the insurance industry and the great job that they have done raising rates all across this Nation? Or are you standing with the American people and fighting on their behalf? That is what the people of this great country of ours want to know.

□ 1330

HEALTH CARE REFORM

(Mr. ALEXANDER asked and was given permission to address the House for 1 minute.)

Mr. ALEXANDER. The proponents of this health reform package are misleading the American public into believing that you can raise the baseline

and reduce spending at the same time. You cannot expect to expand coverage to millions of individuals and to curb costs.

The Medicaid program already pays doctors and hospitals at levels well below those of Medicare and private insurance. And most of the time, below actual costs. Many doctors, therefore, do not accept Medicaid patients and the cuts may further discourage participation.

The most devastating cuts to the States' Federal Medicaid match have been deferred because of relief from the stimulus package. Those deferments end in December.

The health care bill before us now is a disaster waiting to happen and an expansion of an already broken program.

HEALTH CARE REFORM

(Mrs. HALVORSON asked and was given permission to address the House for 1 minute.)

Mrs. HALVORSON. Throughout this entire health care reform debate, two numbers have concerned me more than others: 130 and 60. These numbers represent the health insurance costs that small businesses are facing and the effects on those who work for small businesses. Small businesses have seen their premiums go up 130 percent over the last decade. And of all of those Americans who are uninsured, 60 percent of them are small business owners, employees, and their families.

Madam Speaker, I believe America is facing a health care crisis, and I believe that we need to act to bring down costs for regular families and hold health care and insurance companies accountable.

Too many Americans are denied care because of preexisting conditions. Too many businesses are being priced out of affordable health care. We need health care reform that addresses these issues.

HEALTH CARE REFORM

(Mr. LEE of New York asked and was given permission to address the House for 1 minute.)

Mr. LEE of New York. Within days, the House is poised to vote on a massive government takeover of health care. This trillion dollar, 2,000-page monstrosity will kill jobs, increase our debt, and raise taxes on working Americans. And it's a "pay now, buy later" approach: While the taxes start right away, the benefits don't begin until 2014.

In essence, this new entitlement program requires 10 years of new tax increases and 10 years of cuts to popular programs like Medicare Advantage to pay for just 6 years of this new government expansion over health care. It's a smoke-and-mirrors approach to ram through a new entitlement we surely can't afford to pay.

The American people aren't that easily deceived. The people in my district of western New York want tangible solutions in taking real costs out. We need to start over.

HEALTH CARE REFORM

(Ms. SCHAKOWSKY asked and was given permission to address the House for 1 minute.)

Ms. SCHAKOWSKY. The utter hypocrisy of the debate about process is absolutely astonishing. I just learned that Speaker Hastert used the technique of a self-executing rule 113 times. Then we hear the Republicans attack reconciliation—which really means a majority of votes—and yet call for an up-or-down vote in the House.

News flash: People in the real world don't care about self-executing rules or reconciliation and don't even know what it is.

What they do care about process is the process of the insurance companies. Not the process of reconciliation, the process of rescission, which means canceling policies when you get cancer; the process of refusing a child who has asthma; the process of raising prices 39 percent, 50 percent, 60 percent, for your insurance policy.

We each have the opportunity in the next few days to be on the right or wrong side of history. We can either stand with the American people or with the insurance companies. I hope that the vast majority of us stick with the American people.

HEALTH CARE REFORM

(Mr. PRICE of Georgia asked and was given permission to address the House for 1 minute.)

Mr. PRICE of Georgia. Madam Speaker, how bad is this health bill? Oh, my goodness. Let me count the ways. It's bad on policy, raises taxes \$500 billion, decreases quality of care, decreases choices for Americans, slashes Medicare by \$500 billion. It's bad on process, with backroom, secret, shady deals made that Americans abhor.

But as a physician, I know that mostly it's bad for patients. They know it will destroy quality care. They know it will dictate to them what doctor they have to see and where they have to see him or her, and they know it will result in more money being paid by them for less care—which is all the more troubling because there are so many more positive solutions like H.R. 3400, which would get Americans covered with insurance they want, not what the government wants for them. It would solve preexisting and portability problems with insurance that they want, not what the government wants for them, and address the lawsuit abuse that is so badly needed and is not addressed in the Senate bill.

How bad is this health care bill? Madam Speaker, it's bad enough that the American people are saying, "Just say no."

HEALTH CARE REFORM

(Mr. JOHNSON of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. JOHNSON of Georgia. Madam Speaker, it's time to unite behind President Obama's plan. We must deliver affordable health care for the American people. Insurance companies have taken advantage of hardworking Americans for far too long. It's morally wrong to put profits over people, and it must come to an end.

I urge my colleagues to put aside their differences and deliver a victory for the American people. This Congress was elected to accomplish this goal. How can we accomplish this goal of health insurance reform without holding the insurance companies accountable?

I'm for the people of America, and I stand with you. Now is the time for us to, in unity, come together and solve this dilemma for the American people. I urge you to vote "yes" for people over process.

HEALTH CARE REFORM

(Mr. FRELINGHUYSEN asked and was given permission to address the House for 1 minute.)

Mr. FRELINGHUYSEN. Madam Speaker, this time the process is substance. As the Democratic majority prepares to jam President Obama's health care through Congress despite his lack of support from the American people, our constituents need to know what is going on about the process.

Yesterday in Ohio, President Obama demanded that members of his own party show courage and vote for his vision of health care, yet this morning, the front page headline in The Washington Post reads "Pelosi may try to pass health bill without vote."

In the body of this story, the Speaker refers to a procedural scheme to allow the President to sign the Senate-passed health bill without the House actually voting on it or even debating it. She said, "It's more insider and process-oriented than most people want to know. But I like it because people don't have to vote on the Senate bill." Imagine that. Affecting 17 percent of the entire U.S. economy without a public vote in the House.

My colleagues, I ask you, is that courage?

HEALTH CARE REFORM

(Mr. COURTNEY asked and was given permission to address the House for 1 minute.)

Mr. COURTNEY. Madam Speaker, in the State of Connecticut last weekend, we had an opportunity to see the health care crisis up close. Mission of Mercy, a national organization that holds free dental clinics, was in Middletown, Connecticut, and Connecticut—the wealthiest per capita income State in America—shattered the Mission of Mercy record, serving 2,045 working adults sleeping in their cars, lining up two nights before to get access to dental care. We're not talking about teeth whitening or teeth cleaning; we're talking about people walking in with abscesses that were so pronounced that it threatened the stability of their jaws, extractions, major surgery. This is the state of health care in America today.

There is one group, though, that doesn't have to sleep in their car to get health care: Members of Congress, who participate in a Federal purchasing exchange subsidized by the American taxpayer. Madam Speaker, how do they demonize a plan which they benefit from every single day courtesy of the American taxpayer? I don't know how they do that.

This week they have an opportunity to help those people who were lined up in their cars over the weekend to get the same access to care that those people who work every day pay with their taxes.

Vote for health care reform.

HEALTH CARE REFORM

(Mr. PITTS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PITTS. Madam Speaker, we have talked a lot about how this bill is distracting us from the issue that the American people want us to focus on, and that is jobs. But this bill isn't just merely a distraction. It will have a profoundly negative impact on the job market.

You cannot raise taxes by hundreds of billions of dollars on individuals and businesses and expect that it has no impact on employers and employees. Raising taxes per employee by \$2,000 would not encourage businesses to hire more workers, and workers receiving health care subsidies would see their new Federal entitlement evaporate when their wages increase by too much. Under this bill, more pay could mean less health care, effectively trapping workers in lower-wage jobs. So not only would this discourage job growth, it would discourage wage growth also.

The bottom line is this bill will destroy jobs at a time when we can least afford it.

HEALTH CARE REFORM

(Ms. CHU asked and was given permission to address the House for 1 minute.)

Ms. CHU. It's as simple as this: Are you for what the insurance companies are doing, or are you against it? Do you think it's right to cut your mother off her insurance because she's had a catastrophic cancer? I don't. Do you think it's right to deny your sister insurance because she had a cesarean section? Do you think it's right for insurance companies to raise rates 39 percent all at one time, forcing businesses to choose between health care or firing people? I don't.

If you think it's right for the insurance companies to do this to your son, daughter, or mother, join the Republicans in opposing health care reform. I don't think it's right. In fact, I think it's an outrage. That is why I know we must pass health care reform now.

HEALTH CARE REFORM

(Mr. REHBERG asked and was given permission to address the House for 1 minute.)

Mr. REHBERG. Today, as million of Americans around the country fill out their brackets, March Madness is in the air. Unfortunately, the madness isn't restricted to the basketball court. As Congress rushes to pass a health care bill that is so bad even the majority party can't stomach it, we've got our own case of March Madness right here in Congress, but ours is worse.

With March Madness, every game is played on TV in full view of the American public; in House Madness, the legislation is written in secret behind closed doors. In March Madness, you play for bragging rights; in the House bill in House Madness, it's matters of life and death, one-sixth of the national economy, and more than \$1 trillion in tax dollars.

In March Madness, the team with the most points wins. In House Madness, you rewrite the rules with procedural tricks so that the team with fewer votes can win. It's time to blow the whistle, call a foul, and stop this Madness.

HEALTH CARE REFORM

(Ms. WATSON asked and was given permission to address the House for 1 minute.)

Ms. WATSON. Madam Speaker, I come here to let you know my mother turned 100 on January 4 after she had a broken hip, and 2 days before Christmas another broken hip, and last night she broke her femur. And just a few minutes ago, they called me to say she was in need of a blood transfusion.

I want you to know the only way we kept the mother of four who put all of us through college is because of Medicare and our insurances.

Madam Speaker, let us not let Americans die unnecessarily. This women's sister—my mother's sister—lived to 106, and I will do everything in my

power to be sure that other Americans can benefit from the kind of health care reform we're proposing today.

HEALTH CARE REFORM

(Mr. GUTHRIE asked and was given permission to address the House for 1 minute.)

Mr. GUTHRIE. Madam Speaker, everyone wants to make health care more affordable and more accessible, but for the past year, the majority has been working on pieces of a puzzle they call health care reform. And now that their puzzle is complete, the picture doesn't make any sense.

Their final image includes billions of dollars in new taxes, over \$1 trillion in new government, increases the premiums of the 85 percent of those who have health insurance, and cuts Medicare by half a trillion dollars. And I continue to hear from Kentuckians from home who remain concerned over the possible passage of this bill and who are frustrated with this process.

We need to start over. We need to piece together better solutions in an open and honest system. Now is the time to work on incremental reforms that will lower the cost of health care without spending trillions and bankrupting future generations.

□ 1345

HEALTH CARE REFORM

(Ms. DELAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELAURO. Madam Speaker, 2 weeks ago, I went to dinner with my family in New Haven, Connecticut. As we left the restaurant, a young woman stopped me. She said to me, ROSA, can I talk to you for a moment? I've been waiting for you. I said, Why didn't you come over to the table? She said, I didn't want to disturb you or your family. No disturbance.

I looked at this beautiful young woman with tears in her eyes. And she said to me, ROSA, I have lung cancer. I have lung cancer, and I cannot get the kind of help that I need. I can't leave my job because I will not be able to get insurance. Preexisting condition is killing me. Pass health care reform.

You don't know Melissa Marotolli. I do, and Melissa Marotolli's face haunts me every single day. And this is not just one story. It is writ large across this Nation, a people who can't leave their jobs; they can't get the care they need because the insurance companies have run roughshod over them. Yes, they are rationing health care in this country. I know where I stand. I stand with the Melissa Marotollis of this Nation. My Republican colleagues stand with the insurance companies.

HEALTH CARE REFORM

(Mr. SCHOCK asked and was given permission to address the House for 1 minute.)

Mr. SCHOCK. Madam Speaker, this bill really is not about health insurance reform. If you watched the President's televised health care forum, you heard them say it time and time again: this is about entitlement expansion. And that is really where the real debate comes down this center line. Both sides agree that there needs to be health care reform. Republicans have put forward a thoughtful bill since last April promoting reform, competition across State lines, covering people with preexisting conditions, on and on and on.

But how can my friends on the other side of the aisle endorse this bill when the Congressional Budget Office, the nonpartisan determiner of how much these bills cost us, has not come out with their cost estimate for this bill? I know from my home State of Illinois, our Governor is talking about a 50 percent tax increase to pay for \$9 billion in unpaid Medicaid bills. This bill we do know will cost my State of Illinois \$1.89 billion over 5 years just for their match. I don't know how anyone from my State can support this bill.

HEALTH CARE REFORM

(Ms. TSONGAS asked and was given permission to address the House for 1 minute.)

Ms. TSONGAS. Madam Speaker, some of the most egregious insurance industry practices in our health care system disproportionately harm women, and this needs to change. Under the current system, women pay more and get less and often are denied care. If a woman is of a certain age or is already pregnant, insurers can deny her, of all things, maternity coverage. In eight States, it is still legal for insurance companies to deny a woman coverage if she has been the victim of domestic violence.

These examples illustrate how our current system discriminates against over 50 percent of the population of our country. And that is why I offered a motion on this important issue in last night's Budget Committee hearing. My Republican colleagues joined me in supporting this motion, acknowledging that health care reform must end these harmful insurance practices. So many of the health care reforms that are so important to women, families, and our Nation hang in the balance. We must pass these commonsense changes in our health care system.

HEALTH CARE REFORM

(Mr. HERGER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HERGER. Madam Speaker, the American people are increasingly rejecting government-run health care. They are saying "no" to backroom deals and gimmicks used by the majority party to ram this bill through by any means necessary. The Democrat leadership has greased the skids to ignore the will of the American people and make their vision of socialized medicine the law of the land.

Abusing the rules of when it suits the majority party's purpose is not what the American people want. Madam Speaker, allow us to do the work we were sent here to do. Let this bill stand or fail on its merits. An issue so important to America's future demands transparency and a legitimate up-or-down vote.

HEALTH CARE REFORM

(Mr. ANDREWS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ANDREWS. Madam Speaker, as a direct result of the White House summit a couple of weeks ago, good ideas from both parties are in this plan. But there is a philosophical difference between the two parties that I think came out last night. On weekends I very often go to the supermarket and see these little notices for beef and beer socials for people trying to raise money for a medical emergency in their family. Most of the people trying to do this have insurance. But their daughter has leukemia or their son is on a ventilator and they ran out of health insurance benefits because they run up against what is called a lifetime policy limit.

Last night, we took a vote on whether or not to abolish those lifetime policy limits so no family should have to do that. Our side voted "yes." Their side voted "no." But Members of Congress, in their own health plan, if our families have this problem, there is no limit on what we get.

So we think that the American people should get the same benefit that the men and women who vote in this Chamber every day do. We believe we should stand on the side of the families of this country, not the insurance industry.

HEALTH CARE REFORM

(Mr. MILLER of Florida asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MILLER of Florida. Madam Speaker, the health care reform debate has become a farce, and I am outraged. I am outraged at this proposed law. I am outraged at the process. I am outraged at the majority party's sham of a health care bill. But I'm not the only one. The American people are out-

raged. Americans have marched, they have protested and they have written letters and they have made phone calls. Americans have spoken, Madam Speaker, and they do not want this health care bill.

But the worst part about it is that we may not even vote on it. The majority party wants to deem the Senate bill passed and then hope that the Senate changes the bill later. Was this the hope and the change that we can all believe in? Madam Speaker, this has become a legislative sleight of hand, a gimmick, a parlor trick.

I urge my colleagues to listen to the American people and kill this bill.

HEALTH CARE REFORM

(Ms. SHEA-PORTER asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SHEA-PORTER. Madam Speaker, I am outraged also. I am really outraged at the amount of money that the insurance industry has spent trying to defeat this bill that will help the American people. The companies claim they support health reform, just not this bill. But they have done nothing to reform. They could have taken this time to reform. They still deny coverage for preexisting conditions. They still charge exorbitant rates. They still fight antitrust legislation. They still cancel people's policies when they most need them. And they still limit the payments when people get sick.

They have a secret code word. It's called "start over." What they really mean is defeat it; we don't want it. The question has to be here, whose side are you on? Are you on the side of the insurance companies? Or are you on the side of the American public, the people, the small businesses who have to carry the burden of these fees? Whose side are you really on? I am on the side of middle class Americans, small businesses, and those who are healthy and those who are sick.

HEALTH CARE REFORM

(Mr. MCCOTTER asked and was given permission to address the House for 1 minute.)

Mr. MCCOTTER. We live in a very dysfunctional time. We have heard a parade of speakers come to the microphones here in the well of the House and say they stand on the side of the American people. Yet in my 44 years of life, I have never stood on the side of someone who disagrees with me so vehemently.

Overlooking it is a fundamental proposition. The Democratic Party believes that you can take an imperfect health care system and fix it by putting it under the most dysfunctional and broken entity in the United States today. It is called the Federal Government.

That proposition is insane. The reality is they do not stand with the American people. They stand for Big Government making decisions in your lives.

We trust the American people, and we will not turn the intimate decisions between you and your doctor over to some Federal bureaucrat. We will leave it in your hands, and we will empower patient-centered wellness and free market reforms if given the chance and a real vote.

HEALTH CARE REFORM

(Mr. PETRI asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PETRI. Madam Speaker, the American people want health reform. They want affordable, reliable care. But after watching the current majority wrangle for over a year to produce gargantuan bills filled with complicated and punitive policies, tax increases and special deals, the American people are right to say, no, we don't trust the current Congress to do this right. They have seen how the Congress has worked over the past year and have rightfully said that it's crazy to give the government greater control over our health care. They look at aspects of the legislation before us and say, yes, there are provisions here that we like, but at what cost? They have projected trillion-dollar deficits stretching to the horizon. And we are told that this big, new entitlement will truly restrain costs. Is that credible?

I believe the more sensible approach is a simpler approach. I would favor expanding health savings accounts coupled with catastrophic insurance and paid for with subsidies when necessary. It is a simple arrangement that everyone can understand and would help to restrain costs because everyone would have incentives to spend carefully. It's not all I would do, but it's understandable.

Instead, the current majority is pushing ahead with a breathtakingly expensive bureaucratic and regulatory monstrosity. This is no way to restructure one-sixth of our economy.

HEALTH CARE REFORM

(Ms. LEE of California asked and was given permission to address the House for 1 minute.)

Ms. LEE of California. Madam Speaker, quality, affordable health care should be a fundamental human right, not a privilege for the few, as my colleagues on the other side of the aisle would have it. Today, 47 million Americans are uninsured, including 9 million kids.

Meanwhile, the CEOs of private insurance and drug companies are raking in huge profits. Take the case of WellPoint. They proposed increasing

rates by as much as 39 percent in California, even as they made \$4.2 billion in profits last year and paid out million-dollar compensation packages to their top executives. These rate hikes would hit Democratic and Republican districts alike. And the other side would have us do nothing.

We talk about the big banks making a killing off of taxpayers. Well, insurance company executives are literally getting million-dollar compensation packages while our constituents are dying.

Health reform is long overdue. The 31 million people this bill will cover are Democrats, they are Republicans, they are Independents, they are Greens, and they are people with no party affiliation. This should not be a partisan issue. The costs of inaction are much too risky, they are much too costly, and we must act now.

HEALTH CARE REFORM

(Mr. BONNER asked and was given permission to address the House for 1 minute.)

Mr. BONNER. Madam Speaker, if health care reform weren't such a serious subject, something that will affect every person in America, then what the Democrats are trying to do would prove to provide enough fodder for comedians like Letterman, Leno and Jon Stewart that their writers wouldn't have to work on new jokes for the next month.

Last week, the Speaker of the House said, "We have to pass the bill so we can find out what's in it." That would be like buying a house before checking it out to see how many bedrooms were in it or what the colors were or whether we could even afford it in the first place. Most Americans don't buy shoes without trying them on, buy a car without test driving it, much less support a takeover of our health care system that will include life-changing decisions that are being kept from you in the dark.

This morning, the Speaker said we may actually vote on the health care bill without voting on it, something that she calls "deem and pass." What a pesky little thing voting is, you know, where those of us who work for you have to actually cast our votes first so you can find out whether you should vote for us in November.

This is an insult and a sham.

HEALTH CARE REFORM

(Mr. HASTINGS of Florida asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HASTINGS of Florida. Madam Speaker, following me will probably be as many as 40 or more of my colleagues on the other side. Many of them will use terms like "ramming," and "the

American people." I don't know what part of discussing a matter for the greater portion of the last 14 months that people do not understand.

I also get a little tired of hearing my colleagues talk about socialism. And I would ask the American people if socialism, as you understand it, is so bad when government acts than perhaps it is. Some of my colleagues believe we should eliminate Medicare. Let's eliminate Medicaid. Let's eliminate the Social Security safety net. Let's eliminate the Centers for Disease Control. Let's eliminate the National Institutes of Health. All of these are government-run programs.

In the greatest country in the world, it is morally wrong for millions of our fellow Americans to not have affordable, portable health care. We all should be willing to share in order to help the least of us.

□ 1400

HEALTH CARE REFORM

(Mr. LOBIONDO asked and was given permission to address the House for 1 minute.)

Mr. LOBIONDO. Madam Speaker, we are all asking ourselves, What do the American people want to see from us with health care? They want to see health care more affordable, more accessible.

There are ways to do that in a bipartisan manner that we can agree on: buying health care across State lines, eliminating defensive medicine practices, preexisting conditions. Why aren't we doing it? That is the question America is asking. That is why America is upset.

My colleagues are asking us, me, whose side are we on? Unabashedly, on the side of my constituents, on the side of my health care providers, my doctors on Main Street, my hospitals on Main Street, my nurses on Main Street, who are the front line in providing health care, who don't want any part of this monstrosity, for a good reason. They and our constituents understand this is not the right way for America to go.

HEALTH CARE REFORM

(Mr. ISSA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ISSA. Madam Speaker, after so many on both sides of the aisle have spoken, it is perhaps hard to find something new to talk about. I will endeavor to do so.

Madam Speaker, President Obama has said the American people deserve the same high quality health care as Members of Congress have. Michelle Obama said the same thing. Speaker PELOSI said the same thing. HARRY

REID said the same thing. As a matter of fact, virtually everybody in the Democratic caucus in leadership has said that.

Then why is it H.R. 3438, a simple, seven-page bill that gives every member of America the opportunity to have the same high quality health care that we have as Congress is being ignored? Why is it it doesn't even exist in the Democrats' comprehensive health care bill? Thousands of pages, and yet it doesn't give you exactly what they say they want to give you.

On top of that, who is beholden to the insurance companies? More than 50 percent of American dollars are insured by the Federal Government already. It is Medicare. It is Medicaid that have, in many cases, been driving up the cost of health care, and yet this bill has no real reform for Federal health care.

HEALTH CARE REFORM

(Mr. CASSIDY asked and was given permission to address the House for 1 minute.)

Mr. CASSIDY. Madam Speaker, I am a physician who has treated the uninsured in a teaching hospital for the last 20 years and, indeed, not just the uninsured, but oftentimes the people who have Medicaid. So I applaud the President and my Democratic colleagues because they want to lower costs and expand access to quality care.

On the other hand, where we greatly differ is, as my colleague just said, he is quite content with giving Medicaid to more and more people.

Now, it ignores the fact that it is bankrupting the States. It ignores the fact that right now I treat patients who have Medicaid in a public hospital because they can't be seen in a private place. And, it ignores an article in The New York Times which points out that, as Medicaid payments shrink, patients and doctors lose. In this case, a woman with cancer has lost because payments are so low for Medicaid that no longer can she find a provider who can afford to treat her.

So we do differ. I do not want to give Medicaid to everybody. I want to strengthen the private insurance market and allow those with preexisting conditions to have the same health care we have, not lose their health care because of a government program.

HEALTH CARE REFORM

(Ms. ROS-LEHTINEN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. ROS-LEHTINEN. Madam Speaker, for more than 1 year, Congress and the administration have failed to make health care reform a reality.

The 2,700-page bill, which can only pass through convoluted, inside-the-Beltway shenanigans, has over \$500 billion in tax increases, not to mention

the \$500 billion in Medicare cuts that come with that increase, which jeopardizes million of seniors' existing health care coverage. And this bill includes millions of dollars in cuts to home health care for the elderly, millions of dollars in cuts for Alzheimer's programs, millions of dollars in cuts for food for seniors programs.

This bill makes no sense for America's families, no sense for America's seniors, and it is a fiscal time bomb for future generations.

I do not want to leave a legacy of debt to my granddaughter, Morgan Elizabeth.

In Congress' scramble to get any kind of bill passed, regardless of its cost or impact, they have taken the wrong approach. We can do better.

HEALTH CARE REFORM

(Mr. ROE of Tennessee asked and was given permission to address the House for 1 minute.)

Mr. ROE of Tennessee. Madam Speaker, this week Speaker PELOSI and the House Democrats are trying to ram through one of the most ill-conceived pieces of legislation of all time, and they are considering not allowing Members an up-or-down vote on the bill.

One House Democrat recently said, "I don't need to see my colleagues vote for the Senate bill in the House. We don't like the Senate bill. Why should we be forced to do that?" Good question.

This attitude perfectly sums up the Democrats' push to have Washington bureaucrats take over our health care system. President Obama and the Democratic leadership don't think the rules apply to them.

First, the House Democrats had to twist arms enough to get Members to vote for their bill despite a 40-vote majority. Then, Senate Democrats had to give a sweetheart deal to Senators from Louisiana, Nebraska, Florida, Vermont, Massachusetts, Connecticut, and so on. Now the House Democrats are preparing to pass this legislation without even having an up-or-down vote.

It is no wonder the American people oppose this bill by such a wide margin. They feel like they are being duped by the Democratic leadership.

It is time to reject this Democratic health care and start over.

EMPOWERMENT

(Mr. NEUGEBAUER asked and was given permission to address the House for 1 minute.)

Mr. NEUGEBAUER. Madam Speaker, Article I, section 7 of the Constitution states, "The votes of both Houses shall be determined by yeas and nays, and the names of the persons voting for or against this bill shall be entered on the Journal of each House respectively."

So why is Speaker NANCY PELOSI trying to prevent Congress from doing the job of voting yea or nay on the most important piece of legislation that will probably face this Congress?

Just yesterday, when she was talking about the Slaughter solution, she said, "But I like it, because people don't have to vote on the Senate bill."

Well, Madam Speaker, if this bill is so bad, why are you trying to jam it down the American people's throat? Shame on you, Madam Speaker, that you would use a process to circumvent the very foundation of this Nation, which is the United States Constitution.

I encourage my colleagues to take a gut check here and look across the aisle and look at their citizens across the country. We have young people from all over America here. Look them in the eye and say, "You know what? We are going to bring the most important piece of legislation to this floor. We are not going to actually make our Members have to take a vote on it, but you will be paying for it for the rest of your life."

Madam Speaker, that is not the way we should do business, and you should be ashamed.

HEALTH CARE REFORM

(Ms. GINNY BROWN-WAITE of Florida asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. GINNY BROWN-WAITE of Florida. Madam Speaker, by now, we all know the many flaws with the health care bill that is going to be rammed through this House, and there certainly are many.

It cuts Medicare by one-half trillion dollars. It raises taxes, jeopardizes patient access to health care, and puts an unelected bureaucrat, or many bureaucrats, in charge of your health care.

I want to tell a brief story about something that happened to me this weekend.

I was in a local drugstore with a friend of mine waiting for a prescription, and a woman came up to me and she said, Are you GINNY BROWN-WAITE? And I said, Yes, ma'am. And she said, I want to talk to you about the health care bill.

She proceeded to tell me, she said, I am about to lose my job, which means I will lose my health care. And I thought I knew what she was next going to say, and she totally shocked me. She pointed to her daughter, who she told me was 9 years old, and she said, But I don't want you to vote for that bill, Congresswoman, because I don't want this child and her children paying for an out-of-control health care system in America.

I believe that she really speaks the way most Americans believe.

HEALTH CARE REFORM

(Mr. McKEON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. McKEON. Madam Speaker, I rise today to voice my strong opposition to the majority's attempt to have the Federal Government take over the national health care system. This has been a yearlong debate, and it is clear that the American public does not want this bill. People are justifiably outraged at the contempt the majority has shown to them.

Everything my constituents dislike is still in the majority's health care bill: billions in new taxes on small businesses and families, over \$1 trillion in new Federal spending, a health care czar to make health care decisions for families, a Federal mandate to buy health insurance, hundreds of billions in Medicare cuts, expanding access to abortion, and sleazy backroom deals.

If this is the panacea that the majority claims it is, then why is it that they are refusing to allow a straight up-or-down vote? Do you think you can fool them with procedural gimmicks such as deeming a bill passed without actually voting on it? I don't think so, and I think it is shameful to try.

HEALTH CARE REFORM

(Mr. GERLACH asked and was given permission to address the House for 1 minute.)

Mr. GERLACH. Madam Speaker, as I stand here today, congressional Democrat leadership has yet to finalize or publish the so-called fix-it bill that will ultimately be the basis to gather the 216 votes necessary to pass health care reform, and they certainly haven't said how much it is going to cost; yet Democrat after Democrat has gotten up here today saying that they are for this legislation.

So think about it. How can you be for a bill that is not yet written, not yet finalized, not yet published, and for which no one knows how much it is going to cost? The answer is simple. It is really not about how much it costs or how many people it will cover; it is about control, government control over who is going to make health care decisions in this country. And that is exactly what the American people are rejecting.

Madam Speaker, the swamp isn't being drained through this process; it apparently is just getting deeper and wider.

HEALTH CARE REFORM

(Mr. SAM JOHNSON of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SAM JOHNSON of Texas. Wake up, America. The Speaker is trying to

pass the health care bill without letting America see it first. In fact, she said, "I have to pass the bill so you can find out what is in it." She is also shooting for a voteless passage, and that is unconstitutional.

Well, I can tell my Democrat colleagues what is in it. The health care bill is littered full of sweetheart deals, one after another, from the Louisiana purchase to the Cornhusker kickback. What is another term for hustling votes? Buying them.

The American people are fed up with secret backroom deals in smoke-filled rooms. It is no wonder all Americans are clear in their opposition to what they have seen, read, and heard on health care.

Bring the real Senate bill to the floor for an honest up-or-down vote. These sneaky shenanigans defy common sense, and the American people want, need, and deserve better.

HEALTH CARE REFORM

(Mr. MAFFEI asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MAFFEI. Madam Speaker, this morning I stood at the American Cancer Society in my district and announced that I will support the President's historic reform effort. I am supporting it because right now skyrocketing health care costs aren't just crippling the U.S. economy; they are emptying pocketbooks in central and western New York.

Regular, middle class people can't afford the health care they need. Insurance companies have denied care. Kids are graduating from college and they can't find care. People with life-threatening conditions need to hold bake sales and bowl-a-thons in order to pay their health care bills. Families are going bankrupt not because they were irresponsible, but because they trusted their health insurance companies.

Now, experts and nonpartisan organizations say that this bill will save money. I believe that the cost-savers in this bill will save money, but I know that doing nothing will bankrupt our country and our families and our small businesses.

I stood this morning with two remarkable women from my district. One had insurance and one did not. They are both battling cancer. For them, this debate isn't about partisan politics; it is about their lives. They strongly support this effort, and so do I.

HEALTH CARE REFORM

(Mr. MARIO DIAZ-BALART of Florida asked and was given permission to address the House for 1 minute.)

Mr. MARIO DIAZ-BALART of Florida. Madam Speaker, in 2017, Medicare

goes insolvent. It goes broke in 2017. So do the Democrats have a plan to reform and save Medicare? No. The Democrats' plan actually raids one-half trillion dollars from Medicare to create a massive new government-controlled health care program.

So even though the Speaker is writing this bill behind closed doors in secret, Madam Speaker, the American people, particularly senior citizens, are not being fooled. They oppose this massive bill that will nationalize health care and that will raid one-half trillion dollars from Medicare. They oppose it, and so should we.

□ 1415

HEALTH CARE REFORM

(Mr. GOHMERT asked and was given permission to address the House for 1 minute.)

Mr. GOHMERT. Madam Speaker, this bill is based on so many fictions, it should not be passed. One is that we're going to do a rule and then that is going to be self-perpetuating. And that's going to pass the bill. That's a fiction. It ought to be an up-or-down vote on this bill. And if you read the very basics on this bill from the Senate, it says, Resolved, the bill from the House of Representatives, H.R. 3590, entitled: An act to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces.

We're going to pass this on the backs of the Armed Forces. This should not be passed by anyone unless they eat it. If they eat it, then I'm in favor of them passing it. Otherwise, don't pass it.

HEALTH CARE REFORM

(Mr. SULLIVAN asked and was given permission to address the House for 1 minute.)

Mr. SULLIVAN. Madam Speaker, higher premiums, higher taxes, and cutting Medicare is not health care reform. Republicans care about health care, but we don't care for this bill. Unfortunately, the White House and congressional Democrats are still insisting on their massive, 2,700-plus page bill that includes higher premiums, \$500 billion in higher taxes, and \$500 billion in cuts to seniors' Medicare. That is not reform.

There is a reason why Congress has been debating this for a year. The reason the majority is having such trouble securing passage is because Americans have made it abundantly clear that they don't like this bill either. I want to make something clear: killing the Democrat plan for a government health care takeover does not kill the health care debate. It simply allows us to start from scratch and focus on real solutions that will lower the cost of health care for small businesses and

families across this Nation. Stop this bill.

HEALTH CARE REFORM

(Mr. BRADY of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BRADY of Texas. Isn't this troubling? Eight out of ten Americans now believe Congress governs without the consent of the governed. The Democratic Congress and White House simply aren't listening. Americans oppose this \$2 trillion takeover of health care, but Democrats are ramming it through over the public's objection. Americans oppose the tax increases, mandates, deficits, Medicare cuts, and government interference in their most intimate health care decisions, but House Democrats arrogantly claim they know what's best for you.

Americans want open, honest government. Democrats are cutting backroom deals, pressing Members of Congress, proclaiming bills passed without a vote of the House—all to circumvent the will of the American people. Americans want Washington to start over immediately; to go back to the basics, to have a step-by-step bipartisan bill that focuses first on lowering health care cost. So, Madam Speaker, why aren't you listening? But know this: A Congress that governs in secrecy and arrogance will not govern long. The American people will see to that.

HEALTH CARE REFORM

(Mr. PLATTS asked and was given permission to address the House for 1 minute.)

Mr. PLATTS. Everyone agrees that the status quo in health care is unacceptable, but the proposed health care reform legislation is also unacceptable. Two of the greatest gifts that my parents gave my four brothers and sisters and I was a solid foundation in the ideals of common sense and right versus wrong. This health care bill fails to pass both of these principles. Common sense tells us that a health care bill that increases health care costs by over a trillion dollars is wrong; that raises taxes by over \$500 billion is wrong; that cuts Medicare by \$500 billion is wrong; that forces millions of Americans off of private insurance into a government-run health care plan is wrong; and a plan that allows taxpayer funds to be used for abortion services is wrong.

A simple application of the "right versus wrong" test tells us that seeking to pass such a monumental piece of legislation by deeming it passed without an up-or-down vote is wrong. Basic principles—common sense, right versus wrong. This proposal fails both of those very important principles. My mom and dad got it right. These matter.

HEALTH CARE REFORM

(Mr. LUCAS asked and was given permission to address the House for 1 minute.)

Mr. LUCAS. Madam Speaker, Article I, section 5 of the United States Constitution states, "the yeas and nays of the Members of either House on any question shall, at the desire of one-fifth of those present, be entered on the Journal." This is to ensure that important pieces of legislation, like the one before us this week, are given a clear up-or-down vote. Yet here we stand today with the possibility that a massive, trillion-dollar government takeover of our health care system would actually not be voted on in this Chamber. Not only does this violate the spirit of fairness within the rules of the House and the confidence entrusted in us by our constituents, it potentially violates our Constitution. Legislative gymnastics should not be used to pass a bill of this magnitude that will impact the life of every American. Change is needed within our health care system. We can all agree on that. But in an effort to pass a health care bill—any bill—this congressional majority has lost their way.

HEALTH CARE REFORM

(Mr. HELLER asked and was given permission to address the House for 1 minute.)

Mr. HELLER. Another day, another missed opportunity. Nevada's unemployment rate is at 13 percent. So you have to ask the question: Where are the jobs? I do tele-town hall meetings weekly in my district. I survey thousands. The question asked is: What should be the priority of this Congress? Should it be jobs and the economy or should it be health care? Over 80 percent say we should be concentrating on jobs and the economy. Instead, the majority leadership wants me to vote for the Louisiana purchase or the Cornhusker kickback or the Gator-aid. The list goes on and on.

Despite the majority's effort to hide this vote, the American people will not be fooled. The American people know the purpose of this health care bill is to make sure all Americans have the same bad health care. I encourage my colleagues to listen to the American people, create bipartisan health care reform, and get Americans back to work.

HEALTH CARE REFORM

(Mr. ROONEY asked and was given permission to address the House for 1 minute.)

Mr. ROONEY. Madam Speaker, I'm astounded by the Democrats' blatant abuse of the House rules established in our Constitution by entertaining the possibility of what is known as the

Slaughter rule. If they choose to deem the Senate health care bill law under this self-executing rule, without a traditional up-or-down vote on the actual text, they will strip the American people of their right to checks and balances in a bicameral Congress. If my colleagues on the other side of the aisle truly believe that this health care bill will solve the Nation's health care problems, then why are they afraid to go on the record and put their names on it?

Like most Americans, I am disillusioned with this Congress. We need to go back to the drawing board and focus on reducing health care costs, where constitutional, and not by creating a new entitlement in a backroom deal.

HEALTH CARE REFORM

(Mr. GARRETT of New Jersey asked and was given permission to address the House for 1 minute.)

Mr. GARRETT of New Jersey. Madam Speaker, I come to the floor today to speak out on the Democrats' proposed "Slaughter solution." This is a sleight-of-hand with an unconstitutional move to avoid a true vote. Article I, section 7 of the Constitution reads, Every bill shall have passed the House of Representatives and the Senate before it is presented to the President of the United States.

With the Slaughter solution, leadership is attempting to manipulate the rules to circumvent this fundamental constitutional requirement. In the Senate, they have a bill there with so many special deals—taxes on insurance, coverage for abortion—even they cannot pass it for a second time. And so Democrat leadership here in the House tried to avoid a traditional up-or-down vote. The Supreme Court has even spoken on this and said a bill must contain the exact text before it is approved in one House and then the other—precisely the same text.

Madam Speaker, if we ignore the basic requirements of the Constitution, whether by disregarding procedural restraints or overstepping our congressional authority by dictating people's health insurance, we will descend from the freedom of democracy toward the tyranny of a dictatorship.

HEALTH CARE REFORM

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE of Texas. Madam Speaker, Medicare will be expanded. Medicaid will be expanded to allow more people to be insured. Our children will have more health insurance. It will be a major change for America—a positive change. It is interesting that every time America makes a historic and catastrophic change for the better, there are large voices of opposition—

confused voices; voices without the facts. I'm reminded of the history of the 1964 Civil Rights Act and the 1965 Voting Rights Act. They did not pass with large margins. The Dixiecrats raised their voices in opposition. Africans Americans, Negroes, should be second-class citizens forever.

It is time now for the courageous to recognize that Americans cannot be second class and third class in the climate of needing health insurance. That they must be able to go to hospitals and not be kicked out; that they must be able to get insurance without saying you have a preexisting disease; that women cannot be discriminated against.

Where's the courage to stand up as we did in the time when African Americans needed their freedom? It is now time to free others who do not have health insurance. Do you have the courage to make these hard decisions when others are chatting away, saying the wrong thing? It is time to pass health care reform. I want to stand with the courageous on behalf of the American people.

HEALTH CARE REFORM

(Mr. BISHOP of Utah asked and was given permission to address the House for 1 minute.)

Mr. BISHOP of Utah. Madam Speaker, it is very difficult to criticize a bill that is still being put together behind closed doors. But we do know that it is more about consolidation of power in Washington than about real health reform for the American people. We also know that a poor process always equals poor public policy, and the procedural shenanigans being proposed by the Speaker and Democratic leaders to slip this past the American people make all of Lucy Ricardo's schemes to be a part of Ricky's show look like clear and logical plans of action. This also would be a comedy if it wasn't such a tragedy for the American people.

Madam Speaker, my State has already instituted real health care solutions that deal with our demographics and give people options in the State of Utah. All of our efforts will be destroyed if this one-size-fits-all, trillion-dollar tragedy is actually passed here on the House floor.

HEALTH CARE REFORM

(Mr. TERRY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TERRY. There will be no straight up-and-down vote on a health care bill. Instead, the leadership has chosen a procedural trick to insert the Senate bill into a rule deeming the Senate bill passed. So if you vote for the rule, you are voting for the Cornhusker kickback, the Louisiana

purchase, and language that allows funds to flow to abortions. What won't be in this bill is the Terry bill or amendment that allows people to join the same health care plans that we have as Members of Congress. Why? Because it's not controlled by the government and its bureaucrats.

Yes, this is about government control, where bureaucrats and Congress will be in control of your health care. And somehow the leadership and authors of these tricks in this bill wonder why the American people don't want this bill.

□ 1430

HEALTH CARE REFORM

(Mr. FRANKS of Arizona asked and was given permission to address the House for 1 minute.)

Mr. FRANKS of Arizona. Madam Speaker, to paraphrase James Agee, "In every child who is born, under no matter what circumstances, and of no matter what parents, the potentiality of the entire human race is born all over again." The Democrats say compassion is the fundamental motivation behind this government takeover bill. But if compassion was the motivation, Madam Speaker, Democrat leadership would not be so doggedly determined to include the increased taxpayer-funded murder of little unborn children in this bill. Nothing so completely destroys the notion that this bill is about compassion than the arrogant disenfranchisement of those who are helpless and have no voice. It is an unspeakable disgrace.

Madam Speaker, it is obvious that Democrats are determined to ram this bill down the throats of the American people using the so-called Slaughter solution, a shameless political gimmick that would avoid even an up-or-down vote on the bill. But if they do, Madam Speaker, the world will know that it was never about compassion, and Democrats will find that they have dangerously underestimated the American people.

HEALTH CARE REFORM

(Mr. CONAWAY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CONAWAY. Madam Speaker, later this week the Speaker is going to ask the House to take the final vote on health care reform, including the Senate health care bill. The Senate bill contains such rarified legislative compromises as the Cornhusker kickback, the Louisiana purchase, and Gator aid, and for the first time ever, it allows for Federal funding for abortions. Nevertheless, the Speaker has asked us to vote on it. I understand my Democratic colleagues are being assured that the

Senate will take up the bill of fixes if the House will simply just pass their underlying reform bill.

I offer a word of caution to my friends on the other side of the aisle: once you pass their bill, there is not a guarantee that can be made that will force the Senate Democrats to take up your fixed bill and pass it. The bill that passed out of the Senate satisfies 59 sitting Senators, all of whom voted for it. The compromise that will pass out of this House will please far fewer. Simple logic tells us that the Senate Democrats do not have a real and abiding interest in bailing out House Democrats for having passed the Senate bill. Of course, simple logic has never really been a part of this debate.

Madam Speaker, my Democratic colleagues are playing a game of chicken with the United States Senate. In the end, the President might just go ahead and sign this Senate bill into law, along with the Cornhusker kickback, Louisiana purchase, Gator aid and abortion funding, and every other twisted deal jumbled into this mess.

HEALTH CARE REFORM

(Mr. FLEMING asked and was given permission to address the House for 1 minute.)

Mr. FLEMING. Madam Speaker, of this massive almost 3,000-page bill, there is not one thing that lowers cost; not one. A recent Heritage Foundation article focused on the fact that the health care system is fraught with perverse economic incentives that generate artificially high and rapidly increasing spending. This system does nothing to incentivize the doctor, the patient or the insurance company, let alone the Federal Government, to spend the health care dollars efficiently. However, I'm not suggesting that patients have to bear higher out-of-pocket costs. By this, the doctor and the patient must be reengaged, however, with the cost of their care. And how can we do that?

One amendment that we have tried to get into this bill a number of times and has failed is a robust system of health savings accounts for all. This way, we get to have our cake and eat it too. By that I mean that a portion of the insurance premiums should be put into a special medical spending account for those on all government and private insurance programs who would, in turn, be able to use tax-free funds for discretionary health care purchases. This would be the first step in turning patients into savvy health care consumers. As they save money for themselves, they will save it for the health care system at large, thus bending the cost curve downward.

HEALTH CARE REFORM

(Ms. FOXX asked and was given permission to address the House for 1

minute and to revise and extend her remarks.)

Ms. FOXX. Madam Speaker, yesterday I held a town hall in Statesville, North Carolina, to hear from my constituents about health care reform. One thing was abundantly clear: they do not want this bill, and they're sick and tired of the backroom deals and provisions that have characterized this process. They wanted health care reform, but they were vehemently opposed to the Senate bill.

My constituents are asking me, If this is such a wonderful bill, why is the majority resorting to tricks and sleight of hand to get it passed? If this bill is so great, why not have a regular vote? The answer is simple: this is not a bill the American people want. Some Members acknowledge that.

Madam Speaker, we should listen to the American people. We should take an incremental approach to health care reform that the American people can support.

HEALTH CARE REFORM

(Mr. ROSKAM asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROSKAM. Madam Speaker, as we are here today on the House floor, at this very moment the Democratic leadership of the House of Representatives is smiling and dialing. They are calling Members of Congress on the other side of the aisle, cajoling them and coaxing them and urging them to do the equivalent of really political bungee jumping, but they don't know how long the cord is. They are saying, You be the first one to jump off. We're going to vote for this Senate bill, and you are going to trust in the Senate to take it up and fix it. Or alternatively, even worse, we're not going to have a final vote on this bill.

Can you imagine a process that is this manipulated that is at this high stakes, literally the Federal Government taking over one-sixth of the economy really in the twinkling of an eye? And it is as if the Democratic leaders are telling the American public, Oh, look, we have got a wonderful plan for your life. You are just going to love it. We are going to vote on it, and then we'll let you read it.

Madam Speaker, we can do better. The American public demands that we do better, to vote "no" and start over.

HEALTH CARE REFORM

(Mr. GOODLATTE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GOODLATTE. Madam Speaker, I rise today in strong opposition to not only the Democrats' health care proposal but to the outrageous process by

which the majority intends to ram this bill through the House while denying Members of Congress an up-or-down vote on the bill. This morning's Cincinnati Enquirer declared what Americans all over this country are saying: "This disgusting process, which Democrats brazenly wish to bring to conclusion this week, is being done with little regard for the opinions of a clear majority of Americans who, while they may believe health care reform is necessary, think this particular approach will take our Nation down the wrong economic path."

American families want health care reform that will expand access and choices and decrease costs. The Democrats' health care bill includes tax increases, Medicare cuts, job-killing mandates, and higher premiums. This bill is nothing more than the same government-run insurance mandates and taxes the American people have overwhelmingly rejected. This bill must be killed. We must start over.

HEALTH CARE REFORM

(Mr. DUNCAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DUNCAN. Madam Speaker, when I was driving into work last Friday, I heard the Governor of Arizona on the news saying that her State already faces its biggest deficit ever, over \$3 billion. She said they had calculated that the health care bill would cost an additional \$4 billion that they simply do not have.

Because Tennessee already covers more than most States, our Democratic Governor, nonetheless, said it would cost out State from \$750 million up to \$3 billion more. Most States are in far worse shape than Tennessee or Arizona, yet much of this bill is paid for by forcing millions more onto State and Medicaid rolls. In yesterday's Washington Post, columnist Robert Samuelson said the bill "evades health care's major problems and would worsen the budget outlook." He wrote that "It's a big new spending program when government hasn't paid for the spending programs it already has."

Madam Speaker, even if this program were the greatest thing since sliced bread, the fact is that we simply cannot afford it.

HEALTH CARE REFORM

(Mr. HARPER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HARPER. Madam Speaker, late last night, the House Budget Committee approved the reconciliation shell bill with two Democratic Members joining all Republicans in opposing this enormous entitlement expansion,

and we still do not know what changes the Speaker will bring forward.

The President has asked Congress to hold an up-or-down vote on the Senate's so-called health care reform proposal. Let's have that vote. The President has argued the Democrats need courage to pass this one-size-fits-all government takeover of health care. But where's the courage in hiding behind procedural chaos like the Slaughter solution? No matter what anyone says, a "yes" vote on the reconciliation bill is a vote for the Senate's flawed trillion-dollar bill containing kickbacks, like the Cornhusker kickback and the Louisiana purchase, and allows for Federal funding for abortion.

The bottom line is this health care bill is so bad that the Democrats have to resort to trickery. I will not support a bill that will increase families' insurance premiums and force hundreds of millions of dollars in unfunded mandates to my home State of Mississippi. I will not support this abusive use of the reconciliation process, and I will not support the bogus procedures that are being used to hide from the American people. I urge you to oppose this legislation.

HEALTH CARE REFORM

(Mrs. BLACKBURN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BLACKBURN. Madam Speaker, this year I replaced town hall meetings in my district with listening sessions. I go to hear what my constituents have to teach me and to teach this body. They want us to know that the process matters to them. Some of my colleagues like to say that it doesn't make any difference, but my constituents know that when legislation is negotiated in the backroom, that America loses. They know that in the backrooms, stimulus bills turn into pork bills, bailout bills turn into just more debt, and energy bills turn into taxes.

Today, hundreds of Americans are walking the halls of this building, asking us to stop this outrageous government takeover of health care and take health reform step by step and structure a system that lets them out of this broken system, not locks them into it permanently. I hear them, Madam Speaker, and I certainly hope that this Chamber hears them.

HEALTH CARE REFORM

(Mr. WITTMAN asked and was given permission to address the House for 1 minute.)

Mr. WITTMAN. Madam Speaker, I'm hearing loud and clear from people of America's First District in Virginia that this health care bill before us will not reduce costs, will not increase ac-

cess, and is full of sweetheart, backroom deals that they find highly objectionable and that now we are proposing to put this bill through without having to directly vote on the bill. That also makes them mad.

Let me tell you what they're saying. Jimmy from Yorktown says, "We are very concerned with the direction congressional leadership is taking health care reform. It is apparent Congress is not listening to the American public. We understand the need to address health care reform. However, Congress must include fiscal responsibility in any reform legislation. Congress needs to listen to the American voter and taxpayer instead of holding our views in contempt."

There are many other people from the First District that have very similar views. I urge my colleagues to vote "no." Let's listen to the American people, listen to their concerns, and do the right thing.

HEALTH CARE REFORM

(Mr. GINGREY of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GINGREY of Georgia. Madam Speaker, one day after the health care summit at the Blair House, Peggy Noonan wrote in The Wall Street Journal, and I quote: What the meeting made clear is what the Democrats are going to do, not step back and save the moderates of their party, but attempt to bully a bill through the Congress. This is boorish of them, and they will suffer for it."

Indeed, Madam Speaker, I think the Democrats will get slaughtered for it. But, unfortunately, the collateral damage is to the health of the American people. I ask all my colleagues, join with me and my constituents in the 11th Congressional District of Georgia and vote "no" on this rule and this so-called deeming legislation.

HEALTH CARE REFORM

(Mr. TIERNEY asked and was given permission to address the House for 1 minute.)

Mr. TIERNEY. Madam Speaker, if my previous colleague thought that the Democrats were going to get slaughtered for passing this bill, a few of them would cut out of the herd and help pass it. But that's absolutely not the case. This year-long debate and the bipartisan health care meeting show that Democrats and Republicans do agree in some areas. Both agree that the status quo isn't working for Americans; both agree that waste, fraud and abuse should be removed from the system; both agree that we should invest in prevention and wellness.

The bill has incorporated several Republican ideas into its proposal, but

Democrats and Republicans have a profound disagreement on the proper oversight on insurance companies. We believe that insurance companies need to be held accountable with minimum commensurate standards to help keep premiums and industry abuses down. Republicans believe that insurance companies should have a freer hand and should be free to raise rates and reduce, and even eliminate, coverage. We believe that the most effective way to reduce premiums for all Americans and businesses, large and small, and the only way to cover all people with preexisting conditions is to make sure that everyone is in the insurance system. Republicans disagree, and their plan will not outlaw discrimination against people with preexisting conditions. Those are profound differences, Madam Speaker, and that's why we need health care reform.

HEALTH CARE REFORM

(Mrs. CAPITO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CAPITO. Madam Speaker, I rise today to express my utter disbelief and disappointment at the path the Democrat leadership has chosen for health care reform. Never, ever in my 14 years of legislating have I ever been asked to vote for a bill that will "be fixed later." We don't even know what this bill costs—well, in excess of \$1 trillion—or what backroom deals will wind up being in this bill after the vote. It is an absolute affront to the integrity of this Congress that we are being asked to put a signature on the bottom of a blank page.

Now, we've all seen team building exercises where one person stands blindfolded on the edge of a table and is asked to fall back into the arms of their colleagues. Well, that's what the Speaker is asking this Congress to do, to fall backwards from this precipice with the promise that all will be well. My constituents deserve more than a mere promise of trust. We should not be asked to be voting on a bill that will affect one-sixth of our economy and touch every single American's life without knowing what is in the bill.

Well, the Speaker knows what's in the bill, and she doesn't want anybody to vote on it. Americans deserve health reform, but they deserve it the right way.

□ 1445

THE DEFINITION OF COURAGE

(Mr. LATOURETTE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LATOURETTE. Madam Speaker, yesterday the President of the United

States was in beautiful Strongsville, Ohio, and the biggest applause line he got was when he said, We need courage. We need courage to have an up-or-down vote on the health care bill.

Now, I'm not a big fan of the health care bill, but I thought, My, that's pretty brave. And I looked up "courage": mental or moral strength to venture, persevere, withstand danger, fear, or difficulty. So good for the President; he's standing up for his principles.

Well, imagine my surprise when I padded out in my jammies this morning and got The Washington Post, and the headline on the top of the fold is "Pelosi may try to pass health bill without vote." And I said, No, she didn't. But, I thought, perhaps sometimes newspapers are misleading and the headline might not describe the story. But no, sadly, this is the story.

So it's not courage that we're going to have here. So I went a little further in the dictionary. "Cowardly," that fits. "Craven," that fits. You go a little into the Ds; "deceptive," that's appropriate. Go a little bit further, "gutless," into the Gs. Right. "Spineless," under the Ss. And you can go all the way to the Ys, "yellow-bellied."

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Ms. RICHARDSON). The Chair will remind all persons in the gallery, that they are here as guests of the House, and that any manifestation of approval or disapproval of proceedings or other audible conversation is in violation of the rules of the House.

HEALTH CARE REFORM

(Mr. SOUDER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SOUDER. Back when Thomas Jefferson did the first Louisiana Purchase, he got all parts of 13 States for, what's in inflation-adjusted dollars, \$150 million today. When the Senate health care bill passed, it cost \$300 million to just get and buy one vote. Who knows what this week is going to cost the American taxpayers.

We've also seen the outrage of how they propose to pass this bill. Over in the Senate, rather than the deliberative body going through in what's a takeover of 17 percent of the American economy, they're going to go through and try to jam it with a majority plus the Vice President, or one, whatever they need.

Now we have the Slaughter rule in the House, where they're going to try not to even have an up-or-down vote. They're not even going to try to get 51 percent or 50 percent plus the Speaker. They're going to deem it passed.

Do they really think the American people are going to buy this unconstitutional fraud?

HEALTH CARE REFORM

(Mr. MCHENRY asked and was given permission to address the House for 1 minute.)

Mr. MCHENRY. Madam Speaker, look, I'm surprised when I go home. My constituents will tell me unequivocally that they're in favor of health care reform, but they're not in favor of this plan. And yet I come to Washington, and they say, if you're in favor of health care reform, you have to buy into this sham of a health care bill. Well, my constituents know what a sham is and, unfortunately, it's this Senate bill that the House is going to be voting on.

Then I read headlines that the Speaker of the House doesn't actually want a vote on the Senate bill, and I recall the basics of parliamentary procedure that require the House to vote on the exact same bill the Senate does before it can be signed by the President to be enacted into law. So the Democrats are just trying to pull a fast one on the American people.

The American people know that this is a bad deal. According to the Congressional Budget Office, run by a Democrat, they're right to be worried, because premiums will go up between 10 and 13 percent under this plan. That means \$2,100 more for the average family in America in health care expenses. It's a wrong plan, and we should oppose it.

HEALTH CARE REFORM

(Mr. COBLE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. COBLE. Madam Speaker, this past weekend I visited with four of my six counties in North Carolina—Moore, Guilford, Davidson, and Rowan counties—hundreds of people, and without exception, no one spoke in favor of this bill. Increased taxes, they said to me, increased costs. The heavy-handed way in which it's been administered, as if to say, By golly, this is the bill you're going to get whether you like it or not.

Madam Speaker, this proposal is a train wreck waiting to occur. We need no train wrecks.

I will admit that some attention needs to be directed to the delivery of health care in this Nation, but this is not the appropriate vehicle to deliver it. We need to scrap this bill and start anew with a sound proposal.

PASSING THE HEALTH CARE BILL WITHOUT A VOTE

(Mr. STEARNS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. STEARNS. Madam Speaker, to protect Members from voting on the

Senate health care bill, Democrats are using a self-enacting rule to deem that bill passed by the House.

As Speaker PELOSI said, "It's more insider and process-oriented than most people want to know. But I like it because people don't have to vote on the Senate bill."

Huh?

This is the same Speaker who stated, "We have to pass the bill so you can see what's in it." So that you can see what's in it.

Huh?

They are distorting the Rules Committee procedures and the reconciliation process to ram through a health care bill. Where is the transparency that Speaker PELOSI talked about?

Huh?

Last year, the House was passing bills without reading them. This year, they are passing bills without voting on them.

The Democrats desire passage of a health care bill in the darkness of a self-enacting rule. It's an affront to the constitutional powers of Congress and every voter in this country.

DEMOCRAT HEALTH PLAN IS THE WRONG PRESCRIPTION FOR AMERICA

(Mr. HASTINGS of Washington asked and was given permission to address the House for 1 minute.)

Mr. HASTINGS of Washington. Madam Speaker, with millions of phone calls, emails and personal visits, the American people have made it clear to Congress that they want health care reform that lowers costs, not a government takeover of their health care system.

I support reforms that will lower the cost of health care and increase choices for Americans, but the fact is that the bills being pushed through Congress won't achieve these goals. They, instead, lead to higher spending and more government control.

Instead of listening to the American people, Democrats in Congress have made it clear that they will do whatever it takes to have their trillion dollar health care proposal become law. These bills making their way through Congress ignore the clear desire of Americans to scrap the government takeover of health care, and they ignore the clear desire of Americans to start over again.

Congress must, instead, focus on commonsense solutions that reduce costs, increase choices, and help more Americans afford the coverage they deserve.

The bottom line, Madam Speaker, is that Congress needs to start over on a new bill.

HEALTH CARE REFORM

(Mr. ROYCE asked and was given permission to address the House for 1 minute.)

Mr. ROYCE. Madam Speaker, when we picked up the headlines of The Washington Post today, it says, "Pelosi may try to pass health bill without vote." And through nothing more than budgetary gimmicks, like counting half a trillion dollars reserved for Medicare twice, the Speaker claims it's going to pencil out.

I think the American people know better. They understand that you cannot create a massive new entitlement program behind closed doors and expect our dire financial situation, our dire fiscal predicament in this country to do anything except compound.

Instead of addressing the actual drivers of rising health care costs, like escalating legal liability cost, and structural flaws in the way insurance is regulated, this bill compounds the problem and shifts the cost curve up, not down.

Faced with trillion-dollar deficits as far as the eye can see, now is the time to take a step back and look for incremental reforms that can increase affordability for millions of Americans without saddling future generations with this unpayable tab.

The American people know that when so-called health care reform includes tax hikes, less freedom and more government control, it's a government takeover of health care.

HEALTH CARE REFORM

(Mr. FORTENBERRY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. FORTENBERRY. Madam Speaker, we are hearing about the problems with this health care bill, from its failure to address the real cost drivers, as well as its subversion of the democratic process. But here's another problem. The Speaker of the House, on Monday, asserted that the bill before us is "about health care, health insurance reform. It's not about abortion."

Now for the reality. The bill before us would permit the Federal Government to provide subsidies to insurance plans that cover abortion, oversee State plans that cover elective abortions, and allow Federal officials to mandate that private plans cover abortions. It is replete with abortion.

The American people have spoken, and they do not want their taxpayer dollars entangled in the provision of abortion. Abortion is not health care, and no American should be forced to pay for it.

We should be supporting those in vulnerable circumstances. Abortion is so often the result of abandonment. Women deserve better. But true health care reform must be life-affirming. I will not support this bill.

HEALTH CARE REFORM

(Mr. ROHRABACHER asked and was given permission to address the House

for 1 minute and to revise and extend his remarks.)

Mr. ROHRABACHER. Madam Speaker, as the vote on health insurance reform approaches, I've become increasingly troubled at the things that this bill fails to do.

Despite claims to the contrary, the Democrat bill fails to decrease health care costs. We keep hearing about how people are being cost out of the market; they can't afford their health care, but it does not decrease health care costs. In fact, the bill would increase the cost of health care in the form of higher premiums and exorbitant new taxes on families. Furthermore, it will not prevent funds from going to illegal aliens or abortions. So that's what it doesn't do.

What does it do? Well, this legislation will make sure the American people are more addicted to socialism because we will be more dependent on the Federal bureaucracy. What it will do is create a \$1 trillion new program, even when we can't afford the current programs.

Well, what we need to do is to make sure that we come up with a list of reforms that is a bipartisan list. The Democrats have actually ignored what Republicans have offered to reform the system in order to transform it. Well, they're transforming it by making backroom deals. That's not what the American people want.

Let's come forward with what we believe in and how to make the system better and work together. But we have to start by voting "no" on this legislation.

HEALTH CARE REFORM

(Mr. LAMBORN asked and was given permission to address the House for 1 minute.)

Mr. LAMBORN. Madam Speaker, I rise today on behalf of my constituents who tell me time and time again that they do not want a government-run health care plan. In spite of all this protest, Democrats are seeking to jam the bill down the taxpayers' throats through a convoluted legislative rule known as the Slaughter solution. This scheme allows a vote on a rule that would deem the Senate version of the health care bill to be passed without bringing the actual bill up for a vote.

Constituents send their Members of Congress to Washington to represent their interests through votes. The Slaughter House rule would violate our constitutional pledge to protect and defend the Constitution.

To pass a bill of this magnitude through a procedural gimmick like the Slaughter House rule would be a cowardly cover-up. What exactly is the majority afraid of? Why are they trying to hide their vote?

The American people deserve an open and honest vote.

HEALTH CARE REFORM

(Mr. DENT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DENT. Madam Speaker, you know, for the better part of a year, we have devoted the lion's share of our attention to health care reform, and this is where we are today. From the Speaker of the House, "We have to pass the bill so that you can find out what's in it." That's simply unbelievable, and it's wrong.

You know, I have worked with my colleagues on both sides of the aisle to develop proposals that will lower costs, expand access, and improve quality. I regret very much where we are today in terms of both the policy and the process.

Policywise, there is a lot we don't know. We haven't seen this reconciliation fix-it bill. We don't have a score from the CBO. We're talking about 1/6 of our American economy, but we haven't seen it yet.

Let's talk about what we do know, the bill that we have seen, the Senate health care bill. This bill will increase taxes by more than a half a trillion dollars. It will slash Medicare by nearly a half a trillion dollars, all to create a \$1 trillion entitlement program. Families who purchase coverage in the individual market will see an average increase in their premium of \$2,300.

This is not the reform the American people want.

Unbelievably, the process is even worse than the policy. In the coming days, the powerful Rules Committee will meet up there in that room on the third floor and, according to reports, it will use an arrogant manipulation of our legislative process.

I say defeat this bill. The American people deserve better.

□ 1500

HEALTH CARE REFORM

(Mr. LUJÁN asked and was given permission to address the House for 1 minute.)

Mr. LUJÁN. Madam Speaker, I would like to ask my friends on the other side of the aisle some questions: Why do you want to let health insurance companies deny people because of pre-existing conditions? Why do you want people to lose their coverage if they lose their jobs? Why do you want to let insurance companies drop people when they get sick?

There is a simple choice. Either you want to stand up for the American people or you want to stand up for insurance companies. It has been clear over the last year that my friends on the other side of the aisle would rather stand up for health insurance companies. They would rather let insurance companies raise their rates by 25 per-

cent like they did in my State of New Mexico. They would rather let families' premiums double by 2020, increasing from \$12,100 to \$25,600. They would rather let employer premiums increase by 98 percent by 2020.

This reform bill isn't perfect, but it stops insurance companies from denying people for preexisting conditions, it provides more choice, it lowers costs, it stops insurance companies from dropping people who are sick, it helps small businesses by giving them tax credits, and it helps seniors by making prescription drugs more affordable.

It's time to act. It's time to reform.

HEALTH CARE REFORM

(Mr. CAMP asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CAMP. Americans do not want a government takeover of health care. They do not want a 2,000-page bill that puts Federal bureaucrats in charge of their personal health care decisions. They do not want a half-a-trillion-dollar cut to Medicare to fund a new entitlement program. And they do not want a half-a-trillion-dollar increase in taxes, or \$1 trillion in new Federal spending. They do not want the back room deals that were cut to buy off special interests. And they certainly do not want a health care bill that will increase the cost of their health insurance.

But that is exactly what the Democrat bill does. And that is exactly what the Democrats are trying to cram through Congress this week. If the majority wants to pass this bill, they ought to have the guts to hold an up-or-down vote and not try to hide from the American people what is really being voted on.

Madam Speaker, Americans do not want and can't afford this bill. Let's scrap it and start over.

HEALTH CARE REFORM

(Mr. HOLT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HOLT. Madam Speaker, process, process, process. What legislative parliamentary process are we using? It is a distraction. That is what someone talks about when they can't debate the content or they run out of lies or misdirections about the substance of an argument.

I don't think the woman from New Jersey is any more interested in our process today to guarantee that she has reliable coverage than she is concerned about what process the insurance company used to compose the letter saying that because she is sick, her coverage is rescinded. She prefers to have the guaranteed coverage.

Do you think a small businessman in New Jersey cares what process the insurance company used to arrive at a 25 percent increase in premiums? Or the process we use to limit the out-of-pocket expenses a person must spend for coverage?

Enough using procedures to stall and delay. Let's get it done, to provide consumer protections for everyone. Let's get it done, to have caps on insurance premium increases. Let's get it done, for better health care outcomes.

HEALTH CARE REFORM

(Mr. HALL of Texas asked and was given permission to address the House for 1 minute.)

Mr. HALL of Texas. As we enter into the most important and eventful week of the 30 years since I have been up here, I think of the consequences of the votes we will cast, both Republican and Democrat. When we passed the health bill on this very floor, the Democrats, with a 40-vote advantage on the House floor, passed H.R. 3962 with only a five-vote advantage, which showed that the outrageous health bill had been lessened in severity in the Commerce Committee and was softened up enough for the Senate to kill it.

Then a series of Senators negotiated gifts they were not entitled to, each receiving a different consideration, into being the coveted 60th vote. If we take the floor back, I would consider subpoenaing those who may have made the overtures to compare it to the law of bribery or corrupt deals. I would send the results to the Federal and State prosecutors. The bribery penalty as set out in 18 U.S. Code section 203 is imprisonment for not more than a year and a civil fine of not more than \$50,000 for each violation.

I consider offering a bribe, for a personal benefit, as worse than accepting one. Let's clean up the United States Congress and listen to our people whose only request is to take back their country.

HEALTH CARE REFORM

(Mr. BOOZMAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BOOZMAN. Madam Speaker, I rise today to express the concerns of Arkansas's Third District regarding health care reform. I have received an unprecedented amount of mail because the people of Arkansas aren't in favor of the legislative gymnastics and procedural tricks Speaker PELOSI is playing. It's inappropriate to play games to pass a health care reform bill Americans overwhelmingly oppose, a bill that represents 16 percent of our economy.

The administration called for an up-or-down vote with no procedural maneuvering, but Ms. PELOSI and the

Rules Committee are currently in the process of bypassing this up-or-down vote. By approving this rule, the Senate bill will be deemed as passed. This is not the way our founders envisioned the government working for the people.

We owe it to Arkansans and all Americans to fight for real health care reform and at least have a real "yes" or "no" vote. How in the world do you pass a bill without voting on it?

HEALTH CARE REFORM

(Mr. LUETKEMEYER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LUETKEMEYER. Madam Speaker, I would like to read a few examples of some of the emails I have been receiving on the health care proposal.

From Columbia, Missouri:

"Just a note to encourage you to fight hard against this horrible health care bill."

From St. Charles, Missouri:

"Please vote 'no' on the health care reform now before the House."

From Hannibal, Missouri:

"Congressman, please vote 'no' on the Senate's health care bill. We need to scrap that plan and start over."

From Ashland, Missouri:

"Please do not vote for the health care bill."

From Huntsville, Missouri:

"I sincerely hope you do not vote for the health care bill as it now stands."

Finally, from Columbia, Missouri:

"Vote what your people want you to do, which is against this health care bill."

Madam Speaker, my constituents have listened to the debate and rejected the proposed health care bill. No, no, no, no, no. What part of "no" does the majority not understand? I am going to listen to my constituents. I am going to be voting against the health care bill.

HEALTH CARE REFORM

(Mr. ROGERS of Alabama asked and was given permission to address the House for 1 minute.)

Mr. ROGERS of Alabama. Madam Speaker, I rise today to respond to what I think that the leadership is going to bring later this week. I understand that they are going to bring a vote to the floor that the President and our Speaker believe is a socialist plan—or I know it is a socialist plan for the government takeover of health care. And the Speaker wants her members to have the courage to pass this what she believes is a prescription for health care reform in America.

What it is is a prescription for disaster in our country, and it is also a prescription for disaster for the majority party. That is what I would like to address the balance of my remarks to.

The majority party is being asked to vote for something that their districts and their constituents don't want. The President yesterday in a speech said that what he was hoping the Members would do is show courage for a change.

Well, I agree with the President. I hope that the Democrat Members do show courage later this week. Show courage to not be a lapdog for the leadership and the President, and show the courage to be a bulldog for their districts and their constituents who adamantly oppose this socialist takeover of government health care for our country.

HEALTH CARE REFORM

(Mr. MCCLINTOCK asked and was given permission to address the House for 1 minute.)

Mr. MCCLINTOCK. Madam Speaker, I had two town hall meetings in my district on Saturday, and at both events my constituents raised this issue: How can Congress impose the most sweeping intrusion into personal health care decisions in the history of our country without a direct vote on the bill? You see, my constituents have read the Constitution, including the provision that requires both Houses to vote on a bill before it becomes a law.

If the Democrat majority attempts to impose this law without a direct vote, two things will be obvious to every American. First, that the Democrats are ashamed to cast the very up-or-down vote on the health care takeover that the President promised as recently as yesterday. And far more disturbing, they will know that the Congress has now placed itself above the Constitution.

Madam Speaker, 10 generations of Americans have defended that Constitution. Don't think for a moment that this generation will do any less.

HEALTH CARE REFORM

(Mr. OBEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. OBEY. Madam Speaker, there is one difference between my friends over here who are speechifying against health care reform today and 50 million Americans. The difference is that the roughly 15 Americans over here all have health insurance, and it is largely paid for by the taxpayers. Fifty million Americans don't have that good fortune. In fact, that difference is shameful, that difference is immoral, and I hope to God that this House has the courage and the decency to vote to change it this week.

HEALTH CARE REFORM

(Mr. BARTLETT asked and was given permission to address the House for 1

minute and to revise and extend his remarks.)

Mr. BARTLETT. Health care costs are increasing at two and three times the rate of inflation. Obviously, if this continues, it will bury us. So any health care reform needs to address health care costs. There are two major cost drivers in health care. This bill is silent on one and makes the other worse.

The one that it is silent on is tort reform. Some people think the defensive medicine associated with the threat of malpractice suits may account for a fourth of all health care costs. This bill does nothing to address that. A second cost driver is administrative costs, which may again represent a fourth of all costs. This bill makes that worse by proposing to give to poor people a policy and incur all of the health care costs associated with that policy.

We need to give poor people health care. Give the doctor, the clinic, the hospital a tax credit for giving them their health care. Then we avoid all of the administrative costs associated with that. This bill fails on both of those counts.

HEALTH CARE REFORM

(Mr. WELCH asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WELCH. With all the controversy about the health care bill, the content of it, the argument about what is in it, what is not in it, this really does boil down to a fundamental question that this Congress and this country has eluded and avoided for over 70 years, and, that is, will we have a health care system where every American is covered and where every American helps pay? Will we have a health care system where we have a common desire and need to control costs and to reform the delivery system? That is one side.

The other question is, will we have a health care system that embeds the status quo that for the past 70 years has served the interests of the insurance companies very well, increasing their profits, salaries to \$24 million, where it is a fee-for-service, volume-driven system that is absolutely burying our employers and our families under a burden of costs that we can't keep up with? That is basically the question.

Will this health care bill allow Americans to have access to health care or ensure profits again for the insurance company?

HEALTH CARE REFORM

(Mr. REICHERT asked and was given permission to address the House for 1 minute.)

Mr. REICHERT. Listen. Can you hear the American voices loud and clear

saying, I don't want a government takeover of health care? The Democrats' latest plan is still a government takeover of health care. It includes billions of dollars in new taxes, over a trillion dollars in new government spending, and will also cause millions of employers to cancel the health care of their employees.

We have also heard if you like it you can keep it. Not according to this plan. Not even according to the President of the United States, who recently said, quote, "I think that some of the provisions that got snuck in might have violated that pledge."

Madam Speaker, we don't know what is in this bill. The American people don't know what is in this bill. We need to start over.

Let's consider the Seattle Times' editorial this morning: "Right now the government should be focused on the revival of business and the creation of private sector jobs. This cannot be put off. The responsible vote," according to the Seattle Times, "is 'no'. Take a break, let the economy recover and start over."

I couldn't agree more.

□ 1515

HEALTH CARE REFORM

(Mr. HENSARLING asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HENSARLING. Madam Speaker, after the Cornhusker kickback, the Louisiana purchase, the Gator aid, the labor union bailout, the sweetheart deals for the pharmaceutical companies, now we're told that the Democrats are simply going to deem the Senate bill without voting on it.

Not 1 hour ago, I had Jennifer Neill of Athens, Texas, a middle schooler, in my office, and she said, That's not right. Why is something obvious to a middle schooler such a mystery to the Speaker and the Democrats?

What's not right is to ignore the wishes of the American people. What's not right is to have the government force you to buy health insurance. What's not right is to take health care decisions away from your doctor and give them to Washington bureaucrats and politicians. What's not right is adding \$2.7 trillion in new spending as the Democrats triple our national debt and bankrupt Americans.

What is right is to scrap the bill, start over, and let freedom ring in America.

HEALTH CARE REFORM

(Mr. KING of Iowa asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KING of Iowa. Madam Speaker, we find ourselves in a unique cir-

cumstance in this Congress after over two centuries. This is likely the very first time that something is positioned to happen that the Founding Fathers never envisioned: That there would be a bill that couldn't be passed in the Senate, and that wasn't supported by the Senate, that wasn't supported by the House, that could nevertheless become law. The first time in history.

There are only 59 votes over there in the Senate. They would not pass this bill that this House is being asked to pass. Even the Democrats don't support the Senate version of the bill. That's on a promise that it would be on a reconciliation package that we know will not be sustained on the Senate side.

And another unique component of this is that ever since 1973, the people on that side have argued that the Federal Government has no business telling a woman what she can or can't do with her body. Now their position is that the Federal Government has every right to tell everybody in America what they can or can't do with their body. Madam Speaker, this bill funds abortion. It funds illegals. It steals liberty. It's unconstitutional. It kicks off lawsuits. It spends trillions of dollars. It's irresponsible. It's a theft of liberty, and it's wrong.

HEALTH CARE REFORM

(Mr. TOWNS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TOWNS. Madam Speaker, I have been listening to the speeches that have been made on the floor: Tell them to wait and start over. Well, you know, it's nice to say wait and start over when you have insurance, but think about the 46 million people that are walking the streets of the United States of America with no insurance, but you are telling them to wait. And then of course you talk about people that are locked into jobs and working on those jobs because of the fact that the only reason they stay there is because they are able to get health insurance, and you're telling them to wait?

And then we talk about people that have preexisting conditions that can't get health care, and you're telling them to wait?

You know, I cannot believe that we're sitting here in the United States House of Representatives when we can do something about a problem that has existed for many, many years, and we are still telling people to wait. I don't think that you can afford the luxury of waiting when you do not have insurance.

Think about how many people will die today because of the fact they do not have health insurance.

HEALTH CARE REFORM

(Mr. DANIEL E. LUNGREN of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DANIEL E. LUNGREN of California. Madam Speaker, oftentimes on this floor this document becomes the inconvenient truth. It's called the Constitution of the United States. It tells us what we can and what we cannot do.

Not too many years ago, the House of Representatives and the United States Senate decided they would pass something called the line item veto. Sounded like a great idea. The only problem? It's unconstitutional.

The court at that time said the Constitution makes it very clear. The House has to pass a certain text, the Senate has to pass the exact same text, the President has to review it and then sign the same text.

You can't deem a law to be a law. The dictionary is over here. Deem doesn't mean it is. It means that it's not. It may be close. We'll pretend it is. That's not what the Constitution says.

The court has told us it has to be the exact text. If you change one paragraph, it is unconstitutional. They want us to adopt a rule that includes the bill but a lot of other language. It's not the same text. It's unconstitutional.

The inconvenient truth is we have to follow the law, and this is the supreme law of the land.

HEALTH CARE REFORM

(Mr. AUSTRIA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. AUSTRIA. Madam Speaker, this week marks a defining moment for this Congress and our Nation. With our national debt over \$12 trillion and continuing to grow while government encroaches into every aspect of our lives, the American people have spoken out loudly against any government takeover of their health care. All we have to do is listen to our constituents. Yet this administration and this Democrat leadership continues to force a \$1 trillion health care bill of Congress into law.

This bill will increase the health care costs for millions of Americans who are satisfied with their current health care coverage. It will cut Medicare and reduces benefits for seniors, such as Medicare Advantage. It will raise taxes on families and small businesses.

We all agree that our health care system can and should be improved. Unfortunately, Members of Congress are not listening to the American people, and that is that more government is not the answer.

It is time to work together on a commonsense, step-by-step approach that will lower costs and make health care

more affordable and accessible while keeping your doctor-patient relationship and choices.

HEALTH CARE REFORM

(Mr. MARCHANT asked and was given permission to address the House for 1 minute.)

Mr. MARCHANT. Madam Speaker, I rise in strong objection to what occurred yesterday in the Budget Committee. The Budget Committee passed a shell of a reconciliation bill. This shell bill will be replaced with whatever the Rules Committee deems as appropriate health care legislation. No one has seen what the Rules Committee plans to insert.

This is not an open and transparent process. An open and transparent process wouldn't be resorting to using shell bills. An open and transparent process wouldn't have had backroom negotiations that are far and away from the C-SPAN cameras. What happened in the Budget Committee and what's happening in the Rules Committee is not what the American people want.

I strongly oppose the majority's use of the parliamentary gimmicks to pass big government takeover of health care.

HEALTH CARE REFORM

(Mr. WESTMORELAND asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WESTMORELAND. Madam Speaker, looks like we may have a mystery worthy of an investigation by Scooby Doo and his gang here. This week, the House may pass a bill to overhaul one-sixth of our economy. But here we are Tuesday, and Scooby and Shaggy are scratching their heads trying to figure out, one, what's in the bill; two, what special backroom deals have been cut, and three, how can Democrats impose on the American people a bill they don't even have the courage to vote on.

Here are our clues. Speaker PELOSI says we're not allowed to see what's in the bill until it passes, and she says "no one" wants to vote for the bill that she's forcing through. We know there are special payoffs for States like Nebraska. We know there are political payoffs. We know there are tax hikes and Medicare cuts, and it's not a mystery why the Democrats are going to try to invent a ghostly scheme to pass this terrible bill.

And when the Scooby gang unmasks the ghost, we'll hear the Speaker say, I would have gotten away with it, too, if it weren't for those meddling Americans. Ruh-roh.

HEALTH CARE REFORM

(Mr. CAO asked and was given permission to address the House for 1 minute.)

Mr. CAO. Madam Speaker, the basic tenets of a democracy are those that protect life, liberty, and the pursuit of happiness. Accessible, affordable health care that protects life is one of those tenets. This is why I applaud President Obama for his strength and determination in pushing for health care reform in the face of great adversity.

I support H.R. 3962, the Health Care Reform Bill, that passed the U.S. House on November 7, 2009, because it tries to provide affordable health care while protecting life. And I stand ready to support health care reform again so long as the reconciliation bill seeks the same goals.

As of now, the Senate health care bill falls short and even contradicts the most basic principle of civilization: Thou shalt not kill. The Senate bill willfully excludes the language of the Hyde Amendment and seeks to expand funding and the role of the Federal Government in the despicable killing of the unborn. It also fails to incorporate provisions to protect the conscience of medical providers regarding abortion, as found in the Hyde-Weldon Amendment. These flaws are so devastating in their effects that they override any good the Senate health care bill seeks to promote.

Until this House fixes the abortion language and incorporates a conscience protection clause, I stand firmly in opposition.

HEALTH CARE REFORM

(Mr. TURNER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TURNER. Madam Speaker, I am just a bill, and I am sitting here on Capitol Hill waiting for a vote, apparently, unless you're in NANCY PELOSI's House. Unlike in "School House Rock," NANCY PELOSI says that this little guy doesn't need to wait around for a vote. He can be deemed to be passed.

Now, this is a new one for my daughter Jessica's high school government class. They can't understand how Speaker PELOSI can deem a bill passed without a vote. There is no deeming a bill passed in "School House Rock" or in the expectations of the American people.

In today's Washington Post, Speaker PELOSI tells us why she wants to deem the health care bill passed without a vote. She suggests that it politically protects lawmakers who are reluctantly supporting the measure. However, the American people are smart. They know that for this bill to become law, it takes a vote.

Madam Speaker, let's stop the parliamentary tricks. Let's bring this bill to a vote, and I will be voting "no."

HEALTH CARE REFORM

(Mrs. BIGGERT asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BIGGERT. Madam Speaker, the American people have made it very clear that they do not like or want this bill. How arrogant is it for the other side of the aisle to say to them, We know what's best for you, and we're going to pass it anyway. And then how arrogant is it for the other side of the aisle to say, We don't have to take a vote on this bill. We'll just deem it law.

In both cases the other side of the aisle is grossly underestimating the intelligence of the American people. The American people know that deeming is a vote on a bill that they don't like. Let's just have an up-or-down vote if we have to have a vote on this, and I vote "no."

HEALTH CARE REFORM

(Mr. THORNBERRY asked and was given permission to address the House for 1 minute.)

Mr. THORNBERRY. Madam Speaker, the Founding Fathers established this Congress so that individuals would be elected from all over the country, come here with different points of view, discuss those views, yes, but ultimately take a vote on the issues of the day. And then the people who sent them here—the voters—could hold them accountable for the votes they cast here in this Chamber and in the other body across the way.

It would be inconceivable to them that this House would deem a bill passed without taking a direct vote up-or-down on the substance of the matter so that the voters back home could hold them accountable, and yet that is exactly the direction that this leadership tries to take the House today.

The American people already do not trust this institution. They do not believe that we are in touch with them and listening to them. The intentions of the leadership of this House will only carry those suspicions further and further betray the trust that American people should have in their elected representatives.

We should start over and do it again.

HEALTH CARE REFORM

(Mr. BROUN of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BROUN of Georgia. Madam Speaker, I don't think the American people can be any clearer. They do not want this government-run health care bill that the President and leaders in this Congress are trying to ram down their throats. The leadership in this House have declared that socialized

health care will become law without taking a vote on the actual bill. They are forcing this reconciliation ruse.

It's a simple answer. This bill contains billions of new taxes, kills jobs, provides for taxpayer-funded abortions, and places an enormous debt on the shoulders of our children and grandchildren. The fact is, many Democrats in Congress do not like this bill any more than the American people. They will be forced to vote for it with a promise that it will be fixed later, but we all know that this is an empty promise. It is a reconciliation to nowhere.

The Democrats may control Washington, but the American people still control this country. I urge all of my colleagues to stand up for your constituents and vote "no" on this scam.

□ 1530

HEALTH CARE REFORM

(Mr. CAMPBELL asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CAMPBELL. Madam Speaker, analysts tell us that the Medicare system in this country will be bankrupt in 7 years and that Social Security and Medicaid are not far behind. What that means is we can't pay for the entitlements we've got.

So what does this health care bill do? It adds more entitlements. It's like learning that you can't pay the mortgage on your house and buying a second one and five more cars. Americans wouldn't do that, but President Obama and the Democrats in this House are going to. We can't pay for the entitlements we've got. Let's pay for them first before we add new ones.

Unfortunately, because of the actions of this House, America is going bankrupt, and this health bill will hasten that bankruptcy. Vote "no" and kill this bill.

HEALTH CARE REFORM

(Mr. BARTON of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BARTON of Texas. Madam Speaker, we have all seen the television program "Deal or No Deal" where you look at this case and you decide whether you want that case or you don't want the case and take the deal or not take the deal. Well, that's what we have, except this time, the Speaker of the House is saying that there may not even be a case, we don't want you to know what's in the case, we just want you to vote for this self-executing rule so that whatever happens happens.

Well, that self-executing rule, Madam Speaker, is well named, because the people that vote for it are

probably going to be victims of their own execution at the next congressional election.

Let's have an up-or-down vote, just as the President has suggested, on a real bill, and make people accountable in their congressional districts whether they are for this massive health care bill, a government takeover of health care, or whether they want to keep the current system of private markets, private initiative and the market-based health care system.

Do not make us vote on the self-executing rule.

HEALTH CARE REFORM

(Mr. TIM MURPHY of Pennsylvania asked and was given permission to address the House for 1 minute.)

Mr. TIM MURPHY of Pennsylvania. I have sent or received nearly 750,000 letters and emails from my office and have held 225 constituent town hall meetings. I have a pretty good idea why my constituents are upset about this health care bill. They were promised that it wouldn't tax health care, but it does. They were promised that it wouldn't mandate health care, but it does. They were promised it wouldn't raise taxes on people with incomes less than \$250,000, but it does. You can only pay for this by doing some manipulation of taking \$52 billion from Social Security and \$72 billion from long-term health care. And it doesn't pay doctors to the tune of \$371 billion. It doesn't allow doctors to volunteer at community health centers. It doesn't reduce infection rates at hospitals. And it doesn't deal with the \$700 billion of waste in health care that we've got to address.

You don't reform health care by demonizing insurance companies, drug companies and doctors. And Americans are saying we've got to reform health care, not just continue to pass bills that are facades to real health reform.

And that's why they're mad as hell.

HEALTH CARE REFORM

(Mr. MICA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MICA. Madam Speaker, my colleagues, the American people, and I think myself would like to see health care reform. There is a lot of room for improvement. There are a lot of people that don't have coverage or access to affordable health care.

Most of the people I talk to want their premiums down if they do have insurance. If you talk to Americans, what do they want now? They want jobs, and they want the economy expanded so people can even get their own health care. What they also want is a bipartisan effort on behalf of Congress to get these things done.

Instead, what they've got in all of the proposals before us is a proposal to cut Medicare and to dramatically increase taxes. What they wanted was some transparency in this process and openness. Instead, they are getting a closed-door deal and a back-door deal that is not transparent, not open to bipartisanship, imposes taxes on all Americans and, in fact, cuts Medicare for our poorest and oldest citizens. They just don't get it.

HEALTH CARE REFORM

(Mr. CRENSHAW asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CRENSHAW. Madam Speaker, I think most of you all know that the movie "Alice in Wonderland" opened in a theater near you just this last week. It's in three dimensions. And it obviously has inspired our Democratic friends in an effort to explain what is going on in this make-believe world they have created up here. There is an exchange in that "Through the Looking Glass" where Humpty Dumpty is talking to Alice. And Humpty Dumpty says, When I use a word, it means exactly what I choose it to mean, neither more nor less. But Alice asks the insightful question, Well, can you really make words mean so many different things?

And I think that is the question the American people are asking. Alice figured out that Humpty Dumpty was just making words mean what he wanted them to mean. And I think the American people are figuring out that the Democrats are just making up words like "vote" and then giving it a different meaning. People are smarter than that. And I think there's a better way.

HEALTH CARE REFORM

(Mr. BURTON of Indiana asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURTON of Indiana. I really get a kick out of the Speaker. She thinks the American people don't get what's going on, but they do. The overwhelming majority of Americans don't want this, and they know that she's playing around with the rules here in the House.

And so I just want to make one little statement to the Speaker if she is paying attention. Abraham Lincoln, who was a Member of this body a long time ago, said, You can fool all of the people some of the time, and some of the people all of the time, but you can't fool all of the people all of the time.

And if those people on that side of the aisle vote for this turkey, they're going to pay in November.

HEALTH CARE REFORM

(Mr. FLAKE asked and was given permission to address the House for 1 minute.)

Mr. FLAKE. Madam Speaker, one of my favorite things to do is go to a local high school and talk to government classes. For the past 10 years that I've been doing this, I have always told them, there are certain things that are done in the House that are there to protect the minority. One is during appropriation bills: any Member can bring any amendment to the floor on anything they want to that is germane to the bill, and the leadership can't stop them, even their own party or the other party.

This past year, I wasn't able to say that anymore because for the first time in the history of this institution, every appropriation bill that came to the floor was brought under a closed rule so only the amendments that the majority wanted to be offered could be offered.

Something similar is happening here. All of us have told classes that we have taught that your history books are right, if a bill passes the House and a different bill passes the Senate, the House will have to vote on it again. But here we're being told, no, you don't have to do that anymore. You can deem it passed. It just magically appears back in the Senate without having a vote here in the House.

Our institution, this institution, the people's institution, deserves better than that.

HEALTH CARE REFORM

(Mr. GRAVES asked and was given permission to address the House for 1 minute.)

Mr. GRAVES. Madam Speaker, I rise today to voice my opposition to this piece of legislation. This is a government takeover of health care. Over the last few months, the American people have voiced their opposition to this bill loud and clear. They know that this bill is being pushed with false promises and backroom deals, and they have had enough. This bill will put the American Government between patients and their doctors. It's going to raise taxes and increase regulations. It will hurt small business owners, the very people who create 7 out of every 10 jobs in this country, by hitting them with impossible mandates.

Make no mistake: this bill will destroy jobs in this country and freeze our economic recovery.

Madam Speaker, Americans know that the answer to the problems in our health care system is not bigger government and more bureaucrats. The answer is more competition and better choices. My colleagues and I have introduced several commonsense reform pieces, but they have been ignored by the majority. It's not too late to start

over on legislation that will increase access for all Americans and help control costs. However, this bill is not the answer. I urge my colleagues to vote against it.

HEALTH CARE REFORM

(Mr. MCCARTHY of California asked and was given permission to address the House for 1 minute.)

Mr. MCCARTHY of California. Madam Speaker, just last week I was listening to the Speaker talk about health care. She said—and I had to actually look it up in the transcripts because I couldn't believe what I heard—Madam Speaker, Speaker PELOSI said, "We have to pass it so you can see what's in it." Well, she was wrong then, and she is wrong now. The Democratic majority in this people's House is not listening to the people. Americans do not want this bill.

How do we know this? Well, because in my own town halls last summer, which I had in Bakersfield, California, and Paso Robles, more than 5,000 constituents turned out just to say that. And it is not just because they don't know what's in the bill. They get it. They don't like it. They don't like the political payoffs, the job-killing tax hikes, the huge cuts in Medicare; and most of all, they don't like Washington running their health care.

Maybe that's why this House Democratic majority is poised to use the parliamentary procedure to pass this bill without an actual vote. By doing this, the House majority will prove, once again, they are not listening. It's time for a new direction. Scrap the bill and start over.

HEALTH CARE REFORM

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Madam Speaker, here are 10 reasons why the administration's health bill makes no sense according to Investor's Business Daily. Number one, the people don't want it. In fact, the majority of Americans are opposed to it. Two, doctors don't want it. Three, people are happy with the health care they have. Four, it doesn't cover the people they set out to cover. Five, costs will go up, not down. Six, real cost controls are nowhere to be found. Seven, insurance premiums will rise, not fall. Eight, Medicare is already bankrupting us. Nine, medical care will also deteriorate. And, ten, rationing of care is inevitable.

Madam Speaker, the conclusion is clear: Congress should start over and get it right.

HEALTH CARE REFORM

(Mr. KINGSTON asked and was given permission to address the House for 1

minute and to revise and extend his remarks.)

Mr. KINGSTON. Madam Speaker, if the Democrats are so proud of the health care bill, why the subterfuge? Speaker PELOSI said, If we can't cross the fence, we will pole vault over it. We will tunnel under it, we will break through it. In other words, they are going to subvert the legislative process.

If they are so proud of the health care bill, why the Cornhusker kick-back? Why the Louisiana purchase? Why the Gator aid? Why the hospital for the folks in Connecticut? Why all the other special interest bills? And if they are so proud, why not post it on the Web page? But, in fact, here is what the Speaker said. These are NANCY PELOSI's words: "We have to pass the bill so that you can find out what's in it." In other words, the height of D.C. arrogance and Beltway we-know-best.

I call on fair-minded Democrats to join me in denouncing this process and standing up for transparent, fair, and open government. Let's have a bill that comes to the floor in which amendments are allowed and one that has come through the committee process.

HEALTH CARE REFORM

(Mr. MCCAUL asked and was given permission to address the House for 1 minute.)

Mr. MCCAUL. Madam Speaker, the American people have spoken loud and clear on this issue as recently as the Massachusetts election. They want health care reform, but they reject this bill. This administration and the Democrat majority have been tone deaf to this message. Speaker PELOSI just said, "We need to pass this bill to see what's in it."

I don't quite understand what that really means. But I will tell you what's in this bill: there's over \$500 billion in tax increases, a cut to Medicare by \$500 billion, a new form of government-run health care insurance by the Office of Personnel Management, a cut to Social Security by \$4.2 billion, and sweetheart deals, basically legalized bribery, to buy off votes of the Senate by the Louisiana purchase, the Cornhusker kick-back and the Gator aid.

To those Blue Dog Democrats, 40 sitting in conservative districts, do the right thing. Don't walk the plank on this bill. This is still the United States of America, and we're going to take this country back.

□ 1545

UNACCEPTABLE GROWTH OF GOVERNMENT

(Mr. KLINE of Minnesota asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KLINE of Minnesota. Madam Speaker, we have been talking all day about this bill that is that 2,700-page Senate bill, this bill that increases bureaucracies and bureaucrats and gives more government power and more government control. We know the American people don't like it, and we are speaking against it.

But that is not bad enough. At the same time, using this convoluted parliamentary procedure, our Democratic colleagues want to have the government take over the student lending business, build up bigger bureaucracy, wipe out 30,000 private sector jobs, make the Department of Education one of the largest banks in the country lending \$100 billion a year of money that we don't have, money that we have to borrow from China before we can lend it to students.

So whether it is health care or it is student lending, we are watching a massive growth of government power, size, and spending, and I deem that unacceptable.

NOTICE OF INTENTION TO OFFER RESOLUTION RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

Mr. FLAKE. Madam Speaker, pursuant to clause 2 of rule IX, I hereby give notice of my intent to offer a resolution raising a question of the privileges of the House.

The form of the resolution is as follows:

Whereas, the Committee on Standards of Official Conduct initiated an investigation into allegations related to earmarks and campaign contributions in the Spring of 2009.

Whereas, on December 2, 2009, reports and findings in seven separate matters involving the alleged connection between earmarks and campaign contributions were forwarded by the Office of Congressional Ethics to the Standards Committee.

Whereas, on February 26, 2010, the Standards Committee made public its report on the matter wherein the Committee found, though a widespread perception exists among corporations and lobbyists that campaign contributions provide a greater chance of obtaining earmarks, there was no evidence that Members or their staff considered contributions when requesting earmarks.

Whereas, the Committee indicated that, with respect to the matters forwarded by the Office of Congressional Ethics, neither the evidence cited in the OCE's findings nor the evidence in the record before the Standards Committee provided a substantial reason to believe that violations of applicable standards of conduct occurred.

Whereas, the Office of Congressional Ethics is prohibited from reviewing activities taking place prior to March of 2008 and lacks the authority to subpoena witnesses and documents.

Whereas, for example, the Office of Congressional Ethics noted that in some instances documents were redacted or specific information was not provided and that, in at least one instance, they had reason to believe a witness withheld information requested and did not identify what was being withheld.

Whereas, the Office of Congressional Ethics also noted that they were able to interview only six former employees of the PMA Group, with many former employees refusing to consent to interviews and the OCE unable to obtain evidence within PMA's possession.

Whereas, Roll Call noted that "the committee report was five pages long and included no documentation of any evidence collected or any interviews conducted by the committee, beyond a statement that the investigation 'included extensive document reviews and interviews with numerous witnesses.'" (Roll Call, March 8, 2010)

Whereas, it is unclear whether the Standards Committee included in their investigation any activities that occurred prior to 2008.

Whereas, it is unclear whether the Standards Committee interviewed any Members in the course of their investigation.

Whereas, it is unclear whether the Standards Committee, in the course of their investigation, initiated their own subpoenas or followed the Office of Congressional Ethics recommendations to issue subpoenas. Therefore, be it

Resolved, That not later than seven days after the adoption of this resolution, the Committee on Standards of Official Conduct shall report to the House of Representatives, with respect to the activities addressed in its report of February 26, 2010, (1) how many witnesses were interviewed, (2) how many, if any, subpoenas were issued in the course of their investigation, and (3) what documents were reviewed and their availability for public review.

The SPEAKER pro tempore. Under rule IX, a resolution offered from the floor by a Member other than the majority leader or the minority leader as a question of the privileges of the House has immediate precedence only at a time designated by the Chair within 2 legislative days after the resolution is properly noticed.

Pending that designation, the form of the resolution noticed by the gentleman from Arizona will appear in the RECORD at this point.

The Chair will not at this point determine whether the resolution constitutes a question of privilege. That determination will be made at the time designated for consideration of the resolution.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

SUPPORTING GOALS AND IDEALS OF RED CROSS MONTH

Ms. WATSON. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 311) expressing the support of the House of Representa-

tives for the goals and ideals of Red Cross Month.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 311

Whereas the American National Red Cross, one of the most well-known humanitarian organizations in the world, was founded by Clara Barton in Washington, DC, on May 21, 1881;

Whereas the American National Red Cross received a congressional charter in 1905 setting forth the purposes of the organization, which include giving relief to and serving as a medium of communication between members of the Armed Forces of the United States and their families, and providing national and international disaster relief and mitigation;

Whereas the American National Red Cross depends on the support of the people of the United States to accomplish the mission of the organization;

Whereas the American National Red Cross has been at the forefront of helping individuals and families prevent, prepare for, and respond to disasters for more than 127 years, including more than 70,000 disasters annually, ranging from apartment and single-family home fires, the most common type of disaster, to hurricanes, floods, earthquakes, wildfires, tornadoes, hazardous materials spills, transportation accidents, explosions, and other natural and human-caused disasters;

Whereas, when a disaster strikes or is imminent, communities throughout the United States depend on the American National Red Cross to help meet the basic and urgent needs of affected individuals, including shelter, food, healthcare, and mental health services;

Whereas the "Be Red Cross Ready" safety program encourages the people of the United States to take the 3 actions that will help them "Be Red Cross Ready" for a disaster: "Get a Kit, Make a Plan, Be Informed";

Whereas the "Be Red Cross Ready" safety program represents a major effort by the American National Red Cross to encourage the people of the United States to be more prepared for a disaster or other emergency;

Whereas, since 1943, every President of the United States has proclaimed March to be "Red Cross Month"; and

Whereas the American National Red Cross uses Red Cross Month as an opportunity to promote the services and programs the organization provides to the people of the United States: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the goals and ideals of Red Cross Month;

(2) recognizes the contributions of American National Red Cross volunteers in times of natural and human-caused disasters, and in times of armed conflict; and

(3) encourages the people of the United States to "Get a Kit, Make a Plan, and Be Informed".

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. WATSON) and the gentlewoman from Florida (Ms. ROSELEHTINEN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. WATSON. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Ms. WATSON. Madam Speaker, I rise in strong support of this resolution, and I yield myself such time as I may consume.

Madam Speaker, I am grateful for the opportunity to speak today and to vote on H. Res. 311, a bill I introduced to honor one of the most well-known humanitarian organizations in the world, the American National Red Cross. This bill expresses the support of the House of Representatives for the work of this important institution by honoring March as Red Cross Month.

Since the American National Red Cross was founded by Clara Barton on May 21, 1881, the organization has been at the forefront of providing relief to individuals around the world during times of great crisis. The American National Red Cross provides relief for more than 70,000 disasters annually, ranging from small home fires to hurricanes, floods, tornados, conflicts, and earthquakes, such as those that recently struck in Haiti and Chile. And I understand there was a 4.4 earthquake today in the Los Angeles area.

The American National Red Cross has had a presence in Haiti since 2004, supporting local disaster preparedness, HIV education, malaria prevention, and measles immunization programs.

In the 2 months since the devastating earthquake struck on January 12, the American National Red Cross has allocated \$106.4 million for Haitian relief and development and efforts to provide both short-term and long-term assistance to the survivors. In just 2 months, the global Red Cross network has provided relief items for 400,000 people, including 99,000 tarps, tents, shelter tool kits, and meals for more than 1 million people, 40 million liters of clean drinking water, built more than 1,100 latrines, helped vaccinate more than 125 people, treated more than 55,000 people at Red Cross hospitals or mobile clinics, and assisted more than 25,000 people who arrived in the United States following the earthquake.

With an estimated 1.3 million Haitians left homeless by the earthquake, the difficult and noble work the American National Red Cross has undertaken in Haiti is an effort that each and every American can be proud of. However, the relief they bring to Haiti is only one example in over 129 years of exemplary humanitarian service.

This institution represents the best aspect of the American spirit to people all around the world. When a disaster

strikes, the sign of the Red Cross is a source of comfort and hope, and a reminder of the generosity and the caring nature of the United States and its citizens.

Since 1943, every President of the United States has proclaimed March as Red Cross Month, and I urge my colleagues to continue this tradition and support H. Res. 311.

Madam Speaker, I reserve the balance of my time.

□ 1600

Ms. ROS-LEHTINEN. I yield myself such time as I may consume.

I rise in strong support of House Resolution 311, introduced by my good friend from California, Ambassador WATSON. For the past 129 years, the American Red Cross has been providing material and emotional support to victims of disasters and to our military families. Many of us know the story of the founding of the national organization by Clara Barton in the aftermath of her service during the Civil War. But, my colleagues may be less familiar with the fact that 93 years ago this week, Miami philanthropist Harriet Parsons James convened a group of local residents to begin the southeastern Florida chapter of the American Red Cross. A month later, Mrs. Florence Spottswood of Key West gathered a group of local leaders in the Keys to start what soon became the Key West chapter of the American Red Cross. Madam Speaker, the Spottswood family name is still associated with philanthropy and altruistic good works in the Florida Keys.

After several years of humanitarian service, those organizations merged in May of 1987, and today the South Florida Region American Red Cross continues to be an indispensable neighbor to the people of my congressional district. In the past year, it has responded to 556 local emergencies, delivered nearly 1,000 emergency messages to and from military families, and trained more than 19,000 people in lifesaving skills in our community. Whether it is in response to hurricanes, in response to house fires, the volunteers and supporters of the South Florida Region continue to provide critical aid, for which we are deeply grateful.

Mr. Speaker, in the aftermath of the earthquake in Haiti, the American Red Cross in Miami-Dade, Broward, Monroe, and Palm Beach counties assisted more than 13,000 U.S. citizens who were flown to south Florida by the U.S. Government. They served nearly 10,000 meals. They provided mental health support to nearly 2,000 people. Nationwide, the American Red Cross has raised over \$350 million for earthquake relief and development efforts. It has already used more than \$100 million to provide food, water, relief supplies, shelter, and health services to the people of Haiti.

I am proud to join my colleagues in supporting the ideals of Red Cross Month. Whether it is providing disaster relief, safe blood, or communications between our military members and their families, the American Red Cross is one of the most enduring and successful examples of the volunteer spirit at the heart of our Nation.

Mr. Speaker, I reserve the balance of my time.

Ms. WATSON. Mr. Speaker, I have no further requests for time, and I reserve the balance of my time.

Ms. ROS-LEHTINEN. Mr. Speaker, if I could inform Ambassador WATSON that I have some more remarks to make, I yield myself such time as I may consume.

I want to take a moment to highlight an unfortunate absurdity that we are confronted with today, Mr. Speaker. I'm proud to support the resolution before us, but all of us recognize that dedicated people of the American Red Cross will continue to do their good work regardless of whether they are congratulated by this body. Yet the Democratic leadership has taken care to ensure that this symbolic resolution will receive a vote today—something that they may deny to the trillion-dollar Senate health care bill.

To recap, we're able to debate and vote on this nonbinding resolution. That is well and good. Yet we are denied the chance to vote on this huge, expensive Senate health care bill. The procedure being discussed in the press attempts to get around the basic requirements of the Constitution—that both Houses of Congress must pass the same bill text before it is presented to the President and signed into law.

As the director of the Constitutional Law Center at Stanford Law School, former Federal Circuit Court Judge Michael McConnell wrote in yesterday's Wall Street Journal: "Under Article I, section 7, passage of one bill cannot be deemed to be enactment of another." I'm sorry if the Democratic leadership feels that the burdens of representative government outlined by our Constitution are too great a burden for their agenda to bear. But that momentous bill deserves at least as much consideration as we are giving to the wide range of nonbinding resolutions that we are considering this week.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise today in support of H. Res. 311 to recognize the American National Red Cross and to express my support for the Goals and Ideals of Red Cross Month.

The Red Cross is one of the most effective and important disaster relief organizations in the world, and since its founding in 1881, the Red Cross has worked diligently to prevent and relieve suffering. As a non-practicing Registered Nurse, I am still moved by the lifesaving work that the Red Cross does in some of the most difficult places on the planet, and I am proud to recognize this organization and all of their efforts. Additionally, every President

of the United States since 1943 has proclaimed March to be Red Cross Month and because of this, I am happy to join people across the county in supporting this remarkable organization.

Mr. Speaker, the American National Red Cross is one of our country's greatest treasures, and the work that they do is unmatched across the globe. I encourage my fellow colleagues to join me today in supporting this resolution to recognize this organization and support the goals and ideals of Red Cross Month.

Ms. FUDGE. Mr. Speaker, since 1943 Americans have celebrated the month March as Red Cross Month. I am proud to continue this tradition and recognize the humanitarian spirit of the Red Cross' mission and the dedication of its volunteers.

The American Red Cross of Greater Cleveland, which has its headquarters on Euclid Avenue, does a tremendous job serving the community. The Cleveland chapter improves the quality of lives through emergency preparedness, responding to disasters with humanitarian aid, and providing health and safety training.

When a recent explosion on West 83rd left several families with nothing, the Greater Cleveland Red Cross stepped in and opened a temporary housing facility for them. It then joined with local residents to raise funds and accept donations. That situation demonstrates our Red Cross' responsiveness to community needs and compassion for Americans.

I'd like to congratulate Mary-Alice Frank, CEO of the Greater Cleveland Chapter, David Plate, CEO of the Northern Ohio Blood Services, and Richard W. Vogue, Chairman of the Greater Cleveland Chapter's Board of Directors, on their stewardship of the American Red Cross of Greater Cleveland.

I am equally proud of the Red Cross on the national level. Bonnie McElveen-Hunter, the first woman to be selected as Chairman in the organization's 126-year history, and Gail J. McGovern, the President and CEO, are doing an outstanding job in furthering the goals of the organization. As its mission states, the Red Cross continuously provides relief to victims of disaster and help people prevent, prepare for, and respond to emergencies. These goals deserve recognition and celebration all year.

Mr. KING of New York. Mr. Speaker, I rise today to pay tribute to one of our Nation's outstanding service organizations, the American Red Cross.

The American Red Cross has been at the forefront of disaster preparedness and response for more than a century. Since its formation in 1881, the foundation has established itself as one of the most effective and recognizable disaster relief organizations in the world. In President Franklin D. Roosevelt's first Presidential Declaration in 1943, he requested that "people rededicate themselves to the splendid aims and activities of the Red Cross" each March. We have an opportunity this month to continue this tradition, and recognize the essential role the Red Cross plays in our communities.

Over 600,000 Red Cross volunteers provide shelter, food, health, and mental health services for more than 70,000 natural and man-

made disasters every year. Additionally, the Red Cross provides blood to disaster victims, helps those affected to access other available resources, and assists concerned family members outside the disaster area.

Whether it is a hurricane or a single-family home fire, the American Red Cross is there. During the past year, the local Red Cross Chapter helped 500 Nassau County residents who were displaced by floods or fires. The timely response to these small-scale, but devastating disasters is one of the Red Cross' most invaluable humanitarian services.

Large-scale disasters also demonstrate the Red Cross' successes. Since the January 12th earthquake in Haiti, the Red Cross has provided assistance to more than 1.9 million people in that country, and will continue to aid hundreds more in the months ahead. In addition to the ongoing, large-scale response to Haiti, the Red Cross plans to assist 15,000 families affected by the recent earthquake in Chile with shelter, emergency medical care, and water and sanitation services.

The employees of the Red Cross, the tireless and dedicated work of volunteers, and the thousands of citizens who donate to support these relief efforts epitomize the altruism and community spirit of the American people. I join with my colleagues to recognize the Red Cross, and once again thank the organization's staff and volunteers for all of their continued assistance to American communities.

Mr. SCOTT of Georgia. Mr. Speaker, I rise today to recognize the 67th annual Red Cross Month. For more than 125 years, the mission of the American Red Cross has been to help individuals and families prevent, prepare for and respond to emergencies, and each year, nearly half a million volunteers respond to more than 70,000 disasters nationwide.

I am particularly proud of the American Red Cross and its Georgia chapters, including Metro Atlanta, for their swift, substantial, and heart-warming aid to my home state of Georgia during the catastrophic floods of last September. In the immediate aftermath, and in the weeks that followed, the American Red Cross opened eight shelters that provided a safe haven for nearly 500 people displaced by the floods. With the aid of over 800 volunteers and employees, health professionals were able to reach out to 3,400 victims in flood-drenched neighborhoods.

Without the help of these dedicated volunteers and employees, flood-affected men, women, and children would not have received more than 44,000 meals, nor, after losing their homes, would they have been given 3,723 clean-up and comfort kits. The kindness of strangers provided emergency financial assistance for more than 1,700 families.

As the Spring flood season begins to take its course, I urge my constituents and fellow Americans to do what they can to support the American Red Cross. The Red Cross relies on donations of time, money and blood to respond quickly to emergencies ranging from hurricanes to earthquakes and from fires to tornadoes. I commend the Red Cross for their efforts.

Ms. ROS-LEHTINEN. Mr. Speaker, I yield back the balance of my time.

Ms. WATSON. Mr. Speaker, I have no further speakers, so I yield back the balance of my time.

The SPEAKER pro tempore (Mr. GUTIERREZ). The question is on the motion offered by the gentlewoman from California (Ms. WATSON) that the House suspend the rules and agree to the resolution, H. Res. 311.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. WATSON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECOGNIZING PERSECUTION OF FALUN GONG

Ms. WATSON. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 605) recognizing the continued persecution of Falun Gong practitioners in China on the 10th anniversary of the Chinese Communist Party campaign to suppress the Falun Gong spiritual movement and calling for an immediate end to the campaign to persecute, intimidate, imprison, and torture Falun Gong practitioners, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 605

Whereas Falun Gong is a traditional Chinese spiritual discipline founded by Li Hongzhi in 1992, which consists of spiritual, religious, and moral teachings for daily life, meditation, and exercise, based upon the principles of truthfulness, compassion, and tolerance;

Whereas according to the 2008 Annual Report of the Congressional-Executive Commission on China, "tens of millions of Chinese citizens practiced Falun Gong in the 1990s and adherents to the spiritual movement inside of China are estimated to still number in the hundreds of thousands despite the government's ongoing crackdown," and other estimates published in Western press place the number of Falun Gong adherents currently in China at the tens of millions;

Whereas in 1996, Falun Gong books were banned in China and state media began a campaign criticizing Falun Gong;

Whereas in 1999, Chinese police began disrupting Falun Gong morning exercises in public parks and began searching the homes of Falun Gong practitioners;

Whereas on April 25, 1999, over 10,000 Falun Gong practitioners gathered outside the State Council Office of Petitions in Beijing, next to the Communist Party leadership compound, to request that arrested Falun Gong practitioners be released, the ban on publication of Falun Gong books be lifted, and that Falun Gong practitioners be allowed to resume their activities without government interference;

Whereas on the same day, immediately after then-Premier Zhu Rongji met with Falun Gong representatives in his office and agreed to the release of arrested practitioners, Communist Party Chairman Jiang

Zemin criticized Zhu's actions and ordered a crackdown on Falun Gong;

Whereas in June 1999, Jiang Zemin ordered the creation of the 6-10 office, an extrajudicial security apparatus, given the mandate to "eradicate" Falun Gong;

Whereas in July 1999, Chinese police began arresting leading Falun Gong practitioners;

Whereas on July 22, 1999, Chinese state media began a major propaganda campaign to ban Falun Gong for "disturbing social order" and warning Chinese citizens that the practice of Falun Gong was forbidden;

Whereas in October 1999, Party Chairman Jiang Zemin, according to western press articles, "ordered that Falun Gong be branded as a 'cult', and then demanded that a law be passed banning cults";

Whereas Chinese authorities have devoted extensive time and resources over the past decade worldwide to distributing false propaganda claiming that Falun Gong is a suicidal and militant "evil cult" rather than a spiritual movement which draws upon traditional Chinese concepts of meditation and exercise;

Whereas on October 10, 2004, the House of Representatives adopted by voice vote House Concurrent Resolution 304, which had 75 bipartisan co-sponsors, titled "Expressing the sense of Congress regarding oppression by the Government of the People's Republic of China of Falun Gong in the United States and in China," and that the text of this resolution noted that "the Chinese Government has also attempted to silence the Falun Gong movement and Chinese prodemocracy groups inside the United States";

Whereas, on October 18, 2005, highly respected human rights attorney Gao Zhisheng wrote a letter to Chinese Communist Party Chairman Hu Jintao and Premier Wen Jiabao calling for an end to the persecution of Falun Gong and Chinese authorities, in response, closed his law office and took away his law license, with Chinese security forces suspected of being directly involved in Mr. Gao's disappearance on February 4, 2009;

Whereas Gao Zhisheng's family has subsequently been granted political asylum in the United States;

Whereas the United Nations Committee Against Torture in its fourth periodic report of China, issued on December 12, 2008, stated that "The State party should immediately conduct or commission an independent investigation of the claims that some Falun Gong practitioners have been subjected to torture and used for organ transplants and take measures, as appropriate, to ensure that those responsible for such abuses are prosecuted and punished.";

Whereas the Amnesty International 2008 annual report states that "Falun Gong practitioners were at particularly high risk of torture and other ill-treatment in detention . . . during the year 2007 over 100 Falun Gong practitioners were reported to have died in detention or shortly after release as a result of torture, denial of food or medical treatment, and other forms of ill-treatment.";

Whereas according to the 2008 Department of State's Human Rights Report on China, "Some foreign observers estimated that Falun Gong adherents constituted at least half of the 250,000 officially recorded inmates in re-education through labor (RTL) camps, while Falun Gong sources overseas placed the number even higher.";

Whereas according to the 2008 Annual Report of the Congressional-Executive Commission on China, "The (Chinese) central government intensified its nine-year campaign of persecution against Falun Gong practi-

tioners in the months leading up to the 2008 Beijing Summer Olympic Games.";

Whereas Falun Gong-related websites remain among the most systematically and hermetically blocked by China's Internet firewall; and

Whereas, according to an April 2009 New York Times report, "In the past year, as many as 8,000 (Falun Gong) practitioners have been detained, according to experts on human rights, and at least 100 have died in custody": Now, therefore, be it

Resolved, That the House of Representatives—

(1) expresses sympathy to Falun Gong practitioners and their family members who have suffered persecution, intimidation, imprisonment, torture, and even death for the past decade solely because of adherence to their personal beliefs;

(2) calls upon the Government of the People's Republic of China to immediately cease and desist from its campaign to persecute, intimidate, imprison, and torture Falun Gong practitioners, to immediately abolish the 6-10 office, an extrajudicial security apparatus given the mandate to "eradicate" Falun Gong, and to immediately release Falun Gong practitioners, detained solely for their beliefs, from prisons and re-education through labor (RTL) camps, including those practitioners who are the relatives of United States citizens and permanent residents; and

(3) calls upon the President and Members of Congress to mark the 11th anniversary of Chinese official repression of the Falun Gong spiritual movement appropriately and effectively by publicly expressing solidarity with those practitioners in China persecuted solely because of their personal beliefs, and by meeting with Falun Gong practitioners whenever and wherever possible to indicate that support for freedom of conscience remains a fundamental principle of the United States Government.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. WATSON) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. WATSON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. WATSON. Mr. Speaker, I rise in strong support of this resolution, and yield myself such time as I may consume.

This resolution recognizes the continued persecution of Falun Gong practitioners in China on the 11th anniversary of the government crackdown on the spiritual movement. I would like to thank my friend, the gentlewoman from Florida (Ms. ROS-LEHTINEN), the ranking member of the House Committee on Foreign Affairs, for introducing this legislation and for her dedication to this issue.

Since 1999, the Chinese government has undertaken a harsh campaign of

suppression against the Falun Gong movement, banning its presence in China and banning it as an "illegal cult." According to the 2009 annual report of the Congressional-Executive Commission on China, Chinese authorities "conducted propaganda campaigns that deride Falun Gong, carried out strict surveillance of practitioners, detained and imprisoned large numbers of practitioners, and subjected some who refused to disavow Falun Gong to torture and other abuses in reeducation through labor facilities." According to the State Department's latest human rights report on China, the Falun Gong's core leadership was "singled out for particularly harsh treatment," and simply believing in the discipline—without publicly practicing any of its tenets—was enough for practitioners to be punished or imprisoned.

Falun Gong is a spiritual movement combining meditation and breathing exercises, with a doctrine loosely rooted in Buddhist and Daoist teachings. The Chinese government banned the group's existence and its practices in 1999, after thousands of practitioners gathered in Beijing to protest the government's restrictions on the group's activities. Chinese authorities are obsessed with eradicating the group because they believe it could pose a challenge to one-party rule and has the potential to generate social unrest and instability.

This resolution calls upon the Chinese government to immediately end its decade-long campaign to prosecute, intimidate, and imprison Falun Gong practitioners solely because of their personal beliefs. It also calls on China to release those practitioners being held in prisons and labor camps throughout the country. Finally, this resolution expresses sympathy to Falun Gong followers and their family members for the suffering that has been inflicted on them at the hands of the Chinese government.

I strongly support this resolution, and urge my colleagues to do the same.

Mr. Speaker, I reserve the balance of my time.

Ms. ROS-LEHTINEN. I yield myself such time as I may consume.

It is a delight to work with my wonderful colleague from California, Ambassador WATSON. We greatly regret that she will be retiring from the halls of Congress, but we look forward to working with her in another capacity.

I am proud to rise, Mr. Speaker, as the author of this resolution, which addresses one of the most flagrant examples of systematic persecution against a particular group currently taking place. The Chinese Communist regime's obsessive and relentless hunting down of Falun Gong practitioners, which is a spiritual discipline based on truthfulness, compassion, and tolerance, says a great deal about the insecurity and the paranoia of the current rulers in Beijing.

While this resolution gives a detailed accounting from authoritative international sources of the last 11 years of Beijing's bloody crackdown on Falun Gong, there are two particular areas, Mr. Speaker, which I would like to address in greater detail. First is the issue of the penetration of agents of an alien Communist regime right here inside the United States to wage a campaign of repression against U.S. citizens. And, second, is the issue of coercive organ transplants involving a "bloody harvest" from Falun Gong practitioners inside China.

How could one believe that diplomats of a foreign regime would collude with secret agents and thugs to suppress the constitutional right of our fellow citizens right here in America? Well, Mr. Speaker, clear evidence indicates that that is exactly what is happening with Chinese agents persecuting American Falun Gong practitioners in our own country.

Just ask Bill Fang, who was assaulted on the streets of Chicago back in 2001, as he was peacefully demonstrating in front of the Chinese consulate. That assault led to a criminal conviction in the Circuit Court of Cook County. Or, just ask Judy Chen, the proud mother of two United States Marines then serving in Iraq, who was manhandled in May of 2008 by thugs with reported Chinese regime ties while she was handing out Falun Gong literature in front of a public library in Flushing, New York.

□ 1615

It is high time for our State Department to get tough and to let the Chinese regime know that any of its staff members who engage in activities in the U.S. incompatible with their diplomatic status, including encouraging such illegal acts, are persona non grata in the United States.

On the issue of organ transplants, Mr. Speaker, it should be noted that this resolution cites the recommendation of the U.N. Committee on Torture, calling for an independent investigation "into the claims that some Falun Gong practitioners have been subjected to torture and used for organ transplants."

I would like to further point out that expert testimony given before a subcommittee on the Foreign Affairs Committee appears to corroborate the charges of coercive organ transplants in China. A hearing was held before the Subcommittee on Oversight and Investigations on September 29, 2006, entitled "Falun Gong: Organ Harvesting and China's Ongoing War on Human Rights." Committee witness Kirk Allison, Ph.D. of the University of Minnesota testified: "In my meeting with practitioners in June 2006, evidence included transcripts of queries to identified hospitals and physicians on organ availability. Falun Gong sources were

characterized as being of high quality and often available in as short a time as a week, and in some cases with a guarantee of a backup organ should the first fail."

The systematic killing of Falun Gong practitioners for their organs is almost too ghoulish to imagine. It seems incomprehensible that in the 21st century such barbaric acts could occur, a cruelty comparable to imperial Romans throwing Christian martyrs to be eaten by lions. The stark reality which this resolution addresses gives new meaning to the phrase "butchers of Beijing." The Beijing regime of today engages in the barbaric repression of some of its own people simply because they seek to practice a peaceful spiritual discipline. Several hundred have reportedly died, and hundreds of thousands remain in detention in reeducation through labor camps. How can anyone seriously call these the actions of a responsible stakeholder? I strongly and enthusiastically urge my colleagues to support this resolution.

Mr. Speaker, I reserve the balance of my time.

Ms. WATSON. Mr. Speaker, I yield as much time as she may consume to the gentlewoman from California, Representative LYNN WOOLSEY, chairwoman of the Education and Labor Subcommittee on Workforce Protections and a member of the Foreign Affairs Committee.

Ms. WOOLSEY. First of all, I would like to thank the two women who are here bringing this resolution to the House floor. It's so very important. I rise today in support of H. Res. 605, a resolution recognizing the continuing persecution of Falun Gong practitioners in China.

In 2002, Mr. Speaker, I authored a resolution expressing the sense of the Congress regarding the Chinese Government's oppression of Falun Gong in the United States and in the People's Republic of China. Sadly, 8 years later, the persecution continues. People are being sent to jail, to work camps and are assaulted for their practice of Falun Gong. China has claimed that the Falun Gong practitioners are "disturbing social order" and have labeled the practice an evil cult.

International media reports have found that over 100 Falun Gong followers have died in the custody of the Chinese Government. All people, even those in China, have the internationally recognized freedoms of association and religion. The Chinese Government must put a stop to this inhumane persecution. I urge my colleagues, stand up for human rights and vote "yes" on this resolution, H. Res. 605.

Mr. SMITH of New Jersey. Mr. Speaker, I rise in strong support of H. Res. 605, defending the human rights of Falun Gong practitioners, savagely persecuted by the Chinese government, and thank my good friend Ms. ROS-LEHTINEN for introducing this resolution.

On the tenth anniversary of the Falun Gong's inspiring silent protest at Zhongnanhai many people still do not understand the savagery of the Mao-style campaign which the Communist Party unleashed in 1999.

The story of a typical Falun Gong arrest is horrific: first the government beats them, later it tortures them, molesting and sometimes raping women, sends them to forced labor camps and then brainwashing classes, all the while a high-profile publicity campaign defames and humiliates them. And it has been documented that it has killed at least 3,000 of the Falun Gong.

Members of Falun Gong will not pretend to accept Marxism-Leninism, and so the government brands them an "evil cult." They practice non-violence, and the government assaults them with cattle prods. Their hearts are remarkably serene, and so the government engages in psychiatric torture.

The Falun Gong are one of a wide array of religious faiths and spiritual groups in China, yet members of Falun Gong are the majority of all reported cases of torture and half of China's labor camp population—well over one hundred thousand of them.

Many of the Falun Gong have fled to America, and the government has followed them here, cyber-attacking their American Web sites, installing agents in their midst, and raising crowds to harass and beat them, as happened last year in New York.

Mr. Speaker, one of the invaluable things about this resolution is that it officially documents this Chinese-government sponsored violence on American soil, exercised against American citizens.

We need to learn more about whether our government is doing everything it can to protect the Falun Gong here in America.

I was in China last July, trying to visit human rights activists in the run-up to the Olympics. I remember going into an Internet cafe and trying to look up Falun Gong. You know the story: nothing. Search engines had been doctored. I wonder, if I were not a U.S. Congressman, would that search have gotten me identified, tracked, and tortured? After all, even foreign journalists who ask about Falun Gong have been arrested, and some have been beaten.

And would U.S. companies have been involved in identifying me? Sadly, we know it for a well-documented fact, from a six-hour hearing I held in 2006, that some leading U.S. IT companies are involved in censoring the Chinese Internet and turn over personally identifying information to the Chinese Internet police, making it possible to track and imprison dissidents.

I mention this because many members of Falun Gong are great heroes of Internet freedom. Several members have come to my office and demonstrated how they help millions of Chinese men and women break the so-called "Great Firewall of China" with which the Chinese government tries to cut its citizens off from the global Internet.

Mr. Speaker, Falun Gong practitioners have been great witnesses of courage and peace. Again I thank Ms. ROS-LEHTINEN for introducing this resolution.

Mr. BILIRAKIS. Mr. Speaker, I rise today in support of H. Res. 605, which condemns the

Chinese government's targeted, persistent and egregious persecution of Falun Gong practitioners. This resolution was introduced last year to commemorate the tenth anniversary of the Chinese Communist Party's campaign to suppress the Falun Gong spiritual movement. Sadly, the persecution of Falun Gong practitioners and anyone associated with them, including lawyers who try to defend their human rights, continues today.

Since 1999, 6,000 Falun Gong practitioners have been sentenced to prison, over 100,000 were sentenced to re-education through labor camps, and at least 3,000 died while in police custody. They have been sent to special high security psychiatric hospitals for the "criminally insane" against their will where torture has been widely reported. Lawyers trying to defend their rights have been harassed, beaten and attacked by police officers in order to intimidate them. One of China's most prominent human rights advocates, Gao Zhiseng, who has defended the rights of many individuals attacked for their religious beliefs, was detained by police in February 2009 and his whereabouts are still unknown. The government continues to deny any involvement in his case.

The Government of China censors all media in China and actively opposes any information exposing its brutality and injustice. But the truth is clear to us today. This resolution is a testament to the millions of victims of the Chinese Communist Party that the Chinese government cannot hide the truth, and its victims will not be forgotten.

This resolution also stands as a statement of the U.S. Congress's continued support for the inalienable right to freedom of religion and expression recognized in the Universal Declaration of Human Rights that applies to all people everywhere. To be taken seriously as a participant in the twenty-first century global economy, China must take the rights of their citizens seriously. Egregious injustices, such as those suffered by the Falun Gong practitioners and others targeted by the Chinese Communist Party, are unacceptable in a civilized world and must end today.

Mr. WOLF. Mr. Speaker, I rise in support of H. Res. 605, a resolution recognizing the continued persecution of Falun Gong practitioners in China on the 10th anniversary of the Chinese Communist Party campaign to suppress the Falun Gong spiritual movement. The resolution also calls for an immediate end to the persecution of Falun Gong practitioners.

The Chinese government's abuse of the Falun Gong is well-documented. The State Department's annual International Religious Freedom Report, found that the Government of China, "continued to restrict severely the activities of groups it designated as 'evil religions,' including several Christian groups and Falun Gong. . . . There are reports that dedicated government offices were responsible for coordinating operations against Falun Gong."

Just last week, the State Department released its annual Human Rights Report which included numerous examples of the Chinese government's persecution of the Falun Gong including the following: "Family members of activists, dissidents, Falun Gong practitioners, journalists, unregistered religious figures, and former political prisoners were targeted for ar-

bitrary arrest, detention, and harassment." The report continued, "Police continued to detain current and former Falun Gong practitioners and used possession of Falun Gong material as a pretext for arresting political activists. The government continued its use of high-pressure tactics and mandatory anti-Falun Gong study sessions to force practitioners to renounce Falun Gong."

Among the most notorious human rights abuses of the Chinese government last year was the arrest and subsequent disappearance of top Christian human rights attorney, Gao Zhiseng. Gao had defended house church Christians and Falun Gong members which earned the ire of the government. According to the State Department, "At year's end his whereabouts remained unconfirmed . . ." Prior to his arrest Gao had published a letter in which he went into great detail about the torture he experienced during his previous detention. Gao has paid dearly for his defense of basic human rights including those of Falun Gong practitioners.

China has become increasingly brazen in its human rights abuses. In the face of this repression, America has a responsibility to continually affirm that we stand with the defenseless—with those whose voices have been silenced. President Reagan understood this well. He famously described the U.S. Constitution as a covenant we have made not only with ourselves but with all of mankind. This Congress and this administration must be unwavering in our support of all persecuted peoples, be they Coptic Christians in Egypt, Bahá'ís in Iran or Falun Gong in China.

Mr. HOLT. Mr. Speaker, I rise today in strong support of House Resolution 605. I am pleased to cosponsor this resolution, which recognizes the continued persecution of Falun Gong practitioners in China. The peace-loving people who practice Falun Gong have endured the Chinese Government's coordinated campaign to delegitimize and eradicate their belief system for over a decade. In China, Falun Gong has been officially labeled an 'evil cult,' and its practitioners have suffered censorship, extrajudicial arrests and detentions, involuntary reeducation through labor, torture, and even death for their personal beliefs.

Disappearances of Falun Gong practitioners are not uncommon and are especially difficult for family members who must live in uncertainty about the fate of their loved ones. I recently was informed by one of my constituents about the heartbreaking case of Jiang Feng, who simply vanished after going through airport security at Shanghai's Pudong Airport and before he made it to the gate for his flight to Newark, NJ. Jiang Feng and his wife, Mei Xuan, both are Falun Gong practitioners and were arrested in the 1999 crackdown. Because of repeated imprisonments, the couple has been separated for most of their decade-long marriage. Mei Xuan is a well-known musician in Shen Yun Performing Arts, which rekindles the traditional Chinese arts and portrays current events, including the persecution of Falun Gong practitioners. She was expecting finally to reunite with her husband here in the United States. Now, she awaits word on his whereabouts and his fate, fearing the worst.

Stories like Mei Xuan's are far too common. As Americans and members of the inter-

national community, we have a responsibility to speak out against persecution and to stand up for the truths and unalienable rights that we hold dear. Falun Gong practitioners, and all those seeking to exercise the universal right to freely practice the religion of their choice and to express their beliefs openly, deserve profound U.S. leadership on their behalf. I am pleased to vote for this resolution and to give voice to all those who continue to suffer needlessly and cannot speak for themselves.

Ms. ROS-LEHTINEN. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Ms. WATSON. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. WATSON) that the House suspend the rules and agree to the resolution, H. Res. 605, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. WATSON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

THANKING VANCOUVER FOR 2010 WINTER OLYMPICS

Ms. WATSON. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1128) thanking Vancouver for hosting the world during the 2010 Winter Olympics and honoring the athletes from Team USA, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1128

Whereas the people of Canada opened their hearts and their home to the athletes of the world;

Whereas the Olympics foster healthy competition and interaction among nations;

Whereas these games were not without moments of tribulation and tragedy, but the courage and resolve of the athletes to continue was inspirational;

Whereas the United States won a record 37 medals, 9 gold, 15 silver, and 13 bronze;

Whereas the United States won the overall medal count for the first time since 1932, the highest medal total by any one nation in the history of the Winter Olympics;

Whereas the United States men's and women's silver medal hockey teams excited and inspired the games with their world class play;

Whereas Apolo Anton Ohno won his seventh and eighth medals to become the most decorated United States Winter Olympian of all time;

Whereas the United States earned medals in Nordic Combined events for the first time in history, took the gold in men's figure skating, and won a gold medal in bobsledding for the first time since 1948;

Whereas United States teams and individual athletes should be honored for their contributions to these monumental achievements;

Whereas some athletes must overcome great personal adversity to realize their Olympic dreams;

Whereas the strong performances by United States Olympic athletes inspire children across the Nation to engage in physical fitness, work hard, and set high personal goals;

Whereas the dedication and sacrifice of the families, coaches, and communities associated with Olympic athletes should also be recognized; and

Whereas the Olympic torch has been extinguished in Vancouver, but the flame of camaraderie burns on in the hearts and minds of the world community: Now, therefore, be it

Resolved, That the House of Representatives—

(1) congratulates the City of Vancouver, Team USA, and the athletes of the world for an outstanding and inspiring 2010 Winter Olympics; and

(2) wishes participants in the 2010 Paralympic Winter Games success in their athletic endeavors.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. WATSON) and the gentlewoman from Florida (Ms. ROS-LEHTINEN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. WATSON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. WATSON. Mr. Speaker, I rise in strong support of this resolution and yield myself as much time as I may consume.

Last month, over 2,600 athletes from 82 nations came together in the beautiful city of Vancouver, Canada, to compete in the 21st Winter Olympic Games. All of us were proud to watch as Team USA not only won more medals than any other country, the first time they had done that since 1932, but the most medals ever won by a single nation in any Winter Games.

Apollo Anton Ohno won his seventh and eighth Olympic medals in short track speed skating, making him the most decorated American Winter Olympian of all time. Americans Lindsey Vonn and Bode Miller both won multiple medals in the thrilling alpine skiing events. American athletes won Olympic medals in the sport of Nordic combined for the first time ever and the first gold in bobsled since 1948. And Evan Lysacek won the gold in the men's figure skating, the first time an American has done that since 1988.

As we celebrate the incredible achievements of Team USA, it is also

important to recognize the accomplishments of other nations and athletes. Host nation Canada won 14 gold medals, more than any other country. Some nations won their first Olympic gold medals, others competed for the first time ever.

We will never forget the performance of Canadian Joannie Rochette who had the courage to compete just days after her mother died and ended up winning the silver medal in women's figure skating. And we mourn the loss of an athlete from the country of Georgia who was killed in a luge training run just before the opening ceremony.

Simply getting to the Olympics required an enormous sacrifice from each and every one of the participating athletes. The vast majority of them did not win medals, but all of them tried their best and all had the unique experience of being Olympians. Their determination in the face of adversity helps us all recognize our common values and foster the mutual respect that brings nations closer together.

Olympic athletes inspire young people around the world to set their highest and most ambitious goals, to pursue those goals and to believe that they can achieve their dreams. We salute the athletes of Team USA for serving as role models and for their important contributions to the Olympic ideal.

Finally, we send our thanks to the Canadian people for being such gracious hosts and commend the Vancouver organizing committee for all their efforts to ensure that the games were a great success. And I thank my good friend and colleague from California, SUSAN DAVIS, for taking the initiative to introduce this important resolution. I urge all my colleagues to join me in supporting it.

Mr. Speaker, I reserve the balance of my time.

Ms. ROS-LEHTINEN. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of House Resolution 1128 and join my colleagues in congratulating Team USA and Vancouver, Canada, for an outstanding 2010 Winter Olympics. Though this year's events were initially marked by tragedy, there were also many historic achievements. This year, the United States won the overall medal count for the first time since 1932. In fact, it was the highest medal total by any one nation in the history of the Winter Olympics. I would like to applaud and congratulate our Olympians for this amazing accomplishment.

The determination, the sacrifice, the commitment required of the athletes, their coaches and their families to qualify for the Olympics, let alone medal in the Olympics, is tremendous.

I would like to especially recognize Jennifer Rodriguez, a four-time participant of the Winter Olympic Games and

a proud native of my home district of Miami, Florida. Considered to be one of the best long distance skaters in the United States, Jen also carries the unique distinction of being the first Cuban American to win an Olympic medal after taking the bronze in the 1,000 meters and 1,500 meters in 2002.

Again, I would like to congratulate all of the Olympians who competed in the 2010 Winter Games and thank our friends in Canada for hosting us.

Mr. Speaker, I reserve the balance of my time.

Ms. WATSON. Mr. Speaker, I yield 5 minutes to the gentlewoman from California, Representative SUSAN A. DAVIS, a member of the Committee on House Administration.

Mrs. DAVIS of California. I thank my colleague from California for yielding.

Mr. Speaker, the Olympics entertain us, inspire us, and humble us. The athletes who participate are committed to a dream, a dream that we, as spectators, are all privileged to witness.

I introduced House Resolution 1128 to honor the athletes who represented the United States in the 2010 Winter Olympic Games and to thank Vancouver, Canada, for showing hospitality to athletes from around the world. American athletes won 37 medals for the United States, the most medals ever won by any nation at a single Olympic Winter Games.

The Olympics fosters good-natured competition between nations and builds a sense of camaraderie in cities and communities around the world. In the United States, we don't identify our Olympians as Californians or Coloradans. We honor and respect them as Americans. With the help of families, coaches and their own inner strength, these athletes continue to break records and set new standards of athletic performance. We celebrate their victories as national achievements and respect them for their hard work and their dedication in getting there.

□ 1630

The athleticism and dedication of our athletes should be an example to all Americans. Adults and children alike can aspire to be dedicated to a healthy exercise regimen. We can't all be Olympic athletes, but we can all try to keep our bodies fit and healthy.

Mr. Speaker, you may wonder why a San Diegan is honoring Winter Olympians. It's true we don't get quite as much snow as they do in other parts of the country, but we have a strong connection to this Winter Games. Rachel Flatt, the graceful figure skater, and the two Shauns, Shaun Palmer and Shaun White, both accomplished snowboarders, all have ties to San Diego. And also, the U.S. Olympic Training Center south of San Diego is an important training ground for winter athletes.

Athletes benefit from the temperate climate and natural resources of San

Diego. They are able to train with Navy SEALs and participate in wind tunnel assessments. This Olympic Training Center helps athletes train for alpine skiing, for freestyle skiing, for bobsled and skeleton, speed skating, luge and snowboard events.

The unsung heroes of the Olympics are the organizers and support staff who create a safe and enjoyable experience for the athletes and spectators. And I want to join all of my colleagues again in thanking Vancouver, Canada for opening its doors to the world and completing the behind-the-scenes work involved in a public event of this nature.

The first-class resources used for the 2010 Winter Olympic Games are now being used for the 2010 Paralympic Games, which began on March 12, and I certainly wish all the participating paralympic athletes an exhilarating and safe competition.

May the flame of the Olympic torch burn bright, and may the dedication and perseverance it represents inspire us for years to come.

Ms. WATSON. Mr. Speaker, I would yield 4 minutes to the gentleman from Colorado, Representative JOHN T. SALAZAR, member of the Committee on Veterans' Affairs.

Mr. SALAZAR. Mr. Speaker, I rise today in support of House Resolution 1128, honoring the 2010 American Winter Olympic team. This resolution recognizes the incredible accomplishments of the most decorated group of Winter Olympians in history and graciously thanks the people and the Government of Vancouver, British Columbia, and Canada for hosting Team USA.

I want to draw, however, special attention to the exceptional Vancouver Olympians from the Third Congressional District of Colorado. Trained on the slopes of Aspen, Steamboat Springs, and Durango, there were 12 Olympians from the Third District competing in the 2010 Olympic Games, one of the highest from any congressional district in the country.

It is no secret that Colorado is a wonderful place to ski, snowboard, ice skate, and the exceptional athletes that competed in Vancouver are an inspiration to the young winter sports enthusiasts across the country. All of us in the Third District are proud, not only of what they have accomplished, but also the way that they have represented themselves, their families, and the State of Colorado and our Nation.

I would like to especially congratulate Johnny Spillane for his three silver medals in individual and team nordic combined, and his teammate Todd Lodwick for his silver in team nordic combined, both of Steamboat Springs, Colorado.

I'm so proud of Team USA, and I will continue to support their efforts. On behalf of the entire Third District of

Colorado, congratulations on your success.

Ms. WATSON. Mr. Speaker, I yield 3 minutes to Representative JIM McDERMOTT from Washington. He's the chairman of the Subcommittee on Income Security and Family Support.

Mr. McDERMOTT. Mr. Speaker, I want to begin by congratulating Canada and Vancouver, specifically, for putting on a great Olympics this winter. They are our neighbor in Seattle, and we welcome and were pleased with having our neighbor have such a good party.

To compete in the Olympics is an enormous accomplishment, and I want to commend each and every one of the Olympians who participated. It's not a national team that goes; it's individuals. The spirit of the Olympics is that an individual strives to have his best or her best performance in whatever event he or she is involved in.

And I want to take this time to recognize at least one athlete from my district, in particular, whose career I've followed since he was a young man in Seattle. Apolo Ohno exemplifies what it means to be an Olympian. He trained not in Seattle, but he went up to Canada, to Vancouver, and trained every week. And after winning his eighth medal in this Vancouver Olympics, he is now the most decorated American athlete to compete in the Winter Games. He has now appeared in three Winter Olympics and has both won and lost races, but he has always returned to compete against younger and sometimes even faster opponents.

I also want to congratulate his father, Yuki Ohno, who has raised Apolo by himself, and helped him realize the dream of competing in the Olympics.

When I think about Apolo's achievements and all he has overcome, I recall a quote from Teddy Roosevelt, who said, "The credit belongs to the man or the woman who is actually in the arena, whose face is marred by dust and sweat and blood, who strives valiantly, who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds, who knows the great enthusiasms, the great devotions, who spends himself in a worthy cause, who, at the best, knows in the end the triumph of high achievement, and who, at the worst, if he fails, at least fails while daring greatly, so that his or her place shall never be with those cold and timid souls who know neither victory nor defeat."

To all the athletes, and to Apolo Ohno especially, I commend you for your performance in this Winter Games.

Ms. ROS-LEHTINEN. Mr. Speaker, I yield myself such time as I may consume.

I'd like to take a moment to highlight the fact that shortly before our

friends in Canada were kind enough to host the Olympics in Vancouver, my home district of Miami, Florida, was hosting Canadian Premier Danny Williams as he underwent cardiac surgery at Mount Sinai Medical Center, located in my congressional district of Miami Beach.

Responding to criticisms of his decision to receive medical treatment in the U.S., Premier Williams said, and I quote, "This was my heart, my choice, and my health. I did not sign away my right to get the best possible health care for myself when I entered politics."

And that is exactly, Mr. Speaker, what the Republican response to health care reform is all about, making the necessary changes to strengthen our health care system so that the American people may receive the best possible health care in the world. By instituting commonsense, responsible solutions, we can lower health care cost. We can expand access to quality care without a government takeover of our Nation's health care system.

Instead, the majority leadership is hoping to force a health care system on the American people. This would kill jobs, will raise taxes. It will cut Medicare for our Nation's seniors. We have seen time and time again what happens when health care is not patient-centered. Why would we wish that on the American people? Especially when the American people have made it abundantly clear that this is not what they want.

It is time that cool heads prevail so that responsible decisions can be made. We must listen to the American people and not force this health care bill through.

I have no further requests for time, Mr. Speaker, so I thank you, and I yield back the balance of my time.

Ms. WATSON. Mr. Speaker, again, I want to thank my colleague, Ms. ROS-LEHTINEN. I'd like to thank the House for the opportunity to honor the achievement of all Olympic athletes who participated in the 2010 Winter Games and the nation of Canada for their successful execution of this event.

The lighting of the Olympic torch every 2 years for both the Summer and the Winter Games initiates the beginning of a great global coming together. All around the world, people are uniquely unified by the thrill of competition and a spirit of sportsmanship.

I recall my own relative back in 1964 who ran in the Japanese Olympics and won the 100-yard dash, and she became quite interested in where this ability came from because her mother played tennis at UCLA. And so she traced us way back and found out that we came from Nancy, France, through Quebec, and then down to and through New Orleans, through the Louisiana Purchase.

But I say all this to say that being an American and having a good health

care system is essential. And she would say to me now, We need to reform health care. We need to provide every American with the best health care that money can provide. And so, we are proposing to this House that we do the right thing.

I want more Olympians in my family. My brother has eight children, and I want to see that they all have an opportunity to be their best, like our young people were, and we won the most medals.

I was so happy. And I used to ski when I was teaching school in France, and I am so happy that we are preparing our youth to be winners. And we can only do that if we have a health care system that provides for every American, and that's what we are attempting to put in place.

So I am so proud. And I want to thank our ranking member for bringing health care reform to the attention, and all this morning, from 12 to just a few minutes ago, all their people came, and they weren't too happy with what we were trying to do.

But we're going to clarify the misstatements and we're going to let America know that we cannot wait. We cannot delay health care because we want champions. We want winners in this country. And America has been known for being a Nation of winners, and other countries need to look up to us again. And that is what we are preparing to do.

So I urge my colleagues to support the bill.

Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. WATSON) that the House suspend the rules and agree to the resolution, H. Res. 1128, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. WATSON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

- H.R. 4628, by the yeas and nays;
- H. Res. 311, by the yeas and nays;
- H. Res. 605, by the yeas and nays;
- H. Res. 1128, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

SERGEANT CHRISTOPHER R. HRBEK POST OFFICE BUILDING

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4628, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Massachusetts (Mr. LYNCH) that the House suspend the rules and pass the bill, H.R. 4628.

The vote was taken by electronic device, and there were—yeas 416, nays 0, not voting 14, as follows:

[Roll No. 116]
YEAS—416

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccheri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Brown (SC)
Brown, Corrine
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan

Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (KY)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake

Fleming
Forbes
Fortenberry
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam

Jones
Jordan (OH)
Kagen
Kanjorski
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebuck
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Lujan
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Mica
Michaud
Miller (FL)

Miller (MI)
Miller (NC)
Miller, Gary
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Oliver
Ortiz
Owens
Pallone
Pascarella
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Linda
T.
Sanchez, Loretta
Sarbanes

Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schradner
Schwartz
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)

NOT VOTING—14

Barrett (SC)
Broun (GA)
Davis (IL)
Deal (GA)
Hall (NY)
Hoekstra
Kaptur
Miller, George
Olson
Putnam

□ 1713

Mr. LYNCH changed his vote from "nay" to "yea."

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

SUPPORTING GOALS AND IDEALS OF RED CROSS MONTH

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 311, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. WATSON) that the House suspend the rules and agree to the resolution, H. Res. 311.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 417, nays 0, not voting 13, as follows:

[Roll No. 117]

YEAS—417

Ackerman	Cardoza	Fallin
Aderholt	Carnahan	Farr
Adler (NJ)	Carney	Fattah
Akin	Carson (IN)	Filner
Alexander	Carter	Flake
Altmire	Cassidy	Fleming
Andrews	Castle	Forbes
Arcuri	Castor (FL)	Fortenberry
Austria	Chaffetz	Foster
Baca	Chandler	Fox
Bachmann	Childers	Frank (MA)
Bachus	Chu	Franks (AZ)
Baird	Clarke	Frelinghuysen
Baldwin	Clay	Fudge
Barrow	Cleaver	Galleghy
Bartlett	Clyburn	Garamendi
Barton (TX)	Coble	Garrett (NJ)
Bean	Coffman (CO)	Gerlach
Becerra	Cohen	Giffords
Berkley	Cole	Gingrey (GA)
Berman	Conaway	Gohmert
Berry	Connolly (VA)	Gonzalez
Biggart	Conyers	Goodlatte
Billbray	Cooper	Gordon (TN)
Bilirakis	Costa	Granger
Bishop (GA)	Costello	Graves
Bishop (NY)	Courtney	Grayson
Bishop (UT)	Crenshaw	Green, Al
Blackburn	Crowley	Green, Gene
Blumenauer	Cuellar	Grijalva
Blunt	Culberson	Guthrie
Boccieri	Cummings	Gutierrez
Boehner	Dahlkemper	Hall (TX)
Bonner	Davis (AL)	Halvorson
Bono Mack	Davis (CA)	Hare
Boozman	Davis (IL)	Harman
Boren	Davis (KY)	Harper
Boswell	Davis (TN)	Hastings (FL)
Boucher	DeFazio	Hastings (WA)
Boustany	DeGette	Heinrich
Boyd	Delahunt	Heller
Brady (PA)	DeLauro	Hensarling
Brady (TX)	Dent	Herger
Braley (IA)	Diaz-Balart, L.	Herseth Sandlin
Bright	Diaz-Balart, M.	Higgins
Broun (GA)	Dicks	Hill
Brown (SC)	Dingell	Himes
Brown, Corrine	Doggett	Hinche
Brown-Waite,	Donnelly (IN)	Hinojosa
Ginny	Doyle	Hirono
Buchanan	Dreier	Hodes
Burgess	Driehaus	Hoekstra
Burton (IN)	Duncan	Holden
Buyer	Edwards (MD)	Holt
Calvert	Edwards (TX)	Honda
Camp	Ehlers	Hoyer
Campbell	Ellison	Hunter
Cantor	Ellsworth	Inglis
Cao	Emerson	Inslie
Capito	Engel	Israel
Capps	Eshoo	Issa
Capuano	Etheridge	Jackson (IL)

Jackson Lee (TX)	Meek (FL)	Salazar
Jenkins	Meeks (NY)	Sanchez, Linda T.
Johnson (GA)	Melancon	Sanchez, Loretta
Johnson (IL)	Mica	Sarbanes
Johnson, E. B.	Michaud	Scalise
Johnson, Sam	Miller (FL)	Schakowsky
Jones	Miller (MI)	Schauer
Jordan (OH)	Miller (NC)	Schiff
Kagen	Miller, Gary	Schmidt
Kanjorski	Miller, George	Schock
Kaptur	Minnick	Schwartz
Kennedy	Mitchell	Scott (GA)
Kildee	Mollohan	Scott (VA)
Kilpatrick (MI)	Moore (KS)	Sensenbrenner
Kilroy	Moore (WI)	Serrano
Kind	Moran (KS)	Sessions
King (IA)	Moran (VA)	Sestak
King (NY)	Murphy (CT)	Shadeegg
Kingston	Murphy (NY)	Shea-Porter
Kirk	Murphy, Patrick	Sherman
Kirkpatrick (AZ)	Murphy, Tim	Shimkus
Kissell	Myrick	Shuler
Klein (FL)	Nadler (NY)	Shuster
Kline (MN)	Napolitano	Simpson
Kosmas	Neal (MA)	Sires
Kratovil	Neugebauer	Skelton
Kucinich	Nunes	Slaughter
Lamborn	Nye	Smith (NE)
Lance	Oberstar	Smith (NJ)
Langevin	Obey	Smith (TX)
Larsen (WA)	Olson	Smith (WA)
Larson (CT)	Olver	Snyder
Latham	Ortiz	Souder
LaTourette	Owens	Space
Latta	Pallone	Speier
Lee (CA)	Pascrell	Spratt
Lee (NY)	Pastor (AZ)	Stearns
Levin	Paul	Stupak
Lewis (CA)	Paulsen	Sullivan
Lewis (GA)	Payne	Sutton
Linder	Pence	Tanner
Lipinski	Perlmutter	Taylor
LoBiondo	Perriello	Terry
Loeb sack	Peters	Thompson (CA)
Lofgren, Zoe	Peterson	Thompson (MS)
Lowe	Petri	Thompson (PA)
Lucas	Pingree (ME)	Thornberry
Luetkemeyer	Pitts	Tiahrt
Lujan	Platts	Tiberi
Lummis	Poe (TX)	Tierney
Lungren, Daniel E.	Polis (CO)	Titus
Lynch	Pomeroy	Tonko
Mack	Posey	Towns
Maffei	Price (GA)	Turner
Maloney	Price (NC)	Upton
Manzullo	Quigley	Van Hollen
Marchant	Radanovich	Velázquez
Markey (CO)	Rahall	Visclosky
Markey (MA)	Rangel	Walden
Marshall	Rehberg	Walz
Matheson	Reichert	Wasserman
Matsui	Reyes	Berman
McCarthy (CA)	Richardson	Berry
McCarthy (NY)	Rodriguez	Biggart
McCaul	Roe (TN)	Bilbray
McClintock	Rogers (AL)	Coffman (CO)
McCollum	Rogers (KY)	Cohen
McCotter	Rogers (MI)	Costa
McDermott	Rohrabacher	Courtney
McGovern	Rooney	Crenshaw
McHenry	Ros-Lehtinen	Crowley
McIntyre	Roskam	Cuellar
McKeon	Ross	Culberson
McMahon	Rothman (NJ)	Cummings
McMorris	Roybal-Allard	Dahlkemper
Morris	Royce	Davis (AL)
Morris	Ruppersberger	Davis (CA)
McNerney	Ryan (OH)	Davis (IL)
	Ryan (WI)	Davis (KY)
		Davis (TN)
		DeFazio
		DeGette
		Delahunt
		DeLauro
		Dent
		Diaz-Balart, L.
		Diaz-Balart, M.
		Dicks
		Dingell
		Doggett
		Donnelly (IN)
		Dreier
		Driehaus
		Duncan
		Edwards (MD)
		Edwards (TX)
		Ehlers
		Ellison
		Ellsworth
		Emerson
		Engel
		Eshoo
		Etheridge
		Fallin
		Farr
		Fattah
		Filner
		Flake
		Fleming
		Forbes
		Fortenberry
		Foster
		Fox
		Cole
		Frank (MA)
		Franks (AZ)
		Frelinghuysen
		Fudge
		Galleghy
		Garamendi
		Garrett (NJ)
		Gerlach
		Giffords
		Gingrey (GA)
		Gonzalez
		Goodlatte
		Gordon (TN)
		Granger
		Grayson
		Green, Al
		Green, Gene
		Grijalva
		Guthrie
		Gutierrez
		Hall (TX)
		Halvorson
		Hare
		Harman
		Hastings (FL)
		Hastings (WA)

NOT VOTING—13

Barrett (SC)	Putnam	Tsongas
Butterfield	Rush	Wamp
Deal (GA)	Schrader	Young (FL)
Griffith	Stark	
Hall (NY)	Teague	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining on this vote.

□ 1722

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING PERSECUTION OF FALUN GONG

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 605, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. WATSON) that the House suspend the rules and agree to the resolution, H. Res. 605, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 412, nays 1, not voting 17, as follows:

[Roll No. 118]

YEAS—412

Ackerman	Butterfield	Dingell
Aderholt	Calvert	Doggett
Adler (NJ)	Camp	Donnelly (IN)
Akin	Campbell	Doyle
Alexander	Cantor	Dreier
Altmire	Cao	Driehaus
Andrews	Capito	Duncan
Arcuri	Capps	Edwards (MD)
Austria	Capuano	Edwards (TX)
Baca	Cardoza	Ehlers
Bachmann	Carnahan	Ellison
Bachus	Carney	Ellsworth
Baird	Carson (IN)	Emerson
Baldwin	Carter	Engel
Barrow	Cassidy	Eshoo
Bartlett	Castle	Etheridge
Barton (TX)	Castor (FL)	Fallin
Bean	Chaffetz	Farr
Becerra	Childers	Fattah
Berkley	Clarke	Filner
Berman	Clay	Flake
Berry	Cleaver	Fleming
Biggart	Clyburn	Forbes
Bilbray	Coble	Fortenberry
Bilirakis	Coffman (CO)	Foster
Bishop (GA)	Cohen	Fox
Bishop (NY)	Costa	Cole
Bishop (UT)	Conaway	Frank (MA)
Blackburn	Connolly (VA)	Franks (AZ)
Blumenauer	Conyers	Frelinghuysen
Blunt	Cooper	Fudge
Boccieri	Costa	Galleghy
Boehner	Costello	Garamendi
Bonner	Courtney	Garrett (NJ)
Bono Mack	Crenshaw	Gerlach
Boozman	Crowley	Giffords
Boren	Cuellar	Gingrey (GA)
Boswell	Culberson	Gonzalez
Boucher	Cummings	Goodlatte
Boustany	Dahlkemper	Gordon (TN)
Boyd	Davis (AL)	Granger
Brady (PA)	Davis (CA)	Grayson
Brady (TX)	Davis (IL)	Green, Al
Braley (IA)	Davis (KY)	Green, Gene
Bright	Davis (TN)	Grijalva
Broun (GA)	DeFazio	Guthrie
Brown (SC)	DeGette	Gutierrez
Brown, Corrine	Delahunt	Hall (TX)
Brown-Waite,	DeLauro	Halvorson
Ginny	Dent	Hare
Buchanan	Diaz-Balart, L.	Harman
Burgess	Diaz-Balart, M.	Hastings (FL)
Burton (IN)	Dicks	Hastings (WA)

Heinrich
Heller
Hensarling
Herger
Hereth Sandlin
Higgins
Hill
Hinchey
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Insee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loeb sack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)

NAYS—1

Paul

NOT VOTING—17

Barrett (SC)
Buyer
Chandler

Chu
Deal (GA)
Gohmert

McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Olson
Oliver
Ortiz
Owens
Pallone
Pascarell
Pastor (AZ)
Paulsen
Payne
Pence
Perlmutter
Perrillo
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce

Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)

Himes
Marchant
McIntyre

Putnam
Schradner
Stark

Wamp
Young (FL)

Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxy
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Heinrich
Heller

Hensarling
Herger
Hereth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Insee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loeb sack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon

McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Oliver
Ortiz
Owens
Pallone
Pascarell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perrillo
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schwartz

□ 1730

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

The title of the resolution was amended so as to read: "Recognizing the continued persecution of Falun Gong practitioners in China on the 11th anniversary of the Chinese Communist Party campaign to suppress the Falun Gong spiritual movement and calling for an immediate end to the campaign to persecute, intimidate, imprison, and torture Falun Gong practitioners."

A motion to reconsider was laid on the table.

Stated for:

Mr. MARCHANT. Mr. Speaker, on rollcall No. 118, I was off the floor with a constituent. Had I been present, I would have voted "yea."

PERSONAL EXPLANATION

Mr. GRIFFITH. Mr. Speaker, on rollcall Nos. 117 and 118, I was unavoidably detained. Had I been present, I would have voted "yes."

THANKING VANCOUVER FOR 2010 WINTER OLYMPICS

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1128, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. WATSON) that the House suspend the rules and agree to the resolution, H. Res. 1128, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 420, nays 0, not voting 10, as follows:

[Roll No. 119]

YEAS—420

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Billray
Billirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccheri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy

Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Heinrich
Heller
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon

Scott (GA)	Speier	Van Hollen
Scott (VA)	Spratt	Velázquez
Sensenbrenner	Stearns	Visclosky
Serrano	Stupak	Walden
Sessions	Sullivan	Walz
Sestak	Sutton	Wasserman
Shadegg	Tanner	Schultz
Shea-Porter	Taylor	Waters
Sherman	Teague	Watson
Shimkus	Terry	Watt
Shuler	Thompson (CA)	Waxman
Shuster	Thompson (MS)	Weiner
Simpson	Thompson (PA)	Welch
Sires	Thornberry	Westmoreland
Skelton	Tiahrt	Whitfield
Slaughter	Tiberi	Wilson (OH)
Smith (NE)	Tierney	Wilson (SC)
Smith (NJ)	Titus	Wittman
Smith (TX)	Tonko	Wolf
Smith (WA)	Towns	Woolsey
Snyder	Tsongas	Wu
Souder	Turner	Yarmuth
Space	Upton	Young (AK)

NOT VOTING—10

Barrett (SC)	Hastings (WA)	Wamp
Deal (GA)	Putnam	Young (FL)
Gohmert	Schrader	
Hall (NY)	Stark	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are less than 2 minutes remaining on this vote.

□ 1737

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERMISSION FOR MEMBER TO BE CONSIDERED AS FIRST SPONSOR OF H.R. 4302 AND H.R. 3457

Mrs. LOWEY. Mr. Speaker, I ask unanimous consent that I may hereafter be considered to be the first sponsor of H.R. 4302 and H.R. 3457, bills originally introduced by Representative Abercrombie of Hawaii, for the purposes of adding cosponsors and requesting reprintings pursuant to clause 7 of rule XII.

The SPEAKER pro tempore (Mr. GARAMENDI). Is there objection to the request of the gentlewoman from New York?

There was no objection.

PERMISSION FOR MEMBER TO BE CONSIDERED AS FIRST SPONSOR OF H.R. 2536

Mr. POLIS. Mr. Speaker, I ask unanimous consent that I may hereafter be considered to be the first sponsor of H.R. 2536, a bill originally introduced by Representative Wexler of Florida, for the purposes of adding cosponsors and requesting reprintings pursuant to clause 7 of rule XII.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

RECOGNIZING 150TH ANNIVERSARY OF AUGUSTANA COLLEGE

Ms. SHEA-PORTER. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1089) recognizing the 150th anniversary of Augustana College, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1089

Whereas Augustana College in Rock Island, Illinois, was founded as Augustana Seminary under the auspices of the Augustana Synod on September 1, 1860;

Whereas the name Augustana comes from *Confessio Augustana*, the Latin rendering of the seminal statement of the Reformation, the Augsburg Confession;

Whereas Augustana College was initially founded to train Lutheran pastors, teachers, and musicians for the growing settlements of Swedish immigrants in the United States;

Whereas Augustana College began classes in Chicago, moved to Paxton in 1863, and then finally moved to its present location in Rock Island in 1875;

Whereas Augustana College has grown from serving 90 students in 1875 to serving over 2,500 students today;

Whereas Augustana College's mission is to offer a challenging education that develops qualities of mind, spirit, and body necessary for a rewarding life of leadership and service in a diverse and changing world;

Whereas Augustana College offers undergraduate students an education rooted in the liberal arts and sciences through 75 fields of study;

Whereas Augustana College has produced 131 Academic All-America athletes, the sixth highest number of honorees among all schools in the Nation, regardless of size;

Whereas alumni of Augustana College have gone on to achieve success in diverse fields, including business, education, government and public service, religion, arts and entertainment, and science, and include a Nobel Prize winner, CEOs, and Members of Congress; and

Whereas 2010 marks the 150th anniversary of the establishment of Augustana College: Now, therefore, be it

Resolved, That the House of Representatives—

(1) acknowledges and congratulates Augustana College in Rock Island, Illinois, on the momentous occasion of its 150th anniversary and expresses its best wishes for continued success;

(2) commends Augustana College for its excellence in academics, athletics, and quality of life for students; and

(3) directs the Clerk of the House of Representatives to provide Augustana College

with enrolled copies of this resolution for appropriate display.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from New Hampshire (Ms. SHEA-PORTER) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentlewoman from New Hampshire.

GENERAL LEAVE

Ms. SHEA-PORTER. Mr. Speaker, I request 5 legislative days during which Members may revise and extend and insert extraneous material on H. Res. 1089 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New Hampshire?

There was no objection.

Ms. SHEA-PORTER. Mr. Speaker, I yield such time as he may consume to the gentleman from Illinois (Mr. HARE).

Mr. HARE. I thank my colleague from New Hampshire (Ms. SHEA-PORTER) for yielding me time to speak.

Mr. Speaker, I rise in strong support of House Resolution 1089, recognizing the 150th anniversary of Augustana College. Mr. Speaker, this year marks the 150th year of Augustana College, and I proudly introduce this resolution to highlight Augustana's long tradition of academic excellence and distinction.

Founded in 1860, Augustana College, in Rock Island, Illinois, has grown from a small school educating Swedish immigrants into one of our Nation's premier colleges of the liberal arts and sciences. Today, with over 75 fields of discipline, Augustana, popularly known as Augie, provides a rich liberal arts environment for a diverse student body of over 2,500 students.

Mr. Speaker, at Augustana, students enter to learn and leave to serve. Throughout its 150 years, Augustana College has remained committed to educating its students for a rewarding life of leadership and service in a diverse and changing world. Augie alumni have gone on to achieve success in diverse fields, and graduates include a Nobel Peace Prize winner, CEOs of Fortune 500 companies, and Members of Congress, most notably my predecessor and my good friend, Representative Lane Evans.

Beyond the classroom, Augustana has established itself as a top athletic program with 37 NCAA Division III national titles in six sports and has produced 131 academic All-American athletes, the sixth highest number of honorees among all schools in our Nation.

Mr. Speaker, in addition, Augie has partnered with the community to promote economic development in the Quad Cities region, and Augustana has an estimated impact of \$75 million on our local economy.

Mr. Speaker, the ongoing success of Augustana can be directly attributed to the quality of the leadership of the college. Under the direction of President Steve Bahls, Augustana has positioned itself to be a flagship college in

my district and in the State of Illinois. Also, President Bahls has led efforts to respond to students' immediate needs during the economic downturn. He has made a commitment to help any student at risk of dropping out because of financial difficulties through the creation of the Immediate Scholarship Support Fund, substantial investments in financial aid, and tuition cost control.

Mr. Speaker, in closing, I congratulate Augustana College on the historic occasion of its 150th anniversary, and I wish the college, its students, and the faculty continued success.

I would like to thank the entire Illinois delegation for joining me to celebrate Augustana College's 150th year, and I urge my colleagues to support House Resolution 1089.

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

I appreciate my friend from Illinois bringing this resolution forward, and I rise today in support of this House Resolution 1089, recognizing the 150th anniversary of Augustana College.

Augustana College was founded by Swedish Lutheran settlers in Chicago, Illinois, and moved to Rock Island, Illinois, in 1875. Augustana College has grown from a small school educating Swedish immigrants to a highly selective college of liberal arts and sciences. Today, Augustana College serves 2,500 students from various geographic, social, ethnic, and religious backgrounds.

Students at Augustana receive a personalized liberal arts and science education with a 11-to-1 student-to-faculty ratio. Most of Augustana's students are actively involved in a large variety of groups and activities, including performing arts, debate, publications, social and service organizations.

Augustana has been recognized nationwide for its excellent academics. The Carnegie Foundation has classified the college as an Arts and Science plus Professions institution. Students accepted to Augustana are typically from the top quarter of their high school class and have notable academic histories.

The Augustana Vikings compete in the NCAA Division III athletics in 20 intercollegiate sports and also participate in numerous club and intramural sports. The Vikings have won four team NCAA national championships and 21 individual NCAA national championships.

Augustana College students have excelled in academics, athletics, and all areas of collegiate life. I congratulate Augustana College and the students, faculty, staff, and alumni for 150 years of excellence in education.

I congratulate my colleague on this resolution, and I urge my colleagues to support House Resolution 1089.

□ 1745

I yield back the balance of my time.

Ms. SHEA-PORTER. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New Hampshire (Ms. SHEA-PORTER) that the House suspend the rules and agree to the resolution, H. Res. 1089, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. SHEA-PORTER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1255

Mr. SARBANES. Mr. Speaker, I ask unanimous consent to have my name removed as a cosponsor of H.R. 1255.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Maryland?

There was no objection.

SUPPORTING SOCIAL WORK MONTH AND WORLD SOCIAL WORK DAY

Ms. SHEA-PORTER. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1167) expressing the support of the House of Representatives for the goals and ideals of Professional Social Work Month and World Social Work Day.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1167

Whereas social work is a profession of hope, grounded in practical problem-solving expertise;

Whereas social workers inspire community action, and are dedicated to the successful functioning of American society;

Whereas social workers have education and experience to guide individuals, families, and communities through complex issues and choices;

Whereas social workers stand up for others to make sure everyone has access to the same basic rights, protections, and opportunities, and have been an important force behind important social movements in the United States;

Whereas social workers work through private practices, agencies and organizations, hospitals, the military, government, and educational institutions to provide resources and guidance that support social functioning;

Whereas social workers are on the frontlines, responding to such human needs as homelessness, poverty, family break-up, mental illness, physical and mental disability, substance abuse, domestic violence, and many other issues;

Whereas Professional Social Work Month and World Social Work Day, which is March

16, 2010, will build awareness of the role of professional social workers and their wide range of social contributions throughout their careers; and

Whereas the 2010 Social Work Month theme—"Social Workers Inspire Community Action"—showcases the expertise and dedication of professional social workers in helping to improve community life: Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the goals and ideals of Professional Social Work Month and World Social Work Day;

(2) acknowledges the diligent efforts of individuals and groups who promote the importance of social work and who are observing Professional Social Work Month and World Social Work Day;

(3) encourages the American people to engage in appropriate ceremonies and activities to further promote awareness of the life-changing role of social workers; and

(4) recognizes with gratitude the contributions of the millions of caring individuals who have chosen to serve their communities through social work.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from New Hampshire (Ms. SHEA-PORTER) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentlewoman from New Hampshire.

GENERAL LEAVE

Ms. SHEA-PORTER. Mr. Speaker, I request 5 legislative days during which Members may revise and extend and insert extraneous material on House Resolution 1167 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New Hampshire?

There was no objection.

Ms. SHEA-PORTER. I yield myself such time as I may consume.

Mr. Speaker, I rise today to support the goals and ideals of Professional Social Work Month and World Social Work Day. There are more than 600,000 people in the United States who devote their lives to social work and to the improvement of the society in which we live by obtaining social work degrees. Social workers dedicate their time, energy, and career to assisting individuals, families, and communities through complicated social issues and complex choices. As many of you know, social workers have been instrumental in instigating important social movements in the United States and abroad.

Francis Perkins, who championed the minimum wage laws and reduced the work week for women to 48 hours, and Harry Hopkins, who relocated to New Orleans in order to work for the American Red Cross as director of civilian relief, are two examples of social workers who saw a need to change conditions for a community and set out to work in the community to help meet that need.

Social workers use their tools and skills in schools, courtrooms, clinics, nursing homes, and the military, just to name a few. However, the need for

social work is expected to grow twice as fast as other occupations, especially within the health care sector as our aging demographics require more services. Professional Social Work Month and World Social Work Day, which is March 16, 2010, build awareness of professional social workers and their commitment to people. I urge my colleagues to support this resolution honoring those who choose social work as a profession to better society.

I reserve the balance of my time.

Mr. GUTHRIE. I yield myself such time as I may consume.

I rise today in support of House Resolution 1167, expressing support for the goals and ideals of Professional Social Work Month and World Social Work Day. Social workers are an important part of communities throughout the Nation and they inspire community action to improve lives. Social workers know the full range of challenges facing families of every description, and they help people reach their full potential.

Social workers make a wide range of social contributions throughout their careers. Many social workers work to resolve systemic issues that negatively affect a community. Some work in education or research, and others serve as heads of nonprofit organizations to create positive sustainable changes in communities. Most social workers serve individuals and families. Working through private practice, agencies, and organizations, they provide resources and guidance that support social functioning. Many people who become social workers believe there are no limits to human potential, and use their talents to help others.

Social work is a profession of hope, grounded in practical problem-solving expertise. Social workers are employed in schools, courtrooms, drug treatment clinics, hospitals, senior centers, shelters, nursing homes, the military, disaster relief, prisons, and corporations. They are on the front lines, developing social programs that are responsive to such needs as homelessness, poverty, mental illness, physical and mental disability, substance abuse, domestic violence, and many other issues.

This year's Social Work Month theme, "Social Workers Inspire Community Action," showcases the expertise of these dedicated professionals and the impact they have on the improvement of community life. Today, we recognize the contributions of millions of caring individuals who have chosen to serve their communities through social work.

I ask that my colleagues support this resolution.

I yield back the balance of my time.

Ms. SHEA-PORTER. I urge my colleagues to support this resolution, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by

the gentlewoman from New Hampshire (Ms. SHEA-PORTER) that the House suspend the rules and agree to the resolution, H. Res. 1167.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. SHEA-PORTER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

CONGRATULATING UNIVERSITY OF MARYLAND MEN'S BASKETBALL TEAM

Ms. SHEA-PORTER. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1184) congratulating the 2009-2010 University of Maryland Men's Basketball Team, Greivis Vasquez, and Coach Gary Williams on an outstanding season.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1184

Whereas the University of Maryland Terrapins completed the 2009-2010 regular season with 23 wins and 7 losses;

Whereas the Terrapins completed the 2009-2010 Atlantic Coast Conference (ACC) season with 13 wins and 3 losses, sharing first place with Duke University;

Whereas on June 15, 2009, Greivis Vasquez elected to forego the National Basketball Association draft and play his senior year with the Terrapins;

Whereas on February 27, 2010, Greivis Vasquez scored a career-high 41 points;

Whereas during the 2009-2010 season, Greivis Vasquez averaged 19.6 points per game;

Whereas during the 2009-2010 season, Greivis Vasquez became the only player in ACC history to record 2,000 points, 700 assists, and 600 rebounds;

Whereas during the 2009-2010 season, Greivis Vasquez received ACC Player of the Week honors four times;

Whereas for the 2009-2010 season, Greivis Vasquez was unanimously selected first team All-ACC by the Atlantic Coast Sports Media Association;

Whereas on March 9, 2010, Greivis Vasquez was named ACC Player of the Year;

Whereas Greivis Vasquez is a finalist for the Bob Cousy Award, which honors the Nation's top collegiate point guard;

Whereas Coach Gary Williams played for the Terrapins and served as team captain in 1967;

Whereas Coach Williams graduated from the University of Maryland in 1968 and returned to coach the men's basketball team of his alma mater in 1989;

Whereas on November 13, 2009, Coach Williams began coaching his 21st season with the University of Maryland;

Whereas in 2002, Coach Williams led the Terrapins to win the national title;

Whereas with 441 wins, Coach Williams is the Terrapins' all-time winningest head basketball coach, having surpassed Charles

"Lefty" Driesell who accrued 348 victories in 18 seasons with the University of Maryland; Whereas in 2005, Coach Williams was inducted into the University of Maryland Alumni Hall of Fame; and

Whereas on March 9, 2010, for the second time in his career, Coach Williams was named ACC Coach of the Year: Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that—

(1) the University of Maryland Men's Basketball Team is congratulated on an outstanding season;

(2) Greivis Vasquez is congratulated on being named the 2009-2010 Atlantic Coast Conference Player of the Year; and

(3) Coach Gary Williams is congratulated on being named the 2009-2010 Atlantic Coast Conference Coach of the Year.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from New Hampshire (Ms. SHEA-PORTER) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes. The Chair recognizes the gentlewoman from New Hampshire.

GENERAL LEAVE

Ms. SHEA-PORTER. Mr. Speaker, I request 5 legislative days during which Members may revise and extend and insert extraneous material on House Resolution 1184 into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New Hampshire?

There was no objection.

Ms. SHEA-PORTER. I now yield such time as she may consume to the gentlewoman from Maryland (Ms. EDWARDS).

Ms. EDWARDS of Maryland. Mr. Speaker, I rise today to support this resolution congratulating Greivis Vasquez and Coach Gary Williams on an outstanding season for the University of Maryland Men's Basketball Team. Their home is in Prince Georges County—my home county—and I congratulate the Terrapins men's basketball team on a season that came to a close just last week, ending the season with monumental victories, including a double overtime game win against the Virginia Tech Hokies. The season-ending victory over the University of Virginia placed the Terrapins as the number two seed going into the Atlantic Coast Conference Quarter-Finals.

The Terrapins completed their regular 2009-2010 Atlantic Coast Conference season with an impressive 13 wins and 3 losses, earning first place honors, along with the top-ranked Duke University Blue Devils. I'd like to point out as a point of personal privilege and note that one of the three losses that Maryland faced this year was to the Demon Deacons of Wake Forest University, my alma mater, but I stand here nonetheless in support of our hometown Maryland Terrapins.

The season got off to a promising start with star player Greivis Vasquez electing to forego the National Basketball Association draft and play his senior year with the Terrapins. It proved

to be a wise decision for him because Greivis went on to average 19.6 points per game during the season. He even scored a career-high 41 points in a single game. That was a rare feat for any basketball star. I know I was a fan. Throughout the season, Vasquez received the Atlantic Coast Conference Player of the Week honor four times and was unanimously selected first team All-ACC by the Atlantic Coast Sports Media Association. He led his team into the quarter-finals of the ACC tournament as the honored Atlantic Coast Conference Player of the Year, which he was named on March 9, 2010.

In 1967, while attending the University of Maryland, Coach Gary Williams played for the Terrapins—he wasn't coach then—and served as team captain. He returned to the University in 1989 to coach for the same team he once played for. It's been an honor to watch him, as Coach Williams has led his alma mater from a period of troubled times to an era of national prominence. He helped bring 13 NCAA tournament berths in the last 16 seasons, seven Sweet Sixteen appearances, and in 2002, led the Terrapins to win the national title in the National Collegiate Athletic Association Championship. I know I, along with other Maryland Terrapin fans, followed that season and all the others, watching Gary Williams and sitting through the nail-biters in the stands. The opening of the 2009–2010 college basketball season marked the 21st season as head coach with the University of Maryland for Gary Williams. As a member of the University of Maryland's Alumni Hall of Fame, Coach Williams was named Atlantic Coast Conference Coach of the Year for the second time in his career, on March 9, 2010.

I wish to heartily congratulate Greivis Vasquez on being named the 2010 ACC Player of the Year; Coach Gary Williams on being named the 2010 ACC Coach of the Year; and the entire University of Maryland men's basketball team on a truly outstanding season. I wish them and my other favorite team, Wake Forest University, great success in the 2010 NCAA Tournament—the University of Maryland facing the University of Houston, and another Texas team, Texas, facing Wake Forest University. We all look forward to that, and we'll be cheering them on their way.

Again, congratulations to Coach Gary Williams and to Player of the Year Greivis Vasquez. Go Terps!

Mr. GUTHRIE. Mr. Speaker, I yield myself such time as I may consume.

I rise today in support of House Resolution 1184, congratulating the 2009–2010 University of Maryland Men's Basketball Team, Greivis Vasquez, and Coach Gary Williams on an outstanding season. The University of Maryland Terrapins have had an outstanding season. The Terrapins com-

pleted the regular season with a 23–7 record and completed the Atlantic Coast Conference season with a 13–3 record. This year will mark its 24th tournament appearance, and I extend my congratulations to the University of Maryland; Head Coach Gary Williams and his staff; the hardworking players, especially Greivis Vasquez; and the fans. I wish them all well and wish them continued success, except there are several Kentucky teams that will be playing, so I obviously have to support my team.

I reserve the balance of my time.

Ms. SHEA-PORTER. I yield 1 minute to the House majority leader, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. I thank the gentleman for yielding. Go Terps! And they did. I'm a graduate of the University of Maryland. Like so many others, I am very proud of my alma mater. I went there many, many years ago. I have owned a number of homes throughout my life, but one of them was three doors from Gary Williams. I've known Gary Williams for all the time he's been at the University of Maryland, which is now over 20 years. Gary Williams is an extraordinary individual, an extraordinary coach, and has had great success at every school he's coached at throughout this country. He's been at Maryland for, as I said, over two decades. He's the most winning coach in Maryland history. Lefty Driesell was his predecessor—not immediate predecessor, but in terms of holding that record. Lefty did a great job at the University of Maryland.

□ 1800

Maryland was picked very low in the ACC standings at the beginning of this season. The expectations were not high. The University of Maryland team had a freshman strong forward. So it was perceived that inside, they wouldn't have the kind of game they needed to compete in a conference like the Atlantic Coast Conference, which we, of course, in the ACC believe is the best conference in the United States, although I want to observe, it may not have been the best conference this year in the United States; but over the years, it certainly has been. But there were some very strong conferences. Not to forget to mention the Big East, it is pretty strong itself. But in any event, we weren't picked very high.

The reason Gary Williams has been chosen appropriately for the honor of being Coach of the Year in the ACC, which has some extraordinary coaches, like Coach Krzyzewski, Coach Roy Williams at the University of North Carolina, and other great coaches, is because he took a team that did not have high expectations from the public and took it to a tie with Duke, one of the great teams in this country, to lead the ACC. They both finished 13–3, I believe, in the ACC.

Wake Forest, a great team as well. I want to thank the gentlelady from Maryland, DONNA EDWARDS, who shares Prince George's County in which University of Maryland College Park is located, for her gracious congratulations. She gives me a hard time. Wake beat us this year, and I don't know whether we'll meet again this year, probably not. But notwithstanding that, I appreciate her gracious support of this resolution.

I want to tell you that we have a young player. He is a senior. His name is Greivis Vasquez. Greivis Vasquez is a real personality on the court. Greivis Vasquez was the high scorer, picked as Player of the Year in the ACC, and was an extraordinary leader of our team on the floor. He was the spark plug of our team.

And when our team was down and needed to get up, needed to be inspired, it was Greivis Vasquez who, along with some other extraordinary players—and we had nine or 10 players who could have started at some other teams, frankly, wonderful players. Some, Jordan Williams, our new freshman who is going to be an extraordinary sophomore, and hopefully we may even keep him until his junior year.

But that is why we prevailed in the ACC. That's why we're going to prevail in the NCAA. We play Houston, as you've heard. I'm sure I will talk to the Representatives from the Houston area about this game, coming up Friday at 9:50 p.m. We will focus on that game, and we'll talk to you a little bit about what you think and what we think. But it's going to be an excellent year.

But notwithstanding that, I was in Atlanta when the University of Maryland won the national championship. We played Indiana that year. I want to personally congratulate my friend Gary Williams on the great coaching job he did this year. I want to congratulate the entire team for the great job they did, and I want to wish them the very best of luck in the NCAA tournament.

I thank the gentlelady, and I thank the gentleman for bringing this resolution to the floor to appropriately recognize a great year for a great team, a great coach and a great ACC player of the year.

Mr. GUTHRIE. Mr. Speaker, I yield as much time as he may consume to the gentleman from California (Mr. CAMPBELL).

Mr. CAMPBELL. I thank the gentleman from Kentucky for yielding.

Mr. Speaker, I stand in opposition to this resolution. I don't mean to cast any aspersions on the gentleman's alma mater, nor on any Terp fans or anything like that. But we're having a discussion this week, a lot about health care. And there's a lot of discussion on the government-run health care bill about fairness and equity in the process.

I would like to point out a little bit about the fairness and equity of the process of this resolution. Back last October, I authored a similar resolution—we all often do these things—for a university in my district, the University of California at Irvine, also known as UCI, whose men's volleyball team won the championship. They didn't just make the playoffs. They won the national championship. And the majority leader, whose bill this is, pulled that resolution from the floor. So he did not allow that resolution last October to be heard. Therefore, those kids who won that national championship were not able to get the same recognition that apparently today these players for Maryland, who are just in the playoffs, are going to receive.

Second of all, Mr. Speaker, in the past, we have done these for teams that win national championships. This is for a team that's making the playoffs, one of 65. Now, there are a lot of people out there, Mr. Speaker, who believe that we're wasting the taxpayers' money and the taxpayers' time by doing these sorts of resolutions. There's an argument for that. There is also an argument to be made that it's a great thing for the kids who win these to have these additional resolutions to put in their trophy case.

But the one thing I do believe is that we shouldn't descend into doing everyone that wins that gets into a playoff. That would be 65 teams just here in men's basketball. And think of all the men's and women's sports that are out there and how many teams that would include if we begin to do that as well.

Finally, Mr. Speaker, I have here the sports section from today's Washington Post. I will read from the front page where it says that according to a study, Maryland had the lowest graduation rate, 8 percent, among the 65 NCAA tournament teams. Given that this is being put forth in the Education and Labor Committee, if we were going to look at all the 65 teams in the NCAA championships, should we be considering the academics of the teams that are in or not in?

Mr. Speaker, and to the majority leader, I don't like doing this. I can see the banter going on. These things are usually fun. They're usually easy. But it seems like in this House recently, we have lost a sense of equity and fairness in the process. It seems like if a school is represented by someone from the minority party, they don't get a recognition, whereas, perhaps if they're from the majority, they do. It seems like there are different thresholds, different standards, different ways that things happen in this House rather than a simple equity and fairness.

So for that reason, Mr. Speaker, I oppose this resolution, and I would encourage my colleagues to oppose it, again, not to cast any aspersions on the University of Maryland but to send

a message that process matters and that the way fairness and equity matters, and little things like this aren't nearly as important as big things like the government-run health care bill that we're doing this week. But the fact is that this little bit is endemic of what is going on in the bigger bills in this House in the way it operates and the way it has, unfortunately, in this Congress.

Mr. GUTHRIE. I yield back the balance of my time.

Ms. SHEA-PORTER. I will keep myself totally neutral as a graduate of the University of New Hampshire.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New Hampshire (Ms. SHEA-PORTER) that the House suspend the rules and agree to the resolution, H. Res. 1184.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. CAMPBELL. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

HIGHER EDUCATION AND HEALTH CARE

(Mr. HINOJOSA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HINOJOSA. Mr. Speaker, I rise to say that millions of Americans are waiting desperately for Congress to act on health care reform and higher education reconciliation legislation. As Chair of the Higher Education, Lifelong Learning, and Competitiveness Subcommittee, I call on my colleagues in the House to put the uninsured and our students and families first. The Student Aid and Fiscal Responsibility Act, known as SAFRA, H.R. 3221, which we passed in the House last September, must be included as part of the final health care reconciliation legislation. SAFRA makes the single largest investment in college financial aid in history. It's bigger than the GI Bill. It expands accessibility and affordability in higher education by investing tens of billions of dollars in Pell grants, building a world-class community college system, strengthening early educational programs, and making landmark investments of \$2.55 billion in Historically Black Colleges and Universities, Hispanic-Serving Institutions, tribally controlled colleges and universities and other minority-serving institutions.

I am proud to stand with my colleagues in the Tri-Caucus in urging the House and Sen-

ate leadership to maintain the investments for Minority-Serving Institutions in the final reconciliation bill. This legislation is an investment in the "future of our country!"

Through the government's Direct Loan program, SAFRA will make college loans more affordable for students and families.

I urge my colleagues to make the right choice for millions of students, families, and uninsured residents who need our help to improve their lives. Vote for Health Care and Higher Education Reconciliation Legislation.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. OWENS). Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

RIGHT OF PRIVACY WILL BE STOLEN

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, we are told that we must immediately pass this government takeover of health care or there will be health care panic in the streets. Now, we know the real reason this bill is being rushed to passage, even though no one has had time to read it. According to the Speaker, as quoted, "We have to pass this bill so that you can find out what is in it." Let me repeat what the Speaker said: "We have to pass the bill so that you can find out what is in it."

After all, it's 2,700 pages long, and it's just too long to find out what's in it before we vote on it. So now we know, it has to be voted on so it can be read. I guess if Members read the whole bill before they voted, they might actually vote it down.

But there's one thing that we do know that's in this bill, and it is that it steals the right of privacy for all Americans. It will invade people's legal right to medical privacy. The government gets control over everybody's health care information, and it's another reason why we should oppose the bill. The government has no business sticking its nose into people's medical records. It's none of the government's business. The bill creates a health care integrity data bank where the Feds have access to everybody's medical records. Health care information is supposed to be between the patient and the doctor, not the patient and some yet unnamed, anonymous, unaccountable Federal bureaucrat hiding somewhere in this building.

When the government has everybody's medical records, they are at risk for misuse. Giving government bureaucrats' access to people's most private and intimate health information means their health records become

public property. People's most intimate private health care information, warts and all, becomes the property of the U.S. Government. The Federal Government grab of health care will eliminate any masquerade of medical privacy.

The 111 new Federal agencies in this bill, that we have yet to read, will be snooping through your records. Talk to your doctor, and the government will know what you said. You've got some type of illness or disease, well, the government's going to know about it. Feeling a bit depressed after a family death and need some medication? Well, the government will even know your mental health issues. Now, is this the kind of information that should be in the hands of Federal bureaucrats, a bunch of busybody bureaucrats bestowed with the task to go forth and do good to the people?

The famous author C.S. Lewis once said, "Of all the tyrannies, a tyranny exercised for the good of its victims may be the most oppressive. It may be better to live under robber barons than under omnipotent moral busybodies. The robber barons' cruelty may sometimes sleep, but those who torment us for our own good will torment us without end."

□ 1815

See, don't worry, the bureaucrats will boast. It's for your own good that we know this information. It won't hurt too much.

Once medical records are available to the Feds, every government agency will want to get their hands on those private medical records. That's just the way those bureaucrats work. And every American will be required to be a part of the Big Brother health care database.

People won't talk to their doctor anymore about their problems. They'll know somewhere in the deep, dark, dank dungeons of Washington, D.C., a Federal bureaucrat will be reading and perusing their medical records.

This is an invasion of privacy, and it violates the U.S. Constitution. The whole scheme denies individual liberty when the government takes over health care.

Thomas Jefferson even talked about universal health care once. He said: If the people let government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as are the souls of those who live under tyranny.

When government takes over health care, it will equalize poor health for everybody. The government takeover of health care is not about health and it's sure not about care. It's about government control of our personal lives. And this legislation violates our U.S. Constitution because it steals the right of privacy right from underneath us, all in the name of taking care of us.

And that's just the way it is.

THE SENATE MUST PASS THE JOBS BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. ETHERIDGE) is recognized for 5 minutes.

Mr. ETHERIDGE. Mr. Speaker, I rise today to call on the United States Senate to follow the House's lead and pass the jobs bill. The House passed the HIRE Act last week, and now the Senate needs to send it to the President for his signature. Americans need jobs and we need them now.

My constituents tell me they want Congress to quit the bickering and the partisan posturing and get to work and fix the economy. Wall Street may be doing well enough for the bankers to reward themselves with big bonuses, but folks on Main Street are still hurting.

North Carolina's unemployment rate has been above 11 percent for too long, and some counties in my congressional district are experiencing unemployment as high as 14.6 percent. More than half a million North Carolina workers are unemployed according to the new figures released by the Employment Security Commission.

I've said before and I'll say it again, my top priorities of what we need to be doing are jobs, jobs, jobs. The jobs bill will provide the incentive companies need to put people to work today, giving employers a tax credit for every new worker they hire.

I recently visited with local business leaders at the Erwin Chamber of Commerce as well as the Benson Chamber of Commerce, and they told me that this is the kind of Federal assistance that they need to help jump-start hiring in their communities. I think that's true not only in North Carolina, but across the country, and Congress needs to take action on jobs now.

The centerpiece of the jobs bill that the House passed last week is a hiring tax credit, similar to the one I proposed in my HIRING Act of H.R. 4437. The bill would encourage business to invest by putting labor on sale for a limited time, helping small businesses expand and grow.

The bill provides a payroll tax holiday to businesses that hire unemployed workers that is estimated to support roughly 300,000 jobs and encourage employers to keep those workers longer term so they will receive a tax credit of \$1,000 if they retain them.

The jobs bill we passed last week also included another proposal of mine—to support local school construction building by providing a tax credit for Qualified School Construction Bonds that were included in the American Recovery and Reinvestment Act last year. It will allow the issuers of Qualified School Construction Bonds to re-

ceive a direct payment from the Federal Government equal to the amount of the Federal tax credit.

This modification will help North Carolina schools access nearly \$500 million in school construction bonds to address our students' needs and support more than 15,000 jobs just in North Carolina. You can imagine what it would do for the rest of the country.

Last week I visited a school in Franklin County that was being built in my district from the first piece of these School Construction Bonds, and it's amazing to see what it does for a community and how it gives them an uplift.

This provision will create jobs now, building the schools of the future. It's a win-win that makes sense, and I urge the Senate to pass the HIRE Act now. It'll be like CPR for our economy, and I hope the Senate will join the House in getting it done.

CORPORAL DUSTIN LEE MEMORIAL ACT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

Mr. JONES. Mr. Speaker, recently I introduced H.R. 4639, the Corporal Dustin Lee Memorial Act. What this bill would do is allow the adoption of military working dogs by the family of a deceased or seriously wounded member of the Armed Forces who was the dog's handler.

And, Mr. Speaker, beside me I have the poster of a family from Mississippi whose son was killed for this country, Dustin Lee. He was a dog handler in Iraq. He was killed by a rocket-propelled grenade, and his dog, Lex, was wounded.

The Marine Corps very kindly, at the funeral of Dustin Lee, carried Lex to be there with his master, and the family, Jerome, the daddy, and the mom, Rachel, asked the Marine Corps to please let the dog stay with them. The dog had two more years of service.

This was brought to my attention. I called a very dear friend of mine, General Mike Regner, who's now in Afghanistan, told him the situation and said, Mike, is there anything we can do to help the Lee family adopt this dog, Lex?

And so, long story short, Mr. Speaker, the Marine Corps contacted the Air Force, and the adoption took place 2 years ago in Albany, Georgia.

I have beside me a photograph taken by the family. Lex, the dog, is looking at the headstone that's got an engraving of Dustin Lee and Lex, and it says, "In loving memory of Corporal Dustin Jerome Lee."

Mr. Speaker, what happened was as soon as they got the dog home, Lex, the German Shepherd, they allowed Lex to sniff the boots of their son,

Dustin, who had been killed, and then they took Lex to the cemetery. I've seen photographs of the cemetery. It's a rather large cemetery. And they took the dog, Lex, away from the area, then they let him out and said, Find Dustin; find Dustin. And the dog ran up to the headstone and laid down.

I hope that my colleagues will join me in this effort to allow a family of a deceased soldier, marine, airman, whomever, that maybe was a dog handler who was killed for this country, or the seriously wounded soldier, marine or airman or seaman who was wounded be able to adopt the dog without going through a long process.

So, Mr. Speaker, I again will ask my colleagues to please join us in H.R. 4639.

And before I close, as I always do on the floor of the House, I ask God to please bless our men and women in uniform. I ask God to please bless the families of our men and women in uniform. I ask God, in his loving arms, to hold the families who have given a child dying for freedom in Afghanistan and Iraq.

And, Mr. Speaker, I will ask God to please bless the House and Senate, that we will do what is right in the eyes of God for this country. And I will ask God to give wisdom, strength, and courage to President Obama, that he will do what is right for the people of this country.

And three times I will say, God please, God please, God please continue to bless America.

HEALTH CARE REFORM IS NOT AN INVASION OF PRIVACY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mr. GARAMENDI) is recognized for 5 minutes.

Mr. GARAMENDI. Mr. Speaker, a few moments ago, we heard one of the most outrageous charges I've seen in many, many days and heard in many days around here concerning the health care bill. The notion that somehow the health care bill overrides the HIPAA law that's more than a decade over is foolish nonsense.

The privacy remains for every individual in America under the HIPAA law, and in no way does the health reform bill invade or change in any way the HIPAA law, which provides privacy on all medical records, whether they are with your local doctor, the clinic, the hospital, the Federal Government. Whether you are on Medicare, Medicaid, or whatever program you are in, your privacy is assured by a decade-old law. And what will be before us in the days ahead is a change not in the HIPAA law, but in other sections of the laws pertaining to health care in America.

There is absolutely no truth whatsoever that the privacy of individuals are

in any way changed by the bills that we will be taking up in the days ahead.

IRAN'S NUCLEAR PROGRAM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

Mr. MORAN of Kansas. Mr. Speaker, Iran's nuclear program is progressing at a rapid pace, and absent swift action, Iran could soon build a nuclear bomb, putting the United States, Israel, and the entire Middle East at risk. The need for Congress to pass strong and comprehensive sanctions against Iran is urgent.

Iran currently possesses enough low-enriched uranium to produce two nuclear weapons upon further enrichment. Last month, Iran began enriching the stockpile of low-enriched uranium to a level of 20 percent under the guise of needing more highly enriched uranium for medical purposes; yet the truth is that Iran lacks the technical know-how to turn 20 percent enriched uranium into fuel rods needed to produce medical isotopes.

Rather than meeting its medical needs, this step only puts Iran that much closer to having weapons-grade fuel that could be turned into a nuclear weapon. In fact, nuclear experts say this level of enrichment represents 85 to 90 percent of the work needed to produce weapons-grade fuel. Allowed to continue on this course, Iran could potentially complete the enrichment process in a few months at a small facility, according to former IAEA action team member and physicist David Albright.

The IAEA has also recently raised new concerns about the military nature of Iran's nuclear program. In February, the U.N. nuclear watchdog agency issued a report that said Iran may be working to develop a nuclear-armed missile, adding further evidence that Iran's nuclear work is not for peaceful purposes.

If Iran is successful in building a nuclear weapon and fitting it into a missile, the entire region will be at risk. Iran already has missiles with a range of more than 1,200 miles, which puts Israel, Iraq, Turkey, Afghanistan, Pakistan, Egypt, and the Ukraine and many other countries within striking distance.

Advancements in Iranian technology threaten nations further away from Iran as well. Iran has launched a satellite into space, demonstrating that it has the technical capability that may allow it to build ballistic missiles capable of hitting American cities.

While nuclear proliferation is dangerous in any context, there is greater reason to be gravely concerned about a nuclear-armed Iran. For years, Iran has fought American presence in the Middle East and has supported terrorist

groups that have targeted and killed American troops. For example, American officials believe Iran supported the group behind the 1996 terrorist attack on a U.S. military residence in Saudi Arabia that killed 19 of our servicemen. A nuclear-armed Iran would surely put American troops serving in the Middle East today at even greater risk.

In addition, Iran's leaders frequently speak of a world without Israel. The Iranian President has called for Israel to be "wiped off the map." If Iran gets a nuclear weapon, its leader will have the capability to do these hateful, destructive things that they speak of.

Americans and Israelis around the world would also be at likely greater risk of a terrorist attack if Iran obtains the bomb. Iran is already the leading state sponsor of terrorism, funneling money, weapons, and training to terrorist groups, including Hezbollah, Hamas, and other terrorist organizations. These groups have goals and ideologies inconsistent with our American values. Emboldened by a nuclear-armed Iran, they may launch even more frequent and deadly attacks on innocent civilians.

□ 1830

Clearly, the consequences of a nuclear-armed Iran are intolerable. To stop Iran's drive to a nuclear weapon, we must act now and we must act decisively. The House of Representatives and the Senate have both passed legislation to impose strong and comprehensive sanctions on Iran. The Iran Refined Petroleum Sanctions Act and the Comprehensive Iran Sanctions, Accountability, and Divestment Act target Iran's reliance on foreign suppliers to meet its fuel needs. Although Iran sits on top of a wealth of oil and natural gas, it lacks the ability to turn much of that oil into gasoline. Consequently, Iran imports 40 percent of its gasoline needs.

The Iran Refined Petroleum Sanctions Act and the Comprehensive Iran Sanctions, Accountability, and Divestment Act offer the best prospect of compelling Iran to give up its pursuit of nuclear weapons. Congressional leaders must quickly resolve the differences between the House and Senate versions of these bills while keeping the teeth of the sanctions intact so the President can sign a final bill into law.

At the same time, the administration and like-minded allies should impose multilateral sanctions now while also pressing reluctant nations to agree to strong and comprehensive sanctions at the United Nations. The administration must also enforce current law and levy sanctions against companies that violate our laws.

Time is not on our side. The sooner strong and comprehensive sanctions are applied on Iran the greater chance we have of preventing a nuclear-armed

Iran, saving the lives of many, and enhancing the security of our own and that of our allies in the region.

CREATING AMERICAN JOBS THROUGH TRADE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Louisiana (Mr. BOUSTANY) is recognized for 5 minutes.

Mr. BOUSTANY. Mr. Speaker, tomorrow Ambassador Kirk will meet behind closed doors with the House Ways and Means Committee. While I appreciate the meeting, why do congressional Democrats refuse to talk in the open about creating jobs through international trade? I am encouraged by the administration's newfound openness to promoting American goods and services overseas, but the current situation is bleak. Nearly one in 10 Americans who want work cannot find a job.

The recent economic downturn erased the certainty many families came to rely on, and now they turn to Washington for solutions. Unfortunately, a health care overhaul with new mandates, energy taxes that will drive up input costs, and a massive Tax Code full of quirks and loopholes add to their doubts. To truly grow American jobs, entrepreneurs and businesses need new markets where they can compete to sell their products. We must restore American competitiveness to create new jobs and a prosperous future.

With 95 percent of the world's consumers living outside the United States, our ability to compete fairly and successfully in these markets is vital to our long-term economic growth and security. As the President said last week, "We need to compete for those customers because other nations are competing for them."

Today almost one in five U.S. jobs is supported by international trade. I welcome President Obama's lofty goal of doubling U.S. exports in the next 5 years through his National Export Initiative, and I look forward to discussing his plans with Ambassador Kirk.

As our economy continues to struggle, it is evident Americans will not be able to consume their way out of this recession, so we must focus on getting our products and services to emerging markets around the world. American ingenuity, creativity, and innovation can spur new jobs and new factories all right here at home.

According to the Obama administration, increasing trade by merely 1 percent would create 250,000 jobs, a significant start to helping Americans find work. Passing the Colombia, Panama, and South Korea Free Trade Agreements would accomplish just that, increasing our trade exports by 1 percent and creating an estimated 250,000 Americans jobs. These free trade agreements put American workers on a fair

footing with workers in those countries instead of alienating our global trading partners through narrow-minded policies such as Buy American.

Now American-produced goods face substantial tariffs in Colombia, Panama, and South Korea, while many goods produced in those countries have no tariff at all when sold to the U.S. The President's goal is ambitious, so passing these three free trade agreements is an important first step to restoring American competitiveness in global markets.

The last time the U.S. doubled its exports, it took nearly 10 years: final implementation of the North American Free Trade Agreement, nine bilateral free trade agreements, and the successful conclusion of the Uruguay Round. Since 1994, Louisiana has increased its exports to NAFTA countries by 271 percent. As a result, thousands of Louisiana workers have job stability, but we can do much more.

Trade creates good-paying jobs for millions of Americans, and leveling the playing field abroad increases our opportunities. Truly supporting American workers and creating new jobs will not be accomplished by closing our doors to the rest of the world while they continue to strike new deals and expand their exports. Now is the time to reach and to work with our allies and major trading partners. American leadership is in jeopardy, not because of a rising power but because of a shrinking level of American engagement. The world will not wait for us to wake up and realize the opportunities out there. That is why we need to act on expanding these trade agreements.

ISRAEL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. SOUDER) is recognized for 5 minutes.

Mr. SOUDER. Mr. Speaker, actually my main subject I want to cover tonight is Israel, but I didn't want today to pass again without making comments about the health care bill, because clearly that is the number one subject on the minds of the people in Indiana as well as the rest of the country.

One of the things that has happened here, without getting into what I believe are the demerits of the bill, the 17 percent of the American economy, and many companies in my district are threatened and their choices threatened, but I think one of the frustrations here is the arrogance of the process.

Initially, we were promised that it was going to be live on C-SPAN and we would see all the negotiations. We are all familiar with how that was abandoned. Then many Members refused to do town halls. They wouldn't answer phone calls. They still won't answer

their phone calls or mail. Then we saw deals made in the Senate bill unprecedented in American history.

As I pointed out earlier today, Thomas Jefferson got all of 13 States as part of the first Louisiana Purchase in inflation-adjusted dollars of \$150 million. Buying one vote from Louisiana in the other body cost \$300 million.

Then when 17 percent of the American economy is at stake, not some annual budget process but 17 percent of the American economy, the Founding Fathers had set up a process in the Senate that is being abused to go down to where it is 50 plus the Vice President can pass the bill. Now we are going to apparently pass this in the House, if they have the votes, and it is going to be deemed passed. We are not even going to vote. No wonder so many American people are losing confidence in government. It wasn't that we were high before, but we have hit new lows. And it is going to be difficult to establish confidence with the American people if we continue at this pace.

But another part of the arrogance of this government is happening in Israel. I would like to insert this article from the Jerusalem Post into the RECORD. It is an article that makes some nuanced points.

But first let me start and say Israel has an historic importance to the world and to ourselves not just because of its history before the Diaspora and the tremendous history of the Jewish people and the Nation of Israel, but also it was a returning homeland for those after the Holocaust from around the world where they could gather again to the land from which they had been evicted.

Then it is important because it is a democratic bastion in the Middle East, where there are not democratic bastions. We are trying to see if Iraq can form a democracy, and Turkey is kind of a democracy as well. But Israel has been from its founding such a democracy, since its refounding in 1948. Not only that, but they are our best and really only consistent ally in the Middle East. But it is also because Israel is going to be of importance in future world history as well in many ways. In fact, not only should all Americans be concerned about what is happening in Israel, but many people have special concerns about the future of Israel and how the United States responds to Israel.

Therefore, it is extremely disturbing to watch the arrogance of this administration to bully our best ally. This article in the Jerusalem Post says this is the worst that the United States has treated Israel since 1975. The American leadership is mistakenly painting Israel into a corner is the thrust of this article. In one of the more sophisticated statements in it by Mr. Avner, who has written on the '75 crisis, he said, "If the United States wishes to

advance a peace process, it must never paint Israel into a corner." And he points out that what is needed is constructive ambiguity.

Now, that is an interesting term because most of us like to be very forthright. And I would say that most people in Israel would like to be forthright most of the time. But when dealing with historic conflicts that have gone back to how the divisions first occurred in what I believe when God gave Israel its land, and divisions that have occurred since then, straightforwardness does not bring peace. Constructive ambiguity brings peace.

So when the United States takes sides in calling Ramat Shlomo a settlement, they chose words that were from the other side. That sends a message that becomes then very difficult for Israel. The question is, have we switched our positions or are we not as fully behind Israel?

Now, anybody who has ever visited there, reads about it, follows Israel, realizes that its enemies on all sides at least claim they want to destroy it. And from time to time they have had wars with which to attempt to destroy it. You don't have to be kind of really informed on international issues to realize that Iran is trying to develop a nuclear bomb. Why are they trying to develop a nuclear bomb? They want to destroy Israel from the face of the earth. It is their stated goal.

Now, the people in Israel may be divided on a lot of things and they have a lot of opinions in their country, but they are a tad worried about Iran. And they believe that the United States and the rest of the world don't seem to be taking it as seriously as they do. Maybe because, for example, you can get a bomber over Jerusalem from Amman, Jordan, in a minute and a half. So they tend to be a little uncertain when there is some doubt. And so they have a deep concern. In this case they have a concern that we are all going to talk, talk, talk while they are going to be in danger because of a nuclear weapon. If we are going to address this, we need to stop giving the signals that we do not stand behind Israel, and we need to stand directly behind Israel and let the world know that is what our U.S. position is and do a little bit of constructive ambiguity.

OBAMA REPEATING 1975 MISTAKES
(By Gil Hoffman)

EX-RABIN ADVISER SAYS US GOVERNMENT'S
STANCE RECALLS US-ISRAEL SINAI CRISIS.

The American leadership is mistakenly "painting Israel into a corner," as it did during a 1975 confrontation between the two countries, Yehuda Avner, who was an adviser to then-prime minister Yitzhak Rabin at the time of the crisis, said Monday.

Ambassador to the US Michael Oren was quoted as telling Israeli consuls general on a conference call Saturday night that the current crisis with the US was the worst since the 1975 confrontation between then US Secretary of State Henry Kissinger and Rabin

over an American demand for a partial withdrawal from the Sinai Peninsula.

Avner said he did not have enough inside information about the current crisis to compare the two. But he compared the language of Kissinger 35 years ago to that of current US Secretary of State Hillary Clinton, who he said spoke in a manner that was more emotional than diplomatic.

"The US must never create a situation in which Israel sees itself as being abandoned, because it encourages belligerence on the other side and inflexibility on the Israeli side," Avner said. "If the US wishes to advance a peace process, it must never paint Israel into a corner as it did by calling Ramat Shlomo a settlement. What's needed now on all sides is constructive ambiguity."

Avner, who worked under four Israeli prime ministers, recalled the details of the 1975 crisis, which he recounts in his new book *The Prime Ministers*.

He said the March 1975 incident erupted when Kissinger demanded that Israel give up the Jidda and Mitla passes in the Sinai, and Rabin refused. Because of his refusal, Kissinger left a meeting with Rabin in anger and accused Israel of "shattering the cause of peace."

At the height of the confrontation between the two men, Kissinger told Rabin: "You will be responsible for the destruction of the third Jewish commonwealth," and Rabin replied, "You will be judged not by American history but by Jewish history." Avner said he hoped the current crisis would be resolved as successfully.

Then American president Gerald Ford wrote Rabin a fiercely worded letter that Avner said was among "the most brutal" Israel had received from the US.

"I wish to express my profound disappointment of Israel's attitude over the course of the negotiations," Ford wrote. "You know the importance I have attached to the US efforts to reach an agreement. Kissinger's mission, encouraged by your government, expresses vital US interests in the region. Failure of the negotiations will have a far-reaching impact on the region and our relation. I have therefore instructed that a reassessment be made of US policy in the region, including our relations with Israel with the aim of reassuring that our overall American interests are protected."

Within six months, Kissinger succeeded in brokering an interim accord between Rabin and Egyptian president Anwar Sadat whereby Israel agreed to pull back its forces out of the Jidda and Mitla passes but retained the heights above them while American forces were stationed in the passes.

Avner said that since that compromise was reached, no Israeli has been killed on the Israel-Egypt border.

DEMOCRATIC SMALL BUSINESS AGENDA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Pennsylvania (Mrs. DAHLKEMPER) is recognized for 60 minutes as the designee of the majority leader.

Mrs. DAHLKEMPER. Mr. Speaker, I look forward tonight in this next hour to discuss the Democratic small business agenda, one that I believe will really help to bring our country further out of the recession that we are now climbing out of. I am glad that

some of my colleagues are able to join me tonight as we talk about this agenda going forward.

As our country struggles to overcome the effects of the financial crisis and economic recession, we must look for innovative ways to help create new jobs and foster private sector growth. We must act aggressively to counter the job losses of the past 2 years. And those job losses have been great. More than 8 million jobs have been lost since the recession began in late 2007. Our Nation's unemployment rate is near 10 percent, and in many areas well above 10 percent. Job losses are on the decline, which is good news amidst so many months of recession, but we still have a very long way to go.

The number of long-term unemployed individuals in the United States is extremely high, totaling 6.1 million people as of last month. That is 6.1 million people who have been out of work for 27 weeks or longer. That is nearly 7 months of unemployment. And approximately 2.5 million people are considered marginally attached to the labor force, meaning they want work, but because the job market is so uninviting they have not looked for work in the last 4 weeks.

One of our Nation's greatest historical strengths has always been our optimism. But when faced with a long-term, gradual recovery, as we are today, it is understandable that patience wanes and it becomes difficult to retain the optimism that has served us so well in the past. That is why we must act aggressively and decisively to help our private sector grow and create jobs.

I believe the best place to start is the area of our economy that has the greatest record of success in creating jobs, and that is our small business sector. As a former small business owner—my husband is still running the business—I have seen firsthand the power of small businesses in our communities. A grocery store can transform an urban landscape, improve the health and lower crime in neighborhoods that others may have thought was a lost cause. A retail store or restaurant can energize a community by drawing patrons to lesser traveled areas. A small business can turn an empty street into a destination for customers and tourists. Manufacturers and producers can create hubs of commerce and employment when the jobs they create directly beget indirect jobs.

□ 1845

Manufacturers need supplies and equipment to create their products, and their workers need a place to eat lunch and to shop.

When small businesses grow and prosper, their communities reap the benefits. Small businesses are the engine of economic growth and job creation in the United States, and they've

been for years. Over the last 15 years, small businesses have created over 65 percent of the Nation's new jobs, approximately 14.5 million jobs. Small businesses represent 99.7 percent of all employer firms. That means less than 1 percent of our employers are big corporations.

Small businesses are the starting point for economic success. The small businesses of today are the success stories of tomorrow. It's small businesses that create the technologies that profoundly affect our lives and our culture—medical devices that regulate heartbeats, software that allows us to connect with people across the globe, products that rid our ground water of arsenic. These are just a few of the examples of innovations of small businesses.

The American entrepreneurial spirit will help drive our economy out of recession, creating jobs in innovation along the way. That is why we must do all we can to help businesses, small businesses, grow and prosper.

I would now like to yield to my good friend, Mr. TONKO from New York.

Mr. TONKO. Thank you for bringing us together this evening for this discussion on the small business agenda here in Washington.

Obviously, as has been stated so many times during this session of Congress, the number one priority is jobs, jobs, jobs, and jobs. We cannot overemphasize the impact that job creation, job retention bears on the discussions that we have here in restoring this Nation's economy.

And you make a very valid point in assessing the very deep loss of jobs that we experienced at the beginning of this administration. It was somewhere in the neighborhood of 700,000 to 750,000 jobs lost per month in the last 3 or 4 months before the Obama administration began its work here in Washington. That was a tremendous loss to this Nation's economy. Millions upon millions, 7 to 8 million jobs lost during this recession. A very painful blow to the American economy and certainly to the American households across this Nation.

And as we look forward to progress to inspire us, it is good to note that while it's not good enough, some 200,000 to 300,000 jobs lost in the last few months is a vastly improved outcome, a long way to go, but moving in the right direction. The American Recovery and Reinvestment Act enabled us to place down payments in small business production and creation and retention. Certainly those efforts are coming in cutting-edge fashion where we're now addressing job growth in a way that speaks to research and development, allowing us to spark an innovation economy that enables us to respond in very valid terms by embracing our intellectual capacity as a Nation.

These are the source of efforts that require our investment. And I am so

impressed that we can move forward now with many issues that were backburned.

When we look at the need to produce here locally in this country, to produce nationally for our energy needs, nothing could be smarter than to move forward with a clean energy economy, to be able to draw down that gluttonous dependency on fossil-based fuels that has fed this system, that has enabled us in a way to continue to add to that carbon footprint. And we're putting hundreds of billions of dollars per year into the treasuries of unfriendly nations to the United States and our allies across the globe. That is not smart government. That is enabling us to continue along the course of status quo where we don't exercise the options available to us.

I look within my district. I look within the region that I represent and beyond in upstate New York, and there are such great things happening in nanoscience, in semiconductors, in superconductivity cable, in renewables, that we are now cultivating this climate that enables us to respond to a clean energy economy. It's growing our energy independence. It's growing our energy security, and therefore, favorably addressing our national security, because as we conduct these sorts of experiments and grow opportunities in the energy world, we are giving birth to wonderful startups, to entrepreneurs, and that is the spirit that is uniquely American, as you suggested.

So I'm very, very enthused about where we're heading. I believe that as we have stopped the bleeding of this recession, we now go forward with the toolkit that will enable our small business community to respond in fullest fashion where we embrace the intellect of this Nation and allow us again to taste that sense of pioneerism that is really, I think, the flame that really sparks America's comeback.

Mrs. DAHLKEMPER. I think the gentleman makes a great point.

As you talk about the American Recovery and Reinvestment Act, I think the part of that bill that we maybe fail to get the message out there about is the reinvestment side. In the beginning, we were trying to help those who were hurting most, those who needed extension of unemployment or needed help with COBRA. But now we see many of our small businesses are actually involved in the reinvestment side as we're actually reinvesting in our economy.

One of the exciting things I got to see was a new biomass heating unit for three different businesses. One is a school district-owned business, one is a recreation center, and one is a career center in one of my communities. And I asked them about the project, \$3.2 million project, \$500,000 of that coming from the Reinvestment Act. And I asked them how important that money

was to them, and they said that was what they needed to get over the hump. This is going to create new jobs in our region on the construction side, and then jobs beyond that.

But our small businesses will be involved in putting this whole new system in, and it's going to actually save a lot of money for these three organizations in the long run and take us, as you say, to a cleaner economy as we go forward.

So there certainly are some very exciting things. Our agenda really started with the American Recovery and Reinvestment Act. And it is what has taken us out of the recession. And one of the things we need to talk about is the aggressive agenda that we have, as Democrats, for small businesses, to give them the support they need to create jobs and speed the recovery.

And one of those is access to capital. I'm sure we all travel around our districts and hear from our small businesses that they can't get the capital they need. They want to grow their business. They see positive signs, and we need to be there. And our agenda, I think, is going to take them there. For every small business, they need capital to grow, and this is really the first piece of the puzzle. But the tight credit has limited their capacity. So we need to provide alternate means for small businesses to access capital to grow, and that's why we have a couple of different pieces of legislation.

One I have introduced, which is the Express Loans Improvement Act, H.R. 4598, to increase the availability and the utility of SBA express loans, a vital source of working capital for small businesses. And so I would certainly like to thank people who've come on that bill. And I want to thank particularly Congresswoman BEAN because she helped to introduce that legislation with me.

There are a number of other loans programs through the SBA that we're working to improve for our small businesses that will help them access the capital that will help them to grow.

Right now, I would like to yield to one of our newest Members from California, certainly a very welcome addition to our Democratic caucus and to Congress as a whole.

Mr. GARAMENDI. Thank you. I want to thank the gentlelady from Pennsylvania and the gentleman from New York for the opportunity to discuss this critical issue of small business and jobs.

We know the statistics are very bad. But the discussion you two were having a moment ago used the word "investment." And we talked about the American Reinvestment Act. It's now 13 months old. And it's absolutely critical that we always ponder investment because the investments that we can make at the government level will lead to short-term job growth as well as to long-term job growth and stability.

Years ago, we looked in California about how do you grow the California economy. I did a report on it. This was more than 25 years ago. And we noted that the history of California's great economic growth was centered on five things. The first and foremost of them was the enormous investment that was made in education, both in K-12 and community colleges and in the research institutions. It was that investment that gave the foundation. And here we are today with enormous disinvestment, backing away from that critical investment in education.

Now, the legislation that we talked about, the American Reinvestment Act, moved billions of dollars into the education sector so that we can continue to educate our kids at the universities and K-12 and the community colleges so that people who had lost their jobs could come back and learn the new skills, as you were saying, Mr. TONKO, the new skills in the green technology. Extraordinarily important investment in knowledge, investment in the ability of people to compete internationally.

Our friends on the Republican side say, No, we shouldn't have done that. So what are these people to do? They have lost their job. They don't have the opportunity to get new knowledge and new skills.

The second thing that we learned that was one that you also just talked about, the two of you a moment ago, about the necessity for research. It is in the research that the new jobs are created. Why? Because those are new products. Those are things that people demand and want and need for the growing economy. And in that is the high profit margin. And, again, for the first time, the Democratic Congress and the President—without the help of the Republicans—passed the greatest increase in research money in the last 20 years, putting money into research that will again lead to jobs sooner and later as the economy grows.

There are many other pieces of this. One that's before us is the health care legislation. I know a young couple in their mid-thirties that want to start their own business but they cannot leave the job that they have today because they know that as small business people, they will not be able to get health care insurance. They have two kids.

So these are things that we're bringing to the American public—last year, with the American Recovery Act and now this year, as we look at how we're going to deal with health care. These are the critical investments that we need to make. And I thank you so very much for bringing this to our attention, to the attention of the American public.

Mrs. DAHLKEMPER. I thank my friend from California.

Now I would like to yield to my friend from Michigan (Mr. PETERS).

Mr. PETERS. Thank you for yielding the time. Thank you, Mrs. DAHLKEMPER, for putting together and assembling this Special Order. And I would also like to thank Chairman LARSON, as well as Representatives SUTTON and HASTINGS, for chairing the House Jobs Task Force, of which I'm a member, and I think others are members of here tonight as well, which is doing very important work to make sure we are creating jobs in this country.

We all know that small businesses employ half of all private-sector employees, and are responsible for creating 60 to 80 percent of all new jobs over the last decade. They create more than half of our Nation's nonfarm GDP. Small businesses employ 40 percent of high-tech workers, and small businesses create 13 times more patents per employee than large patenting firms. And improving access to credit is a key aspect of helping these small businesses grow and create jobs and ensure that America remains a global economic powerhouse.

I am pleased that the American Recovery and Reinvestment Act provided \$30 billion in tax relief for small businesses and increased the percentage a business can write off in capital expenditures by 50 percent. Additionally, the total amount a business can write out has been doubled to \$250,000, allowing for a substantial investment in equipment and resources for small businesses.

But much more, as we know, much more needs to be done to help our small businesses in this country.

Last year, I had the opportunity to host a field hearing in Oakland County, Michigan, where I gave borrowers and lenders an opportunity to discuss the challenges that we're facing in Michigan. Bank regulators attended the hearing as well so that we could hear firsthand their policies and how those policies are making it very difficult for banks to make the loans to very worthy businesses in my State. And I know it's not just a problem in Michigan, but in States all across the country now.

One of the biggest problems that borrowers and lenders outlined was that as their value of commercial real estate, manufacturing equipment, and other sources of collateral has dropped, it has made it very difficult to obtain a line of credit. Even for a company that has purchase orders in hand, it is difficult for them to get that money. That's why I'm working with Congressman LEVIN and Congressman DINGELL on legislation that will provide States with funding that they can use to create a collateral support program to make sure that these businesses get the vital lending that is so important for them.

That's why I have also proposed a small business lending plan that will redirect unspent Wall Street bailout

funding to instead help small businesses in our communities so they can get the credit that they need to grow and to create jobs.

□ 1900

Efforts to help small businesses are especially crucial in areas of high unemployment. I was happy to author legislation through the Small Business Committee which I know, Representative DAHLKEMPER, you are a leader in, to provide zero-interest loans worth up to \$75,000 to small businesses in high unemployment areas, with payment on these loans deferred for 18 months. It also makes high unemployment areas eligible for the New Market Venture Capital program, providing strong financial incentive for investment in new and emerging industries in areas where the workforce is necessary to build the new economy and is ready and enthusiastic and just needs that additional help.

In addition to helping businesses access capital, we must make sure that they also have access to key partnership programs that are proven to spur job creation. For example, the Manufacturing Extension Partnership, the MEP, is a crucial national program that provides technical services and assistance to increase productivity and efficiency of small and medium-sized businesses. The Manufacturing Extension Partnership is a model of an efficient and effective program, credited with creating and retaining over 55,000 jobs per year and \$10.5 billion in increased or retained sales.

MEP support is vital to the long-term success and competitiveness of small and medium-sized American businesses, and preserving and strengthening the program should be a priority as Congress continues to work on reviving this economy and getting that growth going.

Currently, the costs of the MEP's services are shared between the Federal Government, State government and industry with Federal Government contributing one-third, and States and industries contributing the remaining two-thirds. However, State budgets have threatened the MEP's existence, and at least 23 State MEP centers now report a decrease or elimination of State MEP funding in 2009 alone, and some centers have been operating without State assistance for years. When a State eliminates this vital funding, it is left to small businesses to cover the gap, and they risk losing Federal dollars in those States that are being hurt the worst. That is why I have introduced legislation with Representative EHLERS that would reduce the matching requirements for small businesses to ensure that they can continue to participate in this MEP program.

And, finally, I would like to also announce that this afternoon I introduced, along with Chairman LARSON

and Congressmen REICHERT and TIBERI, a bill entitled the "American Job Creation Investment Act" to provide business tax relief projected to create hundreds of thousands of new jobs. I would like to thank my colleagues for working with me on this bill and support from those of you here in the Special Order here tonight as well.

This bill in a sense will allow companies to use the alternative minimum tax credits that they now hold but that otherwise they must save for future years to be used this year for job creation, job retention, and capital investments. The bill is estimated to directly create over 65,000 new jobs and help businesses retain 170,000 jobs in the next 2 years, plus spur \$40 billion in additional job-creating investment. A wide array of industry associations currently endorse the bill, including the U.S. Chamber of Commerce, the National Association of Manufacturers, the Motor and Equipment Manufacturers Association, Associated Builders and Contractors Association, and the Association for Manufacturing Technology.

This is an incredibly efficient and commonsense way for us to spur job creation. Companies are sitting on these tax credits, but under current tax law cannot use them until future years. This bill will allow them to use the tax credits they have already accrued to create jobs now, when we need them the most. And I would like to encourage my colleagues to cosponsor this very important bill.

While I'm proud of the work that we have done in Congress to turn around our economy and help families and small businesses, I think we all agree that there is no question that there is more work to be done. Small businesses will be the key to my State's, and the entire Nation's, economic recovery. And I believe, as I know all of you believe, that helping businesses have access to capital that they need to grow, invest and create jobs is the key to helping our economy move and put Americans back to work. I look forward to continuing to work with all of you and applaud your efforts here tonight to bring this important issue to the American people as we continue to work to create jobs in this great country.

Mrs. DAHLKEMPER. I thank my friend from Michigan who I know is just out there every day fighting for jobs in Michigan and fighting for this country to make sure that we have a robust and strategic plan going forward. And many of your pieces of legislation that you have brought forward will do that. I'm really glad you brought up MEP, the Manufacturing Extension Partnership, which I'm also a big fan of. I think that we need to make sure it is funded and funded in a way that our communities don't lose the funding if their States don't have

the money. So I'm glad that you're working on that, and I appreciate your work in that area.

I'm also glad you brought up the Recovery Act tax relief. Again, there are so many parts about the Recovery Act that we don't talk about enough, and it gets stuck as "stimulus bill." I really like the "Recovery Act" name better. We need to talk about that recovery and reinvestment side, the tax relief that came to individuals, but the tax relief that came to small businesses to allow them to reinvest into their businesses continues on. And I think that is important not to forget those pieces.

I'm going to yield again to my friend from New York.

Mr. TONKO. Thank you, Representative DAHLKEMPER. And it is a pleasure to hear both Congressmen from Michigan and California and you as a Representative from Pennsylvania all speaking the voice of the freshman class. I'm so enthused to work with all of us as freshman Members of this Congress. We have brought, I believe, a lot of thought, a lot of energy, a lot of vision; and we are attaching it to the leadership of this House, which is broken from some of the failed attempts from the prior administration.

The entire focus on manufacturing through the MEP program was denied. There wasn't a respect shown, I believe, strong enough toward the manufacturing sector. And the American manufacturing sector is alive. It will be competitive on the global scene because it can do it smarter, and the investment of that intellectual capacity of this Nation gives us great promise with the manufacturing sector.

So to hear of all these ideas, from tax benefits that will go toward creating small business opportunities, to dealing with the credit crunch, making certain that we raise the loan opportunities to allow for the working capital needs to be met for our small business community, those are important aspects. Those are great factors.

H.R. 4598, which you are sponsoring, Congresswoman, is tremendous benefit to the opportunities to invest in small business, and they are the backbone of this American economy.

To the gentleman from California, when he spoke of health care, I talked to a number of small businesses that might have five, 10, 15 employees. And when they are insuring their employees for health care purposes, they are looking over a rather small base. And the bill that we are looking at before the House allows for an exchange to be developed where there is a large pool of employees, where there is going to be a regulatory environment to hold down those costs. And beyond that, if you have one employee of five or 10 impacted with catastrophic illness, you're probably going to see rate increases in your insurance rise exponentially. When you put them into a larger sea of

employees, by operating through these exchanges, that's the kind of reform that is responding to the needs of small business.

We talked about it today in my office. People understand that concept. You put people's situations into a large audience, and it neutralizes the outcome in a way that spreads the pain and allows small business to continue to provide for their employees, which they want to do. We have decided in this country we are going to stay with an employer-based health care system. So let's provide the reforms that allow small business to have the benefit in that outcome. If we profess small business to be the vision of the future, to be the job growth market, certainly we have seen it in the last decade or two, 75 to 85 percent of all the new jobs created are coming through small business.

So let's be there in a user-friendly way that allows them to provide for their employees so that they have a healthy and strong workforce so that we can put together both the physical health care, mental health care concepts that will enable them to prosper, put together the funding opportunities dealing with that credit crunch. We saw what happened. The banks were not regulated. We saw the institutions out there collapse. It killed the American economy and the global economy. And the credit lines were dried up. They were exhausted for households and businesses. That is not good.

So now it is our challenge as Democrats to respond; and, I think, in many dimensions we are responding. We are going to open those credit lines. We are going to provide for that capital need to be met for the business community. We are responding. And people need to know that it's a full agenda from a jobs package to health care reform to energy reform, which is growing a clean energy economy, an innovation economy. These are the concepts that are going to provide the change that was long overdue and utilize the American know-how, the great pioneer spirit.

I represent a host of communities, a necklace as I like to refer to it, of mill towns. They were the epicenters of invention and innovation. That spirit still prevails in this country today. And we need to foster that kind of growth. We need to grow out of this recession, now that we have stopped the bleeding, and build this economy the way we envision it to be the most powerful, with small business at the front and center of that.

Mrs. DAHLKEMPER. I'm sure as the gentleman goes around his district, as my other colleagues do, and visits our small businesses, we see the innovation. It is exciting to go visit those small businesses in our region who are really doing some very amazing and innovative work.

Again, we have a robust and strategic agenda, the Democrats. And we have

got to continue to work on this as we want to continue to help our small businesses. I think we have got a lot of good pieces in place and, as Mr. PETERS brought up, even more things that we are bringing forward.

I would like to yield again to the gentleman from California.

Mr. GARAMENDI. Mr. TONKO, thank you so very much for weaving together all the pieces of the puzzle that the Democratic Party and this Congress are putting together. It is the education piece, the health care piece, and also there is another piece, and I'm going to use an example here of what is taking place in one of the counties I represent. It's Contra Costa County and the Contra Costa Council, which is made up of businesspeople who have said, let's use the purchasing power of government to incentivize and to help the small businesses.

Now, it happens that in this particular area, there are major research institutions. The University of California, the Lawrence Berkeley Lab, Lawrence Livermore Lab and the Sandia Lab are all in the area. And out of that comes enormous numbers of new ideas. But those ideas are often left without a real market because they are new and they haven't been able to grow and to develop their market. So the local government said, why don't we get together and become the purchaser and jump-start, use the purchasing power of government, particularly in the area of energy conservation.

For example, street lights, there is a new company that is in the LED lighting system, and it's possible for that company, in their own neighborhood, to create a huge market, replacing the existing street lights. They use an enormous amount of energy with the new LED lights. But one example, in order to do that, that is the wise use of government. At the Federal level, billions upon billions of dollars are spent every year, often going to the large companies to what are known as the "Beltway Bandits," the companies that hover around Washington. We in the Democratic Party are doing this today, the Democratic Congress is pushing the President, pushing the administration to push those jobs back to the local community by contracting with small businesses.

The small business community needs access to the Federal contracts just as they would like to have access to the local government. That has been the policy of the Democratic Congress and is the policy of the Democratic President to make sure that small businesses have access to the Federal contracts. It doesn't come easy. I was the Deputy Secretary of the Department of the Interior in the 1990s, and we had to literally force the bureaucracies to contract with small business. It is like putting in reporting requirements. We are continuing that today.

So once again, there is a web of opportunities, education, health care, the tax laws, all of these things, including contracting and access to the Federal and local government purchasing power that creates opportunities for small businesses. That is our agenda, and it's a good agenda for America. It's a good agenda for business.

Mrs. DAHLKEMPER. Another piece of the legislation that we have passed through the House and the Senate, I believe, is taking it up tomorrow, is the HIRE Act, or the Hiring Incentives to Restore Employment Act, which includes tax cuts, again, for small businesses to invest, expand and hire more workers. It also takes on unemployment directly creating a payroll tax holiday for businesses that hire unemployed workers to create, we hope, some 300,000 jobs in our country and an income tax credit of \$100,000 for businesses that retain those employees. These tax cuts and credits are going to help our small businesses grow and push our unemployment rate down.

As I said, the Senate is considering this, I believe, tomorrow. So we will look forward to the Senate's passing that legislation and again getting that out to help our small businesses throughout this community.

As a consequence of our recession, small businesses are hesitant to invest in expansion in the current economic climate. So to encourage those investments, we must continue to offer those tax incentives to give our small businesses the comfort they need to have to move forward and to grow their businesses, and, again, going back to making sure access to capital is there, the tax incentives, the MEP programs, even as our colleague from California talked about, the education facilities and making sure that there is a connection between our small businesses and our education institutes.

□ 1915

So that is an important piece that we can't forget about. There needs to be that good connection. I think many of our pieces of legislation are working to make sure that connection is there that wasn't always there. Sometimes there is a disconnect between what happens in the university setting and research and what happens in our manufacturing facilities. And I think we have worked really hard in some of our legislation, and we will again in our America Competes legislation that we are bringing now through the Science and Tech Committee that many of us sit on, we will be working to make sure that that connection is there. So it is another important piece.

Mr. GARAMENDI. Let me give you a very brief example of that connection.

The community colleges across this Nation are one of the very best places for people to get specific job training. When the community college is con-

nected to the business communities, the business community can directly affect the educational program that that community college is providing, making the education pertinent to the employer so that when that employee finishes or when that worker finishes the community college program, they are specifically ready.

I was listening this last weekend when I was back in California to a local radio station talking about the way in which the community college and the employers are working together to educate unemployed construction workers, preparing them for the solar industry so that they knew how to install solar photovoltaic, so that they could be the salespersons, so that they can do the audits that are necessary, and those people would be immediately prepared. Now, the problem is the community colleges across this Nation are running out of money.

Now, Mr. MILLER, the chairman of the Education and Labor Committee, has proposed a new piece of legislation called the Local Government Jobs Act, and it has \$23 billion to directly go to the educational system so that they can hire the teachers, so that they can do the training in the community colleges to prepare workers for the new economy that is coming our direction. This is the kind of really important and useful legislation that is needed. Some 250,000 teachers would continue to be employed.

And I was noticing in the Washington Post today, the headlines, the right-hand column, "Thousands face furloughs; schools may lose millions." That is repeated. That same headline was found in the Sacramento Bee and the Los Angeles Times in the last week.

So we need to support the educational system so that unemployed workers have the opportunity to become better prepared to take the jobs that will be there as these tax incentives, the new economy kicks in, as we move to the green technologies and the green energy systems. There is a totality here. There is a holistic approach.

That is what the Democratic agenda provides: tax incentives, health care, education, purchasing power of the government made available to small businesses, bringing the new businesses on line. All of these things create a totality that will restart our economy and keep us moving and take these workers that are now tax-takers on unemployment insurance, some on welfare, using the COBRA money that we provided through the American Recovery Act, and let them become taxpayers, building our economy once again. That is our agenda.

Thank you so very, very much for bringing this small business agenda to the American public so that they understand that this party, the Democratic Party, is the party that is concerned and is willing to use the power

of government to restart our economy and to give small businesses an opportunity to prosper and grow.

Mrs. DAHLKEMPER. I thank the gentleman from California, who I know is very passionate about these issues. And we really appreciate your joining us tonight and being part of this discussion.

I have said for years that a strong economy really begins with a strong education system. We have got to have our students ready. STEM education, all the different aspects of education need to be there to make a strong student base that will then go on and be our next innovators and our next scientists and our next artists, because we need all those different aspects of our culture.

We have been joined by another member of our freshman class, from Florida. So representing the southern part of our country, I would like to now yield to the gentlewoman from Florida (Ms. KOSMAS).

Ms. KOSMAS. Thank you very much. I thank you for yielding and for hosting this important forum on small business.

I appreciate the picture that has been painted here on the large issues nationally and how they are affecting our economy, but I come to speak from a personal perspective as a person who has been a small business owner, self-employed my entire adult life. And that means that in my community, most of my friends and colleagues are also small business owners small- to medium-sized business owners, and I recognize the things that are important to them. We recognize them, of course, as the engines of our economy.

And what we know for sure is that, over the last decade, 70 percent of new jobs created in this country have been created through small businesses. That is why they are so critically important to us during this economic time. We want to ensure that they are able to survive and thrive, and I think we all are working together in order to make that happen. We recognize that the Recovery Act has been important to these small businesses and that measures have been introduced to help them have access to loans and to capital, but I know that in my district and in others, businesses are still struggling in order to access the capital that they need in order to grow and add jobs.

Just last week, I visited VaxDesign, which is a truly innovative biotech company, in my district, that wants to expand; but in order to do so, they are going to need to attract resources. And so what we really need to do is to take additional steps to open up the flow of capital to small businesses, and that is why I have introduced a bill that will eliminate the capital gains tax on long-term investments in small business stock. We have done that so that innovative companies can attract the

long-term investors that they need and grow new jobs. We all recognize that that is a very important part of what we are trying to do during this particular economic downturn.

As was previously stated by Representative DAHLKEMPER, the House has recently passed legislation that plays an important role in providing a payroll tax break for businesses and also a \$1,000 credit for keeping new hires on, and these are very important incentives.

I have also introduced several other measures that I think are extremely important based on my experience in small business and my recognition of the issues that are important to them in my district. Some of these include incentives to encourage private sector investment in areas of high unemployment, which is a serious problem in many districts but about 12 percent in parts of my district. And while we have had these incentives in place in the past for low-income areas, we are now wanting to apply those incentives to high-unemployment areas.

I have long suggested that we should allow sole proprietors of small businesses to be able to deduct the cost of their health care, which they are not currently able to do. This has the benefit, of course, of providing them with a tax incentive but also encouraging them to have health care for themselves and their families.

We have introduced legislation that increases the new business startup deduction from \$5,000 to \$20,000, and also a Shop Act which we introduced that allows small businesses to pool together to purchase insurance.

Some of these, of course, will be taken care of in other ways and through other pieces of legislation, but they are important initiatives that I have personally taken on as part of my own agenda for my district.

We also passed an amendment to support the photonics industry through the Small Business Innovation and Research Act, and this is very key to central Florida, an area where that area is growing rapidly.

These are some examples of what I call common sense, and they are bipartisan solutions that I believe will help our small businesses spur investments and create jobs. And it would be my intention to continue to work with my colleagues and to try to continue to find new ways to increase opportunities for small businesses to grow and to hire more folks in central Florida and across the country.

I certainly am proud to be here this evening and concur with, as I say, the big picture that you have painted as to how small business is connected to the educational system, and the opportunity for innovation that grows out of small business is a very important component of how we see improving our educational system at all levels.

So I thank you again for bringing this issue before us and for the opportunity to speak tonight.

Mrs. DAHLKEMPER. I thank my friend from Florida for joining us. And one of the, I think, encouraging things that I have seen, we are all new Members here, but many of the new Members who came in in 2009 and also that came in in 2007 were small business owners at one point in their life and understand the issues that small businesses have to deal with. That actually gives great comfort to my small business owners back home when I tell them that we have actually started this Small Business Owners Caucus to talk about the issues from the small business owner perspective as we deal with legislation. And I think it is just important for people to understand the issues are different for small businesses than large businesses, and our agenda, the things that we have been talking about tonight, I think, bring forward the fact that we realize that and we are taking many steps here within our Democratic agenda to address those small business issues.

Mr. TONKO. Representative DAHLKEMPER, you know, you and our colleague from Florida sparked a thought as you were both talking about innovation and small business creation.

To the credit of the leadership in the House—and I have to credit Speaker PELOSI for really advancing the innovation economy. She believes in that investment. She understands that jobs are the greatest issue that are out there challenging this country in terms of providing the support that is required.

This Monday before I traveled here to the Nation's capital, while still in my district, I was invited to attend the 10th anniversary celebration of SuperPower, which is now producing all sorts of demonstrations in the high-temperature superconductive cable market.

As we talk about this energy system in our country, as we talk about creating our own American-produced supplies of power, we also need to remember there is a delivery system that needs our investment. The transmission and distribution system, the arteries and veins of the network, if you will, has been designed for monopoly settings. And as we have deregged in this industry, we now find that this country is not only wielding electrons from region to region but across State borders, across country borders as we look at importing power supplies from Canada.

So all that being said, the August 2003 failure that impacted the northeast of the United States, the eastern seacoast, States along the eastern seaboard, southeast Canada, millions, tens of millions of people in a blackout situation for days, if that didn't expose a gaping vulnerability of a weakness in

this Nation, I don't know what would. So we need to invest in that delivery system. That is critical.

SuperPower, celebrating its 10th anniversary, is there producing high-temperature superconductive cable far more efficient than conventional cable where multiple times more electrons can be transmitted along the line.

As we look at the agenda in this country, there is no room for waste. I talked earlier about the gluttonous dependency on fossil-based fuels. If we can improve efficiencywise, we are going to be all the sounder as a Nation. So these great researchers and scientists are developing this cable.

They had in their display, at the Schenectady Museum for their 10th anniversary celebration, a piece of the cable that was used as a demonstration project in the city of Albany, New York, which proved successful. Now the work is to further develop so that we can commercialize this discovery and that we can drive down the cost so that it is truly an economic benefit. That is where R&D comes into play. It is all of that investment.

I truly believe that we, as a country, when investing in these efforts, create jobs from the trades on over to the Ph.D.'s. And when I looked at that, I realized that, here we have been investing. I was there at the front end of investment when we put down a bit of investment for capital purchases, for equipment for this startup. Now, 10 years later, they are doing great work. They are breaking their own records and are being recognized nationally and internationally.

So that has inspired me, along with conversations with small business innovators, entrepreneurs that are doing the same sort of signs and discovery that will change our response and responsiveness to a number of challenges out there.

I have introduced a bill that deals with the small business innovators. They are oftentimes in situations, scenarios that are high risk but high reward. And the angel network and the venture capital community even in this tough economy, especially in this tough economy, is somewhat skittish about going out there, lending to them on their own.

□ 1930

So government has a role here to soften that blow in those high-risk but high-reward situations. My bill would take the 2007–2008 success stories with the Department of Energy, where phase one and phase two investments have been made. Investments in prototyping. You develop an idea, you bring an idea to the table, you convince DOE it's a good project, and you develop that prototype. And then you test it. And there are many success stories where they have built the prototype and it met the test. But then we don't

do the next and final stage, the third stage, which is invest to deploy it to commercialization. My measure would take those 2007–2008 success stories and—standing as inspiration is SuperPower. Ten years into it, they're breaking their own records. They're getting into demonstrations that have now been proven successful. We need to continue to invest. Now is not the time to walk away from that system. We need to invest in it. Certainly, we have potential that is limitless, and we need to go forward, and it responds to those present-day and future needs of this Nation and does it in magnanimous measure that produces jobs in every element, every sector of the workforce.

So these are the great investments. Just like we're investing in community colleges—where we'll have before us in the near future measures to invest in community colleges. One of my local community colleges is investing in clean room science technology. So that as we develop these “clean” rooms with the nanoscience industry with chips that are manufactured, they can then be coupled with everything from agriculture as an industry to the pharmaceutical industry to health care to energy. There's great potential there. And these are partnerships that need to be fostered by the government. This is a role where the government can produce jobs, because they're removing some of the risk, and they're there because all society benefits from these opportunities. They're great bits of discovery.

And to SuperPower, I publicly want to thank them for 10 years of a success story. And I know they're going to go on to even greater things where we can apply this into high-efficiency situations. Think of it. As we begin to grow our renewables out there with solar arrays, with solar farms, with wind farms, we are then able to take direct current cable, where there's a hundred percent efficiency, no line loss. So as you're taking that generated energy, American-produced energy, you're now making certain there's no loss of that product in its delivery mode. And we're all prospering from that.

These are the opportunities we're talking about. They were put on the back burner. MEP was told, You don't need to be funded any more. Manufacturing doesn't need our attention. Nothing could be further from the truth. We need to invest in these industries. And we can do it because we have the know-how. We invest through higher education, we invest through apprenticeships with our trade unions. We do all of this investing, but then we need to provide the hope. And the hope comes in a job—in a business that's produced that translates into jobs.

Let's do it. Let's do it in a progressive, visionary way that enables all of us to prosper. And I'm so impressed that the Democrats are putting to-

gether a strategic plan that ranges from health care reform to job creation to incentives and tax relief and credit line opening, dealing with that credit crunch and putting together the workforce training. These are the elements. These are the tools in the toolkit that will take us to a new era of job creation—some jobs not yet on the radar screen. That's the remarkable bit of visioning here, of public policy development and resources that are put together in the budget.

So I can't thank you enough for the small business passion that you bring to this House, Representative DAHLKEMPER. Your track record as a small business person is that inspiration for you to then influence us in putting together packages that allow us to provide that opportunity from coast-to-coast for this great country.

Mrs. DAHLKEMPER. Well, Representative TONKO, I want to thank you because you have a lot of passion for small businesses and for job creation. You have been a great leader in our class and in this Congress. I'm excited about some of the new pieces of legislation I've heard about just here tonight—pieces of legislation that are coming out of the Democrats, coming out of particularly the freshman class of the Democrats, who I think have come to Washington with great ideas and with great solutions with how we can move forward.

You know, it was said that the Iroquois Indians, when they would make decisions, looked seven generations out. I'm not sure we're quite seven generations out, but we're looking out beyond next year, beyond the next election. We're looking out to the future and what is the best future for our country and how do we get there. We have to make sure we continue to make things in this country, as I know you and I both believe very strongly. We have to be innovators. We have to be the first in finding the new solutions to these issues that are huge but are so very important as we move our country forward.

Mr. TONKO. Representative DAHLKEMPER, I know that you've brought students to town. They've come from Pennsylvania from your district to visit. Today, I greeted students from Brown School in Schenectady, and as luck would have it, they came across the Speaker. The Speaker had seen them in Statuary Hall, where all of these great figures remind us of leaders of this great country in our formative years, in our beginning years, where they spoke to a vision for the future. They are now those heroes that developed a strong sense of our past.

As she shared her thoughts with the students, she said to these eighth-graders, These are the giants that led us to today, but you're talking to Representatives here that are going to do the same thing. They're going to take us

into the future. And the students understood. They understood that what we're doing here today is developing opportunity for them in a career path, in an education curve that will take them to higher ground and in job creation that will be there for them.

That is the challenge to each and every one of us as legislators—not to walk away from the crisis. A crisis is a terrible thing to waste. We have an opportunity here to take an economy that crumbled because of the lack of regulatory aspects, the lack of stewardship, the lack of watchdogs that could have kept it into working order. As that collapsed, this President offered a Recovery Act, and it stopped the bleeding. Now the awesome task is to build the economy we believe is strongest, that will be most responsive to the needs of this Nation. And when we look at it the investment in technology from health care, with all sorts of record-keeping done with technology, to education, wiring—hardwiring our communities with broadband and communications, creating opportunities, and energy generation and energy transmission, smart grids, smart metering—all of these opportunities that were denied are now front and center.

And so it's been a pleasure to join with you this evening to talk about not only growing out of this recession with soundness, but developing small business. Jobs, jobs, and hope for America's people. Thank you so much for your leadership. It's a great freshman class and I'm proud to be a part of it.

Mrs. DAHLKEMPER. It is a great freshman class. We have leaders in the great freshman class who will take us to that future and to the future that those students are looking forward to. I want to thank you all and all of my freshman colleagues who have joined me.

I do want to share just a few examples of some successful small businesses from my district, the Third District of Pennsylvania. Ibis Tek is a veteran-owned small business located in Saxonburg, specializing in products and accessories critical to the defense industry. Ibis Tek designs, manufactures, and tests important equipment such as transparent armor solutions for tactical and security vehicles; radio and video communication for unmanned ground vehicles; and emergency rescue devices for quick vehicle access and rescue. It's one of the many companies in my district that are providing quality equipment to keep our troops safe. And for having been both in Iraq and Afghanistan over this past year, we certainly want to do everything we can to keep our troops safe. I'm just very proud that a company in my district is working on the latest innovation that's going to help do that.

Combined Systems is located in Jamestown. It's an engineering, manu-

facturing, and supply company of tactical munitions and crowd control devices globally that is given to law enforcement, corrections, and homeland security agencies. It is not only in defense that small businesses in western Pennsylvania are excelling. CCL Container in Hermitage is a leading manufacturer of recyclable aluminum products. They produce recyclable aerosol cans, aluminum bottles, barrier systems, and other specialty aluminum packaging. Since 1991, CCL Containers has been creating innovative solutions for product packaging that can be found in just about every home, from your beverages, cleaning products, hair products, and any number of goods that come in packages, using recycled aluminum, which is really great as we look to our future.

Just last December, a new small business came to Erie, Pennsylvania—Donjon Shipbuilding and Repair. Donjon Marine Company chose our region to expand their business because of the strong manufacturing base and expertise that I know you have in your region in New York State also. They're a welcome addition to Erie's business community and to a revitalization of using the lake that we have in front of us.

Finally, I'd like to highlight a small business in my district that's been serving our community since 1876, Hodge Foundry. You're going to be excited about that because they're actually working in the wind industry producing the castings for those very large poles that go up to the windmills. With 130 years of expertise, they produce some of the world's largest engineered iron castings right in my home district in Mercer County.

Mr. Speaker, it's small businesses like these that build the products and create jobs that change people's lives and move our economy forward. We must act swiftly here in Congress to enact legislation that will help our existing small businesses grow and hire new workers. We must create pathways for startups and entrepreneurs to turn their ideas into those successful businesses that I just mentioned and my colleagues have mentioned tonight. Small businesses are our investment in our communities and our entire Nation. I urge my colleagues to support the robust and strategic Democratic small business agenda that will help our businesses gain access to capital, create jobs, and develop the technologies and innovations that will move America forward.

It's very exciting to be here at this point in our history. I think our freshman class is a big part of the forward movement in this great agenda that we have. So I thank my colleagues, and I yield the rest of my time.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. BURGESS) is recognized for 60 minutes as the designee of the minority leader.

Mr. BURGESS. I thank the Speaker for the recognition. Well, here we are, Tuesday night, Washington, D.C., 20 minutes until eight o'clock in the evening. What a day we have had here in the Capitol. Mr. Speaker, many of your constituents and my constituents probably tried to call our offices today to register how they felt about this health care bill. I know I have been encouraging people, whether they agree with me or not, whether they think I'm spot on or all wet, I have been encouraging people to call and let Congress know what you think about this massive government takeover of one-seventh of our Nation's economy. And people have responded. They have been calling.

But today they were met with either busy signals or interminable rings, because apparently the House switchboard was overwhelmed with the calls that were coming in. I will tell you I was concerned because I called my number for my office and got a busy signal, and yet walking around in the office, certainly not all of the phones were in use. So apparently this problem that Americans have encountered all afternoon has been one that has at its root and its cause in the antiquated House switchboard. I do hope the Speaker, I hope the Architect of the Capitol, and the Capitol business manager, will take that into account, because clearly, clearly we need to be able to hear from our constituents when we have such important legislation coming up to the floor.

So where are we as we work through this? Are we in the last throes? Are we still in for a long, hard slog? We have heard terms like the final push, the final stretch, the 5-yard line. President Obama, Speaker PELOSI, and Majority Leader REID have ignored calls by certainly every Republican, by many Democrats, many independent Americans, and just the American people in general, to really put the breaks on this current bill and to look at some of those things that people really want to see done, and do those.

We don't have a lot of credibility right now in the United States Congress. Recent polls I think today put it around 17 percent. No one trusts us with a 1,000-page bill that we passed out of committee last July 31. They darn sure didn't trust us with a 2,000-page bill that the Speaker's office came up with in October and that we passed in this House in early November. They darn sure didn't trust the 2,700-page bill that passed in the Senate on Christmas Eve. And they sure don't trust what they see as a very difficult, tortured process that is now

working its way through the House. And the reason they're having to resort to such legislative hijinks is because fundamentally this is a flawed bill. This is a bad bill. And it didn't have to be this way.

Look, most of us went home during August. We did our summer town halls, as we always do. We were all, I think, somewhat astonished at the outpouring of the American people just showing up on a hot Saturday morning in Texas to stand in a parking lot and listen to their Representative and question their Representative about what they saw happening up on Capitol Hill. To be sure, cap-and-trade was in the news those days; to be sure, the stimulus bill was in the news those days. But they were most concerned about this massive takeover of health care. Most of the questions dealt with that. And it wasn't like they didn't want to see anything done. But they didn't trust us to overhaul the entire system with one massive bill.

□ 1945

Sure, they want some help with pre-existing conditions. Yeah, they'd like to see people be able to buy across State lines and bring some cost down. Maybe some liability reform would be nice. Boy, wouldn't it be great if COBRA was a little more flexible. These were the things we heard. When we came back in September, I thought, okay, rewind, pause, slow this thing down, and let's look at it. Maybe let's work together. Maybe Republicans and Democrats can kind of come to some common ground because every Democrat was hearing the same stuff I was hearing. And I know that because I saw it on the evening news. I saw the YouTube clips. Their town halls in Florida, their town halls in Arkansas, their town halls in Michigan were exactly the same as the town halls that were going on in north Texas. There was no difference.

But instead in September, we come to a joint session of the House and the Senate. The President came and addressed us, and it was nothing of the sort that we're going to rework this process. We weren't going to check the weather. We're going to fly anyway, full speed ahead. Let's get this thing done. I think I heard it said again tonight in the discussion that just preceded us, A crisis is a terrible thing to waste; so let's take this economic crisis that we're in and force this health care bill on the American people. They don't know what's good for them, but we do; and this is what they're going to get.

It is a terrible bill. It's a flawed bill. It's a very tortured process. I'm going to do everything in my power to stop it, but it may become law. And if it does, we need to know what's in it, and we need to know then what our next steps are to deal with those bad provi-

sions that are contained within the bill.

I've been joined tonight on the floor by a gentleman that I've come to admire during my time in Congress. He has been a leader on this issue and on the committee in which we jointly serve, Energy and Commerce, and here on the House floor. JOHN, did you have some thoughts you wanted to share with us tonight?

Mr. SHADEGG. I do. I want to thank the gentleman for conducting this special hour, and I want to talk about a number of issues that you have already referenced. Number one, health care reform: I certainly think we need health care reform. I know you do. I know that we believe that while the current system provides very high-quality health care, it often denies people access. But I want to talk a little bit about what's in the bill as well. The gentleman talked about this massive takeover.

One of the things that stuns me more than anything else—and I know that you find this confusing—is that the proponents of this bill say that Republicans are defending the health insurance companies in America. Really? Really? This bill says that we're going to enact a mandate, an individual mandate compelling every American to buy health insurance from the health insurance companies that are selling them health insurance now. Huh? I'm sorry, I find that a little confusing.

There is an individual mandate that says if this bill passes and becomes law, as the Speaker would like to do this week, you—every single American, every American listening tonight—must go out and buy health insurance from the very health insurance companies that are ripping us off right now. Why? Why in God's name would we want to force Americans to buy health insurance from the same health insurance companies that are ripping us off right now?

This is a massive subsidy to those health insurance companies. It's a law. It will be the law of the land that says, you must, whether you want to or not, buy a government-approved health insurance plan from one of the companies selling health insurance right now. If they were doing a great job of selling health insurance right now, wouldn't the cost be affordable? Wouldn't they be holding down cost? Wouldn't they be giving us good service? Wouldn't they not be cheating us? I've got to tell you, I don't know any Republican who thinks that it's a great idea to compel people to buy health insurance from the same insurance companies that are selling us health insurance now. And yet that's what the individual mandate in this bill does.

I guess they like it because it has been applied in Massachusetts. In Massachusetts they passed a mandate like this. They said that every single person

in Massachusetts, by gosh, we're going to force you to buy a health insurance plan from some health insurance plan offered from a health insurance company in Massachusetts, and that will fix the problem. Did it fix the problem, Doc?

Mr. BURGESS. Not entirely. And what they found was, since you have to buy the insurance, the cost may have gone up a little bit.

Mr. SHADEGG. Oh, the cost went up. Wait, the cost went up? They have forced everybody in Massachusetts, like this bill would do, to buy a health insurance plan on the premise that the cost would go down. But in Massachusetts where they did it, the cost went up.

Mr. BURGESS. Up. Because you've got to buy it, or you get a fine.

Mr. SHADEGG. Ah, so it's Republicans who oppose this bill that are the pals of the health insurance industry? I don't think so. And you're telling me that in the one State where we've already tried this, a mandate that you must buy health insurance, costs did not go down, but costs went up. The cost of health insurance for the people in Massachusetts from before they enacted the mandate to after they enacted the mandate went up?

Mr. BURGESS. That's my understanding from the reports that have been done by Heritage and other groups. But interestingly, if Massachusetts wants to enact a mandate, they are a State. And if their residents say, Okay, we are happy with you, Governor. We are happy with you, State legislator or State senator, for enacting this mandate and they reelect them to office, that's all well and good. But here we're talking about the 50 States and various territories, a mandate applied across the board. This has never been done in this country before because there's a document called the Constitution that says we shouldn't be doing this.

Mr. SHADEGG. Wait, the gentleman's telling me that never before in Federal law have we ordered people to buy a particular product, that we don't do that in Federal law as a routine matter?

Mr. BURGESS. Just as a coincident fact for being born and living in the United States, no.

Mr. SHADEGG. No, we don't force people to do that. I guess we do say that if you want to drive in some places, you have to buy auto insurance to insure against damage to somebody else. Right?

Mr. BURGESS. Correct. And still, that is a State mandate.

Mr. SHADEGG. That's not a Federal mandate?

Mr. BURGESS. Correct. And there are some States who don't have the mandate.

Mr. SHADEGG. So this would be the first Federal mandate saying you must

buy a product because the Federal Government tells you you must buy a product?

Mr. BURGESS. That's my understanding. It is such a good idea, as you correctly pointed out in your very graphic demonstration. The strong arm of enforcement here is the already existing Federal agency that collects our income taxes every year.

Mr. SHADEGG. You are referring to the sign I have next to me.

Mr. BURGESS. Yes.

Mr. SHADEGG. That's the IRS. The IRS is going to force you and me to buy health insurance from an approved health insurance company, federally approved health insurance. Maybe you can answer the question that is posited on this graphic: Why does the Democrats' bill subsidize health insurance companies? I don't quite get that. Why is it that Democrats are so adamant that we subsidize America's health insurance companies, those companies that are already ripping us off, overcharging us, undercompensating, don't pay our claims when we submit them, make the doctors turn in 46 copies of every form, then kick it back, then kick it back again? Can you tell me why the Democrats want to subsidize America's health insurance plans by ordering every American to buy one of those plans? Because I don't get it.

Mr. BURGESS. If the gentleman will recall in May and June of this year, six groups met down at the White House. It was a great photo-op. My AMA was there. The Hospital Association was there; PhRMA showed up; AdvaMed, the people who make medical devices; AHIP, America's Health Insurance Plans; and the Service Employees International Union all gathered at the White House. The President came out after this meeting and said that these groups have offered up \$2 trillion in savings to the American people in order to get this health care bill done. So I don't know. I wasn't there. I can't get information on these meetings.

Mr. SHADEGG. Wait, wait, wait. Are you telling me this is a deal? You're telling me these health insurance companies went into the White House and struck a deal, and the deal says, if you'll pass a bill forcing everyone in America to buy our product, we, the health insurance industry, will support your bill. That's a pretty good deal. Can I take, like, maybe some other company, a lumber company or an auto company, into the White House and say, Hey, if you'll strike a deal, we'll support some bill you want. You just have to force every American to buy our product. Right? Because, what the heck, let's strike a deal.

It seems to me the health insurance companies must have very good lobbyists closed tight, very closely to the Democrat Party. Because if I remember correctly, the health insurance industry wanted two things. They wanted

a mandate. They wanted you and me to be forced to buy government-approved health insurance from these health insurance companies and to have the IRS enforce it. They wanted it. They got it. They did not want a so-called public plan to compete with those health insurance companies. The health plans said, No, no, no. Competition, no, no, no. We health insurance plans don't want to have to compete. So we don't want to compete with a public plan. We don't want to have to compete across State lines. We don't want to have to compete for the business of individuals. We don't like that thing about competition.

As I understand it, those health insurance plans get out of this bill a mandate that you and I have to buy their plan, and there is no public plan to compete with them. That's good lobbying, I guess. If the Democrats will carry your water and say, We're going to enact a law that says that every American must buy health insurance from these health insurance plans and, oh, by the way, those health insurance plans don't have to face any competition.

They don't have to compete with a public plan. They don't have to compete across State lines. They don't have to even compete for your business and my business because right now, the Tax Code says that if we get it from our employer, it's tax free; but if you and I want to go out and buy it alone, if we made poor United or poor Aetna have to compete with each other for Dr. BURGESS' business or for JOHN SHADEGG's business, oh, they wouldn't like that. That might drive down costs. That might drive their profits down. That might drive down profits or the salary of their executives.

Well, they didn't want that. And in the Democrats' bill, you know what, they don't have to. There's no competition across State lines. There's no competition under the Tax Code letting you and I buy health insurance on the same tax-free basis that our bosses can buy at the companies. Boy, I'll tell you, those health insurance plans got good lobbyists in the White House. And that was a meeting, that was a deal that was struck down at the White House?

Mr. BURGESS. Well, we don't know because the White House refuses to provide us with any information, even though they've been asked nicely. They were asked more forcefully with the resolution of inquiry in our committee. Chairman WAXMAN and Ranking Member BARTON did send a correspondence down to the White House asking for that information to be supplied to our committee. To date, what we've gotten back is a series of press releases and reprints of pages off of Web sites, but no real information.

It would be fascinating to know if it's part of that \$2 trillion deal: okay,

you're going to get a mandate. Maybe we'll leave out the public option. But, oh, by the way, we're going to trash you every day during this process, so get ready for the next year and a half. We will vilify your industry six ways to Sunday because they certainly have done a good job of doing that.

The gentleman points out an excellent point: if an individual is able to buy a policy with the same breaks that a company gets, and that individual is able to keep that insurance over time, a longitudinal relationship with a health insurance company, what a novel concept. I've had the same car insurance since I was 18 years old. I can't tell you how many different health plans I've had because when I was in business for myself, I was always trying to find a better deal because that was one of the number one line-item expenses on my budget every year, providing insurance for my employees. So you were always looking to see if there wasn't a better deal somewhere.

And as a consequence, I frequently changed health insurances until I discovered what was then the medical savings account and now is the health savings account.

So kind of through the back door, I have now developed a longitudinal relationship with an insurance company. They send me emails, and they ask me to do certain things to keep myself healthy, and it works well between us. Why we didn't embrace that sort of model going into this, I just, frankly, don't understand.

Mr. SHADEGG. The gentleman raises one of the things that makes me so upset in this debate. And quite frankly, as you've pointed out, I've worked on health care reform since 1995. It seems to me morally indefensible, morally indefensible to say to the American people, If you work for a big, big, big employer—like you and I do, the Federal Government—or like we'll say, General Motors or Intel or Motorola or AT&T or any of those big employers, you work for a big employer, you're a lucky guy or a lucky gal because your health insurance is tax free. Your employer buys the health insurance and writes off the cost of buying that health insurance. Your employer then gives that health insurance coverage to you, and it's not income to you. So the tax on—we'll say a \$5,000 insurance policy—zero, zip, zero, nothing because you were lucky enough to go to work for a big employer.

□ 2000

But the law in America—and I think this is what is morally indefensible. And the law in America, even after this bill passes, says to the little guy, to the least among us, to those who are just barely getting by, to that person who works for, we'll say, a small garage or maybe, in my State of Arizona, a small lawn service company—

Mr. BURGESS. Or a doctor's office.

Mr. SHADEGG. Or maybe even a small doctor's office. If their employer doesn't give them employer-paid health care coverage, here's what we do to the little guy. Here's what we do to the least among us. We say, Oh, you really ought to be insured, but we're going to smack you down. We're going to make you pay income tax first before you buy that health insurance; that is to say, we're going to punish you if you decide to spend your money on health insurance.

So the \$5,000 health insurance policy that this guy over here got from his employer that cost him zero in taxes, maybe it cost him or his employer \$5,000, that plan for the little guy who doesn't work from an employer that provides health care coverage, that plan costs \$5,000, we'll say, plus another third, or another, close to a third, we'll say another 15 or \$1,800. That plan costs the little guy \$6,800, because he has to go out and earn the \$5,000, then he has to go out and earn \$1,800 in income taxes on top of that and spend the total \$6,800—\$5,000 on insurance, \$1,800 on income tax—to get the same policy that the guy that worked for the big employer got for free.

How can we morally justify that in this Nation? How can we say that it is right to treat those people lucky enough to work for the Federal Government or a big employer, Intel, Motorola, you name it, UPS, you get essentially free health care paid for by your employer and not taxed to your employer or you, but this little guy who works, or woman who works for a small day care company or who works for a small sewing shop, she gets no health care for free, and she has to pay income tax on her income before she even gets to go buy a health insurance policy? How can that be justified, and why isn't that fixed in this bill?

Mr. BURGESS. Great point. And another point that is so often missed in this discussion, let's take the example of the National Football League. You've got the Arizona Cardinals; I've got the Dallas Cowboys. A player who is lucky enough to be traded from Arizona to Dallas—I'm thinking it's an upgrade—their health insurance goes with them. If they had a knee injury in Arizona, they're covered for that knee injury day one in Dallas on the new team.

But if the fan who wants to follow their favorite player moves from Arizona to Dallas, they cannot take that insurance policy with them, necessarily, across State lines. And, oh, by the way, that new policy you're buying in Texas, that knee injury may be excluded because, after all, it was a pre-existing condition. We will not apply the same degree of portability for the little guy that we do for the person who's covered under the large multi-

State plans, the ERISA plans that the multi-State corporations can provide for their employees.

Make no mistake. I think that is wonderful that the large employers do that, and I don't think there is anyone among us who would want to see that system changed. But you are correct. We should provide the same breaks across the board.

Mr. SHADEGG. Going back to my board here, why don't Democrats want to force United to have to compete with Aetna for the business of that little guy so that he or she can buy health insurance, tax-free, like Intel can or Motorola can or the Federal Government can?

Why is it that America's politicians, about to pass this bill perhaps as early as this weekend, don't want to force those health insurance companies to compete? What's wrong with competition?

You mentioned auto insurance. I turn on the TV at night and I see TV commercials for every single auto insurance company I can imagine. I see one for GEICO. They've got their little gecko. I see Progressive. I see Allstate. I see State Farm. I see Farmers. I see all these insurance companies. They're all pounding me with their ads, and every ad says, Come buy your auto insurance from our company, and we will charge you less and give you better service.

And yet, there's not a single ad like that I've ever seen on TV where Aetna or United or any of those health insurance companies who, by the way, don't want competition from a public plan but do want an individual mandate compelling us to buy their product, I never see them advertise to me and say, Hey, John, come buy our health insurance policy, and we'll charge you less and give you better service. Could that be because they don't have to compete for our business? Because under the Tax Code that we're not fixing in this bill, you and I can't afford to buy health insurance directly from them, so they don't have to compete. They're protected from competition. They just want an individual mandate. Since they don't have to compete with each other, they complain that not enough people buy their policies. I think it's because their policies are too expensive. Since they don't have to compete, now they need a mandate to force us to buy their policies.

Why don't they have to compete like the auto insurance companies do?

Mr. BURGESS. Well, of course, the life insurance business, the premiums for life insurance plummeted with the introduction of the Internet with these companies that would advertise and then sell their policies on the Internet.

Mr. SHADEGG. So competition brought down the cost of that kind of insurance.

Mr. BURGESS. Yes. And the power of the Internet could apply to health in-

surance as well. But, as you know, there is some difficulty selling in the individual market across State lines, and therein is where the regulatory part of what we—the regulatory environment that we set here in Congress that we're not fixing in this bill, as you point out.

Mr. SHADEGG. Not fixing in this bill?

Mr. BURGESS. Not, not fixing in this bill, that that will continue to exist.

There are sites you can go to. You can go to Google and type in "health savings account" and get a variety of plans that will come up. And I encourage people who are looking for individual insurance, that is a reasonable thing to do. Yes, you have to pay with after-tax dollars. Some of those policies can be quite affordable if you're willing to accept the fact that it will be a high deductible type of policy.

But, realistically, when you look at health care expenses—and I'm a physician. I've watched people spend their money in health care for years. Some expenses are so small that they're actually financed out of cash flow: aspirin and Band-Aids. Some expenses are predictable but larger: braces, having a baby, maybe arthroscopy on that knee injury. Those could be saved for or borrowed for if we allowed the correct flexibility within the health savings account, for example. And then there are the "Boy, I hope that never happens to me" events: the leukemia, the heart attack. Those are the ones where this catastrophic insurance really is a godsend when people have that.

But, again, we did nothing. We had—we both sit in the committee that deals with this. Did we have a hearing on how to provide more flexibility, more competition with the insurance market? No. It was, if you want everyone covered, it is an individual mandate. That really was the only offering. We never had a hearing to ask the question: Is there a way to cover people with preexisting conditions without an individual mandate? We never asked that question, so it's not surprising that we don't know the answer to that.

Mr. SHADEGG. You know, it stuns me that you just said that, under current law in America, if you work for an employer who gives you health care through your employment, it's tax free. There's no income tax paid on it by your employer, no tax paid on it by you when you receive it. But you can go on the Internet and you can buy health insurance on your own, but you've got to buy it with after-tax dollars, making it a third more expensive. Isn't it shocking?

Then, or more accurately, not to be cynical about it, isn't it pretty logical then that the health insurance companies don't compete? They don't care about our individual business because they know you and I can't afford to buy with after-tax dollars what we can get from our employer for free.

Tell me, I guess I just do not understand why we wouldn't want to fix the Tax Code so that every single American could buy their health insurance tax-free just like their employer, so they could hire it and fire it and hold it accountable.

The gentleman mentioned pre-existing conditions and the Commerce Committee. I think the gentleman knows full well that, in 2006, we passed legislation through that Commerce Committee which dealt with the problem of preexisting conditions. We, as Republicans, in 2006, said, You know what? No one in America should go uninsured or go without care because they don't—because they have a pre-existing condition. So we passed legislation encouraging all 50 States to create a State high-risk pool. Under a State high-risk pool, the State would be required to accept and insure anyone that had a preexisting condition.

I happen to have an older sister who is a breast cancer survivor. She's now lived 20 years beyond her breast cancer. She has a preexisting condition. If Arizona had taken advantage of that legislation, the State would have created a high-risk pool and she could have, if she was denied coverage, or if she was told her premium would cost too much, she could have applied to the State high-risk pool. She would have been entitled to be admitted to the State high-risk pool. She could not have been charged more than 110 percent or 120 percent of the cost of health insurance for a healthy person. But all of her care would have been paid for, and the extra cost of her care, as a member of that State high-risk pool, would have been shared; that is, would have been spread, the extra cost would have been spread amongst every single person in the State of Arizona who purchased health insurance, or would have been spread over the State tax base and subsidized by State revenues.

That legislation passed the Commerce Committee, passed the floor of this House by voice vote, passed the United States Senate by unanimous consent, and was signed into law, and is the law today. It didn't force the States to create high-risk pools, but 33 States have.

Now, we can improve upon that. I'd like to make them mandatory. But we've already dealt, or we can deal with preexisting conditions without a mandate, an individual mandate compelling people to buy health insurance from the same health insurance companies that are already doing a lousy job of offering us health insurance. And yet, when the President of the United States—this is very important. When the President of the United States held his health care summit—and I note you didn't get to go and I didn't get to go. But at the health care summit, the President misdescribed, and so did Secretary Sebelius, a high-risk pool. Both

of them said, if you put all the sick people in and give them no help, of course their premiums are going to go up. But no State high-risk pool in America puts the sick people in and says to them, Now pay your own premiums.

What high-risk pools do is they put in the sick people; they guarantee them coverage; they cover their pre-existing conditions, and then they spread the extra cost amongst all the taxpayers or all the people who buy health insurance in that State. And the reason people are willing to do that is because, but for the grace of God, you and I don't know that tomorrow we won't need to be in that high-risk pool. And I know you've dealt with high-risk pools.

Mr. BURGESS. That's correct. Thirty-four States do have the high-risk pools. NATHAN DEAL, the ranking member on our Health Subcommittee, and I tried to put some further refinements out there this year during the health care debate.

I don't like mandates. I know we had that discussion in committee today. I don't like mandates. So what if we allowed States either a high-risk pool or an option for reinsurance, provided some Federal subsidy to the State. They don't have to take it, but if they do take it, then whatever they decide they want to do, they need to then set up that high-risk pool or that reinsurance for that set of business that is otherwise likely to go without insurance coverage. Because we all know, folks our age, employer-sponsored insurance, we're in a recession. You lose your job, you have the heart attack, you didn't keep up with the COBRA payments, boom, you're in that category and now there's nothing you can do to extract yourself.

And the only option we were given was an individual mandate, or let the government take everything under their control.

Mr. SHADEGG. Federal legislation already passed in 2006 offered all 50 States some Federal money to help set up the State high-risk pool to care for those people with preexisting conditions and offered Federal money to subsidize or to underwrite the cost of those high-risk pools.

The reality is, every Republican plan, every Democrat plan deals with pre-existing conditions because it's something that we, as a society, have already decided that we should do. Every single one of us knows that any moment we could be struck with a heart condition or diabetes or, like my oldest sister, breast cancer. We might be in the position and we oppose the, even, concept of someone being denied care because of a preexisting condition.

But I don't think the answer is a mandate. You said you don't like mandates. Okay. Some people may like mandates. I guess the issue is do they

work. And of course the answer is, in Massachusetts, they worked to provide coverage, but the cost of care goes up.

Mr. BURGESS. Well, they may not be constitutional at our level. And the other thing to remember about a mandate, for a mandate to work, you have to know that it's in existence, and you have to know what the penalty is, and the penalty has to be pretty stiff.

You alluded to the IRS already. The IRS has a mandate on every one of us that we'll pay Federal income taxes. Every single one of us knows, we may not know exactly what bad thing happens, but we know it's bad, and most of us know we don't want it to happen to us.

So what is the compliance rate with the IRS in filing tax returns? Well, it's about 85 percent. What do we have as uninsured in this country right now? About 15 percent. How much more are we going to get coverage if we give up that much freedom by allowing us, us, Congress, to set a mandate as a condition for living in the United States of America? How much more coverage are we going to get?

I mean, the point is arguable, but just at first glance, it might not be that much.

□ 2015

Now, on the issue of the preexisting conditions bill, I know when NATHAN DEAL and I looked into this and the Congressional Budget Office scored and said what would it require in the additional Federal subsidy to make these things really work for people, the Congressional Budget Office came back with a score of \$20 billion over 10 years. Real money to be sure, but at the same time it is nowhere near the \$1 or \$2 trillion that is on the table today if the House takes up and passes this Senate bill that they passed on Christmas Eve.

I do have to make one point about the public option. The Senate bill does not have a public option per se, but there is language in the Senate bill that allows the Office of Personnel Management to oversee the exchanges and guarantee that there is one for-profit and one not-for-profit insurance company available in every exchange. If an exchange does not have an insurance product available, OPM will set up either a for-profit or a not-for-profit in that exchange.

Well, suddenly you are going down the road of a public option because what is the Office of Personnel Management? Well, it is a Federal agency. It is not used to doing that much work, because they oversee what goes on in the Federal Employee Health Benefit Plan, but now they are going to be tasked with this vast new set of powers, and it's anyone's guess how that will actually work out.

Mr. SHADEGG. The gentleman started by commenting about the shutting down of the switchboards and whether

or not individual citizens could get through to their Member of Congress today and express their feelings, and I would suggest right now maybe their intensely felt feelings in opposition to or in support of this bill. It seems to me that the American people, who are frustrated by that process, maybe ought to think about what organizations or groups they are a member of that might be able to get through.

I am a little concerned that individual Members of this body maybe aren't taking phone calls right now, maybe aren't reading the faxes or the emails they are getting right now. But everybody who sits on this floor listens to the big organizations in their district. They listen to the Chamber of Commerce in their district. They listen to the farm bureau in their district. They listen to the cattle growers in their district. They might listen to the homebuilders, who by the way under the Senate bill are singled out for particularly mean or unfair treatment, high taxes, in this bill. They might listen to the contractors association.

It seems to me that anybody who wants to make their voice heard and is a member of any kind of a professional association or a political association that has contact with Members of Congress, if you can't get through to your Member of Congress, maybe you ought to call the local Chamber of Commerce and say, hey, I read where Congressman Smith or Congresswoman Jones is going to vote "yes" or "no". That is not what I want. You supported that, Congressman. Why don't you call him or call her and say, hey, I want a "yes" vote or I want a "no" vote. Because I will bet those Members of Congress will take calls from, for example, the local Chamber of Commerce or the local farm bureau or the local cattle growers association or some other organization in their congressional district that has spoken to them in the past, maybe supported them in the past. It seems to me that now is the time that you can use those organizations to reach out and talk about some of the issues in this bill.

You and I haven't talked so far tonight about some of the procedures. We haven't talked about the Slaughter solution, under which it appears the majority is going to push this bill through and try to say that they are really not voting for the Senate bill, or, for that matter, some of the special deals in the Senate bill. I find it interesting, yesterday apparently Speaker PELOSI said, quote, "Nobody wants to vote for the Senate bill." She actually held a meeting with the press and said, quote, "Nobody wants to vote for the Senate bill." I guess that is why they have come up with the Slaughter solution.

Let me ask you this question. Doesn't the Constitution say that for the Senate bill to pass the House, Members of the House have to actually

vote for it or vote on it? Don't they have to pass that bill?

Mr. BURGESS. Certainly that is my understanding. And we both have to pass the same bill.

Mr. SHADEGG. The exact same bill.

Mr. BURGESS. The exact same bill. We learned that in December of 2005. The Deficit Reduction Act had one word different between the House and Senate bills, and the whole thing was held up.

Mr. SHADEGG. Because of one word difference? One word difference. The Senate has already passed the Senate bill, the House has to pass that exact bill word for word. It can't have one word missing?

Mr. BURGESS. Actually, that is a House bill that the Senate passed. So we would simply have to concur with the Senate amendment, and that would be the identical bill. But in this case the Slaughter rule would say we don't even have to bring that bill to the floor, we just deem it—Deem me up, Scotty—we just deem it as passed and then go on to the reconciliation process to try to fix some of the problems with the bill. No guarantee that they will be fixed.

Mr. SHADEGG. I kind of think the American people are fairly bright. I think they see through this. If you are deeming a bill passed in a rule, aren't you actually passing that bill and aren't you voting for that bill? And isn't this just a trick or a scheme to get around the requirement that Members actually vote for the Senate bill? I guess Ms. PELOSI says, this is a quote, it is right here, "Nobody wants to vote for the Senate bill." But when they vote for a rule that says it's deemed passed, aren't they voting for the Senate bill?

Mr. BURGESS. There is no question that they are. You are right, the American people can see through that. It's an elaborate charade. It will provide no protection.

Mr. SHADEGG. An elaborate charade. Trickery. If the American people think we are engaged in trickery, why not engage in trickery.

Mr. BURGESS. But, and I am sure the gentleman feels the same way, I would not want to stand in front of the 2,000 people on a hot August morning in a town hall in Denton, Texas, and say, you know what, I never voted for that bill. I voted for the rule that deemed the bill.

Mr. SHADEGG. There we go. So the reason you wouldn't want to stand on the floor and vote for that Senate bill is not just because of the policy in it, it is because that bill will contain the Cornhusker Kickback, right?

Mr. BURGESS. Correct.

Mr. SHADEGG. It will contain the Louisiana Purchase.

Mr. BURGESS. And Gator Aid.

Mr. SHADEGG. Right. It will contain Gator Aid. It apparently contains \$100

million for a local hospital in Connecticut that CHRIS DODD got in. It contains \$1.1 billion for Medicaid in Vermont and Massachusetts. I guess not Arizona or Texas. Our States didn't get that deal, right? No, just those States got the deals because DODD or SANDERS and KERRY got them in, right? It contains, I like this one, \$1 billion that Senator BOB MENENDEZ got in for New Jersey drug companies. Pretty good deal. I am not sure I would want to vote for that. My constituents might say, well, Congressman, why didn't you get a billion dollars for some companies in Arizona?

It contains \$1 billion for MENENDEZ. We are talking serious money when you go to JOHN KERRY and DEBBIE STABENOW. They got in \$5 billion for union health care plans in Massachusetts and Michigan. You already talked about the provision, the Florida Gator Aid, I guess, Medicare Advantage. I will tell you this is one that my constituents find offensive. Arizona has lots of people on Medicare Advantage. Apparently Senator BILL NELSON of Florida got in a provision saying Medicare Advantage won't be cut in Florida. I don't know how I go home and explain to my Arizona colleagues that it will be cut in Arizona. But I really don't know, since I am going to vote against this bill, how my Arizona colleagues go home—by the way, the press reported that the President wanted some of these special deals taken out. But AP reported over the weekend that these Senators don't want those special deals taken out.

I think I agree with NANCY PELOSI. She said nobody wants to vote for the Senate bill because of all this junk, all of these secret special deals. So somehow they are going to not vote for it but they are still going to pass it? How do you do that under the Constitution? Maybe our colleague from Texas can tell us how you can pass something without voting on it.

I guess Newt said it today, there was a point in time when Members of Congress didn't read the bills that they passed. Now they are not going to vote on the bills that they pass. So what do we need to be here for?

Mr. BURGESS. I would just go back, too, to that instance with the Deficit Reduction Act, where a small difference in the House- and Senate-passed bills led to a court challenge, and we came back in January. We left on December 21st or whatever day it was when we passed that bill out of the House, it went over to the Senate, there was a problem, they couldn't fix it under unanimous consent because of an objection, and we had to repass the bill in January.

The reason I know this is because there was one of those doc fixes in that bill. And the doc fix did not go into effect December 31 and every doctor who

saw Medicare patients across the country took a 6 percent ding in their Medicare reimbursement rates because we had not passed the bill by January 1.

Now, Dr. McClellan, Mark McClellan, to his credit, who at the time was Director of the Center for Medicare and Medicaid Services, came back and said, you don't have to refile those claims, we will take care of them if Congress passes the bill within a month or two of coming back, which we did. So they went back and reimbursed. But a terribly, terribly complicated process. All of it was brought up because one or two words different in the bills, because the Constitution says we shall pass the same bill and then it goes down to the President for signature.

Mr. SHADEGG. I am trying to understand this. So if the Medicare Advantage participants in Arizona who are having their Medicare Advantage cut, and the Medicare Advantage participants in Florida who are not, under the Gator Aid that Senator BILL NELSON cut, that special deal, having their Medicare Advantage cut, if the House only deems the bill passed, can they sue and can they win? Or will the courts say, well, no, no, no, your Congressman may have said he didn't vote for the bill, he just deemed it passed, but trust me, we, the courts say he did vote for the bill. And so Arizona taxpayers on Medicare Advantage lose out, Florida taxpayers because of BILL NELSON and the special deal he cut currently in the Senate bill, which you say can't have a word changed when it comes here, they win out. Pretty good deal.

By the way, I look at some of these other deals, there is special funding for coal miners in Montana. There is just provision after provision. In North Dakota there are special provisions providing higher Medicare payments there. There are special provisions for Hawaii that apparently the two Hawaii Senators got in. There are special provisions for longshoremen in Oregon. You know, this thing looks to me like it is chockablock full of special deals for special Members, special Senators who say, well, you know, I want a special deal or I won't vote for it. No wonder Ms. PELOSI says, and I quote, "Nobody wants to vote for the Senate bill." But doesn't the Constitution say they either got to vote for it or it don't pass?

Mr. BURGESS. So we have two problems. The Constitution says we have to vote on the bill. We say the mandates may be extraconstitutional in their scope. And then the whole question of equal protection under the law. We have a constitutional scholar with us, so we turn to the gentleman from Texas, the judge from east Texas, for perhaps his rendition of this complicated process that faces us.

Mr. GOHMERT. Well, clearly the majority leadership thinks that the Amer-

ican people are so stupid that if you have a rule that says, you know what, if you vote for the rule, then the bill automatically is deemed passed. I just don't know anybody in the American public that can't figure out when you voted for the rule, I don't care what you say, you voted to pass the bill.

As far as it passing constitutional muster, who knows anymore with this Court. But I do know, as the gentlemen, both of you have been talking about the deals and Medicare Advantage, and I have got the Senate bill here, this lovely thing, and the truth is the only people that ought to pass this bill are people that eat it. A little digestive humor there. If you eat it, then yes, you should pass it. But otherwise this bill should not be passed.

But if you look at page 904 of part one of two parts of the Senate health care bill, and you wonder, gee, I wonder why AARP came out a couple weeks ago and said, oh, yes, we like the proposal, we are all on board. Well, you look at the Senate bill, it says that nothing in this section shall be construed as requiring the Secretary to accept every bid submitted by a Medicare Advantage organization. And so also the Secretary may deny a bid submitted by a Medicare Advantage organization for a Medicare Advantage plan if it proposes significant increases. But the bottom line here is the Secretary doesn't have to accept a bid.

And what is the consequence of saying we are not going to allow any more Medicare Advantage bids, we are just going to cut that out? Do you know what retirement organization is in the business of selling a kind of supplemental insurance?

Mr. SHADEGG. Wait. Wait. Let me guess. Could it be AARP?

Mr. GOHMERT. Well, it seems like maybe they do sell some supplemental medical insurance. So by golly—

Mr. SHADEGG. Maybe they got a better deal out of this.

Mr. GOHMERT. Maybe 904 is one of several reasons AARP said, you know what, this could be all right. We could get millions and millions of dollars in new insurance sales.

□ 2030

But did you see that the pharmaceutical industry says they like this bill, they are okay? And I read a headline today that the pharmaceutical industry was going to spend millions trying to get people to vote for it.

Mr. SHADEGG. So AARP likes it and PhRMA, which are big drug companies, like it. All of the big insurance companies like it because you're mandated to buy their product. And there is no public option competing with them, and they don't have to compete across State lines. Looks to me like all of the big guys really like this bill. They like the fact that they are getting lots out of it. What does Joe Six-Pack get?

Let me make a point. I put up a quote here from Speaker PELOSI. She said it on March 9. "But we have to pass the bill so that you can find out what is in it, away from the fog of the controversy." Wow. Pretty stunning quote. Maybe those are things she doesn't want you to find out until after we pass it.

I know the gentleman has a point to make. I just want to point out. Talking about deals in the bill and special deals for health insurance companies. According to The Boston Globe of December 22, 2009, the Senate bill waives from any annual fee on health insurance companies certain additional fees, and this provision exempts two insurance companies, Blue Shield-Blue Cross of Nebraska and Blue Cross-Blue Shield of Michigan. That might be one more of those special deals put in there by a couple of powerful Senators, BEN NELSON of Nebraska and DEBBIE STABENOW of Michigan, cut a little deal for a couple of Blue Cross-Blue Shield Nebraska and Michigan companies—maybe that is what Mrs. PELOSI meant when she said, But we have to pass the bill so that you can find out what is in it.

Mr. GOHMERT. I appreciate the gentleman yielding.

If you look at page 1,957, along the same lines of what kind of deals that are in this bill, this has to do with health savings accounts. We know that there are millions and millions of dollars in health savings accounts that only can be used for health care. Well, I know I have an HSA, and if I can get an over-the-counter drug, a generic drug, that is what I buy.

Well, good deal for the pharmaceutical industry here beginning at page 1,957, because it says that such terms shall include an amount paid for medicine or drug only if such medicine or drug is a prescribed drug.

So you may want—like in my case, I have hay fever. I've had since it since I was a little kid. I go and get a generic for like \$2.50. And now if I want to spend my HSA on it, I can't go spend \$2.50. I've got to go pay megabucks to the pharmaceutical companies in order to get a prescription drug.

Wow, maybe that is part of the deal that made them think, You know what? You know Joe Six-Pack, as my friend from Arizona says, may not get anything out of it, but by golly, we're going to make a lot of money on this bill. Let's throw our support behind it, and the President will love us for it, too.

Mr. BURGESS. One interesting point. You have these groups that went down to the White House in May and June—and I'm not going to criticize them for going down and advocating on behalf of their industries, on behalf of their groups. But what is so onerous about this is the President has proclaimed this Sunshine Week. Transparency is going to be the watchword

of his administration. Remember? We heard it over and over again. Everything will be up on C-SPAN, everybody will be able to see it—except for these deals that were struck down in the White House in May and June. And now they come back and say, Well, there really wasn't anything written down. Two trillion dollars in savings and you didn't write a word of it down?

Now, in Texas, as the gentleman knows, we trust each other. A handshake is as good as a signature a lot of times. But when it's \$2 trillion, you're probably going to need a little more than a handshake even in Texas, because are people going to perform as they said they were going to perform?

When Senator McCAIN wanted to push an amendment that dealt with reimportation in the markup of the Senate bill, in the debate of the Senate bill at Christmastime—I don't agree with reimportation. I think it's unsafe. I think it's unwise. But Senator McCAIN was prevented from offering that amendment because, to quote somebody at the time, That wasn't part of the deal that we had.

Well, wait a minute. If there is a deal that someone knows about, is it written down somewhere? Could we please see what else is in that deal? We're the legislative body. If there are deals struck at the White House—and it is Sunshine Week—if there are deals struck at the White House, let us see what those deals are.

I'm not criticizing the groups that went down there and advocated on behalf of those groups. That is fine. They should have done that. But we, as the legislative body, should have been privy to any of that information as we tried to craft the legislation that would have to either enact or confirm or deal with those deals.

Mr. SHADEGG. Well, it seems to me that while we do not know what the quid pro quo was for any given deal, we know a couple of things: We know the insurance companies went in first and foremost and said, We want an individual mandate. We want the government to compel every American to buy federally approved, Federal Government approved health insurance, and we want the IRS to enforce that mandate. You must buy Federal Government approved health insurance. That is what the insurance companies wanted going into the deal. Funny, that is what they got. They got an agreement that there would be an individual mandate.

So if this becomes law, every single American will be required to buy a government-approved health insurance plan. And if they don't, the IRS will tax them. Huh.

We also know, although the gentleman points out, there is no individual mandate in the Senate bill—there are some things that are pretty close to it—the insurance companies

didn't want competition. They certainly didn't want across-the-State-line competition, they didn't want the State tax code to say you and I could buy it tax-free so they would have to compete with each other like the auto insurance companies. It sounds to me like we can kind of decipher some of the outlines of the deal that occurred.

Mr. BURGESS. And I can be as critical of the insurance companies as anyone else, but they take the path of least resistance. Their capital is not necessarily any more courageous than anyone else's. The easiest way to get to what they want is an individual mandate.

But I suspect if we set up pretaxed expenses, buying across State lines, if we develop that market for them, I'll bet they'd find a way to compete, I'd bet they'd find a way to work in that market and win in that market.

Mr. SHADEGG. I think the gentleman makes an excellent point.

The truth is America's health insurance companies are playing under the rules we set, and the rules we set say they really don't have to compete for my individual business, for JOHN SHAD-EGG as an individual customer, or yours, or our colleague from Texas because the Tax Code says we cannot buy health insurance like our employers can. We can't buy it tax-free, but our employers can.

I think the gentleman is absolutely correct. I think the reason that the auto insurance industry competes every day, day-in and day-out, pounding us on TV saying, you buy our plan from GEICO or Progressive or Allstate or Farmers, we will give you better service for a lower cost; and the health insurance companies don't compete day-in and day-out saying, you buy our health insurance plan from United or from Aetna or from Blue Cross-Blue Shield, and we will give you a better price at a lower cost.

The reason they don't compete like that is because the government sets the rules. And the rules say that they sell pretty much exclusively to big companies, and we say to the poor working stiff who can't get employer-based health care, too bad, pal. You kind of don't count in the system. The insurance companies don't really want their business, they don't market to you, and if you buy their product, you have to buy it with after-tax dollars. Tragically not fixed in this bill.

Mr. BURGESS. Let me point out just one thing.

We hear over and over again Republicans have no solutions for health care. HealthCaucus.org is a Web site that deals only with health care policy. On that Web site, Dr. BURGESS's prescription for health care reform, the seven or nine things that I heard consistently in my town halls this summer are up there. People can download that and look at that themselves.

Suffice it to say that we really have been frozen out of this process from the beginning. They were not interested in our input last year because they had a supermajority in the House of Representatives. You can't pass a bill with 40 extra votes? What's the matter with you?

Well, now, the entire argument, the entire argument is within the Democratic Caucus. They don't have the votes on their side because it is a badly flawed product and a badly flawed process that they are trying to push through on the American people.

People do need to understand this bill has nothing to do with health care any longer. This bill has, as has been pointed out tonight, if we wanted to fix these things, we would have fixed them. This bill is about higher political power for the party in charge, and they want to obligate the American citizenry to re-up their contract every 2 years in order to not lose the benefits that they are ostensibly going to get with the bill.

The bill is a bad deal, Mr. Speaker. I would submit that the American people need to continue to weigh in on this. All is not lost. Time is not up. There is time to make a difference.

I'll yield to the gentleman for a final thought.

Mr. GOHMERT. I just appreciate all the work you've done. There are several bills that have been proposed by Republicans.

Mr. BURGESS. I thank the gentlemen for their time this evening.

HEALTH CARE REFORM

The SPEAKER pro tempore (Ms. TITUS). Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. RYAN) is recognized for 60 minutes.

Mr. RYAN of Ohio. I appreciate the opportunity to come up and continue the discussion on health care from a little different perspective than my friends on the other side have been giving the American people.

I want to talk about the need for health care reform in the United States of America and what we need to do here in the Congress to get it done.

We had a nice discussion yesterday in Cleveland with the President of the United States. I've been one who has said that if we're going to do this, we need to do it. We have got other issues that we're dealing with simultaneously now with jobs, passing a second jobs bill. My community back in northeast Ohio has benefited a great deal from the original stimulus package that has passed here. But we need to continue the work of getting the American people back to work. And in the short term, that means job packages, that means financial reform so we should bring some integrity back.

But in the next week or so, we have to pass this health care bill. And I

know there's been a lot of controversy surrounding this bill. There's been an extended discussion over the course of the last year or so on this issue. We have talked about all of the issues, and now it's time for us to have a vote in the House of Representatives—hopefully here in the next week—and pass this bill so that we can move the country forward and start addressing the other issues with regulatory reform on Wall Street, trying to bring some discipline back to the financial system. It's also allowing us to go back and continue to focus on the jobs issue.

But under this bill, you talk about long-term economic growth as we try to be competitive in the United States, globally competitive competing with China, competing with India. The American businessperson now has an anchor strapped around their neck in the form of health care costs. And if we think that we can continue to grow our economy, hire American workers, make the proper capital investments, make the investments in technology, if our businesses are asked to compete while dealing with the health care system that over the last 5 years has increased over 120 percent for small business people, we are asking our small business owners to go into the shark-infested waters of the insurance market so that they can cover their citizens, their workers, and then ask to compete on the global playing field.

□ 2045

They can't do it. The small business people are screaming for health care reform. Now, you want to get into an ideological battle, but what we are trying to deal with on this side of the aisle are practical, pragmatic solutions to the problems that are facing us, looking at the facts, looking at the issues that are facing our country, and addressing those issues in a bipartisan way.

I know many on the other side have said, well, we have been locked out of the debate. I want to know one time when the last President spent 7 hours sitting around a table with people from both parties to discuss any issue, let alone health care. President Bush never sat down, Madam Speaker, for 7 hours. President Bush never came to our caucus and had the kind of discussion and question and answer that President Obama had a few months ago when he went to the Republican Caucus. And I think this shows why he is the President of the United States, by dealing directly with their questions. He was able to do that and has included the Republicans and tried to include the Republicans every single step of the way.

But the Republicans are getting their marching orders from their pollsters and their consultants. And one of the memos was leaked early last year, as many of us remember, that said to the

Republican Caucus, do not let Obama pass health care, because he will succeed, and the Democrats will succeed, and you will be in the minority for decades. That is what their consultants told them.

So right from the get-go, our friends on the other side of the aisle had no interest in being part of the solution here because their pollsters were telling them that they had to defeat this bill before we even knew what the bill was. Our friends on the other side were calling it socialism and government-run medicine before we even had a bill to actually look at and discuss.

So they got the media machine all cranked up, got everybody all fired up before we even had something to talk about. So fast forward through a long discussion, long talks where we included both sides of the aisle to try to solve these problems, and now we have a solution. We have a compromise that President Obama has submitted for us to vote on. And we continue to get some numbers, hopefully here tonight, on the exact scoring, but we are close, we know give or take a few bucks where we are at, and we know that this bill will cover 30 million more Americans and this bill has a number of issues in it that are going to benefit the American people.

Let's look at some of the issues, some of the pieces of this legislation that will be implemented within the year. Small business tax credits, the President's proposal will allow small businesses tax credits up to 35 percent. We close the doughnut hole in Medicare. Now our seniors have \$2,000, \$3,000, where it's covered through Medicare part D, and then they fall into a doughnut hole for months and months and months until part D picks back up again several thousand dollars later. Our Medicare recipients have to come out of pocket. We close that hole up. We close that doughnut hole up.

We end the rescissions so that insurance companies can't kick you off the rolls once you get sick. We eliminate insurance companies from being able to deny people coverage because they have a preexisting condition. That is in this bill. We have a provision in this bill that says no child can be denied health insurance because they may have a preexisting condition. We eliminate the lifetime caps of policies so that when someone in your family gets sick and they need coverage, that all of a sudden the insurance company can't say, well, you have spent your allotted amount of money, you're on your own.

It is our moral responsibility to prevent millions of Americans from getting hurt, from getting hurt under the current health care system. And there is no denying it: free preventative care under Medicare under this provision, free Medicare under private plans in this piece that we are putting together here.

Also for people who are 55 and older, between 55 and 64, this creates a temporary reinsurance program until we get the exchange up and running to help offset the cost of expensive health claims for employers that provide health care benefits for those people between 55 and 64 years old. That's what's in this bill. Those are the things that just come online this year. And the improvements will continue.

This is a good bill. Is this a perfect bill? Of course it's not. But we have people on the left saying it doesn't go far enough and voting against the bill, and we have people on the right saying it's socialized medicine. But if it were socialized medicine, people on the left would be voting for it.

This is a pragmatic bill, a pragmatic solution to the health care crisis in the United States of America. And our friends on the other side of the aisle and our friends in the insurance industry say that we should start all over, we should start from scratch, get out a blank sheet of paper. Well, maybe the insurance industry should start from scratch and go back to 1992 and '93 and revoke all of their increases that they have given to the American insurance consumer over the last 20 years or so, rescind all of those increases. You start over. Let the insurance industry start over, and then maybe we can consider starting over.

But people in my district over the last few months, few days, few weeks, were getting 20, 30, 40, 50 percent increases. Small businesses are almost going bankrupt because of the increase of 50 percent to their health care costs. This fixes it. This allows small businesses to go into the exchange, to get tax credits so that they can provide insurance for their employees.

Now, some of those things that I read, and I know a lot of our friends on the other side say that people don't want this, here is the poll that says American people don't want this. And I'm the first to recognize and acknowledge that we probably haven't done a very good job of telling the American people what's in this bill. And that was the essence of Speaker PELOSI's comments about when you pass the bill you'll find out what's in it, meaning that when we pass the bill, the rhetoric and the fiction that has surrounded this bill for the longest time will fall away, and there will be a document that we can all point at, and the American people between now and November will be able to look at what has passed.

We know what's in this bill. We've been debating this for a month. I like how our friends on the other side in one breath say we're trying to jam it through, and then you look, and the American people are tired of the debates. But you can't have it both ways.

Now all of those things that I mentioned, here is a Kaiser poll: tax credits for small business, 73 percent of the

American people more likely to support the bill. Tax credits are in the bill. In fact, these are all in the bill. Insurance exchanges, 67 percent of the American people support the insurance exchanges. The ability to keep what you have, 66 percent of the American people are more likely to support this bill if you can keep what you have. You can keep what you have in this bill. Ban preexisting condition denials, 63 percent are more likely to support this provision of banning preexisting conditions denials. Expanding Medicaid, which is what we do, 62 percent; dependent coverage through 26 which means if you're 26 or under, you can stay on your parents' insurance. How many people support it? Sixty percent. Closing the Medicare doughnut hole, as I mentioned earlier, 60 percent; subsidy assistance to individuals, 67 percent more likely to support the bill.

So we have not done a good job of messaging this bill, but I will tell you what is going to happen. We are going to have an election in November, and I'm looking forward to it. I'm looking forward to the debate because in the debate our friends on the other side are going to want to repeal this piece of legislation. They are going to run their campaign in November about repealing health care reform.

So they are going to have to go out and run commercials saying, those small businesses tax credits are up to 35 percent, we want to repeal them. The ban on preexisting conditions, we want to repeal that. The ban that says no kid, no child can be denied because they have a preexisting condition, they're going to run a campaign in the fall saying, we want to repeal that. The lifetime caps that we're going to eliminate so you can get coverage no matter how sick you get, our friends on the other side are going to run an election saying, we want to repeal that.

The subsidies that people are going to get so that they can afford health insurance, our friends on the other side are going to run a campaign in November saying, we want to repeal that. Helping people 55 to 64 get reinsured, they're going to want to repeal that. Closing the doughnut hole in Medicare, I can't wait to go to the senior centers in my district when this has already been implemented and we've started to close that doughnut hole and the seniors have seen some of the progress, and we go in there and we say, our opponents want to repeal that provision where we closed up that doughnut hole.

Let's have this debate. Let's have this discussion. Let's do it. That's what this is all about. We implement our agenda, then we go out and defend it. And we know what happened. The 8 years, more like almost two decades, 14 years, 12 years actually, that our friends on the other side were in charge, and then with President Bush controlling the House, the Senate, the

White House, our Republican friends on the other side had an opportunity to implement their political philosophy.

House, Senate, White House, we got their supply side economics, we got their foreign policy, we got their health care policy, we got their energy policy and we got their education policy. And look what happened. We got their Wall Street policy, and look what happened. We had a collapse of the financial markets, we had college tuition balloon through the roof, we had energy costs balloon throughout the roof, we had health care costs balloon through the roof, the collapse of our economic system, a prescription drug bill that was not paid for with a doughnut hole you could drive a truck through, and a foreign policy that forced us to a war, an elective war in Iraq.

All of these things were implemented when our friends were in charge. And we had elections on those. And now we are going to pass health care, and we are going to pass our agenda and you look and you see what happened with this stimulus package, the economy is starting to open up, trying to straighten up Wall Street. But we know we can't move forward until we get health care costs under control. We know small businesses are never really going to be able to grow at the pace and the capacity that they need to grow to with this health care anchor hanging around their neck.

Now, I believe that, and many of us on this side of the aisle believe, the government has a moral mission, a mission, a moral mission to protect its citizens. Whether it be terrorists or criminals on the street, there is a moral mission to the government to protect people. And that doesn't stop at the borders. That doesn't just stop with the issues of crime. That responsibility hits every aspect of our society. And if we have an industry that is hurting people, then we have a responsibility to step in and push back that industry and say enough is enough. You're hurting people.

In our country, the government has a moral mission to stop that from happening. That is what this debate is all about, yes, the role and the responsibility of government. And the government is not allowed to just completely step aside while industry abuses happen and happen and happen.

□ 2100

And that is what this debate is about. That is what this bill of rights, health care bill of rights is all about.

And our friends on the other side say, We are for this stuff. They say, We are for it. You pull it out; we are for it.

Well, that is interesting, because we had some votes over the last day or so in committee. This is the House Budget Committee that is starting to pass the legislation that is going to be needed.

Here we go. Protecting Medicare for America's seniors and closing the prescription drug doughnut hole, 15 Republicans voted against it.

Closing the doughnut hole, voted against it. If you talk to them, Well, we are for closing the doughnut hole. We have got to close the doughnut hole.

Protecting Americans from insurance caps, as I just talked about, and banning annual and lifetime limits on health care coverage, 15 Republicans voted "no," we don't want to do that.

Holding health insurance companies accountable, 15 Republicans voting "no."

Bringing down the cost of health insurance for everyone and providing tax credits to small businesses, all of them voted "no." Every Republican on the Budget Committee voted "no" for giving tax credits to small business people.

I mean, this is the equivalent of our friends on the other side who all voted against the stimulus package, and then they go back to their districts when money is coming in and they say, This bridge, this road, this money is going to create jobs in our district.

But you voted "no" against the stimulus package. Don't tell anybody. That is the kind of thing that has been going on in Washington. That is called the old Potomac two-step. The old Potomac two-step.

So we have these provisions in this bill that, when you pull them out and you explain them to the American people, have anywhere from 57 to 73 percent. This is what the American people have been crying out for. And when this bill passes, we are going to have a lot to campaign on and run on.

But our friends on the other side like to talk a little bit about polarizing issues. One of the most recent polarizing issues that they have tried to pull out is the issue of abortion and trying to say that this is going to publicly fund abortions.

Well, we have a letter here from, I believe, 25 or so of the top pro-life citizens in our country: Joel Hunter, senior pastor of Northland Church. I believe he was head of Focus on the Family at one point; Jim Wallis from Sojourners Magazine; a lot of evangelical and Catholics; the former associate general secretary of the U.S. Conference of Catholic Bishops, all saying that this Senate health bill upholds abortion funding restrictions. The Catholic Health Association, 600 Catholic hospitals.

I went to Catholic school for 12 years. I know where the Catholic church and the Catholic hospitals stand on the issue of public funding for abortions, and believe me, believe me, I had a lot of nuns and a lot of priests and a lot of brothers going to Our Lady of Mount Carmel, in Warren, John F. Kennedy High School, and I will tell you that

those nuns and those administrators who run Catholic hospitals, 600 of them, would not support this legislation if they believed that there was public funding for abortion.

And I think the head of the Catholic hospitals said that—we are all pro-life, but they believe that the language in the Senate bill, some of the language that we kicked around here early on in the House version, will sufficiently prevent public funds from being used for abortions.

That is 600 Catholic hospitals saying that. That is not me saying that. That is not the Democrats say that. This is Joel Hunter and a variety of others who are professors of Christian formation and disciplines, discipleship, Pentecostal, theological seminary, Leadership Institute, Loyola University, University of Dayton, Duquesne. These are some of the leaders. Jim Wallis from Sojourners; Ron Sider, Evangelicals for Social Action; Catholics and Alliance for the Common Good, on and on and on.

But our friends on the other side, because I know, I was getting calls in my office today, getting people all hopped up on the abortion issue. Let's look at the facts. Let's look at what is in this bill, and we are going to have that debate. And just like the discussions in August about death panels and we are going to kill people's grandparents and all that nonsense that we heard in August, where did that go? It dissipated. It just disappeared because it wasn't the truth. And so it just faded away. And all of these arguments that our friends on the other side are making now are just going to fade away because they do not reflect the facts. What reflects the facts are the things that we are trying to deal with here.

Now, look at some of the stuff that we are trying to address. Between 2009 and 2010, monthly prices in the doughnut hole increased by 5 percent or more for half of the top 10 brand-name drugs. So increased by 5 percent or more for monthly prices for these drugs that most of our seniors get.

Now, from 2006, full negotiated prices for top brand-name drugs between 2006 and 2010, and I will just use some of the percentages here: Plavix, for example, 25 percent. Lexapro went up 25 percent; ADVAIR, 32 percent. Unbelievable increases in prescription drugs. And we are asking our seniors to continue to pay these increases that happen when they fall into the doughnut hole.

So, Madam Speaker, we have got a moral responsibility because so many people are being hurt in our country today, and I stand here this week as we stand on the brink of passing a significant piece of legislation that is not perfect, and I don't think anybody says it is. We are all human here in this Chamber and in the Senate. The President and his team, we are all human. We are going to make mistakes. It is

not going to be perfect. But what we are doing is moving forward in a significant way.

One of the huge issues we have in this country is that we have millions and millions of Americans who don't have health care, so what they do is they show up at the emergency room and have no money. They are not on Medicaid. They are not on Medicare. They don't have private insurance. They are not a veteran, so they go into the emergency room when they get sick. This is what happens.

Not only is that inhumane and not only, I would think, do we have some kind of moral duty as elected officials in the United States to say, you know, that is just—I have got a problem with that. That is just not right. What do we do? We have got to do something.

So this bill is an attempt for us to do that, to step in and help people, empower them to be able to afford insurance, and create a system where they are able to afford their health insurance and go into this exchange and be able to afford insurance. Because some people say, Well, I don't want to pay for those people. I got mine and I got my health insurance and I am cool. I have got a job and it is all right.

But you are already paying for them, because what happens is four or five uninsured go into the hospital, go into the emergency room, costs a lot of money but don't have any way to pay for it, and then you walk in behind them and you have your insurance card. Guess who is paying for their treatment that they didn't pay anything for? You are and the next guy who walks in with an insurance card and the next person. These costs all get shifted and so you see these huge increases.

So we have a system where we don't prevent anything. We wait until people get deathly sick, go into the emergency room, stay there for a week instead of getting a \$20 prescription that would have saved us all a boatload of money.

This is not a discussion about whether the government is going to run the health care industry or the insurance companies are going to run the health care industry. This is about doctors running the health care industry. This is about making sure doctors don't have to call up the insurance companies and haggle with them over what is covered and what is not covered.

It is 2010 in America. We are the wealthiest country on the planet, and we have the most dysfunctional health care system going. Yes, we have got tremendous high-end care. But if you were setting up a system, you wouldn't certainly say to 30 million people in your country, Just wait until you get absolutely deathly sick, then show up at the emergency room and we will take care of you then. That is not how you would set it up.

And our friends on the other side love to have this discussion about we are losing your freedom. You are losing your freedom. You are not losing your freedom. How free are you when you are sick and you can't get anybody to take care of you? How free are you then? How free are you when you want to leave your job and go get another job, but you can't because you have a preexisting condition or your spouse has a preexisting condition or your child has a preexisting condition and you are stuck? That is not our idea of freedom.

How free are you if you want to go start a business and create wealth and jobs in the United States, but you can't because you have a preexisting condition? How free are you as a small business person? If you are just the average small business person, you had a 126 percent increase over the last 5 or 6 years. Now, how free are you to run your business the way you see fit, to make the investments that you want to make into capital, into technology, into worker training, into wages for your workers, more into the pension plan for workers, hire more workers? How free are you?

And these folks that can't afford health care and they get a lot sicker than they would normally have gotten, what kind of quality of life is that? Life, liberty, pursuit of happiness. These things mean something. And when you talk about what the Founding Fathers meant when they said life, liberty, and the pursuit of happiness, they meant that government has the responsibility, a moral responsibility to protect people's lives, liberty, and their ability to pursue happiness. And when we have a system in place now where an industry is limiting that freedom, reducing that quality of life, the government has an obligation to protect them so that they can be free, and that is what we are doing with this piece of legislation.

I mean, look at what is happening here, the issues that we are addressing. Think about this. This is what is in the bill. This big bogeyman that you hear about on Fox News that is going to end western civilization as we know it if this thing passes has a 35 percent tax credit for small businesses. It says that children cannot be denied health insurance because the kid has a preexisting condition. It is going to say that the lifetime caps that people have on their insurance will be eliminated so, no matter what, kids will get covered. It will extend coverage so that young people can stay on their parents' insurance until they are 26 years old. If they are getting out of college and want to go on to get an advanced degree or they hit a rough patch with the job market or they are trying to figure things out, you are not going to be booted. And how many parents aren't going to have to worry about that anymore? Free preventative care under

private plans, free preventative care under Medicare so we can prevent a lot of these problems from happening.

If you are 55 to 64, there will be a reinsurance opportunity for employers who are employing people 55 to 64 to make sure that those people have coverage. The doughnut hole will be closed over time so that senior citizens can afford their prescription drugs. And when you look at all these things, from time and time and time again, these are very popular among the American people.

Tax credits for small businesses, 73 percent more likely to support. Insurance exchanges, 67 percent. Keep what you have, 66 percent. Ban preexisting conditions, 63 percent. Medicaid expansion, 62 percent. Dependent coverage through 26, 60 percent. Close the Medicare doughnut hole, 60 percent. Subsidy to individuals, 57 percent. And all of these things, as we start to vote on them, our friends on the other side say, Well, we are for those.

So in the last day or so the House Budget Committee was working on this legislation and they had some opportunity to vote on these issues, and so I just want to share with Members of the House how our friends on the other side on that committee voted.

Protecting Medicare, closing the prescription drug doughnut hole, 15 Republicans voted against that.

Protecting Americans from insurance caps, banning annual and lifetime limits on health care coverage, 15 Republicans voted against that.

□ 2115

Holding health insurance companies accountable; 15 Republicans voted against that. Bringing down the cost of health insurance for everyone and providing a tax credit to small businesses; 15 Republicans voted against that.

These are the basic provisions of our health care reform bill that between 57 and 73 percent of the American people support. This is not Medicare for all. This is not single-payer. There's no public option in this bill. Many of us on this side don't like some of that—the fact that those aren't in there. But this is a significant step forward, some basic reforms, and when we have 15 members of the Budget Committee on the Republican side consistently vote against tax credits for small business to get health care, you know they're doing it for one reason: They're doing it for politics. Madam Speaker, this is all about politics. Go back to the memo that someone left somewhere in some room that the press got a hold of that told the Republicans, Do not let Barack Obama pass health care reform. Do not let them. Do not let the Democrats get this big victory because you will be in the minority for another decade or two.

And so right out of the gate they had no interest, Madam Speaker. Our

friends on the other side had no interest in cooperating. No interest in adding to the debate. They were against this bill before there was even a bill written. They were calling it socialism before there was one item printed on this piece of paper here telling us what was on this bill.

That's not what the American people want. The American people want us to sit down, work together—no one is going to get everything they want—and pass something and move it forward that's going to help the American people, that's going to allow us to meet our moral obligation to protect the American people, to protect those kids who are being denied because of a preexisting condition, to protect those seniors who fall into the doughnut hole, to protect those families who get denied because of a preexisting condition, to protect those families who hit a lifetime cap and get thrown out on their own.

This is what this is about—to help empower thousands of small businesses who've got the anchor around their neck because they get 20, 30, 40 percent increases in health care. That's what this bill is about. It's about protecting our citizens, it's about empowering our citizens, it's about making our citizens freer than they are today when they're trapped in this ungodly health insurance system that hurts many of them. We can't stand by and stick our finger up in the air and see which way the wind is blowing and allow millions of people to go get hurt, and then 30, 40, 50 years from now go sit on the rocking chair. Our children are going to ask us what we did when we were in Congress. What did you do to move the country forward? And we're going to say what? We failed. We didn't muster up the courage to make the tough votes. We didn't have the ability to look through the clouds and the smoke and the mirrors, look past the bogeymen that have been created on this bill.

I love it. I love how these arguments have just fallen apart, from death panels, now abortion. They're saying everything is publicly funded abortion here. And 600 Catholic hospitals are endorsing the bill. Now how do you say that this is public funding for abortion when 600 Catholic hospitals have endorsed this piece of legislation? So our friends on the other side need to go to all these 600 hospitals and all the sisters that are there, intimately involved in the health care of their patients, and all of the Catholic administrators of all of these hospitals and say, You're pro-abortion. Good luck having that argument. It's a phony argument that's being created for politics, just like the death panels were, just like the illegal immigrants were going to be covered under this bill. All of those issues have been demagogued in this House and across this country to try to scare legislators and the American people. And

the dust is going to settle, and we're going to be able to look back on this vote.

I look forward, Madam Speaker—I will tell you this—I look forward to the debate in the fall discussing with the American people exactly what is in this bill. I look forward to talking to my Chamber of Commerce, my friends in small business, that they're going to get a 35 percent tax credit, and they're going to be able to go into this exchange and negotiate with a bunch of other small business people, thousands, to have some bargaining power to reduce their health insurance costs. I look forward to going into a debate saying, You know what was in this health care bill? We made sure that no insurance company could deny any child because they have a preexisting condition. No insurance company could deny a citizen of this country because they have a preexisting condition. That our seniors are going to get more prescription drug coverage. That our citizens, when they hit a catastrophic health event in their life, that there won't be any lifetime caps or limits to how much they can be covered. Madam Speaker, that is what this health care debate is about.

No matter how many times our friends on the other side try to say they want to work with us, they have been given the opportunity to sit down and work. And they say they're for a lot of these things but, again, already in committee, peeling out the votes, closing the prescription drug hole in the Budget Committee, 15 Republicans voted “no,” we don't want to close the doughnut hole. Protecting Americans from insurance caps, banning annual and lifetime limits on health care coverage. This is the vote. That's all the vote was on. Fifteen Republicans from the Budget Committee voted “no,” we don't want to protect Americans from the caps and ban annual lifetime limits. Holding health insurance companies accountable, 15 Republicans said, No, we don't want to hold them accountable. Bringing down the cost of insurance, providing a tax credit to small businesses, 15 Republicans voted “no” for a tax credit for small business because their consultants and pollsters told them they couldn't let this bill pass.

So out of 15 Republicans on each one of these votes, a majority of the Republicans on all of these votes, out of the 15, voted “no,” we don't want to do it. In some instances, it was close to all of the 15.

Madam Speaker, we have an opportunity here to make history. But that's not why we're doing it. We're doing it because this government, from its inception, this government from its inception has had a moral mission; a moral mission to protect and empower its citizens. And when an industry and their unsavory business practices are

hurting the American people, we have a moral obligation to intervene. And we have a moral obligation to empower by making sure that our citizens are free to go in and have expanded choice, that they are free from an insurance company saying, You're off the rolls now because you got sick. You're empowered because you can be healthy and get access to care and you can experience the liberty that this country has provided—life, liberty, and the pursuit of happiness. That's what this bill is about, and I look forward to having an opportunity to continue to advocate for it.

With that, Madam Speaker, I yield back the balance of my time.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. It is my privilege and I'm honored to be recognized to speak here on the floor and to address you tonight. Having listened to my friend and colleague from Ohio talk about the high moral calling that there is for them to pass socialized medicine, I'll just tell you, Madam Speaker, it's hard for me to reconcile those things. It's hard for me to think of a country—a beautiful country with a deep, rich, free tradition that would give up its freedom and its liberty and its sense of responsibility for the sake of the government providing something that 85 percent of people are providing for themselves.

The statements that were made by the gentleman from Ohio about what is not freedom—it's not freedom to be able to start your business and have to worry about paying health care premiums or it's not freedom to see those premiums go up by a large percentage every year. That whole spiel, Madam Speaker. And I think it misses the point entirely. I think the freedoms that I'm hearing the gentleman from Ohio talk about are the types of definitions for freedom that I hear talked about by those that live in places like Canada or the United Kingdom or France or one of those countries that has socialized medicine; one of those countries that says freedom is having free health care provide by somebody else paying for it as a taxpayer. It's not the measure of freedom. It's not the measure of liberty. The measure of freedom and liberty is entirely different. You can't ever measure freedom by what is free, because freedom is never free. And it is a huge dichotomy in this Congress that people on this side of the aisle that want to subvert the definition of freedom. And so I will just say freedom is not about what is free.

Let's talk about liberty. Liberty is to be able to make the decisions for your-

self, but be bridled by morality. That's the difference between liberty and freedom.

Other people in the world talk about freedom as in what's free from government, as if that's a measure of liberty. But when you talk about what's free from government, first of all, it's never free. Somebody has to pay the taxes, whether it's the people who are earning and paying taxes now or whether it's the children or grandchildren that they would foist this debt upon with this socialized medicine bill.

Madam Speaker, we could stand here tonight and we could talk about nuance after nuance of what's in this bill and what isn't. The truth is, the gentleman from Ohio doesn't know. And I suspect that nobody in the entire Democrat caucus knows. I'm confident nobody on the Republican side knows what's in this supposed negotiated change. A night or more ago, there was a bill that was brought to the Budget Committee. It's a shell bill. It doesn't have in it the changes that they're trying to get established here. It's a shell bill. It's designed to start the clock ticking so that when they get the arms twisted and the Speaker uses all the leverage at her disposal and we can hear the bones breaking across Capitol Hill from arms twisted up behind people's back, some of them carrot—some of them stick.

When all of that is done, they want to have this machinery in place so that the Speaker, who sits up in her office making these deals behind closed doors, will have a bill come down here to the floor that nobody has seen, at least so far, and a bill that will be a reconciliation package that is unprecedented in its tactic, in its procedure, to propose changes to a bill that is the Senate version of the bill.

And this is the unbelievable part, Madam Speaker—the very idea that we have before us this week, and at least threatened to come forward if the votes can be put together this week, a socialized medicine bill, a bill that could not today pass the United States Senate. A Senate version of the bill wouldn't pass in the Senate. Everybody in America knows that. That's why the results of the election in Massachusetts made so much difference. The people in Massachusetts, arguably the least likely in this modern era to save liberty for Americans, voted SCOTT BROWN in as their Senator. He said that he would oppose this Senate version of the health care bill.

□ 2130

The bill that passed on Christmas Eve can't pass today on the eve of St. Patrick's Day. Not out of the Senate it can't, Madam Speaker. And so we are in this odd, perverse situation where perhaps for the first time in the history of America—and if this happens, certainly with the largest magnitude of

impact, a bill that can't pass the Senate in its current condition—that being the configuration of the Senate as reset by the people in Massachusetts and the American people—a bill that can't pass the Senate comes to the House that's to be passed here on the floor of the House under the Slaughter rule, which deems it has been passed but doesn't require people to vote on it.

And so we have a bill that could very well go to the President of the United States where he is salivating to sign it, a bill that couldn't pass the Senate, a bill that couldn't pass the House, but nevertheless could become the law of the land. That is the breathtaking anomaly of what we're facing here, and it's in a bill that cannot be brought here to the floor of the House because, even though Speaker PELOSI can let 37 Democrats off right now, according to the most recent news reports, those 37 happen to represent “noes” or hard “noes,” and another 55 are undecided.

And if the Speaker's to pull the votes together, she's got to run the table on the 55 undecided and hold all of the “noes” together. Every undecided would have to decide that they're going to be in favor of socialized medicine for this to work. And the brokered deal would be that they would bring the Senate version of this to the floor under a rule that would be self-enacting, a rule that would be configured right up here on the third floor in that little old Rules Committee that I call the hole in the wall, where the hole in the wall gang usurps the liberty of this deliberative body and usurps the franchise of the Members of Congress and send the bill down here under a limited amount of debate time.

Probably it would be a closed rule, so there would be no amendments to the rule; and the rule would be self-enacting which would automatically deem that the bill that has passed the Senate in the past that couldn't pass the Senate today is deemed to be passed by the House of Representatives, even though the Members on this floor don't have the will to vote for it so that it would go to the President of the United States, whom I said is salivating to sign it.

He would sign it, and we would have the law of the land, a bill that swallows up one-sixth of the economy of the United States and nationalizes the management of the health care of every American, over 300 million of us, into law enacted, without being able to pass the United States Senate, without being able to be supported and passed for the purposes of becoming law in the House of Representatives.

And then behind that, the Speaker is asking people who have gone through a crucible to get here—and I will say, Madam Speaker, I respect the intelligence of my colleagues on both sides of the aisle. I think it would be hard to believe that there are people in this

Congress that would be so stupid to believe that they could be promised that if they just vote for the Senate version of the bill with all of its warts, moles and scars and all of the smelly things that are part of it, the Cornhusker Kickback, the Louisiana Purchase, the Florida Gator Aid, the national health clinics to the tune of \$11 billion, and about six or seven other special packages and components that are in the Senate version of the bill, none of them passing the smell test.

But asking this House to vote for a rule that automatically enacts it so they don't have to vote for the bill on the promise that there would be a reconciliation package that would be passed here in this House that would go over to the Senate that would be designed to fix the flaws in the Senate bill, strip out the Cornhusker Kickback, strip out the Louisiana Purchase, strip out the Florida Gator Aid, and strip out the \$11 billion worth of public health clinics that have been leveraged by BERNIE SANDERS from Vermont and those other six or seven egregious bargains that have been made and convince the Democrats, 216 of them, to vote for a bill that will be followed by a reconciliation package that may or may not have the votes to pass the House of Representatives.

Then it would go straight down that Hall to the Senate where the Senate would have to take the changes to the bill that they passed that are dictated by the House and expect that that's going to happen, even though procedural obstructions fall in the way in a breathtaking fashion down to the point where just the parliamentary rules would threaten to strip out half or two-thirds of a reconciliation bill, including the Stupak language which isn't going to go in here anyway.

So you end up with the Senate bill becoming law and a futile effort on the part of the House to follow through on a promise to the Members of the House that don't want to vote for this thing that have been leveraged to vote.

And what is the configuration of the Democratic Caucus, Madam Speaker? What are they thinking, and what would they like to get accomplished here? Here is where they sit. They sit in three places, just to analyze the political configuration here because this isn't policy anymore. This is politics. Politics are this: hard-core left-wing liberals, every member of the Progressive Caucus which is linked to the socialists in America, they're all for this bill. It nationalizes health care in America. It may not do it in the first stroke of the pen, but it gets us there. And to be fair, there may be one or two of those that will decide that it's not lefty enough for them. But that core of the progressives, the socialists, the lefties, they're going to vote for this bill because they believe in it. It's a deep conviction on their part.

The second component will be those Democrats that believe that they will take the risk, and they think that they can somehow figure out how to get re-elected to come back to this Congress even though the American people, by the hundreds of thousands, have risen up in every way they know how to say "no" to this socialized medicine.

And then the next component of this, these are the people that are members of the Democratic Caucus that have decided that they need to vote for this bill for the sake of preserving, let me say, their President's mojo, their President's political capital. To keep the caucus together on the Senate side, they would say, I'm going to have to sacrifice myself because this cause of keeping Speaker PELOSI in power and Barack Obama's mojo flowing is more important than their seat in Congress or the voices of their constituents, which, by the way, reflects to be almost one and the same thing.

So there's the configuration. Left-wing liberal progressives that will vote for the bill because it moves us towards socialized medicine—it either is or gets us there eventually; those who will take the chance and decide that they think that they can hold their seat even though they'll vote for something that the American people have rejected, spit out, Madam Speaker, three to one for the most part in this country; and then those that believe that they can somehow either hang onto their seat or they're willing to pay the sacrifice. Three categories. That is what's going on.

And then of course you have the Democrats that will vote "no." If 37 of them vote "no," this bill can pass by a vote of 216–215. If 38 of them vote "no," then the bill fails. And I will predict that if it's clear that the bill is going to fail even by one vote, we will see, Madam Speaker, a lineup of Democrat Members of Congress come down here to the well and pull their red cards out of the box that will be sitting on this table and take their felt-tip pen, and they will write in there and change their "yes" to a "no." This bill will either pass by one or two votes or it will fail by 40 because they don't want their names on this turkey, but they're determined politically to move this through.

Here's what we also have, Madam Speaker, and that is that this all started back a year and a half or more ago, 2 years ago during the Democratic Presidential Caucus, and it started in Iowa. I mean, it is my home territory. I see it. I know it. Hillary Clinton had pushed the National Health Care Act as the first lady in the early nineties, in the beginning years of Bill Clinton's Presidency. Yes, she closed the doors, and she had backroom deals. She did write a bill, though; and it was socialized medicine. It was single-payer. The Federal Government takes it over and

creates all these new agencies. It was a scary and threatening thing to what it would have done to our freedom and our liberty. And then the American people rejected that, spit it out, so to speak.

And back here we are 15 years later with Hillary Clinton's opponent in the Democratic primaries pushing a socialized medicine program that is in some respects different from that that Hillary pushed. The American people see this, and they rejected it, and they spit it out.

What has been created is a toxic stew. They went in and put this all together. President Obama wanted a, and still wants, a single-payer plan. Single-payer is a complete government-run takeover of health care, socialized medicine. He has said so. It's a matter of record. So they went together to try to figure out how to write a bill, and from the beginning, it was this—and I will do the metaphors, Madam Speaker.

They went back into old HillaryCare, and they took that old soup bone that was laying on the shelf in HillaryCare in 1993 and '94. It had been sitting there for 15 years. All the meat stuck to the bone was tainted. They took HillaryCare off the shelf, and they put it in the pot, just add some water. They said, Hey, look what we have. Voila, we have socialized medicine—oh, no excuse me—single-payer plan. The American people don't want it to be called socialized medicine.

And people looked at that skeptically and said, That's not enough. So they began adding more and more pieces, more and more bells and whistles, other ways to try to blur the taste of that tainted meat that was in that stew. By the time this has been churned through from June of last year, July, August—especially August—and September, October, November, it passed the House. By then, the American people knew that there was a toxic stew that had been cooked up and created by the Democrats in this Congress. A toxic stew.

It started with old HillaryCare, dropped that old tainted soup bone into it, and then they began to add other vegetables and bells and whistles to try to blur the taste and mask it. It's still tainted. And the American people have said over and over again in every way that they know how that they don't want a potful of this toxic stew. They don't want a bowlful. They don't want a ladleful. They don't want a spoonful of this toxic stew. American people do not want any measure of the toxic stew of socialized medicine, but that's what we have because the elitists and the arrogance of the liberals have decided that they understand what's right for posterity, and they can manage, Madam Speaker, the people in the country who apparently can't manage themselves.

But what I see is 85 percent of the American people who are insured and 85 percent of the people who are happy with their insurance. These are the people who want to be able to make their own choices for themselves, and that's what will be rejected. There is a whole list of things that go out the window if this socialized medicine bill is passed.

We are not the kind of people who should be moving towards greater and greater dependency classes. We're the kind of people that believe in freedom in the true sense of the word. We believe in liberty. We have our constitutional principles, our constitutional values, and this bill does not reflect them. I believe if it does become law, there will be court challenges to the constitutionality of it. We will see, as a matter of certainty, health insurance premiums will go up for Americans. The younger you are, the more you will see the premiums go up.

There will be a large amount of non-participation, people who decide they're going to pay the fine, whether it's \$800 or \$2,000, because it's cheaper than the higher premiums that will be driven by this bill. And then when they get sick, they'll be going to buy health insurance to cover them after they're sick.

And one of the first things that's enacted if this legislation should become the law of the land is—they'll call it the fix. It's the change in preexisting conditions. So it would prohibit an insurance company from considering that an applicant had preexisting health problem conditions, which means that if you prohibit that consideration of preexisting conditions, who would buy insurance until they got sick? Wouldn't you just wait until your house was on fire and buy your property and casualty insurance? Wouldn't you just wait until the hail was pounding the roof to shreds and buy your property and casualty so you can make your claim?

That's what will happen with health care. That's about the only thing that happens right away, Madam Speaker, except for the increases in fees, the increases in taxes, the increases in revenue that comes with this in this bill that is, according to JUDD GREGG, a \$2.5 trillion bill. And that was when they scored it almost a year ago. Now you can add another \$400 billion to \$500 billion to the cost because the revenue has been shut down, and they would sign a lot of people up over the next 4 years before the benefits kick in. That, Madam Speaker, is what we're dealing with here today.

And it's one of the reasons that my good friend Judge GOHMERT from Texas has come to the floor. He carries a tremendous amount of knowledge and a tremendous amount of passion about freedom and liberty. He's been here defending this night after night after

night here on the floor, in press conferences, at rallies everywhere in America. LOUIE GOHMERT has a place to go. He's stepped up to defend our freedom and our liberty, like all Americans should be doing and like the Americans who filled this Capital City up today. I would be happy to yield as much time as he may consume to the gentleman from Texas, my friend LOUIE GOHMERT.

Mr. GOHMERT. I appreciate my friend from Iowa so much, and I appreciate the wonderful points you are making. I was here just out off the Chamber for the whole discussion by our colleagues across the aisle.

□ 2145

I always appreciate when people across the aisle attempt to speak for me and what I support and what I would like to have happen and what I will and do vote for and vote against.

But the great thing about debate is that the other side can be presented. Of course, you know, there was the occasion a year and a half ago where the Speaker cut off the microphones and that was prevented, but we stood here on the floor and spoke anyway. That's the great thing about America.

But I would like to correct some things. Although I know my friend had the best of intentions of speaking on Republicans' behalf, but when he said Republicans have no interest in being part of the solution, I have to differ on that. And I appreciate my Democratic friend saying we don't wish to be part of the solution, but that's simply not true. And, in fact, I know Republicans that begged and pleaded to be allowed to have input into this bill, but it's hard to have input into a bill that's negotiated secretly.

You get the union and AARP and you don't tell any Republicans when they're going to be meeting, when they're going to do their secret deals. You get the pharmaceutical industry and, yes, you get insurance companies to be part of secret negotiations. And I can promise you this, every industry, every individual who has come out and said I think this is a great bill on behalf of some industry, they got a deal cut for them in this bill.

Now, this is the Senate bill here. I've had our House bill until this week. That's what I'd been working from. But it looks like they're serious about cramming the Senate bill down our throats, and they use real thin paper and print on both sides so that it's this small.

But some other things that need to be corrected my friend across the aisle said during his time, Our friends on the other side of the aisle support the insurance industry wanting to start all over. Well, my friend's not completely informed, because there are those in the insurance industry that say, You know what? This bill, the Senate bill, it's okay with us. It would be all right.

And if you're in the insurance industry and you have the Federal Government mandating that everybody has to buy a policy, then, you know, your eyes get big and you start thinking, Wow, think of all those sales.

Of course, they don't look far enough into the future and realize that that plan and they, themselves, as insurance companies, won't last very long. They'll go the way of private insurances or insurance companies offering flood insurance. When the Federal Government got involved, it's hard for a private company to compete with the Federal Government that goes in the red and stays in the red, as the Federal flood insurance policies have done.

He also commented that the Democrats are holding health insurance accountable. And that's nice to hear being said, but if they were holding health insurance companies accountable, you would not find one insurance company that's going to be okay with this, and there are those out there.

My friend also commented that 67 percent of Americans support an insurance exchange. Well, in the House bill, which we've talked about it, there's the Federal insurance exchange program, and that's what will take over as they finish killing off the private insurance companies.

And as my friend and I both agree, we don't want insurance companies between us and our doctor. We don't want the government between us and our doctor, and the proposals we've made get them out from between us. They get insurance companies back in the position of insuring and out of the business of managing. Why would we want the Federal Government to come in and manage our health care decisions when we don't even want private insurance companies managing our health care insurance?

And I do appreciate my friend's honesty and candor when I understood him to say, first, that we have a moral mission. We have a moral mission, he said, to protect even the terrorists and the criminals on the street, and that that moral mission apparently does not stop at our border. Well, this is just a difference in philosophy.

And I have a few other points that I want to make here, but I feel like my friend from Iowa will want to comment on this because we've had such lengthy discussions about this issue. And it is just a difference in philosophy that we have friends across the aisle that believe we have a moral mission to protect terrorists, to protect criminals on the street, and that that moral mission does not stop at the border.

And see, my belief, and I believe it's shared by my friend from Iowa, is that when I took an oath to the Constitution, when I was in the United States Army, as a prosecutor, as a judge, as a Chief justice, and as a Member of Congress, there was nothing in my oath

that I take so seriously about supporting and defending those on the other side of our borders or supporting and defending all enemies, foreign and domestic, that want to kill me. It was not that I want to support and protect and defend all terrorists and enemies, foreign and domestic. No, it was I'm going to help protect America from all enemies, foreign and domestic, protect from those enemies, not go across the border and take my morality to other countries and be the policeman of the world. And, in fact, I think we do make a mistake when we begin to be country building, nation building, government building in other nations. Our job is to protect this country. And when there are terrorists in this country, our job is to take them out, eliminate the terrorists so that they are no longer a threat.

Now, what normally happens when people declare war on another group or country and you capture some of those people, in a civilized society like ours, you hold them until such time as their friends, their colleagues, their comrades decide and announce we're no longer at war. Then you can release all of those, except for the ones you believe or have reason to believe, probable cause to believe committed war crimes. Then you go ahead and try them.

But it's just a difference in philosophy. And I'd love to hear my friend from Iowa if he has a comment on that obligation.

Mr. KING of Iowa. Reclaiming my time, and I appreciate the gentleman from Texas, as I listened to the gentleman from Ohio talk and to spread this philosophy that somehow, first, there are principles that they've been trying to drag back and establish rights that don't exist for a long time. This goes back to, probably, Woodrow Wilson or earlier, but FDR comes to mind. And if one should go out to FDR's Memorial here in this city, you'll see the memorial that displays the four freedoms. Back in those years, Franklin Delano Roosevelt made a speech about the four freedoms, and Norman Rockwell painted the cover of a magazine on that that showed the four freedoms, one at a time. The first freedom was, freedom—let's see—freedom of speech. The second one was freedom of religion. The third one was freedom from want, and the fourth one was freedom from fear.

Now, I go back and look at that, and I don't think I was very old when I first realized about that speech of Franklin Delano Roosevelt, the four freedoms speech—the freedom of speech, religion, want, and fear—and I knew even then, as a young man, that there is no freedom from want and there is no freedom from fear, that these are things that can be resolved. These aren't rights that come from God.

Our liberty comes from God. It says so in the Declaration. We hold these

truths to be self-evident that all men are created equal. And we're endowed by our Creator with certain unalienable rights, among them are life, liberty and the pursuit of happiness.

And by the way, the pursuit of happiness, in the left-wing version, means anything hedonistic you might want to do that makes you happy or gives you pleasure for the moment. But pursuit of happiness our Founding Fathers understood was rooted in the Greek word *eudaemonia*, which means that pursuit of truth, both the physical and the mental versions of truth.

So we have these liberties that come from God that are clearly delineated in the Declaration of Independence and the foundation for our laws in the Constitution, and no one in America has a God-given right for freedom from fear or freedom from want. Those are manufactured rights that jerk this country off on to the left towards the socialist side of this.

And as I listen to this debate on health care, it comes back to a position that's continually made, that people have not only a right to health care, but they have a right to their own individual health insurance policy that they own.

And the folks on this side of the aisle, the Democrat side of the aisle, have continually conflated two terms. Well, many more, but the two that I'm talking about are the terms "health care" and "health insurance." Over the last year and a half or 2 years, the subject has been conflated to the point where, when people say "health care," often they mean health insurance. And if you say "health insurance," you generally mean health insurance. But if you say "health care," you might mean health insurance or health care.

And many Democrats on that side of the aisle, and I don't know that that's the case with the gentleman from Ohio, have made the statement that everybody in America has a right to health care and that they have a right to their own health insurance policy.

And I'll make this point, that everybody in America has access to health care, albeit in some cases it's the emergency room. Everybody has access to health care. We don't let people die in the streets. You'd never see that happen in the United States. We take care of people.

We don't have a collapsed system, as the gentleman from Ohio would have us believe. We have the best health care delivery system in the world. We have the best health insurance system in the world. Both of them can use improvements, and we should do that. But we should not throw the baby out with the bathwater. We shouldn't give up on the great things that we have that give so much quality and so great a life expectancy in this country for the sake of moving towards the social-

ization or the nationalization of a policy that diminishes us as a people.

And so, going through those four freedoms, freedom of speech, freedom of religion—which I agree with, those are God-given rights—freedom from want and freedom from fear, takes me back to a hearing we had in the Ag Committee at the beginning of the markup for the last farm bill that we did. And there, Janet Murguia, the president of La Raza—La Raza, I would point out, Madam Speaker, is the organization that is called—the "La Raza" is Spanish for "the race."

Now, if we had a, let's say, Caucasian organization that was exclusive to that, that had called themselves "The Race," they would be called the racists. But meanwhile, we accept La Raza as the people that are doing the negotiating for our food stamps.

And Janet Murguia testified that one of the obesity problems we have in the United States comes because people, they know where their next meal is going to be—they couldn't find somebody that was suffering from malnutrition—but she said that they may have anxiety about where their next meal is going to come from.

I think I am going to pick this up in a little moment and yield to my friend from Texas.

Mr. GOHMERT. Well, I appreciate that very much. I would like to follow up on that with something that our friend across the aisle said before us tonight. He said that when this bill passes, we'll have a lot to run on, and I agree. And I think they'll need to be running a great deal after this bill were to pass because the vast majority of Americans don't want it to pass. That's very clear.

So you ask yourself, Why would the majority of the House of Representatives and the Senate and the President try to cram a bill down the throat of a majority of Americans that don't want the bill when it could hurt them politically?

Well, there is so much government in this bill that they know if this bill passes, then the government intrusion, whether you want to call it socialism or progressivism, it's the government taking over such a massive part of our lives, basically taking over our lives.

But I would want to point out page 100 of the Senate bill. You know, why were the unions so happy to jump on this? You know, unions are beginning to look at their health insurance policies as—some of them are—as a massive debt, and they'd like to get rid of it, and we know that they'd be unable to do this under the bill. But people will be glad to know, people who are in unions who are retired and have union health insurance, they'll be glad to know that they won't lose their union-negotiated health care, at least not until the date on which the last of the collective bargaining agreements relating to the coverage terminates.

□ 2200

So people will be able to keep, if you're in a union, or, Madam Speaker, people are in a union or they have retired and they have union health care, they can be assured they do not lose their health care—at least not until the date on which the last of the collective bargaining agreements relating to the coverage terminates. And then, of course, once a new union contract has to be negotiated, all bets are off.

So that should provide some comfort if there is a year or two left on a collective bargaining agreement, then they can be comforted. They have got that insurance if they like it, and they can keep it until the collective bargaining agreement terminates.

Mr. KING of Iowa. I thank the gentleman from Texas from picking up there from where I was forced to leave off.

To take this up then, Madam Speaker, the situation of asking Janet Murguia, the president of La Raza, to testify as to why we needed to increase food stamps by 46 percent before the Ag Committee. And not being able to find people that are suffering from malnutrition and not being able to find people that aren't having their meals today, they testified that there were people that were having anxiety because they don't know where all of their future meals were going to come from. And because they had had uncertainty, they tended to overeat, and if they ate out of anxiety—not having full comfort that there would always be plenty of food for them there, they might attend a feast or gorge themselves in those times—she argued if we would just give everybody 46 percent more food stamps, people wouldn't have this food anxiety, and they would eat less, and we would solve this human obesity problem, at least improve it, by providing food stamps for people.

Now, here I am sitting in the United States Congress, highest level in the land or the world, for that matter, and I'm listening to a witness begin to tell us why we should expand food stamps. And her argument is if we give people more food, they won't be as fat. People are fat because they eat out of anxiety, and if we make sure there was a mountain of food in front of them, they wouldn't eat out of anxiety anymore and apparently they would lose weight and they would be slender.

Now, my response to that takes me back to the statement that I made earlier about the manufactured rights that came out of the presentation of Franklin Delano Roosevelt. Freedom of speech and religion, that's fine. The other two of the four, freedom from want and freedom from fear, now those are breathtaking principles to lay out in the 1930s. But if you listen to Janet Murguia's testimony, her argument is that people have a right to have free-

dom from fear of want. And that fear of want causes people to overeat so they get obese, and if we can solve that problem and give them their freedom from fear of want, then they won't eat as much, they'll be thinner, and they will be healthier.

This is a bizarre, upside-down, topsy-turvy world that we live in, Madam Speaker. And when we think about what freedom is and what liberty is, Americans that understand it have an entirely different understanding of what liberty is than people in Canada, Great Britain, and around the world. Their argument is that whatever is free expands freedom.

So if you have a lot of food stamps and rent subsidies and heat subsidies, you'd have a lot of freedom. I suppose you would because you wouldn't need to go to work. You would have the freedom to go do whatever you want to do, sit around and be a couch potato, or go off to play golf or go fishing every day.

But that's not what we're talking about. Not the freedom to be irresponsible or not to take responsibility for yourself. We're talking the liberties that come with this Constitution, that liberties that allow us the right to speak freely, to worship as we please, to peaceably assemble, and redress our grievances, the right to keep and bear arms, the right to keep property. However, the Kelo decision altered the Constitution itself. The right to face your accuser, to have a jury trial. The list goes on and on. Free from cruel and unusual punishment. Those are liberties that we have. They are delineated in Constitution. These are laws that come down from God. But He didn't ever promise us that we wouldn't have fear from want because there is something intrinsic in human nature that says that we have got to get out there and strive and struggle.

But this Democrat health care bill is about expanding the dependency class in America. If they can expand the dependency class—they're the representatives of the dependency class; we're the representatives of the liberty class. We're the people that want to work, that want to expand families. We want to provide for and encourage more personal responsibility. We want to see that spark of vitality come out of every human being. And we want that to join together. And we know that our job is to find ways that we can to lay the groundwork and help nurture so that the average annual productivity of the American goes up. If it does, so does our quality of life—at least in terms relative to the rest of the world it does. We have got to have a moral foundation to do that. And it requires individual responsibility, not growing the dependency class.

If you take people and they're on a safety net already, a safety net that has been cranked up to where we are a welfare State today—some 71 different

welfare programs—and this safety net that was designed to keep people from falling through and freezing to death or starving to death now has been cranked up to the point where the safety net has become a hammock, Madam Speaker, and the more comfortable that former safety net, now a hammock, is, the less incentive there is for people to take care of themselves. They lose their incentive.

And so they lose their will to try, they lose their will to be creative. They lose their ingenuity. And they don't think they have to put themselves out to the point their parents did or their grandparents did.

I look at the people that settled the part of the country that I live in. Those ancestors in about 1875 came out there and stuck a stake in the ground out in the prairie and claimed a homestead of 160 acres. And a lot of them came out in covered wagons. And if they had a good day traveling, they would walk behind the oxen 10 miles a day on a good day. Some days they didn't move at all because it was muddy, they were bogged down, something went wrong, they broke an axle or wheel or whatever it was. Ten miles a day on a good day to get out on the prairie to drive a stake in the ground and say, This is my 160 acres, and if I build a home on it and I take care of it and I farm it and make it productive—under the Homestead Act they could keep it. That's the American dream.

They went out there to live free or die out there on that prairie, and they had to raise their food and they had to protect themselves from the elements and from hostiles. And that independent spirit is the thread of the Americans that we are today.

We didn't ever think about capitulating. We didn't think about giving up. We never thought the winters were too tough or the days too long or the work was too hard or too hot or too sweaty or too dusty or snowy or rainy. We did what we had to do because we were driven to succeed, we were driven to achieve the American dream. And by the way, there wasn't a fallback position. That fallback position would have been freeze to death, starve to death, let the hostiles take over you. Any number of things could happen.

Well, that American spirit is what has brought about the thriving of the American people and our tenacity globally. If you look at where we are economically, American business has gone around the globe. We set the standard. We set the pace in patents and in trademarks and creativity and in productivity. We set the pace from a military-security standpoint. We set the pace from a cultural standpoint. We set the pace from a religious standpoint.

All of these things that I am talking about here are undermined by people on this side of the aisle and undermined by a socialized medicine bill

that the Senate could not pass today, the House would not approve of, that diminishes us and expands our dependency so that it can expand the political class that supports and votes for them.

This is a cynical political move, and if it was about policy, Madam Speaker, then one of them, just one of them—and I have a question I want to project to the gentleman from Texas here in a moment—but if it was about policy, then the President of the United States, the Speaker of the House, HARRY REID of the Senate, or someone out of all of these Democrats over here would have pointed to a country in the world that has a better health care system than the United States and said, Let's emulate that.

□ 2210

Well, whom shall we emulate? China? Russia? Cuba? Canada? Great Britain? Germany? I think all of us would reject all of those proposals. If there is a country out there that does it better, I would like to know, and we will take a look at that. I pose that question as more than a rhetorical question, but a real question of substance that has been unanswered. And I would yield to the gentleman from Texas wherever he would like to take that.

Mr. GOHMERT. And I certainly appreciate the question, because we just happen to have a chart here. And this is a chart, as it says, government-run care means lower survival rates for cancer. Now, we have been told by friends across the aisle, well, but if you look at England or you look at other countries, you find that they have a longer life expectancy than we do in America. Well, not if you're looking at cancer survival rates. If you compare apples to apples, you find out, as my friend from Iowa said, there is no better health care anywhere in the world when you want a good, the best survival rate, whether it's cancer, heart disease or whatever.

Now, the place where the statistics get skewed is our life expectancy in the United States has added in and this is terribly unfortunate, a higher murder rate than some of those countries have. And one other thing that really skews the figures in the United States is that when a baby is born, it doesn't matter if that baby is 20 weeks premature, 10 weeks, 8 to 10 weeks, like my wife's and my first child, if that child is born alive and subsequently dies, even if it's an hour later, that counts in our statistics because in America the majority still feels that every life counts.

Well, in many of the countries that they try to compare us with with our life expectancy, if a baby is born prematurely and dies, they don't count that. We count it here. And when you have a child that dies within an hour or 2 hours, it dramatically brings down the life expectancy. But it's one of the things I love about America. We care

about lives here in America. And so you look at this chart, if you could choose a country to go to if you got cancer, well, you could go, this green here is England, but that is not the greatest survival rate.

My goodness, look at prostate cancer, 50.9 percent survival rate. That's not so good. In the United States, we have a 91.9 percent. That is phenomenal, up 41 percent. That means in the United States, if you get prostate cancer, for every two people that get prostate cancer in the United States, most of the time, both of them are going to live. However in England, you have two people that get prostate cancer, one of them will die. And it's so unnecessary because they have access to the same types of health care we do.

Mr. KING of Iowa. Just as I look at the statistics here, and I see the 91 percent of survival rate of prostate cancer in America, that means out of 10 patients, nine will live. I look at the ratio in the United Kingdom, 50 percent. That means out of two patients, one of them will die. One out of 10 will die in America, one out of two will die in England. That is the comparison in the results of this health care.

Mr. GOHMERT. Why would you want to go to any other country? So who could blame the Newfoundland prime minister when he had a heart problem, for saying, I love you, Canada, you're my country, I love you and I am totally devoted, but I am flying to the United States for my heart surgery, which he did. He is a smart man, obviously.

But you look at breast cancer, and I've been shown statistics that are not on here. For example, in breast cancer, if a tumor is found localized in a breast, then we have a 98 percent survival rate, 98 percent survival rate, if a cancerous tumor is found localized in the breast. In England, it's about 20 percent less than that. In other words, even though both countries have wonderful technology, when you have a government-run program, you have to put people on lists.

And the President is right. He is not being disingenuous when he says we are not going to deny coverage. For the most part, that is right. What you do is you put them on lists so that they die before they get what they need. And I was talking to a really sweet secretary in Tyler, Texas, my hometown, and she has emigrated from England. And she told me that her mother got cancer in England and died of that cancer because she was in England. Each step of the way, finding the tumor, having surgery, having therapy, all the things that you have, chemo, all those things, you get on a list. She said, my mother was found to have cancer, and she died because she lived in England. After I emigrated to the United States, I was found to have cancer, and she said I'm alive because I was in the United

States instead of England. She said, because I didn't go on a list.

And this is not some wealthy person. This is a middle class secretary with a lot of class. And she knows just how good we have it here. And so you've got all men's cancer: 66.3 percent survival rate here; in England, 44.8 percent; 53 percent in Canada. That's a lot of people. We heard our friend from Florida come down and rant and rave about people and you're killing folks in our district. But all I can see when I look at these cancer survival rates and death rates is when you want us to go to a government-run health care—I know it's not intentional, I know it's not intentional—but the fact is you will cause people to die unnecessarily.

There is no reason to have this kind of drop in prostate cancer success, but that's what we have. And it's so unnecessary.

You've got all women's cancer, 62.9; 55.8 in England. There's not quite as big a discrepancy, but if you're one of the 9 percent or 7 percent in these different categories or even 41 percent that are going to die because you don't live in the United States, then you probably think the United States is the place to be for health care. You take out the murder statistics and you make all countries deal with their statistics of premature babies who die after they're born, then you would find the United States at the top of the charts on life expectancy.

So I appreciate the gentleman yielding on that particular issue.

□ 2220

Mr. KING of Iowa. Reclaiming my time, and so we have seen what the data is on survival rates for cancer in the United States versus Canada and Great Britain and one other country.

There is another point that has been made, I say it has been made consistently by the President of the United States, it has been made by the Speaker of the House, and that is this point that there is nothing in any bill that is likely to pass the House or the Senate that could become law that doesn't fund abortion or illegals. This is where the argument came in. Madam Speaker, it is a JOE WILSON argument.

Well, I will deal first with the issue of illegals. The House version of the bill is looser than the Senate version of the bill. But when the President says we are not going to fund illegals, he is not right on that. The Senate version is a little tighter. But if you go to the language in the Senate bill, it says essentially that it lowers the standards.

We had a standard that existed under the Medicaid standards, which is pretty close to the gold standard as far as the Federal Government is concerned, that if an individual were going to sign up for Medicaid, that they would have to prove their citizenship by providing a

birth certificate and a couple of supporting documents or a series of naturalization papers that would allow people to sign up and receive Medicaid benefits.

But when this House, under the leadership of Speaker PELOSI, changed the language under SCHIP, the State Children's Health Insurance Program, which I called socialized Clinton-style HillaryCare for illegals and their parents, when they changed that, they lowered the standard, and the standard then for Medicaid and the standard for SCHIP became the same, and that is the standard that exists in the Senate language of the bill. Even though it says we are not going to fund illegals, the proof is simply a requirement that they introduce and offer, let me say, attest to a nine-digit Social Security number.

Well, if you have people that are adept at gaming the system, they are not likely to be so intimidated that they would not be able to produce a nine-digit Social Security number. It is unlikely that it will be checked. The standards to require that are a little tighter in the Senate version than they are in the House version, but the Congressional Budget Office, when one examines their calculations, it produces this number:

Under the Senate language, 6.1 million illegals could access health care benefits, health insurance benefits under the Senate version of the bill which presumably, if you listen to the Speaker of the House, the House is ready to pass. 6.1 million illegals. And yet, the Speaker and the President say we are not going to fund illegals because they say in the bill they are not going to fund illegals. But you have to look at the standards.

This is akin to the no earmarks edict that was delivered to this House at the beginning of the 110th Congress the first year of the Pelosi Speakership when the chairman of the Appropriations Committee, DAVID OBEY, brought a big appropriations bill to the floor. And when he was challenged for all the earmarks that were in it, even though they had pledged they were not going to provide earmarks—this is the Pelosi Speakership—DAVID OBEY said, There are not earmarks in this bill. But when pointed out to him that there were hundreds of earmarks in the bill, the chairman of the Appropriations Committee then went to the first page of the bill, I believe it was the second paragraph, and he read verbatim from the bill—generally speaking, not verbatim from me—is this: There are no earmarks in the bill by definition; therefore, this bill doesn't have earmarks.

Can you actually write stuff out, the things that we can't believe our lying eyes because someone has said by definition it doesn't exist? That is what is going on here.

They will argue by definition they don't want to fund illegals, but the result is 6.1 million illegals taking advantage of the Senate version of the bill by the calculations of the non-partisan Congressional Budget Office. The House version funds illegals. The Senate version funds illegals. And the House version, I know a little better, it funds them in a myriad of ways.

Also, the Senate version funds abortion with American people's tax dollars. That is something also that the President says they are not doing. That is something that the Speaker of the House says they are not doing. And I haven't actually heard Majority Leader HARRY REID say one way or the other.

But there are a couple of ways that this happens. One of them is in this chart right here. And so, Madam Speaker, it goes like this:

When you have Americans that have to fund into these three different systems, pay taxes, or enroll in an exchange plan, or enroll in an exchange plan that covers abortions, some of them will be enrolled in an exchange plan that covers abortions unintentionally because their employer will offer that. And they will sign up and they won't ask the question, and they won't know that their premium is going to fund abortion. But in any case, they will enroll in the red version here that funds abortions.

Mr. GOHMERT. Would the gentleman yield?

Mr. KING of Iowa. I would yield.

Mr. GOHMERT. If you look at page 122, the exact point is made that you are making. It says that there is at least one such health care plan that provides coverage of services described in clauses i and ii of subparagraph (b).

You look at subparagraph (b)(i), and it says: The services described in this clause are abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is not permitted based on the laws in effect at the date that is six months before the beginning of the plan year.

So this has actually misled people into thinking, oh, there is a provision here that prevents you from using money—

I am sorry. We were told we had 6 minutes, and we have used 4. Okay.

Mr. KING of Iowa. In that case, I take the gentleman's point and I think it has been driven home effectively by this chart and the language that we know.

Mr. Speaker, I appreciate your indulgence. And if I called you Madam Speaker, I apologize. I didn't have a rearview mirror. And I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. YOUNG of Florida (at the request of Mr. BOEHNER) for today on account of illness caused by food poisoning.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. GARAMENDI) to revise and extend their remarks and include extraneous material:)

Mr. ETHERIDGE, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFazio, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, March 23.

Mr. JONES, for 5 minutes, March 23.

Mr. SOUDER, for 5 minutes, today and March 17, 18, and 19.

Mr. BOUSTANY, for 5 minutes, today.

Mr. SMITH of New Jersey, for 5 minutes, today.

Mr. MORAN of Kansas, for 5 minutes, March 23.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)

Mr. GARAMENDI, for 5 minutes, today.

SENATE CONCURRENT RESOLUTION REFERRED

A concurrent resolution of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. Con. Res. 53. Concurrent resolution recognizing and congratulating the City of Colorado Springs, Colorado, as the new official site of the National Emergency Medical Services Memorial Service and the National Emergency Medical Service Memorial; to the Committee on Energy and Commerce.

BILL PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on March 15, 2010 she presented to the President of the United States, for his approval, the following bill.

H.R. 3433. To amend the North American Wetlands Conservation Act to establish requirements regarding payment of the non-Federal share of the costs of wetlands conservation projects in Canada that are funded under that Act, and for other purposes.

ADJOURNMENT

Mr. KING of Iowa. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 25 minutes p.m.), the House adjourned until tomorrow, Wednesday, March 17, 2010, at 10 a.m.

EXECUTIVE COMMUNICATIONS,
ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6611. A letter from the Administrator, Department of Agriculture, transmitting the Department's final rule — Establishment of Honey Packers and Importers Research, Promotion, Consumer Education and Industry Information Order and Suspension of Assessments Under the Honey Research, Promotion, and Consumer Information Order [Docket No.: AMS-FV-06-0176; FV-03-704-FR] (RIN: 0581-AC37) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6612. A letter from the Administrator, Department of Agriculture, transmitting the Department's final rule — Tomatoes Grown in Florida; Decreased Assessment Rate [Doc. No.: AMS-FV-09-0063; FV09-966-2 FIR] received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6613. A letter from the Secretary, Securities and Exchange Commission, transmitting the Commission's final rule — Amendments to Rules Requiring Internet Availability of Proxy Materials [Release Nos.: 33-9108; 34-61560; IC-29131; File No. S7-22-09] (RIN: 3235-AK25) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6614. A letter from the Assistant General Counsel for Regulatory Services, Department of Education, transmitting the Department's final rule — Magnet Schools Assistance Program [Docket ID: ED-2010-OII-0003] (RIN: 1855-AA07) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6615. A letter from the Secretary, Department of Education, transmitting the Department's final rule — Investing in Innovation Fund [Docket ID: ED-2009-OII-0012] (RIN: 1855-AA06) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6616. A letter from the Acting Chief, Branch of Listing, Department of the Interior, transmitting the Department's final rule — Endangered and Threatened Wildlife and Plants; Determination of Endangered Status for 48 Species on Kauai and Designation of Critical Habitat [FWS-R1-ES-2008-0046] (RIN: 1018-AV48) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6617. A letter from the Chief, Branch of Listing, Department of the Interior, transmitting the Department's final rule — Endangered and Threatened Wildlife and Plants; Designation of Critical Habitat for Oregon Chub (*Oregonichthys crameri*) [Docket No.: FWS-R1-ES-2009-0010] (RIN: 1018-AV87) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6618. A letter from the Assistant Secretary for Fish and Wildlife and Parks, Department of the Interior, transmitting the Department's final rule — Native American Graves Protection and Repatriation Act Regulations — Disposition of Culturally Unidentifiable Human Remains (RIN: 1024-AD68) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6619. A letter from the Acting Chief, Branch of Listing, Department of the Interior, transmitting the Department's final

rule — Endangered and Threatened Wildlife and Plants; Revised Designation of Critical Habitat for the California Red-Legged Frog [FWS-R8-ES-2009-0089] (RIN: 1018-AV90) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6620. A letter from the Deputy Chief Financial Officer and Director for Financial Management, Department of Commerce, transmitting the Department's final rule — Civil Monetary Penalties; Adjustments [Docket No.: 0612213340-6339-01] (RIN: 0690-AA35) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

6621. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A380-841, -842, and -861 Airplanes [Docket No.: FAA-2010-0038; Directorate Identifier 2009-NM-110-AD; Amendment 39-16203; AD 2010-04-10] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6622. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A330-200 Series Airplanes and Model A340-200 and -300 Series Airplanes [Docket No.: FAA-2009-1107; Directorate Identifier 2009-NM-138-AD; Amendment 39-16202; AD 2010-04-09] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6623. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Augustair, Inc. Models 2150, 2150A, and 2180 Airplanes [Docket No.: FAA-2010-0121; Directorate Identifier 2010-CE-001-AD; Amendment 39-16207; AD 2010-04-14] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6624. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Extra Flugzeugproduktions-und Vertriebs-GmbH Models EA-300/200 and EA-300/L Airplanes [Docket No.: FAA-2009-1025 Directorate Identifier 2009-CE-055-AD; Amendment 39-16204; AD 2010-04-11] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6625. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; McCauley Propeller Systems 1A103/TCM Series Propellers [Docket No.: FAA-2010-0093; Directorate Identifier 97-ANE-06-AD; Amendment 39-16198; AD 2010-04-05] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6626. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; SCHEIBE-Flugzeugbau GmbH Model SF 25C Gliders [Docket No.: FAA-2010-0125; Directorate Identifier 2010-CE-005-AD; Amendment 39-16208; AD 2010-04-15] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6627. A letter from the Paralegal Specialist, Department of Transportation, trans-

mitting the Department's final rule — Airworthiness Directives; Thielert Aircraft Engines GmbH (TAE) Model TAE 125-01 Reciprocating Engines [Docket No.: FAA-2009-0747; Directorate Identifier 2009-NE-28-AD; Amendment 39-16199; AD 2010-04-06] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6628. A letter from the Senior Regulation Analyst, Department of Transportation, transmitting the Department's final rule — Procedures for Transportation Workplace Drug and Alcohol Testing Programs [Docket No.: OST-2007-26828] (RIN: 2105-AD64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6629. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Bombardier, Inc. Model CL-600-2C10 (Regional Jet Series 700, 701, & 702), CL-600-2D15 (Regional Jet Series 705), and CL-600-2D24 (Regional Jet Series 900) Airplanes [Docket No.: FAA-2009-1027; Directorate Identifier 2009-NM-143-AD; Amendment 39-16197; AD 2010-04-04] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6630. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Examination of returns and claims for refund, credit, or abatement; determination of correct tax liability (Rev. Proc. 2010-14) received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. LEVIN (for himself, Mr. RANGEL, Mr. LEWIS of Georgia, Mr. NEAL of Massachusetts, Mr. POMEROY, Mr. THOMPSON of California, Mr. LARSON of Connecticut, Mr. KIND, Mr. PASCRELL, Ms. BERKLEY, Mr. CROWLEY, Mr. VAN HOLLEN, Ms. SCHWARTZ, Mr. DAVIS of Alabama, Mr. DAVIS of Illinois, Mr. ETHERIDGE, Ms. LINDA T. SANCHEZ of California, and Mr. YARMUTH):

H.R. 4849. A bill to amend the Internal Revenue Code of 1986 to provide tax incentives for small business job creation, extend the Build America Bonds program, provide other infrastructure job creation tax incentives, and for other purposes; to the Committee on Ways and Means.

By Mr. PETERS (for himself, Mr. LARSON of Connecticut, Mr. REICHERT, and Mr. TIBERI):

H.R. 4850. A bill to amend the Internal Revenue Code of 1986 to allow companies to utilize existing alternative minimum tax credits to create and maintain United States jobs, and for other purposes; to the Committee on Ways and Means.

By Mr. LEVIN (for himself, Mr. WAXMAN, Mr. GEORGE MILLER of California, Mr. CONYERS, and Mr. OBERSTAR):

H.R. 4851. A bill to provide a temporary extension of certain programs, and for other purposes; to the Committee on Ways and Means, and in addition to the Committees on the Budget, Education and Labor, Energy

and Commerce, Financial Services, the Judiciary, Transportation and Infrastructure, and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. COHEN (for himself, Mr. BERRY, Mrs. BLACKBURN, Mr. BLUMENAUER, Mr. CARNAHAN, Mr. CHANDLER, Mr. CLAY, Mr. CLEAVER, Mr. CONYERS, Mr. COOPER, Mr. DAVIS of Tennessee, Mr. DUNCAN, Mrs. EMERSON, Mr. GARAMENDI, Mr. GORDON of Tennessee, Mr. HARE, Mr. HINCHY, Ms. HIRONO, Ms. MOORE of Wisconsin, Mrs. NAPOLITANO, Ms. NORTON, Mr. ROE of Tennessee, Mr. ROSS, Mr. SABLON, Mr. SKELTON, Mr. SNYDER, Mr. TANNER, Mr. WHITFIELD, Ms. WOOLSEY, Mr. WU, and Mr. YARMUTH):

H.R. 4852. A bill to direct the Administrator of the Federal Emergency Management Agency to establish a grant program to improve the ability of trauma center hospitals and airports to withstand earthquakes, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. OBERSTAR (for himself, Mr. MICA, Mr. LEVIN, Mr. CAMP, Mr. COSTELLO, and Mr. PETRI):

H.R. 4853. A bill to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement program, and for other purposes; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CLAY:

H.R. 4854. A bill to require that any home inspection conducted in connection with a purchase of residential real property that involves a federally related mortgage loan be conducted by a State-licensed or State-certified home inspector to determine the existence of structural, mechanical, and electrical safety defects, and to require inclusion in the standard HUD-1 settlement statement of information regarding any home inspection conducted in connection with settlement; to the Committee on Financial Services.

By Ms. WOOLSEY (for herself and Mr. GEORGE MILLER of California):

H.R. 4855. A bill to establish the Work-Life Balance Award for employers that have developed and implemented work-life balance policies; to the Committee on Education and Labor.

By Mr. DONNELLY of Indiana (for himself, Mr. COOPER, Mr. BOYD, Ms. HERSETH SANDLIN, Mr. MINNICK, Mr. BRIGHT, Mr. MATHESON, Mr. KRATOVIL, Mr. HILL, Mr. SHULER, Mr. TAYLOR, Mr. ELLSWORTH, Mr. CHILDERS, Mr. SCHRADER, Mr. BISHOP of Georgia, Ms. GIFFORDS, Mr. SALAZAR, Mr. MURPHY of New York, Mr. CARNEY, Mr. MICHAUD, Mr. NYE, and Mr. MELANCON):

H.R. 4856. A bill to require the President's budget and the congressional budget to disclose and display the net present value of future costs of entitlement programs; to the Committee on the Budget, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in

each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. HODES:

H.R. 4857. A bill to amend title 5, United States Code, to allow amounts to be transferred from a qualified tuition program to the Thrift Savings Plan for the benefit of any individual who is eligible to participate in such Plan by virtue of being a member of the uniformed services or of the Ready Reserve, and for other purposes; to the Committee on Oversight and Government Reform, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ISRAEL:

H.R. 4858. A bill to establish an advisory committee to issue nonbinding government-wide guidelines on making public information available on the Internet, to require publicly available Government information held by the executive branch to be made available on the Internet, to express the sense of Congress that publicly available information held by the legislative and judicial branches should be available on the Internet, and for other purposes; to the Committee on Oversight and Government Reform.

By Ms. JENKINS (for herself, Mr. MORAN of Kansas, Mr. TIAHRT, Mr. MOORE of Kansas, Mr. OLSON, Mr. PETRI, Mr. MILLER of Florida, Mr. TAYLOR, Mr. COFFMAN of Colorado, Mrs. LUMMIS, Mr. GUTHRIE, Mr. FLEMING, Mr. COLE, Mr. SULLIVAN, Mr. LUCAS, Mr. TIM MURPHY of Pennsylvania, Mr. GRAVES, Mr. LANCE, Mr. WILSON of South Carolina, Mr. LAMBORN, Mr. WELCH, and Mr. SMITH of Nebraska):

H.R. 4859. A bill to amend the Internal Revenue Code of 1986 to allow the work opportunity credit to small business which hire individuals who are members of the Ready Reserve or National Guard; to the Committee on Ways and Means.

By Mr. MARKEY of Massachusetts:

H.R. 4860. A bill to amend the Public Utility Regulatory Policies Act of 1978 to provide electric consumers the right to access certain electric energy information; to the Committee on Energy and Commerce.

By Mr. QUIGLEY (for himself, Mr. RUSH, Mr. JACKSON of Illinois, Mr. LIPINSKI, Mr. GUTIERREZ, Mr. ROSKAM, Mr. DAVIS of Illinois, Ms. BEAN, Ms. SCHAKOWSKY, Mr. KIRK, Mrs. HALVORSON, Mr. COSTELLO, Mrs. BIGGERT, Mr. FOSTER, Mr. JOHNSON of Illinois, Mr. MANZULLO, Mr. HARE, Mr. SCHOCK, and Mr. SHIMKUS):

H.R. 4861. A bill to designate the facility of the United States Postal Service located at 1343 West Irving Park Road in Chicago, Illinois, as the "Steve Goodman Post Office Building"; to the Committee on Oversight and Government Reform.

By Mr. SERRANO:

H.R. 4862. A bill to permit Members of Congress to administer the oath of allegiance to applicants for naturalization, and for other purposes; to the Committee on the Judiciary.

By Mr. SESTAK (for himself and Mr. MARKEY of Massachusetts):

H.R. 4863. A bill to increase the annual amount authorized for emergency assistance under the Low-Income Home Energy Assistance Act of 1981; to the Committee on En-

ergy and Commerce, and in addition to the Committee on Education and Labor, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. TITUS (for herself and Ms. WOOLSEY):

H.R. 4864. A bill to require a heightened review process by the Secretary of Labor of State occupational safety and health plans, and for other purposes; to the Committee on Education and Labor.

By Mr. RANGEL:

H.J. Res. 81. A joint resolution recognizing Madam C.J. Walker for her achievements as a trailblazing woman in business, philanthropist, and 20th century activist for social justice; to the Committee on Oversight and Government Reform.

By Mr. HODES:

H. Con. Res. 253. Concurrent resolution recognizing Doris "Granny D" Haddock, who inspired millions of people through remarkable acts of political activism, and extending the condolences of Congress on the death of Doris "Granny D" Haddock; to the Committee on Oversight and Government Reform.

By Mr. HOYER (for himself, Ms. EDWARDS of Maryland, Mr. KRATOVIL, Mr. RUPPERSBERGER, Mr. CUMMINGS, Mr. VAN HOLLEN, Mr. SARBANES, Mr. BARTLETT, Mr. CARDOZA, and Mr. CLAY):

H. Res. 1184. A resolution congratulating the 2009-2010 University of Maryland Men's Basketball Team, Greivis Vasquez, and Coach Gary Williams on an outstanding season; to the Committee on Education and Labor.

By Mr. LIPINSKI (for himself and Mr. FORTENBERRY):

H. Res. 1185. A resolution congratulating Reverend Daniel P. Coughlin on his tenth year of service as Chaplain of the House of Representatives; to the Committee on House Administration.

By Ms. MARKEY of Colorado:

H. Res. 1186. A resolution expressing support for designation of April as National Distracted Driving Awareness Month; to the Committee on Transportation and Infrastructure.

By Mr. MORAN of Virginia (for himself, Mr. BARTLETT, Mr. CONNOLLY of Virginia, Mr. CUMMINGS, Mr. DAVIS of Illinois, Ms. EDWARDS of Maryland, Mr. HOYER, Mr. LEWIS of Georgia, Mr. LYNCH, Ms. NORTON, Mr. PRICE of North Carolina, Mr. SARBANES, Mr. VAN HOLLEN, and Mr. WITTMAN):

H. Res. 1187. A resolution expressing the sense of the House of Representatives with respect to raising public awareness of and helping to prevent attacks against Federal employees while engaged in or on account of the performance of official duties; to the Committee on Oversight and Government Reform.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 40: Ms. KILPATRICK of Michigan and Mr. PAYNE.

H.R. 43: Mr. COHEN and Ms. DELAUNO.

H.R. 211: Mr. SIRE.

H.R. 413: Mr. MCCOTTER, Ms. BALDWIN, Ms. CLARKE, and Mr. DAVIS of Illinois.

H.R. 616: Mr. CASSIDY and Mr. SOUDER.

- H.R. 618: Ms. GIFFORDS.
H.R. 690: Mr. GONZALEZ.
H.R. 847: Ms. ESHOO.
H.R. 948: Ms. GRANGER.
H.R. 988: Mrs. CAPITO.
H.R. 1077: Mr. BOSWELL.
H.R. 1189: Mr. OLVER and Mr. JACKSON of Illinois.
H.R. 1207: Mr. MCNERNEY.
H.R. 1210: Mr. STARK.
H.R. 1240: Ms. GIFFORDS.
H.R. 1314: Mr. MCNERNEY.
H.R. 1507: Mr. ELLISON.
H.R. 1520: Mr. PLATTS.
H.R. 1521: Mr. LEE of New York and Mr. THOMPSON of Mississippi.
H.R. 1526: Mr. BERMAN.
H.R. 1584: Mr. GRAYSON.
H.R. 1625: Mr. TIM MURPHY of Pennsylvania.
H.R. 1806: Mr. BILBRAY and Ms. TSONGAS.
H.R. 1826: Mr. HALL of New York.
H.R. 1879: Mr. ROE of Tennessee.
H.R. 1894: Mrs. SCHMIDT, Mr. DRIEHAUS, and Mr. ANDREWS.
H.R. 2021: Mr. MCCOTTER.
H.R. 2122: Mr. KUCINICH.
H.R. 2142: Ms. NORTON.
H.R. 2262: Mr. ANDREWS and Mr. SCOTT of Virginia.
H.R. 2308: Mr. BLUMENAUER, Mr. WAXMAN, and Mr. GONZALEZ.
H.R. 2413: Ms. NORTON and Mrs. MCMORRIS RODGERS.
H.R. 2443: Mr. CAPUANO.
H.R. 2483: Mr. ROTHMAN of New Jersey.
H.R. 2565: Mr. SHUSTER.
H.R. 2598: Mr. KISSELL, Ms. JACKSON LEE of Texas, Mr. COHEN, Mr. FARR, Mr. MATHESON, Mr. FILNER, Ms. MCCOLLUM, Mr. MICHAUD, Mr. CARNAHAN, Mr. PERLMUTTER, Mr. ADLER of New Jersey, Mr. KIND, Mr. CHANDLER, Mr. COURTNEY, Mr. YARMUTH, Mr. NYE, Mr. TONKO, Mr. BOCCIERI, Ms. PINGREE of Maine, Mr. SCHAUER, Mr. WELCH, and Mr. PASTOR of Arizona.
H.R. 2656: Ms. JENKINS.
H.R. 2672: Mr. MURPHY of New York.
H.R. 2733: Mr. NEUGEBAUER, Ms. TITUS, and Mr. MINNICK.
H.R. 2766: Mr. LIPINSKI.
H.R. 2819: Mrs. NAPOLITANO.
H.R. 2999: Mr. PUTNAM.
H.R. 3024: Ms. LORETTA SANCHEZ of California.
H.R. 3101: Mr. SCHIFF and Mr. MAFFEL.
H.R. 3277: Mr. TONKO.
H.R. 3287: Mr. ELLISON and Mr. PAYNE.
H.R. 3315: Ms. KILROY.
H.R. 3321: Mr. MEEK of Florida, Ms. KILROY, and Mr. WU.
H.R. 3351: Mr. CAPUANO.
H.R. 3415: Ms. EDDIE BERNICE JOHNSON of Texas, Mr. STARK, and Mr. GUTHRIE.
H.R. 3554: Mr. MICHAUD.
H.R. 3578: Mr. SESTAK.
H.R. 3608: Mr. CASSIDY.
H.R. 3652: Mr. RUSH, Mr. BERMAN, Mr. DELAHUNT, Mr. BURTON of Indiana, Mr. HEINRICH, Mr. KAGEN, Mr. SOUDER, Ms. MATSUI, and Mr. RAHALL.
H.R. 3668: Mr. INGLIS, Mr. GRIFFITH, Mr. KAGEN, Mr. ROGERS of Alabama, Mr. HOEKSTRA, Mr. DONNELLY of Indiana, Mr. DEFazio, Mr. INSLEE, Mr. WAMP, Mrs. DAHLKEMPER, Mr. LATHAM, Mr. RANGEL, Mr. BONNER, Mr. BISHOP of New York, Mr. COHEN, Mr. BOSWELL, and Mr. MCCOTTER.
H.R. 3705: Mr. FATTAH and Mr. PALLONE.
H.R. 3715: Mr. SCHOCK.
H.R. 3745: Mr. MCNERNEY.
H.R. 3752: Mr. BILBRAY and Mr. GALLEGLY.
H.R. 3964: Mr. STEARNS and Mr. DANIEL E. LUNGREN of California.
H.R. 4014: Mrs. CAPPS.
H.R. 4021: Ms. BALDWIN.
H.R. 4068: Mr. McDERMOTT, Mr. RANGEL, and Mr. POMEROY.
H.R. 4091: Mr. OLSON.
H.R. 4109: Mr. COSTA.
H.R. 4132: Mr. GEORGE MILLER of California.
H.R. 4148: Mr. RANGEL, Ms. KILROY, and Mr. WU.
H.R. 4149: Ms. TITUS.
H.R. 4155: Mr. BISHOP of New York, Mr. HOLT, and Mr. HODES.
H.R. 4278: Mr. THOMPSON of Pennsylvania, Mr. HOEKSTRA, Mr. SCHAUER, and Mr. DELAHUNT.
H.R. 4364: Mr. GONZALEZ.
H.R. 4376: Mr. SCOTT of Virginia.
H.R. 4402: Mr. SNYDER and Mr. WU.
H.R. 4415: Mr. PENCE.
H.R. 4497: Mr. SESTAK.
H.R. 4530: Mr. KILDEE.
H.R. 4531: Mr. COHEN.
H.R. 4539: Ms. BERKLEY.
H.R. 4541: Mr. MARIO DIAZ-BALART of Florida, Ms. GIFFORDS, and Mr. COHEN.
H.R. 4558: Mr. UPTON, Mr. LEVIN, and Mr. ROGERS of Michigan.
H.R. 4572: Mr. LUETKEMEYER.
H.R. 4603: Mr. FRANKS of Arizona, Mr. SOUDER, Mr. PITTS, Mr. BRADY of Texas, Ms. GRANGER, Mr. LAMBORN, and Mr. ELLSWORTH.
H.R. 4615: Ms. BALDWIN.
H.R. 4616: Mr. FATTAH, Ms. NORTON, Mr. MCGOVERN, and Mr. STARK.
H.R. 4638: Mr. JOHNSON of Georgia, Ms. CORRINE BROWN of Florida, and Ms. CASTOR of Florida.
H.R. 4645: Mr. WALZ, Ms. SCHAKOWSKY, and Mr. BISHOP of New York.
H.R. 4647: Mr. PETERS, Mr. NADLER of New York, Mr. QUIGLEY, Mr. HALL of New York, Ms. SCHAKOWSKY, Mr. SHULER, and Mr. CARNAHAN.
H.R. 4678: Mr. STARK.
H.R. 4694: Ms. LEE of California, Ms. ROYBAL-ALLARD, Mr. PETERS, Mr. RODRIGUEZ, and Mr. DELAHUNT.
H.R. 4709: Ms. FUDGE.
H.R. 4717: Mr. NUNES, Mr. HERGER, Mr. LUCAS, Mr. CHAFFETZ, Mr. CONAWAY, Mr. REHBERG, Mr. YOUNG of Alaska, Mr. LAMBORN, Mrs. MCMORRIS RODGERS, Mr. MCCLINTOCK, Mr. SMITH of Nebraska, Mr. LUETKEMEYER, and Ms. NORTON.
H.R. 4722: Ms. BALDWIN.
H.R. 4732: Mr. LATHAM.
H.R. 4755: Mr. CAMP.
H.R. 4766: Mrs. MCCARTHY of New York.
H.R. 4772: Ms. TIBERI.
H.R. 4789: Ms. KILPATRICK of Michigan, Ms. BALDWIN, Mr. DOYLE, Ms. DEGETTE, Mr. COHEN, Mr. THOMPSON of Mississippi, Mr. CARSON of Indiana, Ms. CLARKE, Mr. ISRAEL, Mr. MORAN of Virginia, Mr. CLEAVER, Ms. CHU, Mr. PAYNE, Mr. GARAMENDI, Mr. RUSH, Mr. CAPUANO, Ms. NORTON, Mr. HONDA, Mr. CLAY, Mr. TONKO, Mr. FARR, Mr. ENGEL, Ms. SPEIER, and Ms. HIRONO.
H.R. 4790: Mr. GARAMENDI, Mr. GUTIERREZ, Ms. KILROY, Mr. LARSON of Connecticut, and Mr. PASCRELL.
H.R. 4809: Mr. PETRI.
H.R. 4812: Mr. CARSON of Indiana, Mr. STARK, Ms. RICHARDSON, Ms. CORRINE BROWN of Florida, and Ms. CHU.
H.R. 4813: Mr. DAVIS of Tennessee.
H.R. 4825: Mr. WILSON of Ohio, Mr. PETERS, and Mr. QUIGLEY.
H.R. 4833: Mr. SABLAN.
H.R. 4842: Mr. KING of New York.
H.R. 4846: Mrs. CHRISTENSEN and Mr. FALEOMAVAEGA.
H.J. Res. 42: Mrs. EMERSON.
H.J. Res. 76: Mr. MARSHALL, Mr. SIMPSON, Mrs. KIRKPATRICK of Arizona, and Mr. FLAKE.
H.J. Res. 79: Mr. SMITH of Texas, Mr. BAR-TON of Texas, Mr. SCALISE, and Mr. BOOZMAN.
H. Con. Res. 49: Ms. GIFFORDS.
H. Con. Res. 169: Mr. FORBES.
H. Con. Res. 201: Mr. ROGERS of Michigan and Ms. JENKINS.
H. Con. Res. 230: Ms. MARKEY of Colorado and Mr. CALVERT.
H. Con. Res. 244: Ms. WASSERMAN SCHULTZ, Mr. SMITH of New Jersey, Mr. MCCOTTER, Mr. TERRY, Mr. BILBRAY, Mr. GUTHRIE, and Mr. FLEMING.
H. Con. Res. 245: Mrs. CAPPS.
H. Con. Res. 246: Mr. GONZALEZ.
H. Res. 111: Mr. ENGEL.
H. Res. 213: Mr. LEWIS of Georgia, Mr. McDERMOTT, and Mr. CLAY.
H. Res. 236: Mr. ENGEL.
H. Res. 605: Mr. PENCE.
H. Res. 704: Mr. AKIN, Mr. LAMBORN, Ms. GINNY BROWN-WAITE of Florida, Mr. DAVIS of Tennessee, Mrs. SCHMIDT, Mr. SIREN, Mr. TANNER, Mr. JOHNSON of Illinois, Mr. ROGERS of Kentucky, Mrs. CAPITO, Mr. SENSENBRENNER, Mr. AUSTRIA, Mr. PERRIELLO, Ms. CLARKE, Mr. DUNCAN, Mr. LYNCH, Mrs. HALVORSON, Mr. KING of Iowa, Ms. PINGREE of Maine, and Mr. CAMP.
H. Res. 1016: Mr. McDERMOTT and Mr. CLEAVER.
H. Res. 1026: Mr. MICA.
H. Res. 1033: Mr. MORAN of Kansas, Mr. LATOURETTE, Mr. GRIFFITH, Mr. PAULSEN, and Mr. TURNER.
H. Res. 1053: Mr. PITTS, Mr. FRANK of Massachusetts, and Mr. GORDON of Tennessee.
H. Res. 1075: Mr. TERRY and Mr. BOOZMAN.
H. Res. 1099: Mr. COHEN.
H. Res. 1104: Mr. COHEN.
H. Res. 1119: Mr. YOUNG of Florida and Mr. GONZALEZ.
H. Res. 1128: Mr. McDERMOTT and Mr. BOOZMAN.
H. Res. 1158: Ms. RICHARDSON and Mr. GRIJALVA.
H. Res. 1161: Mr. SENSENBRENNER and Mr. OBEY.
H. Res. 1167: Ms. MOORE of Wisconsin, Mr. COURTNEY, Ms. SUTTON, Mr. MOORE of Kansas, Mr. YARMUTH, and Mr. LOEBSACK.
H. Res. 1171: Mr. RYAN of Ohio, Mrs. MALONEY, Mr. COSTELLO, Mr. HIGGINS, Mr. McMAHON, Mr. GARRETT of New Jersey, Mr. ENGEL, Ms. SHEA-PORTER, Mr. NEAL of Massachusetts, Mr. LARSON of Connecticut, Mr. DELAHUNT, Mr. HINCHEY, Mr. COURTNEY, Ms. MCCOLLUM, Mr. LYNCH, Ms. KILROY, Mr. ACKERMAN, and Mr. BURTON of Indiana.
H. Res. 1174: Ms. MARKEY of Colorado and Mr. MCNERNEY.
H. Res. 1180: Mrs. CHRISTENSEN, Ms. WOOLSEY, Ms. LINDA T. SANCHEZ of California, Ms. MARKEY of Colorado, and Mr. STARK.
H. Res. 1181: Mrs. BACHMANN and Mr. PENCE.

DELETIONS OF SPONSORS FROM PUBLIC BILLS AND RESOLUTIONS

Under clause 7 of rule XII, sponsors were deleted from public bills and resolutions as follows:

H.R. 1255: Mr. SARBANES.

EXTENSIONS OF REMARKS

TRIBUTE TO DR. GEORGE W.
DAVIS

HON. NANCY PELOSI

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Ms. PELOSI. Madam Speaker, I rise today to pay tribute to Dr. George W. Davis, a highly esteemed and beloved community leader and senior advocate who passed away on March 8 after a long illness. His legacy of service will endure for many generations.

Dr. Davis was a compassionate leader, always working on behalf of the San Francisco community. He worked tirelessly, as a gerontologist and community activist, to make life better for the underserved, especially elderly African Americans in San Francisco's Bayview Hunters Point neighborhood.

For 32 years, Dr. Davis served as Executive Director of Bayview Hunters Point Multipurpose Senior Center. He made it a welcoming gathering place and a compassionate environment where seniors could receive the therapeutic, social, recreational and health services that are so vital to their well-being. The programs and services provide the quality health care seniors need, as well as support their independence and preserve their dignity.

In 1999 Dr. Davis launched the first initiative in the United States to help formerly incarcerated seniors re-enter the community. His program provides transitional support and health care, including mental health and addiction counseling, and a myriad of services to ensure a successful new start.

Thirty years ago Dr. Davis founded the Black Cuisine Cook-Off, to be celebrated in conjunction with Black History Month every March. This soul food festival encourages a strong sense of community, bridges generations, and reminds us of the richness that is the diversity of our city and our nation. Dr. Davis attended his final cook-off this year, just a few days before he died.

Dr. Davis was sustained by his faith, and in 2000 Dr. Davis was ordained as a minister. He served as Associate Pastor of the Metropolitan Missionary Baptist Church in San Francisco.

Above all, Dr. Davis loved his family. His wife and partner Cathy is the beneficiary of his extraordinary legacy and will carry on his work as Executive Director of the Multipurpose Center. I extend my deepest condolences to Cathy and to his brother Wesley Davis, his children LolaGerine Allen, William George Davis II, Tonya Davis, Kristy Davis, Matthew Davis, Teri Jordan and his grandchildren, nieces and nephews. I hope it is a comfort to his loved ones that many mourn his passing and are praying for them at this sad time.

HONORING DAVID WAYNE ROMICK
FOR HIS SERVICE

HON. RAÚL M. GRIJALVA

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. GRIJALVA. Madam Speaker, I rise today to recognize a constituent from Tucson, Arizona.

David Wayne Romick joined the U.S. Army on October 20, 1963, and was discharged on June 22, 1966. When discharged, he was awarded the Army's Good Conduct Medal (AGCM), but never received the award for his honorable service during the Vietnam War.

After waiting 44 years, David contacted my Tucson District office in December of last year for help in getting this award. At my urging, the U.S. Army reviewed David's records and concluded that he was not presented with the AGCM as per his DD-214. The Army admitted its error and on Friday, March 12, 2010, I had the honor and privilege of presenting this long overdue honor to David Romick.

Madam Speaker, I want to thank Mr. Romick for his service to our country and the U.S. Army for correcting this error.

CELEBRATING THE FESTIVAL OF
HOLI

HON. STEVE ISRAEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. ISRAEL. Madam Speaker, I rise today to join the people of India and the Indian Diaspora as they celebrate Holi, the Festival of Colors.

Holi is a time when communities come together after a long winter to welcome the spring harvest. It is a visually stunning event with thousands of people tossing colored powders in the air and using dyed water in an atmosphere where culture, camaraderie and oneness are celebrated. In the evening, community bonfires are lit to signify triumph over divisiveness and negativity. It is one of the largest festivals in the world, with over one billion Hindus, Sikhs, Jains and Buddhists participating throughout India, Nepal, the United States and many other nations.

As a member of the Congressional Caucus on India and Indian Americans, I would like to commend the Hindu American Foundation for educating Americans about Holi and the Hindu faith and join them in recognizing this year's Festival of Colors.

HONORING MR. STEPHEN KEEFE

HON. BRIAN HIGGINS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. HIGGINS. Madam Speaker, I rise today to pay tribute to the years of service given to the people of Chautauqua County by Mr. Stephen Keefe. Mr. Keefe served his constituency faithfully and justly during his tenure as a member of the Chautauqua County Legislature, serving district 25.

Public service is a difficult and fulfilling career. Any person with a dream may enter but only a few are able to reach the end. Mr. Keefe served his term with his head held high and a smile on his face the entire way. I have no doubt that his kind demeanor left a lasting impression on the people of Chautauqua County.

We are truly blessed to have such strong individuals with a desire to make this county the wonderful place that we all know it can be. Mr. Keefe is one of those people and that is why, Madam Speaker, I rise in tribute to him today.

IN HONOR AND REMEMBRANCE OF
POLICE OFFICER THOMAS F.
PATTON II

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. KUCINICH. Madam Speaker, I rise today in honor and remembrance of Cleveland Heights Police Officer Thomas F. Patton II, who courageously and selflessly rose to the call to duty and made the ultimate sacrifice on behalf of our community.

Being a police officer was Officer Patton's childhood dream. He was a nine-year veteran of the Cleveland Heights Police Department, and served every minute on duty with excellence, expertise, unwavering dedication and integrity. Officer Patton's kind heart and good-natured personality easily drew others to him, and his loyalty to fellow police officers, to the citizens of Cleveland Heights, and to his family, reflected every day of his life.

Officer Patton's passion and energy for police work was unmistakable, yet his greatest joy in life centered around his family and friends. I extend my deepest condolences to his family, friends and fellow police officers. He was a loving partner to fiancé Tricia Sindelar, loving new father of seven-month-old daughter, Kayleigh Evelyn Patton; beloved son of State Senator Thomas F. Patton and the late Evelyn Patton; beloved brother to Shannon, Erin, Meghan, Brigid, and Kathleen; beloved brother-in-law of Duke, Michael and Anthony; adored grandson of Rita Patton and

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

Joan Kessler; beloved uncle of Owen and Colin Southworth; much loved cousin and nephew; and beloved close friend to many.

Madam Speaker, and colleagues, please join me in honor and remembrance of Police Officer Thomas F. Patton—gone far too soon. Officer Patton's professional excellence, commitment to protecting others, unwavering kindness, generous spirit and love for his family and friends, will be forever honored and remembered by our entire community.

HONORING MR. JOHN FULLER

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. PALLONE. Madam Speaker, I rise today to honor John Fuller of Long Branch, New Jersey. Mr. Fuller will be honored as the 2010 Hibernian of the Year by the Monmouth County, New Jersey Division (2nd Division) of the Ancient Order of Hibernians. This prestigious honor is well-deserved in light of his tremendous contributions to the organization's continued efforts to preserve Irish culture in the United States, and its efforts to provide a continuing bridge with Ireland for those individuals of Irish origin who are generations removed from their ancestral homeland.

Mr. Fuller, a first generation Irish-American, has been a dedicated member of the Monmouth County Chapter of the Ancient Order of Hibernians (Div. 2) since 2003. He currently serves as the Chairman of the Commodore John Barry Committee of the AOH State Board. Furthermore, he is one of the founding members, and a current organizer, of the Annual Sea Girt Irish Festival. This festival has grown into one of the largest Irish cultural events in the State of New Jersey. With fellow AOH members, Mr. Fuller has been actively involved with St. Ann Church in Keansburg, New Jersey. As a career public servant, Mr. Fuller has worked tirelessly for Senator FRANK LAUTENBERG and other public servants across New Jersey on State and Federal issues that are important to the Irish-American community. His active participation with the Ancient Order of Hibernians—Division 2 serves to further preserve the Irish heritage in our culturally diverse State and Nation.

Madam Speaker, I sincerely hope that my colleagues will join me in congratulating Assistant Commissioner Fuller for his reception of the 2010 Hibernian of the Year recognition, and also for his leadership and service to the Irish-American community.

IN HONOR AND RECOGNITION OF JUSTICE PETER KELLY

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. KUCINICH. Madam Speaker, I rise today in honor and recognition of Justice Peter Kelly, High Court Justice of Ireland, upon the occasion of his arrival to Cleveland, Ohio, on St. Patrick's Day, March 17, 2010.

During his studies at University College in Dublin, Ireland, Justice Peter Kelly became a member of the prestigious Honorable Society of the King's Inn. He was called to the Irish Bar in 1973, the Bar of England and Wales in 1981, the Bar of Northern Ireland in 1983, and the Inner Bar of Ireland in 1986. Justice Kelly was appointed Judge of the High Court in 1996 and has led the Commercial Division of the High Court since its inception in 2004.

In addition to conducting a successful legal career, Justice Kelly is active in the community. He volunteers for several organizations and is a leader on numerous boards. He is the Director of the Dublin Choral Foundation and serves as Chair of the Commercial Law Centre in Dublin.

Justice Kelly comes to Cleveland on the occasion of our annual St. Patrick's Day Celebration. For thirty-one years, attorneys Tim Collins and Thomas Scanlon have organized Cleveland's St. Patrick's Day Party and Parade. This joyous event promotes and preserves the rich traditions of the Irish homeland. On March 17, our downtown streets will spring to life as a sea of green and the spirited sound of drums and bagpipes wind their way along Euclid Avenue.

Madam Speaker and Colleagues, please join me in honor and recognition of Justice Peter Kelly as we welcome him to Cleveland on St. Patrick's Day. Please also join me in recognition of Tim Collins and Thomas Scanlon for organizing the St. Patrick's Day Celebration.

"Ni dheanfaidh smaoinreamh an treabhadh duit—You'll never plough a field by turning it over in your mind"—Old Irish Proverb.

A TRIBUTE TO JOHN MAUDLIN

HON. CORRINE BROWN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Ms. CORRINE BROWN of Florida. Madam Speaker, I rise today to congratulate and pay tribute to a fine American, John Maudlin, on an occasion when he and his business have received a prestigious honor: the International Circle of Excellence Award for 2009.

The Circle of Excellence, which is awarded by the International dealer organization of Navistar, Inc., honors International truck dealerships that achieve the highest level of dealer performance with respect to operating and financial standards, market representation, and most importantly, customer satisfaction. It is the highest honor a dealer principal can receive from the company. Under John's leadership, Maudlin International Trucks has grown into one of the preeminent truck dealerships in the Southeast and the entire nation, with 153 employees and five dealer locations in Orlando, Ocala, Jacksonville, Daytona Beach and Palm Bay. In 2007, the dealership also opened two parts and service locations. With this most recent award, Maudlin International has now received the Circle of Excellence Award a total of nine times.

John has achieved this level of accomplishment and recognition through many years of hard work and service to his industry and

community. He serves the International dealer network as a member of its Sales, Marketing and Finance Dealer Advisory Board. He is a strong supporter of the Metro Orlando economy through not only his International dealership, but also his successful truck leasing business, Ideal Lease of Orlando. That leasing business is a multi-year winner of the Ideal Gold Award for Excellence. Maudlin International Trucks is also very active in service to the community, staging the holiday party for the kids at the Arnold Palmer Children's Hospital, and engaging in annual adopt-a-family programs with the Orlando Rescue Mission and the Seminole Party Fire Department. John is also a strong supporter of the First Presbyterian Church of Orlando—as well as a die-hard University of Alabama football fan.

Through his commitment to hard work and outstanding customer service, he has built an economically vital business of which he can be justly proud. Madam Speaker, I ask you and my colleagues to join with me in congratulating John Maudlin for his record of accomplishment and for his many contributions to his community, State and Nation.

HONORING MR. RON STARK

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. PALLONE. Madam Speaker, I rise today to honor Mr. Ron Stark of Middletown, New Jersey. Mr. Stark will be honored as the "2010 Irishman of the Year" by the Monmouth County, New Jersey Division, 2nd Division, of the Ancient Order of Hibernians. This prestigious honor is well-deserved in light of his tremendous contributions to the organization's continued efforts to preserve Irish culture in the United States. The Ancient Order of Hibernians works tirelessly to connect those individuals of Irish origin who are generations removed from their ancestral homeland to Ireland.

As a member of Division 2 of the Ancient Order of Hibernians for the past twenty years, Mr. Stark has been actively involved in preserving Irish music through his participation in various bagpiping competitions. Mr. Stark began playing the bagpipe in 1997 and has competed as a Grade 4 Senior Soloist, and with a Grade 5 band which won 4th place in a 2001 competition. This achievement helped the band receive a Grade 4 upgrade from the Eastern United States Pipe Band Association. Mr. Stark has piped with fellow AOH members at various Hibernian functions over the years, and is now involved with a group of dedicated AOH members who are looking to form a Division 2 Bagpipe band. His achievements as a successful bagpiper serve to further preserve the Irish heritage in our culturally diverse state and nation.

Mr. Stark has also made great strides in bringing our Irish-American citizens closer to their ancestral homeland. During a 2004 trip to Ireland, he played the bagpipe during the St. Patrick's Day Parade in Galway City with his sons, Daniel and Liam, and met with extended family members who still live on the same

land where his grandfather was born. His attempts to remain connected to his ancestral homeland help to foster American-Irish cooperation, and will help preserve the presence of Irish culture in the United States, which is important to millions of Irish-American citizens.

Madam Speaker, I sincerely hope that my colleagues will join me in congratulating Mr. Stark for his reception of the "2010 Irishman of the Year" recognition, and also for his leadership and service to the Irish-American community.

PERSONAL EXPLANATION

HON. TIMOTHY V. JOHNSON

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. JOHNSON of Illinois. Madam Speaker, unfortunately last night I was unable to cast my votes on H. Res. 1145, H. Res. 1170, H. Res. 1163 and H. Res. 67. I was speaking at Mahomet-Seymour High School Bulldog Pride Night at Mahomet-Seymour High School and I was unable to arrive in Washington, DC to cast my votes.

Had I been present on Roll Call #112 on suspending the rules and passing H. Res. 1145, Recognizing the University of Arizona's 125 years of dedication to excellence in higher education, I would have voted "aye."

Had I been present on Roll Call #113 on suspending the rules and passing H. Res. 1170, Congratulating the winners of the Voice of Democracy national scholarship program, I would have voted "aye."

Had I been present on Roll Call #114 on suspending the rules and passing H. Res. 1163, Recognizing Washington State University Honors College for 50 years of excellence, I would have voted "aye."

Had I been present on Roll Call #115 on suspending the rules and passing H. Res. 267, Recognizing the cultural and historical significance of Nowruz, expressing appreciation to Iranian-Americans for their contributions to society, and wishing Iranian-Americans and the people of Iran a prosperous new year, I would have voted "aye."

IN RECOGNITION OF THE 20TH ANNIVERSARY OF THE DEDICATION OF THE SCULPTURE OF HUNGARIAN STATESMAN LAJOS KOSSUTH, IN THE UNITED STATES CAPITOL

HON. DENNIS J. KUCINICH

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. KUCINICH. Madam Speaker and Colleagues, I rise today in honor and recognition of the 20th Anniversary of the ceremonial placing of the sculpture of Hungarian Statesman Lajos Kossuth, which occurred on March 15, 1990, in the United States Capitol Rotunda.

Lajos Kossuth is known as the Father of Hungarian Democracy. A lawyer and political

columnist who was popular for his criticism of the government, he was imprisoned for his writings between 1837 and 1840. After his release, he worked to empower citizens and was a key leader during the 1848 Hungarian Revolution. Mr. Kossuth's activism on behalf of the people of Hungary resulted in the passage of the 'March Laws' that eradicated the privileges of nobles, freed the peasants, and established a legislature.

The 1990 dedication was made possible by legislation sponsored by my dear friend and colleague, the late Congressman Tom Lantos of California. The dedication was attended by Interim President of the Republic of Hungary, Mr. Matyas Szuros, former House Speaker Thomas S. Foley, Secretary of Labor, Elizabeth Dole, Senate Republican Leader Robert Dole, Deputy Secretary of State of Lawrence Eagleburger, and several U.S. Representatives and Senators.

Madam Speaker and colleagues, I am honored to commemorate the life of Freedom Fighter and Hungarian statesman, Lajos Kossuth, in collaboration with the Ambassador of the Republic of Hungary, Bela Szombati, Majority Leader STENY H. HOYER, and Mrs. Annette Lantos, Chairwoman of the Lantos Foundation for Human Rights and Justice. Mr. Kossuth, a man of courage and conviction, paved a path to freedom in Hungary. His life and works will forever live as a testament to the power of commitment to freedom.

"The time draws near, when a radical change must take place for the whole world in the management of diplomacy"—Lajos Kossuth.

HONORING THE LIFE OF K.D. KILPATRICK

HON. RODNEY ALEXANDER

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. ALEXANDER. Madam Speaker, I rise today to honor the life and achievements of Mr. K.D. Kilpatrick, who passed away on March 14, 2010.

Among his impressive list of endeavors, Mr. Kilpatrick was a prominent businessman and former state senator. He was the retired co-owner of Kilpatrick Funeral Homes, Inc., Central American Life Insurance Company, Inc., and Ashley Life Insurance Company.

He will surely be remembered by all as a loving husband and father, a successful businessman and an important part of the North Louisiana community. His legacy will continue to thrive in those who he leaves behind.

Mr. Kilpatrick was a friend to many, and deemed a gracious and hardworking person by all who knew him. I wish to express my deepest condolences to his family, and may God continue to bless the memory of a man who will truly be missed by his family, his friends and his community.

Madam Speaker, I ask my colleagues to join me in honoring the late K.D. Kilpatrick, a true representative of the spirit of North Louisiana.

HONORING SERGEANT GUSTAVO RODRIGUEZ

HON. C.A. DUTCH RUPPERSBERGER

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. RUPPERSBERGER. Madam Speaker, I rise before you today to honor Army Staff Sergeant Gustavo Rodriguez for his exceptional service to the United States Army, his fellow medics, and corpsmen.

A native of Harford County, Sergeant Rodriguez was inspired by his father, a Vietnam veteran, to join the military and become a combat medic. His 15 years of service include three tours to Iraq and the receipt of the Bronze Star.

Sergeant Rodriguez, nicknamed Doc by his fellow soldiers, provides exceptional medical care and serves as a mentor and comrade to his colleagues. For his dedication and stellar commitment to the service, the Armed Services YMCA will award Sergeant Rodriguez with the Angels of the Battlefield Award. His bravery and honorable service saves lives each and everyday on the battlefield.

Madam Speaker, I ask that you join with me today to honor Army Staff Sergeant Gustavo Rodriguez. His tremendous contributions to the United States military do not go unnoticed.

IN RECOGNITION OF WADLEY TOWN COUNCIL DECLARING ZULA BATTLE DAY TO COMMEMORATE HER 108TH BIRTHDAY

HON. MIKE ROGERS

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. ROGERS of Alabama. Madam Speaker, I would like to request the House's attention today to pay recognition to Ms. Zula Battle who is celebrating her 108th birthday on March 22. The Wadley Town Council in Randolph County has helped highlight this special occasion by declaring March 22 as Zula Battle Day. According to Mayor Jim Dabbs, Ms. Battle has had more birthdays than the town itself.

On March 19, Ms. Battle is planning to celebrate her birthday at the home of Tom Radney. Many local residents close to Ms. Battle are planning to be in attendance, and the invitation is open to everyone in town.

Ms. Battle's 108th birthday is such a remarkable event that deserves all the praise given. I wish Ms. Battle a very happy birthday, and a wonderful Zula Battle day.

INTRODUCTION OF THE ELECTRICITY CONSUMERS' RIGHT TO KNOW ACT

HON. EDWARD J. MARKEY

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. MARKEY of Massachusetts. Madam Speaker, information is the ultimate tool for

empowering consumers. The more people know about the things they buy, the better able they are to match their needs and budget to the appropriate product and quantity of that product. This principle has been applied to help consumers make more fully-informed decisions on everything from corn flakes to cars, but never to electricity. Today I am introducing the Electricity Consumers' Right to Know Act (e-KNOW) to establish the consumers' right to access their electricity information. Encouraging energy efficiency and conservation in our homes and businesses is one of the easiest and most cost-effective ways to strengthen our energy security and reduce global warming pollution. e-KNOW is a simple way to ensure that electric utility consumers have access to free, timely, and secure data regarding their electricity prices and usage patterns so they can take charge of their energy use and save money on utility bills.

The Pacific Northwest National Lab has found convincing evidence that consumers will change their energy consumption behavior in response to feedback they get regarding prices and patterns of use. When people see just how expensive electricity is when demand peaks on a hot summer day, they find ways to conserve energy or defer usage to a later time. This saves consumers money directly and also reduces the need for utilities to build more power plants, thereby indirectly saving consumers money through avoided rate increases in the future.

Rapid developments in Smart Grid technologies are providing a golden opportunity to bridge the consumer information gap, but without regulatory reforms to ensure customers and their third party designees can access their electricity information, the potential of these technology advances will not be fully realized. The Recovery Act provided \$4.5 billion to accelerate standardization and deployment of the Smart Grid, including assistance in deploying millions of "smart meters" that can provide customers real-time usage and pricing information through two-way communications with the utility. The Electric Power Research Institute estimates that the U.S. will spend \$165 billion over the next 20 years building the Smart Grid, and FERC estimates that smart meters deployments will rise ten-fold over the next decade, from 8 million today to 80 million in 2019.

With full roll-out of smart grid technologies, the Pacific Northwest National Lab estimates that conservation efforts resulting from consumers' access to information will reduce residential and commercial electricity demand by 6 percent. This would save businesses and consumers more than \$15 billion annually and reduce carbon dioxide emissions significantly: 92 million metric tons annually in 2030, equal to the emissions of 16 large coal power plants. Providing customers with access to the data will not happen by itself. One recent study of a number of large utilities found that of the almost 17 million new meters being planned or deployed by respondents, only 35 percent had clear plans to provide customer access to the data. Less than 1 percent of these utilities' customers have real-time access to electricity data today.

States and utilities need not wait for full smart meter deployments to see benefits from

adopting more transparent consumer data policies. Even without price incentives, simply providing consumers better information about their energy use has been shown to reduce total consumption by 5 to 15 percent, providing annual savings of \$60 to \$180 for the average American household. Even without smart meters, customers with access to historical electricity usage and price data can analyze their energy usage over time, evaluate prospective energy-efficiency investments, and compare electricity consumption against similarly sized houses. Improved access to this very basic data will also let new buyers of homes or buildings factor energy efficiency information into their purchase decisions.

Making energy data readily accessible to end-users will also open a whole new market and unleash massive innovation in the area of home and building energy management. Google and Microsoft are among the many innovators that have already released Internet-based visualization tools that are helping consumers better manage their energy use.

This legislation implements critical recommendations regarding increased consumer access to energy data that were included in the Federal Communications Commission's National Broadband Plan that was also released today. e-KNOW is critical to empowering energy consumers in the near-term, but it is also one part of an evolving national Smart Grid policy that will encourage entrepreneurs to use new technologies and business models to create a variety of energy management and information services over the longer-term. Making energy data available to electricity customers and their authorized third parties is fundamental to unleashing this vast potential for innovation.

The e-KNOW Act amends Title II of the Public Utility Regulatory Policies Act of 1978 by adding Section 215, Electric Consumer Right to Access Electric Energy Information.

Under this legislation, U.S. electricity consumers, and any third parties they designate, would have the right to access their electricity usage and pricing information from their retail electricity provider in a free, timely, and convenient manner that ensures privacy and data security. To help implement this consumer right of access, the Federal Energy Regulatory Commission (FERC), in consultation with State regulatory authorities, the Secretary of Energy, and other appropriate Federal agencies, would—within six months of the date of enactment—establish guidelines identifying minimum national standards that States and utilities could adopt to ensure customers this right. These standards would incorporate and build upon the pioneering work done in this area by innovative States, including California, Pennsylvania, and Texas, which have already adopted standards to ensure consumer access to electricity data.

If, one year after the promulgation of the FERC guidelines, a retail electric utility fails to uphold the minimum national standards for ensuring consumer access to electricity data, the State may bring a civil action against the utility on behalf of its electric consumers to ensure compliance with the Act. If no civil action is brought by a state authority, any electric consumer may bring a civil action against their retail electric provider to require compliance with

the Act. Enforcement authorities would not apply against utilities that FERC has, within the most recent two years, determined have adopted and implemented a policy that complies with the minimum standards set forth by FERC.

A TRIBUTE TO BUDDY TUDOR

HON. RODNEY ALEXANDER

OF LOUISIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. ALEXANDER. Madam Speaker, I rise today to pay tribute to the life and achievements of Robert "Buddy" Tudor, Jr., who passed away on March 14, 2010.

Buddy was a dedicated public servant, and it is his connection and involvement in his community for which he will always be remembered. After serving in the U.S. Army, Buddy went on to become a third-generation owner of Tudor Construction Company in Alexandria who later founded the statewide and regionally based Tudor Enterprises. Perhaps some of his most recognized properties include The Hotel Bentley, Jackson Place, The Commercial Building and the Diamond Grill restaurant.

An inspiration to all who knew him, Buddy was also a community leader, serving on the boards of numerous civic organizations. He was a past president of the Alexandria Rotary Club, the first chairman of the Rapides Area Planning Commission. Also among his impressive list of endeavors and recognitions, Buddy received the Louisiana Preservation Alliance Award for preservation of The Hotel Bentley and the National Trust for Historic Preservation Honor Award in 1986.

A man of many dimensions, Buddy was also devoted to his family and church. He is survived by his wife, Patsy, five children, three stepchildren, 19 grandchildren and one great-grandchild. Buddy served as a deacon and Sunday school teacher at Pineville's First Baptist Church.

It is my pleasure to honor the late Buddy Tudor, a man who served the people of Central Louisiana to his fullest capacity. Madam Speaker, I ask my colleagues to join me in honoring Mr. Buddy Tudor for his exceptional contributions to his community and unparalleled influence on those of us who were blessed to have known him.

TRIBUTE TO CAPTAIN JOSEPH GOULD FOR HIS SERVICE AND HIS POEM, OLD GLORY

HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. BONNER. Madam Speaker, I rise to pay tribute to United States Navy Captain Joseph Gould (Retired), who bravely served his country in time of war and continues to play a role in honoring America through his authorship of a much revered poem, Old Glory.

Captain Gould was born in Brunswick, Georgia, in 1920 and graduated from the

United States Naval Academy in May of 1942 before being deployed in World War II.

Captain Gould's 23 years as a Navy officer include service as commander of the LSM449 Amphibious Ship, executive officer of the USS *Radford* Destroyer, commander of the USS *Silverstein* DE534 Destroyer Escort, and commander of 15 ocean mine sweepers. He concluded his military service assigned to the Pacific Fleet as a Fleet Intelligence Officer at Pearl Harbor, Hawaii. Captain Gould retired from the United States Navy on November 1, 1965.

A resident of Fairhope, Alabama, Captain Gould penned a patriotic poem, Old Glory, to honor our nation's flag. This inspiring tribute has been adopted by the Baldwin County Commission in its presentations to honor local World War II veterans.

I would like to include Captain Gould's poem in the RECORD, and on behalf of a grateful nation, I thank Captain Gould for his service to America.

OLD GLORY

(By Joseph Gould)

I have survived quite a lot of hype
Since Betsy Ross designed my prototype,
Some have been false, some have been true;
I've selected some pertinent facts for you.

I was with Paul Revere at the end of his ride;
The first man on the moon had me at his side.

I was with the lads at Bunker Hill,
Aboard "Old Ironsides" I'm flying still.
I went with George across the Delaware,
Inspired Francis Scott Key in the rockets' red glare.

Abe Lincoln flew me from a Gettysburg steeple
And ever since then I've been liberating people.

I stormed ashore with Marines at Guadalcanal,
Climbed Mount Suribachi with a G.I. pal.
I rode with Patton 'til we reached the Rhine,
And only stopped when the Allies drew the line.

I've seen our enemies brought to their knees
Including the Germans and Japanese.
I watched Ronald Reagan as he stood tall
and said, "Mr. Gorbachev, tear down this wall!"

I've sailed the seven seas with the boys in Navy blue,
Made the journey to the North and South poles too.

I've basked in the sun on many a tropic isle;
I've marched city streets in grandiose style.
Today you can find me in the Middle East
Helping to suppress the Terrorist Beast

That hates and despises our way of life and
Continually causes much worldly strife.
Now that you've heard my story true
I have a request to make of you;

Promise that evermore I shall wave
Over the land of the free and home of the brave.
I am Old Glory, the Stars and Stripes—forever!

CHAPMAN UNIVERSITY

HON. EDWARD R. ROYCE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. ROYCE. Madam Speaker, I rise today to commend the success of Chapman Univer-

sity and their commitment to Holocaust education. The Rodgers Center for Holocaust Education, The Stern Chair in Holocaust Education, and the Sala and Aron Samueli Holocaust Memorial Library were founded on the mission of educating, remembering, and inspiring.

These centers not only provide academic resources on this important topic, but also motivate students to stand up against racism, prejudice, and bias-related violence.

It will be my pleasure to join with Chapman as they host Nobel Peace Prize laureate Elie Wiesel on April 25th, 2010 to honor Professor Marilyn Harran for her exemplary dedication to Holocaust education, remembrance and witness. Chapman's Holocaust Art and Writing Contest, the Holocaust studies minor and the Sala and Aron Holocaust Memorial Library are just a few of the meaningful programs under her leadership.

I want to specifically recognize the leaders of these institutions and the event: Chapman University President James Doti; Dr. Marilyn Harran; Elie Wiesel; and Co-Chairs Nancy and Irving Chase, Rosemary and William Elperin, and Shelia and Mike Lefkowitz. Their commitment enlightens and empowers not only Chapman students but all who wish to bear witness to the tragedy of the Holocaust.

Madam Speaker, I am pleased to recognize Dr. Marilyn Harran and look forward to celebrating her achievements with the Chapman community.

IN RECOGNITION OF THE LIFE OF SPECIALIST LAKESHIA M. BAILEY

HON. MIKE ROGERS

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. ROGERS of Alabama. Madam Speaker, I would like to request the House's attention today to recognize the life of a proud American hero, Specialist Lakeshia M. Bailey.

Specialist Bailey, of Columbus, Georgia, died in Iraq on March 8, 2010, in service to our nation. She is survived by her husband and parents.

Like all those who have paid the ultimate sacrifice in this conflict, words cannot express the sense of sadness we have for her family, and the gratitude our country feels for her service. Specialist Bailey died serving the United States and the entire cause of liberty, on a mission to bring stability to a troubled region and liberty to a formerly oppressed people. She was a true patriot for serving our nation, and she will be missed.

We will forever hold her closely in our hearts, and remember her sacrifice and that of her family as a remembrance of her bravery and willingness to serve. Thank you, Madam Speaker, for the House's remembrance on this mournful day.

HONORING MRS. SYLVIA YVONNE DRAKEFORD

HON. FRANK PALLONE, JR.

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. PALLONE. Madam Speaker, I rise today in commemoration of the life of Mrs. Sylvia Yvonne Drakeford. Mrs. Drakeford, a resident of Englewood, New Jersey, passed away on March 6, 2010 after decades of public service with the Englewood City Department of Education and Department of Recreation.

During the past 30 years, Mrs. Drakeford served as the playground supervisor for the Department of Recreation. As supervisor, she was instrumental in restructuring the city's camping trip program to include affordable, package deals for the city's children. Prior to her time at the Department of Recreation, Mrs. Drakeford served as a teacher's aide at Cleveland and Quarles Schools in the city of Englewood for 27 years. For 15 of these years, she spent the first half of the day educating school children, and the second half entertaining them as the coordinator of the schools' after-school program. Mrs. Drakeford's contributions to the city touched generations of Englewood residents.

Mrs. Drakeford leaves behind a loving and adoring family. Her son Teddy Drakeford, who I have known for nearly two decades, was a valued staffer in my office from 1996 until last year. He recently left my office to continue his mother's proud legacy of working with children.

Madam Speaker, I sincerely hope that my colleagues will join me in honoring Mrs. Drakeford for her lifetime of dedicated support to the children and residents of Englewood.

TRIBUTE TO GEORGE WERNETH, VETERAN MOBILE PRESS-REGISTER REPORTER

HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. BONNER. Madam Speaker, on Sunday, January 24, 2010, George Werneth, a veteran reporter for the Mobile Press-Register in my congressional district passed away at that age of 65.

George Werneth was an institution in Mobile journalism, covering maritime operations and military news for approximately four decades before his retirement.

George had a reputation for sound reporting and fact checking as noted in the Press-Register's own story about his passing.

He was absolutely devoted to rooting out the truth and took great pains to verify all details. It was said that the newspaper never had to run a correction for any of his news stories: he was that reliable.

George was well known and respected by Mobile area veterans for his devotion to military news coverage, which was his beat for approximately half of his reporting career.

He loved the military and shared a bond with those who donned the uniform of our country.

In honor of his efforts, George was made an honorary member of the Marine Corps League at the American Legion Post 88 in Mobile. His departure from local reporting was keenly felt when he put down his pen and pad for retirement in November 2008.

George Werneth's absence in the lives of his family, friends, former colleagues—the community he loved—will be even more profoundly felt.

I offer my condolences and prayers to his family, including his son Joseph Carey Werneth, his brother Carey Werneth and his two grandsons, Skylar Carey Werneth and Dylan Mesean Werneth.

MARCH IS RED CROSS MONTH

HON. YVETTE D. CLARKE

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Ms. CLARKE. Madam Speaker, the American Red Cross has provided assistance and comfort to communities stricken by disasters large and small since it was founded in 1881 by Clara Barton. President Woodrow Wilson was the first to proclaim "Red Cross Week" in 1918, as a time for our citizens "to give generously to the continuation of the important work of relieving distress." For over 100 years, the American Red Cross has continued to help ensure our communities are more ready and resilient in the face of future disasters. This March, I urge all Americans to not only recognize the depth and breadth of services offered by the American Red Cross, but to also join the effort and increase awareness of humanitarian work.

From rebuilding former adversaries after World War II, to combating HIV/AIDS in Africa, to saving lives after the tragic earthquake in Haiti, the American people have an unmatched tradition of responding to challenges at home and abroad with compassion and generosity. The American Red Cross has had an ongoing presence in Haiti since 2004 supporting local disaster preparedness, HIV education, malaria prevention and measles immunization initiatives. In just over one month since the earthquake, the Red Cross has provided assistance to more than 1.3 million people and will continue to aid hundreds of thousands more in the months ahead.

At home and abroad, one in five Americans is touched by the Red Cross every single year. The American Red Cross was instrumental in providing immediate response to the devastating earthquake that struck Haiti in January of this year. Currently, more than 100 people are representing the American Red Cross in Haiti. This includes 30 specialists providing relief distribution and telecommunications support and 14 employees, who were permanently based in Haiti prior to the earthquake and are helping to guide the response, in addition to over 50 Creole-speaking interpreters on the USNS *Comfort*. The American Red Cross is also responding to the 8.8 magnitude earthquake that struck Chile on February 27, making an initial \$50,000 pledge from its International Response Fund for relief operations. In addition, the American Red

Cross will continue to monitor the potential impacts of Saturday's tsunami and is prepared to help the people of Hawaii and the U.S. territories in the Pacific, if there is a need.

In addition to deploying relief workers and other disaster management specialists, the American Red Cross is providing relief supplies for 130,000 Haitians including blankets, kitchen sets, hygiene kits, water containers and mosquito nets. The Red Cross has also provided three million pre-packaged meals to the United Nations World Food Programme in Haiti as well as funding to help feed an additional 1 million people for a month. The organization has also partnered with Population Services International to provide more than 1 million water-purification sachets, to ensure that Haitian families have access to clean drinking water. The Red Cross has also provided nearly 750 units of blood for Haiti earthquake survivors. As of early February, the American Red Cross has received over \$225 million for the Haiti relief and recovery effort, and 91 cents of every dollar is going directly to critical humanitarian services and programs. That is why I partnered with the Red Cross of Greater New York to help with Haiti response efforts.

Just one week after the 7.0 earthquake struck Haiti, the NY Red Cross, working in partnership with Local 1199SEIU, NAACP, Haitian Americans United for Progress, Councilman Mathieu Eugene and my office, was able to provide volunteer translators. The Red Cross of Greater New York has since deployed over forty Creole-speaking volunteers, to serve on the US Navy's hospital ship, the USNS *Comfort* anchored off the coast of Haiti. The Greater New York chapter has also helped thousands of Haitian Americans in my district connect with their family members in Haiti. Representing the second largest concentration for first and second generation Haitian immigrants, I applaud the Red Cross' Resorting Family Links programs, which has worked to register over 30,000 people affected by the earthquake. To date, the Red Cross of Greater New York has facilitated nearly 2,000 phone calls between earthquake survivors and their family abroad. Throughout the Greater New York region, the Red Cross provides invaluable services that protect the life and health of all New Yorkers.

The American Red Cross of Greater New York is a key humanitarian partner providing immediate aid to as many as 100,000 New Yorkers affected by local disasters each year. When disaster strikes a densely populated urban area, the emergency-care needs are huge and immediate. Recently in my district, the Red Cross of Greater New York launched their "March to 200" campaign with the goal of training 200 Red Cross volunteers in shelter leadership roles. It is this dedication to service and preparedness which makes the Greater New York Red Cross a valuable asset to all New Yorkers.

The Red Cross of Greater New York would not be what it is today without the priceless work of CEO Terry Bischoff. Her dedication and compassion have inspired us all, and her leadership has transformed the capacities of this organization. She will most certainly be missed, but the effects of her work will be lasting. Whether it is an earthquake or a single

family home fire; a call for blood or a call for help, the American Red Cross is there. I ask all my colleagues join me today in applauding the hard work of the American Red Cross volunteers and celebrating March as American Red Cross Month.

THANKING THE PERSHING ELEMENTARY STUDENTS

HON. ADRIAN SMITH

OF NEBRASKA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. SMITH of Nebraska. Madam Speaker, I would like to take a moment to recognize a group of Nebraskan students for doing their part to help in the Haiti relief efforts. Pershing Elementary students in Lexington, Nebraska decided to get involved and each class took part in a penny drive in order to provide money to the victims of the earthquake.

While the entire elementary school took part in the fundraiser, it was the third grade class which was the driving force behind raising money for Haiti. The students had seen images of the victims and the horrible destruction which took place on the island and they took it upon themselves to go classroom to classroom, raising \$877. The third graders raised money so the victims could "buy supplies and build hospitals."

I am extremely proud of the elementary students in Lexington. Their efforts to help those in need are inspiring; and I thank them for helping spread Nebraska generosity. I am grateful to have such excellent students in my district.

HONORING GUEST CHAPLAIN, JOHN L. BEAVER, NATIONAL CHAPLAIN, THE AMERICAN LE- GION

HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. BONNER. Madam Speaker, I rise to personally welcome to the House, our guest chaplain, John L. Beaver of Mobile, who hails from the First Congressional District of Alabama.

John L. Beaver was appointed National Chaplain of The American Legion on August 17, 2009, during the closing session of the 91st National Convention in Louisville, KY.

A retired U.S. Air Force veteran with more than 20 years military service from the Vietnam War era to the time of the Lebanon/Grenada conflicts, Chaplain Beaver has performed religious duties at the local Post, District, State and National levels since joining the American Legion in 1989.

Chaplain Beaver is well known and respected in South Alabama for his humanitarian work with an emphasis on aiding homeless persons.

In the aftermath of the September 2005 crisis following Hurricane Katrina, Chaplain Beaver coordinated regional relief efforts on behalf

of The American Legion, a fellow veterans' service organization and church organizations.

He was instrumental in the operation of supply depots and distribution sites to aid storm victims all along the stricken Gulf Coast.

A pastor assistant and Sunday school superintendent, Chaplain Beaver's primary ministry is the visitation of—and care for—shut-ins at area hospitals, assisted living facilities, veteran's homes and homeless shelters through the ministries of the Fowl River and Kingswood United Methodist Churches in the Mobile, Alabama area.

I join my colleagues in welcoming Chaplain Beaver to the U.S. House and in thanking him for his service to our veterans and our community.

OUR UNCONSCIONABLE NATIONAL DEBT

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. COFFMAN of Colorado. Madam Speaker, today our national debt is \$12,636,662,956,140.07.

On January 6, 2009, the start of the 111th Congress, the national debt was \$10,638,425,746,293.80.

This means the national debt has increased by \$1,998,237,209,846.20 so far this Congress. The debt has increased \$60,984,093,238.39 since just yesterday.

This debt and its interest payments we are passing to our children and all future Americans.

PERSONAL EXPLANATION

HON. MIKE PENCE

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. PENCE. Madam Speaker, I was absent from the House floor during Friday's three rollcall votes and Monday's four rollcall votes. Had I been present, I would have voted "no" on rollcall numbers 109 and 110, and "yes" on rollcall numbers 111 through 115.

INTELLIGENCE AUTHORIZATION ACT FOR FISCAL YEAR 2010 (H.R. 2701)

HON. BETTY MCCOLLUM

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Ms. MCCOLLUM. Madam Speaker, I rise today to join my colleagues in support of H.R. 2701, a bill to authorize appropriations for intelligence-related activities in fiscal year 2010. This bill strengthens the safety and security of every American family with targeted investments in our intelligence capabilities.

By containing not a single earmark, H.R. 2701 authorizes only essential spending to

support our troops overseas and improve America's national security. I support this bill because it will prepare America for the threats of tomorrow, with strategic investments in our cybersecurity infrastructure here at home, and human intelligence gathering in emerging areas of concern such as Yemen and the Horn of Africa.

Most importantly, this bill will keep America safe without sacrificing American values. It prohibits private contractors from participating in CIA interrogations, requires the video recording of interrogations, and expands Congressional oversight of all intelligence activities to prevent the abuses of the past decade.

HONORING ROBERT E. DOYLE

HON. JAMES P. MORAN

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. MORAN of Virginia. Madam Speaker, I rise today to honor a lifetime of committed service to the United States of America and many of its critical federal agencies by a true public servant, Mr. Robert E. Doyle. This year, Mr. Doyle will retire following 36 years of dedicated civil service. Originally from Massachusetts, Doyle earned a Bachelor of Arts degree in Political Science from the College of the Holy Cross in 1971 and a Masters in Public Administration from Southern Methodist University in 1974. He also holds a certification in Financial Planning.

Mr. Doyle began his career in 1974 at the Department of Housing and Urban Development (HUD), where he worked his way up through the ranks within the management and administrative fields. After his successful tenure at HUD, Mr. Doyle changed agencies to work at the U.S. Bureau of Mines (USBM), under the Department of the Interior. There, he served as the Director of Finance and Administration for over 10 years. At the USBM, Robert aided in the protection of our nation's natural resources and worked to identify and develop new processes to improve the extraction of these natural assets. After the USBM was restructured in 1995, Mr. Doyle is credited with making the transition to new positions within the government easier for his staff through his excellent guidance.

Mr. Doyle later moved on to the Bureau of Land Management, where he served as the Chief Financial Officer, and later, as the Assistant Director of Business and Fiscal Resources. As the Assistant Director, he led efforts to employ an integrated management system for improving the agency's performance and accountability. Under Mr. Doyle's leadership, the BLM was chosen as a finalist for the Presidents Fiscal Year 2002 Quality Award, recognizing budget and performance integration.

Robert's final stop on a distinguished trek through the civil service was with the U.S. Geological Survey (USGS), where, for almost 5 years, he served as the Chief Operating Officer and Deputy Director. During his time at the USGS, Robert provided key leadership to reorganize the agency's regional hubs and realigned operations to improve the structure of

the agency's new Bureau for Science Strategy. Mr. Doyle also introduced a plan to open the USGS's huge store of satellite photography for public and commercial use. Additionally, he facilitated systematic and fundamental changes that restored financial integrity to the Federal Housing Insurance Fund through his extensive knowledge of finance systems and the mortgage insurance underwriting process.

Today, we honor Mr. Doyle's long, distinguished career and congratulate him on his retirement. Robert is the epitome of a true public servant. His service to the government has contributed immensely to our country. He has been a true model to others who wish to succeed in federal service.

TRIBUTE TO MONROE COUNTY COMMISSIONER CHARLIE MCCORVEY

HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. BONNER. Madam Speaker, I rise out of sadness to note the recent passing of a good friend and a long-time public servant. Monroe County Commissioner Charlie McCorvey passed away at the age of 59 on February 24, 2010, after an extended illness.

Charlie McCorvey loved helping others and his many achievements are measured in the lives of the many students at Monroeville Middle School where he taught for 35 years, as well as in the support and respect he earned from the people of Monroe County who benefitted from his leadership as county commissioner for over two decades.

Commissioner McCorvey was native to Monroe County and South Alabama where he was dedicated to inspiring his students to reach for their dreams while he also labored hard in local government to improve the lives of all citizens.

A graduate of Hope College in Holland, Michigan, Charlie worked as a teacher in New York state before eventually returning to South Alabama.

Charlie was more than a passionate school teacher and public official, he was also among Monroe County's most noted ambassadors. For over 14 years, he traveled across the United States and around the world as a major cast member of the play "To Kill a Mockingbird," based on the book by another Monroe County native, Harper Lee.

Charlie portrayed the character of Tom Robinson with a style that mesmerized audiences of all ages.

Charlie was also an active member of the Alabama Education Association, serving as a state and national delegate. He also served as treasurer of the Monroe County Education Association and the Monroe County Democratic Conference. His volunteer activities included serving as a board member of the American Red Cross in Monroe County.

Commissioner McCorvey is survived by his partner, Sandra Farr and three children, Stephanie Lauren, Justin Ryan and Charles Quarles and nine brothers and sisters.

On behalf of the people of Monroe County, I extend my prayers and condolences to his family.

DOROTHY GOLUSH AND PEG
HANNIGAN

HON. BARNEY FRANK

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. FRANK of Massachusetts. Madam Speaker, I ask your indulgence and that of my colleagues to celebrate two wonderful events: the 90th birthdays of two extraordinary women, each of whom has been very important in my life. We spoke often here about some of the problems people face as we age, and it's appropriate for public policy to be focused on that. But that can lead to an unfortunate impression of older people as always the objects of other people's help, and of the difficulties that they face. There is of course another side to that story—the satisfaction that comes to people who have led loving, productive lives, in which they have been of great service to others, and who are now able to enjoy their years and look both back and around at the people they have loved and nurtured.

One of these two extraordinary women is Dorothy Golush, the widow of my Uncle Abe, who was one of my mother's older brothers. My mother was part of a remarkable family of three brothers and three sisters, children of immigrants, who created a warm, loving extended family. A few years ago, the four surviving siblings died within an eighteen month period, at ages ranging from ninety-two to one hundred and five. The one survivor of that generation, who is an inspiration for myself, my siblings and my cousins, is our Aunt Dot—who recently turned ninety. She is blessed with the vigor and acuity that has marked her life, and for me, it is a pleasure to come home after a long day here and pick up my phone and listen to a wonderful message of encouragement from her, after she's read about some particularly important piece of work that we have done.

Madam Speaker, I am very pleased to be able to offer a Happy Birthday to Dorothy Golush, on behalf of all of us in the generation after her, who have so benefitted from her life.

And while paying tribute to my aunt here, I also want, Madam Speaker, to pay tribute to a woman who is widely known in the Greater Newton area as "The Godmother." Peg Hannigan will turn ninety this month. I regret very much that I am unable to be at the celebration of this event at the Scandinavian Home where she now lives on March 25, so I am sending this along in my absence.

Peg Hannigan's political work began in 1947, when she got involved in John Kennedy's campaign for Congress. In the ensuing years she became an increasingly more important figure for those of us interested in political life. For cynics who believe that there is some conflict between political idealism and political practicality, Peg Hannigan is a living, breathing, absolute refutation. No one I have met in my own years in elected office has been more dedicated to the values of fairness that represent America at our best, and no one has been a more effective ally to those of us seeking elected office to promote this. I share with former Governor Michael Dukakis,

former Attorney General Frank Bellotti, my predecessor, the late Robert Drinan, and a number of other people in elected office the status of being very much in her debt.

Madam Speaker, I indulge myself personally by these comments, but they have a broader point as well: for young people who are skeptical that politics can be both a valuable and honorable way of spending one's time, Peg Hannigan's life is an extraordinarily valuable lesson and I hope that at least some people reading these words will be motivated to learn a little bit more about her, and even want to emulate her.

Madam Speaker, through you I wish a very Happy 90th Birthday to two wonderful women.

**TRIBUTE TO FORMER STATE
SENATOR BILL MENTON**

HON. JO BONNER

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. BONNER. Madam Speaker, it is with genuine sadness that I rise to note the passing of former State Senator Bill Menton, of Irvington; a long-time public servant and beloved friend to many in South Alabama. He passed away on February 15, at the age of 90.

Bill Menton was a native of Paterson, NJ, coming to Mobile, Alabama after having been awarded multiple sports scholarships to Spring Hill College. After graduation, he coached at Spring Hill College and then UMS Preparatory School.

Senator Menton had a strong belief in our young people and is credited with helping to build the juvenile division of the Mobile County Sheriff's Department, where he served as a juvenile probation officer.

Continuing his interest in law enforcement, Mr. Menton later served as police chief of Bayou La Batre and separately worked for the Mobile County School System as a crime prevention officer.

He was the voice of the Mobile Bay Bears baseball team throughout the 1940s and 1950s and a popular host of a local radio football scoreboard program.

Bill Menton entered politics in 1982, winning a state senate seat representing Mobile County in Montgomery until 1988. In 1988, he came home to run in for the Mobile County Commission, a seat he won and held until 1992.

In 1996, he returned to support the profession he loved—law enforcement—by assuming the position as executive director of the Alabama Fraternal Order of Police.

Senator Menton also loved south Mobile County and he gave much of his life to making it a safer, better place to live. He dedicated an equal measure of devotion to bettering the lives of our young people, guiding many to learn from early mistakes in judgment and to take the path of responsible young adults.

I wish to offer my condolences to his wife of 65 years, Carmen Santana Menton; their eight children, Grace M. (Bob) Overmeyer, William J. (Pat) Menton, Jr., Mary Jane Menton, Edward C. (Brenda) Menton, Regina F. Menton, John Samuel (Janie) Menton, Thomas P.

Menton and Charles M. "Chip" Menton; six grandchildren and four great grandchildren. Senator Menton's many contributions to our community will never be forgotten.

**COMMENDING LANCE MACKEY ON
WINNING A RECORD 4TH
STRAIGHT IDITAROD TRAIL
SLED DOG RACE**

HON. DON YOUNG

OF ALASKA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. YOUNG of Alaska. Madam Speaker: Whereas Lance Mackey was born and raised in Alaska and currently resides in Fairbanks, Alaska; and

Whereas, Lance Mackey comes from a long line of successful mushers, including his father Dick and his brother Rick, each of who has won the Iditarod Trail Sled Dog Race; and

Whereas, Lance Mackey is married to his high school sweetheart Tonya, who is also a musher, and has three children: Amanda, Brittney and Cain and one new grandchild, born on the seventh day of the nine-plus Iditarod Trail Sled Dog Race; and

Whereas, Lance Mackey and his family run the Comeback Kennel in Fairbanks, Alaska; and

Whereas, Lance Mackey was diagnosed with throat cancer in 2001, took a year off from sled-dog racing to recover from the disease and is now cancer-free; and

Whereas, the Iditarod Trail Sled Dog Race, which has been called the "Last Great Race on Earth," is a grueling 1,150 mile sled dog race across Alaska's jagged mountain ranges, frozen rivers, dense forests, and windswept tundra; and

Whereas, running the Iditarod Trail Sled Dog Race is a year-long commitment to training and caring for one's sled dogs; and

Whereas, the Yukon Quest is an equally grueling 1,000 mile sled dog race from Fairbanks, Alaska to Whitehorse, Yukon; and

Whereas, Lance Mackey is the only 4-time consecutive Iditarod Trail Sled Dog Race Champion, the only 4-time Yukon Quest Race Champion and the only man to win both the Yukon Quest and Iditarod Trail Sled Dog Races in the same year, which he did in both 2007 and 2008; and

Whereas, Lance Mackey, guided by his two lead dogs "Maple" and "Rev," mushed his team of Alaskan Huskies along the path of the 38th Iditarod Trail Sled Dog Race from its start in Anchorage to the finish line in Nome in just 8 days, 23 hours and 59 minutes and nine seconds; and

Whereas, both "Maple" and "Rev" exemplify all the essential qualities for good lead dogs, including intelligence, initiative, common sense, and the ability to find a trail in bad conditions; and

Whereas, Lance Mackey, who despite retiring "Larry," the lead dog with whom Mackey won his first three Iditarod Trail Sled Dog Races, was still able to convincingly win his 4th consecutive Iditarod; and

Whereas, the Iditarod Trail, a National Historic Trail, is staffed by thousands of volunteers who monitor and assist all competitors; and

Whereas, each checkpoint along the Iditarod Trail has coordinators, health care professionals and licensed veterinarians who carefully monitor the health and safety of all dogs and mushers; now, therefore, be it

Resolved, That the House of Representatives—

(1) Commends Lance Mackey on his record-breaking 4th consecutive Iditarod victory during the 2010 Iditarod Trail Sled Dog Race.

(2) Applauds each and every musher who was courageous enough to compete in the 2010 Iditarod Trail Sled Dog Race.

(3) Expresses appreciation to all the volunteers and staff who help make this great Alaskan race possible each and every year.

THE USO

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. POE of Texas. Madam Speaker, I will never be able to express the gratitude I have for all of the brave men and women who have so proudly worn the military uniform. So today, I am humbled to honor the United Services Organizations for their 67 years of unrelenting service and dedication to our troops.

The United Service Organization was congressionally chartered before World War II on February 4, 1941, by former President Franklin Delano Roosevelt. The organization is a non-profit, private establishment set up to create a way for the American public to volunteer and provide a wide variety of support services for military members and their families.

What started as an idea has transformed into a conviction. Today, the U.S.O. has more than 130 centers all over the world and provides its programs to over 1.4 million active duty service members and 1.2 million National Guard and Reserves.

These soldiers give their heart and soul for our country and the U.S.O. understands how

vital our servicemen and women are to this great nation. The U.S.O. provides unmatched morale, welfare, social and entertainment needs. They show respect for our troops, their families, and our community by conveying that the American people are forever indebted to their commitment and sacrifice in the continual fight for freedom.

The Second Congressional District of Texas commends the United Services Organization for bringing a piece of home to wherever our troops may be. The individuals who willingly participate in this remarkable group emulate integrity and pride that this nation deserves. Their efforts will never go unappreciated and their actions will always be cherished.

AMY SCHULZ CHILD ADVOCACY
CENTER

HON. JOHN SHIMKUS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. SHIMKUS. Madam Speaker, I rise today to mark the 20th anniversary of the Amy Schulz Child Advocacy Center in Mount Vernon, Illinois.

The center was born from tragedy when, in 1987, 10-year-old Amy Schulz of Kell, Illinois, was murdered. Her father, Dennis Schulz, was determined to do all he could to see that no other families had to face the kind of devastating tragedy like that which afflicted his family. Mr. Schulz lobbied legislators for greater protection of children from violent criminals and started the Amy Center to keep the advocacy work going.

Starting with just a one-room office twenty years ago, the Amy Center has expanded and helped more than 100,000 children in several counties in south-central Illinois. Its advocacy efforts and education programs have had a lasting, positive impact.

I stand before this House to thank Dennis and Esther Schulz for their determination to protect children from violence. I also commend

Executive Director LaDonna Richards and the staff of the Amy Center, past and present, who have done so much good work for the children of south-central Illinois. Their positive efforts and big hearts have done much to make our community a better, safer place to live. I extend my appreciation on their 20 years of service.

IN MEMORY OF PFC JAICIAE
PAULEY

HON. MIKE PENCE

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 16, 2010

Mr. PENCE. Madam Speaker, I rise today with a heavy heart to pay tribute to the service and sacrifice of Private First Class Jaiciae Pauley, who lost his life on December 11, 2009, while serving this grateful Nation in Iraq.

PFC Pauley joined the United States Army in 2008 and served as a combat medic in HQ Company, 1st Battalion, 30th Infantry Regiment, 3rd Infantry Division based in Fort Stewart, Georgia. PFC Pauley was posthumously awarded the Army Commendation Medal and the Army Good Conduct Medal.

Born to Julia Caitlin Ramshaw of Fort Pierce, Florida and Roger Pauley of Muncie, Indiana on April 11, 1980, PFC Pauley leaves behind a legacy of dedication and service that ended far too soon.

Thanks to the bravery and courage of patriots like PFC Pauley and all those who have defended this country by donning the uniform, freedom and democracy continue to exist. As a Nation, we will forever owe a debt of gratitude to PFC Pauley and his family that can never be repaid.

As we mourn Private First Class Jaiciae Pauley's passing, let us remember his mother, Julia Caitlin Ramshaw; father Roger Pauley (wife, Teressa); grandparents, Marshall and Flossie Bias, and Harold Hale in our thoughts and prayers.

SENATE—Wednesday, March 17, 2010

The Senate met at 9:30 a.m. and was called to order by the Honorable TOM UDALL, a Senator from the State of New Mexico.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Almighty God, our loving Heavenly Father, the center of our joy, thank You for Your gracious care for each of us. Help our lawmakers live today with a sense of accountability to You, striving to please You more than others. Awaken them to the fact that You see all they do and hear all they say. May they walk from weakness to strength, growing in ethical fitness day by day in order to fulfill Your purposes for their lives. Lord, give them a special measure of inner peace so that they may be peacemakers during times of tension and conflict.

We pray in Your loving Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable TOM UDALL led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, March 17, 2010.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable TOM UDALL, a Senator from the State of New Mexico, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. UDALL of New Mexico thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, following leader remarks, the Senate will resume

consideration of the House message to H.R. 2847, the HIRE Act. There will be 10 minutes for debate, equally divided and controlled between Senators GREGG and SCHUMER or their designees. We expect Senator GREGG to make a budget point of order with respect to the bill.

At approximately 9:45, the Senate will proceed to a series of two rollcall votes: the motion to waive the Gregg budget point of order and the motion to concur in the House amendments to the Senate amendment to the House amendment to the Senate amendment to H.R. 2847.

Upon disposition of the HIRE Act, the Senate will resume consideration of FAA reauthorization. The Senate will recess from 12:30 until 2 p.m. for a special Democratic caucus.

When the Senate reconvenes at 2 p.m., there will be a live quorum. Senators are requested to come to the floor at that time. When a quorum is present, the Senate will receive the House managers for the purpose of presenting and exhibiting articles of impeachment against G. Thomas Porteous, judge of the U.S. Eastern District of Louisiana. Once the House managers are received, Senators will be sworn. Then Senators will be required to sign the Secretary's oath book.

In addition, rollcall votes in relation to FAA are expected throughout the day.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES APPROPRIATIONS ACT, 2010

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of the House message to accompany H.R. 2847, which the clerk will report.

The assistant legislative clerk read as follows:

House message to accompany H.R. 2847, an act making appropriations for the Departments of Commerce, and Justice and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes, with amendments.

Pending:

Durbin motion to concur in the amendments of the House to the amendment of the Senate to the amendment of the House to the bill.

Durbin amendment No. 3498 (to the motion to concur in the amendments of the House to

the amendment of the Senate to the amendment of the House to the amendment of the Senate), of a perfecting nature.

Durbin amendment No. 3499 (to amendment No. 3498), of a perfecting nature.

The ACTING PRESIDENT pro tempore. Under the previous order, all postcloture time is considered expired and the motion to concur with an amendment is withdrawn.

There will be 10 minutes of debate, equally divided between the Senator from New Hampshire, Mr. GREGG, and the Senator from New York, Mr. SCHUMER, or their designees.

Who yields time?

The Senator from New York.

Mr. SCHUMER. Mr. President, I rise in support of the legislation before us and the motion to waive the point of order.

This is a good day for American workers, for Congress is focusing on what they have asked us to focus on. Congress is focusing on what the American people want us to focus on, which is jobs, jobs, jobs, and Congress will act in a bipartisan way. So this is a break, in several ways, from the past. One, we are focusing on jobs and the economy. That is what we should be doing. Second, we are doing it in a bipartisan way.

The bill before us focuses on private sector jobs. It has four pieces. Each is lean. Each is directed at private sector jobs. Each will give the economy a certain lift. Last quarter, we had growth of 5.9 percent. That sounds great, but that 5.9 percent growth resulted in no new jobs being created. In fact, it resulted in a continued loss of jobs, admittedly less of a loss than in the past.

Our job is to take that growth and translate it into jobs for the American people, plain and simple, and that is what we are doing with this HIRE Act. At the center of it is a bipartisan piece of legislation: a payroll tax holiday for 1 year for any new worker hired who has been unemployed for 60 days, authored by the Senator from Utah, Mr. HATCH, and myself. It is the bipartisan glue which hopefully will stick with us as we move forward on our jobs agenda because this is just the first—certainly not the last—piece of legislation we will put forward in relation to jobs. If we don't create jobs, the economy will not move forward. If we don't create jobs, the American people, American business, and American labor could lose the optimism that has been part of this country since its founding. When you lose that optimism, you lose dollars and cents economically because businesses don't spend, workers don't prepare for the future, people get disconsolate.

So this legislation is admittedly modest and focused and will go far beyond what the specific legislation does because it will show the American people, it will show American business, large and small, it will show American workers Congress is focused on what they want us to focus on and that we will continue to work on our jobs agenda until jobs start growing, until people are being paid decent wages, until the economy roars back on a long and stable trajectory, which can only be done if employment goes up and underemployment goes down.

I reserve the remainder of my time.

The ACTING PRESIDENT pro tempore. The Senator from New Hampshire.

Mr. GREGG. Mr. President, this isn't so much a jobs bill as it is a debt bill. It has debt, debt, and debt.

I voted against the budget which passed the House of Representatives. I voted against it because it had \$1 trillion worth of deficit every year for as far as the eye can see. It basically put our country on a path of unsustainability, where the national debt will double in 5 years and triple in 10 years; where every one of these young men and women sitting before us who are pages, by the time they graduate from college, will have \$133,000 in Federal debt on their heads they will have to pay off as they go to work. I voted against it because it was profligate, because it wasn't disciplined, and because it was excessive.

However, it appears it wasn't excessive enough for my colleagues on the other side of the aisle. This will be the third week in a row the leadership of the Democratic Party in this body has brought a bill to this floor that violates their own budget and spends more than their own budget called for. A budget which this year will run \$1.6 trillion of deficit isn't running a big enough deficit, according to the other side of the aisle. They have to run up the deficit with this bill by another \$3 billion of authorized money, above their own budget. That is on top of last week, when they spent \$30 billion this year and \$100 billion over 5 years in excess of their own budget.

When is it going to stop? When is it going to stop? When are we going to stop spending money around here as if there is no tomorrow? Because pretty soon there will be no tomorrow for our children as we add this debt to their backs and make it impossible for them to have the standard of living we have had.

Yesterday, Moody's said that although today the AAA rating of this country is not at risk, it may be down the road if we continue to spend money we don't have at the rate we are spending it. That is not a sign of optimism for the future; that is a sign our Nation is in trouble, and it is in trouble because of us.

There is a lot of talk around here about what is the systemic risk to this economy. The systemic risk is this Congress, which continues to spend money it doesn't have, send the bill on to our kids at a rate they can't afford to pay off. As a result, their lifestyle will actually have to be reduced, their quality of life, their standard of living will go down because they will be paying for all this debt we are putting on their backs today.

What is even worse is this Congress isn't even willing to live by the PROF-LIGATE—and I hope capital letters will be put in the RECORD on that because it should be all spelled out in capital letters—by the PROFLIGATE budget which passed the House, which projected trillions of dollars of deficits for as far as the eye could see and doubled the debt in 5 years and tripled it in 10 years. That wasn't enough. No. We have to come to the floor again this week, after last week, after the week before, with another bill that breaks their own budget.

So all I am asking for is that the other side of the aisle be willing to at least live by its own budget. Last week I asked that they be willing to live by their own pay-go rules. That didn't pass, and \$100 billion was spent that wasn't paid for. So this week I am making a point of order that simply says: Live by your own budget. You passed a budget; at least live by that. Can't you live within a \$1.6 trillion deficit? Do you have to add another \$3 trillion of authorized dollars to this deficit this year? Gosh, I hope not. So I am making a point of order and asking that we live by the budget that was passed by the Democratic Congress.

The pending amendment would cause the aggregate levels of the budget authority and the outlays for the fiscal year 2010, as set out in the most recently agreed to concurrent resolution on the budget, S. Con. Res. 13, to be exceeded—the Democratic budget, by the way. Therefore, I raise a point of order under section 311(a)2 of the Congressional Budget Act of 1974.

The ACTING PRESIDENT pro tempore. The Senator's time has expired.

The Senator from New York.

Mr. SCHUMER. Mr. President, I will support the motion to waive the point of order. I believe I have 1 minute left.

The world is topsy-turvy. My Republican colleagues are opposing a tax cut to businesses, large and small, that hire people. This is exactly what we should do. We don't want to be saying to workers we can't help them find a job. There are shades of Herbert Hoover in what my colleague is saying, and I don't think many of my colleagues on either side of the aisle would support that.

Let me say this about the budget point of order. The Joint Tax Committee, which we all respect, says these provisions are budget neutral.

We have found a way to hire workers, help businesses with tax cuts to hire them, and keep it budget neutral. Yet there is still opposition. When will it end? When will the bipartisan kind of feeling in this body return? This is a bipartisan measure that lives by many of the tenets the party on the other side has stood for, for decades.

Mr. President, is there any time remaining?

The ACTING PRESIDENT pro tempore. The Senator's time has expired.

Mr. SCHUMER. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, the waiver provisions of applicable budget resolutions, and section (4)(g)(3) of the Statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of the pending amendment, and I ask for the yeas and nays.

The ACTING PRESIDENT pro tempore. Is there a sufficient second?

There appears to be a sufficient second.

The yeas and nays were ordered.

The ACTING PRESIDENT pro tempore. The Senator from New Hampshire.

Mr. GREGG. Parliamentary inquiry. I have made a motion that says the budget point of order stands under section 311, which point of order specifically lies because of the fact that the bill before us spends more in authority and outlay than the Budget Act passed by this Congress allows. Is that not correct? Is that motion not well taken?

The ACTING PRESIDENT pro tempore. The Chair understands that the point of order would be well taken.

Mr. GREGG. Which means that, Mr. President, more money is being spent than is allowed to be spent under our budget rules; is that not correct?

The ACTING PRESIDENT pro tempore. The Senator is correct.

Mr. GREGG. I thank the Chair.

The ACTING PRESIDENT pro tempore. The question is on agreeing to the motion. The yeas and nays have been ordered.

Mr. SCHUMER. Mr. President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. McCONNELL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The Republican leader is recognized.

HEALTH CARE

Mr. McCONNELL. Mr. President, I have been in the Senate for quite a while. I have seen a lot, but I have never seen anything like the plan House Democrats hatched this week to jam their health care bill through Congress and over the objections of the American people.

Americans woke up yesterday thinking they had seen everything in this debate already. Then they heard the latest. They heard that Democrats want to approve the Senate version of the health care bill without actually standing up and taking a vote on it. Let me say that again. They heard that Democrats over in the House want to approve the Senate bill without actually voting on it. These Democrats want to approve a bill that rewrites one-sixth of the economy, forces taxpayers to pay for abortions, raises taxes in the middle of a recession, and slashes Medicare for seniors, without leaving their fingerprints on it. In other words, they want to get around the very purpose of a rollcall vote. They want to hide what they are doing from the American people whom they seem to view as an obstacle. They want to hide what they are doing from the American people whom they see as an obstacle to what they are trying to do.

Well, it won't work. They realized that yesterday when they saw the public reaction to their plan. Americans are more outraged than ever. Americans are shocked at these tactics. They are fed up, and they have had enough. The longer Democratic leaders ignore this outrage and ignore these questions, the worse it is going to get.

Democrats have lost their perspective in this debate. They have lost their way. They do not even seem to care what the public thinks. Speaker PELOSI said yesterday that they will do "whatever it takes" to ensure this bill becomes law. While she is at it, she is throwing other legislation into the bill that does not have anything to do with health care—major legislation that would enable the government to take over the student loan industry without any debate whatsoever. That has been their strategy all along. Anytime one of their proposals meets resistance, they look for a way to get around it. But the schemes they have used end up making their proposals even more repellent than they originally were. And this latest scheme is the most outrageous one yet.

What has happened is they are trapped in a vicious cycle that someone over there needs to bring to a halt. This is now a fight between Democrats and their own constituents, and the only way to stop this madness is for a few courageous Democrats to step forward and put a stop to it.

Historians will remember this as a new low in this debate: the week America was introduced to the scheme-and-deem approach to legislating—the scheme-and-deem approach to legislating. They will remember this as the week Congress tried to pull the wool over the eyes of the public in order to get around their will. And they will remember the men and women who stand up and put an end to it.

Mr. President, I yield the floor.

The ACTING PRESIDENT pro tempore. The question is on agreeing to the motion. The yeas and nays have been ordered. The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Utah (Mr. BENNETT) and the Senator from Idaho (Mr. CRAPO).

The ACTING PRESIDENT pro tempore. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 63, nays 34, as follows:

[Rollcall Vote No. 54 Leg.]

YEAS—63

Akaka	Feinstein	Mikulski
Baucus	Franken	Murray
Bayh	Gillibrand	Nelson (FL)
Begich	Hagan	Pryor
Bennet	Harkin	Reed
Bingaman	Inhofe	Reid
Bond	Inouye	Rockefeller
Boxer	Johnson	Sanders
Brown (MA)	Kaufman	Schumer
Brown (OH)	Kerry	Shaheen
Burr	Klobuchar	Snowe
Cantwell	Kohl	Specter
Cardin	Landrieu	Stabenow
Carper	Lautenberg	Tester
Casey	Leahy	Udall (CO)
Collins	Levin	Udall (NM)
Conrad	Lieberman	Voinovich
Dodd	Lincoln	Warner
Dorgan	McCaskill	Webb
Durbin	Menendez	Whitehouse
Feingold	Merkley	Wyden

NAYS—34

Alexander	Enzi	McConnell
Barrasso	Graham	Murkowski
Brownback	Grassley	Nelson (NE)
Bunning	Gregg	Risch
Burr	Hatch	Roberts
Chambliss	Hutchison	Sessions
Coburn	Isakson	Shelby
Cochran	Johanns	Thune
Corker	Kyl	Vitter
Cornyn	LeMieux	Wicker
DeMint	Lugar	
Ensign	McCain	

NOT VOTING—3

Bennett	Byrd	Crapo
---------	------	-------

The ACTING PRESIDENT pro tempore. On this vote, the yeas are 63, the nays are 34. Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to.

Mrs. MURRAY. Mr. President, I move to reconsider the vote, and I move to lay that motion on the table.

The motion to lay on the table was agreed to.

Mr. LEVIN. Mr. President, the Senate has an opportunity today to take another step toward restoring job growth and opportunity for American workers. Others have discussed the importance of this bill's provisions to help put Americans back to work, and I agree: This bill marks important progress in lowering unacceptable levels of unemployment.

But sending the Hiring Incentives to Restore Employment Act to the Presi-

dent's desk would also mark a significant victory for law-abiding U.S. taxpayers. Right now, thousands of U.S. tax dodgers conceal billions of dollars in assets within secrecy-shrouded foreign banks, dodging taxes and penalizing those of us who pay the taxes we owe. The Permanent Subcommittee on Investigations, which I chair, has estimated that these tax-dodging schemes cost the Federal Treasury \$100 billion a year.

But under this legislation, for the first time, foreign banks will be required to disclose their U.S. account holders to the U.S. Government or face significant penalties. This provision will make it far more difficult for tax dodgers to conceal assets and income in foreign banks. As more banks set up systems to disclose U.S. account holders, bank secrecy will become increasingly difficult to maintain. With increased transparency will come less tax evasion, less money laundering, and less crime.

Certainly this legislation will not end tax avoidance or money laundering. Its provisions do not take effect for several years, and its impact will depend in large part on the willingness of regulators at the Treasury Department and elsewhere to write strict regulations and enforce them vigorously. It also will not affect banks willing to continue to conceal their U.S. account holders despite the penalties that carries a significant loophole for tax dodgers and the foreign banks that assist them. So this legislation is not a silver bullet. In fact, I believe our tax enforcement regime could be strengthened by provisions of the Stop Tax Haven Abuse Act, S. 506, which I introduced with Senators MCCASKILL, NELSON, WHITEHOUSE, SHAHEEN, and SANDERS. For example, Treasury should have authority to prohibit U.S. banks from participating in wire transfers with or honoring credit cards from overseas banks that impede U.S. tax enforcement.

I will continue to press for enactment of S. 506 and to build the growing momentum against overseas tax abuses. Make no mistake, today marks an important milestone. For the first time in years, we are poised to approve legislation with a real chance to pull back the curtain of bank secrecy, expose offshore accounts, and ensure that those who owe taxes pay them. Amid the growing concern over our budget deficit and American families' concerns about making ends meet, we can no longer afford to allow tax dodgers to hide behind this curtain, avoiding their obligations and leaving their rightful tax burden for honest taxpayers to carry. I urge my colleagues to approve the HIRE Act, in the interest of America's workers and America's honest taxpayers.

Mr. HATCH. Mr. President, I wish to discuss the jobs legislation, known as

the HIRE Act, on which the Senate will be voting tomorrow morning, and to express my deep concerns with the direction this bill has taken over the past few weeks.

Ever since the collapse of the financial markets in late 2008, helping our economy should have been a priority for this deliberative body. However, it has taken more than a year for us to seriously address legislation that would promote permanent job growth.

Several of my Finance Committee colleagues on both sides of the aisle put a lot of time and effort into the creation of a compromise jobs bill that Chairman BAUCUS and Senator GRASSLEY were trying to move forward. I had high hopes that we might help thaw the partisan freeze that has had this Chamber gridlocked for so long. But then, just as it looked like we might see some light at the end of this bitter tunnel, the rug was pulled out from underneath us by the majority leader's inexplicable decision to hijack our work and alter it with a piece of legislation that he knew would replace cooperation with acrimony.

But if that weren't enough, the majority leader added another slap in the face of the minority; he once again filled the amendment tree, thus shutting off the minority's ability to attempt to improve the bill. To those unfamiliar with the Senate process, when the majority leader fills the amendment tree, he prevents anyone else from being able to offer any amendments to the underlying legislation. Thus, he prevents compromise.

I have served in this body for a long time, and I cannot remember an incident that exhibited as much raw political gamesmanship as this one did. The fact that the majority leader chose to choke off the first genuine attempt at cooperation on a major issue of such importance does not bode well for the remainder of this Congress. How are those of us in the minority supposed to have faith that we will not be excluded from future debates? It is easy to label Republicans as the party of no when they are completely excluded from the legislative process. When this happens, "no" is the only option that remains.

But what puzzles me the most is what, even if they succeed, will the majority gain from this maneuver? The Senate operates on a level of trust that agreements will be honored, but now even that has come into question.

Less than 2 months ago, I sat in the House Chamber while the President gave his State of the Union Address where he raised the importance of bipartisan cooperation, especially in the area of job creation. The fact that the President hit a nerve with this plea is evident by the effort to build such a bipartisan bill in the Finance Committee in the weeks following. However, it is obvious that many on the other side cannot stand the thought of working

with our side when there might be political points to be gained by trying to embarrass us.

Here are a few of the things the President said about the need for bipartisanship in the State of the Union Address:

"And what the American people hope—what they deserve—is for all of us, Democrats and Republicans, to work through our differences;"

"[Americans] are tired of the partisanship and the shouting and the pettiness."

"These aren't Republican values or Democratic values that they're living by; business values or labor values. They're American values."

In the same breath, President Obama went on to address the need to promote job growth by saying:

"Now, the true engine of job creation in this country will always be America's businesses."

"We should start where most new jobs do—in small businesses, companies that begin when an entrepreneur takes a chance on a dream, or a worker decides it's time she became her own boss."

And finally:

"[We should] Provide a tax incentive for all large businesses and all small businesses to invest in new plants and equipment."

I certainly believed—as did most Republicans—that the President was being sincere. But soon after President Obama addressed the Nation, Senate Democratic and Republican members of the Finance Committee went to work on a bipartisan solution to creating a jobs growth bill. I worked with Senator SCHUMER to come up with a payroll tax holiday for those companies that hired unemployed workers. Under this incentive, the sooner a company hired someone, the greater the tax incentives the company would receive. This initiative is a perfect example of the kind of bipartisan President Obama was talking about during the State of the Union.

Senators BAUCUS and GRASSLEY joined in this effort by including several other provisions aimed at job growth and remedies to address the symptoms of a failing economy. This was a compromise that included an extension of unemployment insurance, Build America Bonds, and the extension of the expired tax provisions.

Let me be clear, there is no doubt in my mind and in the mind of many of my colleagues that passing a jobs bill is crucial. We have seen our unemployment rate remain stagnant at around 10 percent since last September. The American people sent us here to do a job, and it is way past time we did it.

This is why it was so shocking, then, that on Thursday, February 11, the Senate majority leader suddenly announced that he was scrapping the compromised proposal only hours after

it was unveiled, proceeding instead with a scaled-down bill. In minutes, the majority leader pulled the rug out from not only Republicans but also those Democrats who had been working for weeks on a bipartisan solution. Regrettably, because of the majority leader's decision, it looks as though President Obama's hope for a bipartisan solution to job creation only lasted 2 weeks. What a shame.

To illustrate the abruptness and surprise in Senator REID's unexpected action, just look at the headlines the following day:

"Key Dem: Reid scrapped jobs bill because he did not trust Republicans" the Hill.

"Reid kills Baucus-Grassley jobs bill"—the Politico.

"Senate leader slashes jobs bill; Despite new support"—LA Times.

But it does not end there. The majority leader sent a pretty strong message when he said that he—and I quote—dared Republicans to vote against his bill.

His Democratic colleagues were quick to stand behind this reversal. Some Democratic Senators went so far as to say Republicans are not interested in a bipartisan deal because we were more inclined to play rope-a-dope again. They went on to characterize the tax extenders as only going to people who are making money. They even went so far as to say that what the Democratic caucus is taking to the floor is something that is more focused on job creation than on tax breaks.

Now I know the Senate recently passed the expiring tax extenders package as a part of a broader bill. But what continues to astound me is how quickly so many Democratic Senators were to abandon these tax extenders. In fact, most of them support—and even voted to extend—these tax provisions. The Democratic leadership even erroneously labeled the tax extenders as a solely Republican-supported initiative. And many Democrats, including the majority leader, are cosponsors of legislation that would extend many of the expiring tax provisions. Look at the bills to extend the research tax credit or the alternative fuels vehicle credit or even the new markets tax credit. These are by no means solely Republican initiatives. The exclusion of these tax extenders caused one Democrat to criticize the majority leader's action by saying "this bill was carefully crafted to achieve significant bipartisan support and contains several important measures to spur business growth and encourage new hires." So to label support for extending these expiring tax provisions as part of a solely Republican agenda is misleading, unfair, and unwarranted. These statements were made only to support a desperate, hasty, and ill-considered decision. The icing on the cake was when the Senate ended up passing these very tax extenders last week by a vote of 70

to 28. In fact, only one Democrat Senator voted against these tax extenders.

Some have questioned how extending these expired tax provisions relate to job creation. It is a fair question but one with easy answers.

The extension of these expired tax provisions only supports proven growth of companies that are slowly beginning to see the light at the end of the tunnel. Government funding would only provide a false sense of job growth because once the government funding is gone so will the jobs.

If we need proof that government spending is not as effective as tax relief, we only have to look to what the Congressional Budget Office said last year about the effects of the year-old economic stimulus package.

The legislation would increase employment by 0.8 million to 2.3 million by the fourth quarter of 2009, by 1.2 million to 3.6 million by the fourth quarter of 2010, by 0.6 million to 1.9 million by the fourth quarter of 2011, and by declining numbers in later years.

The reason why employment created from the stimulus bill would decline in later years is because government spending does not create permanent lasting jobs. The private sector, however, can create permanent, self-sustaining jobs. The tax incentives give the private sector a much needed boost. If we had included more tax incentives for businesses in last year's economic stimulus bill we would have created jobs that would have lasted well beyond the 2 or 3 years government spending would have created.

Originally projected to provide \$787 billion in stimulus, the Congressional Budget Office, CBO, now puts the 10-year costs of the stimulus bill at \$862 billion. This does not include interest owed, which would put the total cost at over \$1 trillion.

Of the \$862 billion stimulus package, only a third has been spent. Another third is expected to be spent in 2010, and the remaining third will be spent after 2010. What ever happened to spending money on projects deemed to be shovel ready?

The administration has claimed the stimulus bill is responsible for creating or saving 1 million jobs. If we take a closer look, we see this claim is very misleading. For example, it was reported that a construction company in Nevada reported creating 20 jobs on a

project that has yet to receive money. A school district reported saving 665 jobs, even though it only employs about 600 people. A town in Oregon reported creating eight jobs on a contract for rattlesnake stewardship. In January of 2009, President Obama's economic advisers predicted in a report that with an \$800 billion stimulus, the unemployment rate would never go above 8 percent. Without the stimulus, they said, the rate would be at 9 percent. The unemployment rate has been near 10 percent since last September.

The stimulus package was sold to the American people as an immediate fix. I think the exact words were that it would be a "jolt" to the economy. Some of the quotes by the administration were "you'll see the effects immediately," from Larry Summers. "We'll start adding jobs rather than losing them," from Christina Romer, the President's Chair of Economic Advisers. "This will begin creating jobs immediately," from House majority leader STENY HOYER.

Back when he was pitching the stimulus bill, then-President-elect Obama said "90 percent of these jobs will be created in the private sector—the remaining 10 percent are mainly public sector jobs." However, in an article dated February 17, the Wall Street Journal reported that government data indicate that most of the jobs supported by stimulus spending belonged to public employees at the State and local level.

In fact, only 2 percent of the entire stimulus bill was dedicated toward tax relief for businesses. The public sector does not create permanent jobs; the private sector does. We need to provide a foundation to allow the private sector to nourish and create better paying jobs.

That is why many supported including these tax extenders in the HIRE Act. For instance, it is estimated that approximately 70 percent or more of the research tax credit benefits are attributable to salaries of performing U.S.-based research. How can some Senators disregard the effectiveness of some of these tax extenders on job growth? And keep in mind that the research credit has traditionally received more Democratic support in this body than it has Republican support. In fact, there is a bill to extend the expiring research tax credit. Of the 18 cosponsors

of this bill, 11 are Democrats. Furthermore, this bill was introduced by the Democratic chairman of the Senate Finance Committee.

The President set the tone at the beginning of the year by calling on Congress to put forth a bipartisan solution to creating jobs in this country. In response, both Democrats and Republicans brought innovative ideas to the table. Then, in a sudden change of events, many Republican ideas have been excluded from the jobs bill the majority leader has brought to the floor.

Again, the majority leader has maneuvered this legislation to prevent any amendments from being offered by our side. In fact, the majority leader continues to exclude Republicans from debate. Just look at this chart that shows how many times the majority leader has filled the amendment tree in relation to past majority leaders—25 times. If this is not an arrogance of power, then I do not know what is. I only hope the majority leader heeds to President Obama's plea for a bipartisan solution.

I think one Democrat, learning of the majority leader's action, said it best:

Most Americans don't honestly believe that a single political party has all the good ideas. I hope the Majority Leader will reconsider.

Mr. BAUCUS. Mr. President, I ask unanimous consent that the Joint Committee on Taxation document entitled "Estimated Revenue Effects of the Revenue Provisions contained in the 'American Workers, State and Business Relief Act of 2010,' as passed by the Senate on March 10, 2010" be printed in the RECORD.

In addition, please let the RECORD reflect that the document entitled "Technical Explanation of the Revenue Provisions Contained in the 'American Workers, State and Business Relief Act of 2010,' as passed by the Senate on March 10, 2010" can be found on the Joint Committee on Taxation Web site at <http://jct.gov/publications.html?func=startdown&id=3664>. This document is a contemporary explanation of the legislation that reflects the intentions of the Senate and its understanding of the legislative text.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

JOINT COMMITTEE ON TAXATION
March 10, 2010
JCX-9-10

ESTIMATED REVENUE EFFECTS OF THE REVENUE PROVISIONS CONTAINED IN
THE "AMERICAN WORKERS, STATE AND BUSINESS RELIEF ACT OF 2010,"
AS PASSED BY THE SENATE ON MARCH 10, 2010

Fiscal Years 2010 - 2020

[Millions of Dollars]

Provision	Effective	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010-15	2010-20
I. Extension of Expiring Provisions														
A. Energy														
1. Alternative motor vehicle credit for heavy hybrids (sunset 12/31/10).....	ppa 12/31/09	-3	-3	-1	-1	[1]	[2]	[2]	--	--	--	--	-8	-8
2. Incentives for biodiesel and renewable diesel:														
a. Biodiesel (sunset 12/31/10).....	fsoua 12/31/09	-726	-268	--	--	--	--	--	--	--	--	--	-994	-994
b. Renewable diesel (sunset 12/31/10).....	fsoua 12/31/09	-10	-4	--	--	--	--	--	--	--	--	--	-14	-14
3. Credit for electricity produced at open-loop biomass facilities placed-in-service before 10/22/04 (sunset 12/31/10).....	epasa 12/31/09	-54	-36	-7	-4	-3	-1	--	--	--	--	--	-105	-105
4. Extend placed-in-service date for refined coal and steel industry fuel (sunset 12/31/10 for facilities placed-in-service after 12/31/09).....	fpisa 12/31/09	-3	-6	-6	-6	-6	-6	-6	-6	-6	-7	-5	-33	-63
5. Period of incurring qualified expenditures for purposes of credit for production of low sulfur diesel fuel for small refiners in compliance with Environmental Protection Agency sulfur regulations for small refiners (sunset 12/31/10).....	[3]	-11	-7	-1	-1	[1]	[2]	[2]	[2]	[2]	[2]	[2]	-20	-20
6. Placed in service date for eligibility for tax credit for the production of coke or coke gas (sunset 12/31/10).....	fpisa 12/31/09	-3	-5	-5	-5	-3	--	--	--	--	--	--	-21	-21
7. Credit for construction of energy efficient new homes (sunset 12/31/10).....	ppisa 12/31/09	-23	-17	-6	-6	-5	-4	-4	-1	--	--	--	-61	-66
8. Incentives for alternative fuel and alternative fuel mixtures (excluding liquified hydrogen) (sunset 12/31/10).....	fsoua 12/31/09	-148	-48	--	--	--	--	--	--	--	--	--	-196	-196
9. Special rule for sales or dispositions to implement FERC or State electric restructuring policy for qualified electric utilities (sunset 12/31/10).....	ta 12/31/09	-221	-88	49	49	49	49	49	49	17	--	--	-113	--

Page 2

Provision	Effective	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010-15	2010-20
10. Extension of suspension of 100 percent-of-net-income limitation on percentage depletion for oil and natural gas from marginal properties (sunset 12/31/10).....	tyba 12/31/09	-67	-36	---	---	---	---	---	---	---	---	---	-103	-103
11. Grants for energy efficient appliances in lieu of credit [4].....	api 2009 & 2010	-68	-2	---	---	---	---	---	---	---	---	---	-69	-69
12. Modify the requirements for exterior windows, doors, and skylights to be eligible for the credit for nonbusiness energy property (sunset 12/31/10).....	ppisa DOE	---	-145	---	---	---	---	---	---	---	---	---	-145	-145
13. Extend and modify section 45 credit for steel industry fuel (sunset 12/31/10).....	DOE & fpa 10/1/08	-13	-15	-16	---	---	---	---	---	---	---	---	-44	-44
B. Individual Tax Relief														
1. Deduction for certain expenses of elementary and secondary school teachers (sunset 12/31/10).....	tyba 12/31/09	-43	-172	---	---	---	---	---	---	---	---	---	-215	-215
2. Additional standard deduction for State and local real property taxes (sunset 12/31/10).....	tyba 12/31/09	-233	-1,318	---	---	---	---	---	---	---	---	---	-1,551	-1,551
3. Deduction of State and local general sales taxes (sunset 12/31/10).....	tyba 12/31/09	-218	-1,288	-294	---	---	---	---	---	---	---	---	-1,800	-1,800
4. Contributions of capital gain real property made for qualified conservation purposes (sunset 12/31/10).....	cmi tyba 12/31/09	-23	-60	-22	-17	-14	-12	-10	-8	-8	-8	-8	-148	-190
5. Deduction for qualified tuition and related expenses (sunset 12/31/10).....	tyba 12/31/09	-300	-1,201	---	---	---	---	---	---	---	---	---	-1,501	-1,501
6. Tax-free distributions from IRAs to certain public charities from age 70 1/2 or older, not to exceed \$100,000 per taxpayer per year (sunset 12/31/10).....	Dmi tyba 12/31/09	-175	-187	-24	-25	-26	-28	-29	-31	-33	-34	-35	-465	-627
7. Look-thru of certain regulated investment company ("RIC") stock in determining gross estate of nonresidents (sunset 12/31/10).....	dda 12/31/09													
8. Election for refundable low-income housing credit for 2010 [4].....	DOE	-3,072	-1,232	281	435	504	521	523	523	523	523	482	-2,563	11
C. Business Tax Relief														
1. Tax credit for research and experimentation expenses (sunset 12/31/10).....	apcia 12/31/09	-2,195	-1,522	-483	-425	-374	-329	-291	-274	-265	-256	-236	-5,328	-6,650
2. Indian employment tax credit (sunset 12/31/10).....	tyba 12/31/09	-17	-23	-7	-1	---	---	---	---	---	---	---	-48	-48
3. New markets tax credit (sunset 12/31/10).....	cyba 12/31/09	-15	-55	-161	-181	-204	-219	-219	-196	-145	-9	3	-834	-1,401
4. 50% tax credit for certain expenditures for maintaining railroad tracks (sunset 12/31/10).....	tyba 12/31/09	-66	-99	[1]	[1]	---	---	---	---	---	---	---	-165	-165
5. Extension of mine rescue team training credit (sunset 12/31/10).....	tyba 12/31/09	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	-1	-1

No Revenue Effect

Provision	Effective	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010-15	2010-20
6. Employer wage credit for activated military reservists (sunset 12/31/10).....	pnma 12/31/09	-1	-2	-1	[1]	[1]	[1]	[1]	[1]	[1]	[1]	[1]	-4	-4
7. 5-year recovery period for certain farming business machinery or equipment (sunset 12/31/10).....	ppisa 12/31/09	-113	-228	-164	-156	-178	41	377	334	87	---	---	-798	---
8. 15-year straight line cost recovery for qualified leasehold, restaurant and retail improvements and new restaurant buildings (sunset 12/31/10).....	ppisa 12/31/09	-145	-410	-528	-522	-513	-489	-475	-479	-466	-443	-380	-2,608	-4,851
9. 7-year recovery period for certain motorports entertainment complexes (sunset 12/31/10).....	ppisa 12/31/09	-11	-18	-11	-6	-3	-4	-4	1	6	6	6	-52	-38
10. Accelerated depreciation for business property on Indian reservations (sunset 12/31/10).....	ppisa 12/31/09	-107	-186	-69	15	51	80	65	35	4	-7	-4	-216	-123
11. Enhanced charitable deduction for contributions of food inventory (sunset 12/31/10).....	cma 12/31/09	-43	-35	---	---	---	---	---	---	---	---	---	-78	-78
12. Enhanced charitable deduction for contributions of book inventory (sunset 12/31/10).....	cma 12/31/09	-17	-14	---	---	---	---	---	---	---	---	---	-31	-31
13. Enhanced charitable deduction for qualified computer contributions (sunset 12/31/10).....	cma tyba 12/31/09	-107	-88	---	---	---	---	---	---	---	---	---	-195	-195
14. Extension of election to expense advanced mine safety equipment (sunset 12/31/10).....	ppisa 12/31/09	-8	-2	3	2	2	1	1	1	[2]	[2]	[2]	-4	-2
15. Special expensing rules for qualified film and television productions (sunset 12/31/10).....	qtaapca 12/31/09	-54	-108	12	26	18	15	13	11	9	7	5	-91	-46
16. Expensing of Brownfields environmental remediation costs (sunset 12/31/10).....	epoia 12/31/09	-201	-124	19	22	25	23	20	18	15	13	12	-236	-158
17. Deduction allowable with respect to income attributable to domestic production activities in Puerto Rico (sunset 12/31/10).....	tyba 12/31/09	-84	-101	---	---	---	---	---	---	---	---	---	-185	-185
18. Modify tax treatment of certain payments under existing arrangements to controlling exempt organizations (sunset 12/31/10).....	proaa 12/31/09	-17	-3	---	---	---	---	---	---	---	---	---	-20	-20
19. Exclusion of gain or loss on sale or exchange of certain Brownfield sites from unrelated business taxable income (sunset 12/31/10).....	paa 12/31/09	1	1	-1	-17	-18	-3	-3	-3	-3	-3	-3	-37	-54
20. REIT timber provisions including mineral royalties treated as qualified REIT income of timber REITs; treatment of REIT timber gain; and prohibited transactions safe harbor rules (sunset 12/31/10).....	tyea 5/22/09	---	---	---	---	---	---	---	---	---	---	---	---	---
21. Treatment of certain dividends of regulated investment companies (sunset 12/31/10).....	[5]	-12	-72	---	---	---	---	---	---	---	---	---	-84	-84
22. Extend the treatment of RICs as "qualified investment entities" under section 897 (FIRPTA) (sunset 12/31/10).....	1/1/10	-5	-5	---	---	---	---	---	---	---	---	---	-10	-10

----- Estimate Included in Item LC.25. -----

Page 4

Provision	Effective	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010-15	2010-20
23. Exception under Subpart F for active financing income (sunset 12/31/10).....	tyba 12/31/09	-945	-2,978	---	---	---	---	---	---	---	---	---	-3,923	-3,923
24. Look-thru treatment of payments between related CFCs under foreign personal holding company income rules (sunset 12/31/10).....	tyba 2009	-135	-439	---	---	---	---	---	---	---	---	---	-574	-574
25. Reduction in corporate rate for qualified timber gain (sunset 12/31/10).....	5/23/09	-110	-36	-20	-28	-27	-27	-11	-2	-1	-1	-1	-246	-261
26. Basis adjustment to stock of S corporations making charitable contributions of property (sunset 12/31/10).....	emi tyba 12/31/09	-11	-11	-1	-2	-2	-2	-2	-2	-2	-2	-2	-29	-39
27. Empowerment zone tax incentives (sunset 12/31/10).....	tyba 12/31/09	-203	-103	8	2	1	---	-2	-1	-2	-2	-2	-295	-304
28. Tax incentives for investment in the District of Columbia (sunset 12/31/10).....	tyba 12/31/09	-59	-17	-3	-2	-1	-2	-4	-2	-2	-4	-4	-84	-101
29. Renewal community tax incentives (sunset 12/31/10).....	tyba 12/31/09	-259	-274	-87	-46	-3	-3	-2	-1	1	---	---	-672	-675
30. Increase in limit on cover over of rum excise tax revenues (from \$10.50 to \$13.25 per proof gallon) to Puerto Rico and the Virgin Islands; (sunset 12/31/10) [6].....	abiUsa 12/31/09	-102	-26	---	---	---	---	---	---	---	---	---	-128	-128
31. Economic development credit for American Samoa (sunset 12/31/10).....	tyba 12/31/09	-6	-12	---	---	---	---	---	---	---	---	---	-18	-18
32. Election to temporarily utilize unused minimum tax credits [7].....	tyba 12/31/09	-160	-3,032	167	142	120	102	87	74	63	53	45	-2,660	-2,337
33. Allow mine safety training credit and election to expense equipment against the AMT (sunset 12/31/10).....	tyba 12/31/09	-1	-1	-1	-1	[1]	[1]	[1]	---	---	---	---	-6	-6
D. Temporary Disaster Relief Provisions														
1. National disaster relief														
a. Waiver of certain mortgage revenue bond requirements following Federally declared disasters (sunset 12/31/10).....	doa 12/31/09	-1	-2	-2	-2	-2	-2	-2	-2	-2	-2	-2	-11	-21
b. Losses attributable to Federally declared disasters (sunset 12/31/10).....	tyba 12/31/09	-437	-291	---	---	---	---	---	---	---	---	---	-728	-728
c. Special depreciation allowance for qualified disaster property (sunset 12/31/10).....	eoao doa 12/31/09	-335	-625	-469	-183	-76	-69	-18	97	83	72	65	-1,757	-1,457
d. Net operating losses attributable to Federally declared disasters (sunset 12/31/10).....	lat doa 12/31/09	-21	-380	53	57	49	37	28	21	15	12	9	-205	-120
e. Expensing of qualified disaster expenses (sunset 12/31/10).....	eoao doa 12/31/09	-20	-17	1	1	1	1	1	1	---	---	---	-33	-31

Provision	Effective	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010-15	2010-20
2. New York Liberty Zone:														
a. Special depreciation allowance for nonresidential and residential real property (sunset 12/31/10).....	ppisa 12/31/09	-33	-10	1	1	1	1	1	1	1	1	1	-39	-34
b. Tax-exempt bond financing (sunset 12/31/10).....	bia 12/31/09	-2	-8	-12	-12	-12	-12	-12	-12	-12	-12	-12	-58	-118
3. GO Zone:														
a. Remove limitation on basis qualifying for GO Zone additional depreciation allowance.....	ppisa 12/31/09	-41	-68	-26	-1	1	2	3	4	4	4	4	-133	-114
b. Increase in rehabilitation credit.....	ppisa 12/31/09	-11	-11	[1]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	[2]	-21	-15
c. Work opportunity tax credit with respect to certain individuals affected by Hurricane Katrina for employees inside disaster areas (sunset 8/27/10).....	iha 8/27/09	-6	-1	[1]	[1]	[1]	[1]	---	---	---	---	---	-7	-7
e. Extend placed in service deadline for low income housing tax credit building in the GO Zone (sunset 12/31/12).....	ppisa 12/31/10	---	-8	-29	-40	-40	-40	-40	-40	-40	-40	-40	-157	-357
f. Expand the election for the refundable low-income housing credit for 2010 and the election for the low-income housing grant election for 2009 to the GO Zone and the Midwestern disaster area and Hurricane Ike disaster areas [4] [8].....	[9]	-1,131	-353	108	161	161	161	161	161	161	161	161	-893	-91
g. Extend tax-exempt bond financing in the GO Zone (sunset 12/31/11).....	bia DOE	---	-7	-26	-39	-39	-39	-39	-39	-39	-39	-39	-151	-348
4. Midwestern disaster areas:														
a. Extension of special rules for use of retirement funds.....	[10]	-14	-9	[1]	-1	[1]	[1]	[1]	[1]	[1]	-1	-1	-25	-27
b. Extension of exclusion of certain cancellation of indebtedness income.....	apolia 12/31/09	-1	-1	---	---	---	---	---	---	---	---	---	-2	-2
c. Extend the special allowance for certain Kansas disaster property (sunset 12/31/10).....	ppisa 12/31/09	-25	-14	-1	[2]	[2]	1	1	1	1	1	1	-39	-34
Extension of Expiring Provisions.....		-12,700	-17,966	-1,782	-817	-566	-256	157	233	-36	-17	20	-34,088	-33,735
II. Revenue Provision Contained in Unemployment Insurance, Health, and Other Provisions -														
Extend COBRA Subsidy Eligibility Period to to December 31, 2010 [4] [11].....	[12]	-4,685	-4,144	-1,140	-60	42	26	16	6	1	---	---	-9,962	-9,939

Provision	Effective	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010-15	2010-20
III. Pension Funding Relief [4] [13]														
A. Provide Temporary Defined Benefit Plan Funding Relief for Single-Employer Plans														
1. Extended period for defined benefit plans to amortize certain shortfall amortization bases.....	pyba 12/31/07	110	778	1,595	1,523	858	467	238	-135	-1,006	-1,743	-1,380	5,331	1,305
2. Application of extended amortization period to plans subject to prior law funding rules.....	[14]													
3. Lookback for benefit accrual restriction.....	[15]													
4. Lookback for Credit Balance Rule for Plans Maintained by Charities.....	[16]													
B. Provide Temporary Defined Benefit Plan Funding Relief for Multiemployer Plans														
1. Adjustments to funding standard account rules; reporting clarification.....	[17]	9	34	56	79	99	117	134	132	99	40	-2	394	797
Total of Pension Funding Relief.....		119	812	1,651	1,602	957	584	372	-3	-907	-1,703	-1,382	5,725	2,102
IV. Offset Provisions														
A. Black Liquor														
1. Exclusion of unprocessed fuels from the cellulose biofuel producer credit.....	fsoua DOE		5,452	6,137	5,247	2,930	1,465	419					21,231	21,650
2. Prohibition on alternative fuel credit and alternative fuel mixture credit for black liquor.....	fsoua 12/31/09 generally DOE													
B. Increased Reporting Requirements for the Homebuyer Credit.....														
C. Codify Economic Substance Doctrine and Impose Penalties for Underpayments.....	teia DOE	74	347	450	512	543	556	568	582	597	613	630	2,483	5,474
D. Increase Information Return Penalties.....	irrbfo/a 1/1/11		30	41	42	42	43	43	43	44	45	47	197	419
E. Clarify That Bad Check Penalty Applies to Electronic Checks and Other Payment Forms.....	ita DOE	2	4	4	4	5	5	5	5	5	5	5	24	49
F. Application of Levy to Payments to Federal Vendors Relating to Property.....	laa DOE	6	13	13	13	14	14	14	15	15	15	15	73	147
G. Authorize Post-Levy Due Process.....	lia 12/31/10		39	37	37	38	39	40	40	41	42	43	189	395
H. Allow Participants in Governmental 457 Plans to Treat Elective Deferrals as Roth Contributions.....	tyba 12/31/10		12	17	25	36	48	56	60	69	83	100	138	506
I. Allow Rollovers from Elective Deferral Plans to Roth Designated Accounts.....	DOE	1	2	2	2	3	6	10	15	21	28	37	16	127
J. Require Information Reporting for Rental Property Expense Payments.....	pma 12/31/10		[2]	227	239	251	261	275	285	299	314	325	978	2,476
K. Additional Provision - Revision To The Medicare Improvement Fund.....														
Total of Offset Provisions.....		83	5,899	6,928	6,121	3,862	2,437	1,430	1,045	1,091	1,145	1,202	25,329	31,243

Estimate Included in Item III.A.I.

Estimate Included in Item III.A.I.

Estimate Included in Item III.A.I.

Estimate Included in Item IV.A.I.

Negligible Revenue Effect

Estimate to be Provided by the Congressional Budget Office

Provision	Effective	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010-15	2010-20
V. Satellite Television Extension.....	---													
----- Estimate to be Provided by the Congressional Budget Office -----														
VI. Other Provisions - Increase in the Medicare Physician Payment Update.....	---													
----- Estimate to be Provided by the Congressional Budget Office -----														
NET TOTAL		-17,183	-15,399	5,657	6,846	4,295	2,791	1,975	1,281	149	-575	-160	-12,996	-10,329

Joint Committee on Taxation

NOTE: Details may not add to totals due to rounding.

Legend for "Effective" column:

abiUSA = articles brought into the United States after
 api = appliances produced in
 apoia = amounts paid or incurred after
 bia = bonds issued after
 cma = contributions made after
 cmi = contributions made in
 cyba = calendar years beginning after
 dda = decedents dying after
 Dmi - distributions made in
 doa = disasters occurring after
 DOE = date of enactment
 eoao = expenditures on account of

epasa = electricity produced and sold after
 epoia = expenses paid or incurred after
 epoid = expenses paid or incurred during
 fpa = fuel produced after
 fpisa = facilities placed in service after
 fsoua = fuel sold or used after
 iha = individuals hired after
 irrbfo/a = information returns required to be filed on or after
 ita = instruments tendered after
 laa = levies approved after
 lia = levies issued after

lat = losses attributable to
 paa = penalties assessed after
 pma = payments made after
 ppa = property purchased after
 ppisa = property placed in service after
 pyba = plan years beginning after
 qfatpca = qualified film and television productions commencing after
 teia = transactions entered into after
 tyba = taxable years beginning after
 tyca = taxable years ending after

[1] Loss of less than \$500,000.

[2] Gain of less than \$500,000.

[3] Effective as if included in section 339 of the American Jobs Creation Act of 2004.

[4] Estimate includes the following outlay effects:

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010-15	2010-20
Grants for energy efficient appliances	68	2	---	---	---	---	---	---	---	---	---	69	69
Election for refundable low-income housing credit for 2010.....	3,112	1,334	---	---	---	---	---	---	---	---	---	4,446	4,446
COBRA.....	358	291	591	89	---	---	---	---	---	---	---	1,328	1,328
Expansion of LIRC credit for 2010 and LIRC grant for 2009.....	1,131	374	---	---	---	---	---	---	---	---	---	1,505	1,505
Single and multi-employer pension funding provisions	---	---	-75	-125	-200	-275	-125	-100	-25	100	150	-675	-675

[5] Effective for dividends with respect to taxable years of regulated investment companies beginning after December 31, 2009.

[6] Estimate provided by the Congressional Budget Office.

[7] Provision does not apply for taxable years beginning after December 31, 2010.

[8] Estimate includes interaction with item to extend placed in service deadline for low income housing tax credit building in the GO Zone.

[9] The provision related to the refundable low-income housing credit is effective on the date of enactment. The provision related to the low-income housing grant election is effective as if enacted in the American Recovery and Reinvestment Tax Act of 2009.

[Footnotes for ICX-9-10 appear on the following page]

Footnotes for JCX-9-10:

- [10] Effective as if included in the Heartland Disaster Tax Relief Act of 2008.
- [11] Estimate has been updated to reflect enactment of H.R. 4691. Estimate includes interactions with unemployment insurance. Estimates for the rest of this title will be provided by the Congressional Budget Office.
- [12] Generally effective as if included in the American Recovery and Reinvestment Act of 2009.
- [13] Estimates do not include outlay effects that are provided by the Congressional Budget Office as part of Footnote 4.
- [14] Effective as if included in the Pension Protection Act of 2006 (with special rules for eligible charity plans).
- [15] Effective for plan years beginning on or after October 1, 2008 (with special rules for plans with a valuation date other than the first day of the plan year).
- [16] Generally effective for plan years beginning after August 31, 2009; for plans with a valuation date other than the first day of the plan year, effective for plan years beginning after December 31, 2008.
- [17] Generally effective as of the first day of the first plan year beginning after August 31, 2008, with restrictions on certain plan amendments increasing benefits effective as of date of enactment.

The ACTING PRESIDENT pro tempore. The question is on agreeing to the motion to concur in the House amendments to the Senate amendment to the House amendment to the Senate amendment to H.R. 2847.

Mrs. MURRAY. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD), is necessarily absent.

Mr. KYL. The following Senators are necessarily absent: the Senator from Utah (Mr. BENNETT) and the Senator from Idaho (Mr. CRAPO).

The ACTING PRESIDENT pro tempore. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 68, nays 29, as follows:

[Rollcall Vote No. 55 Leg.]

YEAS—68

Akaka	Feingold	Mikulski
Alexander	Feinstein	Murkowski
Baucus	Franken	Murray
Bayh	Gillibrand	Nelson (FL)
Begich	Hagan	Pryor
Bennet	Harkin	Reed
Bingaman	Inhofe	Reid
Bond	Inouye	Rockefeller
Boxer	Johnson	Sanders
Brown (MA)	Kaufman	Schumer
Brown (OH)	Kerry	Shaheen
Burr	Klobuchar	Snowe
Burris	Kohl	Specter
Cantwell	Landrieu	Stabenow
Cardin	Lautenberg	Tester
Carper	Leahy	Udall (CO)
Casey	LeMieux	Udall (NM)
Cochran	Levin	Voinovich
Collins	Lieberman	Warner
Conrad	Lincoln	Webb
Dodd	McCaskill	Whitehouse
Dorgan	Menendez	Wyden
Durbin	Merkley	

NAYS—29

Barrasso	Graham	McConnell
Brownback	Grassley	Nelson (NE)
Bunning	Gregg	Risch
Chambliss	Hatch	Roberts
Coburn	Hutchison	Sessions
Corker	Isakson	Shelby
Cornyn	Johanns	Thune
DeMint	Kyl	Vitter
Ensign	Lugar	Wicker
Enzi	McCain	

NOT VOTING—3

Bennett	Byrd	Crapo
---------	------	-------

The motion was agreed to.

Mr. ROCKEFELLER. Mr. President, I move to reconsider the vote and to lay that motion upon the table.

The motion to lay upon the table was agreed to.

The ACTING PRESIDENT pro tempore. The Senator from Nebraska.

ORDER OF PROCEDURE

Mr. JOHANNIS. I ask unanimous consent to speak as in morning business, and I would also like to lock in, if you will, that Senator LANDRIEU will follow me.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

USDA ANIMAL IDENTIFICATION SYSTEM

Mr. JOHANNIS. I rise today to discuss the U.S. Department of Agriculture's Animal Identification System. Over the past several years, USDA has administered a system called the National Animal Identification System, NAIS.

The ultimate goal of the system was to keep track of animal movements so that we could trace back animals in the event of a disease outbreak. The first step under animal ID was to register farms where animals are housed, also known as premises, and that registration was to occur in a database.

After registering a premise, a producer could identify individual animals or groups of animals that moved to or from a premise, each given an individual ID number. This system worked for those who wanted to use it. But no one was forced to participate. In other words, it was a voluntary system.

If producers wanted to participate in the program so they could keep track of an animal's movements or because a trading partner might be more inclined to buy their product, or for any reason that worked well with their operation, then it was there for them. It was at their disposal.

But as long as NAIS was in existence, it was a voluntary program. Now, recently, on February 5, 2010, USDA announced it was doing away with that and developing a new framework for animal disease traceability in the United States.

It caught my attention as a former Secretary of Agriculture. The Obama administration completed a series of listening sessions held by USDA's Animal and Plant Health Inspection Service—we refer to them as APHIS—and those were done just last year.

Having held farm bill forums across the country as the Secretary of Agriculture, I applaud any effort to hear directly from farmers and ranchers. I applaud USDA for seeking input on NAIS. I was very appreciative that, at my request, one of those animal ID listening sessions was, in fact, held in my own home State of Nebraska.

But I must admit, after the listening sessions I was very surprised at the new framework that the USDA has developed. USDA says the new program is not a mandatory program except for animals that travel to a different State from where they were born.

Think about that. With that little caveat, that basically means the program is a mandatory program for a whole lot of livestock in the United States. You see, anybody who has any farm background or agricultural experience will tell you that the vast majority of animals in this country move to a different State in their lifetime.

It is just simply a fact. Additionally, the program is mandatory not only for premise registration but for the actual

tracking of the animal. Here is the real kicker. State governments will be tasked with keeping track of the livestock under the new system.

It is almost like this administration realized how much opposition there was to a mandatory system—and, believe me, there is—and decided to hand the hot potato to the States. But in doing that, they said, thou shalt do it but keep the headache off our desks.

States are genuinely and rightfully concerned about this new program potentially being dumped on them. I am already hearing from officials and producers in my home State, and they are enormously concerned by this proposal. Some groups are even urging the Nebraska Department of Agriculture, which would be tasked with administering the program, to refuse to participate. And, believe me, this is not the last State that will weigh in on this very controversial proposal.

Later this week, there is a meeting of State departments of agriculture, State veterinarians, and other interested parties to further examine this issue. That is why I am on the Senate floor. I am going to be very anxious to hear their input and to hear the outcome of that meeting because there is great concern in farm country for this proposal. My hope is that conference participants can get some answers to some basic questions.

Consider this: Let's say a Nebraska farmer buys a Nebraska calf with no tracking number and puts it out in a Nebraska pasture. So that is in state. That is pretty clear. No need to comply.

Sometime later, after that calf has gained some weight, it is then taken to the auction barn, the sale barn. At this point, in the sale barn, there are multiple buyers from all over the country typically. There could be buyers from Nebraska and Kansas, Iowa, and other States. They are all in the arena to bid on their calves.

But apparently only buyers from Nebraska could make bids even though other buyers from other States might offer more money. Let's say by chance a Nebraska feedlot is the highest bidder and buys the calf, still in state, can feed that calf out—still no need to comply with the animal ID program. But now, some months later, the steer is ready to go to the packing plant, but the plant is on the other side of the river in another State, and they will pay more than a plant in state for that animal. Wait a second. Can the feedlot owner sell to the Iowa meat processor? Apparently not because the two owners prior to him chose to not participate in the program.

The bottom line: Many livestock auctions attract bidders from in state and States all over the country. So one can assume all animals sold through an auction barn will be required to have animal ID. For those who have been to

these sales, can you imagine literally the auctioneer stopping the sale and saying: These animals are not registered; only Nebraska purchasers can buy the animals. If they were not ID'd, auctioneers would literally have to stop the bidding and announce where the potential seller resides for each animal without a tracking number. Then many of the buyers must sit on the sidelines, visit the bathroom, go to the vending machine, anything but bid on their calf. Can you imagine. It just doesn't make any sense. What will be the viability of the cattle operations in this country for that sale barn? What about the rancher who sells some of his cattle in state and some of it goes to facilities in other States? Will that person be required to tag some of the animals in the feedlot but not others? He or she is going to spend more time trying to figure out how to comply with the USDA program than he or she will spend ranching. Producers are basically going to be forced to fully participate in the program. I think the USDA knows it. If a potential buyer is from another State, there can be no deal unless the animal has the tracking number.

This looks like a backdoor mandate that is being packaged as something else. Worse yet, the package is being delivered and dropped on the doorstep of our States. Let's face facts. This so-called new animal ID plan is a mandatory system, when it was promoted as a voluntary one. In my judgment, to be blunt, this is a wolf in sheep's clothing, but America's farmers and ranchers are not going to be fooled. They know better than anyone that the vast majority of agricultural commerce occurs across State lines and even country to country. They deserve better.

Let me be clear. I did not come here to be critical of the fact that USDA is considering new approaches. In fact, I acknowledge that when I was the Secretary, I called a timeout to fully understand the complexities of the animal ID and to hear from producers. I openly said: I am considering making this a mandatory program. I thought a mandatory approach might be necessary, and we listened and studied it very closely.

Then we went to the countryside. We listened to farmers and ranchers. What we heard overwhelmingly is: Mike, do not make this a mandatory program. We realized that producers already comply with a laundry list of Federal regulations. In this administration, it grows by the day. They take numerous steps to ensure the safety of their animals. That is their livelihood. Mandating an animal identification system would have been one more costly burden dictated on the rancher by the Federal Government.

I appeal to my friend Secretary Vilsack. We were Governors together. I know where you are coming from. I

went down that road too. I can tell you, Mr. Secretary, it is a dead end. On one hand, USDA has acknowledged the broad and deep opposition in the countryside when the administration seemed to say: We are going to go forward anyway. Our producers themselves have spent years trying to understand what NAIS is about. There is no repackaging that will convince them another Federal mandate is a good idea. Does this administration think States will embrace this hot potato with all the costs and the unanswered questions that go with it? I don't see it. The old NAIS system was not perfect. We always acknowledged that. This is hugely complicated. But calling it voluntary and then leaving producers no real choice is far from perfect, and, most importantly, it is not a solution.

I urge the USDA to reconsider.

I yield the floor.

The PRESIDING OFFICER (Mr. BURRIS). The Senator from Louisiana is recognized.

SMALL BUSINESS

Ms. LANDRIEU. I am pleased to speak as chair of the Small Business Committee with several of my colleagues from the committee who have been hard at work coming up with ideas, drafting and passing legislation in the Small Business Committee over the last 3 months, particularly to get ready for this time. It is time that this Senate and Congress moved a third jobs bill with a focus on small business in America.

I acknowledge the members of the Small Business Committee. Two of them will join me this morning, and we will all, hopefully, be on the floor in the next couple of days talking about the importance of focusing on small business job creation. My ranking member, of course, is the great Senator from Maine, Ms. SNOWE; JOHN KERRY, former chair of the committee; CHRIS BOND, former chair; CARL LEVIN; DAVID VITTER; TOM HARKIN; JOHN THUNE; JOE LIEBERMAN; MIKE ENZI; MARIA CANTWELL; JOHNNY ISAKSON; EVAN BAYH; ROGER WICKER; MARK PRYOR; JAMES RISCH; BEN CARDIN; JEANNE SHAHEEN; and KAY HAGAN. Let me say that these members have been extraordinary. We have passed not one, not two, not three, not four, but five fairly significant pieces of legislation in a completely bipartisan fashion. The bills I will highlight this morning have been passed by our committee by large and convincing margins: 18 to 0, 15 to 3, 16 to 4. We are proud of the work we have done.

My call to the Senators this morning is to get our eyes off of Wall Street and onto Main Street. If we really want to dig out of this recession, created by a number of things—failed policies from the past administration, a confluence

of the crash of the stock market and the financial sector, poor regulation from us over time—the people who have really suffered are the small business owners who, unlike large businesses and public companies, have put everything at risk—their future, their house, their children's future—everything at risk to create business because that is what Americans do, and we do it better than any country on Earth.

We recognize the strength of American business. It is about entrepreneurship. That is what the Small Business Committee is focused on. We want attention—and we will get it—to this issue.

I thank the members for their hard work and support. In this toxic environment, to get anything out of a committee with that kind of vote, we deserve a round of applause before we even start. But that is another story for another day.

Now we have to move the bills through the process. I want to share this graph, which is telling. Of the share of net new jobs created, 65 percent of the new jobs created by everything we do here will be created by small business, not by big business. Large firms are shrinking, reorganizing, sort of waiting for the market to come back. I understand that. They have a fiduciary responsibility. These folks are out there taking the big risk. When the way is not clear, when it is still cloudy, it is small businesses taking a chance that maybe things will turn around. These are the people we have to get our eyes on.

As chair of the Small Business Committee, I have heard for months that small businesses want to hire new workers. They need to hire new workers. They can expand their business, but they don't have the ability.

Small business owner Ray Meche, who owns several neighborhood pharmacies in southwest Louisiana, has an excellent track record. He has been in business for over 20 years. He has never missed a payment. He can't get a loan because he uses the small business lending program and he is capped at \$2 million. One of our bills would raise that cap to \$5 million. That is something we must do now. Until we do, business owners such as Ray wait. They wait to get larger loans to expand their businesses. They wait for a government contract. They wait for opportunities for counseling as they attempt to boost sales by tapping into potential markets overseas.

I want to show an export chart which is also telling. When I saw this, I had my staff use it at every townhall I do because I actually didn't believe it. I made them go back and do it several times because it was so contrary to my notion of the world. But it is true. This is the truth. Of all small businesses in America, of every one we know, less than 1 percent export their goods out

of the country. Think about that. When the market in America is soft and our businesses are trying to create jobs, we can do what we can to energize these markets at home, but we most certainly should be looking overseas. I can tell you why small businesses would be a little nervous about it. Because they have never negotiated with big trade representatives China and Korea and Germany and France. It could be a little intimidating. They have great products. With the Internet, they have the world at their fingertips. What they don't have is an export bill by their own Congress that gives them an opportunity to get the training and technical assistance through departments we already pay for, departments that are already set up but just aren't focused on small business and helping them trade.

I want to see this pie chart expanded. I don't know if we can expand it to 10 percent of small businesses or 20 percent, but we can't sit at 1 percent while our people lose jobs here. That is why this package is important.

I thank Senator SHAHEEN for her extraordinary leadership and also my ranking member, Senator SNOWE, who has spent a great deal of time talking in the committee and in hearings about the opportunity for trade. That is what this package does as well.

I want to present the Access to Capital Coalition that is behind us. We did not come here to the floor alone. We

have an extraordinary coalition for a jobs agenda from small business groups all over America, from the small business groups represented by the Chamber of Commerce, to the Federation of Small Business, to the San Francisco Small Business Network, to the Greater Providence Chamber of Commerce, the Marin Builders Association, the Main Street Alliance, just to read a few, Oregon Small Business for Responsible Leadership.

This list represents hundreds of thousands of businesses that say to me every day: Senator, does anybody know we are here? Every day we pick up the paper and we read about AIG, Goldman Sachs, General Motors, Exxon. We think those companies are great. We hope maybe to be as big as they are one day. But does anybody know we are here?

I know you are there. We are going to fight hard for you, and we are going to pull this coalition together to focus on the one group of people in America who can actually create jobs, which would be the small businesses, found in every neighborhood, on every Main Street, in urban areas, suburban areas. And, yes, even rural areas can create the kind of jobs we need to lift this Nation out of the worst recession since the Great Depression.

I say to the Presiding Officer, you were a banker. You understand the importance of lending money to small businesses and getting it to them when

they need it quickly. You established extraordinary opportunities in your home State of Illinois. That is what this package of bills does that has passed out of the Small Business Committee and is pending for action in this Senate.

Small businesses have borne the greatest burden in this economy. They are the business that have the greatest potential to improve it. By making these simple, inexpensive, and commonsense proposals to help small businesses, we can turn pink slips into paychecks for American workers, and we can lift our entire Nation out of this terrible recession into a brighter day in the future.

So, again, I thank my colleagues on the committee for working in such a bipartisan manner.

Mr. President, I ask unanimous consent to have printed in the RECORD an outline of the five bills that make up this package, S. 2869, the Small Business Job Creation and Access to Capital Act; S. 2862, the Small Business Export Enhancement and International Trade Act; S. 2989, the Small Business Contracting Improvement Act; S. 1229, the Entrepreneurial Development Act; and S. 1233 the SBIR/STTR Reauthorization Act.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

ADDRESSING SMALL BUSINESS NEEDS TO CREATE JOBS

- | | |
|--|--|
| <p>S. 2869, the Small Business Job Creation and Access to Capital Act of 2009. (Landrieu/Snowe).</p> | <p>Increases 7(a) loans limits from \$2 million to \$5 million; 504 loans from \$1.5 million to \$5.5 million, and microloans from \$35,000 to \$50,000.</p> <p>Allows the 504 loan program to refinance short-term commercial real estate debt into long-term, fixed rate loans.</p> <p>Extends the authorization to provide 90 percent guarantees on 7(a) loans and fee elimination for borrowers on 7(a) and 504 loans through December 31, 2010.</p> <p>CBO Score: \$23 million over six years—loan limit increase and refinance programs are budget neutral.</p> <p>Passed the Committee on December 17, 2009. Vote of 17-1.</p> <p>SBA has estimated the loan increase would increase lending to small businesses by \$5 billion the 1st year.</p> |
| <p>S. 2862, the Small Business Export Enhancement and International Trade Act of 2009. (Snowe/Landrieu).</p> | <p>Improves the SBA's trade and export finance programs.</p> <p>Elevates the Office of International Trade within the SBA and adds export finance specialists to the SBA's trade counseling programs.</p> <p>Establishes the State Export Promotion Grant Program (STEP), which would increase the number of small businesses that export.</p> <p>Improves coordination between federal and state agencies and SBA resource partners.</p> <p>CBO Score: \$69 million over six years.</p> <p>Passed the Committee on December 17, 2009. Vote of 18-0.</p> <p>Leverages more than \$1 billion in export capital for small businesses, creating/saving as many as 40,000-50,000 jobs in 2010.</p> |
| <p>S. 2989, the Small Business Contracting Improvement Act of 2010 (Landrieu/Snowe).</p> | <p>Closes loopholes in bundling.</p> <p>Eases payment concerns for subcontractors.</p> <p>Eases restrictions on teaming agreements and JV arrangements so small businesses have an opportunity to go after larger contracts.</p> <p>CBO Score: TBD</p> <p>Passed the Committee on March 4. Vote was unanimous.</p> <p>Increasing contracts to small businesses by just 1 percent can create more than 100,000 jobs.</p> |
| <p>S. 1229, the Entrepreneurial Development Act of 2009. (Landrieu/Snowe).</p> | <p>Reauthorizes for three years and strengthens the SBA's counseling programs: Small Business Development Centers, Women's Business Centers, SCORE, the Program for Investment in Microentrepreneurs (PRIME).</p> <p>Creates initiatives to increase business opportunities for veterans and Native Americans.</p> <p>CBO Score: \$614 million over five years.</p> <p>Passed the Committee on July 2, 2009. Vote of 18-0.</p> <p>Estimated to creating/saving more than 190,000 jobs in 2010.</p> |
| <p>S. 1233, the SBIR/STTR Reauthorization Act of 2009. (Landrieu/Snowe).</p> | <p>Reauthorizes the SBIR and STTR programs for eight years.</p> <p>Increases the allocation from 2.5 to 3.5 percent over ten years for the SBIR program.</p> <p>Increases from .3 to .6 percent for the STTR program.</p> <p>Adjusts the awards sizes for inflation and caps jumbo awards.</p> |

ADDRESSING SMALL BUSINESS NEEDS TO CREATE JOBS—Continued

Makes eligible a certain percentage of SBIR projects for firms majority owned and controlled by multiple venture capital firms.

CBO Score: \$229 million over five years.

Passed the Committee on July 2, 2009. Vote of 18–0.

Estimated to provide more than \$2 billion in R&D funding for public-private partnerships between the government and small, high-technology firms and to create more than 500 new small businesses a year.

Ms. LANDRIEU. We will take them up, hopefully, in a package at a later date, but I want to call my colleagues' attention to the package of bills that will expand loan limits, expand contracting opportunities with the Federal Government, which, by the way, spends billions of dollars right now with business. If we just spend a little bit more with small business, these small businesses—instead of absorbing the contracts, which the big businesses do—will have to hire up.

Mr. President, I ask unanimous consent for 30 more seconds.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. LANDRIEU. Small businesses, when they get a contract from the Federal Government, will staff up because that is what small businesses do. They are very flexible. They are very agile. They will scale down, and they can scale up quickly.

So I am proud of this package. I want to recognize two of my members who are on the Senate floor: former Governor and now a Senator from New Hampshire, JEANNE SHAHEEN, who has been a great leader on this issue—I thank you, Senator—and also Senator BEN CARDIN from Maryland. He has been a particularly strong leader on the contracting for small businesses. So I would like to ask the Senator to join me in her remarks this morning.

The PRESIDING OFFICER. The Senator from New Hampshire is recognized.

Mrs. SHAHEEN. Mr. President, I ask unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mrs. SHAHEEN. Mr. President, I am so pleased to join Chairman LANDRIEU and my colleague, Senator BEN CARDIN. Hopefully, he will be able to speak after me to talk about the importance of small businesses and what we have to do to support small business in this country.

Small businesses in New Hampshire and across the country, as Senator LANDRIEU has said, are struggling. Of the jobs lost last year, almost 40 percent came from businesses with 50 or fewer employees. While we have taken important steps to bring back the economy from the brink of depression, sales and consumer demand are still too low and too many small business owners remain frozen out of credit markets.

This economy is not going to fully recover until our small businesses fully recover. In the past, it has been small

businesses that have created most of the jobs coming out of a recession, and this recovery is going to be no different. If we want to see job growth in this country, we need to take action to help small businesses get back on their feet.

Now, as a former small business owner, I know it is business and not government that creates jobs and drives innovation and new ideas. But I also know government has an important role to play in helping small business create jobs, especially in these very difficult economic times.

Under the leadership of our chair, Senator LANDRIEU, who has done a great job, along with our ranking member, Senator SNOWE, in the last several months the Small Business Committee has produced five major pieces of legislation to help small companies create jobs again, and Senator LANDRIEU has laid those out for people. I am proud to be a sponsor of all five of these bills.

They spur research and innovation. They ensure small businesses get their fair share of government contracts. They expand SBA lending programs so small businesses can obtain affordable credit. They strengthen the technical services the SBA can provide. And they help small businesses gain access to international markets to sell their goods and services.

These bills, as we have heard Senator LANDRIEU say, are bipartisan efforts that passed the committee with nearly unanimous votes from both Republican and Democratic members. I hope we are soon going to see these bills on the floor of the Senate and that they will pass unanimously.

All of the bills are important. But today I want to focus on what we can do to help open global markets to small business because I strongly believe that in order to have a sustained recovery from this recession, we need to expand exports. Domestic consumer demand in the United States simply will not rise to the level it was before the recession.

The good news is that the potential for export growth is enormous. Over 95 percent of the world's customers live outside of the United States. But as we saw so dramatically on that chart Senator LANDRIEU just showed, only about 1 percent of small businesses export their goods and services, and small companies that do export usually only sell to one foreign market, while larger companies typically sell to five or more foreign markets.

Emerging markets in developing countries such as China, India, and

Brazil offer great opportunities for growth. By 2020, about 90 percent of the world's population will live in emerging markets. There is a huge potential for smaller companies to tap these markets to grow their businesses and to create jobs.

I have long been an advocate for exporting because international markets are very important to New Hampshire. I was the first Governor to lead a trade mission from New Hampshire overseas, and those trade missions I led brought back about \$500 million in sales for New Hampshire businesses.

Small business generates almost half of New Hampshire's total exports, and we have some great success stories.

Dartware, a software developer in West Lebanon, on the western side of our State, first started exporting to Canada—which neighbors New Hampshire, for those people who are not sure on their geography. Now they sell to more than 80 countries. During this recession, exporting has made a huge difference on their bottom line. Last year, their international sales were 33 percent of their total sales. This past January, export sales represented 63 percent or almost double their total sales.

Another company, a small business called Sky-Skan, in Nashua, designs and produces state-of-the-art technologies for planetariums. You would not think there would be that many planetariums around the world, but they have exported their products and services to over 120 countries. Even in the midst of one of the most difficult economies in our Nation's history, Sky-Skan was able to bring on 10 new employees.

In his State of the Union speech, President Obama set a goal of doubling American exports in the next 5 years. He recently signed an executive order creating an Export Promotion Cabinet. I strongly support those efforts. I know other members of the Small Business Committee do as well.

A recent World Bank study found that each dollar spent on export promotion and assistance brought a fortyfold return. Right now, the United States spends considerably less than the international average in helping small businesses export. Government export promotion and assistance is a smart investment that helps create jobs. One of the important actions we need to take in the Senate to help improve export promotion is to quickly enact the Small Business Export Enhancement and International Trade Act of 2009—one of those five pieces of legislation Senator LANDRIEU laid out.

We need to make the SBA a more valuable resource for small businesses looking to export their goods and services, and this bill does just that. I hope as these bills come to the floor of the Senate, we will take a close look and we will recognize that if we are going to help small businesses export, then we have to give them the tools to do that. This legislation does that. It helps small companies finance their exports by increasing loan limits and guarantees in SBA export loan programs and expanding the number of SBA finance specialists who are posted around the country.

This bill directs the SBA to collaborate more with other agencies that provide services and programs for small exporters—something the SBA has begun doing under the leadership of Administrator Karen Mills.

More U.S. exports abroad mean more jobs at home. We can and must do more. We must do it smarter to help small companies compete globally. If we do not, we risk falling behind, and our economy, our businesses, and our families will lose out.

Mr. President, I yield the floor and look forward to hearing from my colleague, Senator CARDIN.

The PRESIDING OFFICER. The Senator from Maryland is recognized.

Mr. CARDIN. Mr. President, I also ask unanimous consent to speak as in morning business as part of the comments made by Senator LANDRIEU and Senator SHAHEEN.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CARDIN. Mr. President, we are here today to talk about the importance of job creation in our economy. We all know we need to create jobs. The way to create jobs is to help small businesses. Too much of the focus over the last couple years has been in helping the large companies, the large banks. We need to focus on small companies in order to create new job opportunities for Americans.

I compliment Senator SHAHEEN for her comments. She is absolutely right. Small businesses can create many jobs in the United States by creating products that are wanted around the globe. The problem is, it is very complicated for a small business owner to have the type of staff to deal with the difficulties of entering the international marketplace.

Senator SHAHEEN pointed out very clearly that the legislation Senator LANDRIEU has been instrumental in bringing forward in the Small Business Committee that deals with enhancing international trade for small companies, S. 2862, will provide more jobs in America by helping smaller companies be able to get their products into the international marketplace. That makes common sense.

As I said in the beginning, we need to create more jobs. Senator LANDRIEU, in

her leadership on the Small Business Committee, has made that our top priority, and I congratulate her for bringing this to our attention.

We know over 50 percent—over 50 percent—of private sector jobs are with small companies. We know 64 percent of the net new jobs during the past 15 years have come from small companies. That is where the job growth will be. We are talking about creating jobs. We create more jobs through small companies, but we have to help them because they have many obstacles today to be able to create those new jobs.

Forty percent of high-tech workers work for small companies. This is a very interesting statistic. There are 13 times more patents per employee in small companies than in larger companies. Innovation comes from our smaller companies. It does not mean we ignore larger companies. They have opportunities small companies do not have. But if we are going to create the jobs and innovation, we have to have a healthy atmosphere for small businesses today, and we need to do a better job.

What is the problem? Problem No. 1 is credit. Small companies cannot get traditional credit. Many large banks have just closed out giving loans to small companies. I can tell you of the calls I have gotten in my office, the letters I have gotten. There is a high-tech company located in Hunt Valley, MD. It is a small business that cannot get a bank to make a refinancing loan so that high-tech company can expand. They are doing very well. Their customer base would be very familiar to many of the Members of the Senate. But they cannot get a bank to be their partner in this environment because they are a small company.

As a result, many small companies, many small businesses resort to the use of their personal credit cards—their personal credit cards—in order to finance their business. One-third of small companies have over 25 percent of their overall debt from credit cards. Fifty percent of small businesses' interest rates are 15 percent or higher. That is not sustainable. You can't run a business based upon that type of financing. We have to do much better in that regard.

That is why I was particularly pleased by S. 2869, which Chairman LANDRIEU has brought forward with Senator SNOWE, that would strengthen the SBA's capacity to make credit available to small businesses. It would increase the 7(a) loan program. The 7(a) loans are the traditional loans small businesses get in order to finance their operations. It would increase the amount from \$2 million to \$5 million and continue the 90-percent Federal guarantee. The 504 loans, which are used primarily for bricks and mortar, would increase from \$1.5 million to \$5.5

million. The microloans, which give a business the opportunity for working capital so they can move forward with an innovation and an idea and create jobs, increase from \$35,000 to \$50,000. That tells us how important that is to a small business. That extra \$15,000 can be the difference between developing an idea to create jobs or not.

I congratulate Chairman LANDRIEU for bringing forward that legislation. It passed our committee by a 17-to-1 vote. This is a strong bipartisan bill that we hope will be made permanent.

I think we need to do more. I have introduced legislation that follows in the direction of the President. President Obama has suggested we take some of the TARP funds and use it to help community banks make loans to small businesses. I think we should look at having direct loans by the SBA to small businesses, certainly as a backup, if the private sector is not going to show enough interest to help our small businesses.

I know there are other suggestions to help our States. Governor O'Malley has suggested a program that could use some additional Federal support and get money out quickly to small businesses for credit. We need to focus on that because there is a credit crisis for small businesses. We need to be able to do better than we are doing today if we are going to be able to create jobs. In every State in the Nation, I know my colleagues have heard from their small business owners that they can't get affordable credit. We need to act in order to bring us out of this current economic downturn.

There are other bills I wish to mention briefly. Chairman LANDRIEU mentioned the bill I have been involved with, S. 2989, the Small Business Contracting Improvement Act. Small businesses depend upon government procurement as an effort to get started and to grow. The problem is, there is this cozy relationship between procurement officers and larger companies, so they have developed into practices that have hurt small companies in being able to get the set-asides that we in Congress said they should get. So what the contractor for the government agency does is bundle a lot of contracts that should be offered individually, but they bundle them to make them too large for small businesses to be able to bid on. This legislation deals with the abuses of bundling. I congratulate our chair for bringing that forward.

It also deals with the abuses between subcontractors and prime contractors. It is no surprise to anyone here that small businesses are more likely to be subs. Well, we don't have transparency and openness and timely payments to the subs. The prime contractor is abusing privileges, and we have a responsibility to make sure the law is carried out with the set-asides to small businesses in our procurement policies.

This legislation, which passed our committee by a unanimous vote earlier this month, I think will go a long way to helping small businesses create jobs in our community.

There is other legislation that is out there to strengthen the SBA counseling program that Chairman LANDRIEU mentioned. I think that is an important bill. It passed our committee by a 19-to-0 vote—again, strong bipartisan support.

There is another program I wish to mention quickly, because during the Recovery Act there should have been funds set aside for the SBIR/STTR programs. They were not. We have spoken about that before in this body. The legislation that passed our committee by an 18-to-0 vote would increase the allocations for the SBIR and STTR programs, which are high-tech set-asides for small high-tech companies, which help us develop innovation technology here in America, keeping jobs in America and expanding jobs in America. It would increase that set-aside from a modest 2.5 percent to 3.5 percent. It passed our committee by an 18-to-0 vote.

These are all important bills that I hope we will have an opportunity to take up shortly as we look at the next jobs bill. I hope these provisions can be incorporated into legislation we consider. This is bipartisan. I think all my colleagues understand we have to create more job opportunities in America. The way to do it is to help small businesses deal with their current needs.

I will mention one other bill before yielding the floor; that is, the health care bill which will help small businesses. The problem I used to hear the most from my small businesses was about paying health care costs. Now I hear credit. Credit is their No. 1 problem. But we provide a credit—Senator LANDRIEU was helpful in getting this started earlier—to our small businesses so they can afford to provide health care for their employees. I thank Senator LANDRIEU for that provision. That is going to help small companies and help job growth.

We also created the exchanges. These are the exchanges where a small company can go in and buy health insurance policies. I can't tell my colleagues how many times I have heard from a small business owner saying: I am getting ripped off. I have no choice with an insurance plan I can take. I have a 30-percent increase, a 40-percent increase in premiums. My employees' health didn't deteriorate. Our costs didn't go up by that, but I have no choice. There is no other company I can get a policy with.

Well, under health reform, we provide options and choice and competition for the small business owner. Today, they are paying, on average, 20 percent more than large companies pay for comparable insurance coverage for their

employees. That practice needs to end. We shouldn't be discriminating against small businesses in America, and we take major steps forward to eliminate that discrimination.

These are all things we can do to create jobs in America, to help our small businesses, help our Nation, help our recovery, and help us grow as a nation, to be even more competitive, offering good jobs to the people in our communities who are seeking employment.

With that, let me yield the remainder of my time to the chairman of the Small Business Committee, the Senator from Louisiana.

The PRESIDING OFFICER. The Senator from Louisiana.

Ms. LANDRIEU. Mr. President, again, I thank my colleagues both, and particularly Senator CARDIN, for that impassioned plea to focus this place on small business. If we are serious about creating jobs, then our focus, our effort, our work should be for the millions of small businesses out there that with just a little bit of tweaking, a little bit of help from an export initiative here, some regulation reform here, loan pools here, changing current law, could help them do what they want to do, which is expand and grow jobs.

I see my colleagues are here to speak, so I am just going to take 1 minute to conclude.

I wish my colleagues to know that while this package is five major bills, there is an initiative that is not in bill form yet, but we are very serious about bringing it forward. It is going to include a provision for there to be a pool of capital available. It may be the way Senator CARDIN has envisioned it, which is direct loans from the SBA. It may be the way Senator LEVIN and Senator WARNER have been talking about, which is an idea to provide guaranteed loan pools to leverage private capital in the country. It may be something Bill Clinton spoke with us about yesterday, which is creating a dynamic new opportunity to retrofit public buildings in America and put people to work and use the savings in energy efficiency to pay back the loans so there is no new taxpayer money spent. It is leveraging the private sector to do two great things: provide jobs immediately and make more efficient every public building in America.

There is more we can do. So as the chairman, let me be very clear. I am very proud of this package. It is five bills. It has passed our committee almost unanimously. As we move this package to the floor, I hope we will get the same cooperation from Republican Members on this floor as we did from the Republican Members who serve on our committee. We have been very open, very sincere in our efforts to pull this package together, and we will continue to work in that good spirit. I hope we are met with that same feeling.

Two more things, briefly. I am probably not going to push to put in this bill a reform piece on credit cards to small businesses because it is not the jurisdiction of our committee; it is primarily the jurisdiction of the Banking Committee. However, I want this Senate to know I am on record today. Senator CARDIN says—and he is correct—how in the world are small businesses in America going to stay in business if they have to pay 15 and 20 percent interest rates? Could anybody tell me this? Is there any small business in America that thinks they can make money, hire people, and pay 20 percent interest rates? It is a shame. It is wrong. We are going to do something about small business credit card rates. I will tell my colleagues why. Because in the old days, not too long ago when the housing market was strong, which it is not today, Americans—who believe in the American dream because we tell them about it when they are 4 years old and they actually believe it when they grow up—their house had \$200,000 or \$300,000 or \$400,000 or \$50,000 in equity. So when they wanted to start a business, they went to their banker and their banker said: How much equity do you have in your house? They said: \$50,000. They wrote them a check that day for \$20,000. They took that amount of money and they bought a stove and they started a business, maybe cooking a little scrambled eggs and ham.

Those days are over with. There is no equity in their homes anymore. When they go to their bank, they don't see a sign that says welcome—and I am not talking about community banks, I am talking about big banks that got all the money from us—they see a sign that says come back next year when things are better. So they have to then dig in their pocket and pull out their credit card. We have done them a great favor. We allow the companies to charge them not 3 percent, not 6 percent, not 10 percent but 20 percent.

I can't put that bill in this package, but I promise my colleagues it is coming. We cannot ask small business to pay 20 percent on their loans. Yes, we have to give them tax relief. But do my colleagues know what they need right now? They need borrowing relief.

So I am going to conclude with that. It is going to be a good package, and we are going to be very smart about how we put it forward. I know we have to take the tough things maybe separately so as to not detain this. But I am on record, and we are going to fight for it until we get it done.

I yield the floor. I thank the Chair.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. McCain. Mr. President, I ask unanimous consent to address the Senate as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. MCCAIN. Mr. President, before I get into the main topic, I obviously appreciate the passion of the Senator from Louisiana. It is unfortunate that she and the majority on the other side refuse to vote for the most important thing we could have done immediately for small business; that is, give them payroll tax relief and take the money out of the stimulus package, so much of which is being wasted on issues such as Davis-Bacon and environmental impact statements. We ought to give small businesses payroll tax relief immediately.

DEMOCRACY AND HUMAN RIGHTS IN RUSSIA

Mr. MCCAIN. Now I wish to take this opportunity to speak about the ongoing cause of human rights and democracy in Russia. These are not issues we hear much about from the current Russian Government, unfortunately, unless it is to denounce those Russian citizens who aspire to these universal values.

I had an opportunity the other week to meet with one of these brave Russian champions of human rights, human dignity, and freedom—a man by the name of Boris Nemtsov. I know several other people and other Members of Congress had a similar opportunity to speak with him. Mr. Nemtsov is but one of the many Russians who believe their country deserves a government that enhances and enshrines the human rights of its people in an inviolable rule of law, that allows citizens to hold their leaders accountable through a real Democratic process. This Saturday, March 20, many Russian human rights activists are planning public demonstrations all across their great country—I might add at great risk, since there is very little doubt that the Russian Government may even forcibly repress some of these public demonstrations, which will be peaceful. I asked Mr. Nemtsov what we in Washington could do to support the cause of human rights in Russia, and he simply said: “Speak up for it. Speak up for us.”

It is my pleasure to do that today.

The Russian Government will surely take whatever I say here and similar things said by others and try to paint Russia's champions of human rights and democracy as puppets and proxies of the United States. Of course, they would say and do the exact same thing even if no Americans spoke up for the human rights of Russia's citizens. So we should refrain from internalizing the Kremlin's talking points, especially when Russians themselves are requesting our moral support for their cause. Because the fact is, this isn't about particular individuals or particular demonstrations held this week or any week in Russia. This is about universal values—values that we in the

United States embody but do not own, values that should shape the conduct of every government, be it ours or Russia's or any other country's. When we see citizens of conviction seeking to hold their governments to the higher standard of human rights, we should speak up for them.

This is all the more necessary when we realize the obstacles those citizens face, especially in Russia. I wish to read a passage from the 2009 Country Report on Human Rights Practices, which was recently released by our State Department. Here is how they described the human rights situation in Russia:

Direct and indirect government interference in local and regional elections restricted the ability of citizens to change their government through free and fair elections. During the year, there were a number of high-profile killings of human rights activists by unknown persons, apparently for reasons related to their professional activities. There were numerous credible reports that law enforcement personnel engaged in physical abuse of subjects. Prison conditions were harsh and could be life threatening. Eight journalists, many of whom reported critically on the government, were killed during the year. With one exception the government failed to identify, arrest, or prosecute any suspects. Beating and intimidation of journalists remained a problem. The government limited freedom of assembly, and police sometimes used violence to prevent groups from engaging in peaceful protest.

It will be very interesting to see how the police and the government treat these demonstrations that will take place across Russia on March 20. These conditions would be intolerable in any country, and this conduct would be unacceptable for any government. Clearly, Russia today is not the Soviet Union, neither in its treatment of Russia's people nor in its foreign policy. But I fear that may be damning with faint praise, and Russians themselves are right to hold their country and their government up to higher standards.

Russia is a great nation, and like all Americans of good will, I want Russia to be strong and successful. I want Russia's economy to be a vibrant source of wealth and opportunity for all Russians. I want Russia to play a proud and responsible role in world affairs. I will continue to affirm in public and in private that the best way for Russians to secure what they say they care about most—reduced corruption, a strengthened and equitable rule of law, economic modernization—is by nurturing a pluralistic and free civil society, by building independent and sustainable institutions of democracy, and by respecting the human rights of all.

I was happy to see that Russian political parties not aligned with the Kremlin actually won more seats in regional parliamentary elections this week. Perhaps this signals a growing recognition among Russians that the authoritarian tendencies of the Kremlin need

to be rolled back through popular opposition. Perhaps the Russian Government could allow future elections at all levels to be freer and fairer. Perhaps. But there is still a long way to go for the cause of democracy in Russia, and I hope these small electoral gains only embolden democracy's defenders.

As we speak up for the rights of Russia's dissidents, we must do the same for the rights of Russia's neighbors as well—neighbors such as the country of Georgia. I visited Georgia in January, and I had a chance to travel to the so-called “administrative boundary line” with the breakaway region of Abkhazia. On the other side of that boundary line is sovereign Georgian territory occupied by Russian troops, as it has been since the 2008 invasion. When I was in Munich last month for an annual security conference, I heard several Russian officials speaking from the same script, alleging acts of aggression by Georgian forces against Russian peacekeepers—the same kind of rhetoric we heard before the 2008 invasion. This should give us all pause. I know Washington has a lot of foreign policy challenges at the moment, but we cannot forget Georgia and the support it deserves amid a continuing threat from its neighbor to the north.

A Russian government that better protects the human dignity of its people would be more inclined to deal with its neighbors in peace and mutual respect. That is why we should all say a silent prayer and a public word of support for Russia's courageous human rights activists, as they make their voices heard this Saturday. These brave men and women want the best for their country. They want a government that is not only strong but just, peaceful, inclusive, and democratic. I urge Russia's leaders to recognize that peaceful champions of universal values are not a threat to Russia, and that groups such as this should not face the kinds of violence, repression, and intimidation that Russian authorities have used against similar demonstrators in the past. The eyes of the world will be watching.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. ROCKEFELLER. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

AMENDMENT NO. 3467, AS MODIFIED

Mr. ROCKEFELLER. I ask unanimous consent that notwithstanding the adoption of amendment No. 3467, that it be modified with the changes at the desk.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 3467), as modified, is as follows:

On page 130, after line 24, insert the following:

SEC. 434. AUTHORIZATION OF USE OF CERTAIN LANDS IN THE LAS VEGAS MCCARRAN INTERNATIONAL AIRPORT ENVIRONS OVERLAY DISTRICT FOR TRANSIENT LODGING AND ASSOCIATED FACILITIES.

(a) IN GENERAL.—Notwithstanding any other provision of law and except as provided in subsection (b), Clark County, Nevada, is authorized to permit transient lodging, including hotels, and associated facilities, including enclosed auditoriums, concert halls, sports arenas, and places of public assembly, on lands in the Las Vegas McCarran International Airport Environs Overlay District that fall below the forecasted 2017 65 dB day-night annual average noise level (DNL), as identified in the Noise Exposure Map Notice published by the Federal Aviation Administration in the Federal Register on July 24, 2007 (72 Fed. Reg. 40357), and adopted into the Clark County Development Code in June 2008.

(b) LIMITATION.—No structure may be permitted under subsection (a) that would constitute a hazard to air navigation, result in an increase to minimum flight altitudes, or otherwise pose a significant adverse impact on airport or aircraft operations.

SIGNING AUTHORIZATION

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the majority leader be authorized to sign any duly enrolled bills or joint resolutions today, Wednesday, March 17, and Thursday, March 18.

The PRESIDING OFFICER. Without objection, it is so ordered.

RECESS

Mr. ROCKEFELLER. I ask unanimous consent that the Senate stand in recess until 2 p.m.

There being no objection, the Senate, at 12:27 p.m., recessed until 2 p.m. and reassembled when called to order by the Acting President pro tempore.

Mr. UDALL of Colorado. Mr. President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

The PRESIDING OFFICER (Mr. INOUE). A quorum is present.

The majority leader is recognized.

Mr. REID. Thank you, Mr. President.

EXHIBITION OF ARTICLES OF IMPEACHMENT AGAINST G. THOMAS PORTEOUS, JR., JUDGE OF THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF LOUISIANA

Mr. REID. Mr. President, I ask unanimous consent that the Secretary inform the House of Representatives that

the Senate is ready to receive the managers appointed by the House for the purpose of exhibiting Articles of Impeachment against G. Thomas Porteous, Jr., Judge of the United States District Court for the Eastern District of Louisiana, agreeably to the notice communicated to the Senate, and at the hour of 2 p.m., today, Wednesday, March 17, 2010, the Senate will receive the honorable managers on the part of the House of Representatives in order that they may present and exhibit the said Articles of Impeachment against the said G. Thomas Porteous, Jr., Judge of the United States District Court for the Eastern District of Louisiana.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REID. Mr. President, I ask unanimous consent that the following counsel and staff of the House of Representatives be permitted the privileges of the floor during the proceedings with respect to the trial of the impeachment of Judge Porteous. They are as follows: Danielle Brown, Allison Halataei, Alan Baron, Harry Damelin, Mark Dubester, Kirsten Konar, Jessica Klein, Brandon Ritchie, Michael Len, Phil Tahtakran, Ryan Clough, and Elisabeth Stein.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senate will be in order.

I will now call upon the Secretary for the majority.

The Secretary to the majority, Lula J. Davis, announced the presence of the House managers, as follows:

Mr. President, I announce the presence of the managers on the part of the House of Representatives to conduct proceedings on behalf of the House concerning the impeachment of G. Thomas Porteous, Jr., Judge of the United States District Court for the Eastern District of Louisiana.

The PRESIDING OFFICER. The managers on the part of the House will be received and assigned their seats.

The managers (Mr. SCHIFF, Ms. ZOE LOFGREN of California, Mr. JOHNSON of Georgia, Mr. GOODLATTE, and Mr. SENSENBRENNER) were thereupon escorted by the Sergeant at Arms of the Senate, Terrance W. Gainer, to the well of the Senate.

The PRESIDING OFFICER. The Sergeant at Arms will make a proclamation.

The Sergeant at Arms, Terrance W. Gainer, made the proclamation, as follows:

Hear ye! Hear ye! Hear ye! All persons are commanded to keep silent, on pain of imprisonment, while the House of Representatives is exhibiting to the Senate of the United States Articles of Impeachment against G. Thomas Porteous, Jr., Judge of the United States District Court for the Eastern District of Louisiana.

The PRESIDING OFFICER. The managers on the part of the House will proceed.

Mr. Manager SCHIFF. Mr. President, the managers on the part of the House of Representatives are here present and ready to present the Articles of Impeachment, which have been preferred by the House of Representatives against G. Thomas Porteous, Jr., Judge of the United States District Court for the Eastern District of Louisiana.

The House adopted the following resolution which, with the permission of the President of the Senate, I will read:

H. RES. 1165

Resolved, That Mr. Schiff, Ms. Zoe Lofgren of California, Mr. Johnson of Georgia, Mr. Goodlatte, and Mr. Sensenbrenner are appointed managers on the part of the House to conduct the trial of the impeachment of G. Thomas Porteous, Jr., a Judge for the United States District Court for the Eastern District of Louisiana, that a message be sent to the Senate to inform the Senate of these appointments, and that the managers on the part of the House may exhibit the articles of impeachment to the Senate and take all other actions necessary in connection with preparation for, and conduct of, the trial, which may include the following:

(1) Employing legal, clerical, and other necessary assistants and incurring such other expenses as may be necessary, to be paid from amounts available to the Committee on the Judiciary under House Resolution 15, One Hundred Eleventh Congress, agreed to January 13, 2009, or any other applicable expense resolution on vouchers approved by the Chairman of the Committee on the Judiciary.

(2) Sending for persons and papers, and filing with the Secretary of the Senate, on the part of the House of Representatives, any subsequent pleadings which they consider necessary.

NANCY PELOSI,

Speaker of the House of Representatives.

With the permission of the President of the Senate, I will now read the Articles of Impeachment.

H. RES. 1031

Resolved, That G. Thomas Porteous, Jr., a judge of the United States District Court for the Eastern District of Louisiana, is impeached for high crimes and misdemeanors, and that the following articles of impeachment be exhibited to the Senate:

Articles of impeachment exhibited by the House of Representatives of the United States of America in the name of itself and all of the people of the United States of America, against G. Thomas Porteous, Jr., a judge in the United States District Court for the Eastern District of Louisiana, in maintenance and support of its impeachment against him for high crimes and misdemeanors.

ARTICLE I

G. Thomas Porteous, Jr., while a Federal judge of the United States District Court for the Eastern District of Louisiana, engaged in a pattern of conduct that is incompatible with the trust and confidence placed in him as a Federal judge, as follows:

Judge Porteous, while presiding as a United States district judge in *Lifemark Hospitals of Louisiana, Inc. v. Liljeberg Enterprises*, denied a motion to recuse himself from the case, despite the fact that he had a corrupt financial relationship with the law firm of Amato & Creely, P.C. which had entered the case to represent Liljeberg. In denying the motion to recuse, and in contravention of clear canons of judicial ethics,

Judge Porteous failed to disclose that beginning in or about the late 1980s while he was a State court judge in the 24th Judicial District Court in the State of Louisiana, he engaged in a corrupt scheme with attorneys, Jacob Amato, Jr., and Robert Creely, whereby Judge Porteous appointed Amato's law partner as a "curator" in hundreds of cases and thereafter requested and accepted from Amato & Creely a portion of the curatorship fees which had been paid to the firm. During the period of this scheme, the fees received by Amato & Creely amounted to approximately \$40,000, and the amounts paid by Amato & Creely to Judge Porteous amounted to approximately \$20,000.

Judge Porteous also made intentionally misleading statements at the recusal hearing intended to minimize the extent of his personal relationship with the two attorneys. In so doing, and in failing to disclose to Lifemark and its counsel the true circumstances of his relationship with the Amato & Creely law firm, Judge Porteous deprived the Fifth Circuit Court of Appeals of critical information for its review of a petition for a writ of mandamus, which sought to overrule Judge Porteous's denial of the recusal motion. His conduct deprived the parties and the public of the right to the honest services of his office.

Judge Porteous also engaged in corrupt conduct after the *Lifemark v. Liljeberg* bench trial, and while he had the case under advisement, in that he solicited and accepted things of value from both Amato and his law partner Creely, including a payment of thousands of dollars in cash. Thereafter, and without disclosing his corrupt relationship with the attorneys of Amato & Creely PLC or his receipt from them of cash and other things of value, Judge Porteous ruled in favor of their client, *Liljeberg*.

By virtue of this corrupt relationship and his conduct as a Federal judge, Judge Porteous brought his court into scandal and disrepute, prejudiced public respect for, and confidence in, the Federal judiciary, and demonstrated that he is unfit for the office of Federal judge.

Wherefore, Judge G. Thomas Porteous, Jr., is guilty of high crimes and misdemeanors and should be removed from office.

ARTICLE II

G. Thomas Porteous, Jr., engaged in a longstanding pattern of corrupt conduct that demonstrates his unfitness to serve as a United States District Court Judge. That conduct included the following: Beginning in or about the late 1980s while he was a State court judge in the 24th Judicial District Court in the State of Louisiana, and continuing while he was a Federal judge in the United States District Court for the Eastern District of Louisiana, Judge Porteous engaged in a corrupt relationship with bail bondsman Louis M. Marcotte, III, and his sister Lori Marcotte. As part of this corrupt relationship, Judge Porteous solicited and accepted numerous things of value, including meals, trips, home repairs, and car repairs, for his personal use and benefit, while at the same time taking official actions that benefitted the Marcottes. These official actions by Judge Porteous included, while on the State bench, setting, reducing, and splitting bonds as requested by the Marcottes, and improperly setting aside or expunging felony convictions for two Marcotte employees (in one case after Judge Porteous had been confirmed by the Senate but before being sworn in as a Federal judge). In addition, both while on the State bench and on the Federal bench, Judge Porteous used the power and

prestige of his office to assist the Marcottes in forming relationships with State judicial officers and individuals important to the Marcottes' business. As Judge Porteous well knew and understood, Louis Marcotte also made false statements to the Federal Bureau of Investigation in an effort to assist Judge Porteous in being appointed to the Federal bench.

Accordingly, Judge G. Thomas Porteous, Jr., has engaged in conduct so utterly lacking in honesty and integrity that he is guilty of high crimes and misdemeanors, is unfit to hold the office of Federal judge, and should be removed from office.

ARTICLE III

Beginning in or about March 2001 and continuing through about July 2004, while a Federal judge in the United States District Court for the Eastern District of Louisiana, G. Thomas Porteous, Jr., engaged in a pattern of conduct inconsistent with the trust and confidence placed in him as a Federal judge by knowingly and intentionally making material false statements and representations under penalty of perjury related to his personal bankruptcy filing and by repeatedly violating a court order in his bankruptcy case. Judge Porteous did so by—

- (1) using a false name and a post office box address to conceal his identity as the debtor in the case;
- (2) concealing assets;
- (3) concealing preferential payments to certain creditors;
- (4) concealing gambling losses and other gambling debts; and
- (5) incurring new debts while the case was pending, in violation of the bankruptcy court's order.

In doing so, Judge Porteous brought his court into scandal and disrepute, prejudiced public respect for and confidence in the Federal judiciary, and demonstrated that he is unfit for the office of Federal judge.

Wherefore, Judge G. Thomas Porteous, Jr., is guilty of high crimes and misdemeanors and should be removed from office.

ARTICLE IV

In 1994, in connection with his nomination to be a judge of the United States District Court for the Eastern District of Louisiana, G. Thomas Porteous, Jr., knowingly made material false statements about his past to both the United States Senate and to the Federal Bureau of Investigation in order to obtain the office of United States District Court Judge. These false statements included the following:

- (1) On his Supplemental SF-86, Judge Porteous was asked if there was anything in his personal life that could be used by someone to coerce or blackmail him, or if there was anything in his life that could cause an embarrassment to Judge Porteous or the President if publicly known. Judge Porteous answered "no" to this question and signed the form under the warning that a false statement was punishable by law.
- (2) During his background check, Judge Porteous falsely told the Federal Bureau of Investigation on two separate occasions that he was not concealing any activity or conduct that could be used to influence, pressure, coerce, or compromise him in any way or that would impact negatively on his character, reputation, judgment, or discretion.
- (3) On the Senate Judiciary Committee's "Questionnaire for Judicial Nominees", Judge Porteous was asked whether any unfavorable information existed that could affect his nomination. Judge Porteous answered that, to the best of his knowledge, he did

"not know of any unfavorable information that may affect [his] nomination". Judge Porteous signed that questionnaire by swearing that "the information provided in this statement is, to the best of my knowledge, true and accurate".

However, in truth and in fact, as Judge Porteous then well knew, each of these answers was materially false because Judge Porteous had engaged in a corrupt relationship with the law firm Amato & Creely, whereby Judge Porteous appointed Creely as a "curator" in hundreds of cases and thereafter requested and accepted from Amato & Creely a portion of the curatorship fees which had been paid to the firm and also had engaged in a corrupt relationship with Louis and Lori Marcotte, whereby Judge Porteous solicited and accepted numerous things of value, including meals, trips, home repairs, and car repairs, for his personal use and benefit, while at the same time taking official actions that benefitted the Marcottes. As Judge Porteous well knew and understood, Louis Marcotte also made false statements to the Federal Bureau of Investigation in an effort to assist Judge Porteous in being appointed to the Federal bench. Judge Porteous's failure to disclose these corrupt relationships deprived the United States Senate and the public of information that would have had a material impact on his confirmation.

Wherefore, Judge G. Thomas Porteous, Jr., is guilty of high crimes and misdemeanors and should be removed from office.

NANCY PELOSI,

Speaker of the House of Representatives.

Mr. President, the House of Representatives by protestation, saving to themselves the liberty of exhibiting at any time hereafter any further articles of accusation or impeachment against the said G. Thomas Porteous, Jr., Judge of the United States District Court for the Eastern District of Louisiana, and also of replying to his answers which he shall make unto the articles preferred against him, and of offering proof to the same and every part thereof, and to all and every other article of accusation or impeachment which shall be exhibited by them as the case shall require, do demand that the said G. Thomas Porteous, Jr., may be put to answer the misdemeanors in office which have been charged against him in the articles which have been exhibited to the Senate, and that such proceedings, examinations, trials, and judgments may be thereupon had and given as may be agreeable to law and justice.

Mr. President, the managers on the part of the House of Representatives, by the adoption of the Articles of Impeachment which have just been read to the Senate, do now demand that the Senate take order for the appearance of the said G. Thomas Porteous, Jr., to answer said impeachment and do now demand his conviction and appropriate judgment thereon.

THE PRESIDING OFFICER. The majority leader.

Mr. REID. Mr. President, at this time the oath should be administered in conformance with article I, section 3, clause 6 of the Constitution of the

United States and the Senate's impeachment rules. I move that the Senator from Kentucky, Mr. McCONNELL, be designated by the Senate to administer the oath to the Presiding Officer of the Senate, the Senator from Hawaii, Mr. INOUE.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. McCONNELL. Do you solemnly swear that in all things appertaining to the trial of the impeachment of G. Thomas Porteous Jr., Judge of the United States District Court for the Eastern District of Louisiana, now pending, you will do impartial justice according to the Constitution and laws, so help you God?

Mr. INOUE. I do.

Mr. REID. Mr. President, the oath shall now be administered by the Presiding Officer to all Senators. This is an appropriate time for any Senator who has cause to be excused from service in this impeachment to make that fact known.

If there is no Senator who desires to be excused, I move that the Presiding Officer administer the oath to Members of the Senate.

The PRESIDING OFFICER. Without objection, it is so ordered.

Senators shall now be sworn. Will Senators rise and raise your hand.

Do you solemnly swear that in all things appertaining to the trial of the impeachment of G. Thomas Porteous, Jr., Judge of the United States District Court for the Eastern District of Louisiana, now pending, you will do impartial justice according to the Constitution and laws, so help you God?

SENATORS: I do.

The following named Senators are recorded as having subscribed to the oath this day:

Daniel K. Akaka, Lamar Alexander, John Barrasso, Max Baucus, Evan Bayh, Mark Begich, Michael Bennet, Jeff Bingaman, Christopher S. Bond, Barbara Boxer, Scott Brown of Massachusetts, Sherrod Brown of Ohio, Sam Brownback, Jim Bunning, Richard Burr, Roland W. Burris, Maria Cantwell, Benjamin L. Cardin, Thomas R. Carper, Robert P. Casey, Jr., Saxby Chambliss, Tom Coburn, Thad Cochran, Susan M. Collins, Kent Conrad, Bob Corker, John Cornyn, Mike Crapo, Jim DeMint, Byron L. Dorgan, Richard Durbin, John Ensign, Michael B. Enzi, Russell D. Feingold, Dianne Feinstein, Al Franken, Kirsten E. Gillibrand, Lindsey Graham, Chuck Grassley, Judd Gregg, Kay R. Hagan, Tom Harkin, Orrin G. Hatch, Kay Bailey Hutchison, James M. Inhofe, Daniel K. Inouye, Johnny Isakson, Mike Johanns, Tim Johnson, Edward E. Kaufman, John F. Kerry, Amy Klobuchar, Herb Kohl, Jon Kyl, Mary L. Landrieu, Frank R. Lautenberg, George S. LeMieux, Carl Levin, Joseph I. Lieberman, Blanche L. Lincoln, Richard G. Lugar, John McCain, Claire McCaskill, Mitch McConnell, Robert Menendez, Jeff Merkley, Barbara A. Mikulski, Lisa Murkowski, Patty Murray, Ben Nelson

of Nebraska, Bill Nelson of Florida, Mark L. Pryor, Jack Reed, Harry Reid, James E. Risch, Pat Roberts, John D. Rockefeller IV, Bernard Sanders, Charles E. Schumer, Jeff Sessions, Jeanne Shaheen, Richard C. Shelby, Olympia J. Snowe, Arlen Specter, Debbie Stabenow, Jon Tester, John Thune, Mark Udall of Colorado, Tom Udall of New Mexico, David Vitter, George V. Voinovich, Mark R. Warner, Jim Webb, Sheldon Whitehouse, Roger F. Wicker.

Mr. REID. Mr. President, any Senator who was not in the Senate Chamber at the time the oath was administered to the other Senators will make that fact known to the Chair so that the oath may be administered as soon as possible to that Senator. The Secretary will note the names of the Senators who have been sworn and will present to them for signing a book, which will be the Senate's permanent record of the administration of the oath. I will remind all Senators who were administered this oath that they must now sign the oath book, which is at the desk, before leaving the Chamber.

ISSUANCE OF A SUMMONS AND FOR RELATED PROCEDURES CONCERNING THE ARTICLES OF IMPEACHMENT AGAINST G. THOMAS PORTEOUS, JR.

Mr. REID. Mr. President, on behalf of myself and the distinguished Republican leader, Mr. McCONNELL, I send to the desk a resolution that provides for the issuance of a summons to Judge G. Thomas Porteous, Jr., for Judge Porteous's answer to the Articles of Impeachment against him, and for a replication by the House, and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 457) to provide for issuance of a summons and for related procedures concerning the articles of impeachment against G. Thomas Porteous, Jr.

The PRESIDING OFFICER. The question is on agreeing to the resolution.

The resolution (S. Res. 457) was agreed to, as follows:

S. RES. 457

Resolved, That a summons shall be issued which commands G. Thomas Porteous, Jr. to file with the Secretary of the Senate an answer to the articles of impeachment no later than April 7, 2010, and thereafter to abide by, obey, and perform such orders, directions, and judgments as the Senate shall make in the premises, according to the Constitution and laws of the United States.

SEC. 2. The Sergeant at Arms is authorized to utilize the services of the Deputy Sergeant at Arms or another employee of the Senate in serving the summons.

SEC. 3. The Secretary shall notify the House of Representatives of the filing of the answer and shall provide a copy of the answer to the House.

SEC. 4. The Managers on the part of the House may file with the Secretary of the Senate a replication no later than April 21, 2010.

SEC. 5. The Secretary shall notify counsel for G. Thomas Porteous, Jr. of the filing of a replication, and shall provide counsel with a copy.

SEC. 6. The Secretary shall provide the answer and the replication, if any, to the Presiding Officer of the Senate on the first day the Senate is in session after the Secretary receives them, and the Presiding Officer shall cause the answer and replication, if any, to be printed in the Senate Journal and in the Congressional Record. If a timely answer has not been filed, the Presiding Officer shall cause a plea of not guilty to be entered.

SEC. 7. The articles of impeachment, the answer, and the replication, if any, together with the provisions of the Constitution on impeachment, and the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials, shall be printed under the direction of the Secretary as a Senate document.

SEC. 8. The provisions of this resolution shall govern notwithstanding any provisions to the contrary in the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials.

SEC. 9. The Secretary shall notify the House of Representatives of this resolution.

Mr. REID. Mr. President, I move to reconsider the vote by which the resolution was agreed to.

Mr. McCONNELL. Mr. President, I move to lay the motion on the table.

The motion to lay on the table was agreed to.

APPOINTMENT OF A COMMITTEE TO RECEIVE AND TO REPORT EVIDENCE WITH RESPECT TO ARTICLES OF IMPEACHMENT AGAINST JUDGE G. THOMAS PORTEOUS, JR.

Mr. REID. Mr. President, on behalf of myself and the distinguished Republican leader, Mr. McCONNELL, I send a resolution to the desk on the appointment of an impeachment trial committee and ask for its immediate consideration.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 458) to provide for the appointment of a committee to receive and to report evidence with respect to articles of impeachment against Judge G. Thomas Porteous, Jr.

The PRESIDING OFFICER. The question is on agreeing to the resolution.

The resolution (S. Res. 458) was agreed to, as follows:

S. RES. 458

Resolved, That pursuant to Rule XI of the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials, the Presiding Officer shall appoint a committee of twelve senators to perform the duties and to exercise the powers provided for in the rule.

SEC. 2. The majority and minority leader shall each recommend six members, including a chairman and vice chairman, respectively, to the Presiding Officer for appointment to the committee.

SEC. 3. The committee shall be deemed to be a standing committee of the Senate for the purpose of reporting to the Senate resolutions for the criminal or civil enforcement of the committee's subpoenas or orders, and for the purpose of printing reports, hearings, and other documents for submission to the Senate under Rule XI.

SEC. 4. During proceedings conducted under Rule XI the chairman of the committee is authorized to waive the requirement under the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials that questions by a Senator to a witness, a manager, or counsel shall be reduced to writing and put by the Presiding Officer.

SEC. 5. In addition to a certified copy of the transcript of the proceedings and testimony had and given before it, the committee is authorized to report to the Senate a statement of facts that are uncontested and a summary, with appropriate references to the record, of evidence that the parties have introduced on contested issues of fact.

SEC. 6(a). The actual and necessary expenses of the committee, including the employment of staff at an annual rate of pay, and the employment of consultants with prior approval of the Committee on Rules and Administration at a rate not to exceed the maximum daily rate for a standing committee of the Senate, shall be paid from the contingent fund of the Senate from the appropriation account "Miscellaneous Items" upon vouchers approved by the chairman of the committee, except that no voucher shall be required to pay the salary of any employee who is compensated at an annual rate of pay.

(b). In carrying out its powers, duties, and functions under this resolution, the committee is authorized, in its discretion and with the prior consent of the Government department or agency concerned and the Committee on Rules and Administration, to use on a reimbursable, or nonreimbursable, basis the services of personnel of any such department or agency.

SEC. 7. The committee appointed pursuant to section one of this resolution shall terminate no later than 60 days after the pronouncement of judgment by the Senate on the articles of impeachment.

SEC. 8. The Secretary shall notify the House of Representatives and counsel for Judge G. Thomas Porteous, Jr. of this resolution.

Mr. REID. Mr. President, I move to reconsider the vote by which the resolution was agreed to.

Mr. McCONNELL. Mr. President, I move to lay that motion on the table.

The motion to lay on the table was agreed to.

APPOINTMENT OF IMPEACHMENT TRIAL COMMITTEE

Mr. REID. Mr. President, in accordance with the resolution on the appointment of an impeachment trial committee, I recommend to the Chair the appointment of Senators McCASKILL, as chair, KLOBUCHAR, WHITEHOUSE, UDALL of New Mexico, SHAHEEN, and KAUFMAN.

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. McCONNELL. Mr. President, in accordance with the resolution on the

appointment of an impeachment trial committee, I recommend to the Chair the appointment of Senator HATCH, who will serve as vice chairman, and Senators BARRASSO, DEMINT, JOHANNIS, RISCH, and WICKER.

The PRESIDING OFFICER. Pursuant to the resolution on the appointment of an impeachment trial committee and impeachment rule XI, the Chair appoints upon the recommendation of the two leaders the following Senators to be members of the committee to receive and report evidence in the impeachment of Judge G. Thomas Porteous, Jr.: Senators McCASKILL (chairman), KLOBUCHAR, WHITEHOUSE, UDALL of New Mexico, SHAHEEN, KAUFMAN, HATCH (vice chairman), BARRASSO, DEMINT, JOHANNIS, RISCH, and WICKER. The Senate will take further proper order and notify the House of Representatives and counsel for Judge Porteous.

Mr. REID. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

TAX ON BONUSES RECEIVED FROM CERTAIN TARP RECIPIENTS—Resumed

The ACTING PRESIDENT pro tempore. The clerk will report the pending business.

The legislative clerk read as follows:

A bill (H.R. 1586) to impose an additional tax on bonuses received from certain TARP recipients.

Pending:

Rockefeller amendment No. 3452, in the nature of a substitute.

Sessions/McCaskill modified amendment No. 3453 (to amendment No. 3452), to reduce the deficit by establishing discretionary spending caps.

McCain/Bayh amendment No. 3475 (to amendment No. 3452), to prohibit earmarks in years in which there is a deficit.

McCain amendment No. 3527 (to amendment No. 3452), to require the Administrator of the Federal Aviation Administration to develop a financing proposal for fully funding the development and implementation of technology for the Next Generation Air Transportation System.

McCain amendment No. 3528 (to amendment No. 3452), to provide standards for determining whether the substantial restoration of the natural quiet and experience of the Grand Canyon National Park has been achieved and to clarify regulatory authority with respect to commercial air tours operating over the Park.

The ACTING PRESIDENT pro tempore. The Senator from North Dakota is recognized.

Mr. DORGAN. Mr. President, Senator ROCKEFELLER will be back on the floor

shortly. We are on the FAA reauthorization bill. This is the fourth day in the Senate that we have been trying to pass the FAA reauthorization bill. We have accepted many amendments. We have had many amendments offered that have nothing at all to do with this legislation. I understand that. I think we voted on three or four of them last night. But the process of trying to get something through the Senate these days is slow and difficult. It is a little like watching paint dry to see activity on the floor of the Senate. We are trying very hard to do this.

This is not and should not be a controversial bill. Every American who gets on a commercial airplane in this country has a stake in this bill. This bill includes modernization of the air traffic control system which will allow people to fly in the skies more safely, more direct routes, save energy, and save pollution.

Modernization of the air traffic control system, to go from ground-based radar to a GPS navigation system—we should have done that a while ago. We have not. We need to catch up with the Europeans and others. We need to move with some dispatch.

This bill should have been done long ago, but it has been extended 11 times.

Ms. KLOBUCHAR. Will the Senator yield for a question?

Mr. DORGAN. I am happy to yield.

Ms. KLOBUCHAR. Mr. President, I serve on the Commerce Committee with Senator DORGAN. I thank him for his leadership.

During the time we waited and dithered and didn't get this done—not you but others—have other countries modernized their air traffic control systems?

Mr. DORGAN. Other countries are making good progress on this, going to a GPS system. GPS is not a new technology, as many of us know. You see many vehicles, automobiles around town using a GPS to navigate. You have people using GPS on their cell phones. But on a jet airliner flying across the country, hauling a couple of hundred people behind the cockpit, they are using World War II technology, ground-based radar for navigation, not GPS, which is the modernization approach.

This is called NextGen, modernizing the air traffic control system. Europe is moving on it, other parts of the world are moving on it, and we need to move. This is about safety. It is about modernizing the system. But more than that, it is about investing in the infrastructure for aviation in the country, building the airports and the runways. It is about the issue of the passenger bill of rights, which is in this bill, saying to the airlines: Here are the new rules. You can't have somebody in an airplane 6 or 7 hours sitting on a runway someplace; 3 hours and then you have to bring them back to the

gate. I know some do not like that, but that is the passenger bill of rights, giving passengers some rights as well.

I have spoken at length about this legislation, as has Senator ROCKEFELLER. I guess our hope would be that, if there are those who have additional amendments and wish to debate them, they might come to the floor or engage in the discussion on the floor so we can get this piece of legislation passed. It makes no sense for us to continue to talk and to continue to wait and not pass legislation when we have so much ahead of us to do.

COBELL SETTLEMENT

I want to mention a couple of other issues we need to address while I am waiting. One is the proposed settlement of the Cobell v. Salazar litigation. The parties to the Cobell settlement asked Congress to pass legislation approving the settlement by April 16th. It needs to be done by April 16th or the parties may return to litigation.

Let me tell you what the Cobell settlement is. It is about American Indians, the people who were here first in this country, the first Americans. American Indians ceded certain property as a result of treaties and other agreements, and reserved lands for their communities. The federal government promised to manage these reservations and hold the lands in trust. Well, over the last century, Indians watched as timber companies would come in and produce timber from those lands, mineral companies would come in and produce minerals, and drill for oil on those lands. All the while, the government was managing these lands and holding monies earned from that land in trust for the Indians.

Then the Indians asked the question: What has happened to our money? We see all these timber, grazing, and mineral activities going on and we are supposed to get money from these lands—that the government is holding in trust—but the money never quite shows up.

The Cobell case is named after a remarkable woman, Elouise Cobell, from Montana. She is an American Indian, a member of the Blackfeet Nation, and a banker. She filed a lawsuit against the United States and she asked for one thing. She said to the Federal government: Give me an accounting of the monies that you collected from my lands, my lands that you held and managed in trust for me. And do the same for all other Native Americans.

The fact is, nobody knew how much money was owed her. When they took a look at the records that the Federal government had, and held for Indian property and income, it was shameful.

For example, Mary Fish, an Oklahoma Indian, lived on her land in a very small, humble house, and she lived next to an oil well pump that was constantly pumping oil off of her land. She received just a pittance of money

from that oil. Where did the money go? Who would account for that money? Why is it that Mary lived in such a humble manner, in a very small home, when on her land, an oil well was producing oil. Why is it that the money being managed by the Federal Government somehow never got to Mary?

When the lawsuit was filed by Elouise Cobell, the judges in the Federal courts asked: Where are the trust records for all these timber, grazing, and mineral activities?

Here is what they found: the Federal Government could not produce the records necessary for an accounting. For example, there were 162 boxes of case-related documents that were shredded after the trial began—a procedure that the U.S. Justice Department lawyers withheld from the court for 3 months. Other records were in Louisiana, and in a rat-infested warehouse in New Mexico.

Still more records were in North Dakota, and scattered in sheds across the country. I have photographs of what they saw when they opened up the warehouses in North Dakota. You can see piles of worn and damaged boxes of what were supposed to have been records. And, this is how the Federal Government cared for the information that was going to tell American Indians how their trust lands were used. It is unbelievable.

After years of litigation, the Parties in the Cobell case have reached a \$3.4 billion settlement. The settlement needs to be approved by Congress, and the parties have an April 16th deadline for Congress to approve the settlement. I have mentioned this on the floor of the Senate before. This Congress has a responsibility to proceed by the April 16th deadline to avoid further, unnecessary litigation.

The President, the Secretary of Interior—whom I commend, by the way, who negotiated this settlement—have asked us to get this done, and we have a responsibility to get this done.

DISABILITY CLAIMS

I also have another point which we will get to in a short period of time on appropriations. I will mention those Americans who have filed disability claims under Social Security and are now waiting over 16 months to have the Federal Government determine whether their claims are valid, waiting 490 days after a claim is filed. That is pretty unbelievable to me. This Congress has included about \$2.5 billion of additional funding for the Social Security Administration in the last 4 to 5 years. The expectation was that we would reduce the giant backlog that existed of cases, disability claims filed by people who have paid for this insurance.

American people pay for disability insurance out of their paycheck under OASDI. When someone who is disabled files a claim in this country, on average it takes 491 days to process it.

That, after we have given more than \$2.5 billion in increased funding to the Social Security Administration.

Precious little progress has been made. They say it used to be 514 days, now it is 491 days. That is not much progress as far as I am concerned if you are disabled and you are expecting to file a claim and have a claim processed in a reasonable period of time.

In my State there are 2,800 claims that are awaiting action. The number of administrative law judges—we have two vacancies now out of five. One gave his notice almost a year ago and has not been replaced.

None of this makes any sense to me. Congress should expect, of an agency like this, especially when you get \$2.5 billion in extra funding over five years, to understand why has no progress been made. I sent a letter to the head of Social Security asking what happened to the \$2.5 billion. On the appropriations side, I want some understanding of what happened to that money and why significant progress has not been made in these disability claims that resulted from the funding given the administration by the Congress.

Let me withhold for a moment and yield the floor so my colleague can take the floor with an agreement.

The PRESIDING OFFICER. The Senator from Rhode Island is recognized.

UNANIMOUS CONSENT AGREEMENT EXECUTIVE CALENDAR

Mr. WHITEHOUSE. As in executive session I ask unanimous consent that today at 3 p.m. the Senate proceed to executive session to consider Calendar No. 653, the nomination of O. Rogerie Thompson to be a U.S. circuit judge for the First Circuit, and there be up to 30 minutes of debate with respect to the nomination with the time equally divided and controlled between Senators WHITEHOUSE and SESSIONS or their designees; with Senator REED of Rhode Island controlling up to 5 minutes; that at 3:30 p.m. the Senate proceed to vote on confirmation of the nomination; that upon confirmation, the motion to reconsider be considered made and laid on the table and any statements relating to the nomination be printed in the RECORD as if read, the President be immediately notified of the Senate's action, and the Senate then resume legislative session.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. WHITEHOUSE. I thank the distinguished Senator for yielding for that unanimous consent.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, In the remaining couple of minutes, let me say it is my hope and the hope of Senators ROCKEFELLER and HUTCHISON that we will be able to make progress and complete the FAA reauthorization bill.

This is the fourth day. We have seen so many interminable delays in the Senate. Let's not delay legislation that has bipartisan support, that deals with the issue of air safety in this country, and has so many important provisions. Let's not at this point decide to delay this, of all pieces of legislation, something that should have been done long ago and has had 11 extensions instead of a reauthorization bill, when we finally have a bipartisan reauthorization bill brought to the floor of the Senate.

It is my hope if we are going to get cooperation on anything, at least we could expect it on this piece of legislation. My hope would be in the half-hour debate—I guess 1-hour debate and subsequent vote on the judge, we might make some progress in seeing whether we could get cooperation to be able to complete this bill today.

I yield the floor.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. Will the Senator withhold the request?

Mr. DORGAN. I will withhold.

EXECUTIVE SESSION

NOMINATION OF O. ROGERIEE THOMPSON TO BE UNITED STATES CIRCUIT JUDGE FOR THE FIRST CIRCUIT

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will go to executive session. The clerk will report the nomination.

The legislative clerk read the nomination of O. Rogeriee Thompson, of Rhode Island, to be United States Circuit Judge for the First Circuit.

Mr. LEAHY. Mr. President, I congratulate Justice Thompson on what should be her confirmation by the Senate today as a judge on the United States Court of Appeals for the First Circuit. President Obama has made another outstanding judicial nomination. The Senators from Rhode Island have worked tirelessly to bring this matter to conclusion with a Senate vote since her nomination was reported by the Senate Judiciary Committee 2 months ago.

It has been 2 weeks since the Senate has acted on any of the 18 judicial nominations approved by the Senate Judiciary Committee that are being stalled by Republican obstruction on the Senate Executive Calendar. It has been almost 4 months since I began publicly urging the Senate Republican leadership to abandon its strategy of obstruction and delay of the President's judicial nominees. Regrettably, their practices continue. Even though Justice Thompson is a well-respected judge who has more than two decades of experience on her State's courts, and whose nomination was reported by the Senate Judiciary Committee without a

single dissenting vote, her nomination has been stuck on the Senate Executive Calendar for nearly 2 months. Justice Thompson's nomination is not the only one being stalled despite having been reported without opposition by the Senate Judiciary Committee. There are a dozen such nominations ready for consideration and confirmation that have been stalled without reason or explanation. They could and should all be considered and confirmed without further delay.

In addition there are another half dozen judicial nominees awaiting final consideration by the Senate that were reported with just a single, or a few, negative votes. Those should be debated and voted upon without more delay. If Republicans would enter into time agreements, they would be considered. We should not have to go through another filibuster and cloture vote like that on Judge Barbara Keenan of Virginia, whose nomination was stalled for 4 months and then approved 99 to 0. There was no reason for that delay. Yet it amounted to a Republican filibuster until it was finally ended 2 weeks ago by the majority leader and that Senate vote.

Just yesterday, more than a dozen Senators spoke about the delays and obstruction of the President's nominees. Many Senators spoke about the recent Republican filibuster of Judge Barbara Keenan. The Senator from Pennsylvania spoke about the nominee stalled since December to fill a Pennsylvania vacancy on the Third Circuit. The Senators from North Carolina and Maryland noted that two well-qualified nominees to vacancies on the Fourth Circuit remain stalled. And the Senator from Rhode Island, a hardworking member of the Judiciary Committee, spoke of the nomination on which we are finally being allowed to vote today, that of Justice Rogeriee Thompson.

When the Senate confirms Justice Thompson, we will be confirming the first African American to serve on the First Circuit, and only the second woman. She is a trailblazer and an extraordinary woman. She will be an outstanding Federal judge.

The Judiciary Committee has favorably reported 35 of President Obama's Federal circuit and district court nominees to the Senate for final consideration and confirmation. Only 17 of these have been confirmed. Justice Thompson's nomination will be the 18th. There are another five judicial nominations set to be reported by the Judiciary Committee this week, bringing the total awaiting final action by the Senate to 22.

Despite skyrocketing vacancies—now totaling over 100, more than 30 of which are “judicial emergencies”—we are far behind the pace for considering nominations set by the Democratic majority during President Bush's first 2 years in office. By this date during

President Bush's first term, the Senate had confirmed 41 Federal circuit and district court nominations and there was only a single judicial nomination pending on the Senate's Executive Calendar. Only a single nomination was pending. In stark contrast, to date the Senate has confirmed just 17 of President Obama's district and circuit court nominees, with an embarrassing backlog of 18 judicial nominations on the calendar awaiting Senate action. We are currently on pace to confirm fewer than 30 Federal circuit and district court nominees during this Congress, which would easily be the lowest in memory. We have to do far more to address this growing crisis of unfilled judicial vacancies.

The Republican strategy to stall, obstruct, and delay the Senate from considering President Obama's nominations is working, at great cost to the American people. Their failure to do their constitutional duty of considering the President's nominations is encumbering judges across the country with overloaded dockets and preventing ordinary Americans from seeking justice in our overburdened Federal courts. This is wrong. We owe it to the American people to do better.

The refusal by Republicans to make progress considering judicial nominations is hard to understand given the work President Obama has done to reach across the aisle to work with Republican Senators in making judicial nominations. Unlike the often partisan and divisive picks of his predecessor, President Obama deserves praise for working closely with home State Senators, whether Democratic or Republican, to identify and select well-qualified nominees to fill vacancies on the Federal bench. Yet Senate Republicans delay and obstruct even nominees chosen after consultation with Republican home State Senators.

Senate Republicans unsuccessfully filibustered the nomination of Judge David Hamilton of Indiana to the Seventh Circuit, despite support for his nomination from the senior Republican in the Senate, DICK LUGAR of Indiana. Republicans delayed for months Senate consideration of Judge Beverly Martin of Georgia to the Eleventh Circuit despite the endorsement of both her Republican home State Senators. The nomination of Jane Stranch of Tennessee to the Sixth Circuit, endorsed by home State Republican Senator LAMAR ALEXANDER and reported by the committee with bipartisan support, has remained stalled on the calendar since last year. The nominations of Judge James A. Wynn and Albert Diaz of North Carolina to the Fourth Circuit both have Senator BURR's strong support and yet have remained on the calendar for more than 6 weeks. The list goes on.

President Obama has worked closely with home State Republican Senators,

but Senate Republicans have still chosen to treat his nominees badly. Indeed, the demand for consultation with home State Senators was the purported basis for the threat from Senate Republicans to filibuster President Obama's judicial nominations before he had made a single one. They wrote in their March 2, 2009, letter to the President: "[I]f we are not consulted on, and approve of, a nominee from our states, the Republican Conference will be unable to support moving forward on that nominee." Yet despite the fact that they were consulted and that Senator LUGAR did approve, Senate Republicans insisted on filibustering Judge Hamilton's nomination. Despite consultation, there are still a dozen and one-half judicial nominations stalled on the Executive Calendar.

After Republican Senators pocket-filibustered more than 60 of President Clinton's judicial nominations, denying them even hearings and votes in committee and creating a vacancy crisis on the Federal bench, Democrats did not do the same to President Bush's nominees. We treated them much more fairly. We worked hard through 2001, even after 9/11 and the anthrax attacks, holding hearings even during Senate recess periods, in order to swiftly consider President Bush's nominees. That is why by this date in 2002 the Senate had confirmed 41 judicial nominees. By contrast the confirmation of Justice Thompson will be only the 18th Federal circuit or district court judge nominated by President Obama to be confirmed. At this date in March 2002 there was a single judicial nominee awaiting Senate consideration. By contrast, today there are 18 stacked up because Senate Republicans refuse to consent to their consideration.

Yet when Democrats refused to rubberstamp a handful of the most extreme, ideological, and divisive of President Bush's nominees—not the 60 nominations of President Clinton's that Senate Republicans pocket-filibustered, or the 18 we have stalled on the calendar right now—Republican Senators changed their tune, disavowed any responsibility for their obstruction of President Clinton's nominees, and contended that filibusters of judicial nominations were "unconstitutional" and "offensive." The Republican leadership of the Senate Judiciary Committee broke virtually every precedent and rule we had in order to force nominees through the committee, and the Republican leadership of the Senate sought to activate the "nuclear option" to break Senate rules and precedent in order to ram through each and every nominee.

Unfortunately, those same Republican Senators that once threatened to blow up the Senate unless every nominee received an up-or-down vote are now engaged in another attempt to

abuse the rules of the Senate and undermine the democratic process. Republican Senators who just a few years ago insisted that "elections have consequences" have now made the use of filibusters, holds, and excessive procedural delays the new normal in the Senate in order to thwart our ability to make progress addressing issues that affect all Americans. Those who just a short time ago said that a majority vote is all that should be needed to confirm a nomination, and that filibusters of nominations are unconstitutional, have reversed themselves and now employ every delaying tactic they can, imposing on the Senate a requirement to find 60 Senators to overcome a filibuster on issue after issue.

A bipartisan group of Senators joined together in 2005 to end that last attempt by Republican leadership to abuse the rules of the Senate by joining in a bipartisan memorandum of understanding to head off the "nuclear option" that the Republican Senate leadership was intent on activating. Those same Republican Senators who agreed in that memorandum of understanding that nominees should only be filibustered under "extraordinary circumstances," have abandoned all that they said they stood for by engaging in an effort to stall or prevent an up-or-down vote on nomination after nomination.

We saw that with their attempt to filibuster the nomination of Judge Hamilton. Just 2 weeks ago a Republican filibuster of Justice Barbara Keenan of Virginia to be a Fourth Circuit judge resulted from Senate Republicans refusing to agree to debate and vote on that nomination. The majority leader was required to proceed through a time-consuming procedure to end the obstruction. The votes to end debate and on her confirmation were both 99 to 0. That nomination had been reported in October. So after more than 4 months of stalling, there was no justification, explanation, or basis for the delay. That is wrong. That was the 17th filibuster of President Obama's nominations. And that does not include the many other nominees who were delayed or who are being denied up-or-down votes by Senate Republicans refusing to agree to time agreements to consider even noncontroversial nominees.

So why are Republicans so insistent on reversing themselves and applying new standards to halt our progress filling vacancies on the Federal courts? Why have they insisted on departing so radically from the standards set by the Democratic majority during the first two years of the Bush Administration when we confirmed 100 of President Bush's judicial nominations in 17 months? Why have they rejected President Obama's efforts to reach across the aisle and nominate well-qualified mainstream nominees? Why are they

intent on constructing procedural hurdles to delay and deny up-or-down votes to nominee after nominee?

The American people should see this for what it is: More of the partisan, narrow, ideological tactics that Senate Republicans have been engaging in for decades as they try to pack the courts with ultraconservative judges. What is at stake for the American people are their rights, their access to the courts, and their ability to seek redress for wrongdoing.

For all the talk we heard about "judicial modesty" and "judicial restraint" from the nominees of President Bush at their confirmation hearings, we have seen Federal courts—most notably the Supreme Court—these last 5 years that has been anything but modest and restrained. Conservative activist judges are time and time again substituting their personal beliefs to the law and the judgment of elected officials.

That is what we saw in the recent decision by a narrow five-justice majority of the Supreme Court in *Citizens United v. Federal Election Commission*, a decision that gutted bipartisan laws enacted to protect the ability of individual Americans to participate in elections and not have their voices drowned out by corporations. Regrettably, that decision is only the latest example of the willingness of a narrow majority of the Supreme Court to render decisions from the bench to suit their own agenda.

The *Citizens United* decision reinforces the profound concern I have had about the real-world consequences of recent court decisions for hardworking Americans. On issues like equal pay for equal work; the power of Congress under the 14th and 15th amendments to pass civil rights laws like the Voting Rights Act; and issues thought to be long settled like the meaning of *Brown v. Board of Education*, the current conservative majority on the Supreme Court seems determined to accrue to itself the powers given by the Constitution to Congress and to rewrite long-established precedents. The lower courts must follow suit. Make no mistake, this is the product of years of work by Republicans catering to the far right to remake the courts and reshape the law from the bench.

Republican Senators who demanded up-or-down votes for even the most extreme and ideological nominees of a Republican President now balk at the consideration of well-qualified, mainstream nominees of a Democratic President. The many years Democratic Senators worked to be fairer to President Bush's nominees than the Republican majority had been to President Clinton's nominees have been cast aside and forgotten by the Republican minority.

Justice Thompson's nomination is noncontroversial and should easily be

confirmed. I urge the Senate also to take responsible action to consider the other 17 judicial nominations still awaiting a vote by the Senate. The Senate can more than double the total number of judicial nominations it has confirmed by considering not only Justice Thompson's nomination but the other judicial nominees on the calendar. We should do that now, without more delay, without additional obstruction, to put us back on track. Senators should work together to do our jobs for the American people.

Mr. DORGAN. Mr. President, I suggest the absence of a quorum and ask unanimous consent that time be charged equally.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REED. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. MERKLEY.) Without objection, it is so ordered.

Mr. REED. Mr. President, shortly, we will have the honor and privilege, myself and Senator WHITEHOUSE, to join in supporting and confirming the nomination of Justice Rogeriee Thompson, who will be confirmed today to the First Circuit Court of Appeals.

Justice Thompson is an eminent member of our Rhode Island courts. She has been an Associate Justice of the Rhode Island Superior Court since 1997. She is a path breaker in many respects in terms of her talent, but also because she is the first woman of African-American descent to serve on the Rhode Island Superior Court. She will be the first African American to serve on the First Circuit Court of Appeals and only the second woman.

She has achieved these remarkable results because of her intellect, her character, her integrity, and her deep commitment to fairness and to justice. She is a remarkable woman. We are pleased and delighted that her nomination has been forwarded to us by the President. He has made a wise choice. Today, we will have the opportunity to consider the nomination and confirm her. She will do a remarkable job on the First Circuit Court of Appeals.

Originally, Justice Thompson was born in South Carolina, but she came to Rhode Island to attend Brown University. She earned her J.D. from the Boston University School of Law and began her career as a staff attorney at Rhode Island Legal Services.

So her progression to the First Circuit is one that has carried her a long way. I think it has included, very importantly, a strong commitment not just to the most fortunate in our country, but also to those who desperately need help and assistance.

She will bring that sense of fairness and decency to the First Circuit Court of Appeals. I urge all of my colleagues to support this worthy woman and her nomination.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, the Senate is considering the nomination of O. Rogeriee Thompson to the United States Court of Appeals for the First Circuit. I join my distinguished senior colleague, Senator JACK REED, in applauding President Obama's selection of this very talented nominee. Judge Thompson's nomination has been an uncontroversial one and for good reason: She is a dedicated public servant, a highly experienced and respected judge, and a credit to our home State of Rhode Island. I congratulate Judge Thompson on coming to this point in the process. I look forward to an uneventful confirmation vote in the next few moments.

I express to my colleagues my thorough confidence that she will have a distinguished career as a U.S. circuit court of appeals judge.

I also thank some of my colleagues. I am grateful to majority leader HARRY REID, to our chairman, PATRICK LEAHY, of the Judiciary Committee, and to Senators on the other side of the aisle, in particular Judiciary Committee Ranking Member SESSIONS, for clearing the path for us to vote on Judge Thompson's nomination today. I also am grateful that my senior Senator, JACK REED, gave me the opportunity to assist him in identifying the best possible nominee to recommend to President Obama to serve on the first circuit. As my colleagues know, it has been a great honor to serve with Senator REED since coming to the Senate. This experience with him was another great privilege for which I am deeply grateful.

After the Senate's action today, after a lifetime of achievement, Judge Thompson will make history as the first African American and only the second woman to serve on the U.S. Court of Appeals for the First Circuit. This will not be the first barrier broken by Judge Thompson, as she was the first African-American woman on each of the Rhode Island courts on which she has served. These were great moments in the history of our State. Her arrival will be a wonderful addition in the history of the first circuit. Judge Thompson has given our State 21 years of distinguished judicial service, first as an associate judge on the Rhode Island district court and subsequently as an associate justice on the Rhode Island superior court.

Judge Thompson has long scrupulously adhered to the proper role of a judge, respecting the role of the legislature as the voice of the people, deciding cases based on the law and the

facts, not prejudging any case but listening to every party before her, respecting precedent and limiting herself to the issues properly before the court. Her courtroom deservedly has come to be known as a place in which every party can expect a fair hearing. I know she will earn the same reputation for fairness and excellence as a judge on the first circuit.

I should add that Judge Thompson has also made great contributions to our home State of Rhode Island outside of the courtroom. She has chaired or been a member of important court committees that have improved the quality of justice in our State. She has given back to her alma mater, Brown University, by serving as a trustee of that great university. She also has provided mentoring to innumerable students, given her time to countless law school programs, and served on the boards of valuable and important nonprofit groups such as the Rhode Island Children's Crusade for Higher Education, a board on which I was privileged to serve with Judge Thompson. Her willingness to give back to our Rhode Island community is characteristic of her entire family. Judge Thompson's husband, Bill Clifton, is a judge on the Rhode Island district court. Her brother-in-law, Bill's brother, Edward Clifton, is a judge on the Rhode Island superior court. It is a very judicial family.

I had the occasion to appear before Judge Clifton. He was the first judge when we began our Rhode Island drug court, when I was attorney general. I have had firsthand experience of his qualities as well. We in Rhode Island are very fortunate to be blessed by the service and excellence of this family. I am sure this is a very proud day for them all. I extend my best wishes and my congratulations.

I anticipate we will have a strong vote in favor of Judge Thompson. She passed without incident or opposition through the review of the Judiciary Committee. There were no questions raised about her at her hearing. The voice vote in her favor was unanimous. The track record to date is an indication of a likely resounding confirmation. I might add, if that happens, that is yet another evidence of how talented she is and how well she deserves this seat on the Court of Appeals for the First Circuit. It is an important circuit for our State. It is a very distinguished court. It has had very distinguished Rhode Islanders sit on it in the past. A friend of Senator JACK REED's and mine, the honorable Bruce Selya, has served on that court with immense distinction for many years. So there is an important Rhode Island tradition on the first circuit.

I can assure all of my colleagues in the Senate that as a justice of this court, O. Rogeriee Thompson will discharge all of her duties with the greatest of distinction.

I yield the floor, suggest the absence of a quorum, and ask unanimous consent that the time be divided between the minority and majority.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. WHITEHOUSE. Mr. President, I ask for the yeas and nays on the nomination of Judge Thompson.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is, Will the Senate advise and consent to the nomination of O. Rogeriee Thompson, of Rhode Island, to be United States Circuit Judge for the First Circuit?

The clerk will call the roll.

The assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) is necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Utah (Mr. BENNETT).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 98, nays 0, as follows:

[Rollcall Vote No. 56 Ex.]

YEAS—98

Akaka	Enzi	Menendez
Alexander	Feingold	Merkley
Barrasso	Feinstein	Mikulski
Baucus	Franken	Murkowski
Bayh	Gillibrand	Murray
Begich	Graham	Nelson (NE)
Bennet	Grassley	Nelson (FL)
Bingaman	Gregg	Pryor
Bond	Hagan	Reed
Boxer	Harkin	Reid
Brown (MA)	Hatch	Risch
Brown (OH)	Hutchison	Roberts
Brownback	Inhofe	Rockefeller
Bunning	Inouye	Sanders
Burr	Isakson	Schumer
Burriss	Johanns	Sessions
Cantwell	Johnson	Shaheen
Cardin	Kaufman	Shelby
Carper	Kerry	Snowe
Casey	Klobuchar	Specter
Chambliss	Kohl	Stabenow
Coburn	Kyl	Tester
Cochran	Landrieu	Thune
Collins	Lautenberg	Udall (CO)
Conrad	Leahy	Udall (NM)
Corker	LeMieux	Vitter
Cornyn	Levin	Voinovich
Crapo	Lieberman	Warner
DeMint	Lincoln	Webb
Dodd	Lugar	Whitehouse
Dorgan	McCain	Wicker
Durbin	McCaskill	Wyden
Ensign	McConnell	

NOT VOTING—2

Bennett Byrd

The nomination was confirmed.

The PRESIDING OFFICER. The President will be notified of the Senate's action.

Mrs. MURRAY. Mr. President, I move to reconsider the vote.

Mr. LEAHY. Mr. President, I move to lay that motion on the table.

The motion to lay on the table was agreed to.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now return to legislative session.

TAX ON BONUSES RECEIVED FROM CERTAIN TARP RECIPIENTS—Continued

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. ROCKEFELLER. Mr. President, I want people to understand that the Federal aviation reauthorization process is moving slowly but steadily. We take several steps forward but none backward. Yesterday we approved 14 amendments. There was a tremendous amount of work done by the staff to work those out. We have another large group we hope to be able to do this afternoon. So large chunks of the bill are actually getting done. Then, we have a number of controversial amendments, or potentially controversial, and we are in the process of getting those locked down so the Presiding Officer can pronounce a unanimous consent agreement with 2 minutes equally divided.

I yield the floor to the Senator from Texas.

Mrs. HUTCHISON. Mr. President, my distinguished colleague and chairman of the committee and I are working very hard to clear further amendments as well as get a vote on the Sessions amendment, with a Pryor amendment connected to that, and a McCain amendment, so that we can try to finish this bill by tomorrow. So that is what we are working on. We are of the same mind on that. I hope very much that we will be able to get the amendments cleared that are very important. I would ask all of our colleagues to work with us to expedite matters so that we can finish this bill early tomorrow.

Thank you, Mr. President. I thank the chairman as well for working with us on this issue.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. ROCKEFELLER. Mr. President, I think the distinguished chairman of the Judiciary Committee wishes to speak, but he is waiting for something, so I will proceed.

This Federal aviation bill is enormous in scope, but we are doing it in little pieces and with little amendments, so sometimes it is hard. It has seven different titles in it. One of them has to do with community air service to rural, underserved areas, which is very important in my State and in the Presiding Officer's State—really all of our States. Even California and New

York have many very rural areas where they need air service.

I spent 10 years chairing the Aviation Subcommittee, and I enjoyed it enormously. I now chair the full committee, which I enjoy enormously. But one focus throughout has been trying to protect small and rural communities and give them air service. They travel. If the local airport promotes itself, as a product must—it is not just a place people go to; they have to announce themselves to the public and say: We can take you here, we can take you there, while others of us try to get flights in. It is tremendously important, so they are worth fighting for, and we do that.

Large and urban States sometimes question that, but if they look in their hearts, they have a lot of the same requirements themselves. It is really about equality, and it is about the economy, and it is about fairness. What is the difference between somebody from a city and somebody from a smaller community? They both do business. One may not have a big jet and therefore may require a smaller airplane, a commuter airplane to get to where he or she wishes to go, but it is important that they be able to get there. So it is vital to our economy.

Every single business considers, along with the school system, the so-called quality of life, the crime rate, all of this, they consider air service when they are deciding whether to locate or to expand in a particular State. And so for that, we have this wonderful program called the Essential Air Service—the EAS. It is a program which has proved vital to communities across this country. It has allowed them to keep air service they might not otherwise be able to keep, and literally so. It doesn't bail them out to do that. I mean, it doesn't pay the cost of that, but it helps them and they use it.

The first option of air carriers, naturally, but regrettably, as far as a small community is concerned—if they are in distress, as our airlines, our legacy airlines in particular, have been in recent years—is they go to the end of the food chain to make their first cuts, and that is always the small communities—the small airports and the small centers. That doesn't make them less important.

Every time I think about that, I think about the time I ran for Governor and I was defeated. I became president of a wonderful small private college which had a grass airfield. They didn't get any Federal help, because you can't do that with grass. But I always remember there was a little yellow farmhouse when I drove out there, and it is still the same little yellow farmhouse today. But if you go inside it has a worldwide educational CD, video. It is the highest possible technology company you can imagine. It just doesn't happen to want to build a

big building. It is happy in this little yellow farmhouse. You don't have to have tall skyscrapers to do business. So the small community air service development program has helped people.

My bill takes several important steps toward KAY BAILEY HUTCHISON's bill. We worked side by side—and I can't say this enough—every step of the way. It is sort of a perfect combination of a ranking member and chairman. We do several things here: We increase the authorized funding for the Essential Air Service to \$175 million. That is an increase of \$48 million. That is not a whole lot of money, but on a nationwide basis that does a lot. That keeps many small airfields open and allows them to have control towers and run air service.

We permit the Federal Aviation Administration to incorporate financial incentives into contracts with the Essential Air Service carriers to encourage better service. You have to keep your eye on them. It is not just the question that Senator DORGAN has talked about; that is, what is the name on the airplane. Sometimes there are two names and you don't know which one you are riding on—is it United or Colgan or what—and you need to know that. We correct that elsewhere, in another title in our bill.

We also authorize the Federal Aviation Administration to negotiate longer term Essential Air Service contracts. That makes sense because that gives a sense of stability and predictability to an airfield—to a small airfield—and to the public which is interested in it.

We authorize the development of financial incentives for carriers to improve their service, as I indicated. It is quite amazing, the whole structure of what people get paid to fly, from these little carriers to commuter airlines. I am not going to give numbers to their salaries, because you would be shocked at what they get paid—a lot less than teachers. But they accept that because the seniority system says if you have flown a long time, you get paid a lot. And they have accepted that because people who know how to fly love to fly, and they want to fly. But you have to keep your eye always on the quality of service.

Maintenance is a very high order, because that is the kind of thing which could be neglected and people might not notice. It is like keeping up your house. You can't defer maintenance or you pay a terrible price. In the case of airlines, the price is very obvious.

We also authorize the Airport Improvement Program to convert Essential Air Service; that is, small airports, into general aviation airports. That turns out to be very convenient. There are thousands of general aviation—big jets, little jets, and King Airls—all over this country, and they fly everywhere, and we want them to. So we try to encourage the EAS to do well by them.

We have increasing funding for contract towers. That is important. You have to have a tower. I had a 9:30 appointment this morning, and from not a large airport. Before taking off, there was fog, so they couldn't take off. I assume they could see the fog themselves. But if they were in doubt, the air traffic controller said: You aren't taking off. That is called a service to them; less to me but to them, and that is what counts.

In closing, I will mention something very important to West Virginia and to other States. Our global economy is growing and we are much more interconnected. It becomes very important now, for example, that commuter services don't just take you from, let's say, Charleston, WV, to Cincinnati. Sometimes, more importantly for business, they can take you to Dulles Airport and you can connect to the international air flight business, so that somebody from Bloomfield, WV, or Beckley, WV, can be flying and go see his or her customers, or potential customers, from a little commuter airport and a little commuter airplane, which then turns into a much larger airport and international flow. I am proud of this. And this is just part of our bill.

In the absence of other business, as we wait for amendments to be worked out, we will do three of those this afternoon. Then we will have, as I say, a tranche of agreed-to amendments—a very large tranche. In the tranche of yesterday, which was 14 amendments, and the tranche of today, which is almost that, that will be the bulk of the bill.

We have been 3 years waiting on this bill. It has been sort of held over or extended 11 times. Indeed, it will be 12 times by the time we pass it, which will be, hopefully, tomorrow evening.

I thank the Chair and yield the floor.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BURRIS). The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. SESSIONS. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. SESSIONS. Mr. President, I offered, along with Senator CLAIRE McCASKILL, my Democratic colleague, an amendment that will help contain our tendency in this body—a bipartisan tendency, unfortunately—to bust the budget, to spend more than we state we are going to spend. It is a temptation that is all too real. We are faced with competing choices to spend and spend, and some of our Members just find it hard to say no.

We have to be careful about that because each time we do that, the baseline of the budget or the emergency spending goes up, and we have gotten

into a habit of it that is surging us on an unsustainable path. Mr. Bernanke, the head of the Federal Reserve, the Obama administration's leaders, independent economists, and Republicans across-the-board are saying we are on a spending path that is unsustainable, that we cannot keep on. But I have to tell you, a lot of this is bad because we budgeted it; but a lot of it is bad because we break the budget and spend more than the budget says.

We have a historical incident in which this Congress passed statutory caps on spending to support the budget. In effect, Congress passed laws that said this is our budget for the next several years. We have actual spending dollar limits in our budget. Let's pass a law that says if we go above that, it takes a supermajority.

Our bill says it would take a two-thirds vote to exceed the spending the budget allows. Some say: A two-thirds vote? That is a high vote. But it is based on the budget and the passage of a budget, and the budget is passed by a 50-vote majority. So the budget essentially will be the Democratic colleagues' budget. What they pass is what they expect the levels of spending should be and where we should cap it and where we should not go any further.

This legislation would enhance our ability and state with clarity, as a bipartisan act of this Senate and Congress, that this is where we are going to stay and that we are serious about it this time and we are going to do something about spending that is out of control.

The simple truth is, we cannot continue to spend as we are. The simple truth is, we are spending into debt, deficit, more than we ever have in our history. Let me just show this chart. I think it is a pretty indicative chart that should cause the average person to lose their appetite—maybe even have their hair stand up. I used this chart a week or so ago. I was meeting later with a Foreign Minister from a European country.

He said: I happened to be watching C-SPAN. I saw you yesterday on the floor with this chart. He said: Do you use charts on the floor often?

I said: Yes, sir, we do, Mr. Minister.

He said: I thought it made a lot of sense. You ought to go all over the country and show that.

This is the Congressional Budget Office numbers based on the budget that is out there. It shows what our debt held by the public is. The debt held by the public is the debt where we sell Treasury bills and people give us their money. They loan us their money, and we promise to pay them back—over 10 years or 2 years or 30 years—at a certain rate of interest. Some people say: You should not count the internal debt; that is not exactly accurate. The only thing that really counts is the public debt.

The internal debt, the gross debt is much larger than this, but let's just use these numbers. In 2008 the total public debt of the United States was \$5.8 trillion. Since the founding of our Republic—in 1789, I guess, since the Constitution was written. In 2013, according to CBO staff, it will double to \$11.8 trillion. That is just 3 years from now—double. Then, in 2019, it is projected to go to \$17.3 trillion, more than triple. This is not a little-bitty matter. That is why people are saying we cannot continue this way. That is why Moody's, the debt rating agency, is continuing to discuss whether to downgrade the American debt.

There are entities out there that insure debt. Some people are so nervous about debt they want to insure the Federal Government debt and they pay an actual insurance premium to make sure if the government doesn't pay them what they owe, the insurance companies will pay them what they owe. I am not sure that is a smart deal. Maybe it is in a smaller country. At any rate, people pay this.

The amount of insurance that has been paid on the American debt has tripled. It is not a lot, but it says something about what independent people are valuing.

The debt of Greece amounts to 12.9 percent. The 1-year deficit for Greece amounts to 12.9 percent of their total economy—GDP. We are at 9.9 percent, our debt. This year—the year ending September 30, last year—that deficit was \$1.4 trillion, three times the largest debt in the history of the American Republic—three times.

Is this year going to be better? No. This year they are projecting when September 30 arrives, our deficit for that one fiscal year will be \$1.6 trillion. According to some of the estimates, the debt would drop down to about \$600 billion over the next 10 years, through 2019. But now we are seeing numbers that indicate that was too rosy a scenario and we probably will not drop below \$700 billion, and then it starts up in 2018, 2019, 2017—almost \$1 trillion a year annual deficits.

These numbers are low by any estimate. Already this year's deficit was supposed to be a little over \$1 trillion, but it is going to be \$1.5 trillion; maybe \$1.6 trillion. That is a lot of money. We just passed another bill that added another \$104 billion to the debt for a jobs bill.

What we are saying is, we are on a pathway that is unsustainable. We cannot continue to run trillion-dollar deficits. We are going to average almost \$1 trillion a year deficit for the next 10 years—probably it will average maybe more than that. That is why I think all of us are concerned about it.

Senator McCASKILL and I, as a first step, offered legislation that said we are going to stick with our budget. If we will just stick with our budget

things will be better than they would be if we do not stick with our budget. It is not a cure-all. It does not deal with entitlements and all the things with which we are confronted, but at least our discretionary spending will stick with our budget.

The first vote was 56 voted for it. We made some changes to accommodate concerns of some of our colleagues, and 59 voted for it—18 Democrats joined in voting for that amendment. So we need one more vote to make it law, and I am pleased to work with Senator MCCASKILL because we are serious about this good step.

When it was done, similar legislation was passed in the early 1990s and continued throughout the 1990s. That was a factor, no doubt, in going from substantial deficits in the early part of the 1990s and in the 1980s to surpluses in the latter part of the 1990s. That was a big part of it because we stuck to our budget numbers and we made progress.

Again, what number are you saying—is it a freeze on spending? Not really. The President talked about a freeze on spending. I will support that aggressively, but we are talking about a 1-percent or 2-percent increase, according to the budget. So it will give us a hard limit on how much increase in spending we will have. It will not require a cut in spending.

How does this play out in terms of our economy? Well, what is a \$1 trillion? We used to talk about millions, and then billions, now we are talking about trillions. Is that really a lot of money? Yes, it is. One trillion dollars is one thousand billion.

In Alabama State, we are almost 1/50 of the American population, and Alabama's general fund budget is about \$2 billion. Alabama, counting education, is less than 10. One trillion dollars is an amount of money difficult for us to comprehend. We have never, ever dealt with numbers as dramatic as these numbers.

What is wrong with borrowing? Why don't we just borrow? We have to pay interest on it. This is public debt. We do not have any internal surpluses anymore, or very little, from Social Security and Medicare. We have to go out and borrow this money on the marketplace and we pay interest on it. We pay interest every year on what we borrow. Congress passed, over my objection, an \$800 billion stimulus package. Every dollar of that was borrowed because we were already in debt, and when we spend \$800 billion more we have to borrow it and we pay somebody interest on it. It comes out of our money that we collect in taxes. We have to pay interest first just like you do on your mortgage. The first thing, you pay your house note, otherwise they are coming to foreclose and out in the street you will go.

How much interest do we pay? That is a question I think drives home how

serious our unsustainable course is. A simple truth is that the interest on the national debt is growing in an incredible rate and will soon surpass defense budgets and everything else in our budgetary items. Look at these numbers.

In 2009, last year, we paid \$187 billion in interest. What about the highway program? The Federal highway program that we talk so much about and argue and debate about exactly how much that should be is \$40 billion a year, just \$40 billion. We paid last year \$187 billion in interest. This is a lot of money. But as I told you, since we have an unsustainable annual deficit every year, huge deficits on top of the debt we have already accumulated, our interest payment on the public debt will go up. Look at these numbers.

In 2020—from 2009 to 2020 the number hits \$840 billion in 1 year we will have to pay in interest because we borrowed so much money. That is why we hear people say time and again this is immoral. We are borrowing from our future, from our children and grandchildren, so we can spend today and live well today without worrying about the impact it is going to have in the future. Do not think this will not impact the economy adversely also. This money is all a product of borrowing from the economy, so the government is now crowding out private borrowing by sucking up the money itself.

If you are a private person and you needed to borrow money and you say: I promise to pay you back, and the guy said: I think you will pay me back, but the U.S. Government will pay me 5 percent on a T-bill. Why should I loan you money at 5 percent? If I loan to you, you are less secure. I want 7 or 8 percent from you, big boy. That is how things happen. It drives up our wealth and capital for the expansion of businesses and home buyers and that sort of thing.

So look at that chart. It is a stunning chart, and it is a chart that has the numbers on President Obama's budget that he submitted to Congress, as scored by the Congressional Budget Office.

Well, that is why we have to do something. There are a lot of things we need to do. But I am hopeful that in our debate and discussion in recent days that we have had this vote up, this will be the third time we vote on it. I am hopeful my colleagues will see this as at least one firm step we will take that will help us contain our tendency to not stay with our budget.

If we were to stay with spending increases that did not exceed 1 or 2 percent that is in the budget of the next 4 years now, according to the budget passed last year, we would see a positive impact on spending.

Unfortunately, in the last year, we had bills such as Agriculture increased to 10 percent; we had bills such as Interior get about 15 or 20 percent; we had

bills such as EPA, the Environmental Protection Agency, a 30-percent increase; State Department, a 30-percent increase.

A 30-percent increase in a budget, the budget is going to double in about 3 or 4 years. At 7 percent, money will double in 10 years. So I just would say, this is a dangerous thing. This will help us contain that spending. That is why Senator MCCONNELL and I are so interested in seeing if we can be successful with this legislation.

I understand Senator PRYOR has an alternative; they call it a side by side. "Vote for mine, do not vote for theirs" kind of amendment. I am not exactly sure what it says. Hopefully, I can support his too. I understand his may be just a 1-year binding cap. It provides no point of order to waive the cap. It increases spending in a number of accounts. So we will look at that. I would like to be able to support his too.

But what I would say to my colleagues is, the advantages of the amendment Senator MCCASKILL and I are offering are, it is a proven procedure, it requires a two-thirds vote to break the budget, it allows us to tell ourselves, tell our constituents, and the world financial markets that we get it, we are willing to begin to contain this spending and that we can do better and we will do better in the future and there will be other steps we will want to take.

But I do believe this amendment will be one of the first things we can do, in a bipartisan way, to help control the growth of spending and put us back on track. In the 1990s, it led to actual surplus. So I urge my colleagues to support the Sessions-McCaskill amendment. I believe it is the right thing for our country. It is a significant step that will work. It is not going to solve all our problems, but it will be a big help.

I yield the floor.

Mr. ROCKEFELLER. Mr. President, I would ask if Senator SESSIONS notes the absence of a quorum.

Mr. SESSIONS. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. INHOFE. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. INHOFE. I ask unanimous consent to be recognized to speak as in morning business for such time as I may consume.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. INHOFE. Mr. President, first of all, let me say that I do like all the guys I am opposing on this legislation. I have been particularly close to JIM DEMINT for quite some time. It hap-

pens that Senator DEMINT and I, almost every rating that comes along, are considered always in the top five most conservative Members of the Senate.

In fact, I tell the occupier of the chair who already knows this, that just last week I was declared by the National Journal to be the most conservative Member of the Senate. I say that because I am disagreeing with a lot of my friends who have come forth to try to do something about what they call earmarks.

Let me try to make a couple points that I think are significant. First of all, an earmark that is in a current underlying bill, if it is defeated, does not save one cent, not one.

People out there believe—and I have heard the talks on the floor where they say: Well, we have to do something about the next generation and all that. Look, I have 20 kids and grandkids. I am the guy who is concerned about the next generation.

So when you try to make people believe you are doing something that is saving money and doing something about the horrible spending that is going on, it is not sincere, because an earmark does not add money. What you do when you kill an earmark is redirect it or you might say you have an earmark, but you do not like what they put in, so you are going to reearmark it to something else.

I will give you a couple examples. These examples, I know the Chair is familiar with this because he serves on the Armed Services Committee. They are two earmarks that Senator MCCAIN had; one was the earmark for the F-22, where the President had had an amount of money for the F-22, our fifth-generation fighter. I thought it was not enough. Several of us added more, about \$1.75 billion to that program.

Senator MCCAIN—and I respect the fact that he disagreed—disagreed on this issue. But he had an amendment to strike that earmark, which was a successful effort. So he struck it. However, that did not change the fact that the NDAA, that is the National Defense Authorization Act, was still at \$679.8 billion, the same as it would have been had that earmark not been struck.

What happens to that money? That was the \$1.75. Well, that goes back into the defense system, into the Pentagon, where President Obama and his people can make a determination as to how to spend that.

Using another example very similar to that, when we had the appropriations bill—that was authorization—when we had the appropriations bill, it was at \$625.8 billion. We had an earmark that—you can call it an earmark because we increased the amount of money within the bill, and we offset it to increase the number of C-17s. We felt, in our judgment, that is what

should happen. That would have been \$2.5 billion.

So Senator MCCAIN tried to get that out of it, and he was unsuccessful. So I have given you two examples, one where you successfully defeat an earmark, one where you are not successful. But neither one changes the underlying bill.

So for that reason, it does not happen. Another one the Senator had was having to do with transportation. I respect him. I do not agree with him. But he had an amendment that would strike some things from the Transportation bill amounting to about \$1.7 billion. He redirected that to NextGen. NextGen is a program I am very familiar with because it has to do with the next generation of avionics and all of it. I know the Chair is aware of this; that when Senator Glenn retired, that left me as the only active pilot in the Chamber or the only commercial pilot. So I stay on those issues.

I found out I disagreed with Senator MCCAIN on that because CBO said we could do the NextGen without this additional money. So the point I am trying to make is, eliminating earmarks does not save any money.

Here is another thing that I think is significant. Sean Hannity had a three-night report that I enjoyed. What he did, he had a list of 102 earmarks. He went down these earmarks, and everyone enjoyed it. Last night he had the last 20. So he went: Earmark No. 20, 19, 18, 17, 16—went all the way down to earmark No. 1. There is not time to cover all 102 of these. I did this on Monday on the floor, by the way.

But it was such things as the \$3.4 million to the Florida Department of Transportation to build an ecopassage to allow turtles to cross under the highway so they would not get hit by a car. That was \$3.4 million; \$450,000 for 22 concrete toilets in the Mark Twain National Forest; another earmark, \$325,000, to study the mating decisions of female cactus bugs. That was another one. This country needs that, of course; \$300,000 to buy a helicopter equipped to detect radioactive rabbit droppings; \$400,000 to study whether adults with attention deficit disorder smoke more than other adults. This is one that really wound me up: \$500,000 in a grant to a researcher named in the climategate scandal. Here is a guy who has been cooking the science, and we are going to give him half a million dollars. Then there is \$500,000 to study the impact of global warming on wildflowers in Colorado.

I could go through all 102. But there is one thing they all have in common. I will bet you not many people know what that is. Not one of these 102 was a congressional earmark. These were all Presidential or bureaucratic earmarks. There is where the problem is. But they won't talk about it because

the public has been duped into thinking congressional earmarks are a problem.

Let me tell you what happened over in the other House. I am criticizing my own Republicans now. The Republican caucus got together and they had a resolve. They said:

Resolved, that it is the policy of the Republican Conference that no Member shall request a congressional earmark, limited tax benefit, or limited tariff benefit, as such terms are used in clause 9, rule XXI of the Rules of the House . . .

That finally defines what an earmark is. I was thankful for that. Even though their policy was bad, at least they talked about what an earmark is. Here is what it is. Clause 9, rule XXI applies to all legislation in the House of Representatives, whether it be authorization or appropriation. That is what we do for a living around here.

There is an old document nobody pays any attention to anymore. It is called the Constitution. If you look up article I, section 9 of the Constitution, it says that no money shall be drawn from the Treasury but in consequence of the appropriations made by law. That is us.

Besides, if you remember studying about this—I know the Chair and I have talked about his knowledge of the Constitution—it was James Madison who was the father of the Constitution. He was the one who came up with the three coequal branches of government—the judiciary, executive, and legislative. He is the one who coined the phrase “power of the purse.” That was James Madison. If you read the Federalist Papers, he made it clear what we were supposed to do. What we in the House and we in the Senate are supposed to do is pass laws that are necessary to have appropriations and authorization.

The Chair and I are both on the Senate Armed Services Committee. That is the authorization committee. We go through and study what we need to defend America—missile defense, for example. We need to have redundancy in all phases—the boost face, the mid-course face, the terminal phase. All these things are complicated, and we really can’t expect the general public to be aware of it because they are too busy making money to pay for all this fun we are having up here. We have this authorization. That is what the Constitution says we are supposed to be doing.

Then appropriations. After we authorize something, study as to whether it should be a priority, then we have an appropriation to put it into law. That is, again, what we are supposed to be doing. The Constitution tells us we have to appropriate and authorize.

The oath of office—everyone here has taken the oath of office. In that oath, we say we solemnly swear we will support and bear true allegiance to the Constitution of the United States.

Wait a minute. They are going to uphold the Constitution, but they have just said by their own resolution that they are going to break the Constitution.

I look at this, and I think about how people, if they only knew this was going on, if they only knew that all these earmarks Sean Hannity talked about, all 102 were earmarks that came from unelected bureaucrats—people not responsible.

There was an interesting article in the Hill paper the other day. It was from February 4. They say lobbyists are now going to Federal agencies because of all these efforts because of earmarks and all that. So we have turned over and given to unelected bureaucrats what we are supposed to be doing under our sworn oath.

I know Senator MCCAIN is going to have an amendment coming up tomorrow. I would like to suggest that people who talk about not doing earmarks have done earmarks. In the case of Senator MCCAIN, there was an article titled “McCain Breaks Own Pork Rule.” This was from November 7, 2003.

Then we have Senator DEMINT, who—again, I really value him. He is one of my closest friends. I remember when he was first running for office. I went to South Carolina, and they talked about how roads were so important down there, and he swore he would support them. So he did. He kept his word. These are earmarks. Senator DEMINT: \$10 million for the construction of I-73 at Myrtle Beach; \$15 million to widen U.S. 278 to six lanes; \$10 million, engineering, design, and construction of a port access road; \$10 million in improvements to U.S. 17; \$5 million, widening SC 9; \$3 million to complete construction. These are earmarks that were done by Senator DEMINT. I don’t blame him. That is what we are supposed to be doing. I have done the same thing. You add up all these earmarks on just that bill, and it comes to \$110 million. Those are Senator DEMINT’s earmarks on that one bill.

What I am saying is, these guys all earmark, but somehow the public thinks there is something wrong with earmarks. I say: Fine. Define earmarks. Be as honest as the House of Representatives. The House of Representatives says earmarks are authorizations and appropriations.

What we need to do is remember what our jobs are here. Again, the thing that frustrates me is that there are so many people writing editorials thinking earmarks are going to somehow cut spending. They don’t cut any spending. Eliminating an earmark merely transfers it from our constitutional responsibility to the executive branch. I am hoping people will understand this.

I can remember 8 years ago. Everyone said at that time that global warming was caused by manmade

gases, anthropogenic gases. I thought, it must be true; everybody says it is true, until the Wharton School of Economics came along and did a study during the Kyoto Treaty days. They said: What would it cost America if we were to sign and ratify that treaty and live by its emissions restrictions? The range they gave us was between \$300 and \$400 billion a year. We are talking about \$300 to \$400 billion a year.

I see my friend from Arkansas. I suggest to him, that \$300 to \$400 billion a year would cost every taxpayer he has who files a return in the State of Arkansas just under \$3,000 a year. That is what it would cost. We didn’t ratify that.

Along came, in 2003, the McCain-Lieberman bill—another cap-and-trade bill to do essentially the same thing Kyoto did—and then the McCain-Lieberman bill in 2005 and the Warner-Lieberman bill in 2008 and the Sanders-Boxer bill in 2009. All of these have one thing in common; that is, cap and trade. Right now, we have Senator LINDSEY GRAHAM and Senator JOHN KERRY trying to change the word, not use “cap and trade,” but essentially it would be cap and trade.

All of that would have cost between \$300 and \$400 billion a year. I bring that up because it is pertinent to this. I brought it up because 8 years ago nobody believed me when I said it is going to cost that much money and it will not accomplish anything.

Then, as the years went by, finally the Environmental Protection Agency director, appointed by President Obama, in response to a question I had—I asked: Let me ask you this. If we were to pass this bill—that was the Markey bill; they are all the same; cap and trade is cap and trade—how much would it reduce the emissions of CO₂? Her answer was: It wouldn’t reduce it.

Common sense tells us it wouldn’t. If we do something unilaterally in America, it will not reduce the worldwide amount. As we lose our jobs here, they to go China and Mexico, places where they are generating more electricity. It will have the effect of increasing not reducing it.

It took America 7 years. I was a bad guy for 7 years because in advance I said that this is what it was going to cost. It was a phony issue. Finally, they agreed.

This has endured 3 years. I have been trying to explain to people for the last 3 years that you don’t save any money if you kill earmarks. We need to define what they are. The House has been honest. They have defined it as authorization and appropriation, which is what the Constitution says we are supposed to do. Everybody who says they are against earmarks has been introducing earmarks.

The bottom line is, we need to really address something meaningful.

What I have done is I have introduced a bill that will do what President

Obama said he was going to do; that is, freeze the nondefense discretionary spending at the 2010 levels. The only problem with that is he increased it in his budget by 20 percent. You are talking about increasing the nondiscretionary or the discretionary non-defense spending after you have increased it by 20 percent. So I introduced a bill that says let's take it back.

This President is always talking about what he inherited from the Bush administration. In 2008, the amount of money that was called discretionary spending was 20 percent less than 2010. If it is good for 2010, let's bring it down to 2008. We have an opportunity that would save just under \$1 trillion in the next 10-year budget cycle. That is the answer. That is what I think we ought to be doing instead of sitting around and deceiving the public into thinking that just because the media doesn't understand it, somehow earmarks are going to accomplish something worthwhile.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas.

AMENDMENT NO. 3548 TO AMENDMENT NO. 3452

Mr. PRYOR. I move to set aside the pending amendment and call up amendment No. 3548.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report.

The legislative clerk read as follows:

The Senator from Arkansas [Mr. PRYOR], for Mr. REID, for himself and Mr. PRYOR, proposes an amendment numbered 3548.

(The text of the amendment is printed in today's RECORD under "Text of Amendments.")

Mr. PRYOR. Mr. President, I know this Nation is in a fiscal crisis. Anybody who is paying attention to the details understands that. We have to get serious about deficit reduction. I believe that in order to do so, we have to look at the full picture. We can't just look at discretionary spending.

I thank the President for saying he wants to freeze discretionary spending. It is going to be an unpopular decision, but we need to start taking steps like that. I also thank Senators SESSIONS and MCCASKILL because they have offered an amendment that is going to be voted on in a few minutes that freezes discretionary spending and puts a cap on it. It is for fiscal years 2011, 2012, and 2013. I voted for that on a couple occasions and still support the concept.

But in order for us to get serious about getting our fiscal house in order, we have to put everything on the table. That is the bottom line. When we do the fiscally responsible thing, it is going to be hard. It is going to be difficult politically. It will take determination and political will. But we have to put everything on the table.

The multiyear discretionary spending caps were a key part of the 1990,

1993, and 1997 deficit-reduction packages. However, one of the differences in those packages and what Senators SESSIONS and MCCASKILL are offering today is those deficit-reduction packages looked at all spending, mandatory and discretionary, as well as revenues. That is what my amendment, the Reid-Pryor amendment we will also vote on this afternoon, does. It puts everything—almost everything on the table.

We have to get serious about fiscal discipline and restoring fiscal order in the United States. There is a story in yesterday's New York Times—I am sure it was widely reported—that Moody's is considering downgrading our bond rating from AAA down to something lower because of the enormous national debt we have.

By establishing limits only on discretionary funding sources, we greatly reduce the likelihood of any bipartisan agreement we can make in this Chamber to fix our long-term deficits and long-term debt problem. I think for us to fix this and to get our fiscal house where it needs to be, we have to approach this in a bipartisan way. My concern is, if we just do discretionary spending, we will never get to a bipartisan agreement.

The other thing about this: If the Reid-Pryor amendment were adopted today, I think the markets would like it. I think Wall Street and the global markets and all these folks such as Moody's and all these other people who are watching would see this as a very positive signal and it would help the U.S. economy in many ways beyond just the pure numbers in the budget.

I trust the members of the President's National Commission on Fiscal Responsibility and Reform. I trust they will provide very viable options and solutions. I look forward to their hearings and all of their suggestions as they go through this year and try to address some of the fiscal challenges we have.

The Senate has six Members on this commission: Senators BAUCUS, COBURN, CONRAD, CRAPO, DURBIN, and GREGG. All of these people bring great experience. They all bring to the commission great depth of knowledge on these issues. I am afraid if we do the cap on discretionary spending, as we talked about before, it might actually serve to undermine the commission's very challenging work.

I have a chart here that lays out a few things. This actually comes from CQ Today, from Tuesday, February 2, so it is a little more than a month old. But it paints a couple of pictures that I think we need to emphasize today as we compare these two amendments.

The first picture shows these pie charts. I do not know if the cameras can pick these up for the folks back home, but, as shown on these two pie charts these are the 2011 revenue estimates and the 2011 proposed outlays.

One thing that I think is critically important is that when we look at the Sessions-McCaskill amendment—you can see this purple slice of the pie right here. You can see it is much less than half of the Federal budget. You can see that very easily. But in the fine print here—this is discretionary spending—that is nondefense and national defense right there. Of course, they are carving out for national defense. So my guess is, they are only talking about, I will guess, 20 percent of the Federal budget. I am not quite sure how much. So they are trying to fix all of our problem with just about 20 percent of the budget.

What our proposal does is it actually includes almost everything in this pie, instead of saying 20 percent, probably 80 percent, 85 percent, 90 percent of the Federal budget will be included in trying to address the fiscal challenges we have.

There is another thing I want to point out on this chart. It has been around a long time. I have seen it in many publications. On this chart, you can see our deficit spending, starting with the Jimmy Carter administration, going through the Reagan years, the George Bush years, the Clinton years, the George W. Bush years, and the Obama years. You will see that, of course, the Obama years are mostly projections.

But what you see in these purple lines, all down here—under zero—those are our deficits. Then they actually go up during the Clinton years above zero. We go into surplus spending for the first time in a long time, paying off national debt, trying to be fiscally responsible, making tough choices. Not everybody was happy about that. We were trying to do that. Then you see what happened after 2000, where our numbers plummeted.

This yellow line—that maybe is hard to pick up on television—is the percentage of GDP. But, nonetheless, you see on this chart a sharp dropoff, and then you see this other sharp dropoff. So we have to understand, when this President came into office, President Obama, he did inherit a lot of problems, a lot of fiscal problems. But it is also because of the recession, because of the near global economic collapse, because of two wars and just because of some of these fiscal policies of the previous administration and because of the stimulus and because of some of his priorities. But you see the numbers going way down.

To President Obama's credit, he is moving the purple lines back up, and that is great. But it is not enough. It is not enough. We need to move these lines on up here, and we need to get above zero. We have to get back to surpluses in this government so we can pay off the national debt, and do this before our children and our grandchildren are stuck with us living beyond our means.

I think that is the bottom line. I think the Reid-Pryor amendment is the amendment that does that. We can talk about how we have an annual deficit this year of—I think it is \$1.2 trillion. I have forgotten the number. We can talk about the national debt of—I think it is \$13 trillion, and growing every single year. We have to get that turned around. We are on an unsustainable course. We have heard the chairman of the Budget Committee. We have heard the ranking member of the Budget Committee. We have heard people who care about this issue say time and again: We are on an unsustainable course.

I would ask my colleagues to look at the Reid-Pryor amendment. In some ways, it is structured like what Senator SESSIONS and Senator MCCASKILL have offered. Again, I voted for previous versions of that. They changed it a little bit this time. But I think the greatest liability for the Sessions-McCaskill amendment is it does not take in the whole picture. Like the pie chart, it takes in a little bit of this pie chart but not the whole thing.

If we are going to get serious—get serious—about fixing our fiscal equation, we have to put everything on the table. That is discretionary spending, mandatory spending, as well as revenues. We have to put it all on the table, and we have to work through this together, hopefully in a very bipartisan way.

I do not think we can fix this overnight. Even if our amendment were to pass this evening, it does not mean we are out of the woods yet. What it does is set the table for the deficit commission and others in future Congresses to come in and do the things we need to do and get us back where we need to be.

The last point I want to make about this chart right here is, if you look at this purple line, this chart is basically a graph of political courage. That is what this is. Because the easiest thing in the world for a politician to do—the easiest thing for a politician to do—is to cut taxes and raise spending. That is exactly what you see on this chart. You see tax cuts coming in at various times, and you see spending going up at various times. These purple numbers get way out of balance when Congress and the White House take the easy way out, and that is exactly what you see on this chart.

That is why we are in this situation today. It is not one President's fault. I do not want to blame it all on this President or on the previous President. This has been going on for a long time. It is not one Congress's fault. It has been going on for a long time. But we have to have the political will to change the way we do things around here.

I hope tonight will be a very important step in that process. I hope my colleagues on both sides of the aisle

will look at the Reid-Pryor amendment that contains all three fixes—and that is discretionary spending, mandatory spending, as well as revenues—and try to get this passed tonight and get us moving in the right direction.

I say to the chairman, I think we are waiting on Senator INOUE. So until he gets here, all I wish to say is, what the Pryor amendment does is to freeze all discretionary spending caps at the levels proposed by President Obama for fiscal year 2011. It freezes all discretionary spending caps for fiscal years 2012 and 2013 at 40 percent of the difference between President Obama's budget proposal and last year's budget resolution. The reason we do that is because Senator SESSIONS and Senator MCCASKILL used last year's budget numbers, and it may be fair under the circumstances this year. We are splitting the difference there.

The third thing is that these two freezes will reduce discretionary spending by at least \$77 billion over 3 years—reduce discretionary spending by \$77 billion over 3 years—a pretty substantial cut.

When we talk about discretionary spending, we are talking about mostly the popular programs the government has. It may be things such as auto safety. It may be things such as child product safety. It may be things such as the Federal Trade Commission and some of the oversight they have to keep consumers safe. It could be the EPA. There are a lot of things—clean drinking water, clean air. That is what we are talking about when we talk about discretionary spending. So we are doing cuts there. Those are going to hurt. Again, people are not going to be happy about that.

It also requires the National Commission on Fiscal Responsibility and Reform to find at least an additional \$77 billion of deficit reductions over the 3 years to close the gap between the projected revenues and entitlement spending. It basically says they have to find some spending cuts as they do their work.

It also requires Congress to enact the debt commission's recommendations by January 2, 2011, for fiscal years 2012 and 2013 discretionary spending caps to go into effect. It has a sense of the Senate that the total amount of deficit reduction by the debt commission shall be at least equal to the reductions in discretionary spending.

One of the differences between the Reid-Pryor amendment and the Sessions-McCaskill amendment is theirs is just about spending. And listen, spending is important, and that is half of the equation. We are spending too much money, and I recognize that, a lot of other people recognize that. I know a lot of people in Arkansas recognize that. But that is only half the equation. The other half is how much we are taking in, and can we do better and

smarter all around the board and put everything on the table to try to fix this.

The real problem we face, in my view, is not spending alone but it is the spending that is leading to these enormous deficits every year and this enormous national debt. So I think our approach is more comprehensive. I think it is fairer. I hope many of my colleagues, once they see the language of the legislation, will consider voting for it.

With that, Mr. President, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. FRANKEN). Without objection, it is so ordered.

Mr. DORGAN. Mr. President, while we are continuing to wait, as we have basically waited all day for amendments to be offered and debated and voted on to the FAA reauthorization bill, Senator ROCKEFELLER has remained on this floor most of this day. This is a very important piece of legislation. It is disappointing that it has slowed down, as have most of the issues we have dealt with in recent months, in the past year.

Apparently, we will vote either later tonight or likely tomorrow on an amendment to the FAA reauthorization bill that has nothing to do with the bill. It is so characteristic of the Senate that we bring a bill on air safety and modernizing the air traffic control system, on essential air service, on passengers bills of rights, and an amendment is offered that has nothing to do with those subjects. The rules of the Senate allow that.

Let me at least talk for a moment about an amendment that will be voted on probably next and probably tomorrow, I guess, by Senator SESSIONS and Senator MCCASKILL. I know Senator SESSIONS spoke about this recently. He used a very large chart to show the growth in Federal budget deficits and also debt. There is no question that the level of budget deficits and debt are unsustainable and dangerous to this country. There is no question about that.

What we ought to do is understand, No. 1, how did we get here and, No. 2, how do we get to a different direction that addresses these issues. Let me describe briefly the first part and then the second part.

Ten years ago, there was a budget surplus in this country—the first time in 30 years, a budget surplus 10 years ago. Then President Bush was elected, and President George W. Bush said at the time: There is a budget surplus,

and it is expected now there will be a surplus for the next 10 years. He had Alan Greenspan, then-Chairman of the Federal Reserve Board, whispering in his ear and saying: And, by the way, if we have surpluses for 10 years, I worry a lot about paying down the Federal debt too quickly. I worry that may be a real problem for our economy. I hope he did not spend a lot of sleepless nights worrying about that. He needn't have, I guess.

The President then, with that kind of counsel, said: I am going to cut taxes, and I am going to cut taxes for 10 years at least. What I am going to do is cut taxes for the wealthiest Americans because I believe this economic engine works best by putting something in at the top and letting it trickle down to everybody else.

We had a tax cut proposal that was very generous to the people at the top. I stood on this floor and said: I don't think that makes any sense at all. I think we ought to be a little conservative. First of all, these are budget estimates of surplus. They don't exist. They are just estimates by economists who cannot remember their home telephone numbers, let alone what is going to happen 3 years from now. So let's be a little conservative.

The President and those in the Chamber who voted for it in 2001 said: Nonsense. Katy, bar the door; we are going to have budget surpluses forever. We are giving big tax cuts and, yes, we are giving big tax cuts to the wealthiest because they are the ones who make this economic engine hum. And they did. I did not vote for it.

Very shortly then we found out we were in a recession.

That was a problem. Six months after that, we found out terrorists were bent on injuring this country, and we had the 9/11 attack that killed several thousand innocent Americans. Then we were at war with terrorists—at war in Afghanistan and then at war in Iraq—none of it paid for, not a penny. We sent men and women off to fight and did not ask anybody to pay for a penny of it and put all of those costs on the Federal budget debt. Just put it right on top of the debt.

In the meantime, as that decade—which I think will be known perhaps as “the lost decade” of lost opportunity in some ways—moved on, we also had people come into this town who were to be regulators and were paid to be regulators who boasted: We are going to be willfully blind for a few years. You do what you want. We won't watch. We won't tell.

The result was a field day for the biggest financial interests in America, creating the most exotic financial instruments, such as credit default swaps, CDOs, derivatives—by the way, synthetic derivatives. What does that mean? That means you have an instrument that has nothing on either side. It is just flatout gambling.

We have some of the biggest financial institutions that were spending a decade trading trillions of dollars of derivatives, synthetic derivatives, much of it by hedge funds and other financial entities that were unregulated.

Again, Mr. Greenspan said, when those of us in the Senate pushed for regulations: No, they don't need to be regulated. It will all work out fine. Self-regulation—they are not going to do anything stupid. Self-regulation will work just fine.

In the meantime, we had the home loan scandal, massive amounts of money in subprime loans put out there to people who could not afford them by companies that were making billions of dollars. Mr. Mozilo ran Countrywide, the single largest home lender in America. He left with a couple hundred million dollars. He is now under investigation. They were putting teaser loans out.

They said: By the way, you have bad credit, no credit, don't pay your bills, no pay, slow pay. They said: Come to us. We want to give you a loan.

All of us understand that does not work. Yet that is what was going on. They were awash in money by moving all these assets and securities around. Unbelievable. That is the subprime loan scandal.

All of this transpired, and then it collapsed. When you create a house of cards, the slightest little wind blows the house of cards down. That is exactly what happened. We discovered that some of the biggest financial institutions in this country had much more leverage than they were able to sustain, and the entire thing came crashing down.

The Federal Reserve Board now has spent untold amounts of money—untold because they would not tell us. We asked them. They said: You don't deserve to know nor do the American people deserve to know how many trillions of dollars have gone out the back door to sustain investment banks and others who made bad judgments. Those too-big-to-fail institutions, no-fault capitalism, they were too big to fail, and the American taxpayers got stuck. The American taxpayers and American citizens lost about \$15 trillion in value, and at the same time had to bail out big financial institutions that made massive amounts of money.

By the way, right now they are paying, once again, bonuses of \$120 billion, \$140 billion in some of those same industries, and they are showing record profits while some 15 million, 17 million people went out to look for work and could not find it. Small- and medium-size businesses are still having difficulties. Those at the top, too big to fail, who received massive amounts of government help, are now making record profits and paying record bonuses. All of that exists.

When we hit this ditch, this financial wreck, we lost a substantial amount of

income coming into the Federal Government—about \$400 billion. The economic stabilizers we have, such as unemployment insurance, food stamps, and others, the cost of them went way up. Had Barack Obama, winning the Presidency, done nothing—walking across the threshold into the White House for the first day, had he done nothing for the next 10 to 12 months he would have had a \$1.3 trillion Federal budget deficit not of his making. That was his inheritance when he won the Presidency.

We have these giant budget deficits. I find it interesting, people come out and talk about these big budget deficits who have spent the last 10 years saying: You know what. Let's go ahead and send men and women to war, and we will just charge it. We will not ask anybody to pay for it, ratcheting up this deficit, helping create these problems.

Now, all of a sudden they are having an apoplectic seizure over budget deficits and the increased level of debt. We should have a seizure over it because it is unsustainable, and we should fix it.

We need to understand what happened to create it and making sure we fix it so that it does not happen again. That means financial reform. That means paying for wars we are fighting, and so on, which is not happening yet. Even more than that, the question is, What is the medicine or the solution? So our colleagues bring an amendment that we will vote on tomorrow that says what we should do is to freeze domestic discretionary spending for 3 years—domestic discretionary spending. Well, people who don't work around here don't know what that means so much. What it means is they are proposing to freeze that portion of Federal spending that has not blown through the lid here. What is out of control are the entitlements—massive increases in Medicare and Medicaid. What is out of control is the substantial increase in defense spending that is not paid for. What is out of control is the dramatically less revenue that comes from giving tax cuts to people who didn't need it.

If you have a million dollar income a year—which would be a good thing to have—and somebody says: You know what, you just won the lottery. Our government says: We are going to give you a \$79,000 tax cut. So a proposal that says: You know what we are going to do, we are going to take that smaller portion of the budget and we are going to freeze that for 3 years—you know, the kinds of things that educate kids, the sort of things that invest in people's lives, human capital, human potential, the kinds of things that make life better. We are going to freeze all that, but we are not going to touch anything on the revenue side. No, we want to protect those tax cuts for the biggest interests. We are not going to

do anything in the entitlement areas, despite the fact that we have dramatic growth in Medicare. There is nothing in this that says: Let's take a look at all spending. They say: Let's take a look at a bit of spending. And there is nothing in here that says: Let's take a look at revenues.

You have to look at all of these things. If you are serious, if you are a deficit hawk and you are about getting your hands around this deficit problem and getting rid of this problem, then you have to be serious out here and say we are going to do it all; that we are going to take a look at every single area of spending and we are going to take a look at revenues as well.

Let me mention one example. In 2008, the highest income earner, pure income, in America is a man who made \$3.6 billion—\$3.6 billion—running a hedge fund. So he goes home at night and his spouse says: How are you doing, honey? Pretty good. I made \$10 million today. It is a lot of money for a day, isn't it? Well, \$3.6 billion is \$300 million a month, and so \$10 million a day. But that is not his only success. It wasn't just that he made \$3.6 billion. It was that he gets to pay a lower income tax than almost anybody in the State of Minnesota—the State of the Presiding Officer—because most of the constituents of the Presiding Officer pay income tax rates that are much higher than 15 percent. But that \$3.6 billion earner gets to pay an income tax rate of 15 percent because it is defined as carried interest. That is a loophole that you can drive a Humvee through, and it is one that we ought to close right now.

You say you want to do something about deficits. How about making somebody like that pay a fair share of taxes? If somebody is going to work all day as a drill press operator and come home and shower after work and try to figure out how he is going to pay the bills and so on, if that person is paying a 20-percent, 28-percent, 30-percent, 35-percent income tax rate, how about the person who is making \$3.6 billion?

Somebody will listen to this and say: That is that old populism again. That is not populism, to talk about things that are necessary and right. It is not populism. It is deciding that everybody ought to be treated fairly, and it is not fair if those who are at the low end of the income ladder are paying the highest tax rates and those who are at the high end are paying the lowest tax rates.

Warren Buffett, the second or third richest man in the world—a guy I like and whom I have known a long time. He is a wonderful man. He did an experiment at his office in Omaha, NE. I think he said they had something like 20 or 40 or 50 people working at Berkshire Hathaway at the office. So he asked them, I believe voluntarily, to disclose what their income was—al-

though his company pays them—and what their tax rate was. What he discovered was this: Of all the people in his office, the person who paid the lowest combined tax rate of income taxes and payroll taxes was the third or second wealthiest man in the world: Warren Buffett. He paid a lower tax rate than his receptionist. Warren Buffett said to me: That is so unbelievably wrong. It has to change. You all have to change that. I am paying what I should pay, but he said: It is not right that you have a Tax Code that has me paying a lower tax rate than the receptionist in my office.

My point simply is this: We could change that, and should, and increase some revenue as a result by making the tax system fairer and having those who should, pay their fair share. That is one way to reduce the deficit, isn't it? Except it will never be done with this resolution because it looks at that portion of the budget that would be used to fund a school or to build a water project or to build a flood protection project—just that domestic discretionary in which you invest in America. Well, that doesn't make any sense at all.

Senator PRYOR came to the floor and said he is going to offer an alternative, which I am going to support, which includes all of these things. It says: Yes, tackle this budget deficit, do it now, don't delay, but tackle it with seriousness, seriousness of purpose, not just taking one piece that hasn't exploded and ignoring the other pieces. Take the piece of domestic discretionary spending that has not exploded and say: Let's take all the savings out there. I don't understand that.

I understand the motive. The motive is to say: Well, we have a bunch of people who don't want to touch taxes in any way, even asking the \$3.6 billion person who pays a 15-percent rate to start paying his fair share. I understand they want to protect that. I don't. I want that person to pay a fair rate of taxes to our government. They would call that a tax increase. I don't. I think it is just evening up the score, saying: You want all the benefits America has to offer but don't want to pay the full obligation of being a citizen? The same is true with some corporate interests that decide they want everything America has to offer them but they want to run their employees through the Grand Caymans so they can avoid paying payroll taxes.

By the way, the same people who are paying a 15-percent income tax rate on carried interest running hedge funds are setting up deferred compensation accounts in the Bahamas to avoid paying even that 15 percent. So is that something we can shut down? Of course. Would that help reduce the budget deficit? Yes. Is that tackling domestic discretionary? No. It is more effective than doing that, because we

know where this money is and we know how we could reduce the budget this way.

I am in favor of tackling every part of the Federal budget and seeing what works and what doesn't. There are a whole number of things this government does that it doesn't need to do anymore.

I know Senator KAUFMAN wants to speak, but I want to mention one thing first. I have been here at this desk a long time now, and let me describe how unbelievable it is that even waste has its constituency in this Chamber—even waste. We are doing this: We broadcast television signals into the country of Cuba every single day that the Cuban people can't see. We do it every single day. We have spent \$¼ billion doing it. We broadcast from 3 in the morning until about 7 in the morning and the Cubans routinely block them. The purpose of it was to broadcast—under what is called Television Marti—and to inform the Cubans about how wonderful freedom is. They are pretty well aware of that by listening to Miami radio stations. And we know they understand freedom because they get on rafts trying to find their way to this country. But we have Television Marti, which is a big group of people that is pretty well funded, about \$20 million a year, or \$25 million a year now, and so we send television signals to the Cuban people that they can't see. We first did it with a big blimp called Fat Albert, way up in the air shooting signals down that the Cubans could block. Then Fat Albert got off its tethers and landed in the Everglades, and what a mess that was. Then they bought an airplane and they send the signal by flying these planes, which the Cubans routinely block.

I have offered amendment after amendment after amendment to try to stop spending to send television signals to no one, but you can't get it done. Isn't that unbelievable? I will continue to do that because that is an area of spending, it seems to me, where it takes a nanosecond of thought to say: That is just stupid. That is just dumb. So stop it. Except government doesn't quite work that way, or that well.

But if the Pryor amendment is offered tomorrow, I fully intend to support that aggressively because we are on an unsustainable path. Most of us know how we got here, but not everybody yet knows how we are going to get out of it, and I think that is a decent step in the right direction. I would say that the Sessions-McCaskill amendment is seriously deficient and is not, in my judgment, the serious way to address what is a very serious problem.

Mr. President, I yield the floor.

THE PRESIDING OFFICER. The Senator from Delaware.

Mr. KAUFMAN. Mr. President, I ask unanimous consent to speak as in morning business for up to 5 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

IN PRAISE OF JEFFREY AMOS, MARVIN CARAWAY, JR., AND COLIN RICHARDS

Mr. KAUFMAN. Mr. President, I rise once more to highlight some of our Nation's outstanding Federal employees. I have spoken before about those who, in serving our Nation, place their lives in danger in order to protect others. On March 4, a lone gunman opened fired near the main entrance to the Pentagon, wounding two security officers before being quickly subdued. These two officers and a third who assisted them provide an example of the bravery and excellence of Federal employees, and especially Federal employees in law enforcement who take risks every day.

These three men all worked for the Pentagon Force Protection Agency, which oversees security for the Defense Department's headquarters as well as several other Defense facilities in the Washington area. It was created after the attacks of September 11, 2001, to provide comprehensive threat prevention for one of the buildings targeted on that fateful day. Like those serving in other law enforcement and security agencies, the men and women of the Pentagon Force Protection Agency undergo rigorous training. Many are veterans of the Armed Forces or have worked previously as police officers for States and municipalities. They train to be ready at a moment's notice for scenarios they pray will never come. Often these security officers will stand at a checkpoint for hours at a time at the ready during days and weeks and months of quiet.

As a youth, I worked two summers as a lifeguard in Philadelphia, and we always used to say it was hours of boredom interspersed with seconds of sheer terror. Well, sheer terror happened for these great Federal employees. For these three officers from the Pentagon Force Protection Agency such a moment came just before 7 o'clock in the evening of March 4, 2010.

Officers Marvin Caraway, Jr. and Colin Richards were standing guard at the main entrance to the building—the Pentagon—when a suspicious figure approached. Marvin sensed something was amiss, so he walked toward him to check out his identification. When the man pulled a gun from his jacket and began firing, one of the bullets grazed Marvin's thigh. Undeterred, he held his ground and fired back. Later, his fellow officer would tell reporters that Marvin was like "Superman"—"a man of steel."

Colin ducked behind a barricade and began to return fire. Hearing the shots, a third officer, Jeffrey Amos, ran over from his post nearby and joined the effort to subdue the gunman. In the process, he was wounded in the shoulder. The whole incident took only a minute and the three officers fatally shot the assailant.

The quick reaction and undeterred professionalism of these three are inspiring. All brought to the job a strong background in law enforcement and public service. Marvin, who lives in Clinton, MD, is a former marine, who served in the first Persian gulf war, and has experience protecting our embassies overseas. Jeffrey, from Woodbridge, VA, is a retired member of the Air Force Reserve. He spent 11 years in the New Orleans Police SWAT team.

Colin, who resides in Arlington, VA, recalled how his experience and training prepared him to act quickly. He said: "My vision was big; my hearing—I could hear everything. When the shooter started running, he looked like a big target. At that point I felt like I couldn't miss."

Federal security officers, such as Marvin, Jeffrey, and Colin, are our modern-day "Minutemen"—trained and ready to keep us safe from threats to our liberty and security. We owe all of them our constant appreciation.

I must add that we see the same dedication and professionalism right here each day in our very own Capitol Police force as well. I know how proud Majority Leader REID is of his own service as a Capitol Police officer when, as a young man, he stood guard at one of the entrances to this building.

I hope my colleagues will join me in thanking Marvin Caraway, Jr., Jeffrey Amos, and Colin Richards for their bravery and a job well done—as well as all those who serve as Federal security officers standing at the ready. They are reminders of our great Federal employees.

I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. BURRIS). The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. BURRIS. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mr. KAUFMAN). Without objection, so ordered. The Senator from Illinois.

Mr. BURRIS. Mr. President, I ask unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

NEW PHILADELPHIA

Mr. BURRIS. Mr. President, in 1777, when our Republic was just a year old and the Revolutionary War was raging, a man named Frank McWorter was born in South Carolina.

In 1795, when the war was over and George Washington was President, he moved to Kentucky. He married a woman named Lucy.

And in 1830, he and his family moved to Illinois—the very same year that a man named Thomas Lincoln, along with his son Abraham, moved to there from Indiana.

Frank McWorter decided he would settle down, and so he bought a farm in Pike County's Hadley Township, and he began to plan out the town of New Philadelphia. Other settlers moved in. Soon, there were family homes, businesses, and even a school.

And when Frank McWorter died of natural causes in 1854, having lived more than three-quarters of a century, he died in the town he founded and guided to prosperity.

The community of New Philadelphia continued to thrive until it was bypassed by the expanding railroad in 1869. Left behind by the steam engine, and the wave of expansion it pushed across the western frontier, the residents of New Philadelphia began to disperse by the late 1880's, and the town gradually disappeared again into the Illinois prairie.

The story of Frank McWorter and New Philadelphia is an extraordinary one.

But as I told this story a moment ago, here on the Senate floor, I left out one defining detail.

If Frank McWorter had been a farmer, or a banker, or a soldier, his tale would be remarkable because of the era in which he lived—but in many ways, he would have been no different from thousands of others who grew up in the early days of our country.

But Frank McWorter's story is extraordinary because he was not a farmer, or a banker, or a soldier—no, he was a slave.

When he moved to Kentucky in 1795, he did not go voluntarily. He went with his owners. On the day he met Lucy, his future wife, the two of them were slaves on neighboring farms.

Eventually, Frank was allowed to work odd jobs, and hire out his own time and labor. He learned to mine a major component of gunpowder, which proved profitable.

By 1817, he had earned enough money to purchase freedom for his wife. And in 1819, he bought his own freedom—and set out to build a life for himself, as a free American. That is the story of Frank McWorter.

So, when he started the town of New Philadelphia in 1836, he accomplished something truly remarkable and unique. He became the first known free African American in history to legally found and plan a town.

And he used the proceeds from land sales to purchase freedom for 15 of his family members.

I invite my colleagues to imagine what life must have been like in New Philadelphia in the mid-1800s. In pre-Civil War America—in a time when this country still legally permitted slavery—New Philadelphia, IL, was a place where people of all races lived and worked side by side.

Federal census records indicate that the town was populated by teachers, blacksmiths, merchants, cabinet-makers, and shoemakers. There was a

seamstress, a doctor, a wheelwright, and a carpenter. New Philadelphia even had its own post office, which also served as a stagecoach stop.

Imagine what we could learn from studying this unique place, which existed during such an important time.

An in-depth study of New Philadelphia could yield important information about what life was like in an integrated community during that period. It could add new dimensions to our understanding of the history we share.

I urge my colleagues to join with me in preserving this historic site, which was designated a National Historic Landmark last year.

But I believe it's time to take the next step to ensure that the extraordinary story of Frank McWorter and New Philadelphia is preserved for generations to come.

I ask my colleagues to support S. 1629, a bill I have introduced to direct the Secretary of the Interior to begin a Special Resource Study, which would determine whether the New Philadelphia site can be managed as a unit of the National Park Service.

Today, not much remains of the structures where the town's residents lived and worked. For passersby, the site is an open field just southeast of Springfield, IL.

But in 2004, a three-year National Science Foundation grant allowed archaeologists to explore this site for the first time. They found building foundations, wells, pit cellars, and a total of more than 65,000 artifacts. They recognized that these exciting discoveries have the potential to yield even more information.

And if we pass this bill, and allow the Secretary of the Interior to evaluate the national significance and suitability of this site, we could pave the way for its preservation as part of the National Park Service.

We can re-discover the incredible history that has been hidden among the prairie grass for more than a century.

We can reclaim the spirit that drove Frank McWorter—a man born into slavery—to reach for equality and opportunity, to establish himself and his family as free African Americans, in a time when freedom was extremely hard to come by, and to establish a thriving community—a place of inter-racial peace and cooperation—in a dark period for race relations in America.

I believe we must act to preserve this legacy. I believe we owe it to ourselves—and to future generations of Americans—to examine the history of New Philadelphia, and the life of pioneers like Frank McWorter.

Let us pass S. 1629, so we can better understand those who came before us. In the process, I have no doubt we will discover some remarkable things about ourselves.

I yield the floor.

SOCIAL JUSTICE

Mr. SANDERS. Mr. President, as a result of the greed, recklessness, and il-

legal behavior by a small number of executives on Wall Street, the American people today are suffering through the most serious economic conditions we have seen since the Great Depression of the 1930s. Since the recession started in December of 2007, 8.4 million Americans have lost their jobs and, while the official unemployment rate is 9.7 percent, according to the latest Gallup Poll, nearly 20 percent of the American workforce is either unemployed or underemployed. In other words, we have people who are working, but they are working 20 hours when they need to be working 40 hours.

Further, long-term unemployment is soaring. Today, over 6 million Americans have been unemployed for over 6 months, the highest on record. This is not a situation where people are losing their jobs and a few weeks later they go out and get another job. People are losing their jobs and they cannot find another job, which is why it is so important that we extend unemployment benefits and so reprehensible that there are those in this Chamber who have resisted that effort.

Today, there are fewer jobs in the United States than there were in the year 2000, even though the workforce has grown by 12 million since that time.

Today, we have the fewest manufacturing jobs than at any time since April 1941, 8 months before the start of World War II.

Today, home foreclosures are the highest on record, turning the American dream of home ownership into an American nightmare for millions of our people.

Further—and we do not discuss this enough—in the United States today, we have the most unequal distribution of wealth and income of any major country on Earth. That means that while the middle class is in rapid decline, while poverty is increasing, the gap between the people on top and everybody else is wider than in any other major country on Earth and growing wider.

The reality is, today the top 1 percent now earns more income than the bottom 50 percent and the top 1 percent owns more wealth than the bottom 90 percent. Meanwhile, while the folks on Wall Street give themselves tens and tens of millions of dollars in bonuses for having destroyed our economy, the United States has, by far, the highest rate of childhood poverty among major countries. Almost one-quarter of our children today are dependent on food stamps. Approximately 19 percent of our kids are living in poverty, and one out of four kids in the United States, in order not to be hungry, is dependent on food stamps.

While the Fed Chairman, Ben Bernanke, recently talked about how “the recession is likely over,” I urge him to meet with America's blue-collar workers or those few people left who do

manufacturing in this country. As the Boston Globe reported several months ago:

The recession has been more like a depression for blue-collar workers, who are losing jobs much more quickly than the nation as a whole. . . . [T]he nation's blue-collar industries have slashed one in six jobs since 2007, compared with about one in 20 for all industries, leaving scores of the unemployed competing for the rare job opening in construction or manufacturing, with many unlikely to work in those fields again. . . .

Up to 70 percent of unemployed blue-collar workers have lost jobs permanently, meaning their old jobs won't be there when the economy recovers. . . .

That is a staggering fact.

So when talking about the recession hurting people, it is hurting some of the people who already are in the most serious trouble; people who do not have a whole lot of money to begin with. That is what is going on in the real world today. But, sadly and significantly, what is going on today simply is an acceleration of what was going on the previous 8 years. It is not like, oh, times were good, the middle class was doing well, and, oops, the reckless behavior of Wall Street plunges us into a major recession.

What is not talked about enough is that this continues and accelerates a trend that has been going on for a number of years. During the 8 years of the Bush administration, here is what happened: Over 8 million Americans slipped out of the middle class and into poverty. Over 7 million Americans lost their health insurance.

Our Republican friends are vehemently objecting to us going forward in terms of health care. When they had the power, when they had the Presidency, when they had control over the House and the Senate, during that period millions of Americans lost their health insurance. Do you recall them coming forward and saying: We have to do something about this crisis; more and more people are losing their insurance; more and more people are unable to afford their insurance? I did not hear a word. But they are very vocal now. They are very loud: Stop it. We cannot do anything. No. No. No. They had their chance, and it is sad to say that right now, all they can do is play the obstructionist role and be the party of no.

I make this point not to just relive history but to understand where the anger comes from today. It is not just in the last year and a half millions more people lost their jobs, lost their health insurance. During the 8 years of President Bush, median household income declined by over \$2,100—\$2,100. So people came out of that period, from 2000 to 2008, staggering. They were earning less than they did before that decade began, and then they walked into the greed and recklessness of Wall Street, which created a massive recession.

The Washington Post reported last January: The past decade was the worst for the U.S. economy in modern times. That was before the Wall Street crash.

Let me say it again. The Washington Post last January: The past decade was the worst for the U.S. economy in modern times. It was, according to a wide range of data, a lost decade for American workers—a lost decade for American workers.

There has been zero net job creation since December 1999. Imagine that. Since December 1999, the country has grown zero jobs. Middle-income households made less in 2008, when adjusted for inflation, than they did in 1999. The number is sure to have declined further during a difficult 2009.

So there you have it. You want to know why people are angry, why people are frustrated, why people are pointing their finger at Washington and us and saying: Hey, we are in trouble: massive unemployment; real wages have gone down; people are working incredibly hard, if they are lucky enough to have a job; and, at the end of the day, they are worse off than they were 10 years ago.

According to a September 2009 article in *USA Today*—this is quite incredible—and these are statistics that we do not talk about enough: from 2000 to 2008, middle-class men experienced an 11.2-percent drop in their incomes. Can you imagine that. From 2000 to 2008, middle-class men experienced an 11.2-percent drop in their incomes, which amounts to a reduction of \$7,700 after adjusting for inflation.

So imagine that you work hard for 8 years. At the end of those 8 years, you have lost \$7,700. Even worse, the *USA Today* article goes on to report that many age group Americans are poorer today than they were in the 1970s. We talk about the American dream and that parents work hard so that their kids will do better than they did.

Well, we are moving in the wrong direction. Today the average American worker, or at least millions of American workers, in terms of inflation-accounted-for dollars are worse off than they were in the 1970s.

Without going through all of the reasons the middle class is collapsing and poverty is increasing, without going into great length about the growing gap between the very rich and everyone else, I think it is important to say a few words about our good friends on Wall Street, people who have made it clear to everybody in this country that the only thing they care about is making as much money as they possibly can in any way they possibly can.

Recently, in the last several years, 40 percent of all profits in this country went to the relatively few people in the financial industry—40 percent of the profits. We have seen hedge fund managers and owners earning billions of

dollars. We have seen CEOs of major Wall Street banks being worth hundreds and hundreds of millions of dollars, all the while the middle class collapsed.

We have the highest rate of childhood poverty. Millions of people are losing their health insurance.

We talk about people living in a gated community, people living in very expensive homes protected by armed guards and surrounded by gates, driving around in their chauffeured limousines, getting into their private jets, having no clue about what is going on in the real world. That is what Wall Street is about. They are engaged in producing esoteric financial instruments which very few people understand which are producing nothing real in the real world. They are not creating real jobs. They are not creating real products, real services. They are a gambling casino whose function in life is to make more money for the people who own that casino.

Now, after we deal with health care, and I hope we can finish that as soon as possible, the issue of financial reform is going to come into this Chamber. I hope very much that we can respond to the frustration and the anger of the American people about what Wall Street has done and promise them, through legislation, that those people will never again get away with the crimes they have committed against the working families of this country.

Let me suggest a few of the areas I think a serious and real financial reform bill should address. Every week I hear from constituents in Vermont, and I suspect you hear from constituents in Illinois who say: How in God's name can these large financial institutions we bailed out with our tax dollars now charge us 25 or 30 percent interest rates on their credit cards?

I hear this all of the time. And let's be clear. When a large bank—and about two-thirds of the credit cards in this country are issued by the four largest financial institutions in America—when a large financial institution is charging a working American 25 or 30 percent interest on their credit cards, we have to be very clear and call that what it is. That is loan sharking; that is usury; that is immoral.

The Bible, in all of the major religions—Christianity, Judaism, Islam, all of them—talk about the fact that usury is immoral; that you cannot lend money at excessive rates to struggling people who need that money to survive. That is what is happening today.

The loan sharks today are not gangsters out on the street who break kneecaps. These are guys in three-piece suits who, in some cases, make hundreds of millions of dollars a year by stealing money from working people through excessively high interest rates.

The middle class is collapsing, poverty is increasing, and often, in order

to deal with the day-to-day needs of a family, whether it is food, whether it is gas to get to work, whether it is money to heat their homes, people are using credit cards. To be charged 25 or 30 percent is simply immoral, in my view, and it is something that has to be eliminated.

As you know, a number of States all over the country have passed usury laws. But as a result of the Marquette Supreme Court decision a number of years ago, these credit card companies go to certain States—South Dakota—where there are no usury laws and charge anything they want, all over the country. They have nullified State usury laws.

Well, you know what. We need a national usury law. We have to say straight out it is immoral; it is wrong to be charging working people 20, 25, 30, 35 or more percent interest rates on their credit cards. As part of any serious finance reform legislation, the American people have to know we are going to end usury.

My view is—and I have introduced legislation to this effect—that we should do for the private banks what we do with credit unions right now: 15 percent max, except under certain circumstances, which now take them up to 18 percent. No more 25 percent. No more 30, 40, 50 percent. No more payday lending. We are going to end that.

I think that has to be incorporated into any serious financial reform legislation. Any part of a serious financial reform bill has to deal with the need to increase transparency at the Federal Reserve.

I will never forget, about a year ago, the Chairman of the Fed, Ben Bernanke, came before the Budget Committee on which I serve. I asked him if he could tell us which banks received trillions of dollars in zero interest or almost-zero interest loans, trillions of dollars, placing the taxpayers of this country at risk.

Mr. Bernanke said: No, I am not going to tell you that. Well, we have introduced legislation to demand that he tell us. The American people have a right to know which financial institutions have received trillions of dollars in loans. One of the great scams of our time—you want to talk about welfare. There is abuse. These are “welfare queens.” We have heard that expression before. Those guys are getting zero-interest loans from the Fed, or maybe they were paying one-half of 1 percent, and then they go out and lend that money to the Federal Government, they buy government securities at 3½ or 4 percent, having taken money from the government at zero percent or half a percent. How is that? You get a nice spread there. You have a 3-percent spread on that. The money that you are lending is guaranteed by the faith and credit of the United States, never once failed. That is a pretty good deal.

We give you money at zero interest, and you go out and get guaranteed money at 3 percent. Not a bad deal. That is welfare for billionaires, and that is unacceptable.

We have a right to know which financial institutions are engaged in that. Most importantly, we have to end that right now. So we need transparency at the Fed. They cannot continue to operate in that kind of secrecy.

We also have to end the too-big-to-fail phenomena. Here is a fact that I think many Americans do not know; that is, while we bailed out Wall Street because institutions were too big to fail—if they went down, they would take the whole economy with them—well, guess what. A year later, three out of the four financial institutions are bigger today than before we bailed them out.

Now, what am I missing? It does not make a whole lot of sense to me. Not only that, not only are they a greater danger to the economy today than they were before, but there is something else which is going on which we also do not talk about too much. Maybe as the only Independent in the Senate—I am not a Democrat or Republican. Maybe it is my job to be raising these issues, but somebody has to raise them; that is, the top four financial institutions in this country have enormous amounts of economic power over this country.

As I mentioned earlier, they issue two-thirds of all of the credit cards in this country. Does that sound like a very competitive situation to you? The four largest financial institutions issue two-thirds of the credit cards in America. I do not think that is a healthy thing for our economy.

So not only do we have to end this, these huge financial institutions, because they are too big to fail, but we also have to allow for increased competition within the banking industry, in doing away with this huge concentration of ownership. Not only do the top four—which is JPMorgan Chase, Bank of America, Wells Fargo, and Citigroup—issue two-thirds of the credit cards, they also issue half of the mortgages. I don't think that is a healthy state for this country. We have to start breaking up these guys.

The last point I would make is maybe the most important. In Vermont and all over the country, small and medium-size businesses are in desperate need of capital, of affordable loans so they can better produce the products and services they need and, in fact, create the jobs our economy desperately needs. I am sure the case is similar in Illinois, but in Vermont, I have small businesses coming into my office saying they can't get the credit they need to expand and create jobs.

You have Wall Street operating as a gambling casino, selling and playing with esoteric financial instruments. It is time they started investing in a productive economy and creating jobs.

The American people are hurting. They are suffering through a terrible moment economically. People are wondering whether, for the first time in the modern history of America, our kids will have a lower standard of living than their parents. This is the reverse of what the American dream is about. People are wondering how they will be able to afford to send their kids to college, how they will pay for childcare, how they will pay for the mortgage on their home, when they are either losing their jobs or real wages are going down.

They are looking to Washington. They are becoming increasingly frustrated by the Republican party of no which seems to gain satisfaction every time they can stop legislation which attempts to address real problems, whether it is health care, jobs, extending unemployment benefits. It is no, no, no from the Republicans.

The American people are beginning to catch on that there have been a record number of filibusters in this session, a recordbreaking number of obstructionist tactics. What the American people are saying is: Hey, Congress, Mr. President, we are hurting. We need action or else the middle class is not going to survive.

As difficult as it is, as much as we understand that when we deregulated Wall Street, they spent \$5 billion in 10 years in lobbying and campaign contributions, making sure the Congress did what Wall Street wanted—in 2009, Wall Street spent \$300 million on lobbying. I don't know how you spend \$300 million on lobbying. There are 100 Members in the Senate and 435 in the House. These guys will spend and spend and spend to make sure Congress does nothing to prevent them from going on their merry way of doing whatever they want without any serious kind of regulation.

In these difficult moments, I hope the Senate and the House will summon the courage to do the job we were elected to do and what we are paid to do, and that is to represent working families and the middle class and not only big money and Wall Street.

AMENDMENT NO. 3548

Mr. SANDERS. Mr. President, I ask unanimous consent that amendment No. 3548 be designated as a Pryor amendment.

The PRESIDING OFFICER (Mr. BEGICH). Without objection, it is so ordered.

Mr. MCCAIN. Mr. President, earlier today the senior Senator from Oklahoma incorrectly claimed that an article entitled, "McCain Breaks Own Pork Rule" that ran in Roll Call on November 6, 2003, proved that I had broken my pledge against requesting earmarks. However, the Senator failed to mention that Roll Call subsequently ran a correction to this article on November 17, 2003, stating that, "the article inac-

curately stated that Sen. John McCain (R-Ariz.) violated his own rules against so-called "pork barrel" spending." I ask unanimous consent that the entirety of the original story and, more importantly, the correction published in Roll Call be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From Roll Call, Nov. 6, 2003]

CORRECTION APPENDED

(By Emily Pierce)

After years of crusading against "pork-barrel" spending projects in Congressional appropriations bills, Sen. John McCain (R-Ariz.) may be breaking his own rules.

McCain pushed for, and got, \$14.3 million for Arizona's Luke Air Force Base inserted into the just-completed fiscal 2004 military construction appropriations conference report.

The only problem is the project to acquire more land near the base was not requested by President Bush or fully authorized by the Senate Armed Services Committee—two of McCain's criteria for identifying so-called "pork."

"Even though this project is in clear violation of the McCain rule because it was not authorized nor requested, we are happy to provide the funds at his request and the request of other members of the Arizona delegation," said House Appropriations Committee spokesman John Scofield.

Scofield also noted that the provision may violate other tenets of McCain's "pork" rules because the purpose of the funds—to acquire land to prevent the encroachment of residential development near the base's live-fire range—is not included in Defense's long-term strategic plans and may not be achievable within a five-year time frame.

Senate Appropriations Chairman Ted Stevens (R-Alaska), who has bitterly fought McCain's repeated attempts to strike even the smallest of pork projects during Senate floor debate on appropriations, was blithe about the news that McCain had secured an earmark for his own state.

"One man's pork is another man's alternate white meat," said Stevens. "We don't discriminate. . . . If he asked for it, we put it in."

McCain defended his actions, saying he first sought authorization for the measure in the fiscal 2004 Defense Department authorization bill.

"The fact that the appropriations bill may [be sent to the president] before the authorization bill is not relevant to my point of view, because we did the authorization before we did the appropriations bill," McCain said of the order the bills came to the Senate floor.

McCain, who sits on the Armed Services Committee in charge of devising the Defense Department authorization, said he has little control over the process once it passes the Senate floor.

"It was my job to get it authorized," he said. "So I had no involvement after that."

Part of the problem is that the Defense authorization bill, which gives the Appropriations committees the official authority to dole out money to the Pentagon, has been stalled in conference negotiations for months over various issues, most notably McCain's insistence that an Air Force-Boeing lease deal be scrapped.

McCain has charged that the Boeing deal to lease 100 tanker planes over several years

would cost much more than simply buying the planes outright. Meanwhile, the Defense Department has argued that the plan will expend less money in the short-term and that they don't currently have enough money to buy the planes.

While Armed Services negotiators in both chambers say they have made some progress toward resolving their differences on the Boeing lease deal and other issues, it is unclear whether the bill will actually become law this year.

CORRECTION: NOV. 17, 2003

The article inaccurately stated that Sen. John McCain (R-Ariz.) violated his own rules against so-called "pork barrel" spending. The Senate Parliamentarian's office maintains that the provision was properly authorized in the Senate-passed version of the fiscal 2004 Defense authorization bill and did not need to be signed by the president to be considered "authorized," as the article suggested. Sen. Kay Bailey Hutchison (R-Texas), chairwoman of the Appropriations subcommittee on military construction, told Roll Call that McCain never specifically asked her to put the \$14.3 million project for Arizona's Luke Air Force Base into the fiscal 2004 military construction bill.

MORNING BUSINESS

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

HONORING OUR ARMED FORCES

SERGEANT VINCENT L.C. OWENS

Mrs. LINCOLN. Mr. President, today I honor Sergeant Vincent L.C. Owens, 21, of Fort Smith, who died on March 1 in Afghanistan from injuries sustained in combat. My heart goes out to the family of Sergeant Owens, who made the ultimate sacrifice on behalf of our Nation.

According to those who knew him best, Sergeant Owens was a gifted student who enjoyed attending school in Greenwood, Fort Smith, and Van Buren. He also was an avid athlete who liked to play soccer and football. His hobby was motorcycles, with a special interest in trick riding.

Sergeant Owens' awards and decorations include two Army Commendation Medals; two Army Achievement Medals; a Valorous Unit Award; a National Defense Service Medal; an Iraq Campaign Medal; and a Global War on Terrorism Service Medal. He is survived by his wife Kaitlyn Owens; his mother Sheila Real of Spiro, OK; his father Keith Owens of Missouri; a stepson Paxton Lee Owens; one sister; and three brothers.

Along with all Arkansans, I am grateful for Sergeant Owens' service and for the service and sacrifice of all of our military servicemembers and their families. More than 11,000 Arkansans on active duty and more than

10,000 Arkansas reservists have served in Iraq or Afghanistan since September 11, 2001.

It is the responsibility of our Nation to provide the tools necessary to care for our country's returning servicemembers and honor the commitment our Nation made when we sent them into harm's way. Our grateful Nation will not forget them when their military service is complete. It is the least we can do for those whom we owe so much.

SERGEANT JONATHAN J. RICHARDSON

Mr. President, today I also honor Sergeant Jonathan J. Richardson, 24, of Bald Knob, who died from combat wounds incurred in Khowst Province, Afghanistan. My heart goes out to the family of Sergeant Richardson, who made the ultimate sacrifice on behalf of our Nation.

Sergeant Richardson is survived by his grandparents, Ken and Edna Martin of Mountain Home, AR; his wife Rachel Richardson of Clarksville, TN; his mother Sharon Dunigan of Bridgeport, WV; and his father Jeffery Richardson of Germany.

Along with all Arkansans, I am grateful for Sergeant Richardson's service and for the service and sacrifice of all of our military servicemembers and their families. More than 11,000 Arkansans on active duty and more than 10,000 Arkansas reservists have served in Iraq or Afghanistan since September 11, 2001.

It is the responsibility of our Nation to provide the tools necessary to care for our country's returning servicemembers and honor the commitment our Nation made when we sent them into harm's way. Our grateful Nation will not forget them when their military service is complete. It is the least we can do for those whom we owe so much.

VOTE EXPLANATION

Mr. CRAPO. Mr. President, during two votes this morning, I was unavoidably absent and unable to cast my vote. Had I been present, I would have voted as follows: No—The motion to waive the Budget Act with respect to the House message to accompany H.R. 2847, the HIRE Act. No—The motion to concur with the House amendments to H.R. 2847, the HIRE Act.

HEALTH CARE

Mr. BURRIS. Mr. President, I rise today to call attention to the important and essential role that health care professionals play in providing quality health care across our Nation. Our Nation's health care system is complex and people with many different health needs are served by the diverse group of caring, qualified professionals in the allied health fields. Some of these im-

portant health practitioners include respiratory therapists, music therapists, athletic trainers, clinical laboratory scientists, radiologic technologists, medical assistants and many others. There are more than 100 distinct occupations in the health professions, in addition to physicians and nurses.

These dedicated health professionals are expert in a multitude of therapeutic, diagnostic, and preventive health interventions and wellness initiatives in diverse settings. These professionals work in disease prevention and control, dietary and nutritional services, mental and physical health promotion, rehabilitation and health systems management. They can be found in community, school and athletic training clinics, long-term and rehabilitation facilities, hospitals, laboratories, hospice, and private homes.

These health professionals represent about 60 percent of the health care workforce and approximately 6 million jobs. According to the Bureau of Labor Statistics, 10 of the 20 fastest growing occupations for 2008-2018 are in the health professions.

With many of these fields facing critical workforce shortages, it is essential that we work to increase awareness of the great career opportunities they offer, especially for racial/ethnic minorities. We also need to support the educational programs that will produce our future caregivers. Recent stimulus funding, for example, will go to train 15,000 people nationwide in job skills for careers in health care, IT, and other high-growth fields. In Park Forest, IL, Governors State University will use its \$4.9 million grant to help unemployed, dislocated, and low-wage incumbent workers pursue careers in health care.

I strongly support the vital role health care professionals play in our health care system, which could not function without their tireless efforts. I urge my colleagues to join me in recognizing this important group of professionals.

TRANSPARENCY AND SUNSHINE WEEK

Mr. CARDIN. Mr. President, this week we celebrate Sunshine Week, not as a seasonal way to welcome the spring weather but as a time to mark the importance of transparency in our government.

At the U.S. Helsinki Commission we monitor 56 countries, including the United States, to ensure compliance with human rights and other commitments made under the Helsinki Final Act.

A major part of that compliance rests on governments being open and acting transparently—the same focus that is at the heart of the American Society of Newspaper Editors' Sunshine Week.

Practicing open governance is not something countries, States, and cities should do because they have to comply with some international agreement or public records law; rather, being transparent should be an organic part of providing a democratic government and empowering citizens.

When President Obama began his Presidency he called for unprecedented transparency. In his Open Government Directive, he outlined a clear plan for government to become more transparent, participatory, and collaborative.

The logic is clear—only through transparency can people gain the knowledge needed to participate and hold their governments accountable. And only if the people participate can government collaborate with them to glean the best ideas.

This directive was bold and action-oriented, but sadly we have not seen the U.S. bureaucracy react with the same swiftness with which this directive was made. Most agencies, in fact, have not made concrete changes to comply with the directive, according to a government-wide audit released earlier this week by the National Security Archive based at the George Washington University.

It seems for all the White House is doing disclosing its visitors log, broadcasting policy meetings, increasing interactivity through townhall meetings and YouTube interviews—a lot of work remains at the agencies.

Most glaring to me are the delays and in some cases outright denials of Freedom of Information Act requests. I was surprised to learn in the National Security Archive audit that some requests have been pending for 18 years when the law very clearly calls for responses within 20 business days when possible.

Most baffling from the audit may be what files still remain locked in government vaults. For example, today—more than 20 years after the fall of the Berlin Wall—the Pentagon still has not responded to a request for records detailing the military's reaction in 1961 to the building of the wall.

When it comes to diplomacy, this President and Secretary of State Clinton deserve great praise for the work they have done around the world to strengthen dialogue and improve U.S. relationships abroad. This successful record, however, is slightly tarnished by the Department of State's efforts on open governance. The Department more than doubled the number of denials it issued to people filing Freedom of Information Act requests last year—the largest increase of any agency except for the Social Security Administration, which tripled its denials.

Fourteen months is a short time to change a bureaucracy charged with managing countless records. But a handful of agencies have already shown

it is possible and committed to open government changes. On top of other positive reforms, the Departments of Agriculture and Justice, the Small Business Administration, and the Office of Management and Budget all increased how much information they released and decreased how many requests they denied last year. These agencies have embraced the spirit of transparency ushered in by President Obama, and as we mark Sunshine Week, I hope others will follow suit with their own innovative ways to increase transparency and spur citizen involvement. And once agencies adopt these practices, I hope they stick with them—not because they fulfill any Presidential directive but because they give us a better democracy.

TRIBUTE TO MITCH ALBOM

Mr. LEVIN. Mr. President, 25 years ago, an article appeared in the Detroit Free Press sports section headlined, "Give Me a Sporting Chance, And I'll Give It Right Back." It was the debut column from a young writer just arrived from Florida, and he admitted to some nerves about writing for his new audience. "Starting tomorrow, I ask your attention, your reaction, your letters, your laughter and, once in a while, the benefit of the doubt," he wrote.

I doubt many Free Press readers knew that morning that they held the beginning of a journalistic legend in their hands. And the writer himself surely didn't know what he was starting. But thousands of columns, millions of laughs, more than a few tears, 28 million books, and dozens of awards later, Free Press sports columnist Mitch Albom has become a Detroit institution right alongside the beloved athletes he has covered.

Recently, it was announced that Mitch Albom will receive the ultimate award for a sportswriter, the Red Smith Award from the Associated Press Sports Editors. Smith, the legendary New York writer, once said his demanding craft was really simple: "All you do is sit down at a typewriter and open a vein." And Mitch Albom is a worthy successor to that legacy of writing with heart and emotion as well as style and precision. In thrilling victories and painful losses, fans of Michigan's sports teams have seen 25 years of sports history through Albom's observant eyes. They have gotten to know the State's towering sports figures—be they heroic, tragic, or both—through Albom's perceptive character sketches.

That careful attention to the human element of sports allowed Albom to branch out into other areas. His "Tuesdays with Morrie" is one of the 100 best-selling books of all time. He is one of Michigan's most listened-to radio hosts, and a regular on ESPN tele-

vision. And as his success has grown, so have his contributions to his community. His charitable endeavors include efforts to help disadvantaged students study the arts, get health care to homeless families, and gather volunteers for worthy local service projects. Recently, he labored mightily and successfully to get aid to earthquake victims in Haiti.

In winning the Red Smith Award, Albom joins a list of the most honored names in sports journalism. The award speaks forcefully to the respect of his professional peers. For Michigan readers, however, Albom's ongoing legacy is his remarkable writing on the games and athletes who are so much a part of our State's identity and DNA and his contributions to improving his community. I congratulate him on this latest honor, and I thank him for 25 years of great journalism. The readers of Michigan and the Nation look forward to many, many years more.

TRIBUTE TO RON DZWONKOWSKI

Mr. LEVIN. Mr. President, it is a truism, a belief espoused by those of all political parties and persuasions, that the functioning of our democracy depends on an informed citizenry to make wise decisions at the ballot box and hold elected officials accountable.

That means our system depends on careful, thoughtful, impartial journalists, those who bring to their work as much passion for knowledge and understanding as we bring to our advocacy for policies we support. In that difficult and necessary work, few Michigan journalists have succeeded more than Ron Dzwonkowski of the Detroit Free Press, which is why the recent announcement of his selection to the Michigan Journalism Hall of Fame is so well-deserved.

For nearly three decades, Dzwonkowski has served the Free Press as an editor, editorialist, and columnist. His professional peers have awarded him a host of awards, including a Pulitzer Prize and a National Headliner Award for work to which he has contributed. As an editor and writer for the Free Press's editorial pages, he has shown a remarkable commitment to accuracy, but just as important, a remarkable passion for solving the problems of our city and State.

Whether he is praising an elected official or criticizing one, his writing is grounded in a thorough understanding of the facts and a commitment to looking out, above all, for the interests of Michigan's citizens. His reporting, writing, and editing have made a significant and lasting difference in the lives of the readers he serves, and his selection to the State's hall of fame for journalists is a much-deserved reward for a career of distinguished service, one I hope will continue for many, many years to come.

ADDITIONAL STATEMENTS

TRIBUTE TO BOB SCOTT

• Mr. CARDIN. Mr. President, I would like to take this opportunity to recognize the 80th birthday of a Maryland lacrosse legend, Mr. Bob Scott, a former Johns Hopkins University athlete, coach, and athletic director.

Lacrosse is the official team sport of Maryland and there is perhaps no other Marylander who has done as much for the game as Mr. Scott. His 41-year career at Johns Hopkins, spanning from 1955 to 1995, were years of great success for Hopkins lacrosse as well as Blue Jays athletics in general.

At a university that expects nothing less than dominance on the lacrosse field, Mr. Scott more than lived up to the high expectations. As the head lacrosse coach from 1955 to 1974, Mr. Scott left a legacy that will be hard to match. He led the Blue Jays to an unparalleled seven national championships, his players were recognized as first-team All-Americans an outstanding 42 times, and he left his position with 158 wins, more than any other head coach in program history.

Mr. Scott was a successful lacrosse player for Johns Hopkins from 1948 to 1952 as well. During his playing days, he received national recognition as the winner of the Penniman Award for outstanding play as a midfielder and as an honorable mention All-American.

In addition to his playing and coaching acumen, Mr. Scott also wrote the premier lacrosse book, "Lacrosse: Technique and Tradition," written in 1976, still sits in lacrosse players' lockers and on coaches' desks to this day. The book has since been translated into other languages and has given Mr. Scott the vehicle to become the sport's unofficial ambassador.

Mr. Scott is more than just a lacrosse legend, however. He helped build Hopkins into the division III powerhouse it is today. During his 22-year tenure as director of athletics, the Blue Jays emerged as national contenders in many different sports—including baseball, basketball, fencing, swimming, and soccer—and Mr. Scott played a pivotal role in successfully developing the women's athletics program that continues to thrive today.

Most of Mr. Scott's life has been dedicated to sports, but he also spent 2 years in the U.S. Army after graduating from Johns Hopkins. He rose to the position of instructor in the Ranger Department and was stationed at Fort Benning, GA.

In honor of Mr. Scott's 80th birthday today—St. Patrick's Day—I ask my colleagues to join me in recognizing the life of a great Marylander who has served our country and has given so much of his time to help mold our Nation's student-athletes.●

TRIBUTE TO ARTHUR E. KATZ

• Mr. ISAKSON. Mr. President, I wish to honor in the RECORD of the Senate an honorable American and a great Georgian, Mr. Arthur E. Katz.

Arthur graduated from the U.S. Coast Guard Academy in 1963. In Vietnam, he served as the commanding officer, USCGC Point Cypress, a unit attached to Division 13, Coast Guard Squadron One, from December 1965 to September 1966. For his meritorious service, Arthur received the Bronze Star Medal, with Combat Distinguishing Device "V".

Arthur attended Rutgers University, where he earned a masters degree in business administration. He is a successful small business owner, and his commitment to volunteerism and community service is evident through his roles as past president of Temple Emanu-El's Board of Trustees and board member of the Marcus Jewish Community Center of Atlanta.

A longtime resident of Sandy Springs, GA, Arthur is an avid tennis player, fisherman, and a committed runner of the annual Peachtree Road Race. A dedicated and loving husband of 46 years, Arthur is the father of three daughters and is blessed with seven grandchildren.

On April 23, 2010, Arthur will be inducted to the Wall of Gallantry at the Coast Guard Academy in New London, CT. I cannot think of anyone more deserving of such an honor than this true champion of patriotism and a countryman, Arthur E. Katz.●

TRIBUTE TO TERRY LINDSEY

• Mr. ISAKSON. Mr. President, I wish to honor in the RECORD of the Senate Terry Lindsey, who is a great Georgian, a great American, and a great citizen of Polk County. I honor Terry upon his retirement from Engineered Fabrics after 31 remarkable years and for his many contributions to the quality of life in Polk County, GA.

On March 31, 2010, Terry will retire from Engineered Fabrics Corporation in Rockmart, GA. He started with the company in 1979 as the manager of contract management, and he ends his impressive tenure as its vice president of marketing. I know he will be deeply missed by his colleagues at Engineered Fabrics, which is one of the largest employers in Rockmart.

In addition to his impressive career, Terry has a long history of community involvement in Polk County, where he is a well-respected and dedicated leader. Terry is a member of the Rotary and has been active in the Polk County Chamber of Commerce for a number of years. In particular, he has served as an inspiration and a role model to the young men and women in the chambers Youth Leadership committee.

Terry has been a familiar face during the Polk Chambers annual trip to

Washington, DC, over the years. He has been instrumental in ensuring members of the Polk County delegation had the opportunity to come to Washington and discuss important issues affecting the community with the Georgia congressional delegation through his role as a host or sponsor of these Washington fly-ins.

It gives me a great deal of pleasure and it is a privilege to recognize on the floor of the Senate, Terry Lindsey for his service to Polk County and to our great State of Georgia. He and his wife Jean have earned the many happy years of retirement ahead of them.●

REMEMBERING PATRICIA MALONE

• Mr. ISAKSON. Mr. President, I wish to honor in the RECORD of the Senate the life of a wonderful lady and a great Georgian, Mrs. Patricia Malone. Her commitment to the aviation industry spanned more than 50 years, affecting thousands of pilots through training standards.

Patricia "Mother" Malone began her introduction into aviation began during World War II when she was a link instrument training instructor for the U.S. Navy, training fighter pilots in instrument flight procedures. After the war, she was a civilian instructor for the U.S. Air Force.

She went to work for Delta Air Lines in 1972 and moved her family from Quincy, MA, to Atlanta, GA. During her long career with Delta, she created the operations specification curriculum for the airline and served as the manager of certificate compliance by the time she retired in 1994.

Patricia affected countless numbers of aviators through her work in aeronautical charting, and she trained pilots from most of the major airlines as well as military pilots. She earned the nickname "Mother" Malone from her pilots because she did more than teach them instrument flying and FAA regulatory compliance; she was truly invested in the lives of those she taught.

During her retirement years she consulted with pilots and airline industry professionals as well as lending her time to volunteering in her community. She selflessly gave her time to the YWCA of Cobb County, the Delta Pioneer, American Business Womens Association, Goodwill Industries, the American Red Cross, and her local board of elections.

Patricia W. "Mother" Malone passed away on August 12, 2008, at the age of 84. She is survived by her daughters, Alison, Peggy and Tricia, nine grandchildren, and one great grandson.

This year, Patricia will be posthumously inducted into the Georgia Aviation Hall of Fame, and I cannot think of anyone more deserving of this honor. It is only right that her accomplishments are permanently enshrined in Georgia's aviation history.●

TRIBUTE TO THEODORE ELDRIDGE

• Mrs. LINCOLN. Mr. President, today I congratulate Theodore Eldridge of Moro for receiving the John Gammon Award for his dedication and service to the Arkansas agriculture industry. The award is presented each year by the Arkansas office of the U.S. Department of Agriculture's Farm Service Agency.

Theodore represents the best of our Arkansas values: hard work, dedication, and perseverance. He currently serves as the coordinator of the University of Arkansas at Pine Bluff's 52-Acre Demonstration Farm. He also works part-time for the UAPB Demonstration Outreach Center in Marianna and the East Arkansas Enterprise Community.

I have had the privilege of working closely with Theodore on several projects for the USDA Rural Development Program, where he served as district director in Forrest City, and later as the director of water and wastewater programs.

This past December, I was pleased to announce his appointment to serve on the Arkansas Farm Service Agency State Committee. He has since been elected chairman by the committee and has shown exemplary leadership for our State's farmers and ranchers as he ensures our producers have the tools in place to produce a safe and affordable food supply. Theodore plays a vital role in our State's rural communities as he works to facilitate programs that will spur local economic development. He also oversees and informs local producers about USDA programs.

As a seventh-generation Arkansan and farmer's daughter, and as chairman of the Senate Agriculture Committee, I understand firsthand and appreciate the hard work and contributions of our Arkansas agriculture community. Agriculture is the backbone of Arkansas's economy, creating more than 270,000 jobs in the State and providing \$9.1 billion in wages and salaries. In total, agriculture contributes roughly \$15.9 billion to the Arkansas economy each year.

I salute Theodore and the entire Arkansans agriculture community for their hard work and dedication.●

TRIBUTE TO ROBERT MOORE

• Mrs. LINCOLN. Mr. President, today I congratulate Arkansas State Representative Robert Moore on his recent selection to serve as Speaker of the House for the next Arkansas General Assembly.

Born in Dumas and raised in Arkansas City, Representative Moore exemplifies our Arkansas values of hard work, dedication, and leadership. Throughout his 25-year career in public service, Representative Moore has worked to keep Arkansas strong. Since 2007, he has proudly served the residents of southeast Arkansas in the Arkansas General Assembly.

Not only is Representative Moore one of our State's dedicated leaders, he has also helped keep the farm family tradition alive in Arkansas. As the owner and operator of Moore Farms in Arkansas City, he produces rice and soybeans, with an additional focus on wildlife management. He is also a member of the Arkansas House Committee on Agriculture, Forestry and Economic Development.

As a seventh-generation Arkansan and farmer's daughter from Helena, and as chairman of the Senate Agriculture Committee, I understand firsthand and appreciate the hard work and contributions of our Arkansas agriculture community. Agriculture is the backbone of Arkansas's economy, creating more than 270,000 jobs in the state and providing \$9.1 billion in wages and salaries.

Mr. President, I commend Representative Moore and all members of the Arkansas Legislature for their hard work and dedication on behalf of the people of our great State. I commend their efforts, and I remain dedicated to working with them to help keep Arkansas strong.●

TRIBUTE TO PEGGY LALLY MUNCY

• Mrs. LINCOLN. Mr. President, today I commend fellow Arkansan Peggy Lally Muncy for raising \$25,000 for the Boys and Girls Club of Central Arkansas.

Peggy recently completed a 7-week, 3,415-mile cross-country bicycle tour from Los Angeles to Boston. Through per-mile monetary pledges made by friends and family, Peggy was able to double her initial goal of raising \$10,000 for the club.

A North Little Rock resident, Peggy represents the best of our Arkansas values of service, compassion, and commitment. Her efforts have helped countless children and youth in central Arkansas take part in activities that promote social, cultural, educational, recreational and physical development.

Volunteer efforts like Peggy's can literally change lives. I salute Peggy and all Arkansans who give back to their communities each and every day. Together, we can make a real difference for the people of our State.●

TRIBUTE TO JAMES O. POWELL

• Mrs. LINCOLN. Mr. President, today I pay tribute to the life and career of respected Arkansas journalist James O. Powell, who served as the long-time editorial page editor and columnist for the Arkansas Gazette newspaper. James passed away on March 10 at the age of 90. He is survived by his wife of 58 years, Ruth Powell, and son Lee Powell of Washington, DC, who I have worked with in his role as the executive director of the Mississippi Delta Grassroots Caucus.

During his 30-year tenure at the Gazette, James fought to preserve the journalistic principles of integrity and honesty. Among his memorable writings, James penned a series of editorials during the 1950s and 60s in support of the civil rights movement and opposing school segregation. He chronicled Arkansas politics with clarity and thoughtfulness, including extensive coverage of Arkansas Governors Winthrop Rockefeller, Dale Bumpers, and Bill Clinton.

After retiring from the Gazette in 1987, James continued to write a syndicated column published in many Arkansas papers until 2000. Through his reporting, Arkansans learned the news of the day, along with insight and analysis, to help them make informed decisions about local, state, and national events.

Mr. President, I honor the life and legacy of James O. Powell for his dedication to Arkansas and his commitment to excellence in journalism. His work helped educate and inspire a generation of Arkansans.●

TRIBUTE TO JUDGE MARY ANN GUNN

• Mr. PRYOR. Mr. President, I rise today to congratulate Judge Mary Ann Gunn for her personal commitment and innovative approach to public service in northwest Arkansas. Judge Gunn, who serves on the Washington County Circuit Court, received the 2009 FBI Director's Community Leadership Award.

The award, presented on behalf of the Director of the FBI, was established in 1990 to recognize individuals and organizations for their efforts in combating terrorism, drugs, and violence in America. In addition to her duties as a circuit judge, Judge Gunn voluntarily serves as a judge for the Washington and Madison County Drug Court, in Arkansas. Since 2000, the drug court has accepted first-time, nonviolent drug offenders into a nine month program of intensive counseling and close supervision. When offenders successfully complete the program, their criminal records are cleared of the drug offense.

Judge Gunn's courtroom is one of the most successful in the nation. Her drug court is regularly televised in Washington and Madison Counties, and is an excellent example of how the community, the courts, and law enforcement work together to reduce crime. In addition, she has held drug court sessions in school gymnasiums to show students just where drug use can lead. According to the FBI, Judge Gunn manages "one of the most effective public services available in Northwest Arkansas."

We congratulate Judge Mary Ann Gunn on her personal accomplishment, and we thank her for her commitment to reducing crime and protecting citizens of Arkansas.●

RECOGNIZING FUEL

• Ms. SNOWE. Mr. President, restaurants in my home State recently celebrated the second annual Maine Restaurant Week from March 1 through 10. This creative event is designed to offer Mainers and visitors alike the opportunity to spend an evening out to try a new restaurant at an affordable fixed price. After last year's success, where nearly 98 percent of attendees said the event met or exceeded their expectations, over 100 restaurants participated in this year's celebration. I rise today to recognize one restaurant that took part in Restaurant Week, Fuel, that has helped to lead a renaissance in downtown Lewiston.

In 2005, Eric Agren and his wife Carrie purchased the old Lyceum Hall in downtown Lewiston with the purpose of renovating the 135-year-old theater, which is listed on the National Historic Register. The goal was to transform the theater, vacant for over 50 years, into a cozy, welcoming space while maintaining the historical nature of the building. Mr. Agren, who is originally from the Lewiston-Auburn area, spent several years in Chicago working for a kitchen design company, which piqued his interest in the culinary arts, before returning home to pursue his longtime dream of opening a restaurant. The couple also turned the upstairs of the building into a 5,000-square-foot apartment. Because of the Agrens' dedicated efforts, Fuel received historic preservation awards from the State of Maine and the city of Lewiston, both in 2007.

Fuel's menu features French country cuisine with a close-to-home twist. Starting with French classics like escargot, fondue, and French onion soup, the menu includes an eclectic mix of dishes from braised short ribs and steak frites to roasted chicken and homemade macaroni and cheese. The Agrens describe Fuel's interior décor as "urban cozy," with French vintage art, leather chairs in the bar, and butcher paper topping the tables. The restaurant received a 2008 Editor's Choice Award from Yankee Magazine, as well as Wine Spectator magazine's Award of Excellence for its exceptional wine list of over 100 selections. Fuel has also been the recipient of the Androscoggin County Chamber of Commerce's President's Award and has received recognition as Downeast Magazine's Best Dining in Lewiston.

Since the opening of Fuel, several other restaurants have opened across Lewiston, resulting in a burgeoning revival of the city's downtown. Nearly a dozen new restaurants have entered the Lewiston dining scene in recent years, leading to increased traffic and a more vibrant atmosphere downtown, as well as creating new jobs. Indeed, to continue this trend, the Agrens soon plan to open another restaurant just down

Lisbon Street from Fuel called Marché. In the process of refurbishing the building, the couple also created a two-bedroom, 2,000-square-foot apartment upstairs from the restaurant. As Mr. Agren recently explained, he hopes these efforts bring new people to the downtown area, and expects "to see a small core of affiliated businesses sprout up—such as dry cleaners and specialty markets—that would cater to a growing downtown population."

Additionally, over the years, Fuel and other local eateries have participated in numerous community events, raising money for charities like the Sisters of Charity Food Pantry and the American Heart Association. While these restaurants engage in healthy competition, they are also team players when it comes to helping the community.

The renaissance of downtown Lewiston is well-documented, and a welcome sign during these difficult economic times. And Eric and Carrie Agren have played a central role in spurring this critical development. I thank the Agrens for their commitment to the Twin Cities of Lewiston and Auburn, and I look forward to hearing about the continued success of their investments. •

MESSAGES FROM THE PRESIDENT

Messages from the President of the United States were communicated to the Senate by Mrs. Neiman, one of his secretaries.

EXECUTIVE MESSAGES REFERRED

As in executive session the Presiding Officer laid before the Senate messages from the President of the United States submitting sundry nominations which were referred to the appropriate committees.

(The nominations received today are printed at the end of the Senate proceedings.)

MESSAGES FROM THE HOUSE

At 11:08 a.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bill, in which it requests the concurrence of the Senate:

H.R. 4628. A bill to designate the facility of the United States Postal Service located at 216 Westwood Avenue in Westwood, New Jersey, as the "Sergeant Christopher R. Hrbek Post Office Building".

At 2:10 p.m., a message from the House of Representatives, delivered by Mr. Schiff, a manager on the part of the House to conduct the trial of the impeachment of G. Thomas Porteous, Jr., a Judge for the United States District Court for the Eastern District of Louisiana, announcing that the House has agreed to the following resolutions:

H. Res. 1031. Resolution impeaching G. Thomas Porteous, Jr., judge of the United States District Court for the Eastern District of Louisiana, for high crimes and misdemeanors.

H. Res. 1165. Resolution appointing managers on the part of the House to conduct the trial of the impeachment of G. Thomas Porteous, Jr., a Judge for the United States District Court for the Eastern District of Louisiana.

ENROLLED BILL SIGNED

At 4:36 p.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the Speaker has signed the following enrolled bill:

H.R. 2847. An act making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

The enrolled bill was subsequently signed by the Acting President pro tempore, Mr. REID, pursuant to the order of today, March 17, 2010.

At 6:20 p.m., a message from the House of Representatives, delivered by Mr. Novotny, one of its reading clerks, announced that the House has passed the following bills, in which it requests the concurrence of the Senate:

H.R. 4851. An act to provide a temporary extension of certain programs, and for other purposes.

H.R. 4853. An act to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement program, and for other purposes.

MEASURES REFERRED

The following bill was read the first and the second times by unanimous consent, and referred as indicated:

H.R. 4628. An act to designate the facility of the United States Postal Service located at 216 Westwood Avenue in Westwood, New Jersey, as the "Sergeant Christopher R. Hrbek Post Office Building"; to the Committee on Homeland Security and Governmental Affairs.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC-5070. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Tetraethoxysilane, Polymer with Hexamethyldisiloxane; Tolerance Exemption" (FRL No. 8814-3) received in the Office of the President of the Senate on March 11, 2010; to the Committee on Agriculture, Nutrition, and Forestry.

EC-5071. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "S-Absciscic Acid, (S)-5-(1-hydroxy-

2,6,6-trimethyl-4-oxo-1-cyclohex-2-enyl)-3-methyl-penta-(2Z,4E)-dienoic Acid; Amendment to an Exemption from the Requirement of a Tolerance" (FRL No. 8814-5) received in the Office of the President of the Senate on March 11, 2010; to the Committee on Agriculture, Nutrition, and Forestry.

EC-5072. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Hexythiazox; Pesticide Tolerances" (FRL No. 8813-7) received in the Office of the President of the Senate on March 11, 2010; to the Committee on Agriculture, Nutrition, and Forestry.

EC-5073. A communication from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting, pursuant to law, the report of a rule entitled "Agricultural Inspection and AQI User Fees Along the U.S./Canada Border" (Docket No. APHIS-2006-0096) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Agriculture, Nutrition, and Forestry.

EC-5074. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Approval and Promulgation of Air Quality Implementation Plans; Delaware; Amendment to Electric Generating Unit Multi-Pollutant Regulation" (FRL No. 9127-2) received in the Office of the President of the Senate on March 11, 2010; to the Committee on Environment and Public Works.

EC-5075. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Hazardous Waste Technical Corrections and Clarifications Rules" (FRL No. 9127-9) received in the Office of the President of the Senate on March 11, 2010; to the Committee on Environment and Public Works.

EC-5076. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Mandatory Reporting of Greenhouse Gases: Minor Harmonizing Changes to the General Provisions" (FRL No. 9127-6) received in the Office of the President of the Senate on March 11, 2010; to the Committee on Environment and Public Works.

EC-5077. A communication from the Director of the Regulatory Management Division, Office of Policy, Economics, and Innovation, Environmental Protection Agency, transmitting, pursuant to law, the report of a rule entitled "Transportation Conformity Rule PM2.5 and PM10 Amendments" (FRL No. 9127-7) received in the Office of the President of the Senate on March 11, 2010; to the Committee on Environment and Public Works.

EC-5078. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the Treasury, transmitting, pursuant to law, the report of a rule entitled "Chile Earthquake Occurring in February 2010 Designated as a Qualified Disaster under §139 of the Internal Revenue Code" (Notice 2010-26) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Finance.

EC-5079. A communication from the Chief of the Publications and Regulations Branch, Internal Revenue Service, Department of the

Treasury, transmitting, pursuant to law, the report of a rule entitled "Deemed Dispositions by Individuals Emigrating from Canada" (Rev. Proc. 2010-19) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Finance.

EC-5080. A communication from the Chief Counsel, Federal Emergency Management Agency, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Suspension of Community Eligibility" ((44 CFR Part 64)(Docket No. FEMA-2010-0003)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Banking, Housing, and Urban Affairs.

EC-5081. A communication from the Chief Counsel, Federal Emergency Management Agency, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Final Flood Elevation Determinations" ((44 CFR Part 67)(Docket No. FEMA-2010-0003)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Banking, Housing, and Urban Affairs.

EC-5082. A communication from the Assistant Legal Adviser for Treaty Affairs, Department of State, transmitting, pursuant to the Case-Zablocki Act, 1 U.S.C. 112b, as amended, the report of the texts and background statements of international agreements, other than treaties (List 2010-0037—2010-0046); to the Committee on Foreign Relations.

EC-5083. A communication from the Chief of the Trade and Commercial Regulations Branch, Customs and Border Protection, Department of Homeland Security, transmitting, pursuant to law, the report of a rule entitled "Name Change of Two DHS Components" (CBP Dec. 10-03) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Homeland Security and Governmental Affairs.

EC-5084. A communication from the Chairman, Office of General Counsel, Federal Election Commission, transmitting, pursuant to law, the report of a rule entitled "Funds Received in Response to Solicitations; Allocation of Expenses by Separate Segregated Funds and Nonconnected Committees" (Notice 2010-08) received in the Office of the President of the Senate on March 15, 2010; to the Committee on Rules and Administration.

EC-5085. A communication from the Under Secretary of Defense (Acquisition, Technology and Logistics), transmitting, pursuant to law, a report relative to the redesignating the Air Force's Small Diameter Bomb Increment I (SDB I) Program as an ACAT II program; to the Committee on Armed Services.

EC-5086. A communication from the Assistant Secretary, Bureau of Political-Military Affairs, Department of State, transmitting, pursuant to law, an addendum to a certification, transmittal number: DDTC 10-011, of the proposed sale or export of defense articles, including technical data, and defense services to a Middle East country regarding any possible effects such a sale might have relating to Israel's Qualitative Military Edge over military threats to Israel; to the Committee on Armed Services.

EC-5087. A communication from the Assistant Secretary, Bureau of Political-Military Affairs, Department of State, transmitting, pursuant to law, an addendum to a certification, transmittal number: DDTC 10-002, of the proposed sale or export of defense articles, including technical data, and defense services to a Middle East country regarding any possible effects such a sale might have

relating to Israel's Qualitative Military Edge over military threats to Israel; to the Committee on Armed Services.

EC-5088. A communication from the President of the United States, transmitting, pursuant to law, a report relative to the U.S. engagement with Iran; to the Committee on Armed Services.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mrs. GILLIBRAND:

S. 3131. A bill to direct the Secretary of the Interior to conduct a special resource study to evaluate resources in the Hudson River Valley in the State of New York to determine the suitability and feasibility of establishing the site as a unit of the National Park System, and for other purposes; to the Committee on Energy and Natural Resources.

By Mr. HARKIN:

S. 3132. A bill to amend the Child Nutrition Act of 1966 to promote and support breastfeeding through the special supplemental nutrition program for women, infants, and children; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. CASEY (for himself, Mr. SCHUMER, and Mr. SPECTER):

S. 3133. A bill to provide for the construction, renovation, and improvement of medical school facilities, and other purposes; to the Committee on Health, Education, Labor, and Pensions.

By Mr. SCHUMER (for himself, Ms. STABENOW, Mr. GRAHAM, Mr. BROWNBACK, Mr. BROWN of Ohio, Ms. SNOWE, Mr. FEINGOLD, Mr. SPECTER, Mr. CASEY, Mr. BAYH, Mr. LEVIN, Mr. CARDIN, Mrs. GILLIBRAND, Mr. WEBB, Mr. REED, Mrs. LINCOLN, and Ms. COLLINS):

S. 3134. A bill to provide for identification of misaligned currency, require action to correct the misalignment, and for other purposes; to the Committee on Finance.

By Mr. DURBIN:

S. 3135. A bill to enhance global healthcare cooperation and for other purposes; to the Committee on the Judiciary.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. REID (for himself and Mr. MCCONNELL):

S. Res. 457. A resolution to provide for issuance of a summons and for related procedures concerning the articles of impeachment against G. Thomas Porteous, Jr.; considered and agreed to.

By Mr. REID (for himself and Mr. MCCONNELL):

S. Res. 458. A resolution to provide for the appointment of a committee to receive and to report evidence with respect to articles of impeachment against Judge G. Thomas Porteous, Jr.; considered and agreed to.

By Ms. MURKOWSKI (for herself and Mr. BEGICH):

S. Res. 459. A resolution congratulating KICY Radio for 50 years of service to western Alaska and the Russian Far East; considered and agreed to.

By Mr. LEAHY (for himself and Mr. SANDERS):

S. Res. 460. A resolution recognizing the importance of the Long Trail and the Green Mountain Club on the 100th anniversary of the Long Trail; considered and agreed to.

ADDITIONAL COSPONSORS

S. 334

At the request of Mr. LUGAR, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 334, a bill to authorize the extension of nondiscriminatory treatment (normal trade relations treatment) to the products of Moldova.

S. 704

At the request of Mr. HARKIN, the name of the Senator from Arkansas (Mrs. LINCOLN) was added as a cosponsor of S. 704, a bill to direct the Comptroller General of the United States to conduct a study on the use of Civil Air Patrol personnel and resources to support homeland security missions, and for other purposes.

S. 910

At the request of Mr. WARNER, the name of the Senator from Idaho (Mr. RISCH) was added as a cosponsor of S. 910, a bill to amend the Emergency Economic Stabilization Act of 2008, to provide for additional monitoring and accountability of the Troubled Asset Relief Program.

S. 1255

At the request of Mr. SCHUMER, the name of the Senator from North Carolina (Mrs. HAGAN) was added as a cosponsor of S. 1255, a bill to amend the Magnuson-Stevens Fishery Conservation and Management Act to extend the authorized time period for rebuilding of certain overfished fisheries, and for other purposes.

S. 1408

At the request of Mr. MENENDEZ, the name of the Senator from Florida (Mr. LEMIEUX) was added as a cosponsor of S. 1408, a bill to amend the Internal Revenue Code of 1986 to encourage alternative energy investments and job creation.

S. 1481

At the request of Mr. MENENDEZ, the name of the Senator from Massachusetts (Mr. KERRY) was added as a cosponsor of S. 1481, a bill to amend section 811 of the Cranston-Gonzalez National Affordable Housing Act to improve the program under such section for supportive housing for persons with disabilities.

S. 1553

At the request of Mr. GRASSLEY, the name of the Senator from Georgia (Mr. ISAKSON) was added as a cosponsor of S. 1553, a bill to require the Secretary of the Treasury to mint coins in commemoration of the National Future Farmers of America Organization and the 85th anniversary of the founding of the National Future Farmers of America Organization.

S. 1611

At the request of Mr. DODD, the name of the Senator from Rhode Island (Mr. WHITEHOUSE) was added as a cosponsor of S. 1611, a bill to provide collective bargaining rights for public safety officers employed by States or their political subdivisions.

S. 1859

At the request of Mr. ROCKEFELLER, the name of the Senator from New Jersey (Mr. MENENDEZ) was added as a cosponsor of S. 1859, a bill to reinstate Federal matching of State spending of child support incentive payments.

S. 1966

At the request of Mr. DODD, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 1966, a bill to provide assistance to improve the health of newborns, children, and mothers in developing countries, and for other purposes.

S. 2743

At the request of Ms. SNOWE, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 2743, a bill to amend title 10, United States Code, to provide for the award of a military service medal to members of the Armed Forces who served honorably during the Cold War, and for other purposes.

S. 2755

At the request of Mr. MENENDEZ, the name of the Senator from Idaho (Mr. RISCH) was added as a cosponsor of S. 2755, a bill to amend the Internal Revenue Code of 1986 to provide an investment credit for equipment used to fabricate solar energy property, and for other purposes.

S. 2835

At the request of Mr. KERRY, the name of the Senator from Vermont (Mr. SANDERS) was added as a cosponsor of S. 2835, a bill to reduce global warming pollution through international climate finance, investment, and for other purposes.

S. 2847

At the request of Mr. WHITEHOUSE, the name of the Senator from Missouri (Mrs. MCCASKILL) was added as a cosponsor of S. 2847, a bill to regulate the volume of audio on commercials.

S. 2974

At the request of Mr. LUGAR, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 2974, a bill to establish the Return of Talent Program to allow aliens who are legally present in the United States to return temporarily to the country of citizenship of the alien if that country is engaged in post-conflict or natural disaster reconstruction, and for other purposes.

S. 3036

At the request of Mr. BAYH, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 3036, a bill to establish the Office of the National Alzheimer's Project.

S. 3059

At the request of Mr. BINGAMAN, the name of the Senator from Louisiana (Ms. LANDRIEU) was added as a cosponsor of S. 3059, a bill to improve energy efficiency of appliances, lighting, and buildings, and for other purposes.

S.J. RES. 28

At the request of Mr. DODD, the name of the Senator from Colorado (Mr. BENNET) was added as a cosponsor of S.J. Res. 28, a joint resolution proposing an amendment to the Constitution of the United States relating to contributions and expenditures intended to affect elections.

S. RES. 412

At the request of Mrs. GILLIBRAND, the name of the Senator from West Virginia (Mr. BYRD) was added as a cosponsor of S. Res. 412, a resolution designating September 2010 as "National Childhood Obesity Awareness Month".

S. RES. 451

At the request of Mr. BURR, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. Res. 451, a resolution expressing support for designation of a "Welcome Home Vietnam Veterans Day".

S. RES. 452

At the request of Mr. JOHANNES, the names of the Senator from Michigan (Ms. STABENOW) and the Senator from Mississippi (Mr. COCHRAN) were added as cosponsors of S. Res. 452, a resolution supporting increased market access for exports of United States beef and beef products to Japan.

AMENDMENT NO. 3477

At the request of Ms. CANTWELL, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of amendment No. 3477 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3493

At the request of Ms. CANTWELL, the name of the Senator from Alaska (Mr. BEGICH) was added as a cosponsor of amendment No. 3493 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3506

At the request of Mr. MENENDEZ, the name of the Senator from Virginia (Mr. WEBB) was added as a cosponsor of amendment No. 3506 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3522

At the request of Ms. CANTWELL, the name of the Senator from Louisiana (Mr. VITTER) was added as a cosponsor of amendment No. 3522 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

AMENDMENT NO. 3523

At the request of Ms. CANTWELL, the name of the Senator from Georgia (Mr.

CHAMBLISS) was added as a cosponsor of amendment No. 3523 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. DURBIN:

S. 3135. A bill to enhance global healthcare cooperation and for other purposes; to the Committee on the Judiciary.

Mr. DURBIN. Mr. President, I rise today to introduce the Global Healthcare Cooperation Act of 2010. This legislation takes measured but important steps to enhance global healthcare cooperation and help developing countries address public health challenges. The Global Healthcare Cooperation Act will bolster the ranks of healthcare workers serving in developing countries by enabling American legal permanent residents to assist with overseas public health emergencies, and by responsibly regulating the "brain drain" of skilled healthcare workers from underdeveloped countries to the U.S. I look forward to working with my colleagues to see these provisions enacted into law.

While many nations are currently experiencing shortages of healthcare personnel, the lack of doctors, nurses and other healthcare workers in the world's poorest nations is an urgent crisis. There are many factors contributing to this crisis, but the massive "brain drain" of trained healthcare workers from the poorest nations to the richest is a central cause. According to the World Health Organization, Africa loses 20,000 health professionals a year as part of this brain drain. In Ethiopia, for example, there are only 1,806 doctors serving a population of 80 million. By comparison, there are 5,074 doctors serving the 600,000 residents of Washington D.C., and 17,507 doctors serving the 5.3 million residents of Cook County in my home state of Illinois. The shortage of healthcare personnel is considered the single biggest obstacle to fighting HIV/AIDS in Africa. Healthcare worker shortages are particularly devastating when nations are confronted with natural disasters and other humanitarian crises, such as the recent Haiti earthquake.

I again saw this problem first hand during a trip to east Africa that I took last month with Senator SHERROD BROWN. In places such as Tanzania and Ethiopia the story was the same—in countries already in desperate need of health workers, many were instead leaving for work in other countries. Many are being recruited to work in the U.S. and in other wealthy nations.

We should do what we can here in the U.S. to make sure these talented health professionals are free to return temporarily to help in countries with

urgent health needs without jeopardizing their immigration status. We should also ensure they have met all medical care obligations in their home countries that may have been tied to their health training.

The Global Healthcare Cooperation Act would take two steps to address these challenges. The first part of the bill would allow a healthcare worker who is a legal permanent resident in the U.S. to temporarily provide healthcare services in a country that is underdeveloped or that has suffered a disaster or public health emergency without jeopardizing his or her immigration status in the U.S. Specifically, the bill would allow legal permanent resident healthcare workers to work in qualifying countries for up to 36 months without running afoul of the continuous residency requirement for naturalization. This provision will allow immigrants in our country to lend their skills to overseas disaster relief and public health crises while still pursuing their dream of American citizenship.

The second part of this legislation would require a foreigner who is petitioning to work in the U.S. as a healthcare worker to attest that he or she has satisfied any outstanding obligation to his or her home country under which the foreigner received money for medical training in return for a commitment to work in that country for a period of years. In exchange for financial support for their education or training, some foreign doctors, nurses, and other healthcare workers have signed voluntary bonds or made promises to their governments to remain in their home countries or to return from their studies abroad and work in the healthcare profession. The bill provides that the petitioner must satisfy any outstanding obligation in order to be eligible for admission into the U.S., though the bill is flexible in allowing the petitioner to reach agreement with the home country in order to satisfy his or her commitment. The legislation provides a waiver in cases of coercion by the home country government or other extraordinary circumstances. The goal of this provision is to ensure that foreign countries do not invest money in healthcare workers who then renege on commitments to work in their country without satisfying their commitment.

The small but important steps contained within the Global Healthcare Cooperation Act will help save lives, and will demonstrate America's leadership in the effort to improve the health of people across the globe. The provisions in this legislation have previously passed the Senate twice, as part of the 2006 immigration reform bill and the 2007 Labor-HHS appropriations bill, but have not yet become law. I urge my colleagues to support the enactment of these important provisions.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 3135

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Global Health Care Cooperation Act".

SEC. 2. GLOBAL HEALTH CARE COOPERATION.

(a) IN GENERAL.—Title III of the Immigration and Nationality Act (8 U.S.C. 1401 et seq.) is amended by inserting after section 317 the following:

"SEC. 317A. TEMPORARY ABSENCE OF ALIENS PROVIDING HEALTH CARE IN DEVELOPING COUNTRIES.

"(a) IN GENERAL.—Notwithstanding any other provision of this Act, the Secretary of Homeland Security shall allow an eligible alien and the spouse or child of such alien to reside in a candidate country during the period that the eligible alien is working as a physician or other health care worker in a candidate country. During such period the eligible alien and such spouse or child shall be considered—

"(1) to be physically present and residing in the United States for purposes of naturalization under section 316(a); and

"(2) to meet the continuous residency requirements under section 316(b).

"(b) DEFINITIONS.—In this section:

"(1) CANDIDATE COUNTRY.—The term 'candidate country' means a country that the Secretary of State determines to be—

"(A) eligible for assistance from the International Development Association, in which the per capita income of the country is equal to or less than the historical ceiling of the International Development Association for the applicable fiscal year, as defined by the International Bank for Reconstruction and Development;

"(B) classified as a lower middle income country in the then most recent edition of the World Development Report for Reconstruction and Development published by the International Bank for Reconstruction and Development and having an income greater than the historical ceiling for International Development Association eligibility for the applicable fiscal year; or

"(C) qualified to be a candidate country due to special circumstances, including natural disasters or public health emergencies.

"(2) ELIGIBLE ALIEN.—The term 'eligible alien' means an alien who—

"(A) has been lawfully admitted to the United States for permanent residence; and

"(B) is a physician or other healthcare worker.

"(c) CONSULTATION.—The Secretary of Homeland Security shall consult with the Secretary of State in carrying out this section.

"(d) PUBLICATION.—The Secretary of State shall publish—

"(1) not later than 180 days after the date of the enactment of this section, a list of candidate countries;

"(2) an updated version of the list required by paragraph (1) not less often than once each year; and

"(3) an amendment to the list required by paragraph (1) at the time any country qualifies as a candidate country due to special circumstances under subsection (b)(1)(C)."

(b) RULEMAKING.—

(1) **REQUIREMENT.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Homeland Security shall promulgate regulations to carry out the amendments made by this section.

(2) **CONTENT.**—The regulations promulgated pursuant to paragraph (1) shall—

(A) permit an eligible alien (as defined in section 317A of the Immigration and Nationality Act, as added by subsection (a)) and the spouse or child of the eligible alien to reside in a foreign country to work as a physician or other healthcare worker as described in subsection (a) of such section 317A for not less than a 12-month period and not more than a 24-month period, and shall permit the Secretary to extend such period for an additional period not to exceed 12 months, if the Secretary determines that such country has a continuing need for such a physician or other healthcare worker;

(B) provide for the issuance of documents by the Secretary to such eligible alien, and such spouse or child, if appropriate, to demonstrate that such eligible alien, and such spouse or child, if appropriate, is authorized to reside in such country under such section 317A; and

(C) provide for an expedited process through which the Secretary shall review applications for such an eligible alien to reside in a foreign country pursuant to subsection (a) of such section 317A if the Secretary of State determines a country is a candidate country pursuant to subsection (b)(1)(C) of such section 317A.

(c) **TECHNICAL AND CONFORMING AMENDMENTS.**—

(1) **DEFINITION.**—Section 101(a)(13)(C)(ii) of the Immigration and Nationality Act (8 U.S.C. 1101(a)(13)(C)(ii)) is amended by adding “except in the case of an eligible alien, or the spouse or child of such alien, who is authorized to be absent from the United States under section 317A,” at the end.

(2) **DOCUMENTARY REQUIREMENTS.**—Section 211(b) of such Act (8 U.S.C. 1181(b)) is amended by inserting “, including an eligible alien authorized to reside in a foreign country under section 317A and the spouse or child of such eligible alien, if appropriate,” after “101(a)(27)(A),”.

(3) **INELIGIBLE ALIENS.**—Section 212(a)(7)(A)(i)(I) of such Act (8 U.S.C. 1182(a)(7)(A)(i)(I)) is amended by inserting “other than an eligible alien authorized to reside in a foreign country under section 317A and the spouse or child of such eligible alien, if appropriate,” after “Act,”.

(4) **CLERICAL AMENDMENT.**—The table of contents of such Act is amended by inserting after the item relating to section 317 the following:

“Sec. 317A. Temporary absence of aliens providing health care in developing countries.”.

SEC. 3. ATTESTATION BY HEALTH CARE WORKERS.

(a) **ATTESTATION REQUIREMENT.**—Section 212(a)(5) of the Immigration and Nationality Act (8 U.S.C. 1182(a)(5)) is amended by adding at the end the following:

“(E) **HEALTH CARE WORKERS WITH OTHER OBLIGATIONS.**—

“(i) **IN GENERAL.**—An alien who seeks to enter the United States for the purpose of performing labor as a physician or other health care worker is inadmissible unless the alien submits to the Secretary of Homeland Security or the Secretary of State, as appropriate, an attestation that the alien is not seeking to enter the United States for such purpose during any period in which the alien has an outstanding obligation to the govern-

ment of the alien’s country of origin or the alien’s country of residence.

“(ii) **OBLIGATION DEFINED.**—In this subparagraph, the term ‘obligation’ means an obligation incurred as part of a valid, voluntary individual agreement in which the alien received financial assistance to defray the costs of education or training to qualify as a physician or other health care worker in consideration for a commitment to work as a physician or other health care worker in the alien’s country of origin or the alien’s country of residence.

“(iii) **WAIVER.**—The Secretary of Homeland Security may waive a finding of inadmissibility under clause (i) if the Secretary determines that—

“(I) the obligation was incurred by coercion or other improper means;

“(II) the alien and the government of the country to which the alien has an outstanding obligation have reached a valid, voluntary agreement, pursuant to which the alien’s obligation has been deemed satisfied, or the alien has shown to the satisfaction of the Secretary that the alien has been unable to reach such an agreement because of coercion or other improper means; or

“(III) the obligation should not be enforced due to other extraordinary circumstances, including undue hardship that would be suffered by the alien in the absence of a waiver.”.

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall take effect on the date that is 180 days after the date of the enactment of this Act.

(c) **APPLICATION.**—Not later than the effective date described in subsection (b), the Secretary of Homeland Security shall begin to carry out subparagraph (E) of section 212(a)(5) of the Immigration and Nationality Act, as added by subsection (a), including the requirement for the attestation and the granting of a waiver described in clause (iii) of such subparagraph (E), regardless of whether regulations to implement such subparagraph have been promulgated.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 457—TO PROVIDE FOR ISSUANCE OF A SUMMONS AND FOR RELATED PROCEDURES CONCERNING THE ARTICLES OF IMPEACHMENT AGAINST G. THOMAS PORTEOUS, JR.

Mr. REID (for himself and Mr. MCCONNELL) submitted the following resolution; which was considered and agreed to:

S. RES. 457

Resolved, That a summons shall be issued which commands G. Thomas Porteous, Jr. to file with the Secretary of the Senate an answer to the articles of impeachment no later than April 7, 2010, and thereafter to abide by, obey, and perform such orders, directions, and judgments as the Senate shall make in the premises, according to the Constitution and laws of the United States.

SEC. 2. The Sergeant of Arms is authorized to utilize the services of the Deputy Sergeant at Arms or another employee of the Senate in serving the summons.

SEC. 3. The Secretary shall notify the House of Representatives of the filing of the answer and shall provide a copy of the answer to the House.

SEC. 4. The Managers on the part of the House may file with the Secretary of the Senate a replication no later than April 21, 2010.

SEC. 5. The Secretary shall notify counsel for G. Thomas Porteous, Jr. of the filing of a replication, and shall provide counsel with a copy.

SEC. 6. The Secretary shall provide the answer and the replication, if any, to the Presiding Officer of the Senate on the first day the Senate is in session after the Secretary receives them, and the Presiding Officer shall cause the answer and replication, if any, to be printed in the Senate Journal and in the Congressional Record. If a timely answer has not been filed, the Presiding Officer shall cause a plea of not guilty to be entered.

SEC. 7. The articles of impeachment, the answer, and the replication, if any, together with the provisions of the Constitution on impeachment, and the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials, shall be printed under the direction of the Secretary as a Senate document.

SEC. 8. The provisions of this resolution shall govern notwithstanding any provisions to the contrary in the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials.

SEC. 9. The Secretary shall notify the House of Representatives of this resolution.

SENATE RESOLUTION 458—TO PROVIDE FOR THE APPOINTMENT OF A COMMITTEE TO RECEIVE AND TO REPORT EVIDENCE WITH RESPECT TO ARTICLES OF IMPEACHMENT AGAINST JUDGE G. THOMAS PORTEOUS, JR.

Mr. REID (for himself and Mr. MCCONNELL) submitted the following resolution; which was considered and agreed to:

S. RES. 458

Resolved, That pursuant to Rule XI of the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials, the Presiding Officer shall appoint a committee of twelve senators to perform the duties and to exercise the powers provided for in the rule.

SEC. 2. The majority and minority leader shall each recommend six members, including a chairman and vice chairman, respectively, to the Presiding Officer for appointment to the committee.

SEC. 3. The committee shall be deemed to be a standing committee of the Senate for the purpose of reporting to the Senate resolutions for the criminal or civil enforcement of the committee’s subpoenas or orders, and for the purpose of printing reports, hearings, and other documents for submission to the Senate under Rule XI.

SEC. 4. During proceedings conducted under Rule XI the chairman of the committee is authorized to waive the requirement under the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials that questions by a Senator to a witness, a manager, or counsel shall be reduced to writing and put by the Presiding Officer.

SEC. 5. In addition to a certified copy of the transcript of the proceedings and testimony had and given before it, the committee is authorized to report to the Senate a statement of facts that are uncontested and a summary, with appropriate references to the

record, of evidence that the parties have introduced on contested issues of fact.

SEC. 6(a). The actual and necessary expenses of the committee, including the employment of staff at an annual rate of pay, and the employment of consultants with prior approval of the Committee on Rules and Administration at a rate not to exceed the maximum daily rate for a standing committee of the Senate, shall be paid from the contingent fund of the Senate from the appropriation account "Miscellaneous Items" upon vouchers approved by the chairman of the committee, except that no voucher shall be required to pay the salary of any employee who is compensated at an annual rate of pay.

(b). In carrying out its powers, duties, and functions under this resolution, the committee is authorized, in its discretion and with the prior consent of the Government department or agency concerned and the Committee on Rules and Administration, to use on a reimbursable, or nonreimbursable, basis the services of personnel of any such department or agency.

SEC. 7. The committee appointed pursuant to section one of this resolution shall terminate no later than 60 days after the pronouncement of judgment by the Senate on the articles of impeachment.

SEC. 8. The Secretary shall notify the House of Representatives and counsel for Judge G. Thomas Porteous, Jr. of this resolution.

SENATE RESOLUTION 459—CONGRATULATING KICY RADIO FOR 50 YEARS OF SERVICE TO WESTERN ALASKA AND THE RUSSIAN FAR EAST

Ms. MURKOWSKI (for herself and Mr. BEGICH) submitted the following resolution; which was considered and agreed to:

S. RES. 459

Whereas KICY Radio is owned and operated by the Arctic Broadcasting Association, a nonprofit affiliate of the Evangelical Covenant Church;

Whereas KICY Radio has been broadcasting since April 17, 1960, on an AM frequency of 850 kilohertz;

Whereas KICY Radio is primarily staffed by volunteers;

Whereas KICY Radio broadcasts from Nome, Alaska to more than 40 Alaska Native villages throughout the Seward Peninsula and Yukon-Kuskokwim Delta;

Whereas KICY Radio serves the Chukotkan, Kamchatkan, and Siberian regions of the Russian Far East for 5 hours each day, 7 days each week, from 11 p.m. to 4 a.m.;

Whereas the signal strength of KICY Radio has expanded from 5,000 watts to 50,000 watts during the past 50 years;

Whereas 1 of the most popular KICY Radio programs over the 50-year history of the station is "Ptarmigan Telegraph," which allows listeners to send in brief messages to be read on the air for friends and relatives; and

Whereas, even today, when much of the region served by KICY Radio is connected by telephone, "Ptarmigan Telegraph" remains a vital means of connecting the people of western Alaska: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates KICY Radio for 50 years of service to western Alaska and the Russian Far East;

(2) recognizes the volunteer staff who have kept KICY Radio on the air for the past 50 years; and

(3) wishes the staff of KICY Radio well with the continued efforts of the staff to serve the people of western Alaska and the Russian Far East with culturally relevant programming.

SENATE RESOLUTION 460—RECOGNIZING THE IMPORTANCE OF THE LONG TRAIL AND THE GREEN MOUNTAIN CLUB ON THE 100TH ANNIVERSARY OF THE LONG TRAIL

Mr. LEAHY (for himself and Mr. SANDERS) submitted the following resolution; which was considered and agreed to:

S. RES. 460

Whereas the Long Trail is the oldest long-distance hiking trail in the United States;

Whereas the Long Trail stretches over 273 miles, from the Massachusetts to Canadian borders, with approximately 175 miles of side trails and more than 65 shelters;

Whereas the Long Trail has achieved the dream of founder James Taylor of creating "a high highway, a mountain footpath over the skyline of Vermont";

Whereas the Green Mountain Club is the founder, sponsor, defender, and protector of the Long Trail;

Whereas the Green Mountain Club has delivered 100 years of conservation, community education, and outreach on local ecology;

Whereas the Long Trail has protected the habitat of many important species for future generations, including the black bear, the moose, the bobcat, and migratory songbirds;

Whereas the thousands of members and dedicated volunteers of the Green Mountain Club have worked to maintain, manage, and protect the Long Trail for the benefit of the people of the State of Vermont during the last century;

Whereas the Long Trail is a popular tourist destination for people from around the world, including Senators, a Secretary of Agriculture, and even a President;

Whereas the Long Trail allows the people of the State of Vermont and tourists to enjoy the Green Mountain State and all the beauty and history the State has to offer;

Whereas the Green Mountain Club has successfully conserved the entire corridor of the Long Trail, fought efforts to build highways or commercial developments that intersect with the Long Trail, and helped to maintain pristine Vermont forestland for future generations to enjoy; and

Whereas the Green Mountain Club has recognized members regardless of sex or race since the founding of the club: Now, therefore, be it

Resolved, That the Senate recognizes the 100th anniversary of the Long Trail of the State of Vermont, the oldest long-distance hiking trail in the United States, and applauds the Green Mountain Club and the many volunteers of the Green Mountain Club for a century of service and for creating, protecting, and enjoying the Long Trail.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3542. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKE-

FELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table.

SA 3543. Mrs. HUTCHISON (for herself, Mr. ROCKEFELLER, and Mr. DORGAN) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3544. Mr. INHOFE (for himself, Mr. WYDEN, and Mr. MERKLEY) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3545. Mr. RISCH (for himself and Mr. CRAPO) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3546. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3547. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

SA 3548. Mr. PRYOR submitted an amendment intended to be proposed by him to the bill H.R. 1586, supra.

SA 3549. Mr. INHOFE (for himself, Mr. SESSIONS, and Mr. CHAMBLISS) submitted an amendment intended to be proposed to amendment SA 3475 proposed by Mr. MCCAIN (for himself and Mr. BAYH) to the amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, supra; which was ordered to lie on the table.

TEXT OF AMENDMENTS

SA 3542. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 279, after line 24, add the following:

SEC. 723. PROJECT COMPLIANCE WITH NATIONAL AVIATION PRIORITIES.

(a) AIRPORT IMPROVEMENT PROGRAM.—The Administrator of the Federal Aviation Administration shall ensure that any amount made available for airport improvement under subchapter 1 of chapter 471 of title 49, United States Code, is for a project that—

(1) has a National Priority Rating of not less than 41; and

(2) is included in the Airports Capital Improvement Plan.

(b) TOWER/TERMINAL AIR TRAFFIC CONTROL FACILITY REPLACEMENT PROGRAM.—The Administrator shall ensure that any amount made available for the replacement of air traffic control facilities under such subchapter is for a project that is on the priority list of the Administration.

(c) INSTRUMENT LANDING SYSTEMS PROGRAM FUNDS.—The Administrator shall ensure that any amount made available for instrument landing systems under such subchapter is for a project that—

(1) has a higher benefit than cost; and

(2) complies with such other requirements of the Administration as the Administrator considers appropriate.

(d) OTHER PROJECTS.—The Administrator shall ensure that any amount made available under such subchapter for a purpose not described in subsection (a), (b), or (c) is for a project that the Administrator considers a national priority.

(e) ANNUAL REPORT.—

(1) IN GENERAL.—Not later than December 31, 2010, and annually thereafter, the Administrator shall submit to Congress a report that lists each project of the Administration that failed to comply with the provisions of this section in the most recent fiscal year ending before the date of such submittal.

(2) CONTENTS.—For each report submitted under paragraph (1), the Administrator shall include, for each project listed in such report, the following:

(A) A description of the project.

(B) A type classification of the project.

(C) The cost of the project.

(D) The impact of the project on the aviation priorities of the United States.

SA 3543. Mrs. HUTCHISON (for herself, Mr. ROCKEFELLER, and Mr. DORGAN) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the appropriate place in title III, insert the following:

SEC. ____ . FINANCIAL INCENTIVES FOR NEXTGEN EQUIPAGE.

(a) IN GENERAL.—The Administrator of the Federal Aviation Administration may enter into agreements to fund the costs of equipping aircraft with communications, surveillance, navigation, and other avionics to enable NextGen air traffic control capabilities.

(b) FUNDING INSTRUMENT.—The Administrator may make grants or other instruments authorized under section 106(l)(6) of title 49, United States Code, to carry out subsection (a).

SA 3544. Mr. INHOFE (for himself, Mr. WYDEN, and Mr. MERKLEY) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

After title VII, insert the following:

TITLE VIII—ACCESS TO GENERAL AVIATION AIRPORTS

SEC. 801. SHORT TITLE.

This title may be cited as the “Community Airport Access and Protection Act of 2010”.

SEC. 802. AGREEMENTS GRANTING THROUGH-THE-FENCE ACCESS TO GENERAL AVIATION AIRPORTS.

(a) IN GENERAL.—Section 47107 of title 49, United States Code, is amended by adding at the end the following:

“(t) AGREEMENTS GRANTING THROUGH-THE-FENCE ACCESS TO GENERAL AVIATION AIRPORTS.—

“(1) IN GENERAL.—Subject to paragraph (2), a sponsor of a general aviation airport shall not be considered to be in violation of this subtitle, or to be in violation of a grant assurance made under this section or under any other provision of law as a condition for the receipt of Federal financial assistance for airport development, solely because the

sponsor enters into an agreement that grants to a person that owns residential real property adjacent to the airport access to the airfield of the airport for the following:

“(A) Aircraft of the person.

“(B) Aircraft authorized by the person.

“(2) THROUGH THE FENCE AGREEMENTS.—

“(A) IN GENERAL.—An agreement described in paragraph (1) between an airport sponsor and a property owner shall be a written agreement that prescribes the rights, responsibilities, charges, duration, and other terms determined necessary to establish and manage the airport sponsor’s relationship with the property owner.

“(B) TERMS AND CONDITIONS.—An agreement described in paragraph (1) between an airport sponsor and a property owner shall require the property owner, at minimum—

“(i) to pay airport access charges that are not less than those charged to tenants and operators on-airport making similar use of the airport;

“(ii) to bear the cost of building and maintaining the infrastructure necessary to provide aircraft located on the property adjacent to the airport access to the airfield of the airport;

“(iii) to operate and maintain the property, and conduct any construction activities on the property, at no cost to the airport and in a manner that—

“(I) is consistent with subsections (a)(7) and (a)(9);

“(II) does not alter the airport, including the facilities of the airport;

“(III) does not adversely affect the safety, utility, or efficiency of the airport;

“(IV) is compatible with the normal operations of the airport; and

“(V) is consistent with the airport’s role in the National Plan of Integrated Airport Systems;

“(iv) to maintain the property for residential, noncommercial use for the duration of the agreement; and

“(v) to prohibit access to the airport from other properties through the property of the property owner.

“(3) GENERAL AVIATION AIRPORT DEFINED.—In this subsection, the term ‘general aviation airport’ means a public airport that is located in a State and that, as determined by the Secretary of Transportation—

“(A) does not have scheduled service; or

“(B) has scheduled service with less than 2,500 passenger boardings each year.”

(b) APPLICABILITY.—The amendment made by subsection (a) shall apply to an agreement between an airport sponsor and a property owner entered into before, on, or after the date of enactment of this Act.

SA 3545. Mr. RISCH (for himself and Mr. CRAPO) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 61, strike lines 1 through 8 and insert the following:

(c) STUDY BY BOARD.—

(1) IN GENERAL.—The Air Traffic Control Modernization Oversight Board, established by section 106(p) of title 49, United States Code, shall conduct a study of—

(A) the Administrator’s recommendations for realignment; and

(B) the opportunities, risks, and benefits of realigning services and facilities of the Administration to reduce capital, operating,

maintenance, and administrative costs without adversely affecting safety.

(2) CONSIDERATIONS.—In carrying out the study under paragraph (1), the Board shall consider—

(A) the commercial and noncommercial use of airspace, including Department of Defense operations, Forest Service operations, and the operations of other Government agencies with irregular flight times and patterns; and

(B) the safety of aircraft operations in adverse weather, terrain, and other limiting physical factors relevant to the airspace surrounding airports whose aviation services and facilities have been recommended for realignment by the Administrator.

SA 3546. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 10, after the matter following line 5, insert the following:

(c) PASSENGER ENPLANEMENT REPORT.—

(1) IN GENERAL.—The Administrator of the Federal Aviation Administration shall prepare a report on every airport in the United States that reported between 10,000 and 15,000 passenger enplanements during each of the 2 most recent years for which such data is available.

(2) REPORT OBJECTIVES.—In carrying out the report under paragraph (1), the Administrator shall document the methods used by each subject airport to reach the 10,000 passenger enplanement threshold, including whether airports subsidize commercial flights to reach such threshold.

(3) REVIEW.—The Inspector General of the Department of Transportation shall review the process of the Administrator in developing the report under paragraph (1).

(4) REPORT.—The Administrator shall submit the report prepared under paragraph (1) to Congress and the Secretary of Transportation.

(5) RULEMAKING.—After reviewing the report prepared under paragraph (1), the Secretary of Transportation shall promulgate regulations for measuring passenger enplanements at airports that—

(A) include the method for determining which airports qualify for Federal funding under the Airport Improvement Program (AIP);

(B) exclude artificial enplanements resulting from efforts by airports to trigger increased AIP funding; and

(C) sets forth the consequences for tampering with the number of passenger enplanements.

SA 3547. Mr. COBURN submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

On page 44, after line 25, add the following:

SEC. 219. STUDY ON APPORTIONING AMOUNTS FOR AIRPORT IMPROVEMENT IN PROPORTION TO AMOUNTS OF AIR TRAFFIC.

(a) **STUDY AND REPORT REQUIRED.**—Not later than 180 days after the date of the enactment of this Act, the Administrator of the Federal Aviation Administration shall—

(1) complete a study on the feasibility and advisability of apportioning amounts under section 47114(c)(1) of title 49, United States Code, to the sponsor of each primary airport for each fiscal year an amount that bears the same ratio to the amount subject to the apportionment for fiscal year 2009 as the number of passenger boardings at the airport during the prior calendar year bears to the aggregate of all passenger boardings at all primary airports during that calendar year; and

(2) submit to Congress a report on the study completed under paragraph (1).

(b) **REPORT CONTENTS.**—The report required by subsection (a)(2) shall include the following:

(1) A description of the study carried out under subsection (a)(1).

(2) The findings of the Administrator with respect to such study.

(3) A list of each sponsor of a primary airport that received an amount under section 47114(c)(1) of title 49, United States Code, in 2009.

(4) For each sponsor listed in accordance with paragraph (3), the following:

(A) The amount such sponsor received, if any, in 2005, 2006, 2007, 2008, and 2009 under such section 47114(c)(1).

(B) An explanation of how the amount awarded to such sponsor was determined.

(C) The average number of air passenger flights serviced each month at the airport of such sponsor in 2009.

(D) The number of enplanements for air passenger transportation at such airport in 2005, 2006, 2007, 2008, and 2009.

SA 3548. Mr. PRYOR submitted an amendment intended to be proposed by him to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; as follows:

At the end, insert the following:

SEC. 316. DISCRETIONARY SPENDING LIMITS AND OTHER DEFICIT REDUCTION MEASURES.

(a) **IN GENERAL.**—Title III of the Congressional Budget Act of 1974 is amended by inserting at the end the following:

“DISCRETIONARY SPENDING LIMITS

“SEC. 316. (a) DISCRETIONARY SPENDING LIMITS.—It shall not be in order in the House of Representatives or the Senate to consider any bill, joint resolution, amendment, or conference report that includes any provision that would cause the discretionary spending limits as set forth in this section to be exceeded.

“(b) LIMITS.—In this section, the term ‘discretionary spending limits’ has the following meaning subject to adjustments in subsection (c):

“(1) For fiscal year 2011—

“(A) for the defense category (budget function 050), \$573,793,000,000 in budget authority; and

“(B) for the nondefense category, \$533,159,000,000 in budget authority.

“(2) For fiscal year 2012—

“(A) for the defense category (budget function 050), \$580,811,000,000 in budget authority; and

“(B) for the nondefense category, \$559,621,000,000 in budget authority.

“(3) For fiscal year 2013—

“(A) for the defense category (budget function 050), \$593,516,000,000 in budget authority; and

“(B) for the nondefense category, \$549,562,000,000 in budget authority.

“(4) With respect to fiscal years following 2013, the President shall recommend and the Congress shall consider legislation setting limits for those fiscal years.

“(c) ADJUSTMENTS.—

“(1) IN GENERAL.—After the reporting of a bill or joint resolution relating to any matter described in paragraph (2), or the offering of an amendment thereto or the submission of a conference report thereon—

“(A) the Chairman of the Senate Committee on the Budget may adjust the discretionary spending limits, the budgetary aggregates in the concurrent resolution on the budget most recently adopted by the Senate and the House of Representatives, and allocations pursuant to section 302(a) of the Congressional Budget Act of 1974, by the amount of new budget authority in that measure for that purpose and the outlays flowing there from; and

“(B) following any adjustment under subparagraph (A), the Senate Committee on Appropriations may report appropriately revised suballocations pursuant to section 302(b) of the Congressional Budget Act of 1974 to carry out this subsection.

“(2) MATTERS DESCRIBED.—Matters referred to in paragraph (1) are as follows:

“(A) OVERSEAS DEPLOYMENTS AND OTHER ACTIVITIES.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013, that provides funding for overseas deployments and other activities, the adjustment for purposes paragraph (1) shall be the amount of budget authority in that measure for that purpose but not to exceed—

“(i) with respect to fiscal year 2011, \$50,000,000,000 in new budget authority;

“(ii) with respect to fiscal year 2012, \$50,000,000,000 in new budget authority; and

“(iii) with respect to fiscal year 2013, \$50,000,000,000 in new budget authority.

“(B) INTERNAL REVENUE SERVICE TAX ENFORCEMENT.—

“(i) IN GENERAL.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013, that includes the amount described in clause (ii)(I), plus an additional amount for enhanced tax enforcement to address the Federal tax gap (taxes owed but not paid) described in clause (ii)(II), the adjustment for purposes of paragraph (1) shall be the amount of budget authority in that measure for that initiative not exceeding the amount specified in clause (ii)(II) for that fiscal year.

“(ii) AMOUNTS.—The amounts referred to in clause (i) are as follows:

“(I) For fiscal year 2011, \$7,171,000,000, for fiscal year 2012, \$7,243,000,000, and for fiscal year 2013, \$7,315,000,000.

“(II) For fiscal year 2011, \$899,000,000, for fiscal year 2012, and \$908,000,000, for fiscal year 2013, \$917,000,000.

“(C) CONTINUING DISABILITY REVIEWS AND SSI REDETERMINATIONS.—

“(i) IN GENERAL.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013 that includes the amount described in clause (ii)(I), plus an additional amount for Continuing Disability Reviews and Supplemental Security Income Redeterminations for the Social Security Administration described in clause (ii)(II),

the adjustment for purposes of paragraph (1) shall be the amount of budget authority in that measure for that initiative not exceeding the amount specified in clause (ii)(II) for that fiscal year.

“(ii) AMOUNTS.—The amounts referred to in clause (i) are as follows:

“(I) For fiscal year 2011, \$276,000,000, for fiscal year 2012, \$278,000,000, and for fiscal year 2013, \$281,000,000.

“(II) For fiscal year 2011, \$490,000,000; for fiscal year 2012, and \$495,000,000; for fiscal year 2013, \$500,000,000.

“(iii) ASSET VERIFICATION.—

“(I) IN GENERAL.—The additional appropriation permitted under clause (ii)(II) may also provide that a portion of that amount, not to exceed the amount specified in subparagraph (II) for that fiscal year instead may be used for asset verification for Supplemental Security Income recipients, but only if, and to the extent that the Office of the Chief Actuary estimates that the initiative would be at least as cost effective as the redeterminations of eligibility described in this subparagraph.

“(II) AMOUNTS.—For fiscal year 2011, \$34,340,000, for fiscal year 2012, \$34,683,000, and for fiscal year 2013, \$35,030,000.

“(D) HEALTH CARE FRAUD AND ABUSE.—

“(i) IN GENERAL.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013 that includes the amount described in clause (ii) for the Health Care Fraud and Abuse Control program at the Department of Health & Human Services for that fiscal year, the adjustment for purposes of paragraph (1) shall be the amount of budget authority in that measure for that initiative but not to exceed the amount described in clause (ii).

“(ii) AMOUNT.—The amount referred to in clause (i) is for fiscal year 2011, \$314,000,000, for fiscal year 2012, \$317,000,000, and for fiscal year 2013, \$320,000,000.

“(E) UNEMPLOYMENT INSURANCE IMPROPER PAYMENT REVIEWS.—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013 that includes \$10,000,000, plus an additional amount for in-person reemployment and eligibility assessments and unemployment improper payment reviews for the Department of Labor, the adjustment for purposes paragraph (1) shall be the amount of budget authority in that measure for that initiative but not to exceed—

“(i) with respect to fiscal year 2011, \$51,000,000 in new budget authority;

“(ii) with respect to fiscal year 2012, \$51,000,000 in new budget authority; and

“(iii) with respect to fiscal year 2013, \$52,000,000 in new budget authority.

“(F) LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP).—If a bill or joint resolution is reported making appropriations for fiscal year 2011, 2012, or 2013 that includes \$3,200,000,000 in funding for the Low-Income Home Energy Assistance Program and provides an additional amount up to \$1,900,000,000 for that program, the adjustment for purposes of paragraph (1) shall be the amount of budget authority in that measure for that initiative but not to exceed \$1,900,000,000.

“(d) EMERGENCY SPENDING.—

“(1) AUTHORITY TO DESIGNATE.—In the Senate, with respect to a provision of direct spending or receipts legislation or appropriations for discretionary accounts that Congress designates as an emergency requirement in such measure, the amounts of new budget authority, outlays, and receipts in all fiscal years resulting from that provision

shall be treated as an emergency requirement for the purpose of this subsection.

“(2) EXEMPTION OF EMERGENCY PROVISIONS.—Any new budget authority, outlays, and receipts resulting from any provision designated as an emergency requirement, pursuant to this subsection, in any bill, joint resolution, amendment, or conference report shall not count for purposes of this section, and sections 302 and 311 of the Congressional Budget Act of 1974, section 201 of S. Con. Res. 21 (110th Congress) (relating to pay-as-you-go), and section 311 of S. Con. Res. 70 (110th Congress) (relating to long-term deficits).

“(3) DESIGNATIONS.—If a provision of legislation is designated as an emergency requirement under this subsection, the committee report and any statement of managers accompanying that legislation shall include an explanation of the manner in which the provision meets the criteria in paragraph (6).

“(4) DEFINITIONS.—In this subsection, the terms ‘direct spending’, ‘receipts’, and ‘appropriations for discretionary accounts’ mean any provision of a bill, joint resolution, amendment, motion, or conference report that affects direct spending, receipts, or appropriations as those terms have been defined and interpreted for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985.

“(5) POINT OF ORDER.—

“(A) IN GENERAL.—When the Senate is considering a bill, resolution, amendment, motion, or conference report, if a point of order is made by a Senator against an emergency designation in that measure, that provision making such a designation shall be stricken from the measure and may not be offered as an amendment from the floor.

“(B) SUPERMAJORITY WAIVER AND APPEALS.—

“(i) WAIVER.—Subparagraph (A) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn.

“(ii) APPEALS.—Appeals in the Senate from the decisions of the Chair relating to any provision of this paragraph shall be limited to 1 hour, to be equally divided between, and controlled by, the appellant and the manager of the bill or joint resolution, as the case may be. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this paragraph.

“(C) DEFINITION OF AN EMERGENCY DESIGNATION.—For purposes of subparagraph (A), a provision shall be considered an emergency designation if it designates any item as an emergency requirement pursuant to this paragraph.

“(D) FORM OF THE POINT OF ORDER.—A point of order under subparagraph (A) may be raised by a Senator as provided in section 313(e) of the Congressional Budget Act of 1974.

“(E) CONFERENCE REPORTS.—When the Senate is considering a conference report on, or an amendment between the Houses in relation to, a bill, upon a point of order being made by any Senator pursuant to this paragraph, and such point of order being sustained, such material contained in such conference report shall be deemed stricken, and the Senate shall proceed to consider the question of whether the Senate shall recede from its amendment and concur with a further amendment, or concur in the House amendment with a further amendment, as the case may be, which further amendment shall consist of only that portion of the con-

ference report or House amendment, as the case may be, not so stricken. Any such motion in the Senate shall be debatable. In any case in which such point of order is sustained against a conference report (or Senate amendment derived from such conference report by operation of this subsection), no further amendment shall be in order.

“(6) CRITERIA.—

“(A) IN GENERAL.—For purposes of this subsection, any provision is an emergency requirement if the situation addressed by such provision is—

“(i) necessary, essential, or vital (not merely useful or beneficial);

“(ii) sudden, quickly coming into being, and not building up over time;

“(iii) an urgent, pressing, and compelling need requiring immediate action;

“(iv) subject to clause (ii), unforeseen, unpredictable, and unanticipated; and

“(v) not permanent, temporary in nature.

“(7) UNFORESEEN.—An emergency that is part of an aggregate level of anticipated emergencies, particularly when normally estimated in advance, is not unforeseen.

“(e) LIMITATIONS ON CHANGES TO EXEMPTIONS.—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report that would exempt any new budget authority, outlays, and receipts from being counted for purposes of this section.

“NATIONAL COMMISSION ON FISCAL RESPONSIBILITY AND REFORM

“SEC. 317. (a) IN GENERAL.—The National Commission on Fiscal Responsibility and Reform (referred to in this section as the ‘Commission’) established by Executive Order 13531 shall not later than December 1, 2010, include in the report of the Commission recommendations to improve the fiscal sustainability of the Federal Government and close the gap between the projected revenues and entitlement spending sufficient to reduce the deficit by not less than \$77,000,000,000 for the period of fiscal years 2011 through 2013.

“(b) ENACTMENT BY CONGRESS OF THE COMMISSION RECOMMENDATIONS.—If the Commission fails to submit a final report by December 1, 2010, and if Congress does not enact the Commission recommendations in subsection (a) by January 2, 2011, then the discretionary spending limits in section 316(b) for fiscal years 2012 and 2013 shall not apply.

“(c) SENSE OF CONGRESS.—It is the sense of Congress that the total amount of deficit reduction recommended by the Commission for fiscal years 2011 through 2013 shall at least be equal to the reductions in discretionary spending achieved in section 316 for fiscal years 2011 through 2013, and used solely for deficit reduction.”

(b) TABLE OF CONTENTS.—The table of contents set forth in section 1(b) of the Congressional Budget and Impoundment Control Act of 1974 is amended by inserting after the item relating to section 315 the following new item:

“Sec. 316. Discretionary spending limits.
“Sec. 317. National Commission on Fiscal Responsibility and Reform.”

SA 3549. Mr. INHOFE (for himself, Mr. SESSIONS, and Mr. CHAMBLISS) submitted an amendment intended to be proposed to amendment SA 3475 proposed by Mr. MCCAIN (for himself and Mr. BAYH) to the amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

In lieu of the matter proposed to be inserted, insert the following:

TITLE —HELP ACT

SEC. 01. HELP ACT.

(a) SHORT TITLE.—This title may be cited as the “Honest Expenditure Limitation Program Act of 2010” or the “HELP Act”.

(b) EXPIRATION.—This title shall expire at the end of fiscal year 2020.

Subtitle A—Congressional Non-Security Discretionary Spending Limits

SEC. 101. NON-SECURITY DISCRETIONARY SPENDING LIMITS.

(a) IN GENERAL.—Title III of the Congressional Budget Act of 1974 is amended by inserting at the end the following:

“NON-SECURITY DISCRETIONARY SPENDING LIMITS

“SEC. 316. (a) NON-SECURITY DISCRETIONARY SPENDING LIMITS.—It shall not be in order in the House of Representatives or the Senate to consider any bill, joint resolution, amendment, or conference report that includes any provision that would cause the non-security discretionary spending limits as set forth in subsection (b) to be exceeded.

“(b) LIMITS.—The non-security discretionary spending limits are as follows:

“(1) For fiscal years 2011 through 2015, the spending level for such spending in fiscal year 2010 reduced each year thereafter on a pro rata basis so that the level for fiscal year 2015 does not exceed the level for fiscal year 2008.

“(2) For fiscal years 2016 through 2020, the spending level for fiscal year 2015.

“(c) NON-SECURITY SPENDING.—In this section, the term ‘non-security discretionary spending’ means discretionary spending other than spending for the Department of Defense, homeland security activities, intelligence related activities within the Department of State, the Department of Veterans Affairs, and national security related activities in the Department of Energy.

“(d) LIMITATIONS ON CHANGES TO THIS SECTION.—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report that would—

“(1) repeal or otherwise change this section; or

“(2) exempt any new budget authority, outlays, and receipts from being counted for purposes of this section.

“(e) POINT OF ORDER IN THE SENATE.—

“(1) WAIVER.—The provisions of this section shall be waived or suspended in the Senate only—

“(A) by the affirmative vote of two-thirds of the Members, duly chosen and sworn; or

“(B) in the case of the defense budget authority, if Congress declares war or authorizes the use of force.

“(2) APPEAL.—Appeals in the Senate from the decisions of the Chair relating to any provision of this section shall be limited to 1 hour, to be equally divided between, and controlled by, the appellant and the manager of the measure. An affirmative vote of two-thirds of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under this section.”

(b) TABLE OF CONTENTS.—The table of contents set forth in section 1(b) of the Congressional Budget and Impoundment Control Act of 1974 is amended by inserting after the item relating to section 315 the following new item:

“Sec. 316. Non-security discretionary spending limits.”

**Subtitle B—Statutory Non-Security
Discretionary Spending Limits**

**PART I—DEFINITIONS, ADMINISTRATION,
AND SEQUESTRATION**

SEC. 211. DEFINITIONS.

In this subtitle:

(1) **ACCOUNT.**—The term “account” means—
(A) for discretionary budget authority, an item for which appropriations are made in any appropriation Act; and

(B) for items not provided for in appropriation Acts, direct spending and outlays therefrom identified in the program and finance schedules contained in the appendix to the Budget of the United States for the current year.

(2) **BREACH.**—The term “breach” means, for any fiscal year, the amount by which discretionary budget authority enacted for that year exceeds the spending limit for budget authority for that year.

(3) **BUDGET AUTHORITY; NEW BUDGET AUTHORITY; AND OUTLAYS.**—The terms “budget authority”, “new budget authority”, and “outlays” have the meanings given to such terms in section 3 of the Congressional Bud-

et and Impoundment Control Act of 1974 (2 U.S.C. 622).

(4) **BUDGET YEAR.**—The term “budget year” means, with respect to a session of Congress, the fiscal year of the Government that starts on October 1 of the calendar year in which that session begins.

(5) **CBO.**—The term “CBO” means the Director of the Congressional Budget Office.

(6) **CURRENT.**—The term “current” means—
(A) with respect to the Office of Management and Budget estimates included with a budget submission under section 1105(a) of title 31, United States Code, the estimates consistent with the economic and technical assumptions underlying that budget;

(B) with respect to estimates made after that budget submission that are not included with it, the estimates consistent with the economic and technical assumptions underlying the most recently submitted President's budget; and

(C) with respect to the Congressional Budget Office, estimates consistent with the economic and technical assumptions as required by section 202(e)(1) of the Congressional Budget Act of 1974.

(7) **CURRENT YEAR.**—The term “current year” means, with respect to a budget year, the fiscal year that immediately precedes that budget year.

(8) **DISCRETIONARY APPROPRIATIONS AND DISCRETIONARY BUDGET AUTHORITY.**—The terms “discretionary appropriations” and “discretionary budget authority” shall have the meaning given such terms in section 3(4) of the Congressional Budget Act of 1974.

(9) **NON-SECURITY DISCRETIONARY SPENDING LIMIT.**—The term “non-security discretionary spending limit” shall mean the amounts specified in section 222.

(10) **OMB.**—The term “OMB” means the Director of the Office of Management and Budget.

(11) **SEQUESTRATION.**—The term “sequestration” means the cancellation or reduction of budget authority (except budget authority to fund mandatory programs) provided in appropriation Acts.

SEC. 212. ADMINISTRATION AND EFFECT OF SEQUESTRATION.

(a) **TIMETABLE.**—The timetable with respect to this subtitle is as follows:

On or before:

5 days before the President's budget submission required under section 1105 of title 31, United States Code.

The President's budget submission
10 days after end of session
15 days after end of session

Action to be completed:

CBO Discretionary Sequestration Preview Report.

OMB Discretionary Sequestration Preview Report.

CBO Final Discretionary Sequestration Report.

OMB Final Discretionary Sequestration/Presidential Sequestration Order.

Sequestration Report, updated to reflect laws enacted through those dates.

(2) **DISCRETIONARY SPENDING.**—The Final Discretionary Sequestration Reports shall set forth estimates for each of the following:
(A) For the current year and each subsequent year through 2014; the applicable discretionary spending limits.

(B) For the current year, if applicable, and the budget year; the new budget authority and the breach, if any.

(C) The sequestration percentages necessary to eliminate the breach.

(D) For the budget year, for each account to be sequestered, the level of enacted, sequesterable budget authority and resulting estimated outlays flowing therefrom.

(3) **EXPLANATION OF DIFFERENCES.**—The OMB report shall explain—

(A) any differences between OMB and CBO estimates for the amount of any breach and for any required discretionary sequestration percentages; and

(B) differences in the amount of sequesterable resources for any budget account to be reduced if such difference is greater than \$5,000,000.

(d) **ECONOMIC AND TECHNICAL ASSUMPTIONS.**—In all reports required by this section, OMB shall use the same economic and technical assumptions as used in the most recent budget submitted by the President under section 1105(a) of title 31, United States Code.

SEC. 222. LIMITS.

(a) **DISCRETIONARY SPENDING LIMITS.**—As used in this subtitle, the term “non-security discretionary spending limit” shall have the same meaning as in section 316 of the Congressional Budget Act of 1974.

(b) **ENFORCEMENT.**—

(1) **SEQUESTRATION.**—On the date specified in section 212(a), there shall be a sequestration to eliminate a budget-year breach.

(2) **ELIMINATING A BREACH.**—Each non-security discretionary account shall be reduced by a dollar amount calculated by multiplying the enacted level of budget authority

but shall be available in subsequent years to the extent otherwise provided in law.

(d) **SUBMISSION AND AVAILABILITY OF REPORTS.**—Each report required by this section shall be submitted, in the case of CBO, to the House of Representatives, the Senate, and OMB and, in the case of OMB, to the House of Representatives, the Senate, and the President on the day it is issued. On the following day a notice of the report shall be printed in the Federal Register.

**PART II—NON-SECURITY DISCRETIONARY
SPENDING LIMITS**

SEC. 221. DISCRETIONARY SEQUESTRATION REPORTS.

(a) **DISCRETIONARY SEQUESTRATION PREVIEW REPORTS.**—

(1) **REPORTING REQUIREMENT.**—On the dates specified in section 212(a), OMB shall report to the President and Congress and CBO shall report to Congress a Discretionary Sequestration Preview Report regarding discretionary sequestration based on laws enacted through those dates.

(2) **DISCRETIONARY.**—The Discretionary Sequestration Preview Report shall set forth estimates for the current year and each subsequent year through 2014 of the applicable discretionary spending limits and a projection of budget authority exceeding discretionary limits subject to sequester.

(3) **EXPLANATION OF DIFFERENCES.**—The OMB reports shall explain the differences between OMB and CBO estimates for each item set forth in this subsection.

(b) **DISCRETIONARY SEQUESTRATION REPORTS.**—On the dates specified in section 212(a), OMB and CBO shall issue Discretionary Sequestration Reports, reflecting laws enacted through those dates, containing all of the information required in the Discretionary Sequestration Preview Reports.

(c) **FINAL DISCRETIONARY SEQUESTRATION REPORTS.**—

(1) **REPORTING REQUIREMENTS.**—On the dates specified in section 212(a), OMB and CBO shall each issue a Final Discretionary

(b) **PRESIDENTIAL ORDER.**—

(1) **IN GENERAL.**—On the date specified in subsection (a), if in its Final Sequestration Report, OMB estimates that any sequestration is required, the President shall issue an order fully implementing without change all sequestrations required by the OMB calculations set forth in that report. This order shall be effective on issuance.

(2) **SPECIAL RULE.**—If the date specified for the submission of a Presidential order under subsection (a) falls on a Sunday or legal holiday, such order shall be issued on the following day.

(c) **EFFECTS OF SEQUESTRATION.**—The effects of sequestration shall be as follows:

(1) Budgetary resources sequestered from any account shall be permanently cancelled, except as provided in paragraph (5).

(2) Except as otherwise provided, the same percentage sequestration shall apply to all programs, projects, and activities within a budget account (with programs, projects, and activities as delineated in the appropriation Act or accompanying report for the relevant fiscal year covering that account).

(3) Administrative regulations or similar actions implementing a sequestration shall be made within 120 days of the sequestration order. To the extent that formula allocations differ at different levels of budgetary resources within an account, program, project, or activity, the sequestration shall be interpreted as producing a lower total appropriation, with the remaining amount of the appropriation being obligated in a manner consistent with program allocation formulas in substantive law.

(4) Except as otherwise provided in this part, obligations or budgetary resources in sequestered accounts shall be reduced only in the fiscal year in which a sequester occurs.

(5) Budgetary resources sequestered in special fund accounts and offsetting collections sequestered in appropriation accounts shall not be available for obligation during the fiscal year in which the sequestration occurs,

for that year in that account at that time by the uniform percentage necessary to eliminate a breach of the discretionary spending limit.

(3) **PART-YEAR APPROPRIATIONS.**—If, on the date the report is issued under paragraph (1), there is in effect an Act making continuing appropriations for part of a fiscal year for any budget account, then the dollar sequestration calculated for that account under paragraph (2) shall be subtracted from—

(A) the annualized amount otherwise available by law in that account under that or a subsequent part-year appropriation; and

(B) when a full-year appropriation for that account is enacted, from the amount otherwise provided by the full-year appropriation.

(4) **LOOK-BACK.**—If, after June 30, an appropriation for the fiscal year in progress is enacted that causes a breach for that year (after taking into account any previous sequestration), the discretionary spending limit for the next fiscal year shall be reduced by the amount of that breach.

(5) **WITHIN-SESSION SEQUESTRATION REPORTS AND ORDER.**—If an appropriation for a fiscal year in progress is enacted (after Congress adjourns to end the session for that budget year and before July 1 of that fiscal year) that causes a breach, 10 days later CBO shall issue a report containing the information required in section 221(c). Fifteen days after enactment, OMB shall issue a report containing the information required in section 221(c). On the same day as the OMB report, the President shall issue an order fully implementing without change all sequestrations required by the OMB calculations set forth in that report. This order shall be effective on issuance.

(c) **ESTIMATES.**—

(1) **CBO ESTIMATES.**—As soon as practicable after Congress completes action on any legislation providing discretionary appropriations, CBO shall provide an estimate to OMB of that legislation.

(2) **OMB ESTIMATES.**—Not later than 7 calendar days (excluding Saturdays, Sundays, and legal holidays) after the date of enactment of any discretionary appropriations, OMB shall transmit a report to the Senate and to the House of Representatives containing—

(A) the CBO estimate of that legislation;

(B) an OMB estimate of that legislation using current economic and technical assumptions; and

(C) an explanation of any difference between the 2 estimates.

(3) **DIFFERENCES.**—If during the preparation of the report under paragraph (2), OMB determines that there is a difference between the OMB and CBO estimates, OMB shall consult with the Committees on the Budget of the House of Representatives and the Senate regarding that difference and that consultation, to the extent practicable, shall include written communication to such committees that affords such committees the opportunity to comment before the issuance of that report.

(4) **ASSUMPTIONS AND GUIDELINES.**—OMB and CBO shall prepare estimates under this paragraph in conformance with scorekeeping guidelines determined after consultation among the House and Senate Committees on the Budget, CBO, and OMB.

NOTICE OF HEARING

PERMANENT SUBCOMMITTEE ON INVESTIGATIONS

Mr. LEVIN. Mr. President, I would like to announce for the information of

the Senate and the public that the Permanent Subcommittee on Investigations of the Committee on Homeland Security and Governmental Affairs has scheduled a hearing entitled, "Wall Street and the Financial Crisis: The Role of High Risk Home Loans." This hearing will be the first in a series of Subcommittee hearings examining some of the causes and consequences of the recent financial crisis. This first hearing will focus on the role of high risk home loans in the financial crisis, using as a case history high risk home loans originated, sold, and securitized by Washington Mutual Bank. A witness list will be available Monday, March 22, 2010.

The Subcommittee hearing has been scheduled for Thursday, March 25, 2010, at 9:30 a.m., in Room 216 of the Hart Senate Office Building. For further information, please contact Elise Bean of the Permanent Subcommittee on Investigations at 224-9505.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ENERGY AND NATURAL RESOURCES

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Committee on Energy and Natural Resources be authorized to meet during the session of the Senate on March 17, at 9:30 a.m., in room SD-366 of the Dirksen Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Committee on Environment and Public Works be authorized to meet during the session of the Senate on March 17, 2010, at 10:30 a.m., in room 406 of the Dirksen Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON FOREIGN RELATIONS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on March 17, 2010, at 10 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet, during the session of the Senate, to conduct a hearing entitled "Reauthorization: The Obama Administration's ESEA Reauthorization Priorities" on March 17, 2010. The hearing will commence at 10 a.m. in room 216 of the Hart Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Committee on Homeland Security and Governmental Affairs be authorized to meet during the session of the Senate on March 17, 2010, at 10 a.m. to conduct a hearing entitled "The Lessons and Implications of the Christmas Day Attack: Intelligence Reform and Inter-agency Integration."

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON ADMINISTRATIVE OVERSIGHT AND THE COURTS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Subcommittee on Administrative Oversight and the Courts, be authorized to meet during the session of the Senate, on March 17, 2010, at 10 a.m. in room SD-226 of the Dirksen Senate Office Building, to conduct a hearing entitled "Could Bankruptcy Reform Help Preserve Small Business Jobs?"

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON CONSUMER PROTECTION, PRODUCT SAFETY, AND INSURANCE

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Subcommittee on Consumer Protection, Product Safety, and Insurance of the Committee on Commerce, Science, and Transportation be authorized to hold a meeting during the session of the Senate on March 17, 2010, at 3 p.m., in room 253 of the Russell Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON NATIONAL PARKS

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Subcommittee on National Parks be authorized to meet during the session of the Senate on March 17, 2010 at 3:30 p.m., in room SD-366 of the Dirksen Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON STRATEGIC FORCES

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Subcommittee on Strategic Forces of the Committee on Armed Services be authorized to meet during the session of the Senate on March 17, 2010, at 2:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SPECIAL COMMITTEE ON AGING

Mr. ROCKEFELLER. Mr. President, I ask unanimous consent that the Special Committee on Aging be authorized to meet during the session of the Senate on March 17, 2010, at 2:30-5 p.m. in Dirksen 562 for the purpose of conducting a hearing.

The PRESIDING OFFICER. Without objection, it is so ordered.

CONGRATULATING KICY RADIO

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of S. Res. 459, which was submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 459) congratulating KICY Radio for 50 years of service to western Alaska and the Russian Far East.

There being no objection, the Senate proceeded to consider the resolution.

Mr. DURBIN. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 459) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 459

Whereas KICY Radio is owned and operated by the Arctic Broadcasting Association, a nonprofit affiliate of the Evangelical Covenant Church;

Whereas KICY Radio has been broadcasting since April 17, 1960, on an AM frequency of 850 kilohertz;

Whereas KICY Radio is primarily staffed by volunteers;

Whereas KICY Radio broadcasts from Nome, Alaska to more than 40 Alaska Native villages throughout the Seward Peninsula and Yukon-Kuskokwim Delta;

Whereas KICY Radio serves the Chukotkan, Kamchatkan, and Siberian regions of the Russian Far East for 5 hours each day, 7 days each week, from 11 p.m. to 4 a.m.;

Whereas the signal strength of KICY Radio has expanded from 5,000 watts to 50,000 watts during the past 50 years;

Whereas 1 of the most popular KICY Radio programs over the 50-year history of the station is "Ptarmigan Telegraph," which allows listeners to send in brief messages to be read on the air for friends and relatives; and

Whereas, even today, when much of the region served by KICY Radio is connected by telephone, "Ptarmigan Telegraph" remains a vital means of connecting the people of western Alaska: Now, therefore, be it

Resolved, That the Senate—

(1) congratulates KICY Radio for 50 years of service to western Alaska and the Russian Far East;

(2) recognizes the volunteer staff who have kept KICY Radio on the air for the past 50 years; and

(3) wishes the staff of KICY Radio well with the continued efforts of the staff to serve the people of western Alaska and the Russian Far East with culturally relevant programming.

RECOGNIZING THE 100TH ANNIVERSARY OF THE LONG TRAIL

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of S. Res. 460, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 460) recognizing the importance of the Long Trail and the Green Mountain Club on the 100th anniversary of the Long Trail.

There being no objection, the Senate proceeded to consider the resolution.

Mr. LEAHY. Mr. President, I am pleased that the Senate will agree to this resolution commemorating the 100th anniversary of the Long Trail and the Green Mountain Club. In March 1910, James P. Taylor, a teacher from Vermont, fulfilled a dream held by many when he founded the Green Mountain Club, and created a long-distance trail to extend from Massachusetts to Canada.

Spanning over 273 miles, the Long Trail is the oldest long-distance hiking trail in the United States, and has survived many floods, hurricanes, and harsh Vermont winters. The Long Trail's scenic and varied landscapes, from the alpine peaks of Camel's Hump and Mount Mansfield, to quiet woodland trails and mountain streams, have delighted countless tourists who have visited the Green Mountain state. Several Senators, a Secretary of Agriculture, and even a President have all enjoyed the trail.

It is only through the hard work of the thousands of Green Mountain Club volunteers that the Long Trail has flourished and grown during the last century. The Green Mountain Club has resisted efforts to build highways or commercial developments that intersect with the Long Trail, and helped to maintain pristine Vermont forestland that we all love for future generations to enjoy. They have protected the habitat of many important woodland species, including the black bear, the moose, the bobcat, and migratory songbirds.

I was pleased to secure funding to help the Green Mountain Club renovate their headquarters and visitors center in 2008 in anticipation of the centennial, so that Vermonters and tourists alike can enjoy Vermont's natural beauty for another 100 years. I join with all Vermonters, and the thousands of people from across the United States and around the world who have enjoyed the beauty of the Long Trail, in celebrating this centennial celebration.

Mr. DURBIN. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be laid upon the table, with no intervening action or debate, and any statements related to the resolution be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 460) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 460

Whereas the Long Trail is the oldest long-distance hiking trail in the United States;

Whereas the Long Trail stretches over 273 miles, from the Massachusetts to Canadian borders, with approximately 175 miles of side trails and more than 65 shelters;

Whereas the Long Trail has achieved the dream of founder James Taylor of creating "a high highway, a mountain footpath over the skyline of Vermont";

Whereas the Green Mountain Club is the founder, sponsor, defender, and protector of the Long Trail;

Whereas the Green Mountain Club has delivered 100 years of conservation, community education, and outreach on local ecology;

Whereas the Long Trail has protected the habitat of many important species for future generations, including the black bear, the moose, the bobcat, and migratory songbirds;

Whereas the thousands of members and dedicated volunteers of the Green Mountain Club have worked to maintain, manage, and protect the Long Trail for the benefit of the people of the State of Vermont during the last century;

Whereas the Long Trail is a popular tourist destination for people from around the world, including Senators, a Secretary of Agriculture, and even a President;

Whereas the Long Trail allows the people of the State of Vermont and tourists to enjoy the Green Mountain State and all the beauty and history the State has to offer;

Whereas the Green Mountain Club has successfully conserved the entire corridor of the Long Trail, fought efforts to build highways or commercial developments that intersect with the Long Trail, and helped to maintain pristine Vermont forestland for future generations to enjoy; and

Whereas the Green Mountain Club has recognized members regardless of sex or race since the founding of the club: Now, therefore, be it

Resolved, That the Senate recognizes the 100th anniversary of the Long Trail of the State of Vermont, the oldest long-distance hiking trail in the United States, and applauds the Green Mountain Club and the many volunteers of the Green Mountain Club for a century of service and for creating, protecting, and enjoying the Long Trail.

CONGRESSIONAL AWARD PROGRAM REAUTHORIZATION ACT OF 2009

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 317, S. 2865.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 2865) to reauthorize the Congressional Award Act (2 U.S.C. 801 et seq.), and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. DURBIN. Mr. President, I further ask unanimous consent that the bill be read a third time and passed, the motion to reconsider be laid upon the table, with no intervening action or debate, and that any statements related

to this measure be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The bill (S. 2865) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 2865

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Congressional Award Program Reauthorization Act of 2009”.

SEC. 2. CONGRESSIONAL AWARD PROGRAM.

(a) IMPLEMENTATION AND PRESENTATION.—Section 102 of the Congressional Award Act (2 U.S.C. 802) is amended—

(1) in the matter following subsection (b)(5), by striking “under paragraph (3)”;

(2) in subsection (c), in the second sentence, by striking “during” and inserting “in connection with”.

(b) TERMS OF APPOINTMENT AND REAPPOINTMENTS.—Section 103 of the Congressional Award Act (2 U.S.C. 803) is amended by striking subsection (b) and inserting the following:

“(b) TERMS OF APPOINTED MEMBERS; REAPPOINTMENT.—

“(1) Appointed members of the Board shall continue to serve at the pleasure of the officer by whom they are appointed, and (unless reappointed under paragraph (2)) shall serve for a term of 4 years.

“(2)(A) Subject to the limitations in subparagraph (B), members of the Board may be reappointed, except that no member may serve more than 2 full consecutive terms. Members may be reappointed to 2 full consecutive terms after being appointed to fill a vacancy on the Board.

“(B) Members of the Board shall not be subject to the limitation on reappointment in subparagraph (A) during their period of service as Chairman of the Board and may be reappointed to an additional full term after termination of such Chairmanship.

“(3)(A) Notwithstanding paragraph (1) or (2), the term of each member of the Board shall begin on October 1 of the even numbered year which would otherwise apply with one-half of the Board positions having terms which begin in each even numbered year.

“(B) Subparagraph (A) shall apply to appointments made to the Board on or after the date of enactment of the Congressional Award Program Reauthorization Act of 2009.”.

(c) REQUIREMENTS REGARDING FINANCIAL OPERATIONS.—Section 104(c) of the Congressional Award Act (2 U.S.C. 804(c)) is amended—

(1) in paragraph (1), in the third sentence, by striking “, in any calendar year,” and inserting “in any fiscal year”;

(2) by striking paragraph (2) and inserting the following

“(2)(A) The Comptroller General of the United States shall determine for each fiscal year whether the Director has substantially complied with paragraph (1). The findings made by the Comptroller General under the preceding sentence shall be included in the reports submitted under section 107(b).

“(B) If the Director fails to substantially comply with paragraph (1), the Board shall instruct the Director to take such actions as may be necessary to correct such deficiencies, and shall remove and replace the Director if such deficiencies are not promptly corrected.”.

(d) FUNDING AND EXPENDITURES.—Section 106(a) of the Congressional Award Act (2 U.S.C. 806(a)) is amended by striking paragraph (1) and inserting the following:

“(1) the Board shall carry out its functions and make expenditures with—

“(A) such resources as are available to the Board from sources other than the Federal Government; and

“(B) funds awarded in any grant program administered by a Federal agency in accordance with the law establishing that grant program.”.

(e) STATEWIDE CONGRESSIONAL AWARD COUNCILS.—Section 106(c) of the Congressional Award Act (2 U.S.C. 806(c)) is amended by striking paragraph (4) and inserting the following:

“(4) Each Statewide Council established under this section may receive contributions, and use such contributions for the purposes of the Program. The Board shall adopt appropriate financial management methods in order to ensure the proper accounting of these funds. Each Statewide Council shall comply with subsections (a), (d), (e), and (h) governing the Board.”.

(f) CONTRACTING AND USE OF FUNDS FOR SCHOLARSHIPS.—Section 106 of the Congressional Award Act (2 U.S.C. 806) is amended—

(1) in subsection (d), by inserting “to be” after “expenditure is”;

(2) in subsection (e)(1)(A), by inserting “or for scholarships” after “local program”.

(g) NONPROFIT CORPORATION.—Section 106 of the Congressional Award Act (2 U.S.C. 806) is amended by striking subsection (i) and inserting the following:

“(i)(1) The Board shall provide for the incorporation of a nonprofit corporation to be known as the Congressional Award Foundation (together with any subsidiary nonprofit corporations determined desirable by the Board, collectively referred to in this title as the ‘Corporation’) for the sole purpose of assisting the Board to carry out the Congressional Award Program, and shall delegate to the Corporation such duties as it considers appropriate, including the employment of personnel, expenditure of funds, and the incurrence of financial or other contractual obligations.

“(2) The articles of incorporation of the Congressional Award Foundation shall provide that—

“(A) the members of the Board of Directors of the Foundation shall be the members of the Board, with up to 24 additional voting members appointed by the Board, and the Director who shall serve as a nonvoting member; and

“(B) the extent of the authority of the Foundation shall be the same as that of the Board.

“(3) No director, officer, or employee of any corporation established under this subsection may receive compensation, travel expenses, or benefits from both the Corporation and the Board.”.

(h) TERMINATION.—

(1) IN GENERAL.—Section 108 of the Congressional Award Act (2 U.S.C. 808) is amended by striking “October 1, 2009” and inserting “October 1, 2013”.

(2) EFFECTIVE DATE.—This subsection shall take effect as of October 1, 2009.

FAIR SENTENCING ACT OF 2009

Mr. DURBIN. Mr. President, prior to making the next unanimous consent request, I wish to make a statement on the RECORD relative to the bill that I

will be asking for unanimous consent on. It is S. 1789.

This bill is known as the Fair Sentencing Act. It is bipartisan legislation which has cleared both sides. At the conclusion of my remarks, I will, of course, ask for unanimous consent, but will ask permission, if possible, that the statement of Senator SESSIONS be printed in the RECORD. I don't know if he will be able to make it this evening, but if not, we will do our best to accommodate him.

The Fair Sentencing Act would reduce the sentencing disparity between crack and powder cocaine and increase penalties for serious drug offenders. Crack and powder cocaine have a devastating effect on families in America, and tough anti-cocaine legislation is definitely needed, but the law must also be fair. Current law is based on an unjustified distinction between crack and powder cocaine. Simply possessing five grams of crack—the equivalent of five tiny packets of sugar that you find in restaurants—carries the same sentence as selling 500 grams of powder cocaine. That is 500 packets of sugar. Five packets for crack; 500 packets for powder, the same sentence. This is known as the 100-to-1 disparity.

I can remember as a Member of the House of Representatives when we enacted this legislation. Crack cocaine had just appeared on the scene and it scared us, because it was cheap and it was addictive. We thought it was more dangerous than many narcotics and left the legacy of crack babies and broken lives. In our response to this terrible new narcotic at the time, we enacted this sentencing disparity, saying that 5 five grams of crack cocaine would lead to the same sentence as 500 grams of powder cocaine. What it has meant is that, unfortunately, in the years that followed, we have seen people sent to prison for extended periods of time for possessing—merely possessing—the smallest amount of crack.

Disproportionately, African Americans who are addicted use crack cocaine. The use of powder cocaine is spread across the population among Whites, Hispanics, and others. So the net result of this was that the heavy sentencing we enacted years ago took its toll primarily in the African-American community. It resulted in the incarceration of thousands of people because of this heavy sentencing disparity and a belief in the African-American community that it was fundamentally unfair. It was the same cocaine, though in a different form, and they were being singled out for much more severe and heavy sentences. This debate went on and on and on. African Americans make up about 30 percent of crack users in America, but they make up more than 80 percent of those who have been convicted of Federal crack offenses.

Law enforcement experts say that the crack-powder disparity undermines

trust in the criminal justice system, especially in the African-American community. In a hearing I held last year, Asa Hutchinson, a former Member of Congress who was also head of the Drug Enforcement Administration during the Bush administration, testified and he said:

Under the current disparity, the credibility of our entire drug enforcement system is weakened.

The bipartisan U.S. Sentencing Commission and the Judicial Conference of the United States support reducing this disparity. According to the Sentencing Commission, this:

would better reduce the gap in sentencing between blacks and whites than any other single policy change, and it would dramatically improve the fairness of the Federal sentencing system.

That comes from the Sentencing Commission.

The Fair Sentencing Act, which I will call up for unanimous consent momentarily, would reduce the current 100-to-1 disparity to basically 18 to 1. The Fair Sentencing Act would also eliminate the 5-year mandatory minimum sentence for simple possession of crack cocaine.

Incidentally, this is the only mandatory minimum for simple possession of a drug by a first-time offender. For this one form of narcotics, persons who were found in simple possession of crack cocaine literally faced years in prison for that possession without any evidence that they were selling it or involved in any other way.

There is a bipartisan consensus that current cocaine sentencing laws are unjust. Now Democrats and Republicans have come together to address the issue in a bipartisan way. Last week, the Senate Judiciary Committee reported the Fair Sentencing Act by a unanimous 19-to-0 vote. The bill is cosponsored by 16 of the 19 members of the Senate Judiciary Committee. This is the first time the Senate Judiciary Committee has ever reported a bill to reduce the crack-powder disparity, and if this bill is enacted into law, it will be the first time since 1970—40 years ago—that Congress has repealed a mandatory minimum sentence.

Here is what Attorney General Eric Holder said last week in response:

The bill voted unanimously out of the Senate Judiciary Committee today makes progress toward achieving a more just sentencing policy while maintaining the necessary law enforcement tools to appropriately punish violent and dangerous drug traffickers. I look forward to the Senate and the House approving this legislation quickly so that it can be signed into law.

The Fair Sentencing Act is supported by law enforcement groups, including the National District Attorneys Association, representing 40,000 State and local prosecutors; the National Association of Police Organizations, representing 240,000 law enforcement officers; and the International Union of

Police Associations, representing more than 100,000 law enforcement officials.

I wish to thank my colleagues on the Senate Judiciary Committee for supporting the Fair Sentencing Act. I especially wish to thank the following Members who have done an extraordinary job over the last year during which we have worked to reach this bipartisan agreement. First, the chairman of the Senate Judiciary Committee PAT LEAHY. He is a great leader and a patient man. This bill has been sitting on a calendar for weeks and he keeps coming to me and saying: DURBIN, when are we going to have this ready?

I said: Mr. Chairman, we are working on it.

He had the patience of Job.

I especially wish to thank my friend from Alabama, the Judiciary Committee ranking member, JEFF SESSIONS. If asked if there are two politicians on the floor of the Senate who are dramatically different, you couldn't find two any more different than DICK DURBIN and JEFF SESSIONS. We seldom agree on things, but we came together on this, and we made mutual concessions to come up with a good bipartisan bill. JEFF, I think, went the extra mile to find some agreement here. He held to his principles, but we worked it out.

In the process of reaching that agreement, I wish to also thank some Republican Members who were invaluable. LINDSEY GRAHAM was one of the first to come up to me and say, I want to work with you on this. There has to be a way we can work this out to the satisfaction of law enforcement and to reach the standards of justice. I thank Senator LINDSEY GRAHAM, the Republican from South Carolina, for all the work he put into it.

TOM COBURN of Oklahoma is another Senator I disagree with so many times politically. He went the extra mile on this. I know it meant a lot to him and he was very helpful.

Finally, ORRIN HATCH from Utah. Senator HATCH from the beginning said, Don't quit, stick with it, we can reach an agreement. He was an inspiration to us as we brought this to a conclusion.

We have talked about the need to address the crack-powder disparity for too long. Every day that passes without taking action to solve this problem is another day that people are being sentenced under a law that virtually everyone agrees is unjust. I wish this bill went further. My initial bill established a 1-to-1 ratio, but this is a good bipartisan compromise. If this bill is enacted into law, it will immediately ensure that every year, thousands of people are treated more fairly in our criminal justice system. I hope my colleagues, when they hear about our efforts on this, will join in supporting our efforts to deal with this disparity.

I ask unanimous consent to have printed in the RECORD a statement by Wade Henderson, president of The Leadership Conference, in support of the bill that is currently being considered by the Senate.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

Wade Henderson, president of The Leadership Conference on Civil and Human Rights, issued the following statement regarding the Senate Judiciary Committee's vote on March 11 to amend and pass The Fair Sentencing Act (S. 1789).

For nearly two decades, The Leadership Conference has fought for the complete elimination of the unjustified and racially discriminatory disparity in sentencing between the crack and powder forms of cocaine. This disparity subverts justice, undermines confidence in our criminal justice system, and wreaks havoc on the African-American community. We strongly supported Senator Dick Durbin's bill, S. 1789, which would have completely eliminated the disparity.

While we are disappointed that the goal of complete elimination has not yet been accomplished and that discrimination will remain, The Leadership Conference considers the Senate Judiciary Committee's unanimous passage of the amended version of S. 1789, which reduces the disparity from a ratio of 100-to-1 to 18-to-1, to be a step forward.

This legislation represents progress but not the end of the fight. As Dr. King said, An unjust law is a code that is out of harmony with the moral law. We are committed to redoubling our efforts to obtain complete elimination of this sentencing disparity—the only fair and just solution.

We applaud Senator Durbin for his persistence in seeking real reform, along with Chairman Patrick Leahy and Senator Jeff Sessions for their steadfast commitment to addressing this issue. We appreciate the contributions of Senator Lindsey Graham toward finding a resolution. We want to note Senator Ben Cardin's continued commitment to the complete elimination of the disparity and Senator Russ Feingold's courageous vote against the amendment. We also want to recognize the leadership of Representative Bobby Scott and the Congressional Black Caucus, who have served as the conscience of Congress on this issue.

Mr. DURBIN. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 316, S. 1789.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (S. 1789) to restore fairness to Federal cocaine sentencing.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on the Judiciary, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Fair Sentencing Act of 2010".

SEC. 2. COCAINE SENTENCING DISPARITY REDUCTION.

(a) CSA.—Section 401(b)(1) of the Controlled Substances Act (21 U.S.C. 841(b)(1)) is amended—

(1) in subparagraph (A)(iii), by striking “50 grams” and inserting “280 grams”; and

(2) in subparagraph (B)(iii), by striking “5 grams” and inserting “28 grams”.

(b) **IMPORT AND EXPORT ACT.**—Section 1010(b) of the Controlled Substances Import and Export Act (21 U.S.C. 960(b)) is amended—

(1) in paragraph (1)(C), by striking “50 grams” and inserting “280 grams”; and

(2) in paragraph (2)(C), by striking “5 grams” and inserting “28 grams”.

SEC. 3. ELIMINATION OF MANDATORY MINIMUM SENTENCE FOR SIMPLE POSSESSION.

Section 404(a) of the Controlled Substances Act (21 U.S.C. 844(a)) is amended by striking the sentence beginning “Notwithstanding the preceding sentence.”.

SEC. 4. INCREASED PENALTIES FOR MAJOR DRUG TRAFFICKERS.

(a) **INCREASED PENALTIES FOR MANUFACTURE, DISTRIBUTION, DISPENSATION, OR POSSESSION WITH INTENT TO MANUFACTURE, DISTRIBUTE, OR DISPENSE.**—Section 401(b)(1) of the Controlled Substances Act (21 U.S.C. 841(b)) is amended—

(1) in subparagraph (A), by striking “\$4,000,000”, “\$10,000,000”, “\$8,000,000”, and “\$20,000,000” and inserting “\$10,000,000”, “\$50,000,000”, “\$20,000,000”, and “\$75,000,000”, respectively; and

(2) in subparagraph (B), by striking “\$2,000,000”, “\$5,000,000”, “\$4,000,000”, and “\$10,000,000” and inserting “\$10,000,000”, “\$50,000,000”, “\$25,000,000”, “\$8,000,000”, and “\$50,000,000”, respectively.

(b) **INCREASED PENALTIES FOR IMPORTATION AND EXPORTATION.**—Section 1010(b) of the Controlled Substances Import and Export Act (21 U.S.C. 960(b)) is amended—

(1) in paragraph (1), by striking “\$4,000,000”, “\$10,000,000”, “\$8,000,000”, and “\$20,000,000” and inserting “\$10,000,000”, “\$50,000,000”, “\$20,000,000”, and “\$75,000,000”, respectively; and

(2) in paragraph (2), by striking “\$2,000,000”, “\$5,000,000”, “\$4,000,000”, and “\$10,000,000” and inserting “\$10,000,000”, “\$50,000,000”, “\$25,000,000”, “\$8,000,000”, and “\$50,000,000”, respectively.

SEC. 5. ENHANCEMENTS FOR ACTS OF VIOLENCE DURING THE COURSE OF A DRUG TRAFFICKING OFFENSE.

Pursuant to its authority under section 994 of title 28, United States Code, the United States Sentencing Commission shall review and amend the Federal sentencing guidelines to ensure that the guidelines provide an additional penalty increase of at least 2 offense levels if the defendant used violence, made a credible threat to use violence, or directed the use of violence during a drug trafficking offense.

SEC. 6. INCREASED EMPHASIS ON DEFENDANT'S ROLE AND CERTAIN AGGRAVATING FACTORS.

Pursuant to its authority under section 994 of title 28, United States Code, the United States Sentencing Commission shall review and amend the Federal sentencing guidelines to ensure an additional increase of at least 2 offense levels if—

(1) the defendant bribed, or attempted to bribe, a Federal, State, or local law enforcement official in connection with a drug trafficking offense;

(2) the defendant maintained an establishment for the manufacture or distribution of a controlled substance, as generally described in section 416 of the Controlled Substances Act (21 U.S.C. 856); or

(3)(A) the defendant is an organizer, leader, manager, or supervisor of drug trafficking activity subject to an aggravating role enhancement under the guidelines; and

(B) the offense involved 1 or more of the following super-aggravating factors:

(i) The defendant—

(I) used another person to purchase, sell, transport, or store controlled substances;

(II) used impulse, fear, friendship, affection, or some combination thereof to involve such person in the offense; and

(III) such person had a minimum knowledge of the illegal enterprise and was to receive little or no compensation from the illegal transaction.

(ii) The defendant—

(I) knowingly distributed a controlled substance to a person under the age of 18 years, a person over the age of 64 years, or a pregnant individual;

(II) knowingly involved a person under the age of 18 years, a person over the age of 64 years, or a pregnant individual in drug trafficking;

(III) knowingly distributed a controlled substance to an individual who was unusually vulnerable due to physical or mental condition, or who was particularly susceptible to criminal conduct; or

(IV) knowingly involved an individual who was unusually vulnerable due to physical or mental condition, or who was particularly susceptible to criminal conduct, in the offense.

(iii) The defendant was involved in the importation into the United States of a controlled substance.

(iv) The defendant engaged in witness intimidation, tampered with or destroyed evidence, or otherwise obstructed justice in connection with the investigation or prosecution of the offense.

(v) The defendant committed the drug trafficking offense as part of a pattern of criminal conduct engaged in as a livelihood.

SEC. 7. INCREASED EMPHASIS ON DEFENDANT'S ROLE AND CERTAIN MITIGATING FACTORS.

Pursuant to its authority under section 994 of title 28, United States Code, the United States Sentencing Commission shall review and amend the Federal sentencing guidelines and policy statements to ensure that—

(1) if the defendant is subject to a minimal role adjustment under the guidelines, the base offense level for the defendant based solely on drug quantity shall not exceed level 32; and

(2) there is an additional reduction of 2 offense levels if the defendant—

(A) otherwise qualifies for a minimal role adjustment under the guidelines and had a minimum knowledge of the illegal enterprise;

(B) was to receive no monetary compensation from the illegal transaction; and

(C) was motivated by an intimate or familial relationship or by threats or fear when the defendant was otherwise unlikely to commit such an offense.

SEC. 8. EMERGENCY AUTHORITY FOR UNITED STATES SENTENCING COMMISSION.

The United States Sentencing Commission shall—

(1) promulgate the guidelines, policy statements, or amendments provided for in this Act as soon as practicable, and in any event not later than 90 days after the date of enactment of this Act, in accordance with the procedure set forth in section 21(a) of the Sentencing Act of 1987 (28 U.S.C. 994 note), as though the authority under that Act had not expired; and

(2) pursuant to the emergency authority provided under paragraph (1), make such conforming amendments to the Federal sentencing guidelines as the Commission determines necessary to achieve consistency with other guideline provisions and applicable law.

SEC. 9. REPORT ON EFFECTIVENESS OF DRUG COURTS.

(a) **IN GENERAL.**—Not later than 1 year after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report analyzing the effectiveness

of drug court programs receiving funds under the drug court grant program under part EE of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. 3797–u et seq.).

(b) **CONTENTS.**—The report submitted under subsection (a) shall—

(1) assess the efforts of the Department of Justice to collect data on the performance of federally funded drug courts;

(2) address the effect of drug courts on recidivism and substance abuse rates;

(3) address any cost benefits resulting from the use of drug courts as alternatives to incarceration;

(4) assess the response of the Department of Justice to previous recommendations made by the Comptroller General regarding drug court programs; and

(5) make recommendations concerning the performance, impact, and cost-effectiveness of federally funded drug court programs.

SEC. 10. UNITED STATES SENTENCING COMMISSION REPORT ON IMPACT OF CHANGES TO FEDERAL COCAINE SENTENCING LAW.

Not later than 5 years after the date of enactment of this Act, the United States Sentencing Commission, pursuant to the authority under sections 994 and 995 of title 28, United States Code, and the responsibility of the United States Sentencing Commission to advise Congress on sentencing policy under section 995(a)(20) of title 28, United States Code, shall study and submit to Congress a report regarding the impact of the changes in Federal sentencing law under this Act and the amendments made by this Act.

Mr. LEAHY. Mr. President, today, I join Senators from both sides of the aisle to pass the historic and bipartisan Fair Sentencing Act.

The racial imbalance that has resulted from the cocaine sentencing disparity disparages the Constitution's promise of equal treatment for all Americans. Although this bill is not perfect, its passage marks a significant step forward in making our drug laws fairer and more rational. Despite my belief that parity was the better policy, I have joined with Senator DURBIN and support the progress represented by his compromise with Senator SESSIONS. It reduces the disparities that leave some in jail for years while their more privileged counterparts go home after relatively brief sentences. Today, that compromise means we are one step closer to fixing this decades-old injustice. I commend Senators DURBIN, SESSIONS, GRAHAM, COBURN, and HATCH for negotiating the compromise that allowed this important piece of legislation to pass the Senate Judiciary Committee by a unanimous vote. As chairman, I was able to report on behalf of the Senate Judiciary Committee the first measure we have ever been able to approve that begins to undo the unjust sentencing disparity.

For more than 20 years, our Nation has used a Federal cocaine sentencing policy that treats “crack” offenders 100 times more harshly than other cocaine offenders, without a legitimate basis for the difference. We know that there is little or no pharmacological distinction between crack and powder cocaine, yet the resulting punishments

for these offenses is radically different and unjust. This policy is wrong and unfair, and it has needlessly swelled our prisons, wasting precious Federal resources.

These disproportionate punishments have had a disparate impact on minority communities. This is unjust and runs contrary to our fundamental principles of equal justice under law. According to the latest statistics of the independent and nonpartisan United States Sentencing Commission, African Americans continue to make up the large majority of Federal crack cocaine convictions, accounting for 80 percent of all Federal crack cocaine offenses, while they represent a much smaller fraction of those who use the drug. In a letter to our committee, John Payton, the president of the NAACP Legal Defense Fund, called this disparity "one of the most notorious symbols of racial discrimination in the modern criminal justice system."

These disparate penalties, which Congress created in the mid-1980s, have failed to address basic concerns. The primary goal underlying the crack sentence structure was to punish the major traffickers and drug kingpins who were bringing crack into our neighborhoods. But the law has not been used to go after the most serious offenders. In fact, just the opposite has happened. The Sentencing Commission has reported for many years that more than half of Federal crack cocaine offenders are low-level street dealers and users, not the major traffickers Congress intended to target.

The Fair Sentencing Act of 2009 returns the focus of Federal cocaine sentencing policy to drug kingpins, rather than street level dealers, and eliminates the mandatory minimum sentence for possession of crack cocaine. The 5-year mandatory minimum sentence penalty for simple possession of crack is unique under Federal law. There is no other mandatory minimum for mere simple possession of a commonly abused drug.

This bill does not legalize drugs, nor does it eliminate harsh sentences. In fact, this bill toughens some penalties. It increases fines for major drug traffickers and provides sentencing enhancements for acts of violence committed during the course of a drug trafficking offense. But this bill also helps to ensure that our system will no longer affect many minority and urban communities more harshly than offenders who use drugs in the suburbs and corporate offices. That inequality has reduced trust in law enforcement and cooperation with police, which makes us all less safe.

American justice is about fairness for each individual. To have faith in our system, Americans must have confidence that the laws of this country, including our drug laws, are fair and administered fairly. We must be smart-

er in our Federal drug policy. Law enforcement has been and continues to be a central part of our efforts against illegal drugs, but we must also find meaningful, community-based solutions which enable people to feel they are being treated fairly. I look forward to working with Chief Kerlikowske, the director of the President's Office of National Drug Control Policy, to develop and deploy such a strategy.

Since 1995, the United States Sentencing Commission has issued report after report calling on Congress to address this unfair sentencing disparity. We would not be making the progress we are today without the leadership of the United States Sentencing Commission. I thank them and their chairman, Judge William Sessions.

I thank the U.S. Department of Justice for the testimony of Assistant Attorney General Lanny Breuer at our hearing on this matter last year. Attorney General Eric Holder also reminded us that "the stakes are simply too high to let reform in this area wait any longer." I agree. It is time for the Senate and House to act.

After more than 20 years, the Senate has finally acted on legislation to correct the crack-powder disparity and the harm to public confidence in our justice system it created. Although this bill is not perfect and it is not the bill we introduced in order to correct these inequalities, I believe the Fair Sentencing Act moves us one step closer to reaching the important goal of equal justice for all. I urge the House to act quickly so that the President can sign this historic legislation into law.

Mr. DURBIN. Mr. President, I ask unanimous consent that the committee substitute amendment be agreed to; the bill, as amended, be read a third time and passed; the motions to reconsider be laid upon the table, with no intervening action or debate, and any statements related to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The committee amendment in the nature of a substitute was agreed to.

The bill (S. 1789), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed.

Mr. DURBIN. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DURBIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

UNANIMOUS CONSENT AGREEMENT—H.R. 1586

Mr. DURBIN. Mr. President, I ask unanimous consent that on Thursday,

March 18, after the Senate resumes consideration of H.R. 1586, the Senate then debate concurrently the Sessions-McCaskill amendment No. 3453 and the Pryor amendment No. 3548; that the amendments be debated concurrently until 11:30 a.m., with the time equally divided and controlled between Senators SESSIONS and PRYOR or their designees, with no amendments in order prior to the vote; that the amendments then be set aside until 2 p.m., and at 2 p.m., the Senate proceed to vote in relation to the amendments, with the Sessions-McCaskill amendment voted first in the sequence; that prior to each vote, there be 2 minutes of debate, equally divided and controlled in the usual form.

The PRESIDING OFFICER. Without objection, it is so ordered.

ORDERS FOR THURSDAY, MARCH 18, 2010

Mr. DURBIN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m., Thursday, March 18; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate proceed to a period of morning business for 1 hour, with Senators permitted to speak for up to 10 minutes each, with the Republicans controlling the first half and the majority controlling the final half; that following morning business, the Senate resume consideration of H.R. 1586, as provided for under the previous order.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. DURBIN. Mr. President, tomorrow we will resume consideration of the FAA reauthorization legislation. Senators should expect at least two votes to begin at 2 p.m.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. DURBIN. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that the Senate stand adjourned under the previous order.

There being no objection, the Senate, at 7:20 p.m., adjourned until Thursday, March 18, 2010, at 9:30 a.m.

NOMINATIONS

Executive nominations received by the Senate:

THE JUDICIARY

LEONARD PHILIP STARK, OF DELAWARE, TO BE UNITED STATES DISTRICT JUDGE FOR THE DISTRICT OF DELAWARE, VICE KENT A. JORDAN, ELEVATED.

AMY TOTENBERG, OF GEORGIA, TO BE UNITED STATES DISTRICT JUDGE FOR THE NORTHERN DISTRICT OF GEORGIA, VICE JACK T. CAMP, JR., RETIRED.

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be general

LT. GEN. EDWARD A. RICE, JR.

THE FOLLOWING NAMED OFFICERS FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be brigadier general

COLONEL DAVID W. ALLVIN
COLONEL BALAN R. AYYAR
COLONEL THOMAS W. BERGESON
COLONEL JACK L. BRIGGS II
COLONEL JAMES S. BROWNE
COLONEL ARNOLD W. BUNCH, JR.
COLONEL THERESA C. CARTER
COLONEL SCOTT L. DENNIS
COLONEL JOHN W. DOUCETTE
COLONEL SANDRA E. FINAN
COLONEL DONALD S. GEORGE
COLONEL JERRY D. HARRIS, JR.
COLONEL KEVIN J. JACOBSEN
COLONEL SCOTT W. JANSSON

COLONEL RICHARD A. KLUMPP, JR.
COLONEL LESLIE A. KODLICK
COLONEL GREGORY J. LENGYEL
COLONEL JAMES F. MARTIN, JR.
COLONEL ROBERT D. MCMURRY, JR.
COLONEL EDWARD M. MINAHAN
COLONEL JON A. NORMAN
COLONEL JAMES N. POST III
COLONEL STEVEN M. SHEPRO
COLONEL JAY B. SILVERIA
COLONEL DAVID D. THOMPSON
COLONEL WILLIAM J. THORNTON
COLONEL KENNETH E. TODOROV
COLONEL LINDA R. URRUTIA-VARHALL
COLONEL BURKE E. WILSON

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. DANIEL P. BOLGER

IN THE MARINE CORPS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

LT. GEN. DUANE D. THIESSEN

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS RESERVE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be major general

BRIG. GEN. REX C. MCMILLIAN

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

VICE ADM. DAVID J. VENLET

CONFIRMATION

Executive nomination confirmed by the Senate, Wednesday, March 17, 2010:

THE JUDICIARY

O. ROGERIEE THOMPSON, OF RHODE ISLAND, TO BE UNITED STATES CIRCUIT JUDGE FOR THE FIRST CIRCUIT.

HOUSE OF REPRESENTATIVES—Wednesday, March 17, 2010

The House met at 10 a.m. and was called to order by the Speaker.

PRAYER

Bishop Jerry Hutchins, Timothy Baptist Church, Athens, Georgia, offered the following prayer:

Our Father in Heaven, we humbly approach Your throne today.

Your servant Solomon prayed, "Give me an understanding mind so that I can govern Your people well and know the difference between right and wrong; for who, by himself, is able to govern this great nation of Yours?"

You responded to Solomon, "Because you have asked for wisdom in governing My people and have not asked for a long life or riches for yourself or for the death of your enemies, I will give you what you have asked for. I will give you a wise and understanding mind such as no one else has ever had or ever will have."

Our prayer today, O God, is that You grant these men and women wisdom to govern this great Nation. May Your wisdom guide every decision and You be glorified. Send Your Holy Spirit to guide us in Your wisdom.

In His name we pray. Amen.

THE JOURNAL

The SPEAKER. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from Texas (Mr. POE) come forward and lead the House in the Pledge of Allegiance.

Mr. POE of Texas led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

WELCOMING BISHOP JERRY HUTCHINS

The SPEAKER. Without objection, the gentleman from Georgia (Mr. BROUN) is recognized for 1 minute.

There was no objection.

Mr. BROUN of Georgia. All of us are influenced by the people around us, people who come into our lives. Our guest pastor today, Bishop Jerry

Hutchins, is one of those warriors who has tremendously influenced me and the people of Athens, Georgia. He is a warrior for righteousness, a warrior to establish the Kingdom here on Earth as our Lord Jesus Christ has charged us to do. He is a great friend; he is a great pastor, and I'm honored to have him here today as our guest pastor.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. JACKSON of Illinois).

The Chair will entertain up to 15 further requests for 1-minute speeches on each side of the aisle.

DEATH OF U.S. CONSULATE STAFF

(Ms. CHU asked and was given permission to address the House for 1 minute.)

Ms. CHU. Mr. Speaker, last weekend a tragedy sent shock waves through the U.S. and Mexico when three U.S. consulate employees and their family were brutally murdered in Mexico by the drug cartels. They were all headed home from a birthday party when gunmen opened fire on the car of Lesley Enriquez, an employee of the U.S. consulate and her husband. Their 7-month-old infant, crying in the back seat, was miraculously unharmed. Minutes later, Jorge Salcido, husband of a consulate employee, was shot to death. His two young children suffered serious injuries in the back seat of the car.

This is the latest in the string of attacks on innocent American and Mexican citizens, including Bobby Salcedo, an elected official and rising star from my district in El Monte, California, who was recently murdered in a shocking execution in Durango, Mexico.

The murderers of these employees and of Bobby Salcedo must be brought to justice and the U.S. must renew and increase efforts to help Mexico bring an end to the terror of the drug cartels. This violence must be stopped.

THE MONOPOLY OF GOVERNMENT

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Mr. Speaker, when I traveled to the old Soviet Union in the 1980s, nobody walked around smiling or joking or laughing. It was all gloom, doom, and despair.

Living under government tyranny destroys the human spirit, the mind, the

soul, and the body. The monopoly of government kills off the notion of individuality. Bureaucracies have an insensitive cookie-cutter solution for everything. It's the same with government-run health care.

Thomas Jefferson was a visionary. He talked about government-run health care. He said, "If the government decides what foods people eat and what medicines they take, their bodies will soon be in as sorry a state as are the souls of those who live under tyranny."

Government-run health care pushes us down the road to "we the subjects" instead of "we the people." Instead of us controlling government, government controls us. That's what tyranny is.

The monopoly of government-run health care will have the efficiency of the post office, the competency of FEMA, and the compassion of the good old IRS.

And that's just the way it is.

HEALTH CARE REFORM

(Mr. SIREs asked and was given permission to address the House for 1 minute.)

Mr. SIREs. Mr. Speaker, we must not let this historic opportunity slip away. If we do not act, rising health care costs will continue to crush families and businesses, forcing small business owners to choose between health care and jobs. If we do nothing, in 30 years, \$1 out of every \$3 in our economy will be tied up in the health care system. If we fail to pass reform, premiums for both single and family policies could more than double by 2020, continuing to pad the bottom line of insurance companies at the expense of the American workers.

If we can pass health reform, consumers will be able to select their insurance plan and doctors, and they would no longer be denied coverage because of preexisting conditions and they can keep their coverage when they change jobs.

Finally, reforming our health care system will allow us to free up more money for jobs and for economic activity while assisting small businesses to add an estimated 80,000 new jobs.

Mr. Speaker, how long are 46 million uninsured Americans supposed to wait? The American people deserve to take back control over their health care system.

HEALTH CARE REFORM

(Mr. INGLIS asked and was given permission to address the House for 1 minute.)

Mr. INGLIS. Mr. Speaker, the government draws its legitimacy from the consent of the governed. I have here over 3,000 letters from the constituents in the Fourth District saying this: I write this letter to emphatically say I do not want this massive health care bill. I believe it costs too much, it taxes too much, and it will kill jobs. Reconciliation is the utmost of partisan maneuvers on such a bill and would be ill-advised. Health care reform needs to be addressed. Getting the economy going and restoring jobs should come first. I'm among those who favor a step-by-step commonsense approach that focuses on lowering costs for families and small business.

Mr. Speaker, reject this bill. Give us the consent of the governed, allow us to pass a bill that has the consent of the governed, and then we restore the legitimacy of this body. Stop the cram-down of health care reform.

HEALTH CARE REFORM

(Mr. BACA asked and was given permission to address the House for 1 minute.)

Mr. BACA. Mr. Speaker, we must pass health care reform now. A step-by-step approach is not the answer. If we do nothing, Americans will continue to pay higher premiums and higher out-of-pocket costs now and in the future. There are too many Americans that are without health coverage.

In my district in San Bernardino County, California, there are over 220,000 without coverage. We also face a 15 percent unemployment rate and the fourth highest foreclosure rate in the Nation.

Health care reform will lower the costs and hold health insurance companies accountable; end discrimination based on preexisting conditions; cut and eventually close the doughnut hole for thousands of seniors, including 5,200 seniors in my district; cut the national deficit by \$100 billion over 10 years; and produce over 4 million new jobs in the coming decade.

Families, not insurance companies, deserve the right to make their own health care decisions. Congress must not kick the can down the road. We need health care reform now. I state, we need health care reform now. This is a historic moment.

I ask us to support health care reform now—not tomorrow, not in the future, but now.

HEALTH CARE REFORM

(Mr. DANIEL E. LUNGREN of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, when you practice law, there is an old expression that goes something like this: If you have the facts, argue the facts; if you have the law, argue the law; if you have neither, attack your opponent. That appears to be what's happening.

There are those of us who have argued that the process that we are engaged in—that is that we will not vote on the Senate bill but we will kind of vote on the Senate bill; we will deem it passed—is unconstitutional. And in response to that, the Speaker of the House has said this: I think it's ridiculous and the people who are telling you it's unconstitutional know better, and you should be very outraged that people who know better would say things like that. They know when they talk they're not telling the truth.

I resent being called a liar by the Speaker of the House. I resent the fact because there are constitutional scholars who have said this is unconstitutional.

Now, I have only argued one case before the Supreme Court—which I won on behalf of the People of the State of California—so I am not considered one of the great practitioners before the Supreme Court, but we have spoken to one of them who will work with us in bringing this case to the Supreme Court if we try this outrage against the American people.

Let's stick to the facts, stick to the law, and stop attacking people personally.

□ 1015

NATIONAL AGRICULTURE WEEK

(Mr. CHILDERS asked and was given permission to address the House for 1 minute.)

Mr. CHILDERS. Mr. Speaker, I rise today in honor of National Ag Week. This week we honor our farmers and the agriculture industry as a whole for their critical contributions to America's local economies, communities, and families. Agriculture is the backbone of the South and the number one industry in the State of Mississippi. Not only is it responsible for providing the necessities of everyday life, food, fiber, clothing, and fuel, to name a few, but it also plays a key role in spurring local economic development and strengthening American competitiveness in today's global economy.

I'm very honored to serve as the only member of Mississippi's delegation on the House Agriculture Committee. I'm also proud to co-chair the bipartisan Congressional Rural Caucus, which I joined Republican ADRIAN SMITH in re-establishing last year to address important challenges unique to rural America. Together we've reached across party lines to promote universal broadband access, economic develop-

ment in rural communities, and the creation of a White House Office of Rural Policy.

I urge my colleagues to join the Congressional Rural Caucus in recognizing National Agriculture Week.

NO CLOSER FRIEND THAN ISRAEL

(Mr. MORAN of Kansas asked and was given permission to address the House for 1 minute.)

Mr. MORAN of Kansas. Despite the diplomatic inconsistencies of the Obama administration, one thing is certain: Support for the U.S.-Israeli alliance remains strong in Congress. Israel is America's closest friend in the most volatile region of the world. It is a democracy that shares our values and hopes for a more peaceful world. Regrettably, the administration's recent misstep undermines our shared goal of peace and distracts from more pressing issues.

Israel has a history of making peace with its neighbors and is prepared to make peace now. But peace is a two-way street, and the Palestinians' commitment to that peace is in doubt. Rather than make demands upon Israel for concession after concession, President Obama should work closely and privately with Israel, recognizing our two Nations' long and trusted alliance. Israeli peace agreements between Egypt and Jordan have been reached in the past when U.S. support for Israel was strong and consistent. The same level of commitment and closeness is now needed.

Make no mistake: Israel is our ally and friend. The administration needs to confirm that fact with its words and deeds.

HEALTH CARE REFORM

(Ms. EDWARDS of Maryland asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDWARDS of Maryland. Mr. Speaker, Congress is on the brink of passing comprehensive health care reform to ensure that all Americans have access to affordable and high quality care, health care that protects consumers and not just insurance companies. We need reform to rein in these companies and to hold them accountable for discriminatory and inhumane practices, policies like gender rating that force women to pay higher premiums than men just because we are women, and denials for preexisting conditions that can even include a history of domestic violence.

We need reform to change the practice of insurance companies denying children with preexisting conditions or dropping someone's coverage if that person falls ill. We can't put it off. We can't wait. If we do nothing, in 30 years, one out of every \$3 will be spent

on health care. If we fail, families will see spending on premiums and out-of-pocket costs jump 34 percent in 5 years and 79 percent in 10.

The American people not only want reform, they need reform. They are asking for reform. We made a promise to the American people to pass health care reform. It's time to keep our promise. It's time to get this done, and it's time to pass health care reform.

NO TRUER FRIEND THAN ISRAEL

(Mr. JORDAN of Ohio asked and was given permission to address the House for 1 minute.)

Mr. JORDAN of Ohio. Mr. Speaker, America has no truer friend than Israel. We stand together on freedom, on democracy, and on security. More importantly, America and Israel share the unique ability to trace our roots back to the hopes and dreams of our ancestors. Even before the days of King David and King Solomon, Israel has been the center of the Jewish tradition. Israel is a sovereign nation surrounded by sworn enemies determined to wipe it off the map. Yet Israel remains committed to freedom and democracy.

Mr. Speaker, I'm concerned about the recent counterproductive statements made by the administration that threaten to undermine America's 60-year relationship with Israel. Criticizing Israel for developing its land in Jerusalem is just plain wrong. Directing public demands and unilateral deadlines with Israel while Iran continues its pursuit of nuclear weapons is beyond wrong. It is dangerous.

Mr. Speaker, if America is to be a superpower, we must remain steadfast when the political winds blow. If America is to lead the world, we must act as a true friend to our ally, the nation of Israel.

HEALTH CARE REFORM

(Mr. McDERMOTT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. McDERMOTT. Mr. Speaker, I rise today as a physician out of concern for my Republican colleagues, many of whom seem to be suffering from chronic amnesia or chronic ignorance. When we started talking about the possibility of using this "deem and pass" procedure to finish the job on health care reform, Republicans couldn't run fast enough to find a television camera to complain. Fact check: This procedure has been widely used since the 1930s and was, in fact, used no fewer than 202 times under Speakers Gingrich and Hastert, amounting to 30 percent of the rules put forth by the committees under their leadership.

All this hypocrisy is kind of galling. I hope my Republicans can recover from this amnesia in time to watch the

Congress pass a bill that the American people need and want. They do not like the health care system that is in this country. They want reform, and we are going to give it to them.

PATH TO CONFLICT

(Mr. McCLINTOCK asked and was given permission to address the House for 1 minute.)

Mr. McCLINTOCK. Mr. Speaker, I rise to express my great concern over the recent statements by administration officials regarding Israeli housing construction in that nation's capital city. History warns us that appeasement of mutual enemies is the surest way to destroy alliances and to invite aggression. And yet the rhetoric of this administration is taking us down this dangerous road. Israel has every right to allow construction in its capital city and throughout the West Bank, over which it exercises rightful sovereignty.

The administration seems to have forgotten that Jordan attacked Israel in 1967, not the other way around, and the result was the Israeli acquisition of this land. The Israelis haven't forgotten that, nor have they forgotten the folly of unilaterally giving up the Gaza Strip from which rockets are now routinely launched against Israeli citizens. Imagine the danger to Israel's capital by repeating that mistake in east Jerusalem.

Mr. Speaker, appeasement all but guarantees an escalation of conflict.

AIDS/HIV

(Ms. WATSON asked and was given permission to address the House for 1 minute.)

Ms. WATSON. Mr. Speaker, I rise today to speak out against the HIV/AIDS epidemic in African-American communities. While African Americans are 12 percent of the United States population, approximately 50 percent of HIV/AIDS patients nationwide are black. Just over the last 6 months, 452 new cases of HIV were reported in Los Angeles County alone. Our prevention strategy is clearly not working for many of our constituents. That is why I support H.R. 1964, the National Black Clergy for the Elimination of HIV/AIDS Act. They sit up on our right in our gallery, and I welcome them here.

This bill seeks to expand and increase programs for HIV education, prevention, testing, care, and treatment in ways that are responsive to the needs of African-American communities. Moreover, this bill recognizes how important faith-based outreach is.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Speaker reminds Members that it is

against the rules to refer to guests in the gallery.

HEALTH CARE REFORM

(Mr. FLEMING asked and was given permission to address the House for 1 minute.)

Mr. FLEMING. Mr. Speaker, over months of debate over the government takeover of health care, a growing list of terms created by the Democrats have been added to the American lexicon, terms such as "Cornhusker kick-back," "Louisiana purchase," "Gator aid," the "doc fix," "reconciliation," "nuclear option," "taxpayer-funded abortions," and now worst of all, "deeming a bill passed," "self-executing" and the "Slaughter solution."

The Democrat House members carp that the American people don't care about the process. After speaking to thousands of Americans about this—not only do they absolutely hate this bill 3 to 1 and feel it will damage America forever, they feel the Democrat Party's arrogance of power is unprecedented in American history.

Mr. Speaker, process does matter, especially when Members of Congress and a President get themselves elected to power on the promise of transparency and ethics, and then stoop to a system of bribes and creative parliamentary procedures to ram through a government takeover of one-sixth of the economy, health care, merely to advance their ideology of incremental socialism, which is strongly opposed by the American people.

HEALTH CARE REFORM

(Mr. COHEN asked and was given permission to address the House for 1 minute.)

Mr. COHEN. Mr. Speaker, it's March. That means March madness. Normally it means hoops and basketball, but, no, in this United States Congress it means more and more false statements made about health care. The other side of the aisle continues in March madness, talking about socialism, comparing our system to England and Canada. Nothing like it at all. What our system proposes is subsidizing people who don't have health care and small businesses to make sure they get health care and can live truly: life, health, liberty, and the pursuit of happiness.

They talk about abortion. It doesn't change the Hyde amendment, which has been on the books forever. They talk about procedure, procedure they used. They talk about creeping socialism. There is nothing about socialism. The fact is this country is the last industrialized country in the world to provide health care for its citizens. It's the right thing to do. We will be proud of this Congress when we pass it. I wish it was bipartisan.

SPECIAL DEALS STILL IN OBAMACARE

(Mr. PITTS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PITTS. Mr. Speaker, we have all heard about the Cornhusker kickback and the Louisiana purchase. But there are other special deals in the Senate health care bill that are on the verge of becoming law.

In Connecticut, there is \$100 million for a university hospital inserted by Senator DODD. There is \$500 million in Medicaid to bail out the health care program in Massachusetts. The small State of Vermont gets \$600 million for their Medicaid program. This bill will subsidize New Jersey pharmaceutical companies and will give \$5 billion to union health care plans in Massachusetts and Michigan. It will slash Medicare Advantage programs for every State except Florida. It will exempt Blue Cross-Blue Shield of Michigan and Nebraska from the new annual fee on health insurers. This bill will provide higher Medicare payments in North Dakota and exempt hospitals in Hawaii from cuts.

All of these will become law the moment this House arrogantly "deems this bill passed" to the President. Is it any wonder the American people don't like this bill being crammed through, forced through, and bribed through?

HEALTH CARE REFORM

(Mr. TONKO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TONKO. Mr. Speaker, this week we are closer than we have ever been to passing real, comprehensive health insurance reform for the American people.

Reform is simple. It gives consumers, working families, and small businesses more control and forces insurance companies to do what is right. With respect to Medicare, it extends the life of the Medicare trust fund and improves benefits for our seniors, including improving the prescription drug benefit.

My friends on the other side of the aisle are not interested in passing real reform for the American people. They want to maintain the status quo in which we see health care spending growing exponentially, more and more families losing coverage, and health insurance companies continuing to raise rates free of any restrictions. And they are okay with allowing tens of millions of taxpaying, hardworking Americans to go on without needed health insurance, the same coverage they enjoy as Members of Congress.

They also want to eliminate Medicare as we know it today. They want to privatize Medicare and give seniors a coupon to go out and shop for private

insurance plans from the same companies that have been raising rates and dropping customers.

Health insurance reform is not just about insuring the uninsured. It's about also protecting and improving Medicare. Mr. Speaker, I encourage these reforms.

THE RELEASE OF FATHER LY

(Mr. CAO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CAO. Mr. Speaker, I rise today to thank the State Department for finally securing the release of Father Nguyen van Ly. I have advocated and pushed hard for Father Ly's release in the past year, and I'm glad that my hard work has come to fruition.

Father Ly is one of the many Vietnamese citizens who have been harassed for religious and democracy advocacy. He was placed on trial without defense and was imprisoned for almost 17 years for promoting human rights and religious freedom. As a Roman Catholic priest and prominent Vietnamese dissident, Father Ly has become a powerful icon in the ongoing fight for democracy in Vietnam. He is a hero for many Vietnamese worldwide.

While the release of Father Ly is a good start, we still have a long way to go. We as a country must uphold our values and must continue to challenge countries like Vietnam and China on their human rights and religious freedom violations. One day, maybe, my dream then will come true: A free and democratic Vietnam.

□ 1030

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

HONORING SUPREME COURT JUSTICE SANDRA DAY O'CONNOR

Mr. COHEN. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1141) honoring the accomplishments of Supreme Court Justice Sandra Day O'Connor, the first woman to serve on the United States Supreme Court.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1141

Whereas Sandra Day O'Connor was born on March 26, 1930, in El Paso, Texas and spent

most of her childhood on her family's ranch, the Lazy B, located in the high deserts outside of Duncan, Arizona;

Whereas Sandra Day O'Connor graduated magna cum laude from Stanford University in 1950 with a Bachelor of Arts degree in economics, and graduated in the top three of her class at Stanford University Law School in 1952;

Whereas Sandra Day O'Connor married John J. O'Connor III, a fellow Stanford Law student, in December 1952 on the Lazy B Ranch and raised three children with him in Paradise Valley, Arizona;

Whereas after practicing law in Frankfurt, Germany, and Phoenix, Arizona, Sandra Day O'Connor began her career in public service as the Arizona Assistant Attorney General in 1965;

Whereas Sandra Day O'Connor was appointed to the Arizona State Senate in 1969 and was subsequently re-elected;

Whereas Sandra Day O'Connor rose to many leadership positions during her 6 years in the legislature, including as the first woman State Senate majority leader in the United States;

Whereas Sandra Day O'Connor was elected judge for Maricopa County Superior Court in 1975;

Whereas Sandra Day O'Connor was appointed to the Arizona Court of Appeals, the State's second-highest court, by Governor Bruce Babbitt in 1979;

Whereas Ronald Reagan nominated Sandra Day O'Connor in 1981 to serve as the first woman on the United States Supreme Court, which was swiftly approved by the Senate by unanimous consent, with the strong support of Arizona Senators Barry Goldwater and Dennis DeConcini;

Whereas Sandra Day O'Connor was sworn in as a United States Supreme Court Justice by Chief Justice Warren Burger on September 25, 1981, commencing her 24 terms on the Supreme Court, a career distinguished by her centrist role and commitment to uphold the law and the Constitution;

Whereas Sandra Day O'Connor's support for the proposed Equal Rights Amendment further strengthened her role as a mentor and leader for women of all generations;

Whereas, on August 12, 2009, President Barack Obama awarded Sandra Day O'Connor the Presidential Medal of Freedom, the highest honor given to a civilian;

Whereas Sandra Day O'Connor has become a nationally recognized leader in the effort to preserve judicial independence through her strong support of selecting judges by nonpartisan commissions;

Whereas Sandra Day O'Connor continues to honor her commitment to public service, most recently through her web-based education project, Our Courts, which strives to engage young people in civics and the democratic process; and

Whereas Sandra Day O'Connor will turn 80 years old on March 26, 2010: Now, therefore, be it

Resolved, That the House of Representatives honors the achievements and distinguished career of Justice Sandra Day O'Connor, and recognizes her impact as an American symbol of hard work and rugged individualism.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. COHEN) and the gentleman from Texas (Mr. SMITH) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. COHEN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. COHEN. I yield myself such time as I may consume.

Mr. Speaker, I rise to wish you and all of America a happy St. Patrick's Day, and in support of House Resolution 1141, to honor the accomplishments of Justice Sandra Day O'Connor.

Justice O'Connor blazed paths of history for women throughout her career. In 1969, she was appointed to the Arizona State Senate, and in 1972 she became the first woman to serve as the majority leader of any State senate in the United States.

Later, she became a trial judge for Maricopa County, Arizona, and only a few years later was appointed to the court of appeals. Then in 1981, she was nominated to the Supreme Court, the first woman to sit on the United States Supreme Court, and she did us proud.

Justice O'Connor retired in 2006, but she continues to be actively involved with promoting good government and civic education. For example, she spearheaded "Our Courts," a Web-based education project designed to reinvigorate learning inside and outside the classroom.

There were so many opinions when she was a part of the majority and also when she was a part of the minority to where we know her voice is missed today. Although appointed by a Republican President, she was bipartisan and called them by the book and did a lot to see that this country's Supreme Court was highly respected and not politicized.

This resolution is a way to honor her for service to our country. I commend my colleague, GABBY GIFFORDS of Arizona, for introducing this resolution. I urge my colleagues to support it. I hope we have more Justices like her in the future.

I reserve the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 1141 honors the accomplishments of the Honorable Sandra Day O'Connor, the first woman to serve on the United States Supreme Court.

Justice O'Connor was born in El Paso, Texas, in 1930, and grew up on a cattle ranch called the Lazy-B near Duncan, Arizona. She befriended cowboys who worked on the ranch, learned to drive a car and shoot a gun, and became an expert horseback rider.

Her parents decided that she needed an education, so O'Connor went to live

with her maternal grandmother in El Paso. She later studied economics at Stanford University with an eye toward running the Lazy-B or another ranch. However, a legal dispute over the Lazy-B sparked her interest in the law. O'Connor enrolled in Stanford's law school, and graduated in only 2 years, third in her class, that included valedictorian and future Chief Justice of the United States William Rehnquist. One of her other classmates, John Jay O'Connor, became her husband.

This was the early 1950s, and despite her stellar law school record, O'Connor could not find work as a lawyer. But she was determined. She started out as a legal secretary before finding employment as the deputy county attorney for San Mateo, California. When her husband was drafted into the Judge Advocate General's Corps, she joined him in Frankfurt, Germany, where she served as a civilian attorney in the Quartermaster's Corps.

Returning to the United States in 1957, the couple settled in Phoenix and started a family. Three children arrived in the next 6 years. O'Connor eventually hung out a shingle with one partner and began a general law practice. But with the birth of her second child, she devoted herself to homemaker duties, charitable work, and local Republican politics.

Following 5 years as a full-time mother, O'Connor returned to work as an Arizona assistant attorney general. Later, the Governor appointed her to fill a vacant State senate seat, a position she successfully defended twice in two elections. In 1974, O'Connor became the first woman to serve as the majority leader in the State legislature. This achievement propelled her to the bench, first as a Maricopa County Superior Court judge and then in 1978 as a member of the Arizona Court of Appeals, the State's intermediate appellate court. Justice O'Connor distinguished herself as a smart, fair, even-tempered judge.

This compelling story intrigued President Ronald Reagan, who was searching for a successor to replace retiring Justice Potter Stewart at the United States Supreme Court. In Sandra Day O'Connor, he found his nominee.

Senate confirmations are not for the faint-hearted, but O'Connor came through like an experienced pro. She was confirmed by a vote of 99-0 and was sworn in as the 102nd member of the Court on September 21, 1981. Of obvious importance, then and now, she became the first woman to serve as an Associate Justice. So much for glass ceilings.

Justice O'Connor served on the Court for nearly a quarter of a century before retiring in 2006. Early in her tenure, she was known as a conservative jurist who preferred analyzing cases with a

narrow fact-specific approach. Later, she acquired the reputation as a swing vote. Law Professor Steven Green once paid her perhaps the ultimate compliment when she "seemed to look at each case with an open mind."

Since retiring from the Court, Justice O'Connor really hasn't retired. She selflessly devoted herself to caring for her husband, John, who was diagnosed with Alzheimer's disease in 1990 and passed away last November.

In addition to travel and spending time with other family members, Justice O'Connor has worked on an American Bar Association project to educate Americans about the role of judges, served as the chancellor of the College of William and Mary, and performed trustee duties for the National Constitution Center.

In recognition of her life's work, President Obama awarded her the Presidential Medal of Freedom, the highest civilian honor of the United States, on August 12, 2009.

Mr. Speaker, Sandra Day O'Connor is a pioneer for women and an inspiration to all Americans. I urge my colleagues to support H. Res. 1141, which honors her many accomplishments.

I yield back the balance of my time.

Mr. COHEN. Mr. Speaker, I would just like to reiterate my extreme commendations of Justice Sandra Day O'Connor's life and the appropriateness of the resolution.

When I was a member of the National Conference of State Legislators, I suggested we give an award each year to the State legislator who had done the most later in their lives, and Sandra Day O'Connor as well as Julian Bond were the two people I put up as examples of people who should be honored by the National Conference of State Legislators to encourage State legislatures to go on beyond that and to do extra in their lives.

And Sandra Day O'Connor was a State senator who did much. And, as Mr. SMITH said, she had an open mind, and that is something we need to commend. And in Arizona, where Representative GIFFORDS is from and sponsored this resolution, we had Barry Goldwater who, like her, came in at a certain posture. But as his career went on, he had an open mind, and he stood up for tolerance and he stood up for diversity.

I am proud to be here to speak in favor of this resolution, and I would ask that my colleagues vote to support unanimously this resolution and to pass H. Res. 1141.

Mr. POE of Texas. Mr. Speaker, I yield myself such time as I may consume.

H. Res. 1141 honors the accomplishments of the Honorable Sandra Day O'Connor, the first woman to serve on the United States Supreme Court.

Justice O'Connor was born in El Paso, Texas, in 1930 and grew up on a cattle ranch called the "Lazy-B" near Duncan, Arizona.

The ranch was isolated and she did not have a sibling to play with until she turned eight. To compensate, young Sandra demonstrated the initiative and drive that would later propel her to the Court.

She befriended cowboys who worked on the ranch, learned to drive a car and shoot a gun, and became an expert equestrian. She also kept many pets during her childhood, including a bobcat, which probably taught her how to deal with lawyers.

Her parents decided she needed an education, so O'Connor went to live with her maternal grandmother, Mamie Scott Wilkey, in El Paso. Although homesick, O'Connor became an outstanding student and graduated from the Radford School for Girls at age 16. O'Connor always credited Mrs. Wilkey for instilling confidence in her.

She later studied economics at Stanford with an eye toward running the Lazy-B or another ranch. However, a legal dispute over the Lazy-B sparked her interest in the law. O'Connor enrolled in Stanford's law school and graduated in only 2 years, third in her class that included valedictorian and future Chief Justice of the United States William Rehnquist. One of her other classmates, John Jay O'Connor, became her husband.

This was the early 1950s and, despite her stellar law school record, O'Connor could not find work as a lawyer. The legal profession was not an easy place for women at that time.

But O'Connor was determined. She started out as a legal secretary before finding employment as the deputy county attorney for San Mateo, California. When her husband was drafted into the Judge Advocate General's Corps, she joined him in Frankfurt, Germany, where she served as a civilian attorney in the Quartermaster's Corps.

Returning to the United States in 1957, the couple settled in Phoenix and started a family—three children arrived in the next six years. O'Connor eventually hung out a shingle with one partner and began a general law practice. But with the birth of her second child, she devoted herself to homemaker duties, charitable work, and local Republican politics.

Following five years as a full-time mother, O'Connor returned to work as an Arizona assistant attorney general. Later, the governor appointed her to fill a vacant state senate seat, a position she successfully defended twice in successive elections. By 1974, O'Connor had become the first woman to serve as the majority leader in a state legislature. This achievement propelled her to the bench—first as a Maricopa County Superior Court judge and then, in 1978, as a member of the Arizona Court of Appeals, the state's intermediate appellate court.

Justice O'Connor distinguished herself as a smart, fair, even-tempered judge. She had overcome de facto discrimination through persistence, hard work, and a devotion to institutions and causes bigger than herself.

This compelling story intrigued President Ronald Reagan, who was searching for a successor to replace retiring Justice Potter Stewart at the United States Supreme Court. In Sandra Day O'Connor, he found his nominee.

Senate confirmations are not for the faint-hearted, but O'Connor came through like an experienced pro. She was confirmed by a vote

of 99–0 and was sworn as the 102nd member of the Court on September 21, 1981. Of obvious importance then and now, she became the first woman to serve as an Associate Justice.

Justice O'Connor served on the Court for nearly a quarter of a century before retiring in 2006. Early in her tenure, she was known as a conservative jurist who preferred analyzing cases with a narrow, fact-specific approach. Later, she acquired the reputation as a “swing vote.” Law Professor Steven Green once paid her perhaps the ultimate compliment when he observed that she “seemed to look at each case with an open mind.”

Since retiring from the Court, Justice O'Connor really hasn't retired. She selflessly devoted herself to caring for her husband, John, who was diagnosed with Alzheimer's Disease in 1990 and passed away last November.

In addition to travel and spending time with other family members, Justice O'Connor has worked on an ABA project to educate Americans about the role of judges, served as a Chancellor of The College of William & Mary, and performed trustee duties for the National Constitution Center.

In recognition of her life's work, she was awarded the Presidential Medal of Freedom—the highest civilian honor of the United States—on August 12, 2009.

Mr. Speaker, Justice Sandra Day O'Connor is a pioneer for women and an inspiration to all Americans. I urge my colleagues to support H. Res. 1141, which honors her many accomplishments.

Mr. COHEN. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and agree to the resolution, H. Res. 1141.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. COHEN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

PREVENT ALL CIGARETTE TRAFFICKING ACT OF 2009

Mr. COHEN. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1147) to prevent tobacco smuggling, to ensure the collection of all tobacco taxes, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1147

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; FINDINGS; PURPOSES.

(a) SHORT TITLE.—This Act may be cited as the “Prevent All Cigarette Trafficking Act of 2009” or “PACT Act”.

(b) FINDINGS.—Congress finds that—

(1) the sale of illegal cigarettes and smokeless tobacco products significantly reduces Federal, State, and local government revenues, with Internet sales alone accounting for billions of dollars of lost Federal, State, and local tobacco tax revenue each year;

(2) Hezbollah, Hamas, al Qaeda, and other terrorist organizations have profited from trafficking in illegal cigarettes or counterfeit cigarette tax stamps;

(3) terrorist involvement in illicit cigarette trafficking will continue to grow because of the large profits such organizations can earn;

(4) the sale of illegal cigarettes and smokeless tobacco over the Internet, and through mail, fax, or phone orders, makes it cheaper and easier for children to obtain tobacco products;

(5) the majority of Internet and other remote sales of cigarettes and smokeless tobacco are being made without adequate precautions to protect against sales to children, without the payment of applicable taxes, and without complying with the nominal registration and reporting requirements in existing Federal law;

(6) unfair competition from illegal sales of cigarettes and smokeless tobacco is taking billions of dollars of sales away from law-abiding retailers throughout the United States;

(7) with rising State and local tobacco tax rates, the incentives for the illegal sale of cigarettes and smokeless tobacco have increased;

(8) the number of active tobacco investigations being conducted by the Bureau of Alcohol, Tobacco, Firearms, and Explosives rose to 452 in 2005;

(9) the number of Internet vendors in the United States and in foreign countries that sell cigarettes and smokeless tobacco to buyers in the United States increased from only about 40 in 2000 to more than 500 in 2005; and

(10) the intrastate sale of illegal cigarettes and smokeless tobacco over the Internet has a substantial effect on interstate commerce.

(c) PURPOSES.—It is the purpose of this Act to—

(1) require Internet and other remote sellers of cigarettes and smokeless tobacco to comply with the same laws that apply to law-abiding tobacco retailers;

(2) create strong disincentives to illegal smuggling of tobacco products;

(3) provide government enforcement officials with more effective enforcement tools to combat tobacco smuggling;

(4) make it more difficult for cigarette and smokeless tobacco traffickers to engage in and profit from their illegal activities;

(5) increase collections of Federal, State, and local excise taxes on cigarettes and smokeless tobacco; and

(6) prevent and reduce youth access to inexpensive cigarettes and smokeless tobacco through illegal Internet or contraband sales.

SEC. 2. COLLECTION OF STATE CIGARETTE AND SMOKELESS TOBACCO TAXES.

(a) DEFINITIONS.—The Act of October 19, 1949 (15 U.S.C. 375 et seq.; commonly referred to as the “Jenkins Act”) (referred to in this Act as the “Jenkins Act”), is amended by striking the first section and inserting the following:

“SECTION 1. DEFINITIONS.

“As used in this Act, the following definitions apply:

“(1) ATTORNEY GENERAL.—The term ‘attorney general’, with respect to a State, means the attorney general or other chief law enforcement officer of the State.

“(2) CIGARETTE.—

“(A) IN GENERAL.—The term ‘cigarette’—

“(i) has the meaning given that term in section 2341 of title 18, United States Code; and

“(ii) includes roll-your-own tobacco (as defined in section 5702 of the Internal Revenue Code of 1986).

“(B) EXCEPTION.—The term ‘cigarette’ does not include a cigar (as defined in section 5702 of the Internal Revenue Code of 1986).

“(3) COMMON CARRIER.—The term ‘common carrier’ means any person (other than a local messenger service or the United States Postal Service) that holds itself out to the general public as a provider for hire of the transportation by water, land, or air of merchandise (regardless of whether the person actually operates the vessel, vehicle, or aircraft by which the transportation is provided) between a port or place and a port or place in the United States.

“(4) CONSUMER.—The term ‘consumer’—

“(A) means any person that purchases cigarettes or smokeless tobacco; and

“(B) does not include any person lawfully operating as a manufacturer, distributor, wholesaler, or retailer of cigarettes or smokeless tobacco.

“(5) DELIVERY SALE.—The term ‘delivery sale’ means any sale of cigarettes or smokeless tobacco to a consumer if—

“(A) the consumer submits the order for the sale by means of a telephone or other method of voice transmission, the mails, or the Internet or other online service, or the seller is otherwise not in the physical presence of the buyer when the request for purchase or order is made; or

“(B) the cigarettes or smokeless tobacco are delivered to the buyer by common carrier, private delivery service, or other method of remote delivery, or the seller is not in the physical presence of the buyer when the buyer obtains possession of the cigarettes or smokeless tobacco.

“(6) DELIVERY SELLER.—The term ‘delivery seller’ means a person who makes a delivery sale.

“(7) INDIAN COUNTRY.—The term ‘Indian country’—

“(A) has the meaning given that term in section 1151 of title 18, United States Code, except that within the State of Alaska that term applies only to the Metlakatla Indian Community, Annette Island Reserve; and

“(B) includes any other land held by the United States in trust or restricted status for one or more Indian tribes.

“(8) INDIAN TRIBE.—The term ‘Indian tribe’, ‘tribe’, or ‘tribal’ refers to an Indian tribe as defined in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(e)) or as listed pursuant to section 104 of the Federally Recognized Indian Tribe List Act of 1994 (25 U.S.C. 479a-1).

“(9) INTERSTATE COMMERCE.—

“(A) IN GENERAL.—The term ‘interstate commerce’ means commerce between a State and any place outside the State, commerce between a State and any Indian country in the State, or commerce between points in the same State but through any place outside the State or through any Indian country.

“(B) INTO A STATE, PLACE, OR LOCALITY.—A sale, shipment, or transfer of cigarettes or smokeless tobacco that is made in interstate commerce, as defined in this paragraph, shall be deemed to have been made into the State, place, or locality in which such cigarettes or smokeless tobacco are delivered.

“(10) PERSON.—The term ‘person’ means an individual, corporation, company, associa-

tion, firm, partnership, society, State government, local government, Indian tribal government, governmental organization of such a government, or joint stock company.

“(11) STATE.—The term ‘State’ means each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, or any territory or possession of the United States.

“(12) SMOKELESS TOBACCO.—The term ‘smokeless tobacco’ means any finely cut, ground, powdered, or leaf tobacco, or other product containing tobacco, that is intended to be placed in the oral or nasal cavity or otherwise consumed without being combusted.

“(13) TOBACCO TAX ADMINISTRATOR.—The term ‘tobacco tax administrator’ means the State, local, or tribal official duly authorized to collect the tobacco tax or administer the tax law of a State, locality, or tribe, respectively.

“(14) USE.—The term ‘use’ includes the consumption, storage, handling, or disposal of cigarettes or smokeless tobacco.”.

(b) REPORTS TO STATE TOBACCO TAX ADMINISTRATORS.—Section 2 of the Jenkins Act (15 U.S.C. 376) is amended—

(1) by striking “cigarettes” each place it appears and inserting “cigarettes or smokeless tobacco”;

(2) in subsection (a)—

(A) in the matter preceding paragraph (1)—

(i) by inserting “CONTENTS.—” after “(a)”;

(ii) by striking “or transfers” and inserting “, transfers, or ships”;

(iii) by inserting “, locality, or Indian country of an Indian tribe” after “a State”;

(iv) by striking “to other than a distributor licensed by or located in such State.”; and

(v) by striking “or transfer and shipment” and inserting “, transfer, or shipment”;

(B) in paragraph (1)—

(i) by striking “with the tobacco tax administrator of the State” and inserting “with the Attorney General of the United States and with the tobacco tax administrators of the State and place”; and

(ii) by striking “; and” and inserting the following: “, as well as telephone numbers for each place of business, a principal electronic mail address, any website addresses, and the name, address, and telephone number of an agent in the State authorized to accept service on behalf of the person;”;

(C) in paragraph (2), by striking “and the quantity thereof.” and inserting “the quantity thereof, and the name, address, and phone number of the person delivering the shipment to the recipient on behalf of the delivery seller, with all invoice or memoranda information relating to specific customers to be organized by city or town and by zip code; and”; and

(D) by adding at the end the following:

“(3) with respect to each memorandum or invoice filed with a State under paragraph (2), also file copies of the memorandum or invoice with the tobacco tax administrators and chief law enforcement officers of the local governments and Indian tribes operating within the borders of the State that apply their own local or tribal taxes on cigarettes or smokeless tobacco.”;

(3) in subsection (b)—

(A) by inserting “PRESUMPTIVE EVIDENCE.—” after “(b)”;

(B) by striking “(1) that” and inserting “that”; and

(C) by striking “, and (2)” and all that follows and inserting a period; and

(4) by adding at the end the following:

“(c) USE OF INFORMATION.—A tobacco tax administrator or chief law enforcement offi-

cer who receives a memorandum or invoice under paragraph (2) or (3) of subsection (a) shall use the memorandum or invoice solely for the purposes of the enforcement of this Act and the collection of any taxes owed on related sales of cigarettes and smokeless tobacco, and shall keep confidential any personal information in the memorandum or invoice except as required for such purposes.”.

(c) REQUIREMENTS FOR DELIVERY SALES.—The Jenkins Act is amended by inserting after section 2 the following:

“SEC. 2A. DELIVERY SALES.

“(a) IN GENERAL.—With respect to delivery sales into a specific State and place, each delivery seller shall comply with—

“(1) the shipping requirements set forth in subsection (b);

“(2) the recordkeeping requirements set forth in subsection (c);

“(3) all State, local, tribal, and other laws generally applicable to sales of cigarettes or smokeless tobacco as if the delivery sales occurred entirely within the specific State and place, including laws imposing—

“(A) excise taxes;

“(B) licensing and tax-stamping requirements;

“(C) restrictions on sales to minors; and

“(D) other payment obligations or legal requirements relating to the sale, distribution, or delivery of cigarettes or smokeless tobacco; and

“(4) the tax collection requirements set forth in subsection (d).

“(b) SHIPPING AND PACKAGING.—

“(1) REQUIRED STATEMENT.—For any shipping package containing cigarettes or smokeless tobacco, the delivery seller shall include on the bill of lading, if any, and on the outside of the shipping package, on the same surface as the delivery address, a clear and conspicuous statement providing as follows: ‘CIGARETTES/SMOKELESS TOBACCO: FEDERAL LAW REQUIRES THE PAYMENT OF ALL APPLICABLE EXCISE TAXES, AND COMPLIANCE WITH APPLICABLE LICENSING AND TAX-STAMPING OBLIGATIONS’.

“(2) FAILURE TO LABEL.—Any shipping package described in paragraph (1) that is not labeled in accordance with that paragraph shall be treated as nondeliverable matter by a common carrier or other delivery service, if the common carrier or other delivery service knows or should know the package contains cigarettes or smokeless tobacco. If a common carrier or other delivery service believes a package is being submitted for delivery in violation of paragraph (1), it may require the person submitting the package for delivery to establish that it is not being sent in violation of paragraph (1) before accepting the package for delivery. Nothing in this paragraph shall require the common carrier or other delivery service to open any package to determine its contents.

“(3) WEIGHT RESTRICTION.—A delivery seller shall not sell, offer for sale, deliver, or cause to be delivered in any single sale or single delivery any cigarettes or smokeless tobacco weighing more than 10 pounds.

“(4) AGE VERIFICATION.—

“(A) IN GENERAL.—A delivery seller who mails or ships tobacco products—

“(i) shall not sell, deliver, or cause to be delivered any tobacco products to a person under the minimum age required for the legal sale or purchase of tobacco products, as determined by the applicable law at the place of delivery;

“(ii) shall use a method of mailing or shipping that requires—

“(I) the purchaser placing the delivery sale order, or an adult who is at least the minimum age required for the legal sale or purchase of tobacco products, as determined by the applicable law at the place of delivery, to sign to accept delivery of the shipping container at the delivery address; and

“(II) the person who signs to accept delivery of the shipping container to provide proof, in the form of a valid, government-issued identification bearing a photograph of the individual, that the person is at least the minimum age required for the legal sale or purchase of tobacco products, as determined by the applicable law at the place of delivery; and

“(iii) shall not accept a delivery sale order from a person without—

“(I) obtaining the full name, birth date, and residential address of that person; and

“(II) verifying the information provided in subclause (I), through the use of a commercially available database or aggregate of databases, consisting primarily of data from government sources, that are regularly used by government and businesses for the purpose of age and identity verification and authentication, to ensure that the purchaser is at least the minimum age required for the legal sale or purchase of tobacco products, as determined by the applicable law at the place of delivery.

“(B) LIMITATION.—No database being used for age and identity verification under subparagraph (A)(iii) shall be in the possession or under the control of the delivery seller, or be subject to any changes or supplementation by the delivery seller.

“(C) RECORDS.—

“(1) IN GENERAL.—Each delivery seller shall keep a record of any delivery sale, including all of the information described in section 2(a)(2), organized by the State, and within the State, by the city or town and by zip code, into which the delivery sale is so made.

“(2) RECORD RETENTION.—Records of a delivery sale shall be kept as described in paragraph (1) until the end of the 4th full calendar year that begins after the date of the delivery sale.

“(3) ACCESS FOR OFFICIALS.—Records kept under paragraph (1) shall be made available to tobacco tax administrators of the States, to local governments and Indian tribes that apply local or tribal taxes on cigarettes or smokeless tobacco, to the attorneys general of the States, to the chief law enforcement officers of the local governments and Indian tribes, and to the Attorney General of the United States in order to ensure the compliance of persons making delivery sales with the requirements of this Act.

“(d) DELIVERY.—

“(1) IN GENERAL.—Except as provided in paragraph (2), no delivery seller may sell or deliver to any consumer, or tender to any common carrier or other delivery service, any cigarettes or smokeless tobacco pursuant to a delivery sale unless, in advance of the sale, delivery, or tender—

“(A) any cigarette or smokeless tobacco excise tax that is imposed by the State in which the cigarettes or smokeless tobacco are to be delivered has been paid to the State;

“(B) any cigarette or smokeless tobacco excise tax that is imposed by the local government of the place in which the cigarettes or smokeless tobacco are to be delivered has been paid to the local government; and

“(C) any required stamps or other indicia that the excise tax has been paid are properly affixed or applied to the cigarettes or smokeless tobacco.

“(2) EXCEPTION.—Paragraph (1) does not apply to a delivery sale of smokeless tobacco if the law of the State or local government of the place where the smokeless tobacco is to be delivered requires or otherwise provides that delivery sellers collect the excise tax from the consumer and remit the excise tax to the State or local government, and the delivery seller complies with the requirement.

“(e) LIST OF UNREGISTERED OR NONCOMPLIANT DELIVERY SELLERS.—

“(1) IN GENERAL.—

“(A) INITIAL LIST.—Not later than 90 days after this subsection goes into effect under the Prevent All Cigarette Trafficking Act of 2009, the Attorney General of the United States shall compile a list of delivery sellers of cigarettes or smokeless tobacco that have not registered with the Attorney General of the United States pursuant to section 2(a), or that are otherwise not in compliance with this Act, and—

“(i) distribute the list to—

“(I) the attorney general and tax administrator of every State;

“(II) common carriers and other persons that deliver small packages to consumers in interstate commerce, including the United States Postal Service; and

“(III) any other person that the Attorney General of the United States determines can promote the effective enforcement of this Act; and

“(ii) publicize and make the list available to any other person engaged in the business of interstate deliveries or who delivers cigarettes or smokeless tobacco in or into any State.

“(B) LIST CONTENTS.—To the extent known, the Attorney General of the United States shall include, for each delivery seller on the list described in subparagraph (A)—

“(i) all names the delivery seller uses or has used in the transaction of its business or on packages delivered to customers;

“(ii) all addresses from which the delivery seller does or has done business, or ships or has shipped cigarettes or smokeless tobacco;

“(iii) the website addresses, primary e-mail address, and phone number of the delivery seller; and

“(iv) any other information that the Attorney General of the United States determines would facilitate compliance with this subsection by recipients of the list.

“(C) UPDATING.—The Attorney General of the United States shall update and distribute the list described in subparagraph (A) at least once every 4 months, and may distribute the list and any updates by regular mail, electronic mail, or any other reasonable means, or by providing recipients with access to the list through a nonpublic website that the Attorney General of the United States regularly updates.

“(D) STATE, LOCAL, OR TRIBAL ADDITIONS.—The Attorney General of the United States shall include in the list described in subparagraph (A) any noncomplying delivery sellers identified by any State, local, or tribal government under paragraph (6), and shall distribute the list to the attorney general or chief law enforcement official and the tax administrator of any government submitting any such information, and to any common carriers or other persons who deliver small packages to consumers identified by any government pursuant to paragraph (6).

“(E) ACCURACY AND COMPLETENESS OF LIST OF NONCOMPLYING DELIVERY SELLERS.—In preparing and revising the list described in subparagraph (A), the Attorney General of the United States shall—

“(i) use reasonable procedures to ensure maximum possible accuracy and complete-

ness of the records and information relied on for the purpose of determining that a delivery seller is not in compliance with this Act;

“(ii) not later than 14 days before including a delivery seller on the list, make a reasonable attempt to send notice to the delivery seller by letter, electronic mail, or other means that the delivery seller is being placed on the list, which shall cite the relevant provisions of this Act and the specific reasons for which the delivery seller is being placed on the list;

“(iii) provide an opportunity to the delivery seller to challenge placement on the list;

“(iv) investigate each challenge described in clause (iii) by contacting the relevant Federal, State, tribal, and local law enforcement officials, and provide the specific findings and results of the investigation to the delivery seller not later than 30 days after the date on which the challenge is made; and

“(v) if the Attorney General of the United States determines that the basis for including a delivery seller on the list is inaccurate, based on incomplete information, or cannot be verified, promptly remove the delivery seller from the list as appropriate and notify each appropriate Federal, State, tribal, and local authority of the determination.

“(F) CONFIDENTIALITY.—The list described in subparagraph (A) shall be confidential, and any person receiving the list shall maintain the confidentiality of the list and may deliver the list, for enforcement purposes, to any government official or to any common carrier or other person that delivers tobacco products or small packages to consumers. Nothing in this section shall prohibit a common carrier, the United States Postal Service, or any other person receiving the list from discussing with a listed delivery seller the inclusion of the delivery seller on the list and the resulting effects on any services requested by the listed delivery seller.

“(2) PROHIBITION ON DELIVERY.—

“(A) IN GENERAL.—Commencing on the date that is 60 days after the date of the initial distribution or availability of the list described in paragraph (1)(A), no person who receives the list under paragraph (1), and no person who delivers cigarettes or smokeless tobacco to consumers, shall knowingly complete, cause to be completed, or complete its portion of a delivery of any package for any person whose name and address are on the list, unless—

“(i) the person making the delivery knows or believes in good faith that the item does not include cigarettes or smokeless tobacco;

“(ii) the delivery is made to a person lawfully engaged in the business of manufacturing, distributing, or selling cigarettes or smokeless tobacco; or

“(iii) the package being delivered weighs more than 100 pounds and the person making the delivery does not know or have reasonable cause to believe that the package contains cigarettes or smokeless tobacco.

“(B) IMPLEMENTATION OF UPDATES.—Commencing on the date that is 30 days after the date of the distribution or availability of any updates or corrections to the list described in paragraph (1)(A), all recipients and all common carriers or other persons that deliver cigarettes or smokeless tobacco to consumers shall be subject to subparagraph (A) in regard to the corrections or updates.

“(3) EXEMPTIONS.—

“(A) IN GENERAL.—Subsection (b)(2) and any requirements or restrictions placed directly on common carriers under this subsection, including subparagraphs (A) and (B) of paragraph (2), shall not apply to a common carrier that—

“(i) is subject to a settlement agreement described in subparagraph (B); or

“(ii) if a settlement agreement described in subparagraph (B) to which the common carrier is a party is terminated or otherwise becomes inactive, is administering and enforcing policies and practices throughout the United States that are at least as stringent as the agreement.

“(B) SETTLEMENT AGREEMENT.—A settlement agreement described in this subparagraph—

“(i) is a settlement agreement relating to tobacco product deliveries to consumers; and

“(ii) includes—

“(I) the Assurance of Discontinuance entered into by the Attorney General of New York and DHL Holdings USA, Inc. and DHL Express (USA), Inc. on or about July 1, 2005, the Assurance of Discontinuance entered into by the Attorney General of New York and United Parcel Service, Inc. on or about October 21, 2005, and the Assurance of Compliance entered into by the Attorney General of New York and Federal Express Corporation and FedEx Ground Package Systems, Inc. on or about February 3, 2006, if each of those agreements is honored throughout the United States to block illegal deliveries of cigarettes or smokeless tobacco to consumers; and

“(II) any other active agreement between a common carrier and a State that operates throughout the United States to ensure that no deliveries of cigarettes or smokeless tobacco shall be made to consumers or illegally operating Internet or mail-order sellers and that any such deliveries to consumers shall not be made to minors or without payment to the States and localities where the consumers are located of all taxes on the tobacco products.

“(4) SHIPMENTS FROM PERSONS ON LIST.—

“(A) IN GENERAL.—If a common carrier or other delivery service delays or interrupts the delivery of a package in the possession of the common carrier or delivery service because the common carrier or delivery service determines or has reason to believe that the person ordering the delivery is on a list described in paragraph (1)(A) and that clauses (i), (ii), and (iii) of paragraph (2)(A) do not apply—

“(i) the person ordering the delivery shall be obligated to pay—

“(I) the common carrier or other delivery service as if the delivery of the package had been timely completed; and

“(II) if the package is not deliverable, any reasonable additional fee or charge levied by the common carrier or other delivery service to cover any extra costs and inconvenience and to serve as a disincentive against such noncomplying delivery orders; and

“(ii) if the package is determined not to be deliverable, the common carrier or other delivery service shall offer to provide the package and its contents to a Federal, State, or local law enforcement agency.

“(B) RECORDS.—A common carrier or other delivery service shall maintain, for a period of 5 years, any records kept in the ordinary course of business relating to any delivery interrupted under this paragraph and provide that information, upon request, to the Attorney General of the United States or to the attorney general or chief law enforcement official or tax administrator of any State, local, or tribal government.

“(C) CONFIDENTIALITY.—Any person receiving records under subparagraph (B) shall—

“(i) use the records solely for the purposes of the enforcement of this Act and the collection of any taxes owed on related sales of cigarettes and smokeless tobacco; and

“(ii) keep confidential any personal information in the records not otherwise required for such purposes.

“(5) PREEMPTION.—

“(A) IN GENERAL.—No State, local, or tribal government, nor any political authority of 2 or more State, local, or tribal governments, may enact or enforce any law or regulation relating to delivery sales that restricts deliveries of cigarettes or smokeless tobacco to consumers by common carriers or other delivery services on behalf of delivery sellers by—

“(i) requiring that the common carrier or other delivery service verify the age or identity of the consumer accepting the delivery by requiring the person who signs to accept delivery of the shipping container to provide proof, in the form of a valid, government-issued identification bearing a photograph of the individual, that the person is at least the minimum age required for the legal sale or purchase of tobacco products, as determined by either State or local law at the place of delivery;

“(ii) requiring that the common carrier or other delivery service obtain a signature from the consumer accepting the delivery;

“(iii) requiring that the common carrier or other delivery service verify that all applicable taxes have been paid;

“(iv) requiring that packages delivered by the common carrier or other delivery service contain any particular labels, notice, or markings; or

“(v) prohibiting common carriers or other delivery services from making deliveries on the basis of whether the delivery seller is or is not identified on any list of delivery sellers maintained and distributed by any entity other than the Federal Government.

“(B) RELATIONSHIP TO OTHER LAWS.—Except as provided in subparagraph (C), nothing in this paragraph shall be construed to nullify, expand, restrict, or otherwise amend or modify—

“(i) section 14501(c)(1) or 41713(b)(4) of title 49, United States Code;

“(ii) any other restrictions in Federal law on the ability of State, local, or tribal governments to regulate common carriers; or

“(iii) any provision of State, local, or tribal law regulating common carriers that is described in section 14501(c)(2) or 41713(b)(4)(B) of title 49 of the United States Code.

“(C) STATE LAWS PROHIBITING DELIVERY SALES.—

“(i) IN GENERAL.—Except as provided in clause (ii), nothing in the Prevent All Cigarette Trafficking Act of 2009, the amendments made by that Act, or in any other Federal statute shall be construed to preempt, supersede, or otherwise limit or restrict State laws prohibiting the delivery sale, or the shipment or delivery pursuant to a delivery sale, of cigarettes or other tobacco products to individual consumers or personal residences.

“(ii) EXEMPTIONS.—No State may enforce against a common carrier a law prohibiting the delivery of cigarettes or other tobacco products to individual consumers or personal residences without proof that the common carrier is not exempt under paragraph (3) of this subsection.

“(6) STATE, LOCAL, AND TRIBAL ADDITIONS.—

“(A) IN GENERAL.—Any State, local, or tribal government shall provide the Attorney General of the United States with—

“(i) all known names, addresses, website addresses, and other primary contact information of any delivery seller that—

“(I) offers for sale or makes sales of cigarettes or smokeless tobacco in or into the State, locality, or tribal land; and

“(II) has failed to register with or make reports to the respective tax administrator as required by this Act, or that has been found in a legal proceeding to have otherwise failed to comply with this Act; and

“(ii) a list of common carriers and other persons who make deliveries of cigarettes or smokeless tobacco in or into the State, locality, or tribal land.

“(B) UPDATES.—Any government providing a list to the Attorney General of the United States under subparagraph (A) shall also provide updates and corrections every 4 months until such time as the government notifies the Attorney General of the United States in writing that the government no longer desires to submit information to supplement the list described in paragraph (1)(A).

“(C) REMOVAL AFTER WITHDRAWAL.—Upon receiving written notice that a government no longer desires to submit information under subparagraph (A), the Attorney General of the United States shall remove from the list described in paragraph (1)(A) any persons that are on the list solely because of the prior submissions of the government of the list of the government of noncomplying delivery sellers of cigarettes or smokeless tobacco or a subsequent update or correction by the government.

“(7) DEADLINE TO INCORPORATE ADDITIONS.—The Attorney General of the United States shall—

“(A) include any delivery seller identified and submitted by a State, local, or tribal government under paragraph (6) in any list or update that is distributed or made available under paragraph (1) on or after the date that is 30 days after the date on which the information is received by the Attorney General of the United States; and

“(B) distribute any list or update described in subparagraph (A) to any common carrier or other person who makes deliveries of cigarettes or smokeless tobacco that has been identified and submitted by a government pursuant to paragraph (6).

“(8) NOTICE TO DELIVERY SELLERS.—Not later than 14 days before including any delivery seller on the initial list described in paragraph (1)(A), or on an update to the list for the first time, the Attorney General of the United States shall make a reasonable attempt to send notice to the delivery seller by letter, electronic mail, or other means that the delivery seller is being placed on the list or update, with that notice citing the relevant provisions of this Act.

“(9) LIMITATIONS.—

“(A) IN GENERAL.—Any common carrier or other person making a delivery subject to this subsection shall not be required or otherwise obligated to—

“(i) determine whether any list distributed or made available under paragraph (1) is complete, accurate, or up-to-date;

“(ii) determine whether a person ordering a delivery is in compliance with this Act; or

“(iii) open or inspect, pursuant to this Act, any package being delivered to determine its contents.

“(B) ALTERNATE NAMES.—Any common carrier or other person making a delivery subject to this subsection—

“(i) shall not be required to make any inquiries or otherwise determine whether a person ordering a delivery is a delivery seller on the list described in paragraph (1)(A) who is using a different name or address in order to evade the related delivery restrictions; and

“(ii) shall not knowingly deliver any packages to consumers for any delivery seller on the list described in paragraph (1)(A) who the common carrier or other delivery service knows is a delivery seller who is on the list and is using a different name or address to evade the delivery restrictions of paragraph (2).

“(C) PENALTIES.—Any common carrier or person in the business of delivering packages on behalf of other persons shall not be subject to any penalty under section 14101(a) of title 49, United States Code, or any other provision of law for—

“(i) not making any specific delivery, or any deliveries at all, on behalf of any person on the list described in paragraph (1)(A);

“(ii) refusing, as a matter of regular practice and procedure, to make any deliveries, or any deliveries in certain States, of any cigarettes or smokeless tobacco for any person or for any person not in the business of manufacturing, distributing, or selling cigarettes or smokeless tobacco; or

“(iii) delaying or not making a delivery for any person because of reasonable efforts to comply with this Act.

“(D) OTHER LIMITS.—Section 2 and subsections (a), (b), (c), and (d) of this section shall not be interpreted to impose any responsibilities, requirements, or liability on common carriers.

“(f) PRESUMPTION.—For purposes of this Act, a delivery sale shall be deemed to have occurred in the State and place where the buyer obtains personal possession of the cigarettes or smokeless tobacco, and a delivery pursuant to a delivery sale is deemed to have been initiated or ordered by the delivery seller.”

(d) PENALTIES.—The Jenkins Act is amended by striking section 3 and inserting the following:

“SEC. 3. PENALTIES.

“(a) CRIMINAL PENALTIES.—

“(1) IN GENERAL.—Except as provided in paragraph (2), whoever knowingly violates this Act shall be imprisoned for not more than 3 years, fined under title 18, United States Code, or both.

“(2) EXCEPTIONS.—

“(A) GOVERNMENTS.—Paragraph (1) shall not apply to a State, local, or tribal government.

“(B) DELIVERY VIOLATIONS.—A common carrier or independent delivery service, or employee of a common carrier or independent delivery service, shall be subject to criminal penalties under paragraph (1) for a violation of section 2A(e) only if the violation is committed knowingly—

“(i) as consideration for the receipt of, or as consideration for a promise or agreement to pay, anything of pecuniary value; or

“(ii) for the purpose of assisting a delivery seller to violate, or otherwise evading compliance with, section 2A.

“(b) CIVIL PENALTIES.—

“(1) IN GENERAL.—Except as provided in paragraph (3), whoever violates this Act shall be subject to a civil penalty in an amount not to exceed—

“(A) in the case of a delivery seller, the greater of—

“(i) \$5,000 in the case of the first violation, or \$10,000 for any other violation; or

“(ii) for any violation, 2 percent of the gross sales of cigarettes or smokeless tobacco of the delivery seller during the 1-year period ending on the date of the violation.

“(B) in the case of a common carrier or other delivery service, \$2,500 in the case of a first violation, or \$5,000 for any violation within 1 year of a prior violation.

“(2) RELATION TO OTHER PENALTIES.—A civil penalty imposed under paragraph (1) for a violation of this Act shall be imposed in addition to any criminal penalty under subsection (a) and any other damages, equitable relief, or injunctive relief awarded by the court, including the payment of any unpaid taxes to the appropriate Federal, State, local, or tribal governments.

“(3) EXCEPTIONS.—

“(A) DELIVERY VIOLATIONS.—An employee of a common carrier or independent delivery service shall be subject to civil penalties under paragraph (1) for a violation of section 2A(e) only if the violation is committed intentionally—

“(i) as consideration for the receipt of, or as consideration for a promise or agreement to pay, anything of pecuniary value; or

“(ii) for the purpose of assisting a delivery seller to violate, or otherwise evading compliance with, section 2A.

“(B) OTHER LIMITATIONS.—No common carrier or independent delivery service shall be subject to civil penalties under paragraph (1) for a violation of section 2A(e) if—

“(i) the common carrier or independent delivery service has implemented and enforces effective policies and practices for complying with that section; or

“(ii) the violation consists of an employee of the common carrier or independent delivery service who physically receives and processes orders, picks up packages, processes packages, or makes deliveries, taking actions that are outside the scope of employment of the employee, or that violate the implemented and enforced policies of the common carrier or independent delivery service described in clause (i).”

(e) ENFORCEMENT.—The Jenkins Act is amended by striking section 4 and inserting the following:

“SEC. 4. ENFORCEMENT.

“(a) IN GENERAL.—The United States district courts shall have jurisdiction to prevent and restrain violations of this Act and to provide other appropriate injunctive or equitable relief, including money damages, for the violations.

“(b) AUTHORITY OF THE ATTORNEY GENERAL.—The Attorney General of the United States shall administer and enforce this Act.

“(c) STATE, LOCAL, AND TRIBAL ENFORCEMENT.—

“(1) IN GENERAL.—

“(A) STANDING.—A State, through its attorney general, or a local government or Indian tribe that levies a tax subject to section 2A(a)(3), through its chief law enforcement officer, may bring an action in a United States district court to prevent and restrain violations of this Act by any person or to obtain any other appropriate relief from any person for violations of this Act, including civil penalties, money damages, and injunctive or other equitable relief.

“(B) SOVEREIGN IMMUNITY.—Nothing in this Act shall be deemed to abrogate or constitute a waiver of any sovereign immunity of a State or local government or Indian tribe against any unconsented lawsuit under this Act, or otherwise to restrict, expand, or modify any sovereign immunity of a State or local government or Indian tribe.

“(2) PROVISION OF INFORMATION.—A State, through its attorney general, or a local government or Indian tribe that levies a tax subject to section 2A(a)(3), through its chief law enforcement officer, may provide evidence of a violation of this Act by any person not subject to State, local, or tribal government enforcement actions for violations of this Act to the Attorney General of the

United States or a United States attorney, who shall take appropriate actions to enforce this Act.

“(3) USE OF PENALTIES COLLECTED.—

“(A) IN GENERAL.—There is established a separate account in the Treasury known as the ‘PACT Anti-Trafficking Fund’. Notwithstanding any other provision of law and subject to subparagraph (B), an amount equal to 50 percent of any criminal and civil penalties collected by the Federal Government in enforcing this Act shall be transferred into the PACT Anti-Trafficking Fund and shall be available to the Attorney General of the United States for purposes of enforcing this Act and other laws relating to contraband tobacco products.

“(B) ALLOCATION OF FUNDS.—Of the amount available to the Attorney General of the United States under subparagraph (A), not less than 50 percent shall be made available only to the agencies and offices within the Department of Justice that were responsible for the enforcement actions in which the penalties concerned were imposed or for any underlying investigations.

“(4) NONEXCLUSIVITY OF REMEDY.—

“(A) IN GENERAL.—The remedies available under this section and section 3 are in addition to any other remedies available under Federal, State, local, tribal, or other law.

“(B) STATE COURT PROCEEDINGS.—Nothing in this Act shall be construed to expand, restrict, or otherwise modify any right of an authorized State official to proceed in State court, or take other enforcement actions, on the basis of an alleged violation of State or other law.

“(C) TRIBAL COURT PROCEEDINGS.—Nothing in this Act shall be construed to expand, restrict, or otherwise modify any right of an authorized Indian tribal government official to proceed in tribal court, or take other enforcement actions, on the basis of an alleged violation of tribal law.

“(D) LOCAL GOVERNMENT ENFORCEMENT.—Nothing in this Act shall be construed to expand, restrict, or otherwise modify any right of an authorized local government official to proceed in State court, or take other enforcement actions, on the basis of an alleged violation of local or other law.

“(d) PERSONS DEALING IN TOBACCO PRODUCTS.—Any person who holds a permit under section 5712 of the Internal Revenue Code of 1986 (regarding permitting of manufacturers and importers of tobacco products and export warehouse proprietors) may bring an action in an appropriate United States district court to prevent and restrain violations of this Act by any person other than a State, local, or tribal government.

“(e) NOTICE.—

“(1) PERSONS DEALING IN TOBACCO PRODUCTS.—Any person who commences a civil action under subsection (d) shall inform the Attorney General of the United States of the action.

“(2) STATE, LOCAL, AND TRIBAL ACTIONS.—It is the sense of Congress that the attorney general of any State, or chief law enforcement officer of any locality or tribe, that commences a civil action under this section should inform the Attorney General of the United States of the action.

“(f) PUBLIC NOTICE.—

“(1) IN GENERAL.—The Attorney General of the United States shall make available to the public, by posting information on the Internet and by other appropriate means, information regarding all enforcement actions brought by the United States, or reported to the Attorney General of the United States, under this section, including information regarding the resolution of the enforcement

actions and how the Attorney General of the United States has responded to referrals of evidence of violations pursuant to subsection (c)(2).

“(2) REPORTS TO CONGRESS.—Not later than 1 year after the date of enactment of the Prevent All Cigarette Trafficking Act of 2009, and every year thereafter until the date that is 5 years after such date of enactment, the Attorney General of the United States shall submit to Congress a report containing the information described in paragraph (1).”.

SEC. 3. TREATMENT OF CIGARETTES AND SMOKELESS TOBACCO AS NONMAILABLE MATTER.

(a) IN GENERAL.—Chapter 83 of title 18, United States Code, is amended by inserting after section 1716D the following:

“§ 1716E. Tobacco products as nonmailable

“(a) PROHIBITION.—

“(1) IN GENERAL.—All cigarettes and smokeless tobacco (as those terms are defined in section 1 of the Act of October 19, 1949, commonly referred to as the Jenkins Act) are nonmailable and shall not be deposited in or carried through the mails. The United States Postal Service shall not accept for delivery or transmit through the mails any package that it knows or has reasonable cause to believe contains any cigarettes or smokeless tobacco made nonmailable by this paragraph.

“(2) REASONABLE CAUSE.—For the purposes of this subsection reasonable cause includes—

“(A) a statement on a publicly available website, or an advertisement, by any person that the person will mail matter which is nonmailable under this section in return for payment; or

“(B) the fact that the person is on the list created under section 2A(e) of the Jenkins Act.

“(b) EXCEPTIONS.—

“(1) CIGARS.—Subsection (a) shall not apply to cigars (as defined in section 5702(a) of the Internal Revenue Code of 1986).

“(2) GEOGRAPHIC EXCEPTION.—Subsection (a) shall not apply to mailings within the State of Alaska or within the State of Hawaii.

“(3) BUSINESS PURPOSES.—

“(A) IN GENERAL.—Subsection (a) shall not apply to tobacco products mailed only—

“(i) for business purposes between legally operating businesses that have all applicable State and Federal Government licenses or permits and are engaged in tobacco product manufacturing, distribution, wholesale, export, import, testing, investigation, or research; or

“(ii) for regulatory purposes between any business described in clause (i) and an agency of the Federal Government or a State government.

“(B) RULES.—

“(i) IN GENERAL.—Not later than 180 days after the date of enactment of the Prevent All Cigarette Trafficking Act of 2009, the Postmaster General shall issue a final rule which shall establish the standards and requirements that apply to all mailings described in subparagraph (A).

“(ii) CONTENTS.—The final rule issued under clause (i) shall require—

“(I) the United States Postal Service to verify that any person submitting an otherwise nonmailable tobacco product into the mails as authorized under this paragraph is a business or government agency permitted to make a mailing under this paragraph;

“(II) the United States Postal Service to ensure that any recipient of an otherwise nonmailable tobacco product sent through

the mails under this paragraph is a business or government agency that may lawfully receive the product;

“(III) that any mailing described in subparagraph (A) shall be sent through the systems of the United States Postal Service that provide for the tracking and confirmation of the delivery;

“(IV) that the identity of the business or government entity submitting the mailing containing otherwise nonmailable tobacco products for delivery and the identity of the business or government entity receiving the mailing are clearly set forth on the package;

“(V) the United States Postal Service to maintain identifying information described in subclause (IV) during the 3-year period beginning on the date of the mailing and make the information available to the Postal Service, the Attorney General of the United States, and to persons eligible to bring enforcement actions under section 3(d) of the Prevent All Cigarette Trafficking Act of 2009;

“(VI) that any mailing described in subparagraph (A) be marked with a United States Postal Service label or marking that makes it clear to employees of the United States Postal Service that it is a permitted mailing of otherwise nonmailable tobacco products that may be delivered only to a permitted government agency or business and may not be delivered to any residence or individual person; and

“(VII) that any mailing described in subparagraph (A) be delivered only to a verified employee of the recipient business or government agency, who is not a minor and who shall be required to sign for the mailing.

“(C) DEFINITION.—In this paragraph, the term ‘minor’ means an individual who is less than the minimum age required for the legal sale or purchase of tobacco products as determined by applicable law at the place the individual is located.

“(4) CERTAIN INDIVIDUALS.—

“(A) IN GENERAL.—Subsection (a) shall not apply to tobacco products mailed by individuals who are not minors for noncommercial purposes, including the return of a damaged or unacceptable tobacco product to the manufacturer.

“(B) RULES.—

“(i) IN GENERAL.—Not later than 180 days after the date of enactment of the Prevent All Cigarette Trafficking Act of 2009, the Postmaster General shall issue a final rule which shall establish the standards and requirements that apply to all mailings described in subparagraph (A).

“(ii) CONTENTS.—The final rule issued under clause (i) shall require—

“(I) the United States Postal Service to verify that any person submitting an otherwise nonmailable tobacco product into the mails as authorized under this paragraph is the individual identified on the return address label of the package and is not a minor;

“(II) for a mailing to an individual, the United States Postal Service to require the person submitting the otherwise nonmailable tobacco product into the mails as authorized by this paragraph to affirm that the recipient is not a minor;

“(III) that any package mailed under this paragraph shall weigh not more than 10 ounces;

“(IV) that any mailing described in subparagraph (A) shall be sent through the systems of the United States Postal Service that provide for the tracking and confirmation of the delivery;

“(V) that a mailing described in subparagraph (A) shall not be delivered or placed in

the possession of any individual who has not been verified as not being a minor;

“(VI) for a mailing described in subparagraph (A) to an individual, that the United States Postal Service shall deliver the package only to a recipient who is verified not to be a minor at the recipient address or transfer it for delivery to an Air/Army Postal Office or Fleet Postal Office number designated in the recipient address; and

“(VII) that no person may initiate more than 10 mailings described in subparagraph (A) during any 30-day period.

“(C) DEFINITION.—In this paragraph, the term ‘minor’ means an individual who is less than the minimum age required for the legal sale or purchase of tobacco products as determined by applicable law at the place the individual is located.

“(5) EXCEPTION FOR MAILINGS FOR CONSUMER TESTING BY MANUFACTURERS.—

“(A) IN GENERAL.—Subject to subparagraph (B), subsection (a) shall not preclude a legally operating cigarette manufacturer or a legally authorized agent of a legally operating cigarette manufacturer from using the United States Postal Service to mail cigarettes to verified adult smoker solely for consumer testing purposes, if—

“(i) the cigarette manufacturer has a permit, in good standing, issued under section 5713 of the Internal Revenue Code of 1986;

“(ii) the package of cigarettes mailed under this paragraph contains not more than 12 packs of cigarettes (240 cigarettes);

“(iii) the recipient does not receive more than 1 package of cigarettes from any 1 cigarette manufacturer under this paragraph during any 30-day period;

“(iv) all taxes on the cigarettes mailed under this paragraph levied by the State and locality of delivery are paid to the State and locality before delivery, and tax stamps or other tax-payment indicia are affixed to the cigarettes as required by law; and

“(v) the recipient has not made any payments of any kind in exchange for receiving the cigarettes;

“(II) the recipient is paid a fee by the manufacturer or agent of the manufacturer for participation in consumer product tests; and

“(III) the recipient, in connection with the tests, evaluates the cigarettes and provides feedback to the manufacturer or agent.

“(B) LIMITATIONS.—Subparagraph (A) shall not—

“(i) permit a mailing of cigarettes to an individual located in any State that prohibits the delivery or shipment of cigarettes to individuals in the State, or preempt, limit, or otherwise affect any related State laws; or

“(ii) permit a manufacturer, directly or through a legally authorized agent, to mail cigarettes in any calendar year in a total amount greater than 1 percent of the total cigarette sales of the manufacturer in the United States during the calendar year before the date of the mailing.

“(C) RULES.—

“(i) IN GENERAL.—Not later than 180 days after the date of enactment of the Prevent All Cigarette Trafficking Act of 2009, the Postmaster General shall issue a final rule which shall establish the standards and requirements that apply to all mailings described in subparagraph (A).

“(ii) CONTENTS.—The final rule issued under clause (i) shall require—

“(I) the United States Postal Service to verify that any person submitting a tobacco product into the mails under this paragraph is a legally operating cigarette manufacturer permitted to make a mailing under this paragraph, or an agent legally authorized by

the legally operating cigarette manufacturer to submit the tobacco product into the mails on behalf of the manufacturer;

“(II) the legally operating cigarette manufacturer submitting the cigarettes into the mails under this paragraph to affirm that—

“(aa) the manufacturer or the legally authorized agent of the manufacturer has verified that the recipient is an adult established smoker;

“(bb) the recipient has not made any payment for the cigarettes;

“(cc) the recipient has signed a written statement that is in effect indicating that the recipient wishes to receive the mailings; and

“(dd) the manufacturer or the legally authorized agent of the manufacturer has offered the opportunity for the recipient to withdraw the written statement described in item (cc) not less frequently than once in every 3-month period;

“(III) the legally operating cigarette manufacturer or the legally authorized agent of the manufacturer submitting the cigarettes into the mails under this paragraph to affirm that any package mailed under this paragraph contains not more than 12 packs of cigarettes (240 cigarettes) on which all taxes levied on the cigarettes by the State and locality of delivery have been paid and all related State tax stamps or other tax-payment indicia have been applied;

“(IV) that any mailing described in subparagraph (A) shall be sent through the systems of the United States Postal Service that provide for the tracking and confirmation of the delivery;

“(V) the United States Postal Service to maintain records relating to a mailing described in subparagraph (A) during the 3-year period beginning on the date of the mailing and make the information available to persons enforcing this section;

“(VI) that any mailing described in subparagraph (A) be marked with a United States Postal Service label or marking that makes it clear to employees of the United States Postal Service that it is a permitted mailing of otherwise nonmailable tobacco products that may be delivered only to the named recipient after verifying that the recipient is an adult; and

“(VII) the United States Postal Service shall deliver a mailing described in subparagraph (A) only to the named recipient and only after verifying that the recipient is an adult.

“(D) DEFINITIONS.—In this paragraph—

“(i) the term ‘adult’ means an individual who is not less than 21 years of age; and

“(ii) the term ‘consumer testing’ means testing limited to formal data collection and analysis for the specific purpose of evaluating the product for quality assurance and benchmarking purposes of cigarette brands or sub-brands among existing adult smokers.

“(6) FEDERAL GOVERNMENT AGENCIES.—An agency of the Federal Government involved in the consumer testing of tobacco products solely for public health purposes may mail cigarettes under the same requirements, restrictions, and rules and procedures that apply to consumer testing mailings of cigarettes by manufacturers under paragraph (5), except that the agency shall not be required to pay the recipients for participating in the consumer testing.

“(c) SEIZURE AND FORFEITURE.—Any cigarettes or smokeless tobacco made nonmailable by this subsection that are deposited in the mails shall be subject to seizure and forfeiture, pursuant to the procedures set forth in chapter 46 of this title. Any to-

bacco products seized and forfeited under this subsection shall be destroyed or retained by the Federal Government for the detection or prosecution of crimes or related investigations and then destroyed.

“(d) ADDITIONAL PENALTIES.—In addition to any other fines and penalties under this title for violations of this section, any person violating this section shall be subject to an additional civil penalty in the amount equal to 10 times the retail value of the nonmailable cigarettes or smokeless tobacco, including all Federal, State, and local taxes.

“(e) CRIMINAL PENALTY.—Whoever knowingly deposits for mailing or delivery, or knowingly causes to be delivered by mail, according to the direction thereon, or at any place at which it is directed to be delivered by the person to whom it is addressed, anything that is nonmailable matter under this section shall be fined under this title, imprisoned not more than 1 year, or both.

“(f) USE OF PENALTIES.—There is established a separate account in the Treasury, to be known as the ‘PACT Postal Service Fund’. Notwithstanding any other provision of law, an amount equal to 50 percent of any criminal fines, civil penalties, or other monetary penalties collected by the Federal Government in enforcing this section shall be transferred into the PACT Postal Service Fund and shall be available to the Postmaster General for the purpose of enforcing this subsection.

“(g) COORDINATION OF EFFORTS.—The Postmaster General shall cooperate and coordinate efforts to enforce this section with related enforcement activities of any other Federal agency or agency of any State, local, or tribal government, whenever appropriate.

“(h) ACTIONS BY STATE, LOCAL, OR TRIBAL GOVERNMENTS RELATING TO CERTAIN TOBACCO PRODUCTS.—

“(1) IN GENERAL.—A State, through its attorney general, or a local government or Indian tribe that levies an excise tax on tobacco products, through its chief law enforcement officer, may in a civil action in a United States district court obtain appropriate relief with respect to a violation of this section. Appropriate relief includes injunctive and equitable relief and damages equal to the amount of unpaid taxes on tobacco products mailed in violation of this section to addressees in that State, locality, or tribal land.

“(2) SOVEREIGN IMMUNITY.—Nothing in this subsection shall be deemed to abrogate or constitute a waiver of any sovereign immunity of a State or local government or Indian tribe against any unconsented lawsuit under paragraph (1), or otherwise to restrict, expand, or modify any sovereign immunity of a State or local government or Indian tribe.

“(3) ATTORNEY GENERAL REFERRAL.—A State, through its attorney general, or a local government or Indian tribe that levies an excise tax on tobacco products, through its chief law enforcement officer, may provide evidence of a violation of this section for commercial purposes by any person not subject to State, local, or tribal government enforcement actions for violations of this section to the Attorney General of the United States, who shall take appropriate actions to enforce this section.

“(4) NONEXCLUSIVITY OF REMEDIES.—The remedies available under this subsection are in addition to any other remedies available under Federal, State, local, tribal, or other law. Nothing in this subsection shall be construed to expand, restrict, or otherwise modify any right of an authorized State, local, or tribal government official to proceed in a

State, tribal, or other appropriate court, or take other enforcement actions, on the basis of an alleged violation of State, local, tribal, or other law.

“(5) OTHER ENFORCEMENT ACTIONS.—Nothing in this subsection shall be construed to prohibit an authorized State official from proceeding in State court on the basis of an alleged violation of any general civil or criminal statute of the State.

“(i) DEFINITION.—In this section, the term ‘State’ has the meaning given that term in section 1716(k).”.

(b) CLERICAL AMENDMENT.—The table of sections for chapter 83 of title 18 is amended by inserting after the item relating to section 1716D the following:

“1716E. Tobacco products as nonmailable.”.

SEC. 4. INSPECTION BY BUREAU OF ALCOHOL, TOBACCO, FIREARMS, AND EXPLOSIVES OF RECORDS OF CERTAIN CIGARETTE AND SMOKELESS TOBACCO SELLERS; CIVIL PENALTY.

Section 2343(c) of title 18, United States Code, is amended to read as follows:

“(c)(1) Any officer of the Bureau of Alcohol, Tobacco, Firearms, and Explosives may, during normal business hours, enter the premises of any person described in subsection (a) or (b) for the purposes of inspecting—

“(A) any records or information required to be maintained by the person under this chapter; or

“(B) any cigarettes or smokeless tobacco kept or stored by the person at the premises.

“(2) The district courts of the United States shall have the authority in a civil action under this subsection to compel inspections authorized by paragraph (1).

“(3) Whoever denies access to an officer under paragraph (1), or who fails to comply with an order issued under paragraph (2), shall be subject to a civil penalty in an amount not to exceed \$10,000.”.

SEC. 5. EXCLUSIONS REGARDING INDIAN TRIBES AND TRIBAL MATTERS.

(a) IN GENERAL.—Nothing in this Act or the amendments made by this Act shall be construed to amend, modify, or otherwise affect—

(1) any agreements, compacts, or other intergovernmental arrangements between any State or local government and any government of an Indian tribe (as that term is defined in section 4(e) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(e)) relating to the collection of taxes on cigarettes or smokeless tobacco sold in Indian country;

(2) any State laws that authorize or otherwise pertain to any such intergovernmental arrangements or create special rules or procedures for the collection of State, local, or tribal taxes on cigarettes or smokeless tobacco sold in Indian country;

(3) any limitations under Federal or State law, including Federal common law and treaties, on State, local, and tribal tax and regulatory authority with respect to the sale, use, or distribution of cigarettes and smokeless tobacco by or to Indian tribes, tribal members, tribal enterprises, or in Indian country;

(4) any Federal law, including Federal common law and treaties, regarding State jurisdiction, or lack thereof, over any tribe, tribal members, tribal enterprises, tribal reservations, or other lands held by the United States in trust for one or more Indian tribes; or

(5) any State or local government authority to bring enforcement actions against persons located in Indian country.

(b) **COORDINATION OF LAW ENFORCEMENT.**—Nothing in this Act or the amendments made by this Act shall be construed to inhibit or otherwise affect any coordinated law enforcement effort by 1 or more States or other jurisdictions, including Indian tribes, through interstate compact or otherwise, that—

(1) provides for the administration of tobacco product laws or laws pertaining to interstate sales or other sales of tobacco products;

(2) provides for the seizure of tobacco products or other property related to a violation of such laws; or

(3) establishes cooperative programs for the administration of such laws.

(c) **TREATMENT OF STATE AND LOCAL GOVERNMENTS.**—Nothing in this Act or the amendments made by this Act shall be construed to authorize, deputize, or commission States or local governments as instrumentalities of the United States.

(d) **ENFORCEMENT WITHIN INDIAN COUNTRY.**—Nothing in this Act or the amendments made by this Act shall prohibit, limit, or restrict enforcement by the Attorney General of the United States of this Act or an amendment made by this Act within Indian country.

(e) **AMBIGUITY.**—Any ambiguity between the language of this section or its application and any other provision of this Act shall be resolved in favor of this section.

(f) **DEFINITIONS.**—In this section—

(1) the term “Indian country” has the meaning given that term in section 1 of the Jenkins Act, as amended by this Act; and

(2) the term “tribal enterprise” means any business enterprise, regardless of whether incorporated or unincorporated under Federal or tribal law, of an Indian tribe or group of Indian tribes.

SEC. 6. EFFECTIVE DATE.

(a) **IN GENERAL.**—Except as provided in subsection (b), this Act shall take effect on the date that is 90 days after the date of enactment of this Act.

(b) **BATFE AUTHORITY.**—The amendments made by section 4 shall take effect on the date of enactment of this Act.

SEC. 7. SEVERABILITY.

If any provision of this Act, or any amendment made by this Act, or the application thereof to any person or circumstance, is held invalid, the remainder of the Act and the application of the Act to any other person or circumstance shall not be affected thereby.

SEC. 8. SENSE OF CONGRESS CONCERNING THE PRECEDENTIAL EFFECT OF THIS ACT.

It is the sense of Congress that unique harms are associated with online cigarette sales, including problems with verifying the ages of consumers in the digital market and the long-term health problems associated with the use of certain tobacco products. This Act was enacted recognizing the long-standing interest of Congress in urging compliance with States' laws regulating remote sales of certain tobacco products to citizens of those States, including the passage of the Jenkins Act over 50 years ago, which established reporting requirements for out-of-State companies that sell certain tobacco products to citizens of the taxing States, and which gave authority to the Department of Justice and the Bureau of Alcohol, Tobacco, Firearms, and Explosives to enforce the Jenkins Act. In light of the unique harms and circumstances surrounding the online sale of certain tobacco products, this Act is intended to help collect cigarette excise taxes,

to stop tobacco sales to underage youth, and to help the States enforce their laws that target the online sales of certain tobacco products only. This Act is in no way meant to create a precedent regarding the collection of State sales or use taxes by, or the validity of efforts to impose other types of taxes on, out-of-State entities that do not have a physical presence within the taxing State.

The **SPEAKER pro tempore**: Pursuant to the rule, the gentleman from Tennessee (Mr. COHEN) and the gentleman from Texas (Mr. SMITH) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. COHEN. I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and provide extraneous material on the bill under consideration.

The **SPEAKER pro tempore**. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

Mr. COHEN. I yield myself such time as I may consume.

Mr. Speaker, S. 1147, the Prevent All Cigarette Trafficking Act of 2009, or PACT Act, will allow law enforcement to strengthen their efforts to combat illegal smuggling of tobacco products. Every year, tens of billions of cigarettes are illegally smuggled across State lines and across borders, cheating State and local governments out of much-needed tax revenues. In fact, tax evasion is the chief motivator for cigarette smuggling. Buying in a State where the cigarette tax is low and selling illegally in a State with a higher tax, the smuggler can sell at a discount and still turn a nice profit.

Cigarette smuggling costs States \$1 billion in uncollected tax revenue each year. The size of this illicit revenue stream has attracted organized crime and even terrorist groups. Because of the interstate scope of this criminal activity, as well as its sheer magnitude, States cannot adequately address it on their own. It has long been recognized as a Federal matter.

And there are Federal statutes. The Jenkins Act requires reporting interstate cigarette sales to tax officials in the buyer's State. And the Contraband Cigarette Trafficking Act prohibits knowingly dealing in contraband cigarettes or smokeless tobacco.

But these statutes in their current form are no match for the Internet. The Internet is being used to shepherd tobacco products across State lines in massive amounts, and the existing Federal statutes are unable to effectively stop them.

Internet-based smuggling operations are so mobile, in fact, that even when the smugglers can be identified and pursued, they can act quickly to shut down and simply reappear under a new name on a new Web site.

The PACT Act addresses the shortcomings in current law by targeting

the delivery systems for illegal Internet tobacco sales, the postal system, and commercial delivery services.

First, the bill permanently prohibits, with limited exceptions, sending tobacco products through the U.S. mail.

Second, vendors using commercial delivery services for retail sales are required to notify the tax authorities in the receiving State, conspicuously label all tobacco products, verify the purchasers are of legal age, and keep careful records of all sales.

Third, the bill raises the offense of cigarette trafficking from a misdemeanor to a felony.

Finally, the bill also authorizes the Bureau of Alcohol, Tobacco, Firearms, and Explosives to inspect the premises and files of sellers of significant quantities of cigarettes or smokeless tobacco.

S. 1147 passed the Senate on March 11 and is substantially similar to H.R. 1676, which passed the House under suspension of the rules on May 21, 2009 by a 397–11 roll call vote.

I would like to thank Mr. WEINER for his leadership in sponsoring the House version of this legislation. I also commend our ranking member, LAMAR SMITH of Texas, for his leadership in making this a bipartisan effort.

I urge my colleagues to support this important legislation.

I reserve the balance of my time.

Mr. SMITH of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, S. 1147, the Prevent All Cigarette Trafficking, or PACT, Act of 2009, is bipartisan legislation that will help Federal, State, and local law enforcement officials combat cigarette smuggling and trafficking.

Today, the House considers the Senate version of this legislation. The House passed similar bipartisan legislation last May, which I cosponsored with my colleague from New York (Mr. WEINER).

□ 1045

Tobacco smuggling has become one of the most prevalent forms of smuggling in recent years, and its effects are felt not only in America but around the world. The World Health Organization estimates that illegal cigarettes account for over 10 percent, or approximately 600 billion cigarettes, of the almost 6 trillion cigarettes sold globally each year. According to a study by the World Bank, cigarettes are appealing to smugglers because taxes typically account for a large portion of the sale price for cigarettes. Smugglers are, therefore, able to sell contraband cigarettes at a significantly lower price, making it highly profitable to traffic them for resale.

Tobacco smuggling traditionally involves the diversion of large quantities of cigarettes from wholesale distribution into the market. This usually occurs during shipment of the cigarettes,

thus allowing the traffickers to avoid most, if not all, of the taxes that will be imposed at retail. The profits from tobacco trafficking can be used to finance illegal activities, such as organized crime and drug trafficking syndicates. In addition, the sale of smuggled tobacco on the market deprives States of significant amounts of tax revenue each year.

California officials estimate that taxes are unpaid on about 15 percent of all tobacco sold in its markets at a cost of \$276 million a year. In a recently released study, the State of New York, for example, put its losses at more than \$576 million per year. Recently, my home State of Texas raised its cigarette taxes. This increase is supposed to generate an additional \$800 million in revenue for the State. This revenue could be lost if smugglers continue to divert cigarettes for resale on the underground market.

The PACT Act will help to ensure that States like California, New York, and Texas receive or recover tax revenue that is due to them. This bipartisan legislation closes loopholes in current tobacco trafficking laws and provides law enforcement officials with ways to combat the innovative methods being used by cigarette traffickers to distribute their products.

Mr. Speaker, S. 1147 is supported by the Lung Cancer Alliance, the Campaign for Tobacco-Free Kids, and more than 20 public health advocacy organizations. A number of tobacco manufacturers and a majority of State attorneys general also support passage of this bill. I urge my colleagues to support this legislation.

I yield back the balance of my time.

Mr. COHEN. Mr. Speaker, I yield as much time as he may consume to the silver-throated Representative from New York's Ninth Congressional District (Mr. WEINER).

Mr. WEINER. I thank you very much, and I thank the ranking member for his informed remarks about this bill. I want to thank also the chairman of our full committee for reaching it to this point.

You know, the fact is that the various States have different levels of tax on their tobacco products. Some States are very high. My State of New York is among the highest. Our city puts an additional tax. It is one of the prerogatives of the different States—some have chosen to tax more; some have chosen to tax less.

But the fact is that there is an enormous economy around avoiding that tax, essentially violating the law. There are Internet tobacco sites that exist with their sole purpose apparently being to deliver tobacco to people outside the realm of taxation. That's a problem. It's a problem not just because it makes it impossible for States to collect taxes that they've levied, but it's also a problem because the sale of

Internet tobacco encourages underage smoking. It also makes it very easy for anyone who wants to commit illicit acts.

When the Government Accounting Office took a look at a smuggling ring that they discovered in the early part of this century, they found that Hezbollah, the international terrorist organization, was using this difference in taxes to fund their illicit activities. Here's how it worked: They would purchase tobacco at a low tax rate in North Carolina; they would ship it to a higher tax State in Michigan; and the difference that they'd save by selling the cheaper tobacco in Michigan would produce millions of dollars.

But it is not just international terrorist organizations and not just underage smokers that are using this gap in the laws to undermine our interstate commerce. It is also just everyday citizens who have become scofflaws by using Internet tobacco sales.

So how does this PACT Act, which was sponsored by Senator KOHL and is sponsored by my Republican friends in the House and passed by a broad margin when we earlier considered this, how does this solve the problem? Well, it does it in a couple of ways.

One, it is already by agreement that UPS, FedEx, DHL, the major common carriers have said, You know what? We think it's wrong to be facilitating this by making deliveries for Internet tobacco companies, so we're not going to do it. They've agreed to it. It's in place in all 50 States. There's only one common carrier that today still delivers tobacco through the mail—the United States Postal Service. They came to us and said, Congress, if you really want us not to mail this, you've got to define what a nonmailable material is, and you've got to add that to the list. That's what the PACT Act does. It says that you can no longer mail tobacco through the mail once this becomes law. So it's going to make it very, very difficult, if not impossible, for Internet tobacco sales to continue.

A second thing that it does is that transaction that I described, where you buy something cheaply and don't pay taxes on it or pay a lower tax than you're supposed to in your State, is already a violation of the law. But effectively, those violations are never prosecuted because under the Jenkins Act, which is the structure of the law that enforces this, it's only a misdemeanor. Well, that's going to change. In this bill, it's going to become a felony. If you think you're going to skirt the law by driving to your neighborhood Indian reservation, buying boxes and boxes or cases and cases of cigarettes, not paying taxes on it, well, now that's a violation of the Jenkins Act that rises to a felony. So it might make sense for the U.S. Attorney or for an attorney general to say, You know what? We're going to do a stakeout here, and if we

find untaxed tobacco is being sold or undertaxed tobacco is being sold, we're going to crack down on it.

A third thing that it does is it increases the enforcement of the act that is supposed to happen. When you buy something in a low tax State, you're supposed to pay the taxes in your home State. So this is going to increase the reporting requirements. Anyone that sells these products is going to have to report back to your home State on the taxes that are owed.

Now, what is this going to mean? In addition to cutting down on underage smoking, this is going to mean that States and localities are going to find that they're going to start collecting the taxes they're supposed to. And again, we have people who support lower tobacco taxes on this bill, people who support higher tobacco taxes on this bill. This is not an issue of whether you think there should or should not be tobacco taxes. I think there is bipartisan agreement that there is, within the right of the 50 States, the ability to levy this taxes, and the sovereignty of those 50 States depend on them being able to collect it. What this is going to be able to do now is we are going to make sure that, in the context of this debate, that these tobacco taxes get collected.

No one knows exactly what was being evaded here, but there was one estimate that said as much as \$1 billion in New York State alone is being evaded, and we are finally going to be able to get control of this problem. All 51 State attorneys general have supported the PACT Act, the National Association of Convenience Stores, the American Wholesalers Association. Even the major tobacco companies who understand that there is a regime that has been set up in the 50 States, they want it to be followed, too. So companies like Altria and Lorillard are saying, You know what? While there are a lot of hot debates about tobacco use in this country, there should not be a hot debate about whether or not we enforce the laws of the 50 States.

I also want to thank my Republican colleagues here. Mr. SMITH and his colleagues and a bipartisan coalition said, You know what? You're going to be tough on crime; we're going to be tough on this crime as well, and have every step of the way made suggestions that have improved this legislation.

And also—this is the part that is the toughest to say—I want to thank my colleagues in the Senate. There have been 290 times that we have sent legislation in their direction, and while I think it was Benjamin Franklin who called the Senate “the cooling saucer of our democracy,” they've been more akin to a meat locker in recent months. And I want to commend Senator KOHL for figuring out a way to extract something from that frigid environment. Hopefully, we'll be getting this to the President's desk.

This is an important thing, what we're doing here. This is going to allow States to collect the revenue they're supposed to have. Every antismoking organization that's concerned about underage smoking has been active in making this happen—27 public health groups, the Campaign for Tobacco-Free Kids, the American Heart Association, American Cancer Society, the American Lung Association. I think all of us who are concerned about keeping tobacco out of the hands of children recognize that this giant gap in our law that allows them to get it on the Internet without any age verification, which is another element of this bill that's going to become law, has a stake in making this bill a reality.

I want to thank Mr. COHEN for so deftly managing this bill.

I would like to thank members of the Democratic and Republican staff of the Judiciary Committee and my staff, who worked tirelessly on this legislation. In particular, I would like to thank Perry Apfelbaum, Ted Kalo and Danielle Brown on the House Judiciary Committee, Jesselyn McCurdy, Kimani Little and Caroline Lynch with the Judiciary Subcommittee on Crime, Terrorism and Homeland Security, Marni Karlin on the Senate Judiciary Committee, John Mautz with Congressman Coble's staff and Joe Dunn on my staff.

I would also like to thank Artie Katz, Lenny Schwartz and Steve Rosenthal with the New York Association of Wholesale Marketers, John Hoel and Sarah Knakmuhs with Altria, Eric Lindblom and Brian Hickey with the Campaign for Tobacco Free Kids, Anne Holloway with the American Wholesale Marketers Association, Blair Tinkle with the National Association of Attorneys General, Lyle Beckwith with the National Association of Convenience Stores and Laurie McKay with Dickstein Shapiro.

I urge my colleagues to support this important legislation.

Ms. HERSETH SANDLIN. Mr. Speaker, I rise today in opposition to S. 1147. While I acknowledge the importance of curbing underage smoking and respect this bill's intent to prevent funding of terrorist groups, I believe the bill threatens the government-to-government relationship with Native American tribes set out by our founders in the U.S. Constitution.

Article I, Section 8 of the Constitution gives Congress the authority to regulate commerce with Indian tribes. However, this bill would open the door to allowing States to bring felony charges against tribes and tribal businesses who participate in tribe-to-tribe transactions.

Two of the tribes I have the honor of representing, the Rosebud Sioux and Yankton Sioux, have contacted me with their concerns. They also do not object to this bill and support reducing cigarette trafficking. They simply ask that the bill be amended so that tribal sovereignty, recognized through hundreds of treaties and reaffirmed through executive orders, judicial decisions, and congressional action, not be encroached.

I urge this body to respect tribal sovereignty and it is for this reason I could not support this bill today.

Mr. COHEN. Mr. Speaker, I just want to commend both Ranking Member SMITH and Mr. WEINER. This is bipartisan, bicameral, and bilegally. And since it's tri-bi, I encourage everybody to vote "aye" on S. 1147.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and pass the bill, S. 1147.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. COHEN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H. Res. 1089, by the yeas and nays;

H. Res. 1167, by the yeas and nays;

H. Res. 1184, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

RECOGNIZING 150TH ANNIVERSARY OF AUGUSTANA COLLEGE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1089, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New Hampshire (Ms. SHEA-PORTER) that the House suspend the rules and agree to the resolution, H. Res. 1089, as amended.

The vote was taken by electronic device, and there were—yeas 421, nays 0, not voting 9, as follows:

[Roll No. 120]

YEAS—421

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus

Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray

Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccheri
Boehner
Bonner
Bono Mack
Boozman

Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown, Corrine
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxy

Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder

Lipinski
LoBiondo
Loebach
Lofgren, Zoe
Lowe
Lucas
Luetkemeyer
Lujan
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markley (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Molohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascarelli
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel

Rehberg	Sensenbrenner	Tiahrt
Reichert	Serrano	Tiberi
Reyes	Sessions	Tierney
Richardson	Sestak	Titus
Rodriguez	Shadegg	Tonko
Roe (TN)	Shea-Porter	Towns
Rogers (AL)	Sherman	Tsongas
Rogers (KY)	Shimkus	Turner
Rogers (MI)	Shuler	Upton
Rohrabacher	Shuster	Van Hollen
Rooney	Simpson	Velázquez
Ros-Lehtinen	Sires	Visclosky
Roskam	Skelton	Walden
Ross	Slaughter	Walz
Rothman (NJ)	Smith (NE)	Wamp
Roybal-Allard	Smith (NJ)	Wasserman
Royce	Smith (TX)	Schultz
Ruppersberger	Smith (WA)	Waters
Rush	Snyder	Watson
Ryan (OH)	Souder	Watt
Ryan (WI)	Space	Waxman
Salazar	Speier	Weiner
Sánchez, Linda	Spratt	Welch
T.	Stearns	Westmoreland
Sanchez, Loretta	Stupak	Whitfield
Sarbanes	Sullivan	Wilson (OH)
Scalise	Sutton	Wilson (SC)
Schakowsky	Tanner	Wittman
Schauer	Taylor	Wolf
Schiff	Teague	Woolsey
Schmidt	Terry	Wu
Schock	Thompson (CA)	Yarmuth
Schwartz	Thompson (MS)	Young (AK)
Scott (GA)	Thompson (PA)	
Scott (VA)	Thornberry	

NOT VOTING—9

Barrett (SC)	Deal (GA)	Schrader
Brown (SC)	Engel	Stark
Cuellar	Perriello	Young (FL)

□ 1127

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

The title of the resolution was amended so as to read: "Recognizing the 150th anniversary of Augustana College in Rock Island, Illinois."

A motion to reconsider was laid on the table.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed without amendment a concurrent resolution of the House of the following title:

H. Con. Res. 249. Concurrent resolution commemorating the 45th anniversary of Bloody Sunday and the role that it played in ensuring the passage of the Voting Rights Act of 1965.

The message also announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 1782. An act to provide improvements for the operations of the Federal courts, and for other purposes.

The message also announced that the Senate agrees to the amendment of the House to the amendment of the Senate to the amendment of the House to the bill (H.R. 2847) "An Act making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes."

ANNOUNCEMENT BY THE SPEAKER
PRO TEMPORE

The SPEAKER pro tempore (Mr. WEINER). Without objection, 5-minute voting will continue.

There was no objection.

SUPPORTING SOCIAL WORK
MONTH AND WORLD SOCIAL
WORK DAY

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1167, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New Hampshire (Ms. SHEA-PORTER) that the House suspend the rules and agree to the resolution, H. Res. 1167.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 419, nays 0, not voting 11, as follows:

[Roll No. 121]

YEAS—419

Ackerman	Cantor	Duncan
Aderholt	Cao	Edwards (MD)
Adler (NJ)	Capito	Edwards (TX)
Akin	Capps	Ehlers
Alexander	Capuano	Ellison
Altmire	Cardoza	Ellsworth
Andrews	Carnahan	Emerson
Arcuri	Carney	Eshoo
Austria	Carson (IN)	Etheridge
Baca	Carter	Fallin
Bachmann	Cassidy	Farr
Bachus	Castle	Fattah
Baird	Castor (FL)	Filner
Baldwin	Chaffetz	Flake
Barrow	Chandler	Fleming
Bartlett	Childers	Forbes
Barton (TX)	Chu	Fortenberry
Bean	Clarke	Foster
Becerra	Clay	Fox
Berkley	Cleaver	Frank (MA)
Berman	Clyburn	Franks (AZ)
Berry	Coble	Frelinghuysen
Biggett	Coffman (CO)	Fudge
Bilbray	Cohen	Gallely
Bilirakis	Cole	Garamendi
Bishop (GA)	Conaway	Garrett (NJ)
Bishop (NY)	Connolly (VA)	Gerlach
Bishop (UT)	Conyers	Giffords
Blackburn	Cooper	Gingrey (GA)
Blumenauer	Costa	Gonzalez
Blunt	Costello	Goodlatte
Boccieri	Courtney	Gordon (TN)
Boehner	Crenshaw	Granger
Bonner	Crowley	Graves
Bono Mack	Culberson	Grayson
Boozman	Cummings	Green, Al
Boren	Dahlkemper	Green, Gene
Boswell	Davis (AL)	Griffith
Boucher	Davis (CA)	Grijalva
Boustany	Davis (IL)	Guthrie
Boyd	Davis (KY)	Gutierrez
Brady (PA)	Davis (TN)	Hall (NY)
Brady (TX)	DeFazio	Hall (TX)
Braley (IA)	DeGette	Halvorson
Brown (GA)	Delahunt	Hare
Brown, Corrine	DeLauro	Harman
Brown-Waite,	Dent	Harper
Ginny	Diaz-Balart, L.	Hastings (FL)
Buchanan	Diaz-Balart, M.	Hastings (WA)
Burgess	Dicks	Heinrich
Burton (IN)	Dingell	Heller
Butterfield	Doggett	Hensarling
Buyer	Donnelly (IN)	Herger
Calvert	Doyle	Herseth Sandlin
Camp	Dreier	Higgins
Campbell	Driebeaus	Hill

Himes	McGovern	Rush
Hinchey	McHenry	Ryan (OH)
Hinojosa	McIntyre	Ryan (WI)
Hirono	McKeon	Salazar
Hodes	McMahon	Sánchez, Linda
Hoekstra	McMorris	T.
Holden	Rodgers	Sanchez, Loretta
Holt	McNerney	Sarbanes
Honda	Meek (FL)	Scalise
Hoyer	Meeks (NY)	Schakowsky
Hunter	Melancon	Schauer
Inglis	Mica	Schiff
Inslee	Michaud	Schmidt
Israel	Miller (FL)	Schock
Issa	Miller (MI)	Schwartz
Jackson (IL)	Miller (NC)	Scott (GA)
Jackson Lee	Miller, Gary	Scott (VA)
(TX)	Miller, George	Sensenbrenner
Jenkins	Minnick	Serrano
Johnson (GA)	Mitchell	Sessions
Johnson (IL)	Mollohan	Sestak
Johnson, E. B.	Moore (KS)	Shadegg
Johnson, Sam	Moore (WI)	Shea-Porter
Jones	Moran (KS)	Sherman
Jordan (OH)	Moran (VA)	Shimkus
Kagen	Murphy (CT)	Shuler
Kanjorski	Murphy (NY)	Shuster
Kaptur	Murphy, Patrick	Simpson
Kennedy	Murphy, Tim	Sires
Kildee	Myrick	Skelton
Kilpatrick (MI)	Nadler (NY)	Slaughter
Kilroy	Napolitano	Smith (NE)
Kind	Neal (MA)	Smith (NJ)
King (IA)	Neugebauer	Smith (TX)
King (NY)	Nunes	Smith (WA)
Kingston	Nye	Snyder
Kirk	Oberstar	Souder
Kirkpatrick (AZ)	Obey	Space
Kissell	Olson	Speier
Klein (FL)	Oliver	Spratt
Kline (MN)	Ortiz	Stearns
Kosmas	Owens	Stupak
Kratovil	Pallone	Sullivan
Kucinich	Pascrell	Sutton
Lamborn	Pastor (AZ)	Tanner
Lance	Paul	Taylor
Langevin	Paulsen	Teague
Larsen (WA)	Payne	Terry
Larson (CT)	Pence	Thompson (CA)
Latham	Perlmutter	Thompson (MS)
LaTourette	Perriello	Thompson (PA)
Latta	Peters	Thornberry
Lee (CA)	Peterson	Tiahrt
Lee (NY)	Petri	Tiberi
Levin	Pingree (ME)	Tierney
Lewis (CA)	Pitts	Titus
Lewis (GA)	Platts	Tonko
Linder	Poe (TX)	Towns
Lipinski	Pollis (CO)	Tsongas
LoBiondo	Pomeroy	Turner
Loebuck	Posey	Upton
Lofgren, Zoe	Price (GA)	Van Hollen
Lowe	Price (NC)	Velázquez
Lucas	Putnam	Visclosky
Luetkemeyer	Quigley	Walden
Luján	Radanovich	Walz
Lummis	Rahall	Wamp
Lungren, Daniel	Rangel	Wasserman
E.	Rehberg	Schultz
Lynch	Reichert	Waters
Mack	Reyes	Watson
Maffei	Richardson	Watt
Maloney	Rodriguez	Waxman
Manzullo	Roe (TN)	Weiner
Marchant	Rogers (AL)	Welch
Markey (MA)	Rogers (KY)	Westmoreland
Marshall	Rogers (MI)	Whitfield
Matheson	Rohrabacher	Wilson (OH)
Matsui	Rooney	Wilson (SC)
McCarthy (CA)	Ros-Lehtinen	Wittman
McCarthy (NY)	Roskam	Wolf
McCaul	Ross	Woolsey
McClintock	Rothman (NJ)	Wu
McCollum	Roybal-Allard	Yarmuth
McCotter	Royce	Young (AK)
McDermott	Ruppersberger	

NOT VOTING—11

Barrett (SC)	Deal (GA)	Schrader
Bright	Engel	Stark
Brown (SC)	Gohmert	Young (FL)
Cuellar	Markey (CO)	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining on this vote.

□ 1135

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. BRIGHT. Madam Speaker, on rollcall No. 121, had I been present, I would have voted "yea."

CONGRATULATING UNIVERSITY OF MARYLAND MEN'S BASKETBALL TEAM

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1184, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from New Hampshire (Ms. SHEA-PORTER) that the House suspend the rules and agree to the resolution, H. Res. 1184.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 279, nays 132, answered "present" 6, not voting 13, as follows:

[Roll No. 122]

YEAS—279

Ackerman	Carson (IN)	Etheridge
Adler (NJ)	Castle	Farr
Alexander	Castor (FL)	Fattah
Andrews	Childers	Filner
Arcuri	Chu	Foster
Baca	Clarke	Frank (MA)
Bachus	Clay	Fudge
Baird	Cleaver	Garamendi
Baldwin	Clyburn	Garrett (NJ)
Barrow	Coble	Gerlach
Bartlett	Cohen	Giffords
Barton (TX)	Connolly (VA)	Gonzalez
Bean	Conyers	Goodlatte
Becerra	Cooper	Gordon (TN)
Berkley	Costa	Graves
Berman	Costello	Grayson
Berry	Courtney	Green, Al
Bilirakis	Crenshaw	Gutierrez
Bishop (GA)	Crowley	Hall (NY)
Bishop (NY)	Culberson	Hall (TX)
Blumenauer	Cummings	Halvorson
Blunt	Dahlkemper	Hare
Bocieri	Davis (AL)	Harman
Bonner	Davis (CA)	Hastings (FL)
Boren	Davis (IL)	Heinrich
Boswell	Davis (TN)	Herseth Sandlin
Boucher	DeGette	Higgins
Boyd	Delahunt	Hill
Brady (PA)	DeLauro	Himes
Braley (IA)	Dent	Hinchee
Bright	Dicks	Hinojosa
Brown, Corrine	Dingell	Hirono
Buchanan	Doggett	Hodes
Butterfield	Donnelly (IN)	Holden
Cao	Driehaus	Holt
Capito	Edwards (MD)	Honda
Capps	Edwards (TX)	Hoyer
Capuano	Ellison	Inslee
Cardoza	Ellsworth	Israel
Carnahan	Emerson	Jackson (IL)
Carney	Eshoo	

Jackson Lee	Miller, George	Schauer
(TX)	Minnick	Schiff
Johnson (GA)	Mitchell	Schmidt
Johnson, E. B.	Mollohan	Schwartz
Jones	Moore (KS)	Scott (GA)
Kanjorski	Moore (WI)	Scott (VA)
Kaptur	Moran (VA)	Serrano
Kennedy	Murphy (CT)	Sestak
Kildee	Murphy (NY)	Shea-Porter
Kilpatrick (MI)	Murphy, Patrick	Sherman
Kilroy	Murphy, Tim	Shuler
Kind	Myrick	Sires
Kirk	Nadler (NY)	Skelton
Kirkpatrick (AZ)	Napolitano	Slaughter
Kissell	Neal (MA)	Smith (NJ)
Klein (FL)	Nye	Smith (WA)
Kosmas	Obey	Snyder
Kratovil	Oliver	Space
Kucinich	Ortiz	Speier
Lamborn	Owens	Spratt
Langevin	Pallone	Stupak
Larsen (WA)	Pascarella	Sutton
Larson (CT)	Pastor (AZ)	Tanner
Latham	Payne	Taylor
LaTourette	Perlmutter	Teague
Lee (CA)	Perriello	Terry
Levin	Peters	Thompson (CA)
Lewis (GA)	Peterson	Thompson (MS)
Lipinski	Pingree (ME)	Thompson (PA)
LoBiondo	Pitts	Tierney
Loeb sack	Platts	Titus
Lofgren, Zoe	Polis (CO)	Tonko
Lowe y	Pomeroy	Towns
Lujan	Price (NC)	Tsongas
Lynch	Quigley	Van Hollen
Maffei	Radanovich	Rangel
Maloney	Rangel	Velázquez
Markey (CO)	Rehberg	Visclosky
Markey (MA)	Reichert	Walz
Matheson	Reyes	Wasserman
Matsui	Richardson	Schultz
McCarthy (NY)	Rodriguez	Waters
McCaul	Ross	Watson
McCollum	Rothman (NJ)	Watt
McDermott	Roybal-Allard	Weiner
McGovern	Ruppersberger	Welch
McIntyre	Rush	Wilson (OH)
McMahon	Ryan (OH)	Wilson (SC)
McNerney	Salazar	Wittman
Meek (FL)	Sánchez, Linda	Wolf
Meeks (NY)	T.	Woolsey
Melancon	Sanchez, Loretta	Wu
Michaud	Sarbanes	Yarmuth
Miller (NC)	Schakowsky	

NAYS—132

Aderholt	Fortenberry	Marchant
Akin	Fox	McCarthy (CA)
Altmire	Franks (AZ)	McClintock
Austria	Frelinghuysen	McCotter
Bachmann	Galleghy	McHenry
Biggart	Gingrey (GA)	McKeon
Bilbray	Gohmert	McMorris
Bishop (UT)	Granger	Rodgers
Blackburn	Griffith	Mica
Boehner	Guthrie	Miller (FL)
Bono Mack	Harper	Miller (MI)
Boozman	Hastings (WA)	Miller, Gary
Boustany	Heller	Moran (KS)
Brady (TX)	Hensarling	Neugebauer
Broun (GA)	Hерger	Nunes
Brown-Waite,	Hoekstra	Olson
Ginny	Hunter	Paul
Burgess	Inglis	Paulsen
Burton (IN)	Issa	Petri
Buyer	Jenkins	Poe (TX)
Calvert	Johnson (IL)	Posey
Camp	Johnson, Sam	Price (GA)
Campbell	Jordan (OH)	Putnam
Carter	King (IA)	Rahall
Cassidy	King (NY)	Roe (TN)
Chaffetz	Kingston	Rogers (AL)
Coffman (CO)	Kline (MN)	Rogers (KY)
Cole	Lance	Rogers (MI)
Conaway	Latta	Rohrabacher
Davis (KY)	Lee (NY)	Rooney
Diaz-Balart, L.	Lewis (CA)	Ros-Lehtinen
Diaz-Balart, M.	Linder	Roskam
Dreier	Lucas	Royce
Duncan	Luetkemeyer	Ryan (WI)
Ehlers	Lummis	Scalise
Fallin	Lungren, Daniel	Schock
Flake	E.	Sensenbrenner
Fleming	Mack	Sessions
Forbes	Manzullo	Shadegg

Shimkus	Stearns	Upton
Shuster	Sullivan	Walden
Simpson	Thornberry	Wamp
Smith (NE)	Tiahrt	Westmoreland
Smith (TX)	Tiberi	Whitfield
Souder	Turner	Young (AK)

ANSWERED "PRESENT"—6

Chandler	Green, Gene	Marshall
DeFazio	Kagen	Oberstar

NOT VOTING—13

Barrett (SC)	Doyle	Stark
Brown (SC)	Engel	Waxman
Cantor	Grijalva	Young (FL)
Cuellar	Pence	
Deal (GA)	Schrader	

□ 1143

Messrs. ROGERS of Michigan, LANCE, and SMITH of Texas changed their vote from "yea" to "nay."

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 11 o'clock and 44 minutes a.m.), the House stood in recess subject to the call of the Chair.

□ 1347

AFTER RECESS

The recess having expired, the House was called to order by the SPEAKER pro tempore (Ms. MCCOLLUM) at 1 o'clock and 47 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

ROY WILSON POST OFFICE

Mr. CLAY. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4214) to designate the facility of the United States Postal Service located at 45300 Portola Avenue in Palm Desert, California, as the "Roy Wilson Post Office".

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4214

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. ROY WILSON POST OFFICE.

(a) DESIGNATION.—The facility of the United States Postal Service located at 45300 Portola Avenue in Palm Desert, California, shall be known and designated as the “Roy Wilson Post Office”.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the “Roy Wilson Post Office”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. CLAY) and the gentleman from California (Mr. BILBRAY) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. CLAY. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Missouri?

There was no objection.

Mr. CLAY. I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 4214, a bill to designate the facility of the U.S. Postal Service located at 45300 Portola Avenue in Palm Desert, California, as the “Roy Wilson Post Office.” The late Roy Wilson devoted his career to public service, serving as county supervisor for Riverside County, California, for 15 years. This followed 17 years of service on the Palm Desert City Council.

His passing last August brought a great deal of sadness to his colleagues, his staff, and his community. He is remembered for working with his colleagues to find common ground and to seek compromise. His hard work earned the respect and trust of his colleagues and constituents, and today, with this measure, we honor his life and service.

This bill was introduced by the gentlewoman from California, Representative MARY BONO MACK, on December 7, 2009. It was referred to the Committee on Oversight and Government Reform, which ordered it reported by unanimous consent on March 4, 2010.

Madam Speaker, I urge my colleagues to join me in supporting this measure.

I reserve the balance of my time.

Mr. BILBRAY. Madam Speaker, I yield myself as much time as I may consume.

Madam Speaker, I rise today in support of H.R. 4214, designating the facility of the United States Post Office located at 45300 Portola Avenue in Palm Desert, California, as the “Roy Wilson Post Office.”

I think my illustrious colleague from Missouri said it very well. I think there is no reason to repeat more. Mr. Wilson served his community in many ways. As a former county supervisor myself,

I think it is very appropriate to recognize how important that level of government, the county government, especially in California, is, and the many years of service that Mr. Wilson gave his community, not just as a county supervisor but in many other forms that are quite appropriate.

I am proud to join the gentleman from Missouri and the gentlelady, MARY BONO MACK, from California, in supporting this resolution.

I reserve my time.

Mr. CLAY. Madam Speaker, I have no speakers, so I will continue to reserve.

Mrs. BONO MACK. Madam Speaker, I rise today to honor the memory and legacy of a dear friend and selfless public leader. Serving one of our State's fastest growing regions, Riverside County Supervisor Roy Wilson passed away in August after many years of service to our community. I consider it a great privilege to honor this remarkable and humble man by naming a post office located in Supervisor Wilson's home town of Palm Desert, CA, as the Roy Wilson Post Office.

Some of my colleagues representing nearby Districts in southern California may remember Roy Wilson and his many years of outstanding work on behalf of residents of our region. His integrity and steady leadership was invaluable and he has been missed by all who knew and loved him. Our thoughts and prayers continue to be with his loving wife, Aurora, and the rest of his family.

Roy Wilson represented the 4th District of Riverside County for 15 years, following 17 years of service on the Palm Desert City Council. Roy worked on many issues important to members of our community such as improving air quality, providing valuable education, and reducing spending to help strengthen the county's budget.

For many years, Roy Wilson taught at our local community college, College of the Desert, in Palm Desert, California. This campus has for decades been an important educational resource to local residents wishing to pursue higher education. Roy was instrumental in helping the campus grow and excel.

In addition, Roy Wilson worked to help protect the environment in our region through his service of 22 years on the governing board of the South Coast Air Quality Management District. Our desert community attracts residents and visitors through its natural beauty, hiking trails and mountainous views. Through Roy Wilson's leadership, he truly helped preserve the health and well-being of our unique environment.

In recent years, as our County faced significant financial challenges, Roy moved to rein in spending in order to help improve the budget—difficult, but necessary in these financially troubling times.

The many capacities in which Roy worked to the betterment of our community are clear, but his humble leadership is what truly made him so unique and effective. Roy was able to engage in both sides of any discussion and truly earned the trust and respect of many local residents and leaders.

As a cherished member of our community, where many residents called him a friend and

neighbor, this postal naming would be a special tribute to the late Supervisor Roy Wilson.

I ask that my colleagues join me in honoring this exceptional man and helping me and residents living in our community honor his life and legacy.

I'd like to thank Subcommittee Chairman LYNCH and Ranking Member CHAFFETZ for their help in moving this bill forward.

Mr. BILBRAY. Madam Speaker, in the spirit of cooperation with the leadership, I will at this time yield back my time, and I ask for support of the bill.

Mr. CLAY. I thank my friend from California (Mr. BILBRAY) for joining me in urging our colleagues to recognize the life and work of Roy Wilson by supporting this measure, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. CLAY) that the House suspend the rules and pass the bill, H.R. 4214.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. CLAY. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

PLAIN WRITING ACT OF 2010

Mr. CLAY. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 946) to enhance citizen access to Government information and services by establishing that Government documents issued to the public must be written clearly, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 946

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Plain Writing Act of 2010”.

SEC. 2. PURPOSE.

The purpose of this Act is to improve the effectiveness and accountability of Federal agencies to the public by promoting clear Government communication that the public can understand and use.

SEC. 3. DEFINITIONS.

In this Act:

(1) AGENCY.—The term “agency” means an Executive agency, as defined under section 105 of title 5, United States Code.

(2) COVERED DOCUMENT.—The term “covered document”—

(A) means any document that—

(i) is relevant to obtaining any Federal Government benefit or service or filing taxes;

(ii) provides information about any Federal Government benefit or service; or

(iii) explains to the public how to comply with a requirement the Federal Government administers or enforces;

(B) includes (whether in paper or electronic form) a letter, publication, form, notice, or instruction; and

(C) does not include a regulation.

(3) **PLAIN WRITING.**—The term “plain writing” means writing that the intended audience can readily understand and use because that writing is clear, concise, well-organized, and follows other best practices of plain writing.

SEC. 4. RESPONSIBILITIES OF FEDERAL AGENCIES.

(a) **PREPARATION FOR IMPLEMENTATION OF PLAIN WRITING REQUIREMENTS.**—

(1) **IN GENERAL.**—Not later than 9 months after the date of enactment of this Act, the head of each agency shall—

(A) designate 1 or more senior officials within the agency to oversee the agency implementation of this Act;

(B) communicate the requirements of this Act to the employees of the agency;

(C) train employees of the agency in plain writing;

(D) establish a process for overseeing the ongoing compliance of the agency with the requirements of this Act;

(E) create and maintain a plain writing section of the agency’s website that is accessible from the homepage of the agency’s website; and

(F) designate 1 or more agency points-of-contact to receive and respond to public input on—

(i) agency implementation of this Act; and

(ii) the agency reports required under section 5.

(2) **WEBSITE.**—The plain writing section described under paragraph (1)(E) shall—

(A) inform the public of agency compliance with the requirements of this Act; and

(B) provide a mechanism for the agency to receive and respond to public input on—

(i) agency implementation of this Act; and

(ii) the agency reports required under section 5.

(b) **REQUIREMENT TO USE PLAIN WRITING IN NEW DOCUMENTS.**—Beginning not later than 1 year after the date of enactment of this Act, each agency shall use plain writing in every covered document of the agency that the agency issues or substantially revises.

(c) **GUIDANCE.**—

(1) **IN GENERAL.**—Not later than 6 months after the date of enactment of this Act, the Director of the Office of Management and Budget shall develop and issue guidance on implementing the requirements of this section. The Director may designate a lead agency, and may use interagency working groups to assist in developing and issuing the guidance.

(2) **INTERIM GUIDANCE.**—Before the issuance of guidance under paragraph (1), agencies may follow the guidance of—

(A) the writing guidelines developed by the Plain Language Action and Information Network; or

(B) guidance provided by the head of the agency that is consistent with the guidelines referred to in subparagraph (A).

SEC. 5. REPORTS TO CONGRESS.

(a) **INITIAL REPORT.**—Not later than 9 months after the date of enactment of this Act, the head of each agency shall publish on the plain writing section of the agency’s website a report that describes the agency plan for compliance with the requirements of this Act.

(b) **ANNUAL COMPLIANCE REPORT.**—Not later than 18 months after the date of enactment of this Act, and annually thereafter, the head of each agency shall publish on the plain writing section of the agency’s website

a report on agency compliance with the requirements of this Act.

SEC. 6. JUDICIAL REVIEW AND ENFORCEABILITY.

(a) **JUDICIAL REVIEW.**—There shall be no judicial review of compliance or noncompliance with any provision of this Act.

(b) **ENFORCEABILITY.**—No provision of this Act shall be construed to create any right or benefit, substantive or procedural, enforceable by any administrative or judicial action.

SEC. 7. BUDGETARY EFFECTS OF PAYGO LEGISLATION FOR THIS ACT.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go-Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. CLAY) and the gentleman from California (Mr. BILBRAY) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. CLAY. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The **SPEAKER** pro tempore. Is there objection to the request of the gentleman from Missouri?

There was no objection.

Mr. CLAY. In recognition of Sunshine Week, today we are considering H.R. 946, legislation aimed at making the government more open and accessible. H.R. 946, the Plain Language Act, was introduced by Representative BRUCE BRALEY of Iowa. This bill requires agencies to use plain writing in government documents.

The administration recently issued a directive on open government. One of the simple principles of the directive is that information should be accessible. This is the aim of this bill. This bill will make information more accessible by requiring agencies to write documents in a way that is clear and easily understood. We often focus on the need to make information available, but even if the information is available, it isn’t useful unless it can be understood. AARP wrote a letter supporting this bill. And it says, “the use of plain language in documents issued to the public will save the Federal Government an enormous amount of time now spent helping citizens understand the correspondence they receive. It will also reduce errors in the public’s response to the information the government sends out, as well as minimize complaints from frustrated citizens trying to decipher overly dense and nontransparent communications.”

Madam Speaker, I urge my colleagues to support this worthy bill. I reserve the balance of my time.

Mr. BILBRAY. Madam Speaker, I rise in support of the bill. Madam

Speaker, I yield myself as much time as I may consume.

Madam Speaker, I want to join with my colleague from Missouri in supporting this bill. I really think that we need to see more bills like this. Plain language sounds so simple, but for so long the American people have been asking for Washington to do what it tells everyone else to do, and that is reform itself. You shouldn’t have to hire a lawyer to be able to understand what the government is telling you or doing, and sadly that has been historically the fact. And I want to thank the author of this bill for bringing this forward.

I hope that this is the beginning of the melting of the gridlock of always trying to not change the way Washington operates. I hope this is the beginning of saying, before we ask the private citizens to change the way they live their lifestyle, the way they act, before we start asking the private sector to reform their way of operation, we should lead through example by changing the way Washington operates and the way the Federal Government relates not just to its services but to its constituency. And I think this bill does that.

I think one of the greatest frustrations that we find in the American people today is the fact that they feel that Washington is disconnected. And a bill like this points out how disconnected, that when we can’t even send out notices to inform our citizens of what is going on, what they need to do, or what is possible—we can’t even do it in plain language. We have to do it in a legalese that may sound good here in Washington, but it is not understood out in the real streets of America.

So I ask my colleagues, again, to use this as an example of just the first of many. And so we can look at not just reforming how we communicate, but how we govern, how we represent, and how we tell the American people we really do finally care enough to change the way we are operating, and that for once, Washington is going to lead through example rather than edict.

I would again compliment the author and the Representative of the majority for bringing this forward.

I reserve the balance of my time.

Mr. CLAY. Madam Speaker, I yield to the chief sponsor of this legislation, my friend from Iowa, Representative BRALEY, as much time as he may consume.

Mr. BRALEY of Iowa. I thank my friend from Missouri for giving me time to speak on this bill. I thank my colleague from California for his impassioned support of this bill, because I believe this is the little-engine-that-could in terms of how we change the way that the Federal Government communicates with American citizens. And I think the people would find it surprising to know that somebody who

spent his life practicing law would be introducing this bill. But the amazing thing is I was introduced to the concept of plain language in the Iowa Supreme Court's 1983 decision requiring all jury instructions to be written in plain language so that people could understand how their laws impact things.

That's why this bill is so important, because it gives the government the responsibility to communicate effectively with the citizens that we serve.

One of the things that is so amazing is that when you look at most government publications, you would think they were not written for their intended audience. And that is the basic premise of the plain language movement. It's when you write, you think about your intended audience and how you communicate effectively with them in words they can understand.

□ 1400

This bill requires the Federal Government to write documents, such as letters from the Social Security Administration, notices from the Department of Veterans Affairs, in simple, easy-to-understand language.

When I first introduced this bill in the 110th Congress, I was pleased when it passed the House floor by a vote of 376-1. Unfortunately, it was never taken up by the Senate. I am hopeful and confident that this time around it will be considered by the Senate and signed into law so that the public will get the kind of government service they deserve.

As my colleague has pointed out, a large array of organizations who deal with our constituents that are impacted by Federal policies support this movement. And I want to thank the Oversight and Government Reform chairman, my colleague, ED TOWNS, and Ranking Member DARRELL ISSA for their support of this important bill and also thank Oversight Government Reform staffer Krista Boyd for all of her help in making this happen.

Anyone who has done their own taxes knows the headache of trying to understand pages and pages of confusing forms and instructions. There is no reason why this bill can't eliminate Federal gobbledygook. And we can honor our friend and former colleague, Maury Maverick, Sr., who coined the phrase "gobbledygook" in describing bureaucratic language that is as hard to understand as the call of wild turkeys in his native Texas.

I would also remind my colleagues that this plain language in government communications has been incorporated into the Senate-passed health care bill, it was incorporated into the House-passed health care bill, and it is important that we move forward from this point in changing the way that government speaks to its citizens.

Mr. BILBRAY. Madam Speaker, I yield myself such time as I may consume.

Again, I would like to thank the author. And let me clarify: there are many of us who could explain what the turkeys are talking about in Texas, but I don't think it is appropriate on this floor.

But I have to say that you are right, so much of this documentation is written where the public can't understand it. And, to be blunt about it, as somebody who has worked in government since I was 24, they don't want the public to understand. They purposely think that legalese and elite discussion and text is some way to be able to safeguard traditional government structures; and I think that this breaks down that, and I think you would agree.

I will say this as a former mayor. If a city manager sent out a letter to a constituent of a mayor or city council member in the manner that the Federal Government sends it out, that city manager wouldn't be employed for very long. I think that is the same standard that we should hold for the Federal Government. If it isn't appropriate for our council members or mayors or our school district representatives to send out those kinds of information, to have that kind of relationship between the constituency and the taxpayer and the government, then, doggone it, it shouldn't be appropriate for the Federal Government to think that somehow we are so high and mighty that we can't break down and finally start using plain speech and straight talk. And I think that is what your bill starts with, and I think it is a step in the right direction. I just hope to see us follow through.

And I will say this personally: my wife is a tax consultant, and I would love to see the day that we make the IRS and tax consultants obsolete so I can see more of my wife during certain times, put them both out of business. And maybe this is one step there.

I yield to the gentleman from Iowa.

Mr. BRALEY of Iowa. I think you have hit on a very important point and, that is, we don't realize how much time and money are wasted by people trying to figure out forms that they can't understand. They call Federal agencies, they go into phone trees where they go on hold and they wait and wait and wait. This can be small business owners. It can be elected officials at the level that you are talking about, because a lot of the policy we set intersects with local and State government agencies. And, because of that, by improving the quality of information we are providing at the outset, it is going to greatly reduce the demands on many Federal employees. And that is another side effect of this legislation.

I can't agree more with you that it is important to take this step now so that we can start to send a message that we are serious about improved trans-

parency in our communications with our constituents, and I think that it is great that we are moving forward in a bipartisan step to do that.

Mr. BILBRAY. Reclaiming my time, I would actually even ask the gentleman to take a look at the fact that it is sad that in the United States, that if you go to the translated interpretations of our government regs, they tend to be much more simply put and much easier to understand than the so-called English legalese that is being put out there. So I think the challenge is really one that is long and weighty, and so I thank you very much for it.

I reserve the balance of my time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Ms. DEGETTE). Members are gently reminded to address their remarks to the Chair.

Mr. CLAY. Madam Speaker, I would like to now yield 3 minutes to the distinguished chairman of the House Oversight and Government Reform Committee, the gentleman from New York (Mr. TOWNS).

Mr. TOWNS. Madam Speaker, I would like to first thank the chair of the subcommittee, and of course the ranking member of the full committee, Congressman ISSA, and of course Congressman CLAY who chairs the subcommittee, and Congressman BILBRAY who is the ranking member of the subcommittee, and Congressman BRALEY who was really responsible for us being here today to move this legislation forward.

This is Sunshine Week, and this is sunshine legislation. This bill requires government documents to be in plain writing. The bill defines plain writing as writing that the intended audience can readily understand and use because it is clear, concise, well-organized, and follows other best practices of plain writing.

Requiring government documents to be written clearly will make it easier for Americans to understand government communications, and it will make the Federal Government more accountable.

President Clinton issued a memo in 1998 directing the agencies to write documents in plain language. Twelve years have passed since that memo was written, and most agencies are still not taking the issue very seriously. But I think this legislation will let them know that this is something that we are not going to walk away from. It is important that they follow through.

In a letter supporting this bill, the American College of Physicians Foundation wrote: "We frequently hear from our members that they have trouble understanding some government letters and forms. Our intent is to ensure that government documents created for consumers are clearly and plainly written."

H.R. 946 was amended during committee consideration to focus the scope

of the bill on the type of documents that are most in need of attention. As amended, the bill requires agencies to use plain writing in documents that deal with the Federal benefits or services. This means, for example, that the Department of Health and Human Services will have to use plain writing when it issues instructions under the Medicare prescription drug program; and I think that is so important.

The bill also requires the IRS to write tax documents in plain writing, and it requires agencies to use plain writing in documents that explain how to comply with the Federal requirements. This will make it easier for Americans, especially small businesses, to comply with the law.

In a letter supporting H.R. 946, a group of small business organizations wrote: "Small business owners strive to adhere to a vast array of Federal obligations but often have difficulty deciphering what is being required of them."

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. CLAY. Madam Speaker, I yield an additional 30 seconds.

Mr. TOWNS. The use of plain language is a commonsense approach to saving the Federal Government money, and small business owners time, effort, and money. This legislation makes good sense, it is good government, and I encourage my colleagues to support it.

Mr. BILBRAY. Madam Speaker, I yield myself such time as I may consume.

I just want to use this instance to thank Chairman TOWNS. At a time when the American people are crying out for bipartisan effort, I think his leadership on a very critical committee, the Oversight Committee, has been stellar in a manner that the rest of America I think would love to see the rest of this town operate as well as your committee does, Mr. Chairman. And thank you very much for that bipartisan effort, including everyone in the process.

I reserve the balance of my time.

Mr. CLAY. Madam Speaker, I am prepared to close.

Mr. BILBRAY. Madam Speaker, I yield myself such time as I may consume.

Again, I call on all of us to vote together to support this bill and to use it as a marker for more progress at clarifying and opening up the government process and allowing the average citizen to participate. And the only way to do that is for Washington to change the way we do business.

I yield back the balance of my time.

Mr. CLAY. Madam Speaker, in closing, let me first thank the gentleman from California for his comments and remarks about common sense and disclosure.

The bill requires each agency to train its employees in plain writing and to

report annually on the agency's efforts to comply with this act.

Under this bill, each agency must devote a section of its Web site to its plain writing efforts. Agencies also must provide a way for members of the public to provide input. This will allow small businesses or other members of the public to highlight particular documents that are complex or confusing. This bill will make the government more transparent and efficient, and I urge my colleagues to support it.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. CLAY) that the House suspend the rules and pass the bill, H.R. 946, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. CLAY. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ELECTRONIC MESSAGE PRESERVATION ACT

Mr. CLAY. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1387) to amend title 44, United States Code, to require preservation of certain electronic records by Federal agencies, to require a certification and reports relating to Presidential records, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1387

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Electronic Message Preservation Act".

SEC. 2. PRESERVATION OF ELECTRONIC MESSAGES.

(a) REQUIREMENT FOR PRESERVATION OF ELECTRONIC MESSAGES.—

(1) IN GENERAL.—Chapter 29 of title 44, United States Code, is amended by adding at the end the following new section:

"§ 2911. Electronic messages

"(a) REGULATIONS REQUIRED.—Not later than 18 months after the date of the enactment of this section, the Archivist shall promulgate regulations governing agency preservation of electronic messages that are records. Such regulations shall, at a minimum—

"(1) require the electronic capture, management, and preservation of such electronic records in accordance with the records disposition requirements of chapter 33 of this title;

"(2) require that such electronic records are readily accessible for retrieval through electronic searches;

"(3) establish mandatory minimum functional requirements for electronic records management systems to ensure compliance with the requirements in paragraphs (1) and (2);

"(4) establish a process to certify that Federal agencies' electronic records management systems meet the functional requirements established under paragraph (3); and

"(5) include timelines for agency compliance with the regulations that ensure compliance as expeditiously as practicable but not later than four years after the date of the enactment of this section.

"(b) COVERAGE OF OTHER ELECTRONIC RECORDS.—To the extent practicable, the regulations promulgated under subsection (a) shall also include requirements for the capture, management, and preservation of other electronic records.

"(c) COMPLIANCE BY FEDERAL AGENCIES.—Each Federal agency shall comply with the regulations promulgated under subsection (a).

"(d) REVIEW OF REGULATIONS REQUIRED.—The Archivist shall periodically review and, as necessary, amend the regulations promulgated under this section.

"(e) REPORTS ON IMPLEMENTATION OF REGULATIONS.—

"(1) AGENCY REPORT TO ARCHIVIST.—Not later than four years after the date of the enactment of this section, the head of each Federal agency shall submit to the Archivist a report on the agency's compliance with the regulations promulgated under this section.

"(2) ARCHIVIST REPORT TO CONGRESS.—Not later than 90 days after receipt of all reports required by paragraph (1), the Archivist shall submit to the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Oversight and Government Reform of the House of Representatives a report on Federal agency compliance with the regulations promulgated under this section."

(2) CLERICAL AMENDMENT.—The table of sections for chapter 29 of title 44, United States Code, is amended by adding after the item relating to section 2910 the following new item:

"2911. Electronic messages."

(b) DEFINITIONS.—Section 2901 of title 44, United States Code, is amended—

(1) by striking "and" at the end of paragraph (14);

(2) by striking the period at the end of paragraph (15) and inserting a semicolon; and

(3) by adding at the end the following new paragraphs:

"(16) the term 'electronic messages' means electronic mail and other electronic messaging systems that are used for purposes of communicating between individuals; and

"(17) the term 'electronic records management system' means software designed to manage electronic records, including by—

"(A) categorizing and locating records;

"(B) ensuring that records are retained as long as necessary;

"(C) identifying records that are due for disposition; and

"(D) ensuring the storage, retrieval, and disposition of records."

SEC. 3. PRESIDENTIAL RECORDS.

(a) ADDITIONAL REGULATIONS RELATING TO PRESIDENTIAL RECORDS.—

(1) IN GENERAL.—Section 2206 of title 44, United States Code, is amended—

(A) by striking "and" at the end of paragraph (3);

(B) by striking the period at the end of paragraph (4) and inserting "; and"; and

(C) by adding at the end the following:

“(5) provisions for establishing standards necessary for the economical and efficient management of electronic Presidential records during the President’s term of office, including—

“(A) records management controls necessary for the capture, management, and preservation of electronic messages;

“(B) records management controls necessary to ensure that electronic messages are readily accessible for retrieval through electronic searches; and

“(C) a process to certify the electronic records management system to be used by the President for the purposes of complying with the requirements in subparagraphs (A) and (B).”.

(2) DEFINITION.—Section 2201 of title 44, United States Code, is amended by adding at the end the following new paragraphs:

“(5) The term ‘electronic messages’ has the meaning provided in section 2901(16) of this title.

“(6) The term ‘electronic records management system’ has the meaning provided in section 2901(17) of this title.”.

(b) CERTIFICATION OF PRESIDENT’S MANAGEMENT OF PRESIDENTIAL RECORDS.—

(1) CERTIFICATION REQUIRED.—Chapter 22 of title 44, United States Code, is amended by adding at the end the following new section:

“§ 2208. Certification of the President’s management of Presidential records

“(a) ANNUAL CERTIFICATION.—The Archivist shall annually certify whether the electronic records management controls established by the President meet requirements under sections 2203(a) and 2206(5) of this title.

“(b) REPORT TO CONGRESS.—The Archivist shall report annually to the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Oversight and Government Reform of the House of Representatives on the status of the certification.”.

(2) CLERICAL AMENDMENT.—The table of sections for chapter 22 of title 44, United States Code, is amended by adding at the end the following new item:

“2208. Certification of the President’s management of Presidential records.”.

(c) REPORT TO CONGRESS.—Section 2203(f) of title 44, United States Code, is amended by adding at the end the following:

“(4) One year following the conclusion of a President’s term of office, or if a President serves consecutive terms one year following the conclusion of the last term, the Archivist shall submit to the Committee on Homeland Security and Governmental Affairs of the Senate and the Committee on Oversight and Government Reform of the House of Representatives a report on—

“(A) the volume and format of electronic Presidential records deposited into that President’s Presidential archival depository; and

“(B) whether the electronic records management controls of that President met the requirements under sections 2203(a) and 2206(5) of this title.”.

(d) EFFECTIVE DATE.—The amendments made by this section shall take effect one year after the date of the enactment of this Act.

SEC. 4. PROCEDURES TO PREVENT UNAUTHORIZED REMOVAL OF CLASSIFIED RECORDS FROM NATIONAL ARCHIVES.

(a) IN GENERAL.—The Archivist of the United States shall prescribe internal procedures to prevent the unauthorized removal of classified records from the National Archives

and Records Administration or the destruction or damage of such records, including when such records are accessed or searched electronically. The procedures shall apply to all National Archives and Records Administration facilities authorized to store classified records and include the following prohibitions:

(1) No person, other than covered personnel, shall view classified records in any room that is not secure except in the presence of National Archives and Records Administration personnel or under video surveillance.

(2) No person, other than covered personnel, shall at any time be left alone with classified records, unless that person is under video surveillance.

(3) No person, other than covered personnel, shall conduct any review of classified records while in the possession of any cell phone or other personal communication device.

(4) All persons seeking access to review classified records, as a precondition to such access, must consent to a search of their belongings upon conclusion of their records review.

(5) All notes and other writings prepared by persons other than covered personnel during the course of a review of classified records shall be retained by the National Archives and Records Administration in a secure facility until such notes and other writings are determined to be unclassified, are declassified, or are securely transferred to another secure facility.

(b) DEFINITIONS.—In this section:

(1) The term “records” has the meaning provided in section 3301 of title 44, United States Code.

(2) The term “covered personnel” means any individual—

(A) who has an appropriate and necessary reason for accessing classified records, as determined by the Archivist; and

(B) who is either—

(i) an officer or employee of the Federal Government with appropriate security clearances; or

(ii) any personnel with appropriate security clearances of a Federal contractor authorized in writing to act for purposes of this section by an officer or employee of the Federal Government.

SEC. 5. RESTRICTIONS ON ACCESS TO PRESIDENTIAL RECORDS.

Section 2204 of title 44, United States Code (relating to restrictions on access to presidential records) is amended by adding at the end the following new subsection:

“(f) The Archivist shall not make available any original presidential records to any individual claiming access to any presidential record as a designated representative under section 2205(3) of this title if that individual has been convicted of a crime relating to the review, retention, removal, or destruction of records of the Archives.”.

SEC. 6. BUDGETARY EFFECTS OF PAYGO LEGISLATION FOR THIS ACT.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go-Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. CLAY) and the gentleman

from California (Mr. BILBRAY) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. CLAY. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Missouri?

There was no objection.

Mr. CLAY. Madam Speaker, I yield myself such time as I may consume.

H.R. 1387, the Electronic Message Preservation Act, is another open-government bill that we are considering in celebration of Sunshine Week. This bill modernizes the requirements of the Federal Records Act and the Presidential Records Act to ensure that Federal agencies and the White House preserve emails and other electronic messages. H.R. 1387 was introduced by Representative HOLT, and it is substantially similar to H.R. 5811, a bill that passed the House last year with bipartisan support.

This bill requires agencies and the White House to adopt and maintain records management and retention policies that are consistent with modern technology. Under current law, Federal agencies have broad discretion to determine how electronic messages are preserved.

In a 2008 report, the Government Accountability Office found that many agencies rely on unreliable “print and file” systems for preserving electronic records, including email. GAO reviewed the practices of senior agency officials and determined that emails were not retained in adequate recordkeeping systems, making the email records easier to lose or delete and harder to find and use.

Last week, the National Security Archive awarded its sixth annual Rosemary Award for worst open-government performance to the Chief Information Officers Council. The council was chosen because it has never addressed the failure of the government to save its email electronically.

H.R. 1387 directs the Archivist of the United States to issue regulations requiring agencies to preserve emails in an electronic format. These regulations must cover, at a minimum, the capture, management, preservation, and electronic retrieval of electronic messages.

□ 1415

The bill requires the Archivist to establish a process to certify the electronic records management systems used by the agencies.

At this time, Madam Speaker, I would urge my colleagues to join in passage of this bill, and I reserve the balance of my time.

Mr. BILBRAY. Madam Speaker, I rise in support of the bill. I yield myself such time as I may consume.

Madam Speaker, this is a classic example of trying to work together to open up the system, allow the transparency that the American people are demanding, and I strongly support its intention and its execution.

Madam Speaker, you may remember, when we got here in 1995, that there were Members of Congress who could not understand the concept of sending electronic emails between offices or outside. It was alien to Washington to be so technologically plugged in. It just shows you how times have changed. Now we're finally starting to address the technology. I think the gentleman from Missouri even recognized that we need to really push harder at opening up the system, embracing the new technologies that allow not only the public to know better, but also the representatives of the public to be able to function in a much more efficient manner.

This bill is truly one that we have been trying to work on for years. It's one that was controversial in certain circles, but I think it's one that we need to move forward with. I hope, again, that this is another one of those steps that the Government Oversight Committee is looking to to set an example for the rest the Congress and the rest of Washington to find reasons to get to "yes," to find reasons to work together, and to find reasons to do it better. I think that that is one thing we can do here.

Madam Speaker, I have to say while speaking on this item that it's sad that, on the down side, we have been trying for over a decade to do something the new President has talked a lot about, and that's using e-technology for electronic medical records. And the fact is, the Federal Government has been trying to develop that for our veterans and our active duty military for over a decade and still has not been able to implement it. So I hope this is one step towards becoming comfortable with reviving, restoring, and really redesigning the way we approach e-technology and new technology and that we will embrace it rather than being terrified by it, like some people were in the nineties when we showed up.

I reserve the balance of my time.

Mr. CLAY. I couldn't agree more with my friend from California. We hope this is the impetus to spur the development—the successful development of electronic medical records, because we know what the savings would mean to our health care system and we know that it can possibly save lives by reducing errors.

So at this time, Madam Speaker, I'd like to yield 2 minutes to the distinguished chairman of the Oversight and Government Reform Committee, the

gentleman from New York (Mr. TOWNS).

Mr. TOWNS. I thank the chair of the subcommittee for yielding and thank Congressman BILBRAY from California for his work on this committee, and Congressman HODES, and of course the ranking member of the full committee, Congressman ISSA. I think that when you work together, you can come up with strong legislation that can truly make a difference. I also would like to thank the staff who worked on this legislation as well.

I think that when we look at electronic records, when we look at information that needs to be preserved, I really feel that this legislation gets us to where we need to go. I think now, more than ever, we have to make certain that this information is held at least for a certain period of time so people can make an assessment to see in terms of where we might have made mistakes, they can now correct them.

So I want to salute you for the work you have done, Chairman CLAY, and of course Ranking Member BILBRAY, and of course all the staff members who worked so hard to bring us to where we are today.

Mr. BILBRAY. Madam Speaker, I would like to close by thanking the ranking member and full committee chairman for allowing the minority to participate in the formation of this bill. There are so many committees that aren't allowing the minority to participate. I think this is really a nice example of the cooperation that I think the American people want to see and don't see enough of. I want to thank the chairman and ranking member for allowing us to participate in the process.

I yield back the balance of my time.

Mr. CLAY. Let me also thank the ranking member for his participation. As we have stated earlier, this is Sunshine Week. It's time for openness and accountability. I appreciate participating with you in these series of bills.

In closing, let me also mention that in this bill we are also considering an amendment that makes a number of drafting corrections suggested by the National Archives. For example, the amendment clarifies that the bill addresses electronic Presidential records rather than all Presidential records. H.R. 1387 will make the government more accountable by protecting an important part of the historical record, and I urge every Member to join me in supporting this legislation.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. CLAY) that the House suspend the rules and pass the bill, H.R. 1387, as amended.

The question was taken; and (two-thirds being in the affirmative) the

rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

SENSIBLE STEPS TOWARD A BALANCED BUDGET ACT

Mr. BRADY of Pennsylvania. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4825) to require any amounts remaining in a Member's Representational Allowance at the end of a fiscal year to be deposited in the Treasury and used for deficit reduction or to reduce the Federal debt.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4825

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. REQUIRING AMOUNTS REMAINING IN MEMBERS' REPRESENTATIONAL AL- LOWANCES TO BE USED FOR DEF- ICIT REDUCTION OR TO REDUCE THE FEDERAL DEBT.

(a) IN GENERAL.—Notwithstanding any other provision of law, any amounts appropriated for Members' Representational Allowances for the House of Representatives for a fiscal year which remain after all payments are made under such Allowances for the year shall be deposited in the Treasury and used for deficit reduction, except that in the case of a fiscal year for which there is no Federal budget deficit, such amounts shall be used to reduce the Federal debt (in such manner as the Secretary of the Treasury considers appropriate).

(b) EFFECTIVE DATE.—This section shall apply with respect to fiscal year 2011 and each succeeding fiscal year.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BRADY) and the gentleman from Mississippi (Mr. HARPER) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. BRADY of Pennsylvania. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to include extraneous material on the bill now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. BRADY of Pennsylvania. I'm delighted now to bring to the floor this worthy bill offered by my colleague, and yield 3 minutes to the gentleman from Arizona (Mrs. KIRKPATRICK).

Mrs. KIRKPATRICK of Arizona. I'm pleased to have the opportunity to discuss the bill I introduced with Mr. PETERS, the Sensible Steps Toward a Balanced Budget Act, legislation that requires that money left over in a Member's Representational Allowance, or MRA, at the end of the fiscal year be deposited in the Treasury and used to

reduce the budget deficit or national debt.

As a lifelong resident of greater Arizona, I grew up around hardworking families who knew that, when times get tough, you tighten up your belt and make every dollar count. I brought this sort of thinking with me when I came to Washington last year to represent those same hardworking families. By emphasizing efficiency in my office and focusing on the most critical items, I managed to spend over \$100,000 less than what was authorized of my MRA. I was proud to save the taxpayers money and looked forward to seeing that money used to lower the national debt in this year and for years to come.

Every year, the Legislative Branch Appropriations Subcommittee includes language in its appropriations bill to require that unspent allowances are used toward the national debt. Given these times, it is important that we make this requirement permanent.

The Sensible Steps Toward a Balanced Budget Act would do three important things. First, it would make the requirement to use unspent MRA funds toward the national debt automatic so that congressional action would no longer be necessary for this important provision to be put into place. Second, it would make the requirement permanent so that Congress does not have to pass another provision year after year. Finally, it would put the power of Federal statute behind this requirement rather than depending upon appropriations language.

In these tough times, we must get on a path of finding every opportunity, big and small, to put our fiscal house in order, and I believe that this bill is a concrete first step the Congress can take in that direction.

Thank you again, Chairman BRADY, for the opportunity to discuss the Sensible Steps Toward a Balanced Budget, and I urge its passage.

Mr. HARPER. I yield myself such time as I may consume.

Today, I rise in support of this bill, which will require unspent funds in a Member's Representational Allowance to be used for deficit reduction, or in the case that no deficit exists, to be used for reduction of an ever-growing Federal debt.

Just as we expect households to manage their budgets well and reduce personal debt, the Federal Government must be prudent in the use of taxpayer dollars and make diligent efforts to reduce the annual deficit and, ultimately, the Federal debt. This bill is one small step toward achieving that purpose; however, I hope, Madam Speaker, that this legislation is only the first step in an effort by this Congress to get our government's fiscal house back in order.

We all know that it is imperative for us to take a serious look at entitlement spending. We cannot wait for an-

other generation to take up this mantle. We were elected to make wise and sometimes difficult decisions, and I hope that the difficulty of the task will not prevent wisdom from prevailing in this matter.

I would like to recognize the tireless efforts of my colleague from Michigan (Mr. CAMP), upon whose leadership we have relied for more than 14 years to carry this issue in the House. Last year, it was Mr. CAMP's provision in the Legislative Branch appropriations bill that required the return of unspent funds to the Treasury for deficit reduction, and I know that his efforts paved the way for this measure to come before the House today.

I am pleased to support this bill and encourage the support of my colleagues.

I reserve the balance of my time.

Mr. BRADY of Pennsylvania. I'd now like to yield 2 minutes to the gentleman from Michigan (Mr. PETERS).

Mr. PETERS. I rise today in strong support of H.R. 4825, and I am proud to have worked closely with Representative KIRKPATRICK on this important issue. We share the belief that government needs to do more with less.

The Sensible Steps Toward a Balanced Budget Act simply requires that all unused funds from each congressional office account, known as the Members Representational Allowance, or MRA, be given back to taxpayers to help reduce the Federal deficit. As our Nation faces a significant budget deficit and a growing national debt, we must look for commonsense solutions to cut spending. As Members of Congress, we must—and can—lead by example.

As a State senator in Michigan, I ran my office so efficiently during my 8 years that I was able to return the equivalent of a full year's operating budget back to Michigan taxpayers. When I came to Congress at the beginning of 2009, I made it a priority to run my office here efficiently, as well, and came in under budget in order to return the difference to taxpayers. Last year, my office came in \$135,000 under budget, and I'm continuing my efforts to save taxpayer dollars at every opportunity.

I was surprised to learn, however, that the money I saved each year would not necessarily be returned to the Treasury to help offset the deficit. This legislation would fix that, so that funding from more frugal Members of Congress can be saved and put back into the Treasury to reduce the deficit.

I believe that fiscal restraint should not be a partisan issue and that we must work together to find every opportunity to slash spending and forge a path toward a balanced budget and a shrinking national debt. This legislation is an important step towards our goal of a balanced budget.

I would, again, like to thank my colleague Representative KIRKPATRICK for

her hard work and leadership on this issue, and thank you, Chairman BRADY, for the opportunity to speak about the Sensible Steps Toward a Balanced Budget Act.

I urge its passage.

□ 1430

Mr. HARPER. Madam Speaker, I yield 3 minutes to Representative FLAKE, the distinguished gentleman from Arizona.

Mr. FLAKE. I thank the gentleman for yielding. I want to commend my colleague from Arizona (Mrs. KIRKPATRICK) for introducing this legislation. This would simply turn over to the Treasury for deficit reduction anything left over in our account that is used to run our offices. This is good legislation. It should move forward. I must say, however, that we should go much further than this.

Part of the reason there is money in a lot of people's accounts to turn back is that we are given more than we need, typically because most Members choose to send out thinly veiled campaign mail, I would assert, under the frank, or using taxpayer dollars. If I were to hold up in an election year—now there are blackout dates, so you can't send too close to an election. But still, spending goes up considerably in Member offices during a campaign year or an election year. If I were to hold up one of my campaign pieces of mail that I pay for with my campaign and something that's sent out that has the little words on there, Paid for at taxpayer expense, they're both four color, they're both colorful, nice pieces, lauding the Member of Congress for what he or she is doing, I defy anybody to tell the difference between regular campaign mail paid by campaign funds and somebody's taxpayer mailings. We shouldn't be doing this. And it seems that we get in our offices just an increased amount that is used because nearly every office does it.

We ought to lower that amount that every office receives or in some way ban the use of these colorful four-color mailings that go out. I am certainly not asserting that Members of Congress shouldn't be able to use the frank, and a lot of the mass mailings that go out are simply to inform constituents of town hall meetings or other events that are coming up. That is proper and right. But when Members of Congress are able to send out what is basically campaign mail at taxpayer expense, that's simply not right, and it's a practice that we ought to get away from.

I should note that over the past several years, it seems to be more blatant and more blatant and more blatant. There are certain words you cannot use describing yourself. There are things that are supposedly in there to prevent this from being blatant campaign mail. But again, if I held up two pieces, one

piece of campaign literature and one piece mailed at taxpayer expense, I think the average constituent would have a hard time telling the difference. And that money that we save from getting rid of that practice should be applied against the deficit as well. Again, I thank the gentlelady for introducing this legislation. I hope that in the future we can go further.

Mr. BRADY of Pennsylvania. Madam Speaker, I reserve the balance of my time.

Mr. HARPER. Madam Speaker, I yield 3 minutes to Representative HELLER, the distinguished gentleman from Nevada.

Mr. HELLER. I thank my friend for yielding. Madam Speaker, I rise in support of H.R. 4825. I commend my colleague from Arizona for bringing this legislation to the floor. Our \$12 trillion debt will burden future generations, and this legislation before us today is a good start. But I think Congress must and can do more.

You don't have to go any further than the unemployment rates in this country. As you well know, Madam Speaker, the unemployment rate nationwide is around 10 percent. In my State, it's closer to 13 percent. In fact, in some counties in my district, it exceeds 17 percent. Foreclosure rates are high. Families in my district and throughout my State are losing their homes. Foreclosure rates in Nevada were four times higher than the national average. Families are making tough, tough decisions in the State of Nevada, and they're asking the question, Why aren't we making these same tough decisions here in Washington? And the reason is is that Washington feels no pain. We are in a recession-proof zone here in Washington, D.C. As we have in the last year hired more than 120,000 new Federal employees across this country, States and local governments are cutting their budgets, families are cutting their budgets, small businessmen are cutting their budgets, medium-sized businessmen are cutting their budgets. And yet here in Washington, D.C., we feel no pain. I think sending the unused congressional budget account funds to pay down the debt is one thing, but stopping the growth of this account is another.

The MRA account has grown nearly 50 percent since 2000. I introduced the reduction of irresponsible MRA, or the TRIM Growth Act, to prevent the MRA from increasing during times of high unemployment or public debt. My legislation would prevent the MRA from increasing unless national unemployment is under 6 percent or less for at least 6 months, consistent with the unemployment levels of the 1990s, or unless Congress reduces the national debt to less than \$5.5 trillion, which was a reduction of 50 percent at the time this bill was drafted.

Congress ultimately needs to feel the same pain as the American people. Fi-

nancial challenges facing our Nation cannot be solved in one day. And as public servants, Members of Congress must lead by example. In addition to passing this legislation today, I urge my colleagues to join me in supporting the TRIM Growth Act. Let's show the Americans who are figuring out their family budgets at the kitchen table today that they are not alone.

Mr. HARPER. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BRADY of Pennsylvania. Madam Speaker, I yield myself the remaining time.

I strongly support this bill, and I thank my colleagues from Arizona and Michigan for offering it. Not only is it an excellent proposal, but the timing is perfect, as the 2011 appropriations process begins. The annual bill that funds the House usually includes this language, but only if offered in the Appropriations Committee or on the floor, and even then, as legislation, the language is technically subject to a point of order that could block it. Our two colleagues rightly asked, Why should Congress have to enact this provision every year, and why not make it permanent?

So with that, I urge an "aye" vote.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. BRADY) that the House suspend the rules and pass the bill, H.R. 4825.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BRADY of Pennsylvania. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

STATE ADMISSION DAY RECOGNITION ACT OF 2009

Mr. BRADY of Pennsylvania. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3542) to direct the Architect of the Capitol to fly the flag of a State over the Capitol each year on the anniversary of the date of the State's admission to the Union, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3542

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "State Admission Day Recognition Act of 2009".

SEC. 2. FLYING STATE FLAG OVER CAPITOL ON ANNIVERSARY OF STATE'S ADMISSION TO UNION.

(a) IN GENERAL.—To honor the anniversary of each State's admission to the Union, the

Architect of the Capitol shall fly the flag of the State over the Capitol each year on the anniversary of the date of the State's admission to the Union.

(b) EFFECTIVE DATE.—The Architect of the Capitol shall fly the first flag of a State over the Capitol under this section on the first December 7 which occurs after the date of the enactment of this Act, in honor of the anniversary of the admission of Delaware, the first State admitted to the Union.

SEC. 3. REGULATIONS.

The Committee on House Administration of the House of Representatives and the Committee on Rules and Administration of the Senate may promulgate jointly such regulations as may be appropriate to carry out this Act, including regulations permitting the Architect of the Capitol to honor the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the United States Virgin Islands, and the Northern Mariana Islands by flying the flag of each such jurisdiction over the Capitol each year on an appropriate date for that jurisdiction.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Pennsylvania (Mr. BRADY) and the gentleman from Mississippi (Mr. HARPER) each will control 20 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. BRADY of Pennsylvania. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks in the RECORD on H.R. 3542.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

Mr. BRADY of Pennsylvania. Madam Speaker, I yield myself such time as I may consume.

This bill, introduced by my colleague and ranking member Mr. LUNGREN of California, would commemorate each State's admission to the Union. The bill directs the Architect of the Capitol to fly each State's flag annually on the anniversary date of the State's admission to the Union over the Capitol, beginning with the first State admitted, the State of Delaware.

During markup, the committee by voice vote adopted a perfecting amendment that I offered so that the committee may issue a regulation to provide recognition of the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the United States Virgin Islands, and the Northern Mariana Islands by flying the flag of each of these jurisdictions over the Capitol annually on the appropriate date. This amended bill passed through committee by unanimous vote voice and was reported favorably.

I urge its passage.

I reserve the balance of my time.

Mr. HARPER. Madam Speaker, I yield myself as much time as I may consume.

Today I rise in support of this bill, commemorating each of the unique States in our Union. This bill directs the Architect of the Capitol to fly the

flag of a State over the Capitol each year on the anniversary of that State's admission into the Union. Madam Speaker, the United States of America truly lives up to the motto found on our Great Seal, "e pluribus unum"—out of many, one.

We are a people of many backgrounds, of many ethnicities, and of many characteristics. We are spread out over 50 unique, diverse, and special entities we call States. States allow us to organize ourselves and also give us identities that relate to our geographic and cultural tendencies. Communal bonds are formed over time through just such means. We now have 50 States in this wonderful Union. The first, Delaware, was admitted as a State on December 7, 1787. The last, Hawaii, was admitted August 21, 1959. There were 16 States admitted in the 18th century, 29 States in the 19th century, and five were admitted in the 20th century.

Each flag tells a unique story of its State's history, culture, and inhabitants, which is why my colleague, Representative LUNGREN, the author of this legislation who was unfortunately unable to be here this afternoon, thought we should honor our States in this special way, enumerated in this legislation. I urge my colleagues to support this bill.

Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BRADY of Pennsylvania. I thank the gentleman from Mississippi. I thank him for his participation on the committee, and I thank the ranking member, Mr. LUNGREN, for his participation in the committee on this bill. I urge a "yes" vote on this bill.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. BRADY) that the House suspend the rules and pass the bill, H.R. 3542, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BRADY of Pennsylvania. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

AGRICULTURAL CREDIT ACT OF 2009

Mr. BACA. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3509) to reauthorize State agricultural mediation programs under title V of the Agricultural Credit Act of 1987.

The Clerk read the title of the bill. The text of the bill is as follows:

H.R. 3509

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Agricultural Credit Act of 2009".

SEC. 2. AUTHORIZATION OF APPROPRIATIONS.

Section 506 of the Agricultural Credit Act of 1987 (7 U.S.C. 5106) is amended by striking "2010" and inserting "2015".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. BACA) and the gentleman from Oklahoma (Mr. LUCAS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. BACA. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks on the bill H.R. 3509.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. BACA. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 3509, the Agricultural Credit Act of 2009. This bill would reauthorize funding for the State agricultural mediation grant program, which operates under title V of the Agricultural Credit Act of 1987. The grant program for the agricultural mediation program was established more than 20 years ago to respond to the agricultural crisis of the 1980s. Mediation helped agricultural producers, their creditors, and USDA agencies address disputes through a confidential and nonadversarial process that takes place outside the traditional legal system of foreclosure, appeals or litigation. This bypasses a lot of the bureaucratic red tape that usually comes with resolving these conflicts, saving taxpayers money in the process.

Earlier in the month, the House Agriculture Committee approved this bipartisan legislation by unanimous voice vote. I urge my colleagues to support the extension of this successful initiative.

I reserve the balance of my time.

Mr. LUCAS. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of H.R. 3509, the Agricultural Credit Act of 2009. I'm an original cosponsor of this bill, and I ask my colleagues to join me in voting for this legislation to reauthorize the State agricultural mediation program. The State mediation program provides our farmers and ranchers with a voluntary and low-cost service to mediate disputes that may arise between their creditors and themselves and to address adverse decisions with the USDA. The State programs do this in a confidential and nonadversarial setting

outside of the traditional legal process of foreclosure, bankruptcy, appeals, and litigation.

Like most of the country, the agricultural sector is currently experiencing increased financial stress, which has created a greater need for the services of the agricultural mediator program. The Agriculture Committee favorably considered this bill with no opposition, and I ask my colleagues to join me today in supporting the continuation of the USDA agricultural mediation program.

Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

Mr. BACA. Madam Speaker, I want to thank the gentleman from Oklahoma for carrying this legislation. I think it's good bipartisan legislation. I urge my colleagues to support it.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BACA) that the House suspend the rules and pass the bill, H.R. 3509.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BACA. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

□ 1445

FLORIDA NATIONAL FOREST LAND ADJUSTMENT ACT OF 2009

Mr. BACA. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3954) to release Federal reversionary interests retained on certain lands acquired in the State of Florida under the Bankhead-Jones Farm Tenant Act, to authorize the interchange of National Forest System land and State land in Florida, to authorize an additional conveyance under the Florida National Forest Land Management Act of 2003, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3954

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Florida National Forest Land Adjustment Act of 2009".

SEC. 2. RELEASE OF DEED RESTRICTIONS ON CERTAIN LANDS ACQUIRED UNDER THE BANKHEAD-JONES FARM TENANT ACT IN FLORIDA.

(a) FINDINGS.—Congress finds the following:

(1) Certain lands in the State of Florida were conveyed by the United States to the

State under the authority of section 32(c) of the Bankhead-Jones Farm Tenant Act (7 U.S.C. 1011(c)), and now are part of the Blackwater River and Withlacoochee State Forests.

(2) The lands were conveyed to the State subject to deed restrictions that the lands could be only used for public purposes.

(3) The deed restrictions impede the ability of the State to remedy boundary and encroachment problems involving the lands.

(4) The release of the deed restrictions by the Secretary of Agriculture (hereafter referred to as the "Secretary") will further the purposes for which the lands are being managed as State forests and will alleviate future Federal responsibilities with respect to the lands.

(b) **RELEASE REQUIRED.**—Subject to valid existing rights, and such reservations as the Secretary considers to be in the public interest, the Secretary shall release, convey, and quitclaim to the State of Florida, without monetary consideration, all rights, title, and remaining interest of the United States in and to those lands within or adjacent to the Blackwater River and Withlacoochee State Forests that were conveyed to the State under the authority of section 32(c) of the Bankhead-Jones Farm Tenant Act (7 U.S.C. 1011(c)) or under any other law authorizing conveyance subject to restrictions or reversionary interests retained by the United States.

(c) **TERMS AND CONDITIONS.**—The conveyances authorized by subsection (b) are subject to the following terms and conditions.

(1) The State shall cover or reimburse the Secretary for reasonable costs incurred by the Secretary to make the conveyances, including title searches, surveys, deed preparation, attorneys' fees, and similar expenses. The Secretary may not seek reimbursement for administrative overhead costs.

(2) By accepting the conveyances authorized by this section, the State agrees—

(A) that all net proceeds from any sale, exchange, or other disposition of the real property subject to deed restrictions shall be used by the State for the acquisition of lands or interests in lands within or adjacent to units of the state forest and park systems;

(B) to affirmatively address and resolve boundary encroachments in accordance with State law for the affected State forests; and

(C) to indemnify and hold the United States harmless with regard to any boundary disputes related to any parcel released under this section.

SEC. 3. INTERCHANGE INVOLVING NATIONAL FOREST SYSTEM LAND AND STATE LAND IN FLORIDA.

(a) **FINDINGS.**—The Congress finds the following:

(1) There are intermingled Federal and State lands within units of the National Forest System in Florida that are of comparable quantity and quality and of approximately equal value.

(2) Interchanging these lands would be in the public interest by facilitating more efficient public land management.

(b) **APPROXIMATELY EQUAL VALUE DEFINED.**—In this section, the term "approximately equal value" means a comparative estimate of the value between lands to be interchanged, regarding which, without the necessity of an appraisal, the elements of value, such as physical characteristics and other amenities, are readily apparent and substantially similar.

(c) **LAND INTERCHANGE AUTHORIZED.**—

(1) **AUTHORIZATION.**—Subject to valid existing rights, if the State of Florida offers to

convey to the United States those State lands designated for interchange on the two maps entitled "State of Florida—U.S. Forest Service Interchange—January, 2009" and title to such lands is otherwise acceptable to the Secretary of Agriculture, the Secretary shall convey and quitclaim to the State those National Forest System lands in the Ocala National Forest and the Apalachicola National Forest designated for interchange on the maps.

(2) **MAPS.**—The maps referenced in paragraph (1) shall be available for public inspection in the office of the Chief of the Forest Service and in the office of the Supervisor of the National Forests in Florida for a period of at least five years after completion of the land interchanges authorized by this section.

(d) **TERMS AND CONDITIONS.**—Any land interchange under this section shall be subject to such reservations and rights-of-way as may be mutually acceptable to the Secretary and the authorized officer of the State.

(e) **REPLACEMENT LAND.**—In the event that any of the designated lands are in whole or part found to be unacceptable for interchange under this section due to title deficiencies, survey problems, the existence of hazardous materials, or for any other reason, the Secretary and the authorized officer of the State may substitute or modify the lands to be interchanged insofar as it is mutually agreed that the lands are of comparable quality and approximately equal value.

SEC. 4. ADDITIONAL LAND DISPOSAL UNDER FLORIDA NATIONAL FOREST LAND MANAGEMENT ACT OF 2003.

(a) **DISPOSAL AUTHORIZED.**—In accordance with the provisions of the Florida National Forest Land Management Act of 2003 (Public Law 108-152; 117 Stat. 1919), the Secretary of Agriculture may convey, by means of sale or exchange, all right, title, and interest of the United States in and to a parcel of land comprising approximately 114 acres, located within Township 1 South, Range 1 West, section 25, Leon County, Florida, and designated as tract W-1979.

(b) **USE OF PROCEEDS.**—

(1) **TRACT W-1979.**—The Secretary shall use the proceeds derived from any sale of tract W-1979, as authorized by subsection (a), only—

(A) to acquire lands and interests in land for inclusion in the Apalachicola National Forest; and

(B) to cover the disposal costs incurred by the Secretary to carry out the sale of such tract.

(2) **CERTAIN OTHER TRACTS.**—With respect to tract A-943, tract A-944, and tract C-2210, as described in paragraphs (5), (6), and (16) of subsection (b) of section 3 of the Florida National Forest Land Management Act of 2003 and authorized for sale by subsection (a) of such section, being lands having permanent improvements and infrastructure, the Secretary may use the net proceeds derived from any sale of such tracts to acquire, construct, or maintain administrative improvements for units of the National Forest System in Florida.

SEC. 5. REQUIRED DESIGNATION IN PAYGO ACTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go-Act of 2010 (Public Law 111-39; 124 Stat. 8), shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. BACA) and the gentleman from Oklahoma (Mr. LUCAS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. BACA. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks on this bill, H.R. 3954.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. BACA. Madam Speaker, I yield myself as much time as I may consume.

Madam Speaker, I rise today in support of H.R. 3954, the Florida National Forest Land Adjustment Act. This bill would authorize the conveyance of 114 acres in Leon County, Florida, that would allow the U.S. Forestry to make equivalent land exchange within the Ocala and the Apalachicola National Forests to better and more efficiently manage the land. The bill would also clarify some boundary issues by allowing a survey to be conducted on certain areas of Florida State forest land.

This bill has the support of the Democratic and Republican members of the Florida delegation; I state, members of the Florida delegation, bipartisan, as well as the U.S. Forestry. The Congressional Budget Office has indicated that this bill has no significant impact on the Federal budget; and it was passed by the House Agriculture Committee by a voice vote earlier. I urge my colleagues to support its passage.

I reserve the balance of my time.

Mr. LUCAS. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 3954, a bill to address several public land issues in the great State of Florida. This legislation helps resolve significant title and boundary issues on State and Federal lands in the State of Florida. The bill promotes better efficiency in public land management by allowing the State and Federal governments to exchange land that is better managed by each other.

This bill also allows the proceeds from the sale of certain tracts of land in the Apalachicola National Forest to be used to build a much needed administrative facility to manage the land.

This bill has the support of the Forestry Service. It has no budgetary impact. And I urge my colleagues to support this bill.

I reserve the balance of my time, Madam Speaker.

Mr. BACA. Madam Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BOYD) who has vision and outstanding leadership in this area, and cares very much about this issue.

Mr. BOYD. Madam Speaker, I thank my friend, Mr. BACA, and also Mr. LUCAS for their help and support of this bill. I also want to thank Chairman COLIN PETERSON and members and staff of the Agriculture Committee, and particularly my friends JEFF MILLER and ANDER CRENSHAW for all the work they've put into moving this legislation.

Madam Speaker, I introduced this legislation to help the State of Florida make some much needed land exchanges between State and Federal governments. In many parts of Florida, State and Federal lands are intermingled. This patchwork of ownership adds much expense and confusion in the management of public lands. This legislation will help both Federal and State agencies take better care of several lands throughout the State, including the Apalachicola National Forest, which is in Florida's Second Congressional District.

This exchange will also help protect the environment as well. I am very fortunate to represent a place called Wakulla Springs, which is one of Florida's cleanest and most beautiful spring locations. Wakulla Springs is also a popular outdoor recreation site for many in north Florida and others who come to visit.

Believe it or not, glass bottom boat rides are still very popular at this spring and offer families a chance to enjoy the outdoors and see how beautiful north Florida is.

Most recently, the springs have been under the threat of pollution. By exchanging these lands, we will have a better ability to keep the springs clean. This legislation will help the Forest Service better protect lands around the springs, which impact water flow to the springs and will help keep them crystal clear.

Protecting Florida's natural environment is very important to me. This exchange will protect pristine forest land in the State of Florida for future generations. And I am very proud to support this legislation, and would urge a "yes" vote.

Mr. LUCAS. Madam Speaker, I yield to the gentleman from Florida (Mr. CRENSHAW) such time as he may consume.

Mr. CRENSHAW. Madam Speaker, the National Forest Service does a fantastic job of managing our Nation's natural resources. They manage them in Florida as well as all across the Nation, and they deserve to have the tools that they need to give them the flexibility to efficiently accomplish this job.

So that's why I've joined with my fellow colleagues from Florida, ALLEN BOYD and JEFF MILLER, to introduce the bipartisan Florida National Forest Land Adjustment Act, and I strongly urge its passage. Each of us has focused on a portion of this bill to ensure this

comprehensive measure represents a strong public policy which will enable the Forest Service to embolden its mission.

Now, in Leon County, that's the capital of Florida, there's a 114-acre parcel known as W-1979. And it's evolved—it's a tract of land that has evolved into a kind of unmanageable problem for the Apalachicola National Forest, which is right outside Tallahassee. Because of its configuration and because of the commercial development around it, the vegetation can't be managed very well. They can't use prescribed fire, and so although it's very important from a commercial standpoint and a developmental standpoint, it has really lost its national forest character.

And so in an effort to provide the Forest Service with a method to manage this land, my provision of our joint bill would simply add this tract of land to the list that the Secretary of Agriculture is empowered to sell. And any proceeds from that prospective sale would allow the Forest Service to purchase other lands within the forest; and they'd be more manageable, and that would enhance the national forest.

So, Madam Speaker, this is the kind of flexibility that we think the National Forest Service ought to have. They can manage our Nation's precious resources, not only for us, but for generations to come. And so I am grateful for the work that my colleagues have put in on this and urge its adoption.

Mr. BACA. Madam Speaker, I submit the following exchange of letters between the Committee on Agriculture and the Committee on Natural Resources for inclusion in the CONGRESSIONAL RECORD.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON NATURAL RESOURCES,
Washington, DC, March 17, 2010.

Hon. COLLIN C. PETERSON,
Chairman, Committee on Agriculture,
Washington, DC.

DEAR MR. CHAIRMAN: Thank you for the opportunity to review the text of H.R. 3954, the Florida National Forest Land Adjustment Act of 2009, for provisions regarding public domain national forests which are within the jurisdiction of the Committee on Natural Resources.

Because of the continued cooperation and consideration that you have afforded me and my staff in developing these provisions, I will not seek a sequential referral of H.R. 3954 based on their inclusion in the bill. Of course, this waiver is not intended to prejudice any future jurisdictional claims over these provisions or similar language. I also reserve the right to seek to have conferees named from the Committee on Natural Resources on these provisions, and request your support if such a request is made.

Please place this letter into the Congressional Record during consideration of H.R. 3954 on the House floor.

Thank you for the cooperative spirit in which you have worked regarding this matter and others between our respective committees.

With warm regards, I am,
Sincerely,

NICK J. RAHALL II,
Chairman, Committee on Natural Resources.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON AGRICULTURE,
Washington, DC, March 17, 2010.

Hon. NICK J. RAHALL II,
Chairman, Committee on Natural Resources,
Washington, DC.

DEAR CHAIRMAN RAHALL: Thank you for your letter regarding H.R. 3954, the "Florida National Forest Land Adjustment Act of 2009."

H.R. 3954 was favorably reported by the House Agriculture Committee on March 3. The legislation contains provisions that are of jurisdictional interest to the Committee on Natural Resources.

I appreciate the willingness of your committee to discharge the bill without further consideration and understand that this action will in no way waive your committee's jurisdictional interests in the subject matter of the legislation or serve as a precedent for future referrals. In the event that a conference with the Senate is requested on this matter, I would support naming House Natural Resources Committee members to the conference committee.

A copy of our letters regarding this bill will be inserted into the Congressional Record during floor consideration of the legislation.

Thank you for the cooperative spirit in which you have worked regarding this matter and others between our respective committees.

Sincerely,
COLLIN C. PETERSON,
Chairman.

Madam Speaker, I reserve the balance of my time.

Mr. LUCAS. Madam Speaker, I have one additional speaker, and I wish to yield such time as he may consume to the gentleman from Florida (Mr. MILLER).

Mr. MILLER of Florida. Madam Speaker, this bill does, in fact, make important and much-needed adjustments to the Federal land provisions to allow for better management of both Federal and State lands.

This bill provides for the interchange of Federal and State land to make land management more contiguous for both the State of Florida and the U.S. Department of Forestry because, within our national forest system, adjacent land has become intermingled over the years, and allowing Florida to interchange land with Federal land would make land management much more efficient for both sides.

The Florida National Forest Land Adjustment Act permits both the U.S. Department of Forestry and the State of Florida to, in fact, better manage their forest systems.

As the vice chair of the Congressional Sportsmen's Caucus, I do know how vital Federal and State land management is in the protection of wildlife and resource conservation. So H.R. 3954 is a significant step toward better forest management, and I do urge my colleagues to vote in support of this bill.

Mr. LUCAS. Madam Speaker, I have no additional speakers, and I yield back the balance of my time.

Mr. BACA. Madam Speaker, I want to thank the ranking member, minority ranking member, Mr. LUCAS, for his

bipartisan support. I also want to thank Chairman Collins, along with Congressmen CRENSHAW and MILLER, on this bipartisan legislation that's important to a lot of us as we look at moving forward.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BACA) that the House suspend the rules and pass the bill, H.R. 3954, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BACA. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

CONTINUING EXTENSION ACT OF 2010

Mr. McDERMOTT. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4851) to provide a temporary extension of certain programs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4851

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Continuing Extension Act of 2010".

SEC. 2. EXTENSION OF UNEMPLOYMENT INSURANCE PROVISIONS.

(a) IN GENERAL.—(1) Section 4007 of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note) is amended—

(A) by striking "April 5, 2010" each place it appears and inserting "May 5, 2010";

(B) in the heading for subsection (b)(2), by striking "APRIL 5, 2010" and inserting "MAY 5, 2010"; and

(C) in subsection (b)(3), by striking "September 4, 2010" and inserting "October 2, 2010".

(2) Section 2002(e) of the Assistance for Unemployed Workers and Struggling Families Act, as contained in Public Law 111-5 (26 U.S.C. 3304 note; 123 Stat. 438), is amended—

(A) in paragraph (1)(B), by striking "April 5, 2010" and inserting "May 5, 2010";

(B) in the heading for paragraph (2), by striking "APRIL 5, 2010" and inserting "MAY 5, 2010"; and

(C) in paragraph (3), by striking "October 5, 2010" and inserting "November 5, 2010".

(3) Section 2005 of the Assistance for Unemployed Workers and Struggling Families Act, as contained in Public Law 111-5 (26 U.S.C. 3304 note; 123 Stat. 444), is amended—

(A) by striking "April 5, 2010" each place it appears and inserting "May 5, 2010"; and

(B) in subsection (c), by striking "September 4, 2010" and inserting "October 2, 2010".

(4) Section 5 of the Unemployment Compensation Extension Act of 2008 (Public Law

110-449; 26 U.S.C. 3304 note) is amended by striking "September 4, 2010" and inserting "October 2, 2010".

(b) FUNDING.—Section 4004(e)(1) of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 26 U.S.C. 3304 note) is amended—

(1) in subparagraph (C), by striking "and" at the end;

(2) by inserting after subparagraph (D) the following new subparagraph:

"(E) the amendments made by section 2(a)(1) of the Continuing Extension Act of 2010; and"

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in the amendments made by section 2 of the Temporary Extension Act of 2010 (Public Law 111-144).

SEC. 3. EXTENSION AND IMPROVEMENT OF PREMIUM ASSISTANCE FOR COBRA BENEFITS.

Subsection (a)(3)(A) of section 3001 of division B of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), as amended by section 3(a) of the Temporary Extension Act of 2010 (Public Law 111-144), is amended by striking "March 31, 2010" and inserting "April 30, 2010".

SEC. 4. INCREASE IN THE MEDICARE PHYSICIAN PAYMENT UPDATE.

Paragraph (10) of section 1848(d) of the Social Security Act, as added by section 1011(a) of the Department of Defense Appropriations Act, 2010 (Public Law 111-118) and as amended by section 5 of the Temporary Extension Act of 2010 (Public Law 111-144), is amended—

(1) in subparagraph (A), by striking "March 31, 2010" and inserting "April 30, 2010"; and

(2) in subparagraph (B), by striking "April 1, 2010" and inserting "May 1, 2010".

SEC. 5. EXTENSION OF MEDICARE THERAPY CAPS EXCEPTIONS PROCESS.

Section 1833(g)(5) of the Social Security Act (42 U.S.C. 1395l(g)(5)), as amended by section 6 of the Temporary Extension Act of 2010 (Public Law 111-144), is amended by striking "March 31, 2009" and inserting "April 30, 2010".

SEC. 6. EHR CLARIFICATION.

(a) QUALIFICATION FOR CLINIC-BASED PHYSICIANS.—

(1) MEDICARE.—Section 1848(o)(1)(C)(ii) of the Social Security Act (42 U.S.C. 1395w-4(o)(1)(C)(ii)) is amended by striking "setting (whether inpatient or outpatient)" and inserting "inpatient or emergency room setting".

(2) MEDICAID.—Section 1903(t)(3)(D) of the Social Security Act (42 U.S.C. 1396b(t)(3)(D)) is amended by striking "setting (whether inpatient or outpatient)" and inserting "inpatient or emergency room setting".

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be effective as if included in the enactment of the HITECH Act (included in the American Recovery and Reinvestment Act of 2009 (Public Law 111-5)).

(c) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary of Health and Human Services may implement the amendments made by this section by program instruction or otherwise.

SEC. 7. EXTENSION OF USE OF 2009 POVERTY GUIDELINES.

Section 1012 of the Department of Defense Appropriations Act, 2010 (Public Law 111-118), as amended by section 7 of the Temporary Extension Act of 2010 (Public Law 111-144), is amended by striking "March 31, 2010" and inserting "April 30, 2010".

SEC. 8. EXTENSION OF NATIONAL FLOOD INSURANCE PROGRAM.

(a) EXTENSION.—Section 129 of the Continuing Appropriations Resolution, 2010

(Public Law 111-68), as amended by section 8 of Public Law 111-144, is amended by striking "by substituting" and all that follows through the period at the end and inserting "by substituting April 30, 2010, for the date specified in each such section."

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall be considered to have taken effect on February 28, 2010.

SEC. 9. SATELLITE TELEVISION EXTENSION.

(a) AMENDMENTS TO SECTION 119 OF TITLE 17, UNITED STATES CODE.—

(1) IN GENERAL.—Section 119 of title 17, United States Code, is amended—

(A) in subsection (c)(1)(E), by striking "March 28, 2010" and inserting "April 30, 2010"; and

(B) in subsection (e), by striking "March 28, 2010" and inserting "April 30, 2010".

(2) TERMINATION OF LICENSE.—Section 1003(a)(2)(A) of Public Law 111-118 is amended by striking "March 28, 2010", and inserting "April 30, 2010".

(b) AMENDMENTS TO COMMUNICATIONS ACT OF 1934.—Section 325(b) of the Communications Act of 1934 (47 U.S.C. 325(b)) is amended—

(1) in paragraph (2)(C), by striking "March 28, 2010" and inserting "April 30, 2010"; and

(2) in paragraph (3)(C), by striking "March 29, 2010" each place it appears in clauses (ii) and (iii) and inserting "May 1, 2010".

SEC. 10. COMPENSATION AND RATIFICATION OF AUTHORITY RELATED TO LAPSE IN HIGHWAY PROGRAMS.

(a) COMPENSATION FOR FEDERAL EMPLOYEES.—Any Federal employees furloughed as a result of the lapse in expenditure authority from the Highway Trust Fund after 11:59 p.m. on February 28, 2010, through March 2, 2010, shall be compensated for the period of that lapse at their standard rates of compensation, as determined under policies established by the Secretary of Transportation.

(b) RATIFICATION OF ESSENTIAL ACTIONS.—All actions taken by Federal employees, contractors, and grantees for the purposes of maintaining the essential level of Government operations, services, and activities to protect life and property and to bring about orderly termination of Government functions during the lapse in expenditure authority from the Highway Trust Fund after 11:59 p.m. on February 28, 2010, through March 2, 2010, are hereby ratified and approved if otherwise in accord with the provisions of the Continuing Appropriations Resolution, 2010 (division B of Public Law 111-68).

(c) FUNDING.—Funds used by the Secretary to compensate employees described in subsection (a) shall be derived from funds previously authorized out of the Highway Trust Fund and made available or limited to the Department of Transportation by the Consolidated Appropriations Act, 2010 (Public Law 111-117) and shall be subject to the obligation limitations established in such Act.

(d) EXPENDITURES FROM HIGHWAY TRUST FUND.—To permit expenditures from the Highway Trust Fund to effectuate the purposes of this section, this section shall be deemed to be a section of the Continuing Appropriations Resolution, 2010 (division B of Public Law 111-68), as in effect on the date of the enactment of the last amendment to such Resolution.

SEC. 11. DETERMINATION OF BUDGETARY EFFECTS.

(a) IN GENERAL.—The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of

PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of the Committee on the Budget of the House of Representatives, provided that such statement has been submitted prior to the vote on passage.

(b) EMERGENCY DESIGNATION FOR CONGRESSIONAL ENFORCEMENT.—This Act, with the exception of section 4, is designated as an emergency for purposes of pay-as-you-go principles. In the Senate, this Act is designated as an emergency requirement pursuant to section 403(a) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010.

(c) EMERGENCY DESIGNATION FOR STATUTORY PAYGO.—This Act, with the exception of section 4, is designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (Public Law 111-139; 2 U.S.C. 933(g)).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Washington (Mr. McDERMOTT) and the gentleman from Kentucky (Mr. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Washington.

GENERAL LEAVE

Mr. McDERMOTT. Madam Speaker, I ask unanimous consent that Members have 5 legislative days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Washington?

There was no objection.

Mr. McDERMOTT. Madam Speaker, I ask unanimous consent that Mrs. CAPPs be allowed to control 10 minutes of the time allocated to me and be allowed to yield time.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Washington?

There was no objection.

Mr. McDERMOTT. Madam Speaker, I yield myself as much time as I may consume.

This bill, Madam Speaker, provides another short-term extension for a number of programs that are expiring at the end of the month. If we fail to act on this bill, Americans around the country will begin running out of unemployment benefits by the beginning of the next month. We've been here before. By the end of April, over 1 million Americans will exhaust their unemployment benefits.

This bill would merely continue the existing Federal unemployment programs for 1 month, as Congress works toward a longer extension. It does not increase the number of weeks of benefits provided by these programs.

Now, I know many of my colleagues are as frustrated as I am that we have to keep extending these programs every month, as opposed to continuing them to the end of the year.

Jobless Americans shouldn't have to wait until the last minute to know whether their economic lifeline will continue. We need a long-term extension of these programs, a goal I very much hope we will achieve before the end of the next month.

In the meantime, I'm urging my colleagues to join me in supporting this critical stopgap legislation to extend unemployment benefits, as well as other critical assistance, including help for paying for continuing health coverage under COBRA.

Before I close, let me say that I hope we don't see a repeat performance from last month when a single Republican Senator blocked these vital benefits for so many Americans. He complained about the cost of these benefits for unemployed workers. Where were those concerns when we embarked on two wars without paying for one cent of them?

Where were the cries of outrage about the budget deficit when two tax cuts for our wealthiest citizens were enacted with no offsets whatsoever?

Where were my colleagues on the other side of the aisle when President Bush turned the biggest budget surplus in our Nation's history into the biggest deficit in our history and brought on the unemployment which is now facing us?

When Republicans complain about the deficit, it's like an arsonist complaining about a fire. He lit the match, but takes no responsibility for the resulting blaze.

The truth is, there is no better use of Federal resources than helping Americans who are struggling to find work. Workers today are facing a situation where there are six people looking for every available job in this country. It is a bad situation. So I hope my friends on the other side of the aisle will join me in supporting this bill.

I reserve the balance of my time.

□ 1500

Mr. DAVIS of Kentucky. Madam Speaker, before I begin my remarks, I would like to thank the gentleman from Washington for his magnanimous comments and the bipartisan spirit of this bill as we come to the floor right now. At least it is not as much animus as we find in the United States Senate.

I rise today in support of this legislation to extend important benefits that help long-term unemployed workers, including unemployment insurance and health coverage assistance through COBRA. In addition, H.R. 4851 postpones the drastic cuts to Medicare physician payment rates, a critical factor for our health care providers, as well as a number of other important provisions that expire at the end of the month or sooner.

While I support this assistance, the American people should be under no illusion that this will create jobs. It does no such thing. In spite of claims last year that the Democrats' stimulus package would keep unemployment from rising above 8 percent, it has risen from 5.5 to 9.7 percent nationwide and 10.7 percent in Kentucky. Just yesterday, senior administration officials

testified they don't expect to see much improvement in the job market this year. We have already spent almost \$100 billion on unemployment benefits, with another \$50 billion in the pipeline through 2010.

I am disappointed that the majority has again chosen to subvert their so-called PAYGO rules by not paying for this short-term extension. Again, 83 percent of the Federal budget is exempt from the PAYGO legislation that was supposed to pay-as-you-go. While the bill before us today is necessary, it is not a long-term solution. It is inefficient, and it buys us time to actually fix the root causes.

Instead of creating 3.7 million jobs as promised, the Democrats' stimulus bill was followed by more than 3 million additional job losses. A record 16 million are now unemployed. A significant number are underemployed. And all Americans are asking one simple question that I hear all the time at home, and all of my colleagues do, Where are the jobs? Record numbers are collecting unemployment benefits instead of paychecks.

The need to pass this bill today reflects the failure of the Democrats' stimulus bill and subsequent efforts to create the jobs they promised. For this failure we will spend another \$6 billion next month on Federal unemployment benefits, borrowing that money from our children and our grandchildren. Millions will soon exhaust these benefits and wonder what comes next.

What Americans want are jobs, not handouts. To really help unemployed workers, we need to craft policies that will actually create jobs so unemployed workers can get back to work, so capital will be invested, so companies will invest in machines and development and growth, so the market will come back and they will hire people who will in fact become taxpayers to contribute to the economy and to meet their own needs.

Doing so requires ending the massive tax, spend, and borrow plans of the Democrat Congress and administration. These policies have created severe uncertainty among American workers and businesses that leads to economic stagnation and discourages hiring.

If you want to look at the full fruit of such policies, all we need to do is look at Eastern Europe in the 1960s, the 1970s, and the 1980s that led to the collapse of the Soviet empire. We could eliminate all of the uncertainty that we have today economically and get the private sector American job creation engine humming again by immediately providing real tax relief to businesses and families across the Nation. In addition, we should scrap plans for a government takeover of health care and focus on reform that actually reduces cost; reengineer the government system that wastes almost \$200 billion a year on overhead that never

sees the way to senior citizen health benefits; and do the private market reforms and bring about meaningful medical liability reform that will end defensive medicine costs that cost almost one-third of all medical costs.

We should rescind unspent funds from the failed stimulus bill and the Troubled Asset Relief Program, the so-called TARP bill, and apply all of these funds to one thing, which is reducing our deficit, which I believe the gentleman from Kentucky, the United States Senator, tried to do 2 weeks ago and was disparaged by people in the Democratic Party in the House and the Senate and in the administration for simply saying let's pay for something with money that we already have available.

Businesses can't thrive in an economy falsely buoyed by temporary stimulus funds and taxpayer-funded bailouts. In order to create jobs, we have got to empower the people to make their own choices. We need to craft legislation in Congress that won't cause additional harm to our economy but will instead give Americans the flexibility they need to grow their businesses.

With that, Madam Speaker, I reserve the balance of my time.

Mr. MCDERMOTT. Madam Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. OBERSTAR).

Mr. OBERSTAR. Madam Speaker, I thank the gentleman from Washington for yielding time.

There is a very important provision of this bill that we are hoping to pass for a second time to send back to the other body, and that is to correct the lapse in payment to 1,913 employees of the Federal Highway Administration, the Federal Motor Carrier Safety Administration, and the Research and Innovative Technology Administration because the authority for the Federal highway program lapsed due to the objections of the Senator, the Representative in the other body, who held up the bill and then delayed the whole process, and through no fault of their own, these hardworking career employees were shortchanged.

A long-term secretary of the Federal Highway Administration office in Seattle, who would normally net \$1,548, lost \$390 because of that furlough. That is unreasonable. An entry-level program analyst in Chicago of the Federal Highway Administration normally would take home \$1,200, but would take a \$300 cut for doing his job. Well, that is unreasonable. The bill we have before us will reinstate these funds.

And I just want to restate what I said just a couple weeks ago, the Congressional Budget Office, nonpartisan arbiter of the cost of legislation, determined that H.R. 4786 will not require any new Federal funding and will not increase outlays. It will draw on administrative funding that has already

been authorized and appropriated for the department. It will not cost the Federal Government a single dollar beyond amounts already provided. The Secretary of Transportation has already moved, is prepared to move these dollars as soon as we give him that authority. We ought to do that now.

Mr. DAVIS of Kentucky. Madam Speaker, I yield 10 minutes to the distinguished ranking member of the Energy and Commerce Committee, the gentleman from Texas (Mr. BARTON).

Mr. BARTON of Texas. I recognize myself for 1 minute, Madam Speaker.

The SPEAKER pro tempore. The gentleman has been yielded time, but he does not control that time.

Mr. DAVIS of Kentucky. Madam Speaker, I ask unanimous consent that the distinguished gentleman from Texas control his 10 minutes.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Kentucky?

There was no objection.

Mr. BARTON of Texas. I appreciate the Chair insisting on regular order. It's nice that we have that. That's a good thing, not a bad thing.

I am going to yield myself, Madam Speaker, 1 minute.

We are here today because sometime this morning the majority decided, or at least they decided to inform the minority, to extend a number of bills, several of which are primary jurisdictional to the Energy and Commerce Committee, of which I am the ranking member. Probably the most important of the bills in terms of economic impact in the short term is the physician reimbursement fix, the DRG fix. If I understand this bill correctly, it has been extended for another month.

We also have the Satellite Home Viewer Reauthorization Act, which is totally within the jurisdiction of the Energy and Commerce Committee. And it is also being extended for 1 month.

Madam Speaker, we don't have to do this kind of thing. If we could really get to regular order, we could bring these bills up, we could work in a bipartisan fashion, and we could find permanent or at least annual solutions to these bills. We don't have to hully gully this type of thing.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BARTON. I yield myself an additional 15 seconds.

And to be told at 10 o'clock this morning about this bill, which is a compilation of several bills, is just a disservice to the American people.

With that, I would like to yield 2 minutes to the distinguished ranking member of the Energy and Commerce Subcommittee on Telecommunications and the Internet, Mr. CLIFF STEARNS of Florida.

Mr. STEARNS. I thank the distinguished ranking member, and I have to say I like his term "hully gully." That

is probably a good description of what has happened here. I am sure a lot of Members don't even know about this extension. So I think it is a credit to the majority that they brought this up, because I think all of us want to see this important medical correction for doctors.

Under the current SGR formula, doctors face a 21 percent cut in their Medicare reimbursement. This fix would delay those cuts until April 30. Because the majority has not properly addressed real Medicare reform, we continue in the House to apply these short-term patches rather than provide doctors with a permanent solution to the reimbursement formula. We have known about this for a long time. There is no reason we have to bring this up, as the ranking member says, hully gully.

Although this correction, fix, extension is important, also important in this bill is the Satellite Home Viewers Act, which is extended through April 30. I am glad that this extension is included, but I am hoping we can move the 5-year extension that passed this body overwhelmingly, bipartisan support, by a large margin, but now my colleagues have bogged down in the United States Senate. This temporary extension that we are voting on today includes the section 119 licenses which actually govern the transmission of distant and local television signals by cable and satellite television operators as well as provisions of the Communications Act of 1934 concerning the retransmission of broadcast station signals. As you can see, this is very important to get this full 5-year extension.

My colleagues, in December 2009 the House passed the Satellite Home Viewer Reauthorization Act by 394-11. And yet here we are, we can't seem to shake the bill loose in the Senate, although the Senate Commerce, Science and Transportation and the Senate Judiciary Committees have all reported this measure out of their committees.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BARTON of Texas. Madam Speaker, I yield the gentleman an additional 15 seconds.

Mr. STEARNS. I am glad we are extending this important law temporarily, but I am hopeful it will move forward on a permanent basis, a 5-year extension. And obviously, I am very glad the current SGR formula is being fixed, corrected today, and at least we have a 30-day hiatus.

Mrs. CAPPS. Madam Speaker, I rise in support of H.R. 4851.

This bill takes the necessary steps to extend crucial health care provisions in law that would otherwise expire soon. Although there is a sense of *deja vu* in voting to prevent an impending 21 percent cut to Medicare and TRICARE reimbursements, we must take action to

prevent those cuts from going into effect. I am sure all of my colleagues are well aware of what such cuts would mean to the health providers in their own districts and the restricted access to patients if the cuts happen.

The House can be proud of passing H.R. 3961 this last fall to permanently solve the annual Sustainable Growth Rate, or the SGR, program. But our friends in the other Chamber have failed thus far to act. And until they do, we must ensure that the cuts do not go into effect.

H.R. 4851 also provides a crucial extension to the current arbitrary Medicare beneficiary therapy caps. When outpatient therapy is considered medically necessary for a patient, we should never put an arbitrary limit on the dollar amount that can be spent to provide this important care. And I support the provisions of this bill to allow Medicare beneficiaries to continue receiving the outpatient therapy care that they need.

Finally, I applaud the inclusion of a provision in this bill to correct an inadvertent error regarding electronic health records and incentive payments for physicians who implement them. Through our technical correction in this legislation, we will ensure that physicians who work in outpatient clinics that are owned by hospitals will be eligible for these important incentive payments. Encouraging the adoption of health information technology in all health care settings is a priority shared by my colleagues on both sides of the aisle. I am pleased that we will further improve adoption of electronic health records with this fix.

I urge my colleagues to support H.R. 4851 and the important health care provisions included in this bill.

I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I yield myself 5 minutes.

It may have been explained before I got on the floor, so if I am repeating something that has already been said, I want to apologize in advance. But I do want the American people to know what this bill does. It is a bill that takes eight existing laws, and as I understand it, extends them for 1 month. It takes the unemployment insurance fund, extends it for a month; the COBRA premium assistance fund, extends it for a month; the Medicare physician freeze, it prohibits that for another month—or the cut to physician reimbursement under Medicare. An extension of Medicare therapy caps, extension for a month. A very unusual situation where we are going to use 2009 poverty numbers instead of 2010 poverty numbers, because apparently in 2010 the poverty level in the United States went down, so the majority wants to use 2009 numbers so that there will be larger payments for some of the poverty programs, which is interesting given that the deficit is over a trillion dollars this year.

□ 1515

An extension of the National Flood Insurance Program, extension of the Satellite Television Home Viewer Act, a program out of the transportation committee to repay furloughed workers on highway projects, those are the eight current laws that are being extended. There is also a technical fix on health IT in terms of the definition of doctors that worked for hospitals or worked for clinics.

None of these issues, Madam Speaker, needs to be addressed in the type of an omnibus extension on such a short term. Every one of these on its own has merit. Every one of these on its own could come to the floor in a bipartisan fashion and be debated and probably pass for longer than 1 month.

I am trying to understand why the three bills that are in the committee of jurisdiction that I am the ranking member of, the Energy and Commerce Committee, that's the Medicare Physician Freeze, the Medicare Therapy Caps Extension, and the Satellite Television Home Viewers Act, why those three bills have to come to the floor for 1 month in this fashion.

I don't know when the majority decided to do this. I know that the minority staff was informed of it at approximately 10 o'clock this morning. We're now on the floor at 3:15 in the afternoon.

Take aside the merits of the programs on policy and process alone, we should vote these down on suspension. In a week in which the American public is expressing legitimate outrage because the majority is contemplating bringing the biggest domestic policy bill of this Congress, i.e., the health care reform package, to the floor under a rule that would have a self-executing feature to it where we would deem something passed if we pass the rule, it would seem to me that the Speaker and the majority leader and the committee chairman would not want to pile insult onto insult and bring these bills to the floor under a process where you combine bills from numerous committees of jurisdiction with no notice, for all intents and purposes, and bring them to the floor. At least in this case we are going to get an up-or-down vote on the bill, which is a good thing. But it's not a vote on the rule that self-executes. So I want to commend Chairwoman SLAUGHTER of the Rules Committee for that and Speaker PELOSI.

But again, we don't have to operate, the United States of America, like we're a third-world country that doesn't know how to run a democracy.

Again, on the merits, Republicans have said for physician reimbursement we believe there should be a fix. We believe that the physicians need to be reimbursed in a fair fashion in the current Medicare reimbursement system. We support some of these therapy cap reforms. We certainly support the Sat-

ellite Television Home Viewer Act. So this isn't something that the only way to do it is to put it together in a big package and put it on the floor 1 month at a time. The only advantage I can see is that this just kind of treads water; it provides some sort of a vote this afternoon.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. BARTON of Texas. I would yield myself 30 additional seconds.

So I guess the other thing that I need to point out to Members of the body and to the American public is, because of the procedure, this is all deemed, apparently—and I hate to use that word. This is all defined to be emergency, and so it's not paid for.

The rule that brought these bills to the floor waives PAYGO, and my recollection is not too many months ago my friends in the majority were beating themselves and congratulating themselves because they had instituted these tough PAYGO rules. But if I am correct, I believe that none of this is paid for and the rule does not require PAYGO.

With that, I reserve the balance of my time.

Mrs. CAPPS. Madam Speaker, I continue to reserve.

Mr. BARTON of Texas. How much time do I still have?

The SPEAKER pro tempore. The gentleman from Texas has 1 minute. The gentleman from Kentucky has 6 minutes.

Mr. BARTON of Texas. I would yield 1 minute to a distinguished member of the Energy and Commerce Committee from Flower Mound and Denton, Texas, Dr. MICHAEL BURGESS.

Mr. BURGESS. I thank the gentleman for the recognition.

One minute is not much time to deal with what is a very complicated process. It is unfortunate we didn't have more time to actually look at this bill before it came to the floor on the concept of expanding the definition of a hospital-based physician for the use and purposes of electronic medical records in the stimulus bill that was passed last year. That's a good provision. That was language that we had asked for in the letter that was signed by 293 Members of this body that went to the acting director for the Center for Medicare and Medicaid Services.

I do have to point out, Ranking Member BARTON is exactly right. This SGR problem is not an emergency. Everyone in this body knew this was going to happen. What this signals us is perhaps the Democrats don't have the votes to pass their health care bill because, otherwise, the fix would be included in their health care bill. The fact that we are having to provide yet another month signals to me that they don't have the votes to pass their larger underlying bill.

There is no other Member in this body that wants this SGR fixed more

intensely than I do, but this is not the way to go about it. It is not an emergency. It should not come to us at the 11th hour. That is an insult to the Nation's physicians. They can't run their businesses when we always do it in this fashion.

Mrs. CAPPS. I continue to reserve.

Mr. McDERMOTT. Madam Speaker, I reserve the balance of my time.

Mr. DAVIS of Kentucky. Madam Speaker, as I said in my opening statement, I urge support for H.R. 4851 to continue unemployment and health insurance benefits for long-term unemployed workers, along with extensions of other important expiring provisions like the Medicare reimbursement provisions that my colleague from Texas just mentioned.

But as we, as a Congress, redouble our efforts on the task of empowering Americans to create jobs, we need to remember the four causes of this. Even as we help in those places where jobs are hardest to find, promoting job growth ultimately needs to be the broader goal.

One thing that we could do as a Congress to promote job growth and help our economy stand up and restore confidence in investing would be to stop the ramming of this health care bill through the House of Representatives presumably without even taking a vote on it. I think there is a small detail in the Constitution that would suggest my colleagues on the other side of the aisle have a small problem explaining that to their constituents.

But let's look at the base principles in this bill. There are good elements in it, small individual elements. But the framework, the foundation on which it is built is not only flawed, it would be destructive to the American economy and make it into the equivalent of an Eastern European health care system within 10 years.

First of all, it's based on huge tax increases. We still don't know what the reconciliation numbers are, but we know by commentary off the floor that the score from the Congressional Budget Office was far more than anything that's been presented in public thus far. Taxing health insurance is going to do one thing. It's going to reduce access to health insurance because less benefits will be provided by employers. It's very simple. Those of us who have run businesses understand this. We go without payroll to make sure our employees are covered. But we need to keep in mind the reality of what is happening. Taking money out of our pockets to fuel the growth of Federal bureaucracy is not right.

The second thing that's done on the opposite end of the pipeline is a half a trillion dollar cut in Medicare benefits. In my going on 6 years in Congress, I have never seen \$1 taken out of waste of the Center of Medicare Services. We hire more people, we put more rules in

place, but we don't take the overhead out to simplify the processes.

Indeed, in the Ways and Means Committee, a simple amendment offered by the gentleman from Illinois to study point of sale and credit card architecture technology that's used in every convenience store in America was rejected; as one gentleman from Texas called it, a pumpkin designed to enrich insurance executives. We use that every day. We use that in our identification cards here to vote. We don't have that integrated in our government. That's why citizens complain all the time about dealing with Washington, D.C.

The final thing that's done on top of all of this is the only job creation program that's coming out of the legislation being considered this week is the hiring of over a hundred thousand new Federal workers who have to be paid for by taxpayers. That means that many jobs have to be created for every one of those.

When I stop and think about this, I'm amazed, because we're not fixing the waste, the excess, the broken processes, the unintegrated database, and the contradictory regulations between the agencies. All we're doing is making the problem bigger and, in the end, it will result—as your own bill says with its waiting list language—in rationed care.

Finally, let's talk about the overwhelming majority of the American people. It is astounding to me the awareness level at all levels of our society of this bill and, frankly, the fear that is out there; not fear from things I say back home, but when people read the bill and see what it means. I'm not talking about cable television fear mongers. I'm talking simply about good Americans who are doing their civics homework like some of my colleagues in both bodies have failed to do and don't remember the basis of why we're sent here. And then when we can't get that popular vote because of fear of Members of retribution in the fall—which I guarantee you is going to come and all of us will be held accountable for our vote—to deem a bill that takes over nearly one-fifth of the economy—let's think what “deeming” means for my fellow Americans watching.

I could deem each of my children a Ph.D. I could deem them a good house. I could deem them a great future. In fact, while we're here deeming things, let's deem world peace, then we would do away with lots of expenditures. You all know the absurdity of that statement on the false premise that is raised with deeming. Why are we doing it? Because it creates a subterfuge that is wrong and violates Article 1 of the Constitution.

At the end of the day, there will be an accounting to the American people. We agree on good things that can get

done. Let's do those good things. Let's fix the government waste, fix the private market, and provide real medical liability reform.

I yield back the balance of my time.

Mrs. CAPPS. Madam Speaker, I yield back any remaining time that I might have.

Mr. McDERMOTT. Madam Speaker, I listened to my colleagues. I think they wanted the 20 minutes to talk about the health care bill. They didn't really want to talk about this piece of legislation that's out here in front of us.

This bill is here because the Republicans in the Senate continue to use the filibuster to stop any orderly process over there of dealing with the problems of this country.

And I don't know whether it's ignorance or amnesia, but “deeming” is a process that comes out of something that some of the senior Members know about, maybe the junior Members don't know about. This is called the Jefferson's Manual, and it provides the rules for the House, and it's where “deeming” comes from and all of the rest of the things that happen in the House.

In fact, just to remind you, Speaker Hastert, Speaker Gingrich used deeming on 202 occasions. Now, this is no big surprise. This is no surprise that fell out of the sky.

And no, I won't yield. I think I've listened to you talk about deeming enough. I want to talk about deeming for a second.

Deeming is rules of the House, and the reason you're doing that is so that we can get something done because people in the Senate are requiring, through the filibuster, that 60 votes be in the way of anything that happens. Now, if you insist on that when 50 votes is a majority, then you're going to get things like using arcane rules in this thousand-page rule book. And we will use it just like Speaker Gingrich used it, just like Speaker Hastert used it, to get around obstructionists.

And now I would yield to the gentleman from Kentucky.

□ 1530

Mr. DAVIS of Kentucky. I thank the gentleman for yielding. My question is when you, as a party, deemed the debt increase of nearly \$2 trillion, I would say that it makes any deeming of budgetary issues, even the Deficit Reduction Act reconciliation process, seem almost as a grain of sand. We might as well deem all votes and not even come here and answer mail in our offices if we are going to continue to deem one-fifth of the economy under government control.

Mr. McDERMOTT. Ultimately, we have to go out and face this. And when we pass this health care bill, you are free to campaign against a bill that gives health coverage to 30 million Americans and that closes the doughnut hole. If you want, you can go home

and argue with the seniors and say, I didn't want a bill that closed the doughnut hole. That was a stupid bill. I voted against it. What you are free to do after this bill passes is to go home and argue against the things that are in the bill. The people back home have no understanding what "deeming" is. It's inside baseball in this place. You wait, when you go and try, on the campaign trail, to sell the idea that you were against doing anything for 30 million people.

Mr. DAVIS of Kentucky. Would the gentleman yield?

Mr. McDERMOTT. I yield.

Mr. DAVIS of Kentucky. When the cashier at our local supermarket asked me about the reconciliation process and deeming and how can you pass something you don't vote on, I think the message is already at the grassroots.

Mr. McDERMOTT. I would suggest that the gentleman has tried to create an issue, but it won't last. Nobody remembers any of the debate before Social Security. Nobody remembers any of the debate before Medicare. Of course, there were people saying all kinds of things out here. But when the bill is in, the people will take the benefits and be grateful for the Congress that acted on their behalf. I urge everyone to vote for this bill. The unemployed should not suffer again because of Senate filibusters.

Mr. LINDER. Madam Speaker, drip, drip, drip.

Here we are for yet another extension of unemployment benefits and various related programs. These programs have been repeatedly extended, even as Democrats claim their economic stimulus plan has worked and is creating jobs. Well, it's not, and our presence on this floor today is yet another affirmation of that obvious fact. If stimulus was working, more people would have paychecks. But it's not, so we are here to hand out more unemployment checks instead.

Let's review the history of just the unemployment benefit extensions we are continuing today.

In June 2008, Congress created a new Federal "temporary" unemployment benefit program paying 13 weeks of unemployment benefits, on top of 26 weeks of State benefits. CBO said the UI portion of that bill would cost \$14 billion. Unemployment was 5.5 percent.

In November 2008, that temporary program was expanded by 20 weeks of benefits—for a new total of 59 weeks of UI per person. CBO said that would cost just under \$6 billion. Unemployment was 6.9 percent.

In February 2009, Democrats' stimulus plan extended the temporary program through 2009 and nationalized the Federal/State extended benefits program, among other changes. That added another 20 weeks of Federal benefits, for a total of up to 79 weeks per person. CBO said that would cost \$40 billion. Unemployment was 8.2 percent.

In November 2009, Congress added another 20 weeks of temporary extended benefits, for a record total of 99 weeks of UI per

person. CBO estimated that would cost \$2 billion just in the last few weeks of 2009. Unemployment was 10 percent.

In December 2009, the temporary program was extended for two months. CBO said that would cost \$14 billion. Unemployment was 10 percent.

Last month the program was extended through March, at a cost of \$8 billion. Unemployment was 9.7 percent.

And here we are again today, pondering yet another extension or expansion—the sixth of the program created in the summer of 2008—costing yet another \$6 billion. Since this program began, CBO estimates would suggest we will have spent a total of \$90 billion on Federal UI benefits through the end of next month. And that's not counting another \$50-plus billion it would cost to extend these programs for the rest of this year, as the Senate approved last week.

Unemployment has soared from 5.5 percent to 10 percent. Yet our colleagues on the other side of the aisle press on with their claims that this is somehow creating jobs. It's not.

What it is creating is more unemployment taxes, to cover the costs of the record unemployment benefits States are paying out. Those are taxes on jobs, which are rising in 35 States this year, by a total of 44 percent.

Madam Speaker, we have tried extending unemployment benefits again and again. And we have only gotten more unemployment. Yet what unemployed workers really want are jobs and paychecks. We need to start over and do the things that really help create jobs for unemployed workers. That means eliminating uncertainty by scrapping Democrats' government health care takeover and cap and tax energy plans, extending expiring tax cuts on businesses and individuals, repealing wasteful stimulus spending, and committing to not increasing any tax until the economy has fully recovered.

Until we do that, additional extensions of unemployment benefits will simply spend even more money we don't have without truly helping unemployed workers find jobs, which must be our real goal.

Mr. McDERMOTT. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Washington (Mr. McDERMOTT) that the House suspend the rules and pass the bill, H.R. 4851, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

FEDERAL AVIATION ADMINISTRATION EXTENSION ACT OF 2010

Mr. COSTELLO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4853) to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport

improvement program, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4853

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Federal Aviation Administration Extension Act of 2010".

SEC. 2. EXTENSION OF TAXES FUNDING AIRPORT AND AIRWAY TRUST FUND.

(a) FUEL TAXES.—Subparagraph (B) of section 4081(d)(2) of the Internal Revenue Code of 1986 is amended by striking "March 31, 2010" and inserting "July 3, 2010".

(b) TICKET TAXES.—

(1) PERSONS.—Clause (ii) of section 4261(j)(1)(A) of the Internal Revenue Code of 1986 is amended by striking "March 31, 2010" and inserting "July 3, 2010".

(2) PROPERTY.—Clause (ii) of section 4271(d)(1)(A) of such Code is amended by striking "March 31, 2010" and inserting "July 3, 2010".

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on April 1, 2010.

SEC. 3. EXTENSION OF AIRPORT AND AIRWAY TRUST FUND EXPENDITURE AUTHORITY.

(a) IN GENERAL.—Paragraph (1) of section 9502(d) of the Internal Revenue Code of 1986 is amended—

(1) by striking "April 1, 2010" and inserting "July 4, 2010"; and

(2) by inserting "or the Federal Aviation Administration Extension Act of 2010" before the semicolon at the end of subparagraph (A).

(b) CONFORMING AMENDMENT.—Paragraph (2) of section 9502(e) of such Code is amended by striking "April 1, 2010" and inserting "July 4, 2010".

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on April 1, 2010.

SEC. 4. EXTENSION OF AIRPORT IMPROVEMENT PROGRAM.

(a) AUTHORIZATION OF APPROPRIATIONS.—

(1) IN GENERAL.—Section 48103(7) of title 49, United States Code, is amended to read as follows:

"(7) \$3,024,657,534 for the period beginning on October 1, 2009, and ending on July 3, 2010."

(2) OBLIGATION OF AMOUNTS.—Sums made available pursuant to the amendment made by paragraph (1) may be obligated at any time through September 30, 2010, and shall remain available until expended.

(3) PROGRAM IMPLEMENTATION.—For purposes of calculating funding apportionments and meeting other requirements under sections 47114, 47115, 47116, and 47117 of title 49, United States Code, for the period beginning on October 1, 2009, and ending on July 3, 2010, the Administrator of the Federal Aviation Administration shall—

(A) first calculate funding apportionments on an annualized basis as if the total amount available under section 48103 of such title for fiscal year 2010 were \$4,000,000,000; and

(B) then reduce by ⁸⁹/₃₆₅—

(i) all funding apportionments calculated under subparagraph (A); and

(ii) amounts available pursuant to sections 47117(b) and 47117(f)(2) of such title.

(b) PROJECT GRANT AUTHORITY.—Section 47104(c) of such title is amended by striking "March 31, 2010," and inserting "July 3, 2010,".

SEC. 5. EXTENSION OF EXPIRING AUTHORITIES.

(a) Section 40117(1)(7) of title 49, United States Code, is amended by striking "April 1, 2010," and inserting "July 4, 2010,".

(b) Section 44302(f)(1) of such title is amended—

(1) by striking "March 31, 2010," and inserting "July 3, 2010,"; and

(2) by striking "June 30, 2010," and inserting "September 30, 2010,".

(c) Section 44303(b) of such title is amended by striking "June 30, 2010," and inserting "September 30, 2010,".

(d) Section 47107(s)(3) of such title is amended by striking "April 1, 2010," and inserting "July 4, 2010,".

(e) Section 47115(j) of such title is amended by striking "April 1, 2010," and inserting "July 4, 2010,".

(f) Section 47141(f) of such title is amended by striking "March 31, 2010," and inserting "July 3, 2010,".

(g) Section 49108 of such title is amended by striking "March 31, 2010," and inserting "July 3, 2010,".

(h) Section 161 of the Vision 100—Century of Aviation Reauthorization Act (49 U.S.C. 47109 note) is amended by striking "April 1, 2010," and inserting "July 4, 2010,".

(i) Section 186(d) of such Act (117 Stat. 2518) is amended by striking "April 1, 2010," and inserting "July 4, 2010,".

(j) The amendments made by this section shall take effect on April 1, 2010.

SEC. 6. FEDERAL AVIATION ADMINISTRATION OPERATIONS.

Section 106(k)(1)(F) of title 49, United States Code, is amended to read as follows:

"(F) \$7,070,158,159 for the period beginning on October 1, 2009, and ending on July 3, 2010,".

SEC. 7. AIR NAVIGATION FACILITIES AND EQUIPMENT.

Section 48101(a)(6) of title 49, United States Code, is amended to read as follows:

"(6) \$2,220,252,132 for the period beginning on October 1, 2009, and ending on July 3, 2010,".

SEC. 8. RESEARCH, ENGINEERING, AND DEVELOPMENT.

Section 48102(a)(14) of title 49, United States Code, is amended to read as follows:

"(14) \$144,049,315 for the period beginning on October 1, 2009, and ending on July 3, 2010,".

SEC. 9. EXTENSION AND FLEXIBILITY FOR CERTAIN ALLOCATED SURFACE TRANSPORTATION PROGRAMS.

(a) **SHORT TITLE.**—This section may be cited as the "Surface Transportation Extension Modification Act of 2010".

(b) **MODIFICATION OF ALLOCATION RULES.**—Section 411(d) of the Surface Transportation Extension Act of 2010 is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A)—

(i) by striking "1301, 1302,"; and

(ii) by striking "1198, 1204,"; and

(B) in subparagraph (A)—

(i) in the matter preceding clause (i) by striking "apportioned under sections 104(b) and 144 of title 23, United States Code," and inserting "specified in section 105(a)(2) of title 23, United States Code (except the high priority projects program),"; and

(ii) in clause (ii) by striking "apportioned under such sections of such Code" and inserting "specified in such section 105(a)(2) (except the high priority projects program),";

(2) in paragraph (2)—

(A) in the matter preceding subparagraph (A)—

(i) by striking "1301, 1302,"; and

(ii) by striking "1198, 1204,"; and

(B) in subparagraph (A)—

(i) in the matter preceding clause (i) by striking "apportioned under sections 104(b) and 144 of title 23, United States Code," and inserting "specified in section 105(a)(2) of title 23, United States Code (except the high priority projects program),"; and

(ii) in clause (ii) by striking "apportioned under such sections of such Code" and inserting "specified in such section 105(a)(2) (except the high priority projects program),"; and

(3) by adding at the end the following:

"(5) **PROJECTS OF NATIONAL AND REGIONAL SIGNIFICANCE AND NATIONAL CORRIDOR INFRASTRUCTURE IMPROVEMENT PROGRAMS.**—

"(A) **REDISTRIBUTION AMONG STATES.**—Notwithstanding sections 1301(m) and 1302(e) of SAFETEA-LU (119 Stat. 1202 and 1205), the Secretary shall apportion funds authorized to be appropriated under subsection (b) for the projects of national and regional significance program and the national corridor infrastructure improvement program among all States such that each State's share of the funds so apportioned is equal to the State's share for fiscal year 2009 of funds apportioned or allocated for the programs specified in section 105(a)(2) of title 23, United States Code.

"(B) **DISTRIBUTION AMONG PROGRAMS.**—Funds apportioned to a State pursuant to subparagraph (A) shall be—

"(i) made available to the State for the programs specified in section 105(a)(2) of title 23, United States Code (except the high priority projects program), and in the same proportion for each such program that—

"(I) the amount apportioned to the State for that program for fiscal year 2009; bears to

"(II) the amount apportioned to the State for fiscal year 2009 for all such programs; and

"(ii) administered in the same manner and with the same period of availability as funding is administered under programs identified in clause (i)."

(c) **EXPENDITURE AUTHORITY FROM HIGHWAY TRUST FUND.**—Paragraph (1) of section 9503(c) of the Internal Revenue Code of 1986, as amended by the Surface Transportation Extension Act of 2010, is amended by striking "in effect on the date of the enactment of such Act)" and inserting "in effect on the later of the date of the enactment of such Act or the date of the enactment of the Surface Transportation Extension Modification Act of 2010)".

(d) **EFFECTIVE DATE.**—The amendments made by this section shall take effect upon the enactment of the Surface Transportation Extension Act of 2010 and shall be treated as being included in that Act at the time of the enactment of that Act.

The **SPEAKER pro tempore**. Pursuant to the rule, the gentleman from Illinois (Mr. COSTELLO) and the gentleman from Wisconsin (Mr. PETRI) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. COSTELLO. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous materials on H.R. 4853.

The **SPEAKER pro tempore**. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. COSTELLO. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 4853, the Federal Aviation Administration Extension Act of 2010. I want to thank Chairman LEVIN and Ranking Member CAMP, as well as Chairman OBERSTAR and Ranking Members MICA and PETRI for bringing this to the floor today.

The FAA has been operating under a series of short-term extensions for 2½ years since the last FAA reauthorization bill expired. Short-term extensions and uncertain funding levels can be disruptive to the aviation industry, airports, and local communities because they do not allow them to plan for long-term growth. Frankly, every month that goes by without a long-term FAA authorization is a lost opportunity to improve aviation safety and security and to create and maintain jobs around the country.

Madam Speaker, the House did its job and passed H.R. 915, the FAA Reauthorization Act of 2009, a 3-year authorization of FAA programs. For 8 months, we have been waiting on the other body to bring a bill to the floor and pass it. The Senate bill is now being debated in the other body, and we look forward to passage of that bill so that we can complete our work and begin with the reauthorization of the FAA bill.

However, the Airport and Airways Trust Fund will expire on March 31, 2010, and the bill before us today, H.R. 4853, extends aviation taxes and expenditure authority, and the Airport Improvement Program contract authority, until July 3, 2010.

H.R. 4853 also provides for a total of \$3 billion in AIP contract authority through early July, which translates to an annualized amount of \$4 billion for fiscal year 2010. This level of funding is consistent with the annual levels provided by the House and the Senate reauthorization bills, as well as the fiscal year 2010 concurrent budget resolution. These additional funds will allow airports to continue critical safety and capacity enhancement projects.

Additionally, the bill provides \$7 billion for FAA operations, \$2.2 billion for facility and equipment programs, and \$144 million for research, engineering, and development programs. When translated to yearly amounts, these figures equal the funding levels passed for these programs by the fiscal year 2010 Consolidated Appropriations Act.

In addition, the 3-month bill extends aviation excise taxes through July 3, 2010. These taxes are necessary to support the Airport and Airways Trust Fund, which funds a large portion of the FAA's budget. Any lapse in these taxes could drain the trust fund's balance, so it is important that we act now, pending the passage of a longer-term reauthorization bill.

Aviation is too important to our Nation's economy, contributing \$1.2 trillion in output and approximately 11.4 million jobs, to allow the taxes or the funding for critical aviation programs to expire. Congress must ensure that this extension passes today to reduce delays and congestion, improve safety and efficiency, stimulate the economy, and create jobs.

I urge my colleagues to support the bill.

I reserve the balance of my time.

Mr. PETRI. Madam Speaker, in the 110th Congress, the House passed the FAA Reauthorization Act of 2007, H.R. 2881. That bill reauthorized the FAA for 4 years. In May of last year, the House voted again to pass a comprehensive reauthorization bill, H.R. 915, the FAA Reauthorization Act of 2009.

In just the last week, the Senate has begun consideration of their FAA reauthorization bill, and it looks quite possible that the two Chambers will soon begin negotiations to reconcile each of their bills. However, this reconciliation process will take time. Given that the current FAA extension expires at the end of this month, we need to again extend the FAA's taxes and authorities to allow time to get a final, conferenced FAA bill.

H.R. 4853 would extend the taxes, programs, and funding of the FAA through July 3 of this year. This bill extends FAA funding and contract authority for just over 3 months, provides \$3 billion in Airport Improvement Program funding, extends the War Risk Insurance program, and extends other authorities related to Small Community Air Service, airport, and safety programs.

H.R. 4853 will ensure that our National Airspace System continues to operate until a full FAA reauthorization can be enacted.

So as I have indicated many times since the passage of the House FAA reauthorization bill back in 2007, we need to pass a long-term bill so that we can meet the growing demands placed on our Nation's aviation infrastructure. Modernizing our antiquated air traffic control system and repairing our crumbling infrastructure need to be at the top of our priorities.

While I'm disappointed that the FAA has gone so long without a comprehensive reauthorization, I support this extension as the best alternative to keep the FAA and the National Airspace System running safely and efficiently until we can take up and pass a bipartisan and bicameral bill. It seems that we are closer to this goal than ever before, at least in recent Congresses.

H.R. 4853 also includes a provision that will change the way funding is distributed for the Projects of National and Regional Significance program and the National Corridor Infrastructure program in the surface transportation

extension that the Senate passed this morning.

In its current form, this surface extension bill would prevent 22 States from receiving any funding and would direct 56 percent of the funding to just four States: California, Louisiana, Illinois, and Washington. This fix ensures that the funding for those two programs is distributed to all States through the existing Federal-aid highway formula. And I commend the people who are responsible for that fix.

With that, I urge my colleagues to support the bill, H.R. 4853.

I reserve the balance of my time.

Mr. COSTELLO. At this time, Madam Speaker, I recognize our friend who is a member of the subcommittee, the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. Madam Speaker, I'm going to fly home hopefully later this weekend, and it is surely important to me that the FAA continues to do what it must do to keep the air safe. And I want to commend the minority as well as the Chair for this extension.

But beyond the extension, there is another extremely important element in this bill, and that is straightening out the funding for transportation. Mr. OBERSTAR worked a miracle and actually managed to give California less of more, which took a while for me to understand. But the reality is that by being able to work out a compromise with the Senate, we are going to be able to move the transportation programs forward. It's a great example of what can be done with some good leadership working both sides of the aisle.

I want to commend the bill to all of us and move this thing along so that we can fly home safely when we get the health care bill done and go home and tell our constituents about a good highway transportation program that's been put together.

Mr. PETRI. I reserve the balance of my time.

Mr. COSTELLO. At this time, Madam Speaker, I would yield 2 minutes to a member of the full committee, Mr. SIREs from New Jersey.

Mr. SIREs. Madam Speaker, I rise today in strong support of H.R. 4853, the Federal Aviation Administration Extension Act of 2010. This legislation would extend the FAA's aviation programs and taxes for 3 more months, through July 3, 2010.

Funding authorization for aviation programs expired at the end of fiscal year 2007, and since then, 11 extensions have been passed.

Although the House passed Chairman OBERSTAR's bill, H.R. 915, the FAA Reauthorization Act of 2009, on May 21, 2009, the Senate has not acted on this legislation. Passage of a comprehensive reauthorization bill is necessary, but for the time being, we must once again pass an extension reauthorizing the FAA's aviation programs.

Included in this bill are also two very important surface transportation provisions. These provisions would alleviate concerns raised by Members of the House earlier this month when we passed the House amendments to the Senate amendments of the HIRE Act. Specifically, section 9 of this bill will amend the HIRE Act and resolve House concerns with the formula of distributing highway funding in the HIRE Act.

This bill would share among all States the \$932 million for projects of national and regional significance and the national corridor programs.

Under the Senate's bill, four States would automatically receive 58 percent of this funding and 22 States would receive no funding at all. Under this bill, all States will be allowed to compete for these programs.

This bill also distributes additional bonus formula funds to 13 current State highway formula programs, as opposed to only six of the highway formula programs. While the Senate Surface Transportation Act Extension Act skewed highway formula funding to certain States, this bill acts as a remedy. Additionally, these two surface transportation provisions would put into law Majority Leader REID's commitment to rectify the two differences between the House and the Senate transportation extension bills.

Madam Speaker, I urge my colleagues to join me in passing the FAA Extension Act, which includes several important provisions.

□ 1545

Mr. PETRI. I reserve the balance of my time.

Mr. COSTELLO. Madam Speaker, at this time I recognize for such time as he may consume the chairman of the full Transportation Committee, Chairman OBERSTAR.

Mr. OBERSTAR. Madam Speaker, I thank the chair of the Aviation Subcommittee, Mr. COSTELLO. He has already well and duly explained the FAA authorization extension that is before us at this moment. I want to address, as Mr. PETRI has done, as Mr. GARAMENDI and Mr. SIREs have done, the other provision in this bill.

When we passed the Hiring Incentives to Restore Employment Act a time ago, the legislation then was sent back by the Senate with some changes in the highway funding formula that I felt were unfair, unjust, unnecessary; and I held up House consideration of the bill until we could reach an agreement with the other body.

As I went on to explain in meetings of the caucus, meetings with our committee members on both sides of the aisle, the Senate version of this bill directed major highway discretionary program funding to a select group of States: four would get 58 percent of the funding; 22 States get nothing; the other 20 got dribbles.

That formulation would provide a permanent windfall for those four States. And not just a one-time shot but a long-term windfall, because it would skew underlying highway formulas, changing the baseline for those four States that got the lion's share of the money.

After a good deal of discussion and consideration, I had a conversation with my very good friend from the time he served in the House. Senate Majority Leader HARRY REID pointed out that there was \$932 million in discretionary highway funds that we had formulated one way in the bill we passed in December. The Senate has now taken that language and skewed it in a different direction, and that is the wrong thing to do and will change from our provision in the December bill that distributed that \$932 million in discretionary funding to the Secretary to fold it into the regular highway formula for all of the States on a proportional basis, rather than just the 29 States that had programs and projects of national and regional significance and national corridor infrastructure improvement programs. That included my State of Minnesota, which would have benefited from the windfall of the Senate formula.

I could have just said nothing, sat on my hands, let it go. It is a very arcane, very complex formula. Few people would have understood it. But it was the wrong thing to do. It was the wrong way to hijack the House bill and hijack these funds and just simply allocate them to few States.

Furthermore, the language, the provision in the other body's legislation designated seven programs as second-tier programs and further rated those funds—the Appalachia Development Highway System, the Rail Highway Grade Crossing, the Equity Bonus Program, Recreational Trail, Safe Routes to School, Coordinated Border Infrastructure, and the Metropolitan Planning programs—relegated them to a second-tier status, and denies them the opportunity to receive additional funding during the extension period and weakens their standing during the long-term authorization. That is wrong.

I explained it to Senator REID. He fully understood it. I proposed an exchange of letters, which he did, and he said, "We will agree to the adjustment," as proposed in the formula that I set forth and which I will include in the RECORD at this point, including the exchange of letters with Senator REID, and our committee summary explanation of this provision.

HIGHWAY AND BRIDGE FORMULA FUNDING BY STATE UNDER SURFACE TRANSPORTATION EXTENSION ACTS, HIRE ACT VS. SURFACE TRANSPORTATION MODIFICATION ACT OF 2010, MARCH 17, 2010

[37 States Fare Better under the Surface Transportation Modification Act of 2010; 14 States Fare Better under the HIRE Act]

State	HIRE Act ¹	Surface Transportation Modification Act ²	Increase (decrease) under Surface Transportation Modification Act
Alabama	\$1,160,135,018	\$1,178,768,813	\$18,633,795
Alaska	698,820,601	702,234,406	3,413,805
Arizona	1,119,833,846	1,137,317,569	17,483,723
Arkansas	780,938,283	757,601,098	(23,337,185)
California	5,540,834,984	5,348,478,144	(192,356,840)
Colorado	808,562,089	808,216,244	(345,845)
Connecticut	771,124,583	774,468,106	3,343,523
Delaware	254,115,413	258,166,183	4,050,770
Dist. of Col.	241,637,283	226,506,326	(15,130,958)
Florida	2,901,459,068	2,948,516,502	47,057,434
Georgia	1,990,475,595	2,022,248,870	31,773,275
Hawaii	258,011,916	262,133,940	4,122,024
Idaho	436,473,412	443,558,991	7,085,579
Illinois	2,133,468,322	2,014,527,598	(118,940,724)
Indiana	1,454,478,215	1,473,826,863	19,348,649
Iowa	721,928,309	731,252,426	9,324,118
Kansas	582,189,917	591,518,358	9,328,441
Kentucky	1,012,890,986	1,027,305,950	14,414,964
Louisiana	1,045,633,419	1,002,664,600	(42,968,819)
Maine	280,240,625	284,757,226	4,516,601
Maryland	918,077,359	930,393,685	12,316,326
Massachusetts	935,232,711	950,187,222	14,954,511
Michigan	1,628,896,250	1,649,577,451	20,681,201
Minnesota	969,838,993	960,370,670	(9,468,323)
Mississippi	730,280,701	740,066,612	9,785,911
Missouri	1,422,349,455	1,444,428,478	22,079,023
Montana	595,326,967	604,421,087	9,094,120
Nebraska	439,714,255	446,827,117	7,112,863
Nevada	509,981,437	517,716,094	7,734,658
New Hampshire	255,499,273	259,619,857	4,120,584
New Jersey	1,522,180,325	1,521,313,478	(866,848)
New Mexico	558,845,157	564,388,783	5,543,626
New York	2,585,021,983	2,601,114,874	16,092,891
North Carolina	1,597,585,980	1,623,405,549	25,819,569
North Dakota	376,542,187	382,541,944	5,999,758
Ohio	2,046,630,272	2,071,931,711	25,301,439
Oklahoma	958,778,621	936,700,103	(22,078,518)
Oregon	745,775,067	717,111,735	(28,663,333)
Pennsylvania	2,533,737,942	2,561,421,751	27,683,809
Rhode Island	328,209,791	333,303,797	5,094,006
South Carolina	960,038,143	962,956,224	2,918,081
South Dakota	423,697,858	430,371,013	6,673,155
Tennessee	1,286,665,098	1,280,356,414	(6,308,684)
Texas	4,835,326,374	4,912,212,474	76,886,100
Utah	482,941,887	490,736,905	7,795,018
Vermont	299,846,556	304,031,221	4,184,665
Virginia	1,550,364,905	1,538,365,476	(11,999,429)
Washington	1,021,098,782	981,828,852	(39,269,930)
West Virginia	660,653,936	651,000,745	(9,653,191)
Wisconsin	1,135,046,618	1,138,278,090	3,231,471
Wyoming	389,303,475	395,692,926	6,389,451
Total	58,896,740,240	58,896,740,240	0

¹ The Surface Transportation Extension Act of 2010, title IV of H.R. 2847, the "Hiring Incentives to Restore Employment Act" (HIRE Act).

² The Surface Transportation Modification Act of 2010, section 9 of H.R. 4853, the "Federal Aviation Administration Extension Act of 2010", implementing the February 26, 2010 written agreement among Senate Majority Leader Harry Reid, Speaker Nancy Pelosi, and Chairman James L. Oberstar.

This table was prepared by the Committee on Transportation and Infrastructure Majority staff based on technical assistance provided by the Federal Highway Administration.

U.S. SENATE,

Washington, DC, February 26, 2010.

HON. NANCY PELOSI,
Speaker, House of Representatives, The Capitol,
Washington, DC.

HON. JAMES L. OBERSTAR,
Chairman, Committee on Transportation and
Infrastructure, Rayburn House Office
Building, Washington, DC.

DEAR MADAM SPEAKER AND MR. CHAIRMAN:
Thank you for your cooperation in facilitating the House passage of the H.R. 2847, the "Hiring Incentives to Restore Employment Act", passed by the Senate on February 24, 2010. I appreciate your concern that the urgency of passage of the legislation did not allow time for a Conference Committee or other discussions to reconcile surface transportation extension act differences between the Senate-passed amendment (Title IV) and the House-passed bill, the "Jobs for Main Street Act" (Title II of H.R. 2847).

To accommodate House concerns with Title IV, the "Surface Transportation Extension Act of 2010", of the Senate-passed

amendment, we have reached agreement on the following changes to H.R. 2847:

1. Distribute the Projects of National and Regional Significance (PNRS) and National Corridor Infrastructure Improvement (Corridor) program funding among all States based on each State's share of fiscal year 2009 highway apportioned funds rather than to only 29 States that had PNRS and Corridor projects under the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU).

2. Distribute "additional" highway formula funds (which the bill makes available in lieu of additional Congressionally-designated projects) among all of the highway formula programs rather than among just six formula programs.

I pledge to you that I will make every effort to include these provisions in the next Jobs bill passed by the Senate, which we hope to accomplish in the next few weeks. I have attached legislative language to accomplish these changes.

I will also join you in requesting that the Federal Highway Administration not apportion the PNRS and Corridor funding to States until Congress has passed this corrective legislation.

Thank you for your consideration.

Sincerely,

HARRY REID,
Majority Leader.

COMMITTEE ON TRANSPORTATION AND INFRASTRUCTURE, SUMMARY OF H.R. 4853, THE "FEDERAL AVIATION ADMINISTRATION EXTENSION ACT OF 2010", MARCH 17, 2010

BACKGROUND

The most recent long-term Federal Aviation Administration (FAA) reauthorization act, Vision 100—Century of Aviation Reauthorization Act (P.L. 108-176), expired September 30, 2007. Work in the House to reauthorize the FAA culminated most recently with the passage of H.R. 915, the "FAA Reauthorization Act of 2009", on May 21, 2009. To date, the Senate has not completed action on a long-term FAA reauthorization bill.

In the meantime, pending completion of a long-term reauthorization bill, Congress has passed a series of short-term acts extending the FAA's authority. The current FAA extension act expires on March 31, 2010.

Separately, on February 25, 2010, the Senate passed H.R. 2847, the "Hiring Incentives to Restore Employment Act" (HIRE Act), with an amendment. The HIRE Act includes an extension of highway, highway and motor carrier safety, and public transit programs through December 31, 2010. It also includes a number of provisions that raised concerns for Members of the House. The House was able to address some of these provisions (e.g., PAYGO costs) through amendments at that time. However, the urgent need to pass the legislation did not allow sufficient time to resolve two major differences between the surface transportation extension title of the HIRE Act and the surface transportation extension passed by the House on December 16, 2009, as part of H.R. 2847, the "Jobs for Main Street Act":

1. the treatment of Projects of National and Regional Significance and the National Corridor Infrastructure Improvement programs; and

2. the programmatic distribution of additional formula funds provided to States in lieu of additional Congressionally-designated project funding.

First, the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) (P.L. 109-59) established two major discretionary programs: the

Projects of National and Regional Significance (PNRS) and National Corridor Infrastructure Improvement (National Corridor) programs. Although the programs were designed as competitive, discretionary programs, during deliberations on the bill in 2005, the Conference Committee decided to designate individual projects under each program. The HIRE Act extends funding for these two programs, providing a total of \$932 million for the PNRS and National Corridor programs over a 15-month period (October 1, 2009 through December 31, 2010). This approach distributes these funds only to States that had earmarks under these programs in SAFETEA-LU—with four States receiving 58 percent of the funding and 22 States receiving nothing. This provision would create a permanent windfall for these four States, and would unfairly skew the highway formulas.

Second, in fiscal years (FY) 2005 through 2009, SAFETEA-LU included Congressionally-designated projects under several discretionary programs (e.g., House and Senate Congressionally-designated projects under the High Priority Projects and Transportation Improvements programs). The HIRE Act extends funding for these programs, but does not include any earmarks during the extension period. Instead, it provides each State with an amount equal to its FY 2009 Congressionally-designated projects under these discretionary programs and distributes those additional funds through six existing State highway formula programs.

H.R. 2847, the "Jobs for Main Street Act", as passed by the House, would have distributed the additional funding through all of the 13 current State highway formula programs: Interstate Maintenance, National Highway System, Highway Bridge, Surface Transportation Program, Highway Safety Improvement Program, Congestion Mitigation and Air Quality Improvement, Metropolitan Planning, Equity Bonus, Appalachian Development Highway System, Recreational Trails, Safe Routes to School, Rail-Highway Grade Crossing, and Coordinated Border Infrastructure programs. By limiting the distribution of the additional funding through only six highway formula programs, the HIRE Act essentially designates seven programs—the Appalachian Development Highway System, Rail-Highway Grade Crossing, Equity Bonus, Recreational Trails, Safe Routes to School, Coordinated Border Infrastructure, and Metropolitan Planning programs—as "second-tier" programs, denying them the opportunity to receive additional funding during the extension period and weakening their standing during the ongoing authorization process.

On February 26, 2010, to accommodate House concerns with Title IV, the "Surface Transportation Extension Act of 2010", Senate Majority Leader Harry Reid, Speaker Nancy Pelosi, and Chairman James L. Oberstar reached agreement on the following changes to the HIRE Act in future legislation:

1. Distribute the PNRS and National Corridor program funding among all States based on each State's share of FY 2009 highway apportioned funds rather than to only 29 States that had PNRS and National Corridor projects under SAFETEA-LU.

2. Distribute "additional" highway formula funds (which the bill makes available in lieu of additional Congressionally-designated projects) among all of the highway formula programs rather than among just six formula programs.

On the strength of this commitment, on March 4, 2010, the House passed the HIRE

Act. The Senate is expected to vote on final passage of the HIRE Act on March 17, 2010.

H.R. 4853, THE "FEDERAL AVIATION ADMINISTRATION EXTENSION ACT OF 2010"

H.R. 4853, the "Federal Aviation Administration Extension Act of 2010", extends FAA programs for three months and modifies the previously-described surface transportation provisions of the HIRE Act.

AVIATION PROVISIONS

H.R. 4853 extends the FAA's aviation programs and taxes for three months, through July 3, 2010. Aside from covering the FAA's funding needs through July 3 and making appropriate adjustments to amounts, the FAA provisions do not differ substantially from prior three-month extension bills.

H.R. 4853 provides \$3 billion in contract authority for the Airport Improvement Program (AIP) from October 1, 2009, until July 3, 2010. These funds will enable airports to move forward with important safety and capacity projects. This level of AIP funding, when annualized, is \$4 billion, which is consistent with AIP funding authorizations in both H.R. 915 and the pending Senate FAA reauthorization bill, as well as the FY 2010 Concurrent Budget Resolution.

The bill also authorizes appropriations for FAA Operations, Facilities and Equipment (F&E), and Research, Engineering, and Development (RE&D) programs. Specifically, H.R. 4853 authorizes, for the period between October 1, 2009, and July 3, 2010, \$7 billion for FAA Operations, \$2.2 billion for F&E, and \$144 million for RE&D. When annualized, these authorized funding levels equal the FY 2010 enacted funding levels that have already been provided for these programs by the Transportation, Housing and Urban Development, and Related Agencies Appropriations Act, 2010 (division A of P.L. 111-117).

In addition, the bill extends aviation excise taxes until July 3, 2010. These taxes are necessary to support the Airport and Airways Trust Fund, which funds a substantial portion of the FAA's budget. The Trust Fund's uncommitted cash balance was only \$299 million at the end of FY 2009, and any lapse in aviation taxes could put the solvency of the Trust Fund at risk.

SURFACE TRANSPORTATION PROVISIONS

Section 9 of H.R. 4853 amends the HIRE Act in keeping with Majority Leader Reid's February 26, 2010 commitment, resolving House concerns with the HIRE Act's distribution of highway funding.

Regarding the treatment of PNRS and National Corridor programs, section 9 of H.R. 4853 amends the HIRE Act to achieve a compromise between the initial House and Senate positions. Under this compromise, the \$932 million will be distributed among all States, rather than just the 29 States that had PNRS and National Corridor projects under SAFETEA-LU. The funds will be distributed based on each State's share of FY 2009 highway apportioned funds.

Regarding the programmatic distribution of additional formula funds provided to States in lieu of additional Congressionally-designated funding, section 9 amends the HIRE Act to distribute the additional formula funds through all 13 current State highway formula programs.

Today's action keeps faith with the House, permits Senator REID to keep his commitment, which he has done. He has cleared this language with the relevant Members of the other body, and I am confident we will correct this invasive mistake and raid on the high-

way trust fund with passage of this legislation we will move today through the House and I expect, very quickly, similarly, through the other body.

I very much appreciate the cooperation Majority Leader REID, Speaker PELOSI, the members of our committee, including my good friend Mr. MICA who has been a partner in shaping this language as we moved along, and Mr. COSTELLO for adding this to the very important extension of the aviation authorization.

Mr. PETRI. I yield such time as he may consume to the ranking minority member of the full committee, my colleague from Florida, Representative JOHN MICA.

Mr. MICA. I thank the gentleman for yielding.

I am pleased to rise in support of this legislation, which would provide a 3-month extension for the operations of the Federal Aviation Administration.

This is kind of interesting. I think just for the record, Madam Speaker, and also for the benefit of our colleagues who may be listening or their staff trying to figure out what is going on, Madam Speaker, this is in fact the 12th extension of the FAA reauthorization.

I was the chairman back in 2001 and through the next 6 years, and my leadership I think is looking better and better every week and every month now.

I introduced the current bill that has been extended—today will be the 12th time—May 15 in 2003. It actually was agreed to in conference on November 21, 2003, and it was signed by the President on December 12, 2003. So I got it done in 6 months. Not record speed, but pretty good speed.

My bill has been in effect for about 7 years, I think the longest FAA authorization in history. I am quite proud of it, but in fact even my legislation does need improvement. We do need an update in policy for running the FAA. We need definition and delineation of projects which are authorized, including the important next generation getting the best technical equipment, going from a ground-based system to satellites, and getting better utilization out of our air space, and also using less fuel and more efficient utilization of our important airports. But, again, I think it is incredible that we are on the 12th extension with the passage of this, but it must be done.

The other body continues to belabor this particular bill. We are hoping for the best and that it does come out, and that we do have new language for the country and for the operation of our Federal Aviation Administration.

What is sad, too, is, again, I think if you look at the 3 years that the other side has controlled this Chamber, and this was pointed out again in a meeting that we had with some of the former TSA administrators, the turnover in

personnel, not only in TSA and failure to replace the Transportation Security Administration leader, but also in the FAA. We had seen turnover in the FAA administrator's position when I came to Congress some 18 years ago. We reached a bipartisan accord and agreement to have a 5-year appointment of an FAA administrator, and that would transcend a Presidential term.

We had two great administrators. One appointed by President Clinton, served for 5 years, Jane Garvey; and then we had one appointed by President Bush for 5 years, Marion Blakey, and she did an outstanding job.

And then what did we have? We had a period for an acting administrator, and the other side held him up, demeaned him. While he served in the position, we had a vacancy with an FAA administrator for over 1 year, and we didn't adhere to the bipartisan agreement to keep FAA out of politics and keep it with sound continuous administration. So I am disappointed in that fact.

Then, again, Madam Speaker, and for those Members that are listening, people are wondering what we are doing here on adjusting the jobs bill that just passed the Senate, I am told, today.

In that bill, as you may recall, and I offer this particular exhibit to the RECORD, it showed that with the extension through the end of December, the other body in fact denied 22 States payment and gave 58 percent of payment for one of our largest portions and designations of funding to four States. One was, of course, California; another one was Illinois, surprise; the State of Washington, another surprise; and then the Louisiana Purchase at the end.

But, Mr. OBERSTAR, I will say I have to compliment him. He did get an agreement, and he got the correction in this legislation so it is something we can all vote for. We can now equitably distribute the money to all 50 States.

There was a proposal to give it to the Secretary of Transportation. Now, I have been there and done that with the Secretary. I didn't like that proposal, because just several weeks before this fiasco took place, we distributed \$1.5 billion worth of stimulus funds to our economically job-disadvantaged States. And my State of Florida, seventh in the Nation with now 11.8 percent unemployment, they ended up getting zero, with discretionary money being distributed to again supposedly States that were hurting, and Florida is number seven of the top 10 in unemployment. So I wasn't a big fan of having the Secretary distribute that money.

I think what we have done here, which I suggested to the chairman and to the other side, was a fair distribution. Everyone knows what the distribution formula is; everyone will be treated equitably and fairly. So I am pleased to support both the FAA extension

and then the correction and proper distribution of highway trust funds.

Now, this takes us only, folks, through December of this year. I know it is confusing because we are on a 30-day highway extension because we haven't done a highway and transportation major rewrite of the TEA-legislation, but it will take us through the end of the year.

That is somewhat good news, but it is also bad news because States cannot plan beyond the end of the year. That means that we can't get people working beyond the end of the year. That means that we can't make commitments for improving our Nation's infrastructure and probably the biggest programs that we could do as far as this Congress in employing people.

So I am disappointed that the administration failed to support Mr. OBERSTAR, my chairman, on a 6-year authorization. At a time we needed to do it, they recommended an 18-month. And what have we got here? We have got until December, and leaving everyone at bay, people without work, States not knowing what to do after the end of this year.

So we have to do this. We have to get the extension as long as we can get it. Right now the other side is saying until December. I am disappointed in that. We have to straighten out the formula. And then we have to extend the FAA bill, and I am so pleased that we are extending my FAA bill, which, wasn't, I must say in closing, a bad piece of work.

□ 1600

Mr. PETRI. I have no further requests for time, and I yield back the balance of my time.

Mr. COSTELLO. Madam Speaker, I have no further requests for time. I ask my colleagues to support the legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. COSTELLO) that the House suspend the rules and pass the bill, H.R. 4853.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H. Res. 1141, by the yeas and nays;

S. 1147, by the yeas and nays;

H.R. 3954, by the yeas and nays;

H.R. 946, by the yeas and nays;

H.R. 4825, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

HONORING SUPREME COURT JUSTICE SANDRA DAY O'CONNOR

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1141, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and agree to the resolution, H. Res. 1141.

The vote was taken by electronic device, and there were—yeas 416, nays 0, not voting 14, as follows:

[Roll No. 123]

YEAS—416

Ackerman	Capuano	Etheridge
Aderholt	Cardoza	Fallin
Adler (NJ)	Carnahan	Farr
Akin	Carney	Fattah
Alexander	Carson (IN)	Filner
Altmire	Carter	Flake
Andrews	Cassidy	Fleming
Arcuri	Castle	Forbes
Austria	Castor (FL)	Foster
Baca	Chaffetz	Fox
Bachmann	Chandler	Frank (MA)
Bachus	Childers	Franks (AZ)
Baird	Chu	Frelinghuysen
Baldwin	Clarke	Fudge
Barrow	Clay	Galleghy
Bartlett	Cleaver	Garamendi
Barton (TX)	Clyburn	Garrett (NJ)
Bean	Coble	Gerlach
Becerra	Coffman (CO)	Giffords
Berkley	Cohen	Gingrey (GA)
Berman	Cole	Gohmert
Berry	Conaway	Gonzalez
Biggart	Connolly (VA)	Goodlatte
Bilbray	Conyers	Gordon (TN)
Bilirakis	Cooper	Granger
Bishop (GA)	Costa	Graves
Bishop (NY)	Costello	Green, Al
Bishop (UT)	Courtney	Green, Gene
Blackburn	Crenshaw	Griffith
Blumenauer	Crowley	Grijalva
Blunt	Cuellar	Guthrie
Boccheri	Culberson	Gutierrez
Boehner	Cummings	Hall (NY)
Bonner	Dahlkemper	Hall (TX)
Bono Mack	Davis (AL)	Halvorson
Boozman	Davis (CA)	Hare
Boren	Davis (IL)	Harman
Boswell	Davis (KY)	Harper
Boucher	Davis (TN)	Hastings (FL)
Boustany	DeFazio	Hastings (WA)
Boyd	DeGette	Heinrich
Brady (PA)	Dent	Heller
Brady (TX)	Diaz-Balart, L.	Hensarling
Braley (IA)	Diaz-Balart, M.	Herger
Bright	Dicks	Herseth Sandlin
Broun (GA)	Dingell	Higgins
Brown, Corrine	Doggett	Hill
Brown-Waite,	Donnelly (IN)	Himes
Ginny	Doyle	Hinche
Buchanan	Dreier	Hinojosa
Burgess	Driehaus	Hirono
Burton (IN)	Duncan	Hodes
Butterfield	Edwards (MD)	Hoekstra
Buyer	Edwards (TX)	Holden
Calvert	Ehlers	Holt
Camp	Ellison	Honda
Campbell	Ellsworth	Hoyer
Cantor	Emerson	Hunter
Cao	Engel	Inglis
Capps	Eshoo	Inslee

Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (GA)
Linder
Lipinski
LoBiondo
Loeb sack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)

Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Oliver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Upton
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar

Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schradler
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berman
Berry
Biggart
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blumenauer
Blunt
Bocciari
Boehner
Bonner
Bono Mack
Boozman
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Brown, Corrine
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Cantor
Cao
Capps
Capuano
Cardoza
Carnahan
Carney

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PREVENT ALL CIGARETTE TRAFFICKING ACT OF 2009

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, S. 1147, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. COHEN) that the House suspend the rules and pass the bill, S. 1147.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 387, nays 25, not voting 18, as follows:

[Roll No. 124]

YEAS—387

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berman
Berry
Biggart
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blumenauer
Blunt
Bocciari
Boehner
Bonner
Bono Mack
Boozman
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Brown, Corrine
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Cantor
Cao
Capps
Capuano
Cardoza
Carnahan
Carney

Carson (IN)
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleave
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Fleming

Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loeb sack
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCaul
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Miller (MI)
Miller (NC)
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Oliver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rogers (NY)
Roe (TN)
Rogers (VA)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schock
Schradler
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman
Watt
Waters
Watson
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)

NAYS—25

Boren
Broun (GA)
Campbell
Carter
Dicks
Duncan
Ellsworth
Flake
Garrett (NJ)

NOT VOTING—18

Barrett (SC)
Berkley
Blackburn
Brown (SC)
Capito
Deal (GA)

NOT VOTING—14

Barrett (SC)
Brown (SC)
Capito
Deal (GA)
Delahunt

□ 1628

Mr. HENSARLING changed his vote from “nay” to “yea.”

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1637

Mr. BOREN changed his vote from “yea” to “nay.”

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. LARSON of Connecticut. Madam Speaker, on rollcall No. 124, had I been present, I would have voted “yea.”

FLORIDA NATIONAL FOREST LAND ADJUSTMENT ACT OF 2009

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 3954, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BACA) that the House suspend the rules and pass the bill, H.R. 3954, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 418, nays 1, not voting 11, as follows:

[Roll No. 125]

YEAS—418

Ackerman	Braley (IA)	Costa
Aderholt	Bright	Costello
Adler (NJ)	Broun (GA)	Courtney
Akin	Brown, Corrine	Crenshaw
Alexander	Brown-Waite,	Crowley
Altmire	Ginny	Cuellar
Andrews	Buchanan	Culberson
Arcuri	Burgess	Cummings
Austria	Burton (IN)	Dahlkemper
Baca	Butterfield	Davis (AL)
Bachmann	Buyer	Davis (CA)
Bachus	Calvert	Davis (IL)
Baird	Camp	Davis (KY)
Baldwin	Campbell	Davis (TN)
Barrow	Cantor	DeFazio
Bartlett	Cao	DeGette
Barton (TX)	Capps	DeLauro
Bean	Capuano	Dent
Becerra	Cardoza	Diaz-Balart, L.
Berkley	Carnahan	Diaz-Balart, M.
Berman	Carney	Dicks
Berry	Carson (IN)	Doggett
Biggert	Carter	Donnelly (IN)
Billbray	Cassidy	Doyle
Bilirakis	Castle	Dreier
Bishop (GA)	Castor (FL)	Driehaus
Bishop (NY)	Chaffetz	Duncan
Bishop (UT)	Chandler	Edwards (MD)
Blumenauer	Childers	Edwards (TX)
Blunt	Chu	Ehlers
Bocieri	Clarke	Ellison
Boehner	Clay	Ellsworth
Bonner	Cleaver	Emerson
Bono Mack	Clyburn	Engel
Boozman	Coble	Eshoo
Boren	Coffman (CO)	Etheridge
Boswell	Cohen	Fallin
Boucher	Cole	Farr
Boustany	Conaway	Fattah
Boyd	Connolly (VA)	Filner
Brady (PA)	Conyers	Flake
Brady (TX)	Cooper	Fleming

Forbes	Levin
Fortenberry	Lewis (CA)
Foster	Lewis (GA)
Fox	Linder
Frank (MA)	Lipinski
Franks (AZ)	LoBiondo
Frelinghuysen	Loeb
Fudge	Lofgren, Zoe
Galleghy	Lowey
Garamendi	Lucas
Garrett (NJ)	Luetkemeyer
Gerlach	Lujan
Giffords	Lummis
Gingrey (GA)	Lungren, Daniel
Gohmert	E.
Gonzalez	Lynch
Goodlatte	Mack
Gordon (TN)	Maffei
Granger	Maloney
Graves	Manzullo
Grayson	Marchant
Green, Al	Markey (CO)
Green, Gene	Markey (MA)
Griffith	Marshall
Grijalva	Matheson
Guthrie	Matsui
Gutierrez	McCarthy (CA)
Hall (NY)	McCarthy (NY)
Hall (TX)	McCauley
Halvorson	McClintock
Hare	McCollum
Harman	McCotter
Harper	McDermott
Hastings (FL)	McGovern
Hastings (WA)	McHenry
Heinrich	McIntyre
Heller	McKeon
Hensarling	McMahon
Hergert	McMorris
Hereth Sandlin	Rodgers
Higgins	McNerney
Hill	Meek (FL)
Himes	Meeks (NY)
Hinchey	Melancon
Hinojosa	Mica
Hirono	Michaud
Hodes	Miller (FL)
Hoekstra	Miller (MI)
Holden	Miller (NC)
Holt	Miller, Gary
Honda	Miller, George
Hoyer	Minnick
Hunter	Mitchell
Inglis	Mollohan
Inlee	Moore (KS)
Israel	Moore (WI)
Issa	Moran (KS)
Jackson (IL)	Moran (VA)
Jackson Lee	Murphy (CT)
(TX)	Murphy (NY)
Jenkins	Murphy, Patrick
Johnson (GA)	Murphy, Tim
Johnson (IL)	Myrick
Johnson, E. B.	Nadler (NY)
Johnson, Sam	Napolitano
Jones	Neal (MA)
Jordan (OH)	Neugebauer
Kagen	Nunes
Kanjorski	Nye
Kaptur	Oberstar
Kennedy	Obey
Kildee	Olson
Kilpatrick (MI)	Olver
Kilroy	Ortiz
Kind	Owens
King (IA)	Pallone
King (NY)	Pascrell
Kingston	Pastor (AZ)
Kirk	Paul
Kirkpatrick (AZ)	Paulsen
Kissell	Payne
Klein (FL)	Pence
Kline (MN)	Perlmutter
Kosmas	Perriello
Kratovil	Peters
Kucinich	Peterson
Lamborn	Petri
Lance	Pingree (ME)
Langevin	Pitts
Larsen (WA)	Platts
Larsen (CT)	Poe (TX)
Latham	Polis (CO)
LaTourette	Pomeroy
Latta	Posey
Lee (CA)	Price (GA)
Lee (NY)	Price (NC)

Putnam	Welch
Quigley	Westmoreland
Radanovich	Wilson (OH)
Rahall	Wilson (SC)
Rangel	
Rehberg	
Reichert	
Reyes	
Richardson	
Rodriguez	
Roe (TN)	
Rogers (AL)	
Rogers (KY)	
Rogers (MI)	
Rohrabacher	
Rooney	
Ros-Lehtinen	
Roskam	
Ross	
Rothman (NJ)	
Roybal-Allard	
Royce	
Ruppersberger	
Rush	
Ryan (OH)	
Ryan (WI)	
Salazar	
Sanchez, Linda	
T.	
Sanchez, Loretta	
Sarbanes	
Scalise	
Schakowsky	
Schauer	
Schiff	
Schmidt	
Schock	
Schrader	
Schwartz	
Scott (GA)	
Scott (VA)	
Sensenbrenner	
Serrano	
Sessions	
Sestak	
Shadeegg	
Shea-Porter	
Sherman	
Shimkus	
Shuler	
Shuster	
Simpson	
Sires	
Skelton	
Smith (NE)	
Smith (NJ)	
Smith (TX)	
Smith (WA)	
Snyder	
Souder	
Speier	
Spratt	
Stearns	
Stupak	
Sullivan	
Sutton	
Tanner	
Taylor	
Teague	
Terry	
Thompson (CA)	
Thompson (MS)	
Thompson (PA)	
Thornberry	
Tiahrt	
Tiberi	
Tierney	
Titus	
Tonko	
Towns	
Tsongas	
Turner	
Upton	
Van Hollen	
Velázquez	
Visclosky	
Walden	
Walz	
Wamp	
Wasserman	
Schultz	
Waters	
Watson	
Watt	
Waxman	
Weiner	

Yarmuth
Young (AK)

NAYS—1

Whitfield

NOT VOTING—11

Barrett (SC)	Deal (GA)	Space
Blackburn	Delahunt	Stark
Brown (SC)	Dingell	Young (FL)
Capito	Slaughter	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1646

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PLAIN WRITING ACT OF 2010

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 946, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. CLAY) that the House suspend the rules and pass the bill, H.R. 946, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 386, nays 33, not voting 11, as follows:

[Roll No. 126]

YEAS—386

Ackerman	Brady (PA)	Cooper
Aderholt	Brady (TX)	Costa
Adler (NJ)	Braley (IA)	Costello
Alexander	Bright	Courtney
Altmire	Broun (GA)	Crenshaw
Andrews	Brown, Corrine	Crowley
Arcuri	Brown-Waite,	Cuellar
Austria	Ginny	Culberson
Baca	Buchanan	Cummings
Bachmann	Butterfield	Dahlkemper
Bachus	Buyer	Davis (AL)
Baird	Camp	Davis (CA)
Baldwin	Cantor	Davis (IL)
Barrow	Cao	Davis (KY)
Barton (TX)	Capps	Davis (TN)
Bean	Capuano	DeFazio
Becerra	Cardoza	DeGette
Berkley	Carnahan	DeLauro
Berman	Carney	Dent
Berry	Carson (IN)	Diaz-Balart, L.
Biggert	Carter	Diaz-Balart, M.
Billbray	Cassidy	Dicks
Bilirakis	Castle	Doggett
Bishop (GA)	Castor (FL)	Donnelly (IN)
Bishop (NY)	Chandler	Doyle
Bishop (UT)	Childers	Driehaus
Blumenauer	Chu	Duncan
Blunt	Clarke	Edwards (MD)
Bocieri	Clay	Edwards (TX)
Boehner	Cleaver	Ehlers
Bonner	Clyburn	Ellison
Bono Mack	Coble	Ellsworth
Boozman	Coffman (CO)	Emerson
Boren	Cohen	Engel
Boswell	Cole	Eshoo
Boucher	Conaway	Etheridge
Boustany	Connolly (VA)	Fallin
Boyd	Conyers	Farr

Fattah
Filner
Fleming
Forbes
Fortenberry
Foster
Foxy
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Gerlach
Giffords
Gingrey (GA)
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)

Levin
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebach
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
McCarthy (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nye
Oberstar
Olson
Oliver
Ortiz
Owens
Pallone
Pastor (AZ)
Paulsen
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Pitts
Platts
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes

Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schradner
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Speier
Spart
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wachmann
Wamp
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth

NAYS—33

Akin
Bartlett
Blackburn
Burgess
Burton (IN)
Calvert
Campbell
Chaffetz
Dreier
Flake
Garrett (NJ)
Gohmert
Jenkins
Jordan (OH)
Kingston
Lamborn
Lewis (CA)
Lummis
Manzullo
Marchant
McClintock
Miller, Gary
Nunes
Paul
Petri
Poe (TX)
Rooney
Royce
Sensenbrenner
Smith (NE)
Tiahrt
Whitfield
Young (AK)

NOT VOTING—11

Barrett (SC)
Brown (SC)
Capito
Deal (GA)
Delahunt
Dingell
Pence
Slaughter

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1654

Messrs. CHAFFETZ and BURTON of Indiana changed their vote from “yea” to “nay.”

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

SENSIBLE STEPS TOWARD A
BALANCED BUDGET ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4825, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. BRADY) that the House suspend the rules and pass the bill, H.R. 4825.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 413, nays 1, not voting 16, as follows:

[Roll No. 127]

YEAS—413

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bartlett
Barton (TX)
Bean
Beerra
Berkley
Berman
Berry
Biggett
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Bocieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown, Corrine
Brown-Waite
Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Calvert
Camp
Campbell
Cantor
Cao
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper

Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxy
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)

Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebach
Lofgren, Zoe
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Nunes
Nye
Oberstar
Obey
Olson
Oliver
Ortiz
Pallone
Pascarell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schradner
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder

Souder	Tiberi	Watson
Speier	Titus	Watt
Spratt	Tonko	Waxman
Stearns	Towns	Weiner
Stupak	Tsongas	Welch
Sullivan	Turner	Westmoreland
Sutton	Upton	Whitfield
Tanner	Van Hollen	Wilson (OH)
Taylor	Velázquez	Wilson (SC)
Teague	Visclosky	Wittman
Terry	Walden	Wolf
Thompson (CA)	Walz	Woolsey
Thompson (MS)	Wamp	Wu
Thompson (PA)	Wasserman	Yarmuth
Thornberry	Schultz	Young (AK)
Tiahrt	Waters	

NAYS—1

Nadler (NY)

NOT VOTING—16

Barrett (SC)	Dingell	Space
Brown (SC)	Garamendi	Stark
Buyer	Larsen (WA)	Tierney
Capito	Owens	Young (FL)
Deal (GA)	Posey	
Delahunt	Slaughter	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1702

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

The title was amended so as to read: "A bill to direct unused appropriations for Members' Representational Allowances to be deposited in the Treasury and used for deficit reduction or to reduce the Federal debt."

A motion to reconsider was laid on the table.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Mr. ARCURI, from the Committee on Rules, submitted a privileged report (Rept. No. 111-441) on the resolution (H. Res. 1190) providing for consideration of motions to suspend the rules, which was referred to the House Calendar and ordered to be printed.

WOMEN WILL BENEFIT FROM HEALTH CARE REFORM

(Ms. ZOE LOFGREN of California asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. ZOE LOFGREN of California. Mr. Speaker, soon health care insurance reform will be on this floor, and I believe that the women of America have the most to gain from the bill.

In the individual insurance market, women are charged up to 48 percent more than men for the same coverage. The health bill will prohibit that discrimination. Women are denied coverage for preexisting conditions like domestic violence or C-sections or pregnancy. The health care bill will prevent that.

We know as mothers that we are worried about our young adult children. They can't get insurance, but the health care bill will allow us to keep our young adult sons and daughters on our own health care insurance plans.

Preventative services are sometimes unaffordable for women, but the health care bill will require preventative services to be provided without a copay.

Health insurance reform is just what the doctor ordered for the women of America.

PERMISSION TO ADDRESS THE HOUSE

The SPEAKER pro tempore (Mr. PERRIELLO). For what purpose does the gentleman from Kansas rise?

Mr. MORAN of Kansas. To address the House for 1 minute.

The SPEAKER pro tempore. The gentleman gave a 1-minute speech earlier today. He may not be recognized for a second 1-minute speech.

NATIONAL AGRICULTURE WEEK

(Mr. TIAHRT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TIAHRT. Mr. Speaker, this is National Ag Week, and I want to express my support and appreciation for our Nation's farmers and ranchers, especially those from my home State of Kansas.

Kansas farmers produce more than 350 million bushels of wheat, 200 million bushels of sorghum, and nearly 500 million bushels of corn, generating more than \$5 billion annually for our economy. Our ranchers produced more than 6.3 billion head of cattle this year. Each farmer feeds more than 130 people. It is their hard work that has ensured America a safe, low-cost feed supply.

Now, I learned about agriculture on the seat of a tractor, not a committee, and I know firsthand just how hard farmers work. Too many people here in Washington have no clue how the policies they pass affect farm life, often making things more difficult for farmers and ranchers.

Congress and bureaucracies need to freeze regulations and let the agricultural community do their job of feeding the world. We need to have the EPA step back from the regulations of everything from dust to cow gas. We need to eliminate the death tax so family farms can stay in the family. And please, let us restore the focus of the farm bill on the family farm and not on the cities.

So tonight, Mr. Speaker, as you sit down to dinner, remember to thank a farmer for making your meal possible.

CONGRATULATING JACK YATES HIGH SCHOOL LIONS

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON LEE of Texas. Mr. Speaker, there are many, many important issues that we will be debating over the next couple of days. I look forward to being engaged in helping America.

But all of us believe in saluting our youth, and so I rise today to salute Jack Yates High School in Houston, Texas. I salute them because of their achievement when things were going wrong. They are the AAAA State Champions in basketball, but they are rated as the number 1 high school basketball team in the Nation. So we stand here in the Congress saying thank you to young men that not only know how to play sports and basketball, but also know how to play the game of academics.

Let me salute their principal, Principal Mumphy; their coach, Coach Wise; and all of the team, both the starting five and others, who showed courage and showed character. During the game Saturday at the Erwin Center in Austin, Texas, they suffered injuries. But they didn't give up, they didn't give out, and they didn't give up. They stood tall; they played; they ordered themselves, and they won this game. They have had a no-loss season.

They should be commended because they also stand for character. They have served their community. I'm proud of the Lions in Winter. Jack Yates High School should be congratulated.

PHYSICIANS SUPPORT HEALTH CARE REFORM

(Ms. PINGREE of Maine asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. PINGREE of Maine. Mr. Speaker, I want to read a letter I got from a doctor talking about the disproportionate effect of our health care system on women. She says, "As a health care provider, I see patients in my office frequently who need surgery or medicine but who cannot get the health care they really need because they do not have insurance."

"These are young, otherwise healthy women who are coping the best they can with their personal health issues. It doesn't make the national press, but the idea of these women suffering day after day tugs at my heartstrings."

"We all have sisters, daughters, and cousins without insurance. We are all touched by someone who does not qualify for government insurance or cannot afford a private policy. At what point do you decide that enough is enough and that private insurance companies aren't doing their job?"

That doctor is right. That is why I support this bill. There are many provisions in the health care bill that we will be taking up this week that make sure that women are not disproportionately affected by the lack of coverage. I look forward to voting for this bill.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to the following resolution:

S. RES. 457

In the Senate of the United States, March 17, 2010.

Resolved, That a summons shall be issued which commands G. Thomas Porteous, Jr. to file with the Secretary of the Senate an answer to the articles of impeachment no later than April 7, 2010, and thereafter to abide by, obey, and perform such orders, directions, and judgments as the Senate shall make in the premises, according to the Constitution and laws of the United States.

SEC. 2. The Sergeant at Arms is authorized to utilize the services of the Deputy Sergeant at Arms or another employee of the Senate in serving the summons.

SEC. 3. The Secretary shall notify the House of Representatives of the filing of the answer and shall provide a copy of the answer to the House.

SEC. 4. The Managers on the part of the House may file with the Secretary of the Senate a replication no later than April 21, 2010.

SEC. 5. The Secretary shall notify counsel for G. Thomas Porteous, Jr. of the filing of a replication, and shall provide counsel with a copy.

SEC. 6. The Secretary shall provide the answer and the replication, if any, to the Presiding Officer of the Senate on the first day the Senate is in session after the Secretary receives them, and the Presiding Officer shall cause the answer and replication, if any, to be printed in the Senate Journal and in the Congressional Record. If a timely answer has not been filed, the Presiding Officer shall cause a plea of not guilty to be entered.

SEC. 7. The articles of impeachment, the answer, and the replication, if any, together with the provisions of the Constitution on impeachment, and the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials, shall be printed under the direction of the Secretary as a Senate document.

SEC. 8. The provisions of this resolution shall govern notwithstanding any provisions to the contrary in the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials.

SEC. 9. The Secretary shall notify the House of Representatives of this resolution.

The message also announced that the Senate agreed to the following resolution:

S. RES. 458

In the Senate of the United States, March 17, 2010.

Resolved, That pursuant to Rule XI of the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials, the Presiding Officer shall appoint a committee of twelve senators to perform the duties and to exercise the powers provided for in the rule.

SEC. 2. The majority and minority leader shall each recommend six members, including a chairman and vice chairman, respectively, to the Presiding Officer for appointment to the committee.

SEC. 3. The committee shall be deemed to be a standing committee of the Senate for the purpose of reporting to the Senate resolutions for the criminal or civil enforcement of the committee's subpoenas or orders, and for the purpose of printing reports, hearings, and other documents for submission to the Senate under Rule XI.

SEC. 4. During proceedings conducted under Rule XI the chairman of the committee is authorized to waive the requirement under the Rules of Procedure and Practice in the Senate When Sitting on Impeachment Trials that questions by a Senator to a witness, a manager, or counsel shall be reduced to writing and put by the Presiding Officer.

SEC. 5. In addition to a certified copy of the transcript of the proceedings and testimony had and given before it, the committee is authorized to report to the Senate a statement of facts that are uncontested and a summary, with appropriate references to the record, of evidence that the parties have introduced on contested issues of fact.

SEC. 6(A). The actual and necessary expenses of the committee, including the employment of staff at an annual rate of pay, and the employment of consultants with prior approval of the Committee on Rules and Administration at a rate not to exceed the maximum daily rate for a standing committee of the Senate, shall be paid from the contingent fund, of the Senate from the appropriation account "Miscellaneous Items" upon vouchers approved by the chairman of the committee, except that no voucher shall be required to pay the salary of any employee who is compensated at an annual rate of pay.

(b) In carrying out its powers, duties, and functions under this resolution, the committee is authorized, in its discretion and with the prior consent of the Government department or agency concerned and the Committee on Rules and Administration, to use on a reimbursable, or nonreimbursable, basis the services of personnel of any such department or agency.

SEC. 7. The committee appointed pursuant to section one of this resolution shall terminate no later than 60 days after the pronouncement of judgment by the Senate on the articles of impeachment.

SEC. 8. The Secretary shall notify the House of Representatives and counsel for Judge G. Thomas Porteous, Jr. of this resolution.

The message also announced that pursuant to Senate Resolution 458, 111th Congress, on the appointment of an impeachment trial committee and Impeachment Rule XI, the Chair, upon the recommendation of the majority leader and the minority leader, appointed the following Senators as members of the committee to receive and report evidence in the impeachment of Judge G. Thomas Porteous, Jr.:

The Senator from Missouri (Mrs. MCCASKILL) (Chairman).

The Senator from Minnesota (Ms. KLOBUCHAR).

The Senator from Rhode Island (Mr. WHITEHOUSE).

The Senator from New Mexico (Mr. UDALL).

The Senator from New Hampshire (Mrs. SHAHEEN).

The Senator from Delaware (Mr. KAUFMAN).

The Senator from Utah (Mr. HATCH) (Vice Chairman).

The Senator from Wyoming (Mr. BARRASSO).

The Senator from South Carolina (Mr. DEMINT).

The Senator from Nebraska (Mr. JOHANNIS).

The Senator from Idaho (Mr. RISCH).

The Senator from Mississippi (Mr. WICKER).

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. PERRIELLO). Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

FREE SPEECH IS NO LONGER RECOGNIZED IN THE NETHERLANDS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, the God-given right of free speech to all people in all nations is no longer recognized in the Netherlands. The Dutch Government is intolerant of intolerance for terrorists. Thou shalt not criticize, says their commandment.

Dutch lawmaker Geert Wilders made a documentary movie about real terrorist acts and real radical Islamic clerics encouraging violence in the name of hate. Wilders now is on trial for insulting Islam. He's charged with discrimination and incitement to hatred.

In Amsterdam, it's illegal for a Christian or a Buddhist or an atheist or anyone else to criticize Islam because radical Islamic clerics will incite their followers to murder people. So the Dutch are no longer allowed to talk about terrorism.

The Dutch Ministry of Justice says—get this—it doesn't matter if Wilders was telling the truth. The Dutch court says it's irrelevant whether Wilders might prove his observations to be correct. What's relevant is his observations are illegal.

□ 1715

Geert Wilders now lives under threat of a 5-year jail sentence from his own government for a violation of free speech. His trial is set to resume in July, the trial where the Dutch court said truth doesn't matter; it only matters if Wilders' words hurt somebody's feelings.

And Wilders lives in fear under the threat of death for speaking his mind about radical Islam. So-called religious leaders believe their radical religion

says they can kill those who don't agree with them. Dutch filmmaker Theo Van Gogh, great-grand nephew of the famous painter Vincent Van Gogh, was a big believer in freedom of speech too. He and his partner, Hirsi Ali, made a documentary movie about women and Islam called "Submission." The radical clerics didn't like that one either, so they had Van Gogh murdered. Six terrorists were later arrested. One of the terrorists shot and then repeatedly stabbed Van Gogh as he rode his bicycle to work. He slit Van Gogh's throat and then stabbed him again, pinning a five-page radical rant to his body.

The rant listed all of the things they thought Hirsi Ali, his female partner in the film, had done to violate the Koran. And they threatened her with death. At the time, she was a sitting member of the Dutch Parliament.

Hirsi Ali was born in Somalia, and her family escaped when she was a child. She was raised a Muslim and subjected to the custom of female mutilation against her will. After surviving refugee camps in Africa, then a stay in Saudi Arabia, her family finally went to Canada. She was promised in marriage to a distant cousin she had never met. She refused that marriage and soon fled as a refugee to Holland. She became a warrior for women's rights, becoming an elected member of the Dutch Parliament. But after Theo Van Gogh's murder, she was run out of the country by her own government, the Dutch Government. They would not protect her. She was simply just too controversial. She resigned her seat in Parliament and she fled to the United States. She lives in this area around D.C.

Kurt Westergaard is one of the 12 artists who drew cartoons of the prophet Mohammed. Radical clerics then incited their followers to murder people in the streets. They rioted and they burned down embassies. Most of them, by their own admission, had never even seen these cartoons, and Westergaard had to flee for his life. He too lives in the United States under armed guard.

Threatening people and killing people for speaking their mind is just another form of terrorism. Van Gogh, Ali, Westergaard, and now Geert Wilders, have never used or advocated violence. They simply exercised their God-given right of free speech. So now in Amsterdam, truthful insult speech is a crime. What kind of free society says truthful speech can be illegal? The most controversial speech is political, religious, and even truthful speech. That is why it's protected. Freedom of speech is a fundamental principle, a God-given human right to all people in all nations. It has been said, I may not agree with what you say, but I will fight to the death for your right to say it. But not in the Netherlands.

Geert Wilders should be able to speak his mind without becoming an enemy

of his own country. The enemy of free speech is the court of the Netherlands and radical Islamic clerics who preach violence in the name of hate.

And, Mr. Speaker, that's just the way it is.

STORIES FROM NORTH CAROLINA

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. ETHERIDGE) is recognized for 5 minutes.

Mr. ETHERIDGE. Mr. Speaker, I rise to discuss reforming the health care insurance market in this country. It is really time to put health insurance back on the side of the people back home. To me this issue has never been about politics; it's about people. It's about North Carolina families and small businesses. I have heard from thousands of North Carolinians from all perspectives. And I want to share some of their stories because my phones are still ringing. These are the stories of real people on North Carolina's Main Streets and country roads.

I talked the other day to a farmer in Johnston County in North Carolina, the county where I grew up in a family of tenant farmers. This farmer has health insurance that costs him over \$20,000 a year. He told me, We've got to fix this broken system that leaves too many families out in the cold.

A woman from Raleigh, North Carolina, our State's capital city, fears she will suffer the same fate as her sister who died from asthma because she could not get coverage. There's a lot of fear out there right now. Her fear is real. It is the fear of the consequences of a health care system that's not working for everyone.

She wrote me and said, Like many Americans, I take health care reform very seriously, and I feel that this is no time to bow to petty bickering or false arguments. This issue is also very personal to me. You see, my 33-year-old sister died just last December of asthma, a perfectly livable condition if only she had the right treatment. She didn't. She simply couldn't afford her medication, even with family help.

I also suffer from the same condition as my sister, and I have to say, it scares me to think that if it weren't for my husband's job, I could end up like my sister. He's been at his company for less than a year now, and I pray he doesn't lose his job or his coverage. So as you see, Congressman ETHERIDGE, health care reform is a deeply personal issue for me, and it is one that I hope will finally be resolved this year. It's too late for my sister, but I'm hoping this gets done soon, especially before her daughter gets out on her own. I don't want her ever to have to deal with what her mother and I are dealing with under this ghastly system.

And a nurse from Sanford, North Carolina, recently wrote me in favor of

health reform, and she said, Insurance premiums are too high. How can we wrestle the high cost of health insurance from the companies? When they tell a physician how much he can charge for a procedure or what medications he can prescribe, we are allowing untrained, uneducated individuals to dictate health care to our system in this country.

And a woman in Louisburg, North Carolina, says, Please vote "yes" on health care reform. I have a very successful new business that my son would like to join me in, but he can't afford to leave his current employer's health plan because he has a child with autism. No private plan will provide coverage for him, even though he has never filed a claim for his treatment of autism. We are not looking for a hand-out, just a fair playing field. Everyone should be able to get insurance.

And a young man from Raleigh wrote and said, I want to thank you very much for the work you have been doing in my district and urge you to vote for the health care reform bill. Despite the misinformation and outright lies that are being spread about the bill, I hope the House acts to pass comprehensive reform to our broken system.

My girlfriend, whom I love very much, has a disease which prevents her from getting coverage. In fact, the insurance company dropped her when they found out she had it. This disease will very possibly lead to her death. While it is too late for this bill to help her, I do not want any other American to have to worry about how they will get treatment for any disease that they may have. I urge you to vote for the bill.

Another woman from Clayton, North Carolina, tells me she has a brain tumor, and as of December of this past year, the insurance company dropped her coverage. She is talking now to an attorney and plans to file bankruptcy. And this is a tragedy. These are examples of why we need reform.

Mr. Speaker, I'm listening to North Carolinians from all perspectives and a wide range of points of view about this system. We need reform that cuts costs, assures quality of care, patient choice and prohibits denials for pre-existing conditions.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Kansas (Mr. MORAN) is recognized for 5 minutes.

Mr. MORAN of Kansas. In order to achieve real health care reform, the kind of change that would relieve Kansas families and business owners from facing drastic increases in their health insurance premium costs, we must do something to reduce health care costs. If we fail to affect cost, then reform efforts, whatever they may be, will fail

because costs simply get shifted and always roll downhill to the patient. This is one of the many reasons I'm so adamantly opposed to the Democrat health care plan.

You may hear that the health care legislation we apparently are going to vote on this week will reduce costs. But the accounting data shows just the opposite. The facts are the facts. Democrats count billions in tax revenues to pay for their plan's new programs, but then they assign those same revenues to preserve Medicare and Social Security. They are double counting. When all the budgetary gimmicks are removed, we see this bill for what it is, a trillion dollar budget breaker that we cannot afford and that won't improve everyday Americans' access to affordable health care. It's the worst of both worlds: Breaking the bank, breaking the Treasury and not controlling health care costs.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mrs. CAPPS) is recognized for 5 minutes.

Mrs. CAPPS. Mr. Speaker, I rise on behalf of America's women to urge passage of health care reform to benefit our mothers, our sisters, our daughters, our families, and our friends. And, of course, when we pass health care reform, we will improve health care for all Americans.

But today I would like to concentrate on why women stand to gain the most. Right now, being a woman is reason enough for insurance companies to discriminate against us. Today, women are being charged higher insurance premiums than men simply for being a woman.

Our legislation will put an end to this practice by prohibiting a practice known as gender rating whereby women are automatically charged higher rates. Right now, there are women who have been victims of domestic violence who are denied health insurance coverage because insurance companies have said that domestic violence is a preexisting condition. Our legislation will put an end to this practice and expressly prohibit insurance companies from considering domestic violence a preexisting condition.

Right now, many women can only obtain an insurance policy that excludes maternity coverage. Our legislation will put an end to this practice by requiring coverage for maternity care. These three provisions alone will help millions of women in this country.

Mr. Speaker, as a public health nurse, I'm particularly enthusiastic about provisions in the bill to eliminate cost sharing for some of the most important preventive services that women should be accessing. And, of course, this provision is important for

men as well. But many of us, especially Members of Congress who already have comprehensive health insurance, take it for granted that we are going to get routine checkups. There are, however, too many women who forgo screenings for conditions like cervical cancer or heart disease because they can't afford these screenings, either because they are uninsured or their insurance company requires prohibitive copays for routine screening.

The legislation we will soon pass will ensure that there is no cost for patients to be accessing the most important screenings which are recommended by medical experts. Those of us in the public health community have long been advocating this because costs should never stand in the way of lifesaving screening procedures.

In addition to the ways our legislation will benefit individual women, it's important to keep in mind that women are often the health care decision-makers for their households. And that's why we all have reason to be so hopeful about how our bill will improve health care for families as a whole. Insurance premiums for families have risen at alarming rates over the past decade and will continue to rise if we don't enact health reform now.

Middle class families especially have shouldered this burden as the rise in premiums has far outpaced any rise in wages. The announcement, for example, by Anthem in California that it will raise premiums by up to 40 percent is just one of the latest outrages. When premiums become too expensive to pay, families are forced to drop coverage. And then what happens when someone in the family gets sick? They are forced to spend down all their assets until eventually bankruptcy may become their only option.

Mr. Speaker, over half of all bankruptcies in the United States today are caused by medical debt. And in 2008, over 900 families in my congressional district alone were forced into bankruptcy because of medical debt. And over half of these medical bankruptcies impact a woman.

□ 1730

When we pass this legislation, we will put an end to the annual and lifetime limits on coverage that many insurance companies currently impose on people. And we will put an end to bankruptcies caused by medical debt. No longer will families have to raid their savings for a home purchase or college tuition because someone falls ill.

Finally, as a mother and a grandmother, I couldn't be more thrilled by the steps we will take to improve health care coverage for our country's most precious resource, our children. We will ensure that the Children's Health Insurance Program will thrive. We will ensure that services like vision and dental care for children are auto-

matically included in all health care plans. When the bill is signed into law, that very day it will immediately prevent health insurers from imposing preexisting condition exclusions on children. And it will immediately allow young adults to remain on their parents' health insurance plan until their mid-20s so they aren't forced to forego health coverage after college graduation.

So I urge all of my colleagues to support our efforts in health care reform with the knowledge of how it will help the women in their lives and in their communities.

AMERICANS DESERVE BETTER THAN OBAMACARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. SMITH) is recognized for 5 minutes.

Mr. SMITH of New Jersey. Mr. Speaker, I rise today to respectfully ask that my colleagues reject ObamaCare which, if enacted into law, will seriously undermine, erode, damage and, I believe, even destroy health care in America.

On substance, the Senate-passed text of over 2,700 pages now pending in the House is egregiously flawed. This is truly a bad bill, and it is anything but reform.

On process, the near total lack of transparency and the misuse of majority party power to ram ObamaCare through the Congress makes it the quintessential example of what is so dreadfully wrong in Washington.

No wonder growing numbers of Americans are fed up, losing faith, and angry at the Democrat-controlled Congress and the White House. No wonder millions of people, including TEA Party activists, are demanding accountability and defeat of ObamaCare.

This has been, and is, an unseemly process unworthy of a national legislature, any legislature for that matter, especially one with an enviable two-century-old history of lawmaking.

If President Obama wins passage of this bill when it comes to a vote, it will be a Pyrrhic victory at best. This is not Congress' finest hour.

Rest assure that if ObamaCare was sound and prudent policy fiscally and morally and an efficacious way of facilitating quality health care coverage, Members of both sides of the aisle and across the ideological spectrum would be lining up to support it. If this was a good bill, persuasion rather than pressure would convince a large majority of Members to embrace it.

Instead, blunt force is being applied like a vice grip to convince the unconvinced and undecided to cave, conform, and capitulate.

On cost, ObamaCare is riddled with accounting gimmicks, all designed to make the total price appear smaller than it really is.

In order to avoid sticker shock, ObamaCare collects new taxes, fees, and shifts billions of dollars from Medicare for 4 full years before benefits kick in. This trick results in an estimated but grossly misleading cost of care at some \$871 billion over 10 years. But when 10 years of revenue are matched with 10 years of benefits, the real cost comes to a staggering \$2.3 trillion.

I would note parenthetically that ObamaCare will exacerbate ObamaDebt. When you eliminate double counting of Medicare costs, Social Security cuts, and the use of CLASS Act premiums, the Democrats' claims of deficit reduction disappears into another massive wave of red ink of some \$460 billion over 10 years and \$1.4 trillion over the second 10 years.

Even without passage of this bill, under the President's 2011 budget proposal Federal spending will increase to a record \$3.8 trillion in 2011 alone. By 2020, the President's own 10-year budget analysis projects a more than doubling of debt to a record \$18.6 trillion. That is absolutely unsustainable.

Because ObamaCare diverts \$500 billion from Medicare, there is no doubt whatsoever that senior citizens and disabled persons will lose certain health benefits they now enjoy.

Medicare Advantage is protected in Florida, the so-called "Gatorade" fix, but not in my home State of New Jersey or anywhere else. Medicare Advantage is used by over 11 million people nationwide, including 15,983 people in my congressional district alone.

The Senate bill slashes nearly \$120 billion from Medicare Advantage plans, jeopardizing millions of seniors' existing coverage. So much for the President's promise that if you like your health plan, you can keep it. No, you can't. Not under this bill.

Mr. Speaker, for the first time ever, ObamaCare forces Americans to acquire an approved health care plan or pay a stiff penalty, like they have somehow committed a crime. The penalty is huge: the greater of \$750 per person up to \$2,250 per family, or 2 percent of household income. No person in America should be coerced into buying medical insurance.

Under ObamaCare, premiums for nongroup family insurance will increase by as much as \$2,000 per year. The Congressional Budget Office estimates that by 2016, premiums will increase by 10 to 30 percent over what would have happened under current law.

ObamaCare would also create 160 boards, commissions, and programs which would vest sweeping powers on bureaucrats to determine what benefits are covered and not, and at what cost.

Last September, Mr. Speaker, President Obama stood a mere 20 feet away from where I am standing now and told a joint session of Congress that, "no

Federal dollars will be used to fund abortions, and Federal conscience laws will remain in place."

Mr. Speaker, I ask members to vote "no" on this bill when it comes to the floor.

This legislation today constitutes the largest expansion of abortion since *Roe v. Wade* itself, and makes a mockery of that pledge. That means more dead babies and wounded mothers.

Additionally, Obamacare fails to institute real medical liability reforms to end junk lawsuits and curb the costs of defensive medicine—these have long been identified as significant forces in driving up health costs.

The goal of responsible health care reform should be to provide credible health insurance coverage for everyone, strengthening the health care safety net so that no one is left out, and incentivizing quality and innovation, as well as healthy behaviors and prevention. This means that the current private health insurance market will have to be reformed to put patients first, and to eliminate denials of pre-existing conditions and lifetime caps and promoting portability between jobs and geographic areas, including across state lines. The tax code should be modernized to promote affordability and individual control, provide assistance to low-income and middle-class families. Medicare requires reform to be more efficient and responsive, with sustainable payment rates.

Of course, responsible health care reform will respect basic principles of justice: it will put patients and their doctors in charge of medical decisions not insurance companies or government bureaucrats. It will also ensure that the lives and health of all persons are respected regardless of stage of development, age or disability.

It's time to go back to the drawing board and address what's broken and fix it.

The American public deserve better than what's on the table.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Tennessee (Mr. WAMP) is recognized for 5 minutes.

Mr. WAMP. Mr. Speaker, this is a defining week in the history of this Republic. At no time in history has the Federal legislature mandated that everyone in this country buy anything; yet this week we are going to mandate, if this bill passes and is enacted into law, that everyone in this country under the force of law has to buy health insurance.

The Founding Fathers are rolling over in their graves today because they knew that we should be leery of a large central government mandating things to even the States that they have to comply with. They told us to have a healthy distrust of Big Brother, the Federal Government. They told us basically to sleep with one eye open and one eye closed because our freedoms could be at risk from within. We are at that moment in the history of this

great Nation, and we must stand strong and resolute.

In Tennessee where I live, our Democratic Governor, Phil Bredesen, has called this the "mother of all unfunded mandates," because it forces all these new people into State Medicaid programs. In our State it is called TennCare. It is a multibillion dollar mandate to the people of Tennessee, and we don't have the money to pay for it. And we will not raise taxes to pay for it; we will not go into debt to pay for it. It is wrong for the States to be run over like this.

They carved out the 10th Amendment and gave States some sovereignty. There are liberal publications today writing that article VI allows the Federal Government to override the States. But that is on matters of equality and justice, not a decision of policy by the Federal legislature to mandate costs and taxes and debt on its people.

We must stand strong against this bill this week in the Congress. But if it is enacted into law, we must lead a repeal movement to immediately, as soon as possible, repeal this bill before it goes into effect. And then, if we are not able to repeal it, the Governors of this country should come out of their chairs and stand against this bill.

I will tell you, in Tennessee, if I am to become the 49th Governor of our great State, we will meet the Federal legislature and the Federal Government at the State line to oppose this mandate, because we will not raise taxes, we will not go into debt, we will not be violated like this. And we must let our Founding Fathers rest peacefully, knowing that these living laboratories of democracy, our States, are allowed to exist, setting our own taxes, setting our own rules, living in the United States but not being run over by the United States.

Mr. Speaker, this is a defining moment in the history of our country. We must be resolute. We must fight with every ounce of our energy to stop this Federal invasion and this overriding of States' rights.

CUBA'S PRISONERS OF CONSCIENCE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Mr. MARIO DIAZ-BALART) is recognized for 5 minutes.

Mr. MARIO DIAZ-BALART of Florida. Mr. Speaker, I rise today to speak about Orlando Zapata Tamayo, a prisoner of conscience who went on a hunger strike in one of the Cuban gulags, one of the many gulags that is full of political prisoners in that island prison of Cuba.

He went on a hunger strike to protest the multiple constant beatings that he was suffering under, that he and other political prisoners have to deal with on a constant basis. So he did, he went on

a hunger strike. And after 80 days of being on a hunger strike, he passed away. He passed away after 80 days on February 28.

Right after that, another pro-democracy activist, very well known, another also former political prisoner named Guillermo Farinas, also began his own hunger strike. Mr. Speaker, he is still on a hunger strike today, 21 days after the death of Mr. Orlando Zapata Tamayo. He is already under very, very difficult circumstances. He is exceedingly frail, and his health is quickly deteriorating. But he is not stopping, again, to protest the conditions of the many political prisoners, but also to protest the lack of freedom, and to demand freedom for all political prisoners in Cuba and demand freedom for all who live on that enslaved island.

On March 11, Mr. Speaker, Felix Bonne announced that if and when Guillermo Farinas were to give his life in this hunger strike, that he would follow him; that he would be willing to give his life on a hunger strike to protest the conditions on the island, to protest the enslavement of all Cuban people, and the mistreatment of the political prisoners.

Today, March 17, 30 women known as the Ladies in White who go and protest peacefully in the streets of Havana, and what they ask for is for the release of the political prisoners, of their relatives, their husbands, their sons, their brothers, today, 30 of them were thrown in prison. They were arrested, again, just because they were asking for the freedom of the political prisoners.

Today's march was led by Reina Zapata. She is the mother of Orlando Zapata Tamayo who, as I mentioned, died after 80 days on a hunger strike. Again, they were also arrested, taken away. Some of them had to be sent to the hospital because of the way that they were taken away.

And I mention this, Mr. Speaker, because it is important that the world understand that the people of Cuba are standing up, they are speaking out, they are protesting. They are protesting the conditions on the island, the lack of freedom, the oppression, the brutality of the Castro brothers who have been now the dictators on that island for over half a century.

So it is important that we also stand up and speak out, that we stand side by side with those in Cuba who are giving their all, including their lives, in the cause of freedom.

I know that there are some who still believe that it is okay to excuse those horrors; that we should try to make a buck, if we can, from that regime, with that regime at the expense of the suffering of the Cuban people. But, Mr. Speaker, as you know, there is no more noble people than the American people, which is why the vast majority stand side by side with the suffering of the Cubans, with the cause of a free Cuba.

So it is important that we remember as we debate and as we speak and as we live in freedom that just 90 miles away from the shores of the United States there are people who are suffering and who are dying for the cause of freedom. Mr. Speaker, we stand with them, we admire them, we support them. And we know that that cause will not be in vain, that their deaths will not be in vain, and that Cuba will be free.

□ 1745

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Nebraska (Mr. FORTENBERRY) is recognized for 5 minutes.

Mr. FORTENBERRY. Mr. Speaker, there's a motto inscribed on Nebraska's State Capitol. It says, "The Salvation of the State is Watchfulness in the Citizen." Mr. Speaker, Nebraskans and all Americans are watching this health care debate. Frankly, I think they're growing tired—tired of the backroom dealing, tired of the abuse of the legislative process, and tired of the unwillingness of this body to craft the right policy for our country.

Overall, Nebraskans, and I assume most Americans, want a good health care bill, one that truly strengthens health care outcomes for everyone and reduces cost while we protect vulnerable persons. Instead, with Washington-style elitism, efforts are continuing behind closed doors on a measure that is filled with special deals that will substantially shift costs, erode health care liberties, and add to increased and unsustainable government spending.

Mr. Speaker, our constituents are watching to see if the health care legislation is fair—fair to seniors, fair to families, fair to small businesses, fair to the hardworking citizens across this country.

Mr. Speaker, I believe we can do better.

HISTORIC HEALTH CARE DEBATE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. MANZULLO) is recognized for 5 minutes.

Mr. MANZULLO. Mr. Speaker, we are engaged in what is called an historic debate over the issue of health care reform, and there are a couple of issues that need to be addressed.

The area that I represent in northern Illinois, the biggest city is at 19.7 percent unemployment. Add 7 percentage points to that, it's nearly 27 percent unemployment. It's incredible.

The State of Illinois is laying off teachers, social workers, people involved in all types of social services. Students at a nearby high school went out and picketed because they're con-

cerned over the loss of their advanced placement classes. Yet, under the Senate bill, many more across the country would be added to the Medicaid roles. The State of Illinois, already bankrupt, billions of dollars in debt, would have to take on paying an additional \$400 million a year in Federal mandates and unreimbursed increased Medicaid expenses. This doesn't make sense.

On top of it, there's a 2½ percent—we think that's the amount—excise tax on medical equipment, medical devices, the very equipment that was used to save the life of my wife who came down with cancer 4 years ago: the titanium brace that replaces one of her vertebrae, the radiation machine, all the latest equipment. A tax on the very equipment that's used to help people get excellent health care in this country? We're not quite sure which equipment would be taxed or which would be free of tax, but once the tax starts—and we all know what happens with the tax. It's passed on to the consumers.

So here's this monstrous bill from the Senate that the House is supposed to adopt by some type of unique process that's going to tax lifesaving equipment. It just defies logic as to why this is being done; \$500 billion in tax increases. Now Social Security would apply to dividends, interest, capital gains taxes. Tax after tax after tax hurting the American people. I never thought that it would happen in America when lifesaving devices would be taxed to increase the cost to the people who use them.

This isn't what the American people want; it certainly isn't what they deserve. There are many ways to bring down the high cost of health care: through association health plans, through meaningful medical liability reform, through increasing the number of community health centers, by allowing small employers the ability to have the same tax breaks that corporations do when using their money to buy health insurance premiums.

America watches and looks and wonders and asks this question: Why are the leaders in Congress doing this to us?

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Missouri (Mr. AKIN) is recognized for 60 minutes as the designee of the minority leader.

Mr. AKIN. Thank you, Mr. Speaker. I'm just taking a moment here to arrange some charts and I will be right with you.

Mr. Speaker, we once again are going to be on a subject that seems to be increasingly riveting the attention of Americans—and for good reason. What we are talking about here this evening is the proposition that the Congress

will take over, over a period of time, one-sixth of the U.S. economy. That is the health care section of the economy.

Obviously, this big a change, a remake of health care, which is not just changing a little portion here or there, but a complete remake of health care, is a question of significant proportion. It is a very costly proposition. It's one that involves a tremendous amount of change, and any change, of course, is controversial. This proposal, though, is more controversial than most and is resulting in a tremendous outpouring of phone calls. The switchboards are almost shut down here at the Capitol. But we, once again tonight, are going to be talking about it because there is talk we might even vote on the bill this week, and who knows what's going to happen.

I'm joined in the Chamber by Dr. FLEMING, a very fine physician but also a Member of Congress and someone who knows a considerable amount about the health care bill. Part of what the discussion has been lately has been a question of the procedure of how the bill would become law. That's, I think, where we should start, because that's where the news is right now and it's a big question.

Dr. FLEMING, I thought we might start there because a lot of people have heard about the bill, even some of the things in the bill, but the question is how this bill would become law.

I'm going to start by just laying down the simple pattern that's in the U.S. Constitution. The way that a bill becomes law is that it's passed by the Senate. It's passed by the House. It's sent to the President, and he signs it. That's the plain, bare-bones facts of how it works. That's what the Constitution says. The Constitution gives the House and the Senate a lot of flexibility in how we design our rules, but ultimately the bill has to pass a straight-up vote in the Senate and a straight-up vote in the House and has to be signed by the President. If it doesn't do that, it doesn't meet the constitutional standard.

Now, the process becomes a little more complicated as we go on because the Senate has a weird rule. In fact, the Senate does a lot of weird things, but it has a weird rule, at least to those of us who are Members of the House, and that is that before a bill can come up for a vote, it takes 60 votes to bring it up for a vote. So if you've got a bill and you say, Hey, we've got a hundred Senators; I've got 55 votes for the bill, you're in deep trouble, because you won't ever get the 60 votes to get it up for just a straight-up vote even though you've got enough votes to pass it. In other words, the Senate has a little bit of a higher bar to protect to make sure there's at least 60 out of 100 Senators that are willing to pass a particular piece of legislation or bring it up for a vote. So that makes things more complicated.

The Senate took a House bill which we passed on health care. They gutted it. They took every single thing out of it and stuck their own language in it, a couple thousands pages of new ideas and text and all this, took it to the Senate floor and fought and fought and fought. Finally, on Christmas Eve, passed it by the 60 votes that were necessary, and so the bill was passed through the Senate.

In order to do that, they put all kinds of special deals in there just to keep certain Senators to vote for it. There was what is called the second Louisiana purchase, a big benefit for Louisiana; the Cornhusker kickback; a special deal for people of Florida that they get to keep their Medicare Advantage money, but everybody else, the other 49 States, have to lose \$500 billion out of Medicare.

And so there were all of these special deals in there, as well as a whole lot of other legislation; for instance, the fact that the government would be paying for abortions for people, which is a big problem for many Americans, and other provisions such as there would be health care for illegal immigrants and things like that, which are very controversial. So all of that is then passed on Christmas Eve and comes to the House.

Now, in order for that bill to become law, two things have to happen. Either the House has to pass it just the way the Senate did, in which case they can send the bill straight to the President for his signature—so, if the House—and, of course, they have 80 votes less over on the Republican side. So we can all vote “no,” but NANCY PELOSI could lose a whole lot of votes because she has 80 votes more than the Republicans do. So what they need is a majority of Democrats to vote for the bill just the way the Senate passed it, could go straight to the President and the bill could become law. That's a way to do it.

The problem is, it has all this junk in it that nobody wants to vote for. And so they're kind of stuck with making a decision: Are we going to just vote on it and send it to the President or are we going to try to amend it, which then requires it to go back to the Senate where it has to face a 60-vote rule to get these things cleaned up? And so that's the tension. So what's being proposed is something that is neither. It's something that is rather unusual and completely unprecedented, to a degree, and that is what they call deeming the bill passed; that is, it was never really voted on to be passed.

In the past, we have done this deeming thing many times, but it's usually after a bill has gone back and forth and we're working out the details of an amendment. But this is thousands of pages of legislation that's never had a vote, and they're just going to say, Well, we've just decided it's all ap-

proved, without a vote. Now, that is really pushing the limits on what is constitutional. So that's the beginning of the process.

So I wanted to invite my good friend Dr. FLEMING to join me. Let's just talk about this process. Most people are really bored to death by this stuff, but when it involves one-sixth of the U.S. economy and everybody's health care, it's like, I guess we have to pay attention.

Please join me.

Mr. FLEMING. Well, I thank my friend from Missouri. You're absolutely right. But you know what's interesting? Everywhere I go, there are a lot of people around Capitol Hill today. I bump into people that I know, people who are just average, everyday people, and it's amazing how much they are keeping up with this even though it is getting boring. They know about this. This is not something that they're not tuned into, and that's for sure.

□ 1800

What's interesting, the way I have a mental picture about this, is that this bill way back months ago was being pushed like a locomotive up a hill. And as it got closer and closer to the top, more and more problems began to come out. It weighted it down. Finally as the bill, both in the Senate and now in the House, is getting close to the top, it's lost so much momentum because of the sleazy deals, the Louisiana purchase, the Cornhusker kickback, the carve-out for Medicare Advantage in Florida. These things are turning the American people off, and it's really taking a lot of momentum out of the process. And on top of that is the shenanigans, the fakery, if you will, the smoke and mirrors way of financing it which is, again, \$500 billion taken out of Medicare, although no one will actually explain how we can do without \$500 billion from Medicare. Then that money is used to extend the life of Medicare, which is going to run out of money in 8 years. It's also used to subsidize the middle class entitlement of private insurance. So it's really the same money counted three times. One is taking it out of something we know good and well you can't do without collapsing the system. Two, extending the system. And then three, paying for other entitlements, and then adding the same amount again, another \$500 billion in taxes. The American people are not buying this.

Mr. AKIN. Well, there are just so many things in this bill to talk about, and that's why you have such old and young, male and female—the public just doesn't like this bill. And the reason is because there's stuff for everybody to hate in this bill. I thought that this was an amazing quote NANCY PELOSI said. I just can't resist putting this up here. “We have to pass the bill to find out what's in it.”

Now what it seems like is going on now is, not only are we supposed to not read the bill, but we're supposed to not vote for the bill. So we want to pass a bill that we haven't read and haven't voted for. This seems to be really twisting the long arm of conscience a little bit to say, not only are you not supposed to read it, but now you can't vote for it, and we still want to pass it. And we wonder why the American public is just a teensy bit skeptical.

I think some of the shenanigans are amazing. One of the ideas is, you have to get an assessment as to how much the bill's going to cost. The Government Accounting Office, who is supposed to be impartial, they take a look at a bill, and they go all through it and figure out what they think it's going to cost. Well, one of the tricks that they're playing is that they're going to collect taxes for a bill over a 10-year period, but they're only going to count the bill being in effect for 6 years. Now that's kind of an amazing way to calculate what the bill's going to cost because the implication is that that's what it will be running along at. And the thing is is that every time the government's gotten into this taking over of the medical system, anytime we do a bill like Medicaid or Medicare, it always costs at least two times more than ever any accountant thought it was going to be, sometimes as much as 10 times more expensive than what some accounting office says. And yet we're going to start off with this, you know, smoke and mirrors deal where we're going to tax people 10 years but only run the bill six. And that's supposed to be how you figure out how it costs \$1 trillion. I think that's what you're referring to.

You're a doctor. Let me just ask you this question: What happens if you keep cutting the money to Medicare? What's going to happen to people?

Mr. FLEMING. Well, I will remind the gentleman that currently physicians and hospitals are being paid 80 cents on the dollar, and the mystery that seems to be out there and very few people are addressing is—and you hear the other side talking about the rapid rise of private insurance costs. Well, one of the main reasons for that is to offset the shortfall in the Medicare payments to doctors and hospitals. So private insurance is having to make up the difference.

Mr. AKIN. Let me stop you. Because you know this stuff cold, but there may be some people, some of our other Members here that just don't know this as well. So you've got Medicare, which is reimbursing doctors at 80 cents on the dollar, which means that somebody's got to make up the 20 cents. So we do a cost shift and shift that 20 cents into Medicare and dump that cost onto people who have private insurance, right?

Mr. FLEMING. That is correct.

Mr. AKIN. So we're really charging them some amount more, whatever their bill was. If it was \$100, we're going to add a little extra to that to compensate for the Medicare thing. So now you're driving the cost up for the guy that's really doing what we think is responsible. And that is, going out and making sure he has insurance, and he buys insurance in the private market. But he's paying a premium for that insurance because he's got to cover Medicare that's underfunded. So that's the first thing. Do I have that right?

Mr. FLEMING. That is absolutely correct. And that is not considering Medicaid, which pays more like 30 cents on the dollar, which under this bill will increase by 30 percent. The number of people covered, that is.

Mr. AKIN. So let's just say for instance that we wanted to cut more money out of Medicare. Let's say we're going to take \$500 billion. But just theoretically, if you drop the money in Medicare so we're putting less money into it, what's the net effect of that going to be on the person that's counting on Medicare to pay for their medical care and to the usually older person that is counting on Medicare to cover their doctors' bills? What's going to happen then?

Mr. FLEMING. It will cut access off to them for health care, and I can prove it.

Mr. AKIN. Oh, wait. You are saying it will cut access for older people to Medicare?

Mr. FLEMING. Yes.

Mr. AKIN. Okay. Can you explain that?

Mr. FLEMING. Well, if doctors and hospitals are under-reimbursed further—they're at their limit today. If the cuts go even further—and of course \$500 billion is draconian by any stretch of the imagination; that's as much as the entire annual budget for Medicare. If you cut it that much, then doctors will have to opt out of Medicare altogether, and the senior citizens won't have doctors to go to.

Mr. AKIN. Okay. So let me just see if I get this right. You're a medical doctor. You went all through med school. You've been practicing a number of years. You enjoy what you're doing. Old people come to you that need medical attention. You don't mind treating them. And before you were treating them at 80 percent of what the cost is. But let's say you drop down how much Medicare is paying. Well, at a certain point, you're just saying, I just can't afford to do this at this price, because ultimately, you've got to run an office. You've got to hire people. You've got to pay the rent on the building and all of those kinds of things. You've got a lot of insurance you're paying for, and you're trying to provide for your family. At a certain point, Medicare is reimbursing so little that you basically

say, Hey, the old people I've been seeing before, I'm going to keep them on because I'm a nice guy. But I'm not going to take any new people. And so some old person that's sick wants to go find a doctor, perhaps they moved or something like that. And everybody says sorry, I'm not seeing any new Medicare patients. So while they've got Medicare, it doesn't mean they've got health care. So they don't get any health care.

Mr. FLEMING. Absolutely.

Mr. AKIN. So that's the problem with it.

Mr. FLEMING. Absolutely. And again, it was only a month or so ago that the Mayo Clinic—I believe their branch in Arizona—announced that they were taking no further Medicare patients. And that's under the current pay system.

Mr. AKIN. So this new bill is going to pull \$500 billion out of Medicare?

Mr. FLEMING. Yes.

Mr. AKIN. So if you know nothing else about the bill, this is saying, Well, this is something to pay attention to. Now we haven't talked about some of the other nifty features. This is what gets me worried. This is what I don't like the most. And I don't like this bill. I want to be completely clear. I'm a conservative Republican. I do not trust Big Government to do a lot of stuff. And particularly, I don't want them meddling in our health care. So I'm not, I guess, objective, or I am objective, but it's just because we talk about how bad it is to have an insurance agent between you and your doctor. The last thing I want is a government bureaucrat or thousands of government bureaucrats between me and my doctor.

This is a picture we've seen and used on the floor sometimes. But this is a very much simplified version of thousands of pages of legislation with shall, shall, shall, which means the government's going to do all of this stuff. And somehow as a consumer of health care, you're supposed to find your way all the way across, over to the doctor over there. This is like some sort of a maze that you've got to go through. So this is a very complicated government takeover of what is otherwise the private system of health provision in this country. So that, to me, is something that really causes me to say "no" on this bill because as Republicans, we don't like anything that gets between the doctor and the patient. And insurance companies, we don't like it when they get in there. But at least if you have a bad insurance company, you have a chance of changing your insurance company. What happens if you've got all these bureaucrats in there? You will never change it. And so this thing is really a very, very dangerous piece of legislation in my opinion. But I know you've given your whole life to taking care of patients. What's your impression of this whole deal?

Mr. FLEMING. Well, I thank the gentleman. I've practiced medicine for over 30 years and still have a clinic and see patients from time to time. You know, insurance companies are a bee in my bonnet too. You hear the other side of the aisle talking about how insurance companies are the bad people. They're to blame for all of these problems. Well, I can tell you, insurance companies have been a headache for me, but insurance companies are not the problem here. They are not the problem. And if you don't like the bureaucracy of an insurance company, which you point out very adroitly, you're a customer, and you can always change who provides that service. When you get into this, not only is it 10 times worse than any insurance company and far more powerful, but you can't change. There is only one provider. Now you might say, Well, there will be a number of insurance companies within the exchange, but these insurance companies will essentially become utilities who will simply take the administrative cost for profit and basically do the work of the Federal Government.

Mr. AKIN. So let's try and get up to 50,000 feet here and take a look at the sort of choices there are before Americans as to how we approach health care. It seems to me that in the beginning, you've got the sort of supply and demand situation. If everybody in America got absolutely the very, very best medical care that you could get, it would just bankrupt the country probably because the supply and demand law says that if you don't have to pay anything at all, people are just going to get the very most expensive thing they can do. So basically the whole country stops if you try to give everybody the very best thing possible.

So the question then is how do you balance supply and demand? And we usually have a thing we call freedom, and we allow individuals to work hard, earn money, and then they spend their money to buy what they want to buy with it. They can choose whether they want health care, or a vacation, or food, or shoes, or a new car, and that's called freedom. So that's the free market, which allows people to decide how much money they can afford to pay on health care. So that's one way to balance that supply and demand.

Another thing: The insurance companies then came along and said, Yeah, but we can get you some savings. We can reduce the amount of tests and do some other things and negotiate some special rates with a whole pool of doctors that we make a deal with so we get you a product that gives you pretty good health care, but it's a discounted product because we're doing some things to drop the cost down. So the insurance company then is one that is starting to take part in that management of the cost of health care.

The free market, it's just a matter of you paying the barrelhead, and you go back and forth and figure out what the price is. That's the way we do most things. You have the insurance company which is kind of a hybrid.

Then you can go to the socialistic model where the government does it all. But the government still can't make mathematics change. So the problem is that the governments in other countries that have tried it—it's not like we're the only ones doing this. Canada and England do this kind of thing. And what they do is, in order to keep the cost down, they keep a big waiting line, so you have to wait a long time to get your health care. So it's basically a form of rationing. It's kind of a nice rationing because you're told, Get in line. We're used to getting in line. You get in line, and that's how it is that they keep their costs down.

The only trouble is, if you are like me, I had cancer. If I have to get in line, that means I have to wait. If I have to wait, it reduces my life expectancy. And that's one of the reasons why England has really high cancer rates, because of that. But let's just talk about places where this kind of idea has been tried before. Dr. FLEMING, as I recall, they tried something like this in Tennessee, didn't they?

Mr. FLEMING. Yeah, absolutely. Tennessee had something called TennCare. It I think is a similar model to what Massachusetts has today and somewhat similar to what we're looking at here. And what Tennessee found is the thing that's really a reality that we all need to understand. And that is that if somebody else is paying the bills, then you're going to have an explosion of cost. When I'm in town hall meetings, this is the way I like to put it. I say, I have a credit card here, and of course it's a virtual credit card. It has a \$10,000 limit on it. I'm going to give you this credit card, and you can take it to Wal-Mart or Home Depot or anyplace you want, but only buy the things you need. Nothing that you want; only what you need.

□ 1815

And, you know, my question is, what do you need? And of course, the answer always comes back, well, I need a new shotgun because hunting season is coming up and I need some more ammo, and I need, need, need. I need all kinds of things that I wouldn't pay out-of-pocket for myself; but if somebody else is paying for it, I'm willing to do it.

So if you take that and apply it to this, and what I've witnessed over 30 years, when it comes to HMOs, capitated models, traditional insurance, no co-pays, high co-pays, what we find is that the more somebody else, a third party or insurance or government, is paying the bills, the more consumption occurs. And I'm talking about excessive consumption, far beyond anything that's actually needed.

Mr. AKIN. So in other words, what's going on is if you tell people with this system they can have anything they want, you're going to have a tremendous level of demand, which is what we see in the other countries after this gets going, and then you have all the waiting lines because you can't do that all.

Mr. FLEMING. And then if I could just add to that, addend that, is in theory, well, that's nice; you can have whatever you want whenever you want it. The problem is that taxpayers ultimately end up paying for this, and at some point you run out of taxpayers. You end up with budget limitations. And so every country that's tried this gets back to the same thing. And the only way to control cost, when you have a third payer, a government or whatever, paying the bills, is to set some rate-limiting steps, and that's basically going to be waiting lines and, of course, rationing.

And what I like to tell people is, look at Cuba. Cuba has universal health care. It's free. The problem is, it's not available. They have one colonoscope in the whole country. And you may need antibiotics, and it may be free; unfortunately, they don't have any antibiotics.

Mr. AKIN. So it's really a nice promise. The trouble is there isn't any backup to the promise. It's just a piece of paper saying you've got free health care, but you got what you paid for. That isn't any health care at all.

I see my good friend from Illinois, Congressman MANZULLO, and somebody who really understands the Small Business Committee, understands small business in general and is a fierce, fierce defender of his section of Illinois, and a good friend of mine. And I'd like to yield some time to my good friend, Congressman MANZULLO.

Mr. MANZULLO. I thank the gentleman from Missouri. If the purpose of any health care bill is to bring down the cost of health care, that is, to break the curve, so instead of health care costs going up, they'll at least be stable, if not retreat, then it really defies logic as to why the Senate bill, which the House will take up and vote on in a very interesting manner, sort of a backdoor approach to approving what happened in the Senate, when that bill imposes an excise tax on medical equipment—

Mr. AKIN. I call that the wheelchair tax. Now, I've thought of taxing a lot of stuff, but would you ever think of taxing a wheelchair? I mean, that's imaginative. It really is.

Mr. MANZULLO. Well, it is. And then when my wife came down with cancer, and the neurosurgeon implanted into her spine this marvelous titanium brace, to think that that is a medical device and could be subject to a tax. Now—

Mr. AKIN. So it's not just wheelchairs. We're going to tax other medical devices.

Mr. MANZULLO. Well, yeah. I mean, the radiology machine that was used to kill the cancer cells around that particular level that was in her back that had the cancer. And, yet, by increasing the cost of lifesaving devices, has it ever occurred to people who are trying to ram through this bill that that will increase the cost of health care?

Mr. AKIN. Now, let me just ask you a question. My friend, you come from the Midwest. You're a commonsense kind of guy. Now here's why this bill is having trouble getting votes, because it's like trying to grab yourself by the boot straps and lift yourself up and fly around this Chamber, because think about it a little bit.

We've got the U.S. economy in serious economic problem because of three entitlement programs. They're the main things that are the budget busters: Medicare, Medicaid, and Social Security. So the government has stuck its nose into what was previously a free market with Medicare and Medicaid. And how well has the government managed those programs? It's about to bankrupt our country.

So we've got Medicare and Medicaid about to bankrupt the country, and the government says, trust me to take it all over. I mean, there's something counterintuitive here somehow.

Mr. MANZULLO. It is. And there's another aspect to tax on the medical devices. I was talking to a small businessman who runs a manufacturing facility, and he showed me the medical device that he makes. It's a marvelously crafted piece of aluminum that he did with a vertical mill, just unbelievably beautiful.

And he said, I've been told by the people who order this device from me that if we have this tax on medical devices, even though this ostensibly would apply to imports, that they're just going to take it and go to China to have this made because they can come in cheaper than anything else, and that would really be the straw that breaks the camel's back.

And so now here we are in the district I represent, with official unemployment in Rockford, Illinois, at 19.7 percent, add 7 percentage points to that, almost 27 percent unemployment, and now I'm looking a manufacturer in the eye who says, Not only will this bill impose this harsh mandate and force taxes upon me that I cannot afford, and increase the cost of health care insurance, but I could end up losing jobs because of people offshoring the manufacturing of these medical devices.

And I wanted to share that with the gentleman from Missouri because it's just—

Mr. AKIN. Let me see if I can just cut in and restate what you said, be-

cause I know that you have an experience in small business.

So you've got a small businessman who's showing a lot of creativity, the sort of innovative spirit that's in America, comes up with a medical device machined out of aluminum, which is a very specialized kind of device. And so what's going to happen is we're going to drop a tax on this thing, which makes it more expensive. And what you're saying is somebody overseas is going to say, I can make that device, and what's more, I don't have to pay the tax on it.

Mr. MANZULLO. Well, they may have to pay the tax on the import, but no one knows. If we just throw the tax out and say, well, the tax may apply, even if the tax applies, I say to my good friend from Missouri, the supplier will look at that and say, or the people who order the equipment would say, what's going to be the next shoe to drop? How much more expensive is it going to be? And I've just had it with the increasing cost of American manufacturing, so I'm going to go offshore, and then that's that.

Mr. AKIN. And you're already looking at, most people are looking in their district at a 10 percent unemployment rate. We're looking here at a bill that's going to cost trillions of dollars, 500 million jobs, a government takeover.

Mr. MANZULLO. Not 500 million jobs. Five million jobs.

Mr. AKIN. I mean 5 million jobs. Excuse me. That would really be something. And a government, a major government takeover, and yet what do we have for the quality of results to expect in that we've seen it done in other countries and in the State of Tennessee and Massachusetts? I think Massachusetts health care costs are up 20 or 30 percent over the average of other States. That's not a very good model.

Tennessee, the Governor of that State, a Democrat Governor of Tennessee, said this thing is the mother of all unfunded mandates. The States are struggling with their budgets. And here you've got a guy who's a Democrat who's experienced with this thing and saying why are you going to impose this nationally, when it doesn't work on a State basis.

Mr. MANZULLO. And in Illinois, which is already bankrupt. Illinois is the State where five of the past eight Governors have been indicted. It's a great State. They have a lot of ethical problems, you might say. The State's broken. Public employees have been laid off. A local school, the kids were out picketing because their AP classes may be eliminated because of a tremendous hit in the budget. And now Illinois would inherit a \$400 million per year unfunded Federal mandate because of the increase in Medicaid recipients.

Mr. AKIN. I notice that we're joined by another good friend of mine from the—

Mr. MANZULLO. I thank the gentleman for letting me share.

Mr. AKIN. Well, thank you. It's good to hear from Illinois. And I hope that you continue to join us in this discussion. We have my friend from Ohio, another State from the Midwest, a big manufacturing State, and a great young legislator, Congressman JORDAN. I yield time.

Mr. JORDAN of Ohio. I thank the gentleman for yielding and for his leadership on many issues here in the Congress and certainly on this issue of fighting and opposing this takeover of one-sixth of our economy, this health care bill. I appreciate my colleagues here from Louisiana and Illinois and their work as well.

Look, when I think about this bill, I first start with the fundamental question, What part of "no" don't they get?

They have tried to pass this thing. The majority has tried to pass this bill now for almost a year, and every single time—they tried to pass it in September and the American people said no. They tried to pass it in October and the American people said no. They said, oh, we're going to get it done before Thanksgiving, and the American people said no. Oh, well, wait a minute. We're going to get it done before Christmas, and the American people said no. Then they said, well, we're going to do it before the State of the Union, and the American people said no. And now, here, we're going to get it done before Easter, and we're going to keep all the Members here as long as it takes, twist as many arms, do what we can. What part of "no" don't they get?

Mr. AKIN. You know what amazes me about that, gentleman, is I have heard various news outlets and various individuals, even people of political stripes saying that this bill is being held up by the Republicans. Now, somehow that just tickles my funny bone. You know, they've got 80 more people on this floor than we do, and if we all voted "no" and lit our hair on fire, there's no way we could slow this bill down. There's nothing we could do. The only thing slowing this bill down is there's a whole lot of Democrats that are going, ooh, is it ugly. So how in the world are they accusing us to be obstructionists or, you know—there's nothing we could do. I wish there were. But it's amazing.

What you're saying, I just want to underline because what you're saying is it's the American people. The American people are the ones that are really driving what's going on here. And they're looking at this thing and they're saying, oh my goodness. What part of no don't you understand? Go ahead. I didn't mean to interrupt the gentleman.

Mr. JORDAN of Ohio. I thank the gentleman. And you're exactly right. The reason the American people are speaking out loud and clear, the reason

the American people, frankly, the reason the citizens of Massachusetts decided to send a Republican in Ted Kennedy's seat is because on a fundamental level, there's a lot of problems with this bill; but I want to just talk about three quick ones if I can. First and foremost—and this is what the majority party misses—it's a fundamental fact about Americans: Americans hate being told what to do. We're Americans. We actually think this thing called freedom and liberty is pretty important. And the idea that now here comes the big, not your local government, not your community, the big Federal Government's going to tell you and your family and you as a small business owner how health care is going to be delivered, and you're going to have bureaucrats getting between you and your doctor, they just fundamentally don't like that approach. And that's what the other party's missing. Americans don't like being told what to do.

Americans don't like, secondly, and I think this is important, and I know Congressman SMITH spoke earlier on the floor this evening, Americans don't like the idea that their tax dollars could be used to take the life of an unborn child. I mean, they fundamentally don't like that, and appropriately so. And so just two basic things they don't like.

And then I would say third is Americans understand this thing is going to cost a lot. I mean, it's going to cost a lot.

Now, they can, you know, here's the way CBO works. We've heard a lot of talk. More Americans know about the Congressional Budget Office then they ever knew about them based on this debate over the last year. The Congressional Budget Office, the data and the assumptions and the premises that are given to them, that's what they have to work on. They're good people over there and they do good work, but they have to take what information they're given from the majority party when they put together their analysis.

And so people understand that this bill has 10 years of taxes and only 6 years of benefits in the next decade. They have all kinds of gimmicks, all kinds of things put into the CBO assumptions and premises when it's given to them to come up with this "deficit neutral" thing.

There is not—now think about this: outside of this city, this bill is going to insure 30 million more Americans and be deficit neutral. Now, outside of Washington, D.C. there is not one person in America who believes that. Americans understand, on its face, that cannot be the case.

Mr. AKIN. Let me just restate that. That is really an amazing premise, isn't it?

This bill is going to insure 30 million more Americans and it's going to be

budget neutral. Do you think people believe that?

Mr. JORDAN of Ohio. There's no way. I mean, the claim is laughable on its face, and yet that's what we continue to hear out of the other side. And I think it's those kind of things that deep down Americans understand we need reform. They understand that there are some concerns and some real problems in our health care system.

But they also fundamentally get that this bill, this package, with the dollars being used to take the life of unborn children, with the cost estimates that we know are really going to be there, they understand on a basic level that they don't want the Federal Government attempting to take over one-sixth of our economy and getting between them and their family and their doctor.

And with that I would yield back to the gentleman.

□ 1830

Mr. AKIN. I sure appreciate the gentleman from Ohio joining us. I had a telephone town hall with my constituents last night, and I just asked them whether they thought it was a good idea for the government to be taking this over. And it was about 90 percent even said they just don't trust the government to do that. It's that freedom point. It's that idea of do we want a bureaucrat telling us what to do, what doctor can treat us and all? And we are mandated to buy this?

Of course the minor point of that is that's unconstitutional. The government can't force you to buy something. And so that's unconstitutional on the face of it. Just absolutely amazing.

I just want to get back to my good friend, the doctor from Louisiana. Would you like to jump in? I did throw this chart up here about cancer rates in different countries. And so if you want to talk about that.

Mr. FLEMING. Let me address that.

We were talking a moment ago about the fact there are two ways to save money in health care. One is to have the patient become a savvy consumer and make choices for himself or herself in combination with his or her doctor.

Mr. AKIN. That is called free enterprise, I guess.

Mr. FLEMING. Free enterprise. That is right. Free choice. The other is to have total government control. And then you are going to have to have long lines and rationing.

Now, in the countries that have the latter, that is the long lines and rationing, and these are well-developed countries like Canada to our north, the United Kingdom, the difference in death rates from common cancers, breast cancer and prostate cancer, are unbelievable. We are getting extremely high cure rates, well over 90 percent here in the United States.

Let's take breast cancer. Breast cancer affects one in six women. Let me

say parenthetically, the other side over there talks about women's rights and all the things we need to do for women, but yet this, if we follow this pathway, we're going to have a lot more women dying of things like breast cancer because here is why. You look at the U.K., the United Kingdom, they don't pay for mammograms. And also the better chemotherapeutic drugs that can cure the more difficult cases of breast cancer, they don't pay for them. Why? It costs too much. It doesn't fit into the budget.

Mr. AKIN. So when the government doesn't have enough money to pay, they just say, well, we're not going to cover certain things because they're too expensive.

Mr. FLEMING. Exactly.

Mr. AKIN. So the government makes a decision as to whether or not you are going to get care or not, which is rationing.

Mr. FLEMING. Unelected bureaucrats.

Mr. AKIN. And so you have here in the U.K., these numbers here, this is women, but this isn't just breast cancer, but cancer in general for women, the survival rate at 52 percent or 53 percent, 66 in the U.S. So this difference is because of the fact they are just not covering some things.

Mr. FLEMING. And if you multiply that times the number of women who get cancer, you are talking hundreds of thousands of women just in that range there.

Mr. AKIN. So if you want to know why the telephones have been ringing off the hook, and there are a whole lot of people who don't like this bill, here is a whole block of people. Anybody who might get cancer, this is a pretty good reason not to like it. Is that correct, Doctor?

Mr. FLEMING. That is absolutely right. Furthermore, just as way of an example, we actually had people from Canada and from the United Kingdom, both patients and doctors, who came to testify before us. And they told us really crazy things that we would never accept in the United States under our system. One is if someone gets cancer, oftentimes they are told, we're going to watch it. We're going to watch cancer. That's crazy. Why would you watch cancer? You've got to treat it. But in their country, in Canada, in some places it is 2½ years just to get an MRI scan. Then you get in the waiting line to actually get surgery or treatment.

Mr. AKIN. So if you are in Canada and you have cancer, what you really don't want to do is you don't want to sign up at the hospital, you want to sign up at the airport for a flight that is going south to the United States so you can get taken care of.

Mr. FLEMING. Yes. Absolutely.

And just one last thing. The way they define emergency surgery in Canada is any surgery that doesn't at this

moment save your life. What does that mean? Someone who needs bypass surgery, who has a 99 percent lesion in their artery, unless they are dying that moment, if they get bypass surgery, that is elective surgery. And we saw a recent example where a premier from Newfoundland literally came across the border to get his heart surgery because he chose the United States of America to get his care as opposed to his own homeland.

We know people come from around the world. If they have the resources to get care here, they know where the best care in the world is. We've got problems, but these are solvable problems that we can use a scalpel to fix rather than taking a wrecking ball to the entire system and rebuilding it in a socialist view.

Mr. AKIN. Right. I think the point was made once that if you've got a bad faucet in your kitchen you don't remodel a whole kitchen, you fix the faucet.

Again, I would like to turn to my friend from Ohio, Congressman JORDAN, and just see if he wanted to make a comment about that or a different point.

Mr. JORDAN of Ohio. I appreciate the gentleman yielding and appreciate the comments from our colleague from Louisiana. I actually just want to go back and try to give some context for why I think the American people are so adamantly opposed to this legislation.

I think it is important to remember what we have seen over the last year, things we never thought we would see in this great Nation. Who would have thought in the United States of America, the greatest Nation in history, we would see the President of the United States fire the CEO of General Motors? Who would have thought in the United States of America we would see the taxpayers of this country own General Motors? Who would have thought in this great country we would own AIG, the largest insurer? Who would have thought in the United States of America we would have a Federal Government pay czar telling private American citizens how much money they could make? Who would have imagined in this great country we would have the largest deficit in American history, \$1.4 trillion? Who would have imagined in this country we would have a \$12 trillion national debt? And now who would have imagined that this majority, this Democrat Congress, would continue to try to pass a piece of legislation that the American people have said time and time again they don't want?

That is the context we find ourselves in. No wonder the people of this country have figured out this is a bad piece of legislation and they don't want it.

I appreciate the gentleman for yielding. But I think it is sometimes important to step back and understand the framework we are operating in.

Mr. AKIN. Boy, I really appreciate your putting that in perspective. Because we sort of rush through each day, each day is so busy, and we sometimes fail to just take a look and say, oh, my goodness, what is going on here? You know, first of all, a President of the United States firing the president of General Motors? And then surrounding himself with these people not approved by the Senate that he calls czars. That's weird. I don't know where that idea comes from. And then taking over AIG, a great big insurance company. And then you go through all of these other things, the bailout for Wall Street and this supposedly stimulus bill, which cost \$700 billion and is not creating jobs, 10 percent unemployment.

We have just heard people critical of President Bush for spending too much money. You take his very worst year, which was '08 with the Pelosi Congress here, and it was \$470 billion I think he overspent if I remember. You are the expert on numbers. And yet here we go in 2009, \$1.4 trillion. That is a record since World War II. We keep setting these bad records and then here comes this piece of legislation.

My constituents are going crazy. They are telling me, TODD, what can we do? What can we do? What do you want me to do? We had a great big meeting and thousands of them showed up to protest. The media covered it. But what can you do? I mean, they are shutting the phone boards down. Sometimes I don't know what to say, gentlemen.

We are joined here by my good friend, Congresswoman FOXX. I think of her as somebody who is just one of those Americans who has common sense, and she's tough. She's tougher than nails because she believes in commonsense American values, and she doesn't put up with a whole lot of baloney.

I am just delighted to have you on the floor joining us tonight.

Ms. FOXX. I thank you, Congressman AKIN, and I thank you for leading this special order. I want to build on what you and Mr. JORDAN have said. I had a town hall meeting in my district on Monday. The people in my district are commonsense people. And they are saying, we just want commonsense solutions. They want the truth. They want the simple truth about what this bill is going to do and what needs to be done.

I find it just unbelievable that these folks who are in charge here, the Democrats who are in charge, have such a low opinion of the American people. I want to talk about that for just a minute because I think that is part of the problem that we have. There is an article today in the Washington Times, and it says, House Democrats Tuesday defended the idea of tying together the Senate health care overhaul bill and a companion bill of repairs that could spare Members

from having to vote outright for the Senate's tax on high-cost insurance plans and other contentious provisions. Majority Leader STENY HOYER said the public isn't going to be worried about how Congress passed a bill, but rather what's in the bill, and won't differentiate between the procedural paths. This is his quote: "Do you think any American is going to make a distinction," he asked? "I don't think any American, real American out there, is going to make a distinction between the two."

Well, the people I was dealing with on Monday are real Americans. I can tell him that. And they don't like the Slaughter provision. I want to add to that a comment that was made by Speaker PELOSI during a discussion with bloggers on Monday, saying she liked the idea of tying the bill to the rule. And her quote was, "Because people don't have to vote on the Senate bill."

Now, the public understands that if these folks in charge are trying to keep their people from voting on something that there must be something wrong with it.

Mr. AKIN. There is something that smells, doesn't it? This thing has been sitting around for about a half a year, and the more people find out about it, the more they hate it. A week or two ago, I just started making a list of all the people who would hate this bill, and there are just circles of Americans, one on top of the other.

If you are an older person you don't want all that half a trillion dollars taken out of Medicare.

If you are pro-life you think, well, I don't like abortion. Well, if you don't like abortion, how do you like the fact that your taxpayer dollar that you are forced to pay is paying for abortion? That to me is different than just—I mean one thing people talk about is choice. I don't call it choice, I call it killing children. But even if you accept the idea of choice, some people think abortion is okay, some people think it is not. But to take the people who think it is not and force them to pay to do abortions where they think it is killing a child even if other people don't, no wonder people don't like this thing.

Or illegal immigrants getting medical care on the back of the taxpayer. I could see there are so many people that wouldn't like it.

Ms. FOXX. Would my colleague yield?

Mr. AKIN. I do yield.

Ms. FOXX. I think another thing that they have a hard time understanding is how a Member of Congress could lambast the bill one minute and then say we need to vote on it the next. And I want to say Chairwoman SLAUGHTER, the chairwoman of the Rules Committee, who is now doing everything she can to get this bill passed

with the trick that she has come up with, the Slaughter sleight of hand I call it, she said last year, right after the Senate bill was passed, "The Senate should go back to the drawing board." And she further said, "The Senate bill will do almost nothing to reform health care, but will be a wind-fall for insurance companies."

So the public is really confused because one day these folks say one thing and then the next day they are doing everything they can to destroy our country and all that we stand for to get these bills passed. It's got to be terribly confusing.

Mr. AKIN. Not only confusing, but in the telephone town hall I did, I sense an anger and a frustration in the public. First of all we are told that you don't have to read the bill, just vote on it because we haven't even put the bill together. You don't have to read it. Now we are being told, not only you don't have to read it, you don't have to vote on it. That seems like the silliest thing I ever heard. And yet that is what is being talked about, about bringing a bill to the floor, you just vote for a rule instead of actually voting on the bill. And it is questionable whether it is even constitutional.

My good friend, Dr. FLEMING.

Mr. FLEMING. I think it bears noting that this bill defies common sense. We just talked about the fact that you take a half a trillion dollars out of Medicare, which is already struggling, and no one has ever explained in this year-long debate how in the world they are going to do that except to say fraud, waste, and abuse. But if we had the tools to do that better today, why aren't we already doing it? That is number one.

□ 1845

Mr. AKIN. Sort of like fraud, waste, and abuse is like a line item in the budget and you can just line it out and make it go away? All these years, if we had fraud, waste, and abuse, we try to get rid of it, but they say we're just going to line—it's really amazing. I didn't mean to interrupt.

Mr. FLEMING. The other thing is the idea that suddenly you can cover 30 million more Americans using the same resources. Nobody buys that.

And finally, another way to say this is that there is going to be an increase of taxes on 25 percent more Americans; they are going to pay more taxes to cover 7 percent more Americans. The Americans are not buying that.

Mr. AKIN. I think that's part of the reason why you see this tremendous opposition to this legislation.

And, you know, one of the things we did, trying to get some kind of perspective on some of these main points, imposes half a trillion in Medicare cuts. The Republican alternative didn't do that, but the President's bill and the Senate bill does. It enacts a job-killing

tax hike and government regulations costing hundreds of billions of dollars. The old Democrat bill and the President's new bill do that, and the Republican thing doesn't do it.

I mean, we have a lot of reforms. I think you're a cosponsor/sponsor of a bunch of bills that reform things in health care, but it's not a complete government takeover of the system, and we're not talking about raiding Medicare and all of these other sad provisions.

Now, one of the things that I think Americans are sensitive to is unemployment. I mean, there are a lot of people out there without a job. According to the government numbers, there are about 10 percent unemployed Americans. And that is not counting the people who have been out of a job more than a year, because they take them off. They just wipe them off the charts.

So you have got a lot of unemployment, and now what you're going to do is you're going to enact these tax hikes on small businesses, which is no better way to get them to want to get rid of employees than to run their taxes up or their costs of having employees. So you're a small business owner, and all of a sudden it's going to cost you more to have an employee. You've just created a big economic incentive to get rid of some employees because now you've got to get rid of the taxes.

You're also being encouraged not to invest in your own business to put the new wing on a building, to get the new machine tool or whatever is going to create new jobs. You're not going to do that when you're going to get hampered by this new tax increase.

And I think Americans are sensitive, from what I found in my district. And I don't know about yours, but in Missouri, people don't like unemployment and they'd like to see us—they know government doesn't create jobs, but they'd like us to create an environment where small businesses can prosper. And this is the exact opposite to me. This doesn't make sense either, that we're not thinking about the unemployment component.

Mr. FLEMING. The statistics show that the number one issue for Americans today is jobs, without question. And that health care reform, while it is important to you and me and all of the Republicans and everyone in the House, for that matter, it's only, like, number five or even lower than that on the list. Americans see that the imperative right now is to get jobs back, and we're using a job-killing bill. How in the world are you going to get private insurance if you don't have a job to begin with?

A recent poll by CNN—and certainly I don't think anybody could ever claim that CNN is a hard-right institution—says that 75 percent of Americans feel that we should either scrap this bill completely, throw it away and forget

about it, or scrap it and start over again.

So the American people, as you say, three to one, don't like this bill, and they don't want to see it or hear of it again.

Mr. AKIN. I think a lot of Americans feel that there are things that need to be fixed in health care, and a lot of our colleagues that are Republicans think there are things that need to be fixed in health care, but we don't think you melt the whole system down.

One of the things that I was asked in my town hall meeting—and I think maybe there are people that have this question in their minds, so maybe I'll ask myself this question and try to answer it. They said, Okay, you big-mouthed Republican—they didn't quite say that, but they said, You were in the majority for 6 years and you never fixed any of these and now you're bad mouthing them when the Democrats are doing it.

Let me tell you about when I was a Republican for the 6 years that I was here when I was in the majority, and that was we passed a whole lot of bills in the House, a number of them, to fix health care that nobody has ever heard of or knows anything about. What happened to those bills? They passed the House. They went to the Senate, and there were Democrats in the Senate that basically filibustered it because we didn't have 60 Republican votes to push it through reconciliation so you could get it out to a vote on the floor. I know it's not reconciliation. Whatever they call it on the floor. The 60 votes in the Senate, we never had them.

What sort of bills did we pass? Well, we passed a bunch of energy bills to deal with the high prices of gasoline that were killed by Democrats in the Senate. We passed a bill to deal with Freddie and Fannie that were being improperly managed financially that were going to cause a big crisis, and that was killed by the Democrats in the Senate. We passed associated health plans to allow small businesses to combine their employees together to get a better price on health insurance. That bill was killed. We passed it numerous times. It was never taken up. They never had the 60 votes in the Senate to deal with that.

We did tort reform, which various States have passed. Dropped health care costs by 10 percent in some States. That went to the Senate, was killed by the Democrats in the Senate.

So it wasn't that we didn't pass things or try to fix things as Republicans. We had a lot of reforms, but they were always killed because of the 60 votes in the Senate. So when people say, Hey, you guys were in the majority, how come you didn't do anything? We did things, but it was because of the way the Senate is set up, none of those things passed.

And I think that's helpful for people to understand that because Republicans do have ideas, but they were more selective things that we knew were going to save money, going to give people better health care and solutions that we knew from other States that would work. So I think that's important to kind of get that out.

Let's see. This thing here. Benefits trial lawyers by failing to enact meaningful lawsuit reform. Well, these bills do benefit trial attorneys. The weird thing about these bills is they are actually sort of antitort reform. It's not that they don't deal with those huge punitive damages which run the cost of health care up. In fact, the States that have tort reform, it makes it so they can't use their tort reform. So this thing is, from a tort reform point of view, is actually hostile to tort reform, and I'm sure you see some of that.

Thank you, Madam Speaker, for allowing us to deal with this very, very important subject. I know the American public is interested.

HEALTH CARE REFORM FOR SENIORS

The SPEAKER pro tempore (Mrs. HALVORSON). Under the Speaker's announced policy of January 6, 2009, the gentlewoman from Illinois (Ms. SCHAKOWSKY) is recognized for 60 minutes as the designee of the majority leader.

Ms. SCHAKOWSKY. Madam Speaker, I'm so happy to be here tonight, particularly after I have heard what my colleagues had to say. One of them said, Our people need to hear the truth about the health care legislation. That's exactly what we're going to talk about tonight. Tonight we're going to talk about how this legislation helps our older Americans, our senior citizens.

We're going to talk about how this bill protects Medicare for the next 10 years. It's solvent for an extra 10 years so we keep our promise for an aging population and take care of our citizens when they get older. We're going to talk about closing the doughnut hole, about protecting seniors from elder abuse, about making visits to the hospital safe.

I have the pleasure of being the co-chair of the Democratic Task Force on Senior Citizens, on seniors, and my co-chair is the gentlelady from California, DORIS MATSUI.

And DORIS, I'm going to turn it over to you to get us started tonight.

Ms. MATSUI. Thank you very much, dear colleague, and I really appreciate being the cochair with you. We certainly have the passion for our senior citizens, and I believe that most of America understands that, too. But I rise today to recognize significant benefits that the emerging health care bill will have on American seniors.

Simply put, the health care bill will put forth, provides a better deal for

America's seniors than our current system. Our health care plan takes great strides towards improving the quality of care our seniors receive.

For starters, our bill eliminates copayments and deductibles for preventative services under the Medicare program. This is crucially important because we know that many seniors are not getting the preventative care they need and are often foregoing tests because they're too worried about the costs.

The sad fact is one out of every five women over the age of 50 has not had a mammogram in 2 years. Also, more than a third of adults over the age of 50 have never had a colonoscopy. Without our bill's investments in primary care and its improved access to preventive care under Medicare, beneficiaries will continue to lose access. We are going to reverse this trend with the bill we pass this week.

Madam Speaker, we all know that preventative care is good for the health of individual patients and it's good for the overall health of our system, but without doctors to treat Medicare beneficiaries, the entire system structure, the systemic structure just collapses. That is why our legislation creates a more immediate pathway for more primary care doctors, the doctors that stay with you for a lifetime and know your medical history.

Primary care doctors are the backbone of Medicare and of our system in general, and our bill gives medical students incentives to go into primary care. These include grants for primary care training as well as incentives under Medicare for primary care doctors to practice in areas that currently have a shortage.

Right now, we know that we need many more primary care doctors in this country. The shortage is exacerbated by the high cost of education, which pushes more and more medical students into specialty fields and strains Medicare. Today, about 12 million Americans lack access to primary care doctors in their community, but by providing immediate support for primary care physicians, we can help minimize these shortages and restore the promise of Medicare.

Our bill also emphasizes coordinated care so that people can avoid unnecessary tests. It provides incentives for doctors to work together to provide seniors with high quality care that every American needs and deserves.

This bill is about strengthening Medicare for America's seniors and restoring the confidence that we have in our health care system. We know that we have the best doctors and hospitals in the world. In my hometown of Sacramento, we have models of care coordination and chronic disease management that are the envy of other cities across this country.

But when seniors, especially in Sacramento, are splitting pills because

they can't afford to refill their prescriptions and skipping meals to make ends meet, this system is not working. And one of the surest ways to help us get back on track is to close the doughnut hole that affects millions of seniors every single day.

Between 2009 and 2010, monthly prices in the doughnut hole increased by 5 percent or more for half of the 10 most popular brand-name drugs. This means that brand-name drugs in the doughnut hole became more expensive relative to the medical care of other goods. And this is not just a recent phenomenon.

Between 2006 and 2010, prices for popular brand-name drugs in the doughnut hole went up more than 20 percent. This means that America's seniors are being forced to spend a greater percentage of their fixed, disposable income on brand-name drugs. This is why it is so important for us to pass the health insurance reform bill, which will start closing the doughnut hole this year and completely close it within 10 years.

Madam Speaker, American seniors deserve more than the status quo. Our plan for health care reform will extend the solvency of Medicare, lower seniors' costs for prescription drugs by beginning to close the doughnut hole, improve the quality of seniors' care with better coordination among doctors, cover the cost of preventive care for Medicare patients, and expand home- and community-based services to keep people in their homes.

□ 1900

America's seniors deserve the best possible health care we can provide. And that's what our health care plan will do, ensure access to quality, affordable health care for all Americans.

Madam Speaker, I thank my wonderful colleague, and I yield back time to her.

Ms. SCHAKOWSKY. Thank you so much, Representative MATSUI, for being such a strong advocate for older Americans, really for all Americans, that are going to be helped by this legislation. And we are going to be talking much more about that.

I wanted to just let everyone know that for 5 years I had the pleasure of being the executive director of the Illinois State Council of Senior Citizens. It was between 1985 and 1990, and those were among the most fun years and learning years my life. I was a lot younger then, not a senior citizen as I have reached today, and what I learned is that our older Americans, while facing many, many challenges, are the people who really helped build our middle class, who helped build our society, and now in their older years, especially in this time of economic downturn, are facing incredible difficulties in getting their health care. Thank goodness for Medicare. We will talk more about that program that was passed in 1965.

There is a reason why every advocacy group for older Americans is supporting this legislation. If you look at the list, and I'm going to read it, you will see that the people who know best, because they either are made up of older Americans or their job is to advocate for older Americans, are supporting this legislation. That would include the AARP, which represents tens of millions of older Americans, people from 50 and upward, and we will talk about how this legislation not only helps people 65 and older, but 50 and older, the National Committee to Preserve Social Security and Medicare, the Alliance for Retired Americans, the Center for Medicare Advocacy, Families USA, the Retirees of AFSCME, B'nai B'rith International, National Senior Corps Association, National Academy of Elder Law Attorneys, National Council on Aging, Service Employees International Union, National Association of Professional Geriatric Care Managers, Easter Seals, Medicare Rights Center, American Federation of Teachers Program on Retirement and Retirees, Volunteers of America, the American Society on Aging, and National Senior Citizens Law Center.

I'm sure there are more that aren't on my list. I have some other data from some of these organizations. These are the people who know what seniors want. That is their business. They are made up of seniors and certainly of their advocates.

And one of the advocates for the elderly is a great colleague mine. RUSH HOLT from the great State of New Jersey is here tonight to talk about how people in his State and around the country, older Americans, are going to benefit from this legislation.

Mr. HOLT. I thank the gentlelady from Illinois for reserving this time to take the message out. For a moment, let me speak to the 103,000 Medicare beneficiaries in the 12th Congressional District in New Jersey, more than 100,000. This legislation would improve their benefits. It would provide free preventive and wellness care. It would improve the primary care and better coordination of care, not just so there is more efficiency and less waste, although there would be, but so that patients don't get the runaround. It does not help their health to have unnecessary or counterproductive tests or procedures. It would enhance nursing home care. And it would strengthen the Medicare Trust Fund, extending solvency for another 8 or 9 years. That is real.

You had spoken earlier about the doughnut hole. I always hesitate to talk about the doughnut hole. I think of it as a cliff. Depending on how expensive your monthly medication is, along about August or September or October, you have exceeded the expenditure limit on Medicare, the way things stand now, and you fall off the cliff.

And if you want to keep taking the medicines, you have got to pay out of pocket.

Under the bill, the beneficiaries not only would receive in 2010 a \$250 rebate and 50 percent discounts on brand-name drugs beginning in the coming year, but also complete closure of this doughnut hole, or better yet, filling in this cliff in the years to come. A typical beneficiary who enters the so-called doughnut hole, again, that is too benign a term, who falls off the cliff, will see savings of over \$700 in the coming year and over \$3,000 in coming years. So this is something that, yes, it helps small businesses. Yes, it helps young adults trying to get a start after college. Yes, it helps people who find themselves between jobs or people who want to start small businesses. It helps employees of large businesses. It helps anybody who has a health insurance policy now. But tonight, we are talking about how it will help senior Americans.

I thank the gentlelady for reserving this time. Let me turn it back to you, and I will add some comments as we go along if I may.

Ms. SCHAKOWSKY. Great. I thank you so much.

I wanted to talk in very specific terms. Again, you talked a little bit about some of the issues, how this bill actually, in a concrete way, on a day-to-day basis, is going to help older Americans. I think it's so important that we explain the details of this bill because there have been a lot of myths out there particularly aimed at older Americans. And it really makes me mad. There has been a lot of fear about how somehow this bill is going to cut Medicare. And I'm going to talk about how that is exactly the opposite, how this bill is actually going to extend the life of Medicare, not cut any benefits.

So let's look at some of these things, how health care reform means security and stability for America's seniors, extends the solvency of Medicare. What does that even mean? Extend the solvency of Medicare. What that means is that currently if you look at the Medicare funds, by 2017, that fund is going to be in some trouble. Aha. But we pass this bill, and the solvency, the health of the Medicare Trust Fund is going to be extended another 9 years. So we are now up to 2026. We want to figure out ways to even go beyond that, but that's a pretty good start, to extend it to 2026.

Lower costs for prescription drugs. You talked a bit about the doughnut hole. And, again, you're right, you talk about the doughnut hole. Not only does it sound benign, a lot of people don't know what we're talking about when we say that. But there is this gap in coverage. And so I'm going to tell you about one of the seniors who actually had this pretty horrible experience when she went to the drugstore and found out that she was not covered.

Here she is. My constituent had a Humana part D Medicare, that is a prescription drug plan, and had trouble paying the monthly premium. Humana originally told her that she would never pay more than a few dollars for her medications. Sounds pretty good. One day she went to CVS, she went to the drugstore, and was told that one medication out of the eight that she is taking was going to cost \$130, whereas the previous month the cost was \$20. From \$20 to \$130.

At that point, the pharmacist told her about the doughnut hole. She found out that from then on she was going to have to pay out of pocket until she paid \$3,600 out of pocket. She would continue to pay her premiums every month, but her drug costs were going to be out of pocket until she had paid \$3,600 more.

Well, what she told us was that she stood at the pharmacy counter and cried because she just couldn't afford to get her medicine. So she walked out of the pharmacy. She called our office, and she was concerned that she wouldn't be able to take her lifesaving medicine because she didn't have the money.

And fortunately, there was an Illinois program in existence at the time called Illinois Cares Rx, and she is able to get her medication through that program. But fortunately, she fit the eligibility requirements. Plenty of people don't. And then her physician gave her some free samples. And you know that doesn't last forever. So we are going to permanently close that doughnut hole, and we are going to begin to do it on day one, lowering the cost of prescription drugs.

We are going to improve the quality of seniors' care with better coordination among the doctors. And that is going to be cost savings, too, because we are going to have coordinated care so that they get this continuum of care. We are going to train more primary care doctors. That's what we need to do. We are going to provide incentives to make sure that we have more primary care doctors. We're going to cover the cost, as you mentioned, Representative HOLT, of preventive care for Medicare patients. No more out-of-pocket costs. You have your Medicare card—that's all you're going to need for those preventive services.

And we're going to expand home and community-based services to keep seniors in their homes, which, we should add, is exactly where they want to be. People don't want to be forced into nursing homes. They want to be able to stay at home. If we expand those home- and community-based services, someone being able to come into the home at a price they could afford, adult day care centers where people can go during the day and be safe and active, then they are going to be able to stay in their homes.

That's just the beginning of what we do for seniors.

Let me turn it back to Representative HOLT for just a minute because we were talking earlier about how frustrating it is that there is a question about Democrats, the majority, wanting to somehow cut Medicare.

Mr. HOLT. I thank Representative SCHAKOWSKY, my good friend. This is something that has been one of the great accomplishments, not just of the Democratic Party, but of the United States. Medicare has been a success. It has been medically a success. It has been socially a success. This legislation before us will only strengthen Medicare.

And to underscore a point that you were making, Ms. SCHAKOWSKY: By getting better coordination among doctors, by having more primary care doctors, by covering preventive care, by making sure that beneficiaries have access to medicine, we not only get efficiencies, but each patient gets better care.

□ 1915

We begin to shift more attention toward the outcome, the health of the patient.

Having extra procedures or having to go to a specialist when you don't need to go to a specialist but only because you don't have a primary care physician available is not only costly but it is not healthful. It does not produce the best outcome, and it leaves the patient frustrated and getting the run-around.

So people ask me, well, in this health care bill, how can you claim to cut costs and not cut our benefits? How can you claim to cut costs and not give us worse care? Well, in fact that is the point exactly. By having primary care physicians, by paying for the medical education of those physicians to have more of them available, to have better coordinated care among doctors, the patients will get better care. So it is not just a matter of efficiency, but it is that also.

And to continue on your point. The debate that we are having right now strongly echoes the debate of the 1960s over Medicare. "Inefficient and costly government." "Putting the government between the doctor and the patient." "Socialized medicine." Yes, we have heard all of those phrases this week, in fact tonight here, previously, from the other side of the aisle. Those are quotes from the 1960s.

Now, few people today would call for a repeal of Medicare given its success for seniors, yet it was very controversial back then. The same arguments were made against health care reform then as are being made now.

Some leaders, from Ronald Reagan to Bob Dole to Gerald Ford, fought the program and voted against its creation. Since then, some opponents of Medi-

care have tried to cut, or cut, Medicare. Former Speaker of the House Gingrich spoke of cutting back Medicare so that it could, quote, wither on the vine.

Does anybody really think that Democrats, who are so proud of the accomplishments of Medicare, would for a moment consider cutting back on Medicare? Does anybody reasonably think that?

This is a successful program that has taken us from 1965, when 44 percent of seniors were uninsured. They had no place to go except maybe the emergency room if they got really sick. It has taken us to a point where barely 1 percent of seniors today have no coverage. Seniors had limited choices back then. They could deplete their savings or seek assistance from their children or look for charity care, or, as was so often the case, forego medical care entirely. Within 11 months after President Johnson signed Medicare into law, almost 20 million Americans had enrolled in the program, and it has virtually eliminated uninsurance among older Americans. Today, about 1 percent of those 65 and older lack health care coverage.

So ask any of the 45 million beneficiaries if they would trade their Medicare. You will have a hard time finding any.

Ms. SCHAKOWSKY. Thank you very much for reminding everybody, first of all, that Medicare is the government program of health care for older Americans. It is not just a made-up story that sometimes people come up to us and say, Keep government hands off my Medicare. Well, we have to remind people that this is a 100 percent government program. And thank God for Medicare, because so many people, that is the only insurance they have.

And I have to tell you, a lot of people come into my office every week and saying, I can't wait. I can't wait for my 65th birthday so that I can finally get the insurance and the care that I need.

I am also, as I said, going to talk about how this bill even helps people age 50 to 65 with their health care problems. But right now, I want to introduce somebody who knows a bit about insurance, who knows a bit about health care, and knows a bit about what seniors in this country, what Americans in this country need when it comes to health care. He is a new Member, but he is not new to this issue, and he is not new to advocacy for all good things for consumers and for the seniors, and that is JOHN GARAMENDI, my colleague from California.

Mr. GARAMENDI. I thank you very much, Congresswoman SCHAKOWSKY, and thank you for that terrific description of the history of Medicare. This has been a Democratic program for more than 43 years now. As Representative SCHAKOWSKY just said, I get the same thing: if I can just live long enough to get the Medicare.

And I remember as you were saying that an experience I had. I had visited a carpenter who had become ill with cancer and he wanted me to stop by and see him. This was maybe 10 years ago. He was bedridden, very, very sick. He was about 60, no longer able to work, and his wife was about the same age. And he said, I have just got to hang on long enough so that my wife can get to Medicare. Otherwise, she will have nothing, and she is a diabetic.

We have got about 45,000 Americans that are dying every year because they don't have health care and because they haven't been able to live long enough to get to Medicare.

Medicare is a program that the Democrats have fought for, have fought very vigorous battles in this Chamber against the Republican Party. You mentioned Newt Gingrich, who was right out front about the Republican goals in the 1990s to destroy Medicare.

Well, we are here to protect Medicare. And in this legislation that will be before us for a vote very, very shortly, there is an explicit understanding written into it that Medicare will be protected, that benefits will not be cut, and that cost savings, wherever they may be found in all of the Medicare system, that those cost savings will be plowed back into the Medicare program.

So where are the cost savings going to come from? How correct you are with your chart when you talked about where the cost savings are: well-care, preventing illnesses, taking care of people in the continuity of care rather than episodic care.

There is also a lot of fraud in Medicare. We know that. We also know that it was the Bush-Cheney budget that reduced the appropriations to fight fraud in Medicare. They basically wiped out the Department of Health Services and the Medicare program's ability to fight fraud, and it blossomed. But in the budget that you passed this last year, now that we have a Democratic President and a Democratic budget, he put money back in to fight Medicare fraud. That will save money. We have seen "60 Minutes"; we have seen the kind of fraud that is out there.

But what really, really makes me upset is the misinformation that is out there, in many cases the downright lies that you see on television, most of them paid for by the insurance industry that doesn't want to lose their 16 percent additional payment over and above the average cost of Medicare that is given to the insurance companies so that they can have this Advantage program. What do the seniors get for it? Not much.

Mr. HOLT. If the gentleman will yield. And these are not lies of ignorance. These are people who know better.

Mr. GARAMENDI. The insurance companies? You bet they do.

Mr. HOLT. They know that Medicare has an overhead of about 2 percent.

So if I may make a small correction on what the gentleman has said. There is waste and fraud in Medicare. I think the gentleman said a lot; actually, it is a little. But when there are 44 million beneficiaries, almost 45 million beneficiaries, a little bit of error, a little bit of fraud can add up to a lot of money. But the program itself, if you count administrative costs as well as waste, fraud, and abuse, it is a couple of percent. In other words, almost all of the money in Medicare goes to providing health care.

Ms. SCHAKOWSKY. I have to say that it is not necessarily just a little bit. At the beginning of September, the Department of Health and Human Services and the Department of Justice announced the largest health care fraud settlement in history.

Pfizer, the drug company, agreed to pay \$2.3 billion for illegal marketing practices. That is going to return about \$1 billion to Medicare and Medicaid. So that is not chump change.

Mr. HOLT. On a percentage basis, it is a small amount. When you have 45 million beneficiaries, that adds up to a lot.

Mr. GARAMENDI. The key point here is that in this legislation there is a specific effort to eliminate the fraud that goes on in the system. The unnecessary payments, the stealing of the Social Security cards, all those kinds of things that are out there, we know we need to deal with that. And we are dealing with it. Even before this piece of legislation, we put money into the budget to deal with that; and then this legislation strengthens that.

And, in addition to that, we now will have better medical record technology which will also assist us in keeping track of what is going on. It is a small piece of a much, much larger piece of legislation that does help seniors in very, very specific ways.

Why should the insurance companies get an unnecessary boost in their profits at the expense of the Medicare program? No reason that I know of. They should be competing and they should be helping seniors, but not get that additional bump. Those savings are also plowed back into the benefits for seniors so that they can have those programs that you talked about, those programs of prevention, of wellness, of being able to stay in their home. All of those things are important.

If I could just take a personal moment for a moment. My mother phoned me; she is 87. She is going to have her 88th birthday. If it is 89, I am in deep trouble back home. But she is going to have her birthday soon.

She phoned about 3 weeks ago and she said, JOHN, why are you cutting the Medicare programs? What are you talking about, Mom? Well, the TV advertisement just said you guys are going

to cut the Medicare program. And I am going, No, we are not. But tell me about the ad.

It was an advertisement run by the U.S. Chamber of Commerce in the Sacramento region of California. She saw it and became concerned.

So why are these ads out there that are on their face not truthful? One reason: and that is to upset the seniors and to somehow give the seniors false information about what this legislation does.

I got her straightened away. She is okay. Although when she sees this red tie, the good Mary Jane McSorley is not going to be happy. But, Mom, I have got a green carnation here.

Ms. SCHAKOWSKY. You know, a lot of us have been barraged with phone calls like your mother said to you. She believed you, didn't she?

Mr. GARAMENDI. Oh, yes. I have been a truthful son.

Ms. SCHAKOWSKY. Good. And I hope that what you have said has now convinced many others.

But it is really wrong, I think, to put out information that really causes older Americans who are so dependent on Medicare, and that is most of the people on Medicare that really rely on it for most of their health care even if they have a supplemental, to tell them things that just aren't true, that benefits in some way are going to be cut.

I want to introduce now someone who also has been a great advocate for the constituents in her district and for older Americans, a great friend of senior citizens, from Nevada, and that is Congresswoman DINA TITUS.

Ms. TITUS. Well, thank you very much. And thank you for your leadership on this issue and for organizing tonight's discussion about something that is so important.

Nevada has had the fastest growing senior population in the country for the last decade. And even though we have slowed down a little generally, that percentage is expected to continue. So you can imagine what an important issue this is for me.

And, like Mr. GARAMENDI, my mother, too, is on Medicare. So I can't imagine why anybody would think we would want to hurt Medicare benefits when our own mothers are beneficiaries, along with so many other seniors in this country.

I share your frustration, because I have had a lady following me around to some of our town hall meetings wearing a T-shirt that says "I am the grandmother you want to kill." She believed those early ads about the death panels in the health care bill.

So there is an awful lot of misinformation out there that we need to correct, and that is why a discussion like this is so important.

You know, generations of America's seniors have relied on Medicare in their golden years, and we must ensure

that it is there for them in the future. This means that we need health reform, health care reform as you have described on your chart there, that strengthens Medicare. Rising health care costs threaten our current Medicare system, and we need to be sure that it remains solvent. And we have to enact reform that strengthens Medicare's financial footing and extends the lifetime of the Medicare trust fund.

We also must bring down those prescription costs. We need to reduce costs for both Medicare and for seniors, individually, and close the doughnut hole that so many of our seniors fall into, forcing them to choose between life-saving medication and other necessities like buying groceries or paying the power bill.

□ 1930

It's because of my commitment to seniors that I was proud to support the House health care reform bill, because in addition to the things that I just mentioned and you all have been talking about, it also benefited seniors by removing lifetime caps on coverage and included free preventive care; in other words, no copays on important tests like mammograms and colonoscopies. So I'm hopeful that these reforms will be things that we can enact in the coming days, and I look forward to seeing that final health care language to be sure that they're in there.

You know, I'm dedicated to protecting Medicare, and I know how important it is for the seniors in District Three. I would never do anything that would reduce or undermine the care that they receive. That's why I introduced legislation—and I appreciate all of your support on it—that protected seniors from increases in their Medicare premiums. It was called the Medicare Premium Fairness Act. We introduced it last year. It would protect seniors from an increase in their premiums.

In the past years, seniors have received a cost-of-living increase in their Social Security to offset any increase in the Medicare premium. Well, this year, for the first time in 35 years, seniors aren't receiving that cost-of-living increase, meaning that higher Medicare premiums would result in lower Social Security benefits, for a net loss. For seniors on fixed incomes who count on every dollar just to get by, this is unacceptable, because they will be receiving less in Social Security. My bill would protect all seniors from an increase in those Medicare premiums this year until the cost-of-living kicks in in the future.

Unfortunately, and how many times have we seen this—and I'm expressing my personal frustration, but also of this body, I believe—one Republican in the Senate has held up the speedy passage of this bill that's so important to seniors. This shouldn't be allowed to

happen because it's too important to happen in the lives of the American people. So I'm going to continue to fight to see that that bill becomes law and in a way that would be retroactive to help the seniors who may have already seen those deductions kick in.

So thank you again for having this discussion. Medicare is critical to the health and well-being of our seniors, and I look forward to working with you on the senior task force to highlight and advocate on these important issues that affect our senior population.

Ms. SCHAKOWSKY. One of the great things that you pointed out is that Medicare was passed in 1965, but we continue to work to improve it, to make it better, to even expand the coverage so that it is more affordable for the elderly. This is a work in progress. It's really been a job that has been the life's work of the Democratic Party for generations to make sure that Medicare really does do what it needs.

When Medicare first came into being in 1965, prescription drugs were actually a very small part of the whole health care cost. Now they are at the center—front and center, often—of extending life, of making life more livable, of preventing death, and so we work to find all the ways that we can perfect what has been a very successful program.

I want to once again just make sure that people see the advantages to older Americans, how health care reform means security and stability for America's seniors, extends the life—that's what solvency means—extends the life of Medicare, lower seniors' cost for prescription drugs, improves the quality of seniors' care with better coordination among doctors, trains more primary care doctors so there will be access when we add more people to health care.

Some seniors are worried. Okay, add 30 million people to health care coverage, are there going to be enough doctors? We say we've got to do that. That's what is in this bill, to make sure that we train and create incentives for more primary care doctors, and nurses, too, so that we have the professionals that we need. Covering the cost of preventive care for Medicare patients, you described that. That's for things like mammograms and colonoscopies. No out-of-pocket costs. Expand home- and community-based services to keep seniors in their homes.

So the question really is: What is the Republican plan if they say our plan is bad? Well, PAUL RYAN, one of the up-and-coming Republicans, proposed the plan. He's the top Republican on the House Budget Committee, and he put forth what they call the roadmap. The Republican roadmap wouldn't improve Medicare. It actually ends it.

Now you're thinking, Oh, this is all partisan. That can't be true. But, actu-

ally, it is true. It would end Medicare, when they get to be 65, for everyone who is now under the age of 55. Once those people who are under 55 get to be 65, instead of Medicare, they get a voucher. Go out and find health care for yourself. And the Congressional Budget Office, the nonpartisan Congressional Budget Office, reports that that voucher over time would be worth about a quarter of what Medicare is valued right now. The roadmap wouldn't require that private insurers actually accept those vouchers or charge affordable premiums or provide necessary benefits, making those vouchers pretty darn worthless.

Let me tell you what one of the expert groups said. This is the nonpartisan Center on Budget and Policy Priorities: The Ryan plan imposes no requirement that private insurers actually offer health coverage to Medicare beneficiaries at an affordable price or at all.

Did you want to speak to that?

Mr. GARAMENDI. Let me just talk to that for a moment. This is astounding.

Ms. SCHAKOWSKY. Tell them your background, too.

Mr. GARAMENDI. Well, I was the insurance commissioner in California from 1991 to 1995, and then 2003 to 2007, so I've got 8 years as the insurance commissioner in the biggest State in this Nation, with a lot of seniors. Our seniors haven't grown quite as fast as our friend talked about from Nevada, but in total numbers we are so much bigger. Major, major problem for seniors.

You're looking at the most expensive part of the population, the senior population, and it is absolutely true that the insurance companies do not want to ensure people that are going to get sick. Who's going to get sick? It's the seniors. And that's why Medicare came into place, as was described earlier, because that population has the most difficult time of obtaining insurance, and it happens to be the most expensive part.

We figured out here how to provide it. The Republicans are going to do what? They're going to give you a voucher. So if I'm 54 years old now—let me see if this is correct. I'm 54, and if the Republicans had their way, when I become 65 in 11 years, I don't get Medicare, which provides me with a comprehensive policy that I can take anywhere in this Nation. I can go to Maine and get the policy. I can go to California and get the policy. I don't get that. I get a voucher, and I'm going to go to an insurance company that I know does not want me because they know that at 65 I'm going to be expensive.

Ms. SCHAKOWSKY. You've got that right. You would get a voucher.

Mr. GARAMENDI. This is the Republican program? Thank you, no.

Mr. HOLT. Let's be very clear. They are saying in this health care bill, You want to cut Medicare. No. That's the point. We've been saying over and over again, we're strengthening Medicare. What they want to do is do away with Medicare, replace it with vouchers, or another term that has been used in the past is "privatizing." In other words, to say, Well, you can take care of your health care. We'll even give you a coupon. Now, the coupon is going to be of declining value over time, but you're smart enough. You will have saved for your golden years and you will be okay. That is what they propose to do.

Mr. GARAMENDI. You're suggesting you go back and take your privatized Social Security savings? They're going to do away with Social Security, too. So they're going to do away with Medicare and Social Security, the two programs that provide security for seniors. The Republican Party has said clearly they want to do away with those. That's not where we are as Democrats. This program, as Representative SCHAKOWSKY has said very clearly, strengthens Medicare, extends its life for at least 5 years, some would say 10 years.

Ms. SCHAKOWSKY. Nine years.

Mr. HOLT. The best estimate is 9.

Mr. GARAMENDI. We'll just take 5, 9, whatever. It strengthens it and pushes it out so it has the financial strength, reduces the doughnut hole by \$500 immediately, and you get—

Ms. SCHAKOWSKY. And then eliminates it over 10 years.

Mr. GARAMENDI. And if you're a senior of low income and moderate income, some of your prescription drugs are reduced by 50 percent.

Ms. SCHAKOWSKY. That's right.

Mr. GARAMENDI. This is a good deal, and yet we see the TV ads out there scaring seniors that somehow this is a bad deal for seniors. This program is a very good deal for seniors, wherever they happen to be, and for every other American. We're talking about seniors here, but for every other American they will get access to affordable, good quality health insurance because of this legislation. Those are the facts.

Ms. SCHAKOWSKY. I think it's really important at this point to just mention some of the things that do happen as soon as the bill passes. A lot of people, one of the things that the Republicans have been saying about this legislation is that, Well, you have to wait until the bill takes effect for another 4 years. Well, that's true that a number of the elements of the full rollout of the bill take 4 years, but a number of things happen right away, and among those is the beginning to close the gap in coverage, or the doughnut hole.

A lot of seniors out there are worried about their grandchildren. This legislation, on the day that it's enacted, says that children with preexisting conditions will not be excluded from health

care. Imagine if you have a grandchild with asthma or a grandchild with autism and suddenly they're trying to get health insurance for the family. This child will be covered. Imagine the relief it will take off of the parents and the grandparents' shoulders if we're able to do that. Lifetime caps. Many people have chronic illness and right away they find that they have reached the limit of how much their insurance company is going to pay.

Mr. GARAMENDI. These are the worthless insurance policies that are sold across State lines today. They have a very low lifetime cap. You get a serious illness and you blow through that and you have no more health insurance from that company. Not only that, but now you've got a preexisting condition and you can't get insurance from any company. The legislation changes that.

Thank you for pointing that out.

Ms. SCHAKOWSKY. And annual caps—

Mr. GARAMENDI. That, too.

Ms. SCHAKOWSKY. Where people in the first few months of the year have great expenses on health care and suddenly they find that they're not going to be able to be insured any more. That's it. So we do a lot of things immediately. I will get back to some more of them later, but I did want to talk a bit about what we do.

Go ahead.

Mr. HOLT. I wanted to address another point that I hear from folks in central New Jersey about a lot. They get letters from their insurance companies saying Medicare is going to be cut. Again, it's misrepresentation, and we want to clear that up.

Let me give a little history about Medicare Advantage. A number of years back the insurance companies came to the then-Republican majority in Congress and said, You know, the government is really inefficient. We, the insurance companies, can provide the benefits of Medicare a lot more efficiently than the government can. In fact, if you give us 95 cents on the dollar, we will provide benefits to Medicare beneficiaries.

□ 1945

Ms. SCHAKOWSKY. Plus additional things. We're so good at it.

Mr. HOLT. Right. We're so good and so eager to move services into the private sector—in other words, to privatize Medicare. The then-congressional majority said, Fine. Well, it didn't take more than a couple of years before the insurance companies came back, tears in their eyes, hat in their hands saying, Well, we can't really do it for 95 cents on a dollar. It's actually about \$1.15 on the dollar. And those who liked privatization said, Hey, that's still a great deal. So right now we find ourselves where 20 percent of Medicare beneficiaries are getting

Medicare benefits, and we are paying insurance companies a 15 percent premium to provide those benefits.

Ms. SCHAKOWSKY. And who ends up paying for that?

Mr. HOLT. All taxpayers and the other Medicare beneficiaries. So yes, those insurance companies, under this health care legislation, are not going to get paid for doing no more than the Federal Government does at a dollar on the dollar. We're not doing away with Medicare Advantage. We're just saying, It's not going to be a giveaway for the insurance companies. So they'll get a dollar's worth of payment for a dollar's worth of services rendered.

Mr. GARAMENDI. Oh, that's so unfair to the insurance companies, that you would take away their bonus for doing nothing more than you can do in another system.

Mr. HOLT. Ask your seniors. About 20 percent of the Americans on Medicare are a part of this Medicare Advantage program. Ask them how many letters they have gotten from their insurance company saying that the sky is falling and that if Congress goes through with this health care reform, it will be curtains. Well, what it means is that there will be fairness, once again, restored to the Medicare program. And the Medicare beneficiaries will get a dollar's worth of services and benefits for a dollar's worth of expenditures. That's the way it should be.

Mr. GARAMENDI. That current unnecessary bonus that's given to the insurance companies will be brought back and reinvested in the Medicare program so that the Medicare program's solvency will be extended into the future. So we're not taking that money away from the Medicare program; we're taking it away from the insurance companies and bringing it back to the Medicare program.

The senior Advantage program is not a free program for seniors. They're paying for it. They're paying a premium themselves, and the Federal Government is paying an unnecessary premium to the insurance companies to do what doesn't cost any more in the regular system. So it's a great savings. It's something that should be done. And oh, the tears. The wailing and crying by the insurance companies.

Mr. HOLT. And it's based on a fallacy.

Mr. GARAMENDI. Yes, exactly.

Mr. HOLT. Because Medicare has low administrative overhead. It is an efficiently run program.

Ms. SCHAKOWSKY. What is it, about 3 percent?

Mr. HOLT. It's a couple of percent.

Mr. GARAMENDI. It's about 2 percent.

Mr. HOLT. And Medicare's costs grow at a slower rate—at least they have over the past 5 years—than the private health insurance for the same benefits. So it's just another indication

of the efficiency of Medicare. Every year the government makes some changes. You know, ever since 1965, there have been changes made from time to time about Medicare to make it a more efficient program and to make it more directed toward healthy outcomes for the seniors.

Mr. GARAMENDI. A big piece of what is going to happen in this reform is that there will be a continuing study going on through the Medicare offices and the Department of Health Services to find better ways of treating seniors. You've talked about the home care, which we know is a better way of doing it, the continuity of care. We know that over time, new medical devices are found. New medical services are brought online, and other services that have become obsolete are taken off the benefit list, and new ones are brought on over time. That's the way it is because medical services are constantly evolving and changing—drugs, the kinds of services, the hospital services.

All of those things are evolving over time. So change is constant in this program. And specifically in the legislation is an effort to bring online those new techniques and technologies that enhance the care of seniors. And, I will also say, for other Americans. So all of us, as a major part of the program, but specifically for seniors. And it would roll on. Proven, clinically proven services, evidence-based services. And these kinds of things save costs. Again, the insurance companies are going to cry. The U.S. Chamber of Commerce is spending over \$100 million in this last month or two with advertising designed to kill the reform effort.

Ms. SCHAKOWSKY. Let's talk a little bit more about that, about why it is that the insurance industry would be against this bill. Because you could say, Well, 30 million more people are going to go into the insurance market. Why wouldn't they want more people?

Mr. GARAMENDI. Because they are greedy, profit-driven, profit-before-people-oriented companies.

Ms. SCHAKOWSKY. And also, they are able to pick right now.

Mr. GARAMENDI. Exactly.

Ms. SCHAKOWSKY. I want to talk a little bit about something else that stops right away. And that's what is perhaps the meanest of all the insurance company practices, and this is called rescission. Which in plain English means canceling your health insurance when you get sick.

We had testimony in our committee from a woman who had been a nurse most of her working life. She is now in her fifties. She left nursing to start another kind of career, went out in the private market and bought insurance that she could afford, thought it covered everything she needed. Then she was diagnosed with very aggressive breast cancer. She went to her insurance company. She got scheduled for

the surgery. The Friday before the Monday of her surgery—her name is Robin Beaton. I will never forget her because we adjourned the committee for 5 minutes while she got herself together. And she said that on that Friday, they called her and said, I'm sorry. We went back in your medical records, and what we found is something on there that says that you had a preexisting condition. And do you know what it was? There were two things. One was acne that, of course, could lead to some sort of a cancer cell. They said that she had lied about that. She didn't even remember that.

Mr. GARAMENDI. She must have been a teenager at that time.

Ms. SCHAKOWSKY. And the other was that she had misstated her weight—understated her weight. Now I make a little joke, like what woman hasn't? You know, you have an accident, and people look at the driver's license and say, Who is this woman? She is not 120 pounds. Anyway. And so she was out of luck. She spent the next 9 months looking for health care. Finally—actually it was her Congressman who convinced the insurance company to do it. And by that time, the cancer had progressed and was in her lymph nodes. So she was much sicker. That policy of rescission will end on day one.

I see that we've been joined by someone else, KEITH ELLISON, a Representative from Minnesota. I'm happy to turn it over to you. How time flies.

Mr. ELLISON. To my extreme embarrassment, we're out of time. Support health care. To the Congressman from California, thank you very much, Mr. GARAMENDI.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes.

Mr. GARAMENDI. Madam Speaker, we have several of my colleagues here to join us. We will just continue the discussion that we had before. I think I'll move to the other side so I will have the easel available to me. If Ms. JAN SCHAKOWSKY will come join us. Mr. ELLISON can carry on. I see Mr. TONKO is now in the Chair.

We've got things we want to talk about here. Let's just continue this discussion that we had a few moments ago. Our friend on the Republican side is either late or has decided it wasn't worth continuing to discuss their position. We were covering the Medicare issues here in some detail over the last hour, and some of that we want to continue and make sure that people understand what's happened in Medicare. We want to also talk about the rest of America, those that are not yet 65 or will not soon be 65. We'll go through those issues.

I want to just start off by laying out what's happening here in Congress. I'm a newbie. I haven't been around all that long, and I'm going, Wow, how's this all work? And as I've watched it, I've listened to what our Republican colleagues talk about, ramming through this legislation. And I'm going, gee, I was the Lieutenant Governor in California until November 5 when I was sworn in here. And as near as I can recall, this debate started 14 months ago.

It was the President standing right there in the Well here giving his State of the Union—it wasn't the State of the Union at the time. It was his first speech to the House. He said, We have got to reform the health care system. And immediately, this House and the Senate took up the issue, debated it. We all listened to that debate. All year long it went on and on and on and on and on and on. And it was my good fortune, following my November 3 election, to come back here, and on November 6, be one of the people that were able to put before Americans from this House, the Democratic version of health care reform. It was Christmas Eve that the Senate finished their work and put that out on a 60 vote—not a simple majority, but on a 60-vote bill.

So now you've got both Houses having completed their work and doing what has been the tradition of Congress since the very inception of our government—more than 200 years—doing the conference work, putting together the House and the Senate versions and finding the compromise between the two of them. And the mechanism that's going to be used is a majority vote of both Houses—51 in the Senate and 216 I think it is now because some of our Members have retired—to pass an extraordinarily important piece of legislation. So the process is not jammed down anybody's throat. This has been debated more than most bills will ever be debated, and the debate actually goes back to the turn of the 20th century. It's been here for a long time. So we're moving, as we should, in a way of openness.

It was the President who had his health care summit for 7 hours on television. That has never happened before. Discussing all the issues. Republican ideas, many of which are going to be in the final rescission vote that we'll take up this week. So this is not ramming anything through. This is a very deliberative process. It's gone on for a long time.

So I want the public to understand that. I want them to understand that as somebody that watched it from the outside and now somebody that's watching it from the inside, this is an extraordinarily open public debate that's gone on for 14 months this session, and this issue has been around for a long, long time—decades. So here we

are. Let me call upon my colleagues. What's that sign behind you, Mr. ELLISON?

Mr. ELLISON. Well, what's behind me, if the gentleman will yield, is a simple sign which just talks about the 45,000 Americans who die every year because they are uninsured. You know, 45,000 people sounds like a big number, and the fact is that there are families, there are citizens, there are individual Americans behind every one of those numbers. There is a health care nightmare for every individual represented by each point of that 45,000.

□ 2000

And you know what? America is a good country. We are a compassionate country, and we are a country that will respond to the needs of Americans.

And so, Congressman GARAMENDI, I want to say that you may be a new Congressman, but you are a seasoned veteran at this fight because you've been working in the area of State government, and State government and local government is where the action is. You have just come straight from the land, right off the battlefield of the campaign, listening to people day after day about the suffering that people are going through, people being dropped by rescission.

You know, I actually had my own little health care nightmare recently, which I don't mind telling you about. I'm the proud father of a 22-year-old young man who is still in college. And we recently got a letter from Blue Cross/Blue Shield telling us that on his 22nd birthday he was going to get a little present. Mr. Speaker, you might guess what that little present is. He's dropped from our insurance. This health care bill says he can stay until he is 26 years old, until he actually has a job. He's a senior in college. He doesn't have—he works at the library, putting books up, helping us get him through college. He's not ready to get out there yet.

So this 45,000 Americans losing their lives every year because of a lack of health care, that is something that we can do something about, we will do something about in a very short order.

And I want to yield back to the gentleman from California because I admire the work that you're doing. You're coming into this Congress with a bang. You're not waiting around for anybody to tell you, JOHN, get up and do something. You're getting up and you're taking charge, and that's the leadership we like.

I yield back.

Mr. GARAMENDI. I'm joined with three individuals that have done that throughout their entire career here. Mr. HOLT, I know you're going to have to go off to another meeting shortly, so you wanted to fill us in and carry on part of the conversation we were having early about the Medicare program.

Mr. HOLT. Well, I hear from so many seniors in my district. And of course, it is as we age that we become more aware of our ailments and our need for health care coverage, and so I understand their concern. I understand that they don't want anything that will leave them less secure. And I want to assure them that this legislation before us would not only leave Medicare intact under health care reform, the reform will make it better.

It would help the constituent of mine from Milltown, who wrote me recently about her struggles with the prescription drug program. She said, it was quite a surprise to me to see what the doughnut hole was all about. I'm on several inhaler drugs that are now running me \$650 for a 3-month refill. I was careful as a widow to save for my retirement. But this is going out the window very fast.

Closing that gap, filling in that cliff, where, after you've spend a certain amount you get no help from Medicare, ending that deficiency in Medicare will make people healthier. It is just one of the aspects that we wanted to underscore tonight, to assure people that if you are on Medicare, this legislation will help you.

And we will go on and talk about all of the other things. I mean, even if you are well insured, a lot of other people come up to me and say, my insurance is fine. My usual reply to them is, I'm pleased to hear that you've been healthy, because it is often when you're not healthy, when you have an accident, when you have an illness that you discover that your insurance wasn't really quite as good as you thought it was, when, as Ms. SCHAKOWSKY pointed out, a rescission means, and this is a practice that, under oath, in testimony here before Congress, the insurance companies say they do, so it's not just hearsay. It's not just anecdote. It is policy in these companies. They will rescind your policy because you're sick, because there is expense incurred to them.

Now, most people would say, insurance is supposed to be there when you need it. That's kind of the definition of insurance. But not now.

But under this legislation, from day one, the practice of rescission stops, and a lot of other consumer protections go into place to make sure that consumers, those who pay premiums, who want insurance to cover them, will get coverage they deserve. They won't be denied for preexisting conditions. They won't be charged for preventive care and so forth.

So, whether you're young or whether you're as young as Mr. ELLISON's son, let's hope he has a good job and has health care coverage even before he's 26. But whether you're that young or whether you're on Medicare, this legislation provides benefits across the board.

Mr. GARAMENDI. Mr. HOLT, you raised a very, very important point, and I want to just follow up. And Ms. SCHAKOWSKY also raised this point, and it's the rescission issue.

Now, I was the insurance commissioner in California 2003 to 2007. And during that period of time, we received complaints about rescission, about people that had health insurance, had an illness and suddenly the insurance company canceled them.

And I'll tell you that we took action against the largest insurance companies, Wellpoint Anthem, that Blue Cross program in California, and others on this specific issue. And it is a very, very, real issue. I am so happy to be here in Congress and to vote on a bill that says no more, no how, will you be able, Mr. Insurance, to continue that very pernicious, very, very damaging and grossly unfair practice. Lawsuits have gone on. This bill will put a stop to that practice.

Let me just take one other thing. Mr. ELLISON had a chart: 45,000 die for lack of insurance. Yes, but there are other things here. America, because of the way in which we've structured our health insurance programs, we rank 19th among the industrialized nations of the world in preventing illnesses. And in the general health care statistics, we ranked below the country of Colombia on how healthy our population is.

We also know—and this is one that has really upset us as it came to all of our attention—I knew this in California, but now America knows, that over the last 2 years, in California alone, and in most other States, and I think in your State, 94 percent rate increase for individual policies. Ninety-four percent. How in the world can they do that when health care inflation has been less than 10 percent? Well, they do it because they're more interested in their bottom line profits. And I think Mr. ELLISON's going to come to that in the next few moments.

In California, a study done by the State government, the six largest health insurance companies in California have denied 21 percent, this is the average, 21 percent of all claims. The range goes from 39 percent down to about 20 percent. So if you take the six largest companies, the number of times that they denied claims—you want to talk about a death panel, then you talk about the insurance companies that deny necessary treatment to keep people alive. That's what they're doing in California. One-fifth.

And, finally, the number of Californians, 24 percent of Californians, without insurance.

Ms. SCHAKOWSKY.

Ms. SCHAKOWSKY. Let's talk about rates for a minute. We had testimony from customers of Anthem Blue Cross/Blue Shield, which is owned by Wellpoint. We also had the CEO of

Wellpoint, a woman named Angela Braley, who I suppose it was somewhat rude for me to ask her how much money she made. But she was kind enough to answer, and said that she made \$1.2 million a year, plus \$8 million in stock options. That was how well she did. But then she went on, of course, to absolutely justify these rate increases for their private insurance market.

Three people had testified before she got up there about what these rate increases meant to them. An individual, middle-aged guy, tended toward younger man, who had a preexisting condition. He had seen his rates go up about 75 percent, not quite the 90; but it was too much for him.

A woman who, because her son had a preexisting condition, had such a high deductible they had never even made their deductible, and yet their rates were going to go up even higher.

And another woman who had a preexisting condition, who was unable to keep her policy. And Ms. Braley is making all this money. The company, overall, was making literally billions of dollars in profit.

Mr. GARAMENDI. Mr. ELLISON, what's that thing behind you?

Mr. ELLISON. Well, what's behind me is just another little data point which we're trying to get Americans to see here, and Americans know this. Even if they don't know the number, they know it in their gut: Health insurers break profit records as 2.7 million Americans lose coverage. We should—that's worth saying again, I think, Mr. Speaker: Health insurers break record profits as 2.7 million Americans lose coverage.

As Congresswoman SCHAKOWSKY, from the great State of Illinois, illustrated just a moment ago, Americans are struggling. People have these high deductibles. They're not even meeting them, and they're still getting rate increases.

Here's a stat for you that I don't have a board for: 60 percent of all the bankruptcy filings are because of medical debt, Americans going to bankruptcy because they can't afford to pay these ridiculous health care bills. These are people who already have insurance.

Ms. SCHAKOWSKY. Seventy-five percent of them already have health insurance. They're going bankrupt.

Mr. ELLISON. Let me yield to the gentlelady from Illinois. Tell the rest of that story: 75 percent have health insurance. Some people think, Mr. Speaker, we're talking about the uninsured, and we are, but that's not the only people we're talking about. Tell the story about the insured.

I yield back to somebody.

Mr. GARAMENDI. Well, we all know the stories of the insured. We all know the stories in our own districts and our own States about those people that

have health insurance, but they blow through the deductible and then they blow through the annual, or they hit the maximum benefit package of that insurance, and then they're on their own. At that point they sell their house, and they often wind up in bankruptcy.

The other part of what's happening is the downturn of the economy. Millions of Americans have lost their jobs. You lose your job, you lose your health care, you have no way of paying for COBRA. Even though this bill and the previous bills that this House has passed and the Senate has passed and become law do provide a subsidy to help people stay on COBRA, if you're unemployed, you have a heck of a time trying to make that payment.

So people lose their jobs. They lose their insurance. They lose their health. They go bankrupt. And 45,000 Americans die because they've lost their insurance, or they never had it to begin with. So this is the story of America.

The legislation that will be before Congress in the days ahead specifically deal with that problem. They deal with it, as Ms. SCHAKOWSKY has said, by saying that no longer will you lose your policy when you get sick with medical underwriting or post-event underwriting. That's one thing.

Secondly, you will not be denied insurance because you have a preexisting condition. And who doesn't have a preexisting condition?

It was at the summit that Representative MILLER held up three pages, and he read. Each of these pages, in small type, was from an insurance company that listed the preexisting conditions that they would use to deny coverage. Everything from acne, the story that you told earlier, to kidney illnesses or colds or whatever.

I know a young lady, 23 today, that came off her family insurance, tried to go back to the insurance company that she had been with for her whole life, from the day she was born. They had all of her medical records, denied her coverage because she had acne. I think the real reason was that she was a female in that child-bearing age. She wasn't pregnant, wasn't married, wasn't likely to have a child anytime soon. But she was in that child-bearing age.

I said, This is not right. What's going on? She said, Well, I tried to go online to get a policy. I said, That couldn't be. I said, Give it a shot. So we went online, put down her name, female, the health statistics: denied, no coverage available.

I said, let's try something. Let's just change one thing here. Let's say instead of a female, you're a male. Bingo, she got coverage.

The present system discriminates in the most pernicious ways. If you're a young female, you're likely to be expensive, medical care of different

kinds; you're going to give birth to a child. You talk about family-friendly policies? Not from them. So these are things that are corrected in this legislation.

Ms. SCHAKOWSKY. Let me comment on this gender discrimination. I think the Speaker of the House, NANCY PELOSI, put it really well today—some of the women had a meeting with her—when she said, being a woman is a preexisting condition.

Mr. GARAMENDI. Exactly.

Ms. SCHAKOWSKY. And the truth of it is that pregnancy, in some cases, is considered a preexisting condition. A C-section, a cesarean section, being a victim of domestic violence is a preexisting condition that could make you ineligible.

If you go out on the private market right now, only about 12 percent of policies actually cover pregnancy.

□ 2015

Women overall are charged about 38 percent more for health care than men are. And in some cases it is as much as 70 percent more than men for health care just because we have slightly different—well, maybe extremely different parts to our bodies. That is so wrong. This bill ends gender discrimination.

But I do want to say one thing about rates that I don't want to forget to say.

Mr. GARAMENDI. Before you go there, let me just make this point. This is the point to the insurance companies. The day the President signs this bill, your discriminatory practices are over. You will not be able to discriminate against Americans because of their health status, their marital status, whether they are male or female. Those days are over.

Listen carefully, health insurance companies. I know why you are spending that hundred million dollars trying to oppose this bill, because you know that the day we pass this legislation, the day this is signed by the President, your discrimination is over and every American is protected.

Please go ahead.

Ms. SCHAKOWSKY. Thank you.

And that is so important to every woman in America, that we will finally be on a par, which under current circumstances isn't good enough, because the insurance companies—why is it that adding 30 million more people isn't good for them? Because they don't want everybody. They want to pick and choose. They want to pick the healthiest people. It really shouldn't be called health insurance. Well, I guess it is, it is only for healthy people. That is accurate.

What we do is we start deciding whether or not rate increases are reasonable or unreasonable. We are not against profits here. We are still doing private insurance. But for heaven's sakes, when you start talking about 50,

60, 94 percent rate increases, they are going to have to justify that. I am proud to have introduced that amendment that says that we are finally going to get a handle on it.

I come from a State where there are no limits, there is no regulatory body that can say how high rates can go. And as you can see, right now—in fact the insurance companies are kind of helping us pass this bill because they are showing us if we do nothing, they are going to keep raising their rates double digits, or almost triple digits and charging people.

Mr. ELLISON. If the gentlelady will yield, she just used the phrase “do nothing.” It just sparked in me sort of a reflection, that is, between the years 2000 and 2006, our caucus on the party opposite really did do nothing to fix health care.

Ms. SCHAKOWSKY. Right. Not our caucus.

Mr. ELLISON. No, the party opposite. The Republican caucus.

Mr. GARAMENDI. Speak the truth, man. The Republicans did nothing.

Mr. ELLISON. The Republicans didn't do anything. But then someone corrected me and said, KEITH, they did do something. They gave us the doughnut hole. I said, well, that's not anything to brag about really. As a matter of fact, in our health care bill we actually make some down payments on the doughnut hole.

You know, they had the House from 1994 to 2006. They had the House, the White House, and the Senate from 2000 to 2006. They absolutely didn't do anything. And if you sit here and listen to this House floor, you would actually get the impression that they were about offering some constructive solutions. But they are not the party of constructive solutions. They are the Party of No, the Party of No, the party of the health care insurance industry; the wholly owned subsidiary, as ANTHONY WEINER is fond of saying, of the health insurance industry. It is time that it come to an end.

I just want to again thank all the colleagues on the floor because you are right, when the President signs that bill, that discriminatory behavior, no. Young people being able to stay on their insurance policy until 26, yes. We will see free preventive care right from the beginning. We are going to see a lot of good things happening right away, and know more good things are going to come in as this bill is rolled out.

Mr. GARAMENDI. Let me introduce to all of us a young woman from California who preceded me by about 9 months in a special election last spring, Congresswoman JUDY CHU.

Thank you for joining us.

Ms. CHU. Thank you, Congressman GARAMENDI, for bringing this special order together.

I wanted to say a few words as to why I think women in particular need

health care reform. Republicans want you to believe that our health care reform bill is poison and that doing nothing is better. But the truth is doing nothing is poison. Insurance companies will in fact continue to cheat women on their health care. And it is women of America that truly do need health care reform.

Women have a harder time getting the care they need, women like Holly from Georgia. Holly is 3 months into her chemotherapy treatment for cervical cancer. She works at a small business that does not offer insurance to its employees, and she makes too much to qualify for Medicaid. She thought still she would do okay on her husband's plan, but then disaster happened. They got the devastating news that her husband lost his job. They shopped around for private insurance, but were turned away by the best plans because of her cancer. Now they are stuck paying \$850 a month to a private insurance company to cover their family of four, almost the same as her mortgage. It isn't fair. Insurance companies are cheating women.

Did you know that insurance companies make women pay more for health care? Today, women are forced to settle for less health care at a higher price. On average we pay as much as 50 percent more than men for the exact same coverage. But somehow the insurance companies justify price gouging young ladies even when they are at their healthiest.

Sarah, a 22-year-old woman in Chicago, pays one-and-a-half times the premium compared to her boyfriend for the same insurance. This type of gender discrimination, making women pay more for the same product just because of their sex, indicates how insurance companies are taking advantage of us. What's worse is that this blatant gender inequity is legal in 38 States.

Now, health care reform will make this type of gender discrimination illegal. Insurance companies will be forced to do what is right, and that is charge everyone the same rate for the same care.

Did you know that insurance companies don't invest in prevention even though that would save them money? Today, millions of women have trouble getting much-needed preventative medical services. Now we all know the importance of prevention. It has long-term health benefits and helps contain medical costs for patients and society. Yet women forgo important tests and screenings simply because they can't afford the copays.

One-third of uninsured women go without preventative care, from mammograms and pap smears, tests that can save lives if done today. Because of poor access to reproductive care, more women suffer from serious STDs like gonorrhea and genital herpes than men. But early preventive reproductive

care will catch diseases that are less likely to prove fatal with early treatment.

Now health care reform will make sure that every woman has access and can afford the crucial preventive care that can save her life. It will require insurance companies to offer basic prevention services, reproductive health and maternity care, and make the preventive tests free with insurance. That's no copays, no deductibles under health care insurance, our plan.

Did you know that women have less access to insurance? Today, fewer American women have access to their own health insurance compared to American men. Many of America's women don't get health insurance through work because they work for small businesses that can't afford to offer their employees insurance. These small businesses can't afford it. Or else women work part-time or stay at home to care for their families. Making matters worse, the effect of the economic downturn that is being felt across the Nation left women and their families even more vulnerable. Women and their families have lost access to insurance and a way to pay for it.

Since the recession began, over 1 million women have lost their health insurance because their spouse was laid off. And what about single women? Without a spouse, women are twice as likely to be uninsured than men. And it is not just women who are hurt by a lack of insurance. When women are denied adequate coverage or lose their job, their families are hurt, too.

The weak job market is tough for single mothers. Unemployment for this group has skyrocketed, leaving almost one-quarter of all single mothers without health insurance to cover their families. That has left 275,000 children without regular access to doctors' visits or medication. But health care reform will help every woman—single, married, unemployed, or working part-time—to buy affordable coverage through the insurance exchange.

And did you know that women are denied health services? Today, women are turned away by insurance companies because of supposed preexisting conditions. And what are those preexisting conditions? Believe it or not, domestic violence, pregnancy, and Cesarean sections. So rather than doing what is best for the patient or for society, the insurance company is just looking for a way to save a dollar.

One advocate for the insurance industry argued that covering a victim of domestic violence was like insuring a smoker who doesn't stop smoking. A woman from Atlanta was proud to become pregnant shortly after she began working at a small downtown law firm, but her firm's insurance declared her pregnancy to be a preexisting condition and refused to cover her prenatal care of the delivery, despite the fact that the plan covered those services.

But health care reform will make it illegal to deny coverage due to any preexisting condition. And women will no longer be denied coverage for being mothers or finding a lump in their breasts. Basic women's health will be covered.

So I stand here today because women must understand how little the insurance companies look after our interests and how little the current system promotes our health needs. Health care reform will make sure women like Holly, Sarah, single women and moms can afford the treatment they need from the best insurance that they can afford and that they won't be turned away. That is why I so strongly support this legislation. The women of America truly need health care reform.

Mr. GARAMENDI. Thank you so very, very much for a very good and thorough description of the problem that women face in this issue and why this reform is so important to them.

I see our colleague from Illinois was getting kind of excited and wanted to get into this and add to this, so please do.

Ms. SCHAKOWSKY. I wanted to point out that our colleague, Representative CAROLYN MALONEY from New York, is head of the Joint Economic Committee, which just did a study, too, on the effects of health care, the current health care problems that women face. One of the things that she mentioned, which I hadn't really thought about, is that a number of men reach the age of 65 and retire and go onto Medicare while their wives, who are often younger than they are, are then left stranded. Because many of them have been on their husbands' policies, so the husbands go into retirement, they have the coverage, and women don't. So we have this period between 50 and 65 where men and women alike are left stranded.

One of the things our bill does is to create a \$5 billion pool that would be available for people in those 50 to 65 years to get some help with their health care. So in addition to making sure that women can go onto the exchange.

The other point I wanted to make about women is many women—men too, but women—often work in small businesses. A big beneficiary of this legislation, and it starts right away, are small businesses who are going to get up to a 35 percent tax credit on their premiums. And that will be immediately available to firms that choose to offer coverage to their employees. And a lot of those employees are women. A lot of those business owners are women. So this is another way that our bill will help women and men alike.

Mr. GARAMENDI. Let's take this just for a little more, and then I really want to come back to something that you talked about, and that is the bill

that you introduced having to do with the rate regulation process.

Ms. SCHAKOWSKY. Which is part of our bill.

Mr. GARAMENDI. But before we go there, the statistics just came out from the Labor Department that the majority of workers in America are now women. If we keep women healthy, then the productivity of America is substantially increased. And in order to stay healthy, women or men, you really need that health insurance that provides for the preventative care.

□ 2030

And that is in this legislation that there is an expansion of the preventative care services. For seniors, they will be free. For the rest of the public, the insurance policies will have to offer that preventative care. So if we keep women healthy, the productivity of the Nation is going to increase.

So for many, many reasons. We'll come back and deal with the issue of the overall economy in a few moments, but I really would like you to pick up the issue that you raised about rate regulation as a result of the extraordinary announcements that the insurance companies made about their rate increases.

Tell us about what you have introduced.

Ms. SCHAKOWSKY. First of all, it's no wonder that the insurance industry is fighting us tooth and nail and with millions upon millions of dollars in TV advertising because they are making so much money and they do that by raising their rates. And it's really astonishing to me that in this period when the Congress is discussing how we're going to change and make the health care system affordable for people that they have the utter audacity to show their true colors by raising their rates.

Let's look again at your chart.

Anthem Blue Cross customers. That's in California, right?

Mr. GARAMENDI. That's California.

Ms. SCHAKOWSKY. Ninety-four percent rate increases in the last 2 years. Something clearly needs to be done to get them under control. This bill does that. It says that they will have to justify, they'll have to open their books, they'll have to explain, and if they can't, that those rates can be modified, consumers can get a rebate. Enough of their taking such tremendous advantage of American consumers.

Mr. GARAMENDI. I think in the testimony that you talked about here in Congress—and I know in California that when Blue Cross Anthem raised their rates about 39 percent on the average, or 39 percent maximum, about 25 percent on the average, and then had done that previously just in the previous year, so it's actually—the 2-year period is actually 12 months over 2 years, 2 calendar years.

What happened, the profits of the company went from about \$300 million

to over \$2.2 billion profit. And that's probably why this CEO came before—and correctly, because I suspect she was under oath; you don't lie to Congress—told that she now has a \$2 million salary plus an \$8 million bonus because she was able, by raising the rates, to obtain a higher bonus for herself and obviously an extraordinary increase in the profitability of the company.

Now, if this bill passes, there will be a national standard for rate increases. It also says that if the State governments—and many State governments already do this—that they will be able to continue their rate regulation process.

Now, in California, as insurance commissioner in 1991, there was a proposition passed that set up a rate regulation system for the property, casualty. This is auto and homeowner and business insurance. It didn't cover health insurance. But the effect of that rate regulation over a 20-year period as described by the Consumers Union is over a \$30 billion savings to consumers.

Now, I was able to do that because I became insurance regulator. I set up the rate regulator system. The insurance companies are allowed a profit. They have a steady 10 percent profit. The extraordinary swings in the system, eliminated. The extraordinary increases and then some decreases were eliminated. A steady state was put in place so that the market actually became more competitive. There were more insurers. The policy costs were held down for consumers. We were unable to get that for the health insurance industry. We were unable to overcome the political strength, the contributions, the advertising of the health insurance industry. California remains today a State where consumers in the private individual market in California faced this rate increase because there was no rate regulation.

I am so thankful that you have introduced the legislation. This has been the heart and soul of my work for more than 8 years over a 20-year span of time, and if this comes into place, I know from my experience as insurance commissioner, it will be a substantial improvement to the cost of insurance. It will bring rates down, not just over time, but immediately, because the insurance companies no way, no how can they justify the kind of increases that they're imposing upon the public. And that's now in this legislation.

Ms. SCHAKOWSKY. That's right.

And let me say I think truly this is one of the dividing lines between the Democratic majority that's about to pass this bill that stands with the American people versus the Republicans who persistently have stood on the side of the insurance companies that have raised our rates for decades, have cut people off, have canceled poli-

cies, have put in preexisting conditions. We want to stop those kinds of abusive practices. That's what they are. It's really abuse. And the Democrats are standing with the American people. It's a really, Which side are you on?

Mr. GARAMENDI. Which side are you on?

Okay. I prepared a chart. I have got my donkey up here. This is the Democratic proposal, and, yes, this is a very partisan thing. There is not one Republican vote for our reform, but here's what our proposal will do: 31 million Americans will have access to insurance, and if you already have an insurance policy that you like, keep it. Nobody is going to take it away from you. Keep your insurance policy.

If you happen to be of low or moderate income, there will be a substantial—the single largest personal tax cut ever is in this legislation. You mentioned it earlier. It is the tax credit. We're not talking about a deduction for medical care. We're talking about a tax credit. It is taken right off your bottom line taxes, and its up to \$53,000—or excuse me, \$5,300 for a family of four with a \$50,000 income. This is a substantial tax cut going right to the middle class, middle America.

Secondly, denial of coverage. We have talked about this over and over again. Those days are over. Hey, insurance industry, it's done. The day the President signs this bill, you will end your discrimination. It's over. Millions of seniors will see the prescription drug—we've talked about that—and millions of Americans will have access to coverage.

We haven't talked about the insurance exchange. But before we go there, you mentioned the Republicans. Okay. Here we are.

Let's talk about the Republican program. What's the Republican program? And this is in the next 10 years.

If the Republicans have their way, 67 million Americans will remain uninsured. That's an increase. Some 40 million, in that range, today are uninsured. But if Republicans have their way, we're talking 67 million Americans.

Single and family health care policies will double over that period of time. We're already paying more than can be afforded today, and if they have their way, the Republicans have their way, you will see a doubling.

Employer premiums, the cost to employers will double.

And you want to talk about the American economy being uncompetitive; this is where you will find it, right here, out-of-pocket expenses. We'll go from \$315 billion today to over \$564 billion in the year 2020. And insurance availability from small businesses' employers will be cut in half.

That's the Republican program.

Ms. SCHAKOWSKY. That is a better Republican program, because that's if

we do nothing, that's what would happen. But actually, the proposal that was laid out by Representative PAUL RYAN, the top Republican on the House Budget Committee, he laid out what he called the roadmap that would actually end Medicare for you as an individual.

Mr. GARAMENDI. I hope to be 65. Well, I actually am 65.

Ms. SCHAKOWSKY. Are you?

Mr. GARAMENDI. Yes.

Ms. SCHAKOWSKY. So let's say you're 54. Let's pretend. Are you? Okay. I believed you. I thought you were 54. Okay. So let's pretend you're 54 years old.

Mr. GARAMENDI. Thank you.

Ms. SCHAKOWSKY. And what it means is, when you would get to 65 years old, rather than getting Medicare, you would get a voucher and be told, Go out and buy insurance. There is no more guaranteed Medicare for you. There is no more guaranteed package of benefits. You go out and buy insurance. And that is really privatizing Medicare and destroying it for every American that is currently under 55 years old. When they get to 65, they wouldn't have it.

Mr. GARAMENDI. So what you're saying is this is the do nothing, the best case Republican scenario. But if they actually were able to pass a bill, they're going to take men and women that are 54 now, that in 10 years will be 65 going for Medicare, they're going to take those men and women and toss them into the shark pool with the insurance companies?

Ms. SCHAKOWSKY. That is exactly what I'm saying. And that it would also hurt Medicaid.

Mr. GARAMENDI. So for my Republican friends, this is the best deal they have to offer, the do nothing deal?

Ms. SCHAKOWSKY. The do nothing deal is better than the plan that they say is good for Americans.

Mr. GARAMENDI. Let's take a moment, and we can go back and forth with the dialogue here for a moment about the American economy.

This debate has been focused principally on individuals and families and the effect of this, of our program, and how it will help families. Prior to, oh, the last month or so, there was a debate in America, at least there was a discussion in America about the effect of health care and the cost of health care on the American economy.

I don't have a diagram here. I thought I would bring it, but it didn't get over here. And it's the fact that the American economy, we're now spending somewhere close to 17 percent of all of our wealth, our GDP, on health care. It's an extraordinary number, particularly when you consider what other economies are doing around the world.

Our competitors, Japan, Korea, the European countries, all of the European Union countries, have universal health care. All of the people in their

societies, including visitors, have access to health care. Their health statistics are better. They live longer. They don't have as many diseases. Their children don't die as often as our children die. So yet the most any of those countries spend is 11 percent. Most of them are 10 percent or 9 percent of their total wealth. So we are at an extraordinary disadvantage.

One of the numbers I heard is like it's writing a check to our competitors for about \$800 billion a year, an advantage that we're giving them in our economy because we're spending so much more on a health care system that is so grossly inefficient in so many, many ways.

Part of what is taking place with the reforms we are putting forth here is an effort to hold down the costs in many, many ways, including making sure that people have access to health care in the most efficient, effective way; not waiting until they are very, very sick, uninsured, very sick, going to the emergency room, which is the most expensive place, and being extraordinarily sick when they arrive but, rather, getting preventative care, getting the early care.

I will never forget a young man about 35. We were doing this debate about 4 years ago in California and he was a speaker at this thing, and he said, I want you to know that I am a glazer. I put glass up in buildings. That's my business. I put glass up in buildings, and I worked for a company for 12 years. We had good health insurance. And the company hit upon a hard time and so they cut the health insurance, and they then decided that they would reduce our health program. I said, I'm a healthy young guy and I've got good health, but I will get my children covered.

So he covered his children, and he eliminated his own coverage. He came down with a cold, simple cold. The cold got worse. He didn't have coverage so he didn't go to get care. He wound up with pneumonia, and he wound up then with a collapsed lung; wound up in the hospital for 3 or 4 weeks, became bankrupt. It could have been taken care of with a very simple antibiotic that would have cost \$50. It became a \$50,000 event.

This is happening across America. Those 45,000 people that die every year, this is the young man that didn't get care.

□ 2045

This is the extraordinary cost in our system because we don't cover everybody. We intend to deal with that and over time bring down the percentage of our economy that we are spending on health care as we make it more rational, more universal and more efficient.

Ms. SCHAKOWSKY. Those are the tragic stories that result from our health care system. But there are also

enormous lost opportunities. One of the things that we know about our health care system is people get locked in jobs. They may dream about creating something, a really innovative product, or starting a new business or becoming a great artist, thinking of a new invention that will transform medicine or energy, but they are stuck in their job. A Canadian was telling me about the incredible freedom that people in Canada have to innovate, to experiment, to create, to do all the things that so many Americans, because of our health care system, are unable to do. If America, the United States of America, wants to be number one in innovation, we want to release that creative spirit and that spirit of innovation which is trapped in a job because of health care.

Mr. GARAMENDI. Let me give a personal example. My son is married with two children. He worked for the University of California for almost 19 years. In the last 5 years, he wanted to start his own business. He and his wife wanted to start their own business—actually it has been about 10 years. They hesitated, hesitated year after year and didn't start their own business until finally he just said, I'm going to do it. I'm going to run the risk. Why did he wait all that time? One very important factor: Two young children. Obviously there were some pregnancies and deliveries involved in that, during that period of time. He could not afford, and he could not get, his personal health insurance, so he stayed with the university for an extra 5, 7 years. And the entrepreneurial spirit, his entrepreneurial spirit, was dampened because of his inability to get health insurance in the private individual market because of a preexisting condition that his wife had. He knew that if he left the university, they would be uninsurable.

That is repeated a million times across America, the great entrepreneurial society stifled by this health insurance industry that we have. We are going to change that. And if the Republicans want to join us in changing and freeing the American entrepreneurial spirit, then come and join us. Join us on this bill. Join us on a bill that eliminates the discrimination against women, join us on a bill that eliminates the ability of the insurance companies to discriminate against individuals of all kinds. Free the American entrepreneurial spirit. Give people health care. Make it affordable. We haven't talked about the subsidies that are in this. There are extraordinary subsidies for individuals, for small businesses, so that it becomes affordable, available, and honest insurance.

That's our promise. That's in this bill. And we are going to pass it, because it is the right thing for America. Thank you for joining us. Thank you so very, very much for the leadership and all you have brought to us.

And to the American people, pay attention. This is important. America for more than a century has tried to get to the point that we are going to be voting on in the days ahead.

VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the request for a 5-minute special order speech in favor of the gentleman from Texas (Mr. BURGESS) is hereby vacated.

There was no objection.

HEALTH CARE REFORM

The SPEAKER pro tempore (Mr. TONKO). Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. BURGESS) is recognized for 60 minutes.

Mr. BURGESS. The last hour just ended, and you heard the admonition at the end of the hour that it is extremely important for people to pay attention. And during this hour, I am going to echo that thought. It is important for people to pay attention, Mr. Speaker, and, yes, I will direct my remarks to the Chair. But, Mr. Speaker, if I could talk to the American people, what I would tell them is now is the time, it is late at night, but now is the time for you to be keeping this House under intense scrutiny and watch what happens here over the next 72 hours as we drag this carcass of a health care bill across the finish line.

Now, how did we get here? It's probably useful to think about things for just a moment. We had a big election in 2008. People said they voted for change. Right before that election in 2008, in the other body, the chairman of the Senate Finance Committee held a big meeting over in the Library of Congress and had all the big players and the stakeholders in health care in the room, and came up with what was called a white paper on health care reform. For all the world, it looked like a bill. For all the world, it looked like it would be the bill that was brought forth in the Senate should the Democrats take control of the White House, the House and the Senate. Indeed, the election was held, and they did.

I will tell you, Mr. Speaker, I was somewhat surprised that there was not a health care bill, no health care bill came forth in those early days after the election. I thought perhaps we would see one in December of 2008 during the holiday season, but no health care bill. No health care bill in the weeks that the Congress was getting organized. We had a big inauguration, no health care bill. We had a designee named to be Secretary of Health and Human Services. Still no health care bill was forthcoming. Well, surely it will come along right after that confirmation for Health and Human Serv-

ices. But as it turns out, that individual had some tax problems and that nomination was withdrawn before it ever got to the confirmation vote in the full Senate. So we were left without a Secretary of Health and Human Services for several months, no health care bill.

Suddenly, it was early summer. There was a letter sent from the other body from the two committees of jurisdiction, the Health, Education, Labor and Pensions Committee over in the other body, and the Senate Finance Committee in the other body, they sent a letter to the President and said, We will be producing a health care bill within the next couple of weeks. In fact, the Health, Education, Labor and Pensions Committee did produce a bill. The coverage and cost numbers were quite startling when they were revealed: A cost of \$1 trillion. It left a lot of people uncovered as the original plan was unveiled, and then several weeks were spent in what was called the markup of that bill over in that committee over in the Senate.

Then the three committees of jurisdiction in the House had a health care bill that was rapidly brought forward. We didn't really get a lot of time to look at it. There was certainly no subcommittee markup. It came straight to our Committee on Energy and Commerce for a markup. And to give credit to the chairman of the Energy and Commerce Committee, we did get a little more time than the other two committees, the Committee on Education and Labor and the Committee on Ways and Means. They each had a day, a 24-hour period, to mark up this bill. Think of that. This bill, this legislation that's going to affect the lives and livelihood of Americans for the next three generations was allowed 1 day in markup in Ways and Means, 1 day in markup in Education and Labor. We at least had 8 days in Energy and Commerce. Four of those days were spent recessed because we couldn't agree on some things, but we did have more time in the Committee on Energy and Commerce than in any other committee in the House.

Think back, Mr. Speaker, to the Clean Air Act in the early 1990s. I'm told it was an 8-month markup for the Clean Air Act, 8-month. Think how the people on those committees must have hated each other at the end of those 8 months. But what did they get? What did they get for that 8 month investment? They got a bill that had support from both Republicans and Democrats, eventually passed the House, eventually passed the Senate, eventually was signed into law by George Herbert Walker Bush, and the Clean Air Act became the law of the land and arguably has been successful since that time. So that's the way the process is supposed to work.

Let me take one step back. The House passed a bill, the Senate passed

a bill, they went to a conference committee, had a continuation of that long and drawn-out process, but the conference committee produced a conference report that was endorsed by the Senate, endorsed by the House, again bipartisan majorities on either side, the bill then went to the President for his signature, and that's what we now know as the Clean Air Act.

But think of the difference between that major piece of legislation that had a great and far and reaching affect on the lives and livelihood of every American, contrasted with what we've done over the past year.

And quite honestly, Mr. Speaker, it's not that we didn't have time. It's not that we didn't have time. After all, we have been working on this thing nearly 15 months. We actually had time to do a real markup in each of the three House committees. We had time to do a real markup. We had time to do a real conference committee.

Look at the timeline of this bill. We got it in Energy and Commerce in the middle in July. We didn't have a lot of time to deal with it before, but when we got it, we worked on it, we worked hard. I offered a multitude of amendments. I had 50 amendments prepared in committee. Five of those were accepted by the time the bill passed out of committee, all of those on a voice vote, so presumably a unanimous vote, and every one of those amendments was stripped out when the bill went to the Speaker's Office before it came back to the House, to the House floor in late October, and then we had the vote in the House in early November.

The Senate had their bill. The Senate Finance Committee completed their work in the fall. They brought their bill to the Senate in the month of December. It was voted upon, famously, on Christmas Eve, and then the normal sequence of events would be for the bill to go to a conference committee. And there in the conference committee, yes, the Democrats have substantial majorities in the House and the Senate. The Democrats would have had a significant advantage in the conference committee. The idea of the conference committee is to meld the differences of those two bills to create a product that can be endorsed by both Houses in the Capitol.

But they didn't do that. They thought, well, that was hard to get that one through the Senate. Let's not go through regular order. Let's try something different. And that something different was, maybe we can just get the House to pass the Senate bill because the Senate bill was, in fact, a House bill. It has a House bill number. In fact, it was our appropriations bill, I think, for Treasury Department appropriations last year. It did pass the House as an appropriations bill, went over to the Senate for work on their appropriations bills. That never happened, but the bill was then used as a

shell. The legislative language for appropriations was stripped out, the health care language was put in, so the Senate passed a House bill on Christmas Eve, and then that bill can come back through those doors, come into the House, and the Speaker of the House will say, the business of the House is now, will the House concur with the Senate amendment to H.R. whatever it is, the House agrees by a simple majority, at that time 218 votes, and the bill goes to the President's desk.

But House Members didn't want to do that. They didn't like the Senate bill. For some it didn't go far enough. For some it went way too far. But the Senate bill was not seen to be an acceptable product. So while all of that discussion was going on, there was a little-noticed, to that point, election that took place in the State of Massachusetts, and the election was to fill the vacancy that was created when Senator Kennedy died. And that election was won by SCOTT BROWN, who is a Republican who said he would be the 41st Republican vote against this health care bill.

Whoa. Now, a lot of doors are closed over in the other body. They can no longer go to a conference committee and expect that they will have their 60-vote majority to pass anything they want. In fact, to take any bill back to the Senate now, and under Senate rules where you need to have 60 votes to cut off debate, that is going to be a pretty tall order because they only have 59 votes, 41 votes on the Republican side.

So what to do? We do still have the bill that was passed by the Senate. That Senate bill passed with a 60-vote margin, so it is still quite viable. If there is just some way to convince the House to vote for that bill. Now the Republican side, we didn't vote for it in the first place, we are not likely to vote for it in the second place. But on the Democratic side, if they can put together enough coalitions and enough votes, now the number is only 216, with some unfortunate deaths we have had on this side and some people who have left the House of Representatives, so 216 is the simple majority in the House. That is all that is required. So, well, look, maybe if we could do some technical corrections, we can't really do them to the bill because the bill has already passed the Senate, and if we took those corrections back to the Senate, we would have to have 60 votes to cut off debate. But there is a Senate process called reconciliation to deal with budgetary and fiscal matters. And under reconciliation, only a simple majority is required in the Senate. Maybe we could do those technical considerations in the Senate under reconciliation and pass that through the Senate with 51 votes.

□ 2100

And if we, the Senate, do that, will the House then agree to pass our bill with the understanding that these technical corrections would quickly be instituted? That is the big question right now. And are there going to be any problems with any of those technical corrections to be done under reconciliation?

Well, there might be. There might be. Because, remember, reconciliation is to pass those very tough budget and fiscal bills that are really hard to get the number of votes because sometimes you are actually cutting spending, sometimes you are actually irritating a constituency back home because we are reducing Federal spending in some of those reconciliation bills.

If it deals with budgetary issues and spending issues, then it could pass under reconciliation with 51 votes. The Vice President gets to vote in the case of a tie over in the Senate. So 50 Senators plus the Vice President would actually pass any of those reconciliation provisions, unless, unless someone makes a point of order over in the Senate that they don't deal exclusively with budgetary issues, that they are in fact changes in policy that are outside the budgetary process. Then the Senate has rules that say if a point of order is made, that it would require 60 votes to put that provision into the reconciliation bill, the so-called Byrd rule initiated by ROBERT BYRD, the dean of the Senate many, many years ago, to keep just this type of problem from happening. Didn't want the Republicans if they got in charge to be able to do things like this.

So the Byrd rule has been in effect for a number of years; and the Byrd rule would say, well, say you have a contentious issue in the House bill. Say there is some issue with the language regulating the Federal funding of abortion. Say there is some question of what do we do as far as dealing with people whose legal status in this country may be in some question. Well, those issues are beyond budget and may in fact be subject to a point of order and may require 60 votes to then be included in the reconciliation bill.

So it is not a given that everything that is wanted by House Democrats in changes in the Senate bill for the House to agree to pass the Senate bill, they may not be there when those technical corrections are finally voted on in the Senate. And that will take some time, because every amendment in the Senate may not necessarily be debated, but every one will be voted on; and all of that is going to take some significant time.

So where we are in the House tonight is that my understanding is the Rules Committee is to meet soon, if they are not already meeting, and the Rules Committee will come up with the language for that reconciliation bill. None

of us have seen that yet. It hasn't really been scored by the Congressional Budget Office, so no one really knows what this bill will cost yet. So all of that is still hanging out there.

Then there is one more wrinkle thrown in. The Speaker of the House said it very well the other day: no one wants to vote for the Senate bill.

Well, that is a problem if you are going to need to get 216 votes in the House for the Senate bill to allow the reconciliation bill to then go forward to fix the technical problems in the Senate bill. I know this gets a little confusing, but no one wants to vote for the Senate bill.

Is there a way around voting for the Senate bill? Probably not. But, wait. What if we voted on a rule that allowed us to go forward with reconciliation, and within that rule we kind of made it like the Senate bill had already passed without actually having to vote on it?

Mr. Speaker, I would just ask the question: Do you really think the American people are not paying attention? The last Democrat who spoke here in the well of the House said it is time for the American people to pay attention to this process. I would submit that is exactly right.

Now, many people will recognize this icon, the Capitol Rock figure from when my children were young. This was the individual who was just a bill, and one day he hoped to be a law but today he was just a bill. But you can see today he is mad. He is angry. And why is he angry? He is still a bill. He wants to be a law. But he doesn't want to be deemed, and he doesn't want to be "slaughtered," referring to the Slaughter rule that the House may vote on. By this time on Sunday the House may vote on the Slaughter rule which would deem acceptance of the Senate product.

Well, you can see why Mr. Bill is upset. He wants to go through regular order. He wants to go through committee, he wants to be voted on by the House, he wants to be voted on by the Senate. He really would have liked to have gone to a conference committee and have those two products melded together and then come back for an up-or-down vote in the House or the Senate. But as it appears tonight, he may not get his wish.

And is there a consequence to doing this? Now, you are going to hear people say that, oh, things have been deemed for a long time. This is nothing new. I will tell you, this is different. This is new. This is not something that, certainly in my short tenure, I have seen.

In fact, I recall a reconciliation bill in 2005 when the Republicans were in charge, it was called the Deficit Reduction Act, a very contentious bill, because we were trying to bend the cost curve on Medicaid spending. Does that sound familiar? You have heard the term "bending the cost curve." We

were trying to bend the cost curve on Medicaid spending from an increase of 7.7 percent year over year to 7.3 percent growth year over year. Not a heavy lift in anyone's book, but it was a big lift here in the United States House of Representatives.

Now, we were coming to the end of the calendar year 2005. In fact, it was coming up on to the Christmas holidays. People were anxious to get home and be with their families. We voted on that bill, as I recall, early on a Monday morning. We had been here through the weekend, up all night, debates, debates, debates. A lot of changes, a lot of moving things around on the chessboard. And then, in the final analysis, the bill passed very early in the morning on a Monday morning. I think it was December 19, so it was getting very close to that cutoff for Christmas.

Later in the week, that bill was voted on in the Senate. And this was a conference report. We had voted on the regular bills, it had gone to a conference, so these were the conference reports that we were voting up or down on.

The House passed its version. The Senate passed its version on Tuesday or Wednesday, quickly left town, and were gone. The House had already vacated the premises. And it was found that there was a little discrepancy. There were some differences in wording between the two bills.

Well, as they should have done, the Democrats that were then in the majority went nuts and they said, You cannot send that bill down to the White House for a signature because the House and the Senate did not pass the same bill, the same identical language. And it was a big deal.

The reason I remember this so well is, remember the doctor fix that we talked about a lot? In fact, we did a little doctor fix today. We extended the time before the doctors get their big pay cut; we moved that from April 1 to May 1. Well, there was a doc fix in the Deficit Reduction Act. At that point, I think the doctors were facing a 6 percent reduction in Medicare reimbursement, and that clock ran out at midnight on December 31.

We fixed it in the Deficit Reduction Act, but there was a problem. The House bill and the Senate bill were not word for word identical. I don't even remember the number of words that were different. It was not many. It seemed like an awfully picky process. But in order to comport with all of the laws in our Constitution, the House and the Senate had to pass identical bills for the bill to be regarded as passed and be available to go down to the President for his signature. So the clock ran out on Medicare and the doc fix.

Now, everything else that was in the bill was not perishable, and it would keep until the House came back in Jan-

uary of 2006 and could fix the damage. In the meantime, there was much wailing and gnashing of teeth here in the House on the then-minority Democratic side: this is unconstitutional. We will go to court. We will take this down. So the bill did not go to the President for his signature. It stayed and languished. And then, when the House came back, they passed identical language to the Senate. The bill was passed and went off to the President for his signature. The doc fix was taken care of a month late.

Dr. Mark McClellan, who was then the administrator for the Center for Medicare and Medicaid Services, told the country's doctors that he would make good and retroactively supply that difference in the bills that they had submitted; they would not have to resubmit. He tried to paper over the problem and make it as painless as possible.

But it was a big deal. It was a painful deal for the country's doctors. That is why I remember it so well, because so many were calling me in my district office and my staff here in Washington and voicing their displeasure that Congress really couldn't have gotten this right and passed the identical bill through the House and the Senate. But the fact is they didn't. And the fact is that that was a problem as far as passing a bill and getting it signed by the Senate.

Well, what are we doing today or this weekend? What are we doing? We are not even going to pass the bill. We just deem it as having passed. Because, you know, a lot of the things that are in the Senate bill are things that we have talked about a lot here in the past 14 or 15 months, and some of them we may have even voted on a time or two. So we can just deem it as having passed.

Well, no wonder, no wonder Mr. Bill is so mad. That is not what he signed up to do. He didn't want to be deemed or Slaughtered. Slaughtered refers to the chairwoman of the Rules Committee who has created the so-called Slaughter rule, which means that the rule that allows us to take up the reconciliation bill is a self-executing rule and will deem passage of the Senate product that passed on Christmas Eve.

Do you think the American people can't see through that, Mr. Speaker? Do you think there are many phone calls going into Members' offices over the past couple of days about this? I think so, because I have heard from a lot of people. They are not happy about a lot of things right now, but they are really upset about this, and I think rightly so.

We are supposed to do things by the book. That book is called the Constitution. And when we stray from that on something like this—and this is no small matter—this is going to affect one-seventh of the Nation's economy. This is going to affect the lives and

livelihood of every American not just this month, not next month, not the month after that, but for the next three generations.

Think of Medicare, passed in 1965. How has that affected people's lives, for good or for ill? But this is sweeping legislation that has a long half-life and is going to affect the way of life in this country from this day forward, really long past my time on this Earth, and I suspect a long time past the life expectancy of almost everyone who is serving in this body.

So it is so important that we get this right. It is our obligation. It is the oath that we swore on this floor the early part of January of 2009 after those very famous elections, those historic elections that created the new Presidency, created a supermajority for Democrats in the House, created almost a filibuster-proof majority in the other body. A historic election.

We were signed in, we put our hands on our hearts, we put our hands on the Bible, we swore an oath to protect and defend and uphold the Constitution.

What happened to that, men and women who are here with me tonight? What happened to that oath? Did you not believe it then, or has something happened that you don't believe it now?

This is critical. I know it looks light-hearted. I know I have copied a figure from a children's musical. But this is critical. This is going to change the way of life for every American, not just now, but for far into the future.

Now, we don't even know yet the cost of this bill. There are multiple iterations of the reconciliation package that have been floated around the Congressional Budget Office. You call them up and try to get them to do anything at all and they will not because they are working on health care. Unfortunately, it has been that way now for well over a year. It is almost impossible to get any piece of legislation scored by the Congressional Budget Office, but we don't even know what this thing is going to cost.

We talk about bending the cost curve. The Commonwealth Foundation, the good folks at the Commonwealth Foundation, I attend a number of their seminars. I think they do a good job of trying to educate Members of Congress. They will talk in lofty terms about bending the cost curve. Well, we are just bending the cost curve, all right. We are just bending it in the wrong direction.

Now, this bill is supposed to cost on the order of \$800 billion and change. I think it was \$824 billion. But anyone will tell you that is not the real cost. In fact, when this reconciliation stuff gets scored, it is very likely that we are going to see a number in excess of \$1 trillion.

You know, just a lot of this stuff people look at it and say, What is the

plain truth here? You say that you are going to raise taxes by \$500 million, you are going to cut expenses in Medicare by \$500 billion, and you are going to cover 30 million more people. How is that not going to affect me? You say if I like what I have, I can keep it, but how in the world is it possible to do all of those things and it won't affect me?

And the President said this several times during the summer. He said: Many people look at this bill and say, What is in it for me? What do I see differently, either positively or negatively, after this bill has passed?

□ 2115

For one thing, we know what they will see is a lot of new Federal regulations. We're going to see new fees on insurance companies, new fees on medical devices, new fees on prescription drugs, new fees on insurance plans. All of those, of course, have to, by definition, drive up health care costs.

One of the things that we're not doing—and you've heard me reference the “doc fix” in the Deficit Reduction Act. We had a baby “doc fix,” if you will, for just the next month. But there is a looming 21 percent reduction in reimbursement for physicians who practice in the Medicare system, doctors who take care of some of our sickest patients, our seniors who might have multiple medical comorbidities. We've asked them to do this, and yet we come at them every year with a formula that says we're going to pay you a little less this year than we paid you last year.

Now maybe that's okay if you're fortunate enough to practice medicine in a location where energy prices are falling by 5 percent every year, labor costs are falling by 5 percent each year, cost of capital is no concern because the banks are just giving away plenty of money at a zero percent interest rate. Maybe if you live in that area, this is not a problem.

But most of the doctors who live in the real world, the same world as you and I, know that their costs of labor are going up. Their cost of capital is going up. In a doctor's office, you don't make a great many large capital purchases, but you sometimes hire a new doctor; and in order to do that, you sometimes have to go down to your friendly banker and secure either a loan or a line of credit. So the cost of capital goes up for those physicians' offices year after year.

Energy costs go up the same as they do for every other American. Even the cost of the doctor buying the health insurance for their employees will go up. Believe it or not, the insurance companies don't come into the doctor's office and say, Doc, you know what? You've done such a good job at taking care of all the people enrolled in our insurance company that we're going to enroll your employees for free or at a very reduced rate. It doesn't happen.

In fact, what happens in doctors' offices across the country every year is the insurance underwriter comes in and says, Hey, you've had some claims activity. Your rates are likely to go up in your small business here. And the doctor says, Well, maybe that's okay because maybe my reimbursement rates are going to go up enough to match it. But then most private insurance companies actually peg their reimbursement rates in the private sector to Medicare. So if Medicare is reduced by 5 percent, 8 percent, 21 percent, as we're scheduled to do this year, guess what? Insurance reimbursement rates go down. So the poor doctor is left scratching his or her head, saying, How come it costs me more to insure my employees and my reimbursement rates are going down? How's that going to work out for me?

The cost of doing business in a medical office is no different than any other small business in America, and doctors' offices simply cannot continue to survive if we continue to impose this draconian pay formula upon them, and yet nothing in this bill fixes that problem. We had a temporary fix today. We talked in grand terms about this great and wonderful fix that the House passed last fall, but we all knew over here in the House, even those of us who voted for it, we knew that the Senate was never going to take it up and pass it. In fact, they had already rejected it. As a consequence, this provision has been left out of this big, gargantuan health care bill, this 2,700-page bill, and there is no fix for the problems that the doctors face in the Medicare reimbursement system. There is no fix in the bill.

It's a simple arithmetic problem. The simple arithmetic problem is that it costs somewhere between \$280 billion and \$350 billion to fix that problem. Well, clearly, if you're trying to keep the cost of your bill under a trillion dollars, and I'm not sure that they have done that, but if you're trying to do that, a \$350 billion addition to the price tag is not likely to make your life any easier.

There is a cost for simply repealing the sustainable growth rate formula, as it's called. Medicare part B has an additional problem in that, by law, seniors are charged 25 percent of the actual cost of their premium. The Federal Government picks up the other 75 percent very generously. But if the cost of the Medicare part B program increases, then Medicare part B premiums, by law, have to increase, and they have to increase by a formula which, again, is 25 percent of the actual cost.

Now we hear a lot of talk about insurance companies raising the rates. They do. Can they justify it or not? There are supposed to be State insurance commissioners to oversee that process. I know we had a big hearing in

my committee on Energy and Commerce a few weeks ago on the Anthem, WellPoint rate increases that occurred out in California, but I honestly don't know where the California insurance commissioner was when all of that was going on. And the people at Anthem did say they submitted their paperwork to the insurance commissioner. I don't know what happened there. I honestly don't know what the disconnect was, but there are rules in place where these types of increases are supposed to be justified.

But the fact is that part B recipients will likely get a big increase in their premiums this year because the cost of paying for the part B program goes up every year, and, just interestingly enough, that increase is likely to be somewhere in the order of 12 to 16 percent. The President is very critical of private insurance companies that will do that but, wow, he is the CEO of the biggest insurance company in the world. It's called Medicare. And he's raising his rates by 12 percent this year. In fact, over the last decade, over the last 10 years, those premiums have increased almost 150 percent. Again, it's by law. It's no one doing something that they shouldn't be doing. It is just the cost of delivering that medical care has, in fact, increased over time, more people making claims on the system. And as a consequence, those costs have gone up, and, by law, the seniors who are participants in the part B program are obligated to pay 25 percent of the cost of the program in their premium.

So when people tell you that the cost of insurance is going to increase, that's true whether you're talking about a Federal program, such as Medicare, or programs in the private sector.

One of the things that concerned a lot of us as the debate was going through the House this summer was the appearance of what was called a public option. At the time, a lot of concern by, actually, Members on both sides of the aisle—probably voiced more consistently by people on the Republican side—about what this public option was going to do to pay for insurance coverage in this country. Many people on the Democratic side said, Oh, it'll be competition for the insurance companies so it'll bring their prices down.

Well, here's part of the problem. One of the reasons that the insurance companies are raising their prices is because there is a cross-subsidization, that there is a shifting of cost from the government sector onto the private sector. Medicare reimburses at a rate that's far lower than most of the private insurers for both doctors and hospitals. In order for those doctors and hospitals to keep their doors open, that means they need to charge a little bit more to those patients who come in who have actual insurance coverage. So that cost shifting or cross-subsidization exists because the government

isn't actually carrying its share of the load today. So if we expand that part, how are we going to help keep the costs low on the private side? Because, again, it's a cross-subsidization that we're already doing in the existing public plans—Medicare, Medicaid, SCHIP, and the variety of other programs that exist. Those public programs are not filling the holes that are being dug, the overhead holes that are being dug at hospitals and doctors' offices, and those holes have to be filled with dollars from private insurance.

So right now it's about a 50-50 mix. Well, that's not fair. Fifty cents out of every health care dollar that's spent in this country today is already spent on one of those public options—Medicare, Medicaid, SCHIP, add the VA, Federal prison system. It's about fifty cents out of every dollar that is spent on health care, and it is going up. The other 50 percent is not all private insurance. Some of it is paid out of cash flow for some families; some of it is paid out of savings for some families, and some doctors and hospitals just simply have to write off some debt because it will never be paid. They certainly do contribute more than their share of charity care.

So the government, which has about 50 percent of the health care dollar right now, is not carrying its load, which drives up the cost for people with private insurance. So we're going to expand that part and expect that the cost for private insurance is somehow going to go down. You're talking about magical thinking. That's just never going to work out. There's no way it can work out.

And sometimes you step back and you look at this and you think, Wow, the people who want a single-payer, government-run system have really set the wheels in motion to accomplish just that. Let's create another public option, bleed off more dollars from those greedy folks on the private side. Their prices go up. The President, whoever the President is at that point, says, Well, I tried. We tried to keep the private sector involved, but look what they've done to you. There's nothing we can do about it. We will just have to take over everything. At that point, you have a completely nationalized health care system in the United States of America.

A lot of people look at that and say, No, that's not what we want. You said, if you like what you have, you can keep it. That's what we want.

Sixty-five percent of Americans have insurance either through their employer or in the individual market, and they like what they've got. They're concerned about cost, to be sure. They want costs to be held down, but they like what they have and they want to keep it. So it does concern them when they look out over the horizon and say, What might have happened with this public option?

Now, the Senate bill, at least in theory, does not have the public option written into the bill. It does. It's kind of hidden. You kind of have to look for it a little bit. The Senate bill sets up insurance exchanges across the country in order to ensure that everyone has access to at least two products in an insurance exchange. The Senate has said that the Office of Personnel Management, OPM, will ensure that there is at least one for-profit and one not-for-profit insurance company in each of those exchanges. Well, what happens if no one shows up on the day they hold the auction to sell the insurance? Office of Personnel Management will find a for-profit company and a not-for-profit company, and if they can't find one, somehow they will make one.

Now, the Office of Personnel Management right now is a relatively small Federal agency. It administers Federal benefits. It administers things like the Federal Employees Health Benefits Plan. It does a good job with that, arguably, but this is a vast expansion of their mission, a vast expansion of scope to then put them in charge of these various exchanges that are in place all around the country. The Office of Personnel Management could become the de facto public option, and in fact, as it was looking like this bill was getting very close to being enacted in the early part of January before that famous election in Massachusetts, the Office of Personnel Management was indeed gearing up to take on that responsibility.

So whether you get the House bill or the Senate bill, there's still a possibility that you're going to see a public option. It may not be the so-called robust public option that you heard talked about here on the floor of the House ad infinitum last summer, but it will be a public option nevertheless, and it remains to be seen what happens to that over time. It may always stay a small part of what is available to the insurance market or it may grow significant.

What has been mystifying to me about that process, and you heard the President say earlier or last year in the fall, he cited there's a part of Alabama that you go to and you have only got one choice of an insurance company; and if you've only got one choice of an insurance company, there's not a lot of competition, so let us put a federally administered program on the ground to compete with that one insurance company.

□ 2130

But there's well over 1,000—in fact, over 1,300 insurance companies—in business right in the United States of America. What if we changed the regulations such that more companies could, in fact, sell in that market in Alabama? It looks to me like a market that companies might be interested in

because, after all, there's not much competition there. That's the way to get robust competition in the market, and that is the way to get the types of cost controls that we would all like to see that could be delivered more efficiently by a competitive marketplace than it can be by government regulation and price-fixing.

We know what happens when you fix prices. Those of us my age who are old enough to remember gasoline purchases in the 1970s, when you put price controls on gasoline, you end up with gasoline shortages. You remove the price controls, and miraculously there's enough gasoline for everyone to buy. And as more gasoline becomes available, then the price comes down. It was a wonderful study in just how markets were supposed to work. You put the price controls on, it becomes very scarce and very expensive. And I can remember as a young resident at Parkland Hospital waiting for hours in line at a gas station because I did not want my gas tank to be empty and risk running out of gasoline on the way to the hospital in the middle of the night. It's something I couldn't afford to let happen to me. So I missed a lot of family time sitting in those gasoline lines. Fortunately, that didn't last long because the folly of that decision was recognized, the price controls were removed, and the price went up temporarily, and then it came back down as the supply of gasoline increased.

We don't know where we're going on the cost of this bill that's before us. The one charge that the American people gave us was, We want you to do something about the cost of health care. The one thing that we're not doing in this legislation is moving in a sane way towards doing anything that would get control of those costs. In fact, some of the things we're doing may, indeed, lead to a reduction of availability, and that means a reduction of access for patients to medical care.

An interesting little article that I found online on the way over here tonight was about what will happen to health insurance premiums under the bill that has been proposed. And what got this reporter's attention was a Presidential speech where he said that the cost of insurance if the bill was enacted would drop by 3,000 percent. Later on, the White House clarified and said the President meant to say the premiums would drop by \$3,000, and that is money that could be returned to the worker.

The next quote in the story is, "There's no question premiums are still going to keep going up," said Larry Levitt of the Kaiser Family Foundation, a research clearinghouse on the health care system. "There are pieces of reform that will hopefully keep them from going up as fast. But it would be miraculous if premiums actually went down relative to where they

are today.'" So next line in the story is, "It could be a long wait." Indeed, it could.

I do urge people to pay attention. I do urge people to dig a little deeper in the story—don't necessarily accept what I am saying here tonight. But do look carefully into this story and understand what your Congress is doing because if it doesn't affect you the day after the bill passes, it will affect you at some time.

Now convincing reluctant Members to vote on this bill by doing the Slaughter rule and deeming the bill passed may be a way to trick some wavering Members into voting for the bill. But I promise you, it's not tricking anyone out there in America. You hear stories of people going to the supermarket at the checkout line, and the person who's checking their groceries will say, You are not really going to deem that bill as passed, are you? They get it. People understand it. They've been watching this. We've been working on this for 14 or 15 months. Goodness knows we're tired of it. The country is tired of it. People do understand and are watching.

Now tomorrow in *The New England Journal of Medicine*, it's been widely reported that they're going to have an article detailing the attitude of America's physicians towards this legislation that the House of Representatives is likely going to try to pass sometime this weekend. The numbers were somewhat startling, and I don't have the exact numbers in front of me. But if the bill were to pass, around 30 percent of practicing physicians would consider concluding their practice and finding something else to do with their time. And if a public option is included, that number gets significantly higher—45, 46 percent.

People who have been working in the trenches, who have been delivering the health care, understand how pernicious it has been with the constant reduction in rates for Medicare, to be sure, Medicaid in some States. In most States, physician reimbursement is just an easy target. When those State budgets start getting stressed, that's one of the first places that the State legislatures will go to try to pull some of those dollars back in. They'll reduce reimbursement rates to physicians. And as a consequence, if it was difficult to keep your doors open and pay your overhead costs with the reductions that we were seeing in Medicare, it becomes an absolute certainty that those doors are not going to stay open if Medicaid rates are vastly curtailed.

One of the things we're going to do with this bill is significantly expand Medicaid. The cost to the States right now is somewhat in flux. Nebraska got a pretty good deal on the Senate floor right before Christmas that would kind of protect them against some of the dollars that the State would have to

match into the Medicaid program. Now there's talk of extending that to every State and not just making Nebraska a special case but extending that to every State. I promise you, I promise you that is not going to make the cost of this legislation go down. It is going to make the cost of that legislation go up significantly.

If we don't do that, right now there is a Federal share and a State share of Medicaid expenses that are paid. It varies from State to State. In some, it's a 50-50 proposition. In some, it's much more generous from the standpoint of what the Federal Government contributes. On average, about 57 percent of the Medicaid cost is contributed by the Federal Government. The State pays 43 percent. In this bill, the language might be more generous than that, but there would still—unless the so-called Cornhusker kickback is applied to every State, then States are going to be hit with additional Medicaid expenditures.

I have received communications from senators and legislators back home in my State where that number could approach \$20 billion for the 2-year budgetary cycle that we have in Texas. And although many people in Washington would consider that so small as to not even be worthy of consideration, in a State budget, it is significant, and that is why the legislators and senators have written to their Members of Congress to advise them of this that's occurring. That means money that's not going to be available to fund transportation projects in the State. That means money that's not going to be available to pay for educational activities in the State. These will be real dollars that are taken out of circulation in the State to pay for the expansion of Medicaid that the Federal Government is going to require.

The whole question of making everyone buy health insurance, the question of an individual mandate that is contained within the Senate policy, is something that this country has not done before. That is a new phenomenon. Now I know you hear people say, Well, look, look Massachusetts has a mandate, and it's working okay up there. Well, maybe. Maybe not. I think the costs went up a little bit because the insurance companies are now under no—there's no reason for them to try to hold costs down to attract customers because, hey, you've got to buy it. It's the law. But still, if a State wants to pass an individual mandate or an employer mandate, for that matter, within their State to cover health care costs, that's their business. They can do that under the 10th Amendment, that those powers not taken by the Federal Government are reserved to the States. That's one of those powers that are reserved to the States. So if a State wishes to do that, and the people who elect the Governor and State legis-

lators and State senators in those States are saying, Well, that's okay with us, then good on 'em. That's what they should do.

But what's working in Massachusetts likely wouldn't work in Texas. It's a different demographic, different problems. So we can't apply a one-size-fits-all solution across the country, and the Founding Fathers recognized that. You will hear people say, Well, look, it's a mandate that you've got to have car insurance if you drive your car. But you are driving your car voluntarily on a public road, and that is a State mandate for the purchase of that insurance. Not every State has them. I think there are two States that don't have an insurance mandate. Texas didn't until a few years ago. I don't know if it's actually increased the number of people who carry insurance because you are forever hearing about some poor soul that was hit by someone else who carried no insurance. But that's a State issue. And the States make that requirement.

Again, those State governments have to be responsive to their citizens in the State. If the citizens get too upset by the liberties that are being taken from them by a State government, they are free to react against that. And that's what a democratic process is all about. That's what elections are all about. But never in the history of this country has there been required the purchase of a product just as a condition for living in the United States.

Now we do have to pay income tax, it's true. You don't have to earn any money. And if you don't, then you don't have to pay taxes. But in order to ensure that this program is administered effectively, we go to the meanest, biggest Federal agency of all, that very same Internal Revenue Service, and say that they're going to collect—they're going to enforce this individual mandate that you buy health insurance.

Just a thought on that in some of the moments that are remaining to us this evening. Does putting an individual mandate on people increase the number of people who carry, say, health insurance? Putting an individual mandate on for the requirement that everyone have health insurance, does that increase the number of people who have health insurance? Right now in the country with a robust employer-sponsored insurance program, people who are employed in the individual market, small businesses who provide insurance in the individual market for their employees, the compliance rate or the insured rate is about 85 percent. We hear the figure of the number of people uninsured in this country, and it works out to be about 15 percent.

In the Federal tax system, does everyone file and pay taxes who should? The answer is no, they don't. By the

IRS' own estimates, by their own estimates, 15 percent of the population decides not to file or not to pay their income taxes. Now that's a pretty stiff mandate that the IRS puts on us. Most people don't know exactly what the penalty is, but they're pretty darn sure that they don't want to find out firsthand because they do know it to be severe. So with this very severe penalty hanging over people's heads, you still have 15 out of 100 who will say, No, thanks, I'll still take my chances. How many more people are going to buy health insurance who don't already have it if we put that on as a requirement?

And then one of the other considerations is, if the fine is not as much as the insurance policy itself, then someone who believes themselves truly to be at zero risk for any medical condition says, You know what, I'll just pay the fine if it's less money, and I'll worry about insurance if I get sick. Of course under the plan that's over in the Senate now, they can do that because there will be what's called guaranteed issue. If they get sick, they can literally purchase the insurance policy from the back of the ambulance on the way to the hospital.

You know, we heard a lot during the course of this debate on health care over these past 15 months. One of the things that I will never forget is the energy and enthusiasm that I encountered this summer in doing town halls during the month of August. As you will recall, we passed the bill out of the Energy and Commerce Committee sort of at midnight Friday night, July 31. We all went home to our districts. We started seeing the stories on the evening news of vast throngs of people showing up at Representatives' town halls, both Republicans and Democrats. Whether they had come out in favor or in opposition to the bill. We hadn't voted on the bill on the House floor at that point. Because I was sitting in the committee that voted on the bill, I could tell my constituents back home that I voted no in committee, and I would vote "no" when it came to the floor, unless there were substantial changes. And people supported that decision overwhelmingly in the town halls that I did this summer.

But it doesn't mean that they said, We don't want you to do anything. They had some rather specific things that they would like to see Congress do to help them with the problems that they were having with either insurance companies or with their doctors or with their hospitals. There were some things they thought that Congress could do. Now bear in mind the approval rating for Congress is somewhere south of 20 percent. We do not enjoy a significant amount of political capital. In order to do something this big, you really have to have the American people behind you, but we don't.

And therein is the trouble that the Democrats are having passing this bill. Right, they've got no Republicans, but then they really didn't try. They weren't interested in having any Republicans a year ago when this process was beginning.

□ 2145

So it's no surprise that at this point, a year later, they don't have any Republican support for their proposals. Their problem is within their own conference.

Now, they've got 40 seats on us. It really shouldn't be a problem. I'm sorry, they have 40 more seats than they need to pass this bill, because in the House it's a simple majority. It really should not be a problem. All you've got to do is keep 40 people from leaving you. That shouldn't be that hard. These are people who feel the same as you. They're members of your same party. They believe the same things you do. That shouldn't be a hard lift.

Why is it so hard?

It's hard because there's not the popular support for this bill that everyone assumed would be there shortly after the 2008 election. We had an election. President Obama won the election. Health care was a big deal during the election, so it was just naturally assumed that the American people would be with the Democrats no matter what they did, with, to or from health care. As a consequence, they didn't need any Republicans. They really couldn't be bothered. We were noisy and inarticulate in meetings, and they just wanted to write the bill they wanted to write, and they'd get it passed without any Republican votes.

Now they're up against an impasse with their own side. Very difficult to pass something this large that affects this many people without at least some input from both sides. That's never been done before, to my knowledge, in this country; and that's what we're trying to do tonight. You might be able to do that if you had the popular support of the American people behind you. You could say, well I've got the people with me. I don't need Republicans. And that would be true, but they don't have the people behind them.

So the fact that the Republicans are not supporting the Democratic bill is actually of no consequence. Their difficulty is the people don't believe what they're doing. And, quite frankly, I don't see how there is a way to change that equation between now and Sunday, the day we're supposedly going to vote on this monstrosity.

I did hear from people in town halls about things they do want done. I maintain a Web site that's devoted to health care policy. It's called healthcaucus.org, @healthcaucus.org. "Healthcaucus" is all one word.

Healthcaucus.org. Under the issues tab, you see Dr. BURGESS' prescription for health care reform. And I've listed there the nine things that people told me most consistently during the summer and fall that they wanted to see us do.

Number one thing, people sure do want some help with preexisting conditions. There are things we can do to provide some help, and it doesn't mean an individual mandate. It doesn't mean guaranteed issue. It means helping those people who need help. It does cost some money. The Congressional Budget Office scored an amendment that Ranking Member JOE BARTON had on our committee. It scored at \$20 billion. NATHAN DEAL, the ranking Republican on the Health Subcommittee and I have introduced legislation that captures the spirit of that amendment. We erred on the side of being more generous. That's a \$25 billion authorization for that program. The Congressional Budget Office said \$20 billion over 10 years. We plussed it up by \$5 billion. Let's start it and see what happens.

After all, that Senate bill comes over here and becomes law, no one gets any help tomorrow. It's 4 years before they get help. Preexisting conditions are a problem today. We heard this over and over again in the summer time. This is something people actually wanted us to work on. We could work on this in a bipartisan fashion. We never even had a hearing on how to approach the problems of preexisting conditions without a mandate. We never even had one word of testimony about that in our committee leading up to this.

Does there need to be some fairness in the Tax Code? You bet. Why does someone in the individual market who's paying for their health insurance out of pocket have to pay with after-tax dollars when someone who works for a large multi-state corporation gets their insurance paid for with pre-tax dollars by their employer? That fundamental unfairness is something that has to be fixed. I'm not sure that I know the best way to fix that, but I know we haven't even tried. We haven't even had those discussions.

We do need some medical liability reform. It's working in Texas; it could work in other places around the country. It does help keep costs down, in spite of what congressional Democrats and the White House tell you.

Portability, the ability to carry insurance with you through life, is extremely important, especially to younger workers. Think of the relationship with your insurance company if you had a longitudinal relationship with that insurance company.

There are some things that we could be doing that are not that heavy a lift and don't cost that much money. Most importantly, we can show the American people we can deliver real value

and work together while we're doing it. Then we could improve those approval rates, that low esteem that the country holds us in.

DR. BURGESS' PRESCRIPTIONS FOR HEALTH CARE REFORM

1. INSURANCE REFORM

We should eliminate the bias against patients with pre-existing conditions, outlaw rescissions except in cases of fraud, and ensure states have well-designed high-risk pools.

H.R. 4019—Limiting Pre-Existing Condition Exclusions in All Health Insurance Markets (Deal)

H.R. 4020—Guaranteed Access to Health Insurance Act (Burgess)

2. TAX FAIRNESS

Providing individuals the same tax benefits no matter where they want to get their health insurance, and tax credits to help individuals purchase insurance in the individual market.

H.R. 3218—Improving Health Care for All Americans Act (Shadegg)

3. MEDICAL LIABILITY REFORM

The success of Texas' 2003 reforms: Texas has licensed over 15,000 new physicians and Texas hospitals have delivered more than \$594 million in charity care.

H.R. 1468—Medical Justice Act (Burgess)

4. PORTABILITY

Allowing patients to shop for health insurance plans across state lines = more choices at lower costs. Example: Average health insurance premium for a family of four: New Jersey: \$10,000, Pennsylvania: \$6,000, Texas: \$5,000.

H.R. 3217—Health Care Choice Act (Shadegg)

5. MEDICARE PAYMENT REFORM

The current formula Medicare uses to pay doctors—the SGR—is unstable, and a permanent fix is needed to ensure seniors continue to have access to their doctors.

H.R. 3693—Ensuring the Future Physician Workforce Act (Burgess)

6. DOCTORS TO CARE FOR AMERICA'S PATIENTS

We must ensure that we have enough doctors to care for all of America's patients—now and in the future. H.R. 914—Physician Workforce Enhancement Act (Burgess)

7. PRICE TRANSPARENCY

Health care services are the only product that we don't know the actual cost of before utilization, so let's have the prices up-front, just like in a restaurant or clothing store.

H.R. 2249—Health Care Price Transparency Promotion Act (Burgess)

8. PREVENTATIVE CARE AND WELLNESS PROGRAMS

Health care reform must include participation from America's patients, so living healthy lifestyles and making healthy decisions is very important.

9. CREATE PRODUCTS PEOPLE WANT

Mandates have no place in a free society. Instead, we should challenge insurance companies to create innovative health plans that Americans want. Example: Health Savings Account—offers flexibility and control.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. YOUNG of Florida (at the request of Mr. BOEHNER) for today on account of illness caused by food poisoning.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. ETHERIDGE) to revise and extend their remarks and include extraneous material:)

Mr. ETHERIDGE, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mrs. CAPPS, for 5 minutes, today.

Ms. JACKSON LEE of Texas, for 5 minutes, today.

Mr. DEFazio, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. SMITH of New Jersey, for 5 minutes, today and March 18.

Mr. POE of Texas, for 5 minutes, March 24.

Mr. JONES, for 5 minutes, March 24.

Mr. MORAN of Kansas, for 5 minutes, March 24.

Mr. DUNCAN, for 5 minutes, today.

Mr. PENCE, for 5 minutes, today.

Mr. MARIO DIAZ-BALART of Florida, for 5 minutes, today.

Mr. WAMP, for 5 minutes, today.

Mr. BURGESS, for 5 minutes, today.

ENROLLED BILL SIGNED

Lorraine C. Miller, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 2847. An act making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

ADJOURNMENT

Mr. BURGESS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 49 minutes p.m.), the House adjourned until tomorrow, Thursday, March 18, 2010, at 10 a.m.

BUDGETARY EFFECTS OF PAYGO LEGISLATION

Pursuant to Public Law 111-139, Mr. SPRATT, hereby submits, prior to the vote on passage, the attached estimate of the costs of H.R. 946, the Plain Writing Act of 2010, as amended, for printing in the CONGRESSIONAL RECORD.

CBO ESTIMATE OF PAY-AS-YOU-GO EFFECTS FOR H.R. 946, THE PLAIN WRITING ACT OF 2010, AS PROVIDED BY THE HOUSE COMMITTEE ON THE BUDGET ON MARCH 12, 2010

	By fiscal year, in millions of dollars—											
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010–2015
Net Increase or Decrease (–) in the Deficit												
Statutory Pay-As-You-Go Impact	0	0	0	0	0	0	0	0	0	0	0	0

Pursuant to Public Law 111-139, Mr. SPRATT, hereby submits, prior to the vote on passage, the attached estimate of the costs of H.R. 1387, the Electronic Message Preservation Act, as amended, for printing in the CONGRESSIONAL RECORD.

CBO ESTIMATE OF PAY-AS-YOU-GO EFFECTS FOR H.R. 1387, THE ELECTRONIC MESSAGE PRESERVATION ACT, AS PROVIDED BY THE HOUSE COMMITTEE ON THE BUDGET ON MARCH 13, 2010

	By fiscal year, in millions of dollars—											
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010–2015
Net Increase or Decrease (–) in the Deficit												
Statutory Pay-As-You-Go Impact	0	0	0	0	0	0	0	0	0	0	0	0

Pursuant to Public Law 111-139, Mr. SPRATT, hereby submits, prior to the vote on passage, the attached estimate of the costs of H.R. 3954, the Florida National Forest Land Adjustment Act,

as amended, for printing in the CONGRESSIONAL RECORD.

CBO ESTIMATE OF PAY-AS-YOU-GO EFFECTS FOR H.R. 3954, THE FLORIDA NATIONAL FOREST LAND ADJUSTMENT ACT OF 2009, AS PROVIDED BY THE HOUSE COMMITTEE ON THE BUDGET ON MARCH 17, 2010

	By fiscal year, in millions of dollars—												
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010–2015	2010–2020
Statutory Pay-As-You-Go Impact	Net Increase or Decrease (–) in the Deficit												
	0	0	0	0	0	0	0	0	0	0	0	0	0

Pursuant to Public Law 111–139, Mr. SPRATT, hereby submits, prior to the vote on passage, the attached estimate of the costs of H.R. 4851, the Continuing Extension Act of 2010, for printing in the CONGRESSIONAL RECORD. Section 4 of the bill has been scored using a current policy adjustment. The bill also includes emergency designations.

H.R. 4851, THE CONTINUING EXTENSION ACT OF 2010, AS AMENDED
[By fiscal year, in millions of dollars]

	By fiscal year, in millions of dollars—													
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2010–2015	2010–2020	
NET INCREASE IN THE DEFICIT														
Total Changes	7,831	759	176	165	116	58	44	0	0	0	0	9,108	9,151	
Less:														
Designated as Emergency Requirements ^a	6,773	759	176	165	116	58	44	0	0	0	0	8,050	8,093	
Current-Policy Adjustment ^b	1,058	0	0	0	0	0	0	0	0	0	0	1,058	1,058	
Statutory Pay-As-You-Go Impact	0	0	0	0	0	0	0	0	0	0	0	0	0	
Memorandum: Components of the Emergency Designations:														
Change in Outlays	6,119	324	8	0	0	0	0	0	0	0	0	6,453	6,453	
Changes in Revenues	–654	–435	–168	–165	–116	–58	44	0	0	0	0	–1,597	–1,640	

^a Section 11(c) of the Continuing Extension Act of 2010 would designate all sections of the Act, except section 4, as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010.

^b Section 7(c) of the Statutory Pay-As-You-Go Act of 2010 provides for current-policy adjustments related to Medicare payments to physicians.

Notes: Components may not sum to totals because of rounding.

Sources: Congressional Budget Office and Joint Committee on Taxation.

EXECUTIVE COMMUNICATIONS,
ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6631. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — *Beauveria bassiana* HF23; Amendment of Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2005-0316; FRL-8814-6] received March 2, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6632. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Minnesota [EPA-R05-OAR-2009-0369; FRL-9125-3] received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6633. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Texas; Revisions to Chapter 116 which relate to the Application Review Schedule [EPA-R06-OAR-2006-0850; FRL-9123-7] received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6634. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Texas; Revisions to Chapter 116 which relate to the Permit Renewal Application and Permit Renewal Submittal [EPA-R06-OAR-2008-0192; FRL-9125-9] received March 8, 2010, pursuant to 5

U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6635. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Virginia; Revision to Clean Air Interstate Rule Sulfur Dioxide Trading Program [EPA-R03-OAR-2009-0599; FRL-9125-2] received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6636. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Determination of Attainment, Approval and Promulgation of Air Quality Implementation Plans; Indiana [EPA-R05-OAR-2009-0512; FRL-9125-6] received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6637. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Revisions to the California State Implementation Plan, San Joaquin Valley Air Pollution Control District [EPA-R09-OAR-2009-0859; FRL-9123-3] received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6638. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; Wisconsin; NSR Reform Regulations — Notice of Action Denying Petition for Reconsideration and Request for Administrative Stay [EPA-R05-OAR-2006-0609; FRL-9123-4] received March 2, 2010, pursuant to 5 U.S.C.

801(a)(1)(A); to the Committee on Energy and Commerce.

6639. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Air Quality Implementation Plans; 1-Hour Ozone Extreme Area Plan for San Joaquin Valley, California [EPA-R09-OAR-2008-0693; FRL-9108-4] received March 2, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6640. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; State of Iowa [EPA-R07-OAR-2010-0011; FRL-9122-4] received March 2, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6641. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Determination of Nonattainment and Reclassification of the Atlanta, Georgia, 8-Hour Ozone Nonattainment Area; Correction [EPA-R04-OAR-2007-0958-201005(C); FRL-9122-1] received March 2, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6642. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Michigan: Final Authorization of State Hazardous Waste Management Program Revision [Docket No.: EPA-R05-RCRA-2009-0762; FRL-9129-2] received March 2, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6643. A letter from the Director, Regulatory Management Division, Environmental

Protection Agency, transmitting the Agency's final rule — National Emission Standards for Hazardous Air Pollutants: Area Source Standards for Paints and Allied Products Manufacturing — Technical Amendment [EPA-HQ-OAR-2008-0053; FRL-9122-9] received March 2, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6644. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — National Priorities List, Final Rule — Gowanus Canal [EPA-HQ-SFUND-2009-0063; FRL-9120-8] received March 2, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6645. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — National Priorities List, Final Rule No. 49 [EPA-HQ-SFUND-2009-0579, EPA-HQ-SFUND-2009-0581, EPA-HQ-SFUND-2009-0582, EPA-HQ-SFUND-2009-0583, EPA-HQ-SFUND-2009-0586, EPA-HQ-SFUND-2009-0587, EPA-HQ-SFUND-2009-0590, EPA-HQ-SFUND-2009-0591, EPA-HQ-SFUND-2005-0005; FRL-9120-7] (RIN: 2050-AD75) received March 2, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6646. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Source-Specific Federal Implementation Plan for Navajo Generating Station; Navajo Nation [EPA-R09-OAR-2006-0185; FRL-9122-3] (RIN: 2009-AA00) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6647. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Technical Amendment to the Outer Continental Shelf Air Regulations Consistency Update; Correction [EPA-R10-OAR-2009-0799; FRL-9123-1] received March 2, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6648. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting the March 2010 International Narcotics Control Strategy Report, pursuant to 22 U.S.C. 2291(b)(2); to the Committee on Foreign Affairs.

6649. A letter from the Acting Deputy Director, Defense Security Cooperation Agency, transmitting various reports in accordance with Sections 36(a) and 26(b) of the Arms Export Control Act; to the Committee on Foreign Affairs.

6650. A letter from the Public Printer, Government Printing Office, transmitting the Office's annual report for fiscal year 2009; to the Committee on House Administration.

6651. A letter from the Ombudsman for the Energy Employees, Occupational Illness Compensation Program, Department of Labor, transmitting the Department's 2009 Annual Report of the Ombudsman for the Energy Employees Occupational Illness Compensation Program, pursuant to 42 U.S.C. 7385s-15(e); to the Committee on the Judiciary.

6652. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Effluent Limitations Guidelines and Standards for the Construction and Development Point Source Category; Correction [EPA-HQ-OW-2008-0465; FRL-9118-7] received March 8, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6653. A letter from the Director, Office of Personnel Management, transmitting a legislative proposal entitled, "Federal Civilian Employees in Zones of Armed Conflict Benefits Act of 2010"; jointly to the Committees on Oversight and Government Reform, Armed Services, and Foreign Affairs.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. MCGOVERN: Committee on Rules. House Resolution 1190. Resolution providing for consideration of motions to suspend the rules (Rept. 111-441). Referred to the House Calendar.

Mr. OBERSTAR: Committee on Transportation and Infrastructure. H.R. 4715. A bill to amend the Federal Water Pollution Control Act to reauthorize the National Estuary Program, and for other purposes (Rept. 111-442). Referred to the Committee of the Whole House on the State of the Union.

Mr. SPRATT: Committee on the Budget. H.R. 4872. A bill to provide for reconciliation pursuant to section 202 of the concurrent resolution on the budget for fiscal year 2010 (Rept. 111-443). Referred to the Committee of the Whole House on the State of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. LYNCH (for himself and Mr. CHAFFETZ):

H.R. 4865. A bill to amend title 5, United States Code, to provide that an employee of the Federal Government or member of the uniformed services may contribute to the Thrift Savings Fund any payment that the employee or member receives for accumulated and accrued annual or vacation leave, and for other purposes; to the Committee on Oversight and Government Reform.

By Mr. COFFMAN of Colorado:

H.R. 4866. A bill to reestablish a competitive domestic rare earths minerals production industry; a domestic rare earth processing, refining, purification, and metals production industry; a domestic rare earth metals alloying industry; and a domestic rare earth based magnet production industry and supply chain in the United States; to the Committee on Armed Services, and in addition to the Committees on Ways and Means, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. JONES (for himself, Mr. WHITFIELD, and Mr. CONNOLLY of Virginia):

H.R. 4867. A bill to direct the Secretary of the Interior to enter into an agreement to provide for management of the free-roaming wild horses in and around the Currituck National Wildlife Refuge; to the Committee on Natural Resources.

By Mr. FRANK of Massachusetts (for himself, Ms. WATERS, Mr. GUTIERREZ, Ms. VELÁZQUEZ, Mr. CAPUANO, Mr. HINOJOSA, Mr. BACA, Mr. LYNCH, Mr. AL GREEN of Texas, Ms. KILROY, Mr. HIMES, Ms. CLARKE, and Mr. DELAHUNT):

H.R. 4868. A bill to prevent the loss of affordable housing dwelling units in the United States; to the Committee on Financial Services, and in addition to the Committees on the Budget, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. TOWNS (for himself, Mr. ISSA, Mr. VISCLOSKEY, and Ms. CLARKE):

H.R. 4869. A bill to provide for restroom gender parity in Federal buildings; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. POLIS (for himself, Mr. ANDREWS, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. CARNAHAN, Mrs. CHRISTENSEN, Ms. CLARKE, Mr. CLEAVER, Mr. CONYERS, Mr. CUMMINGS, Mr. DAVIS of Illinois, Mr. DELAHUNT, Mr. ELLISON, Mr. FILNER, Ms. FUDGE, Mr. AL GREEN of Texas, Mr. GRIJALVA, Mr. HASTINGS of Florida, Mr. HINCHEY, Ms. HIRONO, Ms. JACKSON LEE of Texas, Ms. KILPATRICK of Michigan, Ms. LEE of California, Mr. MEEKS of New York, Mr. MORAN of Virginia, Ms. NORTON, Mr. PAYNE, Ms. RICHARDSON, Mr. ROTHMAN of New Jersey, Ms. ROYBAL-ALLARD, Ms. LINDA T. SÁNCHEZ of California, Ms. SCHAKOWSKY, Mr. SIREN, Mr. THOMPSON of Mississippi, Mr. TOWNS, Ms. WASSERMAN SCHULTZ, Ms. WATSON, and Mr. KUCINICH):

H.R. 4870. A bill to provide plant-based commodities under the school lunch program under the Richard B. Russell National School Lunch Act and the school breakfast program under the Child Nutrition Act of 1966, and for other purposes; to the Committee on Education and Labor.

By Mr. KRATOVIL (for himself, Mr. CHILDERS, Mr. MOORE of Kansas, Ms. MARKEY of Colorado, Mr. SCHRADER, Mr. BACA, Mr. COSTA, Mr. THOMPSON of California, Mr. HOLDEN, Mr. SHULER, Mr. MATHESON, Mr. HILL, Mr. WILSON of Ohio, Mr. COOPER, Mr. MARSHALL, Mr. BOSWELL, Ms. HERSETH SANDLIN, Mr. DONNELLY of Indiana, Mr. TANNER, Mrs. DAHLKEMPER, Mr. BOYD, Mr. MINNICK, Mr. MELANCON, Mr. BRIGHT, Mr. CARDOZA, Mr. DAVIS of Tennessee, Mr. TAYLOR, Mr. BARROW, Mr. BOREN, Mr. MCINTYRE, Mr. CARNEY, Ms. GIFFORDS, Ms. LORETTA SANCHEZ of California, Mr. MITCHELL, Mr. SCOTT of Georgia, Mr. MURPHY of New York, Mr. BISHOP of Georgia, Mr. CUELLAR, Mr. ROSS, Mr. ARCURI, Mr. BERRY, Mr. ELLSWORTH, Mr. SPACE, and Mr. NYE):

H.R. 4871. A bill to amend the Balanced Budget and Emergency Deficit Control Act of 1985 to establish nonsecurity discretionary spending caps; to the Committee on the Budget, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CHANDLER (for himself, Mr. GUTHRIE, Mr. WHITFIELD, Mr. ROGERS of Kentucky, Mr. DAVIS of Kentucky, and Mr. YARMUTH):

H.R. 4873. A bill to exempt the natural aging process in the determination of the

production period for distilled spirits under section 263A of the Internal Revenue Code of 1986; to the Committee on Ways and Means.

By Mr. ELLISON:

H.R. 4874. A bill to amend title 23, United States Code, to authorize the Secretary of Transportation to waive, if in the public interest, certain requirements relating to the letting of contracts, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. KANJORSKI (for himself and Mr. CARNEY):

H.R. 4875. A bill to provide for the construction, renovation, and improvement of medical school facilities, and other purposes; to the Committee on Energy and Commerce.

By Mr. GRIFFITH (for himself, Mr. BOEHNER, Mr. CANTOR, Mr. TIAHRT, Mr. BURTON of Indiana, Ms. JENKINS, Mr. INGLIS, Mr. ROE of Tennessee, Mr. LANCE, Mr. BACHUS, Mr. OLSON, Mr. ADERHOLT, Mr. UPTON, Mr. CHAFFETZ, Mr. ROGERS of Michigan, Mr. HELLER, Mrs. CAPITO, Mr. GRAVES, Mr. DUNCAN, Mr. FORTENBERRY, Mrs. MILLER of Michigan, Mr. SHUSTER, Mr. ISSA, Mr. ROSKAM, Mr. CONAWAY, Mr. ROONEY, Mr. BROUN of Georgia, Mr. FLAKE, Mr. REHBERG, Mr. PAUL, Mr. BLUNT, Mrs. SCHMIDT, Mr. BRADY of Texas, Mr. POE of Texas, Mr. WILSON of South Carolina, Mr. JORDAN of Ohio, Mr. KING of Iowa, Mr. BISHOP of Utah, Mr. GINGREY of Georgia, Mr. SHIMKUS, Mr. FRANKS of Arizona, Mr. PENCE, Mr. MANZULLO, Mr. GOHMERT, Mr. SHADEGG, Mr. HENSARLING, Mr. NEUGEBAUER, Mr. BILIRAKIS, Mrs. McMORRIS RODGERS, Mr. HASTINGS of Washington, Mr. CASSIDY, Mr. LOBIONDO, Mr. GOODLATTE, Mr. SCHOCK, Mr. MCCAUL, Mr. ROHRBACHER, Mr. BOOZMAN, Mr. ROGERS of Kentucky, Mr. BUYER, Mr. COLE, Mr. LUETKEMEYER, Mr. MORAN of Kansas, Mr. CULBERSON, Mr. GALLEGLY, Mr. STEARNS, Mr. HALL of Texas, Mr. BARRETT of South Carolina, Mr. KLINE of Minnesota, Mr. SIMPSON, Mr. BONNER, Mr. LEE of New York, Ms. GRANGER, Mr. PLATTS, Mr. WALDEN, Mr. MCCOTTER, Mr. SMITH of Texas, Mr. SENSENBRENNER, Mr. SMITH of Nebraska, Mr. COBLE, Mr. HARPER, Mr. ALEXANDER, Mr. JOHNSON of Illinois, Mr. LATOURETTE, Mr. BUCHANAN, Ms. FALLIN, Mr. YOUNG of Alaska, Mr. BURGESS, Mr. TURNER, Mr. DENT, Mr. PITTS, Mr. WITTMAN, Mr. AKIN, Mr. LEWIS of California, Mr. SOUDER, Mr. TERRY, Mr. SAM JOHNSON of Texas, Mr. SESSIONS, Mr. WESTMORELAND, Mr. AUSTRIA, Mr. SULLIVAN, Mr. SCALISE, Mr. MARCHANT, Mr. PRICE of Georgia, Mr. LINDER, Mr. FORBES, Mr. MCHENRY, Mr. ROGERS of Alabama, Mr. TAYLOR, Mr. FRELINGHUYSEN, Mr. BOUSTANY, Mr.

CARTER, Mr. DAVIS of Kentucky, Mrs. BLACKBURN, Mr. COFFMAN of Colorado, Ms. GINNY BROWN-WAITE of Florida, Ms. FOXX, Mr. LINCOLN DIAZ-BALART of Florida, and Mr. FLEMING):

H. Res. 1188. A resolution ensuring an up or down vote on certain health care legislation; to the Committee on Rules.

By Mr. YOUNG of Alaska:

H. Res. 1189. A resolution commending Lance Mackey on winning a record 4th straight Iditarod Trail Sled Dog Race; to the Committee on Oversight and Government Reform.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 39: Mr. CUMMINGS and Mr. LEWIS of Georgia.
H.R. 158: Mr. HINCHEY and Mr. MCDERMOTT.
H.R. 442: Mr. BOUCHER, Mr. TIAHRT, and Mr. LEWIS of California.
H.R. 816: Mr. SHULER.
H.R. 868: Mr. ENGEL and Mr. ETHERIDGE.
H.R. 953: Mr. MICHAUD.
H.R. 1034: Mr. BISHOP of Utah and Mrs. McMORRIS RODGERS.
H.R. 1074: Mr. WITTMAN.
H.R. 1077: Mr. BISHOP of Utah.
H.R. 1169: Mr. SESTAK.
H.R. 1210: Mr. GARRETT of New Jersey.
H.R. 1283: Mr. CAO.
H.R. 1339: Mrs. DAVIS of California.
H.R. 1616: Mr. DOGGETT and Mr. SESTAK.
H.R. 1796: Ms. SUTTON.
H.R. 1835: Mr. PASCRELL and Mr. TAYLOR.
H.R. 2156: Mr. ALEXANDER.
H.R. 2296: Mr. FLAKE and Mr. LEWIS of California.
H.R. 2358: Ms. SCHWARTZ.
H.R. 2483: Mr. ANDREWS.
H.R. 2579: Mr. KAGEN.
H.R. 2739: Mr. SCOTT of Georgia.
H.R. 3393: Mrs. DAHLKEMPER and Mr. SPACE.
H.R. 3564: Mr. CLEAVER.
H.R. 3655: Mr. BARROW.
H.R. 3696: Mr. SOUDER.
H.R. 3790: Mr. LEWIS of California, Ms. TITUS, and Mr. LANCE.
H.R. 3943: Ms. ZOE LOFGREN of California.
H.R. 4090: Mr. SCHAUER.
H.R. 4150: Ms. EDDIE BERNICE JOHNSON of Texas, Mr. GONZALEZ, Mr. RODRIGUEZ, Mr. PAUL, Ms. WATERS, Mr. AL GREEN of Texas, Ms. JACKSON LEE of Texas, Mr. GENE GREEN of Texas, Mr. REYES, Mr. CUELLAR, Mr. POE of Texas, Mr. GOHMERT, and Mr. SESSIONS.
H.R. 4196: Mr. MCNERNEY.
H.R. 4278: Ms. WOOLSEY and Mr. LARSON of Connecticut.
H.R. 4353: Mr. ANDREWS.
H.R. 4354: Ms. ROYBAL-ALLARD.
H.R. 4415: Mr. CARTER.
H.R. 4440: Mr. KAGEN.

H.R. 4486: Mr. OLVER.
H.R. 4494: Mr. RUSH.
H.R. 4598: Mr. QUIGLEY.
H.R. 4603: Mr. CHAFFETZ and Mr. EHLERS.
H.R. 4610: Mr. HOLT.
H.R. 4647: Ms. LINDA T. SANCHEZ of California.
H.R. 4653: Mr. PENCE.
H.R. 4684: Mr. KENNEDY and Mr. PASCRELL.
H.R. 4692: Mr. ARCURI.
H.R. 4720: Mr. HODES.
H.R. 4731: Mr. BURTON of Indiana.
H.R. 4732: Mr. MEEKS of New York.
H.R. 4733: Mr. GEORGE MILLER of California.
H.R. 4745: Ms. JACKSON LEE of Texas, Ms. NORTON, Mr. BRADY of Pennsylvania, and Mr. KRATOVIL.
H.R. 4770: Mrs. LOWEY.
H.R. 4789: Ms. CASTOR of Florida, Mr. DELAHUNT, and Mr. WELCH.
H.R. 4794: Mr. ROGERS of Michigan and Mrs. SCHMIDT.
H.R. 4805: Ms. SUTTON.
H.R. 4812: Mr. ANDREWS, Ms. WATSON, Mr. CLYBURN, Mrs. CHRISTENSEN, Mr. CLEAVER, Ms. WOOLSEY, Ms. MOORE of Wisconsin, Mr. RUSH, Mr. KUCINICH, Mr. BISHOP of New York, Ms. SCHAKOWSKY, and Mr. CUMMINGS.
H.R. 4825: Mr. CARNAHAN.
H.R. 4846: Mr. POLIS.
H.J. Res. 80: Mr. LANGEVIN, Mr. MICHAUD, Ms. DELAURO, and Mr. BOOZMAN.
H. Con. Res. 252: Mr. KINGSTON, Mr. ROYCE, and Mr. SHULER.
H. Con. Res. 253: Ms. SHEA-PORTER.
H. Res. 173: Mr. ANDREWS.
H. Res. 193: Mr. PRICE of Georgia.
H. Res. 407: Mr. MURPHY of New York.
H. Res. 764: Mr. POE of Texas and Mr. BILIRAKIS.
H. Res. 869: Mr. BILIRAKIS and Mrs. BIGGERT.
H. Res. 1053: Mr. SPACE, Mr. INSLEE, Ms. CASTOR of Florida, Ms. SUTTON, Ms. SCHWARTZ, Mr. SARBANES, Ms. MATSUI, Mr. TIM MURPHY of Pennsylvania, Mr. MURPHY of Connecticut, Ms. ESHOO, Mrs. BONO MACK, and Ms. HARMAN.
H. Res. 1075: Mr. BERRY.
H. Res. 1139: Mr. PENCE, Mr. BARTLETT, Ms. FALLIN, Mrs. BACHMANN, Mr. FRANKS of Arizona, Mr. SHADEGG, Mr. SHIMKUS, Mr. GINGREY of Georgia, Mr. MANZULLO, and Mr. LATTA.
H. Res. 1155: Mr. MCCAUL, Ms. WATSON, and Mr. HIGGINS.
H. Res. 1157: Mr. SESTAK and Ms. WOOLSEY.
H. Res. 1171: Mr. KILDEE, Mr. MARKEY of Massachusetts, Mr. ISRAEL, Mr. HARE, Mr. BISHOP of New York, Mr. CAPUANO, Mr. CROWLEY, Mr. MCDERMOTT, Mr. OWENS, Mr. KING of New York, Mr. POLIS, Mr. NADLER of New York, Mr. MORAN of Virginia, Mr. MURPHY of New York, and Mr. KAGEN.
H. Res. 1174: Mrs. McMORRIS RODGERS and Ms. TSONGAS.
H. Res. 1176: Mr. FLAKE.

EXTENSIONS OF REMARKS

HONORING ASHLEY HOWERY

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. GRAVES. Madam Speaker, I rise to recognize Ashley Howery, a very special young lady who has exemplified the finest qualities of service and citizenship. Ashley has recently been named one of the top youth volunteers in Missouri for 2010 in the 15th annual Prudential Spirit of Community Awards.

Ashley is recognized for this prestigious award because of the positive impact she has made in her community. Her initiative, creativity, and selfless volunteerism make her a worthy recipient. Ashley should be proud to be a model citizen amongst the youth in her community and my congressional district.

Madam Speaker, I am confident Ashley will continue to use her many talents as tools for the betterment of her community and our nation. I respectfully urge you to join me in commending Ashley on this monumental achievement.

HONORING BLAIR ROBERTS

HON. MARY FALLIN

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Ms. FALLIN. Madam Speaker, I rise today to congratulate and pay tribute to a fine American, Blair Roberts, on an occasion when he and his business have received a prestigious honor: the International Circle of Excellence Award for 2009.

The Circle of Excellence, which is awarded by the international dealer organization of Navistar, Inc., honors international truck dealerships that achieve the highest level of dealer performance with respect to operating and financial standards, market representation, and most importantly, customer satisfaction. It is the highest honor a dealer principal can receive from the company.

Blair's business, Roberts Truck Center, is headquartered in Oklahoma City, Oklahoma, and has grown into one of the preeminent truck dealerships in the Southwest and the entire nation. He currently manages five of the 13 dealer locations within the Roberts Truck Center family business, which he owns with his brother Blaine. It employs a total of 467 in Texas, New Mexico, Oklahoma and Kansas. With this most recent award, Roberts Truck Center has received the Circle of Excellence, under Blair's leadership, a total of five times.

Blair has achieved this level of accomplishment and recognition through many years of hard work and service to his industry and community. Active in the industry, he is chair-

man of the International Dealer Council and was past co-chairman of the International Product Advisory Board. Today, in addition to his leadership of Roberts Truck Center, he has also built a successful truck leasing business, Roberts Idealease, which is a multi-year winner of the IdealGold Award for Excellence.

Through his commitment to hard work and outstanding customer service, he has built an economically vital business of which he can be justly proud. Madam Speaker, I ask you and my colleagues to join with me in congratulating Blair Roberts for his record of accomplishment and for his many contributions to his community, State and Nation.

RECOGNIZING DUANE KYRISH,
WINNER OF NAVISTAR'S CIRCLE
OF EXCELLENCE AWARD FOR
2009

HON. PETER J. ROSKAM

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. ROSKAM. Madam Speaker, I rise today to honor Duane Kyrish, a winner of Navistar's Circle of Excellence Award for 2009. Located in Illinois, Navistar employs many of my constituents and is an important economic engine for my district, undoubtedly so because of suppliers like Mr. Kyrish.

The Circle of Excellence, which is awarded by the international dealer organization of Navistar, Inc., honors international truck dealerships that achieve the highest level of dealer performance with respect to operating and financial standards, market representation, and most importantly, customer satisfaction. It is the highest honor a dealer principal can receive from the company.

Mr. Kyrish's business, Longhorn International Trucks, is headquartered in Austin, Texas, and was acquired by the family in 1976. Under his leadership, it has grown into one of the preeminent truck dealerships in the Southwest and the entire nation, with 105 employees and two dealer locations. In 1999, Duane was named the first International Dealer of the Year, an honor awarded to the one International dealer who exhibits the highest commitment to best-in-class customer services. With this most recent award, Longhorn International Trucks has now received the Circle of Excellence Award a total of 27 times.

Duane has achieved this level of accomplishment and recognition through many years of hard work and service to his industry and community. He got his commercial operator's license at 17 and began driving trucks for the International Harvester Fort Worth branch. In August 1976, Duane began his professional careers in the truck business at the Austin dealership. Both Duane, and his twin brother Wayne, work for the family business. Today,

in addition to leading Longhorn International Trucks, he has also built a successful truck leasing business, Longhorn Idealease, which is a multi-year winner of the IdealGold Award for Excellence.

Madam Speaker and distinguished colleagues, please join me in honoring Mr. Kyrish for his contributions to his community and to the nation as a whole.

RECOGNIZING GEORGE WILSON
FOR A CAREER IN RADIO BROADCASTING IN LUDINGTON

HON. PETER HOEKSTRA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. HOEKSTRA. Madam Speaker, I rise here today to honor Ludington talk show host George Wilson for a career of service in radio broadcasting in Mason County.

George Wilson joined WKLA radio in June of 1959. Along with his popular morning show, Big George served in a variety of other roles over the years, including sales manager and play-by-play sports announcer. George left WKLA for a brief period to serve as advertising manager at the Ludington Daily News, but returned to WKLA in 1986.

In 2007 Wilson was nominated for induction into the Michigan Broadcasting Hall of Fame, and his name will remain on the Hall of Fame ballot through 2012.

Throughout his morning show broadcasting career, George woke every day at 3 a.m., but despite the hours, he always enjoyed his job, saying, "If you look forward to going to work every day, then that's a good job and I've always looked forward to going to work at WKLA."

I have interviewed with George on countless occasions throughout my 18 years in Congress, and have always enjoyed our conversations on issues of the day.

Whether it was through our conversations, watching him lead the Scottville Clown Band or working with him as mayor of Scottville, my wife Diane and I have always enjoyed our friendship with George.

George Wilson's retirement marks the end of an era in Mason County, and he will be missed by all those who tuned in to listen to his morning show during the weekdays.

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

RECOGNIZING LYLE BASSETT,
WINNER OF NAVISTAR'S CIRCLE
OF EXCELLENCE AWARD FOR
2009

HON. PETER J. ROSKAM

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. ROSKAM. Madam Speaker, I rise today to honor Lyle Bassett, a winner of Navistar's Circle of Excellence Award for 2009. Located in Illinois, Navistar employs many of my constituents and is an important economic engine for my district, undoubtedly so because of suppliers like Mr. Bassett.

The Circle of Excellence, which is awarded by the international dealer organization of Navistar, Inc., honors international truck dealerships that achieve the highest level of dealer performance with respect to operating and financial standards, market representation, and most importantly, customer satisfaction. It is the highest honor a dealer principal can receive from the company.

Mr. Bassett's business, Riverview International Trucks, LLC, is headquartered in West Sacramento, California, and has grown sales and revenue from \$5 million in 1982 to more than \$60 million in 2009, which was a record year for the business. The business employs 78. Lyle started out as a trainee at International Harvester in 1966 and worked his way through various areas of the business, prior to buying Riverview International Trucks in July 1981. With this most recent award, Riverview International Trucks has now received the Circle of Excellence Award a total of three times.

Lyle has achieved this level of accomplishment and recognition through many years of hard work and service to his industry and community. He is active in his community as a member of the Rotary Club of Sacramento, where he supports the club's annual fundraising events and efforts to provide college scholarships to high school students, and as a Meal on Wheels volunteer, providing home-delivered meals to seniors. He is known as a hard working man who takes care of his family, employees and customers each and every day the gates are open at Riverview International Trucks.

Madam Speaker and distinguished colleagues, please join me in honoring Lyle Bassett for his contributions to his community and to the nation as a whole.

HONORING THOMAS JONES

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Thomas Jones, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 374, and in earning the most prestigious award of Eagle Scout.

Thomas has been very active with his troop participating in many Scout activities. Over the

many years Thomas has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending Thomas Jones for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

2010 BRAIN AWARENESS WEEK

HON. MARTIN HEINRICH

OF NEW MEXICO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. HEINRICH. Madam Speaker, today I rise to commemorate Brain Awareness Week and the benefits of educating students on brain science in Central New Mexico and across the country. Launched in 1996, Brain Awareness Week brings together the Society for Neuroscience, Dana Alliance for Brain Initiatives, and 2,400 other organizations in 76 countries that share a common interest in improving public awareness of brain and nervous system research. During Brain Awareness Week, which is being held March 15–21, neuroscientists around the globe educate K–12 students, senior citizens, and the public at large on the wonders of the human brain. These activities include tours of neuroscience laboratories, museum exhibitions, and classroom discussions on the elements of the human brain.

This year, the New Mexico area members of the Society for Neuroscience hosted the 2010 Neuroscience Day at the School of Medicine at the University of New Mexico, located in my district. During this day-long event, many of my constituents learned about the wonders of the mind and the nature of scientific discovery. Today, in recognition of Brain Awareness Week, I would like to highlight a serious neurological condition that affects many of our men and women in uniform returning from the wars in Iraq and Afghanistan: Post Traumatic Stress Disorder.

Madam Speaker, as a member of the House Armed Services Committee, I recognize the great urgency of understanding and treating PTSD, especially for the new generation of U.S. soldiers returning home after prolonged exposure to combat-related stress and trauma in the war zone. One large study conducted by the RAND Corporation, a nonprofit, non-partisan organization focused on improving policy and decision-making through research and analysis, found that almost 20 percent of returning military personnel who served in Iraq and Afghanistan report symptoms of PTSD or major depression. Our service members aren't the only Americans at risk for this debilitating neuropsychiatric disorder. According to the National Institute of Mental Health, about 3.5 percent of American adults, or 7.7 million individuals, struggle with PTSD during any given year. Unfortunately, current drug and behavioral treatments for PTSD are often unable to reduce or eliminate symptoms that include intrusive memories, emotional numbness, and insomnia. In recent years, however, neuroscientists have begun to piece

together some of the neurobiological puzzles behind this complex disorder, offering new hope to its sufferers.

The research dollars allocated in the American Recovery and Reinvestment Act, which I supported, are providing scientists with opportunities to discover new medical advances that will detect and treat PTSD, Traumatic Brain Injury, and other illnesses that affect our service members. For example, researchers at the University of New Mexico have found that an innovative brain imaging method, diffusion tensor imaging, can be used to reliably detect and track brain abnormalities in patients with mild TBI. This important application received funding from a grant from the National Institute of Neurological Disorders and Stroke. Recently, researchers at the Mind Research Network, an independent non-profit organization dedicated to advancing the diagnosis and treatment of mental illness and brain injury, located in Albuquerque, received a \$507,000 Recovery Act grant to continue pursuing similar analyses using magnetoencephalography, a sensitive technique for measuring the brain's electrical activity, which is essential for evaluating and treating TBI patients. As a result of the Recovery Act, scientific research is providing new hope to thousands of service members returning home from the war zone who suffer from PTSD, TBI, and other neurological trauma.

Madam Speaker, today I ask my colleagues to join me in recognizing Brain Awareness Week, which exposes our constituents to the wonders of the brain. I also ask that you join me in continuing to support research for new treatments for our brave men and women returning home from combat with PTSD and other brain injuries and disorders.

HONORING SEAN MILES EMERY

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Sean Miles Emery, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 374, and in earning the most prestigious award of Eagle Scout.

Sean has been very active with his troop participating in many Scout activities. Over the many years Sean has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending Sean Miles Emery for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

IN HONOR OF CHIEF JAMES S. DRISCOLL OF DEDHAM, MASSACHUSETTS FOR HIS DEDICATION AND COMMITMENT TO THE TOWN OF DEDHAM AND THE DEDHAM FIRE DEPARTMENT

HON. STEPHEN F. LYNCH

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. LYNCH. Madam Speaker, I rise today in honor of Chief James S. Driscoll for his outstanding dedication to the town of Dedham, Massachusetts, and to recognize his achievements during his 37 years with the Dedham Fire Department.

James Driscoll is a lifelong resident of Dedham, Massachusetts. He graduated from Dedham High School in 1965 and then attended Boston College where he earned a Bachelor of Science Degree in Secondary Education in 1969. After graduating, he taught seventh and ninth grade math at Norwood Junior High School North briefly, before following his childhood dream of becoming a firefighter.

On June 28, 1972, he became a member of the Dedham Fire Department. After 6 years he was promoted to fire lieutenant and held this position until he was again promoted to Deputy Fire Chief, a position he held until November 2001. At that time, he was named Acting Fire Chief and served in this capacity until he became the permanent Fire Chief of the Dedham Fire Department in August 2004.

During his tenure with the Dedham Fire Department, Chief Driscoll continued his education, receiving a bachelor of science degree in fire science from Boston State College and a master's degree in public affairs from the University of Massachusetts—Boston in 1985, writing his thesis on fire apparatus purchasing options.

Chief Driscoll and his wife of 35 years, Carol, continue to live in Dedham, where they raised three sons, Michael G., Thomas W., and Stephen J.; all graduates of Dedham High School.

In his retirement, Chief Driscoll enjoys running and reading, although you will most likely find him by the pool or pushing his young grandson, Ryan, in the stroller.

Madam Speaker, I am proud to recognize Chief James S. Driscoll for his 37 years of service and dedication to the people of Dedham and the Dedham Fire Department. I applaud his commitment to his community and to his family. I wish him my best in all of his future endeavors.

HONORING THE AMERICAN RED CROSS, SOUTH FLORIDA REGION

HON. MARIO DIAZ-BALART

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. MARIO DIAZ-BALART of Florida. Madam Speaker, just this week, Congress declared March as Red Cross Month. Today I rise to honor the American Red Cross, South

Florida Region chapter and its leadership. Since 1917, this chapter has been mobilizing South Floridians to aid those in need and has provided relief in times of crisis.

The American Red Cross is a community funded and supported organization, which arrives on the scene of an emergency, natural disaster or catastrophic event, almost immediately, to offer moral and material support. Volunteers assist all disaster victims, whether that disaster is a house fire or a storm.

Time and time again the South Florida chapter has been at the forefront of meeting our community needs. Last year, they responded to 388 local disasters, providing 727 families with direct emergency assistance. Most recently, the South Florida chapter has played a leading role in providing aid and relief to the people of Haiti in the aftermath of the earthquake. The chapter helped in sending more than 80 American Red Cross Creole-speaking volunteer translators to Haiti to support the medical mission of the USNS *Comfort*. The chapter also fielded volunteers at the three airports in our region to greet and offer assistance to repatriated Haitian Americans, and the Chapter's headquarter office was responding to an average of 500 calls daily in the wake of the earthquake.

Under their excellent leadership the South Florida chapter staff works with professionalism every day and is dedicated to helping those in need. They are local community heroes. As we celebrate Red Cross Month, I thank the South Florida chapter for its service and congratulate its leadership, staff and members for their continued success. I am honored to recognize them and their work and appreciate their invaluable contributions to our community.

HONORING GARRETT BRADLEY RAGLAND

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Garrett Bradley Ragland, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 374, and in earning the most prestigious award of Eagle Scout.

Garrett has been very active with his troop participating in many Scout activities. Over the many years Garrett has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending Garrett Bradley Ragland for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

HIV/AIDS AWARENESS

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. TOWNS. Madam Speaker, I rise today to show my support and concern about the widespread of the HIV/AIDS virus. My district of Brooklyn, New York, is considered to be the epicenter of the HIV/AIDS epidemic in the United States for African-Americans, women, adolescents, and children.

According to the New York City Department of Health and Mental Hygiene, in Brooklyn, 87 percent, with 7 percent under the age of 13 are persons of color, live with the HIV/AIDS virus. The city of Brooklyn was home to nearly 30 percent of the people living with HIV/AIDS in New York City who died.

It is important that you get tested regularly, such as, during your yearly physical exam; it is important, even for those who think they are not at risk. Early detection for persons infected with HIV, particularly before the infection progresses to AIDS, is vital for the effectiveness of treatment. There are new testing methods, such as, "Rapid HIV Testing", which allows persons to receive results twenty minutes after being tested.

Please take the preventative measures to protect yourself and your loved ones by getting tested. It is far too important not to do; so, please go and get tested.

IN RECOGNITION OF WILLIAM TOLLEY'S 35 YEARS OF SERVICE TO THE AMERICAN CONCRETE INSTITUTE

HON. GARY C. PETERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. PETERS. Madam Speaker, I rise today to recognize Mr. William Tolley, a resident in Michigan's 9th Congressional District, for his lifelong service to the American Concrete Institute, ACI, headquartered in Farmington Hills, Michigan. As a Member of Congress, I am privileged and honored to recognize Mr. Tolley for his many accomplishments and to thank him for his dedication to strengthening the infrastructure in the United States through his service to the ACI.

ACI is one of the world's leading authorities on concrete technology. Concrete is the second most consumed material in the world after water. It serves as an essential building material found in pavements, bridges, buildings and public works projects around the world. ACI is a nonprofit consensus organization with nearly 20,000 members internationally whose purpose is to further engineering and technical education, scientific investigation and research, and development of standards for design and construction incorporating concrete and related materials. ACI is the premier source for information on concrete construction and uses of ACI codes include adoption by reference in general building codes impacting potentially every concrete project in the United States.

On Monday March 22, ACI friends and colleagues will participate in a celebration dinner and toast in honor of William Tolley's retirement from ACI at their Annual Spring Convention in Chicago. Mr. Tolley's passionate involvement with the ACI includes serving as the manager of Administrative Services, Senior Managing Director and most recently his promotion to Executive Vice President in 2002. For his tireless dedication and service he was awarded ACI's Henry L. Kennedy Award recognizing his outstanding leadership in strengthening and expanding chapter activities and in 2006 he was named one of the ten most influential people in the concrete industry. In addition to his work with the ACI, Mr. Tolley is also the Chairman of the Concrete and Masonry Related Associations and has served as Treasurer, Board member and chair of the Finance Committee for the Council of Engineering and Scientific Society Executives.

Madam Speaker, I ask my colleagues to join me today to honor Mr. William Tolley's service to the American Concrete Institute and his dedication to innovation in strengthening our country's infrastructure and keeping Michigan and ACI on the cutting edge of development of concrete technology. I wish him many more years of health and happiness.

HONORING CHANS EDWARD DYKES

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Chans Edward Dykes, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 374, and in earning the most prestigious award of Eagle Scout.

Chans has been very active with his troop participating in many Scout activities. Over the many years Chans has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending Chans Edward Dykes for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

CONGRATULATING THE JUNIOR LEAGUE OF SUMMIT, NEW JERSEY

HON. LEONARD LANCE

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. LANCE. Madam Speaker, I rise today to congratulate the Junior League of Summit, New Jersey on celebrating their 80th Anniversary as a women's volunteer organization dedicated to serving the communities of Summit, Berkeley Heights, New Providence, and Chatham.

March 26, 2010 will mark their 80th Anniversary and I hope to join the Junior League of

Summit and its members at their planned celebration.

The Junior League of Summit is comprised of more than 400 women in Union County, who are united by a common goal of helping others. Specifically, the organization promotes volunteerism, develops the potential of women and improves the community through effective action and leadership of trained volunteers.

Over the years, the Junior League of Summit has made significant contributions to community service throughout Central New Jersey. In fact, the League has many accomplishments of which to be proud.

For example, the League has raised more than \$3 million through its Summit-based Thrift Shop and returned those funds to the community by way of grants, special projects, scholarships and programs. And Junior League members have logged more than one million hours of community service.

Junior League members have volunteered to help scores of causes in New Jersey, including local area schools, Habitat for Humanity, Special Olympics of New Jersey, Children's Specialized Hospital, Interfaith Council for the Homeless, Union County Parks and Recreation, CASA of Union County, the Susan G. Komen Breast Cancer Foundation and the AIDS Resource Foundation.

Madam Speaker, I would like to congratulate all of the members of the Junior League of Summit for their outstanding efforts to help others and make a difference to the larger community.

I am also pleased to congratulate the Junior League of Summit on its 80th Anniversary as a distinguished community organization. I am proud to share the League's good efforts with my colleagues here in the United States Congress and with the American people.

HONORING THE 50TH ANNIVERSARY OF THE WARSAW KITCHEN CONFERENCE

HON. CHRISTOPHER JOHN LEE

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. LEE of New York. Madam Speaker, I ask that the House join me in recognizing the 50th anniversary of the Warsaw Kitchen Conference, held every year for the last 50 years in Warsaw, New York.

The Warsaw Kitchen Conference first met on February 1, 1960, as a group of Wyoming County Farm Bureau members for the purpose of discussing issues affecting the Western New York agricultural community. While some membership in the Conference has changed over the last 60 years, their dedication to addressing the issues involving agriculture has remained constant, and the group has met every year since its founding.

Over the last 60 years, the Warsaw Kitchen Conference has hosted the Wyoming County Board of Supervisors to discuss agricultural issues, has promoting agriculture in the Wyoming County Fair, has hosted school children at local farms, and have done many other activities to advance the agriculture industry in Western New York.

Agriculture is one of Western New York's most significant industries, and the Warsaw Kitchen Conference and its members have played an important role in furthering this vital industry.

Madam Speaker, I ask that this House join me in honoring the Warsaw Kitchen Conference on their 50th anniversary, and for their work in furthering Western New York's agricultural community.

HONORING JACOB MOZER

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. GRAVES. Madam Speaker, I rise to recognize Jacob Mozer, a very special young man who has exemplified the finest qualities of service and citizenship. Jacob has recently been named one of the top youth volunteers in Missouri for 2010 in the 15th annual Prudential Spirit of Community Awards.

Jacob is recognized for this prestigious award because of the positive impact he has made in his community. His initiative, creativity, and selfless volunteerism make him a worthy recipient. Jacob should be proud to be a model citizen amongst the youth in his community and my congressional district.

Madam Speaker, I am confident Jacob will continue to use his many talents as tools for the betterment of his community and our nation. I respectfully urge you to join me in commending Jacob on this monumental achievement.

BRADY HONORS OFFICER MARCELLO MUZZATTI

HON. ROBERT A. BRADY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. BRADY of Pennsylvania. Madam Speaker, I would like to recognize one of law enforcement's outstanding leaders. Marcello Muzzatti, currently a police officer with the Washington Metropolitan Police Department K9 unit, has been a member of the Fraternal Order of Police since 1981. He currently serves as President of the Washington, DC Fraternal Order of Police Lodge number one, after having served fourteen (14) years as Vice-President.

In 2002, Officer Muzzatti was appointed Chairman of the National Fraternal Order of Police Memorial Committee, by the late FOP President, Steve Young. One of his first orders of business as Chairman was planning the National Police Memorial Service. The Service includes all of the fallen law enforcement officers from across the Country, including those killed during the attacks of 9/11. He made many positive changes to the National Memorial Committee and took the National FOP Memorial Peace Officers Service to a new level of excellence.

Officer Muzzatti has also worked tirelessly to strengthen and improve the relationships

with many organizations. He volunteers his own time to reach out to the fallen officers' children by attending various retreats and events sponsored by Concerns of Police Survivors. He is also involved with the planning and implementation of the National Law Enforcement Officers Memorial Fund Museum project.

Madam Speaker, it is an honor to recognize the hard work of police officers like Officer Muzzatti. He serves as an example to all and today, I salute him.

HONORING SITKA NATIONAL HISTORIC PARK

HON. DON YOUNG

OF ALASKA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. YOUNG of Alaska. Madam Speaker, today I would like to recognize the centennial anniversary of the Sitka National Historic Park, which is the oldest federally designated park in Alaska. The park was established in 1890 to commemorate the 1804 Battle of Sitka. All that remains of this last major conflict between Europeans and Alaska Natives is the site of the Tlingit Fort and battlefield, located within this scenic 113-acre park.

In 1808, following this series of battles between the Tlingit natives and Governor Alexandr Baranov, Sitka was established as the capitol of what was then called Russian-America. Following the sale of this land to the United States after the decline of the otter fur trade, Sitka continued to be the seat of government for territorial Alaska until 1906, when the capital was moved to Juneau.

Unofficially called "lover's lane" or "totem park" by Sitka locals, the Sitka National Historic Park attracts nearly 300,000 visitors a year to its scenic coastal trails, beautiful temperate rainforest, and world-class collection of Northwest coast totem poles. These histories carved in cedar were donated by Native leaders from villages in Southeast Alaska, and were then brought to Sitka by Alaska's then District Governor John G. Brady in 1905. Many poles exhibited along the park's two miles of wooded pathways are replicas of the original totem poles.

The park also boasts a visitor center which contains ethnographic exhibits and houses the Southeast Alaska Indian Cultural Center, where visitors can watch Native artists at work. Here, the park cares for more than 154,000 museum collection items. These include Tlingit ethnographic pieces, Russian American archeological and historical items, historical photos, archives and herbarium specimens. Highlights of the collection include totem poles, Chilkat weaving, Tlingit oral history recordings, 19th Century Russian furniture, Russian Orthodox icons and vestments, and two hundred original glass plate negatives by Sitkan photographer E.W. Merrill. Through these exhibits, visitors of the park get a rare peak into the unique cultures and lifestyles of Tlingit natives and Russian-American creoles.

The experience continues at the Russian Bishop's House, one of the last surviving examples of Russian colonial architecture in

North America. This original 1842 log structure conveys the legacy of Russian America through exhibits, refurbished living quarters and the Chapel of the Annunciation. This house was once the center of the Russian Orthodox Church authority in a diocese that stretched from California to Siberian Kamchatka, at a time when Russia was still the dominant power in the Pacific Northwest. Today, it is an artifact of the heritage of Russian Orthodoxy in Alaska, which maintains a strong presence to this day.

Given this unique combination of natural beauty, cultural history, and rare artifacts, it is no wonder that the Park played a significant role in Sitka's recent designation as one of the Dozen Distinctive Destinations by the National Trust for Historic Preservation. Tucked away behind the dormant volcano Mt. Edgcombe, the Sitka National Historic Park remains one of Alaska's jewels. As the City of Sitka commemorates Sitka National Historic Park month, I would like to join Alaskans in recognizing the Park on its centennial celebration.

RECOGNIZING THE CENTRAL PRESBYTERIAN CHURCH IN GEN- ESE0, NEW YORK ON THEIR 200TH ANNIVERSARY

HON. CHRISTOPHER JOHN LEE

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. LEE of New York. Madam Speaker, I ask that the House join me in recognizing the 200th Anniversary of the Central Presbyterian Church of Geneseo, New York.

The Central Presbyterian Church of Geneseo has a rich and proud history of service and dedication to the Western New York Community, beginning back in 1810 when Missionary Daniel Oliver organized a small group of Congregationalists in Geneseo.

The Church itself has been housed in several different structures over the last 200 years but its mission and dedication to the community have been constant. From the Reverend Daniel Oliver to its current pastor, the Reverend Beth E. Godfrey, the Central Presbyterian Church has been honoring its mission statement of "encouraging spiritual growth" for the last 200 years.

The Church has been serving both the regional and international community since its foundation, through numerous service projects such as organizing food drives and participating in the Livingston County Habitat for Humanity chapter to traveling to Juarez, Mexico to assist in the building of a shelter for abused women.

Madam Speaker, I wish to congratulate and thank the Central Presbyterian Church of Geneseo for their dedication and service to the community for the past 200 years. They are a true asset to Western New York, and I ask that the House please join me in recognizing their tremendous achievement and work they have done during this time.

RECOGNITION OF THE MISS GREATER SPRINGFIELD SCHOL- ARSHIP ORGANIZATION

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today to recognize a community organization serving Northern Virginia, the Miss Greater Springfield Scholarship Organization. The Miss Greater Springfield Scholarship Organization is an affiliate of the Miss Virginia and Miss America Scholarship Organizations. The Miss America Organization, with its State and local affiliates, is the number one resource in the world for women's educational scholarships; in 2006 alone over \$45 million dollars was awarded to 12,000 women from throughout the country.

Miss Greater Springfield is now going into its 7th year, and has consistently upheld a high standard for its competitors, attracting participants that have demonstrated a strong commitment to the community and a desire to improve the world around them. The contestants support a variety of issues including autism advocacy and awareness, The Children's Miracle Network, and promoting organ donation. Miss Greater Springfield of 2009, Bethany Munt, has used her title as a platform to address the challenges facing our Nation's schools and education system, and has been active with the Boys and Girls Clubs of America. Ms. Munt received her undergraduate degree in child development and has taught school in New York State and New Zealand.

Madam Speaker, I ask that my colleagues join me in congratulating Ms. Munt and the Miss Greater Springfield Scholarship Organization for their efforts to improve our community and the lives of our young people.

CLAUDE ARTHUR WHARTON, III

HON. J. GRESHAM BARRETT

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. BARRETT of South Carolina. Madam Speaker, I rise today to recognize Claude Arthur "Skip" Wharton, III, of Seneca, South Carolina, and fellow alumnus of The Citadel, for a lifetime of distinguished service to the citizens of our state and to our country. From his time as a cadet at The Citadel to his current position as Director of Business Operations for the Applied Research and Development Institute, ARDI, of the South Carolina Research Authority, SCRA, Skip has led an admirable life and maintained a strong work ethic. His contributions to South Carolina and the United States in the fields of government contract administration, compliance, finance, budgeting, and costing are truly commendable. In my view, Skip is the embodiment of an upstanding and fine American citizen.

After receiving his undergraduate degree from The Citadel, Skip served our country for four years in the United States Army as an Armored Cavalry Platoon Leader and a Troop

Commander in Vietnam and Germany. For his service to our country, Skip was awarded the Silver Star Medal, the third highest medal awarded by the United States Armed Forces, for combat valor.

After his military service, Mr. Wharton spent seven years in management in small business in both California and Louisiana. From 1980 through 1987, Mr. Wharton was with the American Development Corporation, ADCOR, a defense manufacturing contractor located in Charleston, South Carolina. At ADCOR, he was responsible for adhering to the Federal Acquisition Regulations, FAR, in the development of annual corporate and departmental budgets, in excess of \$20 million per year; the promulgation and defense of all indirect rates; and the formulation of all pricing proposals. In 1988, Mr. Wharton joined SCRA in Charleston and served as the Director of Budgeting and Costing. In this capacity, he was responsible for financial analyses at the project, group, segment, and company levels; corporate budgeting; management reporting; and tracking performance against stated strategic goals.

In October of 2000, Mr. Wharton was assigned to ARDI as the Director of Contracts and Procurement and was responsible for establishing the contracts administration staff and the administrative functions of the Composites Manufacturing Technology Center, a United States Navy Center of Excellence. Skip also served as the ARDI Facility Security Officer and was responsible for all interaction with the Defense Security Service; physical security of the office; the safeguarding of all classified documents, software and hardware; and the processing and maintenance of individual security clearances.

Through hard work and dedication, Skip has made significant contributions to our state and our country. His distinguished service has been invaluable, and for this, I applaud him. His dedication to his family, friends, and colleagues should stand as an example of what we should all strive to be. I join Skip's colleagues at the Applied Research and Development Institute, the citizens of our state, and his entire family, including his wife, Patricia, his children and grandchild, in commending Skip for his lifetime of service to South Carolina and this great nation. May God bless them all.

RECOGNIZING GRACIA MOLINA DE PICK UPON THE OCCASION OF HER 80TH BIRTHDAY

HON. SUSAN A. DAVIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mrs. DAVIS of California. Madam Speaker, I rise to honor Gracia Molina de Pick, a distinguished activist, feminist, author, and educator in the San Diego community, upon her 80th birthday.

Born into a politically active family in Mexico, Gracia Molina de Pick moved to San Diego in 1957, and has maintained her spirit of activism through her many years of work and service in our region. Along the way, she received her master's degree from San Diego

State University and participated in doctoral studies at the University of California, San Diego and a doctoral fellowship at the University of Southern California.

Gracia Molina de Pick has been fighting for the rights of Latinos and Chicanos since she was a teenager. She is the founder of IM-PACT, an early community grassroots organization that fought for the civil rights of Mexican-Americans in San Diego. From 1969 to 1977 she served on the National Council of La Raza, the first civil rights advocacy group for Hispanic Americans. In 1970, she also founded the first national feminist Chicana Association, the Comision Femenil Mexicana Nacional, and the following year she served as the Chicana Caucus Chair of the National Women's Political Caucus. She is the national organizer for Chicana participation at the United Nations World Conferences on Women.

Gracia Molina de Pick has tirelessly persisted in her efforts to secure equality for women. She helped to organize and found the Partido Popular, a Mexican political party that fought to secure voting rights for women. A published author, she has penned numerous articles and co-authored two books. Her most recent book, *Mujeres en la Historia & Historias de Mujeres*, offers readers biographies of influential women in Mexican history.

Understandably, many prominent organizations have honored Gracia Molina de Pick with well-deserved awards and recognition. In 2001, Assemblymember Christine Kehoe named Gracia "Woman of the Year," and she was inducted into the San Diego Women's Hall of Fame the year after. In 2004, she received the Jesse de la Cruz Award from the California Rural Legal Assistance, Inc., a venerable legal advocacy and economic justice organization.

Gracia continues to work for equality for those who are underrepresented and underserved, particularly in the areas of service and education. For many years, she served as a professor at Mesa College and a lecturer at the University of California, San Diego, where she helped found the University's Thurgood Marshall College. She served as the Commissioner of the California Post-Secondary Education Commission, and recently initiated the Gracia Molina de Pick Endowed Fund for Chicano/a Studies at the University of California, San Diego. Currently, Gracia is a member of San Diego's Human Relations Commission, where she works to ensure that the city upholds the protections of basic human and civil rights that she herself has worked so hard to establish.

In keeping with her selfless spirit, Gracia is commemorating her birthday with a benefit celebration to raise financial support for the Logan Heights Library in San Diego. On this happy occasion, please join me in honoring Gracia Molina de Pick and her years of hard work making a difference in our community.

RECOGNIZING THE OPENING OF A NEW BB&T BRANCH IN HAYMARKET, VA.

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today to recognize the opening of a new BB&T branch location in Haymarket, Va.

The branch location at the corner of Heathcote Boulevard and Route 15 serves Western Prince William County and creates six new jobs for the region. The staff of the BB&T Haymarket branch are responsible stewards of their community with affiliations to the Dominion Valley Woman's Club, Gainesville Haymarket Rotary Club, Prince William Chapter of the American Red Cross, Prince William County Greater Manassas Chamber of Commerce, Haymarket Gainesville Business Association, Girl Scouts of America, George G. Tyler Elementary Parent Teacher Association and Haymarket Regional Food Bank.

I would like to extend my personal congratulations to the staff of the new Haymarket branch on the occasion of their ribbon cutting and commend them for their culture of robust civic participation.

BRANCH STAFF

Amelia J. Stansell, Assistant Vice President & Financial Center Leader; Liliana Grassa, Teller Supervisor; LaKeta McSellers, Relationship Banker; Shadia Shaikh, Relationship Teller; Erick Cabrera, Teller; Sherry Bobbitt, Area Operations Officer.

SENIOR LEADERSHIP TEAM

Donald Strehle, Northern Virginia Regional President; Karen Wallis, Regional Banking Manager; Sherri Hagenbuch, Sales & Service Leader for Prince William County; Michael Pybus, City Executive for Prince William County.

Madam Speaker, I ask that my colleagues join me in celebrating the opening of the new BB&T branch in Haymarket, Va. A business that encourages its employees to take an active role in civic life makes an investment far beyond that of bricks and mortar. It strengthens civic bonds and leaves an indelible mark on the character a community. I look forward to having a lasting community partner in BB&T's Haymarket branch.

HONORING BRYANE HEABERLIN AND ALEXANDRA COSBY

HON. KENDRICK B. MEEK

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. MEEK of Florida. Madam Speaker, today I rise to tell a heartwarming story of two young soccer players united in their common humanity.

Bryane Heaberlin is a sixteen-year-old goalkeeper from St. Petersburg, Florida playing on the U.S. under-17 soccer team. Alexandra Cosby is the goalkeeper on Haiti's under-17 team. Last week, after the U.S. defeated Haiti at the Confederation of North, Central American and Caribbean Association Football Cup

in Costa Rica, the young women embraced in an emotional moment replayed around the world.

When Alexandra started crying at the end of the game, Bryane immediately understood. Still recovering from the effects of a devastating earthquake in her homeland, Alexandra and her teammates suffered through unspeakable tragedy. Bryane, understanding her team's victory was bittersweet, gave Alexandra a hug. They cried together. Soon after, both teams embraced in an emotional display of solidarity and friendship.

The story of Bryane and Alexandra is a testament to the enduring union and the generosity of spirit between the United States and Haiti. Our nations are neighbors and partners in an increasingly interdependent world. As young Bryane said after the game, "I did not think about the game at that moment . . . I simply thought about the hard times she had faced and everything she had lost. I thought that when the game was over, she had to come back to reality, that the game was her way of forgetting about everything for 90 minutes." Furthermore, Bryane's parents, Bryan and Gretchen along with the Clearwater Soccer Club and their daughter's school, delivered a 70-pound care package to the Haitian women's team.

Madam Speaker, as the representative of more Haitian Americans than any other member of Congress, I am compelled to share this story with my constituents and the broader public. Our community is hurting, but reading this story by John Cotey in the St. Petersburg Times gave me hope that brighter days are ahead for Haiti. These two young women are living examples of how sports bring us together in our common humanity. I applaud their compassion and grace in the face of adversity. Let us not forget their example as our nations move forward together.

CELEBRATING SWEENEY COMMUNITY HOSPITAL'S FORTY-FIFTH ANNIVERSARY

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. PAUL. Madam Speaker, on March 30, 2010 Sweeny Community Hospital will commemorate its forty-fifth anniversary. Located west of the Brazos River in the city of Sweeny in Brazoria County, which is in my Congressional District, Sweeny Community Hospital is a cornerstone of Brazoria County's health care system.

Sweeny Community Hospital has always been committed to providing top-notch health care to all who walk through its doors. Sweeny Community Hospital has always worked to grow and improve in order to better meet the health care needs of the people of Brazoria County. Today Sweeny Community Hospital employs approximately 150 people and has locations throughout Brazoria County. Having begun my Ob/Gyn medical practice in Brazoria County shortly after Sweeny Community Hospital opened its doors, I am well aware of the quality of the medical services offered at

Sweeny Community Hospital. It is therefore my pleasure to offer my congratulations to Sweeny Community Hospital on its forty-fifth anniversary.

COMMENDING THE PUBLIC SERVICE OF NCIS SPECIAL AGENT RICHARD J. CLOONAN

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today to pay tribute to Special Agent (SA) Richard J. Cloonan, Deputy Assistant Director, Counterintelligence Program, for the Naval Criminal Investigative Service (NCIS). SA Cloonan retired from that organization on March 3, 2010 after 29 years of service, and following 33 years of Federal Service. I am pleased to say that SA Cloonan is one of my constituents from Manassas, VA.

SA Cloonan began his career with the then named Naval Investigative Service (NIS) in August 1981 at NIS Resident Agency (NISRA) Point Loma, CA. He subsequently transferred to the NISRA Naval Station in San Diego, CA. In August 1984, SA Cloonan transferred to the Washington Field Office (DCWA). During his time at DCWA, SA Cloonan participated in several landmark counterintelligence (CI) investigations including the Walker Family Spy Ring, the Jonathan Pollard Spy case, the Clayton Lonetree investigation and the subsequent BOBSLED Task Force. Also while at DCWA, SA Cloonan was appointed the "Mount Up" team leader. The "Mount Up" team formed the basis of what is now the Navy's Personal Security Operation (PSO).

In 1987, SA Cloonan transferred to NCIS Headquarters and was detailed to the Department of the Navy's Special Programs Office, and while there he provided comprehensive CI protection to the most sensitive Navy research and technology, to include the USS *Sea Shadow*, the Navy's STEALTH Ship prototype. In 1988, shortly before the Berlin Wall came down, SA Cloonan deployed to East Berlin in support of a sensitive Resource and Technology Protection (RTP) espionage investigation. SA Cloonan recalls most vividly those anxious minutes passing thorough "Check Point Charley." In December 1989, SA Cloonan transferred to NCIS Field Office (NCISFO) Norfolk and was detailed to US Atlantic Command as the Deputy CI Staff Officer. While in that position, SA Cloonan coordinated the force protection support to Operation Uphold Democracy, the US/UN Operation in Haiti.

SA Cloonan was promoted in 1995 and assigned as the Resident Agent in Charge (RAC) at NCISRA London, UK. Under his leadership, NCISRA London received wide recognition for its collection on terrorism in the UK. In coordination with Scotland Yard, SA Cloonan and the late SA Tom Marzilli provided significant high value information concerning Al Qaeda Networks operating within the UK and Europe to the Intelligence Community.

In July 1999, SA Cloonan transferred back to NCISFO Norfolk as the acting Assistant

Special Agent in Charge (ASAC) for CI and was promoted in September 2001. At that time, SA Cloonan was the NCIS Senior Representative to FBI Headquarters and his first day was September 10, 2001. Following the tragic events of September 11, 2001, SA Cloonan played a key role for the Department of Defense in the FBI's Special Information Operations Center (SIOC) and the follow on PENTTBOM investigation. SA Cloonan was a plank owner with the new National Joint Terrorism Task Force (NJTTF) and launched the NCIS' Joint Terrorism Task Force and Force Protection Detachment (FPD) programs.

In January 2004, SA Cloonan was promoted to GS-15 and assigned as the Counterintelligence Support Officer (CISO) to US Pacific Command in Hawaii. SA Cloonan orchestrated the CI/FP support to Joint Task Force Provide Promise, the US response to the devastating 2005 Tsunami in Banda Ache, Indonesia.

In August 2008, SA Cloonan returned to NCIS Headquarters as the Deputy Assistant Director (DAD), Counterintelligence Program Direction.

SA Cloonan plans to remain in the Washington, DC area with his family. After taking some well deserved time off from working, SA Cloonan will continue to serve his country working for the National Geospatial Agency (NGA) as a CI advisor.

Madam Speaker, I ask that my colleagues join me in thanking SA Cloonan for his 33 years of outstanding public service and to wish him fair winds and following seas as he begins the next chapter in his life.

HONORING NATIONAL PEACE CORPS WEEK

HON. LYNN C. WOOLSEY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Ms. WOOLSEY. Madam Speaker, I rise today during National Peace Corps week to honor the immeasurable contributions of the 200,000 Americans who have volunteered to serve in 139 countries in the cause of peace since 1961. Through mutual respect and understanding, these men and women have committed themselves to improving our country's relationships with the rest of the world, and I applaud their dedication to communities around the globe.

When President John F. Kennedy created the Peace Corps 49 years ago, he set out to provide ordinary men and women with an opportunity to strengthen developing countries devastated by the effects of poverty, disease, and war. Volunteers have come from all walks of life, some with years of experience and some just out of college.

Peace Corps volunteers have mobilized to combat some of the world's most urgent humanitarian crises, including providing crucial assistance to communities in need of post-conflict relief and reconstruction as well as countries overwhelmed by natural disasters. These men and women have helped economically depressed communities develop new business plans, struggling farmers improve their crop production, and families devastated by HIV/AIDS receive the care they need.

Currently, volunteers are serving in 76 countries, providing development assistance while fostering new bonds of friendship and seeking common ways to address global challenges. Over 400 men and women have volunteered from California's Sixth District, including the following current volunteers: Chase Adam, Samantha Atkins, Gail Bachman, Ashley Baker, Elizabeth Bremner, Alicea Cock-Esteb, Rebecca Como, Lindsay Crawford, Douglas Cruickshank, Jed D'Abravanel, Catherine Fabiano, Scott Fergus, David Gomez, Stevie Greenwell, Daniel Grinnell, James Gurney, Peter Hoge, David Hughes, Matthew Ingalls, Christina Long, Ryan Loughlin, Mary McQuilkin, Reid Miller, Courtenay Pinder, Ryan Reichert, Rickey Russell, Nur-Aliyya Shelley, Robin Smith, Jessica Wright, and Pat Wrobel-Dickens.

Madam Speaker, the 49th anniversary of the establishment of the Peace Corps is an achievement that we should all commemorate. I celebrate the leadership and accomplishments of these compassionate Americans who have committed themselves to promoting global peace, diplomacy, and understanding.

IN RECOGNITION OF THE 20TH ANNUAL FAIRFAX COUNTY FOOTBALL HALL OF FAME HONOREES

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today to recognize the Fairfax County Youth Football League and to celebrate the 20th Anniversary of the Fairfax County Football Hall of Fame.

The importance of youth sports cannot be overstated. Participation in organized sports teaches our youth many lessons that will serve them well throughout life. These invaluable lessons include sportsmanship, teamwork, honesty, a sense of belonging, and maybe most importantly, the work ethic instilled by striving for success and working to achieve a common goal. Organized youth sports also contributes to our society; studies have shown a correlation between participation in sporting activities and doing well in school. Some studies indicate that reduction in gang activity can be partially attributed to refocusing at risk youth into organized, supervised activities such as youth sports.

I applaud the Fairfax County Youth Football League for the opportunities that they provide to all of our children to succeed and be a part of a team. I also congratulate the following students, coaches and community leaders who are being recognized at the 20th Annual Fairfax County Football Hall of Fame:

Fairfax County Football Hall of Fame 2010 Inductees: Jason Witten (NFL Dallas Cowboys, University of Tennessee, Elizabethton High School, Vienna Youth Inc.), Nick Hilgert (Robinson HS), Richard Herman (Ft. Belvoir Youth Sports).

Football Official of the Year—Youth Sports: John Page (Fairfax County Football Officials Association).

Karl Davey Community Achievement Award: Solomon Thompson, Jr. (President, Blue Col- lar Objects, Inc.).

Tom Davis Meritorious Service Award: Joe Swarm (Director of Student Activities, Marshall HS).

Gene Nelson Commissioner of the Year Award: Damian Caracciola (Southwestern Youth Association).

FCFHF Awards \$1,500 Scholarships: Greg Gadell (O'Connell HS), Cody Canard (Robinson HS), Nick Grinups (Westfield HS) and Emily Andrukonis (Fairfax HS).

High School Players of the Year: Kevin Samson (Madison HS), Anton McCallum (Hayfield HS), Josh Hogan (Woodson HS), Brian Laiti (Robinson HS), Hunter Debutts (Episcopal HS), Bo Revell (Battlefield HS).

High School Coaches of the Year: Mickey Thompson (Stone Bridge HS), Jim Poythress (Lake Braddock HS).

Youth Players of the Year—Youth Sports: Steven Steenson (Gainesville/Haymarket Youth), Tucker Harrell (McLean Youth Football), Connor McCulloch (Alexandria Recreation), Nicholas Render (Southwestern Youth Association), Devin Saunders (Ft. Belvoir Youth Football), Christopher Wilson (Manassas Youth Football), Nick Bruno (Dulles South Youth Sports), Greg Smith (Ft. Hunt Football & Cheerleading), Max Heinemann (Reston Youth Football), Jordan McIntyre (South County Athletic Assoc), Jake Jenkins (Gainesville/Haymarket Youth), Brendan McCarron (Springfield Youth Club), Michael Ficarra (Chantilly Youth Association), Tylar Thompson (Lee Franconia Football), Andrew Greer (Braddock Road Youth Club), Luke Kaplon (Braddock Road Youth Club).

Coaches of the Year—Youth Sports: Dan Puhlick (Gainesville/Haymarket Youth), Brian Edwards (Manassas Youth Football), Chuck Martin (Gum Springs), Derek Wisniewski (Arlington Recreation).

Cheerleaders of the Year: Kaylie Canestra (Gainesville/Haymarket Youth), Imani Carpenter (Southwestern Youth Association), Morgan Clay (Gainesville/Haymarket Youth), Shannon Kelley (Herndon Optimist Club), Gabrielle Turner (Dulles South Youth Sports).

Madam Speaker, I ask that my colleagues join me in congratulating the Fairfax County Youth Football League as well as those students, coaches and community leaders who are being honored at this 2010 Hall of Fame celebration.

HONORING MS. JUNE KENT

HON. BRIAN HIGGINS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. HIGGINS. Madam Speaker, I rise today to pay tribute to the years of service given to the people of Chautauqua County by Ms. June Kent. Ms. Kent served her constituency faithfully and justly during her tenure as a member of the Ellington Town Council.

Public service is a difficult and fulfilling career. Any person with a dream may enter but only a few are able to reach the end. Ms. Kent served her term with her head held high and a smile on her face the entire way. I have no doubt that her kind demeanor left a lasting impression on the people of Chautauqua County.

We are truly blessed to have such strong individuals with a desire to make this county the wonderful place that we all know it can be. Ms. Kent is one of those people and that is why, Madam Speaker, I rise in honor of her today.

CONGRATULATIONS TO MARTHA SPRIGGS

HON. KEITH ELLISON

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. ELLISON. Madam Speaker, I would like to extend my congratulations to fellow Minnesotan Martha Spriggs for receiving the Milken Family Foundation National Educator Award.

Ms. Spriggs has been selected by a blue ribbon committee of education and policy leaders appointed by state departments of education. The award acknowledges her exceptional talent as a classroom teacher, leader in education, and friend to students, colleagues, and administrators. The children of Andersen United Community School in Minneapolis benefit from her work, as well as the dedication of many other skilled professionals.

Madam Speaker, the foundations of our democracy ultimately rest not only on the rights and liberties which we share, but also the willingness and dedication of its citizens to enter the education profession and educate our youth. History has been a powerful reminder of the need for a vibrant and well-educated society to complement the institutions of government in a healthy democracy. Martha Spriggs has certainly done her part and I commend her for her service.

HONORING BENJAMIN HOOPER

HON. TOM PRICE

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. PRICE of Georgia. Madam Speaker, I rise today to honor Benjamin Ryan Hooper of Boy Scout Troop 317 in Johns Creek, Georgia.

By reaching the rank of Eagle Scout, Benjamin has done something that fewer than two percent of all who participate in Scouting ever achieve. This accomplishment is worthy of honor and recognition in its own right, but it is not why I speak to you today. Instead, I rise to commend Benjamin for the heroism he displayed, with the help of his brother Graham.

As residents of the Sixth District of Georgia, the Hoopers are constituents of mine. And like thousands of Georgians, they faced off against the devastating floodwaters that ravaged our State last September. This historic flood resulted in the deaths of at least ten Georgians. Fourteen Georgia counties were declared federal disaster areas, and the cost of the damage has been estimated at \$500 million. It was a difficult time, to say the least. But thanks to the actions of Benjamin Hooper, his family was able to avoid an even greater tragedy.

On September 21, 2009, Benjamin and his brother Graham arrived home from school to learn that two of their younger brothers had been playing in a flooded area and got caught in the rising waters and strengthening current. They had each managed to grab hold of a tree but were unable to get away from the rushing waters. These two young boys were now in grave danger of being swept away.

Upon hearing this, Benjamin jumped back in his car and raced to the scene. He quickly jumped into the water in an attempt to reach his stranded brothers, but the debris-filled creek was moving too quickly. Graham and Mrs. Hooper soon arrived with a length of garden hose which they passed to the two struggling boys so they could be pulled to safety. One of the boys made it, but the youngest brother Cole lost his grip and disappeared beneath the swiftly moving water.

Ignoring the danger to themselves, both Benjamin and Graham immediately jumped in after Cole. The current soon pulled Graham too far downstream, but once Cole surfaced, Benjamin was able to swim to his younger brother and hold his head above the water. The raging current then carried the boys downstream where they passed through a tunnel beneath a nearby road. By this point, the water level had risen to only a few feet below the top of this tunnel.

After successfully navigating this danger, Benjamin passed Cole off to Graham, who was now stationed by a nearby tree. Graham was then able to pull Cole out of the creek, but Benjamin was forced to continue swimming until he reached an area where the current had subsided. After exiting the creek himself, Benjamin walked back to his now reunited family, checked everyone for injuries, took steps to prevent the onset of hypothermia, and helped to calm his understandably upset mother. Miraculously, none of the Hooper boys had suffered serious injuries despite the life threatening peril they endured.

For his courageous and quick action, the Boy Scouts of America awarded Benjamin Hooper the Medal of Honor with Crossed Palms. Only 231 of these medals have been awarded since its inception in 1938. In the humble fashion always exhibited by true heroes, Benjamin said after receiving the award that, "I was just there at the right time."

So it is with great admiration that I pay tribute to Benjamin Hooper here in the U.S. House of Representatives today. May our entire Nation take heed of both his immeasurable courage and tremendous humility.

OUR UNCONSCIONABLE NATIONAL DEBT

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. COFFMAN of Colorado. Madam Speaker, today our national debt is \$12,643,701,402,529.55.

On January 6th, 2009, the start of the 111th Congress, the national debt was \$10,638,425,746,293.80.

This means the national debt has increased by \$2,005,275,656,235.75 so far this Con-

gress. The debt has increased \$7,038,446,389.48 since just yesterday.

This debt and its interest payments we are passing to our children and all future Americans.

HONORING THE MEMBERS OF CHEROKEE PATROL IN BOY SCOUT TROOP 1011

HON. TOM PRICE

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. PRICE of Georgia. Madam Speaker, I rise today to recognize the members of Cherokee Patrol in Boy Scout Troop 1011 for their achievements in Scouting.

Sponsored by Mount Bethel United Methodist Church in Marietta, Georgia, Troop 1011 has helped shape the lives of young men since its founding in 1972. Over the years, more than 200 members of Troop 1011 have attained the coveted rank of Eagle Scout. On March 21, they will add seven high school seniors to that list: Connor Reed Crank; Preston William Ehlers; Kirkland Douglas Malcolm; George Capron Merriam; C. Joseph Privateer; James Benjamin Stamberger; and Alexander Conrad Walgren.

In Scouting, troops typically are subdivided into smaller groups known as patrols. And the seven young men just mentioned represent the complete membership of Troop 1011's Cherokee Patrol. Fewer than two percent of all young men who begin Scouting ever become Eagle Scouts, so it is exceedingly rare for each member of a single patrol to reach this pinnacle.

In fact, Madam Speaker, it is downright extraordinary for an entire patrol to be awarded the rank of Eagle on the exact same day.

For meeting certain measures in addition to this rare achievement, Cherokee Patrol has also received the Honor Patrol Award. This award is only bestowed upon patrols whose membership makes the extra effort to be exemplary Scouts. Clearly these seven new Eagle Scouts pass that test with flying colors.

I wish every one of these fine young men the very best in their future endeavors.

CONGRATULATING BARBARA POSEY ON HER RECEIPT OF THE CONGRESSIONAL GOLD MEDAL

HON. ALLYSON Y. SCHWARTZ

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Ms. SCHWARTZ. Madam Speaker, I rise today to honor and congratulate Barbara Posey upon her receipt of the Congressional Gold Medal on March 10, 2010 for her service with the Women's Air Force Service Pilots (WASPs).

During World War II more than sixty years ago, the Women's Air Force Service Pilots worked under the direction of the United States Army Air Forces. These female civilian pilots flew fighter, bomber, transport, and train-

ing aircraft. The women of the WASPs pioneered the contribution of American women to the war effort. This commitment to their country was a catalyst for the reform that led to the integration of women pilots into the U.S. Armed Services.

Mrs. Posey's dedication to flying began when she became captivated during her first trip on board a plane. The joy she felt in the air led her to pursue her dream to become a pilot. She traveled to Cortland, New York to earn her pilot's license and in January of 1944, joined the WASPs. At Avenger field in Sweetwater, Texas she completed the same training program required by male pilots. Barbara Posey was one of 1,074 graduates of the program, and served as a test pilot at Shaw Army Airfield in Columbia, South Carolina, flying repaired planes that had been damaged in training operations. Although the director of the program had intended to militarize and commission the pilots, the improving military situation in 1944 reduced the need for additional pilots to be sent overseas.

In January of 1945, Barbara married John Posey before he left for the Pacific theatre. She has been blessed with 8 children, 27 grandchildren, and 22 great grandchildren. Before her retirement in 1986, she continued her excitement for aviation by helping with a grassroots aviation effort in the Delaware Valley.

Madam Speaker, once again I applaud Barbara Posey for her dedication, service and accomplishment. I offer my heartfelt congratulations to her on the momentous occasion of being awarded the Congressional Gold Medal, the highest civilian honor that Congress can award. I am honored to represent Barbara Posey in Congress.

HONORING ISAAC ALLEN AMES

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Isaac Allen Ames, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 134, and in earning the most prestigious award of Eagle Scout.

Isaac has been very active with his troop participating in many scout activities. Over the many years Isaac has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending Isaac Allen Ames for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

AMERICANS DESERVE BETTER
THAN OBAMACARE

HON. CHRISTOPHER H. SMITH

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. SMITH of New Jersey. Madam Speaker, I rise today to respectfully ask that my colleagues reject Obamacare, which if enacted into law, will seriously undermine, erode, damage—and perhaps even destroy—health care in America.

On substance, the Senate-passed text of over 2,700 pages now pending in the House is egregiously flawed. This is truly a bad bill and is anything but reform.

On process, the near total lack of transparency and misuse of majority party power to ram Obamacare through the Congress, makes it the quintessential example of what's so dreadfully wrong with Washington.

No wonder growing numbers of Americans are fed up, losing faith and angry at the Democrat-controlled Congress and the White House.

No wonder millions of people including Tea Party activists are demanding accountability and defeat of Obamacare.

This has been—and is—an unseemly process unworthy of a national legislature—any legislature for that matter—especially one with an enviable two-century-old history of law-making.

If President Obama wins passage of this bill when it comes to a vote, it will be a Pyrrhic victory at best.

This is not Congress' finest hour.

Rest assured that if Obamacare was sound and prudent policy—fiscally and morally—and an efficacious way of facilitating quality health care coverage, members of both sides of the aisle and across the ideological spectrum would be lining up to support it.

If this was a good bill, persuasion, not pressure would convince a large majority of the members to embrace it.

Instead, blunt force is being applied like a vice grip to “convince” the unconvinced and undecided to cave, conform and capitulate.

On cost, Obamacare is riddled with accounting gimmicks—all designed to make the total price tag appear smaller than it really is.

In order to avoid sticker shock, Obamacare collects new taxes, fees, and shifts billions from Medicare for a full four years before benefits kick in. This trick results in an estimated, but grossly misleading cost of care of \$871 billion over 10 years.

Let me underscore that point, the federal government will collect huge amounts of new taxes, fees and will rob Medicare for a full 10 years—before payouts for services begin four years from now.

But when 10 years of revenue are matched with 10 years of benefits, the real cost comes in at a staggering \$2.3 trillion.

I would note parenthetically, that Obamacare will exacerbate Obamadebt. (When you eliminate double-counting of Medicare cuts, Social Security cuts, and the use of CLASS Act premiums, the Democrats claim of deficit reduction disappears into another massive wave of red ink of \$466 billion over the

first 10 years and \$1.4 trillion over the second 10 years.) Even without passage of this bill, under the President's 2011 budget proposal, federal spending will increase to a record \$3.8 trillion in 2011 alone. By 2020, the President's own 10-year budget analysis projects a more than doubling of debt to a record \$18.6 trillion.

Because Obamacare diverts \$500 billion from Medicare, there is no doubt whatsoever that senior citizens and disabled persons will lose certain health benefits they now enjoy. Medicare Advantage is protected in Florida—the so-called Gatorade fix—but not in my state of New Jersey or anywhere else. Medicare Advantage is used by over 11 million people nationwide including 15,983 people in my Congressional district alone. The Senate bill slashes nearly \$120 billion from Medicare Advantage plans, jeopardizing millions of seniors' existing coverage. So much for the President's promise that if you like your health plan, you can keep it; no you can't!

Madam Speaker, for the first time ever, Obamacare forces Americans to acquire an approved health plan or pay a stiff penalty—like they committed a crime.

The penalty is huge—the greater of \$750 per person per year (up to \$2,250 per family) or 2 percent of household income. No person in America should be coerced into buying medical insurance.

Under Obamacare, premiums for non-group family insurance will increase by as much as \$2,000 per year. The Congressional Budget Office (CBO) estimates that by 2016, premiums will increase by 10–13 percent over what would happen under current law. Conversely, CBO had estimated that the Republican plan which I strongly support would decrease some premiums by 5–10 percent.

The Republican alternative focuses on lowering health care premiums for families and small businesses, increasing access to affordable, high-quality care, and promoting healthier lifestyles—without increasing taxes or adding to the crushing debt Washington has placed on our children and grandchildren and without cutting Medicare.

Obamacare would also create nearly 160 boards, commissions and programs and would vest sweeping powers on bureaucrats to determine what benefits are covered and not and at what cost.

Even though last September, President Obama stood a mere 20 feet away from where I am standing now, and told a joint session of Congress that “no federal dollars will be used to fund abortions, and federal conscience laws will remain in place,” his legislation today constitutes the largest expansion of abortion since *Roe v. Wade* itself, and makes a mockery of that pledge.

Additionally, Obamacare fails to institute real medical liability reforms to end junk lawsuits and curb the costs of defensive medicine—these have long been identified as significant forces in driving up health costs.

The goal of responsible health care reform should be to provide credible health insurance coverage for everyone, strengthening the health care safety net so that no one is left out, and incentivizing quality and innovation, as well as healthy behaviors and prevention. This means that the current private health insurance market will have to be reformed to put

patients first, and to eliminate denials of pre-existing conditions and lifetime caps and promoting portability between jobs and geographic areas, including across state lines. The tax code should be modernized to promote affordability and individual control, provide assistance to low-income and middle-class families. Medicare requires reform to be more efficient and responsive, with sustainable payment rates.

Of course, responsible health care reform will respect basic principles of justice: it will put patients and their doctors in charge of medical decisions, not insurance companies or government bureaucrats. It will also ensure that the lives and health of all persons are respected regardless of stage of development, age or disability.

It's time to go back to the drawing board and address what's broken and fix it.

The American public deserves better than what's on the table.

HONORING MEREDITH O'MALLEY

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. GRAVES. Madam Speaker, I rise to recognize Meredith O'Malley, a very special young lady who has exemplified the finest qualities of service and citizenship. Meredith has recently been named one of the top youth volunteers in Missouri for 2010 in the 15th annual Prudential Spirit of Community Awards.

Meredith is recognized for this prestigious award because of the positive impact she has made in her community. Her initiative, creativity, and selfless volunteerism make her a worthy recipient. Meredith should be proud to be a model citizen amongst the youth in her community and my congressional district.

Madam Speaker, I am confident Meredith will continue to use her many talents as tools for the betterment of her community and our nation. I respectfully urge you to join me in commending Meredith on this monumental achievement.

HONORING MEGAN CORBIN

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. GRAVES. Madam Speaker, I rise to recognize Megan Corbin, a very special young lady who has exemplified the finest qualities of service and citizenship. Megan has recently been named one of the top youth volunteers in Missouri for 2010 in the 15th annual Prudential Spirit of Community Awards.

Megan is recognized for this prestigious award because of the positive impact she has made in her community. Her initiative, creativity, and selfless volunteerism make her a worthy recipient. Megan should be proud to be a model citizen amongst the youth in her community and my congressional district.

Madam Speaker, I am confident Megan will continue to use her many talents as tools for

the betterment of her community and our nation. I respectfully urge you to join me in commending Megan on this monumental achievement.

IRAN EXECUTES OPPOSITION ACTIVISTS

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. POE. Madam Speaker, freedom is rarely free. When you don't have it, you're under someone else's yolk, someone else's power. And for you to get it, you have to take that power from the oppressor. And while history has recorded some peaceful transitions, the transfer of power most often comes with the shedding of blood. So freedom has to be desired, yearned for, knowing that the struggle for it could cost you your life but is worth it—if not for you to enjoy, then for your children and grandchildren.

The totalitarian regime in Tehran has tortured, imprisoned, and executed thousands simply because they wanted to be free. On January 28, it continued its brutal oppression with the first known executions of opposition activists since unrest broke out following June's disputed presidential elections. Mohammad Reza Ali Zamani and Arash Rahmanpour were men that courageously made the choice to stand up to their oppressor. Faced with the choice between suffering under the indefinite rule of an oppressive regime and giving their lives so that others might be free, they selflessly chose the latter. We honor their sacrifice by continuing their fight so that all Iranians may one day be free.

PERSONAL EXPLANATION

HON. ADAM H. PUTNAM

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. PUTNAM. Madam Speaker, on Tuesday, March 16, 2010, I was not present for 4 recorded votes. Had I been present, I would have voted the following way: roll No. 116—yea, roll No. 117—yea, roll No. 118—yea, roll No. 119—yea.

PERSONAL EXPLANATION

HON. ADAM H. PUTNAM

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. PUTNAM. Madam Speaker, on Monday, March 15, 2010, I was not present for 4 recorded votes. Had I been present, I would have voted the following way: roll No. 112—yea; roll No. 113—yea; roll No. 114—yea; roll No. 115—yea.

HONORING BRAIN AWARENESS WEEK

HON. RUSH D. HOLT

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Wednesday, March 17, 2010

Mr. HOLT. Madam Speaker, I rise today to commemorate Brain Awareness Week supported by the Society for Neuroscience and nearly 2,400 other organizations, by highlighting a serious brain condition that affects a large number of our men and women in uniform: Traumatic Brain Injury, TBI.

Each year, up to 30,000 of our combat soldiers in Iraq and Afghanistan and an estimated 1.5 million Americans sustain a traumatic brain injury. Some patients are fortunate and heal with few long-term symptoms. Other patients suffer significant disabilities for the rest of their lives, while others pass away as a result of their brain injury. In New Jersey, there are approximately 9,000 traumatic brain injuries a year, ten percent of which prove fatal.

Research is needed to understand why some patients recover while others face long-term health issues from brain trauma. One of the key reasons for this is from secondary conditions that occur after the initial injury, such as insufficient blood flow to the brain, insufficient blood oxygen, or brain swelling. We must invest in more research to learn how to halt or prevent these secondary conditions to help more patients recover.

There is no standard treatment for traumatic brain injury. Neuroscience research has contributed significantly in discovering new medical treatments for TBI patients. For instance, this month the Pentagon announced a new military policy where soldiers who have experienced a vehicle or roadside blast would be pulled from the war zone, evaluated for 24 hours, and checked for mild traumatic brain injury. This policy change was the result of research that showed that immediately examining and treating our troops reduces the chances of negative effects of serious head injuries.

As a member of the Congressional Brain Injury Task Force, I believe we must continue to invest in innovative research to understand and treat brain injury in order to ensure a better quality of life for our soldiers and citizens struggling with this condition. For this reason, along with many others, I ask my colleagues to support a strong research investment in this year's budget, which will improve treatments for brain injury and other health conditions while laying the groundwork for our future economic growth.

SENATE COMMITTEE MEETINGS

Title IV of Senate Resolution 4, agreed to by the Senate on February 4, 1977, calls for establishment of a system for a computerized schedule of all meetings and hearings of Senate committees, subcommittees, joint committees, and committees of conference. This title requires all such committees to notify the Office of the Senate Daily Digest—designated by the Rules Com-

mittee—of the time, place, and purpose of the meetings, when scheduled, and any cancellations or changes in the meetings as they occur.

As an additional procedure along with the computerization of this information, the Office of the Senate Daily Digest will prepare this information for printing in the Extensions of Remarks section of the CONGRESSIONAL RECORD on Monday and Wednesday of each week.

Meetings scheduled for Thursday, March 18, 2010 may be found in the Daily Digest of today's RECORD.

MEETINGS SCHEDULED

MARCH 22

2 p.m.

Commission on Security and Cooperation in Europe

To receive a briefing on minorities and members of immigrant communities, focusing on reported instances of racial and ethnic profiling by police throughout the Organization for Security and Co-operation in Europe (OCSE) region.
CVC

4 p.m.

Banking, Housing, and Urban Affairs

Business meeting to consider an original bill entitled, "Restoring American Financial Stability Act of 2010".

SD-538

MARCH 23

9:30 a.m.

Armed Services

To hold hearings to examine the nominations of Elizabeth A. McGrath, of Virginia, to be Deputy Chief Management Officer, Michael J. McCord, of Virginia, to be Principal Deputy Under Secretary, Comptroller, Sharon E. Burke, of Maryland, to be Director of Operational Energy Plans and Programs, Solomon B. Watson IV, of New York, to be General Counsel of the Department of the Army, and Katherine Hammack, of Arizona, to be Assistant Secretary of the Army, all of the Department of Defense.

SH-216

Judiciary

To hold an oversight hearing to examine the Department of Justice.

SD-226

11 a.m.

Commerce, Science, and Transportation

To hold hearings to examine the nomination of Major General Robert A. Harding, United States Army (Retired), of Virginia, to be Administrator of the Transportation Security Administration and to be Assistant Secretary of Homeland Security.

SR-253

2:15 p.m.

Foreign Relations

Business meeting to consider S. 1382, to improve and expand the Peace Corps for the 21st century, S. 2839, to amend the Torture Victims Relief Act of 1998 to authorize appropriations to provide assistance for domestic and foreign programs and centers for treatment of victims of torture, S. 624, to provide 100,000,000 people with first-time access to safe drinking water and sanitation on a sustainable basis by 2015 by improving the capacity of the United

States Government to fully implement the Senator Paul Simon Water for the Poor Act of 2005, S. Res. 409, calling on members of the Parliament in Uganda to reject the proposed "Anti-Homosexuality Bill", Convention Between the Government of the United States of America and the Government of Malta for the Avoidance of Double Taxation and the Prevention of Fiscal Evasion with Respect to Taxes on Income, signed on August 8, 2008, at Valletta (Treaty Doc. 111-01), Protocol Amending the Convention between the United States of America and New Zealand for the Avoidance of Double Taxation and the Prevention of Fiscal Evasion With Respect to Taxes on Income, signed on December 1, 2008, at Washington (Treaty Doc. 111-03), and the nominations of Elizabeth L. Littlefield, of the District of Columbia, to be President of the Overseas Private Investment Corporation, Carolyn Hessler Radelet, of the District of Columbia, to be Deputy Director of the Peace Corps, Raul Yzaguirre, of Maryland, to be Ambassador to the Dominican Republic, Theodore Sedgwick, of Virginia, to be Ambassador to the Slovak Republic, and Bisa Williams, of New Jersey, to be Ambassador to the Republic of Niger, all of the Department of State, Lana Pollack, of Michigan, to be a Commissioner on the part of the United States on the International Joint Commission, United States and Canada, and Walter Isaacson, of Louisiana, to be Chairman of the Broadcasting Board of Governors, and Dennis Mulhaupt, of California, Victor H. Ashe, of Tennessee, Michael Lynton, of California, S. Enders Wimbush, of Virginia, and Susan McCue, of Virginia, all to be a Member of the Broadcasting Board of Governors, and a routine list in the Foreign Service.

S-116, Capitol

2:30 p.m.

Commerce, Science, and Transportation
To hold hearings to examine reviewing the national broadband plan.

SR-253

Homeland Security and Governmental Affairs

Federal Financial Management, Government Information, Federal Services, and International Security Subcommittee

To hold hearings to examine making the government more transparent and accountable.

SD-342

Energy and Natural Resources

Public Lands and Forests Subcommittee

To hold hearings to examine S. 1546, to provide for the conveyance of certain parcels of land to the town of Mantua,

Utah, S. 2798, to reduce the risk of catastrophic wildfire through the facilitation of insect and disease infestation treatment of National Forest System and adjacent land, S. 2830, to amend the Surface Mining Control and Reclamation Act of 1977 to clarify that uncertified States and Indian tribes have the authority to use certain payments for certain noncoal reclamation projects, and S. 2963, to designate certain land in the State of Oregon as wilderness, to provide for the exchange of certain Federal land and non-Federal land.

SD-366

MARCH 24

9:30 a.m.

Veterans' Affairs

To hold an oversight hearing to examine Veterans' Affairs plan for ending homelessness among veterans.

SR-418

10 a.m.

Environment and Public Works

To hold hearings to examine opportunities to improve energy security and the environment through transportation policy.

SD-406

Homeland Security and Governmental Affairs

To hold hearings to examine the nomination of Major General Robert A. Harding, United States Army (Retired), of Virginia, to be Assistant Secretary of Homeland Security.

SD-342

Armed Services

Personnel Subcommittee

To hold hearings to examine Military Health System programs, policies, and initiatives in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program.

SR-232A

1:30 p.m.

Small Business and Entrepreneurship

To examine the President's proposed budget request for fiscal year 2011 for the Small Business Administration.

SR-485

2 p.m.

Aging

To hold hearings to examine medicine and prescription drugs, focusing on nursing home patients.

SD-106

2:30 p.m.

Homeland Security and Governmental Affairs

Contracting Oversight Subcommittee

To hold hearings to examine contracts for Afghan National Police training.

SD-342

Armed Services

To hold hearings to examine U.S. Pacific Command, U.S. Strategic Command, and U.S. Forces Korea in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program; with the possibility of a closed session in SVC-217 following the open session.

SH-216

Appropriations

Financial Services and General Government Subcommittee

To hold hearings to examine proposed budget estimates for fiscal year 2011 for the Office of Personnel Management.

SD-192

Judiciary

To hold hearings to examine the nomination of Goodwin Liu, of California, to be United States Circuit Judge for the Ninth Circuit.

SD-226

MARCH 25

9:30 a.m.

Homeland Security and Governmental Affairs

Investigations Subcommittee

To hold hearings to examine Wall Street and the financial crisis, focusing on high risk home loans.

SH-216

Appropriations

Transportation, Housing and Urban Development, and Related Agencies Subcommittee

To hold hearings to examine the review and oversight of the Federal Housing Administration and its role in the housing crisis.

SD-138

2:15 p.m.

Indian Affairs

To hold an oversight hearing to examine youth suicides and the need for mental health care resources in Indian country.

SD-628

APRIL 14

9:30 a.m.

Armed Services

SeaPower Subcommittee

To hold hearings to examine Navy shipbuilding programs in review of the Defense Authorization request for fiscal year 2011 and the Future Years Defense Program.

SD-562

SENATE—Thursday, March 18, 2010

The Senate met at 9:31 a.m. and was called to order by the Honorable KIRSTEN E. GILLIBRAND, a Senator from the State of New York.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

God of peace, Author and Finisher of our faith, You hung the stars in their place and put the planets in their orbit.

Inspire our Senators to commit this day and their lives into Your gracious care. Give them vision to discern their duties and the strength both of heart and resolve to discharge them. May they rededicate themselves to serving those in need, obeying Your command to labor for the least and the lost in our world. Lord, enable our lawmakers to be a credit and not a debit in the ledger of Your providential purposes.

We pray in Your sovereign Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable KIRSTEN E. GILLIBRAND led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The bill clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, March 18, 2010.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable KIRSTEN E. GILLIBRAND, a Senator from the State of New York, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mrs. GILLIBRAND thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Madam President, following leader remarks, the Senate will

proceed to a period of morning business for 1 hour, with Senators permitted to speak for up to 10 minutes each, with the Republicans controlling the first 30 minutes and the majority controlling the second 30 minutes. Following morning business, the Senate will resume consideration of the FAA bill. We will have debate run concurrently until 11:30 a.m., starting with the Sessions-McCaskill amendment and the Pryor amendment, with the time equally divided between Senators SESSIONS and PRYOR or their designees. At 2 p.m., the Senate will vote in relation to those amendments, with Sessions-McCaskill being the first in the sequence. Additional rollcall votes in relation to FAA amendments are expected throughout the day.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Under the previous order, there will be a period of morning business for 1 hour, with Senators permitted to speak for up to 10 minutes each, with Republicans controlling the first half and the majority controlling the final half.

The ACTING PRESIDENT pro tempore. The Senator from New Hampshire.

Mr. GREGG. Madam President, I ask unanimous consent that the Republican time be extended to 10:10 a.m.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTH CARE

Mr. GREGG. Madam President, I rise with some of my colleagues today to discuss one of the issues that is going to have a huge impact on how this health care issue is resolved or not resolved; that is, the question of what reconciliation is and what it implies relative to the legislative process.

"Reconciliation" is an arcane term. It is a term that is tied to and created by the Budget Act under which we function in the Congress. It is ironic that the use of reconciliation would become the central effort in buying votes in the House of Representatives in order to pass the big, the giant health care bill, known as the Senate health care bill—which bill, as we all know, expands the size of government by \$2.3

trillion and, in fact, we understand now there is a new score from CBO which is going to raise that number even further when it is accurately reflected.

It takes the government and puts it into basically the business of delivering health care in this country in a way that is extraordinarily intrusive and will cost a lot of people who are on private insurance—the insurance they have—which they probably feel fairly comfortable with although it may be very expensive—and it still leaves 23 million Americans uninsured while claiming to do a better job of insuring Americans and improving our health care system when, in fact, what it does is create massive debt that will be passed on to our children which they cannot and will not be able to afford, explodes the size of government and, in my opinion, will lead to a diminution of quality of care in this country.

The way this big bill, which I outlined in the thumbnail process, is going to be passed in the House of Representatives is to have a trailer bill called a reconciliation bill, which is an art form developed around here relative to the budget process which is supposed to be used for very specific efforts, certainly not for the purpose of buying votes from the liberal constituencies in the House or to pass a bigger bill. But that bill needs to be discussed as to what its implications are.

A number of us have come to the floor of the Senate today to try to explain what the reconciliation bill is and how it has historically been used but what the implications are relative to some of the things in the bigger Senate bill, in the giant bill, the giant spending bill; what the implications of the reconciliation changes in the reconciliation trailer bill will be on the bigger Senate bill, and what the representations that are being made are and whether they are accurate.

Specifically, let's take one issue, and that is what is known as the Cadillac tax. The tax on Cadillac policies, which is the appropriate way to describe this, is a proposal which was in the Senate bill to basically eliminate the deductibility for health insurance policies that exceeded a certain level of cost—\$27,000, I believe, is the number. To the extent an insurance policy paid for by an employer exceeds that number in cost, the excess in amount—let's say it costs \$32,000 a year for an employer to have an insurance policy for you. That sounds like a lot of money, but actually there are a number that cost that much, especially of union programs. To the extent the difference between the \$27,000 and the \$30,000 is paid for by

your employer, that will no longer be deductible by the employer as an expense. It is done in a more complex way, but that is basically the way it works out.

The effect of that is fairly significant on what is known as the Social Security trust fund because it actually creates a situation where there will be more taxable wages, which will mean that the Social Security trust fund will be getting more tax revenue.

This brings into play the question of whether you can even bring forward language of this type which affects the Social Security trust fund through the taxing of Cadillac policies in a reconciliation bill. I think this needs to be discussed because of a very important issue as to whether the House Members are being told correctly how this will be dealt with in the Senate.

I know my colleague wants to speak to the issue.

Mr. THUNE. Madam President, I ask my colleague, it seems to me, as he described this reconciliation trailer bill that the House will use, first, to try to fix elements of the Senate bill they do not like, and then that reconciliation bill would come back to the Senate. I ask the Senator: Is it not true that the House and Senate already passed their health care bills? Why then is this second vehicle, this reconciliation bill necessary?

It seems to me at least the House, if it were to vote on the Senate-passed bill, that would put into law most of the provisions that are included in that bill. So why is the second process necessary, I ask my colleague from New Hampshire?

Mr. GREGG. It appears that the House Democratic membership is, first, afraid to vote on the bill. They are actually going to "deem" this, it appears, versus vote on it, which is an incredible act of political cowardice, in my opinion.

Secondly, they definitely do not want to go to conference. They do not want to do what the traditional process around here calls for. When you have two different bills—a Senate bill and a House bill—we take them to conference and discuss those bills and come out with a final bill. Why don't they want to do that? Because they know they cannot pass the final bill in the Senate. To get around that, they developed this policy of reconciliation as a trailer bill so they will send back the reconciliation bill to be voted on here—not on the big bill, a \$2.5 trillion bill. Thus, not only will they avoid a vote in the House on the big bill, they will avoid having to go to conference, and they will have basically bypassed the constitutional process in this manner.

Mr. CORNYN. If the Senator will yield for a question, I have heard this process whereby the House is going to deem the Senate bill passed and then pass a reconciliation bill which will

then be sent over to the Senate as Speaker PELOSI is asking Members of the House to hold hands and jump off a political cliff, hoping the Senate will catch them by passing the reconciliation bill unaltered or just in the same form that it passed the House. But is it not true that complications arise in section 313 of the Congressional Budget Act because of the Byrd rule?

We have heard a lot of talk about the Byrd rule, what points of order might be appropriate in the Senate. I wonder if the Senator—he touched on this a moment ago—would explain, with 41 Senators agreeing to sustain all points of order in the Senate, how many different holes can be punched in the reconciliation bill passed by the House when points of order are sustained.

The Senator from New Hampshire mentioned the Cadillac tax. I note that the president of AFL-CIO was visiting with President Obama at the White House on Wednesday seeking further reassurances that the tax on the Cadillac plans would be deferred, and presumably that would be part of the reconciliation bill.

Can the Senator from New Hampshire explain what kind of jeopardy the Byrd rule and points of order call into play that would make it unlikely that the President's promise to defer the tax on union Cadillac plans could pass the Senate?

Mr. GREGG. In order to buy votes, as I understand it, in the House—and this is basically a vote-buying exercise—the reconciliation bill, in order to buy votes, they are going to put changes to the Senate bill in the reconciliation bill, and then send the reconciliation bill back here to be voted on, on the theory that it only takes 51 votes to pass it.

The only problem with that approach is that a reconciliation bill is part of the budget process and has very strict limitations on what can be in it. So much of what they are talking about putting in the reconciliation bill may well be knocked out in the Senate.

For example, the Senator from Texas mentioned the Cadillac tax. If in any way the Cadillac policy tax language impacts Social Security, it will be subject to a point of order. In fact, it will be subject to two points of order in the Senate, and it will take 60 votes to overwhelm that point of order. Therefore, since 41 members of the Republican Party have signed a letter saying we are going to sustain the rules of the Senate, we are going to stand by the laws that govern the Senate, the procedures here, that language will be knocked out.

What is being represented to House Democrats as a way to get their vote, to vote for the big bill which is to change the language relative to the Cadillac policy tax in the smaller bill, the reconciliation bill, that probably will not survive the process and will

probably be knocked out on a procedural move, a procedural challenge on the Senate floor because it is inconsistent with the Senate rules.

Mr. CORNYN. If the Senator will allow me another question to clarify a point he made, and then certainly turn to the Senator from South Dakota, the point of order we are talking about, is it true that under section 313(B)(1)(F), that provision, that specific provision could drop out of the bill, but under a separate point of order under section 310(g) of the Congressional Budget Act, it could literally bring down the entire bill? Is that a correct reading of the Congressional Budget Act?

Mr. GREGG. The Senator from Texas understands the rules very well. A 310(g) challenge—to put it in understandable language—is a challenge that says it affects Social Security. The language affects Social Security. If the Cadillac policy tax impacts the Social Security trust fund, which, in my opinion, it does, and the Parliamentarian rules that it does, then the entire bill will fall.

Mr. THUNE. Let me, if I might, explore this a little further with the Senator from New Hampshire and follow up with a question that the Senator from Texas asked.

As I understand this then, the Cadillac tax provisions that were in the Senate bill—and that bill is now over in the House and going to be voted on—because of the changes that have been proposed to it now, it would delay the implementation of the Cadillac tax. Of course, the Cadillac tax, as the Senator from New Hampshire explained, would cap the amount of health care benefits that would be tax free, essentially, so above and beyond that would then become taxable. There is an assumption made that there would be a shift from health care benefits from employers to cash compensation, which would be taxable and generate more payroll tax revenues. That was the Senate bill as it passed here. The additions or modifications that are being considered in the House would delay the implementation date. Therefore, there is a lot of payroll tax revenue that would be coming in under Social Security that would no longer be realized or at least not be realized until the year 2018, which affects the amount of revenue that would be coming in under the Senate-passed bill, if these changes are adopted.

As I understand what the Senator from New Hampshire is saying, that will impact Social Security revenues. Those are payroll tax revenues, and any changes that are made to Social Security create a violation of the reconciliation process in the Senate—the Byrd rule, as the Senator from Texas referred to—and, therefore, a point of order would lie against that reconciliation bill when it comes back over here.

The majority, I assume, would move to waive that point of order, but what

happens if that point of order is not waived? If the majority is not successful in having that point of order waived, what happens to that reconciliation bill, which at that time would be under consideration in the Senate.

Mr. GREGG. Well, there are two points of order available. One is the Byrd point of order. If that were not waived, that section would go out of the bill. So people interested in that section, who used that section as the reason they were justifying voting for the bigger bill, that section would not survive. So they would have been sold a bill of goods.

The second point of order would take down the whole bill, and it would lose its reconciliation protections, which would mean the bill would require 60 votes to pass here. I can absolutely guarantee you it could not get 60 votes to pass. So you could presume the entire reconciliation bill would be dead. Again, people who are relying on the reconciliation bill in the House of Representatives—House Members on the Democratic side who are being told we will fix it in reconciliation—may well be being sold a bill of goods, if it is determined that some of this reconciliation language affects Social Security because it is very likely the entire bill will go down in the Senate because it will violate our Senate rules.

Mr. CORNYN. Following up with what the Senator from New Hampshire is saying by “being sold a bill of goods,” is he suggesting the leadership in the House and Speaker PELOSI are guaranteeing to House Members that the bill they pass—the reconciliation bill—will pass the Senate intact and, thus, they will have political cover from their constituents who don’t like this bill, but they will be able to shape and affect the final outcome?

Is the Senator from New Hampshire suggesting that because the 41 Senators who have said we will vote against waiving any budget points of order, that there will either be holes punched in that reconciliation bill that will make it impossible for the Speaker to keep her promise to the House Members ultimately or that it will bring down the bill entirely? Is that what the Senator is saying when he talks about selling them a bill of goods?

Mr. GREGG. Essentially, what I am saying is—and the Senator from Texas has certainly put it in context—the only reason they could possibly be using this vehicle, this reconciliation vehicle, this extraordinary process is because they are using it to get people to vote for the bigger bill that they do not like, and they are claiming that bigger bill will be improved by this reconciliation vehicle. Yet it is pretty obvious that the reconciliation vehicle, when it comes over here, is going to be punched through and through with holes because it will violate the rules of the Senate on issues such as this.

Mr. CORNYN. That is particularly true of the promise the President has apparently made to union leadership to defer the application of a Cadillac tax—the excise tax on Cadillac health insurance plans. That promise, as the promise to televise the negotiations and pass the bill on C-SPAN; the promise that if you have a policy you like, you can keep it; the promise that the bill would not raise taxes and the like; that would be another promise that would not be kept—that promise would be broken?

Mr. GREGG. That would be like a “the check is in the mail” type promise. I would not take it with a serious grain of salt.

Mr. THUNE. Well, is it possible, I would ask both my colleagues, that the process the House is using—and by the way, this deeming the bill passed seems to be a very curious way of trying to pass legislation of this consequence, which literally impacts one-sixth of our economy and literally impacts every American in a very personal way—is meant to somehow divorce themselves from the accountability or the responsibility that comes with voting for this in the House; therefore, they are going to use this deeming provision that would essentially pass this bill without having to have a recorded vote on it? By the way, I find that incredibly ironic for a legislative body, which is supposed to be about debating and voting on legislation.

But let’s assume that happens and they pass the Senate bill and then attach this reconciliation vehicle, which both my colleagues have referred to. Then it comes over here and these points of order that have been raised against the bill, which the Senator from Texas and the Senator from New Hampshire have both referred to—the Byrd point of order and this section 310(g), if that point of order is raised and the Chair sustains it, I guess—or essentially validates that is a valid point of order—there would be a motion to waive it. But this point of order on this extraneous Social Security provision that could be raised against the bill would sink the bill entirely, as I understand what the Senator from New Hampshire is saying. This other—the Byrd rule point of order—would punch holes in it, but it would, in any case, have to go back to the House of Representatives.

So if you are a Member of the House of Representatives, the best you can hope for is that you are going to get a bill back to the House that has a lot of provisions you cared about knocked out. The worst is that it might completely tube that process in the Senate, if this point of order, the Social Security point of order that could be raised against it, is actually not waived by the Senate. Our Republican Senators—41 of us—have signed a letter saying we will oppose waiving points of order

that are raised against the reconciliation bill when it gets to the Senate.

I guess my question for my colleagues is: Under that type of scenario, what happens next? Do the House Members who are going to be voting for this, assuming the Senate will fix all these things, then have to have that bill come back? Is there any way in which all these fixes that they hope are going to be eventually attached to the Senate-passed bill will be attached or that these things they hope to fix in this bill are going to be fixed?

It seems to me it is very curious that they are betting on the come, so to speak, and trusting the Senate to fix these things and that is an incredible leap of faith.

Mr. CORNYN. I think the Senator explained it very clearly. Put in this larger context, can you imagine being asked to cast a career-ending vote because the people in your district hate this bill. Yet you are following Speaker PELOSI’s instructions to vote for it and defying the wishes of your constituents. Can you imagine doing it in the context where there is so little certainty as to the outcome because of this reconciliation process and the Byrd rule and the points of order we have talked about.

Put that also in the larger context that the Senator mentioned of the deeming of the bill passed. I think that is clearly unconstitutional. Have you ever heard of a bill becoming law that wasn’t passed by the House and the Senate? There have been legal scholars who have written this is clearly unconstitutional. I imagine there is going to be months, perhaps years, of litigation, possibly even going to the U.S. Supreme Court, challenging this bizarre “Alice in Wonderland” procedure known as deeming the bill passed. Have you ever heard of such a thing?

Mr. GREGG. The concept where you would take the most important piece of legislation dealing with domestic policy in this country in the last 50 years and not vote on it is an affront to the purpose of a constitutional democracy. We are sent to the Senate to vote on a lot of issues and a lot of them not quite as significant as this one. But if you have the most significant issue you are going to possibly ever have before you, certainly in my career, you would expect that you would want to vote because you would want to express yourself.

I mean, why did you run for this job? Why did you want to serve your constituents if you were not willing to stand on something of this importance?

The ACTING PRESIDENT pro tempore. The hour of 10:10 has arrived.

Mr. GREGG. I thank the Chair, and I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Pennsylvania.

HEALTH CARE

Mr. CASEY. Madam President, I wished to review a couple points with regard to where we are on health care. We are at a point now where, of course, we are still awaiting action in the House—the other body, as it is sometimes referred to in the Senate—so we have to allow the House process to take place, and then, of course, we will be taking up health care more directly or more definitively next week.

But I think it is important to put this issue into the context of real people. We have a lot of discussions in the Senate and throughout Washington on process and procedure and numbers and all that, and that is important and relevant, but at the end of the discussion—the old expression “at the end of the day”—we have to be able to not only talk to the American people, as we have over many months now—in some cases many years—about what this legislation will do, but also we have to be aware of what is concerning a lot of people, a lot of families.

I received a letter in the early part of 2009 from a woman in Pennsylvania who lives in Berks County—kind of the eastern side of our State, just north of Philadelphia, a couple counties north of Philadelphia, Berks County—and the woman who wrote to me, Trisha Urban, is someone whom I have come to know over the past couple years because of the tragedy in her own life which relates directly to health care.

Trisha Urban related to me, in a letter she wrote to me but also in subsequent conversations, her story, which was the subject of a lot of discussion and public notoriety in her home area. I wish to read portions of the letter—not the whole letter but I think the relevant parts of this letter. She talks about her husband, she and her husband having all kinds of trouble with health care, which relates directly to almost every major issue we are talking about. Quoting from her, she said:

Like many Americans, we have difficulty with our health insurance. My husband had to leave his job for 1 year to complete an internship requirement to complete his doctorate in psychology. The internship was unpaid and we could not afford COBRA.

I will end the quote there for a second. We have had debates for weeks on extending COBRA health insurance to those who are unemployed—a safety net not only for Trisha Urban and her family, at that time, but so many American families—millions of them—especially in the midst of a terrible recession.

Picking back up on her letter:

Because of preexisting conditions, neither my husband's health issues nor my pregnancy—

She talked earlier in the letter about her pregnancy.

—would be covered under private insurance. I worked four part-time jobs and was not eligible for any health benefits. We ended up

with a second-rate health insurance plan through my husband's university. When medical bills started to add up, the insurance company decided to drop our coverage stating the internship did not qualify us for the benefits.

I will comment on that section. In those few sentences, you have the pre-existing condition problem and the “insurance company dropped our coverage” problem. This is information we have heard over and over in testimony from real people about what insurance companies in America are doing to these families. They are discriminating against families—legally, apparently, under current law. That is part of why we want to change what has been happening in America, change the law through passage of legislation to deal with the question of protecting families with preexisting conditions.

At long last—we have talked about this issue for decades but certainly in the last couple of years and more intensively in the last couple of months—this opportunity we have, this legislation gives us a chance not just to talk and to pontificate about what is wrong with the system but to act, to vote and to act to change the system to protect families.

Again, we are talking about preexisting conditions, we are talking about people, families who are going to work every day, paying their premiums, doing their part of the agreement they have with an insurance company. Yet, despite paying their premiums, despite doing what they are supposed to do under the current system, they are being denied coverage, they are being discriminated against because they have a preexisting condition or, even more outrageously, their children are being denied coverage because of a preexisting condition.

I have to ask myself—and I think a lot of Americans are asking this question—why do we tolerate this? Why do we go from year to year and say: it is terrible, insurance companies deny people coverage because of preexisting conditions even though they have been paying their premiums; it is terrible that insurance companies drop their coverage; it is terrible that they put limits on the kind of care they will provide, but they will put a dollar limit on it for a year or for a lifetime? That is really terrible, but there is nothing we can do about it.

That is basically what we have been saying for years. We complain about the problem, and no one or not enough people here in Washington are willing to take on the insurance company and say: No, you are not going to do that any longer. We are going to make those practices illegal.

We have a chance, and it is an up-or-down vote situation. We have a chance over the next couple of days—I hope not weeks but certainly the next couple of days—to decide these questions once and for all. We are either going to

stand up to insurance companies or we are going to allow them to control people's lives in a way that is insulting to the American people. It is damaging the ability for families to have coverage and to have better health care.

I believe what insurance companies do on these discriminatory practices is harming our economy long term. How can you be a productive worker if you have to worry every day, even though you paid your premium, whether an insurance company can discriminate against you, against your family, and especially against your children?

That is what Tricia Urban was pointing to here, not because it was an issue in Washington but it was an issue in her life, in the life of her husband, and eventually having an impact on her own pregnancy. I pick up the letter again, and I am quoting Tricia Urban again in the letter. She talks about what the costs were for her and for her husband:

We were left with close to \$100,000 worth of medical bills. Concerned with the upcoming financial responsibility of the birth of our daughter and the burden of current medical expenses, my husband missed his last doctor's appointment less than 1 month ago . . .

Meaning less than 1 month prior to February of 2009.

Here is where she begins to close the letter. I am quoting again.

I am a working class American and do not have the money or the insight to legally fight the health insurance company. We had no life insurance. I will probably lose my home, my car, and everything we worked so hard to accumulate and our life will be gone in an instant.

If my story is heard, if legislation can be changed to help other uninsured Americans in a similar situation, I am willing to pay the price of losing everything.

You might be wondering what happened to her, what happened in her life. Was it just a situation where they got dropped from their coverage? That is bad enough. Is it a situation where they got dropped from coverage and also were denied treatment or care or coverage because of a preexisting condition? That would be bad enough in and of itself. But, no, the story gets worse from there. She talks about the day when her water broke and she is about to go to the hospital to deliver her baby. The baby's name is Cora—just a little more than a year old now. Here is what she says:

My water had broken the night before, we were anxiously awaiting the birth of our new child. A half-hour later, 2 ambulances were in my driveway. As the paramedics were assessing the health of my baby and me, the paramedic from the other ambulance told me that my husband could not be revived.

She walks out the driveway to get into the car to go to the hospital to deliver her daughter Cora, and she sees her husband dead on the driveway, largely because or maybe exclusively because he missed his doctor's appointment for a heart condition because he

was worried about paying for the doctor visit.

This is not some screenplay or some theoretical story; this is real life for people in America. We have to ask ourselves, on both sides of the aisle—our friends on the other side have to ask themselves: Is this good enough? Is this the best America can do, that we have to say sorry to Tricia Urban; sorry that happened to you about a preexisting condition, but we do not have the guts or the ability here in Washington to stand up to insurance companies; sorry you were denied coverage, but it is not going to change; sorry that a doctor's visit might have cost too much at a particularly vulnerable point in your life or the life of your husband; sorry that your husband died, but we don't think we can be responsive to those situations.

Why do we tolerate this? Why do we allow insurance companies to control our lives this way? This is not just another vote in Washington. This is not just some discussion about reconciliation or the House vote and all that other stuff. This is about real life, and in the next couple of days we are either going to stand up to insurance companies or we are not.

I think it is a whole set of questions Tricia Urban is asking. She is asking me, she is asking all the Democrats in this Chamber and all the Republicans.

Then there is another set of questions I have and I think a lot of Americans have for our colleagues on the other side. They say they want health care reform, but they are not willing to support what we are trying to do. You say: OK, if they do not support what you are trying to do, they probably have an alternative plan they have all come together on and worked on for months and they are going to propose that alternative; that is the American way.

They have an idea, we have an idea, we have a debate and vote, and someone wins, right? That is not the case. I am still waiting—we are all still waiting for Republican elected officials in Washington, House or Senate, to tell us what their plan is, to tell us definitively what they really want to do. Do they really want to be responsive to this problem of a preexisting condition? Do they really want to stand up against the insurance companies and say: No, you can't discriminate against families any longer.

Oh, by the way, they are going to do just fine, those insurance companies, because if our bill passes they are going to have 30 to 31 million more Americans covered. So they are going to do just fine. Don't worry about the insurance companies, they will do just fine even if we put a lot of protections in the bill.

We have to ask our Republican friends: You say you care about covering Americans. Our legislation covers

more than 30 million; how about you? Their latest proposal covers 3 million Americans. That is not even a serious attempt to cover Americans. We passed a bill last year on children's health insurance where we are going from 4 million children covered and, because President Obama signed the children's health insurance reauthorization into law, we are going up to 7 million. We have already proven we can cover more children with an expansion of an existing program than the other side of the aisle is going to cover in their entire health care plan. But there is not much detail other than that. They say they want to cover 3 million. So it is a choice: Shall we cover 31 million Americans and strengthen our economy and give people the security of health care or give 3 million coverage and pretend that is a serious proposal?

They say they care. They say they care on deficit reduction and controlling costs. Yet they will not support a proposal that at last count reduced the deficit by \$130 billion. We are getting new information that is just coming out today from the Congressional Budget Office that number might still remain true from what it was in December—\$130 billion of deficit reduction over the first 10 years and in the second 10 years maybe as high as \$1 trillion or more. If you care about deficit reduction, then why wouldn't you sign on to something that would provide maybe the most significant deficit reduction in American history in one piece of legislation?

They say they care about Medicare. We have heard that a lot over there. They care about Medicare and all that. Then, when their proposal comes out, they want to have vouchers for Medicare. Is that a serious proposal?

They have to answer some basic questions, and they have to specifically answer the questions Tricia Urban is asking us because Tricia Urban's story is a story we have heard in different forms all over the country, certainly all over Pennsylvania. Maybe not every story has preexisting conditions, limiting coverage, jacking up rates so you can't afford to have coverage, and, tragically, a death in the family. Maybe not every story is that substantial. But we have heard stories over and over.

I also point to our businesses. I ask unanimous consent to have printed in the RECORD an Associated Press—Pittsburgh Tribune Review article from earlier this month, "Health Tops Pennsylvania Business Woes."

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Pittsburgh Tribune-Review]

HEALTH TOPS PENNSYLVANIA BUSINESS WOES

STATE'S SMALL BUSINESSES ALSO SEE THE RECESSION AS A SEVERE OBSTACLE

(By Joe Napsha)

PITTSBURGH.—Pennsylvania's small businesses say rising health care costs, along

with the recession and business and personal taxes, are the biggest challenges they will face this year, according to a recent survey

"It really confirms that in Pennsylvania, we need to zero-in on health care costs and taxes," said Thomas Henschke, acting president of the SMC Business Councils, a Churchill-based trade association that conducted the Small Business State Opinions survey in February. SMC represents about 5,000 businesses throughout western and central Pennsylvania.

About 71 percent of the 250 businesses that responded to the survey said health care costs were their biggest challenge. More than 70 percent said that high business and personal taxes were a moderate-to-severe challenge to their business.

Increases in health care costs—ranging between 7 and 12 percent a year—are a "huge problem" for small business that isn't being addressed by politicians in Washington, said Peter Cady, president of Command Systems Inc. of Oakmont. The company operates Advanced Mining Service, which repairs and sells coal mining equipment.

"You can't pass those costs along. Nobody wants to hear that your health care costs went up," Mr. Cady said.

In response to a 23 percent jump in health care costs four years ago to cover about 55 employees, Command Systems moved to a high-deductible insurance plan, which makes it partially self-insured. Command Systems pays 99 percent of the insurance costs for its employees, Mr. Cady said.

In addition to health care, the poor state of the economy was cited as a severe challenge by about 45 percent of the respondents

"Even before the recession, Pennsylvania was a very difficult place to operate a business," compared to the neighboring states, Mr. Henschke said.

The survey was released the same day that President Barack Obama announced his latest version of health care reform.

"That's politics. This is reality" Mr. Henschke said.

"Proposed reforms change daily, and you can't find anything that is going to lower costs."

Small-sized employers often believe they are overpaying for health insurance for employees. But self-insurance for their work force is really not available because the pool of covered employees is "too small to spread the risk out," said Vincent Wolf executive vice president of Cowden Associates Inc., a Pittsburgh-based health care benefits consulting firm.

Health care costs are a major concern for businesses, which is driving their need to make changes in health care plans, said Lorin Lacy, principal for the health and productivity practice at Buck Consultants Inc., a Pittsburgh-based human resources consulting firm. Those changes include revising cost-sharing between employees and employers and the use of wellness programs, Ms. Lacy said.

COUNTY HEALTH COMPARISON [Ranking (Out of 67 Pa. counties)]

County	Overall health	Environmental and lifestyle factors
Lackawanna	51	19
Luzerne	57	37
Monroe	46	40
Pike	6	20
Susquehanna	41	31
Wayne	62	21
Wyoming	43	46

Source: County Health Rankings Study.

OVERALL HEALTH BY COUNTY

1. Chester	24. Potter	47. Dauphin
2. Centre	25. York	48. Mifflin
3. Union	26. Northampton	49. Allegheny
4. Snyder	27. Fulton	50. McKean
5. Montgomery	28. Juniata	51. Lackawanna
6. Pike	29. Washington	52. Mercer
7. Bucks	30. Erie	53. Forest
8. Lancaster	31. Bedford	54. Venango
9. Cumberland	32. Somerset	55. Northumberland
10. Franklin	33. Crawford	56. Carbon
11. Butler	34. Clinton	57. Luzerne
12. Bradford	35. Perry	58. Armstrong
13. Warren	36. Delaware	59. Elk
14. Columbia	37. Huntingdon	60. Schuylkill
15. Lebanon	38. Sullivan	61. Lawrence
16. Berks	39. Montour	62. Wayne
17. Indiana	40. Cameron	63. Blair
18. Westmoreland	41. Susquehanna	64. Cambria
19. Lehigh	42. Clarion	65. Fayette
20. Jefferson	43. Wyoming	66. Greene
21. Adams	44. Beaver	67. Philadelphia
22. Tioga	45. Clearfield	
23. Lycoming	46. Monroe	

Mr. CASEY. It is an article, so you will not be able to see it, but the headline is "Health Tops Pennsylvania Business Woes." The subheadline is "State's Small Businesses Also See the Recession as a Severe Obstacle."

If you are a small business owner in Pennsylvania, this survey shows, you are worried about two things: the recession—no question about that having an adverse impact; that is why the recovery bill and jobs bill are so important to these small businesses—but also health care.

I am reading an excerpt here:

About 71 percent of the 250 businesses that responded to the survey said health care costs were their biggest challenge.

Health care costs. This is not a group of Democrats sitting around a room in Pennsylvania saying: Let's pass health care. These are small business owners in Pennsylvania. They might be Democratic, Republican, Independent, or they may not have any affiliation. Their life is running a small business and raising their families, and 71 percent of those surveyed describe health insurance as their "biggest challenge." We do not need any longer to debate whether this is an issue we have to deal with.

I want to walk through some of the basic provisions of what we have put in place in the Senate bill, what the House has been wrestling with all these months, and what President Obama has been trying to do. Just a couple of quick highlights.

First of all, if we are successful in this opportunity to pass major health care reform, other issues we have talked about for years but do not get a lot of attention are going to be finally the law of the land. Quality and prevention—the information and research on this is irrefutable. If you insist on prevention and you make it free or very low cost, that person is going to be healthier because they are going to take steps that are preventive in nature. They are going to be healthier, their family is going to be healthier, they are going to be better on the job and the economy will be stronger. But also we are going to strengthen our

health care system in terms of costs. We are going to reduce costs in a lot of ways, but one of them is prevention and elevating the quality of our care. Sometimes people get the best care in the world, but in some places that can be very limited.

The second point on cost and deficit. I mentioned that before. The deficit reduction in the Democratic health care bill is \$130 billion over the first 10 years. We will see if the Congressional Budget Office alters that.

But from what we are hearing today, some of the preliminary reports, that number might hold up. Some thought that because of the passage of time that number might go down \$130 billion to \$100 billion. But it is a tremendous deficit reduction over 10 and over 20 years.

Protections. I talked about that before. I just want to highlight that quickly. Basic protections for American families who have health insurance coverage now, families going to work, paying their premiums, and not protected. They think they are protected because they have a policy, an agreement, and they are paying their premiums. They are doing their part. Then some insurance company bureaucrat or some other player in this marketplace comes to them and says: We know you are paying your premiums; that you are holding up your end of the bargain. But we, the insurance company, do not think you or your child should have coverage. Sorry. You are out of luck.

Well, we are dealing with that in a couple of ways. First of all, it is important for people to understand what will happen now and what will happen later. If we get this bill passed, 6 months after the President would sign it into law, it would be illegal for an insurance company to deny a child coverage because of a preexisting condition. That is a tremendous change in the first year—literally, after 6 months.

In that same time period and beyond that, if you are an adult, technically you would not have the legal protection because you cannot do all of this at once. So we had to decide, do we do nothing in the short term or do we at least protect children. We are protecting children in the first couple months of the bill. But even though technically an adult would not have legal protection until 2014, they will have recourse. They will have an option to say: I am an adult. I have been denied coverage because of a preexisting condition. I can go into a high-risk pool and get coverage.

So there is recourse in the first—actually, that is in the first 3 months for the adult. So that is a very important protection. We can talk more later about that.

Finally, and I will begin to close, on children's health insurance—I talked

about that before—it is important to note what the bill does on a great successful program, the Children's Health Insurance Program.

For example, in our State this is what children's health insurance has meant. It has meant that we have been able to reduce our rate of uninsured children down to 5 percent. It is still not good enough; we still want to go lower. But our uninsured rate among children in Pennsylvania is 5 percent. With regard to adults between the ages of 18 and 64, it is 12 percent, so more than double for the adult uninsured prior to getting to the age of Medicare. That is more than double the children's uninsured rate. That is good for children that we have made progress—we need to make more—but it is bad for adults who have not had a strategy to help them.

That is part of why we are trying to pass the bill. At long last we are going to be helping many adults, tens of millions. The Children's Health Insurance Program is extended under the bill for 2 years, until September 30, 2015.

What the President wants to do as part of the so-called reconciliation process is to maintain—he proposes to require States to maintain eligibility for children's health insurance to 2019, not just 2015, 2019. He wants to fund it through 2016. I think that is a very important change that the President has proposed and that we have a chance to ratify in our debate.

There is a lot more we can talk about, but I am running low on time. But I think the basic question for the American people is, Are we going to have an up-or-down vote on health care?

Some over there who have used this process before for other measures over many years seem to not want us to have an up-or-down vote on health care.

I think the American people want that, even if they disagree with parts of the bill. But the real question for our Republican friends is, Will they be responsive to Trisha Urban? Are they just going to say that preexisting conditions are a problem; I know recisions are a problem, I know limits on coverage are a problem for you and your family; I know that denying a child health care coverage because of a preexisting condition is a problem, but we are not going to do anything about it; the insurance companies were too strong; we could not beat them; we are just going to go the way that so many have gone in Washington.

I do not think that is going to be a good enough answer for Trisha Urban and her family and for millions of Americans.

Finally, the question is, If you are not for our bill, if you are going to vote against it, what are you going to do about this? What are you going to do if you vote against covering 31 million

Americans? What are you going to do? Are you going to cover three? Is that a serious proposal?

If you say you care about Medicare, are you going to support—which is the Republican proposal—having vouchers for Medicare? If you say you care about deficit reduction, you are going to vote against the bill that cuts the deficit by \$130 billion, and let's say that number goes down, the worst we could do is \$100 billion. But the estimates might hold up in the next couple of days. We will see what the Congressional Budget Office has.

So I think Republicans in the Senate and the House have to answer those basic questions, not necessarily my questions or our questions but the questions that Trisha Urban and others across our country and every single State, the millions of Americans who have been denied coverage because of a preexisting condition.

Notice I said millions over the last couple of years, according to one estimate, one survey. They have some questions to answer over on the other side of the aisle. We will see what their answer is, and the answer will be the vote. How you vote on this will be one answer to all of those and many other questions.

So I hope we can have some conversations on the other side; that they will see that it is important to cover Americans, it is important to provide the kind of security and protection to families who are paying their premiums every day and not being given the protections they deserve. I hope our friends do that.

I hope they do not just spend all of their time debating the finer points of process in the Senate. People really do not care about what the procedure is in Washington in the Senate. They want to know are we going to have, at long last, real protections for real families, or will the insurance companies win again.

This is not complicated. That is one of the basic questions they are asking us to answer for them.

I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. CASEY. I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. CASEY. Madam President, I know I have less than 2 minutes, but I wanted to add a couple of things to the RECORD. One is an article from the Los Angeles Times of February 4 of this year, headlined "Anthem Blue Cross Dramatically Raising Rates for Californians With Individual Health Policies."

I ask unanimous consent that article be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Los Angeles Times, Feb. 4, 2010]

ANTHEM BLUE CROSS DRAMATICALLY RAISING RATES FOR CALIFORNIANS WITH INDIVIDUAL HEALTH POLICIES

(By Duke Helfand)

Anthem Blue Cross is dramatically raising rates for Californians with individual health policies. Policyholders are incensed over rate hikes of as much as 39%, which they say come on top of similar increases last year. State insurance regulators say they'll investigate.

California's largest for-profit health insurer is moving to dramatically raise rates for customers with individual policies, setting off a furor among policyholders and prompting state insurance regulators to investigate.

Anthem Blue Cross is telling many of its approximately 800,000 customers who buy individual coverage—people not covered by group rates—that its prices will go up March 1 and may be adjusted "more frequently" than its typical yearly increases.

The insurer declined to say how high it is increasing rates. But brokers who sell these policies say they are fielding numerous calls from customers incensed over premium increases of 30% to 39%, saying they come on the heels of similar jumps last year.

Many policyholders say the rate hikes are the largest they can remember, and they fear that subsequent premium growth will narrow their options—leaving them to buy policies with higher deductibles and less coverage or putting health insurance out of reach altogether.

"I've never seen anything like this," said Mark Weiss, 63, a Century City podiatrist whose Anthem policy for himself and his wife will rise 35%. The couple's annual insurance bill will jump to \$27,336 from \$20,184.

"I think it's just unconscionable," said Weiss, a member of Blue Cross for 30 years.

Woodland Hills-based Anthem declined to say how many individual policyholders will be affected or what a typical increase will be under the new pricing, which will vary from one individual to another. But the company defended its premiums, even as it tried to strike a sympathetic tone.

"We understand and strongly share our members' concerns over the rising cost of healthcare services and the corresponding adverse impact on insurance premiums," the company said in a statement.

"Unfortunately, the individual market premiums are merely the symptoms of a larger underlying problem in California's individual market—rising healthcare costs."

About 2.5 million Californians have individual insurance policies, accounting for a small portion of the state's overall insurance market. By contrast, nearly 21 million people in California are covered by health maintenance organizations.

Individual policies are often the only option for those who are uninsured, self-employed or do not receive health coverage through employers.

Insurers are free to cherry-pick the healthiest customers in the lightly regulated individual market. They can raise rates at any time as long as they notify the state Department of Insurance and prove that they are spending at least 70% of premiums on medical care.

The size of the individual rate increases prompted state Insurance Commissioner

Steve Poizner recently to call for a review of Anthem's charges.

"Commissioner Poizner is very concerned by these large rate increases," spokesman Darrel Ng said.

Poizner directed his department to retain an "independent outside actuary to examine Blue Cross" rates" to ensure that the company spends at least 70% of the premiums on medical care, as required by state law, Ng said. Anthem said it had already hired an actuary who found that the rates were sound.

Anthem is not the only health insurer imposing double-digit rate increases. Competitors such as Blue Shield of California and Aetna also have raised premiums significantly in recent years, insurance brokers said. But they said the impending Anthem increases are the largest they have seen.

"Do they really think they are going to keep clients this way?" asked Bill Robinson, a Palm Springs broker who has informed his Anthem clients that they will face increases of as much as 39% on March 1.

Anthem sent letters to agents a few weeks ago informing them of the March 1 increases and followed up with similar notices to policyholders last week.

That's when Mary Feller of San Rafael learned that the rate for herself and her husband will jump 39%, or \$465 a month, driving the couple's annual premium to \$19,896 from \$14,316.

Feller, 56, said the premium for her 26-year-old daughter also will rise 38%, costing the family an additional \$1,572 a year.

As a result, starting March 1, the Fellers' health insurance bill will surpass the family's monthly mortgage payment on their home north of San Francisco.

"It's breathtaking," said Feller, an entertainment journalist. "We're going to have to cut back somewhere else. This kind of stuff strikes fear in the heart."

Feller said she was troubled by another part of the Anthem letter. Besides detailing the premium increase, it said: "Anthem Blue Cross will usually adjust rates every 12 months; however, we may adjust more frequently in accordance with the terms of your health benefit plan."

She and others voiced anger about the increases as Anthem's parent company, WellPoint Inc., sees big profits. Last week the company announced an eightfold increase in profit for the last three months of 2009, a surge attributed largely to the sale of subsidiaries.

Broker and insurance industry analysts said the California rate increases will leave individual policyholders with few good options: Anthem subscribers such as the Fellers can switch to a company plan with a higher deductible. Or they can try to switch insurers, a dicey proposition because carriers in the individual market can reject applicants who have preexisting medical conditions.

"It's putting people's backs up against the wall," said Shana Alex Lavarreda, director of health insurance studies at the UCLA Center for Health Policy Research. "They are finding new ways to create new problems for consumers."

The insurer said it had a team of workers to help customers balance costs and insurance.

"Anthem offers a variety of health benefit plans," the company said, "and we are dedicated to working with our members to find health coverage plans that are the most appropriate and affordable for their needs."

Mr. CASEY. Basically, many Americans have heard these stories and experienced the pain of these health insurance premium increases. But I am going to read quick portions of it:

Anthem Blue Cross dramatically raised rates for Californians with individual health policies. Policyholders are incensed over rate hikes of as much as 39 percent.

Going on to say: Anthem Blue Cross is telling many of its approximately 800,000 customers who may buy individual coverage—people not covered by group rates—that their premiums will increase 30 to 39 percent.

Finally, I ask unanimous consent to have printed in the RECORD a series of statements contained in a 3½-page summary entitled “GOP on Reconciliation.” This is a series of statements that Republican Senators have made over the years with regard to this process they are complaining about and think that we should not be able to use, even though they supported it in the past. It is interesting reading which we do not have time to highlight.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

GOP ON RECONCILIATION

GREGG

Gregg 2005: “What’s Wrong With Majority Rule?” During a floor debate on drilling in the Arctic National Wildlife Refuge (ANWR), Senator Gregg said, “We are using the rules of the Senate. That is what they are. Reconciliation is a rule of the Senate set up under the Budget Act. It has been used before for purposes exactly like this on numerous occasions. The fact is, all this rule of the Senate does is allow a majority of the Senate to take a position and pass a piece of legislation, support that position. Is there something wrong with majority rules? I don’t think so. The reason the Budget Act was written in this way was to allow certain unique issues to be passed with a majority vote. That is all that is being asked for here. . . . The point, of course, is this: If you have 51 votes for your position, you win.” [Congressional Record, 3/16/05]

Gregg 2008: Reconciliation “One Tool of Significance” Budget Committee Can Use. “Reconciliation, as we know—those of us who work here—is the one tool of significance which the Budget Committee has. It allows us to change how entitlement programs are funded and slow their rate of growth—that was the purpose of reconciliation—and do it without the changes being subject to the filibuster rule. It is a vehicle basically directed on the purposes of the Senate.” [Gregg Floor Statement, 3/13/08]

Gregg 2005: Republicans Used Reconciliation to Avoid Democratic Opposition to ANWR Drilling, Passing Medicaid Savings. “The ANWR language has been a source of controversy all year, and along with Medicaid savings, was one of two principal reasons for attempting to pass a reconciliation bill this year, according to Senate Budget Chairman Judd Gregg, R-N.H. Either provision on its own could not have survived a Democratic filibuster without the protection of budget reconciliation, Gregg said.” [CQ Today, 12/19/05]

Gregg 2005: Mocked Democrats’ Use of the “Byrd Rule” to Slow Reconciliation Bill,

Said Democrats “Enforcing Minutia Over Policy.” “Anybody who knows the Byrd rule knows it’s an extremely arcane and incredibly complex piece of precedent that we deal with. And we had received estimates from CBO which said that all three items which points of order were made against scored . . . But the point here, of course, is there are so many rules in this institution that go to minutia on instances, that if you are using rules to enforce minutia over policy, you can have a pretty massive unintended consequence. Now in this case, I think it’s intended, but the consequence of promoting minutia by use of the rules is that Katrina money isn’t going to go out, people aren’t going to see doctors because doctors aren’t going to get paid, and students aren’t going to be able to get student loans and it’s potential that the welfare program won’t have the funds it needs in order to continue to go forward. That’s the consequence of promoting minutia in this instance.” [Republican Press Conference, 12/21/05]

Gregg 2005: Reconciliation is the Mechanism that Deals With Entitlement Spending, Tax Policy. “The letter asks that we indefinitely postpone reconciliation, reconciliation being the mechanism by which we address the entitlement spending and tax policy here at the Federal level. It is an outgrowth, of course, of the budget process.” [Gregg Floor Statement, 9/7/05]

GRASSLEY

Grassley 2003: If a Broad Energy Bill Lagged, He’d Favor Attaching Energy Tax Credits to the Budget Reconciliation Legislation. “The result is an energy bill much like the one lawmakers sought to finish in the final weeks of the 107th Congress that is composed largely of energy-related tax credits. . . . But if a broader energy measure lags, Grassley said, the tax package could be accelerated by also attaching it to reconciliation. ‘If we weren’t going to move an energy bill, then I would want to do that,’ he said.” [CQ Weekly, 1/17/03]

Grassley 2003: Aimed to Use Budget Reconciliation to Pass President Bush’s Economic Stimulus Plan. “The Finance Committee plans four hearings on Bush’s economic plan in late January and early February. Grassley is aiming to use a budget reconciliation measure as a vehicle and hopes to have a stimulus bill completed by April.” [CQ Daily Monitor, 1/16/03]

Grassley 2003: Planned to Move a Tax Package Through Budget Reconciliation Legislation, Said Some GOP Senators Would Oppose the Measure. “Lawmakers and aides in both chambers, including Grassley, said a tax package probably will move as a fiscal 2004 budget reconciliation measure protected from Senate filibusters. ‘We’re still going to have to have a bipartisan agreement,’ Grassley said. ‘We won’t keep all 51 Republicans together. I wish we could. But don’t forget, we’re going to have to work with Democrats to get something we can agree on.’” [CQ Weekly, 1/10/03]

Grassley 2001: Said Republicans Would Have to Use Reconciliation to Get the Bush Tax Cuts Passed, Would Protect Legislation from Filibuster and Limit Debate. When asked by Paula Zahn, “As you know, House members have been criticized, particularly Republicans, for sailing, at least the rate cut portion of this bill, through the House so quickly. As Senate Finance Committee chair, how much debate will you allow?” Grassley responded, “Well, we’re going to—in the Senate of the United States, if we do this under the reconciliation process—and that’s probably the way it will have to be

done in order to get it done at all—and that’s a limit of 20 hours of debate. It’s almost the only process in the Senate that does not have unlimited debate and cannot be filibustered. So we will probably adopt the budget the first week of April, get it through finally, and compromise the last week of April, and then go to the taxes during the month of May. But it will be the expedited procedure.” [Fox News, 3/8/01]

Grassley 2001: If Tax Cuts Were Divisive, They Would Have to Be Passed Through Reconciliation. “Many observers expect the Senate to take up the tax issue as part of the budget reconciliation process. Under Senate rules, debate is limited under the reconciliation process, preventing any individual senator from holding up the process with a filibuster. If there is a strong bipartisan consensus, the Senate may be able to move ahead with a separate bill that could move through in relatively short order, Grassley said. ‘On the other hand, if you’re going to have it be very divisive—even if it’s a bipartisan bill it could still be very divisive—then it would demand to be part of the reconciliation process,’ which could stretch into May or June, Grassley said.” [CBS Marketwatch, 1/26/01]

MCCONNELL

McConnell 2005: Republicans Would Use Budget Process to Extend Tax Cuts Because They Could Not Reach the 60 Votes Needed to Make Permanent Changes Outside of the Budget Process. “Well, we’re going to try to extend a number of the taxes through the budget process that we’re involved in this week. That’s the good news. The bad news is you can’t make these taxes permanent through the budget process, which is why we have what is perceived by a lot of people as the bizarre situation with regard to the death tax, where it phases down over a period of time, goes away for one year and then comes back. We are working on the death tax separately, hoping to come up with a proposal that could get to 60 votes, which we would need if we did it outside of the budget process. So we haven’t given up on trying to get a major permanent improvement, if not total repeal, of the death tax. The other taxes that you mentioned we hope to extend for an additional period of years through the budget process.” [Kudlow & Company, 3/15/05]

HATCH

Hatch 2001: Important to Pass a Budget So Senate Could Do a Reconciliation Bill to Pass President Bush’s Tax Cuts. “The important thing is, is that we got a budget through the Senate. The House has passed the tax cut of \$1.6 trillion. Now that that budget’s through, I think we can do a reconciliation bill that’ll have an overwhelming number of senators and Congresspeople voting for this \$1.3 trillion to \$1.6 trillion tax cut. And that’s critical for our economy, critical to this country.” [Fox News Network, 4/16/01]

ROBERTS

Roberts 2003: Majority Rules. On the Senate floor, Pat Roberts said, “If we do not end this business and get to the business of the Nation, and understand there is a majority and a minority and that the majority rules, we will open up a wound further that will not heal without significant price and scar, not to mention public ridicule for our institution.” [Congressional Record, 1/14/03]

COLEMAN

Coleman: “Principal of Majority Rule.” On the Senate floor, Norm Coleman said, “The fact is that what happened here is that my

colleagues followed the history and tradition of this body and said they would make sure they got a vote because that is what the Senate is called upon to do, advise and consent. There is a principle of majority rule, a principle, again, espoused in this document, in this Constitution, of the United States." [Congressional Record, 11/12/03]

KYL

Kyl: Reconciliation Is a Perfectly Legitimate Legislative Process. On Hugh Hewitt's radio show, Senator Kyl discussed reconciliation and said: "Reconciliation is a perfectly legitimate legislative process to deal with budgetary matters. It is a, it is the one exception to the general rules of the Senate that was created about thirty or forty years ago, and Robert Byrd was one of the people that helped to create it, to deal with budget matters where you didn't want a filibuster to prevent the balancing of the budget, in effect. I mean, there's one thing you have to do. You have to be able to either increase your revenues or reduce your spending in order to balance the budget, theoretically. So they made that one exception to the policy of the Senate, which otherwise would have required sixty votes to do the big things. Now that process is available for those kinds of monetary-related subjects. And it has been used many times. That's true. The Bush tax cuts were done as, through reconciliation, for example. Now there have been a couple of other examples where they ventured outside of pure monetary issues. They shouldn't have. I wasn't there. I don't know why or how they did it. But in any event, it is not available for large, substantive, comprehensive kinds of legislation like this health care bill. It doesn't work, it's not suitable, and it certainly isn't appropriate." [Hugh Hewitt via Think Progress, 2/25/10]

Kyl: Only Takes 51 Votes To Extend the Bush Tax Cuts. In 2005, Senator Kyl said, "the bottom line is in the Senate, to do anything permanently, it takes 60 votes because that's what it takes to break a filibuster. So if you don't have 60 votes, you've got to do the best you can. The best we can do right now, I suspect, is not to make all these tax cuts permanent but to extend them out as far as we can. If we had a five-year budget this year, for example, we could extend these tax cuts out through the year 2010. For example, that would mean that with dividends and capital gains, we need to take those two 15 percent rates and carry them forward two more years, so that they would include not only 2008 but also 2009 and 2010. And we can do that with some of the other rates as well. So with a five-year budget, that's doable. . . . And I would hope that—that only take 51 votes to accomplish, so I would hope that we would do that." [CNBC, 2/14/05]

CANTOR

2005: Cantor Hoped Congress Would Engage in Budget Reconciliation Every Year. "I would again say, though, that obviously reconciliation is a two-part process; that we are focusing on reducing spending on this one. And again, a first step in a process that I hope we can engage in every year, that we would cut the size and growth in the entitlement programs, at the same time reform these programs to promote the efficiency that the taxpayers expect." [Republican Press Conference, 11/8/05]

2005: Cantor Praised His Colleagues for Passing Budget Reconciliation Legislation. "Well, I too am here to also thank the entire team, from the speaker on down, for all that we did for America last night. And I think

what is really telling, though, is the fact that we were able to vote and pass a reconciliation spending package, and unfortunately, we did it by ourselves. The fact is not one member from the other side of the aisle participated in doing what it is the whip just said, which was reform—beginning the process of reforming government. And I think it does demonstrate that the other side remains stuck to their old tax-and-spend ways and has not even presented—did not even present last night an alternative. I think that's very telling."

Mr. CASEY. I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DORGAN. I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

TAX ON BONUSES RECEIVED FROM CERTAIN TARP RECIPIENTS

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 1586, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 1586) to impose an additional tax on bonuses received from certain TARP recipients.

Pending:

Rockefeller amendment No. 3452, in the nature of a substitute.

Sessions/McCaskill modified amendment No. 3453 (to amendment No. 3452), to reduce the deficit by establishing discretionary spending caps.

McCain/Bayh amendment No. 3475 (to amendment No. 3452), to prohibit earmarks in years in which there is a deficit.

McCain amendment No. 3527 (to amendment No. 3452), to require the Administrator of the Federal Aviation Administration to develop a financing proposal for fully funding the development and implementation of technology for the Next Generation Air Transportation System.

McCain amendment No. 3528 (to amendment No. 3452), to provide standards for determining whether the substantial restoration of the natural quiet and experience of the Grand Canyon National Park has been achieved and to clarify regulatory authority with respect to commercial air tours operating over the Park.

Pryor amendment No. 3548 (to amendment 3452), to reduce the deficit by establishing discretionary spending caps

The ACTING PRESIDENT pro tempore. Under the previous order, the time until 11:30 a.m. will be divided equally between the Senator from Alabama, Mr. SESSIONS, and the Senator from Arkansas, Mr. PRYOR, or their designees.

Mr. DORGAN. Madam President, the title of the bill just reported is the correct title. However, the legislation we are discussing inside that bill does not relate so much to the title. This is the FAA reauthorization bill, reauthorizing a wide range of programs in the Federal Aviation Administration. This is the fifth day we have been on the floor. Senator ROCKEFELLER has been managing the legislation. He is necessarily absent now and asked me, as chairman of the aviation panel, to manage in his stead. He has said—and I agree—we have put together a piece of legislation that has substantial modernization pieces in it that will modernize the air traffic control system, provide substantial improvements in safety, improvements in the airport improvement program to invest in and expand the infrastructure in aviation. It contains a lot of things that are so very important.

I worry now, on the fifth day on this legislation, that if we don't get it done today, we may not get this bill done at all. That would be a shame because this authorization has languished for a long time. Rather than reauthorize the FAA with a new authorization, we have extended it 11 straight times. That describes how difficult it is to get things done.

Finally, Senator ROCKEFELLER and Senator HUTCHISON have brought the bill to the Senate floor. Senator DEMINT and I, as chairman and ranking member of the subcommittee, worked on the bill with them. We have now been here 5 days. The question will be, between now and the end of today, will we get this done or does this dissolve as unfinished work? We made a good try, but we just didn't make it happen, so it gets extended again and all of this work is for naught.

The fact is, every single Senator and every constituent of every Member has a big stake in getting this done. Anybody who flies on commercial airlines—and that is a lot of Americans—has a big stake in the issue of air traffic control modernization, improvements to safety, and the things that are included in this legislation. The failure to do this would be a great disappointment, not only for us but for the American people.

We have cleared a lot of amendments. As has been the case recently with a lot of legislation, there has been a lot of delay. We have worked on amendments en bloc that have been cleared. There is an additional group of amendments we hope we will clear.

At 2 o'clock today there will be votes on two amendments side by side, offered within the rules, although they do not relate to this particular legislation. But we will vote on those and try to dispose of those issues.

There is another issue, probably the last significant issue that is there. That is the issue of the slots and the

perimeter rule at National Airport in Washington, DC. The slots and perimeter rule is controversial, complex, difficult. We have a number of amendments filed representing different interests of how many additional flights should be added to Washington National, how many flights might be added that would extend beyond what is a perimeter rule at Washington National. I hope those who have filed those amendments will agree to stand down and allow us to try to resolve that in some way in conference.

The House, in its legislation, does address in part the slot rule. If we get to conference with the House, if we can pass a bill through the Senate, it will be something we will need to resolve there.

What my great concern is, if this afternoon, following the votes, we get into long, protracted debate about the various amendments that have been filed on the slot and perimeter rules, this bill will not get done. A number of people who have offered amendments dealing with slots have great interest in making certain this bill gets done. My fear is, if it is not done today, it probably will not be done. We will probably not complete this legislation.

I will be visiting and talking with those who have offered those amendments, asking if we can work with them as we go into conference and try to address the slot and perimeter rules with the House. It has to be a part of our conference because the House has a number of provisions in their legislation dealing with those issues.

The frustration for 200-plus years in the Senate is nothing moves very quickly. That remains a frustration in 2010. Nothing here moves very quickly. That is part of the charm of the Senate, perhaps, and part of the abiding frustration of the Senate. At least on important issues during important times things really should move. There are certain things that are urgent to get done.

One year has now passed since the last commercial aviation accident in Buffalo, NY. As a result of that accident and the investigation that ensued, a number of new safety recommendations are included in this legislation. It is important for us to understand the urgency of passing legislation that will substantially improve aviation safety. To ignore it is to shortchange the American people.

We are working through the amendments. I expect this afternoon we will have these votes. I also hope we can work with our colleagues on the slot or perimeter rule amendments that have been offered in order to resolve them. My hope is we will resolve them not by protracted debate, which will probably doom this bill because we will likely not have additional time on the Senate floor after 5 full days, but resolve them in a way that allows those who care

about this to work with us as we go into conference with the House on the slot and perimeter rules.

I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. PRYOR. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

AMENDMENT NO. 3548

Mr. PRYOR. Madam President, I ask unanimous consent that I be allowed to speak for 10 minutes on my amendment.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. PRYOR. Madam President, I rise to talk about the Pryor amendment we are going to take up this afternoon and have a vote on.

I wish to show my colleagues this chart I have in the Chamber that talks about America's fiscal condition. This chart came out of the CQ Today edition of Tuesday, February 2. As you can see, it takes the fiscal year 2011 revenue estimates over here, with this pie chart on the left, and it takes our proposed outlays with this other pie chart on the right.

Of course, it is obvious to anyone who is paying attention, if you look at these two numbers, it looks like we are taking in \$2.5 trillion but we are sending out \$3.8 trillion. That is a big problem. That means, once again, we are in deficit spending. We have to get our fiscal house in order.

I do not know if my colleagues on both sides saw this reported this week, but earlier there was a story in the New York Times—and it has been reported in other publications—that Moody's is looking at the possibility of downgrading America's credit from AAA down to something lower than that because of the enormous national debt we have and the persistent annual deficits.

This piece of the chart I think is very revealing, when you look at the money that is going out through the Federal Government.

We see this purple slice. There are a couple of slices here of the purple pie chart, and we see one is \$671 billion. That is nondefense discretionary spending. Then, on the national defense discretionary spending, it shows \$744 billion, but everything else in here is mandatory spending or it is our interest on the national debt.

This little green sliver here—it may be hard to see on television—is actually what we are paying on the national debt. It is \$251 billion in interest payments and paying back the national debt.

Nonetheless, we see that the majority of the money we are spending is for mandatory spending. These are entitlements and various programs, things such as Medicare, Social Security, and other entitlement programs and other mandatory spending.

The amendment I have been working on this week tries to address our fiscal situation not merely by tapping into this discretionary spending, which, depending on which part of discretionary spending we are talking about, could be as little as 12 percent of the money we have going out of the system or it could be as much as 25 or 30 percent. It depends on how you calculate and all we include. We can't fix our fiscal house using discretionary spending only. I think one of the advantages of the Pryor amendment is we want to take the whole picture—all the mandatory spending, all the discretionary spending, and all the revenues—and use them to try to get our fiscal house in order.

One of the best things about this chart that was in CQ Today is this graph. It shows where we start during the Carter years, and it goes all the way through the Obama years. So we have Carter, Reagan, George Bush, Clinton, George W. Bush, and now Obama, and we can see this purple line. Unfortunately, most of these years it is below zero. The line is our annual deficit. This yellowish-orange line shows as a percent of GDP what our deficit is.

One of the great things about this graph that gives me courage and gives me hope is that during the Clinton years, we went above the line. We actually went into surplus spending. We did it for the last 4 years of his administration. The thing I get hope from is we can do it again. We can do this. We can address this. If we do it in a bipartisan way, if we do it in a smart way, if we put everything on the table as they did during the Clinton years, we can address our deficit and our national debt and we can do it in a way that will be good for the country long term. Because every time we spend a dollar around here, we are making our children and our grandchildren pay for that. At some point down the road they will have to pay for it.

We need to stop the reckless course we are on, everybody agrees. Whether it is the chairman or the ranking member of the Budget Committee, whether it is outside economists, or whether it is people such as those on Wall Street who analyze all of this, everybody agrees that we are on an unsustainable course. So what the Pryor amendment tries to do is address our deficit spending, not just the spending part but our whole picture to look at our annual deficits.

One thing I wish to comment on is when I look at this graph, this is a graph of political courage. Because the easiest thing in the world for a politician to do—the easiest thing that any

of us can do around here—is to cut taxes and increase spending. That is what has happened in recent years. That didn't happen during the Clinton years, but that has happened in recent years. The easiest thing to do is to go into deficit spending and push the problem down the road to somebody in the future. The time is now for us to stop doing that. The time is now for us to reverse these purple lines and get them going up, above zero.

The truth is, we can't do it in 1 year. We probably can't do it in 5 years given the economic and fiscal condition we are in right now, but over a period of years, we can get this moving in the right direction. I promise my colleagues the markets will love it. I promise my colleagues the global economy will love it. They will love to see some American leadership. Everybody in the world looks at how we spend money around here and they shake their heads, because they know we are on an unsustainable course.

This graph is a graph of political courage. Back during this time, when they did this Balanced Budget Act, back in 1993—and I have a lot of colleagues who were here and casting those hard votes back then—those were acts of courage. It wasn't always popular because they made some hard choices, and that is what we have to do again. That is, hopefully, what the Pryor amendment will get us on track toward doing.

Madam President, I know I just have a couple of minutes left. How long do I have?

The ACTING PRESIDENT pro tempore. There is 2½ minutes remaining.

Mr. PRYOR. I will try to wind down. The Pryor amendment freezes all discretionary spending caps at the level proposed by President Obama in the year 2011. So it does have a discretionary freeze. It freezes all discretionary spending caps for fiscal years 2012 and 2013 at 40 percent of the difference between President Obama's budget proposal and last year's budget proposal.

The reason we are doing that is because Senator SESSIONS and Senator MCCASKILL have worked very hard on their amendment—in fact, I voted for their amendment a couple of times in its previous forms—but they used some different numbers. I thought in order to be fair we need to split the difference with their numbers, and these two freezes we are talking about will reduce discretionary spending by at least \$77 billion over 15 years. That is major. That is a big chunk out of discretionary spending.

Where we make up the difference is then we ask the National Commission on Fiscal Responsibility and Reform to find at least—at least—an additional \$77 billion of deficit reductions over the next 3 years to close the gap between projected revenues and entitlement

spending. So we pretty much give this to the commission and say: Look, commission, you are set up. The President has put you together. We have six or eight Members from the Senate on that commission, other Members from the House. You all sit down and you all work through this. You have a year to do it. You need to work through this and find the other \$77 billion worth of savings.

In comparing the two amendments, the Pryor amendment actually saves a little bit more money over the next 3 years than the Sessions amendment, but one of the reasons is because we are looking at deficit reduction, not just spending. I think their amendment—again, which I have supported in the past—focuses on spending, but ours is more about deficit reduction and trying to take a full picture into account.

Mr. DORGAN. Madam President, will the Senator yield for a question?

Mr. PRYOR. I will be glad to.

Mr. DORGAN. First, let me say I support the Senator's amendment. Both amendments have some merit. It is not unworthy to be talking about trying to tighten belts in every area of public spending, but some public spending is more important than others, and we ought to be judicious as we deal with it.

The difference, as I understand, between these amendments is one says, Let's cut spending in one area, which is domestic discretionary spending, which is a rather small part of the budget, and it doesn't address the other issues of the spending that goes on through the Tax Code, the entitlement spending, and other larger issues as well. Even as we vote on these issues—and I intend to vote in support of your initiative, which I think is the right initiative—I have to say I don't think this is complicated in terms of what has happened to our country and what we have to do to put it back on track.

You can't send kids off to war and then say we are going to charge all the costs of war. We have been involved now in the war against terrorism, the war in Iraq, the war in Afghanistan, and not paid for a penny of it because throughout the last decade the President said we are going to make all of this emergency spending. Some of us said, Well, let's pay for it? And President Bush said, If you try to pay for it, I will veto the bill.

So it is not particularly complicated to understand what has happened here. Government has to pay its bills. Dealing with the entire area of public spending here is very important, and I think the Senator has offered a piece of legislation, an amendment, that has great merit and I hope will get the substantial support of the Senate.

Mr. PRYOR. I thank the Senator.

Thank you, Madam President. I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Missouri.

AMENDMENT NO. 3453

Mrs. MCCASKILL. Madam President, I rise to speak in opposition to the Pryor amendment and in favor of the Sessions-McCaskill amendment on us trying to get our fiscal house in order.

Right now in America, most families are figuring out where they can cut the budget. Most families are figuring out what the extras are that even though we don't want to give them up, we have to give them up. That is what America is doing right now. Most local governments are doing the same thing. They are sitting around rooms trying to figure out where they can cut budgets because their revenue is down.

In Missouri, the Governor has had to cut the budget significantly. Even with the stimulus money we sent to Missouri to help them balance their budget, they are cutting programs. They are cutting employees. They are doing what they have to do to balance the budget. Then we get to Washington. Everybody in America is cutting back except Washington.

We came very close a few weeks ago—59 votes—to a very modest baby step. We are not talking about something that is earth shattering here. We are talking about limiting the size of growth. We are not cutting anything. The Sessions-McCaskill amendment cuts nothing. All it does is limit the size of growth, of discretionary spending in both the defense budget and the domestic budget. We had 59 votes to limit the growth of discretionary spending.

Would it be great if we could do the same thing with mandatory right now? I think it would be. I think it would be terrific if we could limit the size of growth of mandatory spending right now. Could we, in fact, roll back some of the Bush tax cuts for the wealthiest? I would be for that. The bottom line is we have 59 votes for a baby step.

So what happens around here when we have 59 votes for a baby step? We come up with an amendment, frankly, that is more cover than substance. It is time to take a hard look in the mirror. If we can't do Sessions-McCaskill, what can we do around here? What can we do to show the American people we understand that government can't continue to grow when revenues aren't? We have done some big, bold things—and I have been supportive of all of them—to bring us back from the brink of a recession. They were very important. But I have been so discouraged by what has been going on around here the last few days: the circling of the wagons.

This amendment, with all due respect—and he is my friend; we have worked together on many things—but 50 votes to waive, are you kidding? You have to have 60 votes now to waive, and they are lowering it to 50. The only changes we have made to the Sessions-

McCaskill amendment since that 59-vote margin we got a few weeks ago is we moved down how many votes you have to have for emergency spending. It is no longer subject to a 67-vote point of order. This was done to address the concerns that some Members had about Congress's flexibility to respond to emergencies, though it is very hard to find any emergency in history that Congress hasn't addressed with more than 67 votes. We moved that number down. Now the caps only cover 3 years. A 1-percent growth over the next 3 years, when every other government in America is cutting? A 1-percent growth over 3 years. Is that so hard? There are no caps on this year in this amendment and no caps for 2014. The Pryor amendment only has 1 year of caps and it can be waived with 50 votes, and then it purports to try to mandate that the fiscal commission do some things. By the way, if the fiscal commission doesn't do it in time, then none of this counts.

We are outsourcing our responsibilities here. I was for the fiscal commission. I was a cosponsor. I think we have to be honest about what this body is capable of doing and what it is not capable of doing. But did I think this body was not capable of 1 percent of growth for 3 years in discretionary spending? I had no idea this body wasn't capable of that. The pressure that is being put on Members as part of that 59 is depressing to me.

This is one of those moments where I separate from leadership of my party. I am proud to separate from leadership of my party, because this is the right thing to do right now. America doesn't think we get it, and you know what. They are right. We don't. A 1-percent growth in government in discretionary spending for the next 3 years is a reasonable approach to what we are looking at in terms of both our deficit and our debt.

I am sorry leadership does not agree with me on this. I am sorry leadership does not think this is good public policy. But I have to tell you, we worry around here about elections. I will tell you, the folks who are thinking this side by side is somehow going to cover them from the wrath of the American people when it sinks in that we are not even willing to limit growth in a meaningful way in this country—when I am in the grocery store when I go home on the weekends, that is what I am constantly told when I run into people: It just doesn't feel like you guys get it. If we end up with less than 59 votes today, if we go backward rather than forward, do you know what I am going to have to tell them when I see them in the grocery store this weekend? You are right, the majority of my party does not get it.

By the way, I am willing to stand right now and cosponsor anything we want to limit the growth in manda-

tory. I am for that too. I am for doing whatever we need to do to make sure we look at the revenue side. I am for that also.

But this is a baby step, and if we cannot take the baby step right now at this moment in history with this mess we are facing in terms of finances, then I think we are in a world of hurt, just a world of hurt.

I thank the Chair.

The ACTING PRESIDENT pro tempore. The Senator from Alabama.

Mr. SESSIONS. Madam President, I wish to express my appreciation to Senator MCCASKILL, who is a person of courage and conviction and made a decision that we need to do better in our country about spending. As she said, is a simple truth. Our amendment is a small but significant step. It is a statement that we are going to take some action that will have some benefit in containing the growth, not requiring cuts but containing the growth of spending in our country.

Unfortunately, as we have gotten so close to having it passed, now an organized effort appears to be underway to try to see if they can pull back a growing number of votes that have been cast for it. We started out with 56 votes, then went to 59 votes. Every Republican and 18 Democrats voted for it. We just need one more vote and we will be able to take this significant step of having a statutory cap on spending.

The level of spending we are limiting it to is the level in the Democratic budget that passed this year. The amount is not anything other than what the budget already calls for that was passed by a Democratic majority. It is the kind of numbers we probably could do better on and we probably could and should cut some programs.

Regardless, what we are saying is, one of our big problems is we do not stick to whatever budget we have. We constantly violate the budget. Republicans have done this too. The debt now is spiraling out of control to a degree we have never ever seen in the history of our country. It is not responsible, and we have to stop it.

I say this about my colleague from Arkansas—we were celebrating a bipartisan effort just last night when he and I and others worked on balancing the crack and powder cocaine penalties so they are more fair and more realistic. That was a good bipartisan step.

I think we are on the way to a bipartisan bill. I am disappointed we now have what can only be referred to as a cover amendment that does not have the teeth or the strength of the amendment we have offered. It provides an opportunity for people to vote for it and say they have voted to contain spending: I was all for it; I didn't vote on the McCaskill-Sessions amendment, but I voted on this other amendment, and it is just as good.

It is not just as good, and it does not have as much ability to contain spend-

ing. It does not. It should not be substituted.

The American people are frustrated with us. The polling numbers for Congress are perhaps as low as we have ever seen in this country. One of the reasons is, they are tired of us manipulating and maneuvering to try to make ourselves look good and the interest of the country takes the hindmost. People are tired of that and in my view they are correct.

Some of our colleagues say that is populist; they are just angry; they will go away. Americans have a right to be concerned about what we are doing and how these activities are occurring on the floor of the Senate.

The Democratic leadership obviously decided this amendment might be in a position to pass. They didn't want it to pass. They conjured up what we call a cover amendment. It should not be what we adopt.

I note the caps are higher in this amendment than the budget resolution passed by Congress—the Democratic budget resolution just last year. It would allow about \$38 billion more in nondefense spending over 3 years than what was in our fiscal year 2010 budget resolution. The side by side, the cover amendment, does not follow the President's proposal to freeze nondefense discretionary spending for 3 years. It waives the fiscal 2012 and 2013 caps. It has only a 51-vote threshold.

I wish we could have talked some more about what Senator MCCASKILL and I have offered. Maybe we could have made some changes to the plan we have. Frankly, this will be the third time we made changes in the legislation to try to assuage concerns Members had that we thought were legitimate and worthy of putting in the bill. I would have liked to have made those changes.

The American people are unhappy about this situation. I know polling numbers are not supposed to be the end all in Congress, but we ought to understand we work for our constituents; they do not work for us. That is what I am hearing out there: You work for me, SESSIONS, and I am concerned about what you are doing up there. We want a better response from you guys. This is a CNN opinion poll:

Which of the following comes closer to your view of the budget deficit—the government should run a deficit if necessary when the country is in a recession and at war, or the government should balance the budget even when the country is in a recession and is at war?

That is a pretty hard question. I think some people who are very frugal might worry about how to answer that question. But look at the numbers: 67 percent, two-thirds, of the American people said balance the budget. Only 30 percent said run a deficit.

I tell you, the American people have it right. The threat to our economy in

the long run is one thing: debt—irresponsible, reckless, unsustainable growth in debt. If we would get that under control, the great American entrepreneurial spirit, the work ethic of our people, the exceptional capabilities of our business leaders will allow us to compete with anybody. But if we tax and spend ourselves into debt, we are threatening our future.

How big a threat is it? Look at these numbers. This is the debt. In 2008, it was \$5.8 trillion. Since the beginning of the American Republic, we had accumulated \$5.8 trillion in debt. It was projected by CBO that in 2013, it will be \$11.8 trillion. In a little over 3 years, we will be doubling the total American public debt. Finally, by 2019, based on the budget we are operating in today and the laws that are on the books today, it will triple to \$17.3 trillion. Consider the interest on that debt—we have to borrow the money. Does anybody understand that? We borrow the money. We are borrowing it on the world market. Interest rates are sure to surge in the years to come. Right now, with the economy shaky, people are willing to buy government bonds, even if they pay low rates. We are getting a bargain on interest rates right now. But this debt isn't going to be a bargain in the future—not a bargain for the good of the country.

This chart shows the interest that will be paid. In 2009, last year, we paid \$187 billion in interest. In 2020, according to the President's budget analysis that he submitted, it will be \$840 billion—\$840 billion in interest in 1 year. The Federal highway bill is \$40 billion a year. Does that give us some perspective? It is bigger than the defense budget.

These are stunning numbers. That is why every economist, Republicans and Democrats, the Heritage Foundation and Brookings Institution, former CBO Directors and OMB Directors of both parties all say repeatedly we are on an unsustainable course.

The deficits continue to surge in the outyears. They are not coming down. People say: When are we going to pay it back? We are not paying it back. In these years, in the outyears, 2017, 2018, 2019, 2020, they are projecting steady but lower growth—but growth every year, no recessions. The deficits are going to be about \$1 trillion a year. They are not going down. We are still going into debt \$1 trillion a year.

I guess what I am saying is, what we need to do is focus on discretionary accounts, and this amendment is it. Some say only the mandatory, only the entitlements count. That is not so. As of this moment, this year, every penny of the surging debt—and this year's deficit will be \$1.5 trillion—every penny of that debt will be the result of spending in the discretionary accounts, not Social Security and not Medicare.

Some say: Oh, that can't be so. Social Security and Medicare together

are now still in net surplus. We take the money, that surplus, and we spend it and we give a bond back to Social Security and Medicare.

I guess what I am saying is, don't think the discretionary problem is not a big part of the problem. It is the problem today. In the future, it will be an actuarial challenge of monumental proportions because the expenses of Medicare and Social Security are going up and the revenue is going down and we are going to be in serious trouble. We need to deal with this now.

I thank my colleagues for the opportunity to share these remarks. I urge my colleagues to take a good vote. Vote for the Sessions-McCaskill amendment and oppose the Pryor amendment.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Arkansas.

Mr. PRYOR. Madam President, I wish about 3 minutes to respond to my colleagues.

I commend both Senator SESSIONS and Senator MCCASKILL for the work on their amendment. As I said, I voted for previous editions of it. I think it has one major flaw, and that is it only deals with discretionary spending. I know it does affect the deficit, and that is very important. But it focuses just on the spending.

When we did multiyear discretionary spending caps—they were a key part of the 1990, 1993, 1997 deficit reduction patches—they worked. However, those deficit reduction patches looked at all spending—mandatory and discretionary—as well as revenues. That is what our amendment does. It takes the whole picture.

If we are going to walk the walk on having our fiscal house in order, we need to look at the entire picture, and I think we need to do it in a bipartisan way, as they did in previous Congresses when they made serious efforts to get the deficit under control. It needs to be bipartisan. One of the problems I have is, if we fix discretionary spending, it will be difficult for us to reach a bipartisan agreement on mandatory as well as the revenue pieces of our budget.

Senator MCCASKILL mentioned this is a baby step. I don't know if it is a baby step. What they are proposing is a very solid first step to try to get our fiscal house in order. I am just concerned it might close the door.

I wish to make this point in closing. If we look at these purple lines on this graph, we see these years are the Obama years. Certainly, he inherited a lot of things the first year, so the first year probably is not fair to give to him.

If you look to these years, to the President's credit, he says he wants to freeze discretionary spending. He says he wants the purple lines to get shorter. That is good, but it is not enough. It is not enough. The President's bud-

et, in his proposal, in my estimation, is not enough. We need to get this moving back in the right direction.

If you look at just discretionary spending and throw in the military discretionary spending as well, that is about 25 percent of the budget—just discretionary alone. Domestic discretionary is only about 12 percent. But put those two together, and let's say it is about 25 percent. The real flaw in the McCaskill-Sessions is that we are using 25 percent of the budget to fix 100 percent of the budget. We need to put 100 percent of everything on the table so we can then use our good judgment and make those hard decisions to try to get us back to a balanced budget.

We are not going to do this in 1 year. We are probably not going to do it in 5 years. I wish we could do it in 5 years. But these numbers are not enough, and we need to move it back in the right direction. My approach actually helps this picture quite a bit more than their pictures help.

With that, Madam President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Arizona.

AMENDMENT NO. 3475

Mr. MCCAIN. Madam President, I rise in support of amendment No. 3475, which I have introduced. As I have stated several times already, the amendment is very simple. It would place a moratorium on all earmarks in years in which there is a deficit. I am joined in this effort by my good friend from Indiana, Senator BAYH, and I again thank him for his leadership and courage on this issue.

Last year, I reminded my colleagues about the current fiscal situation. I think it is important to again review the facts. The Treasury Department, a week ago, announced the government racked up a record-high monthly deficit of \$220.9 billion. We now have a deficit of over \$1.4 trillion and a debt of \$12.5 trillion, and unemployment remains at close to 10 percent. The list goes on and on.

On Tuesday, the Senate rejected an amendment offered by Senator DEMINT. This amendment called for a moratorium on all earmarks for fiscal years 2010 and 2011. There wasn't anything earth-shattering about that amendment. It wouldn't have shaken the foundations of our democracy. It is simply the political equivalent of calling a timeout. Yet, sadly, 68 Senators voted against this modest proposal, including 15 from my own party.

So I have no illusions about the outcome of this amendment. I have been around here long enough to see what goes on. But it doesn't mean I will quit fighting, nor does it mean the American people will quit fighting to eliminate the waste and abuse of this system, and indeed the corruption that is part of this earmarking.

I have listened to the arguments some of my colleagues continue to

state; that eliminating the earmarks isn't necessary because they account for such a small part of our annual budget. Is that a reason to continue this practice?

I am aware that earmarks consume a small percentage of a budget measured in the trillions, but given the seriousness of our current situation and the problems that are confronting American families who wake up every morning wondering if they are going to lose their job or their house, or if they will still be able to afford their children's education, it is deeply offensive to them. It is deeply offensive that we in Congress can't exercise some fiscal discipline. It is all the more offensive given that we have had in recent times all the evidence we should require to understand that earmarks are so closely tied to acts of official corruption.

In a report entitled "Why Earmarks Matter," the Heritage Foundation wrote:

They Invite Corruption: Congress does have a proper role in determining the rules, eligibility and benefit criteria for Federal grant programs. However, allowing lawmakers to select exactly who receives government grants invites corruption. Instead of entering a competitive application process within a Federal agency, grant-seekers now often have to hire a lobbyist to win the earmark auction. Encouraged by lobbyists who saw a growth industry in the making, local governments have become hooked on the earmark process for funding improvement projects.

They Encourage Spending: While there may not be a causal relationship between the two, the number of earmarks approved each year tracks closely with growth in Federal spending.

They Distort Priorities: Many earmarks do not add new spending by themselves, but instead redirect funds already slated to be spent through competitive grant programs or by States into specific projects favored by an individual member. So, for example, if a member of the Nevada delegation succeeded in getting a \$2 million earmark to build a bicycle trail in Elko in 2005, then that \$2 million would be taken out of the \$254 million allocated to the Nevada Department of Transportation for that year. So if Nevada had wanted to spend that money fixing a highway and rapidly expanding Las Vegas, thanks to the earmark, they would now be out of luck.

On March 17, a Roll Call editorial, "Earmark Action," stated the following:

Even though they represent just a small fraction of Federal spending, earmarks have accounted for an outsized proportion of Congressional embarrassment over recent years, so we are pleased to see House Democrats and Republicans moving to limit them. But until the Senate goes along, or until President Barack Obama determines to veto earmarks when they come his way, the spectacle of special interest spending won't stop—nor, with it, the public's suspicion that many earmark projects are bought with campaign contributions.

Madam President, I ask unanimous consent to have printed in the RECORD the editorial from Roll Call from which I just quoted.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From Roll Call, Mar. 17, 2010]

EDITORIAL: EARMARK ACTION

Even though they represent just a small fraction of federal spending, earmarks have accounted for an outsized proportion of Congressional embarrassment over recent years, so we are pleased to see House Democrats and Republicans moving to limit them.

But until the Senate goes along, or until President Barack Obama determines to veto earmarks when they come his way, the spectacle of special interest spending won't stop—nor, with it, the public suspicion that many earmarked projects are bought with campaign contributions.

After House Democrats announced that they would ban all earmarks directed toward for-profit companies, Speaker Nancy Pelosi (D-Calif.) issued a self-congratulatory statement that "over the past three years, we fought to replace a culture of corruption with a new direction of transparency and accountability, including earmark reforms in the last Congress."

She added that the new ban would "ensure good stewardship of taxpayer dollars by the federal government across all agencies."

It's true, there has been improvement in transparency. Members are now required to disclose each project they are requesting, along with its beneficiary. The value of earmarks has fallen from \$29 billion in fiscal 2006 to \$19.6 billion in 2009 and an expected \$14 billion to \$16 billion for 2010, according to the watchdog group Citizens Against Government Waste.

Still, the "culture of corruption" has not been expunged. As Roll Call reported last week, the House ethics committee exonerated some of Congress' most prolific earmarkers without—so far as anyone can tell—conducting a serious investigation of their possible connection to campaign contributions.

House Democrats have now announced there will be no more appropriated earmarks to for-profit entities and have directed federal inspectors general to audit 5 percent of all earmarks directed to nonprofit entities to ensure they are not providing cover for for-profit enterprises.

Watchdog groups have given qualified praise to those moves. They've given even more plaudits to House Republicans, who imposed a unilateral one-year moratorium on all of their earmark requests, including those to nonprofits, plus special interest tax and tariff breaks secured through the Ways and Means Committee.

However, Senate Appropriations Chairman Daniel Inouye (D-Hawaii) has ruled out any similar limits on his side of the Capitol, and it remains to be seen whether Sen. Jim DeMint's (R-S.C.) move to ban earmarks will ever come to a vote.

As we've often said before, a Member of Congress is elected to look after the welfare of his or her district or state as well as that of the nation—and part of that involves sponsoring economic development projects.

But those actions should take place through regular order—approval in a federal agency competitive procedure or, if that fails, authorization and appropriation by Congress.

In the absence of a Senate ban, it's up to Obama—a declared foe of earmarks—to use his veto to stop special interest spending. He has a mixed record. He used persuasion to keep earmarks out of last year's stimulus

bill, but he has yet to veto anything. This year, the Senate will give him opportunities to show he's serious.

Mr. McCAIN. Madam President, I also ask unanimous consent to have printed in the RECORD the following articles: the article in the Wall Street Journal of March 17 entitled "Earmarks in Reverse," the Washington Post article of March 12 entitled "All Earmarks Should Be Banned in the House and Senate," the Steven and Cokie Roberts article entitled "A Bribe By Any Other Name," the editorial of the Las Vegas Review-Journal entitled "Going All In," and finally, the article of Matthew Bandyk of March 15, 2010, entitled "Why Earmark Reform Has Not Changed Much In Congress."

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Wall Street Journal, Mar. 17, 2010]

EARMARKS IN REVERSE

There's nothing like a 25% approval rating and the prospect of an electoral rout to focus the Congressional mind. And so it is that three years after vowing to clean up earmarks, House Democrats are embracing some reform—and in the process inspiring some healthy earmark one-upsmanship.

Alarmed by public dismay at their spending, House Democratic leaders last week announced an indefinite ban on budget earmarks to for-profit entities. Not to be outdone, House Republicans surprised even themselves by pledging a total one-year ban. In the Senate, South Carolina's Jim DeMint jumped in with a proposal to require a one-year moratorium for both parties. Senator John McCain—that long-time scourge of pork—is preparing an amendment to ban all earmarks until the federal deficit is eliminated. This is one political rivalry worth applauding.

It's also long overdue. Nancy Pelosi became Speaker in 2006 in part because her party promised to clean up the earmark excesses that had earned the GOP a reputation for corruption and Bridges to Nowhere. Yet aside from a few stabs at transparency, Democrats have practiced business as usual. According to Taxpayers for Common Sense, fiscal 2010 spending bills contained 9,499 earmarks worth \$15.9 billion, an increase over fiscal 2009's \$15.6 billion.

The reluctance to change is rooted in the Congressional belief that earmarks are the main guarantee of incumbency. Earmarks were relatively rare until the rise of the Tom DeLay Republicans in the late 1990s. By 2005, the high-water mark of the earmark craze, both parties had linked arms to add 13,500 pet projects to spending bills. Legislators crow about their largesse and use it to land campaign money from earmark recipients.

This cash-for-votes mentality has become a symbol of everything Americans hate about Washington. The recent decision by the House ethics committee to put aside allegations that seven House Members had awarded earmarks in order to secure campaign donations was another sign that Congress wasn't serious about changing this culture of special favors.

So the Democratic turnabout is welcome, if incomplete. The ban on for-profit earmarks will apply to a small portion of pet projects. By the Appropriations Committee's estimate, the for-profit ban would have eliminated about 1,000 earmarks, worth about \$1.7 billion, in fiscal 2010.

The ban would miss what Republican Jeff Flake of Arizona has shown to be “shadow” nonprofits that exist to funnel money to private contractors. House Appropriations Chairman David Obey has mandated that federal inspectors spot-audit some earmarks to check for this practice, which might deter or uncover some funny business. The GOP moratorium—which appears to encompass even tax and tariff earmarks—would be better, but give Democrats credit for starting the bidding.

The obstacle now is in the Senate, where Minority Leader Mitch McConnell is lukewarm and Thad Cochran of Mississippi argues that such a ban interferes with Congress’s power of the purse and won’t save much money in any case. In fact, Congress still determines where nearly all federal money is spent, whether or not Members shovel billions to parochial projects.

As for spending restraint, it’s true that ObamaCare’s subsidies will swamp even decades of earmark restraint. But you have to start somewhere, and earmarks are often a gateway drug to larger fiscal addictions.

[From the Washington Post, Mar. 12, 2010]

ALL EARMARKS SHOULD BE BANNED IN THE HOUSE AND SENATE

Seven House members, including Northern Virginia Rep. James P. Moran Jr. (D), collected more than \$840,000 in political contributions from employees and clients of a lobbying firm, Paul Magliocchetti and Associates Group (PMA), during a two-year span. In that same period, the lawmakers, strategically situated on the Appropriations defense subcommittee, directed more than \$245 million in earmarks to clients of PMA.

If you think those two facts are unrelated, you are qualified to be on the House ethics committee. The panel recently found that “simply because a member sponsors an earmark for an entity that also happens to be a campaign contributor does not, on these two facts alone, support a claim that a member’s actions are being influenced by campaign contributions.”

The ethics committee acknowledged that “there is a widespread perception among corporations and lobbyists that campaign contributions provide enhanced access to members or a greater chance of obtaining earmarks.” Gee, how could anyone have gotten that impression? Maybe because the lawmakers targeted those seeking earmarks for campaign contributions? Sent their key appropriations staffers to fundraisers?

For instance, in 2008, the appropriations director for Rep. Pete Visclosky (D-Ind.) told corporations interested in obtaining earmarks that they needed to submit requests by Feb. 15. On Feb. 27, Mr. Visclosky’s campaign manager sent a letter to companies that had sought his help on defense matters inviting them to a fundraiser on March 12. Mr. Visclosky’s political committees received \$35,300 from clients of PMA that month, plus another \$12,000 from the lobbying firm and its employees. A week after the fundraiser, which was focused on defense contractors and attended by his chief of staff and appropriations director, Mr. Visclosky requested earmarks for six PMA clients, totaling more than \$14 million.

House leaders understand that voters may not be quite as obtuse as the ethics committee seems to assume, and their extreme embarrassment—over this and other scandals—may lead to useful action. The House is right to ban lawmakers from earmarking government funds for for-profit companies. It should go further, and extend the prohibi-

tion to nonprofit and educational institutions as well. Some nonprofit institutions spend enormous sums on lobbyists, who disperse campaign donations in hope of obtaining earmarks. More important, the Senate must follow suit, as much as it appears disinclined to do so. A system that aligns campaign cash and earmarks is inherently unseemly, if not outright corrupt, and the Senate is tainted by this setup as well.

We say this fully aware that the Constitution grants Congress the power of the purse and that earmarks are not close to the biggest reason for out-of-control spending. And that lawmakers have taken steps in recent years to reduce the number of earmarks and make the process more open. And that eliminating earmarks would not end every instance in which private interests lobby for—and make campaign contributions in hope of obtaining—particular favors.

It would, however, eliminate the worst such abuse. The House Ethics Manual cautions members “to avoid even the appearance that solicitations of campaign contributions are connected in any way with an action taken or to be taken in an official capacity.” The ethics committee, dismissing that caution and a recommendation by the newly created independent Office of Congressional Ethics to investigate two of the seven representatives, decided there was nothing to worry about in the PMA case. With standards this lax, the only reasonable choice is to end the earmarks that fuel this sleazy process.

[From the Arizona Daily Sun, Mar. 11, 2010]

A BRIBE BY ANY OTHER NAME

(By Steve and Cokie Roberts)

An executive for the Sierra Nevada Corp., a defense contractor based in Nevada, wanted to know why he should contribute \$20,000 to Rep. Peter Visclosky, an Indiana Democrat. A colleague replied that Sierra Nevada was working with PMA, a Washington, DC-based lobbying firm, to curry favor with Visclosky, a key member of the subcommittee that funded defense projects.

“That’s what each of the companies working with PMA and Visclosky have been asked to contribute,” explained the second official. “He has been a good supporter of SNC. We have gotten over 10M in adds from him.” (“Adds” refers to earmarks, special amendments filed by a single legislator that awards contracts to a specific firm with no competitive bidding.)

“Bride” is a hard term to define legally. But we know a payoff when we see one. And that e-mail exchange could not have been clearer: Sierra Nevada delivers for Visclosky because Visclosky delivers for Sierra Nevada. And yet the House Ethics Committee recently cleared Visclosky—and six other lawmakers who had similar dealings with PMA clients—of any ethical wrongdoing.

Here’s what they said: “The Standards Committee (the panel’s official name) found no evidence that members or their official staff considered campaign contributions as a factor when requesting earmarks.”

No evidence? The evidence of collusion was slapping them in the face. Yet the committee chose the narrowest possible standard of proof: If there’s no smoking gun, no direct and specific record of a quid pro quo, then cash-for-clout transactions are entirely proper.

In the past, ethics panels have denounced the “appearance” of impropriety, even when the letter of the law has not been breached. But that standard has apparently now been jettisoned. Leave the money on the dresser, honey. Just don’t ask for a receipt.

Full disclosure: We have many friends and relatives who are lobbyists. It’s an honorable profession, and campaign contributions are a legitimate expression of free speech. But there should be reasonable limits on how campaign cash affects public policy, and the House Ethics Committee has just made those limits looser, not tighter. The door to greater abuse of the system has been wrenched wide open.

“This will embolden members,” Rep. Jeff Flake, an ardent foe of earmarks, told the New York Times. “In essence, unless you’re caught on the phone with a lobbyist saying, ‘Contribute or else you don’t get an earmark,’ they you’re fine. That’s the clear message here.”

That message is particularly untimely because the Supreme Court ruled last January that corporations could spend their own money directly on campaign advertising. As a result, government contractors like Sierra Nevada are freer than ever to buy influence in the political marketplace.

It’s also untimely because President Obama campaigned heavily against earmarks and vowed to curb their impact. But the administration has not said a word about the ruling that gutted House ethics rules. And Obama’s goal of reducing the role of earmarks remains largely unmet. In the last fiscal year, Congress spent \$15.9 billion on special-interest projects, up from \$15.6 billion the previous year.

Why should we care? That amount spent on earmarks accounts for less than 2 percent of the federal budget. But the issue is important for at least four reasons. First, that’s the taxpayer’s money Congress is throwing around. As the president himself said last year, “On occasion, earmarks have been used as a vehicle for waste, and fraud, and abuse.” And “the context of a tight budget” makes that waste even more costly.

Second, the earmark system distorts national priorities and violates principles of fairness. As Ryan Alexander, president of Taxpayers for Common Sense, put it, “Powerful lawmakers are hoarding cash for their districts while the rest of the Congress fights for table scraps.”

Third, appearances do matter. Earmarks reek of corruption even if they do not violate bribery statutes. Just because a practice is technically legal does not make it right or ethical.

Most important, confidence in government has plummeted. Americans believe that Washington rewards power and money while ignoring the interest of ordinary people, and the earmark system is a visible symbol of their disillusionment. Obama himself has talked about “the need for further reforms to ensure that the budget process inspires trust and confidence instead of cynicism.”

He’s right about that. But the House Ethics Committee, run by the president’s own party, has taken a step back, not forward. They have encouraged the triumph of cynicism over confidence when that’s the last thing we need.

[From the Las Vegas Review-Journal, Mar. 12, 2010]

EDITORIAL: GOING ALL IN

Facing a monumental washout this November, House Democrats underwent an election year conversion this week and announced they’ll ban earmarks to for-profit entities.

Republicans promptly called their bluff and went all in.

With a handful of Democrats encountering ethical difficulties, and the recent investigation of several House members over defense

earmarks, House leaders clearly took their step in order to seize an election-year issue from the GOP.

But Republicans quickly grabbed it back, vowing not to lard up any spending bills this year with any earmarks.

"We have a real possibility of regaining the majority, and I think a lot of members realize that we have to regain the voters trust somehow," said Rep. Jeff Flake, R-Ariz. "Earmarks are the most visible thing that we can do because we abused it so badly in the past."

Hear, hear.

Earmarking is the term used to describe it when a member of Congress drops a pet project into a spending bill. These grants or direct payments may benefit a local government, a community organization or a profit-making entity. They have come to symbolize congressional profligacy at a time when many voters are now demanding fiscal restraint and responsibility.

Rep. David Obey, the Wisconsin Democrat who chairs the Appropriations Committee, said he hoped that banning the practice when it comes to for-profit entities would result in 1,000 fewer earmarks and help Congress alter the perception that members routinely hand out lucrative contracts and grants to campaign contributors.

Taxpayers for Common Sense notes that last year's defense appropriations legislation included 1,720 earmarks worth \$4.2 billion. "For-profit earmarks are really where the rubber meets the road as far as corruption," Steve Ellis of the watchdog group told The Associated Press.

That's great, as far as it goes. But add up all the spending bills—not just defense—and Congress crammed through 10,000 earmarks worth about \$16 billion. If members remain free to route the pork fat back home to non-profit entities, the problem has not been adequately addressed. Why should the people of Nevada have to pay to remodel Lawrence Welk's boyhood home in North Dakota?

"I've long said that earmarks are the gateway drug to spending addiction in Washington," said Sen. Tom Coburn, the Oklahoma Republican who has crusaded against the practice. "Banning earmarks is a long overdue, common sense step that will help Congress win back the trust of the public and tackle our mounting fiscal challenges."

That's why House Republicans did the right thing this week by going all in. Let's hope Sen. Coburn can convince GOP senators to follow suit. And if the Democrats don't match the pot, many of them may be out of the game come November.

[From U.S. News and World Report, Mar. 15, 2010]

WHY EARMARK REFORM HAS NOT CHANGED MUCH IN CONGRESS

(By Matthew Bandyk)

Call it good timing. Shortly after an ethics investigation concluded that several members of Congress did not trade earmarks for campaign cash, both parties in the House announced new moratoria on earmarks in spending bills. Earmarks are provisions that members of Congress stick into larger bills that direct federal dollars to specific projects. This spending is often labeled "pork barrel" because of the perception that earmarks benefit only local constituents and special interests. While the changes announced by Congress last week substantially alter the earmarking process, they do little to change Congress's ability to pursue pork barrel spending.

Rep. David Obey, a Wisconsin Democrat and chair of the House Committee on Appro-

priations, announced that his committee would no longer accept earmarks that fund private for-profit entities. House Speaker Nancy Pelosi denied that this move was connected to the ethics investigations, calling the timing a coincidence. "It just had to do with the time of the year, the beginning," she said at a news conference. "Members are making their requests for earmarks, and we thought it would be important to let them know that they probably should not make a request for an earmark for a business."

Shortly after, House Republicans went a step further and declared a unilateral moratorium on all earmarks. Minority Leader John Boehner explicitly linked this move to the perception that special interests have excessive influence in Washington. "For millions of Americans, the earmark process in Congress has become a symbol of a broken Washington," he said in a statement.

But even with both parties taking actions against earmarks, there are a few reasons why pork barrel spending will continue in many forms.

1. Every member of the House and senator could agree to never put an earmark in another bill, but billions of dollars' worth of projects for special interests could continue. That's because there are many provisions in large spending bills that resemble earmarks, but Congress does not define them as such. Taxpayers for Common Sense, a nonprofit taxpayer watchdog group in Washington, estimates that there were about 91 provisions worth about \$5.9 billion in fiscal year 2010 alone that TCS considers earmarks but Congress does not. For example, in the fiscal year 2010 defense spending bill, there was \$2.5 billion to build 10 C-17 Globemaster Strategic Airlift Aircraft, despite the fact that the Defense Department said the 205 C-17s it already has are sufficient. This spending is not considered an earmark by Congress, and thus would not be affected by either the Democratic or Republican earmark reform. "They've decided that it's not an earmark, even though it walks like an earmark and talks like an earmark," says Steve Ellis, vice president of TCS.

2. As the majority in Congress, Democrats have the most influence over earmarks at the moment. They have decided not to allow earmarks "directed to for-profit entities." But evidence suggests that this move affects only a small minority of earmarks. It can be difficult to find out which percentage of earmarks are for private interests and which fund nonprofit groups or state and local governments. Finding out which is which is time-consuming. It requires combing through the sometimes thousands of earmarks in a given bill because "Congress doesn't tell you right off the bat who the beneficiary [of an earmark] is," says Ellis. According to Representative Obey's announcement, the new earmark reform would have affected about 1,000 earmarks for 2010 had it been enacted last year. But according to TCS, there were about 9,000 earmarks in fiscal year 2010. Citizens Against Government Waste, another watchdog group, counts 10,160 earmarks, of which the Democratic reform affects only 10 percent.

Furthermore, some of the earmarks that critics have cited as particularly wasteful are directed to public entities, not private companies. For example, last year, a federal spending bill set aside \$1.7 million for pig odor research at a Department of Agriculture facility in Iowa.

3. Perhaps the most infamous earmark of all time is the "Bridge to Nowhere," a \$400 million proposed bridge for a tiny Alaska

town. The earmark was axed in 2005 but would not have been canceled by Obey's recent move because the money would have gone to a local government. But "even if [the money] was going to Alaska Construction Inc., it would not be affected" by the Democrats' earmark reform, says Ellis. That's because the change only applies to bills that come from the Appropriations Committee. The Bridge to Nowhere was originally placed in legislation by Rep. Don Young, an Alaska Republican who was chair of the Transportation Committee. This committee passes highway bills, which tend to be some of the most earmark-heavy. Citizens Against Government Waste counted more than 6,000 earmarked projects in the 2005 highway bill.

Mr. MCCAIN. The reason I add those to the RECORD is because it isn't just my opinion, it is the opinion of the Wall Street Journal, the Washington Post, and many other periodicals to this effect.

Also, we perhaps in the Congress might pay attention to the fact that a poll in the last couple of days shows a 17-percent approval of Congress. Our approval ratings are at an all-time low. There are a variety of reasons. It isn't all because of earmarks. It is because of the economic situation, it is because of the frustration, it is because of the belief by many Americans that we are not responsive to their problems and challenges they face, which are unprecedented in these days, especially when we are spending \$1 million to rehabilitate a bathhouse at Hot Springs, AR, \$1 million for a waterless urinal initiative, \$250,000 for turf grass research, \$500,000 for a teapot museum in North Carolina, \$2 million for the Vulcan monument in Alabama or \$556,000 for the Montana Sheep Institute.

Some may argue these are small amounts of money. But Americans don't understand when they can't stay in their homes or educate their kids or they can't keep their jobs, why Congress continues to engage in this practice.

Let me just say, in the interest of full disclosure, this problem was exacerbated when Republicans took control of both Houses of Congress. The Wall Street Journal says:

The reluctance to change is rooted in the Congressional belief that earmarks are the main guarantee of incumbency. Earmarks were relatively rare until the rise of the Tom DeLay Republicans in the late 1990s. By 2005, the high-water mark of the earmark craze, both parties had linked arms to add 13,500 pet projects to spending bills. Legislators crow about their largesse and use it to land campaign money from earmark recipients. This cash-for-votes mentality has become a symbol of everything Americans hate about Washington. The recent decision by the House ethics committee to put aside allegations that seven House Members awarded earmarks in order to secure campaign donations was another sign that Congress wasn't serious about changing this culture of special favors.

So I think, Madam President, we could take a major step in the direction of restoring confidence in us if we

would just stop using the earmark process until the deficit is erased. I urge my colleagues to consider this proposal and to reconsider their opposition to it.

Madam President, I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Minnesota.

Ms. KLOBUCHAR. Madam President, I rise today in support of the bill that is before us—the FAA reauthorization legislation, which is currently on the Senate floor. I thank Senator DORGAN, the neighboring State to Minnesota, for his leadership on the committee and on the subcommittee. I am proud to be a member of that subcommittee and to have worked on this bill.

The air transportation system is important to all Americans and certainly to the people of my State. Minnesota is the childhood home of Charles Lindberg. Today, Minnesota is a major hub of Delta, which was previously Northwest Airlines. It flies people literally all over the world. We are also home to Cirrus Aircraft, which is one of the manufacturers of smaller planes up in Duluth. We have thousands of pilots and airline employees who fly each and every day, both for their enjoyment as well as for their livelihood.

As anyone who has recently flown on an airplane knows, our airport transportation system is strained and it is subject to increased congestion and delay. Recent notable incidents have, in fact, called into question the safety of our commercial aircraft as well as the training of a few of the pilots who fly them. We know, for the most part, that we have a very good air system, but we also know there must be improvements, especially if we are going to compete on a global basis with other countries that are working to update their air traffic systems.

As a member of the Senate Commerce Committee's Subcommittee on Aviation and someone who has worked hard to bring this legislation to the floor of the Senate, I know this bill will address many of the concerns of people around our country.

First, this legislation incorporates important safety improvements. The tragedy of Colgan Air Flight No. 3407, which crashed outside of Buffalo in February of last year, brought the safety of our airlines back into the public eye and raised new questions about the safety of regional aircraft and the training and experience of the pilots who fly them.

We have had many hearings, thanks to Senator DORGAN, on this tragedy. Every single time there were families of people who were killed in that crash in the hearing room to remind us of the changes that need to be made.

Pilots for these regional carriers are, in some cases, not trained as well as for major carriers. They are overtired and underpaid. In fact, some regional pilots earn so little that they take sec-

ond and sometimes third jobs. Many pilots live far away from their bases, leading to long commutes and even longer hours spent waiting in airports.

The facts surrounding the Buffalo crash bear this out. The first officer, who earned around \$20,000 a year, flew to Newark on a red-eye flight on the day of the accident. She arrived at 6:30 a.m. and reports indicate she spent the entire day in the Newark airport sending text messages to her friends before her shift began. The evidence also suggests the pilot was up for large parts of the night before the flight. Once on the plane, the pilot and the first officer broke FAA policy by engaging in non-essential banter and conversation during critical times of the flight. And the flight data recorder indicated the crew was inexperienced, poorly trained, and ill-prepared for the tough weather conditions that night.

As the first officer told the pilot—and this is an exact quote—and I will never forget this because being from Minnesota, we have a lot of ice issues, and it is where, in fact, Senator Wellstone was killed in a crash, in part because of poor pilot training and icing issues. This is the quote of the first officer on that plane, before that plane went down in Buffalo:

I've never seen icing conditions. I've never de-iced. I've never experienced any of that.

Imagine the chilling effect of those words on the families of those who died in that crash.

Many people in my State rely on regional jets to connect them to each other and to the world. As I have said before, a passenger should be as safe on a regional carrier going from Minneapolis to Duluth as they would be on a Boeing 767 flying from Los Angeles to New York.

This legislation will help us do just that. In particular, the bill will require the FAA to adopt new rules on pilot fatigue, rules that have not been updated since the 1950s. And the bill will boost pilot training requiring that the pilots meet certain standards before being allowed in the cockpit so we will not have to hear those words again, Senator DORGAN, "I've never seen icing conditions. I've never de-iced . . . I've never experienced any of that."

In short, this legislation will help raise the safety standards for regional jets and pilots and ensure one level of safety for all commercial aircraft in this country. The thing I most remember is there is an argument, in fact, that regional flights are even more difficult than the big passenger planes. Why? They have to land and land and land, have shorter flights, and they actually are more tiring and they have a better chance of encountering difficult weather conditions, so we should have one level of safety for all commercial aircraft in this country.

Recent safety incidents have not only highlighted concerns with re-

gional airlines but with major carriers as well. In 2008 we learned that some major carriers had kept flying aircraft in need of necessary repairs and that the FAA may have actually known about it. The disclosure of these safety lapses led to thousands of flight cancellations, and these safety lapses and cancellations raised questions about the FAA's ability to enforce our safety laws and regulations.

What we learned is troubling. The Department of Transportation's inspector general described an "overly collaborative relationship" between FAA management and the airlines they regulated.

To help recalibrate the balance between the FAA and the carriers, Senator SNOWE and I introduced the Aviation Safety Enhancement Act to ensure that the FAA does more than just trust that the airlines comply with all Federal safety regulations. In particular, the legislation, which has been incorporated into the FAA reauthorization bill we are now considering, puts a stop to the so-called revolving door between the FAA and the carriers by requiring a cooling-off period for FAA inspectors before they can work for the airlines and interact with the FAA.

It also establishes a whistleblower office in the FAA and creates a roving "National Review Board" that will travel around to various FAA inspection offices to conduct safety reviews and unannounced audits. These unannounced safety audits are important.

I tend to straighten up my house a bit before I know my mother-in-law is coming over and that is why I know that if you have an unannounced visit, you might have a different result than an announced visit. These unannounced safety audits will be very important to make sure things are in order, that facilities are in order, and help ensure that the carriers remain focused on safety and that the FAA remains true to its mission, to protect the American flying public.

We also need to pass this FAA reauthorization bill because it would put a passenger bill of rights into law. The need for a passenger bill of rights was made clear to me and other Minnesotans last summer. Just ask Link Christin. On August 7, Link was aboard Continental Flight 2816, a flight from Houston Intercontinental Airport to Minneapolis-St. Paul when it was redirected to the Rochester airport in Rochester, MN due to severe weather. It landed in Rochester around midnight and the passengers were not allowed off the plane until 6 a.m. the next day, midnight to 6 a.m. The passengers aboard the flight described the experience as a "nightmare," saying they were not given any food or drinks during the time waiting, things smelled, there were babies on the plane. It is as if common sense had flown out the window, but the windows were not open.

No passengers should have to go through what Link and the other passengers aboard Continental Flight 2816 went through—forced to remain on the tarmac for 6 hours without food, in an increasingly uncomfortable cabin atmosphere, and denied the opportunity to deplane when the airport was only yards away. The FAA reauthorization bill we are considering today helps ensure we don't have any more stories such as Link Christin's. I appreciate Secretary LaHood's leadership on this already, but we should be putting this into law.

In particular, the bill requires that airlines provide passengers with food, water, and adequate restrooms during a delay. The passenger bill of rights would also require airplanes to return to the gate once the plane has sat on the ground for 3 hours—or 3.5 hours if the pilot thinks the plane will take off before then.

Finally, this bill helps upgrade our air traffic control system to the next generation, the NextGen system of air traffic control technology. We have focused a lot lately on roads and bridges which I know, coming from Minnesota where the bridge fell down in the middle of a summer day, are critically important parts of our Nation's infrastructure, but our national aviation infrastructure is just as important. The current air traffic control technology, developed in the 1950s and used by the FAA today, is based on outdated technology that relies on ground-based radar systems, voice communications, and fragmented weather forecasts. With NextGen, a system that uses satellites rather than ground-based radar, both pilots and controllers will have the benefit of virtual maps, up-to-date weather reports, and other real-time information.

The result is a more efficient use of our airspace, safer skies, and less congested airports. That is something we should all be able to support.

In this bill we make sure that NextGen is a national priority by giving it the resources and the attention it needs to get the program up and running.

The aviation system is too crucial a part of our Nation's infrastructure and too important to our Nation's economy to let the problems go unaddressed. This bill modernizes our air traffic control system, our air transport system, it puts in that passenger bill of rights, it does something about pilot safety and training, and all the things we know need to get done here. It helps to ensure that our system is in fact the safest in the world. We have waited too long to pass this bill. But now is the time when the rubber meets the runway. It is time to pass the FAA reauthorization and I urge my colleagues to support this bill.

I yield the floor.

The PRESIDING OFFICER (Mrs. HAGAN). The Senator from Alabama.

Mr. SESSIONS. Madam President, I wish to briefly comment about the Pryor amendment that has been offered as an alternate, a side-by-side, or cover amendment to the Sessions-McCaskill amendment that would take the budget limits that were passed by this Congress and make those more difficult to violate by creating a two-thirds vote for it. I would say a couple of things about the Pryor amendment.

It is not good and we should not vote for it. It pretends to have good motives, and maybe it does have good motives. But in fact it would allow \$62 billion more in spending over 3 years than the McCaskill-Sessions amendment. It would instruct the deficit commission to propose tax increases and entitlement cuts to pay for increases in discretionary spending. The deficit commission was not meant for raising taxes and cutting entitlements to pay for new discretionary spending increases. The whole purpose of that was to figure out a way to deal with the surging entitlements that are growing out of control and to contain their growth.

How are we going to do that? We are going to do it two ways, primarily. I suppose they will propose some sort of tax increases, increase in Social Security withholding or increase in Medicare withholding, and they will cut Medicare and Social Security benefits. That is what real life is.

But this would instruct the commission to cut entitlement benefits, Medicare, and Social Security, to increase taxes, and use it to fund more discretionary spending. That is not good. People should not vote for an amendment that would do that. We are going to have to wrestle with the entitlement commission. It does not have binding authority, it is a recommendation to us, and maybe they will have some recommendations we can all support. But it is not going to be fun. It is not going to be easy. There is no free lunch. Nothing comes from nothing. Somebody must pay to fix the entitlements. They are at the present time in surplus and the surplus they are producing from the revenue from Social Security withholding and Medicare withholding is being spent for discretionary spending. So to raise their income for those accounts and to cut spending in those accounts to allow even more spending on the discretionary side I think would be very unwise. Perhaps that is not what was intended but that is what appears to me to be pretty plainly what is going on in this amendment.

Second, the Republican counsel on the Budget Committee has advised that the amendment would not only abandon the two-thirds requirement that Senator McCaskill and I are proposing to violate the budget, but it actually would eliminate the point of order that currently requires 60 votes to violate the budget. Currently, if somebody pro-

poses a spending amount that violates the budget, any Senator can object and it would take 60 votes to waive the budget to allow this extra spending to occur. The way we are reading this amendment is that it would dramatically weaken the existing law and eliminate this point of order that would even require 60 votes. That has not proven to be a very effective tool. The two-thirds vote would be better.

I thank my colleagues for the opportunity to share these remarks and urge my colleagues to resist the Democratic leadership's injunctions and pressures to vote against the Sessions-McCaskill amendment. I know 18 Democrats have already voted for it. It is a bipartisan bill. We worked at it together in a good way. It has the ability to take a significant, though not dramatic, but a solid step in the right direction. I am disappointed we are now proposing an alternative amendment that will not be as effective and that the leadership on the Democratic side is opposing. If Senator REID and Senator DURBIN said: Fine, you can vote for this if you like or: We are going to vote for it, do what you want, Senator, it would pass like that. But it is their leadership decision that has put us in a difficult position and makes it more difficult for us to get 60 votes. I hope we can, but it may not occur.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mrs. GILLIBRAND. Madam President, I rise today to speak about this critical legislation we have before us—The Federal Aviation Administration Air Transportation Modernization and Safety Improvement Act.

I wish to thank Chairman ROCKEFELLER, Chairman DORGAN, Ranking Members HUTCHISON and DEMINT for their hard work on this critical legislation.

I share the concerns raised by Chairman DORGAN, as he spoke on the floor about the need to advance this legislation, and implement a number of vital improvements to the safety and security of our aviation system.

On the night of February 12, 2009, Continental flight 3407, operated by Colgan Air, departed Newark Airport bound for Buffalo, NY.

The 45 passengers and 5 crewmembers were just miles from the airport when a series of events resulted in the death of all aboard as well as a father on the ground whose home was the unfortunate final resting place of flight 3407.

Over this last year, I have gotten to know many of the families of the victims very well. They are a constant presence here in Washington, DC, working to improve safety conditions so that others are spared from the horror and loss that they have experienced.

Sitting in my office last spring, as the NTSB began to release information

on the crash, I discussed with the families the tremendous value of their advocacy. For decades the system has been slow to change and in the mean time innocent lives have been lost.

We discussed the possibility of seizing on this very legislation as a vehicle of change—to bring accountability and transparency to the system—to strengthen the training requirements and push forward to achieving not just “one level of safety” but a “higher level of safety”.

That conversation began a year-long campaign by the families who, on their own dime, have been here at every aviation-safety hearing both in the Senate and House and have frequented Senator’s offices with the steadfast determination to turn this tragedy into a clarion call for change.

We must remember the people we lost in the Buffalo crash.

An expecting mother, a community health advocate, a young couple in love, an international human rights leader, a second-year law student. These were mothers, fathers, brothers, sisters, sons and daughters, taken suddenly, their passions and dreams left for those closest to them to honor and pursue.

Beverly Eckert died in that crash. She was a national leader, who took her personal tragedy of losing her husband on September 11, and became a leading advocate for the 9/11 families. She was on her way to Buffalo that night to celebrate her late husband’s birthday with family, and to honor a student at Canisius High School with a scholarship named for her husband.

Gerry Niewood, was a noted jazz musician, Rochester native and graduate of the Eastman School of Music and University at Buffalo. Gerry was on his way to Buffalo to join his long-time friend and Grammy winner Chuck Mangione in a concert with the Buffalo Philharmonic Orchestra.

The details surrounding the tragedy of flight 3407 have been well-documented.

We know that for the 2 days prior to that night, the captain, who had a history of training failures, had not slept in a bed, commuting from his home in Florida.

The copilot, who had complained of illness during the trip, had also not slept in a bed the night before, commuting from her home in Seattle, with a stop in Memphis, to her duty station at LaGuardia.

I don’t know of many jobs, especially those where people’s lives are in your hands, that can be done under these circumstances.

Although not specifically addressed in this underlying bill, this issue of commuting and duty time, is but one of many factors that came together to result in this tragedy.

Working with my colleague, Senator SCHUMER, we advanced legislation that

would raise the minimum standards for new commercial pilots. A version of this proposal, which was endorsed by the Families of Flight 3407, has been secured in this underlying legislation.

The new standards would increase the minimum flight hours for commercial hires from the current 250 hours to 800 for copilots. Apart from just more flight time experience, the new regulations would increase the quality of that training, not just the quantity.

The proposal requires the Administrator of the FAA to engage in rule-making that requires that beyond the 800 hours minimum pilots must demonstrate effective operation of aircraft in: multipilot conditions; adverse weather conditions, including icing conditions, as was the case with flight 3407; high altitude operations; and basic standards of cockpit professionalism and operations in part of the airline industry.

A major concern that I share with the families, is that often times, when left to their own, the FAA has a poor track record in acting on updating regulations.

This legislation will give the FAA until end of next year to enact these new regulations or a more stringent set of regulations will become the across-the-board standard.

Also, included in this bill is the crux of the Flight 3407 Memorial Act, my legislation that would require the FAA to report back to Congress on all new safety recommendations issues by the National Transportation Safety Board investigative reports.

Time and time again the FAA has failed to enhance training requirements and other safety measures. The version of the reporting requirements that I secured in the underlying bill will not only require the FAA to respond to NTSB recommendations, but let the American people know what actions they are taking, and the timeline by which they will act on recommendations.

This will ensure that the voices of the families are not only heard, but responded to.

Instituting this level of oversight is critical as we look to assure the Families of Flight 3407, and all Americans who travel by air, that those responsible for acting on the recommendations of safety experts, are not simply filing those recommendations away in a filing cabinet, never to see the light of day. They are listening and implementing safer standards and procedures.

I am grateful for the hard work of the Commerce Committee and leadership in bringing this important bill forward.

The steps taken in this legislation begin to address the culture of inaction that helped contribute to the crash outside Buffalo.

It is time to learn the lessons of the past, change the culture of inaction, and make air travel safer for all of us.

We owe it to those lost to never forget, and to continue our work to address the serious concerns raised over the last year.

I look forward to seeing these improvements contained in this critical legislation enacted.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Madam President, before the Senator leaves the floor, let me say that the families of the victims of the Colgan crash—the tragedy that occurred just about a year ago now—have been unrelenting in coming to the Congress, appearing at every single hearing, meeting with Members of Congress, saying: We want these changes.

I just wanted to say I know the families know but New Yorkers should know the work Senator GILLIBRAND has done, and Senator SCHUMER as well, to try to include in this legislation, the FAA Reauthorization Act, some very needed changes, safety changes, that resulted from what we learned in investigating that accident.

Senator GILLIBRAND talked about the fact that 2 people entered the cockpit of a commercial plane that evening, and then a number of people—45 people—entered from another door and filled that commercial airplane and set off at night, in bad weather, with icing conditions. The two people in the cockpit—the person flying in the left seat, the captain, had not slept in a bed for 2 nights, and the copilot had not slept in a bed the night before. As Senator GILLIBRAND indicated, she had deadheaded from Seattle, WA, which is where she lived, to go to work, to a workstation in La Guardia. This is a young copilot who was paid between \$20,000 and \$23,000 a year in salary deadheading across the country to get to her duty station, not feeling particularly well, sitting in the crew lounge, where there is no bed.

The point is, we have learned that is just the fatigue issue and the commuting issue. We learned about training issues in that cockpit with the stick pusher, the stick shaker, icing conditions, and other things. So I want to say we have learned so much from that tragedy.

Our hearts go out to the victims of the crash, and, yes, the pilot and copilot lost their lives as well, and our hearts go out to their families. But it is important for us to learn from this. The diligence of Senator GILLIBRAND and Senator SCHUMER, especially, and I would say especially the witness exhibited by the families of the victims over all of these months have been extraordinarily important in putting in this bill some very needed safety changes. So I thank Senator GILLIBRAND for her diligence.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. PRYOR. Madam President, I would like to speak on my amendment

here for a few minutes, somewhat in response to Senator SESSIONS but really more just to ask my colleagues to please consider voting for the Pryor amendment.

This reminds me of a conversation I had a few years ago with a friend of mine in Arkansas. He is kind of a member of the deficits-do-not-matter club. This was probably 6 years ago. I was a pretty new Senator here.

I said: Look, we have to start to get this thing turned around. Some of the policies we have done here are not good, not sustainable for the country.

He told me back then that deficits do not matter. And where I disagree with him and others like him I said: Look, anytime any of us walk into a bank or some other financial institution and want to borrow money, the first question they ask is, How are you going to pay it back? That is what they want to know: How are you going to pay it back? The problem we have had around here for years now is that we have no plan to pay this money back—none. We have no plan to pay this money back, and that is why we are just pushing it off down the road to where, you know, we do not have to make the hard decisions.

But I want to tell you right now, our children and grandchildren do not appreciate what we are doing to them. We have to take responsibility for us living beyond our means. The way I look at this is that in America for too long, we have lived beyond our means. Our government has done that. Corporate America has done that. There is too much debt in corporate America. We have seen that over the last year and a half. Also, individuals and families have done that. We have done that on a personal basis with too much debt. And we all need to take responsibility. We all need to manage that and manage our way out of that situation.

My amendment basically, as much as anything, communicates to the American public, it communicates to the global economy, it communicates to all of the economists and all of those experts on Wall Street, all other places all around the world, that we are capable of making these difficult decisions and that we are willing to make the hard calls in order to get this done.

I know one of the criticisms we are going to have on the Pryor amendment is that it may lead to raising taxes. Certainly, I hope it does not. But we have to be willing, in this Chamber and in that Chamber down the hall and at 1600 Pennsylvania Avenue, we have to be willing to make these hard choices, these hard calls. That is what we call leadership and that is what we call democracy.

People elect us to come to Washington to make difficult calls. The easiest thing we can do is to be fiscally irresponsible. It is like in our own personal house. Hey, I would love to have

a bass boat. I would love to buy a new car every year. I would like to have a lake house. But I cannot afford those things. In this Nation, we have gotten to the point where we cannot afford to have it all.

The Pryor amendment really gets us back in the zone where we can manage this fiscal picture we have, and hopefully what we can do, over the next 10, 12, 15 years, however long it is going to take, we can actually get back to a surplus and make a significant dent in paying off the national debt. I think we have to do that. It is imperative that we start now.

That is what the Pryor amendment is about and really the biggest advantage over the Sessions-McCaskill amendment. Again, I have total respect for these two Senators. They have spent a long time on this. They have been working on this for a long time. But I think the limitation of their amendment and really the big shortfall there is that it only deals with discretionary spending. As I showed you earlier in the pie chart, that is a very small piece of the fiscal pie. We need to put it all on the table, and we need to show the American public we are serious. We need to show them that we are willing to take this on; that we have the discipline it requires to restore fiscal responsibility here in this government; that we can reduce the deficit, and that we can return our Nation once again back to a fiscally sound path. That is really what this issue is about today.

I very strongly encourage Members on both sides of the aisle to look at the Pryor amendment. I encourage you to vote for mine. I think it is a more comprehensive approach than Senator SESSIONS' and Senator MCCASKILL'S. As I said, I voted for that one twice before in previous iterations of it. It has changed a little bit. I voted for it before. But I have come to the conclusion that we need a comprehensive solution. We need to put it all on the table. And we need to show the leadership—this country is crying out for leadership. We need to show some leadership on this issue and show people we are serious and willing to do what it takes in order to get this done.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. We are on the FAA reauthorization bill. I want to comment on the discussion of my colleague from Arkansas, but I will do that briefly.

I did want to say before that, however, that we really threaten to lose this bill. We have been on the floor now 5 days. We have a number of amendments. We are going to vote at 2 o'clock today on a couple of amendments that are properly filed, but they have nothing to do with the underlying bill. We have some other amendments still waiting that have nothing to do with the underlying bill. And then we have this issue of slot rules and perim-

eter rules with National Airport, which is unbelievably complicated. I think we have eight amendments, and my hope is that we can convince people not to offer those amendments. We will try to deal with them in conference because the House has a couple of provisions. But if we do not complete this bill today, after 5 days, then I worry we will never get back to it and once again the issues of aviation safety and airport improvement funds and all of those issues will be left at the starting gate.

We have extended this 11 times. Rather than reauthorizing the FAA bill, we have extended it 11 times.

Now we finally have legislation that deals with aviation safety, which is so unbelievably important, a passengers' Bill of Rights, AIP improvement funds. Let's get this done today. I urge colleagues, if they have amendments to offer, offer them.

As to the vote at 2 o'clock, Senator PRYOR has offered an amendment that one of my colleagues described as a cover amendment, not very serious. That is unfair to Senator PRYOR. His amendment is not only serious, it is so much better than an amendment described as a baby step. It is OK to take baby steps, but we don't exactly face baby challenges. We have unbelievable fiscal policy challenges. It should not surprise anybody that we face these unbelievable challenges. Ten years ago, we had a budget surplus. President George Bush said: I want very large tax cuts, the bulk of which will go to the wealthiest Americans. Some of us said no. I said no. Katy bar the door, it happened. It accounts for about 50 percent of the current deficit, as a matter of fact, going forward.

Then we had a recession. Then we had a 9/11 attack. We had a war against terrorism, a war in Afghanistan and in Iraq, and now back in Afghanistan. None of that was paid for. All paid for with emergency money stuck on top of the Federal debt. This is unsustainable. There is no question how serious it is. But when we do address it, let's address it in a way that tends to grab this problem and begins to fix it. My colleague seemed to suggest, let's clean house, and we will only do the smallest room. That doesn't make any sense to me. Senator PRYOR has offered an amendment that says: Let's look at all areas. I know why it is the smallest room. Because the minute you talk about taxes, some people here have an apoplectic seizure. What about asking people who aren't paying their fair share to do so. What about asking those earning the highest incomes in the land and paying a 15-percent tax rate to begin paying what the rest of the American people pay? How about that? Is that a tax increase? I suppose for somebody who makes \$3.6 billion in a year, which is \$300 million a month or \$10 million a day, and that person,

who incidentally was the highest income earner running a hedge fund in 2008, that person not only got \$10 million a day in income but, because of the generosity of this Chamber and others, gets to pay a 15-percent rate, one of the lowest income tax rates.

Warren Buffett wrote an op-ed piece some while ago. I like Warren Buffett. I have known him for some years, one of the world's richest men. They did a little survey in his office in Omaha. Of the people who work in that office, if you take a look at the taxes paid, income taxes and payroll, the lowest tax rate paid was by one of the world's richest people. A higher tax rate is paid by his receptionist than by him. Think of that. Warren Buffett is the first to say that is not fair. It is not right. You need to straighten that out. Under what we are going to vote on proposed by the Sessions-McCaskill amendment, you couldn't do that. They want to keep that over here because that would be trouble if you decided to ask those folks to pay their fair share.

It is not a tax increase to ask others to pay what most Americans pay. If you want all the benefits America has to offer, how about meeting the responsibilities to your country?

That is a lengthy way of saying, Senator PRYOR has offered an amendment that says: Let's look at everything. Let's ask those who are not paying their share to pay. Let's look at discretionary spending but not only that. Look at all of it: Defense, entitlements, do it all, and do it in a serious way with the seriousness of purpose that says to the people looking to the future, we are going to get this under control. We are going to seize this deficit and debt problem and tame it. We don't have a choice. If we don't reestablish some confidence in the future among the American people, this economy will not recover.

I briefly taught economics in college. I used to teach that this is all about confidence. If people are confident, they do things that are expansive to the economy—buy a suit, a car, a home, take a trip. They do things that expand the economy. When they are not confident about their families, about the future, they do exactly the opposite. They delay the purchase. That contracts the economy. We need to do some things that will give the American people some confidence that we are not going to stay on this path. This path is unsustainable. It requires us to look at every aspect of fiscal policy and domestic policy and find a way to tame these deficits.

I strongly support the amendment offered by the Senator from Arkansas. I don't agree it deserves to be called a cover amendment. It has a much greater seriousness of purpose than the Sessions-McCaskill amendment. I hope the Senate will see fit to support the amendment offered by Senator PRYOR.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. KYL. Unless my colleague from Arkansas wants to respond, I will proceed.

Let me comment on the suggestion by the Senator from North Dakota that we need to move on with this legislation. I agree. It could be concluded this week. On the other hand, the matter that relates to the perimeter rule and slots at the airport, while every bit as complicated as my colleague suggested, is also very much in need of resolution. One way or another, we will have to get that resolved on this bill. I am hoping that after a meeting we will convene in a little less than an hour, a compromise can be achieved such that we can move forward and get something adopted. But we will not finish that bill until that important issue is dealt with.

I will refrain from talking further about that in the hopes that there is a compromise we can support.

Mr. DORGAN. Would the Senator yield for a question?

Mr. KYL. Surely.

Mr. DORGAN. Let me observe that we were able to get that bill out of the Commerce Committee because we did not deal with the slot issue. I understand there is an appetite for slots and perimeters. The only way we will get an FAA reauthorization bill done is if we get it out of the Senate and get into conference somehow. That is the dilemma. If we get involved in a lengthy debate with multiple amendments on slots and perimeters, we may never get the FAA authorization off the floor. We will never have the opportunity to get all the other things that relate to that bill.

It seems to me we could in conference, even as it goes to conference, work on a solution that would resolve some of the issues the Senator mentioned.

Mr. KYL. I certainly appreciate the sentiment of my colleague. The underlying bill is important to get done. These perimeter rule revisions are important too. Our fear is, unless there is some action, it will not be resolved, as it hasn't been in the past. I don't think it has to be a lot of amendments or a huge amount of debate. I do think we need the opportunity to have a vote or two on a couple of these amendments. If they don't prevail, then so be it. But that is an issue we will have to deal with one way or the other.

What I would like to do is change the subject a little bit and talk about the proposals made by Senators SESSIONS and PRYOR in a different context. We just got the word from the Congressional Budget Office that the new cost of the legislation on health care is going to be over \$940 billion. Each iteration of this bill has seen an increase in the cost. This is striking be-

cause, as we know, even though the Congressional Budget Office has had to take the legislative language as it has been given to them in providing the pricetag and, therefore, alleges that it will not put us in deficit, the truth is, it will. If you double count savings, if you assume savings that will not exist and so on, then you can project a budget-neutral bill. I think most objective observers have acknowledged that the bill will be far out of balance and that the \$940 billion price tag will not be paid for by the various taxes and spending reductions ostensibly a part of the bill.

There is nearly \$½ trillion dollars in Medicare cuts. Most people think that is unrealistic. We have never been able to find that much waste, fraud, and abuse in the past. It is going to be hard to find it in the future. You can't assume we will save all that money.

It is true this new bill will also raise taxes. There are 12 or 13 new taxes in the bill. It supposedly raises about \$½ trillion in taxes. That includes on seniors, the chronically ill, and on the very drugs and devices that help us when we are sick. I wonder how long those taxes are going to last.

The bottom line is, we will be adding to the deficit under this legislation or paying a lot more in taxes than we do today. The irony is, we are not even solving the core problem we started out to try to solve, which was to reduce the cost of health care premiums. CBO confirms over and over again that premiums will continue to rise. They say, in the individual market, this bill will cause premiums to soar by 10 to 13 percent in the year 2016 because the government is going to force patients to buy benefits packages with coverage they may not need or want.

According to Lewin Associates, an objective observer, the premiums will go up even more. A third study, Oliver Wyman & Associates, has projected that prices will exceed a 50-percent increase—in my State of Arizona, a 72-percent increase in premiums—as a result of this legislation. That is almost incomprehensible and it is wrong. The irony is, the increases will be paid by small businesses that we are asking to hire more people. It is going to be paid for by young families and individuals forced to buy insurance they don't believe they need right now. Right now they have relatively low premiums because they have relatively low health care needs. The bill will raise the cost of insurance for many Americans and then, through new mandates, force everyone to buy a policy and not just any policy but one that has actually been written in Washington.

It adds a new entitlement we can't afford. There are so many other things wrong with it. My point was not to go through all the things wrong with the health care bill but, because we now know or we believe the bill will be

voted on in the House perhaps as early as Sunday and we now have the new score, the biggest score yet of almost \$1 trillion, it is worth talking about in the context of the amendments on the floor to try to deal with escalating spending.

During his campaign, President Obama made almost a fetish out of saying he would fix the way Washington works. There would be no more business as usual. But from what we have seen on the health care debate, there has been arm-twisting and backroom deals and sweetheart deals that end up buying the votes they need to pass the legislation but add dramatically to the cost, as well as the unfairness, because certain provisions of the bill are made inapplicable to certain favored constituencies.

I have always thought, if the bill is such a great idea, why would Members exempt their own constituents from the application of the bill. One of the areas in which this is done is the cuts to Medicare. About half of that comes from reducing the benefits under Medicare Advantage. Medicare Advantage is enjoyed by a great many seniors who are on Medicare, about 330,000 in my State of Arizona. Their benefits will be dramatically decreased under the bill. Our colleague from Florida heard an earful from his constituents, senior citizens, who said: Don't cut my benefits under Medicare Advantage. He said OK. We will grandfather you, and we will grandfather some folks from other States. But my constituents in Arizona don't get grandfathered. Their benefits are going to be cut. How is that fair? How is that right?

Let me run through a couple of these other special deals. Unfortunately, not everybody gets the advantage of these special deals. There was the so-called "Louisiana purchase," \$300 million. I don't know the page of the new bill, but in the old bill it is section 2006, page 432, line 14. The "Gator aid," which is the thing I was just talking about, grandfathers Medicare Advantage patients to the tune of about \$25 to \$30 billion from the cost of rather than from the effects of reducing their Medicare Advantage benefit. There are some other States that get specific benefits as a result of Medicaid patients who are added to the rolls: Vermont, \$600 million; Massachusetts, \$500 million.

There are three targeted FMAP provisions: bonuses for Vermont, Massachusetts, and Nebraska. Vermont gets a 2.2-percent FMAP increase for 6 years for their entire program. Massachusetts gets a half-a-percent increase for 3 years. Nebraska gets a 100-percent FMAP increase for newly eligibles forever. That was this new particular deal.

Under the disproportionate payment section, Hawaii is alone among the States that get an extension. Michigan

and Connecticut get a special benefit under section 508 so that their hospitals have an option to benefit under that section if it means higher payments. This was also done in previous legislation.

Montana, South Dakota, North Dakota, and Wyoming get a special deal: an amendment that adds 1 percent to the hospital wage index for those States. There are other States that would qualify but would not benefit because they are already above the 1-point wage index value. It also establishes a 1.0-practice expense floor for physicians in those particular States.

One of my colleagues got a benefit for his constituents in Libby, MT: Medicare coverage for individuals. The EPA has announced there is a public health emergency at a Superfund site there, so they get a special advantage.

It is interesting that while the Nebraska "Cornhusker kickback" got a lot of attention, two other benefits for Nebraska entities did not. Blue Cross and Blue Shield of Nebraska and Michigan Blue Cross Blue Shield and also Mutual of Omaha get special benefits—so two in Nebraska and one in Michigan. They get a carve-out. One of them gets a carve-out from the insurance fee for Medigap policies and the other the insurance fee paid to these two particular companies.

Connecticut hospital—Senator DODD from Connecticut took credit for getting \$100 million for a hospital in his State.

I could go on and on.

The point is, the process by which the legislation has been put together, as well as its substance, is what has caused the American people to have an extraordinarily low opinion of Congress. The latest trick, this so-called scheme to deem the legislation the Senate passed—passed without a vote; in other words, passing a law without ever voting on it—is just the latest of the chicanery that appears to be engaged in, in the House of Representatives now, in order to get around the Senate bill, which, as the Speaker said, her Members do not like and do not want to vote on.

Madam President, I ask unanimous consent to have printed in the RECORD an editorial from this morning from one of my hometown newspapers, the Arizona Republic, which discusses what they call the end run by Democrats as a travesty, and they discuss this so-called scheme to deem in the editorial.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Arizona Republic, Mar. 18, 2010]

END RUN BY DEMS IS A TRAVESTY

Last Sunday, The Arizona Republic published a brief editorial chiding Democrats in the U.S. House for considering an elusive, patently preposterous method for passing their epic health-care legislation.

In point of fact, we did not believe at the time they were serious. We saw desperation.

A grasping at straws. A passionate willingness to consider any means necessary, even something like "deeming"—a sleight of hand that in theory might leave no fingerprints.

But we did not truly believe the Congress of the United States ever would attempt to pass a measure reconfiguring an entire sector of the American economy by obscure parliamentary trickery. Without a real vote on the measure at hand.

We thought they would come to their senses. They have not. Aghast, astonished and still agog at the brass on display, we can only say . . . this . . . is . . . not . . . right.

In one of the more memorable acknowledgements in this historic fight over health-care reform, House Speaker Nancy Pelosi said Monday that "nobody wanted to vote for the Senate bill." That may be the case, but it does not justify this end run.

The intent of the Democrats is to vote to pass a package of amendments to the Senate legislation passed on Christmas Eve. Once the amendments bill is passed, Pelosi intends to invoke a "self-executing rule" to "deem" the legislation on which the amendments is based—the Senate bill—passed, sans vote.

Their mission is to throw a thick cloud of smoke over events, thus giving (make that, attempting to give) reluctant Democratic members of Congress plausible deniability regarding their vote.

The Democrats' majority leader, Rep. Steny Hoyer, insists the practice "is consistent with the rules" and is "consistent with former practice." It is neither, if by rules and "former practice" one means abandoning a clear Constitutional expectation that a bill should pass by vote of both houses of Congress, especially a bill costing trillions and impacting one-sixth of the nation's economy.

The tactic has been employed by both parties but never regarding anything nearly this substantive. Indeed, Democrats, including Pelosi, took Republicans to court in 2005 to oppose its use. They said it was unconstitutional. They were outraged. Really.

Any vote in support of an abomination like this "self-executing rule" should be viewed for what it is: an abdication of responsibility regarding the most significant social legislation in 70 years. It will not provide the cover Pelosi thinks. We will see the fingerprints.

The positions of Arizona's congressional delegation regarding support for the Senate health-care bill and the deeming procedure, as of Thursday:

Rep. Ann Kirkpatrick, D-District 1: Would vote in support of the bill. Has not indicated whether she would support deeming.

Rep. Trent Franks, R-District 2: Opposed to the bill and deeming.

Rep. John Shadegg, R-District 3: Opposed to the bill and deeming.

Rep. Ed Pastor, D-District 4: Officially uncommitted, but support for the bill is considered likely. Position regarding deeming unknown.

Rep. Harry Mitchell, D-District 5: Positions unknown. Spokesman says it would be "irresponsible to speculate on hypothetical procedures, bills, votes."

Rep. Jeff Flake, R-District 6: Opposed to the bill and deeming.

Rep. Raul Grijalva, D-District 7: Officially uncommitted, although many vote tallies consider Grijalva a likely supporter of the bill. Position regarding deeming unknown.

Rep. Gabrielle Giffords, D-District 8: Has indicated support for both the Senate bill and deeming.

Mr. ALEXANDER. Madam President, will the Senator from Arizona take a question?

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. KYL. Yes, I will. I was about to get to the final point, which is the matter on which my colleague from Tennessee is the expert, and that is the latest item to try to flavor the legislation to get more votes; namely, to have the Federal Government take over student loans. But, yes, I will yield.

Mr. ALEXANDER. I thank the Senator, and I will sit down and listen to his explanation on the other issue. But I heard the Senator mention the news this morning, that the new bill—which we have not seen, and which, suddenly, of course, as is usually the case, we have to rush and pass over the weekend before we read it—is going to save the government money. I do not think very many Americans believe that.

But my question is this: I wonder if the Senator knows whether this comprehensive health care bill—which is going to “save” the government money; not run up the deficit—includes the amount of money it costs the government to pay doctors to serve Medicare patients. If it does not include that amount—which I believe I heard the Representative from Wisconsin say was \$371 billion in the President's budget over 10 years—would that not be like asking the Congressional Budget Office to tell you the cost of a horse farm without the horses? Can the Senator from Arizona imagine a comprehensive health care program that does not include the cost of paying doctors to serve Medicare patients? If it does not, does that not clearly mean that just that one provision will guarantee that the bill will increase the Federal deficit?

Mr. KYL. Madam President, my colleague from Tennessee is exactly correct. Just that one item alone—of course it is part of Medicare; you have to pay doctors to take care of you in Medicare—and if you do not include the cost of that, then obviously you are not identifying the true costs of the legislation, and just that item alone would be enough to knock it out of balance.

I did not even get into all the double counting and the other ways in which they try to game the system so it makes it look like you have saved money, but you have not. One of our friends, Stephen Moore, I heard, had this analogy. He said: This is a great deal: Gee, you cover an additional 30 million people and you save money. Gee, at that rate, we should cover everybody in China. We could really reduce the deficit.

Well, I think it makes the point. The American people have broken the code here. We are not going to save money by adding more people to the rolls. That may be a good idea. It may be that we should subsidize people, but let's acknowledge the true cost, and that gets back to the amendment of

our colleague from Alabama, the amendment that is pending on the floor. He says we have to stop spending so much, so let's do something very modest. Let's put a cap using last year's budget. We are not talking about cutting way back. We are not cutting into muscle or bone or anything like that; we are just saying: OK, if it was good enough for 2010, let's stop there. Let's have a little hold, let's have a little pause here before we add a whole lot more money to the deficit.

My State of Arizona has had to cut well over \$1 billion out of its budget. I think it is closer to \$2 billion. They are cutting significant elements that the State has paid for in the past. The city representatives were in seeing us yesterday and last week the county representatives. They are all having to dramatically cut what they provide in the way of government services.

But we in the Federal Government, we keep right on going as if there were no problem at all. That is why the amendment that is pending—I guess we are going to vote on it in about an hour—the amendment by Senators MCCASKILL and SESSIONS is one we need to support and to vote against any other amendments that appear to try to provide savings but, in fact, do not.

I will close here because I see my colleague on the floor. The last thing I want to mention is the latest gimmick to get support for this health care legislation: adding something that has nothing to do with health. It is the Federal Government takeover of the student loan program. A lot of folks in the country have gotten student loans for their kids to go to college. It is a process that has worked. It is federally guaranteed so banks are able to make those loans at a relatively low rate of interest. It is a good deal for kids who want to go to college.

Well, the Obama administration—which has taken over car companies, taken over other insurance companies, now wants to take over health care and has taken over, partially, banks—now wants to take over student loans. It has made them part of this legislation. We do not know for sure exactly how because we have not seen the bill yet. But allegedly it is made a part of this legislation.

My colleague from Tennessee has been very good at pointing out that actually it is going to cost people more money because the government gets to borrow money at 2.8 percent interest, then it is going to loan it out at 6.8 percent interest, and then take the difference in the two and pay for additional government programs.

To me, though, one of the most pernicious things is that after July, you are not going to be able to pick the lender that best fits your needs or your kids' needs to go to college. You get to go to a Federal bureaucrat who is going to decide that for you. Instead of

something like 3,000 different places where you can go to get this, I think there are going to be four call centers. Good luck. If you think it is slow down at the motor vehicle division or the Post Office, good luck trying to get a loan for your kid now to go to college.

As my colleague, Senator ALEXANDER, wrote in the Washington Post:

[Y]ou'll work longer to pay off your student loan to help pay for someone else's education—and to help your U.S. representative's reelection.

This is a bad idea. To try to fold this into the health care legislation is a doubly bad idea. The bottom line is, our House Democratic colleagues who are now being very strongly pressured to vote for this health care legislation are not going to be able to fix any of this. Because when the bill comes over to the Senate, and they supposedly have put the fixes in it, the reality is that every one of those things that is subject to a point of order will be stricken from the bill on a point of order. Some things can be amended, of course. So the House is going to have to deal with the bill at least one more time if, in fact, they pass it this weekend. The Senate is not going to bail them out, as some of them apparently think may be the case.

So I throw that note of caution to my colleagues in the House who may be thinking of supporting this bill on the grounds that the Senate is going to clean it up. In fact, that is not going to happen.

Mr. SESSIONS. Madam President, will the Senator yield for a question?

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. I say to Senator KYL, you have worked on this issue for many years. You are one of the Senate's leaders, the assistant Republican leader, and a leader in the Finance Committee. Isn't it true we have known for some time that we are losing doctors who are declining to do Medicare work and that if we do not take action, they will have a dramatic 20-plus percent cut in their pay? Every year we have known that cannot happen, so we have found the money to put back into it. One of the announced purposes for the President's health care reform was to fix this problem.

First, I understand from your conversation with Senator ALEXANDER that this problem has not been fixed in the bill at all. Then of course, when you figure out how much the bill costs, it does not reflect that we need, under the new estimates, \$300 billion more. So if they are claiming the bill is going to create a surplus of \$130 billion, you would have a \$200 billion or so deficit on the doctor fix alone; is that correct?

Mr. KYL. Yes. Madam President, my colleague is exactly correct, and the math is correct as well. It is very disappointing to me because most of the doctors with whom I have spoken are

very afraid of this legislation. They are afraid of what it will do in their practices in the way they will be able to deal with their patients. They are also afraid because they can see this continued downward pressure on reimbursements they receive. Frankly, a lot of them are saying: We are not going to be able to take Medicare patients in the future.

In my own State of Arizona, in fact, the Mayo Clinic has already announced that at two or three of its facilities, it is not going to take new Medicare patients. So that is one of the things that should be fixed in the health care bill. It is not fixed.

It disappoints me that even though the medical association has urged they take out a very pernicious amendment that deals with specialty hospitals—basically, it cuts specialty hospitals off in the future; and the AMA has fought very hard to allow specialty hospitals to exist, but that is not going to get fixed in this bill—even though they have sought to be excluded from the Medicare cuts that are in the Medicare Commission here—that is supposedly going to save \$250 billion or so; that has not been fixed—and even though they need to have the basic reimbursement section, the so-called SGR, fixed—and as my colleague has just pointed out, it is not fixed in the legislation—what is disappointing to me is—and those are three of the most critical elements of this bill because of the effect it will have on the treatment of their patients—the American Medical Association is still toying with the idea of supporting the legislation, when the vast majority of physicians in the country, in my opinion, do not support the legislation. Again, it is primarily because of the effect they think it will have on their patients.

I would close by saying, all of these—

Mr. SESSIONS. I have one more question of the distinguished Senator.

Mr. KYL. OK.

Mr. SESSIONS. The way this new benefit is funded, as I understand it, is through a \$500 billion cut to Medicare and increased Medicare taxes. Wouldn't it be the correct thing for policymakers to take that money first and strengthen Medicare and pay the doctors whom we owe instead of starting an entirely new program, leaving the doctors unpaid, and raiding Medicare benefits?

Mr. KYL. Madam President, I will conclude by saying, absolutely yes. This is one of the good ideas Republicans had. Rather than creating a new entitlement, taking money from Medicare to fund that new entitlement, the savings we believe we can achieve in Medicare should be applied to keeping Medicare solvent for another 17 years or whatever amount of time this money could provide.

Then, if we are going to expend money, let's use it to pay the hard-

working physicians and all the other providers, the RNs, the folks in the hospitals, and everybody else whom we want there to take care of us when we get sick. Let's make sure that money is available there and that we have some kind of permanent resolution of this problem so we do not have to come back and try to fix it every year.

Those are just some of the things we believe should be done rather than to scrap the whole system we have, replace it with this new government-operated behemoth that takes over this big section of our economy, pushes government bureaucrats between patients and their physicians and ends up providing enormous new taxes, without cutting the premiums—in fact, allowing premiums to go up even more than they would have otherwise. Other than that, it is a nifty idea. Of course, I am being facetious. The health care bill, in my opinion, is not a good idea.

My last point is simply to urge my colleagues in the House to appreciate the fact that the Senate is not going to bail them out by cleaning up the Senate bill, which we already passed here, and they should not be voting for this legislation under the false assumption that somehow we are going to make all those changes in the Senate bill.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN Of Ohio. Madam President, I ask unanimous consent to speak as in morning business for up to 15 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BROWN Of Ohio. I ask unanimous consent that following my remarks on health care, Senator TESTER be permitted to take the floor to talk about health care.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE

Mr. BROWN Of Ohio. Madam President, I don't know where to start. I listened to Senator KYL, whom I really do like personally, and respect, but I just hear so much. Of course, it is not just Senator KYL; it is almost all of my colleagues on the other side of the aisle who have just engaged in scare tactics.

First, they try to scare the middle class and scare people who have parents who are older by talking about death panels. Well, that didn't work because nobody believed that. Some people believed it, but most rational people didn't believe it. Then they try to scare people who have health insurance by saying it is going to be taken away. Then they try to scare senior citizens by saying we are going to cut Medicare. Now—this is almost funny—they are trying to scare House Members. These poor, innocent House Members who can't figure things out on their own, we need Senate Republicans to tell them all about these House rules and Senate rules and reconciliation. It

is a little bit funny but, again, it is not very funny because it is standing in the way of what we need to do for the American people.

I am particularly amused—again, probably a wrong choice of words—when my Republican colleagues talk about cutting Medicare. Just look at the history. They have built careers trying to destroy Medicare. I haven't been around here since 1965 by a long shot, but I sure read about 1965. The Presiding Officer knows this history. She has talked to people in Charlotte and Winston-Salem. I have talked to people in Dayton and in other areas of my State about it.

In 1965, Republicans used the same arguments. They thought that Medicare might be a government takeover. Then, the John Birch Society made all of these claims about Medicare, as the tea party is doing today about this health care bill. It wasn't true. It didn't matter that it wasn't true. They said government bureaucrats were going to get between you and your doctor. That is what they predicted with Medicare, and that is what they predict now. It didn't happen. In 1965, half of America's seniors had no health insurance. Today, 1 percent of America's seniors have no health insurance.

It didn't just end in 1965 when Republicans in large numbers and these same insurance company interest groups—I might add, the Republicans' most important benefactor is the insurance industry. That is why they are coming to the floor acting as if they are defending seniors, acting as if they are defending the middle class and the poor, and health care. They are defending the insurance companies. That is the way they do it. Just as they defend the oil companies on energy legislation, and just as they help and defend the drug companies; just as they defend the drug companies that send jobs overseas, that is why they are against trade agreements. That is why they always support the oil industry in climate change and everything else. That is why they support the drug companies and insurance companies. They are their biggest benefactors. That is who helped them get elected, although don't say that on the floor: I am against this bill because the insurance company is against it. No, they try to scare the Medicare beneficiaries. They try to scare the middle class and rural constituents and urban constituents and suburban constituents. But it just doesn't wash.

Now they have brought in the student loan bill: We have to protect middle class, working class students so they can get student loans. No, they want to protect the banks. This is about: Should we give direct loans to college students or should we let the banks skim off and leave some of the money. Then they have the nerve to say the money we save in this will be

put back into the government bureaucracy. No, the money we save by saying to the banks, no more skimming off student loans, no more taking your cut, giving worse service at higher interest rates, that money goes for Pell grants. So the money we take back from the banks—the decade of George Bush subsidies for the banks—is, instead, going to students so they can afford to go to college.

Back to the health care issue itself. I hear my colleagues so liberally—if I could use that word to define them—quote Lowen & Associates. Every time Lowen & Associates puts out a new study, they come to the floor and they ponderously and seriously say: Lowen & Associates says this bill—da, da, da.

Lowen & Associates is owned by United Health Care, which is one of the biggest health insurance companies in the country. So quoting Lowen & Associates on health care is like quoting the oil companies on energy legislation or climate change or quoting the drug companies or the Medicare giveaway to the drug companies bill. Just forget about Lowen & Associates. If they want to comment on something that has nothing to do with insurance, maybe they are reputable. They used to be reputable, but then United Health Care got them. Sorry. That is just the way it is.

With all of this, let's stop the scare tactics. Let's take a deep breath. Let's look at what this bill is about.

What this bill is really about is helping people who have lost their insurance, who have had insurance and found out it wasn't much good because of what the insurance companies did to them, as Senator TESTER knows. He has people in Billings and in Helena and in White Fish who, because of a preexisting condition, lost their insurance or they got sick and then their illness was so expensive the insurance company said: We don't want to insure them, we want to cut them off.

I wish to share a couple of letters, and then I will turn it over to Senator TESTER because this is what it is all about. They can talk about tax increases. They are wrong about it. They kind of make up some stuff. They can talk about budget-busting legislation. I am a little curious about their saying that because the Congressional Budget Office, which we kind of agree with—whether you are a moderate Democrat such as Senator CARPER or a conservative Republican such as Senator KYL or a progressive Democrat such as the Presiding Officer, we all agree that the Congressional Budget Office is pretty much reliable. They are not partisan. They don't cheat. They don't scam the system. They don't lie to us. The Congressional Budget Office says this actually pays for itself and then some. It will help to retire the budget in the first 10 years and do even better in the second 10 years.

With all of that debate, why does this matter? This matters because we have constituents in Wilmington, in Chicago, and in Butte, as I do in Youngstown and Toledo, who thought they had good health insurance and then they get sick and then they find out they didn't.

I have read letters on this floor since July from people who, a year ago, if you asked them, they would say: My health insurance is pretty good. Then they found out it wasn't because they really needed it. This tells the story, to me, why this is important. Forget the political side. Forget the accusations. Forget the charges. Forget the countercharges. Forget the philosophy. We need to help people and this bill does it.

Gwen is from Claremont County, a very conservative county. Her daughter is a recent college graduate who has been denied insurance. She writes:

My 22-year-old daughter is a recent college graduate. While looking for a permanent job, she's working full time as a waitress. Her employer will not give her health insurance, and she can't stay on my policy because she is no longer in college.

She takes no prescriptions and is one of the healthiest young people you can find. One insurance company offered her a policy for \$750 a month.

I am a teacher and my husband has been unemployed for a year, and even if he were working full time, we could not afford \$750 a month.

Our present insurance system decides who can have health insurance at what price.

That's a moral and ethical decision no insurance company should decide.

We know what this bill does. This bill says these pages sitting in front of us—they are not yet in college. They come home, they can't find a job with insurance, perhaps, when they are 23 years old—although they are all so young and bright they will, but most people can't at this age. They are 23, 24. They come home from college. They have no insurance. Our bill says: You can go on your parents' insurance plan until you are 26. That takes care of that problem. That is barely debatable. That makes sense for Republicans and it makes sense for Democrats.

The second letter is from Tammy from Preble County, another conservative rural county. This one is; the other one is a conservative suburban county. This story is much more tragic. Tammy writes about her best friend who died in January at the age of 31 from cervical cancer. She was a nursing assistant, a single mother of five children. She worked her way out of low-income housing into her first home. When she couldn't afford health insurance, she was able to roll her children into Medicare. She writes:

By the time my best friend could afford health insurance and went to a doctor, it was too late. She learned she had cervical cancer and that it was spreading throughout her body.

A woman with breast cancer in this country without insurance is 40 per-

cent more likely to die than a woman with breast cancer with insurance. People say: Well, conservatives seriously don't want government involvement—whatever that means, even though Medicare works for millions. Conservatives say: Well, they can just go to the emergency room and get care.

If you have breast cancer, you don't go to the emergency room to get care. They will only take care of you right before you die or right before you have an episode. If you are a chronic asthmatic or have chronic diabetes, they won't take care of you in the emergency room unless you have an insulin attack or unless you have a terrible situation with your asthma or you can't breathe. They are not going to help you maintain your health so you don't end up in the emergency room.

That is what this bill is all about. This bill will prevent situations such as Tammy's friend. Pure and simple.

Thomas from Cincinnati is writing about his brother Jim who has been in hospice care after being diagnosed with lung and brain cancer less than a year ago. He doesn't have much longer to live. He wanted his story told, as Jim said, to anyone who would listen. He doesn't have health insurance and can't afford the cost of cancer treatment.

My dying brother is an example, and the countless stories we hear from others are examples of why we need protection from the insurance industry.

I have a lot of insurance companies in my State. I don't hate insurance companies. I understand they are in a situation where to compete with each other they have to have a business model. The business model is—if Senator CARPER and Senator TESTER and I run an insurance company, do you know what we all do? We hire a bunch of bureaucrats to keep people from buying insurance that might be expensive. If you are sick, and you are sick, and you are not, well, I don't want to insure you because you are sick. You are going to cost too much and affect my bottom line. Then they hire a bunch of bureaucrats on the other end for people who actually have insurance policies and get sick to deny their claims.

So this is a business model where you don't insure people who are sick and you try to slough off people who get sick whom you insure, and that is the way you make a lot of money. If you don't do that, you go out of business.

So I don't have any problems with insurance executives. They are paid too much, but I don't have any problems with what they do except their business model forces them to do this. I think they should come to us and say: Senator CARPER, Senator TESTER, Senator BROWN, thank you for bailing us out from doing bad things because you are going to set new rules so we can't do that anymore.

It is outrageous that we have a system—we are the only country in the world that does this. A lot of countries have private insurance companies running their health care system, but they are private, not-for-profit insurance companies. They are not Aetna and Cigna and all of these companies that pay their executives an average of literally \$11 million a year to the CEO. Why do we want a system where for-profit insurance forces these companies to keep people from buying insurance if they are sick, keeps them out if they might get sick, and denies them care if they do get sick. It doesn't serve the public interests, period. That is why this legislation is so important.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. BURRIS). The Senator from Montana.

Mr. TESTER. Mr. President, I was wondering if the Senator from Ohio would yield for just a few questions.

Mr. BROWN of Ohio. Yes.

Mr. TESTER. One of the previous speakers spoke about President Obama taking over our health care system with government health care. In the Senate bill we passed and that the House is about to take up, is there government health care in that bill?

Mr. BROWN of Ohio. Mr. President, there is already Medicare, which seems to work for a lot of people, and Medicaid, which seems to work for a lot of people. You have military bases in your State, as I do, one of the greatest Air Force bases in the country, and they have something called TRICARE that works pretty darn good. This isn't a takeover. This still allows lots and lots and lots of private involvement. But we have some government involvement in the health care system, I would say.

Mr. TESTER. Absolutely. We have Medicare and the VA and TRICARE and those kinds of things.

As far as government taking over the health care system, is there anything in the bill that would create anything different than we have now?

Mr. BROWN of Ohio. Not that I see.

Mr. TESTER. How about health care costs overall in this country. Does the Senator see those health care costs, if we do nothing, declining or going up?

Mr. BROWN of Ohio. They keep talking about our bill. Health care costs will go up. Health care costs are going to go up a lot faster. It doubled in the last 7 years, and it will double again, if we do nothing, in the next 6 or 7 years. Who is going to pay for that?

Mr. TESTER. Exactly. How about insurance companies. If we do nothing, is there going to be accountability for health insurance companies in this country?

Mr. BROWN of Ohio. If you count accountability, still allowing them to cut people off for preexisting conditions, no. It allows them to keep abusing the system the way they have.

Mr. TESTER. What happens to Medicare? If we do nothing, where is it headed?

Mr. BROWN of Ohio. It is more and more expensive. If you follow what some of my colleagues want to do, they want to privatize it further.

Mr. TESTER. Isn't it a fair statement that doing nothing is not an option here?

Mr. BROWN of Ohio. To me it is. Clearly, if we do nothing, small businesses are going to get creamed, taxpayers are going to get hurt and, most importantly, patients.

Mr. TESTER. I thank the Senator for his comments.

I rise today with some startling news from the State of Montana. I do not think it is singular to the State of Montana. It is news that drives home the need to get a handle on America's health care problem.

Being a Senator is a tough job, but it is not the toughest job I ever had. The toughest job I had was serving on a school board back in Big Sandy, MT. I also am a former teacher. So as a former school board member and a former teacher, I appreciate the long, hard, often thankless hours teachers put in. To say they are not the highest paid profession would be an understatement.

I was shocked when I heard about the bad news hitting teachers all across Montana. This week, my staff and I spoke with folks such as the ones in Elysian school district in Billings, MT. Employees there just received word that their health insurance rates are going up, and I mean way up. Normally, a big rate hike might be something like 10 percent or 20 percent. Sometimes we hear folks getting slammed for 30 percent or 40 percent. But the rates of the folks in Elysian are skyrocketing this year by 69 percent.

And you think that is bad. Talk with the folks in Hinsdale or Saco, MT. They just found out their rates are going up, too, by more than 70 percent. Then in the Nashua school district, rates are going up by 72 percent. The rate given to those employees who purchase family insurance is going up by 83 percent.

Let me repeat that. Health insurance rates are going up by 83 percent in 1 year. For those in Congress who think nothing is the best option when it comes to health care, I have one question: How much more of their paychecks are Montanans supposed to fork over before Congress finally reforms our broken health care system?

The folks I am talking about do not belong to any big nationwide corporate insurance system. They are not paying for anyone's big million dollar salaries or lobbyists or advertisements. It is just the cost of health care going through the roof that is breaking these Montana families.

For those in Congress who say the American people do not want or need reform, let them talk with the folks I have talked with, such as the teachers seeing these rate increases, such as the Montanans being forced to sell their family farms and ranches because of medical bills, such as the Montana small business owners who cannot afford to insure their employees.

On Christmas Eve, I stood in this Chamber and cast a vote to keep government out of health care, to cut the national deficit, to hold insurance companies accountable, to strengthen Medicare, and to slow the rise of health care costs. I am very proud of that vote.

This week, after months of listening, debating, and voting, Congress has a chance to work together to get something done. If Congress does nothing, we know what will happen: Medicare will go bust. Costs will continue to break Montana families and this country, and no one will hold insurance companies accountable. And year after year, hard-working Montanans will continue to see more of their hard-earned paychecks eaten up by health care costs.

I am not in the do-nothing camp, especially when hard-working Montana families are trying to make ends meet with 83-percent rate hikes.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. Mr. President, we are in full mode on health care reform. I am going to stick to that subject this afternoon. I have heard my colleagues say a couple of things I am going to emphasize, but I am going to have a different take on some of this as well.

It is not that I actually am writing down what some of my constituents in Delaware have said to me about health care and concerns about our legislation which may or may not pass, but among the things I heard is: We have the best health care system in the world; why mess with it?

I heard: What we are going to do will be government run, it will be government funded and the government doesn't do anything well.

I heard concerns about the size of our budget deficits and how this is going to add to those budget deficits and make them worse.

I heard folks who expressed concerns about whether we would be robbing Medicare to provide health care to illegal aliens and other folks and set up death panels.

I heard concerns about abortion on demand and using tax dollars to pay for that.

I heard we are not going to do anything on medical malpractice reform, and we ought to do something.

I heard a lot about process, how we are going to use the process of reconciliation, the House might use a

process called “deeming” in order to pass health care reform legislation.

Let me take these one at a time.

Do we have the best health care system in the world? Sadly, we do not. Did we ever? I am not sure we ever did. We do not have the best today; we have the most expensive.

A couple weeks ago, I hosted exchange students from all over the world, including Japan. We talked about a lot of issues. One of the issues we talked about was the health care system, what ours is like and what theirs is like. There were kids from Japan. In Japan, they spend about half of what we do as a percentage of GDP. They spend about 8 percent of GDP for health care. We spend almost 16, 17 percent. They get better results. It is not even close. By any objective measure, they get better results. They cover everybody. We have 40 million or 45 million people whom we do not cover. Think about that. They spend 8 percent of GDP, we spend twice that much; they get better results than we do and they cover everybody. We have a lot of people who are not covered.

My thinking in reflecting on that, the Japanese are smart people but they cannot be that smart and we cannot be that dumb. We can do a lot better than we are doing.

Does it have to be government run or government funded? We actually have a system in this country that is government run and government funded, and it is called VA. I am a Navy veteran. The VA system is a great system. It is not inexpensive, but it is a great system for our veterans. The closest thing to a government-run system is VA.

Look around the world at other health care delivery systems. One that is government run and government funded, where the government pays for stuff and basically you show up and get care and are provided for by government doctors and government nurses is Great Britain. We are not interested in doing that here. We are not interested in making the rest of our health care delivery system look like the VA.

What we are trying to do is borrow from something that works, and that is creating large purchasing pools, much like we have for Federal employees, including us, but it is a large purchasing pool of about 8 million people. We only get to choose from for-profit health insurance products. A lot of companies want to sell their products to us. We have very low administrative costs because when you have 8 million people in a purchasing pool, you drive down the administrative costs.

The role of government I think is to row the boat, not steer the boat. I think those are the words of David Osborne—row the boat, not steer the boat. The role of government is as Lincoln said. Lincoln said the government should do for the people what they cannot do for themselves.

What we propose to do in our legislation is to replicate what works, to take this idea of a large purchasing pool and say to every State: We want you to create a large purchasing pool. We will call it an exchange. In the military, if you go to an exchange, you go on base to buy something. We talk about an exchange where people go over the Internet to buy health insurance.

Who can do it? Small businesses, individuals, families, people with coverage, without coverage. They will have a bunch of health insurance products from which to choose. It will not be government funded or government run, but they will have a lot of choices. The idea there is to get the kind of competition in each of those State exchanges we enjoy as Federal employees under the Federal health benefits plan.

Some would say we ought to be able to sell or buy health insurance across State lines. I am sympathetic to that argument. What we do in that legislation—use Delaware as an example. Our neighboring States include Maryland, Pennsylvania, and New Jersey. Currently, we cannot buy health insurance products that are sold in New Jersey, Maryland, or Pennsylvania. But under this legislation, Delaware can enter into an interstate compact with Maryland or New Jersey or Pennsylvania or all of the above. We would create a large purchasing pool, a regional purchasing pool with millions of people in it to help drive down administrative costs, and the insurance sold in those four States could be sold across State lines, increasing the number of options and increasing consumer choice and competition that I think will benefit not the insurance companies but consumers.

A side note here. The beauty of having a large purchasing pool, such as the one we are in, the Federal Employees Health Benefits Plan, is that our administrative costs are 3 percent of premium dollars. If we were to go on the outside and try to buy for a family or small business, we would not pay 3 percent administrative costs—maybe 33 percent but not 3 percent.

What we want to do is replicate what works. Large pools work, the ability to sell across State lines works, the idea of having a lot of options for consumers works. In fact, to take it one step further, among the health insurance plans that we can choose from as Members of Congress or Federal employees, Federal retirees, or dependents are multi-State plans, almost like national health insurance plans. They will be offered on the exchanges so people who are buying their health insurance in my State, Illinois, Alabama, or any State in the future may be able to choose from amongst the same plans that Members of Congress can choose.

Another concern that has been raised that has already been addressed by previous speakers—and I want to mention

it again—is that we are going to further blow up the national debt. In the first 8 years in the last decade, from 2001 to 2008, we literally ran up as much new debt as we did in roughly the 208 years of our Nation's history. We are adding to that every day. It is an enormous concern to me, and I know it is to our Presiding Officer and to others.

As it turns out, the referee for us when we pass legislation, whether it is tax legislation or whether it is spending legislation, is the Congressional Budget Office. It is not Democratic or Republican. If I want to cut taxes or raise taxes, if I want to cut spending or raise spending, I have to go to the Congressional Budget Office and ask them to tell us what the estimate is, what it will actually do to the deficit going forward.

Whenever we have tried to offer different approaches on health care reform legislation, we had to go to the Congressional Budget Office and say: What is going to be the impact on the budget and the deficits going forward? They have dutifully, for months now, been scoring the different approaches.

The approach we have already voted on in the Senate for the most part—and in the House they will be taking up this weekend—the Congressional Budget Office has announced this morning that the legislation, when you put it all together, does not increase budget deficits. They are saying it lowers budget deficits I think in the next 10 years by about almost \$140 billion. It is a \$140 billion deficit reduction over the next 10 years.

The real question, though, in my mind, is: What does it do for the 10 years after that? For the 10 years after that, the CBO says the deficit will be reduced over those 10 years by as much as \$1.2 trillion. Think about that. It is hard to estimate with any great accuracy what we are going to do over the next 20 years. I would much rather be looking at estimates that say deficits go down by \$138 billion in the first 10 years and deficits down by another \$1.2 trillion in the next 10 years. I would rather be looking at the arrow going that way than the arrow going the other way.

Think about it, though. I think what CBO is telling us is that the budget savings in what will be this final combined legislation will save more money, reduce the deficit by more than either the House or Senate bill. This legislation will cover more people—95 percent of the people in our country—than either the House or Senate bill. They also add that it will make insurance more affordable for a lot of people and better quality health care, better coverage for a lot of people.

Another concern we have had is what we are going to do will somehow badly damage Medicare. Medicare, as we know, is running out of money. It is estimated to run out of money in about 7

or 8 years. I believe this legislation will pretty much double the life of the Medicare trust fund; not forever, but it will double it. That is a pretty big step in the right direction.

We need to do more, and we will be coming back to this later this year when the Presidentially appointed and congressionally appointed deficit panel comes back with a recommendation.

Some of my senior citizens said to me: I am concerned you will be taking a lot of money out of the Medicare trust fund and reducing services to us. What we are doing is we are trying to say to Medicare Advantage Programs that are spending, in some cases, way more money than I think can be substantiated or supported, that they are going to be getting less money. And they do not like that. It is not for all Medicare Advantage programs but the ones that get the highest premium dollars and the most support from taxpayers that are going to get less money in the future.

Another concern about Medicare, though—one of my concerns—is that we don't do a very good job of primary care in this country. A lot of people never get a physical in their life. They never get an annual physical.

I became a Navy midshipman at Ohio State when I was 17 years old. I think almost every year of my life since then I have gotten a physical. I was in the Navy for about 27 years, so all those years and even now I get an annual physical. I know my colleagues do as well. We have a lot of people who never get a physical in their lives.

A few years ago, when we adopted the Medicare prescription drug legislation, we said Medicare beneficiaries, Medicare recipients should get at least one physical in their lives. Now, under current law, when they turn 65 and join Medicare and are eligible, they get one physical under the Medicare Program. That is it. If they live another 40 years, they do not get another physical provided for by Medicare. This legislation we will pass, every year a person who is eligible for Medicare will be eligible for a physical. That is the kind of preventive care and prevention we need to do.

The Medicare prescription drug program, if you happen to be poor, is a really good program. If you happen to use a whole lot of expensive medicines, it is a pretty good program. If you happen to be somewhere in between, it is not such a good program because of the so-called doughnut hole, where if a person's prescription drug costs exceed \$2,500 a year, up to about \$5,500 a year, Medicare doesn't pay for any of that. In the legislation that is before us, Medicare will dramatically increase its participation and support for prescription drug costs for people who run in that area between \$2,500 and \$5,500 on their prescription drug costs. They call it filling the doughnut hole. And over time, I hope we will fill it completely,

but this will at least get us started in the right direction.

Another problem I hear about with regard to our health care system is that doctors are doing what we used to call in the naval aviation trying to protect their 6 o'clock or cover their 6 o'clock, which means protecting themselves from lawsuits. They provide more tests, more visits, more MRIs, more everything—more lab tests, you name it—in order to reduce the likelihood they will be sued. I don't blame them, but it runs up the tab for health care. It is the cost of defensive medicine, and we need to do something about that. We need to try to do anything in terms of figuring out what works to reduce the incidence of medical malpractice, what works to reduce the incidence of defensive medicine, and what works to improve outcomes. While we reduce lawsuits, reduce defensive medicine, how can we do that and improve outcomes?

There are some pretty good laboratories of democracy out there in the States. As an old Governor, I like to look to the States to see what is working.

Let's say the Presiding Officer is my doctor in Michigan. At the University of Michigan, he performs a procedure I don't like. He botches it, and the outcome is bad for me, and he knows he screwed up. In Michigan, they provide an opportunity for the doctor and the patient to have a chance to meet in private. The doctor will apologize, he will offer a financial settlement to the patient, and the patient accepts it—either they can or they can't—and that has reduced by 50 percent the incidence of medical malpractice lawsuits. Most of the offers are accepted, and most patients feel it is a pretty good thing. That conversation that takes place between the doctor and the patient can never be used in a court of law against the doctor. And that works.

We have what are called certification panels in a number of States. They are a little different from State to State. For example, "Dr. Burris"—actually, Senator BURRIS—performs on "patient Carper", in one approach, a procedure I don't like. I am unhappy with it, and I want to sue him. Before I can go to court, I have to go to a certification panel. Some have a right to say: You don't have a case. That is it; you are out. Others can say: You can go forward, but if you lose, you pay the doctor's legal fees. Others say: Well, bring the case to the certification panel, and if they say you don't have a case, you can still go forward. That is pretty much the approach in my State, and it has literally cut by 40 percent the number of medical malpractice lawsuits.

There are other ideas out there—health courts. We have bankruptcy courts where the judges are lawyers. How about health courts where the judges are medical specialists. Another

idea which I think has a lot of virtue is what we are calling safe harbors. Again, a doctor is working with a patient and does everything he or she should have done—or a nurse or hospital—given the symptoms and the medical history and all. Everything is done by the book; everything that should have been done is done. The idea is to provide the doctor a safe harbor from lawsuits, allowing that doctor at least a rebuttable presumption.

Those are all ideas that are working in different places around the country—maybe around the world but especially around the country. Let's figure out which of those will work best to reduce medical malpractice lawsuits, reduce the incidence of defensive medicine, and improve outcomes. And there is money in the legislation before us to robustly demonstrate and test those approaches and figure out which ones work best and try to replicate those all over the country.

There is a last point or two I want to make. One of those is that if we can accept that we really don't have the best medical system in the world, that we actually do have the most expensive and we don't get the best outcomes—we can get by that argument; if we can sort of get by the argument that what we are trying to do is to set up a government-funded, government-run system; if we can get by the idea that not only are we not exploding the deficits but that we will reduce them by \$138 billion, roughly, in the next 10 years and maybe another \$1.2 trillion in the next 10 years after that; if we can get by the idea that we are not stealing money out of the Medicare trust fund and paying for abortions and health care for illegal aliens; if we get by the arguments that we are not doing anything on medical malpractice or reducing the incidence of defensive medicine, well, then, what are we arguing about? Well, what we can argue about is process. We can argue about process. And we are having a big argument about that today.

While I won't get into all the details of this process called reconciliation, it is basically used at the end of the budget process to reduce deficits. It pretty much focuses on deficits—either raising revenues or reducing spending in order to reconcile the budget deficit and make it smaller.

It sometimes is used to pass major legislation. When the Republicans were in the majority here, we used it to pass welfare reform legislation and to create the Children's Health Insurance Program. When the Republicans were in the majority, we used it to provide for major tax cuts adopted during the Presidency of George W. Bush. Those were all adopted during reconciliation. I think maybe 20, 22 times, since 1980 or so, reconciliation has been used to pass significant legislation, and 16 out of the 22 times were when our Republican

friends were in the majority—not Democrats but Republicans—and we didn't hear criticism of using reconciliation as an approach during those times.

Let me say that I objected when the idea was first raised about using reconciliation to pass comprehensive health care. I have been vocal about that. I didn't like that. It is the wrong thing to do. We end up with legislative Swiss cheese because through the reconciliation process it is hard to legislate prevention, primary care, insurance reform, and those sorts of things. That process doesn't lend itself to health care reform legislation. So we have proceeded along regular order here and passed health care legislation, unfortunately on a partisan basis—60 to 40—at Christmastime last year.

I must say that one of my great regrets here is that we didn't pass a bipartisan bill. We would have had a better bill if we had a bipartisan bill. But it is what it is.

Over in the House, they are trying to determine whether to deem the legislation as passed, through some kind of process in the Rules Committee. But where did they get that idea? Well, they got the idea from when the Republicans were in majority in the previous Congresses. It worked a number of times for them, so maybe the House Democrats will use it as well. There is an old saying that imitation is the most sincere form of flattery. In this case, for better or worse, I think we are seeing the Democrats trying to emulate what our Republican colleagues have done in past Congresses.

One last point on focusing on what works. I took a day and went to Ohio State. I spent some wonderful years of my life in Ohio. I went to Cleveland a time or two, but I went back to Cleveland last year to the Cleveland Clinic.

I had been hearing a lot about Cleveland's clinic and the Mayo Clinic and Geisinger Health Care from Pennsylvania and how Kaiser Permanente in California and Intermountain in Utah and these big health care delivery systems are able to deliver better health care and better outcomes for less money. I was intrigued by that, so I went to the Cleveland Clinic to spend a day with them. I found out that the health care delivery systems in Cleveland and at the Mayo Clinic and Geisinger and Intermountain are all pretty similar. They have a number of things in common. First of all, their doctors and nurses are all on salary. They are not out there as free agents, they are all on salary—for example, at the Cleveland Clinic. Second, they focus on primary care. Third, they focus on prevention. They focus on wellness. All the patients have electronic health records. They coordinate their care. They focus on diseases such as diabetes, cancer, heart, pulmonary, and they treat them in a holistic way.

They coordinate their care and the delivery in those places, and they get a better result for less money.

They have been able to go to high-cost areas—for instance, Mayo went down to Florida to provide health care down there in a high-cost area, and they replicated what they do in Minnesota.

Part of what we try to do in this legislation is to incentivize other health care delivery systems in the country—other than the ones I have mentioned—to learn from what works to lower health care costs and provide better outcomes in Minnesota through Mayo, at Geisinger in Pennsylvania, and so forth.

Let me close with this, if I can. I was invited to attend the Delaware annual agricultural dinner about a month ago in Dover. It is an annual event. Probably those kinds of things happen in Illinois, in North Dakota—I know they have them in North Dakota—and in Alabama as well. People had already gone through the buffet line by the time I arrived—I was a little late—but as I went through the line to get my food, a guy came up to me and said: Don't vote for any health care. Don't vote for any health care. I said: Why? And he mentioned some of the arguments I have raised here before.

So I thought about that as I sat down and was eating my dinner, and when I was announced and got up to speak to the audience that night, I said: I know some of you aren't in favor of our doing anything on health care because you have heard the argument that it is going to blow up the deficit or you have heard about death panels and you name it—all this stuff. Let me just ask you this. You raise food. You are farmers. You feed us, and you are pretty good at it, too, because too many people in this country are overweight. I said: Let me change this from talking about health care to talking about food. Let's put it in a food context. What if we lived in a country where we paid twice as much for food as every other nation—twice as much. What if we lived in a country where the food was not as good—in fact, it was so bad it was unhealthy for us. What if we lived in a country where 40 million people went to bed every night hungry. What if we lived in a country where tens of thousands of people died every year because of starvation. What if we lived in a country where our goods and services—the products we are selling in marketplaces in the world—cost way more money, our cars cost \$15,000 or \$20,000 more than cars they build in Japan because of the cost of food in our country. What if the rest of us paid more money for our food—maybe a thousand more for our food per year—to provide food for other people who didn't have anything to eat. That is pretty much the situation we are in in this country, but not with respect to food, with respect to health care.

We can do better than this. The legislation we passed, that is before the Congress—before the Senate and the House—if we pass it, will not be perfect, but it is sure going to be better than our living in a nation where we pay twice as much for health care as any other advanced nation, where they get better results and they cover just about everybody and we don't. They can't be that smart and we can't be that dumb. Hopefully, not just with this legislation but with what may flow from it, we will improve on it in years to come, and we will show just how smart we have become.

I yield back.

The PRESIDING OFFICER. The Senator from New York.

Mr. SCHUMER. May I ask the Senator from Alabama a question. How much time does he intend to use?

Mr. SESSIONS. Mr. President, I think 7 minutes.

Mr. SCHUMER. Mr. President, I make a unanimous consent that immediately after the Senator from Alabama speaks, I be recognized for 5 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Alabama.

HEALTH CARE

Mr. SESSIONS. Mr. President, I was pleased to listen to the remarks by my good friend and most respected Member of the Senate, Senator CARPER, about his analysis of the health care reform bill that is before us. I would say I disagree on a number of areas.

First, I disagree that we do not have the best medical care in the world. Yes, we have people who are overweight. We have a higher homicide rate. We have other problems that affect health. But if you are treated, you get the best health care all over. Even in rural areas of Alabama you get well-trained physicians and nurses who can give you first-rate care. I reject that. But I do agree we pay too much. I hoped that would have been a basis for our bipartisan agreement as to how we can execute some changes that would help bring down the cost and create a more effective health care system. I certainly think we should go in that direction.

I do think it is important that the American people believe the process is legitimate. The President said—I suppose in his interview yesterday; I saw it this morning—basically: I don't care what the process is. Just do it, House. You can deem a piece of legislation that is not a part of the bill, and just make it law by deeming it without actually putting it up for a vote or amendment or a process. That is historic. They say it has been done before.

I am hearing from my constituents: I do not care what you have been doing before. We expect you guys to honestly bring up legislation, honestly vote on it, and not sneak it through in the dead

of night without people having a chance to read it, without fully knowing what it means.

That is a legitimate request and demand from the American people that I am hearing. I think it is true all over the country. Even in Massachusetts, Senator BROWN said: This bill is no good, and I am running against it. If you elect me as the Senator from Massachusetts, I am going to vote no. He was elected by a big margin in a stunning development. The American people are unhappy about this.

What I wanted to take a minute to talk about, and this is very important, the Speaker today, just a few hours ago, reiterated that this legislation would create a surplus. If it is going to ensure 30 million more Americans, if it is going to close the doughnut hole and is going to do all these things, how can that be? The American people are dubious at best about that claim. But they say the CBO says so.

With all due respect to my colleague from Delaware, that is not what CBO said. They have misrepresented the CBO's statement in one of the more dramatic flimflameries in history, I submit. I wrote the CBO. Right before I voted on December 24 I got a letter back that explained the details of how it could appear to be one thing when it is really another. I want to point that out right now.

This was a subsequent letter from them on January 22 of this year when asked about how to analyze the cost of this bill. I am quoting from a letter to me, JEFF SESSIONS, from the Congressional Budget Office, January 22, Doug Elmendorf, the Director—basically hired by the Democratic majority in Congress. He says:

Thus, the act's effects on the rest of the budget—other than the cash flows from the HI trust fund, the Medicare trust fund—would amount to a net increase in the federal deficits of \$226 billion over the same period.

A net increase in the deficit.

He goes on to say:

Thus, the resources to redeem government bonds in the HI trust fund and thereby pay for Medicare benefits in some future year will have to be generated from taxes or other government income, or government borrowing in that year.

He goes on to say:

Unified budget accounting shows that the majority of the HI [Medicare] trust fund savings under the PPACA—

That is this health care reform bill—would be used to pay for other spending and therefore would not enhance the ability of the government to pay for future Medicare benefits.

It goes on to say:

Therefore, enacting the PPACA—

The health care reform bill—

would increase debt held by government accounts more than it would decrease debt held by the public and would thus increase gross federal debt.

Here we have the Speaker of the House taking the floor again, repeating what the President and other colleagues are saying, that somehow this is creating a surplus. It is not. Let me tell you why and how they do it. Hopefully, I can take just a minute to do that.

Right before I voted in the Senate on December 21, President Obama said:

And Medicare will be stronger and its solvency extended by nearly a decade.

Same statement, he says:

The Congressional Budget Office now reports that this bill will reduce our deficit by \$132 billion over the first decade.

That is basically the number they were using this morning; basically the number that has been referred to on the floor earlier today. This is how it is done and why that is a total misrepresentation of the ultimate significance of what we are doing. This chart does it.

What happens? With regard to the Medicare account, we are increasing Medicare taxes. That brings more money into Medicare. If this passes, everybody—upper income Medicare payers—will pay more money. So it is going to increase taxes.

Second, there has been a substantial reduction in Medicare benefits paid from this account. So, therefore, it creates a saving, right? You increase taxes into Medicare, you cut Medicare expenses, Medicare looks to be in better shape. That is true if we use the money to maintain Medicare, if we use the money paid in by seniors all over this country so when they retire they can have Medicare, and if we use that money to strengthen Medicare. But we are not using it to strengthen Medicare.

What are we doing with it? We are shipping it over to the Treasury so the Congress can spend it on a new health care bill. Obviously, we have a problem there.

How do we get money out? You heard people refer to the Medicare trust fund—and there really is one—and a Social Security trust fund—and there is one. There are bonds out there that Social Security holds in West Virginia. The surplus in Medicare is given to the Treasury. But something else is not mentioned because it is an internal debt, an IOU to Medicare, a bond back to Medicare. The U.S. Treasury owes Medicare for the money they borrowed, and Medicare is heading into default.

So what is going to happen? They are going to call the notes, they are going to call the IOUs, and take this money back.

What is going to happen to the U.S. Treasury when that happens?

The PRESIDING OFFICER. The time of the Senator has expired.

Mr. SESSIONS. I ask unanimous consent to have 2 additional minutes.

The PRESIDING OFFICER. There is a unanimous consent the other Senator

gets 5 minutes, and we will move at 2 o'clock to a vote, so—

Mr. SESSIONS. I am entitled to ask the PRESIDING OFFICER for it.

Mr. DORGAN. I am required to object. By a unanimous consent previously ordered, we have a 2 o'clock vote, and the Senator from New York has asked for 5 minutes.

The PRESIDING OFFICER. Objection is heard.

Mr. SESSIONS. As a result of the conventions of accounting, it may appear this money can be spent twice, as Mr. Elmendorf said is happening. But the truth is, we cannot spend the money twice. It is increasing the debt, and there is no doubt about it.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York is recognized.

Mr. SCHUMER. Mr. President, I would like to start by saying how much I admire the family members of the victims of Colgan Air Flight 3407. They are an amazing group of people. They have advocated tirelessly for a year, making numerous trips to Capitol Hill, all in honor of the beloved loved ones who tragically lost their lives on a Buffalo-bound flight from Newark airport.

They have done this with intelligence, with focus, and, given their overwhelming grief—at least as far as I witnessed—no anger, which was amazing to me. I am sure when they go home at night there is a hole in their hearts, and it would be quite human for many of them to be angry, but they have channeled all of that into an amazingly well-focused attempt that now is on the edge of success: to make our commuter flights safer.

We all remember the night over a year ago now when flight 3407 crashed in Clarence, NY, and claimed 50 lives. It is a tragic reminder that our Nation's aviation industry is not immune to tragic accidents. Last month the NTSB issued its final conclusion on the cause of the flight failure. The conclusion, though not surprising, based on the reports we have heard for almost a year now, is still heartbreaking.

The NTSB determined the probable cause of the accident was "the captain's inappropriate response to the activation of the stick shaker, which led to an aerodynamic stall from which the plane did not recover."

That is a heart-wrenching conclusion to hear because it means the accident was entirely avoidable.

The Senate Commerce Committee has included numerous important provisions, safety provisions, in the FAA bill. I am especially grateful to all the members of the committee, particularly the chair, Senator ROCKEFELLER, and the subcommittee chair, Senator DORGAN, for helping us obtain an amendment that I authored that will require all flight crewmembers to have more flying experience before they can

be hired by an airline such as Colgan Air. The copilot can currently be hired by a regional carrier with as little as 250 flight hours. That is unacceptable.

The amendment will require the FAA to require that copilots have at least 800 hours of flying experience, and that experience will have to be performed in adverse flying conditions like those that flight 3407 met over a year ago on a cold, icy night outside of Buffalo.

Senator DORGAN, as I mentioned, was instrumental in helping to make the safety goals of flight 3407 family members a reality. I thank him and Senator ROCKEFELLER and their staffs for their hard work and leadership, not only on the crewmembers' experience but on the FAA bill as a whole. I would also like to thank all the cosponsors of the original bill for their support—Senators GILLIBRAND, LIEBERMAN, LEAHY, CASEY, COLLINS, SNOWE, KERRY, WYDEN, SCOTT BROWN, RISCH, BURRIS, and MERKLEY.

We firmly believe everyone flying a plane, both pilot and copilot, should have proper training and experience to handle adverse flying conditions.

NTSB concluded that the pilot and copilot's poor training was evident from the start of the flight when they incorrectly entered airspeeds in the aircraft's computer system. When the Q400 airspeed dipped to a dangerously low level, their reactions were of shock and confusion, not of problem solving. When the stick-pusher activated so the pilot could coax the aircraft out of a stall, he pulled back instead of pushing forward. His copilot did not recognize or correct any of his mistakes.

It is unacceptable that a passenger on a regional carrier should fly in less capable hands than a passenger on a larger commercial carrier, where hiring standards are considerably higher. That is why passage of the FAA bill is of utmost importance in the Senate. We need to bring all commercial air travel to the same level of safety.

I have said this before. It bears repeating. The families of flight 3407's victims have been almost saintly, and I do not say it lightly. They have taken this tragedy and turned it into this moment, a moment where we are on the verge of making critical reforms in airline safety that are long overdue.

If we pass this bill, we will make changes in airline safety that will impact the country for decades to come. The journey that these families have traveled has been too long and too hard to stop now.

In conclusion, I can never say enough about how humbled I am by the work of all flight 3407 family members. It is a tribute to their loved ones' lives that they continue to come to Washington to advocate for aviation safety, and I am honored to help in their cause.

Mr. FEINGOLD. Mr. President, the body will consider two amendments today that propose to limit some dis-

cretionary spending. Regrettably, both amendments contain significant flaws, and I will oppose both of them for that reason.

The amendment proposed by the Senator from Alabama, Mr. SESSIONS, and the Senator from Missouri, Mrs. MCCASKILL, propose to limit some discretionary spending over the next 5 fiscal years. However, those limits include a giant loophole, as the proposal includes a complete exemption for spending on the Iraq and Afghanistan wars. The proposal in no way requires that such funding be offset, or be subject to the usual supermajority thresholds that the Senate imposes on spending beyond that for which the body budgets. Under the amendment, spending on those wars is completely unrestrained, and would be added right onto the government's budget deficits.

This is not a small matter. To date, spending for those wars has totaled roughly \$1 trillion and not one cent has been paid for. The cost of those wars has been added directly to our budget deficits, swelling our already mountainous public debt, and increasing the burden we are leaving our children and grandchildren to bear. The question of whether these wars are in the best interest of our national security is, of course, a primary concern. Having made the decision to pursue that course, though, we should not just shove the cost off on future generations. But that is just what this amendment would do.

The amendment proposed by the Senator from Arkansas, Mr. PRYOR, and the Senator from Nevada, Mr. REID, also limits discretionary spending, but it, too, carves out a loophole for the spending on these wars. While it doesn't provide the unlimited exception included in the Sessions-McCaskill proposal, it still permits another \$150 billion to be spent on the Iraq and Afghanistan wars over the next 3 years without having to be offset.

Beyond the matter of pushing the cost of these wars on to our children and grandchildren, the war-spending exceptions included in these two amendments invite continued budget gaming that has been a byproduct of the supplemental spending requests submitted on behalf of war spending. Those supplemental bills have been used as a way to boost defense spending unrelated to the wars, circumventing the budget caps Congress has set as part of annual budget resolutions. Both of these amendments risk inducing more of the same.

I support establishing discretionary spending limits in law, and have done so in the past. But we should do so in a way that does not provide a massive escape hatch for hundreds of billions in discretionary spending.

Mr. INOUE. Mr. President, the Senator from Arkansas has made a good-faith effort to address many of flaws in the Sessions amendment.

First, this amendment would require savings from discretionary spending, mandatory taxes and revenues.

Second, it wisely eliminates the requirement for a two-thirds majority to increase spending, leaving in place the supermajority 60-vote requirement already included in the budget act.

And, it reduces the amount of discretionary savings from the Obama request by more than half—to \$77 billion over 3 years.

While it is a far better alternative to the Sessions amendment, I must still oppose it.

The matter for determining how much deficit reduction the country needs over the next three years should be left up to either the Budget Committee or the Deficit Reduction Commission. It should not be determined by an amendment on the Senate floor.

In addition, the burden of taking half the total cut from discretionary spending is too great when the real deficit problem has been caused by runaway mandatory spending and tax cuts for the rich.

The 3-year cuts of \$77 billion in discretionary spending would still be crippling to the Obama budget plan.

The Senate should debate this matter on the budget resolution which the Senate is expected to consider next month, instead of on the FAA Reauthorization Act that is before us today.

I very much appreciate the Senator's efforts to achieve a more balanced amendment, but I regrettably must still oppose the amendment.

Mr. President, the amendment from the Senator from Alabama seeks to constrain discretionary spending at the levels agreed to in last year's budget resolution. He says his intent is to cap spending for the next 3 years. Now we all understand that discretionary spending is likely to be frozen this year as the President has proposed, but this proposal goes way beyond what the President has recommended.

The President has proposed a modified spending freeze which caps non-security related spending.

The President allows growth in homeland security; this amendment does not assume growth.

The President has requested more than \$732 billion in his budget for National Defense for fiscal year 2011 including the cost of war. This amendment only allocates \$614 billion.

Specifically, this amendment only allows \$50 billion for the cost of overseas deployments. As such it fails to fully cover the cost of the wars in Afghanistan and Iraq as estimated by DOD for fiscal year 2011 by \$109 billion.

While the proponents of this amendment note that it waives the \$50 billion war allowance if we are at war, why does the amendment not support the full request? Some could interpret the provision to mean if we want to support our men and women deployed

overseas we would need to get 60 votes. Does the Senate really want national defense to be hostage to a 60-vote threshold?

This is not the same as President Obama's plan. Over the 3 years in the Sessions amendment, the caps he would put into place are \$141 billion below President Obama's 3-year plan—\$50 billion below Defense, not including the cost of war, and \$91 billion below nondefense spending.

If we adopt the Sessions caps we will have to gut the President's agenda for discretionary spending—education, green jobs, and homeland security.

The critical flaw in this amendment is it fails to do anything serious about deficits. It fails to address the two principal reasons why our fiscal house is out of balance.

It is a fact that the growth in the debt has resulted primarily from unchecked mandatory spending and massive tax cuts for the rich. This amendment fails to respond to either of those two problems. In short, this amendment is shooting at the wrong target.

Moreover, this amendment also wants to raise the threshold on discretionary spending increases to 67-vote approval allowing one-third of the Senate to dictate to the majority.

We already have a threshold of 60 votes required to increase discretionary spending above the budget resolution. I for one cannot believe the Senate wants to let a mere one third of the Senate dictate to the other two thirds whether there is a bona fide need for increased spending.

This is the wrong direction for this institution. Mandatory spending has increased substantially the last few years. Tax cuts for the rich have constrained revenues, but neither tax cuts nor mandatory spending increases would be subject to 67 votes.

The Senator from Alabama says this approach worked to help balance the budget in the 1990s. Well, that is only partially correct and it is critical that my colleagues understand the difference.

In the 1990s our budget summits produced an agreement to cap discretionary spending, but they also decreased mandatory spending and they increased revenues at the same time.

It was only by getting an agreement on all three areas of the budget at the same time that we were able to achieve a balanced budget.

Now let's be clear, many of our colleagues on the other side of the aisle are happy to put a cap on discretionary spending, but they don't want to put policies in place to make sure we have enough revenues to reduce the deficit.

Any honest budget analyst can tell you we will never achieve a balanced budget just by freezing discretionary spending. We could eliminate all discretionary spending increases for defense, other security spending, and

nondefense and still not balance the budget.

Moreover, if we cut discretionary spending without reaching an agreement on mandatory spending and taxes we will find it very hard to get those who do not want to address revenues to compromise.

I want to remind my colleagues that the administration has just announced that it will create a Deficit Reduction Commission to help us get our financial house in order. It will look at both revenue and spending and find the right balance to restore fiscal discipline.

They will make their recommendations to the Congress and the majority leader has committed that the recommendations of that Commission will be brought to the Senate for a vote.

Rather than rushing to address only one small portion of the issue, the Senate should await the judgment of the Deficit Reduction Commission which will cover all aspects of the problem.

As chairman of the Appropriations Committee, I agree that everyone should tighten their belts. The problem with this amendment is that all the tightening will be done on a small portion of spending, while revenues and mandatory spending will still be unchecked.

The Senate has already rejected this flawed plan twice in the last 2 months. This amendment hasn't gotten any better in the intervening period. It still is shooting at the wrong target. It still fails to address the real causes of our deficits and national debt. It is far less than the President has requested. I urge my colleagues once again to vote no.

AMENDMENT NO. 3453

The PRESIDING OFFICER. There will now be 2 minutes of debate equally divided prior to a vote in relation to the Sessions-McCaskill amendment No. 3453.

Who yields time?

Mr. INOUE. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. DORGAN. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mrs. MCCASKILL. Mr. President, there are those in this body who will say vote for the side-by-side because it does more.

It does not. It is cover. It is very weak; 50 votes to waive. Everybody would love to go after mandatory spending. We do not have the will to go after discretionary spending. It is a joke if anybody thinks this body is ready to take on mandatory spending.

This is a very baby step to control growth by 1 percent beginning next

year for 3 years. When you look at what State governments are doing and local governments are doing and what America's households are doing, and we cannot control growth of 1 percent for 3 years? We are cutting nothing. We are cutting nothing. Everyone in the country is cutting but here, where we print money.

This is a reasonable approach. If we cannot take this baby step, then we have got to admit to the American people we do not get what they are going through; we are completely out of touch.

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. INOUE. Mr. President, the Senate has already rejected this flawed plan twice in the last 2 months, and this amendment has not gotten any better in the intervening time.

If we adopt the Sessions caps, we will have to gut the President's agenda for discretionary spending, including education, jobs, and homeland security. This amendment still fails to address the real causes of our deficit and national debt. It is far less than the President has requested. I urge my colleagues to once again vote no.

I raise a point of order that the pending amendment violates section 306 of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. Mr. President, how much time is left on this side?

The PRESIDING OFFICER. All time has expired.

Mr. SESSIONS. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(g)(3) of the Statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of my amendment and ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be.

The question is on agreeing to the motion.

The clerk will call the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD), the Senator from North Dakota (Mr. CONRAD), and the Senator from West Virginia (Mr. ROCKEFELLER) are necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Utah (Mr. BENNETT).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 56, nays 40, as follows:

[Rollcall Vote No. 57 Leg.]

YEAS—56

Alexander	Bennet	Bunning
Barrasso	Bond	Burr
Bayh	Brown (MA)	Cantwell
Begich	Brownback	Carper

Chambliss
Coburn
Cochran
Collins
Corker
Cornyn
Crapo
DeMint
Ensign
Enzi
Graham
Grassley
Gregg
Hagan
Hatch

Hutchison
Inhofe
Isakson
Johanns
Klobuchar
Kyl
LeMieux
Lieberman
Lincoln
Lugar
McCain
McCaskill
McConnell
Murkowski
Nelson (NE)

Nelson (FL)
Risch
Roberts
Sessions
Shaheen
Shelby
Snowe
Thune
Udall (CO)
Vitter
Voinovich
Warner
Webb
Wicker

NAYS—40

Akaka
Baucus
Bingaman
Boxer
Brown (OH)
Burris
Cardin
Casey
Dodd
Dorgan
Durbin
Feingold
Feinstein
Franken

Gillibrand
Harkin
Inouye
Johnson
Kaufman
Kerry
Kohl
Landrieu
Lautenberg
Leahy
Levin
Menendez
Merkley
Mikulski

Murray
Pryor
Reed
Reid
Sanders
Schumer
Specter
Stabenow
Tester
Udall (NM)
Whitehouse
Wyden

NOT VOTING—4

Bennett
Byrd

Conrad
Rockefeller

The PRESIDING OFFICER. On this vote, the yeas are 56, the nays are 40. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is not agreed to. The point of order is sustained. The amendment falls.

AMENDMENT NO. 3548

The PRESIDING OFFICER. There will now be 2 minutes of debate equally divided prior to a vote in relation to the Pryor amendment No. 3548.

The Senator from Arkansas is recognized.

Mr. PRYOR. Mr. President, I ask my colleagues to look at my amendment. It reduces discretionary spending caps by \$77 billion relative to President Obama's budget in 2011, 2012, and 2013. It also requires the fiscal commission to find an additional \$77 billion to reduce the deficit. It moves the vote from 67 back to 60, as it is under our normal Senate rules. It also increases the chances of a bipartisan agreement on deficit reduction. We need that around here. We need a bipartisan agreement on deficit reduction. This reduction could potentially add \$13 billion more in deficit reduction than what the Sessions-McCaskill amendment does.

As much as I respect and appreciate all the work Senators SESSIONS and MCCASKILL did, I certainly would appreciate people voting for the Pryor amendment.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. Mr. President, we were within one vote of bipartisan legislation to help constrain the growth in spending and allow for growth but not quite as much. But Senator PRYOR's amendment is absolutely the wrong thing. It is a budget-busting amendment. It allows the Congress or the appropriating committees to spend \$62

billion more than the present budget allows. It busts the budget. Second, it instructs the deficit commission to propose tax increases and entitlement cuts to fund increases in discretionary spending. That is not what the commission is supposed to be about. It is to try to get our entitlements back on sound footing, not to create money to spend on a new program.

I urge colleagues to vote no. It is not the right thing to do.

I make a budget point of order that the pending amendment contains matters within the jurisdiction of the Committee on the Budget. Therefore, I raise a point of order against the amendment under section 306 of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. PRYOR. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, the waiver provisions of applicable budget resolutions, and section 4(g)(3) of the Statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from West Virginia (Mr. ROCKEFELLER) are necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Utah (Mr. BENNETT).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 27, nays 70, as follows:

[Rollcall Vote No. 58 Leg.]

YEAS—27

Akaka
Baucus
Bayh
Begich
Bennet
Boxer
Brown (OH)
Carper
Casey

Dodd
Dorgan
Durbin
Feinstein
Hagan
Harkin
Johnson
Kaufman
Kerry

Kohl
Landrieu
Lincoln
Menendez
Merkley
Pryor
Specter
Tester
Wyden

NAYS—70

Alexander
Barraso
Bingaman
Bond
Brown (MA)
Brownback
Bunning
Burr
Burris
Cantwell
Cardin
Chambliss
Coburn
Cochran

Collins
Conrad
Corker
Cornyn
Crapo
DeMint
Ensign
Enzi
Feingold
Franken
Gillibrand
Graham
Grassley
Gregg

Hatch
Hutchinson
Inhofe
Inouye
Isakson
Johanns
Klobuchar
Kyl
Lautenberg
Leahy
LeMieux
Levin
Lieberman
Lugar

McCain
McCaskill
McConnell
Mikulski
Murkowski
Murray
Nelson (NE)
Nelson (FL)
Reed
Reid

Risch
Roberts
Sanders
Schumer
Sessions
Shaheen
Shelby
Snowe
Stabenow
Thune

Udall (CO)
Udall (NM)
Vitter
Voinovich
Warner
Webb
Whitehouse
Wicker

NOT VOTING—3

Bennett

Byrd

Rockefeller

The PRESIDING OFFICER. On this vote, the yeas are 27, the nays are 70. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is not agreed to. The point of order is sustained. The amendment falls.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Republican leader is recognized.

Mr. MCCONNELL. Mr. President, I wish to proceed for a few moments on my leader time.

Without objection, it is so ordered.

HEALTH CARE

Mr. MCCONNELL. Mr. President, Democratic leaders in the House say they are giddy because of CBO's latest estimate of their \$1 trillion health care spending bill. That is what you call trying to get out in front of the news. Because if you look at the details, if you look under the hood, you will see this latest bill is even more painful than the Senate bill that Democrats over in the House are afraid to take a vote on.

Democratic leaders are bragging about this bill's impact on the deficit. They say it reduces the deficit by \$130 billion over 10 years. The more important question is: How do they get there? They get there with even higher taxes and even deeper Medicare cuts than the first Senate bill. Let me say that again. This second bill that is coming along has even deeper Medicare cuts and even higher taxes than the first Senate bill that over in the House they don't seem to want to have a recorded vote on.

Let's start with the Medicare cuts. The Senate bill Speaker PELOSI said Democrats are so afraid to take a vote on originally cut Medicare by \$465 billion. That is the original Senate-passed bill that passed on Christmas Eve. The latest bill increases those cuts by \$60 billion more.

How about taxes? The Senate bill the Democrats over in the House are so afraid to take a vote on raises taxes by \$494 billion—\$494 billion. The second bill coming along increases taxes by at least \$150 billion on top—on top—of the \$494 billion original tax increase.

So if you were worried about raising taxes in the middle of a recession, this bill raises taxes even more. If you were worried about cutting Medicare for seniors, this bill cuts it even more.

So here is how Washington works. Democrats want to spend trillions of dollars on this bill in order to save \$130

billion 1 week after voting to add nearly that much to the deficit in a single vote. If Democrats are giddy about this CBO score, then they must get a kick out of higher taxes and Medicare cuts because that is what this bill will mean—even higher taxes and deeper Medicare cuts than the original Senate bill.

If wavering Democrats needed any more evidence that this bill is actually worse than the Senate bill, they got it from the chairman of the Budget Committee just this afternoon. If our Democratic friends in the House were counting on the Senate to fix the original Senate bill they don't want to vote for because it is so bad, I wouldn't count on the Senate. The Budget Committee chairman over here is already warning that if that reconciliation bill comes over to the Senate, it will have to go back to the House once again for changes. So don't count on us to fix this bill for you, I would say to my Democratic friends in the House. Don't count on us.

Republicans have been saying for nearly a year now that this bill is unsalvageable. The latest CBO score proves our point.

I would suggest the President not scrap his trip to Indonesia. He should scrap this bill and start over on a bill that Americans can embrace and that lawmakers from both parties will actually be proud to vote for.

Taking a bill that House Democrats are too embarrassed to vote for, adding more than \$150 billion in new taxes and slashing \$60 billion more from our seniors' Medicare and keeping sweetheart deals may make some Washington Democrats giddy, but that is not reform.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Oklahoma is recognized.

Mr. INHOFE. Mr. President, the regular order is amendment No. 3475?

THE PRESIDING OFFICER. That is the regular order.

The Senator has the right to call the regular order.

AMENDMENT NO. 3549 TO AMENDMENT NO. 3475

(Purpose: To reduce the deficit by establishing discretionary spending caps for non-security spending)

Mr. INHOFE. Mr. President, I call up a second-degree amendment No. 3459 and ask for its immediate consideration.

THE PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Oklahoma [Mr. INHOFE] proposes an amendment numbered 3549 to amendment No. 3475.

Mr. INHOFE. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

THE PRESIDING OFFICER. Without objection, it is so ordered.

(The amendment is printed in the RECORD of Wednesday, March 17, 2010.)

Mr. INHOFE. Mr. President, this is a fairly simple bill. I have spoken on the floor several times about this bill. As I made very clear before, and there is no sense debating it now, I have been opposed to some of the moratoria we have been talking about on earmarks because, No. 1, they don't save any more if you kill an earmark and, No. 2, it is something I have serious problems with in terms of our oath of office. We raise our hands, as the Senator from North Dakota knows, and swear to uphold the Constitution of the United States of America. We don't say we are disenfranchising ourselves from article I, section 9 of the Constitution, which is very clearly the responsibility of the legislative branch to pass or to introduce authorization bills and appropriations bills.

This bill—I do have quite a few co-sponsors on this—is a proposal that would freeze discretionary spending at the 2008 level. Here is the reason I am doing this. President Obama and some of the Democrats had proposed that they would freeze the nonsecurity discretionary spending at 2010 levels. The problem I have with that is, this is after it has already been increased by 20 percent, so it is kind of a big deal. You increase it by 20 percent and then you freeze it. What I am doing is taking the same interpretation or the same definition of the nonsecurity—this would exempt Defense, Homeland Security, State, Veterans' Administration, and national security functions of Energy, so it is the same language that is in the Obama proposal, but I am taking it back to 2008. This would have the effect over a period of time, over a 10-year budget cycle, of reducing the amount by about—just under \$1 trillion, \$900-some billion.

So I wish to have this considered. I would inquire of the Chair if I am now in the queue or what is the status of this at this time?

THE PRESIDING OFFICER. It is now a pending amendment.

Mr. INHOFE. All right. I yield the floor.

THE PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, that is the pending amendment. We have other amendments that have been filed, properly filed, and we are hoping to have additional votes this afternoon.

What we hope to do is complete this bill this afternoon. We have a number of issues that I think are being resolved in meetings off the floor. It is now 3 o'clock, and I know the majority leader would very much like to complete this bill. This is the fifth day we have been on the floor trying to pass an FAA reauthorization bill that should have been passed 11 times previously but was extended 11 successive times. This deals with commercial aviation safety, airport improvement, infrastructure improvement, a pas-

sengers' bill of rights, so many very important things. Some have said: Well, this will not get done this year either. But after 5 days on the floor of the Senate, I remain with some hope that we can get this done if we could get a bit of cooperation from our colleagues who have amendments to come over and offer them and we will have votes on them and the Senate will make decisions and we will have a final vote on this bill.

This bill should not be controversial. It is bipartisan. It came out of the Commerce Committee with support from Republicans and Democrats, so we ought not have controversy on the floor of the Senate about when we will get this bill completed.

I know one of the issues that remains unresolved at this point are amendments dealing with what are called the slot rules at National Airport and the perimeter rule, kind of a complicated set of rules with respect to how many slots are allowed for takeoffs and landings at National Airport per hour and also how far those airplanes can fly because there have been some limitations with respect to the perimeter. There are fewer nonstop flights from Washington National. Most of the nonstop flights, particularly coast to coast, happen from Dulles Airport in this region.

There are amendments on the slots and the perimeter rule with respect to National Airport. I hope we can get this resolved. We decided not to address that issue in the Commerce Committee because it is very controversial and it is an open issue when we go to conference with the House because the House does address it.

The best approach, in my judgment, would be for those who wish to offer amendments on the slot and perimeter rules to withhold those amendments here, and we will reach an agreement when we go to conference on how we can create the Senate position in terms of what we want to do on these issues. It is an open issue and, undoubtedly, we can resolve it in conference. If we have eight amendments on slot rules and perimeter rules and debate them for a few more days, this bill may very well be a casualty of time.

After 5 days, I think the majority leader feels—appropriately—and I feel and I know Senator HUTCHISON and others feel as well that we want to get this bill done today. If people have amendments, come down and offer them and debate them. If they do have amendments they want to offer, I hope some epiphany will occur to suggest to them they do not need to come down and offer them.

I yield the floor and suggest the absence of a quorum.

THE PRESIDING OFFICER. (Mr. UDALL of New Mexico). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DORGAN. Mr. President, while we are waiting for colleagues to come and offer amendments to the underlying bill, let me speak in morning business for as much time as I may consume.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DORGAN. I will relinquish the floor if colleagues come and wish to offer amendments to the FAA bill. That is what I prefer happen at the moment.

TRAVEL TO CUBA

Mr. President, I wish to visit in morning business about legislation that Senator MIKE ENZI from Wyoming and I have worked on now for some long while. It has 38 cosponsors, 38 Senators cosponsoring, Republicans and Democrats. It deals with the question of travel to Cuba.

As you know, what we have at the moment and have had since 1962 is a prohibition on the American people's ability to travel to the country of Cuba. Cuba rests about 90 miles off our shore. We have, obviously, had massive disagreements with the Castro regime for many years. In order to punish the Castro regime, we have restricted the rights of the American people to travel.

We can travel unimpeded to many other countries. We can travel to Communist China. We can travel to Vietnam, a Communist country. We can travel to North Korea, if you can get a visa to get in. No restrictions there. The American people just cannot travel to Cuba.

Let me describe the absurdity of this which leads Senator ENZI and me to offer this legislation. We have not offered it on the underlying bill today, but we will offer it on an authorization bill in the near future. With 38 cosponsors, we feel this bill would pass the Senate with some ease.

Let me point out that the New York Philharmonic Orchestra is the oldest symphony orchestra in America, founded in 1842. The New York Philharmonic Orchestra is one of our most renowned cultural ambassadors around the world. In 1959, the New York Philharmonic played in the Soviet Union in Moscow. Last year, the New York Philharmonic has also played music in Communist Vietnam. In 2008, the New York Philharmonic played music in North Korea. By the way, if anyone has a chance to go to YouTube and/or the Internet and look at the reaction of the North Koreans to the New York Philharmonic playing music in Pyongyang, it is extraordinary—quite a cultural experience for our country to send this philharmonic orchestra to those countries.

The only place they were not able to play was Havana, Cuba, in October 2009. Plans for those concerts had to be canceled. Think of that: the New York Philharmonic was able to go and play music in Moscow at the height of the Cold War, in North Korea, in Vietnam, but it wasn't able to play in Havana, Cuba.

Why? Well, we have had now, through 10 Presidencies, an embargo in place. An embargo has been in place that not only embargoes the movement of goods to Cuba but also punishes the American people by saying: You can't travel to Cuba. That is what Senator ENZI and I and 37 other Senators wish to say is inappropriate, and we want to lift those travel restrictions.

I understand the Castro government has restricted the freedoms of the Cuban people. I understand this country has no use for the Castro government. I have no use for the Castro government. I want the Cuban people to be free. I think the most likely approach to freedom for the Cuban people is to allow them to hear other voices, other than just the Castro government. Opening up Cuba to travel by Americans, it seems to me, will provide those other voices.

Mr. President, this chart shows we have under the current U.S. policy, criminal penalties for violating sanctions of travel to Cuba: 10 years in prison, \$1 million in corporate fines, and \$250,000 for individuals.

Well, let me show a few people who have run afoul of the law against traveling to Cuba. This is Joni Scott. Joni Scott went to Cuba. She went to Cuba with a church group to distribute free bibles in the rural areas—free bibles, distributing free bibles to Cuba. She got back to our country and, guess what. Our country sent her a letter because she was honest and said she had been in Cuba distributing bibles. She got a letter saying: We are fining you \$10,000.

So we fine an American citizen \$10,000 for going to Cuba to distribute free bibles? That is unbelievable.

But it is not just Joni Scott. Here is another Joan. This is Joan Slote. I have met both these women, by the way. Joan Slote was in her mid seventies when she went to Cuba. She was a Senior Olympian. She is a bicyclist, and she joined a Canadian cycle group to go ride a bicycle in Cuba. She came back and found out that her government was going to levy a \$10,000 fine. Then, by the way, they decided to try to attach her Social Security payments because she hadn't responded. She hadn't responded because she had gone to her son's side, who was suffering from brain cancer, and she didn't get the mail. So this woman, for cycling in Cuba, was told she should pay her government \$10,000 in fines.

This is Sergeant Lazo—SGT Carlos Lazo. We actually had a vote about

Carlos Lazo on the floor of the Senate on an amendment I offered one day. He fled from Cuba on a raft, joined the U.S. Army and went to Iraq to fight for our country. He won a Bronze Star Medal fighting for America in Iraq. He came back to this country and discovered one of his children—he has young children who, by the way, were still living in Cuba—one of his children was sick. Sergeant Lazo wanted to go to Cuba to visit his sick child. Having won a Bronze Star Medal on the battlefield in Iraq, he was told by his government: You have no right to see your sick child in Cuba. Unbelievable.

So that is what we have, this restriction on travel to Cuba. Senator ENZI and I believe it is past the time, long past the time to eliminate it; to stop punishing the American people by restricting their right to travel.

The last chart I have is a photograph of an airplane that flies around distributing television signals into the country of Cuba. We have spent \$¼ billion in our country sending television signals that the Cuban people can't receive because they are routinely blocked by the Cuban Government. We send television signals to the Cuban people to tell them how wonderful freedom is, when they know that by listening to Miami radio stations. We have spent \$¼ billion doing it, and I have tried to eliminate that expenditure time and time again and have been unsuccessful.

Talk about government waste. Government waste even has cosponsorship in the United States on this issue.

The point is very simple. Senator ENZI and I, and many other Republicans and Democrats in the Senate, believe we ought to stop punishing the American people for the actions of the Cuban government.

Many years ago, we also had a complete embargo on all shipments and goods to Cuba, which included food, which I felt was immoral. So I and then-Senator Ashcroft sponsored a resolution that passed the Congress and became law that opened up just a bit in the embargo to say: You can sell food into the Cuban marketplace and ship medicine into the Cuban marketplace. You can do that, but it has to be paid for in cash, and you can't run the cash through an American bank. So running these transactions through European banks for cash, our farmers now have sold a substantial amount of commodities in the Cuban marketplace, just as the Canadian farmers have always done, and just as the European farmers have always done.

So just that little bit of change in the embargo, opening up opportunities to sell food and medicine into the Cuban marketplace, was a significant step. But I think this embargo has been an unbelievable failure, through 10 Presidencies, and I think it is time for us to decide the best way to promote

freedom in Cuba—and I think 39 of us believe this in the Senate, having co-sponsored the legislation, and many more would vote for it—is to stop punishing the American people, to stop restricting travel.

The Castro government will have a very difficult time if an onslaught of Americans go to travel in Cuba, and Cubans hear other voices other than the Castro government. Again, we have tried to address this issue of travel for a long while. I would hope most who are engaged in this would hang their heads with some shame that we are spending our time tracking down someone who is under suspicion of taking a vacation to Cuba so we can levy a \$10,000 fine.

What an absurd contradiction for a country that measures its health and freedom. What an absurd contradiction.

We have something down at the Treasury Department called OFAC Office of Foreign Assets Control. OFAC has the main mission of shutting down the flow of money to terrorist organizations. That is what they are supposed to be doing. The fact is, they have a Miami office, and for a good part of the last decade they spent 60 percent of their money trying to track American citizens who were suspected of vacationing in Cuba. Again, are we daft? Have we lost all sense? That doesn't make any sense to me at all.

We had a couple of colleagues from the Senate in the newspaper the other day encouraging people not to go. There is a trip to Cuba described in the paper—I believe they have a license to go—but some colleagues were encouraging people not to go. Well, with respect to China, for example, a Communist country, we have always said that constructive engagement through trade and travel is what will lead to greater human rights in China. That has always been the belief of this country. It is the way we deal with China, the way we deal with Vietnam, it is the way we would deal with North Korea if they would allow Americans in because we don't restrict the American right to travel to North Korea or Vietnam or China—only to Cuba.

Some of us believe it is an archaic, absurd contradiction for our country to continue doing this. I hope, perhaps, in the name of Sergeant Lazo or, perhaps, Joni Scott, or any number of others—and I didn't mention the young man from the State of Washington whose father died. His father had previously been a minister at a church in Cuba. This young man, when his father died and was cremated, took his ashes to Cuba to have the ashes placed on the grounds of the church his father served in in Cuba. He did that. That was his father's last wish.

When he came back to this country, he was tracked by his government and levied a fine. That is not what this gov-

ernment ought to be doing. So if the Congress can and will pass the amendment Senator ENZI and I have constructed, which has wide support in the Senate, I think we will have done something that is important.

Having said all that, I expect there will be things written tomorrow by those who watched these proceedings to say that this amendment is somehow sympathetic to the Cuban government. It is not. That is an absurd proposition. It is not sympathetic to anything except sympathetic to freedom for the American people. Let's stop punishing the American people for others' transgressions.

The fact is, the American people ought to have the right to travel where they wish, where they choose—and they generally do, with this exception. But what is happening now is that the Office of Foreign Asset Control—which is supposed to be tracking Osama bin Laden and other known terrorists and tracking their finances to try to shut down the financing of terrorism—is diverting its attention to see if they can't nab a couple of Americans who went to take a vacation in Cuba.

This country is better than that, and we can do better than that by passing the legislation I and Senator ENZI have authored.

Mr. President, I yield the floor, and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. DODD. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

FINANCIAL MARKET REFORM

Mr. DODD. Mr. President, I wish to take a couple of minutes, if I can, this afternoon. I realize we are getting toward the close of the end of the week, and Members will be heading off to their respective districts and States for the weekend. We will be coming back on Monday or Tuesday.

I want to take a couple of minutes, because next week we will be having a markup in the Senate Banking Committee of the financial regulatory reform effort that we have been involved in now for about 2 years.

It was 2 years ago this past weekend that the collapse of Bear Stearns occurred in 2008. Not that that was the beginning of the problems; that was merely the evidence of how deep the problems were. Of course, the events that unfolded in 2008 only confirmed what was happening in March was the beginning of a near total collapse of the financial system in this country.

During those last 2 years, we have had countless hearings and meetings, gathering information from all sorts of sources both here as well as around the country to determine what best steps

we could take to see to it that the country would never again face that kind of near collapse of our financial system; to see to it that the tools would be there, so that when the next emergency arose, as it surely will to one degree or another, that the next generation would have the tools necessary to avoid the economic system sort of spinning out of control, as it did over these last 2 years; and, thirdly, to make sure that in our efforts to plug the gaps that created the problems in the first instance, and the tools necessary to deal with future ones, we were not going to strangle the financial system of our Nation so that we could not create jobs, have credit flow, capital move, so that our Nation could again prosper economically.

The interrelationship between our financial system and economic growth is inseparable. Without a strong and dependable, secure, safe financial system, the idea of economic growth in our country is, of course, a fiction. So we have a deep and serious challenge, as we have had over these past 2 years, to reform a system that has not been reformed since the 1930s. There have been various new regulators who have been added, additional restrictions imposed at one time or another, but not the kind of comprehensive view that I think the country expects in light of the events that have unfolded over the last couple of years.

As chairman of the committee over the last 36 months, since I became chairman in January of 2007, we have tried to respond to this issue, first in 2007, by focusing on the root cause of the problem. That was, of course, in the mortgage lending market, where mortgages were going out the door from lending institutions that the borrowers did not understand, and could never afford, and the lenders knew that at the time. As a result, we began to see the collapse of our economy when those mortgages were then securitized and sold to investors only to discover that, of course, these mortgages were worth a lot less than the rating agencies claimed they were. That was not a minor problem. We have now had 7 million people in this country who have had their homes in foreclosure. Many of them, if not most of them, will lose their homes as a result of what happened.

The unemployment rate has cost 8½ million people their jobs in this country, and in certain parts of the Nation unemployment rates hover around 17 percent, on average a little less than 10 percent.

There are good signs that are occurring that indicate our economy may be recovering at certain levels. But tell that to the person who lost their job today, lost their retirement income, lost their homes, lost that sense of self-worth and value that you can never put a price tag on but is essential for our

Nation's sense of optimism and strength in these difficult days.

For all of those reasons, we have tried to craft a bill here that deals with those goals of plugging the loopholes, the gaps, providing the tools for the future, and creating a system that will allow our economy to grow and prosper once again.

There are four major areas of the bill I have talked about. One is for once and all end the notion that any financial entity never can become so complicated, so interconnected, so big, that it has an implicit guarantee that the taxpayers of this country are going to bail it out when it begins to fail, or fails.

The \$700 billion paycheck the American people wrote in order to stabilize our financial institutions in the fall of 2008 should never, ever happen again. The bill I have crafted, along with my colleagues, Democrats and Republicans, we believe achieves that goal. I owe a special thanks, a very special thanks to two of our colleagues, a Democrat and a Republican, who have worked over many weeks to try to do exactly what I have described doing for you, and that is to shut down the possibility that the American taxpayer will ever again be asked to write that kind of a check. So my thanks to MARK WARNER of Virginia, a new Member of this body, one who, in his previous life, before being the Governor of Virginia, worked in the financial services arena of our country and knows it well. His partner in this was another member of the Banking Committee, BOB CORKER of Tennessee, another new Member of this Chamber. He served as the mayor of Chattanooga, TN, a very successful businessman in his own right, who also understands these issues as well, if not better, than most Members who serve here, with all due respect.

The two of them have worked along with the Treasury Department and others. They have listened to an awful lot of people in crafting this title I and title II of our bill dealing with systemic risk and with "too big to fail."

In November I offered a proposal, what I called a "discussion draft," for our consideration. Since that time we have modified that bill substantially as a result of the input and suggestions of Senators WARNER and CORKER—and others, I might add; not exclusively but they have been the leaders on this issue.

Earlier we had an independent agency with rule writing authority to address systemic risk. In our new version we created a Treasury-led council with the ability to make recommendations and rule writing. Senator SHELBY of Alabama, the ranking Republican and former chairman of the Banking Committee, made those suggestions. That is different from what existed in November. It is a stronger provision; it makes more sense.

Working with Senator CORKER and Senator WARNER, we have included his and Senator WARNER's ideas with respect to the power of the council to act as an early warning signal, and the establishment of a new Office of Financial Research at the Treasury Department to standardize, collect, and analyze financial data, to inform the work of the council. They were very worthwhile suggestions.

We have also taken Senator CORKER's and Senator WARNER's ideas on ending, as I said, "too big to fail." We have a process in place for placing failing financial companies in receivership and liquidating them, unless they can go into bankruptcy. At Senator SHELBY's request, we have this mechanism available for any failing financial firm, not just those who were previously subject to heightened regulation.

The Fed's emergency lending authority has also been changed. At Senator SHELBY's request, we have significantly cut back on the Fed's use of its emergency lending authority, the so-called 13(3) section under the Fed rules.

No longer can the Federal Reserve Bank bail out a company such as AIG, which is what they did. Instead, the Fed must create broad programs subject to rulemaking and approval by the Treasury. Only then can the Fed lend against good collateral.

We have made a host of other changes, including in the area of credit rating agencies, audits of the Federal Reserve, Federal governance changes, securitization, credentialed supervision to protect the dual banking system, and on and on, of modifications to the November discussion draft that I offered last Monday as this new proposal.

The last thing I would do is claim perfection. I am trying to put together a bill that reflects the various ideas of our colleagues, necessary to garner the necessary support in order to move from the committee to the floor of this Chamber for further consideration. That is not easy. What I have tried to do is to maintain these principles of eliminating "too big to fail," setting up that systemic risk radar operation, so we have far more early warnings of the kinds of looming problems that could threaten our economy and threaten the financial system of this Nation and others.

This bill does that in a very strong way. Again, I thank my colleagues, both Democrats and Republicans, for their contributions that are now reflected in the bill that I proposed on Monday, and it will be the subject of our markup of that bill beginning on Monday, late Monday afternoon, early Monday evening.

We made other changes as well. In November, I offered a proposal to create a free-standing consumer protection agency. I thought it made sense to do so. But there were suggestions that have come from my colleagues here,

both Democrats and Republicans, to place that agency, renting space, nothing more than that, at the Federal Reserve.

There is a good reason for doing that, in my view, in terms of the budgetary authority and how we fund the operations. But I insisted that we have four major principles associated with consumer protection. I would remind my colleagues, never, ever before have we had a focused operation in this Nation that was dedicated to protecting the users of financial services.

We have all read about Toyota and the problems with its braking system. I am not here to characterize the legitimacy or the accuracy of those complaints. But what is not in doubt is that there is an agency of government today which exists which allows a consumer of a bad product, such as an automobile, or an appliance, or food they eat, to be able to register that complaint and get redress, so that other consumers would not be adversely affected by a bad product, a consumer product, something you buy, something you use, something you eat, something you drive, something you manipulate.

What we have never had in this country is a counterpart to that kind of protection when it comes to the mortgage you buy, the credit card you engage in, the loan you make, the check you deposit, the insurance policy you buy, or the stock you purchase.

This country deserves, in the 21st century, to be able to say to consumers of financial products, there is a place where we can offer some protection for those who might abuse you in the process, as happened in this most recent crisis.

But we try to do it in a responsible way, because we recognize there can be a conflict. I am not confident this happens as frequently as some might suggest, but if there is a conflict between the safety and soundness rules of a financial institution and the consumer protection of those who are the purchasers or users of financial services, we have now changed the proposal I offered on Monday.

This new proposal has our consumer protection agency renting space, if you will, at the Federal Reserve, but it is independent in its rulemaking, it is independent in its examination and its ability to have an enforcement of those financial institutions that have assets, particularly on examination enforcement above \$10 billion, which means it will go after the largest institutions and the marketers of these financial products. But those principles of having a presidentially appointed director, confirmed by the Senate, having an independent source of funding, are now all reflected in this bill with the changes we have made.

There are other changes as well. For the first time, large financial companies will be subject to Federal examination enforcement as well. This means that for the first time, community banks will see their nonbank competitors examined and regulated on a level playing field as well. Small banks have a legitimate complaint, that they have been subject to regulation, but the nonbanks are not, and that is unfair.

Nonbanks also dispense financial products, and the users or the purchasers of those products ought to have the same degree of protection. Our bill that we presented on Monday does that.

There will be no assessments on small banks or large banks or nonbanks. The Federal Reserve will pay the freight of this agency. Concerns have been raised that somehow consumer protection will create safety and soundness. I already suggested to you, we have a mechanism here that I think will ease or eliminate any concerns people have about any potential conflict that could possibly occur.

The point I wanted to make in these two areas, one on "too big to fail," systemic risk councils, looking at the consumer protection area, I have been listening carefully to my colleagues, all 22 Democrats and Republicans on the committee. We had over 50 hearings alone, I believe is the number, this past year on the subject matter.

Since November, it has been 4 months that have gone by with ideas that have been brought to the table, and they are reflected in this bill that I offered for consideration on Monday. Beginning on Monday of next week, we will begin the process of doing what we do here in this institution of the Senate, we will begin the so-called markup of a bill, where we sit around, all 23 of us, and try to narrow the differences that may exist as we try to come forth with a product for the full consideration of the Senate.

I am looking forward to the amendments that will be filed by noon tomorrow. It will give us the weekend to analyze those amendments, many of which I hope we will be able to accept to improve this bill; in others there may be differences that we cannot resolve in the markup of the committee.

But I have assured my good friend from Alabama, the ranking Republican on the committee, Senator SHELBY, that I am determined to get a bill, to do it in an orderly fashion, to have the markup of this subject matter which is so important to all Americans be done in a civil fashion, so we listen and respect each other as we craft these ideas to try and make a difference and see to it that we never again see our country face the kind of near brink of utter disaster that we came close to accomplishing as a result of the gaps that have existed in our financial regulatory system.

I thank my colleagues for indulging me these few minutes to kind of share with you some of the changes that have occurred since November in the draft we have offered. There are many more I have not gone into in these few minutes that are reflected in the proposal.

But it is a balanced bill, one that is designed to be fair and clear, one that will give us better lines of authority reflecting the changes that have occurred in our country over many years, allowing for a greater, I think, sense of confidence that certain things will be done.

One of the changes we made, my good friend from Alabama made the suggestion and I have included it in the bill. Up to now, the New York Fed, which is a very important regional Federal bank—the Chair of that bank has always been chosen by the very banks the New York Fed regulates. Under our proposal, the head of that New York Fed will be chosen by the President and confirmed by the Senate. That is a major change. I know it may not seem like much to others, but imagine the inherent potential contradiction that the very people you are charged with regulating decide who the regulator is going to be. This bill changes that, along with many other suggestions. Again, that one came from my friend from Alabama. I thank him for it, along with many other ideas reflected in the bill.

I know we have our differences. We have not resolved all of them, but that is why we are here—to resolve differences and come forward. I am confident we can do that and that we will end up in the next number of weeks with a financial reform package that will enjoy broad-based support in the Senate. We will work with our colleagues in the other body and offer to the President for his signature the first major comprehensive reform of financial services institutions since the Great Depression. The task is a huge one. It is daunting in many ways. The bill is almost 1,400 pages long. It is a reflection of weeks and months of work. It is not something crafted over the last weekend and thrown together. It is a reflection of hours and hours of consultation among Democrats and Republicans, stakeholders, advisers, and other people who bring a great deal of wealth and knowledge to this debate.

I felt the time had come to lay down a product and ask my colleagues to react to it, to ask those knowledgeable about the issue to examine it and then for us to get about the business we are sent here to do; that is, to change laws where they need changing, to strengthen regulators where they need strengthening, to create oversight and regulation where it is missing so that we can have a renewed confidence in our economic system. That was my goal at the outset. It is my goal with

the presentation of the bill. It is my confidence that my colleagues will embrace this as well when we have a chance to cast final votes in this body.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER (Mrs. SHAHEEN). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DORGAN. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DORGAN. Madam President, I ask unanimous consent that the time until 4:15 p.m. be equally divided and controlled in the usual form and that at 4:15 p.m., the Senate proceed to vote in relation to the following amendments in the order listed; that prior to each vote there be 2 minutes of debate equally divided and controlled in the usual form; that the second vote in the sequence be a 10-minute vote and no intervening amendments be in order: Inhofe amendment No. 3549; McCain amendment No. 3475.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DORGAN. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DORGAN. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DORGAN. We will be voting at 4:15 on two amendments. Following that, we have 17 amendments en bloc that have been agreed to by both sides. We can't get them here and have them voted on because of objection, but by and large, they have been agreed on by both sides. Following that, the issue of the slot rules and perimeter—if we can find a way to resolve that, we should be able to finish the bill this afternoon. If not, if there are some who insist they intend to offer amendments, that will be problematic and we probably will not be able to finish this bill. This bill is about aviation safety, modernization, a passenger bill of rights. I hope that we will be able to have some cooperation by Senators—this is the fifth day we have been on the floor with this bill—to get this done today. I hope that will be the case.

The PRESIDING OFFICER. The Senator from Oklahoma.

AMENDMENT NO. 3549

Mr. INHOFE. Madam President, in 5 minutes we will be voting on an amendment I have. I have explained the amendment several times. I first introduced it as S. 3095, the Honest Expenditure and Limitation Program Act of 2010. Let me say what it is. We will be voting, if this goes down, on the

McCain amendment and another amendment like we voted on before. There is an honest difference of opinion.

What I thought would be appropriate is, since we will be voting, very likely, on another earmark amendment and since I don't think anyone is going to question the fact that defeating an earmark doesn't save a nickel, if we have an alternative that really does mean something, this would be our chance to vote on it.

What I would like to do is briefly explain what the amendment is that we will be voting on in a few minutes.

Some time ago, President Obama came out with his program where he said, during the State of the Union: I plan to freeze nondefense discretionary spending at 2010 levels. A lot of people applauded, believing that to be some type of a gesture that was a conservative gesture that would reduce spending when, in fact, it didn't because he was talking about the 2010 levels—that is after 1 year—and it has been increased by 20 percent. What he was saying is we are going to raise the non-defense discretionary spending by 20 percent and then freeze it. Rather than raise it by 20 percent and freeze it, the fiscally responsible thing to do is to go ahead and freeze it at the previous level.

Quite often, we have heard President Obama say what he inherited from the previous administration. I always hasten to say that, yes, there were some deficits during the Bush administration. But the deficit in the first year of the Obama administration—about \$1.5 trillion—is more than the last 5 years collectively of President George W. Bush. It is important for people to understand that.

We have an unsustainable debt. You are looking at someone who has 20 kids and grandkids. It is the next generation that is going to face it. We can't continue to do this. Yes, it is a nice gesture. A lot of people think you can eliminate earmarks and eliminate funding. That has nothing to do with it. You don't save a nickel. But you do with this. If we pass this amendment, we would be able to effectively reduce the expenditures over a 10-year budget cycle of just under \$1 trillion.

What we are trying to do is have a freeze on discretionary spending at 2008 levels for all nonsecurity appropriations, worded the same way President Obama's effort was worded. The only difference is that we use the 2008 spending level. We have a lot of cosponsors. I hope people will seriously consider this. If they really want to reduce spending, this is their chance to do so.

I understand we have a vote that is coming at 15 after the hour; is that correct?

Mr. INOUE. Madam President, in the name of reducing our national debt, this amendment offered by the

Senator from Oklahoma seeks to freeze discretionary spending at fiscal year 2008 levels for the next 10 years.

While I understand and support the need to restrain discretionary spending as a part of the solution to our debt problem, this draconian approach is most certainly not the way to accomplish that task.

As I have said before, it is a fact that the growth in the debt has resulted primarily from unchecked mandatory spending and massive tax cuts for the rich. This amendment, as have several offered from the other side of the aisle, fails to respond to either of those two problems. For this reason alone, my colleagues should not support it.

We need a comprehensive solution to the national debt, one that addresses spending, mandatory programs, and revenues. Any honest budget analyst can tell you we will never achieve a balanced budget just by freezing discretionary spending. We could eliminate all discretionary spending increases for defense, other security spending, and non-defense and still not balance the budget.

Again, I remind my colleagues if we cut discretionary spending without reaching an agreement on mandatory spending and taxes we will find it very hard to get those who do not want to address revenues to compromise.

For exactly that reason, the administration has just announced that it will create a Deficit Reduction Commission to help us get our financial house in order. It will look at both revenue and spending and find the right balance to restore fiscal discipline.

They will make their recommendations to the Congress and the majority leader has committed that the recommendations of that Commission will be brought to the Senate for a vote.

If we adopt the Inhofe caps we will have to effectively eliminate the President's agenda for discretionary spending—education, green jobs, and homeland security. And this amendment would keep the spending caps in place for ten years. With one amendment, we would actually be tying the hands of the next administration as well.

In my time as chairman of the Appropriations Committee, I have consistently advocated for regular order. Regular order allows all of our colleagues to participate, debate and offer amendments to the appropriations bills. It allows the budget committee to play the essential role that it does. The Inhofe amendment turns regular order on its head.

This amendment fails to do anything serious about deficits. It fails to address the two principal reasons why our fiscal house is out of balance.

As chairman of the Appropriations Committee, I agree that everyone should tighten their belts. The problem with this amendment is that all the tightening will be done on a small por-

tion of spending, while revenues and mandatory spending will still be unchecked.

The Senate has already rejected a less draconian version of this plan three times in the last 2 months. I urge my colleagues to vote no.

The PRESIDING OFFICER. There is 2 minutes now evenly divided on the Senator's amendment.

Mr. INHOFE. All right. Well, Madam President, I will go ahead and take my minute.

This amendment is something that would reduce expenditures, do something about the deficit. I know there are a lot of my Democratic friends and Republican friends alike who would like a chance to do this. I know there is a feel-good vote coming up on earmarks, but that does not reduce anything in terms of the expenditures.

If you vote on an earmark, and you defeat the earmark, it does not cut the amount of money, but the underlying bill will go back to some bureaucracy. It can be the Department of the Interior. It can be the Environmental Protection Agency. It can be any number of departments. Then an unelected bureaucrat will be making that decision.

It was interesting the other day when, in a three-part series, Sean Hannity had on his program 102 earmarks. When he was all through—and I read all of these Monday on the floor—the interesting thing about it, what they all had in common was not one of those earmarks was a congressional earmark. They were all bureaucratic earmarks. That is where the problem is, not the congressional earmarks. So I am going to urge my friends to support a real effort, a sincere effort, and an effective effort to reduce government spending by voting for my amendment.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Madam President, I yield back the time.

I make a point that the pending amendment deals with matter within the Budget Committee's jurisdiction.

I raise a point of order that the pending amendment violates section 306 of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. Madam President, pursuant to section 904 of the Congressional Budget Act of 1974 and section 4(g)3 of the Statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for the purposes of my amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD) and the Senator from West Virginia (Mr. ROCKEFELLER) are necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Utah (Mr. BENNETT).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 41, nays 56, as follows:

[Rollcall Vote No. 59 Leg.]

YEAS—41

Alexander	DeMint	McCain
Barrasso	Ensign	McCaskill
Bond	Enzi	McConnell
Brown (MA)	Graham	Murkowski
Brownback	Grassley	Pryor
Bunning	Gregg	Risch
Burr	Hatch	Roberts
Chambliss	Hutchison	Sessions
Coburn	Inhofe	Shelby
Cochran	Isakson	Snowe
Collins	Johanns	Thune
Corker	Kyl	Vitter
Cornyn	LeMieux	Wicker
Crapo	Lugar	

NAYS—56

Akaka	Franken	Murray
Baucus	Gillibrand	Nelson (NE)
Bayh	Hagan	Nelson (FL)
Begich	Harkin	Reed
Bennet	Inouye	Reid
Bingaman	Johnson	Sanders
Boxer	Kaufman	Schumer
Brown (OH)	Kerry	Shaheen
Burris	Klobuchar	Specter
Cantwell	Kohl	Stabenow
Cardin	Landrieu	Tester
Carper	Lautenberg	Udall (CO)
Casey	Leahy	Udall (NM)
Conrad	Levin	Voinovich
Dodd	Lieberman	Warner
Dorgan	Lincoln	Webb
Durbin	Menendez	Whitehouse
Feingold	Merkley	Wyden
Feinstein	Mikulski	

NOT VOTING—3

Bennett	Byrd	Rockefeller
---------	------	-------------

The PRESIDING OFFICER. On this vote, the yeas are 41, the nays are 56. Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is not agreed to. The point of order is sustained and the amendment fails.

AMENDMENT NO. 3475

The PRESIDING OFFICER. There is now 2 minutes, evenly divided, before a vote with respect to the McCain amendment.

Who yields time?

The Senator from Arizona.

Mr. MCCAIN. Madam President, this is a very complicated and complex, difficult amendment to understand. It would place a moratorium on all earmarks on years in which there is a deficit.

I yield back the remainder of my time.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. INHOFE. Madam President, the reason I proposed the previous amendment is because it would do something about the runaway spending and the

deficit we have. It would have had the effect of reducing just under \$1 trillion in a 10-year period.

This doesn't work. I know everyone thinks they want to jump on the bandwagon on earmark reform, but there is not any earmark that if you kill it, it saves one nickel. To me, it is deceptive to the public. For those people on this side of the aisle, I would only say that if you want to give President Obama that much more money to deal with, this is your opportunity to do it, because if you kill an earmark, it goes back into the bureaucracy and that is where he will have the choice.

The other night when we had the 102 earmarks that the "Sean Hannity Show" talked about, not one was a congressional earmark. So I don't think the votes are going to change but, nonetheless, nothing will be saved by this.

I yield back the remainder of my time.

Mr. VOINOVICH. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to amendment No. 3475.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from West Virginia (Mr. BYRD), the Senator from Washington (Mrs. MURRAY), and the Senator from West Virginia (Mr. ROCKEFELLER) are necessarily absent.

Mr. KYL. The following Senator is necessarily absent: the Senator from Utah (Mr. BENNETT).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 26, nays 70, as follows:

[Rollcall Vote No. 60 Leg.]

YEAS—26

Barrasso	DeMint	Kyl
Bayh	Ensign	LeMieux
Brownback	Enzi	McCain
Burr	Feingold	McCaskill
Chambliss	Graham	Risch
Coburn	Grassley	Sessions
Corker	Hatch	Thune
Cornyn	Isakson	Vitter
Crapo	Johanns	

NAYS—70

Akaka	Conrad	Landrieu
Alexander	Dodd	Lautenberg
Baucus	Dorgan	Leahy
Begich	Durbin	Levin
Bennet	Feinstein	Lieberman
Bingaman	Franken	Lincoln
Bond	Gillibrand	Lugar
Boxer	Gregg	McConnell
Brown (MA)	Hagan	Menendez
Brown (OH)	Harkin	Merkley
Bunning	Hutchison	Mikulski
Burris	Inhofe	Murkowski
Cantwell	Inouye	Nelson (NE)
Cardin	Johnson	Nelson (FL)
Carper	Kaufman	Pryor
Casey	Kerry	Reed
Cochran	Klobuchar	Reid
Collins	Kohl	Roberts

Sanders	Stabenow	Webb
Schumer	Tester	Whitehouse
Shaheen	Udall (CO)	Wicker
Shelby	Udall (NM)	Wyden
Snowe	Voinovich	
Specter	Warner	

NOT VOTING—4

Bennett	Murray
Byrd	Rockefeller

The amendment (No. 3475) was rejected.

Mr. GRASSLEY. Madam President, I ask unanimous consent to speak as in morning business for 20 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUNSHINE WEEK

Mr. GRASSLEY. Madam President, there is finally some sunshine on the Capitol dome today, and it is a welcome change from all the snow we have had this winter, so it is appropriate that this is Sunshine Week. But that is not a reference to the weather. Sunshine Week is a nonpartisan, open-government initiative led by the American Society of News Editors.

It is a good time, then, to talk about congressional oversight and the need for Congress to keep a watchful eye on the executive branch. That is what oversight is all about—checks and balances in government.

I would like to refer to the President's inaugural address and use it as a benchmark for measuring sunshine in government. President Obama promised in the inaugural address to bring more sunshine to the Federal Government, and I want to quote him.

Those of us who manage the public's dollar will be held to account, to spend wisely, reform bad habits, and do our business in the light of day, because only then can we restore the vital trust between a people and their government.

So let's just see how what has taken place in the last 15 months measures against this very good standard the President set in the inaugural address. I couldn't agree more with the President on what he said. The government should do its business in the light of day. Unfortunately, in my work, I have noticed no improvement in the openness of the Federal Government.

One vital step the President could have taken to ensure greater transparency would have been to order agencies to be more forthcoming in responding to requests from Congress—not just from this Senator but from any Senator. He could have instructed them to review and revise some of the secretive policies that have developed over the years. These policies are not required by law and simply serve to frustrate the ability of Congress to gather information we need in order to act as a check on the power and responsibilities of the executive branch. However, the President has apparently not taken that step because the agencies have been as aggressive as ever in withholding information from Congress.

Throughout my career here in the Senate, I have actively conducted oversight of the executive branch, regardless of who controls Congress or the White House. So that means, for me, as a Republican, I feel I have been just as aggressive, or more so, with a Republican President as with a Democratic President because it is our constitutional duty as legislators to do this.

These issues are typically about basic good government and accountability. They are not about party politics, and they surely aren't about ideology. The resistance is often fierce—resistance from the bureaucracy, that is—protecting itself in what the bureaucracy does best. It loves to protect itself from scrutiny, and it works overtime to keep embarrassing facts from Congress and, in turn, from public scrutiny.

When the agencies I am reviewing get defensive and refuse to respond to my requests, you know what. It makes me simply wonder what they are trying to hide. They act as if documents in government files belong to them. These unelected officials seem to think they alone have the right to decide who gets access to that information—collected, by the way, at taxpayers' expense. Well, I have news for them. These documents in the government files belong to the people, and the elected representatives of the people have a right to see them. That right is essential to carry out our oversight functions under the Constitution.

I had hoped President Obama's commitment to a more open government would mean major changes that would enable more effective congressional oversight. As he said in his inaugural address, those who manage public dollars ought to be held to account and do business in the light of day. But actions always speak louder than words. Given my experience in trying to pry information out of the executive branch, I am disappointed to report that the principles the President articulated so well are not being put into practice.

The administration seems to act as if government officials ought to be held to account and do business in the light of the day except when they do not want to. There are too many exceptions to count, and I am just going to list a few. Let's contrast the President's words with the agencies' actions. The President's words say that government should do business in the light of day. The agencies' actions say except when it comes to improper payment of Medicare.

As a part of my oversight function of Medicare, Congress reviews annual reports that the administration is required to produce. One of these reports is on improper Medicare payments. That was due last November. Congress is still waiting to see the numbers for improper payments made to specific

types of health care providers and for specific services. Improper payment rates vary widely among different types of providers and, of course, services. So this information would help us to determine where to focus our efforts. We have not received such breakdowns of improper payments since the year 2007. We need these numbers to evaluate how the Federal Government is addressing fraud, waste, and abuse and to inform our discussions on legislation about health care financing.

Let's go to another example because I want to repeat the President's words: Government should do business in the light of day. Their actions say: Except when it comes to potential Medicaid fraud. Overutilization of health services and health care fraud play a significant role in the rising cost of our health care system.

I wrote to the Department of Health and Human Services and the Centers for Medicare and Medicaid Services 3 months ago about what they are doing about overutilization of health care services. I specifically asked about a Medicaid prescriber in south Florida who—now hear this—who wrote over 96,000 prescriptions for mental health drugs, nearly twice the number written by the second highest prescriber. It was just a simple question about one Medicare prescriber, and I am still waiting for a response.

On another example—his words would say government should do business in the light of day. The actions of the administration say except when it comes to protecting the privacy of an al-Qaida terrorist.

Listen to this. In preparation for a hearing on Christmas Day bombing attempts, my Republican colleagues and I on the Judiciary Committee requested a copy of something very simple, a copy of the bomber's visa application. We wanted to learn more about why he was given permission to enter the United States in the first place, and why his visa wasn't revoked after his father warned the U.S. officials that he might be planning something.

The State Department first tried to withhold the document on grounds that it might be evidence in a criminal proceeding. But after the Justice Department said that was not an issue, you know what. The State Department comes along and tries to not cooperate. The State Department changed its position and claimed that a provision in the immigration law required them to protect the al-Qaida terrorist's privacy by withholding documents about how he was given permission to enter the country.

After going through all that, all I can say is—transparency, on a little simple visa application, and it cannot be given to us?

On another example, the President says: Government should do business in the light of day. Their actions say: Ex-

cept when it comes to information about how Treasury officials allowed AIG executives to make off with millions of taxpayer dollars. Since last December, I have exchanged a series of letters with Treasury Secretary Geithner and his staff. I have some detailed questions about exactly which executives received which kind of payments under which contracts, and then why the Treasury Department did not do more to stop those payments. I even addressed the issue directly with Secretary Geithner at a Finance Committee hearing. He promised that I would get the information I was seeking. Yet Treasury Department lawyers are still withholding the documents on the grounds that they have to protect the privacy of AIG executives.

Is government doing its business in the light of day? No. They are still refusing to answer questions about why Treasury regulators allowed AIG to make large severance payments, even though the statute provided the authority to stop those payments.

On another example, and to repeat the President's words: Government should do business in the light of day. What do the actions show? Except when it comes to allegations of misconduct in the Department of Justice.

When Attorney General Eric Holder and I met during his confirmation process, I provided him with a binder that thick full of unanswered letters that I had written regarding the FBI and Justice Department oversight issues in the Bush administration. I was trying to give the Attorney General an opportunity to clear the deck so somehow it was not mixed up with the new administration. I had promises of renewed efforts to accommodate my information requests. The Department has not altered its policies of withholding documents relating to personnel matters and any other matter that might be the subject of internal reviews in the Justice Department.

For years I have been seeking internal Justice Department e-mails related to the FBI's use of so-called exigent letters, together with telephone records of Americans, without a subpoena, and even when there is no legitimate emergency. At first the excuse was that the Congress had to wait for the inspector general to finish a review, but that review is complete at long last. Yet the documents that were supposed to be provided are still being withheld.

Congress is not the only one from whom the executive branch is withholding information. I asked the Government Accountability Office in September about its difficulties in obtaining access to records and other information from the Federal agencies over the last year. As an investigative arm of Congress, the Government Accountability Office investigates how the Federal Government spends taxpayers' dollars, and in order to do that work the

GAO requires access to agency documents.

So what has been the record of the Government Accountability Office? They have told me that it generally receives good cooperation, but it has and continues to have access issues at certain agencies such as the Department of Homeland Security. According to the Government Accountability Office, Homeland Security has “posed continual access challenges for GAO since the department began operations in 2003.”

The Government Accountability Office also indicated that access to information at the Justice Department and the FBI is also particularly problematic. Despite a bipartisan request—get this—a bipartisan request from both the House and Senate Judiciary Committees to audit the FBI’s human capital management of its counterterrorism division, the Government Accountability Office has been stonewalled by the Justice Department with new and unprecedented claims that the FBI’s intelligence-related functions are off-limits for GAO review.

Understand this: This is the top Republican, top Democrat on the House Judiciary Committee and counterparts on the Senate Judiciary Committee. So it is bipartisan and it is bicameral. Even the Government Accountability Office has trouble getting the information.

The public has also been stonewalled when making requests for records under the Freedom of Information Act. When he first took office, the President back-issued a memo on the Freedom of Information Act to the heads of executive agencies. Listen as I quote. Who is not going to agree with this? The President is doing what a President who campaigned on openness and transparency in government and accountability should be doing. He is doing what he said he was going to do in the campaign. But having it come out the other end of the pipeline, it doesn’t seem to work that way.

The Government should not keep information confidential merely because public officials might be embarrassed by disclosure, because of errors and failures that might be revealed, or because of speculative or abstract fears.

Then he goes on to instruct the executive agencies to:

... adopt a presumption in favor of disclosure, in order to renew their commitment to the principles embodied in the Freedom of Information Act, and to usher in a new era of open government.

I compliment the President of the United States. Such a good statement, and just what government ought to be standing for because the public’s business ought to be public.

The President may have issued a pledge of openness and transparent government, but this week we had the National Security Archive release find-

ings of its Freedom of Information Act audit and found that the administration “has not conquered the challenge of communicating and enforcing that message throughout the Executive Branch.”

Particularly, the organization found that requests as old as 18 years still exist in the freedom of information system. Somebody made a request 18 years ago, and it has not been granted? Probably the guy who asked for it, or whoever asked for it, is dead and buried now. Why can’t something like that be done? It does not meet the common-sense test that we are interested in bringing to Washington—Washington, an island surrounded by reality. And only in the unreal world could there be a freedom of information request 18 years old that has not yet been granted.

This organization also found that five agencies appear to be releasing less and withholding more information, even since this President’s Executive order has been in place. How can people thumb their noses at the President of the United States if they are working under his direction? The White House has said it is committed to more open and transparent government. In his memo to the heads of the executive agencies, the President said “openness will strengthen our democracy and promote efficiency and effectiveness in government,” and that “transparency promotes accountability.”

Again—extreme compliment to the President of the United States for setting a standard. That is absolutely in the spirit of representative government. But somehow the message has clearly not gotten through.

It comes back to us and our constitutional responsibilities of checks and balances. It is our job in Congress to ensure that agencies are more transparent and responsive to the people we represent. Congress is not doing its job if we do not hold agencies accountable and ensure that executive policies reflect the interests of our constituents. In other words, the public’s business ought to be public.

I will continue doing what I can to hold feet to the fire. It would be helpful if the President would use his authority to require agencies to change their actions to be consistent with his words.

I do not get a chance to compliment this President very much, but he surely has set the standard here that we ought to have in our Government. It just proves, if he really wants it to happen, even if you are President of the United States, it is difficult to get people down in the bowels of the bureaucracy to carry out what you want.

You wonder why people in this country are cynical. That is one reason. But the President can do it. He ought to call all these birds in that are frustrating his principles and look them in the eye and tell them: Either do what I want or get out of government.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida is recognized.

Mr. LEMIEUX. Madam President, I ask unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH CARE

Mr. LEMIEUX. Madam President, I have come to the floor to again talk about the health care bill that is being worked on over in the House that will potentially be voted on—we are hearing this weekend—and to talk about the myths around this bill, what is being told to the American people and what the facts are, so the American people can know what this Congress is trying to get them into. In this past week, I came to the floor and spoke about 10 myths about this health care bill. I do not wish to go through in detail all those myths today, but we have some new information about a couple of them that I wished to focus on and go over the list of those myths.

Myth 1 was: You get to keep your health insurance if you like what you have. The President has been saying this all around the country. We know that is not true because, according to the Congressional Budget Office, between 9 and 17 million people are going to lose their health insurance from their employer when their employer is going to drop that insurance and make their employees go into the new public system. So you are not going to get to keep it.

We know folks on Medicare Advantage are not necessarily going to get to keep their Medicare Advantage because we are going to cut Medicare Advantage by \$120 billion. To the more than 1 million people in Florida who have Medicare Advantage, Medicare Part C, which offers them wellness benefits, hearing benefits, eyesight benefits, programs they like, we know over time they are not going to get to keep that in the way they have it now.

We also know health insurance premiums are not going to go down. That is myth No. 2. The very reason why this country wanted health care reform, the No.1 reason: to lower the cost of health insurance. We know health insurance has gone up more than 130 percent in the last 10 years. Yet this bill does little or nothing to lower the cost of health insurance for the 159 million Americans who have health insurance.

Some may see their rates go down 3 percent—that is the best it gets—while those in the individual market may see their rates go up 10 to 12 percent in the next 10 years. We are supposed to be about the business of health care reform, and we are not going to lower the cost of health insurance.

We talked about whether this would just lower the overall cost of health care itself. That was the third myth we

discussed. But we know that Federal outlays for health care are going to increase by more than \$200 billion in the next 10 years.

This idea that this health care plan is going to reduce the deficit, that is just funny math. We know this bill has 6 years of spending, 6 years of benefits, if you will, and 10 years of taxes. Only in Washington could someone try to say you were going to spend \$1 trillion and save \$100 billion.

We know it does not even take into account the fact that we have to give doctors more money in the Medicare system. The Democrats put that in a separate bill, so we do not score that \$300 billion cost because, if you did, there would be no deficit reduction. We also know emergency rooms are not going to be less burdened. If we look at the example of Massachusetts that instituted health care reform, they are seeing just as many people crowd their emergency rooms because the folks there tell them it is more convenient than to wait in line to see their doctor.

See, when you push more people into the system and do not provide adequate funding for more health care providers, you do not change and make the system more user friendly, so the folks still show up at the emergency room.

Another myth we busted is that this plan takes on the insurance companies, when, in fact, it is going to put millions of more people into an insurance program. That is why the insurance companies like it.

We also busted the myth that this health care reform is going to improve the doctor-patient relationship. It is not. There is still going to be a third-party payer. We still fundamentally miss the opportunity of getting you, the patient, back involved in the consumer decision.

If we would have taken a page from what we proposed on our side of the aisle and given you a tax credit to let you go in the market and buy insurance yourself, we know that would have driven costs down because you would have been a consumer.

Right now, my wife and I are about to have our fourth child any day now. I remember getting those bills from the hospital on our previous boys when they were born. Similar to most folks, you do not read it, you just look at the bottom and see what you owe. You do not look at all the line-by-line items. You would have to hire someone to help make sense of all that. We have to put consumers back in the health care game. We have to know what we are buying and what we are paying for because we know as consumers we will make a good decision.

We do it in the car insurance market and guess what. The companies that compete nationally, unlike health care companies that compete only within certain States, they are advertising to

us on TV: "So easy a caveman can do it." "Do you have 15 minutes? You can save 15 percent on your car insurance."

We know all these slogans because the market is working. The market does not work in health care, and this legislation does nothing to fix it.

We know that eventually under this program, the taxes will go up not down because every government program we put together, certainly entitlement programs, always cost more than we think. They always cost our children and our grandchildren more as we have this ever-increasing national debt, now \$12 trillion, a debt our kids are going to have to pay and our grandchildren, a debt that could make this country not the same place of opportunity that we all have experienced and we all enjoy.

But I wished to specifically talk about a couple of the myths that there has been some recent information about. One thing I talked about earlier this week is this idea about premiums. The President of the United States, this week when he was campaigning, said that health care overall, lower premiums will be achieved by this legislation and that those premiums will go down double digits.

The fact is, that is not true. As we talked about before, the fact is, the best it is—and I put this chart from the Congressional Budget Office into the CONGRESSIONAL RECORD earlier this week—the best it is, is 3 percent down.

I ask unanimous consent that this article from the Associated Press called: "Fact Check: Premiums would rise under Obama plan," by Mr. Ricardo Alonso-Zaldívar, be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

FACT CHECK: PREMIUMS WOULD RISE UNDER OBAMA PLAN

(By Ricardo Alonso-Zaldívar)

WASHINGTON.—Buyers, beware: President Barack Obama says his health care overhaul will lower premiums by double digits, but check the fine print.

Premiums are likely to keep going up even if the health care bill passes, experts say. If cost controls work as advertised, annual increases would level off with time. But don't look for a rollback. Instead, the main reason premiums would be more affordable is that new government tax credits would help cover the cost for millions of people.

Listening to Obama pitch his plan, you might not realize that's how it works.

Visiting a Cleveland suburb this week, the president described how individuals and small businesses will be able to buy coverage in a new kind of health insurance marketplace, gaining the same strength in numbers that federal employees have.

"You'll be able to buy in, or a small business will be able to buy into this pool," Obama said. "And that will lower rates, it's estimated, by up to 14 to 20 percent over what you're currently getting. That's money out of pocket."

And that's not all.

Obama asked his audience for a show of hands from people with employer-provided coverage, what most Americans have.

"Your employer, it's estimated, would see premiums fall by as much as 3,000 percent," said the president, "which means they could give you a raise."

A White House press spokesman later said the president misspoke; he had meant to say annual premiums would drop by \$3,000.

It could be a long wait.

"There's no question premiums are still going to keep going up," said Larry Levitt of the Kaiser Family Foundation, a research clearinghouse on the health care system. "There are pieces of reform that will hopefully keep them from going up as fast. But it would be miraculous if premiums actually went down relative to where they are today."

The statistics Obama based his claims on come from two sources. In both cases, the caveats got left out.

A report for the Business Roundtable, an association of big company CEOs, was the source for the claim that employers could save \$3,000 per worker on health care costs, the White House said.

Issued in November, the report looked generally at proposals that Democrats were considering to curb health care costs, concluding they had the potential to significantly reduce future increases.

But the analysis didn't consider specific legislation, much less the final language being tweaked this week. It's unclear to what degree the bill that the House is expected to vote on within days would reduce costs for employers.

An analysis by the Congressional Budget Office of earlier Senate legislation suggested savings could be fairly modest.

It found that large employers would see premium savings of at most 3 percent compared with what their costs would have been without the legislation. That would be more like a few hundred dollars instead of several thousand.

The claim that people buying coverage individually would save 14 percent to 20 percent comes from the same budget office report, prepared in November for Sen. Evan Bayh, D-Ind. But the presidential sound bite fails to convey the full picture.

The budget office concluded that premiums for people buying their own coverage would go up by an average of 10 percent to 13 percent, compared with the levels they'd reach without the legislation. That's mainly because policies in the individual insurance market would provide more comprehensive benefits than they do today.

For most households, those added costs would be more than offset by the tax credits provided under the bill, and they would pay significantly less than they have to now.

The premium reduction of 14 percent to 20 percent that Obama cites would apply only to a portion of the people buying coverage on their own—those who decide they want to keep the skimpier kinds of policies available today.

Their costs would go down because more young people would be joining the risk pool and because insurance company overhead costs would be lower in the more efficient system Obama wants to create.

The president usually alludes to that distinction in his health care stump speech, saying the savings would accrue to those people who continue to buy "comparable" coverage to what they have today.

But many of his listeners may not pick up on it.

"People are likely to not buy the same low-value policies they are buying now," said health economist Len Nichols of George

Mason University. "If they did buy the same value plans . . . the premium would be lower than it is now. This makes the White House statement true. But is it possibly misleading for some people? Sure."

Mr. LEMIEUX. This article goes through specifically these points. The President of the United States campaigned this week saying that:

You'll be able to buy in, or a small business will be able to buy into this pool. And that will lower rates, it's estimated by up to 14 to 20 percent over what you're currently getting. That's money out of pocket.

Then he says:

Your employer, it's estimated, would see premiums fall by as much as 3,000 percent, which means they could give you a raise.

They later corrected the record to mean \$3,000, your premiums could fall \$3,000. Well, with all due respect, there is no evidence of this in an analysis of this bill. That is what the Associated Press says in their fact check.

In fact, for those in the individual marketplace—and this is not the Senator from Florida speaking, this is the Congressional Budget Office—increases of up to 10 to 13 percent; for everybody else, either stays the same, goes up a little or maybe goes down 3 percent, and that is if they got it right.

So it is important to bust this myth. Your insurance is not going down under this plan. If you thought we were going to enact health care reform and you were going to have a lower cost of health insurance, you, unfortunately, similar to many millions of Americans, were given the wrong impression because this bill does nothing of the sort.

Let me talk a minute also, if I may, about what this is going to mean and what sort of the future of health care is. The system does not work now for the point I made a moment ago, which is that we as consumers are not involved in the equation. I can't think of anything else in our life where we have so little knowledge of what we are buying, and we have so little knowledge of what the cost is.

Do we know what the cost of these procedures are that we undertake? If we have to get an MRI or a CAT scan or a stent put in our heart, do we know what the market price for that is? We do not. The reason why is because the system has become so complex with a third-party payer. What that means is either your insurance company pays or your government pays through Medicare, Medicaid or the VA, and we as consumers do not pay.

Because of that, we have broken what we know works in the marketplace. You want to control costs, you have to put the consumer back in the driver's seat. That is why our proposal on this side of the aisle to give consumers who cannot afford health insurance now a tax credit to let them go in the marketplace and to shop around and get involved in their health care decisions, we know that would lower

costs. This plan is not going to lower costs. In fact, it is going to raise costs.

But let me tell you where we are going with this new government plan. I am an optimist about this country, so I hate to talk about something that is pessimistic. But it is my responsibility to tell you facts. We have three major health care programs in this country: Veterans, Medicare, and Medicaid.

Medicare is health care for seniors. Medicaid is health care for the poor. I wish to talk about the latter two. Those systems are not working, and they are increasingly not working for more and more Americans. The reason why is, they are not properly funded. There is no way to control costs. So what are we finding? We are finding that doctors are not taking Medicare and Medicaid anymore. If you want to know what the future of Medicare is, which is health care for seniors, take a look at Medicaid, which is in worse shape than Medicare.

We know both these programs are huge entitlement programs that, under their current form, we cannot afford. We know there is going to be this huge debt that our children are going to have to pay. It may not be our children, it may be here in the next few years because we have not properly funded these programs and we have not controlled costs.

I ask unanimous consent that this article be printed in the RECORD. It is from the March 17, 2010, Seattle Times, an article by Janet Tu, which is entitled: "Walgreens: no new Medicaid patients as of April 16."

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Seattle Times, Mar. 17, 2010]

WALGREENS: NO NEW MEDICAID PATIENTS AS OF APRIL 16

(By Janet I. Tu)

Effective April 16, Walgreens drugstores across the state won't take any new Medicaid patients, saying that filling their prescriptions is a money-losing proposition—the latest development in an ongoing dispute over Medicaid reimbursement.

The company, which operates 121 stores in the state, will continue filling Medicaid prescriptions for current patients.

In a news release, Walgreens said its decision to not take new Medicaid patients stemmed from a "continued reduction in reimbursement" under the state's Medicaid program, which reimburses it at less than the break-even point for 95 percent of brand-name medications dispensed to Medicaid patients.

Walgreens follows Bartell Drugs, which stopped taking new Medicaid patients last month at all 57 of its stores in Washington, though it still fills Medicaid prescriptions for existing customers at all but 15 of those stores.

Doug Porter, the state's director of Medicaid, said Medicaid recipients should be able to readily find another pharmacy because "we have many more pharmacy providers in our network than we need" for the state's 1 million Medicaid clients.

He said those who can't can contact the state's Medical Assistance Customer Service

Center at 1-800-562-3022 for help in locating one.

Along with Walgreens and Bartell, the Ritzville Drug Company in Adams County announced in November that it would stop participating in Medicaid.

Fred Meyer and Safeway said their pharmacies would continue to serve existing Medicaid patients and to take new ones, though both expressed concern that the reimbursement rate is too low for pharmacies to make a profit.

The amount private insurers and Medicaid pay pharmacies for prescriptions isn't the actual cost of those drugs but rather is based on what's called the drug's estimated average wholesale price. But that figure is more like the sticker price on a car than its actual wholesale cost.

Washington was reimbursing pharmacies 86 percent of a drug's average wholesale price until July, when it began paying them just 84 percent. While pharmacies weren't happy about the reimbursement reduction, the Department of Social and Health Services said that move was expected to save the state about \$10 million.

Then in September came another blow. The average wholesale price is calculated by a private company, which was accused in a Massachusetts lawsuit of fraudulently inflating its figures. The company did not admit wrongdoing but agreed in a court settlement to ratchet its figures down by about 4 percent.

That agreement took effect in September—and prompted a lawsuit by a group of pharmacies and trade associations that said Washington state didn't follow federal law in setting its reimbursement rate, and that that rate is too low. The lawsuit is pending.

"Washington state Medicaid is now reimbursing pharmacies less than their cost of participation," said Jeff Rochon, CEO of the Washington State Pharmacy Association.

Pharmacies that continue to fill Medicaid prescriptions at the current state reimbursement rate are "at risk of putting themselves out of business altogether," he said.

Mr. LEMIEUX. So here we are. Walgreens, a major pharmacy in Seattle, is not going to take Medicaid anymore. Why are they not going to take Medicaid? They are not going to take Medicaid because the Federal Government is not reimbursing enough for them to make any money.

Medicaid is a Federal-State match. But more and more we are seeing the health care providers will not take Medicaid. We know that in major metropolitan areas, if you are a new Medicaid patient and you are looking for a specialist, that 50 percent of the doctors will not see you.

There is another article here that came out this week in the New York Times, March 15, 2010. It is an article by Kevin Sack: "With Medicaid Cuts, Doctors and Patients Drop Out."

It is a story from Flint, MI. It talks about a lady by the name of Carol Vliet, about her cancer. She has tumors metastasizing to her brain, her liver, her kidneys, and her heart.

The President of the United States and my colleague on the other side of the aisle like to give individual examples about people who are suffering without health insurance. Here is a

lady who has Medicaid, a government-run program. The only solace she has is she has found a doctor she likes, Dr. Sahouri.

He has given her a regimen of chemotherapy and radiation for the past 2 years that is giving her some relief, but she was devastated when she found out from Dr. Sahouri a couple months ago that he could no longer see her because, like a growing number of doctors, he had stopped taking patients with Medicaid.

It is not just Medicaid; it is also now Medicare. We know that if you are trying to get into Medicare, only about 78 percent of providers are taking Medicare. Here we are, we are about to create a huge new government entitlement program to put 31 million more Americans into a health care system funded by the government. In the programs we have now, doctors and health care providers are dropping the patients. These programs are broken. Yet we are going to create a new one. We are going to create a new one by taking money out of Medicare, a program where the health care providers are increasingly more and more not seeing patients. We are going to take more than \$500 billion out of Medicare. In fact, we have found out, from this new bill that came from the House today, that the number has gone up, that it is now more than \$500 billion that is going to be taken out of Medicare. We are going to take money out of a program already having problems to start a new one. It makes no sense.

This is why the American people are extremely upset with this health care proposal. There isn't a Senator who doesn't want health care reform. There isn't a Member of Congress today who doesn't want to provide more access and lower the cost of health care insurance for those who have it. But this plan does not do that, and it creates a huge new entitlement program by robbing Peter to pay Paul. We are going to jeopardize health care for seniors and turn Medicare into Medicaid, a program where pharmacies and doctors are dropping patients.

I am new to the Senate. My experience is in State government and business. There are men and women of good will in this body. I believe if we could get together and work in a good faith fashion, we could figure out how to do this in a step-by-step approach, to lower cost and increase access without breaking the bank and putting a huge burden on the children in a world where we already have a \$12 trillion debt. But the people of this Chamber and the one down the hall have to get about the business of doing the people's work and remember they are the boss and that we work for them. The time for partisanship is over. The time for getting things done and being problem solvers is here. I am one Senator—and I know there are many—who is willing

to work with anyone on the other side on any important issues facing the country who is willing to work with me.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BURRIS. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BURRIS. Madam President, I ask unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BURRIS. Madam President, in Washington there is a great deal of talk about what health care reform will mean for various segments of the population. In particular, many of us spend a lot of time talking about 47 million Americans who do not currently have health insurance and how they stand to benefit from our reform bill. This debate has centered on these folks, especially the 31 million people who will gain access to coverage under our proposal. In my opinion, this alone should be reason enough to pass health care reform. Expanding access to coverage will improve relative health outcomes and save money across the board. It will shift our focus from sick care to preventive care and will reduce wait time in emergency rooms. This will have a profound effect on the lives of millions, and it speaks to the profound need for comprehensive health care reform. But that is only a part of the story.

Many of my friends in this Chamber and many people across the country recognize the need to expand health coverage. But they are also worried about the effects that health reform will have on their insurance. Middle-class Americans hear all this talk about helping people with no insurance at all and they say: That is great, but I need help too. My premiums are going up, and benefits are disappearing. I am worried that I don't have stable coverage, or that I won't have access to care when I need it. How will reform help me?

I think it is time to take a deeper look at these folks. It is time to provide some answers to their questions. It is time to explain how our proposal would affect their lives. I wish to talk about what our reform bill will mean for the middle class and especially the minority community that have felt the worst effect of our economic crisis.

As I address this Chamber today, there are 88 million people who lack stable health coverage. That is almost a third of the total population who live in fear that their coverage would vanish at any time. Unfortunately, those

fears reflect a harsh reality that it is impossible for middle-class families to ignore. In Illinois alone, there are some 612,000 people who have nongroup insurance. These folks will see their premiums go up by as much as 60 percent this year. I am sure my colleagues can agree, that is outrageous.

But it doesn't have to be this way. If we pass a final health care bill and send it to President Obama, middle-class America will start to see the benefits almost immediately. Our legislation would bring unprecedented stability to the market. No one would have to fear that their insurance providers would drop their coverage. No one could be denied care because of a preexisting condition. Our bill will give the American people more power and more choices. It will bring real competition to the insurance market. It will create significant cost savings, and it will restore accountability in the insurance industry.

For the average American, this means saving hundreds or even thousands of dollars a year. It means more time with family doctors and less paperwork and redtape. It means free preventive care and discounted premiums for those who stay in shape, quit smoking, and control their weight. It means no one can be denied coverage because of a preexisting condition, and no one will be forced to pay higher premiums because they get sick. If we pass a final health care bill, 1.8 million people in Illinois will be able to get coverage for the very first time. The 612,000 people in the nongroup market will have an option to buy affordable coverage on the insurance exchange. This will reduce their premiums and improve the quality of their coverage almost overnight.

But it doesn't stop there. One million additional Illinoisans could qualify for tax credits that could make it easier to afford insurance and perhaps, most importantly, 144,000 small businesses would benefit from a tax credit designed to make coverage more affordable. This strikes at the heart of the debate we have been having in recent weeks, especially as it relates to the middle class.

My friends across the aisle are trying to stop us from passing reform. They want us to focus on job creation instead. But what they fail to realize is that these two problems go hand in hand. We can't solve one problem without addressing the other. If we make health insurance more affordable, American companies and especially small businesses will be able to hire more workers. They will be able to afford full coverage for their employees, and there will no longer be any incentives to lay off older workers or to save on premiums. This will make a profound difference in the lives of ordinary folks in my home State and across the country.

About 75 percent of Illinois businesses are small businesses. Under the current system, only 41 percent of them have been able to offer health benefits. But if we pass comprehensive reform—if we will extend a tax credit to 144,000 Illinois small businesses and millions of businesses nationwide—it will reduce the burden on working families. It will help businesses recover from the recession, and even start to expand again. It will help create jobs.

That is what our health care reform bill will mean for middle-class Americans: stability, security, better coverage; freedom to shop around and find a good price; competition in the market; renewed accountability. That is what health care reform will do for millions of ordinary folks across the country.

For minority communities, these effects will be even more pronounced. In Illinois, more than 21 percent of minorities do not have health insurance, compared with 12 percent of Whites. This places them at a greater risk for problems down the road—problems ranging from higher infant mortality to increased rates of chronic diseases in later life. Combine these risks with a higher property rate, and you have a recipe for disaster.

But our bill will help to change all of this. It will change that. Our bill will expand coverage, invest in preventive care, and help spur job creation. It will have a dramatic effect on the hard-hit communities and minority areas that need the help the most.

So on behalf of middle-class Americans and minority individuals and small businesses, on behalf of millions of ordinary folks in Illinois and across the country, I call upon my colleagues to pass this bill without further delay.

Our reform proposals will ensure that everyone is part of the solution to America's health care crisis. So let's seize this opportunity. Let's move forward together. Let's extend the benefits of health reform to the middle class. That way, America can move forward in this 21st century.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Madam President, I ask unanimous consent to speak as in morning business and to be followed by Senators CASEY and KAUFMAN.

The PRESIDING OFFICER. Without objection, it is so ordered.

START FOLLOW-ON TREATY

Mr. FRANKEN. Madam President, I rise today to speak about arms control and the President's negotiations with Russia over a replacement to the Strategic Arms Reduction Treaty, or START. This new treaty will be an important enhancement to American national security, and I look forward to considering it on the Senate floor once it has been signed.

As you may recall, the original START treaty was ratified by the Sen-

ate in 1992 by a bipartisan vote of 93 to 6. It went into force in late 1994, with a predetermined life of 15 years, causing it to expire this past December.

Soon after taking office, the Obama administration began careful and diligent work to negotiate a successor treaty with Russia. As START was expiring in early December, President Obama and President Medvedev of Russia issued a joint statement making clear that our two countries would effectively abide by the expiring treaty until the new one comes into force.

I think we can all agree that the original START was a landmark achievement. It brought about historic reductions in nuclear weapons. Its verification measures and the communication between the United States and Russia that they fostered served to build confidence between the two countries at an uncertain moment. It helped our nations to move toward a post-Cold-War mentality, providing strategic stability between the world's two greatest nuclear powers.

I am confident the successor to START will be equally historic. The world has changed, and this will be a new treaty for a new world with a new set of nuclear challenges. But the bottom line for the new treaty remains the same as it was for the original START: The treaty must—and it will—advance our national security interests.

When the new treaty is signed and presented to the Senate, there will be plenty of opportunity to discuss and debate in detail the specific numerical limitations on strategic offensive arms. President Obama and President Medvedev determined these would be in the range of 500 to 1,100 for strategic delivery vehicles, and in the range of 1,500 to 1,675 for their associated warheads. Likewise, we will carefully examine the counting rules for those limitations, the monitoring and verification measures for implementing the agreement, and all its other provisions.

I look forward to discussing all these specific matters when the Senate fulfills our responsibility to offer our advice and, as appropriate, our consent. But the core reasons this treaty will make us safer are already clear.

The verifiable reduction of nuclear weapons by the United States and Russia will provide us with strategic stability and mutual confidence. In other words, it ensures transparency and predictability between the two countries that possess 95 percent of the world's nuclear weapons.

The new treaty will do this while streamlining the elaborate and, in some cases, outdated and unnecessarily burdensome verification measures from the original treaty. The new treaty will also reduce the risk of nuclear theft or loss from our countries, and we know just how important this last point is in a world where terrorist

groups would give anything to obtain a nuclear weapon.

This new treaty will also allow us to lead by example in arms reduction, and this will in turn greatly aid our vital nonproliferation efforts. Indeed, while the arms reductions in the treaty will be relatively modest, entering into the treaty will be a significant step in the renewal of our arms control and nonproliferation agenda for the 21st century. It will put us on firmer ground as we confront the dangers of nuclear weapons in this new world.

I want to dwell briefly on this last point. The centerpiece of the global nonproliferation framework is aptly named the Non-Proliferation Treaty. This treaty requires that states without nuclear weapons pledge not to acquire them. But it also imposes a responsibility on nuclear states which must pursue reductions in weapons.

When we fulfill that responsibility, it strengthens the global nonproliferation framework that centers on the Non-Proliferation Treaty. It strengthens our hand in dealing with nonnuclear states, whether they are allies pursuing civilian nuclear power or adversaries with unclear nuclear intentions.

The point is not that untrustworthy adversaries will suddenly be transparent about their intentions or fulfill their obligations under the Non-Proliferation Treaty. Rather, we can negotiate with and pressure adversaries more effectively when we are meeting our own responsibilities. Likewise, we can work more effectively with our friends—and rely on them for multilateral support—when we ourselves lead by example. In other words, arms control agreements like the new START follow-on treaty are themselves powerful tools in our nonproliferation efforts.

The START follow-on treaty is only one element of President Obama's ambitious nonproliferation and arms control agenda to reduce and ultimately eliminate the threat from nuclear weapons. But until we are able to realize this end goal, it remains important to maintain an effective deterrent. This treaty will in no way—in no way—take away that deterrent.

Likewise, it is critical for us to support the administration's increased budget request for ensuring the safety and reliability of the nuclear stockpile and the complex and experts who maintain it. Such a commitment to a safe and reliable nuclear arsenal goes hand in hand with minimizing the danger from nuclear weapons through arms control and nonproliferation. We must pursue the limitation of nuclear weapons while maintaining an effective deterrent. And that is just what the START follow-on treaty will do. It will make us safer without jeopardizing our effective deterrent.

I look forward to a robust discussion and ultimately, I hope, to bipartisan

consent to the resolution of ratification.

I yield the floor.

The PRESIDING OFFICER (Mr. BURRIS). The Senator from Pennsylvania is recognized.

Mr. CASEY. Thank you, Mr. President.

First of all, I thank our colleague, Senator FRANKEN, for his remarks on this issue. I am going to be speaking just for a few moments as in morning business. I ask unanimous consent to do that.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CASEY. Mr. President, I am grateful to be joined by Senator KAUFMAN after me.

Almost two decades after the end of the Cold War, the United States and Russia maintain more than 90 percent—90 percent—of the world's total stockpile of 23,000 nuclear weapons. Each of these weapons has the capacity to destroy a city, and a large-scale nuclear exchange could extinguish most life on this planet. As you are aware, massive numbers of nuclear weapons increase the risk of catastrophic accidents, errors, or unauthorized use.

There is a serious imperative in the United States to address this issue. The United States—and especially this administration—has rightly focused on nuclear nonproliferation as a top priority. In his Prague speech, the President of the United States, President Obama, said:

As long as these weapons exist, the United States will maintain a safe, secure and effective arsenal to deter any adversary, and guarantee that defense to our allies. But we will begin the work of reducing our arsenal.

So I think it is important to note that the President used a number of important words there: “safe, secure and effective arsenal to deter any adversary.” But he also said we have responsibilities.

The first test of that commitment is the new START agreement.

In October, Secretary of State Hillary Clinton said:

[T]he United States is interested in a new START agreement because it will bolster our national security. We and Russia deploy far more nuclear weapons than we need or could ever potentially use without destroying our ways of life. We can reduce our stockpiles of nuclear weapons without posing any risk to our homeland, our deployed troops or our allies. Clinging to nuclear weapons in excess of our security needs does not make the United States safer. And the nuclear status quo is neither desirable nor sustainable. It gives other countries the motivation or the excuse to pursue their own nuclear options.

So said the Secretary of State.

As we know, Secretary Clinton is in Moscow now, and we all hope we will be able to make progress on the START follow-on treaty during her visit. We want to thank and commend her for the work she is doing not only as Secretary of State every day but at this time especially in Moscow.

The START follow-on treaty would reduce deployed nuclear weapons in the United States and Russia and would provide crucial verification measures that would allow a window into the Russian nuclear program. While this treaty has taken a little longer than expected to complete, I applaud the leadership of Assistant Secretary for Verification, Compliance and Implementation, Rose Gottemoeller, and her efforts to pursue a strong agreement as opposed to an immediate agreement.

A new START agreement is in our national security interests, especially in terms of maintaining verification and transparency measures. Once complete, this agreement could help to strengthen the U.S.-Russian relationship and potentially increase the possibility of Russian cooperation on an array of thorny and grave international issues, including North Korea and Iran.

The START follow-on treaty is a clear demonstration that the United States is upholding our nonproliferation obligations under the NPT. START is a necessary step in reaffirming U.S. leadership on nonproliferation issues. Without a clear commitment to our nonproliferation responsibilities through a new START agreement, it will be increasingly difficult for the United States to secure international support in addressing the urgent security threats posed by the spread of nuclear weapons.

International agreements to limit nuclear weapons draw upon a deep well of bipartisan support over the years. There is no reason—no reason at all—why this START agreement should be different. We may have our differences on elements of the treaty when it is presented before the Senate for ratification, but I hope—and I believe this will happen—we will be able to come together in common cause in recognition that these agreements are in our national security interests because they ultimately decrease the likelihood—decrease the likelihood—of accidental launch and decrease the likelihood of terrorist access to nuclear materials. There will be deliberation and there will be debate, but I am confident that at the end of the process, we will have a strong agreement that in the proud tradition of the Senate will garner bipartisan support.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware is recognized.

Mr. KAUFMAN. Mr. President, I ask unanimous consent to speak as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KAUFMAN. Mr. President, I am truly pleased to join with my friends, Senator CASEY and Senator FRANKEN, today to underscore the importance of reducing our nuclear arms.

I have spoken in the past about the importance of signing a successor treat-

ty to the Strategic Arms Reduction Treaty, or START, in order to maintain verification and other confidence-building measures. I have also spoken in support of the President's fiscal year 2011 spending priorities, which include a program to modernize and secure our nuclear arsenal. Today, I wish to go back to the basics when talking about arms reduction because it is easy to get lost in the details and misconceptions and forget the big picture.

First, we must remember what is at stake when it comes to our nuclear arms reduction policy. We cannot afford to lose sight of why it is so important to get a successor to START, why it must be the right successor, and why the Senate should take action on the treaty in the very near future.

This treaty was signed by the Soviet Union at a time when we still had fallout shelters to prepare for nuclear war. Almost two decades later, a nuclear attack is more likely to originate from rogue regimes or nonstate actors, but it is still critical that we not take our eye off the ball when it comes to existing nuclear stockpiles.

American and Russian nuclear weapons alone account for almost 96 percent of the world's nuclear arsenal, and stockpile reduction remains a significant challenge in easing residual tensions of the Cold War. The accumulation of nuclear serves as a reminder of the animosity that existed between our countries, much of which has now been relegated, thankfully, to the pages of history. Our nuclear stockpiles reflect the realities of the past, not the economic and security considerations of the present and the future.

START is also symbolically significant because it serves as a cornerstone of the world's nonproliferation efforts and sets tough international standards. With no arms reduction treaty between the United States and Russia, we hand cynics an opportunity around the globe a pretext for derailing nonproliferation efforts.

Now that START has expired, we need a follow-on treaty because security efforts have changed since the Cold War. This is why we must ensure that we end up with the right treaty, not just one that renews now-outdated provisions of START. It is important that a new treaty both adapts to the needs of the world today and presents a clear vision for a more secure future.

It is expected that Americans and Russians have different ideas of this vision and how we can get there. Both countries have domestic and political considerations which must also complicate matters. Throughout this process, I have been thoroughly impressed with Ambassador Rose Gottemoeller and her negotiating team, who have consistently maintained their focus and core principles.

The Obama administration wants the right treaty, not just any treaty, and

future generations will likely benefit from its steadfast dedication and resolve.

Finally, we must consider the parameters of the treaty we hope to achieve. By definition, a lasting treaty cannot be drawn unilaterally, so it must be something mutually acceptable to both the United States and Russia. At the same time, there are some important red lines which must be reflected in the final treaty from the perspective of the United States:

First, it must have an intrusive verification system in order to maintain confidence and avoid catastrophic misunderstandings between the two sides.

Second, it must reduce ready-to-go strategic arsenals in a meaningful way, which means addressing upload capability.

Third, it must allow modernization of our existing nuclear capabilities to enhance national and international security.

Fourth, it must remain a strategic offensive treaty with an intentionally narrow scope. We should not include any other weapons systems, including antiballistic missile systems, under its regulatory umbrella.

The Senate should take action on a START follow-on treaty as soon as possible in order to keep Americans safe and protect global security. For anyone who has doubts, rest assured that the President and his negotiating team are working hard to finalize a treaty that first and foremost must advance U.S. security interests.

I look forward to working with my colleagues on this issue because the responsible reduction of the nuclear stockpile is one of the most important measures we can take to improve global security for future generations.

I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

REMEMBERING GEORGE PANICHAS

Mr. WHITEHOUSE. Mr. President, I am very honored to have the chance to join my distinguished senior Senator JACK REED on the floor of the Senate today to pay our respects to a friend of both of ours who has departed us. I will say a few words about our friend George Panichas myself and then my senior Senator will say a few words in conclusion.

It is a great honor for me to be here with Senator REED. One of the bonds we have is our friendship with the Honorable George Panichas.

On March 2, in our Ocean State, the day of George Panichas's funeral, the flags across the State were at half

mast in his honor. While George's family and friends are still in mourning, we wish to take this opportunity to share some of our memories in celebration of the life of a man who was one of Rhode Island's legends.

Representative George Panichas was many things: a husband, a father, a grandfather, a veteran, a public servant, an advocate, a loyal and active member of Rhode Island's Greek community, a successful businessman and, to so many of us, a trusted friend. Although George was small in physical stature, he will always be remembered as big, big, big in personality, heart, influence, and accomplishments.

Born in the city of Pawtucket, Representative Panichas was a lifelong resident of the great State of Rhode Island and a member of our country's "greatest generation." A decorated Air Force veteran of World War II, George served as a tail gunner in the U.S. Air Force, completing 50 missions over enemy-occupied Europe at a time when not many men survived 50 missions. He received the Air Medal with four oak leaf clusters, three battle stars for service in the European theater, the Presidential Unit Citation with oak leaf cluster, and a personal citation from the commanding general of the 15th Air Force.

Representative Panichas was elected to the Rhode Island General Assembly representing a district in Pawtucket in 1970. He served until he retired in 1984. He was the first Greek American to hold State office in our State. Throughout Representative Panichas's tenure, he was known for speaking up with his powerful voice and for his influence in getting the job done.

This Chamber still remembers John O. Pastore, another distinguished Rhode Island public servant, small in stature, large in voice and influence. George Panichas was very much in his mold.

Representative Panichas was a tireless advocate for Rhode Island's veterans. Thanks to him, today we have a beautiful Rhode Island Veterans Memorial Cemetery. Thousands of people visit the cemetery every year and witness firsthand George Panichas's work. He was responsible for its expansion and many of the improvements that happened on its grounds. The brave Rhode Islanders and their families who served our country so honorably will always have a special beautiful place to be remembered, due in large part to the work of this man.

Perhaps above anything else, Representative Panichas was widely known for his dedication to his beloved Greek heritage. Many years I have attended the Pawtucket Greek Festival with him, held at the Greek Orthodox Church of the Assumption. I will always remember how he knew virtually everybody in attendance and the affection and respect the entire community showed for him.

At his funeral, I returned to the Church of the Assumption for his wake, and I heard so many stories there from his family, friends, and colleagues of his unique character, his kindness, and his bold leadership.

It is with heavy hearts that we remember one of Rhode Island's legends today. But Representative Panichas's spirit will live on through his accomplishments and through his beloved family. I extend my deepest condolences to his loving wife Angela, to his two daughters, of whom he was so proud—Denise and Joan—to his loving and beloved son George, Jr., and the apple of his eye, his grandson George III, and, of course, the rest of the Panichas family. George was truly one of a kind, and he will be missed.

George Panichas once quoted the great Greek philosopher Aristotle in saying: You will never do anything in this world without courage. It is the greatest quality of the mind next to honor.

Today we recall with respect and affection a man whose courage will long live in our hearts.

I yield the floor for my distinguished senior colleague.

The PRESIDING OFFICER. The Senator from Rhode Island is recognized.

Mr. REED. Mr. President, I join my colleague and friend Senator WHITEHOUSE in paying tribute to an extraordinary American, an extraordinary Rhode Islander, George Panichas. Senator WHITEHOUSE, with eloquence and obviously great feeling that I share with him, recognized this extraordinary individual. He has been a friend and a mentor to both of us. He has been a force throughout his life for not only what we believe is central to America—opportunity for all, a sense of fairness and justice and decency—but he also has been intimately involved in his native land, Greece and Cyprus.

He is someone who represents the ideal of what an American should be. As a young man, he was a member of, at that time, the U.S. Army Air Corps. He flew 50 missions. He was a gunner on the aircraft. I think all of us recognize—although we did not participate in such challenging assignments—the kind of courage and mental toughness it takes to get in that aircraft and risk your life 50 times at least and to do so in an atmosphere of tension and danger. And George did it.

Like so many of his generation, when he came home, he did not boast about it. He decided, though, that his service was not going to end with his discharge from the U.S. Army Air Corps. He was going to continue to serve this Nation because he had participated with his colleagues, his contemporaries, in a noble effort. He understood the decency of America. He was part of it, and he understood the great challenges ahead—challenges to build a fair, just, and more equal society. He took it upon himself to do that in many ways.

He was a successful businessman. That was just one aspect of his contribution to the community. He was, as my colleague said, a State representative in our house of representatives. He was the first Greek American elected to the State house in Rhode Island. He was a staunch advocate for veterans. He was the leader of an effort that started many years ago in the sixties and seventies to build a State veterans cemetery in Rhode Island and to continue to maintain the highest quality at our State's veterans home. In fact, those two institutions, particularly the cemetery, are monuments to his efforts.

He undertook this great effort at a time when there was a lot of discussion about the service of veterans, but no one was standing up and doing what George was doing—cajoling and persuading and convincing and using all manner of his charming temperament and his booming voice to start to assemble the resources in Rhode Island, and then nationally, to build what I feel—and I am sure I am speaking for my colleague—is the finest State veterans cemetery in the country. It is a place of reverence. It is a place of inspiration. It is a place the families of Rhode Island veterans feel is appropriate as a resting place of those who served this Nation.

In October of 2008, in recognition of his great dedication and service, the administration building at the cemetery was named after George—a fitting tribute.

In addition to being an active patriot of his country, our country, the United States of America, he never lost sight of the need to be a powerful force in Greek-American relations. His constant efforts to assist, both in terms of business enterprises in Greece and in terms of charitable organizations in Greece, and his continued work to pull together the bonds between Greece and the United States were remarkable. He was someone who was keenly interested and very effective in advocating a wise American policy toward Greece and Cyprus and to the Ecumenical Patriarchate.

He was an extraordinary individual, and he will be missed. In all his endeavors, he had the support, the love, and derived strength from his wife Angela, who was a wonderful woman. And of course his daughters, Denise and Joan, have continued the tradition of service in making the community a better place, and his son George, Jr., has a proud name and he carries it proudly. Of course, his grandchildren are remarkable too.

I think the only way to end these few words for a great gentleman is to recall the words of another Greek—Thucydides—who said:

The bravest of the brave are those who see both the glory and the danger and go forth to meet it.

George Panichas did that as an airman, as a citizen, as an American who used his opportunity to help others.

Mr. President, we miss this great gentleman, and we are so honored to be able to say a few words about him.

I yield the floor.

Ms. SNOWE. Mr. President, I would like to take this opportunity to express my gratitude to the majority leader for finally bringing this essential legislation to the floor after more than 3 years of extensions and delays.

This bipartisan bill is the product of years of diligence, patience, and an overriding commitment to safety. From the tremendous steps forward in implementing the critical Next Generation Air Traffic Control System to the thousands of jobs created by the funding for infrastructure improvements and innovation incentives, this legislation revolves, first and foremost, around enhancing the safety of our skies.

This bill addresses glaring gaps in safety brought to light by the heartbreaking tragedy of what should have been a routine flight for 49 people on February 12, 2009, and instead became, according to the National Transportation Safety Board, NTSB, the worst aviation accident since 2001.

The stunning cockpit voice recordings released by the NTSB during their investigation of the Continental Connection flight 3407 accident outside of Buffalo, NY, chilled Americans across the country. On behalf of the families who lost loved ones in that accident, and who courageously testified at a series of hearings called by Senators DORGAN and DEMINT on the safety of regional air carriers, Senator BOXER and I introduced the One Level of Safety Act. Incorporated into the larger FAA reauthorization bill before us, our legislation seeks to finally fulfill the decade-old promise of One Level of Safety, which the Federal Aviation Administration, FAA, regrettably viewed as little more than a slogan for the past several years. Working closely with the devastated families left behind by the tragic crash of flight 3407, and the NTSB, we have addressed a number of glaring deficiencies in our aviation system which threatened the safety of passengers across the country.

In response to questions I and others posed before the Commerce Committee, NTSB chairwoman Debbie Hersman vowed to have the flight 3407 investigation completed within a year. To her credit, she lived up to her promise. In fact, with 1 year as chair now under her belt, she has performed admirably. And the work of the Board brought to light critical information necessary to address the gaps in our safety regime, gaps that contributed to the flight 3407 accident.

For example, one of the primary causes of the Continental Connection

crash, according to the NTSB's preliminary report released in January, was the lack of rest for the pilots. One airline claims that more than a quarter of its pilots commute 1,000 miles just to get to work! And the safety implications of pilot fatigue are not a new concern. In fact, as you can see on this chart, fatigue has been at the top of the NTSB's Most Wanted list of safety improvements since the list's inception in 1990, left unaddressed now for over 20 years! Today it languishes on that same list, the NTSB noting that it has received an "unacceptable response" from the FAA. Yet the NTSB has indicated that fatigue is the primary cause of over 250 accident deaths over the past 15 years.

Indeed, when the FAA last considered modernizing these fatigue rules in 1995, after receiving resistance from the airlines, the agency simply chose to shelve the proposed changes rather than address obsolete fatigue rules more than a half-century old. We cannot allow this to continue, which is why we require the FAA to develop regulations that would limit the number of hours permitted for pilots to fly in a 24 hour period, to assist in alleviating pilot fatigue problems, as well as to provide guidance to air carriers to develop, and submit to the FAA, fatigue management plans. The bill mandates the completion—within a year of enactment—of an ongoing FAA rule-making addressing fatigue, an effort undertaken recently by Administrator Babbitt.

For too long, the FAA has been a reactionary body, acting only after a tragedy, rather than analyzing trends and data to enable the agency to foresee future accidents. So, to address this issue, Senator BOXER and I added a level of accountability to the FAA's safety programs to encourage proactive oversight. Specifically, this legislation requires unannounced, on-the-ground annual inspections of flight training schools and airlines, ensuring all safety standards included in this legislation will be enforced.

Another element of our legislation, specifically cited by the NTSB and recently added to their "Most Wanted" List of aviation safety threats, as you can see on this chart, addresses the ability of air carriers to view a potential pilot's entire flying history. Incredibly, this information is currently unavailable to an airline—unless they file a Freedom of Information Act request! And that is simply unacceptable. The pilot operating the Continental Connection flight 3407 at the time of the accident had previously failed five flight tests, or "checks". But the air carrier claimed it was unaware of these failures, because the pilot did not disclose them on his application. To reverse this unfathomable rule once and for all, this bill gives airlines access to a pilot's complete history to ensure

they are hiring qualified, well-trained, and talented pilots.

Another measure, which I am particularly pleased to have included in the Reauthorization is the landmark Passenger Bill of Rights legislation on which Senator BOXER and I worked so diligently as far back as the spring of 2007. The fact is Congress has waited far too long to move on this essential safety measure. New York State, one of many states frustrated by the delays in improving passenger safety here in Washington, sought to impose its own passenger rights standard, but the U.S. Court of Appeals for the Second Circuit struck down their effort, placing the onus squarely on Congress. Specifically, the Circuit's decision stated that only the Federal Government may implement a national standard for passenger safety, and I commend the Commerce Committee for responding by including the Passengers' Bill of Rights.

We all have heard the horror stories, many detailed before the several hearings held in the Senate Commerce Committee on this topic—people trapped on aircraft for nearly 12 hours, left in the dark by the airlines, uncertain when or if they would ever be permitted to deplane; overflowing restrooms; diabetics unable to access their insulin and at risk of going into shock. This was the case in Austin, TX, just prior to New Year's Eve in 2006, when an aircraft remained on the tarmac for nearly 9 hours, with no communication from the airline and passengers ready to revolt. Such incredible stories were on the verge of becoming commonplace during the explosive growth of air travel during the mid-2000s. In fact, just last year there were 904 flights that remained unmoving on the tarmac for 3 hours or more.

More than 10 years since the first attempt to put in place protections for passengers, they can now be assured that they no longer will become prisoners in the event of a lengthy delay, nor will their safety be compromised to meet an airline's bottom line. Guaranteeing basic necessities like food, water, and functioning restrooms for passengers left on a grounded aircraft for hours at a time, while providing them a choice to safely deplane after remaining stranded on the tarmac for more than 3 hours, is a tremendous leap forward for the millions of passengers who travel our skies every year. And I say it is about time.

Moreover, a key component of this bill ends the often "cozy" relationship between airlines and their FAA maintenance inspectors that threatens to undermine aircraft safety. Senator KLOBUCHAR and I originally developed this legislation to prevent FAA inspectors from turning a blind eye to safety violations at various airlines. First brought to light by a report issued by Department of Transportation inspector general Calvin Scovel in 2008, those

failings were confirmed just last month, when a follow-up report issued by the IG's office revealed that despite the previous report, the "... FAA had failed to take appropriate action ..." to address airlines "... longstanding failure to comply with required maintenance inspection procedures ..."

In recent years, the FAA experienced a culture shift away from a safety-first mentality. In fact, the charter of the FAA was amended in 2003 to include the promotion of air carriers in their mission statement. How is it that a government agency can simultaneously promote and regulate an entire industry? This bill struck the dueling nature of such a mission statement, reducing the significance of advocating for the airlines and returning safety to its rightfully preeminent position at the agency. At the same time, we put into place a Whistleblower's Office to protect individuals who reveal violations within the FAA from retribution.

Why is this necessary? Too often in recent years, Congress has heard from courageous whistleblowers like Doug Peters, who had his job and family threatened in 2008 for reporting numerous safety violations at Southwest, the same violations detailed in the 2008 inspector general's report. Rather than being rewarded for their dedication, these individuals were either summarily removed from their jobs or strategically relocated to place them "out of the way." Thanks to this legislation, they will have advocates and legal recourse within the Department at the Whistleblowers Office.

The reauthorization also slams shut the revolving door between inspectors and airlines. The inspector general's 2008 and 2010 reports concluded that inspectors responsible for requiring compliance with federal standards by an individual air carrier were transitioning between the FAA and those particular airlines and back again, establishing relationships that led to the undermining of safety requirements issued by the FAA. Our bill requires an inspector must experience a "cooling-off" period of 2 full years before he or she can gain employment with the air carrier they once inspected.

At the same time, an additional, critical issue for both Maine and the Nation is rural aviation. As a tool for economic development, access to commercial aviation is absolutely essential. To that end, Senator BINGAMAN and I were pleased to see the inclusion of the Rural Aviation Improvement Act, which overhauls the Essential Air Service, EAS, and small community air service grant programs, to continue the commitment Congress made to small communities when we deregulated the aviation industry in 1978—ensuring those communities hurt by deregulation, particularly less populated areas, would continue to receive commercial air service.

The fact is, since deregulation, communities across the country have experienced a decline in flights and size of aircraft while seeing an increase in fares. More than 300 have lost air service altogether. Our bill raises funding for the program from \$127 to \$175 million annually, consistent with the President's budget request for the program.

A handful of "bad actors" have jeopardized commercial aviation for entire regions, most of them rural, by submitting low-ball contracts to the Department of Transportation to ensure they receive the EAS subsidy, and once they have, reneging on their commitment to the extent and quality of their service. Our bill will not only establish a system of minimum requirements for all EAS contracts to protect municipalities that rely on the program for commercial service, but it will also extend those contracts to 4 years from the current 2. This gives a heightened degree of certainty, so that rather than having communities negotiating new contracts or receiving service from entirely new carriers every 18 months, those municipalities participating in the program can plan for infrastructure improvements or other means to expand service. Actively encouraging communities to get involved in the process, and build relationships with the carriers who serve them, can only bolster the quality of the program.

The reauthorization provides states and communities the ability to take a more active role in the level of service they receive by allowing them a "buy-in" option. This would allow states or local communities to leverage the EAS subsidy to develop incentives that would attract additional flights from an existing carrier, or bring in new carriers who offer a larger array of destinations.

In short, I believe this an outstanding, bipartisan bill that has required long hours—over 3 years—and considerable effort to complete. I would like to take this opportunity to thank the committee for adding so many of these improvements to the underlying legislation, commend the Commerce and Finance Committees for their relentless work, and urge all my colleagues to support this critical legislation.

Mrs. FEINSTEIN. Mr. President, I rise today to speak in support of an amendment that I introduced yesterday that addresses the issue of toxins entering the ventilation systems on commercial aircraft.

This amendment is designed to ensure the FAA has the necessary information to protect the American public from exposure to harmful contaminants while flying.

Specifically, here is what the amendment would do:

First, it would require FAA to complete a study of cabin air quality within 1 year; second, the amendment

would provide FAA with the authority to mandate that airlines allow air quality monitoring on their aircraft for the purposes of the study; and third, the amendment would authorize FAA to mandate installation of sensors and air filters if the study demonstrates that these steps would provide a public health benefit.

This amendment is necessary because the air in the passenger cabin is a mixture of recirculated cabin air and fresh air that is compressed in the airplane engines.

Sometimes the air you breathe on an airplane gets contaminated with engine oils or hydraulic fluids that are heated to very high temperatures, often appearing as a smelly haze or smoke.

That haze or smoke that enters the cabin air is a toxic soup and can contain carbon monoxide gas as well as chemicals that can damage your nervous system called tricresylphosphates, TCPs.

Exposure to TCPs can initially cause stomach ache and muscle weakness, followed by delayed memory loss, tremors, confusion, and many other symptoms.

Exposure to this and other air toxics in cabin air is a serious matter.

In 2004, the FAA concluded that the problem was so "unsafe" that it needed to do thorough inspections of certain aircraft.

In a Federal Register notice, FAA called for "repetitive detailed inspections of the inside of each air conditioning . . . duct," which FAA stated was "necessary to prevent impairment of the operational skills and abilities of the flight crew caused by the inhalation of agents released from oil or oil breakdown products, which could result in reduced controllability of the airplane."

Let me take moment to explain how these broad findings impact people who happen to be exposed to toxic air in aircraft cabins.

Terry Williams is a mother of two and a former flight attendant, who knows firsthand the dangers associated with exposure to toxic fumes while onboard an airplane.

As Terry was working on April 11, 2007, she noticed a "misty haze type of smoke" on the plane as it taxied toward its gate. Since then, she has experienced chronic migraines and twitching.

Terry made repeated visits to the emergency room before a neurologist told her she had been the victim of toxic exposure.

Terry is not alone.

Although several flight attendants and passengers have related similar stories to the FAA of smelling chemicals and then experiencing serious illnesses, the FAA has never conducted a large-scale study to measure the frequency or severity of such toxic fume events in aircraft.

Moreover, there appears to be no FAA standard for identifying or preventing the presence of toxic fumes in aircraft cabins.

This FAA reauthorization bill pending before the Senate addresses this very important public health and safety issue.

Specifically, section 613 of the Commerce Committee's bill would require that the Federal Aviation Administration implement a research program to identify appropriate and effective air cleaning technology and sensor technology for the engine and auxiliary power unit air supplied to the passenger cabin and flight deck of all pressurized aircraft.

This is a very good and important provision. FAA should absolutely study what equipment most effectively fixes this air quality problem.

But my amendment would go further than the establishment of a "research program."

It lays out a clear framework for protecting the public from what could be a serious risk.

First, it requires that FAA study the nature of this risk by thoroughly and comprehensively monitoring the frequency of exposure on aircraft, so that we understand whether toxic exposure is a common occurrence.

Second, the FAA must assemble records of passenger illness complaints to determine the specific health risks associated with harmful contaminants in airplane ventilation systems.

By gathering this information, I am confident that FAA will develop a clear picture of the level of health risk posed by toxins in cabin air, and the ways to protect the American traveling public and the hardworking men and women who make air travel possible.

Finally, this amendment would empower the FAA to require the installation of toxic air monitors and air filters that the Commerce Committee legislation's study would identify.

Such installation would only be required if the FAA's study shows that such a step is necessary to protect public health, but FAA would clearly have a mandate to take this step.

In March 2009, the president of the American Society of Heating, Refrigerating and Air-Conditioning Engineers, ASHRAE, which in 2007 developed voluntary model standards to protect aircraft cabin air quality, called on FAA to "investigate and determine the requirements for bleed air contaminant monitoring and solutions to prevent bleed air contamination."

I will ask to have a copy of this full letter printed in the RECORD.

But I also want to read ASHRAE's conclusion, which states:

Although no systematic fleet-wide or industry-wide audits have been conducted, the UK Committee on Toxicity recently calculated the incidence of oil/hydraulic fluid events as 1 percent of flights based on pilots

reports and 0.05 percent of flights based on engineering investigations. . . .

Still, no aviation regulator requires either bleed air monitoring or bleed air treatment.

To this end, the ASHRAE committee that developed (the model air quality standard) is writing to ask you . . . to investigate the technical implications and flight safety benefits of addressing bleed air contamination, and to determine the requirements for bleed air contaminant detection systems and solutions to prevent bleed air contamination.

I agree with the ASHRAE recommendation that we need to study this problem and take steps to protect public health and safety.

I offered this amendment in order to implement ASHRAE's very sound recommendations, and I encourage my colleagues to support it.

Mr. President, I ask unanimous consent to have printed in the RECORD the March 6, 2009, letter to which I referred.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

AMERICAN SOCIETY OF HEATING, REFRIGERATING AND AIR-CONDITIONING ENGINEERS, INC.,

Atlanta, GA, March 6, 2009.

Re Request to investigate and determine requirements for bleed air contaminant monitoring and solutions to prevent bleed air contamination.

LYNNE A. OSMUS,

Acting Administrator, Federal Aviation Administration, Washington, DC.

PATRICK GOUDOU,

Executive Director, European Aviation Safety Agency, Koeln, Germany.

DEAR MS. OSMUS AND MR. GOUDOU: In 2007, ASHRAE published "Air quality within commercial aircraft" (ASHRAE, 2007; copy attached), developed by Standard Project Committee 161. The standard addresses a wide range of air quality issues including ventilation, temperature, and contaminants from a variety of sources. In light of the committee's flight safety concerns and the references cited below, the committee requests that, this year, you investigate and determine the requirements for bleed air contaminant monitoring and solutions to prevent bleed air contamination, including maintenance/operating/design control measures and bleed air cleaning equipment.

As background, ASHRAE is an engineering association that, among other things, develops and publishes voluntary indoor air quality standards that are often adopted by regulatory authorities. This aircraft air quality standard was developed over a ten-year period. It was a significant undertaking that was ultimately approved for publication unanimously by a committee of members that represent the full spectrum of aviation interests and expertise: namely, aircraft and component manufacturers, airlines, crewmembers, passengers, and a general interest group, appointed according to administrative rules that ASHRAE issued in 2000 to ensure that all interest groups were represented and would be heard. Pre-publication, the standard was also released for two 45-day comment periods during which the general public and other interested parties had the opportunity to weigh in.

Section 7.2 of the standard requires the installation of "one or more sensors intended to identify a substance or substances indicative of air supply system contamination

with partly or fully pyrolyzed engine oil or hydraulic fluid" with flight deck indication when such fumes are present to enable the pilot(s) to respond appropriately and rapidly. Also on the subject of air supply monitoring, Section 8.2 of the standard notes the utility of making portable, reliable, easy-to-use air monitoring devices available in the cabin and flight deck. Finally, Section 8.2 states that air cleaning technologies intended to reduce bleed air contaminants may be considered.

Many other publications support this request. For example, the Air Accidents Investigation Branch (AAIB) of the UK Department for Transport echoed the call for bleed air monitoring, noting "adverse physiological effects in one or both pilots, in some cases severe" (AAIB, 2007). These smoke/fume events had been reported on commercial flights, so the AAIB recommended that the EASA and the FAA "consider requiring, for all large aeroplanes operating for the purposes of commercial air transport, a system to enable the flight crew to identify rapidly the source of smoke by providing a flight deck warning of smoke or oil mist in the air delivered from each air conditioning unit." The installation of sensors which would identify contaminated air events would further help to address the concerns raised by the FAA and others of the under-reporting of such events (FAA, 2006(a); FAA, 2006(b); Michaelis, 2003). It has been estimated that less than 4% of oil fume incidents are reported as required (Michaelis, 2007). Sensors would help mitigate the reported high failure rate of crews to use emergency oxygen, despite clear industry guidelines to use oxygen when the air is (or is suspected to be) contaminated.

Similarly, controlling bleed air contamination is supported by many recent publications that have cited either pilot incapacitation or impairment caused by exposure to oil fumes (AAIB, 2007; ATSB, 2007; SAAIB, 2006; CAA, 2002; CAA, 2000). Oil fume events have been reported fleet-wide across a wide range of aircraft types (Murawski, 2008). For example, on the BAe146 aircraft, the FAA itself requires particular inspections and cleaning to "prevent impairment of the operational skills and abilities of the flightcrew caused by the inhalation of agents released from oil or oil breakdown products, which could result in reduced controllability of the airplane," describing oil contamination as an "unsafe condition" and requiring that corrective actions be completed prior to further flight (FAA, 2004).

Although no systematic fleet-wide or industry-wide audits have been conducted, the UK Committee on Toxicity recently calculated the incidence of oil/hydraulic fluid events as 1% of flights based on pilots reports and 0.05% of flights based on engineering investigations (with the caveat that the incidence may vary with airframe, engine type, and servicing) (COT, 2007).

Still, no aviation regulator requires either bleed air monitoring or bleed, air treatment. To this end, the ASHRAE committee that developed Standard 161-2007 is writing to ask you to establish a joint independent committee (perhaps with other regulatory authorities) this year to investigate the technical implications and flight safety benefits of addressing bleed air contamination, and to determine the requirements for bleed air contaminant detection systems and solutions to prevent bleed air contamination, as described. The committee thanks you for your commitment to aviation safety and encourages you to direct any questions, cor-

respondence, or requests for references to the committee Chairman, Dr. Byron Jones.

Sincerely,

WILLIAM HARRISON,
President.

The PRESIDING OFFICER. The Senator from North Dakota is recognized.

Mr. DORGAN. Mr. President, Senator REID has asked I announce to Senators that there will be no further votes this evening and there will be no votes tomorrow. We expect the next vote to be Monday at 5:30 p.m. We do expect finally that we are near an agreement by which we would be able to finish this FAA reauthorization bill with a final vote Monday evening. That is our expectation.

I indicated I would describe the circumstances. We are hopeful, as I indicated earlier, that we would be able to reach conclusion on this bill. We were hopeful in doing it tonight. That was not possible. But we expect to have final passage on the FAA reauthorization bill on Monday at 5:30. But let me describe the discussions we have had more recently with Senator KYL and Senator WARNER and many other colleagues—Senator HUTCHISON.

There remains very little to be done on this bill. We have 17 amendments that have been agreed to on both sides that would be offered en bloc. We were not able to offer those until we were able to resolve another issue or at least begin discussion of another issue. And then there was an issue dealing with slots and perimeter rules for Reagan National Airport. It has been controversial in the past—for many, many years—and some colleagues on both sides of the aisle have offered amendments dealing with slots and the perimeter rule. So it has caused a lot of discussion for some long while. We have people on both sides of these issues, for and against increasing slots and expanding the number of flights beyond the perimeter at Reagan National.

What we have discussed more recently is that an amendment would be offered by the minority. They would perhaps modify an amendment that is now filed, and they would offer an amendment on the slots—I guess slots and the perimeter rule—and have that debated.

One of the things we discussed is that we understand, going into conference with the House, that the House has provisions to increase slots at Reagan National. So that will be an issue in conference. The question is, What is the Senate's position going into conference? It can be determined by a vote on the floor of the Senate—yes or no—or it can be determined in good faith by discussions with all of us who understand there will be modifications, some kinds of modifications on slots and the perimeter rule. What will they be? Those conversations, it seems to me, can also become, between now and

Monday, a part of the discussion and good-faith negotiation on how to approach a conference that reaches the interests and needs of the broadest group of Senators.

So that is what we have done. We expect to have a new amendment filed that will modify one previously filed and have a debate about that. My hope is that we would not have a vote on that and instead reach some common understanding that we would work together on the slot and the perimeter issue in a way that can satisfy the broad interests here in the Senate and take that position into conference in a very assertive way and hope the Senate provision would prevail in conference.

Mr. President, that is my understanding of where we are, and with that, I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mrs. HUTCHISON. Mr. President, I appreciate what the Senator from North Dakota has stated. I am also working in this group to try to finish this FAA reauthorization bill. There is so much in this bill that will let airports throughout our country have the stability and the airport trust funds to go forward. There are many safety issues that have resulted from the Colgan accident that we are trying to correct, and other information. This is a very good, very bipartisan bill.

There are approximately 17 amendments we will be able to clear with the consent of everyone who has been interested in these, after we dispose of the perimeter issue. We are going to have the reformed amendment filed on the perimeter issue, and it will be available for a vote on Monday, where we hope we will either be able to vote or get some sort of colloquy that is an understanding. After everyone is satisfied with that, we will then clear the other amendments and hope to go to final passage on Monday. I believe that is the goal, and I think it is very reachable.

The perimeter rule at National Airport is a rule that was put in place for many reasons. For one thing, there are noise issues, there are traffic issues, and there are air traffic issues because National is a very close-in airport.

Then, of course, there is also the Dulles Airport issue. The way it has evolved is that Dulles Airport is the long-haul airport into our Nation's Capital and National is used by people who come into our Capital because it is convenient. We don't want to jeopardize the Dulles Airport service in any way, but the people who live farther out west in our country have been discriminated against, clearly, in not having access to National Airport because there is a perimeter rule, with only 12 flights that go beyond that perimeter.

So we have tried for a long time to settle this in an equitable way that does extend the perimeter but not to

the detriment of either National or Dulles Airport. Senator WARNER of Virginia has been a very strong advocate of the protection of National Airport as well as Dulles Airport, as he should be, and I will let him speak for himself. But he has been a very strong advocate, which we all appreciate, and I think the western Senators have also been very strong in their efforts for a long time—for many years.

I have been on the aviation subcommittee and am now ranking member of the Commerce Committee, and I will tell you that we have tried to deal with this perimeter issue to accommodate the needs of western constituents, western citizens who want to be able to come into National Airport and have the choice to come into National Airport. So I believe we are working very constructively in this, and I support the agreements that have been made for us to go forward as described.

With that, Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WARNER. Mr. President, first of all, I want to agree with my colleagues, the ranking member, the Senator from Texas, the Senator from North Dakota, and the Senator from Arizona, on the very good work that has been done on this FAA reauthorization bill and the importance of this bill, not only in terms of at least starting us down the path of NextGen and starting to recognize the safety issues that are addressed.

As a member of the committee, I wish to compliment the bipartisan approach that has been taken on this important piece of legislation. I, like my colleagues and I think most Americans, want to see us move forward on this important piece of legislation.

I also appreciate the ranking member's comments about the long and challenging journey this has been, about the slots and the perimeter rule battles between National and Dulles. I appreciate her comments in terms of my role as a Virginia Senator to make sure the unique nature of National and Dulles is protected. She made the comment that Senator WARNER has been a fighter for this. In this case, I am simply filling the shoes of my esteemed predecessor, Senator John Warner, who I know for 20 years probably has had this battle, and my colleagues have gone through some of the twists and turns.

I want to make two or three comments and not take long today because I will have more to say on Monday.

One is that while National and Dulles serve our Nation's Capital, they also are the local airports for people in Virginia, DC, and Maryland, and there have been a number of issues of a unique nature with National Airport in terms of sound concerns and in terms of traffic concerns and safety concerns

regarding the inability to extend any runway. I would also say with regard to Dulles that those of us who have lived in this area for decades have seen Dulles grow from being somewhat of either a foresight or a white elephant, depending on your perspective, over the last 30 years to being an international hub and an airport that has enormous potential and opportunity and has, candidly, benefited from the maintenance of the perimeter rule—an airport this government has invested in heavily.

I also have to recognize that technology has changed in terms of the nature of jets in and out of National. Technology improvements have allowed for much quieter aircraft coming in and out of National, which has mitigated some of the concerns of the neighbors around the airport. We have also seen Dulles make enormous strides not only as a long-haul airport but as a gateway airport, in many ways, for international flights.

Senator DORGAN made mention of the fact that the House has already acted in terms of changing the status quo. So the status quo, at least from the House perspective, is going to change.

What I look forward to, hopefully, after our colloquy and conversation, is a debate on Monday. I appreciate the fact that my colleagues will offer their amendment, and if we get to a vote, we will get to a vote. If we can resolve this through a conversation, I hope we can resolve it through a conversation. But I will have that opportunity to lay out some of the challenges that these airports serve to the traveling public, and particularly to my constituents, but also recognizing that the status quo of the last 20-odd years is going to change and we want to work in a way so that change can be dealt with in a way that accommodates the needs of the local community; that maintains National's incredibly important role; that doesn't cannibalize the great progress that has been made at Dulles; and that also recognizes the traveling needs of those Americans who live outside the perimeter, in a way that strikes that appropriate balance.

I appreciate the support I have received from Chairman ROCKEFELLER and Chairman DORGAN and a number of my colleagues. I also particularly appreciate as well the good-faith efforts Senator HUTCHISON and Senator KYL have made in not only raising this discussion but raising it in a way that we can perhaps resolve it so that those folks who will be on the conference committee can represent a view of the Senate that reaches that kind of accommodation, and most importantly that we can go ahead and pass this very important piece of FAA reauthorization legislation Monday afternoon.

So I look forward to that conversation, I look forward to that debate, and my hope is that we can get to a final vote on passage of the bill on Monday

and the good work that so many of our colleagues have done can actually be put into action.

With that, I yield the floor, Mr. President.

The PRESIDING OFFICER. The Senator from Arizona is recognized.

Mr. KYL. Mr. President, let me echo the comments of all my colleagues who have spoken to the issue. I think the comments Senator WARNER just made summarize the issue very well and I will not repeat all those things. The translation of all this for our colleagues is—although I am not making the announcement—that I presume there will be no further formal action in the Senate tonight or tomorrow but that we will be laying down a modification of the amendment that was filed that would include modifications to the perimeter rule and perhaps other matters.

We will have an opportunity to discuss that tomorrow, and there will be some opportunity to discuss that Monday, for those who perhaps have already left. In particular, I know some of my colleagues will not return until around 4:30 in the afternoon. I am not going to propound a unanimous-consent request, but I hope, in consultation with the two leaders, we could work out an arrangement whereby at least some of the time on Monday can be reserved for a debate on the amendment that will be filed by, presumably, Senator HUTCHISON, myself, Senator ENSIGN and others and that part of that time will also be in the 4:30 to 5:30 timeframe. That is the time the leader has ordinarily set for the first vote, returning on Monday, and presumably there will be a unanimous-consent agreement with the leaders that will reflect the precise understanding of what vote or votes will occur on Monday night and when, but presumably it would fall within that timeframe that is customary.

Just to conclude by saying I hope that as a result of the conversations we have had and will continue to have Monday and tomorrow, that we can lay the foundation for the establishment of a Senate position in the conference committee that would reflect a consensus and perhaps some compromise that would satisfy the interests of all. We are never going to outdo the fierceness with which both Senator WARNERS—Senator John Warner, who preceded, and now-Senator MARK WARNER—fight for their constituents and for the interests of two national airports—in a sense representing us all. We certainly appreciate the single-mindedness with which now-Senator MARK WARNER has pursued those interests but also his recognition that obviously times change, there are some needs for other parts of the country, and that through comity and conversation perhaps things can be worked out

without having any detriment to anybody. That is obviously the goal we would seek to accomplish.

In any event, we will have an amendment on the floor that can discuss this. Perhaps we will vote on it. In any event, the object will be to vote on final passage of the bill on Monday evening.

Mr. DORGAN. Mr. President, we do not yet have a script with respect to an unanimous consent on the Monday 5:30 vote, but all of us are understanding we want to conclude this legislation Monday, beginning with the 5:30 vote. I think that is a good result.

As Senator HUTCHISON indicated, this is a big bill with many important parts—safety, modernization, so many issues. I am frustrated, as is everybody, in the pace of the Senate. This is the fifth full day on this bill, but Monday at 5:30 we understand we will finally resolve this issue, and it will be good for this country. We will have done some good things passing this bill and getting to a conference with the House.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. REID. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. REID. Mr. President, I ask unanimous consent that we proceed to a period of morning business with Senators allowed to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

HIRE ACT

Mr. LEVIN. Mr. President, today President Obama signed into law the Hiring Incentives to Restore Employment Act, H.R. 2847, which will help put Americans back to work. More must be done on to help fight the unacceptably high unemployment rate, and I hope we can soon address other factors holding back our recovery, and particularly that we make it easier for businesses to obtain the funds they need to survive and grow.

While we work in Congress to get people back to work, I also want to take a moment to focus on another benefit of today's new law.

The HIRE Act is a significant victory for law-abiding U.S. taxpayers, and a significant blow against those who dodge their responsibilities. The Permanent Subcommittee on Investigations, which I chair, has spent years investigating offshore tax abuses which together cost the federal treasury an estimated \$100 billion in lost tax reve-

nues annually. In addition to its provisions designed to help foster economic growth, the HIRE Act contains foreign account tax compliance provisions that represent a major new and positive development in the efforts to stop offshore banks from using secrecy laws to help U.S. taxpayers evade their taxes.

These offshore tax compliance provisions are the culmination of over a year's worth of study, debate, and drafting efforts to protect America's honest taxpayers. The drafting effort involved a host of Members of Congress from both the Senate Finance Committee and the House Ways and Means Committee, and the work drew upon multiple bills, including the Stop Tax Haven Abuse Act, S. 506, which I introduced with Senators MCCASKILL, NELSON, WHITEHOUSE, SHAHEEN, and SANDERS, and which Congressman LLOYD DOGGETT introduced in the House with 67 cosponsors. I would like to commend Senator BAUCUS and Congressman RANGEL, in particular, for leading this drafting effort, and for involving us in producing a strong bill that President Obama is signing into law today.

This is a big bill, and its offshore tax provisions are complex. I want to provide some explanation of how this legislation is intended to work, both to guide the development of implementing regulations and to inform the courts of our legislative intent.

Section 501, "Reporting on Certain Foreign Accounts," gives foreign financial institutions a choice. If those financial institutions hold U.S. investments of any variety—from U.S. treasuries to U.S. stocks and bonds to debt and equity interests in U.S. businesses—they must either pay a 30 percent withholding tax on their investment earnings, or disclose any and all accounts held by U.S. persons. The legislative intent behind this choice is to force foreign financial institutions to disclose their U.S. accountholders or pay a steep penalty for nondisclosure. The 30 percent will be withheld by a withholding agent in the United States before the funds are permitted to exit the U.S. financial system.

The reason for this strong approach was seen dramatically in hearings before the Permanent Subcommittee on Investigations. A July 2008 hearing, for example, showed how two foreign banks, UBS AG of Switzerland and LGT Bank of Liechtenstein, used a variety of secrecy tricks to help U.S. clients open foreign bank accounts and hide millions of dollars in assets from U.S. tax authorities. One 2004 UBS document indicated that 52,000 U.S. clients had Swiss accounts that had not been disclosed to the IRS. UBS estimated that those hidden accounts contained a total of about \$18 billion in cash, securities, and other assets. In order to defer a criminal prosecution against the bank by the U.S. Department of Justice, UBS admitted that it had par-

ticipated in a scheme to defraud the United States of tax revenues, paid a \$750 million fine, and agreed to stop opening accounts that are not disclosed to the IRS. UBS also agreed to reveal the names of a limited number of U.S. accountholders, although the bulk of the 52,000 still may escape U.S. tax enforcement actions due to Swiss secrecy laws that continue to conceal their identities.

In order to avoid the 30 percent withholding tax, this new law will require each foreign financial institution to enter into an agreement with the Secretary of the Treasury to obtain and verify information which will make it possible for them to determine which of their accounts belong to U.S. account holders, report key information about those U.S. account holders, and comply with any request by the Treasury Secretary related to those U.S. accounts. The bill is written to end wide spread abuses. There are several issues that must be addressed in implementing this provision.

For instance, it is clearly intended that the definition of foreign "financial institution" be applied broadly, to include banks, securities firms, money services businesses, money exchange houses, hedge funds, private equity funds, commodity traders, derivative dealers, and any other type of financial firm that holds, invests, or trades assets on behalf of itself or another person.

The definition of "account" will cover not only traditional savings, checking, and securities accounts, but also debt and equity interests in hedge funds, private equity funds, and other types of investment firms.

The definition of "U.S. person" will apply to U.S. citizens, U.S. residents, and all types of U.S. businesses.

The purpose of the provision is to have foreign financial institutions look past the nominal owners of their accounts to identify the true beneficial owners. That means accounts which are held in the name of a foreign legal representative, agent, or trustee on behalf of a U.S. person, or in the name of a foreign entity, such as an offshore corporation, partnership, or trust, for the benefit of a U.S. person, must be disclosed to U.S. authorities.

Foreign financial institutions are to make use of all customer identification information about each account to determine whether the beneficial owners of the account are U.S. persons—including using all information gathered as a result of antimoney laundering and anticorruption requirements or efforts. So no foreign bank will be able to automatically determine that all foreign offshore shell corporations are foreign accountholders; they will have to look deeper to identify that corporation's beneficial owners and, if any beneficial owner is a U.S. person, to report that person's identity to the United States.

This approach is intended to remedy past IRS regulations which have allowed banks to treat all foreign corporations as foreign accountholders, no matter who the beneficial owner is. Our purpose here is to impose on foreign financial institutions the duty to identify the beneficial owners of each corporation and report any U.S. beneficial owners to the IRS.

Treasury, in implementing this statute, should develop a standard agreement for foreign financial institutions that lays out these requirements with respect to accounts, U.S. persons, and nominee accountholders. That standard agreement must also be constructed in such a way that foreign financial institutions will provide account information in a standardized electronic format that will enable efficient analysis of the data. Treasury should consult with the IRS and the Justice Department's Tax Division to determine how the collected information should be structured to provide timely and usable data in tax enforcement efforts.

The Treasury will need to construct a withholding regime that will efficiently withhold the 30 percent tax on all U.S. investment earnings held by a noncooperative foreign financial institution. This statute will not be effective unless the 30 percent tax is withheld promptly, reliably, and in a comprehensive way. In devising this withholding regime, it is our purpose to apply the term "withholdable payment" broadly to cover all types of payments from sources in the United States, including interest payments, dividends, rents, wages, stock gains, and derivative payments originating in the United States.

Finally, we expect that the Treasury, when exercising authority under the bill to grant exceptions or waivers or deem foreign financial institutions to be in compliance with the law, will exercise that authority narrowly and in a fashion that is consistent with the purposes of the statute and will promote disclosure of foreign accounts with U.S. account holders.

Sections 511 through 521 of the HIRE Act establish stronger disclosure requirements for U.S. taxpayers with foreign financial assets. Section 511 will require full disclosure of assets held outside of the United States, in order to end years of abuses involving the concealment of offshore assets, including disclosure, for example, of interests in foreign accounts, securities, complex financial instruments, debt or equity interests in foreign hedge funds, private equity funds, or other investment vehicles, and derivative contracts and trading arrangements. A new requirement in Section 521 for annual reports filed by shareholders of passive foreign investment companies will provide additional important disclosures of assets held outside of the United

States. Tough penalties and a longer statute of limitations will add to the effectiveness of these new disclosure requirements.

Sections 531 through 535 tighten U.S. tax rules for foreign trusts and address a variety of abuses identified in my Permanent Subcommittee in Investigations 2006 hearings exposing how U.S. taxpayers use foreign trusts to evade their U.S. tax obligations. Section 531 ends shenanigans involving U.S. persons who are not officially beneficiaries of a foreign trust, but could be named a beneficiary by the trustee, or who write "Letters of Intent" instructing the trustee how to use or distribute trust assets. Section 532 creates a "Presumption that Foreign Trust Has United States Beneficiary" if a U.S. person directly or indirectly transfers property to that foreign trust. The presumption is rebuttable, but the onus is placed on the proper party, the person who has access to the information about the foreign trust, to rebut the presumption. Section 533 will stop abuses in which U.S. persons instruct foreign trusts to purchase and lend them property on an uncompensated basis, including jewelry, artwork, and even luxury homes. Section 534 requires U.S. grantors as well as trustees to ensure that trust transactions are properly reported to the IRS. These provisions will help put an end to foreign trust tax abuses that significantly undermine the U.S. Government's ability to collect taxes owed by foreign trusts with U.S. beneficiaries.

Still another section of the bill makes important changes to curb offshore tax abuses involving nonpayment of U.S. taxes on U.S. stock dividends. Section 541 is a direct result of a year-long inquiry by my Permanent Subcommittee on Investigations into this problem. In September 2008, the subcommittee held a hearing and released a report detailing how offshore entities routinely dodge taxes on U.S. stock dividends—S. Hrg. 110-778. As discussed at the hearing, over the last ten years, dividend tax abuse has cost the U.S. treasury and honest taxpayers billions of dollars in lost revenue. The report made four recommendations:

First, end offshore dividend tax abuse. Congress should end offshore dividend tax abuse by enacting legislation to make it clear that non-U.S. persons cannot avoid U.S. dividend taxes by using a swap or stock loan to disguise dividend payments. Section 541 is designed to address this problem by eliminating the different tax rules for U.S. stock dividends, dividend equivalent payments, and substitute dividend payments, and making them all equally taxable as dividends.

Second, take enforcement action. The IRS should complete its review of dividend-related transactions and take civil enforcement action against taxpayers and U.S. financial institutions

that knowingly participated in abusive transactions aimed at dodging U.S. taxes on stock dividends. The IRS has recently designated ending dividend tax dodging as a Tier I enforcement issue, and section 541 will provide the IRS with new tools in that enforcement effort. Section 541 requires exactly that.

Third, strengthen regulation on equity swaps. To stop misuse of equity swap transactions to dodge U.S. dividend taxes, the IRS should issue a new regulation to make dividend equivalent payments under equity swap transactions taxable to the same extent as U.S. stock dividends.

Fourth, strengthen stock loan regulation. To stop misuse of stock loan transactions to dodge U.S. dividend taxes, we recommended that the IRS immediately meet its 1997 commitment to issue a new regulation on the tax treatment of substitute dividend payments between foreign parties to make clear that inserting an offshore entity into a stock loan transaction does not eliminate U.S. tax withholding obligations. After waiting over 18 months for Treasury and the IRS to act, section 541 now provides them with a clear legislative mandate to issue stronger regulation of swaps and stock loans.

Section 541 makes a number of key changes in the law. First, section 541 calls for "dividend equivalents" to be treated as a U.S. sourced dividend and therefore subject to withholding tax beginning 180 days from enactment. "Dividend equivalent" is defined to include "any substitute dividend made pursuant to a securities lending or a sale-repurchase agreement that (directly or indirectly) is contingent upon, or determined by reference to, the payment of a dividend from sources within the United States." Once this becomes effective, all payments made based on, or by reference to, a dividend from a U.S. source under a securities lending or sale-repurchase transaction will be treated as a dividend from a U.S. source.

Treating dividend equivalents as U.S. sourced income sets an important precedent. Before this provision was enacted into law, the source of a dividend equivalent payment—often carried out through a swap arrangement—was determined according to who received the payment. But it makes no sense and turns the English language on its head to say the recipient of a payment is the "source" of that payment. The source of a payment will to be determined according to the person who initiated the payment, not according to its recipient, and section 541 makes that clear.

"Dividend equivalent" is also defined to include "any payment made pursuant to a specified notional principal contract that (directly or indirectly) is contingent upon, or determined by reference to, the payment of a dividend

from sources within the United States."

"Specified notional principal contract" is defined differently depending upon whether the payment is made before or after 2 years from the Act's enactment. For the first year-and-a-half after the act's effective date, payments made pursuant to notional principal contracts that are made based on, or by reference to, a dividend from a U.S. source are treated as a dividend from a U.S. source if they meet any of the criteria specified in newly enacted 26 U.S.C. 871(l)(3)(A)(i)-(iv) or "such contract identified by the Secretary." The four specific criteria define the worst of the abusive notional principal contracts that the subcommittee uncovered.

However, as established in the subcommittee report and hearing on this matter, many financial institutions have moved away from the blatantly abusive practices that are addressed in subsections (3)(A)(i)-(iv) and now use more subtle methods of ensuring a riskless transfer between holding U.S. securities and engaging in notional principal contracts. It is the legislative intent of the authors of this provision that the Secretary will use the authority granted in (3)(A)(v) to identify and extend coverage of this statute to stop the more subtle abusive practices as well, and I encourage Treasury to act quickly to do so.

Two years from the date of enactment, any payment made pursuant to a notional principal contract that is based on, or by reference to, a dividend from a U.S. source is treated as a dividend from a U.S. source, "unless the Secretary determines that such a contract is of a type which does not have the potential for tax avoidance." Again, it is the intent of this language that the Secretary uses this exception authority very sparingly, that only narrow types of contracts be excepted, and that such exceptions be fashioned only after conducting a thorough analysis to ensure that the contracts under consideration cannot be exploited for tax avoidance. As the language states, an exception is available only after the Secretary determines that the type of contract is not being used for tax avoidance, and does not have the potential for tax avoidance. That is intentionally a very high standard.

In addition to substitute dividends and payments made pursuant to notional principal contracts, "dividend equivalent" is also defined to include "any other payment determined by the Secretary to be substantially similar" to substitute dividends and payments made pursuant to notional principal contracts. Treasury is intended to utilize this explicit legislative directive to aggressively enforce dividend tax collection on substantially similar payments and transactions. For example, as explained in the Joint Committee on

Taxation's "Technical Explanation of the Revenue Provisions Contained in Senate Amendment 3310, the 'Hiring Incentives to Restore Employment Act,' Under Consideration by the Senate" (JCX-4-10), "the Secretary may conclude that payments under certain forward contracts or other financial contracts that reference stock of U.S. corporations are dividend equivalents." The point of the "substantially similar" language is to provide Treasury and the IRS with broad authority and the flexibility needed to prevent misuse of other financial instruments or trading activities to evade U.S. dividend taxes.

Finally, section 541 contains an important provision on the "prevention of over-withholding." As the language states, the Secretary may reduce the tax on dividends only "to the extent that the taxpayer can establish that such tax has been paid with respect to another dividend equivalent in such chain, or is not otherwise due, or as the Secretary determines is appropriate to address the role of financial intermediaries in such chain." The burden of proof placed on the taxpayer is intentionally high due to the numerous abuses that have occurred over the years in which taxpayers have designed elaborate chains of transactions to escape all taxation of U.S. stock dividends. This provision provides an equitable way to address the potential problem of over-withholding, while setting an intentionally high burden of proof to avoid abusive over-withholding claims.

I appreciate the attention that the Senate Finance and House Ways and Means Committees gave to the tax dodging problems identified in the Subcommittee's investigation. We also appreciate the technical guidance and cooperation provided by the Treasury Department, Internal Revenue Service, and the Joint Committee on Taxation in this Section.

I hope these remarks help shine a light on how this piece of legislation will begin to curb the \$100 billion in offshore tax abuses now robbing honest taxpayers of needed government resources each year.

COMMISSIONING OF THE USS "DEWEY"

Mr. LEAHY. Mr. President, on March 6, the USS *Dewey*—DDG 105—was commissioned at the Naval Weapons Station in Seal Beach, CA.

The *Dewey*, an *Arleigh Burke*-class ship, is the Navy's newest and most technologically advanced guided-missile destroyer. The ship's sponsor, Deborah Mullen, the wife of Chairman of the Joint Chiefs of Staff Admiral Mike Mullen, christened the ship in January of 2008 during a ceremony at Northrop Grumman Shipbuilding in Pascagoula, MS. Mrs. Mullen recently

visited Vermont with Chairman Mullen as they came to a deployment ceremony for the Vermont Army Guard 86th Brigade which is now serving in Afghanistan.

The new destroyer honors Navy Admiral George Dewey and is the third U.S. Navy ship to be named after him. Admiral Dewey, who is from my hometown, Montpelier, VT, became an American hero in 1898 for leading his squadron of warships against the Spanish fleet at Manila Bay. Under his leadership, the U.S. Navy destroyed the Spanish fleet in only 2 hours without the loss of a single American vessel. Dewey was promoted to admiral of the Navy in 1903, a rank which was created for him.

The new USS *Dewey* has the ability to conduct a wide range of operations. The ship contains a multitude of offensive and defensive weapons and will be capable of fighting air, surface, and subsurface battles simultaneously. The USS *Dewey* is an example of how naval warships have the flexibility to conduct a variety of missions.

We Vermonters are proud that another ship has been named after Admiral Dewey. I wish Godspeed to the ship and its crew.

IRAN

Mr. CASEY. Mr. President, I rise today to commemorate Nowruz, the traditional Iranian New Year, which begins with the arrival of spring on the Vernal Equinox. More than 1 million Iranian Americans in the United States as well as millions of Iranians and others around the world celebrate Nowruz, which embodies the ideals of understanding and appreciation of others. Universally, the beginning of spring is associated with rebirth.

At this festive time, when Mother Nature is beginning a new cycle and families around the world are gathering to celebrate a new calendar year, I would like to appeal to the good will of the Iranian government by calling for the immediate release of Joshua Fattal, Sarah Shourd, and Shane Bauer. These three young American hikers have spent almost 8 months in confinement in Iran's Evin prison for allegedly crossing a poorly marked border. We are heartened that the Iranians recently allowed the three young Americans to call their families for the first time since their detention on July 31 last year. Still, we ask at the beginning of Persian New Year that Josh, Sarah, and Shane be released to celebrate a spring with their desperately concerned parents and other family members. Laura Fattal, mother of Josh, recently appealed to the Iranian authorities, asking for them "to show compassion and allow our families to be reunited in joy and happiness as well."

I would like to recognize the Senators from California and Minnesota,

as well as Senator SPECTER, who have worked tirelessly to reunite Josh, Sarah, and Shane with their families. I hope that Supreme Leader Khamenei, in the spirit of Nowruz, will make the humanitarian gesture of immediately releasing Josh, Sarah, and Shane.

ADDITIONAL STATEMENTS

RECOGNIZING THE UNIVERSITY OF MONTANA GRIZZLIES

• Mr. BAUCUS. Mr. President, today I recognize the achievements of an outstanding college basketball team from my home State of Montana. High school and college sports are a way of life across Big Sky country. On cold winter nights in towns across the state from Libby to Lewistown and from Fort Benton to Fairview folks fill up gymnasiums to cheer on their favorite teams. The University of Montana Grizzlies have legions of devoted fans around Montana, and pack thousands into the Adams Center on the UM campus in Missoula for home games.

This season's edition of the Griz has thrilled fans throughout, and the team is now headed for the NCAA Tournament after a thrilling come from behind win to capture the Big Sky Conference Championship on March 10. The Grizzlies showed the heart, determination, and hustle Montana athletes are known for, in clawing their way back from a 22-point deficit to defeat Weber State University on the Wildcats' home court. Anthony Johnson turned in a performance for the ages and one that will be remembered for decades across Montana. The senior guard poured in a school and Big Sky tournament record 42 points including the winning shot. To illustrate how amazing this performance was Johnson by himself outscored Weber State 34 to 25 in the second half.

In the end it all came down to teamwork as guard Will Cherry made a stellar defensive play to stop Weber State on their last possession, and big men Derek Selvig and Brian Qvale contributed with big blocks and rebounds throughout. This was yet another illustration of how the team has pulled together all year to get big wins no matter the adversity they faced.

The Griz now move on to face the University of New Mexico Lobos in the NCAA Tournament. The Griz have had tournament success in the past, winning a first round game in 2006 despite being a heavy underdog and having a memorable run in the 1975 tournament as well. In 1975 another tremendous performance was turned in by a Grizzly as guard Eric Hays nearly led the team to an upset of defending national champion UCLA in the second round. Hays played the game of his life—he scored 32 points to keep the Griz in the game, although they ultimately lost

67–64. Griz fans still remember Hays' amazing performance 35 years later. Eric went on to coach basketball at Hellgate High School in Missoula where he won over 350 games.

I would like to commend Wayne Tinkle, the coach of the team, athletic director Jim O'Day, and University of Montana president George Dennison for their leadership and vision in making the Grizzly athletic programs successful and teaching many dedicated student athletes life lessons as well as those on the playing fields and courts. These student athletes deserve our recognition for all the hard work they put in throughout the year.

I know that the Griz will represent the state of Montana well in the NCAA tournament and give it their all. I along with many other Griz fans across the country will be watching and cheering a famous line from the school's fight song—"Up with Montana, boys, down with the foe!"

REMEMBERING ANTHONY BROWN

• Mr. FEINGOLD. Mr. President, today I remember Anthony Brown, a Madison activist who served in many important roles, including as director of Madison's Equal Opportunities Commission. Sadly, Anthony passed away on March 13. His passing is a terrible loss for his family and friends, and for the community he loved. Anthony was so dedicated to making Madison a better place, and a more just community for everyone.

That showed through in everything he did, including his tenure at Madison's Equal Opportunities Commission and his work at the Wisconsin Housing and Economic Development Authority. Anthony's service to the community was legendary. He served on many boards, and made contributions in countless other ways. One of those contributions was his mentoring of young people, something he felt there needed to be much more of in the community. He also pushed for more opportunities for people of color in the news media in Madison, knowing what a valuable perspective they would bring to news coverage in the city.

Again and again, Anthony stood up for justice and equality. He enriched this community with his work, and I am very grateful for all he did over so many years.

Anthony had so many wonderful qualities; he was tireless, he was persistent, and above all he was an optimist. He was always positive, even in the face of very tough challenges, including the challenges he faced with his own health. That optimism is one of the many wonderful things I will remember him for.

Today my thoughts are with Anthony's family, and with everyone lucky enough to have known him. He will be deeply missed, but his work will con-

tinue to have a positive impact on Madison and the State of Wisconsin for many years to come.

TRIBUTE TO JIM DuPONT

• Mrs. LINCOLN. Mr. President, today I commend postal service employee Jim DuPont of Springdale, AR, who risked his life to help those in need. Hailed as a "postal hero" by his colleagues, Jim was on his way home from work when he came upon an accident involving a head-on collision between a truck and a car. Jim rushed to the scene to provide help to the drivers and passengers trapped in their vehicles.

Jim first pulled the truck's driver and passenger out of the cab through the rear window. He then ran back to rescue the driver of the second vehicle. The victims of the accident suffered serious injuries, but thankfully are on their way to recovery. Jim also was hurt, suffering a dislocated shoulder, burns and smoke inhalation.

Mr. President, I salute Jim's bravery and courage. In the face of danger, he put himself in harm's way to save lives. We should all aspire to achieve this level of selflessness and compassion for others.

RECOGNIZING THE CITIZENS OF DEWITT

• Mrs. LINCOLN. Mr. President, today I recognize the spirit of hard work, volunteerism, and service that is on display each and every day in the city of DeWitt, in my home State of Arkansas. The DeWitt Chamber of Commerce recently honored six exemplary citizens who have contributed their time and expertise to help make their community a better place. They are: Ronda Bowen, Employee of the Year; Tommy Black of Tommy's Rexall, Employer of the Year; Sue Chapman, Civil Servant of the Year; Phyllis Fullerton, Educator of the Year; Bobby Hudspeth, Good Neighbor of the Year; and Gary Vansandt, Citizen of the Year.

I have felt a long kinship to DeWitt, one of our Delta communities not far from and very similar to my hometown of Helena. DeWitt always feels like home, and I am grateful for the friendships I have made there.

Mr. President, we should all embrace the spirit of service and volunteerism on display by these deserving individuals.

MESSAGE FROM THE HOUSE

At 11:12 a.m., a message from the House of Representatives, delivered by Mrs. Cole, one of its reading clerks, announced that the House has passed the following bill, without amendment:

S. 1147. An act to prevent tobacco smuggling, to ensure the collection of all tobacco taxes, and for other purposes.

The message also announced that the House has passed the following bills, in

which it requests the concurrence of the Senate:

H.R. 946. An act to enhance citizen access to Government information and services by establishing that Government documents issued to the public must be written clearly, and for other purposes.

H.R. 1387. An act to amend title 44, United States Code, to require preservation of certain electronic records by Federal agencies, to require a certification and reports relating to Presidential records, and for other purposes.

H.R. 3954. An act to release Federal reversionary interests retained on certain lands acquired in the State of Florida under the Bankhead-Jones Farm Tenant Act, to authorize the interchange of National Forest System land and State land in Florida, to authorize an additional conveyance under the Florida National Forest Land Management Act of 2003, and for other purposes.

H.R. 4825. An act to direct unused appropriations for Members' Representational Allowances to be deposited in the Treasury and used for deficit reduction or to reduce the Federal debt.

MEASURES REFERRED

The following bills were read the first and the second times by unanimous consent, and referred as indicated:

H.R. 1387. An act to amend title 44, United States Code, to require preservation of certain electronic records by Federal agencies, to require a certification and reports relating to Presidential records, and for other purposes; to the Committee on Homeland Security and Governmental Affairs.

H.R. 3954. An act to release Federal reversionary interests retained on certain lands acquired in the State of Florida under the Bankhead-Jones Farm Tenant Act, to authorize the interchange of National Forest System land and State land in Florida, to authorize an additional conveyance under the Florida National Forest Land Management Act of 2003, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

H.R. 4825. An act to direct unused appropriations for Members' Representational Allowances to be deposited in the Treasury and used for deficit reduction or to reduce the Federal debt; to the Committee on Rules and Administration.

MEASURES PLACED ON THE CALENDAR

The following bill was read the first and second times by unanimous consent, and placed on the calendar:

H.R. 946. An act to enhance citizen access to Government information and services by establishing that Government documents issued to the public must be written clearly, and for other purposes.

MEASURES READ THE FIRST TIME

The following bills were read the first time:

H.R. 4851. An act to provide a temporary extension of certain programs, and for other purposes.

H.R. 4853. An act to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and

Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement program, and for other purposes.

S. 3143. A bill to provide that Members of Congress shall not receive a pay increase until the annual Federal budget deficit is eliminated.

EXECUTIVE AND OTHER COMMUNICATIONS

The following communications were laid before the Senate, together with accompanying papers, reports, and documents, and were referred as indicated:

EC-5089. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Revocation of Class D and E Airspace; Brunswick, ME" ((RIN2120-AA66)(Docket No. FAA-2009-0981)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5090. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Amendment of Class E Airspace; Lima, OH" ((RIN2120-AA66)(Docket No. FAA-2009-0929)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5091. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Amendment of Class E Airspace; Stamford, TX" ((RIN2120-AA66)(Docket No. FAA-2009-0876)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5092. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Establishment of Class E Airspace; Langdon, ND" ((RIN2120-AA66)(Docket No. FAA-2009-0535)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5093. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Amendment of Class E Airspace; Llano, TX" ((RIN2120-AA66)(Docket No. FAA-2009-0858)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5094. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Standard Instrument Approach Procedures (106); Amdt. No. 3362" ((RIN2120-AA65)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5095. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Standard Instrument Approach Procedures (74); Amdt. No. 3363" ((RIN2120-AA65)) received in the Office of the

President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5096. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Relief for U.S. Military and Civilian Personnel Who are Assigned Outside the United States in Support of U.S. Armed Forces Operations" ((RIN2120-AJ54)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5097. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Aircraft Noise Certification Documents for International Operations" ((RIN2120-AJ31)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5098. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Part 95 Instrument Flight Rules (11); Amdt. No. 486" ((RIN2120-AA63)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5099. A communication from the Acting Director of Sustainable Fisheries, National Marine Fisheries Service, Department of Commerce, transmitting, pursuant to law, the report of a rule entitled "Fisheries of the Exclusive Economic Zone of Alaska; Atka Mackerel in the Bering Sea and Aleutian Islands Management Area" ((RIN0648-XU22)) received in the Office of the President of the Senate on March 10, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5100. A communication from the Secretary of the Commission, Bureau of Consumer Protection, Federal Trade Commission, transmitting, pursuant to law, the report of a rule entitled "Free Annual File Disclosures" ((RIN3084-AA94)) received in the Office of the President of the Senate on March 11, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5101. A communication from the Chief Counsel, Saint Lawrence Seaway Development Corporation, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Seaway Regulations and Rules: Periodic Update, Various Categories" ((RIN2135-AA30)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5102. A communication from the Regulatory Ombudsman, Federal Motor Carrier Safety Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Safety Requirements for Operators of Small Passenger-Carrying Commercial Motor Vehicles Used in Interstate Commerce" ((RIN2126-AA98)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5103. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Bombardier, Inc. Model CL-600-1A11 (CL-600), CL-600-2A12 (CL-601), and CL-600-2B16 (CL-601-3A, CL-601-3R, and CL-604) Airplanes" ((RIN2120-AA64)(Docket No. FAA-

2009-1021)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5104. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; BAE SYSTEMS (Operations) Limited Model ATP Airplanes" ((RIN2120-AA64)(Docket No. FAA-2010-0130)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5105. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; ATR—GIE Avions de Transport Regional Model ATR42 and ATR72 Airplanes" ((RIN2120-AA64)(Docket No. FAA-2010-0155)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5106. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Airbus Model A340-541 and -642 Airplanes" ((RIN2120-AA64)(Docket No. FAA-2010-0128)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5107. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Airbus Model A340-200 and A340-300 Series Airplanes" ((RIN2120-AA64)(Docket No. FAA-2010-0131)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5108. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; McDonnell Douglas Corporation Model MD-90-30 Airplanes" ((RIN2120-AA64)(Docket No. FAA-2009-0783)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5109. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; PILATUS AIRCRAFT LTD. Model PC-12/47E Airplanes" ((RIN2120-AA64)(Docket No. FAA-2009-1158)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5110. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Dowty Propellers Models R354/4-123-F/13, R354/4-123-F/20, R375/4-123-F/21, R389/4-123-F/25, R389/4-123-F/26, and R390/4-123-F/27 Propellers" ((RIN2120-AA64)(Docket No. FAA-2008-0545)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5111. A communication from the Paralegal Specialist, Federal Aviation Adminis-

tration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Hawker Beechcraft Corporation (Type Certificate Previously Held by Raytheon Aircraft Company) Models B300 and B300C Airplanes" ((RIN2120-AA64)(Docket No. FAA-2009-1180)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5112. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Bombardier, Inc. Model DHC-8-100 and DHC-8-200 Series Airplanes, and Model DHC-8-301, -311, and -315 Airplanes" ((RIN2120-AA64)(Docket No. FAA-2009-0712)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5113. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; The Boeing Company Model 747-100, 747-100B, 747-100B SUD, 747-200B, 747-200C, 747-200F, 747-300, 747-400, 747-400D, 747-400F, 747SR, and 747SP Series Airplanes" ((RIN2120-AA64)(Docket No. FAA-2009-0718)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5114. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Bombardier, Inc. Model CL-600-2B19 (Regional Jet Series 100 and 440) Airplanes" ((RIN2120-AA64)(Docket No. FAA-2010-0178)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5115. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; Bombardier Model DHC-8-102, DHC-8-103, DHC-8-106, DHC-8-201, and DHC-8-202 Series Airplanes" ((RIN2120-AA64)(Docket No. FAA-2009-0609)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5116. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; The Boeing Company Model 737-100, -200, -200C, -300, -400, and -500 Series Airplanes" ((RIN2120-AA64)(Docket No. FAA-2009-0452)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EC-5117. A communication from the Paralegal Specialist, Federal Aviation Administration, Department of Transportation, transmitting, pursuant to law, the report of a rule entitled "Airworthiness Directives; The Boeing Company Model 747-100, 747-200B, 747-300, and 747 SR Series Airplanes" ((RIN2120-AA64)(Docket No. FAA-2008-0376)) received in the Office of the President of the Senate on March 16, 2010; to the Committee on Commerce, Science, and Transportation.

EXECUTIVE REPORTS OF COMMITTEES

The following executive reports of nominations were submitted:

By Mr. DORGAN for the Committee on Commerce, Science, and Transportation.

*Michael Peter Huerta, of the District of Columbia, to be Deputy Administrator of the Federal Aviation Administration.

*David T. Matsuda, of the District of Columbia, to be Administrator of the Maritime Administration.

By Mr. LEAHY for the Committee on the Judiciary.

Brian Anthony Jackson, of Louisiana, to be United States District Judge for the Middle District of Louisiana.

Elizabeth Erny Foote, of Louisiana, to be United States District Judge for the Western District of Louisiana.

Mark A. Goldsmith, of Michigan, to be United States District Judge for the Eastern District of Michigan.

Marc T. Treadwell, of Georgia, to be United States District Judge for the Middle District of Georgia.

Josephine Staton Tucker, of California, to be United States District Judge for the Central District of California.

William N. Nettles, of South Carolina, to be United States Attorney for the District of South Carolina for the term of four years.

Wifredo A. Ferrer, of Florida, to be United States Attorney for the Southern District of Florida for the term of four years.

*Nomination was reported with recommendation that it be confirmed subject to the nominee's commitment to respond to requests to appear and testify before any duly constituted committee of the Senate.

(Nominations without an asterisk were reported with the recommendation that they be confirmed.)

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. DODD (for himself and Ms. COLLINS):

S. 3136. A bill to amend the Internal Revenue Code of 1986 to extend and increase the exclusion for benefits provided to volunteers firefighters and emergency medical responders; to the Committee on Finance.

By Mr. UDALL of Colorado (for himself, Mr. BENNET, and Mr. MERKLEY):

S. 3137. A bill to amend the Internal Revenue Code of 1986 to provide that solar electric property need not be located on the property with respect to which it is generating electricity in order to qualify for the residential energy efficient property credit; to the Committee on Finance.

By Mr. CARDIN:

S. 3138. A bill to promote documentary films that convey a diversity of views about life in the United States and bring insightful foreign perspectives to United States audiences; to the Committee on Foreign Relations.

By Mr. CRAPO:

S. 3139. A bill to amend title 32, United States Code, to authorize the Secretary of Defense to cover a larger share of expenses under the National Guard Youth Challenge

Program in the case of a State program during its first three years of operation; to the Committee on Armed Services.

By Mr. SPECTER (for himself and Mr. CASEY):

S. 3140. A bill to grant the Secretary of Health and Human Services authority to design, construct, and operate facilities for the purpose of developing and producing biological products in order to meet critical national needs for such biological products, in response to potential bioterrorist attacks or naturally occurring pathogens; to the Committee on Health, Education, Labor, and Pensions.

By Mr. BINGAMAN (for himself, Mr. MENENDEZ, Mr. KERRY, Ms. CANTWELL, Ms. STABENOW, and Mr. SCHUMER):

S. 3141. A bill to amend the Internal Revenue Code of 1986 to provide special rules for treatment of low-income housing credits, and for other purposes; to the Committee on Finance.

By Mr. LAUTENBERG (for himself and Mr. MENENDEZ):

S. 3142. A bill to authorize the Secretary of Education to make grants to support fire safety education programs on college campuses; to the Committee on Health, Education, Labor, and Pensions.

By Mr. COBURN:

S. 3143. A bill to provide that Members of Congress shall not receive a pay increase until the annual Federal budget deficit is eliminated; read the first time.

By Mrs. BOXER (for herself and Mrs. HAGAN):

S. 3144. A bill to amend the Richard B. Russell National School Lunch Act to improve the health and well-being of school children, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. VITTER:

S. Res. 461. A resolution expressing the sense of the Senate that Congress should reject any proposal for the creation of a system of global taxation and regulation; to the Committee on Finance.

By Mr. BURR (for himself and Ms. LANDRIEU):

S. Res. 462. A resolution recognizing Thursday, April 22, 2010, as "Take Our Daughters and Sons To Work Day"; considered and agreed to.

ADDITIONAL COSPONSORS

S. 211

At the request of Mrs. MURRAY, the name of the Senator from New Mexico (Mr. BINGAMAN) was added as a cosponsor of S. 211, a bill to facilitate nationwide availability of 2-1-1 telephone service for information and referral on human services and volunteer services, and for other purposes.

S. 714

At the request of Mr. WEBB, the name of the Senator from Minnesota (Ms. KLOBUCHAR) was added as a cosponsor of S. 714, a bill to establish the National Criminal Justice Commission.

S. 1329

At the request of Mr. KOHL, the name of the Senator from Hawaii (Mr. AKAKA) was added as a cosponsor of S. 1329, a bill to authorize the Attorney General to award grants to State courts to develop and implement State courts interpreter programs.

S. 1425

At the request of Mr. DURBIN, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 1425, a bill to increase the United States financial and programmatic contributions to promote economic opportunities for women in developing countries.

S. 1553

At the request of Mr. GRASSLEY, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 1553, a bill to require the Secretary of the Treasury to mint coins in commemoration of the National Future Farmers of America Organization and the 85th anniversary of the founding of the National Future Farmers of America Organization.

S. 1558

At the request of Mrs. LINCOLN, the name of the Senator from Washington (Mrs. MURRAY) was added as a cosponsor of S. 1558, a bill to amend title 37, United States Code, to provide travel and transportation allowances for members of the reserve components for long distance and certain other travel to inactive duty training.

S. 1611

At the request of Mr. GREGG, the name of the Senator from Pennsylvania (Mr. SPECTER) was added as a cosponsor of S. 1611, a bill to provide collective bargaining rights for public safety officers employed by States or their political subdivisions.

S. 1743

At the request of Mrs. LINCOLN, the name of the Senator from North Carolina (Mr. BURR) was added as a cosponsor of S. 1743, a bill to amend the Internal Revenue Code of 1986 to expand the rehabilitation credit, and for other purposes.

S. 2749

At the request of Mrs. GILLIBRAND, the name of the Senator from New York (Mr. SCHUMER) was added as a cosponsor of S. 2749, a bill to amend the Richard B. Russell National School Lunch Act to improve access to nutritious meals for young children in child care.

S. 2960

At the request of Mr. LEAHY, the name of the Senator from Maryland (Mr. CARDIN) was added as a cosponsor of S. 2960, a bill to exempt aliens who are admitted as refugees or granted asylum and are employed overseas by the Federal Government from the 1-year physical presence requirement for adjustment of status to that of aliens lawfully admitted for permanent residence, and for other purposes.

S. 2982

At the request of Mr. KERRY, the name of the Senator from Oregon (Mr. MERKLEY) was added as a cosponsor of S. 2982, a bill to combat international violence against women and girls.

S. 3033

At the request of Mr. DURBIN, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. 3033, a bill to amend title 11, United States Code, to improve protections for employees and retirees in business bankruptcies.

S. 3058

At the request of Mr. DORGAN, the names of the Senator from Rhode Island (Mr. WHITEHOUSE), the Senator from North Carolina (Mrs. HAGAN) and the Senator from Mississippi (Mr. WICKER) were added as cosponsors of S. 3058, a bill to amend the Public Health Service Act to reauthorize the special diabetes programs for Type I diabetes and Indians under that Act.

S. 3122

At the request of Mr. ENSIGN, the name of the Senator from Idaho (Mr. CRAPO) was added as a cosponsor of S. 3122, a bill to require the Attorney General of the United States to compile, and make publicly available, certain data relating to the Equal Access to Justice Act, and for other purposes.

S. RES. 92

At the request of Mr. UDALL of Colorado, his name was added as a cosponsor of S. Res. 92, a resolution honoring the accomplishments and legacy of Cesar Estrada Chavez.

S. RES. 409

At the request of Mr. FEINGOLD, the name of the Senator from New York (Mrs. GILLIBRAND) was added as a cosponsor of S. Res. 409, a resolution calling on members of the Parliament in Uganda to reject the proposed "Anti-Homosexuality Bill", and for other purposes.

S. RES. 418

At the request of Mr. CASEY, the name of the Senator from Michigan (Mr. LEVIN) was added as a cosponsor of S. Res. 418, a resolution commemorating the life of the late Cynthia DeLores Tucker.

At the request of Mr. SPECTER, his name was added as a cosponsor of S. Res. 418, *supra*.

S. RES. 451

At the request of Mr. BURR, the names of the Senator from Florida (Mr. LEMIEUX), the Senator from New Hampshire (Mrs. SHAHEEN), the Senator from Montana (Mr. TESTER) and the Senator from Mississippi (Mr. WICKER) were added as cosponsors of S. Res. 451, a resolution expressing support for designation of a "Welcome Home Vietnam Veterans Day".

AMENDMENT NO. 3477

At the request of Ms. CANTWELL, the name of the Senator from Oregon (Mr.

MERKLEY) was added as a cosponsor of amendment No. 3477 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. SPECTER (for himself
and Mr. CASEY):

S. 3140. A bill to grant the Secretary of Health and Human Services authority to design, construct, and operate facilities for the purpose of developing and producing biological products in order to meet critical national needs for such biological products, in response to potential bioterrorist attacks or naturally occurring pathogens; to the Committee on Health, Education, Labor, and Pensions.

Mr. SPECTER. Mr. President, I have sought recognition today to introduce the Biosecurity and Vaccine Development Improvement Act, which will ensure our country has the resources necessary to protect the American people in the event of a disease outbreak or terrorist attack.

Last year, in preparation for flu season and concern about the H1N1 virus, the Department of Health and Human Services set out to acquire 120 million doses of vaccines. In August 2009, the department initially projected that these doses would be available by mid-October. However, only 11 million were obtained by that time, and the 120 million doses were not acquired until January 2010.

The current system consists of government contracts with private vaccine manufacturers to produce vaccines. While this lowers overhead costs to the Government, the Government is not able to dictate when vaccines will be produced or which vaccines will be produced. The production of the H1N1 vaccine is good example of the problems that can arise without a dedicated Government manufacturing facility for vaccines. The delay was due to several problems with the supplying companies. For example, one company based in Australia had to produce vaccines to meet the needs in Australia before exporting doses to the U.S. Another company had to produce their regular seasonal flu vaccine before switching to H1N1 vaccine production. This demonstrates the critical need to examine the current vaccine system.

The current system has limitations on the ability to produce vaccines related to bioterrorism such as smallpox, anthrax, ebola virus and botulism, leaving the U.S. without vaccines and susceptible to terrorist attacks. What we want to do is to avoid having the government come up short on something like what happened with Katrina where we are unprepared for the eventuality.

I have long been concerned with these issues. Since 2004, when I chaired

the Labor, Health and Human Services and Education Appropriations Subcommittee, with the joinder of Senator HARKIN, who is now the chair, we appropriated \$14.336 billion for pandemic preparedness. So you can see that we are talking about very substantial funds to meet a very substantial problem. Over the past year, I have held a number of meetings about the need for a facility, through a public/private partnership, that would afford the U.S. Government greater control over vaccine and countermeasure production and development. These meetings included Vice President BIDEN, Secretary of Health and Human Services Sebelius and Secretary of Homeland Security Janet Napolitano. On August 21, 2009, I chaired a hearing in Pittsburgh, PA, to examine the problems our current system faces and what can be done to remedy them.

This legislation would provide funding for a public/private partnership vaccine developing and manufacturing facility, determined by a competitive bidding process. A public/private facility such as this would allow the government to determine what vaccines would be produced and would use new technology being developed by General Electric to allow rapid change in the vaccines produced. This process currently requires extensive cleaning and takes weeks, but this new technology includes disposable manufacturing equipment to change production quickly and would improve output and meet demand.

This proposed facility would develop and manufacture medical countermeasures critical to this Nation's health and security and could greatly enhance the U.S.'s vaccine-producing abilities. I encourage my colleagues to work with me to move this legislation forward promptly.

By Mr. BINGAMAN (for himself,
Mr. MENENDEZ, Mr. KERRY, Ms.
CANTWELL, Ms. STABENOW, and
Mr. SCHUMER):

S. 3141. A bill to amend the Internal Revenue Code of 1986 to provide special rules for treatment of low-income housing credits, and for other purposes; to the Committee on Finance.

Mr. BINGAMAN. Mr. President, among the many casualties of our economic downturn is the collapse of the primary form of private financing to construct affordable housing. I rise today to introduce the Low-Income Housing Tax Credit Recovery Act, which would restore investment in the Low-Income Housing Tax Credit program. In doing so, the bill will create tens of thousands of new affordable housing units and, in turn, thousands of construction jobs. I am grateful to my Finance Committee colleagues, Senators KERRY, CANTWELL, MENENDEZ, STABENOW, and SCHUMER for joining me in introducing this bill.

Many of us are familiar with the Low-Income Housing Tax Credit program's importance; indeed, I consider it the most successful affordable housing production program in our nation's history. Since its enactment in 1986, the program has spurred the creation of more than 1.7 million units of affordable housing nationwide, including nearly 20,000 units in my home State of New Mexico.

But today, the Housing Credit program is facing tremendous challenges in attracting private investment. Having incurred significant losses, many traditional investors cannot currently use these tax credits, and thus have temporarily exited the market. Moreover, Fannie Mae and Freddie Mac—which until recently provided a significant share of private investment in Housing Credit projects in New Mexico and nationwide—have pulled out entirely. Our bill will help attract new private investment to Housing Credit projects in New Mexico and across the country.

First, the bill will permit existing investors to carryback their unusable existing housing credits for up to five years. A major impediment to new investment today is that traditional Housing Credit investors have incurred business losses that prevent them from utilizing tax credits on previous investments. Consequently, these traditional investors have become disinclined to make new investments—as doing so would generate further credits they could not use for some time. But through a 5-year carryback, many of these traditional investors will be able to make use of accumulated credits. Only investors who are committed to creating additional affordable housing deserve this tax treatment. Accordingly, the bill makes the 5-year carryback election available only to the extent that carryback proceeds are entirely invested in new affordable housing credit investments.

Additionally, the bill provides that Housing Credits generated from future investments can be carried back 5 years. With its 10-year credit stream and 15-year tax compliance period, the Housing Credit program faces hurdles lining up investors, as compared to other tax credit programs with shorter investment horizons. Without shortening the compliance period, a 5-year carryback will make the Housing Credit more competitive with other tax credits, by providing greater flexibility. This will result in more stable investor demand and thus more resources for affordable housing.

Our bill is based on consensus proposals developed by a broad coalition of affordable housing organizations—including housing advocates, state housing finance agencies, developers, and investors—to restore private investment in affordable housing. That these proposals will create tens of

thousands of affordable housing units and thousands of construction jobs was endorsed in studies by Harvard University's Joint Center on Housing and Ernst & Young's Tax Credit Advisory Services Center.

I am grateful for the coalition's efforts, as well as input that New Mexico stakeholders—including the New Mexico Mortgage Finance Authority, Enterprise Community Partners, and the New Mexico Coalition to End Homelessness—provided as I developed this bill.

We must act swiftly to ensure continued progress in constructing affordable housing, to meet our nation's affordable housing needs and create jobs. I look forward to working with my colleagues to see these provisions enacted into law.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 3141

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Low Income Housing Tax Credit Recovery Act of 2010".

SEC. 2. FIVE-YEAR CARRYBACK OF LOW-INCOME HOUSING CREDIT.

(a) IN GENERAL.—Subsection (a) of section 39 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

"(4) 5-YEAR CARRYBACK OF LOW-INCOME HOUSING CREDIT.—

"(A) IN GENERAL.—In the case of an applicable low-income housing credit (within the meaning of section 38(c)(6)(C))—

"(i) this section shall be applied separately from the business credit (other than the low-income housing credit), and

"(ii) paragraph (1) shall be applied by substituting 'each of the 5 taxable years' for 'the taxable year' in subparagraph (A) thereof."

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2007, and to carrybacks of credits from such taxable years.

SEC. 3. CARRYBACK OF NEW INVESTMENTS.

(a) IN GENERAL.—Section 42(f) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

"(6) SPECIAL RULE FOR CERTAIN INVESTMENTS IN 2010 AND 2011.—

"(A) IN GENERAL.—In the case of a taxpayer who enters into an agreement described in section 38(c)(6)(D)(i)(I) (without regard to the applicable date), which satisfies the requirement of section 38(c)(6)(D)(i)(II), after December 31, 2009, and before January 1, 2012, then solely for purposes of determining the taxable year in which the low-income housing credit under this section may be taken into account for purposes of section 38, and the amount of the credit so taken into account—

"(i) the preceding paragraphs of this subsection shall not apply,

"(ii) the credit period with respect to the housing credit dollar amount to be allocated under such agreement shall be the 1 taxable

year in which the taxpayer enters into such agreement,

"(iii) subsections (b) and (c)(1) shall not apply, and

"(iv) the amount of the credit under this section which is taken into account in the taxable year described in clause (ii) shall be the housing credit dollar amount to be allocated under such agreement.

"(B) REQUIREMENTS OF SECTION UNAPPLIED.—Except as provided in subparagraph (A), the provisions of this section shall apply to any building to which an agreement described in subparagraph (A) applies as if such subparagraph had not been enacted.

"(C) RECAPTURE OF EXCESS CREDIT.—If, at the end of the credit period with respect to any building (without regard to subparagraph (A)), the amount of the credit taken into account under subparagraph (A)(iv) with respect to such building exceeds the total amount of the credit which would have been allowed under this section with respect to such building during such credit period but for the application of subparagraph (A), then the amount of such excess shall be recaptured as if it were included in the credit recapture amount under subsection (j)."

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 4. ALLOWING LOW-INCOME HOUSING CREDITS TO OFFSET 100 PERCENT OF FEDERAL INCOME TAX LIABILITY.

(a) IN GENERAL.—Subsection (c) of section 38 is amended by adding at the end the following new paragraph:

"(6) ALLOWING LOW-INCOME HOUSING CREDIT TO OFFSET 100 PERCENT OF FEDERAL INCOME TAX LIABILITY.—

"(A) IN GENERAL.—In the case of applicable low-income housing credits—

"(i) this section shall be applied separately with respect to such credits,

"(ii) in applying paragraph (1) to such credits—

"(I) the tentative minimum tax shall be treated as being zero, and

"(II) the limitation under paragraph (1) (as modified by subclause (I)) shall be the net income tax (as defined in paragraph (1)) reduced by the credit allowed under subsection (a) for the taxable year (other than the applicable low-income housing credits), and

"(iii) the excess credit for such taxable year shall, solely for purposes of determining the amount of such excess credit which may be carried back to a preceding taxable year, be increased by the amount of business credit carryforwards which are carried to such taxable year, to which this subparagraph applies, and which are not allowed for such taxable year by reason of the limitation under paragraph (1) (as modified by clause (ii)).

"(B) INCREASE IN LIMITATION FOR TAXABLE YEARS TO WHICH EXCESS APPLICABLE LOW-INCOME HOUSING CREDITS ARE CARRIED BACK.—

"(i) IN GENERAL.—Solely for purposes of determining the portion of any excess credit described in subparagraph (A)(iii) for which credit will be allowed under subsection (a)(3) for any preceding taxable year, except as provided in clause (ii), the limitation under paragraph (1) for such preceding taxable year shall be determined under rules similar to the rules described in subparagraph (A).

"(ii) ORDERING RULE.—If the excess credit described in subparagraph (A)(iii) includes business credit carryforwards from preceding taxable years, such excess credit shall be treated as allowed for any preceding taxable year on a first-in first-out basis.

"(C) APPLICABLE LOW-INCOME HOUSING CREDITS.—For purposes of this subpart, the term

'applicable low-income housing credits' means the credit determined under section 42—

"(i) to the extent attributable to buildings placed in service after the date of the enactment of this subparagraph, and

"(ii) in the case of any other buildings, for taxable years beginning in 2008, 2009, and 2010 (and to business credit carryforwards with respect to such buildings carried to such taxable years) to the extent provided in subparagraph (D).

"(D) PREVIOUSLY PLACED IN SERVICE BUILDINGS.—

"(i) IN GENERAL.—Subparagraph (C)(ii) shall apply to such credits for such a taxable year only—

"(I) if the taxpayer has entered into a binding commitment to invest equity not later than the applicable date, with respect to an investment in a future project (which is binding on the taxpayer and all successors in interest) which specifies the dollar amount of such investment, and

"(II) to the extent such credits do not exceed the dollar amount of such proposed investment.

"(ii) APPLICABLE DATE.—For purposes of this subparagraph, the applicable date is—

"(I) in the case of taxable years beginning in 2008 and 2009, September 15, 2010, or

"(II) in the case of a taxable year beginning in 2010, the due date (including extensions of time) for filing the taxpayer's return for such taxable year."

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2007, and to carrybacks of credits from such taxable years.

By Mrs. BOXER (for herself and Mrs. HAGAN):

S. 3144. A bill to amend the Richard B. Russell National School Lunch Act to improve the health and well-being of school children, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

Mrs. BOXER. Mr. President, as we prepare to reauthorize the Child Nutrition Act, it is critical that we address the need to invest in commonsense ways to improve the health and well-being of our nation's most precious resource—our children.

Childhood obesity threatens the healthy future of one-third of American children. Every year we spend \$150 billion to treat obesity-related conditions, and that cost is growing. Obesity rates tripled in the past 30 years, a trend that means, for the first time in our history, American children may face a shorter expected lifespan than their parents.

Right now, the U.S. Department of Agriculture, USDA, spends more than \$10 billion a year on school meal programs, but only a small fraction of that funding goes to fruits and vegetables.

A recent report by the Institute of Medicine entitled *School Meals: Building Blocks for Healthy Children*, found that increasing the amount and variety of vegetables and fruits in schools is one of the best ways to make school meals healthier, and recommends that schools increase their offering of fruits

and vegetables to help keep kids healthy.

That is why I am introducing the Healthy Food in Schools Act, which would improve school nutrition by providing more fresh fruits and vegetables in school breakfasts and lunches starting in elementary school, when children are developing healthy eating habits.

A recent study was conducted by Dr. Wendy Slusser, director of UCLA's Fit for Health Program, and Harvinder Sareen, Director of Clinical Programs at WellPoint, a health benefits company that found children's consumption of fruit and vegetables increases dramatically when produce is made available in school meals. The data also shows that increasing availability of fruits and vegetables exposes children to new foods, which can affect their eating habits for a lifetime.

The Healthy Food in Schools Act instructs USDA to put in place a plan to promote the use of salad bars in schools and provide \$10 million for fiscal years 2011 and 2012 to help schools purchase salad bars and fruit and vegetable bars for their cafeterias.

The Healthy Food in Schools Act also includes \$100 million for overall cafeteria infrastructure improvements. Many cafeterias around the country are looking to move away from processed food and toward kitchens that can cook healthier meals from scratch, but they lack the funds to implement such a plan.

The American Recovery and Reinvestment Act passed last year included \$100 million in grants for cafeteria equipment, but the Department of Education received more than \$650 million in requests for infrastructure improvements. This bill will help meet the needs of the many school districts that want to improve the meals they serve their students.

This bill also provides competitive matching grants and technical assistance for schools to improve access to local foods. The bill directs \$10 million a year for 5 years toward these farm-to-school programs.

Farm-to-school programs are a proven, commonsense way to help improve the health of children while supporting local farmers and bolstering local economies. While many schools would like to incorporate fresh local food into their meals, schools often lack the startup funding and technical expertise to overcome barriers to making this change. These limited federal grants will give school districts and small- and medium-sized farms the help they need to develop new farm-to-school programs.

With more than 31 million children participating in the National School Lunch Program and more than 11 million participating in the National School Breakfast Program, good nutrition at school is more important than

ever. That is why I urge my colleagues to join me in support of including this commonsense bill in the upcoming reauthorization of the Child Nutrition Act.

The Healthy Food in Schools Act will help ensure that our nation's children are not just eating, but also learning to eat healthy. The rise in the rates of children who are overweight or obese are a result of poor diets, a lack of physical activity, and insufficient nutrition education. A healthy school environment can help correct these problems and put our Nation's youth and our Nation on the path to a healthier and more sustainable future.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 461—EX-PRESSING THE SENSE OF THE SENATE THAT CONGRESS SHOULD REJECT ANY PROPOSAL FOR THE CREATION OF A SYSTEM OF GLOBAL TAXATION AND REGULATION

Mr. VITTER submitted the following resolution; which was referred to the Committee on Finance:

S. RES. 461

Whereas many proposals are pending in Congress—

- (1) to increase taxes;
- (2) to regulate businesses; and
- (3) to continue runaway government spending;

Whereas taxpayer funding has already financed major, on-going bailouts of the financial sector;

Whereas the proposed cap-and-trade system would result in trillions of dollars in new taxes and job-killing regulations;

Whereas a number of nongovernmental organizations are proposing that a cap and trade regulatory system be adopted on a global scale;

Whereas the International Monetary Fund was tasked by the G-20 with preparing "a report for our next meeting with regard to the range of options countries have adopted or are considering as to how the financial sector could make a fair and substantial contribution toward paying for any burdens associated with government interventions to repair the banking system.";

Whereas the options expected to be included in the International Monetary Fund report being prepared for the next meeting of the G-20 would essentially describe proposals to finance bailouts of the financial sector on a global scale;

Whereas the Climate Conference held during December 1 through December 18, 2009, in Copenhagen, Denmark considered a number of international taxation and regulatory proposals that will—

- (1) punish businesses; and
- (2) promote proposals not based in sound science;

Whereas new international taxation and regulatory proposals would be an affront to the sovereignty of the United States;

Whereas the best manner by which to overcome the economic downturn in the United States includes taking measures that would—

- (1) lower tax rates;

- (2) reduce government spending; and

- (3) impose fewer onerous and unnecessary regulations on job creation; and

Whereas the worst manner by which to overcome the economic downturn in the United States includes taking measures that would—

- (1) increase tax rates; and

- (2) expand government intervention, including intervention on a global scale: Now, therefore, be it

Resolved, That it is the sense of the Senate that Congress should reject any proposal for the creation of—

- (1) an international system of government bailouts for the financial sector;

- (2) a global cap-and-trade system or other climate regulations that would—

- (A) punish businesses in the United States; and

- (B) limit the competitiveness of the United States; and

- (3) a global tax system that would violate the sovereignty of the United States.

SENATE RESOLUTION 462—RECOGNIZING THURSDAY, APRIL 22, 2010, AS "TAKE OUR DAUGHTERS AND SONS TO WORK DAY"

Mr. BURR (for himself and Ms. LANDRIEU) submitted the following resolution; which was considered and agreed to:

S. RES. 462

Whereas the Take Our Daughters To Work Day program in New York City was created as a response to research that showed that by the 8th grade many girls were dropping out of school, had low self-esteem, and lacked confidence;

Whereas, in 2003, the name of the program was changed to "Take Our Daughters and Sons To Work Day" so that boys who face many of the same challenges as girls could also be involved in the program;

Whereas the mission of the program, "Take Our Daughters and Sons To Work Foundation develops innovative strategies that empower girls and boys to overcome societal barriers to reach their full potential", now fully reflects the addition of boys;

Whereas the Take Our Daughters and Sons To Work Foundation, a non-profit organization, has grown to become one of the largest public awareness campaigns, with over 33,000,000 participants annually in over 3,000,000 organizations and workplaces in every State;

Whereas, in 2007, the Take Our Daughters To Work program was transitioned to Elizabeth City, North Carolina, became known as the Take Our Daughters and Sons To Work Foundation, and received national recognition for the dedication of the Foundation to our future generations;

Whereas every year mayors, governors, and other private and public officials sign proclamations and lend their support to Take Our Daughters and Sons To Work;

Whereas the fame of the program has spread overseas with requests and inquiries being made from around the world on how to operate the program; and

Whereas Take Our Daughters and Sons To Work is intended to continue helping millions of girls and boys on an annual basis through experienced activities and events to examine their opportunities and strive to reach their fullest potential: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes Thursday, April 22, 2010, as "Take Our Daughters and Sons To Work Day";

(2) recognizes the goals of introducing our daughters and sons to the workplace; and

(3) commends all the participants in Take Our Daughters and Sons To Work for their ongoing contributions to education, and for the vital role the participants play in promoting and ensuring a brighter, stronger future for the United States.

AMENDMENTS SUBMITTED AND PROPOSED

SA 3550. Mrs. MCCASKILL submitted an amendment intended to be proposed by her to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table.

SA 3551. Mr. LEMIEUX (for himself, Mr. WICKER, Mr. SESSIONS, Mr. SHELBY, Mr. HATCH, Mr. BENNETT, and Mr. COCHRAN) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, *supra*; which was ordered to lie on the table.

SA 3552. Mr. REID (for Mr. NELSON of Florida) proposed an amendment to the concurrent resolution S. Con. Res. 54, recognizing the life of Orlando Zapata Tamayo, who died on February 23, 2010, in the custody of the Government of Cuba, and calling for a continued focus on the promotion of internationally recognized human rights, listed in the Universal Declaration of Human Rights, in Cuba.

TEXT OF AMENDMENTS

SA 3550. Mrs. MCCASKILL submitted an amendment intended to be proposed by her to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of the amendment add the following:

On page 147, between lines 4 and 5, insert the following:

(g) STANDARDS.—

(1) IN GENERAL.—Within 90 days after the date on which the Comptroller General submits the report required by subsection (d) to the Congressional committees, the Secretary of Transportation and the Secretary of Health and Human Services jointly shall determine whether Federal standards for part 135 certificate holders and indirect carriers providing helicopter or fixed wing air ambulance services should be promulgated to address aviation safety or health safety matters in air ambulance operations and shall submit a joint report to the Senate Committee on Commerce, Science, and Transportation and the House of Representatives Committee on Transportation and Infrastructure on their determination.

(2) DETERMINATION FACTORS.—In making the determination required by paragraph (1), the Secretaries—

(A) shall take into account—

(i) issues identified by the Comptroller General in the report required by subsection (d); and

(ii) any other issues deemed necessary or appropriate for consideration by the Secretaries related to the provision of air ambulance services;

(B) shall consult with representatives of the air ambulance service industry and other appropriate stakeholders;

(C) shall consult with the Comptroller General, particularly with respect to areas in which data is insufficient to provide necessary information to the Congress and the Secretaries with respect to air ambulance service issues;

(D) may provide assistance to the Government Accountability Office as necessary for additional analysis to supplement the study and arrange for necessary data collection and analysis, directly or through appropriate competitively awarded contracts; and

(E) may require air ambulance service providers and users to report such data as may be necessary and appropriate to enable the Secretaries to carry out their responsibilities under this subsection.

(3) REPORT CONTENTS.—In the report required by paragraph (1), the Secretaries shall—

(A) explain in detail the rationale for the determination, including—

(i) if the Secretaries determine that such standards are unnecessary, inappropriate, or contrary to public policy, an explanation of the legal and public policy basis for that determination; or

(ii) if the Secretaries determine that such standards should be promulgated, a finding with respect to whether the standards should be promulgated by the Federal government or State governments in light of the policies implemented by the Aviation Deregulation Act of 1978 (as those policies are currently reflected in subtitle VII of title 49, United States Code) and an explanation of the legal and public policy basis for that finding; and

(B) provide a description of non-aviation related health safety matters related to air ambulance service operations that are subject to State regulation under traditional State regulatory authority.

(4) APPLICATION WITH STATE AND LOCAL LAWS.—Nothing in this subsection, or in the standards established under subsection (a), shall preclude any State or local government from licensing air ambulance service providers, or from promulgating or enforcing air ambulance service requirements, subject to applicable Federal law.

SA 3551. Mr. LEMIEUX (for himself, Mr. WICKER, Mr. SESSIONS, Mr. SHELBY, Mr. HATCH, Mr. BENNETT, and Mr. COCHRAN) submitted an amendment intended to be proposed to amendment SA 3452 proposed by Mr. ROCKEFELLER to the bill H.R. 1586, to impose an additional tax on bonuses received from certain TARP recipients; which was ordered to lie on the table; as follows:

At the end of title VII, add the following:

SEC. 723. PROHIBITION ON USE OF FUNDS FOR TERMINATION OF CONSTELLATION PROGRAM OF THE NATIONAL AERONAUTICS AND SPACE ADMINISTRATION.

(a) REAFFIRMATION OF PROHIBITION.—The National Aeronautics and Space Administration shall comply with the provisions of the first proviso under the heading "EXPLORATION" under the heading "NATIONAL AERONAUTICS AND SPACE ADMINISTRATION" in the Science Appropriations Act (title III of division B of Public Law 111-117; 123 Stat. 3147), relating to a prohibition on the use of funds for the termination or elimination of any program, project, or activity of the architecture of the Constellation Program of the National Aeronautics and Space Administration.

(b) LIMITATION.—The provisions of section 1341 of title 31, United States Code (com-

monly referred to as the "Anti-Deficiency Act"), may not be utilized as a basis for the termination or elimination of any contract, program, project, or activity of the Constellation Program of the National Aeronautics and Space Administration.

(c) COMPTROLLER GENERAL REPORT.—Not later than 180 days after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report on the Constellation Program of the National Aeronautics and Space Administration. The report shall set forth a description and assessment by the Comptroller General of the contracts, programs, projects, or activities of the Constellation Program, if any, that are contrary to law or are experiencing waste, fraud, or abuse.

(d) CURRENT SHUTTLE MANIFEST FLIGHT ASSURANCE.—The Administrator of the National Aeronautics and Space Administration shall take all actions necessary to ensure shuttle launch capability, including not terminating any contractor support that will limit or impair the launching of, at a minimum, the payloads manifested for the shuttle as of the date of the enactment of this Act.

SA 3552. Mr. REID (for Mr. NELSON of Florida) proposed an amendment to the concurrent resolution S. Con. Res. 54, recognizing the life of Orlando Zapata Tamayo, who died on February 23, 2010, in the custody of the Government of Cuba, and calling for a continued focus on the promotion of internationally recognized human rights, listed in the Universal Declaration of Human Rights, in Cuba; as follows:

Insert after the 15th whereas clause in the preamble the following:

Whereas the Department of State reports that the Government of Cuba has not granted prison visits by the International Committee of the Red Cross, Amnesty International, or Human Rights Watch since 1988;

NOTICE OF HEARING

Mr. BINGAMAN. Mr. President, I would like to announce for the information of the Senate and the public that a business meeting has been scheduled before Committee on Energy and Natural Resources. The business meeting will be held on Tuesday, March 23, 2010, at 10 a.m., in room SD-366 of the Dirksen Senate Office Building.

The purpose of the business meeting is to consider the nomination of Jeffrey Lane to be an Assistant Secretary of Energy (Congressional and Intergovernmental Affairs) and cleared legislative agenda items.

For further information, please contact Sam Fowler or Amanda Kelly.

AUTHORITY FOR COMMITTEES TO MEET

COMMITTEE ON ARMED SERVICES

Mr. DORGAN. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on March 18, 2010, at 9:30 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON COMMERCE, SCIENCE, AND
TRANSPORTATION

Mr. DORGAN. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on March 18, 2010, at 10 a.m., in room 253 of the Russell Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON ENVIRONMENT AND PUBLIC
WORKS

Mr. DORGAN. Mr. President, I ask unanimous consent that the Committee on Environment and Public Works be authorized to meet during the session of the Senate on March 18, 2010, at 10 a.m., in room 406 of the Dirksen Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON INDIAN AFFAIRS

Mr. DORGAN. Mr. President, I ask unanimous consent that the Committee on Indian Affairs be authorized to meet during the session of the Senate on March 18, 2010, at 2:15 p.m., in room 628 of the Dirksen Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON THE JUDICIARY

Mr. DORGAN. Mr. President, I ask unanimous consent that the Committee on the Judiciary be authorized to meet during the session of the Senate, on March 18, 2010, at 10 a.m., in SD-226 of the Dirksen Senate Office Building, to conduct an executive business meeting.

The PRESIDING OFFICER. Without objection, it is so ordered.

COMMITTEE ON VETERANS' AFFAIRS

Mr. DORGAN. Mr. President, I ask unanimous consent that the Committee on Veterans' Affairs be authorized to meet during the session of the Senate on March 18, 2010. The Committee will meet in room SDG-50 in the Dirksen Senate Office Building beginning at 9:30 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SELECT COMMITTEE ON INTELLIGENCE

Mr. DORGAN. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on March 18, 2010, at 2:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

SUBCOMMITTEE ON SCIENCE AND SPACE

Mr. DORGAN. Mr. President, I ask unanimous consent that the Subcommittee on Science and Space of the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on March 18, 2010, at 2:30 p.m., in room 253 of the Russell Senate Office Building.

The PRESIDING OFFICER. Without objection, it is so ordered.

RECOGNIZING THE LIFE OF
ORLANDO ZAPATA TAMAYO

Mr. REID. I ask unanimous consent that the Foreign Relations Committee be discharged from further consideration of S. Con. Res. 54.

The PRESIDING OFFICER. Without objection, it is so ordered.

The clerk will report the concurrent resolution by title.

The assistant legislative clerk read as follows:

A concurrent resolution (S. Con. Res. 54) recognizing the life of Orlando Zapata Tamayo, who died on February 23, 2010, in the custody of the Government of Cuba, and calling for a continued focus on the promotion of internationally recognized human rights, listed in the Universal Declaration of Human Rights, in Cuba.

There being no objection, the Senate proceeded to consider the concurrent resolution.

Mr. REID. I ask unanimous consent that the concurrent resolution be agreed to; a Nelson of Florida amendment to the preamble, which is at the desk, be agreed to; the preamble, as amended, be agreed to; the motion to reconsider be laid on the table with no intervening action or debate; and any statements related to this measure be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The concurrent resolution (S. Con. Res. 54) was agreed to.

The amendment (No. 3552) was agreed to, as follows:

Insert after the 15th whereas clause in the preamble the following:

Whereas, the Department of State reports that the Government of Cuba has not granted prison visits by the International Committee of the Red Cross, Amnesty International, or Human Rights Watch since 1988;

The preamble, as amended, was agreed to.

The concurrent resolution, with its preamble, as amended, reads as follows:

S. CON. RES. 54

Whereas Orlando Zapata Tamayo (referred to in this preamble as "Zapata"), a 42-year-old plumber and bricklayer and a member of the Alternative Republican Movement and the National Civic Resistance Committee, died on February 23, 2010, in the custody of the Government of Cuba after conducting a hunger strike for more than 80 days;

Whereas, on February 24, 2010, the Foreign Ministry of Cuba issued a rare statement on the death of Zapata, stating, "Raul Castro laments the death of Cuban prisoner Orlando Zapata Tamayo, who died after conducting a hunger strike.";

Whereas Reina Luisa Tamayo has asserted that her son Orlando Zapata Tamayo was tortured and denied water during his incarceration and has called "on the world to demand the freedom of the other prisoners and brothers unfairly sentenced so that what happened to my boy, my second child, who leaves behind no physical legacy, no child or wife, does not happen again";

Whereas Zapata began a hunger strike on December 9, 2009, to demand respect for his personal safety and to protest his inhumane treatment by the prison authorities in Cuba;

Whereas according to his supporters, Zapata was denied water during stages of his hunger strike at Kilo 8 Prison in Camaguey, was then transferred to Havana's Combinado del Este prison, and was finally admitted to the Hermanos Ameijeiras Hospital on February 23, 2010, in critical condition, where he was administered fluids intravenously and died hours later;

Whereas, on February 25, 2010, Freedom House condemned the Government of Cuba for "the deplorable prison conditions, torture, and lack of medical attention that led to the death of political prisoner Orlando Zapata Tamayo";

Whereas Zapata was arrested in 2003 on charges of contempt for authority, public disorder, and disobedience, and was initially sentenced to 3 years in prison;

Whereas Zapata was later convicted of additional "acts of defiance" while in prison and was resented to a total of 36 years;

Whereas in 2003, Zapata and approximately 75 other dissidents and peaceful supporters of the Varela Project were arrested during the "Black Spring" and were sentenced to harsh prison terms;

Whereas more than 25,000 Cubans have signed on to the Varela Project, which seeks a referendum on civil liberties, including freedom of speech, amnesty for political prisoners, support for private business, a new electoral law, and a general election;

Whereas in 2003, Amnesty International designated Zapata as a prisoner of conscience;

Whereas the Government of the United States raised the plight of Zapata during migration talks on February 19, 2010, and urged the Government of Cuba to provide all necessary medical care;

Whereas, on February 25, 2010, Secretary of State Hillary Clinton said in response to the death of Zapata, "We send our condolences to his family and we also reiterate our strong objection to the actions of the Cuban government. This is a prisoner of conscience who was imprisoned for years for speaking his mind, for seeking democracy, for standing on the side of values that are universal, who engaged in a hunger strike.";

Whereas following the death of Zapata, the Inter-American Commission on Human Rights reported that at least 50 dissidents were detained or forced to remain in their houses to prevent them from attending the wake and funeral for Zapata;

Whereas the Department of State's 2009 Country Report on Human Rights states that Cuba is a totalitarian state with a government that continues to deny its citizens basic human rights and continues to commit numerous serious human rights abuses;

Whereas the Department of State reports that the Government of Cuba has not granted prison visits by the International Committee of the Red Cross, Amnesty International, or Human Rights Watch since 1988;

Whereas Human Rights Watch states, "Cuba remains the one country in Latin America that represses virtually all forms of political dissent. The government continues to enforce political conformity using criminal prosecutions, long- and short-term detention, harassment, denial of employment, and travel restrictions.";

Whereas in a 2008 annual report, the Inter-American Commission on Human Rights reported that "restrictions on political rights, on freedom of expression, and on the dissemination of ideas, the failure to hold elections, and the absence of an independent judiciary in Cuba combine to create a permanent panorama of breached basic rights for the Cuban citizenry": Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That Congress—

(1) recognizes the life of Orlando Zapata Tamayo, whose death on February 23, 2010, highlights the lack of democracy in Cuba and the injustice of the brutal treatment of more than 200 political prisoners by the Government of Cuba;

(2) calls for the immediate release of all political prisoners detained in Cuba;

(3) pays tribute to the courageous citizens of Cuba who are suffering abuses merely for engaging in peaceful efforts to exercise their basic human rights;

(4) supports freedom of speech and the rights of journalists and bloggers in Cuba to express their views without repression by government authorities and denounces the use of intimidation, harassment, or violence by the Government of Cuba to restrict and suppress freedom of speech, freedom of expression, freedom of assembly, and freedom of the press;

(5) desires that the people of Cuba be able to enjoy due process and the right to a fair trial; and

(6) calls on the United States to continue policies that focus on respect for the fundamental tenets of freedom, democracy, and human rights in Cuba and encourage peaceful democratic change consistent with the aspirations of the people of Cuba.

TAKE OUR DAUGHTERS AND SONS TO WORK DAY

Mr. REID. I ask unanimous consent that the Senate proceed to S. Res. 462.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The assistant legislative clerk read as follows:

A resolution (S. Res. 462) recognizing Thursday, April 22, 2010, as "Take Our Daughters and Sons to Work Day."

There being no objection, the Senate proceeded to consider the resolution.

Mr. REID. I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motion to reconsider be laid on the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 462) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 462

Whereas, the Take Our Daughters To Work Day program in New York City was created as a response to research that showed that by the 8th grade many girls were dropping

out of school, had low self-esteem, and lacked confidence;

Whereas, in 2003, the name of the program was changed to "Take Our Daughters and Sons To Work Day" so that boys who face many of the same challenges as girls could also be involved in the program;

Whereas, the mission of the program, "Take Our Daughters and Sons To Work Foundation develops innovative strategies that empower girls and boys to overcome societal barriers to reach their full potential", now fully reflects the addition of boys;

Whereas, the Take Our Daughters and Sons To Work Foundation, a non-profit organization, has grown to become one of the largest public awareness campaigns, with over 33,000,000 participants annually in over 3,000,000 organizations and workplaces in every State;

Whereas, in 2007, the Take Our Daughters To Work program was transitioned to Elizabeth City, North Carolina, became known as the Take Our Daughters and Sons To Work Foundation, and received national recognition for the dedication of the Foundation to our future generations;

Whereas, every year mayors, governors, and other private and public officials sign proclamations and lend their support to Take Our Daughters and Sons To Work;

Whereas, the fame of the program has spread overseas with requests and inquiries being made from around the world on how to operate the program; and

Whereas, Take Our Daughters and Sons To Work is intended to continue helping millions of girls and boys on an annual basis through experienced activities and events to examine their opportunities and strive to reach their fullest potential: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes Thursday, April 22, 2010, as "Take Our Daughters and Sons To Work Day";

(2) recognizes the goals of introducing our daughters and sons to the workplace; and

(3) commends all the participants in Take Our Daughters and Sons To Work for their ongoing contributions to education, and for the vital role the participants play in promoting and ensuring a brighter, stronger future for the United States.

MEASURES READ THE FIRST TIME—S. 3143, H.R. 4851, AND H.R. 4853

Mr. REID. I believe there are three bills at the desk, and I ask for their first reading en bloc.

The PRESIDING OFFICER. The clerk will report the bills by title.

The assistant legislative clerk read as follows:

A bill (S. 3143) to provide that Members of Congress shall not receive a pay increase until the annual Federal budget deficit is eliminated.

A bill (H.R. 4851) to provide a temporary extension of certain programs, and for other purposes.

A bill (H.R. 4853) to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement program, and for other purposes.

Mr. REID. I now ask for their second reading en bloc but object to my own request en bloc.

The PRESIDING OFFICER. Objection is heard. The bills will be read for the second time on the next legislative day.

ORDERS FOR FRIDAY, MARCH 19, 2010

Mr. REID. Mr. President, I now ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m. on Friday, March 19; that following the prayer and pledge, the Journal of proceedings be approved to date, the morning hour be deemed expired, the time for the two leaders be reserved for their use later in the day, and the Senate resume consideration of H.R. 1586.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. REID. Mr. President, tomorrow the Senate will resume consideration of the Federal Aviation Administration legislation. There will be no rollcall votes tomorrow. Senators should expect the next vote to begin at or about 5:30 p.m. on Monday, March 22.

ADJOURNMENT UNTIL 9:30 A.M. TOMORROW

Mr. REID. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it adjourn under the previous order.

There being no objection, the Senate, at 7:43 p.m., adjourned until Friday, March 19, 2010, at 9:30 a.m.

HOUSE OF REPRESENTATIVES—Thursday, March 18, 2010

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mrs. CAPPS).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 18, 2010.

I hereby appoint the Honorable LOIS CAPPS to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Draw near, O Lord, our God. Graciously hear us. We know You as ultimately powerful, ultimately wise, and ultimately good. By Your power, we believe, our weakness is helped. By Your wisdom, our ignorance is corrected; and by Your goodness, our iniquity is washed away.

Turned to You in prayer and with expectations throughout this day, may both our intentions and our behavior give You glory. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from California (Ms. HARMAN) come forward and lead the House in the Pledge of Allegiance.

Ms. HARMAN led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed bills of the following titles in which the concurrence of the House is requested:

S. 1789. An act to restore fairness to Federal cocaine sentencing.

S. 2865. An act to reauthorize the Congressional Award Act (2 U.S.C. 801 et seq.), and for other purposes.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to 10 requests for 1-minute speeches on each side of the aisle.

HEALTH CARE REFORM

(Ms. HARMAN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. HARMAN. Madam Speaker, in a few hours, the House leadership will finally introduce a rescission package on health care which will reduce our deficit over the next two decades to lower numbers than would either the House-passed or Senate-passed health bills. As a Blue Dog, I commend this.

But I stand here this morning specifically to say that information just released by the Energy and Commerce Committee, on which I serve, shows a very favorable impact on my district from the bill, which I intend to support.

I have received thousands of calls and emails from constituents. I will post this information on my Web site immediately after speaking this morning. But in a nutshell, the bill improves coverage for 427,000 of my constituents who already have health care. It gives tax credits and other assistance to up to 137,000 families and 15,100 small businesses. It improves Medicare coverage for 81,000 constituents by helping to close the doughnut hole. It extends coverage to 67,500 uninsured, guarantees coverage for people with pre-existing conditions, and permits kids under 26 to stay on their parents' policies.

I ask my colleagues to support the bill.

HEALTH CARE TAKEOVER COSTS TOO MUCH

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Madam Speaker, as backroom deals and threats continue to force a health care takeover vote, the costs from the Congressional Budget Office have just been released of nearly \$1 trillion. State leaders across the country have recognized that this takeover could bankrupt our great Nation.

Just yesterday, the State treasurer for Massachusetts, Tim Cahill, said, "If

President Obama and the Democrats repeat the mistakes of the health insurance mandate in Massachusetts on a national level, they will bankrupt this country within 4 years."

Other State leaders have expressed great concerns about unfunded mandates. South Carolina is one of 36 legislatures considering barring individuals from being compelled to purchase health insurance. I applaud State leaders who are fighting Big Government mandates which the NFIB estimates will kill 1.6 million jobs.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

HEALTH CARE REFORM

(Mr. HEINRICH asked and was given permission to address the House for 1 minute.)

Mr. HEINRICH. Madam Speaker, each of us faces a question about whose side we are on today. Will we continue to protect the insurance companies, or will we stand up for the American people? Protect the insurance companies, or stand up for people like Rebecca Gentry, small business owner, whose bottom line is suffering as the cost of health insurance for her employees continues to skyrocket.

Protect the insurance companies or stand up for people like Joseph Crumb, an educational assistant, who can't get health care coverage for his neck and back injuries because his insurance company said they were preexisting conditions.

Protect the insurance companies or stand up for people who are uninsured like Elise Perez-Alford, who will soon have only the emergency room to care for her seriously ill 2-year-old daughter because she can no longer afford the copayments.

The time has come for us to stand up for the American people and to hold the insurance companies accountable.

HEALTH CARE REFORM

(Mr. BACA asked and was given permission to address the House for 1 minute.)

Mr. BACA. Health care reform is needed now. Not tomorrow, not yesterday, but now.

After decades of working hard, the Hernandezes from my district now struggle to pay for prescription drugs with disability payments and unemployment checks. This is wrong.

With the fourth highest foreclosure in the Nation and 15 percent unemployment in my district, my constituents

cannot wait any longer. We need health care reform now. Health care reform will lower the costs and hold health insurance companies accountable; provide new coverage for 31 million people; end discrimination based on pre-existing conditions; close the doughnut hole for thousands of seniors; allow 75,000 young adults in my district under the age of 27 to stay under their parents' coverage; provide millions of dollars for funding for seven community centers in my district; cut the national deficit by a hundred-and-some billion over 10 years; and produce 4 million new jobs in the coming decade.

Health care reform is good for seniors, good for adults, good for women, good for families, good for America. Let's support health care reform now.

HEALTH CARE REFORM

(Mr. SAM JOHNSON of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SAM JOHNSON of Texas. You know, even while the President tours the country saying it's time for an up-or-down vote on health care, the Speaker is attempting to bypass a vote altogether. As Newt Gingrich said, This Congress has gone from voting on bills without reading them to passing bills without voting on them. That is unconscionable and unconstitutional.

It's time for an open and honest vote on health care.

Let's vote on how the bill cuts Medicare, let's vote on how the bill actually hikes health costs. Let's vote on how the bill uses taxpayer dollars to fund abortions.

But the Speaker can't do that. She's faced with the unfortunate inconvenience that some of her Members actually want to listen to their constituents and vote "no." So now she intends to muscle through health care reform without an actual vote. That is just wrong.

I will say it again: Congress has gone from voting on bills without reading them to passing bills without voting on them. America deserves better.

HEALTH CARE REFORM

(Ms. KILROY asked and was given permission to address the House for 1 minute.)

Ms. KILROY. Madam Speaker, I believe that a great strength of our democracy is in our First Amendment. It allows for the robust exchange of ideas and opinions. I welcome that. I want to hear what my constituents are thinking, what concerns they have, concerns about how health care will work for them. I want to listen to them discuss the lack of health care and how that affects their life, the high cost of health care and how they are coping with that.

I have held town halls, roundtables, small groups, over 20 meetings in my district over health care. And this week demonstrations for and against health care reform were held in front of my district office.

Unfortunately, some of those opposing health care reform went too far. Instead of making their arguments against the bill, they engaged in abusive language directed at one of my constituents who suffers the terrible ravages of Parkinson's disease. They treated him like a beggar. They threw dollar bills at him. They did not respect his humanity, did not respect his right to give his opinion on the health care bill. This type of protest goes too far. It has crossed a line.

The health care legislation is about respecting each other's rights as human beings. And when it comes to needed medical care, it should respect our rights as citizens to express our opinions.

HEALTH CARE REFORM

(Mr. PENCE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PENCE. This is a remarkable moment in the life of our Nation. After years of runaway Federal spending, deficits, debt, borrowing, bailouts, and takeover, against the opposition of a clear majority of the American people, the Democrats in Congress and in this administration are prepared to ram through a \$1 trillion government takeover of health care. And it's just hard to believe.

Ignoring the will of the American people, twisting the rules of the House and the Senate into a pretzel, we're headed for a showdown this weekend.

But I've got to tell you, I like our chances. The reason House Democrats don't have the votes is because the American people know this is a government takeover of health care. Mandating that every American purchase health insurance, whether they want it or need it or not, passing hundreds of billions of dollars in job-killing tax increases, providing public funding for abortion, and setting into motion government-run insurance that will cause millions to lose the insurance they have is a government takeover of health care.

Let's have the debate. A minority in Congress plus the American people equals the majority. America, we can win this fight.

□ 1015

HEALTH CARE REFORM

(Mrs. CAPPS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CAPPS. Mr. Speaker, I rise in recognition of March as Women's History Month. Throughout history, women have been at the forefront of our Nation's most important struggles; the abolition movement, support for people with disabilities, efforts to enact child labor laws, civil rights, and environmental causes, to name a few. And now we are again at the forefront of one of the most historic efforts of our time, the fight for affordable health care coverage.

It's not coincidence that we are finally making progress on health care reform with the first woman Speaker of the House at the helm, a woman in charge at the White House Office of Health Reform, as well as several Cabinet Secretaries.

Finally, with all due respect to our male colleagues, I believe it is very appropriate during Women's History Month that we pay special tribute to the women of the House as we continue fighting for the causes our mothers and grandmothers fought for before us. Together, we will continue to make history and will do so next with the passage of health care reform.

HEALTH CARE REFORM

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Mr. Speaker, a true bipartisan health care bill would have included real lawsuit abuse reform that provides savings for the American people. The administration refuses to consider lawsuit abuse reform because they want to protect their political piggy bank, which is filled by trial lawyers. The legal industry contributed \$43 million to President Obama's 2008 campaign. More than 78 percent of the money given to Congress by lawyers, mostly from trial lawyers, went to Democrats, almost \$100 million.

By bankrolling Democratic politicians, trial lawyers have succeeded in preventing any lawsuit abuse reforms from becoming part of the health care legislation, despite the overwhelming support for lawsuit reform by a great majority of the American people.

HEALTH CARE REFORM

(Ms. WOOLSEY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WOOLSEY. Mr. Speaker, the whole Nation desperately needs health care reform, but no group of Americans needs it more than women, women who face discrimination and insult at the hands of the broken status quo.

We all know that the current system allows insurance companies to deny coverage based on preexisting conditions, but I wonder how many of my

colleagues realize that, essentially, being a woman is a preexisting condition. Pregnancy, for example, or C-sections can be deemed preexisting conditions. And most unbelievably of all, insurance companies can legally turn their backs on women who have suffered injuries due to domestic violence, because that, too, can be defined as a preexisting condition.

We should all be ashamed of a system that puts insurance company profits ahead of healthy American women. It's time for women to no longer be a preexisting condition. Pass the health care bill.

HEALTH CARE REFORM

(Mr. BUCHANAN asked and was given permission to address the House for 1 minute.)

Mr. BUCHANAN. Mr. Speaker, Speaker PELOSI recently said that we have to pass the health care bill so we can find out what's in it. I can tell you what's in it. It does nothing for cost.

I'm not a career politician. I have been in business for myself for 30 years and created thousands of jobs. Small businesses are dying. We need to bring down the cost of health care. Today it is \$12,000 for a family of four. A recent study said it's going to take it to \$28,000 for a family of four in the next 10 years. We are doing nothing about lowering the cost of health care. It's killing small businesses. It's killing jobs.

What also is in the bill, \$740 billion in tax increases. Small businesses are going to be the ones that feel it the most. Most of them have pass-through income. It will be another big, job-killing opportunity for small businesses.

The third thing is that it really hurts seniors; \$500 billion worth of real cuts, not just waste, fraud, and abuse. I have looked at the cuts. They are very serious cuts.

And now we have learned that the Speaker wants to pass the bill without actually taking a vote that will cover at-risk Members. No wonder the American people are fed up with Washington.

HEALTH CARE REFORM

(Ms. CASTOR of Florida asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. CASTOR of Florida. My colleague from Florida, my good friend, is incorrect: health care reform is great news for small business owners and middle class families. For folks that already have insurance, there are important consumer protections. If you are paying your premiums and copays, these insurance companies will no longer be able to cancel you if you get sick. If you switch jobs, you will no longer be barred if you have a pre-

existing condition like asthma or diabetes. For parents, now your children will be able to stay on your policy until age 26, and we will ensure that the bulk of your payments and copays will actually go to health care rather than CEO salaries and bonuses.

My colleague is incorrect. Medicare will get stronger. Our parents, our grandparents, and our neighbors will see substantial improvements in their benefits. Not one benefit will be cut. Instead, we are going to pay Medicare doctors more to stay in Medicare. We are going to close the doughnut hole and make prescription drugs more affordable, and we are going to emphasize preventive care so they don't skip their checkups.

And for small businesses owners and families who don't have insurance, they will have a new shopping exchange and new tax credits to ensure you can afford your health care.

FALLEN MARINE LANCE CORPORAL ERIC LEVI WARD

(Mr. REICHERT asked and was given permission to address the House for 1 minute.)

Mr. REICHERT. Mr. Speaker, I am humbled and honored today to recognize the sacrifice of a fallen marine from my district, Lance Corporal Eric Levi Ward from Redmond, Washington, who was killed in Afghanistan on February 21.

Soon he will be buried at Arlington, the final resting place for those who so honorably sacrificed their lives for this country. When I talked to Eric's mom the other day, she said she understood her son's dedication to his country. She was a proud marine mom despite the sacrifice her family has made and the sense of loss and grief that they now bear.

It's important that we remember today that our country, the government, the people, our very way of life would not exist without those who sacrifice so willingly, who put on the uniform and sacrifice their lives, marines like Eric Ward, who gave their lives to honor our country to have freedom.

To Eric's family and to his friends, know that we will never forget Eric's sacrifice nor all those who have gone before him. His memory will live on, and we will continue to remember Eric's service to this country.

HEALTH CARE REFORM

(Mr. CARNAHAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CARNAHAN. Mr. Speaker, thousands of my constituents have shared their health care stories with me about America's broken health care system, like Christopher from St. Louis. He said, I stayed in a job that I hated for

5 years just for the insurance. Or like Stacy, also from St. Louis. Her grandmother died without preventive coverage 2 years ago, she said, leaving her grandfather broke due to medical debt and her family wondering why her medical problems couldn't have been detected sooner. She wrote, Please vote for health care reform for my grandmother.

Well, Stacy and the thousands of others that I represent, I want to tell you I will. The American people have had it with the partisan bickering here, and so have I. The folks who want to play partisan political games with your health care need to get out of the way. The insurance companies have made record profits during this economic recession and are sticking us with higher premiums all across the country.

Enough with the obstruction and the delay. This bill has already passed the House. A bill has already passed the Senate with a supermajority. It's time for every Member of this Congress to stand up and be counted, to have a final up-or-down vote. It's time to stand up for millions of Americans. I know where I stand. It's time for an up-or-down vote on health care now.

HEALTH CARE REFORM

(Mr. GOHMERT asked and was given permission to address the House for 1 minute.)

Mr. GOHMERT. Mr. Speaker, I want to address some of the misstatements that have been made. I am also tired of the partisan bickering. I came in thinking that the Democrats who said, We want to work together, were serious.

We have been locked out of every single discussion except when the President came to preach to us, and he misrepresented it. Not intentionally, not lying, perhaps somebody who gave him the information was, but he wasn't. This bill that we're going to vote on starts with a lie. It says, This is an act that will modify first-time homebuyers credit in the case of members of the Armed Forces and other purposes. It started with deceit.

Telling people they are going to have insurance, man, if that's true, if we can save money by adding 30 million people to our rolls, we need to go insure everybody in China and then we will be done with the deficit. This bill is a disaster. Seventy-plus percent of the American people want us to throw it out and start over. Let's listen to the people.

HEALTH CARE REFORM

(Mrs. MALONEY asked and was given permission to address the House for 1 minute.)

Mrs. MALONEY. Mr. Speaker, as we contemplate a historic vote to reform health care, I would like to emphasize

how critically important this bill is to the women of this country. According to a report prepared by the Joint Economic Committee, which I chair, an estimated 64 million women in this country lack adequate health care; over one-quarter of our daughters between the ages of 19 and 24 lack health care, and women between the ages of 55 and 64 are particularly vulnerable. That's because so many women depend on their spouse's employer-based health care, and, all too often, they discover they are not age eligible for Medicare when their older husbands retire. A staggering 39 percent of all low-income women lack health care.

Ultimately, this is a vote about who we will be as a country. For our sisters, our daughters, and our mothers, yes, vote "yes" for them.

HEALTH CARE REFORM

(Mr. DANIEL E. LUNGREN of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, it occurs to me that one of the strangest things that happens on this floor is when you bring the gavel down and say, The time has expired, and then people keep on talking and then turn to you and they say, I yield back the balance of my time. That is sort of a metaphor for the problem here in Congress. When we announce a tax cut, we say we are giving something back to you as if we had the call on your money in the first instance.

It's just one of the fictions we deal with, such as the fiction that this bill isn't going to cost us any money, or the fiction that the American people don't know what's in the bill, or the fiction that the American people will love it once we pass it.

Let's remember August. It did occur. It's something that is a manifestation of the American people and how they feel. Let's not ignore the American people. Let's be the House of Representatives.

MOURNING THE PASSING OF ALEX CHILTON

(Mr. COHEN asked and was given permission to address the House for 1 minute.)

Mr. COHEN. Madam Speaker, today I come before you with a heavy heart, for a friend of mine and a great friend of music in the world, and particularly from my hometown of Memphis, Tennessee, passed away last night. Alex Chilton, who was a rock-and-roller, who was an indie music alternative producer, songwriter, and guitarist, passed away. Alex Chilton, at age 16, had a number one hit with a group called the Box Tops, a song called "The Letter."

Gotta get a ticket for an airplane.
Ain't got time to catch a fast train.
Lonely days are gone. I'm a-going home.

My baby just wrote me a letter.

That was number one when he was 16. He went on with the Box Tops to do other songs.

And then he had a group called Big Star. Big Star wasn't well known. They did three albums. But "Rolling Stone" put all three albums in the top 500 albums ever produced in America, and two of his singles were among the top 500 singles ever done in America.

Alex Chilton was like so much in Memphis. He grew up at a time when Elvis Presley was our emissary to the world. He wanted to play music, and he did it, and he did it in his own way: independent, iconoclastic, innovative.

He never cared for the critics. He didn't have that much acclaim at the box office or in record sales, but he did with others. REM was a group that he influenced greatly, and the Replacements did a song called "Alex Chilton."

He was supposed to play at South By Southwest this week in Austin. They are mourning him. He was supposed to play in Memphis on May 15 with the reunion of Big Star at the Overton Park Shell. He won't do that.

His music will live on forever. He is an embodiment of Memphis music: hard, different, independent, brilliant, and beautiful. We are lucky he came our way.

He leaves a wife and a daughter.

□ 1030

HEALTH CARE REFORM

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Madam Speaker, the people of this country like to have simple truth; and the simple truth about the bill that we are probably going to vote on this week is that Americans are opposed to the health care bill. But the Democrats in charge of the Congress think they are smarter than the average American and are going to cram through this bill with tricks, and the people do not want it. It takes away individual freedom and puts the government in charge.

Even the President admitted at the Republican retreat that you would not be able to keep your health insurance if you like it, despite the fact that he had been saying that for months.

Even some Democrats don't like the Senate bill or didn't like the Senate bill that is what is going to be voted on. And the chair of the House Rules Committee said last year the Senate should, "go back to the drawing board," and that the Senate bill, "will do almost nothing to reform health care but will be a windfall for insurance companies."

Vote "no" on this bill.

PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

Mr. MCGOVERN. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 1190 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1190

Resolved, That it shall be in order at any time through the calendar day of March 21, 2010, for the Speaker to entertain motions that the House suspend the rules. The Speaker or her designee shall consult with the Minority Leader or his designee on the designation of any matter for consideration pursuant to this resolution.

The SPEAKER pro tempore (Ms. EDWARDS of Maryland). The gentleman from Massachusetts is recognized for 1 hour.

Mr. MCGOVERN. Madam Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from North Carolina (Ms. Foxx). All time yielded during consideration of this rule is for debate only. I yield myself such time as I may consume.

GENERAL LEAVE

Mr. MCGOVERN. I ask unanimous consent that all Members be given 5 legislative days in which to revise and extend their remarks on House Resolution 1190.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Massachusetts?

There was no objection.

Mr. MCGOVERN. Madam Speaker, H. Res. 1190 authorizes the Speaker to entertain motions that the House suspend the rules at any time through the calendar day of Sunday, March 21, 2010.

This rule is necessary because under clause 1(a), rule XV, the Speaker may entertain motions to suspend rules only on Monday, Tuesday, or Wednesday of each week. The rule also provides that the Speaker shall consult with the minority leader on the designation of any matter considered for suspension. In order for suspensions to be considered on other days, the Rules Committee must authorize consideration of these motions.

And I want to remind my colleagues that any legislation passed under suspension of the rules still must receive at least a two-thirds vote. This rule will help us move important bipartisan legislation before we recess for the upcoming district work period.

A list of suspension bills will be provided by the majority leader at the appropriate time. We expect a number of important bills to be considered. Additionally, we expect the Rules Committee to meet again to make several other rules in order.

Before I reserve my time, let me just state the obvious. We are waiting for

the health care bill to ripen and be ready for floor consideration. While we wait, there is business that this House must attend to, and this rule helps us do that.

But let me be clear. We will vote on the health care bill in the next few days. We will do so with a publicly released CBO score that shows the health care bill does not increase the deficit; in fact, it reduces the deficit. And we will do so while allowing 72 hours for anyone who wants to read and analyze the bill before we vote on it, and we will do so knowing that we will insure 32 million people, 32 million people who currently lack health insurance today.

Madam Speaker, this rule simply allows the House to conduct business until that health care bill is ready to come to the floor for a final vote, a vote which I am confident will prevail.

I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I thank my colleague for yielding time.

Madam Speaker, we are on the cusp of voting on legislation to permit a Federal Government takeover of one-sixth of the Nation's economy.

This is the most significant piece of legislation in our generation. The American people get that, and they do not want this bill. They want health reform that makes sense and that will make health care more affordable and accessible.

When the chairwoman of the Rules Committee, Ms. SLAUGHTER, floated the proposed Slaughter solution last week, the outcry was immediate. You would think that my colleagues would take their title of "Representative" seriously and want to listen to the American people and have an open process. That is why I urge my colleagues to vote "no" on the previous question today, so that we can amend this rule to allow the House to consider H. Res. 1188.

This resolution, sponsored by Mr. GRIFFITH, will ensure an up-or-down vote on the Senate's health care takeover by preventing the Speaker from using the Slaughter solution to ram the Senate health care bill through the House, bypassing regular order. The American people do not want the Senate bill, and neither do most Members in this Chamber.

The American people deserve an open process and an up-or-down vote. Voting "no" on the previous question, Members will be on the record opposing the Slaughter solution and voting to allow for consideration of a remedy aimed at protecting against this attempt to ram through the Democrat plan to socialize medicine.

Madam Speaker, I ask unanimous consent to insert the text of the amendment and extraneous materials immediately prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from North Carolina?

There was no objection.

Ms. FOXX. I reserve the balance of my time.

Mr. MCGOVERN. Madam Speaker, let me just state for the record that this has been an incredibly open process. And when I contrast it to the way my friends on the other side of the aisle handled a similar bill related to health care, and that was the prescription drug bill, I don't know what they are complaining about.

When they brought up the prescription drug bill, this is what it looked like, and it was given to the Rules Committee less than an hour before we were asked to vote on it, and then it was rushed to the floor a total of 27 hours between the time it was brought to the Rules Committee and the time Members were asked to vote on this bill. Contrast that to what we have done on this health insurance reform effort.

President Obama began with a health care summit at the beginning of 2009. Republicans and Democrats were invited and participated. Over the past year and a half, the House held nearly 100 hours of hearings and 83 hours of committee markups. We heard from 181 witnesses, both Democrat and Republican. Two hundred thirty-nine amendments were considered, 121 amendments were adopted. You know, this is the big lie that we are hearing from the other side that somehow this has been a closed process. The Rules Committee will convene on the health insurance reform bill with C-SPAN cameras present.

So this has been an incredibly open process. And I want to commend the Speaker of the House and the chairwoman of the Rules Committee for this open process, in contrast to the way they did their prescription drug bill, and just shoved it before the Rules Committee without anyone being able to read it. So I think that this has been an open process, and we stand by it.

But do you want to talk about process? Let's talk about the process by some of the big insurance companies in this country that routinely deny people coverage for the most silly reasons. They do it because they can.

In some States, Madam Speaker, believe it or not, insurance companies consider domestic violence as a pre-existing condition. I mean, does anybody here think that is acceptable? And the gentlelady's home State of North Carolina, they are one of the States that still allow domestic violence against women to be used as an excuse to deny somebody health insurance. That is unconscionable, and the bill that we are talking about will fix that.

They were in charge for a lot of years, too many years, if you ask me. They drove this economy into a ditch. And during all that time, they did nothing, nothing, to deal with the ris-

ing cost of health insurance that families and small businesses face each and every day. They did nothing about the insurance companies denying people insurance because of preexisting conditions. They did nothing to deal with this issue that domestic violence in some States, including the State of North Carolina, can be used as a pre-existing condition to deny somebody health care.

So we need to do what is right for the American people, and enough of the misinformation and enough of the lies and enough of the distortions. We need to do what the people want, and that is, fix this health insurance industry that we have in this country that, quite frankly, has denied millions and millions of people in this country insurance.

And even those who have insurance have found out as they have been wheeled to the operating room that their insurance didn't cover what they thought.

The time is now for reform, and we are going to do that.

I reserve the balance of my time.

Ms. FOXX. Madam Speaker, my colleague across the aisle talks about what the State of North Carolina does and does not do.

This insurance should be a State issue; it should not be a Federal issue. Maybe changes need to be made in the State of North Carolina, but that is up to the State of North Carolina. This is a Federal Government takeover, which is inappropriate.

Let me talk about the AARP and what they do about preexisting conditions, because our colleagues have put a special carve-out in this bill for the AARP. They deny access with pre-existing conditions by imposing waiting periods on Medigap plans. They have a tremendous turn-down on pre-existing conditions. Medicare turns down more people, twice as many people as the insurance companies do, and they want to put us all in Medicare-type plans. My colleague is a little disingenuous when he brings up selective situations like this.

I now would like to yield such time as he may consume to my distinguished colleague from California, the ranking member of the Rules Committee, Mr. DREIER.

Mr. DREIER. Madam Speaker, I thank my friend for yielding, and of course congratulate her on her fine management of this extraordinarily important rule because of what we are going to be doing when we deal with the previous question.

Now, before I get to that, I would like to engage in a colloquy, if I might, with my good friend from Worcester, and say that we have had this constant drumbeat of us versus them, class warfare. The Democrats are for the people; the Republicans are only for the insurance companies. I mean, we continue

to hear that over and over and over again. So what I would like to do, Madam Speaker, is to disabuse my friend and others on the other side of the aisle and many people in the media who continue to put forth this argument by saying or making the charge that we have tried to do nothing to deal with this issue out there, and that is crazy. And, Madam Speaker, I would like to go through a few of the things that we have done that have been designed to bring the cost of health insurance down to make sure, to make sure that more Americans have access to quality health insurance.

Let's begin by something that I introduced, and I am happy to say we have put into law. I introduced it 23 years ago in 1987, the first bill to call for the establishment of medical savings accounts, which incentivize Americans to put more dollars aside to save for direct health care costs or health insurance costs.

The second thing that we have done, I am very proud of the work product of Medicare part D by ensuring that more seniors have access to affordable prescription drugs.

But, Madam Speaker, what I would like to do is talk about a couple of things that we have worked on and when we were in the majority that we passed through this House, but, unfortunately, were blocked by my friends on the other side of the aisle in the other body. Those two things are, number one, associated health plans.

Now, President Obama has said that he believes that the notion of allowing small businesses to come together to pool so that they can have the benefit of lower insurance rates is something that he finds somewhat appealing; and yet, when we passed that in this House, sent it to the other body, my colleagues on the other side of the aisle chose, unfortunately, to block that measure.

And what is it that has happened? Well, we have seen an increase in the number of people who don't have health insurance in this country because of the fact that Democrats in the other body chose to block our establishment of associated health plans so that small businesses out there can come together.

And the second issue, which, again, the President stood here in his address to the joint session of Congress, Madam Speaker, and talked about and he believed was important for us to utilize, and that is real lawsuit abuse reform.

Now, unfortunately, one of the reasons that we see this dramatic increase in health care costs is that—what has happened? Many doctors—and listen to this: Many doctors have to engage in what is described as defensive medicine. They have to constantly prescribe all kinds of tests which are unnecessary, but they do it for one reason,

Madam Speaker, and that is they do it because they are afraid of being sued.

Now, Madam Speaker, in the last Republican Congress, in our attempt to bring the cost of health insurance down we passed out of this House real lawsuit abuse reform legislation. It was blocked in the other body by our Democratic colleagues.

So this notion that was put forward by my friend from Worcester that we somehow have done absolutely nothing to deal with the plight of those Americans who don't have access to quality health insurance is preposterous.

Now, Madam Speaker, we have heard about this issue of transparency, and disclosure, and accountability, and I listened to my friend from Worcester argue that we have had this great deal of transparency. Then I ask you, Madam Speaker, why is it that the American people are saying that we should start over and we should in fact have a process that is transparent and open?

□ 1045

Never before, never before in the history of the Republic have we seen the process that is being contemplated used on such a massive issue and on the signature issue of an administration. We all know that this is the signature issue that has been put forth, argued for more than a year; and now what we've had is the Speaker and the majority leader and the distinguished chairwoman of the House Committee on Rules say that it is acceptable for us to completely deny accountability, to avoid accountability, and to prevent Members from actually being responsible for the votes that they cast.

Well, Madam Speaker, the American people get it. No matter how diligently they work overtime in the back rooms in this Capitol to block any opportunity for transparency, the American people are able to see through what it is that they're doing. It's one of the great benefits of the new technology that exists today and the fact that there are Democrats as well as Republicans who are decrying this.

I joke with my friend from the Grandfather community that sometimes I watch some of the programs on television that may be a little left of center. And I'm proud to do that. I watch them with regularity. And I have listened to a number of their commentators who would in no way be considered supporters of the Republican vision that is out there actually say that it is wrong. It is wrong for Democrats to go down this road of self-executing this massive, massive bill. They're arguing for transparency and disclosure and accountability, and I believe that it makes a great deal of sense.

When we defeat the previous question—I hope, Madam Speaker, we will be able to do that—we will take the

initiative that has been launched by our newest Republican colleague, PARKER GRIFFITH, who has come forward and offered a proposal to say that if we're going to debate this health care bill, we should have an up-or-down vote and we should have extended debate, because the process that's being contemplated right now, Madam Speaker, would not allow one single minute of debate on the floor of the people's House to debate the health care bill. The only thing that we would debate is 30 minutes on either side on the special rule that would come to the House floor.

And so, Madam Speaker, I urge my colleagues to vote "no" on the previous question. And when we do that, we will bring up and allow a vote on the Griffith proposal that will ensure that we will have an up-or-down vote on the health care issue and the kind of free-flowing debate that the American people deserve.

Mr. MCGOVERN. Give me a break. That somehow Republican ideas have helped anybody in this country dealing with the high cost of insurance, it's ridiculous. In California alone, 8 million people last year went without health insurance. That's about 25 percent of all Californians under the age of 65; 25 percent in California, where they have some of the strongest malpractice laws in place.

I mean, this is crazy. The fact is that people are struggling to pay for their health insurance. And people who pay for it ought to be able to get the insurance that they think they're going to get. We have a situation now where it's not just we have to worry about the uninsured; we have to worry about people with insurance who all of a sudden find themselves sick or a loved one sick and find for crazy reasons that they are somehow going to be denied coverage. This is the United States of America. We could do better. We can have the best for everybody. Why not?

At this point I'd like to yield 3 minutes to the gentleman from Pennsylvania (Mr. FATTAH).

Mr. FATTAH. Let me thank my colleague from the Rules Committee for yielding me some time. The beauty of sports—you know, we're entering into March Madness; we just witnessed the Olympics. When you get to sports, there's a scorecard. All the talk and all the bravado really doesn't matter. You kind of look at what the score is. And we had a Republican President, we had a Republican House, a Republican Senate for 6 years. And on the question of providing insurance to tens of millions of Americans who didn't have it, they did zero. On the question of reining in insurance companies in terms of excess costs, they did zero. In terms of dealing with the practices of insurance companies taking away coverage on a pre-existing condition, because they say pregnancy is a preexisting condition or

acne or domestic violence, the Republican President and the majority in the House and the Senate for 6 years did zero.

Now we have a Democratic President and a Democratic House and a Democratic Senate. In less than 16 months, we have provided health care to over 10 million children, even against the tobacco lobby and all of our Republican colleagues, many of whom voted against it. We prevailed. We in this House voted to take away the antitrust exemptions from insurance companies. Within just a few hours, some 72 hours from almost this moment, we are going to provide over 32 million of our fellow citizens with health insurance coverage through a health care reform proposal. We're going to rein in the worst practices of insurance companies. We're going to eliminate lifetime caps and yearly caps. We're going to make sure that children with preexisting conditions can't be denied coverage, and then down the road, adults.

So we are moving to look now at the scorecard. All of the talk is wonderful. I heard my colleague say, Well, they've done this and they tried to do this. Whatever the Republican President and majority did over those 6 years is overwhelmed by what was left undone. And we have begun this work. We're going to finish this work. And we're going to make sure that in this country we join the rest of the industrialized world in providing insurance for all of our citizens. We began this fight, and we're prepared to vote about it in just some 72 hours, all of this talk notwithstanding.

Ms. FOXX. I want to say that, again, our colleagues across the aisle are in the business of picking winners and losers. They do love one insurance company. They love the AARP, which in 2008, from their financial statements, had royalty fees of \$414 million. Pure profit on their bottom line. I raised this issue with Mr. RANGEL when he was at the Rules Committee before, because I am very concerned about the way AARP is being represented to the people. Their profits have skyrocketed in recent years, jumping 31 percent just from 2007 to 2008. So we find, again, that they want to pick the winners and losers instead of allowing individuals in this country to make their decisions on what they should be doing.

I'd like now to yield 2 minutes to my distinguished colleague, the gentleman from Georgia (Mr. BROUN).

Mr. BROUN of Georgia. I thank Ms. Foxx for yielding. I want to ask three questions of my Democratic colleagues: Are you so arrogant that you know what's best for the American people? Are you so ignorant to be oblivious to the wishes of the American people? Three-fourths of America does not want this bill. Are you so incompetent that you ignore the Constitution; that you have to use tricks and

deception to ram down the throats of the American people something that they absolutely do not want?

I hope and pray and I call upon the American people to speak louder, and I hope and pray that our Democratic colleagues will listen to the American people, listen to their constituents, and stop this government takeover of health care. I hope you will listen to President Obama when he says that the American people deserve an up-or-down vote.

I hope that I can encourage my Democratic colleagues to defeat this previous question so that Democrats and Republicans can work together, so that we can find some commonsense solutions to literally lower the cost of health care, so government doesn't take over the health care system that's going to drive a million people out of work, that's going to run the cost of everybody's health insurance up, if they have private insurance. It's going to destroy the private health insurance system. As a medical doctor, I'm not a proponent of the health insurance system. But please listen to the American people. Let's defeat this PQ and let's work together to find some commonsense solutions. This is in the best interest of America.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman from Georgia and all Members are reminded to direct their remarks to the Chair.

Mr. MCGOVERN. I think the gentleman from Georgia nicely summed up the tone of the opposition. They'd rather engage in name-calling than at finding solutions. Grand Old Party, indeed.

Let me tell you what I think incompetence and ignorance is, Madam Speaker. That's allowing 46 million Americans to go without health insurance. It's putting profits over patients. It's allowing insurance companies to discriminate for preexisting conditions. We can do better. This is the United States of America. We can do better for our people.

At this time I'd like to yield 3 minutes to the gentleman from Kentucky (Mr. YARMUTH).

Mr. YARMUTH. I thank my colleague. You know, it's fascinating to have been engaged in this discussion for the better part of a year now as we talk about the things that we know the American people are demanding. They want us to act. They want us to act now in a comprehensive way to solve some of the problems facing the delivery of health care in this country.

We know because we've seen polls, just as our colleagues on the other side have seen, that when you ask the American people do they want competition and choice in their health care insurance system, they say, by margins approaching 75 or 80 percent, Yes, we do. Do they want an end to the insurance practices of ending prejudice, dis-

crimination because of preexisting conditions; by overwhelming margins, they say, Yes, we do. When we say, Do you want protection against having your insurance canceled just because you happen to get sick, they say, by overwhelming margins, Yes, we do. When you work through all of the elements of the legislation we're considering and will approve this weekend, the American people overwhelmingly say, Yes, we want that.

I know our colleagues like to throw out these national poll numbers now and say, Well, these polls show that—now it's about 50-50—but the American people really don't want this. Well, there's one poll recently that asked those people who said they were against President Obama's reform plan, the congressional plan, they said, How many of you who say you're against it are against because it doesn't go far enough? And nearly 40 percent of those said, That's why we're against it. And that's kind of what I've been hearing in my district. Just like the shop owner I spoke to over Christmas who said, You know, I'm against what you're doing. I said, Really, why is that? She said, Because I have diabetes and I can't wait until 2014 to get the help I need. Is she against reform? Not on your life. Not on her life either. She wants reform. She wants it faster and she wants more of it.

And that's what I'm hearing all over in my community. I don't know what is going on in some of our Republicans' communities, but what I hear by overwhelming margins, people say, Do it. Do it now. We are desperate.

And you know what's interesting? As we've gone through this debate, and my friend Mr. DREIER was down here just a few minutes ago talking about how much they did when they were in control of Congress, well, they say they were for having insurance companies being able to sell insurance across State lines. Did they do anything when they had control of the Congress for 12 years? Did they make that possible? No. They say they're for ending preexisting conditions. Did they do anything about that? No. How about the rescission issue? Did they do anything about that? No. Yes, they passed the prescription drug plan. For some people, that's working out very well. For those who are in the doughnut hole, that middle portion where they pay 100 percent of the cost, it's not working out very well.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. MCGOVERN. I yield the gentleman 1 additional minute.

Mr. YARMUTH. Did they do anything about that? Yes, they did. They passed the bill, but they didn't pay for it. And now the CBO says that's going to add \$8 trillion to our debt.

□ 1100

So while the Republicans say they've been concerned about solving America's health care problems, they really haven't done anything about it. And the one thing that sticks with me throughout this entire debate, 1 year long, nobody on the Republican side has ever said in any discussion that they had any interest in insuring the uninsured. Those 47 million people, many of whom are going bankrupt, some of whom are dying, 18,000 a year are dying, almost a million a year are going bankrupt, did they say anything about insuring the uninsured? Not a word.

So we're committed to providing the health care system America needs, wants, and demands. We're going to do it this weekend. And as I said before, this will be the proudest vote I ever cast on the floor of the House of Representatives.

Ms. FOXX. Madam Speaker, I want to say to my colleague from Kentucky, even his own President has said that Americans will not have competition and choice in terms of what they are able to keep. He said that people will not be able to keep the insurance plans they like under this plan. So I wanted to make a correction of that.

With that, I yield 2 minutes to my distinguished colleague from South Carolina and the next Governor of South Carolina, Mr. BARRETT.

Mr. BARRETT of South Carolina. I thank the gentlewoman for yielding.

Madam Speaker, I urge Members to vote "no" on the previous question so the rule can be amended and the House can consider H. Res. 1188. If passed, this bill will ensure a straightforward up-or-down vote on the Senate-passed health care bill.

From the moment this bill was introduced, Madam Speaker, this government takeover of health care has been on life support, kept alive only by closed-door processes and sweetheart deals. Over the past several months, I have spent a tremendous amount of time in South Carolina talking to folks about health care, and, quite frankly, the American people are tired of the games, the gimmicks, and they've been tired of us trying to muscle this bill through the legislative process. It's time we pull the plug on all these secretive schemes, Madam Speaker.

The cure is real and true transparency. The American people deserve an honest debate and an open vote by Congress on this legislation. Therefore, I urge all of my colleagues to vote "no" on the previous question. Madam Speaker, let's give the American people a true up-or-down vote on this legislation.

Mr. MCGOVERN. Madam Speaker, can I inquire how much time remains on both sides?

The SPEAKER pro tempore. The gentleman from Massachusetts has 16 min-

utes remaining. The gentlewoman from North Carolina has 15 minutes remaining.

Mr. MCGOVERN. Madam Speaker, I yield myself such time as I may consume.

I want to make something clear, and that is the President has said over and over and over again that if you like what you have in terms of your insurance, you can keep it. No matter what my friends on the other side say, no matter how much they don't like the fact that people can keep their own insurance—and the President has assured that over and over again—no matter what you say, the facts are the facts, and that is a fact.

The other facts are: what will health insurance reform do starting the first day it becomes law? On day one, on day one annual caps on coverage would be eliminated. On day one, rescissions, the practice of dumping people even if they have paid their premiums, would be eliminated. On day one, preexisting conditions, exclusions for children would be eliminated, and, over time, all preexisting condition exclusions would be eliminated. On day one, parents would be allowed to carry their children on their health insurance policy until their 26th birthday. On day one, a down payment toward completely closing the doughnut hole for seniors would be met with a \$250 rebate for those in Medicare part D.

This is all what will happen on day one when we pass it. These things here are important to the American people. These are the things that when they were in charge, they didn't have time to do. We had to do tax cuts for people who were wealthy. We had to give corporations more tax cuts and more subsidies. Well, the time has come for us to care about the American people and do something for the American people, and this is it.

I reserve the balance of my time.

Ms. FOXX. Would the gentleman yield for a question?

Mr. MCGOVERN. On your time, I will.

Ms. FOXX. Let me say, Madam Speaker, that the gentleman obviously did not pay attention to what the President said at the Republican retreat, because he said he had made a mistake in saying that people could keep their insurance plans if they liked them, that a few stray cats and dogs had gotten into the Senate bill. And what I wanted to ask my colleague is: Can he guarantee the American people that, in the Senate bill that they are going to vote on under a trick being used by the Rules Committee, that the American people will be able to keep their insurance plan if they like it? Because the President has said that isn't the case, and I think it's really important that we get that said here.

With that, I yield 3 minutes to my colleague from Texas (Mr. GOHMERT).

Mr. GOHMERT. Madam Speaker, I do appreciate my friend across the aisle earlier saying that all lies and distortion must stop, and I am glad that he has finally agreed with us on that proposition. It is important, because, for one thing, people have been misled about what this bill does and doesn't do. I heard one of my friends across the aisle yesterday saying, Gee, great news. I've got 25 names of religious leaders who are pro-life who have now taken a look, and they've said this is okay.

As a pro-life person, I don't believe this changes existing law. They look at page 119, and they see under subparagraph capital B, little I: Abortions for which public funding is prohibited. The services described in this clause are abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is not permitted, and based on the law as in effect as of the date that is 6 months before the beginning of the plan year involved.

So they look at that and say, Oh, okay, that doesn't change existing law. That's great. And they don't look over to page 124 that says, Under this bill you have to provide insurance policies that will actually cover—it says here—there is at least one plan that provides coverage of services described in clause little I of subparagraph B. That's the one that says you can't use Federal funds to pay for abortion. And a few pages over it says you have to provide these policies that will fund abortions from the paragraph we said we won't fund. That's the kind of gamesmanship that's in here, and people will suffer as a result. That's just a small example.

Now we hear over and over that you guys are killing people by not letting them have this plan that we've got for them. Well, we heard the President say in 2007, Gee, the first step will be—this bill is actually what we're talking about passing here. That will be the first step, and then there will be the transition basically into full socialized medicine.

He said Canada had to start with this kind of bill and then go to the full socialized medicine. Well, let's look at what they did. Here you find out that if you want to die quicker from cancer than any other country, don't come to the United States because you'll live longer here. Folks, that's just not right.

I have a bill that does the things that we're talking about, and Newt Gingrich told me back in June, Man, that will revolutionize the discussion of health care. I've been trying since June to get that scored, and I can't get it scored. I'm shut out. Oh, yeah, they're objective. They'll snap their fingers. They'll get you a CBO score the next day, but not for this Republican, even with the support of all the people they said I needed to get it scored. Let's get fair for a change.

Mr. MCGOVERN. Madam Speaker, gamesmanship my foot. There is no Federal money in this bill for abortion. The Hyde amendment applies to this bill. That's the law of the land. To get up here and to try to—

No, I will not yield on that. There is enough misinformation being said on this floor. I will not yield.

And, Madam Speaker, in terms of scores, let me read the CBO score today from how it appeared in Roll Call. "An analysis of the Democratic health care overhaul by the Congressional Budget Office shows it would cost \$940 billion over a decade and expand insurance to 32 million people. The package also will slice the deficit by \$130 billion in the first decade and a whopping \$1.2 trillion in the second," a House Democratic leadership aide said Thursday. "The CBO report, which will soon be published, will show that the plan cuts the growth of Medicare costs by 1.4 percent per year while eliminating the doughnut hole. Those cuts would extend the solvency of Medicare for at least an additional 9 years."

If you want to talk about scores, that's one of the scores here. This bill will not only insure 32 million people, it will cut our deficit, which is something that everybody says they want to do. So let's stick to what's real here.

With that, I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I think the thing that my colleague across the aisle fails to mention when he talks about the deficit is that, in order to do that, they raise taxes, and that's something they always leave out. They're never real about that.

I yield an additional 30 seconds to my colleague from Texas.

Mr. GOHMERT. I appreciate my colleague saying there is no money in here for abortion because the Henry Hyde amendment doesn't allow it. He is correct with regard to the appropriations through Labor and HHS. That's all the Hyde amendment applies to. It doesn't apply to the trillions of dollars that are appropriated in this bill around Labor-HHS. That is money the Hyde amendment doesn't apply to. My colleague asked us to get real. That's as real as you get. There's money that goes around the Hyde amendment.

Mr. MCGOVERN. I yield myself 30 seconds.

Again, just to reiterate that there are no Federal funds in this bill to cover abortion, there was an amendment in the Senate by Senator NELSON which made that clear. It is crystal clear. There should be no debate about it, and anybody here on the floor who is saying that somehow it does is just plain wrong.

I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I now yield 2 minutes to my distinguished colleague from Louisiana (Mr. SCALISE).

Mr. SCALISE. I thank the gentlewoman from North Carolina for yielding.

You know, here we're talking, and this is about the only opportunity we're going to have for real debate on this because Speaker PELOSI and her liberal lieutenants have decided that they're going to try to ram this down the throats of the American people without even having an actual vote on the House floor, which, of course, violates Article I, section 7 of the Constitution. There are a tremendous number of constitutional questions about the bill, but they keep talking about how good their bill is.

Let's just look at their credibility on this issue. Of course when Speaker PELOSI got the gavel in 2006 and became Speaker, she said, The Democrats intend to lead the most honest, most open, and most ethical Congress in history. Well, let's review the record. Of course, just a few weeks ago, Speaker PELOSI says, But we have to pass the bill so that you can find out what is in it. They don't even know what's in the bill. They won't even release the CBO score. There are rumors flying around. There are all these backdoor secret negotiations. They said all of this would be on C-SPAN. The President said it eight times. They're meeting behind closed doors this very minute cutting more sweetheart deals, and no C-SPAN cameras. They threw the public out of those hearings. They broke that pledge multiple times.

Now let's look at the latest on this Slaughter rule. Speaker PELOSI just said this the other day, But I like it because people don't have to vote on the Senate bill.

Now, do they really think the people of this country are stupid? Of course the people know what's going on. The people are watching this closely, and the people will not be fooled by this abomination of the process. But if their bill really was so good, why are they doing all of this behind closed doors?

They broke every promise they made along the way, but yet they want you to believe, Don't worry. It's still going to work out the way we want it. If you like what you have, you can keep it. We've seen multiple times where the President has said that, and that turned out not to be accurate. We know now—and it has been confirmed—that you will lose health care you have that you like under their bill. We have seen on abortion language, they keep saying even to this minute, Don't worry; no taxpayer funding for abortion.

Now, are you going to believe folks that broke every promise or are you going to believe the Catholic bishops and National Right to Life who confirm there is taxpayer funding for abortion?

The SPEAKER pro tempore. The time of the gentleman from Louisiana has expired.

Ms. FOXX. Madam Speaker, I yield the gentleman an additional 30 seconds.

Mr. SCALISE. I thank the gentlewoman.

I will finish it up with this. Are you going to believe the people who have broken every other promise they have made about the bill or are you going to believe the Catholic bishops and National Right to Life who said this would be a career-defining pro-abortion vote? That was National Right to Life. Do you believe them or do you believe the folks who broke every other promise and are meeting behind closed doors right now, cutting more sweetheart deals that they don't want anybody to see?

If their bill was so good, why are they trying to pass it without an actual vote? Because they know the American people are sick and tired of this proposal to have a government takeover of health care, and they don't want it. The public will be heard on this issue. We need to defeat this bill.

Mr. MCGOVERN. Madam Speaker, I don't know how to respond to that tirade. Let me just say this. The reason why this bill is good is because it insures 32 million people right now in this country who don't have insurance. The reason why this bill is good is it's going to ultimately contain the costs that average families and small businesses have to deal with right now with the rising cost of health care. The reason why this bill is good is it prohibits insurance companies from discriminating against people with preexisting conditions.

We have heard story after story where people were denied insurance because their preexisting condition was acne. I mean, we have heard stories where insurance companies have cut people off from insurance because their weight was wrong on the application. I mean, we have heard stories where women have been denied insurance because their preexisting condition was they were a victim of domestic violence. I mean, give me a break. We are supposed to be the greatest deliberative body in this country. We should be talking about how we solve these problems, not all these rhetorical flourishes that are just misinformation, blatant misinformation.

□ 1115

Enough. Let's get down to what matters, and that is doing something for the American people.

I know it may not be convenient for your elections in November. I know, you know, you're all trying to figure out how do you deny President Obama any victory. How do we obstruct the process? You here in this House, your friends over in the Senate who used the filibuster over and over and over again.

People are sick of that. People want us to help deal with this issue that,

quite frankly, is becoming an issue that they can not handle because the costs are going up and up and up. Small businesses aren't hiring people because their health insurance costs are going up. Average families are going bankrupt when someone gets sick. So let's do the right thing.

I reserve my time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair and not to others in the second person.

Ms. FOXX. Madam Speaker, I find it so interesting that our colleagues across the aisle talk about the problems with the filibuster in the Senate. But that is exactly why bills could not get passed that Republicans in the House passed but couldn't get them passed in the Senate because Democrats filibustered.

And about misinformation, there probably has never been a bill that has been more misrepresented to the American people than what is going on here in terms of this bill. And I do think the American people understand the truth, and they're going to act on the truth later on this year. They're doing it now. They're telling them, don't vote on it. But they feel obliged to do it.

I want to say that while my colleague across the aisle keeps ranting and raving about corporate profits for insurance companies, he doesn't say a word about the corporate profits for the Big Pharma companies. And yet, these are, they are wholly-owned subsidiaries of the Big Pharma companies.

Of all the single industry lobbies in Washington, the largest is the Pharmaceutical Research and Manufacturers of America. PhRMA sent \$26.2 million on lobbying last year. That's nearly three times as much as the insurance lobby, which spent only \$8.9 million.

And let's talk about profits. Drugmakers' combined profit margin last year—this is from an article of The Examiner from March 17, 2010, yesterday—profit margin was 22.2 percent, compared with the insurers' 4.4 percent. Drugmaker Merck's net income, \$12.9 billion, exceeds that of the 10 largest insurers combined. And I can go on and on. Madam Speaker, I'd like to put this article in the RECORD.

And the reason they don't talk about Big Pharma and the drug industry is because Big Pharma helped write this bill, because it protects them. They know that they are going to get a windfall out of this bill, and they, again, our colleagues across the aisle, are wholly owned subsidiaries of them.

Madam Speaker, our colleague, my colleague from Louisiana, brought up a very, very important point that I think needs to be mentioned again and again. What Chairwoman SLAUGHTER has proposed, and what will be done here, is to use a rule providing for consideration of both the Senate and reconciliation

bills to deem the Senate bill passed, avoiding the political problem that stems from taking a true up-or-down vote on the horribly unpopular legislation.

If this legislation is doing so much good for the American people, then our colleagues should be proud to be voting for this in an up-or-down vote. They keep saying it, but you know, saying it doesn't make it so.

Even though, again, Speaker PELOSI said on page 23 of her "New Directions for America" document issued in the 109th Congress that "Every person in America has a right to have his or her voice heard. No Member of Congress should be silenced on the floor." Then on page 24 she states that "Bills should come to the floor under a procedure that allows open, full and fair debate, and Members should have at least 24 hours"—later expanded to 72 hours—"to examine the bill text prior to floor consideration."

Yet, as Mr. SCALISE has said, all we've seen are broken promises. And now, Speaker PELOSI is advocating parliamentary trickery to avoid an up-or-down vote on the Senate health care bill. And he quoted her as saying, "This is a great way to do it because it avoids an up-or-down vote."

This is not what the American people sent us here for. They didn't send us here to undermine the rule of law and to do things with tricks. They know this is the wrong thing to do. That's why they have been jamming the phones and telling our colleagues, vote "no."

[From the Examiner, Mar. 17, 2010]

DEMS TAP DRUG MAKER MILLIONS FOR
PHRMA-FRIENDLY BILL

(By Timothy P. Carney)

As they whip for the health care bill, Democratic leaders pack a mean one-two punch of populist rhetoric and the hefty financial backing of the drug industry.

In the heated yearlong health fight, President Obama has often accused his opponents of willful misrepresentation, even as he and his allies have endlessly repeated the biggest whopper of all—that the bill would rein in the special interests.

The Obama team regularly dismisses opponents as industry lackeys. The Democratic National Committee blasted out e-mails this week warning that "for every member of Congress, there are eight anti-reform lobbyists swarming Capitol Hill" and "Congress is under attack from insurance lobbyists."

But drug industry lobbyists, according to Politico, spent the weekend "huddled with Democratic staffers" who needed the drug lobby to "sign off" on proposals before moving ahead. Meanwhile, we learn that the drug lobby is buying millions of dollars of ads in 43 districts where a Democratic candidate stands to suffer for supporting the bill. The doctors' lobby and the hospitals' lobby are also on board with the Senate bill.

So the battle at this point is not reformers versus industry, as Obama would have you believe. Rather, it is a battle between most of the health care industry and the insurance companies.

(And the insurers are not opposed to the whole package. On the bill's central planks—

limits on price discrimination, outlawing exclusions for pre-existing conditions, a mandate that employers insure their workers and a mandate that everyone hold insurance—insurers are on board. They object mostly that the penalty is too small for violating the individual mandate.)

Pharmaceuticals are a far more entrenched special interest than the insurers.

Of all the single-industry lobbies in Washington, the largest is the Pharmaceutical Researchers and Manufacturers of America. PhRMA spent \$26.2 million on lobbying last year—that's nearly three times as much as the insurance lobby, America's Health Insurance Plans, which spent \$8.9 million.

If you include individual companies' lobbying pharmaceuticals blow away the competition, beating all other industries by 50 percent, according to data at the Center for Responsive Politics.

Given this Big Pharma clout, it's unsurprising that the bill Obama's whipping for—Senate bill—has nearly everything the drug companies wanted; prohibiting reimportation of drugs, preserving Medicare's overpayment for drugs, lengthy exclusivity for biotech drugs, a mandate that states subsidize drugs under Medicaid, hundreds of billions in subsidies for drugs, and more.

PhRMA chief Billy Tauzin, who was vilified by Obama on the campaign trail, worked out much of this sweetheart deal in a West Wing meeting with White House Chief of Staff Rahm Emanuel. Tauzin visited the White House at least 11 times. He left his imprint so deeply on the current bill that it should probably be called BillyCare rather than ObamaCare.

Recall that pharmaceutical executives and political action committees dug deep trying to save the flailing candidacy of Democrat Martha Coakley in Massachusetts—a race that was explicitly a referendum on health care. She took in more than 10 times as much drug company cash as Republican Scott Brown.

This week, PhRMA, through a front group called Americans for Stable Quality Care, is rolling out millions of dollars in advertisements for the Democrats' jury-rigged package consisting of the BillyCare bill and some as-yet-undetermined "budget reconciliation" measure. The ads reportedly will target wavering Democrats.

But supporters of BillyCare will continue to attack opponents as shills for insurance companies, demonizing, as Obama puts it, "those who profit from the status quo."

Let's look at those profits. Drug makers' combined profit margin last year was 22.2 percent, compared with insurers' 4.4 percent. Drug maker Merck's net income, \$12.9 billion, exceeds that of the 10 largest insurers combined.

Pfizer, which netted \$8.64 billion last year, gave its CEO, Jeff Kindler, a 12.5 percent salary increase, bringing his compensation to \$14.9 million. Pfizer, in a federal filing, attributed the raise partly to Kindler's work "developing and advancing U.S. and global public policies that serve the overall interests of our Company," including his "constructive participation in the U.S. legislative process." Kindler contributed the maximum to Obama's election, and Obama raised more money from the drug industry than any candidate in history.

On this bill, Republicans side with insurers, and Democrats mostly side with the richer and more powerful drug makers. The difference: Republicans didn't cut a backroom deal with the insurers. Obama will still play the populist card, even as the drug lobby is his ace in the hole.

Madam Speaker, I am going to reserve the balance of my time.

Mr. MCGOVERN. Madam Speaker, let me just yield myself 30 seconds to remind my colleagues that there's a cost to doing nothing. There's a cost to embracing the status quo, as my Republican colleagues have suggested. For middle-income families alone, the number of uninsured people in this income group would increase by 7.3 million people. That's in the middle-income categories. Is that the direction we want to go? To force millions and millions of more people into the ranks of the uninsured, which will ultimately add to our deficit and to our debt? I don't think so.

Madam Speaker, at this time I would like to yield 2 minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. I appreciate the gentleman's courtesy in permitting me to speak on this rule, and for his unequivocal call for being realistic about some of the outrageous things that we've heard on the floor.

I just heard my friend from Texas talk about demonizing the Canadian system and calling it socialized medicine. It's really kind of ironic. First of all, Canada has basically Medicare for all. It is a government-funded insurance program, but Canadians pick who they want to be their doctor, just like Americans who are on Medicare pick their doctor. And I would say, frankly, that most Americans would be happy with the overall outcome of the Canadian health care system. They pay less, they get sick less often. When they do get sick, they get well faster, and they live longer than Americans.

The sad truth is that our nonsystem of health care, which is very good for veterans, it's pretty good for senior citizens, but for other Americans, particularly the uninsured now approaching 50 million, it's a problem. And increasingly, if we don't do something, the increasing premiums that we're seeing for private insurance, higher copays, higher deductibles, and coverage that is getting skinnier and skinnier puts us on a path that is disastrous for American families.

I hope that we'll be able to come forward, move past some of the outrageous rhetoric and the falsehoods, to look at the facts. Americans have, if they can afford it, some of the best health care in the world.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. MCGOVERN. I yield the gentleman an additional 1 minute.

Mr. BLUMENAUER. For those who can afford it, they have some of the best health care in the world. But Americans, overall, by any objective measure of performance, like life expectancy, or how soon babies die, we don't perform very well.

And increasingly, the pressure on small business to deal with the failing

system, what's happening on families who are having more and more insurance bureaucrats trying to prevent them from getting coverage, is a prescription for disaster. That's why this year there will be more than 1,000 people that I represent who will go bankrupt from medical costs, and most of them have insurance.

Madam Speaker, that doesn't happen anywhere else in the world. And if we're able to move forward with this health care reform, it will no longer happen in the United States.

Ms. FOXX. Madam Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Madam Speaker, at this time I yield 2 minutes to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Madam Speaker, I think it is so important for us to move forward and not be derailed in our efforts to reform what is important policy in this country. Health care, obviously, is something that needs to be provided in terms of insurance to our working families out there. We know the impact of delay and the impact of no reforms. Status quo simply does not cut it. We cannot afford to allow our families to continue with such gross injustice.

Obviously, the increase projected, \$1,800 per year for family plans, is a train wreck waiting to happen. Today the average of some \$13,000 for family plans would grow in the next decade to some \$31,000. Which small business out there could afford to pay that or even a fraction of that for its employees?

We know that what we're trying to maintain here is an employee-based health care insurance system. Well, the employer-based system needs some sort of relief. We need to know that there are assurances for containing those costs, for making certain that into the future we'll have a safety net for our working families and for our business community. In the measure we're advancing there is assistance for small businesses. It's providing them the opportunity to make this sharing affordable.

We know that the benefits that come with reducing the deficit with our bill, having been scored by CBO, is looking at \$130 billion for the first 10 years and some \$1.2 trillion into the next 10 years. This is progress. This is a step in the right direction.

We also know of the reforms where those who are denied, for whatever bias—for gender, for preexisting conditions, for acne, almost a laughable concept, but used to deny people. Toddlers who are denied because of overweight, individuals who have perhaps been violated, sexually violated, or domestic violence, have been denied. These reforms are essential, and let's do them now.

Ms. FOXX. Madam Speaker, I'd like to yield 1 minute to my colleague from Arizona (Mr. FLAKE).

Mr. FLAKE. Madam Speaker, you know, it's often said around this place

that nobody cares about process. It's only the substance of the policy. But the process lends itself to the substance. And bad process equals bad policy, especially when it's done over and over again.

Now we've seen over the past couple of years a shrinking of the ability of the minority party to actually come to the floor, offer the amendments it would like to offer, actually have an impact on the policy debate. Now, that's process. But it has an impact on the policy.

Over time, if a majority simply asserts its rights under the House rules to minimize debate or to have a vote without having a vote, to deem something through, if you do that kind of thing continually, you're going to get a bad product. And I would suggest that the health care reform bill that we will vote on, maybe, or we will deem later this weekend, is a bad product, and it's partly because of a flawed process.

Mr. MCGOVERN. Madam Speaker, I yield myself 10 seconds. You want to talk about process? Over the past year and a half the House held nearly 100 hours of hearings. In 83 hours of committee markups we heard from 181 witnesses, both Democrat and Republican. Two hundred thirty-nine amendments were considered, and 121 were adopted. I think that's a pretty good process.

I reserve my time.

Ms. FOXX. Madam Speaker, I continue to reserve.

Mr. MCGOVERN. Madam Speaker, I'm the final speaker, so I would yield to the gentlelady to give her closing, and I'll reserve my time.

Ms. FOXX. Madam Speaker, I want to say that what my colleague from Massachusetts just said about all those hours of hearings, it was a totally different bill. No hearings have been held on this bill; a totally different bill. That isn't the way we work around here.

What they're asking people not to vote on is a bill that came from the Senate. It isn't the House bill. So let's, again, get real here and let's talk about what we should be talking about.

You know, my colleagues across the aisle were against the Senate bill before they were for the bill, and I would like to quote my distinguished colleague who is the Chair of the Rules Committee when she said on December 23, 2009, "Under the Senate bill, millions of Americans will be forced into private insurance plans which will be subsidized by taxpayers. That alternative will do almost nothing to reform health care, but will be a windfall for insurance companies." She went on to then say "The Senate has ended up with a bill that isn't worthy of its support. Supporters of the weak Senate bill say, just pass it. Any bill is better than no bill. I strongly disagree."

□ 1130

Now that very same person has done everything possible to get this bill

passed in this House so that it will become law. It is no wonder that the majority is considering procedural tricks and sleight of hand, because the bill that they are proposing to pass doesn't provide true health care reform. And the process doesn't pass the sniff test.

Republicans will never accept the status quo for health care. We can do better. We need to have a bill that will lower the cost of health care in America. But you do not lower the cost of health care by creating new government-run programs. We can lower the cost by putting patients, average, everyday Americans in charge of their health care, not insurance companies and not the government. Lower costs will result from putting patients in charge of their health care through innovations like expanded health savings accounts and by making sure that trial lawyers are not driving up the cost of health care with a blizzard of frivolous lawsuits.

We should be revitalizing America's economy and promoting economic freedom. The nonpartisan Congressional Budget Office estimates that the Republican plan will reduce the deficit by \$68 billion.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. McGOVERN. Madam Speaker, I yield myself the balance of my time.

My friends on the other side of the aisle would have you believe that there won't be a vote on health care in the next few days. Nothing could be further from the truth. My friends on the other side of the aisle are very good at making things up.

Let me be clear: This House will vote to move the Senate bill forward. The process will work. The President will have a bill to sign and the Senate will have a set of corrections and improvements to the bill, much of what we have done here in this Congress. We will have corrections and improvements to the bill that President Obama will sign into law. This idea that the House will not vote on the health care bill is simply not true. It is I guess a good smoke screen, but it is simply not true.

Madam Speaker, our friends are using this previous question to hide the fact that they simply do not want to improve the health care system, that they prefer to leave 32 million people uninsured. Because that is what will happen if we do nothing. And that they are happy to have skyrocketing insurance premiums and health care costs drive our country into further economic distress.

No one in this Chamber, no Member of Congress has to worry about their health insurance. Why can't the American people have the same plan and the same choices and the same assurances as us? Why do my Republican friends think that somehow we should have some sort of special privilege? You

know, if it is good enough for us, the American people ought to have the same thing. And that is what this bill would do.

For political purposes, Republicans have been against this important reform from the start. Remember, it was Senator JIM DEMINT, a Republican, who said that Republicans must oppose this plan at all costs, and that its defeat will be President Obama's, quote, "Waterloo." The debate and votes that we are going to have are simple. You are either on the side of the patients or on the side of the big insurance companies. You are either on the side of people who no longer want insurance companies to discriminate against them because of preexisting conditions or you are on the side of the status quo and the special interests.

Let me close with one example. Eight States, including North Carolina and the District of Columbia, do not have laws that specifically bar insurance companies from using domestic violence as a preexisting condition to deny health coverage. Now, just think about that for a minute. In 2010 in the United States of America a woman can be denied health care because she has gotten beat up by a husband or a boyfriend. That is wrong. That is unconscionable. That has to change. And we are going to change it.

I urge my colleagues to do what is right. Stand with the American people who are sick and tired of waiting for Congress to act on health care. Vote "yes" on the previous question and "yes" on the rule.

Mr. COOPER. Madam Speaker, I will vote against the Previous Question Motion today because I think the American people deserve a clear, up-or-down vote on health reform. They deserve to know how their elected representative voted, without any parliamentary confusion or obfuscation. In addition to being a transparency and fairness issue, this may also be a constitutional issue because of the consensus that the House and Senate must pass identical bills before they can be sent to the President for signature.

With all the publicity surrounding the so-called "self-executing" rule, this procedure will not fool anyone back home, nor should it. It is, however, apparently designed to fool enough members of the House into believing that they did not support the Senate bill, even though, if they support the health reform package, they voted for it as the major component of the health reform.

Unless we return to regular House procedure, we will never know how members would have voted on the Senate bill, by itself, and/or the reconciliation amendment, by itself. Since the President is apparently planning on signing the Senate bill before the Senate can take up the reconciliation amendment (as the Senate parliamentarian insists), no one will know who in the House of Representatives, in fact, supported the Senate bill. In simplistic terms, the White House will not know whom to invite to the signing ceremony.

All this might be a parliamentary dispute if the possibility did not exist that a constitutional

challenge would be brought against health care reform legislation. All it would take is one or two federal judges to void this law because of a procedural failing. Supporters of reform will then regret taking this procedural shortcut, while opponents will welcome the opportunity to overturn the law and reopen the debate.

I realize that both political parties have used self-executing rules dozens, even hundreds, of times. But, to my knowledge, these rules have never been used on an issue larger than banning smoking on airplanes, a \$40 billion deficit-reduction measure, or raising the debt ceiling of the United States. None of these issues compares with the scope of health care reform. To my knowledge, no serious constitutional challenge has been mounted against these rules, but one is certain to be lodged against the passage of health reform.

Voting is the most important part of our job. We must vote honestly and openly on the separate issues that come before us.

The material previously referred to by Ms. FOXX is as follows:

AMENDMENT TO H. RES. 1190 OFFERED BY MS. FOXX OF NORTH CAROLINA

At the end of the resolution, add the following new section:

SEC. 2. Immediately upon the adoption of this resolution the House shall, without intervention of any point of order, consider in the House the resolution (H. Res. 1188) ensuring an up or down vote on certain health care legislation. The resolution shall be considered as read. The previous question shall be considered as ordered on the resolution to final adoption without intervening motion or demand for division of the question except: (1) one hour of debate equally divided and controlled by the chairman and ranking minority member of the Committee on Rules; and (2) one motion to recommit which may not contain instructions. Clause 1(c) of rule XIX shall not apply to the consideration of House Resolution 1188.

(The information contained herein was provided by Democratic Minority on multiple occasions throughout the 109th Congress)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Democratic majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's *Precedents of the House of Representatives*, (VI, 308-311) describes the vote on the previous question on the rule as "a motion to direct or control the consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition.

Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

Because the vote today may look bad for the Democratic majority they will say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the definition of the previous question used in the Floor Procedures Manual published by the Rules Committee in the 109th Congress, (page 56). Here's how the Rules Committee described the rule using information foci Congressional Quarterly's "American Congressional Dictionary": "If the previous question is defeated, control of debate shifts to the leading opposition member (usually the minority Floor Manager) who then manages an hour of debate and may offer a germane amendment to the pending business."

Deschler's Procedure in the U.S. House of Representatives, the subchapter titled "Amending Special Rules" states: a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Democratic majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. MCGOVERN. I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. FOXX. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 11 o'clock and 35 minutes a.m.), the House stood in recess subject to the call of the Chair.

□ 1334

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro

tempore (Mr. BLUMENAUER) at 1 o'clock and 34 minutes p.m.

ROY WILSON POST OFFICE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4214, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. CLAY) that the House suspend the rules and pass the bill, H.R. 4214.

The vote was taken by electronic device, and there were—yeas 419, nays 0, not voting 11, as follows:

[Roll No. 128]

YEAS—419

Aderholt	Cassidy	Foxx	Kilpatrick (MI)	Moore (KS)	Schiff
Adler (NJ)	Castle	Frank (MA)	Kilroy	Moore (WI)	Schmidt
Akin	Castor (FL)	Franks (AZ)	Kind	Moran (KS)	Schock
Alexander	Chaffetz	Frelinghuysen	King (IA)	Moran (VA)	Schrader
Altmire	Chandler	Fudge	King (NY)	Murphy (CT)	Schwartz
Andrews	Childers	Galeggly	Kingston	Murphy (NY)	Scott (GA)
Arcuri	Chu	Garamendi	Kirk	Murphy, Patrick	Scott (VA)
Austria	Clarke	Garrett (NJ)	Kirkpatrick (AZ)	Murphy, Tim	Sensenbrenner
Baca	Clay	Gerlach	Kissell	Myrick	Serrano
Bachmann	Cleaver	Giffords	Klein (FL)	Nadler (NY)	Sessions
Bachus	Clyburn	Gingrey (GA)	Kline (MN)	Napolitano	Sestak
Baird	Coble	Gohmert	Kosmas	Neal (MA)	Shadegg
Baldwin	Coffman (CO)	Gonzalez	Kratovil	Neugebauer	Shea-Porter
Barrett (SC)	Cohen	Goodlatte	Kucinich	Nunes	Sherman
Barrow	Cole	Gordon (TN)	Lamborn	Nye	Shimkus
Bartlett	Conaway	Granger	Lance	Oberstar	Shuler
Barton (TX)	Connolly (VA)	Graves	Langevin	Obey	Shuster
Bean	Conyers	Grayson	Larsen (WA)	Olson	Simpson
Becerra	Cooper	Green, Al	Larson (CT)	Olver	Sires
Berkley	Costello	Green, Gene	Latham	Ortiz	Skelton
Berman	Courtney	Griffith	LaTourette	Owens	Slaughter
Berry	Crenshaw	Grijalva	Latta	Pallone	Smith (NE)
Biggert	Crowley	Guthrie	Lee (CA)	Pascarell	Smith (NJ)
Bilbray	Cuellar	Gutierrez	Lee (NY)	Pastor (AZ)	Smith (TX)
Bilirakis	Cuberson	Hall (TX)	Levin	Paul	Smith (WA)
Bishop (GA)	Cummings	Halvorson	Lewis (CA)	Paulsen	Snyder
Bishop (NY)	Dahlkemper	Hare	Lewis (GA)	Payne	Souder
Bishop (UT)	Davis (AL)	Harman	Linder	Pence	Space
Blackburn	Davis (CA)	Harper	Lipinski	Perlmutter	Speier
Blumenauer	Davis (IL)	Hastings (FL)	LoBiondo	Perriello	Spratt
Blunt	Davis (KY)	Heinrich	Loeb	Peters	Stearns
Bocchieri	Davis (TN)	Heller	Lowey	Peterson	Stupak
Boehner	Deal (GA)	Hensarling	Lucas	Petri	Sullivan
Bonner	DeFazio	Herge	Luftkemeyer	Pingree (ME)	Tanner
Bono Mack	DeGette	Herseth Sandlin	Lujan	Pitts	Taylor
Boozman	Delahunt	Higgins	Lummis	Platts	Teague
Boren	DeLauro	Hill	Lungren, Daniel	Poe (TX)	Terry
Boswell	Dent	Himes	E.	Polis (CO)	Thompson (CA)
Boucher	Diaz-Balart, L.	Hinchey	Lynch	Pomeroy	Thompson (MS)
Boustany	Diaz-Balart, M.	Hinojosa	Mack	Posey	Thompson (PA)
Boyd	Dicks	Hirono	Maffei	Price (GA)	Thornberry
Brady (PA)	Dingell	Hodes	Maloney	Price (NC)	Tiahrt
Brady (TX)	Doggett	Holden	Manzullo	Putnam	Tierney
Braley (IA)	Donnelly (IN)	Holt	Marchant	Quigley	Titus
Bright	Doyle	Honda	Markey (CO)	Radanovich	Tonko
Broun (GA)	Dreier	Hoyer	Markey (MA)	Rahall	Towns
Brown (SC)	Driehaus	Hunter	Matheson	Rangel	Tsongas
Brown, Corrine	Duncan	Inglis	Matsui	Rehberg	Turner
Brown-Waite,	Edwards (MD)	Inslee	McCarthy (CA)	Reichert	Upton
Ginny	Edwards (TX)	Israel	McCarthy (NY)	Reyes	Van Hollen
Buchanan	Ehlers	Issa	McCauley	Richardson	Velázquez
Burgess	Ellison	Jackson (IL)	McClintock	Rodriguez	Visclosky
Burton (IN)	Ellsworth	Jackson Lee	McCollum	Roe (TN)	Walden
Butterfield	Emerson	(TX)	McCotter	Rogers (AL)	Walz
Calvert	Engel	Jenkins	McDermott	Rogers (KY)	Wamp
Camp	Eshoo	Johnson (GA)	McGovern	Rogers (MI)	Wasserman
Campbell	Etheridge	Johnson (IL)	McHenry	Rothman (NJ)	Watson
Cantor	Fallin	Johnson, E. B.	McIntyre	Roybal-Allard	Watt
Cao	Farr	Johnson, Sam	McKeon	Royce	Waxman
Capps	Fattah	Jones	McMahon	Ruppersberger	Weiner
Capuano	Filner	Jordan (OH)	McMorris	Rush	Welch
Cardoza	Flake	Kagen	Rodgers	Ryan (OH)	Whitfield
Carnahan	Fleming	Kanjorski	McNerney	Ryan (WI)	Wilson (OH)
Carney	Forbes	Kaptur	Roybal-Allard	Salazar	Wilson (SC)
Carson (IN)	Fortenberry	Kennedy	Royce	Sánchez, Linda	Wittman
Carter	Foster	Kildee	Schakowsky	T.	Wolf
			Schauer	Sanchez, Loretta	Woolsey
				Sarbanes	Wu
				Scalise	Yarmuth
				Schakowsky	Young (AK)
				Schauer	Young (FL)

NOT VOTING—11

Ackerman	Hall (NY)	Marshall
Buyer	Hastings (WA)	Stark
Capito	Hoekstra	Westmoreland
Costa	Lofgren, Zoe	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised there are 2 minutes remaining in this vote.

□ 1404

Mr. CLEAVER, Mrs. EMERSON, and Mr. MCCARTHY of California changed their votes from "nay" to "yea."

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF MOTIONS TO SUSPEND THE RULES

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on ordering the previous question on House Resolution 1190, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

Pursuant to clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by a 5-minute vote on adoption of House Resolution 1190, if ordered.

The vote was taken by electronic device, and there were—yeas 222, nays 203, not voting 6, as follows:

[Roll No. 129]

YEAS—222

Altmire	Donnelly (IN)	Kilpatrick (MI)
Andrews	Doyle	Kilroy
Baca	Driehaus	Kind
Baird	Edwards (MD)	Kirkpatrick (AZ)
Baldwin	Edwards (TX)	Kissell
Barrow	Ellison	Klein (FL)
Bean	Ellsworth	Kucinich
Becerra	Engel	Langevin
Berkley	Eshoo	Larsen (WA)
Berman	Etheridge	Larson (CT)
Berry	Farr	Lee (CA)
Bishop (GA)	Fattah	Levin
Bishop (NY)	Filner	Lewis (GA)
Blumenauer	Foster	Loeb sack
Boccheri	Frank (MA)	Lowe y
Boswell	Fudge	Lujan
Boucher	Garamendi	Lynch
Boyd	Gonzalez	Maffei
Brady (PA)	Gordon (TN)	Maloney
Braley (IA)	Grayson	Markey (CO)
Brown, Corrine	Green, Al	Markey (MA)
Butterfield	Green, Gene	Marshall
Capps	Grijalva	Matheson
Capuano	Gutierrez	Matsui
Cardoza	Hall (NY)	McCarthy (NY)
Carnahan	Halvorson	McCollum
Carson (IN)	Hare	McDermott
Castor (FL)	Harman	McGovern
Chandler	Hastings (FL)	McMahon
Chu	Heinrich	Meek (FL)
Clarke	Higgins	Meeks (NY)
Clay	Hill	Miller (NC)
Cleaver	Himes	Miller, George
Clyburn	Hinchey	Mollohan
Cohen	Hinojosa	Moore (KS)
Connolly (VA)	Hirono	Moore (WI)
Conyers	Hodes	Moran (VA)
Costa	Holt	Murphy (CT)
Courtney	Honda	Murphy (NY)
Crowley	Hoyer	Murphy, Patrick
Cuellar	Inslee	Nadler (NY)
Cummings	Israel	Napolitano
Davis (CA)	Jackson (IL)	Neal (MA)
Davis (IL)	Jackson Lee	Oberstar
Davis (TN)	(TX)	Obey
DeFazio	Johnson (GA)	Olver
DeGette	Johnson, E. B.	Ortiz
Delahunt	Kagen	Owens
DeLauro	Kanjorski	Pallone
Dicks	Kaptur	Pascarell
Dingell	Kennedy	Pastor (AZ)
Doggett	Kildee	Payne

Pelosi	Sanchez, Loretta	Thompson (CA)
Perlmutter	Sarbanes	Thompson (MS)
Peters	Schakowsky	Tierney
Peterson	Schauer	Titus
Pingree (ME)	Schiff	Tonko
Polis (CO)	Schrader	Towns
Pomeroy	Schwartz	Tsongas
Price (NC)	Scott (GA)	Van Hollen
Quigley	Scott (VA)	Velázquez
Rahall	Serrano	Visclosky
Rangel	Sestak	Walz
Reyes	Shea-Porter	Wasserman
Richardson	Sherman	Schultz
Rodriguez	Sires	Waters
Ross	Skelton	Watson
Rothman (NJ)	Slaughter	Watt
Roybal-Allard	Smith (WA)	Waxman
Ruppersberger	Snyder	Weiner
Rush	Space	Welch
Ryan (OH)	Speier	Wilson (OH)
Salazar	Spratt	Woolsey
Sánchez, Linda	Sutton	Wu
T.	Tanner	Yarmuth

NAYS—203

Aderholt	Foxx	Miller, Gary
Adler (NJ)	Franks (AZ)	Minnick
Akin	Frelinghuysen	Mitchell
Alexander	Galleghy	Moran (KS)
Arcuri	Garrett (NJ)	Murphy, Tim
Austria	Gerlach	Myrick
Bachmann	Giffords	Neugebauer
Bachus	Gingrey (GA)	Nunes
Barrett (SC)	Gohmert	Nye
Bartlett	Goodlatte	Olson
Barton (TX)	Granger	Paul
Biggert	Graves	Paulsen
Bilbray	Griffith	Pence
Bilirakis	Guthrie	Perriello
Bishop (UT)	Hall (TX)	Petri
Blackburn	Harper	Pitts
Blunt	Heller	Platts
Boehner	Hensarling	Poe (TX)
Bonner	Herger	Posey
Bono Mack	Hereth Sandlin	Price (GA)
Boozman	Holden	Putnam
Boren	Hunter	Radanovich
Boustany	Inglis	Rehberg
Brady (TX)	Issa	Reichert
Bright	Jenkins	Roe (TN)
Broun (GA)	Johnson (IL)	Rogers (AL)
Brown (SC)	Johnson, Sam	Rogers (KY)
Brown-Waite,	Jones	Rogers (MI)
Ginny	Jordan (OH)	Rohrabacher
Buchanan	King (IA)	Rooney
Burgess	King (NY)	Ros-Lehtinen
Burton (IN)	Kingston	Roskam
Buyer	Kirk	Royce
Calvert	Kline (MN)	Ryan (WI)
Camp	Kosmas	Scalise
Campbell	Kratovil	Schmidt
Cantor	Lamborn	Schock
Cao	Lance	Sensenbrenner
Capito	Latham	Sessions
Carney	LaTourette	Shadegg
Carter	Latta	Shimkus
Cassidy	Lee (NY)	Shuler
Castle	Lewis (CA)	Shuster
Chaffetz	Linder	Simpson
Childers	Lipinski	Smith (NE)
Coble	LoBiondo	Smith (NJ)
Coffman (CO)	Lucas	Smith (TX)
Cole	Luetkemeyer	Souder
Conaway	Lummis	Stearns
Cooper	Lungren, Daniel	Stupak
Costello	E.	Sullivan
Crenshaw	Mack	Taylor
Culberson	Manzullo	Teague
Dahlkemper	Marchant	Terry
Davis (AL)	McCarthy (CA)	Thompson (PA)
Davis (KY)	McCaul	Thornberry
Deal (GA)	McClintock	Tiahrt
Dent	McCotter	Tiberi
Diaz-Balart, L.	McHenry	Turner
Diaz-Balart, M.	McIntyre	Upton
Dreier	McKeon	Walden
Duncan	McMorris	Wamp
Ehlers	Rodgers	Whitfield
Emerson	McNerney	Wilson (SC)
Fallin	Melancon	Wittman
Flake	Mica	Wolf
Fleming	Michaud	Young (AK)
Forbes	Miller (FL)	Young (FL)
Fortenberry	Miller (MI)	

NOT VOTING—6

Ackerman	Hoekstra	Stark
Hastings (WA)	Lofgren, Zoe	Westmoreland

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SALAZAR) (during the vote). There are 2 minutes remaining in this vote.

□ 1422

Ms. GIFFORDS and Messrs. LIPINSKI and SHULER changed their vote from “yea” to “nay.”

So the previous question was ordered.

The result of the vote was announced as above recorded.

(By unanimous consent, Mr. CANTOR was allowed to speak out of order.)

LEGISLATIVE PROGRAM

Mr. CANTOR. Mr. Speaker, I yield to the majority leader to inform the House of this weekend's schedule.

Mr. HOYER. I thank the Republican whip for yielding. As previously announced, on Friday the House will meet at 9 a.m. for legislative business. On Saturday, Members are advised that the House will meet at 9 a.m., which is the custom, with recorded votes as early as 10 a.m. This is a change from the previously announced schedule.

For those Members who said they couldn't hear me, let me tell you a little story Senator Sarbanes used to tell. He was giving a speech once and a man in the back of the room said, “I can't hear you.” And immediately somebody in the front of the room jumped up and said, “I can; and I'll trade places with you.”

Now back to this exciting weekend that we're about to have. On Saturday, as I said, we'll come in at 9 a.m., which is the custom, with recorded votes as early as 10 a.m. This is a change from the previously announced schedule. In addition, on Sunday, the House will meet at 1 p.m. for legislative business. On Monday, Members are advised votes could be earlier than 6:30 p.m. Now, many of you will be here on Sunday and not go home. We're going to try to work that out. I wanted to talk to the minority leadership, the Republican leadership, on this issue.

These are also changes that were not previously announced. We will consider several bills under suspension of the rules. In addition, we will consider H.R. 3644, the Ocean, Coastal, and Watershed Education Act; and H.R. 1612, the Public Lands Service Corps Act. In addition, we will consider the health care legislation, which is now posted on the House Rules Committee Web site. We will consider that with 72 hours notice to all the Members of that posting.

Mr. CANTOR. Mr. Speaker, I'd ask the gentleman if we are here on Monday, no matter what, is what I heard from the gentleman. Secondly, I'd ask the gentleman, Mr. Speaker, what time could Members expect votes to begin on Sunday?

Mr. HOYER. Votes will not begin before 2 o'clock. I don't know exactly. We

come in at 1 o'clock. We may have votes at 1 o'clock in terms of procedural votes. But I want to make it clear we will have no vote on the health care bill until 72 hours after the posting that has just occurred.

Mr. CANTOR. I thank the gentleman, Mr. Speaker.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Without objection, 5-minute voting will continue.

There was no objection.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. McGOVERN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 232, noes 187, not voting 11, as follows:

[Roll No. 130]

AYES—232

Adler (NJ)	Edwards (MD)	Lee (CA)
Altmire	Edwards (TX)	Levin
Andrews	Ellison	Lewis (GA)
Arcuri	Ellsworth	Loeb sack
Baca	Engel	Lowe y
Baird	Etheridge	Lujan
Baldwin	Farr	Lynch
Barrow	Fattah	Maffei
Bean	Filner	Maloney
Becerra	Foster	Markey (CO)
Berkley	Frank (MA)	Markey (MA)
Berman	Fudge	Marshall
Berry	Garamendi	Matheson
Bishop (GA)	Giffords	Matsui
Bishop (NY)	Gonzalez	McCarthy (NY)
Blumenauer	Gordon (TN)	McCollum
Bocieri	Grayson	McDermott
Boswell	Green, Al	McGovern
Boucher	Green, Gene	McMahon
Boyd	Grijalva	McNerney
Brady (PA)	Gutierrez	Meek (FL)
Braley (IA)	Hall (NY)	Meeks (NY)
Bright	Halvorson	Michaud
Brown, Corrine	Hare	Miller (NC)
Butterfield	Harman	Miller, George
Capps	Hastings (FL)	Mollohan
Capuano	Heinrich	Moore (KS)
Cardoza	Higgins	Moore (WI)
Carnahan	Hill	Moran (VA)
Carney	Himes	Murphy (CT)
Carson (IN)	Hinche y	Murphy (NY)
Castor (FL)	Hinojosa	Murphy, Patrick
Chandler	Hirono	Nadler (NY)
Chu	Hodes	Napolitano
Clarke	Holden	Neal (MA)
Clay	Holt	Nye
Cleaver	Honda	Oberstar
Clyburn	Hoyer	Obey
Cohen	Inslee	Olver
Connolly (VA)	Israel	Ortiz
Conyers	Jackson (IL)	Owens
Cooper	Jackson Lee	Pallone
Courtney	(TX)	Pascarell
Crowley	Johnson (GA)	Pastor (AZ)
Cuellar	Johnson, E. B.	Payne
Cummings	Kagen	Perlmutter
Dahlkemper	Kaptur	Peters
Davis (CA)	Kennedy	Peterson
Davis (IL)	Kildee	Pingree (ME)
Davis (TN)	Kilpatrick (MI)	Polis (CO)
DeFazio	Kilroy	Pomeroy
DeGette	Kind	Price (NC)
Delahunt	Kissell	Rahall
DeLauro	Klein (FL)	Rangel
Dicks	Kosmas	Reichert
Dingell	Kratovil	Reyes
Doggett	Kucinich	Richardson
Donnelly (IN)	Langevin	Rodriguez
Doyle	Larsen (WA)	Ross
Driehaus	Larson (CT)	Rothman (NJ)

Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter

Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns

Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

□ 1433

So the resolution was agreed to.
The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

UPPER MISSISSIPPI RIVER BASIN PROTECTION ACT

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3671) to promote Department of the Interior efforts to provide a scientific basis for the management of sediment and nutrient loss in the Upper Mississippi River Basin, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3671

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Upper Mississippi River Basin Protection Act”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Definitions.

Sec. 3. Reliance on sound science.

TITLE I—SEDIMENT AND NUTRIENT MONITORING NETWORK

Sec. 101. Establishment of monitoring network.

Sec. 102. Data collection and storage responsibilities.

Sec. 103. Relationship to existing sediment and nutrient monitoring.

Sec. 104. Collaboration with other public and private monitoring efforts.

Sec. 105. Reporting requirements.

Sec. 106. National Research Council assessment.

TITLE II—COMPUTER MODELING AND RESEARCH

Sec. 201. Computer modeling and research of sediment and nutrient sources.

Sec. 202. Use of electronic means to distribute information.

Sec. 203. Reporting requirements.

TITLE III—AUTHORIZATION OF APPROPRIATIONS AND RELATED MATTERS

Sec. 301. Authorization of appropriations.

Sec. 302. Cost-sharing requirements.

SEC. 2. DEFINITIONS.

In this Act:

(1) The terms “Upper Mississippi River Basin” and “Basin” mean the watershed portion of the Upper Mississippi River and Illinois River basins, from Cairo, Illinois, to the

NOES—187

Aderholt
Akin
Alexander
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Costa
Costello
Crenshaw
Culberson
Davis (AL)
Davis (KY)
Deal (GA)
Dent
Diaz-Balart, L.
Dreier
Duncan
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Fox

Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Heller
Hensarling
Herger
Herseth Sandlin
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
Lipinski
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel
E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
Melancon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick

Mitchell
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Olson
Paul
Paulsen
Pence
Perriello
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Quigley
Radanovich
Rehberg
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOT VOTING—11

Ackerman
Diaz-Balart, M.
Ehlers
Eshoo

Hastings (WA)
Hoekstra
Kanjorski
Lofgren, Zoe

McMorris
Rodgers
Stark
Westmoreland

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

headwaters of the Mississippi River, in the States of Minnesota, Wisconsin, Illinois, Iowa, and Missouri. The designation includes the Kaskaskia watershed along the Illinois River and the Meramec watershed along the Missouri River.

(2) The terms "Upper Mississippi River Stewardship Initiative" and "Initiative" mean the activities authorized or required by this Act to monitor nutrient and sediment loss in the Upper Mississippi River Basin.

(3) The term "sound science" refers to the use of accepted and documented scientific methods to identify and quantify the sources, transport, and fate of nutrients and sediment and to quantify the effect of various treatment methods or conservation measures on nutrient and sediment loss. Sound science requires the use of documented protocols for data collection and data analysis, and peer review of the data, results, and findings.

SEC. 3. RELIANCE ON SOUND SCIENCE.

It is the policy of Congress that Federal investments in the Upper Mississippi River Basin must be guided by sound science.

TITLE I—SEDIMENT AND NUTRIENT MONITORING NETWORK

SEC. 101. ESTABLISHMENT OF MONITORING NETWORK.

(a) ESTABLISHMENT.—As part of the Upper Mississippi River Stewardship Initiative, the Secretary of the Interior shall establish a sediment and nutrient monitoring network for the Upper Mississippi River Basin for the purposes of—

(1) identifying and evaluating significant sources of sediment and nutrients in the Upper Mississippi River Basin;

(2) quantifying the processes affecting mobilization, transport, and fate of those sediments and nutrients on land and in water;

(3) quantifying the transport of those sediments and nutrients to and through the Upper Mississippi River Basin;

(4) recording changes to sediment and nutrient loss over time;

(5) providing coordinated data to be used in computer modeling of the Basin, pursuant to section 201; and

(6) identifying major sources of sediment and nutrients within the Basin for the purpose of targeting resources to reduce sediment and nutrient loss.

(b) ROLE OF UNITED STATES GEOLOGICAL SURVEY.—The Secretary of the Interior shall carry out this title acting through the office of the Director of the United States Geological Survey.

SEC. 102. DATA COLLECTION AND STORAGE RESPONSIBILITIES.

(a) GUIDELINES FOR DATA COLLECTION AND STORAGE.—The Secretary of the Interior shall establish guidelines for the effective design of data collection activities regarding sediment and nutrient monitoring, for the use of suitable and consistent methods for data collection, and for consistent reporting, data storage, and archiving practices.

(b) RELEASE OF DATA.—Data resulting from sediment and nutrient monitoring in the Upper Mississippi River Basin shall be released to the public using generic station identifiers and hydrologic unit codes. In the case of a monitoring station located on private lands, information regarding the location of the station shall not be disseminated without the landowner's permission.

SEC. 103. RELATIONSHIP TO EXISTING SEDIMENT AND NUTRIENT MONITORING.

(a) INVENTORY.—To the maximum extent practicable, the Secretary of the Interior

shall inventory the sediment and nutrient monitoring efforts, in existence as of the date of the enactment of this Act, of Federal, State, local, and nongovernmental entities for the purpose of creating a baseline understanding of overlap, data gaps and redundancies.

(b) INTEGRATION.—On the basis of the inventory, the Secretary of the Interior shall integrate the existing sediment and nutrient monitoring efforts, to the maximum extent practicable, into the sediment and nutrient monitoring network required by section 101.

(c) CONSULTATION AND USE OF EXISTING DATA.—In carrying out this section, the Secretary of the Interior shall make maximum use of data in existence as of the date of the enactment of this Act and of ongoing programs and efforts of Federal, State, tribal, local, and nongovernmental entities in developing the sediment and nutrient monitoring network required by section 101.

(d) COORDINATION WITH LONG-TERM ESTUARY ASSESSMENT PROJECT.—The Secretary of the Interior shall carry out this section in coordination with the long-term estuary assessment project authorized by section 902 of the Estuaries and Clean Waters Act of 2000 (Public Law 106-457; 33 U.S.C. 2901 note).

SEC. 104. COLLABORATION WITH OTHER PUBLIC AND PRIVATE MONITORING EFFORTS.

To establish the sediment and nutrient monitoring network, the Secretary of the Interior shall collaborate, to the maximum extent practicable, with other Federal, State, tribal, local and private sediment and nutrient monitoring programs that meet guidelines prescribed under section 102(a), as determined by the Secretary.

SEC. 105. REPORTING REQUIREMENTS.

The Secretary of the Interior shall report to Congress not later than 180 days after the date of the enactment of this Act on the development of the sediment and nutrient monitoring network.

SEC. 106. NATIONAL RESEARCH COUNCIL ASSESSMENT.

The National Research Council of the National Academy of Sciences shall conduct a comprehensive water resources assessment of the Upper Mississippi River Basin.

TITLE II—COMPUTER MODELING AND RESEARCH

SEC. 201. COMPUTER MODELING AND RESEARCH OF SEDIMENT AND NUTRIENT SOURCES.

(a) MODELING PROGRAM REQUIRED.—As part of the Upper Mississippi River Stewardship Initiative, the Director of the United States Geological Survey shall establish a modeling program to identify significant sources of sediment and nutrients in the Upper Mississippi River Basin.

(b) ROLE.—Computer modeling shall be used to identify subwatersheds which are significant sources of sediment and nutrient loss and shall be made available for the purposes of targeting public and private sediment and nutrient reduction efforts.

(c) COMPONENTS.—Sediment and nutrient models for the Upper Mississippi River Basin shall include the following:

(1) Models to relate nutrient loss to landscape, land use, and land management practices.

(2) Models to relate sediment loss to landscape, land use, and land management practices.

(3) Models to define river channel nutrient transformation processes.

(d) COLLECTION OF ANCILLARY INFORMATION.—Ancillary information shall be collected in a GIS format to support modeling

and management use of modeling results, including the following:

(1) Land use data.

(2) Soils data.

(3) Elevation data.

(4) Information on sediment and nutrient reduction improvement actions.

(5) Remotely sensed data.

SEC. 202. USE OF ELECTRONIC MEANS TO DISTRIBUTE INFORMATION.

Not later than 90 days after the date of the enactment of this Act, the Director of the United States Geological Survey shall establish a system that uses the telecommunications medium known as the Internet to provide information regarding the following:

(1) Public and private programs designed to reduce sediment and nutrient loss in the Upper Mississippi River Basin.

(2) Information on sediment and nutrient levels in the Upper Mississippi River and its tributaries.

(3) Successful sediment and nutrient reduction projects.

SEC. 203. REPORTING REQUIREMENTS.

(a) MONITORING ACTIVITIES.—Commencing one year after the date of the enactment of this Act, the Director of the United States Geological Survey shall provide to Congress and make available to the public an annual report regarding monitoring activities conducted in the Upper Mississippi River Basin.

(b) MODELING ACTIVITIES.—Every three years, the Director of the United States Geological Survey shall provide to Congress and make available to the public a progress report regarding modeling activities.

TITLE III—AUTHORIZATION OF APPROPRIATIONS AND RELATED MATTERS

SEC. 301. AUTHORIZATION OF APPROPRIATIONS.

(a) UNITED STATES GEOLOGICAL SURVEY ACTIVITIES.—There is authorized to be appropriated to the United States Geological Survey \$6,250,000 each fiscal year to carry out this Act (other than section 106). Of the amounts appropriated for a fiscal year pursuant to this authorization of appropriations, one-third shall be made available for the United States Geological Survey Cooperative Water Program and the remainder shall be made available for the United States Geological Survey Hydrologic Networks and Analysis Program.

(b) WATER RESOURCE AND WATER QUALITY MANAGEMENT ASSESSMENT.—There is authorized to be appropriated \$650,000 to allow the National Research Council to perform the assessment required by section 106.

SEC. 302. COST-SHARING REQUIREMENTS.

Funds made available for the United States Geological Survey Cooperative Water Program under section 301(a) shall be subject to the same cost-sharing requirements as specified in the last proviso under the heading "UNITED STATES GEOLOGICAL SURVEY—SURVEYS, INVESTIGATIONS, AND RESEARCH" of the Department of the Interior, Environment, and Related Agencies Appropriations Act, 2006 (Public Law 109-54; 119 Stat. 510; 43 U.S.C. 50).

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to

revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Guam?

There was no objection.

Ms. BORDALLO. Mr. Speaker, H.R. 3671, introduced by our colleague, Representative RON KIND of Wisconsin, would authorize the Secretary of the Interior, acting through the United States Geological Survey, to establish a sediment and nutrient monitoring network for the Upper Mississippi River Basin. The findings of the monitoring network would be used as a basis to assist public and private sediment and nutrient reduction efforts.

Mr. Speaker, I would note that this legislation has passed the House in previous Congresses, and I ask my colleagues to again support its passage.

I reserve the balance of my time.

Mr. MCCLINTOCK. Mr. Speaker, I yield myself such time as I may consume.

The majority has adequately described the bill. Based on the history of this legislative proposal, we're not opposing the measure; however, Members should note that today's bill has been changed from prior versions. The 10-year sunset has been removed.

We were also concerned that the Federal Government would have unfettered access to private property under this program and that the data collected on this private property could be used against the landowner. However, after meeting with the affected parties, we've concluded that the U.S. Geological Survey regulations require prior written landowner permission for entry and for release of any data collected on an individual's property.

I would like to include in the RECORD the appropriate permission form that is used for these purposes. It's our understanding that the program authorized in this bill would follow this long-standing practice.

[From the U.S. Geological Survey Manual]

FORMAT FOR LETTER REQUESTING PERMISSION TO ENTER PRIVATE PROPERTY (TO BE PRINTED ON OFFICIAL LETTERHEAD)

(Insert Date)

(Insert Name of Private Landowner)

(Insert Address of Private Landowner)

Dear (Insert Name of Private Landowner):

The U.S. Geological Survey requires employees to obtain written permission from landowners in certain cases before entering onto private property to conduct new surveys or scientific sampling. Consequently, we are hereby requesting your approval to enter your land for the purpose described below. The data and/or samples collected will be used for scientific purposes and will be provided to you upon request.

Specific information regarding this request is as follows:

1. (proposed date and time of entry and departure, or period of time during which recurring visits will be necessary).
2. (kind and number of vehicles to be used).
3. (number of persons in the party).

4. (name, office address, and contact information of chief of party).

5. (purpose of the work).

6. (locations on the property where work is to be done).

7. (approximate frequency of aircraft flights along lines of sight for temperature and pressure measurements, in connection with geodimeter or similar work, if applicable).

We will make every effort to minimize disturbance or disruption to your property. However, in the unlikely event that property damage results, you are entitled to file a claim to recover your damages (tort claim). Please contact (insert name and telephone number of tort claims contact) immediately if property damage should occur.

If you have any questions about this program of the U.S. Geological Survey, you may contact (insert name of chief of project) at the following telephone number: (insert number).

If you consent to this request, please sign below and (list method of return, e.g., envelope provided, leave at a designated location, etc.). Thank you for your cooperation.

Sincerely,

(Signature and Printed Name of Requestor).

With that, I reserve the balance of my time.

Ms. BORDALLO. Mr. Speaker, we agree with our colleagues on the other side of the aisle that proper protocol should be followed. I again ask our colleagues to support this legislation.

At this time, Mr. Speaker, I yield such time as he may consume to the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. Mr. Speaker, I want to thank the gentlelady for yielding me this time and also for her help and support with this legislation. I also want to thank the gentleman from California and the members on the Natural Resources Committee for their bipartisan support of the Upper Mississippi River protection bill.

As the gentlelady indicated, this has passed the previous Congresses. We're working with the Senate to finally get it to the President so it can be enacted.

And to address a couple other concerns—and we've worked in a bipartisan fashion on this bill—there is concern about privacy protection and data collection. We feel that what has been worked out is a reasonable compromise to ensure that privacy but also, more importantly, that there is buy-in of private landowners which will be crucial for the implementation of this legislation.

What we're trying to do is put the science in place in the Upper Mississippi River Basin. The greatest threat that this great national treasure that we have running through the middle of America, comprising roughly 50 percent of the landmass of our Nation, is the amount of nutrients and sediments that flow into the river basin doing incalculable ecological damage. We've heard of the stories of the dead zone being created in the Gulf of Mexico. Well, 40 percent of the nutrients that are flowing south through the

river and ending up deposited in the Gulf, contributing to the dead zone, emanates in the Upper Mississippi River Basin.

What we want to do is utilize the expertise that exists at USGS so that they can do better monitoring of sediment and nutrient flows and develop computer models so we can identify the hot spots, and then utilize the resources that are available to target those hot spots to prevent the increased flow of sediment and nutrients into the river basin.

This has received wide support in the Upper Mississippi River region. All five of the State Governors in the Upper Mississippi region have endorsed this. The Mississippi River Basin has endorsed it. Countless outdoor recreational groups, such as Ducks Unlimited, Trout Unlimited, the Nature Conservancy have endorsed this approach, because it is a vital national treasure that we must do more to preserve and protect.

The Mississippi River affects over 30 million people who rely upon it for their primary drinking source. It is North America's largest migratory route, with 40 percent of the waterfowl species using this corridor during their biannual migration in the spring and during the fall. It's a multiple use resource, with commercial navigation, recreation, tourism, bringing roughly \$1.5 billion of direct economic activity to the Upper Mississippi region but, additionally, over \$1 billion with tourism activity to the Upper Mississippi. But what's been lacking is the scientific data that this legislation will put in place so we can start collecting it, tracking it, and then be smarter with the use of the various public and private approaches that this bill calls for so we can maximize the resources to intercept the nutrients and sediments that would flow into it.

Again, I want to thank the chairman of the committee, the members on the committee. I want to thank the members of the U.S. Geological Survey, especially Mike Jawson and his team at the Upper Mississippi River Environmental Science Lab. I have worked very closely with them with regards to this legislation and their long-term resource monitoring program. They do have incredible competency to do the science that we're asking them to do in this bill.

I also want to personally thank my own river advisory group who has consulted me on all things related to river issues.

I would encourage my colleagues to once again support this much needed but also bipartisan piece of legislation. I ask my colleagues to support this bill.

Mr. MCCLINTOCK. Mr. Speaker, I yield myself just enough time to wish a belated happy birthday to the gentleman from Wisconsin.

We have no further requests for time, and I yield back the balance of my time.

Mr. HARE. Mr. Speaker, I rise today to urge my colleagues to join me in supporting H.R. 3671, the Upper Mississippi River Basin Protection Act. This is an important piece of legislation, which would provide us with a scientific basis for the management of sediment and nutrient loss in the Upper Mississippi River Basin. I am proud to represent an area of Illinois which is bordered by the Mississippi River and believe we must do more to protect this important waterway.

Soil erosion and ecological changes being made by nutrient displacement endanger the long-term viability of the midwest's farming community. The loss of sediments and nutrients upstream endanger the wetland environments downstream. The sediments that flow into the shipping channel of the Mississippi River cost more than \$150 million in dredging annually. The Department of the Interior does not have the resources or the scientific data to work effectively at protecting the Mississippi and this bill will change that.

This bill requires that the U.S. Geological Survey and Department of Interior collect data and study sediment loss and soil erosion. I believe this is a good first step towards solving this problem. I also agree that the National Research Council of the National Academy of Sciences should conduct a comprehensive water resources assessment so that we can be sure that data obtained from both public and private monitoring stations come from a nonpartisan, unbiased source.

H.R. 3671 is beneficial to not just my constituents, but the knowledge we gain from the measuring and monitoring of sediment and nutrients could be used by several entities including the Army Corps of Engineers, who spend a significant amount of time dredging, scientists and academic researchers, environmentalists working to protect the biological integrity of areas in and around the Mississippi River, businesses who conduct barge commerce, the agriculture industry which uses the River's waterways on a daily basis, among many others. It is clear that the best way forward on addressing this issue is to enact a long-term, coordinated, basin-wide monitoring of the waterway. H.R. 3671 has my support because it is one part of this strategy.

Mr. Speaker, I commend the gentleman from Wisconsin, Representative KIND, for introducing this bill and being persistent in once again gaining passage. Today, I urge all of my colleagues to join me in supporting this bill, and I call upon the Senate to swiftly pass this important, bipartisan, legislation and stand with the House in protecting the Upper Mississippi River Basin.

Ms. BORDALLO. Mr. Speaker, I again urge Members to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 3671.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. BORDALLO. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

INLAND EMPIRE PERCHLORATE GROUND WATER PLUME ASSESSMENT ACT OF 2009

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4252) to direct the Secretary of the Interior to conduct a study of water resources in the Rialto-Colton Basin in the State of California, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4252

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Inland Empire Perchlorate Ground Water Plume Assessment Act of 2009".

SEC. 2. RIALTO-COLTON BASIN, CALIFORNIA, WATER RESOURCES STUDY.

(a) IN GENERAL.—Not later than 2 years after funds are made available to carry out this Act, the Secretary of the Interior, acting through the Director of the United States Geological Survey, shall complete a study of water resources in the Rialto-Colton Basin in the State of California (in this section referred to as the "Basin"), including—
(1) a survey of ground water resources in the Basin, including an analysis of—

(A) the delineation, either horizontally or vertically, of the aquifers in the Basin, including the quantity of water in the aquifers;

(B) the availability of ground water resources for human use;

(C) the salinity of ground water resources;

(D) the identification of a recent surge in perchlorate concentrations in ground water, whether significant sources are being flushed through the vadose zone, or if perchlorate is being remobilized;

(E) the identification of impacts and extents of all source areas that contribute to the regional plume to be fully characterized;

(F) the potential of the ground water resources to recharge;

(G) the interaction between ground water and surface water;

(H) the susceptibility of the aquifers to contamination, including identifying the extent of commingling of plume emanating within surrounding areas in San Bernardino County, California; and

(I) any other relevant criteria; and

(2) a characterization of surface and bedrock geology of the Basin, including the effect of the geology on ground water yield and quality.

(b) COORDINATION.—The Secretary shall carry out the study in coordination with the State of California and any other entities that the Secretary determines to be appropriate, including other Federal agencies and institutions of higher education.

(c) REPORT.—Upon completion of the study, the Secretary shall submit to the Committee on Energy and Natural Resources of the Senate and the Committee on Natural Resources of the House of Representatives a

report that describes the results of the study.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Guam?

There was no objection.

Ms. BORDALLO. Mr. Speaker, H.R. 4252, introduced by our colleague, Representative JOE BACA of California, would authorize the Secretary of the Interior, acting through the United States Geological Survey, to study the health and quality of the aquifers in the Rialto-Colton Basin. This includes a study of any perchlorate concentration plumes within an aquifer and its possible contamination of other nearby aquifers.

□ 1445

The ground water constitutes about 79 percent of the drinking water supply in the entire Inland Empire area of California, and it is, as such, critical to understand any threats posed by contamination to this supply.

Mr. Speaker, I ask my colleagues to support passage of H.R. 4252.

I reserve the balance of my time.

Mr. MCCLINTOCK. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this well-intentioned bill tries to force the administration into making ground water cleanup in the Rialto-Colton Basin of California a priority. Everyone acknowledges that this bill is a restatement of current law, and that new funding is not authorized in this bill, but we all understand what the gentleman from California is trying to accomplish and, in the spirit of bipartisanship, Republicans supported his efforts in the Natural Resources Committee.

But I need to point out that this bipartisan gesture continues to go unreciprocated. We've been trying in vain for months now to get the same kind of bipartisan cooperation to restore full water deliveries to the Central Valley of California. The valley's economy has been devastated by the diversion of 200 billion gallons of water in order to dump that water into the Pacific Ocean to serve the left's pet cause, the 3-inch Delta Smelt.

Apologists for this policy argue that, well, it's the drought. Well, they ignore the fact that the drought we've had is a relatively minor one by historical

standards, it appears to be over, and that in far more severe droughts in the past, far more water has reached the Central Valley. But that's before the environmental left took over our water policy and diverted 200 billion gallons of that water into the Pacific Ocean.

It's unfortunate that the majority actually rewrote this bill specifically to keep us from offering amendments that would address the agony of the Central Valley.

Time and again, the majority, using parliamentary gimmicks, has prevented any attempt to restore normal water deliveries to the San Joaquin Valley.

By the Obama administration's own numbers, it spent about \$1.5 billion as part of the so-called "stimulus" in the Central Valley's six Congressional districts to save or create 1,600 jobs.

Well, today Congress has the power to restore tens of thousands of jobs lost because of water diversions at no cost to taxpayers. This House is in possession of a bill to do just that, H.R. 3105, by my colleague, Congressman NUNES. But still it studiously avoids exercising that power because this administration and this majority in Congress have chosen fish over people.

Farmers in the San Joaquin Valley are now faced with making planning decisions. Despite near record precipitation in the northern Sierra watershed—NOAA this week reported that precipitation is now 129 percent of normal—the Department of the Interior has just announced Central Valley farmers will be guaranteed only 25 percent of their normal allocations. Let me repeat that so it sinks in. Precipitation is 129 percent of normal; guaranteed water delivery is 25 percent of normal.

Even Senator FEINSTEIN tried to give the farmers a 40 percent water allocation, yet that effort has been opposed by the environmental left and its friends in Congress.

Perchlorate contamination in the Inland Empire is the indirect result of Federal policy, and the Federal government has a responsibility to assist the people of the Inland Empire with clean-up. But the agony of California's Central Valley is the direct result of policies that Congress could change in this very bill. It's disappointing to me that the majority chooses not to do so. I think it makes a mockery of any claims of bipartisanship, although we once again extend that offer of bipartisanship by supporting this bill, and invite the majority to join us.

I reserve the balance of my time.

Ms. BORDALLO. Mr. Speaker, I yield to the gentleman from California (Mr. BACA) such time as he may consume.

Mr. BACA. Mr. Speaker, I rise today in strong support of H.R. 4252, the Inland Empire Perchlorate Ground Water Plume Assessment Act to direct the Secretary of the Interior to conduct a

study of water resources in the Rialto-Colton Basin in the State of California, and for other purposes.

I would like to also thank Chairman RAHALL and Ranking Member DOC HASTINGS, and my good friend, chairwoman from the Water and Power Subcommittee, GRACE NAPOLITANO, and the ranking member, my good friend from the State of California, Representative TOM MCCLINTOCK, for their support of this legislation.

And I want to thank Representative BORDALLO from Guam for speaking in support of this much-needed legislation.

I also want to take the time to thank my colleagues in the House of Representatives for their bipartisan support on an important bill, not only the Inland Empire, but it will also give us a study in terms of the effects it has on many cities too as well.

In addition, I want to commend the city of Rialto and the Perchlorate Task Force, city Councilman Ed Scott and Rialto Mayor Pro Tem Joe Baca, Jr., for their hard work and dedication in protecting families.

The city realizes that the water from over 20 wells was contaminated by perchlorate. I state, 20 wells were contaminated by Perchlorate. Perchlorate is a rocket fuel additive, an unstable organic compound that has been found to be harmful to humans because it interferes with the thyroid function. And you know when it interferes with the thyroid function it affects many women and others in that area.

I'm very familiar with the water contamination. My family lives in the city of Rialto. My children, my friends and close neighbors know what it's like to live with water that is contaminated.

When we first learned that our water was not safe to drink, we were all very much scared in terms of the water and the quality that came out and the neighbors and the people in that area. We wondered how long this water was bad. We worried about the damage caused by poor quality water. We were nervous because we drank the water, cooked with the water, bathed our children with the water.

Therefore, I drafted this bill to make sure that other families and neighboring cities will not have to suffer or have that kind of fear.

This bill is requesting that the plume in the Rialto-Colton basin is studied, and I state studied. Plumes are underground pockets of water, and some are pools of water. Some travel like underground rivers.

In Rialto, the plume has perchlorate in it. We know that the water in this plume is moving. The contaminated water is traveling underground. We don't know how big it is or how fast the water is moving. We need to know more about the plume to permanently fix the problem.

The research established by the study in H.R. 4252 will guarantee that

the problem will be identified. A study by the U.S. Geological Survey is not something done lightly. It is an intense research endeavor.

As the Nation's largest water and earth and biological science and civilian mapping agency, the U.S. Geological Survey collects, monitors, analyzes and provides scientific understanding about the nature of the resource, the conditions, the issues, and the problems. The diversity of the scientific experts enables them to carry out large-scale investigations and provide impartial scientific information to resource managers, planners, and other customers.

As an unbiased science organization that focuses on biology, geography, geology, and water, they are dedicated to the timely, relevant, impartial study of the landscape, our national resources, and the natural hazards that threaten us.

The USGS study will reduce the perchlorate problems in my area that have caused heartaches, frustration, and fear. Fortunately, under the city council of Rialto's zero tolerance policy, the city does not blend any detectable level of perchlorate into the water system. They are all making sure that water is safe by conducting well-head treatment.

But what about the cities that do not have the policies or the treatment facilities to clean their water? How will those people be affected? How will the children be affected—how will those be affected by it?

We are very familiar with the wealth of water problems in California, as described by my colleague on that side, not only in the northern portion of California, where water is very much needed in that area. Apart from those problems, water contamination is one that can be prevented.

I ask that all Members vote in support of this legislation, not because it is a California issue, but because it is a national issue that could impact anyone. It is a way to help correct a wrong and to prevent further problems.

Commissioner Connor from the Department of the Interior stated that the directives in this bill are within the USGS's jurisdiction. The USGS has found that ground water constitutes about 79 percent of the drinking water supply in the entire Inland Empire. A study by the USGS is long overdue.

We have learned that perchlorate contamination began in 1940 through the actions of the U.S. military and continued to 1960 through the work of U.S. defense contractors, and was made worse by fireworks companies.

Some cities in the area discovered the high level of perchlorate contamination in drinking water in 1996. Since that time the USGS has not made the plume a priority. I state: It has not made the plume a priority.

Water managers need to know the source, and the fate, and the transportation of perchlorate within the Rialto

Colton Basin and the adjacent basin in order to effectively mitigate the contamination. That is why I drafted this bill. That's why I'm grateful that we are here today.

In the administration's written statement regarding this legislation, they indicated that the citizens relying on water from the Rialto-Colton Basin would have to compete with other administrative priorities for funding.

The message you will be sending to USGS by voting in support of this study will be that families deserve clean drinking water throughout our country, and especially those areas like mine that are being affected. Families that rely on drinking water from the tap should not have to drink contaminated water, or wonder what's going to happen to their child or fear to give that water to their children or have to go out and purchase additional water to make sure that the thyroid does not affect that woman or that child or the individuals in that home.

This is a national issue, and it's a basic right for our citizens and their families. When someone has contaminated the only source of drinking water for the community, this issue becomes a national issue.

These families should not suffer from health problems associated with perchlorate. It is common knowledge that perchlorate affects the thyroid in our body. Women and infants are at greatest risk.

I want to let you know the hardship faced by people living in the area and why this bill is important. The people are innocent victims. Others misused the land and left us with a legacy of contaminated water.

The families in my area are living under a median household income of \$41,254, very low for the State of California; and 17.4 percent of these citizens live below the poverty line. People in the area have had double-digit unemployment rates for many months. This area has ranked in the top five consistently for having the highest foreclosure rate. These families already shoulder too much of the cost associated with trying to find a solution.

H.R. 4252 moves beyond finding those at fault. We need to know and fully appreciate the extent of the damage. We must do this to help isolate the problems and prevent other cities from suffering.

The contamination plume is moving and many other areas will suffer. The hot spot for contamination is in Rialto, California, which has an area that in 2009 was designated as a Superfund site. That shows how bad the problem is because it is very difficult to obtain this designation.

This Superfund designation will help take care of the hot spot. But what about the water traveling? What about the water traveling underground in the plume?

□ 1500

What about other cities that are impacted? What about my neighboring city and the City of Riverside? The contamination is spreading and no one knows exactly how much of the contamination is moving or where exactly it is going. The well-head treatment alone will not solve the problem because of the contamination in the ground.

The Rialto-Colton basin has a plume that is contaminated by TCE, perchlorate, and other harmful chemicals. Without treatment, the water is dangerous. I fear for the communities that do not have well-head treatment facilities. The study will identify the extent of the damage underground.

The bill does not violate PAYGO. I state the bill does not violate PAYGO requirements, but serves to notice and highlight that there is a plume in the Rialto-Colton basin that must be reviewed. We have an opportunity to be proactive. Your vote in support of this bill is proactive and will help families.

Again, I want to thank Rialto City Council member Ed Scott for coming in September of 2009 to testify in support of H.R. 4252. He spoke not only for his residents in the city of 96,000 people, but also approximately 400,000 residents who reside in the neighboring cities that are affected by the chemicals which have polluted the Rialto-Colton basin.

I want to thank the Association of California Water Agencies for writing a letter in support of the legislation. What we learn from the study in H.R. 4252 will help other areas where there is the hardship of perchlorate. There are many States who have perchlorate issues. This study will help them be aware of what could be happening underground.

I urge my colleagues to support H.R. 4252.

Mr. McCLINTOCK. Mr. Speaker, I yield whatever time he may consume to my friend and colleague representing the Central Valley of California (Mr. NUNES).

Mr. NUNES. Mr. Speaker, I want to make sure that we have a clear record of what has happened in the House of Representatives regarding what is now called H.R. 4252. This bill actually was originally called H.R. 2316, and it was marked up in the Resources Committee and then altered later. Now, why did that happen? It happened because the Democratic majority cares about clean drinking water for their constituents, but could care less about providing water to the San Joaquin Valley of California.

So I really enjoy hearing people come down here and cry about how they have contaminated drinking water. And I would only say that there is one thing worse than contaminated drinking water, and that is having no water. What has really happened here is that

the radical left and the radical environmental group has taken over the entire Democratic Party, so much so that they won't even allow free and fair and open debate on not only an easy California water bill, because they are afraid to have to actually consider any amendments, but they are also doing the same thing on the government takeover of health care bill, to where they are going to try to deem a bill passed mysteriously.

This is a terrible abuse of power. It is a terrible facade that is being put up saying that people need clean drinking water. I don't have a problem with people having clean drinking water. I think this is a noble bill, a noble cause. But you should not choose some constituents in California over an entire valley in California that has 3 million people and hundreds of thousands of acres of farmland that has been idled to the point where tens of thousands of farm workers have been thrown out of work because the Democrats in this body choose to do funny little things and change bills like this, change the numbers and think that the American people won't figure out the games that you guys continue to play on that side.

The more that you play little games like this, the more that you play little tricks like this, the more that myself and other colleagues of mine will come down here and point out the hypocrisy of the Democrats in the majority.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. WEINER). Members are reminded to direct their remarks to the Chair.

Mr. McCLINTOCK. Mr. Speaker, in closing, I will simply appeal again to the majority, water might be controversial, but it needn't be partisan. We have done everything we can in good faith to support this bill for clean drinking water for Rialto and Colton. We would ask the majority again to reconsider its opposition to restoring the full water entitlement to the Central Valley. Again, there is something desperately wrong with our public policy when we are at 129 percent of normal in our Sierra precipitation and yet only 25 percent of the water deliveries to the Central Valley.

With that final appeal for bipartisanship, I yield back the balance of my time.

Ms. BORDALLO. Mr. Speaker, I again urge members to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 4252.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

HUDSON RIVER VALLEY SPECIAL RESOURCE STUDY ACT

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4003) to direct the Secretary of the Interior to conduct a special resource study to evaluate resources in the Hudson River Valley in the State of New York to determine the suitability and feasibility of establishing the site as a unit of the National Park System, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4003

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Hudson River Valley Special Resource Study Act".

SEC. 2. DEFINITIONS.

In this Act:

(1) **SECRETARY.**—The term "Secretary" means the Secretary of the Interior.

(2) **STUDY AREA.**—The term "study area"—

(A) means the portion of the Hudson River that flows from Rodgers Island at Fort Edward to the southern-most boundary of Westchester County, New York; and

(B) includes any relevant sites and landscapes within the counties in New York that abut the area described in subparagraph (A).

SEC. 3. AUTHORIZATION OF STUDY.

(a) **IN GENERAL.**—As soon as funds are made available for this purpose, the Secretary shall complete a special resource study of the Hudson River Valley in the State of New York to evaluate—

(1) the national significance of the area; and

(2) the suitability and feasibility of designating the area as a unit of the National Park System.

(b) **STUDY GUIDELINES.**—In conducting the study under subsection (a), the Secretary shall—

(1) use the criteria for the study of areas for potential inclusion in the National Park System in accordance with section 8(c) of Public Law 91-383 (16 U.S.C. 1a-5(c));

(2) determine the effect of the designation of the area as a unit of the National Park System on existing commercial and recreational activities, including but not limited to hunting, fishing, trapping, recreational shooting, motor boat use, off-highway vehicle use, snowmobile use, and on the authorization, construction, operation, maintenance, or improvement of energy production and transmission infrastructure, and the effect on the authority of State and local governments to manage those activities;

(3) identify any authorities that will compel or permit the Secretary to influence local land use decisions (such as zoning) or place restrictions on non-Federal land if the area is designated a unit of the National Park System; and

(4) closely examine park unit models, in particular national river and recreation areas, as well as other landscape protection models, that—

(A) encompass large areas of non-Federal lands within their designated boundaries;

(B) foster public and private collaborative arrangements for achieving National Park Service objectives; and

(C) protect and respect the rights of private land owners.

SEC. 4. REPORT.

Not later than 36 months after the date that funds are first made available for this purpose,

the Secretary shall submit to the Committee on Natural Resources of the House of Representatives and the Committee on Energy and Natural Resources of the Senate a report on the findings, conclusions, and recommendations of the study authorized by this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. McCLINTOCK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Guam?

There was no objection.

Ms. BORDALLO. Mr. Speaker, H.R. 4003, introduced by our friend Representative MAURICE HINCHEY of New York, would authorize the Secretary of the Interior to evaluate the resources in the Hudson River Valley and determine the suitability and the feasibility of establishing the area as a unit of the National Park System.

Mr. Speaker, for more than half a century various local, state, and Federal agencies have helped to protect, preserve, and celebrate this historic and significant landscape. The valley is home to numerous state and Federal parks that honor a variety of historic events. Representative HINCHEY is to be commended for his tireless efforts on behalf of his constituents and the outstanding historic and cultural resources found in New York State. We support passage of H.R. 4003, and urge its adoption by the House today.

I reserve the balance of my time.

Mr. McCLINTOCK. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 4003 has been adequately explained by the majority. I do want to point out, however, that the committee wisely adopted an amendment by Congressman ROB BISHOP that requires the National Park Service to identify local activities that will be limited or eliminated if the study leads to a park designation. As Congress considers additions to the National Park System, the public is entitled to know which existing activities, such as hunting and fishing and boating and snowmobiling and energy production and transmission, will be restricted.

As we in the West painfully know, national park designation comes with an abundance of regulations and direct Federal management. It is important that people living in the affected area know ahead of time how much authority over their local affairs will be ceded to the Federal Government.

I reserve the balance of my time.

Ms. BORDALLO. Mr. Speaker, I yield such time as he may consume to the gentleman from New York (Mr. HINCHEY).

Mr. HINCHEY. I want to express also my deep appreciation and gratitude to the chairman of the Natural Resources Committee, NICK RAHALL, for working with me to move this important piece of legislation. I also would like to thank Chairman GRIJALVA and the staff of the Natural Resources Committee for all the support and guidance throughout this process.

I would like to mention that there are no restrictions in the context of this legislation for any of the things that were just mentioned. None whatsoever. In fact, all of those kinds of activities will be enhanced and encouraged and be much more easy to achieve and more beneficial to the communities.

H.R. 4003 would authorize the National Park Service to conduct a special resource study of the Hudson River Valley to evaluate the area's national significance and determine the suitability and feasibility of designating the area as a unit of the National Park System, a unit of the National Park System, not a national park.

This legislation is cosponsored by each of the Members whose district is within the proposed study area. And that in and of itself of course is very interesting. They have garnered strong support locally. Twenty-four local organizations have already endorsed the bill, and I expect to see that there will be more in the coming weeks and months.

The Hudson River Valley is one of the most significant river corridors in our country. The historical, natural, cultural, commercial, scenic, and recreational resources spread throughout the region, and in the way they do so they are absolutely unparalleled. The Hudson River Valley's landscapes are known around the world. In fact, the beauty of these great landscapes inspired the first and one of America's great artistic movements, the Hudson River school of art. Painters such as Thomas Cole and Frederic Church immortalized the region's scenery for generations to come. These works and others inspired the American preservationist movement and the movement to establish in our country national parks.

Today the region is home to a rich and sensitive ecosystem that also affords ample recreational opportunities, including hiking, canoeing, and other activities. One of the most recent additions is the Walkway Over the Hudson. Initially a rail bridge that was considered a marvel of the Industrial Revolution, it was abandoned in the 1970s following a fire on one of the trains that went across that bridge at that time. It recently was restored and reopened, however, over the course of this past

October, and it is now the longest and highest pedestrian overpass in the United States. It is a remarkable bridge, where people get enormous amounts of joy walking across it, over a mile across it, and give them an opportunity to get a sense of the Hudson River Valley looking north and south as they walk across this marvelous new Walkway Over the Hudson.

From a historical perspective, the Hudson River Valley has played a central role in our Nation's narrative and our Nation's development. In 1609, of course, Henry Hudson first sailed up the river that now bears his name. And we just recently celebrated the 400th anniversary of that very important trip. During the American Revolution, the region bore witness to events that determined the course of that Revolutionary War and the establishment of the freedom and independence of our Nation.

In the 19th century, the Hudson River Valley helped foster the American Industrial Revolution and became one of the commercial corridors of our country. In 1807, Robert Fulton piloted the first successful steamboat voyage up the river. Later in the century, the Hudson and its estuary, the Mohawk River, connected the Nation's greatest port, New York City, with the entire western section of the United States through the Erie Canal network and the central Great Lakes. In the last century, the region was home to Franklin Delano Roosevelt at Hyde Park. Later, the region gave birth to the modern environmental and labor movements.

Preserving and promoting the Hudson River Valley's resources has been a top priority for me dating back to my time in the New York State Assembly. While in the State legislature, I authorized legislation to lead to the creation of the Hudson River Valley Greenway, creating a process for voluntary regional cooperation among 264 communities within 13 counties that border the Hudson River on both sides, east and west. When I came to the Congress, I authorized legislation that led to the designation of the Hudson River Valley National Heritage Area, which provides technical assistance to local communities or local managers to assist them in managing natural and historic sites of national importance up and down the Hudson River. These designations have provided tremendous benefits to the Hudson Valley region, but it is clear that more can be done to protect, preserve, and promote the area's unique resources and its dramatic contribution to the historic development of the United States.

□ 1515

I believe an enhanced National Park Service presence is warranted completely and would have a tremendously positive impact on our local economy

while at the same time preserving and protecting the region's resources. The authorization of this special resource study will begin that process.

Just to be clear, no one believes the Hudson River Valley should be turned into a Yellowstone-type park. That would make no sense for the region. In fact, I firmly believe that any eventual park unit designation should and will protect private property rights and that local governments should retain local control of land-use decisions involving all of the property up and down the Hudson River that is not Federal property. There are civil existing park units, such as the Mississippi River and recreation area, a little bit we have heard about just recently, which fit these criteria and could be models for our region.

I believe the study should examine these models and the positive impact they have had on their local economies.

Passage of this bill and the subsequent study would position the Hudson River Valley to gain the full attention of the National Park Service for all of the significant and substantial historic contributions this region has made to the development, establishment, and the continuation of the United States, as well as for the area's pristine natural beauty.

For all of these reasons and more, we are offering this Hudson River Valley Special Resource Study Act, and we have gained enormous support from everyone who has heard about it internally here within the Government of the United States, but even more importantly, widespread endorsements of this up and down the Hudson River Valley, north and south and east and west.

And so I offer this bill.

Mr. MCCLINTOCK. Mr. Speaker, I yield myself such time as I may consume.

I appreciate sincerely the gentleman's sensitivity to the property rights of the individuals in the Hudson River Valley and the prerogatives of local government control; and for that reason, I should think that he would welcome the amendment that was placed in the bill that would give all of the people notice of what existing activities may be restricted if the study concludes that the area should be designated as a unit of the National Park System and if in fact it does become a unit.

I yield back the balance of my time.

Ms. BORDALLO. Mr. Speaker, I again urge Members to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 4003, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. BORDALLO. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECOGNIZING 100TH ANNIVERSARY OF THE VERMONT LONG TRAIL

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1173) recognizing the 100th anniversary of the Vermont Long Trail, the oldest long-distance hiking trail in the United States, and congratulating the Green Mountain Club for its century of dedication in developing and maintaining the trail.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1173

Whereas James P. Taylor conceived of the idea of developing a long-distance hiking trail in the Green Mountains of Vermont, and the Green Mountain Club was formed on March 11, 1910, in Burlington, Vermont, to make his dream of a Long Trail a reality;

Whereas the Long Trail is the oldest long-distance hiking trail in the United States;

Whereas the Long Trail extends 273 miles along the spine of Vermont's Green Mountains, from the Massachusetts border to the Canadian border;

Whereas the Long Trail provides pedestrian access to mountain peaks, waterfalls, wildlife, and foliage in all seasons;

Whereas the Long Trail traverses scenic valleys and the tallest summits of the Green Mountain State;

Whereas the Green Mountain Club continues to protect, defend, and promote the Long Trail and its 100-year history in Vermont;

Whereas the mission of the Green Mountain Club is to make the Vermont mountains play a larger part in the life of the people by protecting and maintaining the Long Trail system and fostering, through education, the stewardship of Vermont's hiking trails and mountains; and

Whereas the birth of the Long Trail is a testament to the hard work of many dedicated individuals and its continued existence is evidence of the perseverance of the Green Mountain Club and countless volunteers: Now, therefore, be it

Resolved, That the House of Representatives recognizes the 100th anniversary of Vermont's Long Trail, the oldest long-distance hiking trail in the United States, and congratulates the Green Mountain Club for its century of dedication in developing and maintaining the Long Trail.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Guam?

There was no objection.

Ms. BORDALLO. Mr. Speaker, House Resolution 1173 sponsored by Representative PETER WELCH of Vermont is a commemorative resolution to mark the 100th anniversary of the Vermont Long Trail. This resolution also recognizes the contribution of the Green Mountain Club for its efforts to develop and maintain the trail over the last century.

The Vermont Long Trail is the oldest long-distance hiking trail in the United States. The trail runs 273 miles along the ridges of the Vermont Green Mountains and spans the State from the border of Massachusetts to the border of Canada.

On March 11, 1910, the Green Mountain Club was established to begin work on building the Long Trail. They have served as its stewards ever since.

Representative WELCH is to be commended for his efforts to protect and celebrate the stunning beauty of his home State and for providing his constituents some well-deserved recognition of their conservation efforts.

Mr. Speaker, we support the passage of the resolution, and I urge its adoption by the House today.

I reserve the balance of my time.

Mr. MCCLINTOCK. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the gentlelady from Guam has adequately explained this bill. Of course, it wouldn't be fair to compare the Vermont Long Trail to the magnificent trails of the Northern Sierra, but I'm assured that the Vermont Long Trail is a very nice one for Vermont.

The resolution sponsor has wisely avoided any references to sports teams and is not involved in any ongoing feuds that I'm aware of.

I yield back the balance of my time.

Ms. BORDALLO. Mr. Speaker, I again urge Members to support the resolution, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 1173.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. BORDALLO. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

DISTINGUISHED FLYING CROSS NATIONAL MEMORIAL ACT

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2788) to designate a Distinguished Flying Cross National Memorial at the March Field Air Museum in Riverside, California.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2788

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Distinguished Flying Cross National Memorial Act".

SEC. 2. DESIGNATION OF DISTINGUISHED FLYING CROSS NATIONAL MEMORIAL IN RIVERSIDE, CALIFORNIA.

(a) FINDINGS.—Congress finds the following:

(1) The most reliable statistics regarding the number of members of the Armed Forces who have been awarded the Distinguished Flying Cross indicate that 126,318 members of the Armed Forces received the medal during World War II, approximately 21,000 members received the medal during the Korean conflict, and 21,647 members received the medal during the Vietnam War. Since the end of the Vietnam War, more than 203 Armed Forces members have received the medal in times of conflict.

(2) The National Personnel Records Center in St. Louis, Missouri, burned down in 1973, and thus many more recipients of the Distinguished Flying Cross may be undocumented. Currently, the Department of Defense continues to locate and identify members of the Armed Forces who have received the medal and are undocumented.

(3) The United States currently lacks a national memorial dedicated to the bravery and sacrifice of those members of the Armed Forces who have distinguished themselves by heroic deeds performed in aerial flight.

(4) An appropriate memorial to current and former members of the Armed Forces is under construction at March Field Air Museum in Riverside, California.

(5) This memorial will honor all those members of the Armed Forces who have distinguished themselves in aerial flight, whether documentation of such members who earned the Distinguished Flying Cross exists or not.

(b) DESIGNATION.—The memorial to members of the Armed Forces who have been awarded the Distinguished Flying Cross that is under construction at March Field Air Museum in Riverside, California, is hereby designated as the Distinguished Flying Cross National Memorial.

(c) EFFECT OF DESIGNATION.—The national memorial designated by this section is not a unit of the National Park System, and the designation of the national memorial shall not be construed to require or permit Federal funds to be expended for any purpose related to the national memorial.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from

Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Guam?

There was no objection.

Ms. BORDALLO. Mr. Speaker, H.R. 2788 is sponsored by Representative KEN CALVERT of California. This bill would establish a national memorial at the March Field Air Museum in California to honor the recipients of the Air Force's Distinguished Flying Cross. This medal is awarded to members of the United States Armed Services who have demonstrated heroism or extraordinary achievement while participating in an aerial flight.

H.R. 2788 specifies that the memorial is not a unit of the National Park System and states that the designation as a national memorial shall not be construed to require or permit Federal funds to be spent on the memorial.

Mr. Speaker, we support the passage of H.R. 2788, and I reserve the balance of my time.

Mr. MCCLINTOCK. Mr. Speaker, I yield myself such time as I may consume.

I want to begin by thanking Congressman CALVERT for introducing this bill to designate a memorial in honor of the over 150,000 current and former members of the Armed Forces who have been awarded the Distinguished Flying Cross.

When this bill is enacted, a memorial under construction at March Field Air Museum in Riverside, California, will be designated as the Distinguished Flying Cross National Memorial. This designation honors these patriots and does not require or permit any expenditure of any Federal funds.

Mr. Speaker, I would yield such time as he may consume to the bill's sponsor, my friend from California (Mr. CALVERT).

Mr. CALVERT. Mr. Speaker, I rise in support of H.R. 2788, a bill to designate a National Distinguished Flying Cross Memorial in Riverside, California. I'm honored to represent the Inland Empire chapter of the Distinguished Flying Cross Society, which is the primary sponsor of the memorial.

Last June, I introduced H.R. 2788, which would designate a memorial which is currently under construction at March Field Air Museum as the Distinguished Flying Cross National Memorial. It honors all current and former members of the Armed Forces who have been awarded the Distinguished Flying Cross.

The bill has strong bipartisan support from both the committee and with 48 cosponsors. The legislation is supported by the Distinguished Flying Cross Society, the Military Officers Association of America, the Air Force Association, the Air Force Sergeants Association, the Association of Naval Aviation, the Vietnam Helicopter Pilots Association, and the China-Burma-India Veterans Association.

I would like to point out language in the bill that specifically states that the designation shall not be construed to require or permit Federal funds to be expended for any purpose related to a national memorial. Funds have been and will continue to be raised through private means for these purposes.

Distinguished Flying Cross recipients have received the prestigious medal for their heroism or extraordinary achievement while participating in aerial flight while serving in any capacity with the U.S. Armed Forces. There are many people who have played a vital role in the history of military aviation and have received this award. This renowned group includes Captain Charles L. Lindbergh, former President George H.W. Bush, Brigadier General Jimmy Doolittle, General Curtis LeMay, Senator McCain, Jimmy Stewart, and Admiral Jim Stockdale, just to name a few.

The March Air Reserve Base, which hosts the C-17As of the 452nd Air Mobility Wing, is adjacent to the location of the memorial at the March Field Air Museum. When completed, visitors will be able to witness active operational air units providing support to our troops in Iraq and Afghanistan, which is an appropriate setting that honors the many aviators who have distinguished themselves by deeds performed in aerial flight.

I would like to thank those who worked tirelessly to make sure this memorial is built and is properly designated in honor of the distinguished aviators that have served this great Nation. In particular, I would like to recognize Jim Chaplin, with the loving support of his wife, Trish, who just recently passed away, who have been instrumental in this effort.

Again, I hope you will join me in supporting the designation of the National Flying Cross Memorial at March Field Air Museum and H.R. 2788.

Ms. BORDALLO. Mr. Speaker, I reserve the balance of my time.

Mr. McCLINTOCK. Mr. Speaker, I would like to say the Distinguished Flying Cross was also awarded to William Pittman for his service in flying B-29s in the Pacific during World War II. His daughter, Lisa, sits next to me staffing this bill today.

I yield back the balance of our time. Mr. CALVERT. Mr. Speaker, today, H.R. 2788 passed the House with the unanimous support of my colleagues. The bill designates a memorial that is currently under construction

at March Field Air Museum, in Riverside, California, as the Distinguished Flying Cross National Memorial.

I am proud that the Distinguished Flying Cross recipients, who have received this prestigious medal for their heroism or extraordinary achievement while participating in aerial flight while serving in any capacity with the U.S. Armed Forces, are closer to having a memorial designated as a National Memorial with the passage of this bill.

March Air Reserve Base is adjacent to the location of the memorial at the March Field Air Museum. Today at the base there are active operational air units providing support to our troops in Iraq and Afghanistan, which is why this is an appropriate setting for the memorial to the many aviators who have distinguished themselves by deeds performed in aerial flight.

I am including in today's RECORD, my floor statement from Tuesday, March 16, 2010, regarding H.R. 2788.

FLOOR STATEMENT ON H.R. 2788, THE DISTINGUISHED FLYING CROSS MEMORIAL ACT

Rep. Ken Calvert

Madam Speaker, I rise in support of H.R. 2788, a bill to designate a national Distinguished Flying Cross Memorial in Riverside, California.

I am honored to represent the Inland Empire Chapter of the Distinguished Flying Cross Society which is the primary sponsor of the memorial. Last June, I introduced H.R. 2788 which would designate a memorial, which is currently under construction at March Field Air Museum as the Distinguished Flying Cross National Memorial. It honors all current and former members of the Armed Forces who have been awarded the Distinguished Flying Cross.

The bill has strong bipartisan support both from the committee and with 48 cosponsors. The legislation is supported by the Distinguished Flying Cross Society, Military Officers Association of America, the Air Force Association, Air Force Sergeants Association, The Association of Naval Aviation, The Vietnam Helicopter Pilots Association, and the China-Burma-India Veterans Association. I'd like to point out language in the bill that specifically states that the designation shall not be construed to require or permit federal funds to be expended for any purpose related to the national memorial. Funds have been and will continue to be raised through private means for these purposes.

Distinguished Flying Cross recipients have received the prestigious medal for their heroism or extraordinary achievement while participating in aerial flight while serving in any capacity with the U.S. Armed Forces. There are many well-known people that have played a vital role in the history of military aviation and have received the award. This renowned group includes: Captain Charles L. Lindbergh, former President George H. W. Bush, Brigadier General Jimmy Doolittle, General Curtis Lemay, Senator McCain, Jimmy Stewart and Admiral Jim Stockdale, to name just a few.

The March Air Reserve Base, which hosts the C-17As of the 452nd Air Mobility Wing is adjacent to the location of the memorial at the March Field Air Museum. When completed, visitors will be able to witness active operational air units providing support to our troops in Iraq and Afghanistan, which is an appropriate setting that honors the many aviators who have distinguished themselves by deeds performed in aerial flight.

I'd like to thank those who have worked tirelessly to ensure this memorial is built

and is properly designated in honor of the distinguished aviators that have served this great Nation. In particular, I'd like to recognize, Jim Champlin, with the loving support of his wife Trish, who recently passed away, who have been instrumental in this effort.

Again, I hope you will join me in supporting the designation of the National Distinguished Flying Cross Memorial at the March Field Air Museum and H.R. 2788.

Ms. BORDALLO. Mr. Speaker, I again urge Members to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 2788.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. BORDALLO. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

PARLIAMENTARY INQUIRY

Mr. McCLINTOCK. Parliamentary inquiry, Mr. Speaker.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. McCLINTOCK. Mr. Speaker, I am just wondering, which Members did you count standing on the floor a moment ago?

The SPEAKER pro tempore. The Chair's count in support of the yeas and nays is not subject to appeal.

□ 1530

ALPINE LAKES WILDERNESS ADDITIONS AND PRATT AND MIDDLE FORK SNOQUALMIE RIVERS PROTECTION ACT

Ms. BORDALLO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1769) to expand the Alpine Lakes Wilderness in the State of Washington, to designate the Middle Fork Snoqualmie River and Pratt River as wild and scenic rivers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1769

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Alpine Lakes Wilderness Additions and Pratt and Middle Fork Snoqualmie Rivers Protection Act".

SEC. 2. EXPANSION OF ALPINE LAKES WILDERNESS.

(a) *IN GENERAL.*—There is designated as wilderness and as a component of the National Wilderness Preservation System certain Federal land in the Mount Baker-Snoqualmie National Forest in the State of Washington comprising

approximately 22,173 acres that is within the Proposed Alpine Lakes Wilderness Additions Boundary, as generally depicted on the map entitled "Proposed Alpine Lakes Wilderness Additions" and dated December 3, 2009, which is incorporated in and shall be considered to be a part of the Alpine Lakes Wilderness.

(b) ADMINISTRATION.—

(1) MANAGEMENT.—Subject to valid existing rights, the land designated as wilderness by subsection (a) shall be administered by the Secretary of Agriculture (referred to in this section as the "Secretary"), in accordance with the Wilderness Act (16 U.S.C. 1131 et seq.), except that any reference in that Act to the effective date of that Act shall be considered to be a reference to the date of enactment of this Act.

(2) MAP AND DESCRIPTION.—

(A) IN GENERAL.—As soon as practicable after the date of enactment of this Act, the Secretary shall file a map and a legal description of the land designated as wilderness by subsection (a) with—

(i) the Committee on Natural Resources of the House of Representatives; and

(ii) the Committee on Energy and Natural Resources of the Senate.

(B) FORCE OF LAW.—A map and legal description filed under subparagraph (A) shall have the same force and effect as if included in this Act, except that the Secretary may correct minor errors in the map and legal description.

(C) PUBLIC AVAILABILITY.—The map and legal description filed under subparagraph (A) shall be filed and made available for public inspection in the appropriate office of the Forest Service.

(c) INCORPORATION OF ACQUIRED LAND AND INTERESTS IN LAND.—Any land or interests in land within the Proposed Alpine Lakes Wilderness Additions Boundary, as generally depicted on the map entitled "Proposed Alpine Lakes Wilderness Additions" and dated December 3, 2009, that is acquired by the United States shall—

(1) become part of the wilderness area; and

(2) be managed in accordance with subsection (b)(1).

SEC. 3. WILD AND SCENIC RIVER DESIGNATIONS.

Section 3(a) of the Wild and Scenic Rivers Act (16 U.S.C. 1274(a)) is amended by adding at the end the following:

"() MIDDLE FORK SNOQUALMIE, WASHINGTON.—The 27.4-mile segment from the headwaters of the Middle Fork Snoqualmie River near La Bohn Gap in NE ¼ sec. 20, T. 24 N., R. 13 E., to the northern boundary of sec. 11, T. 23 N., R. 9 E., to be administered by the Secretary of Agriculture in the following classifications:

"(A) The approximately 6.4-mile segment from the headwaters of the Middle Fork Snoqualmie River near La Bohn Gap in NE ¼ sec. 20, T. 24 N., R. 13 E., to the west section line of sec. 3, T. 23 N., R. 12 E., as a wild river.

"(B) The approximately 21-mile segment from the west section line of sec. 3, T. 23 N., R. 12 E., to the northern boundary of sec. 11, T. 23 N., R. 9 E., as a scenic river.

"() PRATT RIVER, WASHINGTON.—The entirety of the Pratt River in the State of Washington, located in the Mount Baker-Snoqualmie National Forest, to be administered by the Secretary of Agriculture as a wild river."

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair now recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Mr. Speaker, I ask unanimous consent that all Members

may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Guam?

There was no objection.

Ms. BORDALLO. Mr. Speaker, H.R. 1769, sponsored by Representative DAVE REICHERT of Washington, would expand the Alpine Lakes Wilderness area and designate two rivers as components of the National Wild and Scenic Rivers System. The Alpine Lakes Wilderness area, originally designated by Congress in 1976, sits 45 minutes east of downtown Seattle and has become one of the most visited wilderness areas in the country.

The proposed wilderness additions are low elevation lands that provide important habitat for wildlife when high elevation lands are covered by snow. Elk, deer, cougars, and bobcats live in the mountain valleys that comprise the proposed wilderness additions.

Mr. Speaker, we support passage of H.R. 1769, and we urge its adoption by the House today.

I reserve the balance of my time.

Mr. MCCLINTOCK. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, in a moment, I'm going to yield time to DAVE REICHERT, the lead sponsor and proponent of this legislation, but before doing so, I want to recognize what a diligent and persuasive advocate DAVE REICHERT has been for this bill. He developed it by working closely with local leaders. He introduced it and has gained the support of Washington State's two Democratic Senators.

While the bill does not take the approach that I personally believe is best for protecting our Federal forests and public lands, this bill only affects lands in Washington State's Eighth Congressional District, which DAVE REICHERT has been elected to represent.

Due to the leadership and hard work of Mr. REICHERT, this bill was advanced out of the Natural Resources Committee, and I fully expect it will pass the full House of Representatives today.

So to my friend and colleague from Washington State, I offer my congratulations on his success, and I yield him whatever time he may consume.

Mr. REICHERT. I thank the gentleman for yielding.

I am proud to stand here today on behalf of my constituents and my community throughout the region of western Washington, and especially those working hard in the Eighth District, to finally bring this legislation to the floor today. I just happen to be the conduit to bring this legislation to the United States House of Representatives, so all the hard work was really

done by the people who live in our region.

The Alpine Lakes Wilderness Additions and Pratt and Middle Fork Snoqualmie Rivers Protection Act is the product of teamwork, 3 years of careful collaboration, consultation, and consensus building with local stakeholders. Since 2007, we've worked with scores of local officials, conservation enthusiasts, recreation groups, public safety advocates, and parties interested in land use issues to develop this bipartisan proposal.

And I would like to particularly thank King County Councilman Reagan Dunn, whose mother actually held this seat prior to my arrival here, who has always worked tirelessly throughout the State of Washington, and especially in our western Washington area, for our environment.

I thank the community for taking the long view and for not letting politics get in the way of doing what's right for Washington State. Because of these efforts, we will have a spectacular wild area to leave behind for our children and grandchildren to use and enjoy.

H.R. 1769 builds on the proud Washington State tradition pioneered by Senators Warren Magnuson, Scoop Jackson, and Dan Evans, who have all worked together over the years to protect our public lands and preserve our recreational opportunities for all Washingtonians.

This bill also builds on another important Washington State tradition, that of collaborative consensus-based, environmental stewardship. And I want to thank Senator PATTY MURRAY for introducing companion legislation on the Senate side.

My bill provides a unique opportunity to permanently protect key additions to the existing Alpine Lakes Wilderness, which reaches the crest of the Cascade Mountains just east of the Seattle-Bellevue metropolitan area in my district. It also preserves wildlife habitats, existing recreational opportunities, and local economies that rely on both.

Alpine Lakes was first designated by Congress in 1976, and it's one of the most visited and most popular wilderness areas in our country. My legislation embraces important lower elevation lands, completes watersheds, protects two rivers with wild and scenic designations, and provides clean water and flood control for the valleys those rivers run through.

The proposed additions have been carefully crafted, taking into consideration existing recreational opportunities for hiking, camping, rafting, kayaking, horseback riding, mountain biking, and wildlife viewing, also taking care to protect a large area to preserve for hunting and fishing opportunities.

These additions my bill makes to this Alpine Lakes Wilderness area do

not infringe on any private property issues and will not cost the Federal taxpayers a single cent.

I hope today that we realize that protecting this wilderness will serve our future generations. And as a grandfather—now as my staff wrote this thing and I'm reading through part of this bill today, I noticed in this sentence right here they have shortened my life a little bit, because they have said that I won't have the opportunity to see my great-grandchildren enjoy this wilderness area. I have a 15-year-old grandson, so I'm hoping in the next, maybe, 10 years or so, I might be able to watch my great-grandchild walk through this park.

I've had the opportunity to work with, again, as I said, all the people in our community, and it's just a joy to take my grandchildren today, my sons and daughters before that, walking through the wilderness, looking at wildlife and seeing the excitement in their eyes as they see wildlife pass right in front of them in some of our wilderness areas in Washington State. So, this wilderness area will be right in the backyard of Bellevue and Seattle, 40, 45 minutes away.

I urge my colleagues to support this legislation today.

Ms. BORDALLO. Madam Speaker, I reserve the balance of my time.

Mr. McCLINTOCK. Madam Speaker, I yield such time as he may consume to the gentleman from New Jersey (Mr. LANCE).

Mr. LANCE. I thank the gentleman from California and the gentlelady from Guam.

Madam Speaker, I certainly rise in support of the legislation under discussion. I also rise today as a proud cosponsor of H.R. 2788, the Distinguished Flying Cross National Memorial Act.

The creation of a memorial to honor Distinguished Flying Cross medal recipients is long overdue. These brave men and women are being honored for their heroic and extraordinary achievements during flight.

This diverse group of service men and women includes pilots from all five military branches and veterans from every U.S. military conflict from World War I to the current wars in Iraq and Afghanistan. I'm honored to represent several of these heroes who have received the Distinguished Flying Cross medal.

One of the awardees is James Pressman of Clark, New Jersey. Born in Elizabeth and raised in Rahway, Mr. Pressman served as a U.S. Army pilot and has been decorated with three Distinguished Flying Crosses for his valiant efforts.

In 1967, he graduated from the Army ROTC program at Rutgers University, where he was enrolled in the Army flight program. Upon graduation, Mr. Pressman attended Infantry Officer Basic School and Flight School and

then served in Vietnam from March 1969 to March 1970.

Mr. Pressman flew UH-1H helicopters as a member of C Troop in the 1st Squadron, 9th Cavalry of the 1st Air Cavalry Division in Phuoc Vinh, Vietnam. After safely returning home, he taught for a year as a flight instructor at Fort Wolters, Texas. Once Mr. Pressman retired from the Army, he served 6 years in the Army National Guard in Westfield, New Jersey.

Mr. Pressman resides in Clark as a retired real estate agent and substitute history teacher at Westfield and Arthur L. Johnson high schools. It is my privilege, Madam Speaker, to recognize him today along with all of the other courageous servicemen and -women who have been awarded the Distinguished Flying Cross.

I thank the sponsor of the legislation, Congressman KEN CALVERT of California, as well as the chairman and ranking member of the Natural Resources Committee, for bringing this legislation to the floor.

With that, I encourage all of my colleagues to vote for passage of the legislation.

Mr. McCLINTOCK. Madam Speaker, I yield back the balance of my time.

Ms. BORDALLO. Madam Speaker, I yield to the gentleman from Iowa (Mr. BOSWELL) such time as he may consume. And before he begins, I would like to mention that he is a recipient of the Distinguished Flying Cross.

Mr. BOSWELL. I do rise in support. I understand you had the debate, but I would feel remiss if I didn't make a few comments for my fellow airmen that have served and serve with great distinction.

It has probably been said, but Congress established the Distinguished Flying Cross 80 years ago, and today it is America's oldest military aviation award. The medal was created to symbolize sacrifice and heroism.

I applaud Mr. CALVERT for introducing this legislation, which will finally give Distinguished Flying Cross recipients the national recognition they deserve. Many may know that I served in the U.S. Army for 20 years, including a couple tours in Vietnam. I had the opportunity to serve with many great aviators who were also awarded the Distinguished Flying Cross.

I was truly honored to not only serve with these aviators but, in some cases, to supervise them. I had the opportunity to recommend brave individuals for the Distinguished Flying Cross. Their heroism and valor oftentimes inspired me and kept me going in the face of adversity.

This bill today honors my fellow aviators I served with during my 20 years, in addition to the men and women who now are protecting us in the skies domestically and abroad. My experience in the Army has a strong influence on

me and added to many positives in the rest of my life.

When I look back at that time, I remember those I served with who gave the ultimate sacrifice to our country, those who served and gave their lives for our freedom. And I feel honored I had the opportunity to serve. Because of this experience, I truly relish what a tremendous gift and what a privilege it is to be an American.

Today I am extremely pleased to honor those aviators and all aviators. I strongly urge my colleagues to join in supporting H.R. 2788.

Ms. BORDALLO. Madam Speaker, I again urge Members to support the bill, and I yield back the balance of my time.

The SPEAKER pro tempore (Ms. EDWARDS of Maryland). The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 1769, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

REVISING BOUNDARIES OF GETTYSBURG NATIONAL MILITARY PARK

Ms. BORDALLO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4395) to revise the boundaries of the Gettysburg National Military Park to include the Gettysburg Train Station, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4395

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. GETTYSBURG NATIONAL MILITARY PARK BOUNDARY REVISION.

Section 1 of the Act titled "An Act to revise the boundary of the Gettysburg National Military Park in the Commonwealth of Pennsylvania, and for other purposes", approved August 17, 1990 (16 U.S.C. 430g-4), is amended by adding at the end the following:

"(d) ADDITIONAL LAND.—In addition to the land identified in subsections (a) and (b), the park shall also include the following, as depicted on the map titled 'Gettysburg National Military Park Proposed Boundary Addition', numbered 305/80,045 and dated January 2010:

"(1) The land and interests in land commonly known as the 'Gettysburg Train Station' and its immediate surroundings in the Borough of Gettysburg.

"(2) The land and interests in land located along Plum Run in Cumberland Township."

SEC. 2. ACQUISITION AND DISPOSAL OF LAND.

Section 2 of that Act (16 U.S.C. 430g-5) is amended by adding at the end of subsection (a) the following: "The Secretary is also authorized to acquire publicly owned property within the area defined in section 1(d)(1) by purchase, from willing sellers only, if efforts to acquire that property without cost have been exhausted. The Secretary may not acquire property within the

area defined in section 1(d) by eminent domain.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from California (Mr. MCCLINTOCK) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

□ 1545

GENERAL LEAVE

Ms. BORDALLO. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on the bill under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Guam?

There was no objection.

Ms. BORDALLO. Madam Speaker, H.R. 4395, introduced by Representative TODD PLATTS of Pennsylvania, would authorize a boundary change at Gettysburg National Military Park to include the Gettysburg Train Station. Madam Speaker, it was here that President Lincoln arrived to honor the war dead on the field of battle and deliver the address that would forever define the Civil War as a battle for the freedom and the rights of all Americans.

Under the proposed legislation, the National Park Service would take over management of the train station from the Borough of Gettysburg, and community partners would staff it. The bill would also expand the park boundaries to include additional historic lands and would add protections for the resources of this hallowed site.

Madam Speaker, H.R. 4395 has broad bipartisan support, and we urge its adoption by the House today.

I reserve the balance of my time.

Mr. MCCLINTOCK. Madam Speaker, I yield myself such time as I may consume.

The legislation allows the National Park Service to accept the donation of a small parcel of land that will allow it to better interpret the historic battle for which the park was created. It also authorizes the Park Service to purchase the historic train depot where Abraham Lincoln arrived and departed from his historic visit in 1863.

I am told that there was a time when that historic train depot served as a pizza parlor. Today, it serves a much more fitting role as a museum, and under this measure the Park Service will take over its operation.

I yield such time as he may consume to the gentleman, Mr. PLATTS, the author of the measure.

Mr. PLATTS. Madam Speaker, I appreciate the gentleman yielding. And I certainly rise in support today of H.R. 4395, a bill to extend the boundaries of the Gettysburg National Military Park. I am honored to have introduced

this legislation and certainly appreciate the support of the chairman and ranking member of the Natural Resources Committee in moving this bill to the floor.

Madam Speaker, Gettysburg is a unique and very special place. When I travel around the country, I am always proud to talk to fellow citizens about my district in central Pennsylvania, including Carlisle, Pennsylvania, where the United States Army War College is located, and certainly my hometown of York, where the Continental Congress met for 9 months in 1777, and where the Articles of Confederation were adopted. No town, however, that I mentioned gets quite the reaction as Gettysburg. Not only did Gettysburg host the battle that marked the turning point of the Civil War in 1863, but it is also where President Lincoln gave one of the most historic addresses in our Nation's history.

H.R. 4395 would expand the boundaries of the Gettysburg National Military Park to include the historic Lincoln Train Station, as well as a 45-acre plot of land at the southern base of Big Round Top, in order to ensure preservation of these properties for generations to come. Both pieces of land are historically significant.

The Lincoln Train Station served as a hospital during the time of the 1863 battle and was the departure point for many wounded and deceased soldiers as they were returned to their homes. The station is also where President Lincoln arrived when he visited Gettysburg to give his historic Gettysburg Address in November 1863.

The 1858 structure is listed on the National Register of Historic Places and is currently owned by the Borough of Gettysburg. The Borough uses the station currently as a visitor's center. However, due to the lack of funding and available volunteers, it is unable to keep the center open on a regularly scheduled basis. The Borough of Gettysburg supports this legislation and wishes for the National Park Service to acquire this historic parcel and, as was referenced, be truly restored to its original beauty so it can be an added destination point for so many visitors to Gettysburg, Pennsylvania.

The 45-acre parcel of land at the base of Big Round Top hosted cavalry skirmishes in July 1863 as part of the battle and currently contains critical wetlands and wildlife habitat associated with Plum Run. The Gettysburg Foundation currently owns this piece of land and would like to donate it “fee title interest” to the National Park Service once it is added to the park's boundary.

As we all certainly appreciate, the National Park Service is tasked with preserving and maintaining a huge number of very important parks, over 400, I believe.

Like all Federal agencies, the National Park Service works within a

constrained budget to allocate resources efficiently and effectively. I am sensitive to the current obligations of the NPS and believe that we should expand these commitments with thoughtfulness and without haste. I strongly believe that these two additions proposed by this legislation are truly historic in nature and would add great value to the park's already impressive resources. With that, I urge my colleagues to support this legislation.

Mr. MCCLINTOCK. Madam Speaker, if the gentlelady from Guam has no further speakers, I yield back the balance of my time.

Ms. BORDALLO. Madam Speaker, I again urge members to support the bill, and I wish to thank my colleague, the gentleman from California (Mr. MCCLINTOCK), for managing the bills with me this afternoon.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 4395, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. BORDALLO. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 3 o'clock and 50 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1645

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. JACKSON of Illinois) at 4 o'clock and 45 minutes p.m.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 3644, OCEAN, COASTAL, AND WATERSHED EDUCATION ACT AND PROVIDING FOR CONSIDERATION OF H.R. 1612, PUBLIC LANDS SERVICE CORPS ACT OF 2009

Mr. MCGOVERN, from the Committee on Rules, submitted a privileged report (Rept. No. 111-445) on the resolution (H. Res. 1192) providing for consideration of the bill (H.R. 3644) to

direct the National Oceanic and Atmospheric Administration to establish education and watershed programs which advance environmental literacy, including preparedness and adaptability for the likely impacts of climate change in coastal watershed regions and providing for consideration of the bill (H.R. 1612) to amend the Public Lands Corps Act of 1993 to expand the authorization of the Secretaries of Agriculture, Commerce, and the Interior to provide service-learning opportunities on public lands, help restore the Nation's natural, cultural, historic, archaeological, recreational, and scenic resources, train a new generation of public land managers and enthusiasts, and promote the value of public service, which was referred to the House Calendar and ordered to be printed.

RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

Mr. FLAKE. Mr. Speaker, I rise to a question of the privileges of the House and offer the resolution previously noticed.

The SPEAKER pro tempore. The Clerk will report the resolution.

The Clerk read as follows:

H. RES. 1193

Whereas, the Committee on Standards of Official Conduct initiated an investigation into allegations related to earmarks and campaign contributions in the Spring of 2009.

Whereas, on December 2, 2009, reports and findings in seven separate matters involving the alleged connection between earmarks and campaign contributions were forwarded by the Office of Congressional Ethics to the Standards Committee.

Whereas, on February 26, 2010, the Standards Committee made public its report on the matter wherein the Committee found, though a widespread perception exists among corporations and lobbyists that campaign contributions provide a greater chance of obtaining earmarks, there was no evidence that Members or their staff considered contributions when requesting earmarks.

Whereas, the Committee indicated that, with respect to the matters forwarded by the Office of Congressional Ethics, neither the evidence cited in the OCE's findings nor the evidence in the record before the Standards Committee provided a substantial reason to believe that violations of applicable standards of conduct occurred.

Whereas, the Office of Congressional Ethics is prohibited from reviewing activities taking place prior to March of 2008 and lacks the authority to subpoena witnesses and documents.

Whereas, for example, the Office of Congressional Ethics noted that in some instances documents were redacted or specific information was not provided and that, in at least one instance, they had reason to believe a witness withheld information requested and did not identify what was being withheld.

Whereas, the Office of Congressional Ethics also noted that they were able to interview only six former employees of the PMA Group, with many former employees refusing to consent to interviews and the OCE unable to obtain evidence within PMA's possession.

Whereas, Roll Call noted that "the committee report was five pages long and included no documentation of any evidence collected or any interviews conducted by the committee, beyond a statement that the investigation 'included extensive document reviews and interviews with numerous witnesses.'" (Roll Call, March 8, 2010)

Whereas, it is unclear whether the Standards Committee included in their investigation any activities that occurred prior to 2008.

Whereas, it is unclear whether the Standards Committee interviewed any Members in the course of their investigation.

Whereas, it is unclear whether the Standards Committee, in the course of their investigation, initiated their own subpoenas or followed the Office of Congressional Ethics recommendations to issue subpoenas. Therefore, be it

Resolved, That not later than seven days after the adoption of this resolution, the Committee on Standards of Official Conduct shall report to the House of Representatives, with respect to the activities addressed in its report of February 26, 2010, (1) how many witnesses were interviewed, (2) how many, if any, subpoenas were issued in the course of their investigation, and (3) what documents were reviewed and their availability for public review.

The SPEAKER pro tempore. The resolution qualifies.

MOTION TO REFER THE RESOLUTION

Mr. MCGOVERN. Mr. Speaker, I move that the resolution be referred to the Committee on Standards of Official Conduct.

The SPEAKER pro tempore. The gentleman from Massachusetts is recognized for 1 hour.

Mr. MCGOVERN. Mr. Speaker, this is a matter that properly belongs before the Committee on Standards of Official Conduct.

I yield back the balance of my time and move the previous question.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to refer.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. FLAKE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on the motion to refer will be followed by 5-minute votes on motions to suspend the rules with regard to H.R. 3542, H.R. 3509, and House Resolution 1173.

The vote was taken by electronic device, and there were—yeas 397, nays 0, answered "present" 12, not voting 21, as follows:

[Roll No. 131]

YEAS—397

Aderholt
Adler (NJ)
Akin
Alexander
Altmire

Andrews
Arcuri
Austria
Baca
Bachmann

Bachus
Baird
Baldwin
Barrow
Bartlett

Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Blackburn
Blumenauer
Blunt
Boccheri
Boehner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite,
Ginny
Buchanan
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Chaffetz
Childers
Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
DeFazio
DeGette
Delahunt
DeLauro
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge

Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Fox
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin

Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebach
Lowey
Lucas
Luetkemeyer
Lujan
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascarella
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perrillo
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Rahall

Rangel	Scott (VA)	Thornberry
Rehberg	Sensenbrenner	Tiahrt
Reichert	Serrano	Tiberi
Reyes	Sessions	Tierney
Richardson	Sestak	Titus
Rodriguez	Shadegg	Tonko
Roe (TN)	Shea-Porter	Towns
Rogers (AL)	Sherman	Tsongas
Rogers (KY)	Shimkus	Turner
Rogers (MI)	Shuler	Upton
Rohrabacher	Shuster	Van Hollen
Rooney	Sires	Velázquez
Ros-Lehtinen	Skelton	Visclosky
Roskam	Slaughter	Walz
Ross	Smith (NE)	Wamp
Rothman (NJ)	Smith (NJ)	Wasserman
Roybal-Allard	Smith (TX)	Schultz
Royce	Smith (WA)	Waters
Ruppersberger	Snyder	Watson
Ryan (OH)	Souder	Watt
Ryan (WI)	Space	Waxman
Salazar	Speier	Weiner
Sanchez, Loretta	Spratt	Welch
Sarbanes	Stearns	Whitfield
Scalise	Stupak	Wilson (OH)
Schakowsky	Sutton	Wilson (SC)
Schauer	Tanner	Wittman
Schiff	Taylor	Wolf
Schmidt	Teague	Woolsey
Schock	Terry	Wu
Schrader	Thompson (CA)	Yarmuth
Schwartz	Thompson (MS)	Young (AK)
Scott (GA)	Thompson (PA)	Young (FL)

ANSWERED "PRESENT"—12

Bonner	Conaway	Latham
Butterfield	Dent	McCaul
Castor (FL)	Diaz-Balart, L.	Simpson
Chandler	Harper	Walden

NOT VOTING—21

Ackerman	Deal (GA)	Rush
Barrett (SC)	Grijalva	Sánchez, Linda
Bishop (NY)	Hastings (WA)	T.
Bishop (UT)	Hoekstra	Stark
Burgess	Kaptur	Sullivan
Cao	Kosmas	Westmoreland
Cummings	Lofgren, Zoe	
Davis (TN)	Radanovich	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1717

Mr. JORDAN of Ohio changed his vote from "nay" to "yea."

Messrs. WALDEN and LATHAM changed their vote from "yea" to "present."

So the motion was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

Mr. CANTOR. Mr. Speaker, pursuant to clause 2(a)(1) of rule IX, I hereby notify the House of my intention to offer a resolution as a question of the privileges of the House.

The form of my resolution is as follows:

Whereas at least three members of the House Democratic Leadership have endorsed a procedural tactic for the sole purpose of avoiding an up-or-down vote, by the yeas and nays, on the Senate-passed health care bill;

Whereas on Tuesday, March 16, 2010 Representative James Clyburn, the House Majority Whip, stated, "We will deem passed the Senate bill. . . .";

Whereas on Tuesday, March 16, The Washington Post reported, "After laying the

groundwork for a decisive vote this week on the Senate's health-care bill, House Speaker Nancy Pelosi suggested Monday that she might attempt to pass the measure without having members vote on it. Instead, Pelosi (D-Calif.) would rely on a procedural sleight of hand. . . .";

Whereas in the same Washington Post article, the Speaker declared, ". . . I like it because people don't have to vote on the Senate bill. . . .";

Whereas on Tuesday, March 16, McClatchy Newspapers reported Representative John Larson, chairman of the House Democratic Caucus, stated, "Many of our members would prefer not to have voted for the Senate bill. . . .";

Whereas on Tuesday, March 9, U.S. News and World Report reported, "Pelosi gaffed, telling the local elected officials assembled 'that Congress [has] to pass the bill so you can find out what's in it, away from the fog of controversy. . . .';

Whereas on Tuesday, March 16, The Washington Post editorialized, ". . . what is intended as a final sprint threatens to turn into something unseemly and, more important, contrary to Democrats' promises of transparency and time for deliberation. . . . [I]t strikes us as a dodgy way to reform the health-care system. Democrats who vote for the package will be tagged with supporting the Senate bill in any event."

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to not traffic the well while another Member is speaking.

The gentleman from Virginia may continue.

Mr. CANTOR. Thank you, Mr. Speaker.

The form of the remainder of the resolution is as follows:

Whereas on Tuesday, March 16, the Cincinnati Enquirer editorialized, "This disgusting process, which Democrats brazenly wish to bring to conclusion this week, is being done with little regard for the opinions of a clear majority of Americans who, while they may believe health care reform is necessary, think this particular approach will take our nation down the wrong economic path. . . .";

Whereas bipartisan members of the House and Senate have expressed their opposition to using the Slaughter Solution;

Whereas on Wednesday, March 10, Representative Joe Donnelly released the following statement, "The process over the past few months has been frustrating, including the cutting of unacceptable special deals to assure a few senators' votes. . . .";

Whereas Representative Jason Altmire of Pennsylvania has characterized the exploitation of the Slaughter Solution by Democratic Leadership as "wrong" and unpopular among his constituents;

Whereas on Friday, March 12, POLITICO reported on a memo sent from Representative Chris Van Hollen, chairman of the Democratic Congressional Campaign Committee, to freshman and sophomore House Democrats that stated, "At this point, we have to just rip the band-aid off. . . . Things like reconciliation and what the rules committee does is INSIDE BASEBALL. . . .";

Whereas on Tuesday, March 16, Roll Call reported, "Hoyer argued that the American public isn't interested in the process lawmakers use for approving reforms. . . .";

Whereas on Tuesday, March 16, Representative James Clyburn told Fox News, "Controversy doesn't bother me at all. . . .";

Whereas the Democratic leadership of the House has conducted a calculated and coordinated attempt to willfully deceive the American people by embracing the "Slaughter Solution";

Whereas resorting to the "Slaughter Solution" in this circumstance, is being done to intentionally hide from the American people a future vote that Members of Congress may take on the Senate-passed health care legislation;

Whereas the deceptive behavior demonstrated by the Democratic Leadership has brought discredit upon the House of Representatives; and

Whereas the Democratic leadership has willfully abused its power to chart a legislative course for the Senate health care bill that is deliberately calculated to obfuscate what the House will vote on, in an illegitimate effort to confuse the public and thereby fraudulently insulate certain Representatives from accountability for their conduct of their offices: Now, therefore, be it

Resolved, That the House disapproves of the malfeasant manner in which the Democratic Leadership has thereby discharged the duties of their offices.

Mr. CANTOR. Mr. Speaker, I seek to offer the resolution.

PARLIAMENTARY INQUIRY

Mr. HASTINGS of Florida. Parliamentary inquiry, Mr. Speaker.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. HASTINGS of Florida. Mr. Speaker, does a privileged resolution lie against a rule as the gentleman's privileged resolution that he has read, does it lie when, in fact, no rule has been established or passed by the House with reference to this matter?

The SPEAKER pro tempore. The Clerk will first report the resolution, then the Chair will determine its privileged status.

The Clerk will report the resolution.

The Clerk read as follows:

H. RES. 1194

Whereas at least three members of the House Democratic Leadership have endorsed a procedural tactic for the sole purpose of avoiding an up-or-down vote, by the yeas and nays, on the Senate-passed health care bill;

Whereas on Tuesday, March 16, 2010 Representative James Clyburn, the House Majority Whip, stated, "We will deem passed the Senate bill. . . .";

Whereas on Tuesday, March 16, The Washington Post reported, "After laying the groundwork for a decisive vote this week on the Senate's health-care bill, House Speaker Nancy Pelosi suggested Monday that she might attempt to pass the measure without having members vote on it. Instead, Pelosi (D-Calif.) would rely on a procedural sleight of hand. . . .";

Whereas in the same Washington Post article, the Speaker declared, ". . . I like it because people don't have to vote on the Senate bill. . . .";

Whereas on Tuesday, March 16, McClatchy Newspapers reported Representative John Larson, chairman of the House Democratic Caucus, stated, "Many of our members would prefer not to have voted for the Senate bill. . . .";

Whereas on Tuesday, March 9, U.S. News and World Report reported, "Pelosi gaffed, telling the local elected officials assembled

'that Congress [has] to pass the bill so you can find out what's in it, away from the fog of controversy.'";

Whereas on Tuesday, March 16, The Washington Post editorialized, "... what is intended as a final sprint threatens to turn into something unseemly and, more important, contrary to Democrats' promises of transparency and time for deliberation. ... [I]t strikes us as a dodgy way to reform the health-care system. Democrats who vote for the package will be tagged with supporting the Senate bill in any event.";

Whereas on Tuesday, March 16, the Cincinnati Enquirer editorialized, "This disgusting process, which Democrats brazenly wish to bring to conclusion this week, is being done with little regard for the opinions of a clear majority of Americans who, while they may believe health care reform is necessary, think this particular approach will take our nation down the wrong economic path.";

Whereas bipartisan members of the House and Senate have expressed their opposition to using the Slaughter Solution;

Whereas on Wednesday, March 10, Representative Joe Donnelly released the following statement, "The process over the past few months has been frustrating, including the cutting of unacceptable special deals to assure a few senators' votes.";

Whereas Representative Jason Altmire of Pennsylvania has characterized the exploitation of the Slaughter Solution by Democratic Leadership as "wrong" and unpopular among his constituents;

Whereas on Friday, March 12, POLITICO reported on a memo sent from Representative Chris Van Hollen, chairman of the Democratic Congressional Campaign Committee, to freshman and sophomore House Democrats that stated, "At this point, we have to just rip the band-aid off. . . . Things like reconciliation and what the rules committee does is INSIDE BASEBALL.";

Whereas on Tuesday, March 16, Roll Call reported, "Hoyer argued that the American public isn't interested in the process lawmakers use for approving reforms. . . .";

Whereas on Tuesday, March 16, Representative James Clyburn told Fox News, "Controversy doesn't bother me at all.";

Whereas the Democratic leadership of the House has conducted a calculated and coordinated attempt to willfully deceive the American people by embracing the "Slaughter Solution";

Whereas resorting to the "Slaughter Solution" in this circumstance, is being done to intentionally hide from the American people a future vote that Members of Congress may take on the Senate-passed health care legislation;

Whereas the deceptive behavior demonstrated by the Democratic Leadership has brought discredit upon the House of Representatives; and

Whereas the Democratic leadership has willfully abused its power to chart a legislative course for the Senate health care bill that is deliberately calculated to obfuscate what the House will vote on, in an illegitimate effort to confuse the public and thereby fraudulently insulate certain Representatives from accountability for their conduct of their offices: Now, therefore, be it

Resolved, That the House disapproves of the malfeasant manner in which the Democratic Leadership has thereby discharged the duties of their offices.

The SPEAKER pro tempore. The resolution qualifies.

MOTION TO TABLE

Mr. HOYER. Mr. Speaker, I move that we lay the resolution on the table.

The SPEAKER pro tempore. The question is on the motion to lay the resolution on the table.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. CANTOR. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on adopting the motion to table will be followed by 5-minute votes on suspending the rules with regard to H.R. 3542, H.R. 3509, and H. Res. 1173.

The vote was taken by electronic device, and there were—ayes 232, noes 181, not voting 17, as follows:

[Roll No. 132]

AYES—232

Adler (NJ)
Altmire
Arcuri
Andrews
Baca
Baird
Baldwin
Barrow
Bean
Berkley
Berman
Berry
Bishop (GA)
Blumenauer
Bocieri
Boswell
Boucher
Boyd
Brady (PA)
Braley (IA)
Bright
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Clarke
Clay
Cleave
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ellison
Engel
Eshoo
Etheridge
Farr

Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Herseth Sandlin
Higgins
Hill
Himes
Hinchee
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee
(TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kirkpatrick (AZ)
Klein (FL)
Kosmas
Kratovil
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Lipinski
Loebbeck
Lowey
Lujan
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)

Marshall
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McMahon
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Oliver
Ortiz
Owens
Pallone
Pascarella
Pastor (AZ)
Payne
Perlmutter
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak

Shea-Porter
Sherman
Sires
Skeltton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stupak
Sutton

Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky

Walz
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Yarmuth

NOES—181

Aderholt
Akin
Alexander
Austria
Bachmann
Bachus
Bartlett
Barton (TX)
Biggart
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Fox
Franks (AZ)
Frelinghuysen

Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Heller
Hensarling
Herger
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (NY)
Kingston
Kirk
Kissell
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel
E.
Mack
Manzullo
Marchant
McCarthy (CA)
McCauley
McClintock
McCotter
McHenry
McIntyre
McKeon
McMorris
Rodgers
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Moran (KS)

Murphy, Tim
Myrick
Neugebauer
Nunes
Olson
Paul
Paulsen
Pence
Perriello
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOT VOTING—17

Ackerman
Barrett (SC)
Becerra
Bishop (NY)
Cummings
Davis (TN)

Deal (GA)
Ellsworth
Hastings (WA)
Hoekstra
King (IA)
Lofgren, Zoe

Radanovich
Sanchez, Linda
T.
Stark
Westmoreland
Wu

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1748

So the motion to table was agreed to.
The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

STATE ADMISSION DAY RECOGNITION ACT OF 2009

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 3542, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. BRADY) that the House suspend the rules and pass the bill, H.R. 3542, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 408, nays 0, not voting 22, as follows:

[Roll No. 133]

YEAS—408

Aderholt	Carter	Frank (MA)
Adler (NJ)	Cassidy	Franks (AZ)
Akin	Castle	Frelinghuysen
Alexander	Castor (FL)	Fudge
Altmire	Chaffetz	Galleghy
Andrews	Chandler	Garamendi
Arcuri	Childers	Garrett (NJ)
Austria	Chu	Gerlach
Baca	Clarke	Giffords
Bachmann	Clay	Gingrey (GA)
Bachus	Cleaver	Gohmert
Baird	Clyburn	Gonzalez
Baldwin	Coble	Goodlatte
Barrow	Coffman (CO)	Granger
Bartlett	Cohen	Graves
Barton (TX)	Cole	Grayson
Bean	Conaway	Green, Al
Becerra	Connolly (VA)	Green, Gene
Berkley	Conyers	Griffith
Berman	Cooper	Grijalva
Berry	Costa	Guthrie
Biggert	Costello	Gutierrez
Bilbray	Courtney	Hall (NY)
Bilirakis	Crenshaw	Hall (TX)
Bishop (GA)	Crowley	Halvorson
Bishop (UT)	Cuellar	Hare
Blackburn	Culberson	Harman
Blumenauer	Dahlkemper	Harper
Blunt	Davis (AL)	Hastings (FL)
Bocchieri	Davis (CA)	Heinrich
Bonner	Davis (KY)	Heller
Bono Mack	DeFazio	Hensarling
Boozman	DeGette	Herger
Boren	Delahunt	Herseth Sandlin
Boswell	DeLauro	Higgins
Boucher	Dent	Hill
Boustany	Diaz-Balart, L.	Himes
Boyd	Diaz-Balart, M.	Hinche
Brady (PA)	Dicks	Hinojosa
Brady (TX)	Dingell	Hirono
Braley (IA)	Doggett	Hodes
Bright	Donnelly (IN)	Holden
Broun (GA)	Doyle	Holt
Brown (SC)	Dreier	Honda
Brown, Corrine	Drieaus	Hoyer
Brown-Waite,	Duncan	Hunter
Ginny	Edwards (MD)	Inglis
Buchanan	Edwards (TX)	Inslee
Burgess	Ehlers	Israel
Burton (IN)	Ellison	Issa
Butterfield	Ellsworth	Jackson (IL)
Buyer	Emerson	Jackson Lee
Calvert	Engel	(TX)
Camp	Eshoo	Jenkins
Campbell	Etheridge	Johnson (GA)
Cantor	Farr	Johnson (IL)
Cao	Fattah	Johnson, E. B.
Capito	Filner	Johnson, Sam
Capps	Flake	Jones
Capuano	Fleming	Jordan (OH)
Cardoza	Forbes	Kagen
Carnahan	Fortenberry	Kanjorski
Carney	Foster	Kennedy
Carson (IN)	Fox	Kildee

Kilpatrick (MI)	Mollohan	Schmidt
Kilroy	Moore (KS)	Schock
Kind	Moore (WI)	Schrader
King (NY)	Moran (KS)	Schwartz
Kingston	Moran (VA)	Scott (GA)
Kirk	Murphy (CT)	Scott (VA)
Kirkpatrick (AZ)	Murphy (NY)	Sensenbrenner
Kissell	Murphy, Patrick	Serrano
Klein (FL)	Murphy, Tim	Sessions
Kline (MN)	Myrick	Sestak
Kosmas	Nadler (NY)	Shadegg
Kratovil	Napolitano	Shea-Porter
Kucinich	Neal (MA)	Sherman
Lamborn	Neugebauer	Shimkus
Lance	Nunes	Shuler
Langevin	Nye	Shuster
Larsen (WA)	Oberstar	Simpson
Larson (CT)	Obey	Sires
Latham	Olson	Skelton
LaTourette	Oliver	Slaughter
Latta	Ortiz	Smith (NE)
Lee (CA)	Owens	Smith (NJ)
Lee (NY)	Pallone	Smith (TX)
Levin	Pascarell	Smith (WA)
Lewis (CA)	Pastor (AZ)	Snyder
Lewis (GA)	Paul	Souder
Linder	Paulsen	Space
Lipinski	Payne	Speier
LoBiondo	Pence	Spratt
Loeb sack	Perlmutter	Stearns
Lowe	Perriello	Stupak
Lucas	Peters	Sullivan
Luetkemeyer	Peterson	Sutton
Lujan	Petri	Tanner
Lummis	Pingree (ME)	Taylor
Lungren, Daniel	Pitts	Teague
E.	Platts	Terry
Lynch	Poe (TX)	Thompson (CA)
Mack	Polis (CO)	Thompson (MS)
Maffei	Pomeroy	Thompson (PA)
Maloney	Posey	Thornberry
Manzullo	Price (GA)	Tiahrt
Marchant	Price (NC)	Tiberi
Markey (CO)	Putnam	Tierney
Markey (MA)	Quigley	Titus
Marshall	Rahall	Tonko
Matheson	Rangel	Towns
Matsui	Rehberg	Tsongas
McCarthy (CA)	Reichert	Turner
McCarthy (NY)	Reyes	Upton
McCaul	Richardson	Van Hollen
McClintock	Rodriguez	Velazquez
McCollum	Roe (TN)	Visclosky
McCotter	Rogers (AL)	Walden
McGovern	Rogers (KY)	Walz
McHenry	Rogers (MI)	Wamp
McIntyre	Rohrabacher	Wasserman
McKeon	Rooney	Schultz
McMahon	Ros-Lehtinen	Waters
McMorris	Roskam	Watson
Rodgers	Ross	Watt
McNerney	Rothman (NJ)	Waxman
Meek (FL)	Roybal-Allard	Weiner
Meeks (NY)	Royce	Whitfield
Melancon	Ruppersberger	Wilson (OH)
Mica	Rush	Wilson (SC)
Michaud	Ryan (OH)	Wittman
Miller (FL)	Ryan (WI)	Wolf
Miller (MI)	Salazar	Woolsey
Miller (NC)	Sanchez, Loretta	Wu
Miller, Gary	Sarbanes	Yarmuth
Miller, George	Scalise	Young (AK)
Minnick	Schakowsky	Young (FL)
Mitchell	Schauer	

NOT VOTING—22

Ackerman	Fallin	Radanovich
Barrett (SC)	Gordon (TN)	Sánchez, Linda
Bishop (NY)	Hastings (WA)	T.
Boehner	Hoekstra	Schiff
Cummings	Kaptur	Stark
Davis (IL)	King (IA)	Welch
Davis (TN)	Lofgren, Zoe	Westmoreland
Deal (GA)	McDermott	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1755

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Ms. FALLIN. Mr. Speaker, on rollcall No. 133, I was unavoidably detained. Had I been present, I would have voted "yea."

Mr. SCHIFF. Mr. Speaker, on rollcall No. 133, had I been present, I would have voted "yea."

AGRICULTURAL CREDIT ACT OF 2009

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 3509, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. BACA) that the House suspend the rules and pass the bill, H.R. 3509.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 382, nays 26, not voting 22, as follows:

[Roll No. 134]

YEAS—382

Aderholt	Capps	Ellison
Adler (NJ)	Capuano	Ellsworth
Alexander	Cardoza	Emerson
Altmire	Carnahan	Engel
Andrews	Carney	Eshoo
Arcuri	Carson (IN)	Etheridge
Austria	Carter	Fallin
Baca	Cassidy	Farr
Bachmann	Castle	Fattah
Bachus	Castor (FL)	Filner
Baird	Chandler	Fleming
Baldwin	Childers	Forbes
Barrow	Chu	Fortenberry
Bartlett	Clarke	Foster
Barton (TX)	Clay	Frank (MA)
Becerra	Cleaver	Frelinghuysen
Berkley	Clyburn	Fudge
Berman	Coble	Galleghy
Berry	Coffman (CO)	Garamendi
Biggert	Cohen	Gerlach
Bilbray	Cole	Giffords
Bilirakis	Conaway	Gingrey (GA)
Bishop (GA)	Connolly (VA)	Gonzalez
Bishop (UT)	Conyers	Goodlatte
Blackburn	Cooper	Gordon (TN)
Blumenauer	Costa	Granger
Blunt	Costello	Graves
Bocchieri	Courtney	Grayson
Bonner	Crenshaw	Green, Al
Bono Mack	Crowley	Green, Gene
Boozman	Cuellar	Griffith
Boren	Culberson	Grijalva
Boswell	Dahlkemper	Guthrie
Boucher	Davis (AL)	Gutierrez
Boustany	Davis (CA)	Hall (NY)
Brady (PA)	Davis (IL)	Hall (TX)
Brady (TX)	Davis (KY)	Halvorson
Braley (IA)	DeFazio	Hare
Bright	DeGette	Harman
Brown (SC)	Delahunt	Harper
Brown, Corrine	DeLauro	Hastings (FL)
Brown-Waite,	Dent	Heinrich
Ginny	Diaz-Balart, L.	Heller
Buchanan	Diaz-Balart, M.	Herger
Burgess	Dingell	Herseth Sandlin
Burton (IN)	Doggett	Higgins
Butterfield	Donnelly (IN)	Hill
Buyer	Doyle	Himes
Calvert	Dreier	Hinche
Camp	Drieaus	Hinojosa
Campbell	Edwards (MD)	Hirono
Cao	Edwards (TX)	Hodes
Capito	Ehlers	Holden

Holt	McKeon	Salazar	Rogers (MI)	Stark	Westmoreland	Fudge	Lucas	Rodriguez
Honda	McMahon	Sanchez, Loretta	Sánchez, Linda	Teague		Gallegly	Luetkemeyer	Roe (TN)
Hoyer	McMorris	Sarbanes	T.	Welch		Garamendi	Luján	Rogers (AL)
Hunter	Rodgers	Scalise				Garrett (NJ)	Lummis	Rogers (KY)
Inslee	Meek (FL)	Schakowsky				Gerlach	Lungren, Daniel	Rogers (MI)
Israel	Meeks (NY)	Schauer				Giffords	E.	Rohrabacher
Issa	Melancon	Schiff				Gingrey (GA)	Lynch	Rooney
Jackson (IL)	Mica	Schmidt				Gohmert	Mack	Ros-Lehtinen
Jackson Lee	Michaud	Schock				Gonzalez	Maffei	Roskam
(TX)	Miller (FL)	Schrader				Goodlatte	Maloney	Ross
Jenkins	Miller (MI)	Schwartz				Gordon (TN)	Manzullo	Rothman (NJ)
Johnson (GA)	Miller (NC)	Scott (GA)				Granger	Marchant	Roybal-Allard
Johnson (IL)	Miller, Gary	Scott (VA)				Graves	Markey (CO)	Royce
Johnson, E. B.	Miller, George	Serrano				Grayson	Markey (MA)	Ruppersberger
Johnson, Sam	Minnick	Sessions				Green, Al	Marshall	Ryan (OH)
Jones	Mollohan	Sestak				Green, Gene	Matheson	Ryan (WI)
Kagen	Moore (KS)	Shea-Porter				Griffith	Matsui	Salazar
Kanjorski	Moore (WI)	Sherman				Grijalva	McCarthy (CA)	Sanchez, Loretta
Kennedy	Moran (KS)	Shimkus				Guthrie	McCarthy (NY)	Sarbanes
Kildee	Moran (VA)	Shuler				Gutierrez	McCaul	Scalise
Kilpatrick (MI)	Murphy (CT)	Shuster				Hall (NY)	McClintock	Schakowsky
Kilroy	Murphy (NY)	Simpson				Hall (TX)	McCollum	Schauer
King (IA)	Murphy, Patrick	Sires				Halvorson	McCotter	Schiff
King (NY)	Murphy, Tim	Skelton				Hare	McDermott	Schmidt
Kingston	Nadler (NY)	Slaughter				Harman	McGovern	Schock
Kirk	Napolitano	Smith (NE)				Harper	McHenry	Schrader
Kirkpatrick (AZ)	Neal (MA)	Smith (NJ)				Hastings (FL)	McIntyre	Schwartz
Kissell	Neugebauer	Smith (TX)				Heinrich	McKeon	Scott (GA)
Klein (FL)	Nunes	Smith (WA)				Heller	McMahon	Scott (VA)
Kline (MN)	Nye	Snyder				Hensarling	McMorris	Sensenbrenner
Kosmas	Oberstar	Souder				Herger	Rodgers	Serrano
Kratovil	Obey	Space				Herseth Sandlin	Meek (FL)	Sessions
Kucinich	Olson	Speier				Higgins	Meeks (NY)	Sestak
Lance	Olver	Spratt				Hill	Melancon	Shadegg
Langevin	Ortiz	Stupak				Himes	Mica	Shea-Porter
Larsen (WA)	Owens	Sullivan				Hinchey	Michaud	Sherman
Larson (CT)	Pallone	Sutton				Hinojosa	Miller (FL)	Shimkus
Latham	Pascarell	Tanner				Hirono	Miller (MI)	Shuler
LaTourette	Pastor (AZ)	Taylor				Hodes	Miller (NC)	Shuster
Latta	Paulsen	Terry				Holden	Miller, Gary	Simpson
Lee (CA)	Payne	Thompson (CA)				Holt	Miller, George	Sires
Lee (NY)	Pence	Thompson (MS)				Honda	Minnick	Skelton
Levin	Perlmutter	Thompson (PA)				Hoyer	Mitchell	Slaughter
Lewis (CA)	Perriello	Thornberry				Hunter	Mollohan	Smith (NJ)
Lewis (GA)	Peterson	Tiahrt				Inglis	Moore (KS)	Smith (TX)
Linder	Petri	Tiberi				Inslee	Moore (WI)	Smith (WA)
Lipinski	Pingree (ME)	Tierney				Israel	Moran (KS)	Snyder
LoBiondo	Pitts	Titus				Issa	Moran (VA)	Souder
Loeb sack	Platts	Tonko				Jackson (IL)	Murphy (CT)	Space
Lowe y	Poe (TX)	Towns				Jackson Lee	Murphy (NY)	Speier
Lucas	Polis (CO)	Tsongas				(TX)	Murphy, Patrick	Spratt
Luetkemeyer	Pomeroy	Turner				Jenkins	Murphy, Tim	Stearns
Luján	Posey	Upton				Johnson (GA)	Myrick	Stupak
Lummis	Price (NC)	Van Hollen				Johnson (IL)	Nadler (NY)	Sullivan
Lungren, Daniel	Putnam	Velázquez				Johnson, E. B.	Napolitano	Sutton
E.	Quigley	Visclosky				Jones	Neal (MA)	Tanner
Lynch	Rahall	Walden				Jordan (OH)	Neugebauer	Taylor
Mack	Rangel	Walz				Kagen	Nunes	Teague
Maffei	Rehberg	Wamp				Kanjorski	Nye	Terry
Maloney	Reichert	Wasserman				Kaptur	Oberstar	Thompson (CA)
Marchant	Reyes	Schultz				Kennedy	Obey	Thompson (MS)
Markey (CO)	Richardson	Waters				Kildee	Olson	Thompson (PA)
Markey (MA)	Rodriguez	Watson				Kilpatrick (MI)	Olver	Thornberry
Marshall	Roe (TN)	Watt				Kilroy	Ortiz	Tiahrt
Matheson	Waxman	Barrow				Kind	Owens	Tiberi
Matsui	Rogers (AL)	Bartlett				King (IA)	Pallone	Tierney
Matsui	Rogers (KY)	Barton (TX)				King (NY)	Pascarell	Titus
McCarthy (CA)	Rooney	Bean				Kingston	Pastor (AZ)	Tonko
McCarthy (NY)	Ros-Lehtinen	Becerra				Kirk	Paul	Towns
McCaul	Roskam	Berkley				Kirkpatrick (AZ)	Paulsen	Tsongas
McClintock	Ross	Berman				Kissell	Payne	Turner
McCollum	Rothman (NJ)	Berry				Klein (FL)	Pence	Upton
McCotter	Roybal-Allard	Biggert				Kline (MN)	Perlmutter	Van Hollen
McDermott	Ruppersberger	Wu				Kosmas	Perriello	Velázquez
McGovern	Rush	Yarmuth				Kratovil	Peters	Visclosky
McHenry	Ryan (OH)	Young (AK)				Kucinich	Peterson	Walden
McIntyre	Ryan (WI)	Young (FL)				Lamborn	Petri	Walz
						Lance	Pingree (ME)	Wamp
						Langevin	Pitts	Wasserman
						Larsen (WA)	Platts	Schultz
						Larson (CT)	Poe (TX)	Waters
						Latham	Polis (CO)	Watson
						LaTourette	Pomeroy	Watt
						Latta	Posey	Waxman
						Lee (CA)	Price (GA)	Weiner
						Lee (NY)	Price (NC)	Welch
						Levin	Putnam	Wilson (OH)
						Lewis (CA)	Quigley	Wilson (SC)
						Lewis (GA)	Rahall	Wittman
						Linder	Rangel	Wolf
						Lipinski	Rehberg	Woolsey
						LoBiondo	Reichert	Wu
						Loeb sack	Reyes	Yarmuth
						Lowe y	Richardson	Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1802

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING 100TH ANNIVERSARY OF THE VERMONT LONG TRAIL

The SPEAKER pro tempore (Mr. MAFFEI). The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1173, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 1173.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 409, nays 1, not voting 20, as follows:

[Roll No. 135]

YEAS—409

Aderholt	Brown-Waite,	Cuellar
Adler (NJ)	Ginny	Culberson
Akin	Buchanan	Dahlkemper
Alexander	Burgess	Davis (AL)
Altmire	Burton (IN)	Davis (CA)
Andrews	Butterfield	Davis (IL)
Austria	Buyer	Davis (KY)
Baca	Calvert	DeFazio
Bachmann	Camp	DeGette
Bachus	Campbell	Delahunt
Baird	Cantor	DeLauro
Baldwin	Cao	Dent
Barrow	Capito	Diaz-Balart, L.
Capps	Capps	Diaz-Balart, M.
Capuano	Cardoza	Dicks
Cardoza	Carnahan	Dingell
Carnahan	Carney	Doggett
Carney	Carson (IN)	Donnelly (IN)
Carter	Carter	Doyle
Cassidy	Castle	Dreier
Castle	Castor (FL)	Driehaus
Chaffetz	Chaffetz	Duncan
Chandler	Chandler	Edwards (MD)
Childers	Childers	Edwards (TX)
Chu	Chu	Ehlers
Clarke	Clarke	Ellison
Clay	Clay	Ellsworth
Cleaver	Cleaver	Emerson
Clyburn	Clyburn	Engel
Coble	Coble	Eshoo
Coffman (CO)	Coffman (CO)	Etheridge
Cohen	Cohen	Fallin
Cole	Cole	Farr
Conaway	Conaway	Fattah
Connolly (VA)	Connolly (VA)	Filmer
Conyers	Conyers	Flake
Cooper	Cooper	Fleming
Costa	Costa	Forbes
Costello	Costello	Fortenberry
Courtney	Courtney	Foster
Crenshaw	Crenshaw	Fox
Crowley	Crowley	Frank (MA)
		Franks (AZ)
		Frelinghuysen

NAYS—26

Akin	Garrett (NJ)	Paul
Bean	Gohmert	Peters
Broun (GA)	Hensarling	Price (GA)
Cantor	Inglis	Rohrabacher
Chaffetz	Jordan (OH)	Royce
Duncan	Lamborn	Sensenbrenner
Flake	Manzullo	Shadegg
Fox	Mitchell	Stearns
Franks (AZ)	Myrick	

NOT VOTING—22

Ackerman	Davis (TN)	Kind
Barrett (SC)	Deal (GA)	Lofgren, Zoe
Bishop (NY)	Dicks	McNerney
Boehner	Hastings (WA)	Radanovich
Boyd	Hoekstra	
Cummings	Kaptur	

NAYS—1

Young (AK)

NOT VOTING—20

Ackerman	Deal (GA)	Rush
Arcuri	Hastings (WA)	Sánchez, Linda
Barrett (SC)	Hoekstra	T.
Bishop (NY)	Johnson, Sam	Smith (NE)
Boyd	Lofgren, Zoe	Stark
Cummings	McNerney	Westmoreland
Davis (TN)	Radanovich	Whitfield

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There is 1 minute remaining in this vote.

□ 1811

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

HEALTH CARE REFORM

(Ms. MATSUI asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. MATSUI. Mr. Speaker, I rise today to recognize the significant benefits our health care bill will have on American women. Simply put, the health care bill will provide more security, higher quality care, and is a better deal for America's daughters, mothers, and grandmothers.

In the current health care system, women often face higher health care costs than men and multiple other barriers to obtain health insurance. Fewer women are eligible for employer-based coverage, and comprehensive coverage in the individual health care market is often unavailable, prohibitively expensive, or excludes key services that women need. As a result, many women are either uninsured or underinsured and simply cannot afford their health care costs. This affects individual women, their families, and their businesses.

For all these reasons, it is imperative that we pass health insurance reform legislation and provide all Americans with the quality health care they deserve at a cost they can afford. Mr. Speaker, I look forward to joining my colleagues in doing so this week.

HEALTH CARE REFORM AND
FEDERAL STUDENT LOANS

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, competition used to be viewed as a way to lower prices and improve services. A rental car company's slogan was, We're number two, so we try harder.

Competition apparently is no longer a virtue under this administration. The

health care bill seeks to put health care for Americans in the hands of government bureaucrats, but it also seeks to put guaranteed student loans solely into the same government hands. Unlike the car company, I'm not sure the government can say that it ever tried harder, sought innovation, or went out of its way to help a student.

The Federal Family Education Loan program is administered primarily by private companies today, and under the proposed change, private lenders will be barred from making government-guaranteed loans. Some 30,000 employees across the Nation will lose their jobs. So much for worrying about the Nation's unemployment.

Choice and competition will die, but the Democrats say it will save money, about \$87 billion, money they have already spent on Pell Grants and \$9 billion diverted to pay for health care reform. Instead of that savings, look for poorer service, increased defaults, and higher administrative costs—like dealing with the IRS.

□ 1815

WOMEN AND HEALTH CARE

(Ms. DELAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELAURO. Mr. Speaker, our long-overdue health insurance reforms will put women's health on an equal footing at long last. It will transform the lives of American women of all ages for the better.

Younger women will be able to remain on their parents' policy as dependents until they reach 26 years of age. That means affordable care for everything from regular checkups to unexpected illness or injury. It means if they decide to become pregnant, finally there will be coverage for maternity and well-child care.

Working women shopping for their family's coverage will be glad to know that the reforms will require insurance companies to have unprecedented transparency about what really is and is not covered. The reforms will cap out-of-pocket expenses and give Americans sliding-scale affordability credits to help them buy coverage.

Older women on Medicare will benefit from closing the doughnut hole and ensuring important preventive services like mammograms and cancer screenings are free of charge.

And finally, all women will benefit from an end to the discriminatory practices of gender rating and from making prevention and wellness a critical part of health care at last. For themselves, their spouses, their friends, daughters, and mothers, I urge my colleagues to pass this legislation.

WHERE IS THE FLAG?

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Mr. Speaker, America is the most generous country on the face of the earth. Americans have given more in blood and treasure worldwide to help others than any nation in the history of the world.

But the Navy Times is reporting that the United States does not fly our flag at its main installation at Port-au-Prince in Haiti. The administration says flying the flag may give people in Haiti the wrong idea. Well, what is that supposed to mean? Is our government ashamed of Old Glory?

News reports say that every other nation involved in relief efforts is proudly flying their flag in Haiti. Americans in Haiti are a testament to the good intentions of our country. Why should the administration force the military to hide our flag as if it's ashamed of the red, white, and blue?

The flag represents everything that's good and right about America. American troops should be able to fly the Stars and Stripes wherever they are in this world serving our Nation. After all, isn't that what the flag is about?

But now it sounds like the administration is once again apologizing for Americans being American.

And that's just the way it is.

HEALTH CARE REFORM

(Mr. INSLEE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. INSLEE. Mr. Speaker, as we head to our health care reform decision, I think a story of a fellow I met the other day, a very unique American, bears repeating. His name is Gary Hall. He was in my office yesterday.

Gary Hall won five gold medals, three silver medals, and two bronze medals in swimming, over three separate Olympics, really an incredible achievement. He got his medical insurance through the Olympic Committee for 12 years, but after that he wasn't eligible. And guess what happened? No one would write him insurance because he has diabetes.

The insurance companies said, we don't care if you've won gold medals, silver medals, and bronze medals, we won't give you insurance.

Now, that has got to change. We have to pass a health reform bill. Whether you've won a gold medal in swimming or you're just an average Joe or Jane, you ought to be able to buy insurance, even if you've got diabetes.

We are going to have a bill on the floor shortly that we are going to vote on. The vote's going to be transparent. It's going to be recorded. Everybody knows what it's going to be. It's going to be constitutional. It's going to be

just the way we've voted for years. We're going to make sure people get health insurance in this country.

SIMPLE TRUTHS

(Mr. KINGSTON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KINGSTON. Mr. Speaker, it's a simple truth that Republicans in Congress spent too much money. It's a simple truth, though, that in 12 years of Republican deficits, the Democrats in 1 year spent more money, with a deficit of \$1.4 trillion in 1 year.

It's a simple truth you can't insure 30 million more people without costing more to the Federal Government. It's a simple truth that if the government rewrites all the health care laws, you can't keep the health insurance that you now have.

It's a simple truth that with millions of new bureaucracies, or thousands of new bureaucracies and billions more dollars, bureaucrats will come in between you and your doctor.

And it's a simple truth the government that brought you "Cash For Clunkers" is not going to deliver good health care policy.

And it's a simple truth if the bill was so good we wouldn't need the Cornhusker kickback; we wouldn't need the Gatorade payoff; we wouldn't need the Louisiana purchase, and we would not have to promise to all Members of Congress all kinds of things that are in this bill and other bills to come if it was a good bill.

It's a simple truth the American people want us to start all over, and that's what we should be doing.

HEALTH REFORM AND WOMEN

(Ms. SUTTON asked and was given permission to address the House for 1 minute.)

Ms. SUTTON. Mr. Speaker, health care reform is critical to ensure that women have access to affordable health care. Currently, women can be charged higher rates simply because of their gender.

The Joint Economic Committee has estimated that 64 million women do not have adequate health insurance coverage today. 1.7 million women have lost their health insurance coverage since the beginning of the economic downturn, and 39 percent of all low-income women lack health insurance coverage.

Women are also more likely to deplete their savings accounts paying medical bills than men. The health reform legislation being considered by Congress will help address all of these critical issues, and more. It will eliminate insurance coverage discrimination based on gender, provide access to affordable policies to all Americans, it

will prevent bankruptcies due to medical costs by capping out-of-pocket payments, and it will prohibit insurance companies from discriminating based on preexisting conditions, including the despicable practice of calling domestic violence victims preexisting conditions.

It's time to pass this.

WHAT THE HECK, AMERICA

(Mr. BURTON of Indiana asked and was given permission to address the House for 1 minute.)

Mr. BURTON of Indiana. You know, I just love to listen to my colleagues on the Democrat side. I love them so much. And they just don't mention some of the other things that are going on, like the budget this year is \$3.8 trillion that we don't have. But the taxpayers are going to have to pay for it. They'll have to pay for it with inflation or higher taxes.

And they don't mention that there's going to be \$569.2 billion in new taxes. What the heck, we can afford that. And Medicare and Medicare Advantage is going to be cut by \$520 billion. But what the heck, the seniors, they don't have to worry about that. They can, you know, ask their grandkids for some of that money.

And of course the total cost is not \$980 billion. It's going to be about \$1.3 or \$1.4 trillion, and I really believe it's going to be more like \$2.5 to \$3 trillion. We don't have that money, and it's a new entitlement, but what the heck, America. You can handle that. This is just money, and we can always print more. Of course it causes inflation and higher taxes, but who cares. You can get it done.

THE IMPORTANCE OF HEALTH CARE REFORM TO WOMEN

(Ms. HIRONO asked and was given permission to address the House for 1 minute.)

Ms. HIRONO. Mr. Speaker, it bears repeating, few Americans have more at stake in health care reform than women.

Forty States allow private health insurance companies to gender rate their premiums. As a result, a 25-year-old woman may pay between 6 percent and 45 percent more than a 25-year-old man to get the same coverage.

Fifty-two percent of women reported postponing or forgoing medical care because of cost. Only 39 percent of men reported having had those experiences.

Nine States allow private plans to refuse coverage for domestic violence survivors.

Eighty-eight percent of private insurance plans do not cover comprehensive maternity care. In many policies, a previous C-section and being pregnant are considered preexisting conditions.

Less than half of all women in America have employer-sponsored insur-

ance. This is partly due to the fact that more women tend to work for small businesses or have part-time jobs where health insurance is not offered, certainly the case in Hawaii.

It's time for reform.

PASS THIS HEALTH CARE REFORM LEGISLATION NOW

(Mr. CLAY asked and was given permission to address the House for 1 minute.)

Mr. CLAY. Mr. Speaker, I rise this evening as we prepare for this historic vote, and I'm here to tell you that the people of Missouri's First District want us to act and pass this health care reform legislation now. And here's why:

It will improve coverage for 331,000 residents who already have health insurance. And it will give tax credits to 168,000 families and 15,000 small businesses to help them afford coverage. It will improve Medicare for 96,000 seniors, including closing the doughnut hole. It will extend coverage to 45,500 uninsured residents. It will guarantee coverage for 10,000 residents with preexisting conditions. And it will protect 1,400 families from medical bankruptcy.

This plan ends gender-based discrimination by stopping insurance companies from charging women more than men for the very same coverage.

It is time to act, Mr. Speaker.

HEALTH CARE REFORM IS CRITICAL FOR WOMEN IN AMERICA

(Ms. TITUS asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. TITUS. Mr. Speaker, the need for health care reform is critical for so many in America, but for women, the need is even greater. With health care costs weighing heavily on our small businesses, and with women more likely to own or work for small businesses, it's critical that real reform help those businesses compete by lowering health care costs.

In Nevada, insurers are allowed to consider gender when setting premium rates in the individual health insurance market. And as a result of this gender rating, women are often charged more than men for the exact same coverage.

Insurers can also exclude coverage for certain preexisting conditions, such as having had a C-section and even being pregnant. And it can be difficult, sometimes impossible in certain markets for women to find coverage for maternity care in the individual health market.

I say it's time to tell insurance companies that being a woman is not a preexisting condition.

HEALTH CARE FOR WOMEN

(Mrs. NAPOLITANO asked and was given permission to address the House for 1 minute.)

Mrs. NAPOLITANO. Mr. Speaker, the facts are that, according to the National Institutes of Health, suicide is the leading cause of death for women. That is unacceptable.

Actually, adequate health care coverage is critical to the future of women who suffer in silence from mental illness, whether it is postpartum depression, or some of the military women whose families are not covered by VA who suffer loneliness, stress, depression, and everything that goes with it, especially if they're tending to a spouse who's got TBI or PTSD.

They're rejected by the insurance, denied coverage for preexisting conditions. There's articles by The L.A. Times, The Memphis Editorial, Minneapolis Star Tribune, Pittsburgh Post-Gazette, Dayton Daily News, Detroit Free Press, and The Missouri Herald, supporting health care reform.

We must vote for it. Let's get it done.

HEALTH CARE REFORM

(Mr. BURGESS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURGESS. I received a letter yesterday from a State senator in my State, Tommy Williams, who's from the Beaumont area, not my immediate area but he serves on their Senate finance committee in the State. He worked on the State budget last year and will work on it again next year.

He says: "I am writing respectfully to ask you to oppose President Obama's proposed health care reform plan as outlined in the President's summary reform." He said: "In a word, it will be devastating."

The analysis provided to Senator Williams from their Health and Human Services Commission is roughly \$4 billion to \$5 billion for the 2-year budget if we implemented this plan in a State that is arguably in better shape than other States but still facing a significant budget shortfall for the next budget year, \$11 billion to \$17 billion.

He concludes with: "I hope you understand as a member of the Senate Finance Committee who has wrestled with these very difficult issues I respectfully ask you to oppose President Obama's plan because of the fiscal havoc it would cause for the State we both love so dearly."

"Respectfully, Tommy Williams, State Senator."

I will put Tommy Williams' letter into the RECORD.

MARCH 16, 2010.

Hon. MICHAEL BURGESS,
Cannon Office Building,
Washington, DC.

DEAR REPRESENTATIVE BURGESS: During the last session of the Texas Legislature it

was my privilege to negotiate the Article II (Health and Human Services) provisions of the conference committee report on our state budget. In doing so I have become intimately familiar with the effects that state and federal mandates can have on health care-related costs in Texas and to Texans.

I am writing to respectfully ask you to oppose President Obama's proposed health care reform plan as outlined in the President's summary reform document released February 22, 2010.

Recently, the Texas Health and Human Service Commission (HHSC) provided me with an analysis of the impact of President Obama's proposal on our state budget. In a word, it will be "devastating."

As I am sure you are aware, our state is in much better fiscal shape than many of the others; however, we are facing a gap between projected revenues and expenditures of approximately \$11-\$17 billion for the next biennium. Health and Human Services expenditures already make up roughly 1/3 of General Revenue (GR) expenditures and are a significant cost driver in the state's budget.

HHSC's analysis estimates that the President's proposal would cost the State of Texas as much as \$24.3 billion dollars over the next 10 years. This includes a \$6.0 billion reduction in available DSH funding. Our state can simply not afford an additional average cost of \$4.0-\$5.0 billion per biennium over the 10 years it would take to implement this plan.

I appreciate your hard work toward health care reform we can all support. I hope you understand as a member of the Senate Finance Committee who has wrestled with these very difficult issues I respectfully ask you to oppose President Obama's plan because of the fiscal havoc it would cause for the state we both love so dearly.

Respectfully,

TOMMY WILLIAMS,
Texas State Senator, District 4.

□ 1830

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. RICHARDSON) is recognized for 5 minutes.

Ms. RICHARDSON. Women comprise over 50 percent of the population. In the 2008 Presidential election, 53 percent of the people who voted were women. And indirectly, when women are involved in anything, any major decision, it impacts all family households because women are becoming more and more the primary breadwinner.

On Sunday, this Sunday, a part of Women's History Month, we mothers, sisters, brothers, and dads will have the opportunity to cast an historic vote that will improve health care for all Americans and long-awaited gains for women in particular.

What women have to gain from this bill. Number one, no more gender rat-

ings. Right now a gender rating system is used by many insurance companies in the current health care system to charge women more than men for the same health care insurance. Discriminatory practices are allowed in all but 12 States. With the health care reconciliation bill, women and men will be charged the same price for the same coverage. It only makes right sense.

What is the second thing we will do? You will no longer be able to see women struggling that they will be denied their coverage based upon preexisting conditions. Women are often denied coverage because of past pregnancies, C-sections, and domestic violence injuries. With the new health care reconciliation bill it will be illegal, and that only makes sense, to deny women coverage or charge them higher rates based upon any supposed "preexisting conditions."

And then what is the third thing? Expanding access to employer-provided health care insurance. Can you believe that right now less than half of American women receive health care through their employers? Why? Because more women work for small businesses, and they also work more part-time than most men. So because of that, their ability for health care insurance is hindered. With the health care reconciliation bill, small businesses will be able to afford health care and good choices. By joining with others in the exchange, they will have an increase in their purchasing power. And then most importantly, there will be tax credits to make it affordable for small businesses to have coverage.

And then what is the fourth thing? By this, when you look at currently, doing away with copays and deductibles for preventive care. Many women forgo preventive care such as mammograms because of the prohibitive high costs. With the health care reconciliation bill, which makes sense, we can emphasize the importance of preventive care and early detection. We can eliminate copays and deductibles for preventive care. And most importantly, we can encourage women to go to their doctors regularly, protect themselves from debilitating medical crises, and oh, by the way, save money too.

Women have much to gain with health care reform. Women, when you consider it, we also have much to lose for continued inaction and status quo. What women stand to lose if reform does not occur, women will continue to be subjected to discrimination. Right now many women are being charged 48 percent more than men for the same health insurance. It doesn't make sense and it is not right. We cannot continue to condone this discrimination in America.

If reform does not occur, women will be denied coverage based upon preexisting conditions. And in eight

States, including where we reside now, the District of Columbia, women are still being denied health care because they might have been victims of brutal domestic violence. If reform does not occur, some women will not receive health care even when they are pregnant and they need it most.

Women need the peace of mind that they and their baby will not have to worry about skyrocketing health care costs. Many companies today right now continue to not include maternity coverage. And as I close, this would mean that 79 percent of the women in individual markets today do not have maternity coverage.

Americans face discrimination. All Americans are currently facing discrimination with our failed health care policies. And women, their fate is even worse. The final reconciliation version of the health care bill includes equal access to affordable, quality health care for women and for all Americans.

THE JACK YATES BASKETBALL TEAM OF HOUSTON, NATIONAL CHAMPS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, tomorrow night starts what we call March Madness, college basketball playoffs for the national championship, and 65 college teams throughout the country will start competing tomorrow night. But there is one team that won't be there. And probably those 65 teams are glad this team is not there. It is not a college team. It is a high school team, and they are from Jack Yates Senior High School in Houston, Texas. They are now ranked the number one high school basketball team in the United States by USA Today and Rivals.com.

The Jack Yates Lions have won 58 consecutive basketball games in a row, going since last year, and two Texas State championships in 4A basketball. They have defeated their opponents by an awesome amount of points. They have won games by 88 points, 90 points, 98 points, 99 points, 115 points, and 135 points against the opposition. And that is just the margin of victory in those games.

In one game this year, on January 5, 2010, they scored 170 points in a high school basketball game, breaking the national record. That is an 18-year record for scoring points. And yes, they scored 170 points in one game. No wonder they weren't invited to the big March Madness starting tomorrow night in college basketball games.

They not only set the national record for consecutive games won over 100 points, they finished the season averaging 116 points per game, taking that national record away that was 40 years

old from a Hobbs, New Mexico high school team. They scored 100 points in 26 basketball games this year. They are a foe to be reckoned with. They have no competition in high school basketball anywhere in the United States.

They employ a strategy that is called "38 minutes of hell." It is a run and gun offense where the coach, Coach Greg Wise of Houston, Texas, plays all 15 players. Five at a time he puts them in. They run and gun up and down the basketball court, he pulls them out, puts another five in, throughout the game. And by the end of the game of course the other team is dragging, they are out of breath, out of energy, and they are out of points. And of course the Jack Yates High School basketball team wins the game.

In the State championship this year going into the fourth quarter they were behind. They had a little "conversation" with their coach, Greg Wise, before the fourth quarter started, and they won the game by 23 points.

I want to commend this wonderful group of young men who live in Houston, Texas, for their zeal, for their energy, and for representing really what is good about high school sports not only in the State of Texas, but throughout the United States, and congratulate them on being the number one high school basketball team in the United States. Way to go, Lions.

And that's just the way it is.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. CHU) is recognized for 5 minutes.

Ms. CHU. Mr. Speaker, women of America, Republicans want you to believe that our health care reform bill is poison, that doing nothing is better for the Nation. But the truth is doing nothing is poison for the women of America. Insurance companies are cheating women from getting the health care they need. It is women that need health care reform the most.

Women have a harder time getting the care they need, women like Holly from Georgia. Holly is 3 months into her chemotherapy treatment for cervical cancer. She works at a small business that does not offer insurance to its employees, and she makes too much to qualify for Medicaid. But she thought she would be okay because of her husband's insurance. Then the devastating news came: her husband lost his job. They shopped around for private insurance but were turned away by the best plans because of her cancer. They are now stuck paying \$850 a month to a private insurance company to cover their family of four, almost the same amount as her mortgage. It is just not fair.

It is so clear that women need health care reform. Did you know that women

pay more for health care? Today they are forced to settle for less health care at a higher price. Insurance companies charge as much as 50 percent more to women over men for the exact same coverage. What is worse is that this blatant gender inequality is legal in 38 States. But health care reform will make this type of gender discrimination illegal. Insurance companies will be forced to do what is right: charge everyone the same rate for the same care.

Did you know that insurance companies make it hard for women to get preventive services even when it would save the insurance companies money? Today millions of women have trouble getting these kinds of services. They forgo important tests and screenings because they simply can't afford the copays. One-third of uninsured women go without preventive care for mammograms and pap smears, tests that could save lives if done today. But health care reform will require insurance companies to offer basic preventive services, reproductive health, and maternity care, and make these preventive tests free with insurance.

Did you know that women have less access to insurance? Today fewer American women have access to their own health insurance compared to American men. Without a spouse, women are twice as likely to be uninsured than men. And when women are denied adequate coverage or lose their jobs, their families are hurt, too. For single mothers, unemployment left this group skyrocketing with troubles, leaving almost one-quarter of all single mothers without insurance to cover their families, leaving 275,000 children without regular access to doctors' visits or medication. But health care reform will make insurance affordable for all women.

Did you know that insurance companies deny women health services? Today women are turned away by insurance companies because of supposed preexisting conditions. And what are those preexisting conditions? Believe it or not, they are domestic violence, pregnancy, and Cesarean sections. But health care reform will make it illegal to deny coverage due to any preexisting condition. Women will no longer be denied coverage for being mothers or finding a lump in their breast.

Insurance companies are cheating women every day, and women are suffering because of it. Health care reform will make sure that your mother, your sister, and your daughter will be able to afford the treatment that they need, the best insurance they can afford, one that won't turn them away. That is why I strongly support this legislation. The women of America need health care reform.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. It is so nice, Mr. Speaker, to see these fine looking young ladies out here today talking about health care. I really appreciate it. It's time that we saw all of you out here tonight. It's really nice to see you and I appreciate you taking the time to be here.

There are just a few things, ladies, that you really haven't talked about. You keep talking about this as if this is the only approach to solving the health care problem. You don't mention that for trillions of dollars less, trillions of dollars less, money that we don't have, the Republicans have proposed a bill that would allow people to buy insurance across State lines so they could get the very best rates.

We provided a bill that would deal with people to help them get medical savings accounts so they could put their money into a savings account tax-free, as well as their employers, and then they would use that money and they would decide when they needed to go to the doctor and when not. And if they didn't use it, it would build up in the bank account. And if they used it, there would be a major medical policy, also tax-free, that would take them up to an undetermined amount of money, maybe \$100,000.

You didn't mention that our bill says that you can take your insurance with you from one company to another when you move. And that is what I think most people want. They want to make sure that there is portability.

You didn't mention that we want companies, small companies to be able to band together in our bill so that they can buy insurance at the rates that the major corporations do. That is a pretty good alternative.

You didn't mention that we want tort reform, which will definitely lower the cost of insurance because there won't be all these frivolous lawsuits by trial attorneys. Incidentally, you don't have any of that in your bill because the trial attorneys you like, because they support you and they support the President. And the trial attorneys have got this bill in their pocket.

□ 1845

You don't mention that our bill does cover preexisting conditions, and it doesn't cost as much money. You don't mention that our bill provides a safety net for the people who are uninsured which will deal with a lot of the problems you have been talking about tonight. You don't mention that we're going to have a safety net for indigent people, people who can't afford insurance.

And let me just say this: doctors across this country don't want this

bill. Hospitals across this country don't want this bill. The people across this country overwhelmingly don't want this bill. Do you know why? Because it's going to cost trillions of dollars that we don't have. And you know who's going to pay for all of this? The budget this year, as I said earlier, is \$3.78 trillion that we don't have. This is a new entitlement, and it's going to cost trillions of dollars that we don't have. And we're not going to be able to borrow that money from China and Japan and all of these other countries from around the world for very long.

So what are we going to do? We're going to print the money. And if America was watching tonight I'd say, Hey, don't worry about it. They're just going to print the money. So if you got a thousand dollars in the bank and we double the amount of the money in circulation, you still have the thousand dollars, but it's only worth \$500 because it will only buy half as much. But who cares?

And then, of course, the legislation that's going to cost trillions of dollars in addition to the trillions of dollars that you're spending on everything else is going to cause higher taxes. But, then, what the heck? In fact, in your bill, the taxes are going to go up by \$569.2 billion. Oh, that's chump change. Don't worry about that. The American people can afford it.

Heck, right now at 10 percent unemployment, I'm sure the American people are saying, Raise my taxes. The small businessman wants you to raise his taxes because if you raise his taxes, he won't be able to hire people, and he may even say, Well, I'm going to take a boat and take my business overseas because we can't handle this anymore because the taxes are too high. But what the heck. Who cares. It's just money.

The bottom line is we all want the same thing, and that is to solve our health care problems. But we don't want to give a hole that our kids and our grandkids will never get out of. They'll be paying higher taxes, and they'll be dealing with inflation. And they will look back on our generation and say, Why did you do that to us? Why did you do that to us?

And so when you tell the American people all of the things you're telling them tonight about these people are going to be covered and everything else, just tell them this: we have got a plan that will do it, too, and it will do it for a heck of a lot less money. It won't put the government in control of health care and have bureaucrats between people and their doctors, and it won't cause socialized medicine. So tell them that, too, if you would.

And just remember this as I leave, I love you, ladies.

ANNOUNCEMENT BY THE SPEAKER
PRO TEMPORE

The SPEAKER pro tempore. All Members are reminded to address their remarks to the Chair.

WOMEN AND HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Mrs. DAVIS) is recognized for 5 minutes.

Mrs. DAVIS of California. Mr. Speaker, I can remember when women couldn't get credit cards in their own names, when drug companies didn't run tests on women, and when women were told that secretarial school was about the only career option they had. Even as recently as a year ago, women didn't have the same fair-pay rights and protections in the workplace as men have until this Congress voted to change that.

It takes women speaking up to make unfair and discriminatory practices like those a thing of the past, which is why we must speak up for this health care bill.

I would ask opponents of this reform to think of a woman in their life—whether it's a mother, a grandmother, a sister, an aunt, a daughter, or even a friend—think about her and ask yourself, is it right that insurance companies can deny her coverage based on gender? Is it right that insurance companies charge her more because she's a woman? Should women be turned away by insurance companies for such preexisting conditions as pregnancy, giving birth by C-section, or being the victim of domestic abuse? Should 80 percent of mothers in my State of California not be offered maternity coverage in the individual market? Should women who often rely on a spouse's insurance because they are taking care of children be more vulnerable if they are divorced or widowed?

If you don't think these things are right, then you should support this bill.

The American Medical Association that represents professional caretakers of our country, they support it because it protects the health of the caretakers in our families.

So, Mr. Speaker, once it passes, insurance company penalties for the women in our lives will be a thing of the past.

Let's pass the bill.

WOMEN AND HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. LEE) is recognized for 5 minutes.

Ms. LEE of California. Mr. Speaker, as we stand now on the cusp of history, we have never really been this close to assuring quality, affordable health care for all Americans. While health care

reform is essential for everyone, women are in particularly dire need for major changes to our health care system. Too many women are locked out of the health care system because they face discriminatory insurance practices and cannot afford the necessary care for themselves and for their children.

In 40 States and in the District of Columbia, insurers are allowed to consider gender, mind you, when setting premium rates in the individual insurance market. This practice permits insurers to charge women more than men for the exact same coverage. Additionally, businesses with predominantly female workforces can end up paying significantly more for their coverage than for predominantly male businesses.

In the past 2 years, nearly 7 million Americans have lost their health care coverage. This is just not acceptable.

While we all know that the current health care reform bill has some flaws—unfortunately it does not have a public option, or an expansion of Medicare, or a single-payer option—it offers vitally important advances for women's health. The bill makes health care coverage more affordable and extends many health services that women need.

Without health care reform, family premiums will continue to skyrocket leaving more and more women unable to afford health care. The health care system is failing American women. We owe it to each and every woman to pass this health care bill.

When I cast my vote, I will be thinking of my mother who nearly died giving birth to me, my mother Mildred. When I cast this vote, I will be thinking of my sister, Mildred, who suffers from multiple sclerosis. I will be thinking of all of the women who are denied coverage because domestic violence is considered a preexisting condition by insurance companies. When I cast my vote, I will be thinking about so many of my friends who died prematurely because they did not have access to preventative health care.

And, Mr. Speaker, when I cast my vote, I'm going to be thinking about my granddaughters Jordan, Giselle Barbara Lee, and Simone Lee, because we, when we cast this vote, are going to ensure that my granddaughters and my grandsons live longer and healthier lives.

So if we do nothing, the health care system will continue to work better for insurance companies than it does for the American people. And that is why the President has put forward a plan that will give American families and small business owners more control over their own health care by giving them more consumer protections and shifting power away from the insurance companies.

But if we pass health care insurance reform, we also know that families and businesses will have control of their

health care, the insurance industry will be prohibited finally from continuing its worst practices like denying coverage based on preexisting conditions, and we also will cut the deficit by up to \$1 trillion over the next two decades. As the President said this past week, if not us, then who. If not now, then when. Now is the time.

I urge my colleagues to support this health care reform legislation for our women, for our families, for our children, for all Americans. This is a major first step in setting a strong foundation where finally health care becomes a basic human right for all rather than a privilege for the few, which it has been in the past. We are finally, mind you, finally catching up with the rest of the industrialized world.

WOMEN AND HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON LEE) is recognized for 5 minutes.

Ms. JACKSON LEE of Texas. I would like to thank our friend and colleague, Congresswoman WOOLSEY, for organizing this very important statement, historic statement. Women that come from all over America, Members of Congress who have no ax to grind, who have no representation of special interest other than the American people: we stand on this floor to answer our colleagues and those who have offered a negative perspective, all kinds of obstructions and poor commentary.

Like an email I received blaming people for their obesity and diabetes. Yes, we need to be a healthier country, but does anybody realize that insurance companies would never provide for preventative care so that we could be tested and that we could learn to eat differently, to watch our diets? That is why this country spends more time wasting dollars on those who are sick.

So I stand today to be able to say to all of the moms and nurturers who happen to be women that we have listened to your call. We have actually recognized that it is important to provide for preventative care. You know what you do.

As we were raised by our moms and grandparents and aunts and uncles, they told us wipe our nose with tissues, wash our hands way before this whole concept has come with automatic hand washers and bottled water. They wanted us to be clean and to respect cleanliness. Why? It was a method of preventing disease. But we were sick anyhow. And when we got sick, we couldn't get to the emergency room. We couldn't get to a doctor. We couldn't get to a hospital because many times that required health insurance.

So today for the women of America, for all of the women who have been denied insurance because of pregnancy, of

a C-section, of issues that deal with womanhood, we now stand up and declare freedom with the passing of this bill.

Now, Mr. Speaker, I might say to you that all that is in this bill I don't agree with. Frankly, I'm concerned about the position being taken on physician-owned hospitals, many of them who have come and saved neighborhoods by opening up hospitals, declaring desert areas where rural communities had no hospitals, they came in and opened them up on inner-city neighborhoods. We understand that all of them are going to be looking for long-term fixes down the road almost the same way when Medicare was passed in 1965.

That wasn't a perfect system, but I can tell you that of all the lives of women that it has saved since its passage in 1965, for one, it saved the life of Ivalita Bennett Jackson, my mom, who now lives and lives enthusiastically with a love of life because of the resources that came about through Medicare. And she worked. So this is not a handout.

So this bill, for example, is going to give women affordability. It's going to give women in States the opportunity to go into a health insurance exchange pool, pick the insurance that they need. It's going to give women the right of choosing, give women the right to have healthy bodies. It's going to focus the responsibility of insurance on employers.

It's going to make sure that Medicare is strong. If you're an elderly woman, it's going to close the doughnut hole for all of the insurance needs that you have. It's going to help my mother-in-law, E. Theophia Lee, who needs care as we speak. It's going to give her the opportunity to buy prescription drugs without going into the poorhouse.

It is going to provide for an expanded Medicaid, and it's going to work on our hospitals in our community, provide 100 percent Medicaid coverage in the first year, 95 percent, and then 90 percent.

□ 1900

Mr. Speaker, this is going to open the doors of opportunity for community health clinics so that women can be engaged in preventative care. Women are nurturers. They need to be able to take themselves to doctors and their children to doctors at the same time. That's what community health clinics will do. They will be set up in your neighborhood. They will have full service, geriatric care, pediatric care, and, yes, the care that will take care of women and their individual needs.

Mental health parity will be in this particular bill so individuals who are concerned about mental health needs will not have to hide, cover themselves up, go in the dark of night or not even get the care that they need. It is going

to be there in this bill. There's going to be a demand for health insurance companies to cover mental health needs.

What a new day this will be to be able to allow women to take care of their children. Let me remind you that there are stories all across America. The mother whose son died because he did not have health insurance. A young man who believed in giving help to other people, a young lawyer who gave pro bono work, but he died because he had no health insurance. Or the mother who came to my town hall meetings, was crying because she couldn't get her child into school. Why? Because her insurance didn't cover a doctor's visit. Well, that will be cured. This is going to cure the ills of women across America.

Vote for this bill.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

Ms. KAPTUR. I thank the gentlewoman from California, Congresswoman WOOLSEY, for calling us together tonight on such an important topic and rise to speak for decent health insurance for all of our people as essential to respecting life, to preserving life, and to protecting life from the very beginning to the very end.

The health system we have now does not adequately respect, protect, or preserve life. In fact, America doesn't even rank in the top 12 of global nations in terms of the quality of our health care. That is truly shocking. Yet we spend enormous amounts of money, and yet so many people are left out. There's not time to talk about all of them tonight in 5 minutes, so I am pleased to join my colleagues in focusing on women and children of this great Nation who need health care reform.

In our country, every year, more than a half million, 530,000 babies, one out of every eight, are born premature in our country. Premature birth is the leading cause of newborn death and a major cause of lifelong disability. These outcomes are morally wrong, and they are ultimately very expensive, very expensive to our society, most expensive to those children.

The March of Dimes reports that, in 2008, more than 20 percent of American women of childbearing age, more than one-fifth, 12.4 million American women, were uninsured. They also report that uninsured women receive fewer prenatal services and report greater difficulty in obtaining needed preventive care than women with insurance. Ohio, the State that I represent, is among the worst States for its premature birth rate. The primary reason for this is because we have among the highest rates of uninsured women.

If we think about some of the most gruesome aspects of what happens, in 2006, which was the most recent study conducted in the United States by the Centers for Disease Control, in our country, 846,181 abortions were reported. Studies have shown that for approximately three out of four women who have an abortion, their belief is they cannot afford a child, and that was one of the key reasons for having to make that life-changing decision. Economic hardship, lack of access to health insurance and to health care, and even the lack of medicines all play a part in the gruesome number of abortions and premature births in our country.

The women of our Nation, the children of our Nation, all people of our Nation deserve a better chance.

The bill that's working its way to the floor will ban preexisting conditions and help expand coverage and access to women's health care, prenatal health care, to all of our people. It provides financial assistance surely to women who want to bring their baby to term or put the child up for adoption but fear they simply cannot afford it. What a terrible choice that must be for any woman. We know that the bill before us will improve community health clinics. In so many of our communities, they are the only lifelines to any health care at all.

Importantly, the bill that is moving to the floor intends to leave no one out, even the smallest among us, even the most voiceless among us. The bill we will soon consider has some fine points yet to be perfected. There is no question that for women and children, finally, all will have access to decent health care coverage, and it will be a great day in America when that will be possible.

All of us have situations in our own families where we have seen relatives grow older. This was certainly the case in our family, and without Medicare our grandmother would have had a very different end. Lyndon Johnson gave her dignity. All the Democrats and some Republicans who created that program in the House back in those days made the end of her life one with dignity. We would hope that that would be the case for all of America's families, the beginning of life to the end of life.

I thank the women of the House and Congresswoman WOOLSEY for making this evening possible.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Wisconsin (Ms. BALDWIN) is recognized for 5 minutes.

Ms. BALDWIN. Mr. Speaker, what this health debate boils down to is this question: Whose side are you on? Are you listening to and fighting for the

American people or are you listening to insurance executives and fighting to line their pockets? I am listening to and fighting for the American people, and especially the Wisconsinites who will benefit so significantly from health care reform.

This evening, I rise to speak about how health care reform will help women. Women shoulder a disproportionate burden in today's broken health care system. Perhaps most shocking is the discrimination women face in health insurance simply because we are women. To some insurers, being a woman is a preexisting condition. In Wisconsin, as in many other States, if a woman and a man purchase identical insurance coverage in the individual market, the woman will be charged more even though the medical services covered are exactly the same.

In small businesses in Wisconsin and across the country, insurance companies are allowed to count how many male and female employees work at that small business. If the workforce is disproportionately female, the insurance company charges more. So, what sort of small businesses pay the most for health care? Child care centers, home health agencies, and other small businesses with female-dominated workforces.

Adding insult to injury is that we all know that women's pay still lags behind men. Nationally, women earn 78 cents to every dollar earned by a man. And in Wisconsin, that figure is even worse—73 cents to the dollar. So women who make less have the added burden of paying more for their health coverage.

Our health care reform measure will end this practice of gender rating, and that is just one reason why women have so much to gain in health reform.

So I ask again, whose side are you on? The hundreds of thousands of women that you represent or the insurance companies that get away with these practices?

We have talked during the debate a lot about people who can't get any insurance at all because of preexisting conditions, something in their medical history or health status that the insurance company points to and says, We are not going to cover you. Women also bear the brunt of these practices. Can you believe that women who have been the victims of domestic abuse have been denied health insurance because their victimization was considered a preexisting condition? Women who have given birth by C-section are also routinely either refused insurance or provided insurance that specifically denies coverage in the event they have a future C-section.

Our health reform efforts will prevent the insurance companies from denying coverage to women who have been the victims of domestic violence and women who have had C-sections. In

fact, our measure will stop the practice of denying needed insurance based on preexisting conditions altogether.

So I ask, whose side are you on? I'm on the side of all Wisconsinites who have ever faced such denials, not on the side of the companies who refused to cover them.

Women also have trouble finding insurance policies that cover what they need when they shop for insurance in the individual market. In that market, it can be next to impossible to find insurance that covers maternity care. In a survey by the National Women's Law Center of plans offered in the individual market in my hometown of Madison, Wisconsin, they could not find a single plan that offered maternity care. I find this shocking. And health care reform will require all new plans to cover a wide set of benefits, including maternity care.

Mr. Speaker, Wisconsinites sent me to Congress to fight for them. I ran for Congress in order to fight for the people of Wisconsin who have been denied insurance based on preexisting conditions or had their coverage dropped in their very time of need. In order to prevent Wisconsinites from having to declare personal bankruptcy because of mounting medical bills from a serious illness, and in order to help families be able to afford their premiums and their deductibles and their copays, this health care reform effort addresses all those problems and then some. It's not perfect and it's not all I wanted it to be, but it is a darn good start.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mrs. MCCARTHY) is recognized for 5 minutes.

Mrs. MCCARTHY of New York. Mr. Speaker, I want to thank LYNN WOOLSEY and my colleagues here that came out tonight to speak about the issues that are going to be in this bill as we go forward for a vote sometime this weekend.

Many of us have talked about health care for years. I'm talking about years. I think all the time when we go out to dinner or anything, health care always comes up. So when I hear charges against this side of the aisle of why are we rushing through this, let me tell you something. I've been in Congress going into my 14th year. Before that, I was a nurse for over 30 years. So when I came to Congress, the first thing I started working on is how can we improve health care. And this day is coming.

Unfortunately, there's been an awful lot of information over the last several months that really is quite wrong. And a lot of my friends say, Well, why aren't the Democrats speaking out? I guess it's because, and I will speak for myself, many of us have been speaking

up but, unfortunately, because we are not yelling and screaming, we are not heard.

So what I'm going to explain to many, hopefully, of the people who are listening to this, I just want to tell you how this bill is going to help my district back on Long Island. I live in a middle class suburban area. I've been there for 62 years living in the same house. It was the house of my parents. My family grew up there, and I went to the public schools there. My son went to the same schools that I went to and in some cases had the same teachers. And we also had the same doctors.

I have to say, going back to those days, we had a great family physician. Today, he would be called a primary care physician. And yet we are seeing a shortage of primary care physicians across this Nation. We are also going to see a shortage of nurses across this Nation. Those are two components that we have to make sure that we have in the health care bill.

But just in my district alone, it's going to improve coverage for 444,000 residents that already have health care. How can that be? Well, they are certainly going to have preexisting conditions taken away, so that when they go to the doctor and they find out they have a preexisting condition and they find out some of these preexisting conditions, which—I tell you, it's outrageous. Do you know if you're a woman of childbearing years, getting pregnant is a preexisting condition? A preexisting condition.

□ 1915

I have young people on my staff that have preexisting conditions. What are they? Well, apparently one went to a doctor and was being treated for asthma; he has a preexisting condition. My grandchildren since they were very, very young have had bronchitis. A lot of kids get bronchitis. Ear infections. Lots of kids get ear infections. Preexisting conditions. These are things that we want to make sure the insurance companies—you know, we are not the bad guys here, and I think that needs to be understood. We are not the bad guys here. It is what we have let the insurance companies do over the years that is, unfortunately, a disgrace.

We are going to give tax credits and other assistance to 82,000 families in my district and 23,000 small businesses to help them afford coverage.

Now, it is important that you hear this about small businesses; because a small business, if they have two or three men in the company and then a woman that they want to hire to fill a position, and they happen to offer health care insurance, once that woman is hired their rates are going to go up higher. Their rates are going up higher. Why? Because there is discrimination against women on getting their

health care, and that is wrong. That is something that we are going to change.

Medicare. You know, I hear from my seniors all the time, especially for the seniors that are single, widowed, don't have much except Medicare and Social Security, and we are going to take care of 102,000 of them. Mr. Speaker, this bill is going to help a lot of Americans.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed with an amendment a bill of the House of the following title:

H.R. 4213. An act to amend the Internal Revenue Code of 1986 to extend certain expiring provisions, and for other purposes.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mrs. MALONEY) is recognized for 5 minutes.

Mrs. MALONEY. Mr. Speaker, as we face what may be one of the most important decisions Congress has made in our lifetime, I would like to highlight what a huge, positive impact the passage of health care reform will have on the lives of American women, on the health and the economic well-being of our mothers, daughters, your wives, and your sisters.

First and foremost, passing reform will expand dramatically the number of women and children who have access to quality health care throughout their lifetime.

The Joint Economic Committee, which I chair, has issued a report entitled "Comprehensive Health Insurance Reform: An Essential Prescription for Women," which documents that, in America today, 64 million women lack adequate health insurance. Over one quarter of our daughters between the ages of 19 and 24 do not have any coverage; 39 percent of all low-income women lack health insurance coverage. Passing health care reform will expand the availability of care, improve the affordability of care, and will expand the minimums of care.

Today, due to costs, 1 in 5 women over age 50 has not had a mammogram in the past 2 years due to costs. The health care reform bill will require coverage of annual mammograms for women, including coverage for those under 50.

Passing health care reform will bring badly needed changes to a system that places a particularly unfair burden on women who seek to buy insurance in the individual market.

In a report by the National Women's Law Center titled, "How the Individual Insurance Market Fails Women," investigators found there are huge and arbitrary variations in each State and

across the country in the differences in premiums charged between women and men.

The report found that insurers who practice gender rating might charge a 40-year-old woman anywhere from 4 percent to 48 percent more than a 40-year-old man. Passing health care reform will put an end to that. Insurance companies will no longer be allowed to charge women higher premiums simply because they are women.

Health care reform will also put an end to discrimination based solely on the prospects of motherhood. In most States today, individual market insurers are allowed to deny health insurance coverage to an applicant simply because she is pregnant. A previous C-section can also be the basis for denying coverage.

Passing health care reform will put an end to discrimination based on pre-existing conditions. And they call pregnancy a preexisting condition.

Reform is also urgently needed because, under the status quo, even if you are not pregnant now but at some point in the future you may become pregnant and so you may wish to buy maternity coverage now, coverage simply may not be available.

In the capital cities of four States, Hawaii, New Mexico, North Dakota, and South Dakota, the NOW Women's Law Center investigators were unable to find an offer of maternity coverage in the individual market at any price. It simply was not available.

Under the status quo, only 14 States require maternity coverage in policies that are sold on the individual markets. No wonder then that 79 percent of women with individual market policies don't have any maternity coverage at all. And if you don't have maternity coverage, heaven help you if you have a problem pregnancy because your insurance company will not be there to help.

Passing the health care reform will put an end to all of this and require that maternity care is a part of an essential benefits package.

And then there is the problem of rescission. Evidence presented to the House Energy and Commerce Committee told a story of a Texas woman who had a policy with WellPoint. After she received treatment relating to a diagnosis of a lump in her breast, the insurance company investigated her medical history. They concluded that she failed to disclose that she had been diagnosed previously with osteoporosis and bone density loss, and so they rescinded her policy.

Well, Mr. Speaker, I believe practically every woman alive has some form of bone density loss. They refused to pay for medical care for the lump in her breast.

According to the Committee's investigation, this case was not unusual. Under current practices, the majority of States do not require

a showing of fraud or intent before insurance companies may rescind coverage.

A simple mistake, an oversight, a typo can result in a life altering denial.

Health care reform will put an end to such cruel and heartless practices.

While I strongly support the passage of health care reform, I must state my opposition to any restrictions on women's access to reproductive health services. At a time when we are making historic changes in the delivery of health care, we must not deprive women of the very health care they both need and deserve. We must work against any serious constraints on abortion coverage that could cause women to lose ground in health reform.

Mr. Speaker, we cannot and we must not turn our backs on the urgent need, on the call of history, on the millions of uninsured, on the tens of millions who cast their votes in the last election and on the promise the we made loud and clear: We will pass health care reform—and we will pass it now.

OFFICE OF SPEAKER NANCY PELOSI—FACT SHEET, MARCH 18, 2010

NEWSPAPER EDITORIALS SUPPORTING HEALTH INSURANCE REFORM

MEMPHIS COMMERCIAL APPEAL EDITORIAL (TENNESSEE)—DECISION TIME ON HEALTH CARE

There will be more options . . . for small businesses, the self-employed and the uninsured, who will have access to transparent information about plan provisions. It would mandate health insurance for almost everyone, making it financially feasible for insurance companies to carry out their mandates.

Insurance companies could afford, for example, to cover everyone who applies, with or without pre-existing conditions. They could afford to guarantee continued coverage for clients who get sick.

The legislation would help solve many of the other problems with health care that have grown increasingly frustrating in recent years . . .

MINNEAPOLIS STAR-TRIBUNE EDITORIAL (MINNESOTA)—RX FOR HEALTH CARE: POLITICAL COURAGE

If the legislation doesn't pass, the worst-case projection is that the number of Americans without coverage will climb from 49.4 million to 67.6 million in 2020, meaning that nearly one in four Americans too young for Medicare will be uninsured.

The best-case scenario doesn't exactly inspire confidence, either. Should economic conditions improve over the next decade, there will be 57.9 million people without coverage 10 years from now—about one in five Americans younger than 65 . . .

. . . let's put this procedural spat in perspective. It's a distraction from the real issue: the catastrophic consequences of the health care status quo . . .

PITTSBURGH POST-GAZETTE EDITORIAL (PENNSYLVANIA)—TO OUR HEALTH: DEMOCRATS MUST SEIZE THE DAY AND PASS REFORM

One of the bogus assertions made in the health care debate—and that includes allegations of death panels and kindred nonsense—is the Republican idea that the bills passed by the House and Senate should be junked and Congress should start over.

Let everybody know this: Starting over is political code for doing nothing, or at least very little. It is the invitation to drag feet until another election cycle starts and the chance is lost. It is the siren call to put comprehensive health care reform forever on the rocks . . .

This legislation has been talked to death. It's time now to give it life by passing it, forthrightly and bravely, with as few gimmicks as possible.

DAYTON DAILY NEWS EDITORIAL (OHIO)—HEALTH CARE REFORM PARTLY IN OHIO'S HANDS

. . . Are we or aren't we going to extend affordable health care to nearly all Americans? And are we going to insist that Americans who can afford to buy insurance do so, while also requiring those who can't pay the full cost still pay something toward coverage? . . .

. . . does anyone believe that there isn't a lot wrong with the current system—50 million people without coverage; an insurance system that protects you when you're well, but kicks you to the curb when you get sick; cost structures that result in huge sums being spent on marketing and processing claims instead of services to patients? . . .

Republicans would have you believe that this legislation is so awful that the only solution is to start over. That is not a plan; it is a stalling strategy. But stalling for what?

The current system is unsustainable for everyone. Insurance rates keep going up both for businesses and individuals. Young people continue to choose not to buy insurance, sticking hospitals and those who do buy insurance with their bills. Medicaid rolls are soaring, forcing states to limit eligibility, cut spending elsewhere and reduce how much they reimburse doctors. People who want to buy insurance can't get it if they've ever had a serious illness . . .

Win or lose this vote, the president and Democrats are in for tough political times. At least if they win, some 30 million people will get health insurance and some immoral elements of a broken system will be no more.

DETROIT FREE PRESS EDITORIAL (MICHIGAN)—MESSY BILL OFFERS SIGNIFICANT HEALTH CARE PROGRESS

. . . So let's get on with it. Congress can continue to tweak the program through the years as its shortcomings become more obvious. In the meantime, people with pre-existing conditions will get decent coverage again, Medicare won't have such a huge "doughnut hole" in its prescription plan, and many other benefits will accrue. Women, in particular, may find better coverage, especially for pregnancy—a huge plus especially for anyone who (mistakenly) thinks the Senate language is not strong enough on keeping federal funds separate from any insurance with abortion coverage. Good health insurance is probably the most life-affirming policy any Congress could enact.

What's pending before Congress hardly represents a government takeover of health care. It will attract more private dollars into the system and should spur competition among insurance companies to offer helpful and more effective care.

But the main point remains: Not just health insurance but health care itself will continue to deteriorate without decisive congressional intervention. Unless you welcome the day when America has the best health care in the world for the lowest percentage of people, you should look forward to a successful, history-making vote, no matter how messy the process.

LOS ANGELES TIMES EDITORIAL (CALIFORNIA)—REHABILITATING HEALTHCARE

Opponents of comprehensive healthcare reform have achieved something remarkable, if not necessarily admirable: Having stopped the legislation from being considered and passed in the usual fashion, Republicans have now ginned up a debate over the extraordinary procedural steps they've forced

Democrats to take to complete the work. This ugly, gimmick-ridden process brings no credit to either side. Yet the fist-pounding over the shortcut being contemplated by House leaders shouldn't obscure the simple reality of the vote that House members are expected to cast this weekend. It may not be an up-or-down vote on the Senate's version of the bill, but it is an up-or-down vote on comprehensive healthcare reform.

... any House members who vote for reconciliation under a self-executing rule will be unmistakably voting to enact into law a sweeping change in the healthcare system, extending coverage to millions of the uninsured, outlawing abusive insurance industry practices, promoting higher-quality care and attacking the incentives that drive up costs. At the same time, they'll be voting to improve the Senate's approach by eliminating special deals and making insurance more affordable to the working poor. That's not an abuse of power, that's a win-win.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. WATSON) is recognized for 5 minutes.

Ms. WATSON. Mr. Speaker, an estimated 64 million women do not have adequate health insurance coverage. 1.7 million women have lost their health insurance coverage since the beginning of the economic turnaround, which was somewhere around December 2007.

Nearly two-thirds lost coverage because their spouse's job was lost. Thirty-nine percent of all low-income women lack health insurance coverage. Women are more likely to deplete their savings accounts paying medical bills than men. Women are charged up to 48 percent more than men in the individual market.

Any medical event can place a woman at risk for potentially devastating financial costs, even when she has insurance.

In a recent study, more than half of women reported delaying needed medical care due to costs compared with 39 percent of men. In many cases, even women and children with insurance do not receive key preventive care, from mammograms to well-baby and well-child care, because they can't afford the copays. Partly due to cost, 1 in 5 women over the age of 50 has not had a mammogram in the past 2 years.

Now, our health care reform stops insurance premium discrimination against women known as gender rating. It bans insurance companies from charging women higher premiums than men for the same coverage. Since 40-year-old women are charged up to 48 percent more than 40-year-old men with the same health status, we really need this bill.

It would end discrimination based on preexisting conditions such as domestic violence and previous C-sections, prohibiting insurance companies from charging higher rates for these conditions. The bill says that 79 percent of

women with individual market policies will have the maternal coverage that they haven't had in the past.

Our health care reform bill requires maternity care to be a part of essential benefits. It requires all employer plans and gateway plans to have women's screening and preventive care provided at a minimum or no cost. This includes annual mammograms for women under 50.

It will allow women to visit their choice of community providers who offer the spectrum of essential benefits, including women's health clinics. It would allow OB-GYNs to be the center of a medical home supported by community health teams. It codifies offices of women's health via the Department of Health and Human Services to ensure that women's health issues will be comprehensively addressed, from basic research to awareness campaigns.

I would say, Mr. Speaker, to all of my colleagues that if we really want to make the United States a number one Nation in health delivery, let's start with the women who bear the children who will be the future of this country.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Massachusetts (Ms. TSONGAS) is recognized for 5 minutes.

Ms. TSONGAS. Mr. Speaker, I would like to thank Congresswoman WOOLSEY for organizing this evening. And I rise today because our health care status quo simply does not work for older women and must be changed.

The rising cost of health care and the lack of access to essential medical services is a problem for millions of Americans throughout our Nation, but it is uniquely so for older women. Times of economic hardship like we are now facing truly illustrate the impact that our inadequate health care system has on older women.

Older women disproportionately rely on their spouses for employer-based coverage in comparison to their younger counterparts and in comparison to older men. That is why over 1 million of them have lost health insurance due to a spouse's job loss during the economic downturn.

When an older woman loses her health insurance, it is even harder for her to find health insurance in the individual market, where there is little to no regulation, than her male counterparts. Older women, because of a combination of gender rating, age rating, and discrimination based on health status, face premiums that are roughly four times greater than those who have employer-based coverage.

But it doesn't stop there. Women who are on Medicare who do have health insurance are disproportionately low income, have fewer resources, and suffer

from more chronic conditions than men. As a result, they pay more in out-of-pocket costs than older men. Therefore, Medicare's ability to provide meaningful and protective health insurance coverage is critical to a senior woman's health and financial security. And that is exactly what health care reform does.

In 2007, over 8 million seniors hit the doughnut hole, and 64 percent of those were women. Health care reform permanently closes the Medicare doughnut hole.

Breast cancer is a leading cause of death for older women in the United States, yet, 1 in 5 women aged 50 and above has not received a mammogram in the past 2 years. Health care reform improves Medicare to ensure that all prevention, including mammograms, is fully covered.

Seventy-seven percent of Medicare beneficiaries living in long-term care facilities are women. Women are three-quarters of all nursing home residents. During a recent visit to a nursing home in my district in Lowell, Massachusetts, I was struck by a recent experience that truly illustrated this point for me.

In one meeting, I looked at the crowd of senior citizens who came to ask me questions and express their concerns about the direction in which our country is going and was struck by the fact that I saw only one man in the audience.

□ 1930

While I later met a number of very interested male residents, the fact is that the typical nursing home resident is an 85-year-old woman who enters a nursing home because she lives alone and has no available caregiver. It is no wonder then that women are more likely to need long-term care services. And that is why it is so important that we pass health care reform that provides voluntary, long-term insurance to help cover the costs associated with growing older for the millions of senior women who need it. No one should have to make decisions based on their finances rather than what is best for their health. We need health care reform in order to address the need that older women face for quality, affordable health care.

WHAT IS A WOMAN WORTH?

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from California (Ms. SPEIER) is recognized for 5 minutes.

Ms. SPEIER. Mr. Speaker, I also want to thank Congresswoman WOOLSEY for her impassioned and principled leadership not only on this issue but so many issues facing Americans. To loosely paraphrase Judy Collins, We have looked at health insurance reform from both sides now—from insurance

companies and consumers, from Wall Street and families, from Republicans and Democrats. But there has been something missing from the debate.

This evening I would like to ask the question: What's a woman worth? Just how important is it to make sure that quality, affordable health care is affordable to the grandmothers, the mothers, the daughters, and sisters who are responsible for 80 percent of a family's health care decisions; 64 percent of a families' budgets; who represent 79 percent of the health care providers in this country.

What is a woman worth? Is a woman worth as much as a man? One would think so, unless, of course, one was considering our current health care system, a system where women pay higher health care costs than men. Now, believe it or not, in 60 percent of the most popular health care plans in this country, a 40-year-old woman who has never smoked will pay more for health insurance than a 40-year-old man who has smoked. A lower percentage of working women receive employer-based health care. It is a system where health situations that affect only women, such as maternity care and mammograms, are less likely to be covered than common male procedures.

In fact, 90 percent of individual policies available to 30-year-old women don't cover maternity care. Now, believe it or not, that is true. Ninety percent of the health insurance policies in this country available to women 30 years of age don't cover maternity care.

Now think about this: this Chamber is filled with Members who claim to be pro-family and yet defend a system where women have to pay out of pocket to have a baby. Many more women are denied coverage due to preexisting conditions than men. Why are they denied? They're denied because they are women. If you are the one in three women in America who has had a C-section, that becomes a preexisting condition, and you're not going to get health insurance again.

If being one in eight of the American women who is diagnosed with breast cancer, that becomes a preexisting condition, and God help it if you have to go into the individual market and get health insurance, because you just won't; or even being the one in four American mothers, daughters, and sisters who is a victim of domestic violence. Imagine having been declined health insurance because your spouse or significant other has beaten you—and may do it again. And because that significant other or spouse may do it again, you can't get health insurance. As a result of these and other factors, women are more likely to be uninsured or underinsured. And more than half of the women have delayed or skipped needed medical care due to the high cost of treatment.

So I ask again: What is a woman worth? Is a woman worth a health care system that encourages preventative care by eliminating copays for recommended services such as mammograms and maternity care? Is a woman worth a health care system that bans annual and lifetime caps? Is a woman worth a health care system that prohibits insurers from charging us more than men? Is a woman worth a health care system that covers maternity services, outlaws preexisting conditions, and dropping patients who become ill, and limits out-of-pocket expenses to prevent the 62 percent of bankruptcies caused by medical bills?

I think women are worth that and much, much more. As a matter of fact, women are worth their elected officials showing some backbone to stand up to the multimillion-dollar misinformation campaigns to do what's right and reform a health care system that is unfair, inefficient, and unavailable to far too many American women.

“AIN'T I A WOMAN?”

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Wisconsin (Ms. MOORE) is recognized for 5 minutes.

Ms. MOORE of Wisconsin. It's Women's History Month, and it's a great month for us to pass comprehensive health care reform. Here we are, again, women, in another epic battle for equality between men and women. As Alice Paul once said, When you put your hand to plow, you can't put it down until you get to the end of the road. And here we are now.

Staggering statistics on women and health care: 18 percent of women are uninsured; 26 percent of single mothers and 41 percent of low-income women are uninsured; 52 percent of women have foregone getting the care that they needed because of the cost, including not filling prescriptions, skipping a medical test, or not going to the doctor.

For decades, the health insurance industry has used every trick in the book, Mr. Speaker, to deny women the care that they need, to charge women more for the same services as men, and even to drop their coverage when they might need it most. Women face so many barriers in getting affordable health care, and our rights have been trampled on for too long.

This Women's History Month reminds me of the most famous speech that Sojourner Truth ever gave when she asked again and again, “Ain't I a woman?”—asking when would it be her turn to have equal rights. With regard to health care, I would paraphrase Sojourner Truth and say, Ain't I a human being?

It's not an understatement to say that the lack of affordable health coverage has contributed to keeping

women in poverty, not to mention keeping too many women in poor health. Women are more likely to be in low-wage jobs or to have to work several part-time jobs to make ends meet, which means they're less likely to have health coverage offered by their employer. Less than one-half of women have health insurance through their jobs. And because women are more likely to be below the poverty level in the first place and only earn 78 cents for every dollar that a man earns, they're more likely to be completely unable to afford health care in the first place.

Isn't it about time we stood up and said, Ain't I a woman? Or, even: Ain't I a human being? Women are routinely denied care for having a preexisting condition, which could include being a potential, former, or actual mother; which could include being a victim of domestic violence; which could include having a serious illness or an operation, like a Cesarian section.

Health care reform here will provide women the care that they need; the economic security they need; prohibit plans from charging women more than men; ban the insurance practice of rejecting women with a preexisting condition; and include maternity services. Yes, we are women; and, yes, we are human beings.

VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the request for a 5-minute special order speech in favor of the gentlewoman from California (Ms. WOOLSEY) is hereby vacated.

There was no objection.

WOMEN FOR HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentlewoman from California (Ms. WOOLSEY) is recognized for 60 minutes as the designee of the majority leader.

Ms. WOOLSEY. After listening to 14 women come down here and speak for 5 minutes on why it is so important that being a woman is not a preexisting condition as a part of our health care system, and to change that—and to change it this weekend when we vote on the health care reform bills—I want to tell you I love women. We are so fortunate to have such an amazing group of Democratic women in the House of Representatives, and I thank every one of them for having come down here to speak and to represent their districts, womanhood, and, as GWEN MOORE just said, humanity in general. We're on our way.

Tonight, we're going to have a Special Order. We may take an hour; we may not. JAN SCHAKOWSKY from Illinois has joined us. CORINE BROWN

from Florida has joined us. Others have said they're coming, but I think we may have taken a little bit more time on our 5-minute Special Orders than had been planned.

So I think we should start our conversation with JAN SCHAKOWSKY from Illinois, who was down here last evening talking about senior women.

Ms. SCHAKOWSKY. Thank you so much, Congresswoman WOOLSEY, for organizing us tonight. I appreciate it. I learned so much just sitting here listening to the women that have been talking about why this legislation is so important to women, why we need health care reform, and some of the facts of life about women. I learned from Congresswoman JACKIE SPEIER an amazing fact that I'm going to carry with me—that a 40-year-old woman, she said, who does not smoke, has to pay more for her insurance than a 40-year-old man who smokes. This makes absolutely no sense.

I think maybe it was put best by the Speaker of the House, Nancy PELOSI, who said, Being a woman is a pre-existing condition. That pretty much sums it up. According to the Commonwealth Report—that's a very well known and reputable think tank on health care—says that 45 percent of women are uninsured or underinsured; 52 percent of women have foregone necessary care because of the cost, including not filling a prescription. We know that. We have all heard about that, about people who come to our office and they are cutting their prescriptions in half, how they're not taking them to the drugstore to fill them, skipping a medical test, or not going to the doctor. And we know that for young women, only about 12 percent of the plans on the private market cover maternity. That was talked about tonight.

And that's not just a problem for women. That's a problem for families. For heaven's sake, you expect that when you have health insurance, that if you get pregnant and you're going to have a baby, that your insurance company is going to cover it. It's kind of basic. But maternity can even be considered a preexisting condition, that a woman cannot get insurance because she was pregnant. Of course, having a Cæsarian section, that's a preexisting condition. Or being a victim of domestic violence, that's a preexisting condition.

The insurance industry thinks women cost more. We do use more health care services. That's true. And so throughout our life we pay about 48 percent more for health insurance than men do. It's because we're women.

□ 1945

I think it's wrong, and that's why in this historic legislation that we're about to pass, we end gender discrimination. Women will not be discriminated against.

Ms. WOOLSEY. The gentlewoman from Florida is here with ideas and thoughts, and I would like very much to hear them.

Ms. CORRINE BROWN of Florida. Thank you. Before I begin, I just want to thank you for your leadership on this matter and thank you for night after night coming to the floor. After we do our day work, we can always count on you doing the night work, coming here, educating the American people. And I just want to personally thank you for your leadership.

Ms. WOOLSEY. Well, thank you very much.

Ms. CORRINE BROWN of Florida. And all of the women that have come out tonight.

Let me just make a few remarks, and then I have a series of questions that I want to ask you. But first of all, this is a fight that—I came here in 1992, and we started with Clinton, and just because we didn't pass health care does not mean it wasn't a serious problem. And we got a piece of the loaf. We were able to get programs that covered children. So that was step one.

But here we are on this historical event where we're going to have the opportunity to go to step two. And let me just say that this bill is not the perfect bill, but I have been elected 27 years, and I've been in this House for 18 years, and I've never seen the perfect bill. But this is the perfect beginning. I mean, there is so much that I would have included in this bill.

A public option, to me, is very important. I've been on VA for 18 years. VA is a public option. TRICARE is a public option, and that keeps the cost down. We made the Department of Veterans Affairs and the Department of Defense negotiate the price of the drugs to keep the costs down. We want to do that for all Americans. When we passed that hideous bill that helped people with the doughnut hole, one of the things in the bill that was against the law was that the Secretary did not have the option of negotiating the prices of drugs for all of us.

So I would like to discuss, when the President signs the bill, what are some of the things that would immediately come into effect? And one of them that I think is so important to families, particularly mothers who have kids in college, is that age for family coverage would go up to 26. Is that correct?

Ms. WOOLSEY. Twenty-six years old.

Ms. CORRINE BROWN of Florida. You know, that is so important. As a mother who had a kid in school, I mean, when they got to a certain age, the plan—even our plan dumped them. So with this, you will be able to keep the kids on the family coverage while they're in college. I think that is extremely important.

Ms. WOOLSEY. And something else, if the gentlewoman will yield. If that young person is employed, the em-

ployer cannot insist that the young person go on their plan because, you know, young people make plans cheaper because they don't get sick as often as older folks. So the young person can choose—if the parents agree—to be on the parents' plan, even if they're employed.

Ms. CORRINE BROWN of Florida. One other area, one lady came to one of my town hall meetings, and she was a black female. She mentioned that she was educated, and she was concerned about the deficit. But I said, Concerned about the deficit? Well, President Obama said that—you know, I look at it like when you've got your head in the lion's mouth; you've got to ease it out. We were under the Bush administration for 8 years. What was it? Tax breaks, tax breaks. I used to call it a reverse Robin Hood—robbing from the poor and working people to give tax breaks to the rich. Our effort toward health care will bring down that cost.

Now, this young lady had a degree but could not get a job because she had a preexisting condition, epilepsy. So I told her, You are the poster child. The only reason she could not get a job is because she had a preexisting condition. Now, how would this work under this bill?

Ms. WOOLSEY. Well, for children, after 6 months, there will be no such thing as a preexisting condition. But I believe it's in 2014 that preexisting conditions will not be allowed for any coverage, including group plan coverage.

Ms. SCHAKOWSKY. Let me emphasize that. I think that is one of the most important things that's in our legislation. Because, after all, who does not have some kind of preexisting condition? And for the insurance companies, sometimes they'll call acne a preexisting condition that will preclude people from health care. This bill will say, when it goes into full effect—Congresswoman WOOLSEY is right. Children almost immediately will not be excluded for preexisting conditions. But for everyone else, in 2014, they will not be able to exclude you because you've been sick.

Ms. WOOLSEY. Or if you get sick.

Mrs. MALONEY. My colleagues, a great injustice is that they have considered a pregnancy as a preexisting condition. Now, you hear that children are our future, and they are our future; yet in health care plans, to cover the cost of having a pregnancy—really, in some States, they didn't even offer the coverage. So there are many fine parts about this bill. But I think one of the strongest is that it has very strong maternal health care coverage and treats health care as health care and does not treat, really, the necessities of life, of having a child as a preexisting condition.

Ms. WOOLSEY. To the Congresswoman from California, would you like to respond?

Ms. SPEIER. I just want to say how proud I am to be associated with all of you tonight, because this is one issue that has gotten very little attention in this health care debate—the bald-faced discrimination against women in health care—and it's been going on forever.

I just want to share a couple of stories that happened when I was serving in the California Legislature, trying to improve reproductive health for women. And it's all about our organs. It's all about our plumbing.

The first issue dealt with contraceptive pills and prescription drug benefits in California. Basically, the bill said that if you were offering a prescription drug benefit, you can't discriminate against one class of drugs, and only one class of drugs was discriminated against. It was contraceptive bills. I carried the bill 1 year. It got to the Governor's desk, and he said, Oh, it's too costly. And then by the insurance industry's own estimates, they found that it was \$1 per month per employee. Then we rounded a second year and a third year, and finally in the fourth year, we were successful in getting contraceptive coverage included in prescription drug benefits.

But I can't take any credit for it. You know who I give credit to? Pfizer Pharmaceutical. Because in that year, they introduced VIAGRA. And guess what? Instantly VIAGRA was covered in prescription drug benefits in California, even though it was twice as costly or, depending on how many times a month you had to use it, far more costly. It was a lifestyle drug; yet that was covered immediately, and contraceptive pills, we had to fight for 4 years to get it into California law.

So there has consistently been discrimination against women in health care, and it's high time that we opened women's eyes wide so they see that, for the first time ever in this country, we're going to stop that form of discrimination.

I just want to applaud you for what you're doing here tonight.

Ms. WOOLSEY. Well, thank you for your input.

Ms. CORRINE BROWN of Florida. I want to share a couple of quick stories.

In one of my town hall meetings, a person came in and was telling a story that they had been in an abusive marriage for a number of years but stayed in that marriage because she needed the health care for her children. This should not exist in the United States. And in another case, a woman quit her job so she could take care of her mother. Her mother had insurance; she had not. For 6 years, she didn't go to the doctor. She had an emergency, had to go to the emergency room. Her bill was \$10,000, and they think she's got cancer.

So if there is a better way to provide service—and of course women are always the ones that are—you know,

they have the children, and because of a divorce or because they're working in minimum-wage jobs, they can't afford health care. So these bills will go a long way to help women that are single or divorced or married and their husband died or got a divorce.

So, I mean, this is so important for women in the Third Congressional District of Florida, women in this country and women in Florida. This is a step forward. It's not a perfect bill, but it's a perfect beginning.

Ms. WOOLSEY. A perfect beginning. And one of the reasons that women will be able to afford health care in low-wage jobs is the exchange that will be provided in the health care bill. Women will be able to select from a group of health care plans the best plan that will service them, because, I mean, even if they could afford health care, not all businesses provide health care. Many will be able to after this bill is passed.

All right. So a woman gets a catalog of what's available in her area. We call it an exchange. She chooses her plan. And if that plan is more expensive than she can afford, which it probably will be if she's on low wages, then this bill provides subsidies for that person so that the low-wage worker is subsidized. What a difference that will make.

Ms. CORRINE BROWN of Florida. Let me just say that we compete with companies all over the world, and the reason why we are losing the bids is because health care is a part of the bid. So when we compete with other countries—you know, 16 percent of our income goes toward health care.

You know, I had dinner with the French Ambassador a couple of nights ago. They spend 9 percent. So basically we're losing out as far as jobs for American workers because we don't have health care.

Ms. SCHAKOWSKY. The other thing is that—I don't know if the French Ambassador bragged at all, but France is considered number one in the world in terms of health care results. They have healthier people than anyone else in the world as a population, and they spend far less than we do, about half what we do per person.

Ms. CORRINE BROWN of Florida. Yes, 9 percent.

Ms. SCHAKOWSKY. And we're at about 17 percent.

Ms. CORRINE BROWN of Florida. That's right.

Ms. SCHAKOWSKY. And the United States of America ranks—what is it?—about 17th in the world in our health outcomes next to hardly developed countries, and the reason is simple. We have 30 million people who have no health insurance, and then we have millions and millions of others who think they're insured until they get sick, and then they find out that they're underinsured.

Ms. WOOLSEY. Or they lose their job, and then they have no insurance.

Ms. CORRINE BROWN of Florida. Let me give you a scenario. At one of my town hall meetings recently, a person came to me and said that they went to the hospital, and their bill was \$77,000. They negotiated it down to \$18,000, so, therefore, they didn't need health care. I said, Let me explain something to you. The hospital did not write that off out of the goodness of their hearts. They are charging it to us, a disproportionate share. We are paying the cost. There is a better way to provide services in this country, and it's not through the emergency room.

Ms. WOOLSEY. You are right. It's by providing health care for everybody and helping those who can't afford it and helping small businesses who find it very difficult to provide health care for their workers, helping them bridge the gap between what it costs and what they can afford.

Let's talk about the argument that we hear that many people think we should hold out for the perfect plan that this isn't, and we know it.

Ms. CORRINE BROWN of Florida. What did I say? I said it when I started. I have never seen the perfect bill. It's a perfect beginning, and we're going to refine and massage this bill as we go on.

Like I said, in 1992, we went after health care under President Clinton. We didn't get it, but we came out with the children's portion. And, of course, that's where we are now, and this is the second step. I want more. But the point is, in this body where you're not going to have one Republican vote under any circumstances—and let me tell you something. As far as health care, it's not Democrat; it's not Republican. Everybody needs it. And people who say they don't need it need the mental health portion. Everybody needs health care, period.

Ms. WOOLSEY. Well, and some people believe that because they have coverage that they don't have to worry about it. Well, I'm telling you, everybody has to worry. Retired folks, their retirement plans are cutting back. Individuals with really nice, high-paying jobs are finding out even their employers are cutting back.

Ms. CORRINE BROWN of Florida. Under the last administration, what they did in many areas is they would come in, they would farm out the jobs, and you could be in that same job paying maybe the same amount of money but no benefits.

□ 2000

And that's what so many companies are doing.

Ms. SCHAKOWSKY. You know, you had talked about, and I think you were absolutely eloquent, that we've never seen a perfect bill. But, you know, Social Security and Medicare, which are not only the most popular but the most effective programs that we have in our

country, to guarantee a dignified retirement, to make sure that people, that older Americans, people with disabilities don't do without, orphans don't do without if they lose a parent, those bills didn't start out as good as they are now. You know, we add people, we make some changes, we fine-tune the legislation.

But what we're doing now will rank right up there with the first passage of Medicare, with the first passage of Medicaid and Social Security. And then, we will—and I, you know, we were together, Congresswoman WOOLSEY, at the White House talking to the President, who himself recognized this isn't the be all and end all, but it's, as you said, the perfect beginning. It lays the foundation that we can work from. And I think the level of peace of mind and security that people will have—

But I wanted to make another point. You talked about how we compete in the world. And the cost of health care makes our businesses uncompetitive. The other thing it does it this locks down entrepreneurship and innovation because, you know, let's say you're a young person that has a great idea of how we're going to solve the energy crisis or how we're going to solve a health care, you know, a disease problem, wants to do great research, or a woman who wants to start her own business. But if she has a job that offers health care, she may be locked into that job as long as she can stay there. People are afraid to leave a job where health care is provided, and that is a very stifling factor.

We can liberate entrepreneurship, which is the hallmark of the American spirit, if people know they can leave their job and they'll still have access to health care.

Ms. CORRINE BROWN of Florida. That's correct.

Ms. WOOLSEY. Well, the entire Nation is counting on us to pass comprehensive health care reform. We know that. There's no question about it. The millions who have no coverage at all desperately need this legislation. But as we just said, so too do those Americans who are insured and are being squeezed out by outrageous premiums. And businesses that are less profitable because they are buckling under the weight of high health care costs are strapped, and it keeps them from being able to invest in innovation, as JAN said. And individuals cannot innovate when they're handcuffed to their health care policy.

But above all, American women need us to do the right thing this week and to overhaul the health care system because it is in ways both overt and beneath the radar. This current system—and we've heard it over and over and over tonight—discriminates against women.

Ms. CORRINE BROWN of Florida. Let me just share one other—because

you sound like you're closing and I've just got—

Ms. WOOLSEY. Well, I actually didn't get to do my 5 minutes because I was doing this, so I thought I'd do it. Go ahead.

Ms. CORRINE BROWN of Florida. I'm sorry. It's the story of someone I know that worked with the Duval County school system for 25 years as a teacher. They quit the job. They had a breakdown, female. Had to go into the hospital, blood sugar went up 700. I mean, intensive care for a week. No health care. I mean, and these stories are over and over again throughout our country and throughout our district. And we can make a difference this week. And this is a giant step for mankind.

I mean, people are concerned, you know, what is going to happen if I vote for this bill? I mean, why are you here? You're here to provide service. You're here to make a difference. The Bible says, to whom God has given much, much is expected. It's a privilege to serve here, but we're not just here to vote on suspension bills.

Ms. WOOLSEY. Naming post offices.

Ms. CORRINE BROWN of Florida. And post offices. No, this is why we're here. And like you said, this bill will go down like Social Security, Medicaid, this will be one of the biggest bills ever passed by the United States House of Representatives and this Congress.

And certainly, I said it over again. The House bill is so much better than the other body's bill. However, we've got to work with what we've got. And I don't think either one of us is going to stop working to improve health care because we pass a bill. It will be just one more step, and it will give us more to work with.

Ms. WOOLSEY. Well, I've said it over and over. We have written the robust public option legislation, which will be introduced the day that we sign this health care bill into law.

Ms. SCHAKOWSKY. I just wanted to talk a little bit about older women because, and really all seniors, but the fact of the matter is that 80 percent of people over the age of 85 are women. Fifty-seven percent of Medicare beneficiaries are women. So when you talk about aging you really are talking about mostly women. And I think it's important to note some of the amazing things that happen in this bill.

Representative BROWN talked about, or maybe it was you, talked about the doughnut hole. What is that? That's a gap in coverage. You know, let me tell my example. I have a constituent who got on Medicare part D. She was told when she signed up that it was going to cover her prescription drugs. She looked over the list. One day she goes to the drug store, orders a refill of her prescription and she is told it's \$120. She said, that's impossible. I paid \$10 for it last month. It is impossible for it

to be \$120. I know. They said, no, no. You are now in this gap in coverage where you have to pay the next \$3,600 out of your own pocket, and then you'll start to be covered again.

Ms. CORRINE BROWN of Florida. And that's why I did not vote for that bad bill, that doughnut, when I know so many people needed the coverage, but that was a bone that was thrown to the pharmaceuticals by the past administration, the Bush administration. That was a terrible indictment that was put on the seniors that needed the prescription drug coverage.

And I have a similar incident. I went to the drug store to pick up my mother's prescription. Well, they said it was \$200. I said, okay, look again. She came back. Because I knew my mother had TRICARE. She came back, and I think it was \$12 or \$15. But can you imagine a senior going there, not knowing where in the world they're going to get the \$200.

This is something that we are going to fix starting with this bill. This will make a difference for the seniors in this country.

Ms. SCHAKOWSKY. We're going to close the doughnut hole entirely over 10 years, but we're going to start right away. \$250 it's going to be reduced and, for brand name drugs that are in the—

Ms. CORRINE BROWN of Florida. Formulary.

Ms. SCHAKOWSKY. Yeah. Fifty percent reduction in price. That's going to happen right away, so there's going to be help for seniors in that regard. We will no longer charge a copayment. They won't have to pay out of their pocket for preventive services in this bill when it's fully implemented. That means you can get a mammogram, you can get a colonoscopy. You can get a checkup. You can get preventive services without having to pay any out-of-pocket costs.

We provide more for home and community-based services so older people can stay in their homes. That's where they want to be. If they can, they don't want to have to go to a nursing home; they want to have services in their communities, in their homes.

And if they have to go to nursing homes, we improve nursing home quality. For example, we make sure that there are criminal background checks in nursing homes so that the employees will be safe for people and protect women's safety in the nursing homes.

We extend the life of Medicare for almost another decade. You know, oh, Medicaid's going to go broke. This is going to be a problem for Medicare doing this. No. The truth is, this bill will make Medicare solvent. That means that it won't go broke for yet another decade beyond its life right now.

So this bill does so much for older Americans. And yet, the other side's trying to scare the heck out of senior

citizens, telling them that Medicare's going to be cut. There's not one benefit that's going to be cut under Medicare under this bill. We make Medicare better, more services, longer life, more prescription drugs. It's a great bill for older Americans, as well as younger.

Ms. WOOLSEY. And the great majority of seniors are women.

Ms. SCHAKOWSKY. That's right.

Ms. WOOLSEY. So again, tonight, for women, senior women, all women are going to be treated much better under this health care bill. And no woman will be considered, just because she's a woman, a preexisting condition.

I want to thank my colleagues for being down here tonight, for waiting to get to this Special Order, and for knowing how important what we're doing this week is to every single American. Thank you both very, very much.

Ms. SCHAKOWSKY. Thank you, Representative WOOLSEY.

Ms. CORRINE BROWN of Florida. I want to thank you all. And as I take my seat, remember, there's no such thing as a perfect bill, but this is a perfect beginning.

□ 2015

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Louisiana (Mr. FLEMING) is recognized for 60 minutes as the designee of the minority leader.

Mr. FLEMING. Mr. Speaker, I am going to be starting this hour on behalf of my colleagues from the GOP Doctors Caucus. Congressmen and Drs. MURPHY and GINGREY are our two cochairmen. We make up a group of 10 M.D.s and 4 other professional health care workers, including a dentist, a psychologist, an optometrist. We have been meeting on a very regular basis throughout this debate. Perhaps this weekend we will have a culmination of quite a debate. And what a debate it has been all year.

As I tell folks often, I ran in my election in 2008, my first election, on health care reform. I am a physician, a family physician of 30 years. I have enjoyed the practice of medicine. I still practice medicine when I go back to my district. And for this 30-year period I have learned a lot about the economics of health care, things that are so important. I have been through all phases. In the early days of Medicare, when we didn't have a lot of the restrictions and restraints that we have today; during the HMO days, where we had capitated care and the so-called gatekeeper; during the days when the CLIA laws came out that more or less outlawed laboratories for doctors' offices; of course the SGR days, sustained growth rate that we have been dealing with for the last 10 years. I have seen it all, and so have my col-

leagues. In fact, among us we have over 400 years of clinical experience. I would include our two physicians from the Senate in that group.

What I want to talk about this evening is a little bit of background, and also we will kind of get into where we are with the latest situation. One of the observations that I made early in my practice was that oftentimes economics actually controlled the decision-making more than the actual health care itself.

I will give you a good example. I had a patient who required monthly blood tests to check his clotting factor because he was on anticoagulating drugs because of chronic deep venous thrombosis. And I could not for the life of me get him to get those blood tests on a regular basis, not because he was afraid of needles, but simply he didn't want to pay the price. However, once we were brought under an HMO, health maintenance organization, and all of a sudden he didn't have nearly the out-of-pocket expenses that he would have had, not only did he want to have the blood tests, but he wanted to have many other tests as well, things far beyond anything that I could conceive would be a benefit to him. So for him it was a value issue. Since he wasn't paying and somebody else was paying, well, let's utilize as much as we can so I get my money's worth for what I am getting.

One of the things I like to tell people when I speak to groups is think of health care consumption like a credit card. If I were to give you a credit card that has a limit of \$10,000 on it and I said to you, buy whatever you need, but nothing that you just want. I often ask the crowd, "What would you buy?" And of course people come back with, well, I would buy probably a new shotgun to go hunting, or camo, or perhaps some physical fitness equipment, or a treadmill, something of that nature. Things that maybe I am not willing to pay out of pocket for, but if it's your money, then I'm willing to pay it.

This, Mr. Speaker, is really the core of the problem when it comes to cost. There are two areas of our economy in which cost has gone up more rapidly than inflation. One is education and the other is health care. And it just happens that those are the two areas in which a third party, in the case of education it is the government who pays for that, and in the case of health care it is both government and private insurance that pays the main balance of the bills.

So from that I have observed that if ever we are going to deal with increasing coverage, which is really what this is all about, how do we increase coverage, in order to do that we are going to have to find a way to lower the cost. I have agreement among all of my colleagues on the Republican side to just that. In order to have more coverage,

we have got to lower the cost. And we have to do it fundamentally.

This bill that is before us that we may vote on within the next 3 days, it has a lot of things in it. It has 3,000 pages, it has over a hundred mandates and boards. It has three specific boards of unelected bureaucrats who make decisions about what doctors are going to be paid, what is going to be in your insurance policy, many things about your life that you would otherwise have control of. But the one thing it does not do, Mr. Speaker, is it does not address cost.

And so I can say to you that fundamentally if we are going to at some point in time address cost in health care, there is one of two ways: either we look at it on the doctor-patient level, where the doctor and the patient, who make the majority of decisions that impact cost, we either give them incentives and we also give them some responsibility, some accountability for cost, in which case if that cost is lowered as a result of accountability for them, then it lowers it for the entire system. That has been proven to work time after time.

For instance, as soon as health care insurance began to cover more and more out-of-pocket expenses, we began to see over the years the cost of insurance going up far faster than the inflation rate. In recent years, we have come up with a tool to counteract that, and that is health savings accounts. I instituted that with my small businesses, which are apart from my medical practice, approximately 6 years ago. And it was considered to be sort of revolutionary. And there was a little angst among employees, what is this going to be like? Because our deductible is going to go up. But I committed to them that the incremental increase in what the policy costs would be, I am going to put it in their tax-free account which they can use for any health care purchase they like.

Despite their reticence at first, they quickly came on because what they found is that now instead of being free utilizers of health care and running costs up because it's a use-it-or-lose-it proposition, now they have money in the bank; and if they make good, wise, savvy consumer decisions, they can choose generic drugs instead of brand name and save hundreds of dollars. They can shop around costs for certain procedures, certain doctors. It works very effectively. In fact, I would love to see that in health care reform at some point. It is not contained in this bill.

We could even do that for Medicare and for Medicaid, put money in the bank on their behalf. Not out of pocket, mind you, but it is the insurance money or the Medicare money that goes in there to be spent on their behalf. Because if they are saving money for themselves, they are saving it for the system at large.

What we are going to see here with this bill if it comes to law is just the opposite. Nothing to commit the doctor and the patient into controlling cost. In fact, in many ways it lowers the out-of-pocket expenses to a point where the patient behavior, the consumer behavior is unaffected by cost. And yet the consumer and the doctor are making those choices.

Now, there will be, of course, layers and layers and layers of bureaucrats who will be controlling from Washington how things are paid. No question about it. And they will be attempting to control people's lives, what they eat, how they eat, what they weigh, whether they smoke or whatever. But unfortunately, there is no way that Washington, D.C. can micro-manage human behavior. Attempts will be made with this bill, there is no question about it, but it will not work.

So then there will have to be plan B. How will we save money? And what we found in every case, whether it is Tennessee, which attempted this some years ago, Massachusetts, which has attempted this much more recently, Canada, the United Kingdom, most Western European countries, Australia, every one of them, this is what has happened. The plan works nicely at first. People get less out-of-pocket cost. They can go to the doctor they want. Everything works beautifully. But then all of a sudden the costs begin to explode and they go far beyond anything that has been predicted or budgeted.

And then what happens? Somewhere costs have to be controlled. And how do they do that? They do that through rationing and long lines. Every single case. Just the other day TennCare cut its Medicaid visits from unlimited down to eight visits a year. That is exactly the way it happens every time. Massachusetts, they are way over what their budget is. And as a result of that, they have come to a point now where they are actually reaching out to the Federal Government to control that.

So just to kind of conclude this discussion about cost itself, either you start with lowering costs by using commonsense methodologies of the free market, with transparency and with turning the patient into a savvy consumer who has all the choices before him or her and can make the best choices for quality and for cost, therefore improving the quality and lowering the cost, or you can go to a top-down, government-run, government takeover system in which a Federal bureaucrat will be walking with you every step of the way.

I have been joined here tonight by one of my colleagues, again as I alluded to a little earlier, Congressman Dr. PHIL GINGREY from Georgia, a cochair of the GOP Doctors Caucus. In fact, it was his leadership that led us here tonight for one of many doctor caucus

discussions and debates. He ran a little bit late because he had a tele-town hall back to his district. But he has now joined us.

So I am going to yield to the gentleman, the obstetrician of many years from Georgia.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman, my colleague from Louisiana, Dr. FLEMING, for not only yielding a little time to me but also for being here on the floor to control the time. Mr. Speaker, as you know, each side of the aisle gets a leadership hour, and it seems that maybe our Democratic friends who had the previous hour and only took 35 minutes came to the conclusion that the less said the better about this health care bill. That seems to be the way things have been going, Mr. Speaker, in regard to how much we know about what is in the bill. We will be talking about that a good little bit tonight. I can assure you, Mr. Speaker, on our side of the aisle, we've got a lot to say. I think the more said the better.

The American people need to know. They need to be informed. Indeed they know already a lot, know enough to say, as 70 percent of them do, that they don't want this bill. Not this bill. As Dr. FLEMING said, Mr. Speaker, I was doing a tele-town hall meeting to my constituents in the 11th of Georgia, northwest Georgia, the nine counties that I represent, the 700,000 people, salt-of-the-earth folks, just as Dr. FLEMING represents the same kind of folks in Louisiana. Suffering folks, unemployed folks, struggling folks.

I did a poll question on this tele-town hall call that probably went out maybe to 25,000 households. And a lot of them were on the line and listening and asking questions and staying in the queue for the whole hour and 30 minutes, I think we went.

Mr. Speaker, the poll question was, if your greatest concern about this bill, the so-called Patient Protection and Health Accountability Act or whatever it is called, H.R. 3590, the Senate bill that is going to be deemed passed if the Democratic majority has their way, what's your greatest concern? If it's the economy, the effect that this bill will have on the economy, push "1" on your keypad. If your greatest concern is the effect it will have on your health or the health of your immediate family, press "2." If your number one concern about this bill is the devastating effect that it will have on the Medicare program and our senior citizens, you, your parents, your grandparents, press "3" on the keypad. If your concern is all of the above, press "4."

Well, I am going to tell you, 65 percent of them, Representative FLEMING, 65 percent of them, Mr. Speaker, pressed "4." That is what I would have pressed, too. It was equal, 10, 12 percent equally divided among the other three.

People are outraged, Mr. Speaker. It is just unbelievable to me. Let's refer to the first slide, this poster that I have got to my right, your left. What Americans Want. I wasn't surprised at all by the poll that I took tonight because the American people have been saying this for months and months. The first bullet point on the slide, 73 percent of Americans want Congress to start over on health care reform, or if they are unwilling to do that, this is a situation where it's better to do nothing. They don't believe we should do something even if it's wrong. No, if it's wrong, do nothing. Second bullet point, 56 percent of people want the Congress to tackle health care reform on a step-by-step basis, not a wholesale government takeover.

□ 2030

Mr. Speaker, when Senator LAMAR ALEXANDER a couple weeks ago at the Blair House went to the health care summit, when he could finally get a word in edgewise after our President finished filibustering, said the same thing. Said, Look, we can solve the problem. We can actually lower the cost of health insurance and, indeed, the cost of health care if we do it in an incremental, commonsense way.

And then when COBURN got to speak, Senator COBURN, Mr. Speaker, he said, Mr. President, let me just make it brief here. I know you're not going to give me a lot of time, and you're controlling the clock and who gets to speak. And you took already twice the time that we did in your opening statement. But that is okay. You're the President. But give me a couple of minutes. I will make two points. One, let's eliminate waste, fraud, and abuse. And Dr. COBURN had some great suggestions about that.

And then he went on to say—and, Mr. Speaker, this is almost unbelievable to us, to the physicians that serve in this House of Representatives, to the members of the GOP Doctor Caucus in the House and to our physician friends, Dr. COBURN and Dr. BARRASSO in the Senate—the President said to the American Medical Society last summer, at the annual meeting—they invited him to be the keynote speaker—and when they asked, Mr. President, you want us to endorse, and the AMA went on and did endorse based on the President's promise that there would be reform of medical liability, so-called tort reform, ending frivolous lawsuits and ending the necessity for doctors to protect themselves and their practices by ordering all of these tons of tests, expensive tests, sometimes even, Mr. Speaker, dangerous tests, just to cover their back so that some slick expert witness in a court of law wouldn't say that, oh, you know, you didn't order a fizzle phosphate level on this patient? That's below the standard of care in Louisiana or in Georgia, in Marietta or Athens.

That is the kind of thing we're dealing with.

And to just complete the slide, Mr. Speaker, I refer back to this first poster, the last bullet point. Sixty percent of Americans think the Slaughter solution is unfair. I'm going to let my colleagues, if they want to—or maybe when they come back to me I will talk about that—but there are other Members, other physician members, Mr. Speaker, that are here; and I want to yield time to them.

The gentleman from Louisiana was so kind to control the time in my absence. I yield back to him so that he can yield back to other Members. And I yield back to my good friend, Dr. FLEMING.

Mr. FLEMING. I thank the gentleman. Great comments.

And my experience, Dr. GINGREY, is the same as yours. The teletown halls that I have done on this subject in the last 6 months started out that 85 percent of my constituents were against this. Now it's up to 92 percent. Unbelievable.

Let me just touch again on economics, and then I'm going to pitch this back. We have been joined by Congressman BROUN also from Georgia.

But first let me mention, let us talk about Medicare just for a moment.

We hear the other side of the aisle continuing to complain that you're seeing this catastrophic increase in insurance rates, private insurance, and it has been going on for years. And, yes, it has been. It has been faster than inflation. No question about it. But if you look within that, what you find is that because Medicare pays well below break-even for a physician or a hospital and Medicaid pays even half of that, that you have tremendous cost shifting. So you have to raise something; something is going to have to go up to offset the costs that are not being paid.

So, Mr. Speaker, in light of all of that, what we have in this bill is we're going to have a dramatic increase in Medicare and especially in Medicaid which is going to make those rates go up, that is, private insurance, even faster.

But let's look for a moment at what are the economics of Medicare in this bill.

This bill, at least the version we think we are talking about this evening, because we have not even seen the final draft of it and yet we are soon to vote on it, where does it raise revenue? It raises revenue first by taking a half trillion dollars out of Medicare. Speaker PELOSI today said—the way she was asked, How do you do that? And her answer was very simple: You get rid of fraud, waste, and abuse. We've had this program for 40 years and nobody has been able to figure out how to get any dollars out of fraud, waste, and abuse, much less a half a

trillion dollars. So I don't believe that is going to happen.

Number two, the \$500 billion that we're talking about is earmarked to extend the life of Medicare which is going to run out of money in 2017. That is really 7 years from now. But it's also going to be used to help subsidize private insurance.

The CBO wrote a letter last week saying, You're counting the same half trillion dollars twice, and to get it, you've got to take it out of something you can't take it out of. So really we're tripling down on the same money, which gives us an error of \$1 trillion.

So the economics, Mr. Speaker, of this are crazy. They're smoke and mirrors. They don't add up, and there are many other parts of this that we can get into as we go forward. But that is the fundamental problem, as I talked before. Utilization is going to skyrocket, which is not even measured for by the CBO. And then you've got the same dollars counted not once, not twice, but three times.

So with that, I would like to welcome Dr. BROUN, also a physician, a fellow family physician from the great State of Georgia, and I yield to the gentleman.

Mr. BROUN of Georgia. Thank you, Dr. FLEMING. I've listened to you talk about this economic game that they're playing. I call that zombie economics because you have to be a dead man walking around with no soul to believe the economic parameters and the games that the Democrats have played with CBO.

And people need to understand that when CBO, Congressional Budget Office, scores a bill, they can only score the bill according to the parameters that whoever writes that bill give them to score it on.

So all of these things where you're having double counting of money, it's just a good example of that zombie economics that the Democrats utilize and force CBO to use in scoring the bill so it doesn't look as bad as it really is going to be. And there is nothing about the marked cuts in doctors' reimbursement, how much the government under Medicaid, as well as Medicare, is going to be reimbursing the doctors.

And what's going to happen—and I think the American people need to understand this very firmly—they may give a government insurance policy card to people that they can stick in their pockets, but they're not going to be able to find a doctor that will accept that card and accept that insurance. So the American people need to understand that the access to a doctor is actually going to go down, in my opinion. And in fact, that card for many, many Americans is going to be as worthless as a Confederate dollar was after the War Between the States. It's going to be useless. We're going to have more people who have less access to doctors,

less access to care, if ObamaCare is passed.

Another thing that policy after policy has shown is that the American people continue to overwhelmingly reject this government takeover of health care. Yet Speaker PELOSI has declared that a government takeover of health care should become the law of this land without even taking a vote on the bill. Well, that is unconstitutional.

I, as well as, I know, Dr. GINGREY, as I know Dr. FLEMING, carry a copy of the Constitution. I believe in this document as it was intended by our Founding Fathers. We have absolutely no constitutional authority for the Federal Government to take over health care. None. We have no constitutional authority to even do this deed and pass Slaughter rule. Deem and pass. That sounds like an old western movie. Deem and pass. The only people who are going to be ambushed are the American taxpayers and small businesses in this country. That is exactly what's going to happen. Deem and pass is being set up by our Democratic colleagues who want to raid small business's coffers and people's coffers.

In fact, we've got a lot of taxes on small business. A lot of taxes on individuals. The Ways and Means Committee just today has put out a report on this bill. We hear from the President if you make \$250,000 and above, you have to pay extra taxes for the bill. And anybody making less than \$250,000 will not be taxed. But the Ways and Means Committee just today set out the parameters on the taxes. Half of the new individual mandate taxes will be paid by Americans earning less than \$66,150 for a family of four. Let me say that again: half of the individual mandate taxes are going to fall on the shoulders—not of the rich people; I don't think a family of four making \$66,000 a year is rich—but half of those individual mandate taxes are going to fall on the shoulders of families making \$66,000 a year or less.

And also the IRS is going to be markedly expanded. And, in fact, it's going to be up to the IRS to get all of these new taxes.

And I have got a little slide here. Because the IRS is going to be running ObamaCare. The IRS agents in this country are going to verify whether you have acceptable health care coverage. Now, who determines what's acceptable health care coverage? Well, it's a panel here in Washington, D.C., that is going to mandate every single insurance policy in this country.

So if you have health insurance today and you like it? Forget it. Forget it. That is another distortion, something that is not true that's been touted by our Democratic colleagues.

And the IRS agents in this country are going to be prying into your health care insurance, into your life, to see if you have acceptable coverage.

Also, the IRS is going to have to hire new agents to do all of this new work that they're being given by ObamaCare: 16,500 new IRS agents. There are going to be more audits of people's income taxes because the IRS is going to be in charge of making sure that individuals have this acceptable health care coverage that is mandated by the Federal Government.

The IRS can even confiscate your tax refund. And the IRS can fine you up to \$2,250 or 2 percent of your income, whichever is greater, if you don't have the minimal, essential coverage. Again, the Federal Government is going to determine what that minimal coverage is. So forget your current insurance policy. The Federal Government is going to mandate it.

Mr. GINGREY of Georgia. Will the gentleman yield for a minute?

Mr. BROUN of Georgia. Absolutely.

Mr. GINGREY of Georgia. I appreciate my colleague for yielding because the gentleman points out an accurate statement in regard to the expansion of the IRS because there absolutely would be those that would be going through with a fine-tooth comb every tax return. And we're not too far from that date where people, if they don't put down and verify that they have that health insurance policy—and the gentleman was probably going to say this, but I will go ahead and say this—not just that they have a health insurance policy, but the type of policy.

□ 2045

In other words, a young person, a young, healthy person who exercises and takes care of himself, doesn't smoke, doesn't drink, runs marathons, and so he wants a health insurance policy that he can afford. He is just out of high school or just out of college. He is paying back student loans, trying to buy a car, trying to save up to get an engagement ring for his fiancée, whatever, paying for an apartment, yet he wants to have coverage. He wants to have catastrophic coverage, but he can't afford first dollar coverage, so he buys these high deductible but very low monthly premium—probably one-fourth of what the IRS and this bill is going to demand that they have. If he doesn't have it, he is going to jail.

Mr. BROUN of Georgia. That's right.

Mr. GINGREY of Georgia. It's just unbelievable. And very quickly, before yielding back to my colleague, I want to say this.

If we were in charge, Mr. Speaker, I think the three of us on the floor right now, we would eliminate the IRS. We wouldn't add to them and add to that bureaucracy. We would get rid of the IRS and the Federal income tax, and we would replace that with a flat tax or a fair tax, a national retail sales tax that our colleague from Georgia, JOHN LINDER, has been such a strong proponent of.

Mr. BROUN of Georgia. I thank you for yielding back.

In fact, I want to point out something else that is going to happen with this bill the way it's set up. The tax-writing committee, the Ways and Means Committee, tells us an additional \$10 billion is going to be needed to pay for this marked expansion of the Internal Revenue Service. And, Dr. GINGREY, I'm like you. I would like to totally get rid of the Internal Revenue Service. You and many people know I have been a very ardent supporter of the fair tax.

But it doesn't matter—well, it does matter how they get our taxes. The bottom line is that we have just got to stop this outrageous spending here in Washington, and we are going to increase spending of the Internal Revenue Service by \$10 billion.

But something else the American people need to know is: Guess who has been left out? Guess who is not going to have all these mandates? Illegal aliens. That's what our Democratic colleagues have put in place. The illegal aliens in this country are going to get free taxpayer-funded health insurance, and they are not going to get all these fines. They are not going to be bothered by the Internal Revenue Service. It's just the American citizens and legal residents in this country that are going to be bothered by these folks.

Now, they are going to say, and I've heard them say over and over again, illegal aliens can't get free government health insurance, but Dr. GINGREY was in the Energy and Commerce Committee. Over and over again, Dr. GINGREY and many others fought to make sure that illegal aliens would not get free government health insurance by making the Federal Government verify the citizenship and the legal presence of these people here.

Mr. GINGREY of Georgia. If the gentleman would yield just for a second, he may want to yield back to Dr. FLEMING who is controlling the time. It is our colleague from our great State of Georgia, Congressman NATHAN DEAL, the ranking member on the Health Subcommittee of Energy and Commerce where this bill, by the way, originated as H.R. 3200, Mr. Speaker. We all remember that. But it was Congressman DEAL, NATHAN DEAL, 17 years, this is his 18th year, in fact, in this body, had the amendment to stop that, to make sure that people had to give adequate verification, just like they do for the Medicaid program in our States and the SCHIP program. It's called PeachCare in Georgia. It was Congressman NATHAN DEAL—who, by the way, I think is going to be the next Governor of Georgia—who very strongly advocated for that. But unfortunately, as all Republican amendments, if they get heard at all, they get voted down on straight party lines, good commonsense amendments.

Mr. BROUN of Georgia. I want to go to Congressman DEAL, too. He has been fighting for a long time to stop this birthright citizenship here in this Nation, which is actually a ruling by the Federal court system. It is an improper ruling on the 14th Amendment. It's an unconstitutional, actually, ruling on the 14th Amendment that we're giving birthright citizenship to these children who are born to illegal aliens in this country, and they are going to go on the Medicaid system. And we're going to have a magnet, a magnet to draw more of those illegal aliens in this country because they are going to get free government health care because of this ObamaCare bill that we're going to be voting on just in the next day or two.

I just want to say before I yield back, Congressman NATHAN DEAL, I hope he is our next Governor, and he has been right on the front line fighting this illegal alien problem that we have in this country. He lives in Gainesville, Georgia, and he has seen them there in Hall County, Georgia, how it's been a tremendous drain on the local economy and the local government for goods and services and things. And so he has been an ardent, ardent fighter to try to make these illegal aliens, who are criminals, to go home. Now we are going to give them free health care.

And the American people need to just say "no" to our Democratic colleagues, because it's just going to be disastrous. We are going to have an influx of illegal aliens just to come and have those anchor babies to get on Medicaid. We've already seen that happening, and that is one reason NATHAN DEAL has been doing it.

I yield back to Dr. FLEMING.

Mr. FLEMING. I thank the gentleman. I thank both gentlemen from Georgia for your comments and, again, your many years of experience as physicians.

I would like to change the topic slightly, and that is to talk about process for a moment. Now, what I would really describe, this situation is one in which, as this debate continued, Mr. Speaker, as this debate continued through the year, it began to lose momentum almost immediately. We began to see the polls. At first, it was 50/50. Half America wanted this health care reform but didn't know much about it, the other half really didn't want it.

As this debate has gone on and on and on and the news gets out, the acceptance of this has dropped. In fact, today it is at its lowest point that it's been. I think we are up to now 55 percent of Americans are against it and down in the 30s are actually for it. In fact, a CNN poll—and I'm sure that CNN wouldn't be considered as an extreme right-wing media outlet—shows that—they asked a question a little different way. What should we do with

this bill? Seventy-five percent of Americans said either scrap it altogether and forget about it or start over again. And that's exactly where we are. We would like to start over again and pass commonsense reforms without the government takeover of health care.

Well, anyway, as this thing has been losing steam, it has caused more and more difficulty for the other side of the aisle to get things passed, vote after vote. And we saw that there was such a reaction across the country that our good friend, SCOTT BROWN, was elected to, believe it or not, Senator Kennedy's seat, something that no one could have imagined this time a year ago. And while he is an excellent candidate, something else had to be in play there, and we know what it is, and that is health care. Also, through the process to get it through the Senate, even with the 60 votes that already were there, it took special deals. I will just name them real quickly.

The Louisiana purchase; \$300 million to go to my State of Louisiana, which would seem ostensibly to be a good thing, but by signing this bill, the President would actually cause costs that would be far greater than the \$300 million that we would receive. So the net result is money lost, not money gained.

The Nebraska kickback, which everyone has hated. And, in fact, what it is going to do is probably it will pass in this reconciliation, if it is passed, will actually extend the same benefit to all States which is going to drive up taxes and cost.

A \$10 million earmark for a Connecticut hospital for CHRIS DODD, our Senator, and certainly Gator aid, where every State will lose its Medicare Advantage except for the State of Florida.

But if that wasn't enough, Mr. Speaker, now that we're in the House, we've got another situation. We're talking about reconciliation; that is, instead of sending it to the Senate in the final form and have it passed and get past the cloture rules over there, they want to slide it in under reconciliation, a mere 51 votes. But all of that being as bad as it is, now we're talking about the Slaughter solution.

And I will pitch back to my friend, Dr. BROWN, for his comments.

Mr. BROWN of Georgia. Thank you, Dr. FLEMING. I appreciate your yielding.

In fact, I've wondered, and I'm sure the American people are wondering, why is it that Democrats don't want to have a vote on a bill? Well, you're just telling them right now today in this Special Order why the Democrats don't want to have a vote on the bill—because they don't want to face the fact. They don't want to face the voters that they are doing all these special deals, sweetheart deals.

You didn't mention the ones in there for the unions on their Cadillac plans.

The unions have just cut a special deal, too, with the administration, with the leadership here in Washington. But why wouldn't they want an up-or-down vote? We've heard the President say over and over again this should have an up-or-down vote.

Well, just today, just today, as my colleagues know, the Democrats voted down, through a procedural method, voted down—what we are trying to do is to have an up-or-down vote on the bill, but they don't want their yeas and nays to be recorded as is required by the Constitution of the United States. Article 1, section 7, the second paragraph says that for a bill to be passed into law, it has to be voted on by both Houses. It has to be the very same bill, and then it has to be signed by the President or a veto has to be overridden, and the yeas and nays must be recorded. So it is totally unconstitutional what the leadership is doing.

And I have one question for the Speaker. If Democrats are confident that the American people want this new multitrillion dollar program, why are they avoiding a simple up-or-down vote? Well, the simple truth is that the House Democrats just don't want that because they don't want to face the voters. They don't want to face their constituents about these special deals. They don't want to face the zombi economics that they're using. But the jig is up for the Democrats trying to pull the wool over the eyes of Americans, because Americans get it. They understand that this is going to be disastrous.

As I mentioned before, we are going to have costs go out of the roof for everybody. And, in fact, experts tell us that people who have private insurance, private insurance today for a family, their insurance premiums are going to go up \$2,100 a year because of ObamaCare if this is passed into law.

Mr. FLEMING. Those are all great. I appreciate your adding some of the things I left out. This list is getting so long of all the special deals. And the way that the Democrats are attempting to bypass the Constitution is just really unbelievable, and it's making Americans awfully mad. The emails I'm getting are really showing me either people are extremely mad or extremely terrified.

Now I would like to turn to the other gentleman from Georgia, Dr. GINGREY, and see, do you have other comments about the process?

And by the way, I must say that the President, NANCY PELOSI, and even HARRY REID say the process doesn't count, that the American people don't care about the process, only the finished product. Well, that tells me that the ends justify the means, and I just don't agree with that.

What say you, sir?

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for yielding to me.

I agree with my colleagues that process does matter. We, physician Members in particular, are concerned mostly about the policy, and we are emphasizing policy tonight, and we will continue to do that. But the American people definitely care about process.

I want to go back, Mr. Speaker, to what my colleague from Georgia was just saying in regard to the insurance premiums are going to go up for those in the private market. There is no question about that. The CBO has said as much. And, Mr. Speaker, you wonder, maybe the American people wonder, if that's true, if the whole purpose of this reform plan was to lower the cost of insurance so more of the uninsured would have insurance, those that are not eligible for Medicaid and just don't realize it, that we have to lower the cost or they can't, we've wasted our time. We've spent \$1 trillion and we have accomplished nothing.

But, Mr. Speaker, I would suggest that this may be intentional. This may, indeed, be intentional. If what you want, Mr. Speaker, ultimately is a socialized national health insurance system like other countries have, where rationing is commonplace and denial is commonplace and old people get thrown under the bus, if that is ultimately what you want, you want the Federal Government, and your mindset, your mentality is more government is better government, more control is better because the people are too dumb to run their own lives so we want to take over, we want to take over one-sixth of the economy, so you drive up the cost of health insurance in the 40 percent of the market that's private, eventually there is no private market. And everybody morphs into these public plans. That's why the Democratic majority insisted on a public option. They didn't get it, but that's coming next. That's coming next.

And I will yield back to the gentleman controlling the time to yield to Dr. BROWN.

□ 2100

Mr. FLEMING. Thank you, Dr. GINGREY. Let me add a couple points and then I will yield to the other gentleman.

You know, we have got two bills right now. We have the Senate bill which has all of these ugly, sleazy deals in them that even the Members on the other side don't want their fingerprints on, and that is why we are going through this deemed process, because they want to pass it without voting for it. Crazy.

Anyway, the reconciliation part, the so-called correcting bill that they are wanting to vote on is going to do this: It is going to increase taxes by \$155.8 billion on top of the Senate bill. So it is increasing taxes. It also takes over the student loan program. So what?

Well, this is the so-what. It is a job killer. It is going to take all the profits from the private industries that have been loaning this money, it is going to unemploy 35,000 Americans, and it is going to skim that profit to dump into this to go down the sinkhole.

Mr. GINGREY of Georgia. On this point about the job killer, this student loan—Federal Government, once again, the Federal Government taking over the student loan program. Well, I don't know. Ten, 15 years ago they took over half of it, and that wasn't enough. Although that killed about 50,000 jobs, I say to my colleague from Louisiana, Dr. FLEMING. And now, as he points out, now they want it all, and that is going to kill another 30,000.

So, Mr. Speaker, we are talking about 80,000 jobs in the private market so that the Federal Government can have a 4-percent spread, borrowing money at 2.5 percent, lending it out to the students at 6.5 percent, 7 percent, and taking in \$60 billion so this majority party can spend it on more social welfare programs. That is what we are talking about. And I yield back to my colleague.

Mr. FLEMING. Reclaiming my time. And then one other deal that just slipped in on the House side is the North Dakota deal. There are carve-outs there.

So the sweet deals have not stopped even though the Senate bill is complete. I understand that there have been in fact ambassadorships, like an ambassadorship to NATO has been offered for a "yes" vote. We have Members of Congress being carted around in Air Force One and certainly asked out to dinner and all sorts of things like that.

Look, this is one-sixth of the economy. This is the future of our Nation for a century. Are we so lack of character that we are willing to sell our souls for just about nothing? I yield to the gentleman from Georgia.

Mr. BROUN of Georgia. I thank you, Dr. FLEMING, for yielding. We are here talking tonight amongst ourselves during this Special Order period that Dr. FLEMING is controlling—very well, thank you—and I am just honored to joining him and Dr. GINGREY here.

But the American people are asking, what can they do? They are asking, is this a done deal? In fact, I have talked to a lot of people not only in my district but around the State of Georgia and even some from other States, and the American people are saying, "What can we do? Is this a done deal? Is this going to pass?"

I don't think it is a done deal. And it is up to the American people whether it passes or not, because the Democrats don't want their fingerprints on the Senate bill, they don't want their fingerprints on all the increase in the Internal Revenue Service and the increased taxes, the health care insur-

ance police that is going to be put in place. They don't want their fingerprints on the increased costs; in fact, they are even denying the increased costs. Why? Because the Democrats know this is a bum deal. They know that.

In fact, I have talked to just in the last 2 or 3 days several Democrats, and I have been told by the Democrats that every one of them know it is going to raise premiums. Every one of them know that it is going to increase the cost of health care above doing nothing. Every one of them know that this is a government takeover of the health care system. And what do they do? They come down here and say we are in favor of the big insurance companies.

I don't like the big insurance companies. As a medical doctor, I have been fighting them through almost four decades of practicing medicine. I been fighting them for my patients. But they know that.

And we hear the President say, well, if the American people understood his plan, they would accept it and embrace it. Hogwash. The American people do understand his plan, and they reject it overwhelmingly. And I would yield back.

Mr. FLEMING. Reclaiming my time. I am sure that my other colleague from Georgia has a few choice comments as well.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman for yielding, because I just happen to have a slide. I think my colleague from Louisiana noticed that slide. Maybe my good friend from Athens can't see it, but this is "Notable Quotable."

Look, Mr. Speaker, I respect the Speaker of the House of Representatives. We all do, of course. And anybody can misspeak and make a bad quote. But, gee, whiz, for the Speaker of the House to say—here is the quote: "We have to pass the bill so that you can find out what is in it." I have got to repeat that for you, Mr. Speaker, in case you didn't hear and my colleagues, both sides of the aisle. The Speaker of the House just a couple, a few days ago. Here is the quote: "We have to pass the bill so that you can find out what is in it."

Now, that is why the American people are outraged. They know that. 2,700 pages, and then they come here with this reconciliation package. And, oh, they are going to give us 72 hours to study it. And then, as my friend from Georgia was talking about, the Scheme and Deem or the Slaughter solution.

Mr. Speaker, I am telling you, the majority party, if they do that, if they pass this bill, this Senate bill without really voting on it to trick the American people so they don't have to go home and face the irate voters, they are going to get slaughtered in November.

I yield back to the gentleman controlling the time.

Mr. FLEMING. Reclaiming my time. In the last few moments that we have in our discussion, which I think has been a great discussion, and once again I thank the gentlemen for joining me this evening.

You know, we are in the final hours of this, it would appear. And we don't know if it is going to pass or not. I suspect that if the votes were there, we would be voting on it today. So I do think that the American people still have an opportunity to reach out to those who have not committed, and even those who have.

You know, we don't have even one single Republican that has voted for any of this except for one, and even he is not going to vote for it this time.

So this is not a bipartisan bill except to the extent of its opposition. We have the Republicans, we have a good group of Democrats, and also particularly pro-life Democrats, and the American people. But, unfortunately, we have a big enough group, a large enough group, if you will, of Democrats who feel through their arrogance they can still trump the American people and those others.

And, you know, when you are talking about monumental legislation, Mr. Speaker, we are not talking about a small little bill that maybe it is a financial bill and maybe there are some little deals that have to be made in the back so that we can pull a couple more votes. We are talking about a fundamental bill, perhaps the most important that has been voted on in more than 40 years that affects every American in the most intimate way. Yet we are in the situation with this where we are still up to sleazy deals. Anyway we can get it done, even if you hate the bill, get it done. We can fix it later. That is the craziest thing I have ever heard of.

And I would be happy to yield to the gentleman, Dr. BROUN.

Mr. BROUN of Georgia. Well, it is the craziest thing because they are not going to fix taxpayer-funded abortions in reconciliation. We have got, I think it is, 41 Democrats that claim to be pro-life. They have whittled it down to 12. Those other 29 so-called pro-life Democrats cannot ever, ever again claim to be pro-life, because if they vote for this bill, they are going to be voting for taxpayers to fund killing unborn children.

Mr. FLEMING. And if you would yield back for one moment. This will be the biggest increase in abortions since Roe v. Wade. And I yield back.

Mr. BROUN of Georgia. And it is going to be a big boom for Planned Parenthood, which is the largest abortion provider in this country and in the world. So those 29 pro-life Democrats can never, ever claim to be pro-life again if they vote for the rule. If they vote for the rule, they can never, ever claim to be pro-life again because they are voting for abortion.

Also, the American people are smarter than what our Democratic colleagues evidently give them credit for, because the American people will know when we vote on the rule, which is what I think we are going to see on Sunday, a vote on the rule, whenever it is. When we vote on that rule, they are going to be voting for the Senate bill with all the special deals, with abortion funded by taxpayer dollars, for cutouts so the illegal aliens won't be fined and taxed like American citizens will be, so that all of the bad things that are in the Senate bill that the American public overwhelmingly have rejected—when they vote for that rule, the American people need to take note, because they are going to be voting for the greatest government takeover of our economy ever in the history of this Nation because they have put in place a mechanism to socialize the health care system.

In the 1930s, the Socialist party of the United States said the fastest way to destroy freedom in America, the fastest way to change America from being a free Nation with free people into a Socialist Nation with government control, central control from Washington, D.C., is a government takeover of the American health care system.

The American people need to contact their Democratic members and say: "No. Or, we are going to say 'no' to you."

Mr. FLEMING. We have got only 1 or 2 minutes remaining, and I am going to turn the remainder of this over to Dr. GINGREY.

Mr. GINGREY of Georgia. I thank the gentleman for yielding. As we conclude, I have got one last slide I want to share with my colleagues. The title of it, the Slaughter solution. My colleagues have already mentioned it. But it would indeed let Speaker PELOSI send the Senate bill to President Obama without an up-or-down vote. It would just be deemed passage when they vote for the rule.

Americans deserve an up-or-down vote. And listen to these quotes as we conclude our hour.

President Obama: "I believe Congress owes the American people a final up-or-down vote."

The Democratic National Committee chairman, his quote: "There is going to be a vote, and it's going to be an up-or-down vote. Everybody is going to be up or down on the record and be accountable either for a 'yes' vote or a 'no' vote."

Have the intestinal fortitude, Mr. Speaker, to stand up and be counted. Stand up and be counted. That is all we are asking. And I yield back to the gentleman from Louisiana.

Mr. FLEMING. I thank you gentlemen for joining me this evening. I thank our audience. This has been again another productive discussion

about health care. I ask that everyone going forward in the next 3 days pray for us. And I yield to the gentleman.

Mr. BROUN of Georgia. One final word.

The American people can kill this bill by contacting their Democratic Congressmen and saying "no" to this government takeover of health care system that is going to ruin our economy.

□ 2115

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes.

Mr. GINGREY of Georgia. We're going to continue during this hour to talk about health care, my colleagues in the previous hour: Mr. Speaker, Dr. JOHN FLEMING from Louisiana, a family practitioner of many years, with many years experience; Dr. PAUL BROUN, a family practitioner. A house-call doctor, one of the rare breeds of physicians in this country still willing to make those house calls; and indeed he continues to do it when he goes home to Athens and the 10th Congressional District, seeing patients out of the goodness of his heart, mostly.

We talked about a lot of things. We want to continue this discussion because, Mr. Speaker, you just cannot say it all adequately, I don't think, in an hour. We have been blessed. The good Lord gave us this opportunity for another hour. We gratefully accept it. We'll continue to talk about it.

The gentleman who was controlling the previous hour was talking about the magnitude, Mr. Speaker, of this bill. We're not talking about naming a post office or flags flying over the Capitol, for goodness sake. We are talking about one-sixth—one-sixth—\$2.5 trillion of our overall economy in this country. One-sixth of it, the amount of money that's spent each year on health care. We're going to let the Federal Government take over that? I don't think so. My constituents say "no." In fact, they say, Heck no.

This is, again, as Representative FLEMING said, Mr. Speaker, this is not just a little old bill. Bills have varying degrees of significance and importance, but this one is life or death, Mr. Speaker. This is life or death. And we don't want, our patients don't want, our constituents don't want the government in control of that. They don't trust the government. I don't blame them, Mr. Speaker. Why should they when this government is \$1.6 trillion worth of red ink in the last fiscal year and has already spent something like \$650 billion of red ink in this fiscal year, and we're not even halfway through it. It is unbelievable.

We're going to have a good time and try, Mr. Speaker, to enlighten our colleagues, to share our medical knowledge, maybe to show a poster or two. I think one of my colleagues has one up right now, so I'm going to quickly yield to the gentleman from Athens, Georgia, Dr. PAUL BROUN.

Mr. BROUN of Georgia. Thank you, Dr. GINGREY. I put up this slide here. People who have gone to school, as kids, in their basic civics class see the little cartoon with a bill. This is the bill. They have a little song that goes along with that cartoon that is kind of a catchy song. But under the Constitution, a bill to become law has to be voted upon. That's what article 1, section 7, paragraph 2 says. In fact, I think it's worth having a little civics lesson here.

Article 1, section 7, which lays out all the parameters for Congress in the U.S. Constitution, article 1, section 7, the second paragraph, it says: Every bill—in fact, I encourage people to get the Constitution and read it. Because it wasn't written by lawyers. It's understandable. This contains the Constitution as well as the Declaration of Independence and every single amendment to the Constitution in this little booklet. It's not a thousand pages, it's not a hundred pages, it's not 2,700 pages that this abomination of ObamaCare is all about.

Article 1, section 7, second paragraph: Every bill which shall have passed the House of Representatives and the Senate shall, before it becomes law, be presented to the President of the United States. If he approves it, he shall sign it. But if not, he shall return it with his objections to that House in which it shall have originated.

Mr. GINGREY of Georgia. Would the gentleman yield for just a second?

Mr. BROUN of Georgia. Yes, sir. Absolutely.

Mr. GINGREY of Georgia. Mr. Speaker, I appreciate the gentleman yielding, because I'm following along with him and he's quoting the Constitution accurately. The gentleman, I think, said—of course he did—if he approve, he shall sign it. It's not: if he deem, he shall sign.

Mr. BROUN of Georgia. Not if he deems it.

Mr. GINGREY of Georgia. Mr. Speaker, I think it's important we point that out. Approve, not deem. I yield back.

Mr. BROUN of Georgia. Let's go further and see if the House can deem it. Deem and pass. Western movie. The only outlaws in this particular movie are those who want to take over the health care system in this country. They're going to ambush small business.

But let's go on. Have a little civics lesson: He shall return it to the House where it originated, who shall enter the objections at large on their journal and proceed to reconsider it. This is

how we overturn a veto: And if, after such reconsideration, two-thirds of that House agree to pass the bill, it should be sent, together with the objections, to the other House, by which it shall likewise be reconsidered, and if approved by two-thirds of that House, it shall become law. That's how a bill becomes law. Both Houses pass the bill. Not deem it, but pass it.

Let's go on. It says: But in all such cases—and this is extremely important that the American people understand this, Mr. Speaker—But in all such cases, the votes of both Houses shall be determined by the yeas and nays. Let me repeat that: The votes of both Houses shall be—shall be—not may be, not deemed—but shall be determined by the yeas and the nays. And the names of the persons—the names of the persons voting for and against the bill shall be entered on the journal of each House respectively. If any bill shall not be returned by the President within 10 days—and it goes on talking about—well, let's finish that paragraph.

If any bill shall not be returned by the President within 10 days, Sundays excepted, after it shall have been presented to him, the same shall be law, in like manner as if he had signed it, unless the Congress by their adjournment prevent its return, in which case it shall not become law. Period.

That's the only way a bill can become law. That's the only way that the kids see that cartoon about: I am a bill, I am a bill. I'm not going to sing it. I wish I could sing it.

Mr. GINGREY of Georgia. If the gentleman will yield back. Mr. Speaker, I'm going to ask the gentleman to yield his time back to me because the Lord knows we don't want to hear him sing. He's done a great job of reading the Constitution.

We're pleased to be joined, Mr. Speaker, by another of our colleagues, the gentleman from Iowa. I'm of course speaking of my mom's favorite Member of the body. I hope Mom's watching, Mr. Speaker. Mom is 92 years young, lives in Aiken, South, Carolina, in our good friend GRESHAM BARRETT's district, or possibly JOE WILSON's, but my mom watches intently to what is going on up here, and she's a big fan of the gentleman from Iowa, Representative KING. We're going to get to him in just a minute. Before I yield time to Representative KING, I want to yield back to my friend from Louisiana.

Mr. Speaker, I want to commend my friend from Louisiana, Dr. FLEMING, for being courageous in the first hour of speaking out against something that may purportedly—at least one of the Members of the other body who represents the State of Louisiana, who arranged for the Louisiana Purchase. Representative FLEMING, Mr. Speaker, is mighty courageous to stand up here—he's from Louisiana as well—to

say, That's not right. That's not right. That's not playing fair. That's giving one State an unfair advantage. It's not a level playing field.

I yield back to my friend from Louisiana.

Mr. FLEMING. I thank the gentleman, and once again the Chamber this evening is filled with gentlemen that I admire and I'm learning from here in my first term in Congress. I certainly thank each one of you for your leadership.

I just want to hit one thing before we get back to the topic of the Constitution, which is so important, and the process. I listened some to the hour before last, the women. There was a women's leadership hour on the other side of the aisle. Attractive women, nice ladies. We see them every day. We work with them. We happen to have a different worldview. And much of what they talked about was the human element, how this affects human beings. How this affects folks. Individual situations where someone loses their insurance and they run into problems and so forth.

And I want to get back to that just for a moment. And here's why. We, the three physicians that are here, and our friend, Mr. KING, we've all seen situations—health care problems, situations where people develop cancer, heart disease, what have you. And we want the best. We want health care reform. In fact, I campaigned on health care reform, but of course I had no idea that health care reform could in any way be a takeover of the health care system, but simply using a scalpel to fix the problems.

But let me talk about, again, the human issue, and that is, let me remind my friends that coverage does not mean access. Coverage does not mean access to care. And I'll give you an extreme example. Look at Cuba today. In Cuba, 100 percent coverage. Care is free. The problem is you can't get care. They have one colonoscope for the whole country. Yeah, antibiotics are free. If you get pneumonia, you're still not getting any antibiotics. The same is true in North Korea. The same is true with the Soviet Union. Socialized, centralized economies do not work. They create spot shortages and sometimes extreme shortages.

So let's look at Western European countries and Canada. What do we see there? Again, government-run health care. We talked in the previous hour about the fact that there's two ways to control cost: either do it by investing the patient and the doctor into it or have the government sort of control it. But the only way the government can actually save money is to create long lines and rationing.

So if you look at Canada, we had both doctors and patients come and testify before us several months ago. I think some of the Members here were

there. And what we heard was really, I think, spine-tingling. We heard the situation of a young mother who developed a spinal condition which left her wearing adult diapers. And there was a permanent treatment for her problem, a surgical treatment. Unfortunately, she had to wait years to get it. When she asked them, Why can't I have this surgery? I'm a young mother, I have a husband, and yet I have to wear diapers because I'm fully incontinent. The answer to her by her doctor was, You haven't suffered enough. You haven't suffered enough.

□ 2130

Yes, health care is free in Canada, but you have to wait as much as 2½ years to get an MRI scan, and then you have to wait in line to get whatever it is. And it's not unusual for doctors in Canada to say, Yes, you have cancer, Mrs. Smith. We'll watch it. You will not hear a doctor in the United States tell you, You have cancer, and we'll watch it. The doctor may say it's untreatable, but he's not going to watch it if he thinks that there's any chance at all that there's either a cure or at least palliative care.

Then finally we look at—let's go up a couple thousand feet and look overall. Two of the most important cancers in this country—prostate cancer and breast cancer. One in six women get breast cancer, and something like 60 percent of men over age 90 get prostate cancer. And look at the death rates. They're not comparable. The survival rates in the United States of America are far above those in Canada and the U.K. for two reasons. Number one, in the case of breast cancer, the government says it cannot afford mammograms, which are saving lives in the United States, and they cannot afford the more expensive and innovative chemotherapeutic drugs which are saving lives.

So I just wanted to bring this down to the human element because we're talking about process, as we should, and we're talking about the economics, as we should, and we know they don't work. But I hear what these ladies are saying, that there is suffering out there. But again, bankrupting our health care system is not going to save lives or to free people from pain.

Mr. GINGREY of Georgia. Dr. FLEMING, would you yield for just a moment? If the gentleman would yield back to me, and I will yield just for a moment to Dr. BROWN, and then I will yield to Representative KING.

But I yield just a moment to the gentleman from Athens, Dr. BROWN.

Mr. BROWN of Georgia. Thank you.

I just wanted to bring up, after Dr. FLEMING was talking, I think it was one of the other physicians from Louisiana that we were talking to today. In fact, the three of us were there when he was talking. He is a gastroenterologist from Baton Rouge. But

anyway, Dr. CASSIDY was talking about a patient being in Great Britain. Now, our President has held up Great Britain and their health care system as being where we need to go today. Y'all correct me if I'm wrong on this story.

Dr. CASSIDY spoke so quickly. I don't hear that quick, but he was saying that a lady that he was associated with went into the hospital in England and was having a bleed in her esophagus, right at the junction of the esophagus and stomach, and people can bleed to death very quickly with that kind of bleed. But the patient was told that the doctor was out at tea and she would have to wait until the tea was finished, because the doctors' union would not allow them to come and see this lady who's bleeding to death.

Now, this may sound—we're giggling and laughing about it, but it's really serious business, because that's where we're headed as a Nation, and people won't get the care. And I just wanted to add that on to what Dr. FLEMING was saying. What he was saying earlier is that people, though they may have free government health insurance, they're not going to have access to care. People are going to be denied care, and we're going to have a government panel here in Washington, D.C., that's going to tell people whether they can go into the hospital or not.

I already fight that for my patients. I have to talk to Medicare about my patients to see if they meet criteria. We all do. But it's going to get much, much worse, and people are going to be denied medicines, lifesaving medicines, lifesaving treatments, and it's going to be disastrous for the quality of care that we have in this Nation.

Mr. GINGREY of Georgia. I wanted to just point out real quickly before yielding to my friend from Iowa, when I think about tea in this country, Mr. Speaker, I think about the Tea Party Patriots, God bless them.

Mr. Speaker, I wanted to correct something that I said a few minutes ago because I misquoted Mom. I said that Mom said that Representative KING was her favorite Member of Congress. That's not what Mom said. Mom told me that I was still her favorite Member of Congress. I think she even said that I was the best looking. But what she did say, Mr. Speaker, was that Representative KING was the best speaker, and I was highly offended by that, but he is a pretty good speaker. And Mom, here he comes.

I yield to the gentleman from Iowa, Representative STEVE KING, my classmate.

Mr. KING of Iowa. I thank my good friend from Georgia (Dr. GINGREY). I was prepared to correct that, because I was entirely convinced that you did misspeak and that Mrs. Gingrey's favorite Member of Congress has to be Congressman Dr. PHIL GINGREY, as every mother's son should be their fa-

vorite if she only has one. If she has several, then it starts with first favorite, second favorite and on down the line.

I'm pleased to be here with the Doctors Caucus and the friends that have done battle with me and others here in this Congress and across this country to kill this idea of taking over our health care and establishing socialized medicine. This is an American effort, an American endeavor to tell the liberals and the progressives in this Congress that we will not have them take away our liberty.

And Dr. GINGREY mentioned the Tea Party Patriots. They have come to this city and packed this Capitol. There are a number of Tea Party groups that are out there. A lot of other Patriots out there in other ways. The 9/12 Project people that have started, and then we saw the Patriots show up on April 15 and then again and again throughout the town hall meetings, and last August, the end of September came to this city, and 10,000 to 50,000 people packed this city on November 5 to say, Take your hands off of my health care. Two days later, on November 7, they filled us up again on the other side of the Capitol and said, Take your hands off our health care. Kill the bill.

The message, Mr. Speaker, and consistently for almost a year has been, Kill the bill. Kill the bill. The American people want this bill killed. Seventy-five percent of the American people do not support the idea that the government ought to step in and cancel everybody's health insurance policy in America. Not the first day, but over the course of 2 years, the Federal Government would cancel everybody's health insurance policy, and the policy you would get would be the policy then that the health choices administration commissioner decided was available to you or your employer or subsidized by some other taxpayer or fined if you don't buy it.

The idea that the Federal Government would cancel every health insurance policy and the health choices administration commissioner, whom I call the commi-czar-issioner, would be the one that would write the rules for the 1,300 health insurance companies in America and the 100,000 health insurance policies that exist as options among the 50 States in America today, and watch that happen where the Federal Government would then decide, Well, you have a policy that is catastrophic with low premiums. We can't have that because it doesn't have all the bells and whistles that somebody else's supermandated policy has. So your health insurance policy for a 25-year-old man in New Jersey, a healthy young man, would cost him about \$6,000 a year compared to the \$1,000 a year for a similar but not identical policy for a healthy young man in Kentucky the same age.

Why would this country not allow the young man from New Jersey to buy a health insurance policy in Kentucky? New Jersey has the mandates. Kentucky has significantly fewer mandates. I believe they have a higher percentage of the insured because when their premiums go up, if you raise premiums 600 percent, you aren't going to have as many people covered, unless you pay for that with the Federal Government.

Here's one of the flaws, Mr. Speaker, that came out this way. Some people believe that the highest ideal was to ensure that people could buy insurance that had preexisting conditions. So if we pass a law like that and tell insurance companies that you cannot consider preexisting health conditions when you decide to issue a policy, the health insurance companies then wouldn't be able to look at medical records or make that decision. The buyers would know that, and so they wouldn't buy insurance until they got sick. Then on their way to the emergency room or maybe on the gurney, they'd fill out an application and buy that insurance policy—the very same equivalent to, if you didn't buy your property and car casualty insurance for your house and you waited until your house was on fire, and while the fire truck was pulling up, then you would fill out the insurance policy and buy the insurance. You could save a lot of premiums that way, get the same coverage, except somebody has to pay.

And so the liberals—the progressives in this Congress, the people that are associating with the socialists, and some of them actually are—decided that you can't have a health insurance company that's denying people coverage because they have preexisting conditions. So they would impose that and say, No preexisting conditions can be considered, but the only way that you do that that way is you have to then—because people won't buy insurance until they get sick, then you have to mandate that everybody has to buy insurance. And when you mandate that you do that, you cross that constitutional line that was much objected to back in the nineties when Hillary Clinton was putting together HillaryCare.

And then there was a ruling, if I have it here. I will have to ad lib it. But the ruling was such that it said back then that never before in the history of America—and it didn't happen with HillaryCare, so it was just poised to be so—had the Federal Government produced a product or approved a product and required the American people to buy that product, whether they chose to participate or not. That is some authority that does not exist in the Constitution of the United States, and we have to be able to say “no.” When we break these principles that drain away our personal liberty, they drain away the American vitality at the same

time. They diminish all of us, Mr. Speaker, and that's the difference.

This side of the aisle over here, the left, for more than 100 years in this country, have always driven to increase the dependency class in America. They looked around and took a little message off Otto von Bismarck's plan, who put together socialized medicine in Germany over 100 years ago. Bismarck's approach was to create a dependency class that knew that they had to have him in office in order to get their benefits that would be coming, and he created the idea of a national health care act then.

And the philosophy that's flowed from the non-English-speaking Europe, the post-Enlightenment, non-English-speaking Europe, has been a philosophy that has always created dependencies. And the expanding dependency class, the people who have had a nice safety net to be on for a long time now, now we've cranked that safety net up to being a hammock, and now this Congress wants to bring them the grapes and the drinks and the fan. So the safety net that's become a hammock diminishes our vitality. We don't get out of that hammock when it's comfortable. We need to have some reward for us working and taking care of our families.

Our side of the aisle is about American vitality. Their side of the aisle is about supporting the dependency class because the dependency class supports them politically and expands their power. That's the motive, and all the things we talk about about the nuances of this policy are about the political configuration.

We watch people making decisions on whether or not they're going to vote for or against this bill. Today the people that are deliberating on whether or not to vote "yes" are deliberating on whether they can preserve their seat in this Congress, whether they're willing to essentially walk the plank that they are on, being nudged down that plank by the Speaker of the House to go off into Davy Jones' political locker if they vote "yes" on this bill, knowing the American people have completely rejected it and spit it out.

And this is a toxic stew that has been cooked up. It starts back with HillaryCare. HillaryCare got matched up with ObamaCare during the primary campaign as Democrats were deciding which Presidential candidate would be their nominee. Hillary brought together her 1994 HillaryCare bill and began to make that argument before the active Democrats, and then Barack Obama, Senator Obama, he had to catch up and play a health care challenge with HillaryCare. So he believed that he got a mandate on that from the American people because he was elected President. So in order to put this all together, they set this big pot out here on the political stove to make this

stew, this socialized medicine stew. And they went back in the pantry of HillaryCare and got that old bone off of there with the meat stuck to it that was the meat of the HillaryCare and dropped that in the pot and turned the heat up. And there it sat, this toxic soup bone cooking, this HillaryCare socialized medicine.

And people didn't want that. It was tainted. It had a smell to it. The American people had rejected it just 15 years earlier. So what do they do? Instead of realizing the American people don't want this toxic stew, they started to throw more bells and whistles into it, more vegetables and things that they could encourage people to maybe take a taste because it might look a little better now.

Mr. GINGREY of Georgia. If the gentleman would yield.

Mr. KING of Iowa. I would be happy to yield.

Mr. GINGREY of Georgia. I just have to weigh in here just a minute because, Mr. Speaker, my favorite country singer, Merle Haggard, sung a song about that stew. I think he called it "Rainbow Stew," if I'm correct.

Mr. KING of Iowa. I wish I knew the lyrics to "Rainbow Stew." I looked those up here a couple of weeks ago when PHIL GINGREY's mother's favorite son was talking here on the floor.

□ 2145

And I just kind of played off of that a little bit and decided to call this a toxic stew. But you keep throwing things into this stew to try to add up the flavor to it and make it more attractive so that people will taste it. And eventually, no matter what you put in that pot of that toxic stew, it still started with a tainted old soup bone. It's still tainted meat in that stew, and you can't change that, no matter how much you add to it.

So we have this toxic stew, and the American people have decided that they reject it. They don't want a pot full of toxic stew or a bowlful or a ladleful or a spoonful. They want no measure of this toxic stew called Obamacare or Pelosicare or Troikacare, as I call it sometimes. The American people have spit it out. They have spit it out time after time after time, going clear back to last July and August. They let everybody know in this country. And then it had implications, the Governor's election in Virginia where President Obama went down to work for the Democrat candidate, and they were rejected down there. And Virginia elected a Republican governor.

And then the race, of course, was in New Jersey at the same time. President Obama went to New Jersey and again, the Democrat was rejected. And the new, fresh air, fiscally responsible, don't tread on me, I want to deliver and protect my liberty Governor Chris Christie was elected in New Jersey.

Now, we think about this, Mr. Speaker. President Obama twice went to Copenhagen, once for the Olympics, and once to be able to get his cap-and-tax approved at the Copenhagen Conference. President Obama went 0 for 2 in Copenhagen. He went to Virginia and went 0 for 1, he went to New Jersey and went 0 for 1. And on this great streak of lack of success, as the President's mojo was diminishing dramatically, he decided he was going to go all in in Massachusetts and go help Martha Coakley take Teddy Kennedy's vacant seat in Massachusetts for the United States Senate. And we all saw what happened. We saw the President go, well, let me say, well, what shall I call that? It's goose egg for one up in Massachusetts. He went zip, nada in Massachusetts. SCOTT BROWN serves in the United States Senate today, and his voice and his vote put an end to, we believed, Obamacare. We thought somebody would hear in the echo chamber of the White House. So far they haven't heard. They are still pounding away on the same failed agenda.

Mr. GINGREY of Georgia. If the gentleman will yield back to me, and I'm going to yield to my colleague in just a minute from Pennsylvania. But I appreciate the gentleman yielding.

And you know, while we're talking about songs, Madam Speaker, there was another one, one of my favorites by, I think it was Julie Andrews that sung this one. I don't know whether the movie was "Mary Poppins," but I think it went by the title of "Make the Medicine Go Down in the Most Delightful Way." You just add a little sugar. And maybe that's what my colleague is talking about, this stew, rainbow stew, toxic stew, whatever we call it. But add a little sugar, and it's going to go down a little easier in a most delightful way for Louisiana, for Florida, for Nebraska, for North Dakota, just add a little, little bit of sugar.

And add a little bit of sugar to recalcitrant Democratic Members, Madam Speaker, who are struggling to decide whether they go against their constituents, and vote for this thing, this toxic stew that the gentleman was talking about, or they have the courage to vote not only their convictions but the convictions of their constituents who overwhelmingly are saying to them, vote "no." Have the courage to vote "no" no matter how much sugar they offer you to sweeten that toxic stew.

I'd like to yield to our good friend from Pennsylvania, Madam Speaker, in the previous hour, our hour was, of course, about health care, and it was led by a physician group. But the gentleman from Pennsylvania, Representative THOMPSON, has been a hospital administrator during his professional career before being elected to Congress. And I would like—I think our colleagues need to hear from him from

that perspective of what the hospitals are dealing with in regard to this toxic stew. And with that I yield to the gentleman from Pennsylvania.

Mr. THOMPSON of Pennsylvania. Well, I thank my good friend for yielding. I appreciate his references to songs. It's striking a tune with me tonight.

You know, you named a lot of States who are getting a lot of sweeteners. A lot of States are being paid off, bought out, you know, buyouts, it really comes down to corruption, I think. If we see this type of deal-making out in the private sector, you know, most people would wind up subpoenaed and in jail for this type of deal making.

There are three things that, you know, States like Pennsylvania—we don't have any of those sweeteners that I know of that have been, those deals have been made obviously. But I think there's a lot that we need to continue to look at in this bill and walk through it and find out, and not just this bill. I think part of what we have to look at—some time in months to come we're going to be dealing with an omnibus budget. And I have to say there's probably going to be some deals in there that folks who vote "yes" on this health care bill, we're going to be able to draw some lines and call—use the President's word from one of his joint sessions, and call folks out of deals that were made.

You know, there are three reasons that America needs to be alarmed. There are many reasons actually. But tonight I'm going to hit my remarks, first remarks on just three reasons of why this is not good for America. That's based on my experience, not 15 months in Congress, but 28 years working in health care, serving people who are facing life-changing disease and disability.

And frankly, my concerns tonight, I want to address just three basic areas: Cost, care, and corruption. And the cost? Well what's this going to cost us? Well, the President has said if you're in an individual plan, a nongroup plan, you can count on your premiums going up 10 to 13 percent. Well, I thought one of the ideas behind health care reform was to bring down the cost of health care for all Americans. But we're guaranteeing, the President has put his word on the line, that if you're in an individual plan, you can count on 10 to 13 percent increase in your premiums. And I think that's just to start with. Where it goes from there I don't think we really know.

We have costs in terms of cost to the States, the expanded roll is taking medical assistance to 133 percent of poverty. You know, States, there are States, many like Pennsylvania. Pennsylvania was the last State to settle its State budget this past year. And there were a lot of potholes, a lot of gaps in that budget, things that needed to be

funded that they couldn't find resources to do. And now, the Federal Government's going to spend, reach into the Federal taxpayers, all Americans' pockets, and pay for expanded medical assistance rolls to start with. But guess what? That goes away within short order. And where are the States going to fill that gap? Because you expand that entitlement, it's not coming back, and it's going to create all kinds of problems for our States.

One of the costs I wanted to focus on because my good friend mentioned about my background as a manager within rural hospitals has to do with what does this do to rural hospitals? All hospitals. But I think the hospitals who will be hit first will be rural and urban underserved to begin. They'll feel the pain of this first. And one word, in short order, will be bankruptcy. Now let me explain why.

Today Medicare pays 80 to 90 cents for every dollar of costs. Medical assistance pays 40 to 60 cents for every dollar of cost. You know, the primary reason—there's a lot of reasons, actually, commercial health insurance is so expensive, including a lack of tort reform across the Nation. But I think the most pressing reason why it's so expensive is the Federal Government, the fact that the government creates these entitlements that they can't sustain, and then they're systematically underfunded. And so what do we do if we have expanded medical assistance roles, if we have these, I know they're not calling it a public option but, frankly, if they're going to find for-profit and not-for-profit insurance companies and do this Federal nationwide negotiation with them to have them really compete with other insurance companies, well, I don't know anyone that competes with the Federal Government and wins.

And so the only way that they're really going to be able to provide premiums that will get the blessing of the health czar or whatever bureaucrat is now going to be overseeing our health insurance—today I found out somewhere that they're going to be hiring like 16,000 new IRS employees to determine whether our health insurance meets the criterion or not.

You know, the only way that they're going to get blessed is if the premiums cost less. The only way to have premiums cost less is to pay less, is to pay comparable to probably somewhere between Medicare and medical assistance rates. What that will do to all hospitals, but starting with rural and urban underserved, it will bankrupt those facilities.

You know, a hospital today, if it's healthy, if it's having a banner year, it's making a 1 to 3 percent margin. And out of that margin they're paying, hopefully they're giving some type of cost-of-living increase every year to keep the best and the brightest, be-

cause if somebody's going to use a scalpel on me, that's who I want, is the smartest person around. Or to invest in new lifesaving technology because we believe in innovation in this country. We are a country of innovators.

Now, you start cutting, taking those—and not all hospitals are making 1 to 3 percent margins. There are many hospitals across this country that are in the red and are not surviving now and are on life support. So we implement this Obamacare plan, and we're allowing them to bleed to death financially.

And if you want to impact access to quality care in a negative way, close rural hospitals. In my district, we have probably somewhere between 20 and 24 hospitals in my congressional district. You close any one of those and what you wind up with is a commute that makes a difference between life and death. And that's wrong. And that's just on the cost side.

And so I appreciate this opportunity tonight. I think it's very important that the American people continue to weigh in on this. This is not a done deal. We have the opportunity to stop this, to do what the American people are asking for, and that is to start over. And the more that we inform people about the problems in terms of the costs, the care, and the corruption with this proposal that the Democrats have, I think the safer the country will be. And I yield back.

Mr. GINGREY of Georgia. Madam Speaker, I think we're very, very fortunate to have heard from the gentleman from Pennsylvania. I think this is an aspect of this that we've not heard enough about and presented in the way that Representative THOMPSON just explained it. Even we physician Members can't do that. Maybe we can the next time. But I thank the gentleman from Pennsylvania. I thank him for being here tonight and sharing that with us.

I want to yield to my colleague from Georgia, Representative PAUL BROWN for his comments.

Mr. BROWN of Georgia. Thank you, Dr. GINGREY. I was hopeful that Mrs. Gingrey had a second favorite congressman second to my good friend from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. If the gentleman will yield back, Madam Speaker, no pandering tonight, please. I will yield back to the gentleman if he promises not to pander.

Mr. BROWN of Georgia. I told Ms. Gingrey and all the people living over in South Carolina, I don't pay any attention to the rivers. The Savannah River divides where she lives from my district, and I'll be glad to represent her interests too.

But Mr. THOMPSON just brought up the issue of cost. The thing is, the American people get it. They really get it. They know that this toxic stew that Mr. KING was talking about is going to

increase the cost of their insurance premiums. Experts have said that a family can expect a \$2,100 increase cost to their health insurance.

We hear from our colleagues on the Democratic side, they say it's going to lower the cost of premiums. They know better than that. To me, this is just showing their arrogance, showing their ignorance, and showing their incompetence. It's their arrogance because they seem to want to ignore the American people, and they show their arrogance because they know best what's best for Mrs. Gingrey or for all Americans, for the rural hospitals in Pennsylvania. And in my district in North Georgia, where just this week some of the board members from Habersham Hospital in Habersham County came to talk to me about the struggles. I talked to folks in Elberton, Georgia, about how the Elbert County hospital is fixing to close up if we don't do something. And Obamacare is going to close rural hospitals all over this country because they're going to be bled to death. They're bleeding to death today. We see hospitals closing up all over the country.

So we mentioned in the previous hour where, even when people are given free health care, as they're promised by our Democratic colleagues, that that insurance card is not going to be accepted by doctors because the doctors just cannot afford to see patients because Medicare and Medicaid won't pay them enough to be able to see them, and for the doctors to be able to pay their own salaries for their own employees.

□ 2200

They won't be able to see those free government patients. If they're seen today and struggling—I've talked to many of my medical colleagues in Georgia, and they want to continue to see Medicaid patients. They want to continue to see Medicare patients. But if ObamaCare passes, that free insurance card that is in people's pockets is going to be as worthless as a Confederate dollar after the War Between the States, the Great War of Yankee Aggression.

So the availability of health care is going to go down. And we are told by our colleagues that it's going to be better availability. And they're showing their ignorance. In my opinion, they're showing their ignorance of how disastrous this bill is going to be. And they're showing their incompetence because they're going against what the Constitution of the United States says. They're going against the rules of this House to try to pass a bill without anybody ever voting on it.

But the American people get it. They get it. They know that when Democrats vote for the rule, they're voting for the Senate bill that is going to be disastrous. They know that they are

voting for a rule that is going to put in place, a reconciliation bill that we'll vote on secondarily, which is nothing but smoke and mirrors. And it's not going to fix all of these problems.

American people get it. The American people, Madam Speaker, need to call their Congressmen, their Democratic Congressmen because every single Republican is going to vote against this because we get it, too. We're fighting for the American people. We understand. We have listened to it. But our Democratic colleagues hopefully will open their ears and will hear the cries of the American people to save our great health care system.

Mr. GINGREY of Georgia. I concur with the gentleman. I think there is a certain amount of arrogance, a lot of arrogance, and maybe indeed a certain amount of ignorance. There's a certain amount of shrewdness, too.

I want to yield back to the gentleman from Iowa because as he was talking about Otto Von Bismark and the creation of that hammock and that sense of dependency and that toxic stew that I referred to as rainbow stew, I want to yield back to the gentleman because I think he was making some excellent points, and I want to let him continue.

I think we have maybe 15 more minutes or so, and I would like to yield back to the gentleman from Iowa.

Mr. KING of Iowa. I thank the gentleman from Georgia, Mr. GINGREY. And in the interim here I thought I would take a look at the lyrics of "Rainbow Stew," which I have here now. And parts of these lyrics echo to me pretty well. And it has—the message is that we will all be drinking free bubble-ubb and eating that rainbow stew. That is when we reach this utopia is the tone of Merle Haggard's country western song from years ago.

I'll take us down to this part. The President has promised the American people a whole string of things. He's promised that he won't sign a bill that costs over \$900 billion. He's promised that the negotiations—eight times on national television he said negotiations will take place on C-SPAN. There won't be backroom deals. This will be all out in the open, and it's going to lower the cost of the health care. We know it goes the opposite, the whole string of things, that there isn't even a pretense that he is going to keep his word on.

And here's Merle Haggard's part of the song "Rainbow Stew." It says: "When a President goes through the White House door, an' does what he says he'll do, we'll all be drinkin' free bubble-ubb, eatin' that rainbow stew." They'd like us to eat the toxic stew, and the American people won't have any part of it.

What's going on here in this Congress is a unique thing. What the gentlemen in the Doctors Caucus talked about in

the previous hour was about the idea of the Slaughter House rule. The idea that a bill would come to the House—not the floor of the House. It would go up there in the hole in the wall in the third floor in the Rules Committee, that tiny little room that hardly ever has any press in it, and only one time in the history of this country that I know of has there even been a television camera in there. And they make their deal up above.

It will be what the Speaker writes in her office by conferring with the people that she decides to confer with. She will give her directive to the Chair of the Rules Committee who will carry out that directive. And what they're threatening to do and what they will, I think, attempt to do is write a self-enacting rule that deems that the Senate bill has passed the House even though it would never be seen nor debated or voted on the floor of the House, just be the Rules Committee that will deem that. Send the rule down here and then Democrats can vote for the rule that doesn't necessarily mean they're for the Senate bill.

Then, whatever they do with their reconciliation, write another bill, which is apparently put together and may be out, this reconciliation bill that is what they call the House fixes, that is all the deals that have to be made to satisfy the Democrats in the House to get enough of them necessary to get enough votes for passage. That is 216.

So they'll write a bill, what they will call fixes, and they think they'll pass it off the House and pass it off to the Senate where the Senate probably will take it up. But it would be impossible for the Senate to put all of the fixes in that the House wants. And they can't do this unless the Senate bill has gone to the President's desk, received his signature, and it becomes law.

So for the first time in American history—we will see if this happens, and I think they'll surely try it—we will see a bill that today cannot pass the Senate, that cannot be accepted by the United States Senate, one that can't be passed on the floor of the House, just deemed passed by a rule that would go to the President for the President's signature and become the law of the land.

That is a breathtaking thing to think that this great deliberative body, this constitutional Republic that we are could be so reduced that we wouldn't even have enough will to put a bill on the floor to vote it up or down so there is a recorded vote and the constituents and the voters in America could hold the people accountable that decided to come in here and take away our liberty.

If they're going to take our liberty, they ought to do it with the lights on, and they ought to do it with a recorded vote, not with a Slaughter House rule that deems that a bill passed—a bill

that can't pass the floor of the House; a bill that would not be accepted by the United States Senate—could still become the law of the land under the Slaughter House rule.

I'll yield to the gentleman.

Mr. BROUN of Georgia. I just have a question of the gentleman.

If the Slaughter House rule is put in place, doesn't that mean that the President gets everything that he wants without the fixes because the Senate bill will be passed into law?

And I yield to the gentleman to answer the question.

Mr. KING of Iowa. Well, depending on what the President wants. We can't hardly go by what he says. So I think he is closer to the Senate than he is to the House because he served in the Senate. But I think the answer is probably, yes, but we have to qualify it. Yes, depending.

Here's what I think. I think the President will sign any bill that says National Health Care Act in it. I don't think the substance of it matters. I don't think if it costs more than \$900 billion to them it matters. I don't think if he said that it's not going to fund abortion—and it does—he will sign it anyway. He says it doesn't fund illegals—and it does: 6.1 million according to the Congressional Budget Office. 6.1 million illegals would have access to American taxpayers' dollars' benefits under the Senate version of the bill, and the President says it doesn't have anything to benefit illegals.

And the Speaker pointed her finger at our leader, JOHN BOEHNER, on February 25 and said, This bill doesn't fund abortion, and we know it does.

So if people can't be held accountable to their word, and if the language, the plain language in the bill says one thing and people's word says another thing, I don't know what their intentions are or where they'd say "no." I think he's salivating to sign a bill.

Mr. BROUN of Georgia. Will the gentleman yield?

Mr. KING of Iowa. Yes, I will.

Mr. BROUN of Georgia. I agree with you, but he has also said that he wants everybody in this country to be under one pool, a government total control of health care where the Federal Government is the insurance agent for everybody in this country, single-payer system where the government is the insurance system for every person in this country.

And the point I was making is if the Senate bill is passed into law, won't he have accomplished that purpose? And my contention is absolutely he will have what he wants. They'll put in place the mechanism for the Federal Government to take over the health care system to socialize medicine in this country.

The Socialist Party in the 1930s said the fastest way to take away our lib-

erty and go from a free market economy to become a socialist nation for us to lose our freedom is for the government to take over the health care system.

And so the President will have what he wants when that bill is deemed passed by the Slaughter House rule or the Slaughter House rule.

□ 2210

Mr. GINGREY of Georgia. We are getting very close, probably within 5 or 6 minutes of the end of our time.

I really appreciate, Madam Speaker, the gentleman from Iowa looking up some of the lyrics of "Rainbow Stew," because, Madam Speaker, if this bill passes, this "deem and scheme" passage of this bill, if it passes, I'm sure the Democratic majority is going to think that they are drinking free bubble-ubb and eating that rainbow stew.

Well, I guarantee you, Madam Speaker, we referred to my mother a little earlier in the hour, and my mom knows what kind of stew they are going to be eating. And I would also suggest, Madam Speaker, that they're not going to be drinking free bubble-ubb. They're going to be drinking Jim Jones Kool-Aid. This is a toxic stew and a bad drink not only for Members of Congress and members of the Democratic majority who vote "yes" on this abomination, but it is horrible for the American people.

Madam Speaker, this is not a Slaughter House. No. This is the people's House, and that's what the gentleman from Iowa was talking about.

I want to yield a little bit more time to the gentlemen from Pennsylvania, and we have just a few minutes left, and let the gentleman from Iowa conclude.

I yield to the gentleman from Pennsylvania.

Mr. THOMPSON of Pennsylvania. I just wanted to follow up with a little feedback that goes well beyond this Chamber.

Certainly we know that if ObamaCare passes, we won't start to see the benefits in any way, and I happen to believe they're not benefits until 2013, 2014. Outside feedback. What's happening out in the country beyond this Capitol Hill?

There are three States that have already—Virginia, Idaho, and Utah have already passed laws to nullify ObamaCare's mandate that everyone purchase health insurance. Other States are following suit.

Arizona has a referendum on the ballot for November saying "no" to a mandate that every American should have to be required to purchase health insurance; "no" to the fact that an IRS agent can come evaluate whether you have or have not purchased that and then fine you or tax you.

Virginia's attorney general has already threatened legal action against

the deeming process that is being used and touted and so discussed in this process.

Washington has no idea now how to deal with Medicare, Medicaid, and Social Security, and now we are creating a new entitlement that will accelerate, frankly, our path to ruin.

I want to share one quick feedback from a gentleman, a businessman. He and his dad have a business in Port Allegany, Pennsylvania. They make a product they are just so proud of. It helps with the car industry, and they do a great job, and they want to expand. They want to hire new individuals. They want to create prosperity. They want to grow. But, in fact, what has happened is that so much uncertainty has been created with this health care that they can't do that. They compete with China. They compete with South America. And now they can't compete because of this uncertainty.

Mr. GINGREY of Georgia. The gentleman from Pennsylvania is absolutely right. In fact, I think the State of Virginia, the legislature just voted to say, We are not going to require, under the penalty of law, our people to have health insurance. We want them to have health insurance.

I thank the gentleman for pointing out the fact that this expansion of Medicaid is crippling States, not only the State of Pennsylvania, rural hospitals as he pointed out, inner city hospitals that are serving the most needy, but in my State of Georgia, our Governor is struggling, is struggling to find ways to pay for this expanded Medicaid and has just announced that it's possible that the reimbursement to the hospitals in Georgia, the rural hospitals, all the hospitals, indeed, and the providers in Georgia, will be cut 10 percent Medicaid reimbursement. The gentleman has already talked about the reimbursement is 60 cents on the dollar.

I want to yield back, Madam Speaker, to the gentleman from Iowa to conclude, and I yield to him at this time.

Mr. KING of Iowa. I thank the gentleman. I'll just try to close one point here in this narrow window that we have, and I know that it's narrow, and that is this: This bill does fund abortion. And ever since 1973, the argument has been made by people on this side of the aisle, women and men both, consistently and relentlessly, that the Federal Government has no business telling a woman what she can or can't do with her body. But today, the same people are saying the Federal Government has every right to tell everybody in America what they can or can't do with their body, and they don't see the hypocrisy in it. They don't see the conflict or the lack of rationale. You can't be right both times. You can't say one thing for two generations and then just flip and decide that, well, it's convenient now to expand the dependency

class, so now we're going to use the logic that the Federal Government has the right.

The Federal Government does not have the right to take over our health care. There is no constitutional foundation. There is no constitutional authority. It's a violation of the equal protection clause. It's a violation of the commerce clause in the Constitution. There is no authority.

The American people have rejected it. And now what we have is a situation where we have the arrogance of power of people that have not heard yet from the American people. We need this. The center of America has decided they want to protect their freedom, their liberty, and their own health insurance policies. We just need to have an election to reset the Congress so that Congress reflects the will of the American people. Until then, we're going to stand and do battle until we can have a Congress that reflects the will of the American people.

And I point out again, this is a bill that takes away liberty, has no constitutional foundation. It funds abortion and it funds illegals to the tune of 6.1 million according to the Senate version of the bill and the Congressional Budget Office. And so I would just take it to this point. I know we are down very close to the wire, and I thank the gentlemen I have joined.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. ZOE LOFGREN of California (at the request of Mr. HOYER) for today.

Mr. CUMMINGS (at the request of Mr. HOYER) for today after 4:30 p.m. on account of official business in the district.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Ms. WOOLSEY) to revise and extend their remarks and include extraneous material:)

Mr. HOYER, for 5 minutes, today.

Ms. BERKLEY, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Ms. LEE of California, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. MOORE of Wisconsin, for 5 minutes, today.

Ms. JACKSON LEE of Texas, for 5 minutes, today.

Ms. BALDWIN, for 5 minutes, today.

Mrs. MCCARTHY of New York, for 5 minutes, today.

Mrs. MALONEY, for 5 minutes, today.

Ms. WATSON, for 5 minutes, today.

Ms. TSONGAS, for 5 minutes, today.

Ms. SPEIER, for 5 minutes, today.

Ms. CHU, for 5 minutes, today.

Mrs. DAVIS of California, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. BURTON of Indiana, for 5 minutes, March 20 and 21.

Mr. POE of Texas, for 5 minutes, March 20, 21, and 25.

Mr. JONES, for 5 minutes, March 20, 21, and 25.

Mr. MORAN of Kansas, for 5 minutes, March 20, 21, and 25.

Mr. FRANKS of Arizona, for 5 minutes, March 23, 24, and 25.

(The following Member (at her own request) to revise and extend her remarks and include extraneous material:)

Ms. RICHARDSON, for 5 minutes, today.

SENATE BILLS REFERRED

Bills of the Senate of the following titles were taken from the Speaker's table and, under the rule, referred as follows:

S. 1789. An act to restore fairness to Federal cocaine sentencing; to the Committee on the Judiciary; in addition to the Committee on Energy and Commerce for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

S. 2865. An act to reauthorize the Congressional Award Act (2 U.S.C. 801 et seq.), and for other purposes; to the Committee on Education and Labor.

BILL PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on March 17, 2010 she presented to the President of the United States, for his approval, the following bill.

H.R. 2847. Making appropriations for the Departments of Commerce and Justice, and Science, and Related Agencies for the fiscal year ending September 30, 2010, and for other purposes.

ADJOURNMENT

Mr. BROUN of Georgia. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 16 minutes p.m.), the House adjourned until tomorrow, Friday, March 19, 2010, at 9 a.m.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Speaker-Authorized Official Travel during the first quarter of 2010 pursuant to Public Law 95-384 are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO HAITI, HOUSE OF REPRESENTATIVES, EXPENDED ON FEB. 12, 2010

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Hon. Nancy Pelosi	2/12	2/12	Haiti .....	.....	\$0	.....	(³)	.....	.....	.....	.....
Hon. John Conyers, Jr.	2/12	2/12	Haiti .....	.....	\$0	.....	(³)	.....	.....	.....	.....
Hon. Charles B. Rangel	2/12	2/12	Haiti .....	.....	\$0	.....	(³)	.....	.....	.....	.....
Hon. James L. Oberstar	2/12	2/12	Haiti .....	.....	\$0	.....	(³)	.....	.....	.....	.....
Hon. Earl Blumenauer	2/12	2/12	Haiti .....	.....	\$0	.....	(³)	.....	.....	.....	.....
Hon. Sheila Jackson Lee	2/12	2/12	Haiti .....	.....	\$0	.....	(³)	.....	.....	.....	.....
Hon. Donna M. Christensen	2/12	2/12	Haiti .....	.....	\$0	.....	(³)	.....	.....	.....	.....
Hon. Wilson Livingston	2/12	2/12	Haiti .....	.....	\$0	.....	(³)	.....	.....	.....	.....
Wyndee Parker	2/12	2/12	Haiti .....	.....	\$0	.....	(³)	.....	.....	.....	.....
Jonathan Stivers	2/12	2/12	Haiti .....	.....	\$0	.....	(³)	.....	.....	.....	.....
Dew Hammill	2/12	2/12	Haiti .....	.....	\$0	.....	(³)	.....	.....	.....	.....
Committee total .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

¹ Per diem constitutes lodging and meals.

² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

³ Military air transportation.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO HAITI, HOUSE OF REPRESENTATIVES, EXPENDED ON FEB. 19, 2010

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Hon. Robert C. "Bobby" Scott	2/19	2/19	Haiti		\$0		(3)				
Hon. Michael C. Burgess	2/19	2/19	Haiti		\$0		(3)				
Hon. Dennis J. Kucinich	2/19	2/19	Haiti		\$0		(3)				
Hon. Michael E. Capuano	2/19	2/19	Haiti		\$0		(3)				
Hon. Gwen Moore	2/19	2/19	Haiti		\$0		(3)				
Stacey Bako	2/19	2/19	Haiti		\$0		(3)				
Bobby Vassar	2/19	2/19	Haiti		\$0		(3)				
Robyn Wapner	2/19	2/19	Haiti		\$0		(3)				
Committee total											

¹ Per diem constitutes lodging and meals.² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.³ Military air transportation.

HON. NANCY PELOSI, Speaker of the House, Mar. 5, 2010.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO HAITI, HOUSE OF REPRESENTATIVES, EXPENDED ON MAR. 5, 2010

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Hon. Zoe Lofgren	3/05	3/05	Haiti		\$0		(3)				
Hon. David Dreier	3/05	3/05	Haiti		\$0		(3)				
Hon. Eliot L. Engel	3/05	3/05	Haiti		\$0		(3)				
Hon. Donald M. Payne	3/05	3/05	Haiti		\$0		(3)				
Hon. David E. Price	3/05	3/05	Haiti		\$0		(3)				
Hon. Janice D. Schakowsky	3/05	3/05	Haiti		\$0		(3)				
Hon. Mario Diaz-Balart	3/05	3/05	Haiti		\$0		(3)				
Hon. Al Green	3/05	3/05	Haiti		\$0		(3)				
Hon. Yvette D. Clarke	3/05	3/05	Haiti		\$0		(3)				
Peter Quilter	3/05	3/05	Haiti		\$0		(3)				
Ann Marie Chotvacs	3/05	3/05	Haiti		\$0		(3)				
Ben Nicholson	3/05	3/05	Haiti		\$0		(3)				
John Lis	3/05	3/05	Haiti		\$0		(3)				
Committee total											

¹ Per diem constitutes lodging and meals.² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.³ Military air transportation.

HON. NANCY PELOSI, Speaker of the House, Mar. 12, 2010.

EXECUTIVE COMMUNICATIONS,
ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6654. A letter from the Administrator, Department of Agriculture, transmitting the Department's final rule — Grapes Grown in a Designated Area of Southeastern California and Imported Table Grapes; Change in Regulatory Periods [Doc. No.: AMS-FV-06-0184; FV03-925-1 FIR] received February 25, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6655. A letter from the Assistant Secretary, Department of Labor, transmitting the Department's final rule — Civil Penalties Under ERISA Section 502(c)(8) (RIN: 1210-AB31) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6656. A letter from the Acting Director, Pension Benefit Guaranty Corporation, transmitting the Corporation's final rule — Benefits Payable in Terminated Single-Employer Plans; Interest Assumptions for Valuing and Paying Benefits received March 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Education and Labor.

6657. A letter from the Assistant Secretary for Legislative Affairs, Department of State, transmitting notification of an unauthorized retransfer of defense articles provided by the United States, pursuant to 22 U.S.C. 39, 36(c); to the Committee on Foreign Affairs.

6658. A letter from the Assistant Secretary, Legislative Affairs, Department of State,

transmitting Transmittal No. DDTC 09-153, certification of a proposed technical assistance agreement to include the export of technical data, and defense services, pursuant to section 36(c) of the Arms Export Control Act; to the Committee on Foreign Affairs.

6659. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting the Department's report required by the Omnibus Appropriation, Public Law 105-277, Section 2215 on "Overseas Surplus Property"; to the Committee on Foreign Affairs.

6660. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting Memorandum of Justification regarding the determination under Title II of the Foreign Appropriations, Export Financing and Related Programs Appropriations Act, 2002; to the Committee on Foreign Affairs.

6661. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting the Department's report on the status of Data Mining Activities, pursuant to Implementing Recommendations of the 9/11 Commission Act, Section 804; to the Committee on Foreign Affairs.

6662. A communication from the President of the United States, transmitting a list of the sites, locations, facilities, and activities in the United States declared to the International Atomic Energy Agency (IAEA), under the Protocol Additional to the Agreement between the United States of America and the International Atomic Energy Agency for the Application of Safeguards in the

United States of America; to the Committee on Foreign Affairs.

6663. A communication from the President of the United States, transmitting a report pursuant to the National Defense Authorization Act for FY 2010; to the Committee on Foreign Affairs.

6664. A letter from the Deputy Archivist of the United States, National Archives and Records Administration, transmitting the Administration's final rule — Researcher Identification Card [FDMS Docket: NARA-09-004] (RIN: 3095-AB59) received March 9, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

6665. A letter from the Chairman, Securities and Exchange Commission, transmitting the Commission's commercial activities inventory for FY 2009, as required under the Federal Activities Inventory Reform Act of 1998; to the Committee on Oversight and Government Reform.

6666. A letter from the Assistant Secretary for the Employment and Training Administration, Department of Labor, transmitting the Department's final rule — Temporary Agricultural Employment of H-2A Aliens in the United States (RIN: 1205-AB55) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

6667. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Airbus Model A310-203, -221, -222 Airplanes; and Model A300 F4-605R and -622R Airplanes [Docket No.: FAA-2009-0615; Directorate Identifier 2009-NM-043-

AD; Amendment 39-16206; AD 2010-04-13] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6668. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments [Docket No.: 30710; Amdt. No. 3361] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6669. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Standard Instrument Approach Procedures, and Takeoff Minimums and Obstacle Departure Procedures; Miscellaneous Amendments [Docket No.: 30709; Amdt. No. 3360] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6670. A letter from the Senior Regulation Analyst, Department of Transportation, transmitting the Department's final rule — Procedures for Transportation Workplace Drug and Alcohol Testing Programs [Docket OST-2007-26828] (RIN: 2105-AD64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6671. A letter from the Senior Regulation Analyst, Department of Transportation, transmitting the Department's final rule — Procedures for Transportation Workplace Drug and Alcohol Testing Programs [Docket No.: OST-2008-0184] (RIN: 2105-AD67) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6672. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Amendment of Class E Airspace; Graford, TX [Docket No.: FAA-2009-0927; Airspace Docket No. 09-ASW-27] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6673. A letter from the Senior Regulation Analyst, Department of Transportation, transmitting the Department's final rule — Procedures for Transportation Workplace Drug and Alcohol Testing Programs [Docket: DOT-OST-2008-0088] (RIN: OST 2105-AD84) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. OBERSTAR: Committee on Transportation and Infrastructure. H.R. 4275. A bill to designate the annex building under construction for the Elbert P. Tuttle United States Court of Appeals Building in Atlanta, Georgia, as the "John C. Godbold United States Judicial Administration Building"; with amendments (Rept. 11-444). Referred to the House Calendar.

Mr. POLIS: Committee on Rules. House Resolution 1192. A resolution providing for consideration of the bill (H.R. 3644) to direct the National Oceanic and Atmospheric Administration to establish education and watershed programs which advance environmental literacy, including preparedness and

adaptability for the likely impacts of climate change in coastal watershed regions, and providing for consideration of the bill (H.R. 1612) to amend the Public Lands Corps Act of 1993 to expand the authorization of the Secretaries of Agriculture, Commerce, and the Interior to provide service-learning opportunities on public lands, help restore the Nation's natural, cultural, historic, archaeological, recreational, and scenic resources, train a new generation of public land managers and enthusiasts, and promote the value of public service. (Rept. 111-445). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mrs. DAHLKEMPER:

H.R. 4876. A bill to provide for the issuance of a Great Lakes Restoration Semipostal Stamp; to the Committee on Oversight and Government Reform, and in addition to the Committees on Transportation and Infrastructure, and Natural Resources, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. POLIS (for himself, Mr. COFFMAN of Colorado, Mr. SCHAUER, and Ms. KOSMAS):

H.R. 4877. A bill to amend the Internal Revenue Code of 1986 to encourage investment in certain industries by providing an exclusion from tax on certain gains; to the Committee on Ways and Means, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. YOUNG of Alaska:

H.R. 4878. A bill to amend the Internal Revenue Code of 1986 to reduce the rate of tax on corporations that make certain education contributions; to the Committee on Ways and Means.

By Mrs. LOWEY (for herself, Mrs. CAPPS, Mr. CAPUANO, Mr. ELLISON, Mr. ENGEL, Ms. DEGETTE, Mr. FARR, Mr. GRIJALVA, Mr. HONDA, Mr. ISRAEL, Ms. LEE of California, Mr. MCGOVERN, and Ms. WOOLSEY):

H.R. 4879. A bill to prohibit the application of certain restrictive eligibility requirements to foreign nongovernmental organizations with respect to the provision of assistance under part I of the Foreign Assistance Act of 1961; to the Committee on Foreign Affairs.

By Mrs. KIRKPATRICK of Arizona:

H.R. 4880. A bill to secure Federal ownership and management of significant natural, scenic, and recreational resources, to provide for the protection of cultural resources, to facilitate the efficient extraction of mineral resources by authorizing and directing an exchange of Federal and non-Federal land, and for other purposes; to the Committee on Natural Resources.

By Mr. WITTMAN:

H.R. 4881. A bill to amend the Internal Revenue Code of 1986 to allow individuals a deduction for costs incurred to remediate the presence of drywall containing elevated levels of sulphur or strontium in the principal residence of the taxpayer, a deduction for alternative living costs incurred by reason of the need to vacate such residence because of

such drywall, and a credit against income tax for the costs of moving to and from the temporary living quarters; to the Committee on Ways and Means.

By Mr. BACA (for himself, Mrs. BONO MACK, and Mr. LEWIS of California):

H.R. 4882. A bill to direct the Secretary of the Army to conduct a study to determine the feasibility of carrying out a project to address the water resource development and management needs of the Soboba Band of Luiseno Indians Reservation, California; to the Committee on Transportation and Infrastructure.

By Mr. BARTON of Texas (for himself, Mr. MARCHANT, Mr. GRAVES, Mr. BURGESS, Mr. SOUDER, and Mr. OLSON):

H.R. 4883. A bill to amend the Balanced Budget and Emergency Deficit Control Act of 1985 to establish a sequestration to reduce all nonexempt programs, projects, and activities by 2 percent each fiscal year in which the Federal budget is in deficit, and for other purposes; to the Committee on the Budget, and in addition to the Committee on Rules, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. GARRETT of New Jersey (for himself, Mr. KANJORSKI, and Mr. BACHUS):

H.R. 4884. A bill to establish a covered bond regulatory oversight program, and for other purposes; to the Committee on Financial Services, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. MALONEY:

H.R. 4885. A bill to protect the civil rights of victims of gender-motivated violence and to promote public safety, health, and regulate activities affecting interstate commerce by creating employer liability for negligent conduct that results in an individual's committing a gender-motivated crime of violence against another individual on premises controlled by the employer, and for other purposes; to the Committee on Education and Labor, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ROYCE (for himself, Mr. BERMAN, Ms. ROS-LEHTINEN, and Mr. SCHIFF):

H.R. 4886. A bill to permanently authorize Radio Free Asia, and for other purposes; to the Committee on Foreign Affairs.

By Mr. LAMBORN (for himself, Ms. ROS-LEHTINEN, Mrs. SCHMIDT, Mr. SMITH of Texas, Mr. NEUGEBAUER, Mr. FRANKS of Arizona, Mr. OLSON, Mrs. BACHMANN, Mr. GRIFFITH, Mr. PITTS, Mr. CAMPBELL, Ms. FALLIN, Mr. SHADEGG, Mr. KING of Iowa, Mr. CONAWAY, Mr. GOHMERT, Mr. BISHOP of Utah, Mr. BARTLETT, and Mr. MARCHANT):

H. Res. 1191. A resolution urging the expedient relocation of the United States Embassy in Israel to Jerusalem; to the Committee on Foreign Affairs.

By Mr. FLAKE:

H. Res. 1193. A resolution raising a question of the privileges of the House; to the Committee on Standards of Official Conduct.

By Mr. CANTOR:

H. Res. 1194. A resolution raising a question of the privileges of the House.

By Mr. MARSHALL:

H. Res. 1195. A resolution amending the Rules of the House of Representatives to require a three-fifths majority to designate spending as emergency spending, except spending for the Department of Defense; to the Committee on Rules.

By Mr. MORAN of Kansas (for himself and Mr. BLUNT):

H. Res. 1196. A resolution supporting increased market access for exports of United States beef and beef products to Japan; to the Committee on Ways and Means.

By Mr. ROHRBACHER (for himself, Mr. MACK, Mr. BURTON of Indiana, and Ms. ROS-LEHTINEN):

H. Res. 1197. A resolution expressing support for democracy in Honduras and restoring normal relations between Honduras and the United States; to the Committee on Foreign Affairs, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. THOMPSON of Pennsylvania:

H. Res. 1198. A resolution congratulating Lock Haven University of Pennsylvania for 140 years of excellence in higher education; to the Committee on Education and Labor.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 24: Mrs. BONO MACK, Mr. PAULSEN, Mr. KLEIN of Florida, Mr. BRALEY of Iowa, and Ms. DEGETTE.

H.R. 43: Ms. WOOLSEY, Mr. SHUSTER, Mr. LARSEN of Washington, Mr. POMEROY, and Mr. BARRETT of South Carolina.

H.R. 211: Mr. MORAN of Kansas, Ms. GINNY BROWN-WAITE of Florida, Mr. LUJÁN, Ms. ROS-LEHTINEN, and Mr. CLEAVER.

H.R. 476: Mr. BERMAN.

H.R. 571: Mr. LATTI.

H.R. 690: Mr. BISHOP of Georgia, Mr. MCINTYRE, and Mr. PASTOR of Arizona.

H.R. 734: Ms. KOSMAS, Mr. CAMP, Mr. MAFFEI, Mr. GRIFFITH, and Mr. SCOTT of Georgia.

H.R. 866: Mr. FORBES.

H.R. 881: Mr. MICA and Mr. WHITFIELD.

H.R. 930: Mr. ETHERIDGE.

H.R. 948: Mr. KANJORSKI.

H.R. 1074: Mr. DEAL of Georgia and Mr. HERGER.

H.R. 1189: Mr. ELLISON and Mr. BACHUS.

H.R. 1237: Mr. BRALEY of Iowa.

H.R. 1310: Mr. INGLIS.

H.R. 1340: Mr. MARKEY of Massachusetts.

H.R. 1799: Mr. BRIGHT.

H.R. 1835: Mr. GALLEGLY.

H.R. 1957: Mr. CLEAVER.

H.R. 2109: Mr. PRICE of North Carolina.

H.R. 2262: Mr. WELCH.

H.R. 2351: Ms. NORTON.

H.R. 2429: Ms. LORETTA SANCHEZ of California.

H.R. 2483: Mr. LOBIONDO.

H.R. 2539: Mr. FORBES.

H.R. 2578: Mr. SCOTT of Georgia.

H.R. 2598: Mr. BRIGHT, Mr. HUNTER, Mr. CARSON of Indiana, Mr. LAMBORN, and Mr. HODES.

H.R. 2601: Mr. ROGERS of Kentucky.

H.R. 2692: Mr. ETHERIDGE.

H.R. 2746: Mr. LARSEN of Washington, Mr. RANGEL, Mr. KUCINICH, Mr. MEEKS of New York, Mr. GRAYSON, Mr. TIM MURPHY of Pennsylvania, and Mr. YARMUTH.

H.R. 2866: Mr. ROTHMAN of New Jersey.

H.R. 2981: Mr. MAFFEI.

H.R. 3012: Mr. BISHOP of New York.

H.R. 3189: Mr. BROUN of Georgia.

H.R. 3380: Mr. HOEKSTRA, Mrs. MCMORRIS RODGERS, Mr. BUTTERFIELD, Mr. GENE GREEN of Texas, and Mr. MILLER of Florida.

H.R. 3438: Mr. TAYLOR, Mr. SCHOCK, and Mr. BURTON of Indiana.

H.R. 3990: Ms. FUDGE.

H.R. 4004: Mr. CLAY.

H.R. 4014: Ms. WOOLSEY and Ms. ROYBAL-ALLARD.

H.R. 4021: Mr. KAGEN and Mr. WEINER.

H.R. 4090: Mr. SPRATT and Mr. BISHOP of Georgia.

H.R. 4109: Mr. WEINER.

H.R. 4149: Mr. BOREN.

H.R. 4241: Mr. STUPAK.

H.R. 4278: Mr. ROGERS of Michigan.

H.R. 4296: Mr. KILDEE.

H.R. 4360: Mr. COHEN, Ms. MARKEY of Colorado, Mr. MCCOTTER, Mr. ARCURI, and Mr. ROTHMAN of New Jersey.

H.R. 4375: Mr. CAPUANO.

H.R. 4376: Mr. HALL of New York.

H.R. 4469: Mr. ROGERS of Alabama, Ms. SHEA-PORTER, Mr. RICHARDSON, Mr. ROGERS of Kentucky, and Mr. THORNBERRY.

H.R. 4477: Mr. MICHAUD.

H.R. 4567: Mr. COHEN.

H.R. 4594: Mr. CONYERS, Mr. MARSHALL, Mr. BLUMENAUER, Mr. MCNERNEY, Mr. COSTA, Mr. MORAN of Virginia, and Mr. SNYDER.

H.R. 4596: Mr. POE of Texas, Ms. BERKLEY, and Mr. BILIRAKIS.

H.R. 4599: Ms. SCHWARTZ.

H.R. 4615: Mr. KUCINICH, Mr. GRAYSON, Mr. ENGEL, and Mr. FILNER.

H.R. 4632: Mr. MURPHY of Connecticut.

H.R. 4700: Mrs. DAHLKEMPER, Mr. PASCRELL, Mr. MURPHY of New York, and Mr. SARBANES.

H.R. 4701: Mr. HALL of New York.

H.R. 4710: Mr. MCINTYRE.

H.R. 4722: Mr. GUTIERREZ, Mr. MOORE of Kansas, and Mr. WEINER.

H.R. 4735: Mrs. MYRICK.

H.R. 4752: Mr. PERRIELLO.

H.R. 4781: Mr. CHAFFETZ.

H.R. 4788: Mr. SCHAUER.

H.R. 4789: Ms. RICHARDSON, Mr. HINOJOSA, and Mr. SCOTT of Virginia.

H.R. 4804: Ms. BERKLEY, Mr. LINCOLN DIAZ-BALART of Florida, and Ms. ROS-LEHTINEN.

H.R. 4805: Ms. SCHAKOWSKY.

H.R. 4812: Mr. CONYERS, Ms. BALDWIN, Mr. FARR, Mr. HINCHEY, Ms. JACKSON LEE of Texas, Ms. MATSUI, Mr. CAPUANO, Ms. KILPATRICK of Michigan, Mr. CLAY, Mr. JACKSON of Illinois, and Mr. FILNER.

H.R. 4850: Mr. POLIS, Ms. MARKEY of Colorado, Mr. ROGERS of Michigan, Mr. KILDEE, and Mr. MCMAHON.

H.R. 4856: Mr. BACA.

H.R. 4868: Mrs. MALONEY.

H.J. Res. 76: Mr. MELANCON and Mr. WEST-MORELAND.

H. Con. Res. 98: Ms. PINGREE of Maine.

H. Con. Res. 169: Mr. MCCOTTER and Mr. JOHNSON of Illinois.

H. Con. Res. 198: Mr. RADANOVICH and Mr. WHITFIELD.

H. Con. Res. 201: Mr. MANZULLO and Mr. SOUDER.

H. Con. Res. 230: Mrs. MYRICK.

H. Con. Res. 252: Mr. MCMAHON.

H. Res. 173: Mr. WILSON of Ohio, Mr. YOUNG of Alaska, Mr. RYAN of Ohio, and Mr. PASTOR of Arizona.

H. Res. 351: Mr. PLATTS.

H. Res. 767: Mr. CASSIDY.

H. Res. 982: Mr. TAYLOR, Mr. CHAFFETZ, and Mr. CONAWAY.

H. Res. 987: Mr. OLSON.

H. Res. 1053: Mrs. MYRICK and Mr. RUSH.

H. Res. 1075: Mr. DUNCAN.

H. Res. 1104: Mr. MCCOTTER.

H. Res. 1116: Mr. COHEN, Mr. TERRY, Mr. BLUMENAUER, Mr. MCCOTTER, and Mr. ARCURI.

H. Res. 1132: Mr. WITTMAN, Mr. COURTNEY, Mr. BARTLETT, Mr. CONAWAY, Mr. WALZ, Mr. LANGEVIN, Mr. ELLSWORTH, Mr. KRATOVIL, Mrs. HALVORSON, Mr. INSLEE, Mr. ARCURI, Mr. PERLMUTTER, Mrs. DAVIS of California, and Mr. PATRICK J. MURPHY of Pennsylvania.

H. Res. 1157: Mr. JOHNSON of Georgia and Ms. CASTOR of Florida.

H. Res. 1181: Mr. INGLIS, Mrs. MILLER of Michigan, Mr. MCCAUL, and Mrs. MYRICK.

H. Res. 1182: Mr. GOODLATTE.

H. Res. 1188: Ms. ROS-LEHTINEN, Mr. LATTI, Mr. THORNBERRY, Mr. BARTON of Texas, Mr. KINGSTON, Mr. SMITH of New Jersey, Mrs. BACHMANN, Mr. GERLACH, Mr. BILBRAY, Mr. JONES, Mr. TIM MURPHY of Pennsylvania, Mr. WOLF, Mr. LUCAS, Mr. GARRETT of New Jersey, Mr. YOUNG of Florida, Mr. PETRI, Mr. DREIER, Mrs. BONO MACK, Mrs. MYRICK, Mrs. BIGGETT, Mr. MCCARTHY of California, Mr. GARY G. MILLER of California, Mr. DEAL of Georgia, Mr. MARIO DIAZ-BALART of Florida, Mr. BARTLETT, Mr. CALVERT, Mr. MACK, and Mr. TIBERI.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

The amendment to be offered by Representative CAPPS, or a designee, to H.R. 3644, the Ocean, Coastal and Watershed Education Act, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

EXTENSIONS OF REMARKS

A TRIBUTE TO ED PACE

HON. ROB BISHOP

OF UTAH

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. BISHOP of Utah. Madam Speaker, I rise today to congratulate and pay tribute to a fine American, Ed Pace, on an occasion when he and his business have received the International Circle of Excellence Award for 2009.

His business, Lake City Trucks, is headquartered in Salt Lake City, Utah, and has grown from two locations to one of the largest International truck dealers in North America today. His entrepreneurial leadership has helped Lake City Trucks to expand to 11 locations across three states with 305 employees in Utah, Idaho and Oregon. Ed began his career with International Harvester in 1971 and served in several capacities before purchasing his first International dealership in 1991.

Ed has achieved recognition through many years of hard work and service to his industry and community. As an industry leader, Ed has held numerous positions of responsibility in organizations, including former chairman of the International Dealer Council and former co-chair of the International Dealer Development and Systems Board. He is active in his community, where he supports a variety of charities, including the Barth Syndrome Foundation, the Ronald McDonald House Charities of Utah and Idaho, Toys for Tots, the Christmas Tree Auction and the Food Banks of Utah and Idaho.

Through his commitment to hard work and outstanding customer service, he has built an economically vital business of which he can be justly proud. Madam Speaker, I ask you and my colleagues to join with me in congratulating Ed Pace for his record of accomplishment and for his many contributions to his community, state and nation.

TRIBUTE TO CHIEF SUSAN MANHEIMER ON BECOMING THE FIRST WOMAN PRESIDENT OF THE CALIFORNIA POLICE CHIEFS ASSOCIATION

HON. ANNA G. ESHOO

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Ms. ESHOO. Madam Speaker, I rise to congratulate San Mateo, California, Police Chief Susan Manheimer on becoming the first woman President of the California Police Chiefs Association, which boasts 338 of California's top cops in its membership. The Chiefs Association was founded in 1966, and its membership represents municipal districts containing 78 percent of the state's residents.

Chief Manheimer received her Bachelor of Arts Degree in Business Management from Saint Mary's College in Moraga and a Master's Degree in Educational Leadership from San Diego State University. From 1983 to 1984, Manheimer was a broadcast journalist for KCBS radio.

Before being named the top cop in the City of San Mateo, Chief Manheimer served 16 years with the San Francisco Police Department from 1984–2000, where she did robbery decoy work, gang and violent-crime suppression. Her last assignment was as the Captain of the Tenderloin Task Force, a tough inner-city neighborhood in San Francisco. She was among the first group of female captains and lieutenants promoted in the San Francisco Police Department. She was appointed Chief of Police for the City of San Mateo in May of 2000, and became the first woman to head the San Mateo Police Department, which was also a first in San Mateo County.

Chief Manheimer continues her commitment to neighborhood policing and has implemented many innovative programs, such as the highly successful Homeless Outreach Team and the Adopt-a-School program. She has also led the way in forming creative partnerships with the community and allied agencies including the Tongan Interfaith Council for Central San Mateo County, the Juvenile Hall Assessment and Diversion Center, and the countywide Gang Task Force which she helped to found. Chief Manheimer serves on many county-wide initiatives, including the Juvenile Justice Advisory Group and the Domestic Violence Council.

Chief Manheimer previously served as the Acting President of the California Police Chiefs Association, is a Governor's appointee to the State Advisory Group for Juvenile Justice Delinquency and Crime Prevention, and is on the Board of Fight Crime Invest in Kids California, the Peninsula Conflict Resolution Center, and the University of San Francisco Law Enforcement Leadership Institute. In 2006, Chief Manheimer was recognized by Jewish Women International as a "Woman to Watch" and in 2008, she was chosen as a Women's Hall of Fame Honoree by San Mateo County which honored her as an extraordinarily dedicated woman who has left an indelible imprint on the history of San Mateo County.

Chief Manheimer resides in San Mateo County with her husband, Michael, and adult children Sarah and Jesse. She is active in the Police Activities League, the Military Mom's Association, the San Mateo Rotary, and enjoys skiing, hiking, rowing, and service to her community.

Madam Speaker, I ask the entire House of Representatives to join me in offering our warmest congratulations to Chief Susan Manheimer on becoming the first woman President of the California Police Chiefs Association and extend to her our gratitude for her visionary leadership to keep our neighbor-

hoods safe, and her service to the community which strengthens California's justice system and our nation's as well.

HONORING DANIEL ROSS MALLETT

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Daniel Ross Mallette, a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 345, and in earning the most prestigious award of Eagle Scout.

Daniel has been very active with his troop participating in many Scout activities. Over the many years Daniel has been involved with Scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community.

Madam Speaker, I proudly ask you to join me in commending Daniel Ross Mallette for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

HONORING CAROLINA INTERNATIONAL TRUCKS

HON. BOB INGLIS

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. INGLIS. Madam Speaker, I rise today to congratulate Carolina International Trucks (CIT) and its President, Richard D. Ryan, on the occasion of receiving the International Circle of Excellence Award for 2009. CIT maintains a significant presence in the Fourth Congressional District with a dealer location in Greer, SC.

With 310 employees, CIT is one of the top truck dealerships in the Southeast and the entire nation. In 2003, it was named the International Dealer of the Year, an honor awarded to the dealer of International brand trucks who exhibits the highest commitment to best-in-class customer service. Including this new award recent award, CIT has now received the Circle of Excellence Award, under Richard's leadership, a total of 15 times.

The Circle of Excellence, which is awarded by the International dealer organization of Navistar, Inc., honors International truck dealerships that achieve the highest level of dealer performance with respect to operating and financial standards, market representation, and most importantly, customer satisfaction. It is the highest honor a dealer principal can receive from the company.

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

Through Richard's commitment to hard work and outstanding customer service, he has built a business that is contributing to economic growth during these challenging times. Madam Speaker, I ask you and my colleagues to join with me in congratulating Richard Ryan for his record of accomplishment and for his many contributions to his community, state and nation.

HONORING BILL POWERS

HON. DORIS O. MATSUI

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Ms. MATSUI. Madam Speaker, I rise in tribute to Bill Powers as he is honored with the prestigious Cariño Award from the California Alliance for Retired Americans. A tireless advocate for seniors', renters', workers' rights and health care for all, Bill is more than deserving of this acknowledgment. On behalf of the people of Sacramento and the Fifth Congressional District of California, I ask that all my colleagues join me in honoring his service and many remarkable accomplishments.

For over forty years, Bill Powers has advocated for the protection of the rights and lives of those whom policymakers far too often tend to forget. As a founding member of the California Alliance for Retired Americans (CARA) and as their lead volunteer lobbyist, Bill has helped CARA grow into a strong organization that ensures seniors and health care issues are at the forefront of policymakers' minds. As the lead volunteer advocate in Sacramento, Bill has trained and mentored dozens of CARA members who have followed him into advocacy.

The Cariño Award was created to honor individuals and organizations who have demonstrated their commitment to improving the quality of life for seniors and their families. Bill is most deserving of this honor as he has continuously gone the extra mile to improve the quality of life for seniors, families and working people. After retiring from the Western Center on Law and Poverty, Bill began volunteering with the Gray Panthers, Older Women's League, AARP, and the Congress of California Seniors before becoming a founding board member with CARA.

Prior to his work with seniors' organizations, Bill had a passion for affordable housing. Before he moved to Washington, DC, Bill helped to build the first affordable housing development in Germantown, Philadelphia. While working in our nation's capital, he advocated for increased affordable housing at a national level by working for the National Housing Law Center and the Housing Assistance Council. Today, he continues his advocacy with the California Coalition for Rural Housing.

Madam Speaker, I am honored to recognize the numerous contributions made by Bill Powers during his lifetime of service to the people of our nation. Throughout his career he has worked to further causes he believes in and has touched many people's lives. As he enters the next phase in his life, and his wife Gloria; three children Anne, Susan and Steve; and six grandchildren, gather to celebrate his inspiring

commitment to justice and fairness, I ask all my colleagues to join me in thanking my friend, Bill Powers, for his public service, and to wish him success in his future endeavors.

HONORING NEW MOUNT CALVARY BAPTIST CHURCH

HON. LYNN A. WESTMORELAND

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. WESTMORELAND. Madam Speaker, I rise today to pay tribute to New Mount Calvary Baptist Church in Newnan, Georgia, which is celebrating its 138th year of serving the Lord in our community. In Georgia's 3rd Congressional District, few churches have witnessed the 19th, 20th and 21st centuries, but New Mount Calvary Baptist has attained that distinction. New Mount Calvary has witnessed many seminal events in our nation's history, and it has carried on from the Reconstruction Era to election of our nation's first African-American president.

A church that has kept its doors open for 138 years has blessed its families for generation after generation. The Lord calls on us to gather together as believers in his church to worship Him. The church is where we receive His Word, His blessings and His guidance. We go forth from the church to serve in our respective communities.

The members of New Mount Calvary Baptist Church are rightfully proud of how long they have actively served in their community. I asked the House to join me in congratulating this church on its long, proud record of work in Newnan and in sending best wishes for many more important milestones in the years to come.

RECOGNIZING THE DEDICATION AND LEADERSHIP OF BARBARA WEINREICH

HON. ALAN GRAYSON

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. GRAYSON. Madam Speaker, I rise today in honor of Women's History Month. This month, I would like to recognize a few of the phenomenal women from Central Florida who are making a distinguished contribution to my district, the great State of Florida, and to our nation as a whole. This month I would like to recognize Barbara Weinreich. Ms. Weinreich has greatly given back to our Orlando community, which has been her home for the last 49 years.

Ms. Weinreich earned both her Bachelor of Arts degree in English and a Masters of Education degree in Elementary Education from Cornell University. A teacher for 25 years at Eastbrook Elementary School, she is now retired from the Seminole County Public School System. Her service to the community supersedes teaching our children; she is also a leader and advocate for the Central Florida Jewish community and for inter-faith understanding and activism.

Currently, Ms. Weinreich serves on the Board of Directors and Chairs the Community Relations Committee, CRC, of the Jewish Federation. She is a member of the Holocaust Center's Board of Directors, Friends of the Jewish Pavilion's Board of Directors, Beit Hamidrash, and a member of the Advisory Committee for the Judaic Studies Department at the University of Central Florida.

Madam Speaker, during Women's History Month, it is my honor to recognize Barbara's dedication to public education, as well as her devotion to the Florida Jewish community. Barbara's activism with our Florida community is something I admire and respect.

HEALTH CARE REFORM

HON. JASON CHAFFETZ

OF UTAH

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. CHAFFETZ. Madam Speaker, the one-size-fits-all federally controlled health care plan proposed by the Democrats as "reform" will never address the particular needs of each state the way a successful health care system must do.

It is essential that Congress allow states the flexibility to respond to local markets, institutions, demographics, and issues. At the very least a federal plan must contain opt-out provisions for states. The current plan does not include these provisions and could seriously undermine years of hard work and progress in Utah.

Utah's Governor recently sent a letter to the members of our delegation outlining some of his concerns with the current proposal for a federal takeover of health care. In his letter, the Governor criticized the current health care legislation as not providing Utah the flexibility to create solutions and address problems in a manner best suited to Utah's unique needs.

The Utah state legislature shares the Governor's concerns about increased federal restrictions on states' abilities to regulate health care. The legislature passed a bipartisan concurrent resolution urging Congress, should it pass health reform legislation that further restricts states, to grandfather certain state laws, regulations and practices that have proven very successful in Utah.

I stand with the Utah legislature and the Governor in urging Congress to refuse to enact any legislation that imposes further restrictions on a state's ability to regulate health care in the way that best meets the needs of its citizens.

OFFICE OF THE GOVERNOR,
Salt Lake City, Utah, March 11, 2010.

Hon. JASON CHAFFETZ,
Longworth Building,
Washington DC.

DEAR CONGRESSMAN JASON CHAFFETZ, I am writing to encourage you to resist the Obama Administration's current push to pass the White House health care reform plan as quickly as possible. As I have outlined in previous communications, the White House plan is not in the best interests of the citizens of the State of Utah.

While in Washington recently with the National Governors Association, I discovered, through discussions with my counterparts,

that many are working on state-based health system reform. It quickly became clear, however, that the country's governors were not welcome to participate in the national dialog, which is an unfortunate and critical mistake. States must have the opportunity to address local needs with local solutions and to help shape the national debate.

Simply put, the White House plan does not provide Utah with the flexibility to create solutions and address problems in a manner best suited to our unique needs. A one-size-fits-all "solution" will never address the particular needs of each state and its citizens. States must be allowed flexibility to respond to local markets, institutions, demographics, and issues. At the very least, a federal plan must contain opt-out provisions for states like Utah, which has already come so far in reforming our own health care systems. The current plan does not contain these provisions and, as it stands today, could seriously impede three years of hard work and progress in Utah. These opt-out provisions are critical to states like Utah, which is leading the way in reform.

The White House plan is a rejection of the concept of federalism, which is so vital to our nation. It ignores the fact that the right way to go about reform is to allow the 50 states to be 50 laboratories of innovation. This is the only way to really learn what works and what doesn't, and for whom. For the past three years, Utah has been one of the leading states in developing health care reform, and the results are beginning to show great promise. We have had several successes, particularly with the Utah Health Exchange, and we continue to build on those successes.

Our friends in other states are also beginning to learn what works for them and what does not. If Washington leaders are serious about finding a good solution for the nation, shouldn't they be looking to these states for guidance?

If designed correctly, federal reform that creates flexibility and rewards innovation will provide benefits well into the future. In fact, I would like nothing more than to lend my support to a meaningful bipartisan federal health reform bill. However, there appears to be little interest from the White House to create such a bill. The process the Administration is pursuing all but guarantees that no bipartisan bill will emerge. Yet, here in Utah, all of our health system reform legislation has enjoyed broad bipartisan support. It can—and it should—be done. That message must be heard in Washington.

As Governor, I ask that you continue to work toward a bipartisan federal reform bill. One that recognizes the proper role of the states as laboratories and provides the support we need to be flexible in addressing our unique situations and demographics.

Thank you for your leadership and assistance with this very important issue.

Sincerely,

GARY R. HERBERT,
Governor.

UTAH STATE LEGISLATURE
H.C.R. 8 Enrolled

CONCURRENT RESOLUTION ON FEDERAL
HEALTH CARE REFORM

LONG TITLE

General Description: This concurrent resolution of the Legislature and Governor urges Congress to refuse to pass any health care legislation that contains certain provisions, urges Congress to pass health care legislation with specific provisions, and urges Con-

gress, should it pass health reform legislation that further restricts states, to grandfather certain state laws, regulations, and practices.

Highlighted Provisions: This resolution urges Congress to refuse to enact, and the President of the United States to refuse to sign, any legislation that imposes further restrictions on any state's ability to regulate the payment and delivery of health care, imposes additional financial burden related to health care on any state, or limits the ability of consumers and businesses to create innovative models for higher quality, lower cost health care; urges Congress to pass, and the President to sign, legislation that grants states greater flexibility under federal laws and regulations related to health care and encourages states to create health reform demonstration projects with the potential for replication elsewhere; and urges that should Congress pass, and the President sign, legislation that further restricts states in any manner, the legislation recognize states' efforts to reform health care by grandfathering any state laws, regulations, or practices intended to contain costs, improve quality, increase consumerism, or otherwise implement health system reform concepts.

Special Clauses: None.

Be it resolved by the Legislature of the state of Utah, the Governor concurring therein:

Whereas, people's health affects not only their sense of well being, but their capacity to contribute to their families, to their employers, and to society at large;

Whereas, the improvement and maintenance of individual health depends to a significant extent on the widespread availability of affordable, high quality health care;

Whereas, the widespread availability of affordable, high quality health care is threatened by long-term runaway spending in a system that too often delivers suboptimal care;

Whereas, runaway spending and suboptimal care are attributable to various factors, but are perpetuated to a large extent by a third-party payer system that fails to reward individual effort to preserve and improve one's health and that fails to reward delivery of the most effective care at the lowest cost;

Whereas, for many years, Utah has been laying the foundation for genuine long-term health system reform;

Whereas, this foundation includes the creation of the Utah Health Data Authority in 1990 and the subsequent collection and publication of hospital charges by facility and adjusted for risk;

Whereas, this foundation includes the establishment in 1993 of the Utah Health Information Network, a nationally recognized statewide system for processing health insurance claims at a small fraction of the cost often charged by other claims processors;

Whereas, this foundation includes the 2005 requirement that the Utah Health Data Authority publish reports that compare health care facilities based on charges, quality, and safety;

Whereas, this foundation includes the 2007-08 development of an all-payer database that will report payments, as opposed to charges, for entire episodes of medical care, and will ultimately allow consumers to choose from among competing providers of treatments for any particular condition based on outcomes, price, and other attributes important to the consumer;

Whereas, this foundation includes the 2008-09 creation of the first statewide system in

the nation for standardized electronic exchange of clinical health information across provider systems, including exchange of diagnostic test results and electronic medical record information;

Whereas, this foundation includes the 2008 creation of the Health System Reform Task Force, a legislative body that has engaged consumers, employers, doctors, hospitals, and insurers in a voluntary, cooperative effort spanning two years, and involving thousands of hours, to develop a strategic plan for health system reform;

Whereas, this foundation includes the 2009-10 creation of payment and delivery reform demonstration projects designed to align third-party payment structures with provider practices that result in the highest quality of care for both chronic and acute conditions;

Whereas, this foundation includes the 2009 creation of the nation's second-only health insurance exchange, a virtual marketplace where employees may enroll under a defined contribution arrangement, select from a range of plans broader than what an employer traditionally offers, and fund premiums with contributions from multiple sources;

Whereas, this foundation outlined above is the result of an iterative process of creation and refinement that has relied heavily on the input of all major stakeholders in the health care system and has been established largely on the basis of cooperation and consensus rather than compulsion;

Whereas, many of the perverse incentives that plague our health care system are rooted in federal Medicare and Medicaid payment policies, which exert a disproportionate influence on the privately funded portions of our health care system;

Whereas, federal proposals for health system reform recently considered by Congress emphasize enrollment expansion rather than cost containment, much like boarding additional passengers on an already sinking Titanic;

Whereas, those proposals include laudable authorizations for payment and delivery reform demonstration projects but otherwise largely lack significant cost containment provisions;

Whereas, those proposals include many provisions to improve quality of care but fall short of the systemic changes needed to fully link outcomes and payment;

Whereas, states have consistently proven themselves laboratories of policy innovation, in spite of sometimes stifling federal regulatory restrictions;

Whereas, the best hope for health system reform lies with individual states, where an iterative process of experimentation, evaluation, and modification will minimize the unintended consequences of one-size-fits-all national policies and will produce results worth replicating; and

Whereas, states are in need of additional financial resources and flexibility to experiment rather than additional benefit mandates, Medicaid eligibility mandates, and rating restrictions, all of which will inevitably drive up health care spending and costs to states: Now, therefore, be it resolved, that the Legislature of the state of Utah, the Governor concurring therein, urge Congress to refuse to enact, and the President of the United States to refuse to sign, any legislation that imposes further restrictions on any state's ability to regulate the payment and delivery of health care, imposes additional financial burden related to health care on any state, or limits the ability of consumers

and businesses to create innovative models for higher quality, lower cost health care; be it further resolved, that the Legislature and the Governor urge that Congress pass, and the President sign, legislation that grants states greater flexibility under federal laws and regulations related to health care and encourages states to create health reform demonstration projects with the potential for replication elsewhere; be it further resolved, that the Legislature and the Governor urge that should Congress pass, and the President sign, legislation that further restricts states in any manner, the legislation recognize states' efforts to reform health care by grandfathering any state laws, regulations, or practices intended to contain costs, improve quality, increase consumerism, or otherwise implement health system reform concepts. Be it further resolved, that a copy of this resolution be sent to the Majority Leader of the United States Senate, the Speaker of the United States House of Representatives, the President of the United States, and the members of Utah's Congressional delegation.

**COOPER COUNTY MEMORIAL
HOSPITAL HOME HEALTH AGENCY**

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. GRAVES. Madam Speaker, I proudly pause to recognize Cooper County Memorial Hospital Home Health Agency for serving their community for the past 25 years.

The CCMH Home Health Agency have been providing professional home care services to the numerous residents of Cooper County and other surrounding counties since 1985. They have provided supportive help services to the Boonville region, helping to alleviate the pain and suffering of many homebound residents. In addition, the CCMH Home Health Agency has been a friend to many of these patients and a connection to the outside world, delivering care even when the roads are treacherous and many times unsafe for travel.

Madam Speaker, I proudly ask you to join me in celebrating with the Cooper County Memorial Hospital Home Health Agency and commending them for providing care to the people of Missouri throughout the past 25 years and for the many years to come.

HONORING WILLIAM J. RYAN

HON. MICHAEL H. MICHAUD

OF MAINE

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. MICHAUD. Madam Speaker, I rise today to offer special recognition to William J. Ryan as he announces his retirement from TD Bank, N.A.

William arrived in Maine amidst the real estate recession of the early 1990s. In a climate similar to the economic hardships the country faces today, much of the state's banking industry was in turmoil. Peoples Heritage Bank, the forerunner of TD Bank, NA, was on the verge of being closed down by the FDIC when

William was named its CEO in 1990. Not only was Peoples Heritage Bank restored to solvency, but under the stewardship of Mr. Ryan and his team, over 30 banks and insurance industries in New England were brought together under the Bank North banner.

William's capacity for turning institutions on the verge of ruin into spectacular success stories has impacted Maine greatly. The Bates Mill Complex in Lewiston, once the site of the state's largest single employer, was on schedule to be torn down before the bank intervened. Today, the bank is one of Lewiston-Auburn area's largest employers, including over a thousand TD jobs filling the mill alone. Additionally, West Falmouth has been transformed into a regional commercial and business hub since a new bank operations center was opened there. Lastly, thanks to the efforts of William Ryan, Portland now boasts the corporate headquarters of one of the fifteen biggest banks in the country.

Outside his positions as a board member and Vice Chair of TD Bank Financial Group and as CEO of TD Banknorth Inc. William serves the community in a variety of civic capacities. He is a Trustee of the Libra Foundation, a group advocating the advancement of human rights, an Emeriti Trustee of Colby College in Waterville Maine and a member of the Board of Advisors at the University of New England.

Madam Speaker, please join me in congratulating Mr. Ryan on his retirement, and thanking him for his tremendous contributions to the people of Maine.

**IN RECOGNITION OF THE CITY OF
LINCOLN'S 100TH ANNIVERSARY**

HON. MIKE ROGERS

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. ROGERS of Alabama. Madam Speaker, I would like to request the House's attention today to pay recognition to the people of the city of Lincoln in Talladega County, who are celebrating their city's 100th anniversary this year.

Lincoln, Alabama, was named after the famous American Revolutionary War figure General Benjamin Lincoln. Lincoln, who was known as the "Defender of Charleston" for his courage in battle, rose to highest ranks of the Continental Army. He had the honor from General George Washington of accepting the British surrender at the Battle of Yorktown, which ended the War of Independence.

During the War of 1812, Andrew Jackson with a force numbering more than 2,500 men camped near Lincoln. This was one of the first steps in the further development of this region, with early settlers coming from Virginia, the Carolinas and Georgia.

In 1911, Lincoln was incorporated and chosen as the location for the Talladega County High school. The first mayor of this proud city was W.D. Henderson.

All of us across Talladega County and East Alabama are deeply proud of this important occasion for the proud citizens of Lincoln. We look forward to seeing the city continue to

thrive and grow, and we congratulate local citizens and Mayor Lew Watson on their 100th anniversary.

**HONORING ANNEMARIE KAUL FOR
BEING AWARDED THE LIFESAVING
CERTIFICATE OF MERIT
FROM THE AMERICAN RED
CROSS**

HON. MICHELE BACHMANN

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mrs. BACHMANN. Madam Speaker, I rise today to honor AnneMarie Kaul of Woodbury, MN, for her heroic, life saving measures on February 25th, 2009. AnneMarie is being awarded the Lifesaving Certificate of Merit from the American Red Cross and it's my honor to recognize her today.

In February of 2009 a man collapsed in the lobby of a fitness center after a game of racquetball. As a direct result of her Red Cross training, AnneMarie asked the receptionist to call 911 and proceeded to check on the man. She found no vital signs and immediately began CPR and used the automated external defibrillator at the center. AnneMarie continued with CPR efforts until the ambulance arrived and a pulse could be found. If it was not for AnneMarie's swift and heroic actions, the man would have almost certainly lost his life.

"Over a year later and because of her brave actions, AnneMarie is being presented with the highest award available from the American Red Cross. It is presented to an individual or team of individuals who have saved or sustained a life using the very skills and knowledge taught to them by the American Red Cross. According to the American Red Cross, 'this action exemplifies the highest degree of concern of one human being for another who is in distress.'

Madam Speaker, AnneMarie Kaul is a perfect example of whom this award was created to recognize. Please join with me in honoring her lifesaving efforts.

**COMMENDING MEHDI MORSHED
FOR HIS SIGNIFICANT CONTRIBUTIONS
TO THE STATE OF CALI-
FORNIA**

HON. ZOE LOFGREN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Ms. ZOE LOFGREN of California. Madam Speaker, as the Chair of the California Democratic Congressional Delegation, I rise today to recognize and commend the great work of Mehdi Morshed, who at the end of March is retiring from California High-Speed Rail Authority. For over 40 years, Mehdi has worked on transportation policy in various capacities in California and is widely considered a leading expert. I have had the pleasure of knowing and working with Mehdi for over thirty years.

Mehdi Morshed was educated at the University of Washington in Seattle as a civil engineer and he received a master's degree in

transportation engineering from the University of California, Berkeley.

Since then, he has worked to make sure that Californians have safe and accessible transportation. He worked for the California Department of Transportation in various capacities, including planning, design and construction of bridges.

He then served as the lead transportation policy staffer in the California State Senate for over 20 years. During his time at the State Senate, Mehdi was responsible for developing and enacting some of California's most ground-breaking transportation laws, policies and programs, including vehicle safety and emission standards, as well as assisting with the establishment of the California High-Speed Rail Authority, the California Transportation Commission and other local and regional commissions, transportation districts and agencies.

At the end of this month, Mehdi will be retiring as the Executive Director of the California High-Speed Rail Authority, a position he has held since 1998. His dedication to high-speed rail in California has resulted in the project evolving from a planning concept to a fully developed project with an 800-mile system that will link Los Angeles and the Bay Area through Central Valley, with links to Sacramento and San Diego. Mehdi was at the helm of the Authority when State proposition 1A was passed by voters in November 2008, which is a \$9 billion bond measure for the State's high-speed train system. Mehdi's ability to successfully develop California's high-speed rail system has led to California receiving \$2.25 billion in Recovery Act funding.

Madam Speaker, Mehdi Morshed has played a major role in developing and implementing California's transportation policies for over 40 years. I can assure you that his leadership will be missed in California, and his transportation projects throughout the State will be a lasting reminder of his years of service to the people of California.

OLDE DOMINION AGRICULTURAL COMPLEX

HON. THOMAS S. P. PERRIELLO

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. PERRIELLO. Madam Speaker, today, I want to celebrate a vision of the future that is deeply rooted in our past.

It is fitting that the vision is being realized in Pittsylvania County, Virginia, which for centuries served as an economic engine for the Commonwealth of Virginia. That economic engine was fueled by farmers.

Agriculture remains the largest industry in Pittsylvania County and the largest industry in the commonwealth. And today, we break ground on the Olde Dominion Agricultural Complex, located just outside Chatham, Virginia. What will be built on this broken ground, however, will not just be the facilities, but a future for agriculture in this region. It will be a future built on innovation and education, recreation and community connection.

The Olde Dominion Agricultural Complex will house a number of professional agricul-

tural leadership organizations and will offer the local agricultural industry a centralized location in which to learn best practices in operations, equipment, crops, soils, animals, forestry, and renewable systems. The complex will also serve as an opportunity for local producers to enter and grow new markets. These anticipated areas of growth include aquaculture, bioenergy production, and cattle markets.

I am particularly bullish on the opportunities our farmers can seize in the area of domestic energy production. Until now, this region has been locked out of the energy market. Farmers were forced simply to be consumers of energy. We are coming to understand, however, that farmers can be producers of energy—that agricultural regions can be energy regions. Crops we grow above ground can be just as valuable as fuel buried below. In Gretna, Virginia, Piedmont BioProducts has built a refinery that turns crops into oil. And in Chatham, the Van Der Hydies are turning waste into electricity, turning a liability into an income stream that may help them survive low dairy prices.

The complex will not only serve agriculturalists, but will engage the entire local and regional community. The resources and information offered through programs will be designed to meet a variety of interests ranging from those of homeowners to backyard gardeners to children interested in attending 4-H camp. Its arena will ensure that the complex becomes a regular gathering place for the community where citizens can enjoy a vast array of shows and concerts. Whether showcasing farm equipment and livestock or entertaining with country music, the Olde Dominion Agricultural Complex will be a unique asset in Pittsylvania County. It will offer the local community endless opportunities to prosper the local economy through advances in its agriculture industry and increased tourism to the region.

Of course, the complex is not just sprouting from the earth uncultivated. It is the carefully tended fruit of the labor and vision of the Olde Dominion Agricultural Foundation. The foundation deserves great credit for making this a reality. The facility will allow the foundation to further its goal "to provide extensive educational opportunities to area agricultural producers and individuals involved in agricultural-related activities" and will help the foundation realize its vision "in establishing an environment of excellence in the integration of agricultural, economic, and social systems."

It is only fitting that this complex be built in the county that ranked first in Virginia for flue-cured tobacco sales. However, the county's agricultural contributions do not stop there. Pittsylvania County has also been ranked fifth in Virginia for both corn silage and all hay production. Cattle, beef cows, and milk cows have placed Pittsylvania County in the top six producers in the commonwealth. Equine, swine, sheep, goats, horticulture, and viticulture groups are also growing industries. Additionally, Pittsylvania County benefits from the support of the surrounding counties of Bedford, Henry, Franklin, Halifax, and Campbell, which also have a high percentage of land invested in agriculture.

The Commonwealth of Virginia and Pittsylvania County first prospered because of

tobacco farming. Agriculture continues to play a vital role by contributing billions of dollars to our local economy, providing fresh and wholesome products that are part of a healthy diet, and ensuring continued protection of our open spaces. I take great pride in the farming traditions of southern Virginia and believe that our farmers, supported by the community and invested with the latest innovations, can and will take a leading role in a new economic revival. Within our community we have the entrepreneurs, the innovators, the farmers. This complex will harness each of these components to open new markets and spur economic growth. This economic revival will not only keep wealth in our community, but more importantly may help keep our children in our community.

Southern Virginia is fortunate to have the vision of the Olde Dominion Agricultural Foundation and the future promise of the Olde Dominion Agricultural Complex.

Let me close by quoting from one of Virginia's most famous farmers, Thomas Jefferson: "Cultivators of the earth are the most valuable citizens. They are the most vigorous, the most independent, the most virtuous, and they are tied to their country and wedded to its liberty and interests by the most lasting bands." The Olde Dominion Agricultural Complex will help strengthen those bands.

REINTRODUCTION OF THE "SAKS" BILL

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mrs. MALONEY. Madam Speaker, every year roughly 36,500 women are violently assaulted in the workplace and yet their only remedy is workers compensation. In an effort to protect the rights of victims of workplace violence, I am reintroducing a bill to protect the civil rights of victims of gender-motivated violence. This legislation is intended to prevent employers from invoking workers compensation when employer negligence results in sexual assault and rape of an employee. This important bill will allow employees to sue their employers in the case of a gender-motivated crime of violence rather than be subject to the exclusive remedy of workers compensation.

Workers compensation systems were designed to encourage employers to create accident-free workplaces and provide a means for employees injured during the course of employment to receive payment for medical expenses and lost wages. They were not created to shield employers from suit when their own negligence led to violence against employees. When rape occurs on the job, employers should not be able to hide behind a system designed to compensate for job-related accidents. Rape is not an accident and should not be treated as an everyday occurrence on the job. Under my bill victims of gender-motivated violence at work can hold employers liable for negligence through a federal civil rights cause of action that is not subject to state workers compensation law.

This bill will encourage employers to create a job environment free of violent sexual assault and rape, because it is tragic when rape is considered all in a day's work.

IN RECOGNITION OF THE UNIVERSITY OF ARKANSAS AT PINE BLUFF'S MEN'S BASKETBALL PROGRAM AND PLAYERS

HON. MIKE ROSS

OF ARKANSAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. ROSS. Madam Speaker, I rise today to recognize the University of Arkansas at Pine Bluff's (UAPB) men's basketball coaches and players for their first ever National College Athletics Association (NCAA) Tournament win in the history of the school's program.

On March 16, 2010, the UAPB Golden Lions defeated the Winthrop Eagles 61-44 at University of Dayton Arena in the opening-round game of the 2010 NCAA Men's Basketball Tournament. The win also marks the first NCAA Tournament win for a team from the Southwestern Athletic Conference in 17 years.

As the No. 16 seed in the South Regional bracket, the UAPB Golden Lions now face Duke University, the No. 1 seed, in Jacksonville, Florida, on March 19.

University of Arkansas at Pine Bluff is an extraordinary institution of higher education and a renowned historically black university. It has a long history of successful alumni and its influence reaches across this country. This basketball team's achievement will bring some much-deserved national attention to the university, its stellar academic record, its dedicated student body, and, of course, its strong athletic program.

I have the privilege of representing UAPB in the U.S. House of Representatives and stand even prouder today on this historic win. I wish them the best of luck on their Friday game against Duke.

Today, I encourage all my colleagues to help me congratulate this deserving team and all of our young men and women in college athletics who represent our Nation's next generation of leaders, many of whom may one day walk these very halls in Congress.

GOOD IDEA FROM KANSAS BENEFITS PUBLIC SAFETY NATION-WIDE

HON. JERRY MORAN

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. MORAN of Kansas. Madam Speaker, sometimes good things come from the darkest, most difficult moments. I rise today to share one such story.

In the summer of 2002, a promising young lady named Ali Kemp came home for the summer after her freshman year at Kansas State University.

Ali had a summer job at a neighborhood pool in Leawood, but one day she didn't come

home. Her father, Roger Kemp, found her body in the pump room at the pool; she had been attacked and strangled.

John Walsh of America's Most Wanted, who lost his son Adam at age six to crime, tells us that "closure" is fleeting or non-existent. Mr. Walsh calls Roger Kemp one of his heroes.

Roger Kemp—like John Walsh—has honored his child's memory by working to make a positive difference in the lives of others.

First, the Ali Kemp Foundation has sponsored self-defense training for thousands of women. Some have put their training to use, fending off attacks.

Second, Roger Kemp encouraged law enforcement to try a new idea, to display "wanted" information on billboards. It worked in the Ali Kemp case, producing a tip that led to an arrest in 2004 and later a conviction.

Roger Kemp figured that this tactic could be broadly applied to help law enforcement. He was right. Now, billboards are a tool for police at all levels.

Police in Kansas say billboards are an asset to public safety. The FBI is using donated high-tech digital billboards coast to coast, even in Times Square. U.S. Marshals report dramatic results.

Lamar Advertising in Kansas has teamed up with Crime Stoppers to provide the service free of charge. Bob Fessler with the company said, "It goes back to the old days, to Western days, when they put posters up for wanted people. It's the same concept. We hope something happens quickly."

To that analysis, I would add that effective modern "wanted" billboards are also the legacy of a special man from Kansas who is doing his part to make Kansans safer.

HONORING THE CITY OF MIAMI DEPARTMENT OF FIRE RESCUE'S URBAN SEARCH AND RESCUE TEAM

HON. KENDRICK B. MEEK

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. MEEK of Florida. Madam Speaker, today I rise to thank and recognize the City of Miami Department of Fire Rescue's Urban Search and Rescue Team, Florida Task Force 2 ("USAR Team"), for their humanitarian efforts during the Haiti earthquake crisis. I commend them for their immediate response to those affected by the earthquake that struck Haiti on January 12, 2010.

The City of Miami Department of Fire Rescue's Urban Search and Rescue Team was deployed to Haiti after the devastating earthquake hit the island approximately 10 miles southwest of Port-au-Prince. The USAR Team conducted successful search and rescue operations while in Haiti.

The USAR Team is capable of conducting the following type of operations: conducting physical search and rescue operations in damaged/collapsed structures, flooded areas, and transportation accident scenes; providing emergency medical care at disaster sites for trapped victims; carrying out reconnaissance duties to assess damage and determine

needs in order to provide feedback to all agencies involved; providing disaster communication support using state of the art satellite systems; conducting hazardous materials surveys/evaluations of affected areas; and assisting in stabilizing damaged structures, including sorting and cribbing operations.

Madam Speaker, please join me in applauding and honoring the City of Miami Department of Fire Rescue's Urban Search and Rescue Team, Florida Task Force 2 ("USAR Team") for their unyielding determination and work as first responders to victims of disasters from all hazards. The work of the USAR Team is an important part of South Florida's contribution to the recovery of Haiti. I offer my sincere gratitude for their selfless dedication to this cause.

HONORING ROBERT LARSON

HON. SANDER M. LEVIN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. LEVIN. Madam Speaker, it is with sadness that I rise today to honor my friend Robert Larson and pay tribute to his life and legacy.

Robert Larson was a real estate executive, philanthropist, community leader, and dear friend. His keen knowledge and distinguished career positioned him as one of the industry's most respected executives. He was chairman of the Larson Realty Group, a family-owned real estate investment company; chairman of Lazard Real Estate Partners LLC, a merchant banking business; and chairman of the board of UDR, Inc., one of the country's largest real estate companies. He spent 26 years with the prestigious Taubman Company, where he was elevated to chief operating officer, chief executive officer, vice chairman of Taubman Centers, Inc., and chairman of the Taubman Realty Group during the course of his tenure.

The knowledge and insight Mr. Larson provided the Federal Government in the wake of the Savings and Loan crisis of the 1980s were integral to successfully restructuring our savings institutions and recovering from the crisis. President Bush and President Clinton appointed Mr. Larson to the Thrift Depositor Protection Oversight Board, where he served from 1990 to 1995 and was made chairman of the Board's Audit Committee. The Board was established by Congress to provide direction, oversight, and funding to the Resolution Trust Corporation.

Throughout his life, Mr. Larson's commitment to southeast Michigan was unyielding and he worked to bring new investment and opportunity to Michigan's economy. His contributions to Michigan extended far beyond the real estate industry: he served as the director and chairman of the ULI Foundation, a trustee of the Children's Hospital of Michigan, director of the Detroit Zoological Society, chairman of the Cranbrook Educational Community, chairman of the Greening of Detroit, and trustee of the Detroit Symphony Orchestra, among many other boards and causes.

Unquestionably, though, Mr. Larson's most durable impact was on his family, his colleagues, and those of us who knew him. We

remember him for his profound intellect, his endless energy, and his tremendous warmth. He is survived by his beloved wife, Bonnie, their six children, and eleven grandchildren. I extend my deepest condolences to them on their loss.

HONORING DAVID THOMPSON

HON. C.A. DUTCH RUPPERSBERGER

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. RUPPERSBERGER. Madam Speaker, I rise before you today to honor Mr. David Thompson, recipient of the Harford County Land Preservationist of the Year award. Thompson is one of Harford County's strongest advocates for the preservation of farmland.

Thompson's interest in horticulture began with his family's vegetable and flower garden. In 1978, he and his wife, Marilyn, founded a local nursery, which has since grown into one of the region's most respected nursery and landscaping enterprises.

Thompson's leadership in the horticulture community is unprecedented. He is a past president of the Maryland Nursery and Landscape Association, the American Conifer Society, and the Mid-Atlantic Nursery Trade Show. Thompson recently stepped down from the Harford County Agricultural Land Preservation Advisory Board, after many years of faithful service, including terms as Chairman. During his time on the Board, Thompson worked with the County Executive and the County Council to increase the property tax credit for preserved farmland. In 2009, Thompson was named a Master Farmer by the American Agriculturist magazine, becoming only the 48th Marylander to receive this honor.

Thompson strives to promote the green industry and horticulture education in Maryland. He has been an active leader in the development of the Agriculture and Natural Resources program at North Harford High and is a member of the University of Maryland Horticulture Advisory Board.

Madam Speaker, I ask that you join with me today to honor Mr. David Thompson, Harford County Land Preservationist of the Year. His exceptional advocacy and endeavor to educate others on behalf of the horticulture community is unparalleled.

HEALTH CARE REFORM

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. HASTINGS of Florida. Madam Speaker, despite the unquestionable need for health care reform, some have sought to dominate the health care reform discussion with fear mongering, misinterpretations and misinformation. They have stymied the progression of the reform process in the name of fiscal responsibility, bipartisanship, parliamentary procedure and patriotism.

These justifications are egregious. There is nothing bipartisan about continually opposing

a bill that independent federal agencies have repeatedly recognized as a substantive and reasonable approach to reform. There is nothing fiscally responsible about allowing premiums, state and federal health expenditures to rise to unprecedented levels. There is nothing American about depriving men, women, and children of the guaranteed right to health care in the richest country on earth.

Today, when Americans across the country are losing their homes, jobs, health insurance and hope, we as elected officials have the opportunity and duty to deliver. We cannot afford to back down. We have come too far and have too much to lose. Extreme times require extreme measures to ensure that we pass a health care reform bill that America needs and deserves.

PERSONAL EXPLANATION

HON. ZACHARY T. SPACE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. SPACE. Madam Speaker, yesterday, I unfortunately was absent from a vote in the House.

Without question, in order to put our economy back on track, we must work aggressively to address and lower our national debt. H.R. 4825, introduced by Representatives KIRKPATRICK and PETERS, takes an important step in showing Congress' commitment to addressing the growing problem of our country's debt. By returning unused funds from our Member Representational Allowance to the U.S. Treasury, as many offices already do, we show the American people our willingness to tighten our belts, beginning with our office budgets.

I wish to voice my full support for this important legislation and regret that I was unable to cast my vote on the House floor.

RECOGNIZING NEW MOUNT MORIAH INTERNATIONAL CHURCH'S 21 YEARS OF SERVICE TO THE COMMUNITIES OF SOUTHEAST MICHIGAN

HON. GARY C. PETERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. PETERS. Madam Speaker, I rise today to recognize the leadership and congregation of New Mount Moriah International Church for celebrating 21 years of fellowship. As a Member of Congress it is both my privilege and honor to recognize New Mount Moriah, its leader Bishop William Murphy and its congregants on this most joyous occasion.

New Mount Moriah, for the past 21 years, has been a fixture of spiritual communion in the Pontiac, Michigan community. The Church has had several homes in the Pontiac community since its formation in 1989. Since moving to its current location in 2003, New Mount Moriah has made great strides to expand its ministry across southeast Michigan, establishing satellite locations in Mount Clemens

and Detroit. With these new locations New Mount Moriah has expanded its membership from the 100 founding members in 1989 to over 1,000 members across southeast Michigan today.

Over the past 20 years, New Mount Moriah has been served by Bishop William Murphy who serves with unwavering commitment and faith as Senior Pastor to its congregants. Bishop Murphy is joined in his ministry by his wife, Donna, who serves as Executive Director for New Mount Moriah's Women's Ministry program. Together they have developed countless programs which have reached beyond the walls of the Church and have touched the lives of so many in the communities the Church serves. These programs include skill-building and self-esteem training for women of all ages, helping them to develop leadership skills needed to serve their community.

For many years it has been my privilege to worship with Bishop and Donna Murphy and the congregants of New Mount Moriah. It is with a great sense of pride I have watched as the Church has expanded its reach into our shared communities and enriched the lives of an increasing number of residents across southeast Michigan. This year I was particularly blessed to visit New Mount Moriah with the Majority Whip of the U.S. House of Representatives, JAMES CLYBURN, to commemorate the birthday of Dr. Martin Luther King, Jr. and the one-year anniversary of the inauguration of Barack Obama as President of these United States.

Madam Speaker, I ask my colleagues to join me today in recognizing New Mount Moriah International Church's 21 years of service to Pontiac and countless other communities across southeast Michigan and wish Bishop Murphy, his wife and the Church's congregants many more years of happiness, health and service to our shared communities.

HONORING THE VETERANS OF FOREIGN WARS AND THE SHE SERVES INITIATIVE

HON. C.A. DUTCH RUPPERSBERGER

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. RUPPERSBERGER. Madam Speaker, I rise before you today to honor the Veterans of Foreign Wars, VFW, and the She Serves Initiative.

The mission of the VFW is to "honor the dead by helping the living" through veterans' service, community service, national security and a strong national defense.

For centuries, the VFW and its auxiliaries, including the She Serves Initiative, have been serving veterans by giving them a place to address their concerns and providing moral support. The She Serves Initiative works to empower, encourage, and appreciate all women who have served in the military.

Through outreach within the community, She Serves works to educate others about the sacrifices of female veterans who have served faithfully in conflict overseas. The She Serves Initiative acts as the connecting point for women of the VFW.

Madam Speaker, I ask that you join with me today to honor the VFW and the She Serves Initiative for their outstanding presence within the community. The support these two organizations provide to our Nation's veterans is essential and greatly appreciated.

TRIBUTE TO THOMAS J. CASSIDY,
JR.

HON. HOWARD P. "BUCK" McKEON
OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. McKEON. Madam Speaker, I rise today to pay tribute to a man who has given his life's work over in service to his country. A man who has honorably served the United States, both in uniform and out, in both the public and the private sectors, and who in my mind exemplifies duty and excellence. A man who is now taking a long deferred and well deserved retirement. Madam Speaker, Thomas J. Cassidy, Jr. has come a long way from his days growing up in the Bronx. He served in the Navy, rising to the rank of Rear Admiral. During his career, he served 34 years, seeing action in the Vietnam War as the Commander of Fighter Squadron 161 aboard the aircraft carrier USS *Coral Sea*. He later took command of Miramar Naval Air Station, as well as command of the Pacific Fleet Fighter and Airborne Early Warning Wing.

During all this time, Admiral Tom Cassidy developed a reputation as a thorough and fully dedicated Naval Officer, that Bronx upbringing never being too far below the surface. He pushed himself to the limit, gaining extensive experience flying a wide variety of American and foreign aircraft. In fact, he developed air-to-air improved fighter tactics that the U.S. Navy and U.S. Air Force fighter pilots used to dramatically improve the kill ratio over the North Vietnamese Air Force MiGs. He did this by flying the MiG 21 and 17 to exploit their weaknesses. This in turn led to a number of staff jobs from a carrier group to a stint with the Joint Chiefs of Staff.

With a reputation as a man with an eye for detail and a no nonsense approach to getting the job done, Admiral Cassidy was made the Chief of Naval Operations', CNO, liaison officer to the Chairman of the Joint Chiefs of Staff, and was Director of the Tactical Readiness Division of the CNO's staff.

Madam Speaker, a resume like this speaks volumes, and would lead you to believe that Admiral Tom Cassidy had more than done his bit for "king and country." No one could dispute that Tom had served the American people well and that he had earned a place in the esteem of his countrymen. And so after a long and distinguished career, Tom retired from the Navy.

However, while Admiral Cassidy may have left the Navy, in a very real sense the Navy never left him. Devotion to duty and hard work. A commitment to excellence and a "can-do" spirit. Love of family, God and country. Valor in the face of danger and hardship, and most of all, a firm and unswerving loyalty to his men. All these qualities that we so instantly and rightly attribute to the men and

women of the Navy, and not just the Navy but all the Armed Forces, were deeply engrained in Admiral Cassidy.

It was that Navy spirit that Tom took with him into the private sector, where he accepted a position as CEO of General Atomics Aeronautical Systems, and where he has become a pioneer in the development of some of the most important and revolutionary weapons in America's arsenal for the war on terrorism.

Madam Speaker, Admiral Tom Cassidy made the Predator Unmanned Aerial Vehicle. Were it not for Tom, after September 11 the United States would not have had in its armory one of the key weapons with which we began the long hard fight to free Afghanistan, Iraq, the Swat valley and so many other parts of the Middle East and Central and South Asia.

At a time when there were grave doubts in the Armed Forces and the Department of Defense about the efficacy and necessity of UAVs like the Predator, Admiral Cassidy took a gamble. Operating by what Aviation Week magazine has rightly referred to as the "build it and they will come" strategy—Tom Cassidy pushed the development and building of Predators ahead of orders from the United States Government.

Consequently, Madam Speaker, when on that terrible day in September of 2001, Americans came face to face with the unrelenting hatred and resourcefulness of our radical Islamist opponents, we can thank Admiral Tom Cassidy that the United States was able to have at the ready one of the critical weapons systems with which we have been able to bring the war to our enemies and to drive them out of Iraq and Afghanistan.

It is a weapon that, Madam Speaker, continues to serve us well today. The Predator has gone through no less than three developmental iterations thanks to the hard work of Tom Cassidy. Each new evolution in the Predator has radically improved our ability to strike against the shadowy adversary that we now face.

The Predator, Madam Speaker, will soon have attained over a million cumulative flight hours. How many of the enemy has it taken out? How many lives of our service men and women have been saved by the use of the Predator? How many terrorist attacks against the United States and our allies have been averted thanks to the unique surveillance and offensive weapons capabilities of the Predator? How many people have a chance at freedom because the Predator was able to strike against those who preach a savage perversion of a religion?

There is probably no real way to count it accurately. Still, we know that lives have been saved and terrorist attacks have been averted and people who were once enslaved are now free because Predator was in America's arsenal. For that, Madam Speaker, this Congress and this country and people the world over owe Admiral Tom Cassidy a debt of gratitude of which they are scarcely aware. That is why I am privileged to be able to say these few words of thanks.

So Madam Speaker, Tom Cassidy will retire now. He will end the long days of hard work and get to spend time with the wife and family that he loves, secure in the knowledge that he

has done all that could reasonably be asked of one man to protect his country from those who threaten it.

Madam Speaker, I am sure that nothing would please Tom Cassidy more than to know that his work has helped our nation face many of the most challenging threats to our security. I am convinced that the strength of character, dedication to duty and love of family and of country that are the hallmarks of Admiral Thomas J. Cassidy, Jr.'s life will long endure. I congratulate him on a job well done that has spanned both careers, the U.S. Navy and his tenure as the head of General Atomics Aeronautical Systems. On behalf of the American people I thank him, and I wish him many happy years ahead.

HONORING THE ACHIEVEMENTS OF
FRED E. ALLEN

HON. RALPH M. HALL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. HALL of Texas. Madam Speaker, I rise today to honor the accomplishments of a man who has dedicated his life to service and a greater cause, Fred E. Allen of Mt. Pleasant, TX.

Mr. Allen has been an outstanding citizen and patriot throughout his life. Much of his energy has been directed through the noble organization of the Ancient Free and Accepted Masons, which has played an important role in the history of this nation since its founding. Many influential Americans have been members of the Masons, including Presidents, Members of Congress, Justices, and Governors, and their ranks have included scientists, engineers, doctors, lawyers, entertainers, clergy, entrepreneurs, businessmen, and pioneers—basically all walks of life.

In October of 2009 Mr. Allen was honored with The Grand Cross by the Supreme Council of the Southern Jurisdiction of the Scottish Rite. This is the highest individual honor that The Supreme Council bestows. It is a rare honorary degree that is bestowed on Thirty-third Degree Masons, and is awarded only for the most exceptional and extraordinary services. Mr. Allen is one of those exceptional Masons, a man who, in the words of the philosopher Jeremy Benson, sought "the greatest good for the greatest number."

It is a privilege to pay tribute to such an honorable and devoted citizen in the Fourth Congressional District of Texas, and I ask my colleagues to join me today in recognition of this great American, Fred Allen.

OUR UNCONSCIONABLE NATIONAL
DEBT

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. COFFMAN of Colorado. Madam Speaker, today our national debt is \$12,639,779,478,641.89.

On January 6th, 2009, the start of the 111th Congress, the national debt was \$10,638,425,746,293.80.

This means the national debt has increased by \$2,001,353,732,348.09 so far this Congress.

This debt and its interest payments we are passing to our children and all future Americans.

SERGEANT CANDICE BRIESE

HON. HOWARD L. BERMAN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. BERMAN. Madam Speaker, I am honored to pay tribute to Sergeant Candice Briese on the occasion of her retirement from the Los Angeles County Sheriff's Department and to recognize her contributions to the community for over three decades.

Sergeant Briese is a native of Galt, Missouri, but a lifelong resident of southern California. She has been a committed public servant with a professional career worthy of mention. Her extensive achievements and experience in law enforcement and security established her as a leader in community safety. Sergeant Briese served as a Deputy Sheriff in the Sybil Brand Institute, Lakewood Sheriff's Station, and Employee Support Services. As a Deputy Sheriff, she devoted her time and effort to ensuring safety in prisons, enforcing the law, and helping her department members through counseling and peer support.

Sergeant Briese has been a model public servant who always rises to meet challenges and never allows an obstacle to stop her in her efforts to improve the community. She served as a sergeant in the Men's Central Jail and in the notorious Twin Towers Correctional Facility. She has served with great dedication in various courts in Long Beach, Los Angeles, Inglewood, and Van Nuys.

While Sergeant Briese was serving at the Lakewood Sheriff's Station, she received a commendation from Sheriff Sherman Block for her heroic actions that saved the lives of five infants. She is known not only for her professionalism on the job, but also for her generous and compassionate nature. She was the leading force behind efforts to teach inmates how to read in the Biscailuz Recovery Center.

In addition to being a hardworking law enforcement officer, Sergeant Briese is also a wife and the mother of three successful children. I know that her husband, Glenn Jorritsma, and her children, Beu Alan Briese, Cara Bethanie Briese, and Ted Dustin Briese, are proud of her service.

I ask my colleagues to join me in saluting Sergeant Candice Briese, for her distinguished service and outstanding commitment to our society.

CHARLIE WILSON

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. POE of Texas. Madam Speaker, I'd like to recognize a former Member of Congress who represented the 2nd Congressional District of Texas which I represent. While the 2nd Congressional District has changed in shape over the years, I would like to take this opportunity to recognize a unique Texan who served his constituents and country well during his 24 years in the House of Representatives.

Charlie Wilson served 12 terms (1973–1997) in the U.S. House of Representatives. He was well known for his personality as big as Texas and is perhaps best known for his work to covertly direct billions of U.S. dollars in arms to Afghan rebels who were fighting the Soviets through his position on the House Appropriations Committee.

One of my favorite stories about Charlie Wilson is the story when as a young boy of 13 and living in Trinity, Texas, his dog Teddy got into the neighbor's yard. The neighbor, city official Charles Hazard, retaliated by mixing crushed glass into the dog's food. The dog died from internal bleeding. In response, Charlie decided to run for office against him in the next election. Charlie won by driving 96 voters from poor neighborhoods to the polls. Before they left the car, Charlie told them what Mr. Hazard had done to his dog Teddy. Charlie Wilson won that race by a margin of only 16 votes. This election started his political career.

Perhaps this event explains why he always fought for the underdog later in life. His efforts of aiding Afghans rebels with appropriate weaponry and machinery and in advocating for humanitarian aid were successful in helping to defeat the Soviet Union and in bringing the Cold War to a close. He was also a tireless advocate for Texas in Washington, DC and helped bring business and industry to his district and State.

Charlie Wilson passed on February 10, 2010 in Lufkin, Texas, from a cardiopulmonary arrest. We are grateful for his service in the second congressional district of Texas and for his tireless efforts to advance freedom in Afghanistan and throughout the world. His death is a loss to Texas, and to our Nation.

HONORING MR. DAVID HOPKINS

HON. C.A. DUTCH RUPPERSBERGER

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. RUPPERSBERGER. Madam Speaker, I rise before you today to honor Mr. David Hopkins, recipient of the Harford County Agricultural Pioneer Award. Hopkins owns and operates a local produce stand, providing Harford Countians with fresh, locally grown fruits and vegetables.

Hopkins, a third generation farmer, was introduced to the direct-to-consumer produce business in the 1970s, when he and his brother

worked for a local produce stand. In the 1980s when that stand closed, the Hopkins family began to sell produce from their farm. With the determination of Hopkins, his family produce stand flourished and the Hopkins family was able to build a pavilion to house the stand. In 2004, the produce stand was so successful they were able to sell the dairy cows.

In 2009, Hopkins assisted with Harford County's "Buy Local" campaign by allowing the Division of Agriculture to have its logo and slogan painted on the side of his barn. Hopkins continues to operate his stand with the help of his family, including his brother Daniel and son Aaron, who is continuing the family's farming legacy by studying Agriculture at the University of Delaware.

Madam Speaker, I ask that you join with me today to honor Mr. David Hopkins, Harford County's Agricultural Pioneer of the year. The achievements of Mr. Hopkins produce stand should be a model to local businesses within Harford County.

IN RECOGNITION OF MR. A.J. O'NEILL'S COMMITMENT TO AMERICA'S BIG 3 AUTOMAKERS, THEIR EMPLOYEES, AND THE COMMUNITIES THEY SUPPORT

HON. GARY C. PETERS

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. PETERS. Madam Speaker, I rise today to recognize Mr. A.J. O'Neill, a Berkley native and Royal Oak resident, for his community activism dedicated to highlighting the importance of our domestic automotive manufacturing industry to our economy and communities. As a Member of Congress it is both my privilege and honor to recognize Mr. O'Neill, today as he prepares to hold the 2nd Annual "Assembly Line Concert" at his café to support our American Big 3 Automakers and their employees.

On April 1st of 2007, Mr. O'Neill opened his café in downtown Ferndale. From day one, Mr. O'Neill made a commitment to his community to do what he could to make Southeast Michigan a better place.

In late fall of 2008, during the Auto crisis, Mr. O'Neill started the "I Pledge America" campaign. The pledge is simple, "I promise America that, on my honor, when I buy a new vehicle, it will be a Detroit-born, Big Three (Ford, GM or Chrysler) automobile." I am proud to count myself among the over ten thousand signatories to this pledge.

After seeing the success of the "I Pledge America" campaign, Mr. O'Neill was inspired to do more. Starting on March 20th, 2009, and continuing 24 hours a day 7 days a week until April 1st, 2009, Mr. O'Neill hosted the first annual "Assembly Line Concert." The concert was a 288 hour marathon, featuring over 300 bands performing in honor and support of the domestic auto industry, with proceeds donated to the families of laid off auto workers. Due to the incredible success and length of this concert, Mr. O'Neill established a new Guinness World Record for the "longest continuous music concert by multiple artists."

Today represents the start of a new chapter in Mr. O'Neill's story as he hosts the "Second Annual Assembly Line Concert." This concert will exhibit 312 hours of continuous music performed by well over 300 bands and musical artists. Mr. O'Neill is poised to break his own Guinness record for the longest continuous music concert, with proceeds once again going to the families of struggling auto workers in Southeast Michigan.

Madam Speaker, I ask my colleagues to join me today to honor Mr. A.J. O'Neill's dedication to the domestic auto industry, its tens of thousands of employees and retirees and the communities of Southeast Michigan as we work to rebuild and revitalize Michigan together.

CONGRATULATING DAVID KENNEY

HON. JEAN SCHMIDT

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mrs. SCHMIDT. Madam Speaker, I rise today to honor and congratulate Mr. David Kenney. Recently, both David and his business, Westrux International Inc., were awarded the International Circle of Excellence Award for 2009.

Awarded by Navistar, Inc., the Circle of Excellence is given to dealerships that achieve the highest level of performance in terms of operating and financial standards, market representation, and, most importantly, customer satisfaction. It is the highest honor that an International dealer can receive from Navistar.

David's business, Westrux International, Inc., consists of six dealer locations employing 213 people. Westrux International, Inc., has now earned the Circle of Excellence Award a total of 13 times. David's dealership is also a multi-year winner of the IdealGold Award for Excellence, awarded to "IdeaLease affiliates dedicated to success in the lease and rental industry."

These awards are a testament to Dave's reputation as a leader in the trucking industry through many years of hard work in the industry and service to his community. His leadership in the trucking industry is evident by his serving as chairman of the International Dealer Council and has also chaired the Parts Dealer Advisory Board. In his community, he is a member of a leadership coaching group, Vistage International. Additionally, Dave sits on St. Mary's College of California's School of Economics and Business Administration Advisory Board. Dave is also a devoted husband to his wife Jill, and father to four children.

Madam Speaker, please join me in congratulating David Kenney for his accomplishments, his record of success, and his many contributions to his community, the State of California, and our nation.

PERSONAL EXPLANATION

HON. ADAM SMITH

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. SMITH of Washington. Madam Speaker, on Friday, March 12, 2010, I was unable to be present for recorded votes. I request that the RECORD show that had I been present, I would have voted "yes" on rollcall vote No. 109 (on passage of H.R. 3650), "yes" on rollcall vote No. 110 (on approving the journal), and "yes" on rollcall vote No. 111 (on the motion to suspend the rules and pass H.R. 4506, as amended).

CONGRATULATING ED KYRISH

HON. JEAN SCHMIDT

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mrs. SCHMIDT. Madam Speaker, I rise today to honor and congratulate Mr. Ed Kyrish. Recently, both Ed and his business, Texas Truck Centers of Houston, Ltd., were awarded the International Circle of Excellence Award for 2009.

Awarded by Navistar, Inc., the Circle of Excellence is given to dealerships that achieve the highest level of performance in terms of operating and financial standards, market representation, and, most importantly, customer satisfaction. It is the highest honor that an International dealer can receive from Navistar.

Family owned and operated since 1988, Texas Truck Centers of Houston, Ltd., is one of the premier truck dealerships in the country. Ed's business employs 264 people at five dealer locations. In January of 2010, Ed and the International Truck community celebrated his 60th year of service to International. Ed and Texas Truck Centers have earned the Circle of Excellence Award 13 times.

The many awards that Ed and Texas Truck Centers earn are a testament to his reputation as a leader in the trucking industry. Ed serves as a member of the Parts Advisory Board of International's dealer organization. Ed has

also been awarded the Lifetime Achievement Award from International. Additionally, Ed has been recognized as an ADT Dealer of the Year.

Ed is also dedicated to his community. He co-founded the Richland Youth Organization's Girl's Softball League, served as softball league and Little League manager, and served as a leader with the Boy Scouts of America. Ed also is a devoted member of his school board and its fundraising committee, is a supporter of its Adopt A Family initiative, and is the chairman of his church board.

Madam Speaker, please join me in congratulating Ed Kyrish for his accomplishments, his record of success, and his many contributions to his community.

CONGRATULATING BLAINE ROBERTS

HON. JEAN SCHMIDT

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mrs. SCHMIDT. Madam Speaker, I rise today to honor and congratulate Mr. Blaine Roberts. Recently, both Blaine and his business, Roberts Truck Center, were awarded the International Circle of Excellence Award for 2009.

Awarded by Navistar, Inc., the Circle of Excellence is given to dealerships that achieve the highest level of performance in terms of operating and financial standards, market representation, and, most importantly, customer satisfaction. It is the highest honor that an International dealer can receive from Navistar.

Roberts Truck Center has grown into one of the premier truck dealerships in the Southwest. Blaine manages 8 of the 13 dealer locations that are part of the Roberts Truck Center family business, owned by Blaine and his brother Blair. The Roberts Truck Center employs 467 people and has earned the Circle of Excellence Award a total of 26 times.

Blaine has earned this recognition and accomplishment through years of hard work and being a dedicated servant of his community. He is committed to his industry and serves on a number of industry groups and boards including the International Dealer Development and Systems Board.

Madam Speaker, please join me in congratulating Blaine for his accomplishments, his record of success, and his many contributions to his community.

SENATE—Friday, March 19, 2010

The Senate met at 9:30 a.m. and was called to order by the Honorable MARK R. WARNER, a Senator from the Commonwealth of Virginia.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Almighty God, whose grace sustains us, Your goodness and mercy have followed us all the days of these Pilgrim years. Today, give understanding, humility, and courage to our lawmakers, that they may be faithful stewards whose work honors You. Lord, make them conscious of Your overshadowing presence as they seek to produce legislation that will bless our land. May they commit their ways unto You who know the road they take and can bring them forth as gold tried in fire.

We pray in Your matchless Name. Amen.

PLEDGE OF ALLEGIANCE

The Honorable MARK R. WARNER led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. BYRD).

The assistant legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, March 19, 2010.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable MARK R. WARNER, a Senator from the Commonwealth of Virginia, to perform the duties of the Chair.

ROBERT C. BYRD,
President pro tempore.

Mr. WARNER thereupon assumed the chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

SCHEDULE

Mr. REID. Mr. President, following leader remarks, the Senate will resume

consideration of the FAA bill. It is hopeful we will reach an agreement on the slots issue, which has created some controversy in this matter. The Senators involved, both Democrats and Republicans, have been working on this issue, and I hope we can have some agreement that will allow us to move forward to passage of this bill on Monday. This is the only issue that is holding up this bill.

There will be no rollcall votes today. The next vote will be at 5:30 p.m. on Monday.

MEASURES PLACED ON THE CALENDAR—S. 3143, H.R. 4851, AND H.R. 4853

Mr. REID. Mr. President, there are three bills at the desk due for a second reading and I ask that the Chair proceed with that.

The ACTING PRESIDENT pro tempore. The clerk will report the bills by title for the second time.

The assistant legislative clerk read as follows:

A bill (S. 3143) to provide that Members of Congress shall not receive a pay increase until the annual Federal budget deficit is eliminated.

A bill (H.R. 4851) to provide a temporary extension of certain programs, and for other purposes.

A bill (H.R. 4853) to amend the Internal Revenue Code of 1986 to extend the funding and expenditure authority of the Airport and Airway Trust Fund, to amend title 49, United States Code, to extend authorizations for the airport improvement program, and for other purposes.

Mr. REID. Mr. President, I object to any further proceedings with respect to these three bills.

The ACTING PRESIDENT pro tempore. Objection is heard. The bills will be placed on the calendar.

UNANIMOUS-CONSENT REQUEST—H.R. 4851

Mr. REID. Mr. President, we have an issue and a problem, as we had a long debate dealing with unemployment benefits. We moved forward and passed the bill that would extend them for 30 days. That extension is going to run out before we complete the conference on this bill.

As a result of that, I ask unanimous consent that the Senate proceed to the consideration of H.R. 4851, which is an act to provide for a 30-day extension of unemployment benefits, COBRA benefits, satellite television, poverty guidelines, and flood insurance; that the bill be read three times, passed, and a motion to reconsider be laid on the table.

The ACTING PRESIDENT pro tempore. Is there objection?

Mr. KYL. Mr. President, reserving the right to object, obviously we just received the papers yesterday and the indication about 30 minutes ago that this request would be made. It is Friday. Members aren't here. The leader is obviously not here, as explained by my presence.

Obviously, we will visit with our Members on Monday when everybody returns and determine what the appropriate way to proceed on this is. It doesn't expire until April 5, so there is plenty of time, and we will be happy to work with the majority leader to determine the best course of action to get this resolved before April 5.

I supported this extension last time, so this is necessarily obviously not based on a substantive objection but the need to inquire with our Members as to how they wish to proceed, as a result of which, at this moment, I would have to object.

The ACTING PRESIDENT pro tempore. Objection is heard.

Mr. REID. Mr. President, I agree with my friend from Arizona. I think there should be consultation with his Members, and we hope we can work something out next week.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

TAX ON BONUSES RECEIVED FROM CERTAIN TARP RECIPIENTS

The ACTING PRESIDENT pro tempore. The Senate will resume consideration of H.R. 1586, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 1586) to impose an additional tax on bonuses received on certain TARP recipients.

Pending:

Rockefeller amendment No. 3452, in the nature of a substitute.

McCain amendment No. 3527 (to amendment No. 3452), to require the Administrator of the Federal Aviation Administration to develop a financing proposal for fully funding the development and implementation of technology for the Next Generation Air Transportation System.

McCain amendment No. 3528 (to amendment No. 3452), to provide standards for determining whether the substantial restoration of the natural quiet and experience of the Grand Canyon National Park has been achieved and to clarify regulatory authority with respect to commercial air tours operating over the park.

Mr. REID. Mr. President, has morning business been announced?

The ACTING PRESIDENT pro tempore. We are on the bill.

Mr. REID. We are on the bill. That is where we should be.

I note the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. DORGAN. Mr. President, this morning we are awaiting the opportunity to do a unanimous consent request that would then give us the road ahead to complete the FAA reauthorization bill on Monday. We have spent 5 days on the floor of the Senate, entertained a fairly large number of amendments and had votes on amendments. We have one large group of amendments that has been cleared by both sides. We will include that in the unanimous consent request as well.

We made a lot of progress last night in reaching some understandings about a couple of the complicated and controversial issues. It appears now, when we get the unanimous consent request, which I think we have agreed to—we are just getting it prepared—we will be able to get that done this morning. That will give us the road forward, and we will complete this bill Monday evening.

This is a very big achievement because the FAA reauthorization bill has been extended 11 times rather than completed and reauthorized. It has been extended 11 times without what we needed to do, such as authorize the activities to modernize our air traffic control system, update some of the safety issues that are included in this legislation, update the essential air service program, including the passengers' bill of rights—a series of provisions that are very important to make certain we have a modern aviation system that is as safe as it can be and that is as protective of passengers as is possible, giving the airlines and those in general aviation, as well, the opportunity to have a modern air traffic control system, the most modern in the world.

This is a big achievement. I appreciate the cooperation of all of our colleagues, Republicans and Democrats, who joined last evening in wanting to finish this bill. We were able to reach some understandings to do that.

While we are waiting for the opportunity to do the unanimous consent request—it is not yet completely written—I am going to give a presentation this morning on the subject of energy.

I will withhold on that. I know our colleague from Arizona is on the floor.

Let me at this point yield the floor, and at some appropriate point I will spend some time talking about energy.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Arizona.

Mr. MCCAIN. Mr. President, I ask my friend from North Dakota, I intended to speak in morning business as well, if he has no objection.

I ask unanimous consent to address the Senate as in morning business.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTH CARE

Mr. MCCAIN. Mr. President, there is a lot of excitement and interest, obviously, around the country about the impending, possibly, vote in the other body, perhaps as early as Sunday. I think it is time we talked a little bit about reality as well. I would like to mention one item.

I read from an article from the Dow Jones Newswires:

Caterpillar, Inc., said the health care overhaul legislation being considered by the U.S. House would increase the company's health care costs by more than \$100 million in the first year alone.

In a letter Thursday to [House] Speaker Nancy Pelosi and House Republican leader John Boehner of Ohio, Caterpillar urged lawmakers to vote against the plan "because of the substantial cost burdens it would place on our shareholders, employees and retirees."

Caterpillar, the world's largest construction machinery manufacturer by sales, said it's particularly opposed to provisions in the bill that would expand Medicare taxes and mandate insurance coverage. The legislation would require nearly all companies to provide health insurance for their employees.

I would point out to my colleagues that this is one of the largest exporters the United States of America has.

Continuing to quote:

Caterpillar noted that the company supports efforts to increase the quality and value of health care for patients . . . unfortunately, neither the current legislation in the House and Senate, nor the President's proposal, meets these goals.

Most telling, perhaps, is the comment of the vice president, who said this:

We can ill-afford cost increases that place us at a disadvantage versus our global competitors.

So here we are with a huge trade deficit of almost unprecedented proportions. We owe the Chinese \$850 billion, or some huge amount, and more every day, so Caterpillar is going to have their expenses increased in 1 year by \$100 million or more. How in the world are they going to be competitive?

I probably should have begun with this. Yesterday, in my home State of Arizona, almost an unprecedented event took place. The Governor of the State of Arizona, Governor Jan Brewer, the majority leader of the senate, and the speaker of the house, held a press conference in which they talked about

a letter they sent to the President of the United States. I want to quote from the letter:

Dear Mr. President: We share common ground in that we both have been called to lead during some of the most difficult times our Nation has faced. Like you, I hear painful stories on a regular basis from people who are struggling to survive. Yet in their time of need, our State government is on the brink of insolvency.

During this downturn, Arizona has lost the largest percentage of jobs in the United States. The flagging economy has resulted in a loss of State revenues in excess of 30 percent, placing tremendous pressures on our State budget. Today, Arizona faces one of the largest deficits of any State.

There is no doubt that this fiscal calamity has been compounded by the enormous spending increases we are facing as a result of our Medicaid, which has seen population growth of almost 20 percent in the past 12 months. It is for that reason I write to you today.

You have repeated on several occasions that the debate on health care reform has consumed the past year and you most recently called on Congress to vote the measure "up or down." As the governor of a State that is bleeding red ink, I am imploring our congressional delegation to vote against your proposal to expand government health care and to help vote it down.

The reason for my position is simple: We cannot afford it. And based on our State's own experience with government health care expansion, we doubt the rest of America can either.

Then the Governor of the State of Arizona, Jan Brewer, along with the other legislative leaders, goes on to explain why this would cause such devastating harm to the State of Arizona, which is already suffering under unprecedented fiscal difficulties.

As the Governor pointed out in her letter, Medicaid has seen population growth of almost 20 percent in the last 12 months. All over America, Governors are saying: Don't do this to us. They are saying: Don't mandate this dramatic increase in our Medicaid expenses. Governors and legislatures and citizens all over the country are enacting laws and proposing constitutional amendments that say: You cannot force us to buy health insurance.

I want to congratulate the Governor of the State of Arizona and our legislative leaders for their courage in standing up and telling the American people and the President of the United States the reality of what they are facing.

I guess a lot of this may be coming to a head in some respects, although there still seems to be some speculation as to what "reconciliation" will take place over here, exactly what form that will take, and exactly what the rulings of the Parliamentarians and others will be to what sounds like arcane procedures and how they will unfold. But I think it is very clear that we are facing, possibly for the first time in our history, a major reform in the face of overwhelming opposition to it on the part of the American people.

This morning's Wall Street Journal has an interesting lead editorial entitled: "March Madness." "Scenes from a devolution as Democrats writhe towards 216 votes." I want to quote from the editorial of this morning:

Has there ever been a political spectacle like the final throes of Obama care? We can't recall one outside of a banana republic, or, more accurately, Woody Allen's 1971 classic "Bananas." Capitol Hill resembles nothing so much as that movie's farcical coup d'etat in San Marcos, as Democrats try to assemble a partisan minimum of 216 votes—if only for an hour or so at some point on Sunday—and no bribe is too costly, no deal too cynical, no last-minute rewrite too blatant.

That pretty much sums it up. One of the issues is, what are the tax increases in this? When do they kick in? How is it that the Congressional Budget Office can come up with such estimates, as they have? Well, the first principle, my friends, is: Garbage in, garbage out. If you give the Congressional Budget Office certain assumptions, they will have to give estimates based on those assumptions, even if those assumptions are totally out of the realm of possibility, such as cuts of \$½ trillion in Medicare, such as saying that we will have a so-called "doc fix"—a reduction in doctors' payments of some \$217 billion. We know that is not going to happen. We know that is not going to happen.

Let me quote again from the Wall Street Journal article:

Also yesterday the white smoke rose up from the Congressional Budget Office, which released its cost estimates for the "reconciliation bill" and the sundry fixes without which Ms. Pelosi can't deem the Senate bill passed. Democrats preemptively released the topline numbers, which by themselves took weeks of tweaking to game the CBO's accounting conventions and officially stay under \$1 trillion in spending for 10 years. The real cost over a decade, once all the spending kicks in, is \$2.4 trillion.

Why is that? It is obvious that the first 4 years the taxes are raised and the benefits are cut, and it is only after 4 years that you begin to see benefits. That is a classic example of budget gimmickry.

Once again quoting from the article:

CBO Director Doug Elmendorf was thus obliged to release a "preliminary estimate," having "not thoroughly examined the legislative language." Mr. Elmendorf said at a hearing that his health-care staff members were close to burning out under "the almost round-the-clock schedule" of unrelenting Democratic demands about the budgetary effects of this or that provision. And all for a bill whose subsidies don't begin until 2014.

By the way, to make the deficit numbers "work," Democrats decided at the 11th hour to increase their new tax on investment income to 3.8 percent from 2.9 percent. Congratulations. White House budget director Peter Orszag quickly declared that "the CBO score today should leave no doubt that we are operating in a new fiscal era."

We certainly are.

One thing the score also made clear, however, is that Mrs. Pelosi's reconciliation

fixes could easily be blown to pieces in the Senate. While the Democratic strategy is already a wholesale abuse of the traditional reconciliation process, it now bids to violate the actual rules of the reconciliation as well.

In a carom shot if there ever was one, excise tax on gold-plated health coverage has received one last tweak. It is expected to fund ObamaCare as employees take more of their compensation in wages rather than health insurance, thus exposing more income to ordinary taxes. The House demand to delay that tax until 2018—

And does anybody believe we are going to impose taxes in 2018?

—from 2013 in the Senate bill—to appease the likes of AFL-CIO president Richard Trumka, who met one-on-one with Mr. Obama on Wednesday—therefore reduces Social Security payroll tax revenues. But reconciliation expressly forbids such changes.

The reconciliation rules forbid changes to Social Security.

And CBO says this change will drain some \$53 billion from the program's trust fund.

Senate Republicans will therefore be entitled to raise a budget "point of order" against the entire reconciliation bill if it does arrive in the upper chamber.

North Dakota Senator Kent Conrad admitted the risks yesterday, asking rhetorically if he expected that some GOP "challenges will be upheld? Yeah, I do." By the way, Mr. Conrad and his House North Dakota colleague Earl Pomeroy are getting a special provision that exempts a state-owned North Dakota bank from the unrelated private student loan takeover that Democrats have included as part of ObamaCare. That multibillion-dollar baby was added to further rig the budget numbers and win over conflicted Members.

I understand that my colleague Senator CONRAD has now said he does not wish for that exemption to be in legislation.

I want to point out that there are new taxes—even more tax increases in this bill—more than \$560 billion in taxes on Medicare patients, private health insurance plans, medical device manufacturers, small businesses, and much more, including Caterpillar's estimate, as I mentioned, of \$100 million more in cost. There is more than \$200 billion in taxes on individuals and small businesses; Medicare hospital insurance tax, \$210 billion; penalty payments by employers—these are penalty payments in taxes on employers that will be enacted between 2010 and 2019.

In other words, the assumption in this legislation is that we will plan on penalizing employers some \$52 billion over 10 years. I think employers might be interested in hearing that. Then, more than \$30 billion in taxes on private health insurance plans—\$32 billion—nearly \$20 billion in taxes on uninsured Americans, and \$20 billion in taxes on medical device manufacturers.

I want spend a minute on that—\$20 billion in taxes on medical device manufacturers. The excise tax on manufacturers and importers of certain medical devices, \$20 billion. Impose a 2.9-percent excise tax on manufacturers and importers of certain medical devices

from 2010 to 2019, which will then count as \$20 billion in revenue.

Who pays? Who then pays when we raise taxes on the manufacturers of medical devices? Who at the end of the day is going to pay for that? We know who is going to pay for it. We know it will be the person who purchases these medical devices because the companies, obviously, cannot stay in business at a loss.

I note the presence of my colleague and friend from Arizona. I would bring this to his attention.

Mr. President, I ask unanimous consent to engage in a colloquy with my colleague from Arizona.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. MCCAIN. I mentioned earlier, I say to my friend, Senator KYL, the letter and press conference of our, I think very courageous, Governor and a speaker of our Arizona House and Senate. They held a press conference yesterday and announced the letter they were sending to the President of the United States. I think she graphically demonstrates not only the incredible burden this lays on our home State of Arizona but on States all over America.

Isn't it true, I ask my colleague from Arizona, that not only has the State of Arizona warned of the consequences of this legislation, in the State of Arizona we may have on our ballot a statement included in our State constitution that no one should be forced to buy health insurance. Isn't it true that other States both have enacted legislation and are working on their own State constitutions to prevent this mandatory health insurance purchase and the included tax increases and costs on their States?

Mr. KYL. Mr. President, I appreciate my colleague bringing that to light. The answer, of course, is absolutely yes. I think at last count there were some 38 States that had expressed either through their attorneys general, Governor, or State legislature the intention to file litigation, and some of those States, such as Arizona, will have either ballot propositions or some have already passed legislation, such as Idaho, that has the effect of law to exempt their citizens from having to participate in this Federal mandate.

I ask my colleague, has this letter been printed in the RECORD yet?

Mr. MCCAIN. I had it printed in the RECORD, and also I highlighted the comments the Governor said, "imploping our Congressional delegation to vote against your proposal. . . ." Therefore, "the reason for my position is simple: we cannot afford it."

Mr. KYL. Mr. President, if I could, the Governor had sent a previous letter, which is also in the CONGRESSIONAL RECORD, in which she specified the amount of money, \$4 billion of extra

costs, for the State of Arizona after our State has already slashed billions from the budget. In fact, our State is in such financial doldrums that they literally had to sell some of the buildings at the State capital in order to generate revenue, and then they are leasing those back.

Our State is in terrible financial condition. As my colleague pointed out before, with the number of homes in foreclosure and underwater, it is a terrible situation. Now to impose an additional \$4 billion expense on the people of the State of Arizona with this legislation, as the Governor said, is very objectionable. She has urged our colleagues in the House of Representatives, therefore, to oppose the legislation.

Mr. MCCAIN. I would like to bring to my colleague's attention—one of the major health care providers in our home State of Arizona and across the country is Banner Health, as my colleague knows. There is a letter.

Mr. President, I ask unanimous consent the letter from Peter Fine, CEO of Banner Health in Phoenix be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

MARCH 15, 2010.

Hon. JOHN MCCAIN,
U.S. Senate, Senate Russell Building, Washington, DC.

DEAR SENATOR MCCAIN: The President has called on Congress to pass H.R. 3590, the Senate's Patient Protection and Affordable Care Act, before Easter, along with some changes that the Administration recently outlined. This legislation would greatly expand Medicaid at a tremendous cost to Arizona. Our state cannot afford its current Medicaid program and your support for H.R. 3590 would be fiscally irresponsible.

The Arizona Legislature adopted an \$8.5 billion spending plan this past week for SFY 11, addressing one of the largest deficits of any state. This budget drastically reduces spending for the Arizona Health Care Cost Containment System (AHCCCS)—Arizona's version of Medicaid. Specifically, this budget cuts \$2.7 billion in state and federal dollars as follows:

- Eliminates funding for the AHCCCS expansion population, known as Prop. 204, as of Jan. 1, 2011. As a result, nearly 310,000 adults at or below 100 percent of the federal poverty level will lose health care coverage under AHCCCS.

- Repeals the KidsCare program, Arizona's version of SCHIP, as of June 30, 2010. KidsCare provides health care coverage for 47,000 children from low-income families.

- Eliminates all Medicaid funding for Graduate Medical Education, which supports physician residence training programs.

- Cuts \$14 million in Medicaid Disproportionate Share Hospitals (DSH) payments and reduces the number of hospitals eligible to receive DSH.

- Cuts provider payments up to 5 percent beginning October 2010. If Prop. 100 (the one-cent sales tax referendum) fails to pass on May 18th, the AHCCCS Administration is authorized to cut provider rates up to 10 percent.

- Eliminates behavioral and mental health services for 36,000 individuals, including

14,600 adults who have a serious mental illness.

Despite these and other drastic program cuts, Arizona's budget still has \$2.5 billion structural deficit—the difference between on-going expenditures and on-going revenues. And if Prop. 100 (the one-cent sales tax referendum) fails, the structural deficit will be a staggering 43.4 billion.

Arizona has run a budget deficit in eight of the last ten years. The state's reliance on long-term borrowing to finance operations has grown significantly and serves only to further exacerbate the on-going structural deficit. To put a finer point on it, our state's budget has become a house of cards.

Banner Health, Arizona's largest provider of health care services, supports expanding access to health care services for the uninsured but not as an unfunded mandate. According to the AHCCCS Administration, the Medicaid expansion in H.R. 3590 will cost Arizona \$3.9 billion from 2014 thru 2020. The state simply cannot afford this expansion. This state cannot financially support the first dollar to gain the federal match and if the legislation calls for expanded Medicaid coverage, the federal government will have to financially support it in total. While the legislation has many good things that could still be put in place by going after them individually rather than in a large complex bill, the negative impact of the unfunded mandates associated with the expansion of Medicaid will devastate Arizona. Therefore, I strongly urge you to oppose H.R. 3590 unless the unfunded Medicaid expansion is removed or fully funded by the federal government. If not, the effect on the state and its financial condition will be devastating and will reach unprecedented levels. Thank you.

Mr. MCCAIN. His letter states:

The President has called on Congress to pass H.R. 3590. . . .

This legislation would greatly expand Medicaid at a tremendous cost to Arizona. Our state cannot afford its current Medicaid program and your support for H.R. 3590 would be fiscally irresponsible. . . .

Despite these and other drastic program cuts, Arizona's budget still has a \$2.5 billion structural deficit—the difference between on-going expenditures and on-going revenues. . . .

Arizona has run a budget deficit in eight of the last ten years.

Banner Health, Arizona's largest provider of health care services, supports expanded access to health care services for the uninsured but not as an unfunded mandate. According to the AHCCS Administration—

That is our State's version of Medicaid—

the Medicaid expansion in H.R. 3590 will cost Arizona \$3.9 billion, from 2014 through 2020. The state simply cannot afford this expansion. The State cannot financially support the first dollar to gain the federal match and if the legislation calls for expanded Medicare coverage, the Federal Government will have to financially support it in total. While the legislation has many good things that could still be put in place by going after them individually rather than in a large complex bill, the negative impact of the unfunded mandate associated with the expansion of Medicaid will devastate Arizona.

Mr. KYL. Mr. President, I say to my colleague, Mr. Fine, a leader of one of the very large health systems in the State of Arizona, had been, I would say, very forward leaning, maybe even

supportive of the health care reforms that had been proposed by the President initially. This comes from someone who wanted reform and who notes in this letter that there are some good things there, but he has finally concluded that the imposition of the unfunded mandates and other features of the legislation simply make it—unsustainable.

I ask my colleague for the exact word. I am not sure if it was "unsustainable." But he said: So this legislation should not be supported. Instead, he suggested the approach that we have taken, which is we should take the good features that address specific problems and try to deal with them one by one rather than in this comprehensive form.

This is from someone who initially was pretty supportive of trying to move forward with this and now has concluded it is just too much and the State cannot afford it.

Mr. MCCAIN. Also, I am very interested. I said earlier, before my colleague came to the floor, that the announcement this morning that Caterpillar has announced the health care bill would cost the company \$100 million more in the first year—\$100 million more, just Caterpillar, in the first year alone.

The hour is late. But what I think maybe my colleague and I should do is ask people from Raytheon and Boeing and other major manufacturing companies—the way, many of them are export driven, Intel and others, that are located in our State—what the cost to them would be. If Caterpillar says it is \$100 million more in 1 year, I can imagine what the costs are going to be to the major manufacturers that are located in the State of Arizona as well.

Again, I want to repeat—I know Senator KYL agrees with me—I would like to congratulate our Governor for standing up for the people of Arizona, for the courage she has shown more than once in her press conference. The statement she, joined by the members of the legislature, made is an important aspect of this debate. We should know in Washington what our actions will do to the people of the States we represent.

As Senator KYL mentioned, 38 States are taking some kind of action or another to prevent this piece of legislation from—however it comes out, certainly in its present form, which we know will not change very much if it is passed—wanting us to stop and start over.

I hope our colleagues will recognize if this legislation passes through this weekend, through the House of Representatives, that the fight will then come back to the floor of the Senate. If in the worst case scenario this legislation is passed by the Senate and signed into law by the President of the United States, there will be a movement

throughout the country that will be entitled "Repeal Now" or something like that, which will argue strenuously through demonstrations, at the ballot booth, and at tea parties and gatherings all over America that we will repeal this legislation.

Back in the 1990s there was a piece of legislation called catastrophic health care. We passed it through the Congress. The President signed it. The American people said no.

This fight goes on. All of us want to fix the health care system. All of us want to bring health care costs down. This is not the way to do it. It is certainly not the way to do it, which would be done strictly on a partisan basis for the first time in history that legislation of this magnitude is passed without a broad, bipartisan basis for it.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Arizona.

Mr. KYL. Mr. President, I am going to be speaking on the legislation pending before us. Perhaps Senator DORGAN would like to lock in speaking time after I am done?

Mr. DORGAN. Let me ask unanimous consent to be recognized following the presentation by Senator KYL.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. KYL. Mr. President, I am going to speak in more detail later, following up on comments that my colleague from Arizona, Senator MCCAIN, has made. He has rightly pointed out that the Governor of the State of Arizona and our legislative leaders discussed in press conference in Arizona the impact of this legislation in Arizona. They are very worried. They have urged our congressional delegation to oppose the legislation. I will make some comments about that.

But I do want to address this question of the so-called perimeter rule, which is relevant to the FAA bill that is before us, and an amendment that has been filed by Senator ENSIGN that will be modified and refiled sometime today, either by Senator ENSIGN or by Senator HUTCHISON. It is an amendment which I support.

I am going to discuss the perimeter rule and the way that the amendment would change it, briefly, today, and then after it is filed we will have a little bit more to say about it. The Ensign amendment would have the effect of modifying an archaic regulation that has had the effect of limiting competition and travel options for those who fly in and out of Ronald Reagan Washington National Airport.

Many years ago, Congress restricted the departure or arrival of nonstop flights from airports that are more than 1,250 miles from Reagan National Airport. It is called DCA, in the terminology—1,250 miles. That established a perimeter beyond which planes could

not fly into or out of Reagan National Airport. That is referred to, therefore, as the perimeter rule. Effectively, it forced passengers in the Western United States either to use Dulles Airport or to use some other hub partway through the country, change planes, and then fly into Reagan from that shorter distance.

Obviously, this is inconvenient and discriminatory against citizens in the western portions of the United States who, I submit, should have equal access to their Nation's Capital as citizens who are closer to the Capital.

The original purpose of it was a valid one, and it was to ensure the new Dulles Airport—I think now over 50 years old, but I still think of it as a new airport—would become successful. It did take a few years for Dulles to establish itself as a major national and international airport, now serving, I think—just 2 years ago, the last year for which I have statistics—over 24 million passengers, which is millions more than Reagan Airport.

So it is clearly both an international hub in the United States, as well as the long-haul airport serving the Washington, DC, area. It is thriving, as I said. It has something over 24 million passengers, and that was as of over 2 years ago.

Over the years because of not only the success of Dulles Airport but also improvements in technology and handling more airplanes and handling more planes on the ground and, importantly, in reducing the noise of jet engines, the desire of more people to be able to travel directly into Reagan Airport has obviously increased, and there has been pressure to grant at least a limited number of exceptions for the traveling public which is eager for options in getting in and out of the Washington, DC, area.

So a very few limited exceptions to this perimeter rule were created. Yet today there are only a dozen nonstop flights—12—between Washington National and the entire Western United States; specifically, 4 flights to Denver, 3 to Phoenix, 2 to Seattle; 1 to Las Vegas, 1 to Los Angeles, and 1 to Salt Lake City. And that is out of approximately 400 flights from Washington Reagan Airport. That is the only number—12—out of more than 400 flights traveling to those important cities in the United States—Los Angeles and Phoenix, 2 of the top 5 populated cities in the entire country.

In 1999, now more than a decade ago, the Transportation Research Board found that the perimeter rules "no longer serve their original purpose and have produced too many adverse side effects, including barriers to competition." Of course, barriers to competition not only make it more costly for flyers but also reduce the ability of airlines to compete and create stress on them even to remain in business. With

all of the other stresses that have impacted airlines recently, this is just one more.

The same Transportation Research Board found that these perimeter rules "arbitrarily prevent some airlines from extending their networks to these airports; they discourage competition among the airports in the region and among the airlines that use these airports; and they are subject to chronic attempts by special interest groups to obtain exemptions." We all are aware of that latter point because we hear about it. Every month, it seems, there are people who are putting pressure on to try to get more exemptions.

There is also legislative precedent that supports this argument that this DC perimeter rule should be repealed. This was done just 4 years ago in 2006 in the Wright amendment reform of 2006.

In 1979, there was a Federal law passed, headed by Speaker Jim Wright, of the House, that restricted flights at Dallas's Love Field Airport. Love Field was the first airport in the Dallas region, and this legislation originally limited most nonstop flights from Love Field to destinations within Texas and neighboring States of Texas. But, as I said, in 2006 we passed the Wright Amendment Reform Act, which issued a full repeal of this Love Field perimeter rule. There were certain conditions to it, but the bottom line was that lifting the restrictions at Love Field gave the public a lot more flight options, it cut prices, and it made traveling for the traveling public much more efficient.

The Ensign amendment would have much the same effect with respect to the Washington, DC, area. Here is the key thing it does: It would amend the DC perimeter rule by allowing any carrier that currently has slots at Reagan Airport—not saying new air carriers would come in; only those that currently have slots—they could simply convert slots they currently have that serve large hub airports inside the perimeter to an airport outside the perimeter.

The first concern is, well, what about the cities that are served inside the perimeter? The amendment is limited to large hub cities, so there isn't an argument that some smaller city is going to be cut out. The only flights that could be transferred would be flights that already go into large hub cities, cities that are already served with plenty of flights and can be. So an airline, in order to take advantage of this amendment, would have to remove a flight from one of its large hubs and transfer it to a city outside the perimeter, a city such as Phoenix or Las Vegas or Los Angeles or Salt Lake City, for example. This is referred to as the "slot conversion provision," and this is the guts of the amendment. It does not add flights; it does not take

flights away from small communities; it simply allows the airlines to move up to 15 flights per carrier from a hub that they already have to some city outside of the perimeter, the 1,250-mile perimeter.

It ensures that service to small and medium hub airports is not affected, and it would not alter the slot regulations at DCA—no new flights in or out of DCA. The only difference is that when a plane takes off from Reagan National Airport, its destination may be Los Angeles rather than—pick a city—Omaha—well, Omaha may be a smaller city—perhaps Dallas or Chicago. So there are no new allowable flight operations. The airplanes are the same, no additional concentration at the airport, and obviously very little impact on Dulles because of the fact that there would be so few flights and they would be going to cities that presumably are already being served.

As I mentioned, it is capped at 15 round trips per carrier. It is expected that only five carriers could take advantage of the provision and that not all of them would be able to take full advantage of it. So the maximum number of flights would be 75, and it is likely that it would be far fewer than that. But even if you take the maximum of 75 flights, you are talking about well over 100 flights in and out of Dulles as it is right now. According to the Metropolitan Washington Airports Authority, Dulles has 333 daily flights to 83 U.S. cities and 59 daily flights to 43 international cities. Obviously, 75 beyond the perimeter would have a negligible impact on the operations or demand for Dulles Airport.

The key, as I said, is we will be able to create greater options for passengers, thus reducing their cost of travel, providing greater flexibility, access to the Nation's Capital at a somewhat more convenient location, and help for airlines that need to do everything they can to stay in business to serve the traveling public. Airlines are under a great deal of economic pressure these days, and what these airlines have said is this will help them continue to serve the traveling public if they are able to change this perimeter rule.

So we are going to be able to debate further the Ensign amendment, which is scheduled to be considered by the Senate at 5:30 on Monday. Because of the fact that it would simply increase the ability of—the airlines' flexibility to move from large hub cities today to similar cities outside the perimeter, it is our hope that our colleagues in Virginia, who naturally have been very concerned over the years about ensuring the continued success of Dulles Airport, concerned about the environment for their citizens both in the Dulles area and in the area of Reagan National Airport, that their concerns would be assuaged by the fact that this

is very limited and it, as far as I can see, has no adverse impacts of any kind for the citizens of Virginia.

So we would hope eventually to be able to work something out here where we could modify the perimeter rule. It is anachronistic; it is decades old. As I said, a lot has changed since it was put into effect, and we are hoping this is the time to do it. There will be no better opportunity than on this FAA reauthorization bill. In fact, it is probably the only opportunity. Given that fact and given the fact that we have been trying to accomplish this for many years, I think it is safe to say that those of us who support this are going to insist this legislation be the vehicle for finally making a change.

I very much appreciate the ability of probably the key person on the Democratic side, Chairman ROCKEFELLER, but also the chairman of the subcommittee, Chairman DORGAN, to discuss this matter seriously, and the Senator from Virginia, Mr. WARNER, to discuss this, recognizing that the conference committee is presumably where all of these issues are going to be hashed out given the fact that the House of Representatives adopted an amendment relating generally to the subject matter but not the Ensign amendment at all.

So it would be my hope, with the kind of constructive conversation we have had in discussing this, that that kind of constructive conversation can continue and we can get this matter resolved as part of the FAA reauthorization legislation.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from North Dakota.

Mr. DORGAN. Mr. President, I thank the Senator from Arizona for his comments, and I think his comments describe, No. 1, the rather complicated set of issues—slot rules, perimeter rules for Washington National, which are rather complicated, somewhat controversial. Yet I think he knows and I know and everyone understands that when there is a conference on the FAA reauthorization bill, the House brings to that conference some provisions the House has completed on slot rules.

So it is going to be an open discussion, and it seems to me all of us understand that things change, and the slot and perimeter rules will always be a subject of change. My expectation is there will be a change coming out of that conference.

I think the discussion we had last evening, as all of us work together trying to understand what is the optimum solution that relates to the needs of all of the interests concerned, is something we can and should strive to achieve, and I think we will do that.

So I appreciate the cooperation of the Senator from Arizona and certainly the strong feelings of the Senator from Virginia. My guess is that this will get

resolved in the right way because I think all of us understand the good will here to do it, and that will allow us—in order to unlock this bill and get it finished Monday night, we needed to try to find a way to reach a common ending here. And if we can—and we will, I believe—on Monday evening finalize this bill, that will be a significant achievement at long, long last.

ENERGY

I want to talk about energy policy. I wanted to spend a little time speaking about another important subject. Right now, this Congress is very focused on health care, all the time these days, and for good reason because I think the health care debate is reaching a conclusion. It will get finished perhaps Sunday or Monday in the House and then taken up next week here in the Senate. But there is another issue out there that has had a lot of discussion, and it is very big, important, controversial, and urgent, in my judgment, and that is the subject of energy and climate change. There is a great deal of discussion about the intersection of energy and climate change; that is, energy security for our country and trying to protect our planet from climate change.

Typically, most of us do not think much about energy. We just use it, and we assume it comes from somewhere. But we use it, and we are pleased to be able to have access to it. Starting in the very early hours of the morning, when an electric alarm goes off, a sleepy hand reaches over and shuts off the alarm and then turns on a light and then perhaps even turns on a television or a radio. Then in many households, probably uses an electric toothbrush, a toaster, a coffee pot, and more. For those who shower in the morning, a hot water heater keeps that water nice and hot. For those who work really hard, of course, they shower after work, but all in all, it is the same hot water heater. And we do this all day long. We just take advantage of flipping a switch and a light goes on and putting a key in an ignition and the engine starts, but not realizing that all of this is made possible by energy, and we use a lot of it.

We had a circumstance in the Washington, DC, area a few years ago when a lot of homes were out of electricity, I should say, for upwards of a week. You know, only then did people understand what role it plays in their lives. All of a sudden, there was no television, no lights at night, or no hot water. So then people understood the importance and the role of energy.

So here is this issue of energy security. We import a lot of our oil from outside of our country. A substantial amount of the oil reserves in the world is produced in countries that don't like us very well. So is that a security issue? I think it is, and we ought to worry about that—being less dependent on others for our energy. Particularly

in a day and age of terrorism, we should be more concerned about the issue of national energy security.

Even as we do that and work on the issue of energy security, we are faced with questions about how we protect our planet. We now understand from the wide consensus of scientists is there is something happening to the global climate. Much of it is related to the amount of CO₂ and other greenhouse gases that are emitted into the atmosphere from man-made sources. So how do we have a future that addresses our energy production and use and that reduces the CO₂ to bring about a lower carbon future in order to protect our planet?

These two pieces must fit together and relate to each other: How do you promote greater energy security and how do you protect the planet with respect to global climate change?

Well, with energy security, there are about three major ways: one, you produce more energy; two, you conserve more energy and use it more efficiently in all kinds of ways; and three, you maximize renewable energy, even as you produce more from traditional sources. With respect to climate change, you take a look at what are the carbon emissions from fossil energy sources and then find ways to lower those emissions.

I want to talk a little about the dilemma we have, and I have spoken about it before. We wrote a bill in the Senate Energy Committee last June. We passed it out on a bipartisan vote, and it has been languishing on the Senate calendar ever since. The reason it has languished and not been brought to the floor of the Senate is because there is another group in this Chamber who says: We will not accept working on an energy bill—even though the bill, by the way, lowers carbon emissions and is taking steps to do exactly what you would do to actually reduce carbon. Even though that is the case, we have a group of other folks in this Chamber who say: We do not intend to allow an energy bill to come to the floor unless it is part of a cap-and-trade climate change bill. Well, I want to talk about that a bit.

My colleague, this past week—I probably will not name him—but, according to this article, “came out swinging . . . against the idea of passing just an energy bill.”

“It’s the ‘kick the can down the road’ approach,” said [one of our colleagues]. “It’s putting off to another Congress what really needs to be done comprehensively. I don’t think you’ll ever have energy independence the way I want until you start dealing with carbon pollution and pricing carbon. The two are interconnected.”

He pledged to fight against bringing the Energy and Natural Resources bill to the floor of the Senate. Then he said it is a “half-[blank]” approach bill, and so on.

He is wrong. Everybody has a right to be wrong, of course, but he is wrong.

The bill the Energy Committee passed actually reduces carbon emissions. If you want to reduce carbon emissions, you can have a debate in here about targets and timetables. But it is the actual energy policies that reduce carbon. That is exactly what we did in the Energy bill.

That Energy bill will maximize the production of energy where the wind blows and the Sun shines. If you can maximize renewable energy from the wind and the Sun, then you dramatically reduce carbon. The only way you can do that is to decide as a country: Here is where we want to go.

It is interesting to me that if you ask someone about Social Security or Medicare or a number of other things 50 years from now, they will give you their estimates of this or that. Then you ask them this: What kind of an energy future do you want America to have? What do we aspire to achieve? How will we use energy 50 years from now? They do not have the foggiest idea. They have not thought much about it. Well, they should, and we should.

But here is the situation. I feel we ought to produce more here at home. We ought to conserve more. We ought to promote much greater efficiency. We ought to maximize the use of renewable energy. We ought to do all those things. But I feel we ought to find ways to put caps on carbon. I also am willing to price carbon. I think a price signal on carbon is important.

What I do not support, and have never supported, is offering a trillion dollar carbon securities market to Wall Street so they can trade carbon securities on Monday and Tuesday—with their inevitable bubble of speculation—and then tell us on Thursday and Friday how much our energy is going to cost, as a result of the trades they made early in the week. I have no interest in doing this, given the history of what has happened on Wall Street, with the bubbles; and there have been plenty of them. The last bubble threw us right into the ditch as a result of the most unbelievable avarice and greed and speculative behavior we have seen in this country in about six or eight decades. I have no interest in saying to them: Here is a new trillion dollar carbon security market. You all grab it and trade it. By the way, they are already prepared to trade carbon derivatives—and probably very quickly synthetic derivatives. I have no interest in helping them do that.

But that is not the only way to address this issue. We could consider other options. We can do a carbon fee. We can do some sort of hybrid approach in which there are auctions by the government, just as we auction T-bills. There are other ways to do that. I support a cap on carbon, and I support finding a way to price carbon. I just do not, and will not, support a new

carbon securities market for Wall Street to decide what the price of carbon is going to be.

Having said all that, my hope is that perhaps we all could get together and bring the Energy bill to the floor that actually takes steps to reduce carbon. By the way, if you are opposed to that, you are apparently opposed to reducing carbon. Bring that bill to the floor—and if somebody here wants to do cap and trade, have them offer an amendment and try to bolt that amendment onto the bill. If they have the votes, good for them. I am willing to vote for an amendment that puts a price on carbon when a bill comes to the floor. I will consider voting for something that caps carbon and puts a price on carbon. Yet, I will not vote for cap and trade with Wall Street manipulation. I will vote for the underlying Energy bill, which should be done because that is the way you begin to lower carbon.

There are many important aspects of the Senate Energy bill. We build an interstate highway of transmission capability so you can gather the energy from the wind where the wind blows and then send it on transmission lines to the load centers that need it. The same is true with solar energy. We would have the first ever national renewable energy standard in the history of this country—the first ever—saying 15 percent of electricity must be produced from renewable sources. I would offer an amendment on the floor that would take that to 20 percent. I believe it should be at least 20 percent.

We have provisions to support building retrofits and greater efficiency. We do all of the things: maximize renewable with a national RES, support the development of an interstate transmission capability and more. Why on Earth, then, would they oppose bringing that bill to the floor, to do exactly what they suggest has to be done ultimately to meet the targets they want to propose? I want to mention, as we deal with this issue—the very fact there is an urgency with respect to energy and also climate change—the very fact that urgency exists means there are a lot of things going on.

I want to describe some of them that I think are very positive. I want to do that because in this Chamber on health care and virtually every other subject, most of what is discussed is negative. I understand that problem. That is what we work on. We work on the things that do not work. We find out what is wrong and debate that. And the old saying that I have described often: Bad news travels half way around the world before good news gets its shoes on—is true in this Chamber as well. It is what sells. But there is a lot of good news.

Let me describe some good news with respect to energy and climate change. First, in terms of the production of oil, we have had some important successes. In North Dakota, my home State, the

U.S. Geological Survey has identified the largest reserve of oil that is recoverable using today's technology that they have ever surveyed in the history of the lower 48 States—4.3 billion barrels of technically recoverable oil. Here is how they get it. It is a 100-foot seam called the Bakken Shale which is about 10,000 feet below the Earth. They punch a hole in the planet with a little drilling rig. They go down 2 miles, make a big curve, and go out 2 miles. So they have one drilling rig. They are drilling a well down 2 miles, take a big curve out 2 miles, and then hydrofracture with high-pressure solution. With that, the oil begins to seep, and they pump the oil out. In North Dakota, they drill a new well about every 30 days.

We have 100 drilling rigs in North Dakota right now. Last year, for the first time in a long, long, long time, we actually produced more oil than we did in previous years. Over decades, we have been on a slow decline in production. But not last year because we are discovering more oil and more natural gas. So there is good news in those areas.

With respect to wind, take a look at wind turbines that are going up all across this country. We are seeing the same with solar. There is so much good news about the production of energy.

Let me tell you about the inventiveness because I think inventiveness is going to solve some of these problems. We have people coming in all the time wanting to get through what is called the valley of death, if they have a new idea. A new idea needs to get sustained funding and support in order to demonstrate at scale. Often it is hard to get the money. That is part of the problem in terms of the valley of death that they have to go through. Some of them never make it through.

There is a person who is developing synthetic microbes that can be used to consume, or in layman's terms, eat the coal and leave methane in its wake. Wouldn't that be interesting: synthetic microbes that would turn a coal seam into methane.

There is a person who has what he described as a lollipop-shaped microbe they discovered that breaks cellulose more efficiently than any other known microbe that would then make cellulosic ethanol that you would put in your car that is one-third less expensive. That would be a big deal. I do not know whether it works, but they claim it does.

I have had a presentation by a guy who says he has a diesel engine that gets 100 miles to the gallon that is being tested. We have had presentations from a guy who has invented a process for taking the flue gas from a coal plant, mineralizing it, and turning it into a product that is harder than concrete which also contains CO₂. So you get rid of the CO₂, which is the problem, by creating a product that has value that is harder than concrete.

We have projects around the country now of taking the CO₂ from a power plant and using the CO₂ to produce algae—that single-cell pond scum that you see in wastewater, the green stuff—producing algae with CO₂ and then harvesting the algae for diesel fuel. Isn't that something? You take a problem and you turn it into a fuel.

We have another group working on algae that excretes the lipids, and with very little treatment it becomes the fuel. There are so many people doing so many things. I had a group come in to tell me about their new patent that will make a different kind of wind tower—blades and turbines—that they believe will reduce the cost of producing energy from wind towers by 50 percent. Well, maybe that is the better mouse trap. Maybe the world will beat a path to their door. I do not know.

But there are so many breathless new ideas that are being discovered. Our national laboratories are studying the guts system of a termite. Why are we studying 200 strains of bacteria in the guts system of a termite? Because when a termite eats your house, a termite creates methane gas. Well, that is not so unusual. That happens with a lot of organisms that eat something. But it also produces hydrogen. This little bug that eats your home produces hydrogen. If we can figure out a way to turn wood into fuel, just as a termite does, then we would have something interesting and important, and those experiments go on.

We can take the CO₂ from a coal-fired power plant, transport it, and invest that into oil wells and pull up much more oil from wells that were nearly depleted. This is called enhanced oil recovery and has been used for years. All of these things are happening around our country, and all of them, it seems to me, have very interesting potential.

We had testimony at one of our hearings from a Ph.D. from Sandia National Laboratory who talked about experiments they are doing there using a sunlight heat engine and putting CO₂ into one side, water into the other side, fracturing the molecules, and then chemically recombining them and producing a fuel, water, and CO₂. My point is this: There is a race to the finish here in this country by a lot of inventive people to find new ways to produce new energy and find new ways to be able to continue to use our abundant sources of energy while at the same time protecting the atmosphere and our planet. I am absolutely convinced that some of these ideas are going to be the ideas that represent the silver bullets.

We appropriated about \$37 billion to the Department of Energy through the Recovery Act funding, which has been described as the largest venture capital firm in energy in the history of humankind. Through the leadership of Dr. Chu, Matt Rogers and others at DOE,

they are funding a lot of inventive, interesting new approaches to address these diverse energy challenges. How do you continue to use current fossil energy while protecting our planet? How do you continue to use coal through geologic sequestration or beneficial use of CO₂? How do you create new kinds of fuels? How do you expand the use of renewables? All of these things are happening now, and all of them, I think, are exciting, and I think will have a profound impact on what we do 5, 10, 25, and 50 years from now.

We are working very hard to try to electrify the automobile fleet, and I believe in the years ahead we will see a much greater movement to a predominantly electric vehicle fleet. So those are the kinds of changes we will see.

I know this is important for two reasons. We stick holes in the Earth, and we suck out about 85 million barrels a day. We also know that of that roughly 85 million barrels a day, one-fourth of it needs to come to the United States of America because that is our appetite for that oil. We are a country whose people depend on and whose economy runs on oil and on energy.

We know the Chinese and Indians look at this, and in India and China, we know there are people who want to drive vehicles. In the very near future, I expect that hundreds of millions of additional people will be driving cars around this planet. They are going to want to find a gas station to stop at once a week to put fuel in those cars.

What does that mean for us, for our supply of energy that is necessary to run the American economy? That is why all of these things are important.

Let me go back to where I started. We are having this debate about whether the Energy bill that was passed out of the Senate Energy Committee on a bipartisan basis should come to the floor of the Senate. My response is, yes, it should come to the floor of the Senate. I am a little tired of somebody saying it is not a worthwhile bill to debate. This person isn't on the Energy Committee. This person doesn't know the specifics of that bill or at least misrepresents it in a press article.

If there are those who wish to have a cap-and-trade debate in the Chamber, let them come, but let's bring the Energy bill to the floor. That is the way the Senate works. You work a bill up through the Energy Committee, doing something you think is good for the country. In this case, our bill increases energy security and begins to reduce carbon emissions. We should bring that bill to the floor through the regular order. Then, if somebody wishes to offer amendments to cap carbon, I will be supportive of those amendments. If somebody wants to offer amendments to put a price on carbon, I could be supportive of that. However, I will not support the aspect of cap and trade which creates a further abyss by giving

Wall Street a \$1 trillion carbon security market with which to trade for our energy future.

I know I have given this speech five or six times, the first five times to no avail. Perhaps, I hope, now that we are nearing D-day, wherein if we don't get an energy bill to the floor, we will have finished last year and this year having done nothing about what I think is an urgent national need. We will not have taken steps to bring about greater energy security and doing the kind of things that are necessary to reduce carbon emissions.

The Senate Energy Bill takes both of those steps. The fact is, we have now lost nearly a year's time because others have wanted to bolt on cap-and-trade provision, or they won't allow it to come to the floor unless they bring their cap-and-trade proposal to the floor.

Understand that I am in favor of capping carbon. I am willing to price carbon. However, I am not willing to agree that we ought to abandon the work of the committee which actually begins to reduce carbon. I am also not willing to agree, given Wall Street's recent history, to dive into a pool of carbon derivatives with carbon securities so they can determine our energy pricing future.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Arizona.

HEALTH CARE

Mr. KYL. Mr. President, I wish to go back to the subject my colleague, Senator MCCAIN, was discussing earlier today. He had printed in the CONGRESSIONAL RECORD a letter sent by the Governor of the State of Arizona to the Speaker and to the majority leader of the Senate relating to the health care legislation, imploring them not to impose the new mandates that would cost the State of Arizona additional funds for covering Medicaid patients and urging the Members of the Congressional delegation to reject the legislation that does that.

It is not clear yet, because it has been hard to go through the entire legislation, what all the changes are in the last bill, but I do wish to discuss those that have at least been identified by the staff who have had an opportunity to read the bill since it was put on the Web site yesterday.

To back up a little bit, let's remember there was a bill that passed the House of Representatives. Then there was a bill that came out of the Finance Committee in the Senate. It was combined with the bill that came out of the HELP Committee in the Senate. This was done behind closed doors. It was essentially done by the majority leader in the Senate. That bill was not the subject of the normal committee process, but it was presented to the Senate floor. The Senate then modified that legislation and voted on it and sent

that back to the House of Representatives. So the latest bill represents a piece of legislation drafted by representatives of the White House, the Senate, and primarily the House of Representatives, behind closed doors, primarily to add elements to it that the President desired and to "fix" parts of the Senate bill that Members of the House of Representatives did not want.

There is an editorial in the Wall Street Journal today called "March Madness," which discusses this a little bit. In the first paragraph they say:

No bribe is too costly, no deal too cynical, no last-minute rewrite too blatant.

The first sentence says:

Has there ever been a political spectacle like the final throes of Obama care?

I admit I have never seen anything in my roughly 24 years in the Congress such as this, either in terms of substance or in terms of process.

I note that several days ago the President said several times he wants an up-or-down vote on this legislation. "We just ask for an up-or-down vote," he said. But it now turns out the President and his colleagues in the House of Representatives don't want an up-or-down vote. In fact, yesterday, on a purely party-line basis, Democrats defeated, 222 to 200—some Democrats supporting the Republican resolution—but defeated the resolution offered by Republicans that would have required them to vote up or down on the Senate bill.

So what the President requested—an up-or-down vote—is, in fact, not going to occur in the House. Instead, they are going to pretend the Senate bill has been passed. The word they use is "deem." We are going to deem it passed. We are not going to vote on it, but it is going to be passed anyway. One might say: How on Earth could that happen?

Well, there is a way they have figured out in which they can include the Senate-passed bill in a rule they will then pass, and by passing the rule, they will deem the Senate bill passed and send it to the President and he would then sign it. Then, later, they will amend that bill through what they call the reconciliation process. But there is a little problem with that, too, because when the reconciliation bill comes back over here, as the chairman of the Budget Committee has acknowledged, it will be changed. There are points of order that lie against it and those points of order will be upheld and potentially the bill could be amended as well so it will have to go back to the House of Representatives. The reality is, what the House Members are hoping will correct the Senate-passed bill will not, in fact, do all they hope it will do.

The Speaker of the House, NANCY PELOSI, told reporters last week: "Nobody wants to vote for the Senate bill."

I guess this is the way they avoid that vote, by having the deeming. They will assume it has passed, even though they haven't taken a vote on it. The reason they don't want to vote on it is because it has a lot of bad features from their perspective—and I think from mine as well—but their hope to fix all those bad features is going to fail as well.

This editorial I mentioned in the Journal points out one of them, and it is the House demand to delay the tax on insurance plans from 2013 to 2018. That is something labor unions have very much wanted, and they want to respond to labor unions. They note that Richard Trumka, who met one on one with President Obama Wednesday—he is the head of the AFL-CIO—has wanted to accomplish this. The effect it would be to reduce Social Security payroll tax revenues. The reconciliation bill expressly forbids any impact on Social Security. So that would be subject to a point of order, and 41 Republicans have said we will vote to uphold the points of order. So this particular change the labor unions very much want in the taxation of the so-called Cadillac plans is not going to be able to be made in reconciliation. It will be subject to a point of order. The point of order will be sustained. The bill will have to go back to the House of Representatives. One of the big things they wanted to fix will not be fixable by reconciliation. That is just one example.

There are several changes we are aware of in the bill, and let me identify those for my colleagues. I am sure there will be others we will discover. Those of us who opposed the bill complained about the roughly \$½ trillion in new taxes. Well, this latest bill increases the taxes by over \$70 billion. The taxes will now be increased by almost \$570 billion; to be precise, \$569.2 billion. The Senate bill increased taxes by \$493.6 billion. So we have now about \$77 billion more taxes in this legislation than in the bill the Senate passed—\$77 billion in more taxes. The CBO has, of course, said these taxes will be passed on to the consumers of health care and the buyers of health insurance through higher rates.

Medicare. Medicare was cut in the Senate bill by \$464.6 billion, but under this new bill, Medicare will be cut by \$523.5 billion, obviously well over ½ trillion, and much of that will be in the Medicare Advantage area we have all been complaining about.

The individual mandate is the requirement that individuals will pay a tax if they don't buy a federally approved insurance policy. This is going to be raised by a couple billion dollars. The Senate bill had it at \$15 billion. It is now going to be \$17 billion. I don't know whether that is because they assume more people will fail to buy the policy and, therefore, will simply be

collecting more revenue or the amount of the tax has been increased. Either way, it is an individual tax increase, all of which, of course, is administered by the Internal Revenue Service.

The employer mandate. This imposes \$52 billion in new taxes on employers that don't offer government-approved insurance. That is almost double from the Senate bill, which was at \$27 billion. I can guarantee the small business folks are up in arms about this additional new tax on employers.

I mentioned the Medicare Advantage plans. They are now cut by \$131.9 billion. The Senate bill cut them by \$118.1 billion.

The payroll taxes, which is probably the most destructive of all these tax increases because it goes right to job creation, are increased. These are now \$210 billion. All these figures are over 10 years. The Senate bill was \$86.8 billion, and that was enough. But think about this: From \$86 billion in the Senate-passed bill, the higher payroll taxes are now up to \$210 billion—so from \$86 billion to \$210 billion. That is 2½ times higher, and that is a direct tax on employment.

We just considered a bill that gives a break to employers, a payroll tax break to employers that hire people who have been unemployed. We understand there is a direct relationship between how much an employer pays in payroll taxes and how many people he can afford to hire or to retain—and I say “he”—about half of small businesses are women owned, so I should obviously say he or she. We understand the relationship between the amount of payroll tax you have to pay and the amount of people you can afford to hire. Yet, in this legislation, we now impose \$210 billion worth of new payroll taxes on employers. This will be a job killer. Whatever minuscule efforts we have been making in these other stimulus plans to try to increase jobs, with not much effect, I might say, and at huge cost per job, all that gets wiped out when you impose this kind of tax directly on hiring or retaining employees.

Then there is the 40-percent excise tax on the high-premium plans. This raises \$32 billion. As I say, this is a problem because reconciliation, by its terms—this isn't a matter of interpretation. Reconciliation precludes an effect on Social Security. That is the way it is written. You cannot affect Social Security in reconciliation. Because of the effect that this provision has, this is not going to be able to remain in the bill.

All these estimates, according to CBO, are preliminary. In fact, I think their phrase was that there is substantial uncertainty in their estimates. So these are not final estimates. Never before, I think, have we passed a bill without having final estimates from the CBO.

It is interesting to me that as much as folks don't like the IRS, we are now going to have to add about 16,500 additional IRS employees, at a cost of up to \$10 billion, just to administer the IRS-enforced provisions of this health care legislation. For example, every citizen is required to buy an insurance policy. There are certain exceptions, depending upon your wealth, but you have to buy an insurance policy the government identifies for you. If you do not, then you have to pay a tax, and that is administered through the Internal Revenue Service. That is why they are going to need 16,500 more employees. How do you like that for increasing the size and the power of the Federal Government?

Let me mention some of the other effects of the legislation. One of the payroll tax increases is a brand new tax. It is destructive, especially to senior citizens or others who have investment income because, for the first time in our history, we would be applying the Medicare payroll tax to all investment income of people with incomes over \$200,000. That includes, as I said, investment income—dividends, capital gains, income of that sort. We have never taxed that in the past.

Moreover, this is going to hit people with far less income very quickly because it is not indexed for inflation. Just as the alternative minimum tax, which originally applied to about 218 millionaires, was never intended to apply to the vast majority of middle-income Americans, now it applies to over 23 million American taxpayers because we did not index it for inflation. Likewise, this tax, too, will be applied to more and more Americans as the years go on.

I mentioned the higher premiums. The Congressional Budget Office has specifically said these taxes will be passed on to all Americans. The taxes are imposed in a variety of ways: If you have insurance, you get taxed. If you do not have insurance, you get taxed. If you are an employer, you get taxed. If you do not have insurance for your employees, you get taxed. If you do and one of your employees goes to an exchange and is subsidized, you get taxed. You get taxed if you need a new device, such as a heart stent or a diabetes pump, even a wheelchair, if you need new drugs to take care of you. Why would we impose taxes? We are trying to help people with their health care. You need medical devices and you need pharmaceutical products to help you stay well or get better. Why tax those items? It is just beyond imagination.

I can imagine why we would tax alcohol or tobacco or some other sin, but the very things we need to make us healthy we are going to tax. Amazing.

We are going to tax insurance. Of course, that immediately gets passed on to you in the form of higher insur-

ance premiums, which is one of the reasons that CBO says, yes, insurance premiums will go up under this bill. Why do that? Because insurance companies are bad. This is brilliant. This is like shooting yourself in the foot. We do not like insurance companies, so we are going to tax them and then turn right around and add that tax to your insurance premiums. The politicians then say: We punished the insurance companies. We are on your side. Right, they are on your side so they make sure you pay higher insurance premiums.

What does the Congressional Budget Office say? We are not even talking about where your employer provides the insurance. Take the individual insurance market where you have to buy it; the premiums as a result of the legislation will go up between 10 and 13 percent, and in some States it is a lot more than that.

Oliver Wyman Group, which is a very respected third party, has estimated that it is in the neighborhood of 50 percent for most folks, and in my State of Arizona it is 72 percent in insurance premiums. That is wrong. When Congress passes legislation that we are warned in advance is going to increase insurance premiums, whether it is 10 percent or 70 percent because of the legislation, it is wrong to pass that kind of legislation. Even in the nonprivate markets, CBO says the cost will go up because of medical inflation. We are not bringing insurance premiums down.

There will be more lost jobs. This bill nearly triples the penalty on businesses that cannot afford to provide their workers with health care coverage. It was \$750. Now it is \$2,000 for every worker. This applies to part-time workers as well as full-time workers. This does not make sense. Businesses are trying to stay in business, keep people on their payroll or, hopefully, one of these days hire new people. Yet we impose these kinds of burdens on them. This is wrong.

What about the idea that we are going to affect the deficit? First of all, as I said, the Congressional Budget Office has said their estimates are subject to revision. They are offered with substantial uncertainty and are preliminary estimates only. They make these estimates based on what Congress gives them. If Congress includes in the legislation a provision that says we will cut \$500 billion from Medicare, then the Congressional Budget Office has to score that as a \$500 billion cut to Medicare, even though about half of that cut is the same kind of thing we have tried to do over the years to eliminate waste, fraud, and abuse. Of course, if it could be done, it would have been done.

The President, when he talked about this over a year ago in his State of the Union speech, could have spent this

last year cutting out a lot of waste, fraud, and abuse. If it is there to be cut out, he could have done it. It is hard to do. But in the law, the way this has been written, it will be done; therefore, the Congressional Budget Office must score it as having been accomplished. It is not going to happen. As a result, this bill will be in deficit. It will not create the budget surpluses.

Think about it. One of my friends said: This is a pretty neat deal. We are going to add 30 million people to the insurance rolls and reduce the size of the deficit. He said: I have a great idea. Let's get rid of the deficit by insuring everybody in China. Of course, the absurdity of the argument makes the point. You do not save money by spending money to insure more Americans. Every American understands that, which is why when we look at the surveys, they all laugh.

When they are asked the question: Do you think adding more people to the insurance rolls and paying for that is going to reduce the deficit? They say: Of course not, and it is ludicrous to suggest that it is.

I feel sorry for CBO that has to, with a straight face, say this will reduce the deficit. The only reason they have to say that, or can say it, is Congress gives a bill that says: You must assume it will reduce the deficit because we are going to make all of these savings in waste, fraud, and abuse. It will not happen.

There are so many different gimmicks in it. Let me mention two: the physician payment cliff for Medicaid whereby payments for primary care physicians are increased for 2013 and 2014, and then it goes away. Do you really think we are going to pay physicians at the same rate we are paying them today, or slightly increase the payments in 2013 and 2014, and then they are going to suffer a 22-percent or 23-percent cut every year thereafter? Of course not. Yet that is how they balance this out. They assume a 23-percent cut in physician payments. It is not going to happen. It would be an abomination.

How do you with a straight face ask physicians to take a 23-percent cut in what they receive in reimbursements from the government? It is already difficult for them. In fact, the Mayo Clinic in Phoenix says it has to cut out many of the services and not take any additional Medicare patients because the reimbursement from the government is not enough to keep them in business.

By the thousands physicians are leaving the Medicare and Medicaid Programs. They cannot stay in it right now. Yet we are to assume we are going to cut them another 23 percent? It will not happen. Yet that is what the CBO must assume in making the budget projections.

The bill also hides the cost of filling in the so-called doughnut hole by not

phasing it in. There are a whole variety of these gimmicks. I will mention one more.

This is the so-called CLASS Act, a long-term entitlement. They generate a bunch of revenue up front to make payments later on. However, the bill steals that money, reduces the cost of this new entitlement program, and never tells us how it is going to make it up later when it has to pay for the CLASS Act. It is a Ponzi scheme. The first dollar in they use to take care of the last investor, and eventually there isn't enough money to take care of the last investor, so that investor loses all the money, just like what happened with Bernie Madoff. No idea how they are going to pay for the CLASS Act once they use all the money they collected for it, spend it all on the new entitlement, and then have nothing in the till when they have to pay off benefits under the CLASS Act.

Social Security, same thing. They count the money twice. They say: We are going to extend the Social Security Program for 17 more years; it will be viable. However, we are going to take the same money we are applying to that, and we are going to pay for this new entitlement out of it, \$500 billion.

You cannot count the money twice, as the CMS Actuary pointed out.

The bill is rife with these gimmicks that say it is going to be balanced. It is not going to be balanced. Everybody knows it is going to cost trillions of dollars. Mr. President, \$2.3 trillion is a low estimate for the first 10 years of operation.

Let me close with a couple other points.

One of the things that has caused people so much angst about this is the sweetheart deals. The Senate bill was stuffed with them. Our House colleagues and, I might say, some of our Senate colleagues, too, said: That is wrong; we are going to fix some of them. I applaud those who realized, perhaps after the fact, but at least realized this was totally inappropriate. Things such as the "Cornhusker kickback" to Nebraska, that is being fixed in the bill. My guess is, even though some of these may be subject to budgetary points of order, some of them can be fixed through the reconciliation process. But there are still a bunch of them in the bill.

For those who said we have to take all of these sweetheart deals out of the Senate bill and fix that with reconciliation, no. Some are still there, and there are new ones added.

We talked before about the "Louisiana purchase." It is still in the bill. Medicare coverage for folks in Libby, MT, still in here. Mr. President, \$100 million for a Connecticut hospital, still in here. There is a new one. Tennessee, it turns out, is an important State in terms of votes in the House of Representatives. So Tennessee hospitals

get more money for the so-called DSH payments, the disproportionate share. Tennessee hospitals—is that going to stay in here?

Another one was put in to help North Dakota relating—this is a whole other story. We have now taken over student loans for college education in the health care bill. In case you did not realize, it is not just health care. After taking over GM, Chrysler, and insurance companies, AIG, and a bunch of other sectors, now we are going to take over student loans. That is going to be put in the health care bill.

It turns out that hurts banks. Obviously, banks have a lot of employees who provide students with these loans. North Dakota has some banks that were going to get hurt. At least one bank in North Dakota was going to be able to continue to offer the student loans. To his credit, I am informed the chairman of the Budget Committee, the Senator from North Dakota, said: Wait a minute, we cannot do that, so I will try to get that out somehow or another. That is an appropriate thing to do.

You see how this happens when bills are written behind closed doors and there is an effort to make sure there are enough votes to pass it? They need to sweeten the pot, and this is the kind of thing that happens. These are some of the provisions. I am sure we will discover others that are in the bill.

One of my colleagues pointed out there are going to be some deals that have been made that do not show up in this bill. He is going to be looking for those deals wherever they do show up.

I note the last two items. We did not want to put more people in Medicaid, but there are another 2 million people in Medicaid. Still 23 million are uninsured after all is said and done. The whole idea was to get 30 million people more insured and try to reduce costs.

We know it does not reduce costs. It does not get all the people insured, and those who are covered, the majority are put into the Medicaid Program that we know is broken.

Finally, the bill does not prohibit Federal funds flowing to insurance plans that cover elective abortions. This is a matter of concern to a great many people in both the House of Representatives and the Senate. They did not try to fix it in the reconciliation bill. But even if they had, that would be subject to a point of order as well.

The bottom line is that this legislation, crafted behind closed doors yet again, is replete with special deals, is worse in virtually every respect that I can see from the Senate bill. It increases the top line spending, increases taxes by maybe close to \$70 billion or a little more, cuts Medicare now by \$523 billion, adds to the individual mandate, adds to the employer mandate, hurts Medicare Advantage plans even more, a much higher payroll tax—\$210 billion

increased payroll tax, a job killer—increases insurance premiums even more. It is hard to see how you can say that this is going to help the American people.

As the editorial in the *Wall Street Journal* that I cited before concludes:

This is what happens when a willful President and his party try to govern America from the ideological left, imposing a reckless expansion of the entitlement state that most Americans, and even dozens of Democrats in Congress, clearly despise.

I hope, Mr. President, that colleagues in the House of Representatives will have the courage to stand up and represent their constituents rather than the President and the Speaker of the House. They owe their obligation to respond to the message their constituents are sending: They want to stop this bill, to start over, and get it right.

The ACTING PRESIDENT pro tempore. The Senator from Ohio.

Mr. BROWN of Ohio. Mr. President, I have only been in the Senate about 3 years, but you don't have to be too quick around here to figure out that it is pretty easy to attack and to oppose and to try to stop things.

I am fairly amazed at the number of people I see—and I will share some letters of people from Ohio, from my home State, about this health care bill and about what this means personally to them. I will do that in a second, but just putting aside ideological arguments and political attacks, these attacks that there is nothing good in this bill, it is a government takeover, it is socialism, it is putting a government bureaucrat between you and your doctor—the same argument the John Birch Society used against Medicare we are hearing again. I hear those things, but I really never hear anything constructive.

They talk about the deals, forgetting about the deals they made when they were in the majority, which were huge giveaways to the drug companies and to the insurance companies and giveaways to the oil companies and to these big companies that outsource jobs to China. Whoever had their hand out, whoever the special interests were, they got what they wanted. Now I see my colleagues just shrink back and say how horrible all this is. Well, they have nothing to offer.

They say: Let's stop; let's work together; let's start with a blank sheet of paper and do this over. Well, they have no intention of doing that. We spent a year answering their objections, and we accepted 160 Republican amendments in the Health, Education, Labor, and Pensions Committee, amendments from Senator MCCAIN, Senator ALEXANDER, Senator ENZI, Senator BURR, and Senator COBURN—from one Republican Senator after another, one hundred sixty Republican amendments. It is never enough. They continue to oppose. But in the 8 years when President

Bush was here and in the several years when they were in the majority in both Houses, the only thing consequential they could do for health care to insure the uninsured, to do anything, was to give hundreds—not tens of billions but hundreds of billions of dollars of giveaways to the Nation's largest drug companies and insurance companies.

Then I hear my Senate colleagues talk about we are blowing a hole in the budget. The fact is, the Congressional Budget Office—and the Presiding Officer understands this, because we all know the Congressional Budget Office is not comprised of Democrats or Republicans; they are not on our side or their side; they are simply accountants and lawyers and actuarial people who play this straight—the CBO says this bill more than pays for itself.

I wonder, Mr. President, if this water we drink here causes amnesia for some of my colleagues because all of a sudden they are for balancing the budget. But in 2000, when President Bush took office, there was a budget surplus—a trillion-dollar budget surplus, year after year, as far as the eye could see—and we had tax cuts for the rich that they never even tried to pay for, and they never even tried to pay for the Iraq war. Even Senator Simpson, one of the most distinguished Senators of the Republican Party, who sat in this Chamber for 18 years, said in the paper yesterday: Never, to my knowledge, have we gone to war without paying for it. But they did that in those days, and I didn't hear my colleagues saying: Let's pay for this Iraq war, which cost us billions of dollars a month, month after month, year after year. When they did the Medicare privatization—the giveaway to the drug and insurance companies—they didn't try to pay for that either. But now they are saying we have to balance the budget. And I think we do, and I know the Presiding Officer and his constituents in Chesapeake and Arlington and Richmond think the same thing because we do need to balance the budget. But I find it curious, when the CBO says this actually creates a budget surplus—and they are not willing to believe them—that they were also not willing to pay for anything when they were in the majority.

But putting that aside, this bill is too important for that. It is too important to throw political accusations around. What is particularly important is what this bill means to individual Americans.

I hear my Republican friends talking about we are cutting Medicare. Yet this is the party that opposed Medicare, the party that tried to privatize Medicare. Yet they accuse us of cutting Medicare? I know nobody really believes that. They probably ought to quit saying it. It undercuts anything else they say because, as I say, nobody really believes that.

They say this bill was done behind closed doors. We had hearing after hearing, negotiation after negotiation, and floor debates. This has been going on, well, for 75 years, some would say, because Franklin Roosevelt tried to do it, Harry Truman tried to do it, John Kennedy tried to do it, Richard Nixon and Lyndon Johnson, who had some success between Kennedy and Nixon on Medicare.

Instead, my colleagues would rather talk about process and deals. In Washington, there is a buzz about process and deals, but in the country there isn't because people in the country know why we are here and why we are doing this. And as a result, Mr. President, let me take 5 or 10 minutes to read a handful of letters from constituents of mine because this is really why we are doing this. We are not doing it to score political points: This may help the Democrats or it may help Republicans win the election.

That doesn't really matter. It may help or it may hurt a reputation. None of that matters. What matters is this bill, and this matters to so many Americans.

I have read letters on the Senate floor for months now as we have debated this bill, and what is most common in these letters are two things. One of the most common things I hear from so many people is that a year or 2 years before they wrote these letters, they would have said: I am satisfied with my health insurance; it seems to work pretty well. Then something happened and they lost their job and then lost their insurance or they got sick and it was so expensive that the insurance company cut them off or they had a child born with a preexisting condition and they couldn't get insurance.

The insurance company model is why this is important, because of what it does individually for people. In a sort of macro way, think about how insurance companies operate. I have a lot of insurance companies in my State. I have no malice aimed toward them or their executives. I think their executives are paid too much. The CEOs in the average largest 10 insurance companies make \$11 million a year. When they are cutting people off from their insurance, I think that is a bit of an overreach.

But I also think the insurance companies, because they compete with each other, in a for-profit model, do things they probably would rather they didn't have to do. Let me explain that for a moment. Insurance companies hire a whole bunch of bureaucrats to decide they do not want to insure potential customers. They look at all the new applicants, do tests, find out things about them, and these bureaucrats make the decision: We don't want to insure that person because that person has a preexisting condition and will get sick and it will be expensive.

So they hire a bunch of bureaucrats to keep customers away. Then, on the other end, they hire a bunch of bureaucrats to deny claims of their customers when they get really sick sometimes.

So their business model is to keep customers away who are too expensive, too costly, and to deny payments for those who actually get expensive. That is their business model. That business model serves their profitability, to be sure, but that business model doesn't serve the American people.

So while we will continue to use private insurance in this country for health care—many countries in the world do, although no country uses private for-profit insurance. Many countries use private insurance to run their health care systems, in whole or in part, but they are nonprofit insurance companies. We will continue to use for-profit insurance companies, but we are going to have a whole set of rules around what they do. No more denying care for a preexisting condition; no more putting a cap on coverage so that once you get sick and get expensive, you could lose your insurance; people will be allowed to stay on their parents' insurance until they are 26—a whole host of things. Eighty-five percent of the insurance premium dollar must go to health care, not to executive salaries and marketing and to hire all those bureaucrats that the insurance companies do.

So that is the one thing mentioned by people in most of these letters, people who were satisfied with their insurance a year or 2 years earlier but then found out it wasn't such good insurance.

The second thing in these letters—and a lot of this comes from people in their early sixties—is many of them say they simply just need to hang on until they reach 65 and become Medicare eligible because then they will have the security and stability of something they trust.

As Senator CARDIN of Maryland knows, government really can provide health care, as it does with Medicare, as it does with Medicaid, as it does with TRICARE for all the Active military people in Maryland and Virginia and Ohio. Government knows how to do this and can do it very well. But this bill is not a government takeover. It uses the parts of government that run the insurance, that do the insurance now, but it is certainly not a government takeover.

Let me now share these three letters from constituents, and then I will turn it over to Senator CARDIN.

This first letter is from Melanie, Erie County in northern Ohio, the county next to mine, along Lake Erie.

I have a health condition that requires me to be on thyroid hormone replacement the rest of my life. But before my condition was diagnosed, I had to undergo all kinds of tests. And instead of being able to afford a 6

month and 1 year prescription, I have to buy my pills monthly, depending if I can afford them or not. We need a health care system that doesn't let insurance companies decide whether I can afford the medicine I need.

When someone is sick, they want to put their efforts into, how do I get well, not into, how can I afford this? Do I have to cut the pills in half? Do I have to take the pill every other day and hope that works out right? How am I going to pay for it this month?

There is a mind-boggling statistic that a woman in this country with breast cancer, without insurance, is 40 percent more likely to die than a woman with breast cancer who has insurance. Part of the reason for that is the anxiety and the fear people have when they are sick and trying to get well but who have to worry about so many other things in their lives and, most importantly, how are they going to pay for their medical treatment and how is their family going to deal with this. This bill will obviously help with that.

Here is a letter from John from Hancock County, Findlay, OH, not too far south of Toledo.

I am a 44-year-old diabetic who has had this condition for 43 years. Most people who know me thought I would never make it past 25.

He was diagnosed with diabetes at the age of 1, which is pretty astounding.

What my insurance company has done to me may make bankruptcy my only option. In 2008, I needed a new insulin pump. I filled out all the paperwork that was required by my insurance company. I received my insulin pump via mail and thought everything was all right. I received a bill from my pump supply company for \$8,500, along with the supplies to use the pump for an additional \$5,500. That is a \$14,000 bill that my insurance company said they would not pay because of preexisting condition.

What is the point of health insurance? What is the point of a system where a man diagnosed as an infant with diabetes is faced with charges such as this, when diabetes is a terrible affliction that an increasing number of Americans have? We know how to manage it pretty well so that people such as John can live a pretty long, productive life. Yet the insurance company puts him through that. What will that do to his diabetes and health generally, to have to worry about how he is possibly going to come up with the \$14,000?

Here is the last letter. It comes from Hayden, a young woman who is a Peace Corps volunteer from Delaware County, outside Columbus. She e-mailed us from Thailand, but she is an Ohioan.

I am thousands of miles away from you. I am far away from family, friends, and my hometown of Sunbury, OH. I am a member of the U.S. Peace Corps in Thailand. I believe I help to provide for the common good. I am creative, courageous and compassionate, and I believe my abilities can make a difference. In 15 months I will return to the United States, and I would like nothing more than

to continue to work in community development. But I might not be able to.

Unfortunately, my life depends on two pills, each no bigger than your smallest fingernail. Without insurance, the cost of these two small pills is often more than my rent. And I am unlikely to get insurance unless I go to work with a large company.

Too many of my friends are in the same situation. We are young and bright, products of an American school system that has taught us to think independently and pursue our dreams. We want to be entrepreneurs, researchers, and community activists.

We need the opportunity to start our own ventures, to take responsible risks, and to go out into our communities—

Work to start businesses such as the Presiding Officer has.

I work everyday to give voice to those who have none [in the Peace Corps]. But today I need you to be my voice. I need you to speak for my generation.

So please let me come home—

She writes, to Delaware, OH, now working in the Peace Corps in Thailand; she e-mails:

... please let me come home to a system that is better than the one we have now. My future depends on it.

She is serving this great country, the United States, in the Peace Corps is doing the right thing with her life. When she comes back to the United States, I hope this bill is passed. I hope the President of the United States has signed this bill, and we can be a better country as a result.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from Maryland is recognized.

Mr. CARDIN. Mr. President, I understand the Republican leader will be coming to the floor and I will yield the floor as soon as the Republican leader is here and then, after that, I ask that I will have the opportunity to speak. But until the Republican leader comes to the floor, let me compliment my colleague from Ohio, Senator BROWN. He points out this debate is about allowing every American to be able to tell their children that when they get sick, they will have an opportunity to see a doctor. It is about a small business owner who should not have to chose between insuring his employees or maintaining his workforce or expanding his workforce. It is about our seniors having to decide whether they can take a pill or have to split that pill because they fall within the doughnut hole and cannot afford prescription medicines.

This debate is about whether we are, as a nation, going to be able to bring down the growth rate of health care costs and guarantee that every American has access to affordable health care and also bring down our budget deficit in health care, which clearly we have to do in this Nation.

I look forward to engaging in that debate. I came to the floor to talk about the FAA bill, and I will do that after the Republican leader has his opportunity on the floor, but I wished to

thank Senator BROWN for pointing out how critically important this debate on health care is to the American people.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. CARDIN. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The Republican leader is recognized.

HEALTH CARE

Mr. MCCONNELL. Mr. President, well, it has come down to a few wavering votes.

That is what this year-long debate has come to: a handful of Democrats had been holding out to see the final bill.

Now we have it.

Anyone who was waiting to see what the final bill meant for government spending should vote no, because this bill spends even more.

Anyone waiting to see what the final bill meant for Medicare should vote no, because the Medicare cuts in this bill are even deeper than the Senate bill that Speaker PELOSI said Democrats didn't want to vote on.

Anyone waiting to see what the final bill meant for taxes should vote no, because the tax increases in this bill are even higher than the Senate bill.

Anyone waiting to see what the final bill did to the cost curve should vote against this bill, because this bill is likely to bend the cost curve up even further than the Senate bill, not down.

If you were waiting for a bill without the CLASS Act in it—a provision that even top Democrats describe as a Ponzi scheme, then you will vote against this bill, because it is still in there.

If you were waiting to see if they had cut out the sweetheart deals that have outraged the Nation and soured the public on the entire legislative process, then you have to vote against this bill, because there are even more of them in there now.

If you were waiting for a bill that costs less, then you will vote against this bill, because it costs even more than the last one.

And if you were waiting for a bill that wouldn't compel taxpayers to cover the cost of abortions, then you will vote against this bill because this is, the National Right to Life Committee says, the most abortion-expansive piece of legislation ever to reach the floor of the House of Representatives.

Americans are outraged at what is going on here: a bill that aims to shift a major segment of our economy into the hands of the government, and which accomplishes that goal by imposing crushing burdens on already-struggling seniors, middle class fami-

lies, and small businesses, is being rammed through Congress against the clear will of the public. No amount of spin will change the fact that Medicare will be deeply cut, insurance premiums and taxes will go up, the Federal bureaucracy will grow, and as demand increases, the quality of care in this country will get worse and worse.

Taking a bill that House Democrats are too embarrassed to vote on, adding more than \$50 billion in new taxes and slashing \$60 billion more from our seniors' Medicare and keeping sweetheart deals may make some Washington Democrats "giddy," but it is not reform.

This bill isn't an excuse to vote in favor of the Democrat plan for health care. It is a reason to vote against it.

Anyone who votes for this bill is clearly less concerned about responding to their constituents than responding to the pressure tactics of Democrat leaders in Congress.

Some may have concluded that there is more merit in following the cajoling voices in Washington than the clear voices of their constituents back home, more merit in choosing to side with Democrat leaders in their quest to ram this bill through over the wishes of the American people.

Some may argue that the details we have seen since yesterday are reason to support it. But if anything is clear in this debate, it is that yesterday's CBO score is conclusive proof that this health care bill is unsalvageable.

This is something the American people realized a long time ago, and now they are counting on the final holdouts to vote on their behalf this weekend. Now that they have seen the final bill, they can't understand why anyone would do otherwise.

I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. CARDIN. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. CARDIN. Mr. President, first, let me respond very briefly to the Republican leader and say that, looking at what the Congressional Budget Office has said, the objective scorekeeper, it says this bill will accomplish bringing down the growth rate of health care costs, it will substantially increase the number of Americans who have access to affordable health care, and it will bring down our budget deficit. It will bring down our budget deficit by over \$130 billion during the first 10 years but \$1.3 trillion during the second 10 years.

That is making progress on dealing with health care costs and bringing down the Federal budget deficit. The overwhelming majority of Americans

will see their health insurance premiums under this bill go up at a slower growth rate than they would otherwise go up, and it will cover another 31 million Americans who currently do not have health insurance. They will be covered.

The appropriate question that should be asked is how will this legislation affect health care versus what will happen if we do not get health care reform passed, and I think it is clear this bill will improve health care for Americans and bring down the cost of health care for Americans.

Mr. President, I take this time to talk about the modernization of the Federal Aviation Administration bill, and I wish to first thank Senators ROCKEFELLER, HUTCHISON, DORGAN, and so many others who have worked on the FAA Modernization Act. Our aviation system clearly needs modernization. Air traffic control needs to get into modern technology. What I like most about this bill is what it does under facilities and equipment, the NextGen flight guidance system using GPS satellite-based guidance in order to control air traffic in America. That will substantially cut down travel time for air passengers.

It will save us energy, which we all are talking about. Let me give one example that will demonstrate how dramatic it is to go to a GPS system. I think most Americans will be surprised to learn they are using more high-tech technology in their cell phones than they are on airplanes in America. I think they would be surprised to learn that. But this bill will allow us to put that type of satellite technology into the way that we control air traffic in America.

As I said, it will save time for the passenger, save energy for our Nation. To give an example, today a flight from Washington, DC, Reagan National Airport to Boston takes about 537 miles of air travel and consumes over 7,000 pounds of fuel. Using GPS, using NextGen, we can save over 20 percent of the mileage traveled and the fuel consumed. We actually save over 1,000 pounds of fuel. That is just one flight. Multiply that times the hundreds of thousands of flights throughout our Nation. We can make a substantial improvement on productivity, efficiency, and on energy consumption. We can significantly reduce the number of delays. The delay not only inconveniences that one passenger but, as you know, the whole system gets thrown into a morass when we have delays. We will have much better on-time arrival rates because it will be a more predictable flight using NextGen GPS technology.

The legislation also provides for new technology training requirements for pilots and air traffic controllers. That is the safety issue. We know air travel is safe, but we want to make it safer.

This legislation will give us the tools in order to do that.

It provides for grants for improvements to our airports around the Nation. Let me talk for one moment about BWI, Thurgood Marshall Airport, the largest airport in the State of Maryland. We have over \$400 million in projects ready to go to improve the efficiency of that airport. I know Senator WARNER is aware, at Washington Dulles Airport, they have projects ready to go that will help in regard to not just convenience for the people who use that airport, which is important, but also safety issues, providing for the types of improvements necessary to deal with the newer aircraft that are coming on board. All this will reduce noise in the community, which is also another issue that is important and I am sure Senator WARNER has heard about.

We had 21 million passengers in 2009 use BWI Thurgood Marshall Airport—21 million passengers. We have to keep up with that, and these grant programs will allow us to do it. But let me tell you something else. We have 35 other airports in Maryland. These are commercial, municipal, regional, and general aviation airports. These airports are in need of improvement. I have visited many of them.

That will not only be important for air traffic to our rural areas, but it is also about economic development. This FAA modernization bill is about jobs. It is about creating new jobs. But it is also about communities being able to have the type of improvements to their regional airports that will allow businesses to come in and take advantage of that regional airport, bringing jobs to parts of Maryland and our Nation that are, at times, difficult to find. Of course, today, we need to find more jobs for America. This bill will help us in our goal to increase the number of jobs.

I have talked about rural air service. I wish to talk particularly about the essential air service, EAS, issue. I offered an amendment—and I wish to thank the managers for accepting that amendment—that would extend the expiration date on the mileage determination for those rural airports that can qualify for essential air service.

That is important to the people of Hagerstown and that region because that is the difference between the Hagerstown airport being eligible for EAS help.

I have visited that airport in Hagerstown. I can tell you how critically important it is to have passenger service. As a result of that amendment, we have Cape Air service at Hagerstown. If we did not have EAS, we would not have that passenger service. That means that airport is much more viable. That is the reason for the EAS program, the viability of airports in rural areas.

That is important for passenger service, but it is equally important to have a viable airport so it can bring in the type of economic activities that are associated by having an airport close by. Hagerstown, that area, has been able to attract industry relating to the aircraft industry because it has an airport there.

I must tell you, I do not think they would have the type of airport if they did not have passenger service. So all of this comes together and helps us create jobs in a part of Maryland that otherwise could find it difficult to bring in new economic opportunities.

This bill is very important. I thank the managers again for including that amendment in the managers' package. It includes the passengers' bill of rights. Many of my colleagues have talked about the passengers' bill of rights. We all know about passengers being stranded on the tarmac for hours, strapped to their seats in a very uncomfortable position. Well, that is inexcusable. Congress needs to speak to that.

I am pleased the passengers' bill of rights is included in this legislation that will provide passengers with certain basic rights that airlines will need to adhere to.

I also am pleased it includes workers, pilots, flight attendants. This bill is about helping not just the passengers but helping all those who work in the industry. It will help all the workers. That is an important issue.

Before I yield the floor, I wish to talk about one other issue that I understand the distinguished Senator from Arizona, Mr. KYL, talked about a little bit earlier; that is, amendments that are being considered and several have been filed. I understand negotiations are taking place as to the modification of the perimeter and slot rules as it relates to Reagan National Airport.

Let me tell you, before we start fooling around with this, let's make it clear that my colleagues understand how important this issue is to the people of the District, Virginia, and Maryland. In 1987, a peace agreement was entered into between the three jurisdictions and the three airports that are located here: Washington Dulles International, BWI Thurgood Marshall Airport, and Reagan National Airport.

All were involved in that agreement because, quite frankly, having an airport located in a residential community is an issue of concern of safety and noise and economic activities. So we have to be very mindful what is done at Reagan National.

For that reason, we entered into these restrictions in regard to the number of slots and the perimeters in which the flights originating from Reagan National can travel. They were carefully negotiated, and I urge us to be very careful about any modifications in those slots and perimeter rules.

We also created the Metropolitan Washington Airport Authority to deal with Reagan National and Washington Dulles International. But then the slot issue and the perimeter issue were very important for the development of BWI Thurgood Marshall Airport in Maryland. These are very delicate balances.

The growth airports are clearly Washington Dulles and BWI Thurgood Marshall. They have the capacity for growth; Reagan National does not. It has a serious issue in regard to noise and safety to the community. We know that. I would urge my colleagues to be very cautious on modifying either the slot rule or the perimeter rule.

If we modify the slot rule, obviously, we are putting more traffic into Reagan National that it cannot handle. The aviation experts have told us that, that Reagan National is at capacity. It cannot handle more slots. If you change the perimeter rule, then you are talking about flights that currently go to cities such as Atlanta, Charlotte, Philadelphia, Providence, Minneapolis, Miami, Boston, Detroit, Cincinnati. All those flights are going to be affected.

So this is not about giving the airplanes more flexibility, it is about affecting a delicate balance that currently exists when you have three major airports located within a very short distance. I would urge my colleague to be very cautious as we consider these amendments.

The ones I have seen so far are ones that I would oppose. I would urge my colleagues to respect the three jurisdictions in which these airports are located. We are not coming to you suggesting changes in the slots and perimeter rules. We are not the ones coming to you asking for it. It is our communities that are affected by the decisions. I would hope my colleagues would respect the judgment of the Senators from Maryland and Virginia.

This is a very important bill. It is a very good bill. It modernizes our FAA. It provides for safety, convenience, and, as I said earlier, will save time, save energy, and make our air traffic meet the growing needs of those of who use our airports and Nation.

I yield the floor.

The ACTING PRESIDENT pro tempore. The Senator from North Dakota.

Mr. DORGAN. Mr. President, we have reached a unanimous consent agreement, which I will read momentarily, with the minority and the majority agreeing to the request. It is the way forward to a final vote on the FAA reauthorization bill on Monday afternoon.

It is an important moment because it has taken a long while to get an FAA reauthorization bill through the Senate. Finally, on Monday that will be achieved. It will accomplish many objectives that are so important for our country, air safety, and investment in

infrastructure, the passengers' bill of rights.

It is bipartisan. It represents all the best of what we should be doing around here. It came out of the Commerce Committee on a bipartisan basis. We have had this long discussion.

There are a couple discussions prior to the completion of the bill, and one of them deals with the subject my colleague from Maryland was just describing. But let me read the unanimous consent request. It has been agreed to by the minority and the majority.

Mr. President, I ask unanimous consent that no further amendments, other than those covered in this agreement, be in order to H.R. 1586; and that when the Senate resumes consideration of the bill on Monday, March 22, the time until 4:30 p.m. be for debate only, equally divided and controlled between Senators ROCKEFELLER and HUTCHISON or their designees; further, that at 4:30 p.m., the Ensign amendment No. 3476 be reported for consideration and that it be modified with the changes at the desk; with the time until 5:30 p.m. for debate with respect to that amendment, and that the time be equally divided and controlled between Senators WARNER and KYL or their designees; that at 5:30 p.m., the Senate proceed to vote in relation to amendment No. 3476, as modified, that adoption of the amendment require an affirmative 60-vote threshold, and that if the amendment achieves that threshold, it be agreed to and the motion to reconsider be made and laid upon the table; that if it does not achieve the threshold, then it be withdrawn; further, that it also be in order for the amendment to be withdrawn prior to the vote; that upon disposition of amendment No. 3476, as modified, the pending McCain amendment No. 3527 be withdrawn; the pending McCain amendment No. 3528, if not disposed of, the Senate then proceed to vote in relation to the amendment; that upon disposition of the McCain amendment No. 3528, the managers' amendment, which is at the desk and cleared by the managers and leaders, be considered and agreed to, and the motion to reconsider be laid upon the table; that the substitute amendment, as amended, be agreed to and the motion to reconsider be laid upon the table; that the bill, as amended, be read a third time, and the Senate then proceed to vote on passage of the bill; that upon passage, the title amendment, which is at the desk, be considered and agreed to, and the motion to reconsider be laid upon the table.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. DORGAN. Mr. President, that is a long unanimous consent request. The potential would be only one vote on Monday or the potential might be three votes or somewhere in that neighborhood. But it does, upon its

execution on Monday, allow us as a Senate to finish the FAA reauthorization bill. It has so much to commend for our country. I am pleased to have negotiated with so many people—Senator HUTCHISON, Senator KYL on that side, Senator WARNER and others—that we were able to reach agreements so we will have a way forward dealing with only a couple controversial issues that will remain and then we will have final passage.

I know the Senator from Florida wishes to speak.

MORNING BUSINESS

Mr. DORGAN. Mr. President, I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The PRESIDING OFFICER (Mr. FRANKEN). The Senator from Florida.

SPACE PROGRAM

Mr. LEMIEUX. Mr. President, I am here to speak on this FAA bill and on an amendment that I filed on this bill concerning the space program.

For decades, the space shuttle has been a symbol for American innovation and ingenuity and the pioneering spirit that has made our Nation the most technologically advanced country in the world.

Today, our space program, however, stands at a crossroads, between one project and the next. For years, we have had soaring aspirations about space without funding. Now we have a plan that includes the money but lacks the vision.

In our Nation's space program, we cannot have money without ambition. The result will be directionless spending. As sure as winter follows fall, that directionless spending will lead to cuts in spending and eventually, I believe, the demise of our space program.

In 2004, the Constellation Program was announced as a followup to the space shuttle program. That vision was endorsed by Congress in 2005 and in 2008. In both years, we directed NASA to focus its efforts on returning to the Moon by 2020 and someday sending Americans to Mars and worlds beyond.

In fact, I have here the public law that was passed just about a year and a half ago, October 15 of 2008. It is Public Law 110-422. If I may read from it, it says:

The Congress finds, on this, the 50th anniversary of the establishment of the National Aeronautics and Space Administration, the following:

It goes on to say that one of the points they find is:

Developing United States human space flight capabilities to allow independent

American access to the International Space Station, and to explore beyond low Earth orbit, is a strategically important national imperative, and all prudent steps should thus be taken to bring the Orion Crew Exploration Vehicle and Ares I Crew Launch Vehicle to full operational capability as soon as possible and to ensure the effective development of a United States heavy lift launch capability as soon as possible and to ensure the effective development of a United States heavy lift launch capability for missions beyond low Earth orbit.

Mr. President, I ask unanimous consent to have that portion of the public law printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

SEC. 2. FINDINGS.

The Congress finds, on this, the 50th anniversary of the establishment of the National Aeronautics and Space Administration following:

(1) NASA is and should remain a multimission agency with a balanced and robust set of core missions in science, aeronautics, and human space flight and exploration.

(2) Investment in NASA's programs will promote innovation through research and development, and will improve the competitiveness of the United States.

(3) Investment in NASA's programs, like investments in other Federal science and technology activities, is an investment in our future.

(4) Properly structured, NASA's activities can contribute to an improved quality of life, economic vitality, United States leadership in peaceful cooperation with other nations on challenging undertakings in science and technology, national security, and the advancement of knowledge.

(5) NASA should assume a leadership role in a cooperative international Earth observations and research effort to address key research issues associated with climate change and its impacts on the Earth system.

(6) NASA should undertake a program of aeronautical research, development, and where appropriate demonstration activities with the overarching goals of—

(A) ensuring that the Nation's future air transportation system can handle up to 3 times the current travel demand and incorporate new vehicle types with no degradation in safety or adverse environmental impact on local communities;

(B) protecting the environment;

(C) promoting the security of the Nation; and

(D) retaining the leadership of the United States in global aviation.

(7) Human and robotic exploration of the solar system will be a significant long-term undertaking of humanity in the 21st century and beyond, and it is in the national interest that the United States should assume a leadership role in a cooperative international exploration initiative.

(8) Developing United States human space flight capabilities to allow independent American access to the International Space Station, and to explore beyond low Earth orbit, is a strategically important national imperative, and all prudent steps should thus be taken to bring the Orion Crew Exploration Vehicle and Ares I Crew Launch Vehicle to full operational capability as soon as possible and to ensure the effective development of a United States heavy lift launch capability for missions beyond low Earth orbit.

(9) NASA's scientific research activities have contributed much to the advancement

of knowledge, provided societal benefits, and helped train the next generation of scientists and engineers, and those activities should continue to be an important priority.

(10) NASA should make a sustained commitment to a robust long-term technology development activity. Such investments represent the critically important “seed corn” on which NASA’s ability to carry out challenging and productive missions in the future will depend.

(11) NASA, through its pursuit of challenging and relevant activities, can provide an important stimulus to the next generation to pursue careers in science, technology, engineering, and mathematics.

(12) Commercial activities have substantially contributed to the strength of both the United States space program and the national economy, and the development of a healthy and robust United States commercial space sector should continue to be encouraged.

(13) It is in the national interest for the United States to have an export control policy that protects the national security while also enabling the United States aerospace industry to compete effectively in the global market place and the United States to undertake cooperative programs in science and human space flight in an effective and efficient manner.

Mr. LEMIEUX. That was a year and a half ago. This is now. The President’s 2011 budget cancels this program, the Constellation Program, and what it does, in effect, is put our efforts for space exploration in severe jeopardy, potentially risking the jobs of more than 7,000 rocket scientists in Florida as well as jobs throughout this country in more than 20 States.

I understand there are many private conversations going on between Members of this body and the administration concerning this topic. But I think it is important to reflect back upon what then-Senator Obama, then-candidate Obama said about space exploration and compare it to what his administration has proposed in his budget.

In August of 2008, Senator Obama was campaigning in Florida, in Titusville, FL, on our space coast. He said this:

One of the areas where we are in danger of losing our competitive edge is our space program. When I was growing up, NASA inspired the world with achievements we are still proud of. Today, we have an administration—

He is referring to the Bush administration—

that has set ambitious goals for NASA without giving NASA the support it needs to reach them. As a result, they’ve had to cut back on research, and trim their programs, which means that after the Space Shuttle shuts down in 2010, we’re going to have to rely on Russian spacecraft to keep us in orbit.

He goes on to say:

More broadly, we need a real vision for space exploration. To help formulate this vision, I’ll reestablish the National Aeronautics and Space Council so that we can develop a plan to explore the solar system—a plan that involves both human and robotic missions, and enlists both international partners and the private sector. And as

America leads the world to long-term exploration of the moon, Mars, and beyond . . .

And he goes on to say a few more things.

So we know the Congress passed a law that was reaffirmed in 2008, on October 15, that said we were going to go into low-Earth orbit with the Constellation Program. We know the President of the United States, when campaigning for this office, said we must be exceptional in the space program, continue with our vision, properly funded, go to the Moon and Mars and planets beyond.

But today the President’s budget scraps that plan. We have no plan to get into low-Earth orbit after the Space Shuttle is retired. We are going to rely upon the Russians to take us to the International Space Station—exactly what candidate-Obama said we should be worried about.

So to this end, I have filed an amendment, an amendment to the FAA Reauthorization Act, to prohibit NASA from terminating the Constellation Program. It is the prerogative of this institution, the Congress—that our Founders put forth—it is our prerogative to deem how money is spent, how programs are funded. This Congress twice has said we will fund the Constellation Program, that we will fund these programs for the next generation of spacecraft to take us into low-Earth orbit.

This amendment reiterates the Federal law prohibiting NASA from using funds in fiscal year 2010 to cancel Constellation contracts. Several of my colleagues have joined me in this amendment: Senator WICKER from Mississippi, Senator SHELBY from Alabama, Senator SESSIONS from Alabama, Senator HATCH from Utah, and Senator BENNETT from Utah.

The problem is, NASA is ignoring the will of Congress in already beginning to cancel the Constellation Program. That is not their right. They must follow the law, and this amendment intends to hold them to that. The amendment sends a clear message that there are no loopholes, exclusions, or other routes the agency can use to kill the program.

I say publicly here on the floor of the Senate, whether this amendment passes on this bill, whether this amendment passes in the coming weeks, the law of the land is this: fund the Constellation Program. NASA is on notice that it is their legal requirement to do so, that they should not cancel contracts, they should not tell contractors to stop working. They cannot do that until the Congress makes a change in the law, and to do so would be unlawful.

The ultimate determination on the future of the space program rests with Congress, not a budget proposal submitted by this administration or, in fact, any administration.

As candidate-Obama agreed, without Constellation, the United States will be relying on Russia for any manned space missions. The United States has led the world in space exploration since the early 1960s. We cannot, and we should not, cede this leadership to any other country. We must summon the same vision that guided President Kennedy whose vision put a man on the Moon at the end of the 1960s. He said: Why should we settle for anything less? To quote him:

We choose to go to the moon . . . because that challenge is one that we are willing to accept, one we are unwilling to postpone, and one which we intend to win. . . .

It is my sincere hope we will adopt this amendment, if not on this bill, on another bill soon. I hope my colleagues and our President will also come to say we choose to continue to be the leader in space exploration to the Moon, to Mars, and planets beyond because the challenge is one we are willing to accept, one we are unwilling to postpone, and one we intend to win.

Mr. President, I yield the floor.

SPRING

Mr. BYRD. Mr. President, “From winter, plague and pestilence, good Lord, deliver us!” wrote Thomas Nashe in 1600, in “Summer’s Last Will and Testament,” to which I add a hearty, “Amen!”

At last, this Saturday, March 20, spring arrives, both by calendar and weather, and we are all happier for it. Blue skies, warming breezes, and the faint blush of buds upon the trees—this year, especially, spring is a sight for sore eyes too long blinded by the glare of Sun upon sparkling snow. The cheerful chorus of springtime frogs is welcome music after the almost silent whisper of falling snowflakes.

This year in particular, spring seemed a long time coming. Rarely have we seen so much snow in West Virginia—storm after storm, flurry upon flurry, until roofs groaned under the weight and plows could find nowhere to push the drifts. Even children home from school day after day edged slowly from delight to cabin fever. And just when it seems we could not stand one more session with the snow shovel, we must now fear the flooding snowmelt, the menacing legacy of this epic winter.

In time to prevent our moods from mirroring, like our yards, in the mud, come the first bright petals of crocus and daffodil to give us hope. Their petals glow among the wet leaves and drab grasses of winter. The American poet, Amy Lowell, knew how daffodils could revive one’s flagging spirits:

Thou yellow trumpeter of laggard Spring!
Thou herald of rich Summer’s myriad flowers!

The climbing sun with new recovered powers
Does warm thee into being, through the ring

Of rich, brown earth he woos thee, makes
thee fling

Thy green shoots up, inheriting the dowers
Of bending sky and sudden, sweeping show-
ers,

Till ripe and blossoming thou art a thing
To make all nature glad, thou art so gay;
To fill the lonely with a joy untold;
Nodding at every gust of wind to-day,
To-morrow jeweled with raindrops. Always
bold

To stand erect, full in the dazzling play
Of April's sun, for thou hast caught his gold.

As we all slowly unfurl from our win-
ter burden of coats, scarves, hats, and
boots, shedding them like the dark
mulch of winter's leaves, we, too, re-
joice in the colors of springtime. Our
petals may only be cheerful t-shirts or
bright windbreakers, but what a wel-
come change from fleece and wool.

Warm weather will bring out walkers
and gardeners and allow children to
play in yards and parks, doing more to
improve our outlooks, health, and
waistlines than all the fitness reality
shows we watch on television during
the cold, dark months of winter.

I hope that many Americans will re-
vive their flagging New Year's resolu-
tions and take advantage of spring's
surge of energy to spend more time
outdoors. I hope that my fellow Sen-
ators will note the beauty of the blos-
soms and the greening of the city as
they hurry between hearings and the
Senate floor. There is much work that
we need to do, to be sure, but a short
moment spent in spring sunshine can
only warm our hearts, put a smile on
our faces, and expand our thinking.

Mr. President, as America celebrates
the vernal equinox and return of spring
to our winter-weary Nation, let us sim-
ply take a moment to heed the words
of the ironically named poet, Robert
Frost, in his poem, "A Prayer in
Spring":

Oh, give us pleasure in the flowers to-day;
And give us not to think so far away
As the uncertain harvest; keep us here
All simply in the springing of the year.

ADDITIONAL STATEMENTS

50TH ANNIVERSARY OF THE PACIFIC UNIVERSITY LUAU

• Mr. INOUE. Mr. President, my col-
league, Senator DANIEL K. AKAKA, and
I commend the Hawaiian students' club
of Pacific University, Na Haumana O
Hawaii, for their steadfast commit-
ment to the preservation of the rich
cultural heritage of Hawaii. For 50
proud years, its strong membership has
championed educational opportunities
to ensure the survival of a distinct his-
tory, beautiful language, and long-
standing traditions. The story of our
State is one of a strong native people
who have persevered against forces
that nearly extinguished their exist-
ence, of struggling immigrants whose
hope sustained them while they toiled

to achieve the American dream, and of
a remote chain of islands who over-
came obstacles to attain statehood in
the 20th century. Hawaii began with a
proud people and continues to serve as
a home for proud people. Through the
efforts of Na Haumana O Hawaii, those
ancient stories and values upon which
our island home is founded will endure
for future generations to come.

The Annual Luau hosted and facili-
tated through the leadership of Pacific
University shares and exemplifies the
"aloha spirit." This event allows oth-
ers to experience the unique qualities
of Hawaiian culture in an atmosphere
that encourages fellowship. We would
like to express our appreciation to fac-
ulty, staff and students of Pacific Uni-
versity, Na Haumana O Hawaii, and the
local community for their great efforts
in making this event so memorable and
for spreading the aloha spirit.

Mr. President, we ask our colleagues
to join us in recognition of this mo-
mentous occasion. •

MESSAGES FROM THE HOUSE

ENROLLED BILL SIGNED

At 10:10 a.m., a message from the
House of Representatives, delivered by
Ms. Niland, one of its reading clerks,
announced that the Speaker has signed
the following enrolled bill:

S. 1147. An act to prevent tobacco smug-
gling, to ensure the collection of all tobacco
taxes, and for other purposes.

The enrolled bill was subsequently
signed by the President pro tempore
(Mr. BYRD).

At 11:35 a.m., a message from the
House of Representatives, delivered by
Mrs. Cole, one of its reading clerks, an-
nounced that the House has passed the
following bills, in which it requests the
concurrence of the Senate:

H.R. 1769. An act to expand the Alpine
Lakes Wilderness in the State of Wash-
ington, to designate the Middle Fork
Snoqualmie River and Pratt River as wild
and scenic rivers, and for other purposes.

H.R. 3509. An act to reauthorize State agri-
cultural mediation programs under title V of
the Agricultural Credit Act of 1987.

H.R. 3542. An act to direct the Architect
of the Capitol to fly the flag of a State over the
Capitol each year on the anniversary of the
date of the State's admission to the Union.

H.R. 4214. An act to designate the facility
of the United States Postal Service located
at 45300 Portola Avenue in Palm Desert,
California, as the "Roy Wilson Post Office".

H.R. 4252. An act to direct the Secretary of
the Interior to conduct a study of water re-
sources in the Rialto-Colton Basin in the
State of California, and for other purposes.

MEASURES REFERRED

The following bills were read the first
and the second times by unanimous
consent, and referred as indicated:

H.R. 3509. An act to reauthorize State agri-
cultural mediation programs under title V of
the Agricultural Credit Act of 1987; to the

Committee on Agriculture, Nutrition, and
Forestry.

H.R. 3542. An act to direct the Architect of
the Capitol to fly the flag of a State over the
Capitol each year on the anniversary of the
date of the State's admission to the Union;
to the Committee on Rules and Administra-
tion.

H.R. 4214. An act to designate the facility
of the United States Postal Service located
at 45300 Portola Avenue in Palm Desert,
California, as the "Roy Wilson Post Office";
to the Committee on Homeland Security and
Governmental Affairs.

H.R. 4252. An act to direct the Secretary of
the Interior to conduct a study of water re-
sources in the Rialto-Colton Basin in the
State of California, and for other purposes;
to the Committee on Energy and Natural Re-
sources.

MEASURES PLACED ON THE CALENDAR

The following bills were read the sec-
ond time, and placed on the calendar:

S. 3143. A bill to provide that Members of
Congress shall not receive a pay increase
until the annual Federal budget deficit is
eliminated.

H.R. 4851. An act to provide a temporary
extension of certain programs, and for other
purposes.

H.R. 4853. An act to amend the Internal
Revenue Code of 1986 to extend the funding
and expenditure authority of the Airport and
Airway Trust Fund, to amend title 49, United
States Code, to extend authorizations for the
airport improvement program, and for other
purposes.

The following bill was read the first
and second times by unanimous con-
sent, and placed on the calendar:

H.R. 1769. An act to expand the Alpine
Lakes Wilderness in the State of Wash-
ington, to designate the Middle Fork
Snoqualmie River and Pratt River as wild
and scenic rivers, and for other purposes.

PETITIONS AND MEMORIALS

The following petitions and memo-
rials were laid before the Senate and
were referred or ordered to lie on the
table as indicated:

POM-91. A resolution adopted by the Sen-
ate of the Commonwealth of Puerto Rico
urging the Federal Deposit Insurance Cor-
poration (FDIC) to show temperance in the
application of asset valuation rules to mi-
nority-owned banks established in Puerto
Rico, to establish effective measures so as to
expedite the granting of credit, and to help
local banks in their financial recovery and
capitalization; to the Committee on Bank-
ing, Housing, and Urban Affairs.

SENATE RESOLUTION NO. 860

During the last year, the finances of a sig-
nificant number of banking institutions
around the world were severely impacted as
a result of the worldwide economic crisis.
Puerto Rico was not the exception in this se-
rious and complex financial problem. We see
more often news reporting such problems
and governments assessing financial pro-
posals and alternatives to provide mecha-
nisms so as to address and stop the loss suf-
fered by this sector, as well as strengthening
their economies by promoting and revital-
izing banking activities. Certainly, success

in the recovery of the global economy lies in achieving the delicate balance between the needs and rules of the different economies, their applicability to consumers, and their implementation by the regulating bodies of such governments.

The press in Puerto Rico recently published data furnished by the Federal Deposit Insurance Corporation, known as the FDIC, reporting that as of September 30, 2009, local banks maintained a diminishing trend by reporting a reduction in their total assets equal to 9%, and a net loss, as of such date, of approximately \$147 million. They also reported on the efforts made by the Administration of Governor Luis Fortuño to reach financing agreements that would allow the Government of Puerto Rico to purchase assets from domestic banks through the "Troubled Asset Relief Program" (TARP) in order for them to lower their loan-in-default reserves and grant new loans.

The importance of the Banking Industry in the economy of Puerto Rico is unquestionable. Banks in Puerto Rico generate over 15,000 direct jobs and countless indirect jobs by financing the business activity in Puerto Rico. Furthermore, in the beginning of this decade, banks were major taxpayers into the treasury of Puerto Rico, with taxes over \$200 million. In light of the difficult financial situation faced by banks, the FDIC has decided to establish stringent regulatory examinations that contravene the public policy of President Barack Obama and Governor Luis Fortuño of reactivating and making regional and national economies feasible. Specifically, in times requiring that temperance be shown in the valuation of assets, the FDIC, through its examiners, is suggesting proposals whose effect would be detrimental to the value of assets used as collateral for loans in the banks of Puerto Rico. This could entail significant increases in the loan reserve of financial institutions in Puerto Rico and a potential reduction on the net worth of domestic banks. Therefore, this would cause a reduction in the lending and economic activity in Puerto Rico.

It is necessary to mention that, according to FDIC data, most banks in Puerto Rico are among the top twenty largest minority-owned banks of the Nation. For example, Banco Popular of Puerto Rico holds the first position; First Bank of Puerto Rico holds the second position; Westernbank of Puerto Rico holds the third position; R-G Premier Bank of Puerto Rico holds the eight position; and Eurobank holds the thirteenth position, respectively.

As in Puerto Rico, this issue has been experienced at the national level, as recently stated by Congressman Barney Frank, Representative for the 4th congressional district of the State of Massachusetts and Chairman of the House Financial Services Committee, in a letter addressed to the members of the Federal Reserve System, the Office of the Comptroller of the Currency, the Office of the Thrift Supervision, the Federal Deposit Insurance Corporation, and the National Credit Union Administration. In said letter, Congressman Frank calls on them to show temperance in the application of the rules that govern national banks and urges federal regulating entities to take into account safety and soundness standards established by them.

Said official also recognized that one of the challenges currently faced by national banks is how to respond to the call from the United States Congress to stimulate the national economy by establishing measures so as to promote lending activities and to work

with troubled borrowers facing foreclosure proceedings, while dealing with the directives from federal government regulators. It has been proven on different occasions that the construction and execution of these regulatory standards do not allow for the expected market stimulus, since the same are counter to the message of Congress. Such has been the case when regulatory agencies representatives have intervened with community banks, such as those of Puerto Rico, requiring compliance with even more stringent directives in the banking industry, which preclude banks from recovering their assets promptly and efficiently.

On the other hand, on October 30, 2009, federal regulators established a new policy on commercial loan restructuring. The new policy establishes, among other things, temperance and prudence in the decision-making process regarding loan restructuring, the timely identification of losses, and the proper classification of loans. The new policy establishes that the classification of a loan should not be based solely on the fact that the value of the collateral has declined, in absence of other adverse factors. Loan restructurings are generally in the best interest of both the banking institutions and the borrowers. Furthermore, the new policy establishes that examiners should give a reasonable amount of deference to collateral valuation assumptions when these are made by qualified appraisers or banking institutions. This practice by the FDIC is not consistent with the principles of this new policy.

For all of the above, the Senate of Puerto Rico concludes that the application by the FDIC of stringent asset valuation rules would have a severe impact on the participation of minority-owned banks and would substantially reduce the access of minority populations to credit and financial sources. Thus, the FDIC is hereby urged to show temperance in its practices with minority-owned banks established in Puerto Rico; to establish effective measures so as to expedite the granting of credit; and to help domestic banks in their financial recovery and capitalization.

Be it Resolved by the Senate of Puerto Rico:

Section 1.—To urge the Federal Deposit Insurance Corporation (FDIC) to show temperance in the application of asset valuation rules to minority-owned banks established in Puerto Rico, to establish effective measures so as to expedite the granting of credit, and to help local banks in their financial recovery and capitalization.

Section 2.—This Resolution shall be officially notified, in both official languages, to the Honorable Sheila C. Bair, Chairman of the Federal Deposit Insurance Corporation, Federal Deposit Insurance Corporation 550 17th Street NW, Washington, D.C. 20429; to the Honorable Ben S. Bernanke, Chairman of the Board of Governors of the Federal Reserve System, Board of Governors of the Federal Reserve System 20th Street and Constitution Avenue NW, Washington, D.C. 20220; and to the Honorable Timothy F. Geithner, Secretary of the United States Department of the Treasury, Department of the Treasury 1500 Pennsylvania Avenue NW, Washington, D.C. 20220.

Section 3.—Furthermore, the Office of the Secretary of the Senate of Puerto Rico is hereby directed to remit a copy of this Resolution, in both official languages, to: the Honorable Barack H. Obama, President of the United States; to the Honorable Joseph R. Biden, Vice President of the United States; to the Honorable Barney Frank, Chairman of the Committee on Financial

Services of the United States House of Representatives, U. S. House Financial Services Committee, 2129 Rayburn House Office Building, Washington, D.C. 20515; to the Honorable Christopher J. Dodd, Chairman of the Committee on Banking, Housing, and Urban Affairs of the United States Senate, U.S. Senate Committee on Banking, Housing and Urban Affairs, 534 Dirksen Senate Office Building, Washington, D.C. 20510; and to all other members of the United States Congress.

Section 4.—This Resolution shall be made public by forwarding a copy thereof to the state and national media.

Section 5.—This Resolution shall take effect immediately after its approval by the Senate of Puerto Rico.

POM-92. A resolution adopted by the Senate of the General Assembly of the State of Tennessee urging Congress to stimulate markets for recycled materials, recycling, and source reduction and the development of comprehensive solid waste management plans; to the Committee on Environment and Public Works.

SENATE RESOLUTION No. 176

Whereas, recognizing the need to manage solid waste in an environmentally, economically, and politically acceptable manner, states are enacting comprehensive solid waste management plans; and

Whereas, in the long run, source reduction and recycling offer the most economically and environmentally sound methods for dealing with a significant percentage of the solid waste stream; and

Whereas, the Senate of the One Hundred Sixth General Assembly of the State of Tennessee believes that properly designed and operated landfills will continue to be a component of any comprehensive solid waste management plan; and

Whereas, the volume of waste to be landfilled should be reduced and minimized through environmentally sound methods such as source separation to retrieve recyclable or reusable materials; and

Whereas, yard waste and some biodegradable materials should be composted rather than landfilled, and source separation should occur in all waste streams; and

Whereas, solid waste incinerators without energy recovery and landfilling should be limited, whenever practical, to non-toxic and non-hazardous materials that cannot be treated by any other economically and environmentally sound method; and

Whereas, with respect to waste-to-energy or resource recovery facilities, their capacity should be designed for the solid waste volume remaining after source separation, toxic materials removal, recycling, and pollution prevention measures have been implemented; and

Whereas, the states are in need of the full cooperation and assistance of the federal government to accomplish their diverse solid waste management objectives: Now, therefore, be it

Resolved by the Senate of the One Hundred Sixth General Assembly of the State of Tennessee, That recognizing the importance of a state-federal partnership and in support of the objectives of the Resource Conservation and Recovery Act (RCRA), the Senate of the One Hundred Sixth General Assembly of the State of Tennessee hereby urges the United States Congress to stimulate markets for recycled materials, recycling, and source reduction and the development of comprehensive solid waste management plans. Be it further

Resolved, That the Senate of the One Hundred Sixth General Assembly of the State of Tennessee urges the federal government to significantly increase technical assistance to state and local governments in developing comprehensive source reduction, source separation, reuse, and recycling programs while fully recognizing the primacy of state and local governments in solid waste management. The development of solid waste management plans is a state and local government responsibility and the federal government should restrict its role to reviewing these plans by setting performance standards. Be it further

Resolved, That the Senate of the One Hundred Sixth General Assembly of the State of Tennessee urges that regulation, tariffs, and transportation policies be revised to remove artificial price supports in order to create regulatory parity between recyclable and reusable material and virgin material. Be it further

Resolved, That the Senate of the One Hundred Sixth General Assembly of the State of Tennessee urges the full implementation of the provisions of RCRA requiring the federal government to promulgate regulations for federal procurement of recycled products. The federal government should give priority consideration to the purchase of reusable and recycled products and allow a temporary price differential, where applicable, for goods made from recycled materials. Be it further

Resolved, That the Senate of the One Hundred Sixth General Assembly of the State of Tennessee urges Congress to provide the states with the greatest authority possible to manage solid waste. Such an authorization should allow states to restrict imported waste and allow restrictions on the exportation of waste, including the imposition of differential fees. Be it further

Resolved, That it is the sense of the Senate of the One Hundred Sixth General Assembly of the State of Tennessee that funds received from any permits authorized by federal law and issued by states for purposes of management of solid waste should be expended as determined by state legislatures. Be it further

Resolved, that an enrolled copy of this resolution be transmitted to the Speaker and the Clerk of the U.S. House of Representatives; the President and the Secretary of the U.S. Senate; each member of Tennessee's Congressional delegation; and the Honorable Barack Obama, President of the United States.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second times by unanimous consent, and referred as indicated:

By Mr. AKAKA:

S. 3145. A bill to amend section 1004 of title 39, United States Code, to include that it is a policy of the Postal Service to ensure reasonable and sustainable workloads and schedules for supervisory and management employees and to clarify provisions relating to consultation and changes or terminations in certain proposals; to the Committee on Homeland Security and Governmental Affairs.

ADDITIONAL COSPONSORS

S. 1275

At the request of Mr. WARNER, the name of the Senator from Colorado

(Mr. UDALL) was added as a cosponsor of S. 1275, a bill to establish a National Foundation on Physical Fitness and Sports to carry out activities to support and supplement the mission of the President's Council on Physical Fitness and Sports.

S. 1343

At the request of Mr. BROWN of Ohio, the name of the Senator from New Mexico (Mr. UDALL) was added as a cosponsor of S. 1343, a bill to amend the Richard B. Russell National School Lunch Act to improve and expand direct certification procedures for the national school lunch and school breakfast programs, and for other purposes.

S. 1791

At the request of Mr. BROWN of Ohio, the name of the Senator from Illinois (Mr. BURRIS) was added as a cosponsor of S. 1791, a bill to establish the Honorable Stephanie Tubbs Jones Fire Suppression Demonstration Incentive Program within the Department of Education to promote installation of fire sprinkler systems, or other fire suppression or prevention technologies, in qualified student housing and dormitories, and for other purposes.

S. 2749

At the request of Mrs. GILLIBRAND, the name of the Senator from New Mexico (Mr. UDALL) was added as a cosponsor of S. 2749, a bill to amend the Richard B. Russell National School Lunch Act to improve access to nutritious meals for young children in child care.

S. 3035

At the request of Mr. BAUCUS, the name of the Senator from Idaho (Mr. RISCH) was added as a cosponsor of S. 3035, a bill to require a report on the establishment of a Polytrauma Rehabilitation Center or Polytrauma Network Site of the Department of Veterans Affairs in the northern Rockies or Dakotas, and for other purposes.

S. 3122

At the request of Mr. ENSIGN, the name of the Senator from Arizona (Mr. MCCAIN) was added as a cosponsor of S. 3122, a bill to require the Attorney General of the United States to compile, and make publicly available, certain data relating to the Equal Access to Justice Act, and for other purposes.

AMENDMENT NO. 3543

At the request of Mr. KERRY, his name was added as a cosponsor of amendment No. 3543 intended to be proposed to H.R. 1586, a bill to impose an additional tax on bonuses received from certain TARP recipients.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. AKAKA:

S. 3145. A bill to amend section 1004 of title 39, United States Code, to include that it is a policy of the Postal

Service to ensure reasonable and sustainable workloads and schedules for supervisory and management employees and to clarify provisions relating to consultation and changes or terminations in certain proposals; to the Committee on Homeland Security and Governmental Affairs.

Mr. AKAKA. Mr. President, today I am introducing a bill to clarify certain provisions relating to pay and benefits consultation between the United States Postal Service and supervisors' and postmasters' organizations.

The Postal Reorganization Act of 1970 created a process for postmasters and other non-union postal employees to negotiate pay and benefits through consultation. In the 108th Congress, I sponsored the Postmaster Equity Act which extended additional protections for postmasters to provide for fact-finding in the event that consultation reached an impasse. The same protections already applied to supervisors. However, it has come to my attention that there may be ambiguity in the interpretation of these provisions.

The legislation I am introducing, along with Representative GERALD CONNOLLY in the House of Representatives, should eliminate any ambiguity in existing law regarding consultation with management organizations. It reiterates that any changes to pay policies or benefits for postmasters, supervisors, and other managerial positions be done in conjunction with consultation process required under title 39 section 1004(e). The bill also requires the Postal Service to ensure policies to provide for reasonable and sustainable workloads and schedules for supervisory and management employees.

In light of the unprecedented challenges faced by the Postal Service today, fostering close cooperation and consultation on pay and benefits between the Postal Service and management organizations is essential. It is my hope that the Postal Service and all of its employee organizations will continue to work cooperatively to keep the Postal Service an employer of choice, and to promote advancement across the organization.

Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the text of the bill was ordered to be printed in the RECORD, as follows:

S. 3145

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. POSTAL SERVICE SUPERVISORY AND OTHER MANAGERIAL ORGANIZATIONS.

Section 1004 of title 39, United States Code, is amended—

(1) in subsection (a), by inserting "to ensure reasonable and sustainable workloads and schedules for supervisory and management employees;" after "other managerial personnel;"

(2) in subsection (b), in the second sentence, by inserting "as provided under subsection (d) and any changes in, or termination of, pay policies and schedules and fringe benefit programs for members of the supervisors' organization as provided under subsection (e)" before the period; and

(3) in subsection (e)(1), by inserting "or termination of," after "any changes in".

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. DORGAN. Mr. President, I ask unanimous consent that the Senate proceed to executive session to consider Calendar Nos. 497, 498, 499, 655, 710, 711, 712, 736, 737, 738, 739, 744, 745, 746, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, all nominations on the Secretary's desk in the Air Force, Army, Marine Corps, and Navy; that the nominations be confirmed en bloc, the motions to reconsider be laid upon the table en bloc; that no further motions be in order; that any statements relating to the nominations appear at the appropriate place in the RECORD as if read; that the President be immediately notified of the Senate's action, and the Senate then resume legislative session.

The PRESIDING OFFICER. Without objection, it is so ordered.

The nominations considered and confirmed en bloc are as follows:

LEGAL SERVICES CORPORATION

Robert James Grey, Jr., of Virginia, to be a Member of the Board of Directors of the Legal Services Corporation for a term expiring July 13, 2011.

John Gerson Levi, of Illinois, to be a Member of the Board of Directors of the Legal Services Corporation for a term expiring July 13, 2011.

Martha L. Minow, of Illinois, to be a Member of the Board of Directors of the Legal Services Corporation for a term expiring July 13, 2011.

DEPARTMENT OF VETERANS AFFAIRS

Raul Perea-Henze, of New York, to be an Assistant Secretary of Veterans Affairs (Policy and Planning).

DEPARTMENT OF STATE

David Adelman, of Georgia, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of Singapore.

Harry K. Thomas, Jr., of New York, a Career Member of the Senior Foreign Service, Class of Minister-Counselor, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Republic of the Philippines.

Allan J. Katz, of Florida, to be Ambassador Extraordinary and Plenipotentiary of the United States of America to the Portuguese Republic.

NUCLEAR REGULATORY COMMISSION

William Charles Ostendorff, of Virginia, to be a Member of the Nuclear Regulatory Commission for the remainder of the term expiring June 30, 2011.

William D. Magwood, IV, of Maryland, to be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2015.

William D. Magwood, IV, of Maryland, to be a Member of the Nuclear Regulatory Commission for the remainder of the term expiring June 30, 2010.

George Apostolakis, of Massachusetts, to be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2014.

NATIONAL COUNCIL ON DISABILITY

Gary Blumenthal, of Massachusetts, to be a Member of the National Council on Disability for a term expiring September 17, 2010.

Chester Alonzo Finn, of New York, to be a Member of the National Council on Disability for a term expiring September 17, 2012.

Sara A. Gelser, of Oregon, to be a Member of the National Council on Disability for a term expiring September 17, 2011.

Dongwoo Joseph Pak, of California, to be a Member of the National Council on Disability for a term expiring September 17, 2012.

Carol Jean Reynolds, of Colorado, to be a Member of the National Council on Disability for a term expiring September 17, 2010.

Fernando Torres-Gill, of California, to be a Member of the National Council on Disability for a term expiring September 17, 2011.

Jonathan M. Young, of Maryland, to be a Member of the National Council on Disability for a term expiring September 17, 2012.

BARRY GOLDWATER SCHOLARSHIP & EXCELLENCE IN EDUCATION FOUNDATION

Gwendolyn E. Boyd, of Maryland, to be a Member of the Board of Trustees of the Barry Goldwater Scholarship and Excellence in Education Foundation for a term expiring August 11, 2014.

Peggy Goldwater-Clay, of California, to be a Member of the Board of Trustees of the Barry Goldwater Scholarship and Excellence in Education Foundation for a term expiring June 5, 2012.

LEGAL SERVICES CORPORATION

Sharon L. Browne, of California, to be a Member of the Board of Directors of the Legal Services Corporation for a term expiring July 13, 2010.

Charles Norman Wiltse Keckler, of Virginia, to be a Member of the Board of Directors of the Legal Services Corporation for a term expiring July 13, 2010.

Victor B. Maddox, of Kentucky, to be a Member of the Board of Directors of the Legal Services Corporation.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

Patrick K. Nakamura, of Alabama, to be a Member of the Federal Mine Safety and Health Review Commission for a term of six years expiring August 30, 2010.

Patrick K. Nakamura, of Alabama, to be a Member of the Federal Mine Safety and Health Review Commission for a term of six years expiring August 30, 2016.

DEPARTMENT OF JUSTICE

Christopher Tobias Hoyer, of Nevada, to be United States Marshal for the District of Nevada for the term of four years.

Kelvin Corneilius Washington, of South Carolina, to be United States Marshal for the District of South Carolina for the term of four years.

DEFENSE NUCLEAR FACILITIES SAFETY BOARD

Jessie Hill Roberson, of Virginia, to be a Member of the Defense Nuclear Facilities

Safety Board for a term expiring October 18, 2013.

Joseph F. Bader, of the District of Columbia, to be a Member of the Defense Nuclear Facilities Safety Board for a term expiring October 18, 2012.

Peter Stanley Winokur, of Maryland, to be a Member of the Defense Nuclear Facilities Safety Board for a term expiring October 18, 2014.

IN THE AIR FORCE

The following named officer for appointment in the United States Air Force to the grade indicated under title 10, U.S.C., section 624:

To be major general

Brig. Gen. Byron C. Hepburn

The following named officer for appointment in the Reserve of the Air Force to the grade indicated under title 10, U.S.C., section 12203:

To be brigadier general

Col. Robert R. Redwine

IN THE ARMY

The following named officer for appointment in the United States Army to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be general

Lt. Gen. James D. Thurman

The following named United States Army Reserve officer for appointment as the Chief, Army Reserve and appointment to the grade indicated under provisions of title 10, U.S.C., sections 3038 and 601:

To be lieutenant general

Lt. Gen. Jack C. Stultz, Jr.

The following named officer for appointment in the United States Army to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Maj. Gen. John W. Morgan, III

The following named officer for appointment in the United States Army to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Lt. Gen. David M. Rodriguez

IN THE NAVY

The following named officer for appointment in the United States Navy to the grade indicated while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be vice admiral

Vice Adm. Paul S. Stanley

IN THE MARINE CORPS

The following named officer for appointment to the grade of lieutenant general in the United States Marine Corps while assigned to a position of importance and responsibility under title 10, U.S.C., section 601:

To be lieutenant general

Maj. Gen. Walter E. Gaskin, Sr.

The following named officer for appointment in the United States Marine Corps to the grade indicated under title 10, U.S.C., section 624:

To be major general

Brig. Gen. Melvin G. Spiess

The following named officer for appointment in the United States Marine Corps to

the grade indicated under title 10, U.S.C., section 5046:

To be major general

Col. Vaughn A. Ary

NOMINATIONS PLACED ON THE SECRETARY'S
DESK

IN THE AIR FORCE

PN1513 AIR FORCE nominations (7) beginning ELWOOD M. BARNES, and ending REX A. WILLIAMS, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

PN1514 AIR FORCE nominations (23) beginning CALVIN N. ANDERSON, and ending ROGER M. WELSH, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

PN1515 AIR FORCE nominations (38) beginning BRIAN L. BENGS, and ending LISA F. WILLIS, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

PN1516 AIR FORCE nominations (9) beginning DONNETTE A. BOYD, and ending PAUL D. SUTTER, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

PN1517 AIR FORCE nominations (21) beginning RICHARD S. BEYEA III, and ending TRAVIS C. YELTON, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

PN1518 AIR FORCE nominations (76) beginning AFSANA AHMED, and ending REGGIE D. YAGER, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

IN THE ARMY

PN1424 ARMY nominations (15) beginning DOUGLAS R. DIXON, and ending VICKI J. WYAN, which nominations were received by the Senate and appeared in the Congressional Record of February 1, 2010.

PN1425 ARMY nominations (79) beginning ROMNEY C. ANDERSEN, and ending D002085, which nominations were received by the Senate and appeared in the Congressional Record of February 1, 2010.

PN1426 ARMY nominations (18) beginning CHARLES E. BANE, and ending D003028, which nominations were received by the Senate and appeared in the Congressional Record of February 1, 2010.

PN1427 ARMY nominations (75) beginning RICHARD ACEVEDO, and ending D005704, which nominations were received by the Senate and appeared in the Congressional Record of February 1, 2010.

PN1428 ARMY nominations (143) beginning JOSEPH C. ALEXANDER, and ending DON H. YAMASHITA, which nominations were received by the Senate and appeared in the Congressional Record of February 1, 2010.

PN1429 ARMY nominations (153) beginning DAVID A. ALLEN, and ending YOUNG J. YAUGER, which nominations were received by the Senate and appeared in the Congressional Record of February 1, 2010.

PN1502 ARMY nominations (75) beginning MATTHEW H. ADAMS, and ending MATTHEW H. WATTERS, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

IN THE MARINE CORPS

PN1459 MARINE CORPS nominations (2) beginning HENRY C. BODDEN, and ending DAVID M. SOUSA, which nominations were received by the Senate and appeared in the Congressional Record of February 22, 2010.

PN1460 MARINE CORPS nominations (2) beginning JAMES R. REUSSE, and ending JEFFREY P. WOOLDRIDGE, which nominations

were received by the Senate and appeared in the Congressional Record of February 22, 2010.

PN1461 MARINE CORPS nominations (2) beginning ANTHONY REDMAN, and ending GARY J. SPINELLI, which nominations were received by the Senate and appeared in the Congressional Record of February 22, 2010.

PN1462 MARINE CORPS nominations (3) beginning MARK E. DUMAS, and ending JAMES SMILEY, which nominations were received by the Senate and appeared in the Congressional Record of February 22, 2010.

PN1463 MARINE CORPS nominations (3) beginning STEVEN S. DEVOST, and ending WILLIAM E. LANHAM, which nominations were received by the Senate and appeared in the Congressional Record of February 22, 2010.

PN1464 MARINE CORPS nominations (5) beginning TONY C. ARMSTRONG, and ending SHELTON WILLIAMS, which nominations were received by the Senate and appeared in the Congressional Record of February 22, 2010.

PN1465 MARINE CORPS nominations (4) beginning CHARLES R. BAUGHN, and ending JOHN P. MULLERY, which nominations were received by the Senate and appeared in the Congressional Record of February 22, 2010.

PN1466 MARINE CORPS nominations (5) beginning RANDALL E. DAVIS, and ending BRIAN L. WHITE, which nominations were received by the Senate and appeared in the Congressional Record of February 22, 2010.

PN1467 MARINE CORPS nominations (5) beginning BRENT L. ENGLISH, and ending ANTHONY C. LYONS, which nominations were received by the Senate and appeared in the Congressional Record of February 22, 2010.

PN1468 MARINE CORPS nominations (7) beginning ROBERT BOYERO, and ending ANDREW R. STRAUSS, which nominations were received by the Senate and appeared in the Congressional Record of February 22, 2010.

PN1504 MARINE CORPS nomination of Dennis L. Parks, which was received by the Senate and appeared in the Congressional Record of March 3, 2010.

PN1506 MARINE CORPS nominations (2) beginning STEVE K. BRAUND, and ending STEVEN E. SPROUT, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

PN1507 MARINE CORPS nominations (2) beginning CHARLES E. DANIELS, and ending JAY A. ROGERS, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

PN1508 MARINE CORPS nominations (2) beginning TIMOTHY L. COLLINS, and ending STEVEN J. LENGQUIST, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

PN1509 MARINE CORPS nominations (2) beginning MICHAEL R. GLASS, and ending DONALD L. HULTZ, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

PN1510 MARINE CORPS nominations (3) beginning STEVEN M. DOTSON, and ending JAMES I. SAYLOR, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

PN1511 MARINE CORPS nominations (3) beginning JACK G. ABATE, and ending JASON A. HIGGINS, which nominations were received by the Senate and appeared in the Congressional Record of March 3, 2010.

IN THE NAVY

PN1469 NAVY nominations (6) beginning CRAIG E. BUNDY, and ending YARON RABINOWITZ, which nominations were received by the Senate and appeared in the Congressional Record of February 22, 2010.

PN1512 NAVY nomination of Michael C. Biemiller, which was received by the Senate and appeared in the Congressional Record of March 3, 2010.

NOMINATION OF JOHN G. LEVI

Mr. LEAHY. Mr. President, today the Senate finally confirmed John G. Levi to be a member of the Board of Directors of the Legal Services Corporation. His nomination has been pending on the Senate Executive Calendar since October 21 when reported favorably by the Health, Education, Labor, and Pensions Committee.

Mr. Levi is a partner in the Chicago office of Sidley Austin LLP where he has spent more than 25 years specializing in employment litigation, executive compensation, and labor-management relations. Despite the demands of his legal practice, he has always found time to give back to the community.

In addition to leading his law firm's adopt-a-school program, where he oversees lawyers and staff involved in mentoring activities in public schools, Mr. Levi has been involved in juvenile justice and access of justice issues, serving on both the Cook County Citizens' Committee for the Juvenile courts, and the board of the Jane Addams Juvenile Court Foundation. He also serves on the advisory board for the Northwestern University Law School Center on Wrongful Convictions. He is the immediate past president and longtime trustee of the Francis W. Parker School in Chicago. He is the recipient of the 2004 Abraham Lincoln Marovitz "Lend A Hand" volunteer award, and was awarded a honorary diploma by the Parker School in 2003.

Considering Mr. Levi's strong commitment to public service, it is not surprising that President Obama has appointed him to the Board that oversees the vital work of the Legal Services Corporation, LSC. The LSC is the Federal agency that coordinates provisions to ensure that low-income Americans have access to adequate legal representation. The corporation employs lawyers who are experts in areas such as health care, housing, Social Security, consumer problems, welfare, and employment. These immensely important issues affect millions of Americans each year; many of whom are unable to afford legal assistance when they need it most. I know that in my own State of Vermont, LSC has provided legal assistance to many low income people in such matters and that local legal aid lawyers rely extensively on their national support centers.

The Legal Services Corporation plays a critical role in ensuring that justice is carried out in a manner consistent

with the Constitution's promise, and when justice is served fairly, it benefits us all and strengthens the integrity of our legal system.

I will always remember the important service to the country provided by his father, Attorney General Edward H. Levi, at a difficult time in our Nation's history. His is a family of outstanding lawyers. They have made a significant contribution and make a significant difference to the people who need the protection of the law. John Levi is a strong addition to LSC's board of directors. I congratulate him and his family on his confirmation. I look forward to working with him.

LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now return to legislative session.

WELCOME HOME VIETNAM VETERANS DAY

Mr. DORGAN. Mr. President, I ask unanimous consent that the Committee on Veterans' Affairs be discharged from further consideration and the Senate now proceed to S. Res. 451.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The legislative clerk read as follows:

A resolution (S. Res. 451) expressing support for designation of a "Welcome Home Vietnam Veterans Day."

There being no objection, the Senate proceeded to consider the resolution.

Mr. DORGAN. Mr. President, I ask unanimous consent that the resolution be agreed to, the preamble be agreed to, and the motions to reconsider be laid upon the table.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 451) was agreed to.

The preamble was agreed to.

The resolution, with its preamble, reads as follows:

S. RES. 451

Whereas the Vietnam War was fought in the Republic of South Vietnam from 1961 to 1975, and involved North Vietnamese regular forces and Viet Cong guerrilla forces in armed conflict with United States Armed Forces and the Army of the Republic of Vietnam;

Whereas the United States Armed Forces became involved in Vietnam because the United States Government wanted to provide direct military support to the Government of South Vietnam to defend itself against the growing Communist threat from North Vietnam;

Whereas members of the United States Armed Forces began serving in an advisory role to the Government of the Republic of South Vietnam in 1961;

Whereas, as a result of the Gulf of Tonkin incidents on August 2 and 4, 1964, Congress overwhelmingly passed the Gulf of Tonkin Resolution (Public Law 88-408), on August 7, 1964, which provided the authority to the

President of the United States to prosecute the war against North Vietnam;

Whereas, in 1965, United States Armed Forces ground combat units arrived in Vietnam;

Whereas, by the end of 1965, there were 80,000 United States troops in Vietnam, and by 1969, a peak of approximately 543,000 troops was reached;

Whereas, on January 27, 1973, the Treaty of Paris was signed, which required the release of all United States prisoners-of-war held in North Vietnam and the withdrawal of all United States Armed Forces from South Vietnam;

Whereas, on March 30, 1973, the United States Armed Forces completed the withdrawal of combat units and combat support units from South Vietnam;

Whereas, on April 30, 1975, North Vietnamese regular forces captured Saigon, the capitol of South Vietnam, effectively placing South Vietnam under Communist control;

Whereas more than 58,000 members of the United States Armed Forces lost their lives in Vietnam and more than 300,000 members of the Armed Forces were wounded;

Whereas, in 1982, the Vietnam Veterans Memorial was dedicated in the District of Columbia to commemorate those members of the United States Armed Forces who died or were declared missing-in-action in Vietnam;

Whereas the Vietnam War was an extremely divisive issue among the people of the United States and a conflict that caused a generation of veterans to wait too long for the United States public to acknowledge and honor the efforts and services of such veterans;

Whereas members of the United States Armed Forces who served bravely and faithfully for the United States during the Vietnam War were often wrongly criticized for the policy decisions made by 4 presidential administrations in the United States;

Whereas the establishment of a "Welcome Home Vietnam Veterans Day" would be an appropriate way to honor those members of the United States Armed Forces who served in South Vietnam and throughout Southeast Asia during the Vietnam War; and

Whereas March 30, 2010, would be an appropriate day to establish as "Welcome Home Vietnam Veterans Day": Now, therefore, be it

Resolved, That the Senate—

(1) honors and recognizes the contributions of veterans who served in the United States Armed Forces in Vietnam during war and during peace;

(2) encourages States and local governments to also establish "Welcome Home Vietnam Veterans Day"; and

(3) encourages the people of the United States to observe "Welcome Home Vietnam Veterans Day" with appropriate ceremonies and activities that—

(A) provide the appreciation Vietnam War veterans deserve, but did not receive upon returning home from the war;

(B) demonstrate the resolve that never again shall the Nation disregard and denigrate a generation of veterans;

(C) promote awareness of the faithful service and contributions of such veterans during their military service as well as to their communities since returning home;

(D) promote awareness of the importance of entire communities empowering veterans and the families of veterans to readjust to civilian life after military service; and

(E) promote opportunities for such veterans to assist younger veterans returning from the wars in Iraq and Afghanistan in re-

habilitation from wounds, both seen and unseen, and to support the reintegration of younger veterans into civilian life.

ORDERS FOR MONDAY, MARCH 22, 2010

Mr. DORGAN. Mr. President, I ask unanimous consent that when the Senate completes its business today, it recess until 2 p.m. on Monday, March 22; that following the prayer and pledge, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and the Senate then proceed to a period for the transaction of morning business until 3 p.m., with Senators permitted to speak therein for up to 10 minutes each and with the time equally divided and controlled between the two leaders or their designees; that following morning business, the Senate resume consideration of H.R. 1586, as provided for under the previous order.

The PRESIDING OFFICER. Without objection, it is so ordered.

PROGRAM

Mr. DORGAN. Mr. President, on Monday, the Senate will resume consideration of the Federal Aviation Administration reauthorization legislation. Senators should expect up to three votes to begin at approximately 5:30 p.m. on Monday.

RECESS UNTIL MONDAY, MARCH 22, 2010, AT 2 P.M.

Mr. DORGAN. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it recess under the previous order.

There being no objection, the Senate, at 12:46 p.m., recessed until Monday, March 22, 2010, at 2 p.m.

CONFIRMATIONS

Executive nominations confirmed by the Senate, Friday, March 19, 2010:

LEGAL SERVICES CORPORATION

ROBERT JAMES GREY, JR., OF VIRGINIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE LEGAL SERVICES CORPORATION FOR A TERM EXPIRING JULY 13, 2011.

JOHN GERSON LEVI, OF ILLINOIS, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE LEGAL SERVICES CORPORATION FOR A TERM EXPIRING JULY 13, 2011.

MARTHA L. MINOW, OF ILLINOIS, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE LEGAL SERVICES CORPORATION FOR A TERM EXPIRING JULY 13, 2011.

DEPARTMENT OF VETERANS AFFAIRS

RAUL PEREA-HENZE, OF NEW YORK, TO BE AN ASSISTANT SECRETARY OF VETERANS AFFAIRS (POLICY AND PLANNING).

DEPARTMENT OF STATE

DAVID ADELMAN, OF GEORGIA, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF SINGAPORE.

HARRY K. THOMAS, JR., OF NEW YORK, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-COUNSELOR, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF THE PHILIPPINES.

ALLAN J. KATZ, OF FLORIDA, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE PORTUGUESE REPUBLIC.

NUCLEAR REGULATORY COMMISSION

WILLIAM CHARLES OSTENDORFF, OF VIRGINIA, TO BE A MEMBER OF THE NUCLEAR REGULATORY COMMISSION

FOR THE REMAINDER OF THE TERM EXPIRING JUNE 30, 2011.

WILLIAM D. MAGWOOD, IV, OF MARYLAND, TO BE A MEMBER OF THE NUCLEAR REGULATORY COMMISSION FOR THE TERM OF FIVE YEARS EXPIRING JUNE 30, 2015.

WILLIAM D. MAGWOOD, IV, OF MARYLAND, TO BE A MEMBER OF THE NUCLEAR REGULATORY COMMISSION FOR THE REMAINDER OF THE TERM EXPIRING JUNE 30, 2010.

GEORGE APOSTOLAKIS, OF MASSACHUSETTS, TO BE A MEMBER OF THE NUCLEAR REGULATORY COMMISSION FOR THE TERM OF FIVE YEARS EXPIRING JUNE 30, 2014.

NATIONAL COUNCIL ON DISABILITY

GARY BLUMENTHAL, OF MASSACHUSETTS, TO BE A MEMBER OF THE NATIONAL COUNCIL ON DISABILITY FOR A TERM EXPIRING SEPTEMBER 17, 2010.

CHESTER ALONZO FINN, OF NEW YORK, TO BE A MEMBER OF THE NATIONAL COUNCIL ON DISABILITY FOR A TERM EXPIRING SEPTEMBER 17, 2012.

SARA A. GELSER, OF OREGON, TO BE A MEMBER OF THE NATIONAL COUNCIL ON DISABILITY FOR A TERM EXPIRING SEPTEMBER 17, 2011.

DONGWOO JOSEPH PAK, OF CALIFORNIA, TO BE A MEMBER OF THE NATIONAL COUNCIL ON DISABILITY FOR A TERM EXPIRING SEPTEMBER 17, 2012.

CAROL JEAN REYNOLDS, OF COLORADO, TO BE A MEMBER OF THE NATIONAL COUNCIL ON DISABILITY FOR A TERM EXPIRING SEPTEMBER 17, 2010.

FERNANDO TORRES-GILL, OF CALIFORNIA, TO BE A MEMBER OF THE NATIONAL COUNCIL ON DISABILITY FOR A TERM EXPIRING SEPTEMBER 17, 2011.

JONATHAN M. YOUNG, OF MARYLAND, TO BE A MEMBER OF THE NATIONAL COUNCIL ON DISABILITY FOR A TERM EXPIRING SEPTEMBER 17, 2012.

BARRY GOLDWATER SCHOLARSHIP & EXCELLENCE IN EDUCATION FOUNDATION

GWENDOLYN E. BOYD, OF MARYLAND, TO BE A MEMBER OF THE BOARD OF TRUSTEES OF THE BARRY GOLDWATER SCHOLARSHIP AND EXCELLENCE IN EDUCATION FOUNDATION FOR A TERM EXPIRING AUGUST 11, 2014.

PEGGY GOLDWATER-CLAY, OF CALIFORNIA, TO BE A MEMBER OF THE BOARD OF TRUSTEES OF THE BARRY GOLDWATER SCHOLARSHIP AND EXCELLENCE IN EDUCATION FOUNDATION FOR A TERM EXPIRING JUNE 5, 2012.

LEGAL SERVICES CORPORATION

SHARON L. BROWNE, OF CALIFORNIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE LEGAL SERVICES CORPORATION FOR A TERM EXPIRING JULY 13, 2010.

CHARLES NORMAN WILTSE KECKLER, OF VIRGINIA, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE LEGAL SERVICES CORPORATION FOR A TERM EXPIRING JULY 13, 2010.

VICTOR B. MADDOX, OF KENTUCKY, TO BE A MEMBER OF THE BOARD OF DIRECTORS OF THE LEGAL SERVICES CORPORATION FOR A TERM EXPIRING JULY 13, 2010.

FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION

PATRICK K. NAKAMURA, OF ALABAMA, TO BE A MEMBER OF THE FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION FOR A TERM OF SIX YEARS EXPIRING AUGUST 30, 2010.

PATRICK K. NAKAMURA, OF ALABAMA, TO BE A MEMBER OF THE FEDERAL MINE SAFETY AND HEALTH REVIEW COMMISSION FOR A TERM OF SIX YEARS EXPIRING AUGUST 30, 2016.

DEFENSE NUCLEAR FACILITIES SAFETY BOARD

JESSIE HILL ROBERSON, OF VIRGINIA, TO BE A MEMBER OF THE DEFENSE NUCLEAR FACILITIES SAFETY BOARD FOR A TERM EXPIRING OCTOBER 18, 2013.

JOSEPH F. BADER, OF THE DISTRICT OF COLUMBIA, TO BE A MEMBER OF THE DEFENSE NUCLEAR FACILITIES SAFETY BOARD FOR A TERM EXPIRING OCTOBER 18, 2012.

PETER STANLEY WINOKUR, OF MARYLAND, TO BE A MEMBER OF THE DEFENSE NUCLEAR FACILITIES SAFETY BOARD FOR A TERM EXPIRING OCTOBER 18, 2014.

THE ABOVE NOMINATIONS WERE APPROVED SUBJECT TO THE NOMINEES' COMMITMENT TO RESPOND TO REQUESTS TO APPEAR AND TESTIFY BEFORE ANY DULY CONSTITUTED COMMITTEE OF THE SENATE.

DEPARTMENT OF JUSTICE

CHRISTOPHER TOBIAS HOYE, OF NEVADA, TO BE UNITED STATES MARSHAL FOR THE DISTRICT OF NEVADA FOR THE TERM OF FOUR YEARS.

KELVIN CORNELIUS WASHINGTON, OF SOUTH CAROLINA, TO BE UNITED STATES MARSHAL FOR THE DISTRICT OF SOUTH CAROLINA FOR THE TERM OF FOUR YEARS.

IN THE AIR FORCE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be major general

BRIG. GEN. BYRON C. HEPBURN

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE AIR FORCE TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be brigadier general

COL. ROBERT R. REDWINE

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be general

LT. GEN. JAMES D. THURMAN

THE FOLLOWING NAMED UNITED STATES ARMY RESERVE OFFICER FOR APPOINTMENT AS THE CHIEF, ARMY RESERVE AND APPOINTMENT TO THE GRADE INDICATED UNDER PROVISIONS OF TITLE 10, U.S.C., SECTIONS 3038 AND 601:

To be lieutenant general

LT. GEN. JACK C. STULTZ, JR.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. JOHN W. MORGAN III

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES ARMY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

LT. GEN. DAVID M. RODRIGUEZ

IN THE NAVY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES NAVY TO THE GRADE INDICATED WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be vice admiral

VICE ADM. PAUL S. STANLEY

IN THE MARINE CORPS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT TO THE GRADE OF LIEUTENANT GENERAL IN THE UNITED STATES MARINE CORPS WHILE ASSIGNED TO A POSITION OF IMPORTANCE AND RESPONSIBILITY UNDER TITLE 10, U.S.C., SECTION 601:

To be lieutenant general

MAJ. GEN. WALTER E. GASKIN, SR.

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 624:

To be major general

BRIG. GEN. MELVIN G. SPIESE

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 5046:

To be major general

COL. VAUGHN A. ARY

IN THE AIR FORCE

AIR FORCE NOMINATIONS BEGINNING WITH ELWOOD M. BARNES AND ENDING WITH REX A. WILLIAMS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

AIR FORCE NOMINATIONS BEGINNING WITH CALVIN N. ANDERSON AND ENDING WITH ROGER M. WELSH, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

AIR FORCE NOMINATIONS BEGINNING WITH BRIAN L. BENGS AND ENDING WITH LISA F. WILLIS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

AIR FORCE NOMINATIONS BEGINNING WITH DONNETTE A. BOYD AND ENDING WITH PAUL D. SUTTER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

AIR FORCE NOMINATIONS BEGINNING WITH RICHARD S. BEYEA III AND ENDING WITH TRAVIS C. YELTON, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

AIR FORCE NOMINATIONS BEGINNING WITH AFSANA AHMED AND ENDING WITH REGGIE D. YAGER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

IN THE ARMY

ARMY NOMINATIONS BEGINNING WITH DOUGLAS R. DIXON AND ENDING WITH VICKI J. WYAN, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 1, 2010.

ARMY NOMINATIONS BEGINNING WITH ROMNEY C. ANDERSEN AND ENDING WITH D002085, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 1, 2010.

ARMY NOMINATIONS BEGINNING WITH CHARLES E. BANE AND ENDING WITH D003028, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 1, 2010.

ARMY NOMINATIONS BEGINNING WITH RICHARD ACEVEDO AND ENDING WITH D005704, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 1, 2010.

ARMY NOMINATIONS BEGINNING WITH JOSEPH C. ALEXANDER AND ENDING WITH DON H. YAMASHITA, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 1, 2010.

ARMY NOMINATIONS BEGINNING WITH DAVID A. ALLEN AND ENDING WITH YOUNG J. YAUGER, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 1, 2010.

ARMY NOMINATIONS BEGINNING WITH MATTHEW H. ADAMS AND ENDING WITH MATTHEW H. WATTERS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

IN THE MARINE CORPS

MARINE CORPS NOMINATIONS BEGINNING WITH HENRY C. BODDEN AND ENDING WITH DAVID M. SOUSA, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 22, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH JAMES R. REUSSE AND ENDING WITH JEFFREY P. WOOLDRIDGE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 22, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH ANTHONY REDMAN AND ENDING WITH GARY J. SPINELLI, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 22, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH MARK E. DUMAS AND ENDING WITH JAMES SMILEY, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 22, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH STEVEN S. DEVOST AND ENDING WITH WILLIAM E. LANHAM, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 22, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH TONY C. ARMSTRONG AND ENDING WITH SHELTON WILLIAMS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 22, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH CHARLES R. BAUGHN AND ENDING WITH JOHN P. MULLERY, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 22, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH RANDALL E. DAVIS AND ENDING WITH BRIAN L. WHITE, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 22, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH BRENT L. ENGLISH AND ENDING WITH ANTHONY C. LYONS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 22, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH ROBERT BOYERO AND ENDING WITH ANDREW R. STRAUSS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 22, 2010.

MARINE CORPS NOMINATION OF DENNIS L. PARKS, TO BE LIEUTENANT COLONEL.

MARINE CORPS NOMINATIONS BEGINNING WITH STEVE K. BRAUND AND ENDING WITH STEVEN E. SPROUT, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH CHARLES E. DANIELS AND ENDING WITH JAY A. ROGERS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH TIMOTHY L. COLLINS AND ENDING WITH STEVEN J. LENGQUIST, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH MICHAEL R. GLASS AND ENDING WITH DONALD L. HULTZ, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH STEVEN M. DOTSON AND ENDING WITH JAMES I. SAYLOR, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

MARINE CORPS NOMINATIONS BEGINNING WITH JACK G. ABATE AND ENDING WITH JASON A. HIGGINS, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON MARCH 3, 2010.

IN THE NAVY

NAVY NOMINATIONS BEGINNING WITH CRAIG E. BUNDY AND ENDING WITH YARON RABINOWITZ, WHICH NOMINATIONS WERE RECEIVED BY THE SENATE AND APPEARED IN THE CONGRESSIONAL RECORD ON FEBRUARY 22, 2010.

NAVY NOMINATION OF MICHAEL C. BIEMILLER, TO BE COMMANDER.

HOUSE OF REPRESENTATIVES—Friday, March 19, 2010

The House met at 9 a.m. and was called to order by the Speaker pro tempore (Ms. DEGETTE).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 19, 2010.

I hereby appoint the Honorable DIANA DEGETTE to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord, our God, be our helper and protector. This Nation was born out of the dreams of freedom and the enlightenment of human potential. Help us, in our day, to realize fulfillment of the hopes and expectations of Your people.

"Faith is the confident assurance concerning what we hope for and the conviction about things unseen. Through faith we perceive that the world was created by the Word of God, and what is now visible came into being through the invisible."

Lord, our Founders all died in faith. They did not obtain what was promised, but saw it from afar. They were always searching for a better and lasting homeland. Faith is therefore a hopeful pilgrimage to Your presence, now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from California (Mr. HERGER) come forward and lead the House in the Pledge of Allegiance.

Mr. HERGER led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to five requests for 1-minute speeches on each side of the aisle.

HEALTH CARE REFORM

(Mr. MURPHY of Connecticut asked and was given permission to address the House for 1 minute.)

Mr. MURPHY of Connecticut. There is one group of people we don't talk about enough with respect to the health insurance debate. That is young people. They're the most likely group of people in this country to go uninsured, but they get sick, and when they get sick, they often become saddled with debts that stay with them and their families for the rest of their lives.

With the health insurance reform bill this House will pass that all changes. We have included affordability credits that will help young adults who are at the beginning of their career and earning less income to get insurance. We aim to give people stability by guaranteeing affordable insurance marketplaces for those who switch their jobs, start their own businesses, or seek more education, as younger people are more likely to do.

And maybe most importantly, immediately on passage of the bill, we allow young people up to the age of 26 to stay on their parents' health insurance. There is nothing more valuable in life than your health, but for far too many young people, protecting their health is simply too expensive.

Let's move forward on health insurance reform for them.

SLAUGHTER SOLUTION

(Mr. HERGER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HERGER. Madam Speaker, the Democratic leadership has been pushing the Slaughter solution rule to send the Senate health care bill to the President's desk without a separate House vote.

A vote for this rule is a vote for the Cornhusker kickback, a vote for the Louisiana purchase, and a vote for every other backroom deal in the bill. It's a vote for taxpayer-funded abortion. It's a vote to force Americans to buy from the same health insurance companies that the President has been attacking but at even a higher price.

Madam Speaker, Congress needs to understand that the American people won't be fooled. A vote for the Slaughter solution rule is a vote for the Senate's disastrous government takeover of health care. Vote "no."

WOMEN AND HEALTH CARE

(Ms. MCCOLLUM asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. MCCOLLUM. Rising health care costs and inadequate coverage burden many Americans, women in particular. It's unfair and it's wrong.

Women can be denied and charged a higher insurance premium than men for just having what's called a pre-existing condition. Let me give you an example of what that preexisting condition is.

In 2006, attorney Jody Neal-Post tried to get health insurance but was rejected. Why? Because of treatment she received after a domestic abuse incident. Her insurer told her that her medical history made her a higher risk, more likely to end up in an emergency room and need care.

1.3 million American women are victims of physical assault by an intimate partner each year, and 85 percent of domestic violence victims are women. We can help the one out of every four women who are victims of domestic violence by stopping them from being victimized again by their insurance companies.

We can protect our grandmothers, mothers, aunts, sisters, and daughters by ending this abusive practice now. Pass health care reform now.

UNCERTAIN CBO SCORE

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Madam Speaker, the preliminary cost estimate from the Congressional Budget Office for the health care takeover is \$940 billion. It is bizarre. Some of my colleagues on the other side of the aisle are spinning this number.

How many Americans today actually believe that the number will hold at \$940 billion and will decrease deficits? I doubt there are very few people out there who are willing to count on Congress to actually hold the line on spending. That defies history and reality.

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

The facts are that even the CBO says this is uncertain, and the CBO has not extrapolated estimates further into the future because the uncertainties surrounding them are magnified even more.

The bottom line is that only in Washington can you claim that Congress will borrow a trillion dollars and somehow save money. The only certainty is NFIB projects this bill will kill 1.6 million jobs.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

GUN SHOWS

(Mr. QUIGLEY asked and was given permission to address the House for 1 minute.)

Mr. QUIGLEY. Madam Speaker, this week we learned that one of the handguns used by the Pentagon police shooter originated in a Las Vegas gun show. As this incident reveals, anyone wanting to attack us would best be advised to shop at a gun show. That is because gun shows don't require sellers to have licenses or maintain records. This loophole fosters a Wild West environment where criminals and terrorists can flaunt local, State, and Federal laws just to get their weapons just like the Pentagon shooter.

A recent gun show audit revealed that 74 percent of sellers approached by investigators completed sales to people who appeared to be criminals or straw purchasers. Gun shows will sell to people who are so dangerous we won't even let them board an airplane.

If we're serious about protecting our Nation, we have got to get serious about closing the gun show loophole.

HEALTH CARE POLICE

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Madam Speaker, if the health care bill passes, the IRS will "verify" that American citizens have "acceptable" health care insurance every month. I say "American citizens" because the bill bars imposing health care taxes and penalties on illegals who will receive health care under this bill.

The IRS will charge fines up to \$2,250, or 2 percent of your annual income—whichever is higher—for failure to buy that government-approved health insurance.

The IRS will need over 16,000 new health care police to snoop around in your bank account. That's more people than live in my home of Humble, Texas. The IRS health care police will have the power to confiscate tax refund checks. They can levy bank accounts, garnish wages, and could put you in jail for failure to pay the piper, for failure to buy those health care insurance premiums.

The health care bill costs too much, it taxes too much, and it invades people's privacy. Now we're going to have the health care police courtesy of the good old IRS.

And that's just the way it is.

HEALTH CARE REFORM

(Mr. SCHAUER asked and was given permission to address the House for 1 minute.)

Mr. SCHAUER. No one knows more than me the misleading information and outright lies presented by the health insurance industry to confuse the American people. They have spent over \$300,000 in slick TV ads in my district to do it.

Here's why on Sunday we must pass health care reform. To do nothing, to fail, will guarantee double-digit health insurance premium increases for middle class families and small businesses. I'm on the side of the people, not the powerful insurance companies.

In my district, this new law will enhance the insurance company coverage of over 400,000 people; extend coverage to over 30,000 uninsured people; improve Medicare for 109,000 beneficiaries, including closing the doughnut hole; give tax credits and assistance to up to 167,000 families and 12,000 small businesses to afford coverage. And get this, it will reduce the Federal budget deficit by \$138 billion in the first 10 years and \$1.2 trillion over the next 10 years.

It's time to put the American people first.

AMERICAN TRAFFIC SAFETY SERVICES ASSOCIATION

(Mr. WITTMAN asked and was given permission to address the House for 1 minute.)

Mr. WITTMAN. Madam Speaker, I rise today to congratulate the American Traffic Safety Services Association upon its celebration of its 40th anniversary this past year. Headquartered in Fredericksburg, Virginia, ATSSA represents 1,600 member companies and individuals in the roadway safety infrastructure industry and has been the Nation's leading voice in roadway safety.

Recently, ATSSA has committed to reducing American roadway fatalities from the current average of 40,000 to zero through its reauthorization policy Toward Zero Deaths.

Since 2006, ATSSA has trained over 15,000 work zone workers in safety and proper setup and maintenance of work zones, helping to reduce the number of deaths for work zone workers and motorists. ATSSA members also help ensure that travel is as safe as possible.

For the past 40 years, ATSSA has been improving roadway safety, raising awareness of the importance of roadway safety, and training Americans on proper roadway safety. It is my hope

that they will continue those efforts for the next 40 years and beyond.

HEALTH CARE REFORM

(Mr. CARSON of Indiana asked and was given permission to address the House for 1 minute.)

Mr. CARSON of Indiana. Madam Speaker, now is the time to address our health care crisis. Today, too many families are suffering. Too many cannot afford their medication, lack of access to essential care, or can't get coverage because of a preexisting condition. This bill eliminates these tragic situations.

For those who oppose this bill, you will have to return to your districts and explain why you didn't close the doughnut hole for seniors; expand Medicaid funding; reduce waste, fraud, and abuse in Medicare; and increase physician reimbursements. You will have to explain why you voted against investing in community health and prohibiting annual and lifetime limits on plans.

In my district alone in Indianapolis, this bill will extend coverage to nearly 75,000 uninsured residents and will decrease costs for over 200,000 families. And it will provide tax incentives to over 15,500 small businesses to help them provide coverage for their employees.

Passing this bill is the right thing to do.

LISTEN TO YOUR CONSCIENCE

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Madam Speaker, I know many Democrats who love our country, who are dedicated public servants, and who are men and women of integrity. In the coming hours and days, I hope they will listen to their conscience, what they know in their heart is right, and take some action to stop a corruption of the legislative process.

If a new health care system is worthy of being enacted, it is worthy of being debated and voted on in an honest and straightforward way. Anything less is a stain on Congress and diminishes our great country.

How we conduct ourselves goes beyond a single bill. It will signal to those across the land, and perhaps to those in other lands, whether we deserve their respect or have justified their ridicule.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to a concurrent resolution of the following title in

which the concurrence of the House is requested:

S. Con. Res. 54. Concurrent resolution recognizing the life of Orlando Zapata Tamayo, who died on February 23, 2010, in the custody of the Government of Cuba, and calling for a continued focus on the promotion of internationally recognized human rights, listed in the Universal Declaration of Human Rights, in Cuba.

□ 0915

PROVIDING FOR CONSIDERATION OF H.R. 3644, OCEAN, COASTAL, AND WATERSHED EDUCATION ACT AND PROVIDING FOR CONSIDERATION OF H.R. 1612, PUBLIC LANDS SERVICE CORPS ACT OF 2009

Mr. POLIS. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 1192 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1192

Resolved, That upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 3644) to direct the National Oceanic and Atmospheric Administration to establish education and watershed programs which advance environmental literacy, including preparedness and adaptability for the likely impacts of climate change in coastal watershed regions. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. The amendment in the nature of a substitute recommended by the Committee on Natural Resources now printed in the bill shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions of the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Natural Resources; (2) the further amendment in the nature of a substitute printed in part A of the report of the Committee on Rules accompanying this resolution, if offered by Representative Capps of California or her designee, which shall be in order without intervention of any point of order except those arising under clause 9 or 10 of rule XXI, shall be considered as read, and shall be separately debatable for 20 minutes equally divided and controlled by the proponent and an opponent; (3) the amendment to the further amendment in the nature of a substitute printed in part B of the report of the Committee on Rules, if offered by Representative Flake of Arizona or his designee, which shall be in order without intervention of any point of order except those arising under clause 10 of rule XXI, shall be considered as read, shall be separately debatable for 10 minutes equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for division of the question; and (4) one motion to recommit with or without instructions.

SEC. 2. Upon the adoption of this resolution it shall be in order to consider in the House the bill (H.R. 1612) to amend the Public Lands Corps Act of 1993 to expand the au-

thorization of the Secretaries of Agriculture, Commerce, and the Interior to provide service-learning opportunities on public lands, help restore the Nation's natural, cultural, historic, archaeological, recreational, and scenic resources, train a new generation of public land managers and enthusiasts, and promote the value of public service. All points of order against consideration of the bill are waived except those arising under clause 9 or 10 of rule XXI. The amendment in the nature of a substitute recommended by the Committee on Natural Resources now printed in the bill shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Natural Resources; (2) the further amendments printed in part C of the report of the Committee on Rules, each of which may be offered only by a Member designated in the report, shall be in order without intervention of any point of order except those arising under clause 9 or 10 of rule XXI, shall be considered as read, shall be separately debatable for 10 minutes equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for division of the question; and (3) one motion to recommit with or without instructions.

SEC. 3. During consideration of an amendment printed in part C of the report of the Committee on Rules accompanying this resolution, the Chair may postpone the question of adoption as though under clause 8 of rule XX.

The SPEAKER pro tempore. The gentleman from Colorado is recognized for 1 hour.

Mr. POLIS. Madam Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Florida (Mr. LINCOLN DIAZ-BALART). All time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

Mr. POLIS. I ask unanimous consent that all Members be given 5 legislative days in which to revise and extend their remarks on House Resolution 1192.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Colorado?

There was no objection.

Mr. POLIS. I yield myself such time as I may consume.

House Resolution 1192 provides a structured rule for consideration of H.R. 3644, the Ocean, Coastal and Watershed Education Act, with 1 hour of debate in the House equally divided and controlled by the chair and ranking minority member of the Committee on Natural Resources.

The rule makes in order the amendment in the nature of a substitute that is printed in part A of the report of the Committee on Rules, if offered by Representative Capps of California or her designee, which shall be separately de-

batable for 20 minutes. The rule also makes in order the amendment to the amendment in the nature of a substitute printed in part B of the report of the Committee on Rules, if offered by Representative FLAKE or his designee, which shall be separately debatable for 10 minutes.

The rule also provides for consideration of another bill, H.R. 1612, the Public Lands Service Corps Act of 2009, under a structured rule. The rule provides 1 hour of general debate equally divided and controlled by the chair and ranking minority member of the Committee on Natural Resources.

The rule makes in order the further amendments printed in part C of the report of the Committee on Rules, each of which may be offered only by a Member designated in the report and shall be separately debatable for 10 minutes.

Finally, the rule provides one motion to recommit for both H.R. 3644 and H.R. 1612.

I think this is a very fair rule. The rule provides for consideration of two bills under a structured rule. For H.R. 3644, two of the three amendments that were submitted to the House Rules Committee are made in order, including one Republican amendment and one Democratic amendment. For H.R. 1612, two of the six amendments submitted were made in order, both of which are Republican amendments. So for both of the bills combined, three out of the four amendments that are made in order under this rule are sponsored by Republicans.

Madam Speaker, I rise today in support of the rule and the underlying bills, the Ocean, Coastal and Watershed Education Act and the Public Land Service Corps Act. The programs within both of these bills benefit districts all across our Nation, from Florida to Alaska, Texas to Minnesota and Colorado. So it is no surprise that my colleagues on both sides of the aisle across the country support these programs.

I would like to thank Chairman RAHALL for his leadership on this important issue and my colleagues, Representatives CAPPS and GRIJALVA, for their hard work on these bills.

Madam Speaker, we have before us two excellent pieces of legislation, one which would expand and reinvigorate an existing program, the Public Land Corps, by streamlining its management, modernizing its scope and providing new tools to help the program accomplish its mission, and another bill which would expand two National Oceanic and Atmospheric Administration grant programs that are aimed at enhancing environmental education related to water resources upon which economic development and human health depend.

H.R. 1612 will help repair and restore our Nation's public lands while employing and training thousands of

young Americans and promoting a culture of public service.

This legislation will help provide real employment and training to young people who need it, particularly in a recession, while improving the condition of our priceless natural and cultural resources. We live in a time when environmental science education is just as critical for a healthy environment as land conservation or wildlife protection. Our citizens are empowered by being informed and educated enough to make important decisions in their own daily lives about environmental issues based on sometimes complicated scientific evidence. We need to supply our children and the next generation across our country with enough scientific knowledge to tackle the environmental challenges that they will face in the coming years and to make educated choices as consumers.

This bill also takes a decisive step forward in finishing desperately needed work on our national park lands, forests, wildlife refuges and historic sites. As I have said previously, protecting and maintaining our public lands is one of the most important duties that we have as citizens. I was lucky enough to grow up in Boulder, Colorado, hiking in Mount Sanitas, as I did just last weekend when I was back, the Flat Irons and Flagstaff Mountain. If we don't defend America's truly great public lands, we run the risk of being the last generation to enjoy them.

America and Colorado are really defined by our natural character. America is beautiful and needs our help to remain so. We must not let our "spacious skies," our "amber waves of grain" and our "purple mountains majesty" become nothing more than forgotten lines in a song.

The bill recognizes the importance, as well, of our coastal and marine systems and our national marine sanctuaries. Those previously have not been eligible for Public Land Corps projects but are just as worthy and just as important a part of our national heritage for those who reside on the coast.

While Members of this body as well as the American public review the historic health care reform bill we will be taking up in the next few days, we have the opportunity to consider this vital program that has bipartisan support providing our youth the education and experience they will need to find meaningful employment while gaining civic pride, scientific education and personal responsibility while maintaining and improving our public lands and National Park System.

This program will invest in our young people, reduce youth unemployment, and prepare young people for a lifetime of work experiences. At the same time youth will be repairing and restoring our National Park System and preserving it for the next genera-

tion, we also are able to whittle away at the massive backlog of work that has doubled over the last decade to levels around the \$10 billion mark of backlog work that needs to be done. The National Park System has been called America's best idea, and it is past time we give our best attention and respect to the National Park System that it deserves.

Preparing our park system for future generations and preparing young people to face the scientific and environmental challenges that are only beginning to come to fruition is an undertaking of great national importance.

H.R. 3644, the Ocean, Coastal and Watershed Education Act, formally codifies and authorizes two existing programs that have already made great strides in expanding ocean, atmospheric, and environmental literacy in the United States. These programs, the Bay-Watershed Education and Training, which we call B-WET, and the Environmental Literacy Grant, ELG, program deserve Federal recognition and funding for their good work providing educational opportunities from kindergarten all the way through 12th grade.

This legislation gives us an opportunity to consider these vital programs, programs which provide our youth the education and experience that they will need to find meaningful employment in advancing our Nation's progress in science, technology, engineering and math to help keep America globally competitive.

H.R. 3644 codifies two existing environmental education grant programs that were established through the annual appropriations process and are administered by the National Oceanic and Atmospheric Administration. Over the past 7 years, these two NOAA education programs have been essential towards advancing ocean and environmental education in the United States. Both programs are very popular in the education community, and in fact, requests for environmental literacy grants are 10 times greater than the appropriated funding levels can support.

Since 2002 and 2005, respectively, the B-WET and ELG programs have connected school children from kindergarten all the way through high school with their ocean and coastal environments. These programs help school children learn about the effects that everyday actions they take have on the environment.

Let's make no mistake about it. Our society is faced with a fundamental lack of scientific understanding, where special interests on all sides frequently undermine the vast scientific consensus on key issues simply by flashy public relations campaigns. We need to make sure that our country is the world leader in innovation and science in order to ensure that our country can overcome new challenges and protect its public health and natural wonders.

In addition to my time growing up in Colorado, I also spent a lot of time in San Diego growing up where the community is as physically, emotionally and economically tied to the ocean and coast as Colorado is to its mountains. Regardless of where someone lives in our great and vast country, whether it's the plains, the mountains, the forests, the coasts or the tundra, our Nation's public spaces, wildlife and environmental health are truly our greatest national treasures, an important part of our national character and who we are. And these pieces of legislation go a long way in our effort to protect them.

I reserve the balance of my time.

□ 0930

Mr. LINCOLN DIAZ-BALART of Florida. Madam Speaker, I would like to thank my good friend, the gentleman from Colorado (Mr. POLIS), for the time.

I yield myself such time as I may consume.

Madam Speaker, I would like to take a minute to contrast what the majority is doing today with what it is expected to do this weekend.

Today, the majority has brought forth a rule to provide 1 hour of debate for consideration of H.R. 3644, the Ocean, Coastal, and Watershed Education Act, and another hour of debate for H.R. 1612, the Public Lands Service Corps Act of 2009. That is a total of 2 hours of debate on bills that would direct the National Oceanic and Atmospheric Administration to establish education and watershed programs to advance environmental literacy, and expand the authorization to provide service-learning opportunities on public lands and train public land managers. I thank my good friend for thoroughly detailing and covering what is in those bills.

If the majority proceeds as expected later this weekend, Madam Speaker, the House will prohibit, other than in the rule, all time to debate the Senate health care bill and will send it to the President for his signature. So that bill, the Senate health care bill, would become law even though the House of Representatives would never consider it, never debate the bill. The House, in fact, has never even held a committee meeting on the Senate health care bill.

On Sunday, it is expected that the majority will deem the bill passed, and in a few days it would be law, the signature issue of this President and this congressional majority.

You would think, Madam Speaker, that they would proudly embrace their signature accomplishment. You would think that they would welcome debate on it. But they do not, because they know that the Senate bill is fatally flawed. The American people deserve a full and complete debate in the House on the Senate health care bill, but they won't get it.

Again, let's juxtapose that reality with today's actions.

Today, 2 hours of debate on two non-controversial bills that cost \$300 million and absolutely no debate, no committee hearings on a bill that costs nearly \$1 trillion, covers one-sixth of our economy, and will affect every single American. That is unfair and inappropriate.

Last year, the majority rushed through a 300-page amendment at 3 in the morning that no one was able to read on cap-and-trade. At that time, the American people rightly stood up and demanded that Congress read the bill. After this weekend's action, the people will demand that Congress not only read bills, but that we debate and vote on bills.

It would seem like common sense, Madam Speaker. But with this majority, it often seems as though common sense is the least common of the senses.

I reserve the balance of my time.

Mr. POLIS. There will be, and I certainly look forward to joining my colleague from Florida, a debate this weekend on the health care bill.

I am glad to see, on issues of our national parks and oceans, we are able to come together. And there are certainly other issues where Members of the body don't agree, but there will be a debate and there will be a rule proposed for that debate. I personally believe there should be several hours of debate, and I am hopeful that there will be 2 or 3 or more hours, which would then give Members on both sides who desire to present their positions the ability to do that.

I do take some issue with the characterization that there has not been a vetting of these issues involved. There have been, over the past year, dozens of hearings, even, very recently, a bipartisan summit that the President convened on health care. There have been many ideas and amendments from both sides of the aisle that have been incorporated into the bill that our committee will be doing a hearing on tomorrow and referring, for consideration of the House as a whole, a rule to consider that important piece of legislation.

Both of these bills that we have before us today under this rule are supported by national, regional, State, and local advocates. They are supported by leaders in education, environment, conservationists, service communities, and business communities.

Through passage of these bills, we are able to bring together the desire of this Congress of a meaningful impact on creating jobs for young people, training for young people to occupy the jobs of the future, and doing some lasting good in preserving the historic character of our open spaces.

The B-WET and ELG programs are exactly the kind of innovative learning

that we need to cultivate an environmentally minded workforce that can compete in the increasingly green economy of the future. By teaching our children not only to enjoy but also appreciate the value and effect of our endangered national treasures, we can truly create a workforce, a community, and a society that values our environment and our national heritage and in which the environment and economy are increasingly intertwined.

I reserve the balance of my time.

Mr. LINCOLN DIAZ-BALART of Florida. Madam Speaker, I thank my friend for supporting 2 or 3 hours of debate on one-sixth of our economy.

I would point out that, pursuant to House rules, the deeming, which is presumed will occur with regard to the Senate bill in the debate on the rule itself, that debate is limited to 1 hour. So I would assume the 2 or 3 hours total would be after that bill, the Senate bill, is deemed to have passed by the 1 hour of debate on the rule.

But suffice it to say, it is an improvement that, with regard to one-sixth of the economy, our friends are saying that we should have 2 or 3 hours. But we will continue pressing.

Anyway, I would ask my friend if he has any further speakers. I have none.

Mr. POLIS. I have no additional speakers.

Mr. LINCOLN DIAZ-BALART of Florida. Madam Speaker, having said that, since there are no more Members on this side of the aisle who have requested time, I yield back the balance of my time.

Mr. POLIS. Madam Speaker, I have here a letter which I will quote, in part, and then submit from a number of environmental groups under the auspices of the Campaign for Environmental Literacy, a group that I have also had the opportunity to work with on education legislation. What I would like to read is a paragraph that describes ELG and B-WET's contributions to our country.

"The ELG program enables NOAA, as the Nation's leading expert on weather, climate, and ocean information, to partner with the Nation's top nonprofit organizations and educators to put this information to good use." ELG funds will allow "the American Association for the Advancement of Science to update climate education standards that are used to guide science education in classrooms and across the country to reflect state-of-the-art science."

"The B-WET grants programs support environmental education which promotes locally relevant, experiential learning in the K-12 environment."

I submit the entirety of the letter for inclusion in the RECORD.

CAMPAIGN FOR ENVIRONMENTAL

LITERACY,
Mar. 18, 2010.

Hon. LOIS CAPPS,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE CAPPS: We write to you to indicate our strong support for passage of the Ocean, Coastal, and Watershed Education Act (H.R. 3644). This bill authorizes and strengthens the National Oceanic and Atmospheric Administration's existing Bay-Watershed Education and Training (B-WET) and Environmental Literacy Grants (ELG) programs.

Over the past seven years, these two NOAA education programs have been essential to advancing ocean, atmospheric, and environmental literacy in the United States, a major goal of the U.S. Commission on Ocean Policy Report and the U.S. Ocean Action Plan. They have been well received by the ocean and environmental literacy communities, and in fact, ELG requests for proposals have been oversubscribed by a factor of 10.

The ELG program enables NOAA, as the nation's leading expert on weather, climate and ocean information, to partner with the nation's top non-profit organizations and educators to put this information to good use. For example, these grants have enabled more than 20 million people to gain access to compelling up-to-date weather, climate and ocean information through the Science on a Sphere and Ocean Today Kiosk from Alaska to Hawaii to California to Massachusetts. ELG funds have also allowed the American Association for the Advancement of Science (AAAS) to update climate education standards that are used to guide science education in classrooms around the country to reflect state-of-the-art climate science. In addition, ELG grants to the National Science Teachers Association have given thousands of teachers access to the most accurate scientific information on climate, corals and hurricanes.

The B-WET grants programs support environmental education which promotes locally relevant, experiential learning in the K-12 environment. A fundamental goal of the programs are to demonstrate how the quality of the watershed affects the lives of the people who live in it. B-WET programs have now expanded to include the Chesapeake Bay, California, Hawaii, Pacific Northwest, Gulf of Mexico and New England, and this bill will add five new regions as well. B-WET awards to state and local education organizations have provided opportunities to over 125,000 students and 6,200 teachers in 2008 alone.

It is important to now establish these programs in law, consistent with the education mandates provided to NOAA in both the America COMPETES Act (PL 110-69, Sec. 4002) and the Omnibus Public Land Management Act (PL 111-11, Sec. 12304). They are vital to NOAA's ability to execute the educational function of its mission. They have demonstrated their effectiveness, as well as their value to stakeholder communities. And as our nation begins to grapple with the complexities and challenges of a changing climate (and ocean and landscape), they are timely and highly relevant.

Thank you for your consideration of this request. For questions about this letter, please contact James Elder, Campaign for Environmental Literacy (978-526-7768, elder@FundEE.org).

Sincerely,

NATIONAL ORGANIZATIONS

American Fisheries Society (Gus Rassam, Executive Director);

American Fly Fishing Trade Association (Gary Berlin, President);
 American Forest Foundation (Tom Martin, President);
 American Hiking Society (Gregory A. Miller, President);
 American Sportfishing Association (Mike Nussman, President & CEO);
 Association for the Advancement of Sustainability in Higher Education (Paul Rowland, Executive Director);
 Association of Zoos and Aquariums (Steve Olson, Vice President);
 Biodiversity Project (Jennifer Browning, Executive Director);
 Camp Fire USA (Pamela Wilcox, National Interim CEO);
 Challenger Center for Space Science Education (Daniel Barstow, President);
 Climate Literacy Network (Tamara Shapiro Ledley, Coordinator);
 Coastal States Organization (Kristen M. Fletcher, Executive Director);
 Consortium for Ocean Leadership (Bob Gagosian, President and CEO);
 Council of Environmental Deans and Directors (Stephanie Pfirman, President);
 Council on Environmental Education (Josetta Hawthorne, Executive Director);
 Earth Day Network (Kathleen Rogers, President);
 EarthEcho International (Philippe Cousteau, CEO);
 Earth Force (Lisa Bardwell, President);
 Ecological Society of America (Katherine S. McCarter, Executive Director);
 Federation of Fly Fishers (Leah Elwell, Conservation Coordinator);
 National Association for Interpretation (Tim Merriman, Executive Director);
 National Audubon Society (Judy Braus, Vice President for Education);
 National Council for Science and the Environment (Peter Saundry, Executive Director);
 National Estuarine Research Reserve Association (Matt Menashes, Executive Director);
 National Marine Educators Association (J. Adam Frederick, President);
 National Marine Sanctuary Foundation (Jason Patlis, President and CEO);
 National Project for Excellence in Environmental Education (Bora Simmons, Director);
 National Science Teachers Association (Jodi Peterson, Assistant Executive Director);
 National Service-Learning Partnership (Nelda Brown, Executive Director);
 National Wildlife Federation (Kevin Coyle, Vice President for Education);
 North American Association for Environmental Education (Brian Day, Executive Director);
 Ocean Alliance (Roger Payne, President);
 Ocean Conservancy (Vikki Spruill, President and CEO);
 Ocean Conservation Research (Michael Stocker, Director);
 Ocean River Institute (Rob Moir, President);
 Project WET Foundation (Dennis Nelson, President and CEO);
 SandyHook SeaLife Foundation (Mary M. Hamilton, Executive Director);
 Second Nature (Anthony Cortese, President);
 ServeNext (Zach Maurin, Co-Director and Co-Founder);
 Sierra Club (Jacqueline Ostfeld, National Youth Representative);
 Student Conservation Association (Dale Penny, President & CEO);
 Tag-A-Giant Foundation (Shana Miller, Director);

The Ocean Foundation (Mark Spalding, President);
 The Ocean Project (Bill Mott, Director);
 Trout Unlimited (Charles Gauvin, President);
 U.S. Green Building Council (Richard Fedrizzi, President & CEO);
 Wildlife Conservation Society (John F. Calvelli, Executive Vice President);
 Xerces Society for Invertebrate Conservation, Portland, OR (Scott Hoffman Black, Executive Director); and
 Youth Service America (Steven A. Culbertson, President & CEO).

CALIFORNIA

Aquarium of the Pacific, Long Beach, CA (Jerry R. Schubel, President and CEO);
 Los Angeles Conservation Corps, Los Angeles, CA (Bruce Saito, Executive Director);
 NatureBridge, San Francisco, CA (Susan Smartt, President);
 O'Neill Sea Odyssey, Santa Cruz, CA (Dan Haifley, Executive Director);
 Santa Barbara Zoo, Santa Barbara, CA (Rich Block, Chief Executive Officer);
 Wilderness Arts and Literacy Collaborative, San Francisco, CA (Conrad Benedicto, Director); and
 WildPlaces, Springville, CA (Mehmet McMillan, Director).

CHESAPEAKE BAY REGION

Alice Ferguson Foundation, Accokeek, MD (Tracy Bowen, Executive Director);
 Green Jobs Alliance, Hampton, VA (Randolph G. Flood, Executive Director);
 Maryland Association for Environmental and Outdoor Education, Annapolis, MD (Bronwyn Mitchell, Executive Director);
 Pennsylvania Association of Environmental Educators, PA (Ruth A. Roperti, President); and
 Rivanna Conservation Society, Charlottesville, VA (Robbi Savage, Executive Director).

GREAT LAKES REGION

Binder Park Zoo, Battle Creek, MI (Gregory B. Geise, President & CEO);
 Buffalo Zoo, Buffalo, NY (Donna Fernandes, President and CEO);
 Chicago Zoological Society/Brookfield Zoo, Brookfield, IL (Stuart D. Strahl, President and CEO);
 John G. Shedd Aquarium, Chicago, IL (Ted A. Beattie, President and CEO);
 Minnesota Conservation Federation, St. Paul, MN (Steven Maurice, President);
 Save the Dunes Council/Save the Dunes Conservation Fund, Michigan City, IN (Debroah Chubb, President); and
 Toledo Zoo, Toledo, Ohio (Anne Baker, CEO).

GULF COAST REGION

Crosby Arboretum/Mississippi Native Plant Society, Picayune, MS (Janine Conklin, President);
 Florida Wildlife Federation, FL (Manley Fuller, President);
 Louisiana Science Teachers Association, LA (Jean May-Brett, Treasurer);
 Louisiana Wildlife Federation, Baton Rouge, LA (Randy P. Lancot, Executive Director);
 Mississippi Environmental Education Alliance, Jackson, MS (Cynthia Harrell, President); and
 Southern Association of Marine Educators (Joan R. Turner, President).

HAWAII

Conservation Council for Hawaii, Honolulu, HI (Marjorie Ziegler, Executive Director).

NEW ENGLAND

Provincetown Center for Coastal Studies, MA (Richard Delaney, Executive Director); and

Save The Bay (Narragansett Bay), RI (Jonathan Stone, Executive Director).

NEW YORK/NEW JERSEY

Audubon New York, Albany, NY (Albert E. Caccese, Executive Director);
 Citizens Campaign for the Environment, NY & CT (Dereh Glance, Executive Program Director);
 New York Aquarium, Brooklyn, NY (Jon Forrest Dohlin, Director); and
 Upper St. Lawrence Riverkeeper, NY (Jennifer J. Caddick, Executive Director).

PACIFIC NORTHWEST REGION

Arnold Creek Productions, Lake Oswego, OR (Doug Freeman, COO-Producer);
 Association of Northwest Steelheaders, Milwaukee, OR (Jay Burris, President);
 Center for Research in Environmental Science and Technologies, Wilsonville, OR (Bob Carlson, Director);
 Concord Elementary Community Garden, Milwaukie, OR (Margaret Thornton, Chair);
 Environmental Education Association of Oregon, Portland, OR (Traci Price, Board Co-chair);
 Friends of the Straub Environmental Learning Center, Salem, OR (John Savage, Board President);
 John Muir Elementary School, Seattle, WA (Awnie Thompson, Principal);
 Lower Columbia River Estuary Partnership, Portland, OR (Debrah Marriott, Executive Director);
 NatureBridge (Susan Smartt, President);
 Northwest Youth Corps, Eugene, OR (Art Pope, Executive Director);
 Oregon Coast Aquarium, Newport, OR (Gary N. Gamer, President);
 People For Puget Sound, Seattle, WA (Kathy Fletcher, Executive Director);
 Place-Based Education Northwest, Lewis & Clark College, Portland, OR (Gregory Smith, Founder/Coordinator);
 Rachel's Friends Breast Cancer Coalition, Portland, OR (Diane Lund-Muzikant, Board Chair);
 Sierra Club Inner City Outings—Spokane, Spokane, WA (Chris Bachman, Project Director);
 Siskiyou Field Institute, Selma, OR (Arnie Green, Executive Director);
 The Freshwater Trust, Portland, OR (Joe Whitworth, President);
 The Friends of Haystack Rock, Cannon Beach, OR (Tom Oxwang, Chair);
 Tualatin Riverkeepers, Tigard, OR (Monica Smiley, Executive Director); and
 Washington Wildlife Federation, Bellevue, WA (Mark Quinn, President).

WESTERN STATES

Arizona Wildlife Education Foundation, Mesa, AZ (Karen Schedler, President);
 Arizona Wildlife Federation, AZ (Ryna Rock, President);
 Colorado Alliance for Environmental Education, Golden, CO (Katie Navin, Executive Director);
 Colorado Wildlife Federation, CO (John Smeltzer, President);
 Environmental Education Association of New Mexico, NM (Barbara Garrity, Statewide Coordinator);
 Idaho Wildlife Federation, ID (Rob Fraser, President);
 Iowa Wildlife Federation, Des Moines, IA (Joe Wilkinson, President);
 New Mexico Wildlife Federation, NM (Ed Olona, President);
 Renewable Resources Coalition, AK (Anders Gustafson, Executive Director);
 SOS Outreach, Avon, CO (Arn Menconi, Executive Director);
 The Wellness Coalition, Silver City, NM (Sam Castello, Executive Director); and

Wyoming Association for Environmental Education, WY (Susan McGuire, President);

ALASKA INDIVIDUAL SIGNATORIES

Nils Andreassen, Executive Director, Institute of the North;

Bruce Botelho, Mayor, City and Borough of Juneau;

Dennis Egan, Senator, State Legislature; Kirk Hardcastle, Research Tech, Alaska Center for Energy and Power;

Frank Holmes, Commissioner, Haines Energy and Sustainability Commission;

Albert Howard, Mayor, City of Angoon;

Leslie Isaacs, City Administrator, City of Klawock;

Ben Johnson, Director of Operations, Petersburg Indian Association;

Lainda Jones, Economic Development Coordinator, Central Council Tlingit and Haida Indian Tribes;

Michael Kline, Division Manager, Ketchikan Public Utility;

Mike Korsmo, President, Southeast Conference;

Lisa Long, Director, Haida Corporation;

Bill Lucey, Director/Coastal Planner, Yakutat Salmon Board City and Borough of Yakutat;

Scott McAdams, Mayor, City and Borough of Sitka;

Joe Nelson, Planning and Logistics Superintendent, City of Petersburg;

Merrill Sawford, Assembly Member, City and Borough of Juneau;

Beverly Schoonover, Executive Director, Juneau Watershed Partnership;

Tim Shields, Executive Director, Takshanuk Watershed Council;

Maxine Thompson, President, Angoon Oil Co.; and

Alicia Wendlandt, Director/Coastal Planner, Taiya Inlet Watershed Council.

In my experience before getting to Congress as well as in Congress, I was in the State Board of Education for Colorado before I arrived here, and I am on the Education and Labor Committee serving here. Environmental literacy and awareness is one of the most important aspects of teaching science in the schools. It can be an interdisciplinary approach that helps use examples from the environment to help teach math, science, even history through a lens that actually prepares students to be responsible consumers in the their own lives and to have responsible consumption habits that have a positive impact on the planet.

Madam Speaker, I have been amazed and impressed as I have gone to classrooms across Colorado where young children, 6-year-olds, 8-year-olds are convincing their parents to recycle. They are helping their parents to establish compost heaps in their yards. These are programs that not only have a positive impact on our planet, but a positive impact on the health of their families as well.

Given the success and popularity of these programs, educators across the country have been increasingly eager to take part as a result. One of the things we accomplish in these two bills is that we codify these formal programs within NOAA and establish them as models of innovative environmental education for the entire country to follow.

As part of our shared future, it is an important role for our public schools to help prepare our young people to succeed in the next generation and to preserve, through a legacy of individual responsibility, our planet.

And while there may be and there has been disagreement on both sides of the aisle about the top-down environmental policies and regulations, I think people across the spectrum ideologically believe in the value of individual responsibility, and to inculcate the values of stewardship and preserving our environment as part of individual responsibility for the next generation can go a long way in a way that all Americans can feel good about towards preserving our natural heritage.

With regard to H.R. 1612, I want to be clear that it is not just a Parks bill. The bill restores our national forests, our wildlife refuges and other public lands, as well as our coasts and shores. H.R. 1612 protects our natural heritage; and, even more importantly, particularly as our Nation battles a severe recession and rising unemployment rates, H.R. 1612 creates an important program, the Public Land Service Corps—enhances an important program—that can help reduce youth unemployment while repairing and restoring our Nation's public lands.

Madam Speaker, I have seen the statistics with regard to the current youth unemployment rate, much higher than the overall unemployment rate, and I have heard it firsthand from my constituents in Colorado, wondering, it used to be an assumption that they would have access to a summer job, to an after-school job, increasingly finding it more difficult to be able to get those job opportunities. What better way to not only employ young people and give them job skills that can positively impact their future, but to create something of lasting benefit to all Americans.

I had the opportunity to join Boulder County's Youth Service Corps last summer, repairing some trail huts above Boulder. Not only was this terrific hands-on experience for the young people involved, but we actually made the trails wheelchair accessible in an area that previously had not been accessible to those who were in wheelchairs, above Boulder County, Colorado. It was great to see these kids working with their mentors and volunteers and members of the Parks Department to actually create something that not only would people be able to enjoy, but also to prepare and preserve our heritage for the next generation.

That is why these bills are important, and I think it is important that we, as a body in Congress, are able to come together around items that we agree on. There will always be some things that we agree on and some things that we don't, but preserving

our national heritage and environmental literacy are two issues that I think are critical to our Nation's future. By emphasizing the value of individual responsibility, we could all feel good about preserving our national heritage.

This program invests in our young people, helps prepare them for the jobs of the future. The green technology sector has been one of the few sectors in my home State of Colorado that has added jobs over the last 2 years. So while the State as a whole, like our country, has lost jobs, Colorado employs more people today in green and renewable energy than it did 1 year ago and than it did 2 years ago. And that is a trend that I believe will continue, not only in Colorado, but across our country. The type of preparation for those jobs in the future is consistent with the skills taught through environmental literacy and also in the Public Service Corps working to be stewards of our natural lands.

□ 0945

I'd like to urge my colleagues on both sides of the aisle to join me in support of these very important bills and thank my colleagues for bringing them to us today.

H.R. 3644 has two Republican amendments and one Democratic amendment that were submitted. H.R. 1612 has six amendments that were submitted, all by Republicans—two of which were allowed. It really is exciting to be able to present these bills to this body here today, precisely because we are trying to and we have heard from our constituents that jobs is one of the key focuses that they want us to work on.

Mr. LINCOLN DIAZ-BALART of Florida. Would my friend yield?

Mr. POLIS. I'll yield for a question.

Mr. LINCOLN DIAZ-BALART of Florida. Actually, I was going to inquire, because I yielded my time back as my friend knows because we had no further speakers, but Mr. LUNGREN has arrived and would like to address the House.

Mr. POLIS. I will yield some of my time to Mr. LUNGREN in just a moment.

Mr. LINCOLN DIAZ-BALART of Florida. I would ask unanimous consent to reclaim our time, Madam Speaker.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Florida?

There was no objection.

Mr. POLIS. I reserve the balance of my time.

Mr. LINCOLN DIAZ-BALART of Florida. I yield such time as he may consume to the distinguished gentleman from California (Mr. LUNGREN).

Mr. DANIEL E. LUNGREN of California. I thank the gentleman for yielding. I thank the gentleman for the courtesy on this floor. I admire courtesy and civility here. I just wish we

had more of it on both sides from time to time, particularly as we are in these contentious days dealing with one of the most important issues of our time—the health care bill.

I would stand in support of all the things that the gentleman from Florida said about this rule making in order these two bills. It is not unusual for us to make in order two bills under a rule, but what I would suggest is that that is somewhat different than what we evidently are going to be asked to do later this weekend. As I understand it from the ranking member on the Rules Committee, it is contemplated that we will have a rule that will be “self-executing” dealing with a substantial portion of the American economy, that is the entire arena of health care. I don’t think enough attention has been given to the difference between the appropriate procedure that we are enacting here versus that which is to go forward later this weekend.

I served in this body in the 1980s and then left and came back about 6 years ago. In the intervening time there was an effort, on a bipartisan basis, made by this House and the Senate, with the signature of the President, on a piece of legislation that was called the line-item veto. The line-item veto was a process that was contemplated which would allow the President of the United States to receive an appropriation bill from the Congress and then to look at that appropriation bill and find out and decide whether there were certain items that he thought were not appropriate, there’s too much spending in an overall appropriations bill. It would have given the President the right to sign the overall bill, but on the one hand, to take out, X out, line out certain items. And so this provided a constitutional question before the Supreme Court in the case of *Clinton v. City of New York*, because they had to wait until the President actually exercised the right presumably given to him by the legislation passed by this Congress.

And so the question was: Was that manner in which laws were passed consistent with the requirements of the Constitution? And the Constitution sets out the terms under which we’re able to pass laws. Essentially, it says three things must happen: It must pass the House of Representatives; it must pass the United States Senate; and it must be presented—it’s called presentment—presented to the President and signed by the President.

Interestingly enough, in the majority opinion written by Justice Stevens—I believe the longest-serving member of the U.S. Supreme Court at the present time—when he investigated it, he said this. He said, The Constitution requires that it be the exact text in all three circumstances. Those are his words. The exact text. He went on to say that if in fact a paragraph were absent from

the law that the President signed, meaning the President exercised his line item veto and had taken it out, it would invalidate the constitutional requirement for passage of a law because it would not be the exact text.

So, as I understand it, contrary to the rule that we are debating here today, the contemplated rule to cover the health care bill will say something along the lines of: We incorporate a bill which will be deemed to have passed if we pass the rule; or other language to say: thereby passing. So then you will have the interesting question of whether or not we are acting on—that is, I as an individual Member of Congress representing my constituency—I am voting on the “exact text” as was voted on in the Senate, which then goes to the President for signature. And I would argue that if you cannot remove a paragraph from the “exact text,” as the Supreme Court told us, in any of the three aspects of the bill, that you cannot add text. And that is, if you have a rule which incorporates the bill, you naturally have other language that goes along with it, particularly if it makes reference to other subject matter.

And so in contrast to the rule we have here, which should be supportable under the circumstances that it does not violate the Constitution in any way, shape, or form, even though it is a little different than when we adopt a rule that permits two bills to come to the floor, in the instance of having a self-executing rule we will then be presenting to the Supreme Court a constitutional issue upon which they have not directly ruled. It is, however, my interpretation of their ruling in *Clinton v. City of New York* that it is the mirror image of what the court found to be unconstitutional. That is, if the exact text requirement cannot be fulfilled by removing a single paragraph from the text; similarly, if you add language to the text in the vote that is presented to the membership, it would be not the same thing, so that we would be prohibiting the Members of this institution, the House of Representatives, from their constitutional obligation to vote on the exact question presented in the other body so that that same exact question can be presented to the President of the United States for his signature.

Now I understand that some say, Aha, there’s another section of the Constitution which says that the House of Representatives and the Senate in their respective bodies shall be the sole arbiter of the rules of their Chambers. And that is true. But it is also true that we cannot, by our rules, do what is otherwise unconstitutional. And so Members should understand that while, unfortunately, when we debate rules often times there’s the absence of many of our Members here, because the rules process is considered to be tech-

nical, in some ways taken for granted, in other ways nonobjectionable, not rising above the ordinary, with all due respect to the members of the Rules Committee. In the instance of a self-executing rule, so-called, on one of the most controversial issues presented to this Congress, certainly in my years of service here, we cannot blithely dismiss legitimate questions about what our obligation is here. I have said on this floor before, and I continue to say, the Constitution is an inconvenient truth.

A couple of weeks ago, I had the opportunity to be in a meeting with Justice Scalia. Justice Scalia made an interesting point. He said, The essence of a democracy or a democratic republic such as ours is, majority rules. If majority rules, you don’t have a democracy. But he said one of the unique things about America is that we have some limitations on majority rule. Those limitations are found in the Constitution and the Bill of Rights. They limit what the majority can do and protect minority rights. But he said, The interesting thing is, those limitations were imposed on the majority by the majority. In other words, it is through the adoption of the Constitution that the majority has limited itself. And he suggested that that should give caution to members of the court to not supersede their legitimate authority by finding new limitations on the majority that were not contemplated by those who adopted the Constitution, and if you need further limitations or protections of minority interests, the way to do that is to amend the Constitution, which is again done by the majority.

Similarly, I would suggest, that those of us who take an oath to uphold the Constitution as representatives of our constituents in this body must follow the dictates of the Constitution and the limitations of the Constitution. In some language in that case that I cited earlier, the 12-year-old case of *Clinton v. City of New York*, the court talked about how it may or may not be a good public policy that the law that was otherwise found to be unconstitutional, that the fact that it may or may not be good public policy is irrelevant to the question of whether it’s constitutional.

So the argument that we have presented to us here most recently in a nationally televised interview by the President of the United States, that whatever vote takes place is going to be on health care and therefore it’s okay, and he’ll sign it, forgets the inconvenient truth that the Constitution does not permit us to do that, and it does not permit the President to do that. So while a lot of people are talking about the fact we’re going to be here over the weekend—and that’s extraordinary—I would wish that we would concentrate on the more extraordinary question of whether we are

following the Constitution. Because if in fact we circumvent the Constitution by “allowing” a bill to become law in which each Member of the House and the Senate did not have the opportunity to vote on the exact language, we are not punishing the Members of Congress; we are punishing our constituents, who have a constitutional right to have laws passed in the way that is articulated in the Constitution, which provides specificity as to how that is done so that the power of the Federal Government will be exercised in the limited sense that was given to it by the people through the Constitution.

And so while I support all of the comments made by the gentleman from Florida with respect to this rule and find this rule to be relatively non-controversial and to be more of the same, the rule that we are being told of that we will consider this weekend is not more of the same, is not ordinary, is in fact extraordinary, and I would suggest such an extraordinary stretch that it will be rendered unconstitutional. Why would we follow a procedure that will call into question the very constitutional foundations of the contents of the bill if in fact it is such an important issue? If it in fact is something that needs to be dealt with with such urgency, ought we not to follow the Constitution in each and every aspect and ought we not be guided by the most recent decision of the Supreme Court on a law which we thought was a good law on a bipartisan basis, but which, unfortunately, the Constitution does not allow us to enact.

□ 1000

And I would hope that my colleagues who may not be here on the floor but may have an opportunity to review these remarks will take seriously my concerns. We may very well be preparing to embark on an unconstitutional journey which not only will take the healthy skepticism that our Constitution provides for government—not rejecting government, but we have a healthy skepticism of the power of government that is a part of our constitutional process—but we will turn it from a healthy skepticism to an unfortunately destructive cynicism. And if there is anybody who believes that is good for this country, I would suggest they are wrong.

This is a tough issue that we’re going to have to deal with later this weekend. Let us at least do it in a constitutional way, and let us not pass something for the American people that will be called into question in court challenge after court challenge after court challenge and delay the impact or implementation of whatever we believe on a bipartisan basis ought to be the governing law with respect to the health care system.

So with that, I thank the gentleman for his time, and I thank the gentleman for his courtesy.

Mr. LINCOLN DIAZ-BALART of Florida. I thank my friend again for his courtesy, and I yield back the balance of my time.

Mr. POLIS. Again, I would like to emphasize that the gentleman from California’s criticisms are not about this rule or any rule that we have before us. Tomorrow the Rules Committee will be meeting to decide under what rule we will consider health care.

The gentleman has made some remarks with regard to a common practice that is within House resolutions referred by the Rules Committee that involves self-executing language. In 1996, the Republican-controlled House adopted a resolution to consider as adopted the conference report on line-item veto. I would also like read a quote from Thomas Mann who is quoted by USA Today. He is a scholar at the Brookings Institute, who said that the “deem and pass” move is not very unusual, has been used 36 times in 2005 and 2006 by the Republican Congress, 49 times in 2007 and 2008 by the Democratic Congress.

I think what’s important for people to know is that the Rules Committee doesn’t have any special ability to do these rules unilaterally. They only exist by the good graces of a majority of the House. If a majority of the House wants to pass the Senate health care bill as part of a rule, they can. There will be a debate and a discussion over that Senate health care bill, and the Senate bill will be presented to the President and signed, if it passes, before the reconciliation bill reaches the Senate floor.

The House, under the Constitution, is given a great ability to do what it wants to do and to conduct its own affairs as it wants to conduct its affairs. Just as today we have a House resolution, 1192, and that House resolution provides for the consideration of two bills, those bills will only be considered by the House if this rule, this House resolution, passes the full House with a majority of the votes. It will be the same with any rule that is referred out of the Rules Committee tomorrow with regard to the consideration of health care. That rule will only have any force, any effect, if a majority of the House passed that rule and whatever is in that rule, just as they would consider any bill under the House of Representatives.

This rule is a very fair rule. These two bills, I believe, have bipartisan support, a strong consensus to help create jobs, prepare kids for our future, educate kids about the environment, and preserve our great natural resources.

I urge a “yes” vote on the previous question and on the rule.

I yield back the balance of my time and move the previous question on the resolution.

The previous question was ordered.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. POLIS. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on adopting House Resolution 1192 will be followed by 5-minute votes on two motions that the House suspend the rules previously postponed, on which the yeas and nays are ordered, to wit:

on H.R. 3671 and on H.R. 2788.

The vote was taken by electronic device, and there were—yeas 236, nays 171, not voting 23, as follows:

[Roll No. 136]

YEAS—236

Adler (NJ)	Edwards (MD)	Levin
Altmire	Edwards (TX)	Lewis (GA)
Andrews	Ehlers	Lipinski
Arcuri	Ellison	Loeb sack
Baca	Ellsworth	Lowey
Baird	Engel	Lujan
Baldwin	Eshoo	Maffei
Barrow	Etheridge	Maloney
Bean	Farr	Markey (CO)
Becerra	Fattah	Markey (MA)
Berkley	Filner	Marshall
Berman	Foster	Matheson
Berry	Frank (MA)	Matsui
Bishop (GA)	Fudge	McCarthy (NY)
Bishop (NY)	Gonzalez	McCollum
Blumenauer	Gordon (TN)	McDermott
Bocci er	Grayson	McGovern
Boren	Green, Al	McIntyre
Boswell	Green, Gene	McMahon
Boucher	Grijalva	McNerney
Boyd	Hall (NY)	Meek (FL)
Brady (PA)	Halvorson	Meeks (NY)
Braley (IA)	Hare	Melancon
Bright	Harman	Michaud
Brown, Corrine	Hastings (FL)	Miller (NC)
Butterfield	Heinrich	Miller, George
Capps	Herseth Sandlin	Minnick
Capuano	Higgins	Mollohan
Cardoza	Himes	Moore (KS)
Carnahan	Hinche y	Moore (WI)
Carney	Hinojosa	Moran (VA)
Carson (IN)	Hirono	Murphy (CT)
Castor (FL)	Hodes	Murphy (NY)
Chandler	Holden	Murphy, Patrick
Chu	Holt	Nadler (NY)
Clarke	Honda	Napolitano
Cleaver	Hoyer	Neal (MA)
Clyburn	Inslee	Nye
Cohen	Israel	Oberstar
Connolly (VA)	Jackson (IL)	Obey
Conyers	Jackson Lee	Olver
Cooper	(TX)	Ortiz
Costa	Johnson (GA)	Owens
Costello	Johnson, E. B.	Pallone
Courtney	Kagen	Pascrell
Crowley	Kanjorski	Pastor (AZ)
Cuellar	Kennedy	Payne
Dahlkemper	Kildee	Perlmutter
Davis (AL)	Kilpatrick (MI)	Perriello
Davis (CA)	Kilroy	Peters
Davis (IL)	Kind	Peterson
DeFazio	Kirkpatrick (AZ)	Pingree (ME)
DeGette	Kissell	Polis (CO)
Delahunt	Klein (FL)	Pomeroy
DeLauro	Kosmas	Price (NC)
Dicks	Kratovil	Quigley
Dingell	Kucinich	Rahall
Doggett	Langevin	Rangel
Donnelly (IN)	Larsen (WA)	Reyes
Doyle	Larson (CT)	Richardson
Driehaus	Lee (CA)	Rodriguez

Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano

Sestak
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus

Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—171

Aderholt
Akin
Alexander
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Biggart
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Boehner
Bonner
Bono Mack
Boozman
Boustany
Brady (TX)
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Calvert
Camp
Campbell
Cantor
Cao
Capito
Cassidy
Castle
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (KY)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Fallin
Flake
Fleming
Forbes
Foxy
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)

NOT VOTING—23

Ackerman
Blunt
Buyer
Carter
Clay
Cummings
Davis (TN)
Deal (GA)

Emerson
Fortenberry
Garamendi
Gutierrez
Hoekstra
Weiner
Kaptur
Lee (NY)
Lofgren, Zoe

Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Olson
Paul
Paulsen
Pence
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Roskam
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)
Smith (TX)
Blumenauer
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf

□ 1038

Mr. WITTMAN, Ms. GRANGER, Messrs. ROSKAM and BARTON of Texas changed their vote from “yea” to “nay.”

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

UPPER MISSISSIPPI RIVER BASIN PROTECTION ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 3671, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 3671.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 289, nays 121, not voting 20, as follows:

[Roll No. 137]

YEAS—289

Adler (NJ)
Alexander
Altmire
Andrews
Arcuri
Baca
Bachmann
Bachus
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Biggart
Bishop (GA)
Bishop (NY)
Bishop (UT)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Engel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Fleming
Foster
Frank (MA)
Capuano
Fudge
Gerlach
Giffords
Gonzalez
Gordon (TN)
Granger
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Hastings (WA)
Heinrich

YEAS—289

Costa
Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Engel
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Fleming
Foster
Frank (MA)
Capuano
Fudge
Gerlach
Giffords
Gonzalez
Gordon (TN)
Granger
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Hastings (WA)
Heinrich

Lynch
Maffei
Maloney
Manzullo
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Michaud
Miller (NC)
Miller, George
Minnick
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Olver
Ortiz
Pallone
Pascarell
Pastor (AZ)
Paulsen

Payne
Perlmutter
Perrillo
Peters
Peterson
Petri
Pingree (ME)
Pitts
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reichert
Reyes
Richardson
Rodriguez
Rogers (MI)
Ross
Rothman (NJ)
Titus
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman

NAYS—121

Aderholt
Akin
Austria
Barrett (SC)
Bartlett
Barton (TX)
Bilbray
Bilirakis
Blackburn
Boehner
Bono Mack
Boozman
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite, Ginny
Buchanan
Burgess
Burton (IN)
Calvert
Camp
Campbell
Cantor
Carter
Castle
Coble
Coffman (CO)
Conaway
Crenshaw
Culberson
Davis (KY)
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Fallin
Flake
Forbes
Foxy

Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gingrey (GA)
Gohmert
Goodlatte
Guthrie
Hall (TX)
Harper
Heller
Hensarling
Herger
Hunter
Inglis
Issa
Jenkins
Johnson, Sam
Jordan (OH)
King (NY)
Kingston
Lamborn
Latta
Lewis (CA)
Linder
Luetkemeyer
Lungren, Daniel E.
Mack
Marchant
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McKeon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Mitchell

NOT VOTING—20

Ackerman
Blunt
Buyer
Clay
Davis (TN)

Deal (GA)
Emerson
Fortenberry
Garamendi
Gutierrez

Shimkus
Shuler
Sires
Slaughter
Smith (NE)
Smith (NJ)
Smith (WA)
Snyder
Space
Speier
Spratt
Stupak
Sutton
Tanner
Taylor
Teague
Thompson (CA)
Thompson (MS)
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Van Hollen
Velázquez
Visclosky
Walz
Wamp
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Welch
Whitfield
Wilson (OH)
Wittman
Woolsey
Wu
Yarmuth

Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Olson
Owens
Paul
Pence
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rooney
Royce
Schmidt
Sensenbrenner
Sessions
Shadegg
Shuster
Simpson
Skelton
Smith (TX)
Stearns
Sullivan
Terry
Thompson (PA)
Thornberry
Tiahrt
Upton
Walden
Westmoreland
Wilson (SC)
Wolf

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

Roskam Stark Young (AK)
Souder Weiner Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1049

Mrs. MYRICK and Messrs. BOOZMAN and HERGER changed their vote from “yea” to “nay.”

Messrs. KING of Iowa and WITTMAN changed their vote from “nay” to “yea.”

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

DISTINGUISHED FLYING CROSS NATIONAL MEMORIAL ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 2788, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 2788.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 410, nays 0, not voting 20, as follows:

[Roll No. 138]

YEAS—410

Aderholt Brady (TX) Conyers
Adler (NJ) Braley (IA) Cooper
Akin Bright Costa
Alexander Broun (GA) Costello
Altmire Brown (SC) Courtney
Andrews Brown, Corrine Crenshaw
Arcuri Brown-Waite, Crowley
Austria Ginny Cuellar
Baca Buchanan Culberson
Bachmann Burgess Cummings
Bachus Burton (IN) Dahlkemper
Baird Butterfield Davis (AL)
Baldwin Calvert Davis (CA)
Barrett (SC) Camp Davis (IL)
Barrow Campbell Davis (KY)
Bartlett Cantor DeFazio
Barton (TX) Cao DeGette
Bean Capito Delahunt
Becerra Capps DeLauro
Berkley Capuano Dent
Berman Cardoza Diaz-Balart, L.
Berry Carnahan Diaz-Balart, M.
Biggert Carney Dicks
Bilbray Carson (IN) Dingell
Bilirakis Carter Doggett
Bishop (GA) Cassidy Donnelly (IN)
Bishop (NY) Castle Doyle
Bishop (UT) Castor (FL) Dreier
Blackburn Chaffetz Driehaus
Blumenauer Chandler Edwards (MD)
Boccheri Childers Edwards (TX)
Boehner Chu Ehlers
Bonner Clarke Ellison
Bono Mack Cleaver Ellsworth
Boozman Clyburn Engel
Boren Coble Eshoo
Boswell Coffman (CO) Etheridge
Boucher Cohen Fallin
Boustany Cole Farr
Boyd Conaway Fattah
Brady (PA) Connolly (VA) Filner

Flake Fleming
Forbes
Foster
Foxy
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griñalva
Guthrie
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinchee
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Levin
Lewis (CA)
Lewis (GA)

Linder
Lipinski
LoBiondo
Loebbeck
Lowey
Lucas
Luetkemeyer
Lujan
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Ortiz
Owens
Pallone
Pascarell
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perrillo
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel

Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Space
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velazquez
Visclosky
Walden
Walz
Wamp
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)

NOT VOTING—20

Ackerman Emerson Olver
Blunt Fortenberry Ros-Lehtinen
Buyer Garamendi Souder
Clay Gutierrez Stark
Davis (TN) Hoekstra Young (AK)
Deal (GA) Lee (NY) Young (FL)
Duncan Lofgren, Zoe

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). One minute remaining in this vote.

□ 1058

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

□ 1100

OCEAN, COASTAL, AND WATERSHED EDUCATION ACT

Mrs. CAPPS. Madam Speaker, pursuant to H. Res. 1192, I call up the bill (H.R. 3644) to direct the National Oceanic and Atmospheric Administration to establish education and watershed programs which advance environmental literacy, including preparedness and adaptability for the likely impacts of climate change in coastal watershed regions, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Ms. EDWARDS of Maryland). Pursuant to House Resolution 1192, the bill is considered read.

The amendment in the nature of a substitute printed in the bill is adopted.

The text of the bill, as amended, is as follows:

H.R. 3644

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Ocean, Coastal, and Watershed Education Act”.

SEC. 2. FINDINGS AND PURPOSE.

(a) *FINDINGS.—The Congress finds the following:*

(1) *The United States faces major challenges, such as mitigating and adapting to the impacts of climate change, stewarding critical coastal and marine resources including fish and wildlife habitat while sustaining the commercial and recreational activities that depend on these resources, and improving resilience to natural disasters, that collectively threaten human health, economic development, environmental quality, and national security.*

(2) *Communities in coastal watersheds are particularly vulnerable to these increasingly urgent, interconnected, and complex challenges and need support for teacher professional development and experiential learning among students of all ages.*

(3) *These challenges can be met with the help of comprehensive programs specifically targeted to engage coastal watershed communities,*

schoolchildren, and the general public to develop engaged and environmentally literate citizens who are better able to understand complex environmental issues, assess risk, evaluate proposed plans, and understand how individual decisions affect the environment at local, regional, national, and global scales.

(4) The intrinsic social and conservation values of wildlife-dependent and other outdoor recreation can play an important role in outdoor educational programs that address the myriad of coastal and ocean concerns, as well as instill a sustainable conservation ethic that will enable them to face those challenges to the betterment of both the environment and coastal communities.

(b) **PURPOSE.**—The purpose of this Act is to advance environmental literacy, develop public awareness and appreciation of the economic, social, recreational, and environmental benefits of coastal watersheds, and emphasize stewardship of critical coastal and marine resources, including an understanding of how climate change is impacting those resources, through the establishment of—

(1) an Environmental Literacy Grant Program; and

(2) regional programs under the B-WET Program.

SEC. 3. DEFINITIONS.

In this Act:

(1) **ADMINISTRATOR.**—The term “Administrator” means the Administrator of the National Oceanic and Atmospheric Administration.

(2) **BAY-WATERSHED EDUCATION.**—The term “bay-watershed education” means environmental education focused on watersheds, with an emphasis on stewardship of critical coastal and marine resources, including an understanding of how climate change is impacting those resources.

(3) **B-WET PROGRAM.**—The term “B-WET Program” means the Bay-Watershed Education and Training Program of the National Oceanic and Atmospheric Administration, as in effect immediately before the enactment of this Act and modified under this Act or any subsequently enacted Act.

(4) **ELIGIBLE ENTITY.**—The term “eligible entity” means a State agency, local agency, school district, institution of higher education, or for-profit or non-profit nongovernmental organization, consortium, or other entity that the Administrator finds has demonstrated expertise and experience in the development of the institutional, intellectual, or policy resources to help environmental education become more effective and widely practiced.

(5) **ENVIRONMENTAL EDUCATION.**—The term “environmental education” means interdisciplinary formal and informal learning about the relevant interrelationships between dynamic environmental and human systems, and which results in increasing the learner’s capacity for decisionmaking and stewardship regarding natural and community resources.

(6) **ENVIRONMENTAL LITERACY.**—The term “environmental literacy” means the capacity to perceive and interpret the relative health of environmental systems and the interrelationships between natural and social systems and technology, and to assess options and take appropriate action to maintain, restore, or improve the health of those systems.

(7) **HIGH-LEVERAGE PROJECTS.**—The term “high-leverage projects” means projects supported by grants authorized under this Act that use Federal, State and nongovernmental financial, technical, and other resources in such a manner that the potential beneficial outcomes are highly magnified or enhanced.

(8) **STATE.**—The term “State” means each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto

Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, any other territory or possession of the United States, and any Indian tribe.

SEC. 4. ENVIRONMENTAL LITERACY GRANT PROGRAM.

(a) **IN GENERAL.**—The Administrator shall establish a national competitive grant program, to be known as the “Environmental Literacy Grant Program”, under which the Administrator shall provide, subject to the availability of appropriations, financial assistance to—

(1) expand the adoption of coastal, ocean, Great Lakes, and climate on all time scales education;

(2) build administrative and technical capacity with coastal, ocean, and watershed communities and stakeholder groups to enhance their effectiveness;

(3) encourage water-dependent, wildlife-dependent, and other outdoor recreation, experiential learning, and hands-on involvement with coastal and watershed resources as a method of promoting stewardship of those resources; and

(4) develop and implement new approaches to advance coastal, ocean, Great Lakes, and climate on all time scales education and environmental literacy at national, regional, and local levels.

(b) **PRIORITIES.**—In awarding grants under this section, the Administrator shall give priority consideration to innovative, strategic, high-leverage projects that demonstrate strong potential for being sustained in the future by a grant recipient beyond the time period in which activities are carried out with the grant.

(c) **GUIDELINES.**—No later than 180 days after the date of enactment of this Act and after consultation with appropriate stakeholders, the Administrator shall publish in the Federal Register guidelines regarding the implementation of this grant program, including publication of criteria for eligible entities, identification of national priorities, establishment of performance measures to evaluate program effectiveness, information regarding sources of non-Federal matching funds or in-kind contributions, and reporting requirements for grant award recipients.

(d) **LIMITATION ON USE OF FUNDS BY ADMINISTRATOR.**—Of the amounts made available to implement this section—

(1) no less than 80 percent shall be used for competitive grants or cooperative agreements;

(2) no more than 10 percent may be used by the Administrator to implement the grant program; and

(3) no less than 10 percent of the annual funds appropriated for the program authorized under this section shall be used to fund contracts or cooperative agreements to conduct strategic planning, promote communications among grant recipients and within communities, coordinate grant activities to foster an integrated program, and oversee national evaluation efforts.

SEC. 5. B-WET PROGRAM.

(a) **EXISTING PROGRAM.**—The Administrator shall conduct the B-WET Program, including each of the regional programs conducted or under active consideration for creation under such program immediately before the enactment of this Act.

(b) **NEW REGIONAL PROGRAMS.**—

(1) **IN GENERAL.**—The Administrator may create new regional programs under the B-WET Program in accordance with a strategy issued under this subsection.

(2) **STRATEGY.**—

(A) **IN GENERAL.**—The Administrator shall issue a strategy for establishing such new regional programs.

(B) **CONTENTS.**—The strategy shall include the following:

(i) Evaluation of the need for new regional program in areas that are not served under the

B-WET Program on the date of enactment of this Act.

(ii) Identification of potential new regional programs, including a listing of potential principal non-Federal partners.

(iii) A comprehensive budget for future expansion of the B-WET Program over the period for which appropriations are authorized under this Act.

(iv) Such other information as the Administrator considers necessary.

(C) **CONSULTATION AND PUBLIC COMMENT.**—The Administrator shall consult with relevant stakeholders and provide opportunity for public comment in the development of the strategy.

(D) **SUBMISSION TO CONGRESS.**—The Administrator shall submit the strategy to the Committee on Natural Resources of the House of Representatives and the Committee on Commerce, Science, and Transportation of the Senate by not later than 270 days after the date of enactment of this Act.

(3) **PRIORITY CONSIDERATION.**—In creating new regional programs under this subsection, the Administrator shall give priority consideration to the needs of—

(A) United States territories, including Guam, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa;

(B) the Great Lakes States;

(C) Alaska; and

(D) the mid-Atlantic region.

(c) **MODIFICATION OF B-WET PROGRAM.**—

(1) **IN GENERAL.**—The Administrator may modify or realign regional programs under the B-WET Program, based on—

(A) changes in regional needs;

(B) mutual interest between the Administrator and relevant stakeholders within a region or regions;

(C) changes in resources available to the Administrator to implement the B-WET Program; and

(D) other circumstances as determined necessary by the Administrator.

(2) **CONSULTATION AND PUBLIC COMMENT.**—The Administrator shall—

(A) consult with the persons conducting a regional program and provide opportunity for public comment prior to making a final decision to modify or realign such regional program; and

(B) publish public notice of such a decision no less than 30-days before the effective date of such a modification or realignment.

(d) **REGIONAL PROGRAM MANAGERS.**—

(1) **APPOINTMENT OF REGIONAL PROGRAM MANAGER.**—The Administrator shall be responsible for the selection, appointment, and when necessary replacement of a regional program manager for each regional program under the B-WET Program.

(2) **QUALIFICATIONS.**—To qualify for appointment as a regional program manager, an individual must—

(A) reside in the region for which appointed; and

(B) demonstrate competence and expertise in bay-watershed education and training.

(3) **FUNCTIONS.**—Each regional program manager shall—

(A) be responsible for managing and administering the B-WET Program in the region for which appointed, in accordance with this Act;

(B) determine the most appropriate communities within the region to be served by the B-WET Program;

(C) encourage water-dependent, wildlife-dependent, and other outdoor recreation, experiential learning experiences for students, and hands-on involvement with coastal and watershed resources as a method of promoting stewardship of those resources and complementing core classroom curriculum;

(D) support communication and collaboration among educators, natural resource planners and managers, and governmental and nongovernmental stakeholders;

(E) share and distribute information regarding educational plans, strategies, learning activities, and curricula to all stakeholders within its region;

(F) provide financial and technical assistance pursuant to the guidelines developed by the Administrator under this section; and

(G) perform any additional duties as necessary to carry out the functions of the program.

(e) **PROGRAM GUIDELINES.**—No later than 180 days after the date of enactment of this Act and after consultation with appropriate stakeholders, the Administrator shall publish in the Federal Register guidelines regarding the implementation of the B-WET Program, as follows:

(1) **CONTRACTS.**—The Administrator shall create guidelines through which each regional program manager may enter into contracts (subject to the availability of appropriations) to support projects to design, demonstrate, evaluate, or disseminate practices, methods, or techniques related to Bay-watershed education and training.

(2) **GRANT MAKING AND COOPERATIVE AGREEMENTS.**—

(A) **IN GENERAL.**—The Administrator shall create guidelines through which each regional program manager may provide financial assistance in the form of a grant (subject to the availability of appropriations) or cooperative agreement to support projects that advance the purpose of this Act. The guidelines shall include criteria for eligible entities, identification of national priorities, establishment of performance measures to evaluate program effectiveness, and reporting requirements for grant award recipients.

(B) **PRIORITY.**—In making grants under this paragraph, each regional program manager shall give priority to those projects that will—

(i) promote bay-watershed education throughout the region concerned;

(ii) advance strategic initiatives to incorporate bay-watershed education into formal and informal education systems;

(iii) build capacity within bay-watershed education communities and stakeholder groups for expanding and strengthening their work;

(iv) build bay-watershed education into professional development or training activities for educators; and

(v) broadly replicate existing, proven bay-watershed education programs.

(f) **NON-FEDERAL SHARE.**—

(1) **IN GENERAL.**—In awarding grants under this section, the regional program managers shall give priority consideration to a project for which the Federal share does not exceed 75 percent of the aggregate cost of such project.

(2) **IN-KIND CONTRIBUTION.**—The non-Federal share of the costs of any project supported by an award of grant funding under this section may be cash or the fair market value of services, equipment, donations, or any other form of in-kind contribution.

(3) **OTHER PRIORITY.**—The regional program managers shall give priority consideration to a project that will be conducted by or benefit any under-served community, any community that has an inability to draw on other sources of funding because of the small population or low income of the community, or any other person for any other reason the Administrator considers appropriate and consistent with the purpose of this Act.

(g) **REGIONAL PROGRAM COORDINATION.**—Within the National Oceanic and Atmospheric Administration, the Office of Education shall work with regional program managers on the following regional B-WET Program functions:

(1) Strategic planning efforts.

(2) Integration and coordination of programs.

(3) Coordination of national evaluation efforts.

(4) Promotion of network wide communications.

(5) Selection of new Regional Program Managers.

(6) Management, tracking, and oversight of the B-WET Program.

(h) **LIMITATION ON USE OF FUNDS BY ADMINISTRATOR.**—Of the amounts made available to implement this section—

(1) no less than 80 percent shall be used for implementation of regional program activities, including the award of grants; and

(2) no more than 20 percent may be used by the Administrator to implement the regional programs and regional program coordination.

SEC. 6. BIENNIAL REPORT.

Not later than December 31, 2011, and biennially thereafter, the Administrator shall submit to Congress a report on the grant programs authorized under this Act. Each such report shall include a description of the eligible activities carried out with grants awarded under the Act during the previous two fiscal years, an assessment of the success and impact of such activities, and a description of the type of programs carried out with such grant, disaggregated by State.

SEC. 7. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to the Administrator to carry out this Act such sums as may be necessary for each of fiscal years 2011 through 2015.

The SPEAKER pro tempore. After 1 hour of debate on the bill, as amended, it shall be in order to consider the further amendment in the nature of a substitute printed in part A of House Report 111-445 if offered by the gentleman from California (Mrs. CAPPs) or her designee, which shall be considered read, and shall be debatable for 20 minutes equally divided and controlled by the proponent and an opponent.

The amendment to the further amendment in the nature of a substitute printed in part B of House Report 111-445, if offered by the gentleman from Arizona (Mr. FLAKE) or his designee, shall be considered read, and shall be debatable for 10 minutes equally divided and controlled by the proponent and an opponent.

The gentlewoman from California (Mrs. CAPPs) and the gentleman from Utah (Mr. CHAFFETZ) each will control 30 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Mrs. CAPPs. Madam Speaker, I ask unanimous consent that all Members that may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 3644.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Mrs. CAPPs. Madam Speaker, I rise today in strong support of my legislation, H.R. 3644, which I introduced on September 24, 2009.

Madam Speaker, in California, we are often inundated with reports of the im-

pacts of climate change, overfishing, wildfires and droughts. Such reports may frighten or dampen a child's innate curiosity and wonder of the natural environment. Fortunately, we have found that connecting children to their environment through hands-on experiences offers an effective way to overcome these challenges.

Over the past 7 years, two NOAA education programs, the Bay-Watershed Education and Training regional program, or as it's known, B-WET, and the Environmental Literacy Grants, or ELG, programs, have been critical tools in advancing a nationwide strategy of experiential education in building ocean, atmospheric and environmental awareness in the United States.

In my district, the MERITO program, which has been funded through the California B-WET program for the past 4 years, has allowed hundreds of children to enjoy the benefits of hands-on, bilingual ocean conservation experiences with trained scientists and professionals in Santa Barbara and Ventura Counties.

Many of these children have taken their first trips to the beach under this MERITO program, even though they may live only a few miles away. According to the testimonials of their parents and their teachers, it has given many of them a new awareness of their local environment and their community and opened the world of new opportunities that they now know they can pursue.

Madam Speaker, my bill, H.R. 3644, seeks to formally authorize these two innovative and important NOAA education programs that were established through the annual appropriations process so we can ensure that they are here for our children now and in the future. It also ensures that certain standards and criteria for positive implementation are met by the agency when they spend these funds. To me, this represents a responsible oversight effort on the part of our committee to exercise our proper duties.

Madam Speaker, these programs have been well received by the ocean and environmental literacy communities, and in fact, since the ELG program was initiated in 2005, the demand for ELG grants has been 10 times greater than the available funding.

Each program has gathered significant momentum and prominence since the Congress passed the America COMPETES Act in 2007, which elevated and enhanced NOAA's educational mission. A recent report released by the National Academy of Sciences also commends both programs for their positive contributions to increase student interest in science and to improve awareness of the ocean and coastal environment.

H.R. 3644 is fully supported by the administration. The legislation is also strongly supported by the Campaign

for Environmental Literacy. This is a coalition of nearly 60 national, regional and local private and non-profit organizations; and they represent science, education, conservation, outdoor recreation and zoological parks, including the National Wildlife Federation, American Fisheries Society, the American Fly Fishing Trade Association, and the Association of Zoos and Aquariums, to name just a few.

At the appropriate time, I will offer an amendment in the nature of a substitute which reflects a bipartisan compromise to address the concerns raised by my colleague and my friend, Congressman CASSIDY of Louisiana, during the markup of this bill by the Committee on Natural Resources.

Madam Speaker, in closing, the B-WET and ELG programs are both effective, wildly popular, and in great demand by educators around the country. These programs represent two critical investments in our efforts to connect children to their natural world and, hopefully as a result, inspire their interest in the sciences and in ensuring the future of their coastal communities. We should recognize their importance today by passing this legislation and codify them as formal programs within NOAA.

Madam Speaker, I reserve the balance of my time.

Mr. CHAFFETZ. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, H.R. 3644, the Ocean, Coastal and Watershed Act establishes and authorizes funding for two programs, one of which has been a total creature of appropriations earmarks.

There are two simple and compelling arguments for why I am opposed to this legislation: first, it spends too much money that our government just doesn't have, and it singles out two of the more than one dozen NOAA education programs for special treatment when the entire effort is subject to a top-to-bottom review.

The Capps substitute amendment provides authorized spending levels that provide a 10 percent increase each year for 5 years. The Federal Government and American taxpayers simply cannot afford to increase spending by 10 percent year after year. What American gets a 10 percent pay raise every year? What small business is guaranteed 10 percent more in sales or 10 percent growth? None. And this government program should not be promised such lavish increases.

Now, we are told that they have compromised on these spending levels, that the new amounts are lower than in the bill that was first introduced last year. And it can be acknowledged that they have floated this bloated spending balloon a little lower, but it is still sailing high up in the clouds of out-of-control spending. It needs to come all the way

down out of the sky and face the harsh realities of the ground down here. Our Nation is running record Federal budget deficits and the national debt is at historic levels, some \$12-plus trillion.

We are paying over \$600 million a day just in interest on our debt. We need to put a stop to bills like this that just make the problem worse.

It is especially troubling that the Democratic-controlled Rules Committee didn't allow the ranking member of the Natural Resources Committee, Mr. HASTINGS of Washington, to offer an amendment that would have frozen spending at the amount being spent this year. Apparently, giving a government program the same amount next year as they got this year is a concept the Democrats believe is so radical and dangerous that they don't even want Members of the House to vote on it, which isn't surprising these days. And this despite what the President has said, that he wants a spending freeze.

Now, it's not just Republicans that are objecting to these high levels of spending on these two programs. In President Obama's own budget proposal that he sent up to Congress in February, he proposed giving zero funding to one of these two programs included in this bill and giving less than half as much to the other one. President Obama has proven time and time again he doesn't have a problem with massive spending increases; and, yet, even he believes Congress is spending too much on these programs.

The second fundamental objection that I expressed with this bill is it is trying to write into law special funding and treatment for just two out of many of NOAA's education programs, when the entire effort is subject to top-to-bottom review.

NOAA itself is looking into how to best conduct its education program. The agency contracted with the National Academy of Sciences to review and critique NOAA's entire education effort. That study was just completed 2 weeks ago after more than 2 years of work. Just 2 weeks ago, this report came out. The American taxpayer spent over \$1 million producing this report, and despite this nearly 200-page document just being delivered into our hands, this House is apparently ready to ignore the work and recommendations by the National Academy of Sciences by moving this bill and voting on it today.

If Congress is going to ignore the National Academy of Sciences report and was going to tell NOAA which education programs it was going to pick and choose to authorize, we could have saved the National Academy a lot of time, and we could have saved the taxpayers over \$1 million.

This bill needs to be sent back to the drawing board so that spending levels can be cut back and so the National

Academy of Sciences report can be taken into consideration. Until the changes are made, I urge my colleagues to oppose this bill and the substitute amendment.

I would also like to note, Madam Speaker, that to suggest that the administration fully supports this bill, I think, is a mischaracterization of the facts. In fact, testimony was given that "we also note that NOAA supports education and outreach programs in the Office of Education and throughout NOAA's line offices. The authorization levels of H.R. 3644 could divert funding from these other programs." That should be noted as Members consider this bill.

Madam Speaker, I reserve the balance of my time.

Mrs. CAPPs. I'm pleased to yield such time as he may consume to the gentleman from Virginia (Mr. CONNOLLY).

Mr. CONNOLLY of Virginia. Madam Speaker, I thank my good friend from California, and I rise in full support of H.R. 3644, the Ocean, Coastal and Watershed Training Act. I was proud to be an original cosponsor of this bill which creates the Bay Watershed Education and Training program.

Dozens of my constituents have written in support of the Bay Watershed Education and Training program which will strengthen local environmental education in Northern Virginia and in other parts of the Chesapeake Bay watershed.

When John Smith arrived in 1607, the bay estuary, the largest in the country, had an unbelievable profusion of fish, oysters and mussels. Smith's men fished from their boats just by dipping a frying pan in the water, and Smith wrote that the oysters "lay thick as stones" on the bay floor. Not true today.

A central part of restoring America's largest estuary is teaching the next generation about how to be good bay stewards. Northern Virginia educators do an outstanding job teaching students about the environment, including issues ranging from global warming to acid rain, to the health of the bay itself.

Every year, thousands of students will visit Occoquan Bay Wildlife Refuge, Mason Neck State Park and Pohick Bay Regional Park to learn about the Potomac River tidal ecosystems.

Unfortunately, constraints on local resources have prevented most northern Virginia students from participating lately in these programs. The National Oceanic and Atmospheric Administration will work with local school systems and nonprofits in the Bay Watershed Education and Training program and will provide competitive grants to help more students participate.

In our area, the National Capital Region, this means more students will be

able to participate in bird-banding programs, surveys of benthic macroinvertebrates and exploration of coastal wetlands.

I want to thank Congresswoman CAPPs for her leadership in introducing this legislation, and I urge my colleagues to vote in support of this bill.

Mr. CHAFFETZ. Madam Speaker, I would like to yield 5 minutes to the gentleman from California (Mr. LUNGREN).

Mr. DANIEL E. LUNGREN of California. Madam Speaker, I thank the gentleman for yielding.

Madam Speaker, once again, we have a bill which has a wonderful name with a wonderful purpose; but it appears that we are forgetting the fact that we're broke. As I understand this bill, this will be a 10 percent increase per year for 5 years for this education program.

I don't know any school district in my district that is going to be able to increase their funding by 10 percent per year for the next 5 years. My State of California, we are broke. I don't know where we're going to get funding. At some point in time, the American people are going to ask us, do you ever connect your responsibilities with fiscal responsibility? And because this is a good idea that we want people to be educated on environmental matters, particularly dealing with the ocean, with the coastline and with watershed, do we just throw out the idea, throw off the table the idea that maybe we ought to be fiscally responsible, or do we ignore it? Similarly, we are probably going to deal with a bill this weekend that throws out the idea that we need to do something to fix some of the problems in our health care system, but apparently we just say, forget the costs.

We also appear to be saying, forget the rules. And we are also apparently saying with respect to that, forget the Constitution. Oh, by the way, the bill that I understand we are going to be presented with later this weekend is entitled this: An act to amend the Internal Revenue Code of 1986 to modify the first-time home buyers credit in the case of Members of the Armed Forces and certain other Federal employees, and for other purposes.

□ 1115

Now, that doesn't sound like the health care bill, does it? And there is a reason for it. Once again, we have forgotten about transparency and, I would say, responsibility, because the Constitution of the United States says that all revenue-raising measures must start with the House of Representatives.

Now, why would the Founding Fathers say that? It is because they realized the tremendous power of reaching into the pocket of an individual citizen and taking their money by way of

taxes for, presumably, good programs. But because that power is so immense, the Founding Fathers believed that that power should reside initially in the House of Representatives because we are to be more responsive to our constituency, by way of going before them once every 2 years for election or reelection, as opposed to the Senate, which only does one-third of their membership and Members have 6 years before they have to go back to their constituency.

So what does that have to do with the bill that I just mentioned? Well, there was this bill dealing with the first-time homebuyers credit, in the case of the Armed Forces, that started in the Ways and Means Committee, passed out of the House, went over to the Senate. And what they did was they took the title of the bill, and—at least I can find nothing left of the bill that came from here over there—they gutted the bill and replaced it with this 2,000-plus-page health care bill.

Technically, they are complying with the Constitution, but they are violating the spirit of the Constitution, which said that revenue-raising bills—and this is a super-revenue-raising bill—should start here.

Now, to compound that, we used to talk about something in the criminal law called compounding a felony. I will call it compounding a political felony. We now are told that that bill that didn't originate in the House as the constitutional Founders thought it should will now come to the House. But we won't really vote on it. We will vote on some other animal called a rule and thereby deem it to be passed.

So think what we are doing to the spirit of the Constitution. We are not starting this humongous bill in the House of Representatives. We have allowed it to be captured in a shell bill that went over to the Senate, and then, the additional indignity to our constituents is they will not have the opportunity for those of us duly elected to vote on the precise question that the Senate voted on.

Now, I heard a lot of talk about transparency. I heard a lot of talk about regaining the trust of the American people and regaining the confidence of the American people in their institutions, a lot of talk about us reestablishing the confidence of the American people in their institutions of government.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. CHAFFETZ. I yield the gentleman from California 2 additional minutes.

Mr. DANIEL E. LUNGREN of California. I would have to ask, if you were to make this a question for a fifth grade government class or a fifth grade U.S. history class as to whether or not that is the way in which you restore the confidence of the American people

in their institutions of government. I suspect I know what the answer would be.

But of course we are not fifth graders. We are presumably adults around here. We have sworn an oath to uphold the Constitution. And while we might technically get around that requirement by following the letter of the Constitution, wouldn't it be better if we followed the spirit of the Constitution?

And so once again, Madam Speaker, we are presented in this case with a bill that sounds very good for a worthy cause but gives no consideration whatsoever to the ultimate cost to the American taxpayer because, in many cases, they are 2,000 and 3,000 miles away; they are not here. So out of sight, out of mind.

Oh, yes. And let's forget August. It didn't exist. And the people who were here have been described by some on this floor as un-American and not representative of the American people. I would suggest they are representative of the American people, and I would say that we, at some point in time, have to get away from our business as usual and get back to the people's business.

This would be a good place to start. I hope we will have a strong finish on that this weekend when we come to our senses and recognize that the bill to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, otherwise known as the takeover of medical care in this country, that we should come to our senses and say enough is enough.

Mrs. CAPPs. Madam Speaker, I am pleased to yield 2 minutes to the gentleman from Washington (Mr. INSLEE).

Mr. INSLEE. This is a great bill because it will help American kids to understand what is going on in the oceans, which is they are becoming too acidic to support life as we know it. They are 30 percent more acidic because of carbon pollution. We have got to do something about that. It is nice to let our kids know what is going on.

But I want to respond to this criticism of the health care reform bill, because this Sunday people are going to stand up on this floor and be counted, and they are either going to be with the insurance industry in their ability to stop Americans from getting health insurance because they have diabetes or they will be with us who are going to stop insurance companies from denying coverage to Americans with diabetes and Parkinson's and heart problems.

Now, this criticism of the procedure that is going to be used reminds me of an old show I saw, "To Tell the Truth." And they showed a guy one time, he was a park ranger in Yosemite National Park. He got hit by lightning

not once, not twice, but five times, and they asked him what advice he would give to people in a lightning storm. He thought about it for a minute and he said, My advice would be don't stand next to me.

Well, during this debate, don't stand next to the Republicans who are giving you this balderdash poppycock that there is something wrong with this procedure we are going to use, and I will tell you why.

The procedure we are going to use, we are going to vote. Everybody's votes are going to be right up there. It comports with the U.S. Constitution. I will tell you how I know. It is the same procedure the Republicans have used scores of times for the last two decades. Of the times this procedure has been used in the last two decades, 72 percent of the time it was initiated by the Republican Party.

Now, if you tell me there is something wrong with that, there might be a little hypocrisy involved. And when there is hypocrisy involved, maybe you could get struck by lightning.

So let me suggest that during this debate, for the Republicans who are going to say there is something wrong with the constitutional process we have of voting, don't stand next to a Republican. They might get struck by lightning.

Mr. CHAFFETZ. Madam Speaker, I am a freshman here. I didn't create this mess, but I am here to help clean it up. And to suggest this is the direction we should go, I thought the campaign they said was about change. I thought we were going to try to raise the bar in this institution, but evidently not.

At this time, I yield 5 minutes to the gentleman from Louisiana (Mr. SCALISE).

Mr. SCALISE. Madam Speaker, I thank the gentleman from Utah for yielding.

And it is very interesting that those of us who came here to clean up this process are watching as the liberals that are running this Congress try to ram through a 2,407-page government takeover of health care without even allowing a vote here on the House floor. And maybe they really think that the American people will be fooled, but the American people will not be fooled.

And isn't it interesting that we are here right now debating this bill, H.R. 3644. It is a 15-page bill. We have a debate here on the House floor, and in a little while we are going to have a vote here on the House floor on this 15-page bill; yet Speaker PELOSI and her liberal attendants want to hide a vote on this 2,407-page bill.

They are running around this building; they are running all around town saying how great this bill is. They are talking about all the wonderful things in this bill. Well, if it is so wonderful,

why are they actually trying to hide a vote on the bill?

What they are trying to hide, maybe, is all the sweetheart deals that are in this bill and the other subsequent language that they just filed a little while ago that people are still combing through and finding more sweetheart deals.

Maybe another thing they are trying to hide in this bill are all the budget gimmicks, the fact that there is 10 years of taxes in this bill with only 6 years of spending, and yet they want to say that it is going to reduce the deficits.

Anybody who thinks that this bill, this \$1 trillion fiasco is going to reduce the deficit, obviously they didn't follow the Cash for Clunkers program that was supposed to last 6 months and ran out of money after about 2 weeks.

So here we are debating this 15-page bill and we are going to have a vote on this 15-page bill, and American people across the country are wondering right now what they are hiding in this 2,407-page bill that they are trying to avoid a vote on.

Again, maybe it is the \$500 billion in new taxes in this bill that they are trying to hide, most of which would fall of the backs of middle class families and the job creators in this country.

I will tell you one bill that the American people would like us to be debating; not this 2,407-page bill, not this 15-page bill. The American people would like us to be debating a bill to create jobs in this country to actually get our economy back on track. And those of us on the Republican side have put many ideas on the table that would actually create jobs in this country, and they have all been pushed to the side because they want to try to sneak this bill through without a vote on the House floor.

So what other things are in here that they are trying to hide? What about the \$500 billion in cuts to Medicare, including the virtual elimination of the Medicare Advantage program?

And I guess that leads us to something else they are trying to hide is all the broken promises that are in this bill, because the President said on multiple occasions, If you like what you have, you can keep it. The problem is, as the American people are finding out, there are multiple places in this bill that they take away the health care you like, including Medicare Advantage, which hundreds of thousands of seniors in Louisiana and all across the Nation like that plan, and yet it is taken away from them. And many small businesses will tell you the good health care that they provide to their employees, that their employees like, will be taken away.

And, even more importantly, doctors—and ask your family doctor. Many doctors across this country have said they are shutting down their prac-

tice if this 2,407-page monstrosity becomes law because they are not going to let a government bureaucrat interfere between the relationship of a doctor and patient.

So what else are they trying to hide? Let's talk about the broken promises again. You know, the President said multiple times all of this is going to be on C-SPAN. Now, if you are watching C-SPAN today, you are watching the debate on this 15-page bill. It is a good debate we are having on the 15-page bill, but you are not allowed a debate on the 2,407-page bill because it is not on C-SPAN.

In fact, right now while we are here on this House floor, Speaker PELOSI and her liberal attendants have been dispatched all throughout town to continue cutting sweetheart deals. Yes, they are actually still meeting right now cutting sweetheart deals. And what about that C-SPAN promise? Not one of those meetings is on C-SPAN, and yet it is going on right now and we don't see any of that.

And so the American people are watching this, and the American people are sick of this process; yet all I hear on the other side is, Oh, George Bush and those Republicans.

They are running everything now. President Obama is in the White House. They have got a 59-vote majority in the Senate. They have got over 250 votes here on this House floor and they only need 216, and yet they still think that they can get away with saying, Oh, it is those Republicans that are doing all of this. And yet they are trying to sneak through this 2,407-page bill while saying, Okay, it is okay to have a vote on 15 pages and it is okay to have a debate on 15 pages, but they want to hide a debate and hide a vote on 2,407 pages.

The American people are not going to stand for this process, and they are watching.

Mrs. CAPPS. Madam Speaker, may I inquire how much time remains?

The SPEAKER pro tempore. The gentlewoman from California has 22 minutes remaining and the gentleman from Utah has 13½ minutes remaining.

Mrs. CAPPS. Madam Speaker, I am pleased to yield such time as he may consume to the gentleman from Maryland (Mr. SARBANES).

Mr. SARBANES. I want to thank my colleague for yielding and for introducing the Ocean, Coastal, and Watershed Education Act, H.R. 3644, and for working to maintain the Bay-Watershed Education and Training programs, watershed approach for environmental education.

In my own State of Maryland, the Chesapeake Bay B-WET was the first B-WET that was established for the country, and it serves as a national model of watershed-based environmental education.

Earlier this fall, I was pleased to join with Congressmen KRATOVIL and WITTMAN to introduce and then see passage

in the full House of Representatives legislation that reauthorizes the Chesapeake Bay B-WET program.

The bill before us will codify other existing B-WET programs around the country and provide NOAA the authority to create new B-WETs in various watersheds throughout the country and the territories. So I want to again thank Congresswoman CAPPs for her leadership.

□ 1130

One of the things that this does, this education and training for the next generation, is that it encourages our kids to become comfortable with science; to look at the world through an empirical lens; to make decisions based on data and facts, not just opinion. And that's a skill that we really need to encourage in the next generation.

It occurs to me as we talk about this health care bill, I wish more people would be bringing a lens of empiricism and fact-based review to the health care bill, because if you look at the health care bill through that lens, if you look at the facts of this health care bill, then it is clear why it responds to all of the grievances that so many Americans have had with the current health care system for decades.

Fact: Not only does it pay for itself, it reduces the deficit. So this suggestion that somehow it's not being paid for is misplaced. Not only does it pay for itself, but over the next 10 years, the independent Congressional Budget Office, the CBO, has projected that there will be savings and a reduction to the deficit of about \$132 billion. And then in the next 10 years they've projected that it will reduce the deficit by \$1.2 trillion. So all those people out there that want to reduce the deficit, this is your bill. The health care bill is a major vehicle for accomplishing that. That's fact number one.

Fact number two: It's going to make Medicare stronger—not weaker—because it's going to crack down on fraud and abuse. It's going to take those savings and—this is another piece of misinformation that's going on, that somehow the savings we're taking from Medicare are going to go off into the ether. We're taking the savings from Medicare, and we're actually putting them right back into the Medicare program by closing the doughnut hole, by making available to our seniors primary care opportunities and preventive care measures that currently they have to pay out of pocket for. But now, because it makes a lot of sense, those things will be covered. So we're taking the savings, we're putting it right back into the Medicare program.

Fact number three: Thirty-two million people who today do not have health insurance coverage, when this bill is passed, will be on their way to getting that coverage. Ninety-five per-

cent of Americans will be covered ultimately when the provisions of this bill take full force. In fact, the last fact I'd just like to point out, which is this, is finally, after decades in which the health insurance industry has pretty much run the show—it's been a health insurance industry takeover of the health care system in America. That's who's taking over the health care system, the private health insurance industry. This bill finally fights back against the health insurance industry and says no longer will you discriminate against people based on pre-existing conditions, no longer will you terminate their coverage right at the moment when they need it most.

Finally, instead of us living in your world, by your rules, you're going to start living in our world by our rules. That's what this health care bill accomplishes. And that's why we're ready to support it.

Again, I want to thank my colleague for her work on the B-WET, and I strongly support that bill as well.

Mr. CHAFFETZ. I guess that's the fundamental challenge. I don't want to live in his world. And I don't want the people of the United States to have to live in his world. That's the fundamental difference in the approach that's dealing with this health care bill. We have an opportunity in this country to do the right thing. I think the more the people of the United States of America have gotten to know this health care bill, the less they like it. The more sunshine that's shown on this, the less they like it. Only in the United States of America can you spend a trillion dollars and it's not going to add to the deficit when we're already \$12 trillion into debt. This bill that we're considering here today will add to that debt. Even the President didn't even ask money for this program.

We can't even take care of our seniors in this country or our veterans. We have a Veterans Administration, and I have soldiers in the State of Utah that are trying get care and services, yet we got a notice recently from the Veterans Administration saying, Don't even bother applying because we have such a backlog of people. The American people understand this. They understand how deep our deficit and our debt is. They understand how irresponsible the health care bill is and what a detriment it's going to be to this Nation and this country. And I would challenge Members to try to articulate what this bill is even going to do. There's some 158 programs, and administrations, and departments, and boards. Somebody stand up and try to articulate what's going to happen—not what it's going to do, but how is it going to work? Because I don't think there's anybody in this body that can actually answer, How is it going to work?

Now going back specifically to this bill that we're considering here today. Again, I want to reiterate the point, Madam Speaker, that we spent a million dollars coming up with a study from the National Academy of Sciences and just totally ignored it. Two hundred pages, 2 years of work, and yet because we've got to fill some time here so we can get to health care—they don't even want Members to go home for the weekend—we're going to throw up this bill prematurely. Why are we ignoring this report?

I want to highlight a couple of things that are said in here. This is from that National Academy of Sciences report recommendation 1:2: "In order to adequately address the mismatch between its available resources and its ambitious education agenda, NOAA should better align and deploy its resources. This may require the termination of certain activities and programs that, based on appropriate evaluation, do not directly and effectively contribute to its education and stewardship goals."

"NOAA's role in education is shaped by the distributed nature of its education efforts across five line offices and the Office of Education. Because of their diverse missions, the line offices . . . and the Office of Education can act independently and sometimes even in competition with each other."

Further, "The differences in management structures, missions, and education mandates are obstacles to creating a cohesive and coordinated education portfolio."

At a time when we are paying over \$600 million a day just in interest, we have a debt that exceeds \$12 trillion, close to a \$1 trillion new health care proposal that's moving forward, some how, some way, the Democrats want to offer a bill that gives an automatic increase year after year. Ten percent. Just keep adding 10 percent to it over the next 5 years. I think that is fundamentally wrong.

Now the ranking member of Natural Resources, DOC HASTINGS, offered an amendment that said, Let's just keep the funding level flat. That is a simple, reasonable proposal. But somehow the Rules Committee couldn't find it in their heart to allow Members to vote on it.

Please, don't come here and lecture to somebody and say, Oh, we're about openness and transparency. We're about change in America. I don't buy it. You're not living up to it. You have the opportunity to do the right thing—and you consistently don't. You consistently offend the American people and offend me. I'm a freshman here. I didn't create this mess. I don't want to hear about how the Republicans messed up, because you know what? They had the House and the Senate and the Presidency and they did blow it. I'll be the first one to stand here and point criticism to them. But if we're

going to rise to the level that this body demands, then we need to raise the bar and start acting like adults. Vote on what we're supposed to vote for. Be open and transparent. Allow a rule that will come to this floor and make America proud. Let people without the disguise and the nuances. That is within your power, and yet it's not being done. And it's not being done consistently. There are a lot of people here that are fed up with it. I'm one of them. It's disgusting what you're doing. It is disgusting. And I think you know it.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. All Members are reminded to address their remarks to the Chair.

Mr. CHAFFETZ. I'll reserve the balance of my time.

Mrs. CAPPS. At this point I'm pleased to yield 3 minutes to the gentleman from New Jersey (Mr. HOLT).

Mr. HOLT. Madam Speaker, I rise today as cosponsor of H.R. 3644, the Bay-Watershed Education and Training Regional Programs and National Environmental Literacy Grant Program, and with great appreciation for my colleague from California, who combines her interest—our interest—in environmental protection with our interest in the education of youth. And I would like to talk about the bill at hand. She combines here book learning with field environmental education. Environmentalist David Polis once said, "Must we always teach our children with books? Let them look at the mountains and the stars up above. Let them look at the beauty of the waters and the trees and flowers on earth. They will then begin to think, and to think is the beginning of a real education."

If we want to teach our children to be responsible stewards of our environment, we must foster understanding and awareness of the environment as an integral part of our educational curricula. The B-WET and National Environmental Literacy Grant Program operated by the National Oceanic and Atmospheric Administration is an excellent example of a successful environmental program.

Now the opponents of this legislation seem to think that because the National Research Council says there are other good educational programs in NOAA in addition to this, that we somehow should not do this. Through these grant programs, elementary students and high school students across the Nation have learned to appreciate the importance of healthy coastal and ocean resources to the quality of our life and to coastal-based economies.

The legislation before us today would fully authorize and expand access to the B-WET and the Environmental Literacy Program. I'd like to thank my colleague from California for including a provision in this legislation that would allow the Mid-Atlantic region to

be a priority area for future B-WET programs. This will allow successful New Jersey educational programs like Rutgers University and the Jacques Cousteau National Estuarine Research Reserve to compete for funds that can enrich environmental education throughout the State and the region. New Jersey is already taking the lead on coastal and marine resources through the K-12 education program developed by the National Estuarine Research Reserve System. It's known as KEEP, the K-12 Estuarine Education Program. The availability of B-WET funds to the Mid-Atlantic region could help to advance KEEP, a field-based estuarine science education initiative that features real-time data and innovative technology. Research has shown that environmental education, particularly field-based education like this, fosters students' readiness to learn. It improves scores on standardized tests. Yes, it helps book learning, too. And it stimulates student interest in math and science.

I urge my colleagues to support this authorization, and I thank the gentlelady from California for her leadership on this.

Mr. CHAFFETZ. Madam Speaker, we have no additional speakers, but I will continue to reserve the balance of my time, unless you're prepared to close.

Mrs. CAPPS. I'd like now to yield 4 minutes to the gentleman from Pennsylvania (Mr. FATTAH).

Mr. FATTAH. Let me thank the gentlelady from California. I want to congratulate my colleague for her extraordinary leadership on this issue of such importance. We know of the real environmental challenges facing the oceans throughout the world. Oceans represent the vast majority—more than two-thirds of the surface of our planet—and this effort to educate our future generations about our responsibilities to be good stewards is so very, very important.

Back home, we have the Lenfest Foundation, in which Gerry and Marguerite Lenfest have put forth tens of millions of dollars into these types of efforts. And here in Washington, my friend, Tom Lindenfeld, with the Blue Guardians. There's so many people, Americans, who have focused the Nation's attention on this challenge.

I want to rise as an appropriator that's on the subcommittee that handles the NOAA appropriations. First of all, these authorizations are important, but they will be held to the PAYGO rules. It's still vitally important that the Congress speak and indicate its preference. I'm a supporter of this bill. I want to thank my colleague for her introduction and hope that all of my colleagues will favorably support it.

□ 1145

Now, I want to say a little bit about the other subject matter that's been

raised on the floor, about the health care debate that we're going to have on Sunday. Now, all we have to do as Americans when we really hear these very different points of view is look at the scorecard. When the Republicans had the Presidency, the Congress and the Senate for 6 years, tens of millions of Americans were uninsured, and they did zero. On the question of children's health care, there was just zero and vetoes of the children's health care program. In terms of reining in the insurance companies and their unfair practices, they did zero.

Now, the Democrats in less than 16 months have made sure that the children's health care program could insure over 10 million children. On Sunday—and what an appropriate day for it—we're going to take 32 million of our fellow citizens and make sure that they have health care coverage. Aren't we our brother's keeper? We have a responsibility to be stewards of the Earth, but we also have a responsibility to love our neighbor. And in this Easter season, we know that on Fridays a lot of things can happen. We can hear a lot of things and witness a lot of things, but if we just hold on and wait until Sunday, good things happen on Sunday.

I believe that this Democratic majority, when we look at the scorecard, when we get held to account for how we were stewards—my colleague from California is showing good stewardship in terms of the oceans and educating future generations, and this Democratic majority is going to show that, indeed, we are our brother's keeper on Sunday. So notwithstanding the zero over their 6 years, we've taken less than 16 months to take the priorities of this country, right them again, and move us in the correct direction.

Now, we've heard this talk about deficits. The last time that we were paying down the deficits and balancing the budget, we had a Democrat in the White House. We're headed in that direction again. That's what PAYGO is about. That's what responsible leadership is about. And that's why the President's set up this fiscal commission. I have introduced a bill to get us to deal with the debts in our country. We hear a lot of nonsense from some of our Republican colleagues. We can stop talking about it and vote on it.

Mr. CHAFFETZ. Sunday, Bloody Sunday. Can't wait.

Madam Speaker, I reserve the balance of my time.

Mrs. CAPPS. Madam Speaker, could I again inquire of the time remaining.

The SPEAKER pro tempore. The gentlewoman from California has 10 minutes remaining, and the gentleman from Utah has 8 minutes remaining.

Mrs. CAPPS. Madam Speaker, I am pleased now to yield 2 minutes to the gentlewoman from Maine (Ms. PINGREE).

Ms. PINGREE of Maine. I thank my colleague, the gentlewoman from California, for yielding her time to me and thank you for this great bill. We are veering from the conversation a little bit. But first I want to talk about the Capps bill and just say how important it is to a State like mine, with a tremendous amount of ocean coastline, with an enormous number of young people who grow up on the waterfront, who are fishermen, who work in waterfront communities. This is a great program. I wholeheartedly endorse this particular piece of legislation. I know it's going to be great for our coastal communities, and I commend you for doing it. So thank you very much for what you're doing on the floor today.

I just wanted to take a little bit of time to answer my freshman colleague from Utah, who is also my office neighbor, and just talk about how seriously we disagree on this topic of health care. I, for one, am thrilled that we are here this weekend to finally take up an issue that is of such great importance to my constituents. I mean, frankly, when I go back to my district, I find that the more people hear about this health care bill, the happier they are. They are thrilled to know that as a small business they're going to start receiving subsidies to help support the cost of health insurance. My seniors are saying, Thank goodness we no longer will have to pay for preventive care under Medicare. Thank goodness we're going to get rid of the doughnut hole that was created by the other side, predominantly when they passed the Medicare prescription D plan.

We hear a lot about process, but I just want to talk a little bit about the process of insurance companies because that's what makes my constituents mad. When they hear about the fact that people are constantly denied coverage because of a preexisting condition—in many States, being a woman, a woman of child-bearing age is a preexisting condition. That will be gone with this bill. Immediately we'll say children are not a preexisting condition. None of them can be denied coverage. And by 2014, no one can be denied under this piece of legislation. We're going to get rid of lifetime caps, people who have a long-term illness who find that their insurance runs out in spite of the fact that they've been paying these high premiums.

Mr. CHAFFETZ. Madam Speaker, I will continue to reserve the balance of my time as we have no further requests for time.

Mrs. CAPPS. Madam Speaker, at this time I am pleased to yield 2 minutes to the gentleman from Massachusetts (Mr. MCGOVERN).

Mr. MCGOVERN. I want to thank my colleague from California, Congresswoman CAPPS, for yielding the time and for the excellent legislation which will help educate our children about

the importance of our environment, our oceans and our watersheds. She has been a leader on environmental legislation, and I am proud to serve with her.

But, Madam Speaker, I want to just take a moment to comment on some of the other debate that's been going on here. I regret very much the tone that my Republican colleagues have taken in this debate. Never, never in all my time being here have I heard such rhetoric, personal attacks, harsh attacks. I regret it because the issue of health insurance reform is an important issue, and we should talk about it with respect for one another and with respect for each other's approaches to health insurance reform.

This is important. This debate we're going to have on Sunday, this vote we're going to have on Sunday is important. My colleagues express outrage over the process. Where's the outrage over the fact that tens of millions of our fellow citizens do not have health care? Where's the outrage over the fact that some of the biggest insurance companies in the United States of America regularly discriminate against individuals who have preexisting conditions, preexisting conditions like acne, believe it or not? And in some States in this country, domestic violence is used as a preexisting condition to deny women health insurance. So a woman who gets beaten by her husband or her boyfriend has a preexisting condition. Give me break. Give me a break.

I have heard that we're not going to vote on health care. This is some kind of crazy process. A process, by the way, which has been invoked by them many times when they were in charge. But to the question that always gets raised, is the House approving the Senate bill without actually voting on it? No.

The SPEAKER pro tempore. The time of the gentleman from Massachusetts has expired.

Mrs. CAPPS. I yield the gentleman an additional 30 seconds.

Mr. MCGOVERN. The House is voting to approve the Senate bill when it votes on the rule. When Members take up the rule, they are considering whether to pass the Senate bill at the same time that they pass reconciliation, which will improve the Senate bill.

You want to be outraged, be outraged over the fact that we're the greatest country on this planet, the richest country on this planet, and tens of millions of our citizens do not have health care. We can do better, and we will do better on Sunday.

Mr. CHAFFETZ. Madam Speaker, I continue to reserve the balance of my time.

Mrs. CAPPS. Madam Speaker, I am pleased now to yield 1½ minutes to the gentleman from Minnesota (Mr. ELLISON).

Mr. ELLISON. Let me thank the gentlewoman for her excellent work in the

area of the environment, our oceans and our watersheds. But it seems like every conversation here is going to be about health care, so let's take that on.

The fact is, Madam Speaker, this bill that we'll vote on on Sunday cuts the deficit by \$138 billion in the first 10 years. That level of deficit reduction is something the Democrats are known for and Republicans, unfortunately, have not been known for. We know that when the Democrats left office in 2000, we had a surplus, and then we quickly—based on tax cuts for the wealthy and unpaid-for wars and other things—we ran into a massive deficit. Quite frankly, if I was a Republican, I would be embarrassed to talk about deficits. But it seems like they're not.

So the fact is, we have to talk about the facts and straighten out the situation so that the American people will know that the fact is that that bill, this health care bill, cuts the deficit by \$138 billion in the first 10 years, and cuts it by \$1 trillion in the second 10 years. The fact is this bill is good for America. It is fiscally sound. It is paid for. It makes sense. And for any Republican to stand up here and talk about deficits and lecture on deficits, they really do need to review their history because they are the party of deficits. Democrats are the party of deficit reduction. Americans all over this country, some of whom have said that they're scared about the change that is about to come, their fear should be overcome by the good things that are in this bill.

Mr. CHAFFETZ. Mr. Speaker, I do think we should go back and review history. The reality of this bill is the fact that it spends nearly \$1 trillion, and the reason you can try to say that it's deficit-neutral or reduces the deficit is because it raises taxes. Only in America do you try to get away with saying, Hey, we're going to spend nearly \$1 trillion, and by the way, it's not going to hurt the deficit. And let's also go back and review history and understand that during that time you like to tout when President Clinton was in office, the reality is that the debt continued to increase. There was a reduction in the annual deficit, and a Republican Congress was in charge. It is the Congress of the United States of America that originates spending. So let's also make sure that we're fair on that point as well.

I yield back the balance of my time.

Mrs. CAPPS. Mr. Speaker, in closing the debate on this topic, I want to spend a couple of minutes responding to some claims from the other side. First with respect to the authorization levels, Congress is already investing in both of these programs under discussion today through the appropriations process. The authorized funding levels contained in my bipartisan compromise amendment were based upon

existing appropriations and allow for the continuation and measured growth of both programs, which are in high demand by educators nationwide. They were negotiated with my colleague Mr. CASSIDY, and I do appreciate his efforts.

My bill would authorize the programs that Congress is already spending money on and makes sure that certain standards and criteria for implementation are met by the agency when they do spend these funds. To me, this represents a responsible effort on the part of our committee and our Congress to exercise our oversight function.

Second, with respect to the argument that we should not consider this legislation because we need time to study the recommendations from the NAS evaluation of NOAA's education program, it is true that the National Academy of Science report on NOAA's education program was released last week. Nothing in the report, however, was specifically critical of either the B-WET or ELG programs. And because of this, this report should have no bearing on my legislation to codify both programs.

Indeed, the NAS' National Research Council panel found that over the relatively short lives of both programs, they have made positive contributions to fulfill NOAA's educational mission and that they reflect well the agency's diverse capabilities in science, resource stewardship, and education.

In short, these are both very good programs with broad support from more than 60 science education, outdoor recreation, and conservation organizations. By authorizing them, we ensure money already being spent is spent well and responsibly. I urge all Members to support the bill.

I yield back the balance of my time.

The SPEAKER pro tempore (Mr. McGOVERN). All time for debate on the bill, as amended, has expired.

AMENDMENT IN THE NATURE OF A SUBSTITUTE OFFERED BY MRS. CAPPS

Mrs. CAPPS. Mr. Speaker, I have an amendment at the desk made in order under the rule.

The SPEAKER pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment in the nature of a substitute printed in part A of House Report 111-445 offered by Mrs. CAPPS:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Ocean, Coastal, and Watershed Education Act".

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—The Congress finds the following:

(1) The United States faces major challenges, such as mitigating and adapting to the impacts of climate change, stewarding critical coastal and marine resources including fish and wildlife habitat while sustaining the commercial and recreational activities that depend on these re-

sources, and improving resilience to natural disasters, that collectively threaten human health, sustainable economic development, environmental quality, and national security.

(2) Communities in coastal watersheds are particularly vulnerable to these increasingly urgent, interconnected, and complex challenges and need support for teacher professional development and experiential learning among students of all ages.

(3) These challenges can be met with the help of comprehensive programs specifically targeted to engage coastal watershed communities, schoolchildren, and the general public to develop engaged and environmentally literate citizens who are better able to understand complex environmental issues, assess risk, evaluate proposed plans, and understand how individual decisions affect the environment at local, regional, national, and global scales.

(4) The intrinsic social and conservation values of wildlife-dependent and other outdoor recreation can play an important role in outdoor educational programs that address the myriad of coastal and ocean concerns, as well as instill a sustainable conservation ethic that will enable them to face those challenges to the betterment of both the environment and coastal communities.

(5) The economic importance of coastal areas and resources to the overall economy of the United States is significant. According to the U.S. Commission on Ocean Policy, coastal and ocean-related activities support millions of American jobs and generate more than \$1 trillion, or one tenth of the Nation's annual gross domestic product. Sustainable use of the Nation's natural resources can provide additional economic opportunities to the United States economy.

(b) PURPOSE.—The purpose of this Act is to advance environmental literacy, develop public awareness and appreciation of the economic, social, recreational, and environmental benefits of coastal watersheds, and emphasize stewardship and sustainable economic development of critical coastal and marine resources, including an understanding of how climate change is impacting those resources, through the establishment of—

(1) an Environmental Literacy Grant Program; and

(2) regional programs under the B-WET Program.

SEC. 3. DEFINITIONS.

In this Act:

(1) ADMINISTRATOR.—The term "Administrator" means the Administrator of the National Oceanic and Atmospheric Administration.

(2) BAY-WATERSHED EDUCATION.—The term "bay-watershed education" means environmental education focused on watersheds, with an emphasis on stewardship and sustainable economic development of critical coastal and marine resources, including an understanding of how climate change is impacting those resources.

(3) B-WET PROGRAM.—The term "B-WET Program" means the Bay-Watershed Education and Training Program of the National Oceanic and Atmospheric Administration, as in effect immediately before the enactment of this Act and modified under this Act or any subsequently enacted Act.

(4) ELIGIBLE ENTITY.—The term "eligible entity" means a State agency, local agency, school district, institution of higher education, or for-profit or non-profit nongovernmental organization, consortium, or other entity that the Administrator finds has demonstrated expertise and experience in the development of the institutional, intellectual, or policy resources to help environmental education become more effective and widely practiced.

(5) ENVIRONMENTAL EDUCATION.—The term "environmental education" means interdisciplinary formal and informal learning about the relevant interrelationships between dynamic environmental and human systems, including economic systems that depend on coastal, watershed and marine resources for job creation and economic growth, that results in increasing the learner's capacity for decisionmaking, stewardship, and sustainable economic development of natural and community resources.

(6) ENVIRONMENTAL LITERACY.—The term "environmental literacy" means the capacity to perceive and interpret the relative health of environmental systems and the interrelationships between natural, economic, and social systems and technology, and to assess options and take appropriate action to maintain, restore, or improve the health of those systems and promote sustainable economic development.

(7) HIGH-LEVERAGE PROJECTS.—The term "high-leverage projects" means projects supported by grants authorized under this Act that use Federal, State and nongovernmental financial, technical, and other resources in such a manner that the potential beneficial outcomes are highly magnified or enhanced.

(8) STATE.—The term "State" means each of the several States of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of the Northern Mariana Islands, any other territory or possession of the United States, and any Indian tribe.

SEC. 4. ENVIRONMENTAL LITERACY GRANT PROGRAM.

(a) IN GENERAL.—The Administrator shall establish a national competitive grant program, to be known as the "Environmental Literacy Grant Program", under which the Administrator shall provide, subject to the availability of appropriations, financial assistance to—

(1) expand the adoption of coastal, ocean, Great Lakes, and climate on all time scales education;

(2) build administrative and technical capacity with coastal, ocean, and watershed communities and stakeholder groups to enhance their effectiveness;

(3) encourage water-dependent, wildlife-dependent, and other outdoor recreation, experiential learning, and hands-on involvement with coastal and watershed resources as a method of promoting stewardship and sustainable economic development of those resources;

(4) develop and implement new approaches to advance coastal, ocean, Great Lakes, and climate on all time scales education and environmental literacy at national, regional, and local levels; and

(5) encourage formal and informal environmental education about the systemic interrelationships between healthy coastal, watershed, and marine resources and sustainable economic systems that depend on such resources for job creation and economic development.

(b) PRIORITIES.—In awarding grants under this section, the Administrator shall give priority consideration to innovative, strategic, high-leverage projects that demonstrate strong potential for being sustained in the future by a grant recipient beyond the time period in which activities are carried out with the grant.

(c) GUIDELINES.—No later than 180 days after the date of enactment of this Act and after consultation with appropriate stakeholders, the Administrator shall publish in the Federal Register guidelines regarding the implementation of this grant program, including publication of criteria for eligible entities, identification of national priorities, establishment of performance measures to evaluate program effectiveness, information regarding sources of non-Federal matching funds or in-kind contributions, and reporting requirements for grant award recipients.

(d) **LIMITATION ON USE OF FUNDS BY ADMINISTRATOR.**—Of the amounts made available to implement this section—

(1) no less than 80 percent shall be used for competitive grants or cooperative agreements;

(2) no more than 10 percent may be used by the Administrator to implement the grant program; and

(3) no less than 10 percent of the annual funds appropriated for the program authorized under this section shall be used to fund contracts or cooperative agreements to conduct strategic planning, promote communications among grant recipients and within communities, coordinate grant activities to foster an integrated program, and oversee national evaluation efforts.

SEC. 5. B-WET PROGRAM.

(a) **EXISTING PROGRAM.**—The Administrator shall conduct the B-WET Program, including each of the regional programs conducted or under active consideration for creation under such program immediately before the enactment of this Act.

(b) **NEW REGIONAL PROGRAMS.**—

(1) **IN GENERAL.**—The Administrator may create new regional programs under the B-WET Program in accordance with a strategy issued under this subsection.

(2) **STRATEGY.**—

(A) **IN GENERAL.**—The Administrator shall issue a strategy for establishing such new regional programs

(B) **CONTENTS.**—The strategy shall include the following:

(i) Evaluation of the need for new regional program in areas that are not served under the B-WET Program on the date of enactment of this Act.

(ii) Identification of potential new regional programs, including a listing of potential principal non-Federal partners.

(iii) A comprehensive budget for future expansion of the B-WET Program over the period for which appropriations are authorized under this Act.

(iv) Such other information as the Administrator considers necessary.

(C) **CONSULTATION AND PUBLIC COMMENT.**—The Administrator shall consult with relevant stakeholders and provide opportunity for public comment in the development of the strategy.

(D) **SUBMISSION TO CONGRESS.**—The Administrator shall submit the strategy to the Committee on Natural Resources of the House of Representatives and the Committee on Commerce, Science, and Transportation of the Senate by not later than 270 days after the date of enactment of this Act.

(3) **PRIORITY CONSIDERATION.**—In creating new regional programs under this subsection, the Administrator shall give priority consideration to the needs of—

(A) United States territories, including Guam, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, and American Samoa;

(B) the Great Lakes States;

(C) Alaska; and

(D) the mid-Atlantic region.

(c) **MODIFICATION OF B-WET PROGRAM.**—

(1) **IN GENERAL.**—The Administrator may modify or realign regional programs under the B-WET Program, based on—

(A) changes in regional needs;

(B) mutual interest between the Administrator and relevant stakeholders within a region or regions;

(C) changes in resources available to the Administrator to implement the B-WET Program; and

(D) other circumstances as determined necessary by the Administrator.

(2) **CONSULTATION AND PUBLIC COMMENT.**—The Administrator shall—

(A) consult with the persons conducting a regional program and provide opportunity for public comment prior to making a final decision to modify or realign such regional program; and

(B) publish public notice of such a decision no less than 30-days before the effective date of such a modification or realignment.

(d) **REGIONAL PROGRAM MANAGERS.**—

(1) **APPOINTMENT OF REGIONAL PROGRAM MANAGER.**—The Administrator shall be responsible for the selection, appointment, and when necessary replacement of a regional program manager for each regional program under the B-WET Program.

(2) **QUALIFICATIONS.**—To qualify for appointment as a regional program manager, an individual must—

(A) reside in the region for which appointed; and

(B) demonstrate competence and expertise in bay-watershed education and training.

(3) **FUNCTIONS.**—Each regional program manager shall—

(A) be responsible for managing and administering the B-WET Program in the region for which appointed, in accordance with this Act;

(B) determine the most appropriate communities within the region to be served by the B-WET Program;

(C) encourage water-dependent, wildlife-dependent, and other outdoor recreation, experiential learning experiences for students, and hands-on involvement with coastal and watershed resources as a method of promoting stewardship and sustainable economic development of those resources and complementing core classroom curriculum;

(D) support communication and collaboration among educators, natural resource planners and managers, and governmental and nongovernmental stakeholders;

(E) share and distribute information regarding educational plans, strategies, learning activities, and curricula to all stakeholders within its region;

(F) provide financial and technical assistance pursuant to the guidelines developed by the Administrator under this section; and

(G) perform any additional duties as necessary to carry out the functions of the program.

(e) **PROGRAM GUIDELINES.**—No later than 180 days after the date of enactment of this Act and after consultation with appropriate stakeholders, the Administrator shall publish in the Federal Register guidelines regarding the implementation of the B-WET Program, as follows:

(1) **CONTRACTS.**—The Administrator shall create guidelines through which each regional program manager may enter into contracts (subject to the availability of appropriations) to support projects to design, demonstrate, evaluate, or disseminate practices, methods, or techniques related to Bay-watershed education and training.

(2) **GRANT MAKING AND COOPERATIVE AGREEMENTS.**—

(A) **IN GENERAL.**—The Administrator shall create guidelines through which each regional program manager may provide financial assistance in the form of a grant (subject to the availability of appropriations) or cooperative agreement to support projects that advance the purpose of this Act. The guidelines shall include criteria for eligible entities, identification of national priorities, establishment of performance measures to evaluate program effectiveness, and reporting requirements for grant award recipients.

(B) **PRIORITY.**—In making grants under this paragraph, each regional program manager shall give priority to those projects that will—

(i) promote bay-watershed education throughout the region concerned;

(ii) advance strategic initiatives to incorporate bay-watershed education into formal and informal education systems;

(iii) build capacity within bay-watershed education communities and stakeholder groups for expanding and strengthening their work;

(iv) build bay-watershed education into professional development or training activities for educators; and

(v) broadly replicate existing, proven bay-watershed education programs.

(f) **NON-FEDERAL SHARE.**—

(1) **IN GENERAL.**—In awarding grants under this section, the regional program managers shall give priority consideration to a project for which the Federal share does not exceed 75 percent of the aggregate cost of such project.

(2) **IN-KIND CONTRIBUTION.**—The non-Federal share of the costs of any project supported by an award of grant funding under this section may be cash or the fair market value of services, equipment, donations, or any other form of in-kind contribution.

(3) **OTHER PRIORITY.**—The regional program managers shall give priority consideration to a project that will be conducted by or benefit any under-served community, any community that has an inability to draw on other sources of funding because of the small population or low income of the community, or any other person for any other reason the Administrator considers appropriate and consistent with the purpose of this Act.

(g) **REGIONAL PROGRAM COORDINATION.**—Within the National Oceanic and Atmospheric Administration, the Office of Education shall work with regional program managers on the following regional B-WET Program functions:

(1) Strategic planning efforts.

(2) Integration and coordination of programs.

(3) Coordination of national evaluation efforts.

(4) Promotion of network wide communications.

(5) Selection of new Regional Program Managers.

(6) Management, tracking, and oversight of the B-WET Program.

(h) **LIMITATION ON USE OF FUNDS BY ADMINISTRATOR.**—Of the amounts made available to implement this section—

(1) no less than 80 percent shall be used for implementation of regional program activities, including the award of grants; and

(2) no more than 20 percent may be used by the Administrator to implement the regional programs and regional program coordination.

SEC. 6. BIENNIAL REPORT.

Not later than December 31, 2011, and biennially thereafter, the Administrator shall submit to Congress a report on the grant programs authorized under this Act. Each such report shall include a description of the eligible activities carried out with grants awarded under the Act during the previous two fiscal years, an assessment of the success and impact of such activities, and a description of the type of programs carried out with such grant, disaggregated by State.

SEC. 7. AUTHORIZATION OF APPROPRIATIONS.

There are authorized to be appropriated to the Administrator—

(1) to carry out the Environmental Literacy Grant Program authorized by section 4 (including administrative expenses for preparing the report under section 6)—

(A) for fiscal year 2011, \$13,200,000;

(B) for fiscal year 2012, \$14,500,000;

(C) for fiscal year 2013, \$16,000,000;

(D) for fiscal year 2014, \$17,600,000; and

(E) for fiscal year 2015, \$19,300,000; and

(2) to carry out the B-WET Program authorized by section 5 (including administrative expenses for preparing the report under section 6)—

(A) for fiscal year 2011, \$10,700,000;

(B) for fiscal year 2012, \$11,700,000;

(C) for fiscal year 2013, \$12,900,000;

(D) for fiscal year 2014, \$14,200,000; and

(E) for fiscal year 2015, \$15,600,000.

The SPEAKER pro tempore. Pursuant to House Resolution 1192, the gentlewoman from California (Mrs. CAPPS) and a Member opposed each will control 10 minutes.

The Chair recognizes the gentlewoman from California.

Mrs. CAPPS. Mr. Speaker, my amendment in the nature of a substitute reflects changes to the bill, as ordered reported by the Committee on Natural Resources, that, as I mentioned, were negotiated between myself and Congressman CASSIDY of Louisiana. I wish to thank Mr. CASSIDY and his staff for their cooperation and thoughtful suggestions to improve this bill, and I think that the final bipartisan compromise does just that.

In particular, the amendment makes several changes to reflect the significant economic importance of coastal areas and resources to the overall economy of the United States.

As a Representative of a coastal district, I could not agree more that the economic health and viability of our coastal communities is intrinsically connected to the health of the natural resources of the watersheds in which we live. You cannot have one without the other. In addition, my amendment will authorize a gradual increase in authorized appropriations for fiscal years 2011 through 2015. This modest annual increase of 10 percent will allow for the responsible expansion of both programs to incorporate new regions that are not currently served, particularly by the regional B-WET programs.

I applaud the gentleman from Louisiana for his leadership on this front. Both of our districts enjoy the benefits of the regional B-WET programs, and we would like to see those benefits extended to other watersheds around the country where, I can assure you, there is an overwhelming demand. Mr. Speaker, the changes reflected in this amendment serve to strengthen the overall purposes of this bill. I would like once more to thank Congressman CASSIDY and his staff for their work on these revisions, and I do encourage support of my colleague's amendment.

I reserve the balance of my time.

□ 1200

Mr. CHAFFETZ. Mr. Speaker, I rise to claim the time in opposition to the amendment.

The SPEAKER pro tempore. The gentleman from Utah is recognized for 10 minutes.

Mr. CHAFFETZ. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, there are several concerns with this. In fact, in the bill there are several good programs and things of quality that I would applaud, but there are some basic fundamental flaws that put me in a position, and

others in a position, where we are unable to support this amendment and the overall bill.

First of all, it addresses simply two programs within a list of 16 that are found within NOAA's education programs and supporting offices. Further, you see, and actually JARED POLIS, a colleague of ours, had a Dear Colleague letter talking about Environmental Protection Agency educational programs. I don't think it has been addressed how cohesive or incohesive it might be between the overlap and what might be happening or not happening. I don't think that has been properly ferreted out.

Now through some foresight in previous Congresses here, the National Academy of Sciences was tasked with a 2-year study to go out and look at what is going on over at NOAA and what their recommendations are. We have spent, as American taxpayers, over a million dollars to get this report, and yet it seems to be totally ignored. Why does this Congress continue to spend money on worthless reports if the Members are going to simply ignore them and say, Oh, well, these are my two pet projects; and, by the way, let's go ahead and give them 10 percent increases year after year after year?

Is there no recognition that this country is over \$12 trillion in debt?

We are paying over \$600 million a day in interest on the debt, and yet we continue to fund these programs at record levels, and giving them amazingly high increases without recognition of the fact that this body has got to make difficult decisions.

We can't be all things to all people. We are going to have to make some difficult decisions in this body. And to what is this body actually going to say "no"? Where do we actually turn around and say, No. You know what; we are this far in debt and, I'm sorry, we just can't increase the funding for another educational program?

Mr. Speaker, I reserve the balance of my time.

Mrs. CAPPS. Mr. Speaker, I am very pleased to yield 2 minutes to my colleague, the gentleman from California (Mr. FARR) who is the pioneer in the area of coastal education.

Mr. FARR. Mr. Speaker, I rise on B-WET. I want to talk about B-WET rather than all wet.

I rise in support of this legislation, and I think it is interesting that people are talking about health care because, if you don't have a healthy planet and healthy ocean, all of this discussion about how you care for human beings on the planet is for naught. So let's, for a moment, just focus on a healthy Earth that we may understand, and this bill does that by this program called B-WET.

I am a strong advocate for California's B-WET program, and I come to the floor today to share a few of the

stories that I have heard over the years from students and teachers who have benefited from the support.

I would like to tell you about a student who went through California State University of Monterey Bay's Recruitment in Science Education program, a program called RISE, which we all support, to try to get young people interested in the sciences. This young fellow started the RISE program when he was in the sixth grade. He was never very engaged in activities. He was very shy, and he got average grades. He probably would have quit if it hadn't been for his mom and the RISE staff pushing him to stay active. His experiences during a water testing program on the Salinas River while he was a sophomore in high school motivated him to get better grades and to get into college. RISE, the program that he went through grammar school and high school with, is happy to announce that he is now studying microbiology at the University of California, Davis. This program motivated him to go into higher education.

The other story I would like to share with you is about a teacher from Moss Landing Marine Laboratory. That teacher participated in the marine lab program for 3 years. Unfortunately, this year that teacher was given a pink slip and does not have a job, but he told me that his participation in the Moss Landing Marine Lab program was the only thing that kept him going.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mrs. CAPPS. I yield the gentleman an additional 30 seconds.

Mr. FARR. I thank the gentlewoman.

This interaction and relationship that he built with the teachers in the program have kept him motivated and excited about bringing meaningful watershed educational experiences to the classroom with something that he knew was making a big difference to his students.

These are stories about students and teachers that wouldn't exist without this program.

Mr. Speaker, we in Congress are constantly trying to think of new ways to get students engaged in science. I can attest that this program works and is money well spent. I urge its adoption.

Mr. CHAFFETZ. Mr. Speaker, I yield 4 minutes to the gentleman from Arizona (Mr. FLAKE).

Mr. FLAKE. Mr. Speaker, I thank the gentleman for yielding.

I would like to echo some of the comments that have already been made here. There seems to be no recognition at all that we have a \$12 trillion debt. We are paying \$600 million a day to service the debt that we have, and yet we are going to be adding, this bill authorizes \$23.9 million just in FY 2011. That is more than the President has recommended for all of the education programs at NOAA. He has recommended that we zero some out, but

we have doubled down and said let's increase, by a factor of 100 percent, everything we are doing over there in terms of education.

The gentleman from Utah pointed out that we commission these reports, and then they come back to us and we simply don't follow their recommendations. It has been pointed out that they weren't criticizing the programs that we are actually plussing up funding for; but mark my words, when the President's recommendations come to Congress to zero out some of these programs, we will ignore them and say we can't zero out those programs just because a report says they are not working.

I remember one that we dealt with a while ago. I think it was the DARE program. We commissioned a report, and it came back and said this program is not working at all. It is not delivering the benefits that you say should be delivered. What did we do? I think we doubled funding for it that year instead of saying, all right, recognizing maybe we are not spending money wisely, let's not spend it. Let's pay down the deficit a little or pay down the debt. Let's not increase the deficit. And yet we get these reports, we throw them on a shelf, and we never see them again. That is not the proper oversight we should be doing.

Congress, as we have been going through this earmark debate, we hear Congress say that we are jealously guarding our congressional prerogative. We have the power of the purse; we have the power to earmark. We do have the power of the purse. We have the power to appropriate; and what bothers me more than anything is we spend so much time on the 1 percent we earmark and ignore the other 99 percent that is spent by the Federal agencies. Instead of offering true oversight, and when we get reports saying programs don't work, then following those reports and say, We are not going to fund these programs any more, instead, we plus up year after year after year until our deficits are exploding and our debt is exploding. We cannot continue to do this. We cannot continue to go on this path.

I will be offering an amendment in a couple of minutes that will simply say that none of the programs that are authorized in this bill should be earmarked. That is a start, because often we will establish these competitive grant programs and, within a couple of years, they are all filled up with congressional earmarks and no one can even compete. I assume that amendment will be adopted. That is a good first start.

Still, we have to look at the overall impact of what we are doing here. We are spending \$23.9 million, and the total over 10 years is \$150 billion or so that we are authorizing in new spending, every dime of which we spend we

are borrowing. We have a deficit of over a trillion dollars. We have deficits as far as the eye can see. We are scheduled to triple the debt just in a few years, and yet we are authorizing new programs, more spending, to add to this deficit that we already have. Mr. Speaker, we cannot continue to do this.

Mrs. CAPPS. Mr. Speaker, I am pleased now to yield 4 minutes to the gentlewoman from Maryland (Ms. EDWARDS).

Ms. EDWARDS of Maryland. Mr. Speaker, I would like to thank the gentlelady from California for yielding me the time and for the underlying bill.

I come from the State of Maryland, and we have the largest estuary, the Chesapeake Bay, in and around the State of Maryland, and this notion of educating young people, investing them in science and also educating them about the deep impacts that we have through all of our communities onto this estuary is so important.

But I would like to take a moment and talk about an issue which has consumed us and over which we will hear a lot of discussion and misinformation over the ensuing days and hours. Let's talk about health care, Mr. Speaker.

I am so pleased that on Sunday we will have an opportunity in this country, finally, to bring health care to the American people. All of us as Members of Congress will have an opportunity to say that we either stand on the side of the American people or we stand on the side of insurance companies; insurance companies that continue to raise their rates for premiums; insurance companies that deny care and coverage; insurance companies that determine that it is maybe better to pay a CEO \$23 million a year than it is to deliver quality, affordable, and accessible health care to the American people.

So at long last, the Democrats in Congress and our Democratic President are going to bring health care to the American people. We are going to ensure that at a cost of \$940 billion over a decade, saving and cutting the deficit by \$138 billion in just the first 10 years and by \$1.2 trillion in the second 10 years. This is deficit reduction like we haven't seen since the last time we had a Democrat in the White House. And yet, that is exactly what this health care reform package will do.

And what do we get for \$940 billion? Well, I am going to tell you what the American people get. Our small businesses will receive tax credits so they can provide the kind of health care coverage that they want to their employees. Our seniors will see their Medicare coverage strengthened and those programs strengthened. Thirty-two million people across this country who don't have health care coverage now will finally be able to relieve themselves and their families of the worry of disease or illness that they can't take care of.

And, of course, all of us who have health care will see the stopping of the escalation of our premium costs because we will be taking a look at what insurance companies do. This and more is what we will get for \$940 billion, saving \$138 billion in the first 10 years, \$1.2 trillion over the next 10 years.

This is a real bargain for the American people. It is an opportunity for the American people. We have long waited for that.

It will eliminate exclusions for preexisting conditions. Can you believe, Mr. Speaker, that, over on the other side of the aisle, we would let the practice continue where a preexisting condition is identified as domestic violence? Those of us in this Chamber and across the country know that domestic violence is a crime; it is not a preexisting condition for excluding medical conditions.

We know that there are exclusions for preexisting conditions like acne or even for childbirth. This is unconscionable in this country that we have allowed insurance companies to determine health care, and we are going to put a stop to that. We are going to say, You know what; we need everybody out there covered. We want to make sure that people are covered and they get quality care and they get accessible care. And we are going to do it at a cost to the American people that is not going to continue to break the bank in the way it has over the decades.

I want to say, Mr. Speaker, we are going to end rescissions. We are going to stop insurance companies from telling you, You know, you've reached your cap. You can't get covered any more, even though you have paid into this system. We have to end discrimination against our children because they have a preexisting condition. These practices are unacceptable.

Every American, whether you have insurance or you don't have insurance, you know that it is unacceptable and unsustainable. And we are going to make sure that it is affordable for the American people. That is what they deserve. This is what will happen. You can listen to all of the mythology, Mr. Speaker. You can listen to the mythology and points that are put out there that don't describe this bill at all. But I want to say to you, Mr. Speaker, as one Member of Congress who, in fact, has read the House and Senate bill and stayed up late into the night looking at the reconciliation, I am confident about what we are going to do for the American people to bring quality, affordable, and accessible health care.

□ 1215

Mr. CHAFFETZ. Mr. Speaker, I yield myself such time as I may consume.

America gets it, what is happening with this health care bill. America gets it. They understand. The Peoria-based Caterpillar just announcing that in the

first year alone they believe their costs will increase \$100 million in their first year. I would like to read a quote from Caterpillar, Mr. Gregory Folley, the vice president and chief human resources officer at Caterpillar. Quote, "We can ill afford cost increases that place us at a disadvantage versus our global competitors. We are disappointed that efforts at reform have not addressed the cost concerns that we have raised throughout the year."

Wasn't it the President of the United States that traveled to Peoria to go visit Caterpillar to tout all these great programs he was going to do? And yet Caterpillar, one of our most important manufacturers in this country, is saying they alone will have \$100 million in additional costs to their company. I fear for the small businessman and the small businesswoman, while it is touted on the other side, we're going to put root beer in every drinking fountain and it's just going to be glorious, and somehow this \$900-plus billion isn't going to add to the deficit. Come on. Come on. Who believes that?

This government can't get anything right when it comes to cost. That is why we are \$12 trillion in debt. That is why we are paying over \$660 million a day just in interest. At some point we have to become responsible. We can no longer take money out of the American people's pockets only to redistribute it to where the Congress thinks it should go. That is wrong. It is wrong. It is not the proper role of government to mandate this.

These solutions to health care will best come at the States. They will not come from this body, they will not come from Washington, D.C. And we have to have across this country for people to let their Members of Congress know they are not going to stand up for it anymore. Caterpillar is standing up and saying \$100 million. Who do you think that is going to affect? It is going to affect the rank and file, the members there in Illinois who may not have a job anymore.

The number one thing we can do to actually help people with their health care is get this economy, get jobs going again, because I guarantee if you have a job, you have much more of a propensity to be able to go out and get the health care that you want and you deserve.

Yet today we are looking at a bill and the other side is saying, we need to spend money on this education program and we're going to increase its spending, its costs, 10 percent year after year after year.

I reserve the balance of my time.

Mrs. CAPPS. Madam Speaker, as I close my discussion of this amendment, let me remark that over the past 7 years these two programs, the environmental and coastal programs have cumulatively introduced millions of students to unique hands-on learning ex-

periences. The National Academy of Sciences report that was requested by NOAA, not by Congress, reaffirms that each program has increased student interest in science, increased teacher capabilities to instruct science, and increased awareness and appreciation of the environment.

So I urge Members to support the amendment and the bill.

I yield back the balance of my time.

Mr. CHAFFETZ. Madam Speaker, one of the things we are going to have to be careful with this health care debate is trading votes for jobs. Let's keep an eye on Mr. GORDON, where it was reported that he was promised the job of NASA administrator in exchange for his vote. Maybe we ought to pay attention to Mr. TANNER, who it was reported that he wants an appointment as U.S. Ambassador to NATO in exchange for his vote.

I hope we pay very close attention to these types of backroom deals that unfortunately might be happening in this very body.

With that, Madam Speaker, I yield back the balance of my time.

AMENDMENT OFFERED BY MR. FLAKE TO THE AMENDMENT IN THE NATURE OF A SUBSTITUTE OFFERED BY MRS. CAPPS

Mr. FLAKE. Madam Speaker, I have an amendment to the desk.

The SPEAKER pro tempore (Ms. EDWARDS of Maryland). The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment printed in part B of House Report 111-445 offered by Mr. FLAKE:

At the beginning of section 7, insert "(a) AUTHORIZATION OF APPROPRIATIONS.—" before "There are authorized".

At the end of section 7, insert the following:

(b) PROHIBITION ON EARMARKS.—None of the funds appropriated pursuant to subsection (a) may be used for a congressional earmark as defined in clause 9(e) of rule XXI of the Rules of the House of Representatives.

The SPEAKER pro tempore. Pursuant to House Resolution 1192, the gentleman from Arizona (Mr. FLAKE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Arizona.

Mr. FLAKE. I thank the Chair. I just have to say something about the discussion that just went on. I guess only in this body can it be said that we are going to spend nearly a trillion dollars and pay down the deficit somehow, or pay down the debt over 10 years. When the CBO was figuring the savings or costs of this document, the health care bill, they have to assume what Congress says it will do, Congress will actually do. In this bill I think we are saying that we are going to be cutting \$500 billion out of Medicare. Now, who among us really believes that will happen? I can tell you nobody out there does. Nobody really believes that will happen. It wouldn't happen if we man-

aged the bill on our side and said we were going to do it or on the other side of the aisle. But CBO has to score it as if we are going to follow through on our promises.

That is the problem you get into in believing some kind of CBO score that says we are going to pay down the debt over 10 years by spending a trillion dollars more. Now, you can say we are going to increase taxes, but you don't really want to say that. But there is a lot of that in here as well. So I would just encourage anybody who is watching this debate to actually look at the argument here. It is being said that we are going to pay down the debt by nearly a trillion dollars over the next 10 years, or over a trillion dollars, by spending another trillion dollars. That may make sense to us here, but it shouldn't make sense to anybody else.

On the substance of this amendment, this amendment should be non-controversial. This similar amendment has been adopted on a bipartisan basis on other programs that we have authorized. This bill before us, H.R. 3644, is to establish education and watershed programs that advance environmental literacy. This bill creates a competitive grant program titled the National Environmental Literacy Grant Program. This amendment would simply ensure that the new grant program is not earmarked by Members of Congress in the future.

Unfortunately, we talk a lot about getting control over earmarks. There are proposals before the Congress this year, gratefully, on the Republican side to have an overall moratorium, and on the Democratic side to at least restrict earmarks somewhat. I hope we follow through on these. But it is good to adopt these kind of amendments to these kind of bills to ensure that grant programs that are established, if we are going to fund them, they should go for their intended purpose.

The problem is too often in the past when grant programs like this have been established, then they are simply earmarked by Members of Congress, and those hoping to apply for those grants in the future simply have no money in the account to draw on.

Let me give a couple examples. FEMA's National Pre-Disaster Mitigation Program is a competitive grant program that was designed to, quote, "save lives and reduce property damage by providing funds for hazard mitigation planning, acquisition, and relocation of structures out of the floodplain." The fiscal year 2010 Homeland Security appropriations bill appropriated \$100 million for the program. Almost \$25 million of that was earmarked for projects in Members' districts. That meant that only three-quarters of the money was available. Believe me, go a couple years in the future and all of that money will likely be gone because Members of Congress have earmarked it.

In some cases, these projects are earmarked when the applicant has applied for the grant and didn't get it. The grant wasn't deemed worthy, and so the Member of Congress steps in and simply earmarks it. There may have been a good reason why it wasn't deemed worthy.

But the thing is if we are going to establish these programs as competitive grant programs, then we better either trust the agencies that they are going to do it right or we provide the proper oversight to ensure that they do, instead of running a parallel track program where we Members of Congress say, they don't do it right over there in the agency so we're going to do that ourselves. That is not proper oversight. That is just handing out Federal largesse. And we shouldn't be doing that.

I reserve the balance of my time.

Mrs. CAPPS. Madam Speaker, I ask unanimous consent to claim the time in opposition to the amendment, although I am not opposed to it.

The SPEAKER pro tempore. Without objection, the gentlewoman from California is recognized for 5 minutes.

There was no objection.

Mrs. CAPPS. I yield myself such time as I may consume.

I thank the gentleman from Arizona for offering his amendment to ensure that funds appropriated to support the implementation of the B-WET and the ELG programs are not earmarked. One of the primary purposes of this legislation is to finally codify these programs as permanent educational programs within NOAA's larger educational initiative so that they can be incorporated into NOAA's base budget. In addition, this legislation will establish the purposes and policies of both programs, which should improve the ability of Congress to conduct its oversight to ensure that they remain effective and accountable.

As it now stands, funds appropriated for these programs are not earmarked to benefit any one institution, but rather funds are distributed through regional programs or NOAA's education office through merit-based competitive processes. While this amendment will prohibit the earmarking of funds appropriated to implement both programs, it should have little direct effect on how B-WET or ELG grants are awarded in the future because, as the history of the programs demonstrates, funds have always been awarded competitively.

Consequently, we can accept this amendment even though it is unnecessary, and thank the gentleman from Arizona for his interest in maintaining merit-based and competitive grant making for both programs.

I reserve the balance of my time.

Mr. FLAKE. Can I inquire as to the time remaining?

The SPEAKER pro tempore. The gentleman has 30 seconds remaining.

Mr. FLAKE. I thank the Chair, and I thank the gentlelady for agreeing to support the amendment. It is important that we ensure if we are going to establish these programs—I don't think we ought to establish them, frankly. I think we are overspent, we are overtaxed. We shouldn't put this additional burden. But if we are going to do it, certainly we ought to ensure that it goes to its intended purpose. That is what this amendment is for. I thank all for supporting the amendment.

I yield back the balance of my time. Mrs. CAPPS. Madam Speaker, could I inquire what time there is remaining on this side?

The SPEAKER pro tempore. The gentlewoman has 3½ minutes remaining.

Mrs. CAPPS. At this point I am very pleased to yield 1½ minutes to my colleague from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE of Texas. Let me thank the gentlelady from California. And I want to thank her for her thoughtfulness in being a leader on H.R. 3644, which focuses on the opportunity to promote ocean, atmospheric and environmental education awareness opportunities for young people. And to acknowledge that these are competitive grants again emphasizes that this caucus, that Democrats are concerned about the budget, but also concerned about important issues dealing with coastal growth and coastal learning.

I am from the coastal area, and it brings me to some of the comments that have been made on this health care bill. It is interesting that when we look at our friends on the other side of the aisle, who spent billions of wasteful dollars on giving tax cuts to the richest of Americans, that they can give a short shrift, if you will, to the fact that this health care bill will not only insure millions of Americans, almost 95 percent of Americans, including those who are employer-based insured, which we say to them, as in my own congressional district, where 41 percent are employer-based, yes, you can keep your insurance.

But at the same time, we are prepared to reduce the deficit \$130 billion over the next 10 years and \$1.2 trillion more over the following decade, reining in waste, fraud, and abuse, but at the same time providing millions of uninsured Americans, women, children, families with the opportunity for insurance.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mrs. CAPPS. Madam Speaker, I am pleased to yield the balance of my time to the gentleman from Tennessee, the chairman of the Science Committee, Mr. GORDON.

The SPEAKER pro tempore. The gentleman is recognized for 2 minutes.

Mr. GORDON of Tennessee. I thank my friend from California.

I recognize that the health care discussion is personal and felt by a lot of

folks that we're getting into an emotional point here and that there is a lot of passion. But we also need to stick with the facts.

I was a little shocked earlier to hear that there was an insinuation by a colleague of mine from Utah that I have worked together with on legislation to keep radioactive waste from other countries out of Utah. I just want to set the record straight. There was an insinuation that I had, he used the word, traded my vote for the directorship of NASA.

□ 1230

Let me make it very clear. We have an outstanding director of NASA right now in Charlie Bolden. If he were to leave, though, if it was offered to me, I would not accept. So please understand that. My wife has said 26 years of public service is enough.

I yield to my friend from Utah.

Mr. CHAFFETZ. I have nothing to say.

Mr. GORDON of Tennessee. Then I would ask my friend from Utah, where would he get that type of misinformation?

I would yield back to my friend from Utah to explain why he said what he did and where he got that misinformation.

Mr. CHAFFETZ. I think it's important that we pay attention to those types of things. This is no doubt an emotional, deep debate.

Mr. GORDON of Tennessee. Once again, I yield to my friend to explain where he got that misinformation.

Mr. CHAFFETZ. As I said, it's something that we should be aware of. It's something that we should pay attention to. I think that's fair. We'll pay attention to it.

I appreciate your comments and the direction that you're going. You've had a great and distinguished career. We applaud you for that. I appreciate your service in this Congress, the work that we've done together. But I think it's fair that we pay attention to what might or might not be happening.

Mr. GORDON of Tennessee. Let me say this to my friend from Utah. If I say to you person to person right here on this floor that that offer was never made and that I would not accept it, would you accept that as true?

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. GORDON of Tennessee. I ask unanimous consent to allow the gentleman from Utah to have whatever time as he might to respond to that very fair question.

Mr. CHAFFETZ. I have no reason to doubt your word.

Mr. GORDON of Tennessee. Thank you.

The SPEAKER pro tempore. Members will please suspend.

All time has expired.

The question is on the amendment by the gentleman from Arizona (Mr.

FLAKE) to the amendment in the nature of a substitute offered by the gentlewoman from California (Mrs. CAPPS).

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mrs. CAPPS. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the time for any electronic vote after the first vote in this series.

The vote was taken by electronic device, and there were—yeas 376, nays 37, answered “present” 1, not voting 16, as follows:

[Roll No. 139]

YEAS—376

Aderholt	Chu	Hall (NY)
Adler (NJ)	Clay	Hall (TX)
Akin	Cleaver	Halvorson
Alexander	Coble	Hare
Altmire	Coffman (CO)	Harman
Andrews	Cohen	Harper
Arcuri	Cole	Hastings (FL)
Austria	Conaway	Hastings (WA)
Baca	Cooper	Heinrich
Bachmann	Costello	Heller
Bachus	Courtney	Hensarling
Baird	Crenshaw	Herger
Baldwin	Cuellar	Herseth Sandlin
Barrett (SC)	Culberson	Higgins
Barrow	Dahlkemper	Hill
Bartlett	Davis (AL)	Himes
Barton (TX)	Davis (CA)	Hinojosa
Bean	Davis (KY)	Hirono
Becerra	DeFazio	Hodes
Berkley	DeGette	Holden
Berman	Delahunt	Holt
Biggert	DeLauro	Hoyer
Billbray	Dent	Hunter
Bilirakis	Diaz-Balart, L.	Inglis
Bishop (NY)	Diaz-Balart, M.	Inslee
Bishop (UT)	Dicks	Israel
Blackburn	Dingell	Issa
Blumenauer	Doggett	Jackson Lee
Boccheri	Donnelly (IN)	(TX)
Boehner	Doyle	Jenkins
Bonner	Dreier	Johnson (GA)
Bono Mack	Driehaus	Johnson (IL)
Boozman	Duncan	Johnson, Sam
Boren	Edwards (TX)	Jones
Boswell	Ehlers	Jordan (OH)
Boucher	Ellison	Kagen
Boustany	Ellsworth	Kanjorski
Boyd	Emerson	Kaptur
Brady (PA)	Engel	Kilroy
Brady (TX)	Eshoo	Kind
Braley (IA)	Etheridge	King (IA)
Bright	Fallin	King (NY)
Broun (GA)	Fattah	Kingston
Brown (SC)	Flake	Kirk
Brown-Waite,	Fleming	Kirkpatrick (AZ)
Ginny	Forbes	Kissell
Buchanan	Foster	Klein (FL)
Burgess	Foxx	Kline (MN)
Burton (IN)	Frank (MA)	Kosmas
Calvert	Franks (AZ)	Kratovil
Camp	Frelinghuysen	Lamborn
Campbell	Galleghy	Lance
Cantor	Garamendi	Langevin
Cao	Garrett (NJ)	Larsen (WA)
Capito	Gerlach	Larson (CT)
Capps	Giffords	Latham
Capuano	Gingrey (GA)	LaTourette
Cardoza	Gohmert	Latta
Carnahan	Gonzalez	Lee (NY)
Carney	Goodlatte	Levin
Carson (IN)	Gordon (TN)	Lewis (CA)
Carter	Granger	Lewis (GA)
Cassidy	Graves	Linder
Castle	Grayson	Lipinski
Castor (FL)	Green, Al	LoBiondo
Chaffetz	Green, Gene	Loeb sack
Chandler	Griffith	Lowey
Childers	Guthrie	Lucas

Luetkemeyer
Lujan
Lummis
Lungren, Daniel E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris

Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Napolitano
Neal (MA)
Neugebauer
Nye
Oberstar
Obey
Olson
Olver
Ortiz

Berry
Bishop (GA)
Brown, Corrine
Butterfield
Clarke
Clyburn
Conyers
Cummings
Davis (IL)
Edwards (MD)
Farr
Filner
Fudge

Owens
Pallone
Pastor (AZ)
Paulsen
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rangel
Rehberg
Reichert
Reyes
Richardson

Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Roskam
Ross
Rothman (NJ)
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schradner
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions

NAYS—37

Grijalva
Hinchey
Jackson (IL)
Johnson, E. B.
Kennedy
Kildee
Kilpatrick (MI)
Kucinich
Lee (CA)
McDermott
Moore (WI)
Nadler (NY)
Pascarell

ANSWERED “PRESENT”—1

Thompson (PA)

NOT VOTING—16

Ackerman
Blunt
Buyer
Connolly (VA)
Costa
Crowley

Davis (TN)
Deal (GA)
Fortenberry
Gutierrez
Hoekstra
Honda

Sestak
Shadegg
Shea-Porter
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Tsongas
Turner
Upton
Van Hollen
Velázquez
Viscosky
Walden
Walz
Wamp
Wasserman
Schultz
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Wu
Yarmuth
Young (AK)
Young (FL)

Paul
Payne
Rahall
Roybal-Allard
Sherman
Thompson (MS)
Towns
Waters
Watson
Watt
Woolsey

of Wisconsin, Ms. EDWARDS of Maryland, Messrs. WATT, PAYNE, BUTTERFIELD, Ms. WATSON, and Mr. BISHOP of Georgia changed their vote from “yea” to “nay.”

Mr. CRENSHAW changed his vote from “nay” to “yea.”

So the amendment to the amendment in the nature of a substitute was agreed to.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the amendment in the nature of a substitute by the gentlewoman from California (Mrs. CAPPS), as amended.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mrs. CAPPS. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 233, noes 178, not voting 19, as follows:

[Roll No. 140]

AYES—233

Adler (NJ)	Dingell	Kirkpatrick (AZ)
Andrews	Doggett	Kissell
Baca	Donnelly (IN)	Klein (FL)
Baird	Doyle	Kosmas
Baldwin	Driehaus	Kratovil
Barrow	Edwards (MD)	Kucinich
Bean	Edwards (TX)	Langevin
Becerra	Ehlers	Larsen (WA)
Berkley	Eshoo	Larson (CT)
Berman	Etheridge	Lee (CA)
Berry	Farr	Levin
Bishop (GA)	Fattah	Lewis (GA)
Bishop (NY)	Filner	Lipinski
Blumenauer	Frank (MA)	Loeb sack
Boccheri	Fudge	Lowey
Boren	Garamendi	Lujan
Boswell	Gonzalez	Lynch
Boucher	Gordon (TN)	Maffei
Boyd	Grayson	Maloney
Brady (PA)	Green, Al	Markey (CO)
Braley (IA)	Green, Gene	Markey (MA)
Brown, Corrine	Grijalva	Matheson
Butterfield	Hall (NY)	Matsui
Cao	Halvorson	McCarthy (NY)
Capps	Hare	McCollum
Capuano	Harman	McDermott
Cardoza	Hastings (FL)	McGovern
Carnahan	Heinrich	McIntyre
Carson (IN)	Herseth Sandlin	McMahon
Cassidy	Higgins	McNerney
Castor (FL)	Hill	Meek (FL)
Chandler	Himes	Meeks (NY)
Childers	Hinchey	Melancon
Chu	Hinojosa	Michaud
Clarke	Hirono	Miller (NC)
Clay	Hodes	Miller, George
Cleaver	Holden	Minnick
Clyburn	Holt	Mollohan
Cohen	Hoyer	Moore (KS)
Conyers	Inslee	Moore (WI)
Cooper	Israel	Moran (VA)
Costa	Jackson (IL)	Murphy (CT)
Costello	Jackson Lee	Murphy, Patrick
Courtney	(TX)	Nadler (NY)
Cuellar	Johnson (GA)	Napolitano
Cummings	Johnson, E. B.	Neal (MA)
Dahlkemper	Kagen	Nye
Davis (AL)	Kanjorski	Oberstar
Davis (CA)	Kaptur	Olver
Davis (IL)	Kennedy	Ortiz
DeFazio	Kildee	Pallone
DeGette	Kilpatrick (MI)	Pascarell
Delahunt	Kilroy	Pastor (AZ)
DeLauro	Kind	Payne
Dicks	Kirk	Perlmutter

□ 1302

Ms. EDDIE BERNICE JOHNSON of Texas, Ms. WOOLSEY, Messrs. FARR of California, JACKSON of Illinois, CLYBURN, THOMPSON of Mississippi, PASCARELL, Ms. ROYBAL-ALLARD, Mr. NADLER of New York, Ms. MOORE

Perriello	Schakowsky	Thompson (CA)
Peters	Schauer	Thompson (MS)
Peterson	Schiff	Tierney
Pingree (ME)	Schrader	Titus
Polis (CO)	Schwartz	Tonko
Pomeroy	Scott (GA)	Towns
Price (NC)	Scott (VA)	Tsongas
Quigley	Serrano	Van Hollen
Rahall	Sestak	Velázquez
Rangel	Shea-Porter	Visclosky
Reyes	Sherman	Walz
Richardson	Shuler	Wasserman
Rodriguez	Sires	Schultz
Ross	Skelton	Waters
Rothman (NJ)	Slaughter	Watson
Roybal-Allard	Smith (WA)	Watt
Ruppersberger	Snyder	Waxman
Rush	Space	Weiner
Ryan (OH)	Speier	Welch
Salazar	Spratt	Wilson (OH)
Sánchez, Linda	Stupak	Woolsey
T.	Sutton	Wu
Sanchez, Loretta	Tanner	Yarmuth
Sarbanes	Taylor	

NOES—178

Aderholt	Galleghy	Murphy, Tim
Akin	Garrett (NJ)	Myrick
Alexander	Gerlach	Neugebauer
Altmire	Giffords	Nunes
Arcuri	Gingrey (GA)	Olson
Austria	Gohmert	Owens
Bachmann	Goodlatte	Paul
Bachus	Granger	Paulsen
Barrett (SC)	Graves	Pence
Bartlett	Griffith	Petri
Barton (TX)	Guthrie	Pitts
Biggert	Hall (TX)	Platts
Bilbray	Harper	Poe (TX)
Bilirakis	Hastings (WA)	Posey
Bishop (UT)	Heller	Price (GA)
Blackburn	Hensarling	Putnam
Boehner	Herger	Radanovich
Bonner	Hunter	Rehberg
Bono Mack	Inglis	Reichert
Boozman	Issa	Roe (TN)
Boustany	Jenkins	Rogers (AL)
Brady (TX)	Johnson (IL)	Rogers (KY)
Bright	Johnson, Sam	Rogers (MI)
Broun (GA)	Jones	Rohrabacher
Brown (SC)	Jordan (OH)	Rooney
Brown-Waite,	King (IA)	Roskam
Ginny	King (NY)	Royce
Buchanan	Kingston	Ryan (WI)
Burgess	Kline (MN)	Scalise
Burton (IN)	Lamborn	Schmidt
Calvert	Lance	Schock
Camp	Latham	Sensenbrenner
Campbell	LaTourette	Sessions
Cantor	Latta	Shadegg
Capito	Lee (NY)	Shimkus
Carney	Lewis (CA)	Shuster
Carter	Linder	Simpson
Castle	LoBiondo	Smith (NE)
Chaffetz	Lucas	Smith (NJ)
Coble	Luetkemeyer	Smith (TX)
Coffman (CO)	Lummis	Souder
Cole	Lungren, Daniel	Stearns
Conaway	E.	Sullivan
Crenshaw	Mack	Teague
Culberson	Manzullo	Terry
Davis (KY)	Marchant	Thompson (PA)
Dent	McCarthy (CA)	Thornberry
Diaz-Balart, L.	McCaul	Tiahrt
Diaz-Balart, M.	McClintock	Tiberi
Dreier	McCotter	Turner
Duncan	McHenry	Upton
Ellsworth	McKeon	Walden
Emerson	McMorris	Westmoreland
Fallin	Rodgers	Whitfield
Flake	Mica	Wilson (SC)
Fleming	Miller (FL)	Wittman
Forbes	Miller (MI)	Wolf
Foster	Miller, Gary	Young (AK)
Fox	Mitchell	Young (FL)
Franks (AZ)	Moran (KS)	
Frelinghuysen	Murphy (NY)	

NOT VOTING—19

Ackerman	Davis (TN)	Gutierrez
Blunt	Deal (GA)	Hoekstra
Buyer	Ellison	Honda
Connolly (VA)	Engel	
Crowley	Fortenberry	

Lofgren, Zoe	Obey	Stark
Marshall	Ros-Lehtinen	Wamp

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

THE SPEAKER pro tempore (Mr. SERRANO) (during the vote). One minute is remaining on this vote.

□ 1310

So the amendment in the nature of a substitute, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. REICHERT. Mr. Speaker, on rollcall No. 140, I inadvertently voted "no." I wanted to be a "yea."

The SPEAKER pro tempore. Pursuant to House Resolution 1192, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mr. CHAFFETZ. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. CHAFFETZ. Yes, in its current form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Chaffetz moves to recommit the bill H.R. 3644 to the Committee on Natural Resources with instructions to report the same back to the House forthwith with the following amendments:

In section 4(a)(4), strike "and" after the semicolon.

In section 4(a)(5), strike the period at the end and insert "and".

At the end of section 4(a), add the following new paragraph:

(6) examine the impacts of natural gas and oil seeps on oceans, beaches, air quality, and the coastal environment and the possibility of mitigation of those impacts through resource and energy development.

In section 7, in paragraph (1), strike "under section 6—" and all that follows through the end of the paragraph and insert "under section 6) \$12,000,000 for each of fiscal years 2011 through 2015; and".

In section 7, in paragraph (2), strike "under section 6—" and all that follows through the end of the paragraph and insert "under section 6) \$9,700,000 for each of fiscal years 2011 through 2015."

Add at the end the following new section:

SEC. 8. LIMITATION ON USE OF FUNDS.

An eligible entity that is a party to a pending lawsuit against the Administrator shall not be eligible to receive funds authorized or otherwise made available under this Act.

Mr. CHAFFETZ (during the reading). Mr. Speaker, I ask unanimous consent that the motion be considered as read.

Mrs. CAPPS. I object.

The SPEAKER pro tempore. Objection is heard.

The Clerk will read.

The Clerk continued to read.

□ 1315

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Utah (Mr. CHAFFETZ) is recognized for 5 minutes in support of his motion.

Mr. CHAFFETZ. Thank you, Mr. Speaker. Mr. Speaker, this Congress has to get control of spending. We're \$12 trillion in debt. We're spending more than \$600 million a day just in interest on our debt. At some point, some way, we're going to have to curb spending in this body. This bill authorizes a 10 percent increase every year for the 5 years covered in this bill. This is just too much. This motion to recommit does three very simple things.

First, it freezes funding in the bill to fiscal year 2010 appropriated amounts for the next 5 years—a very reasonable approach. This means that what these programs are getting this year is what they will get next year. No 10 percent increases. Just flat funding. In fact, I would remind this body that it was President Obama that asked for a spending freeze. I concur with the President on this issue in this matter. This Federal Government has to learn to live within its means.

Second, this motion to recommit would prohibit any entity from receiving a grant under this bill if it is currently suing the Federal Government. This bill allows both nonprofit and for-profit organizations to qualify for grants. The amendment simply disqualifies any of those that have a lawsuit against NOAA. Groups can't expect the American taxpayer to allow them to accept free money with one hand while taking the government to court on the other hand. The grant program in this bill shouldn't be allowed to become an avenue for subsidizing or enabling lawsuits that tie up the courts and waste the taxpayers' money.

Third, it expands the list of areas for which environmental literacy grants may be given. This legislation authorizes two educational programs aimed at teaching young people about the coastal and marine environment, and the amendment in the nature of a substitute adds language that will include lessons about jobs that are created by using the natural resources and the benefits of our coastal economies. However, the legislation does not include one more issue that affects some areas of our coastal environment—natural seepage.

In many areas of our Nation's coastline, natural seeps of oil and natural gas occur. This is common in the Gulf of Mexico, but probably nowhere more prevalent than in the areas off the coast of Santa Barbara, California. The educational programs authorized in this legislation are perfect vehicles to teach our young people about these naturally-occurring petroleum seeps—that they do exist, and they can have an effect on our beaches and our coastal air quality. The program proposed

here will offer an opportunity to educate our communities and children about the cause of these seeps and the ability of resources and energy development to lessen the volume and impact of these natural seeps into our environment.

Again, this motion to recommit simply will freeze funding at the current year appropriated levels; block groups that have a lawsuit against NOAA from receiving grant money; and expand the range of grants to include the impacts of oil seeps on our beaches and marine environment. I would urge all my colleagues to vote in favor of this motion to recommit.

I yield back the balance of my time. Mrs. CAPPS. Mr. Speaker, I rise to claim time in opposition to this motion to recommit.

The SPEAKER pro tempore. The gentlewoman from California is recognized for 5 minutes.

Mrs. CAPPS. Mr. Speaker and my colleagues, may I go back to the underlying legislation, which is H.R. 3644, the Ocean, Coastal, and Watershed Educational Act. This is an educational program for children. They are not qualified to do natural resource surveys or to assess the impacts of oil seep. NOAA, the National Oceanic and Atmospheric Administration, does not have jurisdiction over air quality and the mitigation of impacts. That would fall under jurisdiction of the Environmental Protection Agency.

The proposal to level fund the program was rejected in the Natural Resources Committee and by the Rules Committee. The modest increases in this bill were negotiated with my colleague, Mr. CASSIDY, in the Natural Resources Committee, in a very bipartisan discussion with negotiations that we made between the two sides, and I urge Members to oppose this motion and support the underlying bill.

I remind my colleagues that these programs have a track record of being grant-making programs under NOAA for several years, and in all the places where they are currently being enacted, they are very popular. At a time when our public schools are being inundated with funding decreases and cuts and at a time when we're so concerned about the availability of our young people to learn the basics in science and math, this is a hands-on experience that they can have. It is an educational program that helps them appreciate their environment and take good care of it. We have 10 more applicants for every grant that's been available. So we made this modest agreement in a bipartisan way to increase over time by a very small amount the amount of money that can be available under this program through NOAA. I would hope that we would all get back to the basics of the legislation, oppose the motion to recommit, and support this underlying bill.

I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Mr. CHAFFETZ. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on passage of H.R. 3644, if ordered; and the motion to suspend the rules and pass H.R. 4003.

The vote was taken by electronic device, and there were—ayes 200, noes 215, not voting 15, as follows:

[Roll No. 141]

AYES—200

Aderholt	Ellsworth	Markey (CA)
Adler (NJ)	Emerson	McCarthy (CA)
Akin	Fallin	McCaul
Alexander	Flake	McClintock
Altmire	Fleming	McCotter
Arcuri	Forbes	McHenry
Austria	Foster	McKeon
Bachmann	Fox	McMahon
Bachus	Franks (AZ)	McMorris
Barrett (SC)	Frelinghuysen	Rodgers
Barrow	Gallagher	Melancon
Bartlett	Garrett (NJ)	Mica
Barton (TX)	Gerlach	Miller (FL)
Biggert	Giffords	Miller (MI)
Bilbray	Gingrey (GA)	Miller, Gary
Bilirakis	Gohmert	Minnick
Bishop (UT)	Goodlatte	Mitchell
Blackburn	Granger	Moran (KS)
Boccieri	Graves	Murphy, Tim
Boehner	Griffith	Myrick
Bonner	Guthrie	Neugebauer
Bono Mack	Hall (TX)	Nye
Boozman	Harper	Olson
Boustany	Hastings (WA)	Paul
Brady (TX)	Heller	Paulsen
Bright	Hensarling	Perriello
Brown (GA)	Herger	Peters
Brown (SC)	Hill	Petri
Brown-Waite,	Himes	Pitts
Ginny	Hodes	Platts
Buchanan	Hunter	Poe (TX)
Burgess	Inglis	Posey
Burton (IN)	Issa	Price (GA)
Calvert	Jenkins	Putnam
Camp	Johnson (IL)	Radanovich
Campbell	Johnson, Sam	Rehberg
Cantor	Jones	Reichert
Cao	Jordan (OH)	Roe (TN)
Capito	King (IA)	Rogers (AL)
Cardoza	King (NY)	Rogers (KY)
Carney	Kingston	Rogers (MI)
Carter	Kirk	Rohrabacher
Cassidy	Kirkpatrick (AZ)	Rooney
Castle	Kline (MN)	Roskam
Chaffetz	Lamborn	Royce
Childers	Lance	Ryan (WI)
Coble	Latham	Scalise
Coffman (CO)	LaTourette	Schauer
Cole	Latta	Schmidt
Conaway	Lee (NY)	Schock
Crenshaw	Lewis (CA)	Sensenbrenner
Culberson	Linder	Sessions
Dahlkemper	LoBiondo	Shadegg
Davis (KY)	Lucas	Shimkus
Dent	Luetkemeyer	Shuler
Diaz-Balart, L.	Lummis	Shuster
Diaz-Balart, M.	Lungren, Daniel	Simpson
Donnelly (IN)	E.	Smith (NE)
Dreier	Mack	Smith (NJ)
Duncan	Manzullo	Smith (TX)
Ehlers	Marchant	Souder

Space
Stearns
Sullivan
Taylor
Teague
Terry
Thompson (PA)

Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Westmoreland

Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NOES—215

Andrews	Harman	Ortiz
Baca	Hastings (FL)	Owens
Baird	Heinrich	Pallone
Baldwin	Herseth Sandlin	Pascarelli
Bean	Higgins	Pastor (AZ)
Becerra	Hinchey	Payne
Berkley	Hinojosa	Perlmutter
Berman	Hirono	Peterson
Berry	Holden	Pingree (ME)
Bishop (GA)	Holt	Polis (CO)
Bishop (NY)	Honda	Pomeroy
Blumenauer	Hoyer	Price (NC)
Boren	Inslee	Quigley
Boswell	Israel	Rahall
Boucher	Jackson (IL)	Rangel
Boyd	Jackson Lee	Reyes
Brady (PA)	(TX)	Richardson
Braley (IA)	Johnson (GA)	Rodriguez
Brown, Corrine	Johnson, E. B.	Ross
Butterfield	Kagen	Rothman (NJ)
Capps	Kanjorski	Roybal-Allard
Capuano	Kaptur	Ruppersberger
Carnahan	Kennedy	Rush
Carson (IN)	Kildee	Ryan (OH)
Castor (FL)	Kilpatrick (MI)	Salazar
Chandler	Kilroy	Sánchez, Linda
Chu	Kind	T.
Clarke	Kissell	Sanchez, Loretta
Clay	Klein (FL)	Sarbanes
Cleaver	Kosmas	Schakowsky
Clyburn	Kratovil	Schiff
Cohen	Kucinich	Schrader
Conyers	Langevin	Schwartz
Cooper	Larsen (WA)	Scott (GA)
Costa	Larson (CT)	Scott (VA)
Costello	Lee (CA)	Scott (VA)
Courtney	Levin	Serrano
Crowley	Lewis (GA)	Sestak
Cuellar	Lipinski	Shea-Porter
Cummings	Loebach	Sherman
Davis (AL)	Lowey	Sires
Davis (CA)	Lujan	Skelton
Davis (IL)	Lynch	Slaughter
DeFazio	Maffei	Smith (WA)
DeGette	Maloney	Snyder
Delahunt	Markey (MA)	Speier
DeLauro	Marshall	Spratt
Dicks	Matheson	Stupak
Dingell	Matsui	Sutton
Doggett	McCarthy (NY)	Tanner
Doyle	McCollum	Thompson (CA)
Driehaus	McDermott	Thompson (MS)
Edwards (MD)	McGovern	Tierney
Edwards (TX)	McIntyre	Titus
Ellison	McNerney	Tonko
Engel	Meek (FL)	Towns
Eshoo	Meeks (NY)	Tsongas
Etheridge	Michaud	Van Hollen
Farr	Miller (NC)	Velázquez
Fattah	Miller, George	Visclosky
Filner	Mollohan	Walz
Frank (MA)	Moore (KS)	Wasserman
Fudge	Moore (WI)	Schultz
Garamendi	Moran (VA)	Waters
Gonzalez	Murphy (CT)	Watson
Gordon (TN)	Murphy (NY)	Watt
Grayson	Murphy, Patrick	Waxman
Green, Al	Nadler (NY)	Weiner
Green, Gene	Napolitano	Welch
Grijalva	Neal (MA)	Wilson (OH)
Hall (NY)	Oberstar	Woolsey
Halvorson	Obey	Wu
Hare	Oliver	Yarmuth

NOT VOTING—15

Ackerman	Deal (GA)	Nunes
Blunt	Fortenberry	Pence
Buyer	Gutierrez	Ros-Lehtinen
Connolly (VA)	Hoekstra	Stark
Davis (TN)	Lofgren, Zoe	Wamp

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining on this vote.

□ 1339

Messrs. PAYNE and WEINER changed their vote from “aye” to “no.”

Messrs. CARDOZA and SCHAUER changed their vote from “no” to “aye.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mrs. CAPPS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 244, noes 170, not voting 16, as follows:

[Roll No. 142]

AYES—244

Adler (NJ)	Donnelly (IN)	Kucinich
Altmire	Doyle	Langevin
Andrews	Drieaus	Larsen (WA)
Arcuri	Edwards (MD)	Larson (CT)
Baca	Edwards (TX)	LaTourette
Baird	Ehlers	Lee (CA)
Baldwin	Ellison	Levin
Barrow	Ellsworth	Lewis (GA)
Becerra	Engel	Lipinski
Berkley	Eshoo	Loebsack
Berman	Etheridge	Lowey
Berry	Farr	Luján
Biggert	Fattah	Lynch
Bishop (GA)	Filner	Maffei
Bishop (NY)	Foster	Maloney
Blumenauer	Frank (MA)	Markey (CO)
Boccheri	Fudge	Markey (MA)
Boren	Garamendi	Marshall
Boswell	Gonzalez	Matheson
Boucher	Gordon (TN)	Matsui
Boyd	Grayson	McCarthy (NY)
Brady (PA)	Green, Al	McCollum
Braley (IA)	Green, Gene	McDermott
Brown, Corrine	Grijalva	McGovern
Butterfield	Hall (NY)	McIntyre
Cao	Halvorson	McMahon
Capps	Hare	McNerney
Capuano	Harman	Meek (FL)
Cardoza	Hastings (FL)	Meeks (NY)
Carnahan	Heinrich	Melancon
Carney	Hereth Sandlin	Michaud
Carson (IN)	Higgins	Miller (NC)
Cassidy	Hill	Miller, George
Castle	Himes	Minnick
Castor (FL)	Hinche	Mollohan
Chandler	Hinojosa	Moore (KS)
Childers	Hirono	Moore (WI)
Chu	Hodes	Moran (VA)
Clarke	Holden	Murphy (CT)
Clay	Holt	Nadler (NY)
Cleaver	Honda	Napolitano
Clyburn	Hoyer	Neal (MA)
Cohen	Inslee	Nye
Conyers	Israel	Oberstar
Cooper	Jackson (IL)	Obey
Costa	Jackson Lee	Olver
Costello	(TX)	Ortiz
Courtney	Johnson (GA)	Pallone
Crowley	Johnson, E. B.	Pascarell
Cuellar	Kagen	Pastor (AZ)
Cummings	Kanjorski	Payne
Dahlkemper	Kaptur	Perriello
Davis (AL)	Kennedy	Peters
Davis (CA)	Kildee	Peterson
Davis (IL)	Kilpatrick (MI)	Pingree (ME)
DeFazio	Kilroy	Polis (CO)
DeGette	Kind	Pomeroy
Delahunt	Kirk	Price (NC)
DeLauro	Kissell	Quigley
Dicks	Klein (FL)	Rahall
Dingell	Kosmas	Rangel
Doggett	Kratovil	Reichert

Reyes	Sestak
Richardson	Shea-Porter
Rodriguez	Sherman
Ross	Shuler
Rothman (NJ)	Sires
Roybal-Allard	Skelton
Ruppersberger	Slaughter
Rush	Smith (WA)
Ryan (OH)	Snyder
Salazar	Space
Sánchez, Linda	Speier
T.	Spratt
Sanchez, Loretta	Stupak
Sarbanes	Sutton
Schakowsky	Tanner
Schauer	Taylor
Schiff	Teague
Schwartz	Thompson (CA)
Scott (GA)	Thompson (MS)
Scott (VA)	Tierney
Serrano	Titus

NOES—170

Aderholt	Gingrey (GA)	Murphy, Tim
Akin	Gohmert	Myrick
Alexander	Goodlatte	Neugebauer
Austria	Granger	Olson
Bachmann	Graves	Owens
Bachus	Griffith	Paul
Barrett (SC)	Guthrie	Paulsen
Bartlett	Hall (TX)	Pence
Barton (TX)	Harper	Perlmutter
Bean	Hastings (WA)	Petri
Billray	Heller	Pitts
Bilirakis	Hensarling	Platts
Bishop (UT)	Herger	Poe (TX)
Blackburn	Hunter	Posey
Boehner	Inglis	Price (GA)
Bonner	Issa	Putnam
Bono Mack	Jenkins	Radanovich
Boozman	Johnson (IL)	Rehberg
Boustany	Johnson, Sam	Roe (TN)
Brady (TX)	Jones	Rogers (AL)
Bright	Jordan (OH)	Rogers (KY)
Broun (GA)	King (IA)	Rogers (MI)
Brown (SC)	King (NY)	Rohrabacher
Brown-Waite,	Kingston	Rooney
Ginny	Kirkpatrick (AZ)	Roskam
Burgess	Kline (MN)	Royce
Burton (IN)	Lamborn	Ryan (WI)
Calvert	Lance	Scalise
Camp	Latham	Schmidt
Campbell	Latta	Schock
Cantor	Lee (NY)	Sensenbrenner
Capito	Lewis (CA)	Sessions
Carter	Linder	Shadegg
Chaffetz	LoBiondo	Shimkus
Coble	Lucas	Shuster
Coffman (CO)	Luetkemeyer	Simpson
Cole	Lummis	Smith (NE)
Conaway	Lungren, Daniel	Smith (NJ)
Crenshaw	E.	Smith (TX)
Culberson	Mack	Souder
Davis (KY)	Manzullo	Stearns
Dent	Marchant	Sullivan
Diaz-Balart, L.	McCarthy (CA)	Terry
Diaz-Balart, M.	McCaul	Thompson (PA)
Dreier	McClintock	Thornberry
Duncan	McCotter	Tiaht
Emerson	McHenry	Tiberi
Fallin	McKeon	Turner
Flake	McMorris	Upton
Fleming	Rodgers	Walden
Forbes	Mica	Westmoreland
Fox	Miller (FL)	Whitfield
Franks (AZ)	Miller (MI)	Wilson (SC)
Frelinghuysen	Miller, Gary	Wittman
Gallegly	Mitchell	Wolf
Garrett (NJ)	Moran (KS)	Young (AK)
Gerlach	Murphy (NY)	Young (FL)
Giffords	Murphy, Patrick	

NOT VOTING—16

Ackerman	Deal (GA)	Ros-Lehtinen
Blunt	Fortenberry	Schrader
Buchanan	Gutierrez	Stark
Buyer	Hoekstra	Wamp
Connolly (VA)	Lofgren, Zoe	
Davis (TN)	Nunes	

□ 1348

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

HUDSON RIVER VALLEY SPECIAL RESOURCE STUDY ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4003, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 4003, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 293, nays 115, not voting 22, as follows:

[Roll No. 143]

YEAS—293

Adler (NJ)	Davis (IL)	Jackson Lee
Alexander	DeFazio	(TX)
Altmire	DeGette	Jenkins
Andrews	Delahunt	Johnson (GA)
Arcuri	DeLauro	Johnson (IL)
Austria	Dent	Johnson, E. B.
Baca	Diaz-Balart, L.	Jones
Baird	Diaz-Balart, M.	Kagen
Baldwin	Dingell	Kanjorski
Barrow	Doggett	Kaptur
Bean	Donnelly (IN)	Kennedy
Becerra	Doyle	Kildee
Berkley	Drieaus	Kilpatrick (MI)
Berman	Edwards (MD)	Kilroy
Berry	Edwards (TX)	Kind
Biggert	Ehlers	King (NY)
Bishop (GA)	Ellison	Kirkpatrick (AZ)
Bishop (NY)	Ellsworth	Kissell
Bishop (UT)	Engel	Klein (FL)
Blumenauer	Eshoo	Kline (MN)
Boccheri	Etheridge	Kosmas
Bonner	Farr	Kratovil
Boren	Fattah	Kucinich
Boswell	Filner	Lance
Boucher	Forbes	Langevin
Boustany	Foster	Larsen (WA)
Boyd	Frank (MA)	Larson (CT)
Brady (PA)	Frelinghuysen	Lee (CA)
Brady (TX)	Fudge	Lee (NY)
Braley (IA)	Garamendi	Levin
Brown (SC)	Gerlach	Lewis (CA)
Brown, Corrine	Giffords	Lewis (GA)
Buchanan	Gonzalez	Lipinski
Butterfield	Gordon (TN)	LoBiondo
Cao	Grayson	Loebsack
Capito	Green, Al	Lowey
Capps	Green, Gene	Lucas
Capuano	Grijalva	Luetkemeyer
Carnahan	Guthrie	Luján
Carney	Hall (NY)	Lynch
Carson (IN)	Hall (TX)	Maffei
Cassidy	Halvorson	Maloney
Castle	Hare	Markey (CO)
Castor (FL)	Harman	Markey (MA)
Chandler	Harper	Marshall
Childers	Hastings (FL)	Matheson
Chu	Hastings (WA)	Matsui
Clarke	Heinrich	McCarthy (NY)
Clay	Hereth Sandlin	McCollum
Cleaver	Higgins	McCotter
Clyburn	Hill	McDermott
Cohen	Himes	McGovern
Conyers	Hinche	McIntyre
Cooper	Hinojosa	McMahon
Costa	Hirono	McMorris
Costello	Hodes	Rodgers
Courtney	Holden	McNerney
Crowley	Holt	Meek (FL)
Cuellar	Honda	Meeks (NY)
Cummings	Hoyer	Melancon
Dahlkemper	Inslee	Michaud
Davis (AL)	Israel	Miller (NC)
Davis (CA)	Jackson (IL)	Miller, George
		Minnick

Mitchell	Richardson	Spratt
Mollohan	Rodriguez	Stupak
Moore (KS)	Rogers (MI)	Sutton
Moore (WI)	Ross	Tanner
Moran (VA)	Rothman (NJ)	Taylor
Murphy (CT)	Roybal-Allard	Teague
Murphy (NY)	Ruppersberger	Thompson (CA)
Murphy, Patrick	Rush	Thompson (MS)
Nadler (NY)	Ryan (OH)	Tiberi
Napolitano	Salazar	Tierney
Neal (MA)	Sánchez, Linda	Titus
Nye	T.	Tonko
Oberstar	Sanchez, Loretta	Towns
Obey	Sarbanes	Tsongas
Olver	Schakowsky	Turner
Ortiz	Schauer	Van Hollen
Owens	Schiff	Velázquez
Pallone	Schmidt	Visclosky
Pascarell	Schrader	Walz
Pastor (AZ)	Schwartz	Wasserman
Paulsen	Scott (GA)	Schultz
Payne	Scott (VA)	Waters
Perlmutter	Serrano	Watson
Perriello	Sestak	Watt
Peters	Shea-Porter	Waxman
Peterson	Sherman	Weiner
Pingree (ME)	Shuler	Welch
Polis (CO)	Sires	Whitfield
Pomeroy	Skelton	Wilson (OH)
Price (NC)	Slaughter	Wittman
Quigley	Smith (NE)	Woolsey
Rahall	Smith (NJ)	Wu
Rangel	Smith (WA)	Yarmuth
Rehberg	Snyder	Young (FL)
Reichert	Space	
Reyes	Speier	

NAYS—115

Aderholt	Gingrey (GA)	Paul
Akin	Gohmert	Pence
Bachmann	Goodlatte	Petri
Bachus	Granger	Pitts
Barrett (SC)	Graves	Platts
Bartlett	Griffith	Poe (TX)
Barton (TX)	Heller	Posey
Bilbray	Hensarling	Price (GA)
Bilirakis	Herger	Putnam
Blackburn	Hunter	Radanovich
Boehner	Inglis	Roe (TN)
Bono Mack	Issa	Rogers (AL)
Boozman	Johnson, Sam	Rogers (KY)
Bright	Jordan (OH)	Rohrabacher
Broun (GA)	King (IA)	Rooney
Brown-Waite,	Kingston	Roskam
Ginny	Latham	Royce
Burgess	Latta	Scalise
Burton (IN)	Linder	Schock
Calvert	Lummis	Sensenbrenner
Camp	Lungren, Daniel	Sessions
Campbell	E.	Shadegg
Cantor	Mack	Shimkus
Carter	Manzullo	Shuster
Coble	Marchant	Simpson
Coffman (CO)	McCarthy (CA)	Smith (TX)
Conaway	McCauley	Souder
Culberson	McClintock	Stearns
Davis (KY)	McHenry	Sullivan
Dreier	McKeon	Terry
Duncan	Mica	Thompson (PA)
Emerson	Miller (FL)	Thornberry
Fallin	Miller (MI)	Tiahrt
Flake	Miller, Gary	Upton
Fleming	Moran (KS)	Walden
Foxx	Murphy, Tim	Westmoreland
Franks (AZ)	Myrick	Wilson (SC)
Gallegly	Neugebauer	Wolf
Garrett (NJ)	Olson	Young (AK)

NOT VOTING—22

Ackerman	Deal (GA)	Lofgren, Zoe
Blunt	Dicks	Nunes
Buyer	Fortenberry	Ros-Lehtinen
Cardoza	Gutierrez	Ryan (WI)
Chaffetz	Hoekstra	Stark
Connolly (VA)	Kirk	Wamp
Crenshaw	Lamborn	
Davis (TN)	LaTourette	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes are remaining on this vote.

□ 1357

Mr. POE of Texas changed his vote from “yea” to “nay.”

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

QUESTION OF PERSONAL PRIVILEGE

Mr. TANNER. I rise to a point of personal privilege, Mr. Speaker.

The SPEAKER pro tempore. The Chair has been made aware of a valid basis for the gentleman's point of personal privilege.

The gentleman from Tennessee is recognized for 1 hour.

Mr. TANNER. Mr. Speaker, I consider this a sad day for our institution here when a Member comes to the floor and, by name, calls other Members to task for an unsubstantiated, untrue, fabricated allegation made in a blog somewhere and stands behind the fact that it has been reported that such and such occurred.

Now, the primary reason my wife and I decided not to seek reelection is because we have four grandchildren in Tennessee that we don't see enough of and are not a part of their lives as we want to be. And any suggestion that there is some sort of NATO job in Brussels, Belgium, is beyond the pale. I, and Mr. GORDON as well, I think, are rightly indignant about this reckless, scurrilous, I think, indiscretion.

Let me just say this. Emotions are high, but we can disagree on public policy matters agreeably. And to take an unsubstantiated, untrue, total fabrication and to repeat it on this floor, in my judgment, is an affront to this institution. It is too late to take the words down I'm told by the Parliamentarian, but let me just say this: When we get to the point as a society, when we—some of us—are unable to extend to one who may disagree with us on a matter of public policy the same purity of motive and the same intellectual honesty we claim for ourselves, we are going down the wrong road.

□ 1400

I didn't pay any attention to this. It is a total fabrication. I have talked to nobody. I wouldn't get on a plane and go to Brussels to live if they offered it to me. I say again, this is a complete fabrication by, and I think I know the political leanings of this blog. But to take that and then bring it down here to the floor is an affront to everything civil that we are supposed to stand for in the United States of America.

Mr. Speaker, I am not going to belabor the point, but I can tell you this. I have been in public office over half my life. That is another reason we de-

cided we wanted to do something else. And I don't remember a time when the people who know me best would countenance someone saying something like this about me. I don't know what I am going to do. I can't take the words down. But this is something that I think the institution ought to think carefully about and certainly I think the leadership of the Republican Conference ought to take seriously, as well as the Democratic leadership, because this institution is bigger and better than either political party that resides here right now.

I yield back the balance of my time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all persons in the gallery that they are here as guests of the House and that any manifestation of approval or disapproval of proceedings or other audible conversations is in violation of the rules of the House.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

RECOGNIZING AFRICAN AMERICAN SCIENTISTS

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1133) recognizing the extraordinary number of African-Americans who have overcome significant obstacles to enhance innovation and competitiveness in the field of science in the United States.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1133

Whereas from 1654 until 1865, slavery for life was legal within the boundaries of much of the present United States;

Whereas slaveholders limited or prohibited education of enslaved African-Americans because they believed it would empower them;

Whereas African slaves, because they were not considered citizens, could not register any invention with the U.S. Patent Office;

Whereas any free person wanting to patent a scientific invention could not acknowledge any contribution from a slave;

Whereas there is a strong likelihood that scientific innovation during the period of slavery may have been undocumented or stolen;

Whereas after slavery had been abolished, the majority of African-Americans lived in poverty and faced legal and social discrimination;

Whereas Historically Black Colleges and Universities were founded because few institutions of higher learning in the United States admitted students of African-American descent;

Whereas Historically Black Colleges and Universities have contributed and continue to contribute significantly to the overall percentage of African-Americans who receive undergraduate and graduate degrees in the fields of science, including agriculture (51.6 percent), biology (42.2 percent), computer science (35 percent), physical science (43 percent), and social science (23.2 percent);

Whereas many African-Americans have overcome extraordinary odds to advance scientific contributions to mankind;

Whereas the Nation's transportation system has been greatly enhanced due to the contributions of Richard Spikes, who invented the automatic gear shift technology, Joseph Gambol, who invented the super charge system for internal combustion engines, Garrett Morgan, who invented the automated traffic signal, and Elbert Robinson, who invented the electric railway trolley;

Whereas modern-day high-density cities and the United States unique architectural development of high rise buildings and modern-day skyscrapers were enhanced by Alexander Mills, who invented key elevator technology;

Whereas health and medicine in the United States have been advanced by Otis Boykin, who invented the pacemaker, Dr. Ben Carson, who led a medical team who became the first to separate conjoined twins successfully, Dr. Charles Drew, who found the method to preserve and store blood which led to the world's first blood bank, and Dr. Daniel Williams, who performed the first successful open heart surgery;

Whereas press and media have been strengthened by Will Purvis, who invented the improved fountain pen, Lee Burrige, who invented typewriting machine advancements, and W.A. Love, who contributed to the advanced printing press;

Whereas home appliances have been improved by Frederick Jones, who invented the portable air conditioner, Lewis Latimer, who helped pioneer the electric light bulb, George Sampson, who invented the clothes dryer, and John Standard, who enhanced the refrigerator;

Whereas historically, African-Americans have faced unprecedented inequities which have caused a disparity in the number of undergraduate and advanced degrees in the sciences, described as "the achievement gap";

Whereas many Members of Congress have proposed that this gap can and will be eliminated through progressive policies such as desegregation and Federal outreach and training programs;

Whereas many studies suggest that the achievement gap of African-Americans in the sciences has been lessening due in part to the effectiveness of these policies and programs;

Whereas the United States has vast untapped potential because African-Americans and other minorities remain underrepresented in science, technology, engineering, and math (STEM) disciplines; and

Whereas society in the United States today would not be the same without African-American innovations in the sciences: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the extraordinary number of African-Americans who have overcome significant obstacles to enhance innovation and competitiveness in the field of science in the United States;

(2) honors and recognizes all African-American innovators who have contributed to scientific education and research, directly and indirectly, whose contributions have increased economic empowerment in the United States; and

(3) encourages the Administration to invest in programs that are proven effective to lessen the achievement gap of African-Americans as well as other minority and disadvantaged groups in the sciences and ultimately strengthen competitiveness in the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) and the gentleman from Texas (Mr. OLSON) each will control 20 minutes.

The Chair recognizes the gentlewoman from Texas.

GENERAL LEAVE

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous materials on H. Res. 1133, the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Texas?

There was no objection.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I yield myself such time as I may consume.

To honor the extraordinary number of African Americans who have enhanced our country through scientific innovation, I offer this resolution to celebrate their accomplishments. This resolution also recognizes the significant barriers African Americans have broken to enhance science and increase American competitiveness.

February is normally the month where the accomplishments of African Americans are celebrated. It was our original intent to do just that and be on the floor last month. However, I am pleased to see this resolution on the floor today in March, knowing we all enjoy the contributions of African American scientific contributions every day of the year.

As we go throughout our daily routines, Americans rely on technologies, procedures, and improvements fashioned by African American innovators over the centuries. In any field, whether it is transportation, architecture, transportation, medicine, or home appliances, African Americans have innovated, improved, and enhanced our technology.

In 2010 it is unthinkable that a person of any race, origin, or culture in this country would be denied an education because of the color of their skin. For centuries, African Americans who developed procedures, inventions,

and technologies we rely upon each day had to overcome significant obstacles to advance our Nation.

From 1654 until 1865, slavery for life was legal within the boundaries of much of the present United States. At that time, many slaves were prohibited from obtaining an education. In response, many historically black colleges and universities were founded. These universities contribute significantly to the overall percentage of African Americans who receive undergraduate and graduate degrees in the fields of science today. We honor and celebrate the effectiveness of these vital institutions.

We acknowledge that slaves, because they were not considered citizens, could not register any invention with the U.S. Patent Office. Due to this, there is a strong likelihood that during the period of slavery many discoveries have been undocumented or stolen. After President Lincoln abolished slavery in 1865, many African American scientists continued to face poverty, legal and social discrimination over 100 years later.

Our past is our prologue, and we must recognize and celebrate our history in order to achieve our full potential as a Nation. As Martin Luther King once said, "Many of the ugly pages of American history have been obscured and forgotten. A society is always eager to cover misdeeds with a cloak of forgetfulness, but no society can fully repress an ugly past when the ravages persist into the present."

Today our Nation has a vast untapped potential as African Americans and other minorities remain disproportionately underrepresented in science, technology, engineering, and math, the STEM disciplines. Many of these students suffer from inadequate schools, residential segregation, gender and racial bias from the classroom, and, perhaps even the most, nonprepared teachers. In order to become more energy independent, create new jobs and new exports, and develop the next great technology, we must invest robustly in scientific education and innovation.

Looking towards our future, the fraction of college age population ages represented by minorities is expected to grow to 55 percent in 2050. The proportion of STEM bachelor's degrees earned by minorities is much lower than the representation of minorities within the U.S. population. In order to keep the United States competitive in future years, we have a lot of work to do.

We honor African Americans who have overcome significant obstacles to enhance innovation and competitiveness in the field of science in the United States. We also encourage investment in programs which lessen the achievement gap of African Americans as well as other minorities and disadvantaged groups in the sciences and ultimately strengthen competitiveness in the United States.

The lights are on, the stage is set, the camera is rolling, and we are the actors. The actions we take today are ultimately what will determine our future.

I thank you, Mr. Speaker, and I reserve the balance of my time.

Mr. OLSON. Mr. Speaker, I yield myself as much time as I may consume.

H. Res. 1133 recognizes the African American contribution to U.S. innovation and competitiveness. There is no doubt that the American transportation system is better off thanks to the contributions of African Americans like Richard Spikes, Joseph Gambol, Garrett Morgan, and Elbert Robinson. Our cities' skyscrapers are accessible thanks to the work of Alexander Mills. Modern medicine, particularly cardiology, may not be as advanced if it were not for the work of Drs. Otis Boykin, Daniel Williams, Charles Drew, and Ben Carson. And our work lives would not be as simple had it not been for Will Purvis, Lee Burridge, and W.A. Love, or our personal lives more comfortable had it not been for Frederick Jones, Lewis Latimer, George Sampson, and John Standard. And our children know that the sky is not the limit because of pioneering astronauts like Fred Gregory, Mae Jemison, Bernard Harris, and Charlie Bolden.

It is in part due to the contributions of these brilliant men and women that we as a Nation need to continue encouraging all Americans, male and female, from all socioeconomic, cultural and ethnic backgrounds, to become interested in science, technology, engineering, and mathematics disciplines so that our next generation of Americans will know there are no barriers to innovation, and United States competitiveness will continue to be unsurpassed.

I want to acknowledge and thank my good friend from Texas (Ms. EDDIE BERNICE JOHNSON) for her tireless dedication and efforts on this issue. I encourage my colleagues to support it.

Mr. Speaker, I reserve the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I yield 2 minutes to the gentlelady from Texas, Ms. SHEILA JACKSON LEE.

Ms. JACKSON LEE of Texas. Let me rise and support the legislation that has been offered by my friend and colleague from Texas, and a senior member of the House Science Committee, to celebrate African Americans who have overcome significant obstacles to enhance innovation and competitiveness in the field of science in the United States.

Frankly, this debate is appropriate and timely, as we are discussing the status of NASA and the opportunity to inspire and to ensure that our scientists and physicians and those with inventiveness have the opportunity to show those talents and to produce on behalf of the American people.

As a 12-year member of the House Science Committee and the Subcommittee on Aeronautics, I know the value of research and the providing for a safe and secure place for the intelligence of America. I want to cite as part of this legacy of African Americans Dr. Lovell Jones, who heads the minority health center at M.D. Anderson, and has made great strides in the research dealing with cancer in minority populations.

Dr. Bernard Harris, an astronaut, who has led in establishing new businesses around research and knowledge that he was able to expand on as an astronaut in the NASA human space program.

The late Dr. Ron McNair, who was trained as a physicist, came from South Carolina, whose beginnings were enormously humble, and yet he was able to achieve greatness through his studies at MIT, and then ultimately he came to become an astronaut, and of course we lost him in the line of duty. But his research knowledge helped to expand horizons of the space exploration program.

Dr. Mae Jemison, trained as a physician, the first African American woman in space.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. EDDIE BERNICE JOHNSON of Texas. I yield the gentlelady an additional 1 minute.

□ 1415

Ms. JACKSON LEE of Texas. Dr. Mae Jemison trained as a physician now is in the business of producing and training new astronauts by her summer programs and year-long programs and camps emphasizing math and science, her work that she has offered to do with the North Forest Independent School District on science, technology, engineering, and math.

And Dr. Joshua Hill, my friend, the late Dr. Joshua Hill, of Texas Southern University, was the first person to begin to talk about solar energy. And of course Prairie View A&M where a host of agricultural scientists have looked at new ways to produce food.

To the Speaker I will say that this legislation is timely. There are many scientists who are on the verge coming from the minority community and coming from the African American community. Look what they can do, and let us give them the further opportunity to be able to help America and to help the world.

Let us continue our support for NASA as many of these first develop their scientific prowess utilizing their skills as astronauts in America's human space program.

Mr. OLSON. Mr. Speaker, I reserve the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. I urge passage of the bill, and I yield back my time.

Mr. OLSON. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) that the House suspend the rules and agree to the resolution, H. Res. 1133.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

RECOGNIZING 50TH ANNIVERSARY OF THE MARIANA TRENCH DIVE

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1027) recognizing the 50th anniversary of the historic dive to the Challenger Deep in the Mariana Trench, the deepest point in the world's oceans, on January 23, 1960, and its importance to marine research, ocean science, a better understanding of the planet, and the future of human exploration.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1027

Whereas Captain Don Walsh, USN (ret.), Ph.D., and Jacques Piccard piloted the United States Navy's Trieste bathyscaphe to reach the deepest point in the world's oceans and remain the only two humans to ever achieve this historic feat;

Whereas Captain Walsh is the recipient of two Presidential Legion of Merit Awards and numerous honors and continues to explore the world;

Whereas Jacques Piccard is a hero in his home country of Switzerland;

Whereas Jacques Piccard passed away in November 2008, but the Piccard Family contribution and influence to marine science and exploration continues today;

Whereas the Mariana Trench has been designated as the Mariana Trench Marine National Monument and remains one of the world's most ecological and environmental treasures; and

Whereas only five percent of the ocean floor has been explored, but the need to continue to research the world's oceans and educate the next generation of explorers remains important to the United States in order to continue to unlock the secrets of the earth's oceans and ecosystems: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the 50th anniversary of the dive to the Challenger Deep in the Mariana Trench and its valuable and historic scientific contributions;

(2) recognizes the lifetime achievements of Capt. Don Walsh and Jacques Piccard and their contributions to the furtherance of

ocean science, ocean engineering, human exploration, and a better understanding of the planet;

(3) recognizes the Mariana Trench as one of the world's great ocean classrooms and the need to continue to explore its depths that can lead to great scientific discoveries; and

(4) recognizes the commitment of the United States to continue to educate the future leaders in ocean science and human exploration.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) and the gentleman from Texas (Mr. OLSON) each will control 20 minutes.

The Chair recognizes the gentlewoman from Texas.

GENERAL LEAVE

Ms. EDDIE BERNICE JOHNSON of Texas. I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous materials on House Resolution 1027, the resolution now under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Texas?

There was no objection.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I yield myself such time as I may consume.

I rise in strong support of H. Res. 1027 recognizing the 50th anniversary of the historic dive to the Challenger Deep in the Mariana Trench, the deepest point in the world's oceans, on January 23, 1960, and its importance to marine research, ocean science, a better understanding of the planet, and the future of human exploration.

Today we recognize the achievements of Captain Don Walsh and Jacques Piccard, who piloted the U.S. Navy's *Trieste* to reach the deepest point of the world's oceans. They remain the only two humans to ever achieve this historic feat.

Exploration of the ocean floor has led to and will continue to lead to important breakthroughs in marine science. However, shockingly, only 5 percent of the ocean floor has been explored. We must continue to encourage research and exploration of the world's oceans and must make education of the next generation of ocean explorers a priority.

The Mariana Trench is truly one of the world's great ocean classrooms, and I hope that as we remember this remarkable achievement, we also remain committed to returning to the ocean floor in the future.

I am once again pleased to recognize the achievements of Captain Don Walsh and Jacques Piccard, and I would like to thank Mr. SABLAN for his work on this resolution. I urge my colleagues to support this resolution.

I reserve the balance of my time.

Mr. OLSON. Mr. Speaker, I yield myself as much time as I may consume.

I rise today in support of House Resolution 1027, recognizing the 50th anni-

versary of the historic dive to the Challenger Deep in the Mariana Trench, the deepest point in the world's oceans, on January 23, 1960, and its importance to marine research, ocean science, and the future of human exploration.

Human curiosity about our world is one of the driving forces that compels exploration, and looking at the achievements of the last several hundred years, the accelerated pace of exploration has been propelled by our technological ingenuity and sheer courage. However, as we rush towards conquering the next challenge, such as further manned explorations into space under the Constellation Program, it is valuable to occasionally stop and remember the great achievements of our past.

Only 5 percent of the ocean floor has been explored to date. The Mariana Trench is the deepest known part of the world's oceans. It is the meeting point of two tectonic plates underneath the Pacific Ocean. This geologically active area reaches a maximum depth of over 36,000 feet below sea level. The lowest part of the trench, which itself is over 1,500 miles long—nearly twice as long as my home State of Texas—is called the Challenger Deep, so named after the vessel that explored its depth.

To put this in perspective, imagine that if you were to take Mount Everest, all 29,029 feet of her elevation, and place it at the bottom of the Challenger Deep, the top of Mount Everest would still be over 7,000 feet below sea level.

The Challenger Deep was first discovered in 1875 during the expedition of the HMS *Challenger*. Technology at that time prevented any substantial investigation of this region of the ocean, but such constraints have only encouraged humans to find new and innovative ways to break through these barriers.

Eighty-five years after discovery, two brave men had the courage and conviction to descend 5 hours in a converted submersible to reach the very bottom of the trench. U.S. Navy Lieutenant Don Walsh and Swiss oceanographer Jacques Piccard spent nearly 20 minutes at the bottom of the Earth before they had to begin their ascent.

This feat has been accomplished twice more since that day 50 years ago but with unmanned vehicles and far more advanced technology. Today we stand in awe of their achievement and honor the courage they have demonstrated in pushing the limits of human exploration. This act encouraged further expeditions to explore the Earth's oceans just as Alan Shepard's ride as the first American in space on *Freedom 7* inspired us to reach for the stars.

Mr. Speaker, we honor these men and the many who have come before and after by courageously taking the next step in exploration. This resolution is

as much about remembering our past as it is looking toward the future, and I urge my colleagues to support it.

I reserve the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I yield such time as he may consume to the gentleman from the Northern Mariana Islands, Congressman SABLAN.

Mr. SABLAN. I thank the distinguished gentlelady from Texas for yielding.

Mr. Speaker, I rise today as the author of House Resolution 1027 to ask Members to join together to celebrate one of the most historic scientific achievements in our Nation's history, and certainly one of the most daringly courageous feats of exploration in all of human history.

Fifty years ago on January 23, 1960, the United States Navy submersible *Trieste*, piloted by U.S. Navy captain Don Walsh and by Swiss engineer Jacques Piccard, dove 36,000 feet to the bottom of the Challenger Deep in the Mariana Trench, the deepest known part of our world's oceans. The Trieste dive—a manned descent into the Challenger Deep—has never been repeated, and on only two occasions has an unmanned vehicle penetrated into this abyss during the last 50 years. Just think about that.

Over the last 50 years, responding to President Kennedy's challenge to put men on the Moon, 12 Americans made that incredible journey, reached that destination and put foot on the lunar surface. We have sent satellite messengers out beyond our solar system to send back word of what is there. We have established a permanent manned presence in the space station circling the Earth. We have placed remarkable robotic vehicles on our neighbor planet Mars, exceeding all expectation and for years exploring that far-off world.

Yet, throughout this period of outer space exploration, the 80 percent of our world covered by the oceans—our inner space—remains virtually unknown and unseen by human beings. Our Nation has stopped in its track to witness the brave exploits of its outer space explorers and lauded them as heroes.

Yet Captain Don Walsh and Jacques Piccard and the team of U.S. Naval personnel who made the dive possible are virtually forgotten. H.R. 1027 aims to correct that. This resolution commemorating the 50th anniversary of the *Trieste* dive is meant to shine a light on what these brave men and their support team accomplished. This resolution is meant to inspire us with the example of Don Walsh and Jacques Piccard and reinvigorate the commitment of our Nation and this Congress to unlocking the secrets of the oceans of this Earth, of which we know so little.

Mr. Speaker, Mr. Piccard passed away in 2008. But Don Walsh is still alive, and he remains in every way an

adventurer. Next month in a series of events, we will honor Mr. Walsh and the memory of Mr. Piccard here in Washington. There will be a dinner at the National Geographic Society, a reception at the Smithsonian, and press tours of the *Trieste* herself, which is housed just down the street from the Capitol at the U.S. Navy Yards. These events were scheduled for April, not January, because Don Walsh has only just returned home from working and exploring in Antarctica.

I encourage my fellow Members of the House to add to the honors that will be accorded Captain Don Walsh next month by passage of House Resolution 1027.

I also want to thank my colleagues, Ms. BORDALLO and Mr. FARR, for their cosponsorship of this resolution. Even more, I want to recognize their continuing leadership in the protection of our oceans and the advancement of the scientific understanding of our marine environment.

Finally, Mr. Speaker, I would like to call attention to the newly designated Mariana Trench National Monument. This monument not only contains the Mariana Trench where the *Trieste* descended, but also three islands of my district—Uracas, Asuncion, and Farallon de Pajaros—as well as a multitude of undersea volcanoes, upwellings of liquid carbon dioxide, and other features believed unique in all the world.

The people of the Northern Mariana Islands are proud of this environmental treasure and are committed to its protection so that it may be a source of wonder to those who visit and of knowledge to those who come there to explore and discover as Don Walsh and Jacques Piccard did 50 years ago.

□ 1430

Mr. OLSON. I yield back the balance of my time.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, let me express my appreciation to all of the staff as well as the Members who brought this forth.

I recommend that we support this resolution and pass it.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) that the House suspend the rules and agree to the resolution, H. Res. 1027.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

NATIONAL DAY OF RECOGNITION FOR LONG-TERM CARE PHYSICIANS

Ms. SPEIER. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 244) expressing support for the designation of March 20 as a National Day of Recognition for Long-Term Care Physicians, as amended.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 244

Whereas a National Day of Recognition for Long-Term Care Physicians is designed to honor and recognize physicians who care for an ever-growing elderly population in different settings, including skilled nursing facilities, assisted living, hospice, continuing care retirement communities, post-acute care, home care, and private offices;

Whereas the average long-term care physician has nearly 20 years of practice experience and dedicates themselves to 1 or 2 facilities with nearly 100 residents and patients;

Whereas the American Medical Directors Association is the professional association of medical directors, attending physicians, and others practicing in the long-term continuum and is dedicated to excellence in patient care and provides education, advocacy, information, and professional development to promote the delivery of quality long-term care medicine; and

Whereas the American Medical Directors Association would like to honor founder and long-term care physician William A. Dodd, M.D., C.M.D., who was born on March 20, 1921: Now, therefore, be it

Resolved by the House of Representatives (the Senate concurring), That Congress—

(1) supports the designation of a National Day of Recognition for Long-Term Care Physicians; and

(2) supports the goals and ideals of a National Day of Recognition for Long-Term Care Physicians.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. SPEIER) and the gentleman from Ohio (Mr. JORDAN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. SPEIER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. SPEIER. I now yield myself such time as I may consume.

Mr. Speaker, I rise in support of H. Con. Res. 244, a bill recognizing the work of our Nation's long-term care physicians. Millions of Americans with disabilities or chronic illnesses require long-term medical care. The medical professionals who provide this care commonly address multiple chronic conditions and develop strong, compassionate, and trusting relationships

with their patients. Long-term care is often required by Americans in advanced age; and as this population increases, the demands for these services will obviously be increasing as well. However, all of us of any age are susceptible to illnesses, injuries, and conditions that require long-term care, so we all have a stake in this. All Americans should be grateful for the hard work of these dedicated professionals.

In particular, H. Con. Res. 244 recognizes the work of the American Medical Directors Association, the professional association for long-term care physicians officially chartered in 1978.

H. Con. Res. 244 was introduced by my colleague, the gentleman from Georgia, Representative PHIL GINGREY, on March 2, 2010. The measure was referred to the Committee on Oversight and Government Reform, which reported it favorably by unanimous consent on March 18, 2010. The bill enjoys the support of over 50 Members of the House.

Mr. Speaker, I urge my colleagues to join me in supporting this measure, and I reserve the balance of my time.

Mr. JORDAN of Ohio. Mr. Speaker, I would like to yield myself just a few minutes here and then yield to our colleague from Georgia.

Long-term care physicians deserve to be commended for their expertise and devotion to their line of work. As such, it is my great pleasure to support the designation of a day to honor their committed and faithful service to the population of truly needy individuals in our Nation. And so I support H. Con. Res. 244.

I would like to yield to the gentleman from Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. Mr. Speaker, I want to thank the gentlelady from California (Ms. SPEIER) and the gentleman from Ohio (Mr. JORDAN). I want to thank also my colleague in the Senate, Senator SAXBY CHAMBLISS, who is introducing the companion legislation.

Mr. Speaker, indeed, I do rise in proud support of authoring H. Con. Res. 244, expressing support for March 20 as a National Day of Recognition for Long-Term Care Physicians. And I want to give a loud shout-out to one of my best friends. In fact, he calls, he says we are pallbearer friends—now that's serious—Dr. Steve Jordan, who is a long-term care physician in Statesboro, Georgia, and one of my classmates in medical school.

Yet I support this resolution, Mr. Speaker, with a heavy heart because I fear that the Democrats' health reform bill will harm seniors and their long-term care. Seniors and patients all across this country have been telling our Congress that their health will suffer, their health will suffer if this bill, ObamaCare, passes, \$500 billion in cuts to Medicare when the program is already going broke. Seniors in my district know their health care costs will

go up if this bill, bought with backroom deals, is passed.

This Democratic majority, while promising the American people they will reform insurance, will bring in billions of new profits to private insurance companies and for liberal bureaucrats. Let me be very clear about this, Mr. Speaker. If the Democratic majority jams this bill down the throats of American patients, our health care, their health care will suffer. It will not get better; it will get worse. And to top it all off, the majority party wants to negate the votes of 300 million patients in this country by not even allowing an up-or-down vote by their Members on this backroom-deal bill. And that, Mr. Speaker, is the worst deal of all.

Yes, of course, I stand in proud support of this resolution, and I thank my colleague for making it possible to bring it to the floor.

Ms. SPEIER. Mr. Speaker, I yield myself such time as I may consume.

And I would like to just say to the gentleman from Georgia, as much as we are talking about the great work of long-term care physicians, it is important to note, as he expresses his disdain for the health care reform measure, that the American Medical Association, made up of thousands upon thousands of physicians across this country, stands in strong support of the health care reform measure.

I reserve my time.

Mr. JORDAN of Ohio. Mr. Speaker, I would yield 2 minutes to my distinguished colleague from the State of Illinois, Congressman SHIMKUS.

Mr. SHIMKUS. Mr. Speaker, I want to thank my colleagues for bringing down this resolution. Long-term care is very, very important, as are the physicians involved in taking care of our seniors. The primary payer of long-term care is Medicaid. And regarding the Democratic health care bill, what happened to Illinois is that the mandated increase in Medicaid forces a \$2 billion additional cost in the State of Illinois, another unfunded mandate in a State that is already \$11 billion in debt. And I think my colleague from California would understand that because of the indebtedness in the State of California. We are both, our States are both, in serious problems.

The Medicare cost cuts in this bill, in the Democratic health care bill, is \$463 billion for Medicare, which means that doctors are going to stop providing and giving access. My colleague talked about the AMA. We have physicians here on the Republican side who are members of the AMA who are adamantly opposed to the health care bill.

The third thing is that in this economy we cannot afford a \$569 billion tax increase to pay for this. Caterpillar today just announced that this health care bill will add another \$100 million of cost to their service. Now how are we going to increase jobs in the econ-

omy by increasing taxes that much? And I would like to end with this quote from the Catholic bishops: "Notwithstanding the denials and explanations of its supporters, and unlike the bill approved by the House of Representatives in November, the Senate bill deliberately excludes the language of the Hyde amendment. It expands Federal funding and the role of the Federal Government in the provision of abortion procedures. In so doing, it forces all of us to become involved in an act that profoundly violates the conscience of many, the deliberate destruction of unwanted members of the human family still waiting to be born."

Ms. SPEIER. Mr. Speaker, as we again debate this health care reform measure, which is not the measure that is before us presently, but a resolution to promote long-term care physicians, I would just like to point out that while the bishops may not support the language in the Senate bill, the network which is comprised of tens of thousands of Catholic nuns across the country does support the language. So maybe it's the nuns versus the priests, and I would side with the nuns.

Mr. SHIMKUS. Would the gentleman yield?

Ms. SPEIER. I yield.

Mr. SHIMKUS. The true response to that is that 55 nuns signed that letter, 10,000 nuns have come out against this position by those 55.

Mr. JORDAN of Ohio. Mr. Speaker, I recognize my distinguished colleague, Dr. BROWN from Georgia, for 2 minutes.

Mr. BROWN of Georgia. I thank the gentleman for yielding. I rise today in support of H. Con. Res. 244 expressing support for the designation of March 20 as the National Day of Recognition for Long-Term Care Physicians and to honor an esteemed long-term care Georgian physician, Dr. William A. Dodd. As a primary care physician for almost four decades, I understand the important role long-term care physicians play for an ever-growing elderly population.

We as a body have spent the last year debating health care reforms. It appears that a weekend vote on government takeover of the entire health care system is the best Congress can come up with. It is a shame that we have lost an opportunity to debate real reforms that will help millions of Americans either continue with or obtain affordable, quality and accessible health care for their families, reforms that many in Congress can agree on, such as allowing the purchase of health care insurance across State lines, developing associations and State high-risk insurance pools to help lower insurance premiums, allowing medical providers to receive tax credits for providing free services for those who are unable to afford care and for full deductibility of health care costs, tax fairness.

We in Congress can do much better than what the current discussion is

yielding. For the sake of all long-term care physicians, as well as all Americans, the health care debate needs to move away from our current path and start over with commonsense reforms.

Ms. SPEIER. Madam Speaker, I reserve the balance of my time.

Mr. JORDAN of Ohio. Madam Speaker, I would like to recognize the distinguished colleague from Alabama, Dr. GRIFFITH, for 2 minutes.

□ 1445

Mr. GRIFFITH. Madam Speaker, the long-term care physicians of America are unsung heroes. Many of you have never seen them, many of you have never met one, but yet they work with some of the most difficult patients in the world.

Imagine, if you will, walking into a room of 20 or 30 Alzheimer's patients, walking into a room of 20 to 30 young men or women with closed-head injuries who will live in a vegetative state for 20 to 30 years. Imagine, if you will, a physician who has three to four nursing homes to take care of, patients on five and six medications. Very, very difficult medicine and very, very hard to find these individuals. Less than 2 percent of our medical school classes are going into primary care; 35 percent of our physicians are trained overseas.

The health care bill that is being proposed for America today is going to accentuate the physician shortage. We will have a very difficult time finding long-term care physicians. We have a hard time even today having people be seen who have Medicare coverage but still no access, Medicaid coverage but still no access. And our long-term physicians, long-term care physicians who are unsung and our heroes in medicine will become a fewer and fewer number under this present bill. We are very concerned about that. Because of that, we have voiced our opposition, but we are proud to sponsor this resolution.

Ms. SPEIER. I reserve the balance of my time.

Mr. JORDAN of Ohio. Madam Speaker, I yield an additional 2 minutes to Dr. GINGREY, our colleague from Georgia.

Mr. GINGREY of Georgia. Madam Speaker, I thank the gentleman for yielding to me, and of course I continue to support this great resolution recognizing March 20 as National Long-Term Care Physician Day.

As my colleague from Alabama, the gentleman from Huntsville, Dr. PARKER GRIFFITH, just spoke, Madam Speaker, as a medical oncologist he knows of what he speaks. And he talked about the long-term care physicians, many of us who have not yet needed their services but indeed we will. We will.

As I said earlier, Madam Speaker, I have great concerns. I have great concerns about their ability should this H.R. 3590, patient protection health

care reform bill—I call it ObamaCare. Should that pass, I have great concern about our long-term care physicians and what they can do, how they can help, how much in control they will be of the health and well-being of our senior citizens.

You know, the economic stimulus package of last year talked about shovel-ready projects. Well, that didn't have much effect, I don't think, on our senior citizens. But if this bill passes, if ObamaCare passes, Madam Speaker, then all of a sudden these senior citizens in our country will become shovel ready, and this bill will concern them. My great fear is they will be first in line to get thrown under the bus when we start rationing health care.

So as I support this resolution, as I said earlier, I have a very heavy heart and much concern. When you cut \$500 billion out of a Medicare program that has \$35 trillion, Madam Speaker, of unfunded liability over the next 50 years, and you are going to cut it 10 percent a year, Madam Speaker, for the next 10 years? How is that good for our senior citizens?

Ms. SPEIER. Madam Speaker, as we discuss this resolution on recognizing the long-term care physicians, my colleagues on the other side of the aisle keep wanting to debate the health care reform measure, so I feel it is incumbent on me to at least shed some light from our perspective on why this is so very important to the American people. And as we look at the health care professionals who are supporting the health care reform measure, I would like to just list a few of them.

The American Medical Association, the AARP, the Catholic Health Association, the Federation of American Hospitals, the National Association of Public Hospitals and Health Systems, the American College of Physicians, the National Hispanic Medical Association, and the list goes on and on. All of these health care professionals can't be wrong.

I reserve the balance of my time.

Mr. JORDAN of Ohio. Madam Speaker, I would just respond to the comments from the gentlelady from California that one group she left out was the American people. Every single poll done over the last year shows the American people don't want the health care legislation. She can name every group she wants—I am sure she has got a longer list—but go talk to the American people. Time and time again, they have said they don't want this bill.

So while you have every special interest group that she wants to lay out there, that is fine. Think about it. They were going to pass this bill in September; the American people said "no." Oh, we are going to pass it in October; the American people said "no." We are going to pass it by Thanksgiving; the American people said "no." We are going to get it done by Christ-

mas, we promise; the American people said "no." We are going to get it done by the State of the Union; the American people said "no." And now, they are going to try to get it done by Easter.

What part of "no" don't they get?

So sure, there are all kinds of special interests who want this special deal, but the American people know what it is about, and that is why they are opposed to it.

And I yield an additional 2 minutes to the gentleman from Georgia (Mr. BROWN).

Mr. BROWN of Georgia. I thank the gentleman for yielding.

Mr. JORDAN is exactly right; the American people are not being taken into consideration. They are being overlooked. But I want to remind the gentlelady from California, and the American people for that matter, the AMA only represents a very, very small fraction of physicians in this country, a very small group. All these groups that she named off have cut their own special little deals with the President and with the leadership here in the House and the Senate. They have cut out their special deals for their own parochial interests, but they haven't considered the American people.

I will tell the gentlelady from California, the vast majority of medical doctors who are practicing medicine, like I have for almost four decades, deplore this government takeover of the health care system, the vast majority, and what it is going to do if it is passed into law. It is going to mean that patients can't make health care decisions for themselves; doctors can't make health care decisions for their patients. Government bureaucrats here in Washington, DC, will be making those decisions.

And the people who are going to be hurt most are those people on Medicaid and Medicare, the poor people in this country and the senior citizens. The reason that they are going to be hurt the most, we already see it happening as doctors are having to not accept any more Medicaid patients, any more Medicare patients because of reduced reimbursement; and that is going to get much worse if this bill is ever passed into law.

So they may have an insurance card provided for them by the Federal Government in their pocket, but that insurance card is going to be worth the same amount that a confederate dollar was after the war between the States, worth nothing, because they can't get access. And that is exactly where the Democratic leadership is taking us. Access is going to be much worse than it is today. But we have some commonsense solutions.

The SPEAKER pro tempore (Ms. WATSON). The time of the gentleman has expired.

Mr. JORDAN of Ohio. I yield the gentleman an additional 1 minute.

Mr. BROWN of Georgia. We have some solutions. I have challenged Democrats to introduce a bill that would do four things: across-State-line purchasing for businesses and individuals, association pools to give people multiple options, develop State high-risk pools, and have tax fairness so everybody could deduct 100 percent of their health care costs and insurance off their income taxes. I've had many Democrats say they would love to support it but their leadership won't let them. We can have some commonsense solutions that would give people what my Democratic colleagues keep asking for—lower costs, more accessibility.

But the program we are seeing on the floor and that is going to be forced down the throats of the American people is actually going to be adverse to the people who can afford it the least, the poor people and the senior citizens in this country. It's going to put millions of people out of work. The cost is going to skyrocket. It is going to be disastrous.

We can find commonsense solutions. We can do some things that will be in the best interests of patients, doctors, businesses, and everybody, if we just do it.

Ms. SPEIER. Madam Speaker, I would like to yield to the gentlewoman from California (Ms. WOOLSEY) such time as she may consume.

Ms. WOOLSEY. Madam Speaker, I was just doing a crossword puzzle waiting for my turn, because I am going to work with Congresswoman SPEIER on the next resolution, and there was a clue. I was doing a crossword puzzle, and the clue was "emotion evoked by pathos." The answer was "pity." And I thought, oh, my gosh, that is exactly what I am feeling about what I am hearing from other side of the aisle.

It is such a pity that for 8 years the Republicans did nothing to fix health care. It is such a pity that you must be so afraid of what is going to come out of the health care bill when we pass it this weekend, that it is going to be so popular when 32 million people will be covered, because 38 million people in this country have no coverage right now. And what did you do about it over the last 8 years? Nothing. What a pity.

What a pity that you have to say that we are rationing care when there is absolutely no question that American care is not going to be rationed. But care will be rationed today if we do nothing by the insurance companies, which are rationing care every day as I speak. They are making the coverage of care based on their profits. It is being rationed for those who have insurance but can't afford the care, and those who have lost insurance because it simply cost too much. Those who want to defeat reform are essentially defending rationing care.

Under the House and Senate bill and the President's proposal, there is not one provision that gives the government the ability to determine what treatments an individual can receive. More specifically, the comparative effectiveness research provisions in the House and Senate bills that are supported by the administration have been funded by the Federal Government—already funded by the Federal Government for years.

This research has absolutely nothing to do with rationing. This research is to improve quality of care, it is to give doctors information they need and what they want so that they can treat patients better. That is what we are looking for. We are looking for treatment. We are looking for coverage. We are looking for access.

And what a pity that you folks couldn't work with us so we could get where we are getting this weekend, so we can bring care to the people of this country that is affordable, that they won't have to fear losing their coverage if they get sick. If they are sick, they get sick, they lose their jobs, they will still be able to be covered. That is what the people of America want.

You ask them point blank with these scare tactics—what a pity that you need them on the other side of the aisle. You ask anybody if they like those scare tactics. Of course they will say “no.” You ask them about the individual parts of this health care reform bill, they are absolutely glad to embrace it.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair.

Mr. JORDAN of Ohio. Madam Speaker, the gentlelady said the Federal Government won't be influencing the type of care Americans get. There is not a person outside this town who believes that statement. This is a 2,700-page bill, more boards, commissions, panels, bureaucrats between you and your doctor than you can imagine. No one outside of Washington believes that statement. Of course the Federal Government is going to be influencing the type of care you get. That is why it takes 2,700 pages of legislative language in this bill.

With that, Madam Speaker, I yield 2 minutes to the gentlelady from North Carolina (Ms. FOXX).

Ms. FOXX. Madam Speaker, we have to respond to those comments that are being made.

Republicans did nothing? We did a lot. We opened up HSAs, health savings accounts, for Americans. We passed three bills in my first 2 years here that would allow for associated health plans. But what happened? They get over to the Senate and they can't get passed because the Democrats bottled them up.

The Democrats have over 250 Members in this body. Republicans never

had more than 232. They are trying to blame us for this health care bill not passing?

If it is such a wonderful bill, how come you are having to break arms and bribe people to vote for it? That is the problem. The Democrats themselves can't agree on this bill.

We set up HSAs so that people aren't tied to their employers to keep their insurance. You all have ruined the economy and you are destroying jobs. People are losing their jobs; they are losing their health care. That is what is happening. And Medicare rations more health care than the worst of the insurance companies does.

□ 1500

Look at the chart. Medicare turns down more people with preexisting conditions than the insurance companies do. And what's going to happen is you're spreading Medicare out. You're forcing people into Medicaid. They will have no choice as to whether to be in Medicaid or have private insurance. That's what the majority is doing here.

Don't talk to us about our doing nothing and about your giving access to people and coverage. You're raising the cost of health care. You're going to destroy at least 5 million jobs with this bill because of the taxes on businesses. This is not the way to go. This is not what Americans want. Americans deserve a better life. Americans deserve their freedom.

Ms. SPEIER. I yield such time as he may consume to the gentleman from Kentucky (Mr. YARMUTH).

Mr. YARMUTH. I thank the gentlewoman. Madam Speaker, this is getting to be like a broken record. And I know there are a lot of people out there younger than I am who don't know what a broken record is, but it used to be something we played music on, and when it got a scratch on it, it skipped, and you had the same notes time after time after time.

Well, we've been listening now for a year to the same talking points that Frank Luntz wrote a year ago and handed out and said, This is the recipe for defeating health care reform. And we need to defeat health care reform because if we don't defeat it, and the Democrats succeed and President Obama succeeds, then we will be in the minority for the foreseeable future. That's been the strategy from day one, and things like government takeover and job killing and rationing are the same words we have heard time and time again. The reason we keep hearing those is because our colleagues from across the aisle don't want to discuss the substance. They don't want to discuss the benefits. They don't want to discuss the protections and the security that we're providing for virtually every American.

Now I've heard a lot of this stuff about the burden on small

businesspeople and job-killer. Well, I don't know how many of my colleagues from the other side have a lot of experience in the business world. I was a small businessman. I have two brothers who run considerable-sized businesses. I have a sister who runs a small business. And my father was an entrepreneur who developed a business. Not once, not once, did ever any of them, or I, my father included, ever say the tax rate, their personal tax rate, made a difference in how they operated. And you know why? Because entrepreneurs aren't in it just to make money. They're in it because they want to be their own bosses and they're doing something they love. If the tax rate goes up, they just say, Hey, that's okay. I may have to work a little bit harder, but that's not why I'm in it. That's not going to change my business strategy, particularly when you're talking about a 2 or 3 percent tax increase on somebody who makes over a quarter of a million dollars a year.

Let me tell you what that means. Let's say you're making a million and a half dollars. Small business person, entrepreneur, making a million and a half dollars, and this bill is enacted. Now here's the way I look at it. Somebody comes to me and says, I'm going to make you a deal. You're a charitable guy. For \$30,000 I'm going to allow you to say that you insured 32 million people; that you saved 18,000 lives a year; that you prevented 700,000 bankruptcies in this country; that you allowed small businesses to provide insurance for your employees and employees of small businesses around the country, because they are 60 percent of all the uninsured in the country. And I'd say that's a pretty good deal. I make charitable contributions that were a lot less effective than that.

This is a good deal for small business people. And let me tell you why. A small businessperson right now is facing premium increases across the country, 20, 30, 40 percent. Those are the types of things that really impede a small business—not a small incremental tax increase on their personal income. When you're talking about premium increases of 30 and 40 percent, you're dramatically changing the way you do business. Plus, you're being put in the position of forcing your employees to pay more for their coverage or else dropping their coverage altogether, which means some of those employees aren't going to be able to continue to work for you. They're going to have to find a job with a big company that has a group plan. No. This is the greatest step forward for small businesses in the country's history.

I tell you, I was in a small business with about 25 employees. We had a very young, very healthy group of employees, except for one person. We had a woman who had cancer. What happened to our insurance premiums? Every

year, 15, 20 percent, because of her misfortune. Everybody else in the company suffered. That's what we face now.

I talked to a businessman in my district not too long ago. He has 110 employees. I said, What's going on with your health insurance? He said, Well, funny you should ask. Last year, we had two people that had pretty serious illnesses. Our first quote for renewal was a 75 percent increase. We negotiated that down to 38 percent, but we had to increase everybody's copays and everybody's deductibles, and we had to ask everybody to come out of pocket a little more money.

So here's the situation. Two employees get sick and 108 others have their standard of living diminished. That shouldn't happen in America. That's not the law of supply and demand which we rely on in many other areas. This is the problem with our health care system. These are the problems that we're trying to solve in our health care reform. This is a great step forward for small business, it's a great step forward for America, and I urge all my colleagues to support it. I know it will be the best vote I've ever cast in Congress.

Mr. JORDAN of Ohio. Madam Speaker, can I inquire of the amount of time on each side?

The SPEAKER pro tempore (Ms. PIN-GRÉE of Maine). The gentleman from Ohio has 2½ minutes. The gentleman from California has 7½ minutes.

Mr. JORDAN of Ohio. We'd like to reserve, if we could, Madam Speaker, the balance of our time.

Ms. SPEIER. Madam Speaker, I find this discussion somewhat hypocritical, to say the very least. We are here discussing the long-term care physicians and elevating them and talking about how necessary they are for the aging population in this country, and many of my colleagues on the other side of the aisle took the opportunity to start talking about the health care reform measure. Well, guess what, my colleagues on the other side of the aisle? The long-term care physicians of America have endorsed health care reform. So don't use them as some means by which you can debate health care reform when they're the very physicians that support this legislation.

I reserve the balance of my time.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair.

Mr. JORDAN of Ohio. Madam Speaker, if the majority party has additional speakers, in the interest of keeping time relatively equal, we would continue to reserve the balance of our time.

Ms. SPEIER. Madam Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. RYAN).

Mr. RYAN of Ohio. I thank the gentlelady, and I appreciate the opportunity to come here. My friend from Ohio, we have been through this routine before. We were in the State Senate many years ago together, except I was arguing against his proposals and he was passing them. This time, he's arguing against ours and we're going to pass ours.

The issue really, here—and I think the gentlelady from California brought it up. Our friends on the other side, Madam Speaker, like to say, Well, seniors are against it. But then AARP endorses it. Our friends on the other side say doctors are against it. But the American Medical Association endorses it. You say that this is pro-abortion, and you have 59,000 Catholic nuns from across the country endorsing this bill, 600 Catholic hospitals, 1,400 Catholic nursing homes endorsing this bill. So you're not calling anybody over here pro-abortion. You're calling 59,000 Catholic nuns pro-abortion, which I think really brings this debate to a head.

We are doing something that we've not been able to do in this country for a hundred years. We all go back to our districts and with this bill alone we're going to make sure—I know in my congressional district—that over 9,000 people can go back on the rolls because they've been denied because of a pre-existing condition. We had 1,700 families in my congressional district last year go bankrupt.

I know this is difficult. And nobody on this side is saying that this hasn't been a difficult process. It has been. But nothing good happens without it being a little bit difficult and challenging. And that's the point we are at now in our country. We cannot get to the point where we are afraid to do bold things in our country. We have to do this.

Small businesses all over our State—to the gentleman from Ohio—all over our State can't get enough money to reinvest back into the capital, the technology, the wages that we need in order to get our businesses jump-started because it keeps going over to health care. If you're a small business, you're going to get a tax credit up to 50 percent of your health care costs. This is a tax cut for small businesses. And we're going to make sure that people are healthier and more productive.

I know our friends on the other side want to say, Well, let's start over. Let's get the blank piece of paper out and let's start all over. Let the insurance industry start all over. Let them go back to 1993 and 1994, revoke all of their increases that they gave to the American people over the last 15 or 20 years. Let them start over. Put all the people who have been denied because of a preexisting condition back on the insurance rolls; all the people who got sick when they had insurance and were

kicked off insurance. Put them back on, and then maybe we'll consider starting all over. But we've got to make this bold move to make sure that everybody's in the tent. This is a moral issue on so many levels. We can't keep telling citizens in the wealthiest country that this globe has ever seen that we have the ability to care for you, but we can't afford it. It's time to pass this bill. We're going to do it this weekend. And we're going to look back, just like on Medicaid, Medicare, Social Security, and civil rights. We did the right thing, the moral thing.

Mr. JORDAN of Ohio. I would yield 90 seconds to a good friend and colleague, the gentleman from Louisiana (Mr. FLEMING).

Mr. FLEMING. Madam Speaker, let me get to the point here. In this bill we have the other side says there's \$500 billion that's going to be taken out of Medicare without one word of explanation how they're going to do it. They're going to take it to extend the life of Medicare. And they're going to count it to subsidize private insurance. Totally dishonest.

Now I have here a memo from the Democratic Caucus, and just to quote in talking about this giddy CBO score that's supposed to show savings: Do not allow yourself to get into a discussion of details of CBO scores and textual narrative. Instead, focus only on the deficit reduction and number of Americans covered. Do not give them ground by debating details. For example, the March 11 letter has some estimates of discretionary cost not accounted in the total. Again, instead focus only on the deficit reduction and number of Americans covered.

Finally, with regard to SGR, we know that that was carved out of this bill, \$250 billion, so let's add that to the trillion that's not being accounted for, and I quote: "Most health staff are already aware that our health proposal does not contain a 'doc fix' . . . The inclusion of a full SGR repeal would undermine reform's budget neutrality. So, again, do not allow yourself . . . to get into a discussion of the details of CBO scores and textual narrative. Instead, focus only on the deficit reduction and number of Americans covered."

" . . . Leadership and the White House are working with the AMA to rally physicians' support for a full SGR repeal."

So now we understand why the AMA is supporting this.

Ms. SPEIER. I yield 1 additional minute to the gentleman from Ohio (Mr. RYAN).

Mr. RYAN of Ohio. I would like to respond to that, Madam Speaker, because if we want to talk about memos, let's talk about the memo that the pollster and the consultant for the Republican Party put out last spring saying, No matter what you do, do not let President Obama pass health care. It will

put you in the minority for another decade or two. It will make his Presidency. That was before we had any bill ready to go. It was socialism, it was this—the other side, Madam Speaker, was told by their consultants not to support this bill. And as for the Medicare costs, why are we going to save \$500 billion? Because there is waste in the Medicare program, and this is something that they've proposed on the other side for a long, long time. In addition to that, if those people 55 to 60, before they go onto Medicare, actually have health insurance, they're going to cost less when they get into the Medicare program because they're not going to be as sick.

□ 1515

When you come from an old industrial area like ours, there are sick people who have lost their jobs, don't have health insurance. They wait until they get into Medicare. They are chronically ill, and they cost more money. That's how we're going to save money.

Mr. JORDAN of Ohio. Madam Speaker, I yield the remainder of my time to our distinguished colleague from Tennessee, Dr. ROE.

Mr. ROE of Tennessee. Madam Speaker, I rise in support of this resolution to designate tomorrow as National Day of Recognition for Long-Term Care Physicians. And ironically the same weekend we're honoring these physicians, House Democrats are simultaneously destroying their ability to practice medicine by enacting a Washington takeover of the patient's decision-making power.

Let me just give you the short and sweet of it. We started health care reform in Tennessee 17 years, and I know what I am talking about here because we've experienced this. We wanted to control cost and increase access, and we began a plan called TennCare. What's happened during that plan is that it has decreased our access because of the payment to physicians and to providers. This year our plan has begun to ration the care. And how it's done that is, it's limited the number of patient visits and the amount of money that TennCare will pay for a hospitalization, no matter how much money the bill is. So those costs are shifted over to the private sector. I've seen this with my own eyes, as I have paid \$10,000 for a visit to the hospital, no matter what the bill is.

Ms. SPEIER. Madam Speaker, you know, there's something very ironic about the fact that when we are honoring long-term care physicians, that they have become the pawn by the Republicans to have a discussion on health care reform and—oh, by the way, the long-term physicians that they want to applaud are endorsing the health care reform legislation.

I have a story I want to share with my colleagues. It's about a constituent

who has two children, a family of four. Their health insurance premium was \$560 a month 4 years ago. Their health insurance premium today is \$2,008 a month. The irony of this particular story is that the father is an emergency room doctor, and he gets his health insurance from Anthem Blue Cross. And, oh, by the way, Anthem Blue Cross negotiated a contract with him as an emergency room doctor where they require that he take a 60 percent discount in the fees that he was charging.

So what that should say to all of us is that the Anthem Blue Crosses of the world aren't spending the money on health care. They're spending the money on CEOs' salaries and bonuses and Wall Street; and that's why health care reform is so critical today. So I urge my colleagues to join me in recognizing the work of our Nation's long-term care physicians who endorse health care reform by supporting this measure.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. SPEIER) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 244, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. SPEIER. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

HONORING DONALD HARINGTON

Ms. SPEIER. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1040) honoring the life and accomplishments of Donald Harington for his contributions to literature in the United States.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1040

Whereas Donald Douglas Harington was born on December 22, 1935, in Little Rock, Arkansas;

Whereas at age 6, he attempted to write his first novel, "The Adventures of Duke Doolittle";

Whereas at age 12, Harington contracted meningococcal meningitis and as a result lost most of his hearing;

Whereas Harington graduated from the University of Arkansas with a bachelor's degree in art in 1956, a master's degree in printmaking in 1959, and from Boston University with a master's degree in art history in 1959;

Whereas Harington taught art history at Bennett College in Millbrook, New York,

from 1960 to 1962, and at Windham College in Putney, Vermont, from 1964 to 1978;

Whereas Harington had short-term teaching appointments at the University of Missouri Rolla, the University of Pittsburgh, and South Dakota State, and taught art history at the University of Arkansas from 1986 until he retired in 2008;

Whereas Harington's first novel, "The Cherry Pit", was published in 1965 and over the course of his literary career he also published "Lightning Bug" (1970), "Some Other Place. The Right Place" (1972), "The Architecture of the Arkansas Ozarks" (1975), "Let Us Build Us a City: Eleven Lost Towns" (1986), "The Cockroaches of Stay More" (1989), "The Choring of the Trees" (1991), "Ekaterina" (1993), "Butterfly Weed" (1996), "When Angels Rest" (1998), "Thirteen Albatrosses (or, Falling off the Mountain)" (2002), "With" (2003), "The Pitcher Shower" (2005), "Farther Along" (2008), and "Enduring" (2009);

Whereas in 1999, Harington was inducted into the Arkansas Writers' Hall of Fame;

Whereas in 2003, Harington won the Robert Penn Award for Fiction, and in 2006 received the first lifetime achievement award for Southern literature from Oxford American magazine;

Whereas writer Kevin Brockmeier expressed that "the signal feature of Donald Harington's novels is their tremendous liveliness. His books are not blind to suffering, featuring as they do murder, poverty, kidnapping, loss, and betrayal. Yet the mood of his stories is overwhelmingly one of celebration. He extends his sympathies so widely that even the trees and the hills, the insects and the animals, the criminals and the ghosts seem to sing with the joy of existence. He brings a tenderness and a brio to the page that prevents his characters from sinking beneath the weight of their troubles, and one finishes his books above all else with an impression of a robust, loving comic energy. You feel as if you have been immersed in life, both your own life and the particular lives of his characters, and that life, for all its misfortunes, is a pretty good place to be";

Whereas Entertainment Weekly called Harington "America's greatest unknown writer";

Whereas Harington was described in the Washington Post as "one of the most powerful, subtle, and inventive novelists in America";

Whereas Harington once said that his philosophy of writing was that literature, that all art, is an escape from the world that makes the world itself, when you return to it, more magical, bearable, or understandable; and

Whereas, on November 7, 2009, at age 73, Harington died in Springdale, Arkansas, from complications of pneumonia: Now, therefore, be it

Resolved, That the House of Representatives honors the life and accomplishments of Donald Harington for his contributions to literature in the United States.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. SPEIER) and the gentleman from Ohio (Mr. JORDAN) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. SPEIER. Madam Speaker, I ask unanimous consent that all Members

may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. SPEIER. I now yield myself such time as I may consume.

Madam Speaker, I rise in support of H. Res. 1040, recognizing the life and work of Donald Harington. This resolution was introduced by our colleague, the gentleman from Arkansas, Representative VIC SNYDER, on January 26, 2010. The measure was reported to the Committee on Oversight and Government Reform, which reported it out favorably by unanimous consent on March 18, 2010, and the measure enjoys support from over 50 Members of the House.

Mr. Harington was born December 22, 1935, in Little Rock, Arkansas, where he spent much of his childhood. It was there as well as in the town of Drakes Creek that he drew inspiration for his novel, set in the fictional town of Stay More. Though he lost most of his hearing at the age of 12, he had a strong memory of the local voices, accents and intonations he had heard as a boy and incorporated them to great effect in his works.

Mr. Harington's daring experiments with literary styles made him hard to pigeonhole in the world of literature. But his stories attracted legions of fans and high praise from critics, particularly his 1975 novel "The Architecture of the Arkansas Ozarks," and the 1972 autobiography "Some Other Place. The Right Place."

Donald Harington's talents were not limited to the written word. He also taught art history at Bennett College in Millbrook, New York, from 1960 to 1962; at Windham College in Putney, Vermont, from 1964 to 1978; and at the University of Arkansas from 1986 until he retired in 2008. In addition, he shared his talent and wisdom with students at the University of Missouri Rolla, the University of Pittsburgh, and South Dakota State University.

Mr. Harington passed away in Springdale, Arkansas, on November 7, 2009, at the age of 73. He is survived by his wife, Kim, along with three daughters from his first marriage, a stepson, a sister, and four grandchildren. Madam Speaker, let us take time to remember and honor Donald Harington for his great contributions to American literature. I urge my colleagues to support this resolution.

I reserve the balance of my time.

Mr. JORDAN of Ohio. Madam Speaker, I would like to join my colleagues in recognizing the life and accomplishments of novelist Donald Douglas Harington and stand in support of H. Res. 1040.

Described by Entertainment Weekly as "America's greatest unknown writer" and by The Washington Post as

"one of the most powerful, subtle and inventive novelists in America," Mr. Harington's contributions to modern American literature deserve to be recognized and applauded by all Americans.

Madam Speaker, I yield 2 minutes at this time to the gentlewoman from North Carolina (Ms. FOXX).

Ms. FOXX. I thank the gentleman for the time. I want to just say that our colleagues across the aisle have been lambasting insurance companies about what terrible things they have done to the American people. But I want to say that there is one insurance company they like very much, and that's the AARP. And it's probably because the AARP has come out so strongly in favor of this terrible so-called health care bill.

Let me explain to the American people why the AARP is an insurance company. Because their royalty fees in 2008, according to their own financial statements, totaled \$414 million, pure profit. And a higher amount of net revenue than that generated by such large insurers as CIGNA, which had \$292 million profit, or Health Net, a \$95 million profit during the same time period.

Even as premiums continue to rise for seniors, AARP's profits have skyrocketed in recent years, jumping 31 percent just from 2007 to 2008. Now, our colleagues across the aisle don't ever mention that when they talk about the horrible insurance companies and how their rates have risen. We all know that a big part of the reason that other insurance companies are raising rates is because we're not paying adequate amounts from the Federal Government, and yet we're going to put everybody into a Medicare-type plan.

Madam Speaker, I have a sheet about the AARP and the problems that we see with AARP having endorsed this plan and it being a conflict of interest for them, and I would submit that for the RECORD.

DEMOCRATS FIND AN INSURANCE COMPANY THEY LIKE . . .

This morning, deep in the bowels of the Capitol, Congressional Democrats are meeting with executives from one of the nation's largest insurers: AARP. According to its own Form 990 filings with the IRS, the AARP has a wholly owned "AARP Insurance Plan" that gives to AARP "a portion of the total premiums collected" from the sale of Medigap, Medicare Advantage, and Medicare Part D plans. In 2008, according to AARP's financial statements, those "royalty fees" totaled \$414 million—pure profit to AARP's bottom line, and a higher amount of net revenue than that generated by such large insurers as Cigna (\$292 million profit) or Health Net (\$95 million profit) during the same time period. Even as premiums continue to rise for seniors, AARP's profits have skyrocketed in recent years, jumping 31 percent just from 2007 to 2008.

It's also worth highlighting how the AARP Insurance Plan treats AARP members—and how, in drafting health care legislation, Democrats have bent over backwards to help the AARP Insurance Plan continue to rake in profits.

AARP currently denies access to individuals with pre-existing conditions by imposing waiting periods on its Medigap plans—and the Democrat legislation would allow them to continue this practice, even as it prohibits insurance companies who sell to the under-65 population from the same type of behavior.

AARP-sold Medigap plans are not subject to the same restrictions applied to all other forms of Insurance in the Democrat bill, which require at least 80 cents of every premium dollar to be spent on medical expenses.

AARP's then Chief Executive Bill Novelli received more than \$1,000,000 in total compensation from the organization in 2008—more than 78 times the average annual Social Security benefit of \$12,738—yet the amendment supported by 56 Democratic senators to place a \$500,000 cap on Insurance executive salaries somehow exempted AARP from its provisions.

A backroom deal cut in Sen. Harry Reid's office exempts AARP's lucrative Medigap plans from the new tax on health insurers (Section 10905(d), Page 2395 of H.R. 3590 as passed the Senate)—and the cuts to Medicare Advantage plans included in the Senate bill will doubtless encourage millions more seniors to buy Medigap supplemental coverage, where AARP plans consume the largest market share.

While insurance companies have responded positively, to Secretary Sebelius' request for additional transparency in their pricing policies, pricing AARP has publicly refused to disclose the exact amount of revenue it receives from the sale of its Medigap plans—even though the organization's board Chair made a public pledge to Congress to do so. Perhaps not surprisingly, Democrats have yet to comment on AARP's "stonewalling" tactics, as the ostensibly "non-profit" organization attempts to hide the exact amount by which its Medigap business will financially benefit if health "reform" is enacted.

Given these actions, it's worth asking whose side Democrats are on: The side of seniors, or the side of an advocacy organization that makes money from them?

Ms. SPEIER. Madam Speaker, I now yield for as much time as he may consume to the gentleman from Arkansas, and the author of this resolution, Mr. SNYDER.

Mr. SNYDER. Madam Speaker, I appreciate the opportunity to be here this afternoon to consider this resolution and will not add much to the good summary that the gentlelady from California gave.

I have to say that I believe Mr. Harington—and I had met Mr. Harington before his death—I think he would be delighted that this resolution is turning into a debate on the big issue facing this country this day, this year, perhaps this decade. I think he would probably be more delighted by the cast of characters that we all are, and he would see us all as that way, with all of our intricate motivations and complexities and life histories and would probably find this to be quite a glorious day. And I hope he is enjoying it from wherever his perspective is.

The gentlewoman from California mentioned the fact that Mr. Harington lost his hearing when he was very young. He was 12 years old. As you

know, as we have seen America modernize, we all start talking more and more like Walter Cronkite did on TV, those of us who were born in the forties and fifties. And as we grew up, we started seeing this homogenization. The fact that Mr. Harington had lost his hearing, he always had in his mind that vivid recollection of what people spoke like in north Arkansas, and that comes out so well in his novels.

I did have occasion to meet him. He was a delightful man. He had a critical following in the country. But as was pointed out, some people did not know him very well, and some people consider him just the greatest novelist that America had that nobody knew anything about. Today we are doing our small part to acknowledge him to bring his legacy to a few more people, and perhaps a few more people will read his great books.

Now we can let this debate continue in whatever form it may take, knowing that Mr. Harington will enjoy the exchanges.

Mr. JORDAN of Ohio. Madam Speaker, I yield 2 minutes to my distinguished colleague from the State of Tennessee, Dr. ROE.

Mr. ROE of Tennessee. I would like to associate my remarks with Dr. SNYDER, the gentlelady from California, and the gentleman from Ohio. Madam Speaker, I, myself, have been in exactly the same position that the gentlelady from California spoke of when I ran for Congress and I left my medical practice with \$1,800 a month for my health insurance. I was fortunate I could pay that, as the ER physician was able to do that.

You can do a couple of things to make those rates go down immediately. One is letting an individual deduct their health insurance premiums just like huge corporations do. That would make it 30 to 35 percent cheaper tomorrow for every person out there trying to buy affordable health insurance. Number two, it speaks volumes for allowing you to buy insurance across the State line because that one single ER physician could group in an association health plan with numerous other physicians—perhaps hundreds or thousands of other physicians—and bring those costs down.

How do I know that? Because I started my medical practice with four physicians. We now have 70 physicians with 350 employees, and our costs came down. One of the ways we help keep our costs down was a health savings account which was about 30 percent cheaper than the regular insurance.

I am going to finish by reading a letter from Governor Bredesen, a Democrat from Tennessee, who wrote Senator CORKER and BART GORDON: "The problem that we're facing is simple: by 2013, we expect to have returned to our 2008 levels of revenue and will have already cut programs dramatically—over

\$1 billion. At that point, we have to start digging out—we will have not given raises to State employees or teachers for 5 years, our pension plans will need shoring up, our cash reserves ('rainy day fund') will have been considerably depleted and in need of restoration, and we will not have made any substantial new investments in years. There will have been major cuts to areas such as children's services that we really need to restore. On top of these, there are all the unusual obligations to be met—Medicaid, for example, will continue to grow at rates in excess of the economy and our tax revenues. It's going to take at least a full decade to dig our way out and back to where we were prior to the recession."

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. JORDAN of Ohio. I yield an additional 30 seconds to the gentleman from Tennessee.

Mr. ROE of Tennessee. "In this environment, for the Congress to also send also along a mandatory bill for \$750 million for the health reform they've designed is very difficult. These are hard dollars—we can't borrow them—and make the management of our finances post-recession even more daunting." This is our Democratic Governor who's asking us not to pass this legislation.

□ 1530

Ms. SPEIER. Madam Speaker, I continue to reserve.

Mr. JORDAN of Ohio. Madam Speaker, I yield 2 minutes to the gentleman from Alaska (Mr. YOUNG).

Mr. YOUNG of Alaska. I have listened to this debate, and rarely do I come to the floor if it doesn't affect Alaska, but this also affects Alaska. I am one who believes in health reform, but if anyone can tell me from that side of the aisle, with 2,700 pages, and they say the new one is not quite that long, it is 2,000 pages, what is in the bill. They forget to say there are 160 new grant programs that never existed before. There are 110 new agencies, Mr. and Mrs. America, that can issue regulations. There are 13 health czars; we are making them legal under this bill. The big thing, there is about 1,200 pages of gobbledygook. I read one on the floor the other day, but this is page 1,181:

"(A) IN GENERAL. Subject to the succeeding provisions of this subtitle, in the case of an affordable credit eligible individual enrolled in an Exchange-participating health benefits plan—

"(1) the individual shall be eligible for, in accordance with this subtitle, affordability credits consisting of—

"(A) an affordability premium credit under section 243 to be applied against the premium for the Exchange-participating health benefits plan in which the individual is enrolled; and

"(B) an affordability cost-sharing credit under section 244 to be applied as

a reduction of the cost-sharing otherwise applicable to such plan; and

"(2) the Commissioner shall pay the QHBP offering entity that offers such plan from the Health Insurance Exchange Trust Fund the aggregate amount of affordability credits for all affordable credit eligible individuals enrolled in such plan."

Over a thousand pages of gobbledygook. I have an old saying: KISS; keep it simple, stupid. Keep it simple. I can tell you, go through this bill, Mr. and Mrs. America, and read it and tell me what you understand. I happen to have read this bill. I don't understand it. I suggest, respectfully, Mr. and Mrs. America, we should not pass this atrocity.

Ms. SPEIER. Madam Speaker, I yield 3 minutes to the gentleman from New York (Mr. SERRANO).

Mr. SERRANO. Madam Speaker, everybody on that side is throwing numbers around. The numbers I would like to think about for a second are more dates than numbers. It seems that everything that could be going wrong in this country, according to that side, started on January 20 of last year when we had a new administration. The prior 8 years were wonderful years. We were not in a war, we had surpluses, everything was going great. At least that is their presentation. But everything starting January 20 of last year, Oh, my God, that is pushing the country down the road to socialism. We are going into a big, deep hole, and it is the end of America as we know it.

Well, the fact of the matter is this bill is a good bill. It is a very good bill for our country. I would like to share with you some good numbers, numbers that affect my congressional district in New York, in the Bronx, New York. But I must tell you that these numbers are reflected throughout the country.

Listen to this: 86,500 uninsured residents of my congressional district will now have coverage extended to them; Medicare will be improved for 65,000 beneficiaries, including closing gaps that existed in coverage before; 201,000 families will be given tax credits and other assistance, as will 7,300 small businesses to help them afford coverage.

We are talking about the United States of America, the greatest country on the face of the Earth; still, we are close to 40 million people without health insurance. What are we talking about here? Trying to fill that gap and take care of these folks.

Now, what was the biggest accusation that we heard for the last year, year and a half: You are moving too fast. Too fast? President Roosevelt, Teddy Roosevelt was the first President to bring this issue up. That is over 100 years ago. Too fast? They have had all these years to do something about it, but still they wasted time looking for weapons of mass destruction in Iraq.

I will tell you, I found a weapon of mass destruction, and it is close to 40 million people uninsured. That's the real threat to our country. The cost, the cost of health care in this country, that is a weapon of mass destruction. That can destroy us.

Who is unhappy? Not seniors, with this bill. Not children. Not the working class. Not AARP, which is not known to be a great liberal organization. They endorsed it today. Not so many people we have mentioned.

Who are unhappy? The insurance companies. Well, that's too bad.

As we say in the south Bronx, the gig is up and it is about time they began to behave properly. We are catching them, and we are catching them strongly. I support this bill, and I support the efforts of my side to be able to bring it through.

Mr. JORDAN of Ohio. Madam Speaker, responding to the last speaker, I will tell you who is unhappy, and that is the American people. They don't want this bill, and they have spoken loud and clearly about that.

Madam Speaker, I ask unanimous consent to yield the balance of my time to the gentleman from Tennessee (Mr. ROE) and request that he may control that time.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Ohio?

There was no objection.

Mr. ROE of Tennessee. I yield 2 minutes to the gentleman from Illinois (Mr. ROSKAM).

Mr. ROSKAM. Madam Speaker, I am not from the Bronx, but I am familiar with the phrase "the gig is up." I'm from Chicago, and in Chicago they call it a hustle, and I think that is exactly what this bill is. I want to highlight something that was brought to the attention of the Ways and Means Committee just a couple of days ago, Madam Speaker, and that is this: With this bill that is being foisted upon the American public at this time, the Internal Revenue Service is going to grow. In other words, this bill, in the words of our friend KEVIN BRADY from Texas, he pointed out this bill doesn't create physicians or nurses or physical therapists or a whole host of health care providers, oh, no.

What this bill does is it creates positions for Internal Revenue Service agents; 16,500 IRS agents are estimated to be able to carry out this bill to pursue the individual mandate tax, the individual mandate tax which the IRS is going to begin tracking. Individuals are going to be getting the functional equivalent of a 1099, and the IRS is going to be tracking that, not annually, but they are going to be tracking that monthly. Think about that. They are going to be watching month by month by month. And whoa, if you are an American and you don't have what Speaker PELOSI says and you don't

have what they say in the other Chamber that you need to have, then you know what; you are going to get taxed. In order to enforce that tax, do you know what is going to happen? They are going to have more IRS agents.

Madam Speaker, we can do better. We need to be creating more opportunities for Americans to get health care and not have a heavy hand of government with 16,000 more IRS employees. We know what we need to do with this bill this weekend. Let's vote "no." Let's start over and let's do it the right way.

Ms. SPEIER. Madam Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. ELLISON).

Mr. ELLISON. Madam Speaker, wouldn't it be nice if we could continue honoring Donald Harington, a great novelist in America, but we can't because we have to counteract things that are not exactly accurate, which some of our friends are talking about on the subject of health care.

The fact is we are honoring a great American novelist, but we have to divert that important conversation to focus on the truth about health care. Now here is the truth about health care.

The truth is that the Republican caucus has been engaging in a campaign of fear to scare the American people from doing what is best for themselves. The fact is that this campaign, first they said there were death panels. Then they said there were community-based sex clinics. Now they are saying the IRS is going to come get you. America, this is not what is going on.

The truth is that 45,000 people a year die from the lack of health care, and that is what the Democratic caucus is going to address and that is what the American people will benefit from: being able to not go bankrupt because you have health care, being able to not have to lose a loved one because you have health care, being able to survive and thrive in America as a small business person, provide a good benefit to your company because you can afford to offer a health care benefit. That is what is going on on Sunday.

I wish we could talk about the great novelist Donald Harington right now. He deserved it. He earned it and he is a great American and we honor him, but the fact is the Republican caucus wants to go toe to toe on health care. We can go toe to toe on health care because this is a good bill. It is going to improve this country. It is going to help small business. It is going to help people who are underinsured, and it is going to make this country stronger.

Why aren't our colleagues outraged about people being dropped for pre-existing conditions? Why don't they join us in our outrage in trying to fix it? Why don't our colleagues join us in saying, you know what; preventative medicine ought to be free? People

shouldn't have to pay to be able to do preventative medicine. We are doing that right now. People ought to be able to get a good, decent health care policy for a good price, and they ought to be able to survive and do well in America. I wish we could get some support for that from the other side of the aisle; unfortunately, we won't.

Mr. ROE of Tennessee. Madam Speaker, I would like to yield 2 minutes to the gentleman from Minnesota (Mr. PAULSEN).

Mr. PAULSEN. Madam Speaker, this body is nearing what will be a defining vote for the future of our Nation. While the majority leadership continues the arm-twisting to sway enough votes to push the health care bill through the House, the American people are left wondering: Who is listening? Who is listening to us in Washington?

The American people have said loud and clear they don't want this bill; they want health care reform, but they don't want this bill. My constituents, by a margin of 3:1, have been contacting me saying they don't want this approach, and with good reason. The bill will cost nearly \$1 trillion in the next decade alone. That is more Washington spending, that is more Federal borrowing, and it is more debt for our children and grandchildren, and it is surely going to go higher as entitlement spending soars as other provisions of the bill are phased in.

The bill is loaded with job-killing tax increases. An Associated Press analysis has even said that health care premiums will actually increase, will actually go up under this plan. The bill will also allow the IRS, for the first time, to charge up to 2 percent of income and confiscate tax refunds if Americans do not seek what is actually government approved, minimum insurance coverage. The bill will cut \$500 billion from Medicare and, in turn, use that money for new entitlement spending. History has certainly shown us that entitlement spending goes up, not down.

Finally, this bill hits my district in Minnesota especially hard with a \$20 billion tax increase on medical devices and medical technology. Shouldn't we be enhancing and giving opportunities for encouraging innovation in these technologies rather than taxing them and pushing these jobs offshore?

Given these provisions are out there, it is no wonder that we have seen a process that is riddled with special favors to gain votes. And it's no wonder that the ultimate passage of this bill may only come through procedural tactics rather than having an up-or-down vote on the bill.

Madam Speaker, simply put, if this bill was good policy, you wouldn't have to resort to those types of moves and tactics to actually pass it.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. ROE of Tennessee. I yield the gentleman an additional 30 seconds.

Mr. PAULSEN. If we want real health care reform in this country that the American people and many of us in Congress believe in on a bipartisan level, this bill should be set aside and replaced with commonsense approaches that lower the cost for everyone in America.

Ms. SPEIER. Madam Speaker, I reserve the balance of my time.

Mr. ROE of Tennessee. Madam Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. LANCE).

Mr. LANCE. Madam Speaker, I believe on a bipartisan basis Members of the House of Representatives favor health care reform, and I certainly want to be a voice of reason in that regard. Nobody in America is satisfied with the current situation. I am part of a group of House Republicans, the Tuesday Group, that has put forth an eminently sensible proposal, Madam Speaker: purchase of policies across State lines; making sure no one is denied coverage based upon preexisting conditions; coverage of young people on their parents' policies until age 26; and most important of all, medical malpractice insurance reform, not contained in the proposal we will be voting on this weekend or at the beginning of next week.

Number two, Madam Speaker, the proposal on which we will be voting, over the next 10 years is a proposal where there is only 6 years of benefits, but we begin paying for it in tax increases immediately. Regarding the scoring by the Congressional Budget Office, Madam Speaker, what is not in calculation is roughly a quarter of a trillion dollars, the so-called doctors' fix, that will clearly be a cost associated with this because we need to compensate physicians appropriately.

□ 1545

Let us review commonsense alternatives, and please let's not vote on this bill based upon procedure instead of an up-or-down vote that is, I believe, required constitutionally.

Ms. SPEIER. Madam Speaker, the gentleman from New Jersey (Mr. LANCE) just spoke rationally about the bill. He spoke about wanting to make sure that insurance would be available across State lines. I think he referenced, or someone else on the other side referenced having high risk pools available, that we should address pre-existing conditions, and we should offer coverage to children of families up to the age of 26. What is so interesting is that all of those proposals, each and every one of those proposals, are included in the health care reform measure that we will all have the opportunity to vote on this weekend.

Mr. LANCE, if he has the courage to vote with the Democrats, would be improving coverage for over 500,000 resi-

dents in his district. He would be giving tax credits to 74,000 families and 18,000 small businesses. He would be improving Medicare for 96,000 people in his district. Those are the kinds of figures that speak to the American people.

I reserve the balance of my time.

Mr. ROE of Tennessee. I yield myself as much time as I may consume.

Madam Speaker, I have spent the last 31 years before I came to Congress in the real world practicing medicine. So I know from where I speak. I have seen it, seen patients. I am probably one of the only people in this Chamber right now that has actually gone to an emergency room at 3 o'clock in the morning and seen someone without health insurance coverage and treated them, and treated numerous patients over the years without coverage. So I know that from a personal basis as a physician and just as a citizen.

Obviously what we are dealing with now is we are dealing with a very complex issue, health care. It is not easy. There is no question about that. I think the difference that we have, the gentlelady from California just pointed out some similarities, and that is where I think the American people would like us to start instead of this incredibly complex bill that the gentleman from Alaska read just a minute ago, only a portion of, that is incomprehensible.

There are two things you can do that would cover 20 million people, and we can do it on one sheet of paper and not have however many new bureaucracies and czars and agencies and IRS agents and all of that. And that is, which I wholeheartedly agree with, is allow young adults, I have had three in my only family do this, who graduated from college and didn't have insurance right after they got out, let those folks stay on, pick your number, 26, 27 years of age, on their family's health insurance policy. Simply sign up and adequately fund SCHIP, the State Children's Health Insurance Plan, and Medicaid. By doing those two things, you can cover 20 million people. This bill, as complex as it is, covers presumably 31 million people.

My concern with the cost is that one of the things that this bill does not do, it does not address costs. And let me just give you an example. When Medicare was established in 1965, the government estimates at that time was that in 25 years that bill would cost \$15 billion. The actual cost of that bill, \$90 billion. That was in 1990. The actual cost today, Madam Speaker, is over \$500 billion. And we know that this bill is going to remove \$500 billion, or approximately \$500 billion from this plan.

Let me just tell you what begins to happen, and I have watched it in my own practice, in 2011. The baby boomers hit. Seventy-eight million baby boomers in the next 20 years, 35

million or more in the next 10 years, and you're going to provide the care they need with 500 billion less dollars. I don't think you get that math. The way I read that is that three things happen: Number one, you decrease access. Number two, if you don't get the access, you get decreased quality. And number three, you are going to increase costs because people are going to pay, if they can afford to, for the care that they are receiving.

As my friend Mr. LANCE brought out, malpractice reform is desperately needed. I am an obstetrician. I know that all too well, about how many of my colleagues have left the practice of delivering babies, one of the most fulfilling things. I have delivered almost 5,000 babies. And when I left my practice to come to Washington, I never felt like I had a job. It was a privilege to take care of patients and bring those young people in and watch them grow up and flourish in the community I lived.

Young doctors are not able to do that now because of the cost. And it is not in here at all. In our own State, where we have a mutual company, an insurance company, State Volunteer Mutual Insurance Company, which insures the doctors of Tennessee, since the inception of that company, over half the malpractice premium dollars have gone to attorneys, not to the injured party. Less than 40 cents on the dollar. Many of my good attorney friends have said, we need to do something about this. I agree.

So we don't disagree about what needs to be done; it's the method to get there. We are going to have a large government bureaucracy that is expanding a plan that is not working, which is Medicaid. And I have some very good ideas about what we should do for that. We shouldn't treat our Medicaid patients different than we treat other patients. I absolutely agree with that. Therefore, I would argue also we have the insurance industry—I am not going to sit up here and be a shill for them. I have argued with them for 20 years, 30 years about care. But I will point out one thing.

You can take all the profits, that is what I have heard for the last 3 weeks up here is the evil insurance companies, you can take every nickel that they make and it will run our health plan in America, our health, for 2 days. So what are you going to do the next 363 days? Only 2 days. Take them all and put them out, you only cover people for 2 days. So that is not the solution. It is just demonizing them. They need to shape up, there is no question about that. And competition will help that happen.

I know this is a great vote. I think it is one of the biggest votes that we have had in the last 45 years in America. The people in my district overwhelmingly oppose this bill by about 8-to-1. I

am going to vote against this bill for the reasons that I have stated, and certainly would be willing to work with the other side, and asked to do that.

One of my great frustrations in coming to Washington, D.C., was to have spent over 30 years in the practice of medicine and not be included in the decision. The physicians caucus on our side, 10 doctors, 14—we have other folks other than M.D.s in that caucus—and the two Senators who are M.D.s, none were included in this discussion about health care. I think that was wrong. I think it was a mistake on the other side, and would have certainly liked to have brought over 300 years of experience to the table and discuss with them real solutions, positive solutions for health care.

I yield back the balance of my time.

Ms. SPEIER. Madam Speaker, in closing, I wish that the gentleman from Tennessee would have returned to the resolution that is before us in concluding his comments. We are here, as you know, to recognize the life and work of Donald Harington. And while we were trying to recognize the great work of an American novelist, we find ourselves drifting into a discussion of health care. But in any case, we are going to conclude this particular discussion by urging our colleagues to recognize the life and work of Donald Harington by supporting this measure.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. SPEIER) that the House suspend the rules and agree to the resolution, H. Res. 1040.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. SPEIER. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

CLARENCE D. LUMPKIN POST OFFICE

Ms. SPEIER. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 4840) to designate the facility of the United States Postal Service located at 1979 Cleveland Avenue in Columbus, Ohio, as the "Clarence D. Lumpkin Post Office".

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4840

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. CLARENCE D. LUMPKIN POST OFFICE.

(a) DESIGNATION.—The facility of the United States Postal Service located at 1979

Cleveland Avenue in Columbus, Ohio, shall be known and designated as the "Clarence D. Lumpkin Post Office".

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the "Clarence D. Lumpkin Post Office".

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. SPEIER) and the gentleman from North Carolina (Ms. FOXX) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Ms. SPEIER. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Ms. SPEIER. I yield myself such time as I may consume.

Madam Speaker, I rise in support of H.R. 4840, a bill designating the United States Postal facility located at 1979 Cleveland Avenue in Columbus, Ohio, as the Clarence D. Lumpkin Post Office. H.R. 4840 was introduced by my colleague, the gentleman from Ohio (Mr. TIBERI) on March 12, 2010. It was referred to the Committee on Oversight and Government Reform, which reported it by unanimous consent on March 18, 2010. It has bipartisan support from 17 Members of the Ohio delegation.

Mr. Clarence Lumpkin was born in 1925 and spent years as a community activist in Columbus, Ohio. He is often affectionately referred to as the mayor of Linden, a neighborhood in the northeastern part of the city. Among his many accomplishments, Mr. Lumpkin has helped the Community Development Block Grant task force, persuaded the city to separate storm and sanitation sewers to stop basement flooding, led anti-drug marches throughout Columbus, made Linden the first inner city community with lights on every residential street, and improved the Linden area by including the Point of Pride concept that was first shared with city leaders in a speech given in 1974. Before moving to Linden, Mr. Lumpkin served in the United States Army, and he is a veteran of World War II.

Madam Speaker, Clarence Lumpkin has spent his life serving his community and his country, doing everything he could to improve the lives of his fellow citizens. I urge my colleagues to join me in honoring this great American by supporting this resolution.

I reserve the balance of my time.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 4840, introduced by my colleague from Ohio (Mr. TIBERI), designating the United States Postal Service

located at 1979 Cleveland Avenue in Columbus, Ohio, as the Clarence D. Lumpkin Post Office.

Growing up in the poor rural south in a family of sharecroppers, Clarence D. Lumpkin has had his fair share of challenges, but that has never deterred him from moving ahead. Mr. Lumpkin picked cotton as a youngster from sunup to sundown, served lunch to turpentine workers, and at the age of 10 lost his mother, who had been bedridden for most of his life.

He entered the first grade at 12 years old. Hungry for knowledge, Mr. Lumpkin was a model student who studied constantly. After graduating from high school, Mr. Lumpkin joined the Army, where he served in New Guinea during World War II. After the war, he moved to Ohio, where over a period of 41 years he worked a number of jobs, finally retiring as chief of the enforcement division in the Department of Highway Safety's Bureau of Motor Vehicles.

Mr. Lumpkin is a remarkable man who came from a very difficult childhood and turned his experience of hard work into service to his country in the Army and lifelong service to his community, where he has truly made a difference every day in people's lives. In gratitude for his service, I ask all Members to join me in supporting H.R. 4840.

I reserve the balance of my time.

Ms. SPEIER. I continue to reserve the balance of my time.

Ms. FOXX. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, as my colleagues have said today, and I have mentioned, also, we are here this week, we are here on a Friday afternoon, we are not normally here, because our colleagues across the aisle, along with the President, have decided that it is time for the government to take over one-sixth of our economy and to institute a government-run health care plan in this country. We have talked about this before, but this is the wrong way to go.

The American people do not want this plan. And why are we being kept in town on a Friday afternoon and being told we will probably vote on Sunday? Because despite the fact that the Democrats control 253 seats and need only 216 votes, they cannot get their colleagues to agree with them to vote on this terrible bill.

□ 1600

They, again, try to blame Republicans for the situation that we're in, but they cannot do that. The American people are paying attention, they know about the Slaughter rule, they know the tricks and chicanery that are being used to get people to vote for this bill that Americans do not want. But we've raised the awareness of process as well as substance here.

And I want today to talk about even a person in this great State of Massachusetts who has predicted that passing this bill will be a disaster. There was an article in *The Boston Globe* on March 17, 2010, that talks about State treasurer Timothy Cahill who was, until recently, a Democrat but who has become an Independent candidate for governor, who has said that the State's universal health care law is bankrupting Massachusetts and will do the same nationally if Congress passes a similar plan. "If President Obama and the Democrats repeat the mistake of the health insurance reform here in Massachusetts on a national level, they will threaten to wipe out the American economy within four years." That is a statement that he made at a press conference.

He went on further to criticize the 2006 health care law and said—he started last summer when he began to think about running for Governor. His criticism has echoed that leveled by Senator SCOTT BROWN during his run for the U.S. Senate.

Another quote from Mr. Cahill. "It is time for the President and the Democratic leadership to go back to the drawing board and come up with a new plan that does not threaten to bankrupt this country."

Many people are understanding exactly what Mr. Cahill is talking about. They know that this is not the direction to go.

Another quote from Mr. Cahill in this article says, "The real problem is the sucking sound of money that has been going in to pay for this health care reform. And I would argue that we're being propped up so that the Federal government and the Obama administration can drive it through." He says in this article that the only reason they've been able to survive in Massachusetts is because the Obama administration is pumping money into Massachusetts, as he said, to keep it going in order that they can get their own health care plan through, which will be a disaster.

I want to point out further that our own chairman of the Rules Committee said herself last year that the Senate has ended up with a bill that isn't worthy of its support. And she said then in an op-ed, Supporters of the weak Senate bill say just passing any bill is better than no bill. I strongly disagree. It's time that we draw the line on this weak bill and ask the Senate to go back to the drawing board. The American people deserve at least that.

Mr. Speaker, I agree with that statement of the esteemed chair of the Rules Committee, Ms. SLAUGHTER. I believe that Americans know that they deserve a better life. They know that our freedom is at stake. They know they are not more secure than they were 3 years ago when the Democrats took control of this Congress. They

know that their taxes are higher and will go higher.

Mr. Speaker, it's time that we stop the charade of saying that this health care bill is going to help the American people and admit to the fact that it is going to destroy jobs, bring down our economy, and take away the freedom that Americans have to choose their health care.

With that, I reserve the balance of my time.

Ms. SPEIER. Mr. Speaker, I yield to the gentleman from New York (Mr. TONKO) as much time as he may consume.

Mr. TONKO. I thank the gentleman from California for the opportunity.

You know, when I listen to the discussion on this floor, when I hear my friends from the other side of the aisle talk about the great plan that they have put forth, I think I need to share with the American public that their plan means 50 million Americans will go without health care coverage. I think that's an important distinction here.

And also when we talk about their plan, to me it translates to higher costs, it translates to reduced consumer protections, and it also speaks to no regulations on an industry that has had record profit columns over the last couple of years.

So I think our bill states very emphatically that we're about changing the course of direction. We're about putting individuals, families, doctors, in control of the health care outcome—not government, not insurance companies. So this effort to empower the insurance companies is not the solution America is looking for. It is not the solution.

They are looking for a thoughtful, academic approach. The Democrats in this House have put forward a sound plan. The Speaker, to her credit, has taken the input from the Members of this majority and advanced them to the United States Senate and to the White House, and we have been able to achieve, on behalf of the people of this great country, situations that allow us to control those skyrocketing costs to make certain that, again, our families, our individuals, our doctors, are making those decisions and not the greed of insurance companies.

We want to make certain that as we go through this effort that we provide assistance to those who are struggling in this economy. In fact, in my district, I can look at a family with an average annual income of \$50,000 and state to them that with this measure, they will realize a \$5,800 benefit, a tax credit, to help them afford their health care costs. That is monumentally important to that family.

It also speaks to the "whose side we're on." When a person comes to a situation, a catastrophic situation in

their life, they need to know that they have access and affordability and quality care that is their option.

So when someone with acne is asking to be insured, our House, our majority, says yes, you should be insured. The other side says "no." When someone says that our health care costs are driving bankruptcy for American families, when we say there should be a cap on out-of-pocket expenditures, our side says "yes," their side says "no." When we speak to gender discrimination on the rating of premiums for women, especially in childbearing years, our side with a very sensitive concern says "yes" to giving them more fairness in the equation. The other side says "no."

So it continues to go on and on, and the American public needs to know that what this debate is about is providing control to the American families, the working families of this country, enabling them not to be put into bankruptcy because of catastrophic illness, enabling them to have access to health care coverage, enabling them to be strengthened by Medicare improvements where their pharmaceutical needs will be met if they're Medicare eligible, where the Medicare trust fund is stabilized. That's what this measure does.

And let me finally close with the impact on small business. We ask our small business to be that response team to drive us out of the economic woes.

This President, this Congress inherited devastating deficits from the previous administration. And so it's important for us to rebuild the economy. Many, myself included, profess that small business is the backbone of our economy, is the springboard to economic recovery. Well, we're dulling the competitive edge simply with health care costs that are crippling to our small business community.

So we need improvements with the exchanges that are developed with this proposal. They are then enabled, as individuals or small businesses, to enter into an exchange. Think of it. A small business of 5 or 10 employees can be crippled by catastrophic situations. Their premiums could rise exponentially simply because of 1 of 5 or 1 of 10 employees being impacted severely by a health situation. By entering into a pool, into an exchange, that is diluted a great deal. The ebbs and flows are neutralized. And so the impact is a favorable one for our small business community. They realize the benefits of a sounder, more modest premium because they're into an exchange. So there are many improvements.

But it's about greed. We say "no" to greed. Others say "yes." It's about fairness. We say "yes" to fairness. Others say "no." It's about strengthening that Medicare. We say "yes." Others say "no."

I am proud to stand here this afternoon on this House floor to say that by

working with my colleagues, with the leadership, verbalizing the strength of our ideas and our passion to make a difference. We have a very sound bill before us.

Let's deal with fact, not fiction. Let's insert ourselves with a sense of compassion for all people in this country. This is a historic moment waiting to happen here on this Hill in Washington, and I am proud to serve in this House and to have had the response that we have had.

Thank you, Representative SPEIER, for the opportunity to join you this afternoon.

Ms. FOXX. Republicans are not saying that we don't need to do something to reform health care. We all agree with that. We need to do something to reform it. We have commonsense solutions. And compassion begins with preserving freedom. Don't tell me you're compassionate when you want to take away the people's freedom. That isn't compassion.

I would now like to yield 3 minutes to my colleague from New Jersey (Mr. GARRETT).

Mr. GARRETT of New Jersey. I thank the gentlelady.

In my hand right here—and the chairman may know what I have here—is a document from your side of the aisle which basically is your talking points to your communication folks and the like saying that you want to talk about information. The memo actually says to your Members, We cannot emphasize enough, do not allow yourselves to get into a discussion of the details of CBO scores or any other such narratives. It continues to say, Do not give them—meaning Republicans or the media and such—grounds for debating the issue. Isn't that fascinating that, after all of this, the truth comes out?

The fact of the matter is that you do not want to discuss the details. You do not want to get into the facts of the matter. You want to talk in hyperbole and rhetoric.

Well, let me spend my next 2 minutes telling the American public what the actual details are and what the CBO says about your bill.

Number one: Delayed benefits, immediate taxes. This bill raises taxes before any other major benefits would go into effect. Ninety-eight percent of the major benefits don't start until 2014, but we immediately start taking taxes out of the American public's pocket.

Two: The CLASS Act has been described by Members of their House, Senator CONRAD, as a Ponzi scheme. Why is that? Something in there called the CLASS Act appears to make the bill cost less than it does because, as the CBO states, the program would pay out far less in benefits than it would receive in premiums under the 10-year budget window.

What does that simply mean? That means we will be collecting taxes for

years and years and years before we actually pay out any benefits.

Thirdly, no doc fix. I've heard other people talk about that. That 10-year doc fix will cost \$371 billion. If you really want to talk about the facts—as obviously you do not want to—you would have included the doc fix in here to give us a better picture of what this bill costs.

Raid on Social Security. A raid on Social Security in this bill, in the presentation that you're making. I also heard somebody talk about AARP. Where are they talking about the fact that in your presentation on the numbers, they rely on \$53 billion in new Social Security revenue to achieve the appearance, only the appearance, of deficit reduction.

□ 1615

The fact of the matter is these revenues are meant to stay and pay for Social Security benefits, not to fund a new entitlement.

Fourthly, double-counting of Medicare savings benefits, the other side of the aisle claims that \$520 billion in Medicare cuts and \$210 billion in Medicare taxes in the bill will improve solvency of the Medicare trust fund. But that's not the case. You're double-counting. Look, either Medicare savings improves solvency on the one hand, or they pay for this brand-new entitlement. You can't have it both ways. But I guess that's why you don't want to get into, as your very own talking point memo says, do not get into discussing the details.

One last one, if time permits, your legislation relies on unrealistic budget cuts. This is not my suggesting that. This is what your very own actuary at HAS says.

The SPEAKER pro tempore (Mr. LUJÁN). The time of the gentleman has expired.

Ms. FOXX. I yield the gentleman 10 additional seconds.

Mr. GARRETT of New Jersey. Your very own actuary said this, that the level of cuts was "unrealistic and finally jeopardized access to care for senior citizens." That's not me saying this; that's not this side of the aisle. That is your very own actuary saying what your bill will do is jeopardize care to senior citizens. When you begin to discuss the details, you will agree to vote "no" on this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Ms. SPEIER. Mr. Speaker, I now yield 3 minutes to the gentleman from Florida (Mr. HASTINGS).

Mr. HASTINGS of Florida. Mr. Speaker, I thank my distinguished colleague from California.

The last time I looked, I thought we were talking about celebrating the distinguished career of an individual

named Mr. Lumpkin and naming a post office. I understand the desperate need that our colleagues have to talk about what is about to take place in America that is particularly historic since they have had a negative drumbeat about it for the last 15 months.

Please know this, I hear all the time on the floor of the House what the American people want. If we put some harsh reality into it and took out this poll or that poll, what we would learn is that a significant number of the American people want this health care measure that we are talking about and, indeed, more. When I hear someone say that the American people don't want this, and I heard one of our distinguished colleagues earlier on the minority side say that people in his district don't want it, well, people in my district do. And so I guess he and I cancel each other out. And if you went through the entire body, I think you would find that the same thing exists.

Now, I also have ranted right here on this floor and I meant it to be such that people will understand. I don't want to hear anybody else say that what we are proposing is socialism. And when they talk about a tremendous government takeover, I particularly know that all of us know that Medicare is a government program, and every one of us experienced at some point in our town hall meetings people saying to us, I don't want the government in my life. And I say, are you on Medicare? And they say, yes. And I say, well, that's a government program. Medicaid is a government program. There are poor people in nursing homes. There are people that are sick that if they did not have Medicare, they wouldn't have anything.

So I ask my colleagues, whose side are you on? Are you really on the side of people who would argue that 32 million people that are going to be covered under the Democratic plan would not be covered if we did not do something, as I believe we are historically going to do? And, therefore, it's troubling to me. I gather that the National Institutes of Health is not a government program, the Center for Disease Control must not be a government program, the Army, the Pentagon, they must not be government undertakings. And so all of this talk about government as a person is very disturbing to me as a person.

The same thing that people raise here in their fear-mongering is the same thing that took place with reference to Social Security.

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. SPEIER. I yield the gentleman 1 additional minute.

Mr. HASTINGS of Florida. It is the same fear-mongering that took place about Social Security, oh, by the way, another government program. So it is not as if money is going to be

evaporating. The same insurance companies that have made a ton of money are going to make two tons of money whether we pass this bill or not, and they have already in our faces shown us that they are willing to raise prices on the American people as desperate as we find them at this time.

I also want to put to rest this business about Slaughter House rules. I serve with Ms. SLAUGHTER, and I'm honored to do so. And what I think people must not have done is read "Slaughterhouse-Five." In "Slaughterhouse-Five," there is a bird who says, poo-tee-weet, p-o-o-t-e-e-w-e-e-t. The jabbering bird symbolizes the lack of anything intelligent to say. Thank you very much. Poo-tee-weet.

Ms. FOXX. Mr. Speaker, I think the gentleman from Florida has made our case by bringing up the fact that Medicare is a government program. It's going broke. Medicare costs were 20 times more than what was estimated for part of the program, seven times more for part of the program, 2½ times more for part of the program. The gentleman from Florida has made our case on this issue.

I now would like to yield 3 minutes to the distinguished gentleman, the former attorney general of California, Mr. LUNGREN.

Mr. DANIEL E. LUNGREN of California. I thank the gentlelady for yielding.

Mr. Speaker, hosanna and hallelujah. We have just heard the solution to all of our problems. It's spelled g-o-v-e-r-n-m-e-n-t, government. What I just heard from the gentleman from Florida is all of our problems will be solved by government. If you have a program, make it larger. If you have three, let's have six. If you have Medicare going broke, let's make it go broke faster. If you have Medicaid going broke, let's make it go broke faster. If you have Social Security, which just this last week now is having to cash in the IOUs because it's in a deficit position on an annual basis, then just make it larger.

The American people are smarter than that. The gentleman talks about the fact that he doesn't know where these American people are that are against this bill. I guess he has amnesia. I guess he wants to join the Speaker in pretending that August didn't exist. Those town halls were made up of cut-out figures. They weren't real people. The folks that are calling our offices are not real people. The 1,000 emails I got in 2 days this week in which 59 of them were in favor of the bill and everybody else against, I guess they don't count.

This is funny since we happen to be representing the people in the people's House, supposedly, although it's hard to tell if we're going to do the Slaughter rule which suggests that we won't even have an opportunity to truly vote on it.

And by the way, the Constitution says that we are supposed to initiate revenue-raising bills, not the Senate. So they took a bill in the House, kept the label on it, took everything out, every single word of content, and put a whole new bill in, and sent it back to us. That is called bait and switch if you're someone in the private sector.

The American people are asking for more. So it is interesting to hear much of the histrionics on the floor. But the fact of the matter is every single national poll shows the American people don't want this bill.

Now, the canard that we are hearing is therefore you don't want to cover 32 million people. Untrue. We have a better plan. We have a plan that doesn't go to Big Government. It goes to Big Competition. It goes to the individual rather than the government. I am not one who hates government; but I do believe this, when government gets inordinately larger, the individual gets smaller. That is not the essence of America established in our Constitution.

Now, some people want to just throw that out and say, government is the answer, government is always better, so we can combine the worst parts of our health care system with the worst parts of the post office, with the worst parts of the Internal Revenue Service, and we will get what? The bill that we are going to not have a chance to vote on except sort of vote on it. But we all know what it means.

I thank the gentlelady for the time.

Ms. SPEIER. Mr. Speaker, I would like to inquire how much time both sides have remaining.

The SPEAKER pro tempore. The gentlewoman from California has 8 minutes remaining. The gentlewoman from North Carolina has 4¾ minutes remaining.

Ms. SPEIER. Mr. Speaker, I now yield 3 minutes to the gentlewoman from Maine (Ms. PINGREE).

Ms. PINGREE of Maine. Mr. Speaker, thank you to the gentlewoman from California for allowing me this opportunity to talk a little bit about the topic that has taken over our debate about a post office today. Normally, we would be discussing the naming of a post office; but because we are on the eve of this historic vote and very likely to proceed forward on the issue of reforming our health care system, we have been spending most of the day talking about that. And I just want to say in spite of the rhetoric and the anger that flares up across the different sides of the aisle, I personally, as a freshman Member of this legislature, can't imagine my good fortune to be here, to be here this weekend with the hopes that we may finally move forward on reforming our health care system.

I feel like the first entire year and a half I have been in office, more than

anything else in my district, people say to me, when are you going to do something about that health care bill? When are you really going to fix the system? And much of this comes from people who are struggling in this economy. They are out of work. They are worried about being out of work. They are small business owners trying to figure out how to cover the cost of health care.

I have been working on this issue for a lot of years, and I can't believe how exciting it is that we might be here this weekend and finally move forward on reform.

I think back to 1992 when I, like my colleague from California, was a former member of a State legislature. And in 1992, I was running for office for the first time as a State legislator, and it was the number one issue that year. President Clinton, the future President Clinton, was running for office talking about reforming the health care system. Every door I knocked on in the 19 towns in the legislative district where I ran, people said something to me about the cost of health care. And think of that, that was almost 20 years ago. If they thought costs were high then, if small business owners thought it was difficult to cover their employees, what does it look like today?

I got elected to that State legislature. And for 8 years, my State, the State of Maine, struggled to reform the health care system. We created our own plan, the Dirigo health care system, to expand the number of people we covered. We passed a bill to regulate the price of prescription drugs, to negotiate for a better price for prescription drugs. And what did we get from Congress? We got a failed health care plan in the nineties, and then we got 8 years of a majority party that decided not to do anything.

In fact, when they decided to do something about prescription drug pricing, they said you can't even negotiate with the drug companies. They didn't do anything to lower costs, and they decided in the dark of the night to do something about that.

But here we are today. We have the chance to begin to close the doughnut hole in the prescription drug plan. That will take effect when we pass this bill. That will begin to take effect and completely close by 2020.

We are going to be able to move forward on advances in Medicare, eliminate copays for preventative care under Medicare. We are going to see real savings for our senior citizens, and I can't be more excited than to go back and say to my State legislators, do you know what? We've finally done something at the Federal level. We are going to do something to help a struggling State like Maine.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. SPEIER. I yield the gentlewoman 1 additional minute.

Ms. PINGREE of Maine. I can't tell you how happy I will be to go back and tell those State legislators who have tried to carry on in the face of this difficult era in a State where jobs are being lost, where businesses are struggling to cover people, they're saying to me, when I visit the State legislature, they are saying, when are you going help us at the Federal level? When are you going to realize that you are part of the responsibility as our State as struggled to cover those costs?

Do you know what is really exciting? I hear every day people say, nobody in America wants this. Well, the fact is when I go back and talk to small business owners, individuals who have coverage, individuals who struggle with their insurance company dropping their coverage, I hear people who say, do something about it. In fact, in my State, people think we haven't gone far enough. When they polled the doctors in my State, these are physicians, and we have heard a lot of talk about doctors today and what they would do, the physicians in my State, over 50 percent of them say, why don't you do single-payer health care? They say this isn't going far enough.

So the fact is, I couldn't be more excited to be here this weekend. In fact, I think it's my responsibility, not to complain about being here on a Friday afternoon.

The SPEAKER pro tempore. The time of the gentlewoman has again expired.

Ms. SPEIER. I yield the gentlewoman 30 additional seconds.

Ms. PINGREE of Maine. I'm not complaining about being here on a Friday afternoon. In fact, my constituents would say to me if I went back home, why don't you get down to Washington and finish the job? Why don't you get down there and handle this difficult issue, go through all the difficult procedural issues, do what you have to do to pass this bill? And by Sunday afternoon or Sunday evening, I want to see you casting a vote to reform the health care system to change the way our insurance companies do business, to help out struggling State budgets, and to make sure that people in this country once and for all have coverage for health care and we move forward in our system.

□ 1630

Ms. FOXX. Mr. Speaker, I just want to point out to the gentlewoman from Maine that Republicans did a lot when they were in control, and what got stopped was because of Democrats in the Senate. We passed health savings accounts which give people individual control, Medicare part D which Democrats voted against because there was the private sector involvement.

And I guess we are going to get the same kind of results from the promises of this that we are getting from the

stimulus bill. Her State is in such bad trouble because the President's stimulus plan, which was not going to allow unemployment to go above 8 percent, has failed so badly.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Ms. FOXX. I now yield 2 minutes to Dr. CASSIDY from Louisiana.

Mr. CASSIDY. Mr. Speaker, I think my perspective might be a little bit different. In fact, when my colleague was speaking about physicians, I was sitting here thinking I am a physician. And not only am I a physician, but I have actually been working to treat the uninsured for the last 20 years. My practice has been for the uninsured, so it is a little bit different. And one reason that I ran for office is I was frustrated with the way that politicians always dealt with health care.

It is a truism: Politicians overpromise and underfund. We can see that with Medicare going bankrupt in 7 years. We can see that with Medicaid bankrupting States. And I saw that in my practice, because everybody would be promised these benefits, and in my practice I could not get them for them. Inevitably, quality and access suffered.

But we are told now it's different. We are told, No, believe us this time we are going to adequately fund. We are going to adequately fund by taking \$500 billion from Medicare to create a new entitlement.

Wow, we are really doing a lot for Medicare there, aren't we?

We are going to expand Medicaid; Medicaid, which is bankrupting States. So now, instead of somebody having no insurance and being unable to see a physician, we are now going to give them Medicaid. But we are going to have to decrease payments so much that we are going to raise taxes, costing jobs, and they still won't be able to see a patient.

I say that because The New York Times had a heartrending article about a woman on Medicaid in Michigan, and payments are so low she can't get cancer treatment. When I hear we are taking care of the 31 million people without insurance, I think of that woman on Medicaid in Michigan with a government-funded—no, I am sorry—with a government-underfunded policy with which she cannot gain access.

If that is morality, we must have a different definition of morality. It is morality for show. It is not morality for reality.

Now, there are alternatives. And another frustrating thing about this debate is that actually we know what works. We can look at Massachusetts, where they attempted to expand access.

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. FOXX. I yield the gentleman 1 additional minute.

Mr. CASSIDY. In Massachusetts, they attempted to expand access and control costs. That is this plan. And what we just heard in Massachusetts is the Democratic treasurer saying this plan will bankrupt our Nation in 4 years.

Alternatively, what we can also say is that we know what works. The Kaiser Family Foundation did a study in which they found that health savings accounts lowered costs by 30 percent and that 27 percent of people with health savings accounts—27 percent of people with health savings accounts were previously uninsured. By lowering costs, we expanded access.

We know what works. The plan they proposed has already failed. The plan we proposed, there is data to show it works.

Now, we can talk about the Congressional Budget Office report that supposedly saves money, 10 years of tax revenue for 6 years of big government programs. That is a savings. Or, in 2018 it saves money by pushing the cost of Medicaid out onto the States. That saves money.

The SPEAKER pro tempore. The time of the gentleman has again expired.

Ms. FOXX. I will give the gentleman 30 more seconds. That leaves me 30 seconds, Mr. Speaker?

The SPEAKER pro tempore. The gentlewoman is correct.

Mr. CASSIDY. In my State, the first 3 years we are responsible for these additional costs is going to cost my State \$600 million. Well, that is a savings to the taxpayer. Now it is just the State taxes that are going up instead of the Federal taxes.

Now, there are bipartisan solutions. I challenge my colleagues, let's take a break. Let's go home Sunday and Monday and Tuesday and come back Wednesday. Let's have a town hall meeting, each of us in our districts, hear from our people back home what solutions they want to see and come back and vote on Thursday. Somehow, I think that these people who are on the bubble will learn that they should be representatives and not dictators.

Ms. SPEIER. Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. WEINER).

Mr. WEINER. I rise to pay tribute to Clarence Lumpkin. This is a great day for the State of Ohio. The mayor of Linden deserves to have a post office named for him for all his service.

I do hate to pollute this debate with facts. I am really almost hesitant to do so. The previous speaker pointed out an inequity that exists that, frankly, Medicaid doctors don't get reimbursed enough. We are fixing that in the reconciliation bill, so I trust my colleague will be voting for that, because it increases the reimbursement rates for people that we are expanding coverage to so that doctors get paid at the Medicare rate.

Do you know what you won't hear today in this conversation about the post office? Is that Mr. Lumpkin, who we are honoring today, I think is about 70 years old.

Mr. CASSIDY. Will the gentleman yield time?

Mr. WEINER. Certainly. We don't have a lot.

Mr. CASSIDY. I understand, and I appreciate it.

When you say that we are going to give a raise for primary care physicians, that is actually not included in this in terms of the Medicaid costs, so State Medicaid costs are now going to go up.

Mr. WEINER. Reclaiming my time to inform the gentleman that he is wrong.

Mr. CASSIDY. Will the gentleman yield?

Mr. WEINER. No. After yielding, it wasn't much of a payoff.

Mr. CASSIDY. We will get back to the facts later.

Mr. WEINER. It wasn't much of a payoff.

Mr. CASSIDY. Believe me, if you yield again, it will be.

Mr. WEINER. Mr. Lumpkin, who we are honoring today, if it were up to the members of the minority party, Mr. Lumpkin would not have Medicare, would he? He would have had Social Security privatized.

Now, I couldn't help noticing that not long ago the ranking minority member of the House Budget Committee, a Republican, floated a plan that for once, at least, was honest about the intentions of the Republicans. It said, Cut off Medicare. End it as a program we know. And I know that the previous speaker doesn't like it. A lot of my constituents believe it is a very worthy program. Ninety-six percent of all beneficiaries who were surveyed last year said they like it. But the Republicans say, No, we want to eliminate it.

And let's not forget how many of them signed on the dotted line to privatize Social Security. Boy, that seems smart, huh? Investing Social Security in the stock market. Now, that is a far-reaching idea.

Now, Mr. Lumpkin, who, God willing, will live another 20, 25 more years, he is going to be able to see Medicare for the rest of his life, thanks to the bill we are going to pass in short order, and no thanks to the votes of the people on the other side of the aisle who would deny him that.

Now, you may not like Medicare, but come out and say it. Don't say we are going to propose privatizing it. Let's see what you do. Can you get a majority over there to stand up, to come out from behind the artifice and to say—forgive me. Will the Speaker ask—

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. SPEIER. I yield the gentleman 25 additional seconds.

Mr. WEINER. Look, the fact of the matter is there are differences of opinion here and they are philosophical and deep felt. We believe in Medicare; we created it. You opposed it at the time; you oppose it now. We support Social Security.

I would direct my remarks to the Speaker. Can you inform them that they opposed Social Security then; they oppose it now.

This is a philosophical divide. And every single member of the minority party has said that they are going to do anything they can to stand up in defense of the health insurance industry. That is a consistent position. We disagree with it, and Mr. Lumpkin is going to have Medicare for the rest of his life, which should be long.

The SPEAKER pro tempore. The gentleman from North Carolina is recognized for 30 seconds.

Ms. FOXX. Mr. Speaker, the good Lord gave us two ears and one mouth for a reason.

If our colleagues would listen, they would hear us say we don't want to do away with these programs. We want to save them.

Mr. Speaker, I urge all Members to support the passage of H.R. 4840.

I yield back the balance of my time.

The SPEAKER pro tempore. The gentleman from California is recognized for the remaining 1 minute.

Ms. SPEIER. Mr. Speaker, I find that we are incapable of doing what we were here to do, which was to pass a number of suspension measures, this one for Clarence Lumpkin. God bless him for having to listen to this debate, but we are, in fact, very supportive of this resolution.

I just want to remind my colleagues that government-run programs are not bad, because Medicare is a government-run program, Medicaid is a government-run program. The veterans in this country embrace a health care program that is among the best in this country; again, a government-run program. Being government-run is a good thing.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Ms. SPEIER) that the House suspend the rules and pass the bill, H.R. 4840.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. SPEIER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

NATIONAL WOMEN'S HISTORY MONTH

Ms. SPEIER. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1174) supporting the goals and ideals of National Women's History Month.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1174

Whereas the purpose of National Women's History Month is to increase awareness and knowledge of women's involvement in history;

Whereas as recently as the 1970s, women's history was rarely included in the kindergarten through grade 12 curriculum and was not part of public awareness;

Whereas the Education Task Force of the Sonoma County (California) Commission on the Status of Women initiated a "Women's History Week" celebration in 1978 centered around International Women's History Day, which is celebrated on March 8;

Whereas, in 1980, the National Women's History Project, which celebrates its 30th anniversary this year, was founded in Sonoma County, California, by Molly Murphy MacGregor, Mary Ruthsdotter, Maria Cuevas, Paula Hammett, and Bette Morgan to broadcast women's historical achievements;

Whereas National Women's History Project founder Mary Ruthsdotter, who passed away in January 2010, was a leader in the effort to ensure the inclusion of women's accomplishments in the Nation's history;

Whereas, in 1981, responding to the growing popularity of women's history celebrations, Congress passed a resolution making Women's History Week a national observance;

Whereas, during this time, using information provided by the National Women's History Project, founded in Sonoma County, California, thousands of schools and communities joined in the commemoration of National Women's History Week, with support and encouragement from governors, city councils, school boards, and Congress;

Whereas, in 1987, the National Women's History Project petitioned Congress to expand the national celebration to include the entire month of March;

Whereas educators, workplace program planners, parents, and community organizations in thousands of communities in the United States under the guidance of the National Women's History Project, have turned National Women's History Month into a major local learning experience and celebration;

Whereas the popularity of women's history celebrations has sparked a new interest in uncovering women's forgotten heritage;

Whereas the President's Commission on the Celebration of Women in American History was established to consider how best to acknowledge and celebrate the roles and accomplishments of women in United States history;

Whereas the National Women's History Museum was founded in 1996 as an institution dedicated to preserving, interpreting, and celebrating the diverse historic contributions of women, and integrating this rich heritage fully into the Nation's teachings and history books;

Whereas the House of Representatives recognizes March 2010 as National Women's History Month; and

Whereas the theme of National Women's History Month for 2010 is "Writing Women Back into History": Now, therefore, be it

Resolved, That the House of Representatives—

(1) supports the goals and ideals of National Women's History Month; and

(2) recognizes and honors the women and organizations in the United States that have fought for and continue to promote the teaching of women's history.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from California (Ms. SPEIER) and the gentlewoman from North Carolina (Ms. FOXX) each will control 20 minutes.

The Chair recognizes the gentlewoman from California.

GENERAL LEAVE

Ms. SPEIER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from California?

There was no objection.

Ms. SPEIER. I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H. Res. 1174, a bill supporting the goals and ideals of National Women's History Month.

This resolution was introduced by my distinguished colleague, the gentlewoman from California, Representative LYNN WOOLSEY, on March 11, 2010. It was referred to the Committee on Oversight and Government Reform, which ordered it reported by unanimous consent on March 18 of this year. It enjoys wide support from over 120 Members of the House, and I am pleased to be an original cosponsor of the measure.

Mr. Speaker, as recently as the 1970s, women's history was rarely covered in the kindergarten through grade 12 curriculum. Since the late 1970s, the concerted efforts of education commissions, historical societies, and others have increased recognition of the roles and accomplishments of women in history of the United States of America.

These efforts included the establishment of Women's History Week back in 1978, which this body formally acknowledged in 1981. In 1987, the national celebration was expanded to the entire month of March. These celebrations have initiated new interests in highlighting the history of women in America, and it is most appropriate that we recognize Women's History Month here today with this resolution of appreciation.

Mr. Speaker, women make history in this country every day, from our very own Speaker PELOSI and the Members of the House and Senate from both sides of the aisle, to the Supreme Court justices, to women scientists, CEOs, Nobel Prize winners, Olympians, teachers, writers, doctors, and leaders in every profession.

In November of 2008, voters in New Hampshire elected 13 women, a major-

ity, to their State Senate, making it the country's first State-level legislative body with more women than men.

Mr. Speaker, I ask my colleagues to join me in taking a moment to recognize Women's History Month by supporting this measure.

I reserve the balance of my time.

Ms. FOXX. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H. Res. 1174, supporting the goals and ideals of National Women's History Month. Designating a month each year to honor women's history gives us the opportunity to highlight the significant role that women have played in the history of this Nation through their many accomplishments.

From colonial times to the 21st century, the advancements of women have been inspiring. They are now being given their rightful place in our country's history for their tireless efforts in enriching all of our lives.

The President's Commission on the Celebration of Women in American History was established in 1987 to give national recognition to this effort and to highlight the accomplishments of women in American history throughout the month of March. Establishing March as National Women's History Month created an ideal teaching opportunity for educators, parents, community organizations, and workplace programs.

Embracing the history of women in the United States gives us the opportunity to recognize the many contributions women have made to the growth and success of the United States. I encourage all Members to support this important resolution.

I reserve the balance of my time.

Ms. SPEIER. Mr. Speaker, I yield to the gentlelady from California (Ms. WOOLSEY), the author of this resolution, such time as she may consume.

Ms. WOOLSEY. I thank the gentlewoman from California. I rise in support of honoring Women's History Month.

Women were once considered second-class citizens whose rights were restricted from voting to property ownership. But today, women serve in the Senate. They serve in the House of Representatives; as members of the President's Cabinet, including Secretary of State Hillary Clinton; and as Speaker of the House, NANCY PELOSI.

□ 1645

It's important that we honor the key role women have played in shaping our country. However, it wasn't until the late 1970s that women's history was taught in our schools, and it was almost completely absent in media coverage and cultural celebrations. That's why the Education Task Force of the Sonoma County Commission on the Status of Women, of which I was Chair, initiated a "Women's History Week."

That was a celebration in 1978 centered around International Women's History Day.

The National Women's History Project, later located in my district, was founded in 1980 by many of the same dedicated women who started Women's History Day. These women poured their hearts and their ideas into promoting and expanding a weeklong celebration for women and of women. Because several dedicated women, including Molly Murphy MacGregor, the late Mary Ruthsdotter, Maria Cuevas, Paula Hammett, and Bette Morgan decided to write women back into history, thousands of schools and communities now commemorate Women's History Month by bringing lessons on women's achievements into the classroom, staging parades, and engaging neighborhoods in the celebration of the contributions of women. The hard work and dedication of these wonderful women and the support of the Sonoma County Commission on the Status of Women paid off. They started a national movement and, in 1981, Congress responded to the growing popularity of Women's History Week by making it a national observance, and eventually, in 1987, expanding the week to a month.

Mary Ruthsdotter, one of the founders of the National Women's History Project, passed away in January of this year. She should have been written into history a long time ago. She will be written into history from now on. Mary was a leader in the effort to ensure the inclusion of women's accomplishments in the Nation's history. She traveled around the country making presentations, training teachers, and lobbying for the inclusion of women's accomplishments in the Nation's history. Imagine what American history lessons would be today without teaching about Harriet Tubman's Underground Railroad; the work of Elizabeth Cady Stanton, Susan B. Anthony, and the many women who fought for women's suffrage; or Dr. Sally K. Ride, who was the first woman in space and has worked to get more girls interested in science.

Today, I ask my colleagues to join me in reaffirming our commitment to the celebration of women's history by supporting H. Res. 1174, to ensure that our grandchildren and great grandchildren learn about women like Amelia Earhart, Speaker NANCY PELOSI, Secretary of State Hillary Clinton, and, eventually the first woman President. This week, Mr. Speaker, Speaker NANCY PELOSI will make history by leading this Congress into passing a monumental health care bill that in itself will be making history. One of the parts of history that this bill will be ensuring is that women will no longer be considered a preexisting condition.

So, Mr. Speaker, I want to thank Chairman TOWNS, Ranking Member

ISSA, and Congresswoman JACKIE SPEIER for allowing me to speak today, for supporting this resolution, and letting us reflect on the contributions of women and their place in history, with the hope that the day will come when it's impossible to study American history without remembering the contributions of women.

Ms. FOXX. Mr. Speaker, I would now like to yield 4 minutes to my distinguished colleague, the gentleman from Indiana (Mr. SOUDER).

Mr. SOUDER. I thank my friend from North Carolina, and I rise in support of Women's History Month. And I am proud to call Congresswoman WOOLSEY my friend. We don't agree on many issues, but we agree on many history issues. We worked together on Angel Island. I appreciate her leadership here. She's been a passionate advocate for women's rights in this House. But I want to talk more in depth about what most of America is looking at right now—and that's the foot in the door for the takeover of health care. There are several parts that directly relate to Medicare and retirement.

First off, I was not here when they passed Medicare, nor was I here when they passed Social Security. What other people did is other people's business. But what I see in this bill is 13 percent of Americans now say they're confident of their retirement. But without anything in committee, in some kind of magical formula in the last few years, they've raised the taxes to 3.8 percent on unearned income, which is a direct attack on those who've saved for annuities in America. We have spent years trying to encourage people to save. Now, at the last minute, we're going to dump an additional tax on them, already concerned about whether they're going to be able to survive as they hit their older age.

I'm happy to represent Lincoln Financial, which has 1,900 jobs in the annuity industry in my district. You just wonder: How many jobs is this bill going to kill? It is incredible what is being done in this bill. Not only are they punishing people who've saved, who planned to save, and discouraged savings, but they're going to eliminate or at least restrict the growth and lead to a decline in industries like that.

Furthermore, I represent three of the four biggest orthopedic companies in the world. Here's an area where we bought the biggest companies in Germany and Switzerland and around the world. We've become the technology leaders. So what are we going to do? We're going to tax them. They have two choices. The tax is equivalent to half of their R&D. They can either move the jobs and all the parts jobs that go with it, tens of thousands of jobs overseas, or they can eliminate R&D, and our senior citizens in the future won't know what they're missing in hip replacement, they won't know

whether we would have had new spinal equipment, they won't know what other types of things they'll miss because this administration proposes to put a tax on that will kill, most likely, future development. And then there's this whole thing about the very people who claim to be the founders and the protectors of Medicare are trying to come up and pay for this bill with reductions in Medicare.

Now they talk about the insurance companies and Medicare Advantage. But what does it mean when it says, "increased utilization of equipment"? Well, I found out from the cardiologist in my district. What it means is they have to get at least 80 percent utilization on the equipment. That means that the only hospitals in Indiana that will have heart equipment are in Indianapolis. Everything in Fort Wayne, South Bend, all over the State, is going to have to close. In oncology, because they're getting close to 40 percent utilization—the administration is claiming 80—they're going to consolidate in just the biggest cities for oncology.

In category after category, on the backs of senior citizens, saying just like they too often do for veterans, that you have to get in a car and go 200 miles if you want to have something treated on your heart. You have to go 200 miles if you want to do oncology. You have to go 200 miles if you're going to use equipment, because small-town, mid-size cities, and even the second-biggest city in the State of Indiana isn't good enough to have utilization of this type of equipment. We didn't have this debate. That's why you don't go fast on bills.

One of the things we do in the United States is we have driven our health care out to the second tier, the third tier, to small cities and towns, hospitals at 13,000 to 15,000, and things like outpatient clinics. What this does is reconsolidate—it provides jobs for government employees—but reconsolidates in the bigger cities, just like it does in Canada and in England. That's why they have waits. That's why small towns and people out in the countryside in those areas in the other countries have long waits, because if you try and get high utilization on fewer pieces of equipment, it means your health care is less dispersed around the United States. So in one bill, somehow we're managing to kill the motive to save by taxing it more; to kill the one category that we are leading the world in, in orthopedics; and to destroy health care for seniors. We're not a big city like New York.

Ms. SPEIER. Mr. Speaker, I yield 4 minutes to the gentleman from New York (Mr. WEINER).

Mr. WEINER. It is my pleasure to stand up in support of this resolution in support of Women's History Month. It is important to note that here, in 2010, that insurance companies very

often charge women exponentially more money to get health insurance than they do for men. Now why do they do that? Because health insurance companies have been empowered by the present system—not because they're venal or bad—but because it's their job, their business model, to take in as much money as they can and to give as little service as they can. That's their business model. It's their business model to try not to provide any insurance at all for the toughest to ensure, so they drop people who have any pre-existing conditions or start to rack up needs, meaning people who get sick. They don't cover anyone who's over 65, because we, the Federal Government, decided 44 years ago, over the objections of many of my Republican friends, to create the Medicare system.

But let's talk for a moment about this notion of jobs for women, jobs for men, jobs for the next generation. The idea that we can continue this way, putting 20 percent of every single dollar we produce in this country into health care is why, my friends, our wages have been stagnant for the last 8 years. Because when an employer gets any additional money, it's got to go into keeping up with the high cost of health care. And you don't have to look in a book. You can go look in Michigan.

Take a look at the difference, with the exact same union contract, to build a Chevy Impala on the Michigan side of the Canadian border or on the Canadian side of the Michigan border. The same exact automobile. General Motors did what any sound-minded company might do. They said, Wait a minute. I'm paying an extra \$7.25 per hour per worker on the New York side of the border, on the Michigan side of the Canadian border. I'm going to stop doing that and move them overseas.

We simply are less competitive with the status quo in every instance except one: the health insurance industry. They're doing well. They're doing remarkably well. And you know what? I am at a place, as I think the previous speaker said, where I would have preferred to say, You know what? Let's take the Medicare system. People understand it. Let's extend it to people 55. Let's get younger people on. Let's try to do this right. Let's take an organization that has an overhead rate of 1.05 percent—1.05 percent—and let's take away the ones that have 30 percent, 25 percent. That's what I would have done.

Now my Republican friends have their own proposal. Let me tell you exactly what it is. It says that anyone over the age of 55, who's not 55 today, will not have Medicare the way it's structured today. They will essentially get some type of a voucher and say, Good luck. You will not have Social Security under the Republican plan because they would invest it in the stock

market. Yeah. It's not a joke. This is their proposal—not from 10 years ago. This is the ranking minority member. They don't talk about it much, God bless them. But that's their proposal.

There's an expression down South—and I'm not very far south in Brooklyn—but it says that it takes a great man or a great woman to build a barn, but any jackass can kick it down. What that means is, yeah, writing bills is complicated. To say it was rushed, I've got to tell you, a year, plus 2 years talking about it in campaign, plus 30 years festering as a problem, and now I heard one of my colleagues say, Wait until Thursday. Have you got a Final Four you're watching or what? Honestly. Wait until Thursday. Twenty percent of the economy. I'm busy. Wait until Thursday. I want to see if Siena makes two rounds. Let's wait until Thursday. Sayonara.

Look, the minority party had an opportunity for 8 years and the trend went like this for health insurance. Costs went like this for incomes. That's what happened. We're not going to let it happen anymore. So there was a decision made that had to be made: Are you going to try to solve the problem, or are you going to stand up for the insurance industry? On this side, we chose to try to solve the problem. It ain't perfect, but it sure beats what we're hearing over there.

Ms. FOXX. Mr. Speaker, some comments are so far from reality that they're not really worth responding to.

I'd like to now yield 3 minutes to my colleague, the gentleman from Michigan (Mr. ROGERS).

Mr. ROGERS of Michigan. I find it interesting. I admire my colleague from New York. He is a great speaker. And the reason he comes to the floor is to try to talk about everything else other than what is in the bill. He wants to say what Republicans are for so that they don't have to talk about what is in their bill. And that has been, really, the effort all along in this particular debate.

There is great bipartisan agreement on this bill, and it is overwhelmingly in opposition. Republicans and Democrats not only on this House floor worked together to say "no," but the American people worked together to say "no." And why? Why would they do that? And why wouldn't you talk about the things that you had to do to try to get people to vote in favor of the bill?

There are a slew of things which this body is about ready to approve. The Louisiana purchase. You made special adjustments. If this is so good and so wonderful, why do we have to put special provisions in this bill to exempt people from its provisions? Why? Because it's bad if everybody has to be a part of this bill, so individual Members said, If you give me just something I can go back and tell my people that I got them out of, it'll be a great day.

□ 1700

You know what, you're asking Americans to pit an American against an American, a trillion-dollar bill that's not paid for, a bill that raises premiums, a bill that raids the Social Security trust fund to pay for a bill that still puts us in deficit. That's what this bill is. It's amazing.

I think, you know, wow, we've fought for associated health plans where one small business could negotiate with another small business to lower their premiums, and the government, your government, said, no, you can't do that; that's illegal. We said, Hey, let's allow folks to cross State lines and force insurance companies to compete against each other so that we get lower premiums. And your government, your Democrat policies said, no, that's illegal. And then they said, you know what, this whole system isn't working because we can't associate together with small businesses and buy premiums because we don't like that idea. You can't go across State lines and force insurance companies to compete and be more transparent, we don't like that idea. So we made that illegal.

So guess what, the government created the problem, and now they're saying, you know what, this is so hard and so complicated, we're going to give up on democracy and freedom; and the government is going to solve this problem for you. The arrogance is unbelievable.

There are such simple things that we could do to lower premiums. There are such simple things that we could create in the free market that would allow people with preexisting conditions not to be discriminated against. You don't have to cut Medicare \$500 billion to do it. You don't have to raid the Social Security trust fund to do it. This isn't about health care anymore. It's about politics. And that's so unfortunate.

It's unbelievable what you are about to do to the American people. There's a new tax in here, a new tax on everything a doctor touches from the blood pressure cuff to the x ray machine to the smock that he wears. I have to tell you, you can't add cost to the health care system and have the premiums go down.

Ms. SPEIER. Mr. Speaker, I would like to inquire how much time we have left, please.

The SPEAKER pro tempore. The gentlewoman from California has 9 minutes left. The gentlewoman from North Carolina has 12.

Ms. SPEIER. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. HASTINGS).

Mr. HASTINGS of Florida. I thank the gentlewoman, and I won't take 3 minutes. My good friend that just spoke—and he is my good friend—we serve together on the Select Committee on Intelligence—carried on in a manner, again, to say what the Amer-

ican people want. How do you continue to say what the American people want when, in fact, all of us are Americans, and anybody listening and looking would know that we have ideological differences, which we are permitted. But to come down here the last time that I spoke—and I want to spell it for the reporter again: P-O-O T-E-E W-E-E-T, poo-tee-weet—that's what the jabbering bird said when he didn't have anything intelligent to say, and that comes from "Slaughterhouse-Five." "Slaughterhouse-Five" also talks about free will on Earth. And, evidently, we don't understand that process.

Despite the unquestionable need for health care reform, some have sought to dominate the health care reform discussion with fear-mongering, misinterpretations and misinformation. They've stymied the progression of the reform process in the name of fiscal responsibility, bipartisanship, parliamentary procedure, and patriotism. These justifications are egregious. There's nothing bipartisan about continually opposing a bill that independent Federal agencies have repeatedly recognized as a substantive and reasonable approach to reform. There's nothing fiscally responsible about allowing premium State and Federal health expenditures to rise to unprecedented levels. There's nothing American about depriving men, women and children of the guaranteed right to health care in the richest country on Earth.

Today when Americans across the country are losing their homes, their jobs, their health insurance and their hope, we, as elected officials—American-elected officials have the opportunity and duty to deliver. We can't afford to back down. We've come too far and have too much to lose. Extreme times require extreme measures to ensure that we pass a health care reform bill that America needs and deserves.

Ms. FOXX. Mr. Speaker, I now yield 3 minutes to the gentleman from Louisiana, Dr. CASSIDY.

Mr. CASSIDY. Mr. Speaker, isn't it ironic that Women's History Month is at the same time, in the same week that this article in The New York Times comes out about how this poor woman in Michigan on Medicaid, there is such inadequate Medicaid reimbursement that she cannot get treated for her cancer.

Now, I have actually listened to these arguments. I have gone to my colleagues on the other side of the aisle and asked them—and I frankly feel a little bit disadvantaged—my colleague from New York, he has been in Congress as a staffer or as a Member, I guess, for 20 or 30 years. I have just been a practicing physician. I still teach in a teaching hospital, a safety net hospital where I actually work with the uninsured. So I don't have the legislative experience, but I do actually have the experience of teaching

and treating patients who otherwise would not have care.

I just wish that my colleagues could join me. I actually wish they could come with me and see the reality of what is happening. So when my friend says, Oh, my gosh, I think government programs are better than private insurance—ah, I wish he would join me on my telephone town hall where the guy with the Crohn's disease is calling in to say that he has got Medicare and Medicaid and would my office please help him navigate the system.

They should be with me when I am with my Medicaid patient who only gets—oh, can I get a referral to a specialist because they won't take Medicaid because it pays so far below their cost. And cost is actually the simple issue. I know it sounds hard-hearted, but the fact is, if you don't control cost, you can't provide access to quality care.

Now, there are so many examples of this. For example, Medi-Cal, the Medicaid program in California, did a huge expansion because of Medicaid's budget—one, California's gone bankrupt, and two, Medi-Cal is now decreasing eligibility. They tried to make everybody eligible. They did not control cost, and now they are decreasing eligibility. Massachusetts—expanded care, did not control cost, and now they are disenrolling people who formerly were enrolled.

If you don't control cost, you cannot provide access to quality care. I say that not as someone who has been here for 30 years. You know more about that than I do. I say it as someone who has been in the trenches, treating the uninsured for 20 years.

Now, by the way, Medicare, having such a wonderful low overhead, come join my world. Twenty percent of Medicare in south Florida is fraud. Only 1 percent of that goes to administration. Maybe a little bit more should, because 20 percent is going to fraud. Do we want another program based upon Medicare which expands fraud?

Now, we also said earlier in the debate that we're going to expand payment for primary care physicians, but it's not going to cost the States anything. Come to my world. Leave these Chambers. Walk with me in a hospital for the uninsured where you realize that the extra payments from the Federal Government are only for those newly eligible. And if we mandate here that the States raise those fees, that increases the burden for those who are already eligible.

The SPEAKER pro tempore. The time of the gentleman from Louisiana has expired.

Ms. FOXX. I yield the gentleman an additional 30 seconds.

Mr. CASSIDY. If you don't control cost, you can't give access. Now Republicans have been proposing things. I was so pleased the President said we're

the party of no and then he embraces our idea of HSAs, high-risk pools, and other things. So that's good. The party of no is suddenly the fountain of ideas for things which will be immediately beneficial.

I come back to one more thing that we have in common. We are all Representatives. We can agree on this: I actually don't think the American people would mind if we delay just two more days, fly home to our districts. We are Representatives. We are not dictators. We are here not for what we think is best, but to represent the people we represent. Join me in that bipartisan initiative.

Ms. SPEIER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Maryland (Ms. EDWARDS).

Ms. EDWARDS of Maryland. I thank the gentlewoman for yielding. I'm here today of course to celebrate and to honor Women's History Month. Mr. Speaker, it's an important time to honor the political and social struggles of women across this world and certainly in this Nation who have made significant contributions in the advancement of women. And it is perhaps fitting that we are here today to discuss the subject of the hour, health care, and especially as that pertains to women—women who bear the brunt of a system that's failing; women who make the decisions for themselves, their children and their families on health care; women who sometimes work in positions, in jobs that don't allow them access to quality and affordable health care.

So I think that it is fitting that on this weekend, on this upcoming Sunday, we'll have an opportunity to discuss how we're going to bring health care, quality, affordable and accessible health care, not only to America's women but to all of our families and to our children. People who go every day, 32 million of them, who will now be covered, have health care coverage. Millions more will have more accessible coverage. Still millions more will have the access through their small businesses, through their independent employment, to quality, affordable health care.

And let me just say that in this Women's History Month, it should go with some noting that in this system that we have, women don't often receive access to preventive care, mammograms and other screenings and a full range of reproductive services. We're bringing those to America's women. Women are often excluded for preexisting conditions, like domestic violence. Domestic violence is a crime; it's not a preexisting condition.

So here we're talking today about what we're bringing to and for America's women in Women's History Month but also for all families, to make it quality, to make sure that it's affordable, and to make sure that it's accessible.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. SPEIER. I yield the gentlewoman an additional 30 seconds.

Ms. EDWARDS of Maryland. As a woman in this country, who would have known but for this debate that as a woman just starting out, same condition, same age, you pay more for your health care as a woman in this country than you do as a man. We're going to end that kind of gender discrimination and gender rating.

So I think that it is fitting in Women's History Month that we honor the contributions of all women in our history, and we honor the contribution of women and our families and our future by bringing quality, affordable and accessible health care to all.

Ms. FOXX. Mr. Speaker, I now yield 3 minutes to our distinguished colleague from California (Mr. DANIEL E. LUNGREN).

Mr. DANIEL E. LUNGREN of California. I thank the gentlewoman for yielding.

Mr. Speaker, I rise in support of the resolution establishing Women's History Month. I do this on behalf of my 92-year-old mother, my four sisters, my two daughters, my three granddaughters, and in memory of my grandmother, who graduated from a small Nebraska college in 1898. And I also do this in honor of some great women in my life, the Catholic nuns who taught me, who taught my brothers and sisters, who taught my children, and who this day are doing an unlimited number of acts of mercy around this country.

On their behalf, I would like to clarify the record because the Speaker has said today that the religious communities of nuns across the country support the health care bill as a life-affirming bill, and therefore, do not agree with the Catholic Bishops Conference that, in fact, it fails the test of protecting life in the consensus that has been established on this floor for the last 30-plus years.

A statement from Sister Mary Ann Walsh, director of media relations, the United States Conference of Catholic Bishops: "A recent letter from Network, a social justice lobby of sisters, grossly overstated whom they represent in a letter to Congress that was also released to media. Network's letter, about health care reform, was signed by a few dozen people, and despite what Network said, they do not come anywhere near representing 59,000 American sisters. This letter had 55 signatories, some individuals, some groups of three to five persons. One endorser signed twice. There are 793 religious communities in the United States. The math is clear. Network is far off the mark," says sister Mary Ann Walsh.

On behalf those great nuns that I've had the privilege of being influenced by

during my lifetime and those that have done considerable amounts of mercy in communities that I represent, the record ought to be straight. My wife and I had the privilege of knowing the Carmelite nuns in Georgetown, California, and we have had the privilege on an almost annual basis to visit with them. They are more than just a handful of individuals, and they and others like them stand for life unequivocally. They understand the protection of life. They understand that for the last 30-some years, we have had a consensus on this floor in the Senate and in legislation passed by a number of Presidents and, that is, Federal funding of abortion is to be limited. The language in the Senate bill changes the law. Let the record be correct.

□ 1715

Ms. SPEIER. Mr. Speaker, I reserve the balance of my time.

Ms. FOXX. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. GARRETT).

Mr. GARRETT of New Jersey. Mr. Speaker, I come to the floor, as my colleagues do, the medical doctors as well, saying we do all agree that we do need reform here; it is just that we are listening to the American public who says not the reform of the ObamaCare or the Pelosi legislation that we are looking at that is before us right now.

And I hear from the gentleman from New York that we need to talk about the facts, issues like Social Security and Medicare and the like. It seems to me I heard that in committee. The gentleman from New York actually submitted an amendment to repeal Medicare, if I am not mistaken. So I am not sure whether his constituents know that when he rails against us on the position of Medicare, he was the author of the amendment to repeal Medicare.

But let us not digress on those other issues; let us talk about the facts of the health care bill before us today. Interestingly enough on that, while we would like to talk about the facts on these issues, we know that your side, the Democrat side of the aisle, does not want to do so. Why do we know that? Because here is a memo that came out of talking points for the Democrat majority, Thursday, March 18, saying that to these very points on what they should be saying and what they shouldn't be saying: We cannot emphasize enough. Do not allow yourselves to get into a discussion of the details of the CBO scores.

Further on, it goes on to say: Do not give them—and who is “them”; I guess, the American public. Do not give them grounds by debating the details, for example, a March 1 letter. Again, focus on other issues, essentially, is what it says. So that is their talking points, to stay off message, don't talk about the facts.

Well, here are some of the facts. The bill is replete with budget gimmicks.

Why health care reform will cost more than Democrats say it will, here are some of the facts:

Delayed benefits and immediate taxes. The bill will raise taxes around \$60 billion before almost all, 98 percent, of the benefits will go into effect. Do you hear that? We will be taking tax dollars out of our pockets before 98 percent of the benefits will ever go into effect.

Secondly, the CLASS Act. What does CBO, Congressional Budget Office, say about it? They say this program will pay out far less in benefits than it will receive in premiums over the 10-year budget window. What is that? Well, the gentleman from New York may be familiar with the Bernie Madoff situation. Well, that is what this is. According to Senator CONRAD, it is a Ponzi scheme.

Next, the doc fix that was talked about here. They do not include anything to deal with the doc fix. That will cost \$371 billion. And why don't they? Well, it says here in their talking points, or in your talking points, the inclusion of a full SGR doc fix repeal would undermine the reform budget's neutrality. So again, Do not allow yourself to get into a discussion of the details of the CBO scores in textual narratives.

Why don't they put the CBO score and the doc fix in it, because they know then the bill would be honest and fair as to the cost of it.

Fourthly, raid Social Security. Again, where is AARP on this one when they are going to raid Social Security to the tune of \$53 billion in new Social Security revenue to give us the appearance of a deficit cut? These revenues were meant to benefit Social Security, not to be a new entitlement and give them cover.

Ms. SPEIER. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. WEINER).

Mr. WEINER. I would ask the American people to listen to the following exchange:

Will the gentleman from New Jersey kindly inform the House the source of the memo that he just read from?

That silence that you hear is the gentleman from New Jersey read from a fake memo, a fraudulent memo. He has been zoomed. It wouldn't be the first time, but that is the case. That memo that he just read from has no source. He will not return to the microphone and tell us what it was because he took something that was created by opponents of health care, and there are a lot of them, mostly paid for by the health insurance industry, and came to the rostrum with a fake document.

Ms. FOXX. Mr. Speaker, parliamentary inquiry.

Mr. WEINER. I don't yield for that purpose.

Ms. FOXX. Parliamentary inquiry, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from New York controls the time.

Mr. WEINER. The fact of the matter is there is an enormous amount of money being socked in by the health insurance industry. They are doing everything. They are creating ads. They are making contributions. But what they are also doing is producing fake memos that say, “from the Democrats,” with something crossed out on top.

But the fact remains here that there is no reluctance to talk about the real CBO score: \$1.2 trillion of savings for the American people. That is the fact. That is nothing we are hiding from.

Mr. GARRETT of New Jersey. Will the gentleman yield?

Mr. WEINER. I will yield if only for the purpose of telling the source of the document.

Mr. GARRETT of New Jersey. Will the gentleman not yield on the facts then?

Mr. WEINER. I asked the gentleman a direct question. Ladies and gentlemen—

Mr. GARRETT of New Jersey. I am responding with a direct answer.

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. SPEIER. I yield the gentleman 30 additional seconds.

Mr. WEINER. Ladies and gentlemen, what you saw just now is a microcosm for this debate, a real piece of legislation that for a year we have been working on and a fake document that they won't even give the source for. We are going past that, and we are going to wait until Thursday, I say to my colleague, or Wednesday. We are going to do it when the bill is ready to be passed because we have debated this thing for a long time. We are here to solve the problems of the American people, not quote from fake memos.

Ms. FOXX. Mr. Speaker, I yield 1½ minutes to the gentleman from Georgia (Mr. BROUN).

Mr. BROUN of Georgia. Mr. Speaker, I am going to vote for this bill, but we are embarking upon a history for women that is going to be bleak. My mother died from metastatic breast cancer at age 63. A government panel just recently said women under 50 cannot get a mammogram and women over 50 can only get one every 2 years. This is the kind of rationing of care which is going to be exploded upon the American public.

When a woman walks into an abortion clinic, there are two people who walk in that are alive. When she walks out, there is one dead and one wounded. We are creating more abortions. We are going to support the abortion industry in the Senate bill. The American people need to understand very clearly, the Senate bill that we will be voting on in just a few days is going to promote abortions and it is going to kill unborn children.

We hear a lot of confusion, and we hear a lot of confusion about the CBO. I call the CBO parameters, what was given by them, zombie economics because a person would have to be dead without a soul walking around to believe the parameters that were given to the CBO, and it is just not factual. This is going to create more debt and it is going to put people out of work. It is going to deny access to care to many people, particularly the poor people and the elderly, and it is going to be disastrous for women because, particularly the constraints on Medicare reimbursement, women expend more of those dollars than anybody else and they are going to be denied care because of it.

Ms. SPEIER. Mr. Speaker, to the gentleman who just spoke, I cannot understand how anyone seated in this Chamber today cannot appreciate the fact that the language from the Senate version of the bill already expands the Hyde language. Under the Senate version of the bill, a woman in the exchange paying for her insurance totally on her own is going to be required now to make out two checks: one for her insurance contribution and one for her abortion services should she ever need them.

Mr. BROUN of Georgia. Will the gentlelady yield?

Ms. SPEIER. I yield to the gentleman from Georgia.

Mr. BROUN of Georgia. The facts are that the Federal Government will require all insurance policies to get that extra tax. It is not called a tax, but it is an extra tax that is going to be forced upon anybody who pays for insurance, and that tax is going to be what is paying for abortions. So abortions are going to be paid. They are going to be forced on the American people by the Senate bill. And that's just the facts. That's the simple facts of the bill.

Ms. SPEIER. Reclaiming my time, Mr. Speaker, I think it is very important for the American people to appreciate that the Hyde amendment is alive and well in this bill. In fact, it is extended in this bill. Many of us who are concerned about making sure that women have access to the services they need recognize that many of them are not going to access these services now because they are not going to have insurance to cover it.

I reserve the balance of my time.

Ms. FOXX. Mr. Speaker, in closing, I support the underlying bill that we have been talking about, H. Res. 1174, Women's History Month and urge people to vote for it. But I do want to say that Republicans have been maligned, I believe, on the floor today in many, many ways. A majority of Republicans in the House voted for Medicare. Republicans support Medicare and support Social Security. We have never, ever suggested doing away with those programs.

We know that the bill that is being proposed by the Democrats does not control cost, will not improve access, will not improve care for people in this country, and we know that is going to happen. We want to protect the American people. We want to protect their freedom. We do not want to turn our lives over to the government to run not just health care, but everything about our lives.

Mr. Speaker, I yield back the balance of my time.

Ms. SPEIER. Mr. Speaker, again, I urge my colleagues to join me in supporting this resolution recognizing Women's History Month. Let me also suggest that we are all going to go down in history this weekend for the kinds of votes we take. If there ever was an issue on health care that must be addressed and is addressed in this bill, it is gender discrimination. And the dirty little secret in health care is that women have been discriminated against for decades in health insurance.

In fact, a 22-year-old woman, a healthy 22-year-old woman is going to pay 150 percent more for her health insurance than a 22-year-old healthy man. A 40-year-old nonsmoking woman is going to pay more for her health insurance than a 40-year-old male smoker. Those are the kinds of discrimination that continue to exist in health care today that will not exist once we have health care reform.

One in five women over 50 is not getting mammograms today. That will not be the case anymore because every woman in America will have access to those kinds of screenings.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. SPEIER) that the House suspend the rules and agree to the resolution, H. Res. 1174.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. SPEIER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 4395, by the yeas and nays;

H. Res. 1133, by the yeas and nays;

H. Res. 1027, by the yeas and nays;

H. Con. Res. 244, by the yeas and nays.

Postponed votes on H. Res. 1040, H.R. 4840, and H. Res. 1174 will be taken at a later time.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

REVISING BOUNDARIES OF GETTYSBURG NATIONAL MILITARY PARK

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4395, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and pass the bill, H.R. 4395, as amended.

The vote was taken by electronic device, and there were—yeas 372, nays 31, not voting 27, as follows:

[Roll No. 144]

YEAS—372

Aderholt	Capito	Emerson
Adler (NJ)	Capps	Engel
Akin	Capuano	Eshoo
Alexander	Cardoza	Etheridge
Altmire	Carnahan	Fallin
Andrews	Carney	Farr
Arcuri	Carson (IN)	Fattah
Austria	Carter	Filner
Baca	Cassidy	Fleming
Bachmann	Castle	Forbes
Bachus	Castor (FL)	Foster
Baird	Chaffetz	Fox
Baldwin	Chandler	Frank (MA)
Barrett (SC)	Childers	Frelinghuysen
Barrow	Chu	Fudge
Bartlett	Clarke	Galleghy
Barton (TX)	Cleaver	Garamendi
Bean	Clyburn	Garrett (NJ)
Becerra	Coffman (CO)	Gerlach
Berkley	Cohen	Giffords
Berman	Cole	Gohmert
Berry	Connolly (VA)	Gonzalez
Biggert	Conyers	Goodlatte
Bilbray	Cooper	Gordon (TN)
Bilirakis	Costa	Granger
Bishop (GA)	Costello	Graves
Blackburn	Courtney	Grayson
Blumenauer	Crowley	Green, Al
Boccieri	Cuellar	Griffith
Boehner	Culberson	Grijalva
Bonner	Cummings	Guthrie
Bono Mack	Dahlkemper	Hall (NY)
Boozman	Davis (AL)	Hall (TX)
Boren	Davis (CA)	Halvorson
Boswell	Davis (IL)	Hare
Boucher	Davis (KY)	Harman
Boustany	DeFazio	Harper
Boyd	DeGette	Hastings (FL)
Brady (PA)	Delahunt	Hastings (WA)
Brady (TX)	DeLauro	Heinrich
Braley (IA)	Dent	Heller
Brown (SC)	Diaz-Balart, L.	Hensarling
Brown, Corrine	Diaz-Balart, M.	Herger
Brown-Waite,	Dingell	Herseth Sandlin
Ginny	Doggett	Higgins
Buchanan	Donnelly (IN)	Hill
Burgess	Doyle	Himes
Butterfield	Dreier	Hinojosa
Calvert	Driebehaus	Hirono
Camp	Edwards (MD)	Hodes
Campbell	Edwards (TX)	Holt
Cantor	Ehlers	Honda
Cao	Ellison	Hoyer

Hunter
Inglis
Inslee
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (GA)
Linder
Lipinski
LoBiondo
Loeb sack
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon

McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mollohan
Moore (KS)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paulsen
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Pitts
Platts
Polis (CO)
Pomeroy
Price (GA)
Price (NC)
Putnam
Quigley
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rooney
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Linda
T.
Sanchez, Loretta

NAYS—31

Bright
Broun (GA)
Burton (IN)
Coble
Conaway
Duncan
Ellsworth
Flake
Franks (AZ)
Gingrey (GA)
Issa

Kingston
Lamborn
Lewis (CA)
Marshall
Sessions
Mitchell
Myrick
Neugebauer
Nunes
Paul
Petri
Poe (TX)

NOT VOTING—27

Ackerman
Bishop (NY)
Bishop (UT)
Blunt
Buyer
Clay

Crenshaw
Davis (TN)
Deal (GA)
Dicks
Fortenberry
Green, Gene

Gutierrez
Hinchey
Hoekstra
Holden
Israel
Lofgren, Zoe

Sarbanes
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schradler
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (FL)

Rohrabacher
Royce
Sensenbrenner
Sessions
Shadegg
Stearns
Tiahrt
Westmoreland
Young (AK)

Moore (WI)
Murphy (NY)
Murphy, Tim

Pence
Radanovich
Ros-Lehtinen

Scalise
Stark
Wamp

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in the vote.

□ 1756

Mr. WESTMORELAND changed his vote from “yea” to “nay.”

Mr. CARTER, Mrs. SCHMIDT, Mr. BARTON of Texas, and Mrs. BLACKBURN changed their vote from “nay” to “yea.”

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Started for:

Mr. MURPHY of New York. Mr. Speaker, on rollcall No. 144, had I been present, I would have voted “yes.”

RECOGNIZING AFRICAN AMERICAN SCIENTISTS

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1133, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) that the House suspend the rules and agree to the resolution, H. Res. 1133.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 399, nays 0, not voting 31, as follows:

[Roll No. 145]

YEAS—399

Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Beckerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (UT)
Blackburn
Blumenauer
Boccheri
Boehner
Bonner
Bono Mack

Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Brown (GA)
Brown (SC)
Brown, Corrine
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Calvert
Camp
Campbell
Cantor
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy

Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
DeFazio
DeGette
Delahunt

DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Foster
Foss
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Griffith
Grijalva
Guthrie
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston

Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loeb sack
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Mitchell
Mollohan
Moore (KS)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Paul
Paulsen
Payne
Perlmutter

Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sanchez, Linda
T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schradler
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky

Walden	Waxman	Wittman
Walz	Weiner	Wolf
Wasserman	Welch	Woolsey
Schultz	Westmoreland	Wu
Waters	Whitfield	Yarmuth
Watson	Wilson (OH)	Young (AK)
Watt	Wilson (SC)	Young (FL)

NOT VOTING—31

Ackerman	Fortenberry	Murphy, Tim
Baird	Gohmert	Pence
Bishop (NY)	Green, Gene	Quigley
Blunt	Gutierrez	Radanovich
Buyer	Hinchey	Ros-Lehtinen
Cao	Hoekstra	Scalise
Clay	Holden	Space
Crenshaw	Israel	Stark
Davis (TN)	Lofgren, Zoe	Wamp
Deal (GA)	Minnick	
Dicks	Moore (WI)	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1803

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING 50TH ANNIVERSARY OF THE MARIANA TRENCH DIVE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1027, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) that the House suspend the rules and agree to the resolution, H. Res. 1027.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 398, nays 2, not voting 30, as follows:

[Roll No. 146]

YEAS—398

Aderholt	Bocchieri	Capito
Adler (NJ)	Boehner	Capps
Akin	Bonner	Capuano
Alexander	Bono Mack	Cardoza
Altmire	Boozman	Carnahan
Andrews	Boren	Carney
Arcuri	Boswell	Carson (IN)
Austria	Boucher	Carter
Baca	Boustany	Cassidy
Bachmann	Boyd	Castle
Bachus	Brady (PA)	Castor (FL)
Baldwin	Brady (TX)	Chaffetz
Barrett (SC)	Braley (IA)	Chandler
Barrow	Bright	Childers
Bartlett	Broun (GA)	Chu
Barton (TX)	Brown (SC)	Clarke
Bean	Brown, Corrine	Cleaver
Becerra	Brown-Waite,	Clyburn
Berkley	Ginny	Coble
Berman	Buchanan	Coffman (CO)
Berry	Burgess	Cohen
Biggert	Burton (IN)	Cole
Bilbray	Butterfield	Conaway
Bilirakis	Calvert	Connolly (VA)
Bishop (GA)	Camp	Conyers
Bishop (UT)	Campbell	Cooper
Blackburn	Cantor	Costa
Blumenauer	Cao	Costello

Courtney	Jones	Obey	Tiahrt	Visclosky	Westmoreland
Crowley	Jordan (OH)	Obson	Tiberi	Walden	Whitfield
Cuellar	Kagen	Oliver	Tierney	Walz	Wilson (OH)
Culberson	Kanjorski	Ortiz	Titus	Wasserman	Wilson (SC)
Cummings	Kaptur	Owens	Tonko	Schultz	Wittman
Dahlkemper	Kennedy	Pallone	Towns	Waters	Wolf
Davis (CA)	Kildee	Pascarell	Tsongas	Watson	Woolsey
Davis (IL)	Kilpatrick (MI)	Pastor (AZ)	Turner	Watt	Wu
Davis (KY)	Kilroy	Paulsen	Upton	Waxman	Yarmuth
DeFazio	Kind	Payne	Van Hollen	Weiner	Young (FL)
DeGette	King (IA)	Perlmutter	Velázquez	Welch	
DeLahunt	King (NY)	Perriello			
DeLauro	Kingston	Peters			
Dent	Kirk	Peterson			
Diaz-Balart, L.	Kirkpatrick (AZ)	Petri			
Diaz-Balart, M.	Kissell	Pingree (ME)			
Dingell	Klein (FL)	Pitts			
Doggett	Kline (MN)	Platts			
Donnelly (IN)	Kosmas	Poe (TX)			
Doyle	Kratovil	Polis (CO)			
Dreier	Kucinich	Pomeroy			
Driehaus	Lamborn	Posey			
Duncan	Lance	Price (GA)			
Edwards (MD)	Langevin	Price (NC)			
Edwards (TX)	Larsen (WA)	Putnam			
Ehlers	Larson (CT)	Quigley			
Ellison	Latham	Rahall			
Ellsworth	LaTourette	Rangel			
Emerson	Latta	Rehberg			
Engel	Lee (CA)	Reichert			
Eshoo	Lee (NY)	Reyes			
Etheridge	Levin	Richardson			
Fallin	Lewis (CA)	Rodriguez			
Farr	Lewis (GA)	Roe (TN)			
Fattah	Linder	Rogers (AL)			
Filner	Lipinski	Rogers (KY)			
Flake	LoBiondo	Rogers (MI)			
Fleming	Loeb sack	Rohrabacher			
Forbes	Lowey	Rooney			
Foster	Lucas	Roskam			
Fox	Luetkemeyer	Ross			
Frank (MA)	Luján	Rothman (NJ)			
Franks (AZ)	Lummis	Roybal-Allard			
Frelinghuysen	Lungren, Daniel E.	Royce			
Fudge	Lynch	Ruppersberger			
Gallegly	Mack	Rush			
Garamendi	Maffei	Ryan (OH)			
Garrett (NJ)	Maloney	Ryan (WI)			
Gerlach	Manzullo	Salazar			
Giffords	Marchant	Sánchez, Linda T.			
Gingrey (GA)	Markey (CO)	Sanchez, Loretta			
Gohmert	Markey (MA)	Sarbanes			
Gonzalez	Marshall	Schakowsky			
Goodlatte	Matheson	Schauer			
Gordon (TN)	Matsui	Schiff			
Granger	McCarthy (NY)	Schmidt			
Graves	McCaul	Schock			
Grayson	McClintock	Schrader			
Green, Al	McCollum	Schwartz			
Griffith	McCotter	Scott (GA)			
Grijalva	McDermott	Scott (VA)			
Guthrie	McGovern	Sensenbrenner			
Hall (NY)	McHenry	Serrano			
Hall (TX)	McIntyre	Sessions			
Halvorson	McKeon	Sestak			
Hare	McMahon	Shadegg			
Harman	McMorris	Shea-Porter			
Harper	Rodgers	Sherman			
Hastings (FL)	McNerney	Shimkus			
Hastings (WA)	Meek (FL)	Shuler			
Heinrich	Meeks (NY)	Shuster			
Heller	Melancon	Simpson			
Hensarling	Mica	Sires			
Herger	Michaud	Skelton			
Herseth Sandlin	Miller (FL)	Slaughter			
Higgins	Miller (MI)	Smith (NE)			
Hill	Miller (NC)	Smith (NJ)			
Himes	Miller, Gary	Smith (TX)			
Hinojosa	Miller, George	Smith (WA)			
Hirono	Minnick	Snyder			
Hodes	Holt	Souder			
Holt	Honda	Speier			
Hoyer	Hoyer	Spratt			
Hunter	Hunter	Stearns			
Inglis	Inglis	Stupak			
Inslee	Inslee	Sullivan			
Issa	Issa	Sutton			
Jackson (IL)	Jackson (IL)	Tanner			
Jackson Lee	(TX)	Myrick			
Jenkins	Jenkins	Nadler (NY)			
Johnson (GA)	Johnson (GA)	Napolitano			
Johnson (IL)	Johnson (IL)	Neal (MA)			
Johnson, E. B.	Johnson, E. B.	Neugebauer			
Johnson, Sam	Johnson, Sam	Nunes			
		Nye			

Tiahrt	Visclosky	Westmoreland
Tiberi	Walden	Whitfield
Tierney	Walz	Wilson (OH)
Titus	Wasserman	Wilson (SC)
Tonko	Schultz	Wittman
Towns	Waters	Wolf
Tsongas	Watson	Woolsey
Turner	Watt	Wu
Upton	Waxman	Yarmuth
Van Hollen	Weiner	Young (FL)
Velázquez	Welch	

NAYS—2

Paul	Young (AK)
------	------------

NOT VOTING—30

Ackerman	Dicks	Moore (WI)
Baird	Fortenberry	Murphy, Tim
Bishop (NY)	Green, Gene	Oberstar
Blunt	Gutierrez	Pence
Buyer	Hinchey	Radanovich
Clay	Hoekstra	Ros-Lehtinen
Crenshaw	Holden	Scalise
Davis (AL)	Israel	Space
Davis (TN)	Lofgren, Zoe	Stark
Deal (GA)	McCarthy (CA)	Wamp

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1810

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

NATIONAL DAY OF RECOGNITION FOR LONG-TERM CARE PHYSICIANS

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the concurrent resolution, H. Con. Res. 244, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the concurrent resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. SPEIER) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 244, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 395, nays 0, not voting 35, as follows:

[Roll No. 147]

YEAS—395

Aderholt	Berkley	Boyd
Adler (NJ)	Berman	Brady (PA)
Akin	Berry	Brady (TX)
Alexander	Biggert	Braley (IA)
Altmire	Bilbray	Bright
Andrews	Bilirakis	Broun (GA)
Arcuri	Bishop (GA)	Brown (SC)
Austria	Bishop (UT)	Brown, Corrine
Baca	Blackburn	Brown-Waite,
Bachmann	Blumenauer	Ginny
Bachus	Bocchieri	Buchanan
Baldwin	Bonner	Burgess
Bilbray	Bono Mack	Burton (IN)
Bilirakis	Boozman	Calvert
Bishop (GA)	Boren	Camp
Bishop (UT)	Boswell	Campbell
Blackburn	Boucher	Cantor
Blumenauer	Boustany	Cao

Capito
Capps
Capuano
Carnahan
Carney
Carson (IN)
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
DeFazio
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Foster
Foxx
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Griffith
Grijalva
Guthrie
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)

Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Hunter
Inglis
Inslee
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
LaTourette
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebsock
Lowey
Lucas
Luetkemeyer
Luján
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMorris
Rodgers
McNerney
Meek (FL)

Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Myrick
Nadler (NY)
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascarell
Pastor (AZ)
Paul
Paulsen
Payne
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman

Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner

Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Viscosky
Walden

Walz
Wasserman
Schultz
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—35

Ackerman
Baird
Bishop (NY)
Blunt
Boehner
Butterfield
Buyer
Cardoza
Carter
Clay
Crenshaw
Davis (TN)

Deal (GA)
DeGette
Dicks
Fortenberry
Green, Gene
Gutierrez
Hinchey
Hoekstra
Holden
Israel
Lofgren, Zoe
McCarthy (CA)

McMahon
Moore (WI)
Murphy, Tim
Pence
Radanovich
Ros-Lehtinen
Scalise
Space
Stark
Wamp
Waters

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1818

So (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

The title was amended so as to read: "Concurrent resolution expressing support for designation of a National Day of Recognition for Long-Term Care Physicians."

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. GUTIERREZ. Mr. Speaker, I was unavoidably absent from the House Chamber today. I would like the RECORD to show that, had I been present, I would have voted "yea" on rollcall votes 136, 137, 138, 139, 140, 142, 143, 144, 145, 146, 147 and "no" on 141.

HEALTH CARE REFORM

(Mr. McDERMOTT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. McDERMOTT. Mr. Speaker, it is deja vu all over again.

On December 2, 1993, William Kristol wrote the Republican playbook. He said, "The Clinton health care proposal is a serious political threat to the Republican Party. Republicans must therefore clearly understand the political strategy implicit in the Clinton plan and adopt an aggressive and uncompromising counterstrategy designed to delegitimize the proposal and defeat its partisan purpose."

He went on to say, "The long-term political effects of a successful Clinton health care bill will be even worse, much worse. It would relegate middle class dependence for security on government spending and regulation that will revive the reputation of the party that spends and regulates, the Democrats, as the generous protector of the middle class interests, and it will at the same time strike a punishing blow against Republican claims to defend the middle class by restraining government."

Nothing has changed. The Republicans refuse to deal with the problems of America and provide health security. They sat for 16 years since that date and did nothing. The time has come to pass the health care bill.

HEALTH CARE REFORM

(Mr. BURTON of Indiana asked and was given permission to address the House for 1 minute.)

Mr. BURTON of Indiana. Mr. Speaker, I get a big kick out of my Democrat colleagues as they join hands and run towards the edge of the political cliff to commit political suicide. It is very interesting.

You know, they just don't get it. But the American people do. This sign, I want to make sure they understood. Americans get it. Listen to the people. But they aren't getting it.

Today on television, just to make my point, the treasurer of the State of Massachusetts, a Democrat, said that their State-run health care plan is bankrupting their State. And my colleagues over here, who are on the precipice of committing political suicide, want to do it nationally and spend trillions of dollars that we don't have.

So I would just like to say to those who haven't made up their mind, take a good look at Massachusetts. They are going bankrupt because of what you want to do.

HEALTH CARE REFORM

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, the Democratic health care plan that will be forced upon the American people this weekend is, in reality, a jobs bill, a really bad jobs bill. What is the evidence that this is true?

This bill will result in the firing of 30,000 individuals from jobs who currently work in the private student loan industry. This bill will bankrupt rural and underserved urban hospitals, eliminating both jobs and access to quality care.

So where are the jobs, Mr. Speaker? This bill will create jobs. This includes 16,000 jobs at the IRS to service the health care police to determine if your

health care plan meets the health care czar's demands.

This bill has already created a job for Senator SCOTT BROWN, and I am confident, if this bill is forced on the American people, a surprising number of jobs will be created for new Republican Members of Congress in November.

DETROIT CATHOLIC CENTRAL HIGH SCHOOL DIVISION I STATE CHAMPION HOCKEY TEAM

(Mr. MCCOTTER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MCCOTTER. Mr. Speaker, today I rise to acknowledge the Division I State champion hockey team from my alma mater, Detroit Catholic Central High School.

On March 13, 2010, the Shamrocks bested Howell 6-1 to cap off a nearly perfect 27-1-1 season and to repeat as State champions. This victory marked the 14th State hockey title for Catholic Central and a record fifth Division I State title for the 2009-2010 athletic season. The hard work and dedication of Coach Todd Johnson's team epitomizes what it means to be a Shamrock.

Mr. Speaker, the Shamrock hockey team deserves recognition for their determination, achievement, and spirit, and I ask my colleagues to join me in congratulating them for bringing home another title and honoring their devotion to Mary Alma Mater, our community, and our country. "Live and Die for CC High."

HEALTH CARE REFORM

(Mr. MORAN of Kansas asked and was given permission to address the House for 1 minute.)

Mr. MORAN of Kansas. The majority of Americans oppose the Senate's health care reform bill. Consider the stunning electoral upset in Massachusetts following the passage of this bill in the Senate, a bill that was pieced together through vote peddling and backroom deals. Yet, now Speaker PELOSI is trying to avoid a direct up-or-down vote on this bill in a plan to push it through this Congress. It is outrageous. If Democrats want to force this bill on the American people, they should show their support with a direct vote as our Constitution requires.

To prevent this affront, I am a sponsor of H.R. 1188 that would ensure that direct vote and prevent Speaker PELOSI from using this parliamentary trick to force the bill through the House.

For weeks, President Obama, when he was concerned with getting 60 votes in the Senate, demanded an up-or-down vote. House Democrats should honor this request now that the problem is getting House Democrats to vote for the bill. Americans need to see who

supports this legislation, including the Cornhusker kickback, the Louisiana purchase, and other embarrassing deals included in the legislation.

HEALTH CARE REFORM

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE of Texas. Breaking news; all America needs to listen: Health insurers break profit records as 2.7 million Americans lose their coverage.

On Sunday, we will have an opportunity to correct this abominable announcement and, as well, to save the lives of 45,000 Americans who, in fact, die every year because they do not have insurance.

Breaking news: Insurance companies with large profits; my friends on the other side of the aisle, celebrating and voting against the American people.

The Congressional Budget Office shows that the health care bill we will vote on on Sunday will provide coverage for 32 million uninsured Americans, cut the deficit by \$130 million, cut the deficit by \$2 trillion in the second year—second decade, and eliminate the Medicare doughnut hole as well extends the sovereignty of Medicare for many years.

Breaking news: We are standing alongside of the American people, saving the lives of 45,000 who die every year. And the other side? Standing with the insurance companies.

LEADERSHIP IN THE FACE OF ADVERSITY

(Mr. CAO asked and was given permission to address the House for 1 minute.)

Mr. CAO. Mr. Speaker, I rise today to bring attention to an important issue that, if left uncorrected, will affect the lives of many Louisianans. The issue is Louisiana's Federal Medical Assistance Percentage, or FMAP.

FMAP is the percentage by which the Federal Government reimburses a State for Medicaid expenses and is calculated using per capita income. In Louisiana, we face a massive drop in our FMAP because relief and recovery dollars that flowed into the State after Hurricanes Katrina and Rita artificially inflated our per capita income.

Senator MARY LANDRIEU was successful in including a provision in the Senate health care bill similar to H.R. 4047, which I introduced last year, to address the FMAP situation in Louisiana. Some have disparagingly referred to her provision as the Louisiana purchase. This is unfortunate, because Senator MARY LANDRIEU is doing what is right for Louisiana and other States similarly situated. I may have some serious concerns about provisions of the Senate health care bill, but this is not one of them.

I applaud the Senator and her persistence and President Obama for his support of this provision because it is necessary for the State, for the gulf region, and for other States that may face FMAP predicaments like Louisiana.

□ 1830

STANDING FOR AFFORDABLE HEALTH CARE

(Mr. GOHMERT asked and was given permission to address the House for 1 minute.)

Mr. GOHMERT. Mr. Speaker, we have heard that by standing in the way of this fictitious health care, so-called reform bill, we're killing people. Here's a chart that tells you who dies. If you have prostate cancer, you want to be in the United States under our system right now. You've got a 91 percent chance of survival. If you're in England, 51 percent chance of survival. You want to talk about killing people? This will kill people—not because you're denied coverage, but because you're put on a list and you die waiting for protection.

I'm not standing with the insurance companies. We have insurance companies that are endorsing this bill. They're standing with the Democrats. Big pharmaceutical companies are standing with the Democrats. Who's standing with who? We're standing with the people that want health care that's affordable, that they control. We want the government and insurance companies both out from between patients and doctors.

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. BRIGHT). Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

HEALTH CARE DEBATE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. BURGESS) is recognized for 5 minutes.

Mr. BURGESS. Thank you, Speaker. Mr. Speaker, I want to take the opportunity—we've had a pretty full day with a lot of debate on the floor regarding the health care legislation that's going to be coming to the floor on Sunday—and I wanted to read into the RECORD some correspondence that my office has received. First, is a letter from the Governor of Texas, received March 19, 2010. The Governor, says: Texans deserve affordable, high-quality health care, but not higher taxes, increased health insurance premiums and unprecedented mandates. It goes on to say, We recognize the need for true

health care reform that controls rising costs and ensures hardworking Texans can afford health care for themselves and for their families. But government programs should not be the first place we look to expand coverage.

It goes on to say, In addition to the enormous cost to Texas, we believe the backroom negotiations and special deals that some congressional leaders have cut may well be unconstitutional. Additionally, it appears that congressional leaders might resort to employing an obscure parliamentary procedure to avoid an actual vote on the bill. This is not how the public expects legislation of this magnitude to be debated or enacted. It's signed, Governor Rick Perry, Governor of Texas.

A letter from Tommy Williams, who's the chairman of the administration committee of the State senate. He's also on the senate finance committee. He says, Recently, the Texas Health and Human Services Commission provided me with an analysis of the impact of President Obama's proposal on our state budget. It would, in a word, be devastating. The analysis estimates that the President's proposal would cost the State of Texas over \$24 billion over the next 10 years. This includes a \$6 billion reduction in available disproportionate share of funding for hospitals. Our State simply cannot afford an additional average cost of \$4 billion to \$5 billion per biennium over the 10 years it would take to implement this plan. Signed, Tommy Williams, State senator from Texas.

Attorney General Greg Abbott wrote to Senators HUTCHISON and CORNYN earlier this year in a very detailed correspondence about the problems he saw with the Senate bill as it was passed on Christmas Eve—and do remember it will be the Senate bill that will be here on the floor on Sunday. There will be a reconciliation bill to fix some of the things in there, but it will be the Senate bill, make no mistake about that. It will be the Senate bill that passes. All of those technical corrections could just as easily pass by the wayside if the administration is not interested in fixing the problems in the Senate bill.

Nebraska compromise. We've heard a lot about that. The attorney general was concerned about the equal sovereignty and due process contained within the Cornhusker kickback, the Nebraska compromise. The individual mandate was particularly instructive. The attorney general talked about the commerce clause. And he concludes by saying, The individual mandate is constitutionally suspect because it does not fall within any of the normal categories.

The mandate provision in H.R. 3590 attempts to regulate a nonactivity. The legislation actually imposes a financial penalty upon Americans who choose not to engage in interstate commerce because they choose not to enter

into a contract for health insurance. In other words, the proposed mandate would compel every American to engage in commerce by forcing them to purchase insurance and then use that coerced transaction as a basis for claiming authority under the commerce clause. That is Attorney General Greg Abbott from the State of Texas.

Now I have a list of many physician specialty societies that are opposed to this legislation. This list was current as of today. This list represents nearly 500,000 physicians in the United States of America—parenthetically, more than the American Medical Association. The dermatologists; plastic surgeons; eye doctors; head and neck surgeons; trauma surgeons; neurological surgeons; American College of OB-GYNs; the College of Osteopathic Surgeons; the American College of Surgeons; the American Academy of Orthopedics; the Society of Breast Surgeons; the Society of Anesthesiologists; American Society of Cataract and Refractive Surgery; colon and rectal surgeons; metabolic and bariatric surgeons; the American Urological Association; the American Society of Plastic Surgeons.

State medical associations. That is not a complete list, but State medical associations: Alabama; Delaware; District of Columbia; Florida; Georgia; Kansas; Louisiana; Missouri; Medical Society of New Jersey; Ohio; South Carolina; Texas; and Tennessee. I will submit the entire list for the RECORD.

AMERICA'S PHYSICIANS DO NOT SUPPORT THE CURRENT HEALTH REFORM BILL

VOTE NO

Physician Organizations Representing Nearly 500,000 Physicians (Many More than the AMA) Do Not Support the Patient Protection and Affordable Care Act:

NATIONAL MEDICAL SOCIETIES

American Academy of Dermatology Association, American Academy of Facial Plastic and Reconstructive Surgery, American Academy of Ophthalmology, American Academy of Otolaryngology-Head and Neck Surgery, American Association for the Surgery of Trauma, American Association of Neurological Surgeons, American Association of Orthopaedic Surgeons, American Congress of Obstetricians and Gynecologists, American College of Osteopathic Surgeons, American College of Surgeons, and American Osteopathic Academy of Orthopedics.

American Pediatric Surgical Association, American Society of Breast Surgeons, American Society of Anesthesiologists, American Society of Cataract and Refractive Surgery, American Society of Colon and Rectal Surgeons, American Society of General Surgeons, American Society for Metabolic & Bariatric Surgery, American Urological Association, American Society of Plastic Surgeons, and Coalition of State Rheumatology Organizations Congress of Neurological Surgeons.

Eastern Association for the Surgery of Trauma, Heart Rhythm Society, National Association of Spine Specialists, Society for Cardiovascular Angiography and Interventions, Society for Vascular Surgery, Society of Gynecologic Oncologists, and Society of Surgical Oncology.

STATE MEDICAL ASSOCIATIONS

Medical Association of the State of Alabama, Medical Society of Delaware, Medical Society of the District of Columbia, Florida Medical Association, Medical Association of Georgia, Kansas Medical Society, Louisiana State Medical Society, Missouri State Medical Association, Medical Society of New Jersey, Ohio State Medical Association, South Carolina Medical Association, Texas Medical Association.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. MCDERMOTT) is recognized for 5 minutes.

Mr. MCDERMOTT. Mr. Speaker, after hearing the hysterics of my Republican colleagues over the last several days, I was reminded of the adage I've heard about the legal profession. It said that if you have the facts, pound on the facts. If you have the law, pound on the law. But if you have neither the facts nor the law, pound on the table.

I give my Republican colleagues credit for doing a remarkable job of pounding on the table for the last few months. I've heard my colleagues saying outlandish things about how we're doing violence to the Constitution and sticking our fingernails in the eyes of the American public. But it's all an elaborate distraction from what the real debate is about. What we're talking about is what happens when you don't have health insurance.

I heard a story last week that I think gets to the heart of what we're doing and why we're doing it. It's about a family of five, including a newborn child, that's going through a rough patch. When the baby was born, the mother's employer didn't offer her maternity leave, so she was unable to earn an income. When the father's entire drywall crew was laid off because there was simply no work, the family lost their income, aside from the unemployment benefits her husband received. All five of them had to move into a relative's living room. And when stress and strain caused the mother to stop producing breast milk, she had to buy formula that she couldn't afford.

So she applied to get some supplemental food benefits under the WIC program, which comes only once a month. When those benefits ran out, she went to the office for more help, and they said there was none. Without additional support, she was forced to dilute the formula with water, causing the baby to become malnourished. As a result of malnourishment, the baby developed something called starvation diarrhea, a very serious and very painful illness. When the baby's parents took her to the hospital, her diarrhea had become so severe that she was treated in the same way as people with severe burns. She stayed in the hospital for 10 days. Remember, this is a family with

parents who worked, whose baby was born healthy, who had health insurance. They simply fell victim to this economy.

I read another article recently about an insurance company called Fortis, one of the largest in the country. Fortis designed a computer program that would automatically flag any policyholder with HIV/AIDS and trigger an automatic fraud investigation. Knowing the treatment was expensive, the executives were looking for anything they could use to revoke health insurance policies for people with HIV. Then, when nothing turned up, they would essentially invent a reason.

Now I know everyone in this room has at least 20 stories like this. And after hearing just one of them, I can't understand how anyone with a conscience can stand in the way of reform for one second. I've sat in this Chamber and listened to hours of foolishness and nonsense about what this bill will allegedly do. Despite being deafened by a year's worth of Republicans banging on the table, I'm thrilled we're going to get a chance to vote on a health care reform bill that will help millions of Americans. Eighty years from now, like the 80 years ago when Social Security passed, 80 years into the future people will look back at this as the bill that helped them take a sick child to the doctor. They'll look back and be shocked that there was a time when insurance companies were allowed to deny health coverage—even to children—just because they were sick, because they had a preexisting condition. And they'll be appalled that anyone would refuse to vote for this bill for no other reason than political grandstanding or trying to gain political advantage in the next election.

When we hit 216 votes on Sunday, I'm going to be proud that we will be helping millions of Americans right now and here in this day but also generations that are yet to come. A country is judged by how it handles the people who are least able to care for themselves. And when you're sick and you don't have health insurance and your country says, We don't care—go to the emergency room, that's your health care. Stand in an 8-hour line, that's your health care. We're going to change that on Sunday.

□ 1845

THE PRISON OF TYRANNY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, "These are the times that try men's souls. The summer soldier and the sunshine patriot will, in this crisis, shrink from the service of their country. But he that stands by it now deserves the

love and thanks of man and woman. Tyranny, like hell, is not easily conquered; yet we have this consolation with us, that the harder the conflict, the more glorious the triumph."

Thomas Paine spoke these words at another crossroads in this Nation's history, back when Americans were fighting the tyranny of King George and the British Empire. The question to be asked today is: Will we stand up to government tyranny as our Founding Fathers did over 200 years ago?

Government is taking over every aspect of our lives, and it's not just the big things, like the automobile industry, the banking industry, student loans, home mortgages. They're telling us what kind of cars we can drive, what kind of lightbulbs we can use, and they're even telling us how much water we can put in our toilets. We are living under the ever-growing oppression of government. The government has stolen our liberty one right at a time. They are building us into a prison of tyranny. Brick by brick, that wall of tyranny increases every day as the Federal Government intrudes into our personal liberty and takes over every single aspect of our lives.

Have we forgotten about the unaccountable czars who work in the shadows? At last count, we have 45 czars that rule over us. Most of them have not been confirmed by the Senate, as required by the Constitution. We've got a behavioral science czar that's studying human behavior. The government wants to know how they can influence human conduct. It sounds a bit like the book "1984" to me. We have a bailout czar. We have a border czar, but nobody knows whether the border czar is to secure the border or open it up.

We don't know what these czars do. We have a climate change czar and a communications diversity czar. We have a disinformation czar. It sounds like he should be called the "government propaganda czar" to me. We have two economic czars. We probably could use a few more of those. We have an energy czar, a food czar, a Great Lakes czar, and a Gitmo closure czar. We have a pay czar, and we have a religion or God czar. With our government, we don't know whether he's for or against God and religion.

We have a safe school czar, a science czar who wrote a controversial book from promoting population control. Now isn't that lovely. What are all of these people doing? Why are they working in the shadows, controlling our liberty?

Today as we debate health care, the government wants to take over America's health care system. We'll have a health care czar and a health choices czar because we're not smart enough, according to the government, to sit down with our own doctors and decide what's best for our own health care. So some bureaucrat here in D.C. has to de-

cide for us. The health care takeover gives the Federal Government access to our bank accounts and our private medical records. The IRS will get 16,000 new agents to snoop around in these records. Whatever happened to the right of privacy?

This is not about health, and it's certainly not about care. This is about government control over every aspect of our lives without accountability and against the will of the people. In the long, lamentable catalog of human history, a person or a people yearning to be free have had to make tough choices. Will we stand at this hour for government tyranny or personal liberty?

As Patrick Henry once so famously said: "I know not what course others may take; but as for me, give me liberty or give me death." Now our choice today is the prison of tyranny or the frontier of freedom. Let us choose wisely or suffer the abominable chains of the oppression of tyranny.

And that's just the way it is.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. SOUDER) is recognized for 5 minutes.

Mr. SOUDER. Mr. Speaker, I want to talk for a few minutes again on the health care bill that's pending that has millions of Americans upset, near panicked. Obviously, we have health care problems in America. I don't know how to answer some of the people who have preexisting conditions with their kids, who have lost their jobs or different challenges, but you don't need to have this type of bill to address those.

We've offered solutions from trying to limit defensive medicine to doing it across State lines. Clearly, we are going to have to spend some money to try to address the preexisting conditions and catastrophic, but you could do that and still keep the private sector by having some form of reinsurance that may or may not be subsidized to the individual or through the government in a pooling process. But there are ways to address this other than making the government the de facto center of the entire health care industry.

I want to talk about four particular things. One is that in this is one of the most weird economic terms: "unearned income." There is a tax increase on unearned income. Unearned income is income you've already been taxed for once. If you put your money in an investment fund or you put it in buildings or in annuities, you've been taxed on that. It's not unearned income. And for years, we've encouraged people to save so our Social Security system didn't go broke, so our Medicare system didn't go broke. Now we're going to tax those who've saved, and we're

going to put a penalty on keeping people from saving. It seems counterintuitive that when we're facing these huge challenges in a retirement system that we would raise taxes on the very thing that we've been encouraging people to do.

Then we have the question of industries like the orthopedics. In Warsaw, Indiana, a city of about 15,000 people, three of the four biggest orthopedic companies in the world are centered there: Zimmer, DePuy and Biomet. In addition, you have Medtronic with a large facility there and lots of other small ones. They bought the biggest companies in Switzerland, Germany, and France. It's a category where we lead the world. So what's our solution? If we're the ones leading the world, we're the ones inventing new things—well, we're going to tax them, so maybe they'll leave.

They only have two choices. Since the new tax is half of their R&D cost, they can either stop the R&D so we won't know 20 years from now—I had one 13-year-old ask me on a teletown hall call the other night ask me, How will this bill affect me long term with my health coverage? I said, I don't really know because the way we're taxing orthopedic companies and these, we won't know what would have been invented. The way we're taxing the pharmaceutical companies, we won't know what drugs would have been invented because we're driving it out of the U.S. or out totally if they can't make money on it anywhere in the world. So that's another part of this bill.

Then I heard one Member on the floor tonight repeat one of the most often heard myths, that because Canada covers their health care, the health care for GM was cheaper. In fact, our Auto Caucus met with the head of GM when we were talking about what we were going to do related to GM. He said in direct response to some of the Members from the other party's question, No, our costs are higher in Canada. It was so counterintuitive, every Member was asking why they were higher in Canada. They said, Well, unions aren't going to take the base plan. They ask for the base plan with a supplement because the base plan in Canada and England isn't satisfactory. So if you have enough power, you will negotiate it more, plus the taxes are higher in Canada. He said, that's why—and that's why GM has followed through with this, as well as Chrysler—jobs have moved down to the U.S. because our health care was cheaper. How did this myth start? Why do we keep hearing that constantly repeated when they know the difference.

The other point I wanted to make is on the so-called savings in Medicare. How are they getting savings from Medicare? Partly from eliminating your choice of Medicare Advantage, the only program that's ever come in under

budget as part of Medicare because we had the big insurance companies negotiating them with the big pharmaceutical companies. Rather than having somebody in a government office who didn't know their head from a hole in the ground making the negotiations, quite frankly, we put people who are actually bottom line people who could figure out what the margins were and what they could survive with and move ahead with. That's why Medicare Advantage works. But they're going to do it by controlling the utilization of equipment.

We never had a discussion about utilization of equipment. They want to say 80 percent. In Indiana, the only city that can meet 80 percent on heart, on oncology and so on is Indianapolis. So Fort Wayne 270,000 people, the South Bend region with another 200,000 people, other parts of the State can't reach that utilization. That's the hub and spokes system, only they're moving the hubs to the bigger cities in the United States.

We're not talking about whether you can have this type of thing in rural areas. We're talking about whether the type of diverse health care spread out with access all over America is going to be changed in the name of cost savings. It is a way to save money because people then have to do just like veterans do in the hospital system: they have to pay their gas. They have to decide if they're going to stay overnight. If they get canceled, they have to drive back home or get a motel. All that has shifted to the individuals. No discussion. No discussion about that little clause in there that talks about utilization of equipment; yet it's brutally already being implemented. So I hope that somehow in the next 48 hours, a miracle occurs, and we can defeat this bill.

DOCTORS TELL CONGRESS TO VOTE "NO"

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

Mr. BURTON of Indiana. Well, here we are, folks, Friday night. People are going to the movies, having dinner with their kids and grandkids, and we're here in the Capitol of the United States trying to screw up everybody's life.

Let me just give you a little information we found today. Mr. Speaker, 46 percent of the primary care doctors in this country said if this bill passes, they'll leave medicine. Now think about that. Let's just say that that's off by 75 percent. Let's say only a fourth of that happens, and we only have, say, 10 or 15 percent of the doctors leave primary care because of this bill. What do you think that's going to do to the patients? We're going to have

more patients, according to this bill, because they're going to bring in more people, maybe some illegal aliens and people that aren't completely covered right now. So we're going to have fewer doctors and more patients.

What is that going to result in? It's going to result in what we've all been talking about for a long time, and that is rationing of health care because you won't be able to take care of all these people. You have to pick and choose. It's going to cost more, and there's going to be long waiting lines like they have in other countries that have socialized medicine. I just can't hardly believe that we're doing this.

You know, in Massachusetts, today I watched on television the Democrat treasurer of Massachusetts said on television just a couple of hours ago that their State is going to go bankrupt because of their public health program, which parallels what they want to do here in Washington. I mean, think about that. Massachusetts has a system like this. Their State treasurer—not a Republican, a Democrat—says that they're going bankrupt because of it. And yet we're doing the same thing only more in spades right here in the Congress of the United States, and we're not hearing as much about it as we should.

Now, I want to real quickly read to you just to let you know what the doctors think. We have some doctors who are going to be talking here tonight, some very eminent doctors. The State medical associations that are opposed to this: the States of Alabama, Delaware, District of Columbia, Florida, Georgia, Kansas, Louisiana, Missouri, New Jersey, Ohio, South Carolina, Texas, the American Academy of Dermatology, American Academy of Facial Plastic and Reconstructive Surgery, American Academy of Ophthalmology. It just goes on and on and on. There's probably 100 of them here. And they're not listening to these people. They're telling us in Congress that people are going to leave the practice of medicine.

Now, the other thing that they're not talking about is we don't have tort reform. You know, doctors have to spend an awful lot of money protecting themselves against lawsuits. So we've said in our bill that we really need tort reform. Well, they don't have that. It's not going to be in their bill. So doctors are going to be still unprotected as far as liability suits are concerned. That's another reason why 46 percent of the doctors say they're going to leave primary care. Why wouldn't you? You've got some money in the bank that you've worked your whole life to gain and achieve and you know that one lawsuit will wipe you out, and there's no protection at all in these health care plans they're going to ram through, why would you risk it? Why would you risk lose you are your home

and your business and everything that you've worked your life to save? You wouldn't. And so it might be better to go out and do something else. Take the money that you've saved and go into maybe some kind of a private practice that doesn't require this kind of a risk.

So I would just like to say to my colleagues back in their offices who probably aren't listening to too much tonight—they're fighting to try to get that last vote or two to make sure they can get this thing passed—think about what you're doing to America. Think about what you're doing to the future generations that are going to be paying for this. We won't be paying for all of it. Trillions and trillions of dollars that we don't have are going to be spent. They're going to have to print that money. Our kids are going to be the ones who are going to have to pay it back through inflation and higher taxes. It's just a terrible, terrible legacy to leave to them.

So to my colleagues on the other side of the aisle who may be in their offices, Mr. Speaker, listening to what we're talking about tonight, I hope they'll give this a lot of thought, especially if they haven't made up their minds. Don't leave this kind of legacy to the future generations, and listen to what's going on in Massachusetts that has a similar program. They're going bankrupt up there because of it. And we're going to put a program into place that's going to run doctors out of the business and possibly bankrupt America and run inflation through the roof because we're going to be spending money we don't have so they'll have to print it and raising taxes? It just doesn't make any sense.

The last thing I'll say is that the vast majority of the American people in addition to the doctors, Mr. Speaker, don't want this. So listen to your constituents before you go running off a cliff and killing yourselves politically.

□ 1900

WOMEN AND HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. WOOLSEY) is recognized for 5 minutes.

Ms. WOOLSEY. Mr. Speaker, the entire Nation is counting on us to pass comprehensive health care reform. The millions who have no coverage at all desperately need this legislation, but so too do those Americans who are insured and are being squeezed out by outrageous premiums. So do the businesses that are less profitable because they will be buckling under the weight of high health care costs. But above all, American women need us to do the right thing this week and overhaul the health care system.

Mr. Speaker, in ways both overt and beneath the radar, the current system

discriminates against women. The health care reform bill with the corrections bill prohibits insurance companies from refusing coverage or charging higher premiums based on a preexisting condition. And the fact is being a woman is a preexisting condition.

There are documented cases in which pregnancy was treated as a preexisting condition, with women denied the very basic prenatal care benefits that they needed. On other occasions, women have been socked with a huge hospital bill following a C-section because their insurance company would not cover the procedure which is used roughly one out of every three births in the United States.

And here is the most outrageous and unconscionable one of all. In several States, a woman who has endured domestic violence may also be out of luck when she goes to file a claim because domestic violence is defined by many of the large insurance companies as a preexisting condition. Talk about adding insult to injury. Literally, Sorry, ma'am, you're on your own. We can't pay to wire that broken jaw because it was given to you by your husband. Next time you get a facial injury, make sure it is from tripping or falling; then we might be able to help you. This is the health care equivalent of telling a rape victim she has no case because she was asking for it.

There's more. Systemic forces and biological realities conspire to make the health care crisis that much more severe for women. Because of their reproductive health needs, women, especially young women relative to their male peers, simply need to visit their doctor more often on average.

Women are less likely to have full-time jobs with large companies so they are less likely to qualify for employer-based coverage. That puts them at the mercy of the very expensive individual insurance market where women are at a disadvantage because they earn less. Thanks to the fact that women earn 78 cents for every dollar a man brings home, they are poorer. Many of the policies on the individual insurance market, 71 percent of them according to one study, don't offer comprehensive maternity services at all.

And thanks to a practice known as gender rating, many women are essentially assessed an estrogen penalty when they sign up for health care coverage. Insurance companies are allowed to charge women more simply because they are women.

The legislation before us will close these disparities and correct these injustices. We should all be ashamed of a broken system that marginalizes more than half of our population. We have to stop putting health insurance company profits ahead of healthy American women. Let's answer history's call and pass health care reform.

STOP GOVERNMENT TAKEOVER OF HEALTH CARE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Carolina (Mr. BARRETT) is recognized for 5 minutes.

Mr. BARRETT of South Carolina. Mr. Speaker, tonight it seems like the popular target is health care, and I rise tonight, Mr. Speaker, to talk about my opposition to government takeover of health care. And there are a lot of reasons why we should all be against this bill, a lot of reasons why I should be against this bill, but the main reason I want to talk about is jobs.

Right now in my home State of South Carolina, Mr. Speaker, about 270,000 South Carolinians are out of work. We have a record unemployment rate of 12.6 percent. Families and small businesses are trying to figure out how to put food on the table and keep the lights lit. And you know what? Here in Washington all we are doing is making the matter worse. If this bill passes, thousands of mothers and fathers and hardworking South Carolinians will be without a job. Businesses will be saddled with new taxes, resulting in additional layoffs, cutbacks, and businesses closing.

In South Carolina, taxpayers will pick up the tab for sweetheart deals Democrats made behind the scenes to muscle this bill through Congress. Despite the Democrats' best efforts to keep the American people in the dark, though, by resorting to shady tactics and backroom deals, nobody is fooled in this country about what is going on here. This is a trillion-dollar boondoggle that will kill job creation and take over one-sixth of the Nation's economy. It will mean nearly \$600 billion in tax increases, over \$500 billion in Medicare cuts, and a massive expansion of the Federal Government.

In South Carolina, we know government mandates only stand in the way of economic growth and jobs. With this bill, Democrats have found another way to help stifle this country.

Mr. Speaker, let me say this. If this bill does pass, South Carolina won't stand for it. And I will tell you today that I will do everything within my power to defend the States' rights that are set forth by the 10th Amendment of the Constitution of the United States. The truth is we can avoid the lawsuits and legal action that will result in further wasted taxpayer dollars.

There is a better way. Republicans have offered real solutions that lower the cost of health care and improve access while resulting in zero job loss, zero Medicare cuts, and zero tax increases. Let me say that one more time. Zero job loss, zero Medicare cuts, and zero tax increases.

Mr. Speaker, Americans deserve an honest debate and an up-or-down vote on this bill. That's why I have cosponsored legislation to do just that, but

Democrats have continued to stand in the way of true and real reform. A government takeover of health care is wrong for South Carolina, it is wrong for this Nation, and, Mr. Speaker, it is wrong for freedom. I hope and I pray, Mr. Speaker, that come Sunday my colleagues and I will beat this bill, and I urge all of my colleagues to vote "no."

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Oklahoma (Ms. FALLIN) is recognized for 5 minutes.

Ms. FALLIN. Mr. Speaker, I have had the opportunity to visit with Oklahomans all across our State and to talk about what really concerns them; and what I hear from my Oklahomans is they are concerned about their families, and they are concerned about their Nation, and they are concerned about their jobs and their children's future and how their children's future will even look, especially with the debates we are having here in Washington, D.C. They are concerned about their jobs and the economy and making rent payments, house payments, car payments, and paying for prescription drugs. They are concerned about their children going to college and about their education.

I have also had an opportunity to speak to our Oklahoma businesses and ask them, What do you think about what we are doing here in Washington? And they tell me time and time again that they are concerned about the big government intrusion into business, and they want government to stay out of their way and let them create jobs and let them invest and create opportunities and be entrepreneurs; yet what they hear from Washington is we are talking about more rules and regulations and more government takeover of industries and more taxes and higher taxes and the government expansion of programs like this health care bill. They are sitting on the sidelines and they are not creating those jobs and opportunities for my Oklahoma families so they can feel stable and secure in their lives.

Mr. Speaker, this health care bill that we are debating this weekend will change the course of our Nation. It is going to be a massive expansion of the Federal Government, a massive expansion, taking over our freedoms, our ability to make our own decisions about our health care. It is a massive expansion into one-sixth of our Nation's economy in the health care industry. I want my Oklahomans to know that I will stand firmly against voting for the Pelosi-Obama health care government takeover that we are going to be voting on this weekend, and I will not vote for it.

This vote will be one of the most far-reaching, significant pieces of major

social policy legislation in our lifetime and will definitely affect the future of all of our children. It will change the course of future generations of our children. Already our Nation is facing huge deficits and large amounts of debt, out-of-control spending by Congress, and that is hurting our economy and killing jobs and even threatening the stability of our Nation and our businesses and our families.

As we now know, many States are facing also hard times from budget deficits, and they are having to cut services and making really tough, painful spending decisions about the delivery of services to their citizens. States are also having a hard time paying for growing Medicaid costs. And now this health care bill, if it passes, will pass on down more unfunded Medicaid costs upon our States and create even bigger, nanny state entitlement programs, all at a time when Medicaid reimbursements are so low that doctors are dropping both Medicaid and having a hard time—it is hard to even find doctors who will see Medicaid or Medicare patients, especially in our rural areas. In fact, I read an article this week that said some pharmacies are not accepting new Medicaid patients because of the low reimbursement rate.

So the question is: Will our children's future and the American citizen's future be better if we pass this health care bill? And the question will be: Will our citizens be able to choose their own doctor or will their doctor be deciding whether to choose them, or will there even be a doctor for them to see?

The U.S. already has a shortage of doctors. We just heard the previous speaker talk about how 46 percent of the primary care physicians say they may drop out of the medical profession if this bill passes. From my State of Oklahoma, it is estimated that this legislation will impose over \$500 million of unfunded Medicaid expansion mandates on our State.

Mr. Speaker, I ask our colleagues to reject this bill. Let's work on creating jobs and opportunities. Let's work on a lasting solution for health care reform.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Louisiana (Mr. BOUSTANY) is recognized for 5 minutes.

Mr. BOUSTANY. Mr. Speaker, I had the great privilege of practicing medicine for 20 years in Louisiana. I was a heart surgeon. I did open heart surgery, critical lung surgery, and I took care of many patients during very difficult times in their lives. And I got to see the wonderful innovation in technology that we were able to use to save so many lives during that time.

As we face a Sunday vote, here we are Friday night, and I have to say that I am deeply saddened because I

really fear what is going to happen to health care in the United States if this bill passes. I have heard from many Americans across the country, given my status as a physician in Congress, many, many Americans from all over the country have contacted me and have basically rejected this bill. They are concerned. They are concerned because they will see their premiums rise. Let me explain.

The Senate Democrat bill will increase health insurance premiums for families by up to 13 percent by 2016. What does this mean? For an individual with the lowest cost basic plan, it would cost \$300 more in 2016 than if Congress did nothing at all. How about for a family? Families are struggling right now. Well, for a family who got the lowest cost basic plan, it would cost \$2,100 more in 2016 than if Congress did nothing at all. Premiums are going to rise.

We don't need an expensive bill to start bringing health care premiums down. All it would take is competition and choice, things that Republicans have promoted. We have written bills that would expand health savings accounts. We would allow folks to buy insurance across State lines, create transparency, and allow small businesses to pool together to get greater purchasing power, just like unions and large corporations do.

□ 1915

That wouldn't cost trillions of dollars to do. Let's just do this. It's easy.

What is going to happen with this plan? Well, it raids the Medicare program by a half a trillion dollars and uses that money to create a whole new entitlement, just like it basically raises taxes by over a half a trillion dollars to create this new entitlement program. What happens with these taxes? These are taxes on businesses and families. These are taxes on innovation in health care. And so the United States may end up losing its innovative edge if we allow this to go forward.

If you look at what's happened over the past 50 years in health care, folks, doctors, nurses have come from all over the world to train in the United States because of our advanced education in health care and in medicine and our advanced technology. Patients come from all over the world because of this great innovation, this great ability to save lives. And if we tax this, well, we will lose that competitive edge. There is no question about it.

So what happens with this big massive entitlement that is going to be expanded? Well, \$434 billion will be used to expand Medicaid coverage. Now, as a physician I know that Medicaid is a deeply flawed program. There are serious problems with this. First of all, it is breaking States' budgets. Secondly, it is a strain on the Federal budget.

But what does this really mean for families? Well, families who have Medicaid right now are having a very difficult time getting access to a doctor because the Medicaid reimbursements don't even come close in many instances to meeting the costs. So doctors are not seeing these patients until late in their conditions. They are having to go to the emergency room, when care is much more expensive, they are sicker. And it is just the wrong way to do this. It is not fair for these individuals, these families who are having to do this.

So what does this bill do? It expands Medicaid. Well, I have a problem with this. I think there is a better way to do it. We can expand coverage, meaningful coverage, by increasing competition, as I mentioned earlier, so that folks afford health care insurance. The last thing we want to do is drive up the cost of health insurance. And that is what this bill does.

The other thing this bill does is it increases taxes across the board. I mentioned new taxes on innovation, on pharmaceuticals, on devices that surgeons use in the hospital. You know, your knee replacement, your hip replacement. This is going to hurt innovation, as I mentioned. But there are also new taxes across the board on businesses. We are going to see new Medicare taxes, \$210 billion in new Medicare taxes, new taxes on health care benefits, new taxes on employers, and an individual mandate, an individual mandate that is going to have the IRS in everybody's business.

Mr. Speaker, we have a duty to do health care reform, but we have an obligation to get this right.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. BROWN) is recognized for 5 minutes.

Mr. BROWN of Georgia. Mr. Speaker, America is at a pivotal point in its history. We hear a lot of claims on both sides that are contradicting. And I want to just talk for a few minutes about some of those claims and just give you some simple truths. We heard all day long today that doctors support this government takeover of the health care plan. I brought one of several charts that we are putting together in my office. Nearly 500,000 doctors, represented by a number of organizations, including the Medical Association of Georgia, my own medical society, are against this bill.

In fact, this chart, small letters, this is just the beginning of the A's. The simple truth is that doctors don't support this bill, if they are practicing physicians, overwhelmingly.

Now, I am a family practice doctor. My own society, the American Academy of Family Physicians, has sup-

ported the bill. They have cut a sweetheart deal where the reimbursement rate for primary care docs, family doctors like me, will be upped a little bit. But what they haven't looked at is all the ramifications of this, which are going to be disastrous for their own practices.

The AMA cut a sweetheart deal. It is my understanding that they wanted tort reform, an SGR fix, and 100 percent coverage. They haven't done very well with that because none of those three are going to be accomplished in the Senate bill that we will be voting on this weekend.

We have heard claims about CBO says it is going to reduce the deficit. Well, the simple truth is they have used zombie economics to get these numbers. Because one would have to be walking around in a dead person to believe the economic parameters that were forced upon the CBO. A good example is the CBO was forced to score, or tell us how much it would cost when we pay out only 6 years' worth of benefits but we have 10 years' worth of increased taxes.

The Internal Revenue Service is going to be markedly increased in size and given more authority to snoop into our personal lives. In fact, they are going to hire 16,000 new agents to look at our bank accounts, look at our health records, look at whether we have acceptable health insurance as is deemed by a board here in Washington, D.C.

We hear our colleagues on the Democratic side, the far left, talk about people cannot get health insurance or health care. Well, they use health care and health insurance as being synonymous. I have treated many patients during my almost four decades of practicing medicine where I have treated them for free. Doctors all over this country are doing so. And some of the societies look at a government takeover of health care, maybe they will be paid for these patients that they are treating for free, and so maybe it is a better deal for them. But they are sadly mistaken.

Mr. Speaker, the simple truth is we are at a pivotal point in our history. We are going to go down a direction that is going to lead us towards total government control of our lives. And that is exactly what this so-called health care bill that we are going to be voting on, the Senate bill, with all of its special sweetheart deals, the taxpayer-funded abortion, the Cornhusker kickback, the Florida gator aid, the Louisiana purchase, all those special sweetheart deals, we are going to vote on that by voting for a rule. And it is going to deem that bill to be passed.

Deem and Pass is what they say. That sounds like an old western, doesn't it. Deem and Pass. The only people who are going to be ambushed are the American people. Because the

only people who are really going to be benefiting from that bill are the government bureaucrats and the politicians here in Washington that are supporting this bill.

We are at a pivotal point. The American people have to decide. Are we going to decide between freedom on one hand or socialism on the other? Are we going to look at entrepreneurial market solutions to lower the cost of health care, to cover people who are uninsurable? And we have those answers. The Republican Party is the Party of K-n-o-w. The American people can stop this by saying "no" and contacting their Democratic Congressman and tell them to vote "no" and we can stop this leap towards socialism and vote for freedom.

MARCH MADNESS—DC STYLE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. LATOURETTE) is recognized for 60 minutes as the designee of the minority leader.

Mr. LATOURETTE. I want to thank the minority leader for giving us the leadership hour on our side this evening. I will be joined by a number of Members. Already joining me on the floor, Mr. MCCOTTER from Michigan and Mr. TIBERI from the great State of Ohio.

Before we begin with our subject matter, when this group gathered a little while ago we, in an attempt to bring some levity, which there is not very much of here to the situation, we used probably in my mind one of the greatest games ever invented, the game of Operation. You go home and they say, Wow, boy, that was a good one. I was particularly proud of the "You got to be kidney" in talking about some of the provisions in the health care bill under consideration at the time.

But I got a letter after we did that special order from the lawyers at Hasbro, saying basically I was violating their copyright, and so on forth and so on. Apparently some of those lawyers were absent the day they taught constitutional law, because not only the speech and debate clause in the Constitution, but also the fair use doctrine sort of made that not accurate.

Having said that, I don't want to further inflame the lawyers at this New York law firm, and so we are not going to talk about this, nor am I going to use this chart this evening.

Mr. Speaker, what we are going to talk about, however, is March Madness. It is now upon us. People all across the country saw the President of the United States, because he is a big basketball fan and he likes to play basketball, pick his brackets. I think that if I read the news reports right, he picked Kansas to win it all. And I think last

year, if I remember right, President Obama nailed the winner. He picked it and off he went.

I think a lot of people who had brackets took a bath on Georgetown yesterday, but other than that, most other people's brackets are in shape.

But I thought we would use the theme of March Madness and what has gone on here on Capitol Hill, and sort of talk about some of the match-ups that have happened. We are a little further along than the NCAA tournament, so we start and we are down to the Sweet 16. I thought we would talk about the relationship of what is going on.

Let me turn first to the gentleman from Michigan. Pick a game and let's talk about it.

Mr. MCCOTTER. I would like to start with a match-up of two wily veterans, Speaker PELOSI and Minority Leader BOEHNER. These two teams have known each other quite some time on the floor of this House. They have had wins and losses, and there is no love lost. Yet despite a spirited effort by the tanned and resilient minority leader, he eventually did succumb to the tenaciousness and, yet some argue, some questionable tactics of Speaker PELOSI, who advances to the next round.

Mr. LATOURETTE. She is indeed a wily veteran.

Does my colleague from Ohio agree that the Speaker beat the minority leader?

Mr. TIBERI. I think there is no doubt at this point.

Mr. LATOURETTE. Okay. I would simply add not only did she beat the minority leader, she humiliated the minority leader in that there is not—well, there is one proposal by Republicans in this health care bill we are going to vote on on Sunday. But that is it. Out of 2,700 pages, the most they could do is squeeze in one Republican provision. And that was actually by Senator GRASSLEY of Iowa, who indicated that primary care physicians should get paid a little bit more for taking care of people.

Mr. MCCOTTER. If the gentleman will yield, I just want to add, and this is to watch in later rounds as Speaker PELOSI advances, is one thing that the opponent might want to watch for is she only dribbles on the left. So this could come in handy in later rounds for those of a more conservative bent.

Secondly, I think it is important that we point out to those people watching at home is that in many States wagering is illegal and is certainly frowned upon by most denominations.

Mr. LATOURETTE. I thank you so much.

So we declare the Speaker of the House the winner of round one. I just want to mention that these regionals are taking place in some interesting locations. They are interesting because

of other things that are included in the bill that we will talk about.

Mr. BROWN of Georgia, when he was here, talked about the Louisiana purchase and Gator aid. We'll get into that in a minute.

But, TIBERI, pick a game, and let's talk about it.

Mr. TIBERI. I was going to pick a game, and I'm going to pick the People versus the Cornhusker Kickback, but I think it is important at the very top there for you to point out on the chart that you have got at Florida Gators, and you just mentioned at LSU. We could add Montana because there is a special provision for Montana as well. Unfortunately, they lost in the tournament yesterday. We could add the University of Connecticut. Connecticut has got a nice little special provision that is staying in the bill. New Jersey is getting another special little deal. And apparently North Dakota in the reconciliation. I don't know how you have got it just to the two, Florida and LSU. But since we are talking about special deals in special places, I think I will do the People versus the special deal in the Cornhusker Kickback.

Mr. LATOURETTE. I appreciate that. I would just say to the gentleman, the reason we don't have all of those venues is we can't make a chart big enough.

Mr. TIBERI. For all the special deals.

□ 1930

Mr. LATOURETTE. For all the sweetheart deals that are included in it. You know, the great thing is each one of them now has sort of a nickname that is becoming a household word in America. So I bet most people, Mr. Speaker, have heard of the Cornhusker kickback, most have heard of the Louisiana purchase. But we're going to attempt to coin some new ones for the new ones because they really are coming up fast and furious.

So a billion dollars is going to the drug companies in New Jersey. So I think we should call that the New Jersey needle exchange. And today there was news—and I think that the senator involved has since asked that it be withdrawn—but all banks in the country are going to be removed from student lending except one in North Dakota. So I think we call that the Bismarck bank job. But we were already done with this by the time the news broke.

I will yield to the gentleman.

Mr. TIBERI. This chart was put together before we found out that not just health care was going to be in the health care bill. That actually now we're going to be debating a student loan bill which is how the Bismarck bombshell, Bismarck bank job—but now we have student loan, the takeover of the student loan business in the health care bill. I think America has to be aware of that as well.

Back to the issue at hand. The people versus the Cornhusker kickback. That special deal the people want. Is that correct?

Mr. LATOURETTE. That is correct.

Mr. MCCOTTER. Clearly the Cornhusker kickback had a tremendous inside game, and I think overwhelmingly just the sheer determination and tenacity of the American people did defeat the Cornhusker kickback. Although there was a case of a potentially flagrant foul involved, but that would have been the Cornhusker kickback itself.

Mr. LATOURETTE. Well, and we're going to give that game to the people.

And you know, Mr. Speaker, you may not remember what the Cornhusker kickback was. Well, basically, people who don't have insurance are going to have the ability throughout the many States to apply for insurance through the State Medicaid program. And sort of one of the dirty little secrets of this bill is, how do you reduce costs by including 30 million more people into a program? Of course you don't. It's going to cost more money.

In our State of Ohio, Mr. TIBERI's and mine, the estimate is \$656 million to take this uninsured population and cover them. And I would just say that the President indicates that we agree on 80 percent of it. I agree that the uninsured should have access to health coverage, but it comes with a price. And I think what doesn't get acknowledged is the price.

So the Cornhusker kickback involved a senator from Nebraska basically saying that it's going to cost his people in Nebraska more money to take the uninsured and put them in the Medicaid program—like every other State in the Union—but he didn't want his people to pay it. Well, and so at the end of the day, the reason that the people rose up and the reason that the people, I think, prevailed in it, it's not fair. How is that fair that people in Michigan and Ohio and every other State of the Union are going to participate in this plan. I mean, if you like the plan to cover more people but Nebraska isn't going to have to pay a dime? And that is why I think the people prevailed.

And today or Sunday when we vote on whatever we're going to vote on, the Cornhusker kickback has been defeated by the people.

Mr. TIBERI. The people won on the Cornhusker kickback, but I think it's important to note, as this chart partially does, that there is still Florida gator aid that is in this bill that the majority is going to have to defend, there is still the Louisiana purchase.

Now, there is a water deal for a couple of Members in California that Members are going to have to defend. There is a deal in Arizona. We mentioned Montana. We mentioned Bismarck. We also mentioned Connecticut and New Jersey, just to name a few. Special sweetheart deals.

Mr. LATOURETTE. And apparently they're still being made. There was a newspaper article the other day where the Speaker is quoted as saying, The store is now closed. And that meant no more special deals, I think. But that came as a surprise to some of us. One, I didn't know that the store was open, and two, I didn't think I knew there was a store. But apparently there was a store, and it was open, but now the Speaker has closed it. I suppose unless they don't have the votes necessary to pass the bill on Sunday then perhaps they'll reopen for Sunday hours and violate the blue laws of the State and let people shop.

Mr. TIBERI. I do have a suggestion that may be a sequel to March madness, D.C. style. We could play the game of The Price is Right and talk about some of these sweetheart deals in our next hour that we have next week.

Mr. LATOURETTE. I'm going to take one over here from the Florida venue. I will start at the top.

You have MoveOn.org against the Blue Dogs. MoveOn.org is, of course, the liberal organization funded by George Soros and others that has really become sort of the main grassroots motivator for the liberal left. The Blue Dogs are conservative Democrats—if there is such a thing—primarily from border States with the southern States, and they have been giving the Speaker and her team fits all year long on cap-and-trade—cap-and-tax as we called it—and a variety of other things. So they're tough to bring along.

In this particular matchup, I think the MoveOn.org had like a 7-footer and came in and basically began threatening primary elections against any Blue Dog who wouldn't come to heel and support this bill even though it may not be what the people from their districts want them to do.

So unless either of you have an objection, I'm going to give this game to MoveOn.org.

Mr. TIBERI. I think in a rout.

Mr. MCCOTTER. I would have to agree to this contest, the Blue Dogs came up lame.

Mr. LATOURETTE. All right. Mr. MCCOTTER, it's up to you. Pick a game.

Mr. MCCOTTER. I say we go to the contest of Mr. Rahm Emanuel versus former Member Massa.

Mr. LATOURETTE. Mr. Speaker, you can't see this chart, but I just have "Rahm" here, I couldn't fit "Emanuel" in the box.

But this refers to the distinguished chief of staff for the President of the United States, Rahm Emanuel, who, of course, was an honorable Member of this House serving a district near Chicago, Illinois, until he was tapped by the President to serve as the chief of staff. And Eric Massa was a Representative—and I say "was" because he has resigned—from the State of New York.

And there was a pretty well-publicized dust-up between the two.

And why don't you tell us who won.

Mr. MCCOTTER. Well, I would have to say that in a pointed confrontation, Mr. Emanuel had a finger roll at the end of the game and sent Mr. Massa to the showers. I think this one has to go to Rahm.

Mr. LATOURETTE. Do you agree with that?

Mr. TIBERI. Hard to argue with that.

Mr. LATOURETTE. Give that to Mr. Emanuel. Mr. TIBERI, you're up. Pick a game.

Mr. TIBERI. Let's go with WAXMAN versus taxes.

Mr. LATOURETTE. All right.

Over in the Louisiana area because of the Louisiana purchase.

And again, just in case, Mr. Speaker, you've forgotten what the Louisiana purchase was, like Nebraska—even though it didn't get the same attention as Nebraska—like Nebraska, the Senator from Louisiana didn't want her people to have to pay increased costs that are going to be occasioned by this bill. So I think a number like \$300 million is slated to go to Louisiana.

But go ahead. Let us talk about Mr. WAXMAN, who is, of course, the distinguished chairman of the Energy and Commerce Committee. And "taxes" is pretty self-explanatory.

Mr. TIBERI. Obviously the chairman of the Energy and Commerce Committee wrote most of the bill coming out of the House with the leadership on the Democratic side. And taxes are what more Americans are going to pay a heck of a lot more of.

In fact, I know the Speaker is aware that most of the benefits of this bill don't actually kick in until 2014, when my daughters are going—when my youngest daughters are going to kindergarten, in 2014.

Mr. LATOURETTE. How old are they now?

Mr. TIBERI. They're 1. So in 2014 they'll be entering kindergarten, and that is when the benefits will begin.

However, the tax increases will begin right away. And in fact, the Senate bill not only increases payroll taxes, but now we have a reconciliation bill that increases or begins taxing on the payrolls of American workers for the very first time unearned income. So when we are trying to convince Americans to save more, now suddenly their annuities and their interest income from a bank and their retirement accounts and all of these other things, rents, are going to now be taxed for the first time on payroll taxes.

Mr. LATOURETTE. What about what's built up in a pension? We all have thrift savings accounts as Federal employees. We take a portion of our pretax dollars, put them in there. And until the last couple of years they were doing okay, but they would build up X amount of interest during the course of the years.

Mr. TIBERI. We're cracking the door open for the first time on life insurance. And it's a concern to many agents in the industry.

It's not only on that side of the aisle that we have a view of tax increases. We're taxing the medical devices, we're taxing wheelchairs, we're taxing insurance plans. We are having for the very first time something that you as a lawyer, I'm sure, would question the constitutionality of. We're going to tax for the very first time health insurance in terms of, if you don't pay it, if you don't have health insurance—which you're mandated to—you're going to have an IRS agent come knocking on your door.

The very first time we're going to get the IRS involved in your health care, and we're going to have to have the IRS—one estimate is \$1 billion dollars a year to hire agents over the next 10 years to monitor yours and mine and the people's health care. So the IRS is going to be involved in everybody's health care. Not to mention all of the other Federal Government employees who we're empowering.

But we are increasing taxes, we are cutting Medicare, and we are increasing the IRS by about 16,500 people to deal with our health care.

Mr. LATOURETTE. So I hear you're saying we're going to give the game to WAXMAN?

Mr. MCCOTTER. I would have to concur in this.

Clearly, around the office cooler, between Mr. WAXMAN and taxes there was no clear-cut crowd favorite, although most of the early money was on taxes because, as we all know, there is nothing more certain than death and taxes. Well, as so happens in the early rounds of the tournament, the underdog does prevail. And with this expert knowledge of the X's and O's of the insider Washington game and with the help of a deep bench of 16,500 new IRS agents, I think it's pretty clear that Mr. WAXMAN came out smoking in the field and buried taxes.

Mr. LATOURETTE. I think you're right.

I would just add the gentleman from Ohio, Mr. TIBERI, has talked about increased cost. And a lot of people are saying it's not going to cost anything; it's going to reduce the deficit. Just today a company that is pretty well known around the world—and certainly known in the President's home State of Illinois—Caterpillar Incorporated, said that the health care legislation being considered by the U.S. House and voted on Sunday will increase the company's health care costs by more than \$100 million in the first year alone.

In a letter Thursday to the Speaker and the Republican leader, Caterpillar urged lawmakers to vote against the plan because of the substantial cost burdens it would place on its shareholders, employees, and retirees. If

they're right, and you're a retiree from Caterpillar, based upon what you were just saying, Mr. TIBERI, it's sort of a double whammy. One is that their health care benefits are going to be taxed potentially; two, their health care benefits may cost them more in terms of premiums or copays that they receive as a retiree. And three, if they have retired and put their money in the bank and are drawing interest, that interest is now subject to taxation.

And I forgot to ask you. What's the rate of taxation on interest in a bank account that a senior citizen is earning under this proposal?

Mr. TIBERI. For the very first time, it taxes payroll for that unearned income at 3.8 percent. So 3.8 percent for the very first time on unearned income. And it actually raises by .9 percent, almost 1 percent, earned income on the payroll tax.

I'm going to add just one other mention to this. In Washington, D.C., we're spending \$1 trillion dollars. The Democratic bill spends \$1 trillion dollars to save money. Kind of an oxymoron. Only in Washington, D.C., can we spend a trillion dollars to save money.

Mr. LATOURETTE. It's kind of like being in a hole and trying to get out and digging the hole deeper. That is the analogy I would use.

I'm going to pick off an easy one where I don't think we're going to have any disagreements.

Just like over in the House we had the distinguished Speaker and the distinguished minority leader. Same situation over in the Senate. You've got Senate Majority Leader REID of Nevada and MITCH MCCONNELL, who is the Senate Republican leader from Kentucky. And there was this big health care powwow down at Blair House a few weeks ago.

□ 1945

It was on TV 6 hours. I watched most of it, and I thought it was great. I thought the President did a wonderful job. And the President said, This thing should be bipartisan. There are things we agree on. We should work it out.

Well, the AP, the Associated Press, moved a story. I apologize, I don't have it right here at my fingertips but—here it is. The Associated Press moved a story and basically the story talked about what the President said at that powwow and what the Congress, the Democrats in Congress, have given him. It's kind of illuminating. The President said he would give Federal authorities the power to block unreasonable rate increases. I don't know about you guys, but when I go back to my district, I hear from human resources people in every company that no longer are their health care costs going up 5, 6, 7 percent; it's double-digits. And if they're lucky, it's only in the tens and the teens. But in some instances it's more. So I think that some

people were sort of excited about the idea that, in fact, there would be some oversight over these increases, but that's missing in the bill.

There were several Republican ideas, and this goes to Senator MCCONNELL, that the President said he wanted to include in the bill. There was also a—one of them was a plan, I remember watching this from Senator COBURN of Oklahoma—to say one of the ways that you root out waste, fraud and abuse is to send patients, people pretending to be patients, and so people that are scamming either the system that is set up in the bill or the Medicaid or the Medicare system, they go to jail. And I think that is entirely appropriate. But none of those were adopted.

And the special deals, we have talked a little bit about Louisiana, Florida and the Cornhuskers, the President said he would eliminate all of the special deals that we have talked about and we are going to continue to talk about.

As we stand here tonight, the only deals that have been eliminated are the Cornhusker kickback, which actually, you know, it hasn't been eliminated in that it is still in the Senate bill. And so maybe the gentleman can talk to us about this strange procedure we are going through, because my understanding is there is going to be two votes, but never a vote on the Senate bill which contains the Cornhusker kickback and some of the other things.

So, Mr. MCCOTTER, you're sort of the parliamentarian around here in waiting. Why don't you talk to us a little bit about the process?

Mr. MCCOTTER. When we come to Congress, as the gentleman knows, we are empowered by our constituents' trust to engage in voting, to make decisions on their behalf and to engage in the great debates. And with that comes a constitutionally prescribed duty to the institution to respect its traditions, its customs and its rules because we are not allowed to leave this institution of the House or of the Senate or of the Congress as a whole in a worse condition than when we entered it.

And what we are seeing today with the process that is being used and abused to try to jam this bill on the American people is undermining the American people's faith not only in their Representatives, but in their representative institutions. So this is clearly a case where the process not only has institutional ramifications but, I would argue as well, has potentially constitutional ramifications. As we have heard described in the press, the "deem as passed" rule, which some refer to as the Slaughter House rule, could constitute a clear violation of article 1 section 7. And this is where I commence going back to the beginning.

Article 1 section 7 says we have to pass legislation. We are empowered to

vote. We are supposed to be accountable. It is fundamental to our representative democracy that we come here and we vote upon the substantive issues that are before us before they are foisted upon the American people as law. To say something is "deem and passed," to use a procedural device to avoid your responsibility to discharge the duties entrusted to you, I believe, is a violation of the Constitution. It will do damage to the institution just as these Cornhusker kickbacks, just as these Louisiana purchases, just as the Florida Gator deal, just as everything else we are seeing to get this bill passed, despite the American people, is doing damage to this institution.

Mr. LATOURETTE. I thank the gentleman. And basically, again, Mr. Speaker, I know you know, but we are being told there is going to be two votes, one on Sunday and then maybe one on Monday. The Sunday vote will be on a rule. It's not even going to be on a bill; it's going to be on a House resolution, which is a rule, that's going to authorize the vote that takes place, we think, on Monday; but included in there is something called the self-executing clause, and so it will self-execute passage of the Senate health care bill, which does, to my point, does include still the Cornhusker kickback and also the issue in Florida.

And we talked about Gator aid, but we never talked about what Gator aid was. And so the Medicare program which, of course, provides health care for millions and millions of seniors, has a program in it called Medicare Advantage. And it's optional. You don't have to sign up for it, but you can if you want to. I have about 14,000 people that live in my district that are in Medicare Advantage, and it has high satisfaction numbers. There are some people who don't like it, and there are some people who criticize it.

So the Senate bill, which was going to be deemed without a vote—and that really caught me by surprise. I got up, I think it was Wednesday, Tuesday or Wednesday morning, and one of the headlines above the fold in the Washington Post, Mrs. PELOSI, of course who is the distinguished Speaker of the House, may seek to pass health care bill without a vote. I said, holy mackerel, I thought I had missed something while I had been asleep, sort of the Rip Van Winkle thing. But, no, that is exactly where they are headed.

But the Florida deal was—again, Mr. Speaker, you know that there are a lot of retired people in Florida because the weather is warm and so forth and so on, and in order to ameliorate a problem that a Senator from Florida had, every State in the Union, all 49 States, plus the District of Columbia, that have people on Medicare Advantage can no longer be on Medicare Advantage. It's wiped out—except the 800,000 Floridians who happen to be on and enjoy Medicare Advantage.

Now, again, just like the Cornhusker kickback where Nebraska and Louisiana don't have to pay, why is it fair that—again even if you love this bill, the underlying policy—why is it fair that in one State if you like Medicare Advantage you get to stay on it and in 49 other States you don't? So currently the way they have designed this is that the House, the Senate bill will be deemed on Sunday under this self-executing rule, and then they have promised a bill with a series of fixes.

Now the big problem with the series of fixes is, when the Senate bill is deemed on Sunday, the President can sign it right away. It becomes the law of the land if he signs it with the Cornhusker kickback, with the Louisiana purchase and with the Gator aid. Now we have heard, and I think to be fair to our friends in the majority, the draft of their fixes bill would remove those two, two out of 12 of the deals that the President said would be gone. But it still has to go over to the other body. It still has to pass. And then through a process known as reconciliation, they have indicated that they don't think that their rules will permit them to pass it as it leaves here, that it's going to be modified again, which means it has to come back here.

At the time, the Democratic Party had a 60-vote majority over in the United States Senate. They couldn't get 60 people on their own team to row in the same direction without giving away these sweetheart deals. I would be nervous if I was voting on Sunday on the promise, like Wimpy from Popeye, I will gladly pay you Tuesday for a hamburger today. I would be nervous. And I don't think it is a done deal. We are going to give that game to HARRY REID.

Mr. TIBERI. I think that's pretty clear; but just to further demonstrate, I had a group of students ask me, with respect to the process in Washington, D.C. because they had learned in their government book that a bill passes the House, a bill passes the Senate, it goes to conference committee, and then they work out the differences, kind of come to an agreement, and it goes back to the House and back to the Senate, when did that change? I think we all have maybe a future business in publishing to change the process because we haven't had conference committees in the past year in this Congress. We have had backroom deals.

And here is another one. And after this Senate bill is deemed and passed through procedural trickery, maybe on Sunday, as the gentleman from Ohio said, that will go to the President's desk. That will have the Cornhusker kickback in it, and then the underlying bill of reconciliation will then come to the floor with all these changes in it, including something that will strike the Cornhusker kickback out, but not the other sweetheart deals, which will

also include the student loan bill, among other health care items as well. That will pass with a majority vote here in the House.

But as the gentleman said, it has to pass unchanged in the Senate in order for it to become law and go to the President's desk. That is a huge promise, a huge promise that many Members of this House on the Democratic side are crossing their fingers in hope for because many of them who are voting for this bill now, voting for this deemed bill, this rule that has the deemed language in it, have been fairly critical of the Senate bill which they are technically not voting on, they are deeming it passed.

And I think the American people have had it up to their eyeballs with this trickery and chicanery.

Mr. LATOURETTE. I agree wholeheartedly with the gentleman. It makes it a tricky business.

Because I had mentioned the President of the United States a couple of times, you will note that I don't have President Obama in the Sweet 16, because I will tell you as I went through this Associated Press story and I have watched his negotiations on this bill, when he says we agree on 80 percent of it and we should work this out in a bipartisan way, I believe him. I really believe that he would not have written this bill the way that it is currently being written. And I don't think he would say that the process has been okay.

As a matter of fact, the aforementioned AP story comes down to—it reports that it came down to President Obama making promises that Congress didn't keep. That I think is the appropriate distinction here. I don't think that when the President made the promises to include these four or five Republican ideas he was not telling the truth. I think he was serious. I think he wanted them in the bill. But when the bill got written, they are not in here.

Mr. MCCOTTER. I think like the health care system we all know, our time may be shorter than we think. I like to point out that if we were to change the "Schoolhouse Rock!" and "Schoolhouse Rock!" educational movie to update it to the shady backroom dealings and such as we have seen here, it would no longer be suitable content for children.

With that, let us move into the bracket our colleague Representative and my fellow Michigander, the great State of Michigan, Mr. BART STUPAK versus the National Abortion Rights Action League. It is my view that despite attacking offensively, NARAL could not withstand the tenacious zoned defense of innocent human life that was put forward by my colleague, Mr. STUPAK, and given his height advantage, morally he prevailed.

Mr. LATOURETTE. I would say it's a pretty well known axiom in sports, at

least in football, the home team relies on the 12th man. And in this particular instance, the issue was whether or not taxpayer funds would be utilized in the purchasing of these sort of cooperative health care things that people could sign up for and that those plans could provide abortion services. And so Mr. STUPAK is a very devout, pro-life Representative, and obviously NARAL is not. They are on the side of pro-choice we call it. And so when it came—when the House bill—and the reason we are not doing the House bill is when the House bill came up a little while ago, Mr. STUPAK and 12, which would be the 12th man, Members of the Democratic Party said they are not going to vote for this unless you fix it.

And they gave an amendment vote, and we had a vote over here in the House, and that satisfied Mr. STUPAK for the moment, defeating NARAL. In my opinion, I agree with you, we will go to Mr. TIBERI in a minute, but now they find themselves in the same position, why there is so much angst here on Capitol Hill over the last few days is because they have to get to this magic number of 216, and at least at the moment some of these people who thought that there were not going to be taxpayer funds used to purchase insurance to provide abortion believe that it does.

And so, TIBERI, we are going to give this game to STUPAK if that's all right with you.

Mr. TIBERI. I would certainly give it to Mr. STUPAK and the brave Members who stood by him on the Democrat side.

Mr. LATOURETTE. We're almost down to the Great Eight.

Mr. MCCOTTER. As we recall, at the time of the Stupak amendment on the House bill, there were some voices from within the Republican Party that said to engage in mischief and to potentially defeat the bill, the pro-life Republicans should vote against the Stupak amendment. And my argument and the argument of so many of us at the time was no. Our commitment to the sanctity and dignity of the unborn will not be changed; it will not be utilized in a way that is diminished simply to engage in a parliamentary attempt to defeat a bill. We will stand for principle.

Mr. LATOURETTE. I appreciate the gentleman's observation.

Mr. MCCOTTER. What we are seeing now is a converse, but because the Senate bill has come back without the language to defend innocent human life that Representative STUPAK has not only put into the House bill but has defended in principle here against the Senate bill, you're going to see a lot of Democrats on the other side of the aisle who are going to have to face a crisis of conscience: Will you continue despite what may be your perceived political self-interest to continue to defend the unborn in this process and

from the taxpayer funding of abortion? And sadly we have seen so many not.

□ 2000

I appreciate the gentleman's observation. We only have one game left, and that is Medicare, which, of course, Mr. Speaker, you know that both the House and the Senate bill call for a reduction of about one-half trillion dollars from the Medicare program.

Now, the people who have drafted the legislation indicate that that is going to be achieved by rooting out waste, fraud, and abuse. I have been here long enough to remember MediScare from 1996, when in our budget we proposed to slow the rate of growth of Medicare spending to twice the rate of inflation. I think it was projected to save about half of this one-half trillion dollars that is now proposed to be cut out in this legislation.

When I ran for reelection in 1996, there were ads on television that said, I hated your grandmother and your grandmother and my own grandmother, and I didn't want them to have medical care. But now, without a whimper, all of a sudden taking twice that amount—and, again, just like I don't understand how you lower cost by putting 30 more million people into the program, how you make Medicare better by taking one-half trillion dollars out.

And then the matchup is the mighty team from PhRMA. And again, Mr. Speaker, you know that PhRMA basically is the trade association for the pharmaceutical industry here on Capitol Hill. There was a pretty well-documented deal made down at the White House that I will ask one of my colleagues to talk about.

But if I had to say that there were two groups that have been demonized during the discussion of this, it is health care insurance companies and pharmaceutical companies. They are continually talked about on this floor as being anti-American, villains, gougers, greedy. But we are going to talk about this matchup, and I would just say that when we are talking about one of the sweetheart deals that remains in the bill and will not be removed by fixers, as of this writing, is what I will call the New Jersey needle exchange.

Apparently, there was some difficulty in getting the vote of one of the Senators from New Jersey, and so under this bill there is \$1 billion that is going to go to the drug companies, the PhRMA representatives, who apparently are doing everything they can to mess around with people's health care and so forth and so on.

But maybe, Mr. TIBERI, let me turn to you and maybe you could talk a little bit about the discussion that took place between one of our former colleagues, the soon-to-be former head of PhRMA, and the administration relative to their participation in this program.

Mr. TIBERI. I certainly wasn't there, but I will rely on press reports of what happened.

But just today, one of our Democratic colleagues who voted for the House bill and announced that he was not voting for the special rule that will deem the Senate bill law, said—and I am paraphrasing—that he is voting against this bill because it actually benefits health insurance companies and benefits the pharmaceutical industry.

Now, the pharmaceutical industry actually has run ads all over the country urging a "yes" vote on this bill even though many in the White House have publicly attacked them and publicly attacked the health insurance reform industry. It is ironic, but there, apparently at the beginning of this process, was a special deal between the President and what was then the head of this trade association to protect them from having any sort of provisions in the bill that might allow for reimportation of prescription drugs from Canada.

But in addition to that, on the Medicare side, I think my colleague from Ohio has already mentioned it, we are now seeing in this bill and more in the reconciliation bill that comes maybe Sunday, maybe Monday, a huge cut in Medicare. Not just Medicare Advantage, which a third of my seniors have the Medicare Advantage plan in my district, but actual cuts to Medicare, which Medicare's own actuary, his words not our words, said that he believes that the cut is so significant that it will leave providers, doctors, to stop treating Medicare beneficiaries because they won't be reimbursed enough for their services.

Now, in my district, and I am sure in the gentleman from Michigan's district and the gentleman from northeastern Ohio's district, I am already seeing doctors begin the process of not treating Medicare patients because they don't get reimbursed for every dollar that they treat a patient. They are getting reimbursed 80 cents or 85 cents.

Nothing in that bill changes this. In fact, the actuary states that this \$500 billion cut will make it much worse. And that doesn't even begin to talk about the impact it has on hospitals and other providers as well.

So this is a huge policy issue that we are going to see, once the benefits side and the cuts occur, that Americans have no idea what is coming with respect to this huge change in policy.

Mr. LATOURETTE. Mr. McCOTTER, before I go to you for your comments, we agreed that PhRMA takes out Medicare in this particular round one?

Mr. MCCOTTER. We would have to. Actually, PhRMA has run up the score in this game. You see one-half trillion dollars cut from senior citizens' Medicare. You see a backroom sweetheart deal for PhRMA. PhRMA, unfortu-

nately, wins out with this administration and Democratic Congress over senior citizens who need their Medicare.

I would also like to point out here the malleable morality of the Democrat Party and the administration when, in 2007, we knew and were told repeatedly by their candidates, even one for the highest office in the land, of how intrinsically evil pharmaceutical companies were. And yet, come 2009, when they are putting together their health care bill, their government takeover of your wellness, all of a sudden PhRMA wasn't so bad when they got on board and took a sweetheart deal to support this.

Now, this, to me, and I am loathe to say it, tragically, how quickly the President's campaign mantra of "Hope and Change" has degenerated into hate and tax. When we now see it is the health insurance companies that are evil, well, PhRMA has been redeemed. The only difference is the health insurance companies have not taken a sweetheart backroom deal; PhRMA did. I find that morality objectionable. At least be consistent.

Mr. LATOURETTE. Well, I want to just elaborate for a minute on the gentleman's point about the insurance companies, because in all of the remarks—and the President was recently in Strongsville, Ohio, which is a suburb of Cleveland, giving what was described as his closing argument to get it done. Again, the health care insurance companies are singled out for being particularly greedy and so forth and so on. So, like the pharmaceutical companies, you wouldn't think that there would be any special provisions for medical insurance companies in the bill. But if you said that, you would be wrong, because, again, Nebraska rears its ugly head, but also the State of Michigan.

In Michigan and Nebraska—and, Mr. Speaker, to those who may follow along at home or on the Internet, if you go to section 10905 of the Senate bill, which we will deem on Sunday, it levees an annual new health fee, the taxes we are talking about, on all health care insurers. And, again, that additional tax on everybody's health care coverage—which, again, something that mystifies some of us on this side is: If you recognize we have a problem with preexisting conditions, if you recognize we have a problem with people that we need to get coverage so that they get adequate care, why do we have to horse around with the other 85 percent of the people in the country who are satisfied with what they have?

But, in order to raise money for this program, a new tax is put on health insurance companies; however, the bill provides an exemption to a narrow group of companies. This section will specifically exempt Blue Cross/Blue Shield of Nebraska and Blue Cross/Blue Shield of Michigan.

Now, I know that the gentleman from Michigan, probably his constituents may see some benefits from that, but I doubt you are jumping for joy over that. Again, like all of these special deals, that is not fair. I mean, how can it be fair in a competitive marketplace if you are buying insurance from a health care insurance company and one company has to pay a tax and two companies—well, all companies have to pay a new tax except for two?

Mr. MCCOTTER. If the gentleman would yield, I would like to say that the residents of Michigan understand that in our constitutional free Republic the equality of treatment under the law cannot be vitiated. And while this provision may have some benefit to us in the short run, there is nothing more damaging to the people of Michigan or America than a Federal Government that treats people disparately and does so to put together a deal that, in the long run, will take over their health care.

Mr. LATOURETTE. I thank the gentleman.

And I want to go back to Mr. TIBERI's observation, because the published reports that I saw about PhRMA were not only reimportation of drugs from Canada, that they would be protected from that—and that actually gets into our next matchup, Waxman versus PhRMA, because the reported deal in the newspapers was that the pharmaceutical companies would pony up \$8 billion over the next 10 years, and in return for that—because, again, money needs to be raised. People are arguing about the numbers and what it does to the budget, but I think almost every American understands it is counter-intuitive that you can insure more people and it is going to cost less.

Mr. TIBERI. And, actually, one of the Democratic leaders in the Senate took to the floor last week and in a speech actually came clean with respect to a statement that he said that actually insurance costs and health costs would continue to go up, and that is what we have said all along.

This doesn't deal with costs of health. This doesn't deal with costs of insurance. This deals with putting a whole lot more people on Medicaid, not fixing Medicaid. This deals with a whole lot of new taxes. This deals with restricting certain things like Medicare Advantage to give people less choices. This gives people less choices for health savings accounts. It reduces people who might have a flexible savings account, reduces that from \$5,000 to \$2,500 in taxable benefits.

The American people, once they find out what is in this bill, are going to be shocked at what is actually in this bill, aside from things like student loans that have nothing to do with health care, but actually on the health care side.

Mr. LATOURETTE. And I want to move to this Waxman-PhRMA matchup

because, as we have indicated, the distinguished chairman of the Energy and Commerce Committee is a crafty veteran, not tall in terms of height, but he has been around the game a long time and he knows the way the game is played.

PhRMA, with a lot of muscle, came into this thing, and they thought that the deal that they made was, if they ponied up \$8 billion, they would be held harmless, not only from reimporting drugs from Canada—which I really don't understand. Everything that I have read says that if you could reimport drugs from Canada, you could cut the cost about 28 percent. Even if it is only 20 percent, who cares. But the argument that has been made by both Republican and Democratic administrations is that it is not safe. We can't trust it if it is coming back from Canada.

Now, I would argue that if that were true—my district has one of the longest areas on Lake Erie up in Ohio. If that was true, I would go home to my district and find a lot of dead Canadians floating up on the beaches, and that is just not happening.

The second piece of that is that the deal as reported was that not only would they not get any reimportation in the legislation, but they would not have to be subject—because the government is now under this program, or the proposed program, and become a big customer for drugs, that there would be no provision in the bill that the government could compete for best price.

And I can remember when we did Medicare part D—I think both gentlemen were here for that—and speech after speech from our friends over here, and I happen to agree with them, that it is nuts. Everybody can go in and negotiate for best price except us? But the deal was, between PhRMA and the White House, was: No. No negotiation for the price.

But a funny thing happened, I think, to PhRMA on the way to the deal. They ran into the wily veteran from California and he said, Oh, no, you don't. So I have to give this to WAXMAN, unless anybody has a problem with it.

All right. We are actually past it, now almost into the quarter finals. We have got PELOSI versus STUPAK, MoveOn.org versus Rahm, and the People versus Senator REID.

Mr. TIBERI. We have one more to go to the final four here, don't we?

Mr. LATOURETTE. We have a few more, but we need to pick up this one, this one, and that one.

Mr. MCCOTTER. I would like to pick between the People and Senator REID. And I think, clearly, with the talk of reconciliation, we are going to have to go with Senator REID defeating the people; although, I understand that the people are demanding a rematch in November, where the score is expected to be settled.

Mr. TIBERI. Point of parliamentary inquiry.

Looking at the chart—maybe I am looking at it wrong. Before we do People/Reid, I think you have to do MoveOn.org/Rahm.

Mr. LATOURETTE. I think the gentleman is right, but I think the cat is out of the bag on this. And I would say that perhaps—well, sadly, they are both on the eastern time zone. But I think that, for the purposes of this discussion, we can say that this bracket is on the East Coast and these games will start later.

Mr. MCCOTTER. If the gentleman will yield, you might want to be careful. Someone may be taping the game.

Mr. LATOURETTE. It is like "The Sting" with Paul Newman and Robert Redford where they pretaped the race. We don't intend to do that.

□ 2015

Again, Mr. Speaker, we'd encourage people watching at home to not waver on the brackets or any sporting event.

So we're going to give this one to Senator REID. Mr. TIBERI, do you want to talk about MoveOn.org?

Mr. TIBERI. Can I inquire how much time we might have left?

Mr. LATOURETTE. I think we have about 15 minutes.

The SPEAKER pro tempore (Mr. MAFFEI). The gentleman from Ohio has about 10 minutes left.

Mr. LATOURETTE. Go ahead.

Mr. TIBERI. So I'm going to go with Rahm versus MoveOn.org.

Mr. LATOURETTE. We're going to have to come back to that in just a second. There was a label around here someplace, and I can't find it.

Mr. TIBERI. Where would you like us to go?

Mr. LATOURETTE. Well, I was going to say about this matchup, there's really not a big difference between the two. You could declare this matchup a tie. But I think that, again, that perhaps it goes to the President's Chief of Staff. He's a pretty powerful guy. Are we all right with that?

Mr. MCCOTTER. If the gentleman will yield, they both know each other's games very well, in many ways. They are former teammates. Very well acquainted. But I think just for sheer athletic grace and the ability to pirouette, I would have to give it to the Chief of Staff for the President.

Mr. LATOURETTE. I think that's right. I thank the gentleman. So while I look for my Rahm sticker to put up here, why don't you fellows go back to the East Coast. We have two games up. The People versus Senator REID.

Mr. TIBERI. I think we probably should go People versus Senator REID.

Mr. LATOURETTE. Why don't we do that?

Mr. MCCOTTER. I believe that was settled in the instance of Senator REID.

Mr. TIBERI. I think the People lost.

Mr. MCCOTTER. Not yet.

Mr. LATOURETTE. Not yet.

Mr. TIBERI. But to Senator REID in the Senate, they lost. Actually, on Christmas Eve.

Mr. MCCOTTER. Merry Christmas.

Mr. LATOURETTE. That really is one of my favorite things. We've had a lot of artificial deadlines. We had to have the stimulus bill by President's Day. I don't know whether George Washington or Abraham Lincoln were calling for it. We had to have cap-and-trade by the Fourth of July. I couldn't tell you why. And we were told we had to have the Senate bill by Christmas. So you had sort of this strange sight of these octogenarians sleeping on cots over on the other side of the Capitol. More show than play. But we're going to give this to Senator REID.

Mr. MCCOTTER. If the gentleman will yield, let's go to the bracket between Speaker PELOSI and our colleague, Representative BART STUPAK. While BART STUPAK does have a distinct reach advantage—

Mr. LATOURETTE. And a height advantage.

Mr. MCCOTTER. Let me rephrase, if I may. While BART may have a height advantage, the Speaker has the reach advantage on this one.

Mr. TIBERI. I think that's more appropriate.

Mr. MCCOTTER. I think that her offense of fast-breaking arms and legs, combined with our colleague BART STUPAK's shortage of Blue Dog manpower on the bench—I think we're going to have to give this to the Speaker.

Mr. LATOURETTE. I think I agree with that. There are a couple of rumors out of the trainers' room that Mr. STUPAK will in fact need medical attention for some twisted arms and legs as a result of this. But while we were talking, I found the Rahm Emanuel sticker, so we're going to slap that up there.

Mr. TIBERI. Any disagreement here about the Speaker versus Mr. STUPAK?

Mr. TIBERI. Hard to top the gentleman from Michigan's description.

Mr. LATOURETTE. We're down to two games to come to the semifinals. Let's go over to Senator REID and Chairman WAXMAN. What do you think?

Mr. TIBERI. Well, while the cagey veteran from California put up a pretty good game, I think it's hard to top the Christmas Eve dealings of Senator REID and the Senate bill, which ultimately, if it's deemed in the House, will be the one that actually becomes law over everything else. So I think you've got to give it to Senator REID over WAXMAN.

Mr. LATOURETTE. Sure.

MCCotter.

Mr. MCCOTTER. I would agree. I would say that while Mr. WAXMAN played a better game, he spent too much time on the left side of the court.

Whereas, Senator REID was capable of smothering people with everything under the sun. You cannot argue with the final score. It is the Senate bill here.

Mr. LATOURETTE. That's a good point. I think that that's a clear victory for the Senator from Nevada. So that brings us over to this side. I'm still trying to peel the back off of the Pelosi sticker. But we do have the last quarter-final games between the President's Chief of Staff, Mr. Emanuel, and, again, the cagey veteran from California, the Speaker of the House, Mrs. PELOSI.

Guys?

Mr. TIBERI. I think it's hard to argue with the Speaker in a close one, but I'd have to give it to the Speaker.

Mr. LATOURETTE. MCCOTTER.

Mr. MCCOTTER. I would have to agree with that, but I would just like to point out that the Speaker and Mr. Emanuel, former teammates, know each other's games very well. This was a very, very close contest, but in the end, I believe that Mr. Emanuel was given a technical foul for profane language and the Speaker hit the free throw.

Mr. LATOURETTE. I have heard he does in fact have a salty tongue. I think that's right. We'll give that to the Speaker. So we're down to the last quarter-final. It's WAXMAN versus REID. Did we solve that?

Mr. TIBERI. We solved that already. You're a sticker behind.

Mr. LATOURETTE. So here we are as we come down to championship day. And the championship will be determined on Sunday here in the House of Representatives. It appears that the contest is going to be not with any Republican leader, not with the People, not with the conservative Democrats, not with Mr. STUPAK and the people that believe in the pro-life movement. It's going to be between the two Democratic leaders in the House and the Senate, Senator REID and Speaker PELOSI.

Mr. Speaker, how much time have we got?

The SPEAKER pro tempore. The gentleman has about 4 minutes.

Mr. LATOURETTE. All right. Here we go. Then in this last 4 minutes I want to yield to each of my friends. And we can't yield specific blocks of time, but if you could each take about 2 minutes to give us your final thoughts and perhaps give us a prediction on the championship.

MCCotter, you're first.

Mr. MCCOTTER. I will yield to the gentleman.

Mr. TIBERI. What we know is if the House takes up this rule on reconciliation on Sunday or Monday, the Senate bill will be deemed passed and on to the President's desk. That means Senator REID will have won. The question is: Will they get the votes for the rec-

onciliation the bill in the House and then in the Senate without changing it? If they do change it, does it come back to the House, and can they get the votes to uphold the changes, and what will happen then?

So this is going to play out. What's clear is, as you've pointed out, the American people end up losing. Health care reform is something that the three of us and the majority of Republicans support, but this isn't going to reform people's health care. This adds people to Medicaid. This adds people to insurance. This adds a slew of taxes, Medicare cuts, cuts to Medicare Advantage, and doesn't allow people to necessarily keep what they have. This is not reform that Americans bought into.

Mr. LATOURETTE. I thank the gentleman. I think I agree with it. This is going to be a barn-burner. This is one where you want to be on the edge of your seats because this thing, I expect, is going to go back and forth; first half, second half.

Mr. MCCOTTER. Looking at the chart, I'd like to first note that on the road to the championship game between Speaker PELOSI and Senate Majority Leader REID, I see no Republicans to obstruct their path. And I think that that points out the way this process has gone. What we are witnessing now is not an argument between Republicans and Democrats; we're watching an argument amongst Democrats. Because we will have a bipartisan vote on this health care bill—and it will be in opposition. This is heartening to know that as this process goes forward, the bipartisan support for true health care reform in this country between Republicans and Democratic centrists will continue because we are supported by the American people.

Fundamentally, in this debate I think the American people have reached a conclusion: that their government is not working for them. It is not listening to them. It is defying their expressed wishes. This is transcendent of the simple monetary considerations, which are great and which are dire for us. But this is really about your liberty and your relationship to your government. We do not work for government. Government works for the people. And under this health care bill, I would urge everyone to think of something. No matter how imperfect the health care system is right now, it cannot be fixed by the most broken entity in the world today, which is the United States Government. Mr. Speaker, no one in my district believes that the people who run Washington the way they do are going to do anything to improve your health care.

So, in conclusion, I would just like to point out one thing. Do not give this government this type of control over your life.

Mr. LATOURETTE. I thank both gentlemen for joining me this evening.

Mr. Speaker, where are we?

The SPEAKER pro tempore. The gentleman's time has expired.

Mr. LATOURETTE. Two sentences. Tune in Sunday. Thanks.

HEALTH CARE REFORM IN AMERICA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Ohio (Mr. RYAN) is recognized for 60 minutes as the designee of the majority leader.

Mr. RYAN of Ohio. Mr. Speaker, I appreciate the opportunity to follow The Price is Right and my friends from Ohio, with whom we obviously disagree on this issue but consider ourselves friends and colleagues. And I appreciate their levity here tonight. We're going to talk a little bit about the substance of this health care bill that is now coming very, very close to being passed. But before we do, I just want to clarify the record a bit because throughout the course of the day today many people have been commenting on procedure and self-executing rules. And I just want to share with the House and put into the RECORD for the American people to be able to reference what the history of these self-executing rules has been.

In the 104th and 105th Congress under Speaker Newt Gingrich, Republicans used 90 self-executing rules. In the 106th, 107th, and 108th Congresses under Speaker Denny Hastert, Republicans used 112 self-executing rules. In the 109th Congress, under Speaker Hastert, Republicans used self-executing rules more than 35 times. This is a common procedure used here in the House. It has been proven under the Gingrich-Hastert regime before the Democrats took over. I also would like to show and read and ask to submit this for the RECORD.

[Prepared by the Office of Majority Leader Steny Hoyer, March 17, 2010]

EXPERTS CALL OUT GOP ON HYPOCRISY, GOP OWNS UP TO LEGITIMACY OF RULE

REPUBLICANS CRY CROCODILE TEARS ON LEGISLATIVE PROCESS TO DISTRACT FROM UNFAIR INSURANCE PROCESS

With final passage of health insurance reform quickly approaching, Republicans are making another desperate attempt to distract from the substance of the health care debate. The GOP is hypocritically crying foul on a legislative process that they used more than 200 times under the last two Republican Speakers. Republicans clearly are trying to distract from the unfair insurance process that they support continuing:

Process that allows insurance companies to cancel coverage when a person gets sick;

Process that allows insurance companies to filibuster consumers' claims to fair coverage; and

Process that makes Americans fight for their health insurance even as they are fighting for their lives.

If Republicans are so sensitive to fair process, they should oppose those unfair insur-

ance procedures and support passage of health insurance reform. And if they don't do that, then their record on using the same House rules to pass major legislation should be enough to end the legislative process debate.

REPUBLICANS USE SELF-EXECUTING RULES TO PASS MAJOR LEGISLATION

When Republicans complain about process—whether on reconciliation or self-executing rules—they conveniently ignore their own record on using the same procedures to pass major legislation. In fact, according to Don Wolfensberger, former staff director under a Republican House Rules Committee, Republicans have used self-executing rules hundreds of times in recent history:

104th & 105th Congresses: Under Speaker Newt Gingrich (R-GA), Republicans used 90 self-executing rules.

106th, 107th & 108th Congresses: Under Speaker Dennis Hastert (R-IL), Republicans used 112 self-executing rules.

109th Congress: Under Speaker Hastert and Rules Committee Chairman David Dreier (R-CA), Republicans used self-executing rules more than 35 times. [Norm Ornstein, 3/16/10]

REPUBLICANS, EXPERTS ACKNOWLEDGE LEGITIMACY OF RULE

“[D]espite Republican claims that such parliamentary gymnastics as reconciliation and self-executing rules are somehow in violation of House rules or rare, neither is the case, says congressional scholar Thomas Mann of the Brookings Institution. ‘On the self-executing rule, Republicans in their last Congress that they controlled, the 109th, used it 36 times; the Democrats, in the next Congress they controlled, used it 49 times,’ Mann said. And in many cases, Mann says, they were on some pretty major bills. ‘The reauthorization of the Patriot Act, the Tax Relief Reconciliation Act, the Deficit Control Conference Report; all kinds of major measures have been approved through self-executing rules, which means the House votes indirectly rather than separately on these measures.’” [NPR, 3/17/10]

[Prepared by Offices of Democratic Leadership, March 18, 2010]

HYPOCRISY ALERT

This practice has been in use since at least 1933—and has been commonly used under both Republicans and Democrats.

In 1948, the Republican-controlled House passed a resolution to consider as adopted Senate amendments to a bill to change tax rates.

In 1993, the House adopted a resolution to consider as adopted the Senate amendment to the Family and Medical Leave Act.

In 1996, the Republican-controlled House adopted a resolution to consider as adopted the conference report on Line Item Veto.

Separately, beginning in 1980—and most years thereafter—the House has had in place a standing rule that approves automatically a joint resolution to increase the public debt limit upon adoption of a Budget Resolution that contemplates such an increase. Such a resolution has occurred 20 times in the last 30 years.

OPEN AND TRANSPARENT

The Senate bill has been publicly available for almost three months. The Reconciliation bill that improves it has been publicly discussed for weeks, and will be available online 72 hours before any House Member will be asked to vote on it.

AMICUS BRIEF

Some health care opponents are comparing this procedure to an amicus brief filed in a

lawsuit challenging the constitutionality of the Deficit Reduction Act of 2005. Speaker Pelosi, Chairman Waxman, and Chairwoman Slaughter all signed onto that amicus brief. That court challenge arose due to the House and Senate passing two different final versions of a bill, President George W. Bush signing one of them (the Senate version) into law, and the significant constitutional questions it raised. It had nothing to do with this process.

Congressional scholar Norm Ornstein of the American Enterprise Institute, who's really the guru here for how Congress operates, wrote this in his March 16, 2010, column: “I can't recall a level of feigned indignation nearly as great as what we are seeing now from congressional Republicans and their acolytes at The Wall Street Journal, and on blogs, talk radio, and cable news. It reached a ridiculous level of misinformation and disinformation over the use of reconciliation, and now threatens to top that level over the projected use of a self-executing rule by House Speaker Nancy PELOSI. In the last Congress that Republicans controlled, from 2005 to 2006, Rules Committee Chairman DAVID DREIER used the self-executing rule more than 35 times, and was no stranger to the concept of ‘deem and pass.’ That strategy was defended by House Republicans in court, and upheld. Is there no shame anymore?”

So let's set this aside.

Obviously, as I'm going to be joined here by my friend here from Ohio, my other friend from California, if the substance of the bill is going to benefit the other side, I wouldn't talk about the substance of the bill either, Mr. Speaker. I would stay focused on smoke and mirrors, and bells and whistles, and distractions that would move the debate off of the centerpiece, off the meat and potatoes, which is this: our government has a moral mission. And that moral mission is, this Government, as designed by the Framers of the United States Constitution, has a moral mission to protect its citizens from terrorists, from foreign powers if they are aggressive. This government has a moral mission to protect its citizens with issues of crime, workplace safety, should unruly corporations behave in a manner that would hurt individual citizens in the United States of America. The documents that founded this country, that created this country, give the United States Congress that moral mission—to act on behalf of individual citizens. So the health care reform proposal that we are talking about today is an attempt by the Congress of the United States. The elected representatives of the American people should step in, because they are being hurt by the current health care system. They are being hurt by the practices of the health care industry, of the insurance industry.

□ 2030

And what is going to happen this weekend as we pass health care reform, something that this country has been trying to do for 100 years, what will happen is the government will come in and not run health care. This isn't about the insurance company running health care or the government running health care. This is about the government stepping in and saying to the insurance industry, You are no longer allowed to kick people off of their policies just because they got sick. The insurance industry is no longer allowed to tell kids and their parents that they are denied insurance coverage because they have a preexisting condition. The insurance industry will no longer be able to tell adults that they can no longer get health insurance because they have a preexisting condition. That's what this bill does. It protects the American people.

To an American family who may be dealing with a catastrophic health care issue for their family, this bill is going to step in and say to the insurance company, Back off. You are no longer allowed to say to a family who's going through a health care crisis, Sorry, we're out of money. You hit your lifetime limit. You're on your own. This is going to come in and say on behalf of the American people, If you are 26 years old or younger, you will be able to stay on your parents' insurance so that young people will have an opportunity to do that. This is going to say to small business people—because the government also has a moral mission not only to protect from unsavory underhanded business practices but the government also has a moral mission to empower people in the United States of America. What this bill does through a series of tax incentives and in an exchange will provide the greatest tax cut for health care purposes in decades in the United States of America.

If you are a small business in the United States of America, you will receive up to a 50 percent tax credit in order to provide health care to your workers as well as go into the exchange and be able to negotiate with other small businesses and people around the country to drive down health care costs. That is going to significantly reduce costs for small business people in the United States of America. And as we slowly begin to move out of the economic collapse that our friends on the other side and President Bush handed the American people, this reform will bring some stability to the market. This reform will allow small business people to take those savings and reinvest them back into their company, in the machinery, in the capital, in the technology, in the wages for their workers.

You can talk to any small business person—and I was just on the phone with one today who had an increase of

40 percent in their health care. And he said, You know what, I negotiated with the drug company. I negotiated it down to a 30 percent increase. This is a person who had 30 employees just a few years ago and now is down to just a handful, six or seven employees. But if you reduce the health care costs for this business, and thousands across the country, they will have more money to reinvest back into their company.

You talk to many union members when they go in and negotiate union contracts with businesses, they don't get a wage increase because the business person says to the union, You know, I've got \$5 an hour. Here it is. You can use it any way you want, but this is all I've got. And the unions, as they negotiate those contracts, have to put that money into health care. So wages have been stagnant now for decades. And this bill will allow those small businesses and big businesses to reinvest back into their companies and help us as we get out of the economic morass, as things start to open up, as we see they are now. We'll accelerate that and allow us to have some sustained long-term growth.

And before I yield to any of our friends here—Mr. BOCCIERI is here from Ohio—I want to make one final point. This bill will extend the life of the Medicare program. That's why AARP has endorsed this program. And our friends on the other side—I love it, they say, Well, the seniors are against it, but AARP endorsed it. The docs are against it, but the American Medical Association has endorsed the bill. This is a pro-abortion bill, but yet 60,000 Catholic nuns and 6,000 Catholic hospitals and 1,400 Catholic nursing homes have endorsed this bill. The National Catholic Reporter endorsed this bill. They wouldn't endorse a bill that is pro-abortion, giving Federal money for abortions.

But this is another distraction because our friends on the other side certainly don't want to compete with tax credits for small businesses, certainly don't want to say, you know, get rid of the preexisting conditions. We want to keep that in there. They don't want to have that campaign. They don't want to have that debate, and I don't blame them.

But the facts of the matter are this: this bill is good for the American people. It probably should have happened 30 or 40 years ago. But for seniors, it extends the life of Medicare. It invests into the Medicare part D program so that if you have prescription drug coverage from Medicare part D, you'll get a \$250 stipend this year, a rebate this year. And next year, because of the negotiations, the average Medicare part D recipient will save \$700 on their prescription drugs that they're getting from Medicare Part D. We will eventually close the doughnut hole. No senior will ever have to pay for preventive

coverage again. No citizen will ever have to pay for preventive coverage ever again.

So this, through the savings, extends the life of the Medicare program, reduces costs, makes insurance affordable for everyone in our country. The next day or so, Mr. BOCCIERI, we are moving in the direction of a historic vote. And I just want to say to you, my friend, that I appreciate what you have done, today came out and said that you are voting "yes" on this bill after a lot of consideration, a lot of thought because you feel it is the best thing for the American people. I want to say thank you for standing up for your constituents. We represent very similar districts, and I believe that history will vindicate you and your vote and what we're doing here. So with that, I yield to my friend from Ohio.

Mr. BOCCIERI. Well, I thank the gentleman from my adjoining district, the 17th Congressional District in Ohio. The 16th Congressional District of Ohio has had its share of people who are without health insurance. And in fact, nearly 39,000 people in my district right now are wondering how they're going to pay for coverage, how they're going to pay their doctors' bills should they have an emergency now. There are 9,800 residents in the 16th Congressional District who have preexisting conditions. As we speak right now, they will not be able to get health care coverage.

Let me speak to you about the face of this national debate because our friends on the other side like to make this national debate about Speaker PELOSI or Leader REID or even the President of the United States.

At the end of the day, the face of this issue is about Natoma Canfield. Natoma Canfield right now is sitting at the Cleveland Clinic, hanging on for dear life, getting blood transfusions every day for the next 30 days without health care insurance. Now her story moved me so because she brought me back to a place that I haven't been in a long, long time. I remember as a young boy standing at the bed of my mom—I was the oldest son—and she was telling me that she had breast cancer, and she didn't know what the future had in store for her. She was going to get treatment but wanted us to be prepared.

Now, she had health care insurance, and she survives today. But I wonder now as a father of four children what would have happened to my life if my mom didn't have health care insurance. What would have happened to her? Would I have been able to go to college? Would I have had to work? How would we have paid for her treatments? My life could have been considerably different based upon this situation.

That story is played out hundreds of thousands of times not only across the 16th Congressional District but across this country. Too many of our citizens

are one accident, one medical emergency, one diagnosis away from complete and utter bankruptcy, financial ruin. And in fact, in 2007, they said nearly 70 percent of all bankruptcies in the United States were because they had no insurance.

Now, I would remind my friend from Ohio, in 2004 our Secretary of Health and Human Services, Tommy Thompson, flew to Iraq with billion-dollar checks in hand to make sure that every man, woman and child in Iraq had universal access to the doctor that they wanted to see. Now, why is that good for Iraqis and not for Americans? Why do Americans have to pay for Iraqis to see their physician anytime they wanted to, but that's not good enough for our own people? Well, the time has come, the hour is at hand. Too many politicians are worried about their futures and not about the futures of the people that we represent. They're worried about the reelection. They're worried about their job security instead of the job security and the health security of the families that we represent.

I know a lot of people are angry. They watch the display of back and forth here in Washington. They become frustrated, frustrated because of all the blocking and stiff arms. You know, I would remind my colleagues on the other side, the bill that we have before us today and that we will vote on this weekend, the bill that is before the House of Representatives, when the components are added from the President's bipartisan summit and the four Republican ideas are added into this bill, this bill will be identical, if not completely identical, to the bill that was introduced by Lincoln Chafee and Bob Dole in 1993 as a Republican counterproposal to the Clinton administration's health care debate.

Leadership doesn't need to be worrying about who's going to control this House. They need to be making sure that Natoma Canfield can keep her house because without health care insurance—she told me on the phone the other day that she's worried about her home going into foreclosure.

Now, I know that a lot of people are uneasy about this process that we have here in Washington. I know a lot of people are suggesting that we ought to stop and start over, but the insurance companies aren't starting over. We see broad increases in insurance premiums, 40 percent, 50 percent sometimes. Where does this end? Where does it stop? Where do the most abusive practices stop? When you can block someone from seeing their doctor because they had a preexisting condition, when you can deny someone coverage because they got sick, when you can tell somebody that they have reached their lifetime cap, and they can no longer be insured, that is what this debate is about, about the faces of our constituents.

Let me tell you, before I turn it over to my friend, about a young boy who made the journey to Washington, D.C. I couldn't be in Ohio today because we had votes, so I brought Ohio to Washington. I had a family here, a young boy by the name of Jay. Jay was here, and this young boy has autism. He is uninsurable. He has a preexisting condition because he has autism.

I was walking down the hall with his mother Esther, and she was in tears after our announcement. She said that, you know, I know this is a tough decision for you and the country, but it's one that is very necessary. And I told her, I said, If we don't succeed at this task in front of us, Jay will never be able to obtain health care insurance unless we vote on this bill, unless we say enough. Because on day one when this bill passes, Jay will be able to get health care insurance. We will no longer allow the insurance industry to deny people because they had a preexisting condition. I think this is a fight worth having. I do, Mr. RYAN, and that's why I'm here today.

□ 2045

Mr. RYAN of Ohio. I tell you, what a cute kid he was. He was just the cutest little kid. You get caught up in this debate with numbers and statistics and whatnot, but he really was the poster child for why we need to do this.

With that, we are blessed with someone who has come from the great State of New Jersey and has been in the middle of all of the negotiations on behalf of our leadership and who chairs the subcommittee on the Education Committee which handles these issues. I yield to my friend, ROB ANDREWS.

Mr. ANDREWS. I thank my friend for yielding and for being here night after night talking about what is really in this bill and doing a great job on it. I thank him for his friendship. I would like to thank and congratulate Mr. BOCCIERI's courageous decision to vote in favor of this bill on behalf of the families that he talked about.

And to my friend from Ohio, I would also like to thank someone who we wouldn't usually hear about being thanked, and that is the millions of Americans who have contacted us who oppose this bill. And I have heard from my constituents who oppose this bill, and they are worried. They are very worried, and they should be, because if the things that they have been told were in this bill were true, not only would I be worried about it, but I would not vote for it.

Our constituents are not simply entitled to know where their Representatives stand, they are entitled to know where their Representatives stand on the facts that are actually before us.

I want to take a few minutes tonight to talk about the things that I have heard from my neighbors and constituents that worry them and then lay out the facts.

I have heard from my senior citizen constituents that they don't want any cuts in their Medicare benefits. The fact is this bill does not cut anyone's Medicare benefits. The opposite is true. To those seniors who enrolled in the Medicare part D prescription drug program, the amount of their prescriptions that Medicare pays for goes up, the amount of drugs that they pay for goes down, and eventually, by the end of this process, 75 percent, at least, of all prescription costs will be paid by Medicare and 25 percent by the seniors. It is the closure of the so-called doughnut hole. It is one of the main reasons that the AARP is supporting this bill.

When a senior goes to the family doctor or the OB-GYN for an annual checkup, when this bill becomes law, that senior won't pay any copay. Medicare will pay the entire cost of that visit. Those are the only changes in Medicare that affect people's benefits. The benefits increase.

We have heard the outrageous statement that Americans who are elderly or disabled will be denied health care because there will be death panels in the bill. The answer can be found in section 1302 of the underlying text that we will be considering on Sunday. That text directs the Secretary of Health and Human Services, "to ensure that health benefits established as essential not be subject to denial to individuals against their wishes on the basis of the individual's age or expected length of life or the individual's present or predicted disability." That's the fact that is in the bill.

We have heard people say that they do not want to be forced to join a government health plan or any other health plan. They don't want to wait in a health clinic like the British do, like they say they do. They don't want to be in the Canadian system, and they are not. The fact is that section 1312 of the text that we will consider on Sunday says the following: "Nothing in this title shall be construed to restrict the choice of a qualified individual," that is anyone, "to enroll or not to enroll in a qualified health plan or to participate in the exchange." It goes on to say "nothing in this title shall be construed to compel an individual to enroll in a qualified health plan." Nothing. That's what the bill says.

We have heard many Americans of good conscience say they do not wish to see their tax dollars pay for abortion services. My friend, Mr. RYAN, who is staunchly pro-life and has stood to that position irrespective of the political consequences, has eloquently described what the bill says. For those who wish to read it for themselves, go to section 10104 and read it. It says that no public funds may be used to pay for an abortion for anyone.

I hear constituents say, quite understandably, they do not want undocumented people to receive health care

benefits or subsidies under this bill, what are sometimes referred to as illegal aliens. Neither do the authors of the bill. So if you go to section 1312f, a qualified individual is defined, and a qualified individual is someone who is a U.S. citizen or is here legally on a green card or other legal document. That's what the bill says.

We hear that the bill will destroy small businesses across the country. Small businesses do create three out of every four private sector jobs in this country. The bill does have a substantial effect on small business. Here is what it isn't and here is what it is. What it isn't is a crushing mandate on small businesses, because section 1304 of the bill says, if a business has 50 or fewer full-time employees, the business is required to do nothing. No mandate, no requirement, no tax, nothing. The person who is running a gas station, a deli, a barber shop, a small firm, nothing.

What the bill does say about small business is this: That the same deal that General Electric or Lockheed Martin or a huge company can get, so can the small business by joining a purchasing exchange set up in each State. And it says that the smallest of businesses will get a tax cut effective immediately this year for insuring their employees voluntarily. If you have 50 or fewer employees, you are not required to do anything and you probably qualify for a tax cut as a result of hiring more people.

Finally, we hear that this bill will dramatically increase the country's deficit and debt. And as a father of two daughters who are 15 and 17, I worry about a lot of things unrelated to politics and the debt, but I also worry about the debt because they are going to have to pay it off. I think the American people need to know a fact about the debt before they consider this bill. The debt is everyone's fault. I have had the privilege of serving here quite a long time. Both parties share a blame. I own my share of the responsibility. But we need to know this: 70 percent of the national debt was run up during the administrations of President Reagan, the first President Bush, and the second President Bush. Seven out of every \$10 of debt came from them.

Now, what does this bill do to the national debt and deficit? You should not believe the Democratic Party or the Republican Party or any political person on this issue. Mr. Speaker, our constituents, for those who wonder what this does to the national deficit and debt, look at the accounting by the neutral, nonpartisan scorekeeper, the Congressional Budget Office, which for a long time around here has been recognized as the gold standard and authority. Here is what they say. They say that if this bill becomes law, the deficit will be reduced by \$138 billion over the next 10 years, and, in the sec-

ond 10 years, it will be reduced by \$1.2 trillion.

Everyone in this Congress is entitled to his or her own opinion, but the American people are entitled to the facts. Everyone is entitled to his or her own opinion, but not everyone is entitled to their own facts. The facts are that this is what is in the bill. The things that people have been told about this bill are not true, and, Mr. Speaker, I would invite those who wonder to go to the Internet, to read the bill and draw their own conclusions and then frankly evaluate the criticisms of people who will continue to mislead about this bill.

We are fortunate that people of good faith have made legitimate criticisms about this bill. We tried to listen and improve the bill, and on Sunday we look forward to a clear, on-the-record vote to adopt this legislation.

I thank my friend for yielding.

Mr. RYAN of Ohio. I thank the gentleman from New Jersey. I always learn something when he is around.

This bill, we ask: How does it affect the country? And it only makes good sense that if we are reducing health care costs over time, that will reduce the deficit; because the government is so intertwined with Medicare and Medicaid and veterans' benefits and everything else, taking the health care system and putting in these fixes and including everybody in the system so that they don't run up health care costs, and fixing the waste in Medicare and those kinds of things, at the end of the day will be very, very beneficial for the deficit.

I have got a district in northeast Ohio. Very specifically, Mr. Speaker, I just want to state what this bill is going to do for those people in Ohio who have been for 30 years in a recession, for the most part. They lost the steel industry, lost the rubber industry, and lost a lot of the manufacturing in the United States and have been hurt very, very badly. I wish this was in place 30 or 40 years ago and it would have saved a lot of people from a lot of suffering over time.

This bill alone will improve coverage for 355,000 citizens in the 17th Congressional District. This particular bill will give tax credits and other assistance for up to 180,000 people. There a lot of people in my district who have a family of four, make about \$50,000 a year. That family, under this bill, will get a \$5,800 tax cut for them to be able to afford health insurance.

Last year alone in the 17th Congressional District, we had 1,700 families, neighbors of mine—this is all throughout the country—who went bankrupt because of the health care system. Because of health care issues, they went bankrupt, and many of those people had health insurance. They actually had health insurance and still went bankrupt. How many kids, how many

families, how many parents had to file for bankruptcy in this country last year because of the current health care system that we have here?

So 53,000 young adults in the 17th Congressional District will be able to stay on their parents' health insurance because we extend it up to 26 years old. This bill will guarantee 9,300 people in the 17th Congressional District will no longer be able to be denied health insurance because of a preexisting condition. This is where the rubber meets the road.

I mentioned about the \$250 that the Medicare part D recipients will get this year, a \$700 savings in Medicare part D next year. They will save \$3,000 by 2020. So this is a bill that has great significance.

We will have enough money in this bill, just in my congressional district, for four new community health clinics. We already have a few sprinkled around, but four new community health clinics so people can go and get the kind of preventive care that we are focused on in this bill. Hospitals will save \$11 million.

This bill is a good bill. Is it a perfect bill; not even close. Nothing is perfect. We are all imperfect here, so why would we create something that is perfect? But we have extended it. We implement things over time so we have an opportunity to tweak things.

As the gentleman from New Jersey said, this reduces the deficit by \$1.2 trillion over the next couple of decades. That's what this is all about for our kids and our grandkids, to have the kind of future that we want. So I think it is an important piece of legislation. I am excited about it.

If I can say lastly—because the Ohio State Buckeye's basketball game is coming on and we have to do our part, Mr. BOCCIERI and I, to make sure that we root them in as much as we are rooting in the health care bill this weekend—I want to say this, and I don't mean to be glib or arrogant, but I want to be honest.

I look forward to the campaign in November. I looked forward to going out and talking to the constituents in my district and around the State of Ohio about what is in this bill. And I very much look forward to the Republican Party running on a platform of repealing this bill, repealing the ban on preexisting conditions for children, repealing the ban for preexisting conditions on adults, repealing the tax credits for small businesses, repealing the tax credits for someone in Niles, Ohio, who makes \$50,000 a year and will get \$5,800. I want to have that debate.

I want to have the debate where the Republicans come up and they say we need to repeal that and we need to make sure that our seniors, we continue to keep the doughnut hole wide open. We don't want to close it. I look forward to that debate and look forward to the debate saying that we

should keep the lifetime caps in and keep the status quo.

□ 2100

So it is going to be an exciting time in our country. And as I heard one of my colleagues say, we are debating real issues here. And we have an opportunity to talk about what is in this bill and how it is going to benefit the American people.

I will then yield back the balance of my time.

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from California (Mr. GARAMENDI) is recognized for the remainder of the hour as the designee of the majority leader.

Mr. GARAMENDI. Thank you very much, Mr. Speaker.

I would like to enter into a colloquy with my colleague from New Jersey who earlier spoke of the truth, what is actually in the bill. One of the things that is not in the bill but is actually a fact is that in America about 45,000 people a year die because they lack health insurance. They don't have the opportunity to see a doctor on a regular basis, and they wind up in the emergency room very, very sick.

The truth is that under this legislation, 32 million Americans will be able to get health insurance, and poor people will see an expansion of the Medicaid program so that they get in under that program. That is in the legislation, is it not?

Mr. ANDREWS. It is. I would like to thank the gentleman for being here, for being the former insurance commissioner of California, really knowing these issues and doing a great job. I want to talk about one of the people who would be helped by this.

A few years ago, I was in my best friend's wedding, and I was in the bridal party, and there was a beautiful young lady who was also in the bridal party as a bridesmaid. The wedding was in June. We all had a great time; all of our families there. My wife and I had a wonderful time. A few months later, around Thanksgiving, she started to feel sick. Now, she was a part-time cafeteria aide in a public school. Her husband was a truck driver who lost his job. So they had no health insurance.

She started to feel some stomach discomfort. She went to the emergency room. They decided to admit her to the hospital. They said they were going to run a series of tests over the next couple of days. And she was terrified that if she stayed in the hospital for that time that she would run up a huge bill that she couldn't afford. So she checked herself out. She continued to have some stomach problems, and again afraid to go see a doctor because she couldn't pay the bill. This is around Thanksgiving. She died the day after Christmas, leaving her kids behind.

A lot of politics on this floor, I say to the gentleman from California. She is not here today to hear those politics. Her kids don't have a mother because someone who worked hard for a living, who was in a rough time in their life, could not afford health care. She is the issue and her children are the issue on Sunday.

Mr. GARAMENDI. Mr. ANDREWS, I believe that every one of the 433 Members, or 432 who are still here in the House, know the exact same experience. All of us, and virtually every family in America has that experience where they have found one of their friends or one of their family without health insurance and facing the reality of bankruptcy, the reality of losing their life because they were unable to get the care that they need.

I will never forget a visit that I made to a carpenter who had worked his entire life and had come down with lung cancer. He was about 63 at the time. I visited him in his home, a trailer home out in the back part of the district. His wife was there. She had emphysema. And she was about 62. He told me, "I have to hang on. I have to hang on. I cannot die because she will be left without insurance. And then she too will die." That doesn't have to happen in America.

What we are doing today, as we prepare for this historic vote on Sunday, is to lay out before the American people why this is so important. It is important to the individual, it is important to that family, that person lying in their sick bed trying to hang on for another year-and-a-half so that the wife would qualify for Medicare.

Now, that's the reality of life. But the reality of this bill is it deals with that problem. Because if that gentleman lived next week, after the President signs this bill, he would have the confidence of knowing that there is a special program created specifically for he and his wife. The gentlemen and the women between the age of 55 and 65 who have lost their job, who are unemployed without insurance, there is a special high risk program specifically for them so that if he is to die, he can die with the confidence of knowing that his wife will have health insurance.

Now, that is really important because so many Americans and so many in my district have lost their job, they fall into that age group. That is a tough place to get a job because of the discrimination that the insurance industry now puts upon people in that age group.

Mr. ANDREWS. If the gentleman will yield, I know the person you are talking about. Shortly before the holidays this year, on a very snowy Saturday, my wife and I went to a large department store to pick up some last-minute items. A lady in Audubon, New Jersey, was working at the store and talked

about what a long day for her it was. She was in the eighth or ninth hour of her shift. And she had no health insurance because she conveniently fit underneath the full-time worker category, working for a huge corporation. She was not yet 65, so she didn't have Medicare. And she was really worried that she was going to get sick, because if she got sick she also had a pre-existing condition which would make it all the worse. Couldn't buy insurance.

Here is what this bill says, as the gentleman knows, to that lady. First of all, because she works for a large firm, her employer is going to have to either insure her or contribute toward the cost of insuring her. And she is going to be able to get insured for 3 or 4 percent of her income, maybe \$15 or \$20 a week, which is affordable for her. A lot of people say, well, this is an unfair mandate on business. They don't understand. When a huge corporation like that one doesn't pay its fair share, the rest of us all do. She will get insurance, it will be paid for fairly, and I think she is the lady the gentleman is talking about.

Mr. GARAMENDI. As you said at the outset, I was the insurance commissioner in California for 8 years, '91 to '95 and 2003 to 2007. I saw this problem over and over again, where corporations push aside, literally discriminate against people because they may be more expensive. A particular problem in the smaller companies, where the risk cannot be spread out. This piece of legislation provides an opportunity for those risks to be adjusted, to be smoothed out among all of the people that are insured, all of the companies, thereby reducing the incentive for companies to discriminate in their hiring, discriminate against people that have a sickness or who may become sick because they happen to be 50, 55 years of age.

There is another thing in this legislation that is extremely important to every single qualified, to use your term earlier, qualified American, or qualified person in this country.

Mr. ANDREWS. Will the gentleman yield?

Mr. GARAMENDI. Let's talk about that.

Mr. ANDREWS. Define what "qualified" means so people understand. Qualified means you are a citizen or you are here legally. That is what it means.

Mr. GARAMENDI. Let me get that straight. Qualified means that you are a citizen or you are legally in the country with the appropriate immigration papers.

Mr. ANDREWS. Right.

Mr. GARAMENDI. Green card or H-1B visa, et cetera. So if you are illegal, you don't qualify.

Mr. ANDREWS. Right.

Mr. GARAMENDI. Now, back to the point I was making is that insurance

companies discriminate against individuals. We all, if we think about it, know the examples here. I am going to give one. Twenty-three-year-old girl had been insured by the same insurance company for 23 years, from her conception, birth, all the way through teenage years, all the way to 23. She becomes 23. She is no longer on her parents' insurance. She goes back to the very same company and says, I'd like to carry on insurance.

No. Not available to you.

Why?

Well, you had acne when you were 16.

The fact of the matter is she also happens to be a woman and in those child-bearing years. So the company says, well, you know, you might get pregnant, might get married; might get pregnant and not be married. In any case, you're going to cost us a lot of money, and, therefore, no insurance.

That kind of discrimination is over when the President signs this bill, be it discrimination against people who have a preexisting condition—and who doesn't? Who didn't have acne when they were a kid? Who didn't have asthma? Who didn't have a broken arm? Who in our society does not have a preexisting condition? Very few of us. Under the current situation, the insurance companies are able to pick and choose. Only the healthy or likely to be healthy do they want. Those who might be expensive they push aside.

The message to the insurance industry is this: The President signs this bill, your discrimination is over. No longer will you discriminate against women, young or old, whether they are in their fifties or sixties. You will not discriminate against a person who has a preexisting condition. And you will not be able any longer to cancel a policy when somebody becomes sick.

Now, I have got to tell you, I went after Blue Cross of California and a couple other companies out there with a vengeance because what they did, people had been buying insurance from them for years and years, they get an illness, maybe they have a cancer, and suddenly the company goes back and says, oh, you didn't tell us when you were 3 years old that you had a tonsillectomy and had to take antibiotics. Therefore, we're going to cancel your policy because you didn't tell us. That is finished the day the President signs this bill. So in the insurance field, the era of discrimination on all of these methods is over and the insurance companies will take all comers.

Mr. ANDREWS. I think the gentleman's point, Mr. Speaker, is so well taken, because a lot of times people hear about this legislation and say, Well, okay, what does this really have to do with me? I have insurance, I'm employed, I don't run a small business, so I'm concerned about this because I think I'm going to pay higher taxes and get nothing for this.

Let me deal with that. First of all, if you live in a family that has an income of less than a quarter of a million dollars a year, there is no tax on your family. If you are an individual that earns less than \$200,000 a year, there is no new tax on your family. So let's get that straight.

Secondly, who is the next person who is going to find out that they are diabetic, or they are asthmatic, or God forbid they are diagnosed with a malignancy, or there is some other condition, as you said, that is relatively trivial as acne or eczema or something like this. The record is filled with people who are denied coverage or who face huge premium increases.

Because I am sure, Mr. Speaker and my friend from California, there are people watching this tonight who thought today was their lucky day, that they got a job offer. This happened to someone I know very well in my family. She got a job offer. She had been looking for a long time for a job, and this is the job she wanted. The employer called back the next day and said, We're sorry, but we have to rescind our offer because you cost too much to insure because she's diabetic and has a family history of breast cancer. So her punishment for conditions that are beyond her control is that she is now unemployable if she wants health insurance.

Now, people say that in this country everybody should work their way up the ladder. I completely agree with that. How can you work your way up the ladder if you can't get an employer to offer you a job because you are not insurable? That is over when this bill becomes law.

Mr. GARAMENDI. The gentleman could not be more correct. And those are very, very common. Along the same lines, we often consider America to be the country of entrepreneurs. We know the statistics are clear, the evidence is there, the polling has indicated that tens of thousands, perhaps even hundreds of thousands of Americans do not begin their own small businesses because they fear that they will be unable to get insurance. They don't want to leave the big corporate family. I know a specific fact of a fellow that worked at the university and wanted to start his own business. He and his wife wanted to start their own business for 10 years, and yet with small children and she with a preexisting condition, they did not do so. And so that entrepreneurial spirit was stifled by the insurance system we have in America.

Under this legislation they will be able to get insurance, either directly with an insurance company or as soon as in this case the State of California develops its exchange, which is a pooling. You talked about this when you spoke earlier. And we really ought to have a better discussion and a more thorough discussion about the ex-

changes, which is a method of setting up a mechanism in which standard benefit insurance policies will be available from different companies, the information will be readily available, and the insurance companies will be forced to compete with each other on quality and price and availability. Those exchanges are an extremely important way to create competition and availability of insurance.

Mr. ANDREWS. If the gentleman will yield, it is not a terribly exotic concept. My family has two kittens, so we buy a lot of food for them and the other things that they need.

□ 2115

We buy them at one of these discount centers. I won't name the brand name. But we buy them at one of the centers because you can buy these products a lot cheaper than you can at retail because there is a purchasing group that gets a better deal on these products. This is a concept Americans understand very well. The larger the volume of the group of buyers, the better the discount.

The problem for those small entrepreneurs that the gentleman talks about is they're out there on their own. They're out there with 5, or 6, or 7, or 20 people, and they get whatever they can get. But when they join an exchange—if they want to—it is voluntary. When they join an exchange, they join a buy-in club, that just like our family is able to buy our pet supplies at a cheaper price. They're going to buy health insurance at a price at a Lockheed Martin, or a General Electric, or the United States of America.

And listen, their employees are going to get the same choices of health plans that we do as Members of Congress. It's long overdue.

Mr. GARAMENDI. I'm relatively new here, and I don't know everything about the health systems here. But when I signed up, I was given an array of options. I could go to Blue Cross-Blue Shield, or I can get Aetna, or Kaiser. It turns out that Federal Government employees, including every Member of Congress, have access to an exchange. And if you happen to be in California and you're a public employee at the State or county, many of the counties and cities, you are already in an exchange called CalPers, California Public Employees Retirement System. Those are exchanges. This is nothing new. What we're doing is making that exchange available to everybody.

Mr. ANDREWS, you have been here some time, and I know you're very familiar and indeed an expert on the American economy. Let us talk a little bit about the American economy and why this legislation is extremely important to the American economy.

Right now we rank 19th in our health, in how healthy we are. And

we're actually ranking below Colombia. The fact of the matter is we also spend nearly 17 percent of our total wealth, our GDP, on health care. Our competitors in Europe, Japan, Korea, spend no more than 11 percent—most of them are 10 percent and below. So you know in your economy, we have an enormous disadvantage.

I remember actually it was President Clinton talking about this, and it's as though we took a check every year for about \$800 billion and gave it to our competitors. We're giving that advantage to our competitors because our health care system is so expensive and consumes so much of our economy and leaves us not at the top of the heap, but at the bottom.

Mr. ANDREWS. Thank you for calling me an expert on the U.S. economy. That is hardly the case. That is the one inaccurate thing the gentleman said.

I do know this from listening to my neighbors: The economy is in deplorable, horrible shape. It's the worst economy, I think, in my life.

And the number one issue today is not health care; it is the economy, but it's important to understand how this issue plays into jobs and the economy.

Businesses can't create jobs as their premiums skyrocket. As an employer pays more and more and more in health care, what he or she has to do is either hire fewer people or offer narrower health benefits. The auto manufacturers tell us that the price of health care for their employees in making a car costs more than the price of steel that goes into the car.

A young entrepreneur starting a software company is likely to not even make it at all or crash and burn from the beginning because of these costs.

One of the ways to help businesses create more jobs—and by the way, an independent estimate shows that over time, the savings that this health care bill will generate will create 4 million jobs in the United States—is to fix health care.

So I do say one thing. Our opponents do have a track record, because I hear their rhetoric. They say that well, the taxes that are required on families making more than a quarter million of dollars to help pay for this—by the way; it's about 55 percent spending cuts, 45 percent new revenues to pay for this—but that those taxes will have a catastrophic effect on job creation. We will hear that ceaselessly this weekend. And they're consistent, if nothing else.

I want to read you a statement that was made, as an echo, not about this plan, but another plan 17 years ago. Here's the quote. "It is a recipe for disaster. It is not a recipe for more jobs. Taxes will go up. The economy will sputter along. Dreams will be put off, and all this for the hollow promise of deficit reduction, of lower interest rates"

The plan was not this health care plan. It was the Clinton economic plan in 1993. The Speaker was former majority leader Dick Armey, one of the leading critics of this plan. He was wrong then, and he is wrong now.

Mr. GARAMENDI. What happened, if I recall in the 1990s after he said that, the Balanced Budget Act did pass. You were here. I think you were here at the time.

Mr. ANDREWS. I was, and I will confess I didn't vote for that plan, and I regret that vote. I think it was a mistake because I frankly didn't understand it as well as I should. It was a mistake on my part.

Mr. GARAMENDI. That is one of the wonderful things about life. You can come back and do it a second time.

In this case we're looking at a situation where in the Clinton balanced budget plan, it led to the longest sustained economic growth in America's history. And we created—I forget the number of jobs—

Mr. ANDREWS. Twenty-three million new jobs.

Mr. GARAMENDI. Twenty-three million jobs were created during that period of time.

Excuse me. Do you remember the statistics for the Bush, George W. Bush years?

Mr. ANDREWS. I do. For every private-sector job created during the George W. Bush years, during the Clinton years we created 140. Let me say that again. For every one private-sector job that the Bush administration with its policies created, 140 were created during the Clinton administration.

Now, the reason I make this point is that the same rhetoric that we're hearing this weekend, that these taxes which affect the top 3 or 4 percent of people in America, are going to have a catastrophic effect on jobs, this is an echo chamber.

One other quote I want to read you again about the 1993 plan: "This plan puts the economy in the gutter. If it was to work, then I would have to become a Democrat." The person who said that was former Representative John Kasich, a very dear friend of mine, budget chairman, who unfortunately—depending on how you look at it—is not a Democrat; he's still a Republican, even though it did not put the economy in the gutter; it created 23 million new jobs.

So we will hear this tired old refrain this weekend, but the facts dictate differently.

Mr. GARAMENDI. I want to take up another subject that you broached earlier in the conversation, and that is of seniors.

The senior population spent the good part of the summer being totally scared, frightened, purposely so, with a pack of incorrect, or shall I just call them lies. Death panels, Medicare is

going to be cut, other things were put out there to scare seniors into opposing this. When in fact—and you went through some of this; I want you to drive this home—when in fact, this piece of legislation that we will vote on Sunday strengthens the Medicare program and provides significant benefits and increases.

So, please.

Mr. ANDREWS. I thank the gentleman again.

What does that plan mean for seniors? It means no cuts in benefits for any senior. It means an expansion of benefits to cover more prescription drugs as well as preventative care visits. It means that the life of the Medicare trust fund will be extended for 7 or 8 more years, and it emphatically does not mean that any senior, any disabled person, will ever be denied coverage because of their age or disability. It's not the truth.

Mr. GARAMENDI. And you cited the specific code sections, and you also cited the fact that this will reduce the deficit of America over the next 10 years by some \$300 billion.

Mr. ANDREWS. The parties do have a record on entitlement health care spending. The erstwhile majority increased health care entitlements by \$800 billion in deficit spending. We're going to decrease it by \$1.2 trillion. That's a \$2 trillion difference between the rhetoric of the other side and the facts of this bill.

Mr. GARAMENDI. And that was the Medicare Part D.

Thank you very much, Mr. ANDREWS.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Iowa (Mr. KING) is recognized for 60 minutes.

Mr. KING of Iowa. It's my privilege to be recognized here on the floor and address you as we watch this Nation lurch forever forward toward their version of socialized medicine.

It's astonishing to me to think that the people on the other side of the aisle who have spoken in the previous hour could even stand and make the statement that we are going to put 30 million more people onto the insured rolls and somehow we're going to cut spending and reduce the deficit. How in the world could that be? We're going to ensure 30 million more people for less money than we ensure the people we have today? Are we going to go back to President Obama's mathematical logic that seemed to have gotten him elected into office when he and Hillary Clinton vied with each other on who had the best government-run health care plan? When President Obama said—and he said consistently and continually—We spend too much money on health care. We have to fix that.

He said as the President of the United States that we're in an economic downturn, an economic crisis,

and we can't fix the crisis of our downward spiraling economy unless we first fix health care.

Mr. Speaker, do you remember that? The astonishing statement that the solution to our economic downward spiral is socialized medicine? That is what came out of our President's mouth.

So we have to first fix this health care. And what's wrong with health care? According to the President, we spend too much money. Now, I don't necessarily quibble with that particular statement. We spend too much money on health care. I just disagree on where that too much money goes.

But he argued that we spend too much on health care. We have to fix it in order to fix the economy. And what's his fix? All of the way through his political history up until the reality of being President of the United States was a single-payer plan. The Federal Government writes the check for everybody's health care in America. That's been the President's solution all along. It's clear. It's as clear as his statement eight times on national TV that there were going to be C-SPAN negotiations over health care.

But the President's logic was, and apparently remains, the economy is in a crisis, the problem with the economy is health care, the only fix for health care is to turn it into socialized medicine because we spend too much money. And we've heard these gentlemen say, We're going to save money. We're going to save \$300 billion, and it's going to be trillions of dollars by giving 30 million more people a health insurance policy that is paid for by the taxpayers in America. Now, how can they do that?

First I need to dispatch this thing of President Obama's statement that we can fix the economy by fixing health care. I never agreed with that. I always believed that our economic problems were too much spending, too much irresponsibility, too many Federal guarantees. We had the implicit guarantee that the Federal Government would prop up these businesses that are, quote, "too big to be allowed to fail." Now "too big to fail." And so, that was implicit.

And those big businesses took great risks to grow against their other competition that was taking great risk, and the economy was on the verge of collapsing, and that is when we became deemed "too big to fail," and the Federal Government dropped in and bailed them out with our tax dollars. Treasury dollars that are just simply advanced, appropriations that were approved by this Congress in the form of \$700 billion dollars in TARP funding, \$787 billion in an economic stimulus plan—none of which the American people in anywhere near a majority believed actually worked.

□ 2130

So the free enterprise system was sacrificed off for the nationalization of

the huge entities in our Federal Government. And the President continued to insist, even though he had the brilliant Tim Geithner there as the U.S. Secretary of the Treasury, too smart to be allowed not to be confirmed, to help bail out these businesses that are too big to be allowed to fail, and the only way we can fix all these economic problems is to first fix health care because we spend too much money on it. And so the President of the United States argues, well, here is a solution for everything: we will just spend a lot more money on health care in America.

In terms of numbers that we have seen from Senator JUDD GREGG, say that when you look at the 10 years after, the first full 10 years, \$2.5 trillion, the President has repeatedly made the breathtaking statement that we want to spend all of this extra money in the trillions of dollars on health care in order to fix the economy that we can't fix without, and the problem with spending too much money is solved with spending a lot more money.

That's the President's position. And any third grader can figure that out, Mr. Speaker. That position could not be sustained in a third grade logic class. I don't think they actually have logic classes in third grade, but it couldn't be sustained.

And so we went from this breathtaking position of spending a lot more money on health care to solve all the Nation's woes on down to, well, the problem really is that we don't have enough competition among insurance companies. So the President said, let's create a Federal health insurance company to compete against the privates, and that way we will have competition that it will drive down the costs. I don't think the President ever counted the private health insurance companies, 1,300 of them, 100,000 public health insurance varieties; and still the President wanted 1,301 health insurance companies and 100,000 and about a dozen health insurance policies. And that was going to solve all the problems, Mr. Speaker.

So we see that the massive, multi-trillion dollar Federal takeover of the management and of the approval of everybody's health insurance in America is based upon two flawed premises. I wonder what would happen if President Obama were sitting in the square in Athens and he had to sit between Socrates and Plato, and he would make the pitch we're going to solve the problem of spending too much money by spending a lot more, and we're going to solve the problem of not enough competition in 1,300 companies by adding one more company with 1,301. Those two fellows would have just eviscerated him with clearest logic of chopping his axiom down and tossing it off into the Aegean Sea.

But, instead, we are so polite in this country. We aren't willing to say that

these premises don't even make the third grade level. And now here we are, a Nation that has seen its President use all the leverage possible to force the situation where we are, even though, even though it was all Speaker PELOSI could do to squeeze the votes to pass the first version of this bill. Even though she has 41 votes to burn when this happened, Speaker PELOSI didn't have any to burn when it was over.

It barely, barely passed the House. The Senate, they had no votes to spare, and on Christmas Eve that bitter pill was dropped into our stocking by HARRY REID and company over in the Senate. And most folks thought that this thing would become law, until SCOTT BROWN was elected to the United States Senate. And when that happened, it changed the whole dynamics, Mr. Speaker.

But here we are today, the President of the United States doesn't hear "no." He doesn't hear that the American people have stood up and screamed, no, don't spend any more money. You poured trillions in this economic stimulus plan and in the TARP funding, and what do we have to show for it? A declining economy and a growing unemployment and 15.4 million people on unemployment, a mismanaged economy with a government that has taken over three large investment banks, AIG, Fannie Mae, Freddie Mac, General Motors and Chrysler and given us a couple of trillion dollars' worth of wild spending programs.

And the President had told us in a meeting a year ago February that Franklin Delano Roosevelt lost his nerve. He should have spent a lot more money. If FDR had spent a lot more money in the late thirties, then this Keynesian economy would have turned around, and it would have recovered before World War II came along.

That was an experiment that is called the Great Depression. And the New Deal failed throughout the thirties. And the stock market that crashed in October of 1929, even though we had World War II, even though we had the Korean war, did not recover to the place where it was in October of 1929 until Franklin Delano Roosevelt had been passed away for 9 years. 1954 is when the Dow Jones Industrial Average caught up to where it was in 1929.

And this President doesn't learn this lesson from history. If you borrow money, if you raise taxes, if you spend that money with government, you're competing against the private sector. And, necessarily, if government spends money, they can't spend money unless they first take it from somebody else; and when they take it from somebody else, they are borrowing the investment capital away. They are taking it away. They are taxing investment capital. There would be a whole row of entrepreneurs out here, Mr. Speaker, that maybe have a little capital, and they

have a way to borrow some money, and they have an idea about expanding an existing business or creating a new one, businesses hire people and they create careers and jobs.

The Federal Government raises taxes and dips into the capital base and raises the cost of that capital because of the higher taxes, and that diminishes the jobs in the private sector. It might create new government jobs in the public sector, but it diminishes them in the private sector.

Now, Mr. Speaker, I cannot be convinced that our President of the United States, he may understand, but I can't be convinced that he believes that there is a difference in this economy between government employment and private sector employment.

The private sector is the sector that creates the wealth. The government is the burden on the wealth creators. If you have a career, if you're an entrepreneur, if you have a business, and if you employ people, and the Federal Government raises taxes and raises the cost of the capital, it takes away your ability to generate more revenue for expanding more careers and jobs or for paying taxes. And eventually if the Federal Government swallows up all sectors of the economy just to macro this and fast forward it to where I think even the people on this side of the aisle could understand, if the government runs everything, there is nothing left to tax except government. That's where this country is going.

I have looked on the Progressives' Web site. They are linked in with the Democratic Socialists of America. Their Web site used to be managed by the same people. It says on there they want to nationalize the Fortune 500 companies. They want to take them over. They want to nationalize the oil refineries business. That was offered by MAURICE HINCHEY of New York. They want to nationalize the energy industry in America. That was offered by MAXINE WATERS of California. They are both members of the Progressive Caucus. The Progressive Caucus is the progressive arm of the socialists. They want to nationalize our economy and take it over. If the Government takes over the Fortune 500 companies, where they have already taken over one-third of the private sector profits, if they do that, they will have killed the goose that lays the golden egg, and there won't be any tax revenue then that comes into the Federal Government because the Government will be the entity that has to tax itself. And I know how that works. I have been to Cuba. I know how that functions down there, Mr. Speaker.

So we have a couple of flawed premises here. We spend too much on health care, the solution is to spend a lot more, and we don't have enough competition in health insurance companies, so one more, the Federal Govern-

ment, competing against them solves the problem. I could not have advanced either one of those ideas and gotten them past first base. But that's where we are, Mr. Speaker.

And so it comes before us this weekend, this nationalization of our health care, the Federal management of our health care that has been debated since last July or so, that has filled the town hall meetings in the United States with hundreds of thousands of people and their cumulative total and every State in the Union that I'm aware of. They certainly filled them up in Iowa, they filled them up in Texas, and they filled them up in Minnesota and everywhere else. And the American people came to reject the idea that the Federal Government can take over our health care.

Now, some will argue that this isn't a nationalization of our health care. And I will submit in response to that, how far do you need to go before you concede that it's nationalized? If you set up a health choices administration commissioner who has the power and the authority vested in him by the legislation to approve every health insurance company in America, every health insurance policy in America, that is a nationalization.

It doesn't matter if the Federal Government is just managing the private companies. They will tell the private companies how they have to operate. Hugo Chavez tells companies how they have to operate in Venezuela. It doesn't mean they aren't nationalized. He will come in and say, you're going to give me so much of a cut out of your gross receipts, and you will meet all these standards. This is what you will do to manage help; this is how it will look as far as the facade in front of your building. They dictate right down to the minutiae of what you have to do if you want to do business in Venezuela. Hugo Chavez dictates that. We call it "nationalize." If the Federal Government dictates these things, we say, what, no, that is just private? No.

I would make the argument that our military takes care of our national security, and sometimes they will hire private contractors. The left was critical of Blackwater; and they would like to, and some suggest did, reduce Blackwater's involvement overseas in places like Iraq. But if the Federal Government writes the check to Blackwater and says take care of the security for, let's just say, for the airport in the Baghdad, is there a difference between whether they are nationalized, whether it's people in uniform wearing military uniforms or people wearing paramilitary uniforms, if all the shots are called by the Federal Government? I don't think so, Mr. Speaker.

So what we're seeing here is the nationalization of our health care, the Federal Government dictating every-

thing about our health insurance policies. The Federal Government would decide, in fact, they would cancel every health insurance policy in America over a period of time, 2 to 4 years, by the time they rotated through the Federal Government, would cancel every health insurance policy in America. And then if those policies didn't meet the new guidelines yet to be written into the rules and approved by the health choice administration commissioner, then what we have would be a Federal Government that would say, all right, your company hasn't met the guidelines and your policies haven't met our guidelines, therefore you're not doing business in the United States. That's just a fact, Mr. Speaker.

And so that is the nationalization of our health care. They want to tax you if you don't buy diet pop. They want to tax your medical devices, your hearing aids, your wheelchairs, your oxygen. And that's in order to fund this. So the people on this side of the aisle that spoke in the previous hour that have argued that they are actually going to save \$300 billion over a period of 10 years because they—do you know how long they have been massaging these numbers and they send something back to CBO, the Congressional Budget Office and go back and forth, in secret, by the way, until they get some numbers that they think they can defend as the clock ticks down?

Well, now they are at maybe \$300 billion in savings. But what they're not telling you it is a massive increase in taxes to raise revenue. The first 4 years of this bill produces revenue before the costs actually kick in. It is a half a trillion dollar cut out of Medicare reimbursements so that we are starving the health care services of our seniors in America.

That's just two of the ways that they manipulate these numbers. And that is where JUDD GREGG comes in and makes the argument that if you calculate the first full 10 years of this bill, it's \$2.5 trillion; and of course that's not considering the things that they would offer for reconciliation.

I would also make the point, Mr. Speaker, that this House doesn't have the will to pass the Senate bill. The Senate version of the bill can't pass the Senate today. They all know that. That's a given. They're not taking the bill back over there. It passed this Congress. The Senate version of the bill passed on Christmas Eve, Christmas Eve morning, to be charitable. HARRY REID's lump of coal in the stocking for America was this Senate socialized medicine bill that barely had enough votes to pass. It had none to spare.

And SCOTT BROWN was subsequently elected as the United States Senator from the improbable place of Massachusetts. And today, the Senate version of the bill can't pass the Senate. They couldn't bring that bill back

there to pass it because maybe the Senators over there don't have buyer's remorse, but the people in Massachusetts had buyer's remorse. And they've reversed their position, and millions of Americans have reversed their position. They have done so because they've seen this spending that is out of control, and they don't want someone to take over their health care, so they reversed their position.

There are a lot that have buyer's remorse from the Presidential election in November of 2008. A lot of them would like to have a do-over, and they are not going to get one. But they have buyer's remorse. And so when you add the coalitions of people that are opposed to this national health care act, this socialized medicine, it becomes Americans with buyer's remorse that regret that they put the votes up that they did for "hope and change," and I put that nicely in quotes, votes for hope and change, they put it up, they had more hope, and we got a different kind of change than they thought they were going to get. But now they regret putting that vote up. That's the buyer's remorse crowd.

And then you have the newly energized Americans that are across the vast middle of America. They started out with 9/12 project, people that came out here by the hundreds of thousands on the 12th of September, and patriots of a number of different categories including TEA party patriots that lit up this country. And on April 15, they had rallies across this country. I joined in some of them. Then they filled up the town hall meetings across this country and began to also come to this Capitol to petition for redress of grievances, as the Constitution says, in a constitutional fashion.

□ 2145

They did so November 5, November 7. They did so again in December on the Senate side. They came back again a few days ago, and they are going to be here tomorrow starting in the morning with the central event at noon on the west of the Capitol, and it will have thousands of Americans here that say: Keep your fingers off of my health care. I want to preserve my liberty. I want to preserve my freedom, and I want to preserve fiscal sanity in the United States of America.

I see that my friend and colleague, my neighbor to the north, has joined us here on the floor this evening, and I would be so happy to yield such time as she may consume to MICHELE BACHMANN.

Mrs. BACHMANN. I thank you to the gentleman from Iowa. He has done a wonderful job explaining the context of the health care debate that we are in today. We also have a neighbor to the south joining us as well, LOUIE GOHMERT from Texas, and he has a lot that he wants to add to this debate.

I just wanted to focus for context purposes, to begin with, on what the President has demonstrated thus far that his understanding of economics has been when he had been in the United States Senate. He was an advocate for the \$700 billion bailout of the banks and the financial meltdown. All through the 1990s and then in the early 2000s, there were continual bailouts that occurred. This was nothing new. This is yet one more bailout. They didn't work before.

What they did is they laid the groundwork, the moral hazard, if you will, for the same players, the same investment banking houses on Wall Street to make very bad bets because they knew the chump would be Uncle Sam. Uncle Sam would come along and pick up the pieces if they made mistakes.

What did they care. They rolled the dice. They took the risk. They risked their investors' money. And, when the deals went south, they came crawling back to Uncle Sam here in D.C., and Uncle Sam said, Sure, I will bail you out. That history was available for everyone to see.

Then-Senator Barack Obama should have known about those deals. After all, he served as a lawyer for Project Vote, Project Vote being an affiliate for ACORN, and ACORN was the organization pushing for all the relaxed lending standards that led to all of the toxic mortgages with the subprime loans that led to the mortgage-backed securities that were bad, that were starting to fail. And he was also a part of that effort suing, suing and threatening to sue so that banks and financial companies would relax their standards and make loans to people with no income, no assets, no jobs. The President had that in his background.

After that, he decided when he became President to deal with the financial crisis. Rather than tightening up those lending standards, he wanted to spend \$1 trillion. And he came here and he told all of us in the United States Congress we had to spend \$1 trillion, because if we wouldn't, unemployment could go as high as 9 percent or 8 percent. I think he said it could go as high as 8 percent.

Mr. KING of Iowa. 8.5 is the number I remember.

Mrs. BACHMANN. 8.5 percent, it could go that high. So that is what the \$1 trillion was supposed to do.

The \$1 trillion was allocated. We saw unemployment soar above 8 percent, soar above 8.5, and now Americans are sitting at about a permanent level of near 10 percent. The White House came out and said, Get used to it. This is our new normal. We are looking at these elevated levels of high unemployment.

Well, America isn't used to this, Mr. Speaker. American people don't want to be used to these elevated levels of unemployment. They actually like to

work, and they actually like high prosperity.

Also, when President Obama was a Senator, he wanted to devote our entire U.S. budget—he wanted to devote 1 percent or 1.5 percent of our U.S. budget to redistribute wealth to the rest of the world. Knowing that our country was already trillions of dollars in debt, his goal was to have us, every year, devote at least 1 percent of the U.S. budget to redistribute the wealth. We should have known where President Obama was going with this. We can't say that we weren't warned.

Next, the President offered cap-and-tax or cap-and-trade. That is the government takeover of the energy industry. In other words, the government would take control of 8 percent of the private economy.

After that, he was proposing amnesty for illegal aliens, saying that that was something he wanted to do, but the people were pushing back.

So what did we see happen? We saw 30 percent of the private economy taken over by the Federal Government. In fact, Senator Obama wasn't even sworn in yet as President of the United States, and he was already pushing President Bush. You have to give me \$17 billion, \$19 billion for the automobile task force, because, guess what, GM and Chrysler, they might go bankrupt if we don't get \$17 billion to \$19 billion. We have got to prop these businesses up, or they are going to go bankrupt.

President Bush, he was going out the door, President Obama was going in, so he gave that money to President Obama to create the automobile task force.

What did we get out of that deal? We got Chrysler bankrupt. We saw the bondholders shafted, losing their equity interest. We saw the UAW come in and scoop up a big share of that company so that they got their retirement plans and their health insurance plans, not fully, but funded at the expense of the bondholders, and the United States Government now is a shareholder. The same with GM. It is Government Motors. We all know that story.

And we also know the other thing the automobile task force did. They put 150,000 people out of work, with what? Pink slips to 3,400 mostly viable dealerships across the Nation.

This is the level of economics that we were treated to just in the very first months of the Obama administration.

After all of that groundwork was laid, after banks were taken over, AIG, the largest insurance company, Freddie and Fannie, the secondary mortgage market, which today the Federal Government owns over 50 percent of all of America's mortgages. That, the student loan industry, Chrysler, GM, 30 percent.

What did President Obama propose? Not to lower costs in health care, as

my colleague STEVE KING has suggested, by allowing people to buy across State lines. No. His suggestion was let's have the Federal Government take over 18 percent more of the private economy and put it under government's control. That is the solution.

And so here we are, on a Friday night. America has spoken. Three out of four Americans have weighed in and said, We don't want any part of the Federal Government taking over our private health care system. We don't want it.

The doctors have said that. Investors Business Daily, 45 percent of all doctors surveyed said they would leave the profession if the government takes over health care. New England Journal of Medicine this week, 35 percent of all doctors surveyed, We will leave the medical profession.

But no, no, no. What does Speaker PELOSI want to do? What does President Obama want to do? Ram this bill through. Pass it, without even the courtesy of the Members of this body voting for the bill.

My name, MICHELE BACHMANN, will not be listed in the journal with a "yes" or a "no." Why? Because Speaker PELOSI, Mr. Speaker, wants to presume my vote. When she presumes my vote, Mr. Speaker, she has stripped the people of my district from their voice, because the people of my district made a choice, sent me here to vote on their behalf. And, Mr. Speaker, I will tell you with complete confidence, the overwhelming number of people in Minnesota's Sixth Congressional District want nothing to do with this government takeover of health care. They want nothing to do with it, because the more they have heard, the more fearful they become.

So let's call it for what it is, Mr. Speaker. This is pretty clear. This administration and this Congress wants to have the Federal Government take over private industry, because if they win on Sunday, the American people lose. If they win, they will have taken over, effectively, one half of the American economy from September of 2008 until March 20, 2010. We are talking less than 2 years, something like 18 months time. This is stunning. This is a coup, if you will, an economic coup of our free market system, half of it being taken over.

Mr. Speaker, someone came in, it almost feels like, in the middle of the night and has stolen away America's future and America's promise. That is why we are here tonight. There is no exit strategy out of this.

And then we learned that the IRS will be the enforcement agency for this new health care system. It will be up to the IRS to verify, on a monthly basis, that 300 million Americans have purchased insurance that is acceptable, not to the Americans, acceptable to government. Because every American,

Mr. Speaker, all 300 million Americans are forced to purchase a product or a service that they may not want. But government wants them to have it, so they are forced to buy it.

So who is the enforcer? Well, it is the IRS. Doesn't that make everyone feel great? About 16,500 new IRS employees are about to be employed at a cost of \$10 billion, because they have got to breathe down the neck of every American every month to make sure that they have applied with government-approved health insurance. And, in order to do that, they have got to pry into private business. They have got to go into the books of every private business every month, find out how many employees that private business has, what the wages are that business is paying. All that information with the IRS, that is confidential taxpayer information, and now they will be sharing that with the Department of Health and Human Services.

And if the IRS, Mr. Speaker, discovers that an American has failed to purchase government-approved insurance, well, then that American is subject to a fine of \$2,250 or 2 percent of their income. The same with the businesses. The businesses also will be subject to fines, penalties, interest.

I don't remember, Mr. Speaker, on the President's team and the Cabinet, all of the people that had tax problems who weren't paying taxes who repaid their taxes, I don't recall too many of them paying taxes, penalties, and interest. They just paid their tax liability.

But that is not good for the American people. They don't get that sweetheart deal. No, no, no, Mr. Speaker. The American people and American private industry, they are paying the interest and the penalties and the taxes.

The IRS, Mr. Speaker, in this scenario, has now become the collection agency for the insurance companies. President Obama has been saying the Republicans are sold out to the insurance companies. Well, Mr. Speaker, now we know the truth. Behind those closed doors, President Obama struck a deal with these insurance companies so that every American is mandated to buy their product, and now the IRS is the collection agency and will be the enforcer and will send about one-half trillion dollars to the insurance companies.

Mr. KING of Iowa. Will the gentlelady read from the poster?

Mrs. BACHMANN. And the poster says, as my colleague STEVE KING is pointing, "Why does the Democrat bill subsidize health insurance companies?"

Here is the strong arm of the IRS shaking money out of the average American taxpayer and sending that money straight in to the insurance companies, which, by the way, we know will be collapsing, because ulti-

mately that was the purpose. One of our colleagues in this body even said as much himself. He said this is a temporary step, because what they want is government to own it all.

Let's realize, Mr. Speaker, who are the hogs in this situation? Who are the pigs here? Who wants to soak up the people's money? It is the same culprit, Mr. Speaker. It is those who embrace Big Government. The big winner in the stimulus, the big winner in the TARP, the big winner in every bailout we have ever had, and the big winner in this health care bill is Big Government.

And, as my colleague shows, the loser in all of this is the forgotten man of the American taxpayer, the American worker, the American boy and girl who may not grow up to realize their American Dream of a better life than their parents. The biggest loser again, Mr. Speaker, is the forgotten man of the senior citizen who will have to potentially go without with their Medicare funding.

Well, not if we have anything to say about it, Mr. Speaker. Not if we have another breath in our body will this happen.

And so we are here. We are here, because this is all we can do, to fight until our last breath to make sure that this monstrosity does not make it over the finish line.

□ 2200

Mr. KING of Iowa. Reclaiming my time, I thank the gentlelady from Minnesota for this presentation tonight and for many more that have gone in the past and more that are in front of us before such time as we can put this monstrosity deep into a hole where it belongs for at least another generation. That's what happened when HillaryCare was brought forward, almost a generation ago, and that's what needs to happen here this weekend, Mr. Speaker.

I recognize that my friend from Texas is here—from east Texas. An Aggie from Texas. He will make it clear to us if we don't make it clear, anyhow. Judge GOHMERT from Texas, who has more to say about this health care monstrosity and this government takeover, I'd be happy to yield so much time as he may consume to the gentleman from Texas (Mr. GOHMERT).

Mr. GOHMERT. I thank you and I appreciate the insightful words from the gentleman from Iowa, the gentlelady from Minnesota. One of our friends commented earlier tonight that America is a Nation of entrepreneurs. Thank God, it used to be. Thank God, it could be again. But with the oppressiveness that the Federal Government has put on entrepreneurs and people who would do well and start businesses, they are making it next to impossible, because an entrepreneur needs capital. Normally, they have to borrow capital. This Federal Government is sucking

the capital out of the country and not leaving anything for entrepreneurs to borrow capital. So I hear people every day I'm back in the district saying, I can't get loans like I need to keep my business going. I sure can't add anybody on—not that I could right now. I'm hearing over and over they're just trying to hang on, hoping the health care gets defeated, the cap-and-trade bill gets defeated.

You look at what is being done, just the atrociousness of the things that are in these bills. You look at what this bill effectively does. This monstrosity here, this is the Senate bill. It's not the House bill. And when you base a bill starting with a lie, that's not a good place to start. But on the front page of this Senate bill it starts with a lie. The Constitution, heaven forbid that anybody should refer back to it, the Constitution indicates that all revenue-generating bills must begin in the House. Well, the Senate didn't like the House bill. So they knew there was too much they wanted to do different in their bill.

So what they did, they took—and it's on the front of the Senate bill. As it says: In the Senate of the United States, December 24, 2009, as they did it on Christmas Eve. What a sad thing to do on Christmas Eve. Resolved, that the bill from the House of Representatives, H.R. 3590, entitled: An act to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees and for such other purposes, do pass with the following amendments. That's how this starts. That's how this atrocious health care bill that usurps, sucks the capital out of the country, it sucks the authority out of the States, it mandates oppressiveness upon people who would be entrepreneurs. And it starts with a lie. And now we're told we're going to have a rule.

Normally, a rule, anyone can ask—well, if no one objects, then we do not read the bill. But if there's any objection, then they have to read the entire bill. The rule, as I understand it, deems that there can be no reading of the bill; that it's already been read. It is deeming that the bill has been read. Not only that, once the procedural rule of how many minutes for debate and those kind of things is passed, then the bill—they will be deeming the bill passed. It's atrocious.

But I looked at this quote that I carry with me most of the time. I have a number of quotes that I carry in my suit pocket. And this one is from George Washington, when he said, Government is not reason. It is not eloquence. It is force. Like fire, it is a dangerous servant and a fearful master.

And so as we have looked at this, and I know my friends from Iowa and Min-

nesota remember President Obama going to the Caterpillar headquarters. Caterpillar is the world's largest construction machinery manufacturer—the world's largest construction machinery manufacturer. And it's in the news today that Caterpillar has sent a letter to the President, Speaker PELOSI, and other leaders, urging lawmakers to vote against the plan "because of the substantial cost burdens it would place on our shareholders, employees, and retirees."

The article here, this is from Chicago Breaking Business. Boy, is that true, Chicago Breaking Business, and business is about to be broke here. This is a quote from the letter, We can ill afford cost increases that places us at a disadvantage versus our global competitors. It says, We are disappointed that efforts at reform have not addressed the cost concerns we have raised throughout the year. The Peoria-based company said these provisions would increase its insurance costs by at least 20 percent or more than a \$100 million dollars just in the first year.

This is just incredible the Federal Government would do this to our largest manufacturer of construction equipment. I mean they have done so much to drive our businesses overseas. "Bye-bye jobs." This is another reason economists have told us that if this bill passes, signed into law on Sunday, 5 million jobs will be gone.

The article notes that the company supports efforts to increase the quality and value of health care, but unfortunately, neither the current legislation in the House or Senate nor the President's proposal meets these goals. It's going to bankrupt this company. They're going to have to go overseas. All these wonderful American workers that are doing such a great job will see their jobs go overseas.

And it brought me back to what my friends know, and I know my friend from Iowa and I have spent a great deal of time going back through the original Declaration of Independence. And if I could, just briefly, I would like to touch on a few things in that and see if instead of King George III, if this doesn't fit what the Federal Government is doing to the States and the people. And keep in mind the Ninth Amendment says, The enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people. They did not intend for the Federal Government to have all this power. They knew that most power would be retained by the people. And the 10th Amendment says, The powers not delegated, specifically delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people.

With that in mind, remember the Declaration of Independence says gov-

ernments are instituted among men deriving their just powers from the consent of the governed. They point out that the history of the present King of Great Britain—in our case, the Federal Government—is a history of repeated injuries and usurpations. We see them every day in this body, usurpations of the States and the people's rights. But the Declaration says, All having in direct object the establishment of absolute tyranny over the States. To prove this, let facts be submitted to a candid world. And one of the things it said is about the King—think about our Federal Government: He has forbidden his governors to pass laws of immediate and pressing importance unless suspended in their operation until his assent should be obtained. And when so suspended, he has utterly neglected to attend to them.

We have heard from nearly 40 States who say, You can't do this to us. You're usurping the powers reserved under the Constitution to the States and the people. You're taking those away. We're ready to file a lawsuit as soon as you pass this unholy bill come Sunday. Sunday, the Lord's day, we're going to pass an unholy bill like this, when the vast majority of the States, over two-thirds of the States, are saying this is wrong. You're usurping our power. You can't do this. It's what they said in the Declaration. Goodness. And the Declaration goes on, He has erected a multitude of new offices and sent hither swarms of officers to harass our people and eat out their substance. Well, how about that? A new article today that happened to be in the paper talking about just that very thing. Isn't it interesting?

This is in the news today—yesterday, I'm sorry—from the Hill. It says, Assuming this bill becomes law, the Congressional Budget Office expects the IRS will need around \$10 billion over the next 10 years and nearly 17,000 new employees to meet its new responsibilities under health reform or, as the Declaration of Independence called it, to harass our people and eat out of their substance. They're going to take tax dollars in order to create 17,000 new IRS agents to go out and harass the people and eat out of their substance.

The Declaration goes on: He has combined with others to subject us to jurisdiction foreign to our Constitution and unacknowledged by our laws, given his assent to their acts of portended legislation. We see that in things that this White House is proposing; that we're going to give Interpol, a foreign intelligence group, the same rights our own intelligence people have in this country. And another point. We're suspending our own legislatures and declaring themselves invested with power to legislate for us in all cases whatsoever.

It goes on: In every stage of these oppressions we have petitioned for redress in the most humble terms. Our

repeated petitions have been answered by repeated injury. A prince whose character is thus marked by every act which may define a tyrant is unfit to be the ruler of free people. We have appealed to their native justice and magnanimity, and we have conjured them by the ties of our common kindred to disavow these usurpations which would inevitably interrupt our connections and correspondence. They, too, have been deaf to the voice of justice and consanguinity. For support of this Declaration, with a firm reliance on the protection of divine providence, we mutually pledge to each other our lives, our fortunes, and our sacred honor.

Man, the power in there. The power in that. And out from that, John Adams wrote this letter to Abigail. On July 4th he wrote her, and he said at the end, You will think me transported with enthusiasm, but I'm not. I'm well aware of the toil and blood and treasure that it will cost us to maintain this Declaration and to support and defend these States, yet through all the gloom I can see the rays of ravishing light and glory. I can see that the end is more than worth all the means, and that posterity will triumph in that day's transaction, which I trust in God.

□ 2215

Anyway, these are powerful things, and these are on our shoulders to protect the States and the people's rights and not to continue to usurp what was so graciously entrusted to us and to make sure the States had us protected. I thank my friend, and I yield back.

Mr. KING of Iowa. Reclaiming my time from the gentleman from Texas, I appreciate the work that he puts into this and the research that gets done and the memory that it taps into. We reviewed this Declaration of Independence not that long ago, and we established—the three of us, actually, very intensively working on it along with a few others—the declaration of health care independence and produced a document that reflects many of the same values that are in the Declaration of Independence. And it lays out the rules of the road for going forward, a very reasonable thing to do. It anchored that philosophy of the declaration of health care independence, which I imagine is on all of our Web sites, Mr. Speaker, into these values into the declaration itself.

I listened to this discussion, and what I get out of this is one thing: this national health care bill doesn't play in Peoria. I mean, Peoria where the national headquarters of Caterpillar are. The world's largest heavy equipment manufacturer has written a letter that says that their shareholders, their employees, and their retirees will be disadvantaged by this, that there will be a 20 percent increase in their premium costs, and the first year would cost them \$100 million.

And over the course of this bill where this Congress sets up the cost estimates and the budget in a 10-year period of time, that's \$1 billion. It's a \$1 billion tax on a great American corporation, Caterpillar, based out of Peoria, Illinois, which has been viewed to be the center of America. If it doesn't play in Peoria, it doesn't play for America. Well, this bill doesn't play in Peoria, Mr. Speaker.

Then one of the other components of this is the unconstitutionality of the legislation. We're virtually guaranteed that if a bill passes here Sunday or any other day, that there immediately will be lawsuits that will be filed as soon as it becomes law, if it should become law. And I believe that the President is sitting at the White House now, looking for a chance to sign something. But there would immediately be lawsuits because of the unconstitutionality of the bill. Congressman GOHMERT's talked at length about the violation of the Ninth Amendment of the Constitution. And remember, the powers that are not vested in the Federal Government are reserved for the States or the people, respectively.

There is no one that can point to the authority in the Constitution that would grant this Congress the authority to compel an American citizen to buy a product that's produced or approved by the Federal Government, every American for the very privilege of being an American, being compelled to buy a product that the Federal Government has designed and approved. That would be the first in the history of America. The Congressional Budget Office wrote about this back in 1994 when HillaryCare was preparing to do the same thing.

Here's the conundrum, Mr. Speaker. First they want to establish socialized medicine, so there is a long hard leftward push on this. But in order to solve the problem of preexisting conditions—people that can't buy insurance that can sick, and we have solutions for that that I'll not go into tonight because of the interest of time—they would argue that they will compel every insurance company to sell insurance policies to applicants without regard for their preexisting conditions. So someone could have a very expensive and serious cancer, have not ever had any health insurance, and walk into the health insurance company and say, Sell me insurance now. I have got a diagnosis that says it is going to cost me a few hundred thousand dollars. People won't buy insurance until they're sick if you prohibit insurance companies from considering preexisting conditions. That's just a fact.

So the way they solve that problem of people refusing to buy insurance if you're going to compel insurance companies to issue is they compel every American to own a health insurance policy, and that's where we get into

trouble. That's where the unconstitutionality of this comes up. That's why there's no precedent for the Federal Government producing or approving a product that requires every American to buy it. And as Mrs. BACHMANN said so clearly, put the IRS in charge of doing the enforcement, and the IRS in charge of doing the collection, the IRS in charge of collecting the insurance premiums for the insurance companies and transferring that into the insurance companies—that's what will be going on with the Federal Government.

So it's unconstitutional on two other grounds I can think of. And one of them would be a violation of the equal protection clause. The equal protection clause means that because we have people in different States that would be affected differently by it, if you live in Nebraska, you've got a different benefit than if you live in Iowa or Minnesota or Texas. And because of the Cornhusker kickback—and yes, they say they're going to fix that. It's in the bill. If anybody votes for a rule that deems the bill passed, they voted for Cornhusker kickbacks, they voted for the Louisiana purchase, they voted for the Florida Gator aid bill that exempts the senior citizens in Florida from the cuts in Medicare Advantage that will be brought against the senior citizens in Iowa and in the other States.

And it sends money by backroom deals into clinics across this country at the insistence of BERNIE SANDERS, a self-evolved socialist from Vermont. Self-evolved. I didn't lay that label on him. He lays it on himself. So that's another place where it's unconstitutional, Mr. Speaker.

And another way is a violation of the commerce clause. There are people that don't do business with health insurance companies. The Federal Government does not have the authority under the commerce clause to impose a health insurance policy on somebody that's not engaged in interstate commerce. And that could be a person that's born, doesn't do health care, and dies within a State, that doesn't cross State lines. There's no way you can argue they were involved in interstate commerce. So this massive stretch, it is unconstitutional.

It does fund abortions, and it funds abortions in a number of ways. Congressman GOHMERT has laid that out pretty clearly. Even though the Speaker has publicly said it doesn't fund abortion, it does. And when you look at Congressman GOHMERT's argument and you track the legal language, you have to understand it starts out about \$700 million a year for that subject and grows to about \$1.5 billion a year. It's in the categories of the authorizations within the bill itself. And then it also funds abortions through the Federal health insurance exchange that just

says that there has to be a policy offered that doesn't cover them that someone could buy.

A policy doesn't have to be something that meets their other needs. It would just be something to assuage the conscience of a single taxpayer. The other part of this could be a whole series of health insurance policies that do fund abortions under the Senate language.

So when the President says he won't sign a bill that does fund abortion, that's just simply not true. And the liberals have been making the argument ever since 1973—ever since *Roe v. Wade* was decided by the Supreme Court and *Doe v. Bolton*, both on abortion issues—they have argued that the Federal Government has no business telling a woman what she can or can't do with her body, two generations of arguments saying that over and over again. The Federal Government has no business telling a woman what she can or can't do with her body. They argue about whose body it is, but that's been their argument, their statement since 1973.

And now the same people, this side of the aisle, the liberals, the progressives, the Democrats in Congress are now arguing that the Federal Government has every business to tell everybody in America what they can or can't do with their bodies. That undermines their argument that they call pro-choice or else their pro-choice argument undermines their argument that we ought to have nationalized socialized medicine. They can't have that one both ways, Mr. Speaker. They have got to settle on one side or the other. I think they're both untenable arguments myself.

Then the bill also funds illegals, and the President has said that he won't sign a bill that funds illegals. And the Speaker has said it doesn't fund illegals. I will tell you that I have been through this policy for 7-plus years. I know this policy. Two and a half years ago under the rewrite of SCHIP, the children's health insurance legislation, they changed the language for proof of citizenship to qualify for Medicaid. Prior to that, it required that an applicant would produce a birth certificate and a couple of supporting documents to show that they were an American citizen or their naturalization papers and supporting documents.

They lowered the standard to only require that an individual simply attest to a nine-digit Social Security number. Just attesting to a nine-digit Social Security number means that you don't have to speak English, you don't have to have anything except be able to write down nine numbers. Nobody checks it; they just qualify for the benefit. That's the case with Medicaid, and the Congressional Budget Office put out those numbers on those additional costs there. And here the Con-

gressional Budget Office has now, through their calculations, shown that under the Senate version of the bill—the reason is because they lower the standard of proof. Even though it says, We're not going to fund illegals in the bill, they lower the standards of proof. CBO's numbers then—their calculations produce this number—6.1 illegals could qualify for taxpayer-funded health insurance benefits under the Senate version of the bill.

So we have a bill that's designed to expand the dependency class in America in order to expand the political class on the left side of the aisle that funds abortions against the will of the American people and violates any principle we have here that American people of principles should not be compelled to fund abortions. And it also funds illegals.

While expanding the dependency class, we have 38 States that have initiated legislation that has already been signed into law in Idaho by Governor Butch Otter, compelling his State attorney general to file a lawsuit in Federal court because of the unconstitutionality of this bill. They're already set up. The idea of facing almost 17,000 IRS agents to eat out our substance, to sit in our kitchens and go into our offices and look through our books and look through our health insurance policies to determine and verify if it's the proper policy, that's approved by Uncle Sam.

Mr. Speaker, we need to kill this bill this weekend and have this rally at noon tomorrow. We'll have it on the west side of the Capitol.

I yield back.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Ms. FOXX) is recognized for 5 minutes.

Ms. FOXX. Mr. Speaker, I thank my three colleagues who were here for the last hour doing yeoman's work on explaining why this so-called health care reform bill is bad, why it's unconstitutional, why it does not deserve to be passed. I want to especially thank my colleague from Texas (Mr. GOHMERT) for reminding us of the words in the Declaration of Independence and John Adams' letter to Abigail Adams.

What we're doing here is really pitiful compared to what the Founders did and all those who have sacrificed to keep this country free. This country is really a miracle. Never before in the history of the world were there people who believed that they had the right to life, liberty and the pursuit of happiness. We were a totally revolutionary people. It was a totally radical idea, and it is our job now to keep that miracle going. The founding of this country was truly a miracle and I think ordained by God.

From the beginning of this country, it has been average people who have kept us free: those who fought in the Revolutionary War, those who have fought in every war since, those who gave their lives and who gave their time, who were wounded, who came back wounded and maimed from those wars in other countries because they know that the price of freedom is dear. The price of freedom for us is not threatening our lives currently, but it could in the future. It could threaten the lives of other people, and that's why we have to continue to resist the passage of this horrible bill.

As Leader BOEHNER has said, Republicans can't defeat this bill alone, but the American people can. So we need you tonight to continue to call your Member of Congress and to say, We do not want you to vote for this bill. We want you to live up to your oath to the Constitution and be reminded that the 10th Amendment says, The powers not delegated to the United States by the Constitution nor prohibited by it to the States are reserved to the States respectively or to the people.

We also want you to ask Congresswoman SLAUGHTER, Why did you say in an op-ed on CNN on December 23 that the Senate bill was not worthy of our support, and yet you find the sleight of hand to do everything you can to get the bill passed?

And, Mr. Speaker, I would like to insert into the RECORD the op-ed written by my colleague Ms. SLAUGHTER.

[From CNN, Dec. 23, 2009]

A DEMOCRAT'S VIEW FROM THE HOUSE:
SENATE BILL ISN'T HEALTH REFORM

(By Louise M. Slaughter)

Story Highlights: Senate bill isn't worthy of being called health reform, says Rep. Louise Slaughter (D-New York); Slaughter, who heads Rules Committee, says lack of public option is a fatal flaw; She says Senate bill would not stir competition among big insurance firms; Slaughter: Senate needs to go back and start over on health care.

Editor's note: Rep. Louise M. Slaughter, a Democrat, represents the 28th Congressional District of New York. Slaughter is the first woman to chair the House Rules Committee and the only microbiologist in Congress.

WASHINGTON (CNN).—The Senate health care bill is not worthy of the historic vote that the House took a month ago.

Even though the House version is far from perfect, it at least represents a step toward our goal of giving 36 million Americans decent health coverage.

But under the Senate plan, millions of Americans will be forced into private insurance company plans, which will be subsidized by taxpayers. That alternative will do almost nothing to reform health care but will be a windfall for insurance companies. Is it any surprise that stock prices for some of those insurers are up recently?

I do not want to subsidize the private insurance market; the whole point of creating a government option is to bring prices down. Insisting on a government mandate to have insurance without a better alternative to the status quo is not true reform.

By eliminating the public option, the government program that could spark competition within the health insurance industry,

the Senate has ended up with a bill that isn't worthy of its support.

The public option is the part of our reform effort that will lower costs, improve the delivery of health care services and force insurance companies to offer rates and services that are reasonable.

Although the art of legislating involves compromise, I believe the Senate went off the rails when it agreed with the Obama Administration to water down the reform bill and no longer include the public option.

But that's not the only thing wrong with the Senate's version of the health care bill.

Under that plan, insurance companies can punish older people, charging them much higher rates than the House bill would allow.

In the House, we fought hard to repeal McCarran-Ferguson, the antitrust exemption that insurance companies have enjoyed for years. We did that because we believed firmly that those Fortune 500 corporations should not enjoy special treatment.

Yet the Senate bill does not include that provision—despite assurances from some members that they will seek to add it. By ending that protection, we will be able to go after insurance companies with federal penalties for misleading advertising or dishonest business practices.

The House bill would cover 96 percent of legal residents, while the Senate covers 94 percent. Compared with the House bill, the Senate's bill makes it much easier for employers to avoid the responsibility of providing insurance for their workers.

And of course, the Senate bill did not remove the onerous choice language intended to appeal to anti-abortion forces.

Now don't get me wrong; the current House and Senate bills are a significant improvement over the status quo. Given the hard path to reform and the political realities of next year, there is a sizable group within Congress that wants to simply cut any deal that works and call it a success. Many previous efforts have failed, and the path to reform is littered with unsuccessful efforts championed by Franklin Delano Roosevelt, Harry Truman and Bill Clinton.

Supporters of the weak Senate bill say "just pass it—any bill is better than no bill."

I strongly disagree—a conference report is unlikely to sufficiently bridge the gap between these two very different bills.

It's time that we draw the line on this weak bill and ask the Senate to go back to the drawing board. The American people deserve at least that.

We've had so many things said about this bill that have been misrepresented. We're told that we're the ones who misrepresent. But I want to say that President Obama has said over and over again, If you like your plan, you won't have to give it up. You can still keep it. But at our Republican retreat, President Obama was quoted as saying, "For example, we said from the start that it was going to be important for us to be consistent in saying to people if you have your—if you want to keep the health insurance you got, you can keep it, that you're not going to have to have anybody getting in between you and your doctor in your decision-making. And I think that some of the provisions that got snuck in might have violated that pledge."

The President admitted that what he had said and what he continues to say

is not accurate because the bill that they proposed that we vote on is the very bill that has those things in it. It's the very bill that Ms. SLAUGHTER has said is not worthy of the American people.

Well, we need you to continue to tell the President, Ms. SLAUGHTER, and all the Democrats who have said they're going to vote for this bill that they are right, this bill is not worthy of the American people. It's not worthy of the sacrifices that have been made to keep us free because this is a government takeover of our lives. We will be giving up our freedom if this bill is passed. The government will take over not only our health care but ultimately our lives. That is unworthy of the people who started this country.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. McDERMOTT) to revise and extend their remarks and include extraneous material:)

Ms. WOOLSEY, for 5 minutes, today.

Mr. McDERMOTT, for 5 minutes, today.

Mr. DEFazio, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, March 26.

Mr. JONES, for 5 minutes, March 26.

Mr. POSEY, for 5 minutes, March 20.

Mr. BARRETT of South Carolina, for 5 minutes, today.

Mr. MORAN of Kansas, for 5 minutes, today and March 22.

Ms. FALLIN, for 5 minutes, today and March 20.

Mr. BOUSTANY, for 5 minutes, today.

Mr. BURGESS, for 5 minutes, today.

Mr. BURTON of Indiana, for 5 minutes, March 22, 23, 24, 25, and 26.

Mr. ROGERS of Michigan, for 5 minutes, today and March 20.

Mr. BONNER, for 5 minutes, March 20.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. Con Res. 54. Concurrent resolution recognizing the life of Orlando Zapata Tamayo, who died on February 23, 2010, in the custody of the Government of Cuba, and calling for a continued focus on the promotion of internationally recognized human rights, listed in the Universal Declaration of Human Rights, in Cuba; to the Committee on Foreign Affairs.

SENATE ENROLLED BILL SIGNED

The Speaker announced her signature to an enrolled bill of the Senate of the following title:

S. 1147. An act to prevent tobacco smuggling, to ensure the collection of all tobacco taxes, and for other purposes.

ADJOURNMENT

Ms. FOX. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 31 minutes p.m.), the House adjourned until tomorrow, Saturday, March 20, 2010, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6674. A letter from the Administrator, Department of Agriculture, transmitting the Department's final rule — Processed Raspberry Promotion, Research, and Information Order; Referendum Procedures [Docket No.: AMS-FV-07-0077; FV-07-705-FR] (RIN: 0581-AC79) received February 28, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6675. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Choline chloride; Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2008-0671; FRL-8802-4] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6676. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Dibenzylidene Sorbitol; Exemption from the Requirement of a Tolerance [EPA-HQ-OPP-2009-0610; FRL-8802-5] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6677. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Extension of Tolerances for Emergency Exemptions (Multiple Chemicals) [EPA-HQ-OPP-2009-0824; FRL-8801-9] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

6678. A letter from the Deputy to the Chairman for External Affairs, Federal Deposit Insurance Corporation, transmitting the Corporation's final rule — Interest on Deposits (RIN: 3064-AD46) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

6679. A letter from the Chairman, Federal Reserve System, transmitting the System's semiannual Monetary Policy Report, pursuant to Public Law 106-569; to the Committee on Financial Services.

6680. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Revisions to the California State Implementation Plan, Ventura County Air Pollution Control District [EPA-R09-OAR-2008-0341; FRL-9094-1] received March 4,

2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6681. A letter from the Deputy Chief, CGB, Federal Communications Commission, transmitting the Commission's final rule — Closed Captioning of Video Programming [CG Docket No.: 05-231] received February 25, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

6682. A letter from the Secretary, Department of Energy, transmitting the Department's FY 2009 Competitive Sourcing Activity Report, pursuant to Public Law 108-199, section 647(b) of Division F; to the Committee on Oversight and Government Reform.

6683. A letter from the Chairman, Railroad Retirement Board, transmitting a copy of the annual report for Calendar Year 2009, in compliance with the Government in the Sunshine Act, pursuant to 5 U.S.C. 552b(j); to the Committee on Oversight and Government Reform.

6684. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department's final rule — General Provisions; Revised List of Migratory Birds [FWS-R9-MB-2007-0109; 91200-1231-9BPP] (RIN: 1018-AB72) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6685. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Northeastern United States; Atlantic Surfclam and Ocean Quahog Fisheries; Suspension of Minimum Atlantic Surfclam Size Limit for Fishing Year 2010 [Docket No.: 070717342-7713-02] (RIN: 0648-SX18) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6686. A letter from the Assistant Administrator for Fisheries, National Oceanic and Atmospheric Administration, transmitting the Administration's second biennial report on the "Implementation of the Deep Sea Coral Research and Technology Program", pursuant to the Magnuson-Stevens Fishery Conservation and Management Reauthorization Act of 2006; to the Committee on Natural Resources.

6687. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Reef Fish Fishery of the Gulf of Mexico; Closure of the 2009 Gulf of Mexico Recreational Fishery of Greater Amberjack [Docket No.: 070718369-8731-02] (RIN: 0648-XS50) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6688. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Coastal Migratory Pelagic Resources of the Gulf of Mexico and South Atlantic; Closure [Docket No.: 001005281-0369-02] (RIN: 0648-XS51) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6689. A letter from the Assistant Attorney General, Department of Justice, transmitting a legislative proposal to implement international agreements concerning nuclear terrorism and nuclear materials; to the Committee on the Judiciary.

6690. A letter from the Secretary, Federal Trade Commission, transmitting the Commission's final rule — Revised Jurisdictional Thresholds for Section 7A of the Clayton Act received February 17, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

6691. A letter from the Chief Counsel, Department of Homeland Security, transmitting the Department's final rule — Special Community Disaster Loans Program [Docket ID: FEMA-2005-0051] (RIN: 1660-AA44) received February 19, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6692. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Qualified Transportation Fringes [Notice 2009-95] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

6693. A letter from the Deputy Associate Commissioner, Office of Regulations, Social Security Administration, transmitting the Administration's final rule — Exclusion of Certain Military Pay From Deemed Income and Resources [Docket No.: SSA-2008-0051] (RIN: 0960-AF97) received March 5, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. OBERSTAR: Committee on Transportation and Infrastructure. House Resolution 1062. Resolution recognizing the Coast Guard Group Astoria's more than 60 years of service to the Pacific Northwest, and for other purposes; with an amendment (Rept. 111-446). Referred to the House Calendar.

Mr. LEVIN: Committee on Ways and Means. H.R. 4849. A bill to amend the Internal Revenue Code of 1986 to provide tax incentives for small business job creation, extend the Build America Bonds program, provide other infrastructure job creation tax incentives, and for other purposes; with an amendment (Rept. 111-447). Referred to the Committee of the Whole House on the State of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. SKELTON (for himself, Mrs. DAVIS of California, Ms. BORDALLO, Ms. SHEA-PORTER, Mr. NYE, Mr. LARSEN of Washington, Ms. PINGREE of Maine, Mr. LOEBSACK, Ms. GIFFORDS, Mr. REYES, Mr. BOREN, Mr. KISSELL, Mr. LANGEVIN, Mr. ORTIZ, Mr. BRADY of Pennsylvania, Mr. SMITH of Washington, Mr. TAYLOR, and Ms. LORETTA SANCHEZ of California):

H.R. 4887. A bill to amend the Internal Revenue Code of 1986 to ensure that health coverage provided by the Department of Defense is treated as minimal essential coverage; to the Committee on Ways and Means.

By Mr. HASTINGS of Washington (for himself, Mr. COSTA, Mr. BISHOP of Utah, Mr. MCCLINTOCK, Mrs. LUMMIS, Mr. RADANOVICH, Mrs. McMORRIS

RODGERS, Mr. SIMPSON, Mr. NUNES, Mr. CHAFFETZ, Mr. REHBERG, and Mr. HERGER):

H.R. 4888. A bill to revise the Forest Service Recreation Residence Program as it applies to units of the National Forest System derived from the public domain by implementing a simple, equitable, and predictable procedure for determining cabin user fees, and for other purposes; to the Committee on Natural Resources.

By Mr. HENSARLING (for himself, Mr. PENCE, Mr. PRICE of Georgia, Mr. FLAKE, Mr. MARCHANT, Mr. AKIN, Mr. BARTLETT, Mr. LATTI, Mr. PITTS, Mrs. SCHMIDT, Mr. GARRETT of New Jersey, Mr. OLSON, Mr. DUNCAN, Mr. PLATTS, and Mr. SMITH of Texas):

H.R. 4889. A bill to establish a term certain for the conservatorships of Fannie Mae and Freddie Mac, to provide conditions for continued operation of such enterprises, and to provide for the wind down of such operations and the dissolution of such enterprises; to the Committee on Financial Services.

By Mr. EHLERS (for himself and Mr. SARBANES):

H.R. 4890. A bill to direct the Administrator of the National Highway Traffic Safety Administration to carry out a collaborative research effort to prevent drunk driving injuries and fatalities, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. EHLERS:

H.R. 4891. A bill to amend chapter 1 of title 23, United States Code, to condition the receipt of certain highway funding by States on the enactment and enforcement by States of certain laws to prevent repeat intoxicated driving; to the Committee on Transportation and Infrastructure.

By Mr. MCKEON:

H.R. 4892. A bill to provide for the interrogation and detention of enemy belligerents who commit hostile acts against the United States, to establish certain limitations on the prosecution of such belligerents for such acts, and for other purposes; to the Committee on Intelligence (Permanent Select), and in addition to the Committees on Armed Services, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. YOUNG of Alaska:

H.R. 4893. A bill to require the Secretary of Homeland Security to establish a United States Citizenship and Immigration Services field office in Kodiak, Alaska; to the Committee on Homeland Security, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. STUPAK (for himself, Mr. BERRY, Mr. BISHOP of Georgia, Mr. CAO, Mrs. DAHLKEMPER, Mr. DRIEHAUS, Ms. KAPTUR, Mr. LIPINSKI, Mr. MOLLOHAN, Mr. RAHALL, and Mr. ELLSWORTH):

H. Con. Res. 254. Concurrent resolution correcting the enrollment of H.R. 3590; to the Committee on Energy and Commerce, and in addition to the Committee on House Administration, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. OBEY (for himself, Ms. BALDWIN, Ms. MOORE of Wisconsin, Mr.

KIND, Mr. PETRI, Mr. RYAN of Wisconsin, Mr. KAGEN, Mr. SENSENBRENNER, Mr. KILDEE, Mr. BLUMENAUER, Mr. ELLISON, Mr. JOHNSON of Georgia, Mr. MEEKS of New York, Mrs. MALONEY, Mr. KISSELL, Mr. CONYERS, Ms. WASSERMAN SCHULTZ, Mr. NADLER of New York, Ms. NORTON, Mr. JACKSON of Illinois, Ms. BORDALLO, Mr. HINCHEY, Ms. SUTTON, Mr. FARR, Mr. GRIJALVA, Ms. LEE of California, Mr. SHERMAN, Mr. GARAMENDI, Mr. LUJÁN, Mr. HASTINGS of Florida, Mr. HOLT, Mr. VAN HOLLEN, Ms. WOOLSEY, Mr. DINGELL, Mr. INSLEE, Mr. HALL of New York, Mr. LEWIS of Georgia, Mr. HONDA, Mrs. CAPPS, Ms. CASTOR of Florida, Mr. POLIS, Mr. FILNER, Ms. HARMAN, Ms. ROYBAL-ALLARD, Mr. GEORGE MILLER of California, Ms. BEAN, Ms. EDWARDS of Maryland, Ms. HIRONO, Mr. CHANDLER, Mr. MORAN of Virginia, Mr. MICHAUD, Mr. SABLÁN, Ms. CLARKE, Mr. SERRANO, Ms. ESHOO, Ms. RICHARDSON, and Ms. MCCOLLUM):

H. Con. Res. 255. Concurrent resolution commemorating the 40th anniversary of Earth Day and honoring the founder of Earth Day, the late Senator Gaylord Nelson of Wisconsin; to the Committee on Oversight and Government Reform.

By Mr. CAMP (for himself, Mr. HOEKSTRA, Mr. ROGERS of Michigan, Mr. EHLERS, Mr. UPTON, Mrs. MILLER of Michigan, and Mr. MCCOTTER):

H. Res. 1199. A resolution expressing support for designation of March 20, 2010, as National American Meat and Poultry Appreciation Day; to the Committee on Agriculture. By Mr. MCCOTTER:

H. Res. 1200. A resolution expressing support for designation of March as Malignant Hyperthermia Awareness and Training Month; to the Committee on Energy and Commerce.

By Mr. CARSON of Indiana (for himself and Mr. ELLSWORTH):

H. Res. 1201. A resolution recognizing the 175th anniversary of Old National Bank based in Evansville, Indiana; to the Committee on Financial Services.

By Mrs. EMERSON (for herself and Mr. MCGOVERN):

H. Res. 1202. A resolution supporting the goals and ideals of Global Child Nutrition Month; to the Committee on Foreign Affairs, and in addition to the Committee on Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 85: Mr. GERLACH.
H.R. 99: Mr. GERLACH.
H.R. 211: Mr. MELANCON, Ms. CORRINE BROWN of Florida, and Ms. HERSETH SANDLIN.
H.R. 301: Mr. GERLACH.
H.R. 442: Mr. ORTIZ, Mr. HERGER and Mr. DEAL of Georgia.
H.R. 446: Mr. GERLACH.
H.R. 484: Mr. GRIFFITH.
H.R. 678: Mr. HOLDEN, Mr. POLIS, Mr. WITTMAN, Mr. SOUDER, Ms. LINDA T. SÁNCHEZ of California, Mr. BARTLETT, and Mr. PRICE of North Carolina.
H.R. 690: Mr. MCCARTHY of California, Mr. COBLE, Mr. WEINER, and Mr. PETERS.

H.R. 775: Ms. JENKINS.
H.R. 1017: Mr. ISRAEL and Mr. HASTINGS of Florida.
H.R. 1083: Mr. COBLE.
H.R. 1169: Mr. GERLACH.
H.R. 1205: Mr. COLE.
H.R. 1210: Mr. JONES, Mr. MCCARTHY of California, Mr. WAMP, and Mr. CARSON of Indiana.
H.R. 1220: Mr. PATRICK J. MURPHY of Pennsylvania.
H.R. 1346: Mr. JACKSON of Illinois.
H.R. 1362: Mr. BOREN and Mr. TOWNS.
H.R. 1587: Mr. HOEKSTRA.
H.R. 1710: Mr. WILSON of South Carolina, Mr. FILNER, and Mr. GERLACH.
H.R. 1990: Mr. COBLE.
H.R. 2057: Mr. THOMPSON of Pennsylvania and Mr. TONKO.
H.R. 2112: Mr. PRICE of North Carolina.
H.R. 2156: Mr. THOMPSON of Pennsylvania.
H.R. 2254: Mrs. MILLER of Michigan.
H.R. 2296: Mr. BACA.
H.R. 2724: Mr. KAGEN.
H.R. 2733: Mr. JOHNSON of Georgia, Mr. SHADEGG, and Mr. MCCOTTER.
H.R. 3147: Mr. MOORE of Kansas.
H.R. 3286: Ms. SCHWARTZ, Mr. BOSWELL, and Mr. SCOTT of Virginia.
H.R. 3715: Ms. LINDA T. SÁNCHEZ of California.
H.R. 3790: Mr. HIGGINS and Mr. BILIRAKIS.
H.R. 3839: Ms. BORDALLO.
H.R. 4021: Mr. BISHOP of Georgia.
H.R. 4037: Ms. HERSETH SANDLIN.
H.R. 4107: Mr. NEUGEBAUER.
H.R. 4115: Mr. PAYNE and Mr. JACKSON of Illinois.
H.R. 4196: Mr. GARAMENDI and Mr. CUELLAR.
H.R. 4243: Mr. SESTAK.
H.R. 4270: Mr. GERLACH.
H.R. 4278: Mr. CLAY, Mr. PAUL, and Mr. BOUSTANY.
H.R. 4302: Mr. CARNEY, Ms. ZOE LOFGREN of California, Mr. KAGEN, and Ms. SHEA-PORTER.
H.R. 4303: Ms. JACKSON LEE of Texas and Mr. TANNER.
H.R. 4333: Mr. CONYERS and Mr. WELCH.
H.R. 4352: Mr. DANIEL E. LUNGREN of California.
H.R. 4393: Mr. SPRATT.
H.R. 4415: Mr. MCCOTTER.
H.R. 4502: Ms. FUDGE.
H.R. 4539: Mrs. MALONEY.
H.R. 4568: Mr. BISHOP of Georgia.
H.R. 4592: Mr. HARE.
H.R. 4647: Ms. HARMAN.
H.R. 4653: Mr. PLATTS.
H.R. 4682: Ms. TSONGAS.
H.R. 4684: Mr. WESTMORELAND, Mr. HARE, and Mr. MCCOTTER.
H.R. 4687: Mr. HONDA, Ms. WOOLSEY, and Mr. PASCARELL.
H.R. 4689: Mr. CALVERT, Ms. SCHWARTZ, Mr. BOSWELL, and Mr. MCGOVERN.
H.R. 4700: Ms. SLAUGHTER and Ms. BEAN.
H.R. 4722: Mr. THOMPSON of California.
H.R. 4733: Ms. LINDA T. SÁNCHEZ of California.
H.R. 4746: Ms. JENKINS, Mr. BARTON of Texas, Mr. MANZULLO, Mr. OLSON, Mr. CHAFFETZ, Mr. CAMPBELL, Mr. BARTLETT, Mr. AKIN, Mr. PITTS, Mr. GRIFFITH, Mr. GOHMERT, Mr. CONAWAY, Mr. BISHOP of Utah, Mr. KING of Iowa, Mr. HENSARLING, Mr. PENCE, Mr. ISSA, Mr. JORDAN of Ohio, Mr. PRICE of Georgia, Mr. MARCHANT, Mr. POSEY, and Mr. MCCLINTOCK.
H.R. 4764: Mr. MARCHANT, Mr. HASTINGS of Washington, Mr. YOUNG of Alaska, and Mr. LATTA.
H.R. 4785: Mr. INGLIS and Mr. STUPAK.

H.R. 4812: Mr. WATT, Mr. BERMAN, and Mr. JOHNSON of Georgia.

H.R. 4850: Mr. HIMES, Mr. BLUNT, Mrs. MILLER of Michigan, Mrs. LUMMIS, Mr. GUTHRIE, Mr. RYAN of Ohio, and Mr. BOUSTANY.

H.R. 4862: Mr. ANDREWS, Mr. BACA, Mr. BECERRA, Mr. BERRY, Mr. BISHOP of New York, Mr. COSTA, Mr. CROWLEY, Mrs. EMERSON, Mr. ENGEL, Mr. GONZALEZ, Mr. GRAYSON, Mr. GENE GREEN of Texas, Mr. GUTIERREZ, Mr. HINCHEY, Mr. HINOJOSA, Mr. HONDA, Mr. ISRAEL, Ms. LEE of California, Mr. LUJÁN, Mr. MAFFEI, Mrs. MALONEY, Mr. GEORGE MILLER of California, Mr. MORAN of Virginia, Mrs. NAPOLITANO, Mr. OLVER, Mr. ORTIZ, Mr. OWENS, Mr. PASTOR of Arizona, Mr. PIERLUISI, Mr. RANGEL, Mr. REYES, Mr. RODRIGUEZ, Mr. ROYBAL-ALLARD, Mr. RUSH, Mr. SABLÁN, Mr. SALAZAR, Mr. SRES, Mr. THOMPSON of Mississippi Ms. VELÁZQUEZ, Mr. WEINER, Mr. WU, Mr. KUCINICH, Mr. BURTON of Indiana, Mr. BONNER, Mr. YOUNG of Alaska, Mr. LINCOLN DIAZ-BALART of Florida, Mr. MARIO DIAZ-BALART of Florida, Ms. ROSS-LEHTINEN, Mr. SHIMKUS, Mr. MATHESON, Mr. LYNCH, Mr. PASCARELL, Mr. KINGSTON, Ms. CLARKE, Ms. BALDWIN, Ms. BERKLEY, Mrs. BONO MACK, Mr. BRADY of Pennsylvania, Mr. CUELLAR, Mr. CULBERSON, Mr. DINGELL, Mr. DOYLE, Mr. FATTAH, Mr. FRANK of Massachusetts, Ms. FUDGE, Mr. GRIJALVA, Ms. HARMAN, Mr. HASTINGS of Florida, Mr. HOLT, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. KING of New York, Mr. KIRK, Mr. LARSON of Connecticut, Mr. LEVIN, Mr. MACK, Mr. McDERMOTT, Mr. MEEKS of New York, Mr. PAYNE, Mr. PRICE of North Carolina, Ms. RICHARDSON, Mr. ROTHMAN of New Jersey, Mr. RUPPERSBERGER, Mr. SKELTON, Mr. TAYLOR, Mr. TONKO, Mr. TOWNS, Ms. WASSERMAN SCHULTZ, Mr. WATT, Ms. WOOLSEY, Mr. YARMUTH, Mr. GUTHRIE, Mr. ROGERS of Kentucky, Mr. WHITFIELD, Mr. BROWN of South Carolina, Mr. MANZULLO, Mr. CONYERS, Mr. PAUL, Mr. BARTLETT, Mr. JONES, Mr. CUMMINGS, Mr. PETERSON, Ms. WATERS, Mr. MARKEY of Massachusetts, Mr. CAO, Mr. DAVIS of Kentucky, Mr. CLAY, Mr. BISHOP of Georgia, Mr. JACKSON of Illinois, Mr. CRENSHAW, and Mr. GINGREY of Georgia.

H.R. 4869: Mr. FILNER, Mr. MANZULLO, and Ms. WATERS.

H.J. Res. 76: Mr. ETHERIDGE and Mr. BOREN.
H.J. Res. 79: Mr. MILLER of Florida and Mr. COFFMAN of Colorado.

H.Con. Res. 71: Mr. FORBES.

H. Con. Res. 244: Mr. GRIFFITH.

H. Con. Res. 253: Mr. NADLER of New York.

H.Res. 213: Mr. TEAGUE.

H.Res. 855: Ms. GIFFORDS, Mr. CONAWAY, and Ms. GRANGER.

H.Res. 888: Mr. COBLE.

H.Res. 987: Mr. HASTINGS of Washington.

H.Res. 1052: Mr. LAMBORN and Mr. HEINRICH.

H.Res. 1075: Mr. WAMP.

H.Res. 1099: Ms. PINGREE of Maine.

H.Res. 1171: Mrs. KIRKPATRICK of Arizona,

Mr. DUNCAN, and Mr. BRADY of Pennsylvania.

H.Res. 1188: Mr. KIRK, Mr. MCCLINTOCK, and Mr. PUTNAM.

H.Res. 1191: Mr. MCCLINTOCK and Mr. BURTON of Indiana.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

The amendment to be offered by Representative BISHOP of Utah, or a designee, to

H.R. 1612, the Public Lands Service Corps Act of 2009, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

The amendment to be offered by Representative FLAKE, or a designee, to H.R.

3644, the Ocean, Coastal, and Watershed Education Act, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI.

OFFERED BY MR. SPRATT

H.R. 4872, the Reconciliation Act of 2010, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

EXTENSIONS OF REMARKS

HONORING THE SERVICE OF INTELLIGENCE SPECIALIST FIRST CLASS PETTY OFFICER (SURFACE WARFARE/AIR WARFARE) JAMES K. BROWN

HON. STEVE ISRAEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, March 18, 2010

Mr. ISRAEL. Madam Speaker, today I rise to honor the service and accomplishments of Petty Officer James K. Brown, who is retiring following 20 years of service in the United States Navy.

IS1 (SW/AW) Brown enlisted in the Navy in 1989 and has had numerous operational deployments including Operations Desert Shield, Desert Storm, Southern Watch, Desert Fox, Kosovo, and the Global War on Terrorism. His honors and awards include the Joint Service Achievement Medal, the Navy and Marine Corps Achievement Medal (second award), the Combat Action Ribbon, the Good Conduct Medal (sixth award), the NATO Medal for Yugoslavia, and the Joint Staff Identification Badge.

Petty Officer Brown's distinguished service reflects greatly upon him and the United States Navy. I thank him for his service to our nation and wish him and his family my sincerest congratulations.

HONORING A CAREER OF DISTINGUISHED SERVICE

HON. LINCOLN DAVIS

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. DAVIS of Tennessee. Madam Speaker, I rise today to honor a public servant that has dedicated his life to improving and enriching communities across the state of Tennessee.

Lee Holland will retire this June from his position as President of the Tennessee Municipal League's Risk Management Pool. For more than two decades, Lee has demonstrated integrity, professionalism, and efficiency while serving the people of Tennessee. During his tenure, TML's Risk Management Pool became the leader in providing insurance and risk management to Tennessee's municipalities. The Pool today provides a vital public service by insuring over 40,000 public employees and over \$5.8 billion in municipal property.

Before starting his career in the insurance industry, Lee served as the city manager for Collegedale, Tennessee. Beginning in 1975, his stewardship brought revitalization and new industry to a city in disarray. If you drive through Collegedale today, you can see for yourself the positive impact that Lee brought to the city.

Today, I am proud to honor Lee Holland's tireless work on behalf of the people of Tennessee. He has truly earned not only our respect and admiration, but also a well reserved retirement.

RECOGNIZING CAPTAIN RANDOLPH E. DERR—SCOTTSDALE HEALTHCARE'S "SALUTE TO MILITARY" HONOREE

HON. HARRY E. MITCHELL

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. MITCHELL. Madam Speaker, I rise today to recognize an outstanding member of the Armed Forces from my home State of Arizona. Each month, Scottsdale Healthcare honors military personnel who perform diligent service to this country. For the month of March Scottsdale Healthcare has recognized Captain Randolph E. Derr.

I commend Scottsdale Healthcare for recognizing Captain Derr for his life-saving service to our country.

Captain Derr recently completed a yearlong tour as a critical care nurse at Landstuhl Regional Medical Center in Germany. While there Captain Derr provided life-saving care to wounded service members suffering from combat injuries, including traumatic amputations, burns, head injuries, and fractures. For his outstanding service, Captain Derr was awarded the Army Commendation Medal. This was Captain Derr's third post-9/11 deployment which included a year in Afghanistan and eight months in Kuwait.

In his new role as a clinical educator for the Military Partnership Training Program at Scottsdale Healthcare, Captain Derr will use the experience he acquired during his deployments to educate military medical personnel about wartime medical skills. His efforts will advance the critical care skills of deploying military personnel and improve the medical readiness of our Nation.

Madam Speaker, please join me in recognizing a truly outstanding Army Nurse for serving our country and caring for fellow service men and women in combat.

SUPPORT THE GOALS AND IDEALS OF GLOBAL CHILD NUTRITION MONTH

HON. JO ANN EMERSON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mrs. EMERSON. Madam Speaker, today, along with my good friend Congressman JIM MCGOVERN, I introduced a resolution of sup-

port for the goals and ideals of Global Child Nutrition Month. The fact that hunger and malnutrition is experienced by any person is a sad reflection on our society. However, it is even more troubling to know that roughly 300,000,000 children are experiencing hunger around the world. There is no greater investment in our security and global economic development then ensuring hungry children have access to nutritious food. A hungry child, suffering from malnutrition, will not reach their full physical or mental potential. A hungry child rarely attends school, leaving another, larger generation of hungry and uneducated men to be recruited into radical militant groups and uneducated women to be oppressed.

We have the tools today to fight hunger and malnutrition in the world's youngest and most vulnerable. The McGovern-Dole International Food for Education and Child Nutrition Program has proven to be a very effective tool for providing hungry children nutritious food. The program has the added benefit of encouraging parents to send their children to school, and not to rely on them for income or food. I also believe the political will to make the fight successful is increasing. Although we have a long way to go, President Obama's Administration is making visible efforts to add resources to fighting global hunger. Two examples include the increased budget for the McGovern-Dole International Food for Education and Child Nutrition Program and the leadership being displayed by the Administration's Global Hunger and Food Security Initiative. Internationally the attention to global food security has rarely been more focused; and hopefully, the resources will soon follow the pledges.

This April, many of our non-governmental organization partners will recognize Global Child Nutrition Month and the hunger facing children around the globe. I would like to particularly thank the Global Child Nutrition Foundation and School Nutrition Association for their work in increasing awareness of the problem global hunger presents and for raising funds to help feed hungry children. These two organizations partner with school nutrition professionals around the country and encourage them to take a day, week or even longer to work with students and teachers educating them and raising donations. It is grassroots education and fundraising at its best.

Ensuring every child around the world has access to sufficient nutrition is a challenge that will not be easily met, but it will be met. With dedicated partners both in and out of government, we will achieve this goal quicker, which is why I am happy to introduce this resolution supporting the goals and ideals of Global Child Nutrition Month.

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

H. CON. RES. 248, A RESOLUTION
TO DIRECT THE PRESIDENT TO
REMOVE THE U.S. ARMED
FORCES FROM AFGHANISTAN

HON. CAROLYN B. MALONEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mrs. MALONEY. Madam Speaker, for years, the mission in Afghanistan was poorly defined and managed by the Bush Administration—despite the 9/11 attacks having been perpetrated by those trained and based in Afghanistan. Still, President Bush diverted attention and resources to Iraq, misleading the American people and Congress as to the true source of the threat to our nation and the world.

After considerable and careful review of military options in Afghanistan, President Obama submitted to the American people a sober assessment of the realities on the ground and a plan to end U.S. involvement. I believe that the President is committed to ending the wars in Iraq and Afghanistan, and I support his efforts, but I believe we must expedite his timetable.

Undoubtedly, our brave men and women in uniform have fought well and deserve our full support and commitment to return them home safely to their families and loved ones.

Our troops have fought with honor and professionalism in the face of great challenges, and at great cost—I am truly humbled by their service and sacrifice.

While I support the President and our military leadership in bringing this war to a responsible end, I believe the time has come to send a message that the United States cannot sustain an open-ended commitment in Afghanistan. I believe the resolution before us sends that message.

That is why I vote in favor of the resolution today.

HONORING SAM H. PACK

HON. KENNY MARCHANT

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. MARCHANT. Madam Speaker, it is with great pleasure and pride that I rise today to recognize Mr. Sam Pack, owner and president of Sam Pack Auto Group. Mr. Pack has earned the recognition as one of the most prominent leaders in the American automotive industry in recent years.

Mr. Pack has held various management positions with Ford Motor Company. In 1980, Mr. Pack became the president, general manager, and partner of Lee Jarmon Ford Inc. in Carrollton, TX. During Mr. Pack's tenure as a business executive, he has developed Sam Pack Auto Group into a nationally renowned and influential business.

Throughout his professional career, Mr. Pack has always had a reputation of high customer satisfaction, owner loyalty, and leadership in the community. Mr. Pack was honored in 1988 by Time Magazine as the "Quality Dealer of the Year," which is the highest in-

dustrial standard for new-car dealers who exhibit exceptional performance in their dealerships, combined with distinguished community service. The Texas Automobile Dealers Association bestowed Mr. Pack with the prestigious "Legends Awards" in 2006, which makes him one of only nine dealers to receive this accolade.

Mr. Pack is an active member in many civic service organizations. In 1990, Mr. Pack was named "Citizen of the Year" by the Metrocrest Chamber of Commerce. Mr. Pack was also the recipient of the 2003 "Award for Outstanding Community Service" from Ford Motor Company. These achievements display Mr. Pack's community involvement and selfless service to others.

On behalf of the 24th District of Texas, I would like to personally thank Mr. Pack for his diligent service and entrepreneurial spirit. Mr. Pack's civic and professional accomplishments have been numerous, and it is an honor for me to recognize him for his contributions to the people of 24th District of Texas. I ask all my colleagues to join me in wishing Mr. Pack many years of continued success.

IN HONOR OF SAM H. PACK

HON. PETE SESSIONS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. SESSIONS. Madam Speaker, I rise today to recognize Mr. Sam H. Pack, one of the most influential leaders in the American automotive industry on thirty meritorious years of service.

Mr. Pack began his career in the automotive industry with Ford Motor Company. After his eighteen year tenure, he moved on to become the President, General Manager, and Partner of Lee Jarmon Ford, Inc., a dealership in Carrollton, Texas. In 1986, Mr. Pack purchased sole interest and as owner, the dealership has experienced continued growth under his leadership. The many loyal customers he has gained over the years can be attributed to his commitment to excellence and belief in quality customer service. His entrepreneurial spirit, business savvy, dedication, and hard work can be seen in his many successes as the proud owner and President of Sam Pack Auto Group.

Aside from his successful career, Mr. Pack firmly believes in giving back to his local community. His monetary contributions to numerous philanthropic organizations has touched the lives of many and helped nonprofit organizations more effectively achieve their mission. Beyond giving financially, Mr. Pack also gives generously of his time and effort. He is actively involved in various civic and professional organizations such as the Metrocrest Chamber of Commerce, North Dallas Shared Ministry, Episcopal Diocese of Dallas Children's Foundation, National Automobile Dealers Association, and the Dallas New Car Dealers Association where he currently serves as the Chairman.

Madam Speaker, I ask my esteemed colleagues to joining me in honoring Mr. Pack. I wish him and his family all the best and con-

gratulate him as he celebrates the 30th Anniversary of Sam Pack's Five Star Ford.

PERSONAL EXPLANATION

HON. ADAM SMITH

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. SMITH of Washington. Madam Speaker, on Monday, March 15, 2010, I was unable to be present for recorded votes. Had I been present, I would have voted "yes" on rollcall vote No. 112 (on the motion to suspend the rules and agree to H. Res. 1145, as amended), "yes" on rollcall vote No. 113 (on the motion to suspend the rules and agree to H. Res. 1170), "yes" on rollcall vote No. 114 (on the motion to suspend the rules and agree to H. Res. 1163), and "yes" on rollcall vote No. 115 (on the motion to suspend the rules and agree to H. Res. 267).

HEALTH CARE

HON. MIKE QUIGLEY

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. QUIGLEY. Madam Speaker, today's headlines are full of talk about process and vote counts, making it possible for some to forget what we are doing and why we are doing it.

We are reforming healthcare because our system is broken.

Insurance companies are discriminating against those with pre-existing or "on-going" conditions.

Companies are discriminating against people like Alicia Chester—a constituent from my district—who, after graduating from college, was denied adequate coverage.

Because she suffers from back pain, the insurance companies refused to cover Alicia's back treatment, deeming hers an "on-going" condition.

Then, due to one irregular pap-smear, the insurance companies declared Alicia a "cervical cancer risk" and barred her from reapplying for 18 months.

No one deserves to be dropped because they need help.

No one should have to decide whether to cover costs out-of-pocket, or to avoid medical treatment because the costs are too high.

We are fixing healthcare because of people like Alicia.

U.S. RELATIONS WITH ISRAEL

HON. DAN BOREN

OF OKLAHOMA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. BOREN. Madam Speaker, I rise today to insert my views into the RECORD regarding the importance of the relationship between the United States and Israel.

Vice President BIDEN's visit last week to Israel and subsequent public statements made by U.S. and Israeli officials have given rise to a storm of speculation about the strength and durability of the alliance between our two nations.

The Obama administration in recent days has expressed frustration over an announcement made by the Israeli government during the Vice President's visit that it intends to build 1,600 additional housing units in East Jerusalem.

The administration contends such plans place in jeopardy its initiative to resume peace talks between Israelis and Palestinians, and has publicly rebuked Israel for last week's announcement, an act seldom seen from U.S. Government officials.

These events deeply concern me, and I find the administration's rhetoric troubling. Now is the time for greater solidarity between the United States and Israel, not less.

We cannot forget that the United States faces considerable challenges in the Middle East. Iran is quickly advancing its nuclear and ballistic missile capabilities to threaten the United States and our allies in the Middle East and Europe. Our significant political and military gains in Iraq and Afghanistan remain fragile and reversible. Moreover, the Middle East remains the epicenter of violent extremism, serving as a base for terrorist groups who continue to plan and launch attacks against America.

The United States cannot confront these threats alone. Israel has been our most critical partner in the Middle East, helping us to protect our national security. The ability of the United States to defeat our adversaries depends on Israeli support.

Bringing my remarks to conclusion, the relationship between the United States and Israel rests firmly upon the foundation of more than half a century of history. It is grounded in mutual respect, supported by shared values, and guided by our common long-term interests. Therefore, our alliance remains strong and, despite what some may speculate, it will not succumb to the shifting politics of the day or to petty disagreements.

Madam Speaker, for these reasons I call upon the President, members of his administration, and my fellow members of Congress, to remain steadfast in their unwavering commitment to the relationship between the United States and Israel.

PAYING TRIBUTE TO "METROPOLITAN BAPTIST CHURCH" ON THEIR 100TH ANNIVERSARY

HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. RANGEL. Madam Speaker, it is with great honor and enthusiasm that I rise to congratulate Metropolitan Baptist Church as they join together in celebration of their 100th Anniversary. This momentous and joyous celebration will commence on March 21, 2010.

Metropolitan has a very rich history that has given it life and longevity for the past 100

years. At a time when a systematic campaign had been started by area landlords to force African-Americans out of my beloved Harlem, the Metropolitan Baptist Church began with the merger of two churches: Zion Baptist Church pastured by the Reverend P.C. James, and Mercy Seat Baptist Church, pastured by Reverend Dr. N.S. Epps.

The officers of both churches met at the home of Reverend Epps. At the meeting, it was decided that both church names be dropped. Trustee Robert L. Hill of the Mercy Seat Baptist Church suggested the name that would be carried on throughout its History, Metropolitan Baptist Church. A motion was made, carried and recorded, and that day, March 12, 1912, the Metropolitan Baptist Church was started. Its first location was the Subway Church, home of the old Mercy Seat Baptist Church, on West 134th Street near the new 135th Street Subway station. The new church was led by Dr. Epps, its first pastor until 1914.

In 1916, under the Rev. W.W. Brown, the church built the enormous Metropolitan Baptist Tabernacle at West 138th Street. After the Baptist congregation bought the New York Presbyterian Church on West 128th Street in 1918, where it remains to this day, the Tabernacle became Liberty Hall. This was the focal point of Marcus Garvey's Back-to-Africa movement, where the first convention was held in 1920 of the Universal Negro Improvement Association. Thousands were drawn to the elaborately ritualistic, almost religious, meetings at the hall.

Since its inception, many Governors and Members of Congress from both the Democratic and Republican Party have visited the church to garner the support of its congregants. In 1994, Metropolitan Baptist Church, under the tutelage of Reverend John A. Smith, became a Triple Landmark, having earned Federal, City, and State landmark status.

From its modest beginning, Metropolitan Baptist Church has emerged as a cornerstone of my beloved village of Harlem. Under the guidance of its 5th pastor, Reverend Bobbie McDaniel, Metropolitan continues to thrive, both in terms of spiritual growth as well as practical improvements. The proud members of the church are thankful for the spiritual and emotional leadership he and the previous pastors have provided during their 100 years.

Madam Speaker, I ask that you and my distinguished colleagues join me in honoring and congratulating Metropolitan Baptist Church on their historic 100th Anniversary. Their historic significance, constant dedication, and spiritual guidance is worthy of the highest commendation.

PERSONAL EXPLANATION

HON. TIMOTHY H. BISHOP

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. BISHOP of New York. Madam Speaker, I was not present in the chamber yesterday afternoon to vote on rollcalls 131, 132, 133, 134, and 135. I would have voted "yea" on each measure.

HONORING DR. ANTHONY BROWN

HON. TAMMY BALDWIN

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Ms. BALDWIN. Madam Speaker, I rise today to mourn the loss and honor the life of Dr. Anthony Brown of Madison.

Anthony was indeed larger than his own life. The gift of love and compassion that he tirelessly bequeathed to all of us during his lifetime is one that can be passed on and passed down forever. He taught us to believe in the power of one to make a difference and more importantly, he showed us by bringing joy and purpose to others every single day. His legacy transcends time, place, person, and death. We are all better for knowing Anthony, for having him in our community, and for feeling his radiant affection for all people.

It would be impossible to recite the countless professional achievements and accomplishments that he accumulated throughout a career without end. To Anthony, his work was never done and that mindset permeated his every action.

He was the epitome of a brother's keeper and embodied all that we strive for in a community of shared responsibility. No matter one's color, creed, or station in life, Anthony was never satisfied until the least among us was given the helping hand we all too often take for granted. While Anthony's spirit of uplifting love and generosity will live on in each of us and all those with whom we share it, the memories of our cherished moments with him will only live on in our thoughts and prayers.

For me, that moment came the day before the Inauguration of President Barack Obama. When I was fortunate enough to be able to present Anthony and Brenda with an invitation to attend, I was met with tears of gratitude. For Anthony and millions more around the world, this was not simply a celebration of a new American leader. It was the realization of a dream told decades ago. It was only fitting for Anthony to be a part of something that he had a hand in creating.

My condolences to Anthony's friends and family could never repay the debt of gratitude we owe Anthony for all he has done for us. All I can say is thank you.

**COMMENDING OUR ALLY,
AZERBAIJAN**

HON. ED PASTOR

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. PASTOR of Arizona. Madam Speaker, today, I would like to highlight the small country of Azerbaijan, wedged between Russia and Iran, on the Western shore of the Caspian Sea. Azerbaijan has now been an Independent Republic for the longest time period in its history—nearly 20 years. The Region contains oil and gas resources equivalent to those of Saudi Arabia, and Azerbaijan owns one-third of the oil and gas deposits in the Region. Their main oil pipeline runs from the capital city, Baku, through Georgia and Turkey,

and out to the Turkish Port of Ceyhan on the Mediterranean Sea. An important oil customer of theirs is Israel. Azerbaijan is a Muslim country that has practiced complete religious tolerance for hundreds of years, with some five Jewish Temples in Baku alone. And of major importance, Azerbaijan has provided troops to support our military efforts in both Iraq and Afghanistan.

Between 1991 and 1993, Azerbaijan was locked in a conflict with surrounding countries. A brutal act during the conflict happened at the Azerbaijani village of Khojaly in February 1992, when women, children, and old people were killed. Therefore, February is an especially emotional time for the people of Azerbaijan.

With the help of the government of Russia, a cease-fire was negotiated in this war in 1994, leaving 16 percent of Azerbaijan, including the enclave of Nagorno-Karabakh, occupied by Armenian forces. Since that time, the Minsk Group of OSCE has played the lead negotiating role in attempting to bring about a solution to this situation, encouraged by numerous international resolutions including five in the United Nations.

Today, some 18 years after Khojaly, there is a glimmer of hope. President Ilham Aliyev of Azerbaijan has been meeting regularly with President Sargsyan of Armenia, and in a recent weekend spent with President Medvedev of Russia, it was reported that the two Presidents worked on a Preamble to an agreement that will take great political courage for both of them. It is important that we give them our encouragement and make sure that our actions with respect to the Region support this historic agreement.

CONGRATULATING AND SUPPORTING KAZAKHSTAN FOR ITS NEW AND VITAL ROLE AS CHAIR OF THE ORGANIZATION FOR THE SECURITY AND CO-OPERATION OF EUROPE (OSCE)

HON. DAN BURTON

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. BURTON of Indiana. Madam Speaker, I rise tonight to congratulate Kazakhstan for its new role as chair of the Organization for the Security and Co-operation of Europe, OSCE, and to let this serve as a reminder to the world that emerging democracies do in fact have an important and pivotal role to play on the global stage.

As we approach the 35th anniversary of the signing of the Helsinki accords, a historic declaration by OSCE member states seeking to improve relations and foster dialogue between the West and the communist countries of the time, it seems duly appropriate to recognize the importance of Kazakhstan's new chairmanship since it is the first former Soviet state, the first CIS member, and the first central Asian country to assume such a role in the 56-member organization.

This past September, I commended Kazakhstan's President Nazarbayev for almost 20 years of vision and leadership in trans-

forming the former Soviet republic into an emerging and thriving democratic society. The unanimous endorsement by all OSCE member states for the chairmanship by Kazakhstan only reinforces these enormous and positive steps forward by this young democracy from its former Soviet roots.

As a result, Kazakhstan and its neighbors have seen progress in regional security as Astana has emerged as both a regional and global leader on the non-proliferation and disarmament front, and its citizens have seen vast improvements to their daily lives as their country emerges as a regional economic leader. Furthermore, Kazakhstan has established itself as a strong ally and strategic partner to the United States fighting the global war on terror and especially playing an active role to ensure stability and security in Afghanistan.

As one of its first acts as a society free from Soviet rule, President Nazarbayev positioned Kazakhstan to be a leader in nonproliferation by shutting down the Semipalatinsk nuclear test site, dismantling its nuclear and missile arsenal, which was the world's fourth largest at the time, and safely getting rid of, according to the president himself, 104 intercontinental missiles from the Soviet Union that were each tipped with 10 nuclear warheads.

This was not an easy decision considering the potential influence that such an arsenal could yield both in the region and the globe, but the President has focused his country's efforts on building a "new economic and political model" that would strengthen its commercial and security relationships with the West. As a result, Kazakhstan has emerged as a regional economic leader, increasing its GDP to \$135 billion—six times greater than its \$22 billion GDP 10 years ago—in addition to increasing its foreign trade to more than \$80 billion. These economic strides and the increase in economic opportunities stand in stark contrast to life under communist rule and are enough to mirror similar opportunities in many western countries, which is no small feat in so little time.

Kazakhstan has also been a reliable ally to the United States, and President Nazarbayev has indicated that he looks forward to strengthening this relationship in addition to reinvigorating the OSCE. Proving his effectiveness and determination to tackle even the toughest of challenges, President Nazarbayev welcomes his country's new undertaking with the same gusto and leadership that helped him transform his country into the promising democracy and economic leader that it is today. Alluding to the many global challenges we face today, he issued a call to action to the member states, urging them to convene in a summit this year, for the first time in 10 years, in order to strengthen the role of the OSCE as we face "one of the most complicated periods in modern history."

One of the main issues he hopes to address and strengthen within the OSCE by holding this summit would be security matters and fighting terrorism. Accordingly, eliminating the terrorist presence and threat in Afghanistan is a matter of high priority that will not only benefit the region but will also have long-term positive implications for our own national security and international security.

The Kazakh president asserted that "it is a time when leaders of OSCE member states

should demonstrate their political will and outline solutions to the difficult challenges facing our nations. The summit will not only give a powerful impetus to adapting the OSCE to modern challenges and threats, but also increase the confidence and respect among our peoples to the organization itself."

Madam Speaker and fellow colleagues, I once again commend President Nazarbayev for his steadfast vision and leadership and urge you today to support him as he sets out to reestablish dialogue among all OSCE member states by convening a summit this year. Such an assembly can only foster cooperation that will ultimately lead to increased security and stability for all.

RECOGNIZING THE SIGNIFICANCE OF NOWRUZ AND CONTRIBUTIONS OF IRANIAN-AMERICANS

HON. EDWARD R. ROYCE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. ROYCE. Madam Speaker, on the evening of March 17, 2010, the Nowruz Commission held its inaugural event at the Library of Congress. Nowruz is recognized by many people around the world who celebrate the exact moment of Vernal Equinox as the beginning of a New Year. Mr. Nasser Kazeminy and Ms. Gissou R. Kian, serve as Chairman and President of the Nowruz Commission, respectively. Ambassadors and senior diplomats of eight nations serve on the Commission.

Dr. Kamran Khavarani, the creator of "Abstract Romanticism" presented a special painting entitled "The Bird of Freedom" to the spirit of Thomas Jefferson. The painting was accepted by Dr. James Hadley Billington, the Librarian of Congress. This was witnessed by nearly 400 people of Iranian, Iraqi, Turkish, Kazakh, Kyrgyz, Tajik, Russian, Ukrainian and Kurdish origins at the Coolidge Auditorium.

This is the first time in history that an Iranian American artist has presented a painting to the spirit of Thomas Jefferson, the man whose gift of books provided the beginning for the Library of Congress. Dr. Kamran Khavarani deserves to be recognized for his unique gift.

The Nowruz Commission, whose mission of bringing diverse people together in search of peace and friendship, deserves special recognition on the first day of spring, Nowruz, March 20, 2010.

PERSONAL EXPLANATION

HON. LYNN A. WESTMORELAND

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. WESTMORELAND. Madam Speaker, I traveled home for the birth of my grandchild. As a result, I missed a number of votes. Had I been present, I would have voted the following:

"Aye" on Motion to Suspend the Rules and Pass the bill to designate the facility of the

United States Postal Service located at 45300 Portola Avenue in Palm Desert, California, as the "Roy Wilson Post Office." (Rollcall No. 128)

"Nay" on Ordering the Previous Question providing for consideration of motions to suspend the rules. (Rollcall No. 129)

"Nay" on Agreeing to the Resolution providing for consideration of motions to suspend the rules. (Rollcall No. 130)

"Aye" on Motion to Refer the Resolution raising a question of the privileges of the House. (Rollcall No. 131)

"Nay" on Motion to Table raising a question of the privileges of the House. (Rollcall No. 132)

"Aye" on Motion to Suspend the Rules and Pass, as Amended State Admission Day Recognition Act of 2009. (Rollcall No. 133)

"Nay" on Motion to Suspend the Rules and Pass the Agricultural Credit Act of 2009. (Rollcall No. 134)

"Aye" on Motion to Suspend the Rules and Agree to Recognizing the 100th anniversary of the Vermont Long Trail, the oldest long-distance hiking trail in the United States, and congratulating the Green Mountain Club for its century of dedication in developing and maintaining the trail. (Rollcall No. 135)

PERSONAL EXPLANATION

HON. XAVIER BECERRA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. BECERRA. Madam Speaker, earlier yesterday I was unavoidably detained and missed rollcall No. 132. If present, I would have voted "yea."

IN MEMORY OF FESS PARKER

HON. ELTON GALLEGLY

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. GALLEGLY. Madam Speaker, I rise in memory of an extraordinary actor, a gentleman, a family man, a successful vintner and hotelier, and a patriotic American, Fess Parker, who died Thursday after 85 years of making the world around him a better place.

My wife, Janice, and I were fortunate to call Fess Parker and his wife, Marcella, our friends.

I first met Fess in 1987 when by chance we were seated together on a flight from Washington, DC, to Los Angeles. He had just left the White House where he had been a guest of his old friend Ronald Reagan and I was on my weekly trip home.

From that chance meeting, we built a lasting friendship. I had the good fortune of visiting with Fess on several occasions at his home in Los Olivos. Fess was a humble man with a great sense of humor. He shared many great stories, like how he was discovered by Adolphe Menjou, the debonair movie star of the '30s and '40s.

At the time, Fess was a student at the University of Texas and president of his fraternity.

Fess chauffeured Mr. Menjou on his visit to the university, they built a rapport and Menjou paved the way for Fess's own success in Hollywood.

There were many other stories, but none that I enjoyed more than how he met the love of his life, Marcella. It was a true love story that even the most talented of Hollywood writers could not have created.

My experience with Fess is typical. He never acted like a Hollywood star in private life.

After more than 20 years in Hollywood, Fess and Marcella moved to Santa Barbara County. There he produced Fess Parker wine from his 2,200-acre vineyard and opened two top-class hotels, the Fess Parker Wine County Inn and Spa in Los Olivos and Fess Parker Doubletree Inn in Santa Barbara. His wine bottles feature the familiar coonskin cap he made famous in his role as Davey Crockett, as do wine glasses sold at the winery. Fess Parker was known to spend hours signing wine bottles for visitors while regaling them with stories of Hollywood.

He and Marcella also were well-known in town, often seen walking hand-in-hand.

In addition to Marcella, with whom Fess celebrated 50 years of marriage in January, Fess Parker is survived by his son, Eli; daughter, Ashley; 11 grandchildren; a great-grandchild; hundreds of friends and millions of fans.

Madam Speaker, I know my colleagues will join me in offering our condolences to Marcella, Eli, Ashley and their entire family, and in remembering a Hollywood icon whose off-screen values and successes in many ways surpassed the successes of his onscreen personas.

HONORING DREW LINN

HON. PARKER GRIFFITH

OF ALABAMA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. GRIFFITH. Madam Speaker, I rise today to congratulate and pay tribute to a fine American, Drew Linn, on an occasion when he and his business have received a prestigious honor: the International Circle of Excellence Award for 2009.

The Circle of Excellence, which is awarded by the International dealer organization of Navistar, Inc., honors International truck dealerships that achieve the highest level of dealer performance with respect to operating and financial standards, market representation, and most importantly, customer satisfaction. It is the highest honor a dealer principal can receive from the company.

Drew's business, Southland International Trucks, is headquartered in Homewood, Alabama, where it was founded more than 30 years ago, and includes two dealerships in my district, in Huntsville and Decatur. Under his leadership, it has grown into one of the pre-eminent truck dealerships in the Southeast and the entire nation, with 171 employees and five dealer locations throughout Alabama. It was recently named the International Dealer of the Year, an honor awarded to the one International dealer who exhibits the highest com-

mitment to best-in-class customer service. Last year, Southland delivered more trucks than any other International dealer in the global network. With this most recent award, Southland International has now received the Circle of Excellence Award, under Drew's leadership, a total of 10 times.

Drew has achieved this level of accomplishment and recognition through many years of hard work and service to his industry and community. He has also built a successful truck leasing business, Southland Idealease of Alabama, which is a multi-year winner of the IdealGold Award for Excellence. He is a past president or chairman of the Alabama Trucking Association, its Workers Compensation Fund, and the Shelton State Foundation. He is an active member of the Alabama Commission on Higher Education, the West Alabama Regional Commission, the West Alabama Bank Board of Directors and the University Transportation Center for Alabama.

Through his commitment to hard work and outstanding customer service, he has built an economically vital business of which he can be justly proud. Madam Speaker, I ask you and my colleagues to join with me in congratulating Drew Linn for his record of accomplishment and for his many contributions to his community, state and nation.

TO CELEBRATE THE 70TH ANNIVERSARY OF THE BRYSON CITY LIONS CLUB

HON. HEATH SHULER

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. SHULER. Madam Speaker, I rise today to congratulate the Bryson City Lions Club as they celebrate their 70th anniversary in Swain County, North Carolina. For the past 70 years, this outstanding volunteer organization has worked tirelessly to help the visually impaired through their SightFirst initiatives, and I commend their outstanding efforts to promote civic projects in the community.

Many years ago, Helen Keller challenged Lions across the country to be "Knights of the Blind" and the Bryson City Lions Club has continued to live up to that challenge. The generous efforts of the Bryson City Lions Club include providing the visually impaired with glasses, eye surgeries, and vision screening, as well as awarding college scholarships to children of blind parents. The organization's members and their works are a source of pride to Western North Carolina. I deeply appreciate all they have done in the past 70 years to make the lives of the visually impaired citizens more comfortable and fulfilling. I also want to commend the leadership of Judy Burnett, the current club President and the first female to hold the position.

Madam Speaker, I ask my colleagues today to rise with me in recognizing the inspiring good works of the Bryson City Lions Club, and the civic leadership they have demonstrated in Western North Carolina. I urge my colleagues to join me in celebrating this outstanding organization's 70 years of service to those in our community.

PERSONAL EXPLANATION

HON. DOC HASTINGS

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. HASTINGS of Washington. Madam Speaker, due to an unexpected illness I missed two votes on Thursday, March 18, 2010. Had I been present, I would have voted "no" on rollcall votes 129 and 132. I would further like to note that I am a cosponsor of Mr. GRIFFITH's resolution, H. Res. 1190, requesting an up or down vote on the Senate health care bill.

RECOGNIZING THE ESTACADO
MATADORS BOYS BASKETBALL
2010 STATE CHAMPIONSHIP

HON. RANDY NEUGEBAUER

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. NEUGEBAUER. Madam Speaker, I proudly congratulate the Estacado Matadors boys basketball team of Estacado High School in Lubbock, Texas for winning the 2010 Texas Boys 3A State Basketball Championship.

The Matadors finished the 2009–2010 season with 33 wins and only 4 losses. The championship squad includes: seniors Eldon Gatewood, Barry Johnson and David Barnes; juniors Dallas Manahan, Kevin Wagner and Clarence Willard; sophomores Ti Russell, Nate Lewis, Anthony Robinson, Ryhiem Hunter and Kevin Manahan; and freshmen Dearius Poindexter, Tamarick Courtney and Tevin Faye. The Mats were led by head coach Tony Wagner and the 2010 Most Valuable Player, Clarence Willard.

Following a frustrating loss in last year's state championship game, the Mats' focus and determination throughout the season paid off in a stunning 69–63 victory over Dallas Madison. With this win, Estacado earned the first University Interscholastic League boys basketball title for a Lubbock Independent School District team since 1951.

I applaud the Matadors' hard work and tradition of success. With great support from the community, the team proved itself as the best 3A basketball team in Texas. The Estacado Matadors exemplify the principles of competitive spirit and success both on and off the court, and I congratulate them on a well-deserved state championship.

HONORING MICHELLE RZEPKA

HON. THADDEUS G. McCOTTER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. McCOTTER. Madam Speaker, I rise today to honor Novi resident, Michelle Rzepka, for her contribution to the United States bobsled team during the 2010 Winter Olympic Games in Vancouver.

As a student at Novi High School, Michelle demonstrated extraordinary athletic ability as a

varsity letter winner in basketball, volleyball and track and field. During her college career, Michelle was a two time All-American pole-vaulter and Big-10 indoor and outdoor pole vault champion for Michigan State University.

In 2007, Michelle began her bobsledding career when she joined the World Cup team. Since joining the team, Michelle has placed in the top ten in seven out of eight World Cup races. In Vancouver, Michelle joined teammate Shauna Rohbock as the sled's brakeman on the United States first bobsled team. The duo finished in sixth place.

Madam Speaker, as we recognize Michelle Rzepka for her participation in the 2010 Winter Olympic Games, I ask my colleagues to join me in congratulating her for her past athletic accomplishments and wishing her continued success in all future endeavors.

ATTACK ON KABUL, AFGHANISTAN

HON. TED POE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. POE of Texas. Madam Speaker, a team of militants launched a spectacular assault at the heart of the Afghan government on Monday, January 18, with two men detonating suicide bombs and the rest fighting to the death only 50 yards from the gates of the presidential palace.

The attack paralyzed the city for hours, as hundreds of Afghan commandos converged and opened fire. The battle unfolded in the middle of Pashtunistan Square, a traffic circle where the palace of President Hamid Karzai, the Ministry of Justice and the Central Bank, the target of the attack, are located.

As the gun battle raged, another suicide bomber, this one driving an ambulance, struck a traffic circle a half-mile away, sending a second mass of bystanders fleeing in terror. Afghan officials said that three soldiers and two civilians—including a child—were killed, and at least 71 people were wounded.

The war in Afghanistan is dynamic, fluid, and ever-evolving. What was true 9 months ago is no longer the case. This means both that we cannot rely on our previous successes and that our current shortcomings can be fixed. It should give us hope but not foolhardy confidence. What the Kabul attacks prove is that we constantly have to be adjusting our strategy to keep up with the evolution of our enemy. The Taliban are a mostly rural phenomenon in a mostly rural country; the overwhelming majority of United States troops are deployed in small outposts in the countryside.

On most days, the war does not reach the urban centers, but on January 18 it did. Our strategy must be flexible enough to adapt. So to set an arbitrary deadline, to pull out our troops of Afghanistan in 2011, not only endangers our troops on the ground but also the ultimate success of our mission. We must finish the fight, root out the Taliban, and destroy al-Qaeda.

HONORING CATHOLIC CENTRAL
HIGH SCHOOL WRESTLING
COACH, MITCH HANCOCK

HON. THADDEUS G. McCOTTER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. McCOTTER. Madam Speaker, today I rise to acknowledge the Michigan High School Athletic Association's Division 1 Wrestling Coach of the Year, Mitch Hancock. Hailing from my alma mater, Detroit Catholic Central High School, Coach Hancock led his grapplers to their first state championship in 22 years. Under his tutelage, all 14 Catholic Central wrestlers qualified for the individual state meet.

Taking over the head coaching reins from his mentor, 40 year legendary Coach Mike Rodriguez, in the fall of 2007, Mitch Hancock brought the unique perspective of having won an individual state title himself. Hancock was selected as a high school All-American and went on to have a stellar career at Central Michigan University where he again attained All-American status.

Though CC is known for excellence in many sports, it reserves a section of its rafters for state championship banners in the two sports the Shamrocks herald as their calling card: football and wrestling. In his inaugural season, Coach Hancock took his Shamrocks to the state regionals, where their season ended at the hands of Hartland, 39–33. Hancock's sophomore campaign ended at the state quarterfinals as Catholic Central was bested by Lake Orion, 42–27. This season Coach Hancock and the Shamrocks reached the pinnacle by dethroning perennial power Rockford, 39–24, earning their first state championship under Hancock's reign. Mitch Hancock has coached five individual state champions in three short years, amassing a record of 56–18. He has placed eight wrestlers in All-State status with the 2010 selections as yet to be announced.

It is understandable why former coach Mike Rodriguez felt completely comfortable in turning his legacy of 40 years over to Hancock. Rodriguez saw a willingness to get on the mat and challenge his wrestlers. Mitch Hancock has an incredible passion for the sport and enjoys helping his athletes develop. Coach Hancock's priorities are, in order; God, family, job and wrestling. His wrestlers understand that excellence is the expectation, not the exception.

Madam Speaker, after earning his first state championship and being selected as the Michigan High School Association's 2010 Division 1 Wrestling Coach of the Year, Mitch Hancock deserves to be recognized for his dedication to the young men of Catholic Central and his determination to keep the highly respected winning tradition of the Shamrocks alive. In recognition of his effort and the honor bestowed upon him, I ask my colleagues to join me in congratulating Detroit Catholic Central Wrestling Coach Mitch Hancock on his accolades and in honoring his devotion to our community and country. Live and Die for CC High!

RECOGNIZING THE 80TH BIRTHDAY
AND LIFETIME OF SERVICE OF
MS. CATHERINE MENNINGER

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today to recognize Ms. Catherine Menninger who is celebrating her 80th birthday this week. Ms. Menninger has selflessly committed her life to public service, making a positive impact to the lives of hundreds of children through the organization she helped establish, CEP Youth Leadership Inc. in La Grange, Illinois.

Ms. Menninger was born on March 16, 1930, in Brooklyn, New York. The daughter of Italian immigrants, she grew up in the Belmont Community of the Bronx, where she was one of the first lay people allowed to teach religious education at the Holy Rosary in the Bronx. In the 1960s she moved to Chicago.

In 1978, Ms. Menninger helped found CEP Youth Leadership Inc., which develops child enrichment programs and peer counseling programs for a diverse group of youth. Ms. Menninger served as the executive director of CEP from October 1980 until September of 1991. After her tenure, Ms. Menninger continued to work at CEP as the tutoring and mentoring coordinator. In addition to her extraordinary work with CEP, Ms. Menninger has opened her home to more than 100 foster teens.

Her tremendous contributions have been recognized through the United Way Voluntary Action Award for Outstanding Achievement, the Western Springs Citizen of the Year Award and the West Suburban Chamber of Commerce Woman of the Year Award in 1999. Also, in 1995 CEP established the Catherine Menninger Scholarship.

Today Ms. Menninger works as a life coach. She is blessed with five children Chris, Cathy, Carl, Carolyn and Lisa and six grandchildren Katie, Megan, Tyler, Alex, Sarah and TJ.

Madam Speaker, I ask my colleagues to join me in thanking Ms. Catherine Menninger for her years of service and congratulating her on the occasion of her 80th birthday. Her efforts and leadership have been a great benefit to the children of her community and truly merit our highest praise.

CATHOLIC CENTRAL HIGH SCHOOL
BOWLING TEAM

HON. THADDEUS G. McCOTTER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. McCOTTER. Madam Speaker, today I rise to acknowledge the Division 1 State Championship Bowling team from my alma mater, Detroit Catholic Central High School. This has been a noteworthy year for the gentleman at Catholic Central, as this championship marks the fourth state title of the 2009–2010 school year.

The Michigan High School Athletic Association recognized bowling as an official sport in

2006. Thus, it is impressive how the Catholic Central team has risen to state prominence in a very short time. Two members of this State Championship Bowling team qualified for the individual finals and, although they did not ultimately win, they represented CC High admirably and honorably.

After defeating Salem 1856–1824 in quarter-finals, the Shamrock bowlers outdueled Flint Carman-Ainsworth 1855–1747 and earned a berth in the finals setting up to take on Macomb Dakota. On March 5, 2010 the Catholic Central Shamrocks rolled over Macomb Dakota 1834–1565 to earn their first state championship trophy.

Coach Al Bridges saw his bowlers in seventh place after the morning qualifying round. In true Shamrock fashion the team kept fighting and refused to give up. As the day wore on, CC kept moving up in the standings, leading by 143 pins after the Baker games. From that point on the Shamrocks never looked back. Coach Al Bridges credits good conditioning and a lot of practice for the payoff of winning a championship. The hard work and dedication of each team member epitomizes what it means to be a Shamrock. By the teaching of our Basilian Fathers through goodness, discipline and knowledge, the entire Catholic Central family, including this alumnus, shares in this accomplishment.

Madam Speaker, in earning their first bowling title, the 2010 Catholic Central Shamrocks deserve to be recognized for their determination, achievement and spirit. In recognition of their effort, I ask my colleagues to join me in congratulating the Shamrocks for obtaining this spectacular championship and honoring their devotion to our community and country. Live and Die for CC High!

OUR UNCONSCIONABLE NATIONAL
DEBT

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. COFFMAN of Colorado. Madam Speaker, today our national debt is \$12,661,296,056,307.25.

On January 6th, 2009, the start of the 111th Congress, the national debt was \$10,638,425,746,293.80.

This means the national debt has increased by \$2,022,870,310,013.45 so far this Congress. The debt has increased \$21,516,577,665.36 since just yesterday.

This debt and its interest payments we are passing to our children and all future Americans.

CATHOLIC CENTRAL HIGH SCHOOL
WRESTLING TEAM

HON. THADDEUS G. McCOTTER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. McCOTTER. Madam Speaker, today I rise to acknowledge the Division 1 State

Champion Wrestling team from my alma mater, Detroit Catholic Central High School. On February 27, 2010, the Catholic Central Shamrocks defeated Rockford 39–24 to hoist their first state championship trophy since 1988.

Third year Head Coach Mitch Hancock, an individual state final winner for the Shamrocks in 2000, saw all fourteen of his wrestlers earn a berth to the Individual State Finals. This is the first time in recent Division 1 history that an entire team has qualified for the Individual State meet. Three Shamrock grapplers brought home individual state titles to complement the team championship. This is truly a tremendous accomplishment for a devoutly dedicated group of young men. The hard work and dedication of all of its members epitomizes what it means to be a Shamrock. By the teaching of our Basilian Fathers through goodness, discipline and knowledge the entire Catholic Central family, including this alumnus, shares in this accomplishment.

Following in the remarkable tradition of legendary Catholic Central Coach Mike Rodriguez, who was both coach and mentor to current Coach Mitch Hancock, the Shamrock's brought home their eighth state wrestling team title.

Madam Speaker, with a season record of 27–4, the 2010 Catholic Central Shamrocks deserve to be recognized for their determination, achievement and spirit and I am very proud of their determination and effort. I ask my colleagues to join me in congratulating the Shamrocks for obtaining this spectacular title and honoring their devotion to our community and country. Live and Die for CC High!

RECOGNIZING THE FAIRFAX COUNTY
CHAMBER OF COMMERCE 2010
VALOR AWARD RECIPIENTS

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today, joined by my colleagues Representative FRANK WOLF and Representative JAMES MORAN, to recognize an outstanding group of men and women in Northern Virginia. These individuals have demonstrated superior dedication to public safety and have been awarded the prestigious Valor Award by the Fairfax County Chamber of Commerce.

The Valor Awards recognize remarkable heroism and bravery in the line of duty exemplified by our public safety agencies and their commitment to the community. Our public safety and law enforcement personnel put their lives on the line everyday to keep our families and neighborhoods safe. Nearly 80 individuals are receiving awards at the 2010 ceremony in a variety of categories: The Lifesaving Award, the Certificate of Valor, or the Bronze, Silver, or Gold Medal of Valor.

Four members of the Herndon Police Department are being honored this year for their exceptional service. It is with great pride that we submit their names into the CONGRESSIONAL RECORD:

Recipients of the 2010 Lifesaving Award are: Corporal Robert Galpin, Senior Police Officer Justin Dyer and Officer Jeffrey Lange.

Recipients of the 2010 Certificate of Valor are: Corporal Robert Galpin, Senior Police Officer Mark Fraser.

Madam Speaker, we would like to thank all of the men and women who serve in the Herndon Police Department. Their efforts, made on behalf of the citizens of Fairfax County, are selfless acts of heroism and truly merit our highest praise. We ask our colleagues to join us in commending this group of remarkable citizens.

**CATHOLIC CENTRAL HIGH SCHOOL
FOOTBALL TEAM**

HON. THADDEUS G. McCOTTER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. McCOTTER. Madam Speaker, today I rise to acknowledge the Division 1 State Champion Football team from my alma mater, Detroit Catholic Central High School. On November 27, 2009 the Catholic Central Shamrocks steamrolled Sterling Heights Stevenson 31-21. The win capped off an undefeated season for the Blue and White.

This 2009 Catholic Central football team gave Coach Tom Mach the 10th State Championship in his 34 seasons as head coach of the Shamrock. This is truly a remarkable accomplishment for this close-knit group of young men. The hard work and dedication of all of its members epitomize what it means to be a Shamrock. By the teaching of our Basilian Fathers through goodness, discipline and knowledge the entire Catholic Central family, including this alumnus, shares in this accomplishment.

Following a wildly successful Catholic season that saw 6 shutouts and a defense that allowed only 23 points on the season, Catholic Central added yet another shutout, edging Orchard Lake St. Mary's 7-0 for the Detroit Catholic League Championship. After routing Livonia Franklin 42-7 in the district opener, the Shamrocks exacted revenge on Livonia Stevenson, who had ended Catholic Central's 2008 playoff run by trouncing the Spartans 38-0. With the win Coach Mach became only the 7th coach in Michigan history to have reached 300 wins, all at the helm of Catholic Central.

But there was more to accomplish. A determined Canton team forced the Shamrocks into overtime before Catholic Central ran into the end zone on the first possession. The stingy Shamrock defense wouldn't budge, and the beloved Blue and White eked out a 31-27 triumph.

With only Holt standing in the path to the finals at Ford Field, the Shamrocks rolled to a 31-0 win, racking up the 9th shutout of their spectacular season.

Finally a winning team took to the turf of Ford Field as Catholic Central went to the big dance against Sterling Heights Stevenson. While this Stevenson team fared slightly better than their Livonia counterparts, the Shamrocks met their final challenge and soared to a 31-21 victory, raising the Division 1 trophy in triumph.

Madam Speaker, with a season record of 14-0, the 2009 Catholic Central Shamrocks

deserve to be recognized for their determination, achievement, and spirit and I am very proud of their determination and effort. I ask my colleagues to join me in congratulating the Shamrocks for obtaining this spectacular title and honoring their devotion to our community and country. Live and Die for CC High!

HONORING DICK PURTAN

HON. THADDEUS G. McCOTTER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. McCOTTER. Madam Speaker, I rise today to commemorate the retirement of WOMC-FM radio host Mr. Dick Purtan after 45 years on the air in Detroit.

During his 45-year career, Mr. Purtan has become a well recognized radio personality nationwide. From his work at WOMC-FM, Mr. Purtan has been inducted into the Michigan Broadcasters Hall of Fame, National Radio Hall of Fame and won the Marconi award for being the Nation's top radio personality.

Mr. Purtan is also known for his dedication to philanthropic works benefitting the Metro Detroit area. In September 2009, he and his wife Gail were named "Goodfellows of the Year" by the Detroit Goodfellows Organization. Since 1988, Mr. Purtan has raised \$22 million for those in need through an annual Radiothon to benefit the Salvation Army's Bed and Bread program. Also, Mr. Purtan supports Children's Hospital as well as the Karmanos Cancer Center through the Gail Purtan Ovarian Cancer Research Fund.

Madam Speaker, Mr. Dick Purtan will be remembered for his award winning personality and as a philanthropist and friend to Metro Detroit. As we celebrate his retirement, I ask my colleagues to join me in recognizing his many achievements and honoring the contributions he made to society.

RECOGNIZING THE FAIRFAX COUNTY CHAMBER OF COMMERCE 2010 VALOR AWARD RECIPIENTS

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today, joined by my colleagues Representative FRANK WOLF and Representative JAMES MORAN, to recognize an outstanding group of men and women in Northern Virginia. These individuals have demonstrated superior dedication to public safety and have been awarded the prestigious Valor Award by the Fairfax County Chamber of Commerce.

The Valor Awards recognize remarkable heroism and bravery in the line of duty exemplified by our public safety agencies and their commitment to the community. Our public safety and law enforcement personnel put their lives on the line everyday to keep our families and neighborhoods safe. Nearly 80 individuals are receiving awards at the 2010 ceremony in a variety of categories: The Life-

saving Award, the Certificate of Valor, or the Bronze, Silver, or Gold Medal of Valor.

Five members of the Fairfax County Sheriff's Office are being honored this year for their exceptional service. It is with great pride that we submit their names into the CONGRESSIONAL RECORD:

Recipient of the 2010 Certificate of Valor is: Second Lieutenant William A. Cooper

Recipient of the 2010 Silver Medal of Valor is: Sergeant Shannon T. Willey

Recipients of the 2010 Bronze Medal of Valor are: Second Lieutenant Charles E. Formeck, Private First Class Frederick H. Cameron and Private First Class Jesse Hernandez.

Madam Speaker, we would like to thank all of the men and women who serve in the Fairfax County Sheriff's Office. Their efforts, made on behalf of the citizens of Fairfax County, are selfless acts of heroism and truly merit our highest praise. We ask our colleagues to join us in commending this group of remarkable citizens.

**CATHOLIC CENTRAL HIGH SCHOOL
HOCKEY TEAM**

HON. THADDEUS G. McCOTTER

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. McCOTTER. Madam Speaker, today I rise to acknowledge the Division 1 State Champion Hockey team from my alma mater, Detroit Catholic Central High School. On March 13, 2010 the Catholic Central Shamrocks routed Howell 6-1. In a repeat of last year's matchup the Royal Blue and White again hoisted the championship trophy and capped off a nearly perfect 27-1-1 season.

This victory marked the 14th state hockey title for Catholic Central and a record 5th Division 1 state title for the 2009-2010 athletic season. This victory came right after the cross country, football, wrestling and bowling teams all won championships. This is a remarkable achievement for these exemplary young men. The hard work and dedication of all members epitomizes what it means to be a Shamrock. By the teaching of our Basilian Fathers through goodness, discipline and knowledge, the entire Catholic Central family, including this alumnus, shares in this accomplishment.

Following a successful regular season campaign with only a single 1-0 loss, Catholic Central embarked on a determined postseason run, outscoring their opponents 31-3. After beating Northville 5-1 in their first pre-regional game, the Shamrocks decimated Brighton 8-0 in the second pre-regional round. In the Region 7 Final, they defeated Livonia Stevenson 2-0.

Head Coach Todd Johnson's players crashed the net in their quarterfinal match against Ann Arbor Huron, hammering out an 8-0 win. In a true test of will, CC relied on a strong defense to oust a scrappy Orchard Lake St. Mary's squad as they cleared the semifinal to make their second consecutive trip to the Division 1 final against Howell. Going into the 3rd period the Royal Blue and White held a 3-1 lead before slamming home three unanswered goals for a 6-1 win.

Madam Speaker, with a season record of 27–1–1, the 2009–2010 Catholic Central Shamrocks Hockey Team deserves to be recognized for their determination, achievement and spirit. I am very proud of their effort and I ask my colleagues to join me in congratulating the Shamrocks for having brought yet another title home and in honoring their devotion to our community and country. Live and Die for CC High!

RECOGNIZING THE FAIRFAX COUNTY CHAMBER OF COMMERCE 2010 VALOR AWARD RECIPIENTS

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today, joined by my colleagues Representative FRANK WOLF and Representative JAMES MORAN, to recognize an outstanding group of men and women in Northern Virginia. These individuals have demonstrated superior dedication to public safety and have been awarded the prestigious Valor Award by the Fairfax County Chamber of Commerce.

The Valor Awards recognize remarkable heroism and bravery in the line of duty exemplified by our public safety agencies and their commitment to the community. Our public safety and law enforcement personnel put their lives on the line everyday to keep our families and neighborhoods safe. Nearly 80 individuals are receiving awards at the 2010 ceremony in a variety of categories: The Life-saving Award, the Certificate of Valor, or the Bronze, Silver, or Gold Medal of Valor.

Sixty-two members of the Fairfax County Police Department are being honored this year for their exceptional service. It is with great pride that we submit their names into the CONGRESSIONAL RECORD:

Recipients of the 2010 Life Saving Award are: Police Officer First Class Scott J. Abram, Officer Eric Acevedo, Officer Robert J. Gogan, Officer Chad T. Cosgrove, Police Officer First Class Ronald J. Grecco, Police Officer First Class Michael G. Green, Police Officer First Class Marisa D. Kuhar, Police Officer First Class Justin E. Lascola, Police Officer First Class Brendan D. Miller, Police Officer First Class Sean P. Regan, Police Officer First Class John Spata III, Officer Andrew P. Cour-

ter, Police Officer First Class Nicholas A. Gruber, Detective Andrew L. Smuck, Police Officer First Class Luis E. Martinez, Police Officer First Class Larry W. St. Clair, Officer Brian J. McClelland, Officer Terence M. Stokes Jr., Police Officer First Class Christopher S. Newton, Police Officer First Class Ali Sepehri, Police Officer First Class Joshua D. Shoemaker, Auxiliary Police Officer Jorge A. Canovas, Master Police Officer Paul Pickett Jr., Master Police Officer Marshall E. Thielen, Private First Class Brian Byerson, Police Officer First Class Daniel W. Pang.

Recipients of the 2010 Certificate of Valor are: Police Officer First Class Brian J. Ames, Police Officer First Class Justin M. Urbaniak, Police Officer First Class Donald W. Amos Jr., Police Officer First Class Katherine S. Wright, Police Officer First Class John T. Asper, Officer Patrick C. Briant, Police Officer First Class Kenneth M. Bridgeman, Police Officer First Class James L. Thur, Police Officer First Class John P. Brusch, Police Officer First Class David Kroll, Master Police Officer Alice E. Eggers, Master Police Officer Robert M. Evans, Police Officer First Class John R. DeBonis Jr., Police Officer First Class Christopher J. Elliott, Police Officer First Class Julia M. Elliott, Police Officer First Class Craig A. Thibault, Helicopter Pilot Jason Post, Officer Eric R. Glueckert, Police Officer First Class Nicholas A. Gruber, Police Officer First Class David W. Kennedy, Police Officer First Class Peter L. Micker, Police Officer First Class Steven C. Nance, Police Officer First Class Michelle P. Letellier, Officer Kevin J. Rusin, Officer Alyson R. White

Recipient of the 2010 Silver Medal of Valor is: Police Officer First Class Matthew J. Allen

Recipients of the 2010 Bronze Medal of Valor is: Police Officer First Class Bruce E. Blackwell, Police Officer First Class Thomas R. Divers, Police Officer First Class Jose R. Morillo, Officer Christopher L. Ganci, Police Officer First Class Brooks R. Gillingham, Officer Beth L. Gardner, Police Officer First Class David J. Montgomery, Detective Steven A. Wahrhaftig, Detective Patrick S. O'Hara.

Recipient of the 2010 Meritorious Service Award: Canine Molly

Madam Speaker, we would like to thank all of the men and women who serve in the Fairfax County Police Department. Their efforts, made on behalf of the citizens of Fairfax County, are selfless acts of heroism and truly merit our highest praise. We ask our col-

leagues to join us in commending this group of remarkable citizens.

RECOGNIZING THE FAIRFAX COUNTY CHAMBER OF COMMERCE 2010 VALOR AWARD RECIPIENTS

HON. GERALD E. CONNOLLY

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 19, 2010

Mr. CONNOLLY of Virginia. Madam Speaker, I rise today, joined by my colleagues Representative FRANK WOLF and Representative JAMES MORAN, to recognize an outstanding group of men and women in Northern Virginia. These individuals have demonstrated superior dedication to public safety and have been awarded the prestigious Valor Award by the Fairfax County Chamber of Commerce.

The Valor Awards recognize remarkable heroism and bravery in the line of duty exemplified by our public safety agencies and their commitment to the community. Our public safety and law enforcement personnel put their lives on the line everyday to keep our families and neighborhoods safe. Nearly 80 individuals are receiving awards at the 2010 ceremony in a variety of categories: The Life-saving Award, the Certificate of Valor, or the Bronze, Silver, or Gold Medal of Valor.

Eight members of the Fairfax County Fire and Rescue Department are being honored this year for their exceptional service. It is with great pride that we submit their names into the CONGRESSIONAL RECORD:

Recipients of the 2010 Certificate of Valor are: Firefighter Jessica T. Pickett, Volunteer Firefighter Bryan Zissel, Battalion Chief Richard Roatch, Firefighter Brian Snyder and Firefighter Claude R. Johnson.

Recipients of the 2010 Silver Medal of Valor are: Fire Technician Eric S. Craven and Master Technician Steven Schellhammer.

Recipient of the 2010 Bronze Medal of Valor is: Firefighter Nathaniel R. Moore.

Madam Speaker, we would like to thank all of the men and women who serve in the Fairfax County Fire and Rescue Department. Their efforts, made on behalf of the citizens of Fairfax County, are selfless acts of heroism and truly merit our highest praise. We ask our colleagues to join us in commending this group of remarkable citizens.

HOUSE OF REPRESENTATIVES—Saturday, March 20, 2010

The House met at 9 a.m. and was called to order by the Speaker pro tempore (Ms. CLARKE).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 20, 2010.

I hereby appoint the Honorable YVETTE D. CLARKE to act as Speaker pro tempore on this day.

NANCY PELOSI,
Speaker of the House of Representatives.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Let us approach the Lord with praise and thanksgiving. Strong is His love for us. Left to ourselves, we are easily overwhelmed. We cannot be attentive to His Word or accomplish His holy will.

So shield us with Your Holy Spirit, Lord, and make this Congress bold and strong. As Your instrument of mercy and compassion, drive away all that is evil and reveal the path that will strengthen Your people in hope and salvation, and give You the glory both now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. KLEIN of Florida. Madam Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER pro tempore. The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. KLEIN of Florida. Madam Speaker, on that I demand the yeas and nays. The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Ohio (Mr. WILSON)

come forward and lead the House in the Pledge of Allegiance.

Mr. WILSON of Ohio led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will now entertain up to five requests for 1-minute speeches on each side of the aisle.

HEALTH CARE REFORM

(Ms. SCHWARTZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SCHWARTZ. Today we are close to achieving a long-sought goal ensuring that all Americans have access to meaningful, affordable health coverage. Passing health care reform benefits all of us: families, seniors, businesses, taxpayers, and our Nation.

This plan includes many vital prescriptions that strengthen health care for all Americans, provisions that I have fought hard for: prohibiting insurance companies from excluding pre-existing condition coverage for children and adults. Six months after reform is passed, all children will be protected from these denials, strengthening primary care for seniors with a new focus on those with chronic diseases. Seniors will no longer have to pay copayments for preventative care and will have greater access to primary care doctors and nurses. And reform ensures that all insurance policies use plain, easy-to-understand language so that consumers know what they're buying and can honestly compare their choices.

The status quo is unacceptable and unsustainable. I urge a "yes" vote on health care reform.

GOVERNMENT FAIRY TALE

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Madam Speaker, Ronald Reagan once said the most terrifying words in the English language are, "I'm from the government and I'm here to help." This is exactly what Washington liberals are trying to tell the American people.

The scheme that the government can give everyone free health care is a fairy tale which defies history and reality. The reality is there are real and affordable ways to improve the health care financing system, and Republicans presented 70 such proposals. Proposals like H.R. 3400 will make health care accessible and affordable, covering pre-existing conditions, promoting employer-sponsored insurance, and offers insurance across State lines.

The Pelosi bill will kill 1.6 million jobs according to the National Federation of Independent Business.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

Citizens can make a difference, like Chuck Strauch of Hilton Head Island, with Ann Bull, Brenda Maxwell, and Lynn Dempsey of Lexington, South Carolina.

HEALTH CARE REFORM

(Mr. WILSON of Ohio asked and was given permission to address the House for 1 minute.)

Mr. WILSON of Ohio. Madam Speaker, I rise today to share my strong support for the health reform bill that we will be voting on this weekend.

This bill is not perfect, but it's a significant step forward. This bill will ensure that a wonderful little girl named Bridget from Marietta, Ohio, whom I met with last week, will never be denied health insurance due to a pre-existing condition even though she was stricken with cancer at the age of 3. It will guarantee that 9,300 other residents in Ohio's sixth district with pre-existing conditions can obtain coverage. This legislation will improve coverage for 365,000 residents in my district with health insurance and extend coverage to 40,000 people who are uninsured.

The bottom line is that we need this reform. Families like Bridget's need this reform. Our economy needs this reform. This is a historic vote, and I'm proud to cast my vote in favor of commonsense health care reform that finally benefits the people, not the insurance companies.

THE FIRST WORD WAS "HOUSTON"

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Madam Speaker, the United States is positioned to raise the white flag of surrender in space exploration. America is the leader in

space technology, but yet there are plans afoot to turn our lead over to the Russians and the Chinese.

By foolishly canceling the Constellation Program and when the last NASA shuttle flight occurs, we will have no means to transport our astronauts into space. We will have to hitch a ride with the Russians if we want that transportation. And if one of our security satellites needs repair, who's to say the Russians will even let us buy a coach ticket on their space aircraft.

Now even the Iranians have entered the space race. Last month they sent a rat, two turtles, and a worm into space.

Keeping our edge in spaceflight is a national security issue. We can not give that away to anybody. After all, when Neil Armstrong landed on the Moon, the first word was "Houston," not "Moscow" or "Beijing."

And that's just the way it is.

HEALTH CARE REFORM

(Mr. KLEIN of Florida asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KLEIN of Florida. Madam Speaker, from the beginning of the debate of health care reform, my top priority has been clear: strengthen and protect Medicare for our seniors, like Bunny Steinman in my district.

I believe that the doctor-patient relationship is absolutely essential, especially for our seniors. No one, not the government or private insurance, should stand between a patient and the doctor of their choice.

When I talk to seniors in my district, many of them tell me that struggling to cover the costs of prescription drugs—especially if they have fallen into the part D drug doughnut hole—is a real problem for them, and that is why I took the lead in working with AARP to make sure health care reform, this bill, closes the doughnut hole for good. Seniors will see immediate relief on prescription drug prices—a \$250 rebate next year and thousands more in savings in the years ahead.

We have won this fight. This reform will close the doughnut hole and save seniors money. There will be other benefits for seniors such as preventative care, like cancer screenings will now be free—no copays, no deductible. We owe it to our seniors. They paid into the Medicare trust fund. Taking care of our seniors is one of our top priorities. Benefits like these are critical to our senior population in south Florida, my district, and around the country.

I urge support of the bill.

HEALTH CARE REFORM

(Mr. ROE of Tennessee asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROE of Tennessee. Madam Speaker, I know that I am just a country doctor from Tennessee, but the fact that we can't have a true up-or-down vote on one of the most important pieces of legislation this body will ever consider just flat out confounds me.

I decided to do a little research on the issue, and just since the time I've been here, the House has recorded votes on whether to congratulate two college football teams, a college basketball team. There was a vote on a college quarterback. We've even held votes on honoring 10 colleges and universities and named 30 post offices. The House held a recorded vote on whether to pay tribute to Homeland Security Department employees, and just this week, we actually voted on whether or not to congratulate Vancouver on hosting the Winter Olympics. Heck, we've even asked Members of Congress to go on record about the 2,560th birthday of Confucius.

We can vote on all of these matters, but we can't have a vote on health care. Madam Speaker, if anyone can explain this to me, my phone line is open.

HEALTH CARE REFORM

(Mr. YARMUTH asked and was given permission to address the House for 1 minute.)

Mr. YARMUTH. Madam Speaker, this morning on my way in to the Capitol I experienced a moment of karma. The first song that came on the radio, when I turned it on, was a song from the show "Les Mis" called "One Day More." In that Broadway show, "One Day More" is sung on the eve of an insurrection by French students, many of whom know they are going to die.

One day more today we will be passing an historic piece of legislation that will not take lives. It will save lives; the 18,000 lives that are lost every year because of a lack of health insurance. We will save lives, we will save money, we will save Medicare, and we will save jobs. One day more until we accomplish all of that for our economy, for our citizens, and for our country.

Tomorrow, indeed, will be a wonderful day.

AP FINDS PREMIUMS WILL GO UP UNDER HEALTH CARE

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Madam Speaker, here is what the Associated Press has to say about the administration's health care plan: "Buyers, beware. President Barack Obama says his health care overhaul will lower premiums by double digits, but check the fine print."

"Premiums are likely to keep going up even if the health care bill passes, experts say."

"Listening to Obama pitch his plan, you might not realize that's how it works."

"The (Congressional) Budget Office concluded that premiums for people buying their own coverage would go up by an average of 10 to 13 percent."

The rest of the national media should report the facts about health care, not cover them up.

HEALTH CARE REFORM

(Mr. HIMES asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HIMES. Madam Speaker, for a long time I have started discussions about health care with the phrase, "Setting aside the moral dimension, let's talk about the costs and the need to bring down costs."

I want to come back to that moral dimension. I want to come back to the fact that at the core of that moral dimension is the belief that we look after our own; that if you were attacked by your enemies, we send the best military in the world for hundreds of billions of dollars. If your house catches fire, we will send men and equipment to put out that fire. If an assailant enters your home, we will send men and equipment to look after our own.

But if you're one of the tens of thousands of people diagnosed with breast cancer, coronary disease, leukemia, well, then we're not sure. We might look after you if you have a job, if you can keep that job, if you don't have preexisting conditions, if you haven't committed the sin of getting older.

Madam Speaker, if we are to be true to what is the value of this country, that we look after our own, we will finally join the company of civilized nations and say, Every American, we will look after you; you will not die needlessly, by passing health care reform.

□ 0915

HEALTH CARE REFORM

(Mr. CAO asked and was given permission to address the House for 1 minute.)

Mr. CAO. Madam Speaker, I understand that we need health care reform. I have a younger brother who has a kidney disease that put him on dialysis at the young age of 30 and forced him to have a kidney transplant. I have a father who is also on dialysis and struggling to survive. I have a younger sister who has been fighting lupus for over a decade. I also saw how my sister struggled and fought the insurance companies for coverage.

I understand the crushing costs of health care. I understand that we have to fight the insurance companies. But I also understand that abortion is wrong. Last week, I called my brother and

apologized to him and told him that I cannot support the Senate health care bill. He told me that he understands, and I thank him for it.

Tomorrow will be a sad day for me as I cast a "no" vote against something I believe we need to prevent: The expansion of abortion, an absolute moral evil.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 9 o'clock and 15 minutes a.m.), the House stood in recess subject to the call of the Chair.

□ 1030

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. JACKSON LEE of Texas) at 10 o'clock and 30 minutes a.m.

PUBLIC LANDS SERVICE CORPS ACT OF 2009

Mr. GRIJALVA. Madam Speaker, pursuant to House Resolution 1192, I call up the bill (H.R. 1612) to amend the Public Lands Corps Act of 1993 to expand the authorization of the Secretaries of Agriculture, Commerce, and the Interior to provide service-learning opportunities on public lands, help restore the Nation's natural, cultural, historic, archaeological, recreational, and scenic resources, train a new generation of public land managers and enthusiasts, and promote the value of public service, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1192, the bill is considered read.

The amendment in the nature of a substitute printed in the bill is adopted.

The text of the bill, as amended, is as follows:

H.R. 1612

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Public Lands Service Corps Act of 2009".

SEC. 2. REFERENCE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or a repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Public Lands Corps Act of 1993 (16 U.S.C. 1721 et seq.; title II of Public Law 91-378).

SEC. 3. AMENDMENTS TO THE PUBLIC LANDS CORPS ACT OF 1993.

(a) NAME AND PROJECT DESCRIPTION CHANGES.—The Act is amended—

(1) by striking "Public Lands Corps" each place it appears and inserting "Public Lands Service Corps";

(2) in the title heading, by striking "PUBLIC LANDS CORPS" and inserting "PUBLIC LANDS SERVICE CORPS";

(3) in the section 204—

(A) in the section heading, by striking "PUBLIC LANDS CORPS" and inserting "PUBLIC LANDS SERVICE CORPS"; and

(B) in the heading of subsection (a), by striking "PUBLIC LANDS CORPS" and inserting "PUBLIC LANDS SERVICE CORPS";

(4) in the heading of paragraph (2) of section 210(a), by striking "PUBLIC LANDS CORPS" and inserting "PUBLIC LANDS SERVICE CORPS";

(5) by striking "conservation center" each place it appears and inserting "residential conservation center"; and

(6) by striking "appropriate conservation projects" each place it appears (except in paragraph (1) of section 204(e) as so redesignated) and inserting "appropriate natural and cultural resources conservation projects".

(b) FINDINGS.—Section 202(a) of the Act is amended as follows:

(1) In paragraph (1), by striking "the natural and cultural" and inserting "natural and cultural".

(2) By redesignating paragraphs (2) and (3) as paragraphs (4) and (5), respectively, and by inserting after paragraph (1) the following:

"(2) Participants in conservation corps receive meaningful training and their experience with such corps provides preparation for careers in public service.

"(3) Young men and women who participate in the rehabilitation and restoration of our Nation's natural, cultural, historic, archaeological, recreational, and scenic treasures will gain an increased appreciation and understanding of our public lands and heritage, and of the value of public service, and are likely to become lifelong advocates for those values."

(3) In paragraph (4) (as so redesignated), by inserting ", cultural, historic, archaeological, recreational, and scenic" after "Many facilities and natural".

(4) By adding at the end the following:

"(6) The work of conservation corps can benefit communities adjacent to public lands and facilities through renewed civic engagement and participation by corps participants and those they serve; improved student achievement; and restoration and rehabilitation of public assets."

(c) PURPOSE.—Section 202(b) of the Act is amended to read as follows:

"(b) PURPOSES.—The purposes of this Act are to—

"(1) introduce young men and women to public service while furthering their understanding and appreciation of the Nation's natural, cultural, historic, archaeological, recreational, and scenic resources;

"(2) facilitate training and recruitment opportunities in which service is credited as qualifying experience for careers in public land management;

"(3) instill in a new generation of young men and women from across the Nation, including those from diverse backgrounds, the desire to seek careers in natural and cultural resource stewardship and public service by allowing them to work directly with professionals in agencies responsible for the management of the Nation's natural, cultural, historic, archaeological, recreational, and scenic resources;

"(4) perform, in a cost-effective manner, appropriate natural and cultural resources conservation projects where such projects are not being performed by existing employees;

"(5) assist governments and Indian tribes in performing research and public education tasks associated with natural and cultural resources;

"(6) expand educational opportunities by rewarding individuals who participate in national service with an increased ability to pursue higher education or job training; and

"(7) promote public understanding and appreciation of the individual missions and natural and cultural resources conservation work of the Federal agencies through training opportunities, community service and outreach, and other appropriate means."

(d) DEFINITIONS.—Section 203 of the Act is amended as follows:

(1) By amending paragraphs (1) and (2) to read as follows:

"(1) APPROPRIATE NATURAL AND CULTURAL RESOURCES CONSERVATION PROJECT.—The term 'appropriate natural and cultural resources conservation project' means any project for the conservation, restoration, construction, or rehabilitation of natural, cultural, historic, archaeological, recreational, or scenic resources.

"(2) CORPS AND PUBLIC LANDS SERVICE CORPS.—The terms 'Corps' and 'Public Lands Service Corps' mean the Public Lands Service Corps established under section 204 of this title."

(2) By striking paragraphs (3) and (8).

(3) By redesignating paragraphs (4), (5), (6), (7), (9), (10), (11), (12), and (13) as paragraphs (3) through (11), respectively.

(4) By amending paragraph (7) (as so redesignated) to read as follows:

"(7) PUBLIC LANDS.—The term 'public lands' means any lands or waters (or interest therein) owned or administered by the United States, including those areas of coastal and ocean waters, the Great Lakes and their connecting waters, and submerged lands over which the United States exercises jurisdiction, except that such term does not include any Indian lands."

(5) In paragraph (8) (as so redesignated)—

(A) in subparagraph (B), by striking "and" at the end;

(B) in subparagraph (C), by striking the period and inserting "; and"; and

(C) by adding at the end the following:

"(D) makes available for audit for each fiscal year for which the qualified youth or conservation corps receives Federal funds under this Act, information pertaining to the expenditure of the funds, any matching funds, and participant demographics."

(6) In paragraph (10) (as so redesignated)—

(A) in subparagraph (A), by striking "and" at the end;

(B) in subparagraph (B), by striking the period and inserting "; and"; and

(C) by adding at the end the following:

"(C) with respect to the National Marine Sanctuary System, coral reefs, and other coastal, estuarine, and marine habitats, and other lands and facilities administered by the National Oceanic and Atmospheric Administration, the Secretary of Commerce."

(7) By adding at the end the following:

"(12) RESIDENTIAL CONSERVATION CENTERS.—The term 'residential conservation centers' means the facilities authorized under section 205.

"(13) CONSULTING INTERN.—The term 'consulting intern' means a consulting intern selected under section 206.

"(14) PUBLIC LANDS SERVICE CORPS PARTICIPANT.—The term 'Public Lands Service Corps participant', 'Corps participant' or 'participant of the Corps' means an individual who is enrolled in the Public Lands Service Corps pursuant to section 204(b)."

(e) PUBLIC LANDS SERVICE CORPS PROGRAM.—Section 204 of the Act is amended as follows:

(1) In subsection (a)—

(A) in the heading, by adding at the end "PROGRAM";

(B) by striking "and the Department of Agriculture a" and inserting ", the Department of

Agriculture, and the Department of Commerce a service and training program titled the"; and

(C) by adding at the end the following: "The Secretary of the Interior shall establish a department-level office to coordinate Public Lands Service Corps activities within the Department of the Interior. The Secretary of Agriculture shall establish within the U.S. Forest Service an office to coordinate Public Lands Service Corps activities within that agency. The Secretary of Commerce shall establish within the National Oceanic and Atmospheric Administration an office to coordinate Public Lands Service Corps activities within that agency. The Secretary of each department shall designate a Public Lands Service Corps coordinator for each agency within that department that administers Public Lands Service Corps activities."

(2) By amending subsection (b) to read as follows:

"(b) PARTICIPANTS.—The Secretary may enroll in the Public Lands Service Corps individuals between the ages of 16 and 25, inclusive, who are either hired by an agency under the Secretary's jurisdiction to perform work authorized under this Act or who are members of a qualified youth or conservation corps with which the Secretary has entered into a cooperative agreement to perform work authorized under this Act. The Secretary may also enroll resource assistants and consulting interns. All enrollees shall be considered Public Lands Service Corps participants, and may be enrolled for a term of up to 24 months of service, which may be served over more than two calendar years. The individuals may be enrolled without regard to the civil service and classification laws, rules, or regulations of the United States. The Secretary may establish a preference for the enrollment in the Corps of individuals who are economically, physically, or educationally disadvantaged."

(3) In subsection (c)—

(A) in paragraph (1)—

(i) by striking "contracts and";

(ii) by inserting "natural and cultural resources" after "appropriate"; and

(iii) by striking "subsection (d)" and inserting "subsection (e)";

(B) by redesignating paragraph (2) as paragraph (3);

(C) by inserting after paragraph (1) the following:

"(2) RECRUITMENT.—The Secretary shall undertake, or enter into cooperative agreements to provide, a program to attract eligible youth to the Corps by publicizing Corps opportunities through high schools, colleges, employment centers, electronic media, and other appropriate institutions or means."; and

(D) by amending paragraph (3) (as so redesignated) to read as follows:

"(3) PREFERENCE.—For purposes of entering into cooperative agreements under paragraph (1), the Secretary may give preference to qualified youth or conservation corps located in a specific area that have a substantial portion of members who are economically, physically, or educationally disadvantaged to carry out projects within the area."

(4) By redesignating subsections (d) through (f) as subsections (e) through (g), respectively.

(5) By inserting after subsection (c) the following:

"(d) TRAINING.—The Secretary shall establish a training program based at appropriate residential conservation centers or at other suitable regional Federal or other appropriate facilities or sites to provide training for Corps participants. The Secretary shall—

"(1) ensure that the duration and comprehensiveness of the training program shall be commensurate with the projects Corps participants are expected to undertake;

"(2) develop department-wide standards for the program that include training in—

"(A) resource stewardship;

"(B) ethics for those in public service;

"(C) principles of national service;

"(D) health and safety;

"(E) teamwork and leadership; and

"(F) interpersonal communications;

"(3) direct each participating agency to develop agency-specific training guidelines to ensure that Corps participants enrolled to undertake projects for that agency are appropriately informed about matters specific to that agency, including—

"(A) the history and organization of the agency;

"(B) the agency's core values; and

"(C) any agency-specific standards for the management of natural, cultural, historic, archaeological, recreational, and scenic resources; and

"(4) take into account training already received by Corps participants enrolled from qualified youth or conservation corps, including in the matters outlined in paragraph (2)."

(6) In subsection (e) (as so redesignated)—

(A) in paragraph (1)—

(i) by striking "The Secretary may utilize the Corps or any qualified youth or conservation corps to carry out appropriate" and inserting "The Secretary may use Corps participants to carry out, under appropriate supervision and training, appropriate natural and cultural resource"; and

(ii) by striking "law on public lands." and inserting the following: "law. Such projects may include, but are not limited to—

"(A) protection, restoration, or enhancement of ecosystem components to promote species recovery, improve biological diversity, enhance productivity and carbon sequestration, and enhance adaptability and resilience of public lands and resources in the face of climate change and other natural and human disturbances;

"(B) promoting the health of forests and public lands, refuges, and coastal and marine areas, including—

"(i) protection and restoration of watersheds and forest, riparian, estuarine, grassland, coral reef, intertidal, or other habitat;

"(ii) reduction of wildfire risk and mitigation of damage from insects, disease, and disasters;

"(iii) erosion control;

"(iv) control or removal of invasive, noxious, or non-native species; and

"(v) restoration of native species;

"(C) collection of biological, archaeological, and other scientific data, including monitoring of climatological information, species populations and movement, habitat status, and other factors;

"(D) assisting in historical and cultural research, archival and curatorial work, oral history projects, documentary photography, and activities that support the creation of public works of art related to public lands; and

"(E) construction, repair, rehabilitation, green building retrofitting, and maintenance of roads, trails, campgrounds, and other facilities, employee housing, cultural and historic sites and structures, and facilities that further the purposes of the Public Lands Service Corps."

(B) By redesignating paragraphs (2) and (3) as paragraphs (4) and (5), respectively.

(C) By inserting after paragraph (1) the following:

"(2) VISITOR SERVICES.—The Secretary may—

"(A) enter into or amend an existing cooperative agreement with a cooperating association, educational institute, friends group, or similar nonprofit partner organization for the purpose of providing training and work experience to Corps participants in areas including, but not limited to, sales, office work, accounting, and management provided that the work experience

directly relates to the protection and management of the public lands; and

"(B) allow Corps participants to help promote visitor safety and enjoyment of public lands, and assist in the gathering of visitor use data.

"(3) INTERPRETATION.—The Secretary may assign Corps participants to provide interpretation or education services for the public under the appropriate direction and supervision of agency personnel, including—

"(A) providing orientation and information services to visitors, including services for non-English speaking visitors and visitors who use American Sign Language;

"(B) assisting agency personnel in the delivery of interpretive or educational programs, including outdoor learning and classroom learning;

"(C) presenting programs on Federal lands or at schools, after-school programs, and youth-serving community programs that relate the personal experience of the Corps participant for the purpose of promoting public awareness of the Corps, its role in public land management agencies, and its availability to potential participants; and

"(D) creating nonpersonal interpretive products, such as Web site content, Junior Ranger program books, printed handouts, and audiovisual programs."

(D) In paragraph (4) (as so redesignated), by striking "Appropriate conservation projects" and inserting "Appropriate natural and cultural resources conservation projects".

(7) In subsection (g) (as so redesignated), by striking "appropriate conservation project" inserting "appropriate natural and cultural resources conservation project".

(8) By amending the text of subsection (f)(2) (as so redesignated) to read as follows: "will instill in Corps participants a work ethic and a sense of public service";

(9) In subsection (g) (as so redesignated), by striking "on eligible service lands".

(10) By adding at the end the following:

"(h) OTHER PARTICIPANTS.—The Secretary may allow volunteers from other programs administered or designated by the Secretary to participate as volunteers in projects carried out under this section on such terms as the Secretary considers appropriate."

(f) RESIDENTIAL CONSERVATION CENTERS AND PROGRAM SUPPORT.—Section 205 of the Act is amended as follows:

(1) In the section heading, by striking "**CONSERVATION**" and inserting "**RESIDENTIAL CONSERVATION**".

(2) In subsection (a)—

(A) by amending paragraph (1) to read as follows:

"(1) IN GENERAL.—The Secretary may establish residential conservation centers for—

"(A) such housing, food service, medical care, transportation, and other services as the Secretary deems necessary for the Public Lands Service Corps; and

"(B) the conduct of appropriate residential conservation projects under this Act."

(B) by striking paragraph (2) and redesignating paragraphs (3) and (4) as paragraphs (2) and (3), respectively;

(C) in paragraph (2) (as so redesignated)—

(i) in the text, by inserting "residential" before "conservation centers"; and

(ii) in the heading, by inserting "RESIDENTIAL" before "CONSERVATION CENTERS"; and

(D) in paragraph (3) (as so redesignated), by striking "with a State or" and inserting "a cooperative agreement with another Federal, State, or"

(3) In subsection (b)—

(A) by striking "The Secretary" and inserting the following:

"(1) The Secretary"; and

(B) by adding at the end the following:

“(2) The Secretary may make arrangements with other Federal agencies, States, local governments, or private organizations to provide temporary housing as needed and available.

“(3) In project areas where Corps participants can reasonably be expected to reside at their own homes, the Secretary may fund or provide transportation to and from project sites.”.

(4) By redesignating subsection (d) as subsection (g).

(5) By inserting after subsection (c) the following:

“(d) **FACILITIES.**—The Secretary may, as an appropriate natural and cultural resources conservation project, direct Corps participants to aid in the rehabilitation or construction of residential conservation center facilities, including housing.

“(e) **GREEN BUILDINGS.**—The Secretary may seek the assistance of the Secretary of Energy in identifying and using solar and other green building technologies and modular housing designs that may be adapted for residential conservation center facilities, including—

“(1) designs from the Department of Energy’s Solar Decathlon competition; and

“(2) logistical support, assistance, and training from Solar Decathlon participants.

“(f) **MENTORS.**—The Secretary may recruit from programs, such as agency volunteer programs, and from agency retirees, veterans groups, military retirees, active duty personnel, and from appropriate youth-serving organizations, such adults as may be suitable and qualified to provide training, mentoring, and crew-leading services to Corps participants.”.

(6) In subsection (g) (as so redesignated), by striking “are appropriate to carry out this title” and inserting “the Secretary determines to be necessary for the residential conservation center”.

(g) **RESOURCE ASSISTANTS AND CONSULTING INTERNS.**—Section 206 of the Act is amended as follows:

(1) In the section heading, by inserting “**AND CONSULTING INTERNS**” before the period.

(2) In subsection (a), by striking “The Secretary is authorized to provide individual placements of resource” and inserting the following: “The Secretary is authorized, to provide individual placements of the following:

“(1) Resource”.

(3) By inserting after subsection (a)(1) (as so designated), the following:

“(2) Consulting interns with any Federal land, coastal, or ocean management agency under the jurisdiction of the Secretary to carry out management analysis activities on behalf of the agency. To be eligible for selection as a consulting intern, an individual must be a current enrollee and have completed at least one full year at a graduate or professional school that has been accredited by an accrediting body that has been recognized by the Secretary of Education. The Secretary may select consulting interns without regard to the civil service and classification laws, rules, or regulations of the United States.”.

(4) In subsection (b)—

(A) by inserting “or consulting interns” before “through private sources”;

(B) in the second sentence, before the period, by inserting “; up to 15 percent may be in-kind”; and

(C) by striking “Resource Assistants” and inserting “resource assistants or consulting interns”.

(5) By adding at the end the following:

“(c) **COST SHARING REQUIREMENTS.**—At the Secretary’s discretion, the requirements for cost sharing applicable to participating nonprofit organizations for the expenses of resource assistants and consulting interns under subsection (b) may be reduced to not less than 10 percent.”.

(h) **TECHNICAL AMENDMENT.**—The Act is amended by redesignating sections 207, 208, 209, 210, and 211 as sections 208, 209, 210, 211, and 212, respectively.

(i) **GUIDANCE.**—The Act is amended by inserting after section 206 the following:

“**SEC. 207. GUIDANCE.**

“Not later than 18 months after funds are made available for this purpose, the Secretaries shall issue guidelines for the management of the Public Lands Service Corps programs for use by regional and State directors, and the supervisors of individual parks, forests, districts, sanctuaries, reserves, hatcheries, and refuges.”.

(j) **LIVING ALLOWANCES AND TERMS OF SERVICE.**—Section 208 of the Act (as so redesignated) is amended—

(1) by amending subsection (a) to read as follows:

“(a) **LIVING ALLOWANCES.**—The Secretary shall provide each Corps participant with a living allowance in an amount established by the Secretary. The Secretary may—

“(1) apply a cost-of-living differential to such allowances; and

“(2) reimburse Corps participants for travel costs at the beginning and end of their term of service if the Secretary deems appropriate.”.

(2) by amending the text of subsection (b) to read as follows: “Each Corp participant shall agree to participate in the Corps for such term of service as may be established by the Secretary enrolling or selecting the individual.”;

(3) in the heading of subsection (c), by adding at the end “**PREFERENCE AND FUTURE EMPLOYMENT**”; and

(4) in subsection (c)—

(A) by amending paragraphs (1) and (2) to read as follows:

“(1) grant to a participant of the Public Lands Service Corps credit for service time in the Corps to be used as qualifying experience toward future Federal hiring;

“(2) provide to a former participant of the Public Lands Service Corps noncompetitive hiring status for a period of not more than two years after the date on which the participant’s service with the Public Lands Service Corps is complete (not counting any time spent enrolled in an academic institution or trade school), if the candidate—

“(A) has served a minimum of 960 hours on an appropriate natural or cultural resource conservation project that included at least 120 hours through the Public Lands Service Corps; and

“(B) meets Office of Personnel Management qualification standards for the position to which the candidate is applying”; and

(B) by adding at the end the following:

“(3) develop a system to provide consideration for participants who cannot meet the requirements of paragraph (2);

“(4) provide to an individual who has successfully fulfilled the resource assistant program noncompetitive hiring status for a period of not more than two years after the date on which the individual has completed an undergraduate degree from an accredited institution;

“(5) provide to an individual who has successfully fulfilled the consulting internship program noncompetitive hiring status for a period of not more than two years after the date on which the individual has completed a graduate degree from an accredited institution; and

“(6) provide, or enter into cooperative agreements with qualified employment agencies to provide, alumni services such as job and education counseling, referrals, verification of service, communications, and other appropriate services to participants who have completed their Corps service.”.

(k) **NATIONAL SERVICE EDUCATIONAL AWARDS.**—Section 209 of the Act (as so redesignated) is amended—

(1) in subsection (a), by striking “If a” and all that follows through “shall be eligible” and inserting “If a Corps participant also serves in an approved national service position designated under subtitle C of title I of the National and Community Service Act of 1990 (42 U.S.C. 12571 et seq.), the Corps participant shall be eligible”; and

(2) in subsection (b), by striking—

(A) “either participants in the Corps or resource assistants” and inserting “participants in the Corps”; and

(B) “or a resource assistant”.

(l) **NONDISPLACEMENT.**—Section 210 of the Act (as so redesignated) is amended to read as follows:

“**SEC. 210. NONDISPLACEMENT.**

“The nondisplacement requirements of the National and Community Service Act of 1990 shall be applicable to all activities carried out by the Public Lands Service Corps participants.”.

(m) **FUNDING.**—Section 211 of the Act (as so redesignated) is amended—

(1) in subsection (a)(1)—

(A) by striking “appropriate conservation project” each place it appears and inserting “appropriate natural and cultural resources conservation project”; and

(B) by adding at the end the following: “The Secretary may reduce to no less than 10 percent the non-Federal costs of a project when the Secretary determines that it is necessary to enable participation in the Public Lands Service Corps from a greater range of organizations.”; and

(2) in subsection (b)—

(A) by inserting “program” after “Corps”; and

(B) by inserting “, consulting interns” before “and qualified youth”.

(n) **AUTHORIZATION OF APPROPRIATIONS.**—Section 212 of the Act (as so redesignated) is amended—

(1) in subsection (a), by inserting “to the Secretary” after “authorized to be appropriated”; and

(2) in subsection (a), by striking “to carry out” the first place it appears and all that follows through the period and inserting “such sums as may be necessary to carry out this title.”;

(3) by striking subsection (b); and

(4) by redesignating subsection (c) as subsection (b).

The SPEAKER pro tempore. After 1 hour of debate on the bill, as amended, it shall be in order to consider the further amendments printed in part C of House Report 111-445, each of which may be offered only by a Member designated in the report, shall be considered as read, and shall be separately debatable for 10 minutes equally divided and controlled by the proponent and an opponent.

The gentleman from Arizona (Mr. GRIJALVA) and the gentleman from Utah (Mr. BISHOP) each will control 30 minutes.

The Chair recognizes the gentleman from Arizona.

GENERAL LEAVE

Mr. GRIJALVA. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 1612.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

Mr. GRIJALVA. Madam Speaker, I rise today in strong support of H.R. 1612, a bill I introduced last year to help repair and restore our Nation's public lands while employing and training thousands of young Americans and promoting the culture of public service.

In 1993, when the Public Lands Corps was established through the good work of our late colleague Bruce Vento of Minnesota, there were huge backlogs of labor-intensive work on national park lands, forests, wildlife refuges, historic sites, and Indian lands. Unfortunately, we still face those challenges and more. Years of inadequate funding have put our Federal land management agencies further behind on vital maintenance work, while infrastructure continues to crumble.

Despite the best efforts of these underfunded agencies, natural and cultural resources are being neglected, and in many places the effects of climate change are magnifying earlier problems such as fire risk, damage by insects and invasive species, coastal erosion, and fragmented habitat. The stimulus bill we passed in the first session has begun to attack the problem, but is only a start. Much remains to be done on the public lands.

My bill, H.R. 1612, will expand and reinvigorate an existing program, the Public Lands Corps, by streamlining its management, modernizing its scope, and providing new tools to help the program accomplish its mission, putting young people to work repairing our most treasured resources. Young people participating in the Public Lands Service Corps will work side by side with professional land managers to collect biological data, preserve historic documents, rebuild roads and trails, attack invasive weeds, reduce fire risk and improve watershed health, paint visitor facilities, restore damaged wetlands, help build green buildings, and welcome visitors to our parks and public lands. These and a wide variety of other jobs will be available to Corps members for a period up to 2 years. Their term of service will include the training they need to do these jobs.

My bill also allows the agencies to provide housing for Corps participants, and even allows the Corps members to build housing that can be used by future Corps members. The training and experience Corps members receive while working to improve the condition of our natural and cultural resources will give them a huge advantage when they enter the working world in such professions as science, land management, the building trades, academic disciplines such as history and education.

The legislation not only takes a decisive step forward in finishing desperately needed work on our national

park lands, forests, wildlife refuges, historic sites and Indian lands, but also recognizes the importance of our coastal and marine systems and our national marine sanctuaries. This expanded public service initiative will introduce people from a greater diversity of social, ethnic, and cultural backgrounds to our Nation's parks, forests, and public lands not only as possible future employees, but also as lifelong advocates and enthusiasts.

The legislation takes advantage of an opportunity to provide meaningful employment and training to young people who need it, while also improving the condition of our priceless natural and cultural resources. President Obama and Interior Secretary Salazar have made national service a priority and have graciously supported this legislation. I am also proud to have the support of preeminent conversation corps groups, as well as leading national parks advocacy groups.

I ask my colleagues to support the passage of this measure. At a time when unemployment among our youth and particularly the urban areas is at an all time high, H.R. 1612 begins to address that crisis and also to address the unmet needs of our public lands.

I reserve the balance of my time.

Mr. BISHOP of Utah. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I, as well as many who are here on the floor, am just pleased to be here on a Saturday morning to discuss the bill that is the significance and the reason why we are here, and also the side-view of being able to count the number of arm splints that we see today so we can be part of an historical occasion.

This bill I do think happens to be one of the metaphors perhaps for this entire session as we begin this weekend reality play that definitely does fit into the theater of the absurd. This is a good program, but there is much common good for which we could have found a great deal of common support had this bill been allowed to have some bipartisanship with it.

Both the ranking member of the full committee and the ranking member of the subcommittee had amendments that had been proposed in the committee that were withdrawn under the assumption that they would be worked upon and added to the final bill when it came here to the floor. That was not simply the case. So what could have been an easy bill to pass with common assumptions to it that would have been one of the things that could have been done in a bipartisan way has now been turned into something that has a partisan flavor to it, as the only rule bill that we have for this weekend so far simply because of the standards that we have had in this proposal. This is indeed a metaphor for what we are doing and what we have been doing for much of this session.

I do have some concerns, Madam Speaker, for this bill in three basic areas. First of all, the concept of funding and fiscal responsibility. Secondly, the concept of curriculum that will be involved in this program. And third, what I would probably call is the genealogy of this particular program.

One of the amendments and one of the requests that we had is that this bill should be sunsetted in some particular way. In fact, there will be an amendment that will be brought to the floor to add a sunset provision to this particular bill. This bill as currently administered spends \$12 million a year. For some people, that is considered a lot of money. Around here, I realize that is simply a rounding error. But what it does, if you pass this particular bill, it takes off the cap that caps this program at \$12 million a year and allows it to be funded at any level one assumes. The CBO made the assumption that would be \$120 million over 5 years. How they reached that assumption no one really knows.

One of the things we should do if we were fiscally responsible would be to make sure that there was a specific cap on this program and that there was a sunset provision so it could be reviewed. One of the things we all realize around this country, especially as we talk about the increasing deficit of this country, is that there are some things that the Federal Government must do. Defense of this country is one of the things we must do. There are some things we should never do. And there are some things that fall into those limited categories of it would be nice to do if it meets with our priorities and we have the means to provide them. Providing for the Park Service, healthy forests is one of those things we should do. But it must be set in the environment of how much money we have and where our priorities lie.

Having kids being groomed to be future managers is a nice thing to do on these public lands if it fits into our priorities. And that is why this program should be reviewed at a regular basis by Congress. Once these types of programs are passed on indefinitely and become embodied within the budget itself, it is never reviewed by this body again, which is our function and our responsibility.

If anything was done in a self-executing rule, the amendment we will talk about later to actually put a cap on this program and make sure that we review it on a regular basis, that should have been self-executing because it is our responsibility as Congress, and we should not abrogate that particular responsibility.

The second concern I have is what I call the curriculum of this particular program. It has been portrayed by groups to us that this is like a new version of the CCC coming along trying to make changes and improvements in

public lands. If that were the case, we would probably have very little concern about it. But that is not necessarily what will be allowed if this bill actually goes into effect. See, when this program was originally started the goal was to have kids working on projects that would benefit specially our Forest Service and public lands. But unfortunately as this is now altered, there is no guarantee of where the funds will go and what the priorities may be, which is one of the things we simply wanted. Keep the program doing what the program was intended to do.

This time the government will send money, much of which will be handled by the Student Conservation Association. They will be the ones who will facilitate programs and give grants. How it's structured no one knows. Because once again, instead of ensuring that this is done to the betterment of public lands, this allows for money to go to political issues under the guise of some kind of conservationship. For indeed, this group has had an agenda in the past which has been anti-affordable energy, anti-coal fired plants, pro-higher taxes and energy costs.

Our staff had the opportunity of looking on the Web site of this particular group. They sponsored a conference here in Washington several years ago sponsored by the National Park Service, some funding from the National Park Service in which the curriculum for that conference was not just about how we improve our public lands, but also how one stages protests, how one can do a sit-in to prevent a timber harvest from taking place. In fact, as you look at their Web site their organizing chart lists to start small and then grow and make it fun in the process.

Now, once again, that is not what this program was intended to do, nor should it be the program. And there are no prohibitions to say that this program will not evolve into that form. Had they simply added amendments we wanted to say what the purposes and the directions of this program were, once again it would be a very good bipartisan bill. But that was not allowed. It was not allowed by leadership here or in the Rules Committee to take that place and form.

This Student Conservation Association once again has taken a great deal of stimulus funds that were added in the stimulus bill. In each of those, once again, there was much that was involved that was advocacy outside building our public lands. One of the funds got 18 grand into my community to assist in building a public library so that they could associate at the refuge center with conservation efforts. One hundred twenty thousand dollars was given to this group so they could go to New England and show legal techniques and practices of how they could

use the legal system to reach goals that they had. That is political activism, which is not what this program was about, not to which this program should evolve into itself.

One of the things, Madam Speaker, that was funded as part of this program is the Mo Udall Legacy bus tour. Actually, it was a 54-day bus tour promoted by the National Park Service. You can see their logos all the way around here, as well as Department of Interior, to promote sustainability in biodiesel buses. According to the kids, it was a wonderful 54-day trip. However, most of them actually said how great it was as they visited microbreweries in every one of those areas, especially biodiversified microbreweries.

Actually, I don't know how successful this tour was. I don't drink anything harder than Dr. Pepper, so I am going to ask some of the rest of you around here to see if their touring, their visiting to all of the bars they had in the cities in which they went on this particular trip really was worthwhile in making that particular kind of evaluation.

□ 1045

Nice trip. There is nothing wrong with these guys doing this as long as they do it on their own dime; not on the government's dime under the guise of creating some kind of better lands for our public services.

National Park Services, which will be in charge of the oversight of this, does not have a great record in that. In 2007, the IG in the Department of the Interior came up with this in one park service-managed job corps center—\$3 million of misreported expenditures and \$200,000 of improper charges. And that is the oversight that we're going to have. Those types of things should have been added to the bill.

We asked those to be added to the bill. It would have solved the problem of this particular bill, but they weren't done; therefore, we're here complaining about something which should have been and could have been a great program of bipartisan support, and it isn't.

Let me talk about the genealogy, for, indeed, this Student Conservation Association that will be managing this new program was an offspring created by the National Park Conservation Association, the godfather of this program, a special interest group with a history of what I consider to be extreme agendas—a history of filing lawsuits against this government, filing lawsuits against the Second Amendment rights, efforts to restrict hunting and recreation that are currently permitted on public lands, and presently involved in a national courtroom crusade to destroy the benefits of coal-fired plants with letters, with testimony. Once again, their motives may be pure, fine. It's okay to do that, but

not on the government dime. And this bill is written so loosely that it is not clear if any money goes indirectly or directly back to this point to do it.

This bill, when originally established, this program, when originally established, was there to inspire use and needs and build needed programs on public lands. When this program was originally established, by law, it's highest priority was to generate a new generation of land managers trained specifically to improve public lands and specifically to implement the bipartisan Healthy Forest Restoration Act.

That was, under the current system, the highest priority: to help our lands, stop catastrophic fires, to improve our forests. It was managed for that. Seventy-five percent of the money went to that particular issue. That is what should be done.

But once again, in committee, when we said let's restate that at least as one of the important criteria—because, you see, when this bill was written, they removed anything that related to healthy forests from the language. Reinstate that. We actually said, Why don't you reinstate it so at least 50 percent of this goes to improving the forests of this country? And that wasn't allowed either.

So there is no criteria. There is no reference once again to the purpose of this bill originally, which was to make sure that we had a healthy forest. Instead, we have an open-ended bill that could do anything, that could go anywhere, that may make any kind of function.

And see, Madam Speaker, all of this could have been avoided. These are not tough issues. This is not one of the bills that is going to make or break the Republic. It could be avoided if simply the Democrat majority had decided to try and do something in a bipartisan way. If they said, These are your objections. Let's draft something to make sure that your restrictions are what we do as well. We didn't need to be here.

As I said, the committee promised that they would work on this before it came to the floor. I was not privy to those negotiations. I don't know where it went down, but something happened that did not need to happen.

And the Rules Committee, we once again took these amendments to the Rules Committee and, in their typical fashion, the Rules Committee dropped all of them except for two. That didn't need to take place. Typical of what we're doing around here is simply trying to push things through when we don't need to do it. If we had really had a spirit of bipartisanship, this is something that could easily be accomplished.

So you can sit back, if this happens to pass today, and simply tell yourself it could have been great. It could have been a united bill. It could have been

something which we all could say of which we are now proud. But because of the process that we are using, that does not take place. In fact, Madam Speaker, what we are doing here is duplicative.

AmeriCorps, if you look on their enacting legislation on page 22 and page 24, everything this program—which was designed to help public lands, especially healthy forests—everything this is now opened up to do is done by AmeriCorps. It's part of their program. Why not funnel all of the money there and avoid the duplication?

What we are doing now is building a program that has no latitudes, no restrictions on what their options are, no restrictions on their funding. This is a hole so wide you could drive a Toyota Prius through it because there is nothing involved that could stop it. That is not the way you do good legislation. This is not the way you do good legislation. But it could be, and it should have been.

I reserve the balance of my time.

Mr. GRIJALVA. Madam Speaker, part of the process that we also see today, that we're going to experience today and have been experiencing for a while, is an effort on the part of my colleagues across the aisle to erase history and to assume that everything that we're doing today is somehow misconstrued to increase the deficit and that it is a government takeover, that it's not bipartisanship; and we're at this place to take corrective steps legislatively, including this legislation, because we are working on a history, a history of deficit spending, a history of no priorities, and a history that, although people want to erase it from memory, is there, and this is the reason that we're in the situation that we are right now.

As in terms of conspiracies in terms of this legislation, the American Camp Association endorsed it. The National Trust for Historic Preservation endorsed it. The Boys and Girls Club endorsed it. Girl Scouts of Northern California endorsed it. The Wellness Coalition endorsed it. The Student Conservation Association endorsed it. The Hispanic Federation endorsed it. The Coalition of National Park Retirees endorsed it, and the National Trust for Public Lands endorsed it, and the Muddy Sneakers: The Joy of Learning Outside endorsed it. So I'm assuming that they must be also part of this vast and nefarious conspiracy that is going on. Somebody should advise them of that.

With that, let me now yield to the gentlelady from the Virgin Islands, a member of our Committee on National Resources, Dr. CHRISTENSEN, for 3 minutes.

Mrs. CHRISTENSEN. Thank you, Chairman GRIJALVA.

And although I could be at home this weekend since I don't get to vote, as a

physician, a family doctor, and a person who has worked all my life, all of my adult life to ensure that people had access to health care—especially minorities, people of color, those in our rural areas and territories who have often been left behind—I am pleased to be here this weekend for this historic vote.

And Chairman GRIJALVA, I want to thank you for introducing this legislation and thank you for your leadership as chairman of the Subcommittee on Parks, Recreation and Public Lands and your leadership in preserving some of our Nation's most important treasures.

Madam Speaker, I'm pleased to join my colleagues on the floor this morning in strong support of H.R. 1612, the Public Lands Service Corps Act. I am sure that my Park Superintendents Tutein and Hargrove are very much in support of this bill. In fact, Superintendent Hargrove and I have been trying to set up exactly what this bill would do in St. Thomas and St. John for several years.

H.R. 1612, in expanding and reinvigorating an existing program, addresses at least two important needs. First, it creates jobs—jobs that are so badly needed in our Nation today; jobs in an age group that has the highest and most chronic unemployment. In the absence of decent job opportunities, they're lured into drugs and criminal activity that is threatening to destroy the fabric of many communities, communities such as mine.

And then it helps to clear up a longstanding maintenance backlog in our Nation's parks and public lands, but it also begins to reestablish a relationship between the people in the involved communities and the public lands in their area.

If I can just speak about St. John for a moment. Two-thirds of that island is national park, and while it is the anchor of tourism there, for the most part, the native population are not the major stakeholders in that important mainstay of our economy. And though it's a small community, too many of our young people in St. John are in need of jobs and job training, especially those that don't require that they travel by boat to St. Thomas every day.

But more than that, with the Virgin Islands National Park occupying so much of the island, it is critical that we make more St. Johnians an integral part of what happens there and that they begin to regain a sense of belonging and ownership with our Nation that has been lost over the years.

The same is true for the Salt River and the other parklands in St. Croix and historic Hassel Island in St. Thomas, where those same young men and women are also in need of job training and jobs.

Although these public land service corps jobs would be just entry level

jobs in the beginning, I am sure that once our young people are provided with the jobs and the training in preserving our national treasures that this bill would provide, they will want to go further.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. GRIJALVA. I yield the gentlelady an additional 1 minute.

Mrs. CHRISTENSEN. We will be building a cadre of new local park rangers, interpreters, and other positions, as well as management all the way up to superintendents in the future.

So Chairman GRIJALVA, thank you for this bill. I am glad to support it.

Mr. BISHOP. Madam Speaker, I reserve.

Mr. GRIJALVA. I yield 3 minutes to the gentlelady from California, Ms. BARBARA LEE.

Ms. LEE of California. Thank you very much, Madam Speaker.

Let me thank Chairman GRIJALVA for his leadership in bringing this bill, the Public Lands Service Corps Act, to the floor. And especially I want to thank you for bringing it to the floor and our leadership for allowing it to be brought to the floor today on such a historic day, a historic weekend. And Congressman GRIJALVA, I just want to salute you and Congresswoman WOOLSEY and all of you who fought so hard for this health care reform bill this weekend, especially for the public option.

And let me just say, when we cast this vote this weekend, we will be casting a vote on behalf of all of those uninsured and underinsured, on behalf of all of those who have died prematurely because they did not have preventative health care. And we will be casting this vote this weekend on behalf of our children and our grandchildren so that they may live longer and healthier lives.

So I'm very delighted that this bill is up this weekend so we would have a chance to talk about the importance of what we're doing within the context of this great bill.

This bill will train and connect young adults to service opportunities on public lands, putting a new generation of Americans back to work, finally, while instilling in them a great respect for America's legacy of conservation and stewardship.

The work done by the Public Lands Service Corps will do more than restore our public lands. It will also protect and preserve our environment, improve infrastructure, and help ensure the American public will always have access to the world's greatest recreational and scenic resources.

The bill would also engage with NOAA to allow young adults to serve near coastal and marine waters along our treasured coastlines, such as those near my home in California in the Bay Area.

And we have many, many young people, especially those with the Martin Luther King Freedom Center, who work on many conservation projects. Also, they're learning about protecting our environment, ecology studies, nature studies. So this bill is going to be of tremendous help to the young people in my district.

But perhaps more importantly, this bill will provide service opportunities for our youth to work in restoring and preserving our public lands at a time when our young adults have been particularly hit hardest by the economic downturn. We have to remember that the youth unemployment rate now stands at more than 20 percent. Although low-income and minority youth populations face even greater challenges, African American youth, Latino youth, unemployment rates are now estimated to be as high as 42 percent.

□ 1100

In light of these harsh economic realities, I am so pleased that H.R. 1612 would encourage Federal agencies to prioritize outreach to underrepresented communities and populations and take steps to prepare participants—

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. GRIJALVA. I yield the gentlelady 30 additional seconds.

Ms. LEE of California. Let me just say that this bill would prioritize, actually, outreach to underrepresented communities and populations and would take steps to prepare participants for careers with those agencies or within related conservation fields.

Simply put, this bill could not come at a better time. So I encourage my colleagues to support this bill and to provide the necessary funding to start this valuable program as soon as possible.

And let me just thank you, Chairman GRIJALVA, once again, for your leadership.

Mr. BISHOP of Utah. I reserve the balance of my time.

Mr. GRIJALVA. Let me yield 3 minutes to the gentlelady from California (Mrs. CAPPS).

Mrs. CAPPS. Madam Speaker, I rise today in support of H.R. 1612, the Public Lands Service Corps Act. And as I do so, I note the rather unusual markup of this bill or vote on this bill this afternoon here, or this morning here in our Nation's Capital on a Saturday. We are not usually gathered here, but that's because we have an historic opportunity tomorrow to cast a vote for major health care and health insurance reform legislation in the House of Representatives.

It's interesting the way the various topics are interconnected. When I think of health, we often think of people's health. But we can also think of the health and survival, really, of our

environment. And then I also believe that this is a jobs bill because this is a bill designed to put our young people to work. And that has a great deal to do with the subject very much on our minds these days with our slow economy and our great unemployment rate, and as the colleague who preceded me mentioned, the even higher unemployment rate among our young people.

This legislation will allow more of them to go to work and go to work in very healthy settings, out in the fresh air, engaged in exercise, learning to appreciate their natural surroundings. And I believe it really is a win-win all the way around.

So let me address the legislation. This important bill would help prepare, repair, and restore our Nation's public lands while also creating jobs for thousands of young Americans. Years of inadequate funding have left our public land management agencies with huge backlogs of labor-intensive work in our national parks, our forests, our wildlife refuges and our historic sites. Physical infrastructure is crumbling, and the natural resources have been neglected.

In many places, such as my home State of California, the effects of climate change are only magnifying the existing problems such as fire risk, damage from invasive species, coastal erosion, and fragmented habitat.

H.R. 1612 will help address all of these problems by expanding and strengthening the Public Lands Corps. It will streamline the corps' management, modernize its scope and provide new tools to help the program accomplish its mission. It will also expand the program to other agencies within the Department of the Interior and to the Commerce Department agencies, those which manage our coastal and marine systems, and our national marine sanctuaries.

This expanded public service initiative will introduce people from a greater diversity of social, ethnic, and cultural backgrounds to our Nation's parks, our forests, and our public lands, not only as possible future employees, but also as lifelong enthusiasts. And this bill will create jobs. H.R. 1612 will provide meaningful training and employment to young people who especially need it now while also improving the condition of our priceless natural and cultural resources.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. GRIJALVA. I yield the gentlewoman 1 additional minute.

Mrs. CAPPS. As one who represents a national forest and a national marine sanctuary as well as a national park, the Channel Islands, I can attest to the great work of the Public Lands Corps and the importance of this legislation. So I thank you, Mr. GRIJALVA, for introducing this very important bill and for your great leadership on this issue. I urge my colleagues to vote "yes" on this important legislation.

Mr. BISHOP of Utah. Madam Speaker, may I inquire of the gentleman from Arizona, my good friend, wrong on all the issues, but still a great guy, if he has any other speakers?

Mr. GRIJALVA. I have one additional speaker.

Mr. BISHOP of Utah. I will reserve.

Mr. GRIJALVA. I yield the gentlewoman from Texas (Ms. JACKSON LEE) 3 minutes.

Ms. JACKSON LEE of Texas. Madam Speaker, and to Congressman GRIJALVA, let me thank you for your leadership on this very important issue, and to Congressman BISHOP as well for managing this legislation and acknowledging the concerns that may have been expressed. And I offer maybe this rebuttal to some of the points that have been made, and celebrate legislation that really recognizes that we are not here on the floor to only provide jobs and support the student conservation association, if that is what it is being interpreted as, but frankly to be part of fixing America's crumbling infrastructure, and certainly our public lands need fixing.

Years of inadequate funding have left our public land management agencies with huge backlogs of labor-intensive work on national parklands, wildlife refuges, historic sites, and Indian lands. As we watch America take advantage of visiting their Capitol, for example, to see the many monuments and sites that are here, they don't want to come and see monuments that have chipped surfaces or that are dangerous to visit.

And this opportunity to employ our young people and to teach them character and integrity is a very important part of this legislation. I for one have spoken to my State parks management entity asking them to look more carefully at the parks in inner cities, the opportunities for them to be designated national parks and to be able to put more parks in the inner cities that are under the jurisdiction of our Federal Government.

Of course, that analysis takes long. But I want to applaud my own city of Houston that continuously looks to put public and open space for the many people that live in our community. Houston expects to be the third-largest city in the Nation. Green space, public opportunities to utilize parks is very important. So when I see a bill that is going to help fix the crumbling infrastructure, the physical crumbling infrastructure, the natural and cultural resources that have been neglected—and in many places the effects of climate change are magnifying earlier problems such as fire risks, damage from insects and invasive species, coastal erosion, and fragmented habitat—I am in support of this legislation.

I also come from the Gulf Coast region and have seen what happens to the deterioration and erosion of the Gulf

Coast. In particular after Hurricane Ike, we are now trying to restore Galveston and those coastal lands to be able to provide for an economic engine. So this is a good bill. With a high rate of unemployment among African American youth and youth around the country, the opportunity for them to work with their hands and minds is a positive step.

This legislation will be part of the road map to help expand park service and ensure that our sites are maintained and kept at the level that they should. And I hope to be able to work with the chairman of this committee as I assess the needs of Houston to be able to provide more green space in our community. Along with this bill—tomorrow we will provide real health care for America by the vote I make tomorrow.

I urge support for the legislation.

Mr. BISHOP of Utah. Madam Speaker, I yield myself such time as I may consume.

The first gentlelady from California who spoke talked about how important it was to start this program. May I reiterate, once again, we are not starting anything new. We have a program. All we are doing is changing things in that program. The current program has specific dollar amounts going which will be reviewed and specific programmatic responsibility, all of which were stripped out in this particular version.

The gentlelady from Texas, actually, I appreciate everything she said, she was right on. Everything for which she argued that is necessary is what the original program was intended to do. The problem we have is—and we could have easily, easily gone along with the expansion of this program if they had actually allowed us to come up with some kind of limitations, because unfortunately, as I mentioned before, what we have now done with this program, 75 percent of which was to go to make sure that we have healthy forests, where the actual priority was to go to help public lands, is you have taken out all that language and we have simply replicated AmeriCorps.

Once again, go on to the language of the legislation that created that document. On page 22 they list what they can do. It's exactly the same thing that has now opened up this possibility. Page 24, where can they go? Exactly the same thing. All we are doing is making a duplicate of a program that's already there when we have a good program with a specific goal, a specific recommendation, and we have taken out those specifics.

Now I suggested that there is plenty of opportunity for abuse in this particular program if you don't try and limit it to what we want it to accomplish, because we all agree on what we want it to accomplish. The unfortunate thing is the language in this bill doesn't say that. It doesn't specify

that. And so indeed we can have instead people going in there to provide not jobs, but to provide internships for people to go in and have them assist professional staff in identifying problems, formulating legal strategies to address those problems, providing legal education and direct response representation, engaging in policy development.

There is nothing wrong with doing that, but not on the government dime. I don't have a problem with having a tour of this country talking about sustainability of processes and having drinking parties and all. That's fine, but not on the government dime. I don't mind actually having an agency that has a program here in Washington sponsored by the National Park Service, but not if it's going to teach people how to lead protests and sit-ins, not on the government dime. You can do all of these, but not subsidized by government funding. And that's what should be specified, that those type of activities should be beyond the opportunity and beyond the appropriation and beyond the concept of this program. That is what should have been in the bill. And had we done that, we would also all be singing Kumbaya or anything else that you want to with that.

But this bill, as I said before, is somewhat of a metaphor for everything that we have been doing for a large part of this session. It's simply, once again, a bill that there were assurances made in the committee that amendments would be applied to this bill. For whatever reason, they are not. Instead, we are standing up here protesting a bill which should have been and could have been a great piece of legislation to move us forward towards a common goal, but for whatever reason it was not allowed to be written in that form.

We are standing here on a bill that actually presents itself with a visual of why we need systemic change in this body. If the vast majority of Members were here on the floor to hear what these arguments are, I think they would say, yes, this is a logical limitation, it should be there. But as you look around, the vast majority of Members are not on this floor right now. So far too often we do things in a vacuum of understanding, which is why this body needs systemic change in the process that we use to reach conclusions.

Nothing, nothing more than the changes, nothing more than the process we are going through this weekend, reeks of the need for some kind of systemic change. Because if we did that systemic change and the expectation were the people were here to listen to the debate, they were there in the committees to hear the testimony, there were there in the committees to be part of the markup process, I am still convinced that we could have a better product and a bipartisan product.

But the process does not encourage that. The process encourages the exact opposite. We have a process that has evolved in the wrong direction, and if anything else, this weekend should show that we need systemic change in the process.

This bill, this program, is still a decent program. And with some limitations on the amount of spending, some review on a regular period, and some limitations on what the product will be, what the kids will be working on as they go through these internships, we could have a very, very good positive program. And I hope before this bill actually goes all the way through the system, those kinds of limitations are put back in the bill so we can have something of which we can actually be proud.

I urge defeat of this bill until those changes are made.

I yield back the balance of my time.

Mr. GRIJALVA. I rise to encourage support for H.R. 1612. Part of the discussion today was to say, from my colleagues on the other side of the aisle, that it's a bad time to spend money on this program because unemployment is high and the deficit is high. I would respond that it is the perfect time for such investment.

This program is an investment in reducing unemployment among young people and in the long run will save money by preventing these maintenance problems in our public lands from getting worse. I want to talk about what is in the bill. Much of the limitations that were talked about by my good friend are not part of—some of the points that he made are not even part of the legislation. But let's talk for a second what this bill does do.

□ 1115

H.R. 1612 will broaden the scope of the program to include more agencies within the Department of the Interior, NOAA, within the Commerce Department; to expand the purposes of this program to make clear that a central aim is to attract participants from diverse backgrounds who are underrepresented among visitors and managers of our public lands; require establishment of coordinators with each agency eligible to participate in the program so that implementation of the program will be more uniform and efficient; authorize these Federal agencies to enter into cooperative agreements with nonprofit youth or Conservation Corps to improve these partnerships; establish criteria and methodology for training programs for all participants; modernize the scope of eligible projects to include new challenges such as climate change and insect infestation; authorize participating agencies to provide housing for participants.

That is what the program does do. It is an appropriate time, it is a necessary time, and it is an investment that will

pay huge dividends for our public lands and our young people, and I urge its adoption.

I yield back the balance of my time.

The SPEAKER pro tempore (Ms. EDWARDS of Maryland). All time for debate on the bill, as amended, has expired.

————— HOOR OF MEETING ON TOMORROW

Mr. GRIJALVA. Madam Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 1 p.m. tomorrow.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

————— PUBLIC LANDS SERVICE CORPS ACT

AMENDMENT NO. 2 OFFERED BY MR. COLE

Mr. COLE. Madam Speaker, I have an amendment made in order under the rule at the desk.

The SPEAKER pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 2 printed in part C of House Report 111-445 offered by Mr. COLE:

Page 20, line 14, after "local" insert ", and tribal".

The SPEAKER pro tempore. Pursuant to House Resolution 1192, the gentleman from Oklahoma (Mr. COLE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Oklahoma.

Mr. COLE. I yield myself such time as I may consume.

Madam Speaker, I rise today to offer what I believe is a noncontroversial amendment that would amend the Public Lands Service Corps Act to allow the Secretaries to enter into arrangements with tribal governments in order to provide temporary housing for Corps workers. This would be in addition to other Federal agencies, States, local governments, or private organizations. Because tribal governments are not included under the umbrella of any of the bill's other categories, it is necessary to modify the bill's language to include them.

Tribal governments enjoy a unique government-to-government sovereign relationship with the United States. Tribal governments regularly enter into similar agreements with a variety of Federal agencies and have done so for over 200 years, so this change would not disturb precedent.

Throughout this bill, tribal lands are designated as a place for young adults employed in this program to expend their efforts. It makes sense, then, that these tribes would be able to house some of the participants, thereby enhancing the experience of these workers. Not only would this program con-

nect participants to the land, but housing in the tribal areas could enhance their cultural understanding and awareness.

Indian Country is as diverse as America itself, so obviously housing these individuals would not be ideal on some reservations. It is important, though, to include willing tribal governments in this program, as Native Americans are historically some of the best stewards of the environment and because the potential for cultural interchange in this program would certainly have great benefit for both the national lands conservation workers and the tribes.

I reserve the balance of my time.

Mr. GRIJALVA. Madam Speaker, I ask unanimous consent to claim the time in opposition to the amendment, although I am not opposed to the amendment.

The SPEAKER pro tempore. Without objection, the gentleman from Arizona is recognized for 5 minutes.

There was no objection.

Mr. GRIJALVA. Madam Speaker, this amendment would ensure that the tribes would be among the governments and groups with whom the Secretaries would contract to provide temporary housing for Corps participants.

We support this amendment and appreciate the gentleman's efforts and appreciate the correction of an oversight.

I reserve the balance of my time.

Mr. COLE. I thank the gentleman very much, and I yield myself the balance of my time.

Madam Speaker, I urge all Members to vote "yes" on this amendment. Again, this is a simple modification that will allow Native American tribes to enter into agreements to house the employees of the Public Lands Service Corps just like Federal agencies, States, localities, and private organizations.

This designation will give the Departments of Agriculture and the Interior more housing options for these workers and will allow the tribes to be more fully engaged in the program.

I yield back the balance of my time.

Mr. GRIJALVA. Madam Speaker, I would also urge support for the amendment and would also note that the Health Care Reform Act we are expecting to take up tomorrow includes the most sweeping changes to Indian health care in decades, long overdue.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the amendment offered by the gentleman from Oklahoma (Mr. COLE).

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. GRIJALVA. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to section 3 of House Resolution

1192, further proceedings on the amendment offered by the gentleman from Oklahoma will be postponed.

AMENDMENT NO. 1 OFFERED BY MR. BISHOP OF UTAH

Mr. BISHOP of Utah. Madam Speaker, I have an amendment made in order under the rule.

The SPEAKER pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 1 printed in part C of House Report 111-445 offered by Mr. BISHOP of Utah:

Page 28, strike lines 8 through 13 and insert the following (and redesignate the subsequent paragraphs accordingly):

"(1) in subsection (a), by striking 'for each fiscal year' and inserting 'for each of fiscal years 2011, 2012, 2013, 2014, and 2015';".

The SPEAKER pro tempore. Pursuant to House Resolution 1192, the gentleman from Utah (Mr. BISHOP) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Utah.

Mr. BISHOP of Utah. Madam Speaker, I yield myself such time as I may consume.

This is a very simple amendment, an easily understandable one. It simply has two parts to it.

Number one is you continue the funding authorization that is in the current law; and, number two, you add a 5-year sunset period in there.

As I said earlier when we were talking about the base bill, there is nothing wrong with the things that we should be doing, but there is something wrong when we refuse to periodically exercise our legislative responsibility to review those things that we are currently doing.

We do it all the time. The Endangered Species Act has a sunset, FLPMA has a sunset, The Elementary and Secondary Education Act has a sunset, all of which are designed to have us come back here and reevaluate what we are doing to make sure that our priorities have stayed the same. There is nothing wrong with a sunset. In fact, it should be standard fare in most of our pieces of legislation.

If we are now creating this bill, which replicates AmeriCorps one more time, there is nothing wrong with saying let's review it every 5 years to make sure we are still going on the path we originally determined.

I reserve the balance of my time.

Mr. GRIJALVA. Madam Speaker, I rise to claim time in opposition to the amendment.

The SPEAKER pro tempore. The gentleman from Arizona is recognized for 5 minutes.

Mr. GRIJALVA. Madam Speaker, under existing law, funding for Public Land Corps is capped at \$12 billion annually. The bill before us, H.R. 1612, would remove this cap. The amendment offered by my colleague, Mr.

BISHOP, would not only leave the cap in place, but also force the program to sunset in 5 years.

Madam Speaker, as we all know, when the Republicans controlled this Congress and the White House, they presided over the largest increase in Federal spending in the history of this Nation. Amendments like this one provide important clues as to why that happened. Are we honestly worried about runaway spending on youth job, training, and education programs? Is it imperative that we clamp down on efforts to put young people to work repairing trails and visitor centers used by American families when they visit in parks and public lands? Of course not. This is the definition of being penny wise and pound foolish.

Republicans want to cap and sunset a popular, effective, bipartisan jobs program; but when they controlled the entire Federal budget, they spent like sailors on leave. Big spending, runaway spending, all those analogies fit. This is a poor attempt to appear fiscally responsible after years and years of irresponsible free spending. This amendment is not necessary. The fact that this program is already incredibly popular, an enactment of H.R. 1612 would make it an even bigger success.

Many Members will continue pushing to put young people to work and give them the job training they so desperately seek.

Some in the minority can continue coming to the floor and nipping at the heels of these bills as we pass them. The American people will see which Members are serious about addressing unemployment and the condition of our parks and public lands, and which Members are just trying to mask that legacy of irresponsible spending.

I reserve the balance of my time.

Mr. BISHOP of Utah. Madam Speaker, once again, the process here is that it is not about whether a program is popular or not. The Endangered Species Act has popularity within certain groups. Obviously, higher ed has popularity and elementary education has popularity. The issue here is, do we adequately review these particular programs to see where we are and what our priorities ought to be? And if we don't, we have a tendency of losing those in the morass of the rest of the body, the plethora of legislation, the plethora of organizations that we simply have.

This does not technically sunset the program. It sunsets the authorization for the appropriations for the program; the program goes on until further action is taken by this particular body, but it is the sequence that we use to try and see should we redo, should we continue, should we at least reevaluate what we are supposed to be.

When we don't do those kinds of reevaluations, we abrogate legislative responsibility, and we pass it on to an ex-

ecutive branch which sometimes, well, always, has somewhat of a checkered response in its oversight responsibilities in these particular areas.

Madam Speaker, this is the right thing to do. It is one of the things that could easily turn a bill that is right now partisan into a bipartisan bill so we don't have to look back and say what we did we could have done so much better. I urge approval of the amendment.

I yield back the balance of my time.

Mr. GRIJALVA. I urge defeat of the amendment and remind that a review of this legislation is conducted every year by appropriators, and that committees of jurisdiction are not prevented in this legislation from conducting oversight of the programs. With that, let me urge defeat of the amendment.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the amendment offered by the gentleman from Utah (Mr. BISHOP).

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. BISHOP of Utah. Madam Speaker, on that I demand the yeas and nays. The yeas and nays were ordered.

The SPEAKER. Pursuant to section 3 of House Resolution 1192, further proceedings on the amendment offered by the gentleman from Utah will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to House Resolution 1192, proceedings will now resume on those amendments printed in part C of House Report 111-445 on which further proceedings were postponed, in the following order:

Amendment No. 1 by Mr. BISHOP of Utah,

Amendment No. 2 by Mr. COLE of Oklahoma.

The Chair will reduce to 5 minutes the time for any electronic vote after the first vote in this series.

AMENDMENT NO. 1 OFFERED BY MR. BISHOP OF UTAH

The SPEAKER pro tempore. The unfinished business is the question on adoption of the amendment printed in part C of House Report 111-445 by the gentleman from Utah (Mr. BISHOP) on which the yeas and nays were ordered.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

The SPEAKER pro tempore. The question is on the amendment.

The vote was taken by electronic device, and there were—yeas 227, nays 180, not voting 23, as follows:

[Roll No. 148]

YEAS—227

Aderholt
Adler (NJ)

Akin
Alexander

Altmire
Andrews

Arcuri
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Boccheri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boucher
Boustany
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Calvert
Camp
Campbell
Cantor
Cao
Capito
Cardoza
Carnahan
Carney
Carter
Cassidy
Castle
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Costa
Courtney
Crenshaw
Culberson
Davis (AL)
Davis (KY)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Donnelly (IN)
Dreier
Driehaus
Duncan
Ellsworth
Emerson
Fallin
Flake
Fleming
Forbes
Foster
Fox
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert

Goodlatte
Gordon (TN)
Granger
Graves
Griffith
Guthrie
Hall (TX)
Halvorson
Harper
Hastings (WA)
Heller
Hensarling
Herger
Herseth Sandlin
Hill
Himes
Hodes
Hunter
Inglis
Issa
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
Kilroy
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Lamborn
Lance
Latham
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Manzullo
Marchant
Markey (CO)
Marshall
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Moran (KS)
Murphy (CT)
Murphy (NY)
Murphy, Tim
Myrick
Neugebauer
Nunes

Nye
Olson
Owens
Paul
Paulsen
Pence
Perriello
Peters
Peterson
Petri
Pitts
Platts
Poe (TX)
Pomeroy
Posey
Price (GA)
Putnam
Quigley
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Royce
Ruppersberger
Rush
Ryan (WI)
Scalise
Schauer
Schmidt
Schock
Schwartz
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuster
Simpson
Skelton
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Souder
Space
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Titus
Turner
Upton
Walden
Walz
Wamp
Weiner
Welch
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

NAYS—180

Baca
Baird
Baldwin
Barrow
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Boswell
Boyd
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield

Capps
Capuano
Carson (IN)
Castor (FL)
Chandler
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costello
Crowley
Cuellar
Cummings

Dahlkemper
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Doyle
Edwards (MD)
Edwards (TX)
Ehlers
Eshoo
Etheridge
Farr

Fattah
Filner
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Grayson
Green, Al
Grijalva
Gutierrez
Hall (NY)
Hare
Harman
Hastings (FL)
Heinrich
Higgins
Hinojosa
Hirono
Honda
Hoyer
Inslie
Israel
Jackson (IL)
Jackson Lee
(TX)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kratovil
Kucinich
Langevin
Larsen (WA)
Larson (CT)

Lee (CA)
Levin
Lewis (GA)
Lipinski
Loeb sack
Lowey
Lujan
Maloney
Markey (MA)
Matheson
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
Meek (FL)
Melancon
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy, Patrick
Napolitano
Neal (MA)
Oberstar
Obey
Oliver
Ortiz
Pallone
Pascarell
Pastor (AZ)
Perlmutter
Pingree (ME)
Polis (CO)
Price (NC)
Rahall
Rangel
Reyes
Rodriguez

Ross
Rothman (NJ)
Rothman (NJ)
Ryan (OH)
Salazar
Sánchez, Linda
T.
Schakowsky
Schiff
Schrader
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Shuler
Sires
Slaughter
Snyder
Speier
Spratt
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Tonko
Tsongas
Van Hollen
Velázquez
Visclosky
Wasserman
Schultz
Watson
Watt
Waxman
Wilson (OH)
Woolsey
Wu
Yarmuth

NOT VOTING—23

Ackerman
Blunt
Buyer
Deal (GA)
Ellison
Engel
Fortenberry
Green, Gene

Hinchey
Hoekstra
Holden
Holt
LaTourette
Lofgren, Zoe
Meeks (NY)
Nadler (NY)

Payne
Richardson
Sanchez, Loretta
Sarbanes
Stark
Towns
Waters

□ 1201

Ms. EDWARDS of Maryland, Mr. EDWARDS of Texas, Ms. MCCOLLUM, Mrs. MCCARTHY of New York, Mrs. WASSERMAN SCHULTZ, Ms. WOOLSEY, Mr. ISRAEL, Mrs. DAVIS of California, Messrs. BARROW, SCHRADER, HOYER, PATRICK J. MURPHY of Pennsylvania, SESTAK, SNYDER, THOMPSON of Mississippi, SIREs, AL GREEN of Texas, GUTIERREZ, Mrs. CAPPS, Messrs. SCOTT of Virginia, DOGGETT, CUELLAR, Ms. LEE of California, Messrs. KRATOVIL, MATHESON, Ms. DELAURO, Ms. KOSMAS, Messrs. GEORGE MILLER of California, CONYERS, and Mrs. LOWEY changed their vote from “yea” to “nay.”

Messrs. NEUGEBAUER, SHIMKUS, PITTS, SOUDER, HERGER, WALZ, FLAKE, BILIRAKIS, OWENS, DRIEHAUS, CHILDERS, Ms. FALLIN, Mrs. HALVORSON, and Ms. FOXF changed their vote from “nay” to “yea.”

So the amendment was agreed to.

The result of the vote was announced as above recorded.

AMENDMENT NO. 2 OFFERED BY MR. COLE

The SPEAKER pro tempore. The unfinished business is the question on adoption of the amendment printed in

part C of House Report 111-445 by the gentleman from Oklahoma (Mr. COLE) on which the yeas and nays were ordered.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

The SPEAKER pro tempore. The question is on the amendment.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 402, nays 0, not voting 28, as follows:

[Roll No. 149]

YEAS—402

Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Boccheri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Duncan
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Clay

Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (AL)
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
DeLauro
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Drie haus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Foster
Foxy
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garrett (NJ)
Gerlach
Giffords
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Griffith
Grijalva
Guthrie

Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hirono
Hinojosa
Mitchell
Hodes
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loeb sack
Lowey
Lucas
Luetkemeyer

Luján
Lummis
Lungren, Daniel
E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markey (CO)
Markey (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
McNerney
Meek (FL)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Napolitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens

Pallone
Pascarell
Paul
Paulsen
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Pollis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda
T.
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg

Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman
Schultz
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—28

Ackerman
Andrews
Blunt
Cantor
Deal (GA)
Ellison
Fortenberry
Garamendi
Gingrey (GA)
Gohmert

Green, Gene
Hinchey
Hoekstra
Holden
Holt
Kaptur
LaTourette
Lofgren, Zoe
Meeks (NY)
Nadler (NY)

Pastor (AZ)
Payne
Richardson
Sanchez, Loretta
Sarbanes
Stark
Towns
Waters

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes are remaining in the vote.

□ 1208

So the amendment was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. PASTOR of Arizona. Madam Speaker, on rollcall No. 149, had I been present, I would have voted “yes.”

The SPEAKER pro tempore. Pursuant to House Resolution 1192, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mrs. LUMMIS. Madam Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Mrs. LUMMIS. Yes, in its current form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mrs. Lummis moves to recommit the bill H.R. 1612 to the Committee on Natural Resources with instructions to report the same back to the House forthwith with the following amendments:

Page 7, line 18, insert "on public lands" after "resources".

Page 15, line 17, strike "and".

Page 15, line 18, insert "and" after the semicolon.

Page 15, after line 18, insert the following: "(iv) projects under the Healthy Forests Restoration Act of 2003 (Public Law 108-148); "Projects under this subparagraph shall be considered priority projects;"

Page 18, after line 12, insert the following (and redesignate the subsequent paragraphs accordingly):

"(8) By amending the text of subsection (f) (as so redesignated), by inserting 'involve improvements to Federal property and' after 'preference to those projects which'".

Page 28, line 13, after "title" insert ", of which no less than three quarters of the sums shall be made available for healthy forests restoration priority projects under section 204(e)(1)(B)(iv)".

Page 28, after line 16, insert the following: "(o) LIMITATION ON USE OF FUNDS.—No person or entity who is a party to a pending lawsuit against the dispensing Secretary is eligible to receive funds authorized or made available under this Act or amendments made by this Act.

"(p) FURTHER LIMITATION ON USE OF FUNDS TO PROTECT CHILDREN.—No adult shall be eligible to receive funds or participate in the Public Lands Service Corps program under this Act or amendments made by this Act, if that person—

"(1) refuses to consent to a criminal history check;

"(2) makes a false statement in connection with such a criminal history check;

"(3) is registered, or is required to be registered, on a State sex offender registry or the National Sex Offender Registry established under the Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16901 et seq.) or

"(4) has been convicted of murder, as described in section 1111 of title 18, United States Code."

Mrs. LUMMIS (during the reading). Madam Speaker, I ask unanimous consent that further reading be dispensed with.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Wyoming?

There was no objection.

The SPEAKER pro tempore. The gentlewoman from Wyoming (Mrs. LUMMIS) is recognized for 5 minutes in support of her motion.

Mrs. LUMMIS. Madam Speaker, this motion to recommit will strengthen and improve the Public Lands Service Corps program by ensuring it is focused on defined, priority activities and by adding safeguards against misuse of program funds.

There are four clear and simple parts to this motion:

First is an important provision that will protect the young men and women in the program from being subjected to registered sex offenders. People as young as 16 years of age are eligible to participate; and for many, a summer job with a Public Lands Corps project will be their first time away from home for an extended period of time.

That is why this motion to recommit would require criminal background checks for the adults in the program who come in contact with the minors and would bar registered sex offenders from supervising these young people. The protections included in this motion are taken directly from those in the AmeriCorps program that we just passed in this Congress a year ago.

Sex offenders should not be placed in positions of authority over, or be allowed access to, young people in the Public Lands Corps, just as they are prohibited in AmeriCorps. By voting for this motion to recommit, you will prohibit sex offenders from participating in this program and will be voting to provide basic protections for young people.

Second, this motion restores the current act's emphasis on combating the threats of beetle infestation and wildfires that are devastating vast tracts of our public forest lands. Without this motion, urgently needed efforts to combat this ongoing tragedy will receive no priority whatsoever for funding.

The Healthy Forests Act passed the House with strong bipartisan support, and yet this bill would erase the emphasis provided for Healthy Forests Act activities in the existing law. This is the wrong approach and a step backwards. Wildfire prevention and battling beetle and other infestations should be a priority to protect local communities and our national forests. These activities must be continued, not eliminated, as the bill would do. Voting for the motion to recommit will ensure this occurs.

Third, this motion would prevent misdirection of grant funds by requiring that the projects funded actually make improvements to public lands rather than being used for public advocacy or junkets like the organic, micro-brewed beer bus tour we heard about from Mr. BISHOP. This program is billed as a means of connecting

young people to our public lands. So this motion very simply requires that funded projects occur on public lands and improve these lands.

□ 1215

Fourth and lastly, this motion would make any group that is engaged in a lawsuit against the government ineligible to receive grant funds. If you are going to sue the government, then you shouldn't collect grant money from taxpayers. This will ensure that political advocacy groups that sue the government are not supported by taxpayer dollars.

This motion to recommit includes four commonsense improvements to the bill. I urge my colleagues to vote to prevent sex offenders from getting access to young people through this program, to vote to restore the bill to the priority status of wildfire prevention activities under the bipartisan Healthy Forests Act, to vote to ensure grant funds are spent and work actually on our public lands and not bus tours, and to vote to prevent grant money from going to groups that file lawsuits against the government.

I urge my colleagues to vote "yes" on the motion to recommit.

Mr. GRIJALVA. Madam Speaker, I rise in opposition to the motion to recommit.

The SPEAKER pro tempore. The gentleman from Arizona is recognized for 5 minutes.

Mr. GRIJALVA. The current bill would expand the public lands program to a dozen agencies. By restricting the use of the money that would be appropriated for the legislation, you effectively put three-quarters of it into forest activities, thereby eliminating the opportunity to be able to engage young people in a variety and a comprehensive look at opportunities in our public lands and in our public lands agency.

The vast majority of the adults who participate in the program are Federal employees. The oversight is their responsibility in the agency. NPS rangers, forest rangers already get full background checks and full clearance. They already get full FBI checks. The minority failed to raise this issue during committee or at the Committee on Rules.

The other issue is the issue of due process. To prohibit an individual or organization from being able to seek redress in a court of law I think is not only undemocratic, but sincerely wrong.

The motion to recommit basically hamstring the legislation, prevents it from being effective. It is a hodgepodge of items thrown in that were not before the Rules Committee and were not before the discussion on the full committee. I would urge a "no" vote.

Let me point out thus far that only \$7.5 million has ever been appropriated for Public Land Corps, and all of that

money was earmarked for forest health. Under this legislation before us today, it is our expectation that more funds will be available for all eligible projects, forest health as well as other programs.

Finally, we never hear the end of it from the other side, the need to take care of lands we own before we do anything else. This program does precisely that. The motion to recommit hamstrings the program, reduces its effectiveness, narrows the opportunity for young people in terms of where they work and what training and what education they will receive, duplicates the process by which people are checked that are going to be working with young people in this program, and prevents and neglects full redress under our laws for individuals and organizations. I think those three items have nothing to do with the legislation. They are there to hamper the legislation.

I would urge my colleagues to oppose the motion to recommit, to pass this legislation, and give full, meaningful employment opportunity for the young people that are right now suffering the most from a lack of jobs and for the young people that most need a second chance. This legislation is about opportunity. This legislation is about saving our public lands and educating our young people. The motion to recommit is about preventing that.

I would urge all my Members not to be duped into that presumption, to go forward with the bill and pass the legislation as is, and oppose the motion to recommit.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Mrs. LUMMIS. Madam Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage.

The vote was taken by electronic device, and there were—ayes 387, noes 21, not voting 22, as follows:

[Roll No. 150]

AYES—387

Aderholt	Baird	Biggart
Adler (NJ)	Baldwin	Bilbray
Akin	Barrett (SC)	Bilirakis
Alexander	Barrow	Bishop (GA)
Altmire	Bartlett	Bishop (NY)
Andrews	Barton (TX)	Bishop (UT)
Arcuri	Bean	Blackburn
Austria	Becerra	Bocieri
Baca	Berkley	Boehner
Bachmann	Berman	Bonner
Bachus	Berry	Bono Mack

Boozman	Frelinghuysen	Marchant
Boren	Fudge	Markey (CO)
Boswell	Gallegly	Markey (MA)
Boucher	Garamendi	Marshall
Boustany	Garrett (NJ)	Matheson
Boyd	Gerlach	Matsui
Brady (PA)	Giffords	McCarthy (CA)
Brady (TX)	Gingrey (GA)	McCarthy (NY)
Braley (IA)	Gonzalez	McCaul
Bright	Goodlatte	McClintock
Broun (GA)	Gordon (TN)	McCollum
Brown (SC)	Granger	McCotter
Brown, Corrine	Graves	McDermott
Brown-Waite,	Grayson	McGovern
Ginny	Green, Al	McHenry
Buchanan	Griffith	McIntyre
Burgess	Guthrie	McKeon
Burton (IN)	Gutierrez	McMahon
Butterfield	Hall (NY)	McMorris
Buyer	Hall (TX)	Rodgers
Calvert	Halvorson	McNerney
Camp	Hare	Meek (FL)
Campbell	Harper	Melancon
Cantor	Hastings (FL)	Mica
Cao	Hastings (WA)	Michaud
Capito	Heinrich	Miller (FL)
Capuano	Heller	Miller (MI)
Cardoza	Hensarling	Miller (NC)
Carnahan	Herger	Miller, Gary
Carney	Herseth Sandlin	Miller, George
Carson (IN)	Higgins	Minnick
Carter	Hill	Mitchell
Cassidy	Himes	Mollohan
Castle	Hinojosa	Moore (KS)
Castor (FL)	Hirono	Moran (KS)
Chaffetz	Hodes	Moran (VA)
Chandler	Hoyer	Murphy (CT)
Childers	Hunter	Murphy (NY)
Clarke	Inglis	Murphy, Patrick
Clay	Inslee	Murphy, Tim
Cleaver	Israel	Myrick
Clyburn	Issa	Neal (MA)
Coble	Jackson (IL)	Neugebauer
Coffman (CO)	Jackson Lee	Nunes
Cohen	(TX)	Nye
Cole	Jenkins	Oberstar
Conaway	Johnson (GA)	Obey
Connolly (VA)	Johnson (IL)	Olson
Cooper	Johnson, Sam	Oliver
Costa	Jones	Ortiz
Costello	Jordan (OH)	Owens
Courtney	Kagen	Pallone
Crenshaw	Kanjorski	Pastor (AZ)
Crowley	Kaptur	Paul
Cuellar	Kennedy	Paulsen
Culberson	Kildee	Pence
Cummings	Kilroy	Perlmutter
Dahlkemper	Kind	Perriello
Davis (AL)	King (IA)	Peters
Davis (CA)	King (NY)	Peterson
Davis (IL)	Kingston	Petri
Davis (KY)	Kirk	Pingree (ME)
Davis (TN)	Kirkpatrick (AZ)	Pitts
DeFazio	Kissell	Platts
DeGette	Klein (FL)	Poe (TX)
Delahunt	Kline (MN)	Polis (CO)
DeLauro	Kosmas	Pomeroy
Dent	Kratovil	Posey
Diaz-Balart, L.	Kucinich	Price (GA)
Diaz-Balart, M.	Lamborn	Price (NC)
Dicks	Lance	Putnam
Doggett	Langevin	Quigley
Donnelly (IN)	Larsen (WA)	Radanovich
Doyle	Larson (CT)	Rahall
Dreier	Latham	Rangel
Driehaus	Latta	Rehberg
Duncan	Lee (NY)	Reichert
Edwards (MD)	Levin	Rodriguez
Edwards (TX)	Lewis (CA)	Roe (TN)
Ehlers	Lewis (GA)	Rogers (AL)
Ellsworth	Linder	Rogers (KY)
Emerson	Lipinski	Rogers (MI)
Engel	LoBiondo	Rohrabacher
Eshoo	Loeb sack	Rooney
Etheridge	Lowey	Ros-Lehtinen
Fallin	Lucas	Roskam
Farr	Luetkemeyer	Ross
Fattah	Lujan	Rothman (NJ)
Filner	Lummis	Roybal-Allard
Flake	Lungren, Daniel	Royce
Fleming	E.	Ruppersberger
Forbes	Lynch	Rush
Foster	Mack	Ryan (OH)
Fox	Maffei	Ryan (WI)
Frank (MA)	Maloney	Salazar
Franks (AZ)	Manzullo	Scalise

Schakowsky	Smith (TX)	Tsongas
Schauer	Smith (WA)	Turner
Schiff	Snyder	Upton
Schmidt	Souder	Van Hollen
Schrock	Space	Velázquez
Schrader	Speier	Visclosky
Schwartz	Spratt	Walden
Scott (GA)	Stearns	Walz
Sensenbrenner	Stupak	Wamp
Serrano	Sullivan	Wasserman
Sessions	Sutton	Schultz
Sestak	Tanner	Weiner
Shadegg	Taylor	Welch
Shea-Porter	Teague	Westmoreland
Sherman	Terry	Whitfield
Shimkus	Thompson (CA)	Wilson (OH)
Shuler	Thompson (MS)	Wilson (SC)
Shuster	Thompson (PA)	Wittman
Simpson	Thornberry	Wolf
Sires	Tiahrt	Wu
Skelton	Tiberi	Yarmuth
Slaughter	Tierney	Young (AK)
Smith (NE)	Titus	Young (FL)
Smith (NJ)	Tonko	

NOES—21

Blumenauer	Johnson, E. B.	Sánchez, Linda
Capps	Kilpatrick (MI)	T.
Chu	Lee (CA)	Scott (VA)
Conyers	Moore (WI)	Watson
Dingell	Napolitano	Watt
Grijalva	Pascrell	Waxman
Harman	Reyes	Woolsey
Honda		

NOT VOTING—22

Ackerman	Hoekstra	Richardson
Blunt	Holden	Sanchez, Loretta
Deal (GA)	Holt	Sarbanes
Ellison	LaTourette	Stark
Fortenberry	Lofgren, Zoe	Towns
Gohmert	Meeks (NY)	Waters
Green, Gene	Nadler (NY)	
Hinchey	Payne	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in the vote.

□ 1259

Mr. CONYERS changed his vote from “aye” to “no.”

Mrs. MCCARTHY of New York, Messrs. LEVIN, EDWARDS of Texas, Mrs. MALONEY of New York, Messrs. MOORE of Kansas, ISRAEL, POLIS, Mrs. DAVIS of California, Messrs. BISHOP of New York, LIPINSKI, KENNEDY, HARE, KIND, Ms. WASSERMAN SCHULTZ, Ms. SUTTON, Messrs. MOLLOHAN, RAHALL, COURTNEY, WEINER, Mrs. KIRKPATRICK of Arizona, Messrs. SPRATT, PERLMUTTER, DELAHUNT, GORDON of Tennessee, SMITH of New Jersey, CAPUANO, NEAL of Massachusetts, LUJÁN, Ms. SCHWARTZ, Messrs. CONNOLLY of Virginia, KANJORSKI, KISSELL, FARR, PRICE of North Carolina, CLAY, BRADY of Pennsylvania, Ms. JACKSON LEE of Texas, Messrs. SALAZAR, BRALEY of Iowa, Ms. EDWARDS of Maryland, Mrs. LOWEY, Ms. PINGREE of Maine, Messrs. MCGOVERN, PASTOR of Arizona, FRANK of Massachusetts, THOMPSON of California, CARNAHAN, MCDERMOTT, LARSEN of Washington, Ms. ESHOO, Mr. LANGEVIN, Ms. DEGETTE, Ms. SLAUGHTER, Ms. MATSUI, Ms. DELAURO, Messrs. VAN HOLLEN, MICHAUD, HOYER, GRAYSON, TIERNEY, GEORGE MILLER of California, GARAMENDI, RANGEL,

HEINRICH, OBEY, BUTTERFIELD, Ms. BERKLEY, Mr. LARSON of Connecticut, Ms. SPEIER, Messrs. DAVIS of Illinois, SIRES, MILLER of North Carolina, RUSH, BISHOP of Georgia, CLYBURN, Ms. CORRINE BROWN of Florida, Ms. MCCOLLUM, Messrs. WELCH, JOHNSON of Georgia, BERRY, KAGEN, PALLONE, KUCINICH, MURPHY of Connecticut, DOYLE, MORAN of Virginia, RYAN of Ohio, SERRANO, CROWLEY, BERMAN, CLEAVER, LEWIS of Georgia, TONKO, CARSON of Indiana, HINOJOSA, GONZALEZ, Ms. VELÁZQUEZ, Mr. HALL of New York, Ms. FUDGE, Messrs. JACKSON of Illinois, SHERMAN, CUMMINGS, DOGGETT, Ms. TSONGAS, Messrs. VISCLOSKY, ENGEL, BECERRA, SCOTT of Georgia, Ms. HIRONO, Messrs. OLVER, HASTINGS of Florida, Ms. BALDWIN, Messrs. FATTAH, INSLEE, Ms. ROYBAL-ALLARD, Messrs. OBERSTAR, ROTHMAN of New Jersey, GUTIERREZ, ANDREWS, HIGGINS, DICKS, THOMPSON of Mississippi, COHEN, Ms. KAPTUR, Messrs. FILNER, MARKEY of Massachusetts, Ms. SCHAKOWSKY, Messrs. BACA, QUIGLEY, Ms. CASTOR of Florida and Ms. CLARKE changed their vote from “no” to “aye.”

So the motion to recommit was agreed to.

The result of the vote was announced as above recorded.

Mr. GRIJALVA. Madam Speaker, pursuant to the instructions of the House in the motion to recommit, I report the bill, H.R. 1612, back to the House with an amendment.

The SPEAKER pro tempore. The Clerk will report the amendment.

The Clerk read as follows:

Amendment offered by Mr. GRIJALVA:

Page 7, line 18, insert “on public lands” after “resources”.

Page 15, line 17, strike “and”.

Page 15, line 18, insert “and” after the semicolon.

Page 15, after line 18, insert the following: “(iv) projects under the Healthy Forests Restoration Act of 2003 (Public Law 108-148); “Projects under this subparagraph shall be considered priority projects;”.

Page 18, after line 12, insert the following (and redesignate the subsequent paragraphs accordingly):

“(8) By amending the text of subsection (f) (as so redesignated), by inserting ‘involve improvements to Federal property and’ after ‘preference to those projects which’.

Page 28, line 13, after “title” insert “, of which no less than three quarters of the sums shall be made available for healthy forests restoration priority projects under section 204(e)(1)(B)(iv)”.

Page 28, after line 16, insert the following: “(o) LIMITATION ON USE OF FUNDS.—No person or entity who is a party to a pending lawsuit against the dispensing Secretary is eligible to receive funds authorized or made available under this Act or amendments made by this Act.

“(p) FURTHER LIMITATION ON USE OF FUNDS TO PROTECT CHILDREN.—No adult shall be eligible to receive funds or participate in the Public Lands Service Corps program under

this Act or amendments made by this Act, if that person—

“(1) refuses to consent to a criminal history check;

“(2) makes a false statement in connection with such a criminal history check;

“(3) is registered, or is required to be registered, on a State sex offender registry or the National Sex Offender Registry established under the Adam Walsh Child Protection and Safety Act of 2006 (42 U.S.C. 16901 et seq.) or

“(4) has been convicted of murder, as described in section 1111 of title 18, United States Code.”.

The SPEAKER pro tempore. The question is on the amendment.

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. GRIJALVA. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 288, nays 116, not voting 26, as follows:

[Roll No. 151]

YEAS—288

Adler (NJ)	Chu	Fudge
Altmire	Clay	Garamendi
Andrews	Cleaver	Gerlach
Arcuri	Clyburn	Giffords
Baca	Coffman (CO)	Gonzalez
Baird	Cohen	Gordon (TN)
Baldwin	Cole	Grayson
Barrow	Connolly (VA)	Green, Al
Bean	Conyers	Grijalva
Becerra	Cooper	Gutierrez
Berkley	Costa	Hall (NY)
Berman	Costello	Halvorson
Berry	Courtney	Hare
Biggett	Crowley	Harman
Bilirakis	Cuellar	Hastings (FL)
Bishop (NY)	Cummings	Hastings (WA)
Bishop (UT)	Dahlkemper	Heinrich
Blumenauer	Davis (AL)	Heller
Bocciari	Davis (CA)	Herseth Sandlin
Bono Mack	Davis (IL)	Higgins
Boren	Davis (TN)	Hill
Boswell	DeFazio	Himes
Boucher	Delahunt	Hinojosa
Boyd	DeLauro	Hirono
Brady (PA)	Dent	Hodes
Brady (TX)	Diaz-Balart, L.	Honda
Braley (IA)	Diaz-Balart, M.	Hoyer
Brown, Corrine	Dicks	Inslee
Buchanan	Dingell	Israel
Burgess	Doggett	Jackson (IL)
Butterfield	Donnelly (IN)	Jackson Lee
Calvert	Doyle	(TX)
Camp	Dreier	Johnson (GA)
Cantor	Driehaus	Johnson (IL)
Cao	Edwards (MD)	Johnson, E. B.
Capito	Edwards (TX)	Jones
Capps	Ehlers	Kagen
Capuano	Ellsworth	Kanjorski
Cardoza	Engel	Kaptur
Carnahan	Eshoo	Kennedy
Carney	Etheridge	Kildee
Carson (IN)	Farr	Kilpatrick (MI)
Castle	Fattah	Kind
Castor (FL)	Filner	King (NY)
Chaffetz	Poster	Kirk
Chandler	Frank (MA)	Kirkpatrick (AZ)
Childers	Frelinghuysen	Kissell

Klein (FL)	Murphy, Patrick	Sherman
Kosmas	Napolitano	Shimkus
Kratovil	Neal (MA)	Shuler
Kucinich	Nunes	Simpson
Lance	Nye	Sires
Langevin	Oberstar	Skelton
Larsen (WA)	Obey	Slaughter
Larson (CT)	Olver	Smith (NJ)
Latham	Ortiz	Smith (WA)
Lee (CA)	Owens	Snyder
Levin	Pallone	Space
Lewis (GA)	Pascrell	Speier
Lipinski	Pastor (AZ)	Spratt
LoBiondo	Paulsen	Stupak
Loeb sack	Perlmutter	Sutton
Lowe y	Perriello	Tanner
Lujan	Peterson	Taylor
Lummis	Pingree (ME)	Teague
Lungren, Daniel E.	Platts	Terry
Lynch	Pollis (CO)	Thompson (CA)
Maffei	Pomeroy	Thompson (MS)
Maloney	Price (NC)	Thompson (PA)
Markey (CO)	Putnam	Tiberi
Markey (MA)	Quigley	Tierney
Marshall	Rahall	Titus
Matheson	Rangel	Tonko
Matsui	Rehberg	Tsongas
McCarthy (CA)	Reichert	Turner
McCarthy (NY)	Reyes	Upton
McCollum	Rodriguez	Van Hollen
McCotter	Rogers (MI)	Velázquez
McDermott	Rooney	Visclosky
McGovern	Ros-Lehtinen	Walden
McIntyre	Ross	Walz
McKeon	Rothman (NJ)	Wasserman
McMahon	Roybal-Allard	Schultz
McNerney	Ruppersberger	Waters
Meek (FL)	Rush	Watson
Melancon	Ryan (OH)	Watt
Michaud	Sánchez, Linda T.	Waxman
Miller (NC)	Schakowsky	Weiner
Miller, George	Schauer	Welch
Minnick	Schiff	Wilson (OH)
Mitchell	Schrader	Wittman
Mollohan	Schwartz	Wolf
Moore (KS)	Scott (GA)	Woolsey
Moore (WI)	Scott (VA)	Wu
Moran (VA)	Serrano	Yarmuth
Murphy (CT)	Sestak	Young (FL)
Murphy (NY)	Shea-Porter	

NAYS—116

Aderholt	Gingrey (GA)	Myrick
Akin	Goodlatte	Neugebauer
Alexander	Granger	Olson
Austria	Graves	Paul
Bachmann	Griffith	Pence
Bachus	Guthrie	Peters
Barrett (SC)	Hall (TX)	Petri
Bartlett	Harper	Pitts
Barton (TX)	Hensarling	Poe (TX)
Bilbray	Herger	Posey
Blackburn	Hunter	Price (GA)
Boehner	Inglis	Radanovich
Bonner	Issa	Roe (TN)
Boozman	Jenkins	Rogers (AL)
Boustany	Johnson, Sam	Rogers (KY)
Bright	Jordan (OH)	Rohrabacher
Broun (GA)	King (IA)	Roskam
Brown (SC)	Kingston	Royce
Brown-Waite,	Kline (MN)	Ryan (WI)
Ginny	Lamborn	Scalise
Burton (IN)	Latta	Schmidt
Buyer	Lee (NY)	Schock
Campbell	Lewis (CA)	Sensenbrenner
Carter	Linder	Sessions
Cassidy	Lucas	Shadegg
Coble	Luetkemeyer	Shuster
Conaway	Mack	Smith (NE)
Crenshaw	Manzullo	Smith (TX)
Culberson	Marchant	Souder
Davis (KY)	McCaul	Stearns
Duncan	McClintock	Sullivan
Emerson	McHenry	Thornberry
Fallin	McMorris	Tiahrt
Flake	Rodgers	Wamp
Fleming	Mica	Westmoreland
Forbes	Miller (FL)	Whitfield
Foxx	Miller (MI)	Wilson (SC)
Franks (AZ)	Miller, Gary	Young (AK)
Gallegly	Moran (KS)	
Garrett (NJ)	Murphy, Tim	

NOT VOTING—26

Ackerman	Green, Gene	Nadler (NY)
Bishop (GA)	Hinchey	Payne
Blunt	Hoekstra	Richardson
Clarke	Holden	Salazar
Deal (GA)	Holt	Sanchez, Loretta
DeGette	Kilroy	Sarbanes
Ellison	LaTourette	Stark
Fortenberry	Lofgren, Zoe	Towns
Gohmert	Meeks (NY)	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SERRANO) (during the vote). Two minutes are remaining on this vote.

□ 1313

Mr. BUYER changed his vote from "yea" to "nay."

Mr. BURGESS changed his vote from "nay" to "yea."

So the bill was passed.

The result of the vote was announced as above recorded.

The title was amended so as to read: "A bill to amend the Public Lands Corps Act of 1993 to expand the authorization of the Secretaries of Agriculture, Commerce, and the Interior to provide service opportunities for young Americans; help restore the nation's natural, cultural, historic, archaeological, recreational and scenic resources; train a new generation of public land managers and enthusiasts; and promote the value of public service."

A motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

TRICARE AFFIRMATION ACT

Mr. LEVIN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4887) to amend the Internal Revenue Code of 1986 to ensure that health coverage provided by the Department of Defense is treated as minimal essential coverage, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4887

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "TRICARE Affirmation Act".

SEC. 2. TREATMENT OF DEPARTMENT OF DEFENSE HEALTH COVERAGE AS MINIMAL ESSENTIAL COVERAGE.

(a) IN GENERAL.—Section 5000A(f)(1)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act, is amended—

(1) by striking clause (iv) and inserting the following new clause:

"(iv) medical coverage under chapter 55 of title 10, United States Code, including coverage under the TRICARE program;"

(2) by striking "or" at the end of clause (v);

(3) by striking the period at the end of clause (vi) and inserting "; or"; and

(4) by inserting after clause (vi) the following new clause:

"(vii) the Nonappropriated Fund Health Benefits Program of the Department of Defense, established under section 349 of the National Defense Authorization Act for Fiscal Year 1995 (Public Law 103-337; 10 U.S.C. 1587 note)."

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in section 1501(b) of the Patient Protection and Affordable Care Act and shall be executed immediately after the amendments made by such section 1501(b).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan (Mr. LEVIN) and the gentleman from Kentucky (Mr. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Michigan.

GENERAL LEAVE

Mr. LEVIN. I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 4887.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

□ 1315

Mr. LEVIN. Mr. Speaker, under H.R. 3590, as passed by the Senate, individuals are responsible for obtaining minimum essential health care or pay a small penalty. The Senate bill states that anyone with eligible employer coverage meets this requirement. The coverage that is provided today for the members of our armed services and their families and for military retirees and their families satisfies this requirement. In an abundance of caution, H.R. 4887 was introduced by our distinguished chairman, Mr. SKELTON, to reaffirm this result.

I now reserve the balance of my time.

Mr. DAVIS of Kentucky. Mr. Speaker, today the House is considering H.R. 4887, the TRICARE Affirmation Act. While I support the bill we have before us, I'm disappointed in another display of rushing the process. Speaker PELOSI said that we need to pass the health care bill so we can find out what's in it. This is, fortunately, one that was found before it was passed. Think of how many other hundreds and hundreds of possible errors there may be in that bill because of being forced through quickly and being ill considered.

Moreover, as a former member of the 82nd Airborne Division, I'm deeply disappointed that we had to leave out veterans. Those who have served our country would actually become victims of a

policy that the Congress is enacting—inadvertently and not by any malice aforethought. And I certainly thank and share my greatest appreciation with the distinguished chairman, Mr. SKELTON, of the Armed Services Committee, who I served with for several years, for catching this and correcting this wrong.

The bill wasn't added to the schedule until close to midnight last night. Beyond the immediate process issues, the addition of this bill to the calendar points to a troubled future if the Senate health care bill passes the House tomorrow. We're many votes away from health care reform becoming law, but already, as I mentioned, we're seeing fundamental flaws in this Senate bill that require amendment.

As we all know, the health care bill that we'll consider tomorrow contains a new requirement that every single American in this country enroll in a health care plan that the government approves. President Obama said that if you like your doctor, you can keep him—if he approves. Now we have the IRS and we have Federal agencies that are going to get into our private affairs, and now it's affecting our veterans. If an individual does not have this coverage, they will be subject to a penalty and even the possibility of prosecution through the IRS.

H.R. 4887 essentially amends the not-yet-passed Senate health care bill to clarify that all TRICARE plans are considered as minimal acceptable coverage under the bill. It is the least that we can do for our veterans. Defining TRICARE as such is important because it exempts its enrollees from the individual mandate in the Senate bill.

As most know, TRICARE is a complete medical care benefit program for active duty members and retirees of all seven uniformed services and their dependents. TRICARE is currently open to about 9.3 million potential beneficiaries. Active duty military, their spouses, and dependents are automatically enrolled in TRICARE Prime. Retirees can choose between TRICARE Prime or two other options. Then there is a fourth subset called TRICARE for Life. These beneficiaries are enrolled in Medicare, but TRICARE serves as a secondary payer.

Unfortunately, in the Senate health care bill, Democrats do not deem TRICARE programs for servicemembers and military retirees under age 65 to provide minimum acceptable coverage. H.R. 4887 would clarify these programs and make sure that they're included in this definition.

It's surprising to me that these programs were left out originally. This is an important change to make, but I think this is only a foreshadowing of what is to come for hardworking Americans.

The Senate health care reform bill has not even been signed into law and

we already have to fix it. If Democrats were originally willing to adversely impact the health care coverage of these Americans who have honorably served our country, you have to wonder whose health care is safe.

These oversights occurred because this process is too big, too fast, and being done against the will of the American people. I support this amendment. It's critical that we protect our military families.

I reserve the balance of my time.

Mr. LEVIN. It's now my privilege to yield 2 minutes to someone who has worked so hard for so many years on behalf of the veterans of this country, the gentleman from Missouri (Mr. SKELTON).

Mr. SKELTON. I certainly thank the gentleman from Michigan.

Mr. Speaker, it's a commonly known fact that I oppose the health care reform bill as it exists currently and will vote against it tomorrow, but my duty as the chairman of the Armed Services Committee compels me to ensure that the health care of our brave service men and women, our military retirees, and all of their family members are protected if the bill does indeed pass.

In the health care bill currently under consideration in Congress, which originated in the Senate, TRICARE and the Non-Appropriated Fund health plans, the programs that provide health care for these individuals, will meet the minimum requirements for individual health insurance coverage, and no TRICARE or NAF health plan beneficiary will be required to purchase additional coverage beyond what they already have. However, to reassure our military servicemembers and their families and make it perfectly clear that they will not be negatively affected by this legislation, my bill, H.R. 4887, explicitly states in law that these health plans meet the minimum requirements for individual health insurance.

Our brave men and women in uniform provide us with first-class protection. It's our obligation to provide them and their families with first-class health care in return. Every day, our troops risk their lives to stand up for us on the battlefield, and now I ask my colleagues, no matter what the position you may have on health care reform itself, to join me in standing up for our servicemembers and their families.

Nobody knows what the fate of health care will be tomorrow, but by supporting this bill that's before us right now, H.R. 4887, we will at least know that we have protected those men and women who sacrifice their lives to protect us. We must affirm for our military servicemembers and their families that even if the health reform bill passes, the coverage provided by TRICARE and the Non-Appropriated Fund health plans will be properly defined in law as meeting the minimum

requirements for individual health insurance.

Mr. DAVIS of Kentucky. I now yield 4 minutes to the distinguished ranking member of the Armed Services Committee, the gentleman from California (Mr. MCKEON).

Mr. MCKEON. Mr. Speaker, I thank the gentleman for yielding, and I rise in support of H.R. 4887, which would try to fix a significant flaw in the Democratic health care reform bill by including the Department of Defense TRICARE program in what is considered minimum essential coverage for the purposes of the individual mandate in the health care bill.

Mr. Speaker, while I applaud Chairman SKELTON for taking this step, I'm deeply concerned and aware that it does not go far enough to protect TRICARE from the ravages of ObamaCare. The simple truth is that the Senate health care bill still leaves TRICARE, the world-class health care program that takes care of 9.2 million of our men and women in uniform and their families and retirees and their families open to the whim of bureaucrats outside of the Department of Defense who may change the program as they see fit. Is this what we want for the men and women who lay their lives on the line every day to protect this great Nation?

Last summer, the White House made two promises to America's Armed Forces and their families:

One, that the health reform legislation that's being considered would enable those who are covered by TRICARE to meet the shared responsibility requirement for individuals to have insurance, thereby exempting such members of the armed services and their families from being assessed penalties. This is the explicit promise that the Senate health care bill fails to meet. The chairman's resolution is an attempt to meet that commitment, but what it definitely does is point out the flaws in the Senate health care bill.

The second promise the President made is that the Secretary of Defense would continue to maintain sole authority over TRICARE. Chairman SKELTON's language today does not address this promise. That is why Mr. BUYER, the ranking member on the Veterans' Affairs Committee, and I filed and will offer later today language at the Rules Committee that would meet both of these promises.

We've been hearing since last summer many promises that this problem would be fixed. Mr. BUYER and I even offered similar amendments to the House version of the bill passed last fall. Our attempts were rebuffed and the military service organizations were given assurances by the Democratic leadership that TRICARE would be protected in a conference report that never came.

Now we see this legislation that appeared in the dark of night. We've been

told that there's no cost associated with this legislation. We cannot confirm that. History is rife with examples of House legislation that does not survive in the Senate. In other words, there's no guarantee that what the President finally signs will protect Medicare.

Mr. Speaker, I was told by a veteran that one of the problems we had in the Vietnam War was pilots became so fixated on the target that they ultimately crashed into the target. That's what I see happening with this health care bill that the Democratic leadership and the President are pushing. They're so fixated on getting something passed that they're making so many mistakes that we're not going to be able to fix them all. I will support my chairman's efforts today, but I will continue to work toward a comprehensive fix.

Mr. LEVIN. I yield 2 minutes to the gentlewoman from New Hampshire (Ms. SHEA-PORTER).

Ms. SHEA-PORTER. I thank the chairman for his legislation. As a member of the Armed Services Committee, I'm proud to be an original cosponsor.

Mr. Speaker, we have a solemn responsibility to provide our servicemembers with the care and the services that they are due. They risk their lives in service to our Nation, and it's imperative that we keep our promises to them.

This is not a Democratic or Republican responsibility, and as an advocate for the members of our military and their families—and I might add, as a former military spouse myself—it's troubling for me that throughout the debate on health care reform that TRICARE would be included as one of the topics of the various misinformation campaigns. This bill will ensure that those members of our armed services can keep their TRICARE coverage.

I'm proud to have stood in support of our servicemembers in the Armed Services Committee, preventing increases in TRICARE copays, for example. I'm pleased that the chairman, through this legislation, has given us all the opportunity to reaffirm not only the importance of TRICARE, but that, under our health reform legislation, these benefits will remain as they are.

Mr. DAVIS of Kentucky. Now, Mr. Speaker, I'd like to yield such time as he may consume to the distinguished ranking member of the Veterans' Affairs Committee, a veteran of Desert Storm and a retired United States Army Colonel, the gentleman from Indiana (Mr. BUYER).

Mr. BUYER. Let me ask how much time the minority has.

The SPEAKER pro tempore. There are 13 minutes remaining.

Mr. BUYER. First of all, I'd like to applaud BUCK MCKEON and IKE SKELTON for their efforts, along with Mr. LEVIN, to permit this bill to be considered, but we haven't gone far enough.

Now, it's kind of what happens when we rush or go too fast around here. We get sloppy in our drafting.

Now, in the bill that was passed here in the House, there were general authority provisions under the Secretaries of DOD and VA to ensure that those health systems would be protected—the authorities, their general provision authorities to the Secretaries would be protected. That language was not in the Senate bill.

The Senate bill, which is now coming over here, interestingly enough, to—which is about to be deemed. Pretty interesting. I don't know if you know about the word "deem." It comes from the old English origin to "dom," and to "dom" was from judges. It means to make judgment. In the 17th century, judges actually then began to make rapid judgments, and they called them "deemers." The origin of to dom—there are two words: to deem and to doom. Pretty fascinating.

So, right now, the language that was going to be deemed, the bill under consideration, will, in fact, cover the TRICARE, because right now it covers just TRICARE for Life.

□ 1330

There's about \$30 billion a year for TRICARE for those who are active duty, or guardsmen, or reservists who are brought to active duty to include their dependents. And with this \$30 billion price tag, that's a lot of money. Over 10 years, that's around \$300 billion. I don't know how we can exclude them, but we're going to bring them in.

What I'm about to ask of Mr. LEVIN is, we also have this commitment, this commitment from the leadership, from the Speaker, from the leaders of the dominant committees of Ed and Labor, and Ways and Means, the Appropriations, and Energy and Commerce to protect the veterans programs. Now in that language that's coming from the Senate to here for which we're not going to get to vote on nor amend, it says that we will take care of the chapter 17 veterans programs. Veterans programs.

But this chapter 17, there are other programs to survivors and dependents which would not be covered. So their programs which presently exist would not be under the minimum essential. Who are they? That would be the widows, the survivors, and the orphaned children, to include, for example, an agent orange Vietnam veteran whose child or adult dependent has spina bifida would not be covered.

PARLIAMENTARY INQUIRIES

Mr. BUYER. I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman from Indiana will state his inquiry.

Mr. BUYER. My parliamentary inquiry would be this: The bill that is under suspension was dropped last

night. We had to immediately respond to all of this, and I have dropped a bill just in the last hour. I apologize to my Democrat friends. I know you're just getting a chance to look at this.

My parliamentary inquiry is, how would I be able to ask for an immediate consideration of this bill under a suspension?

The SPEAKER pro tempore. Is the gentleman speaking to a separate measure other than the one that is before the House?

Mr. BUYER. That's correct. Yes, as a separate measure. How can I call this bill to an immediate consideration?

The SPEAKER pro tempore. The Speaker's policy for recognition requires clearance with leadership on both sides before entertaining such a request.

Mr. BUYER. At the conclusion of this bill, could I ask for unanimous consent for immediate consideration of this bill to protect the survivors and orphans of our veterans?

The SPEAKER pro tempore. The Chair is constrained to recognize for such a request only if both leaderships have cleared it.

Mr. BUYER. Further parliamentary inquiry. Does that mean that at the conclusion of this vote that the Chair would not recognize me for a unanimous consent request?

The SPEAKER pro tempore. The gentleman is correct.

Mr. BUYER. So the U.C. would not be in order.

Mr. LEVIN. Would the gentleman yield?

Mr. BUYER. I yield to the gentleman.

Mr. LEVIN. Let me suggest this: The provision that is in question here or is before us doesn't take effect—the overall provision—until 2014. What our purpose is here today is not to correct a flaw but to reaffirm so there could be zero questions. I would suggest this: That we proceed—and I want to assure you, I think I can on behalf of everyone concerned—that we will look at your bill, and we will work with you, and if there's agreement, we will proceed expeditiously. So I would hope that would work for you. I just wanted to assure you of our good will on this. And if there is an issue that has to be considered, we'll do that.

The problem right now is, it's impossible—we just received this—to understand whether or not it might have an impact in terms of the overall bill. The overall bill has to be scored. As you know, Mr. BUYER, it's very technical. So again, let me suggest that we proceed and give you the assurance that we will look at this and proceed expeditiously.

Mr. BUYER. Reclaiming my time on the parliamentary inquiry, would it be made in order under a unanimous consent request on a suspension that the gentleman could amend? In other

words, could I offer a unanimous consent request to amend to include the general authority language that is very similar to which the House had already passed previously under the health bill?

The SPEAKER pro tempore. The proponent would be allowed to withdraw, amend, and re-offer.

Mr. BUYER. So the gentleman—I accept your good faith. You could withdraw this bill. We are moving quickly, and you're correct that it is highly technical. We only got to see this bill a few days ago. So Mr. SKELTON and Mr. McKEON, all of their staffs didn't get to fully cover it. It's immediately dropped at midnight. We immediately bring it to the floor. We then have to react.

Further parliamentary inquiry. As gentlemen, why don't we pause under the rules? We can withdraw the suspension. We can work, and then the gentleman can bring it back, in good faith. I would ask of the gentleman under the comity of the House—

The SPEAKER pro tempore. The Chair will look to the majority manager for any change in plans.

Mr. BUYER. All right. I would ask of the gentleman, would the gentleman consider to withdraw the suspension to allow us to include the general authority provisions and correct the errors in the bill?

Mr. LEVIN. Let me suggest the reason why I think we need to proceed with this bill. We can accomplish what you want to accomplish by taking up your bill separately. The purpose of this bill is not to correct a flaw. The purpose of it simply is to reaffirm what should already be clear. I don't think in this period of time that we could look at your bill and be sure that it would have no impact in terms of the overall legislation.

I know that this bill will have no such effect. I'm not sure of yours because we've just received it. So let me just offer again in the best of good faith that we will take a note that the—

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will note that the colloquy is on the time of the gentleman from Indiana.

Mr. BUYER. All right. I'm going to reclaim my time. The gentleman's position is that you have chosen not to withdraw the bill to correct the errors, but you want to proceed.

Mr. LEVIN. I don't think it's a question of correcting an error.

Mr. BUYER. Let me reclaim my time, because we have a really large distinction here. Because the bill that is about to be deemed—we don't even have the right to vote on it. See, this is what's blowing my mind, Mr. LEVIN. Those of us who have actually worn the uniform, we don't fight for any bounty of our own. We fight for liberty, we fight for freedom, the right to speak,

the right to vote. And then we're going to be denied the right to vote on a Senate bill, and nor do we have the opportunity to amend? And to say that there are not errors when we move this fast, we don't even allow the deliberative process to be used. I'm pleading with you, Mr. LEVIN. I'm pleading with you. The bill that's before us only covers TRICARE for life. I know this.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman will be reminded to address the Chair.

Mr. BUYER. Mr. Speaker, I apologize. Mr. LEVIN, I apologize. I drafted TRICARE for Life. I understand this program. This bill only covers TRICARE for Life. So individuals who are enrolled in TRICARE—it's not considered a minimum essential health program.

Now I know you didn't mean to do that. So let's get that corrected. That's why you're going to do this bill. So then why don't we absolutely make sure we correct chapter 17 to then protect survivors and dependents? It's an error. I'm not going to stand here and say you intentionally meant to leave out widows and orphans. I don't believe that. But if you're going to correct it on TRICARE, let's take care of the veterans too. I would just plead for the gentleman to stop and pause while we're in consideration here. Let's amend this, and let's do it right. That's my plea.

I will also let you know that we do things substantively. We also do things politically. Ha. There's a response. Letters are coming in, and emails are coming in right now from all the VSOs, and the Veterans Service Organizations are pretty upset. Pretty upset. Whenever we move fast, we're sloppy, and people get hurt in the process. This is not one of our finest hours.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to address the Chair and not other Members in the second person.

The Chair will also remind all persons in the gallery that they are here as guests of the House, and that any manifestation of approval or disapproval of proceedings or other audible conversations is in violation of the Rules of the House.

Mr. DAVIS of Kentucky. I reserve the balance of my time.

Mr. LEVIN. I yield 3 minutes to the gentlewoman from California (Mrs. DAVIS).

Mrs. DAVIS of California. Mr. Speaker, I support the health reform bill that this body will consider tomorrow, yet section 1501 of the Senate bill needs to be modified to ensure that the insurance our brave men and women in uniform have qualifies as "minimum essential coverage" under the new law. I already believe that TRICARE and the nonappropriated fund health plans will

meet the minimum requirements for individual health insurance coverage in the health care bill. Yet like Mr. SKELTON, I believe this legislation should explicitly state that these health plans meet the minimum threshold.

As chairwoman of the Military Personnel Subcommittee, I am a strong proponent of the TRICARE system and do not want that great benefit threatened in any way by health care reform in the United States. Fixing section 1501 of the Senate bill will help achieve this goal and will remove any ambiguity for men and women in uniform and for my colleagues who do not believe that the current bill goes far enough to protect those who serve.

Mr. Speaker, this language to protect TRICARE originally passed the House Education and Labor Committee on a bipartisan basis. I remember it. I was there. I would ask my colleagues on the other side of the aisle to put aside politics for this one vote and help pass a measure that will allow our men and women in uniform to focus on their mission, not their health insurance. I urge a "yes" vote on this measure.

Mr. DAVIS of Kentucky. Mr. Speaker, may I inquire as to how much time is remaining on our side?

The SPEAKER pro tempore. The gentleman from Kentucky has 8 minutes remaining, and the gentleman from Michigan has 14½ minutes remaining.

Mr. DAVIS of Kentucky. Thank you, Mr. Speaker. Now I would like to yield 2 minutes to the gentleman from Florida (Mr. STEARNS), an Air Force veteran and another distinguished member of the Veterans Committee.

Mr. STEARNS. I thank the distinguished chairman. The bottom line—this is the bottom line—the Senate language in the health care bill does not protect VA and Department of Defense health care systems from interference by other Federal agencies, such as Health and Human Services. We need to have the Buyer-McKeon bill part of this package, or you're going to leave out a whole segment of veterans who are under TRICARE, not to mention survivors and dependents who are covered under the CHAMPVA.

This is extremely important to American veterans, so I urge you, Democrats who are in the majority, to reconsider Mr. BUYER's simple request to make part of your bill today, immediately, as much as possible, to amend it so that we include the Buyer language which is H.R. 4894. It's not a major thing to do here. We can do that.

Mr. SKELTON here earlier said that he's against the health care bill. He emphatically said he's going to vote "no." I understand that. He feels that the Democrat health care bill is not something he can support. He's chairman of the Armed Services Committee. He understands that passage of this rule that we're going to talk about later will deem passage of the entire

health care bill in America. But then here we are, trying in desperation because this is a farce, this health care bill, because it strips TRICARE from the military veterans. It hurts survivors and dependents.

Now in a charade here of a farce, they're trying to amend a bill that has never passed. Think of that. This bill that we're going to vote on, the Skelton bill, is amending a bill that has not even passed. So I even question the constitutionality and the procedures here. The health care bill is not going to protect Department of Defense military people under TRICARE and veterans.

Now why is this occurring? I think we realize it is because the Democrats moved too quickly, and they're penalizing our veterans. So the chairman of the Armed Services Committee is against it. More importantly, he's here with this bill, and I think all of us should understand that without passage of the Buyer-McKeon bill, which is H.R. 4894—the bill has been dropped—to amend the patient protection and affordable care to ensure appropriate treatment of Department of Veterans Affairs and Department of Defense health programs—this is a simple statement, but it has huge implications.

So Mr. LEVIN, I urge you to reconsider and to make sure that part of this McKeon bill has the language of the Buyer-McKeon. Again, I will just close by saying that the reason why we're here today is because the bill was put together improperly, and it's just an affront to our veterans, to our military retirees that they are going to be affected by this health care bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are once again reminded to address the Chair and not others in the second person.

□ 1345

Mr. LEVIN. Mr. Speaker, I reserve the balance of my time.

Mr. DAVIS of Kentucky. Mr. Speaker, I yield 30 seconds to the distinguished gentleman from Indiana (Mr. BUYER).

Mr. BUYER. Mr. Speaker, in consultation with the chairman of the Ways and Means Committee, a gentleman that I respect, I think the best approach is we will vote on your bill and ask the minority leader, and approach the majority leader and the Speaker, and you can do your due diligence on the policy aspects to make sure that things can get corrected and then maybe we can call for immediate consideration of the Buyer-McKeon bill. I think that is a good approach.

I yield to the gentleman.

Mr. LEVIN. I agree.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will once again remind Members

to speak through the Chair and not in the second person.

Mr. LEVIN. I reserve the balance of my time. Do I have the right to close?

The SPEAKER pro tempore. Yes.

Mr. DAVIS of Kentucky. As we revisit this event, we are correcting an egregious wrong that was done by oversight to not fully cover our veterans and those on active duty and their families. The fact that TRICARE would not fall into the so-called minimally accepted coverage leads me back to the false standard that was set in the beginning on this bill in the first place.

I was, among other things in the military, an assault helicopter pilot. One of the things that we learned as young aviators is that accidents normally didn't happen because of one big thing. Normally an accident would happen, and several of my close friends paid the ultimate price in this, was because several little things would begin to pile up, small events, things unseen. The faster the environment began to process, the more they would pile up, and eventually they became uncontrollable. Not noticing power, not noticing air speed, not noticing their rate of descent, their altitude, their visual references, lots of things can come into play.

The bottom line is we are doing the same thing now, except we are doing it with one of the largest and most sweeping bills in the history of this country. We are rushing headlong without even a week; 72 hours for a bill this big, give me a break. Let's think about the reality of what we are doing, rushing headlong to do the largest transfer of power to the executive branch in the history of the United States.

This is about turning us into a different Nation. This is about stepping beyond article I of the Constitution to deem. To deem what? We are fixing a small mistake. I guarantee you, there are hundreds of others. Deeming actually is pronouncing something that isn't as if it were done, for all practical purposes, and it was designed from a legislative perspective for simple corrections. Let us deem everybody good health; that has about the same effect in the eyes of the American people. If we are dealing with veterans, let us deem world peace so there won't be any more risks internationally.

You see the absurdity of this argument presented over and over and over. And for the thousands of Americans outside this building, while we stand in here trying to work together to fix a small piece, there are hundreds and hundreds of other things piling up.

Remember what the Speaker said: the Speaker said we have to pass this bill so we can find out what's in it. In the name of heaven, shouldn't we know what is in it before it even comes to this floor for a vote? I demand to know the justice in that, in ramming a piece of legislation through here that is

going to change the lives of our children and our grandchildren.

You ask the people dying in hospitals in England, you ask the people who wait 18 months for bypass surgery, you ask the veterans who are yet to come forward who will not have health care because of this on some technical fix. We are hiring over 100,000 new government bureaucrats and not making the changes the rest of the country uses. And every time in the Ways and Means Committee we tried to offer those changes, they were rejected. Think about this for a moment.

I don't want the most important thing that we are handling in this administration to become a train wreck waiting to happen when we see all of the events beginning to pile up. We need to slow the overall bill down. The fact that we would have to do this, the fact that there are thousands of people demonstrating tells us that there is more to this than simply giving people health care.

I yield 1 minute to the distinguished gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. Mr. Speaker, there is something else that is going on here, too. Okay, so the Skelton bill passes without the Buyer-McKeon. Okay, then the health care bill comes tomorrow. We vote on it tomorrow night, and it passes. But still, the veterans will still be without care because this bill that is passing here has to go to the Senate. The Senate could make some changes and then it comes back to the House. So you will have a health care bill out there standing by itself that has passed, gone to the President, signed into law that does not protect veterans on TRICARE. You should be very concerned about that, and I think the American people should be concerned that our veterans, who are in two wars today, are not going to be protected because you are delaying the enforcement of the rigorous understanding of what this bill is about.

So just simply passing this today under suspension will not mean that the veterans are protected. It still has to go to the Senate and comes back to the House before it is signed by the President.

Mr. DAVIS of Kentucky. Mr. Speaker, I will go ahead and close with these final remarks.

Next year will be the 30th anniversary of my graduation from the United States Military Academy. When I am back there seeing these men and women who have served this country in so many distinguished ways, through times of peace and war and turbulence, the one thing that I want to be able to look in their eyes and say that we did as a Congress, not simply me, is that we served their needs, their family needs, the needs of their soldiers, the needs of veterans in general.

And it is clear from the overall legislation that we are seeking to amend

before it even becomes law, although I think that is constitutionally in question if we are not actually going to vote on the Senate bill, we need to slow this process down and stop the Senate bill from being forced through this House, this reconciliation process, and go back to square one and do this step by step and get it right the first time rather than having to make corrections.

I thank the chairman of the Armed Services Committee and the chairman of the Ways and Means Committee for bringing this critical fix forward. There are many more. Let us get to those.

I yield back the balance of my time.

Mr. LEVIN. Mr. Speaker, I yield myself the balance of my time.

I want to make two points clearly and very forcefully: veterans and veterans' health are protected and will be protected. We are glad to bring our record before the world where this party that I belong to has been in terms of protecting veterans and veterans' health. I just want to say a word about that because I have been here now for some years; and a few years ago the party that I belong to, when we had the power, took the steps to make sure that the health of veterans was protected, indeed, enhanced. What we did was to pass billions of dollars' worth in programs to make sure that veterans in this country were protected as to their health care needs. That is absolutely clear. No veterans need to be worried about their health care. No one covered by TRICARE needs to be worried about whether that will be in effect. No one.

This is done simply to reassure in terms of the language. It is not to fix a flaw. It is to reassure. Indeed, it is being brought for the very reason that we feared that some people might decide to misstate what the reality was. The reality is that we are simply reassuring. There is no flaw to fix, period.

So no one in any place, any veteran or anybody and their family needs to worry about our dedication or the impact of this legislation. That is point one.

Number two, I think what is being done here, what is being said here is pretty clear. The argument isn't really over veterans' health. We are all dedicated to sustaining that. It isn't over TRICARE. We are dedicated to improving TRICARE wherever possible. What we hear on the other side instead are speeches and words about the reconciliation bill. You don't like it.

Mr. DAVIS of Kentucky. Would the gentleman yield?

Mr. LEVIN. I am not sure that I want to carry on much longer a debate over the health care bill, but sure.

Mr. DAVIS of Kentucky. I would point out that TRICARE for life was excised from the Senate bill.

Mr. LEVIN. Look, the Senate bill, we wanted to be 100 percent sure that nobody would misstate its impact. So

don't misstate it. That's the purpose of this.

Instead, after you talk about veterans' health, you begin to talk about the reconciliation bill. Now we will debate that tomorrow, but we should not use any question about coverage for veterans as a reason to attack the reconciliation bill. I support it. I think it will have a major positive impact. You used all kinds of words about a different Nation, about rushing headlong. That has nothing to do with this bill. I think you are completely wrong about this being a different Nation. You raised it, so I will say a few words.

What this is going to do is continue the path of this Nation, to make sure that health care can be afforded, to make sure that health care is spread to everybody. It is not a different Nation; it is continuing the best in our Nation. And so we are not rushing headlong. We have been talking about health care for a century in this country. I said at the Rules Committee, my first political experience as I remember it was as a kid passing out leaflets for the dad of JOHN DINGELL. His father had introduced a health care bill how many decades ago, and before him, others. Going back to Teddy Roosevelt, no huge radical.

So now decades later we come to a moment when we can step up to the plate, and you call it a different Nation. No, I say it is in the best traditions of the United States of America. And so this is simply a bill to reassure; don't use it as an opportunity to talk about something else. We want to say clearly to the veterans of this country and to the families of those veterans, to everybody who is part of that family, that their health care is going to be protected. That is the purpose of this legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. LEVIN) that the House suspend the rules and pass the bill, H.R. 4887, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. LEVIN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

COMMENDING AGRIBUSINESS DEVELOPMENT TEAMS OF THE NATIONAL GUARD FOR THEIR EFFORTS IN WAR-TORN COUNTRIES

Mr. SKELTON. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1075) commending

the members of the Agri-business Development Teams of the National Guard for their efforts, together with personnel of the Department of Agriculture and the United States Agency for International Development, to modernize agriculture practices and increase food production in war-torn countries, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1075

Whereas the Agri-business Development Teams of the National Guard began as a pilot program started in Missouri, and the Missouri National Guard worked with the Missouri Farm Bureau and the University of Missouri to draw a blueprint that could be followed by other Army National Guard units;

Whereas the Agri-business Development Teams consist of National Guard members who have a civilian background in farming or a related agricultural business;

Whereas the Agri-business Development Teams now consist of units from 11 States;

Whereas before deploying overseas, members of an Agri-business Development Team collaborate with land-grant universities, which spend weeks teaching and preparing strategies for the farms to which the Agri-business Development Team will deploy;

Whereas in Afghanistan, the goals of the Agri-business Development Teams include improving irrigation systems and providing sustainable methods for fertilizing, planting, harvesting, marketing, and storing agricultural crops, modernizing slaughter facilities, setting up markets to trade crops and livestock, developing a juicing and canning facility, and improving livestock health through mobile vet clinics, all of which can help divert cropland from poppy production;

Whereas the Agri-business Development Teams also are partnering with the Department of Agriculture to have a directory of 50-60 experts in a variety of agricultural areas in Afghanistan; and

Whereas the Agri-business Development Teams have been quick to use alternative energy sources, such as wind, solar, and small water dams, which in the absence of a national energy grid in Afghanistan are more reliable and easier to protect from enemy attack; Now, therefore, be it

Resolved, That the House of Representatives commends the members of the Agri-business Development Teams of the National Guard and the National Guard Bureau for their efforts, together with personnel of the Department of Agriculture and the United States Agency for International Development, to modernize agriculture practices and increase food production in war-torn countries.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. SKELTON) and the gentleman from Colorado (Mr. LAMBORN) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. SKELTON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Missouri?

There was no objection.

Mr. SKELTON. Mr. Speaker, I yield myself such time as I may consume, and I rise in strong support of H. Res. 1075, a resolution commending the Agri-business Development Teams of the National Guard; and I thank the gentleman from Missouri (Mr. LUETKEMEYER) for introducing this resolution.

The Agri-business Development Teams, often called ADTs, are one of the unsung successes of the mission in Afghanistan. Agriculture makes up about 45 percent of Afghanistan's gross domestic product and employs over 70 percent of its population. Although Afghanistan once supplied food for the region, 30 years of war has degraded the agriculture economy of Afghanistan so much that substantial assistance is required to rebuild it and ensure that Afghanistan has food security.

□ 1400

The first Agri-business Development Team was from the great State of Missouri, and I have particular pride in the great work that they do. These teams are made up of National Guard members who have expertise in agriculture from their civilian lives. These volunteers spend 1 month training for deployment in Indiana and then they are sent to Afghanistan for 11 months. Each team has about 58 personnel, with 12 agriculture experts, although all members of the team have some level of agriculture expertise. Right now there are teams from nine States deployed, including one from Missouri.

Mr. Speaker, I might mention that the Thanksgiving before last I spent with the Missouri Agriculture National Guard team in Afghanistan. And I must tell you that they did a fantastic job. I am very proud of them. I was proud to have visited with them, break bread with them on Thanksgiving Day, and tell them that we in Missouri are downright proud of them.

From the start, the Missouri National Guard has been a leader in the program, and the fourth Missouri team is now preparing to go. I have a list of the Missouri Guard members who have gone to Afghanistan and returned, and I would ask that their names be included in the RECORD.

MISSOURI AGRIBUSINESS TEAM ONE

Allen, Jon Matthew, E3.
Allen, William Noel, Jr., E4.
Allison, James Gregory, O5.
Brandt, Curtis Herbert, E6.
Briscoe, Aaron David, E4.
Bruce, William Eugene, E5.
Bunch, Billy Wayne, E4.
Choate, Richard Austin, E4.
Dignan, Kyle Patrick, E5.
Douglass, Earl Brian, E4.
Dunlap, Douglas Kevin, O3.
Elkin, William Anthony, O2.
Garner, Nathan Lee, E4.
Gideon, Chad Ryan, E4.

Godsey, Larry David, E8.
 Gustin, Brian Eugene, E7.
 Hall, Shannon DeWayne, E5.
 Harper, Stephen Timothy, O1.
 Hoaglin, Robert Lee, Jr., E5.
 Holderieath, Jason Jacob, E4.
 Huitt, Mark Douglas, E6.
 Kellison, Aaron Curtis, E3.
 Kidd, Jimmy Wade, E4.
 Lyons, Jeffry Joseph, E7.
 Murray, Rickie Dean, E5.
 Neher, Jeremy Lee, E4.
 Norman, Michael Timothy, E4.
 Oyer, Chad Edward, E4.
 Pennington, Nicholas Ryan, E3.
 Peterson, Erik Sven, E4.
 Pettibon, Matthew Travis, E4.
 Pierce, Russell Wayne, E7.
 Richards, Clayton Shawn, E6.
 Roth, Robert Edward, O3.
 Rufener, Damon Carl, E6.
 Salmon, Joshua Nathan, E6.
 Saunders, Berry James Allen, E5.
 Seek, Michael Lee, O3.
 Simmons, Randall Scott, E3.
 Stegmann, Matthew Herman, E7.
 Sutton, Darrell Craig, E4.
 Thornborrow, William Jose II, E5.
 Vesco, David James, E4.
 Vogel, William Joseph, Jr., E9.
 Wagner, Ted Curtis, E4.
 Williams, David Roy, E6.
 Winston, Bryan Joseph, E4.
 Wymore, John Darren, E6.

MISSOURI AGRI-BUSINESS TEAM TWO

Ashton, Daniel James, O2.
 Banuelos, Scott Alexander, E5.
 Bennett, Alan Lee, O3.
 Boyle, David Lee, O5.
 Brainard, Jonathan Gregory, E5.
 Branson, Timothy, E3.
 Brody, John Anthony, E4.
 Brown, James Edward, E4.
 Coplin, Richard Keith, W1.
 Cunningham, Heather May, E4.
 Dam, Russell Jens, E6.
 Davenport, Zachary Dale, E4.
 Davidson, Sean Michael, E4.
 Diple, Jennifer Lindsay, E5.
 Flaxbeard, Zachary Thomas, E3.
 Frink, Richard Allen, E8.
 Funken, Jennifer Ann, E6.
 Green, John Allen, E5.
 Green, Ronald, E7.
 Hafner, Gerald Wesley, E5.
 Hartman, Timothy Ray, O5.
 Hill, Scott Douglas, E6.
 Hill, Timothy Michael, E4.
 Jones, Anton Claxton, E6.
 Keilholz, Nicholas Allen, E1.
 Lane, Andrew Christian, E4.
 Larsen, John Kenneth, E4.
 Latour, Andrew Dennis, E4.
 Ledbetter, Jason Robert, E5.
 Lee, Daniel, E1.
 Litherland, Sean Nicholas, W2.
 Love, Richard Anthony, E4.
 Matlock, Kyle, E4.
 Mullins, Matthew Dean, E9.
 Olson, Julie Ann, E4.
 Patty, Ryan Heith, E4.
 Percy, Jacob, E4.
 Powell, Nathaniel Elliot, E3.
 Reppert, Michael Leslie, E3.
 Sears, James Grant III, E1.
 Smith, Stephen Ryan, E4.
 Steinbrook, Michael Lee, E6.
 Stewart, David Liekweg, O2.
 Thomas, Michael, E3.
 Trigg, Timothy William, E6.
 Udovich, Anthony Steven, E5.
 Walters, James Wilson, Jr., E9.
 Wilkinson, Denise, O4.
 Wilmoth, Scott Allen, E4.

Wilson, Tony Lynn, Jr., E4.
 Withrich, Jason Allen, E7.
 Wunderlich, Janet, O3.
 Beaver, Jonathan A., SSG.
 Brandau, Scott W. SRA.
 Herring, Adam S., SRA.
 Jacobs, Matthew E., SRA.
 Mackey, Seth E., SSG.
 Moe, Eric J., SRA.
 Pearce, Douglas D., SRA.
 Polley, Terry P., TSG.
 Robison, Richard C., SSG.
 Salcedo, Daniel A., SSG.

Mr. Speaker, I would also like to include an exchange of letters in regard to House Resolution 1075.

HOUSE OF REPRESENTATIVES,
 COMMITTEE ON FOREIGN AFFAIRS,
 Washington, DC, March 16, 2010.

Hon. IKE SKELTON,
 Chairman, Committee on Armed Services,
 Washington, DC.

DEAR MR. CHAIRMAN: I am writing to you concerning House Resolution 1075, "Commending the members of the Agribusiness Development Teams of the National Guard for their efforts, together with personnel of the Department of Agriculture and the United States Agency for International Development, to modernize agriculture practices and increase food production in war-torn countries." As you know, this measure was referred to the Committee on Armed Services, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

This resolution contains provisions within the Rule X jurisdiction of the Committee on Foreign Affairs. In the interest of permitting your Committee to proceed expeditiously to floor consideration of this important resolution, I am willing to waive this Committee's right to mark up this resolution. I do so with the understanding that by waiving consideration of the resolution, the Committee on Foreign Affairs does not waive any future jurisdictional claim over the subject matters contained in the resolution which fall within its Rule X jurisdiction.

Please include a copy of this letter and your response in the Congressional Record during consideration of the measure on the House floor.

Sincerely,

HOWARD L. BERMAN,
 Chairman.

HOUSE OF REPRESENTATIVES,
 HOUSE COMMITTEE ON ARMED SERVICES,
 Washington, DC, March 16, 2010.

Hon. HOWARD L. BERMAN,
 Chairman, House Committee on Foreign Affairs,
 Rayburn House Office Building, Washington, DC.

DEAR MR. CHAIRMAN: Thank you for your letter regarding House Resolution 1075, "Commending the members of the Agribusiness Development Teams of the National Guard for their efforts, together with personnel of the Department of Agriculture and the United States Agency for International Development, to modernize agriculture practices and increase food production in war-torn countries." This measure was referred to the Committee on Armed Services, and in addition to the Committee on Foreign Affairs, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

I agree that the Committee on Foreign Affairs has certain valid jurisdictional claims

to this resolution, and I appreciate your decision to waive further consideration of H. Res. 1075 in the interest of expediting consideration of this important measure. I agree that by agreeing to waive further consideration, the Committee on Foreign Affairs is not waiving its jurisdictional claims over similar measures in the future.

During consideration of this measure on the House floor, I will ask that this exchange of letters be included in the Congressional Record.

Very truly yours,

IKE SKELTON,
 Chairman.

I reserve the balance of my time.

Mr. LAMBORN. Mr. Speaker, I yield myself such time as I might consume.

Mr. Speaker, today I rise in support of House Resolution 1075. I am pleased to join my colleagues, Representative BLAINE LUETKEMEYER and the chairman of the Armed Services Committee, Representative IKE SKELTON, both from Missouri, as well as the many cosponsors of this resolution, in expressing the gratitude and pride of the United States House of Representatives for the work of the U.S. National Guard's Agri-business Development Teams. The efforts of these brave men and women, along with their colleagues from the Department of Agriculture and the United States Agency for International Development, are critical to creating economic opportunities for nations such as Afghanistan.

We know all too well that Afghanistan has been devastated by nearly three decades of war. And such efforts, in addition to what our combat forces are doing, are instrumental in bringing security and stability to the country.

I would like to take a moment to recognize all those who serve, our military and civilians. I am proud to stand here today and say "thank you." Thank you for making the choice to serve. Thank you for sharing your skills and expertise with the Afghan people. Thank you for protecting America's interests and representing the best she has to offer. And I thank your families as well for their sacrifices.

I want to thank the gentleman from Missouri for introducing this bill. I urge my colleagues to support this resolution.

I reserve the balance of my time.

Mr. SKELTON. Mr. Speaker, I yield 1 minute to my friend and my colleague from Wisconsin (Mr. KIND).

Mr. KIND. I thank my friend from Missouri for yielding the time. And I also want to commend my colleague who introduced the resolution. I was a proud cosponsor of this resolution.

On a previous trip to Afghanistan, I too had a chance to spend some time with the National Guard Agri-business Development Teams. And we can't thank our troops for the mission that they are carrying out in Afghanistan enough. And it is especially true for the citizen-soldiers that we send over there, our Guard and Reserve units.

But the Agri-business Development Teams are performing a very vital and important function in the development and assistance that is taking place in Afghanistan, a country which, after all, is an agrarian nation.

I am especially proud that one of the leaders in the National Guard is a gentleman by the name of Colonel Marty Leppert, who as a kid grew up on a dairy farm outside of Reedsburg, Wisconsin, in the heart of my congressional district. And I commend USDA and USAID, but especially our military leadership for recognizing the value of identifying our soldiers with agriculture backgrounds, and utilizing that expertise in the development of these ag development teams working with Afghan farmers. That is going to be the key to a successful resolution and the economic development that has to occur in that country.

I commend my colleague for offering the resolution.

Mr. LAMBORN. Mr. Speaker, I yield 4 minutes to the gentleman from Missouri (Mr. LUTKEMEYER).

Mr. LUTKEMEYER. Mr. Speaker, I am proud to rise in support of House Resolution 1075, commending the Agri-business Development Teams, or ADTs, on their work. I want to thank Chairman SKELTON along with Ranking Member MCKEON, as well as the rest of the Missouri delegation for their support and efforts in helping the Missouri ADTs. In addition, I would like to thank the senior Senator from Missouri, KIT BOND, for his support of the ADT program from the very beginning.

There are many people who made the efforts of the ADT a great success. First, I want to commend Colonel Marty Leppert, Chief Tony Romano, and the entire team of men and women dedicated to using their skills and knowledge to improve the situation in Afghanistan. They have met a massive challenge with determination to see their goals achieved.

The National Guard's Agri-business Development Teams started as a pilot program in Missouri. The Missouri team partnered with the Missouri Farm Bureau, the University of Missouri, and Lincoln University to draw a blueprint that is being followed by other Army National Guard units from around the United States. In addition, ADTs get resources and guidance from the National Guard Bureau, the United States Department of Agriculture, and the United States Agency for International Development.

The National Guard ADTs have a big mission. They help to modernize agricultural practices and increase food production in a war-torn country. ADTs are made up of Guard members who have a civilian background in farming or a related agricultural business, and they are using those skills to teach Afghan farmers sustainable farming practices. This task is not

easy, but the units from 11 different States have been working long hours with farmers and community officials.

The farming practices used today by the Afghans are very primitive, almost medieval-level farming. The teams that have been deployed work with Afghan farmers to provide basic agricultural requirements. Their goals include: improving irrigation systems, providing effective methods for fertilizing, planting, harvesting, marketing, and storage of agricultural crops. In addition, they have established modern slaughter facilities to help contain spreading diseases, set up markets to trade crops and livestock, developed a juicing and canning facility, and improved livestock health through mobile vet clinics.

They have been quick to use alternative energy resources such as wind, solar, and small water dams as well. Maintaining a reliable water source still remains one of the biggest problems. The Guard units are using sustainable methods for pumping water and working on watershed management to capture snow melt and rainwater runoff for irrigation. Since a national energy grid and 24/7 energy is not available, these alternative energy sources actually provide a better solution.

There is no easy fix for the situation in Afghanistan. There are problems with local customs, tribal leadership, and issues of property rights that must be solved on a routine basis. If a team wants to construct a building or dig a well, it has to find out which village elder has authority to grant permission to use the land. In many villages, property usage and ownership is decided in meetings with family elders. However, our young men and women labor vigorously and diligently in search of solutions to these many challenges.

The work in Afghanistan is important, where agriculture makes up 45 percent of the gross domestic product and employs more than 70 percent of the population, but where farming practices are inefficient and outdated. Many Afghan fields are used to grow opium poppy plants, which provide the raw material used to make heroin. It is my hope that establishing a viable agricultural industry will provide farmers throughout Afghanistan with alternatives. And quite frankly, Mr. Speaker, in my judgment this is the way that we are going to be successful in Afghanistan, by turning the Afghan people and their economy around and earning their trust to be able to work with us in running the Taliban out of the country.

The bill we consider today recognizes the good work that these men and women are carrying out every day. I encourage other States to look at ways they can contribute to the mission of the National Guard ADTs.

I urge my colleague to join me in passing this legislation.

Mr. SKELTON. I reserve the balance of my time.

Mr. LAMBORN. Mr. Speaker, I yield myself such time as I may consume.

Once again, I commend the National Guard for their service to this country and to the cause of freedom. The freedom they work and fight for is embodied in the constitutional system that we enjoy in this country. Few votes we have taken in this body will affect our constitutional system of freedom more than the vote we take tomorrow on health care.

Now, the American people have spoken loud and clear on this issue of health care. They do not want a government takeover of health care. And the latest health care plan that we will be voting on as early as tomorrow afternoon is still a government takeover of health care despite what others have said, because, number one, it includes billions of dollars in new taxes and over a trillion dollars of new government spending. It will cause millions of employers to cancel the health care they offer their employees and force these individuals into a government-run health care plan.

It creates a health care czar to impose health care price controls that will lead to a shortage of care and even more individuals falling into government-run insurance. It will mandate private citizens that they purchase health care whether they need it or want it.

Democrats are planning to abuse the legislative process to pass purely partisan legislation with no bipartisan support that will change one-sixth of the American economy. Democrat leaders are even considering a process that will allow their health care bill to become law without an up or down vote. That would be the so-called "Slaughter solution," named for the chairman of the Rules Committee, Representative LOUISE SLAUGHTER of New York.

This would declare that the House deems the Senate version of ObamaCare to have been passed by the House. House Members would still have to vote on whether to accept the rule, but then they would be able to say they only voted for the rule and not for the underlying Senate bill. But remember, a vote on the rule is a vote on the bill. Legislative tricks and unconstitutional procedures should not be used to jam through Congress a partisan bill that will impact the life of every American and affect one-sixth of our Nation's economy.

The American people have been trying to get the message across that they want Congress to start over on health care through an open and honest dialogue and process. It is time to work step by step on health care reform that will lower costs for families without increasing the size of the Federal Government.

I would like to point out, Mr. Speaker, that when you add the 4,872 pages of legislative text to the 1,347 pages of committee reports, you have a total of 6,219 pages of bill text. Now, we got the final version of this 72 hours from the potential vote tomorrow afternoon. And if a Member was to take all 72 hours, allowing for 8 hours of sleep each day, because otherwise they may just get burned out, that leaves 48 hours of solid reading of this 6,200 pages. That works out to 129 pages an hour, or 2 pages a minute.

I haven't seen a lot of Members, frankly, spending their time reading 2 pages a minute for this 6,000 pages, and yet that is what we are being asked to vote on as early as tomorrow afternoon. I don't think that's really what the American people deserve for how this body should do its business.

At this point, Mr. Speaker, I would reserve the balance of my time.

□ 1415

Mr. SKELTON. Mr. Speaker, I yield 1 minute to the gentleman from Missouri (Mr. CARNAHAN).

Mr. CARNAHAN. Mr. Speaker, it's an honor to be here and to speak on behalf of this resolution that honors the members of the Agri-business Development Teams that have been operating. These are joint missions that combine some of the best of our military capabilities, the best of our civilian capabilities, and they are operating in some of the most important areas we need to succeed.

We've seen the success of these teams on the ground in Afghanistan. We have heard from our military leaders how essential they are to our success. We are very pleased that our Missouri National Guard has been one of the leading groups that has done this. They have worked with our universities, with our rural electric co-ops, and many of our civilian capabilities have been brought to bear from our farming communities in Missouri to help bring more advanced agricultural methods to Afghanistan and to be sure that we succeed in the fight against terrorism.

Mr. LAMBORN. Mr. Speaker, at this point, I would like to yield 2 minutes to my colleague from the State of Texas (Mr. POE).

Mr. POE of Texas. I appreciate the gentleman yielding.

I totally support H. Res. 1075 and the support of the National Guard and the Agri-business Development Teams.

The National Guard is doing a phenomenal job in Iraq and Afghanistan. The chairman could give me the exact number, but I don't know the percentage of the National Guard troops that are in Afghanistan, but it's extremely high. We count on the citizen soldiers to help us in times of war, and they are there not just from the State of Missouri but from the State of Texas as well.

And I had a chance to be with some National Guard troops in Afghanistan during the Christmas season. They're doing a phenomenal business in helping those Afghans change from growing poppies that is turned into cocaine and heroin that is sold primarily in Europe and teaching them to farm wheat and soybeans. In fact, Texas A&M University has developed some type of soybean that yields ninefold what a typical soybean yields, and they are being planted in Afghanistan so that farmers can sell legitimate crops on the open market.

This bill is an important bill because it recognizes our National Guard, but also this bill is a bipartisan bill. It is supported by both sides. And legislation in this House, to be successful, should be supported by both sides, unlike the health care bill that we're going to vote on tomorrow afternoon. It's only supported by a portion of one side with no input from the others. And I think that we should have a bipartisan vote in support of the health care bill as well, which, unfortunately, we are not.

Mr. SKELTON. Mr. Speaker, in answer to the gentleman from Texas, my understanding is that right now as we speak—though the number is increasing—there are some 80,000 American troops in Afghanistan today.

I yield back the balance of my time.

Mr. LAMBORN. I would like to inquire how much time our side has remaining.

The SPEAKER pro tempore. The gentleman has 9 minutes remaining.

Mr. LAMBORN. Thank you.

I will yield myself such time as I may consume.

Let me just continue where I left off a few moments ago talking about this huge bill tomorrow that affects our Nation's freedom so much on health care, and let me just point out that our side of the aisle, the Republicans, have introduced 70 bills that offer free market solutions to health care reform that do not take over America's system of health care.

For instance, one solution, H.R. 3400, is the Empowering Patients First Act. This particular bill would do three things, Mr. Speaker:

Number one, it gives access to coverage for all Americans. It makes the purchase of health care financially feasible for all by extending the income tax deduction on health care premiums to those who purchase coverage in the nongroup or individual market. Right now, you only have this tax break if you're an employee of a corporation. That is not fair to all Americans. Everyone should have that same tax break.

The beauty of that is that you would have a tax advantaged purchase price on your health care premiums and you would own that premium. It wouldn't have to come to you through your job,

and then it would be portable. If you go to another job, if you transfer, if you lose your job, you don't lose your coverage. It goes with you when you buy it yourself. That is why that point is so important.

Number two, coverage is truly owned by the patients. Like I said, this gives greater choice and portability and it expands the individual market. We can also, to accomplish this goal, create pooling mechanisms such as association health plans. I have friends who are Realtors in the real estate industry. They would love to form a national association of real estate agents and brokers and employees all over this country. That association would have tremendous buying power and economies of scale, but right now, that is prohibited by law. That is a commonsense solution that Republicans have offered and, I dare say, would have bipartisan support by this body.

And thirdly, we need to rein in out-of-control costs, and 3400 does that as well. It reforms the medical liability system. It establishes administrative health care tribunals—you could call them health courts—in each State and adds affirmative defense through provider-established best practice measures. That would be a defense if you're charged with some kind of malpractice as a provider. This would encourage, also, the speedy resolution of claims and would cap noneconomic damages.

So, Mr. Speaker, let me just conclude by saying that there are reforms that the Republicans have offered that would be not a massive overhaul of one-sixth of our Nation's economy and that would incorporate free market mechanisms and procedures that the American people would be much more comfortable in. If you look at the polling, Americans do not want a massive takeover of health care.

At this point, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. SKELTON) that the House suspend the rules and agree to the resolution, H. Res. 1075, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. SKELTON. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

- suspending the rules and passing H.R. 4887, by the yeas and nays;
- agreeing to the Speaker's approval of the Journal, by the yeas and nays;
- suspending the rules and agreeing to H. Res. 1040, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

TRICARE AFFIRMATION ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4887, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Michigan (Mr. LEVIN) that the House suspend the rules and pass the bill, H.R. 4887, as amended.

The vote was taken by electronic device, and there were—yeas 403, nays 0, not voting 27, as follows:

[Roll No. 152]

YEAS—403

Ackerman	Buyer	Dicks
Aderholt	Calvert	Dingell
Adler (NJ)	Camp	Doggett
Akin	Campbell	Donnelly (IN)
Alexander	Cantor	Doyle
Altmire	Cao	Dreier
Andrews	Capito	Driehaus
Arcuri	Capps	Duncan
Austria	Capuano	Edwards (MD)
Baca	Cardoza	Edwards (TX)
Bachmann	Carnahan	Ehlers
Bachus	Carney	Ellsworth
Baird	Carson (IN)	Emerson
Baldwin	Carter	Engel
Barrett (SC)	Cassidy	Eshoo
Barrow	Castle	Etheridge
Bartlett	Castor (FL)	Fallin
Barton (TX)	Chaffetz	Farr
Bean	Chandler	Fattah
Becerra	Childers	Filner
Berkley	Chu	Flake
Berman	Clarke	Fleming
Berry	Cleaver	Forbes
Biggert	Clyburn	Foster
Bilbray	Coble	Fox
Billirakis	Coffman (CO)	Frank (MA)
Bishop (GA)	Cohen	Franks (AZ)
Bishop (NY)	Cole	Frelinghuysen
Bishop (UT)	Conaway	Fudge
Blackburn	Connolly (VA)	Galleghy
Boccheri	Conyers	Garamendi
Boehner	Cooper	Garrett (NJ)
Bonner	Costa	Gerlach
Bono Mack	Costello	Giffords
Boozman	Courtney	Gingrey (GA)
Boren	Crenshaw	Gohmert
Boswell	Crowley	Gonzalez
Boucher	Cuellar	Goodlatte
Boustany	Culberson	Gordon (TN)
Boyd	Cummings	Granger
Brady (PA)	Dahlkemper	Graves
Brady (TX)	Davis (AL)	Grayson
Braley (IA)	Davis (CA)	Green, Al
Bright	Davis (IL)	Griffith
Broun (GA)	Davis (KY)	Guthrie
Brown (SC)	Davis (TN)	Gutierrez
Brown, Corrine	DeFazio	Hall (NY)
Brown-Waite,	DeGette	Halvorson
Ginny	Delahunt	Hare
Buchanan	DeLauro	Harman
Burgess	Dent	Harper
Burton (IN)	Diaz-Balart, L.	Hastings (FL)
Butterfield	Diaz-Balart, M.	Hastings (WA)

Heinrich	McCotter	Ryan (OH)
Heller	McDermott	Ryan (WI)
Hensarling	McGovern	Salazar
Herger	McHenry	Sanchez, Linda
Hereth Sandlin	McIntyre	T.
Higgins	McKeon	Scalise
Hill	McMahon	Schakowsky
Himes	McMorris	Schauer
Hinojosa	Rodgers	Schiff
Hirono	McNerney	Schmidt
Hodes	Meek (FL)	Schock
Honda	Melancon	Schrader
Hoyer	Mica	Schwartz
Hunter	Michaud	Scott (GA)
Inglis	Miller (FL)	Scott (VA)
Inslee	Miller (MI)	Sensenbrenner
Israel	Miller (NC)	Serrano
Issa	Miller, Gary	Sessions
Jackson (IL)	Miller, George	Sestak
Jackson Lee	Minnick	Shadegg
(TX)	Mitchell	Shea-Porter
Jenkins	Moore (KS)	Sherman
Johnson (GA)	Moore (WI)	Shimkus
Johnson (IL)	Moran (KS)	Shuler
Johnson, E. B.	Moran (VA)	Shuster
Johnson, Sam	Murphy (CT)	Sires
Jones	Murphy (NY)	Skelton
Jordan (OH)	Murphy, Patrick	Slaughter
Kagen	Murphy, Tim	Smith (NE)
Kanjorski	Myrick	Smith (NJ)
Kaptur	Napolitano	Smith (TX)
Kennedy	Neal (MA)	Smith (WA)
Kildee	Neugebauer	Snyder
Kilpatrick (MI)	Nunes	Souder
Kilroy	Nye	Space
Kind	Oberstar	Speier
King (IA)	Obey	Spratt
King (NY)	Olson	Stearns
Kingston	Olver	Stupak
Kirk	Ortiz	Sullivan
Kirkpatrick (AZ)	Owens	Sutton
Kissell	Pallone	Tanner
Klein (FL)	Pascarella	Taylor
Kline (MN)	Pastor (AZ)	Teague
Kosmas	Paul	Terry
Kratovil	Paulsen	Thompson (CA)
Kucinich	Pence	Thompson (MS)
Lamborn	Perlmutter	Thompson (PA)
Lance	Perriello	Thornberry
Langevin	Peters	Tiahrt
Larsen (WA)	Peterson	Tiberi
Larson (CT)	Petri	Tierney
Latham	Pingree (ME)	Titus
Latta	Pitts	Tonko
Lee (CA)	Platts	Tsongas
Lee (NY)	Poe (TX)	Turner
Levin	Polis (CO)	Upton
Lewis (CA)	Pomeroy	Van Hollen
Lewis (GA)	Posey	Velázquez
Linder	Price (GA)	Visclosky
Lipinski	Price (NC)	Walden
LoBiondo	Putnam	Walz
Loebisack	Quigley	Wamp
Lowe	Radanovich	Wasserman
Lucas	Rahall	Schultz
Luetkemeyer	Rangel	Waters
Lujan	Rehberg	Watson
Lummis	Reichert	Watt
Lungren, Daniel	Reyes	Waxman
E.	Rodriguez	Weiner
Lynch	Roe (TN)	Welch
Mack	Rogers (AL)	Westmoreland
Maffei	Rogers (KY)	Whitfield
Maloney	Rogers (MI)	Wilson (OH)
Manzullo	Rohrabacher	Wilson (SC)
Marchant	Rooney	Wittman
Markey (CO)	Ros-Lehtinen	Wolf
Marshall	Roskam	Woolsey
Matsui	Ross	Wu
McCarthy (CA)	Rothman (NJ)	Yarmuth
McCarthy (NY)	Roybal-Allard	Young (AK)
McCaul	Royce	Young (FL)
McClintock	Ruppersberger	
McCollum	Rush	

NOT VOTING—27

Blumenauer	Hinchey	Mollohan
Blunt	Hoekstra	Nadler (NY)
Clay	Holden	Payne
Deal (GA)	Holt	Richardson
Ellison	LaTourette	Sanchez, Loretta
Fortenberry	Lofgren, Zoe	Sarbanes
Green, Gene	Markey (MA)	Simpson
Grijalva	Matheson	Stark
Hall (TX)	Meeks (NY)	Towns

□ 1452

Mr. BUCHANAN changed his vote from "nay" to "yea."

So (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

HONORING FORMER INTERIOR SECRETARY STEWART UDALL

(Mr. PASTOR of Arizona asked and was given permission to address the House for 1 minute.)

Mr. PASTOR of Arizona. Madam Speaker, it is with great sadness that I inform the House that former Interior Secretary Stewart Udall, father of our former House colleague, Senator TOM UDALL, and uncle of our other former Member, Senator MARK UDALL, passed away this morning at his home in Santa Fe, New Mexico, surrounded by his family. He was 90 years old.

Stewart Udall was born in St. Johns, Arizona, on January 31, 1920, to the former Supreme Court Justice Levi S. Udall and Louise Lee Udall. He attended the University of Arizona where he earned undergraduate and law degrees.

During World War II, Stewart served 4 years in the United States Air Force as a gunner. He flew 50 missions over Western Europe for which he received the Air Medal with Three Oak Leaf Clusters.

In 1954, Stewart was elected to serve from Arizona's Second Congressional District to the U.S. House of Representatives. He was elected to serve four terms in Congress, which he did with great distinction.

In 1960, he proved instrumental in helping persuade Arizona Democrats to support then-Senator John F. Kennedy during the Democratic National Convention. Upon election in 1960, President Kennedy appointed Stewart Udall Secretary of the Interior, where his accomplishments under Presidents Kennedy and Johnson made him an icon in environmental and conservation communities.

Legislative achievements from Secretary Udall's Cabinet career include the Wilderness Act of 1964, the Wild and Scenic Rivers Act, the expansion of the National Park System, and the creation of the Land and Water Conservation Fund.

Until his passing, Stewart Udall continued his dedication to public service as an author, historian, scholar, lecturer, and environmental activist, lawyer and citizen of the outdoors. He was the last surviving member of the President Kennedy's original Cabinet.

Stewart Udall was preceded in death by his wife of 55 years, Erma Lee Udall. He is survived by his six children, TOM, Scott, Lynn, Lori, Denise, and Jay, and

other family members including eight grandchildren.

The country is greater for Stewart Udall's service, and on behalf of the House I wish to extend my deepest condolences to the Udall family. I ask that we join for 1 minute of remembrance.

I thank the House.

PARLIAMENTARY INQUIRIES

Mr. FLAKE. Madam Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore (Ms. BALDWIN). The gentleman will state his parliamentary inquiry.

Mr. FLAKE. Many of us are confused about the last vote we took. We just need to see if we have it right.

We had the vote to include TRICARE for life because it is not included in the Senate bill that we will vote on tomorrow. Is that correct?

The SPEAKER pro tempore. Members may consult the respective legislative texts.

Mr. FLAKE. Madam Speaker, I have a further parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. FLAKE. Madam Speaker, it is our understanding that the Senate bill did not include coverage for TRICARE for life in the vote that we will take tomorrow. And so we are amending a bill that hasn't been passed yet. Is that correct?

I apologize. I meant to say TRICARE, not TRICARE for life.

It is our understanding here that the Senate bill that we will vote on tomorrow does not include coverage for TRICARE. Is that correct?

The SPEAKER pro tempore. Members may consult the relevant legislative text and come to their own conclusions.

Mr. FLAKE. I thank the Chair.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Without objection, 5-minute voting will resume. There was no objection.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, on which the yeas and nays were ordered.

The question is on the Speaker's approval of the Journal.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 211, nays 186, not voting 33, as follows:

[Roll No. 153]

YEAS—211

Ackerman	Green, Al	Napolitano
Andrews	Gutierrez	Neal (MA)
Baca	Hall (NY)	Nye
Bachmann	Harman	Oberstar
Baird	Harper	Obey
Baldwin	Heinrich	Olver
Barrow	Heller	Ortiz
Bean	Higgins	Owens
Becerra	Hill	Pallone
Berkley	Hinojosa	Pascroll
Berman	Hirono	Pastor (AZ)
Berry	Hodes	Paulsen
Bishop (GA)	Honda	Perriello
Bishop (NY)	Hoyer	Polis (CO)
Blumenauer	Inslee	Pomeroy
Boswell	Israel	Price (NC)
Boucher	Jackson (IL)	Quigley
Boyd	Jackson Lee	Rahall
Brady (PA)	(TX)	Rangel
Braley (IA)	Johnson (GA)	Reyes
Brown, Corrine	Johnson (IL)	Rodriguez
Butterfield	Johnson, E. B.	Ross
Capps	Jones	Rothman (NJ)
Capuano	Kagen	Roybal-Allard
Carnahan	Kanjorski	Ruppersberger
Carson (IN)	Kaptur	Rush
Castle	Kennedy	Ryan (OH)
Castor (FL)	Kildee	Salazar
Chaffetz	Kilpatrick (MI)	Sanchez, Linda
Chandler	Kilroy	T.
Chu	Kind	Schakowsky
Clarke	Kissell	Schauer
Cleaver	Klein (FL)	Schiff
Clyburn	Kosmas	Schrader
Cohen	Kucinich	Schwartz
Conyers	Langevin	Scott (GA)
Cooper	Larsen (WA)	Scott (VA)
Costello	Larson (CT)	Serrano
Courtney	Lee (CA)	Sestak
Crowley	Levin	Shea-Porter
Cummings	Lewis (GA)	Sherman
Davis (CA)	Lipinski	Sires
Davis (IL)	Loeb sack	Skelton
Davis (TN)	Lowe y	Slaughter
DeFazio	Luetkemeyer	Smith (WA)
DeGette	Lujan	Snyder
Delahunt	Lynch	Space
DeLauro	Maffei	Speier
Dent	Maloney	Spratt
Dicks	Markey (MA)	Sutton
Dingell	Marshall	Tanner
Doggett	Matheson	Taylor
Donnelly (IN)	Matsui	Teague
Doyle	McCarthy (NY)	Thompson (MS)
Driehaus	McClintock	Tierney
Edwards (MD)	McCollum	Titus
Edwards (TX)	McDermott	Tonko
Engel	McGovern	Tsongas
Eshoo	McIntyre	Van Hollen
Farr	McMahon	Velázquez
Fattah	McNerney	Visclosky
Filner	Meek (FL)	Walz
Foster	Michaud	Watson
Frank (MA)	Miller (NC)	Watt
Fudge	Miller, George	Waxman
Garamendi	Mollohan	Weiner
Gonzalez	Moore (KS)	Welch
Goodlatte	Moore (WI)	Wilson (OH)
Gordon (TN)	Moran (VA)	Woolsey
Graves	Murphy (CT)	Wu
Grayson	Murphy, Patrick	Yarmuth

NAYS—186

Aderholt	Boozman	Carter
Adler (NJ)	Boren	Cassidy
Akin	Boustany	Childers
Alexander	Brady (TX)	Coble
Altmire	Bright	Coffman (CO)
Arcuri	Broun (GA)	Cole
Austria	Brown (SC)	Conaway
Bachus	Brown-Waite,	Connolly (VA)
Barrett (SC)	Ginny	Costa
Bartlett	Buchanan	Crenshaw
Barton (TX)	Burgess	Cuellar
Biggert	Burton (IN)	Culberson
Bilbray	Buyer	Dahlkemper
Bilirakis	Calvert	Davis (KY)
Bishop (UT)	Camp	Diaz-Balart, L.
Blackburn	Campbell	Diaz-Balart, M.
Boehner	Cao	Dreier
Bonner	Capito	Duncan
Bono Mack	Carney	Ehlers

Ellsworth	Lewis (CA)	Rehberg
Emerson	Linder	Reichert
Etheridge	LoBiondo	Roe (TN)
Fallin	Lucas	Rogers (AL)
Flake	Lummis	Rogers (KY)
Fleming	Lungren, Daniel	Rogers (MI)
Forbes	E.	Rohrabacher
Fox	Mack	Rooney
Franks (AZ)	Manzullo	Ros-Lehtinen
Frelinghuysen	Marchant	Royce
Gallegly	Markey (CO)	Ryan (WI)
Garrett (NJ)	McCarthy (CA)	Scalise
Gerlach	McCaul	Schmidt
Giffords	McCotter	Schock
Gingrey (GA)	McHenry	Sensenbrenner
Granger	McKeon	Sessions
Griffith	McMorris	Shadegg
Guthrie	Rodgers	Shimkus
Hall (TX)	Melancon	Shuster
Halvorson	Mica	Smith (NE)
Hastings (FL)	Miller (FL)	Smith (NJ)
Hastings (WA)	Miller (MI)	Smith (TX)
Hensarling	Miller, Gary	Souder
Herger	Minnick	Stearns
Hereth Sandlin	Mitchell	Stupak
Himes	Moran (KS)	Sullivan
Hunter	Murphy (NY)	Terry
Inglis	Murphy, Tim	Thompson (CA)
Issa	Myrick	Thompson (PA)
Jenkins	Neugebauer	Thornberry
Johnson, Sam	Nunes	Tiahrt
Jordan (OH)	Olson	Tiberi
King (IA)	Paul	Turner
King (NY)	Pence	Upton
Kingston	Peters	Walden
Kirk	Peterson	Wamp
Kirkpatrick (AZ)	Petri	Waters
Kline (MN)	Pitts	Westmoreland
Kratovil	Platts	Whitfield
Lamborn	Poe (TX)	Wilson (SC)
Lance	Posey	Wittman
Latham	Price (GA)	Wolf
Latta	Putnam	Young (AK)
Lee (NY)	Radanovich	Young (FL)

NOT VOTING—33

Blunt	Hare	Richardson
Bocieri	Hinchey	Roskam
Cantor	Hoekstra	Sanchez, Loretta
Cardoza	Holden	Sarbanes
Clay	Holt	Shuler
Davis (AL)	LaTourette	Simpson
Deal (GA)	Lofgren, Zoe	Stark
Ellison	Meeks (NY)	Towns
Fortenberry	Nadler (NY)	Wasserman
Gohmert	Payne	Schultz
Green, Gene	Perlmutter	
Grijalva	Pingree (ME)	

□ 1505

So the Journal was approved.

The result of the vote was announced as above recorded.

HONORING DONALD HARINGTON

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1040, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. SPEIER) that the House suspend the rules and agree to the resolution, H. Res. 1040.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 399, nays 0, not voting 31, as follows:

[Roll No. 154]

YEAS—399

Ackerman	Adler (NJ)	Alexander
Aderholt	Akin	Altmire

Andrews
Arcuri
Austria
Baca
Bachmann
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Bocieri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boustany
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Broun (GA)
Brown (SC)
Brown, Corrine
Brown-Waite,
 Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers
Chu
Clarke
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dent

Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Foster
Fox
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Griffith
Burton (IN)
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinojosa
Hirono
Hodes
Honda
Hoyer
Hunter
Inglis
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee
 (TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kirkpatrick (AZ)

Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larsen (CT)
Latham
Latta
Lee (CA)
Lee (NY)
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Loebach
Lowey
Lucas
Luetkemeyer
Lujan
Lummis
Lungren, Daniel
 E.
Lynch
Mack
Maffei
Maloney
Manzullo
Marchant
Markley (CO)
Markley (MA)
Marshall
Matheson
Matsui
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McCotter
McDermott
McGovern
McHenry
McIntyre
McKeon
McMahon
McMorris
 Rodgers
McNerney
Meek (FL)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Miller, George
Minnick
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascarell
Pastor (AZ)
Paul
Paulsen
Pence
Perlmutter
Perriello
Peters
Peterson

Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Ross
Rothman (NJ)
Roybal-Allard
Royce
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda
 T.
Scalise

NOT VOTING—31

Bachus
Blunt
Blunt
Buyer
Clay
Davis (AL)
Deal (GA)
Ellison
Fortenberry
Gohmert
Green, Gene
Grijalva
Hinchey
Hoekstra
Holden
Holt
LaTourette
Loftgren, Zoe
Meeks (NY)
Nadler (NY)
Napolitano
Payne
Richardson

□ 1512

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 3 o'clock and 12 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 1652

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. JACKSON LEE of Texas) at 4 o'clock and 52 minutes p.m.

RECOGNIZING THE 65TH ANNIVERSARY OF THE BATTLE OF IWO JIMA

Mr. OWENS. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1099) recognizing

the 65th anniversary of the Battle of Iwo Jima, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1099

Whereas 2010 marks the 65th anniversary of the Battle of Iwo Jima, in which the United States Marine Corps, directly supported by the United States Navy and elements of the United States Army, captured the island of Iwo Jima during World War II;

Whereas the Battle of Iwo Jima lasted from February 19 to March 26, 1945, and was among the most bitter battles in the history of the Marine Corps;

Whereas more than 70,000 Marines participated in the Battle of Iwo Jima;

Whereas 22 Marines, 4 Navy corpsmen, and 1 Navy landing craft commander received the Medal of Honor, the highest award for valor in action against an enemy force which can be bestowed upon an individual serving in the United States Armed Forces, for their service during the Battle of Iwo Jima;

Whereas half of the awards issued to Marines and Navy corpsmen of the 5th Amphibious Corps were posthumous awards;

Whereas awards for service during the Battle of Iwo Jima represented more than one-fourth of the 80 Medals of Honor awarded Marines during World War II;

Whereas, in recognition of the particularly treacherous conditions experienced by Marines, sailors, and soldiers during the Battle of Iwo Jima, Commander in Chief of the Pacific Fleet, Fleet Admiral Chester W. Nimitz stated, "Among the Americans who fought on Iwo Island, uncommon valor was a common virtue";

Whereas the raising of the American flag over Mount Suribachi on February 23, 1945, was witnessed by many Marines all over Iwo Jima and the ships at sea and, upon witnessing the sight, Navy Secretary James Vincent Forrestal said, "The raising of that flag means a Marine Corps for another five hundred years";

Whereas Joe Rosenthal's Pulitzer Prize-winning photograph of the 5 Marines and 1 Navy corpsman raising the American flag over Mount Suribachi during the Battle of Iwo Jima produced an iconic and lasting symbol of the courage and determination that helped achieve victory for the United States Armed Forces during World War II;

Whereas the Battle of Iwo Jima was a military victory critical to the assault on Japan, providing a base for American fighter escorts and a way station for bombers raiding Japan;

Whereas the United States success in capturing Iwo Jima was a crucial victory that led to the eventual triumph in the Pacific Theatre during World War II; and

Whereas over 17,000 Marines were wounded and almost 6,000 Marines made the ultimate sacrifice by giving their lives for their country in the Battle of Iwo Jima: Now, therefore, be it

Resolved, That the House of Representatives—

(1) recognizes the 65th anniversary of the Battle of Iwo Jima; and

(2) recognizes and commends all members of the United States Armed Forces who participated in the Battle of Iwo Jima for their service and sacrifice, with particular honor and gratitude given to those gallant Americans who gave their lives in defense of the United States and of freedom during the Battle of Iwo Jima.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New York (Mr. OWENS) and the gentleman from Colorado (Mr. LAMBORN) each will control 20 minutes.

The Chair recognizes the gentleman from New York.

GENERAL LEAVE

Mr. OWENS. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New York?

There was no objection.

Mr. OWENS. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of House Resolution 1099, recognizing the 65th anniversary of the Battle of Iwo Jima. I would like to thank my colleague from Iowa (Mr. BRALEY) for putting this resolution together.

Madam Speaker, I don't know if you have ever been to the Marine Corps Memorial that sits nearby off Arlington Boulevard and George Washington Parkway atop a knoll overlooking all of the memorials on The Mall, the Washington Monument, and this Capitol building. If you haven't, I highly recommend going for a thoughtful visit. The memorial is a larger-than-life statute depicting one of the most famous images generated during World War II—Joe Rosenthal's Pulitzer Prize-winning photograph of the five marines and one Navy corpsman raising the American flag over Mount Suribachi during the Battle of Iwo Jima. At daybreak, the sun rises over the Capitol, illuminating monuments to America's history of perseverance for freedom. I can think of no better backdrop to this monument than that for which these brave men and women fought—the capital of the free world.

The battle of Iwo Jima lasted from February 19 to March 26, 1945, and was among the most bitter battles in the history of the Marine Corps. Over 70,000 participated, nearly a quarter of those were wounded, and almost 6,000 marines made the ultimate sacrifice by giving their last measure for America in this famous battle. And while the Marines suffered the most casualties in this confrontation, by far, this effort was directly supported by the Navy, which suffered roughly 2,800 casualties, and elements of the Army, which suffered 37 casualties.

Madam Speaker, 22 marines, 4 Navy corpsmen, and 1 Navy landing craft commander received the Medal of Honor, the highest award for valor in action against an enemy force which can be bestowed on an individual suffering in the United States Armed Forces, for their service during the Battle of Iwo Jima. It was Admiral Nimitz who stated, "Among Americans who fought on Iwo Island, uncommon

valor was a common virtue." It is hard to imagine or even truly understand what that experience must have been like.

The Battle of Iwo Jima was a military victory critical to the assault on Japan, which led to the eventual triumph in the Pacific Theatre during World War II. Therefore, I urge my colleagues to recognize and commend all members of the United States Armed Forces participating in the Battle of Iwo Jima for their service and sacrifice, with particular honor and gratitude given to those gallant Americans who gave their lives in defense of the United States and freedom, by voting in favor of House Resolution 1099.

If any of my colleagues haven't had the opportunity yet, I recommend that they stand at dawn, or during one of the Marine Corps Tuesday Sunset Parades, and reflect upon the Battle of Iwo Jima and the sacrifices our servicemembers have made during all of America's wars to protect the freedoms we enjoy this very moment.

I reserve the balance of my time.

Mr. LAMBORN. Madam Speaker, I rise in support of House Resolution 1099, as amended. This resolution recognizes the 65th anniversary of the Battle of Iwo Jima. I want to commend the sponsor of this resolution, Representative BRUCE BRALEY of Iowa, for introducing it.

The Battle of Iwo Jima in February and March of 1945 has become a symbol of the devotion to duty and valor of all the men who fought there. For marines especially, the action then of five marines and one Navy corpsman raising the U.S. flag on Mount Suribachi, as captured in the iconic photo, is now the standard by which all marines measure themselves. Every marine and many others as well, when viewing that image, are almost compelled to ask: Could I do the same thing? Would I measure up?

By any standard of measure, the Battle of Iwo Jima ranks as one of the most violent and savage in the history of the Marine Corps. The Marines, the Navy, and the Army personnel who fought the battle prevailed because, as Admiral Nimitz, Commander in Chief of the Pacific Fleet at the time, said, "uncommon valor was a common virtue."

Today, many of those men who won that victory are now gone. Our memory of and tribute to their valor and devotion to duty, however, remain. It is for that reason that we recognize the 65th anniversary of the Battle of Iwo Jima and commend all who served in it.

I urge all Members to support this most worthy bill.

Madam Speaker, I reserve the balance of my time.

Mr. OWENS. I yield such time as he may consume to my friend and colleague and the sponsor of this resolu-

tion, the gentleman from Iowa (Mr. BRALEY).

Mr. BRALEY of Iowa. I thank the gentleman for yielding, and I thank my colleague from Colorado for his kind remarks.

Madam Speaker, the photograph to my immediate right is what most people think of when they think of the Battle of Iwo Jima. It is the most famous photograph in the world. It was taken by Joe Rosenthal. It was not a staged photograph. It was taken while the second flag was raised on Mount Suribachi. What most people don't know is the rest of the story behind that flag raising.

This is a photograph that was taken on the summit of Mount Suribachi that's commonly referred to as the "gung-ho" photograph. It depicts the unit, the platoon, that was the first to reach the summit of Mount Suribachi and raise the first flag.

One thing that's important about this photograph is you can actually see the faces of the marines who made that heroic sacrifice. You cannot see the faces of anybody in the Joe Rosenthal photograph, and that was something that bothered Joe Rosenthal when he saw his photograph weeks after he took it, because in the heat of the battle, that film was sent to be processed away from Iwo Jima and was published and released in newspapers across the United States. It instantly became the most popular symbol of the struggle in the Pacific.

Now, this photograph is especially important to me because shown right here in this photograph is a young man named Harold Keller, who was a corporal in the Marine Corps from my hometown of Brooklyn, Iowa. Harold Keller was one of those uncommon heroes that nobody knew anything about after he came home, but he was the second marine to reach the summit of Mount Suribachi. He slept that night under the flag that was erected on top. And while he and his buddy Chick Robeson slept under the flag, buzz bombs and mortars came in toward that flag, because it was the subject of great debate and competition between the Americans and the Japanese.

□ 1700

Harold Keller was remarkable for many other things that happened in this very brief period on an island that was so small, it was less than 10 square miles, and yet 30,000 Japanese soldiers and 70,000 marines and Navy corpsmen occupied that tiny island during this incredibly intense struggle. When Harold Keller first landed on the beach on D-day, February 19, 1945, the first thing he did was save his commanding officer, Lieutenant Keith Wells, who stuck his head up above the berm of that sandy beach and would have had his head blown off had it not been for Harold Keller, who pulled him down as a

large piece of shrapnel soared right over where he had been.

He was also friends with Ernest "Boots" Thomas, who was the marine who carried the first flag to the summit and was called down to go on national radio and talk about the historic moment when that flag was unfurled over Mount Suribachi. When Harold Keller was walking up Mount Suribachi with his unit, he saw two stretchers being carried up to the summit, and his comment tells a lot about what they were facing. He told a friend of his, "We'll probably need a hell of a lot more than that." He saved the life of one of his colleagues, Robert Leader, who was later, after the flag was raised, wounded by mortar fire. Harold Keller came upon him, did a field dressing as he found him with his bowels laying outside his body, saved his life, and sent him home, where he became an art professor and gifted artist at the University of Notre Dame.

These are things that are stories behind the flag raising and why this is so important. Another reason this photograph is important to me is, as you look over the shoulders of these marines, you can see the beach down below, and you can see some of the landing craft. One of those landing craft was LST-808 which dropped my father off on Green Beach in Iwo Jima the same day these flags were raised, and you can see LST-808 down below.

My father was 17 years old, Byard Braley, when he enlisted in the Marine Corps after getting his mother's permission, and he was 18 when he landed on Iwo Jima. He served in the Corps Artillery in the headquarters and service battery of the Fourth 155th Howitzer Battalion, which was commanded by Colonel John Letcher. One of the things John Letcher did was he wrote a book about his experience in the Marine Corps called "One Marine's Story," and this is how he described his first night on Iwo Jima at the Corps Artillery headquarters:

"I had been asleep for perhaps an hour when a shell burst which seemed to be right outside the tent. It was followed in rapid succession by others. The shells were bursting in the air a few feet above the ground and were spraying fragments in every direction. The command post area seemed to be their target, and they were making a hit with every shell. Most of our personnel must have been poorly dug in, just as I was, because mingled with the noise of the shell bursts, I heard screams and cries of wounded men. I was trembling uncontrollably and found myself reciting the Apostles' Creed."

Thirty-five men in my father's unit were killed and wounded during that barrage, and it was something that he carried with him every day of his life until he died 29 years ago. One of the things that we know about the people

who served on Iwo Jima is that the ones who were fortunate enough to come home, like my father and Harold Keller, never considered themselves heroes. They considered the heroes their fallen comrades who were buried on that island in the Third, Fourth and Fifth Marine Division cemeteries. And this photo, Madam Speaker, shows the lines of crosses and Stars of David in the Fifth Marine Division Cemetery, with Mount Suribachi in the background.

Probably one of the most compelling cemetery dedications given since the Gettysburg Address was delivered by Rabbi Roland Gittelsohn at the dedication of the Fifth Marine Division Cemetery, and I want you to listen to his powerful words, which we should hear today just as powerfully as when he delivered them. Here is what he said about these fallen comrades:

"Our poor power of speech can add nothing to what these men have already done. All that we even hope to do is follow their example. To show the same selfless courage in peace that they did in war . . . These men have done their jobs well. They have paid the ghastly price of freedom . . . We dedicate ourselves, first, to live together in peace the way they fought and are buried in this war . . . Here lie officers and men, Negroes and Whites, rich men and poor—together. Here no man prefers another because of his faith or despises him because of his color. Here there are no quotas of how many from each group are admitted or allowed. Among these men there is no discrimination, no prejudices, no hatred. Theirs is the highest and purest democracy."

Madam Speaker, these are the reasons why we gather here today to honor this historic battle, to remember the sacrifice of the most severe battle in Marine Corps history, where one-quarter of the Medals of Honor were awarded in World War II during this one battle. That's why I urge my colleagues to support this resolution and remember, we must never forget.

Mr. LAMBORN. Madam Speaker, I just want to thank my colleague and friend from Iowa again for bringing this resolution. I had the great privilege of standing on Iwo Jima a year ago when some of us on the Armed Services Committee were going to Okinawa to review the Marine transfer that may take place to Guam. The whole island is sacred territory. We were able to bring back samples of the black volcanic sand from the beach right below Mount Suribachi. I have that in my office. We stood on the top of Mount Suribachi. There is a wonderful memorial there right now. It's very touching and very moving for all the reasons that Representative BRALEY has highlighted. Thank you again for bringing this resolution, and I urge all of my colleagues to support it.

Madam Speaker, at this point I yield 1 minute to the gentleman from California, Representative HERGER.

Mr. HERGER. Madam Speaker, the American people could not be more clear. They want to fix the problems with our health care system, but they do not want the Democrats' government takeover of health care. It's time to stop the backroom deals and bring transparency to this debate. On a bill that rewrites one-sixth of our economy, adds \$1 trillion to the Federal budget, and affects every American's health care, Members of Congress should stand up and be counted. I call on Speaker PELOSI to grant Republicans' requests for a call of the House so Americans can watch at home and can see and hear how their Representative is voting.

Mr. OWENS. I will continue to reserve the balance of my time.

Mr. LAMBORN. Madam Speaker, at this point I yield such time as he may consume to the gentleman from Indiana (Mr. BUYER).

Mr. BUYER. I would like to thank both parties for recognizing the uncommon virtue and valor. It didn't occur just at Iwo Jima. It occurred in many battlefields and lonely places all over the world. These are military values and virtues which are passed from one generation to the next. They are memorialized, and we've done that here in the Nation's Capital in Arlington by that extraordinary photo that was then transformed into that statue.

The art of man is able to construct monuments and awards that are far more significant than the narrow span of our own existence. It's the silent lapse of time that displays how frail and how fallible we are as a people. So it truly is what we do with the time that we have that matters most. So those of us with whom we've had the privilege to wear the uniform and fight our Nation's wars and to serve on foreign soil, I can tell you having done that, that it is an extraordinary feeling.

Now for the men and women, the nurses and the men who were in the dark sands of Iwo Jima, what an extraordinary campaign, and we have done everything we can to fulfill their ideal. At times, we fall short. We fall short as a people when we don't fulfill the ideal of their sacrifice; that is, the preservation of freedom and the preservation of individual liberty. And we have to be careful here in the institution of Congress if we don't respect each other with regard to our opinions, with regard to the process, because liberty also in the democratic process is pretty important.

So we have this debate on the health bill. We shouldn't try to scheme. We should be open. This should be the most open and deliberative body in the world so that Lady Liberty that sits on top of the dome can truly shine as that

beacon of liberty so that the sacrifices of those marines and the sailors and others at Iwo Jima can live forever. The men and women who wear the uniform, they fight for no bounty of their own, and they leave freedom in their footsteps. They are truly extraordinary people. They also go to a land where they've never been, and they fight for a people that they've never met because they fight for extraordinary ideals. So those sacrifices that occurred on Iwo Jima have been passed on to other generations, those of whom fought in Korea or in Vietnam, in the sands of the first gulf war or even the second gulf war and Afghanistan.

So those of us who inherit the freedoms and those ideals, we are merely trustees for life, and our duty is to concentrate our lives to the greater good, beset by recurrent hopes for a more peaceful and prosperous Union. To do otherwise would be selfish as a people, and it would be wrong to turn to the next generation and say that we did not improve upon it, and we would then not be able to uphold the men, like at Iwo Jima, who did so much for so many.

Mr. OWENS. Madam Speaker, I continue to reserve the balance of my time.

Mr. LAMBORN. Madam Speaker, I yield myself such time as I may consume.

Once again, I commend our fighting forces for their service to this country and to the cause of freedom. The freedom they worked and fought for is embodied in the constitutional system we enjoy in this country. Few votes that we have taken in this body will affect our constitutional system of freedom more than the vote that we take tomorrow on health care. And I would like to show, Madam Speaker, the bills that we have in front of us and the—I think—short time that we've unfortunately had to review them.

Sitting here are the various bills from the House and Senate, the reconciled version, and the committee reports. These total more than 6,200 pages. We've had a brief 72 hours to review these materials by the time our vote rolls around, projected for tomorrow afternoon. That is simply not the way we should do business in the people's House.

If we take 72 hours and subtract 8 hours a day for sleeping so you don't get burnt out completely, in that remaining 48 hours, you could read about two pages a minute if you read from morning until night, and then you would get through these 6,000 pages. You probably couldn't look up very many of the citations, though. That slows you down a bit further. But this is what we are faced with when we have our vote tomorrow.

□ 1715

I think we really should have a different and better process, and the American people deserve better.

Madam Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. WESTMORELAND).

Mr. WESTMORELAND. Madam Speaker, I want to thank my friend for the time, and I want to also thank Mr. BRALEY for bringing this resolution and what it means to the men and women who served in our military and especially those who fought so bravely at Iwo Jima.

As I was walking across today to the Longworth Office Building, Madam Speaker, I ran into several veterans out in the crowd. They were asking me about the health care vote that we are going to have tomorrow and about other situations that are going on in our government, and a lot of them asked me, said, You know, I served my country and I didn't expect to have this type of treatment or to have this forced on me or my children or my grandchildren.

One of the interesting facts is that the Senate bill, the Senate bill that is going to be passed in this House tomorrow, that passed in the Senate, evidently had some things in it that maybe people didn't understand.

Chairman SKELTON brought a bill to the floor today to make sure that TRICARE is looked at as an acceptable insurance program. TRICARE, the thing that we give our veterans that serve so faithfully in our military, TRICARE was not even going to be looked at as one of the acceptable insurance programs. We were fixing to strip them of that. And those veterans on the street just could not understand that concept, how that could have gotten by 60 people in the Senate, that evidently didn't know it was in there or didn't care about those veterans that had served our country so bravely.

And, you know, earlier today we had a bill on the floor, a motion to recommit that bill, and I believe there were 178 people that voted "no" originally, and then the votes started changing. And I think it ended up with 39 "no" votes, Madam Speaker, after all of the changes from 170-something down to 39, and it was only a 3-page bill. Now our side certainly—and I am sure the gentlewoman from Wyoming wasn't trying to trick anybody—it was a 3-page bill, very plainly written; but, evidently, nobody had read it and so everybody voted against it. And all of a sudden it started getting around what was in it, about sexual predators being allowed to be in this volunteer group to look after our forest land. So the next thing you know, 140 people are down here changing their vote on a 3-page bill.

Can you imagine what is in a 2,700-page bill that Members of this House have not read? We are going to suffer some unintended consequences. And probably those that are going to feel the greatest loss of those unintended consequences are the brave men and women who have served so faithfully

and defended this country and fought for our rights and for our freedoms. And we are fixing to pass legislation that I would venture to say that nobody in this House has read and completely understands.

Mr. OWENS. Madam Speaker, I would like to respond to the comments about the bill and the inability to comprehend it in a short period of time.

I am relatively new to Congress. The Senate bill has been available, I think, for better than 80 days. This sounds more like a college or high school student saying I had to stay up all night and cram because I didn't study during the semester.

There was adequate time for everyone in the House to read the Senate bill. I certainly did. I read the reconciliation bill in one night. So the claim this is being foisted upon us in a manner which does not allow for its comprehension is simply incomprehensible.

I yield 2 minutes to my friend and colleague, the gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. Madam Speaker, let's return to the subject at hand for a minute. The Republicans are attempting to pretzel into a debate honoring the heroes of World War II, the Greatest Generation, those who liberated the Pacific Rim, those who gave their lives, those who climbed Mount Suribachi against all odds and raised the American flag so bravely, and they are trying to pretzel into the debate some pretty strange things. Let me address a couple.

First, we had the gentleman talking about threats to veterans' health care. There will be nothing in the legislation, the health care legislation, that in any way impinges upon the health care that our veterans have earned. The gentleman is fully aware that in the House bill, which was thoughtfully written, that that was mentioned and fully protected.

I am not going to apologize for the bipartisan, and it is bipartisan, total incompetence of the United States Senate. I am not going to apologize for that. But we passed a resolution here today to make clear what our intent was, and what will be in the law: veterans' health care benefits fully protected.

While I am on the subject of veterans' health care benefits, I saw the former Chair of the Veterans' Committee here on the floor, and I would remind people, we need a sense of history. There was a year in the Bush administration, after repeated cuts to the veterans' budget, when they were running out of money in June when the Republicans controlled the House, the Senate, and the White House. And it was the Democrats who came to the floor and said we need \$2 billion more immediately to deliver on our obligations to our veterans. And there was a

brave guy, he is a Republican, CHRIS SMITH from New Jersey, he was the chairman of the Veterans' Committee, and he voted with the Democrats. And you know what the Republican leadership did? They stripped him of his chairmanship for his advocacy for veterans, and they put that other gentleman who just spoke previously in the chair in his stead.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. OWENS. I yield the gentleman 1 additional minute.

Mr. DEFAZIO. We are still repairing the damage the Bush administration did to the Veterans Health Administration. They need better funding. We are on a path now to give them 2 years of certainty whereas before they were hanging on the cliff, and 1 year in the Bush Republican era they ran out of money in June when the fiscal year ends in October, and they were going to close their hospitals. So don't tell me that you guys here are the great defenders of our veterans.

And then this other gentleman raises this thing about this 3-page Republican motion to recommit where people changed their vote. I didn't have to change my vote; I read it. But he might also reveal that that 3-page amendment was only available 1 minute before it was discussed for 10 minutes on the floor. It was not published online. It was not made available to Members, and Members did not know the content of that.

This health care legislation that will be voted on has been online for 72 hours. The manager's amendment is now up online. That Republican amendment was available for a grand total of about 11 minutes before the vote began.

So let's be honest and consistent around here in our arguments, and let's spend a little more time honoring the Greatest Generation.

Mr. LAMBORN. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I would like to point out that this pile of paper here representing 2,310 pages was released to the body 3 days ago, March 17. This is the text of H.R. 4872 reported from the House Budget Committee. I would be curious if my colleague from New York has read this 2,300-page document, as well as the several hundred pages of additional committee reports since that time, and possibly we will have a manager's amendment tomorrow. We will find out about that.

But even more substantively, Madam Speaker, is that we are talking tomorrow about a health care plan that the American people do not want. We should not be doing this bill tomorrow or at any time. We should start over with incremental, bipartisan reform that everyone here, or most of us anyway, could agree with, not a partisan

bill that only one party will be voting for. The bipartisanship here in the House tomorrow, I suspect, will be the opposition to the bill. There are mandates in the President's proposed plan for health care as the House and Senate are taking it up. There are new taxes. There are cuts in Medicare. There is failure to have tort reform. There is increased government intervention.

Let me mention the increased government intervention. There will be new bureaucratic boards that will come up with a definition of quality and will give more power to the Federal Government through bureaucracy. Provisions such as the Comparative Effectiveness Research Board, the Independent Medicare Advisory Board and others will be set up through this plan. A form of government-run plan will maintain the OPM, overseeing multistate plans and co-ops. There are still, unfortunately, sweetheart deals in this plan. The Cornhusker kickback has some provisions still existing in the current version. The Louisiana purchase is still there. There are carveouts for unions and other sweetheart deals.

And, sadly to say, there are broken promises. The President set several parameters, including that the bill will cost under \$900 billion; that has been broken. That there will be no taxes on those making under 250,000; that promise has been broken. That family's health insurance premiums would go down by \$2,500 a year, and that promise has been broken. And if individuals liked what they had, they could keep it, and that will not be kept either.

The bottom line is that some might compare the last-minute inclusion of a few bread crumbs from the Republican side without true Republican input or knowledge on fraud, waste and abuse, and subsequent comments that we are somehow being partisan for standing up for our constituents and not supporting something that we in principle do not agree with is just plain wrong.

Now let me say this about reconciliation. House Democratic leaders have been searching for a way to ensure that any move that they make to approve the Senate-passed \$871 billion health care reform bill as it came over from the Senate is followed by Senate action on a reconciliation package of adjustments to the original bill. However, this is a nonstarter. The Senate Parliamentarian has ruled that President Barack Obama must sign Congress's original health care reform bill.

Mr. ISRAEL. Will the gentleman yield?

Mr. LAMBORN. I yield briefly to the gentleman from New York.

Mr. ISRAEL. I thank the gentleman. Would the gentleman explain to me what reconciliation has to do with honoring veterans at Iwo Jima?

Mr. LAMBORN. Reclaiming my time, let me also conclude by saying that

there is another problem with the health care bill that we will be looking at in a few hours tomorrow afternoon on abortion. Abortion funding will be required of the taxpayers in our country.

□ 1730

Current legislation would permit Federal funds to subsidize plans covering abortion, would permit a multi-State health plan to offer abortion coverage, and would require citizens in States that have opted out of elective abortion coverage in their own exchange to still fund Federal subsidies for plans that cover elective abortion in other States.

In addition, the bill includes \$7 billion in new mandatory spending on community health centers, funding that is not subject to any restrictions prohibiting Federal dollars from funding elective abortions. If the current legislation passes the House without abortion funding restrictions, such as was I believe properly introduced in the Representative BART STUPAK amendment, it will be virtually impossible to alter the language through reconciliation as the two versions are reconciled over in the Senate since Senate Republicans have said they will block amendments which require 60 votes to overcome a point of order under reconciliation.

So for those reasons, I would say that we should not be passing the bill tomorrow. It will severely degrade the freedom in our country for those who want to live their lives and not be subject to government control and intervention in all the intimate decisions that they make with their doctors for their own health care.

I would yield back the balance of my time.

Mr. OWENS. I yield 1 minute to my friend and colleague, the gentleman from New York (Mr. ISRAEL).

Mr. ISRAEL. I thank the gentleman.

Madam Speaker, I must say that with all due respect I am profoundly disappointed. I always thought that the one thing that we could all agree on in this body without delay, without distraction, without partisanship and without politics, is honoring our veterans. We are discussing a resolution honoring the veterans of Iwo Jima, and even that has been politicized, even that has been delayed, even that has been distracted.

Is there anything that you can agree to do with us? Can they not even agree, Madam Speaker, to pass without delay a resolution honoring our veterans without politicizing it and injecting partisanship into it and delay? We are here to honor our veterans. We are here to honor the memory of people who were at Iwo Jima. And instead we turn it into a political debate on an unrelated issue. And for that I am profoundly disappointed.

Mr. OWENS. I yield 2 minutes to my friend and colleague, the gentleman from Colorado (Mr. PERLMUTTER).

Mr. PERLMUTTER. Madam Speaker, I have had a chance to listen to my colleague from Colorado take what should be really a glorious opportunity to honor our vets, to honor vets who served in one of the bloodiest battles World War II or this world has ever seen generally, and to start talking about abortion and about the health care bill. I can't believe that they are taking this approach, Madam Speaker.

I had the opportunity just within the last 2 weeks to work with 11 veterans who served in Iwo Jima who were flying there for the 65th anniversary, which we are honoring today. And to stand with those men, who they and so many others just gave everything they had to protect this Nation, was such a privilege, such an honor. The fact that I and our office could play any role in helping them get back there for the ceremony in which the flag was raised was a tremendous privilege for all of us.

To take the time to veer off into health care when we should be honoring these gentlemen for their service I think is a travesty, and I would say that to my friend from Colorado. This is something that is important. These people served us valiantly. Their service is just honored and is so celebrated in Colorado that I just wanted to get up here today, while I am in the midst of the health care debate, to honor them and to thank them for their service.

Mr. LAMBORN. Will the gentleman yield?

Mr. PERLMUTTER. I yield to my colleague from Colorado.

Mr. LAMBORN. My good friend has raised a point. I don't know if he was able to be here at the beginning of this resolution, but we had a wonderful discussion about the tremendous valor shown in Iwo Jima. But this is a discussion also—

Mr. PERLMUTTER. Reclaiming my time from my friend, this hour should be dedicated to the veterans. That is what I say.

Mr. OWENS. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. OWENS) that the House suspend the rules and agree to the resolution, H. Res. 1099, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. OWENS. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further

proceedings on this motion will be postponed.

RECOGNIZING MILITARY AVIATORS WHO ESCAPED CAPTURE

Ms. BORDALLO. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 925) expressing the sense of the House of Representatives regarding the meritorious service performed by aviators in the United States Armed Forces who were shot down over, or otherwise forced to land in, hostile territory yet evaded enemy capture or were captured but subsequently escaped, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 925

Whereas aviators in the Armed Forces, including pilots, navigators, bombardiers, weapons control officers, and other aircraft crew members, have served the United States with great courage and distinction in every major conflict during the 20th and 21st centuries;

Whereas thousands of aviators in the Armed Forces have been forced down while performing their missions, as a result of hostile action, mechanical failures, or other problems;

Whereas many of these aviators overcame long odds and great hardships to return to their units and resume their service to the United States;

Whereas some of these aviators tried to evade enemy forces, but were captured, and some of these aviators were compelled to endure arduous confinement, retaliation, and even death as a result of their efforts to evade capture or escape;

Whereas these aviators faced the added responsibility of maintaining the secrecy of their escape and evasion methods in order to protect the lives of people who assisted them and other aviators; and

Whereas the need to maintain secrecy initially may have prevented these aviators from being publically recognized for their meritorious service in avoiding capture, in escaping from captivity, or for their efforts to escape; Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that—

(1) aviators in the United States Armed Forces who, as a result of hostile action, mechanical failures, or other problems, were forced to evade or escape enemy capture, were captured but subsequently escaped to return to their units and resume their service to the United States, or were compelled to endure arduous confinement, retaliation, and even death as a result of their efforts to evade capture or escape should be publically recognized for their extraordinary service; and

(2) the Secretaries of the military departments should consider these aviators for appropriate recognition within their branch of the Armed Forces.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from Colorado (Mr. LAMBORN) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Guam?

There was no objection.

Ms. BORDALLO. Madam Speaker, I yield myself such time as I may consume.

I rise in support of House Resolution 925, which recognizes aviators in the United States Armed Forces who were forced to evade or escape enemy capture, were captured but subsequently escaped, or were compelled to endure arduous confinement, retaliation, and even death as a result of their efforts to evade capture or escape. I want to thank my colleague from Oregon (Mr. DEFazio) for introducing this measure.

As a member of the House Committee on Armed Services, I am honored to recognize the aviators of the Armed Forces who have valiantly served the United States in every major conflict during the 20th and 21st century. Aviators, including pilots, navigators, bombardiers, weapons control officers, and other aircraft crew members, with fierce courage and distinction face the threat of being forced down each time they take to the skies.

Madam Speaker, House Resolution 925 recognizes those downed aviators that have not only miraculously survived unexpected flight termination, but also have confronted additional dangers escaping or attempting to escape enemy capture on the ground. It also expresses the sense of the House that those downed aviators that were tortured or killed as a result of their efforts to evade capture or escape should be publicly recognized for their extraordinary service. So in honor of these men and women who have selflessly served our Nation, many without the encouragement of public recognition, I urge my colleagues to vote "yes" to this resolution.

I reserve the balance of my time.

Mr. LAMBORN. Madam Speaker, I too rise in support of House Resolution 925, which seeks recognition for aviators who, as a result of hostile action or other causes, were forced to escape and evade their potential captors. Every military aviator who begins a combat mission recognizes and prepares for the possibility that hostile actions or other events will compel the aviator to escape and evade capture.

Thousands of American aviators have faced that daunting task. Some overcame long odds and great hardships to return to their units to resume their service. Others tried to evade enemy forces but were captured, suffering arduous confinement, torture, and even death. Except for a few, the specific

identities of those thousands have mostly faded from American memory, and many were not recognized for their determined efforts to escape and evade. That is why this resolution is important. These aviators deserve recognition. That is why I call on all Members to support this bill.

I reserve the balance of my time.

Ms. BORDALLO. Madam Speaker, I yield such time as he may consume to my friend and colleague, and the sponsor of this resolution, the gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. I thank the gentleman.

The previous resolution had to do with the anniversary of Iwo Jima. This is something that would actually go to a number of wars and conflicts that the U.S. Armed Forces have been involved in, but I will focus a bit on a veteran of World War II in terms of the need for this recognition and resolution.

Oddly enough somehow, the Defense Department has overlooked the valiant service of many who were previously in the Army Air Corps, now in the United States Air Force, or in the flying arms of the United States Army or the Marines and Navy and their sacrifice when they have been shot down behind enemy lines and not captured and imprisoned, but actually managed to evade escape, sometimes allying themselves with resistance movements, other times just depriving the enemy of the victory of capturing a downed U.S. pilot, bombardier, airman of any sort.

This first came to my attention when I was approached by a gentleman I have known a number of years in Eugene, Oregon, Don Fisher. And he came to me with a request I hear from a lot of vets, which is, "Hey, could you help me get my service records?" We had the infamous fire in St. Louis which burned up so many veterans' records. And we are often asked to help reconstitute their records, generally for benefit purposes, but sometimes for other purposes. And I said, "Sure, Don." I mean that's really pretty routine. "We can help you with that." He said, "This one isn't quite so routine." And I said, "Well, how is that?" And he said, "Well, I was shot down over occupied France in a B-17. I came down behind enemy lines, and I was harbored by French families who were friendly to the allies. I cooperated and worked with the resistance and evaded escape until D-day." And on D-day he revealed himself to British forces and was first allowed to send a message home. But then when turned over to the U.S. forces, they had questions about whether he really was a U.S. aviator, and he was rather extensively interrogated.

So what he wanted was to get his interrogation files. He said, "I really don't remember everything that happened to me when I was behind enemy

lines." He said, "I'm sure when I was a young man I had a better memory. And I would like to have that for my family and myself." I said, "Well, sure. We'll help." It's either still in the depths of some classification system somewhere or it was declassified, so we could never find that file.

But that brought me an interest in him and his organization. There is an organization of what they call evaders. In this case they are World War II. Many of them are becoming quite elderly. They are going to have a reunion in the not too distant future out at the Air Force Academy in Colorado.

I took on the task to try to get them some recognition. So this is actually two parts. One is expressing the sense of Congress for admiration for their extraordinary service. And again, this does not just extend to World War II. It would be Korea, Vietnam, and Iraq, Afghanistan, other conflicts and other involvements by U.S. forces. Anybody who has been in this situation.

Secondly, I am recommending strongly to the Secretary of Defense that a special ribbon, award, or medal be developed to recognize these activities and encourage these activities, because there will be future U.S. aviators who will be in the same position. And we want them to know that we honored their forebears, those who came before them who for years hid and operated behind enemy lines and then came back to freedom with our victories.

It is almost exactly 47 years since he was shot down. It's a story that is not totally extraordinary. I know other World War II veterans. But I just recount it briefly. His plane was shot down. They bailed out. He doesn't remember much because they were at a pretty high altitude. He blacked out. The next thing he knew he was hanging from a tree, and the German fighter pilot circled him. And he thought for sure he was going to be strafed. Instead, the German fighter pilot saluted him and flew off.

He then managed to get extricated from his harness, and after that was sheltered by the French, and ultimately became associated with French resistance, and as I say, met the liberators in Paris when we liberated Paris. So this is one of thousands of extraordinary stories and acts of valor by our soldiers.

I just hope strongly that we can get unanimous agreement on this resolution and restrict the debate to the subject of this resolution to honor these people for their extraordinary service, and move on.

Mr. LAMBORN. Madam Speaker, the service performed by aviators in the U.S. Armed Forces is indeed meritorious. They have fought bravely and risked much to take care of our country. Indeed, they deserve the recognition and care for their sacrifice that this resolution embodies. As members

of the military, their health care falls under the TRICARE system, which as Representative SKELTON mentioned earlier in this day, must be addressed in any health care bill before Congress.

□ 1745

We must make sure that any bill we pass in this area gives them the benefits that they deserve.

I reserve the balance of my time.

Ms. BORDALLO. Madam Speaker, I continue to reserve the balance of my time.

Mr. LAMBORN. Madam Speaker, I yield 5 minutes to the gentleman from Florida (Mr. POSEY).

Mr. POSEY. I thank the gentleman from Colorado for yielding.

Madam Speaker, I applaud the sponsors, cosponsors, and everyone in the body who is taking the time to support the heroes that we're discussing today. I would also like to take this opportunity to remind the body, as my colleague just has, that we must keep the TRICARE promised them for life as well. And while we're on the TRICARE/health care subject, I'd like to stress my strong objections to the health care legislation, the unprecedented abuses, and perhaps unconstitutional process through which it's being considered.

The American people are telling us, either in letters or calls, in every poll that they don't want it. Besides the fact of Social Security is unsustainable, Medicare is unsustainable, and only a few doctors even accept Medicaid as it is now. There are other top 10 reasons to reject it.

It raises taxes by over \$550 billion. It adds over a trillion more dollars to the national debt, kills over 2 million more jobs, and drives up the cost of medical insurance; gives the IRS unprecedented power over the lives of the American people; replaces your doctor with Federal bureaucrats to make critical decisions about your medical care; cuts Medicare by more than a half a trillion dollars, and of course Congress is exempt; provides for the largest expansion of abortion coverage since Roe v. Wade, including taxpayer-funded abortions. It will bankrupt States through billions in unfunded mandates; force American citizens to foot the bill for health care for illegal aliens, inasmuch as it fails to include strict enforcement; is the result of a flawed process, having been written in secret out of the view of C-SPAN cameras and filled with backroom deals and vote buying.

We're a Nation of laws. Laws are not supposed to be ignored when they are inconvenient or simply pose a hurdle to achieving certain agendas. We teach our children to play by the rules, but this Congress is teaching them something very different.

How can we expect the American people to obey the laws Congress passes when Congress won't obey its own rules? It is respect for the rule of law

that has distinguished the United States from the banana republics and authoritarian regimes.

Indeed, millions of Americans, including those we're honoring today, have fought and even have died for this country; yet this bill, this process grossly compromises that principle. Clearly, Congress isn't listening to the American people and is once again ignoring their voices.

There is an old political axiom that says any time you promise to take from Peter to pay Paul, one thing usually happens—Paul votes for you. And that is where we are right here, right now today in Congress. This is exactly what ultimately leads democracies to fail, and this bill, if enacted into law, will greatly undermine the future of our Republic, the greatest Nation in the history of the world that these men and women fought and died for.

It has been said democracy cannot exist as a permanent form of government; it can only exist until the voters discover they can vote themselves largesse from the public treasury. From that moment on, the majority usually votes for the candidates promising them the most benefits. Therefore, the average age of the world's greatest civilizations has been about 200 years.

These nations have progressed through this sequence: from bondage to spiritual faith, from spiritual faith to great courage, from courage to liberty, from liberty to abundance, from abundance to selfishness, from selfishness to apathy, from apathy to dependence, and from dependency back into bondage.

It is not difficult to see where we are right now on that scale, but what is true is it's frightening. It's frightening that some people think our government is some kind of cosmic Santa Claus who cannot fail. It isn't—and it can fail if we are not good stewards of the gift our Forefathers gave to us. We must not allow the American experiment at representative self-government to fail on our watch.

If our Founders wanted to live like Europeans, they would not have come here in the first place or they would have turned the ships around and headed home. But they didn't. They wanted a land of opportunity, not a land of government-administered, cradle-to-the-grave entitlements.

Americans don't want to go down this path toward future socialism, increasingly losing power to government. Vice President BIDEN said it best yesterday when he said, if this bill is passed, government will "control" health care in America. His words not mine.

No one believes the status quo in our Nation's health care system is acceptable. There are many areas where we can find agreement, and we must move forward to fix those problems. The American people deserve better. Let

them know that we know we don't work for Congress. Congress works for them by defeating this bill.

Ms. BORDALLO. Madam Speaker, I would like to inquire as to how much time is remaining.

The SPEAKER pro tempore. The gentlewoman from Guam has 12½ minutes. The gentleman from Colorado has 14 minutes.

Ms. BORDALLO. Madam Speaker, I yield 2 minutes to the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. I grew up in the forties and fifties, and I remember the men and women that came back from the war, some gravely wounded, carrying those wounds the rest of their lives, and some having survived but survived behind enemy lines. This resolution honors those that fought in so many different ways, and particularly those behind enemy lines and were unable to really be recognized for the extraordinary contributions they made to the war effort. And it's perfectly appropriate.

What is not appropriate is what our colleagues on the Republican side have done with this debate and with the previous debate. We're honoring our soldiers. We're honoring our men and women that have fought. We will soon be debating the health care issue, and in the appropriate time, we should be taking that up. But to somehow demean, to somehow demean the courage, the resolution, and the extraordinary sacrifice made by these people is just plain wrong.

I would ask our colleagues to set it aside. In a few moments we will pick up the health care debate, and then I would be delighted to join you in that debate. But now let's focus on those who have served this country in time of war.

Mr. LAMBORN. I would say that it's always the proper time to talk about issues that impact our freedom, and we have momentous issues here in Congress at times that deal directly upon our freedom.

With that in mind, I would like to yield 3½ minutes to my colleague and friend who is an Army veteran from the State of Michigan (Mr. ROGERS).

Mr. ROGERS of Michigan. I commend MADELEINE BORDALLO on the work on this bill, and it does sadden many of us that we have to come here today and talk about an issue that is so pressing, an issue that affects 310 million Americans. And it's hard to find that time to get out and talk about that issue that will take away health care from millions, that will tax health care for millions, that will raid the Social Security trust fund, that will actually cut a half a trillion dollars out of the Medicare budget. But there are things in this bill that I think the other side does not want to talk about that is in here, and that is exactly why we feel compelled to come here to offer

amendments at the Rules Committee to get this thing at least where the American people can have some faith that you're going to have an honest debate.

The number of sweetheart and sleazy deals in this bill, the bill that this Chamber will vote on tomorrow, is sickening. It pits one American against another American. It pits one neighbor against another neighbor, and it happens time and time and time again in your legislation.

If you're a retired UAW worker living next door to a retired tool and die machinist, guess what? There is a special provision where you get offsets for the increase in your premiums for a UAW worker but the tool and die machinists get nothing except a higher tax bill. It's wrong. It was a special provision tucked in this bill.

If you're a senior citizen in Florida, there is a special provision that says your Medicare Advantage stays intact, but if you're a senior citizen living in Ohio or New York or Michigan, guess what? Not for you. You get treated differently. You lose your Medicare Advantage. It's wrong. It's sleazy. It's un-American.

If you're a UAW worker in Michigan, you're going to get a higher tax on your insurance plan. If you're a longshoreman in New York City, you don't pay the higher tax on your insurance plan. It's unseemly, sleazy, and it's wrong.

These are provisions tucked into this bill we can only assume to get to the magic number to pass on this floor.

You know, if you're a banker in Michigan, you no longer, after this bill is passed, will be able to make a private student loan. That is right. But if you're a banker from North Dakota, guess what? You will get to make a private student loan. It's un-American. And each and every one of these sleazy deals ought to be brought to this floor and eliminated from this bill.

We will have that opportunity in Rules Committee. We will see the commitment of this Chamber to be honest and transparent, not to mention the fact that we will stop the Social Security raid to pay for a bill that adds a trillion dollars to the deficit.

And do you realize, Madam Speaker, why the impact of this is so important? Because this administration has had more deficit spending than every other President of the United States combined. It is shocking and it's breathtaking, and the arrogance of this Chamber to bring such an un-American bill with special sweetheart, sleazy deals tucked in and arm-twisting to make it happen is wrong.

I know that the soldiers I served with fought for a unified country, a country that believed in liberty and personal responsibility and limited government. I know that today we ought to stand for that, too, and we ought to ask all of

this to come to light and put those amendments as a part of the bill and clean up our act in Congress.

Ms. BORDALLO. Madam Speaker, I yield 2 minutes to my friend and colleague, the gentleman from Oregon (Mr. DEFAZIO).

Mr. DEFAZIO. Again, I wish that the Republican side had been able to wait until later this evening during their 2 hours to raise their concerns about health care, but there are some things that merit response in the interest of truth and the American way.

The gentleman before me is extraordinary. This President has deficits totaled larger than every other President combined? No. Actually, yes, we do have a record deficit this last year. Most of it is inherited from George Bush. But it's true, now, that that's a very high year.

But George Bush is the one who doubled the national debt and did accumulate more debt than every other President before him, before the collapse of Wall Street because of the deregulatory agenda of the Bush administration and the Republican Party—every ounce of which I fought on the floor of this House—which brought America to its knees, which dissolved people's savings and 401(k)s and everything else for greedy bankers and investors and others. And the Republicans put that agenda in place when they controlled the House, the Senate, and the White House with their deregulatory approach.

So it's not even factually true. Yes, I'm very concerned about the astounding deficits, and we've got to deal with that, but George Bush doubled the debt. There is a record 1-year increase. It does not exceed even the amount of debt George Bush accumulated. He may be looking into the future, but it's not factually true.

To the gentleman before him who talked about bankrupting people because we're going to give them access to quality, affordable health care, I wish he would tell that to the woman from my district who I talked to who got cancer, had an individual policy, and guess what? She paid her premiums, and when it became time for renewal, the company said, Sorry. We don't renew policies of people who have cancer. Thank you very much for your premiums.

The SPEAKER pro tempore. The time of the gentleman has expired.

□ 1800

Ms. BORDALLO. I yield the gentleman 1 additional minute.

Mr. DEFAZIO. Or the gentleman I met in the unemployment office. Yeah, he had rights to purchase his health care under COBRA. But the cost of his health care was three-quarters of his unemployment benefit. His wife was deathly ill. This is a tough guy. He cried in public in that office. That

won't happen again if we pass this legislation tomorrow. That gentleman will not be forced to choose between keeping his home, feeding his family, and getting his wife needed health care. Under your plan, that continues, status quo. You guys are the pets of the insurance industry, and you know it.

And then the woman that needed a double mastectomy and they had a special team from her insurance company. That was great. But their job was to find a way to get her off the plan. They reviewed her history. They found she had been to a dermatologist for acne. They said she hadn't reported it. They rescinded her policy. And a gentleman from your side of the aisle had to threaten that insurance company publicly to get her reinstated. This law will prohibit that in the future.

We need to take on the health insurance industry in America and prevent these abuses, and you guys did nothing about that under your charge, and your proposals for the future will do nothing about that.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman is reminded to address his remarks to the Chair.

Mr. LAMBORN. Madam Speaker, I yield 30 seconds to the gentleman from Michigan (Mr. ROGERS).

Mr. ROGERS of Michigan. Finally, some spirited debate on an issue that will impact 310 million Americans. The problem with your anecdotal stories is, you are going to say that 85 percent of the system that is working right and having insurance are going to be punished and rationed in health care to fix the 15 percent. That's the travesty. You won't have one tough guy crying; you will have millions and millions of Americans crying for losing their health care.

And on the deficit, to set it straight, the year prior to the Democrats taking over control of this Congress it was a \$270 billion deficit. The year leading up to their takeover of this Chamber, \$160 billion. And guess what? The very next year, \$1.4 trillion. That's your problem. That's your plan. You need to deal with the facts.

Ms. BORDALLO. Madam Speaker, I yield 3 minutes to my friend and colleague, the gentleman from Washington (Mr. INSLEE).

Mr. INSLEE. The purpose of this resolution is to honor the aviators who have done such courageous duty for this country. And they have. And I think one of the things they have done because of their sacrifices is that they have always given America a chance to become a more perfect union. And I think the language in our founding documents of working towards a more perfect union suggests that we're a country that's always looking for an opportunity to get just a little bit better. And we now have a bill we will be

voting on tomorrow that does give America a chance, not to solve all our problems, but to get a little bit better when it comes to health care.

And I just want to, in the context of an aviator, suggest what that may mean. Let's take an aviator that goes to France, serves in a B-17 like so many courageous aviators did, is shot down, rescued, prisoner-of-war, returns, starts a little business, raises a family back home, survives World War II, raises let's say his daughter, she grows up to maturity, maybe has a kid. He is a proud grandfather like many of these aviators are.

What could happen to his daughter right now in the current situation of the law? What could happen is she could have insurance, she could have a good job, she could be taking care of her family, and then she can develop cancer. And do you know what this side of the aisle wants to allow to continue to be the law of the United States of America? They want to let the aviator's daughter to be able to be canceled in her insurance policy because she develops cancer.

Let's assume the grandchild of the aviator develops diabetes and gets to maturity and wants to go out and buy an insurance policy. Guess what this side of the aisle wants to allow to be continued practiced in America? They, who are going to be voting en masse, en masse, against health care reform, against this step forward tomorrow, they will be voting tomorrow to allow the aviator's grandchild to be denied insurance because she developed diabetes.

Now I question whether American aviators who fight wars proudly think it's really up to American standards to allow the children and grandchildren of aviators to be denied coverage because they developed illness. We don't think that is good enough for America. We think we deserve better. And what we will be doing tomorrow is voting for a provision that will give the families of aviators the right, in fact, to be treated fairly in America.

Now I know many people, they have argued this is somehow a government takeover of health care. I've thought about that, and I can understand people don't want a government takeover of health care. But it is fundamental. What this does is it changes the relationship between Americans and the insurance industry. And that's a relationship, and the rules of that relationship do need to change because we need to give Americans more choice. We need to give them more freedom. We need to give them more protection against some of the practices of the insurance companies. And that's what we will be voting to do tomorrow.

So I say let's honor some aviators. Let's honor their families by giving their families the right to have health care even though they have asthma,

even though they have diabetes, even though they have Parkinson's. Whether they are Republicans or Democrats, or red and blue States, all Americans deserve to be able to have insurance in this country. That's what we're going to do tomorrow.

Mr. LAMBORN. Madam Speaker, there are some important, vital, and principled reasons why those of us on this side of the aisle will be opposing the health care plan should it come to a vote tomorrow. And just briefly let me recap these. It raises taxes by \$570 billion over 10 years. It will cost the taxpayers \$1.2 trillion, not to mention the so-called doc fix of about \$371 billion, a massive increase of government spending. It's also a takeover by the government, a dramatic step away from personal, private coverage and choice to a government-run system that will end up rationing care. It's unconstitutional. There is nowhere in the Constitution that says the government has the power to require every single person to go out and buy insurance whether they want to or not. It fails to adequately address illegal immigrants through no enforceable means of citizen verification. It funds abortion. There's lack of tort reform. It forces Americans out of their current plans. It increases premiums. It will increase personal health expenditures whether people can afford it or not. It bends the curve of government spending in the future in the wrong direction. It constitutes a massive permanent government takeover of the private student loan industry. That's 30,000 jobs right there. It is chock-full of special deals, from the Bismarck bank job to the Louisiana purchase and others. It does not factor in market risks regarding defaults on student loans.

So for all those reasons, Madam Speaker, we should be opposing that bill when it comes, if it comes, to a vote tomorrow.

At this point, I would like to yield 3 minutes to my friend and colleague from the State of Ohio who is also a member of the Armed Services Committee that I serve on with him, Representative TURNER.

Mr. TURNER. Madam Speaker, while we are debating this bill, Americans are concerned about the pending health care legislation. Americans know that advances in medical research are a strength of the American health care system and should be encouraged instead of restricted by additional layers of redtape.

Unfortunately, this misguided health care legislation would reduce Medicare payments to CAT scan and MRI providers. It also creates a 2.9 percent excise tax on medical device manufacturers. The lowered payments and increased taxes can reduce the availability of new and advancing medical imaging technology. This will inhibit future innovation in medical research

and will delay or deny patient access to new and valuable technologies.

Continued innovation that improves patient-centered medicine is vital to the long-term availability of health care services in America. This is just one example of the number of provisions buried in this pending health care bill.

The unintended consequences of lowering payments and increasing taxes will constrain future research and development and hinder our doctors' ability to deliver the best quality care to our patients. This pending health care legislation will end up restricting the innovation and invention which is at the heart of the American economy. And for that reason, I strongly oppose the bill, and we should be debating that bill today.

Ms. BORDALLO. Madam Speaker, could I inquire about how much time we have left?

The SPEAKER pro tempore. The gentlewoman from Guam has 5 minutes remaining. The gentleman from Colorado has 6½ minutes remaining.

Ms. BORDALLO. Madam Speaker, I would like to yield 2 minutes to my friend and colleague, the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. A moment ago, I asked, Madam Speaker, if we could focus on the issue before us, which is certainly a meritorious issue. But apparently our colleagues from the Republican Party want to debate health care so, okay, guys, let's debate health care. A moment ago, the speaker from wherever you were from spoke about somehow limiting the MRIs. You are absolutely right. The legislation does limit MRIs that are ordered by a doctor that owns the MRI machine. There is blatant fraud going on, and there's blatant overuse and payments by the taxpayers to the Medicare and Medicaid program as a result of physician-owned practices, pharmaceuticals, pharmacies, as well as the MRIs and hospitals, and this legislation does limit it. You're quite right. We must limit that kind of overuse.

I've been at this a long time. I was the chairman of the health committee in California in the 1980s when we limited it. I was the insurance commissioner. I've seen these pernicious practices over and over.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair would remind Members to address their remarks to the Chair and not to others in the second person.

Mr. LAMBORN. Madam Speaker, I yield 3 minutes to my friend and colleague from Alabama, Representative ADERHOLT.

Mr. ADERHOLT. Madam Speaker, I want to rise today to voice my strong opposition to the massive health care bill that is scheduled to come before the U.S. House of Representatives in the next 24 hours.

Backdoor deals to coerce Members to support the government takeover of health care is something the American people completely disagree with, and they're making their voice known loud and clear. However, the President and the Democrat leadership of this body are forcing us to vote on this bill.

In many countries, people have no free speech. But in America we do. So on behalf of all the families in north Alabama that I represent, I say to my colleagues in Congress, reject this massive takeover of health care that we are to vote on in the next 24 hours.

To make this legislation even worse, no amendment is being allowed to stop abortions from being federally funded. Members of the majority are not even being allowed to bring up a vote on abortion, one of the issues that means most to Americans. Businesses will be crippled with new taxes, and they won't be able to hire out-of-work Americans.

America has never gone down this road, Madam Speaker, the road for government-controlled health care. And never in our history have we forced individuals to actually purchase insurance. As I was walking into the Chamber this afternoon to cast my votes, there were literally thousands of people outside the Capitol. They were shouting their opposition to this bill, and it was loud and clear.

Madam Speaker, these people are still out there, and the message is still the same. And it is loud and clear: No government-controlled health care. Kill this bill.

Ms. BORDALLO. Madam Speaker, I yield 1 minute to my friend and colleague, the gentleman from New York (Mr. ISRAEL).

Mr. ISRAEL. I thank my very good friend.

I want every veteran in America who is watching this debate who has at one time or another tried to figure out why it takes so long to get an overdue medal, why they have to wait so long to get a retroactive payment for a disability or PTSD, I want them to remember that tonight, when we try to pass a resolution on Iwo Jima, the Republicans delayed it. When we tried to pass a resolution honoring aviators, the Republicans delayed it. When we are going to try to pass a resolution honoring Cold War veterans, the Republicans delayed it.

How can you expect as veterans to have your medical care taken care of promptly when the other side won't even allow us to pass resolutions honoring veterans expeditiously?

Mr. LAMBORN. Madam Speaker, I yield 3 minutes to my friend and colleague from Texas, Representative BRADY.

Mr. BRADY of Texas. I thank and commend the gentlelady from Guam for her resolution. We have so many heroes, aviators who have been shot

down in foreign countries, defending our freedom and enduring tremendous hardship, even death.

One of those who was shot down over Vietnam, the longest-serving POW in America, Congressman SAM JOHNSON of Plano, Texas, is a friend and a true hero to many of us. He opposes this health care bill because he is worried about the impact it will have on veterans. He believes by taking on a huge new entitlement we can never hope to pay for, at the end of the day we will end up robbing Peter to pay Paul, and we will rob from veterans' health care, which we don't even fully fund today as a Nation. It's embarrassing. And yet we are going to launch a brand new health care bill we can never afford to pay for. He is worried about rationing.

He has seen what happens when Congress has the greatest intentions. They passed this wonderful new GI Bill and updated one, yet never even bothered to put in place a mechanism today. Most of the veterans waiting in our offices are just trying to get the fair benefits this Congress promised them, but this administration, this government can't deliver. He is worried about the fact that we can't fund health care under this bill.

And I think what frustrates people is we already have a Medicare program that is going bankrupt. We have Social Security not far behind. We don't fully fund veterans for military care, yet we are going to add this new entitlement. Americans, I don't think, are very easily fooled. They know the Democrats in Washington aren't really blameless when it comes to who is responsible for driving health care through the roof. Fueled by labor and lawyer contributions, millions and millions of dollars from them in their pockets, Democrats have for decades successfully killed lawsuit reform and efforts to allow small businesses to join together to buy health care at the same discount the big companies get. As champions of government mandates have driven up health care premiums and union contracts have demanded unsustainable health benefits, Democrats have fought voraciously against reasonable efforts to keep health care costs down. Yet today Democrats in Washington wield this sword of a massive government takeover in order to slay the health care beast that they have been feeding for decades and decades.

So tomorrow, even if the powerful combination of threats, union paybacks, and backroom deals ultimately produce 216 votes, the fight isn't over, and nor are the consequences. The images of Democrats in Washington running from town halls, hiding from C-SPAN cameras, slipping in sweetheart deals and arrogantly ignoring the voices of constituents is also indelibly etched in the public's mind. It is a disturbing picture the American people won't easily forget.

I object to that bill. I will fight it with all my might. It is not the right solution for America.

□ 1815

Ms. BORDALLO. Madam Speaker, I reserve the balance of my time.

Mr. LAMBORN. Madam Speaker, I would inquire as to the time remaining.

The SPEAKER pro tempore. The gentlewoman from Guam has 3 minutes remaining. The gentleman from Colorado has 1½ minutes.

Mr. LAMBORN. Madam Speaker, let me point out that there is a big flaw in the process that we have been following here recently. We have these massive groups of bills that we are supposed to absorb in a 72-hour period which finishes tomorrow, and then we culminate potentially with a vote on a massive piece of legislation reforming one-sixth of our Nation's economy.

And if you look at this bill right here, this is the reconciliation bill, H.R. 4872, the bill reported from the House Budget Committee, 2,310 pages; the two plain-language reports from the Budget Committee totaling about 1,300 pages; and, the amendment in the nature of a substitute of 150 pages. You add all that together, that is 3,800 pages that we have been given in the last 3 days. I dare say there is not a single Member of this House that has read these 3,800 pages, and that is on top of the original bill of a couple thousand pages.

So we have a process here where we are not really given enough time to absorb and go through these bills, and the American people really deserve better than that. This system has not been followed like we should be doing, and I just regret that. I think that is a flaw in this process.

I yield back the balance of my time.

Ms. BORDALLO. Madam Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 925, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. BORDALLO. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

COLD WAR VETERANS RECOGNITION DAY

Ms. BORDALLO. Madam Speaker, I move to suspend the rules and agree to

the resolution (H. Res. 900) supporting the goals and ideals of a Cold War Veterans Recognition Day to honor the sacrifices and contributions made by members of the Armed Forces during the Cold War and encouraging the people of the United States to participate in local and national activities honoring the sacrifices and contributions of those individuals, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 900

Whereas the Cold War involved hundreds of military exercises and operations that occurred between September 2, 1945, and December 26, 1991;

Whereas millions of Americans valiantly stood watch as members of the Armed Forces during the Cold War; and

Whereas many Americans sacrificed their lives during the Cold War in the cause of defeating communism and promoting world peace and stability: Now, therefore, be it

Resolved, That the House of Representatives—

(1) honors the sacrifices and contributions made by members of the Armed Forces during the Cold War; and

(2) encourages the people of the United States to participate in local and national activities honoring the sacrifices and contributions of those individuals.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from Colorado (Mr. LAMBORN) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Guam?

There was no objection.

Ms. BORDALLO. Madam Speaker, I yield myself such time as I may consume.

I rise today in support of House Resolution 900, honoring the sacrifices and contributions made by members of the Armed Forces during the Cold War. I would like to thank my friend from New York, Mr. STEVE ISRAEL, for bringing this resolution to the House floor.

In an age where fear dictated the world's stage, the Armed Forces of the United States of America bravely stood guard to ensure that communism, one of democracy's greatest adversaries, would not prevail. The Cold War Certificate Program recognizes the service of veterans during the period of the Cold War from September 2, 1945 to December 26, 1991 in promoting peace and stability for America.

For nearly five decades the United States stood the test of time and

proved its powerful convictions in defending itself and the ideals of freedom from the threat of communism.

Madam Speaker, I ask my colleagues to help the achievements and sacrifice of the Armed Forces during the Cold War be recognized by passing a resolution that encourages the people of our Nation to participate in local and national activities honoring our veterans. I am proud to stand here today to honor the men and the women who stood on the brink of devastating global war in order to bring peace and stability to the world, and I urge my colleagues to vote in favor of House Resolution 900.

I reserve the balance of my time.

Mr. LAMBORN. Madam Speaker, I rise also in support of House Resolution 900, as amended, supporting the goals and ideals of a Cold War Veterans Recognition Day, and encouraging the people of the United States to participate in activities honoring the sacrifices and contributions of Cold War veterans.

The Cold War was a war between the freedoms of democracy and the totalitarian ideology of communism. It was fought around the world, often in places that were on the brink of slipping into the harsh realities of communism. It was fought by millions of Americans who, as members of the Armed Forces, were at the point of the spear defending democracy whenever it was in peril. Many Americans sacrificed their lives in the long struggle against communism.

For that reason, Madam Speaker, it is right to recognize the veterans of the Cold War and thank them for their dedication and efforts toward defeating communism.

I thank the gentleman from New York (Mr. ISRAEL) for introducing this bill. I urge my colleagues to support this resolution.

I reserve the balance of my time.

Ms. BORDALLO. Madam Speaker, I yield such time as he may consume to my friend and colleague, the sponsor of this resolution, the gentleman from New York (Mr. ISRAEL).

Mr. ISRAEL. I thank the gentleman and the gentleman, as well, for the bipartisan cooperation that has been demonstrated with respect to this bill.

Madam Speaker, I rise in support of this resolution, supporting a day of recognition for Cold War Veterans. I am very proud to have authored it and sponsored it. It recognizes American heroes who protected our Nation during one of the most perilous times in our history.

Madam Speaker, the Cold War began on September 2, 1945, and ended on December 26, 1991, and the years in between were fraught with peril. I, along with many of my colleagues, grew up in the Cold War. I remember going to elementary school and hearing the air

raid drill, going out into a hall, bracing myself against a wall covering my head with my arms. There were millions of American children who went through those exercises.

Tens of thousands of nuclear warheads were aimed between the United States and the Soviet Union. The world was on hair trigger. And while wars were fought and combat raged in places like Korea and Vietnam, those nuclear missiles never fired. The nuclear conflagration between the United States and the Soviet Union never occurred. It never occurred because of those heroes of the Cold War.

They answered President Kennedy's call as we embarked on a path full of hazards. They maintained and defended missile silos and checkpoints. They served on remote B-52 bomber bases and storm-tossed Navy ships. And when they returned, there were no parades; there were no public thanks. They went quietly to their jobs.

Until today. Today, they receive that thanks. Today we acknowledge their courage, their valor, and their patriotism. Today we say thank you to those who kept the world safe, who kept the peace, who saved the world from that unimaginable nuclear catastrophe.

My bill honors their service, Madam Speaker, and asks that Americans fly their flags high in thanks, that we dedicate 1 day each year to thank them for 50 years of security.

Those young children in those elementary schools had to feel great fear during those air raid drills. They may have felt unsafe at the time, but those in dangerous places kept them safe for a generation and more. We thank them for that service.

I thank both sides of the aisle for their bipartisan demonstration of support for this bill, and I urge its passage.

Mr. LAMBORN. Madam Speaker, I yield 3 minutes to the gentleman from Virginia, Representative GOODLATTE.

Mr. GOODLATTE. Madam Speaker, I want to thank the gentleman from Colorado and the gentlewoman from Guam for bringing forward this bipartisan resolution honoring Cold War veterans.

I too also commend the importance of understanding the history of the Cold War and of what President Kennedy did with the airlift into Berlin to protect the people of that city; what happened during the 1980s when President Reagan called the Soviet Union exactly what it was, the Evil Empire, and later went to the Berlin Wall and called upon Mr. Gorbachev to "tear down that wall." It was the brave men and women who served in our Armed Forces who made that possible in our history to see the ability of our President to stand up to the Soviet Union, and, indeed, to see that wall torn down not that many years ago.

I will tell you also, however, Madam Speaker, that we have before us in this

Congress today and tomorrow health care legislation, a massive bill. When you take all of the pages of all the bills that are being considered here, the House bill, the Senate bill, the reconciliation bill, you are talking about thousands and thousands of pages. And tomorrow—tomorrow, we will have a couple of hours for 435 Members to talk about what is in those bills.

So I have no doubt that the millions of American veterans who served their country, and many of whom are baby boomers and will be facing \$520 billion in cuts in the Medicare program to pay for a new government program at a time when our Nation is broke, that they are going to be as concerned as all of us are here today about this health care legislation, this monstrosity that is going to include \$569 billion in tax increases that will cost millions of American jobs.

They will be concerned to hear from the 130 economists from across the country who sent President Obama a letter explaining how this legislation is a job-killer. They will be concerned about their children and grandchildren who will inherit the enormous debt that is a product of this legislation. Because, unlike the specious claim that this will indeed result in deficit reductions, they know that when you have a side deal of over \$200 billion to take care of physicians under the Medicare bill, when you have a bill that provides 6 years of coverage with 10 years of tax increases and Medicare cuts, that does not balance out.

In fact, this legislation is hundreds and hundreds of billions, some say more than \$1 trillion, greater in costs than will be taken in in revenue and Medicare cuts. The result of this is going to be devastating for our country, and I urge my colleagues to reject this monstrosity.

□ 1830

Ms. BORDALLO. Madam Speaker, I yield 3 minutes to my friend and colleague, the gentleman from New Jersey (Mr. ANDREWS).

Mr. ANDREWS. I rise in very strong support of this bill. I commend Members on both sides for supporting it. I regret that the Member who just spoke has chosen to use this debate about honoring veterans of the Cold War era by mischaracterizing the bill before us tomorrow. I'd like to take a few minutes and specify those mischaracterizations.

The gentleman said there will be Medicare cuts. There will be no cuts to benefits for any Medicare recipient. Yes, there'll be cuts from fraud, waste, and abuse under Medicare. Senator COBURN of the other body says a third of Medicare spending is fraud, waste, and abuse. The Heritage Foundation says at least 10 percent. This bill takes between 5 and 6 percent of that fraud, waste, and abuse.

For the record, the gentleman made reference to veterans and TRICARE. Veterans Administration care, which this Congress under this majority has increased to the highest level of the history of the country, will not be affected in any way. I will challenge anyone on the minority side to show me one word in these bills that justifies a different conclusion, one. TRICARE will not be affected in any way, and I would offer a similar challenge.

The gentleman said there will be massive tax increases. What he did not say is that tax increases to help pay for this bill are on families with an income of more than a quarter of a million dollars a year, the top 3 or 4 percent in the country.

He said it will cost American jobs and be a job killer. This is echoes of the words we heard in this Chamber in 1993, when Members of the other side said the Clinton economic plan would be a job killer. The former chairman of the House Budget Committee, our friend from Ohio, Mr. Kasich, said at that time that if the plan worked, he would become a Democrat. Well, he didn't become a Democrat, but the plan worked. It created 23 million new jobs after it was passed.

He said there was a specious claim of deficit reduction. I'll say this to you. The gentleman said that some say the deficit will go up as a result of this. Well, around here, we don't rely upon hearsay from unsubstantiated sources. We rely upon the Congressional Budget Office, and here's what they say. They said the deficit will go down by \$138 billion in the first 10 years, and over \$1.2 trillion in the next 10.

With all due respect, the men and women who served this country in the Cold War served honestly and always gave a fair accounting of what they do. When we hear these remarks on the floor, they are not an accurate representation of facts and they, frankly, do dishonor to this bill and this debate.

Mr. LAMBORN. Madam Speaker, at this time I would like to yield 4 minutes to my friend and colleague, the gentleman from Indiana (Mr. SOUDER).

Mr. SOUDER. I thank my colleague from Colorado.

Apparently, our ground rules here are: We praise the vets on Saturday and punish them on Sunday. To my friend from New Jersey, this afternoon we did a supposed fix for TRICARE, because the Senate bill, basically, unless you're 65 and over, triples TRICARE. We did this Band-Aid thing—

Mr. ANDREWS. Will the gentleman yield?

Mr. SOUDER. I have 4 minutes, so let me do mine.

We did a Band-Aid this afternoon. Now, the challenge is that as we debate tomorrow, apparently we're going to have separate votes on the Senate bill. And the Senate bill is the problem here because it could become law. So it

doesn't really matter what we're doing in the House right now. The question is: Are our veterans covered in the Senate bill, and is TRICARE going to be gutted in the Senate bill? And the veterans who took this risk during the Cold War would rather—as much as they appreciate a flag being raised, they'd rather have their TRICARE. So the fundamental question, if any Member votes for the Senate bill tomorrow in the rule, if we're not going to do this deeming bill and instead do a separate vote on the Senate bill, this is really going to be the vote for veterans.

A second category. When it says there's no harm for veterans, or no job killing, I happen to represent the orthopedic capital of the world in Warsaw, Indiana. It has DePuy, Biomet, and Zimmer. They are getting a tax clobbering in this bill, particularly in the Senate bill, and that tax clobbering equals half of their R&D.

Now, who uses hip replacements and elbows and shoulders more than anybody? Our vets. Because, particularly as we've developed body armor, they're getting hit in those places where they used to die, they're now alive, and a big percentage of them are doing hip replacements.

Now, R&D is critical, particularly as they're 18- to 22-year-olds, those who are retired vets from the Cold War era are looking at trying to get quality hip and joint replacements. One of the questions is is that if you reduce half the R&D, only one of two things can happen: either future vets are not going to have as good quality and advances like we've been having or the jobs will go offshore to reduce the costs so they can do the R&D. There's really not a way that this isn't going to affect vets. It's indirect.

Then, as we all know, veterans health care in general, just like Medicare and Medicaid, pays for variable costs and a little bit of mixed costs. The way the government runs through buildings is that, if we run through those in one year, we don't do amortization and depreciation; therefore, in health care costs, private pay funds most R&D and innovations. So if you're going to keep the quality of care that you're going to have in veterans, you may have your veterans hospital, but the new drugs that are being invented, the new hips that are being invented, the new things that were there that were funded by private pay are going to be squeezed out of the market and, therefore, veterans will be indirectly hurt by that.

A third category this bill hurts in veterans and these Cold War people that we're paying tribute to is, as it goes through and addresses—even in second home sales, by the way. I have a hundred lakes in Steuben County, a hundred lakes in Kosciusko County. These aren't big, fancy kind of western lakes. These are often where retired

vets have a mobile home—it's their second residence—that we've now airdropped in a tax on the second residences. It's going to punish many of them who are banking on this either to cash it out for the retirement or to maybe retire there. They're going to get taxed. They didn't have the margin for their homes. We have whole lakes that are around different veterans groups and age groups and people were police and firemen. They aren't all million-dollar homes. Many of them are \$20,000 and \$30,000 homes that now are suddenly valued at \$100,000, \$200,000, and they're going to get hammered.

The fourth category where they're going to get hit, and they're very used to in the veterans systems, and it may not directly affect them, but they're going to watch with everybody.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. LAMBORN. Madam Speaker, I yield 1 additional minute to Representative SOUDER from Indiana.

Mr. SOUDER. Veterans get ping-ponged back and forth. Right now in Indiana, we're online in this budget to get a new hospital in Fort Wayne. We haven't had investment since before World War II. But they get ping-ponged down to Indianapolis because of utilization. You know what this bill says? In the Medicare reduction it says: Higher utilization of equipment. Higher utilization of equipment is being interpreted and they're now going to cardiologists, oncologists, and others in my district, saying, 80 percent utilization.

That does great for the Federal savings in Medicare, but what it means is everybody's going to get ping-ponged like the veterans are getting ping-ponged, because only Indianapolis in the State of Indiana can reach 80 percent utilization.

So they're telling Fort Wayne, South Bend, other parts of the State that they aren't going to have oncology equipment, heart equipment. And just like the veterans who see their records are often lost; when their appointments are canceled, they have to get a motel. They have to pay for their own gas. This is a nightmare for the rest of the citizens.

So, once again, I would say, We praise them on Saturday. We're punishing them on Sunday.

Ms. BORDALLO. Madam Speaker, I yield 2 minutes to my friend and colleague, who is also a member of the Armed Services Committee, the gentleman from New Jersey (Mr. ANDREWS).

Mr. ANDREWS. I thank the gentle lady for yielding.

My friend from Indiana, the previous speaker, is a very thoughtful and substantive Member and I appreciate the good work he does, so I want to ask him a couple of questions about the assertions he just made. One is that the Senate bill, the base text, hurts

TRICARE. I wonder if he could explain to us exactly how that is, and I would be happy to yield to him if he could explain to us.

Can anyone explain how the Senate bill hurts TRICARE? I'm just simply asking for an explanation of the statement.

Mr. SOUDER. I'm sorry. I don't have the details in front of me. I have it down. You know the details of the bill far better than I do.

Mr. ANDREWS. Let's talk about one of the details that is more obvious. I thank you.

The gentleman talked about a couple that would buy a home for \$30,000 and sell it for \$200,000, having a \$170,000 gain. Under the proposal that the House will consider tomorrow, does the gentleman know what tax that couple would pay on that gain if they had a \$170,000 gain?

Mr. SOUDER. It's based off the capital gains. Right now—I had one person with a \$40,000 house, and the capital gains on that made the difference of his retirement on an annual basis. The question is they have planned nothing—

Mr. ANDREWS. Reclaiming my time, the example the gentleman used was a couple that bought a \$30,000 house, sold it for \$200,000, which means it's a \$170,000 gain. The tax would be zero because the tax doesn't kick in until \$250,000.

Every Member is entitled to his own opinion but not his own set of facts. These assertions are false.

Mr. LAMBORN. Let me say in response to the gentleman from New Jersey that it was a good step we took with the IKE SKELTON bill today. It solved half the problem. We still have a remaining problem, and that is that it's not clear, like it should be, who has jurisdiction over defining beyond whether it's a minimum standard that TRICARE will satisfy, whether there will be additional impositions and regulations put on by the health czar. I think a health czar should have no impact, no say whatsoever on TRICARE.

Mr. ANDREWS. Will the gentleman yield?

Mr. LAMBORN. In just a moment.

And we should have gone farther. We did not do that. We only went halfway. So it's still undefined who has final control over imposing all the regulations. And I have veterans in my district, a hundred thousand of them, who feel that they have earned a right to have health care, and they don't want to have to be told that they need a second policy, that somehow that's not good enough. That's what the danger is, because it hasn't been defined like it should be.

Mr. ANDREWS. Will the gentleman yield?

Mr. LAMBORN. You'll have a chance shortly, I'm sure.

I now yield 5 minutes to the gentleman from Tennessee (Mr. DUNCAN).

Mr. DUNCAN. I thank the gentleman for yielding, Madam Speaker, and I rise in support of this resolution to honor our veterans who did so much to preserve our freedom during the Cold War. It is unfortunate that we may be about to pass a massive health care bill that will take away an important part of that freedom that those veterans worked so hard to preserve.

Madam Speaker, Robert Samuelson, a very middle-of-the-road economics columnist for the Washington Post, wrote a column this week entitled, *A Cost-Control Mirage*. Mr. Samuelson wrote that the health care plan we will vote on tomorrow "evades health care's major problems and would worsen the budget outlook." He added that "It's a big new spending program when government hasn't paid for the spending programs it already has."

Every government health care program has far exceeded all cost expectations and has cost many times more than what is predicted. Medicare cost just \$3 billion a year after it was created and \$453 billion last year. Its unfunded future liabilities are estimated at a whopping \$38 trillion.

Medicaid is also out of control at both Federal and State levels. Last week, the Governor of Arizona estimated that this new health care bill would cost her State alone \$4 billion that they do not have, when Arizonans are facing their biggest deficit ever—over \$3 billion.

Most States are in their worst shape ever, financially, and yet according to the Census Bureau, 10 States would have to expand Medicaid coverage by more than 50 percent, and 33 States would have to expand by more than 30 percent. The States simply cannot afford all the megabillions this bill would order them to spend.

Our senior Senator from Tennessee, Senator ALEXANDER, said Congress "set out to reduce health care costs," but that this bill "will do the exact opposite." He said this bill "will increase health insurance premiums, raise taxes, cut Medicare, and dump millions into Medicaid."

Of course, the bill is so long, so complicated, so confusing, that the Speaker of the House was quoted as saying we would have to pass it to find out what is in it, and one of the Senate Democrat leaders said on the floor of the Senate even he did not know all that was in it.

□ 1845

Now the Congressional Budget Office has apparently cooked the books and filed a very misleading report, attempting to show a cost of less than \$1 trillion. To do this among other budget gimmicks and manipulations, the CBO was told to count phony savings, such as over \$400 billion from cutting doctors' payments by over 20 percent and never raising them back up again. This will never happen.

Another huge phony savings comes from cutting Medicare. Dr. David Gratzner wrote in a column in the New York Daily News last December, "It's that time of year again: Washington is talking about cuts to Medicare. President Obama's health care reforms depend on them—up to \$400 billion over 10 years. As a psychiatrist, I'll break the news gently: Medicare cuts are like Santa Claus and his flying reindeer—often talked about, never actually seen."

The Weekly Standard magazine published an analysis of this bill 2 days ago, estimating the bill's real cost during its first decade at \$2.5 trillion to \$3 trillion, more than double or triple the CBO estimate. Then there are the tax increases on everything from medical equipment producers to tanning bed operators to \$210 billion in new Medicare taxes. Then there are the fines of \$695 for individuals or up to 2.5 percent of household income against people who do not buy insurance and the employer mandate of \$2,000 per employee if they do not provide insurance. The bill starts the tax increases immediately, but 98 percent of the benefits do not take effect until 2014. Two lawyers from one of the Nation's most prominent law firms wrote a column for the Washington Post entitled, "Illegal Health Reform." David Rivkin and Lee Casey wrote that this bill is, without question, unconstitutional.

In the early 1990s, Madam Speaker, I went to a reception, and the doctor who delivered me came and brought my records. I asked him how much he charged back then, and he said \$60 for 9 months of care and the delivery, if they could afford it. Medical care was cheap and affordable for almost everyone until the mid sixties. Then we took what was a very minor problem for a very few people and turned it into a massive, major problem for everyone.

Anything the Federal Government subsidizes, the costs just explode. There are many things we can do to bring down the cost of health care, but this bill would cause costs to go up even more, and getting the Federal Government into health care in an even bigger way will eventually lead to shortages, waiting periods, and declining quality of care, all at greater cost. This bill in the long run will end up hurting most poor, lower-income, and even middle-income people. It should be defeated.

The problem is, as Jeffrey Toobin, the CNN legal analyst who is liberal himself, said in a speech at the Free Library of Philadelphia last September 27: "The risk of a liberal Supreme Court is that the Constitution becomes a meaningless document that means anything you want it to." Apparently, a majority in Congress feel the Constitution is meaningless, too.

The SPEAKER pro tempore. The gentlewoman from Guam has 11 minutes remaining, and the gentleman from Colorado has 5 minutes remaining.

Ms. BORDALLO. Madam Speaker, I yield 2 minutes to my friend and colleague, Mr. ANDREWS from New Jersey.

Mr. ANDREWS. I thank the gentlewoman for yielding. We've just heard another series of misrepresentations. We just heard the CBO, the Congressional Budget Office "cooked the books." I, frankly, think that does a great disservice to the men and women on a nonpartisan basis who work for that budget office and give us their honest judgment. Apparently the minority doesn't like their honest judgment—that the bill reduces the deficit. So rather than argue the facts, they attack the men and women, nonpartisan people, who wrote the report. I think that's just not fair.

Cuts to Medicare: No Medicare beneficiary gets any cut. There's an increase in prescription drug coverage. There's an increase in preventive care where there's no copay. Having said that, I think there is fraud, waste, and abuse in Medicare. Senator COBURN thinks that. The Heritage Foundation thinks that. The gentleman on the other side must think that because last spring when the Republicans put their alternative budget on the floor, it cut Medicare outlays by \$100 billion more than this bill does. It was in excess of \$600 billion. And I, frankly, think that that targeted some fraud, waste, and abuse, so to argue somehow that these are cuts is disingenuous and inaccurate.

Then we come back to TRICARE. There are two issues with respect to TRICARE. The first is, which office or department regulates. It's very clear it is the Department of Defense, and it should be the Department of Defense, not any other department. Mr. SKELTON's bill very wisely affirmed that. But I'm still waiting for someone on the other side to tell me what the other problem was of trying to fix TRICARE. I just don't know what it was. There's an assertion made that the bill hurts people on TRICARE, and I'm still waiting to hear what that was.

Mr. TIAHRT. Will the gentleman yield?

Mr. ANDREWS. I yield to the gentleman from Kansas.

Mr. TIAHRT. The concern was for veterans that were under the age of 65 and have 20 years of service or more, that the health care bill statutes that were determining what was acceptable as the stand-alone insurance committee—

The SPEAKER pro tempore. The time of the gentleman from New Jersey has expired.

Ms. BORDALLO. I yield the gentleman an additional 2 minutes.

Mr. ANDREWS. I yield to the gentleman.

Mr. TIAHRT. I thank the gentleman. It was that the folks who were on TRICARE under the age of 65 and retired would get moved out of TRICARE into the government-determined plan.

Mr. ANDREWS. Reclaiming my time, show me in the bill where it says there's any possibility of that happening. The bill says exactly the opposite. It says that under the terms of the individual mandate, someone who's covered by TRICARE satisfies the individual mandate. The bill also says expressly, No one can be forced to join the exchange, no one can be forced to buy a particular insurance policy from anyone. So not only does the bill lack the accusation that the minority makes, it expressly disclaims it.

I think the public has a right to see where we stand on this, and tomorrow it will. But I think that right would be in the expectation of people who have actually read the bill and have an understanding of what's in it. I don't think the minority has.

Mr. LAMBORN. Madam Speaker, at this time I yield 3 minutes to my friend and colleague from Kansas, Representative TIAHRT.

Mr. TIAHRT. I thank the gentleman from Colorado.

Madam Speaker, I was just on the steps of the Capitol speaking to a Cold War veteran who served this country admirably and then went to serve the Fire Department in the State of Mississippi. He has driven all the way from Mississippi to Washington, D.C., because he is concerned that the health care bill that's going to be passed is going to increase the debt for his grandchildren and his children. He had other lists of concerns that he had, but primarily he was concerned about the debt.

We know for a fact that since October 1, the beginning of this fiscal year, we have overspent by \$655 billion. This is money we do not have that we've gone ahead and spent. We've borrowed this money and applied it to programs that I don't believe we needed. So he's concerned that, looking at this health care bill and the current projections, the total cost outlays over the next 10 years is \$1.2 trillion, money, again, that we don't have, and so we're going to have to borrow from somewhere. And that takes into consideration that there's only 6 years of health care benefits that are going to be applied in the first 10 years and 10 years of higher taxes. So he's very concerned about the direction. If you go on to the next 10 years, it's going to be over \$1.5 trillion that we will have to borrow for the health care bill that we are about to vote on tomorrow. He's concerned about that as well. Where's the money going to come from?

The gentleman from New Jersey was very concerned about us overlooking something that may have been or may not have been in the bill. The concern that the chairman of the House Armed Services Committee had is that under the way the bill is currently written, that people who are on TRICARE would be forced into the government

exchange, and so he corrected that earlier today. Now it wasn't me that came up with that solution. I was aware of the problem, but even the chairman of the House Armed Services Committee, the Democrat Chairman IKE SKELTON from Missouri, was concerned, so we had the legislative change. What else is hidden in this bill?

Now we have the bill, and yet we're not going to know the entire contents as far as what the American public is concerned about or what they will know. So if you look at the Senate bill that's going to be passed, fortunately, it's not going to be deemed to be passed with a rule. And I think that's a tremendous victory for the American people.

Yesterday the American people were very upset that we were going to deem the Senate bill passed. Today 50,000 people showed up to protest it. Calls came in. You couldn't even call into our switchboard, 202-224-3121 was blocked because of all the calls coming in, and their voices were heard. So tomorrow we're going to get a separate vote on the Senate bill. The people of America spoke out. They didn't want it to be deemed to be law. They wanted a separate vote. Now they want us to vote against it.

There is a whole bunch of people standing out here on the east side of the Capitol near the steps. They are protesting the health care bill. What they're saying is, Kill the bill. They're chanting it over and over and over again. Are we going to listen to their voices? Are we going to listen to what they're saying? What they know of what's in the Senate bill and the reconciliation bill they don't like. So tomorrow we hope that we can explain to them what's in the bill. Then they'll make an informed decision, and hopefully they will encourage their Members of Congress to vote against the bill.

Ms. BORDALLO. Madam Speaker, I would inquire of the minority if they have any additional speakers.

Mr. LAMBORN. There will be one more speaker.

Ms. BORDALLO. Madam Speaker, I will continue to reserve the balance of my time.

Mr. LAMBORN. I yield the balance of my time to Representative CASSIDY from Louisiana.

The SPEAKER pro tempore. The gentleman is recognized for 2 minutes.

Mr. CASSIDY. My colleague from New Jersey made a point earlier that he wasn't sure that many people on this side have read the bill. I have read the bill, and some things are quite apparent to me. One, there is a loss of freedom. Thou shalt buy insurance or else thou shalt pay a penalty. You shall provide insurance to your employees or thou shalt pay a penalty. But I think the point that Mr. TIAHRT made is the, if you will, the ultimate sacrifice of freedom.

As one said, The power to tax is the power to destroy. Well, clearly as we expand Medicaid, we are going to ultimately shift taxes both to the Federal taxpayer and to the State taxpayer. Now this plan will increase Medicaid to 133 percent of the Federal poverty level. That has tremendous implications. One implication, for example, is that the physicians will be paid extremely poorly, so poorly that they won't be able to see the patients. I looked up in New Jersey, for example, Medicaid only pays 37 percent of Medicare rates to physicians to see the patient. They only pay 37 percent. Now as it turns out, that's below a physician's cost. Physicians would like to see the patients. It's too low of a reimbursement.

There was just an article in the New York Times, and the New York Times held up an example of a woman from Michigan on Medicaid who could not get treatment for her cancer because the Medicaid reimbursement was so low that she was unable to find a physician who could afford to treat her. I've read the bill. If we think this bill is a way to provide insurance for the uninsured, I would like to invite you to come to the public hospital where I've worked for 20 years, where many of the patients that I see are on Medicaid, and they come to the public hospital because, despite Medicaid, they still cannot go to a private facility.

In fact, I'm struck. For 20 years, I have been seeing politicians in Washington saying that we've now fixed health care. Consistently they have overpromised and underfunded. Now I think what's coming down is, this bill is a question of whether this time, this time indeed is different. Whether or not we were not overpromising, even though we're promising greatly, and we're adequately funding. The reality, I am afraid, is going to be the same as it has been in the past.

Ms. BORDALLO. Madam Speaker, I wish to ask my colleagues to support House Resolution 900, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 900, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. BORDALLO. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

URGING A MOMENT OF SILENCE FOR MILITARY PERSONNEL

Ms. BORDALLO. Madam Speaker, I move to suspend the rules and agree to the resolution (H. Res. 1119) expressing the sense of the House of Representatives that all people in the United States should participate in a moment of silence to reflect upon the service and sacrifice of members of the United States Armed Forces both at home and abroad, as amended.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 1119

Whereas it was through the brave and noble efforts of the Nation's forefathers that the United States first gained freedom and became a sovereign nation;

Whereas there are more than 1,471,000 active component and more than 1,111,200 reserve component members of the Armed Forces serving the Nation in support and defense of the freedom that all Americans cherish;

Whereas the members of the Armed Forces deserve the utmost respect and admiration of their fellow Americans for putting their lives in danger for the sake of the freedoms enjoyed by all Americans;

Whereas the families of members of the Armed Forces make sacrifices commensurate with the men and women of the Armed Forces;

Whereas members of the Armed Forces are defending freedom and democracy around the globe and are playing a vital role in protecting the safety and security of all Americans;

Whereas the Nation officially celebrates and honors the accomplishments and sacrifices of veterans, patriots, and leaders who fought for freedom, this resolution pays tribute to those who currently serve in the Armed Forces;

Whereas all Americans should participate in a moment of silence to support our troops and their families; and

Whereas March 26, 2010, is designated as "National Support Our Troops Day": Now, therefore, be it

Resolved, That it is the sense of the House of Representatives that all Americans should participate in a moment of silence to reflect upon the service and sacrifice of members of the United States Armed Forces both at home and abroad, and their families.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Guam (Ms. BORDALLO) and the gentleman from Colorado (Mr. LAMBORN) each will control 20 minutes.

The Chair recognizes the gentlewoman from Guam.

GENERAL LEAVE

Ms. BORDALLO. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks on the resolution under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Guam?

There was no objection.

Ms. BORDALLO. I yield myself such time as I may consume.

Madam Speaker, I rise today in support of House Resolution 1119, which honors the service and the sacrifice of the members of the United States Armed Forces both at home and abroad. I would like to thank my colleague from Michigan (Mr. PETERS) for authoring this thoughtful measure.

The men and women of the United States Army, Navy, Air Force, Marines, and Coast Guard are true patriots, not only because they have heard but because they answered the call of duty, the duty to defend our great Nation from threats both foreign and domestic, the duty to protect our immutable freedoms, and the duty to uphold the values that make the United States both a guardian and a herald of peace and justice.

□ 1900

They come from all around us: from big cities and small towns; from the heartland to the coasts; from jobs in farming, industry and technology; from high schools and colleges and universities; and from Wall Street and Main Street. They come from all different backgrounds, from all classes, races, and denominations. They are diverse, yet they share the same sense of duty and purpose. They possess the same courage and fortitude to go and do what others cannot.

They courageously grasp the mantle passed on by those before them, those who gave their lives so others may live free. They understand the consequences and the risks, yet they keep their heads held high in honor and in pride, knowing that the rewards are great, but so are the costs.

They are often asked to sacrifice that which many of us take for granted: a home-cooked meal; a comfortable bed; the embrace of a friend or a relative; and most importantly, safety. They leave behind spouses, children, and other family members, the people that they love the most, so that other Americans, complete strangers, can enjoy the same freedom.

Mr. Speaker, House Resolution 1119 also acknowledges the critical sacrifice families of servicemembers make: the uncertainties and the inconveniences incurred from permanent changes of station, the anxiety and the stress induced by a deployed servicemember, the grief experienced by families and loved members of those servicemembers wounded or killed in action. These families and loved ones also deserve our most sincere thanks.

The moment of silence that will take place on March 26, 2010, on National Support Our Troops Day to honor the men and women in uniform is an undemanding effort, but their service and sacrifice demand our contemplation and our gratitude. So I implore that everyone use the time to recall the sacrifice that they make each and every day.

Mr. Speaker, I urge my colleagues to support House Resolution 1119.

I reserve the balance of my time.

Mr. LAMBORN. Mr. Speaker, I rise in support of House Resolution 1119, as amended, which asks that all people in the United States participate in a moment of silence to reflect upon the service and sacrifice of members of the Armed Forces who are currently serving both at home and abroad.

Service in the Armed Forces during peacetime is a difficult enough proposition; but during an extended period of war, like we have had since 9/11, the courage and sacrifices required of our all-volunteer military are especially challenging. These men and women are working for us all over the globe: on land; on and under the sea; and in the skies above. They are on duty around the clock, every day, 7 days a week, in every month of every year, in all seasons and climates.

This Nation owes the members of the Armed Forces and their families the respect and thanks for their willingness to serve and sacrifice. This resolution asks us to do that by taking a moment out of our own busy lives to pause and in a moment of silence honor our soldiers, sailors, airmen and marines who are currently serving. I urge my colleagues to support this resolution.

I reserve the balance of my time.

Ms. BORDALLO. Mr. Speaker, I yield such time as he may consume to the gentleman from Michigan (Mr. PETERS), my friend and colleague and the sponsor of this resolution.

Mr. PETERS. Mr. Speaker, I thank the gentlewoman for yielding me this time.

I rise today in support of House Resolution 1119 calling for a moment of silence in support of our troops and designation of March 26, 2010, as the National Support Our Troops Day.

As a Nation, we celebrate and honor our veterans and patriots, yet we don't have an official day celebrating our servicemen and -women who are currently protecting our country at home and overseas.

As the son of a World War II veteran and as a former officer in the U.S. Navy Reserve, I have the utmost respect for the sacrifices made by our active duty soldiers, sailors, airmen and marines.

Recently, I had the honor of visiting our troops in Afghanistan where I was able to observe first hand the dedication with which they are serving our Nation. I was truly humbled by the sacrifices they are making each and every day.

This resolution honors those troops, and I am proud to have introduced it, continuing a bipartisan tradition in the 9th Congressional District in Michigan. One of my constituents, Alexandra McGregor, contacted my predecessor, Congressman Joe Knollenberg, with her idea of a day to honor our he-

roes currently fighting on the front lines. Alexandra was a student at Waterford Kettering High School in Waterford, Michigan. She, along with her fellow students, as well as the faculty of Waterford Kettering High School, have observed a moment of silence for the last several years on March 26 in support of our troops.

Alexandra brought this idea to her Congressman and asked him to pass a resolution calling for March 26 to be recognized as a day for all Americans to observe a moment of silence in recognition of our troops. And during the 110th Congress, the body passed such a resolution.

Today, I am honored to keep this tradition alive by bringing this resolution before the House for consideration. I would like to thank the leaders of the Interact Club at Kettering High School, Melina Lopez and Connor Newton, for coordinating the event and for bringing this tradition to my attention. I would also like to thank Chairman SKELTON for his support of the resolution, as well as Zach Steacy and Joe Hicken of the House Armed Services Committee staff for their work in bringing House Resolution 1119 to the floor today.

Finally, I would like to thank my colleagues for supporting this resolution.

Mr. LAMBORN. Mr. Speaker, the service performed by Cold War veterans is indeed honorable and meritorious. We should encourage the people of the United States to participate in activities to honor these brave men and women in uniform. We must give them the recognition and benefits they rightly deserve. As members of the military, their health care falls under the TRICARE system which Representative SKELTON worked on earlier today and which must be protected in any health care bill before Congress. We must make sure that any bill gives them the health care benefits they deserve. However, what happens to them and their families tomorrow? We are going to be voting on a massive health care bill that will affect the health care of our veterans and their families and, indeed, of all Americans.

Something I would like to briefly address is that we have many doctors and physicians in the United States who are opposed to this health care plan. Yes, there is one large organization of about 245,000 members which supports the plan, the American Medical Association; but we have a number of medical plans, including the State associations of Alabama, Delaware, District of Columbia, Florida, Georgia, Kansas, Louisiana, Missouri, New Jersey, Ohio, South Carolina, and Texas, which are opposing the health care plan. And we have many medical national societies which are opposing this plan such as the American Academy of Dermatology, American Academy of Facial

Plastic and Reconstructive Surgery, the American Academy of Ophthalmology, American Academy of Otolaryngology, the American Association for the Surgery of Trauma, the American Association of Neurological Surgeons, the American Association of Orthopedic Surgeons, the American Congress of Obstetricians and Gynecologists, the American College of Surgeons, American Osteopathic Academy of Orthopedics, American Pediatric Surgical Association, American Society of Breast Surgeons, American Society of Anesthesiologists, and it goes on and on and on. General surgeons, colon and rectal surgeons, plastic surgeons, neurological surgeons, on and on and on. Twice as many doctors in this country are formally opposed to this health care plan as have supported it through the American Medical Association. Twice as many are in opposition, and I think that speaks importantly for what we should consider the medical community's response really to be to this legislation.

At this time I would like to yield 5 minutes to the gentleman from Kansas (Mr. MORAN).

Mr. MORAN of Kansas. Mr. Speaker, every Member of the United States House of Representatives is privileged to serve the people of their districts. I am honored to work for the people of Kansas, the place that has been my home my entire life. Tomorrow it is expected that we will be called to vote on health care reform legislation. While most of the focus here in Washington has been on the politics surrounding this vote, back home they care about what this legislation will mean to them, their families, the businesses they work in or own and, importantly, what it will mean to their children and grandchildren.

For a long time, well before the Obama administration began talking about health care, I have been arguing that we need to make improvements to our health care delivery system. Many folks can't afford the escalating medical costs associated with illness and old age. Folks with preexisting conditions can't change jobs without losing their health insurance, and small business owners struggle to provide health coverage to their employees. I would have welcomed the chance to work to see that these problems were addressed.

I co-chair the Rural Health Care Coalition, a group of more than 100 Members of the House, Republicans and Democrats, who work continually to see that patients in States like Kansas have access to affordable, quality health care. I am extremely disappointed that President Obama and Speaker PELOSI have chosen to go their own way on this issue with no input from those of us who disagree with them on what is best for America.

Many times in this Chamber, I have outlined commonsense things that we

could and should do: medical liability reform to eliminate lawsuit abuse that forces the practice of expensive defensive medicine; allowing the purchase of insurance policies across State lines; creating State high-risk pools to address preexisting conditions and provide uninsured Americans access to insurance; encouraging better fitness, diet, nutrition; implementing health information technology that upgrades our outdated health records system and streamlines costs, reduces medical errors and eliminates redundant medical tests; allowing small businesses to pool together to negotiate and purchase health insurance. These and many more could and should be done.

While I know there is much to do, almost none of these ideas are contained in the bill that my colleagues and I will be voting on tomorrow.

I now strongly object to the plan Speaker PELOSI is forcing upon the House. This bill is too big and tries to change too much at once. Instead of working to improve our current system, which the majority of Americans like, this plan will create a massive expansion of government. History demonstrates that government programs are significantly more expensive than estimated. This plan would raise taxes and increase the deficit. It is propped up with budget gimmicks that will greatly expand our deficit.

The bill requires 10 years of tax increases and 10 years of Medicare cuts to pay for only 6 years of so-called benefits.

This plan is the Senate-passed health care bill. It is the same bill that America cried out against in December because it was pieced together through vote peddling and backroom deals. Members who think this plan is good, they should vote "yes." Members who don't think this plan is good, they should vote "no." But this is much too important an issue for the usual deal of politics and cutting deals with backroom promises.

This plan reduces the chance that all Americans will have access to quality care. In rural America, our health care delivery system is fragile as medical professions are caring for an aging population across a wide geographic area. Medicare reimbursement rates determine whether doors stay open and whether doctors and nurses remain in communities. With Medicare cuts, it is likely that more hospital doors will close and fewer doctors will remain in Kansas. The government method of control is through price fixing, which leads to scarcity of doctors, nurses and medical innovation and the advancement of medical research.

Tomorrow's vote will be one of the most important cast during my time in Congress. If the bill should pass, I will work hard in an open and public way to repeal what Speaker PELOSI has done in darkness. Some have said we need to

pass a bill because we have to do something, but what I think they really mean is that we have to pass a bill to do something right.

□ 1915

We can overcome the "Washington knows best" attitude. Americans rightly are opposing the Washington, D.C. approach to changing health care, an approach that tramples upon our Constitution, diminishes personal responsibility, and reduces freedom of our children and the prosperity of our Nation.

Ms. BORDALLO. Mr. Speaker, I yield such time as he may consume to my friend and colleague, the gentleman from Connecticut (Mr. HIMES).

Mr. HIMES. Mr. Speaker, I rise with a certain amount of outrage tonight because we are debating a resolution that, just to remind this House, expresses the sense of the House of Representatives that all people of the United States should participate in a moment of silence to reflect upon the service and sacrifice of members of the United States Armed Forces both at home and abroad. A noble thing, a good thing that we would honor our veterans who day in and day out put their lives on the line for the freedom and safety of every single American. And the minority stands here tonight and brings their politics into this resolution.

Mr. KINGSTON. Will my friend yield?

Mr. HIMES. I will not yield.

The SPEAKER pro tempore (Mr. SCHAUER). The gentleman from Connecticut controls the time.

Mr. HIMES. I will yield to the gentleman when I have completed my statement. Thank you, Mr. Speaker.

I am appalled that at this moment when we are here to honor our veterans the minority would bring their politics and their misinformation. And though I am appalled, while we are talking about veterans I will not stand here while that misinformation is peddled.

A bill made in darkness, if I might quote my friend on the other side of the aisle. This bill has been discussed for months, for years. For decades this debate has raged. One hundred twenty Republican amendments included in this. This thing posted in the House and in the Senate and now for the requisite 72 hours, and they call that darkness.

Increasing the deficit. The non-partisan Congressional Budget Office, respected by both sides, has indicated clearly down to many significant figures that this will be the largest reduction in the deficit ever engineered by this House: in excess of \$100 billion in the first years, in excess of \$1 trillion in the second 10 years.

We are hearing the same misinformation about 6 years of benefits for 10 years of taxation. How is this? Shortly after this bill's enactment children will no longer be denied coverage because of

preexisting conditions. Shortly after this bill's passage how is this for 6 years of benefits? Our seniors will experience immediately a reduction in the doughnut hole that has forced them in instances to choose between food and drugs. Shortly after passage of this bill, shortly after the passage of this bill young people up to the age of 26 will be able to go on their parents' insurance. Six years of benefits with 10 years of taxation. This is outrageous misinformation made all the worse by the fact that the minority chooses to bring this up at this moment when we are here to honor the sacrifice of our proud veterans.

I yield to my friend on the other side.

Mr. KINGSTON. I thank the gentleman for yielding.

Although we haven't worked together on any committees, I know you by reputation, and I know that your reputation is good and that you are known to be a fair Representative. So one of my concerns I just have to tell you, as somebody who has served in the minority and the majority and oftentimes in the majority felt that we ran roughshod over the minority and that it was the wrong thing to do, but I have also known that when you are in the minority and you don't get to offer, for example, a single amendment on the largest piece of legislation that we've faced maybe since the income tax debate, I would appeal to your sense of understanding why you and I have this discussion going on. Because I support this bill, and I certainly think a moment of silence is the fit and proper thing to do.

I look forward to traveling with the gentleman not just to Iraq and Afghanistan, but actually some of the places where we have World War II soldiers buried in foreign lands. I can tell you they absolutely love Americans as they look at the graves of Americans that are all over the world protecting not just our freedom but their freedom.

So I certainly understand why you are appalled that we are using this as a vehicle to discuss health care. I agree with you. There is a good sense of indignation. Yet I find myself in a few minutes one of these people who will be talking about health care because it is my only opportunity. Because as I understand it, we are going to have 1 hour of debate on two different pieces of legislation, 30 minutes per side. And if you are not directly on the health care committee, you won't have an opportunity to speak tomorrow. That is why, while I support this legislation—

Mr. HIMES. Reclaiming my time, I thank the gentleman for bringing the discussion back to its proper topic of the honoring that this House and that the people of America can do for our veterans. I thank the gentleman for that, and would like to note to this gentleman that I spent this morning fighting to make sure that we would

vote on the bill in an up and down fashion. And in fact that is what we will do.

I will note to the gentleman that he has had ample opportunity to discuss this over many, many months. But again I thank him for bringing this discussion back to where it should be, which is debating whether and how we honor our veterans.

Mr. LAMBORN. Mr. Speaker, I would like to say that I take exception to the suggestion that this process has been conducted in an open way. We have 3,800 pages of materials right here that we have been given in the last 3 days. Who on earth is able to go through 3,800 pages? That consists of the bill itself, H.R. 4872, 2,300 pages; House Report volumes 1 and 2 from the Budget Committee report explaining the bill, that adds up to 1,300 pages; and the amendment in the nature of a substitute to the Reconciliation Act, 150 pages. That is a total of 3,800 pages that we have been given in the last 72 hours. What kind of process is this?

I now yield 1 minute to the gentleman from Indiana (Mr. SOUDER).

Mr. SOUDER. In an earlier bill where I was talking about the veterans health care parts of this bill as we paid tribute to Cold War veterans, Chairman ANDREWS and I had a follow-up discussion about two of the details which shows the difficulty of this bill. He believes that the partial fix that was done this afternoon on TRICARE was not needed and that it was duplicative. We believed it was absolutely needed. Members who read the same bill can come to different conclusions. Now, my friend from New Jersey actually wrote much of the bill, he is a very detailed guy, and I appreciate his knowledge. But we feel that we needed the TRICARE fix.

On the question of the second home, I said \$30,000 and used an example of \$200,000. By not going to \$230,000, I have missed the tax portion. And he also agrees that it depends on what your income is. If it is \$80,000 or above, the example I gave of somebody who had a mobile home whose lot is now worth \$230,000 and if they have a job as a teacher and work at a gas station they will have \$80,000 in income, which means they will now have taxes on a home that they never thought were taxes. So there were disagreements. You can look at the same question, but clearly it is a tax increase on veterans.

Ms. BORDALLO. Mr. Speaker, may I inquire of the Chair how much time we have?

The SPEAKER pro tempore. The gentleman from Guam has 8½ minutes remaining. The gentleman from Colorado has 9 minutes remaining.

Ms. BORDALLO. I now yield, Mr. Speaker, 2 minutes to my friend and colleague, the gentleman from California (Mr. GARAMENDI).

Mr. GARAMENDI. I have the great privilege and honor of representing

Travis Air Force Base and the more than 20,000 active service men and women on that base. Their mission is one of supplying the necessary equipment and armaments and food and other materials to men and women that are in the front zone of fighting. They also provide extraordinary support for humanitarian efforts, most recently those in Guam. And they may very well be heading to Chile on missions there. So I honor them and call our attention to their work.

Again, I remain really saddened that my colleagues on the Republican side have used this time, and instead of honoring the work of our active duty men and women in the Armed Forces, they are using it to debate a bill of which there is plenty of time.

Most recently the discussion about the availability. The Senate bill has been available to all of us since Christmas Eve. Three months to read the Senate bill. And that is a large portion of those documents that you have there on your table. The House bill has been available since November 6. So those two bills have been available to be read all that time. There are about 156 or 160 pages of corrections to the Senate bill that are before us. There are explanations, to be sure. And I suppose all of us would like to see the explanations from the committee. That has been available to us also.

This was not done in the dark of night. This has been done over a long period of time. And that big stack of material before you has been available. And perhaps you have not had or taken the time to read it, but if you had, much of the misinformation that has been presented this evening you surely would not have put before this House because it simply is not reflected in the bill. Specifically, the issue of the veterans. The veterans are fully protected in the legislation. TRICARE is fully protected.

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. BORDALLO. I yield the gentleman 1 additional minute.

Mr. GARAMENDI. By the way, there are about a million and a half veterans out there that will be able to get medical insurance through the various programs that are created by this legislation. They presently are not in the Veterans Administration process for many, many reasons. They will have access to it.

So on the whole, A, we have had time to read these bills; B, the corrections that are in the reconciliation process, which will be voted on along with the Senate bill, have been around for some time, for 72 hours minimum, and in many cases over 3 and 4 months. So read the bill.

Mr. LAMBORN. Mr. Speaker, let me highlight several sweetheart deals in the health care legislation that I think are a real problem to me, many of my

colleagues, and many Americans. We have the Rocky Top Vote Swap. Tennessee is quite familiar with the runaway costs associated with government-run health care as seen with TennCare. Payoffs from Washington, though, have a way of smoothing things over. So the bill includes tens of millions of extra Medicaid dollars for the State of Tennessee.

The Big Sky Buy-Off. A special provision was inserted in the Senate bill recently that provided taxpayer-funded health care to only certain Montana residents.

U Conn. As part of the original health care bill, a mysterious provision was inserted providing a whopping \$100 million in a cryptically worded provision for a new medical facility. After some investigation, it was discovered that Connecticut was the lucky recipient of this taxpayer dollar giveaway.

The Bismarck Bank Job. A helpful provision was inserted in the reconciliation package. While most American banks will be cut off from subsidies for private student loans when the government takes over the student loan industry, which is part of the bill we will vote on tomorrow, banks in North Dakota will still see the cash rolling into their banks.

PhRMA'ing for Favors. As has been reported, Democratic staffers were huddled behind closed doors over the last few weeks with PhRMA lobbyists as they crafted the final bill. Coincidentally, PhRMA has now decided it will run expensive TV ads in the districts of 38 wavering Democrats.

Cowboy Cash. North Dakota and Montana, along with Wyoming and South Dakota stand to get extra Federal cash for their States' Medicare rolls.

And the Louisiana Purchase that we have all heard about. Three hundred million dollars extra for Medicaid payments to one State is still in the bill. That is just yet one more reason we should reject the health care bill tomorrow.

At this time I will yield 3 minutes to my colleague and friend from the State of Georgia (Mr. KINGSTON).

Mr. KINGSTON. I thank the gentleman for yielding.

As a member of the defense committee who represents four military installations, someone who has gone to Afghanistan and Iraq five times, and never without going to Ramstein to visit our logistics crew over there, at Landstuhl Hospital to visit people in the hospital, as well as to go to Walter Reed Hospital here in Washington, I feel very strongly that this resolution is a good resolution and should be debated and voted on.

I have to tell you that at only 20 minutes per side, that sort of gives a signal to veterans also what the majority thinks about veterans. This is a good bill and I'm going to support it,

but it saddens me that this is the vehicle in which we're going to be allowed to talk about health care.

But as I talk to the veterans of my four military installations back home and the ones who are retired in those areas, they're saying this is a horrible health care bill. I did not go to Iraq, I did not go to Vietnam, I did not fight in World War II for you to take away my freedom in one piece of legislation.

I've got to remind my friends of what the Speaker said just a week or two ago. I quote directly Speaker NANCY PELOSI: "We need to pass this bill so you can find out what's in it."

□ 1930

Does anyone deny that is a direct quote from the Speaker? That is exactly what Speaker PELOSI said.

So when my veterans back home are concerned, along with the middle class taxpayers, of what's in this bill, I think they have that right to have some apprehension. We do need full debate. Keep in mind that health care is one-sixth of the economy, \$2.4 trillion.

This is a major government intrusion into it, not that the government should not be in it at all. But we are totally changing the balance of it, and yet we're not having a full debate. Why not have just several hours but weeks? Can you say to me with a straight face that would be unreasonable? We need to have hours and hours of debates.

The Republican Party has offered 99 amendments, and how many will be accepted? Zero. No ideas from the Republican Party. And shutting out the Republican Party might be great Democrat politics, but you're shutting out the people that we represent.

And I will point out, as you know, you don't need one single Republican vote. If this bill is so good, why did you not pass it in August? You didn't pass it because you didn't have the Democrat votes. The reason we're here on a weekend is because you don't have the Democrat votes. Now, I don't know what the President was here today doing. I don't know what he gave away. We know about the Louisiana purchase. We know about the hospital in Connecticut. We know about the Gator aid for Florida. We know about the Cornhusker kickback in Nebraska. And we found out now that student loans are being put in the health care bill. How did that get in there? The federalization of student loans is now in the health care bill. That doesn't make sense at all, and it doesn't make sense that in North Dakota they're exempted from the law.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. LAMBORN. I will yield an additional 1 minute to the gentleman from Georgia.

Mr. KINGSTON. I've got to say this on behalf of veterans; they're not comfortable with this TRICARE wording.

In the dark of the night or in the light of the day, unintentionally or intentionally, the health care bill does put TRICARE on the chopping block. Now, it might be okay with the fig leaf amendment that we passed today in lots of words, but that's what happens when you ram something through.

The \$523 billion in Medicare cuts, how does that affect seniors? I don't know the good and the bad and the ugly of it. I think it's worth more than 72 hours to debate. If this is such a great bill and it's going to last such a long time, why not give it more time to debate?

The impact of hiring 16,000 new IRS agents. I don't think Democrats like the IRS any more than the Republicans. I agree that the IRS is necessary. They do a vital job. But 16,000 new IRS agents with all kinds of new powers to look into the businesses and households of America? That scares me. That's why we plead to you. Let us have time to look at the bill carefully. We don't need to do it on a Sunday afternoon.

Ms. BORDALLO. Mr. Speaker, I yield 3 minutes to my friend and colleague, the gentlelady from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE of Texas. I want to thank the gentlelady from Guam for doing such an excellent job in honoring our veterans and honoring our soldiers by managing legislation that truly deserves our honor and respect to the Cold War veterans, many of whom are unsung heroes. I offer my greatest tribute as we honor the aviators and those marines who sacrificed their lives as well.

It is interesting, when there is nothing good to say about something that is good, then my friends on the other side of the aisle begin to engage in misrepresentations and fairy tales and exaggeration. So I'm reminded of the words of Thomas Edison that many of life's failures are people who did not realize how close they were to success when they gave up. And that's what they want us to do—to give up.

I appreciate the breadth and depth of the representation and the interest that is appearing on the east steps of the Capitol. This is what a democracy is about. But when I see words like "socialized medicine" and "ObamaCare, a lethal injection," it is important to realize that people have been so provoked because of misrepresentation and untruth.

They don't understand that there will be \$1.3 trillion in cutting the budget; that, in fact, small businesses will get tax incentives and subsidies to help insure those hardworking Americans who work for small businesses, the engine of our economy; that our young people who, in fact, have gone on without insurance, our college students, our graduate students, the best of America's future suffer without health

insurance, like a young woman that I know that is in between jobs and cannot get health insurance because she happens to be over the age of college and cannot be on her parents' insurance.

What are we doing if we're not investing in our children? All of the chatter and confusion says nothing about the value of this bill. All of the misrepresentations about special interests, when many of that is not done, but much of that is helping Americans. It's helping the States who've been donor States. It's helping those States who are poor. It's helping those States who have suffered from a devastating disaster like Hurricane Katrina. What is wrong with America standing up for those who cannot speak for themselves.

And so it is important to note they want us to give up, and as was recounted by one of our major leaders in the Congress comparing this to a basketball game when the clock has run out and people are continuously trying to foul the winning team, putting obstruction in the winning team's place. But you know what we're going to do in this March month? We're going to keep on dunking that ball, as this great leader has said. We're going to put that ball in the basketball hoop and we're going to win that game, because we've got to stand up for those who are not out there on those front steps. We've got to stand up for the veterans who understand that TRICARE will be preserved. And what a miserable collapse the veterans health care system was just about 2 years ago when we had to come to this floor and fight—

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. BORDALLO. I yield 1 extra minute to the gentlelady.

Ms. JACKSON LEE of Texas. When we had to come to this floor and provide extra money for those veterans to shore up this health care system, or the many veterans that I work for in my office that come and ask about helping them get their benefits because it's a logjammed system that we're continuing to try to work on.

So don't use this argument about the TRICARE. We're protecting the TRICARE system, as well as the veterans hospitalization system. But those veteran families and their extended family members who are uninsured or the 45,000 who die every year because they have no insurance, this is the toughest health insurance reform that we've ever been able to do.

And I can tell you, my friend, health insurance companies, you need to be tough with them, because all they can see is the dollar and the up and up and up of the premiums. And I want to say enough is enough.

So this is not a lethal injection. This is a lifeline. This is a rope being thrown into the water to drag those

out who are drowning because they can't get any health insurance. And this is not socialized medicine, nor was it with Medicaid or Medicare or the veterans system. It is helping Americans using their tax dollars in a wise way.

We need to move forward on health care reform and dunk the ball and win the game.

Mr. LAMBORN. Republicans believe that we can have health reform, and we should, without a government takeover of one-sixth of our Nation's economy.

Republicans introduced over 70 bills that offer free market solutions to health care reform, and one of those is H.R. 3400. H.R. 3400, a bill I have co-sponsored, is the Empowering Patients First Act. It does three things.

It gives access to coverage for all Americans. It does this in large part by extending the tax deduction, which right now unfairly only goes to corporate employees, and says every American can have this tax deduction. That lets you have your insurance and not be dependent on your job to provide it for you. That way you can take it with you. It becomes portable. You have less to fear from preexisting conditions.

Coverage will be truly owned by the patient under H.R. 3400. The individual market is expanded. Things like pooling mechanisms, where national associations can form together, use national economies of scale to form membership plans and accounts to pool across State lines. Right now that is not allowed under law. And reining in out-of-control costs. We can do this for instance, through reforming the medical liability system.

The bills in front of us that we may vote on tomorrow do nothing about medical tort reform. That's a huge driver of defensive medicine and needless costs in our health care system. But if we, for instance, establish administrative health care tribunals, known as health courts, in each State, added affirmative defense through provider-established best practice measures, or encourage the speedy resolution of claims, we would do things to cut down on the cost of defensive medicine.

So Republicans have solutions that, unfortunately, have not been allowed to come to this floor for a vote. We also have about a hundred amendments being heard, as we speak, over in the Rules Committee, and I doubt that a single one of those rules will be labeled in order for voting on the floor tomorrow.

Let me conclude by reading some lines out of today's Wall Street Journal. They have summed it up better than anyone can. This is the lead editorial in today's Wall Street Journal:

"A self-governing democracy," it concludes, "can of course decide that it wants to become this kind of superwel-

fare State. But if the yearlong debate over ObamaCare has proven anything, it is that Americans want no such thing. There is no polling majority or any bipartisan support, much less a rough national consensus for this expansion of government power. The election of SCOTT BROWN in Massachusetts for Ted Kennedy's seat, of all things, was as direct a referendum as you could have.

"So if the health bill passes in the House, it will only do so the way it did in the Senate, with a narrow partisan majority, abetted by political bribery and intimidation, budget gimmicks and procedural deceptions."

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. BORDALLO. Would the Chair give me the time that we have left.

The SPEAKER pro tempore. The gentleman from Guam has 2 minutes remaining.

Ms. BORDALLO. Mr. Speaker, I would like to state for the record, House Resolution 1119 states that we should honor our armed services with a moment of silence, and I hope that my colleagues will seem fit to support this very fine resolution.

I would also like to go on record to thank Mr. LAMBORN of Colorado for managing the bills and resolutions this afternoon with me.

I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 1119, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Ms. BORDALLO. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

□ 1945

ARE MEN THE PROPERTY OF THE STATE?

(Mr. McCLINTOCK asked and was given permission to address the House for 1 minute.)

Mr. McCLINTOCK. Mr. Speaker, in his introduction to the epic "The Ten Commandments," Cecil B. DeMille asked the question, "Are men the property of the state, or are they free souls under God?" Congress will authoritatively address this question tomorrow. Will the Federal Government order Americans to purchase products that the government thinks that they should buy and fine or imprison them if they refuse? Will it empower a new

health czar to make decisions over the most minute details of every American's health care? Will it set loose 16,000 new IRS agents to enforce its edicts?

This vote transcends any questions of health care. It introduces a proposition that will fundamentally alter the relationship between the Government and the people for all time. I pray that my democratic colleagues, drunk as they may be with power, will consider carefully the implications of the action they are about to take.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut (Mr. HIMES) is recognized for 5 minutes.

Mr. HIMES. Mr. Speaker, here we are a day away from a very big vote. The bill has been read, the details have been debated, the amendments have been offered, the fights have been peddled. But now we are left with the facts. We are left with the facts that the bill we are voting on tomorrow will, according to the Congressional Budget Office, reduce the deficit of this Nation by over \$100 billion in the first 10 years of its existence and by over \$1 trillion in the second 10 years of its existence. This bill contains every reasonable and good idea that has been offered by credible health care economists for how to bring down the costs of our health care.

Is there risk? Of course there is risk. This body may choose not to do some of the things it has said it will do. Some ideas will work. Some will fail. There is risk. But to try to do nothing is the biggest risk of all.

We have spent so much time on the economics and the cost, and now I think, as we reflect on the last day, that we return to the moral question associated with health care reform. At the core of the moral question, to my way of thinking, is the fact that this Nation protects its own, that we look after each other, that we won't let you die.

I need to tell you about my friend, Dave Roberson. He was a good, close friend, and a fellow parishioner at the First Presbyterian Church at Greenwich. A volunteer, an activist, a former NASA engineer, a kind, thoughtful smart man who lost his job at NASA 6 years ago. And with that loss of his job, he lost his health insurance.

Dave had a heart condition. He didn't see a doctor for 6 years. He got no advice. He got no help. And 2 weeks ago,

driving home, he lost consciousness for reasons that they believe had to do with his heart condition and drove his car into a wall and was killed. We buried Dave Roberson today, a good, fine man whom we did not stand for, whom the health care system failed. Dave worked his career so that his Nation could explore space. But his Nation, our country, couldn't do what was needed to keep Dave on Earth.

And by the way, Dave is no lone individual. One hundred twenty-three people will die every single day because they don't have adequate health care coverage, 123 Americans every day like Dave Roberson. We don't do this. If our enemies attack, we spend billions to send men, women, and equipment to defend the lives and the values of this Nation. If your house is on fire, we send men, women, and equipment to put out that fire. If you're assaulted, if an intruder enters your home, we don't ask, we send police, equipment, the resources to save your life. But if you get breast cancer, if you have diabetes, if you get leukemia, we don't make that same promise. We might help you if you have a job and can keep that job, if you're not too old, if you're not maybe a woman with a history of domestic violence, we might help you. But we didn't help Dave Roberson. And we don't help the 123 Americans who die every day because we do not live true to the promise that we look out after each other. On this we can do better.

And it's not just the Democrats who think so. It is 250 organizations, including the AARP, the American Medical Association, the American College of Physicians, the Catholic Health Association, the Consumers Union, the League of Women Voters, the list goes on and on of organizations who say, we can do better, we can live more true to the values of this Nation.

I hope that each and every one of my colleagues on both sides of the aisle when the vote comes tomorrow will say, we'll send the military. We'll send the fire. We'll send the police to save your life. And now being true to the values of this Nation, we will save your life if you get sick.

THE GOVERNMENT TAKEOVER OF HEALTH CARE IS UNCONSTITUTIONAL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Mr. Speaker, the Constitution of the United States of America was written by our Founding Fathers to limit the size of government. The Constitution sets limits on what the government can do for us and what the government can do to us.

The people decide what is best for themselves and our country, not the

all-seeing eye of the Federal Government. James Monroe said in 1788 at the Virginia convention to ratify the United States Constitution, How prone all human institutions have been to decay, how difficult it has been for mankind in the ages and countries to preserve their dearest rights and best privileges, imperiled as they were by an irresistible fate of tyranny.

Now the tyrannical all-seeing eye of the Federal Government is trying to take care of us. The government doesn't think we know how to take care of ourselves, so it must come in and take care of us. We are to be made subjects incapable of taking care of our own health. Nowhere in the Constitution is the Federal Government given any authority to control the people's health, not one place.

George Washington didn't fight the redcoats so people could be the subjects of the new, oppressive, and untrustworthy Federal bureaucracy. The colonists didn't die in the War of Independence so a health care czar could rule over us.

The government takeover of health care is unconstitutional. And if this bill passes, the Texas attorney general and 30 other State attorneys general are prepared to sue the Federal Government for an exercise of unconstitutional action because this bill is unconstitutional. It forces Americans to buy health insurance against their will. And if people don't buy the insurance, they will face fines or go to jail. And on top of that, it forces people to buy government-approved health insurance. That means the Feds tell people they have to buy the Federal-approved insurance, and it tells them what insurance they must buy. That's not allowed under any stretch of the law or imagination. That is unconstitutional.

And of course, in this bill they are hiring 16,000 new IRS health care police to enforce that dictate. The IRS health care police will verify that American citizens have acceptable health care insurance every month. I say American citizens because illegals are exempt from paying health care fines and taxes, although illegals can receive coverage in this bill. The health care bill also violates the people's right to privacy. People's most secret, private, intimate medical records will become the property of the U.S. Government.

Health care busybody bureaucrats will burrow through private medical records and decide what medical care people are allowed to have. Health care bureaucrats will stick their nose into private banking accounts and their records to decide how much people have to pay for that health insurance. They will be able to seize tax refunds, bank accounts, garnished wages all in the name of forcing people to buy insurance for their own good. And of course, this is in the bill.

This power grab is not about health, and it's certainly not about care. It's

about liberty. It's about Federal Government control over people's lives against their will. The Federal Government has no right to dictate to the people their health care needs. And in my opinion, it's unconstitutional. Most of the American people oppose the government plan to take over this health care. There were thousands of people here today making their voices known that they are opposed to this bill. It costs too much, it borrows too much, it taxes too much, it's inefficient, and it gives government bureaucrats the control of our medical decisions.

Even Thomas Jefferson talked about government-run health care. He said, "If people let government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as are the souls of those who live under tyranny."

Mr. Speaker, government-run health care is unconstitutional, and it's unhealthy for everyone. We must remember the Constitution says and begins with "We the People," not "We the Subjects."

And that's just the way it is.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. McDERMOTT) is recognized for 5 minutes.

Mr. McDERMOTT. Mr. Speaker, I rise today to tell the story of an 11-year-old boy from Washington State who visited Congress last week to lobby for health care reform. His name is Marcellas Owens, and he had lost his uninsured mother to pulmonary hypertension which could have been treated.

He shared his story with Senator PATTY MURRAY and then presented to an audience of 100 people at a hearing, telling them that he thought "health care should be for everyone." He was an articulate and bright young man, and his story exemplifies why we desperately need health reform.

So in one of the clearest signs of Republican desperation, Glenn Beck, Rush Limbaugh, and Michelle Malkin took to the airwaves to tear Marcellas apart. Mr. Limbaugh came up with the most unconscionable line, telling his listeners, I would say this to Marcellas Owens, "Well, your mother would have died anyway because ObamaCare doesn't kick in until 2014."

FOXNews' Michelle Malkin came in a close second with a column entitled "Desperate Dems Cling to Human Kiddie Shield." Perhaps the only accurate word in Ms. Malkin's piece was "desperation," but she used it to describe the wrong party.

In all my years of public service, I can't remember the last time I saw such a cheap and disgraceful campaign. Republican determination to derail reform at any cost is reprehensible, and I

cannot find words to describe how shameful I think it is to direct vitriol at an 11-year-old boy who lost his mother.

On my way to work this morning, I saw a group of tea baggers, and I'm really happy that they will be in Washington to witness Congress pass this historic health care bill tomorrow. When I got to the office, I did a little research on my own and found the Web site of a tea bagger group called the 9/12 project, which includes a page which they call "the nine principles."

Number 7 reads, "I work hard for what I have, and I will share it with who I want to. Government cannot force me to be charitable." That reminds me of another gem Glenn Beck said on his show last week, when he had started criticizing a new poverty measure that would help us understand what it really means to be poor in this country. He said that if it were implemented, he would be considered poor. Glenn Beck reportedly made \$23 million last year, which means that in one workday, he earns the equivalent of what four families earn in poverty over a whole year.

"Government cannot force me to be charitable." I have always been a little confused about what would motivate someone to get up in the morning to attack an 11-year-old boy who lost his mom or compel someone to drive 500 miles to protest reforms that would help millions of Americans.

But I'm finally beginning to understand the mentality behind the tea party crowd and its spokespeople Glenn Beck, Rush Limbaugh, and Michelle Malkin. They are simply selfish, greedy, and indifferent, and they don't seem to care about helping anyone in need.

I should note that when Marcellas heard what these three said about him, he graciously responded by saying, "My mother always taught me they can have their own opinion, but that doesn't mean they are right." When an 11-year-old outshines and outclasses your party's three top mouthpieces, it might be time to look for some replacements.

When I vote for health care reform tomorrow, I will dedicate it to Marcellas Owens and the memory of his mom. And if I had to write my seventh principle, I think I would use one of the my favorites quotes from the book of James in the Bible. "Suppose a brother or a sister is in rags with not enough food for the day, and one of you says, 'Good luck to you, keep yourselves warm and have plenty to eat,' but does nothing to supply their bodily needs. What is the good of that? So with faith; if it does not lead to action, it is in itself a lifeless thing."

That is what we are doing here. We are making the first step to return to the concept of the common good that we will take care of each other.

□ 2000

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Alabama (Mr. BONNER) is recognized for 5 minutes.

Mr. BONNER. Mr. Speaker, here we are on the verge of one of the most significant votes that Congress has ever taken. The only time that I can think of which perhaps rivals the importance of this vote has been when we have had to decide to send our Nation's finest young men and women off into the perils of war. And yet it is mind-boggling, literally unconscionable to think that we are about to slap the American people in the face and have the audacity to say, We know better than you.

In town meetings, at TEA Party rallies, from emails, faxes, letters, and literally millions of phone calls that have jammed the Capitol switchboard, the voices of America have spoken out, begging, pleading with their elected Representatives, Please, slow down, start over, and do this the right way.

Sadly, instead of listening to the American people, the Democrat majority, at least most of them, have chosen to tune the people out, to ignore the angst, the fear, the frustration, and the anger and hope that somehow this will all go away. Let me assure you it will not.

This whole process has been an insult. It is an outrage. It is an all-out attack on freedom and liberty, on fiscal responsibility, and on the sanctity of human life.

On Thursday afternoon, right after work a man from my district left his wife and children, drove all night some 998 miles all the way from Fairhope, Alabama, to Washington, D.C., just to go door-to-door to those Members who were still on the fence to encourage them to do the right thing. When I thanked him for making the trip, he said, Congressman BONNER, I just couldn't sit back and look my children in the face and tell them one day years from now I didn't do everything I could do to keep this from happening.

Earlier this morning, another man from Mobile walked into my office. He had stopped in Knoxville, Tennessee, to pick up his mom, and together they came for the same reason: to thank those of us who are saying "no," and to reach out to every last undecided Member of Congress and beg them to listen to the American people.

All day long we have watched people come into our offices from towns in Monroe and Escambia Counties in my district to folks from New Jersey, all the way to the coast of California. All of them, literally thousands, who descended on the Hill today came for the same reason, to leave no stone unturned before the vote tomorrow afternoon.

Common sense tells us that with a bill this big and with so many last-

minute deals that have been made, there are going to be a lot of angry people, a lot more throughout the entire country when all the details of this legislation are known in the coming weeks and months.

Isn't it ironic that just the other day the Speaker of the House told a group, "We have to pass this bill to find out what is in it." Well, earlier today we found out how true that promise was with the disclosure that Democrats have now added a new 3.8 percent Medicare surtax that will hit average middle-class taxpayers who have invested in real estate. Just what an already depressed real estate market needs.

Or the fact that just a couple hours ago on this very floor the House attempted to fix another little problem that we discovered in this bill, a provision that, if left unchanged, could have taken more than 9.5 million veterans out of TRICARE. Once again, just another example of the dangers of passing legislation on the fly.

While the outrage of the American people did help succeed in taking "deem and pass" off the table earlier this afternoon, we are still left with reconciliation, a process that leaves many Americans dizzy in terms of the ever-changing rules that are being rewritten to try to pass this bill.

The American people remember reconciliation. Back in October of 2007, then-Senator Obama said of reconciliation, and I quote, "We are not going to pass universal health care with a 50-plus-1 strategy." And a couple years earlier then-Senator BIDEN said, and I quote, "I say to my friends on the Republican side, you may own the field right now, but you won't own it forever. And I pray to God, when Democrats take back control, we won't make the same kind of power grab that you were doing."

Back home this might sound like doublespeak. Sadly, in Washington it is just another day at the office.

Mr. Speaker, while many people understandably are focusing on the vote that will take place tomorrow on the third Sunday in March, trust me, the vote that will be taken on the first Tuesday in November is the vote that will allow the American people to have the last word.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Ms. JACKSON LEE) is recognized for 5 minutes.

Ms. JACKSON LEE of Texas. Mr. Speaker, I was on this floor just a moment ago, and I guess I am struck by this quote by Thomas Edison, because as I have listened to more of my colleagues, it seems as if they are driving themselves into failure and they just want to see this determined and committed number of Members who represent constituencies across America

driven into failure as well. But it says: Many of life's failures are people who did not realize how close they were to success when they gave up.

And so the stories that we have heard about a young 11-year-old who has the common sense to know that maybe his mother would have lived had she had the right kind of coverage, to my good friend who was just on the floor of the House and mentioned his constituents from his great State of Alabama, I don't know if that constituent that drove 900-plus miles realized that Alabama has one insurance company, only one, no competition.

And so when we think about where we are today on the eve of that magnificent vote, this is not arrogance, it is not an attempt to have the majority abuse the minority. It is to reflect on those Americans who did not come, who in silence suffer and die because they have no insurance.

I support this legislation, but there are fixes that I would like to have, and I am committed to working beyond the vote tomorrow. I don't like to see the comments that I have seen on signs. I respect it, because I am someone who appreciates the Constitution.

There is no instruction or demand on people to get insurance that is unconstitutional. In States, we require people to buy auto insurance, get seat buckles, to wear helmets when they are riding on motorcycles. This is to save lives. And we provide incentives to small businesses and subsidies.

And so today in the Rules Committee I submitted amendments, because I want to help a body of hospitals that are in rural and minority areas. My amendments had to do with what we call physician-owned hospitals. My first amendment was to preserve physician-owned facilities. They have a greater percentage of Medicaid inpatient admissions than the State average in operation and allows them to expand, a fix that is not illegal but one that we want to work on as we move forward.

My second amendment is extremely critical for minority communities in high-poverty areas. This amendment would prevent physician safety-net hospitals from closing and preserves critical care access for impoverished communities and the disabled.

My third amendment, that is supported by the Physician Hospital Association of America, would effectively prevent the closure of 230 existing hospitals, save \$2.9 billion in total payroll, \$608 million in Federal taxes, \$3.5 billion in trade payables, and preserves 62,000 full- and part-time jobs, the Senate amendment, by striking all language that prohibits the grandfathered facilities from expanding.

I am grateful for what we have done so far. We have extended the time in which these hospitals can receive their Medicare certificate, which means that

more hospitals can come online. That is a good thing.

That is why I understand that I am so close, that we are so close, to success, that I am not going to allow failure to destroy that success for millions of Americans.

But I do want to tell you about St. Joseph's Hospital in Houston that was going to close until many of us intervened. In fact, I said something like, Over my dead body would this hospital close and not serve our constituents. Well, a group of doctors were able to invest, and lo and behold this hospital now serves one of the most income-challenged and a hospital that serves in the African American community. Physician ownership provides an avenue for it to stay open.

Or in south Texas an out-of-state corporation forced over 700,000 Texans to travel more than 250 miles to receive life-saving medical procedures. Decisions not to offer needed services by out-of-state health care conglomerates and the lack of public or county hospitals left patients with two options: go without or transfer to another facility 350 miles away.

So there is value to physician-owned hospitals, and one opened in south Texas and therefore stopped this drain of sick people having to drive 350 miles just to get medical care or hospitalization.

Or in the Chinatown section of Los Angeles, the Pacific Alliance Medical Center is a 142-bed full-service hospital and has been the community's main hospital for 140 years. This facility was purchased by a group of physicians 20 years ago after the existing hospital board planned to close and demolish this facility. Throwing a lifeline, this is what these hospitals do.

Or in Wisconsin, the Aurora Bay Care Medical Center, a 167-bed full-service hospital, holds seven centers of excellence, and it was the first hospital in the country to become a designated emergency center.

Or the Wenatchee Valley Medical Center established in 1940 in the State of Washington is a large rural health care center that helps serve patients in a largely rural area.

There is a lot of good work that has already been done. This bill has been reviewed over and over again. So what my opponents say on the other side or the opponents of this bill, this bill has been on the table for a long time. We know that we can work going forward to make things better.

So no amount of attack, being spat on by those who have come here to this place to show their opposition, or being called names is going to stop us from seeing success just down the road. But we want to work for these hospitals who are in rural and minority areas and poor areas to be able to stay open as well.

I know that in working with my colleagues and moving to the other body

we will have that opportunity. Why don't my friends on the other side sit down and work as well so that we can have what all America is crying out for, those who are listening and understanding the issue, that is, health care for all Americans. Not socialized medicine, not a government takeover, but the opportunity to see the good and the value of good health care for this great country of ours. I want to see success. I am not going to allow failure to get in the way of success.

Mr. Speaker, I have three amendments at the desk and I rise to speak in support of my amendments No. 1, No. 2 and No. 3 to H.R. 4872, the Reconciliation Act of 2010. My first amendment would preserve physician-owned facilities that have a greater percentage of Medicaid Inpatient Admissions than the state average in operation and allows them to expand.

My second amendment is extremely critical for minority communities and high poverty areas.

This amendment would prevent physician safety-net hospitals from closing and preserves critical care access for impoverished communities and the disabled.

My third amendment, supported by Physician Hospital Association of America, would effectively prevent the closure of 230 existing hospitals, save \$2.9 billion in total payroll, \$608 million in federal taxes, \$3.5 billion in trade payables, and preserves 62,000 full- and part-time jobs by striking all language that prohibits grandfathered facilities from expanding.

As you know during the ongoing healthcare debate, discussions about physician ownership of hospitals have ignored the positive impact these facilities have had on minority communities and minority physicians. Physician-owned general acute care hospitals, who have unprecedented amounts of minority owners, have allowed Hispanic, Black, and Asian Americans to enter into the field of hospital ownership. The largest physician-owned hospital, Doctors Hospital at Renaissance, is over 50 percent minority owned.

Physician-owned hospitals have created a positive change in the quality and delivery of care to minority populations.

The insight gained by the diversification of hospital ownership has led to many new advances in care delivery and opened up untapped avenues and knowledge in the race to cure and/or prevent diabetes, AIDS, cancer, and other illnesses we all face.

While we are pleased that language to grandfather existing physician hospitals has been included in the Senate Amendment package, this bill still contains language that prohibits these needed institutions from expanding. This prohibition will lead to their eventual closure and endanger hospital access for minority and low-income communities.

Physician ownership has enabled high poverty and minority areas to open hospitals where corporate-owned facilities wanted to abandon a current site or refused to bring in needed services. By way of competition, physician hospitals have raised the bar of service in communities often ignored by large healthcare corporations, offer exceptional overall care, and forced all hospitals in an area to do better for their community.

To help you understand what is stake, I would like to highlight some of these success stories:

In Houston, St. Joseph's Hospital, a full service general acute care center, is the only hospital that serves one of the most income-challenged and minority sections of the city. Within the last few years, a for-profit corporation abandoned this hospital and the surrounding community. Physician ownership provided an avenue for it stay open and prevent a critical loss for the neighborhood.

In South Texas, out-of-state corporations forced over 700,000 Texans to travel more than 250 miles to receive life-saving medical procedures. Decisions not to offer needed services by out-of-state healthcare conglomerates and the lack of public or county hospitals, left patients with two options: go without or to transfer to another facility up to 350 miles away. Income challenged families who could not afford the travel were placed in great peril. Physician ownership enabled a group of local doctors to open a new hospital with advanced medical capabilities that reduced the need for travel to seek care. Doctors Hospital at Renaissance, a 506-bed premiere general acute care center, now provides some of the best care in the nation and consistently has been recognized by Thompson Reuters as a Top 100 Hospital in the nation.

In the Chinatown section of Los Angeles, California, the Pacific Alliance Medical Center (PAMC), a 142-bed full service hospital, has been the community's main hospital for 140 years. This facility was purchased by a group of physicians 20 years ago after the existing hospital board planned to close and demolish the facility. Physician ownership once again provided an avenue for the hospital to stay open and serve an at risk community.

In Wisconsin, Aurora Baycare Medical Center, a 167-bed, full-service hospital hosts seven Centers of Excellence and was the first hospital in the country to become a designated Emergency Center of Excellence. The Women's Center at Aurora Baycare was also the first in Wisconsin to be accredited for breast care by the American College of Surgeons.

Established in 1940, Wenatchee Valley Medical Center in the state of Washington, is a large rural healthcare delivery system that helps serve patient needs in a largely rural area. It has brought countless life-saving procedures to a community in need.

Without physician ownership, the number of minority hospital owners will decrease substantially, low-income and minority communities will see a reduction in the amount of available services in their community, and some will be left with no access to hospitals. While this may sound extreme, unfortunately, it has happened and will happen if this measure is left unchanged. This is also extremely distressing since the effect of this section will be to reduce access while simultaneously adding 30 million new Americans to the healthcare system, mostly in these very communities that will see their safety net hospitals close.

While I support all physician-owned facilities and comprehensive efforts to incorporate everyone into our national hospital network, today I start that process by helping preserve

physician-owned facilities that serve poor, disabled, indigent, or uninsured patients. These amendments were crafted with strict adherence to the reconciliation process and fully comply with the Byrd Rule.

As a Member of Congress whose constituents are greatly assisted by physician-owned facilities, I urge my colleagues to—help my community, help my constituents, and help America build a better and inclusive health care system.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arizona (Mr. FRANKS) is recognized for 5 minutes.

Mr. FRANKS of Arizona. Mr. Speaker, this government health care takeover has been debated on so many fronts. The President says it is to save money; and, yet, Mr. Speaker, in every corner of the planet, in every corridor of history, socialized medicine has always cost more, not less. Every government health care program the United States has ever implemented has cost many times the amount that was first predicted. So if this bill saves money, Mr. Speaker, it will be the first in human history.

Democrat leaders say that the government takeover will increase the quality of health care; and yet once again, Mr. Speaker, every example in history speaks to the contrary. Those living under socialized medicine across this planet can only dream of living in a free market economy like America, because they know that if they have a cold in their country, they can call a doctor. But if they have something serious like cancer or diabetes or heart disease, they had better call a travel agent and come to America if they possibly can.

Democrat leaders say that this will make health care more accessible to the people, and yet we have testimony from doctors themselves that say that anywhere from 20 to 50 percent of them say that they will quit the practice of medicine if this health care monstrosity passes.

□ 2015

And it will be the poorest of the poor, Mr. Speaker, who will fall off the table when the scarcity of health care resources comes. So much for accessibility.

But the big one, Mr. Speaker. Liberals say that this bill is about compassion to those who can't afford health care. But it is such a false argument, Mr. Speaker, because there are so many ways that we can help those who don't have health insurance without destroying the best health care system in the entire world. One of those would be to wipe out frivolous lawsuits, the savings of which would pay for a Cadillac insurance policy for every last one of the 11 million Ameri-

cans who say they want health insurance but can't afford it.

And to say this is about compassion, Mr. Speaker, when Democrat liberals are doggedly determined to prevent any amendment that would be included to stop the taxpayer-funded murder of little unborn children is the most insidious distortion of all. Mr. Speaker, nothing so completely destroys the notion that this bill is about compassion than the arrogant and cruel disenfranchisement of helpless unborn children who have no voice in this twisted and corrupt process.

No, Mr. Speaker, this is not about compassion. This bill is about power. It's about robbing the American citizens of power and putting it in the hands of left-wing liberal bureaucrats and elitists who think they know more about running people's lives than the people themselves do. It's about robbing America of one of its greatest distinctives: the freedom of the individual.

I just have to tell you, Mr. Speaker, if left-wing Democrats in this Chamber arrogantly disregard the voice of the American people and shove this socialist obscenity down the people's throat, the people themselves are going to shove it somewhere else in the next election.

But there are still Members, Mr. Speaker, of this body who are going to support this bill anyway because they're willing to sacrifice freedom in the interest of gaining either a political advantage or somehow some free lunch to them in some capacity. And to those, I would just repeat the words of Samuel Adams during the time when there was another great struggle in America over whether the power of the government or the rights of the people would prevail.

During the early days of the Revolution, when America was about to be born, Samuel Adams admonished those who would give up freedom and accept tyranny and government control over their lives in its place. And I repeat this admonition to those who would still intend to vote for this bill. He said, "If you love wealth more than liberty, the tranquility of servitude more than the animating contest of freedom, go home from us in peace. We seek not your counsel nor your arms. Crouch down and lick the hands that feed you. May your chains sit lightly upon you, and may posterity forget that you were our countrymen."

IRRESPONSIBLE BEHAVIOR

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. RYAN) is recognized for 5 minutes.

Mr. RYAN of Ohio. Mr. Speaker, I'm not going to take my entire 5 minutes here, but I wanted to come to the floor after hearing about, experiencing, and

reading some reports of what happened here today in the Nation's Capitol to some of the finest servants that this institution has ever seen by some of these tea bagger protestors who have been out today.

It's one thing to have disagreements on policy and it's one thing to have disagreements on political philosophy and how that is implemented and the role, either more or less of government, and what the government role and responsibility may be, but today, we had several Members of Congress, as they were walking from this Chamber back to their office, get spit upon; get called derogatory, racial remarks; derogatory remarks about a Member of Congress' sexual orientation. That is unacceptable. And I am calling upon, Mr. Speaker, the Republicans who spoke at this tea party today and who have supported this movement to come out and condemn this tea party.

This behavior is irresponsible. It does not belong in a civilized society. It shows that many people in this country want to divide this country, want to seek out our differences and not what unites us. It's a shame. One of those Members was JOHN LEWIS, one of the greatest civil rights leaders this country has ever seen.

And let me say this in closing. Baseball bats and dogs and firehoses didn't stop JOHN LEWIS from the last cause that he had, and spitting on Members and calling them names is not going to stop the progress of this bill. Have your disagreements about our philosophies, but let's conduct ourselves in a responsible way—not spitting on Members of Congress. Disagree with them. Give them your ideas. Calling them names? One of the greatest civil rights leaders in the United States of America has to walk, as a Member of Congress, from the House Chamber to his office and get worried about getting spit upon, getting called the N word?

The Republican Party needs to distance themselves from this kind of behavior. It is irresponsible. It diminishes this office. It diminishes this country. And we call upon the Republicans to say: shame on the tea party for that type of behavior.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from New York (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the majority leader.

Mr. GARAMENDI. Mr. Speaker, I request that we enter into a colloquy with our colleagues from the Democratic side.

Earlier today, I had the opportunity to exit the Chamber and go out to the veranda overlooking the east lawn of the Capitol, and there were a couple thousand folks out there protesting

this legislation. And in their chanting they were saying: Kill Obama bill. I suspect they're referring to the health care bill, not to the President. And I was thinking about what does it mean to kill the bill. What is the effect of killing this legislation and letting time go on with the current situation in the United States?

Next to me here is what is happening in the United States today. Forty-five thousand Americans die each year because they are uninsured. They lack health insurance. Forty-five thousand. That's about twice the number that are found in any of the arenas today as March Madness continues. Forty-five thousand. But that's not the end of it.

So we start with 45,000 Americans. What about the rest of the Americans? We rank 19th among the industrialized nations of the world in the health of our citizenry. Our children die earlier. All Americans die earlier than the other 18 industrialized countries. The rate of increase in the health care market for the individual market in California and in many other States was nearly a hundred percent within a 1-year period. Some 50 percent last year and a similar amount this year, an unaffordable rate increase.

In California, the average number of claims denied by the insurance companies was 21 percent, and the range was from 39 to 17 percent. You talk about a death panel. Here's where the real death panel is. It is in the insurance companies themselves, denying benefits, denying claims, denying treatment for illnesses and for afflictions that cause death. This has to end. On Sunday, we will bring this kind of unacceptable situation to an end, because on Sunday we will pass affordable, available health care for America.

I'd like now to call upon my colleague from New York (Mr. TONKO).

Mr. TONKO. Thank you, Representative GARAMENDI.

It is important, I believe, for us to recognize, as you're suggesting, the benefits that we're bringing because of this reform for Americans across this great country. Now, the chants that we heard today were concerned about taking away freedoms. I would suggest that as we look at the dynamics of this legislation, we're going to see great improvements—great improvements to access, to affordability, and to the quality of care, all of which are, indeed, important to our families, our individuals, and certainly to our businesses, as they continue to struggle with the cost of health care insurance.

As we think of these dynamics, it's important to know—and I look at the benefits personalized to my congressional district in upstate New York, in the capital region, and amongst those benefits is an improvement where 1,100 to 1,200 families will be spared the pain of bankruptcy. When you think of the growing dynamic that health care

costs have as they relate to bankruptcy, it's staggering. It's staggering. Eleven hundred to 1,200 families will be saved from the ravages of bankruptcy driven by medical costs, health care costs.

I'm reminded with recent data that 62 percent of bankruptcies in this country are caused by exorbitant medical fees, health care that is not covered even though in some cases people are insured. In fact, I'm reminded that of that 62 percent, 78 percent had insurance when they were impacted by this illness, by the catastrophic situation. That tells us something.

So we want to talk about freedoms. Yes, I want to provide for the freedom from bankruptcy, the freedom from claims being denied by insurance companies when you are insured. And as you indicated, Representative, in your home State of California, the number is staggering. I want to promote freedom—freedom from the greed of insurance executives who say the sky is the limit for compensation and the profit column rules the day.

These are the freedoms that we believe are important to the American public: freedom from bankruptcy; freedom from denied claims; freedom from ever-rising costs, premiums that are escalating beyond belief; freedom from grief. That's what we're talking about here.

And tomorrow will be an historic day as we look to change that situation and to strengthen the fabric of our American families and our business community as we continue with this employer-based health care delivery system that will allow us to go forward with a sense of access, affordability, and quality of care.

Thank you for bringing us together this evening, Representative GARAMENDI.

Mr. GARAMENDI. Mr. TONKO, thank you very much. You raised the issue of the insurance companies and how they act in the marketplace. I was insurance commissioner in California 1991 to 1995 and again 2003 to 2007, and I can tell you horror stories about what the insurance companies do, and I will tell this to the insurance companies.

When the President signs the bills tomorrow, the era of the insurance companies discriminating against Americans because they have a preexisting condition, it's over, folks. It's over. No longer will the insurance companies be able to say to you, No, I will not give you insurance because you had acne when you were a child or because you may have taken some asthma medicine early in your life or you have any of the four pages of preexisting conditions. The insurance companies will end their discrimination because the law will make it illegal for them to do so.

And the issue of bankruptcy. The policies that will be available through

the networks will provide, by law, that there is no longer lifetime maximum payments so that the bankruptcies that you specifically spoke to will no longer be existing.

□ 2030

The maximum lifetime limitations that the insurance companies have used for years will be over, and shortly the annual limitations will also be over, and the benefit packages will be full because there will be national standards for benefits. The kind of cheap, useless policies that plague Americans when they can't afford a standard policy, they seek something that ultimately will not provide them with the care they need. So that is one of the major reforms in this. This is an insurance reform of extraordinary importance.

Let me now yield to our colleague, the gentlewoman from Texas.

Ms. JACKSON LEE of Texas. Let me thank both the distinguished gentleman from California for the background that he brings to the United States Congress as an insurance commissioner of a State and the distinguished gentleman from New York who made some very valid points.

As a member of the House Judiciary Committee, in fact, we have lived with this for now almost 10 years. I remember trying to reform the bankruptcy code to protect people from things like alimony payments or women being denied the ability to receive alimony payments because credit card companies wanted to stand in front of the alimony payments and take first in line. So we have seen people being destroyed in a number of ways, and we do know that by catastrophic illnesses they are destroyed.

I just want to focus on two or three points. One, the big sign, about 45,000 Americans dying every year. I don't know why that doesn't send out a clarification call. We should not be so insensitive to life that 45,000 people dying does not impact our colleagues on the other side of the aisle. We've been saying this over and over again, 45,000 people. That means somebody is dying as we speak because they did not have health insurance or that they were denied.

I want to remind our colleagues of some horrible stories. I remember one of a young girl who had leukemia, and it was on national television. I think the company was CIGNA where the family actually went to the insurance company and begged for this young girl to be able to have this very special blood procedure. They were turned away, and they were turned away, and they were turned away until finally public embarrassment—the news media. And the family went again. The tragedy is that when the company finally approved the right of this young girl, 11 years old, it was too late. The doctors could not perform the procedure.

And so we have seen any number of incidences where because of lack of insurance, we have not been able to save a life.

What about the recommendation of Goldman Sachs that said just a couple of weeks ago, If you want to make a buck, the best place to put your money is the Nation's health insurers, the Nation's insurers. You'll never have to worry about them going out of business. You will never have to worry about them trying to save you any dollars, and you'll always know and count on them raising the premiums over and over again. What did you say, 94 percent of the premiums are raised. A family of four will see their premiums go up \$2,000 to \$3,000 a year.

Mr. GARAMENDI. It's interesting to observe the effect of that. This is Blue Cross of California. Two years ago, their profit was almost \$300 million. The effect of those rate increases—the first rate increase, not the second one, but the first one which was around 50 percent—was to increase their profits to \$2.3 billion, and now they want to add another about 30 percent average on top of that. So what will their profits be after all of that? It's shameful.

What the legislation does is to reign in the excessive increases in the insurance companies' premiums. It does that by requiring that a higher percentage of their total premiums go to medical services. Now if you want, go check Wall Street, go on Charles Schwab, check the Wall Street thing. If you want to make an investment, they will say, Invest in the companies whose medical loss ratio is low and trending downward. That simply means that they're paying less for medical care and more for profit. We're going to turn that on its head. We're going to force the insurance companies to pay for medical services and less for profits.

Ms. JACKSON LEE of Texas. Let me just make one final point so I can close. The final point is, and what this bill will do as well, is provide competition. I mentioned that a good friend came on the floor and talked about a State where there is only one company. My State—a big State and is soon to gain in population through the Census, Texas—has three. So this bill, once it passes, will open up the doors of choice for those who have insurance or those with employer-based insurance, because we're not taking away employer-based insurance. I think that we're moving in the right direction, and I hope that this story will be told tomorrow in the right way.

Mr. GARAMENDI. And we should also remember in that competition model, we will be creating exchanges in which insurance companies will be there, they'll have to compete, and they'll compete on a standard policy.

Let me now call on our colleague from Ohio (Mr. RYAN).

Mr. RYAN of Ohio. I appreciate it, and I appreciate the gentleman from California and our other colleagues here.

I have got a nephew at home who is like 3 years old I think. You know how these kids have different little cute things that they say. His new thing is that if you ask him, you know, Why are you going in this room, and he'll say, Well, I'm going in here because of X, Y or Z, that's why. So he finishes all of his sentences with "That's why." You ask him why, he says, "That's why."

So I was thinking about this debate, and people say, Well, why are you supporting this legislation? Well, so kids can stay on their parents' insurance until they're 26 years old. That's why. You know, we have got kids that are getting denied because they have a pre-existing condition. The insurance company says, We won't cover you. I'm supporting this bill because that's going to change. The other provisions that you're highlighting here, tax credits for small businesses, up to 35 percent, and it's actually in some instances 50 percent of a tax credit for our small businesses for people who are providing tax relief to small business men and women who are providing health insurance. That's why I'm supporting this bill. If you get sick, and you try to get coverage, and all of a sudden the insurance industry, the insurance company says, Well, we can't cover you anymore, that's going to be done with.

Think about these significant investments, these significant protections that we are making as a country. I love the idea of all the tea baggers that were down here today talking about these concepts of liberty. I would ask them today, Tell me, what do you mean? What liberty are we taking from you? And let me compare it to the person in my district, the 1,700 families last year in my district that went bankrupt. Are they free? They are not free. They are trapped in an economic system that buries them because someone in their family got sick.

My goodness gracious, what did our Founding Fathers mean when they gave us these ideas of life and liberty and the pursuit of happiness? Who can pursue happiness when they're bankrupt? Because of nothing that they did—it wasn't bad financing; it was bad luck. And if we don't start to recognize in America that some people in our country just have bad luck, and if the government doesn't step in and push back the insurance industry to say, We're going to carve out—we're going to box out the insurance industry so this family will have some freedom, have some protections, that's what this is about.

I've got no interest in stymieing business growth. I come from Youngstown, Ohio, for God's sake. We've been

in a recession for 30 years. You think I have an interest in stymieing business development? I want to help it. You've tried yours. They've tried their side, I would say to my friends. I was here. I'm not that old, but I've been here 8 years now. I sat here, and I watched while Bush jammed through his tax policy, cut taxes for the rich. They said, This is going to trickle down and help the poor. It didn't help anybody but the rich.

I sat here and watched while he passed a prescription drug bill, didn't negotiate prices, didn't do anything, didn't pay for it, borrowed the money, started wars, didn't have money for the wars that he started. I sat here and watched while the Republican rubberstamp Congress rubberstamped all of those policies. The economy didn't improve. Wages didn't go up. They had control of every single thing. They had a chance to implement their health care strategy. It didn't work because they didn't do anything. They had a chance to implement their energy strategy. And when gas goes to \$4 a gallon again this summer, we're going to feel it again. This is significant stuff we're talking about, and Democrats are stepping up to bat for the American people. We are taking on the insurance industry.

Mr. GARAMENDI. Thank you. We've discussed here the issue of bankruptcy, and I got a call from my daughter this afternoon. She said, Dad, thank God I'm a nurse and I have insurance. Matteo's arm, which was badly broken and required surgery, will probably be a \$70,000 event. She said, If I didn't have insurance, we would have lost our house. That's the situation that's faced by every family. Thankfully this was not the situation that my daughter and grandson faced, but it is faced by tens of thousands, if not hundreds of thousands of Americans. And it's right here. The insurance companies dominate these markets. Lifetime benefits. She probably has already run through her lifetime benefit. That child is probably going to be uninsurable because he has a preexisting condition, a badly broken arm. Those days are over.

I would like now to yield to my colleague from California, a magnificent Representative with whom I have worked with for more than 34 years. She was a California State senator and took over my position when I left the chairmanship at the California State Senate Health and Welfare Committee, Representative WATSON.

Ms. WATSON. I just want to say to my colleague and those here on the floor this evening, I am so proud to share the space in this Chamber with the likes of you. And particularly you, Congressman GARAMENDI. And he was correct in saying that, yes, when I got into the Senate, he relinquished his committee, and I held it for 17 years. I think he probably is aware of my feelings at this moment.

I have viewed the ugliness of today, Congressman GARAMENDI, that is so reminiscent of what I went through when I was on the school board in the 1970s, and we had to integrate our schools. I was the only person there who was an African American, and I had to endure the slurs that were heard today. It was absolutely ugly. The use of the "N" word, spitting, the ranting, the distortions, the slurs, and the deceitful references to our health care reform. I felt it was despicable. I didn't think it could happen again here in America, but I'm reminded that hate continues.

Why should there be ranting and raving when we're trying to cover the 38 million Americans without health care insurance? And 8 million are in our State, California, and 6 million of them are children. I want to say that the legislation that we are addressing will make health care affordable for the middle class. I don't know how many people out there ranting were middle class, but this definitely will help them. It will provide security for our seniors and guarantee access to health insurance for the uninsured.

I just want to very quickly mention what it will do for the 33rd Congressional District. That is my district in Los Angeles, Culver City, California. It will improve health insurance coverage for 304,000 residents, it will give tax credits and other assistance to up to 173,000 families and 15,100 small businesses to help them afford coverage.

□ 2045

It will improve Medicare for 75,000 beneficiaries, including closing that doughnut hole. It will extend coverage to 132,000 uninsured residents. It will guarantee that 22,200 residents with preexisting conditions can obtain coverage, and certainly the children, starting when the bills are signed into law. It will protect 1,100 families from bankruptcy due to unaffordable health care costs. It will allow 66,000 young adults to obtain coverage on their parents' policies until they are 26 years old. Isn't that exciting. It will provide millions of dollars in new funding for five community health clinics in my district alone. And it will reduce the cost of uncompensated care for hospitals and other health care providers by \$16 million annually.

And I want to set the record straight: this will add and protect and supplement, not take anything away.

Mr. GARAMENDI. Representative WATSON, thank you so very much. I am appalled and personally offended and I think all owe an apology to those Representatives who were demeaned, who were spat upon, who were cursed, and who were called the ugliest of names. It is totally unacceptable.

I yield to Mr. TONKO.

Mr. TONKO. Representative GARAMENDI, I couldn't agree more. I think

Representative WATSON says it well. There is all the call for civil discussion, exchange of information to do things analytically and substantively when it comes to a huge industry that represents \$1 of \$6 in this country, and we need to do it in a way that brings together the facts, not to deal with fiction. Emotion, obviously, is a part of this discussion. We heard it from our friend, Representative RYAN. We are emotionalized by this, but let's have the sort of dialogue that builds soundness into the reforms that we desperately need as a Nation.

When we get back onto this message of freedom, the freedom to shop, many of us understand there is a capitalist model out there. People understand that it is good to have business be successful. And where we can control cost and contain cost, and allow for growth of that business so more jobs are part of that picture, all the better. So we have the opportunity with these exchanges, developed by this reform legislation, to allow for the freedom to shop, to find a better bargain for health care, and as previous speakers have said, add more people into the mix, more providers into the mix that want to fight for the right to serve you. That is a strengthener.

And then we establish these exchanges where we require those exchanges to have certain rules to be met, to have regulatory aspects. We saw what happened when no regulation was part of the financial world and the banking community; it brought us to our knees in a recession. We need that sort of regulatory aspect, and it is part of the picture.

The medical-loss ratio, the amount of money going back directly to consumers, to those insured, rather than into the profit column, will be a litmus test in order to offer your services in that exchange. And to live with the standards' minimum benefits package. These are the improvements that we bring.

So again to Mr. RYAN's emotion, and I attach myself to that sentiment, we are promoting freedom to shop and we are promoting freedom from bankruptcy. These are essentials of this bill; and the exchanges will allow for much more competition that sharpens the pencil and drives the bottom line benefits for consumers. And the freedom to escape restriction and bias if you have acne or are overweight, or for women who are of child-bearing years, or those who have been violated through domestic violence, to use that as a standard, to deny you insurance coverage, that is the freedom you need, to escape those biases and that prejudice and that tool that allows the industry to grow more prosperous because it won't insure you—these are the freedoms we are encouraging. These were the freedoms we are guaranteeing.

So I am proud to be here tonight to work with you, Representative

GARAMENDI, to make certain that we share with the American public what is really happening with this measure, and we are going to make history by approving this package.

Mr. GARAMENDI. Representative TONKO and Representative RYAN, both of you have spoken to the American economy in Youngstown and the effect that 30 years of recession has had on that town. One of the fundamental problems in the American economy is the extraordinary growth in the health care sector.

This little chart here really explains why many parts of the American economy are not competitive. This little red line here is the growth in the percentage of the wealth of this Nation, the GDP, that is now in health care. We heard earlier one-sixth. Well, it is 16, almost 17, percent of the total wealth of the Nation that is tied up in health care. We are growing faster in this sector than any other sector of the American economy.

Our competitors around the world are down in the 10-11 percent range. President Clinton, explaining this in a speech in California that I had the pleasure of attending, indicated that this gap here between the 16-17 percent of the American economy that goes into health care versus the 10-11 percent that our competitors are spending is like giving a \$80 billion a year gift to our competitors around the world.

And so when the industries in the manufacturing of America go out, the car industry, other heavy industries go out to compete, they are saddled with this extraordinary additional cost because of the growth in the health care sector.

The fact is the more inflation in the health care sector, the fewer people are insured. This is why we are seeing small businesses shedding health care, and why we see the extraordinary run up of the uninsured as the economy goes down. It is not just losing your job; it is the small businesses being unable to continue to purchase health care.

One of the most important things that is going to happen in this legislation for small businesses is a specific tax reduction, a credit, of up to 35 percent in year one and then rising to 50 percent for every employee that they provide health care for. So it is an enormous benefit and incentive to provide the insurance, to maintain the insurance, and that is what is going to go on in the years ahead. So all of the talk about this bill being bad for business, it is simply not true. This is what is bad for business. There is serious cost containment in this legislation through a variety of ways.

I yield to Mr. RYAN.

Mr. RYAN of Ohio. It is interesting, I was listening to my colleagues from New York and California, I can't get over what all of the fuss is about

against this bill. This is something that Bob Dole and Senator Chafee had worked out in the eighties. This is middle-of-the-road stuff. Many of us wanted other things in here. I am not afraid to admit that. There is no public option in here. This is not single-payer. This is right down the middle. This is bread and butter, all American, apple pie and Chevrolet. This is baseball.

Look at it, tax cuts for small businesses. Many people in our districts make \$50,000 a year. Under this proposal, a family of four making \$50,000 a year in Niles, Ohio, will get \$5,800 worth of a tax credit. That is a middle class tax cut. This is what is in the bill. We are regulating and putting in new rules for the insurance companies. We are not taking over, but this is pretty simple. And the gentleman from New York mentioned it: this is about prevention. There is no one who can argue with the fact, Mr. Speaker, that we have 30 million-plus people in the United States of America who have no preventive care at all, dumped into our emergency rooms, much sicker than they need to be. And it doesn't take a Philadelphia lawyer to figure out that that costs a lot of money, as opposed to giving each one of those, and they pay nothing, they go there and they pay nothing. They don't pay anything. So it is all free, shifted off to the next person who comes in with an insurance card.

What we are saying is, it is cheaper for us as a country, since we are all already paying for them anyway through higher insurance premiums, it is cheaper for everybody if we give them an insurance card and make them pay something. No more free riders. Everyone is going to have to pay something, and get them to a primary care physician who will give them a \$20 prescription drug instead of going to the emergency room a week or two later and costing us \$10,000 or \$15,000 or \$20,000. That is what this whole thing is about.

And when the industry is set up, as it is currently, to knock people off the rolls and deny coverage, especially the stories we have heard coming out about people with HIV and AIDS, you are not covered. That gets pushed off and dumped on everybody else. We are saying this is a pro-business bill.

I am glad, as the one gentleman said earlier, I am glad that the tea baggers are in Washington, D.C. to watch this pass because this is going to be the most significant tax cut for middle class people in the history of our country, especially geared towards health care.

When I can go home and tell my folks that a family of four making \$50,000 a year, they are going to get a \$5,800 tax credit for their health insurance, they probably don't know that right now, but I am going to spend the next 6 months making sure that every single family in my district knows that they

are going to get that tax cut, and they are going to like what we have done here.

Mr. GARAMENDI. Thank you, Mr. RYAN.

One of the things that we have heard all day is about Medicare cuts, somehow the Medicare system is going to be cut. I would like to get into that a little bit because this bill specifically helps Medicare. We have talked about the doughnut hole. This is the prescription drug benefit which, by the way, my Republican colleagues, which I guess are not here at the moment, when the prescription drug benefit part D was put in place, the Republicans controlled this House with the President and they never bothered to pay, never bothered to pay for that benefit. And so you want to know where the deficit came from? It came from there and it came from the two wars that the Bush administration started and didn't bother to pay for either, so we ran up the deficit.

But here is the thing for seniors, to go back on my point here, is that the program provides very specific benefits to seniors. It provides \$250 this year, a \$250 additional benefit for seniors to pay for drugs. Those that fall into the doughnut hole, that doughnut hole begins to close this year, and in 5 years it is totally gone.

In addition to that, it is explicit in this legislation that the Medicare benefits will not be reduced.

I yield to Mr. TONKO.

Mr. TONKO. I think what is important to note is the nomenclature on this one is rather offensive. We talk about the doughnut hole as being Medicare part D, but who is paying that? Is Medicare paying that? No, our senior community. Our senior citizens are asked to contribute. It is not Medicare paying for that portion.

So this one was cleverly devised. Cleverly devised. You can almost see the game of footsie going on because somewhere people sat down and thought, We can come up with this great, clever name, sounds attractive, sounds tempting, a doughnut hole. I can tell you many seniors come to me and tell me within a matter of months in any calendar year, I am at that threshold.

For those who are not familiar with it, think of the simple doughnut with the hole in the middle. You get covered for a while, then you don't, and then you do. It is that threshold. Actuarial measures could have told them right when you have to peak there to get people into their own pocket paying for this device that is hurting our senior community.

So when we talk again about freedom, this is freedom from the doughnut of the worst kind. This is freedom from digging into your pocket and paying for your pharmaceutical needs to stay well or to stay alive. So this

measure is great about freeing us from that doughnut hole; but this is not Medicare funded, this is out of the individual's pocket, and it is hurting our senior community. And by the year 2018, we will close that doughnut hole completely. It is an expensive proposition; but, again, as you pointed out, no one worried about paying for it when they came up with the plan.

□ 2100

Mr. GARAMENDI. I might add that between now and 2018, some of us are going to be around here, and we are going to give the Federal Government the power to negotiate drug prices. We are not there today. It is one of the things that is missing in this legislation that I wish was in it. But it will happen. No longer will they be free from competition.

I yield to the gentlewoman from California.

Ms. WATSON. I want to set the record straight, because there have been so many distortions. In church last Sunday, and I am Catholic, and it is Lent, and I was going down to take communion. I was four people before getting to the priest to get communion when someone I know leaned over and said, "Don't take my Medicare away." The distortions that are out there have to be set straight.

I really appreciate my colleagues and you, Representative GARAMENDI, for talking about closing the part D doughnut hole. I think it was about \$2,300 that you had to expend for your own prescriptions and then you went into a period of time when you got no help and no discounts. Now that is going to be eliminated. And I just want to say for my friend who stopped me in church last Sunday, the legislation will allow 6,100 Medicare beneficiaries in my district who entered the part D doughnut hole and are forced to pay the full cost of their prescriptions, that under this bill these beneficiaries will receive a \$250 rebate in this year, 2010; 50 percent discounts on brand name drugs beginning in 2011; and complete closure, complete closure of the doughnut hole within a decade. A typical beneficiary who enters the doughnut hole will see savings of over \$700 in 2011 and over \$3,000 by 2020. And you will be here to see that because you are from California too.

Mr. GARAMENDI. Thank you, Representative WATSON, for making it so personal to your district. The same savings are to be found in every one of our districts. We have different percentages of seniors in our districts, but the fact is that there are very, very significant savings in this.

I want to take up one other issue that has been raised over and over again by the Republicans in the most disingenuous and I think rather dishonest way. And that is the reduction of some \$500 billion over the 10 years in

Medicare expenses. Now, where do those reductions come from? They would let us believe that those savings are from the reduction of benefits. That is not true. There is explicit language here that benefits will not be reduced. I will tell you where the money is going to come from. It is going to come out of the pockets of the insurance companies that have ripped the Federal Government off to a fare-thee-well for the last 6 years, ever since the George W. Bush administration created the Medicare Advantage program, which they did, incidentally, in reconciliation.

It is abominable that this government has had to pay a bonus to the insurance companies to provide Medicare Advantage programs when in fact they said they could do it cheaper than the fee-for-service Medicare program. Sixteen percent bonus over and above the average cost of Medicare for seniors is given to the insurance company for no good reason. Those days, that bonus, that unintended and unnecessary profit is going to be over.

Secondly, there is fraud and abuse in the Medicare system not from the seniors who are striving to get their benefits, but rather from purveyors, doctors, medical device people, and out and out fraudsters. We are going to be hiring. Some of those people that were talked about earlier from the IRS and the CMS, the Medicare office, those folks are going to be out there chasing after criminals that are ripping the Medicare system off to a fare-thee-well. That is where the reductions are coming from, from those two places.

I yield to the gentleman from New York.

Mr. TONKO. Representative GARAMENDI, again thank you for bringing us together. I think in addition to that, and you are very right, to have oversubsidized the Medicare Advantage programs some 12 to 14 percent, people say where are the costs coming? Not from you, from the profit column. And actually, we want that to be transformed to something that is Medicare-related in terms of balancing the scales there and allowing our seniors to still have an advantage by having that program continue, but making certain that the oversubsidization is denied. And you are very right about the fraud and the abuse that may be part of that programming.

But it is also important to note, I believe, that situations like medical home models and accountable care organizations will provide for the collaboratives that we need to coordinate the resources, to improve access, and to bring together the confluence of services in a way that streamlines without really hurting—actually helping the outcome for our seniors.

Then of course free annual wellness visits. Making certain that those copayments, those deductibles are not

going to saddle individuals, again having to be forced to dig into your own pocket. We will now have those free annual opportunities, screenings of essential types, the annual checkups. These are items that will not require—actually, copayments and deductibles will be denied and they will be disallowed. So you go forward and you encourage the preventative and wellness approaches to health care delivery, which is an important aspect, I think, to the benefits of this program.

We have to remember that the \$1.2 trillion that is saved in the second 10 years out and the \$138 billion that is saved in the first 10 years are just those budget-related scorings that were done by the Congressional Budget Office. But there are those who are suggesting that well beyond any kind of budget impact are the ripple effects of a good kind that will come simply by instituting wellness and prevention and access and putting clinics into the system, relieving our health care delivery system of uncompensated care burdens. A number of these things can't be scored by the Congressional Budget Office. So it goes well beyond the \$1.34 trillion that has been projected by a very conservative, nonpolitical CBO group.

So I think there is reason for great hope here. And if we could instill hope, if we could insert hope into the lives of people, into the fabric of our health care opportunities we are achieving a great deal. And again, because this is so critical in the lives of people and in the profit columns of businesses that provide jobs, this is an important discussion.

Mr. GARAMENDI. I really want to home in on what you are saying, but let me wrap up the senior part here if I might. Let's be very, very clear about the Medicare program. First of all, the AARP, American Association of Retired Persons, say that this legislation is going to lower costs and improve care for seniors.

Secondly, it is in the bill, no benefit cuts. It is in the bill. Two hundred fifty dollars in the pocket of seniors who have got their medical prescriptions in the doughnut hole to help pay for that. And that is this year. Not 10 years from now, this year. Medicare part D doughnut hole is beginning to close. It is going to take time because it is expensive and it does take a lot of money, but it is going to close by 2018. And there will be significant drug discounts for seniors who use generic drugs this year, saving seniors, just as you said, millions of dollars out of their pocket. And that is not in the CBO score.

I yield to the gentleman from New York.

Mr. TONKO. I would have to add to your list of benefits in this measure is the stabilization of the Medicare trust fund, providing that trust fund as we go forward being a stronger element

out there, enabling us to again provide the Medicare benefits and services that are required. It is an important aspect. It is important to 113,000 beneficiaries in my district. So we want to make certain it's there.

Mr. GARAMENDI. It's not on my list. Do you want to add to my list another benefit?

Mr. TONKO. I will add to your list. And I am glad, Representative, that you made mention that no benefit cuts are included in the language of the bill. So these are another bit of freedoms that we are talking about in this measure.

Mr. GARAMENDI. So we add to the bill that the Medicare trust fund is made solvent for something either 7 to 9 years.

Mr. TONKO. Nine years.

Mr. GARAMENDI. Nine years. Okay. We added that one here, Medicare Advantage, we talked about that. The bonus to the insurance companies is gone. And that money is not sent off to some other program, that savings stays in the Medicare program. Reduce senior premiums, improve access, expanded benefits, extend Medicare's fiscal—I did have it here. I just didn't read it. Here is the Medicare fiscal health. And finally, the issues you were talking about, prevention, organizing the care so we have continuity of care.

I yield to the gentleman from Ohio.

Mr. RYAN of Ohio. Just listening, I want to speak directly to Members of the House because we've got a few minutes left tonight and some debate tomorrow. How does this play out over the course of the next few months? By listening to what you gentlemen have just got done saying about Medicare, the significant improvements of strengthening Medicare, we're going to have to run an election. And there is probably going to be an election on this bill. What has happened over the last few months is our friends on the other side have consistently tried to throw arguments against the wall, and they would just fall; they wouldn't stick because they weren't true.

We started with death panels, and illegal immigrants, and abortion, and we went right down the line. None of them ended up working out. "It's going to bankrupt the country." And then we get CBO—I mean you just go right down the line. They said it's going to support abortion, and then we have 60,000 Catholic nuns, 600 Catholic hospitals, 1,400 Catholic nursing homes, a bunch of Catholic theologians saying this is not a pro-abortion bill, this is a pro-life bill. Same thing with illegal immigrants.

Then they say it's going to spend a ton of money, and then the Congressional Budget Office, a neutral third party, says it's going to save \$1.2 trillion, reduce the deficit by \$1.2 trillion in the second 10 years, \$130 billion in the first decade. That is a reduction in

the budget deficits on the backs of what President Clinton did by reducing the budget deficit. So we have a history of doing that.

So quickly, the debate in the fall about health care is going to go something like this. We pushed an initiative that is going to close the doughnut hole and give our seniors 250 bucks just this year to help close that doughnut hole. Our friends on the other side running against us will be saying we want to repeal that. We don't want that closing of the doughnut hole.

We're going to be campaigning on little kids who have a sickness are now being denied insurance coverage because they have a preexisting condition, we're going to say, we stopped that from happening in the United States of America. Our friends on the other side are going to be running a campaign saying we want to repeal that.

We're going to have in there we want to have a ban on preexisting conditions for all citizens across the board. Our friends on the other side are going to be running a campaign saying we want to repeal that. And on and on and on.

People who are now getting kicked off the rolls, their insurance rolls, because they got sick, we're saying that could never happen again in the United States of America. And next fall our friends on the other side of the aisle are going to say, no, no, we want to repeal that ban. We want to continue that practice of the insurance industry being able to kick people off of their insurance because they got sick.

We're going to be saying, hey, your kid that just went on the insurance rolls because they were 24 years old and we allowed that to happen because of the health care reform bill. Our friends on the other side are going to be saying they want to repeal that provision that allows young people to stay on their parents' insurance until they're 26 years old.

Very clear. The family in my district, your district in New York, your district in California, your district in California, all across the country, those families of four making \$50,000 a year who are going to get a \$5,800 tax cut that we put in because of this reform, our friends on the other side are going to say we want to run this election about repealing that tax cut.

Same with the 35 percent and then up to 50 percent tax cut for small businesses. Our friends on the other side are going to say, we want to repeal that. This is a referendum on health care reform. I say I want to have that debate day and night for the next 6 or 7 months because that is a debate, Mr. Speaker, we can win and we shall win. The only issue now is a lot of people do not know all of these benefits that have been itemized here tonight. They will know in the next 6 months.

I yield back to my friend.

□ 2115

Mr. GARAMENDI. We've got about 6 minutes left, so let's each take about 2 minutes.

Mr. TONKO.

Mr. TONKO. Thank you very much for bringing us together.

There is so much to talk about with this bill, but you know, as what has been mentioned with Representative RYAN, a family living on an annual income of \$50,000 gets the \$5,800 tax credit. Well, you know, it doesn't end there. It goes all the way up to the threshold of \$88,000 for annual household incomes whereby families are going to receive some sort of benefit.

This is an extraordinary opportunity to provide for middle-income America, to provide income for them so that they can promote wellness within their individual families. Absolutely tremendously strong idea. It empowers the middle class, the working families of this country.

It empowers our small businesses. Representative WATSON talked about the benefits in her district to small businesses. In my district, between 14,000 and 15,000 businesses will be given the opportunity for tax credits to help purchase the employer-based plans for their given employees. And don't they prosper from a sound and well workforce? I think that is important. They also will have the benefits of shopping within an exchange if they so choose.

So there is all of this effort made to make certain that we advantage people in a way that will promote wellness, provide health care in an affordable and accessible fashion.

We also do know that the benefits to our senior community, with all of the strengthening of Medicare without reducing those benefits, promoting their pharmaceutical needs being addressed fully in the near future so that they are not avoiding those pharmaceuticals simply because they cannot afford them; that is bad policy.

So what we have here is freedom galore, freedom galore to be able to stay well, to stay strong, to grow and prosper, to be hopeful. This is a golden moment. This is a wonderful moment that we will share tomorrow as we come out to this floor and address this health care reform measure.

And thank you Representative GARAMENDI for bringing us to together. Thank you for the opportunity.

Mr. GARAMENDI. I appreciate your passion on this no less than Mr. RYAN's.

Ms. WATSON. And very quickly I, too, want to add my thanks to my colleagues for providing this time.

I want to remind our country that in this legislation, we have community health centers. And I remember in the beginning some people were very disturbed because their districts—and they feel that they have areas that are

so remote, how will this health insurance plan cover them.

They need to know that nationwide the legislation will provide \$11 billion in new funding for these health clinics. And they'll be in rural areas; they will be in suburban areas. Those people who are not in the urban core will be provided with health care. And if the community health centers in the district, your district, receive the average level of support, these centers will receive millions of dollars in new assistance so that we can cover as many of the uncovered as possible.

And I want to remind the viewers that if you have insurance and you like your insurance, you can keep your insurance. If you love your doctor or your health care provider, government does not come in between that relationship. And I want the viewing public to know that.

And then I want to end by saying there is no deficit spending. I sat in my office and heard the opposition say, It's going to rob my children, you know, and, it's going to wreck their children, and it will rob them because they'll have to pay off the deficit.

The cost of health care reform under the legislation proposed is fully paid for in large part by eliminating, and you mentioned it, waste, fraud, and abuse and excessive profits for private insurers.

The legislation will reduce the deficit by over a hundred billion dollars over the next 10 years and by about \$1 trillion over the second decade.

So thank you, Representative GARAMENDI for allowing us this time to set the record straight.

Onward to victory.

Mr. GARAMENDI. Thank you very much, Representative WATSON. It has been a joy to work with you these 35 years and work with you this evening.

This is a historic moment. This is something you and I and many others have worked to try to provide health insurance for all Americans. Some 32 million Americans will receive health insurance as a result of this. There will be the incredible tax cuts for working men and women. For small businesses, they, too, will receive significant tax credits so that they can provide insurance for their employees. And there will be programs to promote wellness. There will be programs to create better information technology so that we don't have to waste money every time you present yourself with a different doctor. And you have the freedom to choose your own health insurance company, and your health insurance company no longer has their freedom to deny you benefits and coverage. There are serious insurance reforms in this.

Finally, I just want to add, I have seen this sign so many times around the Capitol, so many times, and it says, "We the people." Those are the first three words of the preamble of the

United States Constitution. And it goes on to say, "We the people of the United States, in order to form a more perfect union." That is what we're doing here. A more perfect union within our families so that we don't have to fear bankruptcy and the loss of health because we have no health insurance; a more perfect union in our communities so that everyone in our communities has health care and access to health insurance.

It establishes justice.

Thank you so very much.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. MAFFEI). Members are reminded that it is not in order to address remarks to those outside the Chamber.

TEXAS SAYS "NO" TO HEALTH REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. BURGESS) is recognized for 5 minutes as the designee of the minority leader.

Mr. BURGESS. I came to the floor of the House tonight because I want to share with the House a letter I received from the Texas Medical Association.

The letter says, "On behalf of the nearly 45,000 physician and medical student members of the Texas Medical Association—and on behalf of our 25 million patients—we are writing to express our opposition to the health reform bill (H.R. 3590) that will be before the U.S. House of Representatives this weekend. Please vote 'NO.'"

"Unlike the American Medical Association, we do not believe that passage of H.R. 3590 and the accompanying reconciliation bill are steps in the right direction. Our position on health reform remains steadfast: Keep what's good in the health care system and fix only what's broken."

"To repeat what we said in December when the U.S. Senate passed this bill, the bill is bad medicine for our patients, and TMA cannot support it. The legislation:

"Does nothing to correct the flawed Medicare payment formula that Congress created in 1997."

The legislation "would increase the cost of health insurance for our patients and deliver even less in return."

It "would dramatically enhance Federal Government interference."

It "would create incentives for patients to pay a fine for not having insurance rather than to pay an unrealistic amount for insurance coverage."

It "would not protect Texas' liability reforms and does even less to expand those protections to patients and physicians in other States."

It "would impose untested and arbitrary treatment standards that do not improve the quality of patient care."

"In addition, this bill could be a budget buster for Texas. According to the Texas Health and Human Services Commission, the current proposal would cost the State of Texas up to an additional \$24 billion in increased Medicaid spending over the first 10 years of its implementation.

"Please note that our position is not based solely on the personal opinions of the TMA leadership. In a recent survey of nearly 3,300 TMA members, almost 70 percent said if a new health care bill becomes law, it will make the U.S. health care system worse than it is now in the long run. Six out of 10 said the quality of patient care will get worse, patients' cost for care will go up, and patients' health care coverage will go down if a new bill becomes law.

"Please work with your Texas colleagues on both sides of the aisle to develop and pass a rational Medicare physician payment system that automatically keeps up with the cost of running a practice and is backed by a fair, stable funding formula. No more Band-Aids. It's time for a permanent Medicare fix.

"Thank you for your consideration of our requests."

And I will insert the letter from the Texas Medical Association into the RECORD.

TEXAS MEDICAL ASSOCIATION,
March 19, 2010.

DEAR MEMBER OF TEXAS' CONGRESSIONAL DELEGATION: On behalf of the nearly 45,000 physician and medical student members of the Texas Medical Association—and on behalf of our 25 million patients—we are writing to express our opposition to the health reform bill (HR 3590) that will be before the U.S. House of Representatives this weekend. Please vote "NO."

Unlike the American Medical Association, we do not believe that passage of HR 3590 and the accompanying reconciliation bill are steps in the right direction. Our position on health reform remains steadfast: Keep what's good in the health care system and fix only what's broken.

To repeat what we said in December when the U.S. Senate passed HR 3590, this bill is bad medicine for our patients, and TMA cannot support it. The legislation:

Does nothing to correct the flawed Medicare payment formula that Congress created in 1997. That formula is directly responsible for the slow erosion of access to care for seniors and the poor.

Would increase the cost of health insurance for our patients and deliver even less in return.

Would dramatically enhance federal government interference, bureaucracy, and red tape for patients and physicians.

Would create incentives for patients to pay a fine for not having insurance rather than pay an unrealistic amount for insurance coverage.

Would not protect Texas' liability reforms and does even less to expand those protections to patients and physicians in other states.

Would impose untested and arbitrary treatment standards that do not improve the quality of patient care.

In addition, this bill could be a budget buster for Texas. According to the Texas

Health and Human Services Commission, the current proposal could cost the State of Texas up to an additional \$24 billion in increased Medicaid spending over the first 10 years of its implementation.

Please note that our position is not based solely on the personal opinions of the TMA leadership. In a recent survey of nearly 3,300 TMA members, almost 70 percent said if a new health care bill becomes law, it will make the U.S. health care system worse than it is now in the long run. Six out of 10 said quality of patient care will get worse, patients' cost for care will go up, and patients' health care coverage will go down if a new health care bill becomes law.

Finally, regardless of whether HR 3590 becomes law, we strongly urge you to take swift action to stop the implosion of our Medicare system. Since its inception, the Sustainable Growth Rate Formula (SGR) has not worked. Annually, it has forced physicians to limit access for our patients, pushing patients into higher-cost areas like emergency rooms. Every year for a decade, we have faced steep cuts that jeopardize our ability to care for patients. You and your colleagues have recognized this glaring problem—this gaping wound in our health care system—but have been willing to address it only with Band-Aids. We need more than Band-Aids. We need more than sutures. We need a complete transplant. Congress created this disease, and only you, as a current member of Congress, can cure it.

We note that HR 3590 creates a physician payment board—independent of and not answerable to Congress—with the authority to unilaterally determine physicians' Medicare payments. Even if Congress were to fix the flawed SGR formula, your action could be, and likely would be, ignored by this board.

Please work with your Texas colleagues on both sides of the aisle to develop and pass a rational Medicare physician payment system that automatically keeps up with the cost of running a practice and is backed by a fair, stable funding formula. No more Band-Aids. It's time for a permanent Medicare fix.

Thank you for your consideration of our requests. Please feel free to contact us at any time if we can be of any assistance in this process.

Sincerely,

WILLIAM H. FLEMING III,
MD,
President, Texas Medical Association.

SUSAN RUDD BAILEY, MD,
*President-Elect, Texas Medical Association,
Chair, Texas Delegation to the AMA.*

I also want to share a letter I received from the American College of Surgeons. Again, this is similar language.

"On behalf of the more than 75,000 members of the American College of Surgeons, I write to restate that the College shares your commitment to make quality health care more accessible to all Americans. Over the past year and a half, the College has consistently sought to serve as a constructive voice of reform, guided by the College's principles of providing quality and safety, improving patient access to surgical care, while enacting meaningful liability reform, and reducing health care costs."

"The College's principles underscore our commitment to health care reform

that will extend coverage and improve access to quality health care for more Americans. Without addressing these fundamental concerns, the College believes that H.R. 3590 will undermine quality and threaten patient access to surgical care. Therefore, the College opposes the Patient Protection and Affordable Care Act of 2009." But we do "remain steadfast in our role as champions for meaningful health care reform that is in the best interest of patients."

I also have a letter from the Texas Association of Home Care & Hospice. They conclude by saying, "The Texas Association for Home Care & Hospice again respectfully requests that Congress reject the notion that reductions in Medicare home health and hospice reimbursement rates equates to health care reform and long-term cost containment and ask that you vote no on the current health care proposal."

I also wanted to share some insights from the Texas Attorney General regarding the constitutionality of the individual mandate.

According to Greg Abbott, "The individual mandate is constitutionally suspect because it does not fall within any" of the normal categories. "The mandate provision of H.R. 3590 attempts to regulate a nonactivity. The legislation actually imposes a financial penalty upon Americans who choose not to engage in interstate commerce—because they choose not to enter into a contract for health insurance."

"In other words, the proposed mandate would compel nearly every American to engage in commerce by forcing them to purchase insurance, and then use that coerced transaction as the basis for claiming authority under the commerce clause."

Seems a little tortuous to get to that point.

Finally, a letter from the Governor of the State of Texas, Rick Perry, who also delineates concerns about the cost of the program. He ends up, "While Washington argues, Texans wait for real reform that results in everyone to have the opportunity to live a healthier life without adding trillions of dollars of debt that we and our children will" end up having to pay.

Thank you for the consideration.

□ 2130

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Georgia (Mr. GINGREY) is recognized for 60 minutes.

Mr. GINGREY of Georgia. Mr. Speaker, I'm very pleased to have been on the floor and heard from my colleague, my physician colleague from Texas, in fact, my OB-GYN colleague from Texas, who talked about the opinion

and read the letters from the Texas Medical Society and also the Governor of Texas in regard to their opposition to this bill that we are going to be voting on tomorrow, H.R. 3590. In fact, I don't have any letters tonight from the State of Georgia, Mr. Speaker, but indeed, it was the Georgia Medical Association and the Texas Medical Association that came together months and months ago, an organized effort in many, many other State medical societies and special societies across this country, I think, representing some 500,000 physicians who are in opposition to this legislation, in contrast, Mr. Speaker, to the support, I'm still quite astounded by that, the support of the American Medical Association.

But it is important to know, while I respect the American Medical Association and their leadership, they represent probably less than 20 percent of the physicians in this country. And so I think we need to always put that in perspective. And again, I'm glad to hear from Congressman Dr. MICHAEL BURGESS from the State of Texas regarding that.

Mr. Speaker, as you know, the Democratic majority had the previous hour. I had an opportunity both while at home a few minutes ago and here on the floor in the more recent moments to hear some of the discussion. And it's real interesting to hear some of the comments. And I jotted down quickly some of those, and I would like to go over it a little bit so my colleagues can understand and get maybe a different, more possibly, in my opinion, Mr. Speaker, more accurate perspective on some of that.

The gentlelady from California indicated in her remarks that in this bill, in this health care reform, that there is absolutely no deficit spending. In fact, she talks about something like \$100 billion savings in the first 10 years, I guess it's calculated by the CBO. Of course, Mr. Speaker, we all know the CBO can only work on the numbers given to them. And they do a great job. And we are not here to denigrate the hardworking men and women of the CBO. They've been working hard for over a year and a half now. Every time there's a change, they have to re-crunch numbers.

It's kind of interesting from the historical perspective of our colleagues on both sides of the aisle. Remember when Medicare, the program, was passed in 1965? The CBO and the number crunchers at that time said by the year 2010, based on all of the information that we have, demographics and how long people live and that sort of thing, by the year 2010, this program, although not nearly as costly in 1965, will cost about \$60 billion in 2010. Well, Mr. Speaker, you and, I think, everybody in this Chamber and everybody listening knows that we are in the process now on an annual basis in the Medicare

program of spending about \$480 billion, \$480 billion a year. We are spending more on Medicare than we are spending on our national defense, \$480 billion.

Well, the number crunchers didn't miss it too much, did they? They only missed it by \$420 billion, just a little small accounting error, I guess, you round it off maybe in government speak. So, for the gentlelady from California, and I respect my colleagues on both sides of the aisle, no deficit spending indeed, and to suggest that there will be \$1 trillion worth of savings in the second 10 years, don't hold your breath, colleagues. Don't hold your breath.

Well, it has been interesting today. It has been real interesting. I told the men and women on the west steps and the Mall earlier today, I don't know how many were there, Mr. Speaker, but thousands, maybe 25,000, people from all across the country, who came, I had an opportunity to ask some of them how they got here. Some drove, some came on buses, some flew, indeed, yes, there were even some from California. But God bless them, Mr. Speaker. The Member of the majority party in the previous hour referred to them as "tea baggers." He called them "tea baggers." I found that highly insulting, Mr. Speaker, to these men and women who made that effort to be here. "We, the People," another gentleman in the majority party talked about "We, the People," and referred to "We, the People" and talked about the Declaration of Independence in order to form a more perfect union and that this is a result, this bill, was going to give us a more perfect union.

And, Mr. Speaker, I know you have many on your side of the aisle who say we have been trying to pass comprehensive health care reform for 40 years, 50 years, 60 years. President Theodore Roosevelt tried to do it. President Woodrow Wilson tried to do it. President Franklin Roosevelt tried to do it. President Kennedy and President Johnson tried to do it. More recently, of course, President Clinton back in 1993 tried to do it. We almost did it, they said, Mr. Speaker. We almost got there, and now here we are right on the cusp of victory, as they describe, and tomorrow we are going to get over the finish line, we are going to do it for We, the People.

Well, Mr. Speaker, let me suggest to you and my colleagues why we have never done it over the past 40, 50 or 60 years, because We, the People don't want it. We, the People hate it. They did then, and they do now. We, the People have rejected this in every poll that has been taken for the last year and a half. And the Democratic majority and the Democratic leadership and the President of the United States, they know that. They know that. We, the People don't want it. We, the People don't want what Otto Von Bismarck

had to offer 150 years ago. We don't want Western European socialism for this country. We, the People like what is written in the Constitution, and that is what we want. And we want to make sure that We, the People know that there are some sensible men and women in this Congress, in both the House and the Senate, that will continue to stand up, right to the 11th hour, with our last breath, to stand up for We, the People and to fight off this socialism that this administration and this majority is insisting on.

With that, Mr. Speaker, I want to recognize some of my colleagues who are on the floor with me tonight that I think feel just as strongly as I do. And We, the People would like to hear from them as well. At this point, I would like to yield some time to my colleague from Georgia, my good friend from the Third Congressional District of west Georgia, the Honorable LYNN WESTMORELAND.

Mr. WESTMORELAND. I want to thank my fellow Georgian for taking this hour so we can come straighten out some of the things that have been said in the previous hour. And I listened to them with great interest. And I believe that they believe in Santa Claus, the Easter Bunny and the Tooth Fairy. I was going along with them pretty well until they got down to the "free" part, free wellness screening, free preventative and free test.

I want to ask the people, Mr. Speaker, of America, have you ever gotten anything free from the government? The American people pay for everything that this government does with their taxes or with penalties or interest. What every American pays is what pays for everything this government does. There are no free lunches here. And for our colleagues on the other side of the aisle to get up and say that these things were free, they've got to believe in the Tooth Fairy. They've got to believe in Santa Claus or the Easter Bunny to believe that.

The gentleman, our colleague from Ohio, is talking about the things that he will campaign for in November, and what we will be campaigning for and what he will be campaigning for. I welcome, I welcome those campaigns because even though they haven't heard the people on this third Saturday in March, they will hear from the people on the first Tuesday of November.

There are some facts that I would like to just get straight while we are talking about "free" things, free what the government is going to do. This bill is not free. And as the gentleman, my colleague from Georgia, explained, the costs that come with it.

Let me tell you some things that are going to be on the campaign and is going to be ahead of this Congress for the next 7 months. Let's talk about the \$1.2 trillion, the total cost of the bill between 2010 and 2020. Though the real

cost, as the gentleman stated, doesn't go until 2014. This includes \$940 billion in coverage subsidies. Those aren't going to be free. That's what your tax dollars are going to be paying for in coverage subsidies. Those are not free, \$144.2 billion in additional mandatory spending. That's going to come out of your tax dollars, \$70 billion in discretionary spending in the Senate bill and \$41.6 billion in unrelated education spending. Yeah, they included education in this health care reform because they could not, under any other way, get it passed through the Senate, \$208 billion, and both my colleagues here tonight are doctors.

This is the cost of a 10-year patch for the SGR, the sustainable growth rate, to prevent reduction in Medicare physicians payments, which is 21 percent right now. This cost is hidden because it was included in the earlier Democratic bill, but was dropped to better provide a cost estimate. This is your tax dollars. This is not free, \$569.2 billion tax increases in the legislation, including \$48.9 billion in new taxes in the reconciliation bill alone. That's not free. That's coming from your tax dollars, \$52 billion, the amount of new taxes on employers, \$52 billion of new taxes on employers who can't afford to give their employees health care. And that's going to be imposed when unemployment right now is at 9.7 percent.

Twelve is the number of new taxes in the bill that violate President Obama's pledge that under my plan no family making less than \$250,000 a year will see any form of tax increase; 46 percent is the percentage of families making less than \$66,150 who will be forced to pay the individual mandate tax, which, by the way, I believe is unconstitutional; 16,500 is the estimated number of IRS auditors, agents, and other employees that will be needed to collect the hundreds of billions of dollars in new taxes levied on the American people.

There is nothing free in this bill. There's nothing free. You've got to believe in the Tooth Fairy, and the Easter Bunny, and Santa Claus all rolled into one to think that you're going to get something free out of this.

Twenty billion dollars is the estimated amount of money that the IRS and the HHS will need for the cost of additional regulations, bureaucracy, and redtape over the next 10 years. This spending is not included in the CBO's cost estimate. Fifty-three billion dollars is the amount of revenue this bill raids from Social Security to make it appear as if it actually reduces the deficit; \$202.3 billion the amount of money cut from Medicare Advantage program for seniors to help offset the cost of a new entitlement.

Now we have heard over and over that if you have the insurance you like, you can keep it. Have we not heard that? You can keep the insurance that you have. These seniors on

Medicare Advantage are not going to be able to keep the insurance that they have. Where does that come from? \$436 billion dollars is the amount of Federal subsidies in the bill that will go directly to insurance companies to provide health care in the exchange, \$436 billion to pay to these evil insurance companies. No wonder they don't mind getting cut out of a little bit of money on Medicare Advantage by providing additional coverage these seniors pay for when they're going to get another \$436 billion. One out of 22, the number of times the Senate has not somehow amended a reconciliation bill passed by the House and thus required further action.

Like I said, these people have been convinced that there is a Santa Claus, a Tooth Fairy, and an Easter Bunny to believe that the Senate is going to take this reconciliation bill that they are sending over. Sixty-three percent is the percentage of physicians surveyed who feel that health reform is needed but are opposed to this sweeping overhaul legislation.

Nine billion dollars is the amount that the Ways and Means Committee estimated Medicare would spend annually after 25 years when it was passed in 1965. To my two colleagues here, in reality, Medicare spent \$67 billion, or seven times the initial cost estimate.

If you believe that this is a deficit reduction bill, then you certainly believe in these people I have mentioned prior. \$1.55 trillion the projected fiscal year 2010 deficit—11 times the 10-year savings that the Democrats claim that this bill will provide by spending more than \$1 trillion for this government health care takeover.

□ 2145

If you think the government is going to be giving things for free, you are kidding yourself. If you think this thing is going to cost what they say it is going to cost, you are kidding yourself. If you think this is going to reduce our deficit, you are kidding yourself.

The American people are smarter than this, and I think our colleagues on the other side of the aisle need to realize this. If they don't realize it now, they will realize it in a very short time to come. This is not going to be behind them. It is going to be in front of them. I welcome the opportunity to campaign on this issue, alone, which will provide that they have failed to promise and keep the promises that we have made to the American people in this last election.

So I want to thank my colleague from Georgia for doing this. I thank you for giving me the opportunity to come and share this. And, hopefully, tomorrow we will be able to make our case to the American people and to change some hearts and minds of some of our colleagues on the other side of the aisle.

With that, I yield back.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman, my colleague from Georgia, for being with us this hour and hopefully he will be with us for the entire hour, as long as he can stay.

We also have the gentleman from Texas, as I referred to previously, who did the special 5-minute talking about the Texas Medical Society and the way the Governor in Texas and the medical society have written letters to him to share with all of us, Mr. Speaker, in opposition, in strong opposition to the passage of this bill tomorrow. And I would like to refer to Dr. BURGESS at this time.

Mr. BURGESS. Well, I thank the gentleman for yielding and thank him for the recognition.

The gentleman and I spent some time this afternoon up in the Rules Committee, a little hideaway up on the third floor of the Capitol. I don't think the air condition was working today. It is always an interesting time when you get to spend a little time in the Rules Committee. And we heard several people sort of lead off their soliloquies as they were talking and extolling the virtues of this bill and that it is going to try to come through the House tomorrow and they say we are going to go down in history. And I think the gentleman from Georgia said, and it certainly ran through my mind, I don't know if you are going to go down in history, but you are very likely to go down in November.

With that, let me just refer—the gentleman talked about the people who have been here all day around the Capitol. And it has been impressive. And I think back to a year ago, my town halls, people were so frustrated with what they saw happening. They didn't know how bad it was going to get, but they were very frustrated with the direction they saw from this Congress and from this administration. And they kept saying, Well, we want to do something. What can we do? We want to stop this. We want you to stop this. And if you can't stop it, we want to stop it.

And a year ago it seemed like we were so far away from a fall election; but that unease, that energy kept building and building through the spring and through the summer and through the fall. And we saw it here on July 4, when the people came and camped out on the Washington Mall. We saw it again on September 12 when people flooded to the Capitol to make their voices heard. And we certainly heard it today.

And you might ask, does this do any good, this sort of outpouring of angst and emotion and energy to surround the Capitol with living, breathing Americans who want to press the point of, hey, look. It is supposed to be governed with the consent of the gov-

erned—government with the consent of the governed—and we didn't give you our consent for this. We don't want it. We want you to take it back.

So you do wonder if it does any good to have people around the Capitol all day, all of that energy, all of that enthusiasm, all of that pushback against what they see as a very bad health care bill, and I will tell you that it does. Because as we started the day today—we just refer to my little friend from School House Rock. I brought him out earlier in the week.

This is a bill who is on Capitol Hill and one day he wants to become a law. This bill looks mad, and I wonder why this bill is mad. Well, you look at what he is thinking and he says, I don't want to be deemed or Slaughtered. He is referring of course to the Slaughter rule. The chairwoman of the Rules Committee, Ms. LOUISE SLAUGHTER, had put forward the Slaughter rule that said we wouldn't even have to vote on this Senate bill that no one wants to vote on. We will just deem its passage and then send it on to the President for signature.

Well, that is kind of a big deal in this body. It kind of might not really be in accordance with all of the rules laid down by the Founders in the Constitution.

So the bill was mad. He didn't want to be “Deemed or Slaughtered.” Well, guess what happened. About the middle of the afternoon up in the Rules Committee—and I don't know if it was because of all the people who were here or not. I don't know if it was because their voices were heard and folks on that Rules Committee felt the heat that was being generated around the Capitol outside; but somewhere or another in the middle of the afternoon, they said, You know what? This guy is right. We will just have an up-or-down vote. So tomorrow, although the outcome may not be what I want, we are going to at least have an up-or-down vote on H.R. 3590, the Senate bill.

I do want to tell people what is at stake here. This bill, H.R. 3590, is a bill that actually originated in the House of Representatives. It was not a health care bill; it was a housing bill, through the Ways and Means Committee, voted on on the House of Representatives floor, went over to the Senate as a housing bill. It languished over there. When the Senate needed a vehicle for a health reform bill, they took up that bill that had already been passed by the House, stripped all the language out of it, just like coring out the inside of an apple or something, pushed their health care language into this bill, passed that bill in the Senate with 60 votes.

And now that they no longer have 60 votes in the Senate and do not want to go—they had the opportunity to go to a conference committee right after Christmas. They still had 60 votes. To

heck with the notion that Republicans were blocking a conference committee. That is a fairy tale. They had 60 votes on December 26. They could have named conferees. They could have gone to a conference committee and done it the right way and tried to put those two bills together and bring that product back to the House, but they didn't want to do that. They wanted to do something smoother or something easier.

SCOTT BROWN won an election in Massachusetts; they don't have 60 votes anymore. Now they really can't go to a conference committee. Their only way forward is to pass the Senate bill or take the Senate bill that has passed the Senate and bring it back to the House. And then the question will be for the House of Representatives: Will the House now concur with the Senate amendment to H.R. 3590?

If the answer to that is "yes," the bill is passed. It does not go to the Senate. There is no further finagling or adjustments on it. It is what the Senate bill is with no changes. That goes down to the White House or the President comes here, it is signed, and within a matter of 20 minutes that bill has become law.

Now, all the people in this House who say, yeah, but I want to tweak things a little bit, I want to change some language here, I want to adjust this some over here, maybe there is something we can do for the doctors over here, maybe there is something we can do for seniors over here—and we will do this in a reconciliation bill that only takes 51 votes.

Yeah, have fun with that. Because you are going to make all of those adjustments, we are going to pass that bill in the House, however it looks it will go over to the Senate. And there is no guarantee that the majority leader of the Senate will ever pick that bill up and even look at it because they don't have to. This Congress was charged with passing a health care bill, and, hey, that happened March 22 on the floor of this House when we passed H.R. 3490.

Mr. GINGREY of Georgia. If the gentleman will yield back to me for just a second.

I agree with him completely in regard to that so-called "fix it bill," the reconciliation bill. It very likely could ping-pong back and forth forever, and nothing in that so-called fix it bill that maybe many of the Members, Mr. Speaker, on the majority side of the aisle are counting on as they make that difficult decision possibly to vote "yes" tomorrow. That ping-ponging back and forth could result in no changes to this bill that they vote on tomorrow, H.R. 3590, the gentleman from Texas just described, and that is it. The President will sign that, that will be the law for better or for worse, and they indeed will be stuck with that

bill with having voted to support it, Mr. Speaker, and that is what they will have to go back into their districts in this fall campaign right up until November 2nd, and that is what is going to be hung around their neck. And I hope, Mr. Speaker, that every Member in this body understands what the gentleman from Texas is talking about in regard to that.

And I yield back to him at this time.

Mr. BURGESS. An important point is that is a Senate bill. It never went through any House committee. There was never any House input or imprint upon that bill. All of that language was derived over in the Senate. And the House of Representatives, although will go down in history as having passed sweeping health care reform if that bill passes tomorrow, the reality is that is all a product of the Senate. The House will have no fingerprints on that bill but will—but will—have that bill hung around their neck.

Nobody knows what is in that stupid bill, I beg your pardon. Nobody knows the degree and the depth of the intricacies of the legislative language contained therein within that bill. And we will be learning. The press will then suddenly become very interested in this bill, and we will learn in great detail over the next several months how many bad things were hidden within the dark recesses of that 2,700-page bill.

I am going to finish up in just a minute. If I could, I want to just reiterate the letter from Greg Abbott, the attorney general in the State of Texas, in dealing with the issue of constitutionality of this bill. Because if this bill passes tomorrow, then all eyes go to the States, and what are they going to do? Are they simply going to accept this new unfunded mandate from the Federal Government, or will there be some pushback from the States? Greg Abbott has indicated that they have serious concerns with the bill and told me today on a conference call that Texas will be ready to lead when the time comes if this bill is passed.

But just his thoughts on the individual mandate. And quoting from Greg Abbott here: "The individual mandate is constitutionally suspect because it does not fall within any of the normal categories. The mandate provision of H.R. 3590 attempts to regulate a nonactivity. The legislation actually imposes a financial penalty upon Americans who choose not to engage in interstate commerce because they choose not to enter into a contract for health insurance."

"In other words, the proposed mandate"—continuing to quote—"In other words, the proposed mandate would compel nearly every American to engage in commerce by forcing them to purchase insurance and then use that coerced transaction as the basis for claiming authority under the commerce clause."

"If there are ever to be any limitations on the Federal Government, then commerce cannot be construed to cover every possible human activity under the sun, including mere human existence. The act of doing absolutely nothing does not constitute an act of commerce that Congress is authorized to regulate."

And I thank the gentleman for his indulgence, and I will yield back to the gentleman.

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman from Texas. He is absolutely right. I have the pocket Constitution; I keep it with me all the time. I think my colleagues here on the floor do as well. And he was making reference, of course, to the Democratic majority and the chairwoman of the powerful Rules Committee, the gentlewoman from New York, LOUISE SLAUGHTER, saying that, okay, we have finally decided that we are not going to do the Slaughter solution, that we are not going to do the "scheme and deem," we are not going to try to sneak this by the American people by not having our fingerprints on it. We are going to actually vote on the real bill tomorrow. We will vote on the rule, and we will vote on the bill.

Well, I don't know what caused that change of heart, Mr. Speaker, but I think the gentleman from Texas is very likely right on that. We, the people, all of these folks from all across the country that the gentleman from Ohio on your side of the aisle, Mr. Speaker, referred to as "tea baggers," they are the ones that were up here today. And I am sure that every Member of this body and the other body, Republicans and Democrats alike, you couldn't miss them. No matter how hard some Members may have wanted to not walk that gauntlet, they couldn't get away from them. So I think we, the people, had a lot to do with it.

It may be because former Attorneys General Edwin Meese III and Bill Barr said very recently in an article that they fully believe—I believe that article was in the Wall Street Journal—that it is totally unconstitutional according to article 1, section 7. I have it right here in front of me, Mr. Speaker. But for whatever the reason, I think it probably is a combination of both. I thank "we, the people."

With that, I refer back to my colleague from Georgia, the Honorable LYNN WESTMORELAND.

Mr. WESTMORELAND. And I want to thank my fellow Georgian for yielding. And we, the people, are the ones that are going to be paying for these free preventive care wellness screenings. It is the "we, the people." It is those tea baggers, as they were called by the gentleman from Ohio, that are going to be paying for these free government things, much like some of the stuff that we pay for now,

some of the entitlements that are robbing our children and our grandchildren because of their escalation.

But the gentleman from Texas mentioned something about not knowing what was in the 2,700-page bill. And we had the gentleman today talk about that we had this bill for 72 hours now to look at, and that we should know what is in it. I believe it was the gentleman from New York.

Well, you know, we had a three-page motion to recommit today on the floor that the gentlelady from Wyoming offered on a forest or maintaining the forest lands and kind of allows the AmeriCorps, the volunteers to be able to do this, a three-page motion to recommit that the Reading Clerk read. And it talked about that if you were a sexual predator that you would not be able to do this volunteer work; that you would be screened and that you couldn't do it. And I believe the count on the board was 178 Members voted against that. And then, all of a sudden there was 175, and then 170. And then it went on for about 30 minutes, and it got down to where there were only 39 people who voted against that.

Now, that was a three-page bill that was read by the Reading Clerk, and many people had not heard it or not understood it but just knew to vote the party line.

If that is true with a three-page motion to recommit that was read by the Reading Clerk, think what the unintended consequences are in that 2,700-page bill, plus I believe it is a 700-page reconciliation bill, and we haven't even seen the manager's amendment yet.

□ 2200

So that's something that we don't even have. I'm telling you that there's a story about a gentleman—and my colleague from Georgia knows this, that we do a lot of hunting at night down there, and we use dogs. We hunt raccoons. It's a very good sport. A very big sport down there.

There was a gentleman that served in World War II that had lost the bottom part of his leg. He had a peg leg, a wooden peg leg put in. And so he was there with some of the guys and they were laying around the campfire. It was kind of cool. And his leg was a little too close, and it burned about 8 inches off of that wooden peg leg. But all of a sudden the dogs started howling, so everybody got up to run to go follow the dogs. The old Navy veteran got up first and he ran. And he ran about 20 yards and he turned around and said, Watch out, boys. There's a hole every other step.

Well, I'm telling my colleague from Georgia, there's some holes in this bill, and I believe they're about every other step. And so we need to be very cautious of that and understand that I'm telling you there are more unintended consequences than we can ever believe in this bill.

So I want to warn my colleagues on the other side of the aisle, Watch out, boys, because there's a hole about every other step.

With that, I yield back my time.

Mr. GINGREY of Georgia. Mr. Speaker, indeed, indeed, there's a hole every other step. I had not heard that story, but I'm very glad the gentleman from Georgia related it to us, because the analogy is perfect.

You know, Mr. Speaker, I referred to the Democratic majority party who did their hour Special Order I guess 30 minutes or so ago and some of the comments that were made. One of the gentlemen made the comment that when they pass—the Democratic majority passes this bill tomorrow, H.R. 3590, if indeed they do, but he felt confident that they would, that he welcomed, Mr. Speaker, the debate as we go into the fall and as we all stand, as we do in every even year, every 2 years, for reelection to the House of Representatives, this great body, that he welcomed that opportunity to have that debate. In fact, he suggested that the Republican Party, our side of the aisle, none of whom will be voting for this bill tomorrow, would be campaigning on how we can win back the majority and do away with everything in the bill, all 2,700 pages of H.R. 3590, and the changes and the manager's amendment and whatever else we don't get to see but get to vote on.

Mr. Speaker, the minority party has had lots of ideas on how to reform the health care system so that we bring down the costs and give I don't know how many million—maybe it's 15 to 20 million people that don't get health insurance because they cannot afford it and they're not eligible. Their income is not low enough that they qualify for a safety net program like Medicaid or the CHIP program, Children's Health Insurance Program, for their families.

And when the President, Mr. Speaker, as you know, and my colleagues know, when he invited both Republicans and Democrats 2 weeks ago to come over to the Blair House and meet with him, I don't know that they realized that it would be 6½ hours, much of it filibustering. A lot of hot air in that room. A lot of oxygen sucked out of the room. But the President controlled it, and he recognized speakers when he wanted to and he made them yield back when he wanted to. But we had so many good ideas presented. And as we go forward and when we do regain the majority, we're not going to strike down every single provision of H.R. 3590. There are things in that bill that I, as a physician member, and many of my colleagues on this side of the aisle agree with and we think that they are good.

The gentlelady from California mentioned the expansion of community health centers. That's a good thing. That's a good thing. Someone else in

the majority party mentioned allowing our children to stay on a family policy until they're 26 years old. Many of them, of course, are still in college or graduate school, and, heretofore, insurance companies have required at age 21, maybe in some instances even at age 18, unless they were in school, that these children no longer could be covered under the family policy, and that was wrong. And we're changing that. I'm glad that we're changing that.

So the gentleman from Ohio and others on your side of the aisle, Mr. Speaker, I think they misspoke in regard to that. We can, should have worked together and come up with a solution that doesn't cost a trillion dollars, doesn't allow the Federal Government to take over our health care system—one-sixth of our economy, \$2.5 trillion. Goodness knows, the Federal Government already controls about 60 percent of that when you think about Medicare and Medicaid and TRICARE, veterans' health care. For some reason, the Democratic majority and this President are not going to be satisfied until the Federal Government controls it all, lock, stock, and barrel, just like they said they have been trying to do for the last 40, 50, or 60 years. And I said in my earlier remarks, it's no surprise to me that it's had difficulty passing. I don't care how close it came, we the people didn't want it.

And as the gentleman from Ohio talks about, let's tee it up. We're ready. We're ready for those fall elections and we're ready to run on H.R. 3590, and we're going to beat these mean old stingy Republicans.

I want to, Mr. Speaker, give him a little history lesson. Thirty-four Democrat incumbents were defeated in 1994. Thirty-four incumbents were defeated. When was 1994? Well, it was one year after the latest and last great attempt for the Federal Government to take over our health care system. And that was known, my colleagues, as HillaryCare.

Let me just mention to my colleagues a few names, and I think it will be quite instructive because, I think, men and women, you will recognize some of these names who were among the 34 that went into that election cycle, I'm sure, very confident, having voted for HillaryCare and the takeover by the government of our health care system.

Speaker Tom Foley. Speaker of the House Tom Foley from the State of Washington, first elected in 1964. Tom Foley represented the Spokane area for 30 years. Thirty years. This was the first time since 1862 that a sitting Speaker was defeated in a reelection bid. Speaker Foley in 1992, Mr. Speaker, won by 11 points. In 1994, Speaker Tom Foley was defeated by 2 points, a 13-point shift.

Colleagues, Mr. Speaker, does the name Dan Rostenkowski sound familiar? The gentleman from Illinois, Fifth

District of Illinois, first elected in 1958. He lost his seat in 1994, despite being a 36-year veteran of this House and chairman of the Ways and Means Committee. In 1992, I say to my colleague, Mr. Speaker, from Ohio, in 1992, Dan Rostenkowski won by 18 points. In 1994, he lost by 13 points. Just a little 31-point shift. What happened? What happened? We the people decided to put him in the ranks of the unemployed.

I'm not going to read all of the names. Let me just mention one from my own State. Again, 1992. Donald Johnson from the 10th District of Georgia. He was first elected to his first term in 1992. He won by 8 points. He represented my hometown, Mr. Speaker, Augusta, Georgia, home of the Masters. Great area. It's always home to me.

Well, Donald Johnson was one of the last votes for the massive, massive takeover of our health care system, and also, Mr. Speaker, voted for the Clinton increase in taxes. People back home said, Don't vote for that. Don't vote for it and come back and expect us to reelect you, Don Johnson. Don't vote for that bill. But yet I think our former colleague Don Johnson may have been the 117th vote. In 1992, he won by 8 points. In 1994, the gentleman from Georgia lost by 30, Mr. Speaker, lost by a 38-point shift. He was replaced by our great and late, I sadly say, colleague, Dr. Charlie Norwood, who served so honorably in this body until his death about a year and a half ago. He died in office, God rest his soul. Don Johnson wasn't a bad man, Mr. Speaker. I didn't know him personally, but he made a bad vote and he didn't listen to we the people.

Let me mention one other, because I saw her on television earlier today and she was recommending to her Democratic colleagues that they vote for this health care reform, this massive takeover of one-sixth of our economy. She was recommending, indeed, that her Democratic colleagues tomorrow vote "yes" because it was the right thing to do. Well, Ms. Marjorie Margolies-Mezvinsky at the time. Today, I think her name is Marjorie Margolies. She represented the 13th District of Pennsylvania. She was elected in 1992. And it was her decisive vote on Bill Clinton's controversial 1993 budget; it was often argued to be the cause of her downfall. In 1992, she won by about a point. In 1994, she lost by 13 points, and she indeed was the deciding vote. And the people in Pennsylvania said, Marjorie, honey, it's time for you to come on home because you're not listening to we the people.

She said this afternoon on television that she has no regrets. That was 1994. So we're talking 16 years ago. I'm glad she has no regrets, but I don't think she ever intended, Mr. Speaker, to just serve one 2-year term. I don't think a lot of my Democratic colleagues in the

majority party, particularly the freshmen and sophomores, had any intention or have any intention of going through the rigors and the expense and the agony and the stress of running to be elected to this House of Representatives to only serve one term.

□ 2215

I don't think so, Mr. Speaker, but that is exactly the fate that is going to befall them as they listen to some of their colleagues and listen to their leadership and listen to the President of the United States, and they make a decision that maybe the pressure from the leadership or maybe the offers from the leadership are so attractive, the promises, the arm twisting, that they come down here tomorrow, and they forget what we, the people, want them to do, and they make a career-ending vote.

I think it's important that if you don't know your history, you're going to repeat it. And that's why I spend the time talking about—there are many more here that I could mention. But tomorrow is going to be a crucial, critical vote for many Members, and I hope and pray that those who know we, the people, from their district want them to vote "no," Mr. Speaker, I hope they have the courage to do that. And then as long as you're responding to we, the people, you can't go wrong.

You know, when the bill started in the Committee on Energy and Commerce in the House—and I am proud to serve on that committee. I've got a few posters that I would like to share with my colleagues to express to you why it is on this side of the aisle and why we, the people—60 percent, 70 percent across this country—are so opposed to this takeover of our health care system by the Federal Government.

On this first slide, would you just look at the additional bureaucracy that is created as the Federal Government begins to take over. I don't know that in any of the congressional budget scoring that any expense item was assigned to the creation of some 32 additional bureaucratic czars. The health choices administrator, as an example, is every bit as powerful as the Social Security administrator. We talked about today the fact that there are going to be 17,000 new IRS agents so they can peruse everybody's tax return to make sure that they have purchased a health insurance policy. Now not any health insurance policy but one prescribed by the Federal Government. Not maybe a health savings account with a policy that has a low premium and high deductible. But yes, catastrophic coverage that's so popular with our young people because that's what they can best afford. No, that's not going to be permitted. We the people want it, but the health choices administrator is probably not going to allow that to occur.

There will be 32 new bureaucratic agencies and growing all the time. And add to that, as I said, 17,000 additional IRS agents. How did this bill get to the point that we find this at this time? It wasn't easy, I can tell you that. It couldn't get through the Senate until, as I show you on this second slide, many, many political payoffs that are still in this bill.

Remember the Cornhusker kickback? Well, that wasn't taken out. The original bill on the Senate side, this was a special favor granted to one particular Senator from one particular State, the Cornhusker State. And instead of taking it out, when we, the people, complained, what did the Democratic majority do? They extended the Cornhusker kickback to every State in the Union, so all 50 States will now get this expansion of Medicaid and an unfunded mandate that the States cannot possibly survive with.

The Louisiana purchase. Mr. Speaker, I heard the Senator from Louisiana yesterday on television explaining why she asked for and received the Louisiana purchase payoff—of course, Mr. Speaker, she said it wasn't a payoff. I believe it was in an interview with Greta Van Susteren that the Senator said that, Well, Louisiana has to pay 70 percent of the price of the cost of Medicaid in her State, and the Federal Government pays 30 percent. And that wasn't fair. Well, I was astounded, first of all, Mr. Speaker, to hear that, because it's just the opposite. The State of Louisiana pays 30 percent, and the Federal Government pays 70 percent. And in fact, they've been doing that for many, many years and probably the State of Louisiana pays less into the Medicaid program than almost any other State in the country. Mississippi may be a little bit less. And the reason for that, this FMAP-matching is done based on the average income in the State. So a state that is suffering in poverty, they pay less in the Medicaid program, and we, the people, help them with the Federal match.

Louisiana for many years deserved to only pay 30 percent. But after Hurricane Katrina, Mr. Speaker, I don't know how many hundreds of billions of dollars have been given to the State of Louisiana to help them recover, and in particular in the New Orleans area. They needed it. They deserved it. A natural disaster, mostly through no fault of their own.

But the economy in Louisiana has improved drastically in the last 4, 5 years since Hurricane Katrina and income has gone up. People are making a better wage because of all the construction and all the money that has been poured into Louisiana. And the State of Louisiana and its representatives continue to ask for more. It's like my dad said to me one time, Mr. Speaker, How much more money does a rich person need to be happy? Well, the

answer, Mr. Speaker, is just a little bit more, just a little bit more. So I suspect that the ask-fors will never end. But I'm glad—I am very thankful that the State of Louisiana is doing well now, and the average income has gone up. And they are supposed to, by the formula, by fairness, they're supposed to pay a little bit more into the Medicaid program than 30 percent. And yet the Senator insists that, no, that's unfair to Louisiana, and that's what is known now as the Louisiana purchase. It's still in there. Gator aid is still in there. Federal funding of abortion is still in there. And \$500 billion worth of Medicare cuts are still in there.

Mr. Speaker, how in the world can we look seniors in the eye and say to them, We're going to cut this program \$500 billion? What could possibly be the justification for doing that? This program, started in 1965, has an unfunded liability of \$35 trillion over the next 50 years, and my colleagues on the other side of the aisle, Mr. Speaker, in the previous hour talked about how cutting \$500 billion out of the Medicare program was going to save the program, even suggesting that that \$500 billion was waste, fraud, and abuse. Yet \$120 billion of it is in the Medicare Advantage Program. Cutting Medicare Advantage 18 percent per year for the next 10 years—and really by 2014, there will be no Medicare Advantage Program.

Why is it that one-fourth of our seniors on Medicare sign up for Medicare Advantage? Because it's cheaper for them, and they get a better benefit. It covers wellness. It covers many preventive screening tests that fee-for-service Medicare does not cover. It gives them an opportunity to have a professional or a nurse practitioner call and make sure that they're taking their medications and they're seen on a regular basis, and yet we're going to eliminate that program. How does that make sense? Mr. Speaker, it doesn't. It doesn't make sense.

So as my colleague from Ohio was talking about, some of the things in this bill that they may pass tomorrow, they may pass with some of the tactics that have been used, like the Cornhusker kickback and the Louisiana purchase and ambassadorship here and ambassadorship there, and you name it and whatever promise, they may pass it. But Mr. Speaker, it's going to be a catastrophe, I think, for our seniors.

Let me just tell you why I think so. And I spoke to the—I call them Tea Party patriots, Mr. Speaker. I don't call them tea baggers. And they're not a bunch of angry white men, as I have heard a lot of folks say. Indeed, the two or three couples who asked me to sign their posters and to pose for a picture with them were African American families. And I was so proud to be asked to do that. I mean, again, all ages, men,

and women, white, black, Asian. We, the people, were there today, and I think, Mr. Speaker, they'll be there tomorrow.

But here's what's happening to our seniors, and I had a few minutes to speak to the assemblage of maybe 20,000 people, and I reminded them of the stimulus package of over a year and a half ago. I guess it was maybe February of last year when that massive American Recovery and Reinvestment Act, whatever it was called. But we call it the stimulus bill. I think everybody understands. It was about \$820 billion worth, and a significant portion of that package, Mr. Speaker, was—remember, it was for shovel-ready projects. If the project was not shovel-ready in reference to some of these construction projects in the various States, then the States couldn't draw down that money from the economic stimulus package; it had to be shovel-ready.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. GINGREY of Georgia. Well, Mr. Speaker, when you're having fun, time really flies. And even when you're not having fun, it flies.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes.

Mr. GOHMERT. Mr. Speaker, it is an honor any time to come speak, to have the privilege of speaking on the House floor. It's been a long day. It's been a long week. I fear there will be longer days, weeks, and years in the future if tomorrow this bill passes, because some of us have seen socialized medicine firsthand. As an exchange student in the Soviet Union, I have seen it back in 1973. I know where this all goes. I've seen where this plays out. And I know that my friends on the other side of the aisle believe their motivation is the highest and the best. I understand that. I understand our friends that are pushing for government control of health care honestly believe the country will be better off if they can only get all health care, health insurance under the control of the Federal Government, and everyone is better off.

□ 2230

I know they believe that, and I know they believe that they are acting in everyone's best interest in pushing for this, but that is not the basis for the founding of this country. And for anyone that has read "The 5,000 Year Leap," I was a history major, I pride myself on being a bit of a historian, and that book gave me an interesting perspective because for nearly 5,000 years when settlers came to a new area and settled down there, they came with

basically the same tools. They tried to grow crops and live off the land; and for 5,000 years, there wasn't a whole lot of change.

And then came this incredible experiment brought by people who, like the Pilgrims, came from Holland to England and then to America, people who came to get away from persecution as Christians. And they came here, and after that first horrible winter when the Pilgrims decided to try a new idea and give everybody private property and I live off what you grow, and you can sell or trade what you have left, and this private property concept began to grow and flourish, and free enterprise took over; and in just a few short years, relatively speaking in history, this country advanced more than the whole human race did in 5,000, just in a couple of hundred years. And it was the entrepreneurial spirit was given a chance to just grow and flourish.

You see what happens when the government takes over health care. In those countries, they meant well. They thought this will be so much better, we will give government-type control choice, and it will be better for everybody. And then you come back to the statistics and we have been told so often that gee, Canada, Europe and England, their health care is so much better than ours. But you compare cancer rates, if you have cancer, you want to be in the United States because your odds of survival are so much better. Why? Because there is liberty and entrepreneurial spirit. There is more ability to take off and develop new things, more research and development right here in this country because of the basis on which we were founded.

My dad was found to have prostate cancer back in the 1990s, and thank God he is still here. I lost my mother in 1991. But if you are found to have prostate cancer in America, you have a 92 percent chance of survival. If my dad had prostate cancer in England, he has a 50/50 chance of living. I know where I would want my father to live.

Now there have been some horror stories that make all of us mad. The example of the lady who was denied coverage when the insurance company knew they should have had coverage, knew they should have provided it and they even had their own internal doctor say, yes, she is covered and you should provide the coverage or she will lose her baby, and they refused to provide coverage and she lost her baby and it went to the Supreme Court. And they said no because the Federal Government passed something called ERISA, and under that law, which is where her policy is, you can't sue for denial of coverage.

There is a provision in here, and I am wondering if that is part of the deal that talked insurance companies, some

of them, into buying into this monstrosity. I wonder. But there are coverages that will be covered under ERISA that may not have been covered under ERISA otherwise. As a former judge, those are cases that they filed in State district court. Immediately, the insurance lawyer comes and files for removal, they go to Federal court, and then they get dismissed. You can't sue them under ERISA for denial of coverage. So maybe that was one of the bargaining points for the insurance companies to sign on.

I have seen some of the things that got the pharmaceutical companies to sign on because they were going to force people to buy prescription drugs that they could otherwise buy over-the-counter generic. I have seen those deals.

It has been an extraordinary day. My friend referred to perhaps 20,000. If you look at the area that was filled with people today, and I have heard the park estimates that area, when it is full, is at least 80,000, and that is what it appeared to me to be. It was an amazing day. People want their liberty. They don't want the government to control their health care records. They don't want the IRS to be the extension of the government of the health care that is going to tell them what they can and can't do.

And of course the big news of the week was when we learned that CBO said it was going to cost around \$10 billion to hire around 17,000 new IRS agents because those are the agents that are going to monitor everyone to make sure you are doing exactly what the government in this monstrous bill is telling them to do.

I don't want this. When you look at the survival rates, whether it is cancer or heart disease, it is better here. You have a heart problem, you go have heart surgery, and they can't turn you down because you don't have insurance.

I had a gentleman in east Texas from Canada tell me his father died because he lived in Canada and under the Canadian system, when he was found to need a bypass, they put him on a list where he stayed for 2 years because the Canadian system they had bureaucrats, under their bill, about like this, that moved people in front of him on the list and he died waiting to get his bypass. You don't wait 2 years to get a bypass in the United States.

But there have been abuses. We need to deal with those. We can fix those. I have a health care bill that I filed, and I have got this amended version. I have been trying to get my health care bill scored since last summer. I think so much of Newt Gingrich. He said, Man, you have got to get that scored. That ought to score well, and it could change the whole debate on health care reform because there are a lot of free market ideas that put insurance com-

panies out from between us and our doctors. It tells seniors, you can have your Medicare and your Medicaid if you want them; or, and it is going to be cheaper for the government, we will give you \$3,500 cash in your own debit card account, HSA account, health savings account, you control it with a debit card, and we will buy you private insurance to cover everything above that. There are all kinds of good ideas.

I see friends on the floor here that have brought some fantastic ideas. No one has done more in working to reform health care than Dr. MICHAEL BURGESS over here, but those ideas have been shut out.

I would like to recognize my friend from Georgia who was a member of the legislature in Georgia. He has dealt with these issues. He has been in the debate on these issues and heard hearings on these issues.

I would like to yield to him.

Mr. WESTMORELAND. I would like to thank my friend for taking this hour and for calling and asking me to come help with this hour because I, like the gentleman, have been out today talking to some of the people who have come up.

One thing, Mr. Speaker, that the majority have said to me, Please help us. We don't want this.

I had one lady who came to my office today that has a son that has a condition, and they don't have health insurance. It is her and her husband and her son. They get one unemployment check a month. Their son has \$800,000 worth of insurance bills today, and she said, I do not want this bill. My son has never been denied health care, good care.

Now there was some people, and the night is late, I had some people who drove for 12, 14, 16 hours. And I had one lady who said that they didn't decide to come up until about 2 o'clock yesterday from Georgia. They left their home at 4 and got here at 4:30 in the morning. It is for them that I think myself and my other colleagues are here tonight, to argue for them, because we are not going to change anybody's mind on the other side of the aisle because we don't have the power to change their mind.

□ 2240

I think what has been demonstrated is that if you have the control, if you have the gavel you can offer the deals, as my colleague from Georgia pointed out about the Cornhusker kickback, the Gator aid, the Louisiana purchase. But we have some Members here in the House that haven't been that expensive of a buy. I mean, we've had people fly on Air Force One that all of a sudden got this idea that they needed to switch their vote. I think they would have made a better decision driving around in SCOTT BROWN's pickup truck, personally, than riding on Air Force One.

We've got people that are changing from a "no" to a "yes" that may have a job at NASA. I mean, we don't know of all the deals and all the other things. But we do know that evidently that our Members are cheaper than what the Senators were. We do know that. But we don't understand.

And you were talking, my friend from Texas was mentioning why are the insurance companies for this? He mentioned several reasons. Let me give my friend another one. Four hundred thirty-six billion dollars that the Federal Government is going to be paying these insurance companies in subsidies. That's the reason they're for this bill.

I don't know if the gentleman heard our colleagues from the other side of the aisle that had an hour or so tonight talking about all the free things that this bill is going to give, and not realizing I guess that nothing the government ever does is free. And we need to get that straight. I mean, there's not anything free.

I was noticing downstairs they were talking about the tax credit for homes. They said, come in and apply with us and you get a free calculator. I promise you that calculator was costing somebody something. In the free screenings, in the free preventive screenings, in the free medical supplies, those things aren't free.

Those people that we were talking to today out on this lawn and out on the Mall and out on the steps are the ones that's going to be paying for this. The average American and his tax dollars is going to be paying for it. I've got a list here that I've already read once, and am willing to read it again, about all of the costs that's coming with this bill.

Now, if you had listened to our colleagues on the other side of the aisle, you would think that they believe in Santa Claus and the Easter Bunny and the Tooth Fairy. And that if they pass this bill all the world's problems are going to be solved, that every problem in the world is going to be solved, and our whole problem is going to be solved.

But if you talk to the medical professionals in this country, they'll tell you it's not going to be solved. They'll tell you that our problems are just beginning. They're going to tell you that they're going to leave their practice. I've got doctors that have told me if this thing passes and goes into effect, I will quit my practice.

I want to thank my friend from Texas for taking this opportunity. This is the last special order there will be before we have the vote, the historic vote, on the government takeover of health care. So I think it is important that we understand that we're talking on behalf of the American people, we're talking on behalf of those individuals that took their time and their energy and spent their hard-earned money for transportation up here. We're up here

fighting for them. Hopefully, hopefully, they will continue to fight with us.

Because there's only 178 Republicans. And the only thing bipartisan about this 2,700-page bill that's going to pass is the opposition to it. That's going to be Republican and Democratic opposition. That's going to be the only thing bipartisan about this bill. Everything else is a ram-through by the majority that is going to be paid for by the American taxpayers not just in additional taxes, but by all the sweeteners that we don't even know what has gone on to buy these votes that is going to come about tomorrow night.

I hope that people will continue not to give up on us, not to give up on their self, because we don't need to quit. The vote hasn't been taken yet. And to my friend from Texas, and I know you believe in this, but we need to make sure that everybody is in prayer tonight about the decisions that this body is going to make tomorrow.

With that, I will yield back.

Mr. GOHMERT. I thank my friend from Georgia so much. We have also been joined by another Member of Congress, he just has been doing an amazing job, really so powerful. He knows the President firsthand, having debated him back in Illinois in the legislature there. Has great insight himself.

I would like to yield such time as the gentleman from Illinois may use.

Mr. ROSKAM. I thank the gentleman for yielding.

I just want to reflect back for a minute and think about a couple of football seasons ago. Remember when the New England Patriots were having just an unbelievable season, just unbelievable, winning game after game after game after game. And it looked like there was just no end in sight. In fact, if you were going to be in the t-shirt business or the tchotchke business or the hat business no one would have thought you crazy if you would have said that the New England Patriots were going to be the Super Bowl champions that year. It was a year or 2 or 3 ago. You know where I'm going.

But there was one little thing that had to happen before the Patriots could get the Super Bowl ring that year. That was, they had to play a Super Bowl. And you remember that. There was a team, the New York Giants, that had a little bit different of a plan. The New York Giants came down and they played that game, and lo and behold the Giants won the Super Bowl.

There is a lot going on inside this Capitol tonight. There is a lot going on inside this town tonight. There is a lot of churn and a lot of burn, and a lot of folks don't know which way they are going to go on this vote. We know one thing for sure: There's going to be 178 Republicans that are going to stand up and vote against this bill. There is also going to be some number of clear-thinking Democrats on the other side

of the aisle who either understand fundamentally what this will mean to the country or understand fundamentally that they will run roughshod over their constituents, or for whatever reason are going to come over and vote with us. We just don't know what number that is. So this thing is not done by a long shot.

I was so incredibly encouraged to go out today and to see the folks that were coming out, respectful, solid, clear-thinking Americans. As the gentleman from Georgia said, these folks got up, they drove all night. I got a voice mail from a friend from Illinois. He and his wife were driving all night to get out here. Why? Because they knew that this was the place to be. They knew that this was the time to stand up for freedom.

Ultimately, if you think about it, there is an account in the Bible that I want to take us all back to. We all remember Isaac, Abraham's son, who had two sons himself. One son was Esau, the oldest son, and the other was Jacob. Esau, as the older son in that culture and that time, basically when the old man were to die, Esau, the oldest son, was going to get the lion's share of his father's estate, probably a 90 percent ownership share. Something like that. It was called the birthright.

And as the Bible tells the story, Esau is out in the field and he is hungry. I mean he is really, really hungry. He comes back in, his younger brother Jacob is making a pot of stew. And Esau smells the stew and he says to his younger brother, "Give me some stew." And Jacob, the younger brother, says to the older one, "Give me your birthright." And Esau, like a fool, said "Yes." Esau traded his birthright for what? For a pot of stew. For nothing.

Now, there's a lot of Americans right now that are anxious. There's a lot of Americans that look out over this economy and this season that we are in and they say, wow, I've not seen this season. I've not seen unemployment like this. I've not seen Fannie Mae and Freddie Mac unravel like this. I've not seen the wheels come off the cart like this. I've not seen it where my children come out and graduate from college and can't get a good job because unemployment has peaked beyond 8 percent even though the White House told me if we spent a trillion dollars that was all going to be fine and fantastic. I've not seen a season like this before.

Ultimately, sometimes there are folks that are listening to that and are feeling that, and are anxious, and they're hungry, and they're fearful, and they're worried. And you know what, they have every right to be. But the temptation—and this is where this group that came in today, these folks that drove overnight, they understand the temptation. And what they are saying and what Republicans are saying in the House of Representatives

today, what Republicans are saying in the other body, what they are all saying is, don't take the bait.

□ 2250

Don't give away your birthright as an American for what? For stability? From this town? From this place? Are you kidding? This institution can't balance a checkbook. They can't offer you stability. They can't offer you the hope for your children in the future. Don't take the bait.

And what the American public is saying to political leadership is, Look. We've seen it. We understand it. Yeah. We're fearful. We're uncertain about the future, but we know it's not where that majority wants to take us. We know we don't want to go there. That doesn't end well. That ends in lost opportunity. That ends in calamitous debt that is foisted on our children and our grandchildren.

You know, the gentleman mentioned a couple of minutes ago this IRS empowerment, essentially, that comes as a result of this bill. You think about that. Now, it would be fantastic if the bill really did create more slots, more opportunities for physicians like Dr. BURGESS, for physicians like Dr. PRICE, for physicians like Dr. GINGREY and others. We've got more medical doctors in our conference, House Republicans who are physicians, than ever in history. It would be great if this bill created slots. It doesn't.

You know what it does? It creates slots for IRS agents. Why? Because the Internal Revenue Service is going to be the group, going to be the institution that is empowered if this majority has their way. Think about that. What that ultimately means is health care areas are going to be sending the functionality equivalent of a 1099 to the Internal Revenue Service telling them who's got the official coverage that Speaker PELOSI has said they need to have.

You got the official coverage, okay. You get the 1099 that comes from the health carrier and it goes to the IRS. But if your name is not on that list and you're a taxpayer, you know what's going to happen? You better come up with some excuse, because if you don't come up with an excuse, do you know who's coming after you? 16,500 new IRS employees, a billion dollars a year, the CBO estimates, \$10 billion over 10 years. For what? For what? For a crushing debt. For an organization to expand authority. And that is absolutely not the direction we need to go.

There are so many reasons to say no, no, no, no, no. This is not what we need to do. And I am so encouraged by the folks who showed up today that said, You know what? We're going to speak out. We're going to speak out. The Republican leader, JOHN BOEHNER, put it best—and then I will close and I will yield back. He said this. He said Democrats may run Washington but the

Americans run the country, and that is true.

This would have been done months and months and months ago, but what has happened? The American public has risen up every time. Every time. Every time. Google the phrase “end game,” “Democrat’s end game.” Google that phrase and you will see that they were starting to trot this out at the end of July. Remember? This was all game, set, match, done. Go home. This is going to be done by the August recess. And then one group of people said, No. And that was the American people. The American people said, No. No. We listened, but thank you very much. We don’t want this bill. We want you guys to go back to the drawing board and start over.

So the fight is on. This is anything but done. This is anything but finished, and the American public knows it. That majority knows it, because if they had the votes, we would be voting tonight. We would be voting tonight if they had the votes. They don’t have the votes yet, and there are still some clear thinkers on that side of the aisle, Mr. Speaker, who understand what is at stake.

Mr. GOHMERT. Will the gentleman yield for a question?

You know, the President has been promising Members on the other side, if you will just pass this bill—Speaker PELOSI has been promising people on the other side, if you will just pass this bill, then between now and November, there are going to be things in this bill that kick in that are going to make America love you and want to vote for you in November.

And I was just curious if the gentleman knows what the biggest thing is that kicks in immediately in this bill between now and election time.

Mr. ROSKAM. I have a lot of ideas, but my sense is you’ve got something on the top of your mind. What is that?

Mr. GOHMERT. The first thing that kicks in are taxes. They kick in immediately. And I know you’ve dealt with the grass roots. You’ve been part of the local communities and business community, and the gentleman knows what it is to make a bottom line.

Right now in this economy, can you envision what happens with additional taxes, say an additional 8 percent payroll tax on some of the people you’ve been hearing from and talking to?

And I would yield to the gentleman.

Mr. ROSKAM. It is a crushing thought, actually. Here is the misfortune of this; that there is, in this time in our country, really an understanding that health care does cost too much, and everybody who needs access doesn’t have access, and preexisting conditions do jam people up. Those are the things that I am hearing from my district. They say, You know what? That is what we want you to be talking about. We don’t want you to be talking

about wild-eyed 2,700-page adventures. We don’t want to be talking about trillion dollar boondoggles where States in different places across the country, based on political influence, could be manipulating things and cajoling things that you can hardly stand when you hear about them or talk about them with a straight face.

But my district is saying—and I know the gentleman from Tyler, Texas’s district is saying the same thing, and that is: Get about the business of fixing this economy. Get about the business of driving health care costs down and, therefore, by driving it down, making it more affordable, and then ultimately deal with preexisting conditions. We can do that. We have a good Republican plan to do that.

But with all due respect to Speaker PELOSI, what she is asking this majority to do—and some of these Members that haven’t made up their minds right now—she is asking them to do what you could only characterize as political bungee jumping. Just go right off the bridge. The Speaker hasn’t measured the rope. She hasn’t measured the rope, and she’s saying, No, you all just lean forward. It will be great. Just lean forward just right off that bridge. Just lean forward.

And yeah, I’m sure it looks really good. It looks like it’s going to catch. She hasn’t measured that rope, and she’s asking her majority, unfortunately, to lean over and just, frankly, squander the trust that the American public has put them in.

Mr. GOHMERT. I thank my friend from Illinois so very much.

And, you know, I’ve been talking to people all over my district, and of course today with tens of thousands of people going through the crowds and hearing from people, talking to people, it has been staggering. But I had a conversation last night before I came to the floor with a gentleman in a small business. He has under 20 employees, but he was saying, In my 25 years in this business, I have never been so on the bubble as I am right now. I’m hanging on by my fingernails. You put a 2 percent tax on me, much less an 8 percent payroll tax on me, I’m done. I’m out of business, and everybody that works for me is out of business.

And when the number one concern in America is the economy, jobs, and really not just jobs, but careers—we’re destroying careers here. They said, Well, people want jobs. No. They need careers. We’re destroying them right and left.

Here’s an article this week about Caterpillar. They wrote to the President. They said, Please, don’t do this. This will cost us a hundred million dollars in the first year. How do you think a company that is in—you know, they’re doing okay. They’re the world’s largest manufacturer of construction equipment, but they have said they’re barely hanging on.

The President went to Caterpillar and said they’re barely hanging on; we’re going to help them. How is helping them putting another hundred million dollar burden on them? That may drive Caterpillar overseas like we have done to so many businesses.

But I’m telling you, my heart breaks for these businesspeople who love their employees that have been with them for a long time, and we’re hearing, I don’t want to lose my employees. I’m either going to have to close down, have my employees take dramatic pay cuts at a time they sure can’t afford it, or I’m out of business. Those are the choices I got.

□ 2300

I appreciate my friend, Dr. BURGESS, a medical doctor, being here with probably more experience in reviewing the alternatives in health care.

I would like to yield him such time as he may use.

Mr. BURGESS. I appreciate the gentleman for yielding.

Mr. ROSKAM from Illinois talked about how the American people want us to fix the economy. And one of the ways we can help that is if we will conclude this discussion we’ve been having about taking over America’s health care system, because I firmly believe that is one of the things that is holding back small businesses across the country that have been having to cut back over the last 18 months. They have been doing what every American family has been doing and say, We will have to make do with a little bit less, maybe we won’t hire that extra employee. But they also don’t know what we’re going to do. Are we going to put an 8 percent payroll tax on them? Are we going to put an \$1,100-a-year energy tax on them? What are we going to do in financial regulation? They are scared to add employees right now in small businesses across the country. And maybe it’s only one or two jobs in a location, but extrapolated across the wider economy, it’s thousands and thousands of jobs.

That is the problem with us not dealing with the fundamental problem that is concerning the American people, which is jobs and the economy and being distracted by health care. That is the fundamental problem out there right now with the people. That is the basis for the anger that people are feeling when they see what Congress is doing late tonight and what we are fixin’ to do tomorrow, as we like to say in Texas.

Now one of the things that I have heard over and over again, and I have heard the President say it, it is so aggravating to hear, is that Republicans are obstructing this process, Republicans had no ideas to bring to the table, and Republicans could have fixed everything in the last 12 years but chose not to, so now they need to get out of the way.

Let me briefly take each of those points, because it is important for Americans to hear, Mr. Speaker, what has been going on up here this past year. From the standpoint of Republicans obstructing this process, it just isn't so. There are, as the gentleman from Texas said, 178 Republicans. In fact, a few months ago, there were only 177. The arithmetic of the House is if you have 218 votes, you get to do what you say. One hundred seventy-seven Republicans were not enough to stop anything in the House of Representatives unless some Democrats crossed the aisle and voted with us.

And do you know what? That's what started happening. And as a consequence, it's not Republicans who are obstructing this process; it's Democrats. It's a problem they have within their own conference. Why is that? Well, they don't have the popular support of the American people. A poll out just today said 40 percent of the people think we are doing too much and we ought to go back to the drawing board and see if we can't do something more manageable, and 20 percent said we shouldn't be working on health care at all.

Sixty percent, six out of 10 Americans think this is the wrong thing for us to be doing right here right now. So without the popular support of the American people, the Democratic leadership, the Speaker of the House, the President of the United States, the majority leader over in the other body cannot get done what they want to get done. And oh, my God, what is the reason? Those darn Republicans are obstructing us.

Now from the standpoint of Republican ideas, as the gentleman from Texas has said, there have been Republican ideas that have been talked about literally all year long. Now, look, right after the President was sworn in, I was surprised that they didn't come forward with a big health care bill. I was surprised that health care wasn't the number one thing on the agenda because they talked about it. All during the campaign that's all you heard about was health care, health care, health care. I thought they had a bill ready to go. I thought they had a bill in the works. I thought it would come out of the Senate Finance Committee, the House would simply follow suit, and there we would be, we would have a health care bill.

The fact is if we voted on this health care bill last year, it probably would have passed. The President was extremely popular at that time. Congressional Democrats were popular at that time. There likely would have been nothing that would have been standing in the way. But since they decided to do some other things first, stimulus, cap-and-trade, taking over school loans, whatever else they had on the agenda, because they chose to do other

things first, people had a chance to start looking at this bill. And we have heard this story several times tonight. We heard it in the previous hour.

A year ago, I was feeling in my town halls an enormous amount of anxiety, an enormous amount of unease, an enormous amount of energy that was bubbling up to the surface. We want to do something. If you're voting against this stuff, we want to help you. What can we do? What can we do? And people began to figure it out for themselves. They could organize at home and, yes, they can come to Washington, D.C.

So they did over Fourth of July this past year, they did September 12, they sure did in November, and they came back again today. And I couldn't help but think every time I talked to just regular people that were out in the great weather today on the lawn on the west side of the Capitol to hear the speeches and listen to the stuff, they were just regular people from back home who had come up because they were concerned about what they saw happening in Washington. But if it had not been for them, Mr. ROSKAM is right, this bill would have passed in July.

I don't know if people recall that. We had a cap-and-trade bill right at the end of June. After that was queued up and put over the finish line, we were then supposed to take up health care. The bill was dumped into our committee about the middle of July. We were supposed to mark it up over 1 day, 1 day, and then turn it back to the House floor, and we would vote on it and then we would go home for the August recess.

Just take a step back for a minute. You have heard people talk about this all day long. We've been talking about this for a year. We don't need to talk about health care any more. We've been talking about it for a full year. In 1990 and 1991, when my committee, the Committee on Energy and Commerce, marked up a bill that dealt with clear air, the Clean Air Act, they held that markup for I think it was 8 months. My lands, the people in that committee hated each other at the end of that 8 months. But do you know what? It was the right thing to do, because in the end, it had bipartisan support. In the end, it did get passed. And in the end, it functioned as advertised. But not because they slammed it through, because they did have big majorities back in 1990 and 1991.

It worked because they did it the right way, and even though it was a terribly painful process, and although, again, people on the committee hated each other at the end of those 8 months, still, it was a better way to go about doing major legislation that is going to affect the lives of every American not just today but for generations to come, much better way to do that.

We chose not to do that this year. We chose to ram it through as fast as we

could. My committee, which was supposed to do this in 1 or 2 days' time, ended up stretching it out over 8 days. And the reason it stretched out over 8 days is because seven Democrats on my committee heard from people back home during the month of July and they said, Wait a minute, wait a minute. We're getting nervous here. We're hearing all kinds of stuff from back home that people don't like what we're doing. They don't like what we did with cap-and-trade. Now they are looking at what we are doing with health care, and they are saying, put the brakes on. This is going too fast.

Now we didn't end up stopping it in committee. It ended up passing on July 31. But the story is, it passed on July 31. It did not come to the House floor before we went home for the August recess. And then what happened in the August recess? That energy that had been almost palpable in April really, really did bubble to the surface. And we had people in town halls like we have never had before. The little sleepy town of Denton, Texas, early on a hot August Saturday morning I had 2,000 people show up. Later in the day, I went up the road to Gainesville, Texas, up on the Red River, 600 people showed up. I have never had that kind of turnout in town halls. Not everyone agreed with me. Not everyone thought I was doing the right thing. But there was a broad consensus that they did not like what they were seeing with what Congress was doing with their health care.

And you saw it play out over and over and over again across the country. It wasn't just north Texas. It was Michigan. It wasn't just north Texas, it was that way out West, it was that way on the east coast, over in Wisconsin, over and over and over again you saw the scenario replay itself. But do you know what? When I would have those town halls, people would say, we don't trust you with a 1,000-page bill. If the gentleman from Texas would indulge me, remember the good old days when it was only a 1,000-page bill, and he has a 2,700-page bill up there with him tonight? We don't trust a 1,000-page bill. We know you didn't read it. You said you wouldn't take this insurance yourself. Why should we be for that?

But what we are for is some sensible reform. And I heard that over and over and over again. Yes we would like help with preexisting conditions. In committee, we never had a hearing about it there any way to deal with the problem of existing conditions without resorting to an unconstitutional mandate? I believe that there is. But we never had a hearing on it. We never heard any testimony on that. It was simply, we have to have the mandate because everyone has to have insurance because that is just simply the way it's got to go.

But that's not necessarily so. So what we heard: Help us with preexisting conditions, provide us a little

flexibility, and maybe we would like to buy across State lines if it brought the cost down. We would like some liability reform if you don't mind. How about some fairness in the Tax Code so we don't punish the person who is in business for himself as opposed to someone who gets their insurance tax free from an employer. And do you know what? COBRA is awfully complicated and awfully expensive. Could you make that a little simpler for us because people are losing jobs right now, and as they lose jobs, they lose employer-sponsored health insurance. Yeah, you have COBRA where we can make that big payment and keep your insurance, but I just lost my job. I can't afford to make the big payment. And they let their insurance expire.

□ 2310

And then, unfortunately, some major medical crisis may hit, and then they have got a preexisting condition and the cycle repeats itself and repeats itself and repeats itself. These are the things that people told us they want to see.

Now, I do have a Web site, healthcaucus.org. These things that I heard over the summer I have put into legislation, or I have taken legislation that other people have introduced and affixed that to those things that people told me they wanted to see. So at healthcaucus.org, under the issues tab, "Dr. BURGESS' prescriptions for health care reform," you can print that out yourself at home on your own computer, and there are nine things there.

It is not like there is not already legislative language on most of those things, because there is. In fact, if there is a bill number there, I put the bill number beside it. If there is another Member of Congress who has a bill that has been introduced that will cover that issue, I have got their name there and the bill number beside it.

The fact is that there are ideas out there. Some of them are even bipartisan. What a novel concept. But those ideas are out there on paper. We could take them up in an incremental fashion over the next 3 weeks, and we could really be down the road on solving the problems the American people want us to solve.

Instead—instead, it says one-size-fits-all. Washington knows best. Forget governing with the consent of the governed; we are going to give you this bill. And when we pass it and you find out what is in it, you are really going to like us after all.

I thank the gentleman from Texas for taking this hour. The hours are growing close where this bill will come to the floor for a vote. We are probably getting down to almost the single digit number of hours that remain for America to remain a free country.

This has been such an important debate. I hope people will continue to

watch. I hope they will continue to interact with their Member of Congress. Remember, your Member of Congress runs for office every other year. We are people's closest contact with the Federal Government. That is what the Founders wanted. So I encourage people, even though it is late and even though it is on Sunday, this interaction that takes place between a Member of Congress and their constituents is a sacred bond, and that needs to be upheld over this next 24 hours. People do need to let their Member of Congress know how they feel about this. I think that is one of the most critical things that we have been missing in this debate.

I thank the gentleman for his indulgence, and I will yield back to the gentleman from Tyler, Texas.

Mr. GOHMERT. I thank my friend, Dr. BURGESS. And I can assure my friend that it was not indulgence. It is a pleasure and honor to hear someone so knowledgeable about this very issue that is supposedly being brought to a vote tomorrow.

This is big. And if people had heard the President talk back in 2007 and going into this campaign for President in 2008, he made very clear, he has made it very clear that he would sign a bill like this that would be the first step towards socialized medicine. He said this will be the first step.

Canada didn't get there in just one step. You need this step, and then you can transition into full—what is really socialized medicine.

And in his speech today, to encourage Democrats to get on board, he said these words: "This is the single most important step that we have taken on health care since Medicare." Absolutely. Absolutely it is. And that is the step he was talking about 2 years ago, that this is the first step, and then we move into full socialized medicine where the Federal Government controls everything about your health care. It is a huge step. It is a devastating step.

And so you have to think that if there are those Democrats that are still trying to decide between "yes" and "no," you really should think, what is—the President is saying all this good stuff will happen between now and November. Well, there may be a credit here or there, but when my friends that have talked to me about being so close between closing their business, being out of business, and hiring another employee and moving forward, when they get hit with an 8 percent payroll tax and have to go out of business and lay off everybody, or stay in business at a dramatically reduced level and lay off individuals, cut salaries, and those people can't pay their bills and then we lose more mortgages, I don't think people are going to be in a good mood come November.

Now, I know Art Laffer has said—and he is such a brilliant economist—that

it is possible that the economy could start improving for one reason, and that is that next January the biggest tax increase in American history will hit, and it will absolutely devastate the economy. So it could be that toward the end of the year, as people start moving to get ready for the massive increase in capital gains and all of the income tax rates that go up, that it may look right before the election like we are starting to have a recovery. Maybe so. But, on the other hand, when you start adding all these taxes now, that changes the equation.

And how our Democratic friends and CBO can tell people with a straight face this pays for itself, when you have got 10 years of income to pay for 6 or 7 years of health care. And then we are told, Yeah, but in the second 10 years it really starts to pay for itself. That has never happened. Do you think Congress is going to sit back and do nothing for the next 20 years and just wait and see for 20 years if things fix themselves?

The Soviet Union didn't get that chance. When they started spending money like this first on the Afghan war and then on the missile defense system, they ran out of money. Nobody would loan them money. They couldn't print it fast enough. They went out of business.

When the President said in his comments these words: "For example, instead of having five tests when you go to the doctor, you just get one." He was being very truthful. Thank God, my mother had many tests over a period of 6 days before they found her brain tumor and she didn't just have one.

I do appreciate the President saying in his speech today the words that, ultimately, the truth will come out. I believe he is right, and it will be devastating for those who were pushing through this government control. And toward the end of his—well, actually there was a lot more speech, but I will just finish with one other mention regarding the President's speech.

He says, "Now, I cannot guarantee that this is good politics." That is very true. You vote for this. I know some people may have districts where they are used to having everything given to them, entitlement districts, and they will need to vote for it because they are used to entitlements. But elsewhere, it is not going to be good politics, and you are looking at the end of some political careers here, unless the President has agreed to give them jobs when they lose their seat.

But you know, this deal with Caterpillar, they are saying they are going to lose \$100 million in the first year. I have heard about States, like one Goodyear plant in Alabama where the State and local came together and offered \$51 million just to keep the people there and keep the plant open. This bill is going to cost them \$100 million,

cost Caterpillar \$100 million. We are going to charge them \$100 million. Do you think companies are going to be able to stay long like that?

And I just want to finish up in my time tonight going back in history, just to remind people before this terrible vote tomorrow. Hopefully, the American people will prevail, people will lose their nerve to force this economy and the health care off a cliff, and then we can come back and we can work together. We can provide real solutions. We have got lots of good ideas. Just let us work together with you to do that, instead of having the President say, as he did at our retreat, I have read all your bills. You know, there is a thing or two. But I have read them. He had not read our bills. He has not read all our bills. We have got lots of things that could be considered.

But you go back to the founding of this country. In 1783, the Articles of Confederation didn't work. They were too loosely woven, no common currency, a lot of problems, so it was falling apart.

In 1787, we had the Constitutional Convention in Philadelphia. They talked George Washington into coming back and presiding. He had done what no man had ever done in the history of the world before or since: he led a revolutionary military, won the Revolution, resigned, and went home. He said: I did what you asked.

Well, in 1787 they are telling him: if you don't come back and preside, the 13 States are not going to come back. We are done. The country is over. But all 13 States have agreed to come back if you will promise to preside over the Constitutional Convention.

□ 2320

I mean, what a testimonial for a man—a man of integrity—that he was so beloved. If he would come back, they would come back. They won't come back for anybody else. They knew he was a man who could walk away with power and never look back, because he had done it.

The Convention goes on in Philadelphia. They put blankets over the windows to keep people from looking in and people being distracted looking out, and there was bickering and arguing. It went on and on for nearly 5 weeks. At that point, Benjamin Franklin was 80 years old. He was a little over 2 years away from meeting his Maker, meeting his Judge, meeting his Creator.

Yes, he had sowed some wild oats in his life, and some people thought he was a deist. That's someone who believes God created things or something happened to create things and then that being has stepped back and never done anything, basically. Well, what some people call a deist today was recognized. He knew he was a couple years more away from meeting his Maker.

Witty and brilliant as ever, he stood up and said these words—well, he started by saying, We've been meeting for nearly 5 weeks. We've accomplished basically nothing. We have more noes than ayes on these votes. Then I want to use his exact words taken down by James Madison. "In this situation of this Assembly, groping as it were in the dark to find political truth, and scarce able to distinguish it when presented to us, how has it happened, sir, that we have not once hitherto thought of humbly applying to the Father of lights to illuminate understanding? In the beginning contest with Great Britain, when we were sensible of danger, we had daily prayer in this room for the divine protection. Our prayers, sir, were heard, and they were graciously answered."

Benjamin Franklin went on. He said, "All of us who were engaged in the struggle must have observed frequent instances of a superintending providence in our favor. To that kind of providence we owe this happy opportunity of consulting in peace on the means of establishing our future national felicity. And have we now forgotten that powerful friend? Or do we imagine that we no longer need his assistance?"

Ben Franklin then went on and said, "I have lived, sir, a long time, and the longer I live, the more convincing proofs I see of this truth—that God governs in the affairs of men. And if a sparrow cannot fall to the ground without his notice, is it probable that an empire can rise without his aid? We have been assured, sir, in the sacred writing, that 'except the Lord build the house, they labor in vain that build it.' Firmly believe this; and I also believe that without his concurring aid we shall succeed in this political building no better than the builders of Babel."

"We shall be divided by our little partial local interest; our projects will be confounded, and we ourselves shall become a reproach and byword down to future ages. And what is worse, mankind may hereafter from this unfortunate instance, despair of establishing governments by human wisdom and leave it to chance, war and conquest."

"I therefore beg leave to move, that henceforth prayers imploring the assistance of Heaven, and its blessings on our deliberations, be held in the assembly every morning before we proceed to business."

After that, seconded by Mr. Sherman, it was unanimously adopted, and, from then to today, we have prayer to begin our sessions in here. But, oh, if we could ever come back together as a group and, as the very first Congress did, join and pray together as they did on their knees and come together. As one wrote to his wife, It was such a moving, powerful prayer time, even the surly old Quakers had tears in their eyes.

This is an important time. I thank God for those who have come and made their voices known this weekend. I thank God for the blessings with which we have been enriched, and I hope that people across America will pray to that same God Ben Franklin referred to and that he will move in the hearts of people in Congress that they will do the thing that will bring us together and create a stronger Nation that can survive for another 200 years.

With that, Mr. Speaker, I yield back.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 11 o'clock and 26 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 0012

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CARDOZA) at 12 o'clock and 12 minutes a.m.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 3590, SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009, AND PROVIDING FOR CONSIDERATION OF H.R. 4872, HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

Mr. POLIS, from the Committee on Rules, submitted a privileged report (Rept. No. 111-448) on the resolution (H. Res. 1203) providing for consideration of the Senate amendments to the bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes, and providing for consideration of the bill (H.R. 4872) to provide for reconciliation pursuant to section 202 of the concurrent resolution on the budget for fiscal year 2010, which was referred to the House Calendar and ordered to be printed.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. LATOURETTE (at the request of Mr. BOEHNER) for today on account of personal reasons.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. HIMES) to revise and extend their remarks and include extraneous material:)

Mr. HIMES, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. MCDERMOTT, for 5 minutes, today.

Mr. DEFAZIO, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Ms. JACKSON LEE of Texas, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. FRANKS of Arizona, for 5 minutes, today.

Mr. DUNCAN, for 5 minutes, today.

Mr. GOODLATTE, for 5 minutes, today.

Mr. CASSIDY, for 5 minutes, today and March 21.

Mr. MCCOTTER, for 5 minutes, March 21.

(The following Member (at his own request) to revise and extend his remarks and include extraneous material:)

Mr. RYAN of Ohio, for 5 minutes, today.

Mr. BURGESS, for 5 minutes, today.

ADJOURNMENT

Mr. POLIS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 12 o'clock and 14 minutes a.m.), under its previous order, the House adjourned until today, Sunday, March 21, 2010, at 1 p.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6694. A letter from the Chairman and President, Export-Import Bank, transmitting a report on transactions involving U.S. exports to Australia pursuant to Section 2(b)(3) of the Export-Import Bank Act of 1945, as amended; to the Committee on Financial Services.

6695. A letter from the Chairman, Federal Energy Regulatory Commission, transmitting the Commission's report describing the progress made in licensing and constructing the Alaska natural gas pipeline and describing any issue impeding that progress; to the Committee on Energy and Commerce.

6696. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting correspondence from Mr. Chea Mony of the Free Trade Union Workers in the Kingdom of Cambodia; to the Committee on Foreign Affairs.

6697. A letter from the Inspector General, Energy, Department of Energy, transmitting the semiannual report on the activities of the Office of Inspector General for the period April 1, 2009 to September 30, 2009, pursuant to 5 U.S.C. app. (Insp. Gen. Act) section 5(b); to the Committee on Oversight and Government Reform.

6698. A letter from the Assistant Director, Executive & Political Personnel, Department of Defense, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

6699. A letter from the Assistant Director, Executive & Political Personnel, Department of Defense, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

6700. A letter from the Human Resources Specialist, Department of Labor, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

6701. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

6702. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

6703. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

6704. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

6705. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

6706. A letter from the Assistant Director, Executive & Political Personnel, Department of the Army, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

6707. A letter from the Assistant Attorney General, Department of Justice, transmitting a legislative proposal relating to the implementation of treaties concerning maritime terrorism and the maritime transportation of weapons of mass destruction; to the Committee on the Judiciary.

6708. A letter from the Attorney General, Department of Justice, transmitting the Department's decision not to appeal the decision of the district court in the case of *Al Haramain Islamic Foundation v. U.S. Dep't of Treasury* (D. Ore.); to the Committee on the Judiciary.

6709. A letter from the Assistant Attorney General, Department of Justice, transmitting the Department's Fourth Quarter Report for 2009 on Settlements by the United States with Nonmonetary Relief Exceeding Three Years and Settlements Against the United States Exceeding \$2 Million, pursuant to Public Law 107-273, section 202(a)(1)(c); to the Committee on the Judiciary.

6710. A letter from the Board of Trustees, National Railroad Retirement Board, transmitting the Trust's annual management report on its operations and financial condition, pursuant to (115 Stat. 886); to the Committee on Transportation and Infrastructure.

6711. A letter from the Administrator, National Aeronautics and Space Administration, transmitting the Administration's

statement of actions with respect to the Government Accountability Office report GAO-10-9; to the Committee on Science and Technology.

6712. A letter from the Secretary, Department of the Interior, transmitting a letter providing additional information on a proposal to implement the settlement of *Cobell v. Salazar*; jointly to the Committees on Appropriations and Natural Resources.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

[Filed on March 21 (legislative day of March 20), 2010]

Ms. SLAUGHTER: Committee on Rules. House Resolution 1203. Resolution providing for consideration of the Senate amendments to the bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes, and providing for consideration of the bill (H.R. 4872) to provide for reconciliation pursuant to section 202 of the concurrent resolution on the budget for fiscal year 2010 (Rept. 111-448). Referred to the House Calendar.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. BUYER (for himself, Mr. MCKEON, Mr. STEARNS, Mr. MILLER of Florida, Mr. BOOZMAN, Mr. CONAWAY, Mr. FORBES, Mr. BUCHANAN, Mr. LAM-BORN, Mr. MORAN of Kansas, Mr. BROWN of South Carolina, Mr. ROE of Tennessee, Mr. CRENSHAW, Mr. BARRETT of South Carolina, Mr. WOLF, Mr. BURTON of Indiana, Mr. PENCE, Mr. SESSIONS, Mr. HENSARLING, Mr. FLAKE, Mr. CULBERSON, Mrs. BLACKBURN, Mr. COBLE, Mr. HUNTER, Mr. YOUNG of Florida, Mr. BILIRAKIS, and Mr. BILBRAY):

H.R. 4894. A bill to amend the Patient Protection and Affordable Care Act to ensure appropriate treatment of Department of Veterans Affairs and Department of Defense health programs; to the Committee on Energy and Commerce.

By Mr. CONNOLLY of Virginia:

H.R. 4895. A bill to amend section 1004 of title 39, United States Code, to include that it is a policy of the Postal Service to ensure reasonable and sustainable workloads and schedules for supervisory and management employees and to clarify provisions relating to consultation and changes or terminations in certain proposals; to the Committee on Oversight and Government Reform.

By Ms. ROS-LEHTINEN (for herself, Mr. BOEHNER, Mr. CANTOR, Mr. HOEKSTRA, Mr. MCKEON, Mr. KING of New York, Mr. BURTON of Indiana, Mr. ROYCE, Mr. LOBIONDO, Mr. MACK, Mr. PENCE, Mr. COFFMAN of Colorado, Mr. SMITH of New Jersey, Mr. MANZULLO, Mr. FRANKS of Arizona, Mr. BARRETT of South Carolina, Mr. WILSON of South Carolina, Mr. KLINE of Minnesota, Mrs. McMORRIS RODGERS, Mr.

LAMBORN, Mr. BOOZMAN, and Mr. AKIN):

H.R. 4896: A bill to authorize the President to utilize the Proliferation Security Initiative and all other measures for the purpose of interdicting the import into or export from Iran by the Government of Iran or any other country, entity, or person of all items, materials, equipment, goods and technology useful for any nuclear, biological, chemical, missile, or conventional arms program; to the Committee on Foreign Affairs.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 197: Mr. ORTIZ.
H.R. 572: Mr. CHAFFETZ.
H.R. 1054: Mr. ARCURI.
H.R. 3186: Mr. HOLDEN and Mr. GENE GREEN of Texas.
H.R. 3189: Mrs. BONO MACK.
H.R. 3332: Ms. WOOLSEY.

H.R. 3448: Mr. GERLACH.
H.R. 4149: Ms. MCCOLLUM.
H.R. 4430: Mr. NEUGEBAUER.
H.R. 4489: Mr. HODES and Mr. DRIEHAUS.
H.R. 4614: Mr. ROONEY.
H.R. 4859: Mr. LUETKEMEYER.
H.R. 4862: Mr. FARR, Mr. CLEAVER, Mr. BOYD, Mr. HILL, Mr. SENSENBRENNER, Mr. LIPINSKI, Mr. ARCURI, Mr. DELAHUNT, Mr. DICKS, Mr. LEWIS of Georgia, Mr. EDWARDS of Texas, Mr. THOMPSON of California, Ms. ESHOO, Mr. MURPHY of New York, Mr. CAPUANO, Mr. TIERNEY, Ms. FOX, Mr. DAVIS of Illinois, Mr. BUTTERFIELD, Mr. BLUMENAUER, Mr. HALL of New York, Mr. KANJORSKI, Ms. CASTOR of Florida, Ms. TSONGAS, Mr. INSLEE, Mr. CHANDLER, Mr. KENNEDY, and Mr. SHERMAN.
H.R. 4887: Ms. TSONGAS, Mr. RAHALL, and Mr. COSTELLO.
H.J. Res. 78: Mr. PETERSON.
H.J. Res. 80: Mr. MILLER of Florida and Ms. JACKSON LEE of Texas.
H. Con. Res. 105: Mr. CAO.
H. Res. 989: Mr. DOGGETT and Mr. ROTHMAN of New Jersey.

H. Res. 1078: Mr. FALEOMAVAEGA, Mr. TIAHRT, Mr. SCHOCK, Mr. LANGEVIN, Mr. MILLER of Florida, and Mr. OWENS.

H. Res. 1189: Mr. BARTLETT, Ms. CORRINE BROWN of Florida, Mr. BISHOP of Utah, and Mr. WU.

CONGRESSIONAL EARMARKS, LIMITED TAX BENEFITS, OR LIMITED TARIFF BENEFITS

Under clause 9 of rule XXI, lists or statements on congressional earmarks, limited tax benefits, or limited tariff benefits were submitted as follows:

OFFERED BY MR. SPRATT

The amendment in the nature of a substitute to H.R. 4872, the Reconciliation Act of 2010, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI.

EXTENSIONS OF REMARKS

PERSONAL EXPLANATION

HON. TIM MURPHY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Saturday, March 20, 2010

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, on rollcall No. 144, had I been present, I would have voted "aye."

PERSONAL EXPLANATION

HON. TIMOTHY H. BISHOP

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Saturday, March 20, 2010

Mr. BISHOP of New York. Madam Speaker, I was not present in the Chamber yesterday afternoon to vote on rollcalls 144, 145, 146, and 147. I would have voted "yea" on each measure.

PERSONAL EXPLANATION

HON. TIM MURPHY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Saturday, March 20, 2010

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, on rollcall No. 146, had I been present, I would have voted "aye."

ISRAEL RELATIONSHIP

HON. HARRY E. MITCHELL

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Saturday, March 20, 2010

Mr. MITCHELL. Madam Speaker, I rise today to reaffirm my support for Israel.

I was saddened to see the recent disagreement between our two nations spill out onto the front pages of newspapers around the world.

These headlines belie the close and vitally important relationship the United States and Israel enjoy, and will continue to enjoy.

And it is important for the world to know that we stand shoulder to shoulder.

Israel shares our democratic values. And they are forced to defend these values daily against countless in their neighborhood who would like to wipe Israel off the map.

The threat of rocket attacks is nearly constant for Israelis. I had the opportunity to visit Israel last year, and I witnessed firsthand some of the damage caused by rocket attacks by Hamas from Gaza. I am amazed at the determination of the Israelis to continue to lead normal lives despite the constant threats and reminders of terrorism. It was particularly evident during a trip to Sderot, at an indoor playground that also functions as a bomb shelter.

The threat from Iran is even more ominous. The Holocaust denials, the arms shipments to terrorists, the quest for nuclear weapons—to

say this is alarming would be an understatement.

These actions are not just a threat to Israel, they are a threat to the United States, and that is why I support strong sanctions against Iran.

That is also why I believe we are lucky to have a close ally like Israel in the region.

PERSONAL EXPLANATION

HON. TIM MURPHY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Saturday, March 20, 2010

Mr. TIM MURPHY of Pennsylvania. Madam Speaker on rollcall No. 147, had I been present, I would have voted "aye."

PERSONAL EXPLANATION

HON. TIM MURPHY

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Saturday, March 20, 2010

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, on rollcall No. 145, had I been present, I would have voted "aye."

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

HOUSE OF REPRESENTATIVES—*Sunday, March 21, 2010*

The House met at 1 p.m. and was called to order by the Speaker.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer: "This is the day the Lord has made, let us rejoice and be glad." In many ways, every day is fresh and a new beginning. The past is more easily forgotten. The future is less uncertain.

But today is especially new for us, Lord. So we praise You and we thank You. The cold winter and blankets of snow are set aside and the sunlight brings forth new life. The long waiting is over. Hope and promise are in the air.

For us, Lord, it is spring. The equinox has silently occurred, but we may not have been aware because our Earth was spinning so fast, and we did not notice our tilt to Your sun.

Help us, Lord, to understand our ever-changing world better. Never let us lose perspective. Although it is spring for us, for another half of the world, it is the beginning of fall. Help us to hold on to You, Lord, now and forever.

Amen.

THE JOURNAL

The SPEAKER pro tempore (Mr. SALAZAR). The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. POE of Texas. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER pro tempore. The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. POE of Texas. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Texas (Mr. POE) come forward and lead the House in the Pledge of Allegiance.

Mr. POE of Texas led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to five requests for 1-minute speeches on each side of the aisle.

IT IS TIME TO VOTE "YES" ON HEALTH CARE REFORM

(Ms. SCHWARTZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. SCHWARTZ. Mr. Speaker, today we will act on a uniquely American solution to health care reform. Our action will bring down health care costs for middle-income families, will help small businesses afford coverage for their employees, will improve coverage for our seniors, will rein in wasteful spending, and will provide access to 32 million uninsured Americans.

For those with insurance, starting right away, insurance companies will be prohibited from discriminating based on preexisting conditions, from placing annual or lifetime caps on coverage, and from dropping people for coverage when they get sick.

It is time to put American families back in control of their health care. It's time to hold insurance companies accountable to keep premiums down and to stop their denial of care and coverage. And it is time to ensure that 95 percent of Americans have access to affordable, meaningful health care choices.

It's time to finally fix the Medicare prescription drug gap, known as the doughnut hole, and to provide seniors with preventative and primary care. And it is time to rein in the Federal deficit by reducing it by \$1.2 trillion.

It's time to vote "yes" on health care reform.

FREEDOM DIES A LITTLE BIT TODAY

(Mrs. BLACKBURN asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. BLACKBURN. Mr. Speaker, my colleagues are celebrating the birth of

a great new entitlement program today; only they see dependency on the Federal Government and the death of freedom as a cause for celebration.

My colleagues celebrate this day as being like the days when Social Security, Medicare, Medicaid were passed. They forget that today those programs are insolvent and will likely crush our children under their debt.

My colleagues are overjoyed that soon their goal of having Americans dependent on the Federal Government for mortgages, student loans, retirement, and health care will be realized. That is a chilling goal.

My colleagues cheer that this bill is paid for. They ignore the fact that it is our children who will pay for their greed.

My colleagues shame us for scaring the American people about the contents of this bill. We know the consequences of this bill will be frightening and horrible.

Freedom dies a little bit today. Unfortunately, some are celebrating.

FORMING A MORE PERFECT UNION

(Mr. INSLEE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. INSLEE. "We the people of the United States, in order to form a more perfect union"—that is what got America started. And when we form a more perfect union, it is always a continuous and controversial process. Social Security, Medicare, civil rights, at those times it was always controversial.

But Americans are going to grow confident in this for two reasons. Number 1, we know that all Americans should have a choice in health care. It shouldn't be the government's choice. It shouldn't be the insurance company's choice. It should be individual Americans' choice, and that is what they will get today.

Number 2, we know that a nation is truly healthy only when all of its citizens have health care.

Today, we will have choice. Today, we will have health care. Today, we are forming a more perfect union in the tradition of this great country.

WISE COUNSEL FROM THE NFIB

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, as we vote on health care

takeover, I urge Members of both parties to pay attention to the counsel of the National Federation of Independent Business, NFIB, the Nation's leading small business association.

"Small business has been struggling with health care costs for decades, and our members need help now." These bills "are not the answer—they compound current problems and make health care even more expensive for small businesses. Costing nearly \$1 trillion, these bills will send health insurance costs soaring, increase the cost of doing business and set our economic recovery backward with destructive policies," including a tax on small business health plans, targeting small construction firms with destructive new mandates, an unprecedented increase in the Medicare payroll tax.

In July, NFIB warned a similar bill would kill 1.6 million jobs.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

As we vote today, I share the concern of former DSS Director Bill Walker that the bill will be a free ticket, no show.

COURAGE WILL BE THE CALL OF THE DAY

(Ms. JACKSON LEE of Texas asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE of Texas. Mr. Speaker, over the last 2 days, human beings who happened to be Members of Congress have been called the N word, have been spat on. Just recently, someone asked me why my braids were so tight.

But I know there is a better way, and I know that because members of the Congressional Black Caucus worshipped this morning at the Mt. Zion Baptist Church, and Pastor Smith said to us to call upon healing the land. We'll be able to heal the land by voting this evening on a health care bill that will help those who cannot help themselves, those single mothers, those people with preexisting disease.

I have the dishonor of being a Member of Congress representing the State of Texas that has the highest number of uninsured. And so today, there will be no shame in my vote, because I will vote for those Texans who are not here and cannot speak for themselves and are suffering with no health care. And seniors will have a stronger Medicare, and 95 percent of Americans will be able to be insured.

This is a day that courage will be the call of the day.

WE MUST END THIS DEBATE WITH UNDERSTANDING

(Mr. TIM MURPHY of Pennsylvania asked and was given permission to address the House for 1 minute.)

Mr. TIM MURPHY of Pennsylvania. Mr. Speaker, over the past 14 months, I have held 235 meetings and town hall meetings, received and sent hundreds of thousands of emails and mail, and heard from my constituents loud and clear. There is much we can agree on with each side of the aisle, but we still did not fix the underlying problem of health care.

We still will have \$700 billion in waste. We still will have \$50 billion wasted each year in hospital infections alone. We'll have a Medicare program that's going bankrupt, and, instead, we take another \$500 billion from Medicare. We take \$52 billion from Social Security.

We cannot confuse anger with action, passion with policy, or rancor with results. We have to understand that we will not give up on real health care reform that really cuts costs and saves lives to make it acceptable to all. We will never, never, never give up.

But above all, we have to make sure that this is not a moment that divides America. And to use the words of Abraham Lincoln, we must end this debate with understanding that we must have malice towards none, with charity for all, and to bind up the Nation's wounds. And that will include working together in the future to make sure we have real health care reform and help take care of those in need.

□ 1315

HISTORIC OPPORTUNITY

(Mr. BLUMENAUER asked and was given permission to address the House for 1 minute.)

Mr. BLUMENAUER. Today we have an historic opportunity, more than a century after President Teddy Roosevelt first raised this subject, to establish the foundation for health care reform.

We have some of finest health care in the world, but for too many Americans, they're unable to get it, millions are uninsured, hundreds of thousands of people with health insurance are going bankrupt each year from medical costs.

Today, the House will enact landmark legislation to save Medicare, improve quality, which is not just fully paid for but actually helps reduce the deficit. Americans will enjoy benefits not just in the future but this year. More tax credits to help small business provide care, kids able to be on their parents' insurance until age 26, help for seniors paying for prescription drug costs.

But the real story is not numbers and slogans. Today, Congress will finally give Americans the health care they need and deserve.

YOU CAN'T SAY YOU WEREN'T WARNED

(Mr. GOHMERT asked and was given permission to address the House for 1 minute.)

Mr. GOHMERT. I would ask my colleagues across the aisle—sometimes I raise my voice. I'm not going to do this, so I need you to listen. I'm very sincere.

I know that there are some wonderful-hearted people that have been standing against this bill from a pro-life position. They're good hearts. But they've been sold a bill of goods. You don't have to believe me.

I had an incredible non-reversal rate as a judge and chief justice; as a lawyer very successful. But let me tell you, there are people waiting to get the executive order struck down the moment it is signed. You needed to hear from somebody who understands your heart and understands where you're coming from. The executive order won't work. Then in the end, your standout will have been for nothing.

Please take another look at it. This is the wrong thing to have your vote swayed by. You can't say you weren't warned.

HEALTH CARE REFORM

(Mr. KAGEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KAGEN. Mr. Speaker, today in the House of Representatives, we must take a positive step forward and finally guarantee an end to discrimination against all citizens because of the way they were born or what illness they may have.

This bill that we're about to pass today will save lives and save jobs by putting patients first, strengthening Medicare, and finally guaranteeing access to affordable care for all of us. No longer will a child's illness cause their family to go broke and lose their home. Senior citizens in all of our communities will see a stronger and better Medicare as we begin to close the prescription drug program doughnut hole. Small business owners, like myself, will soon be able to buy health insurance for all of their employees at the same discounts that big corporations do.

We're beginning to fix what's broken in our health care system and improve on what we already have at a price we can all afford to pay because this bill will be not only paid for but will cut our deficit by a trillion dollars over time.

WILL WE CHOOSE TYRANNY OR LIBERTY?

(Mr. POE of Texas asked and was given permission to address the House for 1 minute.)

Mr. POE of Texas. Mr. Speaker, today is a defining moment in this Nation's history. Will we choose the path of individual liberty or will we choose the path of government tyranny? Will we choose the path to be in control of our own health, or will we choose to go the way of a European nanny state where government forces health choices upon us? Will we choose to uphold the sacred motto "We the People" or will we return to the chains and slavery of government and choose "We the Subjects"?

Our choice is clear. The American people don't desire more oppressive, intrusive government in charge of their health. The people want to control their own lives.

Thomas Paine in the Revolution said, "These are the times that try men's souls. Tyranny, like hell, is not easily conquered." Our Founders made the right difficult choice.

So will we at this time, on this day, this hour, stand for government tyranny or personal liberty? I choose "We the People," not "We the Subjects."

And that's just the way it is.

RECOGNITION FOR 1-MINUTE SPEECHES

Mr. GARRETT of New Jersey. Mr. Speaker, I seek unanimous consent to expand the number of 1-minutes to unlimited.

The SPEAKER pro tempore. Recognition for 1-minutes is within the discretion of the Chair.

Mr. GARRETT of New Jersey. Mr. Speaker, I seek unanimous consent to expand the number of 1-minutes to 10.

The SPEAKER pro tempore. The Chair is exercising his discretion not to recognize more than five 1-minutes on each side.

Mr. GARRETT of New Jersey. Parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. GARRETT of New Jersey. Within the discretion of the Chair, is the Chair responsible for explaining his basis for not expanding the number of 1-minutes so the American public can have a greater opportunity to hear the debate continue before the vote is taken today?

The SPEAKER pro tempore. No.

Mr. GARRETT of New Jersey. I thank the Speaker.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order: motion to suspend the rules on H.R. 4840, by the yeas and nays; motion to suspend the rules on H. Res. 1174, by

the yeas and nays; approval of the Journal, by the yeas and nays; motion to suspend the rules on H. Res. 1075, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

CLARENCE D. LUMPKIN POST OFFICE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill, H.R. 4840, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. SPIER) that the House suspend the rules and pass the bill, H.R. 4840.

The vote was taken by electronic device, and there were—yeas 420, nays 0, not voting 10, as follows:

[Roll No. 155]

YEAS—420

Ackerman	Cantor	Ehlers	McMorris	Salazar
Aderholt	Cao	Ellison	Rodgers	Sanchez, Linda T.
Adler (NJ)	Capito	Ellsworth	McNerney	Sanchez, Loretta
Akin	Capps	Emerson	Meek (FL)	Sarbanes
Alexander	Capuano	Engel	Meeks (NY)	Scalise
Altmire	Cardoza	Eshoo	Melancon	Schakowsky
Andrews	Carnahan	Etheridge	Mica	Schauer
Arcuri	Carney	Fallin	Michaud	Schiff
Austria	Carson (IN)	Farr	Miller (FL)	Schmidt
Baca	Carter	Fattah	Miller (MI)	Schock
Bachmann	Cassidy	Filmer	Miller (NC)	Schrader
Bachus	Castle	Flake	Miller, Gary	Schwartz
Baird	Castor (FL)	Fleming	Miller, George	Scott (GA)
Baldwin	Chaffetz	Forbes	Minnick	Scott (VA)
Barrett (SC)	Chandler	Fortenberry	Mitchell	Sensenbrenner
Barrow	Childers	Foster	Mollohan	Serrano
Bartlett	Chu	Fox	Moore (KS)	Sessions
Barton (TX)	Clarke	Frank (MA)	Moore (WI)	Sestak
Bean	Clay	Franks (AZ)	Moran (KS)	Shadegg
Becerra	Cleaver	Frelinghuysen	Moran (VA)	Shea-Porter
Berkley	Clyburn	Fudge	Murphy (CT)	Sherman
Berman	Coble	Galleghy	Murphy (NY)	Shimkus
Berry	Coffman (CO)	Garamendi	Murphy, Patrick	Shuler
Biggart	Cohen	Garrett (NJ)	Murphy, Tim	Shuster
Bilbray	Cole	Gerlach	Myrick	Simpson
Bilirakis	Conaway	Giffords	Nadler (NY)	Skelton
Bishop (GA)	Connolly (VA)	Gingrey (GA)	Napolitano	Slaughter
Bishop (NY)	Cooper	Gohmert	Neal (MA)	Smith (NE)
Bishop (UT)	Costa	Gonzalez	Neugebauer	Smith (NJ)
Blackburn	Costello	Goodlatte	Nunes	Smith (TX)
Blumenauer	Courtney	Gordon (TN)	Nye	Smith (WA)
Blunt	Crenshaw	Granger	Oberstar	Snyder
Boccieri	Crowley	Graves	Obey	Souder
Boehner	Cuellar	Grayson	Olson	Space
Bonner	Culberson	Green, Al	Olver	Speier
Bono Mack	Cummings	Green, Gene	Ortiz	Spratt
Boozman	Dahlkemper	Griffith	Owens	Stark
Boren	Davis (CA)	Grijalva	Pallone	Stearns
Boswell	Davis (IL)	Guthrie	Pascarell	Stupak
Boucher	Davis (KY)	Hall (NY)	Pastor (AZ)	Sullivan
Boustany	Davis (TN)	Hall (TX)	Paul	Sutton
Boyd	Deal (GA)	Halvorson	Paulsen	Tanner
Brady (PA)	DeFazio	Hare	Payne	Taylor
Brady (TX)	DeGette	Harman	Pence	Teague
Braley (IA)	DeLauro	Harper	Perlmutter	Terry
Bright	Dent	Hastings (FL)	Perriello	Thompson (CA)
Broun (GA)	Diaz-Balart, L.	Hastings (WA)	Peters	Thompson (MS)
Brown (SC)	Diaz-Balart, M.	Heinrich	Peterson	Thompson (PA)
Brown, Corrine	Dicks	Heller	Petri	Thornberry
Brown-Waite,	Dingell	Hensarling	Pingree (ME)	Tiahrt
Ginny	Doggett	Herger	Pitts	Tiberi
Buchanan	Donnelly (IN)	Herseth Sandlin	Platts	Tierney
Burgess	Doyle	Higgins	Poe (TX)	Titus
Burton (IN)	Dreier	Hill	Polis (CO)	Tonko
Butterfield	Driebehaus	Himes	Pomeroy	Tsongas
Buyer	Duncan	Hinojosa	Posey	Turner
Calvert	Edwards (MD)	Hirono	Price (GA)	Upton
Camp	Edwards (TX)	Hodes	Price (NC)	Van Hollen
Campbell		Hoekstra	Putnam	Velázquez
			Quigley	Visclosky
			Radanovich	Walden
			Rahall	Walz
			Rehberg	Wamp
			Reichert	Wasserman
			Reyes	Schultz
			Richardson	Waters
			Rodriguez	Watson
			Roe (TN)	Watt
			Rogers (AL)	Waxman
			Rogers (KY)	Weiner
			Rogers (MI)	Welch
			Rohrabacher	Westmoreland
			Rooney	Whitfield
			Ros-Lehtinen	Wilson (OH)
			Roskam	Wilson (SC)
			Ross	Wittman
			Rothman (NJ)	Wolf
			Roybal-Allard	Woolsey
			Royce	Wu
			Ruppersberger	Yarmuth
			Rush	Young (AK)
			Ryan (OH)	Young (FL)
			Ryan (WI)	

NOT VOTING—10

Conyers	Kirkpatrick (AZ)	Sires
Davis (AL)	Langevin	Towns
Gutierrez	Lee (NY)	
Hinchey	Rangel	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1347

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PARLIAMENTARY INQUIRIES

Mr. KINGSTON. Mr. Speaker, parliamentary inquiry. I was wondering if the Chair could tell us why a 15-minute vote was held open for 25 minutes.

The SPEAKER pro tempore. The gentleman has not stated a proper parliamentary inquiry.

Mr. KINGSTON. Parliamentary inquiry. Could the Chair explain to us how long that last vote was officially and how long it was in reality, which was 25 minutes? And I am wondering why the vote was held open for so long.

The SPEAKER pro tempore. The gentleman from Georgia has not stated a proper parliamentary inquiry.

Mr. KINGSTON. Parliamentary inquiry. Why was that vote held open for 25 minutes?

The SPEAKER pro tempore. The Chair will not entertain further such inquiries.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Without objection, 5-minute voting will continue.

There was no objection.

NATIONAL WOMEN'S HISTORY MONTH

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1174, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from California (Ms. SPEIER) that the House suspend the rules and agree to the resolution, H. Res. 1174.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 420, nays 0, not voting 10, as follows:

[Roll No. 156]

YEAS—420

Ackerman	Bachus	Berry
Aderholt	Baird	Biggart
Adler (NJ)	Baldwin	Bilirakis
Akin	Barrett (SC)	Bishop (GA)
Alexander	Barrow	Bishop (NY)
Altmire	Bartlett	Bishop (UT)
Andrews	Barton (TX)	Blackburn
Arcuri	Bean	Blumenauer
Austria	Becerra	Blunt
Baca	Berkley	Bocciari
Bachmann	Berman	Boehner

Bonner	Flake	Lewis (GA)
Bono Mack	Fleming	Linder
Boozman	Forbes	Lipinski
Boren	Fortenberry	LoBiondo
Boswell	Foster	Loeb
Boucher	Fox	Lofgren, Zoe
Boustany	Frank (MA)	Lowey
Boyd	Franks (AZ)	Lucas
Brady (PA)	Frelinghuysen	Luetkemeyer
Brady (TX)	Fudge	Lujan
Braley (IA)	Gallegly	Lummis
Bright	Garamendi	Lungren, Daniel E.
Broun (GA)	Garrett (NJ)	Lynch
Brown (SC)	Gerlach	Mack
Brown, Corrine	Giffords	Maffei
Brown-Waite,	Gingrey (GA)	Maloney
Ginny	Gohmert	Manzullo
Buchanan	Gonzalez	Marchant
Burgess	Goodlatte	Markey (CO)
Burton (IN)	Gordon (TN)	Markey (MA)
Butterfield	Granger	Marshall
Buyer	Graves	Matheson
Calvert	Grayson	Matsui
Camp	Green, Al	McCarthy (CA)
Campbell	Green, Gene	McCarthy (NY)
Cantor	Griffith	McCauley
Cao	Grijalva	McClintock
Capito	Guthrie	McCollum
Capps	Hall (NY)	McCotter
Capuano	Hall (TX)	McDermott
Cardoza	Halvorson	McGovern
Carnahan	Hare	McHenry
Carney	Harman	McIntyre
Carson (IN)	Harper	McKeon
Carter	Hastings (FL)	McMahon
Cassidy	Hastings (WA)	McMorris
Castle	Heinrich	Rodgers
Castor (FL)	Heller	McNerney
Chaffetz	Hensarling	Meek (FL)
Chandler	Herger	Meeks (NY)
Childers	Herseth Sandlin	Melancon
Chu	Higgins	Mica
Clarke	Hill	Michaud
Clay	Himes	Miller (FL)
Cleaver	Hinojosa	Miller (MI)
Clyburn	Hirono	Miller (NC)
Coble	Hodes	Miller, Gary
Coffman (CO)	Hoekstra	Miller, George
Cohen	Holden	Minnick
Cole	Holt	Mitchell
Conaway	Honda	Mollohan
Connolly (VA)	Hoyer	Moore (KS)
Conyers	Hunter	Moore (WI)
Cooper	Inglis	Moran (KS)
Costa	Inslee	Moran (VA)
Costello	Israel	Murphy (CT)
Courtney	Issa	Murphy (NY)
Crenshaw	Jackson (IL)	Murphy, Patrick
Crowley	Jackson Lee	Murphy, Tim
Cuellar	(TX)	Myrick
Culberson	Jenkins	Nadler (NY)
Cummings	Johnson (GA)	Napolitano
Dahlkemper	Johnson (IL)	Neal (MA)
Davis (CA)	Johnson, E. B.	Neugebauer
Davis (IL)	Johnson, Sam	Nunes
Davis (KY)	Jones	Nye
Davis (TN)	Jordan (OH)	Oberstar
Deal (GA)	Kagen	Obey
DeFazio	Kanjorski	Olson
DeGette	Kaptur	Olver
Delahunt	Kennedy	Ortiz
DeLauro	Kildee	Owens
Dent	Kilpatrick (MI)	Pallone
Diaz-Balart, L.	Kilroy	Pascarella
Diaz-Balart, M.	Kind	Pastor (AZ)
Dicks	King (IA)	Paul
Dingell	King (NY)	Paulsen
Doggett	Kingston	Payne
Donnelly (IN)	Kirk	Pence
Doyle	Kissell	Perlmutter
Dreier	Klein (FL)	Perriello
Driehaus	Kline (MN)	Peters
Duncan	Kosmas	Peterson
Edwards (MD)	Kratovil	Petri
Edwards (TX)	Kucinich	Pingree (ME)
Ehlers	Lamborn	Pitts
Ellison	Lance	Platts
Ellsworth	Langevin	Poe (TX)
Emerson	Larsen (WA)	Polis (CO)
Engel	Larson (CT)	Pomeroy
Eshoo	Latham	Posey
Etheridge	Latta	Price (GA)
Fallin	Lee (CA)	Price (NC)
Farr	Lee (NY)	Putnam
Fattah	Levin	Quigley
Filner	Lewis (CA)	

Radanovich	Schrader	Thompson (MS)
Rahall	Schwartz	Thompson (PA)
Rangel	Scott (GA)	Thornberry
Rehberg	Scott (VA)	Tiahrt
Reichert	Sensenbrenner	Tiberi
Reyes	Serrano	Tierney
Richardson	Sessions	Titus
Rodriguez	Sestak	Tonko
Roe (TN)	Shadegg	Tsongas
Rogers (AL)	Shea-Porter	Turner
Rogers (KY)	Sherman	Upton
Rogers (MI)	Shimkus	Van Hollen
Rohrabacher	Shuler	Velázquez
Rooney	Shuster	Visclosky
Ros-Lehtinen	Simpson	Walden
Roskam	Skelton	Walz
Ross	Slaughter	Wamp
Rothman (NJ)	Smith (NE)	Wasserman
Roybal-Allard	Smith (NJ)	Schultz
Royce	Smith (WA)	Waters
Ruppersberger	Snyder	Watson
Rush	Souder	Watt
Ryan (OH)	Space	Weiner
Ryan (WI)	Speier	Welch
Salazar	Spratt	Westmoreland
Sánchez, Linda T.	Stark	Whitfield
Sanchez, Loretta	Stearns	Wilson (OH)
Sarbanes	Stupak	Wilson (SC)
Scalise	Sullivan	Wittman
Schakowsky	Sutton	Wolf
Schauer	Tanner	Woolsey
Schiff	Taylor	Wu
Schmidt	Teague	Yarmuth
Schock	Terry	Young (AK)
	Thompson (CA)	Young (FL)

NOT VOTING—10

Bilbray	Kirkpatrick (AZ)	Towns
Davis (AL)	LaTourette	Waxman
Gutierrez	Sires	
Hinchey	Smith (TX)	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There is 1 minute remaining in this vote.

□ 1355

So (two-thirds being in the affirmative) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. LEE of New York. Mr. Speaker, on roll-call No. 156 I was unavoidably detained. Had I been present, I would have voted "yes."

THE JOURNAL

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the question on agreeing to the Speaker's approval of the Journal, on which the yeas and nays were ordered.

The question is on the Speaker's approval of the Journal.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 229, nays 189, not voting 12, as follows:

[Roll No. 157]

YEAS—229

Ackerman	Berkley	Boucher
Andrews	Berman	Boyd
Arcuri	Berry	Brady (PA)
Baca	Bilbray	Braley (IA)
Baird	Bishop (GA)	Brown, Corrine
Baldwin	Bishop (NY)	Butterfield
Barrow	Blumenauer	Capps
Bean	Blunt	Capuano
Becerra	Boswell	Cardoza

Carnahan
Carson (IN)
Castle
Castor (FL)
Chandler
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Conyers
Cooper
Costello
Courtney
Crowley
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Edwards (TX)
Ellison
Emerson
Engel
Eshoo
Farr
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Goodlatte
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Heller
Higgins
Hill
Hinojosa
Hirono
Hodes
Holden
Holt
Honda
Hoyer
Hunter

NAYS—189

Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Austria
Bachmann
Bachus
Barrett (SC)
Bartlett
Barton (TX)
Biggert
Bilirakis
Bishop (UT)
Blackburn
Boccheri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Bright

Broun (GA)
Brown (SC)
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Calvert
Camp
Campbell
Cantor
Cantor
Capito
Carney
Carter
Cassidy
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Connolly (VA)
Costa

Payne
Perlmutter
Peters
Pingree (ME)
Polis (CO)
Pomeroy
Posey
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Ross
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sessions
Sestak
Shea-Porter
Sherman
Matheson
Matsui
McCarthy (NY)
McClintock
McCollum
McDermott
McGovern
McIntyre
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Mollohan
Tonko
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman
Schultz
Waters
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

Granger
Graves
Griffith
Guthrie
Harper
Hastings (WA)
Hensarling
Herger
Herseth Sandlin
Himes
Hoekstra
Ingalls
Issa
Jenkins
Johnson, Sam
Jones
Kiddan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel
E.
Mack
Manzullo
Marchant
Markey (CO)

Buyer
Davis (AL)
Davis (TN)
Fattah

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). The Chair notices a disturbance in the gallery in contravention of the law and rules of the House.

The Sergeant at Arms will remove those persons responsible for the disturbance and restore order in the gallery.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). The Chair notices a disturbance in the gallery in contravention of the law and rules of the House.

The Sergeant at Arms will remove those persons responsible for the disturbance and restore order to the gallery.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1402

Mr. BARTON of Texas changed his vote from “yea” to nay.”

So the Journal was approved.

The result of the vote was announced as above recorded.

COMMENDING AGRI-BUSINESS DEVELOPMENT TEAMS OF THE NATIONAL GUARD FOR THEIR EFFORTS IN WAR-TORN COUNTRIES

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to

McCarthy (CA)
McCaul
McCotter
McHenry
McKeon
McMahon
McMorris
Rodgers
Melancon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Moran (KS)
Murphy (NY)
Murphy, Tim
Myrick
Neugebauer
Nunes
Olson
Paul
Pence
Perrillo
Peterson
Petri
Pitts
Platts
Poe (TX)
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher

NOT VOTING—12

Gohmert
Gutierrez
Hinchey
Kirkpatrick (AZ)
Owens
Schrader
Sires
Towns

the resolution, H. Res. 1075, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. SKELTON) that the House suspend the rules and agree to the resolution, H. Res. 1075, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 418, nays 3, not voting 9, as follows:

[Roll No. 158]

YEAS—418

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggert
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Boccheri
Boehner
Bonner
Bono Mack
Boozman
Boren
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Braley (IA)
Bright
Brown (SC)
Brown, Corrine
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Butterfield
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Carter
Cassidy
Castle
Castor (FL)
Chaffetz
Chandler
Childers

Chu
Clarke
Clay
Cleaver
Clyburn
Coble
Coffman (CO)
Cohen
Cole
Conaway
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (KY)
Davis (TN)
Deal (GA)
DeFazio
DeGette
Delahunt
DeLauro
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Dreier
Driehaus
Duncan
Edwards (MD)
Edwards (TX)
Ehlers
Ellison
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxy
Frank (MA)
Franks (AZ)
Frelinghuysen
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez

Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseth Sandlin
Higgins
Hill
Himes
Hinojosa
Hirono
Hodes
Hoekstra
Holden
Holt
Honda
Hoyer
Hunter
Ingalls
Inslee
Israel
Issa
Jackson (IL)
Jackson Lee
(TX)
Jenkins
Johnson (GA)
Johnson (IL)
Johnson, E. B.
Johnson, Sam
Jones
Jordan (OH)
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
King (IA)
King (NY)
Kingston
Kirk
Kissell
Klein (FL)
Kline (MN)
Kosmas
Kratovil
Kucinich
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latham

LaTourette	Neal (MA)	Scott (VA)
Latta	Neugebauer	Sensenbrenner
Lee (CA)	Nunes	Serrano
Lee (NY)	Nye	Sessions
Levin	Oberstar	Sestak
Lewis (CA)	Obey	Shadegg
Lewis (GA)	Olson	Shea-Porter
Linder	Oliver	Sherman
Lipinski	Ortiz	Shimkus
LoBiondo	Owens	Shuler
Loeback	Pallone	Shuster
Lofgren, Zoe	Pascrell	Simpson
Lowey	Pastor (AZ)	Skelton
Lucas	Paulsen	Slaughter
Luetkemeyer	Payne	Smith (NE)
Luján	Pence	Smith (NJ)
Lummis	Perlmutter	Smith (TX)
Lungren, Daniel	Perriello	Smith (WA)
E.	Peters	Snyder
Lynch	Peterson	Souder
Mack	Petri	Space
Maffei	Pingree (ME)	Spratt
Maloney	Pitts	Stark
Manzullo	Platts	Stearns
Marchant	Poe (TX)	Stupak
Markey (CO)	Polis (CO)	Sullivan
Markey (MA)	Pomeroy	Sutton
Marshall	Posey	Tanner
Matheson	Price (GA)	Taylor
Matsui	Price (NC)	Teague
McCarthy (CA)	Putnam	Terry
McCarthy (NY)	Quigley	Thompson (CA)
McCauley	Radanovich	Thompson (MS)
McClintock	Rahall	Thompson (PA)
McCollum	Rangel	Thornberry
McCotter	Rehberg	Tiahrt
McDermott	Reichert	Tiberi
McGovern	Reyes	Tierney
McHenry	Richardson	Titus
McIntyre	Rodriguez	Tonko
McKeon	Roe (TN)	Tsongas
McMahon	Rogers (AL)	Turner
McMorris	Rogers (KY)	Upton
Rodgers	Rogers (MI)	Van Hollen
McNerney	Rohrabacher	Velázquez
Meek (FL)	Rooney	Visclosky
Meeks (NY)	Ros-Lehtinen	Walden
Melancon	Roskam	Walz
Mica	Ross	Wamp
Michaud	Rothman (NJ)	Wasserman
Miller (FL)	Roybal-Allard	Schultz
Miller (MI)	Royce	Waters
Miller (NC)	Ruppersberger	Watson
Miller, Gary	Rush	Watt
Miller, George	Ryan (OH)	Waxman
Minnick	Ryan (WI)	Weiner
Mitchell	Salazar	Welch
Mollohan	Sánchez, Linda	Westmoreland
Moore (KS)	T.	Whitfield
Moore (WI)	Sánchez, Loretta	Wilson (OH)
Moran (KS)	Sarbanes	Wilson (SC)
Moran (VA)	Scalise	Wittman
Murphy (CT)	Schakowsky	Wolf
Murphy (NY)	Schauer	Woolsey
Murphy, Patrick	Schiff	Wu
Murphy, Tim	Schock	Yarmuth
Myrick	Schrader	Young (FL)
Nadler (NY)	Schwartz	
Napolitano	Scott (GA)	

NAYS—3

Broun (GA)	Paul	Young (AK)
------------	------	------------

NOT VOTING—9

Boustany	Hinchey	Sires
Davis (AL)	Kirkpatrick (AZ)	Speier
Gutierrez	Schmidt	Towns

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1409

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to. The result of the vote was announced as above recorded.

The title of the resolution was amended so as to read: "Commending the members of the Agri-business Development Teams of the National

Guard and the National Guard Bureau for their efforts, together with personnel of the Department of Agriculture and the United States Agency for International Development, to modernize agriculture practices and increase food production in war-torn countries."

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. GENE GREEN of Texas. Mr. Speaker, due to previous district commitments in Houston yesterday, I was not able to vote on rollcall votes taken during the evening of March 19 and March 20. I rise today to notify the House and the public on how I would have voted on those missed rollcall votes.

On House rollcall vote 144, "yes";

On House rollcall vote 145, "yes";

On House rollcall vote 146, "yes";

On House rollcall vote 147, "yes";

On House rollcall vote 148, "no";

On House rollcall vote 149, "yes";

On House rollcall vote 150, "yes";

On House rollcall vote 151, "yes";

On House rollcall vote 152, "yes";

On House rollcall vote 153, "yes";

On House rollcall vote 154, "yes."

Mr. Speaker, I do not take my voting responsibilities lightly. My voting percentage in the 111th Congress is over 96 percent. I rarely miss votes, but with the long week in Washington like all of us have had, I had previous commitments I could not miss in the district.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. On September 27, 1995, after a misuse of handouts on the floor of the House, and at the bipartisan request of the Committee on Standards of Official Conduct, the Chair announced that any handout distributed in or around the Chamber during proceedings of the House must bear the name of the Member authorizing its distribution; that the content of a handout must comport with the standards of propriety that apply to words spoken in debate or inserted in the RECORD; and, that failure to comply with these requirements may constitute a breach of decorum and could give rise to a question of privilege.

On January 7, 1997, the Speaker reiterated these standards as guidelines for the 105th Congress, and they have been so reiterated by the successive Speakers in each successive Congress. The Chair takes this opportunity to remind all Members of the need to maintain a level of decorum that properly dignifies the proceedings of the House.

PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 3590, SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009, AND PROVIDING FOR CONSIDERATION OF H.R. 4872, HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

Ms. SLAUGHTER. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 1203 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 1203

Resolved, That upon the adoption of this resolution it shall be in order to debate the topics addressed by the Senate amendments to the bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes, and the topics addressed by the bill (H.R. 4872) to provide for reconciliation pursuant to section 202 of the concurrent resolution on the budget for fiscal year 2010, for two hours equally divided and controlled by the Majority Leader and Minority Leader or their respective designees.

SEC. 2. After debate pursuant to the first section of this resolution, it shall be in order to take from the Speaker's table the bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes, with the Senate amendments thereto, and to consider in the House, without intervention of any point of order except those arising under clause 10 of rule XXI, a single motion offered by the Majority Leader or his designee that the House concur in the Senate amendments. The Senate amendments and the motion shall be considered as read. The previous question shall be considered as ordered on the motion to final adoption without intervening motion or demand for division of the question.

SEC. 3. If the motion specified in section 2 is adopted, it shall be in order to consider in the House the bill (H.R. 4872) to provide for reconciliation pursuant to section 202 of the concurrent resolution on the budget for fiscal year 2010 if called up by the Majority Leader or his designee. All points of order against consideration of the bill are waived except those arising under clause 10 of rule XXI. The amendment in the nature of a substitute printed in part A of the report of the Committee on Rules accompanying this resolution, modified by the amendment printed in part B of the report of the Committee on Rules, shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 4. Until completion of proceedings enabled by the first three sections of this resolution—

(a) the Chair may decline to entertain any intervening motion (except as expressly provided herein), resolution, question, or notice;

(b) the Chair may decline to entertain the question of consideration;

(c) the Chair may postpone such proceedings to such time as may be designated by the Speaker;

(d) the second sentence of clause 1(a) of rule XIX shall not apply; and
(e) any proposition admissible under the first three sections of this resolution shall be considered as read.

SEC. 5. In the engrossment of H.R. 4872, the Clerk shall amend the title so as to read: "An Act to provide for reconciliation pursuant to Title II of the concurrent resolution on the budget for fiscal year 2010 (S. Con. Res. 13)."

□ 1415

POINT OF ORDER

Mr. RYAN of Wisconsin. Mr. Speaker, I raise a point of order against H. Res. 1203 because the resolution violates section 426(a) of the Congressional Budget Act. The resolution contains a waiver of all points of order against consideration of the bill except those arising under clause 10 of rule XXI which includes a waiver of section 425 of the Congressional Budget Act which causes a violation of section 426(a).

The SPEAKER pro tempore. The gentleman from Wisconsin makes a point of order that the resolution violates section 426(a) of the Congressional Budget Act of 1974. The gentleman has met the threshold burden under the rule, and the gentleman from Wisconsin and a Member opposed each will control 10 minutes of debate on the question of consideration. After the debate, the Chair will put the question of consideration.

The Chair recognizes the gentleman from Wisconsin.

Mr. RYAN of Wisconsin. Mr. Speaker, let me just quote from a letter to the Speaker of the House by the Director of the Congressional Budget Office dated yesterday: "The Congressional Budget Office and the Joint Committee on Taxation estimated that the total cost of those mandates to State, local and tribal governments and the private sector would greatly exceed the annual thresholds established under the Unfunded Mandates Reform Act."

Mr. Speaker, this bill is the mother of all unfunded mandates. There are mandates on States. The new Medicaid mandate is expected to cost, according to the CBO, an additional \$20 billion on States. Let's start with the State mandate, \$20 billion on States in Medicaid. Democratic Governors have been speaking out against this. Let me quote Governor Rendell from Pennsylvania: "I think it's an unfunded mandate. We just don't have the wherewithal to absorb this health care bill without some new revenue source."

There is an individual mandate. It mandates individuals purchase government-approved health insurance or face a fine to be collected by the IRS which will need \$10 billion additional and 16,500 new IRS agents to police and enforce this mandate.

There is a business mandate. It mandates businesses provide government-approved health insurance or face penalties. If you don't offer health insur-

ance coverage, you have to pay \$2,000 per employee. If you do offer health insurance coverage, but one of your employees decides to take the Federal subsidy, you have to pay up to \$3,000 per employee anyway.

There's a health plan mandate. There are mandates on health plans to comply with new Federal benefits, mandates without any funds to meet these new requirements. There are new medical loss ratios of 80 and 85 percent. This hardly jives with the notion, If you like what you have, you can keep it, because millions of Americans will exactly lose just that.

There's a provider mandate. This mandates that many health care providers must actually provide exactly what Washington says. They're forced to take unilateral reimbursement cuts from the new independent payment advisory board.

Mr. Speaker, at this time I want to elaborate quite a bit more, but I will reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I claim time in opposition.

The SPEAKER pro tempore. The gentlewoman from New York is recognized for 10 minutes.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume.

Technically, this point of order is about whether or not to consider this rule and, ultimately, the underlying legislation. In reality, it's about blocking much-needed health care reform in this Nation. Those who oppose the process don't want any debate or votes on health care itself. They just want to make reform go away.

I know my colleagues on our side will vote "yes" so we can consider this important legislation on its merits and not stop it on a procedural motion. Let's stop wasting time on parliamentary loopholes because those who oppose the legislation can vote against it on final passage. We must consider the rule. We must pass this important legislation today.

I reserve the balance of my time.

Mr. RYAN of Wisconsin. May I inquire how much time is remaining between the two sides, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from Wisconsin has 8 minutes, and the gentlewoman from New York has 9½ minutes.

Mr. RYAN of Wisconsin. Mr. Speaker, let's look at the fiscal consequences of this bill. I think we're going to hear a lot today how this bill reduces the deficit according to the Congressional Budget Office. Well, I would simply say, the oldest trick in the book in Washington is that you can manipulate a piece of legislation to manipulate the final score that comes out.

But let's take a look at the subsequent analysis by the Congressional Budget Office. Let's take a look at the claims being made and the reality that

we're facing. This bill double-counts billions of dollars. It takes \$70 billion of premiums from the CLASS Act to spend on this new government program, instead of going to the CLASS Act. It takes \$53 billion in Social Security taxes which are reserved for Social Security and, instead, spends it on this new program. The Congressional Budget Office is telling us that in order to fulfill all the discretionary requirements, \$71 billion will be required to manage this new government-run health care system. They're saying at the Congressional Budget Office that Medicare part A trust fund, the trust fund itself will be raided to the tune of \$398 billion.

So if we actually count a dollar once, which is how law in math works, this bill has a \$454 billion deficit. I find it very interesting and noteworthy that just 2 days ago, the Speaker of the House said, We will be passing legislation in April, doing the so-called doc fix. Well, that's \$208 billion. And according to the Congressional Budget Office, when that will pass, combined with the double-counting and the gimmicks and the smoke and mirrors, we will have a \$662 billion deficit under this bill alone.

Now, Mr. Speaker, let's think about the economic consequences because the economic consequences that will be borne by this bill are truly horrific. People are losing jobs in this country. Our unemployment rate is near 10 percent. For us to get our unemployment rate back to where it was before the economic crisis, back to 5 percent, we will literally have to create 250,000 jobs every month for 5 years in this Nation. So what does this bill do? It imposes a new tax increase of \$569.2 billion, over half a trillion in new taxes on labor, on capital, on families, on small businesses, on work, on jobs.

And look at what we're looking at. Before even passing this bill, Mr. Speaker, we are going into a tidal wave of red ink of debt. The interest alone on the national debt that's about to befall us will be crushing to our economy. I asked the Congressional Budget Office, what would my three children face when they were my age? What we heard from the CBO was just alarming. By the time my three kids are my age—I am 40 and they're 5, 6 and 8 years old—the CBO said that the glide path that we are on before passing this bill, the tax rate on that generation by the time they're 40 years old will be that the 10 percent bracket goes up to 25 percent, middle-income taxpayers will pay an income tax rate of 63 percent, and the top rate that the small businesses pay will be 88 percent. This is the legacy we are leaving the next generation.

Last year the General Accountability Office said that the unfunded liability of the Federal Government—meaning the debt we owe to all the promises

being made—was \$62 trillion. You know what they say today, \$76 trillion. And what are we doing here? A \$2.4 trillion new unfunded entitlement on top of all of that. We can't even afford the government we've got right now, and we're going to be putting this new unfunded entitlement on top of it?

Mr. Speaker, at the end of the day, though, what's most insidious, what's most concerning, what's most troubling about this bill is what the future holds. This bill subscribes to the arrogant idea that Washington knows best, that Washington can organize and micromanage the entire health care sector of this country, 17 percent of our economy, one-sixth of our economy.

Well, let me give you a glimpse into that future, Mr. Speaker. This is the Treasury's 2009 financial report. It tells us that we are walking into an ocean of red ink, of debt, of deficit, of spending. And the only way to get this under control, the only way to stop a debt crisis from befalling this country—much like Europe is about to walk into—if you have government-run health care, if you have the government take the rest of the health care sector over is to deeply and systematically ration health care.

Think about what's in this legislation. We have a new comparative effectiveness research board placed in the stimulus legislation that decides what treatments are worth paying for. We have a new Medicare commission called the Independent Payment Advisory Board that makes across-the-board cuts into Medicare whether it's good for patients or not based upon cost considerations, bypassing the authority of Congress. And we have the new U.S. Preventive Task Force. That's an agency that recently said women in their forties don't need to do mammograms, that has been given unprecedented power in this legislation to make decisions that are normally made by patients and doctors.

What this bill does is it says this: we are no longer going to trust the will, the interest, and the decisions of patients and their doctors. They don't know enough. We're going to take the power and the money from the citizens and bring it to Washington, and Washington knows best. Washington will set up elaborate boards and bureaucracies of technocrats who can better micromanage those decisions. And the only way to get this debt crisis only control, the only way to get this under control is to ration care.

With that, Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I submit for the RECORD a 1-page document explaining why the requirements in the bill are not unconstitutional.

Attack: The individual responsibility requirement is unconstitutional.

Response: The arguments that have been raised against the constitutionality of an in-

dividual responsibility requirement are meritless. For over 70 years, the Supreme Court has recognized that Congress has the authority under the Commerce Clause to regulate activities that have a substantial effect on interstate commerce, which includes buying and selling health insurance. The requirement for individuals to contribute to their own health insurance coverage is clearly constitutional.

Over 70 years of Supreme Court precedent has recognized that, under the Commerce Clause, Congress can regulate activities that have a substantial effect on interstate commerce. A requirement that individuals purchase health insurance is both commercial and economic in nature—indeed, few things are more critical to our nation's economic health.

The failure of individuals to obtain health insurance has a substantial effect on our national economy. The U.S. spends over \$2 trillion dollars on health care each year—more than \$7,000 per person and more than 16 percent of our GDP. The economy loses billions of dollars every year because of the costs of treatment for uninsured Americans. And currently, individuals can forego buying insurance, leaving hospitals—and ultimately Americans who do buy insurance—on the hook for expensive emergency procedures. That drives up insurance premiums for all Americans.

Mandating health insurance affects interstate commerce in several ways. Covering more people will reduce the price of insurance by addressing free-riders who rely on emergency care and other services without paying for all the costs, which drives up costs for people with insurance. It will also ensure an insurance pool with a full cross section of healthy and sick subscribers, which will help keep down costs for everyone.

Even the conservative Supreme Court has recognized that the federal government has broad authority to regulate under the Commerce Clause. In 2005, the Court held that the federal government can prohibit medical marijuana grown at home and consumed personally under the Commerce Clause (*Gonzalez v. Raich*). Justice Scalia, no fan of expansive claims of Congressional power, even voted to affirm Congress' authority to regulate in that case. Certainly health insurance coverage has a greater effect on the national economy than people growing medical marijuana in their backyard.

Congress also has authority to impose an individual responsibility requirement under its Power to Tax and Spend for the General Welfare (Article 1, sec. 8, cl. 1) and the Necessary and Proper Clause (Art. 1, sec. 8, cl. 18.).

Now I am so happy to introduce and yield 2 minutes to Mr. KENNEDY, the gentleman from Rhode Island, who is not only a valued Member of this House but whose father, as we know, devoted his congressional life to health care for all Americans.

Mr. KENNEDY. Notwithstanding this point of order, I urge passage of the underlying rule and for us to go forward with the health insurance on behalf of the 21 percent of my State's constituents under the age of 65 who are uninsured because they're either too young to qualify for Medicare or they're too middle class to qualify for Medicaid.

"No memorial, oration or eulogy could more eloquently honor his mem-

ory than the earliest possible passage of this bill for which he fought so long. His heart and his soul are in this bill." While the above quote could easily refer to my father, and the context could easily describe this health care debate, these words were, in fact, spoken by my father as he rose on the Senate floor to honor his brother President Kennedy during the debate on the 1964 Civil Rights Act.

The parallels between the struggle for civil rights and the fight to make quality, affordable health care accessible to all Americans are significant. It was Dr. Martin Luther King, Jr., who said, Of all forms of inequality, injustice in health care is the most shocking and inhumane. Health care is not only a civil right, it's a moral issue.

Thank you, Madam Speaker, for your political and moral leadership in helping those to secure more advanced protections and benefits, especially in the area of mental health and addiction. Thank you, President Obama for delivering on your promise of providing the politics of hope rather than the politics of fear.

□ 1430

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Vermont (Mr. WELCH).

Mr. WELCH. Mr. Speaker, this debate has been long, but it is now complete. The arguments have been very contentious, but it is now time to decide. The bill before us is long, but the question that we face is really very simple.

Will Congress today choose on behalf of the American people who elected us to build a health care system where every American has access to health care and where every American shares in the responsibility of paying for it.

Will we today reinvigorate the American dream so that no parent with a sick child will wake up wondering if they are going to have access to a doctor, so no father who loses health care because he loses his job is going to wonder how his family is going to be provided for, so no mother who becomes sick will lose the health care she has because she is sick.

Will we today free ourselves from the shackles of a broken status quo, one that enriches health care companies but is punishing American families, punishing American employers, and punishing American taxpayers.

That's the question, Mr. Speaker, that we face today in this Congress. And this Congress has a choice to act like the confident Nation we are that faces head-on the challenges that we face. We will do so today by voting "yes" to move us so that we have a health care system in this country where every American is covered and we all help pay.

Mr. RYAN of Wisconsin. I reserve my time.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from California (Mr. FARR).

Mr. FARR. Mr. Speaker, I rise today to enter a letter from my next-door neighbor born with spina bifida. His parents were told to leave him in the hospital because he would be mentally retarded and he would never be able to get out of institutional care. His parents loved him and got him into school. He went through public high school, went to the University of California, graduated and got into Special Olympics. He tried to get a job. His coaches told him you will never be able to afford a job, you have a preexisting condition, you can't afford the insurance. You will have to stay on Medicaid the rest of your life.

He writes in his letter to me, Dear Congressman, and goes on to say in closing, I ask that you please pass this comprehensive health care package so that today's kids aren't told the same thing I was told. Never again should boys and girls with disabilities hear from their mentors, You cannot afford to work.

Emancipate people into the workforce; allow them to have insurance without preexisting conditions.

I am proud that Ben Spangenberg is here today sitting in that corner. I am proud that he is a constituent of this great country.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE of Texas. Mr. Speaker, let me remind us of a man who does not live today, Senator Edward Kennedy told us that he had a vision and a resolve that the health care of Americans would no longer count on whether or not they were wealthy Americans. And we are reminded as well of the words of President John F. Kennedy that said: Ask not what your country can do for you, but what you can do for your country.

This is not an unfunded mandate because we know full well that the CBO has said that this bill will pay for itself, that the deficit will be reduced by \$130 billion in the first 10 years, and that the deficit will be cut by \$1.2 trillion in the second 10 years. It eliminates the Medicare doughnut hole, and it insures some 32 million more people. But I am standing here today because 45,000 Americans die every year like Eric, a 32-year-old lawyer who went to the emergency room not once but three times. They sent him away with antibiotics and aspirin, but he died. I cannot tolerate that. Today we will heal this land, and we will vote for this health care bill. It is not an unfunded mandate. This health care reform is fair and must succeed.

Mr. RYAN of Wisconsin. I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. HARE).

Mr. HARE. Mr. Speaker, I was here last November and I talked about my father and my mother. My dad was ill, we lost our house and everything we ever had. And when I came home from my sister's wedding, there was a deputy sheriff with a notice to evict. My dad thought somehow he had let us down. Two days before his death, a death that came way too early for somebody at 67, I sat by his bed and he said Phil, just do two things for me, two promises: take care of your mother and the girls. But the pain that the loss of this house has caused, and the pain this family has had to go through, whatever you do, please, do not let another family have to go through this.

Last November I cast my vote in favor of our bill on behalf of my dad, my family, and for those people; and tonight, I will cast my vote in favor of this bill not just for my dad, but for the people who every 8 seconds in this Nation file bankruptcy and receive foreclosure notices because of health care. It is time to stand up and be counted. Tonight I will stand up, and I will be counted among the "yeses."

Mr. RYAN of Wisconsin. I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Wisconsin (Mr. KAGEN).

Mr. KAGEN. Mr. Speaker, today in the House of Representatives, we are going to answer the essential question: What kind of Nation are we? What kind of Nation would deny 30 million citizens access to health care? What kind of Nation would allow a child's illness to cause their family to go broke and lose their home? What kind of Nation would turn its back on neighbors who are in need, our seniors, our children, and millions of unemployed workers who through no fault of their own have lost their jobs, and soon, their hope. What kind of Nation are we? And what kind of Nation will we become if we do not pass this rule and pass essential health care legislation that we need?

This bill will save lives, and it will save jobs by putting patients first, and guaranteeing that Medicare will be there when we need it.

No longer will a child's illness cause their family to go broke and lose their home. Senior citizens will benefit by gaining access to prevention services with no copayments, no deductibles.

This is going to be our time, and I would encourage all of us to stop pointing fingers and start joining hands. Pass this essential legislation and save our Nation.

Today, in the House of Representatives, we will answer two essential questions: What kind of Nation are we? and Whose side are you on?

What kind of nation—would deny 32 million citizens access to health care? What kind of nation—would allow a child's illness or accident to cause families to go broke and lose their home?

What kind of nation—would turn its back on neighbors who are in need? Our senior citizens, our children and millions of unemployed workers who through no fault of their own have lost their jobs and need our help right here and right now?

And what kind of nation will we become if we do not take this positive step forward today? This bill saves lives and jobs by putting patients first, strengthening Medicare, and finally guaranteeing access to affordable care for all of us.

No longer will a child's illness cause their family to go bankrupt and lose their home.

Senior citizens will see a stronger and better Medicare as we begin to close the prescription drug program's donut hole.

Small business owners will soon be able to buy health insurance for their employees at the same discounts big corporations do.

We are beginning to fix what is broken in our health care system and improve on what we already have, at a price we can all afford to pay, for this bill is paid for and it reduces our national deficit by 1.2 trillion dollars over time.

Today, in the house of Representatives, we must take a positive step forward and finally bring an end to all discrimination against any citizen because of the way they were born or the illness they may have.

Today, people across America want to know whose side are you on? Are you sitting in the boardroom of a Wall Street run health insurance corporation? Or standing with your feet on the factory floor, prepared today to stand up for the best interests of your neighbors, by putting patients first?

Well, I am standing up for my patients and will vote yes on this bill, because it saves lives and jobs and begins to push insurance companies out of my patient's examination room.

There is much work yet to do to clean up the economic mess we have inherited. So, let's stop pointing fingers and start joining hands and work together to build a better nation. Join me. Let's take this positive step forward today. Join me in this effort and we will finally begin to guarantee access to affordable care for all of us—for my patients cannot hold their breath any longer.

Ms. SLAUGHTER. Mr. Speaker, let me yield 45 seconds to the gentleman from Pennsylvania (Mr. FATTAH).

Mr. FATTAH. Mr. Speaker, I rise to thank the chairwoman and in support of the rule. This Easter season, we are reminded again that if we can just hold on past Friday, Sunday will come. Americans have been holding on for over 100 years. We have seen bankruptcies, we have seen needless deaths. We have seen families denied insurance and children denied needed health care, but Sunday has come. This majority and this House is going to rise to the occasion. We will beat back this point of order, but much more importantly, we are going to beat these insurance companies and give the American public a health insurance reform bill that we all can be proud of.

Mr. RYAN of Wisconsin. Mr. Speaker, we can do better. It doesn't have to be this way. This is not democracy. This

is not good government. One of the cornerstone principles of this Nation that the Founders created is the principle that we govern by consent of the governed. That principle is being turned on its head here today.

More to the point, the shame of all of this is we have been offering constructive solutions from the very beginning. We have asked you to work with us on a bipartisan basis, step by step, piece by piece, work on the uninsured, work on preexisting conditions, work on costs, work on prices, work on the deficit. All along the other side said "no," we are doing it our way, one-party rule.

This bill clearly violates the House rules. We shouldn't be waiving our own rules and imposing these costly mandates. We are going to hear many emotional appeals today. Let me tell you a little bit about my own. I have the best mother-in-law a man could ever ask for. She is 5 years facing stage 3 ovarian cancer, and she is still fighting it because of a drug called Avastin that is keeping her alive. Well, if she was a British citizen, she wouldn't have it because they deny this drug to their cancer patients. We are setting up the identical same bureaucracies they have there here.

This bill explodes the deficit, it explodes the debt, and the only way to fix it is to put that kind of rationing in place. That is not what our government should be doing. This bill is a fiscal Frankenstein. It is a government takeover. It is not democratic.

Mr. Speaker, my colleagues, it is not too late to get it right. Let's start over, let's defeat this bill.

I yield back the balance of my time.

Mr. HENSARLING. Mr. Speaker, I rise today in strong opposition to this rule and the underlying health care legislation it is attempting to impose upon the American people. Despite the claim often made by my friends on the other side of the aisle, Republicans agree that we must reform health care in America. The current system is unsustainable, and simply doing nothing is not an option.

While I strongly oppose the underlying legislation and the direction it proposes to take health care in America, I do not support inaction to reform health care. Simply doing nothing is not an option. My vision of health care reform will ensure that Americans can get the health care that you need, when you need it, and at a price you can afford. I want to provide all Americans with access to health care that is affordable, portable, accessible, of high quality, and preserves choice for Americans.

In the health care reform debate, I believe it is critical that we remember the Hippocratic Oath: first, do no harm. Health care reform should also respect the sacredness of the doctor-patient relationship and ensure that the federal government does not interfere with the ability of patients and their doctors to make decisions about care. Health care reform should also lower costs for patients, and bend the overall health care cost curve downward. Health care in the United States represents

one-sixth of our economy, and ultimately affects every man, woman, and child. Any health care reforms made will have an impact that is far and wide throughout America. It is critical that we ensure the reforms we pursue are the right reforms that will improve health care, because the wrong reforms could have devastating and long-lasting consequences for the greatest health care system in the world. As important as it is to reform health care quickly, it is more important to reform health care correctly.

I believe five principles should guide any health reform effort. One, every American, regardless of health or financial status, should have access to affordable health care coverage of their choice. Nobody should go bankrupt because they get sick. Two, health care in America should be family-focused and patient-centered. It must put patients, in consultation with their doctors, in control of their health care. Your health care decisions should not be made by your employer, a health care plan selected by your employer, or the government. Three, people should own and control their health care plan, and it should be personal and portable. Four, Americans who are happy with their current plan should be allowed to keep it. Five, forcing Americans into a government health care program will not solve America's health care challenges.

There are many ideas that I truly believe will help bring down the cost of health care for Americans without a government take-over. However, the only way to truly lower costs is to empower a competitive health care market for health care. Despite what you think we don't have a competitive marketplace today. To help spur the creation of one, several ideas stand out. First, Congress should pass meaningful medical liability reform. I have cosponsored legislation that would provide meaningful medical liability reform, the Help Efficient, Accessible, Low-cost, Timely Health Care Act (H.R. 1086), and medical liability reform was included as part of the Republican substitute I voted for when the House debated its health care legislation in November 2009. Precious health care resources are wasted because physicians have to over-utilize health care and practice defensive medicine when treating patients in order to protect themselves from junk lawsuits pursued by trial lawyers. Enacting medical liability reforms would lower health care costs by cutting down on the practice of defensive medicine. Additionally, medical liability reform would help bring doctors back to those areas where junk lawsuits and high malpractice insurance has chased them away. Since 2003, when Texas enacted medical liability reform, the state has been flooded with applications of new physicians seeking to practice in Texas. In areas where specialists, such as OB/GYN physicians, had long ago quit practicing, you now have an OB/GYN delivering babies once again.

Additionally, I believe that Americans should be able to shop across state lines to find the health care plan that best suits their needs. Why can Americans buy car insurance across state lines, but they can't buy health insurance across state lines. By forcing health plan providers to compete, not only within their respective states for customers, but across the nation, competition will force insurers to deliver

health care plans at competitive costs or see business go elsewhere. I have cosponsored legislation that would permit Americans to purchase health insurance across state lines, the Health Care Choice Act (H.R. 3217), and this commonsense reform was included in the Republican substitute considered during consideration of the House-passed health care bill.

To further empower a competitive marketplace, individuals should be given the same tax incentive to go out into the marketplace to purchase their own health insurance that businesses are to provide health care for their employees. This current disparity in our tax laws leaves individuals tethered to employer-provided health care plans and the jobs that provide them. By empowering individuals to purchase individual health coverage and have the same tax-advantaged basis as employer-provided coverage, we can free employees to shop around for coverage that best suits them, instead of simply taking what their employers offer.

Additionally, I have cosponsored Representative PAUL RYAN's Roadmap for America's Future Act (H.R. 4529). This sweeping piece of legislation takes our nation's toughest fiscal challenges head on and solves them. In addition to making both Medicare and Social Security solvent for future generations, this legislation would also reform our health care system in a patient-centered manner that harnesses the power of the marketplace—not government—to provide Americans with access to high-quality, affordable health care. It does so without raising taxes or inserting a federal bureaucrat between you and your doctor.

When it comes to health care reform, the American people want a tune-up, they don't want repossession. The massive power grab that the underlying health care legislation represents will fundamentally change the relationship between the government and its citizens. For example, the Senate-passed health care legislation requires all Americans to have bureaucrat-approved health insurance or else be subject to criminal penalties. I believe such a requirement to be unconstitutional to begin with. However, even if it is one day ruled constitutional by our nation's judiciary, if the federal government requires you to buy health insurance today, what is it going to require you to buy tomorrow? Such a provision significantly moves us towards waking up one day and finding that the sovereign power in our nation rests not with "we the people" but with "we the government."

I also oppose the underlying health care legislation because of its blatant disregard for the sanctity of human life. Despite the fig-leaf attempts to cloud the issue, fundamentally, this is the most pro-abortion piece of legislation to be considered by Congress since the tragic Supreme Court decision of *Roe v. Wade*. The Senate-passed bill does nothing more than set up an accounting gimmick for government-subsidized health care plans that cover elective abortions participating in the exchanges. If the legislation truly embodied the principle that no federal funds would be used to subsidize elective abortions, the Stupak-Pitts amendment that this House approved as part of the House-passed health care bill on November 7, 2009 would be in the legislation today.

To the glaring absence of the Stupak-Pitts language, my friends on the other side of the aisle are now pointing to the promise of an Executive Order from President Obama. While such an Executive Order may seem to be a protection for the unborn, it is nothing of the sort. First, the underlying Senate-passed bill that will become law if passed by this House and signed into law by President Obama contains provisions that specifically set up mechanisms whereby federal taxpayer money could be used to subsidize or pay for elective abortions. Supreme Court decisions have reaffirmed that an Executive Order cannot override a statute in law. Secondly, just as easily as an Executive Order is given, an Executive Order can be taken away. Even if you believed that President Obama's Executive Order protected the rights of the unborn, it would have no lasting permanence. To overturn this Executive Order, a future president—or even President Obama himself—need only issue an Executive Order canceling it, leaving the protection of the unborn up to the stroke of a pen.

I also oppose the underlying legislation for the provisions that threaten the health care of our seniors and the future of Medicare. The underlying legislation contains over one-half trillion dollars in Medicare cuts. Within those cuts, Medicare Advantage plans are particularly hit hard. Medicare Advantage plans are currently providing quality health care coverage to millions of American seniors. These plans have grown in popularity over the years, demonstrating their appeal as seniors have voted with their feet to enroll in them. The cuts to Medicare Advantage in the Senate-passed bill would endanger the current health care coverage of seniors who have it, breaking a fundamental promise made by Democrats throughout this debate that if you like your current health care coverage, you could keep it.

The Medicare cuts are also troubling to me because, instead of being reinvested in the Medicare benefit to improve the solvency and future of Medicare, they are used to help pay for the new health care entitlement created in the underlying legislation. Medicare is already on the road to insolvency in the near future. According to the 2009 Medicare Trustees Report, Medicare has \$38 trillion in unfunded liabilities—promises made already that we can't pay for—and the Medicare Trust Fund will go broke in 2017. Since we will already have challenges paying for the Medicare benefits we've already promised, why are we taking money from Medicare and spending it elsewhere, instead of working to increase the solvency of Medicare to protect it for future beneficiaries?

On top of the reasons I've stated previously, I also oppose this legislation because it contains jobs-killing tax increases. The underlying legislation also includes approximately one-half trillion dollars in tax increases. While I believe that raising taxes is never the solution, how can anyone believe that raising taxes during our current economic troubles is a good idea? Despite the unprecedented spending spree that President Obama and Congressional Democrats embarked upon in February 2009, the United States continues to have an unemployment rate that is near double digits and the economy continues to shed jobs. At

the outset of this year, the majority announced that jobs were their number one legislative priority. Yet, how can jobs be the number one priority when legislation that contains jobs-killing tax increases is being brought before us today?

The final reason that I oppose this rule and the underlying legislation is that, simply put, the United States cannot afford this new entitlement. Do my friends on the other side of the aisle know that our country is going broke? Before President Obama took office, America was headed toward a fiscal cliff. However, instead of working to improve our fiscal situation, President Obama and Congressional Democrats have stepped upon the accelerator hastening the day of fiscal reckoning. Overall, under honest accounting standards, this legislation will cost \$2.6 trillion—or over \$22,000 per household. It is a bill that is filled with budget gimmicks, and the true cost obfuscated by smoke and mirrors accounting that would make Bernie Madoff blush. This legislation takes the half-trillion in Medicare cuts and uses them to pay for the new spending in the bill. Yet, somehow it also claims to use the savings from Medicare to increase Medicare's solvency. How can one set of Medicare savings be used twice?

The underlying legislation also raids the Social Security Trust Fund to the tune of \$53 billion, taking funds that would be destined to pay future Social Security benefits and instead uses them to reduce the overall cost of the bill. The benefits those funds were supposed to pay for will still have to be paid for eventually, requiring taxpayers to make up the difference.

This legislation also creates a new entitlement program known as the CLASS Act, which is supposed to be supported by premiums. However, to help bring the cost of the underlying legislation down, Democrats take the premiums from this program and spend them elsewhere. Thus, premiums that should be supporting this program are used elsewhere, leaving taxpayers to make up the lost funds in the future. This accounting gimmick is so bad, that even Senate Budget Committee Chairman KENT CONRAD has called this "a ponzi scheme."

This legislation is also fiscally dishonest because it attempts to hide its true cost through manipulation of congressional scoring procedures. The underlying legislation will collect 10 years of revenues to pay for 6 years of spending. By delaying the onset of benefits, Democrats are attempting to hide the cost of their health care legislation. Do Democrats intend for the health care bill to be turned off every decade for 4 years? Certainly not, but this setup is not by chance, as its purpose is to get the 10 year cost of the bill down.

In order to draw attention away from the fiscal flaws with this legislation, Democrats have been waiving estimates from CBO claiming their bill reduces the deficit. The dirty Washington secret is that CBO estimates are based on what is put in front of them. If you give CBO garbage on one side, garbage comes out the other. For instance, the underlying legislation assumes that physicians will receive a 21 percent Medicare reimbursement cut later this year. However, prior to today, Speaker PELOSI has already announced her support for passing what Washington calls the "doc fix."

Yet, the underlying bill assumes a 21 percent physician reimbursement cut. Instead of putting the "doc fix" in the underlying legislation, it was left out to ensure that the overall cost of the bill officially was lower. However, this does nothing to lower the overall cost to the American people. In fact, when you assume the "doc fix" will occur as well, CBO says the deficit will actually be increased as a result of passing the underlying legislation. In a March 19, 2010 letter to Representative PAUL RYAN, CBO writes, "You asked about the total budgetary impact of enacting the reconciliation proposal (the amendment to H.R. 4872), the Senate-passed health bill (H.R. 3590), and the Medicare Physicians Payment Reform Act of 2009 (H.R. 3961). CBO estimates that enacting all three pieces of legislation would add \$59 billion to budget deficits over the 2010–2019 period." Democrats are either going to cut physician payments by 21 percent, or they're not going to and increase the deficit. They can't have it both ways.

Despite the protests of my friends across the aisle, the bill before us today cannot be mistaken for anything other than what it is: a government take-over of our health care. This legislation takes health care in our nation in a fundamentally different direction as it puts a federal bureaucrat or politician between you and you doctor by empowering the federal government to substitute its decision-making regarding your health care decisions in place of that of you and your doctor. If you love the way the federal government has run AIG, our banks, and our auto companies, you'll love the way they run your health care.

But even more than cost, this is really a debate about who will control the health care resources of this Nation and who will control the health care decisions of our families. If we pass this bill, we will wake up one day only to find that when our loved ones become ill, they will wait weeks, perhaps months, to see a mediocre doctor of the government's choosing, only to be told by that same doctor that he cannot help because his treatment must be limited by the government protocol.

To see what health care in America could look like in the years to come, we need only look to those systems in the United Kingdom and Canada that the underlying health care legislation before us today tries to take us in the direction of. After hearing the stories of how those systems provide health care, I can't imagine any American who would want our health care experiences to be like those of the British and Canadians.

Would you want you or your loved ones to have the experience of Linda O'Boyle from Great Britain? Linda was a 64 year old mother of 3 and grandmother of 4 who was fighting cancer. After weeks of chemotherapy, doctors told her there wasn't much they could do for her. However, her consultant suggested a new drug called Cetuximab, which he applied for permission from the National Institute for Health and Clinical Excellence (NICE) to treat her with this drug, but was denied. Linda and her husband decided to pay for the drug themselves out of their savings. However, this was a violation of National Health Service policy and Linda was denied the "free" treatment by the NHS because she had privately paid for a cancer medication that prolonged her life. The

NHS completely withdrew treatment, including chemotherapy. Linda died in March 2008. The Southend University Hospital NHS foundation trust, where Linda was getting her treatment said in a statement: "A patient can choose whether to continue with the treatment available under the NHS or opt to go privately for a different treatment regime. It is explained to the patient that they can either have their treatment under the NHS or privately, but not both or in parallel."

Would you want you or your loved ones to have the experience that David Malleau of Canada did? David was a 44 year old truck driver who was in a bad car accident in 2004. Doctors were forced to remove a fist-piece size of bone from his skull to relieve pressure on his brain. After the swelling subsided, he was ready for surgery in March 2005. He was sent home and placed on a waiting list for surgery to replace the removed portion of his skull. Because of the threat of something hitting the exposed side of his brain, David was confined to his home while waiting on the surgery. Ultimately, he waited nearly a year for skull replacement surgery.

Would you want you or your loved ones to have the experience of Lindsay McCreith? Lindsay is a man in his 60s who went to the ER and a CT scan showed a large wedge-shaped brain tumor. He was discharged from the hospital 4 days later with a diagnosis of a stroke and given anti-seizure medication. Wanting to see if the tumor was cancerous, Lindsay wanted an MRI. He was given an appointment for one 4 months later. Not wanting to wait that long, Lindsay came to the United States and paid \$494.67 for the MRI. He took the results to his Canadian family doctor, who referred him to a neurologist. He was examined by the neurologist and referred to a neurosurgeon. However, to see the neurosurgeon, Lindsay would have to wait 3 months. Not wanting to wait that long to determine if he had cancer, Lindsay returned to the US and a biopsy found the tumor was malignant, and the tumor was subsequently surgically removed.

My friends on the other side of the aisle think that won't and can't happen in America. If the underlying bill becomes law, I hope and pray they are right. Unfortunately, I have low expectations that the experiences of patients in the United Kingdom and Canada can be avoided in the United States if this health care legislation becomes law.

I think another indication of the future of health care in America can be found in career paths that current physicians recommend to their own children. Since the health care reform debate began in 2009, I had the opportunity to meet with dozens of physicians throughout the Fifth Congressional District of Texas, which I have the privilege to represent. In my discussions with these physicians, I asked them whether or not they would recommend to their children a career in medicine as a physician. With very few exceptions, these physicians told me that they have encouraged their children to seek careers elsewhere, as they believe physicians in the future will not be able to provide the care that is right for their patients, but will be limited to providing the care that is approved by the government. This anecdotal evidence is of great con-

cern to me, because if current physicians won't even encourage their own children to practice medicine, will Americans continue to see our best and brightest students continue to choose medicine? My fear is that we will not, and in the future you will be seeing the doctor who was a "C" student, instead of seeing a doctor who was an "A" student, like you can today.

In America, we must never confuse the social safety net with the slippery slope to socialism. When it comes to the health care of my family, when it comes to the health care of my country, I reject the hubris and arrogance of government social engineering, and I embrace the affordability and portability that comes by preserving the liberties of the American people.

Mr. Speaker, if this legislation passes and becomes law, Americans will not stop being Americans. Each generation of Americans before us has passed on a legacy of more freedom and opportunity than the one it was left. We owe it to our children and our grandchildren to make their pursuit of happiness easier than our own. This legislation takes us in the exact opposite direction.

But despite the obstacles that Washington places along their paths in pursuit of their own happiness, Americans will continue to work hard, think hard, and employ the exceptionalism that has made our nation the beacon of freedom that we are today. Americans will find a way, Madam Speaker, to overcome the new taxes, the new spending, and the new mandates that are contained in this legislation. They will find a way—they must find a way—if we are to keep the Republic that we inherited from our forefathers.

Ms. SLAUGHTER. Mr. Speaker, I want to urge my colleagues to vote "yes" on this motion to consider so we can debate and pass the important legislation today.

I yield back the balance of my time. The SPEAKER pro tempore. The question is, Will the House now consider the resolution?

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. RYAN of Wisconsin. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 228, nays 195, not voting 7, as follows:

[Roll No. 159]

YEAS—228

Ackerman	Braley (IA)	Cooper
Altmire	Brown, Corrine	Costa
Andrews	Butterfield	Costello
Baca	Capps	Courtney
Baird	Capuano	Crowley
Baldwin	Cardoza	Cuellar
Bean	Carnahan	Cummings
Becerra	Carney	Dahlkemper
Berkley	Carson (IN)	Davis (CA)
Berman	Castor (FL)	Davis (IL)
Berry	Chandler	DeFazio
Bishop (GA)	Chu	DeGette
Bishop (NY)	Clarke	Delahunt
Blumenauer	Clay	DeLauro
Bocciari	Cleaver	Dicks
Boswell	Clyburn	Dingell
Boucher	Cohen	Doggett
Boyd	Connolly (VA)	Donnelly (IN)
Brady (PA)	Conyers	Doyle

Driehaus	Larson (CT)	Richardson
Edwards (MD)	Lee (CA)	Rodriguez
Ellison	Levin	Rothman (NJ)
Ellsworth	Lewis (GA)	Roybal-Allard
Engel	Lipinski	Ruppersberger
Eshoo	Loebach	Rush
Etheridge	Lofgren, Zoe	Ryan (OH)
Farr	Lowe	Salazar
Fattah	Lujan	Sanchez, Linda
Filner	Lynch	T.
Foster	Maffei	Sanchez, Loretta
Frank (MA)	Maloney	Sarbanes
Fudge	Markey (CO)	Schauer
Garamendi	Markey (MA)	Schiff
Giffords	Matheson	Schrader
Gonzalez	Matsui	Schwartz
Gordon (TN)	McCarthy (NY)	Scott (GA)
Grayson	McCollum	Scott (VA)
Green, Al	McDermott	Serrano
Green, Gene	McGovern	Sestak
Grijalva	McNerney	Shea-Porter
Hall (NY)	Meek (FL)	Sherman
Halvorson	Meeks (NY)	Sires
Hare	Michaud	Skelton
Harman	Miller (NC)	Slaughter
Hastings (FL)	Miller, George	Smith (WA)
Heinrich	Mitchell	Snyder
Higgins	Mollohan	Space
Hill	Moore (KS)	Speier
Himes	Moore (WI)	Spratt
Hinche	Moran (VA)	Stark
Hinojosa	Murphy (CT)	Stupak
Hirono	Murphy (NY)	Sutton
Hodes	Murphy, Patrick	Tanner
Holt	Nadler (NY)	Teague
Honda	Napolitano	Thompson (CA)
Hoyer	Neal (MA)	Thompson (MS)
Inslee	Oberstar	Tierney
Israel	Obey	Titus
Jackson (IL)	Olver	Tonko
Jackson Lee	Ortiz	Towns
(TX)	Owens	Tsongas
Johnson (GA)	Pallone	Van Hollen
Johnson, E. B.	Pascarell	Velázquez
Kagen	Pastor (AZ)	Visclosky
Kanjorski	Payne	Walz
Kaptur	Perlmutter	Wasserman
Kennedy	Perriello	Schultz
Kildee	Peters	Waters
Kilpatrick (MI)	Peterson	Watson
Kilroy	Pingree (ME)	Watt
Kind	Polis (CO)	Waxman
Kirkpatrick (AZ)	Pomeroy	Weiner
Kissell	Price (NC)	Welch
Kosmas	Quigley	Wilson (OH)
Kucinich	Rahall	Woolsey
Langevin	Rangel	Wu
Larsen (WA)	Reyes	Yarmuth

NAYS—195

Aderholt	Camp	Garrett (NJ)
Adler (NJ)	Campbell	Gerlach
Akin	Cantor	Gingrey (GA)
Alexander	Cao	Gohmert
Arcuri	Capito	Goodlatte
Austria	Carter	Granger
Bachmann	Cassidy	Graves
Bachus	Castle	Griffith
Barrett (SC)	Chaffetz	Guthrie
Barrow	Childers	Hall (TX)
Bartlett	Coble	Harper
Barton (TX)	Coffman (CO)	Hastings (WA)
Biggart	Cole	Heller
Billbray	Conaway	Hensarling
Bilirakis	Crenshaw	Herger
Bishop (UT)	Culberson	Herseth Sandlin
Blackburn	Davis (KY)	Hoekstra
Blunt	Deal (GA)	Holden
Boehner	Dent	Hunter
Bonner	Diaz-Balart, L.	Inglis
Bono Mack	Diaz-Balart, M.	Issa
Boozman	Dreier	Jenkins
Boren	Duncan	Johnson (IL)
Boustany	Edwards (TX)	Johnson, Sam
Brady (TX)	Ehlers	Jones
Bright	Emerson	Jordan (OH)
Brown (GA)	Fallin	King (IA)
Brown (SC)	Flake	King (NY)
Brown-Waite,	Fleming	Kingston
Ginny	Forbes	Kirk
Buchanan	Fortenberry	Kline (MN)
Burgess	Fox	Kratovil
Burton (IN)	Franks (AZ)	Lamborn
Buyer	Frelinghuysen	Lance
Calvert	Gallegly	Latham

LaTourette	Murphy, Tim	Schock
Latta	Myrick	Sensenbrenner
Lee (NY)	Neugebauer	Sessions
Lewis (CA)	Nunes	Shadegg
Linder	Nye	Shimkus
LoBiondo	Olson	Shuler
Lucas	Paul	Shuster
Luetkemeyer	Paulsen	Simpson
Lummis	Pence	Smith (NE)
Lungren, Daniel E.	Petri	Smith (NJ)
Mack	Pitts	Smith (TX)
Manzullo	Platts	Souder
Marshall	Poe (TX)	Stearns
McCarthy (CA)	Posey	Sullivan
McCaul	Price (GA)	Taylor
McClintock	Putnam	Terry
McCotter	Radanovich	Thompson (PA)
McHenry	Rehberg	Thornberry
McIntyre	Reichert	Tiahrt
McKeon	Roe (TN)	Tiberi
McMahon	Rogers (KY)	Turner
McMorris	Rogers (MI)	Upton
Rodgers	Rohrabacher	Walden
Melancon	Rooney	Wamp
Mica	Ros-Lehtinen	Westmoreland
Miller (FL)	Roskam	Whitfield
Miller (MI)	Ross	Wilson (SC)
Miller, Gary	Royce	Wittman
Minnick	Ryan (WI)	Wolf
Moran (KS)	Scalise	Young (AK)
	Schmidt	Young (FL)

NOT VOTING—7

Davis (AL)	Klein (FL)	Schakowsky
Davis (TN)	Marchant	
Gutierrez	Rogers (AL)	

□ 1503

Ms. HARMAN, Messrs. ISRAEL, CHANDLER, and Mrs. MCCARTHY of New York changed their vote from “nay” to “yea.”

So the question of consideration was decided in the affirmative.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

POINT OF ORDER

Mr. ISSA. Mr. Speaker, I rise to a point of order.

The SPEAKER pro tempore. The gentleman will state his point of order.

Mr. ISSA. Mr. Speaker, I make a point of order against consideration of the resolution. The resolution violates clause 9 of rule XXI by waiving that rule against consideration of H.R. 4872.

The SPEAKER pro tempore. The gentleman from California makes a point of order that the resolution violates clause 9(c) of rule XXI.

Under clause 9(c) of rule XXI, the gentleman from California and a Member opposed each will control 10 minutes of debate on the question of consideration.

Following that debate, the Chair will put the question of consideration.

The Chair recognizes the gentleman from California.

Mr. ISSA. Mr. Speaker, my point of order is quite simple. In the last 2 weeks, both the House Republicans and the House Democrats have passed sweeping anti-earmark resolutions. Moreover, the leadership of the House has said that they will ensure that earmarks are in the past. But, Mr. Speaker, this legislation is filled with earmarks, not the least of which is the Louisiana purchase, not the least of which is the Bismark provision. Mr.

Speaker, the amount of earmarks violating both Republican and Democratic House rules against earmarks is beyond the counting of any of us. My point of order is intended to stop the bill until earmarks can be removed from the bill.

I might note, Mr. Speaker, last night until late at night, for more than 13 hours, Republicans offered 80 amendments, many of which could have fixed portions of this bill. None—I repeat, Mr. Speaker, none—were ruled in order.

Mr. Speaker, I make a point of order that an earmark is tantamount to a bribe. An earmark to receive a vote is clearly a way to get a vote in return for something of value.

Mr. Speaker, this legislation is a vast tax increase and a vast increase in the reach of government. It deserves to be considered on its merits, not based on promises and bribes for financial gain to various Members' districts. Therefore, it is clear we must remove all earmarks before this legislation can move forward.

I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I rise in opposition to the point of order.

The SPEAKER pro tempore (Mr. JACKSON of Illinois). The gentlewoman from New York is recognized for 10 minutes.

Ms. SLAUGHTER. Mr. Speaker, I yield myself such time as I may consume.

My friends on the other side of the aisle are attempting to use a purely technical violation of the earmark identification rule to try and block the House from even considering the rule and the underlying legislation. In fact, the Budget Committee did include an earmark statement in their committee report.

However, a minor technical error in that statement made the legislation subject to a point of order. The Budget Committee has since filed two clarifying earmark statements in the CONGRESSIONAL RECORD. Clearly these statements, as well as the initial statement in the committee report, should show that it does not violate the spirit of the earmark rule. I have copies of these statements for any Members who need clarification.

The rule and the underlying legislation deserve to be debated on the merits, not stopped by purely procedural motions. I urge my colleagues to vote “yes” so we can consider this important legislation, so important to the American people. Let's not waste any more time.

I reserve the balance of my time.

Mr. ISSA. Mr. Speaker, I am flabbergasted. Perhaps the gentlelady from New York could tell me, does that mean that under the rule that the Louisiana purchase, the Cornhusker kickback, the Gator aid, and the Bismark bank job will be somehow removed from the legislation after its passage?

Ms. SLAUGHTER. I am happy to tell you that. The final bill will not have State-specific provisions. The provisions that are in apply to multiple States, and a provision in the education portion of the reconciliation bill regarding State-owned banks is being struck by the manager's amendment.

Mr. ISSA. Reclaiming my time, I'm going to simply state for the record that our reading is that all of these will go to the President in the bill. And, of course, if by some miracle a bribe for one becomes a bribe for many States, somehow I don't think the American people will find that particularly a happy day for anyone, except perhaps the few States who receive for a short time a special consideration.

With that, I yield 1 minute to the gentleman from Arizona (Mr. FLAKE).

Mr. FLAKE. I thank the gentleman for yielding.

We're all aware of the special provisions or earmarks in the bill: the Cornhusker kickback, the Louisiana purchase, the Gator aid. These earmarks, though, apart from the role they played in greasing the skids for this bill, are probably the least offensive part of the legislation.

We desperately need health care reform, reform that lowers costs and improves quality through competition and market discipline. But such measures, such as allowing the purchase of health care across State lines and allowing individuals to purchase insurance with pre-tax dollars, are absent from the bill. Instead, the bill contains increases in taxes, mandates and bureaucracy that will only serve to further shield the health care industry from true competition—competition that is so desperately needed.

Mr. Speaker, without this bill, the fiscal challenges that we face are incredibly steep. With this bill, they are almost insurmountable.

There will come a day that the piper will have to be paid. We have shown ourselves unwilling to fess up to the challenges today. We can only hope that those elected this November and in the years to come will show more courage than we've shown today.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. I thank the chairwoman of the Rules Committee, Ms. SLAUGHTER, for yielding the time.

We're going to fight through these dilatory tactics today and side with the American people and side with families all across this great country. For families that have health insurance, the insurance companies will no longer be able to cancel your coverage if you get sick. And if you switch jobs, the insurance companies will not be able to bar you from coverage just because you have a preexisting condition, like asthma or diabetes or some other disease happens to run in your family.

As for our parents and our grandparents and our neighbors who rely on Medicare, Medicare will get stronger. Not one benefit will be cut. Not one. Despite the scare tactics from the other side of the aisle, Medicare will be stronger; the prescription drug coverage will improve.

We're going to focus on prevention because prevention works, it saves lives, and it saves money. We're going to pay doctors that serve Medicare patients more money so that Medicare patients can keep their doctor and we can keep those smart doctors that serve Medicare patients working for all of us.

And for small business owners and families that do not have affordable health coverage today, we're going to create a new shopping exchange where they can compare plans in a transparent way and also provide new tax credits for small business owners and families all across America.

Yes, we're going to side with American families today because we're not just Members of Congress, we're daughters and sons and parents. We're grandchildren. And once and for all, we're going to ensure that all families all across America have what Members of Congress have. We're going to side with families against the insurance companies, fight through these dilatory tactics, and pass this historic landmark legislation.

Mr. ISSA. Mr. Speaker, I would like to yield 45 seconds to the gentleman from Texas (Mr. POE).

Mr. POE of Texas. This bill has special deals for special folks. The Louisiana purchase, a special deal for Florida, a special deal for two States in New England, and a special deal for Connecticut. And as much as my friends like to rail on the insurance companies, they give a special deal to Michigan Blue Cross so that they don't have to get the new tax increases. Why is that? Because it's special deals for special folks.

This bill is unconstitutional. The Texas State Attorney General plus 30 other Attorneys General will sue the Federal Government if this bill passes because of special deals for special folks.

Also, this bill is unconstitutional because it forces the American people to buy a product. Nowhere in the Constitution does the Federal Government have the authority to force you to buy anything, whether it's insurance, a car, or a box of doughnuts.

□ 1515

Mr. ISSA. Mr. Speaker, the ranking member needs 15 seconds to enter into a colloquy. I would yield the gentleman from California 15 seconds for a question.

Mr. DREIER. Mr. Speaker, I would like to engage in a colloquy, if I might, with my distinguished committee

Chair if that's possible, if she would do that.

Ms. SLAUGHTER. If we can use your time.

Mr. DREIER. If we can use my 15 seconds, Madam Chair?

Ms. SLAUGHTER. Yes.

Mr. DREIER. Well, let me just say that the one thing that we are guaranteed, and please tell me if I am wrong, the one thing that we are guaranteed is that the Senate bill, under the rule that has been crafted by the Rules Committee, is the only thing that if it passes today we know will become public law; is that correct?

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. ISSA. I would yield the gentleman an additional 10 seconds.

Mr. DREIER. Is that correct, Madam Chair?

Ms. SLAUGHTER. I am sorry, I couldn't hear.

Mr. DREIER. Under the rule that was crafted and reported out by the Rules Committee just before midnight last night, is it not true that the only thing that we are guaranteed to have become public law at the end of this day, if the votes are there, is, in fact, the Senate bill?

The SPEAKER pro tempore. The time of the gentleman has expired.

Ms. SLAUGHTER. Mr. Speaker, I am happy to yield 1 minute to the gentleman from Michigan (Mr. KILDEE).

Mr. KILDEE. Mr. Speaker, I spent 6 years in the Catholic seminary studying to be a priest and have always been pro-life. I will be 81 years old this September. Certainly at this stage of my life I am not going to change my mind and support abortion. I am not going to jeopardize my eternal salvation.

I sought counsel from my priest, advice from my family, friends and constituents and I have read the Senate abortion prohibition more than a dozen times. I am convinced that the original prohibition of the Hyde amendment is in the Senate bill. No Federal funds can be used for abortion except in the case of rape, incest and to save the life of the mother.

I am a pro-life Member, both for the born and the unborn.

PARLIAMENTARY INQUIRIES

Mr. TIAHRT. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman from Kansas will state his parliamentary inquiry.

Mr. TIAHRT. Mr. Speaker, it was my understanding that the chairwoman of the Rules Committee just said that if the language in the Senate bill that was referred to by the gentleman from California is going to be changed, would that not mean that the Senate bill would have to go back to the Senate for further action in that body?

Mr. Speaker, in order to keep the American public informed, let me restate this so that you can understand.

Is it true that if the actions to overcome the Cornhusker compromise, the Louisiana purchase and those special provisions that have been designated in the Senate bill are changed, as was assured by the chairwoman of the Rules Committee, then would not that bill have to go back to the Senate for further action?

The SPEAKER pro tempore. The Chair will not interpret the meaning of the pending resolution.

Mr. TIAHRT. Further inquiry, Mr. Speaker.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. TIAHRT. Mr. Speaker, I am asking a question that if a bill is changed, does it not have to go back to the other body for further action, because the gentlewoman from New York has assured the gentleman from California that his concerns about specific sections that were used to get specific votes is going to be changed by the manager's amendment. Would that not then change the underlying Senate bill, which would then have to go back to the other body for further action? Is that not true?

The SPEAKER pro tempore. The Chair will not interpret the meaning of the pending resolution. That is a matter for debate by Members.

Mr. TIAHRT. Mr. Speaker, I am a little confused, then. Perhaps you could, in a parliamentary inquiry, explain to me that if a bill is changed once it comes from the other body, does it not have to return to that body for further action?

The SPEAKER pro tempore. The Chair will not respond to another Member's characterization in debate of what the bill's effect is.

Mr. ISSA. Mr. Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman from California will state his inquiry.

Mr. ISSA. Under the rules of the House, if the House is not in order, as it was not when the gentlelady from New York said she could not hear the question, wouldn't the time not tally until the House is in order, thus allowing for her to get the question and be able to answer, something that we were denied, even though we gave 25 seconds for that process?

The SPEAKER pro tempore. The Chair recognized the gentleman from California for 10 seconds. The gentleman's time expired before the gentleman completed his question. The gentlewoman does not have the right to request time that she does not control.

Mr. ISSA. Further parliamentary inquiry.

If you recall, Mr. Speaker, I yielded 15 seconds and then an additional 10 seconds, and the gentlelady from New York repeated that she could not hear the question.

In fairness to the tally of the time, how can that time run when she could not hear? And wouldn't we be entitled to at least the time lost in debate because the House was not in order and she could not hear?

The SPEAKER pro tempore. The Chair may stop the clock while obtaining order. However, the Chair recognizes and acknowledges that in the 15 seconds that was first allotted to the gentleman from California, he had not completed his question.

In the 10 seconds that was subsequently lent to the gentleman from California, he still did not finish his question, and at no point in time did any Member suggest that they needed order from those who controlled the time, which was the gentleman from California.

Mr. TIAHRT. Parliamentary inquiry, Mr. Speaker.

Was not the gentleman from California yielded another 10 seconds, and he did not get to use it?

The SPEAKER pro tempore. The Chair is monitoring all time that is being used.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 1 minute to the gentlewoman from California (Ms. LEE).

Ms. LEE of California. I want to thank the gentlewoman for yielding and for her wonderful bold leadership. Today we will pass the historic vote to improve the health and wellness of millions of Americans who suffer because they are uninsured or underinsured and because of massive gaps in the Nation's health care system.

I just want to say on behalf of the Congressional Black Caucus, we have to thank Congresswoman DONNA CHRISTENSEN and our health task force, Congressman DANNY DAVIS, Congresswoman DONNA EDWARDS, Chairman RANGEL, Congressman CONYERS, our majority whip, Mr. CLYBURN, for their very stellar leadership.

We all cast our vote for all of the people who deserve health care but simply cannot afford it. We cast our vote for senior citizens who will see their prescription drug costs go down. We cast our vote for all of those who have no health care and end up in emergency rooms, and we cast our vote for our children and our grandchildren so that they will live longer and healthier lives. And we cast our vote in memory of those people who didn't have preventive health care and died prematurely.

Health care will finally become a right for all.

Mr. ISSA. Mr. Speaker, I yield 1½ minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, for those of us who recognize abortion as violence against children and the exploitation of women, nothing less than a comprehensive prohibition of public funding of elective abortion satisfies the demands of social justice.

Regrettably, the language that emerged from the Senate is weak, duplicitous and ineffective, not by accident but by design. It will open up the floodgates of public funding for abortion in a myriad of programs resulting in more dead babies and more wounded mothers.

For the first time ever, the Senate-passed bill permits health care insurance plans and policies, funded with tax credits, to pay for abortion, so long as the issuer of the federally subsidized plan collects a new congressionally mandated fee—an abortion surtax—from every enrollee in the plan to pay for other people's abortions.

The Senate-passed bill creates a new community health center fund. Hyde amendment protection do not apply. Therefore, either the Obama administration or a court is likely to compel funding there as well. Also, the bill creates a huge, new program administered by OPM that would manage two or more new multistate or regional health plans.

The legislation says that only one of those multistate plans not pay for abortion, which begs the question, what about the other multistate plans administered by OPM? Why are those federally administrated plans with federally mandated fees permitted to include abortion—this represents a radical departure from current policy.

Abortion isn't health care, Mr. Speaker. It is not preventive health care.

We live in an age of ultrasound imaging, the ultimate window to the womb and its occupant. We are in the midst of a fetal healthcare revolution, an explosion of benign, innovative interventions designed to diagnose, treat and cure illnesses or diseases any unborn child may be suffering.

Let's protect the unborn child and their mother. Obamacare, unfortunately, is the biggest increase in abortion funding ever.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Rhode Island (Mr. LANGEVIN).

Mr. LANGEVIN. Mr. Speaker, tonight we cast a vote to address one of our Nation's greatest unsolved challenges, and that is solving our Nation's health care crisis.

This Congress is being given a once-in-a-lifetime opportunity to fix a broken health care system that has left millions of families without the coverage and care that they deserve or are struggling to keep the health care coverage that they do have. If we seize this opportunity tonight, we can ensure that tomorrow a working mom in West Warwick, Rhode Island, will wake up knowing that she can afford her family's health care coverage. A dad in Providence will wake up knowing he can take his daughter to the doctor when she gets sick. A small business owner in Westerly will be able to wake

up knowing he can finally give his employees the coverage that he has always intended, and a cancer survivor in Narragansett will wake up knowing she won't be denied coverage because of a preexisting condition or lose her insurance because of a lifetime cap.

Mr. Speaker, after an injury left me paralyzed almost 30 years ago, members of my community rallied behind me and my family at a time that I needed it the most. It's that time in my life that inspired me to go into public service so that I could give back to a community that gave me so much at a time when I needed it the most.

Tonight I know that with all of my being I am fulfilling that promise, and I urge my colleagues to do the same by supporting this important piece of legislation and finally give America the kind of health care coverage that it deserves.

Mr. ISSA. Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. CHU).

Ms. CHU. Health care reform will make life better for your son, your daughter, your mother, your father and the people you see every day. It certainly would have made life better for Eric, a young man on my staff.

Eric was only 22 years old when he was diagnosed with cancer of the lymph node. He went through 2 years of chemotherapy on his father's health insurance. They paid thousands of dollars in copays and traveled hundreds of miles to find lower cost care, but at least they had insurance.

The crisis came when he reached the age of 24 and was going to be kicked off his parents' insurance. He tried to buy insurance but was denied because of a preexisting condition.

Thank goodness he got a job with us. But with health care reform he wouldn't have had to fear for his young life, because children will be covered up until their 27th birthday.

With health care reform, we have a chance to save lives. For the sake of young people like Eric, we must pass health care reform.

□ 1530

Mr. ISSA. Mr. Speaker, can I inquire as to how much time each side has remaining?

The SPEAKER pro tempore. The gentleman from California has 2½ minutes. The gentlewoman from New York has 2¼ minutes.

Mr. ISSA. Mr. Speaker, I yield 45 seconds to the gentleman from Wisconsin (Mr. SENSENBRENNER).

Mr. SENSENBRENNER. Mr. Speaker, the gentleman from New Jersey (Mr. SMITH) is right on. This bill expands abortion funding to the greatest extent in history.

I have heard that the President is contemplating issuing an Executive

order to try to limit this. Members should not be fooled. Executive orders cannot override the clear intent of a statute.

Secondly, yesterday everybody in this House voted in favor of the TRICARE bill, which preserved the DOD's right to administer this program. If an Executive order moves the abortion funding in this bill away from where it is now, it will be struck down as unconstitutional because Executive orders cannot constitutionally do that.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. SCOTT).

Mr. SCOTT of Georgia. Mr. Speaker, it is very significant that we are having this debate on Sunday, the Lord's day, because this is the day of faith, and we are going to have to step forward on faith and courage.

There are many people out here who have been warning and threatening us as to, if we vote on this bill, what will happen to us in the November elections. Well, that is not the question. The question is not what will happen to us in November. The question is, what will happen to the American people if we do not vote on this bill? That is why we have got to step out on faith, we have got to step out on courage. The American people are expecting it.

Each and every one of us was elected here for some great purpose at some great time. Well, that great purpose is for health care for all the American people, and the time is now. Vote "yes" for this bill and make America proud.

PARLIAMENTARY INQUIRY

Mr. ISSA. Mr. Speaker, point of inquiry.

Did I just hear an allegation of a threat? Would that be a threat against an action on Members of Congress? Is that in fact an allegation that we should consider at this time, since that's what I think I heard, that Members were being threatened?

The SPEAKER pro tempore. It is not the role of the Chair to characterize remarks used in debate.

Mr. ISSA. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. DREIER).

Mr. DREIER. Mr. Speaker, I would like to engage in a colloquy with the distinguished Chair of the Committee on Rules and ask the question as follows:

Is it not true that the only thing that we know with absolute certainty, if in fact it passes, is that the Senate bill will become public law?

We have heard all about this reconciliation package, and the gentlewoman seems to be certain of its passage. But is it not true that this rule guarantees that the only thing that will be law for sure is the Senate bill, which has the Cornhusker kickback, the Louisiana purchase, and those other items?

Ms. SLAUGHTER. Mr. DREIER, it is absolutely true that the Senate bill does contain those things. It has already been passed and requires no further action in the Senate.

What we will do today is pass the bill, which will then be sent to the President and become law. We will this afternoon pass the reconciliation—

Mr. DREIER. I would like to reclaim my time.

Ms. SLAUGHTER. Please let me answer.

The SPEAKER pro tempore. The gentleman from California controls the time.

Mr. DREIER. Mr. Speaker, we now know with absolute certainty that the only thing—

Ms. SLAUGHTER. No, you don't.

Mr. DREIER. That we are guaranteed—

Ms. SLAUGHTER. You don't know that.

The SPEAKER pro tempore. The gentlewoman from New York will suspend.

The gentleman from California controls the time.

Mr. DREIER. Mr. Speaker, I encourage everyone to read the rule. Because the only thing that we are guaranteed upon its passage is that the Senate bill, with the Cornhusker kickback, Gator aid, Louisiana purchase, and all in fact becomes public law.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 1 minute.

Yes, the Senate bill will become law today, followed by the reconciliation bill which contains the amendments to the law, which contains what everybody here wants us to take out. The best way that they can achieve their ends of removing the things that are objectionable from the Senate bill is to support reconciliation. And let's see if you can do it.

I reserve the balance of my time.

PARLIAMENTARY INQUIRIES

Mr. ISSA. Mr. Speaker, point of parliamentary inquiry.

Is it not against the rules of the House to urge an action in the Senate, such as voting for or assisting in reconciliation?

The SPEAKER pro tempore. References to the Senate are in order as long as they avoid personalities.

Mr. ISSA. Mr. Speaker, further parliamentary inquiry.

It is now acceptable to lobby the Senate from the House floor in any and all conduct and questions?

The SPEAKER pro tempore. Remarks must be addressed to the Chair, but remarks regarding the Senate are not necessarily out of order.

Mr. ISSA. I thank the Speaker, and I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I did not address the Senate. I want that to be clearly on the record.

I yield 30 seconds to the gentlewoman from the Virgin Islands, Dr. CHRISTENSEN.

Mrs. CHRISTENSEN. Mr. Speaker, as a physician and chair of Health for the Congressional Black Caucus, someone who has worked long to bring quality health care to the underserved in country and inclusion for the Virgin Islands and other territories, I thank our President and House leadership for the commitment and determination that has brought us to the brink of this great victory, not just for some, but for all of the people of this great country.

Today we will make insurance accessible and affordable to 32 million Americans, begin to eliminate health disparities, provide our children what they need to reach their full potential, and ensure that our seniors and disabled have the care they need.

So let's get on with the rule and to voting "yes" on this bill, not just for a healthy America, but for a better America.

Mr. ISSA. Mr. Speaker, could I inquire as to how much time each side has remaining?

The SPEAKER pro tempore. The gentleman from California has 45 seconds remaining. The gentlewoman from New York has 15 seconds remaining.

Mr. ISSA. Mr. Speaker, I will continue to reserve the balance of my time.

Ms. SLAUGHTER. I reserve the right to close, and I will reserve the balance of my time unless it is given up on the other side.

The SPEAKER pro tempore. The gentlewoman from New York has the right to close.

Mr. ISSA. Mr. Speaker, I wanted to inquire as to whether the gentlelady had any additional speakers, other than the right to close.

Ms. SLAUGHTER. Mr. Speaker, I do not.

Mr. ISSA. Mr. Speaker, at this time I would like to yield 30 seconds to the gentleman from Georgia (Mr. KINGSTON) to give his view of the Louisiana kickback and purchase.

Mr. KINGSTON. I thank the gentleman for yielding.

I have to ask my friends who have spoken before me: If the bill is as good as you say it is, why are any of these bribes in the bill to begin with?

The President said, January 25, "It is an ugly process, and it looks like there are a bunch of backroom deals."

And here is something that does not come out in the reconciliation process: \$7.5 million to Hawaii, page 2,132. Libby, Montana 2,222, something about biohazard. Frontier States, \$2 billion, page 2,238. And it goes on. The Louisiana purchase. None of this comes out in reconciliation.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. ISSA. Mr. Speaker, I regret that I have but 15 more seconds to give to my colleague.

Mr. KINGSTON. I thank the gentleman. And I know my friends on this

side of the aisle feel just the same way. Not one of those things comes out in the reconciliation process.

My question is, if the bill is so good, where has the transparency been? Why all the backroom deals? Why this week alone has the President had 64 calls and visits to the White House to twist arms? Why the sweeteners?

You know the bill is not as good as advertised. Vote “no.” Let’s work for a bipartisan bill.

PARLIAMENTARY INQUIRY

Mr. TIAHRT. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman from Kansas will state his parliamentary inquiry.

Mr. TIAHRT. Mr. Speaker, it was the assumption of the body here that all the earmarks that were contained in the Senate bill would be taken care of in the reconciliation bill. If it is true that they are not all taken into consideration for, do the earmark rules then apply to the rest of the bill?

The SPEAKER pro tempore. Will the gentleman restate his parliamentary inquiry.

Mr. TIAHRT. Yes, Mr. Speaker, I would be glad to.

It was the impression given the Members and the people of the United States that the reconciliation bill would take care of all the earmarks in the Senate bill. However, we now know that there are earmarks in the Senate bill that are not being taken care of. So do not the House rules on earmarks apply to the remainder of the Senate bill?

The SPEAKER pro tempore. The Chair will make a brief statement about the process of entertaining parliamentary inquiries.

Recognition for parliamentary inquiries is a matter committed to the discretion of the Chair. In exercising that discretion, the Chair endeavors to apply ordinary jurisprudential principles. A parliamentary inquiry should relate in some practical sense to the pending proceedings. It should not seek an advisory opinion. The Chair declines to respond to hypothetical questions, to questions not yet presented, and to requests to place pending proceedings in historical context.

Members should not expect to engage the Chair in argument. A Member seeking to make a point on the merits of an issue—whether it is one of policy or one of process—may do so by engaging in debate. But a Member should not expect to have the presiding officer affirm or validate such a point.

The Chair appreciates the understanding of Members.

With that said, the time of the gentleman from California has expired.

The gentlewoman from New York is recognized.

Mr. TIAHRT. Mr. Speaker, I am asking for an inquiry on the House rules. Do the House rules apply or not?

The SPEAKER pro tempore. The gentlewoman from New York has been recognized.

Mr. TIAHRT. Mr. Speaker, is it not the purpose of your role to make sure that the rules of the House are incorporated into our discussions?

The SPEAKER pro tempore. The gentlewoman from New York has been recognized.

Ms. SLAUGHTER. Mr. Speaker, again I want to urge my colleagues to vote “yes” on this motion to consider so that we may debate and pass this important legislation today.

Mr. Speaker, I am certain that I heard you say that the gentleman’s time has expired. Is that not correct?

The SPEAKER pro tempore. The time of the gentlewoman has expired as well.

Mr. ISSA. Mr. Speaker, a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will suspend.

In response to the earlier inquiry from the gentleman from Kansas, the Chair will state that the rules are being applied. The point of order under clause 9(c) of rule XXI was made and was being debated.

All time has expired.

Mr. TIAHRT. Mr. Speaker, clarification of the point of order.

The SPEAKER pro tempore. The gentleman from Kansas.

Mr. TIAHRT. Is it my understanding that you said that the rules will apply to the Senate bill on earmarks that were not covered by the reconciliation bill?

The SPEAKER pro tempore. The point of order was raised against the pending resolution. The point of order was debated.

The question is, Will the House now consider the resolution?

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. ISSA. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 230, nays 200, not voting 0, as follows:

[Roll No. 160]

YEAS—230

Ackerman
Altmire
Andrews
Baca
Baird
Baldwin
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Bocieri
Boswell
Boucher
Boyd
Brady (PA)
Braley (IA)

Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chandler
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa

Costello
Courtney
Crowley
Cuellar
Cummings
Dahlkemper
Davis (CA)
Davis (IL)
Davis (TN)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)

Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee
(TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kucinich
Langevin
Larsen (WA)

Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Loebach
Lofgren, Zoe
Lowey
Lujan
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Oliver
Ortiz
Owens
Pallone
Pascarella
Pastor (AZ)
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez

Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schradler
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Space
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—200

Aderholt
Adler (NJ)
Akin
Alexander
Arcuri
Austria
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Biggert
Blibray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boustany
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert

Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz
Childers
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (AL)
Davis (KY)
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Edwards (TX)
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Fox
Franks (AZ)
Frelinghuysen

Galleghy
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Herseth Sandlin
Hoekstra
Holden
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Kratovil
Lamborn
Lance

Latham	Minnick	Schmidt
LaTourette	Moran (KS)	Schock
Latta	Murphy, Tim	Sensenbrenner
Lee (NY)	Myrick	Sessions
Lewis (CA)	Neugebauer	Shadegg
Linder	Nunes	Shimkus
Lipinski	Nye	Shuler
LoBiondo	Olson	Shuster
Lucas	Paul	Simpson
Luetkemeyer	Paulsen	Smith (NE)
Lummis	Pence	Smith (NJ)
Lungren, Daniel	Petri	Smith (TX)
E.	Pitts	Souder
Mack	Platts	Stearns
Manzullo	Poe (TX)	Sullivan
Marchant	Posey	Taylor
Marshall	Price (GA)	Terry
Matheson	Putnam	Thompson (PA)
McCarthy (CA)	Radanovich	Thornberry
McCaul	Rehberg	Tiahrt
McClintock	Reichert	Tiberi
McCotter	Roe (TN)	Turner
McHenry	Rogers (AL)	Upton
McIntyre	Rogers (KY)	Walden
McKeon	Rogers (MI)	Wamp
McMahon	Rohrabacher	Westmoreland
McMorris	Rooney	Whitfield
Rodgers	Ros-Lehtinen	Wilson (SC)
Melancon	Roskam	Wittman
Mica	Ross	Wolf
Miller (FL)	Royce	Young (AK)
Miller (MI)	Ryan (WI)	Young (FL)
Miller, Gary	Scalise	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in this vote.

□ 1606

Ms. GINNY BROWN-WAITE of Florida changed her vote from "yea" to "nay."

So the question of consideration was decided in the affirmative.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The gentlewoman from New York is recognized for 1 hour.

Ms. SLAUGHTER. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from California (Mr. DREIER), and all time yielded during consideration of the rule is for debate only.

GENERAL LEAVE

Ms. SLAUGHTER. I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and insert extraneous material into the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from New York?

There was no objection.

Ms. SLAUGHTER. Mr. Speaker, these have been solemn days and not just because of the important legislation before us. Yesterday just steps away from where we are now standing, a group of protesters engaged in dangerous and derogatory behavior toward four of our Members. I believe the attacks yesterday were a step back for this country, a stark reminder of where we used to be and a reminder of how much further we must travel to fulfill the promise of equality.

It was only 2 weeks ago that my colleague from Georgia, JOHN LEWIS, marked the 45th anniversary of Bloody Sunday in Selma, Alabama, and yet

this civil rights icon was accosted yesterday while walking here to cast a vote. The use of racist, homophobic and inflammatory rhetoric and reports that the protesters who were gathered on our east terrace plaza attempted to spit on a Member of Congress is heart-breaking. This type of display should alarm every American and encourage us to work harder to put aside the hateful divisions and to come together to bridge the volatile spirit that is tearing apart our country.

The anger isn't just contained outside the Capitol. Last week someone hurled a brick through the window of my district office in the dark of night. We must step back to remind ourselves of why we are here.

I would like to show an incredible document given to me this week by the National Archives from the collection of Franklin Delano Roosevelt's original records. As the father of Social Security, Roosevelt has an honored place in this battle to create a national insurance plan for our country. This message, dated January 23, 1939, over 70 years ago, entitled, "To the United States Congress of the United States," talks plainly about the need of this government to provide health care for its citizens. It was recognized at the time that a comprehensive health care program was required as an essential link to our national defenses against individual and social insecurity. Roosevelt wrote: "The health of the people is a public concern; ill health is a major cause of major suffering, economic loss and dependency; good health is essential to the security and progress of the Nation."

I would like to read directly because I think the familiarity is overwhelming: "I have been concerned by the evidence of inequalities that exist among the States as to personnel and facilities for health services. There are equally serious inequalities of resources, medical facilities and services in different sections and among different economic groups. These inequalities create handicaps for parts of the country and the groups of our people which most sorely need the benefits of modern medical science.

"The objective of a national health program is to make available in all parts of our country and for all groups of our people the scientific knowledge and skill at our command to prevent and care for sickness and disability; to safeguard mothers, infants and children; and to offset through social insurance the loss of earnings among workers who are temporarily or permanently disabled."

I will tell you, Mr. Speaker, that reading from that piece of paper with his hand notes scribbled on it absolutely takes my breath away, but it is a reminder that eyes of history are watching us. Future generations will look at what we do today, and it will

be a guidepost to who we were as a people.

The effort to reform the health care system goes back to at least Theodore Roosevelt, that great President who campaigned in 1912 by promising: "We pledge ourselves to work increasingly in State and Nation for protection of home life against the hazards of sickness."

Still later, Harry Truman tackled reforms, as did President Clinton, during the nineties, a battle that I was here for. Before that, the last broad legislative rewrite was led by President Richard Nixon. It's remarkable to me that even after all these years, our final bill may end up being less progressive than the plan that Nixon would have supported, yet still the forces of the other side whip up opposition.

I want to share a story I heard from a constituent in Buffalo. I will be very brief because these heartbreaking stories are nationwide. But it is about a young man who moved from New York to California. In California, his insurance only allowed him to visit the emergency room for seizures. When he got to New York, his insurance did not cover that at all except in New York City, so his father has to drive him back and forth from Buffalo to New York City. And he said, We are slowly going poor.

Our bill covers an estimated 32 million Americans in a fiscally responsible way that improves Medicare benefits, holds insurance companies accountable, and helps small business owners with coverage. We are finally gaining ground against insurance special interests. Small businesses, the backbone of our economy will get tax credits if they make health care coverage available for their workers. We offer free preventive care for people on Medicare. We help people who have retired at 55, 10 years before they are eligible for Medicare. And we ban the lifetime and yearly limit on coverage.

All of these provisions have the potential to transform the way that we deliver health care in the country. The fight has been long and contentious, and the public has been grievously and purposefully lied to. This week the Congressional Budget Office, which is nonpartisan and objective and unbiased, estimates that we will cut the deficit by \$143 billion over the next 10 years and \$1.2 trillion over the following 10. What do our opponents say? That we can't afford this legislation. The fact of the matter is we can't not afford to do this legislation. For the 100 years we've worked toward this goal and all the obstacles, we are here today to do our job. And Harry Truman said, "If you can't stand the heat, get out of the kitchen."

Well, I consider the Rules Committee as the kitchen of the of House of Representatives, and I am proud to be the cook. And I am proud to stand up and

say that this bill is the right thing to do, and the time to act is now. I am delighted to vote "yes" today.

I reserve the balance of my time.

□ 1615

Mr. DREIER. Mr. Speaker, I thank my good friend, the distinguished Chair of the Committee on Rules, for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

Mr. Speaker, as the debate on how to reform our health care system has proceeded, a great deal of attention has been focused on how partisan and divided this House is. And I totally concur with the gentlewoman about the horror that took place here yesterday with the awful treatment of our colleagues. It is totally unacceptable.

I will say I am certainly one of those who has lamented the loss of bipartisan cooperation and substantive debate on the most important issues confronting our country. But I think there is at least one thing that we all will agree on, and that is the fact that the measure before us will have enormous repercussions for the American people for years to come.

For many of us, the votes that we are to cast today will be among the most significant that we have ever cast. Health care represents one-sixth of our Nation's economy. That fact alone makes any health care overhaul a tremendously important issue. But it is a lot more personal than that. The care that families receive, the choices that are available and the quality of those choices, these issues couldn't be more important. For many at some point in their lives, access to quality health care will become literally a matter of life or death.

Now we just heard a story from the distinguished chairwoman of the Committee on Rules, and we will hear story after story of tragedies, and we all have them that our constituents face. We must all recognize what a sobering and weighty matter lies before us today, which is why this utterly ill-conceived bill is so dangerous and is such an unfortunate, missed opportunity for a good bipartisan conclusion.

In addition to the divisiveness surrounding this measure, a great deal of attention has also been focused on the process by which this has been brought to the floor. Speaker PELOSI has argued that the American people care far more about the final product than the process by which it is considered. Now in a warped and bizarre way, Mr. Speaker, she is absolutely right. As egregious as this process has been, the American people will suffer the consequences of the substance of the bill in an even more significant and lasting way. As much as the public was outraged by procedural tactics to avoid a transparent vote on the Senate health care

bill, the greatest outrage has always been reserved for the bill itself.

This is not a bill that will increase access to care or improve its quality. It will not rein in costs.

What it will do is add an enormous amount of new government bureaucracy to our existing system. It will spend \$1 trillion at a time when our deficit is already \$1.4 trillion, and our total national debt exceeds \$12 trillion. It will cripple the small businesses that are already struggling in this economy and will further drive up unemployment. It will exponentially increase the waste and the potential for fraud and abuse that drive up costs while reducing access and quality. It will undoubtedly gut Medicare and potentially threaten the benefits and health care choices for nearly 11 million seniors enrolled in Medicare Advantage. It gives no guarantee to the more than 8 million Americans enrolled in health savings accounts that they will be able to keep their current coverage if they so choose. And it will implement all of the backroom deals that have so outraged the American people, and which we have discussed here today—Gator aid, the Louisiana purchase, the Cornhusker kickback, and the Bismarck bank job. As I said in my exchange with the distinguished chairwoman earlier, this is the only bill that has the potential of being the law of the land by the end of this day.

Mr. Speaker, this is a bad bill that grows even more unpopular every single day. But while Speaker PELOSI may be right that the substance of the bill will be remembered longer than the process, the process has been so tainted that we cannot simply gloss over it.

The Democratic leadership charged forward recklessly all of the past week or two with plans to try to avoid a transparent up-or-down vote on the Senate's health care bill despite enormous public outrage and harsh bipartisan criticism that came from their colleagues of the Democratic leadership. For days they ignored the demands of the American people to dispense with the Senate health care bill in an accountable way.

But when Democratic Members began demonstrating their outrage, the Democratic leadership had no choice; since the American people got it and understood what was taking place here, they had no choice but to abandon their plans.

The rule before us will allow for votes on two questions, Mr. Speaker: Will the Senate health care bill become law and will a second reconciliation bill be advanced to the Senate for further consideration. So again only one measure will become law. While the decision to actually hold a vote I have to admit is a welcome one, I hope very much that my colleagues will forgive my lack of exuberance over this development. I can't quite bring myself to

congratulate the Democratic leadership for agreeing to uphold the democratic process and actually have a vote on their legislation.

It is a sad commentary on the state of our institution when simply holding a vote to make a hopelessly flawed bill the law of the land feels like progress. But that's the reality, unfortunately, of where we stand today. While the Democratic leadership, as we all know, had no choice but to agree to hold a vote on the Senate bill, they have still completely closed down the debate.

Yesterday we had a very rigorous debate in the Rules Committee, where countless concerns were raised. Mr. Speaker, none of those concerns will be voted on today. We went 13½ hours yesterday, yet none of those concerns will be addressed today.

While the debate over health care has gone on for over a year, today we will be voting on a reconciliation package that was only fully made available last night, violating the 72-hour requirement. Yes, we will be having an actual vote today. But without open debate, the opportunity for amendments, or the chance to fully analyze the legislation, we still do not have full transparency or accountability. What we do have the opportunity to do today is to answer two different questions: One, will the Senate health care bill become the law of the land? And will a separate reconciliation package be advanced to the Senate for further consideration?

Mr. Speaker, it is absolutely critical to emphasize this two-track process because the Democratic leadership would very much like, as we have seen from the exchanges earlier, muddle this crucial fact. If they prevail today, Mr. Speaker, the Senate bill and only the Senate bill will become public law. The Senate bill, with all of its backroom deals and serious problems that are widely recognized by all, that is the only thing that will become law.

The Democratic leadership has tried to claim that the reconciliation package will fix all of the problems in the Senate bill. That claim is far from accurate. The fundamental approach to health care reform put forth by the Senate bill, which is fatally flawed, will remain intact. Putting aside that hard truth for just a moment, the more immediate issue is that the reconciliation package will not become law today. It will merely be sent to our friends, our colleagues in the other body, where it will be slowly picked apart like everything else that is sent to the other body. Maybe the Senate will amend it and send it back here for further action, Mr. Speaker. Maybe it will fail to act at all. No matter what anyone says in this institution, Mr. Speaker, no one knows. No one has any idea what takes place those many, many miles away, it seems, down that hallway. The only thing that can be sent to the President for signature

today is the Senate bill that virtually no one supports.

Let's cut through all of the misrepresentations and distortions. Passage of the underlying measures will ensure one thing and one thing only: enactment of the Senate bill. And I challenge anyone to take me on on that one. A vote for these measures today is a vote for all of those things that I mentioned: the Louisiana purchase; the Cornhusker kickback, which even Senator NELSON wants taken out; this Bismarck bank job; and the Gator aid. All of these things. It is a vote for new taxes and government bureaucracy. It is a vote for a trillion-dollar bill that does nothing to improve access or quality in our health care system.

Mr. Speaker, I urge my colleagues to reject this rule. The Democratic leadership has demonstrated that when they are left with no other option, they can be forced into doing the right thing. Mr. Speaker, let's start fresh and find the real solutions for the American people that are so critically needed.

I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), a member of the Rules Committee.

Mr. MCGOVERN. Mr. Speaker, this is a historic day for all of us in the House. We have the opportunity to enact real, meaningful health insurance reform that will improve the lives of millions of our fellow citizens. We can end the most abusive practices of the insurance companies. We can provide coverage to millions of hardworking families. We can bring down the cost of health care for families and small businesses. We can close the doughnut hole in Medicare and extend the solvency of that vital program, and we can pass the biggest deficit-reduction package in 25 years. All we need is the courage to do what is right.

Today is especially meaningful for those of us from Massachusetts. As we all know, 7 months ago our friend and mentor, Ted Kennedy, lost his battle with brain cancer. When he passed away, I said that while no one could ever fill his shoes, we can and we must follow in his footsteps, and that is exactly what we are doing today.

We have already taken important steps in Massachusetts to deal with the health care issue. And I am proud to say that my congressional district has the highest rate of coverage, over 97 percent, of any district in the country. And people back home often ask me, Why do we need to pass a Federal bill when we already have insurance here in our State? So I would like to talk for a moment about what reform means for Massachusetts: 75,000 additional middle class people will receive help to pay for their premiums; nearly 180,000 of our seniors will receive a 50

percent discount on their prescription drugs; 70,000 small businesses, the innovators and job creators, will receive credit to cover the cost of insuring their workers; our community health centers, our hospitals, our medical research centers, all will receive support to continue their great work; and we will no longer be forced to subsidize through higher premiums and higher Medicare and Medicaid costs the uncompensated care of people in other States who do not have health insurance.

If we want to create jobs, then passing this bill is absolutely essential. A few weeks ago, I talked to a small business owner in my district. Business has picked up lately, and he wanted to hire another employee, but then he got his health insurance bill and realized he couldn't afford it. He will just have to work harder and spend less time with his family. That is who this debate is all about. That is why today is so important.

I regret the fact that my Republican friends are not standing with us. I regret the fact that they deliberately try to obstruct this process. But you know what? The Republicans opposed Social Security. They opposed Medicare. They were on the wrong side of history then, and they are on the wrong side of history today. Senator Kennedy said that providing access to health care is "a fundamental principle of justice and the character of our country." As usual, he was right; and today, in this House, the work goes on and the cause endures. I urge my colleagues to support this bill.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 2 minutes to my very hardworking Rules Committee colleague, the gentleman from Miami, Florida (Mr. LINCOLN DIAZ-BALART).

Mr. LINCOLN DIAZ-BALART of Florida. Mr. Speaker, I truly hope this massive bill is not passed by the House today. If it does become law, it will constitute a decisive step in the weakening of the United States. At precisely the time when we should be implementing necessary reforms to strengthen and save Medicare, for example, this legislation raids Medicare by more than \$500 billion in order to pay for a new, massive entitlement.

□ 1630

At a time when it would still be possible to enact entitlement reforms to prevent a Greece-style fiscal catastrophe in the future, when genuinely painful economic medicine will be needed, we are creating a massive new entitlement.

We could have avoided the social convulsion and profound pain that prolonged fiscal irresponsibility inevitably brings to nations, but this President and this Congressional majority went with dogma instead.

And when the time comes for the United States to have to face economic

reality, and painful traumatic reforms are implemented by a future President and a future Congress, the U.S. military posture, our standard of living, the American middle class as we know it, those interconnected realities which have been so wonderful in characterizing modern America and which this President and this Congressional majority apparently seem to take for granted, those realities will be but historical memories.

This legislation is dishonest. It is irresponsible. It should be defeated.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. HASTINGS), a member of Rules.

Mr. HASTINGS of Florida. Thank you very much, my hero. You have done a magnificent job getting us to this point. I thank you for the time.

I also thank all the wonderful staffers on both sides that have done incredible work for us, the police officers that protect us here, the clerks, the reporters, and our pages, who are here to see the enormous history that we are going to make today.

I believe all of us want our great Nation to prosper. So today, we celebrate the greatest Nation on Earth, and we do so by a visionary step in our Nation's future. We are an intense people and we celebrate today the immensity of our intensity.

We all know, based on this harsh winter that just passed, and here on a spring-like day with summer soon a coming, that winter will come again, and it will ask, What were you doing last summer? I want it to be said that I was doing something to try to save the lives of 45,000 Americans that die every year because they are uninsured.

I don't want to be with that crowd that could best be described as cynics. I picked up today's paper, and a friend of mine, the former Speaker of this House, says that what we're about to do is a grand social experiment, radical, he said, social experiment.

Well, in my congressional district, if it is that I am to help improve the coverage of 290,000 residents, give tax credits and other assistance to 177,000 families and 22,500 small businesses, put me in the radical column.

If it's to improve Medicare beneficiaries, extend coverage to 161,000 uninsured people in the district I'm privileged to serve, then I'm radical.

If it's going to protect 1,100 families from bankruptcy, radicalize me.

If it's going to allow 60,000 young adults to obtain coverage, in the congressional district that I represent, on their parents' insurance plans, then Newt, please know that I'm radical.

As we go forward here today, I guess perhaps it would be good to look back on some from yesterday. Ronald Reagan said, There are no easy answers, but there are simple answers. We must have the courage to do what

is morally right. That was Ronald Reagan, an icon by all standards.

Another one said, Each time someone stands up for an ideal or acts to improve the lot of others or strikes out against injustice, he sends forth a tiny ripple of hope.

Now, I saw around this Capitol yesterday and around this Nation a lot of lack of hope.

Mr. DREIER. Mr. Speaker, at this time I'm happy to yield such time as he may consume to another hard-working member of the Committee on Rules, the gentleman from Dallas, Mr. SESSIONS.

Mr. SESSIONS. Mr. Speaker, in Texas we have a law that's called the deceptive trade practice. And if this were being done in Texas, it would be against the law, because this is deceptive, what we are talking about here today. What is being sold is deceptive.

We're hearing about the 35 million Americans that will be covered, but the other 23 million that will not be covered, they are not talking about.

And secondly, they are not talking about the \$500 trillion worth of physician reimbursement that is not included in this bill. And if people think you've got insurance or you can change insurance just to give everybody coverage, if you don't have a doctor to go to who can be paid for, then you won't get time to see the doctor.

Mr. Speaker, this is deceptive what is being put on the table here today.

The gentleman said call him a radical. I will. He is a radical.

Ms. SLAUGHTER. Mr. Speaker, I'm delighted to yield 3 minutes to a member of the Rules Committee and a gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. I would like to thank the gentlewoman from New York for yielding me time and for her courageous leadership of the Rules Committee.

Mr. Speaker, I rise today in support of the rule and the underlying legislation. I wasn't here 10, 20, or 30 years ago while the debates about health care ebbed and flowed, but I am here today. And as an old friend said to me today, there are not too many times in politics that you get to do something monumental, and this is the day.

We have the opportunity today to vote for a health insurance reform bill to improve the quality of life for millions of American families. It will also control costs, improve Medicare, and reduce the deficit.

If we do nothing, the health care system will continue to work better for the insurance companies than it does for the American people. Our plan gives people in my hometown of Sacramento more consumer protection and puts medical decisions back in the hands of patients and their doctors. Insurance companies will be prohibited from denying coverage based on preexisting

conditions or from rescinding policies from people once they're sick.

I've heard so many personal stories from my constituents who are struggling to make ends meet and who are burdened by the current insurance market. Tim Sullivan called my office 2 days ago. Tim is a small business person who lives day to day in fear of losing his insurance because, as someone who has glaucoma, his rates are going up and up every single year. Tim called me to ask why the current system discouraged entrepreneurs, average Americans with a brilliant idea who can't go out on their own because they can't afford their own insurance.

For millions of Americans like Tim, we have created insurance exchanges that will help him get the same buying power as big business or a Member of Congress.

Elizabeth Bell recently graduated from college and does not yet have a full-time job with benefits. She reached the age where she was dropped from her parents' plan and now has to pay expensive monthly premiums. Elizabeth wrote to ask, What would I do if I didn't have insurance?

For Elizabeth and millions of Americans like her, our health care bill allows young adults to stay on their parents' plans through their 26th birthday.

The current system is not working for Tim or Elizabeth or millions more Americans in districts throughout our country. And if it is not working for them, Mr. Speaker, it is not working for me. And that is why I'll be proud to cast my vote for the bill before us today.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 2 minutes to another dedicated member of the Rules Committee, the gentlewoman from Grandfather Community, North Carolina (Ms. FOXX).

Ms. FOXX. Mr. Speaker, the legislation we're about to vote on represents one of the most offensive pieces of social engineering legislation in the history of the United States, and the American people recognize this simple truth.

Even the ruling Democrats recognize how unpopular this proposal is but have chosen to ignore the overwhelming outcry and convince their wavering colleagues that the government and politicians in Washington, D.C., know better than their constituents. What arrogance.

Although this may be shocking to many Americans, this arrogance reflects the approach the ruling Democrats have taken since they regained the majority in 2007. We will be voting on legislation that even the liberal Democrat chairwoman of the Rules Committee said "Will do almost nothing to reform health care," and that "It's time that we draw the line on this weak bill and ask the Senate to go back to the drawing board. The Amer-

ican people deserve at least that." On that, we agree.

This legislation contains taxpayer funding for elective abortion, an unprecedented proposal that offends the conscience of American taxpayers.

The legislation we're about to vote on increases the cost of insurance, strangles private competition, and ultimately leads to a complete Federal takeover of the health care industry.

Voting "no" on this rule and this legislation will give Congress a renewed opportunity to do what should have been done from the beginning, vote for effective bipartisan legislation that rises to the challenge facing so many people seeking reasonable health care reform.

Ms. SLAUGHTER. Mr. Speaker, I'm pleased to yield 3 minutes to the gentleman from California (Mr. CARDOZA), a member of the Rules Committee.

Mr. CARDOZA. Mr. Speaker, my wife has been a family doctor for 20 years and comes home every single night telling me stories about her patients who have paid their premiums, but when they get sick and need coverage, they're denied the care by the same companies who are trying to kill this legislation here today. I have heard her on the phone fighting those very insurance company executives to let her practice medicine the way she was trained at the University of California at Davis Medical School.

What a concept, to have your doctor write your prescription, not someone on the other end of an insurance company authorization line.

This is not socialized medicine. Far from it. We are making sure that the doctor is making the decision, not the insurance company.

Mr. Speaker, my brother runs a company, a business, a small business that has been in my family for 50 years. Two weeks ago he was told his premiums are going up by 75 percent. To add insult to injury, on that very day, my sister-in-law had had knee replacement surgery and the doctor thought she needed a few extra days in the hospital because they were afraid that she might get blood clots. She was told by her insurance company they couldn't have that time initially because it was too expensive.

There was a little girl in my hometown who had leukemia. The insurance company told her she couldn't go to the hospital with the best success rate to fix her disease. She had to go to the hospital with a much lesser success rate because it was cheaper there. Her parents called me and I tried desperately to help get her to the other hospital. I failed. She died.

That is what is happening in America right now. That is what we have to deal with today. That is what the American people want fixed, and that is precisely what this reform is all about.

Mr. Speaker, when I was 22 years old, I was an intern here in this very Capitol. Mr. KENNEDY was holding hearings

on health care reform for all Americans. I listened to the very same arguments by the people trying to kill this bill here today back then. They're the same people that were fighting health care. They don't care about patients. All they care about is the bottom-line profits for the insurance companies.

We have waited for this day far too long already. If we don't take a stand and do the right thing here today, the very same debate will be taking place in another 30 years.

So I'm going to vote for this bill, Mr. Speaker. I am going to vote for it precisely because the reform is so desperately needed, and it's also desperately long overdue.

Mr. DREIER. Mr. Speaker, at this time I'm happy to yield 1 minute to a former member of the Rules Committee, but always hard working, the gentleman from Moore, Oklahoma, Mr. COLE.

Mr. COLE. Mr. Speaker, I rise today to oppose this rule and the underlying legislation. Frankly, this rule sets a deplorable precedent, deplorable in terms of limiting Member participation and silencing millions of voters whom they represent.

This bill cuts \$523 billion out of Medicare and diverts it to an entirely new entitlement. Sixty-five Members filed amendments offering new ideas and better approaches. None of those amendments were made in order.

My amendment, Mr. Speaker, would have prohibited cuts in Medicare, would have kept the money saved in Medicare in that program. Democrats are turning a blind eye to the future unfunded obligations of that program just as the baby boomers are retiring by the millions upon millions.

This rule is flawed. This bill is fiscally irresponsible. We should vote "no." I urge a "no" vote on the rule and the bill.

□ 1645

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Colorado (Mr. PERLMUTTER), a member of the Rules Committee.

Mr. PERLMUTTER. Thank you, Madam Chair.

This marks a historic time for our country to take necessary steps to make quality, reasonably priced health care possible and accessible to many more people. The current system is broken, and there is still a lot of work to be done. And I am committed to continuing this work. But "no" is not an option. Just say "no"; just vote "no" that's what you hear from the other side. The status quo is not an option.

Today we can improve our health care system by extending coverage to people with preexisting conditions like my daughter and 16,800 of my constituents in the Seventh Congressional District in Colorado. I've talked with my

constituents in Seventh Congressional District meetings, in the government-at-the-grocery meetings that I have, telephone town halls, town halls all across the board, and they know the system is broken and something has to be done.

But for me, this is personal. I have a daughter with epilepsy. She didn't ask to get it. It's just part of her chemistry. I dare say everybody in this room has somebody in their family, a close friend, a neighbor with a pre-existing condition, and our system, our health care system, discriminates against those people.

The 14th Amendment to the Constitution guarantees that every American has the right to equal protection of the laws. The system that we have right now is probably unconstitutional and, I believe, downright immoral and must be changed. More and more families and businesses can no longer bear the burden of this broken health care system. This issue touches every person in their own unique way.

Because there are millions and millions of people affected by our health care system, we have to change this. The status quo will not work for us any longer. I'm proud to support this bill. I ask for a "yes" vote on the rule and a vote to change our health care system.

Mr. DREIER. Mr. Speaker, at this time I'm happy to continue the Rules Committee and former Rules Committee lineup by yielding 2 minutes to another former Rules Committee member, the gentleman from Marietta, Georgia (Mr. GINGREY).

Mr. GINGREY of Georgia. Mr. Speaker, I thank the gentleman from California for yielding.

I left behind my medical practice of almost 30 years to run for Congress. And it's hard to put into words the joy I felt each time I helped bring a new life—actually 5,200 new lives—into this world. Yet in my heart, I felt strongly in the need to improve health care in this country. But, Mr. Speaker, this bill is not the health care reform that I had in mind.

Raiding \$500 billion from Medicare is not reform. The Cornhusker kickback is not reform. The Louisiana purchase is not reform. Turning IRS agents—in fact, 17,000 new ones—into health care czars is not reform. And an unconstitutional mandate that will penalize poor families is certainly not reform.

Mr. Speaker, I would say to my moderate and conservative Democratic friends who have been told by Speaker PELOSI and by the President, "Just vote for this bill. Don't worry about your constituents. We'll take care of you," there is a Dear Colleague being passed around as I speak of pictures of Democratic Members, former Democratic Members, who were told the same thing back in 1993 on the issue of the Clinton tax increases. None of them who voted "yes" are in Congress today.

Mr. Speaker, let me quote President Obama from his speech yesterday: "If you don't think your constituents would be helped by this, then vote 'no.'"

I know Americans would not be helped by this bill. I cannot support it. I will not support it. I will be voting "no."

Ms. SLAUGHTER. Mr. Speaker, I am delighted to yield 2 minutes to the gentlewoman from Maine, a member of the Rules Committee, Ms. PINGREE.

Ms. PINGREE of Maine. I thank the hardworking chair of the Rules Committee, Ms. SLAUGHTER, for yielding me the time.

As we get ready to cast a vote to finally reform our health care system and rein in the insurance companies, I want to tell you what I hear from my home State of Maine where people are frustrated and struggling.

A woman named Margaret told me about her small business. She said, "I own a small business that employs 10 Maine residents. Anthem has announced a 23 percent increase in my rates. In 4 years, rates with Anthem have almost doubled. I cannot afford to provide health insurance for my employees."

A man named Mark told me about his latest letter from the insurance company. "My wife has been paying more than one-third of our entire income for her health insurance and that doesn't cover the high copays and prescription drug costs. She just received notice from her insurance company that they are raising her rates another 30 percent. It's impossible. We can't do it."

And Ron told me about living on the edge. He said, "I was out of work and lost my insurance, for 18 months. I am a cardiac patient and have other chronic illnesses that require constant care and constant prescription drugs. After 18 months with no insurance, I lost everything."

These people wrote to me from Maine, but the stories are told every day in every State. Americans are denied insurance, have their coverage canceled, or find themselves bankrupt just because they got sick.

Today we will change that with our vote. Today we will start to end the worst practices of the insurance companies, like denying coverage for pre-existing conditions or canceling your policy when you get sick. Today we will improve health care for our seniors, strengthening Medicare, closing the doughnut hole, reducing prescription drug prices, and making sure they don't have to pay to get a checkup or get screened for diseases like cancer or diabetes. Today we will make sure that Americans don't go bankrupt because of medical bills. And today we will make it easier for small businesses and individuals to afford coverage, bringing the largest health insurance tax break

in history for small businesses and individuals.

We have a chance to truly reform our system. I will be voting "yes."

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded not to traffic the well while another Member is under recognition.

The gentleman from Massachusetts has 7 minutes remaining. The gentleman from California has 13½ minutes remaining.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 minute to a hardworking new member from Clarence, New York (Mr. LEE).

Mr. LEE of New York. Since discussions on health care reform began in Washington, I've heard from thousands of western New Yorkers opposed to this trillion-dollar government-run takeover. One such comment comes from a western New Yorker who writes, "I'm retired Air Force and have government health care now. If anyone thinks government run health care is a picnic, I invite them to try it."

Another western New Yorker wrote she "strongly believes that we need health care reform." However, she is "particularly worried about the level of debt that our children and grandchildren will inherit. Like a household, the government has to learn to live within its means." These two constituents summarize well the majority of comments I received.

There are two certainties if this bill were to pass. One, it will raise taxes by over \$500 billion, and two, it will cut hundreds of billions of dollars from existing Medicare programs for seniors all in support of another government entitlement program.

The proposal before us is not what western New Yorkers have asked for, not what they can afford, and surely not what they deserve.

Mr. MCGOVERN. Mr. Speaker, at this time I would like to yield 2 minutes to the gentleman from Colorado, a member of the Rules Committee, Mr. POLIS.

Mr. POLIS. This has been a long process writing this bill. I've been honored as a new member of Congress to be at the table along the way scoring some wins and some losses with regard to the final product and where I would like to see it overall.

I think it's a very strong product. I'm excited that we have the real ability to bend the cost curve with a strengthened IMAC over the House version. I'm also thrilled that this new version will reduce the deficit by over \$150 billion. We really can't afford not to do it.

With regard to taxes and the impact on business, there have also been some very positive developments since the House version. The initial House version would have raised the tax rate that S Corps and LLCs, many small businesses, pay. I'm happy to say that that did not survive this process, we

were able to get that out of the bill and that this bill is extremely beneficial for small businesses to help them save money.

I think there is great potential going forward to reduce the need for tax increases and in fact allow tax cuts if we can pass comprehensive immigration reform. One of the baseline assumptions in this bill is that there will be 50 percent more undocumented immigrants after 10 years. This Nation can't afford to have 20 million undocumented immigrants. This Nation can't afford to have 10 undocumented immigrants. This Nation needs to have zero undocumented immigrants. And that will have substantial savings within health care and make sure that taxpayers are not forced to subsidize the care of an undocumented population that should not be here. That's why I'm a proud sponsor of a comprehensive immigration reform bill here in the House, and there are also efforts underway in the Senate between Senator GRAHAM and Senator SCHUMER that can reap substantial savings for health care, and we can return that money right to the American people.

That's why I'm proud to support this rule and this bill to build the momentum with hundreds of thousands of people in town this very week advocating comprehensive immigration reform.

Mr. DREIER. At this time I am happy to yield 1 minute to our very, very thoughtful colleague from Athens, Georgia (Mr. BROWN).

Mr. BROWN of Georgia. Mr. Speaker, the simple truth is this health care bill is a killer. It kills over 5 million jobs in future job creation with \$52 billion in mandates and taxes. It kills economic freedom and the American entrepreneurial spirit. It kills the family budget with over \$17 billion in more mandates and taxes primarily aimed at the poor and its seniors. It kills our future by allowing taxpayer-funded abortions.

Make no mistake about it. If you vote for this bill, you can never call yourself pro-life again. No executive order can change this.

As a family doctor, I know we can have commonsense health care reform that provides lower costs without a government takeover and without killing our economy. I urge my colleagues to listen to the American people and kill this bill.

Mr. MCGOVERN. I reserve the balance of my time, Mr. Speaker.

Mr. DREIER. Mr. Speaker, may I inquire how much time is remaining on each side?

The SPEAKER pro tempore. The gentleman from California has 11½ minutes remaining. The gentleman from Massachusetts has 5 minutes remaining.

Mr. DREIER. At this time I am happy to yield 1 minute to my very good friend from Fort Myers, Florida (Mr. MACK).

Mr. MACK. Mr. Speaker, the Democrats believe that they can rewrite the Constitution. They believe in the power of government, not the power of the people. They believe that a better America goes through more and more and more government. And it's clear they do not believe in the American people.

Americans have spoken loud and clear. We are saying "no" to more government control of our lives. We are saying "no" to higher taxes and deficits. We are saying "no" to this takeover of health care. The American people want Washington to get its irresponsible hands out of their pockets and stop their unconstitutional power grab.

The American people deserve to be respected. They deserve to be listened to. They deserve freedom, they deserve security, and they deserve prosperity. The Democrats need to stop and listen to the American people.

And hear me now. You may win this vote today through arm-twisting tricks and backroom deals, but let's see who's still here after the American people speak loud and clear in November.

Mr. MCGOVERN. Mr. Speaker, I reserve the balance of my time.

□ 1700

Mr. DREIER. Mr. Speaker at this time I'm happy to yield for the purpose of a unanimous consent request to another former Rules Committee member, the distinguished ranking member of the Committee on Natural Resources, Mr. HASTINGS.

Mr. HASTINGS of Washington. Mr. Speaker, I rise in opposition to this flawed piece of legislation.

Mr. DREIER. I yield to the distinguished vice chair of the Republican Conference for the purpose of a unanimous consent request, the gentleman from Washington (Mrs. McMORRIS RODGERS).

Ms. McMORRIS RODGERS. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from South Carolina (Mr. BROWN).

Mr. BROWN of South Carolina. Mr. Speaker, I rise in opposition and give note that I am against this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the distinguished ranking member of the Committee on Foreign Affairs, the gentleman from Miami, Ms. ROS-LEHTINEN.

Ms. ROS-LEHTINEN. I rise in opposition to this flawed health care bill.

Everyone deserves health care treatment. Everyone deserves access to health care insurance. Everyone deserves both at an affordable cost.

However, this health care bill is not the answer. It is the wrong approach—one which ignores the concerns and needs of the American people, while increasing the financial burden through excessive taxes, especially on small businesses.

It places control in the hands of government bureaucrats rather than letting Americans decide for themselves what is best for their families.

We need to promote common-sense solutions that make health care easily accessible and affordable to all Americans—solutions like preventing denial of coverage due to a pre-existing condition or ensuring that your coverage stays with you even when you change jobs.

We should eliminate health care insurance discrimination based on age or gender and encourage real competition in the health care insurance market.

We must enact reforms to prevent frivolous lawsuits so that doctors will not be forced to order unnecessary and expensive tests and procedures. This will help eliminate costly waste and inefficiency in the system. These changes, along with effective prevention, wellness, and disease management programs, will help reduce the cost of health care.

This Senate bill makes little sense for seniors. It is a fiscal time bomb for future generations, and I do not want to leave this legacy of debt to my granddaughter.

The majority was aware of the cost and impact of this bill. They should have worked in an open, bipartisan fashion. Instead, we are left with a bill killing tax increases in the middle of a terrible economic recession.

This is a bill with billions of dollars in tax increases. There is a tax on anyone who does not purchase bureaucrat-approved health insurance. There is a tax on businesses that cannot afford to provide their workers with health coverage and another tax for hiring low-wage workers.

In South Florida, the construction industry has a 27 percent industry unemployment rate yet this bill taxes those workers especially hard.

The Congressional Budget Office has stated that all of these taxes will be passed on to Americans in higher costs and rising insurance premiums.

This bill makes no effort to control the skyrocketing costs of health care. I am disappointed that we have missed an opportunity to tackle a huge problem in South Florida and in the Nation: eliminating Medicare fraud. It tries to fool the consumer by finding creative ways to hide health care costs in new taxes, mandates, and cuts.

The bill also contains over \$523 billion in Medicare cuts, including over \$202 billion from Medicare Advantage plans that serve tens of thousands of my constituents directly.

Medicare helps so many seniors in our community—seniors like my mother, who is 83 and suffers from Alzheimer's—live longer and healthier lives. When I see this bill taking benefits away from seniors like her, I worry tremendously.

This bill also includes cuts of millions of dollars to elderly home care; millions of dollars cut for Alzheimer's programs; and millions of dollars cut to the food-for-seniors program.

The only way to coerce passage of this bill was through special deals for special interests.

The Majority has weighed the bill down with political handouts such as millions of dollars in Medicaid funding to Louisiana, known as the "Louisiana Purchase." Americans are rightfully weary of the Majority playing political games with important policy initiatives.

I know that the high cost of health care is an important issue facing our nation and I am committed to making high quality, equitable and accessible health care affordable to all Americans. This bill is not the right answer to the serious issues facing our Nation and our families.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the distinguished gentleman from Texas (Mr. NEUGEBAUER).

Mr. NEUGEBAUER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentlewoman from Texas (Ms. GRANGER).

Ms. GRANGER. Mr. Speaker, I rise in opposition to this flawed health care bill.

My district is a military district. We are a district of men and women who served this Nation in all branches of our Armed Forces. We are a district that builds the weapons that our war fighters depend on in the battlefield.

Unfortunately, when rushing this legislation through Congress, the Democrats failed to exempt 9.2 million military families from being forced to pay a penalty under this health care bill the President wants on his desk so quickly. Congress was forced to fix this in the eleventh hour. But it remains unchanged in the Senate bill.

Mr. DREIER. Mr. Speaker, I yield for the purpose of a unanimous consent request to the gentleman from South Carolina (Mr. WILSON).

Mr. WILSON of South Carolina. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, I support the principles of Thomas Jefferson who stated "I predict future happiness for Americans if they can prevent the government from wasting the labors of the people under the pretense of taking care of them."

I rise today to express my disappointment not only with the provisions in the irresponsible health care takeover, but with the process that was used to secure votes. Speaker PELOSI promised the most ethical and honest Congress in history and the President said eight times on the campaign trail that health care negotiations would be televised and transparent. Unfortunately we haven't seen anything that even remotely resembles this rhetoric.

It is outrageous that in 2010, with all the new media tools of Twitter, Facebook, Youtube, blogging, and Skype that Congress, lawmakers and the Administration have at their disposal that the American people are still shut out of this debate. This is a bill that impacts the health and safety of every American and makes up one sixth of our economy—the American people certainly deserve a seat at the table.

But the American people are being ignored. You would think after record-breaking town

hall meetings, an unprecedented House Call on Washington, and the election outcomes in Massachusetts, Virginia, and New Jersey, that congressional leaders and the administration would wake up and tune in.

I was grateful to host in South Carolina the largest Congressional town halls in history of 1700 in Columbia, 1500 in Lexington, 1500 in Beaufort and 1200 at Hilton Head Island along with the first Congressional town halls ever for Barnwell, North in Orangeburg, and Varnville in Hampton County. 98 percent of attendees opposed government takeover.

The majority of Americans have made it perfectly clear that they do not want a health care bill that: Mandates private citizens purchase health care, whether they need it or want it; causes millions of employers to cancel the health insurance they currently offer; and creates a health care czar to impose price controls on private health insurance.

What is even more disconcerting about this bill is that Congress and the Administration has decided to plow ahead with this before addressing the tragic employment rate that continues to cripple many communities across the Nation. Where are the jobs? That is what we should be talking about each and every day. Instead of standing down here debating a bill full of job-killing taxes and mandates, we should be debating ideas that will give employers job creation incentives and offer tax relief to hardworking families. The National Federation of Independent Business, the voice of America's small business, has revealed the takeover will kill 1.6 million jobs.

As I conclude, I'd like to take this opportunity to speak directly to the concerned citizens who fought so hard over the last year to protect the doctor-patient relationship and prevent a Federal Government takeover of health care. The provisions in the bill and the process used to secure passage were both designed to enhance the power of politicians; you should be proud of your efforts to limit such power by town halls and tea parties.

Mr. DREIER. Mr. Speaker, I yield for the purpose of a unanimous consent request to the gentleman from Louisiana (Mr. FLEMING).

Mr. FLEMING. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to our soft-spoken colleague from Texas (Mr. CULBERSON).

Mr. CULBERSON. Mr. Speaker, I rise in opposition to this flawed 4,700-page health care bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE.

The SPEAKER pro tempore. As recorded in section 957 of the House Rules and Manual, although a unanimous consent request to insert remarks in debate may comprise a simple, declarative statement of the Member's attitude towards the pending measure, it is improper for a Member to embellish such a request with oratory, and it can become an imposition on the time of the Member who has yielded for that purpose.

The Chair will entertain as many requests to insert as many as may be

necessary to accommodate Members, but the Chair must also ask Members to cooperate by confining such requests to the proper form. Further embellishments will be charged to the time of the gentleman from California.

Mr. DREIER. Thank you very much, Mr. Speaker. We will certainly comply with your directive and appreciate it.

I yield for the purpose of a unanimous consent request to the former mayor of Dayton, Ohio (Mr. TURNER).

Mr. TURNER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Houston, Mr. OLSON.

Mr. OLSON. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Vienna, Virginia (Mr. WOLF).

Mr. WOLF. Mr. Speaker, I rise in opposition to this flawed health care bill.

I do not question the need for Congress to find a way for the millions of Americans without health insurance to be assured of quality, affordable health care. The majority of my constituents in the 10th District of Virginia have made clear that they want an open and transparent process in which Republicans and Democrats work together to pass responsible health care reform that lowers costs and offers greater access to affordable health care.

They told me that they don't want more government spending.

They don't want government-run health care.

They don't want a plan that hurts America's seniors, families or small businesses.

What they do want is a plan that fixes what's broken and keeps what's working without adding billions of dollars to an already ballooning deficit.

I cannot support today's bill because it will raise over \$500 billion in new taxes during a recession and times of high unemployment. This will especially hit small business employers at a time when the Federal Government should be assisting in job creation, not raising taxes.

This legislation cuts billions of dollars from Medicare, a program that our seniors rely on.

It requires individuals to purchase health insurance. If you don't purchase health insurance, the government will fine you a minimum fine of \$750, up to the maximum penalty of 2 percent of your income. This provision has drawn the attention of the citizens of Virginia, with the Virginia General Assembly, in a bipartisan vote, becoming the first legislature in the Nation to pass legislation opposing this mandate.

This bill mandates billions of dollars in additional Medicaid spending in unfunded mandates for cash-strapped states.

It breaks a promise to members of our Nation's armed services, their families, veterans, and employees, with its failure to protect the military's TRICARE system—health care programs provided by the Department of Veterans Affairs. This means that, under this legislation, unless an individual has TRICARE for

Life, additional health insurance would have to be purchased.

Mr. Speaker, I am committed to working with my colleagues to pass real health care reform in a cost effective manner. This legislation fails that test.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Kansas (Mr. TIAHRT).

Mr. TIAHRT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I rise today on behalf of not only the people of the great State of Kansas but also on behalf of the millions of Americans whose wishes are not being represented by their own Representatives. Kansans, over two-thirds of Americans, and I are strongly opposed to the Senate bill and the Reconciliation bill, both of which represent a massive government takeover of health care. I cannot and will not support this government takeover of our health care system that will restrict choice, ration care, increase the cost of health care, greatly increase government spending, cut Medicare spending, bankrupt States, lead to the destruction of the world's best medical care, and kill jobs during one of the worst economic periods in our Nation's history.

In order to get to the Capitol today, everyone in this body had to pass the tens of thousands of Americans from all walks of life who came by plane, train and automobile, at their own expense, to petition their government not to impose government run health care on them.

I spent the weekend speaking with many of these patriotic Americans, many of whom were turned away by their own Representatives on the other side of the aisle. I was struck not only by their personal stories (from the great-grandmother with a bad knee who came from Pennsylvania and navigated the Metro for the first time to the small business owner from Wisconsin who has never gotten involved in politics but bought a ticket to come out here because he felt this was so important) but also by their determination. The media may have made the prospects for killing the bill look grim, but they were not going to let that happen without a fight.

The group was diverse but almost everyone with whom I spoke mentioned the same concerns with the bill: government power grab, deficit spending, increased taxes, rationing of care, taxpayer funded abortions, and especially the restriction of freedom. If government can take over one-sixth of the Nation's economy over the will of the people, they asked, what separates us from Venezuela and socialized nations?

POWER GRAB

We have a one party town; the Democrats control the House, the Senate and the White House. They are taking advantage of this situation to centralize power in their hands so that they may control every aspect of our lives including what cars we can drive, how we educate our children, now our health care options. Believe me, the American people are opposed to this, as indicated in rock bottom approval ratings for Congress and even the President, who less than a year ago had the highest approval ratings seen in a long time.

Patients benefit when their doctors make the decisions as to their health care needs,

not bureaucrats sitting in an office building in Washington, DC. The federal government should not intrude in this sacred relationship. The most famous line of the physician's Hippocratic Oath is "I will prescribe regimens for the good of my patients according to my ability and my judgment and never do harm to anyone." Under government-run health care, Washington will override their judgment and it will be government bureaucrats, not doctors, who prescribe regimens.

It's not just the bureaucrats at HHS that Americans will have to worry about, this bill also greatly expands the power of the IRS and hands them the authority to harass and even fine American families and job creators for their health care choice. Despite repeated inquiries, no one has been able to tell me just how many new bureaucrats will be added to the federal payroll to implement government-run health care.

The unfunded mandates on the States to provide health insurance options and oversee the private sector, at a time when they are in dire financial straits, are confounding.

ACCESS

Today over 20 percent of physicians in Kansas already no longer accept new Medicare patients because they will be forced into bankruptcy trying to care for them with the grossly inadequate government reimbursements. Now the new administration wants to compound this loss of accessible health care professionals with a loss of access to health care treatment. In response, 46 percent of family physicians indicated that they would leave the medical profession due to a government takeover of health care.

COST

This bill will cost well over the \$1.2 trillion that CBO has scored. That score conveniently does not include the cost of the "doc fix," the Medicare prescription drug donut hole fix, the Pell Grant expansion inexplicably included in the bill, or many other provisions of the bill.

As if the health provisions weren't enough, the Democrats have used this bill as a vehicle to pass education and energy provisions that will increase deficit spending by billions and kill even more jobs.

How are they paying for this? By cutting other areas of our bloated federal government? No, they are paying for this on the backs of American families and job creators. There is \$569.2 billion in new taxes included in this bill. Much of that burden will be shouldered by the middle class and small businesses.

RATIONED CARE

My biggest concern with the Democrat proposals is the intended rationing of health care. The Obama administration has already begun to set the framework for rationed care with comparative effectiveness research. This is a very dangerous road to travel down.

FREEDOM

We pride ourselves on being the home of the free but this bill will reduce the United States to the level of every socialized nation in the world. If this bill is signed into law, Americans will not have the freedom to choose their doctor, their course of treatment, or their health plan.

The federal government has no authority to force Americans to buy health insurance or to

mandate what benefits employers can and cannot provide employees. In addition this bill begins to destroy Health Savings Accounts (HSAs). HSAs are what we should be promoting as a way to expand choice, give patients more control over their medical spending, and reduce health care costs.

PREVENT INNOVATION

Just this week I met with NTH Director Francis Collins. We spent the better part of an hour talking about all of the exciting advances in medicine, especially in the area of individualized medicine. It was not lost on me that the treatments and cures we were discussing will never come to fruition under a government-run health care system that rations care and stifles innovation.

SENIORS

This bill is a bad deal for our seniors. It expressly cuts \$523 billion from Medicare and doesn't even fix the Medicare prescription drug donut hole until 2020. The rationing of care will also disproportionately affect seniors who, for obvious reasons, are the largest consumers of health care.

PRO-LIFE CONCERNS

Finally, the bills before us include abortions paid for with federal dollars and do not include conscience protection for medical providers. This is in blatant disregard of the House vote just 4 months ago. More importantly, it is in blatant disregard of the whopping two-thirds of Americans who oppose using federal dollars to pay for abortions. Even those individuals and organizations who strongly support government-run health care, such as the Catholic Church, do not want such programs to pay for abortions or euthanasia.

I want health care reform and am saddened that this process has become so political that we won't see the much needed modernization that will ensure Americans have access to the best health care for decades to come. I am saddened that states like my home state of Kansas are forced to take drastic action to try to protect their citizens from being affected by Washington's takeover of health care.

Republicans have offered better solutions and principles that should be included in any health care reform. Those principles should: let Americans who like their health coverage keep it, give all Americans the freedom to choose the health plan that best meets their needs; ensure that medical decisions are made by patients and their doctors, not government bureaucrats; and improve Americans' lives through effective prevention, wellness, and disease management programs, while developing new treatments and cures for life-threatening diseases. CBO has declared that the Republican health care plan would lower health care costs by at least 10 percent. This is the approach the American people want to see passed by Congress, not the destructive bill that is instead before us.

Our constituents have spoken loudly and clearly and it is our duty as their representatives to listen to them, not ignore them and use the sacred Speaker's gavel to impose personal political goals upon them. Therefore, with every breath in my body, on behalf of my constituents, I scream "heck no" and vote "nay."

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Illinois (Mr. ROSKAM).

Mr. ROSKAM. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Wisconsin (Mr. PETRI).

Mr. PETRI. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I rise in opposition to H.R. 3590 and H.R. 4872. I certainly agree that it is time to fix the health care system in the United States so that all Americans have access to quality, affordable health care. However, the path we are considering takes us in the entirely wrong direction. And this reconciliation bill only makes worse the Senate amendment considered by the House today. Overall, it will break the bank because it is filled with budget gimmicks to hide its true cost. It imposes over \$500 billion in new taxes as our fragile economy struggles towards recovery. It makes significant cuts to Medicare, including to Medicare Advantage Plans which will surely eliminate or reduce benefits to the 216,000 beneficiaries in Wisconsin. It gives the government unprecedented authority over the regulation of health insurance, which will lead to increased costs for those who currently have health insurance.

We need the right reforms to eliminate waste throughout the system and reward high quality low-cost care. We should be choosing approaches which give consumers incentives to use their health care dollars wisely. Instead, we are going in the opposite direction by turning decisions over to government bureaucrats.

Instead of getting everybody into the old, dysfunctional system and then figuring out how to pay for it, we should emphasize advances in efficiency so that more people will be able to afford their health care, and the government will be better able to take care of the rest. Unfortunately, the majority in Congress has committed us to a path which will make the right reforms much harder to achieve.

Despite the fact that I will vote against both bills, I do want to express my support for provisions in H.R. 4872 that make changes to the federal student loan program. This bill eliminates the Federal Family Education Loan (FFEL) Program and moves the origination of all federal student loans to the Direct Loan Program. For over two decades I have championed the Direct Loan Program as the most efficient, stable, and cost effective federal student loan program. The change to 100 percent direct lending marks an important step forward for students, parents, and taxpayers.

Currently we have two federal student loan programs that provide the exact same student loans to borrowers, and schools choose to participate in either one or the other. The FFEL Program uses private capital to fund student loans but receives a federal subsidy to ensure a guaranteed rate of return. The federal government also provides a guarantee on these loans. Thus, if a student defaults, taxpayers are on the hook, not the private lender. The Direct Loan Program uses the proceeds from the wholesale auction of Treasury securities to the private sector to fund loans to students, and all servicing and bill collection is handled by private companies operating through performance-based contracts. The

loans are delivered to students through the same system that universities use to disburse Pell Grants.

I first became interested in student loan reform in the early 1980s when the head of the Wisconsin higher education agency convinced me that the FFEL program was wildly costly to the government. I introduced the first direct loan proposal in 1983 and almost ten years later won approval of a pilot program to test the direct loan program at hundreds of schools nationwide, including Marquette University in my state of Wisconsin. A year later, I successfully worked with President Clinton to authorize the Direct Loan Program.

Over the years, there has been unanimous agreement about the excessive costs of the FFEL program compared to the Direct Loan Program when studied by the Congressional Budget Office (CBO), the U.S. Government Accountability Office (GAO), and the Office of Management and Budget (OMB) and the Treasury Department under both Presidents Clinton and Bush. Most recently, the Congressional Budget Office reported that a switch to all direct lending would save taxpayers \$61 billion over ten years.

Besides being more expensive for the taxpayers, the FFEL program has also been plagued by fraud and abuse which further illustrates the drawbacks of this program for students and taxpayers. For instance, last Congress it was found that from 2001 to 2006 nonprofit lenders illegally claimed, according to one estimate, over \$1 billion in improper taxpayers subsidies by knowingly manipulating a loophole in the law. And then there was the "pay for play" scandal in which it was revealed that colleges and administrators received special favors, benefits and kickbacks from lenders in exchange for steering students to their loans.

The FFEL program has also been proven to be unreliable. In 2008, because of the turmoil in the credit markets, Congress passed emergency legislation to temporarily allow lenders access to Treasury funds so they could continue to make loans. Between the Direct Loan Program and an emergency program, the federal government now funds \$8.80 of every \$10 in federal student lending activity. Over the past year, hundreds of schools have switched to the Direct Loan Program. They report smooth and easy transitions to the program and satisfaction with the service. In fact, according to Student Lending Analytics, only two percent of schools surveyed indicated they had not taken the steps necessary to originate direct loans.

By moving to 100 percent direct lending we are not favoring government over the private markets, there is no "takeover" here. Eliminating guaranteed loans in favor of direct loans means replacing a wasteful program with one that is more cost effective and in the interests of students and taxpayers. So, while I must vote against this bill due to the ill-conceived health care provisions, I strongly support the switch to 100 percent direct lending.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the next Governor of Oklahoma, Ms. FALLIN.

Ms. FALLIN. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Maryland (Mr. BARTLETT).

Mr. BARTLETT. I rise in opposition to this bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Arizona (Mr. FRANKS).

Mr. FRANKS of Arizona. Mr. Speaker, I rise in opposition to this flawed bill.

Mr. Speaker, today I resolutely intend to vote against H.R. 3590 and H.R. 4872, the imposition of government-run health care on the American people.

It appears that Democrats in this majority are determined to shove this bill down the throats of the American people with not even a single Republican vote. Never has such sweeping legislation—taking over fully one-sixth of our economy—been done with a purely partisan vote. Therefore, whatever ill comes from this bill, history should record that Democrats alone chose the path of socialism over the highway of freedom. Let future generations hold them accountable.

My first reason for voting against this bill will be the conviction in my heart that I will be voting to protect my children, their contemporaries, and generations to come from being forced to live under the socialist ideal of a bill that will dim the light of freedom and suppress many of the hopes they might have otherwise had.

I vote against this bill because it is my deepest conviction that its cost will grow to threaten the entire economy of the United States in the years to come. In every corner of the planet, in every corridor of history, socialized medicine has always cost more, not less. Every government health care program the United States has ever implemented has cost many times the amount that was first predicted.

I am fundamentally convinced that the costs of this bill will so overwhelmingly outpace present predictions that Congress will have no choice but to drastically alter its provisions in the future.

I also intend to vote against this bill because of the provisions in it that will increase the killing of unborn children in the name of health care. Nothing so completely destroys the notion that this bill is about compassion than the arrogant and cruel disenfranchisement of those helpless unborn children who have no voice in this twisted and corrupt process.

It is also my conviction that this bill will reduce the quality of the greatest health care system in the world, and that many of those who support it today will be its victims tomorrow.

Ultimately, this bill is about robbing America of one of its greatest distinctives: freedom of the individual. It's about robbing the American citizen of power, and putting it in the hands of left-wing bureaucrats and elitists who think they know more about running people's lives than the people themselves do.

Finally, I vote against this bill because I believe one day America will look back and see what a tragic mistake that it was. It is my hope that when that occurs, my children and my children's children will know that it was my

deepest desire to protect their freedom as faithfully as my father protected mine.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the distinguished ranking member of the Transportation and Infrastructure Committee, Mr. MICA.

Mr. MICA. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, I rise in opposition to the Obamacare proposal that is before the U.S. House today. Unfortunately for both the American Taxpayer and millions of our senior citizens this legislation is a bad deal. As crafted this bill will increase taxes by \$569 Billion dollars and cuts medicare by \$523 Billion dollars. Additionally this bill will create more than 118 new federal bureaus, agencies and czars. Furthermore I am concerned that this legislation will in fact increase health care premiums for millions of current policy holders because of the taxes and mandates in the 2700 pages of the bill. Also missing is any provision for tort or liability reform that would actually bring down health care costs.

At a time when our national debt is ballooning out of control passing a multi-year multi-trillion dollar spending measure is heading in the wrong direction. Yes, I do agree that we need health care reform however this bill badly misses the mark. Congress can and must do better for the American people.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentlewoman from Ohio (Mrs. SCHMIDT).

Mrs. SCHMIDT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I rise in opposition to both the Patient Protection and Affordable Care and the Health Care and Education Reconciliation Acts. Most likely, this package of bills will pass tonight without a single Republican vote. It did not have to be this way.

There is bipartisan consensus that our health care system is in need of real reform. President Obama is correct when he says that the costs associated with our current health care system are unsustainable. Too many of my constituents are struggling to provide coverage for their families and employees. The ever-rising costs of medical coverage have left too many Americans without the means to purchase the health insurance that many of us take for granted. Individuals with pre-existing medical conditions are often unable to purchase insurance at all. And, people should not be forced to remain in a job they hate just for the health insurance benefits.

We can begin to right these wrongs and others, as well. But, we do not need to destroy a system that has given us the best doctors and hospitals in the world and put us on the cutting edge of life-saving technology and pharmaceuticals. Unfortunately, the package of bills we are considering today, will actually increase premiums and ration care. People will be forced out of their current coverage—whether they like it or not. The bills will stifle economic growth and cost jobs. They actually manage to cut Medicare by a half-trillion dollars, yet make our entitlement crisis even more urgent. And, perhaps worst of all, it allows federal funding for abortions for the first time in 34 years.

The President is fond of saying that Americans have been fighting for this type of healthcare reform for a hundred years. That might be true for some Americans. However, over the last nine months, we have all had the opportunity to hear from the vast majority of Americans. We have heard from them in a number of different ways—rallies at the Capitol, letters, phone calls, and, yes, town hall meetings throughout all of our districts. Their message is clear. If you were listening this weekend, you would have heard it summed up at rallies at the Capitol—“Kill the Bill.” They fear government involvement in their medical decisions. They fear a future of higher taxes and debt heaped on their children and grandchildren. They fear a bill that rations care. And, they are tired of the backroom deals and politics as usual. Worse than all of these, they are afraid of a government too arrogant to listen to what they have to say.

The House of Representatives is the people's house. We have a duty to listen to what the American people are telling us. There is still time to listen and defeat this flawed and dangerous bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Pennsylvania (Mr. SHUSTER).

Mr. SHUSTER. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, tonight, the House will vote on legislation that will reshape our nation. The Federal Government will take control over one sixth of our private economy in order to extend government approved health care across America. Never before in our history has such an important issue been brought to the floor on a party line vote. In fact, the only bipartisan agreement on this bill has been the opposition against it.

No one disputes the need for health care reform in America that lowers costs and protects those with pre-existing conditions, but this bill is not the answer. The reality is that we cannot even afford the government we have today and we cannot afford the disastrous fiscal and economic consequences this bill will place on future generations.

The Democrats' bill will create a \$2.4 trillion entitlement when fully implemented. Our deficit, already dangerously in the red, will grow by \$662 billion in 10 years. The bill raids Medicare and Social Security to pay for these new entitlements and will require \$529 billion in new taxes while national unemployment hovers around 10 percent. This health care bill is nothing short of a road map to fiscal insolvency.

One of the cornerstone principles of this nation is that we have a government by the consent of the governed. For over a year, the President and Congressional Democrats have pushed this health care plan over the vocal objections of the American people, my own constituents and House Republicans who have offered solutions only to be denied at every turn.

It didn't have to be this way. Health care reform could have been achieved through bipartisan cooperation and a sharing of ideas between the political parties. The American people deserve better than this.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the

gentleman from Newport Beach, California (Mr. CAMPBELL).

Mr. CAMPBELL. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, those in favor of this bill often talk about the 30 million that they say will be covered by this bill. For the sake of discussion, let's just assume for the moment that they are correct. There are over 300 million Americans in this country right now . . . what will this do to the other 270 million Americans? Well the answer is that they all will suffer as a result of this legislation. Some will lose the health care coverage they have right now, because their insurance will be priced out of the market and their employer won't be able to afford the fines. Some will lose their jobs as the deluge of taxes and mandates begin to take effect, and some will lose out on good quality medical care as doctors stop practicing medicine and hospitals close because the practice of medicine no longer will be able to pay the bills. Everyone will pay for the new taxes whether directly or indirectly, and everyone who does not get their insurance from the government will have to pay more. It even goes so far as to impact our nation's veterans and members of the military because their health care coverage does not meet the standards set forth in the bill. This will result in fines for our nation's veterans for having veterans coverage, and it will result in fines to members of the military and their families just for having coverage provided by the military. Mr. Speaker, how does this make sense?

I am strongly opposed to this legislation. It will require more IRS agents to be hired in order to process the myriad of new fines, taxes, fees, and penalties that this bill creates. And even the President's own actuaries say that this bill will raise total health care costs in the United States by \$222 billion. The very same actuary went on to estimate that nearly 20% of all health care providers who accept Medicare will become unprofitable and likely go out of business within 10 years.

Mr. Speaker, this legislation is a bad deal. It would serve my colleagues on the other side of the aisle to listen to the voices of the American people. For months, the American people have decried their opposition to this government takeover of health care from every state in the union, and this weekend they have descended on Washington to make one final plea: don't ruin the best parts of the American health care system by replacing them with the worst.

Mr. Speaker, don't pledge to insure 30 million Americans at the expense of the other 270 million in this country.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Dallas, Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Arizona (Mr. FLAKE).

Mr. FLAKE. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to our

newest Republican, the gentleman from Alabama (Mr. GRIFFITH).

Mr. GRIFFITH. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, I am happy to yield for a unanimous consent request to the gentleman from Ohio (Mr. LATTA).

Mr. LATTA. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Midland, Texas (Mr. CONAWAY).

Mr. CONAWAY. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Texas (Mr. POE).

Mr. POE of Texas. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, in a new survey of doctors published by The New England Journal of Medicine—nearly half of all primary care physicians said they may leave the medical profession if Obama-care passes.

Doctors are getting railroaded out of practice now. Medicare doesn't pay the cost to keep their doors open. The new healthcare scheme makes it worse. Some doctors who can stay in business won't see Medicare patients anymore. They can't afford it.

More patients and fewer physicians will cause long lines and rationing for our senior citizens.

Government-run Medicare already denies claims twice as much as private insurance. But when Medicare denies coverage for a procedure—you can't pay for it with your own money. The procedure—not the coverage—but the procedure is denied under Medicare. That's government rationing.

Passing the healthcare bill would only make those problems worse.

Government-run healthcare has the competence of FEMA, the efficiency of the Post Office, and the compassion of the IRS. It is not fit for a free people.

And that's just the way it is.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from New Jersey (Mr. GARRETT).

Mr. GARRETT of New Jersey. Mr. Speaker, I rise in opposition to this unconstitutional health care bill.

Today the majority seeks to enact its health care reform legislation. While, I appreciate the efforts of the majority to reform our health care system, it is hard to underestimate what a grave mistake it would be to enact this bill. It would fundamentally alter our citizens' relationship with their government. It would seriously jeopardize our nation's long-term prosperity. It would dampen the vitality of our nation's health care innovators. It would restrict choice and access to medical care for millions of our nation's elderly and poor. It would tax hundreds of billions of dollars out of the economy in the midst of one of the most serious economic downturns in our nation's history. And for all this—for all of these thousands of

pages and hundreds of new bureaus, boards, and bureaucracies—it won't make America any healthier. And perhaps more fundamentally this legislation does not solve the most pressing problem facing our health care sector; namely its upwardly spiraling cost growth. If the majority is successful in passing this bill, they will, at best, celebrate a narrow political victory at the expense of the American public, and at worst, send our nation further down the path towards financial catastrophe.

For the most part, Republicans and Democrats agree on the problems our health care system faces. Even though Americans spend more on health care than any other country in the world, current projections assume that this level of spending will rise indefinitely. As this spending increases, it is consuming a greater and greater share of workers paychecks. Health insurance is too expensive, and some people with chronic illness struggle to access health care services. We agree on the problems.

But it is rare that a single piece of legislation can so crystallize the differences in governing philosophy between our two political parties. As a solution to these problems in our health care system, the Democrats would propose a massive increase in government involvement—expanding current government run health programs, and creating new ones. Provisions in this legislation would restrict choice, and place greater control of health care in the hands of the federal government. For example, under the bill's terms, no longer would we exercise a number of freedoms that we now take for granted, such as whether to purchase health insurance or what medical benefits we feel are necessary. Under this bill, this is now a matter for the government to decide.

This is far, far removed from what our nation's founders envisioned. And indeed, I submit that, fundamentally, this legislation violates the Constitution and will be found unconstitutional when it is inevitably litigated through our judicial system. This legislation would require individuals to purchase private health insurance—health insurance that has been approved by the federal government—or pay a fine. While Congress is granted the authority to "regulate commerce . . . among the several states," and the Supreme Court has long allowed Congress to regulate and prohibit all sorts of "economic" activities that are not, strictly speaking, commerce, this is the first time in our nation's history that Congress would seek to regulate inactivity. And for the first time, Congress would mandate that individuals purchase a private good, approved by the government, as the price of citizenship. This requirement is plainly unconstitutional, and would violate the commerce clause. I have been speaking out on the unconstitutionality of this individual mandate on the House floor, in Budget Committee and through the Constitutional Caucus, of which I am the chair. If we allow that Congress has this authority under the Constitution, then there is virtually no limit on its authority to compel our nation's citizens to comply with the whims of a Congressional majority. If future Congresses feel that we don't eat enough vegetables, they could simply mandate that we purchase government approved salads. Or if future Congresses feel that our domestic auto industry

needs a boost, they could mandate that we purchase a car from General Motors.

However, even if we allow that this bill is constitutional, it should still be rejected because it further deteriorates our nation's financial standing. In Congress, I have the pleasure of serving on the Budget Committee. Ever since I first arrived in Congress, witness after witness—Republican or Democrat, liberal or conservative—who have appeared before the Committee have all noted the serious long-term funding issues that our country faces. Quite simply, we are running out of money to pay for an ever growing government. According to the Peter G. Peterson Foundation, America's three biggest entitlement programs, Medicare, Medicaid, and Social Security, are projected to consume over 80 percent of the federal budget within a generation. And the single biggest driver of this increased cost is health care inflation. Medicare alone has a \$36.3 trillion unfunded liability. This past week, three members of my staff were blessed with the birth of a child. As soon as those children took their first breath, they each assumed a health care debt of \$121,000.

The majority claims that this bill would actually reduce the deficit, but this rests on a number of assumptions that are wildly unrealistic. The budget gimmicks in the bill have been well documented, but among the highlights are that it would: pay for 6 years of benefits with 10 years of taxes; raid the Social Security trust fund of \$53 billion; double count the savings in Medicare to pay for a new entitlement; disregard the increased administrative costs of running these new programs; double count \$70 billion in premiums for a new long-term care entitlement which would later have to be used to pay for benefits; and rely on unrealistic Medicare cuts.

This last point is perhaps the most important one. The chief actuary of the Department of Health and Human Services wrote, in a letter to Congress, that the Medicare cuts proposed in this bill are "unrealistic" and could "jeopardize access to care" for seniors. Independent analysis says that many hospitals and health care providers would simply leave Medicare altogether if these cuts are implemented. So, under the terms of this legislation, future Congresses would have to do something it has thus far shown no appetite for: limiting access to vital medical care for our nation's seniors.

Another major assumption made by the majority is that this legislation would enact a tough "Cadillac tax" on generous employer provided insurance plans. But this tax's implementation date has been pushed back to 2018; well after President Obama leaves office. For years, Congress has assumed in its revenue projections that millions of middle class tax filers should pay the Alternative Minimum Tax (AMT) each year. But every year, Congress has stepped in and passed legislation to prevent this from happening. Similarly, we should assume that a tax that is so unpopular that it must be pushed out 8 years before being implemented is a tax that may never realistically happen.

So this gargantuan health care entitlement, once fully implemented, would end up costing us approximately \$200 billion per year, and then increasing at a rate of 8 percent per year.

But we can not afford our current entitlements! How will we be able to afford this when the bill comes due? I worry that this bill is a fiscal disaster of the first order.

It should not have been this way. We had an opportunity to enact real health care reform—reform that would have set our nation on a prudent fiscal path, and one that would not have violated our Constitution. I and my Republican colleagues have proposed a series of reforms, such as enacting real medical liability reform; allowing individuals to purchase insurance across state lines; allowing individuals to purchase insurance through groups and trade associations the same way unions can; allowing small businesses to band together to purchase insurance; and eliminating the discrimination in the tax code against purchasing insurance through the individual market by allowing individuals to deduct insurance premiums the same way their employers can. While these proposals are not the final word on health care reform, they certainly would have served as a good starting point for bipartisan reform.

Instead we are left with this bill which, I am afraid, will do much harm but provide little benefit. I strongly urge that this bill be defeated, so that we can go back to the drawing board and find true bipartisan solutions to the problems facing our health care system.

The SPEAKER pro tempore. The gentleman will be charged.

Mr. DREIER. Mr. Speaker, I yield for the purpose of a unanimous consent request to the gentleman from Virginia (Mr. WITTMAN).

Mr. WITTMAN. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, I rise today to share my outrage about the lack of protection for health programs provided to veterans, servicemembers or their families in the health reform bill under consideration by the House of Representatives.

This bill is deeply flawed. It covers TRICARE For Life but leaves out the other TRICARE programs that serve 9.2 million beneficiaries.

Any health care reform legislation must explicitly protect TRICARE and all other Defense or Veterans Department health plans by including them in the definition of "acceptable" or "minimum essential coverage."

If the health care reform package under consideration today by the House of Representatives passes, millions of servicemembers, veterans, and their dependents across the Nation will be at risk of having their insurance plan being deemed "unacceptable" and therefore have to purchase supplemental insurance or obtain a new plan altogether.

The tens of thousands of servicemembers, veterans, and their dependents in the first congressional district of Virginia have made great sacrifices for our Nation.

I have long held the belief that the benefits afforded our men and women in uniform have been earned through sacrifice and hardship.

The TRICARE and Veterans (VA) health care systems are unique and are designed to fulfill certain requirements that are not shared by the private sector. We must respect the unique identity and role of the military TRICARE and VA health delivery systems.

Now is not the time to change either the terms under which our service members defend our country or the means by which we continue to care for those that have served.

I cannot support legislation that does not uphold this Nation's commitment to our men and women in uniform, our veterans, and their families.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Texas (Mr. THORNBERRY).

Mr. THORNBERRY. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, this is unprecedented. It is an unprecedented intrusion of government into one of the most personal areas of our lives.

It is unprecedented procedures to force through a bill of this significance with two hours of debate and no amendments or alternatives even considered.

It is unprecedented to pass a measure of this magnitude against the strong, clear opinion of a majority of the American people.

I believe we need to reform health care, particularly the way that it is paid for in this country. We can do that without upending the whole system. Real health care reform would protect the nearly 85 percent of Americans who currently have health insurance and want to keep it. It would protect Medicare for those seniors currently enrolled in the program and for those who will be enrolled in the future. It would make health insurance more affordable for everyone, including those who do not have coverage today. And it would keep government from interfering in the doctor-patient decision relationship.

The bill before us does none of these things. It cuts more than \$500 billion from Medicare and increases taxes over \$550 billion dollars. It fines individuals and businesses that do not sign up for the government-approved insurance. It multiplies government bureaucracy by adding a mind-boggling number of new commissions, commissioners, committees, centers, and administrations. It empowers the IRS to determine whether or not your personal health insurance is adequate in the eyes of Washington bureaucrats. And it is filled with special deals to attract support it could not get on its own merit.

I believe that this bill will not only fail to stem the growing cost of health insurance; it will actually make it cost more. How could the combination of increased taxes, expensive mandates, and new federal regulations not increase the cost of health care for most Americans?

Mr. Speaker, common sense tells us that when the government spends more money, it does not usually cost taxpayers less. Yet, the Majority claims that this bill, which spends at least \$1 trillion, will somehow reduce our deficit. It cannot be true.

The vast majority of citizens in the 13th district of Texas who have contacted me have been clear and consistent in their opposition to reform that leads to more government, less choice, cuts in Medicare, and increased taxes. The same sentiments have been echoed across the country.

Unfortunately, the version the Democratic majority is trying to pass includes new restrictions and more government intrusion. It is over

2,700 pages of big government that we don't need or want.

Mr. Speaker, President John Adams once said, "Facts are stubborn things; and whatever may be our wishes, our inclinations, or the dictates of our passion, they cannot alter the state of facts and evidence." The facts here are plain and simple: this bill includes massive government involvement in health care, higher taxes, and hundreds of billions in Medicare cuts. I know it, most people who serve in this House know it, and the American people know it. It is wrong for our country and for its future.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Florida (Mr. POSEY).

Mr. POSEY. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I rise to express my strong objections to the health care legislation, H.R. 3590, and the unprecedented, process through which it is being considered. The overwhelming majority of Americans are telling Washington through their letters, calls and every poll that they don't want this bill. Nearly eight in ten of my constituents who have contacted me on this issue have asked that I vote against the bill.

Social Security is already unsustainable. Medicare is unsustainable. Medicaid is unsustainable and reimbursements are already so low that few doctors will even see Medicaid patients. These programs have tens of trillions of dollars in unfunded liabilities. Rather than fix these problems, the bill before us makes them worse. This bill takes over \$500 billion out of Medicare and spends it on this new health care plan. It adds millions of new enrollees to Medicaid—already one of the fastest growing federal and state budget line items. H.R. 3590 takes over \$53 billion out of the Social Security Trust Fund and spends it on this new health care plan. And, they say that this bill will save the taxpayers money.

The American people have figured it out and that is why they want this particular piece of legislation stopped. It's not that they don't want health care reform; it's just that they don't want this particular bill. No one is suggesting that the status quo is acceptable. In fact, I have cosponsored more than a dozen health care bills aimed at fixing the problems with our current system. I suggested in a meeting with the Secretary of Health and Human Services Kathleen Sebelius, that we move forward with those things upon which we can reach agreement—like addressing pre-existing conditions and ending the practice of insurance companies dropping coverage for someone when they get sick. Unfortunately, she rejected that offer.

I want to talk just briefly about the cost of this bill. On Thursday, a preliminary Congressional Budget Office, CBO, cost estimate of the bill was released. But that budget included a number of gimmicks that hide the real costs of health care reform legislation. I believe the American people want and deserve honest budgeting because once the smoke and mirrors are removed, they will have to pay the costs of this bill.

Let's look at why we have the differences. It is important to remember that the CBO can only estimate the costs of the specific language that is presented to them. An analysis

of the costs of the bill that was released by the Senate Budget Committee found that after you remove the budget gimmicks, this bill increases the budget deficit by nearly \$600 billion in the first 10 years and \$1.6 trillion over the second 10 years. This is a far cry from the preliminary budget estimate from the CBO, which put the net effect of the bill at reducing the deficit by \$118 billion over 10 years. So, what causes this discrepancy?

What are some of the reasons for the differences? CBO does not include in its calculation the \$53 billion that is borrowed from Social Security to pay for H.R. 3590. CBO assumes these monies will not have to be repaid to the Social Security Trust Fund.

Likewise, the bill includes over \$500 billion in cuts to Medicare program and assumes that future Congresses will allow these cuts to be fully implemented. Anyone remotely familiar with Congress knows that time and again Congress has stepped in to stop such Medicare cuts and may well do so again in the future. Thus to assume that Medicare will be cut by nearly \$500 billion is simply not realistic. Furthermore, rather than take these Medicare savings and spend them elsewhere, these funds could have been used to help secure the long-term solvency of Medicare.

This bill creates a new long-term care entitlement benefit, known as the CLASS Act. This bill collects \$70 billion more in premiums than it will pay out in benefits over the first 10 years of the program. Rather than keep this \$70 billion in the Trust Fund to pay future benefits, H.R. 3590 takes the money out of this trust fund and uses it to pay the costs of H.R. 3590.

H.R. 3590 creates dozens of new programs; however, the CBO cost estimate does not include any costs associated with these programs. The Senate Budget Committee estimates the 10-year costs of these programs at \$114 billion.

Medicare also faces more than a \$200 billion shortfall in the amount of funding needed to pay physicians. It would have been appropriate to use the Medicare savings in H.R. 3590 to fix this problem. However, H.R. 3590 leaves in place the 21 percent cut in payments to doctors. Speaker Pelosi has said that we can expect another bill to come to the House floor in a few weeks that fixes this shortfall. The cost of that bill will simply be added to the deficit and no one will have to pay for it.

So, rather than saving \$118 billion over 10 years as CBO estimates, the real costs will be hundreds of billions of dollars in deficit spending in just the first 10 years. Between 2020 and 2029 the debt rises even more.

Our nation has lost millions of jobs since January of 2008. To restore these jobs, our nation would have to create 250,000 jobs per month for each of the next 5 years. Hundreds of billions of dollars in new taxes on small business and new costly mandates included in H.R. 3590 will only result in the loss of additional jobs and it will make it harder for businesses to hire new employees. In fact, it is estimated that this bill may result in the loss of more than 2 million additional jobs.

Not only does this bill have a costly impact on businesses, but it imposes tens of billions of dollars in unfunded mandates on the states. Our state budgets are already stretched thin

and governors and state legislatures are cutting tens of billions of dollars just to balance their budgets—something many states are required to do, but not Washington. This bill makes that task harder for the states and will ultimately result in higher taxes on individuals and businesses.

H.R. 3590 lacks sufficient protections to ensure that American taxpayers are not forced to pay for the health care of millions of illegal immigrants.

I am further concerned that this bill fails to include protections, passed earlier this year in the House, that would ensure that taxpayer money is not used to pay for elective abortions. This bill also lacks sufficient conscience protections to ensure that health care providers, doctors, nurses, hospitals, and health plans are not required to participate or in any way support elective abortions.

Never before has Congress considered a bill that so fundamentally changes the relationship between the people and the government.

This bill gives the federal government unprecedented powers. H.R. 3590 empowers government panels to make coverage determinations. It also creates the Independent Medicare Advisory Board, IMAB, which is given broad authority to make cuts in Medicare.

Over 4,000 times in this bill, the word "shall" appears, and "shall" indicates a federal mandate. In more than a dozen places, the bill provides that there will be "no administrative or judicial review" of a federal bureaucrat's decision.

It has been said that: "A democracy cannot exist as a permanent form of government . . . It can only exist until the voters discover they can vote themselves largess from the public treasury. From that moment on, the majority usually votes for the candidates promising them the most benefits. Therefore the average age of the world's greatest civilizations has been about 200 years. These nations have progressed through this sequence: From bondage to spiritual faith; from spiritual faith to great courage; from courage to liberty; from liberty to abundance; from abundance to selfishness; from selfishness to apathy; from apathy to dependence; from dependency back again into bondage."

This bill vastly expands the powers of the Internal Revenue Service, IRS. If this bill becomes law, the IRS may have to hire up to 16,500 additional employees just to enforce all the new taxes and penalties. The bill empowers the IRS to: (1) verify that Americans have government-approved health care coverage; (2) fine Americans up to \$2,085 or 2 percent of income (whichever is greater) for the failure to purchase a government-approved plan; (3) confiscate tax refunds; and (4) increase audits.

Finally, I would be remiss if I did not express my deep disappointment with the process that has characterized this debate and the manner in which this legislation has been written. I come from the sunshine state, where we have very strict laws about transparency and openness in government—a process that is seriously lacking in Washington.

The House considered a bill in three committees last summer. A handful of Republican amendments were adopted in those committees. Unfortunately, when the bill was rewritten

behind closed doors before coming to the House floor in November; those amendments were removed from the bill. When the House considered this bill in November 2009, over 200 amendments were filed to be offered, but the leaders in the majority allowed only one amendment to be voted on.

Likewise the Senate bill was written behind closed doors and no amendments were allowed to be offered when it was considered in the Senate in December 2009. It includes special earmarks meant to secure the votes of particular Senators. Now we are debating that bill today, and once again no amendments are allowed to be offered.

We are also debating a new bill drafted by the majority in the House that purports to make changes to the Senate bill. Again, this bill was drafted behind closed doors over the last few days and includes yet again more special provisions intended to secure particular votes. Yesterday, at the House Rules Committee, Republicans presented over 80 amendments that they wanted to offer to this bill, but not a single one allowed an up or down vote.

Mr. Speaker, is it any wonder that the American people have so much disdain for Washington and this body? This is a sad day characterized by a lack of openness and transparency. The American people deserve better.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Virginia (Mr. GOODLATTE).

Mr. GOODLATTE. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, nearly two months ago President Obama stood here before the Members of the House of Representatives, the Senate, the Supreme Court Justices, his own Cabinet Members and millions of Americans who were watching on television to deliver his first State of the Union address. In that speech he declared that as economic uncertainty continues to plague our Nation the government must focus on policies that promote economic growth and job creation. My how things have changed in just two short months.

Congress should be working to reduce the tax and regulatory burdens that hinder small businesses and ultimately overall economic growth and job creation. Instead, over the loud objections of a majority of Americans, the Majority continues to advance their health care reform proposal which sets the tone for a Washington takeover of the health care system. This legislation which contains a multitude of new federal regulations, mandates, new big government programs, and a significant increase in federal spending and debt, will be extremely detrimental to American businesses and particularly our small businesses, which will make job losses even worse.

The legislation includes over \$569 billion in tax increases and over \$523 billion in Medicare cuts. This includes \$52 billion in new taxes on employers, including small businesses, that cannot afford to provide health coverage or that don't offer coverage. The effect of this type of tax, similar to a payroll tax increase, would ultimately fall squarely on workers in the form of lower wages or reduced employment. Additionally, the legislation in-

cludes \$17 billion in new taxes on Americans who do not comply with the individual insurance mandate which is sure to further stifle economic growth.

In fact, 130 economists from all across the country sent President Obama a letter explaining how this legislation is a job-killer. In their letter, the economists stated that the insurance mandate and the tax increases, among other things, will "constrict economic growth and reduce employment" while "increasing spending on health care and increasing the cost of health coverage".

That is why I strongly support an alternative proposal which allows for the purchase of health insurance across state lines, allows individuals and small businesses to join large pools to get more competitive rates, provides tort reform to cut down the high cost of defensive medicine, allows full tax deductibility of health insurance premiums, portability of health insurance and protection against pre-existing condition exclusions. In addition, I support health insurance tax credits for individuals and families who don't have access to employer-based health insurance, increasing the number of community health centers, and encouraging the use of health information technology to achieve greater efficiencies.

Congress should not be pushing this government takeover of health care that will inflict even more harm on our Nation's economy, making job losses even worse. Instead Congress must focus on strategies that help Americans obtain the best quality health care at the least cost, and ensure that the government fosters increased access to quality care based on individual choice, not by taking away choices from people on the grounds that government knows best.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from California (Mr. CALVERT).

Mr. CALVERT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I ask unanimous consent to revise and extend my remarks against this flawed health care bill.

Mr. Speaker, I rise today in opposition to the Democrat health reform legislation that imposes billions of dollars in new job killing taxes on American small business owners and families. Make no mistake about it, at a time when the unemployment in the United States is over 10 percent, over 14 percent in some parts of my district, this Congress is choosing to take up a health reform bill that is a job killer.

Small business owners struggling to make ends meet who cannot afford to buy government approved insurance for their employees will be subject to a \$2,000 dollar per employee tax. When employers realize they can afford neither the government mandated insurance nor this egregious new tax they will have no choice but to lay off more employees.

For employers who can afford to provide health insurance to their employees, this bill contains billions of new taxes and mandates that will raise their premiums. These will drive up the cost of insurance, forcing many employers and private individuals to reduce or drop their coverage.

In addition, this bill imposes a never before seen Medicare tax that would, for the very first

time, apply to capital gains, dividends, interest, rents, royalties, and other investment income of singles earning over \$200,000 and couples earning over \$250,000. Currently, capital gains and dividends are taxed at a top rate of 15 percent, but those rates are already scheduled to rise in 2011 to 20 percent and 39.6 percent, respectively. When the expansion of the Medicare tax is coupled with the already scheduled capital gains rate increase, long-term capital gains rates would rise by from 15 percent to 23.8 percent and the top tax rate on dividends would nearly triple from 15 percent to 43.4 percent.

At a time when Congress should be focusing on incentivizing investment in America and putting people back to work we are instead here today to levy over \$560 billion dollars in new taxes on the American public and approve over \$938 billion dollars in new entitlement spending. I urge my colleagues to stop this massive government expansion and focus on America's most pressing issue, putting our citizens back to work.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from California (Mr. MCCLINTOCK).

Mr. MCCLINTOCK. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I rise in opposition to this flawed health care bill. Under the provisions of this bill, Americans will be required by federal law to purchase health insurance policies that include every mandate imposed by the new federal health czar and will face federal fines and even imprisonment if they refuse. And they will pay for them through a combination of higher taxes, higher premiums or lower wages.

The proposition that Congress has the power to order Americans to purchase insurance—or any other product—is contrary to the fundamental concept of individual liberty and antithetical to the takings clause of the Fifth Amendment. If this precedent were to be upheld, the federal government will have assumed authority over every aspect of individual choice in the care of ourselves and our families and can logically be extended to what foods we choose or to what physical activities we engage in. Nor is this brave new doctrine limited to health care. Once the precedent is established that government may usurp individual decisions in the marketplace, what limitation remains on its power to order any other of our decisions as consumers?

Fortunately, the Constitution still protects our freedom from such usurpations. It will fall to the Supreme Court to hold this act accountable to the Constitution and it will fall to "We the People" to hold those responsible for it accountable at the polls.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Ohio (Mr. JORDAN).

Mr. JORDAN of Ohio. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. I yield for the purpose of a unanimous consent request to the gentleman from Florida (Mr. MILLER).

Mr. MILLER of Florida. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, was there any time consumed?

The SPEAKER pro tempore. You were charged once.

Mr. DREIER. For what, half a second?

The SPEAKER pro tempore. The gentleman was charged 5 seconds.

Mr. DREIER. Five seconds. Is there any way we can try and get that back, Mr. Speaker?

I reserve the balance of my time.

Mr. MCGOVERN. Can you tell me how much time is remaining on both sides.

The SPEAKER pro tempore. The gentleman from Massachusetts has 5 minutes remaining, and the gentleman from California has 10 minutes and 25 seconds.

Mr. DREIER. Mr. Speaker, at this time I yield for the purpose of a unanimous consent request to my friend, the former sheriff from Washington (Mr. REICHERT).

Mr. REICHERT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, I yield for the purpose of a unanimous consent request to my friend from San Diego, California (Mr. ISSA).

Mr. ISSA. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. MCGOVERN. I continue to reserve the balance of my time, Mr. Speaker.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 full minute to our friend from Gold River, California (Mr. DANIEL E. LUNGREN).

Mr. DANIEL E. LUNGREN of California. I thank the gentleman for yielding.

Mr. Speaker, in the famous play, "A Man for All Seasons," there is a tremendous scene there where Sir Thomas More looks out and sees Richard Rich, who used to be a supporter of his, who was giving testimony against him. And he notices that he has a medallion on him designating that he happens to be the new attorney general for Wales.

And, in response, Mr. Thomas More says, Richard, it profits a man nothing to give his soul for the whole world. But for Wales?

Mr. Speaker, for those of us who have worked so hard in the pro-life movement for years and years and years, and who understand the importance of the historic effort made by our former colleague, Mr. Hyde, I beg those who have joined us over these years to understand what they are doing if they sign off on an executive order. An executive order is not law.

The reason we have had to have the Hyde amendment over the years is that the courts have said that there is a statutory mandate to provide abortion unless we say it does not exist. Therefore, an executive order does not take precedence over the law. People should know where they are. Don't be like Richard Rich of Wales.

The SPEAKER pro tempore. The gentleman's time has expired.

Mr. MCGOVERN. Mr. Speaker, I yield to the gentleman from American Samoa (Mr. FALEOMAVAEGA) for the purpose of a unanimous consent request.

Mr. FALEOMAVAEGA. Mr. Speaker, I rise in total opposition to all my friends who oppose the legislation on the other side of the aisle, but in full support of this most historical bill.

Mr. Speaker, I rise in strong support of the "Health Care and Education Affordability Reconciliation Act of 2010."

Mr. Speaker, we stand today at the threshold of a momentous occasion in the history of this great Nation. It is momentous in the sense that this long-overdue, comprehensive overhaul of our national Healthcare system is desperately needed to address rising medical costs and to extend coverage to our fellow Americans that are often left to fend for themselves.

I want to thank Speaker NANCY PELOSI for her leadership and for bringing this important issue to the Floor for consideration.

I also want to express my gratitude to President Obama and the Democratic House and Senate leadership for their willingness to work hand-in-hand with the Congressional Delegates to resolve our concerns and reduce the health disparity facing the Territories.

On the House side, I want to particularly thank both Chairman HENRY WAXMAN of the Committee on Energy and Commerce and Chairman CHARLES RANGEL of the Committee on Ways and Means for their unwavering support in addressing the concerns put forward by the Congressional Delegates. On the Senate side, I also want to thank Senator CHRIS DODD and Senator CHARLES SCHUMER for their assistance.

Most of all, I wish to recognize my fellow Congressional Delegates, DONNA CHRISTENSEN of the Virgin Islands for her work in the House Committee on Energy and Commerce, GREGORIO SABLAN of the Commonwealth of the Northern Marianas and PEDRO PIERLUISI of Puerto Rico for their advocacy in the House Committee on Education and Labor, and MADELEINE BORDALLO of Guam for her leadership as the Chairwoman of the Congressional Asian Pacific American Caucus Healthcare Task Force. Together, we worked relentlessly to bring about change for those we represent.

This entire Healthcare overhaul would not have been possible without the support of the Congressional Hispanic Caucus, the Congressional Black Caucus, and the Congressional Asian Pacific American Caucus (CAPAC), and I want to especially recognize the efforts of Congressman MIKE HONDA, Chairman of CAPAC.

While the bill we have before us today is far from ideal and not the perfect solution to all our health care issues, it is imperative and also the constitutional responsibility of the Members of this Chamber to act in the best interest of those who are suffering, particularly in light of the heart-wrenching stories told of people dying, parents worrying and families living in fear because they have no health insurance. Just last year, it was estimated that

625 Americans lost their health insurance every hour.

So even though we may not agree on how to make this right, we can agree that to do nothing is not an acceptable course of action. Our fellow Americans deserve our help.

The some 4.4 million Americans living in the Territories also deserve to be recognized and this is why I am pleased that this bill acknowledges that we are part of the American family. Although much remains to be desired, this bill is a step towards bringing the Territories to parity with the States. Under Section 1204, the Territories—Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Marianas Islands—will receive an additional \$6.3 billion over a 9 year period in federal funding for Medicaid costs.

American Samoa will receive \$285.5 million in total Medicaid spending for the next 9 years, or an increase of over \$180 million.

This legislation also provides \$1 billion for the Territories to participate in the Health Insurance Exchange program, the centerpiece of this Healthcare Reform Legislation. Each of the Territories will be afforded the option to participate or transfer their allocation to their Medicaid program. If American Samoa chooses not to participate in the Exchange, the Territory will receive an additional \$18.75 million for its Medicaid program.

With the historic passage of this legislation and the increased federal funding it will provide, I am hopeful that the American Samoa Government and Legislature will do all it can to provide quality and affordable health care for the people of American Samoa.

In 2005, the findings of the American Samoa Health Survey estimated that only 25 percent of the population had insurance and, with the rising cost of health care, it is highly likely that the number of insured in American Samoa has declined drastically since that time.

But now, with a significant increase in federal funding, ASG has the tools it needs to improve healthcare and health coverage for the residents of the Territory and to meet the challenges which have been exacerbated by the Territory's remote location and the exponential rate of chronic diseases.

In light of the current political environment surrounding healthcare reform, President Obama's own testimony in Ohio last week best summarizes the necessity and the very reason why Congress must pass this legislation today. The President said, "I'm here because of my own mother's story. She died of cancer, and in the last six months of her life, she was on the phone in her hospital room arguing with insurance companies instead of focusing on getting well and spending time with her family."

Millions of Americans share the same story, and passage of this legislation is critical for the welfare of all Americans. This legislation is not only about saving money and reducing the deficit or addressing the billions wasted in Medicare. Passage of this legislation is about providing for those who cannot provide for themselves. It is about the fundamental right of healthcare for all.

As Martin Luther King once said, "Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

At its best, this bill is a step toward equality and justice for all Americans and, for this reason, I urge my colleagues to support this historic legislation.

The SPEAKER pro tempore. The gentleman will be charged.

Mr. MCGOVERN. I reserve the balance of my time, Mr. Speaker.

Mr. DREIER. Mr. Speaker, my colleagues are very curious as to whether or not any time was taken from the other side.

The SPEAKER pro tempore. The gentleman was charged.

Mr. DREIER. I just wanted to make sure. I just wanted to make sure in the name of fairness here. I appreciate your fairness, Mr. Speaker.

At this time I yield 1 minute to the distinguished ranking member of the Financial Services Committee, the gentleman from Vestavia Hills, Alabama (Mr. BACHUS).

Mr. BACHUS. Mr. Speaker, in our Declaration of Independence, our forefathers declared that we are endowed by our Creator with certain inalienable rights. The first was life, yet this bill would permit the public funding of abortions in a number of programs that would take an innocent life formed by that Creator within a matter of months, if not weeks or days.

The very first act of our government on this innocent and defenseless life would be to end it. Our forefathers could not comprehend such an outrageous act.

Let me close by saying that on this very day, March 21, exactly 61 years ago, Chaplain Peter Marshall prayed on the floor of the Senate: Lord, our God, help us to stand up for the inalienable rights of mankind, knowing that Thy power and Thy blessings will be upon us only when we do what is right.

May we so speak, vote and live as to merit thy blessing.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 minute to my friend from Lincoln, Nebraska (Mr. FORTENBERRY).

Mr. FORTENBERRY. Mr. Speaker, let's just imagine for a moment that this health care bill before us today failed. Let's just imagine that we all awoke tomorrow and could say to one another now we have a chance to get health care reform right, health care reform that is fair to everyone, reduces costs and truly improves outcomes, instead of just shifting costs to more unsustainable government spending and eroding health care liberties.

Mr. Speaker, the debate has become very passionate, and I fear that we sometimes lose sight of the fact that our actions have consequences and can even affect little children. The other day a 9-year-old boy approached me and he said, Congressman, I have a question. He said, if the government gets so bad, which country should we move to? And I put my hand on his shoulder and I looked at him and I

said, America is still a good country, we just have to make it better.

Mr. Speaker, I am not here to help manage the decline of America. None of us are. We can do better. We must do better.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. I thank the gentleman for yielding the time and for the hard work of the Rules Committee.

Mr. Speaker, I come to the well of the House today to support the rule and to commend President Obama and the Democratic leadership for their willingness to stand up for America's families and for their willingness to be strong and steadfast in the face of political opposition. My North Carolina district is the fourth poorest district in America: 100,000 uninsured, seniors unable to afford prescription drugs, rural hospitals in the red, insurance premiums increasing while insurance company profits are multiplying.

My constituents need health insurance reform, and they need it now. The time for debate is over. We are poised to deliver on the Democratic promise of health insurance reform.

I am confident, Mr. Speaker, that one day historians will write that the passage of this bill took America to a higher level, to a higher place, and restored confidence with the American people that Congress is responding to the needs of America's families.

□ 1715

The SPEAKER pro tempore. The gentlewoman from New York has 3 minutes and 55 seconds remaining. The gentleman from California has 7 minutes and 25 seconds remaining.

Mr. DREIER. Mr. Speaker, for a unanimous consent request I yield to the gentleman from Georgia (Mr. WESTMORELAND).

Mr. WESTMORELAND. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, there's no such thing as a free lunch and there's no such thing as free health care. Yet, the Democrats ramming this legislation through the House against the will of the American people would have you believe that we're going to extend coverage to 32 million and subsidize millions of others, and it's not going to cost average Americans a thing. Somehow, they say, this will all be covered by big businesses and high-income earners, and it won't have any effect whatsoever on average Americans. It's the mysterious "them" who will pick up the tab, not "us."

The truth is that we're all going to pay, and we will pay big. This legislation will raise taxes by \$569 billion, it will raise the insurance premiums of all Americans, it will place a huge new tax on jobs and it will put expensive mandates on individuals and employers.

There will be \$52 billion in new taxes on employers who can't afford to provide health insurance. So what's going to happen when you drastically hike up the cost of jobs? We'll

have fewer jobs. This Congress is recklessly destroying jobs at time when unemployment is at nearly 10 percent. At a moment when unemployed Americans are looking for work to provide for their families, at a time when many more are underemployed or working part time, at a time when businesses are unable to get the loans they need to expand, the Democratic Congress is taking us backwards. We will make a bad situation worse.

For the next 4 years, in fact, we'll implement the taxes but not the coverage. We keep hearing Democrats say that 45,000 Americans die each year because they don't have health insurance. According to the Democrats' own rhetoric—as faulty as it may be—they're ignoring 180,000 needless deaths over the next 4 years.

Mr. Speaker, there is no free lunch. It is our duty, first and foremost, to render tough decisions. We have to prioritize. Our priority in today's climate should be creating and saving jobs, and therefore, helping more Americans gain employer-provided coverage. Then, we can focus our attention on bringing down the cost of health care and expanding access without adding on a new entitlement that we can't afford.

You know, Mr. Speaker, it's remarkable to me that for a President who campaigned on reaching across the aisle and bridging the partisan divide, the only bipartisanship on his signature issue is in opposition. Democrats and Republicans are joined together in opposing this government takeover of health care. There are 25,000 Americans protesting this legislation outside these walls. There are 39 state legislatures threatening to fight this law in court. Large majorities of American citizens are begging their Member of Congress to vote "no".

Mr. DREIER. Mr. Speaker, I yield for a unanimous consent to the gentleman from Illinois (Mr. MANZULLO).

Mr. MANZULLO. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, the President's \$1 trillion health care bill is a job-killing disaster that will slap Americans with massive tax increases and Medicare cuts immediately while delaying the bulk of the health care benefits until 2014. This is not health care reform; this is an unprecedented and unnecessary government takeover employing some of the highest and cruelest tax increases and perhaps the broadest expansion of the power of the federal government in history. It didn't have to be this way. I do support health care reform. Bipartisan alternatives exist that would make health care more affordable and accessible for the uninsured without having to wait four years for benefits.

Here are just a few of the most egregious policies within the President's massive government takeover of health care. H.R. 3590 would increase taxes on Americans by \$569 billion, including a new \$210 billion 2.9 percent "Medicare" tax on investment income; cut Medicare benefits for seniors by \$530 billion; increase Americans' health insurance premiums \$2,100 by 2014, according to the non-partisan Congressional Budget Office; put another 3 to 5 million Americans on the unemployment lines due to the heavy mandates that require employers to provide health care

coverage to their employees and families whether they can afford it or not; require the Internal Revenue Service (IRS) to hire up to 16,500 additional workers to enforce all the new tax penalties on Americans who can not afford to purchase health insurance; and puts another 16 million Americans on Medicaid, a struggling program that pays such low reimbursement rates that 121 Walgreens stores in Washington announced last week they would no longer accept Medicaid for prescriptions. This bill will burden states with additional Medicaid share costs. The State of Illinois, already facing a \$12 billion budget deficit with plans to cut \$1.3 billion from local school funding, would have to pay at least \$1.8 billion in additional Medicaid sharing costs to cover the additional enrollments. To add insult to injury, this bill makes Americans wait until 2014 to receive the bulk of the benefits. In fact, the ban on preexisting conditions does not kick in until 2014 for adults.

This bill implements tax increases and Medicare cuts immediately, but delays most of the benefit provisions for four years. However, when you look at the first 10 years of benefits, the estimated true cost will be \$2.6 trillion. And that does not even include the nearly \$1 trillion of additional spending that was either pulled out of the bill to be dealt with later or the result of correcting double counting cuts in unrelated programs.

Plus, H.R. 3590 would not have a true firewall of protection to prevent federal tax dollars from paying for abortions. According to a Quinnipiac University survey released on December 22, 2009, 72 percent of Americans said they oppose allowing abortions to be paid for with public funds under any new health care system created by the government. Thus, because a "reconciliation" bill cannot solve this particular issue due to the fact that it is not directly a budget issue, the President has promised to issue an executive order to ban federal funding of abortion. However, an Executive Order cannot trump the language in this bill that would become law, if passed. In 1952, the Supreme Court struck down President Truman's executive order during the Korean War that assumed federal control of certain domestic steel mills due to labor unrest because it was an unconstitutional exercise of lawmaking authority reserved to Congress. In 1996, the District of Columbia Court of Appeals struck down an executive order issued by President Clinton which authorized sanctions on federal contractors that permanently replaced workers who went on strike because it superseded existing law guaranteeing the right of employers the right to hire permanent replacement workers. Finally, the Supreme Court struck down an executive order issued by President G.W. Bush because Congress, in enacting a statutory military commissions system, had impliedly prohibited the President's invocation of military commission jurisdiction over a terrorist detainee.

I also want to expand upon what I believe to be one of the cruelest elements of this bill. As if raising taxes on struggling families and their employers, cutting benefits for seniors, growing the IRS enforcement police by thousands, and further jeopardizing the budgets of all states in the union was not cruel enough, this bill creates a new 2.9 percent tax on life-

saving medical devices like the titanium brace that was inserted into the spine of my wife after a cancerous tumor shattered one of her vertebrae. That medical device saved my wife from the wheelchair. The authors of this bill believe that life-saving medical devices should be nearly three percent more expensive. I fail to understand how we make health care more affordable by pursuing policies that intentionally make health care more expensive.

As the former Chairman of the House Small Business Committee, I have long supported legislation that would help small employers purchase health insurance for their employees and their families. Of the 47 million uninsured Americans, 57 percent work for small employers who cannot afford to offer them health insurance. I support two bipartisan solutions that would go a long way to reduce the number of uninsured in America. First, Congress should pass H.R. 2360, the Small Business Health Options Program Act of 2009 (SHOP Act) as a stand-alone bill. H.R. 2360 would allow small employers to purchase health insurance at reduced group rates through national associations while still following state rules. I am one of 60 bipartisan cosponsors of H.R. 2360, which also enjoys support from the liberal Service Employees International Union (SEIU), the AARP, and the conservative National Federation of Independent Business (NFIB). A companion bill in the Senate was authored by my fellow Illinoisan, Senator DICK DURBIN, and enjoys similar bipartisan support.

Second, Congress should also pass H.R. 1470, the Equity for Our Nation's Self-Employed Act of 2009. This bill would let small employers pay for their health insurance before they pay their Social Security and Medicare tax liabilities, giving them the same deduction as large employers. The self-employed pay on average \$12,106 annually for family health care coverage, and H.R. 1470 would save them \$1,852 a year, according to the Kaiser Foundation. I am one of 48 bipartisan co-sponsors of H.R. 1470.

These bills would dramatically reduce the costs of health insurance for small employers so they can better afford to provide coverage for their employees and their families. And they will reduce the rolls of the uninsured without increasing taxes, killing jobs, forcing Americans into a government-run program, and burdening our children and grandchildren with even more debt.

Mr. Speaker, I also support making the following four changes to America's health care system. First, we need to reform our out-of-control medical liability system. Medical malpractice insurance continues to surge, skyrocketing health care costs and forcing doctors and other medical professionals to practice "defensive medicine," which entails ordering costly and often unnecessary tests to cover all the bases from lawsuits. I am a cosponsor of the HEALTH Act (H.R. 1086) that would fully compensate victims for medical injuries but place reasonable caps on punitive and non-economic damages that often inflate the awards and contribute to out-of-control liability and health care costs.

Second, we need to expand tax-free availability to Health Savings Accounts (HSAs). HSAs allow small business owners to offer more affordable high-deductible health insur-

ance plans to their employees and make tax-deductible contributions to employee savings accounts to allow their employees to build equity and assume personal control of their health care needs. Congress should increase the tax deductibility for these insurance plans.

Third, we need to preserve high-quality health care through America's community health centers. I am a strong supporter of continued funding of our community health center system, which provides high-quality health care to America's low-income families. The district I am privileged to represent has one of the model community health centers in America, the Crusader Clinic in Rockford, which serves more than 40,000 needy patients in northern Illinois each year.

Finally, we need to create refundable tax credits to help low-income Americans purchase health insurance. Low-income children are already covered through the federal State Children's Health Insurance Program (SCHIP), and I support refundable tax credits to help low-income adults purchase health insurance.

Mr. Speaker, this bill today will increase taxes, cut Medicare, raise health care premiums, and put millions more Americans on the unemployment lines. And amazingly, most of the benefits—including the ban on pre-existing conditions for adults—will not be available for another four years. We should instead be pursuing the bipartisan reforms that would make health care more affordable and accessible to Americans now, and not make them wait four years for assistance. This bill is certainly not the type of health care reform Americans deserve.

Mr. DREIER. Mr. Speaker, for a unanimous consent request I yield to the gentleman from Peoria, Illinois (Mr. SCHOCK).

Mr. SCHOCK. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to my friend from New Jersey (Mr. LOBIONDO).

Mr. LOBIONDO. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Arkansas (Mr. BOOZMAN).

Mr. BOOZMAN. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent, I yield to my California colleague, Mr. HERGER.

Mr. HERGER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, the "Reconciliation Act of 2010," written behind closed doors and published just a few days ago, does nothing to improve the Senate health care bill. It is simply more of the same: higher taxes on investment and job creation, more cuts to Medicare to pay for the new government health care program, and more special backroom deals reflecting the Majority's determination to pass this bill by any means necessary.

The reconciliation bill raises the Medicare payroll tax and, for the first time in history, applies it to unearned income. This tax hike is

aimed squarely at small businesses and is sure to result in the loss of even more jobs. Even worse, Congress is once again raiding the Medicare and Social Security Trust Funds to pay for other programs.

The reconciliation bill also contains higher cuts to Medicare Advantage—over \$200 billion in all. If this passes, it is the end of Medicare Advantage as we know it. Senior citizens in many parts of the country will no longer be able to choose their Medicare plan. Once again, these cuts have nothing to do with solving Medicare's long-term budget problems. They are greasing the skids for the new government health care program.

Not only does the reconciliation bill leave in place many of the backroom deals included in the Senate bill, it adds several new ones, including a special tax exemption for union multiemployer health plans and extra Medicare money for hospitals and physicians in certain parts of the country. The American people have repeatedly expressed outrage at the special deals that are being made behind closed doors, yet the Democratic Majority still refuses to listen.

One of the most serious concerns I have heard from my constituents is that the Senate government health care bill will lead to rationing. Unfortunately, the Rules Committee refused to make in order my amendment to ensure that the new comparative effectiveness research board established by the Senate bill cannot be used as a basis for cost-based coverage denials. The Majority has repeatedly refused to include an ironclad guarantee that Medicare will not start rationing access to life-saving treatments because of their cost. The reconciliation bill also leaves intact a new Independent Payment Advisory Board of unelected bureaucrats that will have the power to change Medicare payment policies without congressional approval, and that cannot be repealed without a supermajority vote of the House and Senate. This board is charged not only with issuing recommendations, but also implementing Medicare policy. It is the ultimate embodiment of government-run health care where decisions about access to innovative new drugs, treatments and therapies are decided not by patients and doctors and a functioning marketplace, but by unresponsive and unaccountable bureaucrats working to contain costs.

In a final touch of irony for a Majority that has repeatedly insisted that they are not aiming for a government takeover of health care, this reconciliation bill incorporates a complete government takeover of the private student loan industry. The Majority's rationale for this policy is that the current policy of government subsidies for private businesses is not controlling costs and has become too expensive. The Congressional Budget Office has already told us that the Senate health care bill will cause individual private insurance premiums to rise faster than they would under current law. It is difficult to imagine that a government-industry cartel will be any more efficient for health insurance than it was for student loans. After a few years of this policy, will Democrats again conclude that costs are out of control and the government must take over?

The House should reject both the Senate government health care bill and this reconciliation bill that only makes things worse.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to my friend from Alabama (Mr. BONNER).

Mr. BONNER. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to my friend from St. Louis, Missouri (Mr. AKIN).

Mr. AKIN. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to my friend from Pennsylvania (Mr. THOMPSON).

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Texas (Mr. CARTER).

Mr. CARTER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Iowa (Mr. LATHAM).

Mr. LATHAM. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Florida (Mr. MARIO DIAZ-BALART).

Mr. MARIO DIAZ-BALART of Florida. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, I rise today to express my strong opposition to the eventual government takeover of health care that took place on the floor of the House today.

Though I strongly believe that America needs health care reform, I cannot in good conscience cast a vote for a bill that will take our country down the path of bankruptcy.

This deeply flawed legislation raids Medicare, which faces insolvency in 2017, by over half a trillion dollars in order to create a massive new entitlement program. It raises taxes on our families and small businesses by over half a trillion dollars. It will lead to increases in insurance premiums, increase overall spending on health care by over \$200 billion and will result in job losses. This bill will also increase the national debt and deficit, leaving our children and grandchildren to pay the price.

Today Democrat leadership abused and manipulated the legislative process for political gain, in an effort to force an eventual government takeover of health care that the American people do not want. This legislation was drafted in secret and is loaded with backroom deals for certain Members of Congress and special interests. The American people need, demand and deserve health care reform that will increase access, improve quality and

lower costs. What the American people do not want is this ill-conceived legislation that will bankrupt our country and leave a lasting negative impact on generations to come.

Nothing is more sacred in this country than our freedom and democracy. These are the fundamental principles that make America the greatest country in the world, and I cannot and will not vote for legislation that jeopardizes the freedom, democracy, prosperity and opportunity of future generations of Americans.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentlewoman from Minnesota (Mrs. BACHMANN).

Mrs. BACHMANN. Mr. Speaker, I rise in opposition to this dangerous health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Colorado (Mr. COFFMAN).

Mr. COFFMAN of Colorado. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Michigan (Mr. HOEKSTRA).

Mr. HOEKSTRA. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. Speaker, I rise today to vehemently object to the government takeover of health care.

It is bad social policy, bad public policy and bad fiscal policy for the United States.

The health care bills we will vote on today are estimated to cost more than \$1 trillion, will expand government bureaucracy, permit taxpayer-funded abortions, increase taxes and cut Medicare. Additionally, it includes egregious sweetheart deals such as the "Cornhusker Kickback" for Nebraska, "Gator Aid" for Florida and the "Louisiana Purchase."

My home state of Michigan alone will be forced to pay \$710 million annually for new Medicaid enrollees, money the state does not have to spare. It is verging on denying the state's ability to regulate health care programs and insurance and encroach on its sovereignty in doing so.

Every American is personally impacted by health care. As such over the last year Michigan residents and all Americans have voiced their opposition with the health care proposals in Congress. It is disheartening to see that Congress is blatantly ignoring the voice of the public.

The U.S. health care system remains the best in the world, but still needs reform. Reform can be achieved by targeted measures such as allowing insurance competition across state lines and creating high-risk pools of money for states to support those with pre-existing conditions.

I had hoped that we could work in a bipartisan manner to achieve reform of health care, but Republicans were not allowed a seat at the table.

We do not need the federal government to take over one-sixth of the American economy, and saddle states like Michigan with mandates, tax increases and debt.

Mr. Speaker, in Michigan a situation has developed in which home health care providers have been forced to pay union dues to state because they accept federal dollars.

How can we be sure that the same will not happen to medical practitioners who will be forced into a government-run system?

Additionally, I am concerned that the reconciliation bill that we will vote upon today will completely federalize student lending, leading to lost jobs, tax increases and the elimination of choice.

Mr. Speaker, I will be voting against the bills, and I respectfully submit my remarks for the RECORD.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Iowa (Mr. KING).

Mr. KING of Iowa. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to our friend from Indianapolis (Mr. BURTON).

Mr. BURTON of Indiana. Mr. Speaker, I rise in opposition to this flawed health care bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind Members not to frequent the well when another Member is speaking.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentleman from Texas (Mr. GOHMERT).

Mr. GOHMERT. Mr. Speaker, I rise in opposition to this government takeover of health care in this so-called health care bill.

The SPEAKER pro tempore. The gentleman will be charged.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Virginia (Mr. CONNOLLY).

Mr. CONNOLLY of Virginia. Mr. Speaker, I thank the gentlelady.

We have reached a historic crossroads in our Nation's history. We can choose to set our Nation on the path to improving the access to quality health insurance for millions of Americans and finally containing the cost of that care, or we can continue on the road of the status quo, threatening to leave more families without basic care and bankrupting the engine of our economy.

This bill in front of us today, this historic bill meets the four tests my constituents set for it:

Will it bring down premium costs for families and small businesses? Yes, it will.

Will it reduce the deficit? Yes, it will. Now and in the future.

Will it protect their choice of plan and doctor? Yes, it will.

Will it improve access to care? Yes, it will.

We have heard a lot of fear, we have heard a lot of disinformation. But I quote today on the Sabbath 2 Timothy 1:7, "For God did not give us a spirit of timidity, but a spirit of power, of love."

Let us not be timid. Let us pass this historic piece of legislation.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 minute to my very good friend from Sarasota, Florida (Mr. BUCHANAN).

Mr. BUCHANAN. I want to thank the gentleman from California.

Mr. Speaker, I oppose this bill. It does nothing to lower costs or little to lower costs, it raises taxes \$540 billion, and it cuts Medicare.

Being in business and signing the front of payroll checks, I can tell you that one of the biggest concerns with small businesses is the escalation of health care. It is \$10,000 to \$12,000 today for a small business in a family. CEO Roundtable is saying if we do nothing about it—and this bill does nothing about it—it will go to \$28,000 in the next 10 years.

It also increases taxes \$540 billion. A lot of those taxes are passed through to small businesses, the LLCs and sole proprietorships. It passes through to them, it hurts working families, and it will not increase jobs.

The other thing, as someone that represents an area that has the most seniors in the country, we have real cuts, not just waste, fraud, and abuse, of \$500 billion. This will really hurt seniors. I had a senior the other day say, "All I have is my Social Security and Medicare. It is not perfect, but don't mess with my Medicare."

Ms. SLAUGHTER. Mr. Speaker, may I inquire how much time remains?

The SPEAKER pro tempore. The gentlewoman has 2 minutes, 55 seconds remaining. The gentleman from California has 6 minutes, 20 seconds remaining.

Ms. SLAUGHTER. I reserve the balance of my time.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield for a unanimous consent to the gentleman from Idaho (Mr. SIMPSON).

Mr. SIMPSON. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, at this time I am happy to yield 1 minute to the distinguished gentleman from Springfield, Missouri (Mr. BLUNT).

Mr. BLUNT. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I was able to chair our Health Care Solutions group on our side, and we had lots of ideas. In fact, many of those ideas were included in the 80 amendments that went to the Rules Committee yesterday, none of which were allowed.

This could be a bill, Mr. Speaker, about medical liability reform, about small business health plans, buying across State lines, lots of things that aren't there.

I don't think, Mr. Speaker, this bill improves what works and fixes what is broken, which should be our goal. But that is not the main reason, Mr. Speaker, we should not be proceeding today. The main reason is not that it is not

the best bill or a bill that I approve of. The main reason is that it costs too much, Mr. Speaker.

This is a bill where the proponents say we are going to collect \$1 trillion in either new taxes or Medicare cuts. We are going to accumulate \$1 trillion over 10 years, and we are going to spend it in 6 years. In fact, Mr. Speaker, by year 8, by year 9, by year 10, we are spending \$200 billion a year. When I checked with the Congressional Budget Office, what about year 11? They said \$200 billion as well.

Mr. Speaker, this will cost jobs. It doesn't head the country in the right direction. I oppose the rule and will oppose the bill.

Ms. SLAUGHTER. Mr. Speaker, I continue to reserve the balance of my time.

Mr. DREIER. Mr. Speaker, I yield myself 15 seconds to urge my colleagues to defeat the previous question. I will be offering an amendment to the rule. The amendment will require the Speaker to direct the Clerk to call the roll on the final votes on the Senate health care bill and the reconciliation bill.

As the Republican leader has said repeatedly, it is time for the Members of this House to stand up and be counted.

I ask unanimous consent that the text of the amendment and explanatory material appear in the RECORD immediately prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. DREIER. Mr. Speaker, at this time I yield 1 minute to my good friend from Monticello, Indiana (Mr. BUYER).

Mr. BUYER. I rise in opposition to the rule.

Why would the VFW National Commander state that he is furious? Because Congress is moving a flawed bill that does not protect America's military, dependents, veterans, widows, nor orphans.

The VFW stated, "The President and the Democrat leadership are betraying America's veterans."

The VFW is asking for a "no" vote on this bill because it breaks the promises the President made to veterans at their national convention. This flawed bill covers neither our military and dependents under TRICARE, nor VA programs for widows and orphans, nor the program for children of Korea and Vietnam veterans with spina bifida. None of these programs are considered minimum essential coverage. And where are the protections for the Secretaries of DOD and the VA to preserve the integrity of their health care systems? Absent from the bill.

BUCK MCKEON and I and others tried to fix this bill, but were denied by this rule and our suspension efforts, even though Mr. LEVIN and I tried to have

an agreement. Many veterans groups support efforts to correct these errors. Vote "no."

[Mar. 21, 2010]

NATIONAL HEALTHCARE BILL BETRAYS
VETERANS

WASHINGTON.—The national commander of the nation's oldest and largest combat veterans' organization is furious that Congress is moving ahead with a flawed healthcare bill that does not protect the health programs provided to veterans, servicemembers or their families.

"The president and the Democratic leadership are betraying America's veterans," said Thomas J. Tradewell Sr., a combat-wounded Vietnam veteran from Sussex, Wis., who leads the 2.1 million-member Veterans of Foreign Wars of the U.S. and its Auxiliaries.

"And what makes matters worse is the leadership and the president knows the bill is flawed, yet they are pushing for passage today like it's a do-or-die situation. This nation deserves the best from their elected officials, and the rush to pass legislation of this magnitude is not it."

At issue is H.R. 4872 does not fully protect the healthcare programs provided by the Department of Veterans Affairs and the military's Tricare system. Specifically, the bill covers Tricare For Life but not the other Tricare programs that serve millions of beneficiaries; it does not cover children suffering from spina bifida as a result of a parent's exposure to Agent Orange; and it does not cover dependents, widows and orphans who are served by CHAMPVA, the Civilian Health and Medical Program of the Department of Veterans Affairs.

"The president was very clear at our VFW national convention last year when he said he was going to protect these programs, as did the Democratic leadership in the House and Senate repeatedly throughout the year. Now we have this flawed package that everyone is trying to rush through that blatantly omits any protections of the healthcare programs our nation provides to millions of veterans, military personnel, military retirees, and their families or survivors.

"This is Washington doubletalk at its very worse, and the uproar is going to be huge in America's military and veterans' communities," said Tradewell, who wants Congress to vote against H.R. 4872 today.

The issue surfaced publicly Friday when House Armed Service Committee Chairman Ike Skelton (D-Mo.) introduced legislation to explicitly protect Tricare and other Defense Department nonappropriated fund health plans from any health reforms currently under consideration by Congress.

Yesterday, Reps. Steve Buyer (R-Ind.) and Buck McKeon (R-Calif.) tried to introduce an amendment to H.R. 4872 to protect the integrity and independence of the VA and Defense Department healthcare systems. Buyer is the ranking member of the House Veterans Affairs Committee and McKeon is the ranking member of the House Armed Services Committee.

"The VFW salutes the congressmen and their supporters," said Tradewell, "and I hope their messages were heard loudly and clearly throughout Congress. Healthcare is important, but so is protecting the programs that were promised to our nation's veterans, military and their families," he said.

"Those serving in Iraq and Afghanistan should not have to worry about their dependents' healthcare programs, but they are today, and so are millions of military retirees, veterans, survivors and children.

"Military service is based on the fundamental principle of trust, and once lost, it is virtually impossible to regain," said Tradewell. "That is why I am urging the House to vote 'no' today, then go back and fix the bill with the language proposed by Skelton, Buyer and McKeon, and then come back and vote your conscience. Let's not rush to pass flawed legislation that could tremendously impact our nation's true heroes."

DISABLED AMERICAN VETERANS,
Washington, DC, March 20, 2010.

Hon. STEVE BUYER,

Ranking Member, Committee on Veterans' Affairs,
Cannon House Office Building, Washington, DC.

Hon. BUCK MCKEON,

Ranking Member, Committee on Armed Services,
Rayburn House Office Building, Washington, DC.

DEAR RANKING MEMBERS BUYER AND MCKEON: On behalf of the 1.2 million members of the Disabled American Veterans (DAV), I am writing to express our support for your amendment no. 31 to H.R. 4872, the Reconciliation Act of 2010, and its associated proposed legislation, H.R. 4894, "to amend the Patient Protection and Affordable Care Act to ensure appropriate treatment of Department of Veterans Affairs and Department of Defense health programs." You recently proposed these measures to maintain the integrity of the health care systems of the Department of Veterans Affairs (VA) and the Department of Defense (DoD), and to ensure that the circumstances of all persons covered by the VA or DoD health care systems meet any minimum coverage requirements mandated by national health insurance reform legislation now pending before Congress.

As you know, over six million veterans, and particularly war-disabled veterans, have come to rely on the Department of Veterans Affairs (VA) health care system—a system acknowledged by independent evaluators as one of the best health care systems in America. Since national health insurance reform legislation is under consideration in Congress today, it is of vital importance to DAV and our membership that the VA retain its autonomy to manage our system to continue addressing the unique and specialized needs of sick and disabled veterans. For this reason, we support Congressional approval of the unambiguous language in your amendment, that nothing in the health insurance reform proposal, if adopted, could be "... construed as affecting ... any authority under title 38, United States Code."

We also appreciate the proposed clarifying language related to the bill's minimum insurance requirements. Under the legislation that earlier passed both Congressional chambers, persons covered by VA health care under Chapter 17 of title 38, United States Code, were deemed to have met the individual requirement to possess acceptable health insurance coverage. However, as you pointed out, additional VA health care authorities are extant that are not a part of Chapter 17, including children of Vietnam and Korean war veterans who contracted spina bifida, the benefits and care for whom are authorized within Chapter 18; additionally, Chapter 31, title 38, United States Code—an authority that governs VA's crucial vocational rehabilitation programs for service-disabled veterans, may be affected unless your language is adopted by Congress. For these reasons, and to avoid other potential problems that may be unintended but

occur because of the complexity of this reform legislation, we strongly support your amendment as well as H.R. 4894, your bill to clarify that "minimum essential coverage" includes all persons covered under any part, chapter, or section of title 38, United States Code.

Thank you for your continued efforts to ensure that the rights of sick and disabled veterans are fully protected as national health insurance reform legislation is considered by the Congress.

Sincerely,

DAVID W. GORMAN,
Executive Director, Washington Headquarters.

THE AMERICAN LEGION,
Washington, DC, March 20, 2010.

Hon. STEVE BUYER,

Ranking Member, Committee on Veterans' Affairs,
Cannon House Office Building, House of Representatives, Washington, DC.

DEAR REPRESENTATIVE BUYER: The American Legion offers its full support to the Buyer/McKeon Amendment to H.R. 4872.

As the nation's largest veterans' service organization, The American Legion is extremely concerned about the impact health care reform will have on the Department of Veterans Affairs (VA) and the Department of Defense (DoD) health care systems. Throughout the discussion of national health care reform, The American Legion and others in the military and veterans' communities were reassured by both the Administration and congressional leadership that both VA and DoD beneficiaries would be exempted in any national health care reform legislation.

Both VA and DoD provide quality health care services and should be considered earned benefits by virtue of honorable military service. Therefore, the insurance premiums have been paid in full, especially by those who are service-connected veterans and military retirees. Moreover, it would be an unfair hardship for any of these heroes to have to purchase additional coverage because they do not meet the definition for the minimum essential coverage that is in the current legislation.

Once again, The American Legion fully supports this amendment and we appreciate your leadership in addressing this critical issue that is important to America's service members, veterans and their families.

Sincerely,

CLARENCE E. HILL,
National Commander.

Ms. SLAUGHTER. Mr. Speaker, I yield myself 30 seconds.

Democrats understand the importance of providing health care to veterans. We started it. The House passed a bill yesterday affirming our commitment to TRICARE and TRICARE for Life. And, in addition, the VA Secretary has stated that this health bill will not undermine veterans health care.

I submit for the RECORD a letter from five committee chairs and a statement from Veterans Affairs Secretary Eric Shinseki.

CONGRESS OF THE UNITED STATES,
Washington, DC, March 21, 2010.

Hon. LOUISE SLAUGHTER,
Committee on Rules, The Capitol, Washington, DC.

DEAR CHAIRWOMAN SLAUGHTER: The House Democratic leadership asked our committees to review H.R. 3590 and H.R. 4872 to assess the impact of the bills on the health care

provided by the Department of Defense and the Department of Veterans Affairs. Our reviews of H.R. 3590 and H.R. 4872 lead us to believe that the intent of the bills was never to undermine or change the Department of Defense and Department of Veterans Affairs operation of their health care programs or interfere with the care that our service members receive under TRICARE. However, we commit to look into this issue further to ensure that no unintended consequences may arise and to take any legislative action that may be necessary.

H.R. 3590, as drafted, does not specifically mention that TRICARE coverage meets the individual responsibility requirement, but such coverage would satisfy the requirements of this bill. To affirm that this is the case, the U.S. House of Representatives unanimously passed H.R. 4887, the TRICARE Affirmation Act, which provides assurances to the American people that care provided to those in the military and their families, as well as military retirees under age 65 and their families, would indeed meet the requirement for coverage.

The members of our nation's military sacrifice much to defend us all. We commit to these dedicated service members and their families as well as our veterans that we will protect the quality healthcare they receive.

Sincerely,

BOB FILNER,
*Chairman, Committee
on Veterans' Affairs.*
IKE SKELTON,
*Chairman, Committee
on Armed Services.*
GEORGE MILLER,
*Chairman, Committee
on Education and
Labor.*
SANDER LEVIN,
*Chairman, Committee
on Ways and Means.*
HENRY WAXMAN,
*Chairman, Committee
on Energy and Commerce.*

STATEMENT FROM VA SECRETARY ERIC K. SHINSEKI

As Secretary of Veterans Affairs, I accept the solemn responsibility to uphold our sacred trust with our nation's Veterans. Fears that Veterans health care and TRICARE will be undermined by the health reform legislation are unfounded. I am confident that the legislation being voted on today will provide the protections afforded our nation's Veterans and the health care they have earned through their service. The President and I stand firm in our commitment to those who serve and have served in our armed forces. We pledge to continue to provide the men and women in uniform and our Veterans the high quality health care they have earned.

President Obama has strongly supported Veterans and their needs, specifically health care needs, on every major issue for these past 14 months—advance appropriations, new GI Bill implementation, new Agent Orange presumptions for three additional diseases, new Gulf War Illness presumptions for nine additional diseases, and a 16% budget increase in 2010 for the Department of Veterans Affairs, that is the largest in over 30 years, and which has been followed by a 2011 VA budget request that increases that record budget by an additional 7.6%.

To give our Veterans further assurance that health reform legislation will not affect their health care systems, the Chairmen of

five House committees, including Veterans Affairs Chairman Bob Filner and Armed Services Chairman Ike Skelton, have just issued a joint letter reaffirming that the health reform legislation as written would protect those receiving care through all TRICARE and Department of Veterans Affairs programs.

I reserve the balance of my time.

Mr. DREIER. Mr. Speaker, for a unanimous consent request I yield to the gentlewoman from Kansas (Ms. JENKINS).

Ms. JENKINS. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I rise today in opposition to the Motion to Concur in the Senate Amendments to H.R. 3590 and to H.R. 4872—Reconciliation Act of 2010. Over the past year, I have worked on and supported a health care reform plan that would bring down costs for families, address the issue of pre-existing conditions and improve availability of care without destroying what works in our current system. Today, it appears the Democrat majority will take an entirely different approach and I will not support that plan. A plan that increases taxes by nearly \$570 billion, a plan that cuts Medicare by more than \$520 billion, a plan that increases premium costs for Kansas families by more than \$2,100 annually, and a plan that, according to the national commander of the Veterans of Foreign Wars, is "betraying America's veterans." The American people want healthcare reform, but they do not want this bill. Kansans, and all Americans don't deserve this. They deserve much better. So, today, I pledge that as long as I am here, I will listen and fight for what Kansans want. Not the special interests. Not a President or a Speaker looking to create a legacy. Just Kansans.

Mr. DREIER. Mr. Speaker, I yield 1 minute to the gentleman from Louisiana (Mr. CASSIDY).

Mr. CASSIDY. Mr. Speaker, I have been listening to my colleagues' comments. I have actually found some things to agree with.

Ms. SLAUGHTER mentioned that the American people have been lied to. I agree. They have been told that a policy which raises taxes for 10 years to pay for 6 years of government programs is fiscally sound.

I was struck, Mr. Speaker, that Mr. MCGOVERN spoke of the small business owner in Massachusetts who couldn't afford his premiums. What he neglected to say is that Massachusetts has the same plan that we are about to implement. In fact, the Democratic treasurer of Massachusetts says that, "If we implement this plan, we go bankrupt in 4 years."

I was struck, Mr. Speaker, by Mr. HASTINGS, who spoke how the people outside have lost hope. They have lost hope that Congress is listening. They are tired of being told, "You are not smart enough to understand our wisdom. We, the Democratic leaders, will tell you how to live. And, after we pass this vote, you will love us all the more."

I am struck that Mr. CARDOZA endorsed this, even though his State is going bankrupt from Medicaid and this program expands Medicaid.

Mr. Speaker, I ask my colleagues to listen to the wisdom of the American people. Vote for their constituents, not for their leaders.

Ms. SLAUGHTER. Mr. Speaker, I continue to reserve the balance of my time.

Mr. DREIER. Mr. Speaker, may I inquire of the distinguished gentlewoman from New York how many speakers she has remaining?

Ms. SLAUGHTER. Mr. Speaker, I have two speakers left.

Mr. DREIER. Then I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from New York (Mr. NADLER).

□ 1730

Mr. NADLER of New York. This health insurance package, despite real inadequacies, deals with three basic problems:

First, 45,000 Americans a year die because they lack health insurance. By extending health insurance to 32 million more Americans, this bill will save these lives. A vote for this bill is a vote to save 45,000 lives a year. A "no" vote is a vote to acquiesce in these deaths.

Second, 55 percent of all personal bankruptcies are caused by health care emergencies and 75 percent of people who file for bankruptcy because of a health emergency have insurance that proves inadequate when they get an expensive illness. By banning rescissions, banning the preexisting conditions insurance bar, banning annual lifetime caps, and by capping out-of-pocket expenses in new plans at \$6,200 per year for an individual and \$12,300 for a family, with lower caps for low-income families, this bill will ensure nobody goes broke because they get sick.

Third, the Congressional Budget Office tells us this bill will reduce the deficit by \$138 billion in the first 10 years and by \$1.2 trillion in the next 10 years.

Mr. Speaker, this bill is historic progress. We should embrace it.

Mr. Speaker, make no mistake about it: the bill before us today is far from perfect. Like many of my colleagues in the House, I have outlined numerous concerns with the Senate-passed health insurance bill. And with good reason. The Senate-passed bill failed to include a public option, the best available way to refocus our misguided health care approach so that patients and doctors are put ahead of corporate bottom lines. It contained draconian provisions on so-called "do-gooder" states like my home state of New York. It imposed a new restriction on a woman's access to safe, legal reproductive health care. And it included a disastrous excise tax that would have done more to cost people health coverage than it would to lower the cost of health insurance.

After considerable struggle and intense negotiation, my colleagues and I were able to

ensure that “do-gooder” states like New York are not punished merely for taking a more progressive stance in the Medicaid system, turning what would have been a nearly \$800 million loss in revenue to the State under the Senate-passed bill into a \$2.1 billion net savings.

We were also able to reduce the effect of the misguided excise tax, to remove special deals for specific states, to increase affordability credits, to close the Medicare Part D donut hole that ensnares thousands of seniors, and to include numerous consumer protections.

And, even with these improvements, Mr. Speaker, the package before us today is not perfect. But I am reminded that, when our predecessors cast their votes in favor of Social Security in 1935, they passed an imperfect bill. And when they passed Medicare and Medicaid in 1965, they passed an imperfect bill. And in the years since those crucially important programs were signed into law, Members of Congress who have come after them have made—and will continue to make—vast improvements to those programs.

Despite my concerns with the bill, our votes today mean something. Our votes today mean that 32 million more Americans will have access to health care coverage. Our votes mean that 45,000 Americans won't lose their lives each year because they are too poor to have health insurance or because their illnesses are too expensive. Our votes mean that the Medicare program will continue to provide important benefits to our seniors. And our votes mean that we will take a giant leap forward in our quest to ensure that all Americans have access to health care that they can afford.

Mr. Speaker, I have spent much of my adult life fighting for universal health coverage. Today's vote doesn't end that fight. But we simply can't lose sight of how historic this moment is. That's why I am proud to cast my vote in favor of the Health Care and Education Affordability Reconciliation Act, a bill that will have immeasurable benefits for the American people for years to come.

Mr. DREIER. Mr. Speaker, at this time I'm happy to yield for unanimous consent to the gentleman from Mississippi (Mr. HARPER).

Mr. HARPER. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. DREIER. Mr. Speaker, at this time I'm happy to yield for a unanimous consent request to the distinguished gentleman from Wisconsin (Mr. SENSENBRENNER).

Mr. SENSENBRENNER. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. DREIER. Mr. Speaker, at this time I'm happy to yield for a unanimous consent request to the gentleman from South Carolina (Mr. INGLIS).

Mr. INGLIS. Mr. Speaker, I rise against this flawed health care bill.

Mr. Speaker, the people of the Fourth District of South Carolina are sending a message to Washington. They do not want a “cram down” of this health care bill.

Last week I received over 3,000 letters from my constituents stating their opposition to

using reconciliation to pass health care reform. They spoke loud and clear to me during town hall meetings last August.

I don't want this bill. The Fourth District does not want this bill. The American people don't want this bill. And many of my Democratic colleagues don't want this bill either.

We need health care reform and we can work on a step by step approach. The American people want us to focus on creating jobs and fixing the economy, not implementing a massive new federal entitlement program. Mr. Speaker, let's throw out this bill and start working to grow the economy.

Mr. DREIER. Mr. Speaker, may I inquire of the gentleman if she has any remaining speakers?

Ms. SLAUGHTER. Yes, Mr. Speaker. I have one, and then time for me to close.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I'm happy to yield to my very good friend from California (Mr. LEWIS).

Mr. LEWIS of California. Mr. Speaker, I rise in opposition to this flawed health care bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the last speaker on our side, except for closing, a valued Member—new Member of the House—the gentleman from Ohio (Mr. BOCCIERI).

Mr. BOCCIERI. Her story took me to a place I hadn't been in a long time. I'm talking about Natoma Canfield, the face of this debate, who's sitting in a hospital room at the Cleveland Clinic right now, with no insurance, getting blood transfusions for the next 30 days. She doesn't have health care insurance because, in 2009, her rates increased 25 percent. In 2010, her rates went up another 40 percent. Finally, she just couldn't take it as a single mom, so she dropped her health care insurance because she couldn't afford it.

I remember as a young boy standing at my mom's bedside when she told me she had breast cancer. Luckily, my mom had good health care insurance. She survived and is alive today. But how many people do not have health care insurance and how would my life have changed if she did not make it? Where would I be? Would I have been able to go to college? Would we have been able to afford her treatment?

Nearly 40,000 people in the 16th District do not have health care insurance, and 9,800 people live with pre-existing conditions.

I'll remind my friends on the other side who voted to send Tommy Thompson to Iraq with billion-dollar checks in hand to make sure that every man, woman, and child in Iraq had universal health care coverage: If it's good enough for Iraqis, it's good enough for Americans. Who are you going to stand with today; the insurance industry or Americans like Natoma?

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman is reminded to address his remarks to the Chair.

Mr. DREIER. Mr. Speaker, for a unanimous consent request, I yield to the gentlewoman from Michigan (Mrs. MILLER).

Mrs. MILLER of Michigan. Mr. Speaker, I rise in opposition to this failed health care bill.

Mr. DREIER. May I inquire of the distinguished gentlewoman from New York if she has any remaining speakers?

Ms. SLAUGHTER. Absolutely not. Just for myself to close.

Mr. DREIER. I yield myself the balance of my time.

Mr. Speaker, we have obviously heard many, many, many stories of tragic situations—and we all have them—from our constituents across this great country, and it is absolutely essential for us to recognize that every single Member of this institution does, in fact, want to ensure that every American has access to quality, affordable health insurance. The contemporary writer and commentator, Dennis Prager, has said that the bigger the government grows, the smaller the individual becomes.

Now, Mr. Speaker, it seems to me absolutely essential that we look at what it is that is before us. It is a \$1.2 trillion bill that has \$569.2 billion in job-killing tax increases. It has provisions that will hire 18,000—18,000—new Internal Revenue Service agents to police every one of the 300 million Americans—every one of the 300 million Americans—to ensure that they comply with the new mandate that is imposed by this measure.

Now, Mr. Speaker, we have, as has been said, a plan that will have taxes and regulations for 4 years, and maybe—maybe—some benefits in the last 5 years of the decade. We believe that we can work in a bipartisan way to do a number of things that will immediately—immediately, Mr. Speaker—reduce the cost of health insurance to ensure that every single American will have a better opportunity to have access to quality health insurance.

We believe very fervently—and Mr. CASSIDY has worked on this—that expanding health savings accounts will go a long way towards increasing access to quality health insurance. We know very well that pooling to deal with preexisting conditions is something that will play a role to ensure that those with preexisting conditions have their needs met.

We know that we can drive costs down if we expand—expand—on associated health plans so that small businesses can come together and bring their rates down. And we know—we know, Mr. Speaker—that if we allow for the purchase of health insurance across State lines, we will create greater competition, ensuring that immediately our constituents will have access to quality, affordable health insurance.

And, Mr. Speaker, we know, item number five, something we've sent to the other body but the Democrats blocked, and that is something the President also said he supported when he addressed the joint session of Congress, meaningful lawsuit abuse reform so that medical doctors do not have to engage in defensive medicine.

Mr. Speaker, these are five common-sense proposals that we could address in a bipartisan way, I would hope, that will immediately—immediately—bring the cost of health insurance down and not force every American to wait 4 years before they may have a benefit.

Mr. Speaker, I urge my colleagues to vote “no” on the previous question and “no” on this rule and, if we get beyond it, vote “no” on the bill itself.

I yield back the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, the question couldn't be more clear. You either believe in insurance reform, which will give a decent chance for health care for every American, or you simply believe in insurance companies.

I urge a “yes” vote on the previous question and on the rule.

Mr. HOLT. Mr. Speaker, I rise today to support the rule and the health reform package we are debating today.

I am reminded of a previous time we voted on a Sunday: March 20, 2005, when our colleagues on the other side of the aisle forced an extraordinary vote to intervene in the case of Terri Schiavo.

Now, that is what a real government takeover of medicine looks like. That midnight vote was a grotesque legislative travesty. For 215 years it had been a solid principle of this country that Congress not get involved in life-and-death issues like the tragic case of Ms. Schiavo. Yet, on that Sunday, Congress broke with tradition and inserted its own judgment. On that Sunday, our colleagues on the other side of the aisle sent the message that it knew better than families, doctors, and hospital chaplains.

The health reform package we debate today is not a government takeover; it is legislation that helps real people with real problems. It gives them more choice, more control, and more access to health care. One person this will help is a woman from Pennington, New Jersey. She called me yesterday to let me know her concerns that she would lose her job because of state budget cuts in New Jersey, which would mean that she would lose her health coverage as well. She told me her worries about finding affordable coverage while she looks for a new job and tries to keep food on her table. To complicate her situation, she has a pre-existing condition. This means that even if she could afford health care, it is possible she could be denied due to her pre-existing condition.

I will vote for health reform to help middle-class Americans like her, who play by the rules and still find health coverage unreliable or totally out of reach.

I urge my colleagues to vote in favor of this health reform package to give families and small businesses more control over their own health care.

Mr. HONDA. Mr. Speaker, today I rise in support of health care reform. The other side of the aisle would have us believe that we need to wait longer to make health reform a reality. They don't want to make the sweeping changes that the American people KNOW we need to make.

I cannot, we cannot, stand by and let this historic opportunity pass us by; the people of my district deserve more and better from this Congress.

I say yes to tax credits and other assistance to 86,000 families and 14,900 small businesses in my district. I say yes to coverage for 22,500 uninsured residents. I say yes to protecting 800 families from bankruptcy due to unaffordable health care costs.

I say yes to reform.

All the other side is saying is no—to reining in health costs, controlling insurance companies who have proven over and over that they are willing to put profit over people's lives, to ending the confusing morass of paperwork and lack of transparency that drives doctors, patients, and hospitals to distraction and negatively impacts the quality of patient care.

The opponents of this reform had their time—health reform was defeated in 1994 and they had a decade to change the system. People are still dying because they can't afford care. Doctors are still dealing with ever more complicated paperwork rather than healing people. Our public hospitals are reeling, and the number of uninsured continues to grow.

We needed to act this weekend to step forward into the 21st century, make the hard choices, take the tough vote, and act in the best interests of our country. I am proud to vote in favor of health care reform.

The material previously referred to by Mr. DREIER is as follows:

AMENDMENT TO H. RES. 1183 OFFERED BY MR. DREIER OF CALIFORNIA

At the end of the resolution, add the following new section:

SEC. 6. With respect to any demand for a record vote on the motion to adopt H.R. 3590 or on final passage of H.R. 4872, the Speaker shall use her authority under clause 3 of rule XX to direct the Clerk to call the roll.

(The information contained herein was provided by Democratic Minority on multiple occasions throughout the 109th Congress.)

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Democratic majority agenda and a vote to allow the opposition, at least for the moment, to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives, (VI, 308-311), describes the vote on the previous question on the rule as “a motion to direct or control the consideration of the subject before the House being made by the Member in charge.” To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that “the refusal of the House to sustain the de-

mand for the previous question passes the control of the resolution to the opposition” in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: “The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.”

Because the vote today may look bad for the Democratic majority they will say “the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.” But that is not what they have always said. Listen to the definition of the previous question used in the Floor Procedures Manual published by the Rules Committee in the 109th Congress, (page 56). Here's how the Rules Committee described the rule using information from Congressional Quarterly's “American Congressional Dictionary”: “If the previous question is defeated, control of debate shifts to the leading opposition member (usually the minority Floor Manager) who then manages an hour of debate and may offer a germane amendment to the pending business.”

Deschler's Procedure in the U.S. House of Representatives, the subchapter titled “Amending Special Rules” states: “a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.” (Chapter 21, section 212) Section 21.3 continues: “Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.”

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Democratic majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Ms. SLAUGHTER. I yield back the balance of my time and move the previous question.

The SPEAKER pro tempore. The question is on ordering the previous question on the resolution.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Ms. SLAUGHTER. Mr. Speaker, I demand a recorded vote.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed. Votes will be taken in the following order:

Motion to suspend the rules on H. Res. 900;

Ordering the previous question on H. Res. 1203;

Adopting H. Res. 1203, if ordered; and Motion to suspend the rules on H. Res. 925.

The first and third electronic votes will be conducted as 15-minute votes. Remaining electronic votes will be conducted as 5-minute votes.

COLD WAR VETERANS RECOGNITION DAY

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 900, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 900, as amended.

The vote was taken by electronic device, and there were—yeas 429, nays 0, not voting 1, as follows:

[Roll No. 161]

YEAS—429

Ackerman	Burton (IN)	Dent
Aderholt	Butterfield	Diaz-Balart, L.
Adler (NJ)	Buyer	Diaz-Balart, M.
Akin	Calvert	Dicks
Alexander	Camp	Dingell
Altmire	Campbell	Doggett
Andrews	Cantor	Donnelly (IN)
Arcuri	Capito	Doyle
Austria	Capps	Dreier
Baca	Capuano	Driehaus
Bachmann	Cardoza	Duncan
Bachus	Carnahan	Edwards (MD)
Baird	Carney	Edwards (TX)
Baldwin	Carson (IN)	Ehlers
Barrett (SC)	Carter	Ellison
Barrow	Cassidy	Ellsworth
Bartlett	Castle	Emerson
Barton (TX)	Castor (FL)	Engel
Bean	Chaffetz	Eshoo
Becerra	Chandler	Etheridge
Berkley	Childers	Fallin
Berman	Chu	Farr
Berry	Clarke	Fattah
Biggert	Clay	Filner
Bilbray	Cleaver	Flake
Billrakis	Clyburn	Fleming
Bishop (GA)	Coble	Forbes
Bishop (NY)	Coffman (CO)	Fortenberry
Bishop (UT)	Cohen	Foster
Blackburn	Cole	Fox
Blumenauer	Conaway	Frank (MA)
Blunt	Connolly (VA)	Franks (AZ)
Boccieri	Conyers	Frelinghuysen
Boehner	Cooper	Fudge
Bonner	Costa	Gallegly
Bono Mack	Costello	Garamendi
Boozman	Courtney	Garrett (NJ)
Boren	Crenshaw	Gerlach
Boswell	Crowley	Giffords
Boucher	Cuellar	Gingrey (GA)
Boustany	Culberson	Gohmert
Boyd	Cummings	Gonzalez
Brady (PA)	Dahlkemper	Goodlatte
Brady (TX)	Davis (AL)	Gordon (TN)
Braley (IA)	Davis (CA)	Granger
Bright	Davis (IL)	Graves
Broun (GA)	Davis (KY)	Grayson
Brown (SC)	Davis (TN)	Green, Al
Brown, Corrine	Deal (GA)	Green, Gene
Brown-Waite,	DeFazio	Griffith
Ginny	DeGette	Grijalva
Buchanan	Delahunt	Guthrie
Burgess	DeLauro	Gutierrez

Hall (NY)	Marshall	Rothman (NJ)
Hall (TX)	Matheson	Roybal-Allard
Halvorson	Matsui	Royce
Hare	McCarthy (CA)	Ruppersberger
Harman	McCarthy (NY)	Rush
Harper	McCaul	Ryan (OH)
Hastings (FL)	McClintock	Ryan (WI)
Hastings (WA)	McCollum	Salazar
Heinrich	McCotter	Sánchez, Linda
Heller	McDermott	T.
Hensarling	McGovern	Sanchez, Loretta
Herger	McHenry	Sarbanes
Herseht Sandlin	McIntyre	Scalise
Higgins	McKeon	Schakowsky
Hill	McMahon	Schauer
Himes	McMorris	Schiff
Hinchev	Rodgers	Schmidt
Hinojosa	McNerney	Schock
Hirono	Meek (FL)	Schrader
Hodes	Meeks (NY)	Schwartz
Hoekstra	Melancon	Scott (GA)
Holden	Mica	Scott (VA)
Holt	Michaud	Sensenbrenner
Honda	Miller (FL)	Serrano
Hoyer	Miller (MI)	Sessions
Hunter	Miller (NC)	Sestak
Inglis	Miller, Gary	Shadeegg
Inslee	Miller, George	Shea-Porter
Israel	Minnick	Sherman
Issa	Mitchell	Shimkus
Jackson (IL)	Mollohan	Shuler
Jackson Lee	Moore (KS)	Shuster
(TX)	Moore (WI)	Simpson
Jenkins	Moran (KS)	Sires
Johnson (GA)	Moran (VA)	Skelton
Johnson (IL)	Murphy (CT)	Slaughter
Johnson, E. B.	Murphy (NY)	Smith (NE)
Johnson, Sam	Murphy, Patrick	Smith (NJ)
Jones	Murphy, Tim	Smith (TX)
Jordan (OH)	Myrick	Smith (WA)
Kagen	Nadler (NY)	Snyder
Kanjorski	Napolitano	Souder
Kaptur	Neal (MA)	Space
Kennedy	Neugebauer	Speier
Kildee	Nunes	Spratt
Kilpatrick (MI)	Nye	Stark
Kilroy	Oberstar	Stearns
Kind	Obey	Stupak
King (IA)	Olson	Sullivan
King (NY)	Olver	Sutton
Kingston	Ortiz	Tanner
Kirk	Owens	Taylor
Kirkpatrick (AZ)	Pallone	Teague
Kissell	Pascarell	Terry
Klein (FL)	Pastor (AZ)	Thompson (CA)
Kline (MN)	Paul	Thompson (MS)
Kosmas	Paulsen	Thompson (PA)
Kratovil	Payne	Thornberry
Kucinich	Pence	Tiahrt
Lamborn	Perlmutter	Tiberi
Lance	Perriello	Tierney
Langevin	Peters	Titus
Larsen (WA)	Peterson	Tonko
Larson (CT)	Petri	Towns
Latham	Pingree (ME)	Tsongas
LaTourette	Pitts	Turner
Latta	Platts	Upton
Lee (CA)	Poe (TX)	Van Hollen
Lee (NY)	Polis (CO)	Velázquez
Levin	Pomeroy	Visclosky
Lewis (CA)	Posey	Walden
Lewis (GA)	Price (GA)	Walz
Linder	Price (NC)	Wamp
Lipinski	Putnam	Wasserman
LoBiondo	Quigley	Schultz
Loebach	Radanovich	Waters
Loftgren, Zoe	Rahall	Watson
Lowe	Rangel	Watt
Lucas	Rehberg	Waxman
Luetkemeyer	Reichert	Weiner
Lujan	Reyes	Welch
Lummis	Richardson	Westmoreland
Lungren, Daniel	Rodriguez	Whitfield
E.	Roe (TN)	Wilson (OH)
Lynch	Rogers (AL)	Wilson (SC)
Mack	Rogers (KY)	Wittman
Maffei	Rogers (MI)	Wolf
Maloney	Rohrabacher	Woolsey
Manzullo	Rooney	Wu
Marchant	Ros-Lehtinen	Yarmuth
Markey (CO)	Roskam	Young (AK)
Markey (MA)	Ross	Young (FL)

NOT VOTING—1

Cao

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Two minutes remain in the vote.

□ 1803

Messrs. McMAHON and SKELTON changed their vote from “nay” to “yea.”

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to. The result of the vote was announced as above recorded.

The title of the resolution was amended so as to read: “Honoring the sacrifices and contributions made by members of the Armed Forces during the Cold War and encouraging the people of the United States to participate in local and national activities honoring the sacrifices and contributions of those individuals.”

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF SENATE AMENDMENTS TO H.R. 3590, SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009, AND PROVIDING FOR CONSIDERATION OF H.R. 4872, HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

The SPEAKER pro tempore. The unfinished business is the vote on ordering the previous question on House Resolution 1203, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 228, noes 202, not voting 0, as follows:

[Roll No. 162]

AYES—228

Ackerman	Clarke	Ellison
Altmire	Clay	Ellsworth
Andrews	Cleaver	Engel
Baca	Clyburn	Eshoo
Baird	Cohen	Etheridge
Baldwin	Connolly (VA)	Farr
Bean	Conyers	Fattah
Becerra	Cooper	Filner
Berkley	Costa	Foster
Berman	Costello	Frank (MA)
Berry	Courtney	Fudge
Bishop (GA)	Crowley	Garamendi
Bishop (NY)	Cuellar	Giffords
Blumenauer	Cummings	Gonzalez
Boccieri	Dahlkemper	Gordon (TN)
Boswell	Davis (CA)	Grayson
Boyd	Davis (IL)	Green, Al
Brady (PA)	Davis (TN)	Green, Gene
Braley (IA)	DeFazio	Grijalva
Brown, Corrine	DeGette	Gutierrez
Butterfield	Delahunt	Hall (NY)
Capps	DeLauro	Halvorson
Capuano	Dicks	Hare
Cardoza	Dingell	Harman
Carnahan	Doggett	Hastings (FL)
Carney	Donnelly (IN)	Heinrich
Carson (IN)	Doyle	Higgins
Castor (FL)	Driehaus	Hill
Chu	Edwards (MD)	Himes

Hinchey
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee
(TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kucinich
Langevin
Larsen (WA)
Larsen (CT)
Lee (CA)
Levin
Lewis (GA)
Loeb sack
Lofgren, Zoe
Lowe y
Lujan
Lynch
Maffei
Maloney
Markey (CO)
Markey (MA)
Marshall
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern

McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Oliver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Perriello
Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda
T.

Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires
Skelton
Slaughter
Smith (WA)
Snyder
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman
Schultz
Waters
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NOES—202

Aderholt
Adler (NJ)
Akin
Alexander
Arcuri
Austria
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boucher
Boustany
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite,
Ginny
Buchanan
Burgess
Burton (IN)
Buyer
Calvert
Camp
Campbell
Cantor
Cao
Capito
Carter
Cassidy
Castle
Chaffetz

Chandler
Childers
Coble
Coffman (CO)
Cole
Conaway
Crenshaw
Culberson
Davis (AL)
Davis (KY)
Deal (GA)
Dent
Diaz-Balart, L.
Diaz-Balart, M.
Dreier
Duncan
Edwards (TX)
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxy
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
Melancon

Holden
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Kratovil
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
Lipinski
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel
E.
Mack
Manzullo
Marchant
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
Melancon

Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Nye
Olson
Paul
Paulsen
Pence
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg

Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Smith (NE)
Smith (NJ)

Smith (TX)
Souder
Space
Stearns
Sullivan
Taylor
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE
The SPEAKER pro tempore (during the vote). Members have 2 minutes to record their votes.

□ 1813

So the previous question was ordered.
The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. DREIER. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 224, nays 206, not voting 0, as follows:

[Roll No. 163]

YEAS—224

Ackerman
Altmire
Andrews
Baca
Baird
Baldwin
Bean
Becerra
Berkley
Berman
Berry
Bishop (GA)
Bishop (NY)
Blumenauer
Bocieri
Boswell
Boyd
Brady (PA)
Braley (IA)
Brown, Corrine
Butterfield
Capps
Capuano
Cardoza
Carnahan
Carney
Carson (IN)
Castor (FL)
Chu
Clarke
Clay
Cleaver
Clyburn
Cohen
Connolly (VA)
Conyers
Cooper
Costa
Costello
Courtney
Crowley
Cuellar

Cummings
Dahlkemper
Davis (CA)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Higgins

Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Inslee
Israel
Jackson (IL)
Jackson Lee
(TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kilpatrick (MI)
Kilroy
Kind
Kirkpatrick (AZ)
Kissell
Klein (FL)
Kosmas
Kucinich
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis (GA)
Loeb sack
Lofgren, Zoe
Lowey
Lujan
Maffei
Maloney
Markey (CO)

Markey (MA)
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McMahon
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Oliver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Perlmutter
Perriello

Peters
Peterson
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley
Rahall
Rangel
Reyes
Richardson
Rodriguez
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires

Slaughter
Smith (WA)
Snyder
Speier
Spratt
Stark
Stupak
Sutton
Tanner
Teague
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Towns
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

NAYS—206

Diaz-Balart, M.
Dreier
Duncan
Edwards (TX)
Ehlers
Emerson
Fallin
Flake
Fleming
Forbes
Fortenberry
Foxy
Franks (AZ)
Frelinghuysen
Gallegly
Garrett (NJ)
Gerlach
Gingrey (GA)
Gohmert
Goodlatte
Granger
Graves
Griffith
Guthrie
Hall (TX)
Harper
Hastings (WA)
Heller
Hensarling
Herger
Herseth Sandlin
Hoekstra
Holden
Hunter
Inglis
Issa
Jenkins
Johnson (IL)
Johnson, Sam
Jones
Jordan (OH)
King (IA)
King (NY)
Kingston
Kirk
Kline (MN)
Kratovil
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
Lipinski
LoBiondo
Lucas
Luetkemeyer

Lummis
Lungren, Daniel
E.
Lynch
Mack
Manzullo
Marchant
Marshall
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMorris
Rodgers
Melancon
Mica
Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Mitchell
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Nye
Olson
Paul
Paulsen
Pence
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Roskam
Ross
Royce
Ryan (WI)
Scalise
Schmidt
Schock

Sensenbrenner Sessions Shadegg Shimkus Shuler Shuster Simpson Skelton Smith (NE) Smith (NJ) Smith (TX)

Souder Space Stearns Sullivan Taylor Terry Thompson (PA) Thornberry Tiahrt Tiberi Turner

Upton Walden Wamp Westmoreland Whitfield Wilson (SC) Wittman Wolf Young (AK) Young (FL)

Dreier Driehaus Duncan Edwards (MD) Edwards (TX) Ehlers Ellison Ellsworth Emerson Engel Eshoo Etheridge Fallin Farr Fattah Filner Flake Fleming Forbes Fortenberry Foster Frank (MA) Franks (AZ) Frelinghuysen Fudge Gallegly Garamendi Garrett (NJ) Gerlach Giffords Gingrey (GA) Gohmert Gonzalez Goodlatte Gordon (TN) Granger Graves Grayson Green, Al Green, Gene Griffith Grijalva Guthrie Gutierrez Hall (NY) Hall (TX) Halvorson Hare Harman Harper Hastings (FL) Hastings (WA) Heinrich Heller Hensarling Herger Herseth Sandlin Higgins Hill Himes Hinchey Hinojosa Hirono Hodes Hoekstra Holden Holt Honda Hoyer Hunter Inglis Inslee Israel Issa Jackson (IL) Jackson Lee (TX) Jenkins Johnson (GA) Johnson (IL) Johnson, E. B. Johnson, Sam Jones Jordan (OH) Kagen Kanjorski Kapur Kennedy Kilde Kilroy Kind King (IA) King (NY) Kingston Kirk Kirkpatrick (AZ)

Kissell Klein (FL) Kline (MN) Kosmas Kratochvil Kucinich Lamborn Lance Langevin Larsen (WA) Larson (CT) Latham LaTourette Latta Lee (CA) Lee (NY) Levin Lewis (CA) Lewis (GA) Linder Lipinski LoBiondo Loebsack Lofgren, Zoe Lowey Lucas Luetkemeyer Lujan Lummis Lungren, Daniel E. Lynch Mack Maffei Maloney Manzullo Marchant Markey (CO) Markey (MA) Marshall Matheson Matsui McCarthy (CA) McCarthy (NY) McCaul McClintock McCollum McCotter McDermott McGovern McHenry McIntyre McKeon McMahon McMorris Rodgers McNeerney Meek (FL) Meeks (NY) Melancon Mica Michaud Miller (FL) Miller (MI) Miller (NC) Miller, Gary Miller, George Minnick Mitchell Mollohan Moore (KS) Moore (WI) Moran (KS) Moran (VA) Murphy (CT) Murphy (NY) Murphy, Patrick Murphy, Tim Myrick Nadler (NY) Napolitano Neal (MA) Neugebauer Nunes Nye Oberstar Obey Olson Olver Ortiz Owens Pallone Pascarelli Pastor (AZ) Paul Paulsen

Payne Pence Perlmutter Perriello Peters Peterson Petri Pingree (ME) Pitts Platts Poe (TX) Polis (CO) Pomeroy Posey Price (GA) Price (NC) Putnam Quigley Radanovich Rahall Rangel Rehberg Reichert Reyes Richardson Rodriguez Roe (TN) Rogers (AL) Rogers (KY) Rogers (MI) Rohrabacher Rooney Ros-Lehtinen Roskam Ross Rothman (NJ) Roybal-Allard Royce Ruppertsberger Rush Ryan (OH) Ryan (WI) Salazar Sanchez, Linda T. Sanchez, Loretta Sarbanes Scalise Schakowsky Schauer Schiff Schmidt Schock Schrader Schwartz Scott (GA) Scott (VA) Sensenbrenner Serrano Sessions Sestak Shadegg Shea-Porter Sherman Shimkus Shuler Shuster Simpson Sires Skelton Slaughter Smith (NE) Smith (NJ) Smith (WA) Snyder Souder Space Speier Spratt Stark Stearns Stupak Sullivan Sutton Tanner Taylor Teague Terry Thompson (CA) Thompson (MS) Thompson (PA) Thornberry Tiahrt Tiberi Tierney Titus

Tonko Towns Tsongas Turner Upton Van Hollen Velázquez Visclosky Walden Walz

Wamp Wasserman Schultz Waters Watson Watt Waxman Weiner Welch Westmoreland

Whitfield Wilson (OH) Wilson (SC) Wittman Wolf Woolsey Wu Yarmuth Young (AK) Young (FL)

NOT VOTING—4

Boehner Kilpatrick (MI)
Foxy Smith (TX)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1829

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING MILITARY AVIATORS WHO ESCAPED CAPTURE

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 925, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 925, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 426, nays 0, not voting 4, as follows:

[Roll No. 164]

YEAS—426

Ackerman Aderholt Adler (NJ) Akin Alexander Altmire Andrews Arcuri Austria Baca Bachmann Bachus Baird Baldwin Barrett (SC) Barrow Bartlett Barton (TX) Bean Becerra Berkley Berman Berry Biggart Bilbray Bilirakis Bishop (GA) Bishop (NY) Bishop (UT) Blackburn Blumenauer Blunt Boccieri Bonner Bono Mack Boozman Boren Boswell

Boucher Boustany Boyd Brady (PA) Brady (TX) Braley (IA) Bright Broun (GA) Brown (SC) Brown, Corrine Brown-Waite, Ginny Buchanan Burgess Burton (IN) Butterfield Buyer Calvert Culberson Cummings Dahlkemper Davis (AL) Davis (CA) Davis (IL) Davis (KY) Davis (TN) Deal (GA) DeFazio DeGette Delahunt DeLauro Dent Diaz-Balart, L. Diaz-Balart, M. Dicks Dingell Doggett Donnelly (IN) Doyle

Clay Cleaver Clyburn Coble Coffman (CO) Cohen Cole Conaway Connolly (VA) Conyers Cooper Costa Costello Courtney Crenshaw Crowley Cuellar Culberson Cummings Dahlkemper Davis (AL) Davis (CA) Davis (IL) Davis (KY) Davis (TN) Deal (GA) DeFazio DeGette Delahunt DeLauro Dent Diaz-Balart, L. Diaz-Balart, M. Dicks Dingell Doggett Donnelly (IN) Doyle

Clay Cleaver Clyburn Coble Coffman (CO) Cohen Cole Conaway Connolly (VA) Conyers Cooper Costa Costello Courtney Crenshaw Crowley Cuellar Culberson Cummings Dahlkemper Davis (AL) Davis (CA) Davis (IL) Davis (KY) Davis (TN) Deal (GA) DeFazio DeGette Delahunt DeLauro Dent Diaz-Balart, L. Diaz-Balart, M. Dicks Dingell Doggett Donnelly (IN) Doyle

Hill Himes Hinchey Hinojosa Hirono Hodes Hoekstra Holden Holt Honda Hoyer Hunter Inglis Inslee Israel Issa Jackson (IL) Jackson Lee (TX) Jenkins Johnson (GA) Johnson (IL) Johnson, E. B. Johnson, Sam Jones Jordan (OH) Kagen Kanjorski Kapur Kennedy Kilde Kilroy Kind King (IA) King (NY) Kingston Kirk Kirkpatrick (AZ)

Kissell Klein (FL) Kline (MN) Kosmas Kratochvil Kucinich Lamborn Lance Langevin Larsen (WA) Larson (CT) Latham LaTourette Latta Lee (CA) Lee (NY) Levin Lewis (CA) Lewis (GA) Linder Lipinski LoBiondo Loebsack Lofgren, Zoe Lowey Lucas Luetkemeyer Lujan Lummis Lungren, Daniel E. Lynch Mack Maffei Maloney Manzullo Marchant Markey (CO) Markey (MA) Marshall Matheson Matsui McCarthy (CA) McCarthy (NY) McCaul McClintock McCollum McCotter McDermott McGovern McHenry McIntyre McKeon McMahon McMorris Rodgers McNeerney Meek (FL) Meeks (NY) Melancon Mica Michaud Miller (FL) Miller (MI) Miller (NC) Miller, Gary Miller, George Minnick Mitchell Mollohan Moore (KS) Moore (WI) Moran (KS) Moran (VA) Murphy (CT) Murphy (NY) Murphy, Patrick Murphy, Tim Myrick Nadler (NY) Napolitano Neal (MA) Neugebauer Nunes Nye Oberstar Obey Olson Olver Ortiz Owens Pallone Pascarelli Pastor (AZ) Paul Paulsen

SENATE AMENDMENTS TO H.R. 3590, SERVICE MEMBERS HOME OWNERSHIP TAX ACT OF 2009, AND H.R. 4872, HEALTH CARE AND EDUCATION RECONCILIATION ACT OF 2010

The SPEAKER pro tempore. Pursuant to House Resolution 1203, it is now in order to debate the topics addressed by the Senate amendments to the bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes, and the topics addressed by the bill (H.R. 4872) to provide for reconciliation pursuant to section 202 of the concurrent resolution on the budget for fiscal year 2010.

The gentleman from Maryland (Mr. HOYER) and the gentleman from Ohio (Mr. BOEHNER), or their designees, each will control 60 minutes.

The Chair recognizes the gentleman from California (Mr. WAXMAN) for 15 minutes as a designee of the majority leader.

GENERAL LEAVE

Mr. WAXMAN. I would like to ask unanimous consent that all Members have 5 days in which to revise and extend their remarks and insert extraneous material in the RECORD.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the majority leader of the House of Representatives, the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. I thank my friend for yielding.

Today is March 21, 2010. On March 21, 1965, Martin Luther King, Jr., led a march across the Edmund Pettus Bridge. It was a march across that bridge for the vote in this democracy. It was a march towards a greater freedom for many Americans. It was a march for a better quality of life for many Americans. Indeed, it was a march across the Edmund Pettus Bridge for freedom and a better realization of the promise of our democracy.

Today, March 21, 2010, we will cross another bridge. It is not a physical bridge, but it is a bridge that too many Americans find that they cannot cross; a river that separates them from the security of having available the best health care that is available in the world available to them.

We are here to conclude a day of debate, which concludes months of debate, in a national conversation that began more than a century ago.

□ 1845

But this much is beyond debate. American health care is on an unsustainable course. By the end of this debate, another family will have fallen into bankruptcy because someone had the bad fortune simply to be sick. More families will have joined them in paying more and more for less and less health coverage. More businesses will have weighted bankruptcy against cutting their workers' care and their workers will have lost.

We have before us a bill to change an unsustainable course. That is our choice this evening. It is a historic choice. It's a choice that all of us volunteered to be put in the position to make. It is a choice that we will be honored to make this evening. We stood in this Chamber tonight with JOHN DINGELL, JOHN DINGELL, who stood at that rostrum with the gavel that the Speaker will use tonight to gavel through Medicare, that ensured that millions and millions and millions of seniors would not be crushed by poverty and put into bankruptcy by the cost of health care.

Indeed, they will have been given the opportunity for a longer, better quality of life in America when JOHN DINGELL brought that gavel down on that desk and noted the passage of Medicare in 1965.

For more than 3,000 district events, more than 100 hearings, and almost 2 years of public debate, health insurance reform has stood up to the scrutiny, to criticism, indeed, to false-

hoods. But this purpose is older than that. Before we were born, the task of bringing affordable health care to every American was on our Nation's agenda, waiting for this day. At the beginning of this decade in 2002, George W. Bush said, "All Americans should be able to choose a health care plan that meets their needs at affordable prices." George Bush was right.

In 1976, Gerald Ford spoke of "our effort to upgrade and perpetuate our total health care system so no individual in this country will lack help whenever or wherever he needs it." Gerald Ford was right.

And Richard Nixon said this, "Let us act now." That was in 1974, when there were far fewer Americans who did not have health insurance and where health care was less costly. Richard Nixon was right in 1974 on this issue. Let us in 2010, in a bipartisan way, perhaps not a bipartisan vote, but recognizing that this has been a bipartisan objective, a bipartisan vision, for those Republican Presidents and Democratic Presidents whom I have not quoted but whom, as all of you know, were equally committed to that vision and that objective, affordable health care for all, for all Americans. It was embraced by both parties' nominees in the last campaign, Senator Obama and Senator MCCAIN.

But what a campaign of fear this bill has faced this last year. Its critics call it, without justification, and we will hear it tonight, a "government takeover." That's not true, but if you believe it's true, perhaps you think we ought to repeal veterans health care, which is clearly government-run health care. Perhaps we ought to repeal Medicare, government participated but private sector providers. Perhaps you believe Medicare should be repealed. I don't think you do; I hope you don't.

It is more control, however, for whom? For consumers, and less for insurance companies. It is the end of discrimination against Americans with preexisting conditions, and the end of medical bankruptcy and caps on benefits. It is coverage you can rely on whether you lose your job or become your own boss, coverage that reaches 95 percent of all Americans. Its critics call it tyranny. There is none.

It is a free, competitive, transparent marketplace where individuals and small businesses can pool together to buy private insurance at low rates. It is lower cost for the middle class and an end to the prescription drug doughnut hole that has faced too many struggling seniors. Its critics mock this as "out-of-control government."

In truth, it is the biggest definite-reduction bill any of us will have an opportunity to vote on in this Congress and, indeed, in other Congresses as well. Indeed, it's the deepest definite reduction since the Clinton budget of the 1990s that ushered in a budget surplus and historic prosperity.

According to the nonpartisan CBO, this bill is \$143 billion in savings in the first decade and more than \$1 trillion of savings in the second decade. We can add to those deficit savings real cost controls that bring down the price of the world's most expensive health care. Take those into account, says leading health care economist David Cutler, and America saves an additional \$600 billion in the first 10 years and even more in the second 10 years.

Yet there are some who hope for the bill's defeat. They would see that, I think, as the defeat of one party. One Senator made that observation and said this might be the President's Waterloo. If this bill fails, the Waterloo will be that of the people who are without health care insurance, the people who are struggling to make sure that their children are healthy and well and safe. But it would be a defeat for them and for our country, for a healthy America is a stronger America.

They saw the same thing in 1993, my Republican colleagues, when to a person, as I believe will happen tonight, unfortunately, in 1993, to a person they did the same thing. My Republican friends voted without a single exception against the 1993 economic reform plan of the Clinton administration.

Congressman BOEHNER asked, "Who does this spending stimulate except maybe the liberal faculty at Harvard or Berkeley?"

Congressman Kasich said, "If it was to work, then I'd have to become a Democrat."

It did work, and he didn't change. It was a partisan vote, Mr. Speaker, a partisan vote that helped create 22.7 million new jobs, contrary to what so many of my Republican friends said that bill would do, and a record budget surplus of \$5.6 trillion, contrary to the assertion of Mr. Armey that it would create deep debt.

That bill passed through a gauntlet of slurs, hyperbole, and untruths, and so did Medicare, which Republicans called "brazen socialism," and so did Social Security, which a Republican Congressman called the "lash of the dictator."

I don't know whether there are any Republicans in this body tonight that believe that Social Security is the lash of the dictator. I hope not.

Those slurs were false in 1935, they were false in 1965, and, ladies and gentlemen of this House, they are false in 2010. Ladies and gentlemen of this House, this bill, this bill will stand in the same company, for the misguided outrage of its opposition and for its lasting accomplishment of the American people.

In closing, Mr. Speaker, I want to honor some of the "little punk staffers" who gave so much to help us bring this bill to the floor. I say to my friends on the other side of the aisle who did so much to bring your prescription drug bill to the floor, they

need to be honored. They need to be thanked. They need to be respected for the work they do for this House, for each of us but, more importantly, for America.

From the Legislative Counsel's Office, Ed Grossman, Jessica Shapiro, Megan Renfrew, Warren Burke, Larry Johnston, Henry Christrup, Wade Ballou and Scott Probst.

I also want to honor, Mr. Speaker, the tireless staffs of the House Committees on Ways and Means, Energy and Commerce, Education and Labor, Rules, and the Budget, as well as the staff of the CBO, Doug Elmendorf, Holly Harvey, Phil Ellis, Kate Massey, Pete Fontaine and the whole CBO health care team, along with Tom Barthold, and everyone of the staff on the Joint Committee on Taxation, who contributed to their estimates.

Finally, two remarkable staffers in my office have made health reform the cause of their lives and just about every one of their waking hours for the past year, Liz Murray and Ed Lorenzen. Thank you very much.

Mr. Speaker, one of my staffers, my deputy chief of staff, has a 4-year-old daughter. She is a beautiful young girl, she is a smart young girl. Her name is Colette. A few days ago a neighbor asked Colette where her mom was, and I am told that she answered, She's at work making sure everyone can go see the doctor. Thanks, Mom. Thanks to all the moms throughout America who, when we pass this bill, will have a greater sense of security for their kids, for their families, for themselves.

I know this bill is complicated, but it's also very simple. Illness and infirmity are universal, and we are stronger against them together than we are alone. Our bodies may fail us; our neighbors don't have to. In that shared strength is our Nation's strength, and in this bill is a prosperous and more just future.

Unfortunately, much of this debate has been divisive, much of it has been irrelevant. We have seen angry people at the doorstep of the Capitol. Every President in this last century has said this is necessary for a great Nation to do.

My colleagues, how proud we must all be that our neighbors have elected us to come here in this, the people's House, to do this good work this night.

□ 1900

The SPEAKER pro tempore. The gentleman from Texas (Mr. BARTON) is recognized for 10 minutes as a designee of the minority leader.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Alabama for a unanimous consent request.

Mr. ROGERS of Alabama. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from

North Carolina for a unanimous consent request.

Mr. COBLE. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, I rise in opposition to the proposed government takeover of our health care system.

I have not come at this decision lightly. Although a small portion of my constituents support this proposal, the vast majority want nothing to do with it. Clearly there are areas of our health care system that need to be improved. That being said, this bill is a complete overhaul of the system.

Make no mistake about it. This bill will put the government in control of our health care. It is a train wreck waiting to occur and considering our current economic morass, we need no train wrecks.

It is with the best interests of all of my constituents, their children and future generations that I will oppose this legislation.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Minnesota for a unanimous consent request.

Mr. PAULSEN. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, this body is nearing what will be a defining vote for the future of our nation.

While Majority Leadership continued the arm twisting until enough members would vote for the bill, the voice of the American people got louder.

They have made it clear they do not want this bill. My constituents, by a margin of over 3 to 1, have told me they don't like this plan—and with good reason.

This bill will cost nearly 1 trillion dollars in the next decade alone—and the true cost of this bill will surely go higher as entitlement spending soars and other provisions are fully phased in.

The bill is loaded with job-killing tax increases—and an Associated Press analysis said health care premiums will actually go up under this plan.

The bill will also allow the IRS to verify if you have "acceptable" health care coverage and fine you if you don't!

This bill will cut \$500 billion from Medicare and in turn use that money for new entitlement spending. And history has shown entitlement spending goes up, not down, over time. With our current entitlement programs already headed for insolvency, why on earth would you exacerbate the problem?

I would be remiss if I didn't mention that this legislation also negatively impacts our Nation's veterans. It betrays the promise that this country made to honor their sacrifice by failing to cover millions of beneficiaries including dependents, widows, survivors and orphans.

The VFW has expressed their opposition to this bill and this body should not pass any bill that negatively impacts our veterans. Those families who have proudly served this country deserve better.

Finally, the legislation contains a \$20-billion tax on American medical manufacturers. This tax—which will hit manufacturers of technologies now common in modern medicine such as pacemakers, stents and MRI scan-

ners—will be levied against many medical device manufacturers in my home state of Minnesota. In the end, this will harm jobs and cause patients to pay more for fewer medical technologies—the exact opposite of what we need.

I believe this Nation needs real, bipartisan health care reform the American people can support. This bill should be set aside and replaced with common sense measures that will actually lower costs for everyone.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Georgia, the ranking member of the Health Subcommittee, Mr. DEAL, for 1 minute.

Mr. DEAL of Georgia. I thank the gentleman for yielding.

Madam Speaker, it has been said that the problem with socialism is that you eventually run out of other people's money.

Despite billions of dollars in new taxes, despite billions of dollars in cuts to Medicare, and despite deceptive accounting practices to hide the true cost of this bill, it appears that we have run out of what money is here in Washington, because we are seeking to impose unprecedented and unconstitutional mandates on our States.

Tonight, as I cast what might be the last votes of my congressional career, I am pleased to say that as I pursue my full-time activity to become the governor of the great State of Georgia, that I will cast my vote in opposition to this bill.

If this bill becomes law and I am successful in my undertakings, I will devote my efforts to making sure that the people of my State are not subjected to the unconstitutional individual mandate and that my State is not subject to the unconstitutional mandate to expand our Medicaid rolls. I know that I am not alone. Yesterday, 38 States indicated that they would join in suing to challenge the constitutionality of this statute.

I urge my colleagues to join me on a "no" vote.

Mr. WAXMAN. Madam Speaker, I yield myself 2 minutes.

Today is a historic moment. We will take decisive votes to provide quality affordable health care for all Americans. This is a goal that Presidents of both parties have sought for 100 years. We must act. The status quo is unsustainable.

This bill provides all Americans the security of knowing they will always be able to afford health care for themselves and their families.

The bedrock foundation of the legislation is that it builds on what works today and reforms what doesn't, but we fundamentally reform the insurance company practices that are failing our families.

Americans with preexisting conditions can no longer be denied coverage. We abolish lifetime limits on coverage. And we ban the practice of rescission

by insurance companies when people get sick.

We strengthen Medicare. Seniors who hit the donut hole for their drug coverage will get immediate help, a \$250 rebate this year, a 50 percent discount on their brand name drugs next year, and the donut hole will be completely eliminated within the decade. We provide coverage to 32 million uninsured Americans. We eliminate waste, fraud, and abuse. The American people will see immediate benefits.

Today we vote to make a profound difference for the betterment of the American people. Under the leadership of the President and our Speaker, we are poised to provide access to quality health insurance for all.

Today is a historic moment.

We will take decisive votes to provide quality, affordable health care to all Americans.

This is a goal that Presidents of both parties have sought for a hundred years.

We must act. The status quo is unsustainable.

This bill provides all Americans the security of knowing they will always be able to afford health care for themselves and their families.

The bedrock foundation of this legislation is that it builds on what works today, and reforms what doesn't.

If you like your doctor and your current plan, you keep them.

But we fundamentally reform the insurance company practices that are failing our families:

Americans with pre-existing conditions can no longer be denied coverage.

We abolish lifetime limits on coverage.

And your health coverage can no longer be rescinded by your insurance company if you get sick.

We strengthen Medicare.

Seniors who hit the donut hole will get some immediate help: a \$250 rebate this year, and a 50 percent discount on their brand-name drugs next year.

And the donut hole will be completely eliminated within a decade.

We provide coverage to 32 million uninsured Americans—not just those without insurance today but many who would otherwise be expected to lose their coverage in the coming years.

We eliminate waste, fraud, and abuse and reduce the deficit by over a trillion dollars.

And we eliminate the special deal for Nebraska, providing all states equitable treatment under Medicaid.

The American people will see immediate benefits on enactment.

Starting this year: Your children can stay on your policy through age 26.

Preventive care under Medicare is free.

And children with pre-existing conditions cannot be denied coverage.

Today we vote to make a profound difference for the better for the American people.

Under the leadership of the President and our Speaker, we are poised to provide access to quality health insurance for all Americans.

I now want to turn to some specific provisions in the Senate bill, H.R. 3950.

SECTION 2304. CLARIFICATION OF DEFINITION OF MEDICAL ASSISTANCE

Section 2304 of H.R. 3590 as passed by the Senate clarifies the definition of medical as-

sistance. This clarification is identical to that in section 1781(e) of H.R. 3962 as passed by the House and in section 1781(e) of H.R. 3200 as reported by the Committee on Energy and Commerce. The purpose of this clarification is set forth in H. Rept. 111-299, Part 1, at pp. 649-650.

SECTION 3301. MEDICARE COVERAGE GAP DISCOUNT PROGRAM

I, on behalf of myself and Chairman LEVIN, express our intent regarding this section. Section 3301 of this legislation provides for 50 percent discounts for brand name drugs in the Part D donut hole. It requires that manufacturers enter into an agreement to provide such discounts as a condition of participation in the Part D program.

This section adds to the Social Security Act new Section 1860D-43(c)(1), which provides a limited exemption from the requirement to provide a discount if the Secretary makes a determination that the availability of the drug is essential to the health of beneficiaries under this part. This intent of this exemption, if it is used at all, is that it be used only in extraordinary circumstances, and that it be of limited duration. For example, if a new drug manufacturer without an agreement already in place receives a new drug application approval after the period in which annual agreements are supposed to be signed by the Secretary, the Secretary could find that the drug is essential to beneficiaries' health and provide a short-term exemption until an agreement with the manufacturer is in place. Any exemptions provided under this section are intended to be temporary in nature.

Moreover, nothing in this section requires the Secretary to make a finding that a given drug is essential to beneficiaries' health, or provides a right of action for any individual or organization to force the Secretary to make such a finding.

This provision also contains civil monetary penalties for manufacturers that fail to provide applicable beneficiary discounts. The civil monetary penalties specified in this provision are not the sole penalties that can be applied to manufacturers that violate requirements of this section or other provisions of law. For example, relevant CMPs that apply to Medicare fraud or misleading statements and False Claims Act penalties can also be applied to manufacturers that fail to provide required discounts.

Another provision of this section states that the Secretary "shall not receive or distribute any funds of a manufacturer under this program". This provision refers only to manufacturer funds, not to other funds or information. Section 1860D-43 contains no restriction on the ability of the Secretary, CMS, or the Inspector General to obtain (from any manufacturer, PDP or MA-PD plan, or other entity) any data or information necessary for the purposes of program compliance and integrity or audit purposes, or otherwise necessary to identify and eliminate waste, fraud, or abuse under this section.

SECTION 3403. INDEPENDENT MEDICARE ADVISORY BOARD

I wish to clarify certain aspects of legislative intent regarding the Independent Payment Advisory Board (IPAB), which is a new executive branch body created in the Senate passed

health reform bill and charged with constraining Medicare spending. Section 1899A(c)(2)(A)(iii) of the Social Security Act, as added by Section 3403 of PPACA, states that in the case of IPAB proposals submitted prior to December 31, 2018, IPAB shall not include any recommendations that would reduce payment rates for providers that receive an additional market basket cut on top of the productivity adjustment. The rationale for this provision is that these providers are already facing extra downward adjustments in their payments and thus should not be subject to "double jeopardy" by also being subject to IPAB recommendations which will further reduce spending. In creating this exclusion, it is the intent of Congress to exclude all payment reductions applicable to providers captured by this language in all the relevant years. Therefore, in the case of inpatient hospitals, the provision excludes from IPAB recommendations payment reductions applicable to hospitals including payment reductions for indirect medical education under 1886(d)(5)(B), graduate medical education under 1886(h), disproportionate share hospital payments under 1886(d)(5)(F), and capital payments, as well as incentives for adoption and maintenance of meaningful use of certified electronic health record technology under 1886(n). As part of the effort to make improvements to the Senate-passed bill, Members of the House and Senate, along with the administration, were working on a number of improvements to the IPAB policy. Unfortunately, the Senate parliamentarian indicated that we could not modify IPAB in reconciliation. Since we were not able to make any changes to the IPAB as part of the reconciliation bill, I look forward to working on these improvements in the future.

SECTION 3512

I have spoken with several Members, including Congressman CUELLAR of Texas, that have expressed concerns about whether the language of these bills may be interpreted or construed as creating a new cause of action or claim or would modify or impair existing state medical malpractice laws.

It is not and never has been the intent of this legislation to create any new causes of action or claims premised on the development of guidelines or other standards.

Section 10201(j) of H.R. 3590, which was part of a manager's amendment adopted on the Senate floor and added Section 3512 to Subtitle F of title III of the Act, calls for the Comptroller General to conduct a study of whether the development, recognition or implementation of any guideline or other standards under a list of enumerated sections of the Senate bill would result in a new cause of action or claim.

Any guideline or standard created under the above enumerated sections should not be construed as creating any such new actions or claims, nor should the request for a study be construed to infer otherwise. This legislation should not be interpreted or construed as creating any inference or implication that any such guideline or other standard does create any new cause of action or claim.

It is also not and never has been the legislative intent of this legislation to modify, impair or supersede any State medical liability law governing legal standards or procedures used

in medical malpractice cases, and this legislation does not have the authority to prohibit the states from implementing such laws.

SECTION 6111. CIVIL MONEY PENALTIES

The legislation we will pass today contains nursing home reforms that will make it easier to identify owners responsible for inadequate care, improve enforcement, and improve nursing home quality nationwide. These improvements represent a significant step forward. Nearly identical provisions were included in health care reform legislation that passed in the Energy and Commerce Committee, and in HR 3200 as passed by the House.

Section 6111 of the legislation makes collection of civil monetary penalties more timely by allowing funds to be escrowed after an independent informal dispute resolution process until other appeals are concluded.

A November 2009 GAO report found that understatement of deficiencies may result from "unbalanced" independent dispute resolution processes currently used. Over 40 percent of surveyors in four states told GAO that their states' independent dispute resolution processes favored nursing home operators over resident welfare.

In order to avoid these problems, the intent of this section is that independent informal dispute resolution processes should be conducted by an independent state agency or entity with healthcare experience, or by the state survey agency, so long as no entity or individual who conducts independent informal dispute resolution has a conflict of interest. The Secretary's implementing regulations may address the type and duration of the independent informal dispute resolution processes, as determined by the Secretary. As under current law, facilities may challenge only the factual basis of the deficiency; and states and the Secretary retain the right to reject independent informal dispute resolution processes recommendations, any person shall have the right to attend and participate in the conference.

I reserve the balance of my time.

Mr. BARTON of Texas. Madam Speaker, I yield to the gentleman from Michigan (Mr. UPTON) for 1 minute.

Mr. UPTON. Madam Speaker, folks are scared. They are really scared. Debt is at a historic level, spending is out of control, the Nation's AAA credit rating is in jeopardy, and here we are.

We are going to spend \$1 trillion over the next 10 years for just 6 years of benefits. Only in Washington can folks stand here and claim spending \$1 trillion will actually cut the deficit.

And how did we get here? Well, we are going to start by raiding \$523 billion from the Medicare checks of older Americans. Shameful.

Whatever happened to tort reform? Not here. The lawyers are going to continue to get richer suing doctors and hospitals, and older Americans will see their benefits evaporate. Where are our priorities?

Yesterday I introduced an amendment that would delay the bill until we can guarantee Medicare's solvency for at least the next 30 years, but it was denied. I guess they would rather spend

money that we don't have rather than uphold our commitment to seniors. Debt continues to soar beyond belief. Today, every man and woman will spend \$46,000 on the debt. Let's do better. We can.

Mr. WAXMAN. Madam Speaker, I am proud at this time to yield 2 minutes to the gentleman from Michigan (Mr. DINGELL), the distinguished dean of the House, who has championed the cause of health care in all of the time he has been in the Congress. And before that, his father called upon the Congress to adopt this legislation as well.

Mr. DINGELL. Madam Speaker, I thank my colleague, Mr. WAXMAN, for his leadership and for his gracious comments. And I want to thank and praise our Speaker, our majority leader, and the leader in the Senate for the great leadership that they have given us in this great undertaking.

Today is a day that is going to rank with the day we passed the civil rights bill in 1964. Today we are doing something that ranks with what we did on Social Security or Medicare. This is the day on which we can all be proud if we vote for that legislation.

Facts are an intransigent hard thing. And let's look at this from the standpoint of the facts of what it does.

Thirty-two more million Americans are going to have health care. They don't now. America, which has health care of the best character in the world, does not make it available to 32 million people because they can't afford it, and Americans every day are losing their health care. Eighteen thousand Americans every year die for want of health care, and 44,000 Americans also go bankrupt because of it.

What does this bill do? It gives Americans the same health care that we here in the Congress have. It preserves their choice, and it sees that if those Americans want to change, they can do so.

It also fixes the insurance company. And as the President has said, this bill is the patient's bill of rights on steroids. And as my colleagues who worked on this bill when we passed it years ago will remember, that that is legislation which protects the rights of citizens and ratepayers.

And the reason that the insurance companies are so up in arms about it, and they are the ones that are opposing this bill, is because it is going to take care of their patients and because it is going to take care of their customers.

What is it going to do? No more pre-existing conditions. And, they can't cancel your policy while you are on the gurney riding into the operating room because you are sick.

I want to commend my colleagues for this.

Madam Speaker, I have much humility, joy, and pride in supporting H.R. 3590 and H.R. 4872.

Madam Speaker, all the arguments, for and against, have been made. There have been

endless hours of debate in committees, on the floor of this House, and in meetings throughout the country.

We have heard innumerable stories that inspire us to act, and unfortunately stories that have caused us to question whether the civility of our discourse has reached irreversible lows.

As the historic vote draws near, I urge my colleagues to act on behalf of the American people.

Let us this day stand boldly to do what is right for the health and well-being of the our constituents, what is essential for the viability of American business, and what is necessary for our government.

Let us resolve to do what generations before us determined needed to be done to address one of the greatest needs in the history of our people.

When we do this, history will smile upon us. And generations to come will say on this day, this President and this Congress performed something worthy to be remembered.

For the sake of the American people, and in honor of my late father, I support the legislation before us and urge my colleagues to do the same.

Mr. BARTON of Texas. Madam Speaker, I yield for a unanimous consent request to a member of the committee from the Keystone State of Pennsylvania, Dr. MURPHY.

Mr. TIM MURPHY of Pennsylvania. Madam Speaker, I rise in opposition to this flawed health care bill.

Mr. BARTON of Texas. Madam Speaker, I yield for 1 minute to the gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. Madam Speaker, this incredibly expensive \$1 trillion health care bill will hurt many individuals that currently have insurance. The bill will hurt veterans because it does not accept TRICARE as a qualified medical plan. It will hurt seniors by cutting Medicare advantage to fund these new government programs. Mr. STUPAK, no lawyer, will argue that an Executive order is law. So the Senate bill starts us on a path of government-sanctioned abortion-on-demand paid for by taxpayers. The U.S. has a \$1.5 trillion deficit, and now we are adding \$1.2 trillion over 10 years.

The President pledged no family making under \$250,000 would face tax increases, yet there are 12 new tax increases violating that pledge, and 46 percent of families making less than \$66,000 will be forced to pay the individual mandate.

The bill will expand the IRS by 17,000 auditors to enforce these new taxes. It will hurt businesses, create health care rationing, and move the United States of America to further fiscal instability.

Mr. WAXMAN. Madam Speaker, I am pleased to yield at this time to the chairman of the Health Subcommittee, who has played such an instrumental role in the legislation, the gentleman from New Jersey (Mr. PALLONE) for 1 minute.

Mr. PALLONE. Madam Speaker, I am amazed when I hear my colleagues on

the other side of the aisle. They seem to ignore the fact that our health care system is in crisis. Millions of Americans are going without health insurance. Rising health care costs are bankrupting so many American families.

Now, Democrats today have proposed a bill that will lower health care costs, give almost all Americans quality health care coverage the same as Members of Congress—and I am going to repeat that—the same as Members of Congress, and put an end to insurance company abuses.

When we pass this bill, 32 million more Americans are going to be able to see a doctor on a regular basis. America's seniors are going to be able to get more help to afford their prescription drugs, which will keep them healthy and out of the hospital.

The bottom line is that Americans will be healthier, fewer people will get seriously ill and incur outrageous medical bills for hospital and nursing home care. And, healthier people save the government and the health care system significant money even beyond the CBO projections.

Madam Speaker, passage of this bill will lead to a healthier and a stronger America, and I urge my colleagues to vote "yes."

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentleman from the bluegrass State of Kentucky (Mr. WHITFIELD).

Mr. WHITFIELD. Yesterday I read an article by Speaker PELOSI in which she said the health care bill they proposed would strengthen Medicare, reduce deficits, and bring the predatory practices of health insurance companies under control.

How can you strengthen Medicare when you take \$500 billion out of it, out of nursing homes, out of hospitals, and out of Medicare advantage?

How do you claim you reduce the deficit by \$138 billion when you include the taxes for 10 years and the expenditures for only 6 years?

And how do you say you are going to control the insurance companies, and act like you are throwing them in the briar patch, when in fact they support this bill? They went to the White House and helped write this bill. Why? Because this bill requires small businesses and individuals to buy health insurance, and, if not, they will be subject to civil penalties.

Health reform may be necessary, but this bill is the wrong bill.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the gentleman from Massachusetts (Mr. MARKEY), a very important member of our committee.

Mr. MARKEY of Massachusetts. On health care, the Democratic party is the "party of hope" and the Republicans are the "party of nope."

The Democratic health care bill lowers prescription drug costs for seniors,

expands coverage to 32 million more Americans, reduces the deficit by \$143 billion over the next 10 years, and gives middle class families tax credits to help pay for health coverage.

What do the Republicans say to this plan? They say "nope." Nope to lowering prescription drug prices, nope to expanding coverage, nope to health insurance tax breaks.

GOP used to stand for Grand Old Party. Now, it stands for grandstand, oppose, and postpone. They grandstand with phony claims about nonexistent government takeovers, they oppose any real reform, and then they want to postpone fixing a broken health care system. GOP: Grandstand, oppose, and postpone.

Today we have a choice between change and more of the same, between "hope" and "nope." Ted Kennedy is looking down and smiling today. Vote "aye" for JOHN DINGELL, for Ted Kennedy, and for all of those Americans that need health care in our country.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Member from Massachusetts should heed the gavel.

□ 1915

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentleman from Arizona (Mr. SHADEGG).

Mr. SHADEGG. Madam Speaker, never before in the history of our Nation has such a massive change in policy been made on a purely partisan basis and in the face of such overwhelming opposition. Tragically, this bill will destroy freedom and do incredible damage to the very fabric of our society.

This bill is a bailout for the insurance companies. They get the individual mandate that they wanted all along—a mandate that is un-American and unconstitutional. Mark my words: The massive expansion of Medicaid in this bill will bankrupt our States. Premiums for average Americans will go up, taxes will go up, the deficit will go up, and the debt will go up. This bill is the epitome of Washington politicians telling the American people, We know better how to run your lives than you do.

We owe the American people much better than this. We owe them real health care reform. We owe them the kind of reforms that will bring down their premiums. We owe them across-State-line purchases. We owe them health care pooling so that the sick and the ill and those with preexisting conditions can get their health care paid for.

We owe America better than this.

Mr. WAXMAN. Madam Speaker, I'm honored at this time to yield 1 minute to a senior member of our committee, the gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. Madam Speaker, I feel so privileged to be part of a Congress

that is on the threshold of making history. Since Teddy Roosevelt and all Presidents forward, we have struggled in our country to provide something for our people that has eluded them. As the Catholic sisters said as they urged us to vote for this legislation, they called it "life affirming."

I think the step that we take this evening will perfect the union in our country. Why? Because the human body holds the soul. And when we help to cure, when we help to heal, when we recognize the dignity of every single American, that they have first-class citizenship and that they should indeed have health care coverage.

This is a landmark piece of legislation. I feel privileged that my constituents have sent me here to cast a vote for it, and I urge everyone to do so.

Madam Speaker, I rise in support of the landmark comprehensive health care reform that is before us.

For the first time in history, Congress will pass legislation to finally insure all Americans. This legislation will reduce the deficit by \$143 billion over 10 years and \$1.2 trillion over 20; eliminate discriminatory insurance practices, and open the insurance market to millions of Americans who have been priced out.

More than a century has passed since Teddy Roosevelt first called for health care reform. Nineteen presidents later, we stand on the threshold of history as we prepare to vote on this historic legislation. The American people have been waiting for this. The American people deserve this, and the status quo is no longer affordable or acceptable.

To those who say we can't afford health care reform in the current economy, I say we can't afford not to. We spend more on health care than any other country in the world and the costs are crippling to our economy. If we do nothing, in 2015 health care spending will jump by 34 percent. By 2020, health care premiums will double and in 2010 alone, we're projected to spend more than \$2.6 trillion on health care.

A vote for this legislation is to stand on the right side of history. I feel privileged to serve in Congress and to participate in this historic effort. We stand on the shoulders of those who toiled for decades, including Senator Edward Kennedy, to bring us to this moment.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are reminded to please heed the gavel.

Mr. BARTON of Texas. Madam Speaker, I yield 1 minute to the gentlewoman from California (Mrs. BONO MACK).

Mrs. BONO MACK. Madam Speaker, I rise in very strong opposition to this flawed bill that imposes new taxes, increases costs to consumers, and adds to our already massive deficit. This bill and the outrageous abuse of process and all the backroom deals needed to secure passage is simply the wrong approach.

My father was a teaching physician at USC-LA County Medical Center. He

would have been appalled that a massive new bureaucracy will now be making the health care decisions for his patients. In my district, thousands of seniors will lose their preferred Medicare Advantage coverage that serves them so well and has saved lives.

This bill is little more than a shell game that shifts costs, picks winners and losers, and does nothing to achieve real reform. The American people have resoundingly rejected this dangerous approach. True reform should be accomplished with bipartisan cooperation, not strong-arm tactics. The only thing that is truly bipartisan tonight is opposition to this deeply flawed bill. We can and must do better. I urge my colleagues to join me in voting "no."

Mr. WAXMAN. Madam Speaker, I yield for a unanimous consent request to the gentlelady from the Virgin Islands (Mrs. CHRISTENSEN), who's played a very active role in this legislation.

Ms. CHRISTENSEN. Madam Speaker, I rise in strong support of the Patient Protection and Affordable Care Act.

Madam Speaker, this morning the Congressional Black Caucus attended church together at the Mount Zion Baptist Church in Arlington, VA.

We left there blessed, inspired and claiming the victory we are about to have today for the American people.

As our Chair BARBARA LEE reminded us from the Book of Esther, we are all here, called to service, for "for such a time as this." And we are called to do what is right and best for the American people and for our country! We must pass H.R. 4872.

With the passage of H.R. 4872, The Patient Protection and Affordable Care Act, we begin to guarantee that health care will be a right to all and not a privilege for a few.

It has been a long road getting here, not just this past year but the past hundred years and thanks is due to Chairman Emeritus JOHN DINGELL, Speaker NANCY PELOSI, Majority Leader STENY HOYER, Majority Whip JAMES CLYBURN and Chairmen RANGEL, WAXMAN, MILLER and LARSON for their steadfast leadership, and commitment to making healthcare accessible, affordable and secure for all Americans across this country.

And we could not have arrived to this day without the leadership, commitment and determination of our President, Barack Obama.

We would have all wished for the perfect bill many of us envisioned when we started on this path. This is not it, but without question this bill will vastly improve the dysfunctional system we now struggle to be well in, and lay the foundation for the further work needed to achieve those things that are still needed but could not be included today.

I want to especially thank all of our Democratic leaders for ensuring that the people of the Territories were not left out and my Democratic colleagues—especially the Congressional Black Caucus and our TriCaucus partners for their support and encouragement.

They are all—including Senate Leader REID—to be thanked and applauded for answering our call for prevention, nondiscrimination, equity and diversity in the bill's provisions

and for going beyond insurance reforms to include measures specifically to eliminate health disparities for African Americans, all people of color, the poor, those living in rural areas and the Territories and our LGBT community.

This is not only a historic day for our country, it is a great day.

Today we begin to end the "shocking and inhumane" injustice in healthcare that the Rev. Dr. Martin Luther King, Jr. spoke of. Today we continue the march to the full greatness that is our Nation's destiny!

I am proud to have been given the opportunity by the people of the Virgin Islands and our House leadership to be a part of this process, and though I am not able to cast a vote on this landmark legislation I support it fully, proudly and unreservedly.

When the vote is called, let's do it! The victory has already been claimed for us and for the people of the United States—all of us.

To God be the glory!

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the gentleman who's played a very influential role in this legislation, the gentleman from Michigan (Mr. STUPAK).

Mr. STUPAK. I wish to engage the chairman in a colloquy, if I may.

Throughout the debate in the House, Members on both sides of the abortion issue have maintained that current law should apply. Current law with respect to abortion services includes the Hyde amendment. The Hyde amendment and other similar statutes to it have been the law of the land on Federal funding of abortion since 1977 and apply to all other health care programs—including SCHIP, Medicare, Medicaid, Indian Health Service, Veterans Health Care, military health care programs, and the Federal Employees Health Benefits Program.

The intent behind both this legislation and the Executive order the President will sign is to ensure that, as is provided for in the Hyde amendment, that health care reform will maintain a ban on the use of Federal funds for abortion services except in the instances of rape, incest, and endangerment of the life of the mother.

Mr. WAXMAN. If the gentleman will yield to me, that is correct. I agree with the gentleman from Michigan that the intent behind both the legislation and the Executive order is to maintain a ban on Federal funds being used for abortion services, as is provided in the Hyde amendment.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. WAXMAN. I yield the gentleman 30 additional seconds.

Mr. STUPAK. I thank the chairman.

I'm seeking the chairman's commitment that our conversations on this issue, the abortion issue, will continue.

Mr. WAXMAN. I know that this is an issue of great concern to the gentleman from Michigan and many other members of the Energy and Commerce Committee. You have my commitment to work with you and other Members in the future.

PARLIAMENTARY INQUIRY

Mr. BARTON of Texas. Madam Speaker, I have a parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his inquiry.

Mr. BARTON of Texas. It has been agreed to, I am told, by the Parliamentarian and others, that if I yield to Mr. SENSENBRENNER 2 minutes right now, it will come out of Leader BOEHNER's time.

The SPEAKER pro tempore. The Chair has been so advised of the minority leader's designation of that time.

Mr. BARTON of Texas. I yield 2 minutes to the gentleman from Wisconsin (Mr. SENSENBRENNER).

Mr. SENSENBRENNER. I have listened to this colloquy and, frankly, it doesn't state the law. The proposed Executive order, which I have a copy of, specifically states that nobody can enforce the Executive order in any court. So the Executive order is merely a piece of paper that certainly will not have any effect of law.

Earlier today, the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) was quoted on Fox News saying, Well, it can't be changed by Executive order because an Executive order can't change the law. She was right on in that respect. An Executive order can't change the law.

But even on a policy question, President Obama, at a campaign rally when he was running for election, criticized the Bush administration's excessive use of Executive orders. Congress' job is to pass legislation. The President can veto it or sign it. Executive orders are not part of his power. The President also said, I'm not comfortable with doing something this significant through Executive orders, relating to trying terrorists in military commissions.

Now, finally, it is basic law, as reiterated by the Supreme Court as late as 2006 in the case of *Hamdan v. Rumsfeld*, that an Executive order cannot trump or change existing law. The Executive order that is being talked about now is a piece of paper. It will have no force and no effect. If one is concerned about preventing the exchanges that are established under the Senate bill that we will be voting on in a few hours, then the only thing that one can do is vote against that Senate bill to preserve the Hyde amendment from being expanded to programs that are created under the Senate bill.

I'm sorry, but the gentleman from Michigan and the gentleman from California have misstated the law. It is pretty clear. And even the President said it during the campaign, and the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) said it on TV earlier today.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to an important member of our committee who's played a very

important role in this legislation, particularly as it relates to his State and other areas as well, the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank the chairman for yielding to me.

Madam Speaker, I'm proud to be a Member of Congress, but never as proud as I am tonight. Tonight we're finally going to pass comprehensive health care for the American people.

My friends on the Republican side of the aisle keep saying the bill is flawed. The only flaw was when they controlled Congress and had the President of the United States, not once did they try pass health care, not even incrementally, as they say we should do now.

No longer, when we get sick, will the insurance companies say, Sorry, we can't cover you. No longer, if you lose your job or change your job, can you not keep your health insurance. You will be able to keep it. If have you a preexisting condition, you won't be able to be denied it. If you're 26 years old, you can stay on your parents' policies. There's no annual cap or lifetime cap. We help seniors by closing the doughnut hole in Medicaid. We save money. It's CBO scored.

Everybody wins with this bill, but especially the American people. I'm proud that we're passing comprehensive health care. The current system is not sustainable financially, and what we're doing means that everybody wins.

Mr. BARTON of Texas. Madam Speaker, I would yield 30 seconds to the gentleman from Oklahoma (Mr. SULLIVAN).

Mr. SULLIVAN. I'd like to thank Congressman BARTON for yielding me time.

Higher premiums, higher taxes, and cutting Medicare is not health care reform. Republicans care about health care, but we don't care for this bill. Unfortunately, the White House and congressional Democrats are still insisting on their massive 2,700-page bill that includes higher premiums, \$500 billion in higher taxes, and \$500 billion in cuts to senior Medicare.

My son, who's here this week, Tommy Sullivan, even can consider that that's not reform.

Mr. WAXMAN. Madam Speaker, I'm pleased to yield, at this time, 1 minute to someone who's been a very active member of the Health Subcommittee and the vice chairman of the full committee, the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Madam Speaker, when you build a house, you have to first put down a foundation. Today, we are laying a foundation for a health care system that will provide every American with access to high quality health care; a foundation that will immediately ban insurance companies from dropping people from coverage

when they get sick, people like my childhood friend who lost his insurance when he got prostate cancer and later died too young; a foundation that will, beginning this year, give tax credits to small businesses so they can offer affordable coverage to their employees; a foundation that will now give parents of young adults the ability to keep their kids on their policies while they start their careers; a foundation that will finally give adults with preexisting conditions the ability to buy affordable insurance. And starting right away, insurance companies cannot exclude children, like my own young daughter, Francesca, who have chronic conditions such as diabetes or asthma, from coverage.

Madam Speaker, this bill is just a foundation. We need to build on it, but it's a strong foundation.

Mr. BARTON of Texas. I'd like to yield 1 minute to one of our best pro-life leaders in the House of Representatives, the gentleman from Pennsylvania (Mr. PITTS).

Mr. PITTS. This bill violates the conscience of the American people. It violates the principle that we should not spend more than we have. This bill is not reform. It just makes our existing entitlement crisis even worse. This bill violates the belief held by more than 70 percent of Americans that money collected by the government should not be used to pay for abortion or abortion coverage, but that's what this bill does.

Regardless of the colloquy, an Executive order is not a statute. It doesn't trump a statute. The government will end up directly paying for abortions at community health centers. Taxpayer subsidies will, for the first time in decades, subsidize insurance coverage that includes abortion. The bill and the accompanying Executive order turns over the protection of the unborn to the most pro-abortion President in our history.

This extreme legislation is being forced on an unwilling Nation. It is the most pro-abortion bill and the largest expansion of abortion in our history. No Member who votes for it will ever be able to claim again that they have always stood on the side of the unborn. I'm sad to say this. This is a career-defining vote. There will be no living it down.

I urge my colleagues to vote "no" on this terrible bill.

□ 1930

Mr. WAXMAN. I yield 1 minute to my colleague from California (Mrs. CAPPS), who is a very active and influential member of the Health Subcommittee.

Mrs. CAPPS. I thank the chairman. Madam Speaker, we've been trying to reform health care in this country for decades, and I've been blessed to participate both as a health care provider and now as a Member of Congress.

Passing this bill is not only the right thing to do; it is truly a matter of life and death for the millions of Americans who today lack health insurance coverage, and it is critical for all who suffer from diseases that could have been completely preventable or dealt with earlier had they had access to screenings.

One thing, our bill will now guarantee no more copays for preventive screenings for diseases like cervical cancer or heart disease. As a public health nurse with decades of experience, I know this is one of the most important steps we can take to improve the health of American families, and I stress this point because it's one that's not brought up all that often.

I underscore the importance of universal access to preventive care because this measure will improve the lives of millions of families and save us all billions in avoidable health care costs. I know my constituents are going to appreciate these important provisions which will improve health care in the United States. It's one of the many reasons I urge my colleagues to vote "yes" on this bill.

Mr. BARTON of Texas. Can I inquire as to the time remaining on each side for the Energy and Commerce Committee's control.

The SPEAKER pro tempore. The gentleman from Texas controls 2½ minutes, and the gentleman from California controls 3 minutes.

Mr. BARTON of Texas. I yield 45 seconds to the gentleman from Nebraska, the Cornhusker State, Mr. TERRY.

Mr. TERRY. We all want all people to have access to affordable health care, but this trillion-dollar tragedy is just bad medicine. Medical costs are high, but this bill does absolutely nothing to help reduce costs. It does take \$500 billion from Medicare, resulting in cuts in service to seniors. It does raise taxes on many small businesses, including new mandates on businesses and actually increases premiums as much as 13 percent.

In committee, I introduced an amendment that gives people access to exactly the same care that we have as Members of Congress, but Mr. MARKEY and almost all the Democrats voted against it. All Republicans voted for that. Last, the clear language of this bill allows abortion, and I encourage all Members to vote against it.

Madam Speaker, I rise today in opposition to this unprecedented legislation that will affect one-sixth of our economy, saddle our children and grandchildren with trillions of dollars of debt, and lead to a government takeover of America's health care system.

As a member of one of the House Committees with jurisdiction over health care, I have had a front row seat to watch a legislative process that has had one over-riding theme—no reform idea, bill, or amendment on health offered by a Republican or even a moderate Democrat was given any consideration. From

the start this has been a process that is best described as, "our way or the highway."

This bill will result in rising health care costs and premiums. The Congressional Budget Office, CBO, reported in December that if the Senate bill was passed, average premiums per policy would rise by 10 to 13 percent in 2016, resulting in annual premiums of \$5,500 for single policies and \$13,100 for families.

According to the Congressional Budget Office, CBO, the health care bill carries a price tag of \$940 billion over 10 years. Most revenue raisers come from new taxes on small business, individuals, and medical goods. Furthermore, the health care bill includes significant payment changes for Medicare Advantage and \$500 billion in cuts to both Medicare and Medicaid. A number of arbitrary cuts are made to skilled nursing facilities, hospice, home health, Medicaid DSH payments, and popular Medicare Advantage plans. Specifically, the bill reduces Medicare Advantage payment benchmarks over the next 7 years, resulting in reduced access for millions of beneficiaries currently on Medicare Advantage plans. The "savings" Democrats purport are truly cuts to services that our seniors need. I don't think we can afford this plan and it will, in time, hurt both our economy and beneficiaries.

The scoring used by CBO and our Democrat colleagues can best be described as "new math." For example, a 10-year fix for Medicare reimbursement to physicians will cost \$208 billion, yet that is not counted in the CBO score. But a separate deal has been struck with the doctors to do that later this year. So by my math, the real cost of health care reform is closer to \$1.3 trillion, not \$940 billion.

A recent New York Times article highlighted a growing trend of physicians dropping Medicaid patients because of low payments—and the Democrats' solution to our health care crisis is to expand Medicaid eligibility to an additional 16 million more individuals over the next 10 years? In a letter to Congress following the Health Care Summit, President Obama acknowledged the need to increase Medicaid reimbursement to ensure future services and yet, those anticipated additional costs are nowhere to be found in either H.R. 3590 or H.R. 4872.

Another "new math" trick being used by the Democrats is to tell the American people that the Medicare Part D drug benefit "donut hole" will be closed. Yes, the "donut hole" is partially closed by this legislation, but not closed entirely until the year 2020 which is after the scoring period used by the CBO. Again, this "new math" is being used as a gimmick to make it appear that this bill will reduce the deficit. But it will not. This bill costs more than Democrats claim.

Last year, one of my Democratic colleagues stated, "The fact of the matter is that some in the Republican party don't want these problems fixed because they're already doing just fine. They've got choice, they've got the federal plan, that's what I have. Well in the Democratic party we're saying something else, we want the American people to get at least as good as my friends in the Republican party have. We want at least the benefits that we have here in Congress—choice, affordability,

lower cost and lower taxes for all Americans." I wholeheartedly agree with Congressman WEINER that Americans should have access to the same plans as their Members. Last year I offered two amendments to Speaker PELOSI's bill. The first was my alternative plan called Simple Universal Healthcare, SUH, which creates a new health insurance program similar to the Federal Employee Health Benefits Plan now available to the President, Vice President, Members of Congress and all federal government employees. The plan allows the uninsured and small businesses access to more affordable insurance with options, portability and no mandates. The other amendment I offered would require that the President, Vice President, and Members of Congress enroll in PELOSI's public plan. Both amendments were prevented from a floor vote by Speaker PELOSI's rules.

Yesterday, I attempted to offer the Simple Universal Healthcare plan as an amendment in the Rules Committee, however Speaker PELOSI ordered the nine Democrats on the Committee to kill all Republican amendments and therefore my bill did not survive.

Madam Speaker, there are some in this chamber who may consider this a momentous day. And that it will be if the House of Representatives votes to spend trillions of dollars and forwards the bill to future generations. While we ramp up spending, we have not dealt with the exploding costs of Social Security, Medicare or Medicaid. We are on a path of fiscal recklessness that threatens the future economic growth of America. So for me, this is a sad day, one that could have been avoided had the House worked together on a bipartisan basis to provide the American people greater access to health care that we can afford.

I urge my colleagues to vote "no."

Mr. WAXMAN. Madam Speaker, I am pleased to yield 1 minute to the gentleman from Pennsylvania (Mr. DOYLE), who has played a very significant role in bringing us all together and I think has a great deal of responsibility for getting this bill to the point where it is today.

Mr. DOYLE. Madam Speaker, my office got a call today from Mary Anne Ferguson, 91 years old from Point Breeze in Pittsburgh. She asked me to vote for health reform because she wants everyone to get the coverage she has. She remembers before Medicare when half of our seniors worried about getting sick because they had no health insurance.

Today, millions of working Americans fear getting sick because they don't have health coverage. One of those was Bill Koehler from Garfield in Pittsburgh. His sister Kitty says that Bill was a loving and generous man to his friends, family, and those in need. When he lost his job, he lost his coverage. His new job as a pizza delivery driver earned too much to qualify for Medicaid, and private insurance wasn't going to cover his preexisting heart condition—the very reason why he needed health insurance. He died last year from a heart attack while driving home.

So when I'm called to vote tonight, I will stand on the side of Mary Anne Ferguson and Bill Koehler and the tens of millions of Americans who need us to pass this bill. "Yes" to health reform. "Yes" to Bill Koehler.

Mr. BARTON of Texas. I would like to yield for a unanimous consent request to Mr. ROGERS of Kentucky.

Mr. ROGERS of Kentucky. Madam Speaker, I rise in opposition to this flawed health bill.

Mr. BARTON of Texas. Madam Speaker, I would like to yield for a unanimous consent request to the gentlewoman from Tennessee (Mrs. BLACKBURN), a member of the committee.

Mrs. BLACKBURN. Madam Speaker, I rise in opposition to this flawed bill.

Madam Speaker, I have followed this debate closely. We all have. But I haven't heard a colleague from Massachusetts say, "In spite of my State's five billion dollar budget deficit, CommonwealthCare is a great model." I haven't heard my colleagues from Maine say "Dirigo covered more people and lowered costs, let's try that approach." My colleagues from New Jersey can't say, "When we passed guaranteed issue laws, costs came down, let's try our model." And you certainly haven't heard any of the Tennessee delegation come to the floor and say, "TennCare was a great success, let's try that!"

You haven't heard these things because my colleagues know what is proposed today has been tried and tried and tried before. It has never worked. The theory sounds good, but the hard facts are that when you gamble that near-term costs will be made up by long-term savings, you always lose.

The real losers will be our children and grandchildren who will labor under heavy taxes to finance their own mediocre care. There is a bipartisan collection of Members who know that is the only result of this bill. I hope that we will be a bipartisan majority.

Mr. BARTON of Texas. Madam Speaker, I would like to yield for a unanimous consent request to the gentleman from the Peach State of Georgia, Dr. GINGREY.

Mr. GINGREY of Georgia. Madam Speaker, I rise in the strongest opposition to this flawed health care bill.

The SPEAKER pro tempore. The gentleman will be charged.

Mr. BARTON of Texas. Madam Speaker, I would like to yield for a unanimous consent request to the gentleman from the Pelican State, Mr. SCALISE, another member of the committee.

Mr. SCALISE. Madam Speaker, I rise against this health care bill.

Mr. BARTON of Texas. And, finally, Madam Speaker, I yield 45 seconds to another member of the committee, the distinguished Mr. MIKE ROGERS from the great State of Michigan.

Mr. ROGERS of Michigan. Madam Speaker, if this bill is so great, why the deception? The lying, the stealing, the cheating? I have never seen such behavior in my entire time in politics. "If you like your health care, you can

keep it." Not true, if you read the bill. Ten years of taxes, 6 years of services, if you read the bill. They steal money from the Social Security trust fund and cut \$500 billion from Medicare.

And not only that, Madam Speaker, but this pits one American against another in the cost of health care for the first time in our history. If you're a Florida senior citizen, you get to keep your Medicare Advantage. If you're from the other 49 States, you do not. And there is dirty deal after dirty deal after dirty deal in the bill that this House will vote on. It is a disgrace. It's wrong. America deserves better.

Mr. WAXMAN. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois, JAN SCHAKOWSKY, a member of our committee and the Health Subcommittee.

Ms. SCHAKOWSKY. Tonight I want to express my profound thanks to the people of Illinois' Ninth Congressional District, the place where I was born and lived nearly all my life, for the privilege of being here tonight to cast my vote for this historic health care measure. My life's work has been to answer what is at bottom a moral question: Will the United States of America continue to allow our people to lose their lives, their homes and their fundamental sense of security, or finally decide that a proud and wealthy country like ours has an ethical obligation to provide access to health care for everybody? Is it even credible to think that a country as rich as ours in so many ways can't afford to do this?

I am so proud that today this House, under the leadership of perhaps the most effective Speaker in U.S. history, NANCY PELOSI, will say to all those parents agonizing over a sick child who is now excluded from insurance coverage because of a preexisting condition, Sleep well. Our courageous and visionary President Barack Obama, when he signs this law, that problem will end. This is a great day for America.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

The gentlewoman from Illinois is reminded to please heed the gavel.

Mr. BARTON of Texas. How much time do I have remaining, please, Madam Speaker?

The SPEAKER pro tempore. The gentleman has 55 seconds remaining.

Mr. BARTON of Texas. I am going to yield to the gentleman from Texas, Dr. BURGESS, 15 of those precious 55 seconds.

Mr. BURGESS. I thank the gentleman for yielding. You know, it's really a shame we have this health care bill in front of us. We have provisions now for 17,000 new IRS agents but not one dollar for a new nurse or a new doctor. You know what, you'll have access, all right, but you may be getting your prenatal care from Turbo Tax.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind all persons in the

gallery that they are here as guests of the House and that any manifestation of approval or disapproval of proceedings or other audible conversation is in violation of the rules of the House.

Mr. WAXMAN. Madam Speaker, for the purpose of a unanimous consent request, I yield to the gentleman from the State of Washington (Mr. INSLEE), a member of our committee.

Mr. INSLEE. Madam Speaker, I rise in strong support for this American health care bill.

The SPEAKER pro tempore. The gentleman will be charged.

Mr. WAXMAN. Madam Speaker, for the purpose of a unanimous consent request, I yield to the gentleman from Texas (Mr. EDWARDS).

Mr. EDWARDS of Texas. Madam Speaker, I rise in opposition to this bill.

Madam Speaker, Americans need and deserve health care reform. Without it, the quality of our health care system will go down and costs will continue to go up. The present trend of fast rising health care costs and increasing numbers of uninsured is unsustainable. If left unchecked, these problems will bankrupt more businesses, hard-working families, hospitals, and, ultimately, state and federal budgets.

This is why I had wanted to vote for health care reform, and this bill has a number of positive provisions in it that I support, such as providing tax cuts for small employers offering health insurance, creating a private health insurance exchange, helping seniors with their prescription drug costs and preventing discrimination against people with pre-existing conditions.

However, I cannot vote for this bill, because at a time of unprecedented federal deficits, we simply cannot afford all of its new spending. I believe it would have been better to have passed a less expensive bill and less expansive bill, one that could have united, not divided, our Nation. In the long run, for health care reform to work, it must have the support and confidence of the American people.

I realize it is easier to criticize than to write comprehensive health care reform legislation. I also realize that some of the criticisms lobbed at this bill are without merit, such as the false suggestion that it contains death panels. Nevertheless, I believe we could have passed a less complicated, more affordable bill this year that would have garnered widespread support across our country.

Over the past year I have listened to thousands of constituents from all walks of life across our district on the issue of health care reform. What I have heard is that people generally like the quality of their present health care and don't want big government or big insurance companies to stand between them and their doctors. They also believe we must do something to make health care more affordable for families and businesses. I agree.

Above all else, what I heard from my constituents is that they have to tighten their belts in this difficult economy, and they want the federal government to do a far better job of living within its means. There is great wisdom in that observation, and I believe we have a

moral obligation to not drown our children and our economic future in a sea of national debt.

Unlike the Medicare prescription drug bill that was passed in 2003 without being paid for, I support the principle that health care reform should be paid for. I hope the Congressional Budget Office is right when it says this bill will reduce the deficit, but, frankly, I am skeptical that anyone can predict with absolute certainty the cost of such a complex, far-reaching bill over a period of 10 to 20 years.

That is why I had urged that this bill include a fiscally responsible trigger mechanism in it that would cut spending if actual costs exceed projections, if cost savings are not fully realized or if projected new revenues are overestimated. The President mentioned such a trigger in his address to Congress last year, and a trigger was included in some parts of the bill. However, I am disappointed that my common sense proposal for a trigger covering all of the bill's costs and revenues was not included. Today, most Americans simply do not believe this bill will reduce the deficit and health care costs. I hope they are wrong, but I fear that they are right.

A less expensive bill, with a fiscally responsible trigger in it, would have also reduced the need for the additional taxes and Medicare reductions included in this bill. Once the new revenues and Medicare savings have been used to pay for the new spending in this bill, it will be that much harder to find ways to reduce the massive federal deficits our Nation is facing for the foreseeable future.

If left unchecked I believe huge federal deficits will harm our economic growth and our children's future. Increasing interest payments on our \$12.7 trillion national debt will lead to higher taxes and crowd out vital education, health care, infrastructure, national defense and job training programs that are so important for hard-working families and our country.

Reining in massive federal deficits will require tough choices, the same kind of choices families and businesses have to make every day. Given this year's deficit will be approximately 1.3 trillion dollars, I simply believe we cannot afford all of the new spending in this bill.

If this bill becomes law, my hope is that Congress will protect its positive provisions but reduce its scope and costs to get our country back on track toward a balanced budget that can ensure economic opportunity for future generations of Americans.

The SPEAKER pro tempore. The gentleman has 55 seconds remaining.

Mr. WAXMAN. Madam Speaker, I yield the balance of my time to the gentlewoman from Wisconsin (Ms. BALDWIN).

Ms. BALDWIN. Madam Speaker, what this all boils down to is, Whose side are you on? Madam Speaker, I rise today on behalf of the 13,500 people in my district who will finally have access to health insurance because of this measure. I rise for the 1,000 families in south central Wisconsin who will be protected from medical bankruptcy this year because of this effort. And I rise today because of the 539,000 constituents who will see their coverage improve because of the work we've done.

Madam Speaker, I rise with pride and hope in the promise of this health care reform bill. There is no doubt that powerful interests have strenuously opposed reform, and they've often resorted to tactics that could make no one proud. But nothing can sully the pride I feel today in taking this critical step to provide health coverage for all Americans. I've worked my entire career to achieve health care for all. Today we stand on the floor of the people's House ready to pass the bill.

The SPEAKER pro tempore. The gentleman from Texas has 40 seconds remaining.

Mr. BARTON of Texas. I yield myself the balance of my time.

Madam Speaker, this bill will not last. It is based on a fatal assumption that one party acting unilaterally can dictate the entire will of the American people on one-sixth of the economy. That will not happen. It reignites the abortion debate. It is fatally flawed in its assumptions in terms of balancing the budget and deficit reduction, and it will take away coverage from millions of people if it gets as far as 2014 and you kick in the option that puts all these mandates on employers.

Please vote "no." Let's go back, start over. Let's start from scratch and do a bill that everybody can support. Vote "no" on this bill.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. LEVIN) is recognized for 15 minutes as a designee of the majority leader.

Mr. LEVIN. Madam Speaker, I yield myself 1 minute.

We come to the floor for thousands of votes each year, but no single vote comes with so many personal stories within our families and my own. In our districts, people have spoken out about the need for real reform.

The millions and millions that have health insurance now worry about losing it. The average premium for employer-based insurance has more than doubled in the last 10 years. And I heard from a woman that had worked for a large company, started her own franchise, and she writes, "I exhausted my COBRA, then joined a group health plan. Several years ago, I had open heart surgery. The group disbanded. No insurance company would touch me with a 10-foot pole. I am uninsured and was just diagnosed with my second episode of breast cancer, with no insurance."

I heard from a young man diagnosed with leukemia at the age of 17. His disease went into remission. He started to work. He was laid off, uninsured, and when he started to get sick again, he had to turn to emergency rooms for care.

The SPEAKER pro tempore. The time of the gentleman from Michigan has expired.

Mr. LEVIN. I yield myself 15 additional seconds.

□ 1945

Republicans have turned their back on the problems. Some of them have taken to saying health care reform makes us a different Nation; quite the opposite. Today, in the tradition of America, we will pass health care reform, and it will make our beloved America a still better Nation.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. CAMP) is recognized for 10 minutes as a designee of the minority leader.

Mr. CAMP. Madam Speaker, I yield myself 1 minute.

The American people have spoken. They do not want the tentacles of the Federal Government reaching into their lives and controlling their personal health care decisions. Yet that is exactly what will happen under the Democrats' health care bill. Federal bureaucrats will be making your health care choices for you and your family, and the IRS will be enforcing them.

The American people know that you can't reduce health care costs by spending a trillion dollars or raising taxes by more than half a trillion dollars. The American people know that you cannot cut Medicare by over half a trillion dollars without hurting seniors. And the American people know that you can't create an entirely new government entitlement program without exploding the deficit. They are right, and the nonpartisan Congressional Budget Office has confirmed it.

Simply put, the Democrats' bill will not only ruin our health care system, but the tax increases will ruin our economy and kill jobs.

I urge my colleagues to listen to the American people and kill the bill.

I reserve the balance of my time.

Mr. LEVIN. Madam Speaker, it is now my real privilege to yield 1 minute to the distinguished gentleman from New York (Mr. RANGEL) who has given decades and decades of service to this Congress, to New York, and to the people of America.

Mr. RANGEL. Thank you, Mr. Chairman.

Madam Speaker, my colleagues, one of the lowest points in my political career was when I asked for a leave of absence from the chairmanship of the Ways and Means Committee. I had thought at that time with my feeling about how important it would be for the entire Nation to have access to quality health care that I did not want to do anything or be anywhere to distract from our leadership, NANCY PELOSI, our leader STENY HOYER or JIM CLYBURN, but most important, the great Members who worked so hard with me and our dedicated staff to get out the first bill on this very important subject.

When people ask how do you feel and how are you today, I can report that this has been one of the most historic

moments of my life, to be privileged to serve in this great body and to be a part of this legislation that I know that, no matter how long anybody has been in this great legislative body, people will ask, Which side have you been on? And thank God I am on the right side.

Mr. CAMP. Madam Speaker, I yield 45 seconds to the gentleman from California (Mr. HERGER), a distinguished member of the Ways and Means Committee.

Mr. HERGER. Madam Speaker, the American people have spoken again and again. They do not want to spend nearly \$1 trillion on a new government health care program paid for by raising taxes, and raiding the Medicare trust fund. They don't want to force everyone to buy government-approved health insurance or subsidize health plans that cover abortion. And they don't want a 2,400-page bill riddled with backroom deals.

Madam Speaker, Americans are watching and know what is at stake. Let's reject this destructive legislation.

Mr. LEVIN. Madam Speaker, in terms of seniority and in recognition of all of his years of service, I would like to note that the gentleman from California (Mr. STARK) is going to be submitting a statement to the RECORD. And I am now pleased, it is a special privilege, to yield 1 minute to the very distinguished gentleman from Georgia, Mr. JOHN LEWIS.

Mr. LEWIS of Georgia. Madam Speaker, this may be the most important vote that we cast as members of this body. We have a moral obligation today, tonight to make health care a right and not a privilege.

There are those who have told us to start over. There are those who have told us to wait. They have told us to be patient. We cannot wait. We cannot be patient. The American people need health care, and they need it now. On this day at this hour, stand with the American people and not with the big insurance companies. On this day at this moment in this Chamber, answer the call of history, answer the spirit of history and pass health care. Give the American people a victory. Give health care a chance.

Mr. CAMP. Madam Speaker, I yield 45 seconds to a true American hero, the distinguished member of the Ways and Means Committee, the gentleman from Texas (Mr. SAM JOHNSON).

Mr. SAM JOHNSON of Texas. Madam Speaker, today's vote defines what kind of America we want to live in. I for one know exactly what that is; it is the America I fought and sacrificed for, and all the freedoms we hold dear. Freedom from a \$2.6 trillion Washington takeover of health care; freedom from skyrocketing taxes; freedom from bureaucrats coming between you

and your doctor; freedom from Medicare cuts to seniors; freedom from exploding debt; freedom from the government forcing you to buy health insurance.

I ask my colleagues, what kind of legacy do you want to leave for your children and grandchildren? Will you cave to the demands of Speaker PELOSI, or will you listen to the pleas of the hardworking American people who elected you. Join me in this fight for freedom, vote "no."

Mr. LEVIN. Madam Speaker, it is now my privilege to yield 1 minute to the very distinguished gentleman from Massachusetts (Mr. NEAL).

Mr. NEAL of Massachusetts. Madam Speaker, this is a most significant day. Health insurance reform has been coming for a long time, and we are finally here. With passage of this bill, American families are going to take back control of their health care.

This bill bars insurance companies from discriminating based on pre-existing conditions. It caps out-of-pocket expenses. Half the bankruptcies in America are due to health-related matters. This bill allows individuals and small businesses to purchase affordable insurance from competitive marketplaces. It contains cost controls that will save the taxpayer \$138 billion over the next 10 years. And for parents that are watching tonight, your dependents can stay on your insurance until they are 26 years old.

Nobody has defended Social Security and Medicare the way I have in this institution. And I must tell you tonight, I can't believe anybody who is witnessing this debate would believe for 1 minute that our Republican friends have been better in history on Medicare than we have been. It is in our DNA. This is a defining moment. The exclusionary and discriminatory tactics that exist in our current system tonight become history as well.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to the gentleman from Texas (Mr. BRADY), a distinguished member of the Ways and Means Committee.

Mr. BRADY of Texas. The government promised you health care. When forced to buy the government-approved plan or face the tax man, you complied. But the cost didn't go down, it went up; it's the highest ever. It takes now 3 months to see a doctor. And when you need care, the government plan denies it four times more often than your insurance company. Now the government is short on money. They started rationing care, cutting hospital payments, withdrawing coverage from some families, and it has just been 3 years since it all began.

Folks, this isn't the future, this is Massachusetts today. Higher costs, slower care, and rationing. That is why Massachusetts said "no" to Obama care. America is saying "no" too because bigger government doesn't mean better health care.

Mr. LEVIN. Mr. Speaker, I yield to the gentleman from New York for a unanimous consent request.

Mr. MAFFEI. Mr. Speaker, I submit the remarks for the RECORD that I delivered at the American Cancer Society in East Syracuse on Tuesday of this week in support of this historic health care reform bill.

I have heard from thousands of constituents about the current health care reform debate. I've tried to listen to everything they've had to say—for and against health care reform. Their advice and their pleas and their stories and their criticisms have helped guide my advocacy on behalf of changes and improvements to proposals before Congress and my decision on the compromise legislation before Congress.

Now that the President's changes will be incorporated into the final legislation, I will support this historic health care reform effort.

I am voting in favor of this legislation not because I think it is perfect, but because I strongly believe it is in the best interests of my constituents—that it will make a positive difference in the lives of families, businesses, and hospitals in central and western New York.

First, I'm voting for this because we need to do something to control rising health care costs that keep taking a bigger and bigger bite out of the household budgets of upstate New York. Skyrocketing health care costs aren't just crippling the U.S. economy—they're emptying our pocketbooks. My entire life is filled with stories about how people—regular middle-class people—can't afford the health care they need. How insurance companies have denied needed care. How kids graduating from college can't find affordable coverage. How people with life threatening conditions need to hold bake sales and bowl-a-thons to pay health bills. Families go bankrupt not because they were irresponsible but because they trusted their insurance plans. More than 72 million adults currently have medical debt or problems paying their bills even though most of them have insurance. It has to end—and I honestly believe if we don't take action now it never will.

Second, I'm voting for this because if we don't fix health care, businesses that are struggling to compete in a global economy will fall further and further behind.

As premiums nearly double, employees in small firms will see offers of health insurance options almost cut in half. It is predicted the 41 percent of firms offering insurance in 2010 will drop to 23 percent in 2020. Not because they are bad employers but because they cannot afford it.

Every industrialized nation has figured out a way to get people affordable coverage—the United States can, too.

And finally, I'm voting for this bill because the county, state, and country are going broke due to health care costs. Sure, we could limp along another few years but if we do, it will only be harder to control those long-term costs.

I know many people in my district will be encouraged that we are finally moving forward, that we are finally taking action on an issue that affects us all.

I know others will be unhappy. Many of my constituents have strong concerns about this legislation. In fact, I share some of those very same concerns. I worked very hard to improve this bill. I led the fight to hold down the tax on medical devices. I advocated for businesses with less than 25 employees to get subsidies for health insurance and for a reduced burden on other businesses. I fought successfully to raise the threshold on any benefit surcharge so that it won't affect middle-class people in my district.

This is not a perfect bill. But it is an important legislation that we need to pass to move this country forward.

There are several criticisms of the proposal that do come up certainly across the country and even here in my district that I feel compelled to address.

First, many argue that this is a government take-over of health care. That is simply not true. In fact, except for Medicare, Medicaid, the VA and other already existing programs, Americans would be covered by private insurance plans. A public option which I support is not even included in this plan. There are some additional regulations that give more rights to patients such as not allowing health plans to deny coverage due to preexisting conditions. But these are widely supported and necessary changes. To assert that these new patient rights are some sort of government take-over is absurd.

Second, some will say that large majorities of the American public are against the President's plan. The Post-Standard printed an AP poll this last weekend that did show slightly more respondents nationwide opposed rather than supported the health care reform plans—by two percentage points—43 to 41. But for many it's not that the plan went too far but that it did not change enough. In fact, fully 82% of the respondents to that same poll wanted to change the health system a moderate amount or more. Only 17 percent said it should be changed a little or not at all.

So this idea that Americans don't want change is simply wrong. In this region, it is particularly misguided. While it is true that my office has received many calls objecting to the health care debate, a vast majority of them have been from out-of-state—a purposeful and well-funded attempt to jam our lines so that my constituents cannot get through. And yet thousands did and while it is clear there are diverse opinions and that my constituents are more divided on this than any other major question we've faced so far, it is also clear from our office communications and our research that a majority of my constituents want me to work as hard as I can to improve health care proposal and support the changes we need. And I will do just that.

Third, that the President's proposed changes will increase costs to businesses and taxpayers. But I ask compared to what? The current trajectory is already bankrupting businesses, states, counties, cities, and right here in central New York leading to higher and higher property taxes. Under the current system, health care will consume one of every three dollars in the U.S. economy—twice as much as it does today. The President's plan gets these costs under control by implementing nearly every idea suggested including

Republican ideas on medical malpractice and increasing ability to buy insurance across state lines. It also over time implements real cuts in government spending on health care including eliminating some of the waste and subsidies.

I believe that many of these cost savers will work. I know that doing nothing will bankrupt our country and our families and our small businesses.

I know the Republicans in Washington have said that they want to make health care the central issue in the elections this coming November. Thousands and thousands of dollars have already been spent on ads running against me here in central New York. Some of these ads have been proven to be false.

Far from convincing me to oppose the health care reform, they have strengthened my resolve. Because when people who have that much money feel so strongly that they run attack ads on you, chances are that what you're doing is in the best interest of taxpayers and ordinary families.

So what's in this proposal?

People who have been denied coverage because of a pre-existing condition will finally have access to affordable coverage. Insurers will no longer be able to drop your coverage when you get sick and are in the middle of treatment.

Never again will you lose access to insurance if you get laid off or switch jobs.

Small businesses and employers getting crushed by soaring health care costs will see lower costs.

Never again will you be subject to annual or lifetime limits on what insurance companies will pay, protecting millions of Americans from the threat of medical bankruptcy.

Insurers will be required to offer free preventive care, lowering your out-of-pocket expenses and helping ensure that diseases or conditions can be caught early on.

Seniors who fall into the Medicare Part D donut hole will see lower prescription drug costs as immediate steps are taken to close the donut hole. Employers who cover their early retirees will receive temporary funds to help offset the cost of expensive claims for retirees' health benefits—lowering premiums and protecting coverage for early retirees.

Insurers are prohibited from charging women more than men for health insurance or discriminating on the basis of domestic violence as a pre-existing condition. Required maternity services as part of the essential benefits package in the exchange.

Young adults will now be able to stay on their parents' insurance much longer, through their 26th birthday.

And finally, health reform will guarantee access to quality, affordable health insurance for 31 million Americans who don't have coverage today, also eliminating the annual hidden tax of \$1,100 that American families pay to cover the cost of the uninsured. While the official health insurance exchanges are being created, a temporary insurance pool will be available for individuals with pre-existing conditions or chronic illnesses.

These benefits are all vitally important. But perhaps in the end it comes down to this: those opposed to health care reform are concerned that it will cost them more. This bill saves money and the further out you go, the

more it saves. But it also saves something more precious—it will save lives.

Mr. LEVIN. Mr. Speaker, it is now my real privilege to yield 1 minute to the distinguished gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. So very fearful of being held accountable, the giant insurance monopolies have spent millions spewing out anger and spreading fear of reform. We have not seen such outlandish, outrageous arguments raised since the same forces failed to block President Lyndon Johnson from securing approval of Medicare.

For Republicans, our bill is too long or it is too short. It is too thick or it is too thin. It is never just right because their true answer to health insurance reform is "never, never, never." Our determined efforts should not be derided as a four-letter word, but you can certainly sum up our many, many pages with four words: you've got health care.

With this reform, every insured American gets valuable consumer protections, and every uninsured American can become insured. Thirty-two million Americans will be protected from the risk of bankruptcy from health care.

The bill restrains soaring insurance premiums and reduces Federal deficits.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. DOGGETT. My time has expired, but many Americans will not, as a result of this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SERRANO). The Chair will remind all Members to heed the gavel.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to the distinguished gentleman from Georgia, Dr. LINDER.

Mr. LINDER. Mr. Speaker, I feel rude trying to inject some fact into this kabuki theater, but I am going to try: 85 percent of America is insured; 95 percent of those people are happy with their insurance. The other 15 percent uninsured, they consume 70 percent on average as much insurance as those who are insured. They are cared for. The lady in Cleveland who has been referred to ad nauseam is being cared for at the Cleveland Clinic.

So what are we to do about those 15 percent? Why not take over 16 percent of the economy. A \$2.5 trillion program that will destroy health care for the 85 percent who are happy, to find health care for the 15 percent who are not insured. This has never been about health care. This is about government.

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the very distinguished gentleman from California (Mr. THOMPSON).

Mr. THOMPSON of California. Mr. Speaker, I have worked for access to quality, affordable health care from day one of my very first campaign, and every day since.

Today, with passage of this bill, we will be closer to that important goal than ever before. When the President signs this bill into law, insurance companies won't be able to drop your coverage if you get sick. Kids won't be denied coverage because of preexisting conditions. Young adults will be able to stay on their parents' policy until they are 26. Small business owners will be eligible for a tax credit. Seniors will see the Medicare doughnut hole start to close, and preventive care will be covered without copay.

The bill is paid for and will reduce our debt. In my district, 63,000 uninsured residents will have access to coverage, and it will save my district \$70 million in uncompensated care costs. This bill is a great start toward health care reform and will help millions of Americans afford quality health care.

□ 2000

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from California (Mr. NUNES).

Mr. NUNES. Mr. Speaker, this debate is not about the uninsured; it's about socialized medicine. Today we are turning back the clock. For most of the 20th century, people fled the ghosts of communist dictators, and now you are bringing the ghosts back into this Chamber. With passage of this bill, they will haunt Americans for generations.

Your multitrillion dollar health care bill continues the Soviets' failed Soviet socialistic experiment. It gives the Federal Government absolute control over health care in America.

My friends, that is what this debate is really about. Today, Democrats in this House will finally lay the cornerstone of their socialist utopia on the backs of the American people.

Say "no" to socialism. Say "no" to totalitarianism. Say "no" to this bill.

Mr. LEVIN. It is now my privilege to yield 1 minute to the Chair of our caucus, the very distinguished gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. I thank the chairman, and it's my honor to yield my time to someone who's always understood whose side he's on in this debate, the gentleman from Michigan, MARK SCHAUER.

Mr. SCHAUER. Mr. Speaker, today I stand for the people of Michigan who lost their insurance when they lost their jobs—they've been dropped and denied coverage by insurance companies for preexisting conditions or because they got sick—and are going broke because of their medical bills.

I stand for the elderly in my district who fall into the doughnut hole and must choose between food and medicine, and I stand for small businesses who plead for help to put an end to double-digit premium increases that

make them choose between jobs and health care. All of these things will end with the passage of this bill.

The question of the day is: Whose side are you on? I'm on the people's side, not on the side of the powerful special interests who've spent millions to kill this bill. Cutting through all of the deception, misrepresentation, and lies, I stand with the people.

I urge you to do what's right and vote "yes."

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from Ohio (Mr. TIBERI).

Mr. TIBERI. Mr. Speaker, I am for health care reform, but not this version. This is a bad bill. It does nothing to address the cost of health care. This bill increases taxes on individuals and employers. It cuts Medicare and adds debt to future generations.

But don't take my word for it, Mr. Speaker. My hometown newspaper, The Columbus Dispatch, has published three editorials this last week against the bill suggesting, and I quote, "It is incredible that a sixth of the U.S. economy and the health of every American could be subjected to massive government intervention based on such fiscal dishonesty and secrecy."

Mr. Speaker, this bill does nothing to reform our health care system. It adds people to a broken system.

[From Editorials]

ADD IT UP

ON HEALTH-CARE VOTE, LAWMAKERS SHOULD
PAY HEED TO THE PEOPLE

The Obama administration and Democratic leaders in Congress are pushing Democratic members of the House to pass the Senate health-care overhaul in the next week or two and to trust the Senate to agree to changes in follow-up bills that will make the plan more amenable to House Democrats.

This complicated approach is a parliamentary maneuver intended to deny Senate Republicans the opportunity to kill the bill with a filibuster.

Of the 11 Democratic members of Ohio's congressional delegation, one is opposed and eight say they are undecided about how they'll vote. Among Ohio's nine Republican members of Congress, there is no ambivalence. All nine plan to oppose it.

President Barack Obama is pressing hard for the overhaul because it is his signature issue. He is more than a year into his administration and has been handed setback after setback, despite the fact that the White House, House and Senate are in Democratic hands. The economy is stalled, unemployment remains at punishing levels and voters are angry at the lack of improvement. Not only that, but they are alarmed about the serious amounts of debt the government has run up in less-than-stimulating stimulus efforts. The "blame Bush" strategy that Obama has employed to date is now a dead horse, unresponsive to further lashing. In short, Obama is desperate for a win.

Ohio's Democrats must decide whether they were elected to give the American people the best health-care bill possible, or whether they were elected to save a president from a political morass.

The answer should be easy: they should vote for the American people. That means

saying no to the health-care overhaul plans now before Congress. The plans so far have been sold under false pretenses using accounting gimmicks that lowball the costs. They contain no serious mechanisms for controlling the escalation in health-care costs. And extending health insurance to 31 million more Americans would place demands on doctors and hospitals that will drive costs through the roof or necessitate rationing whether it takes the form of denying some treatments or making people wait longer for care.

The federal government already runs two of the biggest medical programs in the country, Medicare and Medicaid, and both are headed for insolvency. Consider that the health-care overhaul calls for putting half of the 31 million uninsured onto state Medicaid rolls at a time when Medicaid already is driving state budgets into the red.

If almost half of Ohio's congressional delegation is undecided, the American people are not. Recent opinion surveys find that half or more of Americans oppose the proposed overhaul. The number favoring the plan rarely tops 40 percent. No proposal to make over a sixth of the U.S. economy and to radically alter the health-care prospects of all Americans should be rammed through in the face of such opposition.

SHORT TAKES

Congressional Democrats celebrated on Friday after finally unveiling a Congressional Budget Office estimate of the cost of the latest version of their proposed health-care overhaul: \$940 billion over the first decade, with a deficit-reducing surplus of \$138 billion.

However, as with previous CBO estimates, the key is in the rules and assumptions Congress required the bean-counters to follow in preparing the estimate.

And, as before, the rules are gamed to lowball the costs with assumptions that are dishonest, such as the one that says that the overhaul will be financed in part by squeezing hundreds of billions of dollars in savings from Medicare.

Everybody in Washington knows that is never going to happen, and that this alone—never mind the other gimmicks in the estimate—pushes the plan into deficit.

The estimate is dishonest, as is the planned parliamentary dodge the House is likely to use to pass the overhaul without requiring members to directly cast a vote for the Senate bill that forms the core of the plan.

Meanwhile, President Barack Obama and his aides deny that he is telling balking Democratic House members that they must vote for the measure to save his presidency. But Obama's cancellation of his trip to Asia, which was to begin on Sunday, speaks volumes about what he thinks this vote means to his presidency.

The administration also denies that Obama has cut any special deals in dozens of private meetings with individual House members over the past week. But neither is the White House divulging many details about these closed meetings.

It is incredible that a sixth of the U.S. economy and the health of every American could be subjected to massive government intervention based on such fiscal dishonesty and secrecy.

To better render justice, courts should move at a deliberate speed. But justice delayed is justice denied.

So, understandably, Ohio Attorney General Richard Cordray is urging the Ohio Supreme

Court to move quickly in settling a dispute that will decide whether the state can reclaim \$260 million in tobacco-settlement money.

The money, originally slated for anti-tobacco programs, became the center of a legal battle almost two years ago, when the governor and lawmakers sought to divert it for use in an economic-stimulus plan.

Officials of the Tobacco Use Prevention Foundation tried to thwart the governor by transferring the money to the American Legacy Foundation in Washington, D.C. The governor and lawmakers retaliated appropriately by abolishing the Tobacco Use Prevention Foundation and ever since have been fighting in court for the money to be returned to the state.

Cordray quite properly argues that as the next biennial budget looms, with huge shortfalls anticipated, state and local officials need to know whether Ohio will be able to count on the tobacco money. Even if the answer is no, at least the decision will end the uncertainty and allow budget planning to proceed.

[From the Columbus Dispatch]

SAY NO

HEALTH-CARE OVERHAUL WON'T REDUCE COSTS,
WILL DRIVE UP U.S. DEBT

Democratic lawmakers in the House are under tremendous pressure to approve within days a massive overhaul of health care. If these members succumb to the pressure from President Barack Obama and Democratic leaders, they will be approving a major intervention into a sixth of the U.S. economy—a move driven by the president's need for a political victory, not by sound policy that serves the interests, wallets and health of the American people.

Approval of the proposed plan would guarantee that Americans pay more to get less health care. Care ultimately will be reduced, either by raising its cost, by limiting the amount and kind of care available or by making people wait longer.

Finally, the cost of the new government spending for health care will add to the annual federal deficits and increase the national debt, which already surpasses \$12 trillion.

Though the president claims that the overhaul will reduce the ever-mounting cost of medical care and reduce the federal deficit over 10 years, his numbers are based on accounting tricks, including gaming of revenue and spending estimates and double-counting of various federal revenues.

The vaunted Congressional Budget Office figures that Obama points to in claiming savings are bogus. The CBO is a by-the-books outfit, but it prepares its estimates based on the parameters and assumptions laid down by Congress. If the parameters are dishonest, then the resulting estimate will be, too. In its scoring of the Senate health-care bill, for example, the CBO was required to base its estimate on 10 years of tax revenues generated under the plan, but balance that against only six years of spending mandated by the plan. No surprise then, that the estimate shows the cost coming in at less than \$1 trillion over its first decade, with a modest surplus. The real question is what the program would cost over a period of 10 years when taxation and spending are fully under way. That number is \$2.3 trillion, by one estimate.

The plan proposes to pay for itself, in part, with \$500 billion to be cut from Medicare, but Medicare already is headed for insolvency, so money taken from it simply increases Medicare's \$38 trillion unfunded liability.

In December, the chief actuary for the federal Centers for Medicare and Medicaid Services reported that the Senate plan does nothing to curb increases in costs and actually would make those costs higher than they would be without the overhaul.

Adding 31 million people to health-insurance rolls, as the bill seeks to do, will increase the lines waiting to see a doctor or to enter a hospital for treatment. This massive increase in demand also will drive up the cost of care. The president has promised that those content with their current insurance coverage won't have to change it, but the circumstances under which they exercise that coverage are going to change significantly. Expanding to vastly the pool of people with health insurance is going to mean sacrifices in affordability and access for everyone.

Half of the 31 million are to be enrolled in state Medicaid programs, at a time when Medicaid has become the Pac-Man of state budgets, swallowing billions in state revenues each year at an accelerating rate. Meanwhile, many doctors already refuse to take on additional Medicaid patients, so where will the millions of new Medicaid enrollees find care?

Under the proposal, medical costs, health-care premiums, annual federal deficits and the national debt would increase—the direct opposite of the president's promise that it would provide Americans with affordable health care that improves the government's bottom line.

The Senate bill that the House is being asked to approve also contains all the back-room political payoffs to favored lawmakers that so enraged the nation when the measure was passed by the Senate, such as the "Cornhusker kickback," negotiated by Nebraska Democratic Sen. Ben Nelson, which would have the federal government pick up the increased costs of Medicaid expansion in his state, while leaving Ohio and other states to squeeze more revenue out of state taxpayers.

Obama has proposed to eliminate the Nebraska giveaway and have the federal government provide more but not all the money states will need to cope with large Medicaid rolls. But even if the Nelson bribe ultimately is nixed, news reports say that more special deals were being cut this week to induce House members to vote yes.

Labor unions also have been promised a massive perk: Their members would be exempt from the bill's tax on high-end "Cadillac" health-care plans until 2018, saving unionized employees \$60 billion during that period. Meanwhile, nonunion workers will be stiffed for an estimated \$90 billion in new taxes.

Equally unsavory is the so-called "Slaughter solution," a parliamentary trick by which House members could approve the Senate plan without casting a direct vote for it. If, as the president says, the American people are clamoring for his health-care overhaul, why should Democratic lawmakers fear voting for it?

The answer is that lawmakers know that the majority of the American people are not clamoring for this particular overhaul, as one opinion survey after another shows. Americans want health-care reform, but not the sort that congressional leaders and the president hope to force down their throats in the next day or two.

Mr. LEVIN. It is now my real privilege to yield to another member, an energetic member of our committee, the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. Mr. Speaker, I will never forget the pride I felt as a 6-year-old kid in Wisconsin watching Neil Armstrong and Buzz Aldrin walk on the moon. It was a deep and abiding belief that I live in a country that's capable of accomplishing anything once we put our mind to it. That belief is being tested throughout America today.

People are wondering if we're still capable of doing great things. I believe we can, and I want my two boys to feel the same way. I believe our country, by working together, can ensure that all Americans have access to quality, affordable, and secure health care, regardless if they're young or old, whether they're rich or poor, and even whether they have a preexisting condition. And we can do this in a fiscally responsible manner by paying for this bill and finding savings that will reduce the deficit in future years.

That national achievement can begin today, this evening, with our vote. I encourage my colleagues to support this health care reform for all Americans.

The SPEAKER pro tempore. The Chair will note that the gentleman from Michigan (Mr. CAMP) has 4½ minutes remaining and the gentleman from Michigan (Mr. LEVIN) has 6¾ minutes remaining.

Mr. CAMP. Mr. Speaker, I reserve the balance of my time.

Mr. LEVIN. It is now my privilege to yield 1 minute to our vice Chair and the distinguished gentleman from California, XAVIER BECERRA.

Mr. BECERRA. Mr. Speaker, today is a day of history. Today we will accomplish what 100 years of Congresses could not. We will pass health care reform, not just for some, but for all Americans.

Today is also another day in America. That means that 123 Americans will die today because they do not have health insurance. Another 8,000 will lose their health insurance today, and our health care system will cost all of us \$6.8 billion this day and every day if we do not change, if we are content with doing nothing.

John F. Kennedy once said, "Change is the law of life, and those who look only to the past or present are certain to miss the future." I've heard it said another way: The only human institution which rejects progress is the cemetery.

Today this House, the people's House, is full of life. We will make history, but our sights are toward the future. To every hardworking, taxpaying American, we say today, We hear you. We see it in your eyes. You want control of your health care. You want to decide who your doctor is. You want to choose your health plan. We will deliver today to all of America.

Mr. CAMP. Mr. Speaker, at this time I yield 45 seconds to a distinguished member of the Ways and Means Com-

mittee, the gentlewoman from Florida (Ms. BROWN-WAITE).

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, the Democrats on the other side of the aisle believe that the American citizens can no longer be trusted to manage their own health care in the best way that they see fit. You must now do things in their socialist way or face the wrath of the IRS.

Unfortunately, the size of the Federal Government isn't the only thing that's going to grow as a result of this bill. So will your insurance premiums, because the cost of insurance will grow. That's right. The bill increases premiums for every American who has insurance. Our national debt will grow. Your taxes will grow.

The only thing that won't grow are the benefits that the seniors who are in the Medicare Advantage plan have. They will be losing their doctors because doctors are refusing to take Medicare patients and will once this bill becomes law.

Mr. Speaker, this bill cuts Medicare, raids Social Security, and we need to reject this bill.

Mr. LEVIN. I now yield 1 minute to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, many things are said across the aisle in the heat of a debate, and if it hasn't been said yet, maybe the reason is it has been said by everybody.

I believe that the ranking member is an honorable person. I believe my chairman is. * * * Even the President of the Vietnam Veterans of America said this is shameful.

* * * It's not right. Tell the truth and then let the chips fall where it may. It is utterly * * * to suggest, Mr. Chairman, that we are seeking to deny any soldier the health care they deserve and the benefits that nearly all Republicans and Democrats have spent our careers in Congress working to protect and prove.

Mr. DAVIS of Kentucky. Mr. Speaker, I ask the gentleman's words be taken down for the false statements that he made about this conference to me as an Army veteran among others in the Chamber.

The SPEAKER pro tempore. The gentleman from New Jersey will be seated. The Clerk will report the words.

Mr. PASCRELL. Mr. Speaker, I ask unanimous consent to remove any word or words that were taken as offensive.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

Mr. DAVIS of Kentucky. I accept the gentleman's apology.

The SPEAKER pro tempore. Without objection, the words will be stricken.

There was no objection.

Mr. PASCRELL. Don't push me.

I include the following material for the RECORD:

VIETNAM VETERANS OF AMERICA,
March 21, 2010.

VIETNAM VETERANS OF AMERICA APPLAUDS
PASSAGE OF SKELTON BILL ENSURING PRO-
TECTION OF TRICARE, VA HEALTH CARE,
AND CHAMPUS; DECRIES "SCARE TACTICS"
WASHINGTON, DC.—"We thank and applaud
passage of H.R. 4887 yesterday in the House
of Representatives, by a vote of 403-0. Pas-
sage of this bill ensures that health care pro-
grams for veterans, active duty military, re-
tired military, and their families/survivors
will not be affected negatively by the pend-
ing health care reform legislation," said
John Rowan, National President of Vietnam
Veterans of America (VVA).

"It is unfortunate that some continue to
raise what is now is even more clearly a false
alarm that is apparently meant to frighten
veterans and their families in order to
prompt them to oppose the pending legisla-
tion. While there is legitimate debate as to
whether or not the pending health care
measures should become law, VVA does not
appreciate spreading rumors that are not ac-
curate by any political partisan from any
point of the political spectrum," continued
Rowan.

"Last summer there was a similar inci-
dent, also involving partisans in the health
care reform debate that VVA soundly con-
demned. We said then: "It is our hope that
sane minds reject fear-mongering, and that
veterans recognize these scare tactics for
what they are," Rowan said. Rowan con-
cluded by saying "VVA has always worked
hard for justice for veterans of all genera-
tions, and their families. We have always,
and will continue to, work with public offi-
cials representing all political parties and
points of view. Issues affecting veterans and
their families are not, should not, and must
not become partisan footballs to bat around.
VVA decries any effort, by anyone, that
would do just that."

DEPARTMENT OF VETERANS AFFAIRS,
March 21, 2010.

STATEMENT FROM VA SECRETARY ERIC K.
SHINSEKI

As Secretary of Veterans Affairs, I accept-
ed the solemn responsibility to uphold our
sacred trust with our nation's Veterans.
Fears that Veterans health care and
TRICARE will be undermined by the health
reform legislation are unfounded. I am con-
fident that the legislation being voted on
today will provide the protections afforded
our nation's Veterans and the health care
they have earned through their service. The
President and I stand firm in our commit-
ment to those who serve and have served in
our armed forces. We pledge to continue to
provide the men and women in uniform and
our Veterans the high quality health care
they have earned.

President Obama has strongly supported
Veterans and their needs, specifically health
care needs, on every major issue for these
past 14 months—advance appropriations, new
GI Bill implementation, new Agent Orange
presumptions for three additional diseases,
new Gulf War Illness presumptions for nine
additional diseases, and a 16% budget in-
crease in 2010 for the Department of Vet-
erans Affairs, that is the largest in over 30
years, and which has been followed by a 2011
VA budget request that increases that record
budget by an additional 7.6%.

To give our Veterans further assurance
that health reform legislation will not affect
their health care systems, the Chairmen of
five House committees, including Veterans

Affairs Chairman Bob Filner and Armed
Services Chairman Ike Skelton, have just
issued a joint letter reaffirming that the
health reform legislation as written would
protect those receiving care through all
TRICARE and Department of Veterans Af-
fairs programs.

CONGRESS OF THE UNITED STATES,
Washington, DC, March 21, 2010.

Hon. LOUISE SLAUGHTER,
Committee on Rules, The Capitol, Washington,
DC.

DEAR CHAIRWOMAN SLAUGHTER: The House
Democratic leadership asked our committees
to review HR 3590 and HR 4872 to assess the
impact of the bills on the health care pro-
vided by the Department of Defense and the
Department of Veterans Affairs. Our reviews
of HR 3590 and HR 4872 lead us to believe that
the intent of the bills was never to under-
mine or change the Department of Defense
and Department of Veterans Affairs opera-
tion of their health care programs or inter-
fere with the care that our service members
receive under TRICARE. However, we com-
mit to look into this issue further to ensure
that no unintended consequences may arise
and to take any legislative action that may
be necessary.

HR 3590, as drafted, does not specifically
mention that TRICARE coverage meets the
individual responsibility requirement, but
such coverage would satisfy the require-
ments of this bill. To affirm that this is the
case, the U.S. House of Representatives
unanimously passed HR 4887, the TRICARE
Affirmation Act, which provides assurances
to the American people that care provided to
those in the military and their families, as
well as military retirees under age 65 and
their families, would indeed meet the re-
quirement for coverage.

The members of our nation's military sac-
rifice much to defend us all. We commit to
these dedicated service members and their
families as well as our veterans that we will
protect the quality healthcare they receive.

Sincerely,

BOB FILNER,
Chairman, Committee
on Veterans' Affairs.

IKE SKELTON,
Chairman, Committee
on Armed Services.

SANDER LEVIN,
Chairman, Committee
on Ways and Means.

GEORGE MILLER,
Chairman, Committee
on Education and
Labor.

HENRY WAXMAN,
Chairman, Committee
on Energy and Com-
merce

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The
Chair reminds all Members that any
statements should be directed through
the Chair and not to others in the sec-
ond person.

PARLIAMENTARY INQUIRY

Mr. TIAHRT. Parliamentary inquiry,
Mr. Speaker,

The SPEAKER pro tempore. The gen-
tleman from Kansas will state his par-
liamentary inquiry.

Mr. TIAHRT. Is it true that in the
course of comfortable debate that we
not question another Member's mo-
tives?

The SPEAKER pro tempore. The
Chair will affirm that Members must
maintain proper standards of decorum.

Mr. TIAHRT. Is it against the House
rules to question another Member's
motives?

The SPEAKER pro tempore. A Mem-
ber's remarks should avoid personal-
ities toward other Members.

Mr. TIAHRT. I thank the Speaker.

Mr. CAMP. Mr. Speaker, I yield 45
seconds to a distinguished member of
the Ways and Means Committee, an
Army Ranger, Mr. DAVIS of Kentucky.

Mr. DAVIS of Kentucky. My heart is
heavy with grief tonight at this turn-
ing point for our Nation, Mr. Speaker.
This vote will define the America we
will have in the future: massive tax
burdens, rationed care, and intrusive
bureaucracy.

Democrats are thwarting the will of
the American people, taking them on a
headlong rush toward socialism. This is
based on a false premise that every
need a person could have on Earth can
be met by government. Almost like
worshippers, they carry the heart of our
Constitution, bought in blood, and sac-
rifice it on the altar of political expedi-
ency. It raises taxes, violates your pri-
vacy, is policed by the IRS, intrudes on
free choice, and hurts seniors.

I stand firm in my opposition to this
exercise in idolatrous statism, a true
tyranny that is the largest legislative
transfer of power to the executive
branch in the history of this Republic.

Vote "no" on this bill. Start over
with real reforms that Americans
want.

Mr. LEVIN. It is now my pleasure to
yield 45 seconds to the very distin-
guished gentleman from New York (Mr.
CROWLEY).

Mr. CROWLEY. Mr. Speaker, I rise in
support of the Patient Protection and
Affordable Health Care Act, a historic
measure that will put families first
when it comes to accessing health care
coverage.

American families need this bill now
more than ever. In the past decade, the
cost for health care for American fami-
lies has skyrocketed. If we do nothing,
it's only going to get worse. If we do
nothing, in 10 years small businesses
will shell out \$29,000 in medical costs
per employee. If we do nothing, the
costs of an employer-sponsored health
insurance plan will increase 84 percent
by 2016. And if we do nothing, the
American economy will break under
the weight of mounting debt.

Americans may very well be tired of
the endless media coverage regarding
this debate. But they know as we do
that we have a serious problem in our
health care system that must be fixed.
We on this side of the aisle are ready to
deal with it.

Simply put, health care reform is
good medicine for America and good
medicine for American businesses.

The SPEAKER pro tempore. The
time of the gentleman has expired.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will remind both sides to heed the gavel.

Mr. CAMP. Mr. Speaker, at this time I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from Washington (Mr. REICHERT).

Mr. REICHERT. Mr. Speaker, the American people have spoken loud and clear. They don't want a government takeover of health care. The Democrats' latest plan is still a government takeover. Billions of dollars in new taxes on small businesses, over a trillion dollars in new spending, and it hurts our seniors and special-needs population by taxing hearing aids, pacemakers, wheelchairs.

We've heard, "If you like it, you can keep it." Not according to this President, who said recently, "I think some of the provisions that got snuck in might have violated that pledge."

We need to start over, and today I stand with Americans who want the freedom to choose their own health care.

Mr. LEVIN. I yield for the purpose for a unanimous consent request to the gentleman from North Carolina (Mr. ETHERIDGE).

Mr. ETHERIDGE. Mr. Speaker, I rise on behalf of a young man by the name of Will Privitt who tonight will be able to get insurance for the first time. He was born with a preexisting condition.

Mr. Speaker, I rise today in support of health reform. I have said all along that there are several goals that our efforts must meet to improve security and stability for North Carolinians. We need to reform health insurance to reduce costs for people who have insurance and those who have been priced out of the market. We need to increase consumer choices and make sure that insurance companies do not deny coverage because of pre-existing conditions or technicalities. We need to shore up Medicare to improve security for seniors, reducing costs for medications and eliminating copayments. We need to make insurance affordable for businesses, so that they are not faced with the choice of providing coverage for their employees or making payroll. Finally, we must put discipline back in the budget and bring down the budget deficit. I rise in support of H.R. 4872, the Health Care and Education Affordability Reconciliation Act of 2010 and H.R. 3590, the Patient Protection and Affordable Care Act because together they meet these goals.

The working families of the Second District need solutions, not more fear, neither the real fears of rising cost nor the false fears spread by special interests. We cannot continue to allow the current system to kill jobs and bust the budgets of our families and our Nation. After reading the legislation carefully, I have concluded that it will save lives and save money. This is the best chance we have to reduce sky-rocketing health care costs for North Carolina families.

North Carolinians know that the current system is broken and that we need common-

sense reform. For me, the effort to fix our health care system has always been about people not about politics. Our effort is about North Carolina families. We need reform for folks who are struggling with unbearable health care costs, rapidly rising premiums, bureaucratic meddling, and arbitrary denials of coverage and a system that is driving our Nation deeper and deeper into debt.

Throughout this process, I have heard from thousands of folks from the main streets and country roads of North Carolina who are crying out for help. At numerous town hall meetings in North Carolina and over the telephone, as well as in other opportunities, I have spoken directly to North Carolinians. I read thousands of messages that come in by phone, email, fax, or letter every day. The vast majority say that change is needed.

When North Carolina families are hurting, doing nothing really isn't an option for me. I have heard from thousands of my North Carolina neighbors who are suffering under the current system.

Folks like a nurse from Sanford, North Carolina, who says that insurance industry bureaucrats are keeping her from providing her patients the care they need.

Folks like a woman from Raleigh, who fears she will suffer the same fate as her sister who died from asthma because she could not get insurance coverage.

Folks like a man from Louisburg, who cannot start a new business because he needs the insurance his current employer provides. His mother pleaded with me that they are not looking for a handout; just a fair playing field.

Folks like a woman from Rocky Mount, who notes that the working poor, self-employed, part-time workers and others on the margins need relief. She called on me to not let the insurance companies win this time.

These are the real people that convinced me that voting for these bills is the right thing to do. A lot of folks are afraid, both of the current system and of potential changes. Thousands of families without insurance, and individuals with pre-existing conditions, are an illness away from financial ruin. Reform needs to provide them security.

Mr. Speaker, as we continue to address America's financial situation, health reform is absolutely necessary to get our economy growing again. This bill will reduce the stranglehold that insurance costs have on our small businesses and eliminate the threat of bankruptcy due to medical costs that hangs over so many North Carolina families. It will strengthen our rural communities, supporting the training of doctors and providing incentives for them to work in underserved areas. And the bill is fully paid for, so that not only will it bring down costs for individuals and businesses, but for the taxpayer and future generations.

Mr. Speaker, making sure every American has access to affordable health insurance and high-quality health care is one of the most important challenges of our time. If we can afford to provide health care to Iraqi citizens, as we have over the past decade, we can afford a fiscally responsible reform that puts health care in reach for all Americans. The health reform debate is about saving money and saving lives. At its core, health reform is all about

ensuring that American families and businesses have more choices, benefit from more competition, and have greater control over their own health care, while bringing down costs for individuals, our families and businesses, and for the Nation.

These bills are fiscally responsible and will improve the health and health care of people across my district, North Carolina, and the country. I am pleased to be able to vote in favor of this historic legislation.

The SPEAKER pro tempore. The gentleman from Michigan will be charged time.

Mr. LEVIN. I yield to the gentleman from Pennsylvania (Mr. FATTAH) for a unanimous consent request.

Mr. FATTAH. I rise in support of the health care reform bill in honor of a friend of mine, Linda Taylor, who died because of the lack of insurance in a breast cancer illness that she faced.

Mr. Speaker, I would like to take the opportunity to mark the passage of this historic legislation and to thank the individuals whose hard work made this moment possible. Of course we would never have gotten here without the perseverance of our Speaker, NANCY PELOSI, Majority Leader STENY HOYER, and Majority Whip, JIM CLYBURN. Also, Congressman JOHN LARSON, Chair of the Democratic Caucus and XAVIER BECERRA, Vice Chair. I would also like to thank Congressman CHRIS VAN HOLLEN for his leadership and the Committee and Subcommittee Chairs whose perseverance brought us to this historic vote today: Chairmen GEORGE MILLER from Education and Labor, CHARLIE RANGEL from Ways and Means, HENRY WAXMAN from Energy and Commerce and SANDER LEVIN from Ways and Means and Subcommittee Chairs PETE STARK from Ways and Means and FRANK PALLONE from Energy and Commerce. I would especially like to thank my regional colleagues, Education and Labor Subcommittee Chairman BOB ANDREWS, Budget Committee Vice Chair ALLYSON SCHWARTZ, House Administration Chairman BOB BRADY, Congressman MIKE DOYLE, Congressman PATRICK MURPHY and Congresswoman BARBARA LEE and Delegate DONNA CHRISTENSEN who represented the Congressional Black Caucus in critical negotiations. This bill will be good for my District, our region, and our country. We in the Congress owe a debt of gratitude to our President, Barack Obama, who led this historic effort.

I would be remiss if I didn't thank the staff whose talents are rarely seen in public, but without whom this would never have happened. First, Liz King in my office, an ardent advocate for my constituents in this debate. In the White House, Nancy-Ann DeParle whose institutional memory and long-term commitment to healthcare access for all contributed to the success of this effort. Cheryl Parker Rose and Wendell Primus in the Speaker's office, Catherine Tran in the Democratic Caucus, Debbie Curtis and Cybele Bjorklund on the Ways and Means Health Subcommittee, Michele Varnhagen on the Education and Labor Health Subcommittee and Karen Nelson on the Energy and Commerce Health Subcommittee staff.

On the local level, I would like to extend my appreciation to Marc Stier at Health Care for

America NOW and Bob Brand a close friend, local advocate and veteran in this fight. I would also like to thank the countless constituents who called my Washington and Philadelphia offices, sharing their stories and raising their voices on behalf of health reform for themselves and their neighbors.

I want to thank and congratulate each and every one of them for getting this bill to this point and for giving me the opportunity to vote for affordable, secure healthcare for America's families.

The SPEAKER pro tempore. The gentleman from Michigan will be charged time consumed.

Mr. LEVIN. I yield 45 seconds—I wish I could yield more—to our distinguished colleague from Maryland (Mr. VAN HOLLEN).

Mr. VAN HOLLEN. Mr. Speaker, they called it “a dangerous device invented in Nazi Germany” and a “method of imposing Stalinism.” Those were the statements made by the opponents of Medicare, Medicare that now provides health coverage to 45 million Americans.

This legislation will ensure that 32 million more Americans have access to affordable health care and that no American is held hostage to the abusive practices of the insurance industry.

As in 1965, we have the rhetoric of mass distortions. This morning, Republican Leader BOEHNER even said this bill means Armageddon. The day after this legislation is signed by President Obama, Americans will see the world is not coming to an end, that there are no death panels. They will begin to see a system that works for them, not the insurance industry who is spending millions of dollars to kill the bill.

Mr. CAMP. At this time, Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, Dr. BOUSTANY of Louisiana.

Mr. BOUSTANY. Mr. Speaker, we all have compassion for families struggling, those who have lost jobs, those who lack access to health care. We all want to do what's right for our country. We all want to solve these problems. But as I look at this massive, complex and partisan bill, I see premiums continuing to rise for families and abject failure to control health care costs for families and businesses.

I see huge tax increases coupled with irresponsible cuts to Medicare services, all to expand new coverage entitlements where physician access will worsen, continuing to burden our strapped emergency rooms.

Mr. Speaker, frankly, I see a sequel to the modern Greek fiscal tragedy unfolding before us with a potential for default. We have a duty to reform health care, but an obligation to get it right.

Mr. LEVIN. I now yield 45 seconds to a very senior member of our committee, Mr. McDERMOTT of Washington.

Mr. McDERMOTT. Mr. Speaker, there are times in history that action is demanded. In 1935, we needed Social Security and unemployment insurance. The Democrats answered. In 1965, we needed health care for senior citizens. The Democrats answered. In 2010, the country needs health care reform, and the Democrats will answer tonight.

It was never in doubt. Business wanted a change, the medical profession wanted a change, and labor wanted a change. And the Republicans brought an economic collapse to make it clear to everybody that we all are in danger if we don't change the health care system in this country.

For me and many of my colleagues, passing a national health care reform bill is the culmination of a long process. In the late 1950s and early '60s, when I was going to medical school in Chicago, Canada's Tommy Douglas was beginning a national health care plan in the province of Saskatchewan. As I came to the end of my medical training, doctors began to strike in Canada because they didn't want to practice medicine under any system that was not totally free enterprise in nature. But as a new physician at the time, it seemed to me that the benefits of extending health coverage to everyone in Canada far outweighed the benefits of a free enterprise system. Between 1963 and 1970, while I got my training in adult and child psychiatry and served 2 years in the United States Navy, I had the opportunity to observe the American healthcare “nonsystem” firsthand. Every day, I watched as people fell through the cracks. When I entered politics in the Washington state legislature, I knew that it was my obligation to do all that I could to bring about a national system that would provide coverage for everyone. And during my campaign for governor in 1972, I made my first speech declaring my support for a single-payer system similar to Canada. Each year that I served in the state legislature, I faced the institutional resistance to the creation of a more orderly system. Yet people complained they couldn't get care. Hospitals complained about uncompensated care. People complained about cost shifting of the expenses of the uninsured onto the policies paid for by the insured.

In the early 1980s, I began trying to establish an uncompensated care fund that would be paid into by all hospitals and the receipts would be given to those hospitals that took care of those in the community who had no health insurance. But hospitals resisted. I did a study to find out how many people in the state of Washington either were not covered by a government program or didn't have insurance through their employment. Unsurprisingly, we found that it was a huge number. So in 1983, I began the process of trying to do in Washington State what Tommy Douglas had done a few hundred miles away in the province of Saskatchewan.

As I tried to get universal coverage in the state of Washington, I ran into numerous obstacles. The medical establishment was more interested in capital investments than they were in ensuring that medical coverage was available to everyone in Washington. Large businesses were reluctant to accept any re-

sponsibility beyond what they were already doing for their employees. Any mandate was out of the question because under a technical loophole, big employers are exempt from many regulations that deal with insurance. So instead, I ended up authoring the Washington State Basic Health Plan, which is a subsidized health insurance program to help lower-income families afford coverage. But I wasn't able to get universal coverage.

This experience taught me that it was going to be incredibly difficult to create a health care plan in one state that could be replicated across the country as had been done in Canada. I wrote the plan originally when the governor of the state of Washington was a Republican, so it didn't get anywhere until Democrat Booth Gardner was elected governor of Washington in 1984. The process was so frustrating and the final legislation so modest that I decided I'd go back to medicine. I went to work for the State Department in Africa, where I saw the beginnings of the AIDS epidemic in 1987.

One day my brother called me when I was in Africa and told me there was a seat open in Congress. He suggested that I return to the U.S. to run for the seat and work on getting universal health care. The dream was not dead, it has just been dormant. So I returned, ran for Congress and was elected in 1988. I made the decision to get on the Ways and Means Committee because I thought that was where I could be most effective in getting a national plan established. I was appointed to the committee in 1991 and began working with 95 other members who were dedicated to a single player plan. In 1993 President and Mrs. Clinton came to Washington to enact a national health plan, but we were unsuccessful.

The years between 1994 and 2006 were a painful period as we watched Republicans try to dismantle the only national health care program we have, Medicare. We breathed a great sigh of relief at the 2008 election of President Barack Obama, who stated that he wanted to enact a national health plan. The President was determined not to repeat the errors of the Clinton administration, and the process of writing the bill has been long and tortuous. Over the course of many months, we've watched this bill wind through three committees in the House and two committees in the Senate, which brought us to where we are today.

I still believe that a single-payer model is the most effective to achieve both cost control and universal coverage. But 40 years of experience prevent me from being ideological about the solution to the problems of universal coverage. Rather than establishing a single-payer system, Congress has designed a less desirable model that would more tightly regulate private insurance companies much in the same way that we do with utility companies. Members of Congress have opted for a model that provides for insurance regulation at the national level, rather than the state level as it is today. It has much in common with the French system which provides universal coverage to the French people at half the cost of what we spend here in the United States. Their system provides a quality of care that is considered the best in the world according to the World Health Organization.

I know that this bill is far from perfect and will require continued efforts to adjust and improve it in the years to come. But today we began. As the Chinese adage says, "every journey of 1,000 miles begins with a single step." Today we have taken that step.

Mr. CAMP. Mr. Speaker, I yield 45 seconds to a distinguished member of the Ways and Means Committee, the gentleman from Nevada (Mr. HELLER).

Mr. HELLER. I thank the gentleman for yielding.

Thousands of Nevadans have been surveyed and an overwhelming number oppose the government takeover of health care. Yet two-thirds of Nevada's delegation will defy their constituents and vote with their leadership instead.

This \$2.6 trillion legislation will raise Nevada taxes, kill Nevada jobs, remove Nevada seniors from Medicare, and saddle the State of Nevada with budget-busting mandates. I urge my colleagues from Nevada to speak for Nevada—not their Beltway benefactors—when casting their vote today.

Mr. LEVIN. I now yield 45 seconds to the gentleman from Oregon, a member of the committee, Mr. BLUMENAUER.

Mr. BLUMENAUER. Today's victory for health care reform and coverage for 32 million Americans is not just the culmination of 15 months of hard work in this Congress. It represents the historic accomplishments sought by Presidents and Members of Congress dating back to Teddy Roosevelt. That the accomplishment was achieved in the midst of difficult economic times, a toxic political environment without any bipartisan support, makes it all the more remarkable.

Passage tonight will start making a difference for our families this year and, most important, the bill is fully paid for. We're reforming Medicare, we improve the quality of health care in this country and reduce the deficit. Tonight's victory starts America on the road to better health and economic security.

Mr. CAMP. Mr. Speaker, before I yield, I would like to remind the Chair that Medicare and Social Security passed with large bipartisan majorities.

With that, I yield 45 seconds to the distinguished member of the Ways and Means Committee, the gentleman from Illinois (Mr. ROSKAM).

Mr. ROSKAM. I thank the gentleman for yielding.

Mr. Speaker, just because it's historic doesn't mean it's good. I think we've got to be reminded of that. I think back to history for something that actually was good, and that was when Alexander Hamilton said regarding our Constitution, "Here, sir, the people govern."

We would be wise to listen to the American people. The American people have said "no" to the ABCs of PelosiCare. They have said "no" to the arrogance of this bill. They have said

"no" to the budget-busting nature of this bill. And they have said "no" to the crippling of the economy of this bill.

In Illinois, a manufacturer called Caterpillar said that next year alone it will cost the company a hundred million dollars. What does that do to a State that is left roughshod by over-promises and underdelivering on a stimulus that failed?

The SPEAKER pro tempore. The Chair will note that the time of the gentleman from Michigan (Mr. CAMP) has expired. The gentleman from Michigan (Mr. LEVIN) has 1½ minutes remaining.

Mr. LEVIN. I now yield 45 seconds to the distinguished gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, as I was growing up, our parents always taught us that right was right if nobody was right and that wrong was wrong if everybody was wrong. Well, I can tell you it would be wrong to deny 32 million additional Americans the right to health insurance coverage. It would be wrong to keep people cooped up in institutions when they could live at home. It would be wrong to keep senior citizens struggling to try and pay for their prescriptions.

Let's do the right thing. Let's vote for this legislation. Give 32 million people the right to have insurance coverage. Let's do the right thing.

Mr. Speaker, when I was growing up my parents taught us that right was right if nobody was right and that wrong is wrong is everybody is wrong. It would be wrong to deny 32 million people health insurance coverage. It would be wrong to deny millions of people with pre-existing conditions the right to have insurance coverage.

It would be wrong to keep filling up the emergency rooms of hospitals because people don't have regular doctors. It would be wrong to keep senior citizens struggling to pay for their prescriptions. It would be wrong to keep people with disabilities cooped up in institutions when they could live at home. It would be wrong to deny people health coverage because they have lost their jobs. It would be wrong to deny health coverage to people who work in small businesses.

It is right to provide coverage to as many people as we can. It is right to reduce the deficit and save as much money as we can. It is right to save lives. It is right to do the right thing. It is right to vote to pass this bill and provide health coverage for 32 million additional Americans.

It is right to do the right thing.

Mr. LEVIN. I now yield to the gentleman from New York for a unanimous consent request.

Mrs. MALONEY. I thank the gentleman for yielding and for his leadership.

I rise in support of the health care bill.

Mr. Speaker, this is an historic vote. With passage of these health care reforms, 32 million people without insurance will get it—in-

cluding almost 2.5 million uninsured in New York State.

It will end discrimination for preexisting conditions, make progress on cutting high medical costs, and reduce the deficit by over \$1 trillion over the next two decades.

This package of reforms will make a real difference in the lives of Americans, over their entire lives:

If you're 21 and just graduating college, you'll now be included on your parents' coverage until your 26th birthday.

If you're self-employed in your thirties or forties, you'll be able to shop for more affordable coverage on exchanges set up by states or the Federal Government.

If you're 56 and have taken early retirement, you can continue to be covered under your employer's plan until you sign up for Medicare.

And if you're a senior with Medicare Part D Drug Coverage, the so-called "donut hole" has been closed.

The Senate version penalized states like New York which were already doing more than most to provide care to the needy. And that's one of the things this House is fixing.

The impact on the New York State Medicaid budget went from a projected increased cost of over \$700 million to increased aid of \$1.3 billion in just the first year. That's a "swing" of over \$2 billion.

Finally, these reforms will do more for women's health despite the restrictive language on reproductive health services contained within the Senate bill—than any other legislation in my career.

I am grateful for the opportunity to be a part of this momentous reform and urge my colleagues to remember that today we will make a lasting difference in people's lives. Today we change the overall health of our Nation.

Mr. LEVIN. I yield to the gentleman from Minnesota for a unanimous consent request.

Mr. ELLISON. I rise in support of universal health care.

Mr. Speaker, there was a time in our country's past that the enactment of a comprehensive civil rights law was deemed merely a dream.

There was a time in our country's past that enactment of Social Security to guarantee the retirement security of our seniors was deemed merely a dream.

There was a time in our country's past that enactment of the Medicare law to guarantee the health care for our nation's senior was deemed merely a dream.

We now take all three—civil rights, retirement security for our seniors and health security—for granted in our society.

They are all assumed as a given and as a right in our society.

Well, Mr. Speaker, I believe when we leave this chamber tonight after passing this health care bill, we will forget how hard it was to pass this bill. And in another generation, our grandchildren will also assume that universal health care is a right and a given in any modern society.

Mr. Speaker, tonight marks the beginning of the dream of universal health care becoming a reality in our society.

It is an important beginning—

When 40,500 uninsured Fifth District residents will have access health care coverage to health insurance.

When 9,700 Fifth District residents with pre-existing conditions can no longer be denied coverage.

When 57,000 Fifth District young adults can obtain coverage on their parents' insurance plans.

When insurance coverage for 358,000 Fifth District residents is improved—and when the cost of uncompensated care for hospitals and other health care providers is reduced by \$101 million—that is positive change.

And when thirty-two million more Americans have health insurance it is a good beginning. At the same time, when \$1.3 trillion in deficit spending (accumulated over the past eight years) is reduced, it is a good start.

I look forward to enthusiastically casting my "yes" vote tonight for this historic legislation.

Mr. LEVIN. I yield to the gentlelady from California for a unanimous consent request.

Ms. RICHARDSON. I rise in support of this health care reform legislation.

Mr. Speaker, I rise today in strong support of H.R. 4872, the Reconciliation Act of 2010, because this bill is good for seniors, good for women, good for small businesses, and good for all Americans. Today we have the opportunity to take a historic vote that will forever change the face, health, and life of America for the better. H.R. 4872 will provide access to affordable, quality health care for over 30 million Americans and will reign in the ever-escalating costs of health care. Today, history will be made and a legacy left behind for generations to come. 435 Members who represent over 300 million people will be remembered for beginning to fulfill the promise all Americans were pledged, the unalienable rights to life, liberty and the pursuit of happiness which adequate healthcare embodies.

For the people I represent in the 37th District of California, H.R. 4872 will improve coverage for 299,000 residents who already have insurance. It will give tax credits and other assistance to up to 146,000 families and 15,100 small businesses to help them afford coverage. H.R. 4872 will improve Medicare for 63,000 beneficiaries in my district, including closing the donut hole for them. This legislation will extend coverage to 92,500 uninsured residents of the 37th District and will guarantee that 17,500 residents with preexisting conditions can obtain the health insurance they need. H.R. 4872 will protect 1,100 families from bankruptcy due to unaffordable health care costs and will allow 59,000 young adults to obtain coverage on their parents' insurance plans. This bill will provide millions of dollars in new funding for 11 community health centers in my district. And finally, it will reduce the cost of uncompensated care for hospitals and other health care providers by \$125 million annually.

H.R. 4872 helps seniors by ensuring that they will not be forced out of Medicare, that their doctors will continue to care for Medicare patients because of increased payment levels, and that the prescription donut hole will be completely closed by 2020. H.R. 4872 helps women by eliminating the discriminatory gender rating system, making sure that insurance companies do not consider pregnancy grounds for denying coverage, and doing away with all preexisting conditions. H.R. 4872

helps the uninsured by extending coverage to 95 percent of Americans. Furthermore, it increases access and choice for all Americans by providing \$11 billion in new funding for community health centers, of which there are 11 in my district alone. Finally, H.R. 4872 helps small businesses by eliminating price and benefit discrimination, providing tax credits for up to 50 percent of the cost of insuring their employees, and giving them greater control over the spiraling costs of health care coverage.

As I participated in countless debates, caucuses, and meetings over the past year, I knew that each step we took put us one step closer to what Theodore Roosevelt proposed in 1908 over 100 years ago: quality, affordable healthcare for all Americans. Our health care system up until now has not worked for most people, whether it be the physician as provider, the employer as payer, or the patient as recipient.

Mr. Speaker, this bill provides American families with stability and peace of mind. Never again will they have to choose between their health and their livelihood. H.R. 4872 provides all American families with the possibility of better healthcare.

It is time for us to move forward. H.R. 4872 is a new direction for this great country. I urge my colleagues to be a part of this historic health care policy change, and to be part of the days ahead in which we will work to further strengthen it.

□ 2030

Mr. LEVIN. I now yield the balance of my time, 45 seconds, to the very distinguished gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise today to cast my vote to end abusive insurance company practices that put doctors and patients in control of their health care.

And when I do, I will cast it for the small business owner in my district whose health insurance premiums shot up more than 100 percent last year simply because one employee got sick. I will cast it for the 135,000 people in my district who don't have health care coverage. On a personal note, I will cast it for the 2.5 million breast cancer survivors like me, who have a pre-existing condition that make it next to impossible to obtain health insurance.

Finally, I'll cast it for all of the moms in America with beautiful children like mine, but who don't have the security of health insurance and who die inside every time their child gets sick. Our current system is broken. It's un-American. The nightmare ends tonight.

The SPEAKER pro tempore. All time has expired.

The gentleman from California (Mr. GEORGE MILLER) is recognized for 15 minutes as a designee of the majority leader.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS), a member of the committee.

Mr. ANDREWS. I thank my chairman for yielding.

Mr. Speaker, the ladies and gentlemen of the House should respect our constituents who are against the bill, who are for the bill, and those who are undecided; but we should respect them enough to give them an accurate record of what's in the bill, and I think it's time for some accuracy.

We have heard repeatedly tonight that there are cuts to Medicare in this bill. There is not one cut to not one beneficiary anywhere in this bill. Medicare benefits expand for prescription drugs and expand for preventive care. We heard someone say that the bill increases premiums for Americans.

Section 1001 of the reconciliation bill says that for a family making \$45,000 a year, if you look at their premiums, their copays and their deductibles, which is what real people have to do, the bill saves them \$7,000 a year. We have heard that the special interest provisions, that I think are an abomination, are in the bill. They are not. If you read section 1201 of the reconciliation bill, it says goodbye to the so-called Cornhusker kickback and other special interest provisions.

We heard that there is taxpayer funding for abortions. Read section 10,104 of the underlying bill. There isn't. We have heard that this is going to add to the deficit and the debt of the country. Don't listen to what the Democrats say. Don't listen to what the Republicans say. Listen to what the non-partisan Congressional Budget Office says, which is this: the bill will save \$138 billion off the deficit in the first 10 years and \$1.2 trillion off the deficit in the next 10 years.

Finally, we hear the bill will kill jobs. When the Clinton economic plan was on this floor, a gentleman named Dick Armey, a leader of the anti-movement on this bill, said it would be "a recipe for disaster." He was wrong. That bill created 23 million new jobs and we should vote—

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. GEORGE MILLER of California. I yield the gentleman 15 additional seconds.

Mr. ANDREWS. Finally, I heard one of our colleagues say this bill will create a socialist utopia. No, Mr. Speaker, it won't. It will create a decent society that every man, woman, and child in this society and this country so richly deserves. Vote "yes" on this bill.

The SPEAKER pro tempore. The gentleman from Minnesota (Mr. KLINE) is recognized for 8 minutes as a designee of the minority leader.

Mr. KLINE of Minnesota. Mr. Speaker, I yield myself 1½ minutes.

I came to Congress 7 years ago to do my part to make this country better. Every vote I cast and every policy I help shape must be judged by whether it achieves what my constituents sent

me here to accomplish. As each Member of this, the people's House, prepares to vote "yea" or "nay" tonight, we should all take a moment to remind ourselves of why we are here.

Our job is to ensure American employers have the tools and the freedom they need to sustain jobs and create jobs. Instead, this bill will destroy jobs at a time when we need them the most.

Our job is to ensure freedom, security and prosperity for future generations. Instead, this bill will be paid for by our children and our grandchildren and our great grandchildren. Our job is to legislate openly with integrity and fairness. Instead, this bill is full of back-room deals negotiated behind closed doors.

This bill is not what the American people want. They are imploring us to start over with reforms that will bring down health care costs while preserving the relationship between patients and their doctors. This is our last chance to stand up for the people who sent us here and display the courage to prove that we can do better.

I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Connecticut (Mr. COURTNEY), a member of the committee.

Mr. COURTNEY. Mr. Speaker, tonight we are going to answer a question which the tea party on the right to reformers on the left ask constantly, which is, Why can't the American people have access to the same type of benefit that Members of Congress have?

It's a good question. Some of the most hysterical voices in opposition have access to a purchasing exchange through the Federal employee benefits plan that has comprehensive benefits, choice, no rescissions, no lifetime caps. And this bill is going to give the American people exactly what Members of Congress have. And in case there is any question about that, section 1312 will make sure that starting in 2014, Members of Congress have to use exactly the same purchasing exchange that the American people will have to use.

No more haves and have-nots. No more tax-paying Americans who don't have health insurance, underwriting the health benefits of Members of Congress who would deny them access to quality, affordable health care. It is time to answer that question tonight in the affirmative by passing this legislation.

Mr. KLINE of Minnesota. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Georgia, the ranking member of the Health, Employment, Labor, and Pensions Subcommittee, Dr. PRICE.

Mr. PRICE of Georgia. Mr. Speaker, health care decisions that we make for ourselves and for our families are some of the most important and personal in our lives. As a physician, early in my career of caring for tens of thousands

of patients, I recognized that there were more folks in Washington who affected what I could do for and with my patients than anybody I ever met in residency or in medical school and that that was wrong.

Health care, taking care of people, is a moral endeavor and should be grounded in principle. And if the principles that we hold dear for health care are applied to this debate and to this bill, the picture is not pretty: accessibility, being able to receive care; affordability, being able to afford care; quality, receiving the best care available; responsiveness, having a system that works for patients; and innovation, being certain that we have the newest and the best treatments and choices, patients being able to choose their physicians and how and where they are treated.

All of these are harmed by this bill. All of these principles are violated. None of these principles are improved by the further intervention of the Federal Government.

So you see, Mr. Speaker, mostly this is bad for patients, for all Americans. The trust that is necessary between caregiver and care receiver, between patients and their doctors, to believe that your health is not being undermined by the system will be permanently eroded, permanently damaged; and it is that trust that is the foundation of the morality of health care.

So this is a sad day, yes, because there are so many wonderful and positive and patient-centered solutions that we could have enacted. You see, we trust patients and families. They trust government.

As a physician, I know that when patients and their families and their doctors are not allowed to decide what they receive, we lose more than our health care system. We lose our morality. We lose our freedom.

The positive vote, the patient-centered vote, the bipartisan vote on this bill is a "no."

Mr. GEORGE MILLER of California. I yield 1 minute to the gentlewoman from California (Ms. WOOLSEY), a member of the committee.

Ms. WOOLSEY. Mr. Speaker, the whole Nation desperately needs health care reform, but no group of Americans needs it more than women who face discrimination and insult at the hand of the broken status quo every single day. We all know that the current system allows insurance companies to deny coverage based on preexisting conditions.

But I wonder how many of my colleagues realize that essentially being a woman is a preexisting condition. Pregnancy, for example, or C-sections, can be deemed preexisting conditions. Most unbelievable of all, insurance companies can legally turn their backs on women who suffered injuries due to domestic violence because that, too,

can be defined as a preexisting condition. We should all be ashamed of a system that puts healthy insurance company profits ahead of healthy American women.

This weekend, today, tonight, we will make history by passing a health care bill that will correct these injustices, and no longer will female be considered a preexisting condition.

Mr. KLINE of Minnesota. Mr. Speaker, at this time it is my pleasure to yield 2 minutes to the gentleman from Kentucky, the ranking member of the Higher Education, Lifelong Learning, and Competitiveness subcommittee, Mr. GUTHRIE.

Mr. GUTHRIE. Mr. Speaker, I have always liked to describe the process I have seen in the last few weeks of trying to put a bill together like putting a puzzle together, but forcing pieces together and trying to make them fit. And in the end, the puzzle doesn't have a complete picture. And one of the pieces they are trying to make fit to keep this under \$1 trillion, is what the score is; but what we are not mentioning is the incredible unfunded mandate that we were placing on our States.

Just a couple of years ago I was a State senator. And tonight, State senators in Kentucky, my former colleagues, are meeting together to try to close a billion-dollar budget gap. And what does this bill do? This bill puts a \$30 billion unfunded mandate by CBO estimates onto our States.

To the south of Kentucky, Phil Bredesen, a very respected Democratic Governor of Tennessee, says this is the mother of all unfunded mandates. And just to the north of me in Indiana, Governor Mitch Daniels said a half a million more Hoosiers will be on Medicaid, costing the State taxpayers billions of dollars.

It's going to cost my State, according to the Heritage Foundation, \$303 million from 2014 to 2019. So that's what our next budget session-mates will be budgeting for 2014. So the State legislators tonight who are hoping the economy will turn around, maybe there will be a light at the end of the tunnel, are now having to deal with the \$303 million freight train that's the light at the end of that tunnel.

But on top of that, this proposed bill also takes student loan money to finance this bill. The government has taken over the student loan business; they have lower interest rates. Instead of lowering the rate our students are going to be paying back on our interest, we are going to take part of that money and fund this bill on the backs of our students.

Mr. Speaker, it's unfair to put these burdens on our States and on our students.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Arizona (Mr. GRIJALVA), a member of the committee.

Mr. GRIJALVA. Mr. Speaker, today I rise in full support of the legislation to reform health care before us. It is, indeed, a historic opportunity for the American people to begin the necessary process of fixing a failing and broken health care system that is costly and denies basic health care to many, to 48 million Americans in this country.

It is also a tremendous building block for the care of people in this country in the future and to begin to rein in the greed of private insurance companies that continue to raise premiums at the expense of the American people. This legislation has very good aspects in it. One of them is, finally, after 10 years of neglect by a Republican majority and administration, Indian health care is part of this legislation, and this health care brings necessary and increased resources to Indian Country.

We begin to deal with health disparities in this legislation, which we have not done in the past. I am proud to support this legislation. It is not just a step forward; it is a historic leap into bringing to the American people a necessary reality, which is health care.

The SPEAKER pro tempore. The time of the gentleman has expired.

□ 2045

Mr. KLINE of Minnesota. Mr. Speaker, could I inquire as to the time?

The SPEAKER pro tempore. The gentleman from California has 9¾ minutes remaining. The gentleman from Minnesota has 3 minutes remaining.

Mr. KLINE of Minnesota. Mr. Speaker, then at this time I am pleased to yield 1 minute to the gentlewoman from Illinois, a senior member of the Education and Labor Committee, Mrs. BIGGERT.

Mrs. BIGGERT. Mr. Speaker, I rise today deeply troubled, not just by this bill, but by the historic opportunity this body has squandered. We had so long to get this right, so many chances to take a step back and listen, really listen, to what the American people were asking us.

Instead, true leadership was cast aside in favor of backroom deals, partisan games, and legislative gimmicks. The best intentions on both sides of the aisle never had a chance to turn good ideas into great policy, and we were left with a bill that is so poorly crafted that we are voting to overhaul it the same day it is going to the President.

But the American people still have a choice. It is not between this partisan bill and nothing. We can work together to deliver the commonsense reforms that the American people want.

Mr. Speaker, I know many colleagues have been struggling with this vote. I urge them to vote "no" and work with us to pass reforms we can all be proud of, that we can all vote for.

Mr. Speaker, I vote "no."

Mr. GEORGE MILLER of California. I yield 1 minute to the gentlewoman from California (Ms. SHEA-PORTER).

Ms. SHEA-PORTER. Tonight I vote for the middle class.

I have heard the desperation of parents whose kids were kicked off their plan before they even had a job. This bill allows 30 percent of young Americans currently without coverage to stay on their parents' plans until age 26.

I have listened as New Hampshire small business owners told me they were embarrassed they could no longer insure faithful employees. This bill is their remedy.

I heard those who lost homes because they got sick or hurt, lost their insurance, and then could not pay medical bills. I listened as hospitals discussed the uninsured's costs to New Hampshire taxpayers. Here is the cure.

For the late Donald Long of Raymond, who told me he paid \$500 for prescriptions every 3 months because of the doughnut hole, thank you. I heard you and all seniors.

I heard Sandra Gagnon of Manchester, who has a chronically ill daughter. Now, no more preexisting exclusions.

For the families in New Hampshire and across America, I vote "yes" for you.

Mr. KLINE of Minnesota. Mr. Speaker, I yield myself the balance of my time.

The SPEAKER pro tempore. The gentleman is recognized for 2 minutes.

Mr. KLINE of Minnesota. Mr. Speaker, earlier this month President Obama said, "Everything there is to say about health care has been said, and just about everyone has said it."

Perhaps he is right. Perhaps everyone in Washington has said all there is to say. The lines have been drawn, and the number of undecided votes is dwindling. But perhaps it is time for Washington to stop talking and start listening.

I am listening to the calls coming into my office, 13-1 against this legislation. I am listening to residents of Minnesota's Second Congressional District, who told me during a town hall last week 72 percent of them are opposed to this bill. I am listening to small business owners in my State and around this Nation who are paralyzed by the fear of new mandates, job-killing taxes, crushing Federal deficits, and more government control.

I am listening to the thousands of citizens who traveled to our Nation's capital this weekend to tell us in no uncertain terms they want us to kill the bill. I am listening, and what I am hearing is the American people shouting "stop."

They want us to start over. They want health care reform we can afford. They want reform that will bring down costs without sacrificing quality or personal freedom. Mr. Speaker, they want us to say "no" to this bill today so we can come back and do better tomorrow.

There is no question that there are Members in this body, Republicans and Democrats, who are ready to go to work on a much improved bill.

The die has not yet been cast. It is not too late. I urge my colleagues: Listen to the American people. Vote "no." Vote "no."

I yield back the balance of my time.

Mr. GEORGE MILLER of California. I recognize the gentlewoman from Nevada (Ms. TITUS), a member of the committee, for 1 minute.

Ms. TITUS. For over 1 year, I have listened to the voices of District 3 and heard heartbreaking stories of children denied coverage because of a pre-existing condition, small business owners who can't afford to insure their employees, and single moms who have lost their jobs and their insurance. They are the reasons I am voting for reform.

In District 3 alone, reform will improve coverage for more than 600,000 people. It will strengthen Medicare for 120,000 seniors and close the prescription drug doughnut hole. It will create health care tax breaks for over 200,000 families and 17,000 small businesses, and lets 72,000 young adults stay on their parents' policy.

Insurance companies and others opposed to reform have spent over \$1.3 million in southern Nevada, but I won't be intimidated. Today, as I have always done, I am standing up for what I believe is in the best interest of my constituents. As has been said, it is the price of leadership to do the thing you believe has to be done at the time it must be done. Now is the time to get it done and pass health care reform.

The SPEAKER pro tempore (Mr. PASTOR of Arizona). The gentleman from Wisconsin (Mr. RYAN) is recognized for 10 minutes as a designee of the minority leader.

Mr. RYAN of Wisconsin. I reserve the balance of my time.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Texas (Mr. HINOJOSA), the Chair of the Higher Ed Subcommittee.

Mr. HINOJOSA. Mr. Speaker, I rise today in full support of this reconciliation legislation, to say that we have an extraordinary opportunity today to improve the quality of life for millions of Americans, for the 32 million children and families who are uninsured, and for students and workers who dream of pursuing higher education and acquiring the skills needed to access 21st century jobs.

As subcommittee chair for Higher Education, I am proud to say that today Congress will invest billions of dollars to increase accessibility and affordability in higher education for our Nation's students and workers. This landmark legislation provides \$36 billion in Pell Grant scholarships over 10 years. It provides \$2 billion of moneys for our Nation's community colleges, and \$2.55 billion for our minority-serving institutions of higher learning, including HSIs and HBCUs. By moving to

the Federal Government's direct loan program, we will put the best interests of students first and make college loans more reliable and affordable for students and families.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from Massachusetts (Mr. TIERNEY), a member of the committee.

Mr. TIERNEY. Mr. Speaker, today is an opportunity for this body to stand up for middle class families and small businesses.

Today, by passing this bill, no family will have to worry that their 20-something-year-old child will have a serious condition and not be covered or ever be refused coverage in their lifetime due to a preexisting condition. Insurance companies will no longer be able to limit coverage annually or over a lifetime just when serious conditions require care. They won't be able to rescind coverage in the middle of cancer or diabetes care, and they will have to spend a reasonable portion of premium dollars on actual health services.

We will be able to see our seniors affording both their groceries and their prescription medicines because we will close the so-called doughnut hole in their current coverage, and we will extend the life of Medicare for 9 years even as we improve its coverage.

Small business employers and employees will be better able to afford health care and will pay less in administrative costs while having the choices large companies and Federal employees have now.

All this, Mr. Speaker, and we will be making the largest pay-down on the Federal deficit in quite some time, reducing our debt by over \$1 trillion in the next two decades.

No bill is perfect, but this bill is an enormous improvement of the status quo.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Speaker would remind Members to heed the gavel at the expiration of their time.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentlewoman from the District of Columbia (Ms. NORTON).

Ms. NORTON. For the tax-paying residents of the District of Columbia, I rise in strong support of the health care reform bill before us today.

Mr. Speaker, if I could cast a vote on behalf of the residents of the District of Columbia, on final passage of the health care bill before us today, I would cast a critical "aye." Unfortunately, however, the D.C. Voting Rights Act, like most bills this year, is in line behind health care reform. Fortunately for me, however, the most important point of contribution to a bill is usually not when the work is done, and all that needs to be done is to register your vote for the majority. The most critical point in this legislation was when it was being crafted. I believe that the many hours I have put into the

health care bill to ensure that it served D.C. residents have been more than worth it. For example, beyond the many benefits for all Americans in the bill, D.C. will be relieved of the \$50 million it has generously used to fund its D.C. Health Alliance for people who do not qualify for Medicaid, but cannot afford health insurance, a cost seldom picked up by other states.

Mr. Speaker, this bill specifically benefits my constituents in many ways, particularly the following:

For the 62 percent of D.C. residents who already have private health insurance, but are facing soaring insurance costs and could be dropped at the whim of an insurance company, the bill will reign in insurance costs by restricting administrative expenses, profits, and overhead; prohibit insurance companies from denying coverage based on pre-existing conditions; prohibit annual and lifetime benefit caps; and prohibit insurance companies from dropping coverage when a person becomes sick.

For the 134,000 uninsured families and 17,300 small businesses, the bill will provide tax credits to buy affordable insurance at group rates through the new health insurance exchanges that will be established, or for individuals with incomes below 133 percent of the poverty line, through expansion of Medicaid.

For the 75,000 seniors receiving Medicare, the bill will add free preventative and wellness care, improve primary, coordinated, and nursing home care, and provide a \$250 rebate this year and 50 percent discounts on brand name drugs beginning next year to the 3,300 seniors who have fallen through the donut hole and are forced to pay the full cost of prescription drugs, while closing the hole within 10 years.

For 67,000 young adults in the District, the bill will allow them to stay on their parents' plan until age 26 and allow them to purchase affordable policies until age 30.

For the 5,600 D.C. individuals with pre-existing conditions, the bill will ensure they are not denied affordable coverage.

Families who purchase insurance through the health insurance exchange or are insured by small businesses will no longer face bankruptcy due to health care costs not covered by insurance, because the bill will cap out-of-pocket costs at \$6,200 for individuals and \$12,400 for families.

For District of Columbia health care providers, the bill will provide up to \$54.6 million for 42 D.C. community health centers, and will reduce the burden on uncompensated care by \$69 million at the District's hospitals and other health care facilities.

I am particularly pleased about the benefits that will be available to my constituents as soon as the bill is signed. For individuals, there will be coverage for early retirees, 55–64; coverage for young adults up to age 26 on parents' policies; preventative care for those receiving Medicare and for others, now under private plans; first steps to close the donut hole, coverage for residents with pre-existing conditions; and tax credits for small business employees. For many of my constituents, the elimination of abuses will be the most important parts of the bill, including no more cancellation of policies when residents get sick; no discrimination against children with pre-

existing conditions; no lifetime coverage limits; no annual limits on new plans; and requiring 80 percent of premiums for individuals and small groups, and 85 percent of large plan premiums, to be spent on the insured. Other critical provisions that will benefit many D.C. residents are the funds to double the number of patients the city's 42 community health centers can accommodate, and funding for training more primary care doctors.

The SPEAKER pro tempore. The gentleman will be charged time.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentlewoman from California (Ms. ZOE LOFGREN).

Ms. ZOE LOFGREN of California. Mr. Speaker, I rise in support of the bill.

I'm proud to stand on the floor of the House of Representatives today to cast my yes vote for this historic bill. I vote yes for the nearly 50,000 currently uninsured residents of the 16th California Congressional District who will now be eligible for health insurance. I vote yes for the 6,000 seniors in my district who will no longer be subject to the donut hole in Medicare Part D. I vote yes for the 55,000 young adults in the 16th District who will now be able to extend their coverage under their parent's existing insurance. I vote yes for the roughly 15,000 small businesses in the 16th District who will be able to extend coverage to their employees because of the tax credits in this bill. I vote yes for the 800 families in the 16th District who every year are forced to file for bankruptcy due to medical bills. I vote yes because this legislation will reduce the deficit by \$130 billion over the next 10 years and by some \$1.3 trillion over the second decade. Simply put, I vote yes because it is the right thing to do and because my constituents overwhelmingly demand it.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentleman from California (Mr. SCHIFF).

Mr. SCHIFF. Mr. Speaker, I rise in support of this historic health care reform legislation.

Two years ago, during a telephone townhall with my constituents, one of my neighbors in Burbank told me that her young daughter had become ill. Our children played together in preschool, and they lived just a few doors down. When her daughter became sick, they were able to get her the health care she needed through a program called Healthy Families. She was now, thankfully, all better.

But now, my constituent told me, she herself was ill. She and her husband were both self-employed and could not afford health insurance, and she was scared to death to get her illness treated at the emergency room. Her question to me that night was: "Is there any hope for families like mine?"

The answer tonight is "yes." There is now hope for millions of self-employed Americans who cannot afford health care, and millions more who are small business people struggling to provide health care for themselves and their employees. And there is hope for millions of others who have pre-existing conditions and cannot obtain health insurance. And

for millions of seniors who have fallen through the donut hole in their prescription drug coverage. Because tonight's bill will address the needs of each and every one of these Americans who are struggling to afford the coverage they have, or find health insurance when they are without.

Our health insurance system is intrinsically linked to our Nation's and California's economic recovery. There are now more than 30 million American citizens who do not have health insurance coverage, and every day, 14,000 Americans lose their coverage. In fact, Californians are more likely to be uninsured than most Americans—over 7 million Californians are uninsured this year.

Millions of Americans now receive their care at the emergency room, and millions more must make the difficult choice of whether to pay their medical bills or pay their mortgage because they cannot afford to do both; two-thirds of all bankruptcies and half of all foreclosures are a result of a health care crisis in the family.

This recession has highlighted wide and growing gaps in our health care system. Families lose their insurance coverage when a parent in the household becomes unemployed, and too many parents without employment are falling through those widening cracks—unable to afford COBRA, ineligible for public coverage, and precluded by high premiums and/or pre-existing conditions from obtaining private insurance.

Collectively, as a Nation, we spend almost twice as much per person on health care as any other country, or about 17 percent of our gross domestic product, and this number is growing every year far faster than inflation.

Tonight, I'm voting to pass legislation that will substantially reform the health insurance industry and practices, extend quality coverage to millions of Americans, and hold down national, public, and private health care costs. This bill will help provide stable coverage that cannot be taken away and won't be lost when you change jobs, and will provide additional insurance choices in an invigorated and competitive marketplace.

In my district alone, this bill will provide tax credits and financial assistance to over 135,000 families and 15,000 small business owners in order to help them afford coverage, and extend coverage to 80,000 uninsured residents. This bill will close the "donut hole" for 94,000 seniors, and extend the life of Medicare. Further, we act tonight in a fiscally responsible manner, reducing the deficit by over \$1.3 trillion during the next two decades.

Tonight, we make it illegal to deny health coverage to the 15,000 constituents in my district with pre-existing conditions. We ensure that the costs of health care won't threaten their family's finances, that their doctor is paid for making them well and not ordering unnecessary tests, and that their health care premiums are spent on actual care, not paying for paperwork and red tape.

I have two young children, and I cannot imagine the dread that a parent must feel who has a sick child for whom they cannot provide care. That is an agony no parent should ever know. Not here. Not in America. I have had one steady guide through my years in Congress, and it is my two children. When they

are old enough to know of my work in Congress, I want them to be proud of what their father did when he had a chance to serve this great Nation. And I believe they will be proud of me for casting my vote to provide health care for millions who do not have it, just as I am proud of the generation who went before and provided health care for millions of seniors when they had the courage to pass Medicare.

I strongly believe that access to affordable, quality, stable health care is the key to a productive work force, small business innovation, and the economic as well as health security of our families and Nation, and I'm proud to vote for this bill.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield for the purposes of a unanimous consent request to the gentlewoman from California (Mrs. DAVIS).

Mrs. DAVIS of California. Mr. Speaker, I rise in support of health care reform—finally.

When people are asked why they chose their profession, so many say it's because they wanted to make a difference.

We have the unique opportunity and honor to do just that.

Passing healthcare reform will impact our constituents in almost all aspects of their lives.

Good health is one of the most important things a person can have—there is truth in the saying that it is more valuable than all the riches in the world.

The bill we're passing isn't just about reducing sky-rocketing premiums or putting patients ahead of insurance companies—it's about the total outlay for families when it comes to providing for both basic and high risk care.

Having affordable and certain health insurance translates not only to better health care but to better financial security so people can save money and use it for the betterment of their families.

It means Americans can take the job they want, not just the job with healthcare.

And it means they can strike out on their own and start the new businesses that spur our economy.

We are making a difference as we do this for the American people.

I truly appreciate my constituents whether they are for or against this measure, and I thank all of them for sharing their stories with me.

Mr. RYAN of Wisconsin. Mr. Speaker, I yield 2 minutes to the vice ranking member of the Budget Committee, the gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Speaker, the vote we take tonight very well may unalterably change the role of government in a society whose most cherished birthright is that of personal freedom.

There are so many reasons to oppose this legislation. Taxpayer-funded abortions, the sleazy backroom deals that brought us the Cornhusker kickback, the Louisiana purchase, the pharmaceutical payoff, one-half trillion dollars in tax increases on an economy where millions have lost their jobs and can still find no gainful employment.

As a member of the House Budget Committee, let me give you one more: We can't afford it. Our government can't even pay for the promises it has made current generations, much less future generations.

After giving us the largest deficits in American history, after proposing to triple the national debt in the next 10 years, Democrats today want to add \$2.6 trillion of new spending to the Federal budget, costing every household \$22,000. That is more money to borrow from the Chinese, more bills to send to our children and grandchildren. Mr. Speaker, you cannot improve the health care of a Nation by bankrupting its children.

I have seen the Democrats' Congressional Budget Office letter about cost. Garbage in, garbage out. When you put facts in, you get facts out. My Congressional Budget Office letter says the program will add to the deficit.

But even more than cost, this is really a debate about who will control the health care resources of this Nation and who will control the health care decisions of our families. If we pass this bill, we will wake up one day only to find that when our loved ones become ill, they will wait weeks, perhaps months, to see a mediocre doctor of the government's choosing, only to be told by that same doctor that he cannot help because his treatment must be limited by the government protocol.

In America, we must never confuse the social safety net with the slippery slope to socialism.

When it comes to the health care of my family, when it comes to the health care of my country, I reject the hubris and arrogance of government social engineering, and I embrace the affordability and portability that comes by preserving the liberties of the American people.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentleman from New York (Mr. BISHOP), a member of the committee.

Mr. BISHOP of New York. Mr. Speaker, over the course of this long and passionate debate, amidst the angry and at times even hateful rhetoric, amidst the misinformation of scare tactics, there exists one simple truth, and that truth is that the current system is unsustainable. It is a system that threatens to bankrupt the Federal Government and every other level of government, and it is a system that is already bankrupting businesses, families and individuals.

Those who stand in the way of reform are protecting this system. To do nothing is to ensure a future of ever escalating rates, slashed benefits, and, most tragically, illness and disease that go untreated.

The bill before us is not perfect, but it does enable us to begin to take action on the most pressing issues that affect the hardworking families we represent.

In my district alone, 24,000 uninsured individuals will get coverage, 97,000 families will receive tax credits to defray the cost of coverage, 20,000 businesses will receive tax credits to provide their employees with coverage, and 49,000 young adults will be able to remain on their parents' policies.

On behalf of these people and the millions like them, let's pass this bill tonight.

Mr. GEORGE MILLER of California. I yield 1 minute to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE of Wisconsin. As a member of the Budget Committee, I have had the opportunity to hear the most specious, inaccurate, contradictory, and downright laughable arguments against health insurance reform.

Take, for example, the argument that we need to start over because the Congressional Budget Office score had been done 17 months earlier and now was old and stale. And, oh, by the way, the debate has dragged on for 17 months. Yet, the minority simultaneously complains that somehow we are hurrying and ramming the bill through.

Once the CBO score was recalculated demonstrating phenomenal deficit reduction, the complaint became that the CBO is playing number tricks. Of course, the minority trusts CBO when the scores work for them.

The minority's plan is to allow insurance premiums to rise unregulated by government intervention, let a family of four's premiums double every decade, and end Medicare as we know it.

□ 2100

If the health insurance reform debate wasn't so serious, these arguments would be laughable.

Mr. RYAN of Wisconsin. At this time, Mr. Speaker, I'd like to yield 2 minutes to gentleman from New Jersey (Mr. GARRETT).

Mr. GARRETT of New Jersey. Mr. Speaker, I rise in strong opposition to this bill for two very important reasons. First, I believe that this bill fundamentally violates the U.S. Constitution and it will be found unconstitutional once it gets its way through the courts.

While Congress is given the power under the Constitution to regulate interstate activity, never before have we had to be required to purchase a private product—government approved—as a price of U.S. citizenship. This moves far beyond regulating economic activity into the realm of regulating inactivity.

If we allow that Congress has this authority under the Constitution, then there is no limit whatsoever of Washington's ability to micromanage our lives. In the future, if Congress feels our car industry needs a boost again, they can require us all, once again, to purchase a car from GM. That is not

exactly what our Founding Fathers had in mind.

Thirty-seven States have already filed legislation to challenge this bill. Two States have already passed laws threatening lawsuits if this bill passes tonight. One State lawmaker has pointed out that that's two-thirds of the States of this great country, enough States to change the Constitution.

In addition, there's another reason it should be rejected. It's because it puts us hopelessly in debt. Democrats assert that their bill would reduce the deficit over the next 10 years, and more thereafter. Utter nonsense. As the ranking member has repeatedly pointed out, there are budget gimmicks in here and double counting galore. Your very own actuaries from the HHS, what do they say about that? They say that the bill is "unrealistic." Furthermore, it would "jeopardize access to care" for senior citizens.

So, then, what can we count on after this massive program passes and we have \$2.5 trillion in additional spending at an 8 percent growth rate? Think about it. We can't even pay our own debts today. Please, don't add another unconstitutional, economic burden to this and future generations.

Vote down this bill.

Mr. GEORGE MILLER of California. I yield to the gentleman from Texas (Mr. GENE GREEN) for the purpose of a unanimous consent request.

Mr. GENE GREEN of Texas. Mr. Speaker, I rise in support of H.R. 3590 and also H.R. 4872.

Mr. Speaker, I rise in strong support of H.R. 3590, the Patient Protection and Affordable Care Act and H.R. 4872, the Reconciliation Act of 2010.

We are in desperate need of health care reform in the 29th District in Texas. We have one of the highest number of uninsured individuals in our country where nearly 43 percent of the residents are uninsured. If enacted, H.R. 3590 and H.R. 4872 would provide insurance coverage to 95 percent of all Americans and for 223,500 currently uninsured residents in the 29th district.

It will also improve the employer based coverage for 217,000 residents in my district. Also, approximately 177,000 families and 14,600 small businesses will receive tax credits and other assistance to help them afford health insurance coverage under these bills.

The legislation before us today will give all individuals the ability to access quality affordable health insurance, and approximately 34,500 residents in our district will no longer be denied coverage for preexisting conditions and their coverage cannot be capped or dropped when they get sick.

The legislation before us today also ensures no more co-pays for preventive care, no more yearly caps on what the insurance company will cover, and provides premium subsidies for those who need them.

We will also improve Medicare benefits for 56,000 seniors in our district by closing the Part D donut hole over time and immediately

provide seniors who are in the donut hole with a \$250 credit in 2010.

The legislation also improves seniors' benefits under Medicare by providing free preventive and wellness care, improving primary and coordinated care, and enhancing nursing home care. The bill also strengthens the Medicare Trust Fund, extending its solvency from 2017 to 2026.

H.R. 3590 and H.R. 4872 will rein in rising health costs for American families and small businesses—introducing competition that will drive premiums down, capping out-of-pocket spending.

According to the Congressional Budget Office, CBO, this legislation is fully paid for by eliminating waste, fraud, abuse, and excessive profits for private insurers. Nationwide, these health reform bills will reduce the deficit by over \$130 billion over the next 10 years and by about \$1.2 trillion over the second decade.

Texas will also benefit from the legislation before us today. The Texas Department of Health and Human Services, TDHHS, released estimates that H.R. 3590 and H.R. 4872 will cost the State \$24 billion over the next 10 years—this is inaccurate.

These estimates are incorrect because they do not include the federal expansion and 100 percent contribution of Medicaid payments until 2018. Right now Texas accounts for 7 percent of Medicaid spending nationally. If those levels stay the same after the State-based exchanges are set up, the cost to the State of Texas would be \$1.4 billion and not \$24 billion. Additionally, the bill will reduce the expenses related to uncompensated care in our State by \$15 million annually.

Currently, there are 5.9 million uninsured individuals in Texas. Under H.R. 3590 and H.R. 4872 nearly all of those individuals will have health insurance and most of it will be funded at federal expense—not at the expense of Texas. In fact, given the size of the State it is entirely possible that Texas will receive the largest amount of federal investment of any other State and create many new jobs in the health care sector.

The time for health reform has come. Health insurance premiums are growing three times faster than wages and last year, more than half of Americans postponed medical care or skipped their medications because they couldn't afford it.

I urge my colleagues to vote in favor of the legislation today not only for my constituents, but for all Americans.

Mr. GEORGE MILLER of California. I yield for the purpose of a unanimous consent request to the gentleman from Missouri (Mr. CARNAHAN).

Mr. CARNAHAN. Mr. Speaker, I rise in support of this important health care package for America.

Mr. Speaker, today, history was made.

Today was for Sharon, from St. Louis, whose husband has Parkinson's Disease, and whose medication costs quadruple every May, when he falls into the donut hole.

Today was for Mary, whose has lived in fear of losing her coverage because she knows her son will be refused coverage because of his preexisting condition.

Today was for Michelle, who can't afford health coverage for the employees in her small bookstore.

Today was for Stacy, whose grandmother died because she didn't have access to preventative care, leaving her family devastated and her grandfather broke from medical debt.

An American President once said, "There has long been a need to assure every American financial access to high quality health care. As medical costs go up, that need grows more pressing. Now, for the first time, we have not just the need but the will to get this job done."

That President was Richard Nixon in 1974.

Indeed, the effort to make sure quality, affordable health care is available to all Americans dates back nearly 100 years, when Teddy Roosevelt called for reform, a call echoed by Democratic and Republican Presidents alike—Eisenhower, Kennedy, Nixon—and even Missouri's own Harry S. Truman.

Today, we have finally fulfilled this century-old mission.

No longer will older Americans face financial ruin because they can't afford to purchase life-saving medicine.

No longer will parents fear that their children will be denied coverage because they have a preexisting condition.

No longer will small businesses be forced to choose between health care or hiring additional employees.

And no longer will people die, in the wealthiest country in the world, simply because they cannot afford care.

That all ends today, with the passage of this bill to stop the insurance companies from denying care to people who are sick and rein in rising costs to make health care more affordable for families and small businesses, giving everyone access to the kind of health care choices available to Members of Congress.

It's about time. We have a healthier America. A healthier America means a stronger, more productive, more competitive America.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. TONKO).

Mr. TONKO. Today we answer the clarion call from the American people to fix our Nation's broken health care system. Today is the day we deliver on that promise with a vote as historic as the creation of Social Security and Medicare.

Today I will cast my vote in favor of putting the control back into the hands of American families and small businesses and their doctors. No longer will insurance companies be able to hold people hostage by raising rates and abuse sick people by dropping and denying coverage. Small businesses will no longer see their premiums skyrocket and will not have to make the painful decision to stop offering health insurance to their employees because the costs have climbed too high.

Indeed, this bill is about freedom. Every American will now have the freedom from control of insurance companies and their record profits and will have the freedom to access the care they need, when they need it. Our seniors will have the freedom to enjoy Medicare for years to come, and they will have the freedom from worrying

about the cost of their prescription drugs.

The bottom line for me, Mr. Speaker, is whether the people in the capital region of New York will be better off with these reforms, and my answer is yes. Absolutely, yes.

Mr. GEORGE MILLER of California. Mr. Speaker, I yield to the gentlewoman from Texas (Ms. JACKSON LEE) for the purpose of a unanimous consent request.

Ms. JACKSON LEE of Texas. In the name of my mother, Ivalita Jackson, I affirmatively support this bill for all of America.

Mr. Speaker, I have the great honor and privilege to rise in strong support of H.R. 4872, "The Health Care & Education Affordability Act of 2010," a bill that will make health care affordable for the middle class, provide security for seniors, and guarantee access to health insurance coverage for the uninsured—while responsibly reducing the federal deficit over the next decade and beyond. I would like to thank President Obama and the leadership in the House and Senate for guiding us through this journey.

Mr. Speaker, when I stand here today and reflect upon what we are about to embark upon, I cannot help but think of some of the last words that the Great Senator Edward Kennedy shared in his letter to President Obama. The Senator said, "And so because of your (Obama's) vision and resolve, I came to believe that soon, very soon, affordable health coverage will be available to all, in an America where the state of a family's health will never again depend on the amount of a family's wealth. And while I will not see the victory, I was able to look forward and know that we will—yes, we will—fulfill the promise of health care in America as a right and not a privilege. Well, Senator, your life's work shall today be proven to not be in vain."

Though it has been a long journey to get to this place and many have suggested that we need to start over and wait until some other time in the future to address the health care crisis. In the words of the great civil rights leader, Dr. Martin Luther King, Jr., that "we have also come to this hollowed spot to remind America of the fierce urgency of now." We cannot wait. We will not wait any longer to provide the citizens of this great Nation access to affordable, quality health care.

Today when we pass this bill, it will be a historic day not only for tens of millions of uninsured Americans, but also for our great Nation. As Speaker PELOSI has reiterated, we as Members of Congress, are "humbled to stand here at a time when we can associate ourselves with the work of those who passed Social Security, those who passed Medicare, and now we will pass health care reform."

Many parallels exist between that time in history and today. Throughout this journey, we have listened to a parade of Republicans warn that this bill will bring the downfall of American society, of the American way of life. This, however, is not the first time that the Republicans have been on the wrong side of history. In an interview in 1975, David L. Kopelman, who played a prominent role in the early administration of the Medicare Program, remarked

that his colleagues were often criticized by Republicans. "Communist," he recalled, "was the designation all too liberally applied to anyone with a progressive idea. Well, after all, when we went around making contact with employers in those early years that was the designation not delicately applied by many, if not most of them, to the social security program. It must be some communist scheme foisted on the American people." Alf Landon, the Republican candidate for President in 1936, even campaigned on the fact that not a dollar in social security benefits would ever be paid.

Mr. Speaker, unfortunately, such ad hominem attacks are as prevalent as ever. The Republicans want you to believe that our country is descending into an abyss of socialism, but nothing could be further from the truth. Today, I am proud to support a bill that is distinctly American. We the people, Thomas Jefferson wrote in the Declaration of Independence are endowed "with certain unalienable Rights that among these are Life, Liberty and the pursuit of Happiness.—That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed . . ." I believe that it is no coincidence that life is listed first—for without it, the Founders realized, no other rights can be realized. Over many years, the millions of Americans who could not access medical services were denied their right to life—a life with access to quality and affordable health care.

Let me set the record straight, this bill is good for the American people and will go a long way to ensuring access to quality and affordable care to those millions of Americans who for far too long have been left out of the health care equation. This health insurance reform legislation (the Senate bill as improved by the Reconciliation Bill) that the House is considering today will not only ensure that Americans have access to quality, affordable health care, but will also significantly reduce long term health care costs. The non-partisan Congressional Budget Office (CBO) has determined that it will provide coverage to 32 million more people, or more than 95% percent of Americans, while lowering health care costs over the long term. This historic legislation will reduce the deficit by \$138 billion over the next ten years, with \$1.2 trillion in additional deficit reduction in the following 10 years.

In the words of the great President John F. Kennedy, "the voters selected us, in short, because they had confidence in our judgment and our ability to exercise that judgment from a position where we could determine what were their own best interest, as a part of the nation's interest."

Mr. Speaker, while my colleagues on the other side of the aisle claim that this bill will harm Americans, nothing could be further from the truth. This bill will:

Make health insurance affordable for middle class and small businesses—including the largest middle class tax cuts for health care in history—reducing premiums and out-of-pocket costs.

Strengthen consumer protections and rein in insurance company abuses.

Give millions of Americans the same types of private insurance choices that members of

Congress will have—through a new competitive health insurance market that keeps costs down.

Hold insurance companies accountable to keep premiums down and prevent denials of care and coverage, including for pre-existing conditions.

Improve Medicare benefits with lower prescription drug costs for those in the “donut hole”; it also provides better chronic care, free preventive care, and nearly a decade more of solvency for Medicare.

As President Obama says, “we must act now” and put American families and small businesses, not health insurance companies, in control of their own health care. This bill will do exactly that. Many of my colleagues on the other side of the aisle claim that we are passing a bill that nobody really knows what is in it. Well, Mr. Speaker, let me just take a minute to list a few things that are in the bill.

The bill provides quality, affordable health care for all Americans that: a

Bars insurance companies from discriminating based on pre-existing conditions, health status, and gender.

Provides Americans with better coverage and the information they need to make informed decisions about their health insurance.

Creates health insurance exchanges—competitive marketplaces where individuals and small business can buy affordable health care coverage in a manner similar to that of big businesses today.

Offers premium tax credits and cost-sharing assistance to low and middle income Americans, providing families and small businesses with the largest tax cut for health care in history.

Insures access to immediate relief for uninsured Americans with pre-existing conditions on the brink of medical bankruptcy.

Creates a reinsurance program in support of employers who offer retirees age 55–64 health coverage.

Invests substantially in community health centers to expand access to health care in communities where it is needed most.

Empowers the Department of Health and Human Services and state insurance commissioners to conduct annual reviews of new plans demanding unjustified, egregious premium increases.

Expands eligibility for Medicaid to include all non-elderly Americans with income below 133 percent of the Federal Poverty Level (FPL).

Replaces the so-called “Cornhusker” deal with fair assistance for all states to help cover the costs of these new Medicaid populations.

Maintains current funding levels for the Children’s Health Insurance Program (CHIP) for an additional two years, through fiscal year 2015.

Increases payments to primary care doctors in Medicaid.

The bill improves Medicare by:

Adding at least nine years to the solvency of the Medicare Hospital Insurance trust fund;

Filling the Medicare prescription drug donut hole. In 2010, Medicare beneficiaries who go into the donut hole will receive a \$250 rebate. After that they will receive a pharmaceutical manufacturers’ 50 percent discount on brand-name drugs, increasing to a 75% discount on brand-name and generic drugs to close the donut hole by 2020;

Providing new, free annual wellness visits, and eliminates out-of-pocket copayments for preventive benefits under Medicare, such as cancer and diabetes screenings;

Providing better chronic care, with doctors collaborating to provide patient-centered care for the 80 percent of older Americans who have at least one chronic medical condition like high blood pressure or diabetes;

Improving Medicare payments for primary care which will protect access to these vital services;

Reduces overpayments to private Medicare Advantage plans. Medicare currently overpays private plans by an average of 14 percent. This legislation reins in those overpayments to ensure a fair payment system that rewards quality;

Encouraging reimbursing health care providers on the basis of value, not volume. The bill includes a number of proposals to move away from the “a la carte” Medicare fee-for-service system toward paying for quality and value while reducing costs for America’s seniors.

The bill prevents chronic disease and improves public health that promotes preventive health care at all ages and improves public health activities that help Americans live healthy lives and retrain the growth of health care costs over time. The legislation eliminates cost-sharing for recommended preventive care, provides individuals with the information they need to make healthy decisions, improves education on disease prevention and public health, and invests in a national prevention and public health strategy.

The bill improves health care workforce by making key investments in training doctors and nurses and other health care providers. Currently, 65 million Americans live in communities where they cannot easily access a primary care provider. An additional 16,500 practitioners are required to meet their needs. The legislation addresses shortages in primary care and other areas of practice by making necessary investments in our Nation’s health care workforce. Specifically, it will invest in scholarship and loan repayment programs through the National Health Service Corps to expand the health care workforce. The bill also includes incentives for primary care practitioners and for providers to practice in underserved areas.

The bill provides for transparency and program integrity by providing consumers with information about physician ownership of hospitals and medical equipment companies, as well as nursing home ownership and other characteristics. The bill also includes provisions that will crack down on fraud, waste, and abuse in Medicare, Medicaid, SCHIP and private insurance. It establishes a private, non-profit entity to identify priorities in patient-centered outcomes research that will provide doctors with information on how to best treat patients and end wasteful overspending.

This bill also improves access to innovative medical therapies and establishes a regulatory pathway for FDA approval of biosimilar versions of previously licensed biological products.

The bill also provides community living assistance services and support that makes long-term support and services more afford-

able for millions of Americans by providing a lifetime cash benefit that will help people with severe disabilities remain in their homes and communities. CLASS is a voluntary, self-funded, insurance program provided through the workplace. For those whose employers participate, affordable premiums will be paid through payroll deductions. Participation by workers is entirely voluntary. The Congressional Budget Office confirms that the program, which has been revised from earlier versions, is actuarially sound.

The bill provides revenue provisions that:

Reduce the deficit in the next ten years and beyond. The bill is fully paid for with revenue provisions that focus on paying for reform within the health care system.

Tighten current health tax incentives, collect industry fees, institute modest excise taxes, and slightly increase the Medicare Hospital Insurance (HI) tax for individuals who earn more than \$200,000 and couples who earn more than \$250,000. The taxable base of the HI tax is also broadened by including net investment income. The HI tax increases will not only help fund health care reform, but, when combined with other provisions in the bill, will also extend the solvency of the Medicare Trust Fund by at least nine years to 2026.

Include a fee on insurance companies that sell high cost health insurance plans. The fee is designed to generate smarter, more cost-effective health coverage choices. The reconciliation bill delays this new fee until 2018 so that plans have time to implement reform and begin to save from its efficiencies.

Change health care tax incentives by increasing penalties on nonqualified distributions from HSAs, capping FSA contributions, and standardizing the definition of qualified medical expenses. The industry fees and excise taxes reflect responsible contributions from health care stakeholders who will benefit from the expanded coverage of millions of additional Americans under health care reform. The bill also assesses a small excise tax on indoor tanning services.

In total, the revenue provisions in the bill represent a balanced, responsible package of proposals that bend the health care cost curve by putting downward pressure on health spending, close unintended tax loopholes, and promote tax compliance.

Mr. Speaker, who among us can say with sincerity that the quality of one’s life, which certainly includes one’s health, is not heavily dependent upon the access to quality, affordable health care. According to the National Academy of Sciences, Institute of Medicine, there is a “consistent and statistically significant relationship between health insurance coverage and health outcomes for adults. These factors, in turn, improve the likelihood of disease screening and early detection, the management of chronic illness, and the treatment of acute conditions” Recently, a study published in the *American Journal of Public Health* by researchers at Harvard University Medical School concluded that nearly 45,000 excess deaths of Americans can be linked each year to lack of health insurance.

According to the U.S. Census Bureau, 27 million Americans live without health insurance, and an additional 1.1 million part-time workers lost their health insurance in 2008.

Implementing this legislation will instantly improve the life expectancy of millions of Americans of all ages. It is impossible to put a price on that. When we talk about the right to healthcare, we are actually talking about the right to life—a life that includes access to quality health care.

The bill contributes to reducing health disparities. Minority communities are particularly vulnerable to being left uninsured and underinsured. In our current system, most people do not choose to be uninsured but, instead, are priced out of insurance. These people cannot, as free market proponents often argue, “Pull themselves up by their bootstraps.” Instead, they and their families are too often cyclically and systemically trapped in their economic situation. As a result, minority communities suffer grave health disparities that would otherwise be limited but for lack of access to affordable and quality care.

According to a 2003 National Health Disparities Report released by the Agency for Research Quality and Care:

Minorities are more likely to be diagnosed with late-stage breast cancer and colorectal cancer compared with whites.

Patients of lower socioeconomic position are less likely to receive recommended diabetic services and more likely to be hospitalized for diabetes and its complications.

When hospitalized for acute myocardial infarction, Hispanics are less likely to receive optimal care.

Many racial and ethnic minorities and persons of lower socioeconomic position are more likely to die from HIV. Minorities also account for a disproportionate share of new AIDS cases.

The use of physical restraints in nursing homes is higher among Hispanics and Asian/Pacific Islanders compared with non-Hispanic whites.

Blacks and poorer patients have higher rates of avoidable hospital admissions (i.e., hospitalizations for health conditions that, in the presence of comprehensive primary care, rarely require hospitalization).

This historic bill is particularly important for minorities and women—who have gone without health care coverage for too long. In 2007, only 49 percent of African-Americans in comparison to 66 percent of non-Hispanic whites used employer-sponsored health insurance, according to the Department of Health and Human Services. During the same year, 19.5 percent of African-Americans in comparison to 10.4 percent of non-Hispanic whites were uninsured.

Hispanics have the highest uninsured rates of any racial or ethnic group within the United States. In 2004, the Centers for Disease Control and Prevention reported that private insurance coverage among Hispanic subgroups varied as follows: 39.1 percent of Mexicans, 47.3 percent of Puerto Ricans, 57.9 percent of Cubans, and 45.1 percent of other Hispanic and Latino groups.

Health care reform also is critical to ensure that women have access to affordable health care coverage. An estimated 64 million women do not have adequate health insurance coverage. About 1.7 million women have lost their health insurance coverage since the beginning of the economic downturn. Nearly

two-thirds lost coverage because of their spouse's job loss. And nearly 39 percent of all low-income women lack health insurance coverage. Women also are more likely to deplete their savings accounts paying medical bills than men because they are more likely to be poor. This bill gives women access to the health care that they need and deserve.

Passage of this bill will be a critical first step in helping to reduce such health disparities. This bill will:

1. Lower costs for minority families and preventive care for better health. Racial and ethnic minorities are often less likely to receive preventive care. Vietnamese women, for example, are half as likely to receive a pap smear, and twice as likely to die from cervical cancer as are Whites. Obesity rates are also high among certain minority groups. By ensuring all Americans have access to preventive care and by investing in public health, health insurance reform will work to create a system that prevents illness and disease instead of just treating it when it's too late and costs more.

2. Provide greater choices and more affordable choices and competition. African Americans, Hispanics, and Asians are all more likely to need a referral in order to see a specialist and they are less likely to get coverage for seeing a doctor outside of the insurance network. Health insurance reform will create a health insurance exchange so you can compare prices and health plans and decide which quality affordable option is right for you and your family. It will include a competitive public option that increases choices and holds private insurers accountable.

3. Allow for quality, affordable health care for minorities and eliminates discrimination in obtaining health insurance. Health insurance reform will prevent any insurance company from denying coverage based on a person's medical history, including genetic discrimination which can disproportionately hurt minority populations.

4. Make health care accessible to everyone. African Americans, Hispanics, and Native Americans are roughly twice as likely to be uninsured as the rest of the population. By providing health insurance choices to all Americans and providing premium assistance to make it affordable, health insurance reform will significantly reduce disparities in accessing high-quality health care.

5. Control chronic disease. Nearly half of African Americans suffer from a chronic disease, compared with 40 percent of the general population. Chronic illness is growing in other minority communities as well. Health insurance reform includes a number of programs to prevent and control chronic disease, including incentives to provide medical homes and chronic disease management pilots in Medicare.

6. Promote primary care. By providing health insurance choices through a health insurance exchange and investing in the primary care workforce (including scholarships and grants to increase diversity in health professions), health reform will make sure that all Americans have access to a primary care doctor so they stay healthier, longer. It will also strengthen the system of safety-net hospitals and community health centers to ensure high-quality, accessible care.

Health reform legislation will require any health care program to report on race, ethnicity, gender, and socioeconomic status in order to better understand health disparities, and devote funding to addressing these issues.

The uninsured in Texas. The people of my home state of Texas, in particular, with 6 million uninsured persons, and 26 percent uninsured in my district, the 18th Congressional District, have been hit especially hard when it comes to lack of access to quality, affordable care.

And just what causes such a massive loss of health care coverage? Job layoffs are partially to blame especially in the face of the economic downturn. Yet, we know that the uninsured problems existed way before the devastating recession. Many Americans continue to be forced from their health care plans due to decisions by insurance companies to put profits over people. Policy cancellations rather than paying for expensive yet necessary medical treatment is just one of the many techniques used by large insurance companies to rack up huge profits annually.

According to the latest figures analyzing the profits of health insurance companies, 10 of the country's largest publicly traded health insurance companies enjoyed a rise in profits of 428 percent, from 2000 to 2007. From filings with the U.S. Securities and Exchange Commission, it was revealed that in 2007, these insurance companies alone generated \$12.9 billion in profit. That same year, the chief executive officers at these companies collected combined total compensation packages of \$118.6 million—an average of \$11.9 million each. That is 468 times more than what an average American worker made that year.

Since 2007, there has been a 10 percent increase in the uninsured rate in Texas alone. Today, 6,240,000 Texans are without even basic health insurance. And this broken health insurance system has cost the Texas economy dearly. This year, Texas lost \$30 billion in productivity as a result of its millions of uninsured residents.

Those in our state who are blessed to have insurance coverage have in some ways been losers as well. Specifically, the average Texan family pays insurance premiums of over \$1000 a month. This figure is set to nearly double to \$1920.75 per month by 2019, that is, unless we succeed in passing health care reform legislation. Today, when we pass this bill, the people of Texas and all over this nation become winners.

We know that many of our colleagues in this body do not want to reform the health care system and are on the side of the big insurance companies. We choose to stand on the side of the Americans who need our help. President Franklin D. Roosevelt said it best when he said, “the test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have little.”

While the state-wide numbers are shocking, on the local level, the health care figures are even worse. The 18th Congressional District and the rest of Houston, account for 1.1 million of the state's uninsured residents. Nationally, more than 15 percent are uninsured. In Texas it's nearly 24 percent. Here in Harris

County, it's 30 percent, according to state figures, the highest rate among the nation's top 10 metropolitan areas.

So how do the million plus Houston residents without insurance company get health care—emergency rooms of course. Emergency rooms have become the health care providers of last resort for well over 100 million Americans annually. Over a 10 year period from 1994 to 2004, ER visits on a national level saw an 18 percent jump, according to the Centers for Disease Control and Prevention. The Texas Hospital Association reports that ERs in the state experienced a 33 percent increase; in the Houston area, it was more than 50 percent. During this ten year period, the number of hospital emergency departments dropped by more than 12 percent nationally.

Emergency rooms in Houston hospitals are routinely overcrowded and overused as throngs flock seeking care for ailments that may range from a heart attack or gunshot wound to an ear infection or toothache. Ambulances pile up outside emergency rooms before unloading their patients. It's reported that a wait of an hour or two to move a patient from the ambulance to the ER is common in Houston. David Persse, the Houston Fire Department's medical director, confided with a reporter recently that the record wait to unload an ambulance at Houston area hospital is six hours.

Ben Taub, the Houston area's pre-eminent trauma care facility, has seen the brunt of the problem. In a recent USA Today article, one Ben Taub nurse reported arriving to work one morning to find ER patients waiting to be seen who arrived the day before, over 24 hours earlier. ER overcrowding is so bad in the Houston area, that patients have called 911 from one ER to get to another, according to one report. When we pass this bill tonight, these Americans who have been flocking to emergency rooms for primary care will have another option—affordable and accessible health care.

The benefits to the 18th congressional district: In my district, the health care bill will:

- Improve coverage for 279,000 residents with health insurance.

- Give tax credits and other assistance to up to 186,000 families and 14,600 small businesses to help them afford coverage.

- Improve Medicare for 70,000 beneficiaries, including closing the doughnut hole.

- Extend coverage to 180,500 uninsured residents.

- Guarantee that 27,600 residents with pre-existing conditions can obtain coverage.

- Protect 500 families from bankruptcy due to unaffordable health care costs.

- Allow 62,000 young adults to obtain coverage on their parents' insurance plans.

- Provide millions of dollars in new funding for 20 community health centers.

- Reduce the cost of uncompensated care for hospitals and other health care providers by \$27 million annually.

As we reach this great milestone today, I am still reminded of the unfinished work that is left to do. We must ensure that physician-owned hospitals are allowed to maintain operations that allow them to serve the most vulnerable and underserved communities. I am committed to working with the Speaker's office

and Senatorial leadership now that we are taking the first step in stemming the rising tide of the many uninsured. The protection of physician-owned hospitals is an issue of national interest. We have a lot of work to do as we move toward the Senate and to the conference. I was gratified to meet with the Speaker to discuss the continued protection of the very viable physician-owned hospitals and believe that we have a real opportunity to address this issue in the very near future.

I offered three amendments that would have gone a long way to save physician-owned hospitals. My first amendment would have preserved physician-owned facilities that have a greater percentage of Medicaid inpatient admissions than the state average in operation and allows them to expand. My second amendment is extremely critical for minority communities and high poverty. This amendment would prevent physician safety-net hospitals from closing and preserves critical care access for impoverished communities and the disabled.

My third amendment, supported by Physician Hospital Association of America, would effectively prevent the closure of 230 existing hospitals, save \$2.9 billion in total payroll, \$608 million in federal taxes, \$3.5 billion in trade payables, and preserves 62,000 full- and part-time jobs by striking all language that prohibits grandfathered facilities from expanding.

During the ongoing healthcare debate, discussions about physician ownership of hospitals have ignored the positive impact these facilities have had on minority communities and minority physicians. Physician-owned general acute care hospitals, who have unprecedented amounts of minority owners, have allowed Hispanic, Black, and Asian Americans to enter into the field of hospital ownership. The largest physician-owned hospital, Doctors Hospital at Renaissance, is over 50 percent minority owned.

To help my colleagues understand what is at stake, I would like to highlight some of these success stories:

In Houston, St. Joseph's Hospital, a full-service general acute care center, is the only hospital that serves one of the most income-challenged and African-American sections of the city. Within the last few years, a for-profit corporation abandoned this hospital and the surrounding community. Physician ownership provided an avenue for it to stay open and prevent a critical loss for the neighborhood.

In South Texas, out-of-state corporations forced over 700,000 Texans to travel more than 250 miles to receive life-saving medical procedures. Decisions not to offer needed services by out-of-state healthcare conglomerates and the lack of public or county hospitals, left patients with two options: go without or to transfer to another facility up to 350 miles away. Income-challenged families who could not afford the travel were placed in great peril. Physician ownership enabled a group of local doctors to open a new hospital with advanced medical capabilities that reduced the need for travel to seek care. Doctors Hospital at Renaissance, a 506-bed premiere general acute care center, now provides some of the best care in the Nation and consistently has been recognized by Thompson Reuters as a Top 100 Hospital in the Nation.

In the Chinatown section of Los Angeles, California, the Pacific Alliance Medical Center (PAMC), a 142-bed full-service hospital, has been the community's main hospital for 140 years. This facility was purchased by a group of physicians 20 years ago after the existing hospital board planned to close and demolish the facility. Physician ownership once again provided an avenue for the hospital to stay open and serve an at-risk community.

I will continue to work on behalf of these Americans and to save physician-owned hospitals that are currently treating patients or under significant development, to ensure that Americans can continue to receive healthcare at the local hospitals they have come to depend upon. Physician-owned hospitals take care of patients covered by Medicare and Medicaid, as well as patients who are uninsured or cannot pay for their care. They also provide emergency departments access for their communities. At a time when we are concerned about the shortage of hospital beds in the face of epidemics like the swine flu, my amendment to this landmark bill will make sure no hospital is forced to shut its doors or turn away Medicare or Medicaid patients. The benefits that will come from our efforts to protect physician-owned hospitals are far reaching and will prevent any further losses to local economies. Not only do physician hospitals deliver high-quality medical care to the patients they serve, they also provide much needed jobs, pay taxes, and generate significant economic activity for local businesses and communities. Existing physician-owned hospitals employ approximately 51,700 individuals, have over 27,000 physicians on staff, pay approximately \$2,421,579,312 in payroll taxes and \$512,889,516 in other federal taxes, and have approximately \$1.9 billion in trade payables. Hospitals currently under development would employ approximately 21,700 more individuals. With approximately 50 physician-owned hospitals, Texas leads the Nation in the number of physician-owned hospitals. The Texas economy could lose more than \$2.3 billion and more than 22,000 jobs.

In my district, the 18th Congressional District of Houston, Texas, St. Joseph Medical Center is a general acute-care hospital that treats all patients. In fact, its 40 percent Medicaid patient population is double the average hospital's patient population in the entire State of Texas and is one of the highest in the country. St. Joseph's was operated by the Sisters of Charity for many years until it was scheduled to be closed because the order could no longer support it. The hospital was offered to for-profit and not-for-profit hospital systems but no one would accept responsibility for operating St. Joseph's. A plan was developed to convert the hospital into condominiums. I refused to allow that to happen. It was only at that point that the physicians who had practiced there for many years came together to buy the hospital to save it from closing.

St. Joseph's takes care of patients covered by Medicare and Medicaid, as well as patients who are uninsured or cannot pay for their care. The emergency departments of many physician-owned "specialty hospitals" have been criticized for not having a true emergency department. St. Joseph's has a department which is open 24 hours per day, 7 days

per week, providing an access point for patients in need of emergency services. In fact, St. Joseph's admissions through the emergency department are double the State average;

St. Luke's hospital in Houston, which is church-owned, has three new facilities under development; the nonprofit religious mission has the controlling interest. One full-service hospital has one phase already operating, but would be under the growth restrictions; the hospital cannot be completed if the new restrictions apply. The hospital brought approximately 300 new jobs to the community; and

Baylor Health Care System, based in Dallas, has found that their partnership with physicians has increased measurable quality, increased patient satisfaction, and decreased the cost in the delivery of their excellent care. This joint venture model has produced a heart hospital that has the lowest readmission rate in the entire United States. And yet this bill would deny Baylor Health Care System the right to add a single operating room or procedure room to meet its community's need. During the moratorium on physician-owned hospitals some years ago, Baylor wanted to add a badly needed OB/GYN service at its Frisco, Texas, hospital. This service is a money-losing service, but there was no such service within many miles for those people—Baylor fulfilled the need. It was prohibited from adding this service simply because the hospital had physicians holding a minority of the ownership of the hospital. After the moratorium was lifted, the service was added and is currently working at its capacity.

Mr. Speaker, can we imagine witnessing an impact, of no patient beds, 6- to 8-hour waiting times, to extend even to 10-hour waiting times, turning emergency patients away at the door? Can we imagine the dramatic case, when patients are not able to have access to quality care? This is true of the most serious trauma, of the most serious medical cases. Physician-owned hospitals serve in many cases at least 40 percent of the city's population. I don't just mean the city's population. We are discussing a population that is between 500,000, which is the indigenous population, and the population of 1.5 million that's in the city every day.

When a hospital downsizes in a particular city, it extends beyond the boundaries of that city, and in doing so, with this hospital being downsized, it's impacting all of the hospitals, not only in the city, but those hospitals in nearby jurisdictions. We're seeing the epicenter of a catastrophic event, and unless we realize the importance of this one medical facility, but look at it not from the perspective that it serves this city, but we have to realize that it serves the world. It serves the Nation. At the very least, it serves the Nation; at the very most, it most serves the world. So when you start looking at it from those perspectives, then it becomes more than just a problem of Houston, Texas, but a problem of this Nation. And it should be addressed in that manner.

If we do not work closely together to look deeper at this issue, we will face a number of medical facility closures that is a disservice to the American people. So, we see that there seems to be a phasing-back or cutback in all of the major services, but the most important

of those services, which directly affect the health and well-being of the citizens, or again, those 1.5 million people who visit and work in the city every day. So, we hear the same thing time and time again, even though individuals are saying that the patient caseload can be handled by the surrounding hospitals. You need but step into any emergency room on any day, at any time, and just see the impact of this one hospital being downsized. The impact will reach out throughout the city of Houston.

Mr. Speaker, through all the debate, name-calling, threats, and fear-mongering, we will once again be on the right side of history and put the American people first. In the midst of it all, some of my colleagues have been called derogatory names, including racial epithets; have been spat on and have been threatened that there will be blood in the streets. But there is something that I must say to my fellow Americans as we stand on the threshold of the door that opens up to access to quality and affordable care and, in turn, a better quality of life for all Americans. Heeding one of this country's greatest leaders in history, Dr. Martin Luther King, Jr., I urge us to remember that "in the process of gaining [life, liberty, and the pursuit of life], we must not be guilty of wrongful deeds. Let us not seek to satisfy our thirst for freedom by drinking from the cup of bitterness and hatred. We must forever conduct our struggle on the high plane of dignity and discipline . . . we must rise to the majestic heights of meeting physical force with soul force."

Mr. Speaker, I urge my colleagues and I to stand strong, support this bill on behalf of all Americans.

Mr. GEORGE MILLER of California. I yield myself the balance of my time.

Mr. Speaker, I rise in support of this truly historic and great legislation that addresses two of America's greatest troubles: the crushing cost and high obstacles of obtaining both quality health care and a quality college education. Our Nation has suffered from our longstanding failure to make health care and college accessible to all American people. Americans have waited a long time for health insurance reform, nearly a hundred years.

Today, Congress and President Obama will deliver on a central promise, a dream deferred, and on a crucial demand. Because of this legislation, for the first time in America's history, never again will Americans have to worry about losing their health insurance if they change or lose their job. The insurance companies will not be able to jack up premiums or deny coverage because of preexisting conditions. They will not be able to drop people's coverage when they get sick—when they need it the most. Our reforms will improve the lives of every single American, those with insurance today and those without.

We're also pairing this historic health reform with another opportunity that cannot be missed, the chance to make the single largest investment in college affordability ever,

at no cost to the taxpayers. We're going to take \$61 billion of wasteful subsidies that have gone to the banks and student lenders and instead recycle that money on behalf of students, their families who are trying to pay for education, to make that education more affordable and pay down the deficit of this country.

We now face a very simple choice. We can side with America's families and make health insurance and college more affordable and accessible while creating millions of jobs and reducing the deficit, or we can side with the insurance companies and the banks. It's a very simple choice. One is to stand with the families and the students of this country, to stand with our future, to modernize our education system, to make it more affordable, and to modernize and make more affordable our health care system.

I suggest all my colleagues should stand with American families in this country.

Mr. Speaker, I rise in support of this truly historic legislation that addresses two of America's greatest troubles—the crushing costs and high obstacles of obtaining both quality health care and a college education.

Our Nation and its economy have suffered from our longstanding failure to make health care and college accessible and affordable to all of the American people.

Americans have waited a long time for health insurance reform—nearly 100 years.

Today, Congress and President Obama will deliver on a central promise, on a dream deferred, on a crucial demand.

Because of this legislation, for the first time in America's history, never again will Americans have to worry about losing their health insurance if they change or lose their job.

Insurance companies will not be able to jack up premiums or deny coverage because of a pre-existing condition.

They will not be able to drop people's coverage when they get sick—and need it most.

There is no other plan on the table today that offers Americans these vital assurances.

Our reforms will improve the lives of every single American—those with insurance today and those without it.

They will improve our economy by reducing the deficit, creating up to 4 million jobs over the next decade, and unshackling innovative business decisions from crippling health insurance costs.

Our legislation offers families and employees of small businesses access to choices of affordable health plans; security and control over their health care; vital federal and state consumer protections; accountability for insurance companies; and coverage for 32 million Americans who don't have insurance today.

This legislation also intends to lessen and eventually eliminate the loopholes and inconsistencies in our current system. More specifically, it seeks to begin the creation of a joint national and state health care system. Currently, we have a fragmented and unfair set of rules.

If you are poor you may or may not be covered by Medicaid and your benefits will vary depending on the state you live in.

If you are employed, you may or may not be offered benefits by your employer and those benefits vary from employer to employer. As providers continue to increase costs year after year, insurers, employers and states have been unable to effectively negotiate and responded by cutting benefits and increasing costs for individuals and families.

This bill will help change this unsustainable and unfair dynamic. Under this legislation, every American will have an obligation and an opportunity to enjoy meaningful health benefits. The Secretary of Health and Human Services will establish an essential benefits package that will provide a basic but comprehensive set of benefits for all Americans. Although existing employer plans are not required to provide this level of benefits, it is our hope that employers will meet or exceed this standard. However, the bill does end a wide series of abuses that all health plans, including employer provided plans, must comply with.

These include an end to all pre-existing condition exclusions, limits on waiting periods for coverage, and elimination of annual and lifetime caps on benefits.

In order to make health care more affordable for workers and employers, the bill establishes exchanges that will negotiate with insurers to offer health coverage to individuals in a given area or state. These government-sponsored exchanges will establish a level playing field market place that will make health benefits fairer to all parties.

Insurers will get organized access to large pools of individuals who are required to purchase insurance with lower income individuals receiving federal subsidies to afford essential benefits. Employers will be relieved of their current burdens of designing and negotiating for health benefits under this new health system. Employers will simply facilitate the enrollment and payroll deduction of their employees in exchange health plans with no other responsibilities. Employers may select a plan level to which any employer contribution will be limited, but employees are free to choose plans in that or a more favorable level.

The health plans offered through the exchange are state licensed (with the exception of the national plans) and are not ERISA plans. States have full authority to protect their residents and enrolled individuals have state law rights and consumer protections. There is no federal preemption of any state law that does not prevent the application of any of the rights and responsibilities included in Title I of this bill.

Small employers that choose to offer health coverage may be eligible for tax credits and cannot offer health benefits that discriminate in favor of highly compensated employees. For employers who use employee payroll and similar organizations (i.e. Professional Employee Organizations), I expect that the U.S. Department of Treasury will issue rules to make clear the circumstances by which the small employer may take the tax credit and satisfy the prohibition against discrimination.

The bill contains an individual mandate to either obtain health insurance or pay a penalty. This provision is grounded in Congress's taxing power but is also necessary and proper—indeed, a critical linchpin—to the overall effort to reform the health care market and

bring associated costs under control throughout interstate commerce. For example, without this requirement, some reforms may create the opportunity for moral hazards, such as the prohibition on pre-existing conditions.

Without an individual mandate, individuals could wait to purchase health insurance until they are sick—thereby driving up insurance costs and undermining the bill's efforts to bring health care costs and costs to the broader economy under control. This requirement spreads risk to ensure lower costs for everyone, prevents adverse selection, helps end overpayment by the government and other consumers for the uninsured, and makes health care reform overall sustainable.

I also would like to address a few other important provisions in the bill:

I am pleased that the essential benefits in the Patient Protection and Affordable Care Act include rehabilitative and habilitative services and devices, as these benefits are of particular importance to people with disabilities and chronic conditions.

The term "rehabilitative and habilitative services" includes items and services used to restore functional capacity, minimize limitations on physical and cognitive functions, and maintain or prevent deterioration of functioning. Such services also include training of individuals with mental and physical disabilities to enhance functional development.

The term "rehabilitative and habilitative devices" includes durable medical equipment, prosthetics, orthotics, and related supplies. It is my understanding that the Patient Protection and Affordable Care Act requires the Secretary of Health and Human Services to develop, through regulation, standard definitions of many terms for purposes of comparing benefit categories from one private health plan to another. It is my expectation "prosthetics, orthotics, and related supplies" will be defined separately from "durable medical equipment." I also expect that durable medical equipment will not be limited to "in-home" use only.

Pursuant to employer requests, this bill codifies the use of wellness programs. Wellness programs are proving to be an emerging area of health care reform that holds both great promise and potential for abuse. The Departments of HHS and Labor will need to issue regulations to assure that employer wellness programs meet established standards of medical treatment and patient protection. It is my understanding from discussions with my colleagues in both the House and Senate that the design and implementation of voluntary wellness programs, including the issuance of policies and procedures and the adoption of practices and methods of administration, shall not have the purpose or effect of mandating participation in such programs or punishing, denying, limiting or curtailing any rights, privileges, and protections under the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, the Health Insurance Portability and Accountability Act, the Family and Medical Leave Act, and Title VII of the Civil Rights Act of 1964.

In order to ensure existing civil rights and privacy protections, regulations related to wellness programs promulgated by the Secretary of Health and Human Services should include standards and criteria developed and

certified by the Attorney General, the Secretary of Labor, and the Equal Employment Opportunity Commission. I expect that nothing in the Patient Protection and Affordable Care Act shall limit the independent authority of the Attorney General, the Secretary of Labor, and the Equal Employment Opportunity Commission to issue regulations, interpretations, and guidance regarding the applicability of the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, the Health Insurance Portability and Accountability Act, the Family and Medical Leave Act, and Title VII of the Civil Rights Act of 1964 to the design and implementation of wellness programs. I urge the Department of Labor and other agencies to monitor and ensure that health plans properly comply with the standards established by this Act. I also urge the Congress to continue to review and revisit this developing area of health care.

The Senate bill includes provisions that would provide for a "level playing field" between private health insurance issuers and a competing Consumer Operated and Oriented Plan ("CO-OP"), a community health insurance option, or a nationwide qualified health plan. These provisions would prevent unfair competition within a state where these plans compete.

For example, if a CO-OP is established in New York State, it would have to be subject to all the same federal and state laws enumerated in these level playing field provisions as private health insurance issuers in New York State are. Or, for example, if a CO-OP were established in Florida and was exempted from a state law relating to licensure, private health insurance issuers in Florida would also have to be exempted from the same state law.

The bill we are passing contains protections for employees who are retaliated against for reporting violations involving health insurance regulation and the operation of exchanges, and provides recourse for workers who are fired or otherwise discriminated against because they participate in the exchange and the employee receives a tax credit or a subsidy to purchase health insurance through an exchange. Under this legislation such employees can bring a complaint to and receive assistance from the Department of Labor.

Section 2951 of H.R. 3590 makes an amendment to section 511 of Title V of the Social Security Act to require states to conduct statewide needs assessment and to coordinate such assessment with other appropriate assessments, and cross-references section 640(g)(1)(C) of the Head Start Act. This should not be interpreted to provide states with any new authority over Head Start grantees or entities applying for Head Start funds.

Now, we're pairing these truly historic health insurance reforms with another opportunity that cannot be missed: The chance to make the single largest investment in college affordability ever—and at no cost to taxpayers.

We are going to take tens of billions of dollars that for decades has gone to banks in the student loan program and instead give that money to students and to pay down the deficit.

For decades, banks have enjoyed a sweetheart deal: They receive taxpayer money to make virtually risk-free loans to students.

As we speak, the federal government is now funding 88 percent of all federal student loan volume.

It has proven to be a more stable lender for students through shaky financial markets and a more cost-effective lender for taxpayers.

Ending these subsidies is not a radical idea. President Clinton first identified these subsidies as wasteful in the 1990s.

President Bush eyed them in three of his budgets.

And President Obama has correctly proposed ending this boondoggle once and for all by originating all loans through the federal direct lending program—saving taxpayers \$61 billion over 10 years.

And that's what our legislation accomplishes.

Our reforms are good for students, taxpayers and American jobs.

We will help low and middle-income students pay for college and invest in the support they need to graduate.

We will be more responsible with taxpayer dollars by using \$10 billion of these savings for deficit reduction.

And we will end the practice of banks shipping lending jobs offshore.

This bill makes unprecedented investments to expand high-quality educational opportunities to all Americans. It invests in the Pell Grant scholarship award, strengthens Historically Black Colleges and Universities and minority serving institutions, and provides more resources to states for college access and completion efforts through the College Access Challenge Grant program.

Further, these investments are paid for without increasing our nation's deficit, through key reforms in the federal student loan programs designed to provide a stronger, more reliable, and more efficient student loan system. The legislation directs \$10 billion of the savings generated under this legislation to paying down the country's deficit.

The education provisions of this legislation will convert all new federal student loans to the Direct Loan program starting in July 2010, saving \$61 billion over the next 10 years. These changes will also upgrade the customer service borrowers receive when repaying their loans and promote jobs. The legislation will maintain jobs by maintaining a robust role for the private sector, allowing lenders and non-profits to get contracts with the Department of Education to service Direct Loans.

These education provisions will convert all new federal student loans to the Direct Loan program starting in July 2010, saving \$61 billion over the next 10 years. These changes will also upgrade the customer service borrowers receive when repaying their loans and promote jobs. The legislation will maintain jobs by maintaining a robust role for the private sector, allowing lenders and non-profits to get contracts with the Department of Education to service Direct Loans.

The legislation significantly increases the federal Pell Grant award; the cornerstone of need-based federal student assistance since its creation in 1972. Investments in this program are essential to ensuring educational access and making college more affordable for students and families. Both the House and Senate authorizing and appropriating commit-

tees have made significant investments in increasing the maximum Pell Grant award in the past few years—32 percent since 2006. The investments in this legislation build on these commitments by indexing the maximum Pell Grant award to the Consumer Price Index beginning in the 2013–2014 academic year, to reach an estimated maximum of \$5,975 in the 2017–2018 academic year.

The legislation invests additional resources in the College Access Challenge Grant program created under the College Cost Reduction and Access Act of 2007 to assist states working in partnership with institutions of higher education, non-profit philanthropic organizations, and other organizations with experience in college access, to ensure that students have access to high-quality, affordable higher education.

It is the intent of Congress that states receiving grants under the College Access Challenge Grant program should partner with entities, including guaranty agencies (including their non-profit subsidiaries), to provide financial literacy, delinquency and default aversion activities, and other loan counseling activities for borrowers.

While this legislation seeks to ensure increased access and success for all students, we intend for the Secretary to work with states to address the unique access issues faced by underserved communities, including: low-income individuals, individuals with disabilities, homeless and foster care youth, disconnected youth, nontraditional students, members of groups that are traditionally underrepresented in higher education, individuals with limited English proficiency, veterans (including those just returning from active duty), and dislocated workers.

The legislation also includes a continuation of funding for investments in Historically Black Colleges and Universities, Hispanic-Serving Institutions, Tribal Colleges, Alaska and Hawaiian Native, Predominantly Black Institutions, institutions serving Asian American and Pacific Islanders, and institutions serving Native Americans, first made under the College Cost Reduction and Access Act of 2007, recognizing the critical role these institutions play in serving the nation's emerging majority populations.

Concerning the servicing contracts with eligible not-for-profit servicers, this legislation recognizes that not-for-profit servicers play a unique and valuable role in helping students in their states succeed in postsecondary education and that students should continue to benefit from the assistance provided by not-for-profit servicers, including customer service, financial counseling, and college access and success programs.

In addition, by including more high-quality servicers in the contracting process, competition will be increased thereby delivering better quality for student borrowers. Under the bill, not-for-profit servicers will be allocated a minimum of 100,000 borrower loan accounts. With sufficient loan volume and competitive servicing rates, eligible not-for-profit servicers can individually or collectively generate sufficient revenue to continue the valuable services they provide to borrowers. Because of the significant increase in loan volume as all federal loans are moved to the Direct Loan program,

additional servicing capacity will be needed and is provided for through the contracts provision. I encourage the Secretary to implement these provisions so that many local not-for-profit servicers will continue to play a role in the student loan program.

As more students become increasingly dependent on loans, the Department of Education must increasingly focus on the assistance, information, and repayment tools that assist students in successful loan repayment. When evaluating the resources and services available to student borrowers and schools under the Direct Loan program, I encourage the Secretary to use existing contracting authority to contract, when appropriate, with state-designated guaranty agencies for the delivery of services that increase student loan repayment and decrease default. Such agencies shall include those non-profit subsidiaries of guaranty agencies that were established, pursuant to State law, on or before January 1, 1998.

Community colleges serve an instrumental role in both our educational and workforce systems, providing post-secondary education and job training, particularly to individuals and families hardest hit by difficult economic times. This includes workers eligible for training under the Trade Adjustment Assistance program for communities and for individuals who are, or may become eligible for unemployment compensation. To ensure that these institutions have access to the resources they need to develop and improve educational and career training programs designed to meet the needs of these communities, the legislation directs the Secretary of Labor to award Community College Career Training Grants especially to struggling 2-year public community colleges, (as defined in Section 101 of the Higher Education Act of 1965). As the legislation ensures that all States benefit from these resources with the inclusion of a state minimum, I also encourage that the Secretary strive to ensure a diverse geographical representation of community colleges in both urban and rural areas.

I'd like to thank RUBÉN HINOJOSA, our higher education subcommittee chair, TIM BISHOP, and all of our committee members for their tireless work on student loan reform.

Along with all the members of our committee, I'd like to especially thank ROB ANDREWS, our health subcommittee chair, for his backbreaking work over the last year on health reform.

And I would like to thank the many members of my staff for their long hours and tremendous work over the last year on these two pieces of reform: Mark Zuckerman, Danny Weiss, Alex Nock, Michele Varnhagen, Jody Calemine, Denise Forte, Ruth Friedman, Megan O'Reilly, Julie Radocchia, Jeff Appel, Ajita Talwalker, Celine McNicholas, Meredith Regine, Lillian Pace, Kara Marchione, Helen Pacjic, Rachel Racusen, Aaron Albright, Melissa Salmanowitz, Andra Belknap, Betsy Kittredge, Mike Kruger, Amy Peake and Courtney Rochelle.

Their commitment and expertise has been invaluable.

We almost didn't get here today. You know that.

Opponents of health care reform have said anything and done everything to distort the

facts, delay the process, and try to put off what Americans have asked for and needed for generations. They have tried to sow fear into the American people.

They cannot win on the merits. And they will continue to lie and distort the facts going forward. But we have made it to the final step in this process—despite all that noise.

And now we face a simple choice.

We can side with America's families and college students and make health insurance and college more affordable and accessible—while creating millions of jobs and reducing the deficit.

Or, we can side with insurance companies and banks.

That's it.

That's the choice.

I'm siding with the American people.

I urge each of my colleagues to join me.

The SPEAKER pro tempore. The gentleman from South Carolina (Mr. SPRATT) is recognized for 15 minutes as a designee of the majority leader.

Mr. SPRATT. I reserve the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, I'd like to yield 2 minutes to the gentlewoman from Wyoming (Mrs. LUMMIS).

Mrs. LUMMIS. The world is begging America to get its financial house in order. This Congress responds by doubling the debt in 5 years and tripling it in 10.

Americans are begging for jobs, careers, and stability. This Congress responds by hiring 17,000 people at the IRS to enforce on Americans government-approved health insurance.

Small business entrepreneurs beg Congress to empower them to create jobs. Congress responds with 20 new taxes in this health care bill, amounting to half a trillion dollars.

Our military families beg us to leave TRICARE alone. This bill transfers TRICARE out of the Department of Defense.

Americans are fed up with government takeovers of business, like the auto industry that closed dealerships and threw Americans out of work. This health care bill includes a government takeover of the student loan business, throwing 31,000 more Americans out of work.

We Republicans implored the majority for a bipartisan health care reform bill. The majority party responded with special deals cut behind closed doors to garner votes from its most reluctant members.

America deserves better than this. America is better than this. Let's listen to America. Kill this bill. Start over with health care we can afford. Create jobs and save our economy.

Mr. RYAN of Wisconsin. Mr. Speaker, at this time I'd like to yield myself the remainder of our Budget Committee time.

Mr. Speaker, there's a lot wrong with this bill. We know the problems with its costs. We know it doesn't really re-

duce the deficit. We know premiums are going to go up. The CBO has given us all this information and it's clear that we have a bill that is chock full of gimmicks and hidden mandates. I'm not going to get into all of that again, but what I want to ask is this: Why has this decision become so personal to our constituents? Why are so many people swarming the Capitol today? Why have we received a hundred thousand calls an hour from around the country? It's because health care affects every one of us. And yet, here we are, debating whether the government should have a bigger role in making those personal decisions.

So make no mistake about it. We are not just here to pass a health care bill. We are being asked to make a choice about the future path of this country. The speakers to my left are correct: this is history. Today marks a major turning point in American history. This is really not a debate about prices, coverage, or choosing doctors. This is ultimately about what kind of country we are going to be in the 21st century.

America is not just a nationality. It's not just a massive land from Hawaii to Maine, from Wisconsin to Florida. America is an idea. It's the most pro-human idea ever designed by mankind. Our Founders got it right when they wrote in the Declaration of Independence that our rights come from nature and nature's God—not from government.

Should we now subscribe to an ideology where government creates rights, is solely responsible for delivering these artificial rights, and then systematically rations these rights?

Do we believe that the goal of government is to promote equal opportunity for all Americans to make the most of their lives, or do we now believe the government's role is to equalize the results of people's lives?

The philosophy advanced on this floor by this majority today is so paternalistic and so arrogant. It's condescending, and it tramples upon the principles that have made America so exceptional.

My friends, we are fast approaching a tipping point where more Americans depend upon the Federal Government than upon themselves for their livelihoods, a point where we, the American people, trade in our commitment and our concern for individual liberties in exchange for government benefits and dependences.

More to the point, Mr. Speaker, we have seen this movie before, and we know how it ends. The European-style social welfare state promoted by this legislation is not sustainable. This is not who we are and it is not who we should become.

As we march toward this tipping point of dependency, we are also accelerating toward a debt crisis; a debt cri-

sis that is the result of the politicians of the past making promises we simply cannot afford to keep. Déjà vu all over again. It's unconscionable what we are leaving the next generation.

This moment may mark a temporary conclusion of the health care debate, but its place in history has not yet been decided. If this passes, the request to reclaim the American idea is not over. The fight to reapply our founding principles is not finished. It is just a steeper hill to climb, and it is a climb that we will make.

On this issue, more than any other issue we have ever seen here, the American people are engaged. From our town hall meetings to SCOTT BROWN's victory in Massachusetts, you have made your voices heard and some of us are listening to you.

My colleagues, let's bring down this bill and bring back the ideas that made this country great.

Mr. SPRATT. Mr. Speaker, I first recognize the gentleman from California (Mr. BACA) for a unanimous consent request.

□ 2115

Mr. BACA. Mr. Speaker, I rise in strong support of this legislation.

Mr. Speaker, I stand today in strong support of the health care reform the American people so desperately need.

American families and small businesses—not insurance companies—deserve control over their health care decisions.

The bill we are debating today will:

Lower insurance costs—and hold insurance companies accountable.

End denial of coverage for pre-existing conditions.

Provide coverage to 32 million uninsured Americans.

Close the Medicare Doughnut Hole—so seniors will be able to afford the coverage they need.

Eliminate waste in our current system—and lower the deficit by \$138 billion over 10 years; and \$1.2 trillion over the next 20 years.

And allow young adults to stay on their parents' insurance coverage until the age of 26.

Health care reform is an issue that affects every single American—but is especially important to our Hispanic American community.

Forty-one percent of Hispanics over the age of 18 lack health coverage. We must do better—and with this bill—we will.

Twenty-one percent of older Hispanics suffer from diabetes—compared to only 14 percent of non-Hispanic whites.

The preventive care this bill provides will lower this disparity.

This truly is a historic time.

In 1935 we passed Social Security. In 1965, we passed Medicare.

Today—we pass a health care reform that will save millions of lives—shrink our deficit, and put our nation on a path to prosperity.

We must move past the hate, the fear, and the lies that have dominated this debate, and get the job done for the American people.

I urge my colleagues to vote for this bill and pass health care reform that we need now and for generations to come.

Mr. SPRATT. I yield to Mr. ISRAEL of New York to make a unanimous consent statement.

Mr. ISRAEL. Mr. Speaker, I rise in support of this bill.

Mr. Speaker, I rise in support of this bill for one fundamental reason. It is simply the right thing to do. Not for my Party, not for the President, not for the Speaker, not for me. But for the people I represent. The middle class and working families; the backbones of our economy—small businesses—challenged by rising health costs.

Few debates have been as long and as passionate as this one. Since last August I have heard the strong voices on both sides of this issue. I have listened to the angry chants of opponents of the bill at Town Hall meetings. I have read the mail from people who insist this is a march towards socialism, that it is a dangerous experiment, that it involves government death panels who will deny senior citizens the life-saving health care they need. I have watched protesters march outside my district office on Long Island. I have seen the repugnant signs here in Washington comparing health care to the Holocaust.

I have seen and heard it all. But I have also heard others. They are the average Long Islanders—not rich, not poor, but usually somewhere in between—who live in quiet desperation and concern.

The small business owner on Long Island who told me he just received a 22 percent increase in health insurance premiums and agonizes at the prospect of either scaling back the care he provides his workers or scaling back the workers he pays. Under this bill, his business will receive a tax credit to help him provide insurance to his workers. And he will be able to shop for competitive rates and services in a new market-driven "Health Insurance Exchange."

The woman who thought health care worked pretty well for her, until her daughter was diagnosed with breast cancer. She's been forced to deal with high medical costs to care for her daughter. But, under this bill, she will not have to worry about an insurance company that refuses to pay for her chemotherapy.

The middle class family with two kids just out of college who are having trouble finding a job that provides health insurance. Under this bill, those young adults can get coverage on their parents' plans until they turn 26.

The retired plumber on the block where I live. One day he came to my house. I thought he wanted to debate this bill with me. Instead, he said: "I wish you would pass this now. Don't these people know that if they lose their jobs they lose their health care?"

And just yesterday, Mr. Speaker, a small business owner called me with concerns and plentiful questions about the legislation we will vote on today. After I explained it, he said: "There's been too much confusion about this bill. I wish it had been explained."

He is right. This bill has changed in over a year of debate. Sometimes in an effort to accept bipartisan recommendations. Sometimes to reduce its cost. While one side has had the responsibility to improve the bill, the other side has taken the opportunity to brand it with mischaracterizations. But now the ink is dry, Mr. Speaker. And the dry ink of this bill represents

the best hope to protect the middle class and working families I represent. The small business owner in East Northport who now has a level playing field when shopping for insurance. The family in Sayville who can now keep a child insured until the age of twenty-six. The senior in Deer Park whose drug costs will be covered. The accountant in Huntington who lost his job but will be able to shop for affordable health care.

This bill will improve coverage for 485,000 of my constituents with coverage through their employer, give tax credits to as many as 81,000 families and 21,000 small businesses to make health care affordable in my district, and extend coverage to 29,000 uninsured residents of the towns I represent.

This bill will reduce our debt. Yesterday, the Congressional Budget Office certified that the bill is fully funded and will actually reduce federal deficits by \$143 billion in the first 10 years and over a trillion dollars in the next 10.

This bill is an urgent reversal from 8 years of ignoring the crisis. Between 2000 and 2008, health insurance premiums doubled, insurance company profits quadrupled, and an additional 6 million Americans became uninsured. As a result, the leading cause of personal bankruptcy today is unpaid medical bills. Without action, these trends will grow worse.

These are the middle class families and businesses that have always expanded our economy. But rising health costs and insecurity have undermined the middle class. This bill will provide them with the basic security they need to do what they've always done: build our economy.

This vote is no different than the 1965 vote for Medicare. Back then, when one quarter of American seniors were living in poverty and wracked with unpayable medical bills, there were loud voices that said, "do nothing" and "start over" and "vote no." Public opinion was skeptical then. Had I been in Congress in 1965, and the choice was voting for Medicare and risking my seat, or voting against Medicare and saving my seat, I would have voted for Medicare. It became the backbone of economic security for our senior citizens and helped build a middle class with economic security. This is no different. No less necessary. No less historic.

Mr. SPRATT. Mr. Speaker, I yield to the gentlewoman from Ohio for a unanimous consent request.

Ms. SUTTON. I rise in support of this historic legislation.

Mr. Speaker, every year 45,000 people in this country die because they do not have insurance coverage, and in this great nation it should not be that way. And, on this day, in this moment, we have been called to stand up and vote to put an end to that sad reality.

This is the moment when we will finally take the long-overdue step of ending the unconscionable practices of the insurance companies, who through their greed and disregard have enjoyed record profits even as American families have suffered, sometimes fatally because of their actions.

I support this legislation because it will put a stop to the discriminatory practices by insurance companies that deny care based on pre-existing conditions and impose outrageous premium increases on American families.

I support this legislation because it will cap out-of-pocket expenses that insurance companies impose on our constituents forcing many into bankruptcy when they or their children are stricken by illness or injury.

I support this legislation because it is a vote to stop insurance companies from inflicting lifetime caps on people who have paid for insurance, only to find that it was not there for them when they needed it most.

I support this legislation, because it will strengthen the solvency of Medicare, lower drug costs and close the donut hole for our seniors, and has the support of the AARP.

This legislation will make health insurance more affordable and accessible for small businesses and individuals.

This legislation will finally curb the perpetual, skyrocketing costs of health care that have been drowning far too many American families for far too long.

This measure will reduce our deficit by more than \$1.3 trillion in the next two decades.

I support this legislation because within the 13th District of Ohio, which I am so honored to serve, it will improve coverage for 420,000 of my constituents with health insurance.

It will give tax credits and other assistance to up to 154,000 families and 13,200 small businesses to help them afford coverage.

It will improve Medicare for 107,000 beneficiaries, including closing the donut hole. "It will extend coverage to 33,500 uninsured residents of the 13th District."

It will guarantee that 9,000 residents with pre-existing conditions can obtain coverage.

It will protect 1,700 families from bankruptcy due to unaffordable health care costs. "It will allow 45,000 young adults to obtain coverage on their parents' insurance plans."

It will help support 3 community health centers in the 13th District and reduce the cost of uncompensated care for hospitals and other health care providers by \$34 million annually.

For all of these reasons, this is the day, this is the moment, and I am honored to support this health care measure.

Mr. SPRATT. Mr. Speaker, I yield myself 2 minutes.

Congress cleared the way for health care reform in the budget resolution. And when we did, we stipulated that reform had to be deficit-neutral. We can now say that the House, Senate and President have all abided by this principle. The bill put before us has been scored by the Congressional Budget Office. In this case, CBO found that the 10-year cost of all the covered changes in the bill put before us amount to \$788 billion. But the bill before us also includes reductions, savings, and new revenues which total \$931 billion.

When the \$931 billion is netted against the \$788 billion, the result is a net savings, which reduced on-budget deficits over the next 10 years by \$143 billion. That's CBO's estimate of the first 10 years under these reforms, a reduction in the deficit of \$143 billion. What about the next 10 years? CBO estimates that these two bills together will save around .5 percent of GDP over the second 10 years. Now that may

sound minimal, but during that period of time, GDP cumulatively is \$272 trillion, so .5 percent of that easily equals more than \$1.2 trillion.

You will hear numbers of all sorts in this debate, but remember these because they come from a disinterested source with a well-proven record. This is what CBO estimates as the effects of these bills on the deficit: a reduction of \$143 billion over the next 10 years and a reduction of \$1.2 trillion over the following years. We have kept the promise we made at the outset by keeping health care reform deficit-neutral, and that's one more reason to vote for this bill.

I reserve the balance of my time.

The SPEAKER pro tempore. The gentleman from Michigan (Mr. CAMP) is recognized for 20 minutes as a designee of the minority leader.

Mr. CAMP. Mr. Speaker, at this time I yield 3½ minutes to the distinguished gentleman from Indiana (Mr. PENCE), our conference chairman.

Mr. PENCE. This is truly a remarkable moment in the life of this Nation. Some say we're making history. I say we're breaking history. We're breaking with our finest traditions—limited government, personal responsibility and the consent of the governed. The first principle of public service in a free society is humility. The arrogance we've witnessed in this institution is breathtaking. Only in Washington, D.C., could you say you're going to spend \$1 trillion and save the taxpayers money. Only in Washington, D.C., could you exchange the pro-life protections enshrined in the law for 30 years for a piece of paper, signed by the most pro-abortion President in American history.

Despite overwhelming public opposition today, this administration and this Congress is poised to ignore the majority of the American people. Let me say, Mr. Speaker, this is not the President's House. This is not the Democrats' House. This is the people's House, and the American people don't want a government takeover of health care. Now I know they don't like us to call it that. But when you mandate every American to have government-approved insurance, whether they want it or need it or not, when you create a government-run plan, paid for with job-killing tax increases, and you provide public funding for abortion, that's a government takeover of health care, and the American people know it.

The American people want to face our challenges in health care with more freedom, not more government. And this really is about freedom. The more I think about this debate, the more I think about what Ronald Reagan said in 1964. He said then and now, It's about whether we abandon the American Revolution and confess that a little intellectual elite in a far distant capital can plan our lives better than we can plan them ourselves.

You know, today we gathered in the old House Chamber for a time of worship and prayer. Members of Congress have been doing that for about 200 years. It's a Chamber filled with statues of great Americans: Sam Houston, Lew Wallace, Robert Fulton, William Jennings Bryan, soldiers, heroes and heroines of freedoms past. As I sat there, I thought of that Bible verse that said, "We are surrounded by such a great cloud of witnesses." Standing here tonight, I believe we are as well. And I mean, not just those that are looking in tonight from here and around the country, but those who have gone before. Men and women who did freedom's work in their time who persevered, who made this the greatest Nation on Earth possible.

Now it's our turn. We can reform health care without putting our country on a pathway towards socialized medicine. We can reform health care by giving the American people more choices, not more government. So I say to my Democratic colleagues, stand with those who have gone before and made the hard choices to defend freedom in their time. Stand with us. Stand for freedom, and the American people will stand with you.

Mr. SPRATT. Mr. Speaker, I yield for a unanimous consent request to Ms. FUDGE of Ohio.

Ms. FUDGE. Mr. Speaker, I rise in support of this health care legislation.

Mr. Speaker, I rise today to vote for my constituents. Ohioans want health care reform and they want it now. They told me: "Now is the time to stand for change. Now is the moment to fight for quality care."

I'm voting for Vera—a former nurse who lost her insurance after a divorce, despite a lifetime of caring for others. She has over ninety thousand dollars in medical debt, as a result of her 3 strokes.

I'm voting for "Mary's" mom, who faced cancer without health coverage. "Mary's" mom died in her daughter's arms in pain and without medication because she had no insurance.

I'm voting for the father in my District, who is forced to choose between maintaining his child's health insurance or meeting his monthly bills. He shouldn't have to choose between treating his son's sickle cell disease and putting food on the table.

As a pastor said this morning:

I'm voting like unborn children depend on me.

I'm voting like a single mom in East Cleveland depends on me.

I'm voting like seniors in Warrensville Heights depend on me.

I'm voting like foster youth are waiting on me.

I'm voting for the person in Euclid who died too soon.

I'm voting like I don't have health care insurance myself.

I'm voting for justice and equality.

I'm voting for health care reform, so that I can hold my head high, look my neighbors in the eye and tell them: "I voted for you, and you, and you."

Mr. SPRATT. Mr. Speaker, could I inquire as to the remaining time?

The SPEAKER pro tempore. The gentleman from South Carolina has 13½ minutes, and the gentleman from Michigan has 16½ minutes.

Mr. CAMP. Mr. Speaker, at this time I yield 2 minutes to the distinguished gentleman from California (Mr. MCCARTHY).

Mr. MCCARTHY of California. Mr. Speaker, this is the people's House, and we were sent here to represent people throughout America. Some are actually in the gallery, some have been marching around this building, some are sitting at home watching on TV. Or they're in their car driving back from church, and many of them have been calling this Congress. And they've been asking one thing, Why does Washington refuse to listen? They see what many on this side of the aisle see, the arrogance of Washington. We are here to represent our constituents, which is why we are asking, Why are we voting on a health care bill today that empowers government instead of the people?

Survey after survey demonstrates the great unpopularity of today's bill. Not only the substance of it, but the trickery, the deals and the shortcuts that led us to where we are today. But this bill is being pushed through because the majority in this Congress refused to listen to the people. The Speaker has even said that she believes that we have to pass this bill so people can find out what's in it. The logic here is, Washington knows better than the people.

All this at a time when Washington is borrowing 43 cents out of every dollar it spends, adding to our national debt, mortgaging our children's future. And this \$2.4 trillion bill will steal even more money from our children's futures at a time when this administration and Congress are poised to run up the debt more than any other administrations combined. It doesn't have to be this way. We could have easily found a positive bipartisan agreement on commonsense health care reforms that reduce the costs, increase competition and increase access, all without raising the debt. Today is a legacy vote for Members of this people's House, and I urge my colleagues to start over and craft the bill to solve the problem.

Mr. SPRATT. Mr. Speaker, I yield to the gentleman from North Carolina (Mr. WATT) for a unanimous consent request.

Mr. WATT. Mr. Speaker, I rise in support of the 32 millions Americans who will get insurance under this bill.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Under clause 7 of rule XVII, Members may not refer to the occupants of the gallery.

Mr. SPRATT. I now take pleasure in yielding 3 minutes to my colleague from South Carolina (Mr. CLYBURN), the majority whip.

Mr. CLYBURN. I thank the gentleman for yielding me the time. Mr. Speaker, we have come to a defining moment in our Nation's history. Tonight I am thinking about the woman who called in to a talk radio program that I appeared on last August. She called in to take issue with the gentleman who had just called in earlier to say that he did not support our efforts to reform the health care system because he liked the insurance he had. The caller shared her experiences of having been dropped from coverage by an insurance company she thought she liked just as she started her second treatment for breast cancer. She said to the gentleman that maybe he liked the insurance he had because he had never tried to use it.

With these reforms, dropping people from coverage when they are diagnosed with catastrophic illnesses will no longer be allowed, and denying insurance to children with diabetes and other preexisting conditions will end immediately. These reforms will allow children to remain on their parents' insurance policies until their 26th birthday. This bill will immediately begin closing the doughnut hole for prescription medications for seniors and eliminating burdensome copays or deductibles for their preventive care.

Despite deafening protests from the other side, the nonpartisan Congressional Budget Office says that the reforms included in this bill will reduce our deficit by \$143 billion in the first 10 years and \$1.2 trillion in the second 10 years. This bill will also create jobs, 400,000 good-paying jobs, reliable jobs for every year and for small businesses. Small businesses will get a tax break on their health care premiums that will free up money for them to hire 80,000 more employees.

Mr. Speaker, we have debated this issue for several generations. The time has come to act. This is the Civil Rights Act of the 21st century, and tonight we will take a significant step to move our country forward.

Mr. CAMP. Mr. Speaker, at this time just for the purpose of a unanimous consent request, I yield to the gentleman from Pennsylvania.

Mr. DENT. Mr. Speaker, I rise in opposition to this flawed health care bill.

Undeniably, health care reform is needed. Families and businesses are struggling to keep up with rising insurance premiums. Thousands of constituents in my district do not have access to affordable insurance because of skyrocketing costs. An increasing number of Americans are impacted by policies that preclude individuals with pre-existing conditions from securing insurance. Patients are frustrated with the difficulty of navigating the health care system and insurance bureaucracy. We have all experienced our doctors practicing defensive medicine—ordering unnecessary tests and procedures in an effort to ward off frivolous lawsuits. Poor reimbursement rates mean that doctors cannot afford to

place an emphasis on prevention and wellness.

The consequences of reform are profound for families, our economy and the future of our country. Reform policies will have a direct impact on the lives of all Americans and the budgets of every household. These changes will affect one-sixth of our economy. Done right, we will lift burdens that are holding employers back from growing and revitalizing our economy. Done wrong, jobs will be lost and 10 percent unemployment will become the norm rather than the exception. Health care expenditures make up an increasing percentage of state and federal spending. Addressing health care costs is vital to the long-term economic health of the United States.

I support reform. I have advocated for deliberate policies that will reduce the cost and increase the quality of health care, provide all Americans with the opportunity to obtain affordable health insurance, give patients more control over their health care decisions, and promote innovations and wellness initiatives that lead to cures.

I oppose the bill before us today because it will increase health care costs for Americans and bend the curve of health care spending in the wrong direction; it will create a new trillion dollar entitlement program that the bill does not realistically address how we will afford; and it will impede economic growth, particularly in our district.

Above all else, health care reform must address the escalating health care costs that are crippling American families and overall, slow our nation's healthcare spending. This bill does not accomplish those critical objectives. According to an analysis by the Congressional Budget Office (CBO), premiums will increase by 10 to 13 percent for families who are purchasing health insurance in the individual market. This amounts to more than \$2,000 a year for a family. In addition, the CBO indicates that H.R. 3590, which will be the law of the land if we pass it today, will increase the federal budgetary commitment to health care by more than \$200 billion over the next decade. If the reconciliation package (H.R. 4872) is also signed into law, the combined budgetary impact on health care spending will be \$390 billion. American families can't afford that increase and neither can our country.

Moreover, this bill creates an unsustainable new entitlement program at the expense of seniors who will be impacted by more than half a trillion dollars in Medicare cuts and all Americans who will pay higher health care costs and more than half a trillion dollars in increased taxes, fees and penalties. The bill uses ten years of taxes and Medicare cuts in order to pay for six years of programs. Overall, in the first 10 years of full implementation (2014 to 2023), the health care package will result in more than \$2.6 trillion in spending. Although the CBO estimated the overall deficit reduction will be \$124 billion over 10 years, in its analysis the CBO cautioned that its long-term deficit projections "reflect an assumption that the key provisions of the reconciliation proposal and H.R. 3590 are enacted and remain unchanged throughout the next two decades, which is often not the case for major legislation. For example, the sustainable growth rate mechanism governing Medicare's

payments to physicians has frequently been modified to avoid reductions in those payments, and legislation to do so again is currently under consideration by the Congress."

House Leadership has already said it will consider a bill to address the physician payment issue. Just that policy alone will cost \$200 billion, which is not reflected in the CBO score.

Finally, this bill will have an immediate impact on economic growth. New taxes and regulations will lead to lower wages, lost jobs and decreased investment. Employers with more than 50 employees who do not provide health insurance coverage that is deemed "acceptable" by federal standards will be saddled with a tax of up to \$2,000 per employee. The bill will levy a tax of as much as 2.5 percent of household income on Americans who do not comply with the individual mandate, which requires all Americans to maintain acceptable coverage. Many investors will face a new tax of 3.8 percent on capital gains, dividends, interest, rents, royalties and other investment income. This tax coupled with scheduled rate increases will lead to a top rate of 23.8 percent for capital gains and 43.4 percent for dividends.

We will feel the impact close to home. A 2.3 percent medical device tax will increase the cost of medical devices—everything from tongue depressors to wheelchairs—and discourage the development of critical new medical innovations. Specifically, this tax will impact businesses in our district imperiling jobs; curtailing advanced research and innovation; reducing purchasing from Pennsylvania vendors; and hampering investment in capital equipment. The ripple effect on our economy and on working families will be far greater than the sum of the tax. And ultimately, patients will see increased costs as a result.

Just yesterday, I offered two amendments to the Rules Committee that would have reduced the negative impacts of H.R. 3590. The first amendment would have inserted common-sense medical liability reforms. Specifically, the amendment would enact nationwide reforms aimed at ending the costly practice of defensive medicine and encourage states to adopt effective alternative medical liability laws that will reduce the number of health care lawsuits that are litigated and the average amount of time taken to resolve lawsuits, and reduce the cost of malpractice insurance. The provisions would save our country billions of dollars and reduce national health care spending. The second amendment would have struck the ill-advised medical device tax that a company in my district has dubbed the "death tax" because it will increase their tax burden by 77 percent, raising their effective tax rate to over 73 percent. This is an innovation tax that will mean less investment in research and development that leads to medical innovations. Unfortunately the leadership of the House would not allow these important amendments to be debated on the House floor today.

I regret very much where we are today and wish that bipartisan efforts to address the shortcomings of our system—access and affordability—while building on our strengths—choice, quality and innovation had prevailed.

Mr. CAMP. At this time, Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from Washington (Mrs. MCMORRIS RODGERS).

Mrs. MCMORRIS RODGERS. Mr. Speaker, I know that some of my colleagues on the other side of the aisle are still undecided, and I sincerely urge you to vote "no." This is the wrong bill at the wrong time. At a time when 15 million Americans are out of work, this is the wrong time to hit small businesses with more taxes and more requirements. At a time when premiums are surging for working families is the wrong time to pass a bill that everyone acknowledges is actually going to increase premiums.

At a time that we have a \$3.8 trillion budget, 40 percent of which is deficit spending and is being put on the credit card, this is the wrong time to pass a new massive government spending program. And at a time when Americans are losing trust in Congress, it is the wrong time to strike backroom deals and pass a bill over the will of the people.

Everybody in this body acknowledges the need for real health care reform. But this health care reform will make things worse, not better, for the people we serve. We should not let the hunger to do something—anything—trick us into passing a bill that will cripple free enterprise and permanently diminish the freedom of the American individual.

Today I'm reminded of a quote by President Ford: "A government that is big enough to give you everything you want is a government big enough to take it all away." This is a time for courage and clear thinking. I urge my friends on the other side of the aisle to join in standing with the American people and vote against this bill.

□ 2130

Mr. SPRATT. Mr. Speaker, I yield 2 minutes to the gentlewoman from Pennsylvania (Ms. SCHWARTZ).

Ms. SCHWARTZ. Mr. Speaker, health care reform represents the largest deficit-reduction measure in nearly a generation while controlling the rising cost of health care for families and businesses, and improving access to and quality of coverage for 95 percent of Americans.

This plan strengthens coverage and health care for all Americans, including provisions that I have fought hard for: prohibiting insurance companies from excluding coverage for pre-existing conditions for children and adults; prohibiting insurers from dropping coverage when you get sick, or placing annual or lifetime limits on benefits; insuring that all insurance policies use plain, easy-to-understand language so that consumers know what they are buying and can honestly compare their choices; allowing young adults up to the age of 26 to stay on

their parents' policies; offering tax credits to small businesses so they can afford to provide insurance coverage for their employees; eliminating copayments for preventive care for seniors; closing the Medicare prescription drug coverage known as the doughnut hole, making sure that we close that doughnut hole; promoting the important education and research missions of our Nation's teaching hospitals and academic medical centers which train the next generation of doctors and nurses; focusing on primary care by better ensuring Americans, particularly those with chronic diseases, have access to ongoing primary care; investing in American innovation and technologies by creating new incentives for the development of new cures and treatments; and incentivizing collaboration among health providers through new payment reforms that promote high quality, efficient delivery of care.

These provisions, and others, in health reform ensure new consumer rights and protections for those with insurance. It contains costs for families, businesses and for our Nation. And it extends affordable, meaningful coverage to 32 million Americans. Health care reform is vital to the health of Americans and the health of our economy. The status quo is unacceptable and unsustainable. I urge a "yes" vote.

Mr. CAMP. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentleman from California (Mr. McKEON).

Mr. McKEON. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. CAMP. Mr. Speaker, I yield 3 minutes to the distinguished gentlewoman from West Virginia (Mrs. CAPITO).

Mrs. CAPITO. Mr. Speaker, for a moment let's think of this bill as a blanket, a blanket of health care legislation that may be draped across America and its population in the coming years. Unfortunately, this blanket is woven not from all hands working together, but is the handiwork of strong-arm, political deal-making, and, perhaps most disheartening, a resistance to listen to the American people.

Its cloth has been cut behind closed door, and its color is tinged by partisan hands. It is too short in some areas, and too long in others, woven to cover the winners and to leave out the losers. Once this blanket of legislation is laid out, those that huddle beneath it will find that it does not provide the real health care reform they need for their families. In fact, it will become a wall of government between them and their doctor.

Its huge holes will not protect the cold wind of job loss, new taxes, government bureaucracy, and increased health care costs. And though we hear of coming patches in the future, in all likelihood they will be made of the same flimsy fabric of broken promises.

All of America will feel the weight of this uncomfortable burden. The real cost of the \$2.6 trillion bill will only increase in the future. States like mine, West Virginia, will feel the weight in huge budget shortfalls caused by millions of dollars in unfunded mandates. States must balance their budgets and will be forced to absorb the massive increase in Medicaid spending demanded by this bill.

But, the full burden will be paid by those who enjoyed this beautiful spring day, playing outside in backyards across America. Little do they know as they play that we are on the cusp of burdening them with generational debt. The Speaker and her team will drape this legislation across citizens, ignoring their pleas against it. And America will again shake its head in disbelief and ask how Washington can turn a deaf ear and be so disconnected from the American people.

If we stand here in obedience to our purpose, the Congress will be an effective representation of the people of the United States. We should stop this unfortunate endeavor, take a step back and listen, listen to the heartbeat of America, the beat that yearns for true health care reform, the beat that asks for bipartisan government committed to solving America's problems, the beat that asks that we put America's families first. America deserves this. America deserves to be heard.

Mr. SPRATT. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. BOYD).

Mr. BOYD. Mr. Speaker, I thank my friend, Mr. SPRATT from South Carolina.

Mr. Speaker, ladies and gentlemen, I heard a wise man once say that you never saw a great country with an uneducated and unhealthy population. We are headed there. Sixty-seven thousand uninsured in the congressional district that I represent will be helped by this bill. We all know the statistics about the spiraling cost of insurance and the ever-increasing percentage of uninsured within our own districts and across this Nation. We all agree this is an unsustainable path. I have heard you say it many times. So I ask you, How high do these numbers have to go before we act?

Earlier I heard the gentlelady from Washington State say it is the wrong time. For 22 years in my legislative service, as I have been trying to find solutions, I have heard it is the wrong time. I know many of you have been trying to find those solutions, too, from time to time; solutions for those high costs, the spiraling high costs, the ever-increasing number of uninsured on an annual basis, solutions that would do it in a fiscally responsible way and use the good parts of our private-sector delivery system. Ladies and gentlemen, this bill does all four of those things.

Mr. Speaker, if we fail to act now, the path we are on will create a society of haves and have-nots based solely on one's ability to purchase health insurance.

I know this bill isn't perfect. There are some things in it that I don't like; but seldom are bills perfect the first time around. The other side has brought us no viable alternatives. So then I ask you, ladies and gentlemen, if not this, then what? If not now, then when?

Mr. Speaker, I urge my colleagues to vote "yes" for the health of our people and the strength of our economy.

Mr. CAMP. For the purposes of a unanimous consent request, Mr. Speaker, I yield to the gentleman from Nebraska (Mr. SMITH).

Mr. SMITH of Nebraska. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. CAMP. Mr. Speaker, at this time I yield 3 minutes to the distinguished gentleman from Tennessee, Dr. ROE.

Mr. ROE of Tennessee. Mr. Speaker, today we debate and vote on the most important piece of social legislation in decades, a massive expansion of government unparalleled in our Nation's history, with the potential to bankrupt future generations by lowering the standard of living for our children and grandchildren.

For the past 30 years, I haven't been a politician, but a physician, treating patients and delivering babies in rural east Tennessee. And I can say without hesitation that we have in this country the highest quality of health care in the world. But I will also say that this care is too expensive for an increasing number of people.

Health care should not be a partisan issue. I have never operated on a Republican or a Democrat cancer in my life. We have heard about how this is going to save money and reduce the budget deficit. Seventeen years ago in Tennessee we tried a plan called TennCare. It was an idea where different companies were going to compete and we were going to cut costs. What happened in that? Just 10 budget years later, our costs had tripled and we had to cut the rolls in Tennessee because the State was literally going bankrupt. And this year for the first time, we have had to limit patients' visits to 8 doctor visits per year, and this plan will only pay \$10,000, I don't care what the cost of the care is, and those costs are shifted to private insurers. Also the physicians are not taking TennCare because it pays them less than 60 percent of their costs of actually providing the care. That approach, which is pretty much the same approach we are voting on here today, failed, and I know because I am a physician who worked in that system.

Mr. Speaker, I have one question for every Member of this body: If we have seen how this Big Government scheme

doesn't work, why would you vote for it again? Well, the States know. They are already well ahead of the Federal Government. Thirty-seven States, including Tennessee, are now proposing legislation to opt out if the ObamaCare plan should pass.

So the States get it because they can't afford it. The seniors get it because they understand \$500 billion will be cut from this program. And let me tell you, in the next 10 years we are going to add 35 million people to the Medicare rolls in this country when the baby boomers hit. Three things will happen when that occurs: you will decrease access; you will decrease quality because you can't see your doctor; and costs will go up. So seniors get it.

The doctors get it. They are going to work harder and get paid less. Also, there is no meaningful tort reform, and without that, you cannot reduce the cost of care. The American people get this. The people of Tennessee don't want this plan. The people of the United States don't want this plan; but the politicians who vote for it are not listening.

I choose to listen to the American people and vote "no," and urge my colleagues to do the same.

Mr. SPRATT. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentleman from New York (Mr. MEEKS).

Mr. MEEKS of New York. Mr. Speaker, I rise in support of this historic legislation.

Mr. Speaker, I rise in support of Affordable Care for America.

I am proud to stand with my colleagues in the U.S. House of Representatives in support of this critical legislation to ensure that each and every American has access to affordable, quality healthcare. This bill will put Americans and small businesses back in charge of their health care choices and make coverage affordable for everyone. Premium tax credits and cost-sharing assistance will be offered to low- and middle-income Americans, which will be the largest tax cut for health care in the history of this nation.

My constituents in the Sixth Congressional District and across the country will be provided the opportunity to make informed decisions about their health insurance and purchase the plan of their choice.

It is extremely important that every hard working American receives affordable high quality healthcare. This critical legislation will extend coverage to 95 percent of all Americans when passed. For the Sixth Congressional District this means that 54,000 residents who currently do not have health insurance will receive coverage.

By passing this historical legislation we will be able to provide the people of the United States the proper healthcare they deserve. No American should be denied the right to better and affordable health care coverage. No American should be discriminated against by insurance companies based on pre-existing conditions, health status and gender. No American should be forced into medical bank-

ruptcy because their Medicare access was terminated. I urge my colleagues in the House of Representatives to vote "yes" so no American is told "no" again.

Mr. SPRATT. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentlewoman from California (Ms. ROYBAL-ALLARD).

Ms. ROYBAL-ALLARD. I rise in strong support of this bill.

Mr. Speaker, I rise in support of the Senate Amendments to H.R. 3590—the Patient Protection and Affordable Care Act. This legislation represents a milestone in our Nation's history. Building on the promise that was begun with the passage of Medicare in 1965, we take an historic step today toward acknowledging health care as a universal right for everyone.

The people of America have suffered far too long from a health care system that is unaffordable, discriminates on the basis of gender, disability, and pre-existing conditions, and frequently denies coverage for lifesaving services and treatments. While we pay more than any other country in the world for health care, we die younger with the highest rate of preventable deaths among 19 industrialized nations. Obviously this status quo is unsustainable and the time for change is now.

The bill we are voting on today reflects many long months of discussion and compromise. Clearly it is not perfect, and many of us would have preferred to see the bill go much further towards granting universal access to health care for every man, woman and child in this country. But with an issue that impacts so many stakeholders, and involves so many competing interests, it is doubtful that any single legislative effort could ever satisfy everyone and address all the problems we face in our current system.

So while this bill falls short of what many of us had hoped would be included in a final bill, I believe it is critical that we move forward today in response to a crippled health care system that has been failing our country. With the passage of this bill we will improve the quality and affordability of health services, prioritize prevention and the reduction of health disparities, and take the necessary albeit difficult steps to rein in the escalating costs of health care in this country.

I will be voting for this bill today for the people in my 34th Congressional District of California. Over 23 percent of my constituents live below the federal poverty level, and 40 percent of them are uninsured. In 2008, over 1100 of my constituents faced health care-related bankruptcies caused primarily by health care costs that were not covered by their insurance. This bill will extend coverage to 185,000 of my constituents, and will guarantee that 28,500 residents with pre-existing conditions can obtain coverage while protecting those who do have insurance from bankruptcy due to unaffordable health care costs.

I will be voting for this bill today for the small businesses in my District. With its passage, over 16,000 small businesses in my district that have 100 employees or less will be able to join the health insurance exchange, benefiting from group rates and a greater choice of insurers. H.R. 3590 will also help make small businesses more competitive by providing tax credits that will make it more affordable for them to offer health insurance to

their employees. In my district approximately 15,000 small businesses would qualify for these credits.

As chair of the Congressional Hispanic Caucus Health Task Force, I will be voting for this bill today for Hispanic communities all across the country. It is of great concern to me that this segment of the population continues to face the highest uninsured rate of any racial or ethnic group within the United States. In fact, a recent report found that 42 percent of Hispanic adults lacked health insurance compared to the national average of 16 percent.

This legislation will provide access to affordable health care to the millions of uninsured Latinos in this country through Medicaid expansion. The legislation will also provide access to health insurance exchanges and subsidies to help low- and moderate-income families. Additionally, the bill expands Community Health Centers which have been a cornerstone of primary care services in communities of color, and expands coverage for preventive care which has been disproportionately inaccessible to minorities.

Finally, I will be voting for this bill today for the women and mothers in this country who have long managed the health care of their children, their spouses, and the elderly in their families. This legislation will mandate coverage for maternity care, so all women will be able to give their babies the healthiest start in life.

By preventing insurance companies from dropping coverage for extended illness or denying coverage for pre-existing conditions, it will give moms the peace of mind knowing that their children and spouses will have the health coverage they need if they become ill or suffer from a genetic condition or disability. As their young adult children start out in life they can protect them by keeping them on their family insurance policy until their 26th birthday.

And who among us will not be more secure knowing that our parents will be protected from the Medicare Part D donut hole which has made life saving medications so unaffordable for those that need them most?

Mr. Speaker, I thank you for your courage, tenacity and leadership throughout this year of deliberation on Health Care Reform. We owe you, the Majority Leader, and the Leadership team of this House a debt of gratitude for bringing this House to this historic day. I am proud to cast my vote for the passage of the Senate Amendments to H.R. 3590—the Patient Protection and Affordable Care Act.

Mr. SPRATT. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. SCOTT).

Mr. SCOTT of Virginia. Mr. Speaker, America has been debating health care for over 100 years, and during this debate we have heard complaints and blame and misrepresentations, slogans, even name-calling. But today, we finally get to discuss the bills.

The bills will provide affordable health care insurance to over 30 million Americans who are uninsured today, including those with preexisting conditions. These bills will provide security for those who have insurance because 14,000 Americans will no longer

lose their insurance every day, and others will no longer have to watch the cost of their insurance skyrocket every year.

Insurance companies will no longer be able to cancel policies or stop making payments in the middle of an illness. No longer will those with health care have to make copayments for preventive services, or go bankrupt, because the bills provide affordable limits on copays and deductibles.

And because the legislation will provide affordable insurance to virtually all Americans, families with insurance will not have to pay an extra thousand dollars a year to offset health care costs for those who show up at hospitals without insurance.

Seniors will no longer fall into the doughnut hole.

Our youth will be able to stay on their family policies until they are 26. And small businesses will see significant savings in health insurance costs because they will purchase insurance with the same price advantages as large businesses. And many small businesses will receive temporary tax credits.

That's what is in the bill, and it is more than paid for. The CBO projects significant savings for the first 10 years, and huge savings for the next 10 years.

Mr. Speaker, future generations will look back at the votes we cast today, just as today we look back at the votes on Social Security and Medicare. Those future generations will see that we proudly voted in favor of health care for all.

Mr. CAMP. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentleman from Colorado (Mr. LAMBORN).

Mr. LAMBORN. Mr. Speaker, I rise in opposition to this flawed health bill.

□ 2145

Mr. CAMP. Mr. Speaker, for the purposes of a unanimous consent request, I yield to the gentleman from Texas (Mr. HALL).

Mr. HALL of Texas. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. Speaker, as we enter the most important and eventful week of the thirty years I've been up here—I think of the consequences of the votes we will cast—both Republican and Democrat.

When we passed the health bill on this very floor—the Democrats—with a 40 vote advantage on the House Floor—passed H.R. 3962 with a 5 vote advantage—which showed that the outrageous health bill had been lessened in severity in the Commerce Committee—and was softened up enough for the Senate to kill it. Then, a series of Senators negotiated gifts they were not entitled to—each receiving a different consideration—into being the coveted 60th vote. If we take the Floor back—I would favor subpoenaing those who may have made the overtures to compare it to the law of bribery or corrupt deals. I would send the results to the Federal and State Prosecutors. The bribery penalty as set out in 18 U.S. Code Section 203 “is imprisonment for not more than a year and a civil fine of not more than \$50,000 for each violation.” I consider offering a bribe—for a personal benefit—as worse than accepting one; let's clean up the United States Congress—and listen to our people whose only request is to take back our country.

Webster's Dictionary defines “bribe” as money or favor given or promised to a person in a position of trust to influence their judgment or conduct.

Mr. CAMP. Mr. Speaker, for the purpose of a unanimous consent request, I yield to the gentlewoman from North Carolina (Ms. FOXX).

Ms. FOXX. Mr. Speaker, I rise in opposition to this flawed health bill.

Mr. CAMP. For the purpose of a unanimous consent request, I yield to the gentleman from New York (Mr. KING).

Mr. KING of New York. Mr. Speaker, I rise in opposition to this flawed health care bill.

Mr. CAMP. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from Virginia (Mr. CANTOR), the Republican whip.

Mr. CANTOR. Mr. Speaker, all of us in this body, Republicans and Democrats alike, care about Americans' health care, but many of us from both sides of the aisle don't care for this trillion dollar overhaul. And the fact is, the majority of Americans don't care for it either.

Sadly, Mr. Speaker, the only bipartisanship we've seen surrounding this overhaul has been in opposition to it, and there's a reason for that. Health care is a very personal issue, and this overhaul will impact every man, woman, and child in this country. It will even affect future generations that have not yet been born.

Mr. Speaker, this overhaul will have a huge impact on our parents, our spouses, and our kids. This is something that they'll be paying for for the rest of their lives. And for too long, Mr. Speaker, the majority in this body and the President of the United States have refused to listen to the American people.

So, Mr. Speaker, I have a message for those Americans. We hear you. We hear you loud and clear, because we believe this government must stop spending money that it doesn't have, and this trillion dollar overhaul will do the opposite.

We believe that this government must stop piling debt upon our children and grandchildren, and this trillion dollar overhaul will do the opposite.

We believe that this government must stop raising taxes on small businesses and families, and, Mr. Speaker, this trillion dollar overhaul will do the opposite.

We believe that America is the land of innovation and that government

must stop crippling job creators and entrepreneurs with oppressive mandates and taxes, and this trillion dollar overhaul will do the opposite.

Mr. Speaker, we believe that in America our government must not force those who fundamentally object to abortion to have to pay for it, and this trillion dollar overhaul does the opposite.

And we believe in building upon what works in our current health care, Mr. Speaker, so that doctors in America can continue to provide the best care in the world, and this trillion dollar overhaul does the opposite.

And, Mr. Speaker, we believe that families and patients should have the freedom and the right to choose the doctors they want, and this trillion dollar overhaul will begin to take that freedom away.

Mr. Speaker, if there's one thing that the American people have learned over the past year, it's that we are truly at a critical time in this country. We are at a crossroads.

This trillion dollar health care overhaul before us today has caused a lot of fear and uncertainty. It's the latest part of an agenda that is being forced upon the American people that attempts to seize more control over the economy and our lives.

The choices we make on deficit spending, higher taxes, energy security, and health care, they're all important. They're important because they will all determine what kind of country we want to be.

The SPEAKER pro tempore (Mr. OBEY). The time of the gentleman has expired.

Mr. CAMP. I yield the gentleman 30 additional seconds.

Mr. CANTOR. Mr. Speaker, the choice before us is very clear. The choice is whether we want to become a country that is unrecognizable, or one that will fulfill the American Dream so that we remain the most secure and most prosperous, freest country in the history of the world.

Mr. Speaker, I urge my colleagues today to listen to the people and vote "no" against this legislation.

Mr. SPRATT. Mr. Speaker, for purposes of a unanimous consent request, I yield to Mr. ACKERMAN of New York.

Mr. ACKERMAN. I rise in enthusiastic support of this historic, important bill.

Mr. Speaker, I rise on this historic day in strong support of the Health Care and Education Affordability Reconciliation Act of 2010, H.R. 4872.

Let me be perfectly clear: all Americans should have access to affordable and quality health-care coverage. For too long, drastically needed health-insurance reform has been delayed. I'm proud that the overdue reform of our health-care insurance system has finally begun. Many of us, including Members of Congress, enjoy excellent health-care coverage. But far too many people have inad-

equated coverage, including over 70,000 of my constituents who are completely uninsured. And for those of us with coverage, the status quo is unsustainable and costly: Without health insurance reform, the insurance premium for an average family is expected to rise from \$13,000 today to \$24,000 in less than a decade. Mr. Speaker, my constituents want reduced costs, more choices and expanded coverage.

I support this landmark legislation because it changes the way that insurance companies currently ration medical care: The legislation we are about to pass would require all plans to eliminate coverage denials because of pre-existing conditions, eliminate dropping coverage when individuals become sick, eliminate annual and lifetime caps on how much can be spent on care, and eliminate exorbitant out-of-pocket expenses. Opponents of this bill would rather have the big health-insurance companies dictate the rules. But I think all Americans deserve these basic protections from their health-insurance plans, and these important guarantees will improve the coverage for nearly all those who already have insurance—even those Americans who are extremely satisfied with their current plans.

The Act starts with what works well in today's health care system and fixes the parts that are broken. No one has to give up the health care they enjoy today—everyone can keep their current health plan, doctors and hospitals. New state marketplaces called exchanges will allow uninsured individuals to shop among a large number of private plans with a core set of benefits. For the first time ever, American families—even those who keep their current health insurance—will benefit from no longer having to worry about losing health coverage because of a new or lost job. The bill finally brings the type of health insurance reform that Americans need and deserve.

Many opposed to comprehensive health insurance claim there are no immediate benefits to these bills; that somehow nothing happens until the exchanges are set up. Mr. Speaker, here are just some of the immediate benefits that take effect this very year: small businesses will receive tax credits for offering health insurance to their employees; seniors who fall within the infamous Medicare prescription-drug donut hole will receive a \$250 rebate; people who have been denied health-care coverage because of a pre-existing condition will be able to get affordable coverage through temporary high-risk pools; children will no longer be callously denied coverage because of a pre-existing condition; annual limits and lifetime limits on the cost of care will start to be prohibited; and also this year, insurance companies will no longer be able to take away an individual's coverage because they get sick.

Mr. Speaker, unfortunately, the previous Administration and the former leadership of the House of Representatives never acknowledged the moral or economic costs we pay every day for our failure to make health coverage affordable and accessible for everyone. Today, that ends. Today we recognize that more people with good coverage saves lives and saves costs. Today we unequivocally state that people should not have to go bank-

rupt to pay their medical bills. And today we finally realize that no one should have to go to an emergency room just to receive routine medical care. I am proud to be voting today to make sure that health-care insurance reform is putting these essential principles into action.

So, Mr. Speaker, I urge all my colleagues to support the Health Care and Education Affordability Reconciliation Act of 2010, H.R. 4872 so that all Americans will have access to health care.

The SPEAKER pro tempore. The gentleman will be charged.

Mr. SPRATT. For purposes of another unanimous consent request, I yield to the gentlelady from California (Ms. WATERS).

Ms. WATERS. Mr. Speaker, I rise in support of this bill.

Our health care system is broken; no one can deny it.

Every day, millions of Americans go without needed health care because they have no insurance. Some of these people work for small businesses and other employers that do not provide insurance. Some of them lost their insurance when they lost their jobs. Some of them were denied coverage by insurance companies because of a pre-existing condition. And some of them simply could not afford the escalating premiums. Even for people with health insurance, a devastating accident or illness can be very expensive. The cost of health care is the number one reason for bankruptcies in America.

So we cannot afford inaction. Today, we have a clear choice—to start to fix the broken health care system—or to do nothing.

However, this bill is not perfect. I would like to have seen included measures such as a public health insurance option like Medicare that would compete with the private insurance plans and a single national insurance exchange where people could purchase the health plan of their choice instead of separate state-based exchanges with different standards. I believe these measures would be more effective at containing costs and creating competition for the insurance industry.

I am also concerned that this bill should not be used to limit the right of women to reproductive choice. Despite the President's Executive Order, attempting to codify existing law under the so-called Hyde Amendment, it is not clear that the Senate bill does not go beyond the Hyde amendment.

Nevertheless, I have decided to support H.R. 3590, together with the improvements included in H.R. 4872, because it will make health care more affordable and more accessible for thousands of my constituents and millions of Americans. By passing this legislation today we are taking a critically important step in the right direction.

According to an analysis by the House Energy and Commerce Committee, this health care reform bill will benefit California's 35th District in the following ways:

Improve coverage for 281,000 residents with health insurance.

Extend coverage to 125,500 residents who lack insurance.

Guarantee that 21,200 residents with pre-existing conditions can obtain coverage.

Allow 58,000 young adults to obtain coverage on their parents' insurance plans.

Give tax credits and other assistance to up to 157,000 families and 15,100 small businesses to help them afford coverage.

Improve Medicare for 62,000 beneficiaries, including reducing the costs of prescription drugs and closing the donut hole.

Protect 1,100 families from bankruptcy due to unaffordable health care costs.

Provide millions of dollars in new funding for 10 community health centers.

Reduce the cost of uncompensated care for hospitals and other health care providers by \$15 million annually.

Many provisions of the bill will kick in immediately. Insurance companies will no longer be able to take away a person's insurance because the person gets sick, an unfair practice known as rescission. It will immediately prevent insurance companies from denying coverage to children with pre-existing conditions, and eventually end discrimination against anyone with a pre-existing condition. It will immediately allow young people the ability to remain on their parents' insurance until age 26. It will immediately help seniors pay for prescription drugs and eventually eliminate the donut hole completely. And it will extend tax credits to small businesses so that they can provide health insurance to their employees.

Over the next few years, the bill will extend coverage to 32 million Americans, or 95 percent of the population, providing affordability credits for individuals who cannot afford to purchase health insurance on their own.

Improving our health care system is essential to setting us on the right path to healthier lives, renewed American innovation, and a stronger, more stable American economy. I urge my colleagues to support this bill and expand access to health care for families and small businesses throughout the United States of America.

Mr. SPRATT. For purposes of a unanimous consent request, I yield to Mr. DRIEHAUS from Ohio.

Mr. DRIEHAUS. Mr. Speaker, I rise in support of this health care legislation.

Mr. SPRATT. Mr. Speaker, I now yield 1 minute to the gentlelady from Minnesota (Ms. MCCOLLUM).

Ms. MCCOLLUM. Mr. Speaker, beyond the walls of this Capitol, there are millions of Americans who can't afford health insurance and they live in fear of getting sick. Millions more are discriminated against by insurance companies because they have pre-existing medical conditions.

In my own life, as a child and as an adult, I've lived without health insurance. A dear, dear niece of mine has a preexisting condition that makes her uninsurable.

Passing health insurance reform is not a political game. It's personal. It's about real people's lives. When we pass this bill, we will save lives. Families will be protected. Millions of Americans will no longer live in fear.

Today I will vote to end discrimination against people with preexisting conditions. Today I will vote to extend health care to 32 million Americans. And when this bill becomes law, health

care security will finally become a reality for the American people.

Mr. CAMP. Mr. Speaker, at this time I will yield to the gentleman from California for the purpose of a unanimous consent request.

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, because of confusion over its legal effect, I ask unanimous consent that the text of President Obama's Executive order referring to abortion funding, that it be considered as a freestanding amendment to the text of H.R. 3590 and we be allowed to vote on it separately.

The SPEAKER pro tempore. The Chair cannot entertain such a request unless it has been cleared.

PARLIAMENTARY INQUIRIES

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, is such unanimous consent request, is it, in fact, in order under the rules of the House?

The SPEAKER pro tempore. The Chair has indicated that requests for these matters must be cleared.

The Chair is not obligated to instruct Members on the rules of the House.

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, with respect, may I make a further inquiry, Mr. Speaker?

The SPEAKER pro tempore. The gentleman may inquire.

Mr. DANIEL E. LUNGREN of California. Would that request, if it were cleared, be considered germane to the bill under consideration?

The SPEAKER pro tempore. The Chair will not respond to hypotheticals.

Mr. DANIEL E. LUNGREN of California. Mr. Speaker, additional parliamentary inquiry.

The SPEAKER pro tempore. The gentleman may proceed.

Mr. DANIEL E. LUNGREN of California. When I am informed that it must be cleared, do I understand that to mean it must be cleared by the Speaker or the majority leader?

The SPEAKER pro tempore. Leadership on both sides must clear these matters. I'm sure the gentleman knows that.

Mr. DANIEL E. LUNGREN of California. I thank the Speaker.

Mr. CAMP. Mr. Speaker, I reserve my time.

Mr. SPRATT. Mr. Speaker, for purposes of a unanimous consent request, I yield to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. Mr. Speaker, I rise in support of affordable health insurance for all Americans.

I rise in support of this historic legislation because affordable health care is really about life—about a healthier and more secure life for all Americans.

This is about life—the life of a senior who can't afford prescription drugs, or a mother carrying a new life waiting to be born.

This legislation says every American has the right to the dignity of a healthy life. Nothing more, nothing less. Its promise is true for all citizens, of all ages, from all walks of life. In that respect, it is profoundly American.

It is most certainly about the millions of citizens in our nation who run small businesses and about their employees—who after all these years comprise over half the uninsured in our nation. These businesses embody the hopes and dreams of life in America. They are the engines of job growth, but after all these decades, they are treated like second class citizens.

This bill is about women and children—the millions of women who have no health care and the millions of children who are born frail and weak because their mothers have no access to prenatal care and their fathers have no insurance. The March of Dimes tells us that every year, more than half a million American children are born underweight, one out of every eight children born premature, malnourished, and so many with disability. That should not happen in America. Our nation's insurance programs aren't meeting the market nor the promise of America.

This legislation will help millions of women obtain health coverage and thus reduce abortion by enhancing broad coverage options for women's and children's health. It will vastly improve preventive care, more than double funds available to community health centers (including obstetric and gynecological care), and move America fully into this 21st century. No woman, no woman—including poor women, pregnant women, working women, single women, and nursing women—will be denied health insurance coverage.

Mr. Speaker, the best anti-abortion bill we can pass is one that gives women and children a real chance through health insurance coverage that allows fragile life to come to term. This bill does that. It gives hope, to every family, to every woman to every child yet to be born. It says you have a right to be born. It provides for prenatal care during a woman's pregnancy, preventive care for newborns, funding to help pregnant and parenting teens and college students with assistance for basic necessities, as well as adoption tax credits. No family, no mother, no father will ever have to question again whether they can afford to bring a conceived child to term.

This bill is about a better life for seniors, too. By closing the doughnut hole, it makes sure they can afford the medicine they need to live healthy, independent lives.

As the costs of insurance have risen, emptying the wallets of our neighbors, almost one in three Americans (87 million of our fellow citizens) went without health insurance for some period last year. We can do better in America.

There is so much shifting in the marketplace, it is becoming less stable and reliable. Thousands more of our citizens are losing their insurance because they have lost their jobs as the unemployment epidemic rages throughout our nation.

Even those with insurance, no matter how expensive or robust it might be, learn their

coverage is not guaranteed nor continuous nor quality. Millions of hardworking Americans are denied coverage; charged an impossibly higher rate, or discriminated against because of a pre-existing condition. Family employer-sponsored health insurance increased 119 percent over the last decade. Small business premiums alone have risen 129 percent. Without reform, rates are projected to increase to \$23,842 on average by 2020. This simply cannot continue; the system is broken.

I can identify with the tens of millions of our fellow citizens who have no health insurance, over half of whom are either small business owners or their employees. When my brother, Steve, and I were growing up, our beloved, hardworking father, "Kappy," had three heart attacks. He made the gut-wrenching decision to sell our small family market to go to work in an auto plant for one reason: to get health insurance for his wife, Anastasia, and their two children. He didn't even care about himself. I shall never forget that piercing experience: it is the story of millions upon millions of our fellow citizens excluded, priced out or eliminated from the insurance market place. In our parents' memory, the best jobs bill I can vote is one that takes the health insurance anxiety off the backs of small businesspeople across our nation. I do so today in our parents' memory.

I have listened closely to the concerns of citizens in Ohio's Ninth Congressional District. There is passion on both sides. Some claim this legislation is unconstitutional. I respectfully disagree. To accept that argument is to say that Social Security is unconstitutional, or Medicare is unconstitutional, or veterans' benefits are unconstitutional, or the interstate highway system is unconstitutional. I believe that argument would tear apart the fabric of our Republic.

Affordable health insurance reform is necessary to provide greater competition among available plans to cut the costs of doing business, reduce the share of government expenditures spent on health care, help our companies to be more competitive in the world market, unleash the entrepreneurial talents of the American people, and give peace of mind to the middle class, our seniors and others that everything they have worked for will not be taken away if they get sick.

I have been touched by stories from constituents and I rise today in support of this historic bill for them:

David owns a small business. In 1999, he offered health insurance to his 15 employees. Over the course of the next decade, his insurance premiums skyrocketed and he had to let some employees go. By 2007 he was down to three employees and could no longer provide insurance for them—or himself. Now uninsured, he recently suffered a heart attack. Health care expenses forced him to file for bankruptcy. Sad to say, his case is not all that unusual—health care costs are the leading cause of bankruptcy in America.

Jeff changed jobs and was required to obtain different health insurance while his wife was mid-term in a pregnancy. The pregnancy was high risk, the birth was problematic, and the insurer, a "health maintenance organization," an HMO, denied coverage not only for the mother's labor and delivery, but also their baby's conditions at birth.

Lillian will reach her allowable Part D private drug plan coverage in March. She cannot afford to pay for her medicines, so she never climbs out of the "doughnut hole" to obtain coverage again. As a result, she will quit taking her prescription drugs for nine months, until the new year starts. As a result, she has been hospitalized.

Mary has suffered from bipolar disorder since her twenties. She is now in her fifties. She is married, with a family. She has experienced many exacerbations of her illness and resulting hospitalizations. She reached the insurer's lifetime maximum when in her early forties. Since then, her family has had to pay her expenses.

Susan is the director of a nonprofit organization that serves homeless families. The organization offers health insurance to employees, but the premium increase this year was 49%. Now the agency must choose between dropping insurance as an employee benefit or reducing services to the vulnerable families it serves. Meanwhile, the insurer posted record profits last year.

Bob and Catherine were married for 53 years and raised six children. Catherine developed a chronic debilitating illness which worsened over time. Bob took care of her at home for nine years, using all of their savings and having to sell their house.

Cassandra is a 12-year-old girl with juvenile diabetes. Since her diagnosis as a toddler, her parents have been unable to obtain health care coverage even though they could afford to pay for it. They must pay all her health expenses out of pocket. They live in a small apartment.

Aaron is 14. He has a failing liver and has needed a liver transplant for five years. His mom could not work because she had to care for him. The family has no health care coverage. Though the hospital absorbed much of the cost for his care and treatment, the family held fundraisers through the years to pay for his transplant and the health care which has subsequently followed. All of us are familiar with the spaghetti dinners, and benefit dances, and silent auctions to help families in similar circumstances. Heroic compassionate people rise to the occasion in communities across our nation, but often it simply is not enough.

For too long, the health of our nation has dwindled—indeed the U.S. ranks behind over a dozen major nations in health outcomes—while the pockets of the insurance giants have thickened. Insurance companies raise rates and deny coverage to pay their CEOs excessive salaries and bonuses. WellCare and Aetna's executives, for example, received between \$18 and \$23 million dollars alone in 2008. Despite wanting to increase premiums recently for individuals by 39 percent, WellPoint's executives, which is an insurance provider in the state of Ohio where I represent, received over \$8.6 million.

Our seniors have compromised prescription drugs for necessary groceries, while the insurance and pharmaceutical industries have made record profits. Hard working families have watched their savings plummet and their homes foreclosed after unexpected illnesses. Women with breast cancer, men with heart disease and children with leukemia or childhood diabetes have been flat-out denied

health insurance coverage for pre-existing conditions or reaching insurance policy caps.

With the mounting economic strain on American families and the rising costs of health insurance to workers, businesses and the federal budget, the status quo has proven itself unsustainable, fiscally irresponsible and morally unacceptable. The time has come for this historical change. The bill before us pays for itself and actually brings revenues back to the health system as a result of the combination of added competition and better use of the health dollar. I stand in support of its promise to the American people—the promise of a better and healthier life for all in this blessed land.

Mr. SPRATT. Also for purposes of a unanimous consent request, I yield to Mrs. DAHLKEMPER from Pennsylvania.

Mrs. DAHLKEMPER. Mr. Speaker, I rise in support of this health care legislation.

Mr. SPRATT. I now yield 1½ minutes to the gentlewoman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, I rise in support of this historic legislation, arguably the most important vote we here today will ever take in this Chamber.

Today fulfills a promise made 100 years ago by Theodore Roosevelt when he first called for comprehensive health insurance reform. It fulfills a promise made by Franklin Roosevelt to our parents, our grandparents, our great-grandparents in 1944. President Richard Nixon also labored and lost on this national mission. And President Bill Clinton, too, tried to climb this mountain.

Today's legislation builds on the great achievements of Social Security and Medicare, those big changes that we all take for granted, regardless of party. And yes, they, too, were characterized as socialist government takeovers.

And today we have a chance to make health insurance affordable for people and for small businesses that ends the power of the insurance companies to deny them coverage, increase their rates and, yes, drop them when they get sick. Enough.

This reform law allows 32 million of our citizens to get insurance, a moral imperative. It closes the doughnut hole in prescription drugs for seniors, and women will no longer have to pay more for their insurance, a long overdue reckoning.

I am humbled by the opportunity to cast a vote for this historic change.

Mr. CAMP. Mr. Speaker, I yield myself 2 minutes.

We've heard a lot of discussion tonight about this bill and how it's been characterized. Let me just read a few quotes from my friends on the Democratic side who've characterized this bill.

A Democrat from North Carolina says: There is no question that our current health care system is broken and

that we need to make significant reforms to improve it in an equitable, fiscally responsible, and sustainable manner. In my opinion, the bill as written does not meet those criteria.

A Democrat from Tennessee says: After thorough and careful review of the legislation, I am unconvinced that the long-term trend of rising health care costs is adequately addressed and am, therefore, unable to support the legislation.

A Democrat from New Mexico said: I do not believe that the bill does enough to contain costs.

A Democrat from North Carolina says: Health care reform is needed, but the bill before us is too expensive, does not adequately address rising medical costs and skyrocketing insurance premiums, and tries to do too much too soon. We simply cannot afford to create a new Federal bureaucracy that costs nearly \$1 trillion when our national debt is \$12 trillion and there is no plan in place to address it. I will not vote for it.

Another Democrat from Virginia says: I have spoken with countless small business owners, families, medical professionals, and average citizens across Virginia, and it becomes very clear that this bill is not the right solution for Virginia's health care challenges.

On and on and on again. This is not the right bill for America. This costs \$1 trillion, raises a half a trillion in taxes, and cuts Medicare by half a trillion dollars. Vote "no" on this bill.

□ 2200

Mr. SPRATT. Mr. Speaker, for purposes of a unanimous consent request, I yield to the gentlelady from New York (Mrs. LOWEY).

Mrs. LOWEY. I rise in strong support of this bill.

Mr. Speaker, I rise in support of enacting historic health care reform.

Over the past fifteen months, I have held countless meetings with community organizations, small business owners, senior citizens, doctors, nurses, and patients, joined public forums and community meetings, and held telephone town halls. It is clear to me the status quo is unsustainable. Without action, individuals would continue to be denied coverage and care, more families would go into bankruptcy due to the costs of care, and businesses would continue to struggle to cover their employees.

Some benefits will be evident almost immediately after this bill is signed. The most egregious practices of insurance companies, like denying coverage for children due to pre-existing conditions and dropping coverage when patients become sick, will be illegal. Small businesses will gain tax credits to provide affordable insurance to their employees. Senior citizens will benefit from immediate steps to close the Medicare prescription drug "donut hole."

I have heard hundreds of personal stories. A social worker in Ardsley earning \$53,000

per year whose out-of-pocket insurance premium just increased by \$110 to \$831 per month. Or the man from White Plains who was denied life saving cancer medication by his insurance company until my intervention. The small business owner from Ossining whose premium costs increased 40 percent this year.

I want to assure you that:

Medicare benefits will be strengthened by closing the prescription drug "donut hole," eliminating charges for preventive care, and extending the solvency of the Medicare Trust Fund.

The vast majority of families in Westchester and Rockland Counties will see absolutely no change in their income taxes due to this bill. I fought to protect our region, and I continue my work to index federal taxes to cost of living, which would help residents in our expensive area.

Small businesses with fewer than 50 employees are exempt from employer requirements and some will immediately be offered tax credits to provide coverage for their employees.

This legislation will not provide taxpayer funding for abortion, and in fact I am not pleased with new obstacles to reproductive health care.

And finally, this bill will reduce the federal deficit by more than \$143 billion in the first ten years and more than \$1.2 trillion in the second ten years after passage.

Instead of passing the House bill, the Senate adopted a flawed bill that I will support for the sole purpose of immediately making improvements through reconciliation to help American families and businesses.

Although the legislation we passed this week is not perfect, it will rein in skyrocketing insurance premiums for families, prevent the worst practices of the insurance industry, help 30 million uninsured Americans gain access to care, allow insured Americans to keep their coverage if they like it, help small businesses afford coverage for their employees, allow children up to 26 years old to stay on their parents' plans and protect Medicare for senior citizens.

Mr. SPRATT. Mr. Speaker, for purposes of a unanimous consent request, I yield to the gentleman from New Jersey (Mr. PAYNE).

Mr. PAYNE. Mr. Speaker, I rise in support of this great health care reform bill.

Mr. SPRATT. Mr. Speaker, for purposes of a unanimous consent request, I yield to the gentleman from Florida (Mr. GRAYSON).

Mr. GRAYSON. I rise in support of this bill.

Mr. SPRATT. Mr. Speaker, for purposes of a unanimous consent request, I yield to the gentleman from Georgia (Mr. BISHOP).

Mr. BISHOP of Georgia. I rise in support of this historic health care reform bill.

Mr. Speaker, I have decided to support the health reform legislation because it represents an historic opportunity to make health care more accessible and affordable now and into the future. I base this decision not on what is

popular, but on what I believe is in the best interest for Georgia's Second Congressional District both in the short- and long-term.

Throughout this process, I have solicited the views of people both supporting and opposing health care reform. I have heard from doctors and patients, small business owners and the CEOs of large corporations, as well as residents of rural and urban areas. I also have heard from the healthy and the sick, the young and the old, and the rich and the poor. I thank each of you who shared your views with me, and I have listened to your opinions.

In my district there are more than 83,000 uninsured residents who will receive health insurance coverage under this bill. There are 14,500 uninsured individuals who have a pre-existing medical condition such as cancer, heart disease, and diabetes and who will now no longer be denied affordable health insurance coverage. In addition, there are 12,100 small business owners in my district who will qualify for tax credits to help employees afford health care.

My district is also home to 96,000 senior citizens who will benefit from a stronger Medicare program whose solvency is extended to 2026. There are 6,600 Medicare beneficiaries who will now be able to afford their prescription drugs with the closure of the Part D 'donut hole.' And, through the health care reform bill, 181,000 households in Southwest Georgia could qualify for tax credits to purchase health insurance through Medicaid, employer sponsored insurance, or other acceptable coverage. For these people and for millions of Americans like them, I have decided to support the health care reform bill.

Some people have asked how I could be a fiscally conservative Blue Dog Democrat and still support the health reform bill. I do not know how I could be a Blue Dog Democrat and not support this bill. According to the non-partisan Congressional Budget Office, the bill will reduce the deficit by \$138 billion over the next 10 years and \$1.2 trillion in the decade after that. It includes tough provisions attacking waste and fraud in the Medicare and Medicaid programs, including some proposed by Republicans. It will slow the growth in health care costs that are becoming an increasing burden on families, businesses, and governments. And the legislation will benefit rural America by boosting mandatory funding for community health centers by \$11 billion over five years and making significant investments in the training of primary care doctors.

This bill is not perfect. We cannot, however, let the perfect be the enemy of the good. Nor can we allow fear, misinformation, political motivation and partisanship to prevent us from taking the necessary steps to improve our health care system. I believe that we have a moral obligation to ensure that all Americans, regardless of race, ethnicity, geography, or income, receive the health care they need to lead healthy and productive lives.

As a man of faith, I know that Jesus taught us to provide and care for others, especially the 'least of these' who often have few advocates. In addition, when I ask myself, 'What would Jesus do if he represented the Second Congressional district, and had the opportunity to vote to enable more than 32 million uninsured Americans to receive health insurance?'

I believe He would take care of this immediate need of the people—not let them fend for themselves while we start over or do nothing. This legislation goes a long way toward living up to this moral principle, and I am proud to support it.

Mr. SPRATT. Mr. Speaker, can you tell me how much time is remaining on my side?

The SPEAKER pro tempore. There are 2¼ minutes remaining for the gentleman from South Carolina.

Mr. SPRATT. Mr. Speaker, I yield 1¼ minutes to the gentleman from New Jersey (Mr. ANDREWS).

Mr. ANDREWS. Mr. Speaker, our friends on the other side of the aisle have asked frequently tonight what kind of country are we. They've asked exactly the right question. Tomorrow when a person is denied a job because she has breast cancer or is charged higher premiums because he has asthma, what kind of country will we be? Tomorrow when a senior citizen has enough money in her checking account to pay the utility bill or her prescription bill but not both, what kind of country will we be? When a person who tonight is scrubbing floors or pumping gas or waiting on tables tomorrow tries to go to buy a health insurance policy for herself or her children, what kind of country will we be?

For Social Security, we gave decency for seniors. In Medicare, we gave compassion for seniors. In the Civil Rights Act, we gave equality for all Americans. Tonight, we will give justice and decency. That's the kind of country that we will be.

Mr. CAMP. Mr. Speaker, at this time I yield 1 minute to the distinguished minority leader, the gentleman from Ohio (Mr. BOEHNER).

Mr. BOEHNER. Mr. Speaker and my colleagues, I rise tonight with a sad and heavy heart. Today we should be standing together reflecting on a year of bipartisanship and working to answer our country's call and their challenge to address the rising costs of health insurance in our country.

Today, this body, this institution, enshrined in the first article of the Constitution by our Founding Fathers as a sign of the importance they placed on this House, should be looking with pride on this legislation and our work.

But it is not so.

No, today we're standing here looking at a health care bill that no one in this body believes is satisfactory. Today we stand here amidst the wreckage of what was once the respect and honor that this House was held in by our fellow citizens. And we all know why it is so. We have failed to listen to America. And we have failed to reflect the will of our constituents. And when we fail to reflect that will, we fail ourselves, and we fail our country.

Look at this bill. Ask yourself, do you really believe that if you like the health plan that you have that you can

keep it? No, you can't. You can't say that.

In this economy, with this unemployment, with our desperate need for jobs and economic growth, is this really the time to raise taxes, to create bureaucracies, and burden every job creator in our land? The answer is no.

Can you go home and tell your senior citizens that these cuts in Medicare will not limit their access to doctors or further weaken the program instead of strengthening it? No, you cannot.

Can you go home and tell your constituents with confidence that this bill respects the sanctity of all human life and that it won't allow for taxpayer funding of abortions for the first time in 30 years? No, you cannot.

And look at how this bill was written. Can you say it was done openly, with transparency and accountability? Without backroom deals and struck behind closed doors hidden from the people? Hell, no, you can't.

Have you read the bill? Have you read the reconciliation bill? Have you read the manager's amendment? Hell, no, you haven't.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Both sides would do well to remember the dignity of the House.

Mr. BOEHNER. Mr. Speaker, in a few minutes we will cast some of the most consequential votes that any of us will ever cast in this Chamber. The decision we make will affect every man, woman, and child in this Nation for generations to come. If we're going to vote to defy the will of the American people, then we ought to have the courage to stand before them and announce our votes, one at a time.

I sent a letter to the Speaker this week asking that the "call of the roll" be ordered for this vote. Madam Speaker, I ask you, will you, in the interest of this institution, grant my request?

Will you, Mr. Speaker, grant my request that we have a call of the roll?

The SPEAKER pro tempore. Is the gentleman asking a rhetorical question?

Mr. BOEHNER. Mr. Speaker, will you grant my request that we have a call of the roll?

The SPEAKER pro tempore. Under clause 2(a) of rule XX, a record vote is conducted by electronic device unless the Speaker directs otherwise.

Mr. BOEHNER. And you, Mr. Speaker, will you grant that request?

The SPEAKER pro tempore. The Chair will decide at the time the question is ripe. This is not it.

Mr. BOEHNER. My colleagues, this is the People's House.

When we came here, we each swore an oath to uphold and abide by the Constitution as representatives of the people. But the process here is broken. The institution is broken. And as a result, this bill is not what the American people need nor what our constituents want.

Americans are out there making sacrifices and struggling to make a better future for their kids, and over the last year as the damn-the-torpedoes outline of this legislation became more clear, millions of Americans lifted their voices and many, for the first time, asking us to slow down, not to try to cram through more than this system could handle, not to spend money that we didn't have. In this time of recession, they wanted us to focus on jobs, not more spending, not more government, and certainly not more taxes.

But what they see today frightens them. They're frightened because they don't know what comes next. They're disgusted because what they see is one political party closing out the other from what should be a national solution. And they're angry. They're angry that no matter how they engage in this debate, this body moves forward against their will.

Shame on us. Shame on this body. Shame on each and every one of you who substitutes your will and your desires above those of your fellow countrymen.

Around this Chamber, looking upon us are the lawgivers from Moses, to Gaius, to Blackstone, to Thomas Jefferson. By our actions today, we disgrace their values. We break the ties of history in this Chamber. We break our trust with America.

When I handed the Speaker the gavel in 2007, I said this: "This is the People's House. And the moment a majority forgets it, it starts writing itself a ticket to minority status."

If we pass this bill, there will be no turning back. It will be the last straw for the American people. In a democracy, you can only ignore the will of the people for so long and get away with it. And if we defy the will of our fellow citizens and pass this bill, we're going to be held to account by those who have placed us in their trust. We will have shattered those bonds of trust.

I beg you, I beg each and every one of you on both sides of the aisle: Do not further strike at the heart of this country and this institution with arrogance, for surely you will not strike with impunity.

I ask each of you to vow to never let this happen again—this process, this defiance of our citizens. It's not too late to begin to restore the bonds of trust with our Nation and return comity to this institution.

And so join me. Join me in voting against this bill so that we can come together, together anew and addressing the challenge of health care in a manner that brings credit to this body and brings credit to the ideals of this Nation, and most importantly, that reflects the will of the American people.

□ 2215

Mr. SPRATT. Mr. Speaker, I yield 1 minute to the gentlewoman from California, who has led the way in this

quest for health care reform and tirelessly, persistently, she has brought us to this moment of the decision, the gentlewoman from California, the Speaker of the House, Ms. PELOSI.

Ms. PELOSI. Thank you, my colleagues. I thank the gentleman for yielding. I thank all of you for bringing us to this moment.

Mr. Speaker, it is with great humility and with great pride that tonight we will make history for our country and progress for the American people. Just think, we will be joining those who established Social Security, Medicare, and now tonight health care for all Americans.

In doing so, we will honor the vows of our Founders, who, in the Declaration of Independence, said that we are endowed by our Creator with certain inalienable rights and among these are life, liberty, and the pursuit of happiness.

This legislation will lead to healthier lives, more liberty to pursue hopes and dreams and happiness for the American people. This is an American proposal that honors the traditions of our country.

We would not be here tonight for sure without the extraordinary leadership and vision of President Barack Obama. We thank him for his unwavering commitment to health care for all Americans. This began over a year ago under his leadership in the American Recovery and Reinvestment Act where we had very significant investments in science, technology, and innovation for health care reform.

It continued in the President's budget a few months later, a budget which was a statement of our national values, which allocated resources that were part of our value system and in a way that stabilized our economy, created jobs, lowered taxes for the middle class and did so and reduced the deficit and did so in a way that had pillars of investment, including education and health care reform.

Health care reform and education equal opportunity for the American people. This legislation tonight, if I had one word to describe it, would be opportunity with its investments in education and health care as a continuation of the President's budget.

We all know, and it's been said over and over again, that our economy needs something new, a jolt, and I believe that this legislation will unleash tremendous entrepreneurial power into our economy. Imagine a society and an economy where a person could change jobs without losing health insurance, where they could be self-employed or start a small business.

Imagine an economy where people could follow their passions and their talent without having to worry that their children would not have health insurance, that if they had a child with diabetes who was bipolar or preexisting

medical condition in their family, that they would be job locked. Under this bill, their entrepreneurial spirit will be unleashed.

We all know that the present health care system and health insurance system in our country is unsustainable. We simply cannot afford it. It doesn't work for enough people in terms of delivery of service, and it is bankrupting the country with the upward spiral of increasing medical cost. The best action that we can take on behalf of America's family budgets and on behalf of the Federal budget is to pass health care reform.

The best action we can take to strengthen Medicare and improve care and benefits for our seniors is to pass this legislation tonight, pass health care reform. The best action we can do to create jobs and strengthen our economic security is pass health care reform.

The best action we can take to keep America competitive, ignite innovation, again, unleash entrepreneurial spirit is to pass health care reform.

With this action tonight, with this health care reform, 32 million more Americans will have health care insurance and those who have insurance now will be spared of being at the mercy of the health insurance industry with their obscene increases in premiums, their rescinding of policies at the time of illness, their cutting off of policies even if you have been fully paying but become sick. The list goes on and on about the health care reforms that are in this legislation: insure 32 million more people, make it more affordable for the middle class, end insurance company discrimination on preexisting conditions, improve care and benefits under Medicare and extending Medicare solvency for almost a decade, creating a healthier America through prevention, through wellness and innovation, create 4 million jobs in the life of the bill and doing all of that by saving the taxpayer \$1.3 trillion.

Another Speaker, Tip O'Neill, once said, All politics is local. I say tonight that when it comes to health care for all Americans, all politics is personal. It's personal for the family that wrote to me, who had to choose between buying groceries and seeing a doctor. It's personal to the family that was refused coverage because their child had a pre-existing condition, no coverage, the child got worse, sicker.

It's personal for women. After we pass this bill, being a woman will no longer be a preexisting medical condition.

It's personal for the senior gentleman whom I met in Michigan who told me about his wife who had been bedridden for 16 years. He told me he didn't know how he was going to be able to pay his medical bills. As I said to you before, I saw a grown man cry. He was worried that he might lose his home, that they

might lose their home because of his medical bills and he didn't know how he was going to pay them and, most of all, he was too embarrassed to tell his children and ask them for help. How many times have you heard a story like that?

It's personal for millions of families who have gone into bankruptcy under the weight of rising health care costs, and so many, many, many—a high percentage of the bankruptcy in our country—are caused by medical bills that people cannot pay. It's personal for 45,000 Americans and families who have lost a loved one each year because they didn't and couldn't get health insurance.

That is why we are proud and also humble today to act with the support of millions of Americans who recognize the urgency of passing health care reform and more than 350 organizations representing Americans of every age, every background, every part of the country who have endorsed this legislation. Our coalition ranges from AARP who said that our legislation "improves efforts to crack down on fraud and waste in Medicare, strengthening the program for today's seniors and future generations." I repeat: "improves efforts to crack down on fraud and waste in Medicare, strengthening the program for today's seniors and future generations."

To the American Medical Association, the Catholic Health Association, the United Methodist Church and Voices for America's Children, from A to Z, they are sending a clear message to Members of Congress, say "yes" to health care reform.

We have also reached this historic moment because of the extraordinary leadership and hard work and dedication of all of the Members of Congress, but I want to especially recognize our esteemed Chairs, Mr. WAXMAN, Mr. RANGEL, Mr. LEVIN, Mr. MILLER, Mr. SPRATT, Ms. SLAUGHTER, for bringing this bill to the floor today. Let us acknowledge them.

I want to acknowledge the staff of the committees and of the leadership. They have done a remarkable job, dazzling us with their knowledge and their know-how.

I would like to thank on my own staff Amy Rosenbaum, Wendell Primus and Arshi Siddiqui.

Now I will close by saying it wouldn't be possible to talk about health care without acknowledging the great leadership of Senator Edward Kennedy, who made health care his life's work. In a letter to President Obama before he passed away—he left a letter to be read after he died—Senator Kennedy wrote that access to health care was "the great unfinished business of our society." That is, until today.

After more than a year of debate and, by the way, the legislation that will go forth from here has over 200 Republican

amendments, and while it may not get Republican votes and be bipartisan in that respect, it is bipartisan in having over 200 Republican amendments.

After a year of debate and hearing the calls of millions of Americans, we have come to this historic moment. Today we have the opportunity to complete the great unfinished business of our society and pass health insurance reform for all Americans. That is a right and not a privilege.

In that same letter to the President, Senator Kennedy wrote, What is at stake? He said at stake are not just the details of policy, but the character of our country. Americans will look back on this day as one in which we honored the character of our country and honored our commitment to our Nation's Founders for a commitment to life, liberty and the pursuit of happiness.

As our colleague, JOHN LEWIS, has said, we may not have chosen the time, but the time has chosen us. We have been given this country, an opportunity to stay right up there with, again, Social Security, Medicare, health care for all Americans.

I urge my colleagues to join together in passing health insurance reform, making history and restoring the American Dream. I urge an "aye" vote.

□ 2230

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will again remind all persons in the gallery that they are here as guests of the House, and that any manifestation of approval or disapproval of proceedings or other audible conversation is in violation of the rules of the House.

Mr. AL GREEN of Texas. Mr. Speaker, I am proud to support H.R. 4872, the Reconciliation Act of 2010 and the healthcare reform package that its passage will complete.

Today, the House of Representatives has been given the opportunity to take a concrete and powerful step toward completing the work of reforming our healthcare system that began decades ago. For much of the last year, my colleagues and I have debated many ways in which we could work to lower costs, improve the quality of care and expand coverage. What we pass today will begin to achieve all three.

In the wake of the financial crisis that has devastated our economy, concerns of our nation's deficit are well-placed and wholly appropriate. Despite what many of its opponents would argue, the passage of this healthcare reform package will reduce the national deficit by an estimated \$1.3 trillion over the next 20 years according to the Congressional Budget Office.

Through the course of this debate, we have seen misinformation about healthcare reform instill fear into the hearts of the American people. We have seen the distortion of truth breed uncertainty about whether healthcare reform will be to the benefit of our country. Despite all of the debate, and at times confusion, there remains one incontrovertible truth: the cost of

inaction, when our country spends nearly \$2.5 trillion a year on healthcare, over 45 million Americans are without health insurance, and 45,000 people die every year due to lack of health insurance, is simply too great.

The time for debate has ended. The question we are faced with is quite simple: do we act to shift the course of this country towards affordable, quality healthcare, or do we continue down the path of unsustainable costs and squander this historic opportunity to bring about meaningful change in the lives of the American people?

I am proud to vote in favor of this giant step toward putting Americans in control of their health care and I look forward to this legislation being signed into law so that we may move forward with this much needed reform.

Mr. SMITH of Texas. Mr. Speaker, Republicans and Democrats agree on the need for health insurance to cover those who cannot afford it. But this legislation is the wrong way.

The health care bill is built on the shifting sands of higher premiums, increased taxes and reduced benefits. Such a foundation cannot last and will be washed away by the American people in the November election.

A majority of the American people want to choose their own health care plan, not have the government do it for them. Under this bill, many health care decisions will be made by federal employees, not patients and their doctors. The result will be less care at higher cost.

Mr. PUTNAM. Mr. Speaker, at the end of this term, I will have served in Congress for 10 years. I have had the privilege of participating in countless debates—from war resolutions and trade policies to the aftermath of the 9/11 attacks—and working with Members of Congress on both sides of the aisle on some of America's greatest challenges.

We now stand on the floor of the House of Representatives to address one of today's greatest challenges in America—healthcare reform. While this may be one of the more complicated issues we are faced with, the goals—in my mind—are simple. We need to lower the cost of healthcare, while expanding healthcare coverage to more individuals. To accomplish this, I have advocated for policies like allowing small businesses to pool together and form association health plans, providing incentives for wellness programs and healthy life decisions, making reforms to our medical malpractice laws, and allowing individuals to purchase insurance across state lines. These policies are far-reaching, free-market based, and—most of all—don't require new government bureaucracies. Unfortunately, they all lost out to a partisan process of backroom deals that have tainted this proposal and further undermined the already low esteem in which the people we serve hold in this institution.

Ever since the first 2,000 page healthcare bill was dropped on my desk just prior to the vote in November, I have listened to Floridians—from parents and patients to doctors and seniors—who understand that healthcare is just too dynamic to be taken over by a stale, cold federal government. They understand that we don't need to model our healthcare system on those systems across the globe who envy our quality of care, tech-

nology, and research investment. We don't need some agency to make decisions about our family's healthcare that has the efficiency of FEMA and the compassion of the drivers license office. While we do have some aspects of our system that need to be improved, Floridians understand we should address them in a manner that actually solves the problem—not having government destroy the innovation that comes from competition. Madam Speaker, they understand this, but Congress clearly doesn't.

The misguided policies we are voting on today are sadly coupled with the broken process they followed to get here. The measure we will vote on hasn't seen a single legislative committee, bi-partisan negotiation, or open process. Like anything with such an impact to the American people, this legislation deserves the scrutiny of the legislative process and the challenges that may come with amendments and committee debate. In short, this measure deserves a public vetting to arrive at the best possible outcome.

Had our founders seen the process this healthcare debate has taken, they simply would not have recognized it as the House of Representatives they envisioned. Would they have supported a process that didn't even include the committees responsible for healthcare? Would they have appreciated gimmicks that only budget analysts would understand in order to ensure a certain overall cost? Could they explain why a student loan bill was mysteriously attached to a massive healthcare reform proposal or why Congress decided to give one state a better deal than the rest of the country? Could they have ever imagined a Congress that is only willing to dedicate two hours of debate to a measure that spends \$1 trillion?

Our schoolchildren are taught the way an idea becomes law and that as an elected Representative, I have the ability to amend this legislation on their behalf and spend days debating every provision that may have been included. They know they deserve a process that allows their representative to have a seat at the drafting table, not one where the bill is dropped on his desk just prior to a vote. Even the most casual observer of this process and this bill's journey would find it unrecognizable from our most basic understanding of civics and representative democracy.

When the outcome of this vote became more important than the product itself, taxpayers lost. When the legislative process became an afterthought to salvaging a presidency, taxpayers lost. When debate was sacrificed for special deals, taxpayers lost.

Madam Speaker, this process is a disservice and has birthed a flawed product that restrains patient freedom and choice, burdens future generations with debt, undermines a competitive business model for medicine and, most tragically, will reduce the most innovative diagnostics and treatment on Earth to the lowest common bureaucratic denominator.

Time and again, the government proves inefficient and obsolete in changing times with rapidly emerging technologies. In medicine, that is a recipe for obsolescence, archaic approaches, and delayed treatments that costs lives and weakens the human condition.

While I do not hold up the current health care model as perfect—I do observe the quality of the treatment options, the daily miracles made possible by world-class technology guided by well-trained health care professionals, and the range of options in large and small towns alike as evidence that the American model is far superior to the cumbersome, one-size-fits-all models that are found in nations like Canada and the UK whose citizens frequently flee to our nation to find the quality care they believe is not available in their own countries.

Tonight's vote against this bill is cast on behalf of patients and doctors, taxpayers and citizens who value innovation, competition, and the spirit of the individual that has created the American experience and built this great nation into the envy of the world.

While we can and must do more to improve access and affordability, we shouldn't sacrifice all we are as a nation for the security of mediocre medicine, bureaucratically administered.

Ms. LINDA T. SANCHEZ of California. Mr. Speaker, whether all Americans should have access to quality health care at a reasonable price is a question a century old. First raised by Teddy Roosevelt in 1912, then repeated by FDR, Harry Truman, and later presidents, the question almost answers itself. No nation can be strong whose citizens are sick and poor. To improve our economy, to care for our people, to fix our expensive and broken healthcare system, the time is now.

Truman argued that the principal reason why people could not receive the care they needed in 1946 was that they could not afford to pay for it. At the time, the cost of health care accounted for 4 percent of the nation's income. Today, the reason people don't receive care most likely remains its unaffordability, but the aggregate cost of health care has since risen to 16 percent of the nation's income.

Having grown up in a working family of seven kids, I know how important health insurance is. My parents couldn't predict which of us might break a leg, need our tonsils out, or worse, but they could predict that without insurance, they couldn't pay to get us the care we needed. There is no reason that hard working Americans should be priced out of needed healthcare.

Without doubt, this is not a perfect bill. It does not contain strong employer responsibility provisions or a public plan to provide real competition to private insurers. It cuts DSH payments for hospitals too much. It benefits states that have left some of their poorest citizens out of Medicaid without rewarding states like California that have been doing the right thing all along.

It contains an Independent Payment Advisory Board, which would severely limit Congressional oversight of the Medicare program and place authority within the executive branch, without Congressional oversight, judicial review, or state or community input. It also does something no bill has ever done before—prohibits undocumented immigrants from spending their own money to buy private health insurance within an insurance exchange or marketplace.

But the bill's strength—that it makes health insurance accessible and affordable for more

than 30 million Americans who currently lack insurance—is so much more important than its weaknesses.

After fifteen months of hearings, meetings, debates, and ideas, the time has come for Congress to act to make healthcare better for all Americans.

I take this vote after much thought and consideration, not for any politician, but for my constituents who are anxious about whether they will be able to afford care for themselves and their children when they need it. For a nation as wealthy as America to have tens of millions of people without health insurance is shameful.

Even those who have insurance fear losing their jobs, and with it their insurance. Some are concerned that they will reach their annual or lifetime caps on coverage. Others are anxious that their insurance companies will simply drop them as soon as they get sick.

This bill, which my constituents have told me this Nation desperately needs, will address a number of shortcomings in our current system.

In our current system, those who have insurance pay more to subsidize care for those who don't have insurance. This bill changes that by requiring everyone to have basic health coverage. Everyone has a stake in improving public health. Currently, the uninsured don't get preventive care, and once they're sick, they wind up in the most expensive place to get treatment—the emergency room. The large number of uninsured distorts our system, acting as a hidden tax on the insured. This bill repeals that hidden tax.

In our current system, those with pre-existing conditions are discriminated against. No child asks to be born with muscular dystrophy, juvenile diabetes, asthma, or Down Syndrome. Yet current law allows insurance companies to deny or limit their coverage. This bill fixes that injustice, protecting our children, and ensuring they can access coverage for life.

In our current system, some women pay twice as much as men for insurance simply because they are women. This bill will change that so insurance companies will treat all people equally.

In our current system, Americans who work just as long and just as hard as their fellow citizens often lack insurance simply because they work for a small company instead of a large one. This bill addresses that too, by creating generous tax credits to small businesses to make insurance more affordable, and by creating affordability credits to help self-employed folks buy insurance at an affordable price in an insurance marketplace.

In our current system, healthcare costs are skyrocketing out of control. This bill will help rein in costs by paying doctors for quality, not quantity, and actually reduces the budget deficit, making our Nation more fiscally stable.

Oh, and one more thing, in our current system, millions of Americans like their doctors and insurance companies. This bill allows you to keep them. Millions of Americans will see no change in this bill except for the added peace of mind that occurs when you are no longer at the mercy of an insurance company that can drop or deny coverage at the drop of a hat.

And I haven't even mentioned the improvements to Medicare: closing the donut hole,

eliminating co-payments on preventive tests, and reducing fraud and waste to extend the life of the Medicare Trust Fund.

Yes, anyone who looks at this bill can find something wrong with it. But I can't remember the last time I voted on a perfect bill here in Congress. Just about every bill can be improved in one way or another.

On balance, this bill does what I came to Washington to do: to give a voice to average working people, whose voices are too often drowned out by the voices of moneyed interests.

Because I believe this bill would make America a stronger, more stable, healthier, fairer, and more just Nation, I vote yes.

Mr. CONYERS. Mr. Speaker, I rise today in strong support of the American people's call to pass health reform, and I urge this body to pass this historic bill.

We are here at this moment, principally, because of one number: 45 million. These are the uninsured Americans, many of whom have lost their job and their health insurance in the worst economic downturn since the Great Depression. Today's vote on this imperfect legislation is necessary because our fellow citizens desperately need access to affordable comprehensive health care services. This legislation will give them that foot in the door and pave the way for greater future reforms.

America remains the only nation in the industrialized world where health care is a for-profit corporate enterprise, where approximately 45,000 uninsured people die each year from lack of coverage, and over 1 million people go bankrupt each year.

Let me be clear. This is not a perfect bill. I would have preferred a different approach that covered more people. But let me address those who oppose this bill. Tomorrow, they are going to wake up and our democracy will still stand. We will continue to live in the greatest country with the hardest working, most patriotic, freedom-loving citizens on the planet.

The real impact of the bill will be felt tomorrow when:

Insurance companies can no longer drop a person's coverage once they become sick;

The average senior citizen will gain an additional \$1,727 in prescription drug coverage; and

Our children cannot be denied coverage based on pre-existing conditions and will be covered under our policies until they are 26.

When health reform is fully enacted, approximately 31 million additional Americans will have access to health insurance, with 15 million of them receiving care via an improved Medicaid.

Don't let anyone fool you—Medicare will be strengthened by this bill. The only Medicare cuts in this bill are the billions in corporate welfare subsidies to health insurance companies that provide minimal benefit to seniors. The bill takes this wasteful spending and applies these funds to benefit consumers, not insurance companies. Medicare will become more affordable, offer more comprehensive benefits, and continue to provide peace of mind to America's seniors for years to come.

We will not end our efforts to improve our health system with the passage of this bill. Just as we have improved Medicare and Social Security, so too will we strengthen this initial package of reforms.

Members of the Senate Leadership have made it clear they will revisit the idea of a public health insurance plan this year. I call on my fellow progressives to hold firm in our insistence on such a vote. The health insurance monopolies fear the competition an efficient not-for-profit public health insurance plan would provide and that is exactly why we must have an up or down vote on this proposal.

I support a public health option because I fundamentally believe in the value of public health insurance. For this reason, I remain an ardent supporter of universal single-payer health care. This system has successfully provided quality, affordable, and cost-effective health care wherever implemented, whether with Medicare, the U.S. military, Europe, Taiwan, or Japan.

Adoption of a single-payer system is the only long-term means to eliminate the corporate-medical-industrial-complex which threatens to undermine our health system with continued rising costs and an insatiable desire to pass costs onto already burdened citizens. For-profit investor-owned hospitals, prescription drug companies, and medical device manufacturers are just as culpable as the health insurance industry and future reforms must seek to address the profits-first mindset that prevails in these industries.

If this bill passes, we should celebrate it. Tomorrow we will begin the work to make it better—to truly secure health care as a human right.

Mr. KANJORSKI. Mr. Speaker, today I voted for legislation designed to improve the affordability and accessibility of health care. Americans already spend more on health care than the people of any other nation. If we take no action, health care costs are expected to double over the next 10 years, just as they have over the last 10 years. It is not the bill I would have written if it were up to me alone, but it is the best we can do at this time.

This was one of the most difficult votes I have ever cast, primarily because there is a great deal of confusion about what this bill will do. Over the last year, many people throughout Northeastern Pennsylvania have taken the time to voice their thoughts on this health care reform bill, and I have taken each voice into consideration. I have heard the desperate pleas from people who have been sick and can no longer obtain any insurance. I have heard from small business owners who struggle to pay the premiums for their employees. I have also heard from a sizable number of my constituents who fear they will lose fundamental freedoms if this bill becomes law. From my careful review of the legislation, I have come to the conclusion that this fear is unfounded.

Democracy requires the consent of the governed, but that consent needs to be informed with facts, not the widespread misinformation which has permeated the national conversation about this legislation. I had hoped that the House and Senate would conduct a conference committee to iron out the differences between the House and Senate bills televised by C-SPAN so that the American people would have an opportunity to understand the provisions included in this very complex bill. It is important to set the record straight between facts and myths.

This bill does not empower the federal government to take over health care. In fact, this bill preserves the employment-based private insurance delivery system upon which a majority of working Americans relies for insurance coverage. It allows participants to choose the health insurance plan that best fits individual and family needs by creating a marketplace of insurance plans, resembling the Federal Employees Health Program used by all federal workers, including Members of Congress. The bill attempts to rein in those private insurers by prohibiting their most egregious abuses: denying coverage for individuals with pre-existing medical conditions, imposing a lifetime cap on medical care, and limiting the ability of individuals to change jobs without the fear of losing insurance coverage. It will also enable young adults to stay on their parents' insurance until age 26.

If people currently have health insurance, whether it is through an employer or another means, their coverage will not change. If anything, their premiums are expected to decrease because there will be more people in the insurance pool. But, if people are unsatisfied with their insurance, they will have the capabilities to switch to a plan that best fits their needs.

Senior citizens have expressed a great deal of worry that they will be denied services if this bill becomes law. In fact, seniors will experience better coverage for their prescription drug costs and will have no out of pocket costs for preventive care. In addition, this legislation reduces excessive payments to private insurance companies that administer Medicare Advantage Plans and applies those savings to the bill. It also works to reduce waste, fraud, and abuse in the Medicare program, which will help strengthen the program. As a result of this legislation, the non-partisan Congressional Budget Office (CBO) estimates that the solvency of the Medicare program will be extended by more than 9 years.

This bill will help save American families money and prevent health care costs from bankrupting our country. The U.S. spent 16 percent of its gross domestic product, GDP, on health care in 2008, more than any other industrialized country. CBO estimates that number will rise to 25 percent without changes to federal law. CBO also estimates that this bill will reduce the deficit by \$138 billion over the 2010–2019 period.

Many of my friends who oppose abortion have expressed concern that their tax dollars could be used to pay for abortions. I have been assured that this is not the case, and I am pleased that President Obama intends to issue an executive order to clarify that no funds in the bill will be used for abortion. Moreover, I will continue to remain vigilant to ensure that the Hyde Amendment, which prevents federal funding of abortion, remains the law of the land.

I was greatly disturbed when the student loan legislation was hastily attached to the health care reform bill at the last minute because of the impact it would have on the 1,100 Sallie Mae workers in my district. Yesterday, Education Secretary Arne Duncan assured me that he will use all of the tools at his disposal to help ensure that these workers will remain employed.

I thank the many Northeastern Pennsylvanians who have shared their thoughts with me on this important legislation over the past few months. When you are sick, the last thing you should have to worry about is how to pay the bills. Insurance is supposed to relieve this worry, but instead the current system has made that worry worse. Today, we are working to reverse this course.

Mr. GALLEGLY. Mr. Speaker, if Congress wants to remove fraud and abuse from the healthcare system, it can start by overturning this bill.

The Congressional Budget Office released an updated analysis of H.R. 4872. According to the Congressional Budget Office, this bill will cost taxpayers \$1 trillion. The analysis also confirmed that this bill will raise healthcare premiums \$2,100 more a year for millions of families than if Speaker PELOSI had left healthcare alone.

It also reaffirmed that as many as 9 million people now enrolled in employer-based plans will lose their coverage.

At a time when our military men and women are fighting terrorists around the world, the national commander of the Veterans of Foreign Wars urged Congress to vote the bill down because it does not protect veteran healthcare plans.

At a time when unemployment has hit a record 11.6 percent in Ventura County and 10.4 percent in Santa Barbara County, Speaker PELOSI's bill adds \$569.2 billion of additional taxes onto the backs of American families and \$52 billion on struggling employers.

It hurts seniors with \$200 billion in cuts to Medicare Advantage and raids Medicare and Social Security to fund the new mandate and hide the true cost of the bill.

This bill must be overturned before the bulk of its provisions take effect in 2014. I support real reform that reduces premiums, reduces government spending and protects the doctor-patient relationship.

I cosponsored a bill that would provide real reform, but Speaker PELOSI will not allow a vote on it. It includes:

Allowing small businesses to band together to purchase health insurance for employees and use their combined bargaining power to negotiate better health benefits at lower prices.

Reforming medical liability laws to discourage unnecessary and frivolous lawsuits, which only drive up prices for everyone and force doctors to practice defensive medicine.

Removing unnecessary regulations that prevent health insurance companies from operating across state lines—which will provide the competition without government-run health care.

Establishing high-risk pools to help people with pre-existing conditions find affordable insurance.

I and many of my colleagues believe issues of portability, increasing costs and rescinding coverage must be addressed. However, in doing so, we must also protect a patient's right to choose the best coverage for him or herself in a vibrant, competitive marketplace, not force Americans into a one-size-fits-all government-run program designed by Speaker PELOSI.

Mr. YOUNG of Florida. Mr. Speaker, four and a half months ago when the House first

considered health care reform legislation I voted against it saying that it did not represent good public policy.

Nothing in the package of legislation we will consider today and tonight changes my mind. It is still not good public policy, it was not considered under an open process envisioned by the drafters of our Constitution, and it will drive up—not down—the cost of health insurance and medical care for individuals.

This bill cuts Medicare by \$523.5 billion. This cannot do anything but compromise the quality and availability of care for older Americans who depend upon the program for their medical care. The Chief Actuary for the Centers for Medicare and Medicaid Services confirmed that in December when he advised Congress that “providers for whom Medicare constitutes a substantive portion of their business could find it difficult to remain profitable and, absent legislative intervention, might end their participation in the program (possibly jeopardizing access to care for beneficiaries).”

A large percentage of my constituents in the 10th Congressional District rely on Medicare for their health care coverage and a large number of medical providers in my area care for a high percentage of Medicare patients. In a survey I sent to every registered voter last fall in my Congressional District, and to which more than 31,500 responded, 83 percent of the respondents said they were opposed to paying for health care reform by cutting billions from the Medicare program. They are concerned about the cuts in this legislation for inpatient and outpatient hospital services, inpatient rehabilitation services, long term care facilities, skilled nursing programs, hospice services, kidney dialysis facilities, and medical laboratory services.

If this is not of concern enough to our nation's seniors, the legislation we consider today cuts \$200 billion from the Medicare Advantage program, through which an estimated 47,000 residents of the 10th Congressional District receive their medical care. The Chief Actuary for Medicare has said that cuts of this magnitude would force more than 60 percent of these Medicare Advantage beneficiaries from the program. Nationally, that totals 4.8 million Americans who would lose their current coverage.

Despite the fact that this legislation makes draconian cuts in Medicare, it will increase, not decrease, overall federal spending on health care. The non-partisan Congressional Budget Office (CBO) estimates that overall federal spending on health care will increase by \$390 billion over 10 years. This is at a time when proponents of this legislation say it will save money.

Supporters of this legislation also tout the expansion in health insurance coverage they claim it will bring about. However, this expansion is due in large part to increasing the Medicaid rolls. In fact, the CBO estimates that of the 32 million newly insured Americans under this legislation, half, or 16 million, will receive their insurance through the federally and state sponsored Medicaid program. At the same time, millions of people will be enrolled in subsidized plans on the government run health insurance exchanges and millions will lose their employer sponsored health insurance.

Mr. Speaker, the majority of people I represent like the health care coverage they cur-

rently have and do not believe this legislation will improve the quality of their coverage. In my Town Hall by mail survey last fall, 73 percent of those who responded said they are satisfied with their current coverage and 70 percent say this legislation would not improve the quality of their coverage. Furthermore, 75 percent say Congress should not raise taxes to pay for this legislation and 74 percent say individuals should not be required to purchase health insurance.

Many constituents have also expressed their grave concerns about the insertion of the federal government into the precious patient-doctor relationship. A perfect example of this is the creation of 159 new boards, bureaucracies, and programs created in the 2,733 page health care bill.

For example, in an effort to keep Medicare spending below targeted levels the legislation creates the Independent Medicare Advisory Board. This new entity will be required to submit recommendations to Congress to keep Medicare spending below targeted levels. This could result in additional coverage decisions being made by unelected bureaucrats largely or exclusively on cost grounds.

Few issues have divided the American people as much as this health care debate and given the interest and passion they have shown on this matter demands that we give it serious consideration with a lot less politics. Many of us have suggested that we start with legislation in areas that we all agree we can fix now. That includes lowering health insurance costs by allowing small businesses and individuals to pool together in lower priced plans, requiring the coverage of individuals with serious pre-existing medical conditions, prohibiting insurance companies from canceling policies for those who become sick, prohibiting insurance companies from imposing arbitrary spending caps for policyholders, allowing families to purchase health insurance policies across state lines, closing the Medicare Part D doughnut hole, and providing for medical liability tort reform which the Congressional Budget Office says would save \$54 billion over 10 years in large part due to lower medical malpractice premiums and the reduction of defensive medicine practices.

In addition to Medicare cuts, the authors of this legislation pay for new big government programs by raising federal taxes by \$569 billion over a ten year period. Many of those taxes will impact middle class families. These are families who will pay a penalty if they choose not to carry health insurance, the owners of small businesses who will pay a penalty if they do not provide health insurance for their employees, a sales tax on medical devices, a tax on prescription drugs, and a tax on health insurance premiums.

This bill also violates the President's promise that if you like your insurance you can keep it. In addition to the 4.8 million seniors who will lose their coverage under the Medicare Advantage program, the CBO estimates that another 8 to 9 million people would lose their employer based coverage when their employers choose to drop their coverage or shift their coverage to the new subsidized policies on the health care exchange.

This legislation would also contradict the President's promise that the cost of health

care coverage would go down. Instead, the CBO estimates that the enactment of this legislation will raise private health insurance premiums from 10 to 13 percent.

Mr. Speaker, most Presidents make it a practice of trying to bring the country together in the face of difficult issues. We did this in bipartisan fashion when it came to ensuring the financial solvency of the Social Security system, reforming our nation's welfare programs, and in engaging in an international war on terrorism. Yet this administration has sought to do it their way whether the country agreed or not.

Tonight we are faced with legislation that affects every American, every American family, and every American business. The decision we make tonight could be irreversible and the changes to the Senate passed bill that are promised tonight may never take place. This is no way to conduct our nation's business. It engenders no level of confidence in the people who elected us to serve them.

Mrs. CAPPS. Mr. Speaker, I rise in strong support of passing comprehensive health care reform legislation.

This moment has been a long time coming. I've worked on health care since coming to Congress and passing comprehensive reform has always been a major goal of mine.

I've met with and listened to my constituents, along with countless doctors, nurses, hospital administrators, researchers, and other health care experts. They know that America's health care system has many wonderful aspects: it can provide the most cutting edge care, cure diseases thought fatal only a few years ago, and devise new and exciting drugs, devices and treatments with mind numbing speed.

But we also know our health care system's problems are legion. Coverage is erratic, incomplete and can evaporate without notice; costs are out of control for consumers, businesses and taxpayers; and health outcomes are actually better in dozens of countries that spend far less per capita than we do.

The legislation before us addresses these problems and will help ensure that affordable, quality health care is always available to all Americans.

The most trumpeted aspect of the bill is the coverage it would provide to some 32 million Americans who are currently uninsured, including an estimated 92,000 citizens in my own district. Passing this legislation is a matter of life or death for them as an estimated 45,000 Americans die every year because they lack health care insurance. In addition, the uninsured are much more likely to forego primary care and delay other health care services leading to the development of otherwise preventable disease, requiring much more invasive and costly treatments.

The bill expands Medicaid to provide coverage for more very low income individuals, and sets up state exchanges that will serve as marketplaces for individuals and small businesses to buy affordable health plans. The bill provides assistance to some individuals to purchase coverage and tax credits to small businesses so that they can provide health insurance to their employees. And it lets young adults stay on their parents' plans until age

26. These new mechanisms and support systems should provide coverage to the vast majority of today's uninsured, improving both the physical and financial health of millions of our fellow citizens.

But, perhaps just as important, the bill offers critical protection for those already with health insurance. Today, insurance companies often drop consumers if they get sick, refuse coverage for so-called pre-existing conditions, and put annual and lifetime limits on a consumer's coverage. This bill puts an end to those unfair practices. A wife's diagnosis of cancer or a child's serious accident shouldn't be the cause for a family losing health insurance just when it is needed most.

Those currently with coverage will also benefit through lowered insurance premiums. The Congressional Budget Office says premiums will be 14 to 20 percent lower per policy holder. Furthermore, the nonpartisan Robert Wood Johnson Foundation estimates that without health care reform individuals and families would see their health insurance premiums rise by as much as 79 percent over the next decade. That is unaffordable, unsustainable and just one of the many reasons we must enact this legislation.

The bill also makes significant investments to train our next generation of doctors, nurses and allied-health professionals. This is critical because today's current shortages of nurses and doctors would only be exacerbated as we bring millions of new regular patients into the system without the appropriate investment in our health care workforce.

The legislation will also make it much easier to access preventive health care services by eliminating co-pays for important recommended screenings such as those for heart disease or cervical cancer.

Mr. Speaker, I've been hearing a lot from senior citizens concerned about what our health care reform proposal would mean for them.

The bill will close Medicare's prescription drug "donut hole," which in my Congressional district affects nearly 9,000 beneficiaries. It is unfair that policyholders should have to pay insurance premiums while receiving no coverage. The legislation before us today will give seniors who fall into the donut hole a \$250 rebate this year, 50 percent discounts on brand name drugs when they fall into the donut hole beginning next year, and completely close the donut hole by 2020. In addition to closing the donut hole, we take steps to crack down on fraud, waste and abuse which will extend the solvency of the Medicare Trust Fund by 9 years, according to CBO.

Finally, this bill is the largest deficit reduction measure in a generation. According to CBO enactment of this legislation is projected to reduce the federal deficit by \$130 billion by 2020 and by over \$1.2 trillion during the following decade. Earlier this year, the Democratic-led Congress reinstated tough "pay-go" budget rules the Republican-led Congress had allowed to lapse in 2003 and this health care bill is a reflection of our determination to bring our federal books back into balance as they were prior to the Bush Administration.

Mr. Speaker, I will not argue this is a perfect bill because it is not. Most problematically, it lacks a public option, which would make the

insurance market more competitive, ensure the greatest possible choice for consumers and bring down health care costs even more than the bill does already. I am also deeply disappointed the bill contains inappropriate language that may restrict a woman's access to reproductive health services.

But I'm also not one to let the perfect be the enemy of the good and in this case, we have legislation that is very good and deserves our favorable consideration.

I urge my colleagues to do the same.

Mr. HOLT. Mr. Speaker, I rise today to support the health reform package we are debating today. It is an important, very beneficial step in America's history.

I see the need for this legislation when I meet with my constituents, read their letters, and talk with them on the phone. A woman from Pennington, New Jersey called me yesterday. She was concerned that she would lose her job due to state budget cuts in New Jersey, which would mean that she would lose her health coverage as well. She told me her worries about finding affordable coverage while she looks for a new job and tries to keep food on her table. To complicate her situation, she has a pre-existing condition. This means that even if she could afford health care, it is possible she could be denied due to her pre-existing condition.

This woman's story is not unique. At a roundtable in Trenton, a spouse of a cancer patient told me that when she and her husband came home from the hospital after one extensive treatment, they returned to foot-high stacks of insurance paperwork and \$150,000 of out-of-pocket charges for her husband's needed care. A self-employed woman from East Brunswick wrote to me to let me know she pays \$2,000 a month for her family's coverage and still sometimes has to pay out-of-pocket to see physicians.

I vote for health reform to help middle-class women and men just like these hardworking New Jerseyans, who play by the rules and still find health coverage out of reach.

Once reform goes into effect, families and small businesses will have more control over their own health care.

Families with health insurance through their employers would benefit from caps on yearly out-of-pocket costs. Seniors would find that Medicare not only remains intact, but is improved—recipients would receive free preventive care and better primary care. Small businesses would have more health insurance options and additional support for their health insurance expenses. Patients with diseases such as diabetes or cancer would be able to obtain insurance without being turned away because of their pre-existing condition.

The benefits of this health reform would be felt immediately upon enactment of the health insurance reform package. For example, small business owners who provide insurance for their employees would receive tax credits, families would no longer face annual or lifetime caps on their insurance benefits, and seniors with high prescription drug costs would receive \$250 of additional assistance in their Medicare prescription drug plan.

The health reform package would do all these things while reducing the deficit by \$138 billion for the first ten years and by \$1.2 trillion in the next ten years.

Today's vote is the culmination of over a century of debate about health reform. Since Teddy Roosevelt ran for President in 1912, our nation has been debating how to ensure that sick Americans can access the care they need. This Congress has been debating this health reform legislation in one of the most thorough processes in recent memory. During the past few years, the House of Representatives has held 79 bipartisan hearings on health insurance reform, debated 239 amendments, and heard from 181 witnesses.

The vote today brings this extensive process to a close at least here in the house, finally passing health reform legislation that will provide secure coverage to all Americans, ensure families have stable costs, and improve Medicare for our seniors.

I urge my colleagues to vote in favor of this health reform package to provide health security to our nation's families and small businesses.

Ms. KILPATRICK of Michigan. Mr. Speaker, I rise today in support of H.R. 4872, the Health Care and Education Affordability Reconciliation Act. I urge all my colleagues to support this bill because it will improve the accessibility and affordability of health care for millions of Americans.

Today, there are more than 44 million Americans who lack health care insurance. We must ensure that the needs of these Americans are met. This bill will help us begin to do just that.

While we in Congress have deliberated and debated the costs, challenges, and consequences of health care reform, millions of Americans continue to sacrifice, struggle, and suffer. Hundreds of people have sent me letters and e-mails, called and visited my office, and participated in town hall meetings to express their opinions. The majority of my constituents want and need health care reform. Many are unemployed and struggling to maintain their health care insurance while trying to make sure that there is food on the table, that they have shelter, and that their lights, gas, and water are on. Others are dealing with increases in health care premiums that continue to rise at the will of insurance companies. Still others are trying to get adequate treatment for serious illnesses and to pay for the medicines that can help them.

I am a strong supporter of the single payer health care plan. I also support a strong public option. I support this bill because it begins the process of universal health care coverage for all Americans.

This measure expands coverage to 32 million more people, or more than 95% of Americans, while lowering health care costs over the long term. It prevents insurance companies from discriminating based on pre-existing conditions, health status, and gender. It creates health insurance exchanges—competitive marketplaces where individuals and small businesses can buy affordable health care coverage—and offers premium tax credits and cost-sharing to low and middle income Americans, providing families and small businesses with the largest tax cut for health care in history. It also invests in Community Health Centers to expand access to health care in communities where it is needed most. The bill also empowers the Department of Health and

Human Services (HHS) and state insurance commissioners to conduct annual reviews of new plans demanding unjustified, egregious premium increases.

This bill puts patients and doctors in charge of their health care—not health insurance companies. Children can no longer be discriminated against because of preexisting conditions. Seniors will no longer have to pay deductibles and co-pays. There will be free mandatory preventive health care provided for all under all health care plans. Plus, there will be a ban on lifetime coverage limits under this bill.

The bill cuts taxes to small businesses to help small employers pay for health care coverage for their employees. Small businesses will have tax credits and vouchers so as to be able to afford health care coverage for their employees.

The bill makes key investments in Medicaid and children's health. It expands eligibility for Medicaid to include all non-elderly Americans with income below 133% of the Federal Poverty Level and provides fair assistance to states to help cover the costs of these new Medicaid populations. The measure also maintains current funding levels for the Children's Health Insurance Program (CHIP) through fiscal year 2015 and increases payments to primary care doctors in Medicaid.

The Health Care and Education Affordability Reconciliation Act strengthens Medicare. It adds at least nine years to the solvency of the Medicare Hospital Insurance Fund, fills the Medicare prescription drug donut hole, improves Medicare payments for primary care, and reduces overpayments to private Medicare Advantage plans. It also provides new, free annual wellness visits; eliminates out-of-pocket copayments for preventive benefits under Medicare, such as cancer and diabetes screenings; and provides better chronic care, with doctors collaborating to provide patient-centered care for the 80% of older Americans who have at least one chronic medical condition, such as high blood pressure or diabetes. The bill also encourages reimbursing health care providers on the basis of volume instead of value by including a number of proposals aimed at moving away from the "a la carte" Medicare fee-for-service system toward paying for quality and value, while reducing costs for America's seniors.

This legislation reins in the abuse by health insurance companies of arbitrarily increasing premiums and stops insurance companies from dropping individuals from policies when people get sick and need health care insurance. If you change or lose your job, you will still have health care coverage. When you enter a hospital, you and your family can rest assured, knowing that your policy will cover the costs associated with your health care.

Last, this legislation demonstrates fiscal sensibility and responsibility. It will reduce the deficit by \$138 billion over the next decade, with an additional \$1.2 trillion in additional deficit reduction in the following decade. The bill tightens current health tax incentives, collects industry fees, institutes modest excise taxes, and slightly increases the Medicare Hospital Insurance tax for individuals who earn more than \$200,000 and couples who earn more than \$250,000. It includes a fee on insurance

companies that sell high cost health insurance plans to promote smarter, more cost-effective health coverage choices and changes health care tax incentives by increasing penalties on nonqualified distributions from health savings accounts, capping federal saving account contributions, and standardizing the definition of qualified medical expenses. The cost of health care reform under this legislation is fully paid for, in large part, by eliminating waste, fraud, abuse, and excessive profits for private insurers.

As Democrats promised the American people, this bill is fully paid for. This legislation is the single largest deficit reduction tool in the history of our country. It is not balanced on the backs of our children and our grandchildren.

My family and my faith provide the foundation for my commitment to service. I am honored and humbled to represent the people of the 13th Congressional District. As Members of Congress, we serve others. Through this service, we often provide people with the tools and resources they want and need. Our service not only changes us for the better by giving our lives meaning and fulfillment, but it also creates positive change in the lives of others. Like a raindrop in a river, our service creates ripples that leave an indelible impact on all those it touches.

Today, we will make history by finishing what many Congresses before us started. The debate has gone on long enough. The American people want action. We must reject the status quo. We must stand up and do what is right. We must be a voice for the voiceless, give hope to the hopeless, and provide help to the helpless by supporting health care reform now.

Let us be the light in the darkness by voting in support of the Health Care and Education Affordability Reconciliation Act. It will give much needed assistance to millions of Americans by making health care affordable for the middle class, providing security for our seniors, and guaranteeing access to health insurance for the uninsured. It is common sense for the common good, and I urge all my colleagues to vote yes on this historic measure.

Mr. LARSON of Connecticut. Mr. Speaker, I rise on this momentous day in support of this historic legislation. Just as our predecessors stood up for the American people to pass Social Security and Medicare, today we affirm our commitment to families across this country by passing comprehensive health care reform. Today, Democrats are once again showing whose side they are on, the side of the American people.

While my colleagues on the other side of the aisle like to focus on those who are against this effort, I've heard from too many of my own constituents whose stories exemplify why we need health reform and encouraged me to support this bill.

Constituents like Jody from Bristol. Jody and her family had to downgrade their health insurance after their premiums jumped 30% in one year. Just a few months later Jody was diagnosed with Crohn's disease. After 12 months her medical debt was more than \$30,000. Now, even after she has insurance, she is struggling to pay off the \$35,000 in credit card bills her family amassed to pay her health care.

It's in stories like these, of people facing severe financial difficulty because of medical debt, being denied coverage because of a pre-existing condition, or losing their coverage when they get sick that creates the moral imperative to right these wrongs. In this bill we will cap out of pocket costs, end discrimination based on pre-existing health conditions, and end the practice of insurance rescissions.

The American people may not like the complicated legal language of the bill or the messy process it takes in Washington to get historic acts accomplished. But after this bill is signed the parent whose children have been denied coverage because of a pre-existing condition will be able to get health insurance for them; young adults will no longer have to fear being without coverage because they will be able to stay on their parent's insurance; seniors will get relief from skyrocketing prescription drug prices; and small businesses will get tax breaks for offering their employees health.

Once this bill is signed, this country will be stronger, the economy will be stronger and the American people will be stronger than ever before. I thank the Speaker and my Democratic colleagues for their efforts on behalf of the American people and urge my colleagues to support this legislation.

Mr. GARAMENDI. Mr. Speaker, today, Democrats in the House of Representatives voted to form a more perfect union. By expanding health care coverage to 32 million Americans, we are continuing the proud American tradition of promoting justice, ensuring the general welfare, and broadening access to life, liberty, and the pursuit of happiness.

Republican leaders in the 1930s said Social Security would lead to "the lash of the dictator" and in the 1960s said Medicare would lead to grandparents telling stories of "what it once was like in America when men were free." Yet with time, Social Security and Medicare became incredibly popular services cherished by most Americans. A broader consensus emerged, and a more perfect union was formed. I am confident that the same will soon be said about today's health care reform bill.

When the people get past the slogans, the fear tactics, and the gross distortions, what they find in this legislation is a series of ideas widely popular and aligned with the best of American values. This is the second largest deficit reduction bill in 20 years. In my district, 9,000 people with preexisting conditions will finally be able to have access to insurance. 96,000 seniors will see their Medicare improved with significant prescription drug discounts and free preventative screenings. 106,000 families will receive tax credits to make their coverage more affordable. 52,000 young adults will be able to attain coverage through their parents' insurance. 13,100 small business owners will receive significant tax rebates. 1,400 families will avoid bankruptcy. A similar story exists in every corner of this great country.

In the fight to extend health coverage to every man, woman, and child, this bill is an incredibly important beginning. But it's still just a beginning. "A more perfect union" implies that the progress of the American experience is never complete. Each subsequent generation is expected to pick up the torch and continue

on our long road toward positive change. Today the House of Representatives bestowed upon this great nation the most historic health reform since Medicare. I am proud to have voted "yes" for health care reform. I won't live to see a perfect union, but it is a tremendous honor to see a more perfect union formed before my eyes.

Mr. OBERSTAR. Mr. Speaker, today the House of Representatives crosses a historic threshold in the evolution of social justice, quality of life, equity of health service delivery, and a worthy legacy for our children, with passage of comprehensive health care reform legislation.

Our Nation enjoys the best, but the most expensive health care in the world. The comprehensive health care legislation under consideration will preserve what works best in our health care system and make that system more efficient and affordable.

In Minnesota and throughout the Nation, citizens will quickly see the benefits of this legislation that includes important consumer protections to reduce the power of health insurance companies. You will have greater control of your health care decisions. This bill will assure that no one's current health care can be dropped. No one will be forced out of the health care they now hold. No one will be denied coverage because of a previously existing condition. No one's health insurance will be dropped because of lifetime caps; no one can be denied when they need their health insurance the most. People will be able to retain their health insurance if they change jobs.

For seniors, the legislation closes the doughnut hole that has existed for five years, which will save seniors thousands of dollars in prescription drug costs. Young adults will be able to stay on their parents' policy until age 26.

If we fail to provide health care for all of our citizens, we all will pay higher taxes and higher health insurance premiums because we eventually pay for "sick care" rather than make the wise investments in the promotion of preventive health care.

This health care legislation, which assures that all Americans will be able to have and to keep health insurance, is central to our economic recovery and to balancing our federal budget.

To be sure, this health care reform legislation will not cure every shortcoming in our health care system, but unquestionably the status quo is unacceptable and unaffordable. For far too long, too many citizens have been denied essential health care, and our commitment to fundamental justice demands that we make affordable access available to every American.

This health care legislation will provide numerous benefits for Minnesota and the Nation. Importantly, this legislation expands access to health care to more than 32 million Americans. This expansion of health care will be achieved without increasing the federal deficit. The non-partisan Congressional Budget Office has objectively analyzed the legislation and has determined that its enactment will reduce the deficit by \$143 billion over the first decade and more than \$1.2 trillion over the second decade. The health care legislation is fully financed by ending the excessive subsidies in

the Medicare Advantage program and by additional changes in Medicare reimbursement that will make Medicare more efficient without reducing essential Medicare benefits; it will expand the solvency of the Medicare Trust Fund by an additional seven years.

This health care legislation also includes important improvements in rural health care for Minnesota and the Nation. I was concerned that the original House health care bill did not incorporate a number of necessary reforms to expand access in rural America. I am pleased to report that the health care legislation under consideration not only expands health insurance coverage in rural America, but it also promotes the training and placement of health care professionals in rural areas. I am also very pleased that this legislation addresses the longstanding geographic disparity in Medicare reimbursement. Northland health care providers have been greatly disadvantaged by unfair Medicare reimbursement, and this legislation closes that gap and moves us inexorably toward payment parity with the rest of the country.

Just as the Hippocratic oath requires that medical providers adhere to the admonition of "First, do no harm," the same is true for legislators, and this legislation, while not perfect, will implement significant and positive changes in the delivery of health care.

This is especially true with regard to vulnerable women and unborn children. I am confident that abortion will not be funded in this legislation. Current law dating back to October 12, 1979 (Public Law 96-86), has contained a federal prohibition on the use of federal funds for abortion in community health centers. Conscience clause protections that have existed in the past, that are in effect today, will remain in effect in the future. The legislation also prohibits the use of federal tax credits and cost-sharing assistance to pay for abortion. I am very pleased that President Obama has prepared and will issue an Executive Order upon enactment to reaffirm the enforcement of current law that prevents the use of federal funds for abortion.

Today, we keep faith with the American people. Today we ensure that quality, affordable health care is available to everyone to this generation and generations to come.

Support this bill.

Mr. TOWNS. Mr. Speaker, I would like to clarify several points in Section 1334 of H.R. 3590, regarding the Office of Personnel Management's authority to provide oversight and set premiums of multi-State plans.

OPM, of course, has administered the Federal Employees Health Benefits Program for over 50 years, and that program has served as a model for the Exchanges envisioned under this legislation. In administering the FEHB Program, OPM has been able to address the problem of uniformity of benefits and requirements across State lines using its authority under 8902(m) of Title 5. Section 1334(a)(4) of the Senate-passed bill states that "the Director shall implement this subsection in a manner similar to the manner in which the Director implements the . . . Federal employees health benefit program under chapter 89 of title 5, United States Code". The intent of this provision is that OPM oversee multi-State health plans in the same manner in

which oversight is provided under the FEHB Program for the purposes of uniformity of health insurance plans. OPM should exercise this authority, as it does in the FEHBP, to ensure that multi-State plans offer uniform benefits, negotiate premiums with multi-State plans, and require these plans to set aside a certain amount of reserve funds. Moreover, it is imperative that OPM issue rules and guidelines as necessary to effectively and efficiently administer the multi-State plans, including for uniform adjudication procedures for disputes involving the multi-state plans.

Another issue that requires clarification is the interaction between the Secretary of Health and Human Services and the Director of OPM. The legislation gives the Secretary broad authority to issue regulations governing the operation of State Exchanges. Any rule or regulation governing plans offered on State Exchanges would affect OPM's administration of the multi-State plans, which will also be offered on the Exchanges. There are overlapping responsibilities between HHS and OPM with regard to the multi-State plans offered on State Exchanges. The legislation envisions that the Secretary of HHS will coordinate and consult with the Director of OPM on any policy decisions that would affect the administration of multi-State plans. This joint effort is essential to ensuring the proper operation of the multi-State program as envisioned by Section 1334.

Under section 1334, OPM is directed to ensure that sufficient resources are allocated to the ongoing administration of the FEHBP. The intent of this provision is to ensure that essential resources are not pulled away from FEHBP in order to start up the new program created by this bill. However, where greater efficiencies can be found from the administration of both programs jointly, we would expect OPM to adopt that approach.

Lastly, section 2714 of H.R. 3590 would allow unmarried adult children to remain on their parent's plan up to the age of 26. Congress intends that this mandate apply to individual FEHB plans in their capacity as private health insurers and to the FEHBP as a group health plan. This Congressional Budget Office incorporated this interpretation of section 2714 in preparing its cost estimate of the legislation. Given the economic conditions in country, this is an important reform that will help families across the country, including the families of federal employees and retirees. I am pleased to support this provision as one of many reforms that will improve health care coverage for low and middle income Americans.

Mr. BOUCHER. Mr. Speaker, health care reform is needed. More than 36 million American citizens do not have health insurance, and millions more are underinsured and cannot afford to pay for the medical care they need. Those who have health insurance are finding that health care costs and health insurance premiums are rapidly rising. In fact, health insurance premiums are increasing 3.5 times faster than the rate of increase in family incomes.

This status quo is unsustainable, and finding a way for everyone to afford health insurance is necessary to benefit both the uninsured and those who have insurance. It is also essential that health insurance reform control health

care costs and prevent rapid increases in health insurance premiums. But reform legislation must also ensure that the residents of my district in Southwest Virginia continue to have access to the high quality health care services that are now delivered locally.

After reading and carefully reviewing the legislation, I oppose passage of the health care measure before the House today. My concern largely centers on the dramatic reductions in Medicare funding required by the legislation. Over the next 10 years, the bill requires that Medicare funding be reduced by \$450 billion. In fact, in April of this year, doctors in our region and across the nation will have their Medicare payments reduced by 21 percent. Over the next several years, additional reductions in payments to doctors will occur. Other health care providers will also experience substantial reductions in their Medicare reimbursements. These Medicare payment reductions are fully accommodated by and expected to occur in order to achieve the \$450 billion Medicare payment reduction required by the reform legislation.

The population of the Ninth Congressional District is more elderly than in the typical congressional district. Most senior citizens in our region depend upon Medicare to pay their medical bills. Therefore, these Medicare funding cuts will be far more harmful to the population of our region than to the population of the typical congressional district. The dramatic cuts in Medicare funding that would be required by the health reform bill would adversely affect the quality of health care for senior citizens and other Medicare recipients.

Because Medicare is paying less, doctors, hospitals and other health care providers would increase charges to patients who have health insurance to make up for what they are not receiving from Medicare. This cost shifting of some substantial portion of the Medicare cuts would raise health insurance premiums for those who have insurance.

While it is important that means be found to enable everyone, including those who are currently uninsured, to be able to afford health insurance, achieving that goal cannot occur at the expense of people who are currently insured. Having concluded that these dramatic Medicare cuts would both decrease the quality of health care that is delivered to our region's senior citizens and result in increases in health insurance premiums for the currently insured, I simply cannot lend my support to passage of the bill.

I am also concerned about the unsavory deal-making that occurred in the United States Senate when the health care bill was considered in December. Some states received special benefits at the expense of other states. While the measure before the House today removes several of the special benefits, others remain and were not removed by the legislation. For example, the states of Louisiana, Tennessee, Connecticut and Montana have each received special benefits in the health care reform legislation not made available to other states. I simply cannot countenance this kind of deal-making which goes well beyond the bounds of normal legislative negotiations.

In my view, the legislation does not do enough to eliminate the historical disparity in Medicare funding between urban areas and

rural areas under which rural areas receive less than the urban regions of the country. There is no justification for Medicare paying less for medical procedures performed in our region than in the cities.

The bill also fails to achieve the tort reform which is necessary to control health care costs. Virginia's tort reform law, which was adopted when I was a member of the Virginia General Assembly, has worked well, and I have urged that it be a model for national application. Unfortunately, the reform bill fails to include this needed provision.

I deeply regret that the legislation does not have a bipartisan foundation. On a matter of this scope, affecting every American citizen, the best ideas of both political parties should be drawn upon in crafting balanced legislation that well serves the public interest. That did not happen as the reform bill was constructed.

Reform is needed, but the measure being debated in the House today falls short. Because of massive funding reductions for Medicare, it would adversely affect the quality of care received by Southwest Virginia senior citizens. It would result in health insurance premium increases for those who have insurance. It contains unacceptable special benefits for some states at the expense of the others. It does not correct the unwarranted disparities in Medicare reimbursements that penalize rural areas. It does not contain meaningful tort reform, and it lacks the necessary bipartisan foundation.

The reform legislation contains many helpful provisions; however, in my view its shortcomings outweigh its merits. I will cast my vote accordingly.

Mr. PRICE of North Carolina. Mr. Speaker, "once to every man and nation," wrote the great abolitionist poet James Russell Lowell, "comes the moment to decide."

Mr. Speaker, there are moments in history when it becomes clear that we simply cannot wait any longer to do what is right. When we have the opportunity to take a significant step to make our country better, the sort of opportunity that comes only a few times in a lifetime. We face such a moment tonight.

Our health insurance system is falling far short of the American peoples' basic needs. It isn't working for families, who have seen their insurance premiums increase 75 percent over the past decade, while their earnings have risen only 14 percent. It isn't working for young adults, whose parents' policies stop covering them in their early twenties in most states, as if people that age don't need health insurance. It isn't working for people who have pre-existing conditions and can't find affordable coverage. It isn't working for the countless Americans whose coverage has been revoked when they get sick and need it most. And it isn't working for small business owners who want to provide coverage for their employees but can't access the low group rates that insurance companies willingly negotiate with large employers.

Over the past year, I have attended numerous town hall meetings and roundtable discussions. I have met personally with doctors and patients, parents and children, seniors and students, business owners and employees. I have read thousands of letters and emails from constituents about this critical issue.

In the course of these conversations, I have heard a rich and diverse range of views on the current state of our nation's health care system, but one conclusion has been shared by almost everyone: The status quo is unacceptable.

Our current system penalizes the sick. It sells young people short. It puts small businesses—the primary engine of job creation in our country—at a competitive disadvantage. And instead of medicine, it offers seniors the Medicare doughnut hole.

Why, then, would we continue to accept it? Particularly when we have before us a carefully crafted bill that directly addresses the system's flaws, preserves its strengths, and sets us on the path to meeting longer-term challenges.

The time for reform is now.

In an effort to defeat this bill, some of my colleagues have fabricated claims about "death panels" and damage to Medicare. They have raised the specter of "socialism" and "government takeovers" when they know quite well that this bill leaves the provision of care, and most insurance, in the private sector. They urge us to "start over," but when challenged to come up with an alternative, they produced a plan that leaves insurance discrimination in place as well as tens of millions of uninsured.

Reform will save money for employees, business owners, and taxpayers. It will end insurance company abuses. It will let young people stay on their parents' policies until age 27. It will extend coverage to 95 percent of Americans. It expands community health centers and increases the number of primary care doctors and nurses. And it will end the hidden tax that the insured pay every month in the form of higher premiums.

If my colleagues don't want to take my word for it, ask some of the people—right in their own backyards—who have lived through it firsthand. Ask David Swanson, whose insurance company raised the premium for his daughter's coverage 54 percent when she turned 17. Ask Blake Anderson, a small business owner who cannot afford coverage for his four employees. Ask Libbie Hough, who fears her 18-year-old daughter won't be able to find insurance when she finishes college because of a genetic disorder. Or ask the thousands of Americans who think they have good coverage until they get sick and hit annual or lifetime benefit caps, or lose their jobs.

Mr. Speaker, the American people have waited long enough. We face an historic decision tonight, one that will resonate throughout our country, as have Social Security and Medicare, for decades to come. Let us seize the moment for the people we were elected to serve, and for future generations.

Mr. RAHALL. Mr. Speaker, throughout my career of public service, there have been a few critical challenges that have remained at the top of my priority list; protecting our coal miners and our coal jobs and the need to provide our people with access to affordable, quality health care.

Across southern West Virginia, especially in rural areas where senior populations are high, that challenge has been particularly daunting, because so many health insurance companies

have been increasingly putting high profit margins above all else, even the compassionate treatment of the sick and the elderly.

I have consistently spoken out against the abuses of and mistreatment by huge, for-profit health insurance companies. And I have advocated for competition, recognizing that it is good for consumers and drives down prices for all buyers, while driving up quality of service.

At the same time, I have consistently stood against the use of federal funds to pay for abortions—a stand I took again when I worked to have anti-abortion language included in the original House-passed health care bill. That was, in fact, one of many issues that I heard a lot about from West Virginians in recent months and that I successfully pressed to have addressed in the House bill.

With the Executive Order strengthening the life protections in this bill, we have achieved a firm anchor for the protection of life in this country, reflecting the principles of the Hyde Amendment, no federal funding for abortions. Administrative chipping away and mischief will be held at bay with this order throughout this administration. Future administrations should be held to this standard.

Health care is a deeply personal issue for all Americans. But it is also true that there are no people in the world more personally generous than Americans when it comes to helping the ill and the injured.

I understand people's frustrations and concerns over coal, jobs, our economy. The rhetoric about health care this year has been emotional, at times angry, and, ultimately divisive. Much of the legitimate debate has been undermined by millions of dollars in advertising, underwritten by massive health insurance companies interested only in protecting their record profits and lucrative salaries. The result has been a polarized public and a polarized Congress.

But underlying the most contentious, most calculatingly advertised issues, there can be found common ground. Certainly the status quo—where honest, hardworking parents are forced into bankruptcy to afford lifesaving treatments for their child and where longtime, loyal workers lose their health care coverage along with their jobs during tough economic times—does not comport with American values.

One of my constituents, Fred Long, is a Vietnam veteran and a proud West Virginian who has long had private health insurance. Fred, blessed with good health, needed his insurance little until he was 63 years old when he had to have cataracts removed from both eyes.

Fred's brother was born with cerebral palsy. His problems were covered by SSI and Medicaid. He, too, had cataracts removed, but because of Medicaid, it did not cost his family a dime.

The two brothers had the same procedure, used the same hospital, and same doctor, yet Fred's surgery cost him \$3,099.36 despite Fred's \$480 a month health insurance premiums.

Mr. Long closed his letter to me with this:

" . . . how many thousands of dollars have been paid in insurance premiums over the years . . . I don't know if this will be of any

help in changing the thinking of those that can't see where national health care would benefit the working man.

"The insurance companies could have done this, collected from those that weren't sick and paid the health care cost for those that were sick, just like the government helped my brother when he needed it. He is on Medicare now and I just hope I can get by the next few years when I can sign up for Medicare. (Sincerely, Fred Long)"

Mr. Long's personal story echoes so many others I have heard from all across southern West Virginia—this is just one of the reasons I believe health care reform is necessary.

We must end the polarization of America and find that common ground for the common good. The health care system as it currently exists is not sustainable for the long-term and this Nation has a host of serious challenges that cry out for attention—jobs for our people, renewed transportation funding for our highways, expansion of our technology, and diversification of our economy.

Unfortunately, as long as the needs of the people can be subverted by special interests, financed by donors who operate in secrecy without any accountability to the American public, I worry that we will see little more than the same polarization that has dominated this Nation for months.

Free speech is a wonderful American right that must be protected. But much of the speech we have been witnessing of late has been anything but free. It has been well-financed by special interests whose hands are in the pockets of political operatives, and their motivation is not the preservation of health care for our citizens, but, instead, the preservation of power for themselves. Worse still, to the degree that these operatives are able to bend government to suit their own purposes, you can be sure that others will line up to use the same tactics for their own good.

This is bad for West Virginia. And it is bad for our Nation.

Throughout my years of hard work for the people of West Virginia, I have worked with Republicans, Democrats, and Independents alike, always focused on the needs of southern West Virginia and the Nation. In all that time, I have used my experience, honesty, and integrity to sustain jobs for our coal miners, to ensure their health and safety and that of their homes and their families. I have fought to expand our job base and to build improved infrastructure, to advance technology, ensure veterans care, improve education, and protect our God-given natural resources, including the unborn.

Today, I call for an end to the polarization. We must put away our personal interests, set aside our differences, and do the People's work. We must come together for the common good, using common sense.

Ms. VELAZQUEZ. Mr. Speaker, for too long, working families have lived in fear that they are just one illness away from financial ruin. For too long, the men and women in my home state of New York have watched their premiums skyrocket, with family rates up 97 percent in the last decade. For too long, Latinos have been left behind, suffering the highest uninsured rate of any other community. Tonight, it is time to say enough.

It is time to say enough to the discriminatory policies that charge women and minorities more money for the same services. It is time to say enough to a system that has pushed more than 2.5 million New Yorkers over the brink and into the ranks of the uninsured. And it is time to say enough to a status quo that robs Americans of the peace of mind that can only come from knowing this—they, and they alone, are in charge of their own well-being.

Mr. Speaker, this bill gives every American that autonomy. For the Latino community, it delivers coverage to 8.8 million people. In my home district, it improves options for 324,000 residents, and expands care to 86,000 more. For 16,000 people with preexisting conditions, it allows them to buy affordable health plans right away, promising them: Never again. Never again can you be denied coverage. And for 4,300 of my district's seniors paying full price for prescription drugs, it closes the Medicare donut hole.

Meanwhile, this bill invests in New York's network of community health centers. In my district alone, 33 clinics will see critical improvements, meaning more options for the men and women of Brooklyn, Queens and the Lower East Side. And at the end of the day, Mr. Speaker, isn't that what this legislation is all about—options?

The Patient Protection and Affordable Care Act will deliver better choices—not just for New Yorkers, but for all Americans. With the passage of health care reform, we are finally answering a decades-long cry for help. We are finally empowering the American people with quality, affordable options that put them in the driver's seat, and I urge support of this landmark legislation.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise to claim time in support of the Reconciliation Bill and the Senate amendments to the Patient Protection and Affordable Care Act.

Health care in the United States has degraded in accessibility and quality to the extent that we are a nation in crisis. Change is needed to truly make progress toward a healthier America, and the time for change is now.

We are the closest in 60 years of legislative efforts to provide access to health care for all Americans. We must pass this legislation for the people.

It is time to place compassion and dignity over corporate greed.

My experiences as a legislator—and as a nurse—have provided a unique vantage point from which to discuss this issue. I have seen first-hand the state of affairs of our health care system.

We cannot sustain the current system as premiums rise, prescription prices soar, and medical bankruptcies increase as services decline.

Texas leads the Nation in uninsured, including the highest rate of uninsured children, and I am here today to stand up for my constituents who desperately seek access to care.

Thousands of families are crushed by the growing cost of health care. This legislation reins in health care costs for families and businesses and reduces the deficit.

We have come to a point where we must choose consumers over insurance companies.

Insurance companies have held the public hostage for many years, controlling and rationing care. It is time to give citizens the right to control their own health care.

I stand in strong support of the legislation and urge my colleagues to do the same.

Mr. COSTELLO. Mr. Speaker, we meet today for what will truly be a historic debate and vote on national health care reform. Like the passage of Social Security in 1935 and Medicare in 1965, it is sure to be one of a handful of votes that will stand the test of time as of great national significance. Also like those votes, the public debate surrounding national health care reform has engendered great passion on both sides, often generating more heat than light, but instructive all the same, as we must listen to all viewpoints as we contemplate major changes that will affect the entire country.

Today's vote is a major milestone in what has been a decades-long effort to ensure access to quality health care for all Americans. In my district, 34,000 people are uninsured and use the hospital emergency room for treatment. Nine thousand people have a pre-existing condition that precludes them from getting insurance. Meanwhile, health insurance premiums have increased 131 percent over the last decade while wages have gone up only 38 percent. While the process over the last 14 months to develop health care reform legislation has been far from perfect, it is undeniable that our current health care system is broken, and we must take action to fix it. Toward this goal, I will vote in support of H.R. 3590 and H.R. 4872.

This has been the hardest decision regarding a vote I have had to make during my service in the House of Representatives. During that time, I have strived to serve the people I represent with diligence and integrity, while remaining true to my core individual beliefs.

One of those core beliefs is my support of protecting the unborn. I along with Congressman BART STUPAK (D-MI) and other pro-life Democrats have worked hard through the passage of the House bill and since the passage of the Senate bill to ensure that current law Hyde amendment abortion restrictions are applied to the final legislation. However, we were successful in convincing President Obama—a pro-choice President—to issue an executive order that clearly states that the Hyde amendment will apply to the bill. This is a highly significant act. In addition, a colloquy on the House floor clearly stated that this is the intent of Congress. With these changes, I believe we have accomplished our goal. This belief is shared by the Catholic Health Association, NETWORK—a national Catholic social justice lobby, the Catholic Sisters—60 Catholic women religious leaders representing 59,000 Catholic Nuns, and Democrats for Life.

I stated that I would not vote for the Senate-passed bill in its current form. With the presidential executive order approving the Hyde abortion language and the fact that H.R. 4872 eliminates the “Cornhusker Kickback” and other state-specific promises, combined with assurances from the Senate that H.R. 4872 will pass that body, I feel I can now support the Senate bill as amended.

The fact is that this may be our last best chance to address a health care system that

is unsustainable, that is spending \$1 billion annually on medical costs for the uninsured while insurance premiums rise uncontrollably. Our current system is grossly inefficient and jeopardizes our future economic health. This legislation will insure 32 million additional Americans, eliminate pre-existing condition restrictions, allow for the interstate sale of health insurance, eliminate lifetime caps on insurance benefits, allow dependent children to stay on their parents' insurance until age 26, and improve health care for seniors, all while reducing our budget deficit by \$138 billion over the next 10 years, and by \$1.2 trillion over the next 10.

While the legislation will allow those that have health insurance to keep it, it will also end the fear that so many uninsured Americans have of becoming sick—of having to use their life savings or declare bankruptcy to pay for a medical emergency. It can be the difference that allows the disabled to live with dignity, and provides workers the confidence to reach their maximum professional potential.

Mr. Speaker, after much deliberation, it is clear to me that we must take this opportunity to improve the provision of health care in our country. While it is a difficult thing to do, it is unquestionably the right thing to do, and I am confident that history will reflect this fact.

Mr. SMITH of New Jersey. Mr. Speaker, for those of us who recognize abortion as lethal violence against children and the exploitation of women, nothing less than a comprehensive prohibition on public funding, promotion and facilitation of elective abortion in any federal health program, including the bill under consideration today, satisfies the demands of social justice.

The Stupak-Pitts Amendment which passed 240–194–1 ensures that not some, but all the elements of the Hyde amendment applies to the programs that are both authorized and appropriated in this bill.

By now, I trust that all members fully understand that because programs in Obamacare are both authorized and appropriated in this legislation, the actual Hyde Amendment has no legal affect. It only affects Labor HHS not this massive expansion of government funded health care.

Regrettably the language that emerged from the Senate is weak, duplicitous and ineffective, not by accident, but by design. It will open up the floodgates of public funding for abortion in a myriad of programs resulting in more dead babies and wounded moms than would otherwise have been the case.

Because abortion methods dismember, decapitate, crush, poison, starve to death and induce premature labor, pro-life Members of Congress, and according to every reputable poll, significant majorities of Americans want no complicity whatsoever in this evil. Obamacare forces us to be complicit.

Abortion hurts women's health and puts future children subsequently born to women who aborted at significant risk. At least 102 studies show significant psychological harm, major depression and elevated suicide risk in women who abort.

Recently, the Times of London reported that, “[S]enior . . . psychiatrists say that new evidence has uncovered a clear link between abortion and mental illness in women with no

previous history of psychological problems.” They found, “that women who have had abortions have twice the level of psychological problems and three times the level of depression as women who have given birth or who have never been pregnant . . .”

In 2006, a comprehensive New Zealand study found that 78.6 percent of the 15–18 year olds who had abortions displayed symptoms of major depression as compared to 31 percent of their peers. The study also found that 27 percent of the 21–25 year old women who had abortions had suicidal idealizations compared to 8 percent of those who did not have an abortion.

At least 28 studies—including three in 2009—show that abortion increases the risk of breast cancer by some 30–40 percent or more yet the abortion industry has largely succeeded in suppressing these facts. Abortion isn't safe for subsequent children born to women who have had an abortion. At least 113 studies show a significant association between abortion and subsequent premature births. For example a study by researchers Shah and Zoe showed a 36 percent increased risk for preterm birth after one abortion and a staggering 93 percent increased risk after two.

Similarly, the risk of subsequent children being born with low birth weight increases by 35 percent after one and 72 percent after two or more abortions. Another study shows the risk increases 9 times after a woman has had three abortions.

What does this mean for her children? Preterm birth is the leading cause of infant mortality in the industrialized world after congenital anomalies. Preterm infants have a greater risk of suffering from chronic lung disease, sensory deficits, cerebral palsy, cognitive impairments and behavior problems. Low birth weight is similarly associated with neonatal mortality and morbidity.

Unlike both the Hyde Amendment and what would be the effect of the Stupak-Pitts amendment, the Senate passed bill permits health care plans and policies funded with tax credits to pay for abortion, so long as the issuer of the federally subsidized plan collects a new, congressionally mandated fee from every enrollee in that plan to pay for other peoples abortions. Requiring the segregation of funds into allocation accounts—a mere bookkeeping exercise touted by some as an improvement to the new pro-abortion funding scheme—does absolutely nothing to protect any victims—baby or mother—from publically funded abortion.

The Senate passed bill creates a new Community Health Center fund and appropriates at least \$7 billion for Community Health Centers (CHC). Again recognizing that the Hyde Amendment does not apply to this bill and absent enactment of the Stupak-Pitts amendment, it is clear that the 1,250 CHC clinics (among the most effective means of reaching the poor and underserved with basic health care) will likely be compelled either by the Obama Administration or the courts or both to fund abortion on demand at CHC sites. There is no statutory protection against this abuse in the Senate-passed bill.

Additionally, under the federal employee health benefits plan, which includes Members of Congress, since 1984, no funds may be

used for abortion or the administrative expenses in connection with any health plans that provide any benefit or coverage for abortions or even the administrative expense, except in the case of rape, incest or to protect the life of the mother.

The Office of Personnel Management (OPM) administers the program.

The Senate-passed bill on the other hand creates a huge new program administered by OPM that would manage two or more new multi-state or national health plans. The bill stipulates that at least one plan not pay for abortion. Which only begs to question: what about the other new multi-state plans administered by OPM? Why can those federally administered plans include funding abortion on demand? This represents a radical departure from current policy.

Additionally, other appropriated funds in the bill have no Hyde/Stupak-Pitts type protections either including \$5 billion for a temporary high risk health insurance fund and \$6 billion in grants and loans for health cover co-ops. Pro-life members who vote for this bill will roll the dice on this one.

When the bill left the House, it contained the Hyde-Weldon language protecting health care providers who refuse to participate in abortion against discrimination by government entities. The Senate passed bill instead only includes more narrow text that prevents discrimination by a "qualified health plan" on the Exchange. This narrow language was included in the House bill, but without the additional protections against discrimination by federal and state governmental entities, pro-life health care providers are not fully protected.

Then there's the Mikulski Amendment, Sec. 2713, which empowers the HHS Secretary with broad new authority to compel private health care plans in America to cover "preventable" services. When Senator BEN NELSON suggested that abortion not be included in the so-called preventative services mandate, Ms. MIKULSKI said no—raising a serious red flag that abortion is being postured as "preventable abortion service in the future"—after all, abortion prevents a live birth.

Abortion as preventative health care isn't new.

And as far back as 1976, Dr. Willard Cates, Jr. and Dr. David Grimes, then with CDC, presented a paper to a Planned Parenthood meeting, entitled: Abortion as a Treatment for Unintended Pregnancy: The Number Two Sexually Transmitted "Disease". To call pregnancy sexually transmitted disease; to call abortion a treatment or a means of prevention for this "disease" is barbaric.

Abortion isn't health care—preventative or otherwise.

Mr. Speaker, we live in an age of ultrasound imaging—the ultimate window to the womb and its occupant. We are in the midst of a fetal health care revolution, an explosion of benign innovative interventions designed to diagnose, treat and cure disease or illness any unborn child may be suffering.

Unborn children are society's youngest and most vulnerable patients. Obamacare should do them no harm. Tragically, it does the worst harm of all. It kills them.

Mr. FILNER. Mr. Speaker, I rise in support of this bill and I would like to take the opportunity

to remind America's veterans that the plan will not affect the VA health care system. I continue to work in concert with leaders in the House of Representatives to ensure that veterans receive the world-class health care services they have so bravely earned.

Let me be clear: enrolled veterans meet the individual responsibility requirements under the bill to maintain quality health coverage.

I firmly believe all of our citizens should have access to health care. I am proud that Congress has crafted a plan to bring stability and security to Americans who have insurance today, and affordable coverage to those who do not. This plan, however, will not jeopardize the current health care services and benefits provided by VA. We will keep our promise to our Nation's heroes of the past, present, and future.

I was pleased to sign a letter with House Armed Services Chairman IKE SKELTON, House Ways & Means Chairman SANDER LEVIN, House Education & Labor Chairman GEORGE MILLER, and House Energy and Commerce Chairman HENRY WAXMAN affirming that current health care reform legislation does not undermine or change the Department of Veterans Affairs mandate to provide comprehensive health care to veterans. I would like to submit this letter, along with statements from the Vietnam Veterans of America and AMVETS and a statement from General Eric Shinseki, Secretary of the VA, affirming this fact for the RECORD.

CONGRESS OF THE UNITED STATES,

Washington, DC, March 21, 2010.

Hon. LOUISE SLAUGHTER,
Committee on Rules, The Capitol,
Washington, DC.

DEAR CHAIRWOMAN SLAUGHTER: The House Democratic leadership asked our committees to review HR 3590 and HR 4872 to assess the impact of the bills on the health care provided by the Department of Defense and the Department of Veterans Affairs. Our reviews of HR 3590 and HR 4872 lead us to believe that the intent of the bills was never to undermine or change the Department of Defense and Department of Veterans Affairs operation of their health care programs or interfere with the care that our service members receive under TRICARE. However, we commit to look into this issue further to ensure that no unintended consequences may arise and to take any legislative action that may be necessary.

HR 3590, as drafted, does not specifically mention that TRICARE coverage meets the individual responsibility requirement, but such coverage would satisfy the requirements of this bill. To affirm that this is the case, the U.S. House of Representatives unanimously passed HR 4887, the TRICARE Affirmation Act, which provides assurances to the American people that care provided to those in the military and their families, as well as military retirees under age 65 and their families, would indeed meet the requirement for coverage.

The members of our nation's military sacrifice much to defend us all. We commit to these dedicated service members and their families as well as our veterans that we will protect the quality healthcare they receive.

Sincerely,

BOB FILNER,
Chairman, Committee
on Veterans' Affairs.

GEORGE MILLER,

Chairman, Committee
on Education and
Labor.

HENRY WAXMAN,
Chairman, Committee
on Energy and Commerce.

IKE SKELTON,
Chairman, Committee
on Armed Services.

SANDER LEVIN,
Chairman, Committee
on Ways and Means.

MARCH 21, 2010.

VIETNAM VETERANS OF AMERICA APPLAUDS
PASSAGE OF SKELTON BILL ENSURING PROTECTION OF TRICARE, VA HEALTH CARE, AND CHAMPUS; DECRIES "SCARE TACTICS"

WASHINGTON, DC.—“We thank and applaud passage of H.R. 4887 yesterday in the House of Representatives, by a vote of 403-0. Passage of this bill ensures that health care programs for veterans, active duty military, retired military, and their families/survivors will not be affected negatively by the pending health care reform legislation,” said John Rowan, National President of Vietnam Veterans of America (VVA).

“It is unfortunate that some continue to raise what is now is even more clearly a false alarm that is apparently meant to frighten veterans and their families in order to prompt them to oppose the pending legislation. While there is legitimate debate as to whether or not the pending health care measures should become law, VVA does not appreciate spreading rumors that are not accurate by any political partisan from any point of the political spectrum,” continued Rowan.

“Last summer there was a similar incident, also involving partisans in the health care reform debate, that VVA soundly condemned. We said then: ‘It is our hope that sane minds reject fear-mongering, and that veterans recognize these scare tactics for what they are,’ Rowan said. Rowan concluded by saying: ‘VVA has always worked hard for justice for veterans of all generations, and their families. We have always, and will continue to, work with public officials representing all political parties and points of view. Issues affecting veterans and their families are not, should not, and must not become partisan footballs to bat around. VVA decries any effort, by anyone, that would do just that.’”

DEPARTMENT OF VETERANS AFFAIRS,

March 21, 2010.

STATEMENT FROM VA SECRETARY ERIC K.
SHINSEKI

As Secretary of Veterans Affairs, I accepted the solemn responsibility to uphold our sacred trust with our nation's Veterans. Fears that Veterans health care and TRICARE will be undermined by the health reform legislation are unfounded. I am confident that the legislation being voted on today will provide the protections afforded our nation's Veterans and the health care they have earned through their service. The President and I stand firm in our commitment to those who serve and have served in our armed forces. We pledge to continue to provide the men and women in uniform and our Veterans the high quality health care they have earned.

President Obama has strongly supported Veterans and their needs, specifically health care needs, on every major issue for these past 14 months—advance appropriations, new

GI Bill implementation, new Agent Orange presumptions for three additional diseases, new Gulf War Illness presumptions for nine additional diseases, and a 16% budget increase in 2010 for the Department of Veterans Affairs, that is the largest in over 30 years, and which has been followed by a 2011 VA budget request that increases that record budget by an additional 7.6%.

To give our Veterans further assurance that health reform legislation will not affect their health care systems, the Chairmen of five House committees, including Veterans Affairs Chairman Bob Filner and Armed Services Chairman Ike Skelton, have just issued a joint letter reaffirming that the health reform legislation as written would protect those receiving care through all TRICARE and Department of Veterans Affairs programs.

AMVETS APPLAUDS SKELTON BILL TO
PROTECT MILITARY HEALTH CARE

Lanham, Md. March 21, 2010—AMVETS leaders applauded the passing of H.R. 4887, introduced by Rep. Ike Skelton, D-Mo., that will protect specific health care benefits of military veterans, members of the Armed Forces and their families.

AMVETS National Legislative Director Raymond Kelly said Sunday that AMVETS leaders have always understood the intent of H.R. 3590: The Patient Protection and Affordable Care Act, and believed it would not compromise the health care benefits of American Veterans.

"AMVETS continues to share the opinion of Department of Veterans Affairs Secretary Eric Shinseki and other VA and Department of Defense leaders that health care reform legislation does not threaten the veterans' community," said Kelley. "The successful passing of Rep. Skelton's legislation only solidifies our belief and erases any and all doubt of potential harm."

Kelly said AMVETS will continue to monitor the debate to ensure the Senate version of H.R. 4887 also passes.

Ms. HIRONO. Mr. Speaker, today we take a stand for hard-working middle class families who deserve a better value for their health care dollar. We take a stand for better health care for America's seniors. We take a stand for those who have been denied insurance coverage because of a preexisting condition or whose insurance is rescinded when they need it most.

This has been a difficult debate. There are strong, personal feelings about the issue of health care, because it affects all of us. This makes it even more important that we focus on the substance of health care reform, rather than engage in demagoguery, name calling, and worse. Republicans and Democrats alike know that our health care system is broken and not sustainable. Our country spends more on health care than any other developed country and we fall far below these other countries in the health of our people.

H.R. 4872 and the Senate health care reform bill, H.R. 3590, are not perfect, but they are a step in the right direction. The health insurance reform measure achieves the three key goals of affordability for the middle class, accessibility for all Americans, and accountability for the insurance industry.

More than 350 organizations support the health insurance reform legislation that we are voting on today. They include: the American Medical Association, AARP, Catholic Health

Association, Main Street Alliance, Federation of American Hospitals, National Association of Public Hospitals and Health Systems, American College of Physicians, Paralyzed Veterans of America, American Heart Association, American Cancer Society Cancer Action Network, American Diabetes Association, American Nurses Association, Families USA, National Committee to Preserve Social Security and Medicare, National Women's Law Center, Consumer Federation of America, and the Consumers Union.

Once this bill is passed, Americans will see immediate benefits: seniors will start to see immediate relief from high prescription prices with a \$250 rebate for Medicare beneficiaries who hit the donut hole; preventative services and immunizations will be free under Medicare right away—eliminating co-payments for preventative services and exempting preventative services from deductibles; and small businesses that provide coverage to their employees will be eligible for a tax credit of up to 35% of premiums. The bill will also ban insurers from denying coverage to children with pre-existing conditions and eliminates lifetime limits and restrictive annual limits on coverage.

These are real reforms yielding real benefits to people who are not getting their money's worth from the current system. It will soon be much harder to mischaracterize what this effort to change the health care system has been about once reform is enacted and the benefits accrue.

I was appalled at the news that my colleagues John Lewis, Andre Carson, Emanuel Cleaver, and Barney Frank were verbally insulted and in one instance spat on by anti-health care reform protestors yesterday.

The ugliness that this behavior exemplified reminded me of why "Live Aloha" is more than a motto to us in Hawaii. The Hawaiian word aloha, has deep meaning in my state; it is far more than hello or goodbye. To "Live Aloha" is to also have respect for yourself and respect for others, especially those with whom we disagree. To treat each other with decency—not hatred, or racism, or bigotry—is to "Live Aloha." I'm proud to represent a state where we strive toward that ideal.

My office has taken many calls and received many emails and letters on health care reform. A call that my office received on Friday was particularly heartfelt. It was from a woman on the island of Kauai who called to tell me that she and her 93 year-old friend both wanted me to stay strong and to vote in support of health care reform. I mention this particular call because it reminded me of the people and places I represent, who I fight for every day, and what this health care debate is all about.

In his recent address to the Democratic Caucus, President Barack Obama quoted President Abraham Lincoln who said, "I am not bound to win, but I'm bound to be true. I'm not bound to succeed, but I'm bound to live up to what light I have." This bill calls us to be true to the millions of Americans who want and need enlightened health care reform. It is a privilege to vote for H.R. 4872.

Mr. STARK. Mr. Speaker, This is a historic day. We have worked to enact health reform in America for decades. President Johnson took a major step when he signed Medicare into law in 1965 and guaranteed every Amer-

ican age sixty-five and over quality, affordable health care. Forty-five years later, we are about to extend that guarantee to all Americans.

It isn't the bill I would have written. However when it comes to legislating health insurance reform in America, we will not get everything each of us want. This bill is a compromise that bridges the differences among us.

I am proud to support this legislation and urge my colleagues to do the same.

This bill builds a solid foundation. It will:

Extend coverage to 95 percent of all Americans.

Assure affordability of health insurance by providing tax credits and cost-sharing assistance to families up to 400 percent of poverty.

Halt abuses of the health insurance industry—forcing them to compete on quality, not just their ability to avoid covering needed health services.

Guarantee a standard benefit package for all Americans with an annual cap on out-of-pocket spending. No family should go bankrupt because of medical expenses.

Create a new marketplace, called an Exchange, where people will be able to comparison shop among health insurance plans.

Require that insurance plans spend at least a certain percentage of their premium dollars on benefits and end discrimination by health status, gender, occupation.

Help senior citizens by filling the Republican Medicare prescription drug donut hole—ensuring that Medicare beneficiaries will be able to afford their medications year-round.

We are joined in support of this legislation by a coalition of patients, doctors, nurses, hospitals, businesses, labor unions, children's advocates and senior citizens.

President Obama has worked tirelessly to achieve this goal and he deserves much of the credit.

There are components I wish had turned out differently and I pledge to continue working to improve them. In particular, I have some concerns about Medicare.

I oppose the inclusion the Independent Payment Advisory Commission, called IPAB. Some of my colleagues support this Commission because it shields them from having to take tough votes when it comes to cutting Medicare provider payments. It's my experience that Congress always does what is needed to protect and strengthen the Medicare program. IPAB is a dangerous provision. By statute, this Commission would be required to hold Medicare spending to an arbitrary and unrealistic growth rate. It is a mindless-rate cutting machine that sets the program up for unsustainable cuts. That will endanger the health of America's seniors and people with disabilities. It is an unprecedented abrogation of Congressional authority to an unelected, unaccountable body of so-called experts. I intend to work tirelessly to mitigate the damage that will be caused by IPAB.

I am pleased that this legislation reduces government overpayments to private health insurance plans in Medicare and that our reconciliation negotiations improved on those savings. It still should eliminate the overpayments. I support the choice of private plans in Medicare, but I don't support wasting taxpayer dollars on corporate subsidies to achieve that

goal. Plans that can meet or beat Medicare should be allowed to participate. Those that can't should be excluded. We've got more work to be done here.

We also lost a provision in the House bill that ensured Medicare beneficiaries in private plans would never pay higher cost-sharing for Medicare services than if they were enrolled in traditional Medicare. I'll be working with the Administration to see that they move forward with steps in their authority to resolve that disparity.

I am disappointed in the lack of a public health insurance option. This provision fell victim to the strength of the insurance industry lobby. It would have saved taxpayers money, enhanced competition, and increased efficiencies. That it isn't in this bill does not mean it can't be added in the future.

These flaws are what one must expect when bringing a bill through the US Congress that touches more than one-sixth of our economy. In the past, we've allowed health reform to fail because of similar imperfections. We, can't let that happen now.

Our vote today will determine whether we finally provide affordable, quality health care to all Americans. I am proud to rise in support of this legislation, and I urge my colleagues to join me in voting yes.

Mr. PIERLUISI. Mr. Speaker, I rise so that the record will reflect the following point about the Medicare Advantage program and its application in Puerto Rico. For a variety of reasons, relatively few Medicare beneficiaries in Puerto Rico are enrolled in Part B. The Medicare Payment Advisory Commission (MedPac) has determined that, as a result, fee-for-service reimbursement rates for providers on the Island are artificially low and unstable. Over the past year, I have worked with the House Committee on Ways and Means to examine ways to address this problem. In the report accompanying the health care reform bill it approved, the Committee candidly acknowledged the problem and urged CMS to use its existing authority to adjust the reimbursement rates in Puerto Rico. I strongly supported this language and believe it is still operative. Working with Committee leadership and my colleagues, I will do everything within my power to ensure that CMS uses its current authority to make certain that reimbursement rates to MA providers in Puerto Rico are fair.

The language included in the House Ways and Means Committee report is:

The phase-down of MA payments to FFS costs applies equally to all 50 states and the territories, however, Puerto Rico is a unique situation that the Committee expects that the Secretary will use authority under current law to examine. Specifically, very few Medicare beneficiaries in Puerto Rico choose to enroll in Part B; instead, MA plans buy down the Part B premium for enrollees and therefore many Medicare beneficiaries enroll in MA to receive all of their Medicare services.

With only a small population enrolled in Part B through traditional Medicare, the county FFS expenditures calculated by the Secretary are artificially low and unstable from year-to-year. Therefore, the Committee expects that when calculating county FFS rates in Puerto Rico, the Secretary will use utilization and expenditure data from MA plans under current author-

ity and adjust these rates and risk scores appropriately.

Mr. SMITH of Texas. Mr. Speaker, by a 12-point margin, Americans say the Administration's health care plan is a "bad idea," according to a new NBC News/Wall Street Journal survey.

And the number of people who call the health plan a "bad idea" has reached a new high.

But you won't hear about this from the national media—not even NBC, who conducted the poll. During a report about the survey on NBC's Nightly News, anchor Brian Williams failed to mention this finding.

Other polls show even greater opposition to the Administration's plan. According to Investor's Business Daily, Americans want Congress to "start fresh" by 61 percent to 32 percent.

NBC and the national media should give the American people the facts about health care, not hide them.

Mr. HASTINGS of Florida. Mr. Speaker, we are on the brink of passing a bill that will lay the foundation for comprehensive health care reform. We have discussed and debated various aspects of this bill for over a year. Now, it is time to act.

Developing and executing major reform efforts has never been easy or pretty. Violent and divisive debates waged when Congress was considering legislation that instituted Medicare.

And yet, few would dispute that this program is essential to delivering quality health care to some of our Nation's most vulnerable communities—the elderly and disabled.

Like reform efforts of the past, the health care reform bill has been met with blind criticisms and incessant fear mongering. Amazingly, some of my colleagues talk about horrific scenarios that will result from passing the bill and ignore the horrific conditions that people are enduring right now. They don't speak for me. They don't speak for the 161,000 uninsured Floridians in my district, and they don't speak for people who know that this bill is fiscally responsible and takes a multifaceted approach to improving our health care system.

Every single day, people are forced to choose between paying their mortgage or financing costly life-saving treatments. Every single day, seniors are forced to choose between buying food or buying their medication. Every single day, people are dying prematurely because they don't have regular access to health care services. You can't tell me that these people don't want or need health care reform.

Mr. Speaker, health care reform boils down to whether you believe that 47 million uninsured Americans is an unfortunate but acceptable fact, or an injustice that must be addressed.

Achieving comprehensive health care reform requires a uniquely American approach that preserves what works and introduces new elements that will allow us to meet 21st century needs and goals. This reform bill does just that. I urge my colleagues to vote in support of this historic bill and ensure that our fellow Americans have access to affordable and high quality health care.

Ms. BERKLEY. Mr. Speaker, I rise today in support of health care reform.

While not perfect, this bill addresses key obstacles that continue to plague the system. The cost of health care premiums is skyrocketing out of control, creating an atmosphere where only insurance companies can and will prosper and prevail. Without this reform, our individual citizens and businesses will continue to be devastated by unsustainable costs or barriers to coverage.

This bill would increase access for those who have been denied insurance in the past, either because they can't afford it, have a pre-existing condition, or have been dropped from coverage after getting sick. It would provide financial assistance to working families to make their health care costs affordable and it would provide businesses with tax credits for providing health care for their employees.

In my district, this bill would extend coverage to 155,500 uninsured residents, guarantee that 26,200 residents with pre-existing conditions can obtain coverage, reduce the cost of uncompensated care for hospitals and other health care providers by \$74 million annually, and allow 63,000 young adults to obtain coverage on their parents' insurance plans.

I believe it is my duty to fight for the health, well-being and protection of the citizens I represent. While this package does not contain all the reforms needed, it provides a framework of very positive first steps that will achieve a great deal for Nevada families. There is no doubt that more must be done, but I believe this is a step in the right direction. I urge my colleagues to vote yes on this legislation.

Mr. PLATTS. Mr. Speaker, all members of Congress agree that the status quo in health care is unacceptable and that we must act to make affordable, quality health care accessible for all Americans. The legislation before us today, however, is the wrong solution. Simply put, it is bad public policy.

Throughout the debate on health care reform, I have emphasized that Congress must be certain to adhere to the physician's principle of "First, do no harm." Unfortunately, the Senate-passed health care bill (H.R. 3590) and reconciliation legislation (H.R. 4278) that we are considering today will do significant harm.

A primary focus of health care reform must be on bringing down the rapidly rising cost of health care and health insurance. Instead, the legislation before us today costs over \$1 trillion in the first 10 years. When fully implemented, the proposed plan's costs will total more than \$200 billion per year. That's \$2 trillion in additional health care-related costs over the course of the plan's first full decade of implementation. Once the budgetary gimmicks are stripped away, the legislation before us will increase the overall budget deficit dramatically.

According to the Congressional Budget Office (CBO), the proposed legislation will do significant additional harm as well. CBO analysis concludes that health insurance premiums in the individual market will increase by 10–13%, Medicare will be cut by more than \$500 billion, taxes will increase by \$579 billion, and millions of Americans will ultimately be forced off private health insurance plans into government-run plans.

Countless new taxes are included in the proposed health care legislation. For example,

new taxes would be imposed on: individuals without health insurance; employers, whether they provide health insurance for their employees or not; certain employer-provided health insurance plans, more and more of them over time; medical devices, like wheelchairs and walkers; investment income; Flexible Spending Accounts; and health insurers and pharmaceutical companies, taxes that are likely to be passed along to their customers.

The proposed legislation's cuts to Medicare will detrimentally impact millions of senior citizens. For example, CBO estimates that, as drafted, the cuts to Medicare Advantage funding will result in approximately 4.8 million seniors losing access to such plans. Plans in which they chose to enroll.

Mr. Speaker, the process by which we are considering these bills is also wrong. Ordinarily, the reconciliation process is used to pass legislation making changes in existing federal programs or taxes. The reconciliation legislation under consideration today will make changes to a health care bill that has yet to even be enacted. Importantly, there is no guarantee that the reconciliation bill will be passed in the Senate. This means that the House would be effectively trusting that the Senate health care bill will be "fixed" by the reconciliation process, even as the Senate health care bill is approved by the House and becomes law.

The entire health care reform legislative process has been tainted by proposals offered along the way to gain votes—like the infamous "Cornhusker Kickback," as well as special provisions for other states that have undermined confidence in the final product. Similarly, the House leadership's initial plan of using a "deem-and-pass" legislative tactic—enacting the Senate bill into law without a straight up-or-down vote—greatly diminished the American people's trust in this legislation's provisions.

Rather than enacting the legislation before us today, Congress should restart the process and enact common sense health care reforms that have bipartisan support. Reforms such as small business health insurance pools, medical malpractice liability reform, tax credits and deductions for health care expenses, and insurance reforms addressing the issues of pre-existing conditions and wrongful coverage termination will better ensure access to affordable, quality health care for all Americans, while also adhering to the physician's principle of "First, do no harm."

Mr. COOPER. Mr. Speaker. I woke up this Sunday morning, said my prayers, and finally decided that I will vote "yes" on health care reform.

Having heard from tens of thousands of Middle Tennesseans on all sides of the issue (including the flood of messages in the last few days and hours), and having spent months studying the various bills, I know that America must improve its health care system because it is unsustainable. This legislation will make it better.

Any decision of this magnitude must be made very carefully, after weighing every concern. We Nashvillians are proud of our outstanding health care community that makes us "the nation's health care industry capital." Given our community's expertise, it is interesting to note that:

Every Nashville hospital strongly supports the legislation, whether it's St. Thomas, Vanderbilt (both University and Hospital), Centennial, Meharry Medical School, Nashville General, Summit, Skyline, or Southern Hills.

A majority of physicians who contacted me support the legislation and, although the Tennessee Medical Association opposes it, the TMA's national organization, the conservative American Medical Association, supports it.

A majority of local nurses support the legislation, along with the American Nurses Association.

Despite media controversy regarding abortion, the Catholic Health Association, Catholics United, and groups representing 59,000 Catholic Sisters support the legislation.

The largest Nashville and national senior organization, AARP, supports the legislation.

It means a lot to me that so many local people who know so much about health care agree with my decision.

Of course, there are plenty of people who disagree who are also very knowledgeable about health care, and I have great respect for their opinions. I've learned a lot from their views. Several of their suggested improvements are already in the legislation. You may be surprised that many of these critics want the legislation to do more, not less. Having taught health policy at Vanderbilt's business school for many years, I can easily point out many flaws in the legislation myself, both substantive and procedural. I have been working hard in Congress to eliminate those flaws. For example, yesterday we were able to force a clear, up-or-down vote on today's legislation instead of using the parliamentary maneuver that was favored by some in my own party.

Let me make clear that I respect the advocacy of those who are opposed to the legislation. They actually help me make sure that more people in Congress do their homework and pay attention to America's financial problems. They are strengthening our democracy with their voices.

The bottom line is that this legislation offers the only realistic hope that most Americans have for getting a fair deal in today's private health insurance markets. This is not a government takeover of those markets, but a way to encourage better private-market competition. In the future, private insurance companies should compete to keep us healthy, not drop us from coverage. Tens of millions of Americans will benefit immediately from reform of these insurance markets. Thousands of lives will literally be saved due to the greater affordability of health insurance. This is as major a public health accomplishment as reducing car wrecks or finding a cure for a dread disease. One of the lives saved could be yours.

My health insurance is Tennessee Blue Cross/Blue Shield (just like I had when I was a small businessman in Nashville) but, as a Congressman, I am able to purchase it as part of a large pool, an exchange. I want every American to have the same purchasing power. No matter what your insurance company is, most Tennesseans are only one illness away, one pink slip away, or one premium hike away from being mistreated by current insurance practices: discrimination against pre-existing conditions, arbitrary premium pricing, and last-

minute rescission of coverage when you need it most. This legislation will cover 32 million hardworking, middle-class Americans who are left out in the cold by today's insurance practices. Rival legislation only attempts to cover 3 million uninsured people, or less than 10% of the problem. America can, and must, do better.

The financial issues involved are just as important as the coverage issues, as I pointed out in my remarks at the President's bipartisan summit on health care at Blair House in February. Will improved coverage increase the deficit, either short-term or long-term? And will this legislation start containing the explosion in health costs that threaten our economy but do not improve our health?

Although CBO claims that the legislation will reduce deficits in the first ten years by over \$100 billion, and by over \$1 trillion after that, you don't have to believe CBO to realize that, even if you assume zero deficit reduction, this is a huge improvement in the policymaking of recent years. In plain English, this bill is paid for, and may even save big money. Should these projections prove faulty, there are fail-safe mechanisms within the legislation that, with public support, should correct any budget problems. I proudly voted against the 2003 Medicare drug bill because it did not even attempt to pay for itself. That one bill (which very few constituents complained about) added \$600 billion to the short-term deficit and as much as \$7.8 trillion in the out years. Fiscal conservatives have much more reason to protest that legislation than this.

There is a legitimate concern about whether the so-called "doc fix" should have been included in this legislation. It is not. That issue is the result of the 1997 Balanced Budget Act formula that limits the growth of physician reimbursement under Medicare. Since 1997, some doctors have been able to increase their reimbursement more than others, but all are now threatened with a 21 percent cut. This is a \$320 billion problem over the next 10 years, and a \$4.2 trillion problem in the out years. Unless this issue is resolved, it could have more deficit impact than all of health reform. I think that we must figure out a way to pay for the "doc fix" now, not add it to the deficit. If you really care about the deficit, watch how your elected officials vote on this key issue.

This legislation does not do enough to contain medical inflation, but it makes a good start because it contains the largest proposed savings in health costs in history, \$600 billion over ten years. To make these savings stick, we will all have to be vigilant because every health care provider will immediately be asking for Congress to reduce or even reverse those savings. For those who sincerely want Congress to have more backbone on these issues, the answer is to support more savings now by asking for tougher follow-on legislation. You won't achieve more savings by encouraging Congress to slouch away from its responsibilities today.

There are many talking heads on television who claim to want more cuts, but their immediate plan is to do nothing. Today the official Republican Party position is to scare seniors about Medicare and, despite a blizzard of words, do nothing. They are behaving as badly as the Democratic Party used to behave

when scaring Social Security recipients. If history is any guide, America only has the political will to face up to these issues every 15 years, and, when we did address them, Congress did not make much progress. Neither political party will tell you that the real cost of delaying reform is roughly \$16 billion a day. That's my estimate, based on accrual accounting, of the financial harm being done to America by a failure to resolve these problems on a timely basis. Waiting too long to pass reform could be as terrible a fiscal tragedy as waiting too long to treat cancer. Of course, the pundits have no way of paying for the delay, and the fiscal harm, that they foster. The opportunity cost of endless arguments may even be greater than the cost of solving the problems themselves!

Opponents of today's reform also claim to have a better plan. I'd love to see it. I am thoroughly familiar with their legislative ideas because I have been working in a bipartisan way on these issues for many years. They simply do not have a better plan today that could garner more than a handful of votes, and, given their track record, are not likely to ever present one. There is no magic wand. For example, I've tried for many years to promote the bipartisan Healthy Americans Act, H.R. 1321. We ended up with only a handful of cosponsors. Another example is my friend Rep. PAUL RYAN's (R-WI) interesting plan that has made him the darling of *The Wall Street Journal*. His bill, H.R. 4529, has exactly 13 cosponsors. You need at least 216 votes to get anything accomplished. As intriguing as some of these ideas are, they are not a solution, especially when the meter is ticking at about \$16 billion a day.

There is a lot of rhetoric about which political party is more sincere about deficit reduction. The facts are that the last Democratic president to have a balanced budget was Bill Clinton, just ten years ago. The last Republican president to have a balanced budget was Herbert Hoover, almost eighty years ago. Today's Congress has finally passed into law important "pay-as-you-go" legislation that will force Washington to start living within its means. Budget experts think that this is the single most important step toward getting our fiscal house in order. Blue Dog Democrats, of which I am a member, forced this improvement in budgeting.

The President has created a bipartisan Fiscal Responsibility Commission that will help Washington face up to its deficit problems. The President is doing his best to implement my bipartisan legislation on this issue, legislation that the Senate failed to pass because seven Republican senators (who are original cosponsors) voted against their own bill! None of these important steps toward fiscal sanity was allowed under the previous Administration. In fact, the previous Vice President, Dick Cheney, was famous for saying, "Deficits don't matter." He could not have been more mistaken.

Regardless of what happens to this legislation today, America cannot afford to ignore the growing crisis in financing today's medical system. In the future, we need to focus on these issues every year, not every 15 years. Passage of this legislation is absolutely certain to do that. Flaws will need to be corrected, ad-

justments made, new ideas explored. I have a list ready. Just as continual advances in medicine must be made, continual advancements in delivery of medical care must be made. Both types of advancements save lives. It is better when the private sector makes these improvements but, when the private sector fails, then government should help the private sector, not run their businesses for them.

I am well aware of the fact that this is a big vote, and perhaps a career-limiting decision. But I think most folks back home want me to do what is right, not just what's temporarily popular. That's what my 90-year-old mother taught me. I've made tough votes before and been proven right. Against united Republican opposition, I voted for the 1993 Clinton budget that put America on the path to the longest economic recovery in history. Against united Republican leadership, I voted against the 2003 Medicare drug bill that was the largest unfunded expansion of entitlement programs in history. And against united Republican opposition, I voted for the House health reform bill in November of 2009 that enabled us to vote on the much better Senate measure today.

I have the honor of representing the Hermitage District. Our greatest hero, Andrew Jackson, said "One man with courage is a majority." I sure hope he was right.

Mr. TOWNS. Mr. Speaker, today the House of Representatives is preparing to vote on historic health insurance reform legislation, H.R. 4872, the Health Care and Education Affordability Reconciliation Act. We have spent more than a year debating this important bill that will provide 32 million Americans health insurance. In my home district, New York's 10th Congressional District, access to affordable health insurance will make a tremendous difference in the lives of men and women who have been burdened by the escalating costs of health care.

We can no longer wait to stem the rising tide of the uninsured and underinsured, implement important reforms to prevent insurers from discriminating against persons with pre-existing conditions and enact important measures to rein in costs.

When this bill is signed into law, millions of Americans who do not have health care today will finally walk the pathway to coverage. American families will no longer face bankruptcy when a loved one gets ill and seniors will finally get relief from the high cost of prescription drugs due to our expanded coverage under Medicare Part D.

Importantly, we are doing all of this without adding one penny to the federal deficit. In fact, this bill will reduce our federal debt by \$143 billion over the next ten years, and hundreds of billions more in the years thereafter.

Health insurance reform is an issue I have been committed to throughout my long congressional career. We have been close to this day before, but this time, at long last, I am confident we will see this legislation signed into law.

Mr. Speaker, I thank my colleagues who supported this bill.

Mr. ANDREWS. Mr. Speaker, I rise today in support of millions of individuals throughout our country who are working for small businesses which are in PEO arrangements. The

clear objective of this legislation is to create incentives for health care coverage and not to provide disincentives. I would like to clarify that for purposes of the application of section 2716 of the Public Health Service Act (Prohibition on Discrimination in Favor of Highly Compensated Individuals) and Internal Revenue Code section 45R (Credit for Employee Health Insurance Expenses of Small Businesses), to any health plans sponsored by a professional employer organization (PEO) or a PEO client organization, the rules would be applied to each client organization separately and eligibility for the small business tax credits would also apply to each client organization separately, and not at the PEO level.

Mr. KIRK. Mr. Speaker, I rise today in opposition to H.R. 3590, the Senate Health Care bill. I strongly support reforms to lower the cost of health insurance and cover Americans with pre-existing conditions. That is why I authored the Medical Rights and Reform Act, H.R. 3790. Under our centrist Reform Act, we cover Americans with pre-existing conditions and advance three major reforms:

(1) The Medical Rights Act: Under our bill, Congress shall make no law interfering with the personal decisions that you make with your doctor,

(2) Lawsuit Reform: By applying the lawsuit reforms (recently eliminated in Illinois) similar to successful California reforms, we could reduce defensive medicine, saving over \$200 billion annually, and

(3) Granting Americans Interstate Rights: Our bill grants the right to all Americans to buy health coverage from any state in the union, especially if you find a plan that is less expensive or more flexible for your family or small business. This improves choice and competition for each American.

Unfortunately, the Congressional leadership will not permit a debate on our bill. Instead, the House will only allow one vote on the health care bill adopted by the Senate.

Under the Senate bill, the Congress will increase spending by \$1.2 trillion, including \$940 billion for new subsidies, \$144 billion for new mandates, \$70 billion to administer the bill and \$41 billion in unrelated spending. To attempt to pay for the bill, Congress will raise taxes, cut Medicare and borrow a historic amount of money. To pass the Senate, the bill also included the "Louisiana Purchase", "Cornhusker Kickback" and "Gatoraide" that advantaged Louisiana, Nebraska and Florida over the people of Illinois.

The bill imposes 12 new federal taxes, imposing over \$500 billion in new payments to the government, including over \$23 billion in taxes on the people of Illinois. Among the new taxes is a new "Individual Mandate Tax" (IMT) of \$2,250 per household or 2 percent of household income. The bill increases the Medicare payroll tax and does not adjust this for inflation. Therefore, like the infamous Alternative Minimum Tax (AMT), the new Medicare tax will soon reach most middle class families as inflation pushes more Americans into its bracket.

The bill also increases the capital gains tax. Most economists worry that too many businesses plan for the short-term, hurting long-term economic growth. That is why investments which are held for longer periods of

time pay a lower capital gains tax. The Senate bill reverses this wise policy by imposing a new 3.8 percent tax on capital gains, raising the rate from 15 percent to 23.8 percent by 2013.

Both Americans for Tax Reform and the Heritage Foundation estimated that the new taxes and Medicare cuts in the bill would cost over 600,000 job opportunities per year or an estimated 26,042 fewer Illinois jobs. The bill also has a number of budget gimmicks to hide spending. Once the Social Security Trust Fund, long-term health care and student loan gimmicks are removed, the bill adds \$755 billion to the federal deficit or \$2,460 in new debt for each man, woman, and child.

Here is a look at the estimated national job losses under the bill:

Sector	Jobs
Agriculture, forestry, fishing and hunting	-5,441
Mining	-5,478
Construction	-43,316
Manufacturing	-105,229
Wholesale trade	-47,663
Retail trade	-84,339
Transportation and warehousing	-36,806
Utilities	-5,271
Information	-26,342
Financial Activities	-77,269
Professional and business services	-132,596
Educational services	-32,102
Leisure and hospitality	-49,682
Other services	-46,564
Total	-698,098

Half of all people employed in Illinois work in a small business and over 80 percent of job losses during this Great Recession have been from small business employers. Nevertheless, this legislation requires the federal government to levy a new \$52 billion tax on small businesses, even though unemployment now tops 12 percent in Illinois. The bill begins a new \$2,000 tax on small business with over 50 employees. Over 21,600 small businesses in Illinois could be subject to this new tax. This tax applies to part-time as well as full-time workers. The follow-up Reconciliation Bill also includes an unprecedented extension of the Medicare tax to all non-wage income.

The legislation stands for the principle that we should cut senior health care under Medicare to fund a new entitlement spending program. Over 40 million seniors depend on Medicare for their health care. Under the Senate bill, the federal government would cut over \$500 billion from Medicare. This includes cutting over \$200 billion from Medicare Advantage, cancelling the Medicare choice of over 120,000 Illinois seniors.

Here is a summary of the Medicare cuts:

Medicare Advantage	\$202 billion.
Home Health	39 billion.
Medicare Part B	25 billion.
Hospital DSH Payments	25 billion.
Medicare Part D	10 billion.
Medical Imaging	1 billion.
Preventive Services	700 million.
Durable Medical Equipment	1 billion.
Power-Driven Wheelchairs	800 million.
Hospice	100 million.
Medicare Improvement Fund	20 billion.
Medigap	100 million.
Total	\$523 billion.

While the American people overwhelmingly want to lower health insurance costs, the bill increases costs because it requires Americans to buy health insurance that include new mandates for coverage. According to the Adminis-

tration, individual insurance premiums will increase by 10 percent for over 600,000 people in Illinois. On average, Illinois individuals currently pay \$2,499 annually for insurance. Under the bill, costs will go up at least \$150 a month to a level of \$4,299 annually.

On March 4, the Chicago Tribune reported that for "more than half-million consumers in individual health plans, base rates will go up from 8.5 percent to more than 60 percent." The non-partisan Congressional Budget Office reported that the bill's provisions that double the tax on health insurers, drug makers and medical devices will all be passed on to patients in the form of higher health costs and rising insurance premiums.

Under the federal Medicaid program for the poor, states must pay half of all costs. As you know, the State of Illinois has one of the highest deficits of any state, totaling over \$12 billion. Spending on the Illinois Medicaid program rose 65 percent from \$8 billion in 2001 to \$13 billion in 2008 to now cover 2.4 million people. Under the Senate Health Care bill, Illinois would have to cover an additional 400,000 people, adding an additional \$1 billion to the state's deficit over five years.

Health care under Medicaid is already deteriorating. Over 9,000 doctors in Illinois refuse to accept Medicaid patients (28 percent nationwide), in part because it takes Illinois over 100 days to pay for services.

About the only jobs created by the legislation would be at the IRS. According to the nonpartisan Congressional Budget Office, the IRS would need to hire over 16,000 people—over 700 just in Illinois—to audit the American people and impose the new taxes and mandates of the bill. New IRS agents would verify if you have acceptable authority, fine you up to 2 percent of your income for failure to prove that you have purchased "minimum essential coverage," confiscate your tax refund and conduct audits. Under the bill, nearly half of the new individual mandate taxes will be paid by Americans earning less than \$66,150 for a family of four.

I will vote against this legislation because it costs Illinois jobs, raises taxes and deepens the debt our children must one day pay. I wish that we could adopt a more modest set of reforms that do not have such harsh consequences for our economy.

In the coming days, I will outline policies and legislation that will reduce spending, lower the debt and prevent new taxes on the American people. While we did not prevail in this contest, I will continue to work and ensure a strong economy and bright future for every Illinois citizen.

Mr. GRIJALVA. Mr. Speaker, after a long battle for this Nation's health care reform, my decision to vote in favor of this bill was ultimately made, not by myself, but by the people I represent.

This bill is a beginning to the end of an abusive system:

It is a beginning to provide the people of our great Nation access the most basic health care services;

It is a beginning to stop insurance companies from reaping benefits at the cost of the sick, injured, poor and dying people in our Nation;

It is a beginning to making our health care system one that we can be proud of—

One that includes everyone regardless of their social status;

One that treats people equal regardless of their age, race or gender;

One that makes sure our children are treated properly and that our parents will be provided for in the future; and

It finally provides reauthorization of Indian Health Care.

Every day I am flooded by groups, businesses and individuals that can no longer bear the abuses from our current health care system. I want to share a few of their reasons for supporting this bill:

The National Committee to Preserve Social Security and Medicare states:

The bill preserves and improves Medicare for current and future beneficiaries. Because of our strong commitment to Medicare, we support the health reform currently before Congress. Indeed, we consider it to be vital for preserving and protecting Medicare. On behalf of the seniors you represent, we ask that you commit to supporting health reform as well.

Catholic Sisters for Healthcare Reform states:

We have witnessed firsthand the impact of our national health care crisis, particularly its impact on women, children and people who are poor. We see the toll on families who have delayed seeking care due to a lack of health insurance coverage or lack of funds with which to pay high deductibles and copays. We have counseled and prayed with men, women and children who have been denied health care coverage by insurance companies. We have witnessed early and avoidable deaths because of delayed medical treatment.

American Nurses Association states:

We understand the cost of inaction—our patients can no longer afford to wait. The uninsured and underinsured continue to delay or forgo much-needed care; they continue to arrive in the emergency rooms across the country for conditions that could have been easily prevented with access to primary care—we are all paying a high price for inaction.

My dear friend, Karen, from the National Breast Cancer Coalition came to me and poured her heart out on behalf of the millions of women battling cancer, this vote is for you. The National Breast Cancer Coalition states:

For women who are battling breast cancer, health care reform will mean accessing potentially life-saving treatment and not losing their health insurance coverage if they lose their job. For their families, it means not being driven into bankruptcy when the person they love has been diagnosed with breast cancer, must contend with a recurrence of the disease, or struggle with equally life threatening complications. For the tens of thousands of women who will be diagnosed with breast cancer today and in the future, enacting health care reform will mean being able to focus their energy on battling the disease, not fighting with their insurance company. We cannot delay any longer.

United States Hispanic Chamber of Commerce states:

As business owners, we know well the concept of opportunity cost. The rate of premium growth has become such a burden to our businesses that we are required to support this compromise rather than see premiums double, or triple, once again as they

have done this decade. As organizations that believe in free market solutions, this decision was not taken lightly. But, the fact remains that the small business components in this compromise bill will provide real relief—a small business exchange that pools risk while respecting the free market and tax credits to incentivize those businesses that are just within reach of providing health care to their workers.

While these groups and the American people understand this bill is the beginning of reforming our system, I can assure you it is not the end.

I will continue to fight for a public entity to be part of our system.

I will continue to fight for immigrants to be treated fairly in our Nation, and I will argue the grave economic impacts of leaving these people out of our system.

I will continue to fight for stricter control of the pharmaceutical companies to force them to negotiate prices instead of dictating them.

And above all I will not stop, I will continue to push to make our system more efficient and more equitable—this is only the beginning.

I would like to end with a quote from my dear friend that we lost during the mist of this battle, who I feel has been our guiding light.

Ted Kennedy said:

The battle to achieve Medicare for All will not be easy. Powerful interests will strongly oppose it, because they profit immensely from the status quo. Right wing forces will unleash false attack ads ranting against socialized medicine and government-run health care.

Ted—we will not give up—this is the beginning.

Mr. FRELINGHUYSEN. Mr. Speaker, at the outset, let me be very clear: I support health care reform. I just do not support Speaker NANCY PELOSI's version of health care reform.

With respect to controlling costs for New Jersey's families, changing insurance company practices and making coverage more available to more Americans, the status quo is simply unacceptable. We can, and we must, do better, but not at the expense of millions of American families who are worried about a government takeover of their health care decisions!

With that said, the health care package before the House today is wrong on both process and policy.

On process, the American people know instinctively that a change as historic as this will only be successful with full engagement of the American people and bipartisan support in Congress. However, from the beginning, Speaker NANCY PELOSI and Senate Majority Leader HARRY REID adopted a 'go-it-alone' strategy and refused to consider Republican ideas in any significant way. Indeed, the Majority today is even refusing to listen to the very valid concerns of the American people.

In addition, this legislation, and all the versions that preceded it, were drafted behind closed doors at the White House or in Capitol backrooms, with no transparency whatsoever as to which organizations were participating and benefitting! In fact, the Majority had to be 'shamed' into releasing the contents of the bill 72 hours before a vote to allow Republicans and the American people to review its contents.

To add insult to injury, the President and Speaker PELOSI decided to use the budget 'reconciliation' process solely to deny the Senate Minority the ability to use its traditional practice of the filibuster to block passage of harmful legislation such as this.

Madame Speaker, the process the Majority has used is shameful, but the policy they seek to impose is downright harmful.

Once again, I state without hesitation that I support health reform. However, I cannot support this proposal.

First, this package contains over \$523 billion in job-killing, higher taxes. I cannot think of a worse time to tax families and small businessmen and women than in the middle of a serious recession.

The American people need to understand the destructive nature of this bill: \$17 billion in new taxes on Americans who do not obey the bill's requirement that individuals must buy health insurance whether they want to or not, and \$52 billion in new taxes on employers that do not provide health coverage deemed "acceptable" or "affordable" by Washington-based government bureaucrats. This provision alone may force the IRS to hire another 16,000 agents and auditors to enforce compliance with the new law.

In addition, the bill contains new taxes on capital gains, dividends and interest that will further stifle economic growth and job creation. The Medicare tax on capital gains, dividends, and other investment income gets bigger, magnifying the destructive power of the tax. The bill increases the tax from 2.9 percent to 3.8 percent and for the first time, this tax will be extended beyond wages to include interest, dividends, capital gains, annuities, royalties, home sales and rents. This new tax will be particularly damaging to New Jersey's seniors, many of whom depend on such income to survive.

Second, this package contains over \$569 billion in total cuts to Medicare.

These reductions include \$202.3 billion from seniors' Medicare health plans, including massive cuts targeting the extra benefits and reduced cost-sharing seniors receive through Medicare Advantage. 148,000 seniors in New Jersey, including over 35,000 in my Congressional District enjoy the benefits of this innovative program. The Congressional Budget Office predicts that three million seniors nationwide currently receiving health benefits through these Medicare plans will be dropped.

But the Medicare cuts go deeper. The bill slashes \$156 billion from hospitals, including long-term care hospitals, skilled nursing facilities, Ambulatory Surgical Centers, hospice, ambulances, dialysis facilities, labs and durable medical equipment (DME) suppliers.

The package also contains \$40 billion in cuts to home health reimbursements and \$22 billion in additional cuts to hospitals by slashing reimbursements designed to assist hospitals that serve low-income patients. In addition, \$65.7 billion in money will be taken from seniors in the form of higher premiums.

My colleagues, I am also shocked that the Majority has not protected our men and women in uniform, military retirees and veterans who could be affected by the new law. The Senate-passed health care bill omitted protections for military health plans that were included in the House bill.

Specifically, the Senate language does not appear to give the Department of Veterans' Affairs (VA) health care system specific protection from interference by other government agencies administering the various authorities contained in the massive bill, as it pertains to "minimum essential coverage."

Further, the final bills would leave it up to bureaucrats at the Department of the Treasury to determine whether TRICARE meets the minimum standards under the bill's individual health insurance mandate. If that bureaucrat decides against TRICARE, service members and their families would have to buy some other health coverage or pay a penalty.

Our men and women in uniform, and our veterans, have earned the best health care available. They need to know that they will continue to receive this same level of care. It is truly regrettable that, in a bill stuffed with 'backroom' deals and special 'arrangements', this group of American heroes is denied the consideration they earn on the battlefield each and every day.

Mr. Speaker, this bill is also notable for what it does not contain. There is no medical lawsuit reform. It fails to promote portability of coverage. It does not allow insurance companies to sell their policies across state lines. It fails to recognize the value of Association Health Plans, which permit small businesses to pool their risk in order to secure lower insurance rates. The bill does not expand Health Savings Accounts which millions of families use to provide protection against catastrophic illness or injury. The package also does very little to enhance medical training for doctors, nurses and technicians. If we are going to expand coverage for tens of millions of Americans, we need to increase graduation rates in these critical medical professions.

I would also add that this bill completely ignores the ongoing crisis in Medicare reimbursement rates for doctors. My colleagues, the question is not whether you can choose your doctor under the Pelosi health care proposal, but whether your doctor will choose you! Many doctors in New Jersey are already questioning their participation in the Medicare program, putting in greater jeopardy our seniors' access to care. Does the Majority actually believe that the pending 22-percent reimbursement reduction will not cause more doctors to 'opt out' of Medicare?

Mr. Speaker, I end this statement where I started: I support health care reform. The status quo is unacceptable and I would welcome the opportunity to work with anyone who will work with me to draft and pass single, individual bills that promote portability of coverage, allow individuals to buy health care across state lines, cover people with pre-existing conditions, improve access to Health Savings Accounts, and enact 'junk lawsuit' reform, among other actions to bring down the cost of coverage for New Jersey families and businesses.

We can do better than this process and this package. America's future economic and security freedoms depend on it.

Mr. TAYLOR. Mr. Speaker, I voted against H.R. 3962, the Affordable Health Care for America Act, on November 7, 2009 and I will continue to oppose this legislation in the House. The House passed the bill by a vote

of 220–215. During House consideration, I voted for the Stupak amendment, which prohibits federal funds from paying for abortions or from subsidizing health insurance plans that would cover abortions. The House passed the Stupak amendment by a vote of 240–194.

Taxpayers cannot afford a new federal health insurance program. The government already provides Medicare, Medicaid, and other programs to provide medical care for senior citizens, people with disabilities, and others who have substantial medical needs. Our nation also has an obligation to provide medical coverage for veterans, active-duty military and their dependents, National Guard and Reserve personnel, and military retirees. With the national debt in excess of \$12 trillion and projected to grow far into the future, I believe that Congress should focus on fulfilling the promises that have already been made rather than make new promises that we cannot afford.

There are several ways to make health care more efficient without increasing costs and without creating a whole new government program.

I strongly support efforts to allow the government to use their purchasing power to negotiate directly with drug manufacturers when buying prescription drugs for beneficiaries enrolled in the Medicare Part D Program. Negotiating prices with insurance companies would help to ensure that taxpayers are paying the best available price and that tax dollars are spent wisely without reducing coverage or affecting the individuals enrolled in Medicare Part D. In 2008, the government spent about \$49 billion on Medicare Part D drugs. If the government could save even 10% by negotiating directly with drug companies, taxpayers would save nearly \$4.9 billion.

The government should purchase generic drugs instead of more expensive alternatives, unless the prescribing physician says that a name brand drug is medically necessary. On average, generic drugs cost 1/10th of the cost of their name brand equivalent.

I am a cosponsor of H.R. 1583, legislation to repeal the insurance industry's antitrust exemption. The health care bill that passed the House included a repeal of antitrust laws only for the health care industry. While this is important, I firmly believe that repealing antitrust laws from the entire insurance industry would force insurers to compete with one another in a competitive market on the basis of price, service, and value. I strongly supported the bill that passed in the House which repealed the exemption of antitrust laws for the health care insurance industry.

I am also in favor of proposals that would allow individuals to continue to be covered under their parents' insurance plan until they reach the age of 27.

I would like to remind you that I do not support creating a whole new health care program, but I do support smaller reforms to make the current system more effective for taxpayers and consumers. Again, I voted against the health care bill that passed the House, and I will oppose this bill.

Mr. MORAN of Virginia. Mr. Speaker, today we will define who we are—as Americans, and as Democrats or Republicans.

No Republican will vote for this bill because they say they want a smaller government, lower taxes, and less spending.

Democrats, on the other hand, believe that America's government can be fiscally responsible and also play an essential role in helping America achieve its true greatness.

We know that America is a lesser Nation when we have to pay twice what other countries citizens' pay for health care, while we live shorter and less healthy lives; We are a lesser nation when millions of America's families lose their homes and life savings because a loved one gets seriously sick.

We know that we can reduce the suffering of our people, while lengthening and bettering their lives. And because we know this, we have a responsibility to change it.

As with Social Security and Medicare and Civil Rights legislation, it is now time for another step in our historic progress toward greatness. That's why we chose public service and why we, as Democrats, will pass this bill today.

Mr. CROWLEY. Mr. Speaker, I rise in support of the Patient Protection and Affordable Care Act, a historic measure that will put families first when it comes to accessing health care coverage.

American families need this bill now more than ever. In the past decade, the cost of health care for American families has skyrocketed. Last year, more than half of Americans postponed care or skipped their medications because they could not afford it.

If we do nothing, it is only going to get worse.

If we do nothing, in ten years small businesses will shell out \$29,000 in medical costs per employee—a staggering 166 percent increase.

If we do nothing, the cost of an employer-sponsored health insurance plan will reach \$24,000 a year by 2016—an outrageous increase of 84 percent.

And if we do nothing, the American economy will break under the weight of mounting debt.

Just saying no and doing nothing is not an option. And yet, some of my colleagues on the other side of the aisle continue to tell us exactly that—stop, do nothing, things are okay as is.

But, Americans know that the current situation is neither okay nor sustainable. Americans may be tired of the endless media coverage regarding this debate. And, they might be frustrated by the lack of cordiality between Republicans and Democrats. But, they know that we have serious problems in our health care system that must be fixed.

And we are ready to do it.

The Democratic Congress, along with President Obama, has put together a reform measure that will put an end to abuses in the insurance industry and mandate that patients' needs be put first.

When the President signs this measure into law, immediately:

Insurance companies will no longer be able to deny coverage to children who are sick or end coverage for Americans who get sick;

Children and young adults will be allowed to remain on their parents' insurance plans up to the age of 26—helping them stay healthy during this important transition period;

Seniors who currently have a gap in their prescription drug coverage will see the cost of

their brand name drugs reduced by 50 percent and the gap in their prescription drug coverage reduced by \$250. In the coming years, all gaps in coverage will be eliminated entirely.

Beyond the immediate benefits, many other important reforms will go into effect within a few years:

There will be stability and security for those who have health insurance. So, if you like the coverage you have currently, you can keep it.

Small businesses will qualify for generous tax credits to help offset the cost of insuring their employees and keep them competitive in the global economy;

The growth in medical costs will go down, as will the Federal government's deficit.

Simply put: health reform is good medicine for American families and businesses.

There's no doubt that this reform measure isn't perfect. But, like any significant change in policy, it will always be a work in progress. We will make changes as we move forward. There is no denying, however, that today's vote is historic and significant and will benefit millions of hard-working American families.

Mr. Speaker, it is time for courage. Former President Franklin D. Roosevelt once said "The only limit to our realization of tomorrow will be our doubts of today. Let us move forward with strong and active faith."

We must not be afraid of tomorrow, when today we can change the lives of millions of Americans for the better.

I urge my colleagues to vote "yes" and join us in the effort to put the health of Americans before insurance company profits.

Mr. MCCAUL. Mr. Speaker, in a desperate effort to pass a sweeping government takeover of our health care system, Democrats held Congress in session throughout the weekend to pass H.R. 3590, The Patient Protection and Health Care Affordability Act along with a package of desired "fixes," H.R. 4872, The Health Care and Education Affordability Reconciliation Act. In a purely partisan fashion, the Democrats have now passed the largest tax increase in history, a massive expansion of entitlements, and policies which will put the health care system at the whim of the Federal Government.

One of the most distressing aspects of this legislation is the dishonesty which has been utilized for its passage. While I am pleased that the Democrats forfeited the "Deem-and-Pass" ploy to hide a vote on the Senate health care bill, I am shocked that they support this 2,700 page monstrosity, complete with its slew of sweetheart deals that benefit home states of members who once opposed the bill. Despite the backlash that rightfully followed these deceitful kickbacks, the Democrats included even more million-dollar deals for specific members in the reconciliation package. This tactic is an abuse of power, an abuse of taxpayer money, and abandons the integrity that the American public expects from their Congress.

The numbers in this Democratic health care package are astounding. The bill costs about \$1.2 trillion over the next ten years, imposes almost \$570 billion in new taxes on the American public, and cuts the Medicare program by over \$500 billion. As our economy attempts to recover from the largest recession since the

Great Depression, this bill's laundry list of new taxes is deplorable: \$32 billion in taxes on health care benefits, \$52 billion in taxes on employers, \$17 billion in penalties on individuals, \$210.2 billion in an unprecedented Medicare tax on wages, self-employment income, and certain investment income, and many more. While these taxes will be in effect immediately, 98% of the bill's provisions do not begin until 2014. Therefore, Americans will be paying for health reform for four years without ever seeing the government return the favor. Unbelievably, the bill's true ten-year cost when fully implemented totals about \$2.4 trillion dollars. To pay for this spending, it proposes half a trillion in cuts to Medicare and Medicare Advantage, robbing the benefits our seniors deserve.

What may be worse than the vast cost of this bill are the budgetary gimmicks used in its scoring. The authors use ten years of revenue to pay for only six years of government spending. They also double count savings from Medicare cuts to simultaneously pay for Medicare entitlements and the bill's new entitlements. Furthermore, the bill does not include the "doc fix," legislation that will likely be passed separately to ensure doctors do not incur a huge cut in reimbursements—and costs an additional \$371 billion. These methods were used to dupe the American people, a smoke-and-mirrors strategy to uphold President Obama's pledge that health care reform will "not add a dime to the deficit." Unfortunately, if one omits these budgetary tricks from the bill's cost, it will actually increase the deficit by almost \$600 billion in the first ten years.

The structure of this bill is a clear effort to give the government complete control over health care—it takes choice and flexibility from American citizens while also making them pay more. For example, the bill instructs the Health and Human Services (HHS) Secretary to determine what constitutes a "minimum benefits package" for all Americans and then requires all citizens to purchase it. This mandate will be enforced by a massive expansion of the IRS, which will fine those who do not comply two percent of their income. I believe that individuals can best determine for themselves how comprehensive their health care insurance should be, and that Americans have many different needs which cannot be defined by a one-size-fits-all package. Unfortunately, H.R. 3590 sets the stage for mandated, standardized health care.

The provisions in H.R. 3590 will hurt families, businesses, and kill jobs at a time when we can least afford it. The Congressional Budget Office (CBO) has reported that this health care package will most likely raise premiums for millions of families by \$2,100 per year. It also taxes employers if they cannot provide health insurance and their employees receive federal subsidies—this provision will cause employers to lay off employees due to cost increases, and it discourages companies from hiring low-wage workers who are more likely to qualify for subsidies. Furthermore, Democrats have promised that Americans may keep their health insurance if they like it, but the CBO has predicted that up to 9 million Americans will lose their employer-based coverage. Additionally, the bill imposes an un-

funded mandate on Texas by drastically expanding the Medicaid program, costing Texas an estimated \$24.3 billion dollars in the next ten years.

Unfortunately, the reasons why this bill will hurt this country abound. This legislation fails to ensure federal funding is not used for elective abortions. While the President has promised to issue an Executive Order for political effect, the President cannot amend a bill by issuing an order, and the federal courts will enforce what the law says. The bill also fails to include proper verification procedures to ensure illegal immigrants do not receive federal subsidies to purchase health insurance. Furthermore, it lacks protections for 9.2 million military personnel, families and retirees that their health insurance will not be affected. These pitfalls explain why Americans have flooded the DC area in protest, a visual testament of the public opinion on the Democratic health bill, which has become largely opposed throughout the debate. Unfortunately, the Democrats have not listened, and in one of the largest abuses of majority power, have forced their hand on the American public.

My fellow Republicans and I have been willing to work on health care reform from the beginning of this debate. We have introduced numerous proposals emphasizing free market solutions and cost-cutting strategies to make health care insurance readily available and more affordable to Americans. We were present when the President called us to discuss health care reform, but our willingness to start over and work together was ignored by our colleagues. I am disappointed by the events of tonight, but I have not given up and will continue to work for true reform that will lower costs instead of simply shifting those costs onto the government.

Mr. SIMPSON. Mr. Speaker, I rise today in opposition to H.R. 3590 and H.R. 4872. Passage of this legislation represents the first step to a government takeover of our health care system. Everyone agrees that our health care system needs to be reformed. Health care in America is too expensive and too many families across America are worried about losing or have already lost their health coverage. Businesses, small and large alike, are struggling to provide health insurance for their employees.

Unfortunately, rather than working on real reforms to improve access to health care for all Americans, Democrats have chosen to pass a trillion dollar bill that would raise Americans' taxes, create a massive new tax burden, and do little to address the problems in our current health system. The frightening reality for the American taxpayer and anyone who will need health care in the future is that the Democrats are hiding the true costs of these bills and doing so in ways that will be disastrous to our Nation's long-term fiscal health. Instead of creating another absurdly expensive government program, we should work to make health care affordable and accessible for everyone.

I strongly believe that there are a number of measures that all of us, regardless of party affiliation, support that will bring down costs and improve access to care for all Americans. These are not new ideas—they are, however, ideas that are critical to implementing real, af-

fordable and effective health reform. First, we must pass effective medical malpractice reform. We should end the practice of banning the purchase of insurance across State lines, and we should pass legislation to allow small businesses to band together through associations to buy health care coverage. I also support provisions that prohibit insurers from denying coverage to those people with pre-existing conditions. Further, we need to do more as a country to focus on prevention and early intervention. As a dentist, I have seen the benefits of prevention and early intervention. We should be focusing more on how to prevent disease or treat it early when it is most cost-effective and the outcomes are best.

Unfortunately, the Democrats' health reform bill fails to accomplish these goals. I am disappointed that President Obama and Speaker PELOSI have chosen to ignore the clear message from the American people by supporting a massive government takeover of our health system. Americans deserve REAL reform—not a partisan, gimmicky bill that will cost trillions of dollars and do little to improve care.

Mr. ROSKAM. Mr. Speaker, I rise in strong opposition to the reconciliation procedure that will transform over one-sixth of our nation's economy and increasingly cause reliance on the federal government for healthcare and education. Beyond my procedural and political problems, I have major concerns with the elimination of the Federal Family Education Loan program because it will destroy an important tool for need-based graduate student aid—the School as Lender program. Overhauling the federal student loan program will have unintended consequences in the form of lost private sector jobs and lost opportunities for graduate students in Illinois' Sixth Congressional District. Millions of dollars in financial aid for thousands of students across the country will be lost. I also fear the program will add to our nation's already record deficit.

Procedurally, the proposal has not received a hearing or markup in the United States Senate. At least nine Democrats in the Senate have written with concerns on the proposal's effect on job losses in the private sector.

The elimination of the School as Lender program ignores the needs of graduate students. Schools obtain credit to make loans and use the proceeds from their origination to support financial aid. Proceeds from the sale of loans must be returned to graduate students in the form of need-based grants. A 2005 Government Accountability Office (GAO) report stated, "School lenders either used money to lower borrowing costs and/or provide need-based grants to its students." Without School as Lender, many students will now be forced to take out more loans and student debt.

Within my Congressional District, one of the pioneers of the School as Lender program, Midwestern University, uses its School as Lender program to provide need-based grants to students who would otherwise not be able to pursue the University's graduate programs in osteopathic medicine, pharmacy, dental medicine and other health sciences. Decreasing access to education for low-income students would further inflame the shortage of the healthcare workforce as Congress considers a massive healthcare takeover. Over the past

three academic years, Midwestern University has paid out over four million dollars in School as Lender scholarship monies to more than 1,500 students. Midwestern lacks profit motives to continue the program—they simply desire to maintain an affordable option to attract graduate students.

Additionally, the savings from the transition to fully federal funded student lending has been overpromised and any savings will be overspent. Updated Congressional Budget Office (CBO) scores show the initiative is projected to increase deficits rather than decrease our debt. According to CBO, after evaluating the fair value of providing credit assistance to students including the cost of market risk and the present value of future administrative costs, the lending overhaul increases the deficit even more significantly. The House-passed (H.R. 3221) measure promises \$77 billion in new spending compared to only \$40 billion in savings from the President's proposal. This accounting is necessary to factor all of the risks that loans and loan guarantees impose on taxpayers and the cost of market risk.

Through the School as Lender program, Midwestern is able to break down cost barriers that keep many low-income students from seeking graduate degrees. I urge my colleagues to rise against this overreach that would prohibit graduate students from access to a valuable scholarship opportunity while further burdening our children with an increase to our record national debt.

Mr. BOOZMAN. Mr. Speaker, we are all here because we want to do what is best for our constituents, our State, and our country. All of us in this chamber understand the importance of health care reform no matter what side of the aisle we sit on. We've all heard stories and know of family members, friends and neighbors who aren't able to get the care they need at a cost they can afford. Like my constituents and all Americans I want reforms that save lives, save money, and improve care. Unfortunately, this bill doesn't reach those goals.

We must remember that we work for the people. I think some of us have forgotten who our bosses are. It's not President Obama, Speaker PELOSI or Senator REID, it's the American people. There is no doubt that the people have spoken loud and clear against this big government health care bill. If you need a reminder, go look out the window of the Capitol where you can see the opposition to this bill mounting.

I urge my colleagues to do what the overwhelming majority of Americans want and that is to kill this bill.

Mr. THOMPSON of Pennsylvania. Mr. Speaker, for the first time in history, the House of Representatives will pass a life-changing measure without a single Republican vote in favor. That vote will impact one-sixth of our U.S. economy and affect every man, woman and child in the nation, now and for generations to come.

In almost every poll, the majority of Americans didn't like this bill or the manner in which it was placed before the Congress for a vote.

According to the most recent Gallup Poll, 66 percent of Americans think the Democrats' massive government takeover of health care

would make things worse or make no difference for themselves and their families.

I believe we have started down a path of total government takeover of our health care system at a cost of almost \$1 trillion now, and untold costs to be paid later in taxes, fines and loss of care. As a health care professional, my evaluation of the measure is that it will decrease access to health care, increase costs, put a bureaucrat between you and your physician and place quality care as an afterthought.

I fear the impact on our rural hospitals and I fear this measure puts us on a path of no return, which will be spoken about in depressing and critical terms for decades to come.

One hundred and thirty economists wrote to the President March 18th to tell him that the Health Care bill is a job-killer. Minority Leader JOHN BOEHNER released the contents of that letter.

They wrote: "The bill raises taxes by almost \$500 billion over ten years. A significant portion of these tax increases will fall on small business owners, reducing capital and limiting economic growth and hiring."

And they wrote: "The bill will impose a tax of \$2000 per employee on employers with more than 50 employees that do not provide health insurance. The bill will also tax employers that offer health coverage deemed 'unaffordable' by the government. These new taxes on employers will reduce employment or be passed on to workers in the form of lower wages or reduced hours."

It doesn't take much deduction to figure out that if you have 49 employees now, you will never hire the 50th employee. Why would you bring that burden on your business?

Those with 53 or 54 employees will potentially fire four or five employees in order to go below the mandate.

The economists concluded, "The new and higher taxes on America's small businesses and workers included in the bill are detrimental to job creation and economic growth, especially now given the fragile state of the economy."

But the bill will create jobs—for the tax collector. Some 16,500 people will be hired as auditors, agents and other employees needed by the Internal Revenue Service to collect the hundreds of billions in new taxes. The cost of enforcement is estimated to be between \$5 and \$10 billion over 10 years and it is not paid for in the bill.

The wealthier American people will be taxed to subsidize those who cannot afford their health care. And few will be able to afford health care as the mandates take shape and insurance companies are unable to make a profit under the new rules. The eventual result will be rationing of care.

Rural hospitals already suffer from low reimbursement rates under Medicare and Medicaid. Those rates are eighty to ninety cents for one dollar of health care value in Medicare and forty to sixty cents for one dollar of health care value in Medicaid. When the federal government controls the private health care industry as well, no one will be paid the full cost of medical care.

The bill cuts more than \$200 billion from the Medicare Advantage program.

Rural hospitals now get by with a one to three percent profit per year. If that evaporates, small hospitals will close.

Republicans have been vocal in their support of the need to fix our health care system. We have dozens of bills including the "Putting Patients First Act"—a bill I have co-sponsored. It allows purchase of health care across state lines, deals with pre-existing conditions and allows parents to keep their children on their health care plans until age 26. It does all of this without taxes or cuts in Medicare.

We could have agreed on a number of issues. Instead, we have more than 3,000 pages of Senate bill, reconciliation package and manager's amendment that we will be unfolding and deciphering for years to come. The undiscovered, perhaps unintended, consequences will be continuing surprises.

For example, according to The Wall Street Journal, Caterpillar Inc. announced that the bill will increase its health-care costs by \$100 million in the first year—no doubt giving it, and many other American companies, another reason to move American jobs to foreign countries. I fear this is the tip of the iceberg.

Mr. ISSA. Mr. Speaker, as Americans, one of our most sacred and fundamental rights is the right to protest that with which we disagree, and I am encouraged to see Americans exercising that right by joining together at the Capitol to voice their opinion on health care reform. The actions of a few individuals, revealed last week in news reports, who shouted profane and bigoted language at members of Congress, has no place in this debate or any other. These actions are deeply regrettable. Across our nation, Americans have engaged in peaceful demonstrations all across the country voicing their opinions in townhalls, rallies, marches and protests. By engaging in robust, civil debate, we honor the highest and best tradition of our democracy.

Mr. NEUGEBAUER. Mr. Speaker, I rise today to voice my opposition to this government takeover of health care. I believe improvements could be made to the existing health care system, but this government takeover of one-sixth of the economy is not the right answer. It will not lower the cost of health care, but will add layers of bureaucracy and confusion to the existing system.

I am not alone in opposing this flawed, irresponsible bill. In the past week, more than a thousand constituents from the 19th District of Texas have emailed and called me to express their opposition, and thousands more have contacted me in opposition since this debate began last year.

My constituents don't understand why the House leadership insists on going down the road of trying to enact a government takeover of health care that our nation can't afford and that will not improve their health care. They don't understand why leaders in Congress refuse to listen to the American people. They do not support this expansion of government; they do not support their tax dollars funding coverage for abortion; and they do not want us to approve this legislation.

We must ask ourselves whether this legislation advances the principle of empowerment or expands entitlement. I strongly believe government should empower individuals to be successful in the economy, rather than enact policies that make them more dependent on the federal government. Our Founders believed in empowerment, but this legislation

shows how far this Congress has strayed from this principle.

This legislation clearly expands entitlement and blatantly fails to empower Americans. The policies being proposed today will create more uncertainty for employers trying to create new jobs, increase costs for families and create new unfunded liabilities for the federal government. We cannot continue down this path of entitlement; it simply does not work.

This bill increases government spending by \$1.2 trillion and increases taxes by \$569 billion. It also includes unfunded mandates that states cannot afford in the form of Medicaid expansions.

Rather than lowering health care premiums for families by up to \$2,500, as the Republican plan would do, this bill does nothing to help contain rising health care costs—the chief health care concern of most Americans. In fact, the Congressional Budget Office reports that the reconciliation bill will have a similar effect on premiums as the Senate bill, which is to increase insurance premiums for families by \$2,100 per year compared to passing no bill at all. Up to 9 million Americans who currently have health insurance coverage from their employer could lose it under this bill.

I am deeply disappointed that this legislation fails to provide robust protection for the unborn and for taxpayers who oppose their dollars going toward abortion.

Over the next 10 years, this legislation will increase the federal government's commitment to health care by \$400 billion. At a time when the federal deficit is \$1.5 trillion and the national debt is projected to triple by 2020, it is completely irresponsible for Congress to add more unsustainable government spending to the tab that our children and grandchildren will have to pick up.

We can make health care more affordable, available and accessible for everyone without nationalizing the system, raising taxes and piling on the debt. We need to sit down, in a bipartisan way, and work on real reform that will help American families. That is what the American people want and what they deserve.

On behalf of the 19th Congressional District, I stand in strong opposition to this legislation. This Congress must do better; the American people demand that we do better. We must reject this bill.

Mr. PASCRELL. Mr. Speaker, in my capacity as co-chair of the Congressional Brain Injury Task Force, I would like to share my understanding of the intent of the provisions of H.R. 3590, the Patient Protection and Affordable Care Act regarding coverage of the treatment continuum for persons with brain injury. I believe that health care reform should address the unique health care needs of individuals with brain injury by recognizing that brain injury is the start of a lifelong disease process requiring access to a full continuum of medically necessary treatment, including rehabilitation and chronic disease management, furnished by accredited programs in the most appropriate treatment setting as determined in accordance with the choices and aspirations of the patient and family, in concert with an interdisciplinary team of qualified and specialized clinicians.

News reports of returning veterans and recent high profile brain injury stories indicate

what researchers have been reporting for years—brain injury is a leading public health problem in U.S. military and civilian populations. Brain injury is not an event or an outcome but is the beginning of a lifelong disease process that impacts brain and body functions resulting in difficulties in physical, communication, cognitive, emotional, and psychological performance that undermines health, function, community integration and productive living. Brain injury is also disease causative and disease accelerative in that it predisposes individuals to re-injury and the onset of other conditions (e.g., brain injury impacts neurologic disorders such as epilepsy, vision and hearing impairments, psychiatric disorders, and orthopedic, gastrointestinal, urologic, sexual, neuroendocrine, cardiovascular and musculoskeletal dysfunction).

The Brain Injury Association of America, BIAA, has developed a series of guiding principles for assessing any health reform bill from a brain injury perspective. I am pleased to conclude that the Patient Protection and Affordable Care Act reflects and is consistent with these principles.

One principle identified by BCIAA is that an individual with brain injury should have access to the full treatment continuum to manage the disease that includes early, acute treatment to stabilize the condition followed by acute and specialized post-acute brain injury treatment and rehabilitation, including inpatient, outpatient, day treatment and home health programs, to minimize and/or prevent medical complication, recover function and cope with remaining physical or mental disabilities, and achieve durable outcomes that maintain an optimal level of health, function and independence following brain injury. The Patient Protection and Affordable Care Act authorizes the Secretary of Health and Human Services to define the details and limits of the essential health benefits package but establishes certain general categories of benefits that must be covered. The bill specifically lists, among other things, hospitalization, outpatient hospital and outpatient clinic services, professional services of physicians and other health professionals, and prescription drugs. In addition, I am pleased that the list includes the following benefits that are of particular importance to persons with brain injury:

Rehabilitative and habilitative services and devices,

Mental health and substance use disorder services, including behavioral treatment, and Chronic disease management.

I believe that for individuals with disabilities such as brain injury, rehabilitation and habilitation is equivalent to the provision of antibiotics to a person with an infection—both are essential medical interventions. The term “rehabilitative and habilitative services” includes items and services used to restore functional capacity, minimize limitations on physical and cognitive functions, and maintain or prevent deterioration of functioning as a result of an illness, injury, disorder or other health condition. Such services also include training of individuals with mental and physical disabilities to enhance functional development.

The term “rehabilitative and habilitative devices” includes durable medical equipment, prosthetics, orthotics, and related supplies. It

is my understanding that the Patient Protection and Affordable Care Act requires the Secretary of HHS to develop, through regulation, standard definitions of many terms, including durable medical equipment for purposes of comparing benefit categories from one private health plan to another. It is my expectation “prosthetics, orthotics, and related supplies” will be defined separately from “durable medical equipment” and the Secretary is not to define durable medical equipment for purposes of “in-home” use only.

I defining the list of categories of essential health benefits, I am particularly pleased that the bill states that the Secretary shall:

Ensure that such benefits reflect an appropriate balance among the categories so that benefits are not unduly weighted toward any category;

Not make coverage decisions, determine reimbursement rates, establish incentive programs, or design benefits in ways that discriminate against individuals because of their age, disability, or expected length of life;

Take into account the health care needs of diverse segments of the population, including women, children, persons with disabilities, and other groups; and

Ensure that essential benefits not be subject to denial on the basis of the individual's present or predicted disability, degree of medical dependency, or quality of life.

Taken together, these are strong protections that will help ensure that the essential health benefits package—that must be offered by all health plans that participate in the new Health Insurance Exchanges—will take into account the needs of people with brain injury and other disabilities and chronic conditions and not impose value judgments about disability and quality of life. This legislative language makes clear that Congress understands the subtle discrimination that can occur against people with brain injury and other disabilities in the area of benefit design.

A provision in the bill allows insurance companies to sell insurance products across State lines. It is my understanding that the new federal standards regarding essential benefits are meant to act as a floor, not a ceiling, for these essential benefits, giving room for plans within states to offer more generous coverage to their constituents. Thus, it is also my understanding that all state benefit and consumer protection laws will be accorded full force and effect when multi-state compacts are organized under one state's laws but sell insurance across state lines.

A second principle identified by BIAA is that an individual with a brain injury should have an individualized medical treatment plan that documents specific diagnosis-related goals when the person has a reasonable expectation of achieving measurable functional improvements in a predictable period of time through the provision of treatment of sufficient scope, duration and intensity. As described above, I am pleased to report that under the bill, payment for items and services included in the essential benefits package should be made in accordance with generally accepted standards of medical and other appropriate clinical or professional practice. In addition, under the bill, a qualified health benefits plan may not impose any restriction (other than

cost-sharing) unrelated to clinical appropriateness on the coverage of the health items and services included in the essential benefits package. Consistent with medical, clinical, and professional practice, appropriateness should be determined based on the unique needs of the individual with brain injury and treatment should be of sufficient scope, duration, and intensity.

A third principle identified by BIAA is that individuals with brain injury should receive treatment in the most appropriate treatment setting by accredited programs including acute care hospitals, inpatient rehabilitation facilities, residential rehabilitation facilities, day treatment programs, outpatient clinics and home health agencies as determined in accordance with the choice and aspirations of the patient and family in concert with an interdisciplinary team of qualified and specialized clinicians. I am pleased that the bill includes important patient protections that are designed to permit providers to fully discuss treatment options with patients and their families and permit the patient to render an informed choice as to their course of rehabilitation or other treatment. These patient protections are also designed to ensure that the patient receives appropriate medical care and that the health care treatment is available for the full duration of the patient's medical needs.

More specifically, the bill restricts the Secretary in a number of important ways from creating rules that potentially restrict access to certain benefits or settings of care. The bill states that the Secretary shall not promulgate any regulation that:

- Creates any unreasonable barriers to the ability of individuals to obtain appropriate medical care;

- Impedes timely access to health care services;

- Interferes with communications regarding the full range of treatment options between the patient and provider;

- Restricts the ability of health care providers to provide full disclosure of all relevant information to patients making health care decisions;

- Violates the principles of informed consent and the ethical standards of health care professionals; or

- Limits the availability of health care treatment for the full duration of the patient's medical needs.

In addition, the bill specifies that a group health plan and a health insurance issuer shall not discriminate with respect to participation in the group or individual health insurance plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law. The bill also specifies that health plans to be considered "qualified" by the Secretary must ensure "a sufficient choice of providers (in a manner consistent with applicable network adequacy provisions under section 2702(c) of the Public Health Services Act) and provide information to enrollees and prospective enrollees on the availability of in-network and out-of-network providers" in order to ensure enrollee access to covered benefits, treatments and services under a qualified health benefits plan. Thus, rehabilitative and habilitative services and chronic disease man-

agement services must be available from a full continuum of accredited programs and treatment settings at a level of intensity that is consistent with the needs of the patient.

A fourth principle identified by BIAA is that the bill should prevent private insurance systems from delaying or denying treatment as a means of transferring the burden of brain injury care to taxpayers at federal, state and local levels; ensure that both public and private health insurance systems meet the health care needs of people with brain injury; and avoid using Medicaid and Medicare as the first option for coverage of people with brain injury. I am pleased to report that the bill includes numerous requirements reforming the health insurance marketplace that should prevent private insurance systems from delaying or denying treatment for individuals with brain injury. These reforms include: prohibiting pre-existing condition exclusions; requiring guaranteed issue and renewal; requiring nondiscrimination in health benefits or benefit structure in terms of factors such as health status, medical condition, medical history, disability or any other health status-related factor; limits cost-sharing, and prohibits the imposition of lifetime limits or unreasonable annual limits on the dollar value of benefits for any individual. I believe that these provisions should help prevent private insurance from delaying or denying treatment to persons with brain injury.

The Patient Protection and Affordable Care Act includes provisions rewarding quality through market-based incentives, including consideration of payment structures that provide increased reimbursement or other incentives for, among other things, improving health outcomes through the implementation of activities that include effective case management, care coordination, and chronic disease management. The bill also includes numerous provisions designed to encourage the development of new patient care models that address the needs of persons requiring comprehensive rehabilitation and chronic care management, including models that facilitate the maintenance of close relationships between care coordinators, primary care physicians, specialist physicians, community-based organizations, and other providers of services and suppliers.

Separate provisions are included in the Patient Protection and Affordable Care Act regarding post-acute care (PAC) bundling under Medicare. The bill provides for the establishment of a national pilot program for integrated care around a hospitalization in order to improve coordination, quality, and efficiency of health care services. Under the bill, the Secretary will select 1 or more of 8 conditions, taking into consideration, among other things, whether a condition is high volume and most amenable to bundling. Applications to participate in the pilots may be made by "participating providers" consisting of providers of services and suppliers, including but not limited to hospitals.

BIAA, in a submission to the chair of the Senate Finance Committee commented that post-acute payment systems must facilitate, not impede, improvements in functional status of individuals with brain injury and their ability to return to their homes and communities. BIAA supports a deliberative planning process and rigorous pilot testing. The deliberative

process should determine, among other things, whether PAC bundling should exempt diagnoses such as brain injury, which are of low predictability and highly complicated; and test innovative payment methods that make payments directly to nonhospital-based treatment centers, including residential rehabilitation facilities specializing in the treatment of brain injury that have earned accreditation by the Joint Commission on Accreditation of Healthcare Facilities and/or the Commission on Accreditation of Rehabilitation Facilities.

I agree with the comments presented by BIAA. I am pleased that the Patient Protection and Affordable Care Act is consistent with BIAA's comments and addresses their concerns. I have some reservations regarding the bundling of post-acute care that require the "bundle" be earmarked to an acute care hospital for patients with complex and highly unpredictable diagnosis and health outcomes, as is the case for individuals with brain injury and other catastrophic conditions. I agree with BIAA that such payment systems may impede, rather than facilitate, improvements in functional status and may result in premature return to homes and undue levels of preventable disability without adequate facilitation of progression through necessary step down levels of treatment.

In closing, I believe the Patient Protection and Affordable Care Act addresses the unique health care needs of individuals with brain injury by recognizing that brain injury is the start of a lifelong disease process requiring access to a full continuum of medically necessary treatment, including rehabilitation services and devices and chronic disease management, furnished by accredited programs in the most appropriate treatment setting as determined in accordance with the choices and aspirations of the patient and family in concert with an interdisciplinary team of qualified and specialized clinicians.

Mr. STARK. Mr. Speaker, I, on behalf of myself and Ms. SLAUGHTER, rise to speak about the Independent Payment Advisory Board, IPAB, which is a new executive branch body created in the Senate-passed health reform bill and charged with constraining Medicare spending. The IPAB is given unprecedented power to make sweeping changes to the Medicare program without going to Congress for approval. I and many of my colleagues in the House are concerned about some of the specific provisions and procedural changes included in section 3403 of H.R. 3590.

Since its inception in 1965, Medicare has guaranteed access to health care for 115 million Americans who would otherwise find it nearly impossible to obtain affordable health insurance in the private market: senior citizens, people with disabilities, and those with end-stage renal disease. Medicare is a critical part of this nation's social compact, and it is our obligation as elected representatives of our constituents to protect and preserve the program now and in the future. The health care reform legislation fulfills this responsibility by making a number of substantial improvements to Medicare, including provisions that improve benefits, extend solvency by at least 9 years and winnow out waste, fraud and abuse.

As part of the effort to make improvements to the Senate-passed bill, key chairmen and Members of the House and Senate, along with the administration, were also working on a number of important and necessary changes to the IPAB policy. Unfortunately, the Senate Parliamentarian indicated that any attempt to improve IPAB in the reconciliation bill would be ruled out of order, and could jeopardize the status of the entire reconciliation bill.

Since we were unable to make any changes to the IPAB as part of the reconciliation bill, I would like to identify critical improvements that need to be made in subsequent legislation. Many of these changes had been agreed to by our colleagues in the Senate, as well as the administration, and I look forward to working with them to ensure they are enacted in the near future.

While IPAB is designed to help control growing costs in Medicare through swift implementation of payment and delivery reforms, the actions of the board will be driven by the need to meet targets for Medicare cost growth. As we have seen with prior attempts to control health care spending, limiting spending to arbitrary and unrealistically low growth caps is a recipe for failure. In order for IPAB to have any real hope of controlling Medicare cost growth without threatening access to care, as is required, the growth targets must be rational and realistic. The current spending targets mandated by IPAB are neither. They fail to fully take into account the three variables that drive health spending growth: price, volume of services, and intensity of services. The target only accounts for price growth, and does so at an unrealistically low rate. Controlling costs in the health care system is important, and I am committed to doing so. In fact, Medicare growth has typically been below private sector health care cost growth. However, the growth targets established by IPAB need to be revised and increased to reflect a more realistic expectation about how much growth can be slowed in order to ensure continued access to care and a strong program infrastructure in the future.

The IPAB policy as written by the Senate also tips the balance of power too far in favor of the executive branch. In the event that IPAB cannot agree on Medicare recommendations required by the targets, the Senate bill requires the Health and Human Services Secretary to make recommendations instead. Like IPAB's proposal, the Secretary's proposal would become law unless Congress passes an alternative. It is one thing to give an independent board of health care experts such sweeping power to change the Medicare program, but it is quite another to give that power to a partisan political figure who reports directly to the President. I say this not as a negative comment directed toward our current Secretary or President, but a general concern about whether we should empower one person with the ability to make such potentially sweeping changes to the Nation's signature health program.

Furthermore, by placing unprecedented procedural barriers to congressional consideration of alternatives to the IPAB or secretarial proposals, the bill attempts to virtually lock Congress out of the process of making changes to Medicare. In the event IPAB or the Secretary

mandates implementation of draconian cuts to Medicare, Congress will encounter procedural barriers to changing those recommendations in a meaningful way.

Thus, in order to maintain a proper balance between Congress and the executive branch, all parties had agreed to use a sequestration process to meet the mandated savings targets should IPAB fail to make recommendations on how to meet those targets. Instead of the decisions going to the executive branch, the onus would fall on Congress to arrive at thoughtful ways of reducing spending. If Congress failed to agree on ways to reduce spending, sequestration would go into effect. But it would be my hope and expectation that this would not happen, and that Congress would instead be spurred to action by the threat of sequestration.

Another important flaw with IPAB that needs to be addressed is the fact that it ignores the broken system used to update Medicare physician payment rates. Under current law, the sustainable growth rate formula will require physician payment rates to be reduced by more than 30 percent over the next decade. Yet, the IPAB could decide to make additional cuts on top of those already set to take place. The House has passed legislation that would make comprehensive permanent reforms to the physician payment formula, but that bill has not been taken up by the Senate. As such, all parties agreed that physician payment rates should be off limits to IPAB until the sustainable growth rate is replaced with a permanent, stable way of updating payments to physicians.

I also want to clarify legislative intent with regard to one issue in IPAB. Section 1899A(c)(2)(A)(iii) of the Social Security Act, as added by Section 3403 of PPACA, states that in the case of IPAB proposals submitted prior to December 31, 2018, IPAB shall not include any recommendations that would reduce payment rates for providers that receive an additional market basket cut on top of the productivity adjustment. The rationale for this provision is that these providers are already facing extra downward adjustments in their payments and thus should not be subject to "double jeopardy" by also being subject to IPAB recommendations which will further reduce spending. In creating this exclusion, it is the intent of Congress to exclude all payment reductions applicable to providers captured by this language in all the relevant years. Therefore, in the case of inpatient hospitals, the provision excludes from IPAB recommendations payment reductions applicable to hospitals including payment reductions for indirect medical education under 1886(d)(5)(B), graduate medical education under 1886(h), disproportionate share hospital payments under 1886(d)(5)(F), and capital payments, as well as incentives for adoption and maintenance of meaningful use of certified electronic health record technology under 1886(n). In addition, further clarifications are needed to ensure that IPAB is empowered to seek savings or payment improvements for all items and services provided to Medicare beneficiaries.

There are smaller, but no less important additional improvements that I believe need to be made. Changes made to the Medicare program by IPAB are granted broad exemption

from judicial review. We should remove this exemption to ensure that IPAB is not above the law and its actions can be reviewed in a court of law.

The legislation also prevents IPAB from making changes that would increase premiums or ration care, but it is important to include the specific protections that are scattered through the Social Security Act. Medicare law contains an array of beneficiary protections that are designed to ensure that seniors and people with disabilities have access to affordable care. The IPAB should not be permitted to make changes to these key beneficiary protections.

Finally, as the legislation is written, IPAB would be required to reduce spending above the growth targets resulting from unforeseen and unavoidable health events, such as a flu pandemic, hurricane, or act of terrorism. Increases in spending from these kinds of catastrophic events should be excluded from the overall spending targets.

Mr. TURNER. Mr. Speaker, I strongly oppose a government takeover of our nation's healthcare system. It is irresponsible for Congress to approve a vastly unpopular and costly measure at a time of unprecedented budget deficits and uncertainty about the future of the economy. Despite overwhelming opposition by the American people, the Majority in Congress, led by Speaker PELOSI, has resorted to manipulating longstanding procedural rules to rush through an overhaul of our nation's healthcare system. My constituents understand that any bill that requires backroom special deals to pass is fundamentally flawed.

Obtaining quality medical care is a top priority for Ohioans and their families. Instead of forcing an unpopular, one-size-fits-all approach to healthcare reform, Congress and the White House should listen to the American people and return to the drawing board to negotiate a real bipartisan agreement in order to achieve true reform.

Real health care reform does not have to undermine the strengths of our current system, nor limit doctor choice or care availability. A series of commonsense measures will go a long way toward improving health care for all Americans. For example, insurance companies should be prohibited from excluding a person for coverage based on pre-existing conditions.

Medical research is also essential to bringing health care costs down. Private ingenuity is the strength of our current system and should be preserved and encouraged. The federal bureaucracy cannot stand in the way of such important research.

When employees change jobs, they should be able to take their health insurance with them. Continuity of coverage can be critical for a person in the midst of important health-related treatment.

Our litigation system forces doctors and hospitals to raise operating costs. For decades, the cost of medical liability has risen much more rapidly than actual medical care. Limiting frivolous lawsuits would have a significant effect on containing health care costs and promoting accessibility to care.

Individuals should be allowed to deduct the full cost of their health insurance premiums from their federal income taxes. Furthermore,

we should expand the ability to put tax-free dollars into Health Savings Accounts (HSAs) to be used for lifetime medical expenses. These measures alone would make health care more affordable for many.

These are reasonable reforms that don't rely upon the creation of a new, massive government health system. Although I oppose this bill, I will continue to fight to replace this government takeover of our healthcare system, and I remain committed to supporting Southwestern Ohioans' call for commonsense solutions.

Mr. CARDOZA. Mr. Speaker, I would like to submit for the RECORD a letter sent to me by the Physician Insurers Association (PIAA) expressing their concerns that multiple provisions of H.R. 3590 could potentially create new causes of action for medical liability claims despite the assurances I received from the committees and others that there would be no impact.

Mr. Speaker, the House-passed H.R. 3962 prevented these causes of action from being created by adding Section 261. Section 261 stated that the development, recognition, or implementation of any guideline or other standard shall not be construed to establish the standard of care or the duty of care owed by healthcare providers to their patients in any malpractice action or claim.

Mr. Speaker, for the record, it was the legislative intent of Congress to insert Section 261 or similar language in any Conference Committee bill to prevent new causes of action. It was not and never has been the intent of this legislation to create any new causes of action or claims premised on the development of guidelines or other standards.

PHYSICIAN INSURERS
ASSOCIATION OF AMERICA,
Rockville, MD, March 9, 2010.

Hon. DENNIS CARDOZA,
Longworth Building,
Washington, DC.

DEAR CONGRESSMAN CARDOZA: On behalf of the 60 domestic primary medical professional liability insurance company members of the Physician Insurers Association of America (PIAA), I am writing regarding the healthcare reform legislation passed by the Senate. Specifically, I would like to share our concerns about the legislation creating new causes of action for medical liability claims.

The PIAA is the only trade association in the nation dedicated solely to the medical professional liability insurance industry. Our members are physician and other healthcare provider owned or operated professional liability insurers which provide indemnification for over 60% of America's doctors, as well as dentists, hospitals and other healthcare providers. Our member insurance companies were formed by state medical, dental and hospital associations over the past 30 years, to include 4 which are domiciled in California. They were formed with the specific goals of lowering insurance costs for providers and helping patients through sound underwriting and patient safety practices. In this regard, we are uniquely qualified to offer our perspective on medical liability issues.

As approved by the Senate, H.R. 3590 contains at least 14 provisions which could create new causes of action for medical liability claims. These include:

Section 2701 (adult health quality measures).

Section 2702 (payment adjustments for health care acquired conditions).

Section 3001 (Hospital Value-Based Purchase Program).

Section 3002 (improvements to the Physician Quality Reporting Initiative).

Section 3003 (improvements to the Physician Feedback Program).

Section 3007 (value based payment modifier under physician fee schedule).

Section 3008 (payment adjustment for conditions acquired in hospitals).

Section 3013 (quality measure development).

Section 3014 (quality measurement).

Section 3021 (Establishment of Center for Medicare and Medicaid Innovation).

Section 3025 (hospital readmission reduction program).

Section 3501 (health care delivery system research, quality improvement).

Section 4003 (Task Force on Clinical and Preventive Services).

Section 4301 (research to optimize delivery of public health services).

Sufficient questions were raised about these sections of H.R. 3590 that a provision was added to the bill commissioning a Government Accountability Office (GAO) study to see if these sections did indeed result in new avenues for medical liability claims to be filed. Quite simply, such a study is unnecessary and possibly harmful. If Congress intends to create multiple new avenues for the filing of medical liability claims, it does not need to commission the study. If, as we have been told, it does not intend to substantially increase medical liability litigation, a study will only needlessly create an opening for such cases to be filed until Congress finds the opportunity to correct the issue.

Congress should not wait for a study to be conducted—it should clearly state its intent in the legislation to not create new medical liability causes of action which could dramatically increase medical liability insurance premiums and potentially decrease access to healthcare providers in the process. The PIAA recommends the following legislative language to address this issue:

Sec. XXXX—Construction Regarding Standard of Care

The development, recognition, or implementation of any guideline or other standard under any provision of this Act shall not be construed to establish the standard of care or duty of care owed by healthcare providers to their patients in any medical malpractice action or claim (as defined in section 431(7) of the Health Care Quality Improvement Act of 1986 (42 U.S.C. 101151(7))).

From the very beginning of the healthcare reform debate, there has been broad consensus that medical liability reform was a necessary component in making our healthcare system more efficient and effective. While the exact nature of that reform has been the source of some disagreement, no one has been suggesting that our medical system will be improved by having new opportunities for even more medical liability claims to be filed. Congress should ensure such opportunities are not created by healthcare reform legislation.

Thank you for your time and consideration of this critically important issue. Should you have any questions about these proposals, or need additional information, please do not hesitate to contact me. We look forward to working with you on this most important issue.

Sincerely,

LAWRENCE E. SMARR,
President.

Ms. SCHWARTZ. Mr. Speaker, I, on behalf of myself and Mr. NEAL, rise to speak about the Independent Payment Advisory Board (IPAB), which is a new executive branch entity created in the Senate passed health reform bill, H.R. 3590, the Patient Protection and Affordable Care Act.

In particular I want to clarify legislative intent with regard to one issue in IPAB. Section 1899A(c)(2)(A)(iii) of the Social Security Act, as added by Section 3403 of PPACA, states that in the case of IPAB proposals submitted prior to December 31, 2018, IPAB shall not include any recommendations that would reduce payment rates for providers that receive an additional market basket cut on top of the productivity adjustment. The rationale for this provision is that these providers are already facing extra downward adjustments in their payments and thus should not be subject to "double jeopardy" by also being subject to IPAB recommendations which will further reduce spending.

In creating this exclusion, it is the intent of Congress to exclude all payment reductions applicable to providers captured by this language in all the relevant years. Therefore, in the case of inpatient hospitals, the provision excludes from IPAB recommendations payment reductions applicable to hospitals including payment reductions for indirect medical education under 1886(d)(5)(B), graduate medical education under 1886(h), disproportionate share hospital payments under 1886(d)(5)(F), and capital payments, as well as incentives for adoption and maintenance of meaningful use of certified electronic health record technology under 1886(n).

In addition, further clarifications are needed to ensure that IPAB is empowered to recommend payment improvements for all items and services provided to Medicare beneficiaries.

Mr. BONNER. Mr. Speaker, I rise in strong opposition to H.R. 3590, The Patient Protection and Affordable Care Act, and H.R. 4872, The Health Care and Education Affordability Reconciliation Act of 2010. These severely misguided bills authorize \$1.2 trillion in new mandatory spending over the next decade, impose costly unfunded mandates on States, increase taxes on small businesses and families by more than \$500 billion over ten years, and provide a clear path for federal funding of abortions.

Both President Obama and Speaker PELOSI have talked about the "historic" nature of their health care legislation. While they claim to be acting upon the unrealized goals of a century of past Presidents and Congresses to expand health care access to all Americans, the real history that's being made by the passage of the legislation is less inspiring. Rather than seeking a national consensus to forge a truly historic, and badly needed reform of American health care, the President and the Speaker instead cynically crafted alone a one-sided, purely partisan bill that ignores the desires of the majority of the people.

Unlike the Social Security and Medicare Acts which enjoyed strong bipartisan support in their day, the President and the Speaker's health care legislation, which will impact nearly one-sixth of the economy, did not see one single Republican vote in support of their effort.

Furthermore, 34 members of their own party joined Republicans in opposing this blatant power grab, dressed up as health care reform.

The reason for this lopsided vote is clear. The Democrat health care plan facilitates a backdoor takeover of American health care. The Federal Government would force small businesses and even individuals to buy health coverage or face stiff penalties. This mandate may well be unconstitutional and, in many states, including my State of Alabama, there are already attempts to challenge this in court.

This \$1.2 trillion health care scheme will increase federal deficits by \$59 billion over the next ten years, while inflicting a painful combination of Medicare cuts and tax increases, affecting millions of seniors, families and small businesses.

Ironically, the elderly—the most vulnerable to high medical costs—will suffer the loss of \$200 billion from the popular Medicare Advantage program, upon which over 170,000 Alabama seniors rely. In all, a total of \$500 billion will be taken from Medicare to pay for the broad health care expansion.

But that's not all. This bill will also, for the first time, levy Medicare taxes on investment income. It imposes a new tax of 3.8 percent on unearned income.

Small businesses would also be forced to provide a government-approved level of coverage or face a \$2,000 penalty per employee. Businesses already providing coverage would face the same penalties if the government deems the coverage "unaffordable."

What's more, individuals would also have to buy government-approved insurance—whether they want it or not—or face fines. The IRS will become the health care enforcement agency, hiring up to 16,000 new workers to ensure that everyone buys federally approved coverage.

The Democrat health care bill will also place an unfunded mandate on States to expand Medicaid rolls. In my State, it will move an additional 400,000 people into an already cash-strapped Alabama Medicaid program. Alabama will have to come up with an additional \$61 million annually to sustain this mandatory expansion of Medicaid, which will cost State and Federal taxpayers a total of nearly \$1.1 billion a year. As Governor Bob Riley recently said, "I am deeply concerned that sustaining this level of coverage would translate into a substantial tax increase on the people of Alabama."

Equally troubling is this health care bill's green light for the federal funding of abortions. Despite the President's Executive Order barring the use of any Federal funds for abortion, there is no permanent prohibition over using Federal funds to pay for abortions. Whatever deal Rep. BART STUPAK and his group think they may have struck with the President, it does not carry the force of law. Executive orders are signed by the President and they can be revoked by the President—and frequently, they are.

Mr. Speaker, Republicans have been shut out of the President's and your health care bill from the beginning. We offered to sit down and start from scratch to write a bill the American people could actually support, including the ability to buy insurance across State lines, give small businesses the power to pool coverage, and address liability lawsuit abuse. The

Congressional Budget Office said the Republican health care plan would increase access to care, lower premiums by up to ten percent and reduce the Federal deficit by \$68 billion over ten years. Sadly, this kind of real reform was all but ignored by the administration and the Congress.

This is truly a sad day for this House and for our country. Americans wanted and deserve so much more than a cynical push for bigger government. I am committed to supporting efforts to fix this badly flawed legislation and replace it with true health care reform that Americans can support.

Mr. ORTIZ. Mr. Speaker, I rise today in support H.R. 4872, the Health Care and Education Affordability Reconciliation Act of 2010 and H.R. 3590, the Patient Protection and Affordable Act, which promise to bring economic prosperity for the betterment of this country and our people.

Tonight, we vote to expand health care to 32 million Americans, including more than 150,000 of my constituents who do not currently have any type of health insurance.

I must remind my friends on both sides of the aisle that this is not the first time we take up a tough vote.

Nobody said that this would be easy. These past days remind me of a critical vote I took in 1993. The atmosphere and rhetoric was much the same as today. In 1993, we were told voting in favor of President Clinton's budget deficit reduction would destroy our country and no member would survive re-election if they voted in favor.

Despite the negative rhetoric, I carefully examined the proposal and voted in favor of the legislation. This was a responsible vote. We ultimately benefited by balancing the deficit and creating one of the largest debt reductions in the history of our great country. Fiscal responsibility led us to more than \$400 billion in deficit reduction, without destroying our country and providing us a prosperous economy with global competitiveness.

Today, I am faced with another pressing historic vote just as I was seventeen years ago.

Growing up in south Texas and working as a migrant worker without health insurance, I understand this issue first-hand. I remember what that was like and can empathize with the uninsured and underinsured. I remember having asthma, a pre-existing condition, which prohibited me from obtaining health care insurance before entering military service.

More than 45,000 annual deaths occur due to lack of insurance and health services. Therefore, I support legislation that reduces the number of uninsured people by 32 million and presents a net reduction in the deficit of \$138 billion over 10 years with a total net reduction of \$1.3 trillion over the next 20 years. That is a responsible vote.

I support increasing competition and offering additional affordable insurance options to consumers. This legislation will improve coverage for 296,000 residents with health insurance and extend coverage to 158,000 uninsured residents in the 27th District of Texas. Small businesses will be able to pool together to obtain lower insurance premiums, a benefit that has only been available to large employers. Small businesses will be eligible for tax credits

to help provide employer-based insurance to ensure a healthy competitive workforce.

After much evaluation, this legislation will benefit the 27th District of Texas and I will support the measure when brought to the House floor.

Mr. WAXMAN. Mr. Speaker, regarding spiritual care: The purpose of health care reform has been to ensure that all Americans are covered by affordable, quality insurance. Some of my colleagues have raised concerns about how this impacts Christian Scientists who use certain primary care services that are currently eligible for a medical care tax deduction.

Nothing in this health care reform legislation prevents insurance companies from covering care that is currently recognized by the Internal Revenue Service as eligible for a medical care tax deduction through health insurance plans in the Exchanges; nothing in the legislation is intended to have such a prohibition. Nothing in this legislation is intended to minimize or reduce existing provisions in the law that recognizes spiritual care.

Individual responsibility: The individual responsibility requirement requires individuals to pay a tax on their individual tax filings or provide information documenting they fulfill the requirements for having essential minimum coverage over the past year. Congress makes the following findings to support this requirement:

The individual responsibility requirement provided for in the Patient Protection and Affordable Care Act, and amended by Section 1002 of the Health Care and Education Reconciliation Act, requires individuals either to purchase a minimum level of insurance coverage or to make a payment on one's tax return to help cover the cost of uncompensated care. This requirement is commercial and economic in nature and substantially affects interstate commerce in many ways, including as a result of the following aggregate effects:

(1) The requirement regulates activity that is commercial and economic in nature, involving the distribution and consumption of health care services throughout the national economy, and in particular economic and financial decisions about how and when health care is paid for and when health insurance is purchased. Some individuals currently make an economic and financial decision to forego health insurance coverage and self-insure, paying for charges for services directly to the provider and relying on uncompensated care. The decision by individuals not to purchase health insurance has many substantial effects on the national economy, the national marketplace for health insurance, and interstate commerce. In general, individuals who fail to purchase health insurance have a diminished capacity to purchase health care services, and increase overall health care costs. When such individuals inevitably seek medical care, the costs of that care must often be paid for by providers, insured individuals and businesses through higher premiums, or Federal, State, and local governments. The requirement encourages prepayment for services, and affects an individual's decision whether or not to purchase health insurance by imposing penalties on individuals who remain uninsured. Congressional Budget Office, Key Issues in Analyzing Major Health Insurance Proposals, December 2008.

(2) The uninsured receive about \$86,000,000,000 in health care, of which about \$56,000,000,000 is uncompensated. Private spending on uncompensated care is \$14,500,000,000, and includes profits forgone by physicians and hospitals. Government spending on uncompensated care is \$42,900,000,000, and is financed by taxpayers at both the State and Federal levels. Jack Hadley et al., *Covering the Uninsured in 2008: Current Costs, Sources of Payment, and Incremental Costs*, Health Affairs, August 25, 2008.

(3) Health care received by the uninsured is more costly. The uninsured are more likely to be hospitalized for preventable conditions. Jack Hadley, *Economic Consequences of Being Uninsured: Uncompensated Care, Inefficient Medical Care Spending, and Foregone Earnings*, Testimony before the Senate Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, May 14, 2003. Hospitals provide uncompensated care of \$35,000,000,000, representing on average 5 percent of hospital revenues. Health Affairs, August 25, 2008.

(4) Those who have private health insurance also pay for uncompensated care. Medical providers try to recoup the cost from private insurers, which increases family premiums by an average of over \$1,000 a year. Families USA, *Hidden Health Tax: Americans Pay a Premium*, May 2009.

(5) The decision to self-insure increases financial risks to households throughout the United States. Sixty-two percent of all personal bankruptcies are caused by illness or medical bills, and a significant portion of medically bankrupt families lacked health insurance or experienced a recent lapse in coverage. David U. Himmelstein et al., *American Journal of Medicine, Medical Bankruptcy in the United States, 2007: Results of a National Study*, 2009.

(6) The national economy loses up to \$207,000,000,000 a year because of the poorer health and shorter lifespan of the uninsured. Elizabeth Carpenter and Sarah Axeen, *The Cost of Doing Nothing*, New America Foundation, November 2008.

(7) A large share of the uninsured are offered insurance at low or zero premiums, but choose to forego coverage. New America Foundation, December 6, 2007. According to one estimate, the absence of a requirement from health reform would leave 50 percent of the uninsured without coverage. Linda J. Blumberg and John Holahan, *Do Individual Mandates Matter?*, The Urban Institute, January 2008. While generous subsidies alone would not achieve universal coverage, the requirement further expands coverage. Congressional Budget Office, December 2008. The requirement improves budgetary efficiency by significantly lowering the federal cost per newly insured. Jonathan Gruber, *Covering the Uninsured in the U.S.*, National Bureau of Economic Research, January 2008. In Massachusetts, where a similar requirement has been in effect since 2007, the share of uninsured declined to 2.7 percent in 2009. Massachusetts Division of Healthcare Finance and Policy.

(8) By regulating the decision to self-insure, and expanding coverage, the requirement ad-

dresses the problem of free riders who rely on more costly uncompensated care, including access to emergency care required by federal law to be provided even to the uninsured, shifting costs to medical providers, taxpayers, and the privately insured. It will also reduce the cost to the national economy of the lower productivity of the uninsured.

The preceding 8 points cite numerous studies and papers which illustrate the extensive evidence that the Patient Protection and Affordable Care Act, as amended by Section 1002 of the Health Care and Education Reconciliation Act, substantially affects interstate commerce. These citations are included in their written entirety for the record.

The SPEAKER pro tempore. Under the rule, all time for debate has expired.

Mr. SPRATT. Mr. Speaker, pursuant to House Resolution 1203, I call up the bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to modify the first-time homebuyers credit in the case of members of the Armed Forces and certain other Federal employees, and for other purposes, with the Senate amendments thereto, and I have a motion at the desk.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The Clerk will designate the Senate amendments.

The text of the Senate amendments is as follows:

Senate amendments:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) *SHORT TITLE.*—This Act may be cited as the “Patient Protection and Affordable Care Act”.

(b) *TABLE OF CONTENTS.*—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle A—Immediate Improvements in Health Care Coverage for All Americans

Sec. 1001. Amendments to the Public Health Service Act.

“PART A—INDIVIDUAL AND GROUP MARKET REFORMS

“SUBPART II—IMPROVING COVERAGE

“Sec. 2711. No lifetime or annual limits.

“Sec. 2712. Prohibition on rescissions.

“Sec. 2713. Coverage of preventive health services.

“Sec. 2714. Extension of dependent coverage.

“Sec. 2715. Development and utilization of uniform explanation of coverage documents and standardized definitions.

“Sec. 2716. Prohibition of discrimination based on salary.

“Sec. 2717. Ensuring the quality of care.

“Sec. 2718. Bringing down the cost of health care coverage.

“Sec. 2719. Appeals process.

Sec. 1002. Health insurance consumer information.

Sec. 1003. Ensuring that consumers get value for their dollars.

Sec. 1004. Effective dates.

Subtitle B—Immediate Actions to Preserve and Expand Coverage

Sec. 1101. Immediate access to insurance for uninsured individuals with a pre-existing condition.

Sec. 1102. Reinsurance for early retirees.

Sec. 1103. Immediate information that allows consumers to identify affordable coverage options.

Sec. 1104. Administrative simplification.

Sec. 1105. Effective date.

Subtitle C—Quality Health Insurance Coverage for All Americans

PART I—HEALTH INSURANCE MARKET REFORMS

Sec. 1201. Amendment to the Public Health Service Act.

“SUBPART I—GENERAL REFORM

“Sec. 2704. Prohibition of preexisting condition exclusions or other discrimination based on health status.

“Sec. 2701. Fair health insurance premiums.

“Sec. 2702. Guaranteed availability of coverage.

“Sec. 2703. Guaranteed renewability of coverage.

“Sec. 2705. Prohibiting discrimination against individual participants and beneficiaries based on health status.

“Sec. 2706. Non-discrimination in health care.

“Sec. 2707. Comprehensive health insurance coverage.

“Sec. 2708. Prohibition on excessive waiting periods.

PART II—OTHER PROVISIONS

Sec. 1251. Preservation of right to maintain existing coverage.

Sec. 1252. Rating reforms must apply uniformly to all health insurance issuers and group health plans.

Sec. 1253. Effective dates.

Subtitle D—Available Coverage Choices for All Americans

PART I—ESTABLISHMENT OF QUALIFIED HEALTH PLANS

Sec. 1301. Qualified health plan defined.

Sec. 1302. Essential health benefits requirements.

Sec. 1303. Special rules.

Sec. 1304. Related definitions.

PART II—CONSUMER CHOICES AND INSURANCE COMPETITION THROUGH HEALTH BENEFIT EXCHANGES

Sec. 1311. Affordable choices of health benefit plans.

Sec. 1312. Consumer choice.

Sec. 1313. Financial integrity.

PART III—STATE FLEXIBILITY RELATING TO EXCHANGES

Sec. 1321. State flexibility in operation and enforcement of Exchanges and related requirements.

Sec. 1322. Federal program to assist establishment and operation of nonprofit, member-run health insurance issuers.

Sec. 1323. Community health insurance option.

Sec. 1324. Level playing field.

PART IV—STATE FLEXIBILITY TO ESTABLISH ALTERNATIVE PROGRAMS

Sec. 1331. State flexibility to establish basic health programs for low-income individuals not eligible for Medicaid.

Sec. 1332. Waiver for State innovation.

Sec. 1333. Provisions relating to offering of plans in more than one State.

PART V—REINSURANCE AND RISK ADJUSTMENT

Sec. 1341. Transitional reinsurance program for individual and small group markets in each State.

Sec. 1342. Establishment of risk corridors for plans in individual and small group markets.

Sec. 1343. Risk adjustment.

Subtitle E—Affordable Coverage Choices for All Americans

PART I—PREMIUM TAX CREDITS AND COST-SHARING REDUCTIONS

SUBPART A—PREMIUM TAX CREDITS AND COST-SHARING REDUCTIONS

- Sec. 1401. Refundable tax credit providing premium assistance for coverage under a qualified health plan.
 Sec. 1402. Reduced cost-sharing for individuals enrolling in qualified health plans.

SUBPART B—ELIGIBILITY DETERMINATIONS

- Sec. 1411. Procedures for determining eligibility for Exchange participation, premium tax credits and reduced cost-sharing, and individual responsibility exemptions.
 Sec. 1412. Advance determination and payment of premium tax credits and cost-sharing reductions.
 Sec. 1413. Streamlining of procedures for enrollment through an exchange and State Medicaid, CHIP, and health subsidy programs.
 Sec. 1414. Disclosures to carry out eligibility requirements for certain programs.
 Sec. 1415. Premium tax credit and cost-sharing reduction payments disregarded for Federal and Federally-assisted programs.

PART II—SMALL BUSINESS TAX CREDIT

- Sec. 1421. Credit for employee health insurance expenses of small businesses.

Subtitle F—Shared Responsibility for Health Care

PART I—INDIVIDUAL RESPONSIBILITY

- Sec. 1501. Requirement to maintain minimum essential coverage.
 Sec. 1502. Reporting of health insurance coverage.

PART II—EMPLOYER RESPONSIBILITIES

- Sec. 1511. Automatic enrollment for employees of large employers.
 Sec. 1512. Employer requirement to inform employees of coverage options.
 Sec. 1513. Shared responsibility for employers.
 Sec. 1514. Reporting of employer health insurance coverage.
 Sec. 1515. Offering of Exchange-participating qualified health plans through cafeteria plans.

Subtitle G—Miscellaneous Provisions

- Sec. 1551. Definitions.
 Sec. 1552. Transparency in government.
 Sec. 1553. Prohibition against discrimination on assisted suicide.
 Sec. 1554. Access to therapies.
 Sec. 1555. Freedom not to participate in Federal health insurance programs.
 Sec. 1556. Equity for certain eligible survivors.
 Sec. 1557. Nondiscrimination.
 Sec. 1558. Protections for employees.
 Sec. 1559. Oversight.
 Sec. 1560. Rules of construction.
 Sec. 1561. Health information technology enrollment standards and protocols.
 Sec. 1562. Conforming amendments.
 Sec. 1563. Sense of the Senate promoting fiscal responsibility.

TITLE II—ROLE OF PUBLIC PROGRAMS

Subtitle A—Improved Access to Medicaid

- Sec. 2001. Medicaid coverage for the lowest income populations.
 Sec. 2002. Income eligibility for nonelderly determined using modified gross income.
 Sec. 2003. Requirement to offer premium assistance for employer-sponsored insurance.

Sec. 2004. Medicaid coverage for former foster care children.

Sec. 2005. Payments to territories.

Sec. 2006. Special adjustment to FMAP determination for certain States recovering from a major disaster.

Sec. 2007. Medicaid Improvement Fund rescission.

Subtitle B—Enhanced Support for the Children's Health Insurance Program

Sec. 2101. Additional federal financial participation for CHIP.

Sec. 2102. Technical corrections.

Subtitle C—Medicaid and CHIP Enrollment Simplification

Sec. 2201. Enrollment Simplification and coordination with State Health Insurance Exchanges.

Sec. 2202. Permitting hospitals to make presumptive eligibility determinations for all Medicaid eligible populations.

Subtitle D—Improvements to Medicaid Services

Sec. 2301. Coverage for freestanding birth center services.

Sec. 2302. Concurrent care for children.

Sec. 2303. State eligibility option for family planning services.

Sec. 2304. Clarification of definition of medical assistance.

Subtitle E—New Options for States to Provide Long-Term Services and Supports

Sec. 2401. Community First Choice Option.

Sec. 2402. Removal of barriers to providing home and community-based services.

Sec. 2403. Money Follows the Person Rebalancing Demonstration.

Sec. 2404. Protection for recipients of home and community-based services against spousal impoverishment.

Sec. 2405. Funding to expand State Aging and Disability Resource Centers.

Sec. 2406. Sense of the Senate regarding long-term care.

Subtitle F—Medicaid Prescription Drug Coverage

Sec. 2501. Prescription drug rebates.

Sec. 2502. Elimination of exclusion of coverage of certain drugs.

Sec. 2503. Providing adequate pharmacy reimbursement.

Subtitle G—Medicaid Disproportionate Share Hospital (DSH) Payments

Sec. 2551. Disproportionate share hospital payments.

Subtitle H—Improved Coordination for Dual Eligible Beneficiaries

Sec. 2601. 5-year period for demonstration projects.

Sec. 2602. Providing Federal coverage and payment coordination for dual eligible beneficiaries.

Subtitle I—Improving the Quality of Medicaid for Patients and Providers

Sec. 2701. Adult health quality measures.

Sec. 2702. Payment Adjustment for Health Care-Acquired Conditions.

Sec. 2703. State option to provide health homes for enrollees with chronic conditions.

Sec. 2704. Demonstration project to evaluate integrated care around a hospitalization.

Sec. 2705. Medicaid Global Payment System Demonstration Project.

Sec. 2706. Pediatric Accountable Care Organization Demonstration Project.

Sec. 2707. Medicaid emergency psychiatric demonstration project.

Subtitle J—Improvements to the Medicaid and CHIP Payment and Access Commission (MACPAC)

Sec. 2801. MACPAC assessment of policies affecting all Medicaid beneficiaries.

Subtitle K—Protections for American Indians and Alaska Natives

Sec. 2901. Special rules relating to Indians.

Sec. 2902. Elimination of sunset for reimbursement for all Medicare part B services furnished by certain Indian hospitals and clinics.

Subtitle L—Maternal and Child Health Services

Sec. 2951. Maternal, infant, and early childhood home visiting programs.

Sec. 2952. Support, education, and research for postpartum depression.

Sec. 2953. Personal responsibility education.

Sec. 2954. Restoration of funding for abstinence education.

Sec. 2955. Inclusion of information about the importance of having a health care power of attorney in transition planning for children aging out of foster care and independent living programs.

TITLE III—IMPROVING THE QUALITY AND EFFICIENCY OF HEALTH CARE

Subtitle A—Transforming the Health Care Delivery System

PART I—LINKING PAYMENT TO QUALITY OUTCOMES UNDER THE MEDICARE PROGRAM

Sec. 3001. Hospital Value-Based purchasing program.

Sec. 3002. Improvements to the physician quality reporting system.

Sec. 3003. Improvements to the physician feedback program.

Sec. 3004. Quality reporting for long-term care hospitals, inpatient rehabilitation hospitals, and hospice programs.

Sec. 3005. Quality reporting for PPS-exempt cancer hospitals.

Sec. 3006. Plans for a Value-Based purchasing program for skilled nursing facilities and home health agencies.

Sec. 3007. Value-based payment modifier under the physician fee schedule.

Sec. 3008. Payment adjustment for conditions acquired in hospitals.

PART II—NATIONAL STRATEGY TO IMPROVE HEALTH CARE QUALITY

Sec. 3011. National strategy.

Sec. 3012. Interagency Working Group on Health Care Quality.

Sec. 3013. Quality measure development.

Sec. 3014. Quality measurement.

Sec. 3015. Data collection; public reporting.

PART III—ENCOURAGING DEVELOPMENT OF NEW PATIENT CARE MODELS

Sec. 3021. Establishment of Center for Medicare and Medicaid Innovation within CMS.

Sec. 3022. Medicare shared savings program.

Sec. 3023. National pilot program on payment bundling.

Sec. 3024. Independence at home demonstration program.

Sec. 3025. Hospital readmissions reduction program.

Sec. 3026. Community-Based Care Transitions Program.

Sec. 3027. Extension of gainsharing demonstration.

Subtitle B—Improving Medicare for Patients and Providers

PART I—ENSURING BENEFICIARY ACCESS TO PHYSICIAN CARE AND OTHER SERVICES

Sec. 3101. Increase in the physician payment update.

Sec. 3102. Extension of the work geographic index floor and revisions to the practice expense geographic adjustment under the Medicare physician fee schedule.

Sec. 3103. Extension of exceptions process for Medicare therapy caps.

Sec. 3104. Extension of payment for technical component of certain physician pathology services.

Sec. 3105. Extension of ambulance add-ons.

Sec. 3106. Extension of certain payment rules for long-term care hospital services and of moratorium on the establishment of certain hospitals and facilities.

Sec. 3107. Extension of physician fee schedule mental health add-on.

Sec. 3108. Permitting physician assistants to order post-Hospital extended care services.

Sec. 3109. Exemption of certain pharmacies from accreditation requirements.

Sec. 3110. Part B special enrollment period for disabled TRICARE beneficiaries.

Sec. 3111. Payment for bone density tests.

Sec. 3112. Revision to the Medicare Improvement Fund.

Sec. 3113. Treatment of certain complex diagnostic laboratory tests.

Sec. 3114. Improved access for certified nurse-midwife services.

PART II—RURAL PROTECTIONS

Sec. 3121. Extension of outpatient hold harmless provision.

Sec. 3122. Extension of Medicare reasonable costs payments for certain clinical diagnostic laboratory tests furnished to hospital patients in certain rural areas.

Sec. 3123. Extension of the Rural Community Hospital Demonstration Program.

Sec. 3124. Extension of the Medicare-dependent hospital (MDH) program.

Sec. 3125. Temporary improvements to the Medicare inpatient hospital payment adjustment for low-volume hospitals.

Sec. 3126. Improvements to the demonstration project on community health integration models in certain rural counties.

Sec. 3127. MedPAC study on adequacy of Medicare payments for health care providers serving in rural areas.

Sec. 3128. Technical correction related to critical access hospital services.

Sec. 3129. Extension of and revisions to Medicare rural hospital flexibility program.

PART III—IMPROVING PAYMENT ACCURACY

Sec. 3131. Payment adjustments for home health care.

Sec. 3132. Hospice reform.

Sec. 3133. Improvement to Medicare disproportionate share hospital (DSH) payments.

Sec. 3134. Misvalued codes under the physician fee schedule.

Sec. 3135. Modification of equipment utilization factor for advanced imaging services.

Sec. 3136. Revision of payment for power-driven wheelchairs.

Sec. 3137. Hospital wage index improvement.

Sec. 3138. Treatment of certain cancer hospitals.

Sec. 3139. Payment for biosimilar biological products.

Sec. 3140. Medicare hospice concurrent care demonstration program.

Sec. 3141. Application of budget neutrality on a national basis in the calculation of the Medicare hospital wage index floor.

Sec. 3142. HHS study on urban Medicare-dependent hospitals.

Sec. 3143. Protecting home health benefits.

Subtitle C—Provisions Relating to Part C

Sec. 3201. Medicare Advantage payment.

Sec. 3202. Benefit protection and simplification.

Sec. 3203. Application of coding intensity adjustment during MA payment transition.

Sec. 3204. Simplification of annual beneficiary election periods.

Sec. 3205. Extension for specialized MA plans for special needs individuals.

Sec. 3206. Extension of reasonable cost contracts.

Sec. 3207. Technical correction to MA private fee-for-service plans.

Sec. 3208. Making senior housing facility demonstration permanent.

Sec. 3209. Authority to deny plan bids.

Sec. 3210. Development of new standards for certain Medigap plans.

Subtitle D—Medicare Part D Improvements for Prescription Drug Plans and MA-PD Plans

Sec. 3301. Medicare coverage gap discount program.

Sec. 3302. Improvement in determination of Medicare part D low-income benchmark premium.

Sec. 3303. Voluntary de minimis policy for subsidy eligible individuals under prescription drug plans and MA-PD plans.

Sec. 3304. Special rule for widows and widowers regarding eligibility for low-income assistance.

Sec. 3305. Improved information for subsidy eligible individuals reassigned to prescription drug plans and MA-PD plans.

Sec. 3306. Funding outreach and assistance for low-income programs.

Sec. 3307. Improving formulary requirements for prescription drug plans and MA-PD plans with respect to certain categories or classes of drugs.

Sec. 3308. Reducing part D premium subsidy for high-income beneficiaries.

Sec. 3309. Elimination of cost sharing for certain dual eligible individuals.

Sec. 3310. Reducing wasteful dispensing of outpatient prescription drugs in long-term care facilities under prescription drug plans and MA-PD plans.

Sec. 3311. Improved Medicare prescription drug plan and MA-PD plan complaint system.

Sec. 3312. Uniform exceptions and appeals process for prescription drug plans and MA-PD plans.

Sec. 3313. Office of the Inspector General studies and reports.

Sec. 3314. Including costs incurred by AIDS drug assistance programs and Indian Health Service in providing prescription drugs toward the annual out-of-pocket threshold under part D.

Sec. 3315. Immediate reduction in coverage gap in 2010.

Subtitle E—Ensuring Medicare Sustainability

Sec. 3401. Revision of certain market basket updates and incorporation of productivity improvements into market basket updates that do not already incorporate such improvements.

Sec. 3402. Temporary adjustment to the calculation of part B premiums.

Sec. 3403. Independent Medicare Advisory Board.

Subtitle F—Health Care Quality Improvements

Sec. 3501. Health care delivery system research; Quality improvement technical assistance.

Sec. 3502. Establishing community health teams to support the patient-centered medical home.

Sec. 3503. Medication management services in treatment of chronic disease.

Sec. 3504. Design and implementation of regionalized systems for emergency care.

Sec. 3505. Trauma care centers and service availability.

Sec. 3506. Program to facilitate shared decision-making.

Sec. 3507. Presentation of prescription drug benefit and risk information.

Sec. 3508. Demonstration program to integrate quality improvement and patient safety training into clinical education of health professionals.

Sec. 3509. Improving women's health.

Sec. 3510. Patient navigator program.

Sec. 3511. Authorization of appropriations.

Subtitle G—Protecting and Improving Guaranteed Medicare Benefits

Sec. 3601. Protecting and improving guaranteed Medicare benefits.

Sec. 3602. No cuts in guaranteed benefits.

TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH

Subtitle A—Modernizing Disease Prevention and Public Health Systems

Sec. 4001. National Prevention, Health Promotion and Public Health Council.

Sec. 4002. Prevention and Public Health Fund.

Sec. 4003. Clinical and community preventive services.

Sec. 4004. Education and outreach campaign regarding preventive benefits.

Subtitle B—Increasing Access to Clinical Preventive Services

Sec. 4101. School-based health centers.

Sec. 4102. Oral healthcare prevention activities.

Sec. 4103. Medicare coverage of annual wellness visit providing a personalized prevention plan.

Sec. 4104. Removal of barriers to preventive services in Medicare.

Sec. 4105. Evidence-based coverage of preventive services in Medicare.

Sec. 4106. Improving access to preventive services for eligible adults in Medicaid.

Sec. 4107. Coverage of comprehensive tobacco cessation services for pregnant women in Medicaid.

Sec. 4108. Incentives for prevention of chronic diseases in Medicaid.

Subtitle C—Creating Healthier Communities

Sec. 4201. Community transformation grants.

Sec. 4202. Healthy aging, living well; evaluation of community-based prevention and wellness programs for Medicare beneficiaries.

Sec. 4203. Removing barriers and improving access to wellness for individuals with disabilities.

Sec. 4204. Immunizations.

Sec. 4205. Nutrition labeling of standard menu items at chain restaurants.

Sec. 4206. Demonstration project concerning individualized wellness plan.

Sec. 4207. Reasonable break time for nursing mothers.

Subtitle D—Support for Prevention and Public Health Innovation

Sec. 4301. Research on optimizing the delivery of public health services.

Sec. 4302. Understanding health disparities: data collection and analysis.

- Sec. 4303. CDC and employer-based wellness programs.
- Sec. 4304. Epidemiology-Laboratory Capacity Grants.
- Sec. 4305. Advancing research and treatment for pain care management.
- Sec. 4306. Funding for Childhood Obesity Demonstration Project.
- Subtitle E—Miscellaneous Provisions
- Sec. 4401. Sense of the Senate concerning CBO scoring.
- Sec. 4402. Effectiveness of Federal health and wellness initiatives.
- TITLE V—HEALTH CARE WORKFORCE**
- Subtitle A—Purpose and Definitions
- Sec. 5001. Purpose.
- Sec. 5002. Definitions.
- Subtitle B—Innovations in the Health Care Workforce
- Sec. 5101. National health care workforce commission.
- Sec. 5102. State health care workforce development grants.
- Sec. 5103. Health care workforce assessment.
- Subtitle C—Increasing the Supply of the Health Care Workforce
- Sec. 5201. Federally supported student loan funds.
- Sec. 5202. Nursing student loan program.
- Sec. 5203. Health care workforce loan repayment programs.
- Sec. 5204. Public health workforce recruitment and retention programs.
- Sec. 5205. Allied health workforce recruitment and retention programs.
- Sec. 5206. Grants for State and local programs.
- Sec. 5207. Funding for National Health Service Corps.
- Sec. 5208. Nurse-managed health clinics.
- Sec. 5209. Elimination of cap on commissioned corps.
- Sec. 5210. Establishing a Ready Reserve Corps.
- Subtitle D—Enhancing Health Care Workforce Education and Training
- Sec. 5301. Training in family medicine, general internal medicine, general pediatrics, and physician assistantship.
- Sec. 5302. Training opportunities for direct care workers.
- Sec. 5303. Training in general, pediatric, and public health dentistry.
- Sec. 5304. Alternative dental health care providers demonstration project.
- Sec. 5305. Geriatric education and training; career awards; comprehensive geriatric education.
- Sec. 5306. Mental and behavioral health education and training grants.
- Sec. 5307. Cultural competency, prevention, and public health and individuals with disabilities training.
- Sec. 5308. Advanced nursing education grants.
- Sec. 5309. Nurse education, practice, and retention grants.
- Sec. 5310. Loan repayment and scholarship program.
- Sec. 5311. Nurse faculty loan program.
- Sec. 5312. Authorization of appropriations for parts B through D of title VIII.
- Sec. 5313. Grants to promote the community health workforce.
- Sec. 5314. Fellowship training in public health.
- Sec. 5315. United States Public Health Sciences Track.
- Subtitle E—Supporting the Existing Health Care Workforce
- Sec. 5401. Centers of excellence.
- Sec. 5402. Health care professionals training for diversity.
- Sec. 5403. Interdisciplinary, community-based linkages.
- Sec. 5404. Workforce diversity grants.
- Sec. 5405. Primary care extension program.
- Subtitle F—Strengthening Primary Care and Other Workforce Improvements
- Sec. 5501. Expanding access to primary care services and general surgery services.
- Sec. 5502. Medicare Federally qualified health center improvements.
- Sec. 5503. Distribution of additional residency positions.
- Sec. 5504. Counting resident time in nonprovider settings.
- Sec. 5505. Rules for counting resident time for didactic and scholarly activities and other activities.
- Sec. 5506. Preservation of resident cap positions from closed hospitals.
- Sec. 5507. Demonstration projects To address health professions workforce needs; extension of family-to-family health information centers.
- Sec. 5508. Increasing teaching capacity.
- Sec. 5509. Graduate nurse education demonstration.
- Subtitle G—Improving Access to Health Care Services
- Sec. 5601. Spending for Federally Qualified Health Centers (FQHCs).
- Sec. 5602. Negotiated rulemaking for development of methodology and criteria for designating medically underserved populations and health professions shortage areas.
- Sec. 5603. Reauthorization of the Wakefield Emergency Medical Services for Children Program.
- Sec. 5604. Co-locating primary and specialty care in community-based mental health settings.
- Sec. 5605. Key National indicators.
- Subtitle H—General Provisions
- Sec. 5701. Reports.
- TITLE VI—TRANSPARENCY AND PROGRAM INTEGRITY**
- Subtitle A—Physician Ownership and Other Transparency
- Sec. 6001. Limitation on Medicare exception to the prohibition on certain physician referrals for hospitals.
- Sec. 6002. Transparency reports and reporting of physician ownership or investment interests.
- Sec. 6003. Disclosure requirements for in-office ancillary services exception to the prohibition on physician self-referral for certain imaging services.
- Sec. 6004. Prescription drug sample transparency.
- Sec. 6005. Pharmacy benefit managers transparency requirements.
- Subtitle B—Nursing Home Transparency and Improvement
- PART I—IMPROVING TRANSPARENCY OF INFORMATION**
- Sec. 6101. Required disclosure of ownership and additional disclosable parties information.
- Sec. 6102. Accountability requirements for skilled nursing facilities and nursing facilities.
- Sec. 6103. Nursing home compare Medicare website.
- Sec. 6104. Reporting of expenditures.
- Sec. 6105. Standardized complaint form.
- Sec. 6106. Ensuring staffing accountability.
- Sec. 6107. GAO study and report on Five-Star Quality Rating System.
- PART II—TARGETING ENFORCEMENT**
- Sec. 6111. Civil money penalties.
- Sec. 6112. National independent monitor demonstration project.
- Sec. 6113. Notification of facility closure.
- Sec. 6114. National demonstration projects on culture change and use of information technology in nursing homes.
- PART III—IMPROVING STAFF TRAINING**
- Sec. 6121. Dementia and abuse prevention training.
- Subtitle C—Nationwide Program for National and State Background Checks on Direct Patient Access Employees of Long-term Care Facilities and Providers
- Sec. 6201. Nationwide program for National and State background checks on direct patient access employees of long-term care facilities and providers.
- Subtitle D—Patient-Centered Outcomes Research
- Sec. 6301. Patient-Centered Outcomes Research.
- Sec. 6302. Federal coordinating council for comparative effectiveness research.
- Subtitle E—Medicare, Medicaid, and CHIP Program Integrity Provisions
- Sec. 6401. Provider screening and other enrollment requirements under Medicare, Medicaid, and CHIP.
- Sec. 6402. Enhanced Medicare and Medicaid program integrity provisions.
- Sec. 6403. Elimination of duplication between the Healthcare Integrity and Protection Data Bank and the National Practitioner Data Bank.
- Sec. 6404. Maximum period for submission of Medicare claims reduced to not more than 12 months.
- Sec. 6405. Physicians who order items or services required to be Medicare enrolled physicians or eligible professionals.
- Sec. 6406. Requirement for physicians to provide documentation on referrals to programs at high risk of waste and abuse.
- Sec. 6407. Face to face encounter with patient required before physicians may certify eligibility for home health services or durable medical equipment under Medicare.
- Sec. 6408. Enhanced penalties.
- Sec. 6409. Medicare self-referral disclosure protocol.
- Sec. 6410. Adjustments to the Medicare durable medical equipment, prosthetics, orthotics, and supplies competitive acquisition program.
- Sec. 6411. Expansion of the Recovery Audit Contractor (RAC) program.
- Subtitle F—Additional Medicaid Program Integrity Provisions
- Sec. 6501. Termination of provider participation under Medicaid if terminated under Medicare or other State plan.
- Sec. 6502. Medicaid exclusion from participation relating to certain ownership, control, and management affiliations.
- Sec. 6503. Billing agents, clearinghouses, or other alternate payees required to register under Medicaid.
- Sec. 6504. Requirement to report expanded set of data elements under MMIS to detect fraud and abuse.
- Sec. 6505. Prohibition on payments to institutions or entities located outside of the United States.
- Sec. 6506. Overpayments.
- Sec. 6507. Mandatory State use of national correct coding initiative.
- Sec. 6508. General effective date.
- Subtitle G—Additional Program Integrity Provisions
- Sec. 6601. Prohibition on false statements and representations.

- Sec. 6602. Clarifying definition.
 Sec. 6603. Development of model uniform report form.
 Sec. 6604. Applicability of State law to combat fraud and abuse.
 Sec. 6605. Enabling the Department of Labor to issue administrative summary cease and desist orders and summary seizures orders against plans that are in financially hazardous condition.
 Sec. 6606. MEWA plan registration with Department of Labor.
 Sec. 6607. Permitting evidentiary privilege and confidential communications.

Subtitle H—Elder Justice Act

- Sec. 6701. Short title of subtitle.
 Sec. 6702. Definitions.
 Sec. 6703. Elder Justice.
 Subtitle I—Sense of the Senate Regarding Medical Malpractice
 Sec. 6801. Sense of the Senate regarding medical malpractice.

TITLE VII—IMPROVING ACCESS TO INNOVATIVE MEDICAL THERAPIES

Subtitle A—Biologics Price Competition and Innovation

- Sec. 7001. Short title.
 Sec. 7002. Approval pathway for biosimilar biological products.
 Sec. 7003. Savings.
 Subtitle B—More Affordable Medicines for Children and Underserved Communities
 Sec. 7101. Expanded participation in 340B program.
 Sec. 7102. Improvements to 340B program integrity.
 Sec. 7103. GAO study to make recommendations on improving the 340B program.

TITLE VIII—CLASS ACT

- Sec. 8001. Short title of title.
 Sec. 8002. Establishment of national voluntary insurance program for purchasing community living assistance services and support.

TITLE IX—REVENUE PROVISIONS

Subtitle A—Revenue Offset Provisions

- Sec. 9001. Excise tax on high cost employer-sponsored health coverage.
 Sec. 9002. Inclusion of cost of employer-sponsored health coverage on W-2.
 Sec. 9003. Distributions for medicine qualified only if for prescribed drug or insulin.
 Sec. 9004. Increase in additional tax on distributions from HSAs and Archer MSAs not used for qualified medical expenses.
 Sec. 9005. Limitation on health flexible spending arrangements under cafeteria plans.
 Sec. 9006. Expansion of information reporting requirements.
 Sec. 9007. Additional requirements for charitable hospitals.
 Sec. 9008. Imposition of annual fee on branded prescription pharmaceutical manufacturers and importers.
 Sec. 9009. Imposition of annual fee on medical device manufacturers and importers.
 Sec. 9010. Imposition of annual fee on health insurance providers.
 Sec. 9011. Study and report of effect on veterans health care.
 Sec. 9012. Elimination of deduction for expenses allocable to Medicare Part D subsidy.
 Sec. 9013. Modification of itemized deduction for medical expenses.
 Sec. 9014. Limitation on excessive remuneration paid by certain health insurance providers.

- Sec. 9015. Additional hospital insurance tax on high-income taxpayers.
 Sec. 9016. Modification of section 833 treatment of certain health organizations.
 Sec. 9017. Excise tax on elective cosmetic medical procedures.

Subtitle B—Other Provisions

- Sec. 9021. Exclusion of health benefits provided by Indian tribal governments.
 Sec. 9022. Establishment of simple cafeteria plans for small businesses.
 Sec. 9023. Qualifying therapeutic discovery project credit.

TITLE X—STRENGTHENING QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle A—Provisions Relating to Title I

- Sec. 10101. Amendments to subtitle A.
 Sec. 10102. Amendments to subtitle B.
 Sec. 10103. Amendments to subtitle C.
 Sec. 10104. Amendments to subtitle D.
 Sec. 10105. Amendments to subtitle E.
 Sec. 10106. Amendments to subtitle F.
 Sec. 10107. Amendments to subtitle G.
 Sec. 10108. Free choice vouchers.
 Sec. 10109. Development of standards for financial and administrative transactions.

Subtitle B—Provisions Relating to Title II

PART I—MEDICAID AND CHIP

- Sec. 10201. Amendments to the Social Security Act and title II of this Act.
 Sec. 10202. Incentives for States to offer home and community-based services as a long-term care alternative to nursing homes.
 Sec. 10203. Extension of funding for CHIP through fiscal year 2015 and other CHIP-related provisions.

PART II—SUPPORT FOR PREGNANT AND PARENTING TEENS AND WOMEN

- Sec. 10211. Definitions.
 Sec. 10212. Establishment of pregnancy assistance fund.
 Sec. 10213. Permissible uses of Fund.
 Sec. 10214. Appropriations.

PART III—INDIAN HEALTH CARE IMPROVEMENT

- Sec. 10221. Indian health care improvement.

Subtitle C—Provisions Relating to Title III

- Sec. 10301. Plans for a Value-Based purchasing program for ambulatory surgical centers.
 Sec. 10302. Revision to national strategy for quality improvement in health care.
 Sec. 10303. Development of outcome measures.
 Sec. 10304. Selection of efficiency measures.
 Sec. 10305. Data collection; public reporting.
 Sec. 10306. Improvements under the Center for Medicare and Medicaid Innovation.
 Sec. 10307. Improvements to the Medicare shared savings program.
 Sec. 10308. Revisions to national pilot program on payment bundling.
 Sec. 10309. Revisions to hospital readmissions reduction program.
 Sec. 10310. Repeal of physician payment update.
 Sec. 10311. Revisions to extension of ambulance add-ons.
 Sec. 10312. Certain payment rules for long-term care hospital services and moratorium on the establishment of certain hospitals and facilities.
 Sec. 10313. Revisions to the extension for the rural community hospital demonstration program.
 Sec. 10314. Adjustment to low-volume hospital provision.
 Sec. 10315. Revisions to home health care provisions.

- Sec. 10316. Medicare DSH.
 Sec. 10317. Revisions to extension of section 508 hospital provisions.
 Sec. 10318. Revisions to transitional extra benefits under Medicare Advantage.
 Sec. 10319. Revisions to market basket adjustments.
 Sec. 10320. Expansion of the scope of, and additional improvements to, the Independent Medicare Advisory Board.
 Sec. 10321. Revision to community health teams.
 Sec. 10322. Quality reporting for psychiatric hospitals.
 Sec. 10323. Medicare coverage for individuals exposed to environmental health hazards.
 Sec. 10324. Protections for frontier States.
 Sec. 10325. Revision to skilled nursing facility prospective payment system.
 Sec. 10326. Pilot testing pay-for-performance programs for certain Medicare providers.
 Sec. 10327. Improvements to the physician quality reporting system.
 Sec. 10328. Improvement in part D medication therapy management (MTM) programs.
 Sec. 10329. Developing methodology to assess health plan value.
 Sec. 10330. Modernizing computer and data systems of the Centers for Medicare & Medicaid services to support improvements in care delivery.
 Sec. 10331. Public reporting of performance information.
 Sec. 10332. Availability of medicare data for performance measurement.
 Sec. 10333. Community-based collaborative care networks.
 Sec. 10334. Minority health.
 Sec. 10335. Technical correction to the hospital value-based purchasing program.
 Sec. 10336. GAO study and report on Medicare beneficiary access to high-quality dialysis services.

Subtitle D—Provisions Relating to Title IV

- Sec. 10401. Amendments to subtitle A.
 Sec. 10402. Amendments to subtitle B.
 Sec. 10403. Amendments to subtitle C.
 Sec. 10404. Amendments to subtitle D.
 Sec. 10405. Amendments to subtitle E.
 Sec. 10406. Amendment relating to waiving co-insurance for preventive services.
 Sec. 10407. Better diabetes care.
 Sec. 10408. Grants for small businesses to provide comprehensive workplace wellness programs.
 Sec. 10409. Cures Acceleration Network.
 Sec. 10410. Centers of Excellence for Depression.
 Sec. 10411. Programs relating to congenital heart disease.
 Sec. 10412. Automated Defibrillation in Adam's Memory Act.
 Sec. 10413. Young women's breast health awareness and support of young women diagnosed with breast cancer.

Subtitle E—Provisions Relating to Title V

- Sec. 10501. Amendments to the Public Health Service Act, the Social Security Act, and title V of this Act.
 Sec. 10502. Infrastructure to Expand Access to Care.
 Sec. 10503. Community Health Centers and the National Health Service Corps Fund.
 Sec. 10504. Demonstration project to provide access to affordable care.

Subtitle F—Provisions Relating to Title VI

- Sec. 10601. Revisions to limitation on medicare exception to the prohibition on certain physician referrals for hospitals.

- Sec. 10602. Clarifications to patient-centered outcomes research.
- Sec. 10603. Striking provisions relating to individual provider application fees.
- Sec. 10604. Technical correction to section 6405.
- Sec. 10605. Certain other providers permitted to conduct face to face encounter for home health services.
- Sec. 10606. Health care fraud enforcement.
- Sec. 10607. State demonstration programs to evaluate alternatives to current medical tort litigation.
- Sec. 10608. Extension of medical malpractice coverage to free clinics.
- Sec. 10609. Labeling changes.
- Subtitle G—Provisions Relating to Title VIII
- Sec. 10801. Provisions relating to title VIII.
- Subtitle H—Provisions Relating to Title IX
- Sec. 10901. Modifications to excise tax on high cost employer-sponsored health coverage.
- Sec. 10902. Inflation adjustment of limitation on health flexible spending arrangements under cafeteria plans.
- Sec. 10903. Modification of limitation on charges by charitable hospitals.
- Sec. 10904. Modification of annual fee on medical device manufacturers and importers.
- Sec. 10905. Modification of annual fee on health insurance providers.
- Sec. 10906. Modifications to additional hospital insurance tax on high-income taxpayers.
- Sec. 10907. Excise tax on indoor tanning services in lieu of elective cosmetic medical procedures.
- Sec. 10908. Exclusion for assistance provided to participants in State student loan repayment programs for certain health professionals.
- Sec. 10909. Expansion of adoption credit and adoption assistance programs.

TITLE I—QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle A—Immediate Improvements in Health Care Coverage for All Americans

SEC. 1001. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

Part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.) is amended—

(1) by striking the part heading and inserting the following:

“PART A—INDIVIDUAL AND GROUP MARKET REFORMS”;

(2) by redesignating sections 2704 through 2707 as sections 2725 through 2728, respectively;

(3) by redesignating sections 2711 through 2713 as sections 2731 through 2733, respectively;

(4) by redesignating sections 2721 through 2723 as sections 2735 through 2737, respectively; and

(5) by inserting after section 2702, the following:

“Subpart II—Improving Coverage

“SEC. 2711. NO LIFETIME OR ANNUAL LIMITS.

“(a) **IN GENERAL.**—A group health plan and a health insurance issuer offering group or individual health insurance coverage may not establish—

“(1) lifetime limits on the dollar value of benefits for any participant or beneficiary; or

“(2) unreasonable annual limits (within the meaning of section 223 of the Internal Revenue Code of 1986) on the dollar value of benefits for any participant or beneficiary.

“(b) **PER BENEFICIARY LIMITS.**—Subsection (a) shall not be construed to prevent a group health plan or health insurance coverage that is not required to provide essential health benefits under section 1302(b) of the Patient Protection and Affordable Care Act from placing annual or life-

time per beneficiary limits on specific covered benefits to the extent that such limits are otherwise permitted under Federal or State law.

“SEC. 2712. PROHIBITION ON RESCISSIONS.

“A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not rescind such plan or coverage with respect to an enrollee once the enrollee is covered under such plan or coverage involved, except that this section shall not apply to a covered individual who has performed an act or practice that constitutes fraud or makes an intentional misrepresentation of material fact as prohibited by the terms of the plan or coverage. Such plan or coverage may not be cancelled except with prior notice to the enrollee, and only as permitted under section 2702(c) or 2742(b).

“SEC. 2713. COVERAGE OF PREVENTIVE HEALTH SERVICES.

“(a) **IN GENERAL.**—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall, at a minimum provide coverage for and shall not impose any cost sharing requirements for—

“(1) evidence-based items or services that have in effect a rating of ‘A’ or ‘B’ in the current recommendations of the United States Preventive Services Task Force;

“(2) immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved;

“(3) with respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration;

“(4) with respect to women, such additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the Health Resources and Services Administration for purposes of this paragraph; and

“(5) for the purposes of this Act, and for the purposes of any other provision of law, the current recommendations of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issued in or around November 2009.

Nothing in this subsection shall be construed to prohibit a plan or issuer from providing coverage for services in addition to those recommended by United States Preventive Services Task Force or to deny coverage for services that are not recommended by such Task Force.

“(b) INTERVAL.—

“(1) **IN GENERAL.**—The Secretary shall establish a minimum interval between the date on which a recommendation described in subsection (a)(1) or (a)(2) or a guideline under subsection (a)(3) is issued and the plan year with respect to which the requirement described in subsection (a) is effective with respect to the service described in such recommendation or guideline.

“(2) **MINIMUM.**—The interval described in paragraph (1) shall not be less than 1 year.

“(c) **VALUE-BASED INSURANCE DESIGN.**—The Secretary may develop guidelines to permit a group health plan and a health insurance issuer offering group or individual health insurance coverage to utilize value-based insurance designs.

“SEC. 2714. EXTENSION OF DEPENDENT COVERAGE.

“(a) **IN GENERAL.**—A group health plan and a health insurance issuer offering group or individual health insurance coverage that provides dependent coverage of children shall continue to make such coverage available for an adult child (who is not married) until the child turns 26 years of age. Nothing in this section shall re-

quire a health plan or a health insurance issuer described in the preceding sentence to make coverage available for a child of a child receiving dependent coverage.

“(b) **REGULATIONS.**—The Secretary shall promulgate regulations to define the dependents to which coverage shall be made available under subsection (a).

“(c) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed to modify the definition of ‘dependent’ as used in the Internal Revenue Code of 1986 with respect to the tax treatment of the cost of coverage.

“SEC. 2715. DEVELOPMENT AND UTILIZATION OF UNIFORM EXPLANATION OF COVERAGE DOCUMENTS AND STANDARDIZED DEFINITIONS.

“(a) **IN GENERAL.**—Not later than 12 months after the date of enactment of the Patient Protection and Affordable Care Act, the Secretary shall develop standards for use by a group health plan and a health insurance issuer offering group or individual health insurance coverage, in compiling and providing to enrollees a summary of benefits and coverage explanation that accurately describes the benefits and coverage under the applicable plan or coverage. In developing such standards, the Secretary shall consult with the National Association of Insurance Commissioners (referred to in this section as the ‘NAIC’), a working group composed of representatives of health insurance-related consumer advocacy organizations, health insurance issuers, health care professionals, patient advocates including those representing individuals with limited English proficiency, and other qualified individuals.

“(b) **REQUIREMENTS.**—The standards for the summary of benefits and coverage developed under subsection (a) shall provide for the following:

“(1) **APPEARANCE.**—The standards shall ensure that the summary of benefits and coverage is presented in a uniform format that does not exceed 4 pages in length and does not include print smaller than 12-point font.

“(2) **LANGUAGE.**—The standards shall ensure that the summary is presented in a culturally and linguistically appropriate manner and utilizes terminology understandable by the average plan enrollee.

“(3) **CONTENTS.**—The standards shall ensure that the summary of benefits and coverage includes—

“(A) uniform definitions of standard insurance terms and medical terms (consistent with subsection (g)) so that consumers may compare health insurance coverage and understand the terms of coverage (or exception to such coverage);

“(B) a description of the coverage, including cost sharing for—

“(i) each of the categories of the essential health benefits described in subparagraphs (A) through (J) of section 1302(b)(1) of the Patient Protection and Affordable Care Act; and

“(ii) other benefits, as identified by the Secretary;

“(C) the exceptions, reductions, and limitations on coverage;

“(D) the cost-sharing provisions, including deductible, coinsurance, and co-payment obligations;

“(E) the renewability and continuation of coverage provisions;

“(F) a coverage facts label that includes examples to illustrate common benefits scenarios, including pregnancy and serious or chronic medical conditions and related cost sharing, such scenarios to be based on recognized clinical practice guidelines;

“(G) a statement of whether the plan or coverage—

“(i) provides minimum essential coverage (as defined under section 5000A(f) of the Internal Revenue Code 1986); and

“(ii) ensures that the plan or coverage share of the total allowed costs of benefits provided under the plan or coverage is not less than 60 percent of such costs;

“(H) a statement that the outline is a summary of the policy or certificate and that the coverage document itself should be consulted to determine the governing contractual provisions; and

“(I) a contact number for the consumer to call with additional questions and an Internet web address where a copy of the actual individual coverage policy or group certificate of coverage can be reviewed and obtained.

“(C) PERIODIC REVIEW AND UPDATING.—The Secretary shall periodically review and update, as appropriate, the standards developed under this section.

“(d) REQUIREMENT TO PROVIDE.—

“(1) IN GENERAL.—Not later than 24 months after the date of enactment of the Patient Protection and Affordable Care Act, each entity described in paragraph (3) shall provide, prior to any enrollment restriction, a summary of benefits and coverage explanation pursuant to the standards developed by the Secretary under subsection (a) to—

“(A) an applicant at the time of application;

“(B) an enrollee prior to the time of enrollment or reenrollment, as applicable; and

“(C) a policyholder or certificate holder at the time of issuance of the policy or delivery of the certificate.

“(2) COMPLIANCE.—An entity described in paragraph (3) is deemed to be in compliance with this section if the summary of benefits and coverage described in subsection (a) is provided in paper or electronic form.

“(3) ENTITIES IN GENERAL.—An entity described in this paragraph is—

“(A) a health insurance issuer (including a group health plan that is not a self-insured plan) offering health insurance coverage within the United States; or

“(B) in the case of a self-insured group health plan, the plan sponsor or designated administrator of the plan (as such terms are defined in section 3(16) of the Employee Retirement Income Security Act of 1974).

“(4) NOTICE OF MODIFICATIONS.—If a group health plan or health insurance issuer makes any material modification in any of the terms of the plan or coverage involved (as defined for purposes of section 102 of the Employee Retirement Income Security Act of 1974) that is not reflected in the most recently provided summary of benefits and coverage, the plan or issuer shall provide notice of such modification to enrollees not later than 60 days prior to the date on which such modification will become effective.

“(e) PREEMPTION.—The standards developed under subsection (a) shall preempt any related State standards that require a summary of benefits and coverage that provides less information to consumers than that required to be provided under this section, as determined by the Secretary.

“(f) FAILURE TO PROVIDE.—An entity described in subsection (d)(3) that willfully fails to provide the information required under this section shall be subject to a fine of not more than \$1,000 for each such failure. Such failure with respect to each enrollee shall constitute a separate offense for purposes of this subsection.

“(g) DEVELOPMENT OF STANDARD DEFINITIONS.—

“(1) IN GENERAL.—The Secretary shall, by regulation, provide for the development of standards for the definitions of terms used in health insurance coverage, including the insurance-related terms described in paragraph (2) and the medical terms described in paragraph (3).

“(2) INSURANCE-RELATED TERMS.—The insurance-related terms described in this paragraph

are premium, deductible, co-insurance, co-payment, out-of-pocket limit, preferred provider, non-preferred provider, out-of-network co-payments, UCR (usual, customary and reasonable) fees, excluded services, grievance and appeals, and such other terms as the Secretary determines are important to define so that consumers may compare health insurance coverage and understand the terms of their coverage.

“(3) MEDICAL TERMS.—The medical terms described in this paragraph are hospitalization, hospital outpatient care, emergency room care, physician services, prescription drug coverage, durable medical equipment, home health care, skilled nursing care, rehabilitation services, hospice services, emergency medical transportation, and such other terms as the Secretary determines are important to define so that consumers may compare the medical benefits offered by health insurance and understand the extent of those medical benefits (or exceptions to those benefits).

“SEC. 2716. PROHIBITION OF DISCRIMINATION BASED ON SALARY.

“(a) IN GENERAL.—The plan sponsor of a group health plan (other than a self-insured plan) may not establish rules relating to the health insurance coverage eligibility (including continued eligibility) of any full-time employee under the terms of the plan that are based on the total hourly or annual salary of the employee or otherwise establish eligibility rules that have the effect of discriminating in favor of higher wage employees.

“(b) LIMITATION.—Subsection (a) shall not be construed to prohibit a plan sponsor from establishing contribution requirements for enrollment in the plan or coverage that provide for the payment by employees with lower hourly or annual compensation of a lower dollar or percentage contribution than the payment required of similarly situated employees with a higher hourly or annual compensation.

“SEC. 2717. ENSURING THE QUALITY OF CARE.

“(a) QUALITY REPORTING.—

“(1) IN GENERAL.—Not later than 2 years after the date of enactment of the Patient Protection and Affordable Care Act, the Secretary, in consultation with experts in health care quality and stakeholders, shall develop reporting requirements for use by a group health plan, and a health insurance issuer offering group or individual health insurance coverage, with respect to plan or coverage benefits and health care provider reimbursement structures that—

“(A) improve health outcomes through the implementation of activities such as quality reporting, effective case management, care coordination, chronic disease management, and medication and care compliance initiatives, including through the use of the medical homes model as defined for purposes of section 3602 of the Patient Protection and Affordable Care Act, for treatment or services under the plan or coverage;

“(B) implement activities to prevent hospital readmissions through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional;

“(C) implement activities to improve patient safety and reduce medical errors through the appropriate use of best clinical practices, evidence based medicine, and health information technology under the plan or coverage; and

“(D) implement wellness and health promotion activities.

“(2) REPORTING REQUIREMENTS.—

“(A) IN GENERAL.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall annually submit to the Secretary, and to enrollees under

the plan or coverage, a report on whether the benefits under the plan or coverage satisfy the elements described in subparagraphs (A) through (D) of paragraph (1).

“(B) TIMING OF REPORTS.—A report under subparagraph (A) shall be made available to an enrollee under the plan or coverage during each open enrollment period.

“(C) AVAILABILITY OF REPORTS.—The Secretary shall make reports submitted under subparagraph (A) available to the public through an Internet website.

“(D) PENALTIES.—In developing the reporting requirements under paragraph (1), the Secretary may develop and impose appropriate penalties for non-compliance with such requirements.

“(E) EXCEPTIONS.—In developing the reporting requirements under paragraph (1), the Secretary may provide for exceptions to such requirements for group health plans and health insurance issuers that substantially meet the goals of this section.

“(b) WELLNESS AND PREVENTION PROGRAMS.—For purposes of subsection (a)(1)(D), wellness and health promotion activities may include personalized wellness and prevention services, which are coordinated, maintained or delivered by a health care provider, a wellness and prevention plan manager, or a health, wellness or prevention services organization that conducts health risk assessments or offers ongoing face-to-face, telephonic or web-based intervention efforts for each of the program's participants, and which may include the following wellness and prevention efforts:

“(1) Smoking cessation.

“(2) Weight management.

“(3) Stress management.

“(4) Physical fitness.

“(5) Nutrition.

“(6) Heart disease prevention.

“(7) Healthy lifestyle support.

“(8) Diabetes prevention.

“(c) REGULATIONS.—Not later than 2 years after the date of enactment of the Patient Protection and Affordable Care Act, the Secretary shall promulgate regulations that provide criteria for determining whether a reimbursement structure is described in subsection (a).

“(d) STUDY AND REPORT.—Not later than 180 days after the date on which regulations are promulgated under subsection (c), the Government Accountability Office shall review such regulations and conduct a study and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report regarding the impact the activities under this section have had on the quality and cost of health care.

“SEC. 2718. BRINGING DOWN THE COST OF HEALTH CARE COVERAGE.

“(a) CLEAR ACCOUNTING FOR COSTS.—A health insurance issuer offering group or individual health insurance coverage shall, with respect to each plan year, submit to the Secretary a report concerning the percentage of total premium revenue that such coverage expends—

“(1) on reimbursement for clinical services provided to enrollees under such coverage;

“(2) for activities that improve health care quality; and

“(3) on all other non-claims costs, including an explanation of the nature of such costs, and excluding State taxes and licensing or regulatory fees.

The Secretary shall make reports received under this section available to the public on the Internet website of the Department of Health and Human Services.

“(b) ENSURING THAT CONSUMERS RECEIVE VALUE FOR THEIR PREMIUM PAYMENTS.—

“(1) REQUIREMENT TO PROVIDE VALUE FOR PREMIUM PAYMENTS.—A health insurance issuer

offering group or individual health insurance coverage shall, with respect to each plan year, provide an annual rebate to each enrollee under such coverage, on a pro rata basis, in an amount that is equal to the amount by which premium revenue expended by the issuer on activities described in subsection (a)(3) exceeds—

“(A) with respect to a health insurance issuer offering coverage in the group market, 20 percent, or such lower percentage as a State may by regulation determine; or

“(B) with respect to a health insurance issuer offering coverage in the individual market, 25 percent, or such lower percentage as a State may by regulation determine, except that such percentage shall be adjusted to the extent the Secretary determines that the application of such percentage with a State may destabilize the existing individual market in such State.

“(2) **CONSIDERATION IN SETTING PERCENTAGES.**—In determining the percentages under paragraph (1), a State shall seek to ensure adequate participation by health insurance issuers, competition in the health insurance market in the State, and value for consumers so that premiums are used for clinical services and quality improvements.

“(3) **TERMINATION.**—The provisions of this subsection shall have no force or effect after December 31, 2013.

“(c) **STANDARD HOSPITAL CHARGES.**—Each hospital operating within the United States shall for each year establish (and update) and make public (in accordance with guidelines developed by the Secretary) a list of the hospital's standard charges for items and services provided by the hospital, including for diagnosis-related groups established under section 1886(d)(4) of the Social Security Act.

“(d) **DEFINITIONS.**—The Secretary, in consultation with the National Association of Insurance Commissioners, shall establish uniform definitions for the activities reported under subsection (a).

“SEC. 2719. APPEALS PROCESS.

“A group health plan and a health insurance issuer offering group or individual health insurance coverage shall implement an effective appeals process for appeals of coverage determinations and claims, under which the plan or issuer shall, at a minimum—

“(1) have in effect an internal claims appeal process;

“(2) provide notice to enrollees, in a culturally and linguistically appropriate manner, of available internal and external appeals processes, and the availability of any applicable office of health insurance consumer assistance or ombudsman established under section 2793 to assist such enrollees with the appeals processes;

“(3) allow an enrollee to review their file, to present evidence and testimony as part of the appeals process, and to receive continued coverage pending the outcome of the appeals process; and

“(4) provide an external review process for such plans and issuers that, at a minimum, includes the consumer protections set forth in the Uniform External Review Model Act promulgated by the National Association of Insurance Commissioners and is binding on such plans.”.

SEC. 1002. HEALTH INSURANCE CONSUMER INFORMATION.

Part C of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–91 et seq.) is amended by adding at the end the following:

“SEC. 2793. HEALTH INSURANCE CONSUMER INFORMATION.

“(a) **IN GENERAL.**—The Secretary shall award grants to States to enable such States (or the Exchanges operating in such States) to establish, expand, or provide support for—

“(1) offices of health insurance consumer assistance; or

“(2) health insurance ombudsman programs.

“(b) **ELIGIBILITY.**—

“(1) **IN GENERAL.**—To be eligible to receive a grant, a State shall designate an independent office of health insurance consumer assistance, or an ombudsman, that, directly or in coordination with State health insurance regulators and consumer assistance organizations, receives and responds to inquiries and complaints concerning health insurance coverage with respect to Federal health insurance requirements and under State law.

“(2) **CRITERIA.**—A State that receives a grant under this section shall comply with criteria established by the Secretary for carrying out activities under such grant.

“(c) **DUTIES.**—The office of health insurance consumer assistance or health insurance ombudsman shall—

“(1) assist with the filing of complaints and appeals, including filing appeals with the internal appeal or grievance process of the group health plan or health insurance issuer involved and providing information about the external appeal process;

“(2) collect, track, and quantify problems and inquiries encountered by consumers;

“(3) educate consumers on their rights and responsibilities with respect to group health plans and health insurance coverage;

“(4) assist consumers with enrollment in a group health plan or health insurance coverage by providing information, referral, and assistance; and

“(5) resolve problems with obtaining premium tax credits under section 36B of the Internal Revenue Code of 1986.

“(d) **DATA COLLECTION.**—As a condition of receiving a grant under subsection (a), an office of health insurance consumer assistance or ombudsman program shall be required to collect and report data to the Secretary on the types of problems and inquiries encountered by consumers. The Secretary shall utilize such data to identify areas where more enforcement action is necessary and shall share such information with State insurance regulators, the Secretary of Labor, and the Secretary of the Treasury for use in the enforcement activities of such agencies.

“(e) **FUNDING.**—

“(1) **INITIAL FUNDING.**—There is hereby appropriated to the Secretary, out of any funds in the Treasury not otherwise appropriated, \$30,000,000 for the first fiscal year for which this section applies to carry out this section. Such amount shall remain available without fiscal year limitation.

“(2) **AUTHORIZATION FOR SUBSEQUENT YEARS.**—There is authorized to be appropriated to the Secretary for each fiscal year following the fiscal year described in paragraph (1), such sums as may be necessary to carry out this section.”.

SEC. 1003. ENSURING THAT CONSUMERS GET VALUE FOR THEIR DOLLARS.

Part C of title XXVII of the Public Health Service Act (42 U.S.C. 300gg–91 et seq.), as amended by section 1002, is further amended by adding at the end the following:

“SEC. 2794. ENSURING THAT CONSUMERS GET VALUE FOR THEIR DOLLARS.

“(a) **INITIAL PREMIUM REVIEW PROCESS.**—

“(1) **IN GENERAL.**—The Secretary, in conjunction with States, shall establish a process for the annual review, beginning with the 2010 plan year and subject to subsection (b)(2)(A), of unreasonable increases in premiums for health insurance coverage.

“(2) **JUSTIFICATION AND DISCLOSURE.**—The process established under paragraph (1) shall require health insurance issuers to submit to the Secretary and the relevant State a justification for an unreasonable premium increase prior to the implementation of the increase. Such issuers

shall prominently post such information on their Internet websites. The Secretary shall ensure the public disclosure of information on such increases and justifications for all health insurance issuers.

“(b) **CONTINUING PREMIUM REVIEW PROCESS.**—

“(1) **INFORMING SECRETARY OF PREMIUM INCREASE PATTERNS.**—As a condition of receiving a grant under subsection (c)(1), a State, through its Commissioner of Insurance, shall—

“(A) provide the Secretary with information about trends in premium increases in health insurance coverage in premium rating areas in the State; and

“(B) make recommendations, as appropriate, to the State Exchange about whether particular health insurance issuers should be excluded from participation in the Exchange based on a pattern or practice of excessive or unjustified premium increases.

“(2) **MONITORING BY SECRETARY OF PREMIUM INCREASES.**—

“(A) **IN GENERAL.**—Beginning with plan years beginning in 2014, the Secretary, in conjunction with the States and consistent with the provisions of subsection (a)(2), shall monitor premium increases of health insurance coverage offered through an Exchange and outside of an Exchange.

“(B) **CONSIDERATION IN OPENING EXCHANGE.**—In determining under section 1312(f)(2)(B) of the Patient Protection and Affordable Care Act whether to offer qualified health plans in the large group market through an Exchange, the State shall take into account any excess of premium growth outside of the Exchange as compared to the rate of such growth inside the Exchange.

“(c) **GRANTS IN SUPPORT OF PROCESS.**—

“(1) **PREMIUM REVIEW GRANTS DURING 2010 THROUGH 2014.**—The Secretary shall carry out a program to award grants to States during the 5-year period beginning with fiscal year 2010 to assist such States in carrying out subsection (a), including—

“(A) in reviewing and, if appropriate under State law, approving premium increases for health insurance coverage; and

“(B) in providing information and recommendations to the Secretary under subsection (b)(1).

“(2) **FUNDING.**—

“(A) **IN GENERAL.**—Out of all funds in the Treasury not otherwise appropriated, there are appropriated to the Secretary \$250,000,000, to be available for expenditure for grants under paragraph (1) and subparagraph (B).

“(B) **FURTHER AVAILABILITY FOR INSURANCE REFORM AND CONSUMER PROTECTION.**—If the amounts appropriated under subparagraph (A) are not fully obligated under grants under paragraph (1) by the end of fiscal year 2014, any remaining funds shall remain available to the Secretary for grants to States for planning and implementing the insurance reforms and consumer protections under part A.

“(C) **ALLOCATION.**—The Secretary shall establish a formula for determining the amount of any grant to a State under this subsection. Under such formula—

“(i) the Secretary shall consider the number of plans of health insurance coverage offered in each State and the population of the State; and

“(ii) no State qualifying for a grant under paragraph (1) shall receive less than \$1,000,000, or more than \$5,000,000 for a grant year.”.

SEC. 1004. EFFECTIVE DATES.

(a) **IN GENERAL.**—Except as provided for in subsection (b), this subtitle (and the amendments made by this subtitle) shall become effective for plan years beginning on or after the date that is 6 months after the date of enactment of this Act, except that the amendments

made by sections 1002 and 1003 shall become effective for fiscal years beginning with fiscal year 2010.

(b) **SPECIAL RULE.**—The amendments made by sections 1002 and 1003 shall take effect on the date of enactment of this Act.

Subtitle B—Immediate Actions to Preserve and Expand Coverage

SEC. 1101. IMMEDIATE ACCESS TO INSURANCE FOR UNINSURED INDIVIDUALS WITH A PREEXISTING CONDITION.

(a) **IN GENERAL.**—Not later than 90 days after the date of enactment of this Act, the Secretary shall establish a temporary high risk health insurance pool program to provide health insurance coverage for eligible individuals during the period beginning on the date on which such program is established and ending on January 1, 2014.

(b) **ADMINISTRATION.**—

(1) **IN GENERAL.**—The Secretary may carry out the program under this section directly or through contracts to eligible entities.

(2) **ELIGIBLE ENTITIES.**—To be eligible for a contract under paragraph (1), an entity shall—

(A) be a State or nonprofit private entity;

(B) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require; and

(C) agree to utilize contract funding to establish and administer a qualified high risk pool for eligible individuals.

(3) **MAINTENANCE OF EFFORT.**—To be eligible to enter into a contract with the Secretary under this subsection, a State shall agree not to reduce the annual amount the State expended for the operation of one or more State high risk pools during the year preceding the year in which such contract is entered into.

(c) **QUALIFIED HIGH RISK POOL.**—

(1) **IN GENERAL.**—Amounts made available under this section shall be used to establish a qualified high risk pool that meets the requirements of paragraph (2).

(2) **REQUIREMENTS.**—A qualified high risk pool meets the requirements of this paragraph if such pool—

(A) provides to all eligible individuals health insurance coverage that does not impose any preexisting condition exclusion with respect to such coverage;

(B) provides health insurance coverage—

(i) in which the issuer's share of the total allowed costs of benefits provided under such coverage is not less than 65 percent of such costs; and

(ii) that has an out of pocket limit not greater than the applicable amount described in section 223(c)(2) of the Internal Revenue Code of 1986 for the year involved, except that the Secretary may modify such limit if necessary to ensure the pool meets the actuarial value limit under clause (i);

(C) ensures that with respect to the premium rate charged for health insurance coverage offered to eligible individuals through the high risk pool, such rate shall—

(i) except as provided in clause (ii), vary only as provided for under section 2701 of the Public Health Service Act (as amended by this Act and notwithstanding the date on which such amendments take effect);

(ii) vary on the basis of age by a factor of not greater than 4 to 1; and

(iii) be established at a standard rate for a standard population; and

(D) meets any other requirements determined appropriate by the Secretary.

(d) **ELIGIBLE INDIVIDUAL.**—An individual shall be deemed to be an eligible individual for purposes of this section if such individual—

(1) is a citizen or national of the United States or is lawfully present in the United States (as determined in accordance with section 1411);

(2) has not been covered under creditable coverage (as defined in section 2701(c)(1) of the Public Health Service Act as in effect on the date of enactment of this Act) during the 6-month period prior to the date on which such individual is applying for coverage through the high risk pool; and

(3) has a pre-existing condition, as determined in a manner consistent with guidance issued by the Secretary.

(e) **PROTECTION AGAINST DUMPING RISK BY INSURERS.**—

(1) **IN GENERAL.**—The Secretary shall establish criteria for determining whether health insurance issuers and employment-based health plans have discouraged an individual from remaining enrolled in prior coverage based on that individual's health status.

(2) **SANCTIONS.**—An issuer or employment-based health plan shall be responsible for reimbursing the program under this section for the medical expenses incurred by the program for an individual who, based on criteria established by the Secretary, the Secretary finds was encouraged by the issuer to disenroll from health benefits coverage prior to enrolling in coverage through the program. The criteria shall include at least the following circumstances:

(A) In the case of prior coverage obtained through an employer, the provision by the employer, group health plan, or the issuer of money or other financial consideration for disenrolling from the coverage.

(B) In the case of prior coverage obtained directly from an issuer or under an employment-based health plan—

(i) the provision by the issuer or plan of money or other financial consideration for disenrolling from the coverage; or

(ii) in the case of an individual whose premium for the prior coverage exceeded the premium required by the program (adjusted based on the age factors applied to the prior coverage)—

(I) the prior coverage is a policy that is no longer being actively marketed (as defined by the Secretary) by the issuer; or

(II) the prior coverage is a policy for which duration of coverage form issue or health status are factors that can be considered in determining premiums at renewal.

(3) **CONSTRUCTION.**—Nothing in this subsection shall be construed as constituting exclusive remedies for violations of criteria established under paragraph (1) or as preventing States from applying or enforcing such paragraph or other provisions under law with respect to health insurance issuers.

(f) **OVERSIGHT.**—The Secretary shall establish—

(1) an appeals process to enable individuals to appeal a determination under this section; and

(2) procedures to protect against waste, fraud, and abuse.

(g) **FUNDING; TERMINATION OF AUTHORITY.**—

(1) **IN GENERAL.**—There is appropriated to the Secretary, out of any moneys in the Treasury not otherwise appropriated, \$5,000,000,000 to pay claims against (and the administrative costs of) the high risk pool under this section that are in excess of the amount of premiums collected from eligible individuals enrolled in the high risk pool. Such funds shall be available without fiscal year limitation.

(2) **INSUFFICIENT FUNDS.**—If the Secretary estimates for any fiscal year that the aggregate amounts available for the payment of the expenses of the high risk pool will be less than the actual amount of such expenses, the Secretary shall make such adjustments as are necessary to eliminate such deficit.

(3) **TERMINATION OF AUTHORITY.**—

(A) **IN GENERAL.**—Except as provided in subparagraph (B), coverage of eligible individuals

under a high risk pool in a State shall terminate on January 1, 2014.

(B) **TRANSITION TO EXCHANGE.**—The Secretary shall develop procedures to provide for the transition of eligible individuals enrolled in health insurance coverage offered through a high risk pool established under this section into qualified health plans offered through an Exchange. Such procedures shall ensure that there is no lapse in coverage with respect to the individual and may extend coverage after the termination of the risk pool involved, if the Secretary determines necessary to avoid such a lapse.

(4) **LIMITATIONS.**—The Secretary has the authority to stop taking applications for participation in the program under this section to comply with the funding limitation provided for in paragraph (1).

(5) **RELATION TO STATE LAWS.**—The standards established under this section shall supersede any State law or regulation (other than State licensing laws or State laws relating to plan solvency) with respect to qualified high risk pools which are established in accordance with this section.

SEC. 1102. REINSURANCE FOR EARLY RETIREES.

(a) **ADMINISTRATION.**—

(1) **IN GENERAL.**—Not later than 90 days after the date of enactment of this Act, the Secretary shall establish a temporary reinsurance program to provide reimbursement to participating employment-based plans for a portion of the cost of providing health insurance coverage to early retirees (and to the eligible spouses, surviving spouses, and dependents of such retirees) during the period beginning on the date on which such program is established and ending on January 1, 2014.

(2) **REFERENCE.**—In this section:

(A) **HEALTH BENEFITS.**—The term “health benefits” means medical, surgical, hospital, prescription drug, and such other benefits as shall be determined by the Secretary, whether self-funded, or delivered through the purchase of insurance or otherwise.

(B) **EMPLOYMENT-BASED PLAN.**—The term “employment-based plan” means a group health benefits plan that—

(i) is—

(I) maintained by one or more current or former employers (including without limitation any State or local government or political subdivision thereof), employee organization, a voluntary employees' beneficiary association, or a committee or board of individuals appointed to administer such plan; or

(II) a multiemployer plan (as defined in section 3(37) of the Employee Retirement Income Security Act of 1974); and

(ii) provides health benefits to early retirees.

(C) **EARLY RETIREES.**—The term “early retirees” means individuals who are age 55 and older but are not eligible for coverage under title XVIII of the Social Security Act, and who are not active employees of an employer maintaining, or currently contributing to, the employment-based plan or of any employer that has made substantial contributions to fund such plan.

(b) **PARTICIPATION.**—

(1) **EMPLOYMENT-BASED PLAN ELIGIBILITY.**—A participating employment-based plan is an employment-based plan that—

(A) meets the requirements of paragraph (2) with respect to health benefits provided under the plan; and

(B) submits to the Secretary an application for participation in the program, at such time, in such manner, and containing such information as the Secretary shall require.

(2) **EMPLOYMENT-BASED HEALTH BENEFITS.**—An employment-based plan meets the requirements of this paragraph if the plan—

(A) implements programs and procedures to generate cost-savings with respect to participants with chronic and high-cost conditions;

(B) provides documentation of the actual cost of medical claims involved; and
(C) is certified by the Secretary.

(c) PAYMENTS.—

(1) SUBMISSION OF CLAIMS.—

(A) IN GENERAL.—A participating employment-based plan shall submit claims for reimbursement to the Secretary which shall contain documentation of the actual costs of the items and services for which each claim is being submitted.

(B) BASIS FOR CLAIMS.—Claims submitted under subparagraph (A) shall be based on the actual amount expended by the participating employment-based plan involved within the plan year for the health benefits provided to an early retiree or the spouse, surviving spouse, or dependent of such retiree. In determining the amount of a claim for purposes of this subsection, the participating employment-based plan shall take into account any negotiated price concessions (such as discounts, direct or indirect subsidies, rebates, and direct or indirect remunerations) obtained by such plan with respect to such health benefit. For purposes of determining the amount of any such claim, the costs paid by the early retiree or the retiree's spouse, surviving spouse, or dependent in the form of deductibles, co-payments, or co-insurance shall be included in the amounts paid by the participating employment-based plan.

(2) PROGRAM PAYMENTS.—If the Secretary determines that a participating employment-based plan has submitted a valid claim under paragraph (1), the Secretary shall reimburse such plan for 80 percent of that portion of the costs attributable to such claim that exceed \$15,000, subject to the limits contained in paragraph (3).

(3) LIMIT.—To be eligible for reimbursement under the program, a claim submitted by a participating employment-based plan shall not be less than \$15,000 nor greater than \$90,000. Such amounts shall be adjusted each fiscal year based on the percentage increase in the Medical Care Component of the Consumer Price Index for all urban consumers (rounded to the nearest multiple of \$1,000) for the year involved.

(4) USE OF PAYMENTS.—Amounts paid to a participating employment-based plan under this subsection shall be used to lower costs for the plan. Such payments may be used to reduce premium costs for an entity described in subsection (a)(2)(B)(i) or to reduce premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs for plan participants. Such payments shall not be used as general revenues for an entity described in subsection (a)(2)(B)(i). The Secretary shall develop a mechanism to monitor the appropriate use of such payments by such entities.

(5) PAYMENTS NOT TREATED AS INCOME.—Payments received under this subsection shall not be included in determining the gross income of an entity described in subsection (a)(2)(B)(i) that is maintaining or currently contributing to a participating employment-based plan.

(6) APPEALS.—The Secretary shall establish—
(A) an appeals process to permit participating employment-based plans to appeal a determination of the Secretary with respect to claims submitted under this section; and

(B) procedures to protect against fraud, waste, and abuse under the program.

(d) AUDITS.—The Secretary shall conduct annual audits of claims data submitted by participating employment-based plans under this section to ensure that such plans are in compliance with the requirements of this section.

(e) FUNDING.—There is appropriated to the Secretary, out of any moneys in the Treasury not otherwise appropriated, \$5,000,000,000 to carry out the program under this section. Such funds shall be available without fiscal year limitation.

(f) LIMITATION.—The Secretary has the authority to stop taking applications for participa-

tion in the program based on the availability of funding under subsection (e).

SEC. 1103. IMMEDIATE INFORMATION THAT ALLOWS CONSUMERS TO IDENTIFY AFFORDABLE COVERAGE OPTIONS.

(a) INTERNET PORTAL TO AFFORDABLE COVERAGE OPTIONS.—

(1) IMMEDIATE ESTABLISHMENT.—Not later than July 1, 2010, the Secretary, in consultation with the States, shall establish a mechanism, including an Internet website, through which a resident of any State may identify affordable health insurance coverage options in that State.

(2) CONNECTING TO AFFORDABLE COVERAGE.—An Internet website established under paragraph (1) shall, to the extent practicable, provide ways for residents of any State to receive information on at least the following coverage options:

(A) Health insurance coverage offered by health insurance issuers, other than coverage that provides reimbursement only for the treatment or mitigation of—

- (i) a single disease or condition; or
- (ii) an unreasonably limited set of diseases or conditions (as determined by the Secretary);

(B) Medicaid coverage under title XIX of the Social Security Act.

(C) Coverage under title XXI of the Social Security Act.

(D) A State health benefits high risk pool, to the extent that such high risk pool is offered in such State; and

(E) Coverage under a high risk pool under section 1101.

(b) ENHANCING COMPARATIVE PURCHASING OPTIONS.—

(1) IN GENERAL.—Not later than 60 days after the date of enactment of this Act, the Secretary shall develop a standardized format to be used for the presentation of information relating to the coverage options described in subsection (a)(2). Such format shall, at a minimum, require the inclusion of information on the percentage of total premium revenue expended on nonclinical costs (as reported under section 2718(a) of the Public Health Service Act), eligibility, availability, premium rates, and cost sharing with respect to such coverage options and be consistent with the standards adopted for the uniform explanation of coverage as provided for in section 2715 of the Public Health Service Act.

(2) USE OF FORMAT.—The Secretary shall utilize the format developed under paragraph (1) in compiling information concerning coverage options on the Internet website established under subsection (a).

(c) AUTHORITY TO CONTRACT.—The Secretary may carry out this section through contracts entered into with qualified entities.

SEC. 1104. ADMINISTRATIVE SIMPLIFICATION.

(a) PURPOSE OF ADMINISTRATIVE SIMPLIFICATION.—Section 261 of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d note) is amended—

(1) by inserting “uniform” before “standards”; and

(2) by inserting “and to reduce the clerical burden on patients, health care providers, and health plans” before the period at the end.

(b) OPERATING RULES FOR HEALTH INFORMATION TRANSACTIONS.—

(1) DEFINITION OF OPERATING RULES.—Section 1171 of the Social Security Act (42 U.S.C. 1320d) is amended by adding at the end the following:

“(9) OPERATING RULES.—The term ‘operating rules’ means the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications as adopted for purposes of this part.”.

(2) TRANSACTION STANDARDS; OPERATING RULES AND COMPLIANCE.—Section 1173 of the Social Security Act (42 U.S.C. 1320d–2) is amended—

(A) in subsection (a)(2), by adding at the end the following new subparagraph:

“(J) Electronic funds transfers.”;

(B) in subsection (a), by adding at the end the following new paragraph:

“(4) REQUIREMENTS FOR FINANCIAL AND ADMINISTRATIVE TRANSACTIONS.—

“(A) IN GENERAL.—The standards and associated operating rules adopted by the Secretary shall—

“(i) to the extent feasible and appropriate, enable determination of an individual’s eligibility and financial responsibility for specific services prior to or at the point of care;

“(ii) be comprehensive, requiring minimal augmentation by paper or other communications;

“(iii) provide for timely acknowledgment, response, and status reporting that supports a transparent claims and denial management process (including adjudication and appeals); and

“(iv) describe all data elements (including reason and remark codes) in unambiguous terms, require that such data elements be required or conditioned upon set values in other fields, and prohibit additional conditions (except where necessary to implement State or Federal law, or to protect against fraud and abuse).

“(B) REDUCTION OF CLERICAL BURDEN.—In adopting standards and operating rules for the transactions referred to under paragraph (1), the Secretary shall seek to reduce the number and complexity of forms (including paper and electronic forms) and data entry required by patients and providers.”; and

(C) by adding at the end the following new subsections:

“(g) OPERATING RULES.—

“(1) IN GENERAL.—The Secretary shall adopt a single set of operating rules for each transaction referred to under subsection (a)(1) with the goal of creating as much uniformity in the implementation of the electronic standards as possible. Such operating rules shall be consensus-based and reflect the necessary business rules affecting health plans and health care providers and the manner in which they operate pursuant to standards issued under Health Insurance Portability and Accountability Act of 1996.

“(2) OPERATING RULES DEVELOPMENT.—In adopting operating rules under this subsection, the Secretary shall consider recommendations for operating rules developed by a qualified nonprofit entity that meets the following requirements:

“(A) The entity focuses its mission on administrative simplification.

“(B) The entity demonstrates a multi-stakeholder and consensus-based process for development of operating rules, including representation by or participation from health plans, health care providers, vendors, relevant Federal agencies, and other standard development organizations.

“(C) The entity has a public set of guiding principles that ensure the operating rules and process are open and transparent, and supports nondiscrimination and conflict of interest policies that demonstrate a commitment to open, fair, and nondiscriminatory practices.

“(D) The entity builds on the transaction standards issued under Health Insurance Portability and Accountability Act of 1996.

“(E) The entity allows for public review and updates of the operating rules.

“(3) REVIEW AND RECOMMENDATIONS.—The National Committee on Vital and Health Statistics shall—

“(A) advise the Secretary as to whether a nonprofit entity meets the requirements under paragraph (2);

“(B) review the operating rules developed and recommended by such nonprofit entity;

“(C) determine whether such operating rules represent a consensus view of the health care stakeholders and are consistent with and do not conflict with other existing standards;

“(D) evaluate whether such operating rules are consistent with electronic standards adopted for health information technology; and

“(E) submit to the Secretary a recommendation as to whether the Secretary should adopt such operating rules.

“(4) IMPLEMENTATION.—

“(A) IN GENERAL.—The Secretary shall adopt operating rules under this subsection, by regulation in accordance with subparagraph (C), following consideration of the operating rules developed by the non-profit entity described in paragraph (2) and the recommendation submitted by the National Committee on Vital and Health Statistics under paragraph (3)(E) and having ensured consultation with providers.

“(B) ADOPTION REQUIREMENTS; EFFECTIVE DATES.—

“(i) ELIGIBILITY FOR A HEALTH PLAN AND HEALTH CLAIM STATUS.—The set of operating rules for eligibility for a health plan and health claim status transactions shall be adopted not later than July 1, 2011, in a manner ensuring that such operating rules are effective not later than January 1, 2013, and may allow for the use of a machine readable identification card.

“(ii) ELECTRONIC FUNDS TRANSFERS AND HEALTH CARE PAYMENT AND REMITTANCE ADVICE.—The set of operating rules for electronic funds transfers and health care payment and remittance advice transactions shall—

“(I) allow for automated reconciliation of the electronic payment with the remittance advice; and

“(II) be adopted not later than July 1, 2012, in a manner ensuring that such operating rules are effective not later than January 1, 2014.

“(iii) HEALTH CLAIMS OR EQUIVALENT ENCOUNTER INFORMATION, ENROLLMENT AND DISENROLLMENT IN A HEALTH PLAN, HEALTH PLAN PREMIUM PAYMENTS, REFERRAL CERTIFICATION AND AUTHORIZATION.—The set of operating rules for health claims or equivalent encounter information, enrollment and disenrollment in a health plan, health plan premium payments, and referral certification and authorization transactions shall be adopted not later than July 1, 2014, in a manner ensuring that such operating rules are effective not later than January 1, 2016.

“(C) EXPEDITED RULEMAKING.—The Secretary shall promulgate an interim final rule applying any standard or operating rule recommended by the National Committee on Vital and Health Statistics pursuant to paragraph (3). The Secretary shall accept and consider public comments on any interim final rule published under this subparagraph for 60 days after the date of such publication.

“(h) COMPLIANCE.—

“(I) HEALTH PLAN CERTIFICATION.—

“(A) ELIGIBILITY FOR A HEALTH PLAN, HEALTH CLAIM STATUS, ELECTRONIC FUNDS TRANSFERS, HEALTH CARE PAYMENT AND REMITTANCE ADVICE.—Not later than December 31, 2013, a health plan shall file a statement with the Secretary, in such form as the Secretary may require, certifying that the data and information systems for such plan are in compliance with any applicable standards (as described under paragraph (7) of section 1171) and associated operating rules (as described under paragraph (9) of such section) for electronic funds transfers, eligibility for a health plan, health claim status, and health care payment and remittance advice, respectively.

“(B) HEALTH CLAIMS OR EQUIVALENT ENCOUNTER INFORMATION, ENROLLMENT AND DISENROLLMENT IN A HEALTH PLAN, HEALTH PLAN PREMIUM PAYMENTS, HEALTH CLAIMS ATTACH-

MENTS, REFERRAL CERTIFICATION AND AUTHORIZATION.—Not later than December 31, 2015, a health plan shall file a statement with the Secretary, in such form as the Secretary may require, certifying that the data and information systems for such plan are in compliance with any applicable standards and associated operating rules for health claims or equivalent encounter information, enrollment and disenrollment in a health plan, health plan premium payments, health claims attachments, and referral certification and authorization, respectively. A health plan shall provide the same level of documentation to certify compliance with such transactions as is required to certify compliance with the transactions specified in subparagraph (A).

“(2) DOCUMENTATION OF COMPLIANCE.—A health plan shall provide the Secretary, in such form as the Secretary may require, with adequate documentation of compliance with the standards and operating rules described under paragraph (1). A health plan shall not be considered to have provided adequate documentation and shall not be certified as being in compliance with such standards, unless the health plan—

“(A) demonstrates to the Secretary that the plan conducts the electronic transactions specified in paragraph (1) in a manner that fully complies with the regulations of the Secretary; and

“(B) provides documentation showing that the plan has completed end-to-end testing for such transactions with their partners, such as hospitals and physicians.

“(3) SERVICE CONTRACTS.—A health plan shall be required to ensure that any entities that provide services pursuant to a contract with such health plan shall comply with any applicable certification and compliance requirements (and provide the Secretary with adequate documentation of such compliance) under this subsection.

“(4) CERTIFICATION BY OUTSIDE ENTITY.—The Secretary may designate independent, outside entities to certify that a health plan has complied with the requirements under this subsection, provided that the certification standards employed by such entities are in accordance with any standards or operating rules issued by the Secretary.

“(5) COMPLIANCE WITH REVISED STANDARDS AND OPERATING RULES.—

“(A) IN GENERAL.—A health plan (including entities described under paragraph (3)) shall file a statement with the Secretary, in such form as the Secretary may require, certifying that the data and information systems for such plan are in compliance with any applicable revised standards and associated operating rules under this subsection for any interim final rule promulgated by the Secretary under subsection (i) that—

“(i) amends any standard or operating rule described under paragraph (1) of this subsection; or

“(ii) establishes a standard (as described under subsection (a)(1)(B)) or associated operating rules (as described under subsection (i)(5)) for any other financial and administrative transactions.

“(B) DATE OF COMPLIANCE.—A health plan shall comply with such requirements not later than the effective date of the applicable standard or operating rule.

“(6) AUDITS OF HEALTH PLANS.—The Secretary shall conduct periodic audits to ensure that health plans (including entities described under paragraph (3)) are in compliance with any standards and operating rules that are described under paragraph (1) or subsection (i)(5).

“(i) REVIEW AND AMENDMENT OF STANDARDS AND OPERATING RULES.—

“(1) ESTABLISHMENT.—Not later than January 1, 2014, the Secretary shall establish a review committee (as described under paragraph (4)).

“(2) EVALUATIONS AND REPORTS.—

“(A) HEARINGS.—Not later than April 1, 2014, and not less than biennially thereafter, the Secretary, acting through the review committee, shall conduct hearings to evaluate and review the adopted standards and operating rules established under this section.

“(B) REPORT.—Not later than July 1, 2014, and not less than biennially thereafter, the review committee shall provide recommendations for updating and improving such standards and operating rules. The review committee shall recommend a single set of operating rules per transaction standard and maintain the goal of creating as much uniformity as possible in the implementation of the electronic standards.

“(3) INTERIM FINAL RULEMAKING.—

“(A) IN GENERAL.—Any recommendations to amend adopted standards and operating rules that have been approved by the review committee and reported to the Secretary under paragraph (2)(B) shall be adopted by the Secretary through promulgation of an interim final rule not later than 90 days after receipt of the committee's report.

“(B) PUBLIC COMMENT.—

“(i) PUBLIC COMMENT PERIOD.—The Secretary shall accept and consider public comments on any interim final rule published under this paragraph for 60 days after the date of such publication.

“(ii) EFFECTIVE DATE.—The effective date of any amendment to existing standards or operating rules that is adopted through an interim final rule published under this paragraph shall be 25 months following the close of such public comment period.

“(4) REVIEW COMMITTEE.—

“(A) DEFINITION.—For the purposes of this subsection, the term ‘review committee’ means a committee chartered by or within the Department of Health and Human Services that has been designated by the Secretary to carry out this subsection, including—

“(i) the National Committee on Vital and Health Statistics; or

“(ii) any appropriate committee as determined by the Secretary.

“(B) COORDINATION OF HIT STANDARDS.—In developing recommendations under this subsection, the review committee shall ensure coordination, as appropriate, with the standards that support the certified electronic health record technology approved by the Office of the National Coordinator for Health Information Technology.

“(5) OPERATING RULES FOR OTHER STANDARDS ADOPTED BY THE SECRETARY.—The Secretary shall adopt a single set of operating rules (pursuant to the process described under subsection (g)) for any transaction for which a standard had been adopted pursuant to subsection (a)(1)(B).

“(j) PENALTIES.—

“(I) PENALTY FEE.—

“(A) IN GENERAL.—Not later than April 1, 2014, and annually thereafter, the Secretary shall assess a penalty fee (as determined under subparagraph (B)) against a health plan that has failed to meet the requirements under subsection (h) with respect to certification and documentation of compliance with—

“(i) the standards and associated operating rules described under paragraph (1) of such subsection; and

“(ii) a standard (as described under subsection (a)(1)(B)) and associated operating rules (as described under subsection (i)(5)) for any other financial and administrative transactions.

“(B) FEE AMOUNT.—Subject to subparagraphs (C), (D), and (E), the Secretary shall assess a penalty fee against a health plan in the amount of \$1 per covered life until certification is complete. The penalty shall be assessed per person

covered by the plan for which its data systems for major medical policies are not in compliance and shall be imposed against the health plan for each day that the plan is not in compliance with the requirements under subsection (h).

“(C) **ADDITIONAL PENALTY FOR MISREPRESENTATION.**—A health plan that knowingly provides inaccurate or incomplete information in a statement of certification or documentation of compliance under subsection (h) shall be subject to a penalty fee that is double the amount that would otherwise be imposed under this subsection.

“(D) **ANNUAL FEE INCREASE.**—The amount of the penalty fee imposed under this subsection shall be increased on an annual basis by the annual percentage increase in total national health care expenditures, as determined by the Secretary.

“(E) **PENALTY LIMIT.**—A penalty fee assessed against a health plan under this subsection shall not exceed, on an annual basis—

“(i) an amount equal to \$20 per covered life under such plan; or

“(ii) an amount equal to \$40 per covered life under the plan if such plan has knowingly provided inaccurate or incomplete information (as described under subparagraph (C)).

“(F) **DETERMINATION OF COVERED INDIVIDUALS.**—The Secretary shall determine the number of covered lives under a health plan based upon the most recent statements and filings that have been submitted by such plan to the Securities and Exchange Commission.

“(2) **NOTICE AND DISPUTE PROCEDURE.**—The Secretary shall establish a procedure for assessment of penalty fees under this subsection that provides a health plan with reasonable notice and a dispute resolution procedure prior to provision of a notice of assessment by the Secretary of the Treasury (as described under paragraph (4)(B)).

“(3) **PENALTY FEE REPORT.**—Not later than May 1, 2014, and annually thereafter, the Secretary shall provide the Secretary of the Treasury with a report identifying those health plans that have been assessed a penalty fee under this subsection.

“(4) **COLLECTION OF PENALTY FEE.**—

“(A) **IN GENERAL.**—The Secretary of the Treasury, acting through the Financial Management Service, shall administer the collection of penalty fees from health plans that have been identified by the Secretary in the penalty fee report provided under paragraph (3).

“(B) **NOTICE.**—Not later than August 1, 2014, and annually thereafter, the Secretary of the Treasury shall provide notice to each health plan that has been assessed a penalty fee by the Secretary under this subsection. Such notice shall include the amount of the penalty fee assessed by the Secretary and the due date for payment of such fee to the Secretary of the Treasury (as described in subparagraph (C)).

“(C) **PAYMENT DUE DATE.**—Payment by a health plan for a penalty fee assessed under this subsection shall be made to the Secretary of the Treasury not later than November 1, 2014, and annually thereafter.

“(D) **UNPAID PENALTY FEES.**—Any amount of a penalty fee assessed against a health plan under this subsection for which payment has not been made by the due date provided under subparagraph (C) shall be—

“(i) increased by the interest accrued on such amount, as determined pursuant to the underpayment rate established under section 6621 of the Internal Revenue Code of 1986; and

“(ii) treated as a past-due, legally enforceable debt owed to a Federal agency for purposes of section 6402(d) of the Internal Revenue Code of 1986.

“(E) **ADMINISTRATIVE FEES.**—Any fee charged or allocated for collection activities conducted

by the Financial Management Service will be passed on to a health plan on a pro-rata basis and added to any penalty fee collected from the plan.”.

(c) **PROMULGATION OF RULES.**—

(1) **UNIQUE HEALTH PLAN IDENTIFIER.**—The Secretary shall promulgate a final rule to establish a unique health plan identifier (as described in section 1173(b) of the Social Security Act (42 U.S.C. 1320d-2(b))) based on the input of the National Committee on Vital and Health Statistics. The Secretary may do so on an interim final basis and such rule shall be effective not later than October 1, 2012.

(2) **ELECTRONIC FUNDS TRANSFER.**—The Secretary shall promulgate a final rule to establish a standard for electronic funds transfers (as described in section 1173(a)(2)(J) of the Social Security Act, as added by subsection (b)(2)(A)). The Secretary may do so on an interim final basis and shall adopt such standard not later than January 1, 2012, in a manner ensuring that such standard is effective not later than January 1, 2014.

(3) **HEALTH CLAIMS ATTACHMENTS.**—The Secretary shall promulgate a final rule to establish a transaction standard and a single set of associated operating rules for health claims attachments (as described in section 1173(a)(2)(B) of the Social Security Act (42 U.S.C. 1320d-2(a)(2)(B))) that is consistent with the X12 Version 5010 transaction standards. The Secretary may do so on an interim final basis and shall adopt a transaction standard and a single set of associated operating rules not later than January 1, 2014, in a manner ensuring that such standard is effective not later than January 1, 2016.

(4) **EXPANSION OF ELECTRONIC TRANSACTIONS IN MEDICARE.**—Section 1862(a) of the Social Security Act (42 U.S.C. 1395y(a)) is amended—

(1) in paragraph (23), by striking the “or” at the end;

(2) in paragraph (24), by striking the period and inserting “; or”; and

(3) by inserting after paragraph (24) the following new paragraph:

“(25) not later than January 1, 2014, for which the payment is other than by electronic funds transfer (EFT) or an electronic remittance in a form as specified in ASC X12 835 Health Care Payment and Remittance Advice or subsequent standard.”.

SEC. 1105. EFFECTIVE DATE.

This subtitle shall take effect on the date of enactment of this Act.

Subtitle C—Quality Health Insurance Coverage for All Americans

PART I—HEALTH INSURANCE MARKET REFORMS

SEC. 1201. AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.

Part A of title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.), as amended by section 1001, is further amended—

(1) by striking the heading for subpart 1 and inserting the following:

“Subpart 1—General Reform”;

(2)(A) in section 2701 (42 U.S.C. 300gg), by striking the section heading and subsection (a) and inserting the following:

“SEC. 2704. PROHIBITION OF PREEXISTING CONDITION EXCLUSIONS OR OTHER DISCRIMINATION BASED ON HEALTH STATUS.

“(a) **IN GENERAL.**—A group health plan and a health insurance issuer offering group or individual health insurance coverage may not impose any preexisting condition exclusion with respect to such plan or coverage.”; and

(B) by transferring such section (as amended by subparagraph (A)) so as to appear after the section 2703 added by paragraph (4);

(3)(A) in section 2702 (42 U.S.C. 300gg-1)—

(i) by striking the section heading and all that follows through subsection (a);

(ii) in subsection (b)—

(I) by striking “health insurance issuer offering health insurance coverage in connection with a group health plan” each place that such appears and inserting “health insurance issuer offering group or individual health insurance coverage”; and

(II) in paragraph (2)(A)—

(aa) by inserting “or individual” after “employer”; and

(bb) by inserting “or individual health coverage, as the case may be” before the semicolon; and

(iii) in subsection (e)—

(I) by striking “(a)(1)(F)” and inserting “(a)(6)”; and

(II) by striking “2701” and inserting “2704”; and

(III) by striking “2721(a)” and inserting “2735(a)”; and

(B) by transferring such section (as amended by subparagraph (A)) to appear after section 2705(a) as added by paragraph (4); and

(4) by inserting after the subpart heading (as added by paragraph (1)) the following:

“SEC. 2701. FAIR HEALTH INSURANCE PREMIUMS.

“(a) **PROHIBITING DISCRIMINATORY PREMIUM RATES.**—

“(1) **IN GENERAL.**—With respect to the premium rate charged by a health insurance issuer for health insurance coverage offered in the individual or small group market—

“(A) such rate shall vary with respect to the particular plan or coverage involved only by—

“(i) whether such plan or coverage covers an individual or family;

“(ii) rating area, as established in accordance with paragraph (2);

“(iii) age, except that such rate shall not vary by more than 3 to 1 for adults (consistent with section 2707(c)); and

“(iv) tobacco use, except that such rate shall not vary by more than 1.5 to 1; and

“(B) such rate shall not vary with respect to the particular plan or coverage involved by any other factor not described in subparagraph (A).

“(2) **RATING AREA.**—

“(A) **IN GENERAL.**—Each State shall establish 1 or more rating areas within that State for purposes of applying the requirements of this title.

“(B) **SECRETARIAL REVIEW.**—The Secretary shall review the rating areas established by each State under subparagraph (A) to ensure the adequacy of such areas for purposes of carrying out the requirements of this title. If the Secretary determines a State's rating areas are not adequate, or that a State does not establish such areas, the Secretary may establish rating areas for that State.

“(3) **PERMISSIBLE AGE BANDS.**—The Secretary, in consultation with the National Association of Insurance Commissioners, shall define the permissible age bands for rating purposes under paragraph (1)(A)(iii).

“(4) **APPLICATION OF VARIATIONS BASED ON AGE OR TOBACCO USE.**—With respect to family coverage under a group health plan or health insurance coverage, the rating variations permitted under clauses (iii) and (iv) of paragraph (1)(A) shall be applied based on the portion of the premium that is attributable to each family member covered under the plan or coverage.

“(5) **SPECIAL RULE FOR LARGE GROUP MARKET.**—If a State permits health insurance issuers that offer coverage in the large group market in the State to offer such coverage through the State Exchange (as provided for under section 1312(f)(2)(B) of the Patient Protection and Affordable Care Act), the provisions of this subsection shall apply to all coverage offered in such market in the State.

“SEC. 2702. GUARANTEED AVAILABILITY OF COVERAGE.

“(a) **GUARANTEED ISSUANCE OF COVERAGE IN THE INDIVIDUAL AND GROUP MARKET.**—Subject to subsections (b) through (e), each health insurance issuer that offers health insurance coverage in the individual or group market in a State must accept every employer and individual in the State that applies for such coverage.

“(b) **ENROLLMENT.**—

“(1) **RESTRICTION.**—A health insurance issuer described in subsection (a) may restrict enrollment in coverage described in such subsection to open or special enrollment periods.

“(2) **ESTABLISHMENT.**—A health insurance issuer described in subsection (a) shall, in accordance with the regulations promulgated under paragraph (3), establish special enrollment periods for qualifying events (under section 603 of the Employee Retirement Income Security Act of 1974).

“(3) **REGULATIONS.**—The Secretary shall promulgate regulations with respect to enrollment periods under paragraphs (1) and (2).

“SEC. 2703. GUARANTEED RENEWABILITY OF COVERAGE.

“(a) **IN GENERAL.**—Except as provided in this section, if a health insurance issuer offers health insurance coverage in the individual or group market, the issuer must renew or continue in force such coverage at the option of the plan sponsor or the individual, as applicable.

“SEC. 2705. PROHIBITING DISCRIMINATION AGAINST INDIVIDUAL PARTICIPANTS AND BENEFICIARIES BASED ON HEALTH STATUS.

“(a) **IN GENERAL.**—A group health plan and a health insurance issuer offering group or individual health insurance coverage may not establish rules for eligibility (including continued eligibility) of any individual to enroll under the terms of the plan or coverage based on any of the following health status-related factors in relation to the individual or a dependent of the individual:

“(1) Health status.

“(2) Medical condition (including both physical and mental illnesses).

“(3) Claims experience.

“(4) Receipt of health care.

“(5) Medical history.

“(6) Genetic information.

“(7) Evidence of insurability (including conditions arising out of acts of domestic violence).

“(8) Disability.

“(9) Any other health status-related factor determined appropriate by the Secretary.

“(j) PROGRAMS OF HEALTH PROMOTION OR DISEASE PREVENTION.—

“(1) **GENERAL PROVISIONS.**—

“(A) **GENERAL RULE.**—For purposes of subsection (b)(2)(B), a program of health promotion or disease prevention (referred to in this subsection as a ‘wellness program’) shall be a program offered by an employer that is designed to promote health or prevent disease that meets the applicable requirements of this subsection.

“(B) **NO CONDITIONS BASED ON HEALTH STATUS FACTOR.**—If none of the conditions for obtaining a premium discount or rebate or other reward for participation in a wellness program is based on an individual satisfying a standard that is related to a health status factor, such wellness program shall not violate this section if participation in the program is made available to all similarly situated individuals and the requirements of paragraph (2) are complied with.

“(C) **CONDITIONS BASED ON HEALTH STATUS FACTOR.**—If any of the conditions for obtaining a premium discount or rebate or other reward for participation in a wellness program is based on an individual satisfying a standard that is related to a health status factor, such wellness program shall not violate this section if the requirements of paragraph (3) are complied with.

“(2) **WELLNESS PROGRAMS NOT SUBJECT TO REQUIREMENTS.**—If none of the conditions for obtaining a premium discount or rebate or other reward under a wellness program as described in paragraph (1)(B) are based on an individual satisfying a standard that is related to a health status factor (or if such a wellness program does not provide such a reward), the wellness program shall not violate this section if participation in the program is made available to all similarly situated individuals. The following programs shall not have to comply with the requirements of paragraph (3) if participation in the program is made available to all similarly situated individuals:

“(A) A program that reimburses all or part of the cost for memberships in a fitness center.

“(B) A diagnostic testing program that provides a reward for participation and does not base any part of the reward on outcomes.

“(C) A program that encourages preventive care related to a health condition through the waiver of the copayment or deductible requirement under group health plan for the costs of certain items or services related to a health condition (such as prenatal care or well-baby visits).

“(D) A program that reimburses individuals for the costs of smoking cessation programs without regard to whether the individual quits smoking.

“(E) A program that provides a reward to individuals for attending a periodic health education seminar.

“(3) **WELLNESS PROGRAMS SUBJECT TO REQUIREMENTS.**—If any of the conditions for obtaining a premium discount, rebate, or reward under a wellness program as described in paragraph (1)(C) is based on an individual satisfying a standard that is related to a health status factor, the wellness program shall not violate this section if the following requirements are complied with:

“(A) The reward for the wellness program, together with the reward for other wellness programs with respect to the plan that requires satisfaction of a standard related to a health status factor, shall not exceed 30 percent of the cost of employee-only coverage under the plan. If, in addition to employees or individuals, any class of dependents (such as spouses or spouses and dependent children) may participate fully in the wellness program, such reward shall not exceed 30 percent of the cost of the coverage in which an employee or individual and any dependents are enrolled. For purposes of this paragraph, the cost of coverage shall be determined based on the total amount of employer and employee contributions for the benefit package under which the employee is (or the employee and any dependents are) receiving coverage. A reward may be in the form of a discount or rebate of a premium or contribution, a waiver of all or part of a cost-sharing mechanism (such as deductibles, copayments, or coinsurance), the absence of a surcharge, or the value of a benefit that would otherwise not be provided under the plan. The Secretaries of Labor, Health and Human Services, and the Treasury may increase the reward available under this subparagraph to up to 50 percent of the cost of coverage if the Secretaries determine that such an increase is appropriate.

“(B) The wellness program shall be reasonably designed to promote health or prevent disease. A program complies with the preceding sentence if the program has a reasonable chance of improving the health of, or preventing disease in, participating individuals and it is not overly burdensome, is not a subterfuge for discriminating based on a health status factor, and is not highly suspect in the method chosen to promote health or prevent disease.

“(C) The plan shall give individuals eligible for the program the opportunity to qualify for

the reward under the program at least once each year.

“(D) The full reward under the wellness program shall be made available to all similarly situated individuals. For such purpose, among other things:

“(i) The reward is not available to all similarly situated individuals for a period unless the wellness program allows—

“(I) for a reasonable alternative standard (or waiver of the otherwise applicable standard) for obtaining the reward for any individual for whom, for that period, it is unreasonably difficult due to a medical condition to satisfy the otherwise applicable standard; and

“(II) for a reasonable alternative standard (or waiver of the otherwise applicable standard) for obtaining the reward for any individual for whom, for that period, it is medically inadvisable to attempt to satisfy the otherwise applicable standard.

“(ii) If reasonable under the circumstances, the plan or issuer may seek verification, such as a statement from an individual’s physician, that a health status factor makes it unreasonably difficult or medically inadvisable for the individual to satisfy or attempt to satisfy the otherwise applicable standard.

“(E) The plan or issuer involved shall disclose in all plan materials describing the terms of the wellness program the availability of a reasonable alternative standard (or the possibility of waiver of the otherwise applicable standard) required under subparagraph (D). If plan materials disclose that such a program is available, without describing its terms, the disclosure under this subparagraph shall not be required.

“(k) **EXISTING PROGRAMS.**—Nothing in this section shall prohibit a program of health promotion or disease prevention that was established prior to the date of enactment of this section and applied with all applicable regulations, and that is operating on such date, from continuing to be carried out for as long as such regulations remain in effect.

“(l) WELLNESS PROGRAM DEMONSTRATION PROJECT.—

“(1) **IN GENERAL.**—Not later than July 1, 2014, the Secretary, in consultation with the Secretary of the Treasury and the Secretary of Labor, shall establish a 10-State demonstration project under which participating States shall apply the provisions of subsection (j) to programs of health promotion offered by a health insurance issuer that offers health insurance coverage in the individual market in such State.

“(2) **EXPANSION OF DEMONSTRATION PROJECT.**—If the Secretary, in consultation with the Secretary of the Treasury and the Secretary of Labor, determines that the demonstration project described in paragraph (1) is effective, such Secretaries may, beginning on July 1, 2017 expand such demonstration project to include additional participating States.

“(3) REQUIREMENTS.—

“(A) **MAINTENANCE OF COVERAGE.**—The Secretary, in consultation with the Secretary of the Treasury and the Secretary of Labor, shall not approve the participation of a State in the demonstration project under this section unless the Secretaries determine that the State’s project is designed in a manner that—

“(i) will not result in any decrease in coverage; and

“(ii) will not increase the cost to the Federal Government in providing credits under section 36B of the Internal Revenue Code of 1986 or cost-sharing assistance under section 1402 of the Patient Protection and Affordable Care Act.

“(B) **OTHER REQUIREMENTS.**—States that participate in the demonstration project under this subsection—

“(i) may permit premium discounts or rebates or the modification of otherwise applicable copayments or deductibles for adherence to, or

participation in, a reasonably designed program of health promotion and disease prevention;

“(ii) shall ensure that requirements of consumer protection are met in programs of health promotion in the individual market;

“(iii) shall require verification from health insurance issuers that offer health insurance coverage in the individual market of such State that premium discounts—

“(I) do not create undue burdens for individuals insured in the individual market;

“(II) do not lead to cost shifting; and

“(III) are not a subterfuge for discrimination;

“(iv) shall ensure that consumer data is protected in accordance with the requirements of section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d–2 note); and

“(v) shall ensure and demonstrate to the satisfaction of the Secretary that the discounts or other rewards provided under the project reflect the expected level of participation in the wellness program involved and the anticipated effect the program will have on utilization or medical claim costs.

“(m) REPORT.—

“(1) IN GENERAL.—Not later than 3 years after the date of enactment of the Patient Protection and Affordable Care Act, the Secretary, in consultation with the Secretary of the Treasury and the Secretary of Labor, shall submit a report to the appropriate committees of Congress concerning—

“(A) the effectiveness of wellness programs (as defined in subsection (j)) in promoting health and preventing disease;

“(B) the impact of such wellness programs on the access to care and affordability of coverage for participants and non-participants of such programs;

“(C) the impact of premium-based and cost-sharing incentives on participant behavior and the role of such programs in changing behavior; and

“(D) the effectiveness of different types of rewards.

“(2) DATA COLLECTION.—In preparing the report described in paragraph (1), the Secretaries shall gather relevant information from employers who provide employees with access to wellness programs, including State and Federal agencies.

“(n) REGULATIONS.—Nothing in this section shall be construed as prohibiting the Secretaries of Labor, Health and Human Services, or the Treasury from promulgating regulations in connection with this section.

“SEC. 2706. NON-DISCRIMINATION IN HEALTH CARE.

“(a) PROVIDERS.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider’s license or certification under applicable State law. This section shall not require that a group health plan or health insurance issuer contract with any health care provider willing to abide by the terms and conditions for participation established by the plan or issuer. Nothing in this section shall be construed as preventing a group health plan, a health insurance issuer, or the Secretary from establishing varying reimbursement rates based on quality or performance measures.

“(b) INDIVIDUALS.—The provisions of section 1558 of the Patient Protection and Affordable Care Act (relating to non-discrimination) shall apply with respect to a group health plan or health insurance issuer offering group or individual health insurance coverage.

“SEC. 2707. COMPREHENSIVE HEALTH INSURANCE COVERAGE.

“(a) COVERAGE FOR ESSENTIAL HEALTH BENEFITS PACKAGE.—A health insurance issuer that

offers health insurance coverage in the individual or small group market shall ensure that such coverage includes the essential health benefits package required under section 1302(a) of the Patient Protection and Affordable Care Act.

“(b) COST-SHARING UNDER GROUP HEALTH PLANS.—A group health plan shall ensure that any annual cost-sharing imposed under the plan does not exceed the limitations provided for under paragraphs (1) and (2) of section 1302(c).

“(c) CHILD-ONLY PLANS.—If a health insurance issuer offers health insurance coverage in any level of coverage specified under section 1302(d) of the Patient Protection and Affordable Care Act, the issuer shall also offer such coverage in that level as a plan in which the only enrollees are individuals who, as of the beginning of a plan year, have not attained the age of 21.

“(d) DENTAL ONLY.—This section shall not apply to a plan described in section 1302(d)(2)(B)(ii)(I).

“SEC. 2708. PROHIBITION ON EXCESSIVE WAITING PERIODS.

“A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not apply any waiting period (as defined in section 2704(b)(4)) that exceeds 90 days.”

PART II—OTHER PROVISIONS

SEC. 1251. PRESERVATION OF RIGHT TO MAINTAIN EXISTING COVERAGE.

(a) NO CHANGES TO EXISTING COVERAGE.—

(1) IN GENERAL.—Nothing in this Act (or an amendment made by this Act) shall be construed to require that an individual terminate coverage under a group health plan or health insurance coverage in which such individual was enrolled on the date of enactment of this Act.

(2) CONTINUATION OF COVERAGE.—With respect to a group health plan or health insurance coverage in which an individual was enrolled on the date of enactment of this Act, this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply to such plan or coverage, regardless of whether the individual renews such coverage after such date of enactment.

(b) ALLOWANCE FOR FAMILY MEMBERS TO JOIN CURRENT COVERAGE.—With respect to a group health plan or health insurance coverage in which an individual was enrolled on the date of enactment of this Act and which is renewed after such date, family members of such individual shall be permitted to enroll in such plan or coverage if such enrollment is permitted under the terms of the plan in effect as of such date of enactment.

(c) ALLOWANCE FOR NEW EMPLOYEES TO JOIN CURRENT PLAN.—A group health plan that provides coverage on the date of enactment of this Act may provide for the enrolling of new employees (and their families) in such plan, and this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply with respect to such plan and such new employees (and their families).

(d) EFFECT ON COLLECTIVE BARGAINING AGREEMENTS.—In the case of health insurance coverage maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers that was ratified before the date of enactment of this Act, the provisions of this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply until the date on which the last of the collective bargaining agreements relating to the coverage terminates. Any coverage amendment made pursuant to a collective bargaining agreement relating to the coverage which amends the coverage solely to conform to any requirement added by this subtitle or subtitle A (or amendments) shall not be treated as a termination of such collective bargaining agreement.

(e) DEFINITION.—In this title, the term “grandfathered health plan” means any group health plan or health insurance coverage to which this section applies.

SEC. 1252. RATING REFORMS MUST APPLY UNIFORMLY TO ALL HEALTH INSURANCE ISSUERS AND GROUP HEALTH PLANS.

Any standard or requirement adopted by a State pursuant to this title, or any amendment made by this title, shall be applied uniformly to all health plans in each insurance market to which the standard and requirements apply. The preceding sentence shall also apply to a State standard or requirement relating to the standard or requirement required by this title (or any such amendment) that is not the same as the standard or requirement but that is not preempted under section 1321(d).

SEC. 1253. EFFECTIVE DATES.

This subtitle (and the amendments made by this subtitle) shall become effective for plan years beginning on or after January 1, 2014.

Subtitle D—Available Coverage Choices for All Americans

PART I—ESTABLISHMENT OF QUALIFIED HEALTH PLANS

SEC. 1301. QUALIFIED HEALTH PLAN DEFINED.

(a) QUALIFIED HEALTH PLAN.—In this title:

(1) IN GENERAL.—The term “qualified health plan” means a health plan that—

(A) has in effect a certification (which may include a seal or other indication of approval) that such plan meets the criteria for certification described in section 1311(c) issued or recognized by each Exchange through which such plan is offered;

(B) provides the essential health benefits package described in section 1302(a); and

(C) is offered by a health insurance issuer that—

(i) is licensed and in good standing to offer health insurance coverage in each State in which such issuer offers health insurance coverage under this title;

(ii) agrees to offer at least one qualified health plan in the silver level and at least one plan in the gold level in each such Exchange;

(iii) agrees to charge the same premium rate for each qualified health plan of the issuer without regard to whether the plan is offered through an Exchange or whether the plan is offered directly from the issuer or through an agent; and

(iv) complies with the regulations developed by the Secretary under section 1311(d) and such other requirements as an applicable Exchange may establish.

(2) INCLUSION OF CO-OP PLANS AND COMMUNITY HEALTH INSURANCE OPTION.—Any reference in this title to a qualified health plan shall be deemed to include a qualified health plan offered through the CO-OP program under section 1322 or a community health insurance option under section 1323, unless specifically provided for otherwise.

(b) TERMS RELATING TO HEALTH PLANS.—In this title:

(1) HEALTH PLAN.—

(A) IN GENERAL.—The term “health plan” means health insurance coverage and a group health plan.

(B) EXCEPTION FOR SELF-INSURED PLANS AND MEWAS.—Except to the extent specifically provided by this title, the term “health plan” shall not include a group health plan or multiple employer welfare arrangement to the extent the plan or arrangement is not subject to State insurance regulation under section 514 of the Employee Retirement Income Security Act of 1974.

(2) HEALTH INSURANCE COVERAGE AND ISSUER.—The terms “health insurance coverage” and “health insurance issuer” have the meanings given such terms by section 2791(b) of the Public Health Service Act.

(3) **GROUP HEALTH PLAN.**—The term “group health plan” has the meaning given such term by section 2791(a) of the Public Health Service Act.

SEC. 1302. ESSENTIAL HEALTH BENEFITS REQUIREMENTS.

(a) **ESSENTIAL HEALTH BENEFITS PACKAGE.**—In this title, the term “essential health benefits package” means, with respect to any health plan, coverage that—

(1) provides for the essential health benefits defined by the Secretary under subsection (b);

(2) limits cost-sharing for such coverage in accordance with subsection (c); and

(3) subject to subsection (e), provides either the bronze, silver, gold, or platinum level of coverage described in subsection (d).

(b) **ESSENTIAL HEALTH BENEFITS.**—

(1) **IN GENERAL.**—Subject to paragraph (2), the Secretary shall define the essential health benefits, except that such benefits shall include at least the following general categories and the items and services covered within the categories:

(A) Ambulatory patient services.

(B) Emergency services.

(C) Hospitalization.

(D) Maternity and newborn care.

(E) Mental health and substance use disorder services, including behavioral health treatment.

(F) Prescription drugs.

(G) Rehabilitative and habilitative services and devices.

(H) Laboratory services.

(I) Preventive and wellness services and chronic disease management.

(J) Pediatric services, including oral and vision care.

(2) **LIMITATION.**—

(A) **IN GENERAL.**—The Secretary shall ensure that the scope of the essential health benefits under paragraph (1) is equal to the scope of benefits provided under a typical employer plan, as determined by the Secretary. To inform this determination, the Secretary of Labor shall conduct a survey of employer-sponsored coverage to determine the benefits typically covered by employers, including multiemployer plans, and provide a report on such survey to the Secretary.

(B) **CERTIFICATION.**—In defining the essential health benefits described in paragraph (1), and in revising the benefits under paragraph (4)(H), the Secretary shall submit a report to the appropriate committees of Congress containing a certification from the Chief Actuary of the Centers for Medicare & Medicaid Services that such essential health benefits meet the limitation described in paragraph (2).

(3) **NOTICE AND HEARING.**—In defining the essential health benefits described in paragraph (1), and in revising the benefits under paragraph (4)(H), the Secretary shall provide notice and an opportunity for public comment.

(4) **REQUIRED ELEMENTS FOR CONSIDERATION.**—In defining the essential health benefits under paragraph (1), the Secretary shall—

(A) ensure that such essential health benefits reflect an appropriate balance among the categories described in such subsection, so that benefits are not unduly weighted toward any category;

(B) not make coverage decisions, determine reimbursement rates, establish incentive programs, or design benefits in ways that discriminate against individuals because of their age, disability, or expected length of life;

(C) take into account the health care needs of diverse segments of the population, including women, children, persons with disabilities, and other groups;

(D) ensure that health benefits established as essential not be subject to denial to individuals against their wishes on the basis of the individuals' age or expected length of life or of the in-

dividuals' present or predicted disability, degree of medical dependency, or quality of life;

(E) provide that a qualified health plan shall not be treated as providing coverage for the essential health benefits described in paragraph (1) unless the plan provides that—

(i) coverage for emergency department services will be provided without imposing any requirement under the plan for prior authorization of services or any limitation on coverage where the provider of services does not have a contractual relationship with the plan for the providing of services that is more restrictive than the requirements or limitations that apply to emergency department services received from providers who do have such a contractual relationship with the plan; and

(ii) if such services are provided out-of-network, the cost-sharing requirement (expressed as a copayment amount or coinsurance rate) is the same requirement that would apply if such services were provided in-network;

(F) provide that if a plan described in section 1311(b)(2)(B)(ii) (relating to stand-alone dental benefits plans) is offered through an Exchange, another health plan offered through such Exchange shall not fail to be treated as a qualified health plan solely because the plan does not offer coverage of benefits offered through the stand-alone plan that are otherwise required under paragraph (1)(J); and

(G) periodically review the essential health benefits under paragraph (1), and provide a report to Congress and the public that contains—

(i) an assessment of whether enrollees are facing any difficulty accessing needed services for reasons of coverage or cost;

(ii) an assessment of whether the essential health benefits needs to be modified or updated to account for changes in medical evidence or scientific advancement;

(iii) information on how the essential health benefits will be modified to address any such gaps in access or changes in the evidence base;

(iv) an assessment of the potential of additional or expanded benefits to increase costs and the interactions between the addition or expansion of benefits and reductions in existing benefits to meet actuarial limitations described in paragraph (2); and

(H) periodically update the essential health benefits under paragraph (1) to address any gaps in access to coverage or changes in the evidence base the Secretary identifies in the review conducted under subparagraph (G).

(5) **RULE OF CONSTRUCTION.**—Nothing in this title shall be construed to prohibit a health plan from providing benefits in excess of the essential health benefits described in this subsection.

(c) **REQUIREMENTS RELATING TO COST-SHARING.**—

(1) **ANNUAL LIMITATION ON COST-SHARING.**—

(A) 2014.—The cost-sharing incurred under a health plan with respect to self-only coverage or coverage other than self-only coverage for a plan year beginning in 2014 shall not exceed the dollar amounts in effect under section 223(c)(2)(A)(ii) of the Internal Revenue Code of 1986 for self-only and family coverage, respectively, for taxable years beginning in 2014.

(B) 2015 AND LATER.—In the case of any plan year beginning in a calendar year after 2014, the limitation under this paragraph shall—

(i) in the case of self-only coverage, be equal to the dollar amount under subparagraph (A) for self-only coverage for plan years beginning in 2014, increased by an amount equal to the product of that amount and the premium adjustment percentage under paragraph (4) for the calendar year; and

(ii) in the case of other coverage, twice the amount in effect under clause (i).

If the amount of any increase under clause (i) is not a multiple of \$50, such increase shall be rounded to the next lowest multiple of \$50.

(2) **ANNUAL LIMITATION ON DEDUCTIBLES FOR EMPLOYER-SPONSORED PLANS.**—

(A) **IN GENERAL.**—In the case of a health plan offered in the small group market, the deductible under the plan shall not exceed—

(i) \$2,000 in the case of a plan covering a single individual; and

(ii) \$4,000 in the case of any other plan.

The amounts under clauses (i) and (ii) may be increased by the maximum amount of reimbursement which is reasonably available to a participant under a flexible spending arrangement described in section 106(c)(2) of the Internal Revenue Code of 1986 (determined without regard to any salary reduction arrangement).

(B) **INDEXING OF LIMITS.**—In the case of any plan year beginning in a calendar year after 2014—

(i) the dollar amount under subparagraph (A)(i) shall be increased by an amount equal to the product of that amount and the premium adjustment percentage under paragraph (4) for the calendar year; and

(ii) the dollar amount under subparagraph (A)(ii) shall be increased to an amount equal to twice the amount in effect under subparagraph (A)(i) for plan years beginning in the calendar year, determined after application of clause (i). If the amount of any increase under clause (i) is not a multiple of \$50, such increase shall be rounded to the next lowest multiple of \$50.

(C) **ACTUARIAL VALUE.**—The limitation under this paragraph shall be applied in such a manner so as to not affect the actuarial value of any health plan, including a plan in the bronze level.

(D) **COORDINATION WITH PREVENTIVE LIMITS.**—Nothing in this paragraph shall be construed to allow a plan to have a deductible under the plan apply to benefits described in section 2713 of the Public Health Service Act.

(3) **COST-SHARING.**—In this title—

(A) **IN GENERAL.**—The term “cost-sharing” includes—

(i) deductibles, coinsurance, copayments, or similar charges; and

(ii) any other expenditure required of an insured individual which is a qualified medical expense (within the meaning of section 223(d)(2) of the Internal Revenue Code of 1986) with respect to essential health benefits covered under the plan.

(B) **EXCEPTIONS.**—Such term does not include premiums, balance billing amounts for non-network providers, or spending for non-covered services.

(4) **PREMIUM ADJUSTMENT PERCENTAGE.**—For purposes of paragraphs (1)(B)(i) and (2)(B)(i), the premium adjustment percentage for any calendar year is the percentage (if any) by which the average per capita premium for health insurance coverage in the United States for the preceding calendar year (as estimated by the Secretary no later than October 1 of such preceding calendar year) exceeds such average per capita premium for 2013 (as determined by the Secretary).

(d) **LEVELS OF COVERAGE.**—

(1) **LEVELS OF COVERAGE DEFINED.**—The levels of coverage described in this subsection are as follows:

(A) **BRONZE LEVEL.**—A plan in the bronze level shall provide a level of coverage that is designed to provide benefits that are actuarially equivalent to 60 percent of the full actuarial value of the benefits provided under the plan.

(B) **SILVER LEVEL.**—A plan in the silver level shall provide a level of coverage that is designed to provide benefits that are actuarially equivalent to 70 percent of the full actuarial value of the benefits provided under the plan.

(C) **GOLD LEVEL.**—A plan in the gold level shall provide a level of coverage that is designed to provide benefits that are actuarially equivalent to 80 percent of the full actuarial value of the benefits provided under the plan.

(D) **PLATINUM LEVEL.**—A plan in the platinum level shall provide a level of coverage that is designed to provide benefits that are actuarially equivalent to 90 percent of the full actuarial value of the benefits provided under the plan.

(2) **ACTUARIAL VALUE.**—

(A) **IN GENERAL.**—Under regulations issued by the Secretary, the level of coverage of a plan shall be determined on the basis that the essential health benefits described in subsection (b) shall be provided to a standard population (and without regard to the population the plan may actually provide benefits to).

(B) **EMPLOYER CONTRIBUTIONS.**—The Secretary may issue regulations under which employer contributions to a health savings account (within the meaning of section 223 of the Internal Revenue Code of 1986) may be taken into account in determining the level of coverage for a plan of the employer.

(C) **APPLICATION.**—In determining under this title, the Public Health Service Act, or the Internal Revenue Code of 1986 the percentage of the total allowed costs of benefits provided under a group health plan or health insurance coverage that are provided by such plan or coverage, the rules contained in the regulations under this paragraph shall apply.

(3) **ALLOWABLE VARIANCE.**—The Secretary shall develop guidelines to provide for a de minimis variation in the actuarial valuations used in determining the level of coverage of a plan to account for differences in actuarial estimates.

(4) **PLAN REFERENCE.**—In this title, any reference to a bronze, silver, gold, or platinum plan shall be treated as a reference to a qualified health plan providing a bronze, silver, gold, or platinum level of coverage, as the case may be.

(e) **CATASTROPHIC PLAN.**—

(1) **IN GENERAL.**—A health plan not providing a bronze, silver, gold, or platinum level of coverage shall be treated as meeting the requirements of subsection (d) with respect to any plan year if—

(A) the only individuals who are eligible to enroll in the plan are individuals described in paragraph (2); and

(B) the plan provides—

(i) except as provided in clause (ii), the essential health benefits determined under subsection (b), except that the plan provides no benefits for any plan year until the individual has incurred cost-sharing expenses in an amount equal to the annual limitation in effect under subsection (c)(1) for the plan year (except as provided for in section 2713); and

(ii) coverage for at least three primary care visits.

(2) **INDIVIDUALS ELIGIBLE FOR ENROLLMENT.**—An individual is described in this paragraph for any plan year if the individual—

(A) has not attained the age of 30 before the beginning of the plan year; or

(B) has a certification in effect for any plan year under this title that the individual is exempt from the requirement under section 5000A of the Internal Revenue Code of 1986 by reason of—

(i) section 5000A(e)(1) of such Code (relating to individuals without affordable coverage); or

(ii) section 5000A(e)(5) of such Code (relating to individuals with hardships).

(3) **RESTRICTION TO INDIVIDUAL MARKET.**—If a health insurance issuer offers a health plan described in this subsection, the issuer may only offer the plan in the individual market.

(f) **CHILD-ONLY PLANS.**—If a qualified health plan is offered through the Exchange in any level of coverage specified under subsection (d), the issuer shall also offer that plan through the Exchange in that level as a plan in which the only enrollees are individuals who, as of the beginning of a plan year, have not attained the age of 21, and such plan shall be treated as a qualified health plan.

SEC. 1303. SPECIAL RULES.

(a) **SPECIAL RULES RELATING TO COVERAGE OF ABORTION SERVICES.**—

(1) **VOLUNTARY CHOICE OF COVERAGE OF ABORTION SERVICES.**—

(A) **IN GENERAL.**—Notwithstanding any other provision of this title (or any amendment made by this title), and subject to subparagraphs (C) and (D)—

(i) nothing in this title (or any amendment made by this title), shall be construed to require a qualified health plan to provide coverage of services described in subparagraph (B)(i) or (B)(ii) as part of its essential health benefits for any plan year; and

(ii) the issuer of a qualified health plan shall determine whether or not the plan provides coverage of services described in subparagraph (B)(i) or (B)(ii) as part of such benefits for the plan year.

(B) **ABORTION SERVICES.**—

(i) **ABORTIONS FOR WHICH PUBLIC FUNDING IS PROHIBITED.**—The services described in this clause are abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is not permitted, based on the law as in effect as of the date that is 6 months before the beginning of the plan year involved.

(ii) **ABORTIONS FOR WHICH PUBLIC FUNDING IS ALLOWED.**—The services described in this clause are abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is permitted, based on the law as in effect as of the date that is 6 months before the beginning of the plan year involved.

(C) **PROHIBITION ON FEDERAL FUNDS FOR ABORTION SERVICES IN COMMUNITY HEALTH INSURANCE OPTION.**—

(i) **DETERMINATION BY SECRETARY.**—The Secretary may not determine, in accordance with subparagraph (A)(ii), that the community health insurance option established under section 1323 shall provide coverage of services described in subparagraph (B)(i) as part of benefits for the plan year unless the Secretary—

(I) assures compliance with the requirements of paragraph (2);

(II) assures, in accordance with applicable provisions of generally accepted accounting requirements, circulars on funds management of the Office of Management and Budget, and guidance on accounting of the Government Accountability Office, that no Federal funds are used for such coverage; and

(III) notwithstanding section 1323(e)(1)(C) or any other provision of this title, takes all necessary steps to assure that the United States does not bear the insurance risk for a community health insurance option's coverage of services described in subparagraph (B)(i).

(ii) **STATE REQUIREMENT.**—If a State requires, in addition to the essential health benefits required under section 1323(b)(3) (A), coverage of services described in subparagraph (B)(i) for enrollees of a community health insurance option offered in such State, the State shall assure that no funds flowing through or from the community health insurance option, and no other Federal funds, pay or defray the cost of providing coverage of services described in subparagraph (B)(i). The United States shall not bear the insurance risk for a State's required coverage of services described in subparagraph (B)(i).

(iii) **EXCEPTIONS.**—Nothing in this subparagraph shall apply to coverage of services described in subparagraph (B)(ii) by the community health insurance option. Services described in subparagraph (B)(ii) shall be covered to the same extent as such services are covered under title XIX of the Social Security Act.

(D) **ASSURED AVAILABILITY OF VARIED COVERAGE THROUGH EXCHANGES.**—

(i) **IN GENERAL.**—The Secretary shall assure that with respect to qualified health plans offered in any Exchange established pursuant to this title—

(I) there is at least one such plan that provides coverage of services described in clauses (i) and (ii) of subparagraph (B); and

(II) there is at least one such plan that does not provide coverage of services described in subparagraph (B)(i).

(ii) **SPECIAL RULES.**—For purposes of clause (i)—

(I) a plan shall be treated as described in clause (i)(II) if the plan does not provide coverage of services described in either subparagraph (B)(i) or (B)(ii); and

(II) if a State has one Exchange covering more than 1 insurance market, the Secretary shall meet the requirements of clause (i) separately with respect to each such market.

(2) **PROHIBITION ON THE USE OF FEDERAL FUNDS.**—

(A) **IN GENERAL.**—If a qualified health plan provides coverage of services described in paragraph (1)(B)(i), the issuer of the plan shall not use any amount attributable to any of the following for purposes of paying for such services:

(i) The credit under section 36B of the Internal Revenue Code of 1986 (and the amount (if any) of the advance payment of the credit under section 1412 of the Patient Protection and Affordable Care Act).

(ii) Any cost-sharing reduction under section 1402 of the Patient Protection and Affordable Care Act (and the amount (if any) of the advance payment of the reduction under section 1412 of the Patient Protection and Affordable Care Act).

(B) **SEGREGATION OF FUNDS.**—In the case of a plan to which subparagraph (A) applies, the issuer of the plan shall, out of amounts not described in subparagraph (A), segregate an amount equal to the actuarial amounts determined under subparagraph (C) for all enrollees from the amounts described in subparagraph (A).

(C) **ACTUARIAL VALUE OF OPTIONAL SERVICE COVERAGE.**—

(i) **IN GENERAL.**—The Secretary shall estimate the basic per enrollee, per month cost, determined on an average actuarial basis, for including coverage under a qualified health plan of the services described in paragraph (1)(B)(i).

(ii) **CONSIDERATIONS.**—In making such estimate, the Secretary—

(I) may take into account the impact on overall costs of the inclusion of such coverage, but may not take into account any cost reduction estimated to result from such services, including prenatal care, delivery, or postnatal care;

(II) shall estimate such costs as if such coverage were included for the entire population covered; and

(III) may not estimate such a cost at less than \$1 per enrollee, per month.

(3) **PROVIDER CONSCIENCE PROTECTIONS.**—No individual health care provider or health care facility may be discriminated against because of a willingness or an unwillingness, if doing so is contrary to the religious or moral beliefs of the provider or facility, to provide, pay for, provide coverage of, or refer for abortions.

(b) **APPLICATION OF STATE AND FEDERAL LAWS REGARDING ABORTION.**—

(1) **NO PREEMPTION OF STATE LAWS REGARDING ABORTION.**—Nothing in this Act shall be construed to preempt or otherwise have any effect on State laws regarding the prohibition of (or requirement of) coverage, funding, or procedural requirements on abortions, including parental notification or consent for the performance of an abortion on a minor.

(2) **NO EFFECT ON FEDERAL LAWS REGARDING ABORTION.**—

(A) *IN GENERAL*.—Nothing in this Act shall be construed to have any effect on Federal laws regarding—

- (i) conscience protection;
- (ii) willingness or refusal to provide abortion; and
- (iii) discrimination on the basis of the willingness or refusal to provide, pay for, cover, or refer for abortion or to provide or participate in training to provide abortion.

(3) *NO EFFECT ON FEDERAL CIVIL RIGHTS LAW*.—Nothing in this subsection shall alter the rights and obligations of employees and employers under title VII of the Civil Rights Act of 1964.

(c) *APPLICATION OF EMERGENCY SERVICES LAWS*.—Nothing in this Act shall be construed to relieve any health care provider from providing emergency services as required by State or Federal law, including section 1867 of the Social Security Act (popularly known as “EMTALA”).

SEC. 1304. RELATED DEFINITIONS.

(a) *DEFINITIONS RELATING TO MARKETS*.—In this title:

(1) *GROUP MARKET*.—The term “group market” means the health insurance market under which individuals obtain health insurance coverage (directly or through any arrangement) on behalf of themselves (and their dependents) through a group health plan maintained by an employer.

(2) *INDIVIDUAL MARKET*.—The term “individual market” means the market for health insurance coverage offered to individuals other than in connection with a group health plan.

(3) *LARGE AND SMALL GROUP MARKETS*.—The terms “large group market” and “small group market” mean the health insurance market under which individuals obtain health insurance coverage (directly or through any arrangement) on behalf of themselves (and their dependents) through a group health plan maintained by a large employer (as defined in subsection (b)(1)) or by a small employer (as defined in subsection (b)(2)), respectively.

(b) *EMPLOYERS*.—In this title:

(1) *LARGE EMPLOYER*.—The term “large employer” means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 101 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

(2) *SMALL EMPLOYER*.—The term “small employer” means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 1 but not more than 100 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

(3) *STATE OPTION TO TREAT 50 EMPLOYEES AS SMALL*.—In the case of plan years beginning before January 1, 2016, a State may elect to apply this subsection by substituting “51 employees” for “101 employees” in paragraph (1) and by substituting “50 employees” for “100 employees” in paragraph (2).

(4) *RULES FOR DETERMINING EMPLOYER SIZE*.—For purposes of this subsection—

(A) *APPLICATION OF AGGREGATION RULE FOR EMPLOYERS*.—All persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as 1 employer.

(B) *EMPLOYERS NOT IN EXISTENCE IN PRECEDING YEAR*.—In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is a small or large employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year.

(C) *PREDECESSORS*.—Any reference in this subsection to an employer shall include a reference to any predecessor of such employer.

(D) *CONTINUATION OF PARTICIPATION FOR GROWING SMALL EMPLOYERS*.—If—

- (i) a qualified employer that is a small employer makes enrollment in qualified health plans offered in the small group market available to its employees through an Exchange; and
 - (ii) the employer ceases to be a small employer by reason of an increase in the number of employees of such employer;
- the employer shall continue to be treated as a small employer for purposes of this subtitle for the period beginning with the increase and ending with the first day on which the employer does not make such enrollment available to its employees.

(c) *SECRETARY*.—In this title, the term “Secretary” means the Secretary of Health and Human Services.

(d) *STATE*.—In this title, the term “State” means each of the 50 States and the District of Columbia.

PART II—CONSUMER CHOICES AND INSURANCE COMPETITION THROUGH HEALTH BENEFIT EXCHANGES

SEC. 1311. AFFORDABLE CHOICES OF HEALTH BENEFIT PLANS.

(a) *ASSISTANCE TO STATES TO ESTABLISH AMERICAN HEALTH BENEFIT EXCHANGES*.—

(1) *PLANNING AND ESTABLISHMENT GRANTS*.—There shall be appropriated to the Secretary, out of any moneys in the Treasury not otherwise appropriated, an amount necessary to enable the Secretary to make awards, not later than 1 year after the date of enactment of this Act, to States in the amount specified in paragraph (2) for the uses described in paragraph (3).

(2) *AMOUNT SPECIFIED*.—For each fiscal year, the Secretary shall determine the total amount that the Secretary will make available to each State for grants under this subsection.

(3) *USE OF FUNDS*.—A State shall use amounts awarded under this subsection for activities (including planning activities) related to establishing an American Health Benefit Exchange, as described in subsection (b).

(4) *RENEWABILITY OF GRANT*.—

(A) *IN GENERAL*.—Subject to subsection (d)(4), the Secretary may renew a grant awarded under paragraph (1) if the State recipient of such grant—

(i) is making progress, as determined by the Secretary, toward—

- (I) establishing an Exchange; and
- (II) implementing the reforms described in subtitles A and C (and the amendments made by such subtitles); and
- (ii) is meeting such other benchmarks as the Secretary may establish.

(B) *LIMITATION*.—No grant shall be awarded under this subsection after January 1, 2015.

(5) *TECHNICAL ASSISTANCE TO FACILITATE PARTICIPATION IN SHOP EXCHANGES*.—The Secretary shall provide technical assistance to States to facilitate the participation of qualified small businesses in such States in SHOP Exchanges.

(b) *AMERICAN HEALTH BENEFIT EXCHANGES*.—

(1) *IN GENERAL*.—Each State shall, not later than January 1, 2014, establish an American Health Benefit Exchange (referred to in this title as an “Exchange”) for the State that—

(A) facilitates the purchase of qualified health plans;

(B) provides for the establishment of a Small Business Health Options Program (in this title referred to as a “SHOP Exchange”) that is designed to assist qualified employers in the State who are small employers in facilitating the enrollment of their employees in qualified health plans offered in the small group market in the State; and

(C) meets the requirements of subsection (d).

(2) *MERGER OF INDIVIDUAL AND SHOP EXCHANGES*.—A State may elect to provide only one Exchange in the State for providing both Exchange and SHOP Exchange services to both qualified individuals and qualified small employers, but only if the Exchange has adequate resources to assist such individuals and employers.

(c) *RESPONSIBILITIES OF THE SECRETARY*.—

(1) *IN GENERAL*.—The Secretary shall, by regulation, establish criteria for the certification of health plans as qualified health plans. Such criteria shall require that, to be certified, a plan shall, at a minimum—

(A) meet marketing requirements, and not employ marketing practices or benefit designs that have the effect of discouraging the enrollment in such plan by individuals with significant health needs;

(B) ensure a sufficient choice of providers (in a manner consistent with applicable network adequacy provisions under section 2702(c) of the Public Health Service Act), and provide information to enrollees and prospective enrollees on the availability of in-network and out-of-network providers;

(C) include within health insurance plan networks those essential community providers, where available, that serve predominately low-income, medically underserved individuals, such as health care providers defined in section 340B(a)(4) of the Public Health Service Act and providers described in section 1927(c)(1)(D)(i)(IV) of the Social Security Act as set forth by section 221 of Public Law 111–8, except that nothing in this subparagraph shall be construed to require any health plan to provide coverage for any specific medical procedure;

(D)(i) be accredited with respect to local performance on clinical quality measures such as the Healthcare Effectiveness Data and Information Set, patient experience ratings on a standardized Consumer Assessment of Healthcare Providers and Systems survey, as well as consumer access, utilization management, quality assurance, provider credentialing, complaints and appeals, network adequacy and access, and patient information programs by any entity recognized by the Secretary for the accreditation of health insurance issuers or plans (so long as any such entity has transparent and rigorous methodological and scoring criteria); or

(ii) receive such accreditation within a period established by an Exchange for such accreditation that is applicable to all qualified health plans;

(E) implement a quality improvement strategy described in subsection (g)(1);

(F) utilize a uniform enrollment form that qualified individuals and qualified employers may use (either electronically or on paper) in enrolling in qualified health plans offered through such Exchange, and that takes into account criteria that the National Association of Insurance Commissioners develops and submits to the Secretary;

(G) utilize the standard format established for presenting health benefits plan options; and

(H) provide information to enrollees and prospective enrollees, and to each Exchange in which the plan is offered, on any quality measures for health plan performance endorsed under section 399JJ of the Public Health Service Act, as applicable.

(2) *RULE OF CONSTRUCTION*.—Nothing in paragraph (1)(C) shall be construed to require a qualified health plan to contract with a provider described in such paragraph if such provider refuses to accept the generally applicable payment rates of such plan.

(3) *RATING SYSTEM*.—The Secretary shall develop a rating system that would rate qualified health plans offered through an Exchange in

each benefits level on the basis of the relative quality and price. The Exchange shall include the quality rating in the information provided to individuals and employers through the Internet portal established under paragraph (4).

(4) **ENROLLEE SATISFACTION SYSTEM.**—The Secretary shall develop an enrollee satisfaction survey system that would evaluate the level of enrollee satisfaction with qualified health plans offered through an Exchange, for each such qualified health plan that had more than 500 enrollees in the previous year. The Exchange shall include enrollee satisfaction information in the information provided to individuals and employers through the Internet portal established under paragraph (5) in a manner that allows individuals to easily compare enrollee satisfaction levels between comparable plans.

(5) **INTERNET PORTALS.**—The Secretary shall—
(A) continue to operate, maintain, and update the Internet portal developed under section 1103(a) and to assist States in developing and maintaining their own such portal; and

(B) make available for use by Exchanges a model template for an Internet portal that may be used to direct qualified individuals and qualified employers to qualified health plans, to assist such individuals and employers in determining whether they are eligible to participate in an Exchange or eligible for a premium tax credit or cost-sharing reduction, and to present standardized information (including quality ratings) regarding qualified health plans offered through an Exchange to assist consumers in making easy health insurance choices.

Such template shall include, with respect to each qualified health plan offered through the Exchange in each rating area, access to the uniform outline of coverage the plan is required to provide under section 2716 of the Public Health Service Act and to a copy of the plan's written policy.

(6) **ENROLLMENT PERIODS.**—The Secretary shall require an Exchange to provide for—

(A) an initial open enrollment, as determined by the Secretary (such determination to be made not later than July 1, 2012);

(B) annual open enrollment periods, as determined by the Secretary for calendar years after the initial enrollment period;

(C) special enrollment periods specified in section 9801 of the Internal Revenue Code of 1986 and other special enrollment periods under circumstances similar to such periods under part D of title XVIII of the Social Security Act; and

(D) special monthly enrollment periods for Indians (as defined in section 4 of the Indian Health Care Improvement Act).

(d) **REQUIREMENTS.**—

(1) **IN GENERAL.**—An Exchange shall be a governmental agency or nonprofit entity that is established by a State.

(2) **OFFERING OF COVERAGE.**—

(A) **IN GENERAL.**—An Exchange shall make available qualified health plans to qualified individuals and qualified employers.

(B) **LIMITATION.**—

(i) **IN GENERAL.**—An Exchange may not make available any health plan that is not a qualified health plan.

(ii) **OFFERING OF STAND-ALONE DENTAL BENEFITS.**—Each Exchange within a State shall allow an issuer of a plan that only provides limited scope dental benefits meeting the requirements of section 9832(c)(2)(A) of the Internal Revenue Code of 1986 to offer the plan through the Exchange (either separately or in conjunction with a qualified health plan) if the plan provides pediatric dental benefits meeting the requirements of section 1302(b)(1)(J).

(3) **RULES RELATING TO ADDITIONAL REQUIRED BENEFITS.**—

(A) **IN GENERAL.**—Except as provided in subparagraph (B), an Exchange may make avail-

able a qualified health plan notwithstanding any provision of law that may require benefits other than the essential health benefits specified under section 1302(b).

(B) **STATES MAY REQUIRE ADDITIONAL BENEFITS.**—

(i) **IN GENERAL.**—Subject to the requirements of clause (ii), a State may require that a qualified health plan offered in such State offer benefits in addition to the essential health benefits specified under section 1302(b).

(ii) **STATE MUST ASSUME COST.**—A State shall make payments to or on behalf of an individual eligible for the premium tax credit under section 36B of the Internal Revenue Code of 1986 and any cost-sharing reduction under section 1402 to defray the cost to the individual of any additional benefits described in clause (i) which are not eligible for such credit or reduction under section 36B(b)(3)(D) of such Code and section 1402(c)(4).

(4) **FUNCTIONS.**—An Exchange shall, at a minimum—

(A) implement procedures for the certification, recertification, and decertification, consistent with guidelines developed by the Secretary under subsection (c), of health plans as qualified health plans;

(B) provide for the operation of a toll-free telephone hotline to respond to requests for assistance;

(C) maintain an Internet website through which enrollees and prospective enrollees of qualified health plans may obtain standardized comparative information on such plans;

(D) assign a rating to each qualified health plan offered through such Exchange in accordance with the criteria developed by the Secretary under subsection (c)(3);

(E) utilize a standardized format for presenting health benefits plan options in the Exchange, including the use of the uniform outline of coverage established under section 2715 of the Public Health Service Act;

(F) in accordance with section 1413, inform individuals of eligibility requirements for the Medicaid program under title XIX of the Social Security Act, the CHIP program under title XXI of such Act, or any applicable State or local public program and if through screening of the application by the Exchange, the Exchange determines that such individuals are eligible for any such program, enroll such individuals in such program;

(G) establish and make available by electronic means a calculator to determine the actual cost of coverage after the application of any premium tax credit under section 36B of the Internal Revenue Code of 1986 and any cost-sharing reduction under section 1402;

(H) subject to section 1411, grant a certification attesting that, for purposes of the individual responsibility penalty under section 5000A of the Internal Revenue Code of 1986, an individual is exempt from the individual requirement or from the penalty imposed by such section because—

(i) there is no affordable qualified health plan available through the Exchange, or the individual's employer, covering the individual; or

(ii) the individual meets the requirements for any other such exemption from the individual responsibility requirement or penalty;

(I) transfer to the Secretary of the Treasury—
(i) a list of the individuals who are issued a certification under subparagraph (H), including the name and taxpayer identification number of each individual;

(ii) the name and taxpayer identification number of each individual who was an employee of an employer but who was determined to be eligible for the premium tax credit under section 36B of the Internal Revenue Code of 1986 because—

(I) the employer did not provide minimum essential coverage; or

(II) the employer provided such minimum essential coverage but it was determined under section 36B(c)(2)(C) of such Code to either be unaffordable to the employee or not provide the required minimum actuarial value; and

(iii) the name and taxpayer identification number of each individual who notifies the Exchange under section 1411(b)(4) that they have changed employers and of each individual who ceases coverage under a qualified health plan during a plan year (and the effective date of such cessation);

(J) provide to each employer the name of each employee of the employer described in subparagraph (I)(ii) who ceases coverage under a qualified health plan during a plan year (and the effective date of such cessation); and

(K) establish the Navigator program described in subsection (i).

(5) **FUNDING LIMITATIONS.**—

(A) **NO FEDERAL FUNDS FOR CONTINUED OPERATIONS.**—In establishing an Exchange under this section, the State shall ensure that such Exchange is self-sustaining beginning on January 1, 2015, including allowing the Exchange to charge assessments or user fees to participating health insurance issuers, or to otherwise generate funding, to support its operations.

(B) **PROHIBITING WASTEFUL USE OF FUNDS.**—In carrying out activities under this subsection, an Exchange shall not utilize any funds intended for the administrative and operational expenses of the Exchange for staff retreats, promotional giveaways, excessive executive compensation, or promotion of Federal or State legislative and regulatory modifications.

(6) **CONSULTATION.**—An Exchange shall consult with stakeholders relevant to carrying out the activities under this section, including—

(A) health care consumers who are enrollees in qualified health plans;

(B) individuals and entities with experience in facilitating enrollment in qualified health plans;

(C) representatives of small businesses and self-employed individuals;

(D) State Medicaid offices; and

(E) advocates for enrolling hard to reach populations.

(7) **PUBLICATION OF COSTS.**—An Exchange shall publish the average costs of licensing, regulatory fees, and any other payments required by the Exchange, and the administrative costs of such Exchange, on an Internet website to educate consumers on such costs. Such information shall also include monies lost to waste, fraud, and abuse.

(e) **CERTIFICATION.**—

(1) **IN GENERAL.**—An Exchange may certify a health plan as a qualified health plan if—

(A) such health plan meets the requirements for certification as promulgated by the Secretary under subsection (c)(1); and

(B) the Exchange determines that making available such health plan through such Exchange is in the interests of qualified individuals and qualified employers in the State or States in which such Exchange operates, except that the Exchange may not exclude a health plan—

(i) on the basis that such plan is a fee-for-service plan;

(ii) through the imposition of premium price controls; or

(iii) on the basis that the plan provides treatments necessary to prevent patients' deaths in circumstances the Exchange determines are inappropriate or too costly.

(2) **PREMIUM CONSIDERATIONS.**—The Exchange shall require health plans seeking certification as qualified health plans to submit a justification for any premium increase prior to implementation of the increase. Such plans shall

prominently post such information on their websites. The Exchange may take this information, and the information and the recommendations provided to the Exchange by the State under section 2794(b)(1) of the Public Health Service Act (relating to patterns or practices of excessive or unjustified premium increases), into consideration when determining whether to make such health plan available through the Exchange. The Exchange shall take into account any excess of premium growth outside the Exchange as compared to the rate of such growth inside the Exchange, including information reported by the States.

(f) FLEXIBILITY.—

(1) REGIONAL OR OTHER INTERSTATE EXCHANGES.—An Exchange may operate in more than one State if—

(A) each State in which such Exchange operates permits such operation; and

(B) the Secretary approves such regional or interstate Exchange.

(2) SUBSIDIARY EXCHANGES.—A State may establish one or more subsidiary Exchanges if—

(A) each such Exchange serves a geographically distinct area; and

(B) the area served by each such Exchange is at least as large as a rating area described in section 2701(a) of the Public Health Service Act.

(3) AUTHORITY TO CONTRACT.—

(A) IN GENERAL.—A State may elect to authorize an Exchange established by the State under this section to enter into an agreement with an eligible entity to carry out 1 or more responsibilities of the Exchange.

(B) ELIGIBLE ENTITY.—In this paragraph, the term “eligible entity” means—

(i) a person—

(I) incorporated under, and subject to the laws of, 1 or more States;

(II) that has demonstrated experience on a State or regional basis in the individual and small group health insurance markets and in benefits coverage; and

(III) that is not a health insurance issuer or that is treated under subsection (a) or (b) of section 52 of the Internal Revenue Code of 1986 as a member of the same controlled group of corporations (or under common control with) as a health insurance issuer; or

(ii) the State medicaid agency under title XIX of the Social Security Act.

(g) REWARDING QUALITY THROUGH MARKET-BASED INCENTIVES.—

(1) STRATEGY DESCRIBED.—A strategy described in this paragraph is a payment structure that provides increased reimbursement or other incentives for—

(A) improving health outcomes through the implementation of activities that shall include quality reporting, effective case management, care coordination, chronic disease management, medication and care compliance initiatives, including through the use of the medical home model, for treatment or services under the plan or coverage;

(B) the implementation of activities to prevent hospital readmissions through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional;

(C) the implementation of activities to improve patient safety and reduce medical errors through the appropriate use of best clinical practices, evidence based medicine, and health information technology under the plan or coverage; and

(D) the implementation of wellness and health promotion activities.

(2) GUIDELINES.—The Secretary, in consultation with experts in health care quality and stakeholders, shall develop guidelines concerning the matters described in paragraph (1).

(3) REQUIREMENTS.—The guidelines developed under paragraph (2) shall require the periodic reporting to the applicable Exchange of the activities that a qualified health plan has conducted to implement a strategy described in paragraph (1).

(h) QUALITY IMPROVEMENT.—

(1) ENHANCING PATIENT SAFETY.—Beginning on January 1, 2015, a qualified health plan may contract with—

(A) a hospital with greater than 50 beds only if such hospital—

(i) utilizes a patient safety evaluation system as described in part C of title IX of the Public Health Service Act; and

(ii) implements a mechanism to ensure that each patient receives a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional; or

(B) a health care provider only if such provider implements such mechanisms to improve health care quality as the Secretary may by regulation require.

(2) EXCEPTIONS.—The Secretary may establish reasonable exceptions to the requirements described in paragraph (1).

(3) ADJUSTMENT.—The Secretary may by regulation adjust the number of beds described in paragraph (1)(A).

(i) NAVIGATORS.—

(1) IN GENERAL.—An Exchange shall establish a program under which it awards grants to entities described in paragraph (2) to carry out the duties described in paragraph (3).

(2) ELIGIBILITY.—

(A) IN GENERAL.—To be eligible to receive a grant under paragraph (1), an entity shall demonstrate to the Exchange involved that the entity has existing relationships, or could readily establish relationships, with employers and employees, consumers (including uninsured and underinsured consumers), or self-employed individuals likely to be qualified to enroll in a qualified health plan.

(B) TYPES.—Entities described in subparagraph (A) may include trade, industry, and professional associations, commercial fishing industry organizations, ranching and farming organizations, community and consumer-focused nonprofit groups, chambers of commerce, unions, small business development centers, other licensed insurance agents and brokers, and other entities that—

(i) are capable of carrying out the duties described in paragraph (3);

(ii) meet the standards described in paragraph (4); and

(iii) provide information consistent with the standards developed under paragraph (5).

(3) DUTIES.—An entity that serves as a navigator under a grant under this subsection shall—

(A) conduct public education activities to raise awareness of the availability of qualified health plans;

(B) distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits under section 36B of the Internal Revenue Code of 1986 and cost-sharing reductions under section 1402;

(C) facilitate enrollment in qualified health plans;

(D) provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Service Act, or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage; and

(E) provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Exchange or Exchanges.

(4) STANDARDS.—

(A) IN GENERAL.—The Secretary shall establish standards for navigators under this subsection, including provisions to ensure that any private or public entity that is selected as a navigator is qualified, and licensed if appropriate, to engage in the navigator activities described in this subsection and to avoid conflicts of interest. Under such standards, a navigator shall not—

(i) be a health insurance issuer; or

(ii) receive any consideration directly or indirectly from any health insurance issuer in connection with the enrollment of any qualified individuals or employees of a qualified employer in a qualified health plan.

(5) FAIR AND IMPARTIAL INFORMATION AND SERVICES.—The Secretary, in collaboration with States, shall develop standards to ensure that information made available by navigators is fair, accurate, and impartial.

(6) FUNDING.—Grants under this subsection shall be made from the operational funds of the Exchange and not Federal funds received by the State to establish the Exchange.

(j) APPLICABILITY OF MENTAL HEALTH PARITY.—Section 2726 of the Public Health Service Act shall apply to qualified health plans in the same manner and to the same extent as such section applies to health insurance issuers and group health plans.

(k) CONFLICT.—An Exchange may not establish rules that conflict with or prevent the application of regulations promulgated by the Secretary under this subtitle.

SEC. 1312. CONSUMER CHOICE.

(a) CHOICE.—

(1) QUALIFIED INDIVIDUALS.—A qualified individual may enroll in any qualified health plan available to such individual.

(2) QUALIFIED EMPLOYERS.—

(A) EMPLOYER MAY SPECIFY LEVEL.—A qualified employer may provide support for coverage of employees under a qualified health plan by selecting any level of coverage under section 1302(d) to be made available to employees through an Exchange.

(B) EMPLOYEE MAY CHOOSE PLANS WITHIN A LEVEL.—Each employee of a qualified employer that elects a level of coverage under subparagraph (A) may choose to enroll in a qualified health plan that offers coverage at that level.

(b) PAYMENT OF PREMIUMS BY QUALIFIED INDIVIDUALS.—A qualified individual enrolled in any qualified health plan may pay any applicable premium owed by such individual to the health insurance issuer issuing such qualified health plan.

(c) SINGLE RISK POOL.—

(1) INDIVIDUAL MARKET.—A health insurance issuer shall consider all enrollees in all health plans (other than grandfathered health plans) offered by such issuer in the individual market, including those enrollees who do not enroll in such plans through the Exchange, to be members of a single risk pool.

(2) SMALL GROUP MARKET.—A health insurance issuer shall consider all enrollees in all health plans (other than grandfathered health plans) offered by such issuer in the small group market, including those enrollees who do not enroll in such plans through the Exchange, to be members of a single risk pool.

(3) MERGER OF MARKETS.—A State may require the individual and small group insurance markets within a State to be merged if the State determines appropriate.

(4) STATE LAW.—A State law requiring grandfathered health plans to be included in a pool described in paragraph (1) or (2) shall not apply.

(d) EMPOWERING CONSUMER CHOICE.—

(1) CONTINUED OPERATION OF MARKET OUTSIDE EXCHANGES.—Nothing in this title shall be construed to prohibit—

(A) a health insurance issuer from offering outside of an Exchange a health plan to a qualified individual or qualified employer; and

(B) a qualified individual from enrolling in, or a qualified employer from selecting for its employees, a health plan offered outside of an Exchange.

(2) CONTINUED OPERATION OF STATE BENEFIT REQUIREMENTS.—Nothing in this title shall be construed to terminate, abridge, or limit the operation of any requirement under State law with respect to any policy or plan that is offered outside of an Exchange to offer benefits.

(3) VOLUNTARY NATURE OF AN EXCHANGE.—

(A) CHOICE TO ENROLL OR NOT TO ENROLL.—Nothing in this title shall be construed to restrict the choice of a qualified individual to enroll or not to enroll in a qualified health plan or to participate in an Exchange.

(B) PROHIBITION AGAINST COMPELLED ENROLLMENT.—Nothing in this title shall be construed to compel an individual to enroll in a qualified health plan or to participate in an Exchange.

(C) INDIVIDUALS ALLOWED TO ENROLL IN ANY PLAN.—A qualified individual may enroll in any qualified health plan, except that in the case of a catastrophic plan described in section 1302(e), a qualified individual may enroll in the plan only if the individual is eligible to enroll in the plan under section 1302(e)(2).

(D) MEMBERS OF CONGRESS IN THE EXCHANGE.—

(i) REQUIREMENT.—Notwithstanding any other provision of law, after the effective date of this subtitle, the only health plans that the Federal Government may make available to Members of Congress and congressional staff with respect to their service as a Member of Congress or congressional staff shall be health plans that are—

(I) created under this Act (or an amendment made by this Act); or

(II) offered through an Exchange established under this Act (or an amendment made by this Act).

(ii) DEFINITIONS.—In this section:

(I) MEMBER OF CONGRESS.—The term “Member of Congress” means any member of the House of Representatives or the Senate.

(II) CONGRESSIONAL STAFF.—The term “congressional staff” means all full-time and part-time employees employed by the official office of a Member of Congress, whether in Washington, DC or outside of Washington, DC.

(4) NO PENALTY FOR TRANSFERRING TO MINIMUM ESSENTIAL COVERAGE OUTSIDE EXCHANGE.—An Exchange, or a qualified health plan offered through an Exchange, shall not impose any penalty or other fee on an individual who cancels enrollment in a plan because the individual becomes eligible for minimum essential coverage (as defined in section 5000A(f) of the Internal Revenue Code of 1986 without regard to paragraph (1)(C) or (D) thereof) or such coverage becomes affordable (within the meaning of section 36B(c)(2)(C) of such Code).

(e) ENROLLMENT THROUGH AGENTS OR BROKERS.—The Secretary shall establish procedures under which a State may allow agents or brokers—

(I) to enroll individuals in any qualified health plans in the individual or small group market as soon as the plan is offered through an Exchange in the State; and

(2) to assist individuals in applying for premium tax credits and cost-sharing reductions for plans sold through an Exchange. Such procedures may include the establishment of rate schedules for broker commissions paid by health benefits plans offered through an exchange.

(f) QUALIFIED INDIVIDUALS AND EMPLOYERS; ACCESS LIMITED TO CITIZENS AND LAWFUL RESIDENTS.—

(1) QUALIFIED INDIVIDUALS.—In this title:

(A) IN GENERAL.—The term “qualified individual” means, with respect to an Exchange, an individual who—

(i) is seeking to enroll in a qualified health plan in the individual market offered through the Exchange; and

(ii) resides in the State that established the Exchange (except with respect to territorial agreements under section 1312(f)).

(B) INCARCERATED INDIVIDUALS EXCLUDED.—An individual shall not be treated as a qualified individual if, at the time of enrollment, the individual is incarcerated, other than incarceration pending the disposition of charges.

(2) QUALIFIED EMPLOYER.—In this title:

(A) IN GENERAL.—The term “qualified employer” means a small employer that elects to make all full-time employees of such employer eligible for 1 or more qualified health plans offered in the small group market through an Exchange that offers qualified health plans.

(B) EXTENSION TO LARGE GROUPS.—

(i) IN GENERAL.—Beginning in 2017, each State may allow issuers of health insurance coverage in the large group market in the State to offer qualified health plans in such market through an Exchange. Nothing in this subparagraph shall be construed as requiring the issuer to offer such plans through an Exchange.

(ii) LARGE EMPLOYERS ELIGIBLE.—If a State under clause (i) allows issuers to offer qualified health plans in the large group market through an Exchange, the term “qualified employer” shall include a large employer that elects to make all full-time employees of such employer eligible for 1 or more qualified health plans offered in the large group market through the Exchange.

(3) ACCESS LIMITED TO LAWFUL RESIDENTS.—If an individual is not, or is not reasonably expected to be for the entire period for which enrollment is sought, a citizen or national of the United States or an alien lawfully present in the United States, the individual shall not be treated as a qualified individual and may not be covered under a qualified health plan in the individual market that is offered through an Exchange.

SEC. 1313. FINANCIAL INTEGRITY.

(a) ACCOUNTING FOR EXPENDITURES.—

(1) IN GENERAL.—An Exchange shall keep an accurate accounting of all activities, receipts, and expenditures and shall annually submit to the Secretary a report concerning such accountings.

(2) INVESTIGATIONS.—The Secretary, in coordination with the Inspector General of the Department of Health and Human Services, may investigate the affairs of an Exchange, may examine the properties and records of an Exchange, and may require periodic reports in relation to activities undertaken by an Exchange. An Exchange shall fully cooperate in any investigation conducted under this paragraph.

(3) AUDITS.—An Exchange shall be subject to annual audits by the Secretary.

(4) PATTERN OF ABUSE.—If the Secretary determines that an Exchange or a State has engaged in serious misconduct with respect to compliance with the requirements of, or carrying out of activities required under, this title, the Secretary may rescind from payments otherwise due to such State involved under this or any other Act administered by the Secretary an amount not to exceed 1 percent of such payments per year until corrective actions are taken by the State that are determined to be adequate by the Secretary.

(5) PROTECTIONS AGAINST FRAUD AND ABUSE.—With respect to activities carried out under this

title, the Secretary shall provide for the efficient and non-discriminatory administration of Exchange activities and implement any measure or procedure that—

(A) the Secretary determines is appropriate to reduce fraud and abuse in the administration of this title; and

(B) the Secretary has authority to implement under this title or any other Act.

(6) APPLICATION OF THE FALSE CLAIMS ACT.—

(A) IN GENERAL.—Payments made by, through, or in connection with an Exchange are subject to the False Claims Act (31 U.S.C. 3729 et seq.) if those payments include any Federal funds. Compliance with the requirements of this Act concerning eligibility for a health insurance issuer to participate in the Exchange shall be a material condition of an issuer's entitlement to receive payments, including payments of premium tax credits and cost-sharing reductions, through the Exchange.

(B) DAMAGES.—Notwithstanding paragraph (1) of section 3729(a) of title 31, United States Code, and subject to paragraph (2) of such section, the civil penalty assessed under the False Claims Act on any person found liable under such Act as described in subparagraph (A) shall be increased by not less than 3 times and not more than 6 times the amount of damages which the Government sustains because of the act of that person.

(b) GAO OVERSIGHT.—Not later than 5 years after the first date on which Exchanges are required to be operational under this title, the Comptroller General shall conduct an ongoing study of Exchange activities and the enrollees in qualified health plans offered through Exchanges. Such study shall review—

(1) the operations and administration of Exchanges, including surveys and reports of qualified health plans offered through Exchanges and on the experience of such plans (including data on enrollees in Exchanges and individuals purchasing health insurance coverage outside of Exchanges), the expenses of Exchanges, claims statistics relating to qualified health plans, complaints data relating to such plans, and the manner in which Exchanges meet their goals;

(2) any significant observations regarding the utilization and adoption of Exchanges;

(3) where appropriate, recommendations for improvements in the operations or policies of Exchanges; and

(4) how many physicians, by area and specialty, are not taking or accepting new patients enrolled in Federal Government health care programs, and the adequacy of provider networks of Federal Government health care programs.

PART III—STATE FLEXIBILITY RELATING TO EXCHANGES

SEC. 1321. STATE FLEXIBILITY IN OPERATION AND ENFORCEMENT OF EXCHANGES AND RELATED REQUIREMENTS.

(a) ESTABLISHMENT OF STANDARDS.—

(1) IN GENERAL.—The Secretary shall, as soon as practicable after the date of enactment of this Act, issue regulations setting standards for meeting the requirements under this title, and the amendments made by this title, with respect to—

(A) the establishment and operation of Exchanges (including SHOP Exchanges);

(B) the offering of qualified health plans through such Exchanges;

(C) the establishment of the reinsurance and risk adjustment programs under part V; and

(D) such other requirements as the Secretary determines appropriate.

The preceding sentence shall not apply to standards for requirements under subtitles A and C (and the amendments made by such subtitles) for which the Secretary issues regulations under the Public Health Service Act.

(2) CONSULTATION.—In issuing the regulations under paragraph (1), the Secretary shall consult

with the National Association of Insurance Commissioners and its members and with health insurance issuers, consumer organizations, and such other individuals as the Secretary selects in a manner designed to ensure balanced representation among interested parties.

(b) **STATE ACTION.**—Each State that elects, at such time and in such manner as the Secretary may prescribe, to apply the requirements described in subsection (a) shall, not later than January 1, 2014, adopt and have in effect—

(1) the Federal standards established under subsection (a); or

(2) a State law or regulation that the Secretary determines implements the standards within the State.

(c) **FAILURE TO ESTABLISH EXCHANGE OR IMPLEMENT REQUIREMENTS.**—

(1) **IN GENERAL.**—If—

(A) a State is not an electing State under subsection (b); or

(B) the Secretary determines, on or before January 1, 2013, that an electing State—

(i) will not have any required Exchange operational by January 1, 2014; or

(ii) has not taken the actions the Secretary determines necessary to implement—

(1) the other requirements set forth in the standards under subsection (a); or

(II) the requirements set forth in subtitles A and C and the amendments made by such subtitles;

the Secretary shall (directly or through agreement with a not-for-profit entity) establish and operate such Exchange within the State and the Secretary shall take such actions as are necessary to implement such other requirements.

(2) **ENFORCEMENT AUTHORITY.**—The provisions of section 2736(b) of the Public Health Services Act shall apply to the enforcement under paragraph (1) of requirements of subsection (a)(1) (without regard to any limitation on the application of those provisions to group health plans).

(d) **NO INTERFERENCE WITH STATE REGULATORY AUTHORITY.**—Nothing in this title shall be construed to preempt any State law that does not prevent the application of the provisions of this title.

(e) **PRESUMPTION FOR CERTAIN STATE-OPERATED EXCHANGES.**—

(1) **IN GENERAL.**—In the case of a State operating an Exchange before January 1, 2010, and which has insured a percentage of its population not less than the percentage of the population projected to be covered nationally after the implementation of this Act, that seeks to operate an Exchange under this section, the Secretary shall presume that such Exchange meets the standards under this section unless the Secretary determines, after completion of the process established under paragraph (2), that the Exchange does not comply with such standards.

(2) **PROCESS.**—The Secretary shall establish a process to work with a State described in paragraph (1) to provide assistance necessary to assist the State's Exchange in coming into compliance with the standards for approval under this section.

SEC. 1322. FEDERAL PROGRAM TO ASSIST ESTABLISHMENT AND OPERATION OF NON-PROFIT, MEMBER-RUN HEALTH INSURANCE ISSUERS.

(a) **ESTABLISHMENT OF PROGRAM.**—

(1) **IN GENERAL.**—The Secretary shall establish a program to carry out the purposes of this section to be known as the Consumer Operated and Oriented Plan (CO-OP) program.

(2) **PURPOSE.**—It is the purpose of the CO-OP program to foster the creation of qualified nonprofit health insurance issuers to offer qualified health plans in the individual and small group markets in the States in which the issuers are licensed to offer such plans.

(b) **LOANS AND GRANTS UNDER THE CO-OP PROGRAM.**—

(1) **IN GENERAL.**—The Secretary shall provide through the CO-OP program for the awarding to persons applying to become qualified nonprofit health insurance issuers of—

(A) loans to provide assistance to such person in meeting its start-up costs; and

(B) grants to provide assistance to such person in meeting any solvency requirements of States in which the person seeks to be licensed to issue qualified health plans.

(2) **REQUIREMENTS FOR AWARDING LOANS AND GRANTS.**—

(A) **IN GENERAL.**—In awarding loans and grants under the CO-OP program, the Secretary shall—

(i) take into account the recommendations of the advisory board established under paragraph (3);

(ii) give priority to applicants that will offer qualified health plans on a Statewide basis, will utilize integrated care models, and have significant private support; and

(iii) ensure that there is sufficient funding to establish at least 1 qualified nonprofit health insurance issuer in each State, except that nothing in this clause shall prohibit the Secretary from funding the establishment of multiple qualified nonprofit health insurance issuers in any State if the funding is sufficient to do so.

(B) **STATES WITHOUT ISSUERS IN PROGRAM.**—If no health insurance issuer applies to be a qualified nonprofit health insurance issuer within a State, the Secretary may use amounts appropriated under this section for the awarding of grants to encourage the establishment of a qualified nonprofit health insurance issuer within the State or the expansion of a qualified nonprofit health insurance issuer from another State to the State.

(C) **AGREEMENT.**—

(i) **IN GENERAL.**—The Secretary shall require any person receiving a loan or grant under the CO-OP program to enter into an agreement with the Secretary which requires such person to meet (and to continue to meet)—

(1) any requirement under this section for such person to be treated as a qualified nonprofit health insurance issuer; and

(II) any requirements contained in the agreement for such person to receive such loan or grant.

(ii) **RESTRICTIONS ON USE OF FEDERAL FUNDS.**—The agreement shall include a requirement that no portion of the funds made available by any loan or grant under this section may be used—

(1) for carrying on propaganda, or otherwise attempting, to influence legislation; or

(II) for marketing.

Nothing in this clause shall be construed to allow a person to take any action prohibited by section 501(c)(29) of the Internal Revenue Code of 1986.

(iii) **FAILURE TO MEET REQUIREMENTS.**—If the Secretary determines that a person has failed to meet any requirement described in clause (i) or (ii) and has failed to correct such failure within a reasonable period of time of when the person first knows (or reasonably should have known) of such failure, such person shall repay to the Secretary an amount equal to the sum of—

(1) 110 percent of the aggregate amount of loans and grants received under this section; plus

(II) interest on the aggregate amount of loans and grants received under this section for the period the loans or grants were outstanding.

The Secretary shall notify the Secretary of the Treasury of any determination under this section of a failure that results in the termination of an issuer's tax-exempt status under section 501(c)(29) of such Code.

(D) **TIME FOR AWARDING LOANS AND GRANTS.**—The Secretary shall not later than July 1, 2013, award the loans and grants under the CO-OP program and begin the distribution of amounts awarded under such loans and grants.

(3) **ADVISORY BOARD.**—

(A) **IN GENERAL.**—The advisory board under this paragraph shall consist of 15 members appointed by the Comptroller General of the United States from among individuals with qualifications described in section 1805(c)(2) of the Social Security Act.

(B) **RULES RELATING TO APPOINTMENTS.**—

(i) **STANDARDS.**—Any individual appointed under subparagraph (A) shall meet ethics and conflict of interest standards protecting against insurance industry involvement and interference.

(ii) **ORIGINAL APPOINTMENTS.**—The original appointment of board members under subparagraph (A)(ii) shall be made no later than 3 months after the date of enactment of this Act.

(C) **VACANCY.**—Any vacancy on the advisory board shall be filled in the same manner as the original appointment.

(D) **PAY AND REIMBURSEMENT.**—

(i) **NO COMPENSATION FOR MEMBERS OF ADVISORY BOARD.**—Except as provided in clause (ii), a member of the advisory board may not receive pay, allowances, or benefits by reason of their service on the board.

(ii) **TRAVEL EXPENSES.**—Each member shall receive travel expenses, including per diem in lieu of subsistence under subchapter I of chapter 57 of title 5, United States Code.

(E) **APPLICATION OF FACAA.**—The Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the advisory board, except that section 14 of such Act shall not apply.

(F) **TERMINATION.**—The advisory board shall terminate on the earlier of the date that it completes its duties under this section or December 31, 2015.

(c) **QUALIFIED NONPROFIT HEALTH INSURANCE ISSUER.**—For purposes of this section—

(1) **IN GENERAL.**—The term “qualified nonprofit health insurance issuer” means a health insurance issuer that is an organization—

(A) that is organized under State law as a nonprofit, member corporation;

(B) substantially all of the activities of which consist of the issuance of qualified health plans in the individual and small group markets in each State in which it is licensed to issue such plans; and

(C) that meets the other requirements of this subsection.

(2) **CERTAIN ORGANIZATIONS PROHIBITED.**—An organization shall not be treated as a qualified nonprofit health insurance issuer if—

(A) the organization or a related entity (or any predecessor of either) was a health insurance issuer on July 16, 2009; or

(B) the organization is sponsored by a State or local government, any political subdivision thereof, or any instrumentality of such government or political subdivision.

(3) **GOVERNANCE REQUIREMENTS.**—An organization shall not be treated as a qualified nonprofit health insurance issuer unless—

(A) the governance of the organization is subject to a majority vote of its members;

(B) its governing documents incorporate ethics and conflict of interest standards protecting against insurance industry involvement and interference; and

(C) as provided in regulations promulgated by the Secretary, the organization is required to operate with a strong consumer focus, including timeliness, responsiveness, and accountability to members.

(4) **PROFITS INURE TO BENEFIT OF MEMBERS.**—An organization shall not be treated as a qualified nonprofit health insurance issuer unless

any profits made by the organization are required to be used to lower premiums, to improve benefits, or for other programs intended to improve the quality of health care delivered to its members.

(5) COMPLIANCE WITH STATE INSURANCE LAWS.—An organization shall not be treated as a qualified nonprofit health insurance issuer unless the organization meets all the requirements that other issuers of qualified health plans are required to meet in any State where the issuer offers a qualified health plan, including solvency and licensure requirements, rules on payments to providers, and compliance with network adequacy rules, rate and form filing rules, any applicable State premium assessments and any other State law described in section 1324(b).

(6) COORDINATION WITH STATE INSURANCE REFORMS.—An organization shall not be treated as a qualified nonprofit health insurance issuer unless the organization does not offer a health plan in a State until that State has in effect (or the Secretary has implemented for the State) the market reforms required by part A of title XXVII of the Public Health Service Act (as amended by subtitles A and C of this Act).

(d) ESTABLISHMENT OF PRIVATE PURCHASING COUNCIL.—

(1) IN GENERAL.—Qualified nonprofit health insurance issuers participating in the CO-OP program under this section may establish a private purchasing council to enter into collective purchasing arrangements for items and services that increase administrative and other cost efficiencies, including claims administration, administrative services, health information technology, and actuarial services.

(2) COUNCIL MAY NOT SET PAYMENT RATES.—The private purchasing council established under paragraph (1) shall not set payment rates for health care facilities or providers participating in health insurance coverage provided by qualified nonprofit health insurance issuers.

(3) CONTINUED APPLICATION OF ANTITRUST LAWS.—

(A) IN GENERAL.—Nothing in this section shall be construed to limit the application of the antitrust laws to any private purchasing council (whether or not established under this subsection) or to any qualified nonprofit health insurance issuer participating in such a council.

(B) ANTITRUST LAWS.—For purposes of this subparagraph, the term “antitrust laws” has the meaning given the term in subsection (a) of the first section of the Clayton Act (15 U.S.C. 12(a)). Such term also includes section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent that such section 5 applies to unfair methods of competition.

(e) LIMITATION ON PARTICIPATION.—No representative of any Federal, State, or local government (or of any political subdivision or instrumentality thereof), and no representative of a person described in subsection (c)(2)(A), may serve on the board of directors of a qualified nonprofit health insurance issuer or with a private purchasing council established under subsection (d).

(f) LIMITATIONS ON SECRETARY.—

(1) IN GENERAL.—The Secretary shall not—

(A) participate in any negotiations between 1 or more qualified nonprofit health insurance issuers (or a private purchasing council established under subsection (d)) and any health care facilities or providers, including any drug manufacturer, pharmacy, or hospital; and

(B) establish or maintain a price structure for reimbursement of any health benefits covered by such issuers.

(2) COMPETITION.—Nothing in this section shall be construed as authorizing the Secretary to interfere with the competitive nature of providing health benefits through qualified nonprofit health insurance issuers.

(g) APPROPRIATIONS.—There are hereby appropriated, out of any funds in the Treasury not otherwise appropriated, \$6,000,000,000 to carry out this section.

(h) TAX EXEMPTION FOR QUALIFIED NONPROFIT HEALTH INSURANCE ISSUER.—

(1) IN GENERAL.—Section 501(c) of the Internal Revenue Code of 1986 (relating to list of exempt organizations) is amended by adding at the end the following:

“(29) CO-OP HEALTH INSURANCE ISSUERS.—

“(A) IN GENERAL.—A qualified nonprofit health insurance issuer (within the meaning of section 1322 of the Patient Protection and Affordable Care Act) which has received a loan or grant under the CO-OP program under such section, but only with respect to periods for which the issuer is in compliance with the requirements of such section and any agreement with respect to the loan or grant.

“(B) CONDITIONS FOR EXEMPTION.—Subparagraph (A) shall apply to an organization only if—

“(i) the organization has given notice to the Secretary, in such manner as the Secretary may by regulations prescribe, that it is applying for recognition of its status under this paragraph,

“(ii) except as provided in section 1322(c)(4) of the Patient Protection and Affordable Care Act, no part of the net earnings of which inures to the benefit of any private shareholder or individual,

“(iii) no substantial part of the activities of which is carrying on propaganda, or otherwise attempting, to influence legislation, and

“(iv) the organization does not participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of (or in opposition to) any candidate for public office.”.

(2) ADDITIONAL REPORTING REQUIREMENT.—Section 6033 of such Code (relating to returns by exempt organizations) is amended by redesignating subsection (m) as subsection (n) and by inserting after subsection (l) the following:

“(m) ADDITIONAL INFORMATION REQUIRED FROM CO-OP INSURERS.—An organization described in section 501(c)(29) shall include on the return required under subsection (a) the following information:

“(1) The amount of the reserves required by each State in which the organization is licensed to issue qualified health plans.

“(2) The amount of reserves on hand.”.

(3) APPLICATION OF TAX ON EXCESS BENEFIT TRANSACTIONS.—Section 4958(e)(1) of such Code (defining applicable tax-exempt organization) is amended by striking “paragraph (3) or (4)” and inserting “paragraph (3), (4), or (29)”.

(i) GAO STUDY AND REPORT.—

(1) STUDY.—The Comptroller General of the General Accountability Office shall conduct an ongoing study on competition and market concentration in the health insurance market in the United States after the implementation of the reforms in such market under the provisions of, and the amendments made by, this Act. Such study shall include an analysis of new issuers of health insurance in such market.

(2) REPORT.—The Comptroller General shall, not later than December 31 of each even-numbered year (beginning with 2014), report to the appropriate committees of the Congress the results of the study conducted under paragraph (1), including any recommendations for administrative or legislative changes the Comptroller General determines necessary or appropriate to increase competition in the health insurance market.

SEC. 1323. COMMUNITY HEALTH INSURANCE OPTION.

(a) VOLUNTARY NATURE.—

(1) NO REQUIREMENT FOR HEALTH CARE PROVIDERS TO PARTICIPATE.—Nothing in this section

shall be construed to require a health care provider to participate in a community health insurance option, or to impose any penalty for non-participation.

(2) NO REQUIREMENT FOR INDIVIDUALS TO JOIN.—Nothing in this section shall be construed to require an individual to participate in a community health insurance option, or to impose any penalty for non-participation.

(3) STATE OPT OUT.—

(A) IN GENERAL.—A State may elect to prohibit Exchanges in such State from offering a community health insurance option if such State enacts a law to provide for such prohibition.

(B) TERMINATION OF OPT OUT.—A State may repeal a law described in subparagraph (A) and provide for the offering of such an option through the Exchange.

(b) ESTABLISHMENT OF COMMUNITY HEALTH INSURANCE OPTION.—

(1) ESTABLISHMENT.—The Secretary shall establish a community health insurance option to offer, through the Exchanges established under this title (other than Exchanges in States that elect to opt out as provided for in subsection (a)(3)), health care coverage that provides value, choice, competition, and stability of affordable, high quality coverage throughout the United States.

(2) COMMUNITY HEALTH INSURANCE OPTION.—In this section, the term “community health insurance option” means health insurance coverage that—

(A) except as specifically provided for in this section, complies with the requirements for being a qualified health plan;

(B) provides high value for the premium charged;

(C) reduces administrative costs and promotes administrative simplification for beneficiaries;

(D) promotes high quality clinical care;

(E) provides high quality customer service to beneficiaries;

(F) offers a sufficient choice of providers; and

(G) complies with State laws (if any), except as otherwise provided for in this title, relating to the laws described in section 1324(b).

(3) ESSENTIAL HEALTH BENEFITS.—

(A) GENERAL RULE.—Except as provided in subparagraph (B), a community health insurance option offered under this section shall provide coverage only for the essential health benefits described in section 1302(b).

(B) STATES MAY OFFER ADDITIONAL BENEFITS.—Nothing in this section shall preclude a State from requiring that benefits in addition to the essential health benefits required under subparagraph (A) be provided to enrollees of a community health insurance option offered in such State.

(C) CREDITS.—

(i) IN GENERAL.—An individual enrolled in a community health insurance option under this section shall be eligible for credits under section 36B of the Internal Revenue Code of 1986 in the same manner as an individual who is enrolled in a qualified health plan.

(ii) NO ADDITIONAL FEDERAL COST.—A requirement by a State under subparagraph (B) that benefits in addition to the essential health benefits required under subparagraph (A) be provided to enrollees of a community health insurance option shall not affect the amount of a premium tax credit provided under section 36B of the Internal Revenue Code of 1986 with respect to such plan.

(D) STATE MUST ASSUME COST.—A State shall make payments to or on behalf of an eligible individual to defray the cost of any additional benefits described in subparagraph (B).

(E) ENSURING ACCESS TO ALL SERVICES.—Nothing in this Act shall prohibit an individual enrolled in a community health insurance option from paying out-of-pocket the full cost of any

item or service not included as an essential health benefit or otherwise covered as a benefit by a health plan. Nothing in subparagraph (B) shall prohibit any type of medical provider from accepting an out-of-pocket payment from an individual enrolled in a community health insurance option for a service otherwise not included as an essential health benefit.

(F) PROTECTING ACCESS TO END OF LIFE CARE.—A community health insurance option offered under this section shall be prohibited from limiting access to end of life care.

(4) COST SHARING.—A community health insurance option shall offer coverage at each of the levels of coverage described in section 1302(d).

(5) PREMIUMS.—

(A) PREMIUMS SUFFICIENT TO COVER COSTS.—The Secretary shall establish geographically adjusted premium rates in an amount sufficient to cover expected costs (including claims and administrative costs) using methods in general use by qualified health plans.

(B) APPLICABLE RULES.—The provisions of title XXVII of the Public Health Service Act relating to premiums shall apply to community health insurance options under this section, including modified community rating provisions under section 2701 of such Act.

(C) COLLECTION OF DATA.—The Secretary shall collect data as necessary to set premium rates under subparagraph (A).

(D) NATIONAL POOLING.—Notwithstanding any other provision of law, the Secretary may treat all enrollees in community health insurance options as members of a single pool.

(E) CONTINGENCY MARGIN.—In establishing premium rates under subparagraph (A), the Secretary shall include an appropriate amount for a contingency margin.

(6) REIMBURSEMENT RATES.—

(A) NEGOTIATED RATES.—The Secretary shall negotiate rates for the reimbursement of health care providers for benefits covered under a community health insurance option.

(B) LIMITATION.—The rates described in subparagraph (A) shall not be higher, in aggregate, than the average reimbursement rates paid by health insurance issuers offering qualified health plans through the Exchange.

(C) INNOVATION.—Subject to the limits contained in subparagraph (A), a State Advisory Council established or designated under subsection (d) may develop or encourage the use of innovative payment policies that promote quality, efficiency and savings to consumers.

(7) SOLVENCY AND CONSUMER PROTECTION.—

(A) SOLVENCY.—The Secretary shall establish a Federal solvency standard to be applied with respect to a community health insurance option. A community health insurance option shall also be subject to the solvency standard of each State in which such community health insurance option is offered.

(B) MINIMUM REQUIRED.—In establishing the standard described under subparagraph (A), the Secretary shall require a reserve fund that shall be equal to at least the dollar value of the incurred but not reported claims of a community health insurance option.

(C) CONSUMER PROTECTIONS.—The consumer protection laws of a State shall apply to a community health insurance option.

(8) REQUIREMENTS ESTABLISHED IN PARTNERSHIP WITH INSURANCE COMMISSIONERS.—

(A) IN GENERAL.—The Secretary, in collaboration with the National Association of Insurance Commissioners (in this paragraph referred to as the “NAIC”), may promulgate regulations to establish additional requirements for a community health insurance option.

(B) APPLICABILITY.—Any requirement promulgated under subparagraph (A) shall be applicable to such option beginning 90 days after the

date on which the regulation involved becomes final.

(c) START-UP FUND.—

(1) ESTABLISHMENT OF FUND.—

(A) IN GENERAL.—There is established in the Treasury of the United States a trust fund to be known as the “Health Benefit Plan Start-Up Fund” (referred to in this section as the “Start-Up Fund”), that shall consist of such amounts as may be appropriated or credited to the Start-Up Fund as provided for in this subsection to provide loans for the initial operations of a community health insurance option. Such amounts shall remain available until expended.

(B) FUNDING.—There is hereby appropriated to the Start-Up Fund, out of any moneys in the Treasury not otherwise appropriated an amount requested by the Secretary of Health and Human Services as necessary to—

(i) pay the start-up costs associated with the initial operations of a community health insurance option; and

(ii) pay the costs of making payments on claims submitted during the period that is not more than 90 days from the date on which such option is offered.

(2) USE OF START-UP FUND.—The Secretary shall use amounts contained in the Start-Up Fund to make payments (subject to the repayment requirements in paragraph (4)) for the purposes described in paragraph (1)(B).

(3) PASS THROUGH OF REBATES.—The Secretary may establish procedures for reducing the amount of payments to a contracting administrator to take into account any rebates or price concessions.

(4) REPAYMENT.—

(A) IN GENERAL.—A community health insurance option shall be required to repay the Secretary of the Treasury (on such terms as the Secretary may require) for any payments made under paragraph (1)(B) by the date that is not later than 9 years after the date on which the payment is made. The Secretary may require the payment of interest with respect to such repayments at rates that do not exceed the market interest rate (as determined by the Secretary).

(B) SANCTIONS IN CASE OF FOR-PROFIT CONVERSION.—In any case in which the Secretary enters into a contract with a qualified entity for the offering of a community health insurance option and such entity is determined to be a for-profit entity by the Secretary, such entity shall be—

(i) immediately liable to the Secretary for any payments received by such entity from the Start-Up Fund; and

(ii) permanently ineligible to offer a qualified health plan.

(d) STATE ADVISORY COUNCIL.—

(1) ESTABLISHMENT.—A State (other than a State that elects to opt out as provided for in subsection (a)(3)) shall establish or designate a public or non-profit private entity to serve as the State Advisory Council to provide recommendations to the Secretary on the operations and policies of a community health insurance option in the State. Such Council shall provide recommendations on at least the following:

(A) policies and procedures to integrate quality improvement and cost containment mechanisms into the health care delivery system;

(B) mechanisms to facilitate public awareness of the availability of a community health insurance option; and

(C) alternative payment structures under a community health insurance option for health care providers that encourage quality improvement and cost control.

(2) MEMBERS.—The members of the State Advisory Council shall be representatives of the public and shall include health care consumers and providers.

(3) APPLICABILITY OF RECOMMENDATIONS.—The Secretary may apply the recommendations

of a State Advisory Council to a community health insurance option in that State, in any other State, or in all States.

(e) AUTHORITY TO CONTRACT; TERMS OF CONTRACT.—

(1) AUTHORITY.—

(A) IN GENERAL.—The Secretary may enter into a contract or contracts with one or more qualified entities for the purpose of performing administrative functions (including functions described in subsection (a)(4) of section 1874A of the Social Security Act) with respect to a community health insurance option in the same manner as the Secretary may enter into contracts under subsection (a)(1) of such section. The Secretary shall have the same authority with respect to a community health insurance option under this section as the Secretary has under subsections (a)(1) and (b) of section 1874A of the Social Security Act with respect to title XVIII of such Act.

(B) REQUIREMENTS APPLY.—If the Secretary enters into a contract with a qualified entity to offer a community health insurance option, under such contract such entity—

(i) shall meet the criteria established under paragraph (2); and

(ii) shall receive an administrative fee under paragraph (7).

(C) LIMITATION.—Contracts under this subsection shall not involve the transfer of insurance risk to the contracting administrator.

(D) REFERENCE.—An entity with which the Secretary has entered into a contract under this paragraph shall be referred to as a “contracting administrator”.

(2) QUALIFIED ENTITY.—To be qualified to be selected by the Secretary to offer a community health insurance option, an entity shall—

(A) meet the criteria established under section 1874A(a)(2) of the Social Security Act;

(B) be a nonprofit entity for purposes of offering such option;

(C) meet the solvency standards applicable under subsection (b)(7);

(D) be eligible to offer health insurance or health benefits coverage;

(E) meet quality standards specified by the Secretary;

(F) have in place effective procedures to control fraud, abuse, and waste; and

(G) meet such other requirements as the Secretary may impose.

Procedures described under subparagraph (F) shall include the implementation of procedures to use beneficiary identifiers to identify individuals entitled to benefits so that such an individual's social security account number is not used, and shall also include procedures for the use of technology (including front-end, prepayment intelligent data-matching technology similar to that used by hedge funds, investment funds, and banks) to provide real-time data analysis of claims for payment under this title to identify and investigate unusual billing or order practices under this title that could indicate fraud or abuse.

(3) TERM.—A contract provided for under paragraph (1) shall be for a term of at least 5 years but not more than 10 years, as determined by the Secretary. At the end of each such term, the Secretary shall conduct a competitive bidding process for the purposes of renewing existing contracts or selecting new qualified entities with which to enter into contracts under such paragraph.

(4) LIMITATION.—A contract may not be renewed under this subsection unless the Secretary determines that the contracting administrator has met performance requirements established by the Secretary in the areas described in paragraph (7)(B).

(5) AUDITS.—The Inspector General shall conduct periodic audits with respect to contracting

administrators under this subsection to ensure that the administrator involved is in compliance with this section.

(6) **REVOCACTION.**—A contract awarded under this subsection shall be revoked by the Secretary, upon the recommendation of the Inspector General, only after notice to the contracting administrator involved and an opportunity for a hearing. The Secretary may revoke such contract if the Secretary determines that such administrator has engaged in fraud, deception, waste, abuse of power, negligence, mismanagement of taxpayer dollars, or gross mismanagement. An entity that has had a contract revoked under this paragraph shall not be qualified to enter into a subsequent contract under this subsection.

(7) **FEE FOR ADMINISTRATION.**—

(A) **IN GENERAL.**—The Secretary shall pay the contracting administrator a fee for the management, administration, and delivery of the benefits under this section.

(B) **REQUIREMENT FOR HIGH QUALITY ADMINISTRATION.**—The Secretary may increase the fee described in subparagraph (A) by not more than 10 percent, or reduce the fee described in subparagraph (A) by not more than 50 percent, based on the extent to which the contracting administrator, in the determination of the Secretary, meets performance requirements established by the Secretary, in at least the following areas:

(i) Maintaining low premium costs and low cost sharing requirements, provided that such requirements are consistent with section 1302.

(ii) Reducing administrative costs and promoting administrative simplification for beneficiaries.

(iii) Promoting high quality clinical care.

(iv) Providing high quality customer service to beneficiaries.

(C) **NON-RENEWAL.**—The Secretary may not renew a contract to offer a community health insurance option under this section with any contracting entity that has been assessed more than one reduction under subparagraph (B) during the contract period.

(8) **LIMITATION.**—Notwithstanding the terms of a contract under this subsection, the Secretary shall negotiate the reimbursement rates for purposes of subsection (b)(6).

(f) **REPORT BY HHS AND INSOLVENCY WARNINGS.**—

(1) **IN GENERAL.**—On an annual basis, the Secretary shall conduct a study on the solvency of a community health insurance option and submit to Congress a report describing the results of such study.

(2) **RESULT.**—If, in any year, the result of the study under paragraph (1) is that a community health insurance option is insolvent, such result shall be treated as a community health insurance option solvency warning.

(3) **SUBMISSION OF PLAN AND PROCEDURE.**—

(A) **IN GENERAL.**—If there is a community health insurance option solvency warning under paragraph (2) made in a year, the President shall submit to Congress, within the 15-day period beginning on the date of the budget submission to Congress under section 1105(a) of title 31, United States Code, for the succeeding year, proposed legislation to respond to such warning.

(B) **PROCEDURE.**—In the case of a legislative proposal submitted by the President pursuant to subparagraph (A), such proposal shall be considered by Congress using the same procedures described under sections 803 and 804 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 that shall be used for a medicare funding warning.

(g) **MARKETING PARITY.**—In a facility controlled by the Federal Government, or by a State, where marketing or promotional materials related to a community health insurance option

are made available to the public, making available marketing or promotional materials relating to private health insurance plans shall not be prohibited. Such materials include informational pamphlets, guidebooks, enrollment forms, or other materials determined reasonable for display.

(h) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated such sums as may be necessary to carry out this section.

SEC. 1324. LEVEL PLAYING FIELD.

(a) **IN GENERAL.**—Notwithstanding any other provision of law, any health insurance coverage offered by a private health insurance issuer shall not be subject to any Federal or State law described in subsection (b) if a qualified health plan offered under the Consumer Operated and Oriented Plan program under section 1322, a community health insurance option under section 1323, or a nationwide qualified health plan under section 1333(b), is not subject to such law.

(b) **LAWS DESCRIBED.**—The Federal and State laws described in this subsection are those Federal and State laws relating to—

- (1) guaranteed renewal;
- (2) rating;
- (3) preexisting conditions;
- (4) non-discrimination;
- (5) quality improvement and reporting;
- (6) fraud and abuse;
- (7) solvency and financial requirements;
- (8) market conduct;
- (9) prompt payment;
- (10) appeals and grievances;
- (11) privacy and confidentiality;
- (12) licensure; and
- (13) benefit plan material or information.

PART IV—STATE FLEXIBILITY TO ESTABLISH ALTERNATIVE PROGRAMS

SEC. 1331. STATE FLEXIBILITY TO ESTABLISH BASIC HEALTH PROGRAMS FOR LOW-INCOME INDIVIDUALS NOT ELIGIBLE FOR MEDICAID.

(a) **ESTABLISHMENT OF PROGRAM.**—

(1) **IN GENERAL.**—The Secretary shall establish a basic health program meeting the requirements of this section under which a State may enter into contracts to offer 1 or more standard health plans providing at least the essential health benefits described in section 1302(b) to eligible individuals in lieu of offering such individuals coverage through an Exchange.

(2) **CERTIFICATIONS AS TO BENEFIT COVERAGE AND COSTS.**—Such program shall provide that a State may not establish a basic health program under this section unless the State establishes to the satisfaction of the Secretary, and the Secretary certifies, that—

(A) in the case of an eligible individual enrolled in a standard health plan offered through the program, the State provides—

(i) that the amount of the monthly premium an eligible individual is required to pay for coverage under the standard health plan for the individual and the individual's dependents does not exceed the amount of the monthly premium that the eligible individual would have been required to pay (in the rating area in which the individual resides) if the individual had enrolled in the applicable second lowest cost silver plan (as defined in section 36B(b)(3)(B) of the Internal Revenue Code of 1986) offered to the individual through an Exchange; and

(ii) that the cost-sharing an eligible individual is required to pay under the standard health plan does not exceed—

(I) the cost-sharing required under a platinum plan in the case of an eligible individual with household income not in excess of 150 percent of the poverty line for the size of the family involved; and

(II) the cost-sharing required under a gold plan in the case of an eligible individual not described in subclause (I); and

(B) the benefits provided under the standard health plans offered through the program cover at least the essential health benefits described in section 1302(b).

For purposes of subparagraph (A)(i), the amount of the monthly premium an individual is required to pay under either the standard health plan or the applicable second lowest cost silver plan shall be determined after reduction for any premium tax credits and cost-sharing reductions allowable with respect to either plan.

(b) **STANDARD HEALTH PLAN.**—In this section, the term "standard health plan" means a health benefits plan that the State contracts with under this section—

(1) under which the only individuals eligible to enroll are eligible individuals;

(2) that provides at least the essential health benefits described in section 1302(b); and

(3) in the case of a plan that provides health insurance coverage offered by a health insurance issuer, that has a medical loss ratio of at least 85 percent.

(c) **CONTRACTING PROCESS.**—

(1) **IN GENERAL.**—A State basic health program shall establish a competitive process for entering into contracts with standard health plans under subsection (a), including negotiation of premiums and cost-sharing and negotiation of benefits in addition to the essential health benefits described in section 1302(b).

(2) **SPECIFIC ITEMS TO BE CONSIDERED.**—A State shall, as part of its competitive process under paragraph (1), include at least the following:

(A) **INNOVATION.**—Negotiation with offerors of a standard health plan for the inclusion of innovative features in the plan, including—

(i) care coordination and care management for enrollees, especially for those with chronic health conditions;

(ii) incentives for use of preventive services; and

(iii) the establishment of relationships between providers and patients that maximize patient involvement in health care decision-making, including providing incentives for appropriate utilization under the plan.

(B) **HEALTH AND RESOURCE DIFFERENCES.**—Consideration of, and the making of suitable allowances for, differences in health care needs of enrollees and differences in local availability of, and access to, health care providers. Nothing in this subparagraph shall be construed as allowing discrimination on the basis of pre-existing conditions or other health status-related factors.

(C) **MANAGED CARE.**—Contracting with managed care systems, or with systems that offer as many of the attributes of managed care as are feasible in the local health care market.

(D) **PERFORMANCE MEASURES.**—Establishing specific performance measures and standards for issuers of standard health plans that focus on quality of care and improved health outcomes, requiring such plans to report to the State with respect to the measures and standards, and making the performance and quality information available to enrollees in a useful form.

(3) **ENHANCED AVAILABILITY.**—

(A) **MULTIPLE PLANS.**—A State shall, to the maximum extent feasible, seek to make multiple standard health plans available to eligible individuals within a State to ensure individuals have a choice of such plans.

(B) **REGIONAL COMPACTS.**—A State may negotiate a regional compact with other States to include coverage of eligible individuals in all such States in agreements with issuers of standard health plans.

(4) **COORDINATION WITH OTHER STATE PROGRAMS.**—A State shall seek to coordinate the administration of, and provision of benefits under, its program under this section with the State medicare program under title XIX of the Social

Security Act, the State child health plan under title XXI of such Act, and other State-administered health programs to maximize the efficiency of such programs and to improve the continuity of care.

(d) TRANSFER OF FUNDS TO STATES.—

(1) IN GENERAL.—If the Secretary determines that a State electing the application of this section meets the requirements of the program established under subsection (a), the Secretary shall transfer to the State for each fiscal year for which 1 or more standard health plans are operating within the State the amount determined under paragraph (3).

(2) USE OF FUNDS.—A State shall establish a trust for the deposit of the amounts received under paragraph (1) and amounts in the trust fund shall only be used to reduce the premiums and cost-sharing of, or to provide additional benefits for, eligible individuals enrolled in standard health plans within the State. Amounts in the trust fund, and expenditures of such amounts, shall not be included in determining the amount of any non-Federal funds for purposes of meeting any matching or expenditure requirement of any federally-funded program.

(3) AMOUNT OF PAYMENT.—

(A) SECRETARIAL DETERMINATION.—

(1) IN GENERAL.—The amount determined under this paragraph for any fiscal year is the amount the Secretary determines is equal to 85 percent of the premium tax credits under section 36B of the Internal Revenue Code of 1986, and the cost-sharing reductions under section 1402, that would have been provided for the fiscal year to eligible individuals enrolled in standard health plans in the State if such eligible individuals were allowed to enroll in qualified health plans through an Exchange established under this subtitle.

(ii) SPECIFIC REQUIREMENTS.—The Secretary shall make the determination under clause (i) on a per enrollee basis and shall take into account all relevant factors necessary to determine the value of the premium tax credits and cost-sharing reductions that would have been provided to eligible individuals described in clause (i), including the age and income of the enrollee, whether the enrollment is for self-only or family coverage, geographic differences in average spending for health care across rating areas, the health status of the enrollee for purposes of determining risk adjustment payments and reinsurance payments that would have been made if the enrollee had enrolled in a qualified health plan through an Exchange, and whether any reconciliation of the credit or cost-sharing reductions would have occurred if the enrollee had been so enrolled. This determination shall take into consideration the experience of other States with respect to participation in an Exchange and such credits and reductions provided to residents of the other States, with a special focus on enrollees with income below 200 percent of poverty.

(iii) CERTIFICATION.—The Chief Actuary of the Centers for Medicare & Medicaid Services, in consultation with the Office of Tax Analysis of the Department of the Treasury, shall certify whether the methodology used to make determinations under this subparagraph, and such determinations, meet the requirements of clause (ii). Such certifications shall be based on sufficient data from the State and from comparable States about their experience with programs created by this Act.

(B) CORRECTIONS.—The Secretary shall adjust the payment for any fiscal year to reflect any error in the determinations under subparagraph (A) for any preceding fiscal year.

(4) APPLICATION OF SPECIAL RULES.—The provisions of section 1303 shall apply to a State basic health program, and to standard health

plans offered through such program, in the same manner as such rules apply to qualified health plans.

(e) ELIGIBLE INDIVIDUAL.—

(1) IN GENERAL.—In this section, the term “eligible individual” means, with respect to any State, an individual—

(A) who is a resident of the State who is not eligible to enroll in the State’s Medicaid program under title XIX of the Social Security Act for benefits that at a minimum consist of the essential health benefits described in section 1302(b);

(B) whose household income exceeds 133 percent but does not exceed 200 percent of the poverty line for the size of the family involved;

(C) who is not eligible for minimum essential coverage (as defined in section 5000A(f) of the Internal Revenue Code of 1986) or is eligible for an employer-sponsored plan that is not affordable coverage (as determined under section 5000A(e)(2) of such Code); and

(D) who has not attained age 65 as of the beginning of the plan year.

Such term shall not include any individual who is not a qualified individual under section 1312 who is eligible to be covered by a qualified health plan offered through an Exchange.

(2) ELIGIBLE INDIVIDUALS MAY NOT USE EXCHANGE.—An eligible individual shall not be treated as a qualified individual under section 1312 eligible for enrollment in a qualified health plan offered through an Exchange established under section 1311.

(f) SECRETARIAL OVERSIGHT.—The Secretary shall each year conduct a review of each State program to ensure compliance with the requirements of this section, including ensuring that the State program meets—

(1) eligibility verification requirements for participation in the program;

(2) the requirements for use of Federal funds received by the program; and

(3) the quality and performance standards under this section.

(g) STANDARD HEALTH PLAN OFFERORS.—A State may provide that persons eligible to offer standard health plans under a basic health program established under this section may include a licensed health maintenance organization, a licensed health insurance insurer, or a network of health care providers established to offer services under the program.

(h) DEFINITIONS.—Any term used in this section which is also used in section 36B of the Internal Revenue Code of 1986 shall have the meaning given such term by such section.

SEC. 1332. WAIVER FOR STATE INNOVATION.

(a) APPLICATION.—

(1) IN GENERAL.—A State may apply to the Secretary for the waiver of all or any requirements described in paragraph (2) with respect to health insurance coverage within that State for plan years beginning on or after January 1, 2017. Such application shall—

(A) be filed at such time and in such manner as the Secretary may require;

(B) contain such information as the Secretary may require, including—

(i) a comprehensive description of the State legislation and program to implement a plan meeting the requirements for a waiver under this section; and

(ii) a 10-year budget plan for such plan that is budget neutral for the Federal Government; and

(C) provide an assurance that the State has enacted the law described in subsection (b)(2).

(2) REQUIREMENTS.—The requirements described in this paragraph with respect to health insurance coverage within the State for plan years beginning on or after January 1, 2014, are as follows:

(A) Part I of subtitle D.

(B) Part II of subtitle D.

(C) Section 1402.

(D) Sections 36B, 4980H, and 5000A of the Internal Revenue Code of 1986.

(3) PASS THROUGH OF FUNDING.—With respect to a State waiver under paragraph (1), under which, due to the structure of the State plan, individuals and small employers in the State would not qualify for the premium tax credits, cost-sharing reductions, or small business credits under sections 36B of the Internal Revenue Code of 1986 or under part I of subtitle E for which they would otherwise be eligible, the Secretary shall provide for an alternative means by which the aggregate amount of such credits or reductions that would have been paid on behalf of participants in the Exchanges established under this title had the State not received such waiver, shall be paid to the State for purposes of implementing the State plan under the waiver. Such amount shall be determined annually by the Secretary, taking into consideration the experience of other States with respect to participation in an Exchange and credits and reductions provided under such provisions to residents of the other States.

(4) WAIVER CONSIDERATION AND TRANSPARENCY.—

(A) IN GENERAL.—An application for a waiver under this section shall be considered by the Secretary in accordance with the regulations described in subparagraph (B).

(B) REGULATIONS.—Not later than 180 days after the date of enactment of this Act, the Secretary shall promulgate regulations relating to waivers under this section that provide—

(i) a process for public notice and comment at the State level, including public hearings, sufficient to ensure a meaningful level of public input;

(ii) a process for the submission of an application that ensures the disclosure of—

(I) the provisions of law that the State involved seeks to waive; and

(II) the specific plans of the State to ensure that the waiver will be in compliance with subsection (b);

(iii) a process for providing public notice and comment after the application is received by the Secretary, that is sufficient to ensure a meaningful level of public input and that does not impose requirements that are in addition to, or duplicative of, requirements imposed under the Administrative Procedures Act, or requirements that are unreasonable or unnecessarily burdensome with respect to State compliance;

(iv) a process for the submission to the Secretary of periodic reports by the State concerning the implementation of the program under the waiver; and

(v) a process for the periodic evaluation by the Secretary of the program under the waiver.

(C) REPORT.—The Secretary shall annually report to Congress concerning actions taken by the Secretary with respect to applications for waivers under this section.

(5) COORDINATED WAIVER PROCESS.—The Secretary shall develop a process for coordinating and consolidating the State waiver processes applicable under the provisions of this section, and the existing waiver processes applicable under titles XVIII, XIX, and XXI of the Social Security Act, and any other Federal law relating to the provision of health care items or services. Such process shall permit a State to submit a single application for a waiver under any or all of such provisions.

(6) DEFINITION.—In this section, the term “Secretary” means—

(A) the Secretary of Health and Human Services with respect to waivers relating to the provisions described in subparagraph (A) through (C) of paragraph (2); and

(B) the Secretary of the Treasury with respect to waivers relating to the provisions described in paragraph (2)(D).

(b) GRANTING OF WAIVERS.—

(1) IN GENERAL.—The Secretary may grant a request for a waiver under subsection (a)(1) only if the Secretary determines that the State plan—

(A) will provide coverage that is at least as comprehensive as the coverage defined in section 1302(b) and offered through Exchanges established under this title as certified by Office of the Actuary of the Centers for Medicare & Medicaid Services based on sufficient data from the State and from comparable States about their experience with programs created by this Act and the provisions of this Act that would be waived;

(B) will provide coverage and cost sharing protections against excessive out-of-pocket spending that are at least as affordable as the provisions of this title would provide;

(C) will provide coverage to at least a comparable number of its residents as the provisions of this title would provide; and

(D) will not increase the Federal deficit.

(2) REQUIREMENT TO ENACT A LAW.—

(A) IN GENERAL.—A law described in this paragraph is a State law that provides for State actions under a waiver under this section, including the implementation of the State plan under subsection (a)(1)(B).

(B) TERMINATION OF OPT OUT.—A State may repeal a law described in subparagraph (A) and terminate the authority provided under the waiver with respect to the State.

(c) SCOPE OF WAIVER.—

(1) IN GENERAL.—The Secretary shall determine the scope of a waiver of a requirement described in subsection (a)(2) granted to a State under subsection (a)(1).

(2) LIMITATION.—The Secretary may not waive under this section any Federal law or requirement that is not within the authority of the Secretary.

(d) DETERMINATIONS BY SECRETARY.—

(1) TIME FOR DETERMINATION.—The Secretary shall make a determination under subsection (a)(1) not later than 180 days after the receipt of an application from a State under such subsection.

(2) EFFECT OF DETERMINATION.—

(A) GRANTING OF WAIVERS.—If the Secretary determines to grant a waiver under subsection (a)(1), the Secretary shall notify the State involved of such determination and the terms and effectiveness of such waiver.

(B) DENIAL OF WAIVER.—If the Secretary determines a waiver should not be granted under subsection (a)(1), the Secretary shall notify the State involved, and the appropriate committees of Congress of such determination and the reasons therefore.

(e) TERM OF WAIVER.—No waiver under this section may extend over a period of longer than 5 years unless the State requests continuation of such waiver, and such request shall be deemed granted unless the Secretary, within 90 days after the date of its submission to the Secretary, either denies such request in writing or informs the State in writing with respect to any additional information which is needed in order to make a final determination with respect to the request.

SEC. 1333. PROVISIONS RELATING TO OFFERING OF PLANS IN MORE THAN ONE STATE.

(a) HEALTH CARE CHOICE COMPACTS.—

(1) IN GENERAL.—Not later than July 1, 2013, the Secretary shall, in consultation with the National Association of Insurance Commissioners, issue regulations for the creation of health care choice compact under which 2 or more States may enter into an agreement under which—

(A) 1 or more qualified health plans could be offered in the individual markets in all such States but, except as provided in subparagraph (B), only be subject to the laws and regulations

of the State in which the plan was written or issued;

(B) the issuer of any qualified health plan to which the compact applies—

(i) would continue to be subject to market conduct, unfair trade practices, network adequacy, and consumer protection standards (including standards relating to rating), including addressing disputes as to the performance of the contract, of the State in which the purchaser resides;

(ii) would be required to be licensed in each State in which it offers the plan under the compact or to submit to the jurisdiction of each such State with regard to the standards described in clause (i) (including allowing access to records as if the insurer were licensed in the State); and

(iii) must clearly notify consumers that the policy may not be subject to all the laws and regulations of the State in which the purchaser resides.

(2) STATE AUTHORITY.—A State may not enter into an agreement under this subsection unless the State enacts a law after the date of the enactment of this title that specifically authorizes the State to enter into such agreements.

(3) APPROVAL OF COMPACTS.—The Secretary may approve interstate health care choice compact under paragraph (1) only if the Secretary determines that such health care choice compact—

(A) will provide coverage that is at least as comprehensive as the coverage defined in section 1302(b) and offered through Exchanges established under this title;

(B) will provide coverage and cost sharing protections against excessive out-of-pocket spending that are at least as affordable as the provisions of this title would provide;

(C) will provide coverage to at least a comparable number of its residents as the provisions of this title would provide;

(D) will not increase the Federal deficit; and

(E) will not weaken enforcement of laws and regulations described in paragraph (1)(B)(i) in any State that is included in such compact.

(4) EFFECTIVE DATE.—A health care choice compact described in paragraph (1) shall not take effect before January 1, 2016.

(b) AUTHORITY FOR NATIONWIDE PLANS.—

(1) IN GENERAL.—Except as provided in paragraph (2), if an issuer (including a group of health insurance issuers affiliated either by common ownership and control or by the common use of a nationally licensed service mark) of a qualified health plan in the individual or small group market meets the requirements of this subsection (in this subsection a “nationwide qualified health plan”)—

(A) the issuer of the plan may offer the nationwide qualified health plan in the individual or small group market in more than 1 State; and

(B) with respect to State laws mandating benefit coverage by a health plan, only the State laws of the State in which such plan is written or issued shall apply to the nationwide qualified health plan.

(2) STATE OPT-OUT.—A State may, by specific reference in a law enacted after the date of enactment of this title, provide that this subsection shall not apply to that State. Such opt-out shall be effective until such time as the State by law revokes it.

(3) PLAN REQUIREMENTS.—An issuer meets the requirements of this subsection with respect to a nationwide qualified health plan if, in the determination of the Secretary—

(A) the plan offers a benefits package that is uniform in each State in which the plan is offered and meets the requirements set forth in paragraphs (4) through (6);

(B) the issuer is licensed in each State in which it offers the plan and is subject to all requirements of State law not inconsistent with

this section, including but not limited to, the standards and requirements that a State imposes that do not prevent the application of a requirement of part A of title XXVII of the Public Health Service Act or a requirement of this title;

(C) the issuer meets all requirements of this title with respect to a qualified health plan, including the requirement to offer the silver and gold levels of the plan in each Exchange in the State for the market in which the plan is offered;

(D) the issuer determines the premiums for the plan in any State on the basis of the rating rules in effect in that State for the rating areas in which it is offered;

(E) the issuer offers the nationwide qualified health plan in at least 60 percent of the participating States in the first year in which the plan is offered, 65 percent of such States in the second year, 70 percent of such States in the third year, 75 percent of such States in the fourth year, and 80 percent of such States in the fifth and subsequent years;

(F) the issuer shall offer the plan in participating States across the country, in all geographic regions, and in all States that have adopted adjusted community rating before the date of enactment of this Act; and

(G) the issuer clearly notifies consumers that the policy may not contain some benefits otherwise mandated for plans in the State in which the purchaser resides and provides a detailed statement of the benefits offered and the benefit differences in that State, in accordance with rules promulgated by the Secretary.

(4) FORM REVIEW FOR NATIONWIDE PLANS.—Notwithstanding any contrary provision of State law, at least 3 months before any nationwide qualified health plan is offered, the issuer shall file all nationwide qualified health plan forms with the regulator in each participating State in which the plan will be offered. An issuer may appeal the disapproval of a nationwide qualified health plan form to the Secretary.

(5) APPLICABLE RULES.—The Secretary shall, in consultation with the National Association of Insurance Commissioners, issue rules for the offering of nationwide qualified health plans under this subsection. Nationwide qualified health plans may be offered only after such rules have taken effect.

(6) COVERAGE.—The Secretary shall provide that the health benefits coverage provided to an individual through a nationwide qualified health plan under this subsection shall include at least the essential benefits package described in section 1302.

(7) STATE LAW MANDATING BENEFIT COVERAGE BY A HEALTH BENEFITS PLAN.—For the purposes of this subsection, a State law mandating benefit coverage by a health plan is a law that mandates health insurance coverage or the offer of health insurance coverage for specific health services or specific diseases. A law that mandates health insurance coverage or reimbursement for services provided by certain classes of providers of health care services, or a law that mandates that certain classes of individuals must be covered as a group or as dependents, is not a State law mandating benefit coverage by a health benefits plan.

PART V—REINSURANCE AND RISK ADJUSTMENT**SEC. 1341. TRANSITIONAL REINSURANCE PROGRAM FOR INDIVIDUAL AND SMALL GROUP MARKETS IN EACH STATE.**

(a) IN GENERAL.—Each State shall, not later than January 1, 2014—

(1) include in the Federal standards or State law or regulation the State adopts and has in effect under section 1321(b) the provisions described in subsection (b); and

(2) establish (or enter into a contract with) 1 or more applicable reinsurance entities to carry out the reinsurance program under this section.

(b) **MODEL REGULATION.**—

(1) **IN GENERAL.**—In establishing the Federal standards under section 1321(a), the Secretary, in consultation with the National Association of Insurance Commissioners (the “NAIC”), shall include provisions that enable States to establish and maintain a program under which—

(A) health insurance issuers, and third party administrators on behalf of group health plans, are required to make payments to an applicable reinsurance entity for any plan year beginning in the 3-year period beginning January 1, 2014 (as specified in paragraph (3); and

(B) the applicable reinsurance entity collects payments under subparagraph (A) and uses amounts so collected to make reinsurance payments to health insurance issuers described in subparagraph (A) that cover high risk individuals in the individual market (excluding grandfathered health plans) for any plan year beginning in such 3-year period.

(2) **HIGH-RISK INDIVIDUAL; PAYMENT AMOUNTS.**—The Secretary shall include the following in the provisions under paragraph (1):

(A) **DETERMINATION OF HIGH-RISK INDIVIDUALS.**—The method by which individuals will be identified as high risk individuals for purposes of the reinsurance program established under this section. Such method shall provide for identification of individuals as high-risk individuals on the basis of—

(i) a list of at least 50 but not more than 100 medical conditions that are identified as high-risk conditions and that may be based on the identification of diagnostic and procedure codes that are indicative of individuals with pre-existing, high-risk conditions; or

(ii) any other comparable objective method of identification recommended by the American Academy of Actuaries.

(B) **PAYMENT AMOUNT.**—The formula for determining the amount of payments that will be paid to health insurance issuers described in paragraph (1)(A) that insure high-risk individuals. Such formula shall provide for the equitable allocation of available funds through reconciliation and may be designed—

(i) to provide a schedule of payments that specifies the amount that will be paid for each of the conditions identified under subparagraph (A); or

(ii) to use any other comparable method for determining payment amounts that is recommended by the American Academy of Actuaries and that encourages the use of care coordination and care management programs for high risk conditions.

(3) **DETERMINATION OF REQUIRED CONTRIBUTIONS.**—

(A) **IN GENERAL.**—The Secretary shall include in the provisions under paragraph (1) the method for determining the amount each health insurance issuer and group health plan described in paragraph (1)(A) contributing to the reinsurance program under this section is required to contribute under such paragraph for each plan year beginning in the 36-month period beginning January 1, 2014. The contribution amount for any plan year may be based on the percentage of revenue of each issuer and the total costs of providing benefits to enrollees in self-insured plans or on a specified amount per enrollee and may be required to be paid in advance or periodically throughout the plan year.

(B) **SPECIFIC REQUIREMENTS.**—The method under this paragraph shall be designed so that—

(i) the contribution amount for each issuer proportionally reflects each issuer's fully insured commercial book of business for all major medical products and the total value of all fees

charged by the issuer and the costs of coverage administered by the issuer as a third party administrator;

(ii) the contribution amount can include an additional amount to fund the administrative expenses of the applicable reinsurance entity;

(iii) the aggregate contribution amounts for all States shall, based on the best estimates of the NAIC and without regard to amounts described in clause (ii), equal \$10,000,000,000 for plan years beginning in 2014, \$6,000,000,000 for plan years beginning in 2015, and \$4,000,000,000 for plan years beginning in 2016; and

(iv) in addition to the aggregate contribution amounts under clause (iii), each issuer's contribution amount for any calendar year under clause (iii) reflects its proportionate share of an additional \$2,000,000,000 for 2014, an additional \$2,000,000,000 for 2015, and an additional \$1,000,000,000 for 2016.

Nothing in this subparagraph shall be construed to preclude a State from collecting additional amounts from issuers on a voluntary basis.

(4) **EXPENDITURE OF FUNDS.**—The provisions under paragraph (1) shall provide that—

(A) the contribution amounts collected for any calendar year may be allocated and used in any of the three calendar years for which amounts are collected based on the reinsurance needs of a particular period or to reflect experience in a prior period; and

(B) amounts remaining unexpended as of December, 2016, may be used to make payments under any reinsurance program of a State in the individual market in effect in the 2-year period beginning on January 1, 2017.

Notwithstanding the preceding sentence, any contribution amounts described in paragraph (3)(B)(iv) shall be deposited into the general fund of the Treasury of the United States and may not be used for the program established under this section.

(c) **APPLICABLE REINSURANCE ENTITY.**—For purposes of this section—

(1) **IN GENERAL.**—The term “applicable reinsurance entity” means a not-for-profit organization—

(A) the purpose of which is to help stabilize premiums for coverage in the individual and small group markets in a State during the first 3 years of operation of an Exchange for such markets within the State when the risk of adverse selection related to new rating rules and market changes is greatest; and

(B) the duties of which shall be to carry out the reinsurance program under this section by coordinating the funding and operation of the risk-spreading mechanisms designed to implement the reinsurance program.

(2) **STATE DISCRETION.**—A State may have more than 1 applicable reinsurance entity to carry out the reinsurance program under this section within the State and 2 or more States may enter into agreements to provide for an applicable reinsurance entity to carry out such program in all such States.

(3) **ENTITIES ARE TAX-EXEMPT.**—An applicable reinsurance entity established under this section shall be exempt from taxation under chapter 1 of the Internal Revenue Code of 1986. The preceding sentence shall not apply to the tax imposed by section 511 such Code (relating to tax on unrelated business taxable income of an exempt organization).

(d) **COORDINATION WITH STATE HIGH-RISK POOLS.**—The State shall eliminate or modify any State high-risk pool to the extent necessary to carry out the reinsurance program established under this section. The State may coordinate the State high-risk pool with such program to the extent not inconsistent with the provisions of this section.

SEC. 1342. ESTABLISHMENT OF RISK CORRIDORS FOR PLANS IN INDIVIDUAL AND SMALL GROUP MARKETS.

(a) **IN GENERAL.**—The Secretary shall establish and administer a program of risk corridors for calendar years 2014, 2015, and 2016 under which a qualified health plan offered in the individual or small group market shall participate in a payment adjustment system based on the ratio of the allowable costs of the plan to the plan's aggregate premiums. Such program shall be based on the program for regional participating provider organizations under part D of title XVIII of the Social Security Act.

(b) **PAYMENT METHODOLOGY.**—

(1) **PAYMENTS OUT.**—The Secretary shall provide under the program established under subsection (a) that if—

(A) a participating plan's allowable costs for any plan year are more than 103 percent but not more than 108 percent of the target amount, the Secretary shall pay to the plan an amount equal to 50 percent of the target amount in excess of 103 percent of the target amount; and

(B) a participating plan's allowable costs for any plan year are more than 108 percent of the target amount, the Secretary shall pay to the plan an amount equal to the sum of 2.5 percent of the target amount plus 80 percent of allowable costs in excess of 108 percent of the target amount.

(2) **PAYMENTS IN.**—The Secretary shall provide under the program established under subsection (a) that if—

(A) a participating plan's allowable costs for any plan year are less than 97 percent but not less than 92 percent of the target amount, the plan shall pay to the Secretary an amount equal to 50 percent of the excess of 97 percent of the target amount over the allowable costs; and

(B) a participating plan's allowable costs for any plan year are less than 92 percent of the target amount, the plan shall pay to the Secretary an amount equal to the sum of 2.5 percent of the target amount plus 80 percent of the excess of 92 percent of the target amount over the allowable costs.

(c) **DEFINITIONS.**—In this section:

(1) **ALLOWABLE COSTS.**—

(A) **IN GENERAL.**—The amount of allowable costs of a plan for any year is an amount equal to the total costs (other than administrative costs) of the plan in providing benefits covered by the plan.

(B) **REDUCTION FOR RISK ADJUSTMENT AND REINSURANCE PAYMENTS.**—Allowable costs shall be reduced by any risk adjustment and reinsurance payments received under section 1341 and 1343.

(2) **TARGET AMOUNT.**—The target amount of a plan for any year is an amount equal to the total premiums (including any premium subsidies under any governmental program), reduced by the administrative costs of the plan.

SEC. 1343. RISK ADJUSTMENT.

(a) **IN GENERAL.**—

(1) **LOW ACTUARIAL RISK PLANS.**—Using the criteria and methods developed under subsection (b), each State shall assess a charge on health plans and health insurance issuers (with respect to health insurance coverage) described in subsection (c) if the actuarial risk of the enrollees of such plans or coverage for a year is less than the average actuarial risk of all enrollees in all plans or coverage in such State for such year that are not self-insured group health plans (which are subject to the provisions of the Employee Retirement Income Security Act of 1974).

(2) **HIGH ACTUARIAL RISK PLANS.**—Using the criteria and methods developed under subsection (b), each State shall provide a payment to health plans and health insurance issuers (with respect to health insurance coverage) described in subsection (c) if the actuarial risk of the enrollees of such plans or coverage for a year is

greater than the average actuarial risk of all enrollees in all plans and coverage in such State for such year that are not self-insured group health plans (which are subject to the provisions of the Employee Retirement Income Security Act of 1974).

(b) **CRITERIA AND METHODS.**—The Secretary, in consultation with States, shall establish criteria and methods to be used in carrying out the risk adjustment activities under this section. The Secretary may utilize criteria and methods similar to the criteria and methods utilized under part C or D of title XVIII of the Social Security Act. Such criteria and methods shall be included in the standards and requirements the Secretary prescribes under section 1321.

(c) **SCOPE.**—A health plan or a health insurance issuer is described in this subsection if such health plan or health insurance issuer provides coverage in the individual or small group market within the State. This subsection shall not apply to a grandfathered health plan or the issuer of a grandfathered health plan with respect to that plan.

Subtitle E—Affordable Coverage Choices for All Americans

PART I—PREMIUM TAX CREDITS AND COST-SHARING REDUCTIONS

Subpart A—Premium Tax Credits and Cost-sharing Reductions

SEC. 1401. REFUNDABLE TAX CREDIT PROVIDING PREMIUM ASSISTANCE FOR COVERAGE UNDER A QUALIFIED HEALTH PLAN.

(a) **IN GENERAL.**—Subpart C of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to refundable credits) is amended by inserting after section 36A the following new section:

“SEC. 36B. REFUNDABLE CREDIT FOR COVERAGE UNDER A QUALIFIED HEALTH PLAN.

“(a) **IN GENERAL.**—In the case of an applicable taxpayer, there shall be allowed as a credit against the tax imposed by this subtitle for any taxable year an amount equal to the premium assistance credit amount of the taxpayer for the taxable year.

“(b) **PREMIUM ASSISTANCE CREDIT AMOUNT.**—For purposes of this section—

“(1) **IN GENERAL.**—The term ‘premium assistance credit amount’ means, with respect to any taxable year, the sum of the premium assistance amounts determined under paragraph (2) with respect to all coverage months of the taxpayer occurring during the taxable year.

“(2) **PREMIUM ASSISTANCE AMOUNT.**—The premium assistance amount determined under this subsection with respect to any coverage month is the amount equal to the lesser of—

“(A) the monthly premiums for such month for 1 or more qualified health plans offered in the individual market within a State which cover the taxpayer, the taxpayer’s spouse, or any dependent (as defined in section 152) of the taxpayer and which were enrolled in through an Exchange established by the State under 1311 of the Patient Protection and Affordable Care Act, or

“(B) the excess (if any) of—

“(i) the adjusted monthly premium for such month for the applicable second lowest cost silver plan with respect to the taxpayer, over

“(ii) an amount equal to 1/12 of the product of the applicable percentage and the taxpayer’s household income for the taxable year.

“(3) **OTHER TERMS AND RULES RELATING TO PREMIUM ASSISTANCE AMOUNTS.**—For purposes of paragraph (2)—

“(A) **APPLICABLE PERCENTAGE.**—

“(i) **IN GENERAL.**—Except as provided in clause (ii), the applicable percentage with respect to any taxpayer for any taxable year is equal to 2.8 percent, increased by the number of percentage points (not greater than 7) which bears the same ratio to 7 percentage points as—

“(I) the taxpayer’s household income for the taxable year in excess of 100 percent of the poverty line for a family of the size involved, bears to

“(II) an amount equal to 200 percent of the poverty line for a family of the size involved.

“(ii) **SPECIAL RULE FOR TAXPAYERS UNDER 133 PERCENT OF POVERTY LINE.**—If a taxpayer’s household income for the taxable year is in excess of 100 percent, but not more than 133 percent, of the poverty line for a family of the size involved, the taxpayer’s applicable percentage shall be 2 percent.

“(iii) **INDEXING.**—In the case of taxable years beginning in any calendar year after 2014, the Secretary shall adjust the initial and final applicable percentages under clause (i), and the 2 percent under clause (ii), for the calendar year to reflect the excess of the rate of premium growth between the preceding calendar year and 2013 over the rate of income growth for such period.

“(B) **APPLICABLE SECOND LOWEST COST SILVER PLAN.**—The applicable second lowest cost silver plan with respect to any applicable taxpayer is the second lowest cost silver plan of the individual market in the rating area in which the taxpayer resides which—

“(i) is offered through the same Exchange through which the qualified health plans taken into account under paragraph (2)(A) were offered, and

“(ii) provides—

“(I) self-only coverage in the case of an applicable taxpayer—

“(aa) whose tax for the taxable year is determined under section 1(c) (relating to unmarried individuals other than surviving spouses and heads of households) and who is not allowed a deduction under section 151 for the taxable year with respect to a dependent, or

“(bb) who is not described in item (aa) but who purchases only self-only coverage, and

“(II) family coverage in the case of any other applicable taxpayer.

If a taxpayer files a joint return and no credit is allowed under this section with respect to 1 of the spouses by reason of subsection (e), the taxpayer shall be treated as described in clause (ii)(I) unless a deduction is allowed under section 151 for the taxable year with respect to a dependent other than either spouse and subsection (e) does not apply to the dependent.

“(C) **ADJUSTED MONTHLY PREMIUM.**—The adjusted monthly premium for an applicable second lowest cost silver plan is the monthly premium which would have been charged (for the rating area with respect to which the premiums under paragraph (2)(A) were determined) for the plan if each individual covered under a qualified health plan taken into account under paragraph (2)(A) were covered by such silver plan and the premium was adjusted only for the age of each such individual in the manner allowed under section 2701 of the Public Health Service Act. In the case of a State participating in the wellness discount demonstration project under section 2705(d) of the Public Health Service Act, the adjusted monthly premium shall be determined without regard to any premium discount or rebate under such project.

“(D) **ADDITIONAL BENEFITS.**—If—

“(i) a qualified health plan under section 1302(b)(5) of the Patient Protection and Affordable Care Act offers benefits in addition to the essential health benefits required to be provided by the plan, or

“(ii) a State requires a qualified health plan under section 1311(d)(3)(B) of such Act to cover benefits in addition to the essential health benefits required to be provided by the plan,

the portion of the premium for the plan properly allocable (under rules prescribed by the Secretary of Health and Human Services) to such

additional benefits shall not be taken into account in determining either the monthly premium or the adjusted monthly premium under paragraph (2).

“(E) **SPECIAL RULE FOR PEDIATRIC DENTAL COVERAGE.**—For purposes of determining the amount of any monthly premium, if an individual enrolls in both a qualified health plan and a plan described in section 1311(d)(2)(B)(ii)(I) of the Patient Protection and Affordable Care Act for any plan year, the portion of the premium for the plan described in such section that (under regulations prescribed by the Secretary) is properly allocable to pediatric dental benefits which are included in the essential health benefits required to be provided by a qualified health plan under section 1302(b)(1)(J) of such Act shall be treated as a premium payable for a qualified health plan.

“(c) **DEFINITION AND RULES RELATING TO APPLICABLE TAXPAYERS, COVERAGE MONTHS, AND QUALIFIED HEALTH PLAN.**—For purposes of this section—

“(1) **APPLICABLE TAXPAYER.**—

“(A) **IN GENERAL.**—The term ‘applicable taxpayer’ means, with respect to any taxable year, a taxpayer whose household income for the taxable year exceeds 100 percent but does not exceed 400 percent of an amount equal to the poverty line for a family of the size involved.

“(B) **SPECIAL RULE FOR CERTAIN INDIVIDUALS LAWFULLY PRESENT IN THE UNITED STATES.**—If—

“(i) a taxpayer has a household income which is not greater than 100 percent of an amount equal to the poverty line for a family of the size involved, and

“(ii) the taxpayer is an alien lawfully present in the United States, but is not eligible for the medicaid program under title XIX of the Social Security Act by reason of such alien status,

the taxpayer shall, for purposes of the credit under this section, be treated as an applicable taxpayer with a household income which is equal to 100 percent of the poverty line for a family of the size involved.

“(C) **MARRIED COUPLES MUST FILE JOINT RETURN.**—If the taxpayer is married (within the meaning of section 7703) at the close of the taxable year, the taxpayer shall be treated as an applicable taxpayer only if the taxpayer and the taxpayer’s spouse file a joint return for the taxable year.

“(D) **DENIAL OF CREDIT TO DEPENDENTS.**—No credit shall be allowed under this section to any individual with respect to whom a deduction under section 151 is allowable to another taxpayer for a taxable year beginning in the calendar year in which such individual’s taxable year begins.

“(2) **COVERAGE MONTH.**—For purposes of this subsection—

“(A) **IN GENERAL.**—The term ‘coverage month’ means, with respect to an applicable taxpayer, any month if—

“(i) as of the first day of such month the taxpayer, the taxpayer’s spouse, or any dependent of the taxpayer is covered by a qualified health plan described in subsection (b)(2)(A) that was enrolled in through an Exchange established by the State under section 1311 of the Patient Protection and Affordable Care Act, and

“(ii) the premium for coverage under such plan for such month is paid by the taxpayer (or through advance payment of the credit under subsection (a) under section 1412 of the Patient Protection and Affordable Care Act).

“(B) **EXCEPTION FOR MINIMUM ESSENTIAL COVERAGE.**—

“(i) **IN GENERAL.**—The term ‘coverage month’ shall not include any month with respect to an individual if for such month the individual is eligible for minimum essential coverage other than eligibility for coverage described in section 5000A(f)(1)(C) (relating to coverage in the individual market).

“(ii) **MINIMUM ESSENTIAL COVERAGE.**—The term ‘minimum essential coverage’ has the meaning given such term by section 5000A(f).”

“(C) **SPECIAL RULE FOR EMPLOYER-SPONSORED MINIMUM ESSENTIAL COVERAGE.**—For purposes of subparagraph (B)—

“(i) **COVERAGE MUST BE AFFORDABLE.**—Except as provided in clause (iii), an employee shall not be treated as eligible for minimum essential coverage if such coverage—

“(I) consists of an eligible employer-sponsored plan (as defined in section 5000A(f)(2)), and

“(II) the employee’s required contribution (within the meaning of section 5000A(e)(1)(B)) with respect to the plan exceeds 9.8 percent of the applicable taxpayer’s household income.

This clause shall also apply to an individual who is eligible to enroll in the plan by reason of a relationship the individual bears to the employee.

“(ii) **COVERAGE MUST PROVIDE MINIMUM VALUE.**—Except as provided in clause (iii), an employee shall not be treated as eligible for minimum essential coverage if such coverage consists of an eligible employer-sponsored plan (as defined in section 5000A(f)(2)) and the plan’s share of the total allowed costs of benefits provided under the plan is less than 60 percent of such costs.

“(iii) **EMPLOYEE OR FAMILY MUST NOT BE COVERED UNDER EMPLOYER PLAN.**—Clauses (i) and (ii) shall not apply if the employee (or any individual described in the last sentence of clause (i)) is covered under the eligible employer-sponsored plan or the grandfathered health plan.

“(iv) **INDEXING.**—In the case of plan years beginning in any calendar year after 2014, the Secretary shall adjust the 9.8 percent under clause (i)(II) in the same manner as the percentages are adjusted under subsection (b)(3)(A)(ii).

“(3) **DEFINITIONS AND OTHER RULES.**—

“(A) **QUALIFIED HEALTH PLAN.**—The term ‘qualified health plan’ has the meaning given such term by section 1301(a) of the Patient Protection and Affordable Care Act, except that such term shall not include a qualified health plan which is a catastrophic plan described in section 1302(e) of such Act.

“(B) **GRANDFATHERED HEALTH PLAN.**—The term ‘grandfathered health plan’ has the meaning given such term by section 1251 of the Patient Protection and Affordable Care Act.

“(d) **TERMS RELATING TO INCOME AND FAMILIES.**—For purposes of this section—

“(1) **FAMILY SIZE.**—The family size involved with respect to any taxpayer shall be equal to the number of individuals for whom the taxpayer is allowed a deduction under section 151 (relating to allowance of deduction for personal exemptions) for the taxable year.

“(2) **HOUSEHOLD INCOME.**—

“(A) **HOUSEHOLD INCOME.**—The term ‘household income’ means, with respect to any taxpayer, an amount equal to the sum of—

“(i) the modified gross income of the taxpayer, plus

“(ii) the aggregate modified gross incomes of all other individuals who—

“(I) were taken into account in determining the taxpayer’s family size under paragraph (1), and

“(II) were required to file a return of tax imposed by section 1 for the taxable year.

“(B) **MODIFIED GROSS INCOME.**—The term ‘modified gross income’ means gross income—

“(i) decreased by the amount of any deduction allowable under paragraph (1), (3), (4), or (10) of section 62(a),

“(ii) increased by the amount of interest received or accrued during the taxable year which is exempt from tax imposed by this chapter, and

“(iii) determined without regard to sections 911, 931, and 933.

“(3) **POVERTY LINE.**—

“(A) **IN GENERAL.**—The term ‘poverty line’ has the meaning given that term in section 2110(c)(5) of the Social Security Act (42 U.S.C. 1397jj(c)(5)).

“(B) **POVERTY LINE USED.**—In the case of any qualified health plan offered through an Exchange for coverage during a taxable year beginning in a calendar year, the poverty line used shall be the most recently published poverty line as of the 1st day of the regular enrollment period for coverage during such calendar year.

“(e) **RULES FOR INDIVIDUALS NOT LAWFULLY PRESENT.**—

“(1) **IN GENERAL.**—If 1 or more individuals for whom a taxpayer is allowed a deduction under section 151 (relating to allowance of deduction for personal exemptions) for the taxable year (including the taxpayer or his spouse) are individuals who are not lawfully present—

“(A) the aggregate amount of premiums otherwise taken into account under clauses (i) and (ii) of subsection (b)(2)(A) shall be reduced by the portion (if any) of such premiums which is attributable to such individuals, and

“(B) for purposes of applying this section, the determination as to what percentage a taxpayer’s household income bears to the poverty level for a family of the size involved shall be made under one of the following methods:

“(i) A method under which—

“(I) the taxpayer’s family size is determined by not taking such individuals into account, and

“(II) the taxpayer’s household income is equal to the product of the taxpayer’s household income (determined without regard to this subsection) and a fraction—

“(aa) the numerator of which is the poverty line for the taxpayer’s family size determined after application of subclause (I), and

“(bb) the denominator of which is the poverty line for the taxpayer’s family size determined without regard to subclause (I).

“(ii) A comparable method reaching the same result as the method under clause (i).

“(2) **LAWFULLY PRESENT.**—For purposes of this section, an individual shall be treated as lawfully present only if the individual is, and is reasonably expected to be for the entire period of enrollment for which the credit under this section is being claimed, a citizen or national of the United States or an alien lawfully present in the United States.

“(3) **SECRETARIAL AUTHORITY.**—The Secretary of Health and Human Services, in consultation with the Secretary, shall prescribe rules setting forth the methods by which calculations of family size and household income are made for purposes of this subsection. Such rules shall be designed to ensure that the least burden is placed on individuals enrolling in qualified health plans through an Exchange and taxpayers eligible for the credit allowable under this section.

“(f) **RECONCILIATION OF CREDIT AND ADVANCE CREDIT.**—

“(1) **IN GENERAL.**—The amount of the credit allowed under this section for any taxable year shall be reduced (but not below zero) by the amount of any advance payment of such credit under section 1412 of the Patient Protection and Affordable Care Act.

“(2) **EXCESS ADVANCE PAYMENTS.**—

“(A) **IN GENERAL.**—If the advance payments to a taxpayer under section 1412 of the Patient Protection and Affordable Care Act for a taxable year exceed the credit allowed by this section (determined without regard to paragraph (1)), the tax imposed by this chapter for the taxable year shall be increased by the amount of such excess.

“(B) **LIMITATION ON INCREASE WHERE INCOME LESS THAN 400 PERCENT OF POVERTY LINE.**—

“(i) **IN GENERAL.**—In the case of an applicable taxpayer whose household income is less than

400 percent of the poverty line for the size of the family involved for the taxable year, the amount of the increase under subparagraph (A) shall in no event exceed \$400 (\$250 in the case of a taxpayer whose tax is determined under section 1(c) for the taxable year).

“(ii) **INDEXING OF AMOUNT.**—In the case of any calendar year beginning after 2014, each of the dollar amounts under clause (i) shall be increased by an amount equal to—

“(I) such dollar amount, multiplied by

“(II) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year, determined by substituting ‘calendar year 2013’ for ‘calendar year 1992’ in subparagraph (B) thereof.

If the amount of any increase under clause (i) is not a multiple of \$50, such increase shall be rounded to the next lowest multiple of \$50.

“(g) **REGULATIONS.**—The Secretary shall prescribe such regulations as may be necessary to carry out the provisions of this section, including regulations which provide for—

“(1) the coordination of the credit allowed under this section with the program for advance payment of the credit under section 1412 of the Patient Protection and Affordable Care Act, and

“(2) the application of subsection (f) where the filing status of the taxpayer for a taxable year is different from such status used for determining the advance payment of the credit.”.

(b) **DISALLOWANCE OF DEDUCTION.**—Section 280C of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

“(g) **CREDIT FOR HEALTH INSURANCE PREMIUMS.**—No deduction shall be allowed for the portion of the premiums paid by the taxpayer for coverage of 1 or more individuals under a qualified health plan which is equal to the amount of the credit determined for the taxable year under section 36B(a) with respect to such premiums.”.

(c) **STUDY ON AFFORDABLE COVERAGE.**—

(1) **STUDY AND REPORT.**—

(A) **IN GENERAL.**—Not later than 5 years after the date of the enactment of this Act, the Comptroller General shall conduct a study on the affordability of health insurance coverage, including—

(i) the impact of the tax credit for qualified health insurance coverage of individuals under section 36B of the Internal Revenue Code of 1986 and the tax credit for employee health insurance expenses of small employers under section 45R of such Code on maintaining and expanding the health insurance coverage of individuals;

(ii) the availability of affordable health benefits plans, including a study of whether the percentage of household income used for purposes of section 36B(c)(2)(C) of the Internal Revenue Code of 1986 (as added by this section) is the appropriate level for determining whether employer-provided coverage is affordable for an employee and whether such level may be lowered without significantly increasing the costs to the Federal Government and reducing employer-provided coverage; and

(iii) the ability of individuals to maintain essential health benefits coverage (as defined in section 5000A(f) of the Internal Revenue Code of 1986).

(B) **REPORT.**—The Comptroller General shall submit to the appropriate committees of Congress a report on the study conducted under subparagraph (A), together with legislative recommendations relating to the matters studied under such subparagraph.

(2) **APPROPRIATE COMMITTEES OF CONGRESS.**—In this subsection, the term “appropriate committees of Congress” means the Committee on Ways and Means, the Committee on Education and Labor, and the Committee on Energy and

Commerce of the House of Representatives and the Committee on Finance and the Committee on Health, Education, Labor and Pensions of the Senate.

(d) CONFORMING AMENDMENTS.—

(1) Paragraph (2) of section 1324(b) of title 31, United States Code, is amended by inserting “36B,” after “36A.”.

(2) The table of sections for subpart C of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after the item relating to section 36A the following new item:

“Sec. 36B. Refundable credit for coverage under a qualified health plan.”.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years ending after December 31, 2013.

SEC. 1402. REDUCED COST-SHARING FOR INDIVIDUALS ENROLLING IN QUALIFIED HEALTH PLANS.

(a) IN GENERAL.—In the case of an eligible insured enrolled in a qualified health plan—

(1) the Secretary shall notify the issuer of the plan of such eligibility; and

(2) the issuer shall reduce the cost-sharing under the plan at the level and in the manner specified in subsection (c).

(b) ELIGIBLE INSURED.—In this section, the term “eligible insured” means an individual—

(1) who enrolls in a qualified health plan in the silver level of coverage in the individual market offered through an Exchange; and

(2) whose household income exceeds 100 percent but does not exceed 400 percent of the poverty line for a family of the size involved.

In the case of an individual described in section 36B(c)(1)(B) of the Internal Revenue Code of 1986, the individual shall be treated as having household income equal to 100 percent for purposes of applying this section.

(c) DETERMINATION OF REDUCTION IN COST-SHARING.—

(1) REDUCTION IN OUT-OF-POCKET LIMIT.—

(A) IN GENERAL.—The reduction in cost-sharing under this subsection shall first be achieved by reducing the applicable out-of-pocket limit under section 1302(c)(1) in the case of—

(i) an eligible insured whose household income is more than 100 percent but not more than 200 percent of the poverty line for a family of the size involved, by two-thirds;

(ii) an eligible insured whose household income is more than 200 percent but not more than 300 percent of the poverty line for a family of the size involved, by one-half; and

(iii) an eligible insured whose household income is more than 300 percent but not more than 400 percent of the poverty line for a family of the size involved, by one-third.

(B) COORDINATION WITH ACTUARIAL VALUE LIMITS.—

(i) IN GENERAL.—The Secretary shall ensure the reduction under this paragraph shall not result in an increase in the plan's share of the total allowed costs of benefits provided under the plan above—

(I) 90 percent in the case of an eligible insured described in paragraph (2)(A);

(II) 80 percent in the case of an eligible insured described in paragraph (2)(B); and

(III) 70 percent in the case of an eligible insured described in clause (ii) or (iii) of subparagraph (A).

(ii) ADJUSTMENT.—The Secretary shall adjust the out-of-pocket limits under paragraph (1) if necessary to ensure that such limits do not cause the respective actuarial values to exceed the levels specified in clause (i).

(2) ADDITIONAL REDUCTION FOR LOWER INCOME INSUREDS.—The Secretary shall establish procedures under which the issuer of a qualified health plan to which this section applies shall further reduce cost-sharing under the plan in a manner sufficient to—

(A) in the case of an eligible insured whose household income is not less than 100 percent but not more than 150 percent of the poverty line for a family of the size involved, increase the plan's share of the total allowed costs of benefits provided under the plan to 90 percent of such costs; and

(B) in the case of an eligible insured whose household income is more than 150 percent but not more than 200 percent of the poverty line for a family of the size involved, increase the plan's share of the total allowed costs of benefits provided under the plan to 80 percent of such costs.

(3) METHODS FOR REDUCING COST-SHARING.—

(A) IN GENERAL.—An issuer of a qualified health plan making reductions under this subsection shall notify the Secretary of such reductions and the Secretary shall make periodic and timely payments to the issuer equal to the value of the reductions.

(B) CAPITATED PAYMENTS.—The Secretary may establish a capitated payment system to carry out the payment of cost-sharing reductions under this section. Any such system shall take into account the value of the reductions and make appropriate risk adjustments to such payments.

(4) ADDITIONAL BENEFITS.—If a qualified health plan under section 1302(b)(5) offers benefits in addition to the essential health benefits required to be provided by the plan, or a State requires a qualified health plan under section 1311(d)(3)(B) to cover benefits in addition to the essential health benefits required to be provided by the plan, the reductions in cost-sharing under this section shall not apply to such additional benefits.

(5) SPECIAL RULE FOR PEDIATRIC DENTAL PLANS.—If an individual enrolls in both a qualified health plan and a plan described in section 1311(d)(2)(B)(ii)(I) for any plan year, subsection (a) shall not apply to that portion of any reduction in cost-sharing under subsection (c) that (under regulations prescribed by the Secretary) is properly allocable to pediatric dental benefits which are included in the essential health benefits required to be provided by a qualified health plan under section 1302(b)(1)(J).

(d) SPECIAL RULES FOR INDIANS.—

(1) INDIANS UNDER 300 PERCENT OF POVERTY.—If an individual enrolled in any qualified health plan in the individual market through an Exchange is an Indian (as defined in section 4(d) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b(d))) whose household income is not more than 300 percent of the poverty line for a family of the size involved, then, for purposes of this section—

(A) such individual shall be treated as an eligible insured; and

(B) the issuer of the plan shall eliminate any cost-sharing under the plan.

(2) ITEMS OR SERVICES FURNISHED THROUGH INDIAN HEALTH PROVIDERS.—If an Indian (as so defined) enrolled in a qualified health plan is furnished an item or service directly by the Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization or through referral under contract health services—

(A) no cost-sharing under the plan shall be imposed under the plan for such item or service; and

(B) the issuer of the plan shall not reduce the payment to any such entity for such item or service by the amount of any cost-sharing that would be due from the Indian but for subparagraph (A).

(3) PAYMENT.—The Secretary shall pay to the issuer of a qualified health plan the amount necessary to reflect the increase in actuarial value of the plan required by reason of this subsection.

(e) RULES FOR INDIVIDUALS NOT LAWFULLY PRESENT.—

(1) IN GENERAL.—If an individual who is an eligible insured is not lawfully present—

(A) no cost-sharing reduction under this section shall apply with respect to the individual; and

(B) for purposes of applying this section, the determination as to what percentage a taxpayer's household income bears to the poverty level for a family of the size involved shall be made under one of the following methods:

(i) A method under which—

(I) the taxpayer's family size is determined by not taking such individuals into account, and

(II) the taxpayer's household income is equal to the product of the taxpayer's household income (determined without regard to this subsection) and a fraction—

(aa) the numerator of which is the poverty line for the taxpayer's family size determined after application of subclause (I), and

(bb) the denominator of which is the poverty line for the taxpayer's family size determined without regard to subclause (I).

(ii) A comparable method reaching the same result as the method under clause (i).

(2) LAWFULLY PRESENT.—For purposes of this section, an individual shall be treated as lawfully present only if the individual is, and is reasonably expected to be for the entire period of enrollment for which the cost-sharing reduction under this section is being claimed, a citizen or national of the United States or an alien lawfully present in the United States.

(3) SECRETARIAL AUTHORITY.—The Secretary, in consultation with the Secretary of the Treasury, shall prescribe rules setting forth the methods by which calculations of family size and household income are made for purposes of this subsection. Such rules shall be designed to ensure that the least burden is placed on individuals enrolling in qualified health plans through an Exchange and taxpayers eligible for the credit allowable under this section.

(f) DEFINITIONS AND SPECIAL RULES.—In this section:

(1) IN GENERAL.—Any term used in this section which is also used in section 36B of the Internal Revenue Code of 1986 shall have the meaning given such term by such section.

(2) LIMITATIONS ON REDUCTION.—No cost-sharing reduction shall be allowed under this section with respect to coverage for any month unless the month is a coverage month with respect to which a credit is allowed to the insured (or an applicable taxpayer on behalf of the insured) under section 36B of such Code.

(3) DATA USED FOR ELIGIBILITY.—Any determination under this section shall be made on the basis of the taxable year for which the advance determination is made under section 1412 and not the taxable year for which the credit under section 36B of such Code is allowed.

Subpart B—Eligibility Determinations

SEC. 1411. PROCEDURES FOR DETERMINING ELIGIBILITY FOR EXCHANGE PARTICIPATION, PREMIUM TAX CREDITS AND REDUCED COST-SHARING, AND INDIVIDUAL RESPONSIBILITY EXEMPTIONS.

(a) ESTABLISHMENT OF PROGRAM.—The Secretary shall establish a program meeting the requirements of this section for determining—

(1) whether an individual who is to be covered in the individual market by a qualified health plan offered through an Exchange, or who is claiming a premium tax credit or reduced cost-sharing, meets the requirements of sections 1312(f)(3), 1402(e), and 1412(d) of this title and section 36B(e) of the Internal Revenue Code of 1986 that the individual be a citizen or national of the United States or an alien lawfully present in the United States;

(2) in the case of an individual claiming a premium tax credit or reduced cost-sharing under section 36B of such Code or section 1402—

(A) whether the individual meets the income and coverage requirements of such sections; and

(B) the amount of the tax credit or reduced cost-sharing;

(3) whether an individual's coverage under an employer-sponsored health benefits plan is treated as unaffordable under sections 36B(c)(2)(C) and 5000A(e)(2); and

(4) whether to grant a certification under section 1311(d)(4)(H) attesting that, for purposes of the individual responsibility requirement under section 5000A of the Internal Revenue Code of 1986, an individual is entitled to an exemption from either the individual responsibility requirement or the penalty imposed by such section.

(b) INFORMATION REQUIRED TO BE PROVIDED BY APPLICANTS.—

(1) IN GENERAL.—An applicant for enrollment in a qualified health plan offered through an Exchange in the individual market shall provide—

(A) the name, address, and date of birth of each individual who is to be covered by the plan (in this subsection referred to as an "enrollee"); and

(B) the information required by any of the following paragraphs that is applicable to an enrollee.

(2) CITIZENSHIP OR IMMIGRATION STATUS.—The following information shall be provided with respect to every enrollee:

(A) In the case of an enrollee whose eligibility is based on an attestation of citizenship of the enrollee, the enrollee's social security number.

(B) In the case of an individual whose eligibility is based on an attestation of the enrollee's immigration status, the enrollee's social security number (if applicable) and such identifying information with respect to the enrollee's immigration status as the Secretary, after consultation with the Secretary of Homeland Security, determines appropriate.

(3) ELIGIBILITY AND AMOUNT OF TAX CREDIT OR REDUCED COST-SHARING.—In the case of an enrollee with respect to whom a premium tax credit or reduced cost-sharing under section 36B of such Code or section 1402 is being claimed, the following information:

(A) INFORMATION REGARDING INCOME AND FAMILY SIZE.—The information described in section 6103(l)(21) for the taxable year ending with or within the second calendar year preceding the calendar year in which the plan year begins.

(B) CHANGES IN CIRCUMSTANCES.—The information described in section 1412(b)(2), including information with respect to individuals who were not required to file an income tax return for the taxable year described in subparagraph (A) or individuals who experienced changes in marital status or family size or significant reductions in income.

(4) EMPLOYER-SPONSORED COVERAGE.—In the case of an enrollee with respect to whom eligibility for a premium tax credit under section 36B of such Code or cost-sharing reduction under section 1402 is being established on the basis that the enrollee's (or related individual's) employer is not treated under section 36B(c)(2)(C) of such Code as providing minimum essential coverage or affordable minimum essential coverage, the following information:

(A) The name, address, and employer identification number (if available) of the employer.

(B) Whether the enrollee or individual is a full-time employee and whether the employer provides such minimum essential coverage.

(C) If the employer provides such minimum essential coverage, the lowest cost option for the enrollee's or individual's enrollment status and the enrollee's or individual's required contribution (within the meaning of section 5000A(e)(1)(B) of such Code) under the employer-sponsored plan.

(D) If an enrollee claims an employer's minimum essential coverage is unaffordable, the information described in paragraph (3).

If an enrollee changes employment or obtains additional employment while enrolled in a qualified health plan for which such credit or reduction is allowed, the enrollee shall notify the Exchange of such change or additional employment and provide the information described in this paragraph with respect to the new employer.

(5) EXEMPTIONS FROM INDIVIDUAL RESPONSIBILITY REQUIREMENTS.—In the case of an individual who is seeking an exemption certificate under section 1311(d)(4)(H) from any requirement or penalty imposed by section 5000A, the following information:

(A) In the case of an individual seeking exemption based on the individual's status as a member of an exempt religious sect or division, as a member of a health care sharing ministry, as an Indian, or as an individual eligible for a hardship exemption, such information as the Secretary shall prescribe.

(B) In the case of an individual seeking exemption based on the lack of affordable coverage or the individual's status as a taxpayer with household income less than 100 percent of the poverty line, the information described in paragraphs (3) and (4), as applicable.

(C) VERIFICATION OF INFORMATION CONTAINED IN RECORDS OF SPECIFIC FEDERAL OFFICIALS.—

(1) INFORMATION TRANSFERRED TO SECRETARY.—An Exchange shall submit the information provided by an applicant under subsection (b) to the Secretary for verification in accordance with the requirements of this subsection and subsection (d).

(2) CITIZENSHIP OR IMMIGRATION STATUS.—

(A) COMMISSIONER OF SOCIAL SECURITY.—The Secretary shall submit to the Commissioner of Social Security the following information for a determination as to whether the information provided is consistent with the information in the records of the Commissioner:

(i) The name, date of birth, and social security number of each individual for whom such information was provided under subsection (b)(2).

(ii) The attestation of an individual that the individual is a citizen.

(B) SECRETARY OF HOMELAND SECURITY.—

(i) IN GENERAL.—In the case of an individual—

(I) who attests that the individual is an alien lawfully present in the United States; or

(II) who attests that the individual is a citizen but with respect to whom the Commissioner of Social Security has notified the Secretary under subsection (e)(3) that the attestation is inconsistent with information in the records maintained by the Commissioner;

the Secretary shall submit to the Secretary of Homeland Security the information described in clause (ii) for a determination as to whether the information provided is consistent with the information in the records of the Secretary of Homeland Security.

(ii) INFORMATION.—The information described in clause (ii) is the following:

(I) The name, date of birth, and any identifying information with respect to the individual's immigration status provided under subsection (b)(2).

(II) The attestation that the individual is an alien lawfully present in the United States or in the case of an individual described in clause (i)(II), the attestation that the individual is a citizen.

(3) ELIGIBILITY FOR TAX CREDIT AND COST-SHARING REDUCTION.—The Secretary shall submit the information described in subsection (b)(3)(A) provided under paragraph (3), (4), or (5) of subsection (b) to the Secretary of the

Treasury for verification of household income and family size for purposes of eligibility.

(4) METHODS.—

(A) IN GENERAL.—The Secretary, in consultation with the Secretary of the Treasury, the Secretary of Homeland Security, and the Commissioner of Social Security, shall provide that verifications and determinations under this subsection shall be done—

(i) through use of an on-line system or otherwise for the electronic submission of, and response to, the information submitted under this subsection with respect to an applicant; or

(ii) by determining the consistency of the information submitted with the information maintained in the records of the Secretary of the Treasury, the Secretary of Homeland Security, or the Commissioner of Social Security through such other method as is approved by the Secretary.

(B) FLEXIBILITY.—The Secretary may modify the methods used under the program established by this section for the Exchange and verification of information if the Secretary determines such modifications would reduce the administrative costs and burdens on the applicant, including allowing an applicant to request the Secretary of the Treasury to provide the information described in paragraph (3) directly to the Exchange or to the Secretary. The Secretary shall not make any such modification unless the Secretary determines that any applicable requirements under this section and section 6103 of the Internal Revenue Code of 1986 with respect to the confidentiality, disclosure, maintenance, or use of information will be met.

(d) VERIFICATION BY SECRETARY.—In the case of information provided under subsection (b) that is not required under subsection (c) to be submitted to another person for verification, the Secretary shall verify the accuracy of such information in such manner as the Secretary determines appropriate, including delegating responsibility for verification to the Exchange.

(e) ACTIONS RELATING TO VERIFICATION.—

(1) IN GENERAL.—Each person to whom the Secretary provided information under subsection (c) shall report to the Secretary under the method established under subsection (c)(4) the results of its verification and the Secretary shall notify the Exchange of such results. Each person to whom the Secretary provided information under subsection (d) shall report to the Secretary in such manner as the Secretary determines appropriate.

(2) VERIFICATION.—

(A) ELIGIBILITY FOR ENROLLMENT AND PREMIUM TAX CREDITS AND COST-SHARING REDUCTIONS.—If information provided by an applicant under paragraphs (1), (2), (3), and (4) of subsection (b) is verified under subsections (c) and (d)—

(i) the individual's eligibility to enroll through the Exchange and to apply for premium tax credits and cost-sharing reductions shall be satisfied; and

(ii) the Secretary shall, if applicable, notify the Secretary of the Treasury under section 1412(c) of the amount of any advance payment to be made.

(B) EXEMPTION FROM INDIVIDUAL RESPONSIBILITY.—If information provided by an applicant under subsection (b)(5) is verified under subsections (c) and (d), the Secretary shall issue the certification of exemption described in section 1311(d)(4)(H).

(3) INCONSISTENCIES INVOLVING ATTESTATION OF CITIZENSHIP OR LAWFUL PRESENCE.—If the information provided by any applicant under subsection (b)(2) is inconsistent with information in the records maintained by the Commissioner of Social Security or Secretary of Homeland Security, whichever is applicable, the applicant's eligibility will be determined in the same manner

as an individual's eligibility under the medicaid program is determined under section 1902(ee) of the Social Security Act (as in effect on January 1, 2010).

(4) INCONSISTENCIES INVOLVING OTHER INFORMATION.—

(A) *IN GENERAL.*—If the information provided by an applicant under subsection (b) (other than subsection (b)(2)) is inconsistent with information in the records maintained by persons under subsection (c) or is not verified under subsection (d), the Secretary shall notify the Exchange and the Exchange shall take the following actions:

(i) *REASONABLE EFFORT.*—The Exchange shall make a reasonable effort to identify and address the causes of such inconsistency, including through typographical or other clerical errors, by contacting the applicant to confirm the accuracy of the information, and by taking such additional actions as the Secretary, through regulation or other guidance, may identify.

(ii) *NOTICE AND OPPORTUNITY TO CORRECT.*—In the case the inconsistency or inability to verify is not resolved under subparagraph (A), the Exchange shall—

(I) notify the applicant of such fact;

(II) provide the applicant an opportunity to either present satisfactory documentary evidence or resolve the inconsistency with the person verifying the information under subsection (c) or (d) during the 90-day period beginning the date on which the notice required under subclause (I) is sent to the applicant. The Secretary may extend the 90-day period under subclause (II) for enrollments occurring during 2014.

(B) SPECIFIC ACTIONS NOT INVOLVING CITIZENSHIP OR LAWFUL PRESENCE.—

(i) *IN GENERAL.*—Except as provided in paragraph (3), the Exchange shall, during any period before the close of the period under subparagraph (A)(ii)(II), make any determination under paragraphs (2), (3), and (4) of subsection (a) on the basis of the information contained on the application.

(ii) *ELIGIBILITY OR AMOUNT OF CREDIT OR REDUCTION.*—If an inconsistency involving the eligibility for, or amount of, any premium tax credit or cost-sharing reduction is unresolved under this subsection as of the close of the period under subparagraph (A)(ii)(II), the Exchange shall notify the applicant of the amount (if any) of the credit or reduction that is determined on the basis of the records maintained by persons under subsection (c).

(iii) *EMPLOYER AFFORDABILITY.*—If the Secretary notifies an Exchange that an enrollee is eligible for a premium tax credit under section 36B of such Code or cost-sharing reduction under section 1402 because the enrollee's (or related individual's) employer does not provide minimum essential coverage through an employer-sponsored plan or that the employer does provide that coverage but it is not affordable coverage, the Exchange shall notify the employer of such fact and that the employer may be liable for the payment assessed under section 4980H of such Code.

(iv) *EXEMPTION.*—In any case where the inconsistency involving, or inability to verify, information provided under subsection (b)(5) is not resolved as of the close of the period under subparagraph (A)(ii)(II), the Exchange shall notify an applicant that no certification of exemption from any requirement or payment under section 5000A of such Code will be issued.

(C) *APPEALS PROCESS.*—The Exchange shall also notify each person receiving notice under this paragraph of the appeals processes established under subsection (f).

(f) *APPEALS AND REDETERMINATIONS.*—

(I) *IN GENERAL.*—The Secretary, in consultation with the Secretary of the Treasury, the Sec-

retary of Homeland Security, and the Commissioner of Social Security, shall establish procedures by which the Secretary or one of such other Federal officers—

(A) hears and makes decisions with respect to appeals of any determination under subsection (e); and

(B) redetermines eligibility on a periodic basis in appropriate circumstances.

(2) EMPLOYER LIABILITY.—

(A) *IN GENERAL.*—The Secretary shall establish a separate appeals process for employers who are notified under subsection (e)(4)(C) that the employer may be liable for a tax imposed by section 4980H of the Internal Revenue Code of 1986 with respect to an employee because of a determination that the employer does not provide minimum essential coverage through an employer-sponsored plan or that the employer does provide that coverage but it is not affordable coverage with respect to an employee. Such process shall provide an employer the opportunity to—

(i) present information to the Exchange for review of the determination either by the Exchange or the person making the determination, including evidence of the employer-sponsored plan and employer contributions to the plan; and

(ii) have access to the data used to make the determination to the extent allowable by law. Such process shall be in addition to any rights of appeal the employer may have under subtitle F of such Code.

(B) *CONFIDENTIALITY.*—Notwithstanding any provision of this title (or the amendments made by this title) or section 6103 of the Internal Revenue Code of 1986, an employer shall not be entitled to any taxpayer return information with respect to an employee for purposes of determining whether the employer is subject to the penalty under section 4980H of such Code with respect to the employee, except that—

(i) the employer may be notified as to the name of an employee and whether or not the employee's income is above or below the threshold by which the affordability of an employer's health insurance coverage is measured; and

(ii) this subparagraph shall not apply to an employee who provides a waiver (at such time and in such manner as the Secretary may prescribe) authorizing an employer to have access to the employee's taxpayer return information.

(g) CONFIDENTIALITY OF APPLICANT INFORMATION.—

(I) *IN GENERAL.*—An applicant for insurance coverage or for a premium tax credit or cost-sharing reduction shall be required to provide only the information strictly necessary to authenticate identity, determine eligibility, and determine the amount of the credit or reduction.

(2) *RECEIPT OF INFORMATION.*—Any person who receives information provided by an applicant under subsection (b) (whether directly or by another person at the request of the applicant), or receives information from a Federal agency under subsection (c), (d), or (e), shall—

(A) use the information only for the purposes of, and to the extent necessary in, ensuring the efficient operation of the Exchange, including verifying the eligibility of an individual to enroll through an Exchange or to claim a premium tax credit or cost-sharing reduction or the amount of the credit or reduction; and

(B) not disclose the information to any other person except as provided in this section.

(h) PENALTIES.—

(I) *FALSE OR FRAUDULENT INFORMATION.*—

(i) *CIVIL PENALTY.*—

(i) *IN GENERAL.*—If—

(I) any person fails to provides correct information under subsection (b); and

(II) such failure is attributable to negligence or disregard of any rules or regulations of the Secretary,

such person shall be subject, in addition to any other penalties that may be prescribed by law, to a civil penalty of not more than \$25,000 with respect to any failures involving an application for a plan year. For purposes of this subparagraph, the terms "negligence" and "disregard" shall have the same meanings as when used in section 6662 of the Internal Revenue Code of 1986.

(ii) *REASONABLE CAUSE EXCEPTION.*—No penalty shall be imposed under clause (i) if the Secretary determines that there was a reasonable cause for the failure and that the person acted in good faith.

(B) *KNOWING AND WILLFUL VIOLATIONS.*—Any person who knowingly and willfully provides false or fraudulent information under subsection (b) shall be subject, in addition to any other penalties that may be prescribed by law, to a civil penalty of not more than \$250,000.

(2) *IMPROPER USE OR DISCLOSURE OF INFORMATION.*—Any person who knowingly and willfully uses or discloses information in violation of subsection (g) shall be subject, in addition to any other penalties that may be prescribed by law, to a civil penalty of not more than \$25,000.

(3) *LIMITATIONS ON LIENS AND LEVIES.*—The Secretary (or, if applicable, the Attorney General of the United States) shall not—

(A) file notice of lien with respect to any property of a person by reason of any failure to pay the penalty imposed by this subsection; or

(B) levy on any such property with respect to such failure.

(i) STUDY OF ADMINISTRATION OF EMPLOYER RESPONSIBILITY.—

(1) *IN GENERAL.*—The Secretary of Health and Human Services shall, in consultation with the Secretary of the Treasury, conduct a study of the procedures that are necessary to ensure that in the administration of this title and section 4980H of the Internal Revenue Code of 1986 (as added by section 1513) that the following rights are protected:

(A) The rights of employees to preserve their right to confidentiality of their taxpayer return information and their right to enroll in a qualified health plan through an Exchange if an employer does not provide affordable coverage.

(B) The rights of employers to adequate due process and access to information necessary to accurately determine any payment assessed on employers.

(2) *REPORT.*—Not later than January 1, 2013, the Secretary of Health and Human Services shall report the results of the study conducted under paragraph (1), including any recommendations for legislative changes, to the Committees on Finance and Health, Education, Labor and Pensions of the Senate and the Committees of Education and Labor and Ways and Means of the House of Representatives.

SEC. 1412. ADVANCE DETERMINATION AND PAYMENT OF PREMIUM TAX CREDITS AND COST-SHARING REDUCTIONS.

(a) *IN GENERAL.*—The Secretary, in consultation with the Secretary of the Treasury, shall establish a program under which—

(1) upon request of an Exchange, advance determinations are made under section 1411 with respect to the income eligibility of individuals enrolling in a qualified health plan in the individual market through the Exchange for the premium tax credit allowable under section 36B of the Internal Revenue Code of 1986 and the cost-sharing reductions under section 1402;

(2) the Secretary notifies—

(A) the Exchange and the Secretary of the Treasury of the advance determinations; and

(B) the Secretary of the Treasury of the name and employer identification number of each employer with respect to whom 1 or more employee of the employer were determined to be eligible for the premium tax credit under section 36B of

the Internal Revenue Code of 1986 and the cost-sharing reductions under section 1402 because—

(i) the employer did not provide minimum essential coverage; or

(ii) the employer provided such minimum essential coverage but it was determined under section 36B(c)(2)(C) of such Code to either be unaffordable to the employee or not provide the required minimum actuarial value; and

(3) the Secretary of the Treasury makes advance payments of such credit or reductions to the issuers of the qualified health plans in order to reduce the premiums payable by individuals eligible for such credit.

(b) **ADVANCE DETERMINATIONS.**—

(1) **IN GENERAL.**—The Secretary shall provide under the program established under subsection (a) that advance determination of eligibility with respect to any individual shall be made—

(A) during the annual open enrollment period applicable to the individual (or such other enrollment period as may be specified by the Secretary); and

(B) on the basis of the individual's household income for the most recent taxable year for which the Secretary, after consultation with the Secretary of the Treasury, determines information is available.

(2) **CHANGES IN CIRCUMSTANCES.**—The Secretary shall provide procedures for making advance determinations on the basis of information other than that described in paragraph (1)(B) in cases where information included with an application form demonstrates substantial changes in income, changes in family size or other household circumstances, change in filing status, the filing of an application for unemployment benefits, or other significant changes affecting eligibility, including—

(A) allowing an individual claiming a decrease of 20 percent or more in income, or filing an application for unemployment benefits, to have eligibility for the credit determined on the basis of household income for a later period or on the basis of the individual's estimate of such income for the taxable year; and

(B) the determination of household income in cases where the taxpayer was not required to file a return of tax imposed by this chapter for the second preceding taxable year.

(c) **PAYMENT OF PREMIUM TAX CREDITS AND COST-SHARING REDUCTIONS.**—

(1) **IN GENERAL.**—The Secretary shall notify the Secretary of the Treasury and the Exchange through which the individual is enrolling of the advance determination under section 1411.

(2) **PREMIUM TAX CREDIT.**—

(A) **IN GENERAL.**—The Secretary of the Treasury shall make the advance payment under this section of any premium tax credit allowed under section 36B of the Internal Revenue Code of 1986 to the issuer of a qualified health plan on a monthly basis (or such other periodic basis as the Secretary may provide).

(B) **ISSUER RESPONSIBILITIES.**—An issuer of a qualified health plan receiving an advance payment with respect to an individual enrolled in the plan shall—

(i) reduce the premium charged the insured for any period by the amount of the advance payment for the period;

(ii) notify the Exchange and the Secretary of such reduction;

(iii) include with each billing statement the amount by which the premium for the plan has been reduced by reason of the advance payment; and

(iv) in the case of any nonpayment of premiums by the insured—

(I) notify the Secretary of such nonpayment; and

(II) allow a 3-month grace period for nonpayment of premiums before discontinuing coverage.

(3) **COST-SHARING REDUCTIONS.**—The Secretary shall also notify the Secretary of the Treasury and the Exchange under paragraph (1) if an advance payment of the cost-sharing reductions under section 1402 is to be made to the issuer of any qualified health plan with respect to any individual enrolled in the plan. The Secretary of the Treasury shall make such advance payment at such time and in such amount as the Secretary specifies in the notice.

(d) **NO FEDERAL PAYMENTS FOR INDIVIDUALS NOT LAWFULLY PRESENT.**—Nothing in this subtitle or the amendments made by this subtitle allows Federal payments, credits, or cost-sharing reductions for individuals who are not lawfully present in the United States.

(e) **STATE FLEXIBILITY.**—Nothing in this subtitle or the amendments made by this subtitle shall be construed to prohibit a State from making payments to or on behalf of an individual for coverage under a qualified health plan offered through an Exchange that are in addition to any credits or cost-sharing reductions allowable to the individual under this subtitle and such amendments.

SEC. 1413. STREAMLINING OF PROCEDURES FOR ENROLLMENT THROUGH AN EXCHANGE AND STATE MEDICAID, CHIP, AND HEALTH SUBSIDY PROGRAMS.

(a) **IN GENERAL.**—The Secretary shall establish a system meeting the requirements of this section under which residents of each State may apply for enrollment in, receive a determination of eligibility for participation in, and continue participation in, applicable State health subsidy programs. Such system shall ensure that if an individual applying to an Exchange is found through screening to be eligible for medical assistance under the State medicaid plan under title XIX, or eligible for enrollment under a State children's health insurance program (CHIP) under title XXI of such Act, the individual is enrolled for assistance under such plan or program.

(b) **REQUIREMENTS RELATING TO FORMS AND NOTICE.**—

(1) **REQUIREMENTS RELATING TO FORMS.**—

(A) **IN GENERAL.**—The Secretary shall develop and provide to each State a single, streamlined form that—

(i) may be used to apply for all applicable State health subsidy programs within the State;

(ii) may be filed online, in person, by mail, or by telephone;

(iii) may be filed with an Exchange or with State officials operating one of the other applicable State health subsidy programs; and

(iv) is structured to maximize an applicant's ability to complete the form satisfactorily, taking into account the characteristics of individuals who qualify for applicable State health subsidy programs.

(B) **STATE AUTHORITY TO ESTABLISH FORM.**—A State may develop and use its own single, streamlined form as an alternative to the form developed under subparagraph (A) if the alternative form is consistent with standards promulgated by the Secretary under this section.

(C) **SUPPLEMENTAL ELIGIBILITY FORMS.**—The Secretary may allow a State to use a supplemental or alternative form in the case of individuals who apply for eligibility that is not determined on the basis of the household income (as defined in section 36B of the Internal Revenue Code of 1986).

(2) **NOTICE.**—The Secretary shall provide that an applicant filing a form under paragraph (1) shall receive notice of eligibility for an applicable State health subsidy program without any need to provide additional information or paperwork unless such information or paperwork is specifically required by law when information provided on the form is inconsistent with data used for the electronic verification under para-

graph (3) or is otherwise insufficient to determine eligibility.

(c) **REQUIREMENTS RELATING TO ELIGIBILITY BASED ON DATA EXCHANGES.**—

(1) **DEVELOPMENT OF SECURE INTERFACES.**—Each State shall develop for all applicable State health subsidy programs a secure, electronic interface allowing an exchange of data (including information contained in the application forms described in subsection (b)) that allows a determination of eligibility for all such programs based on a single application. Such interface shall be compatible with the method established for data verification under section 1411(c)(4).

(2) **DATA MATCHING PROGRAM.**—Each applicable State health subsidy program shall participate in a data matching arrangement for determining eligibility for participation in the program under paragraph (3) that—

(A) provides access to data described in paragraph (3);

(B) applies only to individuals who—

(i) receive assistance from an applicable State health subsidy program; or

(ii) apply for such assistance—

(I) by filing a form described in subsection (b); or

(II) by requesting a determination of eligibility and authorizing disclosure of the information described in paragraph (3) to applicable State health coverage subsidy programs for purposes of determining and establishing eligibility; and

(C) consistent with standards promulgated by the Secretary, including the privacy and data security safeguards described in section 1942 of the Social Security Act or that are otherwise applicable to such programs.

(3) **DETERMINATION OF ELIGIBILITY.**—

(A) **IN GENERAL.**—Each applicable State health subsidy program shall, to the maximum extent practicable—

(i) establish, verify, and update eligibility for participation in the program using the data matching arrangement under paragraph (2); and

(ii) determine such eligibility on the basis of reliable, third party data, including information described in sections 1137, 453(i), and 1942(a) of the Social Security Act, obtained through such arrangement.

(B) **EXCEPTION.**—This paragraph shall not apply in circumstances with respect to which the Secretary determines that the administrative and other costs of use of the data matching arrangement under paragraph (2) outweigh its expected gains in accuracy, efficiency, and program participation.

(4) **SECRETARIAL STANDARDS.**—The Secretary shall, after consultation with persons in possession of the data to be matched and representatives of applicable State health subsidy programs, promulgate standards governing the timing, contents, and procedures for data matching described in this subsection. Such standards shall take into account administrative and other costs and the value of data matching to the establishment, verification, and updating of eligibility for applicable State health subsidy programs.

(d) **ADMINISTRATIVE AUTHORITY.**—

(1) **AGREEMENTS.**—Subject to section 1411 and section 6103(l)(21) of the Internal Revenue Code of 1986 and any other requirement providing safeguards of privacy and data integrity, the Secretary may establish model agreements, and enter into agreements, for the sharing of data under this section.

(2) **AUTHORITY OF EXCHANGE TO CONTRACT OUT.**—Nothing in this section shall be construed to—

(A) prohibit contractual arrangements through which a State medicaid agency determines eligibility for all applicable State health subsidy programs, but only if such agency complies with the Secretary's requirements ensuring

reduced administrative costs, eligibility errors, and disruptions in coverage; or

(B) change any requirement under title XIX that eligibility for participation in a State's medicaid program must be determined by a public agency.

(e) **APPLICABLE STATE HEALTH SUBSIDY PROGRAM.**—In this section, the term “applicable State health subsidy program” means—

(1) the program under this title for the enrollment in qualified health plans offered through an Exchange, including the premium tax credits under section 36B of the Internal Revenue Code of 1986 and cost-sharing reductions under section 1402;

(2) a State medicaid program under title XIX of the Social Security Act;

(3) a State children's health insurance program (CHIP) under title XXI of such Act; and

(4) a State program under section 1331 establishing qualified basic health plans.

SEC. 1414. DISCLOSURES TO CARRY OUT ELIGIBILITY REQUIREMENTS FOR CERTAIN PROGRAMS.

(a) **DISCLOSURE OF TAXPAYER RETURN INFORMATION AND SOCIAL SECURITY NUMBERS.**—

(1) **TAXPAYER RETURN INFORMATION.**—Subsection (l) of section 6103 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(21) **DISCLOSURE OF RETURN INFORMATION TO CARRY OUT ELIGIBILITY REQUIREMENTS FOR CERTAIN PROGRAMS.**—

“(A) **IN GENERAL.**—The Secretary, upon written request from the Secretary of Health and Human Services, shall disclose to officers, employees, and contractors of the Department of Health and Human Services return information of any taxpayer whose income is relevant in determining any premium tax credit under section 36B or any cost-sharing reduction under section 1402 of the Patient Protection and Affordable Care Act or eligibility for participation in a State medicaid program under title XIX of the Social Security Act, a State's children's health insurance program under title XXI of the Social Security Act, or a basic health program under section 1331 of Patient Protection and Affordable Care Act. Such return information shall be limited to—

“(i) taxpayer identity information with respect to such taxpayer,

“(ii) the filing status of such taxpayer,

“(iii) the number of individuals for whom a deduction is allowed under section 151 with respect to the taxpayer (including the taxpayer and the taxpayer's spouse),

“(iv) the modified gross income (as defined in section 36B) of such taxpayer and each of the other individuals included under clause (iii) who are required to file a return of tax imposed by chapter 1 for the taxable year,

“(v) such other information as is prescribed by the Secretary by regulation as might indicate whether the taxpayer is eligible for such credit or reduction (and the amount thereof), and

“(vi) the taxable year with respect to which the preceding information relates or, if applicable, the fact that such information is not available.

“(B) **INFORMATION TO EXCHANGE AND STATE AGENCIES.**—The Secretary of Health and Human Services may disclose to an Exchange established under the Patient Protection and Affordable Care Act or its contractors, or to a State agency administering a State program described in subparagraph (A) or its contractors, any inconsistency between the information provided by the Exchange or State agency to the Secretary and the information provided to the Secretary under subparagraph (A).

“(C) **RESTRICTION ON USE OF DISCLOSED INFORMATION.**—Return information disclosed under subparagraph (A) or (B) may be used by

officers, employees, and contractors of the Department of Health and Human Services, an Exchange, or a State agency only for the purposes of, and to the extent necessary in—

“(i) establishing eligibility for participation in the Exchange, and verifying the appropriate amount of, any credit or reduction described in subparagraph (A),

“(ii) determining eligibility for participation in the State programs described in subparagraph (A).”

(2) **SOCIAL SECURITY NUMBERS.**—Section 205(c)(2)(C) of the Social Security Act is amended by adding at the end the following new clause:

“(x) The Secretary of Health and Human Services, and the Exchanges established under section 1311 of the Patient Protection and Affordable Care Act, are authorized to collect and use the names and social security account numbers of individuals as required to administer the provisions of, and the amendments made by, the such Act.”

(b) **CONFIDENTIALITY AND DISCLOSURE.**—Paragraph (3) of section 6103(a) of such Code is amended by striking “or (20)” and inserting “(20), or (21)”.

(c) **PROCEDURES AND RECORDKEEPING RELATED TO DISCLOSURES.**—Paragraph (4) of section 6103(p) of such Code is amended—

(1) by inserting “, or any entity described in subsection (l)(21),” after “or (20)” in the matter preceding subparagraph (A),

(2) by inserting “or any entity described in subsection (l)(21),” after “or (o)(1)(A)” in subparagraph (F)(ii), and

(3) by inserting “or any entity described in subsection (l)(21),” after “or (20)” both places it appears in the matter after subparagraph (F).

(d) **UNAUTHORIZED DISCLOSURE OR INSPECTION.**—Paragraph (2) of section 7213(a) of such Code is amended by striking “or (20)” and inserting “(20), or (21)”.

SEC. 1415. PREMIUM TAX CREDIT AND COST-SHARING REDUCTION PAYMENTS DISREGARDED FOR FEDERAL AND FEDERALLY-ASSISTED PROGRAMS.

For purposes of determining the eligibility of any individual for benefits or assistance, or the amount or extent of benefits or assistance, under any Federal program or under any State or local program financed in whole or in part with Federal funds—

(1) any credit or refund allowed or made to any individual by reason of section 36B of the Internal Revenue Code of 1986 (as added by section 1401) shall not be taken into account as income and shall not be taken into account as resources for the month of receipt and the following 2 months; and

(2) any cost-sharing reduction payment or advance payment of the credit allowed under such section 36B that is made under section 1402 or 1412 shall be treated as made to the qualified health plan in which an individual is enrolled and not to that individual.

PART II—SMALL BUSINESS TAX CREDIT

SEC. 1421. CREDIT FOR EMPLOYEE HEALTH INSURANCE EXPENSES OF SMALL BUSINESSES.

(a) **IN GENERAL.**—Subpart D of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 (relating to business-related credits) is amended by inserting after section 45Q the following:

“SEC. 45R. EMPLOYEE HEALTH INSURANCE EXPENSES OF SMALL EMPLOYERS.

“(a) **GENERAL RULE.**—For purposes of section 38, in the case of an eligible small employer, the small employer health insurance credit determined under this section for any taxable year in the credit period is the amount determined under subsection (b).

“(b) **HEALTH INSURANCE CREDIT AMOUNT.**—Subject to subsection (c), the amount determined

under this subsection with respect to any eligible small employer is equal to 50 percent (35 percent in the case of a tax-exempt eligible small employer) of the lesser of—

“(1) the aggregate amount of nonelective contributions the employer made on behalf of its employees during the taxable year under the arrangement described in subsection (d)(4) for premiums for qualified health plans offered by the employer to its employees through an Exchange, or

“(2) the aggregate amount of nonelective contributions which the employer would have made during the taxable year under the arrangement if each employee taken into account under paragraph (1) had enrolled in a qualified health plan which had a premium equal to the average premium (as determined by the Secretary of Health and Human Services) for the small group market in the rating area in which the employee enrolls for coverage.

“(c) **PHASEOUT OF CREDIT AMOUNT BASED ON NUMBER OF EMPLOYEES AND AVERAGE WAGES.**—The amount of the credit determined under subsection (b) without regard to this subsection shall be reduced (but not below zero) by the sum of the following amounts:

“(1) Such amount multiplied by a fraction the numerator of which is the total number of full-time equivalent employees of the employer in excess of 10 and the denominator of which is 15.

“(2) Such amount multiplied by a fraction the numerator of which is the average annual wages of the employer in excess of the dollar amount in effect under subsection (d)(3)(B) and the denominator of which is such dollar amount.

“(d) **ELIGIBLE SMALL EMPLOYER.**—For purposes of this section—

“(1) **IN GENERAL.**—The term ‘eligible small employer’ means, with respect to any taxable year, an employer—

“(A) which has no more than 25 full-time equivalent employees for the taxable year,

“(B) the average annual wages of which do not exceed an amount equal to twice the dollar amount in effect under paragraph (3)(B) for the taxable year, and

“(C) which has in effect an arrangement described in paragraph (4).

“(2) **FULL-TIME EQUIVALENT EMPLOYEES.**—

“(A) **IN GENERAL.**—The term ‘full-time equivalent employees’ means a number of employees equal to the number determined by dividing—

“(i) the total number of hours of service for which wages were paid by the employer to employees during the taxable year, by

“(ii) 2,080.

Such number shall be rounded to the next lowest whole number if not otherwise a whole number.

“(B) **EXCESS HOURS NOT COUNTED.**—If an employee works in excess of 2,080 hours of service during any taxable year, such excess shall not be taken into account under subparagraph (A).

“(C) **HOURS OF SERVICE.**—The Secretary, in consultation with the Secretary of Labor, shall prescribe such regulations, rules, and guidance as may be necessary to determine the hours of service of an employee, including rules for the application of this paragraph to employees who are not compensated on an hourly basis.

“(3) **AVERAGE ANNUAL WAGES.**—

“(A) **IN GENERAL.**—The average annual wages of an eligible small employer for any taxable year is the amount determined by dividing—

“(i) the aggregate amount of wages which were paid by the employer to employees during the taxable year, by

“(ii) the number of full-time equivalent employees of the employee determined under paragraph (2) for the taxable year.

Such amount shall be rounded to the next lowest multiple of \$1,000 if not otherwise such a multiple.

“(B) DOLLAR AMOUNT.—For purposes of paragraph (1)(B)—

“(i) 2011, 2012, AND 2013.—The dollar amount in effect under this paragraph for taxable years beginning in 2011, 2012, or 2013 is \$20,000.

“(ii) SUBSEQUENT YEARS.—In the case of a taxable year beginning in a calendar year after 2013, the dollar amount in effect under this paragraph shall be equal to \$20,000, multiplied by the cost-of-living adjustment determined under section 1(f)(3) for the calendar year, determined by substituting ‘calendar year 2012’ for ‘calendar year 1992’ in subparagraph (B) thereof.

“(4) CONTRIBUTION ARRANGEMENT.—An arrangement is described in this paragraph if it requires an eligible small employer to make a nonelective contribution on behalf of each employee who enrolls in a qualified health plan offered to employees by the employer through an exchange in an amount equal to a uniform percentage (not less than 50 percent) of the premium cost of the qualified health plan.

“(5) SEASONAL WORKER HOURS AND WAGES NOT COUNTED.—For purposes of this subsection—

“(A) IN GENERAL.—The number of hours of service worked by, and wages paid to, a seasonal worker of an employer shall not be taken into account in determining the full-time equivalent employees and average annual wages of the employer unless the worker works for the employer on more than 120 days during the taxable year.

“(B) DEFINITION OF SEASONAL WORKER.—The term ‘seasonal worker’ means a worker who performs labor or services on a seasonal basis as defined by the Secretary of Labor, including workers covered by section 500.20(s)(1) of title 29, Code of Federal Regulations and retail workers employed exclusively during holiday seasons.

“(e) OTHER RULES AND DEFINITIONS.—For purposes of this section—

“(1) EMPLOYEE.—

“(A) CERTAIN EMPLOYEES EXCLUDED.—The term ‘employee’ shall not include—

“(i) an employee within the meaning of section 401(c)(1),

“(ii) any 2-percent shareholder (as defined in section 1372(b)) of an eligible small business which is an S corporation,

“(iii) any 5-percent owner (as defined in section 416(i)(1)(B)(i)) of an eligible small business, or

“(iv) any individual who bears any of the relationships described in subparagraphs (A) through (G) of section 152(d)(2) to, or is a dependent described in section 152(d)(2)(H) of, an individual described in clause (i), (ii), or (iii).

“(B) LEASED EMPLOYEES.—The term ‘employee’ shall include a leased employee within the meaning of section 414(n).

“(2) CREDIT PERIOD.—The term ‘credit period’ means, with respect to any eligible small employer, the 2-consecutive-taxable year period beginning with the 1st taxable year in which the employer (or any predecessor) offers 1 or more qualified health plans to its employees through an Exchange.

“(3) NONELECTIVE CONTRIBUTION.—The term ‘nonelective contribution’ means an employer contribution other than an employer contribution pursuant to a salary reduction arrangement.

“(4) WAGES.—The term ‘wages’ has the meaning given such term by section 3121(a) (determined without regard to any dollar limitation contained in such section).

“(5) AGGREGATION AND OTHER RULES MADE APPLICABLE.—

“(A) AGGREGATION RULES.—All employers treated as a single employer under subsection (b), (c), (m), or (o) of section 414 shall be treated as a single employer for purposes of this section.

“(B) OTHER RULES.—Rules similar to the rules of subsections (c), (d), and (e) of section 52 shall apply.

“(f) CREDIT MADE AVAILABLE TO TAX-EXEMPT ELIGIBLE SMALL EMPLOYERS.—

“(1) IN GENERAL.—In the case of a tax-exempt eligible small employer, there shall be treated as a credit allowable under subpart C (and not allowable under this subpart) the lesser of—

“(A) the amount of the credit determined under this section with respect to such employer, or

“(B) the amount of the payroll taxes of the employer during the calendar year in which the taxable year begins.

“(2) TAX-EXEMPT ELIGIBLE SMALL EMPLOYER.—For purposes of this section, the term ‘tax-exempt eligible small employer’ means an eligible small employer which is any organization described in section 501(c) which is exempt from taxation under section 501(a).

“(3) PAYROLL TAXES.—For purposes of this subsection—

“(A) IN GENERAL.—The term ‘payroll taxes’ means—

“(i) amounts required to be withheld from the employees of the tax-exempt eligible small employer under section 3401(a),

“(ii) amounts required to be withheld from such employees under section 3101(b), and

“(iii) amounts of the taxes imposed on the tax-exempt eligible small employer under section 3111(b).

“(B) SPECIAL RULE.—A rule similar to the rule of section 24(d)(2)(C) shall apply for purposes of subparagraph (A).

“(g) APPLICATION OF SECTION FOR CALENDAR YEARS 2011, 2012, AND 2013.—In the case of any taxable year beginning in 2011, 2012, or 2013, the following modifications to this section shall apply in determining the amount of the credit under subsection (a):

“(1) NO CREDIT PERIOD REQUIRED.—The credit shall be determined without regard to whether the taxable year is in a credit period and for purposes of applying this section to taxable years beginning after 2013, no credit period shall be treated as beginning with a taxable year beginning before 2014.

“(2) AMOUNT OF CREDIT.—The amount of the credit determined under subsection (b) shall be determined—

“(A) by substituting ‘35 percent (25 percent in the case of a tax-exempt eligible small employer)’ for ‘50 percent (35 percent in the case of a tax-exempt eligible small employer)’,

“(B) by reference to an eligible small employer’s nonelective contributions for premiums paid for health insurance coverage (within the meaning of section 9832(b)(1)) of an employee, and

“(C) by substituting for the average premium determined under subsection (b)(2) the amount the Secretary of Health and Human Services determines is the average premium for the small group market in the State in which the employer is offering health insurance coverage (or for such area within the State as is specified by the Secretary).

“(3) CONTRIBUTION ARRANGEMENT.—An arrangement shall not fail to meet the requirements of subsection (d)(4) solely because it provides for the offering of insurance outside of an Exchange.

“(h) INSURANCE DEFINITIONS.—Any term used in this section which is also used in the Public Health Service Act or subtitle A of title I of the Patient Protection and Affordable Care Act shall have the meaning given such term by such Act or subtitle.

“(i) REGULATIONS.—The Secretary shall prescribe such regulations as may be necessary to carry out the provisions of this section, including regulations to prevent the avoidance of the 2-year limit on the credit period through the use of successor entities and the avoidance of the limitations under subsection (c) through the use of multiple entities.”.

(b) CREDIT TO BE PART OF GENERAL BUSINESS CREDIT.—Section 38(b) of the Internal Revenue Code of 1986 (relating to current year business credit) is amended by striking “plus” at the end of paragraph (34), by striking the period at the end of paragraph (35) and inserting “, plus”, and by inserting after paragraph (35) the following:

“(36) the small employer health insurance credit determined under section 45R.”.

(c) CREDIT ALLOWED AGAINST ALTERNATIVE MINIMUM TAX.—Section 38(c)(4)(B) of the Internal Revenue Code of 1986 (defining specified credits) is amended by redesignating clauses (vi), (vii), and (viii) as clauses (vii), (viii), and (ix), respectively, and by inserting after clause (v) the following new clause:

“(vi) the credit determined under section 45R.”.

(d) DISALLOWANCE OF DEDUCTION FOR CERTAIN EXPENSES FOR WHICH CREDIT ALLOWED.—

(1) IN GENERAL.—Section 280C of the Internal Revenue Code of 1986 (relating to disallowance of deduction for certain expenses for which credit allowed), as amended by section 1401(b), is amended by adding at the end the following new subsection:

“(h) CREDIT FOR EMPLOYEE HEALTH INSURANCE EXPENSES OF SMALL EMPLOYERS.—No deduction shall be allowed for that portion of the premiums for qualified health plans (as defined in section 1301(a) of the Patient Protection and Affordable Care Act), or for health insurance coverage in the case of taxable years beginning in 2011, 2012, or 2013, paid by an employer which is equal to the amount of the credit determined under section 45R(a) with respect to the premiums.”.

(2) DEDUCTION FOR EXPIRING CREDITS.—Section 196(c) of such Code is amended by striking “and” at the end of paragraph (12), by striking the period at the end of paragraph (13) and inserting “, and”, and by adding at the end the following new paragraph:

“(14) the small employer health insurance credit determined under section 45R(a).”.

(e) CLERICAL AMENDMENT.—The table of sections for subpart D of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

“Sec. 45R. Employee health insurance expenses of small employers.”.

(f) EFFECTIVE DATES.—

(1) IN GENERAL.—The amendments made by this section shall apply to amounts paid or incurred in taxable years beginning after December 31, 2010.

(2) MINIMUM TAX.—The amendments made by subsection (c) shall apply to credits determined under section 45R of the Internal Revenue Code of 1986 in taxable years beginning after December 31, 2010, and to carrybacks of such credits.

Subtitle F—Shared Responsibility for Health Care

PART I—INDIVIDUAL RESPONSIBILITY

SEC. 1501. REQUIREMENT TO MAINTAIN MINIMUM ESSENTIAL COVERAGE.

(a) FINDINGS.—Congress makes the following findings:

(1) IN GENERAL.—The individual responsibility requirement provided for in this section (in this subsection referred to as the “requirement”) is commercial and economic in nature, and substantially affects interstate commerce, as a result of the effects described in paragraph (2).

(2) EFFECTS ON THE NATIONAL ECONOMY AND INTERSTATE COMMERCE.—The effects described in this paragraph are the following:

(A) The requirement regulates activity that is commercial and economic in nature: economic and financial decisions about how and when health care is paid for, and when health insurance is purchased.

(B) Health insurance and health care services are a significant part of the national economy. National health spending is projected to increase from \$2,500,000,000,000, or 17.6 percent of the economy, in 2009 to \$4,700,000,000,000 in 2019. Private health insurance spending is projected to be \$854,000,000,000 in 2009, and pays for medical supplies, drugs, and equipment that are shipped in interstate commerce. Since most health insurance is sold by national or regional health insurance companies, health insurance is sold in interstate commerce and claims payments flow through interstate commerce.

(C) The requirement, together with the other provisions of this Act, will add millions of new consumers to the health insurance market, increasing the supply of, and demand for, health care services. According to the Congressional Budget Office, the requirement will increase the number and share of Americans who are insured.

(D) The requirement achieves near-universal coverage by building upon and strengthening the private employer-based health insurance system, which covers 176,000,000 Americans nationwide. In Massachusetts, a similar requirement has strengthened private employer-based coverage: despite the economic downturn, the number of workers offered employer-based coverage has actually increased.

(E) Half of all personal bankruptcies are caused in part by medical expenses. By significantly increasing health insurance coverage, the requirement, together with the other provisions of this Act, will improve financial security for families.

(F) Under the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.), the Public Health Service Act (42 U.S.C. 201 et seq.), and this Act, the Federal Government has a significant role in regulating health insurance which is in interstate commerce.

(G) Under sections 2704 and 2705 of the Public Health Service Act (as added by section 1201 of this Act), if there were no requirement, many individuals would wait to purchase health insurance until they needed care. By significantly increasing health insurance coverage, the requirement, together with the other provisions of this Act, will minimize this adverse selection and broaden the health insurance risk pool to include healthy individuals, which will lower health insurance premiums. The requirement is essential to creating effective health insurance markets in which improved health insurance products that are guaranteed issue and do not exclude coverage of pre-existing conditions can be sold.

(H) Administrative costs for private health insurance, which were \$90,000,000,000 in 2006, are 26 to 30 percent of premiums in the current individual and small group markets. By significantly increasing health insurance coverage and the size of purchasing pools, which will increase economies of scale, the requirement, together with the other provisions of this Act, will significantly reduce administrative costs and lower health insurance premiums. The requirement is essential to creating effective health insurance markets that do not require underwriting and eliminate its associated administrative costs.

(3) SUPREME COURT RULING.—In *United States v. South-Eastern Underwriters Association* (322 U.S. 533 (1944)), the Supreme Court of the United States ruled that insurance is interstate commerce subject to Federal regulation.

(b) IN GENERAL.—Subtitle D of the Internal Revenue Code of 1986 is amended by adding at the end the following new chapter:

“CHAPTER 48—MAINTENANCE OF MINIMUM ESSENTIAL COVERAGE

“Sec. 5000A. Requirement to maintain minimum essential coverage.

“SEC. 5000A. REQUIREMENT TO MAINTAIN MINIMUM ESSENTIAL COVERAGE.

“(a) REQUIREMENT TO MAINTAIN MINIMUM ESSENTIAL COVERAGE.—An applicable individual shall for each month beginning after 2013 ensure that the individual, and any dependent of the individual who is an applicable individual, is covered under minimum essential coverage for such month.

“(b) SHARED RESPONSIBILITY PAYMENT.—

“(1) IN GENERAL.—If an applicable individual fails to meet the requirement of subsection (a) for 1 or more months during any calendar year beginning after 2013, then, except as provided in subsection (d), there is hereby imposed a penalty with respect to the individual in the amount determined under subsection (c).

“(2) INCLUSION WITH RETURN.—Any penalty imposed by this section with respect to any month shall be included with a taxpayer's return under chapter 1 for the taxable year which includes such month.

“(3) PAYMENT OF PENALTY.—If an individual with respect to whom a penalty is imposed by this section for any month—

“(A) is a dependent (as defined in section 152) of another taxpayer for the other taxpayer's taxable year including such month, such other taxpayer shall be liable for such penalty, or

“(B) files a joint return for the taxable year including such month, such individual and the spouse of such individual shall be jointly liable for such penalty.

“(c) AMOUNT OF PENALTY.—

“(1) IN GENERAL.—The penalty determined under this subsection for any month with respect to any individual is an amount equal to $\frac{1}{12}$ of the applicable dollar amount for the calendar year.

“(2) DOLLAR LIMITATION.—The amount of the penalty imposed by this section on any taxpayer for any taxable year with respect to all individuals for whom the taxpayer is liable under subsection (b)(3) shall not exceed an amount equal to 300 percent of the applicable dollar amount (determined without regard to paragraph (3)(C)) for the calendar year with or within which the taxable year ends.

“(3) APPLICABLE DOLLAR AMOUNT.—For purposes of paragraph (1)—

“(A) IN GENERAL.—Except as provided in subparagraphs (B) and (C), the applicable dollar amount is \$750.

“(B) PHASE IN.—The applicable dollar amount is \$95 for 2014 and \$350 for 2015.

“(C) SPECIAL RULE FOR INDIVIDUALS UNDER AGE 18.—If an applicable individual has not attained the age of 18 as of the beginning of a month, the applicable dollar amount with respect to such individual for the month shall be equal to one-half of the applicable dollar amount for the calendar year in which the month occurs.

“(D) INDEXING OF AMOUNT.—In the case of any calendar year beginning after 2016, the applicable dollar amount shall be equal to \$750, increased by an amount equal to—

“(i) \$750, multiplied by

“(ii) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year, determined by substituting ‘calendar year 2015’ for ‘calendar year 1992’ in subparagraph (B) thereof.

If the amount of any increase under clause (i) is not a multiple of \$50, such increase shall be rounded to the next lowest multiple of \$50.

“(4) TERMS RELATING TO INCOME AND FAMILIES.—For purposes of this section—

“(A) FAMILY SIZE.—The family size involved with respect to any taxpayer shall be equal to the number of individuals for whom the taxpayer is allowed a deduction under section 151 (relating to allowance of deduction for personal exemptions) for the taxable year.

“(B) HOUSEHOLD INCOME.—The term ‘household income’ means, with respect to any taxpayer for any taxable year, an amount equal to the sum of—

“(i) the modified gross income of the taxpayer, plus

“(ii) the aggregate modified gross incomes of all other individuals who—

“(I) were taken into account in determining the taxpayer's family size under paragraph (1), and

“(II) were required to file a return of tax imposed by section 1 for the taxable year.

“(C) MODIFIED GROSS INCOME.—The term ‘modified gross income’ means gross income—

“(i) decreased by the amount of any deduction allowable under paragraph (1), (3), (4), or (10) of section 62(a),

“(ii) increased by the amount of interest received or accrued during the taxable year which is exempt from tax imposed by this chapter, and

“(iii) determined without regard to sections 911, 931, and 933.

“(D) POVERTY LINE.—

“(i) IN GENERAL.—The term ‘poverty line’ has the meaning given that term in section 2110(c)(5) of the Social Security Act (42 U.S.C. 1397j(c)(5)).

“(ii) POVERTY LINE USED.—In the case of any taxable year ending with or within a calendar year, the poverty line used shall be the most recently published poverty line as of the 1st day of such calendar year.

“(d) APPLICABLE INDIVIDUAL.—For purposes of this section—

“(1) IN GENERAL.—The term ‘applicable individual’ means, with respect to any month, an individual other than an individual described in paragraph (2), (3), or (4).

“(2) RELIGIOUS EXEMPTIONS.—

“(A) RELIGIOUS CONSCIENCE EXEMPTION.—Such term shall not include any individual for any month if such individual has in effect an exemption under section 1311(d)(4)(H) of the Patient Protection and Affordable Care Act which certifies that such individual is a member of a recognized religious sect or division thereof described in section 1402(g)(1) and an adherent of established tenets or teachings of such sect or division as described in such section.

“(B) HEALTH CARE SHARING MINISTRY.—

“(i) IN GENERAL.—Such term shall not include any individual for any month if such individual is a member of a health care sharing ministry for the month.

“(ii) HEALTH CARE SHARING MINISTRY.—The term ‘health care sharing ministry’ means an organization—

“(I) which is described in section 501(c)(3) and is exempt from taxation under section 501(a),

“(II) members of which share a common set of ethical or religious beliefs and share medical expenses among members in accordance with those beliefs and without regard to the State in which a member resides or is employed,

“(III) members of which retain membership even after they develop a medical condition,

“(IV) which (or a predecessor of which) has been in existence at all times since December 31, 1999, and medical expenses of its members have been shared continuously and without interruption since at least December 31, 1999, and

“(V) which conducts an annual audit which is performed by an independent certified public accounting firm in accordance with generally accepted accounting principles and which is made available to the public upon request.

“(3) INDIVIDUALS NOT LAWFULLY PRESENT.—Such term shall not include an individual for any month if for the month the individual is not a citizen or national of the United States or an alien lawfully present in the United States.

“(4) INCARCERATED INDIVIDUALS.—Such term shall not include an individual for any month if

for the month the individual is incarcerated, other than incarceration pending the disposition of charges.

“(e) EXEMPTIONS.—No penalty shall be imposed under subsection (a) with respect to—

“(1) INDIVIDUALS WHO CANNOT AFFORD COVERAGE.—

“(A) IN GENERAL.—Any applicable individual for any month if the applicable individual's required contribution (determined on an annual basis) for coverage for the month exceeds 8 percent of such individual's household income for the taxable year described in section 1412(b)(1)(B) of the Patient Protection and Affordable Care Act. For purposes of applying this subparagraph, the taxpayer's household income shall be increased by any exclusion from gross income for any portion of the required contribution made through a salary reduction arrangement.

“(B) REQUIRED CONTRIBUTION.—For purposes of this paragraph, the term ‘required contribution’ means—

“(i) in the case of an individual eligible to purchase minimum essential coverage consisting of coverage through an eligible-employer-sponsored plan, the portion of the annual premium which would be paid by the individual (without regard to whether paid through salary reduction or otherwise) for self-only coverage, or

“(ii) in the case of an individual eligible only to purchase minimum essential coverage described in subsection (f)(1)(C), the annual premium for the lowest cost bronze plan available in the individual market through the Exchange in the State in the rating area in which the individual resides (without regard to whether the individual purchased a qualified health plan through the Exchange), reduced by the amount of the credit allowable under section 36B for the taxable year (determined as if the individual was covered by a qualified health plan offered through the Exchange for the entire taxable year).

“(C) SPECIAL RULES FOR INDIVIDUALS RELATED TO EMPLOYEES.—For purposes of subparagraph (B)(i), if an applicable individual is eligible for minimum essential coverage through an employer by reason of a relationship to an employee, the determination shall be made by reference to the affordability of the coverage to the employee.

“(D) INDEXING.—In the case of plan years beginning in any calendar year after 2014, subparagraph (A) shall be applied by substituting for ‘8 percent’ the percentage the Secretary of Health and Human Services determines reflects the excess of the rate of premium growth between the preceding calendar year and 2013 over the rate of income growth for such period.

“(2) TAXPAYERS WITH INCOME UNDER 100 PERCENT OF POVERTY LINE.—Any applicable individual for any month during a calendar year if the individual's household income for the taxable year described in section 1412(b)(1)(B) of the Patient Protection and Affordable Care Act is less than 100 percent of the poverty line for the size of the family involved (determined in the same manner as under subsection (b)(4)).

“(3) MEMBERS OF INDIAN TRIBES.—Any applicable individual for any month during which the individual is a member of an Indian tribe (as defined in section 45A(c)(6)).

“(4) MONTHS DURING SHORT COVERAGE GAPS.—“(A) IN GENERAL.—Any month the last day of which occurred during a period in which the applicable individual was not covered by minimum essential coverage for a continuous period of less than 3 months.

“(B) SPECIAL RULES.—For purposes of applying this paragraph—

“(i) the length of a continuous period shall be determined without regard to the calendar years in which months in such period occur,

“(ii) if a continuous period is greater than the period allowed under subparagraph (A), no exception shall be provided under this paragraph for any month in the period, and

“(iii) if there is more than 1 continuous period described in subparagraph (A) covering months in a calendar year, the exception provided by this paragraph shall only apply to months in the first of such periods.

The Secretary shall prescribe rules for the collection of the penalty imposed by this section in cases where continuous periods include months in more than 1 taxable year.

“(5) HARDSHIPS.—Any applicable individual who for any month is determined by the Secretary of Health and Human Services under section 1311(d)(4)(H) to have suffered a hardship with respect to the capability to obtain coverage under a qualified health plan.

“(f) MINIMUM ESSENTIAL COVERAGE.—For purposes of this section—

“(1) IN GENERAL.—The term ‘minimum essential coverage’ means any of the following:

“(A) GOVERNMENT SPONSORED PROGRAMS.—Coverage under—

“(i) the Medicare program under part A of title XVIII of the Social Security Act,

“(ii) the Medicaid program under title XIX of the Social Security Act,

“(iii) the CHIP program under title XXI of the Social Security Act,

“(iv) the TRICARE for Life program,

“(v) the veteran's health care program under chapter 17 of title 38, United States Code, or

“(vi) a health plan under section 2504(e) of title 22, United States Code (relating to Peace Corps volunteers).

“(B) EMPLOYER-SPONSORED PLAN.—Coverage under an eligible employer-sponsored plan.

“(C) PLANS IN THE INDIVIDUAL MARKET.—Coverage under a health plan offered in the individual market within a State.

“(D) GRANDFATHERED HEALTH PLAN.—Coverage under a grandfathered health plan.

“(E) OTHER COVERAGE.—Such other health benefits coverage, such as a State health benefits risk pool, as the Secretary of Health and Human Services, in coordination with the Secretary, recognizes for purposes of this subsection.

“(2) ELIGIBLE EMPLOYER-SPONSORED PLAN.—The term ‘eligible employer-sponsored plan’ means, with respect to any employee, a group health plan or group health insurance coverage offered by an employer to the employee which is—

“(A) a governmental plan (within the meaning of section 2791(d)(8) of the Public Health Service Act), or

“(B) any other plan or coverage offered in the small or large group market within a State. Such term shall include a grandfathered health plan described in paragraph (1)(D) offered in a group market.

“(3) EXCEPTED BENEFITS NOT TREATED AS MINIMUM ESSENTIAL COVERAGE.—The term ‘minimum essential coverage’ shall not include health insurance coverage which consists of coverage of excepted benefits—

“(A) described in paragraph (1) of subsection (c) of section 2791 of the Public Health Service Act; or

“(B) described in paragraph (2), (3), or (4) of such subsection if the benefits are provided under a separate policy, certificate, or contract of insurance.

“(4) INDIVIDUALS RESIDING OUTSIDE UNITED STATES OR RESIDENTS OF TERRITORIES.—Any applicable individual shall be treated as having minimum essential coverage for any month—

“(A) if such month occurs during any period described in subparagraph (A) or (B) of section 911(d)(1) which is applicable to the individual, or

“(B) if such individual is a bona fide resident of any possession of the United States (as determined under section 937(a)) for such month.

“(5) INSURANCE-RELATED TERMS.—Any term used in this section which is also used in title I of the Patient Protection and Affordable Care Act shall have the same meaning as when used in such title.

“(g) ADMINISTRATION AND PROCEDURE.—

“(1) IN GENERAL.—The penalty provided by this section shall be paid upon notice and demand by the Secretary, and except as provided in paragraph (2), shall be assessed and collected in the same manner as an assessable penalty under subchapter B of chapter 68.

“(2) SPECIAL RULES.—Notwithstanding any other provision of law—

“(A) WAIVER OF CRIMINAL PENALTIES.—In the case of any failure by a taxpayer to timely pay any penalty imposed by this section, such taxpayer shall not be subject to any criminal prosecution or penalty with respect to such failure.

“(B) LIMITATIONS ON LIENS AND LEVIES.—The Secretary shall not—

“(i) file notice of lien with respect to any property of a taxpayer by reason of any failure to pay the penalty imposed by this section, or

“(ii) levy on any such property with respect to such failure.”.

(c) CLERICAL AMENDMENT.—The table of chapters for subtitle D of the Internal Revenue Code of 1986 is amended by inserting after the item relating to chapter 47 the following new item:

“CHAPTER 48—MAINTENANCE OF MINIMUM ESSENTIAL COVERAGE.”.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years ending after December 31, 2013.

SEC. 1502. REPORTING OF HEALTH INSURANCE COVERAGE.

(a) IN GENERAL.—Part III of subchapter A of chapter 61 of the Internal Revenue Code of 1986 is amended by inserting after subpart C the following new subpart:

“Subpart D—Information Regarding Health Insurance Coverage

“Sec. 6055. Reporting of health insurance coverage.

“SEC. 6055. REPORTING OF HEALTH INSURANCE COVERAGE.

“(a) IN GENERAL.—Every person who provides minimum essential coverage to an individual during a calendar year shall, at such time as the Secretary may prescribe, make a return described in subsection (b).

“(b) FORM AND MANNER OF RETURN.—

“(1) IN GENERAL.—A return is described in this subsection if such return—

“(A) is in such form as the Secretary may prescribe, and

“(B) contains—

“(i) the name, address and TIN of the primary insured and the name and TIN of each other individual obtaining coverage under the policy,

“(ii) the dates during which such individual was covered under minimum essential coverage during the calendar year,

“(iii) in the case of minimum essential coverage which consists of health insurance coverage, information concerning—

“(I) whether or not the coverage is a qualified health plan offered through an Exchange established under section 1311 of the Patient Protection and Affordable Care Act, and

“(II) in the case of a qualified health plan, the amount (if any) of any advance payment under section 1412 of the Patient Protection and Affordable Care Act of any cost-sharing reduction under section 1402 of such Act or of any premium tax credit under section 36B with respect to such coverage, and

“(iv) such other information as the Secretary may require.

“(2) INFORMATION RELATING TO EMPLOYER-PROVIDED COVERAGE.—If minimum essential coverage provided to an individual under subsection (a) consists of health insurance coverage of a health insurance issuer provided through a group health plan of an employer, a return described in this subsection shall include—

“(A) the name, address, and employer identification number of the employer maintaining the plan,

“(B) the portion of the premium (if any) required to be paid by the employer, and

“(C) if the health insurance coverage is a qualified health plan in the small group market offered through an Exchange, such other information as the Secretary may require for administration of the credit under section 45R (relating to credit for employee health insurance expenses of small employers).

“(c) STATEMENTS TO BE FURNISHED TO INDIVIDUALS WITH RESPECT TO WHOM INFORMATION IS REPORTED.—

“(1) IN GENERAL.—Every person required to make a return under subsection (a) shall furnish to each individual whose name is required to be set forth in such return a written statement showing—

“(A) the name and address of the person required to make such return and the phone number of the information contact for such person, and

“(B) the information required to be shown on the return with respect to such individual.

“(2) TIME FOR FURNISHING STATEMENTS.—The written statement required under paragraph (1) shall be furnished on or before January 31 of the year following the calendar year for which the return under subsection (a) was required to be made.

“(d) COVERAGE PROVIDED BY GOVERNMENTAL UNITS.—In the case of coverage provided by any governmental unit or any agency or instrumentality thereof, the officer or employee who enters into the agreement to provide such coverage (or the person appropriately designated for purposes of this section) shall make the returns and statements required by this section.

“(e) MINIMUM ESSENTIAL COVERAGE.—For purposes of this section, the term ‘minimum essential coverage’ has the meaning given such term by section 5000A(f).”

(b) ASSESSABLE PENALTIES.—

(1) Subparagraph (B) of section 6724(d)(1) of the Internal Revenue Code of 1986 (relating to definitions) is amended by striking “or” at the end of clause (xii), by striking “and” at the end of clause (xiii) and inserting “or”, and by inserting after clause (xiii) the following new clause:

“(xiv) section 6055 (relating to returns relating to information regarding health insurance coverage), and”.

(2) Paragraph (2) of section 6724(d) of such Code is amended by striking “or” at the end of subparagraph (EE), by striking the period at the end of subparagraph (FF) and inserting “, or” and by inserting after subparagraph (FF) the following new subparagraph:

“(GG) section 6055(c) (relating to statements relating to information regarding health insurance coverage).”.

(c) NOTIFICATION OF NONENROLLMENT.—Not later than June 30 of each year, the Secretary of the Treasury, acting through the Internal Revenue Service and in consultation with the Secretary of Health and Human Services, shall send a notification to each individual who files an individual income tax return and who is not enrolled in minimum essential coverage (as defined in section 5000A of the Internal Revenue Code of 1986). Such notification shall contain information on the services available through the Exchange operating in the State in which such individual resides.

(d) CONFORMING AMENDMENT.—The table of subparts for part III of subchapter A of chapter 61 of such Code is amended by inserting after the item relating to subpart C the following new item:

“SUBPART D—INFORMATION REGARDING HEALTH INSURANCE COVERAGE”.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply to calendar years beginning after 2013.

PART II—EMPLOYER RESPONSIBILITIES

SEC. 1511. AUTOMATIC ENROLLMENT FOR EMPLOYEES OF LARGE EMPLOYERS.

The Fair Labor Standards Act of 1938 is amended by inserting after section 18 (29 U.S.C. 218) the following:

“SEC. 18A. AUTOMATIC ENROLLMENT FOR EMPLOYEES OF LARGE EMPLOYERS.

“In accordance with regulations promulgated by the Secretary, an employer to which this Act applies that has more than 200 full-time employees and that offers employees enrollment in 1 or more health benefits plans shall automatically enroll new full-time employees in one of the plans offered (subject to any waiting period authorized by law) and to continue the enrollment of current employees in a health benefits plan offered through the employer. Any automatic enrollment program shall include adequate notice and the opportunity for an employee to opt out of any coverage the individual or employee were automatically enrolled in. Nothing in this section shall be construed to supersede any State law which establishes, implements, or continues in effect any standard or requirement relating to employers in connection with payroll except to the extent that such standard or requirement prevents an employer from instituting the automatic enrollment program under this section.”.

SEC. 1512. EMPLOYER REQUIREMENT TO INFORM EMPLOYEES OF COVERAGE OPTIONS.

The Fair Labor Standards Act of 1938 is amended by inserting after section 18A (as added by section 1513) the following:

“SEC. 18B. NOTICE TO EMPLOYEES.

“(a) IN GENERAL.—In accordance with regulations promulgated by the Secretary, an employer to which this Act applies, shall provide to each employee at the time of hiring (or with respect to current employees, not later than March 1, 2013), written notice—

“(1) informing the employee of the existence of an Exchange, including a description of the services provided by such Exchange, and the manner in which the employee may contact the Exchange to request assistance;

“(2) if the employer plan’s share of the total allowed costs of benefits provided under the plan is less than 60 percent of such costs, that the employee may be eligible for a premium tax credit under section 36B of the Internal Revenue Code of 1986 and a cost sharing reduction under section 1402 of the Patient Protection and Affordable Care Act if the employee purchases a qualified health plan through the Exchange; and

“(3) if the employee purchases a qualified health plan through the Exchange, the employee will lose the employer contribution (if any) to any health benefits plan offered by the employer and that all or a portion of such contribution may be excludable from income for Federal income tax purposes.

“(b) EFFECTIVE DATE.—Subsection (a) shall take effect with respect to employers in a State beginning on March 1, 2013.”.

SEC. 1513. SHARED RESPONSIBILITY FOR EMPLOYERS.

(a) IN GENERAL.—Chapter 43 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

“SEC. 4980H. SHARED RESPONSIBILITY FOR EMPLOYERS REGARDING HEALTH COVERAGE.

“(a) LARGE EMPLOYERS NOT OFFERING HEALTH COVERAGE.—If—

“(1) any applicable large employer fails to offer to its full-time employees (and their dependents) the opportunity to enroll in minimum essential coverage under an eligible employer-sponsored plan (as defined in section 5000A(f)(2)) for any month, and

“(2) at least one full-time employee of the applicable large employer has been certified to the employer under section 1411 of the Patient Protection and Affordable Care Act as having enrolled for such month in a qualified health plan with respect to which an applicable premium tax credit or cost-sharing reduction is allowed or paid with respect to the employee,

then there is hereby imposed on the employer an assessable payment equal to the product of the applicable payment amount and the number of individuals employed by the employer as full-time employees during such month.

“(b) LARGE EMPLOYERS WITH WAITING PERIODS EXCEEDING 30 DAYS.—

“(1) IN GENERAL.—In the case of any applicable large employer which requires an extended waiting period to enroll in any minimum essential coverage under an employer-sponsored plan (as defined in section 5000A(f)(2)), there is hereby imposed on the employer an assessable payment, in the amount specified in paragraph (2), for each full-time employee of the employer to whom the extended waiting period applies.

“(2) AMOUNT.—For purposes of paragraph (1), the amount specified in this paragraph for a full-time employee is—

“(A) in the case of an extended waiting period which exceeds 30 days but does not exceed 60 days, \$400, and

“(B) in the case of an extended waiting period which exceeds 60 days, \$600.

“(3) EXTENDED WAITING PERIOD.—The term ‘extended waiting period’ means any waiting period (as defined in section 2701(b)(4) of the Public Health Service Act) which exceeds 30 days.

“(c) LARGE EMPLOYERS OFFERING COVERAGE WITH EMPLOYEES WHO QUALIFY FOR PREMIUM TAX CREDITS OR COST-SHARING REDUCTIONS.—

“(1) IN GENERAL.—If—

“(A) an applicable large employer offers to its full-time employees (and their dependents) the opportunity to enroll in minimum essential coverage under an eligible employer-sponsored plan (as defined in section 5000A(f)(2)) for any month, and

“(B) 1 or more full-time employees of the applicable large employer has been certified to the employer under section 1411 of the Patient Protection and Affordable Care Act as having enrolled for such month in a qualified health plan with respect to which an applicable premium tax credit or cost-sharing reduction is allowed or paid with respect to the employee, then there is hereby imposed on the employer an assessable payment equal to the product of the number of full-time employees of the applicable large employer described in subparagraph (B) for such month and 400 percent of the applicable payment amount.

“(2) OVERALL LIMITATION.—The aggregate amount of tax determined under paragraph (1) with respect to all employees of an applicable large employer for any month shall not exceed the product of the applicable payment amount and the number of individuals employed by the employer as full-time employees during such month.

“(d) DEFINITIONS AND SPECIAL RULES.—For purposes of this section—

“(1) APPLICABLE PAYMENT AMOUNT.—The term ‘applicable payment amount’ means, with respect to any month, $\frac{1}{12}$ of \$750.

“(2) APPLICABLE LARGE EMPLOYER.—

“(A) **IN GENERAL.**—The term ‘applicable large employer’ means, with respect to a calendar year, an employer who employed an average of at least 50 full-time employees on business days during the preceding calendar year.

“(B) EXEMPTION FOR CERTAIN EMPLOYERS.—

“(i) **IN GENERAL.**—An employer shall not be considered to employ more than 50 full-time employees if—

“(I) the employer’s workforce exceeds 50 full-time employees for 120 days or fewer during the calendar year, and

“(II) the employees in excess of 50 employed during such 120-day period were seasonal workers.

“(ii) **DEFINITION OF SEASONAL WORKERS.**—The term ‘seasonal worker’ means a worker who performs labor or services on a seasonal basis as defined by the Secretary of Labor, including workers covered by section 500.20(s)(1) of title 29, Code of Federal Regulations and retail workers employed exclusively during holiday seasons.

“(C) RULES FOR DETERMINING EMPLOYER SIZE.—For purposes of this paragraph—

“(i) **APPLICATION OF AGGREGATION RULE FOR EMPLOYERS.**—All persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as 1 employer.

“(ii) **EMPLOYERS NOT IN EXISTENCE IN PRECEDING YEAR.**—In the case of an employer which was not in existence throughout the preceding calendar year, the determination of whether such employer is an applicable large employer shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current calendar year.

“(iii) **PREDECESSORS.**—Any reference in this subsection to an employer shall include a reference to any predecessor of such employer.

“(3) APPLICABLE PREMIUM TAX CREDIT AND COST-SHARING REDUCTION.—The term ‘applicable premium tax credit and cost-sharing reduction’ means—

“(A) any premium tax credit allowed under section 36B,

“(B) any cost-sharing reduction under section 1402 of the Patient Protection and Affordable Care Act, and

“(C) any advance payment of such credit or reduction under section 1412 of such Act.

“(4) FULL-TIME EMPLOYEE.—

“(A) **IN GENERAL.**—The term ‘full-time employee’ means an employee who is employed on average at least 30 hours of service per week.

“(B) **HOURS OF SERVICE.**—The Secretary, in consultation with the Secretary of Labor, shall prescribe such regulations, rules, and guidance as may be necessary to determine the hours of service of an employee, including rules for the application of this paragraph to employees who are not compensated on an hourly basis.

“(5) INFLATION ADJUSTMENT.—

“(A) **IN GENERAL.**—In the case of any calendar year after 2014, each of the dollar amounts in subsection (b)(2) and (d)(1) shall be increased by an amount equal to the product of—

“(i) such dollar amount, and

“(ii) the premium adjustment percentage (as defined in section 1302(c)(4) of the Patient Protection and Affordable Care Act) for the calendar year.

“(B) **ROUNDING.**—If the amount of any increase under subparagraph (A) is not a multiple of \$10, such increase shall be rounded to the next lowest multiple of \$10.

“(6) **OTHER DEFINITIONS.**—Any term used in this section which is also used in the Patient Protection and Affordable Care Act shall have the same meaning as when used in such Act.

“(7) **TAX NONDEDUCTIBLE.**—For denial of deduction for the tax imposed by this section, see section 275(a)(6).

“(e) ADMINISTRATION AND PROCEDURE.—

“(1) **IN GENERAL.**—Any assessable payment provided by this section shall be paid upon notice and demand by the Secretary, and shall be assessed and collected in the same manner as an assessable penalty under subchapter B of chapter 68.

“(2) **TIME FOR PAYMENT.**—The Secretary may provide for the payment of any assessable payment provided by this section on an annual, monthly, or other periodic basis as the Secretary may prescribe.

“(3) **COORDINATION WITH CREDITS, ETC.**—The Secretary shall prescribe rules, regulations, or guidance for the repayment of any assessable payment (including interest) if such payment is based on the allowance or payment of an applicable premium tax credit or cost-sharing reduction with respect to an employee, such allowance or payment is subsequently disallowed, and the assessable payment would not have been required to be made but for such allowance or payment.”

(b) **CLERICAL AMENDMENT.**—The table of sections for chapter 43 of such Code is amended by adding at the end the following new item:

“Sec. 4980H. Shared responsibility for employers regarding health coverage.”

(c) STUDY AND REPORT OF EFFECT OF TAX ON WORKERS’ WAGES.—

(1) **IN GENERAL.**—The Secretary of Labor shall conduct a study to determine whether employees’ wages are reduced by reason of the application of the assessable payments under section 4980H of the Internal Revenue Code of 1986 (as added by the amendments made by this section). The Secretary shall make such determination on the basis of the National Compensation Survey published by the Bureau of Labor Statistics.

(2) **REPORT.**—The Secretary shall report the results of the study under paragraph (1) to the Committee on Ways and Means of the House of Representatives and to the Committee on Finance of the Senate.

(d) **EFFECTIVE DATE.**—The amendments made by this section shall apply to months beginning after December 31, 2013.

SEC. 1514. REPORTING OF EMPLOYER HEALTH INSURANCE COVERAGE.

(a) **IN GENERAL.**—Subpart D of part III of subchapter A of chapter 61 of the Internal Revenue Code of 1986, as added by section 1502, is amended by inserting after section 6055 the following new section:

“SEC. 6056. LARGE EMPLOYERS REQUIRED TO REPORT ON HEALTH INSURANCE COVERAGE.

“(a) **IN GENERAL.**—Every applicable large employer required to meet the requirements of section 4980H with respect to its full-time employees during a calendar year shall, at such time as the Secretary may prescribe, make a return described in subsection (b).

“(b) **FORM AND MANNER OF RETURN.**—A return is described in this subsection if such return—

“(1) is in such form as the Secretary may prescribe, and

“(2) contains—

“(A) the name, date, and employer identification number of the employer,

“(B) a certification as to whether the employer offers to its full-time employees (and their dependents) the opportunity to enroll in minimum essential coverage under an eligible employer-sponsored plan (as defined in section 5000A(f)(2)),

“(C) if the employer certifies that the employer did offer to its full-time employees (and their dependents) the opportunity to so enroll—

“(i) the length of any waiting period (as defined in section 2701(b)(4) of the Public Health Service Act) with respect to such coverage,

“(ii) the months during the calendar year for which coverage under the plan was available,

“(iii) the monthly premium for the lowest cost option in each of the enrollment categories under the plan, and

“(iv) the applicable large employer’s share of the total allowed costs of benefits provided under the plan,

“(D) the number of full-time employees for each month during the calendar year,

“(E) the name, address, and TIN of each full-time employee during the calendar year and the months (if any) during which such employee (and any dependents) were covered under any such health benefits plans, and

“(F) such other information as the Secretary may require.

“(c) STATEMENTS TO BE FURNISHED TO INDIVIDUALS WITH RESPECT TO WHOM INFORMATION IS REPORTED.—

“(1) **IN GENERAL.**—Every person required to make a return under subsection (a) shall furnish to each full-time employee whose name is required to be set forth in such return under subsection (b)(2)(E) a written statement showing—

“(A) the name and address of the person required to make such return and the phone number of the information contact for such person, and

“(B) the information required to be shown on the return with respect to such individual.

“(2) **TIME FOR FURNISHING STATEMENTS.**—The written statement required under paragraph (1) shall be furnished on or before January 31 of the year following the calendar year for which the return under subsection (a) was required to be made.

“(d) **COORDINATION WITH OTHER REQUIREMENTS.**—To the maximum extent feasible, the Secretary may provide that—

“(1) any return or statement required to be provided under this section may be provided as part of any return or statement required under section 6051 or 6055, and

“(2) in the case of an applicable large employer offering health insurance coverage of a health insurance issuer, the employer may enter into an agreement with the issuer to include information required under this section with the return and statement required to be provided by the issuer under section 6055.

“(e) **COVERAGE PROVIDED BY GOVERNMENTAL UNITS.**—In the case of any applicable large employer which is a governmental unit or any agency or instrumentality thereof, the person appropriately designated for purposes of this section shall make the returns and statements required by this section.

“(f) **DEFINITIONS.**—For purposes of this section, any term used in this section which is also used in section 4980H shall have the meaning given such term by section 4980H.”

(b) ASSESSABLE PENALTIES.—

(1) Subparagraph (B) of section 6724(d)(1) of the Internal Revenue Code of 1986 (relating to definitions), as amended by section 1502, is amended by striking “or” at the end of clause (xxiii), by striking “and” at the end of clause (xxiv) and inserting “or”, and by inserting after clause (xxiv) the following new clause:

“(xxv) section 6056 (relating to returns relating to large employers required to report on health insurance coverage), and”.

(2) Paragraph (2) of section 6724(d) of such Code, as so amended, is amended by striking “or” at the end of subparagraph (FF), by striking the period at the end of subparagraph (GG) and inserting “, or” and by inserting after subparagraph (GG) the following new subparagraph:

“(HH) section 6056(c) (relating to statements relating to large employers required to report on health insurance coverage).”

(c) **CONFORMING AMENDMENT.**—The table of sections for subpart D of part III of subchapter

A of chapter 61 of such Code, as added by section 1502, is amended by adding at the end the following new item:

“Sec. 6056. Large employers required to report on health insurance coverage.”

(d) **EFFECTIVE DATE.**—The amendments made by this section shall apply to periods beginning after December 31, 2013.

SEC. 1515. OFFERING OF EXCHANGE-PARTICIPATING QUALIFIED HEALTH PLANS THROUGH CAFETERIA PLANS.

(a) **IN GENERAL.**—Subsection (f) of section 125 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(3) **CERTAIN EXCHANGE-PARTICIPATING QUALIFIED HEALTH PLANS NOT QUALIFIED.**—

“(A) **IN GENERAL.**—The term ‘qualified benefit’ shall not include any qualified health plan (as defined in section 1301(a) of the Patient Protection and Affordable Care Act) offered through an Exchange established under section 1311 of such Act.

“(B) **EXCEPTION FOR EXCHANGE-ELIGIBLE EMPLOYERS.**—Subparagraph (A) shall not apply with respect to any employee if such employee’s employer is a qualified employer (as defined in section 1312(f)(2) of the Patient Protection and Affordable Care Act) offering the employee the opportunity to enroll through such an Exchange in a qualified health plan in a group market.”

(b) **CONFORMING AMENDMENTS.**—Subsection (f) of section 125 of such Code is amended—

(1) by striking “For purposes of this section, the term” and inserting “For purposes of this section—

“(1) **IN GENERAL.**—The term”, and
(2) by striking “Such term shall not include” and inserting the following:

“(2) **LONG-TERM CARE INSURANCE NOT QUALIFIED.**—The term ‘qualified benefit’ shall not include”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to taxable years beginning after December 31, 2013.

Subtitle G—Miscellaneous Provisions

SEC. 1551. DEFINITIONS.

Unless specifically provided for otherwise, the definitions contained in section 2791 of the Public Health Service Act (42 U.S.C. 300gg–91) shall apply with respect to this title.

SEC. 1552. TRANSPARENCY IN GOVERNMENT.

Not later than 30 days after the date of enactment of this Act, the Secretary of Health and Human Services shall publish on the Internet website of the Department of Health and Human Services, a list of all of the authorities provided to the Secretary under this Act (and the amendments made by this Act).

SEC. 1553. PROHIBITION AGAINST DISCRIMINATION ON ASSISTED SUICIDE.

(a) **IN GENERAL.**—The Federal Government, and any State or local government or health care provider that receives Federal financial assistance under this Act (or under an amendment made by this Act) or any health plan created under this Act (or under an amendment made by this Act), may not subject an individual or institutional health care entity to discrimination on the basis that the entity does not provide any health care item or service furnished for the purpose of causing, or for the purpose of assisting in causing, the death of any individual, such as by assisted suicide, euthanasia, or mercy killing.

(b) **DEFINITION.**—In this section, the term “health care entity” includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.

(c) **CONSTRUCTION AND TREATMENT OF CERTAIN SERVICES.**—Nothing in subsection (a) shall

be construed to apply to, or to affect, any limitation relating to—

(1) the withholding or withdrawing of medical treatment or medical care;

(2) the withholding or withdrawing of nutrition or hydration;

(3) abortion; or

(4) the use of an item, good, benefit, or service furnished for the purpose of alleviating pain or discomfort, even if such use may increase the risk of death, so long as such item, good, benefit, or service is not also furnished for the purpose of causing, or the purpose of assisting in causing, death, for any reason.

(d) **ADMINISTRATION.**—The Office for Civil Rights of the Department of Health and Human Services is designated to receive complaints of discrimination based on this section.

SEC. 1554. ACCESS TO THERAPIES.

Notwithstanding any other provision of this Act, the Secretary of Health and Human Services shall not promulgate any regulation that—

(1) creates any unreasonable barriers to the ability of individuals to obtain appropriate medical care;

(2) impedes timely access to health care services;

(3) interferes with communications regarding a full range of treatment options between the patient and the provider;

(4) restricts the ability of health care providers to provide full disclosure of all relevant information to patients making health care decisions;

(5) violates the principles of informed consent and the ethical standards of health care professionals; or

(6) limits the availability of health care treatment for the full duration of a patient’s medical needs.

SEC. 1555. FREEDOM NOT TO PARTICIPATE IN FEDERAL HEALTH INSURANCE PROGRAMS.

No individual, company, business, nonprofit entity, or health insurance issuer offering group or individual health insurance coverage shall be required to participate in any Federal health insurance program created under this Act (or any amendments made by this Act), or in any Federal health insurance program expanded by this Act (or any such amendments), and there shall be no penalty or fine imposed upon any such issuer for choosing not to participate in such programs.

SEC. 1556. EQUITY FOR CERTAIN ELIGIBLE SURVIVORS.

(a) **REBUTTABLE PRESUMPTION.**—Section 411(c)(4) of the Black Lung Benefits Act (30 U.S.C. 921(c)(4)) is amended by striking the last sentence.

(b) **CONTINUATION OF BENEFITS.**—Section 422(l) of the Black Lung Benefits Act (30 U.S.C. 932(l)) is amended by striking “, except with respect to a claim filed under this part on or after the effective date of the Black Lung Benefits Amendments of 1981”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply with respect to claims filed under part B or part C of the Black Lung Benefits Act (30 U.S.C. 921 et seq., 931 et seq.) after January 1, 2005, that are pending on or after the date of enactment of this Act.

SEC. 1557. NONDISCRIMINATION.

(a) **IN GENERAL.**—Except as otherwise provided for in this title (or an amendment made by this title), an individual shall not, on the ground prohibited under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.), or section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part

of which is receiving Federal financial assistance, including credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an Executive Agency or any entity established under this title (or amendments). The enforcement mechanisms provided for and available under such title VI, title IX, section 504, or such Age Discrimination Act shall apply for purposes of violations of this subsection.

(b) **CONTINUED APPLICATION OF LAWS.**—Nothing in this title (or an amendment made by this title) shall be construed to invalidate or limit the rights, remedies, procedures, or legal standards available to individuals aggrieved under title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), title VII of the Civil Rights Act of 1964 (42 U.S.C. 2000e et seq.), title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), or the Age Discrimination Act of 1975 (42 U.S.C. 611 et seq.), or to supersede State laws that provide additional protections against discrimination on any basis described in subsection (a).

(c) **REGULATIONS.**—The Secretary may promulgate regulations to implement this section.

SEC. 1558. PROTECTIONS FOR EMPLOYEES.

The Fair Labor Standards Act of 1938 is amended by inserting after section 18B (as added by section 1512) the following:

“SEC. 18C. PROTECTIONS FOR EMPLOYEES.

“(a) **PROHIBITION.**—No employer shall discharge or in any manner discriminate against any employee with respect to his or her compensation, terms, conditions, or other privileges of employment because the employee (or an individual acting at the request of the employee) has—

“(1) received a credit under section 36B of the Internal Revenue Code of 1986 or a subsidy under section 1402 of this Act;

“(2) provided, caused to be provided, or is about to provide or cause to be provided to the employer, the Federal Government, or the attorney general of a State information relating to any violation of, or any act or omission of the employee reasonably believes to be a violation of, any provision of this title (or an amendment made by this title);

“(3) testified or is about to testify in a proceeding concerning such violation;

“(4) assisted or participated, or is about to assist or participate, in such a proceeding; or

“(5) objected to, or refused to participate in, any activity, policy, practice, or assigned task that the employee (or other such person) reasonably believed to be in violation of any provision of this title (or amendment), or any order, rule, regulation, standard, or ban under this title (or amendment).

“(b) **COMPLAINT PROCEDURE.**—

“(1) **IN GENERAL.**—An employee who believes that he or she has been discharged or otherwise discriminated against by any employer in violation of this section may seek relief in accordance with the procedures, notifications, burdens of proof, remedies, and statutes of limitation set forth in section 2087(b) of title 15, United States Code.

“(2) **NO LIMITATION ON RIGHTS.**—Nothing in this section shall be deemed to diminish the rights, privileges, or remedies of any employee under any Federal or State law or under any collective bargaining agreement. The rights and remedies in this section may not be waived by any agreement, policy, form, or condition of employment.”

SEC. 1559. OVERSIGHT.

The Inspector General of the Department of Health and Human Services shall have oversight authority with respect to the administration and implementation of this title as it relates to such Department.

SEC. 1560. RULES OF CONSTRUCTION.

(a) **NO EFFECT ON ANTITRUST LAWS.**—Nothing in this title (or an amendment made by this title) shall be construed to modify, impair, or supersede the operation of any of the antitrust laws. For the purposes of this section, the term “antitrust laws” has the meaning given such term in subsection (a) of the first section of the Clayton Act, except that such term includes section 5 of the Federal Trade Commission Act to the extent that such section 5 applies to unfair methods of competition.

(b) **RULE OF CONSTRUCTION REGARDING HAWAII'S PREPAID HEALTH CARE ACT.**—Nothing in this title (or an amendment made by this title) shall be construed to modify or limit the application of the exemption for Hawaii's Prepaid Health Care Act (Haw. Rev. Stat. §§ 393-1 et seq.) as provided for under section 514(b)(5) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144(b)(5)).

(c) **STUDENT HEALTH INSURANCE PLANS.**—Nothing in this title (or an amendment made by this title) shall be construed to prohibit an institution of higher education (as such term is defined for purposes of the Higher Education Act of 1965) from offering a student health insurance plan, to the extent that such requirement is otherwise permitted under applicable Federal, State or local law.

(d) **NO EFFECT ON EXISTING REQUIREMENTS.**—Nothing in this title (or an amendment made by this title, unless specified by direct statutory reference) shall be construed to modify any existing Federal requirement concerning the State agency responsible for determining eligibility for programs identified in section 1413.

SEC. 1561. HEALTH INFORMATION TECHNOLOGY ENROLLMENT STANDARDS AND PROTOCOLS.

Title XXX of the Public Health Service Act (42 U.S.C. 300jj et seq.) is amended by adding at the end the following:

“Subtitle C—Other Provisions**“SEC. 3021. HEALTH INFORMATION TECHNOLOGY ENROLLMENT STANDARDS AND PROTOCOLS.**

“(a) **IN GENERAL.**—

“(1) **STANDARDS AND PROTOCOLS.**—Not later than 180 days after the date of enactment of this title, the Secretary, in consultation with the HIT Policy Committee and the HIT Standards Committee, shall develop interoperable and secure standards and protocols that facilitate enrollment of individuals in Federal and State health and human services programs, as determined by the Secretary.

“(2) **METHODS.**—The Secretary shall facilitate enrollment in such programs through methods determined appropriate by the Secretary, which shall include providing individuals and third parties authorized by such individuals and their designees notification of eligibility and verification of eligibility required under such programs.

“(b) **CONTENT.**—The standards and protocols for electronic enrollment in the Federal and State programs described in subsection (a) shall allow for the following:

“(1) Electronic matching against existing Federal and State data, including vital records, employment history, enrollment systems, tax records, and other data determined appropriate by the Secretary to serve as evidence of eligibility and in lieu of paper-based documentation.

“(2) Simplification and submission of electronic documentation, digitization of documents, and systems verification of eligibility.

“(3) Reuse of stored eligibility information (including documentation) to assist with retention of eligible individuals.

“(4) Capability for individuals to apply, recertify and manage their eligibility information online, including at home, at points of service, and other community-based locations.

“(5) Ability to expand the enrollment system to integrate new programs, rules, and functionalities, to operate at increased volume, and to apply streamlined verification and eligibility processes to other Federal and State programs, as appropriate.

“(6) Notification of eligibility, recertification, and other needed communication regarding eligibility, which may include communication via email and cellular phones.

“(7) Other functionalities necessary to provide eligibles with streamlined enrollment process.

“(c) **APPROVAL AND NOTIFICATION.**—With respect to any standard or protocol developed under subsection (a) that has been approved by the HIT Policy Committee and the HIT Standards Committee, the Secretary—

“(1) shall notify States of such standards or protocols; and

“(2) may require, as a condition of receiving Federal funds for the health information technology investments, that States or other entities incorporate such standards and protocols into such investments.

“(d) **GRANTS FOR IMPLEMENTATION OF APPROPRIATE ENROLLMENT HIT.**—

“(1) **IN GENERAL.**—The Secretary shall award grant to eligible entities to develop new, and adapt existing, technology systems to implement the HIT enrollment standards and protocols developed under subsection (a) (referred to in this subsection as ‘appropriate HIT technology’).

“(2) **ELIGIBLE ENTITIES.**—To be eligible for a grant under this subsection, an entity shall—

“(A) be a State, political subdivision of a State, or a local governmental entity; and

“(B) submit to the Secretary an application at such time, in such manner, and containing—

“(i) a plan to adopt and implement appropriate enrollment technology that includes—

“(I) proposed reduction in maintenance costs of technology systems;

“(II) elimination or updating of legacy systems; and

“(III) demonstrated collaboration with other entities that may receive a grant under this section that are located in the same State, political subdivision, or locality;

“(ii) an assurance that the entity will share such appropriate enrollment technology in accordance with paragraph (4); and

“(iii) such other information as the Secretary may require.

“(3) **SHARING.**—

“(A) **IN GENERAL.**—The Secretary shall ensure that appropriate enrollment HIT adopted under grants under this subsection is made available to other qualified State, qualified political subdivisions of a State, or other appropriate qualified entities (as described in subparagraph (B)) at no cost.

“(B) **QUALIFIED ENTITIES.**—The Secretary shall determine what entities are qualified to receive enrollment HIT under subparagraph (A), taking into consideration the recommendations of the HIT Policy Committee and the HIT Standards Committee.”

SEC. 1562. CONFORMING AMENDMENTS.

(a) **APPLICABILITY.**—Section 2735 of the Public Health Service Act (42 U.S.C. 300gg–21), as so redesignated by section 1001(4), is amended—

(1) by striking subsection (a);

(2) in subsection (b)—

(A) in paragraph (1), by striking “1 through 3” and inserting “1 and 2”; and

(B) in paragraph (2)—

(i) in subparagraph (A), by striking “subparagraph (D)” and inserting “subparagraph (D) or (E)”; and

(ii) by striking “1 through 3” and inserting “1 and 2”; and

(iii) by adding at the end the following:

“(E) **ELECTION NOT APPLICABLE.**—The election described in subparagraph (A) shall not be

available with respect to the provisions of subpart 1.”;

(3) in subsection (c), by striking “1 through 3 shall not apply to any group” and inserting “1 and 2 shall not apply to any individual coverage or any group”; and

(4) in subsection (d)—

(A) in paragraph (1), by striking “1 through 3 shall not apply to any group” and inserting “1 and 2 shall not apply to any individual coverage or any group”; and

(B) in paragraph (2)—

(i) in the matter preceding subparagraph (A), by striking “1 through 3 shall not apply to any group” and inserting “1 and 2 shall not apply to any individual coverage or any group”; and

(ii) in subparagraph (C), by inserting “or, with respect to individual coverage, under any health insurance coverage maintained by the same health insurance issuer”; and

(C) in paragraph (3), by striking “any group” and inserting “any individual coverage or any group”.

(b) **DEFINITIONS.**—Section 2791(d) of the Public Health Service Act (42 U.S.C. 300gg–91(d)) is amended by adding at the end the following:

“(20) **QUALIFIED HEALTH PLAN.**—The term ‘qualified health plan’ has the meaning given such term in section 1301(a) of the Patient Protection and Affordable Care Act.

“(21) **EXCHANGE.**—The term ‘Exchange’ means an American Health Benefit Exchange established under section 1311 of the Patient Protection and Affordable Care Act.”

(c) **TECHNICAL AND CONFORMING AMENDMENTS.**—Title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.) is amended—

(1) in section 2704 (42 U.S.C. 300gg), as so redesignated by section 1201(2)—

(A) in subsection (c)—

(i) in paragraph (2), by striking “group health plan” each place that such term appears and inserting “group or individual health plan”; and

(ii) in paragraph (3)—

(I) by striking “group health insurance” each place that such term appears and inserting “group or individual health insurance”; and

(II) in subparagraph (D), by striking “small or large” and inserting “individual or group”; and

(B) in subsection (d), by striking “group health insurance” each place that such term appears and inserting “group or individual health insurance”; and

(C) in subsection (e)(1)(A), by striking “group health insurance” and inserting “group or individual health insurance”;

(2) by striking the second heading for subpart 2 of part A (relating to other requirements);

(3) in section 2725 (42 U.S.C. 300gg–4), as so redesignated by section 1001(2)—

(A) in subsection (a), by striking “health insurance issuer offering group health insurance coverage” and inserting “health insurance issuer offering group or individual health insurance coverage”; and

(B) in subsection (b)—

(i) by striking “health insurance issuer offering group health insurance coverage in connection with a group health plan” in the matter preceding paragraph (1) and inserting “health insurance issuer offering group or individual health insurance coverage”; and

(ii) in paragraph (1), by striking “plan” and inserting “plan or coverage”; and

(C) in subsection (c)—

(i) in paragraph (2), by striking “group health insurance coverage offered by a health insurance issuer” and inserting “health insurance issuer offering group or individual health insurance coverage”; and

(ii) in paragraph (3), by striking “issuer” and inserting “health insurance issuer”; and

(D) in subsection (e), by striking “health insurance issuer offering group health insurance

coverage” and inserting “health insurance issuer offering group or individual health insurance coverage”;

(4) in section 2726 (42 U.S.C. 300gg-5), as so redesignated by section 1001(2)—

(A) in subsection (a), by striking “(or health insurance coverage offered in connection with such a plan)” each place that such term appears and inserting “or a health insurance issuer offering group or individual health insurance coverage”;

(B) in subsection (b), by striking “(or health insurance coverage offered in connection with such a plan)” each place that such term appears and inserting “or a health insurance issuer offering group or individual health insurance coverage”; and

(C) in subsection (c)—

(i) in paragraph (1), by striking “(and group health insurance coverage offered in connection with a group health plan)” and inserting “and a health insurance issuer offering group or individual health insurance coverage”;

(ii) in paragraph (2), by striking “(or health insurance coverage offered in connection with such a plan)” each place that such term appears and inserting “or a health insurance issuer offering group or individual health insurance coverage”;

(5) in section 2727 (42 U.S.C. 300gg-6), as so redesignated by section 1001(2), by striking “health insurance issuers providing health insurance coverage in connection with group health plans” and inserting “and health insurance issuers offering group or individual health insurance coverage”;

(6) in section 2728 (42 U.S.C. 300gg-7), as so redesignated by section 1001(2)—

(A) in subsection (a), by striking “health insurance coverage offered in connection with such plan” and inserting “individual health insurance coverage”;

(B) in subsection (b)—

(i) in paragraph (1), by striking “or a health insurance issuer that provides health insurance coverage in connection with a group health plan” and inserting “or a health insurance issuer that offers group or individual health insurance coverage”;

(ii) in paragraph (2), by striking “health insurance coverage offered in connection with the plan” and inserting “individual health insurance coverage”; and

(iii) in paragraph (3), by striking “health insurance coverage offered by an issuer in connection with such plan” and inserting “individual health insurance coverage”;

(C) in subsection (c), by striking “health insurance issuer providing health insurance coverage in connection with a group health plan” and inserting “health insurance issuer that offers group or individual health insurance coverage”; and

(D) in subsection (e)(1), by striking “health insurance coverage offered in connection with such a plan” and inserting “individual health insurance coverage”;

(7) by striking the heading for subpart 3;

(8) in section 2731 (42 U.S.C. 300gg-11), as so redesignated by section 1001(3)—

(A) by striking the section heading and all that follows through subsection (b);

(B) in subsection (c)—

(i) in paragraph (1)—

(I) in the matter preceding subparagraph (A), by striking “small group” and inserting “group and individual”; and

(II) in subparagraph (B)—

(aa) in the matter preceding clause (i), by inserting “and individuals” after “employers”;

(bb) in clause (i), by inserting “or any additional individuals” after “additional groups”; and

(cc) in clause (ii), by striking “without regard to the claims experience of those employers and

their employees (and their dependents) or any health status-related factor relating to such” and inserting “and individuals without regard to the claims experience of those individuals, employers and their employees (and their dependents) or any health status-related factor relating to such individuals”; and

(ii) in paragraph (2), by striking “small group” and inserting “group or individual”;

(C) in subsection (d)—

(i) by striking “small group” each place that such appears and inserting “group or individual”; and

(ii) in paragraph (1)(B)—

(I) by striking “all employers” and inserting “all employers and individuals”;

(II) by striking “those employers” and inserting “those individuals, employers”; and

(III) by striking “such employees” and inserting “such individuals, employees”;

(D) by striking subsection (e);

(E) by striking subsection (f); and

(F) by transferring such section (as amended by this paragraph) to appear at the end of section 2702 (as added by section 1001(4));

(9) in section 2732 (42 U.S.C. 300gg-12), as so redesignated by section 1001(3)—

(A) by striking the section heading and all that follows through subsection (a);

(B) in subsection (b)—

(i) in the matter preceding paragraph (1), by striking “group health plan in the small or large group market” and inserting “health insurance coverage offered in the group or individual market”;

(ii) in paragraph (1), by inserting “, or individual, as applicable,” after “plan sponsor”;

(iii) in paragraph (2), by inserting “, or individual, as applicable,” after “plan sponsor”; and

(iv) by striking paragraph (3) and inserting the following:

“(3) VIOLATION OF PARTICIPATION OR CONTRIBUTION RATES.—In the case of a group health plan, the plan sponsor has failed to comply with a material plan provision relating to employer contribution or group participation rules, pursuant to applicable State law.”;

(C) in subsection (c)—

(i) in paragraph (1)—

(I) in the matter preceding subparagraph (A), by striking “group health insurance coverage offered in the small or large group market” and inserting “group or individual health insurance coverage”;

(II) in subparagraph (A), by inserting “or individual, as applicable,” after “plan sponsor”;

(III) in subparagraph (B)—

(aa) by inserting “or individual, as applicable,” after “plan sponsor”; and

(bb) by inserting “or individual health insurance coverage”; and

(IV) in subparagraph (C), by inserting “or individuals, as applicable,” after “those sponsors”; and

(ii) in paragraph (2)(A)—

(I) in the matter preceding clause (i), by striking “small group market or the large group market, or both markets,” and inserting “individual or group market, or all markets,”; and

(II) in clause (i), by inserting “or individual, as applicable,” after “plan sponsor”; and

(D) by transferring such section (as amended by this paragraph) to appear at the end of section 2703 (as added by section 1001(4));

(10) in section 2733 (42 U.S.C. 300gg-13), as so redesignated by section 1001(4)—

(A) in subsection (a)—

(i) in the matter preceding paragraph (1), by striking “small employer” and inserting “small employer or an individual”;

(ii) in paragraph (1), by inserting “, or individual, as applicable,” after “employer” each place that such appears; and

(iii) in paragraph (2), by striking “small employer” and inserting “employer, or individual, as applicable.”;

(B) in subsection (b)—

(i) in paragraph (1)—

(I) in the matter preceding subparagraph (A), by striking “small employer” and inserting “employer, or individual, as applicable.”;

(II) in subparagraph (A), by adding “and” at the end;

(III) by striking subparagraphs (B) and (C); and

(IV) in subparagraph (D)—

(aa) by inserting “, or individual, as applicable,” after “employer”; and

(bb) by redesignating such subparagraph as subparagraph (B);

(ii) in paragraph (2)—

(I) by striking “small employers” each place that such term appears and inserting “employers, or individuals, as applicable.”; and

(II) by striking “small employer” and inserting “employer, or individual, as applicable.”; and

(C) by redesignating such section (as amended by this paragraph) as section 2709 and transferring such section to appear after section 2708 (as added by section 1001(5));

(11) by redesignating subpart 4 as subpart 2;

(12) in section 2735 (42 U.S.C. 300gg-21), as so redesignated by section 1001(4)—

(A) by striking subsection (a);

(B) by striking “subparts 1 through 3” each place that such appears and inserting “subpart 1”;

(C) by redesignating subsections (b) through (e) as subsections (a) through (d), respectively; and

(D) by redesignating such section (as amended by this paragraph) as section 2722;

(13) in section 2736 (42 U.S.C. 300gg-22), as so redesignated by section 1001(4)—

(A) in subsection (a)—

(i) in paragraph (1), by striking “small or large group markets” and inserting “individual or group market”; and

(ii) in paragraph (2), by inserting “or individual health insurance coverage” after “group health plans”;

(B) in subsection (b)(1)(B), by inserting “individual health insurance coverage or” after “respect to”; and

(C) by redesignating such section (as amended by this paragraph) as section 2723;

(14) in section 2737(a)(1) (42 U.S.C. 300gg-23), as so redesignated by section 1001(4)—

(A) by inserting “individual or” before “group health insurance”; and

(B) by redesignating such section (as amended by this paragraph) as section 2724;

(15) in section 2762 (42 U.S.C. 300gg-62)—

(A) in the section heading by inserting “**AND APPLICATION**” before the period; and

(B) by adding at the end the following:

“(c) APPLICATION OF PART A PROVISIONS.—

“(1) IN GENERAL.—The provisions of part A shall apply to health insurance issuers providing health insurance coverage in the individual market in a State as provided for in such part.

“(2) CLARIFICATION.—To the extent that any provision of this part conflicts with a provision of part A with respect to health insurance issuers providing health insurance coverage in the individual market in a State, the provisions of such part A shall apply.”; and

(16) in section 2791(e) (42 U.S.C. 300gg-91(e))—

(A) in paragraph (2), by striking “51” and inserting “101”; and

(B) in paragraph (4)—

(i) by striking “at least 2” each place that such appears and inserting “at least 1”; and

(ii) by striking “50” and inserting “100”.

(d) APPLICATION.—Notwithstanding any other provision of the Patient Protection and Affordable Care Act, nothing in such Act (or an

amendment made by such Act) shall be construed to—

(1) prohibit (or authorize the Secretary of Health and Human Services to promulgate regulations that prohibit) a group health plan or health insurance issuer from carrying out utilization management techniques that are commonly used as of the date of enactment of this Act; or

(2) restrict the application of the amendments made by this subtitle.

(e) **TECHNICAL AMENDMENT TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.**—Subpart B of part 7 of subtitle A of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181 et. seq.) is amended, by adding at the end the following:

“SEC. 715. ADDITIONAL MARKET REFORMS.

“(a) **GENERAL RULE.**—Except as provided in subsection (b)—

“(1) the provisions of part A of title XXVII of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act) shall apply to group health plans, and health insurance issuers providing health insurance coverage in connection with group health plans, as if included in this subpart; and

“(2) to the extent that any provision of this part conflicts with a provision of such part A with respect to group health plans, or health insurance issuers providing health insurance coverage in connection with group health plans, the provisions of such part A shall apply.

“(b) **EXCEPTION.**—Notwithstanding subsection (a), the provisions of sections 2716 and 2718 of title XXVII of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act) shall not apply with respect to self-insured group health plans, and the provisions of this part shall continue to apply to such plans as if such sections of the Public Health Service Act (as so amended) had not been enacted.”.

(f) **TECHNICAL AMENDMENT TO THE INTERNAL REVENUE CODE OF 1986.**—Subchapter B of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following:

“SEC. 9815. ADDITIONAL MARKET REFORMS.

“(a) **GENERAL RULE.**—Except as provided in subsection (b)—

“(1) the provisions of part A of title XXVII of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act) shall apply to group health plans, and health insurance issuers providing health insurance coverage in connection with group health plans, as if included in this subchapter; and

“(2) to the extent that any provision of this subchapter conflicts with a provision of such part A with respect to group health plans, or health insurance issuers providing health insurance coverage in connection with group health plans, the provisions of such part A shall apply.

“(b) **EXCEPTION.**—Notwithstanding subsection (a), the provisions of sections 2716 and 2718 of title XXVII of the Public Health Service Act (as amended by the Patient Protection and Affordable Care Act) shall not apply with respect to self-insured group health plans, and the provisions of this subchapter shall continue to apply

to such plans as if such sections of the Public Health Service Act (as so amended) had not been enacted.”.

SEC. 1563. SENSE OF THE SENATE PROMOTING FISCAL RESPONSIBILITY.

(a) **FINDINGS.**—The Senate makes the following findings:

(1) Based on Congressional Budget Office (CBO) estimates, this Act will reduce the Federal deficit between 2010 and 2019.

(2) CBO projects this Act will continue to reduce budget deficits after 2019.

(3) Based on CBO estimates, this Act will extend the solvency of the Medicare HI Trust Fund.

(4) This Act will increase the surplus in the Social Security Trust Fund, which should be reserved to strengthen the finances of Social Security.

(5) The initial net savings generated by the Community Living Assistance Services and Supports (CLASS) program are necessary to ensure the long-term solvency of that program.

(b) **SENSE OF THE SENATE.**—It is the sense of the Senate that—

(1) the additional surplus in the Social Security Trust Fund generated by this Act should be reserved for Social Security and not spent in this Act for other purposes; and

(2) the net savings generated by the CLASS program should be reserved for the CLASS program and not spent in this Act for other purposes.

TITLE II—ROLE OF PUBLIC PROGRAMS

Subtitle A—Improved Access to Medicaid

SEC. 2001. MEDICAID COVERAGE FOR THE LOWEST INCOME POPULATIONS.

(a) **COVERAGE FOR INDIVIDUALS WITH INCOME AT OR BELOW 133 PERCENT OF THE POVERTY LINE.**—

(1) **BEGINNING 2014.**—Section 1902(a)(10)(A)(i) of the Social Security Act (42 U.S.C. 1396a) is amended—

(A) by striking “or” at the end of subclause (VI);

(B) by adding “or” at the end of subclause (VII); and

(C) by inserting after subclause (VII) the following:

“(VIII) beginning January 1, 2014, who are under 65 years of age, not pregnant, not entitled to, or enrolled for, benefits under part A of title XVIII, or enrolled for benefits under part B of title XVIII, and are not described in a previous subclause of this clause, and whose income (as determined under subsection (e)(14)) does not exceed 133 percent of the poverty line (as defined in section 2110(c)(5)) applicable to a family of the size involved, subject to subsection (k);”.

(2) **PROVISION OF AT LEAST MINIMUM ESSENTIAL COVERAGE.**—

(A) **IN GENERAL.**—Section 1902 of such Act (42 U.S.C. 1396a) is amended by inserting after subsection (j) the following:

“(k)(1) The medical assistance provided to an individual described in subclause (VIII) of subsection (a)(10)(A)(i) shall consist of benchmark coverage described in section 1937(b)(1) or benchmark equivalent coverage described in section 1937(b)(2). Such medical assistance shall be

provided subject to the requirements of section 1937, without regard to whether a State otherwise has elected the option to provide medical assistance through coverage under that section, unless an individual described in subclause (VIII) of subsection (a)(10)(A)(i) is also an individual for whom, under subparagraph (B) of section 1937(a)(2), the State may not require enrollment in benchmark coverage described in subsection (b)(1) of section 1937 or benchmark equivalent coverage described in subsection (b)(2) of that section.”.

(B) **CONFORMING AMENDMENT.**—Section 1903(i) of the Social Security Act, as amended by section 6402(c), is amended—

(i) in paragraph (24), by striking “or” at the end;

(ii) in paragraph (25), by striking the period and inserting “; or”; and

(iii) by adding at the end the following:

“(26) with respect to any amounts expended for medical assistance for individuals described in subclause (VIII) of subsection (a)(10)(A)(i) other than medical assistance provided through benchmark coverage described in section 1937(b)(1) or benchmark equivalent coverage described in section 1937(b)(2).”.

(3) **FEDERAL FUNDING FOR COST OF COVERING NEWLY ELIGIBLE INDIVIDUALS.**—Section 1905 of the Social Security Act (42 U.S.C. 1396d), is amended—

(A) in subsection (b), in the first sentence, by inserting “subsection (y) and” before “section 1933(d)”; and

(B) by adding at the end the following new subsection:

“(y) **INCREASED FMAP FOR MEDICAL ASSISTANCE FOR NEWLY ELIGIBLE MANDATORY INDIVIDUALS.**—

“(1) **AMOUNT OF INCREASE.**—

“(A) **100 PERCENT FMAP.**—During the period that begins on January 1, 2014, and ends on December 31, 2016, notwithstanding subsection (b), the Federal medical assistance percentage determined for a State that is one of the 50 States or the District of Columbia for each fiscal year occurring during that period with respect to amounts expended for medical assistance for newly eligible individuals described in subclause (VIII) of section 1902(a)(10)(A)(i) shall be equal to 100 percent.

“(B) **2017 AND 2018.**—

“(i) **IN GENERAL.**—During the period that begins on January 1, 2017, and ends on December 31, 2018, notwithstanding subsection (b) and subject to subparagraph (D), the Federal medical assistance percentage determined for a State that is one of the 50 States or the District of Columbia for each fiscal year occurring during that period with respect to amounts expended for medical assistance for newly eligible individuals described in subclause (VIII) of section 1902(a)(10)(A)(i), shall be increased by the applicable percentage point increase specified in clause (ii) for the quarter and the State.

“(ii) **APPLICABLE PERCENTAGE POINT INCREASE.**—

“(I) **IN GENERAL.**—For purposes of clause (i), the applicable percentage point increase for a quarter is the following:

“For any fiscal year quarter occurring in the calendar year:	If the State is an expansion State, the applicable percentage point increase is:	If the State is not an expansion State, the applicable percentage point increase is:
2017	30.3	34.3
2018	31.3	33.3

“(II) **EXPANSION STATE DEFINED.**—For purposes of the table in subclause (I), a State is an expansion State if, on the date of the enactment of the Patient Protection and Affordable Care

Act, the State offers health benefits coverage statewide to parents and nonpregnant, childless adults whose income is at least 100 percent of the poverty line, that is not dependent on access

to employer coverage, employer contribution, or employment and is not limited to premium assistance, hospital-only benefits, a high deductible health plan, or alternative benefits under a

demonstration program authorized under section 1938. A State that offers health benefits coverage to only parents or only nonpregnant childless adults described in the preceding sentence shall not be considered to be an expansion State.

“(C) 2019 AND SUCCEEDING YEARS.—Beginning January 1, 2019, notwithstanding subsection (b) but subject to subparagraph (D), the Federal medical assistance percentage determined for a State that is one of the 50 States or the District of Columbia for each fiscal year quarter occurring during that period with respect to amounts expended for medical assistance for newly eligible individuals described in subclause (VIII) of section 1902(a)(10)(A)(i), shall be increased by 32.3 percentage points.

“(D) LIMITATION.—The Federal medical assistance percentage determined for a State under subparagraph (B) or (C) shall in no case be more than 95 percent.

“(2) DEFINITIONS.—In this subsection:

“(A) NEWLY ELIGIBLE.—The term ‘newly eligible’ means, with respect to an individual described in subclause (VIII) of section 1902(a)(10)(A)(i), an individual who is not under 19 years of age (or such higher age as the State may have elected) and who, on the date of enactment of the Patient Protection and Affordable Care Act, is not eligible under the State plan or under a waiver of the plan for full benefits or for benchmark coverage described in subparagraph (A), (B), or (C) of section 1937(b)(1) or benchmark equivalent coverage described in section 1937(b)(2) that has an aggregate actuarial value that is at least actuarially equivalent to benchmark coverage described in subparagraph (A), (B), or (C) of section 1937(b)(1), or is eligible but not enrolled (or is on a waiting list) for such benefits or coverage through a waiver under the plan that has a capped or limited enrollment that is full.

“(B) FULL BENEFITS.—The term ‘full benefits’ means, with respect to an individual, medical assistance for all services covered under the State plan under this title that is not less in amount, duration, or scope, or is determined by the Secretary to be substantially equivalent, to the medical assistance available for an individual described in section 1902(a)(10)(A)(i).”

(4) STATE OPTIONS TO OFFER COVERAGE EARLIER AND PRESUMPTIVE ELIGIBILITY; CHILDREN REQUIRED TO HAVE COVERAGE FOR PARENTS TO BE ELIGIBLE.—

(A) IN GENERAL.—Subsection (k) of section 1902 of the Social Security Act (as added by paragraph (2)), is amended by inserting after paragraph (1) the following:

“(2) Beginning with the first day of any fiscal year quarter that begins on or after January 1, 2011, and before January 1, 2014, a State may elect through a State plan amendment to provide medical assistance to individuals who would be described in subclause (VIII) of subsection (a)(10)(A)(i) if that subclause were effective before January 1, 2014. A State may elect to phase-in the extension of eligibility for medical assistance to such individuals based on income, so long as the State does not extend such eligibility to individuals described in such subclause with higher income before making individuals described in such subclause with lower income eligible for medical assistance.

“(3) If an individual described in subclause (VIII) of subsection (a)(10)(A)(i) is the parent of a child who is under 19 years of age (or such higher age as the State may have elected) who is eligible for medical assistance under the State plan or under a waiver of such plan (under that subclause or under a State plan amendment under paragraph (2), the individual may not be enrolled under the State plan unless the individual’s child is enrolled under the State plan or under a waiver of the plan or is enrolled in

other health insurance coverage. For purposes of the preceding sentence, the term ‘parent’ includes an individual treated as a caretaker relative for purposes of carrying out section 1931.”

(B) PRESUMPTIVE ELIGIBILITY.—Section 1920 of the Social Security Act (42 U.S.C. 1396r–1) is amended by adding at the end the following:

“(e) If the State has elected the option to provide a presumptive eligibility period under this section or section 1920A, the State may elect to provide a presumptive eligibility period (as defined in subsection (b)(1)) for individuals who are eligible for medical assistance under clause (i)(VIII) of subsection (a)(10)(A) or section 1931 in the same manner as the State provides for such a period under this section or section 1920A, subject to such guidance as the Secretary shall establish.”

(5) CONFORMING AMENDMENTS.—

(A) Section 1902(a)(10) of such Act (42 U.S.C. 1396a(a)(10)) is amended in the matter following subparagraph (G), by striking “and (XIV)” and inserting “(XIV)” and by inserting “and (XV)” the medical assistance made available to an individual described in subparagraph (A)(i)(VIII) shall be limited to medical assistance described in subsection (k)(1)” before the semicolon.

(B) Section 1902(l)(2)(C) of such Act (42 U.S.C. 1396a(l)(2)(C)) is amended by striking “100” and inserting “133”.

(C) Section 1905(a) of such Act (42 U.S.C. 1396d(a)) is amended in the matter preceding paragraph (1)—

(i) by striking “or” at the end of clause (xii);

(ii) by inserting “or” at the end of clause (xiii); and

(iii) by inserting after clause (xiii) the following:

“(xiv) individuals described in section 1902(a)(10)(A)(i)(VIII).”

(D) Section 1903(f)(4) of such Act (42 U.S.C. 1396b(f)(4)) is amended by inserting “1902(a)(10)(A)(i)(VIII),” after “1902(a)(10)(A)(i)(VII).”

(E) Section 1937(a)(1)(B) of such Act (42 U.S.C. 1396u–7(a)(1)(B)) is amended by inserting “subclause (VII) of section 1902(a)(10)(A)(i) or under” after “eligible under”.

(b) MAINTENANCE OF MEDICAID INCOME ELIGIBILITY.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended—

(1) in subsection (a)—

(A) by striking “and” at the end of paragraph (72);

(B) by striking the period at the end of paragraph (73) and inserting “; and”; and

(C) by inserting after paragraph (73) the following new paragraph:

“(74) Provide for maintenance of effort under the State plan or under any waiver of the plan in accordance with subsection (gg).”; and

(2) by adding at the end the following new subsection:

“(gg) MAINTENANCE OF EFFORT.—

“(1) GENERAL REQUIREMENT TO MAINTAIN ELIGIBILITY STANDARDS UNTIL STATE EXCHANGE IS FULLY OPERATIONAL.—Subject to the succeeding paragraphs of this subsection, during the period that begins on the date of enactment of the Patient Protection and Affordable Care Act and ends on the date on which the Secretary determines that an Exchange established by the State under section 1311 of the Patient Protection and Affordable Care Act is fully operational, as a condition for receiving any Federal payments under section 1903(a) for calendar quarters occurring during such period, a State shall not have in effect eligibility standards, methodologies, or procedures under the State plan under this title or under any waiver of such plan that is in effect during that period, that are more restrictive than the eligibility standards, methodologies, or procedures, respectively, under the plan or waiver that are in effect on the date of

enactment of the Patient Protection and Affordable Care Act.

“(2) CONTINUATION OF ELIGIBILITY STANDARDS FOR CHILDREN UNTIL OCTOBER 1, 2019.—The requirement under paragraph (1) shall continue to apply to a State through September 30, 2019, with respect to the eligibility standards, methodologies, and procedures under the State plan under this title or under any waiver of such plan that are applicable to determining the eligibility for medical assistance of any child who is under 19 years of age (or such higher age as the State may have elected).

“(3) NONAPPLICATION.—During the period that begins on January 1, 2011, and ends on December 31, 2013, the requirement under paragraph (1) shall not apply to a State with respect to nonpregnant, nondisabled adults who are eligible for medical assistance under the State plan or under a waiver of the plan at the option of the State and whose income exceeds 133 percent of the poverty line (as defined in section 2110(c)(5)) applicable to a family of the size involved if, on or after December 31, 2010, the State certifies to the Secretary that, with respect to the State fiscal year during which the certification is made, the State has a budget deficit, or with respect to the succeeding State fiscal year, the State is projected to have a budget deficit. Upon submission of such a certification to the Secretary, the requirement under paragraph (1) shall not apply to the State with respect to any remaining portion of the period described in the preceding sentence.

“(4) DETERMINATION OF COMPLIANCE.—

“(A) STATES SHALL APPLY MODIFIED GROSS INCOME.—A State’s determination of income in accordance with subsection (e)(14) shall not be considered to be eligibility standards, methodologies, or procedures that are more restrictive than the standards, methodologies, or procedures in effect under the State plan or under a waiver of the plan on the date of enactment of the Patient Protection and Affordable Care Act for purposes of determining compliance with the requirements of paragraph (1), (2), or (3).

“(B) STATES MAY EXPAND ELIGIBILITY OR MOVE WAIVERED POPULATIONS INTO COVERAGE UNDER THE STATE PLAN.—With respect to any period applicable under paragraph (1), (2), or (3), a State that applies eligibility standards, methodologies, or procedures under the State plan under this title or under any waiver of the plan that are less restrictive than the eligibility standards, methodologies, or procedures, applied under the State plan or under a waiver of the plan on the date of enactment of the Patient Protection and Affordable Care Act, or that makes individuals who, on such date of enactment, are eligible for medical assistance under a waiver of the State plan, after such date of enactment eligible for medical assistance through a State plan amendment with an income eligibility level that is not less than the income eligibility level that applied under the waiver, or as a result of the application of subclause (VIII) of section 1902(a)(10)(A)(i), shall not be considered to have in effect eligibility standards, methodologies, or procedures that are more restrictive than the standards, methodologies, or procedures in effect under the State plan or under a waiver of the plan on the date of enactment of the Patient Protection and Affordable Care Act for purposes of determining compliance with the requirements of paragraph (1), (2), or (3).”

(c) MEDICAID BENCHMARK BENEFITS MUST CONSIST OF AT LEAST MINIMUM ESSENTIAL COVERAGE.—Section 1937(b) of such Act (42 U.S.C. 1396u–7(b)) is amended—

(1) in paragraph (1), in the matter preceding subparagraph (A), by inserting “subject to paragraphs (5) and (6),” before “each”; and

(2) in paragraph (2)—

(A) in the matter preceding subparagraph (A), by inserting “subject to paragraphs (5) and (6)” after “subsection (a)(1).”;

(B) in subparagraph (A)—

(i) by redesignating clauses (iv) and (v) as clauses (vi) and (vii), respectively; and

(ii) by inserting after clause (iii), the following:

“(iv) Coverage of prescription drugs.

“(v) Mental health services.”; and

(C) in subparagraph (C)—

(i) by striking clauses (i) and (ii); and

(ii) by redesignating clauses (iii) and (iv) as clauses (i) and (ii), respectively; and

(3) by adding at the end the following new paragraphs:

“(5) MINIMUM STANDARDS.—Effective January 1, 2014, any benchmark benefit package under paragraph (1) or benchmark equivalent coverage under paragraph (2) must provide at least essential health benefits as described in section 1302(b) of the Patient Protection and Affordable Care Act.

“(6) MENTAL HEALTH SERVICES PARITY.—

“(A) IN GENERAL.—In the case of any benchmark benefit package under paragraph (1) or benchmark equivalent coverage under paragraph (2) that is offered by an entity that is not a medicare managed care organization and that provides both medical and surgical benefits and mental health or substance use disorder benefits, the entity shall ensure that the financial requirements and treatment limitations applicable to such mental health or substance use disorder benefits comply with the requirements of section 2705(a) of the Public Health Service Act in the same manner as such requirements apply to a group health plan.

“(B) DEEMED COMPLIANCE.—Coverage provided with respect to an individual described in section 1905(a)(4)(B) and covered under the State plan under section 1902(a)(10)(A) of the services described in section 1905(a)(4)(B) (relating to early and periodic screening, diagnostic, and treatment services defined in section 1905(r)) and provided in accordance with section 1902(a)(43), shall be deemed to satisfy the requirements of subparagraph (A).”.

(d) ANNUAL REPORTS ON MEDICAID ENROLLMENT.—

(1) STATE REPORTS.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)), as amended by subsection (b), is amended—

(A) by striking “and” at the end of paragraph (73);

(B) by striking the period at the end of paragraph (74) and inserting “; and”; and

(C) by inserting after paragraph (74) the following new paragraph:

“(75) provide that, beginning January 2015, and annually thereafter, the State shall submit a report to the Secretary that contains—

“(A) the total number of enrolled and newly enrolled individuals in the State plan or under a waiver of the plan for the fiscal year ending on September 30 of the preceding calendar year, disaggregated by population, including children, parents, nonpregnant childless adults, disabled individuals, elderly individuals, and such other categories or sub-categories of individuals eligible for medical assistance under the State plan or under a waiver of the plan as the Secretary may require;

“(B) a description, which may be specified by population, of the outreach and enrollment processes used by the State during such fiscal year; and

“(C) any other data reporting determined necessary by the Secretary to monitor enrollment and retention of individuals eligible for medical assistance under the State plan or under a waiver of the plan.”.

(2) REPORTS TO CONGRESS.—Beginning April 2015, and annually thereafter, the Secretary of

Health and Human Services shall submit a report to the appropriate committees of Congress on the total enrollment and new enrollment in Medicaid for the fiscal year ending on September 30 of the preceding calendar year on a national and State-by-State basis, and shall include in each such report such recommendations for administrative or legislative changes to improve enrollment in the Medicaid program as the Secretary determines appropriate.

(e) STATE OPTION FOR COVERAGE FOR INDIVIDUALS WITH INCOME THAT EXCEEDS 133 PERCENT OF THE POVERTY LINE.—

(1) COVERAGE AS OPTIONAL CATEGORICALLY NEEDY GROUP.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended—

(A) in subsection (a)(10)(A)(ii)—

(i) in subclause (XVIII), by striking “or” at the end;

(ii) in subclause (XIX), by adding “or” at the end; and

(iii) by adding at the end the following new subclause:

“(XX) beginning January 1, 2014, who are under 65 years of age and are not described in or enrolled under a previous subclause of this clause, and whose income (as determined under subsection (e)(14)) exceeds 133 percent of the poverty line (as defined in section 210(c)(5)) applicable to a family of the size involved but does not exceed the highest income eligibility level established under the State plan or under a waiver of the plan, subject to subsection (hh);” and

(B) by adding at the end the following new subsection:

“(hh)(1) A State may elect to phase-in the extension of eligibility for medical assistance to individuals described in subclause (XX) of subsection (a)(10)(A)(ii) based on the categorical group (including nonpregnant childless adults) or income, so long as the State does not extend such eligibility to individuals described in such subclause with higher income before making individuals described in such subclause with lower income eligible for medical assistance.

“(2) If an individual described in subclause (XX) of subsection (a)(10)(A)(ii) is the parent of a child who is under 19 years of age (or such higher age as the State may have elected) who is eligible for medical assistance under the State plan or under a waiver of such plan, the individual may not be enrolled under the State plan unless the individual’s child is enrolled under the State plan or under a waiver of the plan or is enrolled in other health insurance coverage. For purposes of the preceding sentence, the term ‘parent’ includes an individual treated as a caretaker relative for purposes of carrying out section 1931.”.

(2) CONFORMING AMENDMENTS.—

(A) Section 1905(a) of such Act (42 U.S.C. 1396d(a)), as amended by subsection (a)(5)(C), is amended in the matter preceding paragraph (1)—

(i) by striking “or” at the end of clause (xiii);

(ii) by inserting “or” at the end of clause (xiv); and

(iii) by inserting after clause (xiv) the following:

“(xv) individuals described in section 1902(a)(10)(A)(ii)(XX).”.

(B) Section 1903(f)(4) of such Act (42 U.S.C. 1396b(f)(4)) is amended by inserting “1902(a)(10)(A)(ii)(XX),” after “1902(a)(10)(A)(ii)(XIX).”.

(C) Section 1920(e) of such Act (42 U.S.C. 1396r-1(e)), as added by subsection (a)(4)(B), is amended by inserting “or clause (ii)(XX)” after “clause (i)(VIII).”.

SEC. 2002. INCOME ELIGIBILITY FOR NON-ELDERLY DETERMINED USING MODIFIED GROSS INCOME.

(a) IN GENERAL.—Section 1902(e) of the Social Security Act (42 U.S.C. 1396a(e)) is amended by adding at the end the following:

“(14) INCOME DETERMINED USING MODIFIED GROSS INCOME.—

“(A) IN GENERAL.—Notwithstanding subsection (r) or any other provision of this title, except as provided in subparagraph (D), for purposes of determining income eligibility for medical assistance under the State plan or under any waiver of such plan and for any other purpose applicable under the plan or waiver for which a determination of income is required, including with respect to the imposition of premiums and cost-sharing, a State shall use the modified gross income of an individual and, in the case of an individual in a family greater than 1, the household income of such family. A State shall establish income eligibility thresholds for populations to be eligible for medical assistance under the State plan or a waiver of the plan using modified gross income and household income that are not less than the effective income eligibility levels that applied under the State plan or waiver on the date of enactment of the Patient Protection and Affordable Care Act. For purposes of complying with the maintenance of effort requirements under subsection (gg) during the transition to modified gross income and household income, a State shall, working with the Secretary, establish an equivalent income test that ensures individuals eligible for medical assistance under the State plan or under a waiver of the plan on the date of enactment of the Patient Protection and Affordable Care Act, do not lose coverage under the State plan or under a waiver of the plan. The Secretary may waive such provisions of this title and title XXI as are necessary to ensure that States establish income and eligibility determination systems that protect beneficiaries.

“(B) NO INCOME OR EXPENSE DISREGARDS.—No type of expense, block, or other income disregard shall be applied by a State to determine income eligibility for medical assistance under the State plan or under any waiver of such plan or for any other purpose applicable under the plan or waiver for which a determination of income is required.

“(C) NO ASSETS TEST.—A State shall not apply any assets or resources test for purposes of determining eligibility for medical assistance under the State plan or under a waiver of the plan.

“(D) EXCEPTIONS.—

“(i) INDIVIDUALS ELIGIBLE BECAUSE OF OTHER AID OR ASSISTANCE, ELDERLY INDIVIDUALS, MEDICALLY NEEDY INDIVIDUALS, AND INDIVIDUALS ELIGIBLE FOR MEDICARE COST-SHARING.—Subparagraphs (A), (B), and (C) shall not apply to the determination of eligibility under the State plan or under a waiver for medical assistance for the following:

“(I) Individuals who are eligible for medical assistance under the State plan or under a waiver of the plan on a basis that does not require a determination of income by the State agency administering the State plan or waiver, including as a result of eligibility for, or receipt of, other Federal or State aid or assistance, individuals who are eligible on the basis of receiving (or being treated as if receiving) supplemental security income benefits under title XVI, and individuals who are eligible as a result of being or being deemed to be a child in foster care under the responsibility of the State.

“(II) Individuals who have attained age 65.

“(III) Individuals who qualify for medical assistance under the State plan or under any waiver of such plan on the basis of being blind or disabled (or being treated as being blind or disabled) without regard to whether the individual is eligible for supplemental security income benefits under title XVI on the basis of being blind or disabled and including an individual who is eligible for medical assistance on the basis of section 1902(e)(3).

“(IV) Individuals described in subsection (a)(10)(C).

“(V) Individuals described in any clause of subsection (a)(10)(E).

“(ii) EXPRESS LANE AGENCY FINDINGS.—In the case of a State that elects the Express Lane option under paragraph (13), notwithstanding subparagraphs (A), (B), and (C), the State may rely on a finding made by an Express Lane agency in accordance with that paragraph relating to the income of an individual for purposes of determining the individual's eligibility for medical assistance under the State plan or under a waiver of the plan.

“(iii) MEDICARE PRESCRIPTION DRUG SUBSIDIES DETERMINATIONS.—Subparagraphs (A), (B), and (C) shall not apply to any determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 made by the State pursuant to section 1935(a)(2).

“(iv) LONG-TERM CARE.—Subparagraphs (A), (B), and (C) shall not apply to any determinations of eligibility of individuals for purposes of medical assistance for nursing facility services, a level of care in any institution equivalent to that of nursing facility services, home or community-based services furnished under a waiver or State plan amendment under section 1915 or a waiver under section 1115, and services described in section 1917(c)(1)(C)(ii).

“(v) GRANDFATHER OF CURRENT ENROLLEES UNTIL DATE OF NEXT REGULAR REDETERMINATION.—An individual who, on January 1, 2014, is enrolled in the State plan or under a waiver of the plan and who would be determined ineligible for medical assistance solely because of the application of the modified gross income or household income standard described in subparagraph (A), shall remain eligible for medical assistance under the State plan or waiver (and subject to the same premiums and cost-sharing as applied to the individual on that date) through March 31, 2014, or the date on which the individual's next regularly scheduled redetermination of eligibility is to occur, whichever is later.

“(E) TRANSITION PLANNING AND OVERSIGHT.—Each State shall submit to the Secretary for the Secretary's approval the income eligibility thresholds proposed to be established using modified gross income and household income, the methodologies and procedures to be used to determine income eligibility using modified gross income and household income and, if applicable, a State plan amendment establishing an optional eligibility category under subsection (a)(10)(A)(ii)(XX). To the extent practicable, the State shall use the same methodologies and procedures for purposes of making such determinations as the State used on the date of enactment of the Patient Protection and Affordable Care Act. The Secretary shall ensure that the income eligibility thresholds proposed to be established using modified gross income and household income, including under the eligibility category established under subsection (a)(10)(A)(ii)(XX), and the methodologies and procedures proposed to be used to determine income eligibility, will not result in children who would have been eligible for medical assistance under the State plan or under a waiver of the plan on the date of enactment of the Patient Protection and Affordable Care Act no longer being eligible for such assistance.

“(F) LIMITATION ON SECRETARIAL AUTHORITY.—The Secretary shall not waive compliance with the requirements of this paragraph except to the extent necessary to permit a State to coordinate eligibility requirements for dual eligible individuals (as defined in section 1915(h)(2)(B)) under the State plan or under a waiver of the plan and under title XVIII and individuals who require the level of care provided in a hospital,

a nursing facility, or an intermediate care facility for the mentally retarded.

“(G) DEFINITIONS OF MODIFIED GROSS INCOME AND HOUSEHOLD INCOME.—In this paragraph, the terms ‘modified gross income’ and ‘household income’ have the meanings given such terms in section 36B(d)(2) of the Internal Revenue Code of 1986.

“(H) CONTINUED APPLICATION OF MEDICAID RULES REGARDING POINT-IN-TIME INCOME AND SOURCES OF INCOME.—The requirement under this paragraph for States to use modified gross income and household income to determine income eligibility for medical assistance under the State plan or under any waiver of such plan and for any other purpose applicable under the plan or waiver for which a determination of income is required shall not be construed as affecting or limiting the application of—

“(i) the requirement under this title and under the State plan or a waiver of the plan to determine an individual's income as of the point in time at which an application for medical assistance under the State plan or a waiver of the plan is processed; or

“(ii) any rules established under this title or under the State plan or a waiver of the plan regarding sources of countable income.”.

(b) CONFORMING AMENDMENT.—Section 1902(a)(17) of such Act (42 U.S.C. 1396a(a)(17)) is amended by inserting “(e)(14),” before “(l)(3)”.

(c) EFFECTIVE DATE.—The amendments made by subsections (a) and (b) take effect on January 1, 2014.

SEC. 2003. REQUIREMENT TO OFFER PREMIUM ASSISTANCE FOR EMPLOYER-SPONSORED INSURANCE.

(a) IN GENERAL.—Section 1906A of such Act (42 U.S.C. 1396e-1) is amended—

(1) in subsection (a)—

(A) by striking “may elect to” and inserting “shall”;

(B) by striking “under age 19”; and

(C) by inserting “, in the case of an individual under age 19,” after “(and)”;

(2) in subsection (c), in the first sentence, by striking “under age 19”; and

(3) in subsection (d)—

(A) in paragraph (2)—

(i) in the first sentence, by striking “under age 19”; and

(ii) by striking the third sentence and inserting “A State may not require, as a condition of an individual (or the individual's parent) being or remaining eligible for medical assistance under this title, that the individual (or the individual's parent) apply for enrollment in qualified employer-sponsored coverage under this section.”; and

(4) in subsection (e), by striking “under age 19” each place it appears.

(b) CONFORMING AMENDMENT.—The heading for section 1906A of such Act (42 U.S.C. 1396e-1) is amended by striking “OPTION FOR CHILDREN”.

(c) EFFECTIVE DATE.—The amendments made by this section take effect on January 1, 2014.

SEC. 2004. MEDICAID COVERAGE FOR FORMER FOSTER CARE CHILDREN.

(a) IN GENERAL.—Section 1902(a)(10)(A)(i) of the Social Security Act (42 U.S.C. 1396a), as amended by section 2001(a)(1), is amended—

(1) by striking “or” at the end of subclause (VII);

(2) by adding “or” at the end of subclause (VIII); and

(3) by inserting after subclause (VIII) the following:

“(IX) who were in foster care under the responsibility of a State for more than 6 months

(whether or not consecutive) but are no longer in such care, who are not described in any of subclauses (I) through (VII) of this clause, and who are under 25 years of age;”.

(b) OPTION TO PROVIDE PRESUMPTIVE ELIGIBILITY.—Section 1920(e) of such Act (42 U.S.C. 1396r-1(e)), as added by section 2001(a)(4)(B) and amended by section 2001(e)(2)(C), is amended by inserting “, clause (i)(IX),” after “clause (i)(VIII)”.

(c) CONFORMING AMENDMENTS.—

(1) Section 1903(f)(4) of such Act (42 U.S.C. 1396b(f)(4)), as amended by section 2001(a)(5)(D), is amended by inserting “1902(a)(10)(A)(i)(IX),” after “1902(a)(10)(A)(i)(VIII),”.

(2) Section 1937(a)(2)(B)(viii) of such Act (42 U.S.C. 1396u-7(a)(2)(B)(viii)) is amended by inserting “, or the individual qualifies for medical assistance on the basis of section 1902(a)(10)(A)(i)(IX)” before the period.

(d) EFFECTIVE DATE.—The amendments made by this section take effect on January 1, 2019.

SEC. 2005. PAYMENTS TO TERRITORIES.

(a) INCREASE IN LIMIT ON PAYMENTS.—Section 1108(g) of the Social Security Act (42 U.S.C. 1308(g)) is amended—

(1) in paragraph (2), in the matter preceding subparagraph (A), by striking “paragraph (3)” and inserting “paragraphs (3) and (5)”;

(2) in paragraph (4), by striking “and (3)” and inserting “(3), and (4)”; and

(3) by adding at the end the following paragraph:

“(5) FISCAL YEAR 2011 AND THEREAFTER.—The amounts otherwise determined under this subsection for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa for the second, third, and fourth quarters of fiscal year 2011, and for each fiscal year after fiscal year 2011 (after the application of subsection (f) and the preceding paragraphs of this subsection), shall be increased by 30 percent.”.

(b) DISREGARD OF PAYMENTS FOR MANDATORY EXPANDED ENROLLMENT.—Section 1108(g)(4) of such Act (42 U.S.C. 1308(g)(4)) is amended—

(1) by striking “to fiscal years beginning” and inserting “to—

“(A) fiscal years beginning”;

(2) by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following:

“(B) fiscal years beginning with fiscal year 2014, payments made to Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, or American Samoa with respect to amounts expended for medical assistance for newly eligible (as defined in section 1905(y)(2)) nonpregnant childless adults who are eligible under subclause (VIII) of section 1902(a)(10)(A)(i) and whose income (as determined under section 1902(e)(14)) does not exceed (in the case of each such commonwealth and territory respectively) the income eligibility level in effect for that population under title XIX or under a waiver on the date of enactment of the Patient Protection and Affordable Care Act, shall not be taken into account in applying subsection (f) (as increased in accordance with paragraphs (1), (2), (3), and (5) of this subsection) to such commonwealth or territory for such fiscal year.”.

(c) INCREASED FMAP.—

(1) IN GENERAL.—The first sentence of section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended by striking “shall be 50 percent” and inserting “shall be 55 percent”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) takes effect on January 1, 2011.

SEC. 2006. SPECIAL ADJUSTMENT TO FMAP DETERMINATION FOR CERTAIN STATES RECOVERING FROM A MAJOR DISASTER.

Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by sections 2001(a)(3) and 2001(b)(2), is amended—

(1) in subsection (b), in the first sentence, by striking “subsection (y)” and inserting “subsections (y) and (aa)”;

(2) by adding at the end the following new subsection:

“(aa)(1) Notwithstanding subsection (b), beginning January 1, 2011, the Federal medical assistance percentage for a fiscal year for a disaster-recovery FMAP adjustment State shall be equal to the following:

“(A) In the case of the first fiscal year (or part of a fiscal year) for which this subsection applies to the State, the Federal medical assistance percentage determined for the fiscal year without regard to this subsection and subsection (y), increased by 50 percent of the number of percentage points by which the Federal medical assistance percentage determined for the State for the fiscal year without regard to this subsection and subsection (y), is less than the Federal medical assistance percentage determined for the State for the preceding fiscal year after the application of only subsection (a) of section 5001 of Public Law 111-5 (if applicable to the preceding fiscal year) and without regard to this subsection, subsection (y), and subsections (b) and (c) of section 5001 of Public Law 111-5.

“(B) In the case of the second or any succeeding fiscal year for which this subsection applies to the State, the Federal medical assistance percentage determined for the preceding fiscal year under this subsection for the State, increased by 25 percent of the number of percentage points by which the Federal medical assistance percentage determined for the State for the fiscal year without regard to this subsection and subsection (y), is less than the Federal medical assistance percentage determined for the State for the preceding fiscal year under this subsection.

“(2) In this subsection, the term ‘disaster-recovery FMAP adjustment State’ means a State that is one of the 50 States or the District of Columbia, for which, at any time during the preceding 7 fiscal years, the President has declared a major disaster under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act and determined as a result of such disaster that every county or parish in the State warrant individual and public assistance or public assistance from the Federal Government under such Act and for which—

“(A) in the case of the first fiscal year (or part of a fiscal year) for which this subsection applies to the State, the Federal medical assistance percentage determined for the State for the fiscal year without regard to this subsection and subsection (y), is less than the Federal medical assistance percentage determined for the State for the preceding fiscal year after the application of only subsection (a) of section 5001 of Public Law 111-5 (if applicable to the preceding fiscal year) and without regard to this subsection, subsection (y), and subsections (b) and (c) of section 5001 of Public Law 111-5, by at least 3 percentage points; and

“(B) in the case of the second or any succeeding fiscal year for which this subsection applies to the State, the Federal medical assistance percentage determined for the State for the fiscal year without regard to this subsection and subsection (y), is less than the Federal medical assistance percentage determined for the State for the preceding fiscal year under this subsection by at least 3 percentage points.

“(3) The Federal medical assistance percentage determined for a disaster-recovery FMAP adjustment State under paragraph (1) shall

apply for purposes of this title (other than with respect to disproportionate share hospital payments described in section 1923 and payments under this title that are based on the enhanced FMAP described in 2105(b)) and shall not apply with respect to payments under title IV (other than under part E of title IV) or payments under title XXI.”

SEC. 2007. MEDICAID IMPROVEMENT FUND RE-SCISSION.

(a) **RESCISSION.**—Any amounts available to the Medicaid Improvement Fund established under section 1941 of the Social Security Act (42 U.S.C. 1396w-1) for any of fiscal years 2014 through 2018 that are available for expenditure from the Fund and that are not so obligated as of the date of the enactment of this Act are rescinded.

(b) **CONFORMING AMENDMENTS.**—Section 1941(b)(1) of the Social Security Act (42 U.S.C. 1396w-1(b)(1)) is amended—

(1) in subparagraph (A), by striking “\$100,000,000” and inserting “\$0”; and

(2) in subparagraph (B), by striking “\$150,000,000” and inserting “\$0”.

Subtitle B—Enhanced Support for the Children’s Health Insurance Program

SEC. 2101. ADDITIONAL FEDERAL FINANCIAL PARTICIPATION FOR CHIP.

(a) **IN GENERAL.**—Section 2105(b) of the Social Security Act (42 U.S.C. 1397ee(b)) is amended by adding at the end the following: “Notwithstanding the preceding sentence, during the period that begins on October 1, 2013, and ends on September 30, 2019, the enhanced FMAP determined for a State for a fiscal year (or for any portion of a fiscal year occurring during such period) shall be increased by 23 percentage points, but in no case shall exceed 100 percent. The increase in the enhanced FMAP under the preceding sentence shall not apply with respect to determining the payment to a State under subsection (a)(1) for expenditures described in subparagraph (D)(iv), paragraphs (8), (9), (11) of subsection (c), or clause (4) of the first sentence of section 1905(b).”

(b) **MAINTENANCE OF EFFORT.**—

(1) **IN GENERAL.**—Section 2105(d) of the Social Security Act (42 U.S.C. 1397ee(d)) is amended by adding at the end the following:

“(3) **CONTINUATION OF ELIGIBILITY STANDARDS FOR CHILDREN UNTIL OCTOBER 1, 2019.**—

“(A) **IN GENERAL.**—During the period that begins on the date of enactment of the Patient Protection and Affordable Care Act and ends on September 30, 2019, a State shall not have in effect eligibility standards, methodologies, or procedures under its State child health plan (including any waiver under such plan) for children (including children provided medical assistance for which payment is made under section 2105(a)(1)(A)) that are more restrictive than the eligibility standards, methodologies, or procedures, respectively, under such plan (or waiver) as in effect on the date of enactment of that Act. The preceding sentence shall not be construed as preventing a State during such period from—

“(i) applying eligibility standards, methodologies, or procedures for children under the State child health plan or under any waiver of the plan that are less restrictive than the eligibility standards, methodologies, or procedures, respectively, for children under the plan or waiver that are in effect on the date of enactment of such Act; or

“(ii) imposing a limitation described in section 2112(b)(7) for a fiscal year in order to limit expenditures under the State child health plan to those for which Federal financial participation is available under this section for the fiscal year.

“(B) **ASSURANCE OF EXCHANGE COVERAGE FOR TARGETED LOW-INCOME CHILDREN UNABLE TO BE**

PROVIDED CHILD HEALTH ASSISTANCE AS A RESULT OF FUNDING SHORTFALLS.—In the event that allotments provided under section 2104 are insufficient to provide coverage to all children who are eligible to be targeted low-income children under the State child health plan under this title, a State shall establish procedures to ensure that such children are provided coverage through an Exchange established by the State under section 1311 of the Patient Protection and Affordable Care Act.”

(2) **CONFORMING AMENDMENT TO TITLE XXI MEDICAID MAINTENANCE OF EFFORT.**—Section 2105(d)(1) of the Social Security Act (42 U.S.C. 1397ee(d)(1)) is amended by adding before the period “, except as required under section 1902(e)(14)”.

(c) **NO ENROLLMENT BONUS PAYMENTS FOR CHILDREN ENROLLED AFTER FISCAL YEAR 2013.**—Section 2105(a)(3)(F)(iii) of the Social Security Act (42 U.S.C. 1397ee(a)(3)(F)(iii)) is amended by inserting “or any children enrolled on or after October 1, 2013” before the period.

(d) **INCOME ELIGIBILITY DETERMINED USING MODIFIED GROSS INCOME.**—

(1) **STATE PLAN REQUIREMENT.**—Section 2102(b)(1)(B) of the Social Security Act (42 U.S.C. 1397bb(b)(1)(B)) is amended—

(A) in clause (iii), by striking “and” after the semicolon;

(B) in clause (iv), by striking the period and inserting “; and”; and

(C) by adding at the end the following:

“(v) shall, beginning January 1, 2014, use modified gross income and household income (as defined in section 36B(d)(2) of the Internal Revenue Code of 1986) to determine eligibility for child health assistance under the State child health plan or under any waiver of such plan and for any other purpose applicable under the plan or waiver for which a determination of income is required, including with respect to the imposition of premiums and cost-sharing, consistent with section 1902(e)(14).”

(2) **CONFORMING AMENDMENT.**—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)) is amended—

(A) by redesignating subparagraphs (E) through (L) as subparagraphs (F) through (M), respectively; and

(B) by inserting after subparagraph (D), the following:

“(E) Section 1902(e)(14) (relating to income determined using modified gross income and household income).”

(e) **APPLICATION OF STREAMLINED ENROLLMENT SYSTEM.**—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)), as amended by subsection (d)(2), is amended by adding at the end the following:

“(N) Section 1943(b) (relating to coordination with State Exchanges and the State Medicaid agency).”

(f) **CHIP ELIGIBILITY FOR CHILDREN INELIGIBLE FOR MEDICAID AS A RESULT OF ELIMINATION OF DISREGARDS.**—Notwithstanding any other provision of law, a State shall treat any child who is determined to be ineligible for medical assistance under the State Medicaid plan or under a waiver of the plan as a result of the elimination of the application of an income disregard based on expense or type of income, as required under section 1902(e)(14) of the Social Security Act (as added by this Act), as a targeted low-income child under section 2110(b) (unless the child is excluded under paragraph (2) of that section) and shall provide child health assistance to the child under the State child health plan (whether implemented under title XIX or XXI, or both, of the Social Security Act).

SEC. 2102. TECHNICAL CORRECTIONS.

(a) **CHIPRA.**—Effective as if included in the enactment of the Children’s Health Insurance

Program Reauthorization Act of 2009 (Public Law 111-3) (in this section referred to as "CHIPRA"):

(1) Section 2104(m) of the Social Security Act, as added by section 102 of CHIPRA, is amended—

(A) by redesignating paragraph (7) as paragraph (8); and

(B) by inserting after paragraph (6), the following:

“(7) ADJUSTMENT OF FISCAL YEAR 2010 ALLOTMENTS TO ACCOUNT FOR CHANGES IN PROJECTED SPENDING FOR CERTAIN PREVIOUSLY APPROVED EXPANSION PROGRAMS.—For purposes of recalculating the fiscal year 2010 allotment, in the case of one of the 50 States or the District of Columbia that has an approved State plan amendment effective January 1, 2006, to provide child health assistance through the provision of benefits under the State plan under title XIX for children from birth through age 5 whose family income does not exceed 200 percent of the poverty line, the Secretary shall increase the allotment by an amount that would be equal to the Federal share of expenditures that would have been claimed at the enhanced FMAP rate rather than the Federal medical assistance percentage matching rate for such population.”.

(2) Section 605 of CHIPRA is amended by striking “legal residents” and insert “lawfully residing in the United States”.

(3) Subclauses (I) and (II) of paragraph (3)(C)(i) of section 2105(a) of the Social Security Act (42 U.S.C. 1397ee(a)(3)(ii)), as added by section 104 of CHIPRA, are each amended by striking “, respectively”.

(4) Section 2105(a)(3)(E)(ii) of the Social Security Act (42 U.S.C. 1397ee(a)(3)(E)(ii)), as added by section 104 of CHIPRA, is amended by striking subclause (IV).

(5) Section 2105(c)(9)(B) of the Social Security Act (42 U.S.C. 1397e(c)(9)(B)), as added by section 211(c)(1) of CHIPRA, is amended by striking “section 1903(a)(3)(F)” and inserting “section 1903(a)(3)(G)”.

(6) Section 2109(b)(2)(B) of the Social Security Act (42 U.S.C. 1397ii(b)(2)(B)), as added by section 602 of CHIPRA, is amended by striking “the child population growth factor under section 2104(m)(5)(B)” and inserting “a high-performing State under section 2111(b)(3)(B)”.

(7) Section 2110(c)(9)(B)(v) of the Social Security Act (42 U.S.C. 1397j(c)(9)(B)(v)), as added by section 505(b) of CHIPRA, is amended by striking “school or school system” and inserting “local educational agency (as defined under section 9101 of the Elementary and Secondary Education Act of 1965)”.

(8) Section 211(a)(1)(B) of CHIPRA is amended—

(A) by striking “is amended” and all that follows through “adding” and inserting “is amended by adding”; and

(B) by redesignating the new subparagraph to be added by such section to section 1903(a)(3) of the Social Security Act as a new subparagraph (H).

(b) ARRA.—Effective as if included in the enactment of section 5006(a) of division B of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), the second sentence of section 1916A(a)(1) of the Social Security Act (42 U.S.C. 1396o-1(a)(1)) is amended by striking “or (i)” and inserting “, (i), or (j)”.

Subtitle C—Medicaid and CHIP Enrollment Simplification

SEC. 2201. ENROLLMENT SIMPLIFICATION AND COORDINATION WITH STATE HEALTH INSURANCE EXCHANGES.

Title XIX of the Social Security Act (42 U.S.C. 1397aa et seq.) is amended by adding at the end the following:

“SEC. 1943. ENROLLMENT SIMPLIFICATION AND COORDINATION WITH STATE HEALTH INSURANCE EXCHANGES.

“(a) CONDITION FOR PARTICIPATION IN MEDICAID.—As a condition of the State plan under this title and receipt of any Federal financial assistance under section 1903(a) for calendar quarters beginning after January 1, 2014, a State shall ensure that the requirements of subsection (b) is met.

“(b) ENROLLMENT SIMPLIFICATION AND COORDINATION WITH STATE HEALTH INSURANCE EXCHANGES AND CHIP.—

“(1) IN GENERAL.—A State shall establish procedures for—

“(A) enabling individuals, through an Internet website that meets the requirements of paragraph (4), to apply for medical assistance under the State plan or under a waiver of the plan, to be enrolled in the State plan or waiver, to renew their enrollment in the plan or waiver, and to consent to enrollment or reenrollment in the State plan through electronic signature;

“(B) enrolling, without any further determination by the State and through such website, individuals who are identified by an Exchange established by the State under section 1311 of the Patient Protection and Affordable Care Act as being eligible for—

“(i) medical assistance under the State plan or under a waiver of the plan; or

“(ii) child health assistance under the State child health plan under title XXI;

“(C) ensuring that individuals who apply for but are determined to be ineligible for medical assistance under the State plan or a waiver or ineligible for child health assistance under the State child health plan under title XXI, are screened for eligibility for enrollment in qualified health plans offered through such an Exchange and, if applicable, premium assistance for the purchase of a qualified health plan under section 36B of the Internal Revenue Code of 1986 (and, if applicable, advance payment of such assistance under section 1412 of the Patient Protection and Affordable Care Act), and, if eligible, enrolled in such a plan without having to submit an additional or separate application, and that such individuals receive information regarding reduced cost-sharing for eligible individuals under section 1402 of the Patient Protection and Affordable Care Act, and any other assistance or subsidies available for coverage obtained through the Exchange;

“(D) ensuring that the State agency responsible for administering the State plan under this title (in this section referred to as the ‘State Medicaid agency’), the State agency responsible for administering the State child health plan under title XXI (in this section referred to as the ‘State CHIP agency’) and an Exchange established by the State under section 1311 of the Patient Protection and Affordable Care Act utilize a secure electronic interface sufficient to allow for a determination of an individual’s eligibility for such medical assistance, child health assistance, or premium assistance, and enrollment in the State plan under this title, title XXI, or a qualified health plan, as appropriate;

“(E) coordinating, for individuals who are enrolled in the State plan or under a waiver of the plan and who are also enrolled in a qualified health plan offered through such an Exchange, and for individuals who are enrolled in the State child health plan under title XXI and who are also enrolled in a qualified health plan, the provision of medical assistance or child health assistance to such individuals with the coverage provided under the qualified health plan in which they are enrolled, including services described in section 1905(a)(4)(B) (relating to early and periodic screening, diagnostic, and treatment services defined in section 1905(r)) and provided in accordance with the requirements of section 1902(a)(43); and

“(F) conducting outreach to and enrolling vulnerable and underserved populations eligible for medical assistance under this title XIX or for child health assistance under title XXI, including children, unaccompanied homeless youth, children and youth with special health care needs, pregnant women, racial and ethnic minorities, rural populations, victims of abuse or trauma, individuals with mental health or substance-related disorders, and individuals with HIV/AIDS.

“(2) AGREEMENTS WITH STATE HEALTH INSURANCE EXCHANGES.—The State Medicaid agency and the State CHIP agency may enter into an agreement with an Exchange established by the State under section 1311 of the Patient Protection and Affordable Care Act under which the State Medicaid agency or State CHIP agency may determine whether a State resident is eligible for premium assistance for the purchase of a qualified health plan under section 36B of the Internal Revenue Code of 1986 (and, if applicable, advance payment of such assistance under section 1412 of the Patient Protection and Affordable Care Act), so long as the agreement meets such conditions and requirements as the Secretary of the Treasury may prescribe to reduce administrative costs and the likelihood of eligibility errors and disruptions in coverage.

“(3) STREAMLINED ENROLLMENT SYSTEM.—The State Medicaid agency and State CHIP agency shall participate in and comply with the requirements for the system established under section 1413 of the Patient Protection and Affordable Care Act (relating to streamlined procedures for enrollment through an Exchange, Medicaid, and CHIP).

“(4) ENROLLMENT WEBSITE REQUIREMENTS.—The procedures established by State under paragraph (1) shall include establishing and having in operation, not later than January 1, 2014, an Internet website that is linked to any website of an Exchange established by the State under section 1311 of the Patient Protection and Affordable Care Act and to the State CHIP agency (if different from the State Medicaid agency) and allows an individual who is eligible for medical assistance under the State plan or under a waiver of the plan and who is eligible to receive premium credit assistance for the purchase of a qualified health plan under section 36B of the Internal Revenue Code of 1986 to compare the benefits, premiums, and cost-sharing applicable to the individual under the State plan or waiver with the benefits, premiums, and cost-sharing available to the individual under a qualified health plan offered through such an Exchange, including, in the case of a child, the coverage that would be provided for the child through the State plan or waiver with the coverage that would be provided to the child through enrollment in family coverage under that plan and as supplemental coverage by the State under the State plan or waiver.

“(5) CONTINUED NEED FOR ASSESSMENT FOR HOME AND COMMUNITY-BASED SERVICES.—Nothing in paragraph (1) shall limit or modify the requirement that the State assess an individual for purposes of providing home and community-based services under the State plan or under any waiver of such plan for individuals described in subsection (a)(10)(A)(ii)(VI).”.

SEC. 2202. PERMITTING HOSPITALS TO MAKE PRESUMPTIVE ELIGIBILITY DETERMINATIONS FOR ALL MEDICAID ELIGIBLE POPULATIONS.

(a) IN GENERAL.—Section 1902(a)(47) of the Social Security Act (42 U.S.C. 1396a(a)(47)) is amended—

(1) by striking “at the option of the State, provide” and inserting “provide—

“(A) at the option of the State;”;

(2) by inserting “and” after the semicolon; and

(3) by adding at the end the following:

“(B) that any hospital that is a participating provider under the State plan may elect to be a qualified entity for purposes of determining, on the basis of preliminary information, whether any individual is eligible for medical assistance under the State plan or under a waiver of the plan for purposes of providing the individual with medical assistance during a presumptive eligibility period, in the same manner, and subject to the same requirements, as apply to the State options with respect to populations described in section 1920, 1920A, or 1920B (but without regard to whether the State has elected to provide for a presumptive eligibility period under any such sections), subject to such guidance as the Secretary shall establish.”.

(b) CONFORMING AMENDMENT.—Section 1903(u)(1)(D)(v) of such Act (42 U.S.C. 1396b(u)(1)(D)(v)) is amended—

(1) by striking “or for” and inserting “for”;

(2) by inserting before the period at the end the following: “, or for medical assistance provided to an individual during a presumptive eligibility period resulting from a determination of presumptive eligibility made by a hospital that elects under section 1902(a)(47)(B) to be a qualified entity for such purpose”.

(c) EFFECTIVE DATE.—The amendments made by this section take effect on January 1, 2014, and apply to services furnished on or after that date.

Subtitle D—Improvements to Medicaid Services

SEC. 2301. COVERAGE FOR FREESTANDING BIRTH CENTER SERVICES.

(a) IN GENERAL.—Section 1905 of the Social Security Act (42 U.S.C. 1396d), is amended—

(1) in subsection (a)—

(A) in paragraph (27), by striking “and” at the end;

(B) by redesignating paragraph (28) as paragraph (29); and

(C) by inserting after paragraph (27) the following new paragraph:

“(28) freestanding birth center services (as defined in subsection (1)(3)(A)) and other ambulatory services that are offered by a freestanding birth center (as defined in subsection (1)(3)(B)) and that are otherwise included in the plan; and”;

(2) in subsection (1), by adding at the end the following new paragraph:

“(3)(A) The term ‘freestanding birth center services’ means services furnished to an individual at a freestanding birth center (as defined in subparagraph (B)) at such center.

“(B) The term ‘freestanding birth center’ means a health facility—

“(i) that is not a hospital;

“(ii) where childbirth is planned to occur away from the pregnant woman’s residence;

“(iii) that is licensed or otherwise approved by the State to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan; and

“(iv) that complies with such other requirements relating to the health and safety of individuals furnished services by the facility as the State shall establish.

“(C) A State shall provide separate payments to providers administering prenatal labor and delivery or postpartum care in a freestanding birth center (as defined in subparagraph (B)), such as nurse midwives and other providers of services such as birth attendants recognized under State law, as determined appropriate by the Secretary. For purposes of the preceding sentence, the term ‘birth attendant’ means an individual who is recognized or registered by the State involved to provide health care at childbirth and who provides such care within the scope of practice under which the individual is legally authorized to perform such care under

State law (or the State regulatory mechanism provided by State law), regardless of whether the individual is under the supervision of, or associated with, a physician or other health care provider. Nothing in this subparagraph shall be construed as changing State law requirements applicable to a birth attendant.”.

(b) CONFORMING AMENDMENT.—Section 1902(a)(10)(A) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)), is amended in the matter preceding clause (i) by striking “and (21)” and inserting “, (21), and (28)”.

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by this section shall take effect on the date of the enactment of this Act and shall apply to services furnished on or after such date.

(2) EXCEPTION IF STATE LEGISLATION REQUIRED.—In the case of a State plan for medical assistance under title XIX of the Social Security Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirement imposed by the amendments made by this section, the State plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet this additional requirement before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year of such session shall be deemed to be a separate regular session of the State legislature.

SEC. 2302. CONCURRENT CARE FOR CHILDREN.

(a) IN GENERAL.—Section 1905(o)(1) of the Social Security Act (42 U.S.C. 1396d(o)(1)) is amended—

(1) in subparagraph (A), by striking “subparagraph (B)” and inserting “subparagraphs (B) and (C)”;

(2) by adding at the end the following new subparagraph:

“(C) A voluntary election to have payment made for hospice care for a child (as defined by the State) shall not constitute a waiver of any rights of the child to be provided with, or to have payment made under this title for, services that are related to the treatment of the child’s condition for which a diagnosis of terminal illness has been made.”.

(b) APPLICATION TO CHIP.—Section 2110(a)(23) of the Social Security Act (42 U.S.C. 1397jj(a)(23)) is amended by inserting “(concurrent, in the case of an individual who is a child, with care related to the treatment of the child’s condition with respect to which a diagnosis of terminal illness has been made)” after “hospice care”.

SEC. 2303. STATE ELIGIBILITY OPTION FOR FAMILY PLANNING SERVICES.

(a) COVERAGE AS OPTIONAL CATEGORICALLY NEEDY GROUP.—

(1) IN GENERAL.—Section 1902(a)(10)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)), as amended by section 2001(e), is amended—

(A) in subclause (XIX), by striking “or” at the end;

(B) in subclause (XX), by adding “or” at the end; and

(C) by adding at the end the following new subclause:

“(XXI) who are described in subsection (ii) (relating to individuals who meet certain income standards);”.

(2) GROUP DESCRIBED.—Section 1902 of such Act (42 U.S.C. 1396a), as amended by section 2001(d), is amended by adding at the end the following new subsection:

“(ii)(1) Individuals described in this subsection are individuals—

“(A) whose income does not exceed an income eligibility level established by the State that does not exceed the highest income eligibility level established under the State plan under this title (or under its State child health plan under title XXI) for pregnant women; and

“(B) who are not pregnant.

“(2) At the option of a State, individuals described in this subsection may include individuals who, had individuals applied on or before January 1, 2007, would have been made eligible pursuant to the standards and processes imposed by that State for benefits described in clause (XV) of the matter following subparagraph (G) of section subsection (a)(10) pursuant to a waiver granted under section 1115.

“(3) At the option of a State, for purposes of subsection (a)(17)(B), in determining eligibility for services under this subsection, the State may consider only the income of the applicant or recipient.”.

(3) LIMITATION ON BENEFITS.—Section 1902(a)(10) of the Social Security Act (42 U.S.C. 1396a(a)(10)), as amended by section 2001(a)(5)(A), is amended in the matter following subparagraph (G)—

(A) by striking “and (XV)” and inserting “(XV)”;

(B) by inserting “, and (XVI) the medical assistance made available to an individual described in subsection (ii) shall be limited to family planning services and supplies described in section 1905(a)(4)(C) including medical diagnosis and treatment services that are provided pursuant to a family planning service in a family planning setting” before the semicolon.

(4) CONFORMING AMENDMENTS.—

(A) Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)), as amended by section 2001(e)(2)(A), is amended in the matter preceding paragraph (1)—

(i) in clause (xiv), by striking “or” at the end;

(ii) in clause (xv), by adding “or” at the end;

and

(iii) by inserting after clause (xv) the following:

“(xvi) individuals described in section 1902(ii).”.

(B) Section 1903(f)(4) of such Act (42 U.S.C. 1396b(f)(4)), as amended by section 2001(e)(2)(B), is amended by inserting “1902(a)(10)(A)(ii)(XXI),” after “1902(a)(10)(A)(ii)(XX).”.

(b) PRESUMPTIVE ELIGIBILITY.—

(1) IN GENERAL.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) is amended by inserting after section 1920B the following:

“PRESUMPTIVE ELIGIBILITY FOR FAMILY PLANNING SERVICES

“SEC. 1920C. (a) STATE OPTION.—State plan approved under section 1902 may provide for making medical assistance available to an individual described in section 1902(ii) (relating to individuals who meet certain income eligibility standard) during a presumptive eligibility period. In the case of an individual described in section 1902(ii), such medical assistance shall be limited to family planning services and supplies described in 1905(a)(4)(C) and, at the State’s option, medical diagnosis and treatment services that are provided in conjunction with a family planning service in a family planning setting.

“(b) DEFINITIONS.—For purposes of this section:

“(1) PRESUMPTIVE ELIGIBILITY PERIOD.—The term ‘presumptive eligibility period’ means, with respect to an individual described in subsection (a), the period that—

“(A) begins with the date on which a qualified entity determines, on the basis of preliminary information, that the individual is described in section 1902(ii); and

“(B) ends with (and includes) the earlier of—
“(i) the day on which a determination is made with respect to the eligibility of such individual for services under the State plan; or

“(ii) in the case of such an individual who does not file an application by the last day of the month following the month during which the entity makes the determination referred to in subparagraph (A), such last day.

“(2) QUALIFIED ENTITY.—

“(A) IN GENERAL.—Subject to subparagraph (B), the term ‘qualified entity’ means any entity that—

“(i) is eligible for payments under a State plan approved under this title; and

“(ii) is determined by the State agency to be capable of making determinations of the type described in paragraph (1)(A).

“(B) RULE OF CONSTRUCTION.—Nothing in this paragraph shall be construed as preventing a State from limiting the classes of entities that may become qualified entities in order to prevent fraud and abuse.

“(C) ADMINISTRATION.—

“(1) IN GENERAL.—The State agency shall provide qualified entities with—

“(A) such forms as are necessary for an application to be made by an individual described in subsection (a) for medical assistance under the State plan; and

“(B) information on how to assist such individuals in completing and filing such forms.

“(2) NOTIFICATION REQUIREMENTS.—A qualified entity that determines under subsection (b)(1)(A) that an individual described in subsection (a) is presumptively eligible for medical assistance under a State plan shall—

“(A) notify the State agency of the determination within 5 working days after the date on which determination is made; and

“(B) inform such individual at the time the determination is made that an application for medical assistance is required to be made by not later than the last day of the month following the month during which the determination is made.

“(3) APPLICATION FOR MEDICAL ASSISTANCE.—In the case of an individual described in subsection (a) who is determined by a qualified entity to be presumptively eligible for medical assistance under a State plan, the individual shall apply for medical assistance by not later than the last day of the month following the month during which the determination is made.

“(d) PAYMENT.—Notwithstanding any other provision of law, medical assistance that—

“(1) is furnished to an individual described in subsection (a)—

“(A) during a presumptive eligibility period; and

“(B) by an entity that is eligible for payments under the State plan; and

“(2) is included in the care and services covered by the State plan,

shall be treated as medical assistance provided by such plan for purposes of clause (4) of the first sentence of section 1905(b).”.

(2) CONFORMING AMENDMENTS.—

(A) Section 1902(a)(47) of the Social Security Act (42 U.S.C. 1396a(a)(47)), as amended by section 2202(a), is amended—

(i) in subparagraph (A), by inserting before the semicolon at the end the following: “and provide for making medical assistance available to individuals described in subsection (a) of section 1920C during a presumptive eligibility period in accordance with such section”; and

(ii) in subparagraph (B), by striking “or 1920B” and inserting “1920B, or 1920C”.

(B) Section 1903(u)(1)(D)(v) of such Act (42 U.S.C. 1396b(u)(1)(D)(v)), as amended by section 2202(b), is amended by inserting “or for medical assistance provided to an individual described in subsection (a) of section 1920C during a pre-

sumptive eligibility period under such section,” after “1920B during a presumptive eligibility period under such section.”.

(c) CLARIFICATION OF COVERAGE OF FAMILY PLANNING SERVICES AND SUPPLIES.—Section 1937(b) of the Social Security Act (42 U.S.C. 1396u-7(b)), as amended by section 2001(c), is amended by adding at the end the following:

“(7) COVERAGE OF FAMILY PLANNING SERVICES AND SUPPLIES.—Notwithstanding the previous provisions of this section, a State may not provide for medical assistance through enrollment of an individual with benchmark coverage or benchmark-equivalent coverage under this section unless such coverage includes for any individual described in section 1905(a)(4)(C), medical assistance for family planning services and supplies in accordance with such section.”.

(d) EFFECTIVE DATE.—The amendments made by this section take effect on the date of the enactment of this Act and shall apply to items and services furnished on or after such date.

SEC. 2304. CLARIFICATION OF DEFINITION OF MEDICAL ASSISTANCE.

Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) is amended by inserting “or the care and services themselves, or both” before “(if provided in or after)”.

Subtitle E—New Options for States to Provide Long-Term Services and Supports

SEC. 2401. COMMUNITY FIRST CHOICE OPTION.

Section 1915 of the Social Security Act (42 U.S.C. 1396n) is amended by adding at the end the following:

“(k) STATE PLAN OPTION TO PROVIDE HOME AND COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS.—

“(1) IN GENERAL.—Subject to the succeeding provisions of this subsection, beginning October 1, 2010, a State may provide through a State plan amendment for the provision of medical assistance for home and community-based attendant services and supports for individuals who are eligible for medical assistance under the State plan whose income does not exceed 150 percent of the poverty line (as defined in section 2110(c)(5)) or, if greater, the income level applicable for an individual who has been determined to require an institutional level of care to be eligible for nursing facility services under the State plan and with respect to whom there has been a determination that, but for the provision of such services, the individuals would require the level of care provided in a hospital, a nursing facility, an intermediate care facility for the mentally retarded, or an institution for mental diseases, the cost of which could be reimbursed under the State plan, but only if the individual chooses to receive such home and community-based attendant services and supports, and only if the State meets the following requirements:

“(A) AVAILABILITY.—The State shall make available home and community-based attendant services and supports to eligible individuals, as needed, to assist in accomplishing activities of daily living, instrumental activities of daily living, and health-related tasks through hands-on assistance, supervision, or cueing—

“(i) under a person-centered plan of services and supports that is based on an assessment of functional need and that is agreed to in writing by the individual or, as appropriate, the individual’s representative;

“(ii) in a home or community setting, which does not include a nursing facility, institution for mental diseases, or an intermediate care facility for the mentally retarded;

“(iii) under an agency-provider model or other model (as defined in paragraph (6)(C)); and

“(iv) the furnishing of which—

“(I) is selected, managed, and dismissed by the individual, or, as appropriate, with assistance from the individual’s representative;

“(II) is controlled, to the maximum extent possible, by the individual or where appropriate,

the individual’s representative, regardless of who may act as the employer of record; and

“(III) provided by an individual who is qualified to provide such services, including family members (as defined by the Secretary).

“(B) INCLUDED SERVICES AND SUPPORTS.—In addition to assistance in accomplishing activities of daily living, instrumental activities of daily living, and health related tasks, the home and community-based attendant services and supports made available include—

“(i) the acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish activities of daily living, instrumental activities of daily living, and health related tasks;

“(ii) back-up systems or mechanisms (such as the use of beepers or other electronic devices) to ensure continuity of services and supports; and

“(iii) voluntary training on how to select, manage, and dismiss attendants.

“(C) EXCLUDED SERVICES AND SUPPORTS.—Subject to subparagraph (D), the home and community-based attendant services and supports made available do not include—

“(i) room and board costs for the individual;

“(ii) special education and related services provided under the Individuals with Disabilities Education Act and vocational rehabilitation services provided under the Rehabilitation Act of 1973;

“(iii) assistive technology devices and assistive technology services other than those under (1)(B)(ii);

“(iv) medical supplies and equipment; or

“(v) home modifications.

“(D) PERMISSIBLE SERVICES AND SUPPORTS.—The home and community-based attendant services and supports may include—

“(i) expenditures for transition costs such as rent and utility deposits, first month’s rent and utilities, bedding, basic kitchen supplies, and other necessities required for an individual to make the transition from a nursing facility, institution for mental diseases, or intermediate care facility for the mentally retarded to a community-based home setting where the individual resides; and

“(ii) expenditures relating to a need identified in an individual’s person-centered plan of services that increase independence or substitute for human assistance, to the extent that expenditures would otherwise be made for the human assistance.

“(2) INCREASED FEDERAL FINANCIAL PARTICIPATION.—For purposes of payments to a State under section 1903(a)(1), with respect to amounts expended by the State to provide medical assistance under the State plan for home and community-based attendant services and supports to eligible individuals in accordance with this subsection during a fiscal year quarter occurring during the period described in paragraph (1), the Federal medical assistance percentage applicable to the State (as determined under section 1905(b)) shall be increased by 6 percentage points.

“(3) STATE REQUIREMENTS.—In order for a State plan amendment to be approved under this subsection, the State shall—

“(A) develop and implement such amendment in collaboration with a Development and Implementation Council established by the State that includes a majority of members with disabilities, elderly individuals, and their representatives and consults and collaborates with such individuals;

“(B) provide consumer controlled home and community-based attendant services and supports to individuals on a statewide basis, in a manner that provides such services and supports in the most integrated setting appropriate to the individual’s needs, and without regard to the individual’s age, type or nature of disability, severity of disability, or the form of home and

community-based attendant services and supports that the individual requires in order to lead an independent life;

“(C) with respect to expenditures during the first full fiscal year in which the State plan amendment is implemented, maintain or exceed the level of State expenditures for medical assistance that is provided under section 1905(a), section 1915, section 1115, or otherwise to individuals with disabilities or elderly individuals attributable to the preceding fiscal year;

“(D) establish and maintain a comprehensive, continuous quality assurance system with respect to community-based attendant services and supports that—

“(i) includes standards for agency-based and other delivery models with respect to training, appeals for denials and reconsideration procedures of an individual plan, and other factors as determined by the Secretary;

“(ii) incorporates feedback from consumers and their representatives, disability organizations, providers, families of disabled or elderly individuals, members of the community, and others and maximizes consumer independence and consumer control;

“(iii) monitors the health and well-being of each individual who receives home and community-based attendant services and supports, including a process for the mandatory reporting, investigation, and resolution of allegations of neglect, abuse, or exploitation in connection with the provision of such services and supports; and

“(iv) provides information about the provisions of the quality assurance required under clauses (i) through (iii) to each individual receiving such services; and

“(E) collect and report information, as determined necessary by the Secretary, for the purposes of approving the State plan amendment, providing Federal oversight, and conducting an evaluation under paragraph (5)(A), including data regarding how the State provides home and community-based attendant services and supports and other home and community-based services, the cost of such services and supports, and how the State provides individuals with disabilities who otherwise qualify for institutional care under the State plan or under a waiver the choice to instead receive home and community-based services in lieu of institutional care.

“(4) COMPLIANCE WITH CERTAIN LAWS.—A State shall ensure that, regardless of whether the State uses an agency-provider model or other models to provide home and community-based attendant services and supports under a State plan amendment under this subsection, such services and supports are provided in accordance with the requirements of the Fair Labor Standards Act of 1938 and applicable Federal and State laws regarding—

“(A) withholding and payment of Federal and State income and payroll taxes;

“(B) the provision of unemployment and workers compensation insurance;

“(C) maintenance of general liability insurance; and

“(D) occupational health and safety.

“(5) EVALUATION, DATA COLLECTION, AND REPORT TO CONGRESS.—

“(A) EVALUATION.—The Secretary shall conduct an evaluation of the provision of home and community-based attendant services and supports under this subsection in order to determine the effectiveness of the provision of such services and supports in allowing the individuals receiving such services and supports to lead an independent life to the maximum extent possible; the impact on the physical and emotional health of the individuals who receive such services; and an comparative analysis of the costs of services provided under the State plan amendment under this subsection and those provided under insti-

tutional care in a nursing facility, institution for mental diseases, or an intermediate care facility for the mentally retarded.

“(B) DATA COLLECTION.—The State shall provide the Secretary with the following information regarding the provision of home and community-based attendant services and supports under this subsection for each fiscal year for which such services and supports are provided:

“(i) The number of individuals who are estimated to receive home and community-based attendant services and supports under this subsection during the fiscal year.

“(ii) The number of individuals that received such services and supports during the preceding fiscal year.

“(iii) The specific number of individuals served by type of disability, age, gender, education level, and employment status.

“(iv) Whether the specific individuals have been previously served under any other home and community based services program under the State plan or under a waiver.

“(C) REPORTS.—Not later than—

“(i) December 31, 2013, the Secretary shall submit to Congress and make available to the public an interim report on the findings of the evaluation under subparagraph (A); and

“(ii) December 31, 2015, the Secretary shall submit to Congress and make available to the public a final report on the findings of the evaluation under subparagraph (A).

“(6) DEFINITIONS.—In this subsection:

“(A) ACTIVITIES OF DAILY LIVING.—The term ‘activities of daily living’ includes tasks such as eating, toileting, grooming, dressing, bathing, and transferring.

“(B) CONSUMER CONTROLLED.—The term ‘consumer controlled’ means a method of selecting and providing services and supports that allow the individual, or where appropriate, the individual’s representative, maximum control of the home and community-based attendant services and supports, regardless of who acts as the employer of record.

“(C) DELIVERY MODELS.—

“(i) AGENCY-PROVIDER MODEL.—The term ‘agency-provider model’ means, with respect to the provision of home and community-based attendant services and supports for an individual, subject to paragraph (4), a method of providing consumer controlled services and supports under which entities contract for the provision of such services and supports.

“(ii) OTHER MODELS.—The term ‘other models’ means, subject to paragraph (4), methods, other than an agency-provider model, for the provision of consumer controlled services and supports. Such models may include the provision of vouchers, direct cash payments, or use of a fiscal agent to assist in obtaining services.

“(D) HEALTH-RELATED TASKS.—The term ‘health-related tasks’ means specific tasks related to the needs of an individual, which can be delegated or assigned by licensed health-care professionals under State law to be performed by an attendant.

“(E) INDIVIDUAL’S REPRESENTATIVE.—The term ‘individual’s representative’ means a parent, family member, guardian, advocate, or other authorized representative of an individual.

“(F) INSTRUMENTAL ACTIVITIES OF DAILY LIVING.—The term ‘instrumental activities of daily living’ includes (but is not limited to) meal planning and preparation, managing finances, shopping for food, clothing, and other essential items, performing essential household chores, communicating by phone or other media, and traveling around and participating in the community.”.

SEC. 2402. REMOVAL OF BARRIERS TO PROVIDING HOME AND COMMUNITY-BASED SERVICES.

(a) OVERSIGHT AND ASSESSMENT OF THE ADMINISTRATION OF HOME AND COMMUNITY-BASED

SERVICES.—The Secretary of Health and Human Services shall promulgate regulations to ensure that all States develop service systems that are designed to—

(1) allocate resources for services in a manner that is responsive to the changing needs and choices of beneficiaries receiving non-institutionally-based long-term services and supports (including such services and supports that are provided under programs other than the State Medicaid program), and that provides strategies for beneficiaries receiving such services to maximize their independence, including through the use of client-employed providers;

(2) provide the support and coordination needed for a beneficiary in need of such services (and their family caregivers or representative, if applicable) to design an individualized, self-directed, community-supported life; and

(3) improve coordination among, and the regulation of, all providers of such services under federally and State-funded programs in order to—

(A) achieve a more consistent administration of policies and procedures across programs in relation to the provision of such services; and

(B) oversee and monitor all service system functions to assure—

(i) coordination of, and effectiveness of, eligibility determinations and individual assessments;

(ii) development and service monitoring of a complaint system, a management system, a system to qualify and monitor providers, and systems for role-setting and individual budget determinations; and

(iii) an adequate number of qualified direct care workers to provide self-directed personal assistance services.

(b) ADDITIONAL STATE OPTIONS.—Section 1915(i) of the Social Security Act (42 U.S.C. 1396n(i)) is amended by adding at the end the following new paragraphs:

“(6) STATE OPTION TO PROVIDE HOME AND COMMUNITY-BASED SERVICES TO INDIVIDUALS ELIGIBLE FOR SERVICES UNDER A WAIVER.—

“(A) IN GENERAL.—A State that provides home and community-based services in accordance with this subsection to individuals who satisfy the needs-based criteria for the receipt of such services established under paragraph (1)(A) may, in addition to continuing to provide such services to such individuals, elect to provide home and community-based services in accordance with the requirements of this paragraph to individuals who are eligible for home and community-based services under a waiver approved for the State under subsection (c), (d), or (e) or under section 1115 to provide such services, but only for those individuals whose income does not exceed 300 percent of the supplemental security income benefit rate established by section 1611(b)(1).

“(B) APPLICATION OF SAME REQUIREMENTS FOR INDIVIDUALS SATISFYING NEEDS-BASED CRITERIA.—Subject to subparagraph (C), a State shall provide home and community-based services to individuals under this paragraph in the same manner and subject to the same requirements as apply under the other paragraphs of this subsection to the provision of home and community-based services to individuals who satisfy the needs-based criteria established under paragraph (1)(A).

“(C) AUTHORITY TO OFFER DIFFERENT TYPE, AMOUNT, DURATION, OR SCOPE OF HOME AND COMMUNITY-BASED SERVICES.—A State may offer home and community-based services to individuals under this paragraph that differ in type, amount, duration, or scope from the home and community-based services offered for individuals who satisfy the needs-based criteria established under paragraph (1)(A), so long as such services are within the scope of services described in

paragraph (4)(B) of subsection (c) for which the Secretary has the authority to approve a waiver and do not include room or board.

“(7) STATE OPTION TO OFFER HOME AND COMMUNITY-BASED SERVICES TO SPECIFIC, TARGETED POPULATIONS.—

“(A) IN GENERAL.—A State may elect in a State plan amendment under this subsection to target the provision of home and community-based services under this subsection to specific populations and to differ the type, amount, duration, or scope of such services to such specific populations.

“(B) 5-YEAR TERM.—

“(i) IN GENERAL.—An election by a State under this paragraph shall be for a period of 5 years.

“(ii) PHASE-IN OF SERVICES AND ELIGIBILITY PERMITTED DURING INITIAL 5-YEAR PERIOD.—A State making an election under this paragraph may, during the first 5-year period for which the election is made, phase-in the enrollment of eligible individuals, or the provision of services to such individuals, or both, so long as all eligible individuals in the State for such services are enrolled, and all such services are provided, before the end of the initial 5-year period.

“(C) RENEWAL.—An election by a State under this paragraph may be renewed for additional 5-year terms if the Secretary determines, prior to beginning of each such renewal period, that the State has—

“(i) adhered to the requirements of this subsection and paragraph in providing services under such an election; and

“(ii) met the State’s objectives with respect to quality improvement and beneficiary outcomes.”.

(C) REMOVAL OF LIMITATION ON SCOPE OF SERVICES.—Paragraph (1) of section 1915(i) of the Social Security Act (42 U.S.C. 1396n(i)), as amended by subsection (a), is amended by striking “or such other services requested by the State as the Secretary may approve”.

(d) OPTIONAL ELIGIBILITY CATEGORY TO PROVIDE FULL MEDICAID BENEFITS TO INDIVIDUALS RECEIVING HOME AND COMMUNITY-BASED SERVICES UNDER A STATE PLAN AMENDMENT.—

(1) IN GENERAL.—Section 1902(a)(10)(A)(ii) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(ii)), as amended by section 2304(a)(1), is amended—

(A) in subclause (XX), by striking “or” at the end;

(B) in subclause (XXI), by adding “or” at the end; and

(C) by inserting after subclause (XXI), the following new subclause:

“(XXII) who are eligible for home and community-based services under needs-based criteria established under paragraph (1)(A) of section 1915(i), or who are eligible for home and community-based services under paragraph (6) of such section, and who will receive home and community-based services pursuant to a State plan amendment under such subsection;”.

(2) CONFORMING AMENDMENTS.—

(A) Section 1903(f)(4) of the Social Security Act (42 U.S.C. 1396b(f)(4)), as amended by section 2304(a)(4)(B), is amended in the matter preceding subparagraph (A), by inserting “1902(a)(10)(A)(ii)(XXII),” after “1902(a)(10)(A)(ii)(XXI),”.

(B) Section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)), as so amended, is amended in the matter preceding paragraph (1)—

(i) in clause (xv), by striking “or” at the end; (ii) in clause (xvi), by adding “or” at the end; and

(iii) by inserting after clause (xvi) the following new clause:

“(xvii) individuals who are eligible for home and community-based services under needs-based criteria established under paragraph

(1)(A) of section 1915(i), or who are eligible for home and community-based services under paragraph (6) of such section, and who will receive home and community-based services pursuant to a State plan amendment under such subsection.”.

(e) ELIMINATION OF OPTION TO LIMIT NUMBER OF ELIGIBLE INDIVIDUALS OR LENGTH OF PERIOD FOR GRANDFATHERED INDIVIDUALS IF ELIGIBILITY CRITERIA IS MODIFIED.—Paragraph (1) of section 1915(i) of such Act (42 U.S.C. 1396n(i)) is amended—

(1) by striking subparagraph (C) and inserting the following:

“(C) PROJECTION OF NUMBER OF INDIVIDUALS TO BE PROVIDED HOME AND COMMUNITY-BASED SERVICES.—The State submits to the Secretary, in such form and manner, and upon such frequency as the Secretary shall specify, the projected number of individuals to be provided home and community-based services.”; and

(2) in subclause (II) of subparagraph (D)(ii), by striking “to be eligible for such services for a period of at least 12 months beginning on the date the individual first received medical assistance for such services” and inserting “to continue to be eligible for such services after the effective date of the modification and until such time as the individual no longer meets the standard for receipt of such services under such pre-modified criteria”.

(f) ELIMINATION OF OPTION TO WAIVE STATEWIDENESS; ADDITION OF OPTION TO WAIVE COMPARABILITY.—Paragraph (3) of section 1915(i) of such Act (42 U.S.C. 1396n(3)) is amended by striking “1902(a)(1) (relating to statewideness)” and inserting “1902(a)(10)(B) (relating to comparability)”.

(g) EFFECTIVE DATE.—The amendments made by subsections (b) through (f) take effect on the first day of the first fiscal year quarter that begins after the date of enactment of this Act.

SEC. 2403. MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION.

(a) EXTENSION OF DEMONSTRATION.—

(1) IN GENERAL.—Section 6071(h) of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) is amended—

(A) in paragraph (1)(E), by striking “fiscal year 2011” and inserting “each of fiscal years 2011 through 2016”; and

(B) in paragraph (2), by striking “2011” and inserting “2016”.

(2) EVALUATION.—Paragraphs (2) and (3) of section 6071(g) of such Act is amended are each amended by striking “2011” and inserting “2016”.

(b) REDUCTION OF INSTITUTIONAL RESIDENCY PERIOD.—

(1) IN GENERAL.—Section 6071(b)(2) of the Deficit Reduction Act of 2005 (42 U.S.C. 1396a note) is amended—

(A) in subparagraph (A)(i), by striking “, for a period of not less than 6 months or for such longer minimum period, not to exceed 2 years, as may be specified by the State” and inserting “for a period of not less than 90 consecutive days”; and

(B) by adding at the end the following:

“Any days that an individual resides in an institution on the basis of having been admitted solely for purposes of receiving short-term rehabilitative services for a period for which payment for such services is limited under title XVIII shall not be taken into account for purposes of determining the 90-day period required under subparagraph (A)(i).”.

(2) EFFECTIVE DATE.—The amendments made by this subsection take effect 30 days after the date of enactment of this Act.

SEC. 2404. PROTECTION FOR RECIPIENTS OF HOME AND COMMUNITY-BASED SERVICES AGAINST SPOUSAL IMPOVERISHMENT.

During the 5-year period that begins on January 1, 2014, section 1924(h)(1)(A) of the Social

Security Act (42 U.S.C. 1396r-5(h)(1)(A)) shall be applied as though “is eligible for medical assistance for home and community-based services provided under subsection (c), (d), or (i) of section 1915, under a waiver approved under section 1115, or who is eligible for such medical assistance by reason of being determined eligible under section 1902(a)(10)(C) or by reason of section 1902(f) or otherwise on the basis of a reduction of income based on costs incurred for medical or other remedial care, or who is eligible for medical assistance for home and community-based attendant services and supports under section 1915(k)” were substituted in such section for “(at the option of the State) is described in section 1902(a)(10)(A)(ii)(VI)”.

SEC. 2405. FUNDING TO EXPAND STATE AGING AND DISABILITY RESOURCE CENTERS.

Out of any funds in the Treasury not otherwise appropriated, there is appropriated to the Secretary of Health and Human Services, acting through the Assistant Secretary for Aging, \$10,000,000 for each of fiscal years 2010 through 2014, to carry out subsections (a)(20)(B)(iii) and (b)(8) of section 202 of the Older Americans Act of 1965 (42 U.S.C. 3012).

SEC. 2406. SENSE OF THE SENATE REGARDING LONG-TERM CARE.

(a) FINDINGS.—The Senate makes the following findings:

(1) Nearly 2 decades have passed since Congress seriously considered long-term care reform. The United States Bipartisan Commission on Comprehensive Health Care, also known as the “Pepper Commission”, released its “Call for Action” blueprint for health reform in September 1990. In the 20 years since those recommendations were made, Congress has never acted on the report.

(2) In 1999, under the United States Supreme Court’s decision in *Olmstead v. L.C.*, 527 U.S. 581 (1999), individuals with disabilities have the right to choose to receive their long-term services and supports in the community, rather than in an institutional setting.

(3) Despite the Pepper Commission and *Olmstead* decision, the long-term care provided to our Nation’s elderly and disabled has not improved. In fact, for many, it has gotten far worse.

(4) In 2007, 69 percent of Medicaid long-term care spending for elderly individuals and adults with physical disabilities paid for institutional services. Only 6 states spent 50 percent or more of their Medicaid long-term care dollars on home and community-based services for elderly individuals and adults with physical disabilities while ½ of the States spent less than 25 percent. This disparity continues even though, on average, it is estimated that Medicaid dollars can support nearly 3 elderly individuals and adults with physical disabilities in home and community-based services for every individual in a nursing home. Although every State has chosen to provide certain services under home and community-based waivers, these services are unevenly available within and across States, and reach a small percentage of eligible individuals.

(b) SENSE OF THE SENATE.—It is the sense of the Senate that—

(1) during the 111th session of Congress, Congress should address long-term services and supports in a comprehensive way that guarantees elderly and disabled individuals the care they need; and

(2) long term services and supports should be made available in the community in addition to in institutions.

Subtitle F—Medicaid Prescription Drug Coverage

SEC. 2501. PRESCRIPTION DRUG REBATES.

(a) INCREASE IN MINIMUM REBATE PERCENTAGE FOR SINGLE SOURCE DRUGS AND INNOVATOR MULTIPLE SOURCE DRUGS.—

(1) IN GENERAL.—Section 1927(c)(1)(B) of the Social Security Act (42 U.S.C. 1396r–8(c)(1)(B)) is amended—

(A) in clause (i)—
(i) in subclause (IV), by striking “and” at the end;

(ii) in subclause (V)—
(I) by inserting “and before January 1, 2010” after “December 31, 1995,”; and

(II) by striking the period at the end and inserting “; and”;

(iii) by adding at the end the following new subclause:

“(VI) except as provided in clause (iii), after December 31, 2009, 23.1 percent.”; and

(B) by adding at the end the following new clause:

“(iii) MINIMUM REBATE PERCENTAGE FOR CERTAIN DRUGS.—

“(I) IN GENERAL.—In the case of a single source drug or an innovator multiple source drug described in subclause (II), the minimum rebate percentage for rebate periods specified in clause (i)(VI) is 17.1 percent.

“(II) DRUG DESCRIBED.—For purposes of subclause (I), a single source drug or an innovator multiple source drug described in this subclause is any of the following drugs:

“(aa) A clotting factor for which a separate furnishing payment is made under section 1842(o)(5) and which is included on a list of such factors specified and updated regularly by the Secretary.

“(bb) A drug approved by the Food and Drug Administration exclusively for pediatric indications.”.

(2) RECAPTURE OF TOTAL SAVINGS DUE TO INCREASE.—Section 1927(b)(1) of such Act (42 U.S.C. 1396r–8(b)(1)) is amended by adding at the end the following new subparagraph:

“(C) SPECIAL RULE FOR INCREASED MINIMUM REBATE PERCENTAGE.—

“(i) IN GENERAL.—In addition to the amounts applied as a reduction under subparagraph (B), for rebate periods beginning on or after January 1, 2010, during a fiscal year, the Secretary shall reduce payments to a State under section 1903(a) in the manner specified in clause (ii), in an amount equal to the product of—

“(I) 100 percent minus the Federal medical assistance percentage applicable to the rebate period for the State; and

“(II) the amounts received by the State under such subparagraph that are attributable (as estimated by the Secretary based on utilization and other data) to the increase in the minimum rebate percentage effected by the amendments made by subsections (a)(1), (b), and (d) of section 2501 of the Patient Protection and Affordable Care Act, taking into account the additional drugs included under the amendments made by subsection (c) of section 2501 of such Act.

The Secretary shall adjust such payment reduction for a calendar quarter to the extent the Secretary determines, based upon subsequent utilization and other data, that the reduction for such quarter was greater or less than the amount of payment reduction that should have been made.

“(ii) MANNER OF PAYMENT REDUCTION.—The amount of the payment reduction under clause (i) for a State for a quarter shall be deemed an overpayment to the State under this title to be disallowed against the State’s regular quarterly draw for all Medicaid spending under section 1903(d)(2). Such a disallowance is not subject to a reconsideration under section 1116(d).”.

(b) INCREASE IN REBATE FOR OTHER DRUGS.—Section 1927(c)(3)(B) of such Act (42 U.S.C. 1396r–8(c)(3)(B)) is amended—

(1) in clause (i), by striking “and” at the end;

(2) in clause (ii)—
(A) by inserting “and before January 1, 2010,” after “December 31, 1993,”; and

(B) by striking the period and inserting “; and”;

(3) by adding at the end the following new clause:

“(iii) after December 31, 2009, is 13 percent.”.

(c) EXTENSION OF PRESCRIPTION DRUG DISCOUNTS TO ENROLLEES OF MEDICAID MANAGED CARE ORGANIZATIONS.—

(1) IN GENERAL.—Section 1903(m)(2)(A) of such Act (42 U.S.C. 1396b(m)(2)(A)) is amended—

(A) in clause (xi), by striking “and” at the end;

(B) in clause (xii), by striking the period at the end and inserting “; and”;

(C) by adding at the end the following:

“(xiii) such contract provides that (I) covered outpatient drugs dispensed to individuals eligible for medical assistance who are enrolled with the entity shall be subject to the same rebate required by the agreement entered into under section 1927 as the State is subject to and that the State shall collect such rebates from manufacturers, (II) capitation rates paid to the entity shall be based on actual cost experience related to rebates and subject to the Federal regulations requiring actuarially sound rates, and (III) the entity shall report to the State, on such timely and periodic basis as specified by the Secretary in order to include in the information submitted by the State to a manufacturer and the Secretary under section 1927(b)(2)(A), information on the total number of units of each dosage form and strength and package size by National Drug Code of each covered outpatient drug dispensed to individuals eligible for medical assistance who are enrolled with the entity and for which the entity is responsible for coverage of such drug under this subsection (other than covered outpatient drugs that under subsection (j)(1) of section 1927 are not subject to the requirements of that section) and such other data as the Secretary determines necessary to carry out this subsection.”.

(2) CONFORMING AMENDMENTS.—Section 1927 (42 U.S.C. 1396r–8) is amended—

(A) in subsection (b)—

(i) in paragraph (1)(A), in the first sentence, by inserting “, including such drugs dispensed to individuals enrolled with a medicaid managed care organization if the organization is responsible for coverage of such drugs” before the period; and

(ii) in paragraph (2)(A), by inserting “including such information reported by each medicaid managed care organization,” after “for which payment was made under the plan during the period,”; and

(B) in subsection (j), by striking paragraph (1) and inserting the following:

“(1) Covered outpatient drugs are not subject to the requirements of this section if such drugs are—

“(A) dispensed by health maintenance organizations, including Medicaid managed care organizations that contract under section 1903(m); and

“(B) subject to discounts under section 340B of the Public Health Service Act.”.

(d) ADDITIONAL REBATE FOR NEW FORMULATIONS OF EXISTING DRUGS.—

(1) IN GENERAL.—Section 1927(c)(2) of the Social Security Act (42 U.S.C. 1396r–8(c)(2)) is amended by adding at the end the following new subparagraph:

“(C) TREATMENT OF NEW FORMULATIONS.—

“(i) IN GENERAL.—Except as provided in clause (ii), in the case of a drug that is a new formulation, such as an extended-release formulation, of a single source drug or an innovator multiple source drug, the rebate obligation with respect to the drug under this section shall be the amount computed under this section for the new formulation of the drug or, if greater, the product of—

“(I) the average manufacturer price for each dosage form and strength of the new formulation of the single source drug or innovator multiple source drug;

“(II) the highest additional rebate (calculated as a percentage of average manufacturer price) under this section for any strength of the original single source drug or innovator multiple source drug; and

“(III) the total number of units of each dosage form and strength of the new formulation paid for under the State plan in the rebate period (as reported by the State).

“(ii) NO APPLICATION TO NEW FORMULATIONS OF ORPHAN DRUGS.—Clause (i) shall not apply to a new formulation of a covered outpatient drug that is or has been designated under section 526 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bb) for a rare disease or condition, without regard to whether the period of market exclusivity for the drug under section 527 of such Act has expired or the specific indication for use of the drug.”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to drugs that are paid for by a State after December 31, 2009.

(e) MAXIMUM REBATE AMOUNT.—Section 1927(c)(2) of such Act (42 U.S.C. 1396r–8(c)(2)), as amended by subsection (d), is amended by adding at the end the following new subparagraph:

“(D) MAXIMUM REBATE AMOUNT.—In no case shall the sum of the amounts applied under paragraph (1)(A)(ii) and this paragraph with respect to each dosage form and strength of a single source drug or an innovator multiple source drug for a rebate period beginning after December 31, 2009, exceed 100 percent of the average manufacturer price of the drug.”.

(f) CONFORMING AMENDMENTS.—

(1) IN GENERAL.—Section 340B of the Public Health Service Act (42 U.S.C. 256b) is amended—

(A) in subsection (a)(2)(B)(i), by striking “1927(c)(4)” and inserting “1927(c)(3)”;

(B) by striking subsection (c); and

(C) redesignating subsection (d) as subsection (c).

(2) EFFECTIVE DATE.—The amendments made by this subsection take effect on January 1, 2010.

SEC. 2502. ELIMINATION OF EXCLUSION OF COVERAGE OF CERTAIN DRUGS.

(a) IN GENERAL.—Section 1927(d) of the Social Security Act (42 U.S.C. 1397r–8(d)) is amended—

(1) in paragraph (2)—

(A) by striking subparagraphs (E), (I), and (J), respectively; and

(B) by redesignating subparagraphs (F), (G), (H), and (K) as subparagraphs (E), (F), (G), and (H), respectively; and

(2) by adding at the end the following new paragraph:

“(7) NON-EXCLUDABLE DRUGS.—The following drugs or classes of drugs, or their medical uses, shall not be excluded from coverage:

“(A) Agents when used to promote smoking cessation, including agents approved by the Food and Drug Administration under the over-the-counter monograph process for purposes of promoting, and when used to promote, tobacco cessation.

“(B) Barbiturates.

“(C) Benzodiazepines.”.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to services furnished on or after January 1, 2014.

SEC. 2503. PROVIDING ADEQUATE PHARMACY REIMBURSEMENT.

(a) PHARMACY REIMBURSEMENT LIMITS.—

(1) IN GENERAL.—Section 1927(e) of the Social Security Act (42 U.S.C. 1396r–8(e)) is amended—

(A) in paragraph (4), by striking “(or, effective January 1, 2007, two or more)”;

(B) by striking paragraph (5) and inserting the following:

“(5) **USE OF AMP IN UPPER PAYMENT LIMITS.**—The Secretary shall calculate the Federal upper reimbursement limit established under paragraph (4) as no less than 175 percent of the weighted average (determined on the basis of utilization) of the most recently reported monthly average manufacturer prices for pharmaceuticals and therapeutically equivalent multiple source drug products that are available for purchase by retail community pharmacies on a nationwide basis. The Secretary shall implement a smoothing process for average manufacturer prices. Such process shall be similar to the smoothing process used in determining the average sales price of a drug or biological under section 1847A.”

(2) **DEFINITION OF AMP.**—Section 1927(k)(1) of such Act (42 U.S.C. 1396r–8(k)(1)) is amended—

(A) in subparagraph (A), by striking “by” and all that follows through the period and inserting “by—

“(i) wholesalers for drugs distributed to retail community pharmacies; and

“(ii) retail community pharmacies that purchase drugs directly from the manufacturer.”; and

(B) by striking subparagraph (B) and inserting the following:

“(B) **EXCLUSION OF CUSTOMARY PROMPT PAY DISCOUNTS AND OTHER PAYMENTS.**—

“(i) **IN GENERAL.**—The average manufacturer price for a covered outpatient drug shall exclude—

“(I) customary prompt pay discounts extended to wholesalers; and

“(II) bona fide service fees paid by manufacturers to wholesalers or retail community pharmacies, including (but not limited to) distribution service fees, inventory management fees, product stocking allowances, and fees associated with administrative services agreements and patient care programs (such as medication compliance programs and patient education programs);

“(III) reimbursement by manufacturers for recalled, damaged, expired, or otherwise unsalable returned goods, including (but not limited to) reimbursement for the cost of the goods and any reimbursement of costs associated with return goods handling and processing, reverse logistics, and drug destruction; and

“(IV) payments received from, and rebates or discounts provided to, pharmacy benefit managers, managed care organizations, health maintenance organizations, insurers, hospitals, clinics, mail order pharmacies, long term care providers, manufacturers, or any other entity that does not conduct business as a wholesaler or a retail community pharmacy.

“(ii) **INCLUSION OF OTHER DISCOUNTS AND PAYMENTS.**—Notwithstanding clause (i), any other discounts, rebates, payments, or other financial transactions that are received by, paid by, or passed through to, retail community pharmacies shall be included in the average manufacturer price for a covered outpatient drug.”; and

(C) in subparagraph (C), by striking “the retail pharmacy class of trade” and inserting “retail community pharmacies”.

(3) **DEFINITION OF MULTIPLE SOURCE DRUG.**—Section 1927(k)(7) of such Act (42 U.S.C. 1396r–8(k)(7)) is amended—

(A) in subparagraph (A)(i)(III), by striking “the State” and inserting “the United States”; and

(B) in subparagraph (C)—

(i) in clause (i), by inserting “and” after the semicolon;

(ii) in clause (ii), by striking “; and” and inserting a period; and

(iii) by striking clause (iii).

(4) **DEFINITIONS OF RETAIL COMMUNITY PHARMACY; WHOLESALER.**—Section 1927(k) of such Act (42 U.S.C. 1396r–8(k)) is amended by adding at the end the following new paragraphs:

“(10) **RETAIL COMMUNITY PHARMACY.**—The term ‘retail community pharmacy’ means an independent pharmacy, a chain pharmacy, a supermarket pharmacy, or a mass merchandiser pharmacy that is licensed as a pharmacy by the State and that dispenses medications to the general public at retail prices. Such term does not include a pharmacy that dispenses prescription medications to patients primarily through the mail, nursing home pharmacies, long-term care facility pharmacies, hospital pharmacies, clinics, charitable or not-for-profit pharmacies, government pharmacies, or pharmacy benefit managers.

“(11) **WHOLESALER.**—The term ‘wholesaler’ means a drug wholesaler that is engaged in wholesale distribution of prescription drugs to retail community pharmacies, including (but not limited to) manufacturers, repackers, distributors, own-label distributors, private-label distributors, jobbers, brokers, warehouses (including manufacturer’s and distributor’s warehouses, chain drug warehouses, and wholesale drug warehouses) independent wholesale drug traders, and retail community pharmacies that conduct wholesale distributions.”

(b) **DISCLOSURE OF PRICE INFORMATION TO THE PUBLIC.**—Section 1927(b)(3) of such Act (42 U.S.C. 1396r–8(b)(3)) is amended—

(1) in subparagraph (A)—

(A) in the first sentence, by inserting after clause (iii) the following:

“(iv) not later than 30 days after the last day of each month of a rebate period under the agreement, on the manufacturer’s total number of units that are used to calculate the monthly average manufacturer price for each covered outpatient drug;”;

(B) in the second sentence, by inserting “(relating to the weighted average of the most recently reported monthly average manufacturer prices)” after “(D)(v)”; and

(2) in subparagraph (D)(v), by striking “average manufacturer prices” and inserting “the weighted average of the most recently reported monthly average manufacturer prices and the average retail survey price determined for each multiple source drug in accordance with subsection (f)”.

(c) **CLARIFICATION OF APPLICATION OF SURVEY OF RETAIL PRICES.**—Section 1927(f)(1) of such Act (42 U.S.C. 1396r–8(b)(1)) is amended—

(1) in subparagraph (A)(i), by inserting “with respect to a retail community pharmacy,” before “the determination”; and

(2) in subparagraph (C)(ii), by striking “retail pharmacies” and inserting “retail community pharmacies”.

(d) **EFFECTIVE DATE.**—The amendments made by this section shall take effect on the first day of the first calendar year quarter that begins at least 180 days after the date of enactment of this Act, without regard to whether or not final regulations to carry out such amendments have been promulgated by such date.

Subtitle G—Medicaid Disproportionate Share Hospital (DSH) Payments

SEC. 2551. DISPROPORTIONATE SHARE HOSPITAL PAYMENTS.

(a) **IN GENERAL.**—Section 1923(f) of the Social Security Act (42 U.S.C. 1396r–4(f)) is amended—

(1) in paragraph (1), by striking “and (3)” and inserting “; (3), and (7)”; and

(2) in paragraph (3)(A), by striking “paragraph (6)” and inserting “paragraphs (6) and (7)”; and

(3) by redesignating paragraph (7) as paragraph (8); and

(4) by inserting after paragraph (6) the following new paragraph:

“(7) **REDUCTION OF STATE DSH ALLOTMENTS ONCE REDUCTION IN UNINSURED THRESHOLD REACHED.**—

“(A) **IN GENERAL.**—Subject to subparagraph (E), the DSH allotment for a State for fiscal

years beginning with the fiscal year described in subparagraph (C) (with respect to the State), is equal to—

“(i) in the case of the first fiscal year described in subparagraph (C) with respect to a State, the DSH allotment that would be determined under this subsection for the State for the fiscal year without application of this paragraph (but after the application of subparagraph (D)), reduced by the applicable percentage determined for the State for the fiscal year under subparagraph (B)(i); and

“(ii) in the case of any subsequent fiscal year with respect to the State, the DSH allotment determined under this paragraph for the State for the preceding fiscal year, reduced by the applicable percentage determined for the State for the fiscal year under subparagraph (B)(ii).

“(B) **APPLICABLE PERCENTAGE.**—For purposes of subparagraph (A), the applicable percentage for a State for a fiscal year is the following:

“(i) **UNINSURED REDUCTION THRESHOLD FISCAL YEAR.**—In the case of the first fiscal year described in subparagraph (C) with respect to the State—

“(I) if the State is a low DSH State described in paragraph (5)(B), the applicable percentage is equal to 25 percent; and

“(II) if the State is any other State, the applicable percentage is 50 percent.

“(ii) **SUBSEQUENT FISCAL YEARS IN WHICH THE PERCENTAGE OF UNINSURED DECREASES.**—In the case of any fiscal year after the first fiscal year described in subparagraph (C) with respect to a State, if the Secretary determines on the basis of the most recent American Community Survey of the Bureau of the Census, that the percentage of uncovered individuals residing in the State is less than the percentage of such individuals determined for the State for the preceding fiscal year—

“(I) if the State is a low DSH State described in paragraph (5)(B), the applicable percentage is equal to the product of the percentage reduction in uncovered individuals for the fiscal year from the preceding fiscal year and 25 percent; and

“(II) if the State is any other State, the applicable percentage is equal to the product of the percentage reduction in uncovered individuals for the fiscal year from the preceding fiscal year and 50 percent.

“(C) **FISCAL YEAR DESCRIBED.**—For purposes of subparagraph (A), the fiscal year described in this subparagraph with respect to a State is the first fiscal year that occurs after fiscal year 2012 for which the Secretary determines, on the basis of the most recent American Community Survey of the Bureau of the Census, that the percentage of uncovered individuals residing in the State is at least 45 percent less than the percentage of such individuals determined for the State for fiscal year 2009.

“(D) **EXCLUSION OF PORTIONS DIVERTED FOR COVERAGE EXPANSIONS.**—For purposes of applying the applicable percentage reduction under subparagraph (A) to the DSH allotment for a State for a fiscal year, the DSH allotment for a State that would be determined under this subsection for the State for the fiscal year without the application of this paragraph (and prior to any such reduction) shall not include any portion of the allotment for which the Secretary has approved the State’s diversion to the costs of providing medical assistance or other health benefits coverage under a waiver that is in effect on July 2009.

“(E) **MINIMUM ALLOTMENT.**—In no event shall the DSH allotment determined for a State in accordance with this paragraph for fiscal year 2013 or any succeeding fiscal year be less than the amount equal to 35 percent of the DSH allotment determined for the State for fiscal year

2012 under this subsection (and after the application of this paragraph, if applicable), increased by the percentage change in the consumer price index for all urban consumers (all items, U.S. city average) for each previous fiscal year occurring before the fiscal year.

“(F) UNCOVERED INDIVIDUALS.—In this paragraph, the term ‘uncovered individuals’ means individuals with no health insurance coverage at any time during a year (as determined by the Secretary based on the most recent data available).”

(b) EFFECTIVE DATE.—The amendments made by subsection (a) take effect on October 1, 2011.

Subtitle H—Improved Coordination for Dual Eligible Beneficiaries

SEC. 2601. 5-YEAR PERIOD FOR DEMONSTRATION PROJECTS.

(a) IN GENERAL.—Section 1915(h) of the Social Security Act (42 U.S.C. 1396n(h)) is amended—

(1) by inserting “(1)” after “(h)”;
(2) by inserting “, or a waiver described in paragraph (2)” after “(e)”; and

(3) by adding at the end the following new paragraph:

“(2)(A) Notwithstanding subsections (c)(3) and (d) (3), any waiver under subsection (b), (c), or (d), or a waiver under section 1115, that provides medical assistance for dual eligible individuals (including any such waivers under which non dual eligible individuals may be enrolled in addition to dual eligible individuals) may be conducted for a period of 5 years and, upon the request of the State, may be extended for additional 5-year periods unless the Secretary determines that for the previous waiver period the conditions for the waiver have not been met or it would no longer be cost-effective and efficient, or consistent with the purposes of this title, to extend the waiver.

“(B) In this paragraph, the term ‘dual eligible individual’ means an individual who is entitled to, or enrolled for, benefits under part A of title XVIII, or enrolled for benefits under part B of title XVIII, and is eligible for medical assistance under the State plan under this title or under a waiver of such plan.”

(b) CONFORMING AMENDMENTS.—

(1) Section 1915 of such Act (42 U.S.C. 1396n) is amended—

(A) in subsection (b), by adding at the end the following new sentence: “Subsection (h)(2) shall apply to a waiver under this subsection.”;

(B) in subsection (c)(3), in the second sentence, by inserting “(other than a waiver described in subsection (h)(2))” after “A waiver under this subsection”;

(C) in subsection (d)(3), in the second sentence, by inserting “(other than a waiver described in subsection (h)(2))” after “A waiver under this subsection”.

(2) Section 1115 of such Act (42 U.S.C. 1315) is amended—

(A) in subsection (e)(2), by inserting “(5 years, in the case of a waiver described in section 1915(h)(2))” after “3 years”; and

(B) in subsection (f)(6), by inserting “(5 years, in the case of a waiver described in section 1915(h)(2))” after “3 years”.

SEC. 2602. PROVIDING FEDERAL COVERAGE AND PAYMENT COORDINATION FOR DUAL ELIGIBLE BENEFICIARIES.

(a) ESTABLISHMENT OF FEDERAL COORDINATED HEALTH CARE OFFICE.—

(1) IN GENERAL.—Not later than March 1, 2010, the Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall establish a Federal Coordinated Health Care Office.

(2) ESTABLISHMENT AND REPORTING TO CMS ADMINISTRATOR.—The Federal Coordinated Health Care Office—

(A) shall be established within the Centers for Medicare & Medicaid Services; and

(B) have as the Office a Director who shall be appointed by, and be in direct line of authority to, the Administrator of the Centers for Medicare & Medicaid Services.

(b) PURPOSE.—The purpose of the Federal Coordinated Health Care Office is to bring together officers and employees of the Medicare and Medicaid programs at the Centers for Medicare & Medicaid Services in order to—

(1) more effectively integrate benefits under the Medicare program under title XVIII of the Social Security Act and the Medicaid program under title XIX of such Act; and

(2) improve the coordination between the Federal Government and States for individuals eligible for benefits under both such programs in order to ensure that such individuals get full access to the items and services to which they are entitled under titles XVIII and XIX of the Social Security Act.

(c) GOALS.—The goals of the Federal Coordinated Health Care Office are as follows:

(1) Providing dual eligible individuals full access to the benefits to which such individuals are entitled under the Medicare and Medicaid programs.

(2) Simplifying the processes for dual eligible individuals to access the items and services they are entitled to under the Medicare and Medicaid programs.

(3) Improving the quality of health care and long-term services for dual eligible individuals.

(4) Increasing dual eligible individuals’ understanding of and satisfaction with coverage under the Medicare and Medicaid programs.

(5) Eliminating regulatory conflicts between rules under the Medicare and Medicaid programs.

(6) Improving care continuity and ensuring safe and effective care transitions for dual eligible individuals.

(7) Eliminating cost-shifting between the Medicare and Medicaid program and among related health care providers.

(8) Improving the quality of performance of providers of services and suppliers under the Medicare and Medicaid programs.

(d) SPECIFIC RESPONSIBILITIES.—The specific responsibilities of the Federal Coordinated Health Care Office are as follows:

(1) Providing States, specialized MA plans for special needs individuals (as defined in section 1859(b)(6) of the Social Security Act (42 U.S.C. 1395u–28(b)(6))), physicians and other relevant entities or individuals with the education and tools necessary for developing programs that align benefits under the Medicare and Medicaid programs for dual eligible individuals.

(2) Supporting State efforts to coordinate and align acute care and long-term care services for dual eligible individuals with other items and services furnished under the Medicare program.

(3) Providing support for coordination of contracting and oversight by States and the Centers for Medicare & Medicaid Services with respect to the integration of the Medicare and Medicaid programs in a manner that is supportive of the goals described in paragraph (3).

(4) To consult and coordinate with the Medicare Payment Advisory Commission established under section 1805 of the Social Security Act (42 U.S.C. 1395b–6) and the Medicaid and CHIP Payment and Access Commission established under section 1900 of such Act (42 U.S.C. 1396) with respect to policies relating to the enrollment in, and provision of, benefits to dual eligible individuals under the Medicare program under title XVIII of the Social Security Act and the Medicaid program under title XIX of such Act.

(5) To study the provision of drug coverage for new full-benefit dual eligible individuals (as defined in section 1935(c)(6) of the Social Security Act (42 U.S.C. 1396u–5(c)(6))), as well as to mon-

itor and report annual total expenditures, health outcomes, and access to benefits for all dual eligible individuals.

(e) REPORT.—The Secretary shall, as part of the budget transmitted under section 1105(a) of title 31, United States Code, submit to Congress an annual report containing recommendations for legislation that would improve care coordination and benefits for dual eligible individuals.

(f) DUAL ELIGIBLE DEFINED.—In this section, the term “dual eligible individual” means an individual who is entitled to, or enrolled for, benefits under part A of title XVIII of the Social Security Act, or enrolled for benefits under part B of title XVIII of such Act, and is eligible for medical assistance under a State plan under title XIX of such Act or under a waiver of such plan.

Subtitle I—Improving the Quality of Medicaid for Patients and Providers

SEC. 2701. ADULT HEALTH QUALITY MEASURES.

Title XI of the Social Security Act (42 U.S.C. 1301 et seq.), as amended by section 401 of the Children’s Health Insurance Program Reauthorization Act of 2009 (Public Law 111–3), is amended by inserting after section 1139A the following new section:

“SEC. 1139B. ADULT HEALTH QUALITY MEASURES.

“(a) DEVELOPMENT OF CORE SET OF HEALTH CARE QUALITY MEASURES FOR ADULTS ELIGIBLE FOR BENEFITS UNDER MEDICAID.—The Secretary shall identify and publish a recommended core set of adult health quality measures for Medicaid eligible adults in the same manner as the Secretary identifies and publishes a core set of child health quality measures under section 1139A, including with respect to identifying and publishing existing adult health quality measures that are in use under public and privately sponsored health care coverage arrangements, or that are part of reporting systems that measure both the presence and duration of health insurance coverage over time, that may be applicable to Medicaid eligible adults.

“(b) DEADLINES.—

“(1) RECOMMENDED MEASURES.—Not later than January 1, 2011, the Secretary shall identify and publish for comment a recommended core set of adult health quality measures for Medicaid eligible adults.

“(2) DISSEMINATION.—Not later than January 1, 2012, the Secretary shall publish an initial core set of adult health quality measures that are applicable to Medicaid eligible adults.

“(3) STANDARDIZED REPORTING.—Not later than January 1, 2013, the Secretary, in consultation with States, shall develop a standardized format for reporting information based on the initial core set of adult health quality measures and create procedures to encourage States to use such measures to voluntarily report information regarding the quality of health care for Medicaid eligible adults.

“(4) REPORTS TO CONGRESS.—Not later than January 1, 2014, and every 3 years thereafter, the Secretary shall include in the report to Congress required under section 1139A(a)(6) information similar to the information required under that section with respect to the measures established under this section.

“(5) ESTABLISHMENT OF MEDICAID QUALITY MEASUREMENT PROGRAM.—

“(A) IN GENERAL.—Not later than 12 months after the release of the recommended core set of adult health quality measures under paragraph (1), the Secretary shall establish a Medicaid Quality Measurement Program in the same manner as the Secretary establishes the pediatric quality measures program under section 1139A(b). The aggregate amount awarded by the Secretary for grants and contracts for the development, testing, and validation of emerging and innovative evidence-based measures under such program shall equal the aggregate amount

awarded by the Secretary for grants under section 1139A(b)(4)(A)

“(B) **REVISING, STRENGTHENING, AND IMPROVING INITIAL CORE MEASURES.**—Beginning not later than 24 months after the establishment of the Medicaid Quality Measurement Program, and annually thereafter, the Secretary shall publish recommended changes to the initial core set of adult health quality measures that shall reflect the results of the testing, validation, and consensus process for the development of adult health quality measures.

“(c) **CONSTRUCTION.**—Nothing in this section shall be construed as supporting the restriction of coverage, under title XIX or XXI or otherwise, to only those services that are evidence-based, or in anyway limiting available services.

“(d) **ANNUAL STATE REPORTS REGARDING STATE-SPECIFIC QUALITY OF CARE MEASURES APPLIED UNDER MEDICAID.**—

“(1) **ANNUAL STATE REPORTS.**—Each State with a State plan or waiver approved under title XIX shall annually report (separately or as part of the annual report required under section 1139A(c)), to the Secretary on the—

“(A) State-specific adult health quality measures applied by the State under the such plan, including measures described in subsection (a)(5); and

“(B) State-specific information on the quality of health care furnished to Medicaid eligible adults under such plan, including information collected through external quality reviews of managed care organizations under section 1932 and benchmark plans under section 1937.

“(2) **PUBLICATION.**—Not later than September 30, 2014, and annually thereafter, the Secretary shall collect, analyze, and make publicly available the information reported by States under paragraph (1).

“(e) **APPROPRIATION.**—Out of any funds in the Treasury not otherwise appropriated, there is appropriated for each of fiscal years 2010 through 2014, \$60,000,000 for the purpose of carrying out this section. Funds appropriated under this subsection shall remain available until expended.”

SEC. 2702. PAYMENT ADJUSTMENT FOR HEALTH CARE-ACQUIRED CONDITIONS.

(a) **IN GENERAL.**—The Secretary of Health and Human Services (in this subsection referred to as the “Secretary”) shall identify current State practices that prohibit payment for health care-acquired conditions and shall incorporate the practices identified, or elements of such practices, which the Secretary determines appropriate for application to the Medicaid program in regulations. Such regulations shall be effective as of July 1, 2011, and shall prohibit payments to States under section 1903 of the Social Security Act for any amounts expended for providing medical assistance for health care-acquired conditions specified in the regulations. The regulations shall ensure that the prohibition on payment for health care-acquired conditions shall not result in a loss of access to care or services for Medicaid beneficiaries.

(b) **HEALTH CARE-ACQUIRED CONDITION.**—In this section, the term “health care-acquired condition” means a medical condition for which an individual was diagnosed that could be identified by a secondary diagnostic code described in section 1886(d)(4)(D)(iv) of the Social Security Act (42 U.S.C. 1395ww(d)(4)(D)(iv)).

(c) **MEDICARE PROVISIONS.**—In carrying out this section, the Secretary shall apply to State plans (or waivers) under title XIX of the Social Security Act the regulations promulgated pursuant to section 1886(d)(4)(D) of such Act (42 U.S.C. 1395ww(d)(4)(D)) relating to the prohibition of payments based on the presence of a secondary diagnosis code specified by the Secretary in such regulations, as appropriate for the Medicaid program. The Secretary may exclude cer-

tain conditions identified under title XVIII of the Social Security Act for non-payment under title XIX of such Act when the Secretary finds the inclusion of such conditions to be inapplicable to beneficiaries under title XIX.

SEC. 2703. STATE OPTION TO PROVIDE HEALTH HOMES FOR ENROLLEES WITH CHRONIC CONDITIONS.

(a) **STATE PLAN AMENDMENT.**—Title XIX of the Social Security Act (42 U.S.C. 1396a et seq.), as amended by sections 2201 and 2305, is amended by adding at the end the following new section:

“**SEC. 1945. STATE OPTION TO PROVIDE COORDINATED CARE THROUGH A HEALTH HOME FOR INDIVIDUALS WITH CHRONIC CONDITIONS.**—

“(a) **IN GENERAL.**—Notwithstanding section 1902(a)(1) (relating to statewideness), section 1902(a)(10)(B) (relating to comparability), and any other provision of this title for which the Secretary determines it is necessary to waive in order to implement this section, beginning January 1, 2011, a State, at its option as a State plan amendment, may provide for medical assistance under this title to eligible individuals with chronic conditions who select a designated provider (as described under subsection (h)(5)), a team of health care professionals (as described under subsection (h)(6)) operating with such a provider, or a health team (as described under subsection (h)(7)) as the individual’s health home for purposes of providing the individual with health home services.

“(b) **HEALTH HOME QUALIFICATION STANDARDS.**—The Secretary shall establish standards for qualification as a designated provider for the purpose of being eligible to be a health home for purposes of this section.

“(c) **PAYMENTS.**—

“(1) **IN GENERAL.**—A State shall provide a designated provider, a team of health care professionals operating with such a provider, or a health team with payments for the provision of health home services to each eligible individual with chronic conditions that selects such provider, team of health care professionals, or health team as the individual’s health home. Payments made to a designated provider, a team of health care professionals operating with such a provider, or a health team for such services shall be treated as medical assistance for purposes of section 1903(a), except that, during the first 8 fiscal year quarters that the State plan amendment is in effect, the Federal medical assistance percentage applicable to such payments shall be equal to 90 percent.

“(2) **METHODOLOGY.**—

“(A) **IN GENERAL.**—The State shall specify in the State plan amendment the methodology the State will use for determining payment for the provision of health home services. Such methodology for determining payment—

“(i) may be tiered to reflect, with respect to each eligible individual with chronic conditions provided such services by a designated provider, a team of health care professionals operating with such a provider, or a health team, as well as the severity or number of each such individual’s chronic conditions or the specific capabilities of the provider, team of health care professionals, or health team; and

“(ii) shall be established consistent with section 1902(a)(30)(A).

“(B) **ALTERNATE MODELS OF PAYMENT.**—The methodology for determining payment for provision of health home services under this section shall not be limited to a per-member per-month basis and may provide (as proposed by the State and subject to approval by the Secretary) for alternate models of payment.

“(3) **PLANNING GRANTS.**—

“(A) **IN GENERAL.**—Beginning January 1, 2011, the Secretary may award planning grants to States for purposes of developing a State plan

amendment under this section. A planning grant awarded to a State under this paragraph shall remain available until expended.

“(B) **STATE CONTRIBUTION.**—A State awarded a planning grant shall contribute an amount equal to the State percentage determined under section 1905(b) (without regard to section 5001 of Public Law 111–5) for each fiscal year for which the grant is awarded.

“(C) **LIMITATION.**—The total amount of payments made to States under this paragraph shall not exceed \$25,000,000.

“(d) **HOSPITAL REFERRALS.**—A State shall include in the State plan amendment a requirement for hospitals that are participating providers under the State plan or a waiver of such plan to establish procedures for referring any eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated providers.

“(e) **COORDINATION.**—A State shall consult and coordinate, as appropriate, with the Substance Abuse and Mental Health Services Administration in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

“(f) **MONITORING.**—A State shall include in the State plan amendment—

“(1) a methodology for tracking avoidable hospital readmissions and calculating savings that result from improved chronic care coordination and management under this section; and

“(2) a proposal for use of health information technology in providing health home services under this section and improving service delivery and coordination across the care continuum (including the use of wireless patient technology to improve coordination and management of care and patient adherence to recommendations made by their provider).

“(g) **REPORT ON QUALITY MEASURES.**—As a condition for receiving payment for health home services provided to an eligible individual with chronic conditions, a designated provider shall report to the State, in accordance with such requirements as the Secretary shall specify, on all applicable measures for determining the quality of such services. When appropriate and feasible, a designated provider shall use health information technology in providing the State with such information.

“(h) **DEFINITIONS.**—In this section:

“(1) **ELIGIBLE INDIVIDUAL WITH CHRONIC CONDITIONS.**—

“(A) **IN GENERAL.**—Subject to subparagraph (B), the term ‘eligible individual with chronic conditions’ means an individual who—

“(i) is eligible for medical assistance under the State plan or under a waiver of such plan; and

“(ii) has at least—

“(I) 2 chronic conditions;

“(II) 1 chronic condition and is at risk of having a second chronic condition; or

“(III) 1 serious and persistent mental health condition.

“(B) **RULE OF CONSTRUCTION.**—Nothing in this paragraph shall prevent the Secretary from establishing higher levels as to the number or severity of chronic or mental health conditions for purposes of determining eligibility for receipt of health home services under this section.

“(2) **CHRONIC CONDITION.**—The term ‘chronic condition’ has the meaning given that term by the Secretary and shall include, but is not limited to, the following:

“(A) A mental health condition.

“(B) Substance use disorder.

“(C) Asthma.

“(D) Diabetes.

“(E) Heart disease.

“(F) Being overweight, as evidenced by having a Body Mass Index (BMI) over 25.

“(3) **HEALTH HOME.**—The term ‘health home’ means a designated provider (including a provider that operates in coordination with a team

of health care professionals) or a health team selected by an eligible individual with chronic conditions to provide health home services.

“(4) HEALTH HOME SERVICES.—

“(A) IN GENERAL.—The term ‘health home services’ means comprehensive and timely high-quality services described in subparagraph (B) that are provided by a designated provider, a team of health care professionals operating with such a provider, or a health team.

“(B) SERVICES DESCRIBED.—The services described in this subparagraph are—

“(i) comprehensive care management;

“(ii) care coordination and health promotion;

“(iii) comprehensive transitional care, including appropriate follow-up, from inpatient to other settings;

“(iv) patient and family support (including authorized representatives);

“(v) referral to community and social support services, if relevant; and

“(vi) use of health information technology to link services, as feasible and appropriate.

“(5) DESIGNATED PROVIDER.—The term ‘designated provider’ means a physician, clinical practice or clinical group practice, rural clinic, community health center, community mental health center, home health agency, or any other entity or provider (including pediatricians, gynecologists, and obstetricians) that is determined by the State and approved by the Secretary to be qualified to be a health home for eligible individuals with chronic conditions on the basis of documentation evidencing that the physician, practice, or clinic—

“(A) has the systems and infrastructure in place to provide health home services; and

“(B) satisfies the qualification standards established by the Secretary under subsection (b).

“(6) TEAM OF HEALTH CARE PROFESSIONALS.—The term ‘team of health care professionals’ means a team of health professionals (as described in the State plan amendment) that may—

“(A) include physicians and other professionals, such as a nurse care coordinator, nutritionist, social worker, behavioral health professional, or any professionals deemed appropriate by the State; and

“(B) be free standing, virtual, or based at a hospital, community health center, community mental health center, rural clinic, clinical practice or clinical group practice, academic health center, or any entity deemed appropriate by the State and approved by the Secretary.

“(7) HEALTH TEAM.—The term ‘health team’ has the meaning given such term for purposes of section 3502 of the Patient Protection and Affordable Care Act.”.

(b) EVALUATION.—

(1) INDEPENDENT EVALUATION.—

(A) IN GENERAL.—The Secretary shall enter into a contract with an independent entity or organization to conduct an evaluation and assessment of the States that have elected the option to provide coordinated care through a health home for Medicaid beneficiaries with chronic conditions under section 1945 of the Social Security Act (as added by subsection (a)) for the purpose of determining the effect of such option on reducing hospital admissions, emergency room visits, and admissions to skilled nursing facilities.

(B) EVALUATION REPORT.—Not later than January 1, 2017, the Secretary shall report to Congress on the evaluation and assessment conducted under subparagraph (A).

(2) SURVEY AND INTERIM REPORT.—

(A) IN GENERAL.—Not later than January 1, 2014, the Secretary of Health and Human Services shall survey States that have elected the option under section 1945 of the Social Security Act (as added by subsection (a)) and report to Congress on the nature, extent, and use of such option, particularly as it pertains to—

(i) hospital admission rates;

(ii) chronic disease management;

(iii) coordination of care for individuals with chronic conditions;

(iv) assessment of program implementation;

(v) processes and lessons learned (as described in subparagraph (B));

(vi) assessment of quality improvements and clinical outcomes under such option; and

(vii) estimates of cost savings.

(B) IMPLEMENTATION REPORTING.—A State that has elected the option under section 1945 of the Social Security Act (as added by subsection (a)) shall report to the Secretary, as necessary, on processes that have been developed and lessons learned regarding provision of coordinated care through a health home for Medicaid beneficiaries with chronic conditions under such option.

SEC. 2704. DEMONSTRATION PROJECT TO EVALUATE INTEGRATED CARE AROUND A HOSPITALIZATION.

(a) AUTHORITY TO CONDUCT PROJECT.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall establish a demonstration project under title XIX of the Social Security Act to evaluate the use of bundled payments for the provision of integrated care for a Medicaid beneficiary—

(A) with respect to an episode of care that includes a hospitalization; and

(B) for concurrent physicians services provided during a hospitalization.

(2) DURATION.—The demonstration project shall begin on January 1, 2012, and shall end on December 31, 2016.

(b) REQUIREMENTS.—The demonstration project shall be conducted in accordance with the following:

(1) The demonstration project shall be conducted in up to 8 States, determined by the Secretary based on consideration of the potential to lower costs under the Medicaid program while improving care for Medicaid beneficiaries. A State selected to participate in the demonstration project may target the demonstration project to particular categories of beneficiaries, beneficiaries with particular diagnoses, or particular geographic regions of the State, but the Secretary shall insure that, as a whole, the demonstration project is, to the greatest extent possible, representative of the demographic and geographic composition of Medicaid beneficiaries nationally.

(2) The demonstration project shall focus on conditions where there is evidence of an opportunity for providers of services and suppliers to improve the quality of care furnished to Medicaid beneficiaries while reducing total expenditures under the State Medicaid programs selected to participate, as determined by the Secretary.

(3) A State selected to participate in the demonstration project shall specify the 1 or more episodes of care the State proposes to address in the project, the services to be included in the bundled payments, and the rationale for the selection of such episodes of care and services. The Secretary may modify the episodes of care as well as the services to be included in the bundled payments prior to or after approving the project. The Secretary may also vary such factors among the different States participating in the demonstration project.

(4) The Secretary shall ensure that payments made under the demonstration project are adjusted for severity of illness and other characteristics of Medicaid beneficiaries within a category or having a diagnosis targeted as part of the demonstration project. States shall ensure that Medicaid beneficiaries are not liable for any additional cost sharing than if their care had not been subject to payment under the demonstration project.

(5) Hospitals participating in the demonstration project shall have or establish robust discharge planning programs to ensure that Medicaid beneficiaries requiring post-acute care are appropriately placed in, or have ready access to, post-acute care settings.

(6) The Secretary and each State selected to participate in the demonstration project shall ensure that the demonstration project does not result in the Medicaid beneficiaries whose care is subject to payment under the demonstration project being provided with less items and services for which medical assistance is provided under the State Medicaid program than the items and services for which medical assistance would have been provided to such beneficiaries under the State Medicaid program in the absence of the demonstration project.

(c) WAIVER OF PROVISIONS.—Notwithstanding section 1115(a) of the Social Security Act (42 U.S.C. 1315(a)), the Secretary may waive such provisions of titles XIX, XVIII, and XI of that Act as may be necessary to accomplish the goals of the demonstration, ensure beneficiary access to acute and post-acute care, and maintain quality of care.

(d) EVALUATION AND REPORT.—

(1) DATA.—Each State selected to participate in the demonstration project under this section shall provide to the Secretary, in such form and manner as the Secretary shall specify, relevant data necessary to monitor outcomes, costs, and quality, and evaluate the rationales for selection of the episodes of care and services specified by States under subsection (b)(3).

(2) REPORT.—Not later than 1 year after the conclusion of the demonstration project, the Secretary shall submit a report to Congress on the results of the demonstration project.

SEC. 2705. MEDICAID GLOBAL PAYMENT SYSTEM DEMONSTRATION PROJECT.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall, in coordination with the Center for Medicare and Medicaid Innovation (as established under section 1115A of the Social Security Act, as added by section 3021 of this Act), establish the Medicaid Global Payment System Demonstration Project under which a participating State shall adjust the payments made to an eligible safety net hospital system or network from a fee-for-service payment structure to a global capitated payment model.

(b) DURATION AND SCOPE.—The demonstration project conducted under this section shall operate during a period of fiscal years 2010 through 2012. The Secretary shall select not more than 5 States to participate in the demonstration project.

(c) ELIGIBLE SAFETY NET HOSPITAL SYSTEM OR NETWORK.—For purposes of this section, the term “eligible safety net hospital system or network” means a large, safety net hospital system or network (as defined by the Secretary) that operates within a State selected by the Secretary under subsection (b).

(d) EVALUATION.—

(1) TESTING.—The Innovation Center shall test and evaluate the demonstration project conducted under this section to examine any changes in health care quality outcomes and spending by the eligible safety net hospital systems or networks.

(2) BUDGET NEUTRALITY.—During the testing period under paragraph (1), any budget neutrality requirements under section 1115A(b)(3) of the Social Security Act (as so added) shall not be applicable.

(3) MODIFICATION.—During the testing period under paragraph (1), the Secretary may, in the Secretary’s discretion, modify or terminate the demonstration project conducted under this section.

(e) REPORT.—Not later than 12 months after the date of completion of the demonstration

project under this section, the Secretary shall submit to Congress a report containing the results of the evaluation and testing conducted under subsection (d), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

(f) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated such sums as are necessary to carry out this section.

SEC. 2706. PEDIATRIC ACCOUNTABLE CARE ORGANIZATION DEMONSTRATION PROJECT.

(a) **AUTHORITY TO CONDUCT DEMONSTRATION.**—

(1) **IN GENERAL.**—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall establish the Pediatric Accountable Care Organization Demonstration Project to authorize a participating State to allow pediatric medical providers that meet specified requirements to be recognized as an accountable care organization for purposes of receiving incentive payments (as described under subsection (d)), in the same manner as an accountable care organization is recognized and provided with incentive payments under section 1899 of the Social Security Act (as added by section 3022).

(2) **DURATION.**—The demonstration project shall begin on January 1, 2012, and shall end on December 31, 2016.

(b) **APPLICATION.**—A State that desires to participate in the demonstration project under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(c) **REQUIREMENTS.**—

(1) **PERFORMANCE GUIDELINES.**—The Secretary, in consultation with the States and pediatric providers, shall establish guidelines to ensure that the quality of care delivered to individuals by a provider recognized as an accountable care organization under this section is not less than the quality of care that would have otherwise been provided to such individuals.

(2) **SAVINGS REQUIREMENT.**—A participating State, in consultation with the Secretary, shall establish an annual minimal level of savings in expenditures for items and services covered under the Medicaid program under title XIX of the Social Security Act and the CHIP program under title XXI of such Act that must be reached by an accountable care organization in order for such organization to receive an incentive payment under subsection (d).

(3) **MINIMUM PARTICIPATION PERIOD.**—A provider desiring to be recognized as an accountable care organization under the demonstration project shall enter into an agreement with the State to participate in the project for not less than a 3-year period.

(d) **INCENTIVE PAYMENT.**—An accountable care organization that meets the performance guidelines established by the Secretary under subsection (c)(1) and achieves savings greater than the annual minimal savings level established by the State under subsection (c)(2) shall receive an incentive payment for such year equal to a portion (as determined appropriate by the Secretary) of the amount of such excess savings. The Secretary may establish an annual cap on incentive payments for an accountable care organization.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated such sums as are necessary to carry out this section.

SEC. 2707. MEDICAID EMERGENCY PSYCHIATRIC DEMONSTRATION PROJECT.

(a) **AUTHORITY TO CONDUCT DEMONSTRATION PROJECT.**—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall establish a demonstration project

under which an eligible State (as described in subsection (c)) shall provide payment under the State Medicaid plan under title XIX of the Social Security Act to an institution for mental diseases that is not publicly owned or operated and that is subject to the requirements of section 1867 of the Social Security Act (42 U.S.C. 1395dd) for the provision of medical assistance available under such plan to individuals who—

(1) have attained age 21, but have not attained age 65;

(2) are eligible for medical assistance under such plan; and

(3) require such medical assistance to stabilize an emergency medical condition.

(b) **STABILIZATION REVIEW.**—A State shall specify in its application described in subsection (c)(1) establish a mechanism for how it will ensure that institutions participating in the demonstration will determine whether or not such individuals have been stabilized (as defined in subsection (h)(5)). This mechanism shall commence before the third day of the inpatient stay. States participating in the demonstration project may manage the provision of services for the stabilization of medical emergency conditions through utilization review, authorization, or management practices, or the application of medical necessity and appropriateness criteria applicable to behavioral health.

(c) **ELIGIBLE STATE DEFINED.**—

(1) **IN GENERAL.**—An eligible State is a State that has made an application and has been selected pursuant to paragraphs (2) and (3).

(2) **APPLICATION.**—A State seeking to participate in the demonstration project under this section shall submit to the Secretary, at such time and in such format as the Secretary requires, an application that includes such information, provisions, and assurances, as the Secretary may require.

(3) **SELECTION.**—A State shall be determined eligible for the demonstration by the Secretary on a competitive basis among States with applications meeting the requirements of paragraph (1). In selecting State applications for the demonstration project, the Secretary shall seek to achieve an appropriate national balance in the geographic distribution of such projects.

(d) **LENGTH OF DEMONSTRATION PROJECT.**—The demonstration project established under this section shall be conducted for a period of 3 consecutive years.

(e) **LIMITATIONS ON FEDERAL FUNDING.**—

(1) **APPROPRIATION.**—

(A) **IN GENERAL.**—Out of any funds in the Treasury not otherwise appropriated, there is appropriated to carry out this section, \$75,000,000 for fiscal year 2011.

(B) **BUDGET AUTHORITY.**—Subparagraph (A) constitutes budget authority in advance of appropriations Act and represents the obligation of the Federal Government to provide for the payment of the amounts appropriated under that subparagraph.

(2) **5-YEAR AVAILABILITY.**—Funds appropriated under paragraph (1) shall remain available for obligation through December 31, 2015.

(3) **LIMITATION ON PAYMENTS.**—In no case may—

(A) the aggregate amount of payments made by the Secretary to eligible States under this section exceed \$75,000,000; or

(B) payments be provided by the Secretary under this section after December 31, 2015.

(4) **FUNDS ALLOCATED TO STATES.**—Funds shall be allocated to eligible States on the basis of criteria, including a State's application and the availability of funds, as determined by the Secretary.

(5) **PAYMENTS TO STATES.**—The Secretary shall pay to each eligible State, from its allocation under paragraph (4), an amount each quarter equal to the Federal medical assistance percent-

age of expenditures in the quarter for medical assistance described in subsection (a). As a condition of receiving payment, a State shall collect and report information, as determined necessary by the Secretary, for the purposes of providing Federal oversight and conducting an evaluation under subsection (f)(1).

(f) **EVALUATION AND REPORT TO CONGRESS.**—

(1) **EVALUATION.**—The Secretary shall conduct an evaluation of the demonstration project in order to determine the impact on the functioning of the health and mental health service system and on individuals enrolled in the Medicaid program and shall include the following:

(A) An assessment of access to inpatient mental health services under the Medicaid program; average lengths of inpatient stays; and emergency room visits.

(B) An assessment of discharge planning by participating hospitals.

(C) An assessment of the impact of the demonstration project on the costs of the full range of mental health services (including inpatient, emergency and ambulatory care).

(D) An analysis of the percentage of consumers with Medicaid coverage who are admitted to inpatient facilities as a result of the demonstration project as compared to those admitted to these same facilities through other means.

(E) A recommendation regarding whether the demonstration project should be continued after December 31, 2013, and expanded on a national basis.

(2) **REPORT.**—Not later than December 31, 2013, the Secretary shall submit to Congress and make available to the public a report on the findings of the evaluation under paragraph (1).

(g) **WAIVER AUTHORITY.**—

(1) **IN GENERAL.**—The Secretary shall waive the limitation of subdivision (B) following paragraph (28) of section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)) (relating to limitations on payments for care or services for individuals under 65 years of age who are patients in an institution for mental diseases) for purposes of carrying out the demonstration project under this section.

(2) **LIMITED OTHER WAIVER AUTHORITY.**—The Secretary may waive other requirements of titles XI and XIX of the Social Security Act (including the requirements of sections 1902(a)(1) (relating to statewideness) and 1902(1)(10)(B) (relating to comparability)) only to extent necessary to carry out the demonstration project under this section.

(h) **DEFINITIONS.**—In this section:

(1) **EMERGENCY MEDICAL CONDITION.**—The term “emergency medical condition” means, with respect to an individual, an individual who expresses suicidal or homicidal thoughts or gestures, if determined dangerous to self or others.

(2) **FEDERAL MEDICAL ASSISTANCE PERCENTAGE.**—The term “Federal medical assistance percentage” has the meaning given that term with respect to a State under section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)).

(3) **INSTITUTION FOR MENTAL DISEASES.**—The term “institution for mental diseases” has the meaning given to that term in section 1905(i) of the Social Security Act (42 U.S.C. 1396d(i)).

(4) **MEDICAL ASSISTANCE.**—The term “medical assistance” has the meaning given that term in section 1905(a) of the Social Security Act (42 U.S.C. 1396d(a)).

(5) **STABILIZED.**—The term “stabilized” means, with respect to an individual, that the emergency medical condition no longer exists with respect to the individual and the individual is no longer dangerous to self or others.

(6) **STATE.**—The term “State” has the meaning given that term for purposes of title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

Subtitle J—Improvements to the Medicaid and CHIP Payment and Access Commission (MACPAC)

SEC. 2801. MACPAC ASSESSMENT OF POLICIES AFFECTING ALL MEDICAID BENEFICIARIES.

(a) IN GENERAL.—Section 1900 of the Social Security Act (42 U.S.C. 1396) is amended—

(1) in subsection (b)—

(A) in paragraph (1)—

(i) in the paragraph heading, by inserting “FOR ALL STATES” before “AND ANNUAL”; and

(ii) in subparagraph (A), by striking “children’s”; and

(iii) in subparagraph (B), by inserting “, the Secretary, and States” after “Congress”; and

(iv) in subparagraph (C), by striking “March 1” and inserting “March 15”; and

(v) in subparagraph (D), by striking “June 1” and inserting “June 15”; and

(B) in paragraph (2)—

(i) in subparagraph (A)—

(I) in clause (i)—

(aa) by inserting “the efficient provision of” after “expenditures for”; and

(bb) by striking “hospital, skilled nursing facility, physician, Federally-qualified health center, rural health center, and other fees” and inserting “payments to medical, dental, and health professionals, hospitals, residential and long-term care providers, providers of home and community based services, Federally-qualified health centers and rural health clinics, managed care entities, and providers of other covered items and services”; and

(II) in clause (iii), by inserting “(including how such factors and methodologies enable such beneficiaries to obtain the services for which they are eligible, affect provider supply, and affect providers that serve a disproportionate share of low-income and other vulnerable populations)” after “beneficiaries”; and

(ii) by redesignating subparagraphs (B) and (C) as subparagraphs (F) and (H), respectively;

(iii) by inserting after subparagraph (A), the following:

“(B) ELIGIBILITY POLICIES.—Medicaid and CHIP eligibility policies, including a determination of the degree to which Federal and State policies provide health care coverage to needy populations.

“(C) ENROLLMENT AND RETENTION PROCESSES.—Medicaid and CHIP enrollment and retention processes, including a determination of the degree to which Federal and State policies encourage the enrollment of individuals who are eligible for such programs and screen out individuals who are ineligible, while minimizing the share of program expenses devoted to such processes.

“(D) COVERAGE POLICIES.—Medicaid and CHIP benefit and coverage policies, including a determination of the degree to which Federal and State policies provide access to the services enrollees require to improve and maintain their health and functional status.

“(E) QUALITY OF CARE.—Medicaid and CHIP policies as they relate to the quality of care provided under those programs, including a determination of the degree to which Federal and State policies achieve their stated goals and interact with similar goals established by other purchasers of health care services.”;

(iv) by inserting after subparagraph (F) (as redesignated by clause (ii) of this subparagraph), the following:

“(G) INTERACTIONS WITH MEDICARE AND MEDICAID.—Consistent with paragraph (11), the interaction of policies under Medicaid and the Medicare program under title XVIII, including with respect to how such interactions affect access to services, payments, and dual eligible individuals.”; and

(v) in subparagraph (H) (as so redesignated), by inserting “and preventive, acute, and long-term services and supports” after “barriers”;

(C) by redesignating paragraphs (3) through (9) as paragraphs (4) through (10), respectively; (D) by inserting after paragraph (2), the following new paragraph:

“(3) RECOMMENDATIONS AND REPORTS OF STATE-SPECIFIC DATA.—MACPAC shall—

“(A) review national and State-specific Medicaid and CHIP data; and

“(B) submit reports and recommendations to Congress, the Secretary, and States based on such reviews.”;

(E) in paragraph (4), as redesignated by subparagraph (C), by striking “or any other problems” and all that follows through the period and inserting “, as well as other factors that adversely affect, or have the potential to adversely affect, access to care by, or the health care status of, Medicaid and CHIP beneficiaries. MACPAC shall include in the annual report required under paragraph (1)(D) a description of all such areas or problems identified with respect to the period addressed in the report.”;

(F) in paragraph (5), as so redesignated,—

(i) in the paragraph heading, by inserting “AND REGULATIONS” after “REPORTS”; and

(ii) by striking “If” and inserting the following:

“(A) CERTAIN SECRETARIAL REPORTS.—If”; and

(iii) in the second sentence, by inserting “and the Secretary” after “appropriate committees of Congress”; and

(iv) by adding at the end the following:

“(B) REGULATIONS.—MACPAC shall review Medicaid and CHIP regulations and may comment through submission of a report to the appropriate committees of Congress and the Secretary, on any such regulations that affect access, quality, or efficiency of health care.”;

(G) in paragraph (10), as so redesignated, by inserting “, and shall submit with any recommendations, a report on the Federal and State-specific budget consequences of the recommendations” before the period; and

(H) by adding at the end the following:

“(11) CONSULTATION AND COORDINATION WITH MEDPAC.—

“(A) IN GENERAL.—MACPAC shall consult with the Medicare Payment Advisory Commission (in this paragraph referred to as ‘MedPAC’) established under section 1805 in carrying out its duties under this section, as appropriate and particularly with respect to the issues specified in paragraph (2) as they relate to those Medicaid beneficiaries who are dually eligible for Medicaid and the Medicare program under title XVIII, adult Medicaid beneficiaries (who are not dually eligible for Medicare), and beneficiaries under Medicare. Responsibility for analysis of and recommendations to change Medicare policy regarding Medicare beneficiaries, including Medicare beneficiaries who are dually eligible for Medicare and Medicaid, shall rest with MedPAC.

“(B) INFORMATION SHARING.—MACPAC and MedPAC shall have access to deliberations and records of the other such entity, respectively, upon the request of the other such entity.

“(12) CONSULTATION WITH STATES.—MACPAC shall regularly consult with States in carrying out its duties under this section, including with respect to developing processes for carrying out such duties, and shall ensure that input from States is taken into account and represented in MACPAC’s recommendations and reports.

“(13) COORDINATE AND CONSULT WITH THE FEDERAL COORDINATED HEALTH CARE OFFICE.—MACPAC shall coordinate and consult with the Federal Coordinated Health Care Office established under section 2081 of the Patient Protection and Affordable Care Act before making any recommendations regarding dual eligible individuals.

“(14) PROGRAMMATIC OVERSIGHT VESTED IN THE SECRETARY.—MACPAC’s authority to make

recommendations in accordance with this section shall not affect, or be considered to duplicate, the Secretary’s authority to carry out Federal responsibilities with respect to Medicaid and CHIP.”;

(2) in subsection (c)(2)—

(A) by striking subparagraphs (A) and (B) and inserting the following:

“(A) IN GENERAL.—The membership of MACPAC shall include individuals who have had direct experience as enrollees or parents or caregivers of enrollees in Medicaid or CHIP and individuals with national recognition for their expertise in Federal safety net health programs, health finance and economics, actuarial science, health plans and integrated delivery systems, reimbursement for health care, health information technology, and other providers of health services, public health, and other related fields, who provide a mix of different professions, broad geographic representation, and a balance between urban and rural representation.

“(B) INCLUSION.—The membership of MACPAC shall include (but not be limited to) physicians, dentists, and other health professionals, employers, third-party payers, and individuals with expertise in the delivery of health services. Such membership shall also include representatives of children, pregnant women, the elderly, individuals with disabilities, caregivers, and dual eligible individuals, current or former representatives of State agencies responsible for administering Medicaid, and current or former representatives of State agencies responsible for administering CHIP.”.

(3) in subsection (d)(2), by inserting “and State” after “Federal”; and

(4) in subsection (e)(1), in the first sentence, by inserting “and, as a condition for receiving payments under sections 1903(a) and 2105(a), from any State agency responsible for administering Medicaid or CHIP,” after “United States”; and

(5) in subsection (f)—

(A) in the subsection heading, by striking “AUTHORIZATION OF APPROPRIATIONS” and inserting “FUNDING”;

(B) in paragraph (1), by inserting “(other than for fiscal year 2010)” before “in the same manner”; and

(C) by adding at the end the following:

“(3) FUNDING FOR FISCAL YEAR 2010.—

“(A) IN GENERAL.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated to MACPAC to carry out the provisions of this section for fiscal year 2010, \$9,000,000.

“(B) TRANSFER OF FUNDS.—Notwithstanding section 2104(a)(13), from the amounts appropriated in such section for fiscal year 2010, \$2,000,000 is hereby transferred and made available in such fiscal year to MACPAC to carry out the provisions of this section.

“(4) AVAILABILITY.—Amounts made available under paragraphs (2) and (3) to MACPAC to carry out the provisions of this section shall remain available until expended.”.

(b) CONFORMING MEDPAC AMENDMENTS.—Section 1805(b) of the Social Security Act (42 U.S.C. 1395b-6(b)), is amended—

(1) in paragraph (1)(C), by striking “March 1 of each year (beginning with 1998)” and inserting “March 15”; and

(2) in paragraph (1)(D), by inserting “, and (beginning with 2012) containing an examination of the topics described in paragraph (9), to the extent feasible” before the period; and

(3) by adding at the end the following:

“(9) REVIEW AND ANNUAL REPORT ON MEDICAID AND COMMERCIAL TRENDS.—The Commission shall review and report on aggregate trends in spending, utilization, and financial performance under the Medicaid program under title XIX and the private market for health care services

with respect to providers for which, on an aggregate national basis, a significant portion of revenue or services is associated with the Medicaid program. Where appropriate, the Commission shall conduct such review in consultation with the Medicaid and CHIP Payment and Access Commission established under section 1900 (in this section referred to as 'MACPAC').

"(10) COORDINATE AND CONSULT WITH THE FEDERAL COORDINATED HEALTH CARE OFFICE.—The Commission shall coordinate and consult with the Federal Coordinated Health Care Office established under section 2081 of the Patient Protection and Affordable Care Act before making any recommendations regarding dual eligible individuals.

"(11) INTERACTION OF MEDICAID AND MEDICARE.—The Commission shall consult with MACPAC in carrying out its duties under this section, as appropriate. Responsibility for analysis of and recommendations to change Medicare policy regarding Medicare beneficiaries, including Medicare beneficiaries who are dually eligible for Medicare and Medicaid, shall rest with the Commission. Responsibility for analysis of and recommendations to change Medicaid policy regarding Medicaid beneficiaries, including Medicaid beneficiaries who are dually eligible for Medicare and Medicaid, shall rest with MACPAC."

Subtitle K—Protections for American Indians and Alaska Natives

SEC. 2901. SPECIAL RULES RELATING TO INDIANS.

(a) NO COST-SHARING FOR INDIANS WITH INCOME AT OR BELOW 300 PERCENT OF POVERTY ENROLLED IN COVERAGE THROUGH A STATE EXCHANGE.—For provisions prohibiting cost sharing for Indians enrolled in any qualified health plan in the individual market through an Exchange, see section 1402(d) of the Patient Protection and Affordable Care Act.

(b) PAYER OF LAST RESORT.—Health programs operated by the Indian Health Service, Indian tribes, tribal organizations, and Urban Indian organizations (as those terms are defined in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)) shall be the payer of last resort for services provided by such Service, tribes, or organizations to individuals eligible for services through such programs, notwithstanding any Federal, State, or local law to the contrary.

(c) FACILITATING ENROLLMENT OF INDIANS UNDER THE EXPRESS LANE OPTION.—Section 1902(e)(13)(F)(ii) of the Social Security Act (42 U.S.C. 1396a(e)(13)(F)(ii)) is amended—

(1) in the clause heading, by inserting "AND INDIAN TRIBES AND TRIBAL ORGANIZATIONS" after "AGENCIES"; and

(2) by adding at the end the following:

"(IV) The Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization (as defined in section 1139(c))."

(d) TECHNICAL CORRECTIONS.—Section 1139(c) of the Social Security Act (42 U.S.C. 1320b-9(c)) is amended by striking "In this section" and inserting "For purposes of this section, title XIX, and title XXI".

SEC. 2902. ELIMINATION OF SUNSET FOR REIMBURSEMENT FOR ALL MEDICARE PART B SERVICES FURNISHED BY CERTAIN INDIAN HOSPITALS AND CLINICS.

(a) REIMBURSEMENT FOR ALL MEDICARE PART B SERVICES FURNISHED BY CERTAIN INDIAN HOSPITALS AND CLINICS.—Section 1880(e)(1)(A) of the Social Security Act (42 U.S.C. 1395qq(e)(1)(A)) is amended by striking "during the 5-year period beginning on" and inserting "on or after".

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to items or services furnished on or after January 1, 2010.

Subtitle L—Maternal and Child Health Services

SEC. 2951. MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS.

Title V of the Social Security Act (42 U.S.C. 701 et seq.) is amended by adding at the end the following new section:

"SEC. 511. MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS.

"(a) PURPOSES.—The purposes of this section are—

"(1) to strengthen and improve the programs and activities carried out under this title;

"(2) to improve coordination of services for at risk communities; and

"(3) to identify and provide comprehensive services to improve outcomes for families who reside in at risk communities.

"(b) REQUIREMENT FOR ALL STATES TO ASSESS STATEWIDE NEEDS AND IDENTIFY AT RISK COMMUNITIES.—

"(1) IN GENERAL.—Not later than 6 months after the date of enactment of this section, each State shall, as a condition of receiving payments from an allotment for the State under section 502 for fiscal year 2011, conduct a statewide needs assessment (which shall be separate from the statewide needs assessment required under section 505(a)) that identifies—

"(A) communities with concentrations of—

"(i) premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health;

"(ii) poverty;

"(iii) crime;

"(iv) domestic violence;

"(v) high rates of high-school drop-outs;

"(vi) substance abuse;

"(vii) unemployment; or

"(viii) child maltreatment;

"(B) the quality and capacity of existing programs or initiatives for early childhood home visitation in the State including—

"(i) the number and types of individuals and families who are receiving services under such programs or initiatives;

"(ii) the gaps in early childhood home visitation in the State; and

"(iii) the extent to which such programs or initiatives are meeting the needs of eligible families described in subsection (k)(2); and

"(C) the State's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services.

"(2) COORDINATION WITH OTHER ASSESSMENTS.—In conducting the statewide needs assessment required under paragraph (1), the State shall coordinate with, and take into account, other appropriate needs assessments conducted by the State, as determined by the Secretary, including the needs assessment required under section 505(a) (both the most recently completed assessment and any such assessment in progress), the communitywide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act, and the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State required under section 205(3) of the Child Abuse Prevention and Treatment Act.

"(3) SUBMISSION TO THE SECRETARY.—Each State shall submit to the Secretary, in such form and manner as the Secretary shall require—

"(A) the results of the statewide needs assessment required under paragraph (1); and

"(B) a description of how the State intends to address needs identified by the assessment, par-

ticularly with respect to communities identified under paragraph (1)(A), which may include applying for a grant to conduct an early childhood home visitation program in accordance with the requirements of this section.

"(c) GRANTS FOR EARLY CHILDHOOD HOME VISITATION PROGRAMS.—

"(1) AUTHORITY TO MAKE GRANTS.—In addition to any other payments made under this title to a State, the Secretary shall make grants to eligible entities to enable the entities to deliver services under early childhood home visitation programs that satisfy the requirements of subsection (d) to eligible families in order to promote improvements in maternal and prenatal health, infant health, child health and development, parenting related to child development outcomes, school readiness, and the socioeconomic status of such families, and reductions in child abuse, neglect, and injuries.

"(2) AUTHORITY TO USE INITIAL GRANT FUNDS FOR PLANNING OR IMPLEMENTATION.—An eligible entity that receives a grant under paragraph (1) may use a portion of the funds made available to the entity during the first 6 months of the period for which the grant is made for planning or implementation activities to assist with the establishment of early childhood home visitation programs that satisfy the requirements of subsection (d).

"(3) GRANT DURATION.—The Secretary shall determine the period of years for which a grant is made to an eligible entity under paragraph (1).

"(4) TECHNICAL ASSISTANCE.—The Secretary shall provide an eligible entity that receives a grant under paragraph (1) with technical assistance in administering programs or activities conducted in whole or in part with grant funds.

"(d) REQUIREMENTS.—The requirements of this subsection for an early childhood home visitation program conducted with a grant made under this section are as follows:

"(1) QUANTIFIABLE, MEASURABLE IMPROVEMENT IN BENCHMARK AREAS.—

"(A) IN GENERAL.—The eligible entity establishes, subject to the approval of the Secretary, quantifiable, measurable 3- and 5-year benchmarks for demonstrating that the program results in improvements for the eligible families participating in the program in each of the following areas:

"(i) Improved maternal and newborn health.

"(ii) Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits.

"(iii) Improvement in school readiness and achievement.

"(iv) Reduction in crime or domestic violence.

"(v) Improvements in family economic self-sufficiency.

"(vi) Improvements in the coordination and referrals for other community resources and supports.

"(B) DEMONSTRATION OF IMPROVEMENTS AFTER 3 YEARS.—

"(i) REPORT TO THE SECRETARY.—Not later than 30 days after the end of the 3rd year in which the eligible entity conducts the program, the entity submits to the Secretary a report demonstrating improvement in at least 4 of the areas specified in subparagraph (A).

"(ii) CORRECTIVE ACTION PLAN.—If the report submitted by the eligible entity under clause (i) fails to demonstrate improvement in at least 4 of the areas specified in subparagraph (A), the entity shall develop and implement a plan to improve outcomes in each of the areas specified in subparagraph (A), subject to approval by the Secretary. The plan shall include provisions for the Secretary to monitor implementation of the plan and conduct continued oversight of the program, including through submission by the entity of regular reports to the Secretary.

“(iii) **TECHNICAL ASSISTANCE.**—

“(i) **IN GENERAL.**—The Secretary shall provide an eligible entity required to develop and implement an improvement plan under clause (ii) with technical assistance to develop and implement the plan. The Secretary may provide the technical assistance directly or through grants, contracts, or cooperative agreements.

“(ii) **ADVISORY PANEL.**—The Secretary shall establish an advisory panel for purposes of obtaining recommendations regarding the technical assistance provided to entities in accordance with subclause (i).

“(iv) **NO IMPROVEMENT OR FAILURE TO SUBMIT REPORT.**—If the Secretary determines after a period of time specified by the Secretary that an eligible entity implementing an improvement plan under clause (ii) has failed to demonstrate any improvement in the areas specified in subparagraph (A), or if the Secretary determines that an eligible entity has failed to submit the report required under clause (i), the Secretary shall terminate the entity's grant and may include any unexpended grant funds in grants made to nonprofit organizations under subsection (h)(2)(B).

“(C) **FINAL REPORT.**—Not later than December 31, 2015, the eligible entity shall submit a report to the Secretary demonstrating improvements (if any) in each of the areas specified in subparagraph (A).

“(2) **IMPROVEMENTS IN OUTCOMES FOR INDIVIDUAL FAMILIES.**—

“(A) **IN GENERAL.**—The program is designed, with respect to an eligible family participating in the program, to result in the participant outcomes described in subparagraph (B) that the eligible entity identifies on the basis of an individualized assessment of the family, are relevant for that family.

“(B) **PARTICIPANT OUTCOMES.**—The participant outcomes described in this subparagraph are the following:

“(i) Improvements in prenatal, maternal, and newborn health, including improved pregnancy outcomes

“(ii) Improvements in child health and development, including the prevention of child injuries and maltreatment and improvements in cognitive, language, social-emotional, and physical developmental indicators.

“(iii) Improvements in parenting skills.

“(iv) Improvements in school readiness and child academic achievement.

“(v) Reductions in crime or domestic violence.

“(vi) Improvements in family economic self-sufficiency.

“(vii) Improvements in the coordination of referrals for, and the provision of, other community resources and supports for eligible families, consistent with State child welfare agency training.

“(3) **CORE COMPONENTS.**—The program includes the following core components:

“(A) **SERVICE DELIVERY MODEL OR MODELS.**—

“(i) **IN GENERAL.**—Subject to clause (ii), the program is conducted using 1 or more of the service delivery models described in item (aa) or (bb) of subclause (I) or in subclause (II) selected by the eligible entity:

“(I) The model conforms to a clear consistent home visitation model that has been in existence for at least 3 years and is research-based, grounded in relevant empirically-based knowledge, linked to program determined outcomes, associated with a national organization or institution of higher education that has comprehensive home visitation program standards that ensure high quality service delivery and continuous program quality improvement, and has demonstrated significant, (and in the case of the service delivery model described in item (aa), sustained) positive outcomes, as described in the benchmark areas specified in paragraph (1)(A)

and the participant outcomes described in paragraph (2)(B), when evaluated using well-designed and rigorous—

“(aa) randomized controlled research designs, and the evaluation results have been published in a peer-reviewed journal; or

“(bb) quasi-experimental research designs.

“(II) The model conforms to a promising and new approach to achieving the benchmark areas specified in paragraph (1)(A) and the participant outcomes described in paragraph (2)(B), has been developed or identified by a national organization or institution of higher education, and will be evaluated through well-designed and rigorous process.

“(ii) **MAJORITY OF GRANT FUNDS USED FOR EVIDENCE-BASED MODELS.**—An eligible entity shall use not more than 25 percent of the amount of the grant paid to the entity for a fiscal year for purposes of conducting a program using the service delivery model described in clause (i)(II).

“(iii) **CRITERIA FOR EVIDENCE OF EFFECTIVENESS OF MODELS.**—The Secretary shall establish criteria for evidence of effectiveness of the service delivery models and shall ensure that the process for establishing the criteria is transparent and provides the opportunity for public comment.

“(B) **ADDITIONAL REQUIREMENTS.**—

“(i) The program adheres to a clear, consistent model that satisfies the requirements of being grounded in empirically-based knowledge related to home visiting and linked to the benchmark areas specified in paragraph (1)(A) and the participant outcomes described in paragraph (2)(B) related to the purposes of the program.

“(ii) The program employs well-trained and competent staff, as demonstrated by education or training, such as nurses, social workers, educators, child development specialists, or other well-trained and competent staff, and provides ongoing and specific training on the model being delivered.

“(iii) The program maintains high quality supervision to establish home visitor competencies.

“(iv) The program demonstrates strong organizational capacity to implement the activities involved.

“(v) The program establishes appropriate linkages and referral networks to other community resources and supports for eligible families.

“(vi) The program monitors the fidelity of program implementation to ensure that services are delivered pursuant to the specified model.

“(4) **PRIORITY FOR SERVING HIGH-RISK POPULATIONS.**—The eligible entity gives priority to providing services under the program to the following:

“(A) Eligible families who reside in communities in need of such services, as identified in the statewide needs assessment required under subsection (b)(1)(A).

“(B) Low-income eligible families.

“(C) Eligible families who are pregnant women who have not attained age 21.

“(D) Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services.

“(E) Eligible families that have a history of substance abuse or need substance abuse treatment.

“(F) Eligible families that have users of tobacco products in the home.

“(G) Eligible families that are or have children with low student achievement.

“(H) Eligible families with children with developmental delays or disabilities.

“(I) Eligible families who, or that include individuals who, are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

“(e) **APPLICATION REQUIREMENTS.**—An eligible entity desiring a grant under this section shall

submit an application to the Secretary for approval, in such manner as the Secretary may require, that includes the following:

“(1) A description of the populations to be served by the entity, including specific information regarding how the entity will serve high risk populations described in subsection (d)(4).

“(2) An assurance that the entity will give priority to serving low-income eligible families and eligible families who reside in at risk communities identified in the statewide needs assessment required under subsection (b)(1)(A).

“(3) The service delivery model or models described in subsection (d)(3)(A) that the entity will use under the program and the basis for the selection of the model or models.

“(4) A statement identifying how the selection of the populations to be served and the service delivery model or models that the entity will use under the program for such populations is consistent with the results of the statewide needs assessment conducted under subsection (b).

“(5) The quantifiable, measurable benchmarks established by the State to demonstrate that the program contributes to improvements in the areas specified in subsection (d)(1)(A).

“(6) An assurance that the entity will obtain and submit documentation or other appropriate evidence from the organization or entity that developed the service delivery model or models used under the program to verify that the program is implemented and services are delivered according to the model specifications.

“(7) Assurances that the entity will establish procedures to ensure that—

“(A) the participation of each eligible family in the program is voluntary; and

“(B) services are provided to an eligible family in accordance with the individual assessment for that family.

“(8) Assurances that the entity will—

“(A) submit annual reports to the Secretary regarding the program and activities carried out under the program that include such information and data as the Secretary shall require; and

“(B) participate in, and cooperate with, data and information collection necessary for the evaluation required under subsection (g)(2) and other research and evaluation activities carried out under subsection (h)(3).

“(9) A description of other State programs that include home visitation services, including, if applicable to the State, other programs carried out under this title with funds made available from allotments under section 502(c), programs funded under title IV, title II of the Child Abuse Prevention and Treatment Act (relating to community-based grants for the prevention of child abuse and neglect), and section 645A of the Head Start Act (relating to Early Head Start programs).

“(10) Other information as required by the Secretary.

“(f) **MAINTENANCE OF EFFORT.**—Funds provided to an eligible entity receiving a grant under this section shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives.

“(g) **EVALUATION.**—

“(1) **INDEPENDENT, EXPERT ADVISORY PANEL.**—The Secretary, in accordance with subsection (h)(1)(A), shall appoint an independent advisory panel consisting of experts in program evaluation and research, education, and early childhood development—

“(A) to review, and make recommendations on, the design and plan for the evaluation required under paragraph (2) within 1 year after the date of enactment of this section;

“(B) to maintain and advise the Secretary regarding the progress of the evaluation; and

“(C) to comment, if the panel so desires, on the report submitted under paragraph (3).

“(2) **AUTHORITY TO CONDUCT EVALUATION.**—On the basis of the recommendations of the advisory panel under paragraph (1), the Secretary shall, by grant, contract, or interagency agreement, conduct an evaluation of the statewide needs assessments submitted under subsection (b) and the grants made under subsections (c) and (h)(3)(B). The evaluation shall include—

“(A) an analysis, on a State-by-State basis, of the results of such assessments, including indicators of maternal and prenatal health and infant health and mortality, and State actions in response to the assessments; and

“(B) an assessment of—

“(i) the effect of early childhood home visitation programs on child and parent outcomes, including with respect to each of the benchmark areas specified in subsection (d)(1)(A) and the participant outcomes described in subsection (d)(2)(B);

“(ii) the effectiveness of such programs on different populations, including the extent to which the ability of programs to improve participant outcomes varies across programs and populations; and

“(iii) the potential for the activities conducted under such programs, if scaled broadly, to improve health care practices, eliminate health disparities, and improve health care system quality, efficiencies, and reduce costs.

“(3) **REPORT.**—Not later than March 31, 2015, the Secretary shall submit a report to Congress on the results of the evaluation conducted under paragraph (2) and shall make the report publicly available.

“(h) **OTHER PROVISIONS.**—

“(1) **INTRA-AGENCY COLLABORATION.**—The Secretary shall ensure that the Maternal and Child Health Bureau and the Administration for Children and Families collaborate with respect to carrying out this section, including with respect to—

“(A) reviewing and analyzing the statewide needs assessments required under subsection (b), the awarding and oversight of grants awarded under this section, the establishment of the advisory panels required under subsections (d)(1)(B)(iii)(II) and (g)(1), and the evaluation and report required under subsection (g); and

“(B) consulting with other Federal agencies with responsibility for administering or evaluating programs that serve eligible families to coordinate and collaborate with respect to research related to such programs and families, including the Office of the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services, the Centers for Disease Control and Prevention, the National Institute of Child Health and Human Development of the National Institutes of Health, the Office of Juvenile Justice and Delinquency Prevention of the Department of Justice, and the Institute of Education Sciences of the Department of Education.

“(2) **GRANTS TO ELIGIBLE ENTITIES THAT ARE NOT STATES.**—

“(A) **INDIAN TRIBES, TRIBAL ORGANIZATIONS, OR URBAN INDIAN ORGANIZATIONS.**—The Secretary shall specify requirements for eligible entities that are Indian Tribes (or a consortium of Indian Tribes), Tribal Organizations, or Urban Indian Organizations to apply for and conduct an early childhood home visitation program with a grant under this section. Such requirements shall, to the greatest extent practicable, be consistent with the requirements applicable to eligible entities that are States and shall require an Indian Tribe (or consortium), Tribal Organization, or Urban Indian Organization to—

“(i) conduct a needs assessment similar to the assessment required for all States under subsection (b); and

“(ii) establish quantifiable, measurable 3- and 5-year benchmarks consistent with subsection (d)(1)(A).

“(B) **NONPROFIT ORGANIZATIONS.**—If, as of the beginning of fiscal year 2012, a State has not applied or been approved for a grant under this section, the Secretary may use amounts appropriated under paragraph (1) of subsection (j) that are available for expenditure under paragraph (3) of that subsection to make a grant to an eligible entity that is a nonprofit organization described in subsection (k)(1)(B) to conduct an early childhood home visitation program in the State. The Secretary shall specify the requirements for such an organization to apply for and conduct the program which shall, to the greatest extent practicable, be consistent with the requirements applicable to eligible entities that are States and shall require the organization to—

“(i) carry out the program based on the needs assessment conducted by the State under subsection (b); and

“(ii) establish quantifiable, measurable 3- and 5-year benchmarks consistent with subsection (d)(1)(A).

“(3) **RESEARCH AND OTHER EVALUATION ACTIVITIES.**—

“(A) **IN GENERAL.**—The Secretary shall carry out a continuous program of research and evaluation activities in order to increase knowledge about the implementation and effectiveness of home visiting programs, using random assignment designs to the maximum extent feasible. The Secretary may carry out such activities directly, or through grants, cooperative agreements, or contracts.

“(B) **REQUIREMENTS.**—The Secretary shall ensure that—

“(i) evaluation of a specific program or project is conducted by persons or individuals not directly involved in the operation of such program or project; and

“(ii) the conduct of research and evaluation activities includes consultation with independent researchers, State officials, and developers and providers of home visiting programs on topics including research design and administrative data matching.

“(4) **REPORT AND RECOMMENDATION.**—Not later than December 31, 2015, the Secretary shall submit a report to Congress regarding the programs conducted with grants under this section. The report required under this paragraph shall include—

“(A) information regarding the extent to which eligible entities receiving grants under this section demonstrated improvements in each of the areas specified in subsection (d)(1)(A);

“(B) information regarding any technical assistance provided under subsection (d)(1)(B)(iii)(I), including the type of any such assistance provided; and

“(C) recommendations for such legislative or administrative action as the Secretary determines appropriate.

“(i) **APPLICATION OF OTHER PROVISIONS OF TITLE.**—

“(1) **IN GENERAL.**—Except as provided in paragraph (2), the other provisions of this title shall not apply to a grant made under this section.

“(2) **EXCEPTIONS.**—The following provisions of this title shall apply to a grant made under this section to the same extent and in the same manner as such provisions apply to allotments made under section 502(c):

“(A) Section 504(b)(6) (relating to prohibition on payments to excluded individuals and entities).

“(B) Section 504(c) (relating to the use of funds for the purchase of technical assistance).

“(C) Section 504(d) (relating to a limitation on administrative expenditures).

“(D) Section 506 (relating to reports and audits), but only to the extent determined by the Secretary to be appropriate for grants made under this section.

“(E) Section 507 (relating to penalties for false statements).

“(F) Section 508 (relating to nondiscrimination).

“(G) Section 509(a) (relating to the administration of the grant program).

“(j) **APPROPRIATIONS.**—

“(1) **IN GENERAL.**—Out of any funds in the Treasury not otherwise appropriated, there are appropriated to the Secretary to carry out this section—

“(A) \$100,000,000 for fiscal year 2010;

“(B) \$250,000,000 for fiscal year 2011;

“(C) \$350,000,000 for fiscal year 2012;

“(D) \$400,000,000 for fiscal year 2013; and

“(E) \$400,000,000 for fiscal year 2014.

“(2) **RESERVATIONS.**—Of the amount appropriated under this subsection for a fiscal year, the Secretary shall reserve—

“(A) 3 percent of such amount for purposes of making grants to eligible entities that are Indian Tribes (or a consortium of Indian Tribes), Tribal Organizations, or Urban Indian Organizations; and

“(B) 3 percent of such amount for purposes of carrying out subsections (d)(1)(B)(iii), (g), and (h)(3).

“(3) **AVAILABILITY.**—Funds made available to an eligible entity under this section for a fiscal year shall remain available for expenditure by the eligible entity through the end of the second succeeding fiscal year after award. Any funds that are not expended by the eligible entity during the period in which the funds are available under the preceding sentence may be used for grants to nonprofit organizations under subsection (h)(2)(B).

“(k) **DEFINITIONS.**—In this section:

“(1) **ELIGIBLE ENTITY.**—

“(A) **IN GENERAL.**—The term ‘eligible entity’ means a State, an Indian Tribe, Tribal Organization, or Urban Indian Organization, Puerto Rico, Guam, the Virgin Islands, the Northern Mariana Islands, and American Samoa.

“(B) **NONPROFIT ORGANIZATIONS.**—Only for purposes of awarding grants under subsection (h)(2)(B), such term shall include a nonprofit organization with an established record of providing early childhood home visitation programs or initiatives in a State or several States.

“(2) **ELIGIBLE FAMILY.**—The term ‘eligible family’ means—

“(A) a woman who is pregnant, and the father of the child if the father is available; or

“(B) a parent or primary caregiver of a child, including grandparents or other relatives of the child, and foster parents, who are serving as the child’s primary caregiver from birth to kindergarten entry, and including a noncustodial parent who has an ongoing relationship with, and at times provides physical care for, the child.

“(3) **INDIAN TRIBE; TRIBAL ORGANIZATION.**—The terms ‘Indian Tribe’ and ‘Tribal Organization’, and ‘Urban Indian Organization’ have the meanings given such terms in section 4 of the Indian Health Care Improvement Act.”

SEC. 2952. SUPPORT, EDUCATION, AND RESEARCH FOR POSTPARTUM DEPRESSION.

(a) **RESEARCH ON POSTPARTUM CONDITIONS.**—

(1) **EXPANSION AND INTENSIFICATION OF ACTIVITIES.**—The Secretary of Health and Human Services (in this subsection and subsection (c) referred to as the “Secretary”) is encouraged to continue activities on postpartum depression or postpartum psychosis (in this subsection and subsection (c) referred to as “postpartum conditions”), including research to expand the understanding of the causes of, and treatments for, postpartum conditions. Activities under this paragraph shall include conducting and supporting the following:

(A) Basic research concerning the etiology and causes of the conditions.

(B) Epidemiological studies to address the frequency and natural history of the conditions

and the differences among racial and ethnic groups with respect to the conditions.

(C) The development of improved screening and diagnostic techniques.

(D) Clinical research for the development and evaluation of new treatments.

(E) Information and education programs for health care professionals and the public, which may include a coordinated national campaign to increase the awareness and knowledge of postpartum conditions. Activities under such a national campaign may—

(i) include public service announcements through television, radio, and other means; and

(ii) focus on—

(I) raising awareness about screening;

(II) educating new mothers and their families about postpartum conditions to promote earlier diagnosis and treatment; and

(III) ensuring that such education includes complete information concerning postpartum conditions, including its symptoms, methods of coping with the illness, and treatment resources.

(2) SENSE OF CONGRESS REGARDING LONGITUDINAL STUDY OF RELATIVE MENTAL HEALTH CONSEQUENCES FOR WOMEN OF RESOLVING A PREGNANCY.—

(A) SENSE OF CONGRESS.—It is the sense of Congress that the Director of the National Institute of Mental Health may conduct a nationally representative longitudinal study (during the period of fiscal years 2010 through 2019) of the relative mental health consequences for women of resolving a pregnancy (intended and unintended) in various ways, including carrying the pregnancy to term and parenting the child, carrying the pregnancy to term and placing the child for adoption, miscarriage, and having an abortion. This study may assess the incidence, timing, magnitude, and duration of the immediate and long-term mental health consequences (positive or negative) of these pregnancy outcomes.

(B) REPORT.—Subject to the completion of the study under subsection (a), beginning not later than 5 years after the date of the enactment of this Act, and periodically thereafter for the duration of the study, such Director may prepare and submit to the Congress reports on the findings of the study.

(b) GRANTS TO PROVIDE SERVICES TO INDIVIDUALS WITH A POSTPARTUM CONDITION AND THEIR FAMILIES.—Title V of the Social Security Act (42 U.S.C. 701 et seq.), as amended by section 2951, is amended by adding at the end the following new section:

“SEC. 512. SERVICES TO INDIVIDUALS WITH A POSTPARTUM CONDITION AND THEIR FAMILIES.

“(a) IN GENERAL.—In addition to any other payments made under this title to a State, the Secretary may make grants to eligible entities for projects for the establishment, operation, and coordination of effective and cost-efficient systems for the delivery of essential services to individuals with or at risk for postpartum conditions and their families.

“(b) CERTAIN ACTIVITIES.—To the extent practicable and appropriate, the Secretary shall ensure that projects funded under subsection (a) provide education and services with respect to the diagnosis and management of postpartum conditions for individuals with or at risk for postpartum conditions and their families. The Secretary may allow such projects to include the following:

“(1) Delivering or enhancing outpatient and home-based health and support services, including case management and comprehensive treatment services.

“(2) Delivering or enhancing inpatient care management services that ensure the well-being of the mother and family and the future development of the infant.

“(3) Improving the quality, availability, and organization of health care and support services (including transportation services, attendant care, homemaker services, day or respite care, and providing counseling on financial assistance and insurance).

“(4) Providing education about postpartum conditions to promote earlier diagnosis and treatment. Such education may include—

“(A) providing complete information on postpartum conditions, symptoms, methods of coping with the illness, and treatment resources; and

“(B) in the case of a grantee that is a State, hospital, or birthing facility—

“(i) providing education to new mothers and fathers, and other family members as appropriate, concerning postpartum conditions before new mothers leave the health facility; and

“(ii) ensuring that training programs regarding such education are carried out at the health facility.

“(c) INTEGRATION WITH OTHER PROGRAMS.—To the extent practicable and appropriate, the Secretary may integrate the grant program under this section with other grant programs carried out by the Secretary, including the program under section 330 of the Public Health Service Act.

“(d) REQUIREMENTS.—The Secretary shall establish requirements for grants made under this section that include a limit on the amount of grants funds that may be used for administration, accounting, reporting, or program oversight functions and a requirement for each eligible entity that receives a grant to submit, for each grant period, a report to the Secretary that describes how grant funds were used during such period.

“(e) TECHNICAL ASSISTANCE.—The Secretary may provide technical assistance to entities seeking a grant under this section in order to assist such entities in complying with the requirements of this section.

“(f) APPLICATION OF OTHER PROVISIONS OF TITLE.—

“(1) IN GENERAL.—Except as provided in paragraph (2), the other provisions of this title shall not apply to a grant made under this section.

“(2) EXCEPTIONS.—The following provisions of this title shall apply to a grant made under this section to the same extent and in the same manner as such provisions apply to allotments made under section 502(c):

“(A) Section 504(b)(6) (relating to prohibition on payments to excluded individuals and entities).

“(B) Section 504(c) (relating to the use of funds for the purchase of technical assistance).

“(C) Section 504(d) (relating to a limitation on administrative expenditures).

“(D) Section 506 (relating to reports and audits), but only to the extent determined by the Secretary to be appropriate for grants made under this section.

“(E) Section 507 (relating to penalties for false statements).

“(F) Section 508 (relating to nondiscrimination).

“(G) Section 509(a) (relating to the administration of the grant program).

“(g) DEFINITIONS.—In this section:

“(1) The term ‘eligible entity’—

“(A) means a public or nonprofit private entity; and

“(B) includes a State or local government, public-private partnership, recipient of a grant under section 330H of the Public Health Service Act (relating to the Healthy Start Initiative), public or nonprofit private hospital, community-based organization, hospice, ambulatory care facility, community health center, migrant health center, public housing primary care center, or homeless health center.

“(2) The term ‘postpartum condition’ means postpartum depression or postpartum psychosis.”.

(c) GENERAL PROVISIONS.—

(1) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section and the amendment made by subsection (b), there are authorized to be appropriated, in addition to such other sums as may be available for such purpose—

(A) \$3,000,000 for fiscal year 2010; and

(B) such sums as may be necessary for fiscal years 2011 and 2012.

(2) REPORT BY THE SECRETARY.—

(A) STUDY.—The Secretary shall conduct a study on the benefits of screening for postpartum conditions.

(B) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Secretary shall complete the study required by subparagraph (A) and submit a report to the Congress on the results of such study.

SEC. 2953. PERSONAL RESPONSIBILITY EDUCATION.

Title V of the Social Security Act (42 U.S.C. 701 et seq.), as amended by sections 2951 and 2952(c), is amended by adding at the end the following:

“SEC. 513. PERSONAL RESPONSIBILITY EDUCATION.

“(a) ALLOTMENTS TO STATES.—

“(1) AMOUNT.—

“(A) IN GENERAL.—For the purpose described in subsection (b), subject to the succeeding provisions of this section, for each of fiscal years 2010 through 2014, the Secretary shall allot to each State an amount equal to the product of—

“(i) the amount appropriated under subsection (f) for the fiscal year and available for allotments to States after the application of subsection (c); and

“(ii) the State youth population percentage determined under paragraph (2).

“(B) MINIMUM ALLOTMENT.—

“(i) IN GENERAL.—Each State allotment under this paragraph for a fiscal year shall be at least \$250,000.

“(ii) PRO RATA ADJUSTMENTS.—The Secretary shall adjust on a pro rata basis the amount of the State allotments determined under this paragraph for a fiscal year to the extent necessary to comply with clause (i).

“(C) APPLICATION REQUIRED TO ACCESS ALLOTMENTS.—

“(i) IN GENERAL.—A State shall not be paid from its allotment for a fiscal year unless the State submits an application to the Secretary for the fiscal year and the Secretary approves the application (or requires changes to the application that the State satisfies) and meets such additional requirements as the Secretary may specify.

“(ii) REQUIREMENTS.—The State application shall contain an assurance that the State has complied with the requirements of this section in preparing and submitting the application and shall include the following as well as such additional information as the Secretary may require:

“(I) Based on data from the Centers for Disease Control and Prevention National Center for Health Statistics, the most recent pregnancy rates for the State for youth ages 10 to 14 and youth ages 15 to 19 for which data are available, the most recent birth rates for such youth populations in the State for which data are available, and trends in those rates for the most recently preceding 5-year period for which such data are available.

“(II) State-established goals for reducing the pregnancy rates and birth rates for such youth populations.

“(III) A description of the State’s plan for using the State allotments provided under this section to achieve such goals, especially among youth populations that are the most high-risk or

vulnerable for pregnancies or otherwise have special circumstances, including youth in foster care, homeless youth, youth with HIV/AIDS, pregnant youth who are under 21 years of age, mothers who are under 21 years of age, and youth residing in areas with high birth rates for youth.

“(2) STATE YOUTH POPULATION PERCENTAGE.—

“(A) IN GENERAL.—For purposes of paragraph (1)(A)(ii), the State youth population percentage is, with respect to a State, the proportion (expressed as a percentage) of—

“(i) the number of individuals who have attained age 10 but not attained age 20 in the State; to

“(ii) the number of such individuals in all States.

“(B) DETERMINATION OF NUMBER OF YOUTH.—The number of individuals described in clauses (i) and (ii) of subparagraph (A) in a State shall be determined on the basis of the most recent Bureau of the Census data.

“(3) AVAILABILITY OF STATE ALLOTMENTS.—Subject to paragraph (4)(A), amounts allotted to a State pursuant to this subsection for a fiscal year shall remain available for expenditure by the State through the end of the second succeeding fiscal year.

“(4) AUTHORITY TO AWARD GRANTS FROM STATE ALLOTMENTS TO LOCAL ORGANIZATIONS AND ENTITIES IN NONPARTICIPATING STATES.—

“(A) GRANTS FROM UNEXPENDED ALLOTMENTS.—If a State does not submit an application under this section for fiscal year 2010 or 2011, the State shall no longer be eligible to submit an application to receive funds from the amounts allotted for the State for each of fiscal years 2010 through 2014 and such amounts shall be used by the Secretary to award grants under this paragraph for each of fiscal years 2012 through 2014. The Secretary also shall use any amounts from the allotments of States that submit applications under this section for a fiscal year that remain unexpended as of the end of the period in which the allotments are available for expenditure under paragraph (3) for awarding grants under this paragraph.

“(B) 3-YEAR GRANTS.—

“(i) IN GENERAL.—The Secretary shall solicit applications to award 3-year grants in each of fiscal years 2012, 2013, and 2014 to local organizations and entities to conduct, consistent with subsection (b), programs and activities in States that do not submit an application for an allotment under this section for fiscal year 2010 or 2011.

“(ii) FAITH-BASED ORGANIZATIONS OR CONSORTIA.—The Secretary may solicit and award grants under this paragraph to faith-based organizations or consortia.

“(C) EVALUATION.—An organization or entity awarded a grant under this paragraph shall agree to participate in a rigorous Federal evaluation.

“(5) MAINTENANCE OF EFFORT.—No payment shall be made to a State from the allotment determined for the State under this subsection or to a local organization or entity awarded a grant under paragraph (4), if the expenditure of non-federal funds by the State, organization, or entity for activities, programs, or initiatives for which amounts from allotments and grants under this subsection may be expended is less than the amount expended by the State, organization, or entity for such programs or initiatives for fiscal year 2009.

“(6) DATA COLLECTION AND REPORTING.—A State or local organization or entity receiving funds under this section shall cooperate with such requirements relating to the collection of data and information and reporting on outcomes regarding the programs and activities carried out with such funds, as the Secretary shall specify.

“(b) PURPOSE.—

“(1) IN GENERAL.—The purpose of an allotment under subsection (a)(1) to a State is to enable the State (or, in the case of grants made under subsection (a)(4)(B), to enable a local organization or entity) to carry out personal responsibility education programs consistent with this subsection.

“(2) PERSONAL RESPONSIBILITY EDUCATION PROGRAMS.—

“(A) IN GENERAL.—In this section, the term ‘personal responsibility education program’ means a program that is designed to educate adolescents on—

“(i) both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS, consistent with the requirements of subparagraph (B); and

“(ii) at least 3 of the adulthood preparation subjects described in subparagraph (C).

“(B) REQUIREMENTS.—The requirements of this subparagraph are the following:

“(i) The program replicates evidence-based effective programs or substantially incorporates elements of effective programs that have been proven on the basis of rigorous scientific research to change behavior, which means delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing pregnancy among youth.

“(ii) The program is medically-accurate and complete.

“(iii) The program includes activities to educate youth who are sexually active regarding responsible sexual behavior with respect to both abstinence and the use of contraception.

“(iv) The program places substantial emphasis on both abstinence and contraception for the prevention of pregnancy among youth and sexually transmitted infections.

“(v) The program provides age-appropriate information and activities.

“(vi) The information and activities carried out under the program are provided in the cultural context that is most appropriate for individuals in the particular population group to which they are directed.

“(C) ADULTHOOD PREPARATION SUBJECTS.—The adulthood preparation subjects described in this subparagraph are the following:

“(i) Healthy relationships, such as positive self-esteem and relationship dynamics, friendships, dating, romantic involvement, marriage, and family interactions.

“(ii) Adolescent development, such as the development of healthy attitudes and values about adolescent growth and development, body image, racial and ethnic diversity, and other related subjects.

“(iii) Financial literacy.

“(iv) Parent-child communication.

“(v) Educational and career success, such as developing skills for employment preparation, job seeking, independent living, financial self-sufficiency, and workplace productivity.

“(vi) Healthy life skills, such as goal-setting, decision making, negotiation, communication and interpersonal skills, and stress management.

“(c) RESERVATIONS OF FUNDS.—

“(1) GRANTS TO IMPLEMENT INNOVATIVE STRATEGIES.—From the amount appropriated under subsection (f) for the fiscal year, the Secretary shall reserve \$10,000,000 of such amount for purposes of awarding grants to entities to implement innovative youth pregnancy prevention strategies and target services to high-risk, vulnerable, and culturally under-represented youth populations, including youth in foster care, homeless youth, youth with HIV/AIDS, pregnant women who are under 21 years of age and their partners, mothers who are under 21 years of age and their partners, and youth re-

siding in areas with high birth rates for youth. An entity awarded a grant under this paragraph shall agree to participate in a rigorous Federal evaluation of the activities carried out with grant funds.

“(2) OTHER RESERVATIONS.—From the amount appropriated under subsection (f) for the fiscal year that remains after the application of paragraph (1), the Secretary shall reserve the following amounts:

“(A) GRANTS FOR INDIAN TRIBES OR TRIBAL ORGANIZATIONS.—The Secretary shall reserve 5 percent of such remainder for purposes of awarding grants to Indian tribes and tribal organizations in such manner, and subject to such requirements, as the Secretary, in consultation with Indian tribes and tribal organizations, determines appropriate.

“(B) SECRETARIAL RESPONSIBILITIES.—

“(i) RESERVATION OF FUNDS.—The Secretary shall reserve 10 percent of such remainder for expenditures by the Secretary for the activities described in clauses (ii) and (iii).

“(ii) PROGRAM SUPPORT.—The Secretary shall provide, directly or through a competitive grant process, research, training and technical assistance, including dissemination of research and information regarding effective and promising practices, providing consultation and resources on a broad array of teen pregnancy prevention strategies, including abstinence and contraception, and developing resources and materials to support the activities of recipients of grants and other State, tribal, and community organizations working to reduce teen pregnancy. In carrying out such functions, the Secretary shall collaborate with a variety of entities that have expertise in the prevention of teen pregnancy, HIV and sexually transmitted infections, healthy relationships, financial literacy, and other topics addressed through the personal responsibility education programs.

“(iii) EVALUATION.—The Secretary shall evaluate the programs and activities carried out with funds made available through allotments or grants under this section.

“(d) ADMINISTRATION.—

“(1) IN GENERAL.—The Secretary shall administer this section through the Assistant Secretary for the Administration for Children and Families within the Department of Health and Human Services.

“(2) APPLICATION OF OTHER PROVISIONS OF TITLE.—

“(A) IN GENERAL.—Except as provided in subparagraph (B), the other provisions of this title shall not apply to allotments or grants made under this section.

“(B) EXCEPTIONS.—The following provisions of this title shall apply to allotments and grants made under this section to the same extent and in the same manner as such provisions apply to allotments made under section 502(c):

“(i) Section 504(b)(6) (relating to prohibition on payments to excluded individuals and entities).

“(ii) Section 504(c) (relating to the use of funds for the purchase of technical assistance).

“(iii) Section 504(d) (relating to a limitation on administrative expenditures).

“(iv) Section 506 (relating to reports and audits), but only to the extent determined by the Secretary to be appropriate for grants made under this section.

“(v) Section 507 (relating to penalties for false statements).

“(vi) Section 508 (relating to nondiscrimination).

“(e) DEFINITIONS.—In this section:

“(1) AGE-APPROPRIATE.—The term ‘age-appropriate’, with respect to the information in pregnancy prevention, means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based

on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

“(2) **MEDICALLY ACCURATE AND COMPLETE.**—The term ‘medically accurate and complete’ means verified or supported by the weight of research conducted in compliance with accepted scientific methods and—

“(A) published in peer-reviewed journals, where applicable; or

“(B) comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

“(3) **INDIAN TRIBES; TRIBAL ORGANIZATIONS.**—The terms ‘Indian tribe’ and ‘Tribal organization’ have the meanings given such terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603)).

“(4) **YOUTH.**—The term ‘youth’ means an individual who has attained age 10 but has not attained age 20.

“(f) **APPROPRIATION.**—For the purpose of carrying out this section, there is appropriated, out of any money in the Treasury not otherwise appropriated, \$75,000,000 for each of fiscal years 2010 through 2014. Amounts appropriated under this subsection shall remain available until expended.”.

SEC. 2954. RESTORATION OF FUNDING FOR ABSTINENCE EDUCATION.

Section 510 of the Social Security Act (42 U.S.C. 710) is amended—

(1) in subsection (a), by striking “fiscal year 1998 and each subsequent fiscal year” and inserting “each of fiscal years 2010 through 2014”; and

(2) in subsection (d)—

(A) in the first sentence, by striking “1998 through 2003” and inserting “2010 through 2014”; and

(B) in the second sentence, by inserting “(except that such appropriation shall be made on the date of enactment of the Patient Protection and Affordable Care Act in the case of fiscal year 2010)” before the period.

SEC. 2955. INCLUSION OF INFORMATION ABOUT THE IMPORTANCE OF HAVING A HEALTH CARE POWER OF ATTORNEY IN TRANSITION PLANNING FOR CHILDREN AGING OUT OF FOSTER CARE AND INDEPENDENT LIVING PROGRAMS.

(a) **TRANSITION PLANNING.**—Section 475(5)(H) of the Social Security Act (42 U.S.C. 675(5)(H)) is amended by inserting “includes information about the importance of designating another individual to make health care treatment decisions on behalf of the child if the child becomes unable to participate in such decisions and the child does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, and provides the child with the option to execute a health care power of attorney, health care proxy, or other similar document recognized under State law,” after “employment services.”.

(b) **INDEPENDENT LIVING EDUCATION.**—Section 477(b)(3) of such Act (42 U.S.C. 677(b)(3)) is amended by adding at the end the following:

“(K) A certification by the chief executive officer of the State that the State will ensure that an adolescent participating in the program under this section are provided with education about the importance of designating another individual to make health care treatment decisions on behalf of the adolescent if the adolescent becomes unable to participate in such decisions and the adolescent does not have, or does not want, a relative who would otherwise be authorized under State law to make such decisions, whether a health care power of attorney, health care proxy, or other similar document is recognized under State law, and how to execute such a document if the adolescent wants to do so.”.

(c) **HEALTH OVERSIGHT AND COORDINATION PLAN.**—Section 422(b)(15)(A) of such Act (42 U.S.C. 622(b)(15)(A)) is amended—

(1) in clause (v), by striking “and” at the end; and

(2) by adding at the end the following:

“(vii) steps to ensure that the components of the transition plan development process required under section 475(5)(H) that relate to the health care needs of children aging out of foster care, including the requirements to include options for health insurance, information about a health care power of attorney, health care proxy, or other similar document recognized under State law, and to provide the child with the option to execute such a document, are met; and”.

(d) **EFFECTIVE DATE.**—The amendments made by this section take effect on October 1, 2010.

TITLE III—IMPROVING THE QUALITY AND EFFICIENCY OF HEALTH CARE

Subtitle A—Transforming the Health Care Delivery System

PART I—LINKING PAYMENT TO QUALITY OUTCOMES UNDER THE MEDICARE PROGRAM

SEC. 3001. HOSPITAL VALUE-BASED PURCHASING PROGRAM.

(a) **PROGRAM.**—

(1) **IN GENERAL.**—Section 1886 of the Social Security Act (42 U.S.C. 1395vv), as amended by section 4102(a) of the HITECH Act (Public Law 111–5), is amended by adding at the end the following new subsection:

“(o) **HOSPITAL VALUE-BASED PURCHASING PROGRAM.**—

“(1) **ESTABLISHMENT.**—

“(A) **IN GENERAL.**—Subject to the succeeding provisions of this subsection, the Secretary shall establish a hospital value-based purchasing program (in this subsection referred to as the ‘Program’) under which value-based incentive payments are made in a fiscal year to hospitals that meet the performance standards under paragraph (3) for the performance period for such fiscal year (as established under paragraph (4)).

“(B) **PROGRAM TO BEGIN IN FISCAL YEAR 2013.**—The Program shall apply to payments for discharges occurring on or after October 1, 2012.

“(C) **APPLICABILITY OF PROGRAM TO HOSPITALS.**—

“(i) **IN GENERAL.**—For purposes of this subsection, subject to clause (ii), the term ‘hospital’ means a subsection (d) hospital (as defined in subsection (d)(1)(B)).

“(ii) **EXCLUSIONS.**—The term ‘hospital’ shall not include, with respect to a fiscal year, a hospital—

“(I) that is subject to the payment reduction under subsection (b)(3)(B)(viii)(I) for such fiscal year;

“(II) for which, during the performance period for such fiscal year, the Secretary has cited deficiencies that pose immediate jeopardy to the health or safety of patients;

“(III) for which there are not a minimum number (as determined by the Secretary) of measures that apply to the hospital for the performance period for such fiscal year; or

“(IV) for which there are not a minimum number (as determined by the Secretary) of cases for the measures that apply to the hospital for the performance period for such fiscal year.

“(iii) **INDEPENDENT ANALYSIS.**—For purposes of determining the minimum numbers under subclauses (III) and (IV) of clause (ii), the Secretary shall have conducted an independent analysis of what numbers are appropriate.

“(iv) **EXEMPTION.**—In the case of a hospital that is paid under section 1814(b)(3), the Secretary may exempt such hospital from the application of this subsection if the State which is paid under such section submits an annual re-

port to the Secretary describing how a similar program in the State for a participating hospital or hospitals achieves or surpasses the measured results in terms of patient health outcomes and cost savings established under this subsection.

“(2) **MEASURES.**—

“(A) **IN GENERAL.**—The Secretary shall select measures for purposes of the Program. Such measures shall be selected from the measures specified under subsection (b)(3)(B)(viii).

“(B) **REQUIREMENTS.**—

“(i) **FOR FISCAL YEAR 2013.**—For value-based incentive payments made with respect to discharges occurring during fiscal year 2013, the Secretary shall ensure the following:

“(I) **CONDITIONS OR PROCEDURES.**—Measures are selected under subparagraph (A) that cover at least the following 5 specific conditions or procedures:

“(aa) Acute myocardial infarction (AMI).

“(bb) Heart failure.

“(cc) Pneumonia.

“(dd) Surgeries, as measured by the Surgical Care Improvement Project (formerly referred to as ‘Surgical Infection Prevention’ for discharges occurring before July 2006).

“(ee) Healthcare-associated infections, as measured by the prevention metrics and targets established in the HHS Action Plan to Prevent Healthcare-Associated Infections (or any successor plan) of the Department of Health and Human Services.

“(II) **HCAHPS.**—Measures selected under subparagraph (A) shall be related to the Hospital Consumer Assessment of Healthcare Providers and Systems survey (HCAHPS).

“(ii) **INCLUSION OF EFFICIENCY MEASURES.**—For value-based incentive payments made with respect to discharges occurring during fiscal year 2014 or a subsequent fiscal year, the Secretary shall ensure that measures selected under subparagraph (A) include efficiency measures, including measures of ‘Medicare spending per beneficiary’. Such measures shall be adjusted for factors such as age, sex, race, severity of illness, and other factors that the Secretary determines appropriate.

“(C) **LIMITATIONS.**—

“(i) **TIME REQUIREMENT FOR PRIOR REPORTING AND NOTICE.**—The Secretary may not select a measure under subparagraph (A) for use under the Program with respect to a performance period for a fiscal year (as established under paragraph (4)) unless such measure has been specified under subsection (b)(3)(B)(viii) and included on the Hospital Compare Internet website for at least 1 year prior to the beginning of such performance period.

“(ii) **MEASURE NOT APPLICABLE UNLESS HOSPITAL FURNISHES SERVICES APPROPRIATE TO THE MEASURE.**—A measure selected under subparagraph (A) shall not apply to a hospital if such hospital does not furnish services appropriate to such measure.

“(D) **REPLACING MEASURES.**—Subclause (VI) of subsection (b)(3)(B)(viii) shall apply to measures selected under subparagraph (A) in the same manner as such subclause applies to measures selected under such subsection.

“(3) **PERFORMANCE STANDARDS.**—

“(A) **ESTABLISHMENT.**—The Secretary shall establish performance standards with respect to measures selected under paragraph (2) for a performance period for a fiscal year (as established under paragraph (4)).

“(B) **ACHIEVEMENT AND IMPROVEMENT.**—The performance standards established under subparagraph (A) shall include levels of achievement and improvement.

“(C) **TIMING.**—The Secretary shall establish and announce the performance standards under subparagraph (A) not later than 60 days prior to the beginning of the performance period for the fiscal year involved.

“(D) CONSIDERATIONS IN ESTABLISHING STANDARDS.—In establishing performance standards with respect to measures under this paragraph, the Secretary shall take into account appropriate factors, such as—

- “(i) practical experience with the measures involved, including whether a significant proportion of hospitals failed to meet the performance standard during previous performance periods;
- “(ii) historical performance standards;
- “(iii) improvement rates; and
- “(iv) the opportunity for continued improvement.

“(4) PERFORMANCE PERIOD.—For purposes of the Program, the Secretary shall establish the performance period for a fiscal year. Such performance period shall begin and end prior to the beginning of such fiscal year.

“(5) HOSPITAL PERFORMANCE SCORE.—

“(A) IN GENERAL.—Subject to subparagraph (B), the Secretary shall develop a methodology for assessing the total performance of each hospital based on performance standards with respect to the measures selected under paragraph (2) for a performance period (as established under paragraph (4)). Using such methodology, the Secretary shall provide for an assessment (in this subsection referred to as the ‘hospital performance score’) for each hospital for each performance period.

“(B) APPLICATION.—

“(i) APPROPRIATE DISTRIBUTION.—The Secretary shall ensure that the application of the methodology developed under subparagraph (A) results in an appropriate distribution of value-based incentive payments under paragraph (6) among hospitals achieving different levels of hospital performance scores, with hospitals achieving the highest hospital performance scores receiving the largest value-based incentive payments.

“(ii) HIGHER OF ACHIEVEMENT OR IMPROVEMENT.—The methodology developed under subparagraph (A) shall provide that the hospital performance score is determined using the higher of its achievement or improvement score for each measure.

“(iii) WEIGHTS.—The methodology developed under subparagraph (A) shall provide for the assignment of weights for categories of measures as the Secretary determines appropriate.

“(iv) NO MINIMUM PERFORMANCE STANDARD.—The Secretary shall not set a minimum performance standard in determining the hospital performance score for any hospital.

“(v) REFLECTION OF MEASURES APPLICABLE TO THE HOSPITAL.—The hospital performance score for a hospital shall reflect the measures that apply to the hospital.

“(6) CALCULATION OF VALUE-BASED INCENTIVE PAYMENTS.—

“(A) IN GENERAL.—In the case of a hospital that the Secretary determines meets (or exceeds) the performance standards under paragraph (3) for the performance period for a fiscal year (as established under paragraph (4)), the Secretary shall increase the base operating DRG payment amount (as defined in paragraph (7)(D)), as determined after application of paragraph (7)(B)(i), for a hospital for each discharge occurring in such fiscal year by the value-based incentive payment amount.

“(B) VALUE-BASED INCENTIVE PAYMENT AMOUNT.—The value-based incentive payment amount for each discharge of a hospital in a fiscal year shall be equal to the product of—

- “(i) the base operating DRG payment amount (as defined in paragraph (7)(D)) for the discharge for the hospital for such fiscal year; and
- “(ii) the value-based incentive payment percentage specified under subparagraph (C) for the hospital for such fiscal year.

“(C) VALUE-BASED INCENTIVE PAYMENT PERCENTAGE.—

“(i) IN GENERAL.—The Secretary shall specify a value-based incentive payment percentage for a hospital for a fiscal year.

“(ii) REQUIREMENTS.—In specifying the value-based incentive payment percentage for each hospital for a fiscal year under clause (i), the Secretary shall ensure that—

“(I) such percentage is based on the hospital performance score of the hospital under paragraph (5); and

“(II) the total amount of value-based incentive payments under this paragraph to all hospitals in such fiscal year is equal to the total amount available for value-based incentive payments for such fiscal year under paragraph (7)(A), as estimated by the Secretary.

“(7) FUNDING FOR VALUE-BASED INCENTIVE PAYMENTS.—

“(A) AMOUNT.—The total amount available for value-based incentive payments under paragraph (6) for all hospitals for a fiscal year shall be equal to the total amount of reduced payments for all hospitals under subparagraph (B) for such fiscal year, as estimated by the Secretary.

“(B) ADJUSTMENT TO PAYMENTS.—

“(i) IN GENERAL.—The Secretary shall reduce the base operating DRG payment amount (as defined in subparagraph (D)) for a hospital for each discharge in a fiscal year (beginning with fiscal year 2013) by an amount equal to the applicable percent (as defined in subparagraph (C)) of the base operating DRG payment amount for the discharge for the hospital for such fiscal year. The Secretary shall make such reductions for all hospitals in the fiscal year involved, regardless of whether or not the hospital has been determined by the Secretary to have earned a value-based incentive payment under paragraph (6) for such fiscal year.

“(ii) NO EFFECT ON OTHER PAYMENTS.—Payments described in items (aa) and (bb) of subparagraph (D)(i)(II) for a hospital shall be determined as if this subsection had not been enacted.

“(C) APPLICABLE PERCENT DEFINED.—For purposes of subparagraph (B), the term ‘applicable percent’ means—

- “(i) with respect to fiscal year 2013, 1.0 percent;
- “(ii) with respect to fiscal year 2014, 1.25 percent;
- “(iii) with respect to fiscal year 2015, 1.5 percent;
- “(iv) with respect to fiscal year 2016, 1.75 percent; and
- “(v) with respect to fiscal year 2017 and succeeding fiscal years, 2 percent.

“(D) BASE OPERATING DRG PAYMENT AMOUNT DEFINED.—

“(i) IN GENERAL.—Except as provided in clause (ii), in this subsection, the term ‘base operating DRG payment amount’ means, with respect to a hospital for a fiscal year—

“(I) the payment amount that would otherwise be made under subsection (d) (determined without regard to subsection (q)) for a discharge if this subsection did not apply; reduced by

“(II) any portion of such payment amount that is attributable to—

“(aa) payments under paragraphs (5)(A), (5)(B), (5)(F), and (12) of subsection (d); and

“(bb) such other payments under subsection (d) determined appropriate by the Secretary.

“(ii) SPECIAL RULES FOR CERTAIN HOSPITALS.—

“(I) SOLE COMMUNITY HOSPITALS AND MEDICARE-DEPENDENT, SMALL RURAL HOSPITALS.—In the case of a medicare-dependent, small rural hospital (with respect to discharges occurring during fiscal year 2012 and 2013) or a sole community hospital, in applying subparagraph (A)(i), the payment amount that would otherwise be made under subsection (d) shall be determined without regard to subparagraphs (I)

and (L) of subsection (b)(3) and subparagraphs (D) and (G) of subsection (d)(5).

“(II) HOSPITALS PAID UNDER SECTION 1814.—In the case of a hospital that is paid under section 1814(b)(3), the term ‘base operating DRG payment amount’ means the payment amount under such section.

“(8) ANNOUNCEMENT OF NET RESULT OF ADJUSTMENTS.—Under the Program, the Secretary shall, not later than 60 days prior to the fiscal year involved, inform each hospital of the adjustments to payments to the hospital for discharges occurring in such fiscal year under paragraphs (6) and (7)(B)(i).

“(9) NO EFFECT IN SUBSEQUENT FISCAL YEARS.—The value-based incentive payment under paragraph (6) and the payment reduction under paragraph (7)(B)(i) shall each apply only with respect to the fiscal year involved, and the Secretary shall not take into account such value-based incentive payment or payment reduction in making payments to a hospital under this section in a subsequent fiscal year.

“(10) PUBLIC REPORTING.—

“(A) HOSPITAL SPECIFIC INFORMATION.—

“(i) IN GENERAL.—The Secretary shall make information available to the public regarding the performance of individual hospitals under the Program, including—

“(I) the performance of the hospital with respect to each measure that applies to the hospital;

“(II) the performance of the hospital with respect to each condition or procedure; and

“(III) the hospital performance score assessing the total performance of the hospital.

“(ii) OPPORTUNITY TO REVIEW AND SUBMIT CORRECTIONS.—The Secretary shall ensure that a hospital has the opportunity to review, and submit corrections for, the information to be made public with respect to the hospital under clause (i) prior to such information being made public.

“(iii) WEBSITE.—Such information shall be posted on the Hospital Compare Internet website in an easily understandable format.

“(B) AGGREGATE INFORMATION.—The Secretary shall periodically post on the Hospital Compare Internet website aggregate information on the Program, including—

“(i) the number of hospitals receiving value-based incentive payments under paragraph (6) and the range and total amount of such value-based incentive payments; and

“(ii) the number of hospitals receiving less than the maximum value-based incentive payment available to the hospital for the fiscal year involved and the range and amount of such payments.

“(11) IMPLEMENTATION.—

“(A) APPEALS.—The Secretary shall establish a process by which hospitals may appeal the calculation of a hospital’s performance assessment with respect to the performance standards established under paragraph (3)(A) and the hospital performance score under paragraph (5). The Secretary shall ensure that such process provides for resolution of such appeals in a timely manner.

“(B) LIMITATION ON REVIEW.—Except as provided in subparagraph (A), there shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the following:

“(i) The methodology used to determine the amount of the value-based incentive payment under paragraph (6) and the determination of such amount.

“(ii) The determination of the amount of funding available for such value-based incentive payments under paragraph (7)(A) and the payment reduction under paragraph (7)(B)(i).

“(iii) The establishment of the performance standards under paragraph (3) and the performance period under paragraph (4).

“(iv) The measures specified under subsection (b)(3)(B)(viii) and the measures selected under paragraph (2).

“(v) The methodology developed under paragraph (5) that is used to calculate hospital performance scores and the calculation of such scores.

“(vi) The validation methodology specified in subsection (b)(3)(B)(viii)(XI).

“(C) CONSULTATION WITH SMALL HOSPITALS.—The Secretary shall consult with small rural and urban hospitals on the application of the Program to such hospitals.

“(12) PROMULGATION OF REGULATIONS.—The Secretary shall promulgate regulations to carry out the Program, including the selection of measures under paragraph (2), the methodology developed under paragraph (5) that is used to calculate hospital performance scores, and the methodology used to determine the amount of value-based incentive payments under paragraph (6).”.

(2) AMENDMENTS FOR REPORTING OF HOSPITAL QUALITY INFORMATION.—Section 1886(b)(3)(B)(viii) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(B)(viii)) is amended—

(A) in subclause (II), by adding at the end the following sentence: “The Secretary may require hospitals to submit data on measures that are not used for the determination of value-based incentive payments under subsection (o).”;

(B) in subclause (V), by striking “beginning with fiscal year 2008” and inserting “for fiscal years 2008 through 2012”;

(C) in subclause (VI), in the first sentence, by striking “data submitted” and inserting “information regarding measures submitted”; and

(D) by adding at the end the following new subclauses:

“(VIII) Effective for payments beginning with fiscal year 2013, with respect to quality measures for outcomes of care, the Secretary shall provide for such risk adjustment as the Secretary determines to be appropriate to maintain incentives for hospitals to treat patients with severe illnesses or conditions.

“(IX)(aa) Subject to item (bb), effective for payments beginning with fiscal year 2013, each measure specified by the Secretary under this clause shall be endorsed by the entity with a contract under section 1890(a).

“(bb) In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a), the Secretary may specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.

“(X) To the extent practicable, the Secretary shall, with input from consensus organizations and other stakeholders, take steps to ensure that the measures specified by the Secretary under this clause are coordinated and aligned with quality measures applicable to—

“(aa) physicians under section 1848(k); and

“(bb) other providers of services and suppliers under this title.

“(XI) The Secretary shall establish a process to validate measures specified under this clause as appropriate. Such process shall include the auditing of a number of randomly selected hospitals sufficient to ensure validity of the reporting program under this clause as a whole and shall provide a hospital with an opportunity to appeal the validation of measures reported by such hospital.”.

(3) WEBSITE IMPROVEMENTS.—Section 1886(b)(3)(B) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(B)), as amended by section 4102(b) of the HITECH Act (Public Law 111–5), is amended by adding at the end the following new clause:

“(x)(I) The Secretary shall develop standard Internet website reports tailored to meet the needs of various stakeholders such as hospitals, patients, researchers, and policymakers. The Secretary shall seek input from such stakeholders in determining the type of information that is useful and the formats that best facilitate the use of the information.

“(II) The Secretary shall modify the Hospital Compare Internet website to make the use and navigation of that website readily available to individuals accessing it.”.

(4) GAO STUDY AND REPORT.—

(A) STUDY.—The Comptroller General of the United States shall conduct a study on the performance of the hospital value-based purchasing program established under section 1886(o) of the Social Security Act, as added by paragraph (1). Such study shall include an analysis of the impact of such program on—

(i) the quality of care furnished to Medicare beneficiaries, including diverse Medicare beneficiary populations (such as diverse in terms of race, ethnicity, and socioeconomic status);

(ii) expenditures under the Medicare program, including any reduced expenditures under Part A of title XVIII of such Act that are attributable to the improvement in the delivery of inpatient hospital services by reason of such hospital value-based purchasing program;

(iii) the quality performance among safety net hospitals and any barriers such hospitals face in meeting the performance standards applicable under such hospital value-based purchasing program; and

(iv) the quality performance among small rural and small urban hospitals and any barriers such hospitals face in meeting the performance standards applicable under such hospital value-based purchasing program.

(B) REPORTS.—

(i) INTERIM REPORT.—Not later than October 1, 2015, the Comptroller General of the United States shall submit to Congress an interim report containing the results of the study conducted under subparagraph (A), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

(ii) FINAL REPORT.—Not later than July 1, 2017, the Comptroller General of the United States shall submit to Congress a report containing the results of the study conducted under subparagraph (A), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

(5) HHS STUDY AND REPORT.—

(A) STUDY.—The Secretary of Health and Human Services shall conduct a study on the performance of the hospital value-based purchasing program established under section 1886(o) of the Social Security Act, as added by paragraph (1). Such study shall include an analysis—

(i) of ways to improve the hospital value-based purchasing program and ways to address any unintended consequences that may occur as a result of such program;

(ii) of whether the hospital value-based purchasing program resulted in lower spending under the Medicare program under title XVIII of such Act or other financial savings to hospitals;

(iii) the appropriateness of the Medicare program sharing in any savings generated through the hospital value-based purchasing program; and

(iv) any other area determined appropriate by the Secretary.

(B) REPORT.—Not later than January 1, 2016, the Secretary of Health and Human Services shall submit to Congress a report containing the results of the study conducted under subpara-

graph (A), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

(b) VALUE-BASED PURCHASING DEMONSTRATION PROGRAMS.—

(1) VALUE-BASED PURCHASING DEMONSTRATION PROGRAM FOR INPATIENT CRITICAL ACCESS HOSPITALS.—

(A) ESTABLISHMENT.—

(i) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services (in this subsection referred to as the “Secretary”) shall establish a demonstration program under which the Secretary establishes a value-based purchasing program under the Medicare program under title XVIII of the Social Security Act for critical access hospitals (as defined in paragraph (1) of section 1861(mm) of such Act (42 U.S.C. 1395x(mm))) with respect to inpatient critical access hospital services (as defined in paragraph (2) of such section) in order to test innovative methods of measuring and rewarding quality and efficient health care furnished by such hospitals.

(ii) DURATION.—The demonstration program under this paragraph shall be conducted for a 3-year period.

(iii) SITES.—The Secretary shall conduct the demonstration program under this paragraph at an appropriate number (as determined by the Secretary) of critical access hospitals. The Secretary shall ensure that such hospitals are representative of the spectrum of such hospitals that participate in the Medicare program.

(B) WAIVER AUTHORITY.—The Secretary may waive such requirements of titles XI and XVIII of the Social Security Act as may be necessary to carry out the demonstration program under this paragraph.

(C) BUDGET NEUTRALITY REQUIREMENT.—In conducting the demonstration program under this section, the Secretary shall ensure that the aggregate payments made by the Secretary do not exceed the amount which the Secretary would have paid if the demonstration program under this section was not implemented.

(D) REPORT.—Not later than 18 months after the completion of the demonstration program under this paragraph, the Secretary shall submit to Congress a report on the demonstration program together with—

(i) recommendations on the establishment of a permanent value-based purchasing program under the Medicare program for critical access hospitals with respect to inpatient critical access hospital services; and

(ii) recommendations for such other legislation and administrative action as the Secretary determines appropriate.

(2) VALUE-BASED PURCHASING DEMONSTRATION PROGRAM FOR HOSPITALS EXCLUDED FROM HOSPITAL VALUE-BASED PURCHASING PROGRAM AS A RESULT OF INSUFFICIENT NUMBERS OF MEASURES AND CASES.—

(A) ESTABLISHMENT.—

(i) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Secretary shall establish a demonstration program under which the Secretary establishes a value-based purchasing program under the Medicare program under title XVIII of the Social Security Act for applicable hospitals (as defined in clause (ii)) with respect to inpatient hospital services (as defined in section 1861(b) of the Social Security Act (42 U.S.C. 1395x(b))) in order to test innovative methods of measuring and rewarding quality and efficient health care furnished by such hospitals.

(ii) APPLICABLE HOSPITAL DEFINED.—For purposes of this paragraph, the term “applicable hospital” means a hospital described in subclause (III) or (IV) of section 1886(o)(1)(C)(ii) of the Social Security Act, as added by subsection (a)(1).

(iii) **DURATION.**—The demonstration program under this paragraph shall be conducted for a 3-year period.

(iv) **SITES.**—The Secretary shall conduct the demonstration program under this paragraph at an appropriate number (as determined by the Secretary) of applicable hospitals. The Secretary shall ensure that such hospitals are representative of the spectrum of such hospitals that participate in the Medicare program.

(B) **WAIVER AUTHORITY.**—The Secretary may waive such requirements of titles XI and XVIII of the Social Security Act as may be necessary to carry out the demonstration program under this paragraph.

(C) **BUDGET NEUTRALITY REQUIREMENT.**—In conducting the demonstration program under this section, the Secretary shall ensure that the aggregate payments made by the Secretary do not exceed the amount which the Secretary would have paid if the demonstration program under this section was not implemented.

(D) **REPORT.**—Not later than 18 months after the completion of the demonstration program under this paragraph, the Secretary shall submit to Congress a report on the demonstration program together with—

(i) recommendations on the establishment of a permanent value-based purchasing program under the Medicare program for applicable hospitals with respect to inpatient hospital services; and

(ii) recommendations for such other legislation and administrative action as the Secretary determines appropriate.

SEC. 3002. IMPROVEMENTS TO THE PHYSICIAN QUALITY REPORTING SYSTEM.

(a) **EXTENSION.**—Section 1848(m) of the Social Security Act (42 U.S.C. 1395w-4(m)) is amended—

(1) in paragraph (1)—

(A) in subparagraph (A), in the matter preceding clause (i), by striking “2010” and inserting “2014”; and

(B) in subparagraph (B)—

(i) in clause (i), by striking “and” at the end; and

(ii) in clause (ii), by striking the period at the end and inserting a semicolon; and

(iii) by adding at the end the following new clauses:

“(iii) for 2011, 1.0 percent; and

“(iv) for 2012, 2013, and 2014, 0.5 percent.”;

(2) in paragraph (3)—

(A) in subparagraph (A), in the matter preceding clause (i), by inserting “(or, for purposes of subsection (a)(8), for the quality reporting period for the year)” after “reporting period”; and

(B) in subparagraph (C)(i), by inserting “, or, for purposes of subsection (a)(8), for a quality reporting period for the year” after “(a)(5), for a reporting period for a year”;

(3) in paragraph (5)(E)(iv), by striking “subsection (a)(5)(A)” and inserting “paragraphs (5)(A) and (8)(A) of subsection (a)”; and

(4) in paragraph (6)(C)—

(A) in clause (i)(II), by striking “, 2009, 2010, and 2011” and inserting “and subsequent years”; and

(B) in clause (iii)—

(i) by inserting “(a)(8)” after “(a)(5)”; and

(ii) by striking “under subparagraph (D)(iii) of such subsection” and inserting “under subsection (a)(5)(D)(iii) or the quality reporting period under subsection (a)(8)(D)(iii), respectively”.

(b) **INCENTIVE PAYMENT ADJUSTMENT FOR QUALITY REPORTING.**—Section 1848(a) of the Social Security Act (42 U.S.C. 1395w-4(a)) is amended by adding at the end the following new paragraph:

“(8) **INCENTIVES FOR QUALITY REPORTING.**—

“(A) **ADJUSTMENT.**—

“(i) **IN GENERAL.**—With respect to covered professional services furnished by an eligible pro-

fessional during 2015 or any subsequent year, if the eligible professional does not satisfactorily submit data on quality measures for covered professional services for the quality reporting period for the year (as determined under subsection (m)(3)(A)), the fee schedule amount for such services furnished by such professional during the year (including the fee schedule amount for purposes of determining a payment based on such amount) shall be equal to the applicable percent of the fee schedule amount that would otherwise apply to such services under this subsection (determined after application of paragraphs (3), (5), and (7), but without regard to this paragraph).

“(ii) **APPLICABLE PERCENT.**—For purposes of clause (i), the term ‘applicable percent’ means—

“(I) for 2015, 98.5 percent; and

“(II) for 2016 and each subsequent year, 98 percent.

“(B) **APPLICATION.**—

“(i) **PHYSICIAN REPORTING SYSTEM RULES.**—Paragraphs (5), (6), and (8) of subsection (k) shall apply for purposes of this paragraph in the same manner as they apply for purposes of such subsection.

“(ii) **INCENTIVE PAYMENT VALIDATION RULES.**—Clauses (ii) and (iii) of subsection (m)(5)(D) shall apply for purposes of this paragraph in a similar manner as they apply for purposes of such subsection.

“(C) **DEFINITIONS.**—For purposes of this paragraph:

“(i) **ELIGIBLE PROFESSIONAL; COVERED PROFESSIONAL SERVICES.**—The terms ‘eligible professional’ and ‘covered professional services’ have the meanings given such terms in subsection (k)(3).

“(ii) **PHYSICIAN REPORTING SYSTEM.**—The term ‘physician reporting system’ means the system established under subsection (k).

“(iii) **QUALITY REPORTING PERIOD.**—The term ‘quality reporting period’ means, with respect to a year, a period specified by the Secretary.”.

(c) **MAINTENANCE OF CERTIFICATION PROGRAMS.**—

(1) **IN GENERAL.**—Section 1848(k)(4) of the Social Security Act (42 U.S.C. 1395w-4(k)(4)) is amended by inserting “or through a Maintenance of Certification program operated by a specialty body of the American Board of Medical Specialties that meets the criteria for such a registry” after “Database”.

(2) **EFFECTIVE DATE.**—The amendment made by paragraph (1) shall apply for years after 2010.

(d) **INTEGRATION OF PHYSICIAN QUALITY REPORTING AND EHR REPORTING.**—Section 1848(m) of the Social Security Act (42 U.S.C. 1395w-4(m)) is amended by adding at the end the following new paragraph:

“(7) **INTEGRATION OF PHYSICIAN QUALITY REPORTING AND EHR REPORTING.**—Not later than January 1, 2012, the Secretary shall develop a plan to integrate reporting on quality measures under this subsection with reporting requirements under subsection (o) relating to the meaningful use of electronic health records. Such integration shall consist of the following:

“(A) The selection of measures, the reporting of which would both demonstrate—

“(i) meaningful use of an electronic health record for purposes of subsection (o); and

“(ii) quality of care furnished to an individual.

“(B) Such other activities as specified by the Secretary.”.

(e) **FEEDBACK.**—Section 1848(m)(5) of the Social Security Act (42 U.S.C. 1395w-4(m)(5)) is amended by adding at the end the following new subparagraph:

“(H) **FEEDBACK.**—The Secretary shall provide timely feedback to eligible professionals on the performance of the eligible professional with re-

spect to satisfactorily submitting data on quality measures under this subsection.”.

(f) **APPEALS.**—Such section is further amended—

(1) in subparagraph (E), by striking “There shall” and inserting “Except as provided in subparagraph (I), there shall”; and

(2) by adding at the end the following new subparagraph:

“(I) **INFORMAL APPEALS PROCESS.**—The Secretary shall, by not later than January 1, 2011, establish and have in place an informal process for eligible professionals to seek a review of the determination that an eligible professional did not satisfactorily submit data on quality measures under this subsection.”.

SEC. 3003. IMPROVEMENTS TO THE PHYSICIAN FEEDBACK PROGRAM.

(a) **IN GENERAL.**—Section 1848(n) of the Social Security Act (42 U.S.C. 1395w-4(n)) is amended—

(1) in paragraph (1)—

(A) in subparagraph (A)—

(i) by striking “GENERAL.—The Secretary” and inserting “GENERAL.—

“(i) **ESTABLISHMENT.**—The Secretary”; and

(ii) in clause (i), as added by clause (i), by striking “the ‘Program’” and all that follows through the period at the end of the second sentence and inserting “the ‘Program’.”; and

(iii) by adding at the end the following new clauses:

“(ii) **REPORTS ON RESOURCES.**—The Secretary shall use claims data under this title (and may use other data) to provide confidential reports to physicians (and, as determined appropriate by the Secretary, to groups of physicians) that measure the resources involved in furnishing care to individuals under this title.

“(iii) **INCLUSION OF CERTAIN INFORMATION.**—If determined appropriate by the Secretary, the Secretary may include information on the quality of care furnished to individuals under this title by the physician (or group of physicians) in such reports.”; and

(B) in subparagraph (B), by striking “subparagraph (A)” and inserting “subparagraph (A)(ii)”; and

(2) in paragraph (4)—

(A) in the heading, by inserting “INITIAL” after “FOCUS”; and

(B) in the matter preceding subparagraph (A), by inserting “initial” after “focus the”;

(3) in paragraph (6), by adding at the end the following new sentence: “For adjustments for reports on utilization under paragraph (9), see subparagraph (D) of such paragraph.”; and

(4) by adding at the end the following new paragraphs:

“(9) **REPORTS ON UTILIZATION.**—

“(A) **DEVELOPMENT OF EPISODE GROUPEUR.**—

“(i) **IN GENERAL.**—The Secretary shall develop an episode grouper that combines separate but clinically related items and services into an episode of care for an individual, as appropriate.

“(ii) **TIMELINE FOR DEVELOPMENT.**—The episode grouper described in subparagraph (A) shall be developed by not later than January 1, 2012.

“(iii) **PUBLIC AVAILABILITY.**—The Secretary shall make the details of the episode grouper described in subparagraph (A) available to the public.

“(iv) **ENDORSEMENT.**—The Secretary shall seek endorsement of the episode grouper described in subparagraph (A) by the entity with a contract under section 1890(a).

“(B) **REPORTS ON UTILIZATION.**—Effective beginning with 2012, the Secretary shall provide reports to physicians that compare, as determined appropriate by the Secretary, patterns of resource use of the individual physician to such patterns of other physicians.

“(C) **ANALYSIS OF DATA.**—The Secretary shall, for purposes of preparing reports under this

paragraph, establish methodologies as appropriate, such as to—

“(i) attribute episodes of care, in whole or in part, to physicians;

“(ii) identify appropriate physicians for purposes of comparison under subparagraph (B); and

“(iii) aggregate episodes of care attributed to a physician under clause (i) into a composite measure per individual.

“(D) DATA ADJUSTMENT.—In preparing reports under this paragraph, the Secretary shall make appropriate adjustments, including adjustments—

“(i) to account for differences in socioeconomic and demographic characteristics, ethnicity, and health status of individuals (such as to recognize that less healthy individuals may require more intensive interventions); and

“(ii) to eliminate the effect of geographic adjustments in payment rates (as described in subsection (e)).

“(E) PUBLIC AVAILABILITY OF METHODOLOGY.—The Secretary shall make available to the public—

“(i) the methodologies established under subparagraph (C);

“(ii) information regarding any adjustments made to data under subparagraph (D); and

“(iii) aggregate reports with respect to physicians.

“(F) DEFINITION OF PHYSICIAN.—In this paragraph:

“(i) IN GENERAL.—The term ‘physician’ has the meaning given that term in section 1861(r)(1).

“(ii) TREATMENT OF GROUPS.—Such term includes, as the Secretary determines appropriate, a group of physicians.

“(G) LIMITATIONS ON REVIEW.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the establishment of the methodology under subparagraph (C), including the determination of an episode of care under such methodology.

“(10) COORDINATION WITH OTHER VALUE-BASED PURCHASING REFORMS.—The Secretary shall coordinate the Program with the value-based payment modifier established under subsection (p) and, as the Secretary determines appropriate, other similar provisions of this title.”

(b) CONFORMING AMENDMENT.—Section 1890(b) of the Social Security Act (42 U.S.C. 1395aaa(b)) is amended by adding at the end the following new paragraph:

“(6) REVIEW AND ENDORSEMENT OF EPISODE GROUPER UNDER THE PHYSICIAN FEEDBACK PROGRAM.—The entity shall provide for the review and, as appropriate, the endorsement of the episode grouper developed by the Secretary under section 1848(n)(9)(A). Such review shall be conducted on an expedited basis.”

SEC. 3004. QUALITY REPORTING FOR LONG-TERM CARE HOSPITALS, INPATIENT REHABILITATION HOSPITALS, AND HOSPICE PROGRAMS.

(a) LONG-TERM CARE HOSPITALS.—Section 1886(m) of the Social Security Act (42 U.S.C. 1395ww(m)), as amended by section 3401(c), is amended by adding at the end the following new paragraph:

“(5) QUALITY REPORTING.—

“(A) REDUCTION IN UPDATE FOR FAILURE TO REPORT.—

“(i) IN GENERAL.—Under the system described in paragraph (1), for rate year 2014 and each subsequent rate year, in the case of a long-term care hospital that does not submit data to the Secretary in accordance with subparagraph (C) with respect to such a rate year, any annual update to a standard Federal rate for discharges for the hospital during the rate year, and after application of paragraph (3), shall be reduced by 2 percentage points.

“(ii) SPECIAL RULE.—The application of this subparagraph may result in such annual update

being less than 0.0 for a rate year, and may result in payment rates under the system described in paragraph (1) for a rate year being less than such payment rates for the preceding rate year.

“(B) NONCUMULATIVE APPLICATION.—Any reduction under subparagraph (A) shall apply only with respect to the rate year involved and the Secretary shall not take into account such reduction in computing the payment amount under the system described in paragraph (1) for a subsequent rate year.

“(C) SUBMISSION OF QUALITY DATA.—For rate year 2014 and each subsequent rate year, each long-term care hospital shall submit to the Secretary data on quality measures specified under subparagraph (D). Such data shall be submitted in a form and manner, and at a time, specified by the Secretary for purposes of this subparagraph.

“(D) QUALITY MEASURES.—

“(i) IN GENERAL.—Subject to clause (ii), any measure specified by the Secretary under this subparagraph must have been endorsed by the entity with a contract under section 1890(a).

“(ii) EXCEPTION.—In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a), the Secretary may specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.

“(iii) TIME FRAME.—Not later than October 1, 2012, the Secretary shall publish the measures selected under this subparagraph that will be applicable with respect to rate year 2014.

“(E) PUBLIC AVAILABILITY OF DATA SUBMITTED.—The Secretary shall establish procedures for making data submitted under subparagraph (C) available to the public. Such procedures shall ensure that a long-term care hospital has the opportunity to review the data that is to be made public with respect to the hospital prior to such data being made public. The Secretary shall report quality measures that relate to services furnished in inpatient settings in long-term care hospitals on the Internet website of the Centers for Medicare & Medicaid Services.”

(b) INPATIENT REHABILITATION HOSPITALS.—Section 1886(j) of the Social Security Act (42 U.S.C. 1395ww(j)) is amended—

(1) by redesignating paragraph (7) as paragraph (8); and

(2) by inserting after paragraph (6) the following new paragraph:

“(7) QUALITY REPORTING.—

“(A) REDUCTION IN UPDATE FOR FAILURE TO REPORT.—

“(i) IN GENERAL.—For purposes of fiscal year 2014 and each subsequent fiscal year, in the case of a rehabilitation facility that does not submit data to the Secretary in accordance with subparagraph (C) with respect to such a fiscal year, after determining the increase factor described in paragraph (3)(C), and after application of paragraph (3)(D), the Secretary shall reduce such increase factor for payments for discharges occurring during such fiscal year by 2 percentage points.

“(ii) SPECIAL RULE.—The application of this subparagraph may result in the increase factor described in paragraph (3)(C) being less than 0.0 for a fiscal year, and may result in payment rates under this subsection for a fiscal year being less than such payment rates for the preceding fiscal year.

“(B) NONCUMULATIVE APPLICATION.—Any reduction under subparagraph (A) shall apply only with respect to the fiscal year involved and the Secretary shall not take into account such

reduction in computing the payment amount under this subsection for a subsequent fiscal year.

“(C) SUBMISSION OF QUALITY DATA.—For fiscal year 2014 and each subsequent rate year, each rehabilitation facility shall submit to the Secretary data on quality measures specified under subparagraph (D). Such data shall be submitted in a form and manner, and at a time, specified by the Secretary for purposes of this subparagraph.

“(D) QUALITY MEASURES.—

“(i) IN GENERAL.—Subject to clause (ii), any measure specified by the Secretary under this subparagraph must have been endorsed by the entity with a contract under section 1890(a).

“(ii) EXCEPTION.—In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a), the Secretary may specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.

“(iii) TIME FRAME.—Not later than October 1, 2012, the Secretary shall publish the measures selected under this subparagraph that will be applicable with respect to fiscal year 2014.

“(E) PUBLIC AVAILABILITY OF DATA SUBMITTED.—The Secretary shall establish procedures for making data submitted under subparagraph (C) available to the public. Such procedures shall ensure that a rehabilitation facility has the opportunity to review the data that is to be made public with respect to the facility prior to such data being made public. The Secretary shall report quality measures that relate to services furnished in inpatient settings in rehabilitation facilities on the Internet website of the Centers for Medicare & Medicaid Services.”

(c) HOSPICE PROGRAMS.—Section 1814(i) of the Social Security Act (42 U.S.C. 1395f(i)) is amended—

(1) by redesignating paragraph (5) as paragraph (6); and

(2) by inserting after paragraph (4) the following new paragraph:

“(5) QUALITY REPORTING.—

“(A) REDUCTION IN UPDATE FOR FAILURE TO REPORT.—

“(i) IN GENERAL.—For purposes of fiscal year 2014 and each subsequent fiscal year, in the case of a hospice program that does not submit data to the Secretary in accordance with subparagraph (C) with respect to such a fiscal year, after determining the market basket percentage increase under paragraph (1)(C)(ii)(VII) or paragraph (1)(C)(iii), as applicable, and after application of paragraph (1)(C)(iv), with respect to the fiscal year, the Secretary shall reduce such market basket percentage increase by 2 percentage points.

“(ii) SPECIAL RULE.—The application of this subparagraph may result in the market basket percentage increase under paragraph (1)(C)(ii)(VII) or paragraph (1)(C)(iii), as applicable, being less than 0.0 for a fiscal year, and may result in payment rates under this subsection for a fiscal year being less than such payment rates for the preceding fiscal year.

“(B) NONCUMULATIVE APPLICATION.—Any reduction under subparagraph (A) shall apply only with respect to the fiscal year involved and the Secretary shall not take into account such reduction in computing the payment amount under this subsection for a subsequent fiscal year.

“(C) SUBMISSION OF QUALITY DATA.—For fiscal year 2014 and each subsequent fiscal year, each hospice program shall submit to the Secretary data on quality measures specified under subparagraph (D). Such data shall be submitted

in a form and manner, and at a time, specified by the Secretary for purposes of this subparagraph.

“(D) QUALITY MEASURES.—

“(i) IN GENERAL.—Subject to clause (ii), any measure specified by the Secretary under this subparagraph must have been endorsed by the entity with a contract under section 1890(a).

“(ii) EXCEPTION.—In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a), the Secretary may specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.

“(iii) TIME FRAME.—Not later than October 1, 2012, the Secretary shall publish the measures selected under this subparagraph that will be applicable with respect to fiscal year 2014.

“(E) PUBLIC AVAILABILITY OF DATA SUBMITTED.—The Secretary shall establish procedures for making data submitted under subparagraph (C) available to the public. Such procedures shall ensure that a hospice program has the opportunity to review the data that is to be made public with respect to the hospice program prior to such data being made public. The Secretary shall report quality measures that relate to hospice care provided by hospice programs on the Internet website of the Centers for Medicare & Medicaid Services.”.

SEC. 3005. QUALITY REPORTING FOR PPS-EXEMPT CANCER HOSPITALS.

Section 1866 of the Social Security Act (42 U.S.C. 1395cc) is amended—

(1) in subsection (a)(1)—

(A) in subparagraph (U), by striking “and” at the end;

(B) in subparagraph (V), by striking the period at the end and inserting “, and”; and

(C) by adding at the end the following new subparagraph:

“(W) in the case of a hospital described in section 1866(d)(1)(B)(v), to report quality data to the Secretary in accordance with subsection (k).”; and

(2) by adding at the end the following new subsection:

“(k) QUALITY REPORTING BY CANCER HOSPITALS.—

“(1) IN GENERAL.—For purposes of fiscal year 2014 and each subsequent fiscal year, a hospital described in section 1866(d)(1)(B)(v) shall submit data to the Secretary in accordance with paragraph (2) with respect to such a fiscal year.

“(2) SUBMISSION OF QUALITY DATA.—For fiscal year 2014 and each subsequent fiscal year, each hospital described in such section shall submit to the Secretary data on quality measures specified under paragraph (3). Such data shall be submitted in a form and manner, and at a time, specified by the Secretary for purposes of this subparagraph.

“(3) QUALITY MEASURES.—

“(A) IN GENERAL.—Subject to subparagraph (B), any measure specified by the Secretary under this paragraph must have been endorsed by the entity with a contract under section 1890(a).

“(B) EXCEPTION.—In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a), the Secretary may specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.

“(C) TIME FRAME.—Not later than October 1, 2012, the Secretary shall publish the measures

selected under this paragraph that will be applicable with respect to fiscal year 2014.

“(4) PUBLIC AVAILABILITY OF DATA SUBMITTED.—The Secretary shall establish procedures for making data submitted under paragraph (4) available to the public. Such procedures shall ensure that a hospital described in section 1866(d)(1)(B)(v) has the opportunity to review the data that is to be made public with respect to the hospital prior to such data being made public. The Secretary shall report quality measures of process, structure, outcome, patients’ perspective on care, efficiency, and costs of care that relate to services furnished in such hospitals on the Internet website of the Centers for Medicare & Medicaid Services.”.

SEC. 3006. PLANS FOR A VALUE-BASED PURCHASING PROGRAM FOR SKILLED NURSING FACILITIES AND HOME HEALTH AGENCIES.

(a) SKILLED NURSING FACILITIES.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall develop a plan to implement a value-based purchasing program for payments under the Medicare program under title XVIII of the Social Security Act for skilled nursing facilities (as defined in section 1819(a) of such Act (42 U.S.C. 1395i-3(a))).

(2) DETAILS.—In developing the plan under paragraph (1), the Secretary shall consider the following issues:

(A) The ongoing development, selection, and modification process for measures (including under section 1890 of the Social Security Act (42 U.S.C. 1395aaa) and section 1890A such Act, as added by section 3014), to the extent feasible and practicable, of all dimensions of quality and efficiency in skilled nursing facilities.

(i) IN GENERAL.—Subject to clause (ii), any measure specified by the Secretary under subparagraph (A)(iii) must have been endorsed by the entity with a contract under section 1890(a).

(ii) EXCEPTION.—In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a), the Secretary may specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.

(B) The reporting, collection, and validation of quality data.

(C) The structure of value-based payment adjustments, including the determination of thresholds or improvements in quality that would substantiate a payment adjustment, the size of such payments, and the sources of funding for the value-based bonus payments.

(D) Methods for the public disclosure of information on the performance of skilled nursing facilities.

(E) Any other issues determined appropriate by the Secretary.

(3) CONSULTATION.—In developing the plan under paragraph (1), the Secretary shall—

(A) consult with relevant affected parties; and

(B) consider experience with such demonstrations that the Secretary determines are relevant to the value-based purchasing program described in paragraph (1).

(4) REPORT TO CONGRESS.—Not later than October 1, 2011, the Secretary shall submit to Congress a report containing the plan developed under paragraph (1).

(b) HOME HEALTH AGENCIES.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall develop a plan to implement a value-based purchasing program for payments under the Medicare program under title XVIII of the Social Security Act for home health agencies (as defined in section 1861(o) of such Act (42 U.S.C. 1395x(o))).

(2) DETAILS.—In developing the plan under paragraph (1), the Secretary shall consider the following issues:

(A) The ongoing development, selection, and modification process for measures (including under section 1890 of the Social Security Act (42 U.S.C. 1395aaa) and section 1890A such Act, as added by section 3014), to the extent feasible and practicable, of all dimensions of quality and efficiency in home health agencies.

(B) The reporting, collection, and validation of quality data.

(C) The structure of value-based payment adjustments, including the determination of thresholds or improvements in quality that would substantiate a payment adjustment, the size of such payments, and the sources of funding for the value-based bonus payments.

(D) Methods for the public disclosure of information on the performance of home health agencies.

(E) Any other issues determined appropriate by the Secretary.

(3) CONSULTATION.—In developing the plan under paragraph (1), the Secretary shall—

(A) consult with relevant affected parties; and

(B) consider experience with such demonstrations that the Secretary determines are relevant to the value-based purchasing program described in paragraph (1).

(4) REPORT TO CONGRESS.—Not later than October 1, 2011, the Secretary shall submit to Congress a report containing the plan developed under paragraph (1).

SEC. 3007. VALUE-BASED PAYMENT MODIFIER UNDER THE PHYSICIAN FEE SCHEDULE.

Section 1848 of the Social Security Act (42 U.S.C. 1395w-4) is amended—

(1) in subsection (b)(1), by inserting “subject to subsection (p).” after “1998.”; and

(2) by adding at the end the following new subsection:

“(p) ESTABLISHMENT OF VALUE-BASED PAYMENT MODIFIER.—

“(1) IN GENERAL.—The Secretary shall establish a payment modifier that provides for differential payment to a physician or a group of physicians under the fee schedule established under subsection (b) based upon the quality of care furnished compared to cost (as determined under paragraphs (2) and (3), respectively) during a performance period. Such payment modifier shall be separate from the geographic adjustment factors established under subsection (e).

“(2) QUALITY.—

“(A) IN GENERAL.—For purposes of paragraph (1), quality of care shall be evaluated, to the extent practicable, based on a composite of measures of the quality of care furnished (as established by the Secretary under subparagraph (B)).

“(B) MEASURES.—

“(i) The Secretary shall establish appropriate measures of the quality of care furnished by a physician or group of physicians to individuals enrolled under this part, such as measures that reflect health outcomes. Such measures shall be risk adjusted as determined appropriate by the Secretary.

“(ii) The Secretary shall seek endorsement of the measures established under this subparagraph by the entity with a contract under section 1890(a).

“(3) COSTS.—For purposes of paragraph (1), costs shall be evaluated, to the extent practicable, based on a composite of appropriate measures of costs established by the Secretary (such as the composite measure under the methodology established under subsection (n)(9)(C)(iii)) that eliminate the effect of geographic adjustments in payment rates (as described in subsection (e)), and take into account

risk factors (such as socioeconomic and demographic characteristics, ethnicity, and health status of individuals (such as to recognize that less healthy individuals may require more intensive interventions) and other factors determined appropriate by the Secretary.

“(4) IMPLEMENTATION.—

“(A) PUBLICATION OF MEASURES, DATES OF IMPLEMENTATION, PERFORMANCE PERIOD.—Not later than January 1, 2012, the Secretary shall publish the following:

“(i) The measures of quality of care and costs established under paragraphs (2) and (3), respectively.

“(ii) The dates for implementation of the payment modifier (as determined under subparagraph (B)).

“(iii) The initial performance period (as specified under subparagraph (B)(ii)).

“(B) DEADLINES FOR IMPLEMENTATION.—

“(i) INITIAL IMPLEMENTATION.—Subject to the preceding provisions of this subparagraph, the Secretary shall begin implementing the payment modifier established under this subsection through the rulemaking process during 2013 for the physician fee schedule established under subsection (b).

“(ii) INITIAL PERFORMANCE PERIOD.—

“(I) IN GENERAL.—The Secretary shall specify an initial performance period for application of the payment modifier established under this subsection with respect to 2015.

“(II) PROVISION OF INFORMATION DURING INITIAL PERFORMANCE PERIOD.—During the initial performance period, the Secretary shall, to the extent practicable, provide information to physicians and groups of physicians about the quality of care furnished by the physician or group of physicians to individuals enrolled under this part compared to cost (as determined under paragraphs (2) and (3), respectively) with respect to the performance period.

“(iii) APPLICATION.—The Secretary shall apply the payment modifier established under this subsection for items and services furnished—

“(I) beginning on January 1, 2015, with respect to specific physicians and groups of physicians the Secretary determines appropriate; and

“(II) beginning not later than January 1, 2017, with respect to all physicians and groups of physicians.

“(C) BUDGET NEUTRALITY.—The payment modifier established under this subsection shall be implemented in a budget neutral manner.

“(5) SYSTEMS-BASED CARE.—The Secretary shall, as appropriate, apply the payment modifier established under this subsection in a manner that promotes systems-based care.

“(6) CONSIDERATION OF SPECIAL CIRCUMSTANCES OF CERTAIN PROVIDERS.—In applying the payment modifier under this subsection, the Secretary shall, as appropriate, take into account the special circumstances of physicians or groups of physicians in rural areas and other underserved communities.

“(7) APPLICATION.—For purposes of the initial application of the payment modifier established under this subsection during the period beginning on January 1, 2015, and ending on December 31, 2016, the term ‘physician’ has the meaning given such term in section 1861(r). On or after January 1, 2017, the Secretary may apply this subsection to eligible professionals (as defined in subsection (k)(3)(B)) as the Secretary determines appropriate.

“(8) DEFINITIONS.—For purposes of this subsection:

“(A) COSTS.—The term ‘costs’ means expenditures per individual as determined appropriate by the Secretary. In making the determination under the preceding sentence, the Secretary may take into account the amount of growth in expenditures per individual for a physician com-

pared to the amount of such growth for other physicians.

“(B) PERFORMANCE PERIOD.—The term ‘performance period’ means a period specified by the Secretary.

“(9) COORDINATION WITH OTHER VALUE-BASED PURCHASING REFORMS.—The Secretary shall coordinate the value-based payment modifier established under this subsection with the Physician Feedback Program under subsection (n) and, as the Secretary determines appropriate, other similar provisions of this title.

“(10) LIMITATIONS ON REVIEW.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of—

“(A) the establishment of the value-based payment modifier under this subsection;

“(B) the evaluation of quality of care under paragraph (2), including the establishment of appropriate measures of the quality of care under paragraph (2)(B);

“(C) the evaluation of costs under paragraph (3), including the establishment of appropriate measures of costs under such paragraph;

“(D) the dates for implementation of the value-based payment modifier;

“(E) the specification of the initial performance period and any other performance period under paragraphs (4)(B)(ii) and (8)(B), respectively;

“(F) the application of the value-based payment modifier under paragraph (7); and

“(G) the determination of costs under paragraph (8)(A).”.

SEC. 3008. PAYMENT ADJUSTMENT FOR CONDITIONS ACQUIRED IN HOSPITALS.

(a) IN GENERAL.—Section 1886 of the Social Security Act (42 U.S.C. 1395ww), as amended by section 3001, is amended by adding at the end the following new subsection:

“(p) ADJUSTMENT TO HOSPITAL PAYMENTS FOR HOSPITAL ACQUIRED CONDITIONS.—

“(1) IN GENERAL.—In order to provide an incentive for applicable hospitals to reduce hospital acquired conditions under this title, with respect to discharges from an applicable hospital occurring during fiscal year 2015 or a subsequent fiscal year, the amount of payment under this section or section 1814(b)(3), as applicable, for such discharges during the fiscal year shall be equal to 99 percent of the amount of payment that would otherwise apply to such discharges under this section or section 1814(b)(3) (determined after the application of subsections (o) and (q) and section 1814(l)(4) but without regard to this subsection).

“(2) APPLICABLE HOSPITALS.—

“(A) IN GENERAL.—For purposes of this subsection, the term ‘applicable hospital’ means a subsection (d) hospital that meets the criteria described in subparagraph (B).

“(B) CRITERIA DESCRIBED.—

“(i) IN GENERAL.—The criteria described in this subparagraph, with respect to a subsection (d) hospital, is that the subsection (d) hospital is in the top quartile of all subsection (d) hospitals, relative to the national average, of hospital acquired conditions during the applicable period, as determined by the Secretary.

“(ii) RISK ADJUSTMENT.—In carrying out clause (i), the Secretary shall establish and apply an appropriate risk adjustment methodology.

“(C) EXEMPTION.—In the case of a hospital that is paid under section 1814(b)(3), the Secretary may exempt such hospital from the application of this subsection if the State which is paid under such section submits an annual report to the Secretary describing how a similar program in the State for a participating hospital or hospitals achieves or surpasses the measured results in terms of patient health outcomes and cost savings established under this subsection.

“(3) HOSPITAL ACQUIRED CONDITIONS.—For purposes of this subsection, the term ‘hospital

acquired condition’ means a condition identified for purposes of subsection (d)(4)(D)(iv) and any other condition determined appropriate by the Secretary that an individual acquires during a stay in an applicable hospital, as determined by the Secretary.

“(4) APPLICABLE PERIOD.—In this subsection, the term ‘applicable period’ means, with respect to a fiscal year, a period specified by the Secretary.

“(5) REPORTING TO HOSPITALS.—Prior to fiscal year 2015 and each subsequent fiscal year, the Secretary shall provide confidential reports to applicable hospitals with respect to hospital acquired conditions of the applicable hospital during the applicable period.

“(6) REPORTING HOSPITAL SPECIFIC INFORMATION.—

“(A) IN GENERAL.—The Secretary shall make information available to the public regarding hospital acquired conditions of each applicable hospital.

“(B) OPPORTUNITY TO REVIEW AND SUBMIT CORRECTIONS.—The Secretary shall ensure that an applicable hospital has the opportunity to review, and submit corrections for, the information to be made public with respect to the hospital under subparagraph (A) prior to such information being made public.

“(C) WEBSITE.—Such information shall be posted on the Hospital Compare Internet website in an easily understandable format.

“(7) LIMITATIONS ON REVIEW.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the following:

“(A) The criteria described in paragraph (2)(A).

“(B) The specification of hospital acquired conditions under paragraph (3).

“(C) The specification of the applicable period under paragraph (4).

“(D) The provision of reports to applicable hospitals under paragraph (5) and the information made available to the public under paragraph (6).”.

(b) STUDY AND REPORT ON EXPANSION OF HEALTHCARE ACQUIRED CONDITIONS POLICY TO OTHER PROVIDERS.—

(1) STUDY.—The Secretary of Health and Human Services shall conduct a study on expanding the healthcare acquired conditions policy under subsection (d)(4)(D) of section 1886 of the Social Security Act (42 U.S.C. 1395ww) to payments made to other facilities under the Medicare program under title XVIII of the Social Security Act, including such payments made to inpatient rehabilitation facilities, long-term care hospitals (as described in subsection(d)(1)(B)(iv) of such section), hospital outpatient departments, and other hospitals excluded from the inpatient prospective payment system under such section, skilled nursing facilities, ambulatory surgical centers, and health clinics. Such study shall include an analysis of how such policies could impact quality of patient care, patient safety, and spending under the Medicare program.

(2) REPORT.—Not later than January 1, 2012, the Secretary shall submit to Congress a report containing the results of the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

PART II—NATIONAL STRATEGY TO IMPROVE HEALTH CARE QUALITY

SEC. 3011. NATIONAL STRATEGY.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

"PART S—HEALTH CARE QUALITY PROGRAMS"

"Subpart I—National Strategy for Quality Improvement in Health Care"

"SEC. 399HH. NATIONAL STRATEGY FOR QUALITY IMPROVEMENT IN HEALTH CARE."

“(a) ESTABLISHMENT OF NATIONAL STRATEGY AND PRIORITIES.—

“(1) NATIONAL STRATEGY.—The Secretary, through a transparent collaborative process, shall establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health.

“(2) IDENTIFICATION OF PRIORITIES.—

“(A) IN GENERAL.—The Secretary shall identify national priorities for improvement in developing the strategy under paragraph (1).

“(B) REQUIREMENTS.—The Secretary shall ensure that priorities identified under subparagraph (A) will—

“(i) have the greatest potential for improving the health outcomes, efficiency, and patient-centeredness of health care for all populations, including children and vulnerable populations;

“(ii) identify areas in the delivery of health care services that have the potential for rapid improvement in the quality and efficiency of patient care;

“(iii) address gaps in quality, efficiency, comparative effectiveness information, and health outcomes measures and data aggregation techniques;

“(iv) improve Federal payment policy to emphasize quality and efficiency;

“(v) enhance the use of health care data to improve quality, efficiency, transparency, and outcomes;

“(vi) address the health care provided to patients with high-cost chronic diseases;

“(vii) improve research and dissemination of strategies and best practices to improve patient safety and reduce medical errors, preventable admissions and readmissions, and health care-associated infections;

“(viii) reduce health disparities across health disparity populations (as defined in section 485E) and geographic areas; and

“(ix) address other areas as determined appropriate by the Secretary.

“(C) CONSIDERATIONS.—In identifying priorities under subparagraph (A), the Secretary shall take into consideration the recommendations submitted by the entity with a contract under section 1890(a) of the Social Security Act and other stakeholders.

“(D) COORDINATION WITH STATE AGENCIES.—The Secretary shall collaborate, coordinate, and consult with State agencies responsible for administering the Medicaid program under title XIX of the Social Security Act and the Children's Health Insurance Program under title XXI of such Act with respect to developing and disseminating strategies, goals, models, and timetables that are consistent with the national priorities identified under subparagraph (A).

“(b) STRATEGIC PLAN.—

“(1) IN GENERAL.—The national strategy shall include a comprehensive strategic plan to achieve the priorities described in subsection (a).

“(2) REQUIREMENTS.—The strategic plan shall include provisions for addressing, at a minimum, the following:

“(A) Coordination among agencies within the Department, which shall include steps to minimize duplication of efforts and utilization of common quality measures, where available. Such common quality measures shall be measures identified by the Secretary under section 1139A or 1139B of the Social Security Act or endorsed under section 1890 of such Act.

“(B) Agency-specific strategic plans to achieve national priorities.

“(C) Establishment of annual benchmarks for each relevant agency to achieve national priorities.

“(D) A process for regular reporting by the agencies to the Secretary on the implementation of the strategic plan.

“(E) Strategies to align public and private payers with regard to quality and patient safety efforts.

“(F) Incorporating quality improvement and measurement in the strategic plan for health information technology required by the American Recovery and Reinvestment Act of 2009 (Public Law 111–5).

“(c) PERIODIC UPDATE OF NATIONAL STRATEGY.—The Secretary shall update the national strategy not less than annually. Any such update shall include a review of short- and long-term goals.

“(d) SUBMISSION AND AVAILABILITY OF NATIONAL STRATEGY AND UPDATES.—

“(1) DEADLINE FOR INITIAL SUBMISSION OF NATIONAL STRATEGY.—Not later than January 1, 2011, the Secretary shall submit to the relevant committees of Congress the national strategy described in subsection (a).

“(2) UPDATES.—

“(A) IN GENERAL.—The Secretary shall submit to the relevant committees of Congress an annual update to the strategy described in paragraph (1).

“(B) INFORMATION SUBMITTED.—Each update submitted under subparagraph (A) shall include—

“(i) a review of the short- and long-term goals of the national strategy and any gaps in such strategy;

“(ii) an analysis of the progress, or lack of progress, in meeting such goals and any barriers to such progress;

“(iii) the information reported under section 1139A of the Social Security Act, consistent with the reporting requirements of such section; and

“(iv) in the case of an update required to be submitted on or after January 1, 2014, the information reported under section 1139B(b)(4) of the Social Security Act, consistent with the reporting requirements of such section.

“(C) SATISFACTION OF OTHER REPORTING REQUIREMENTS.—Compliance with the requirements of clauses (iii) and (iv) of subparagraph (B) shall satisfy the reporting requirements under sections 1139A(a)(6) and 1139B(b)(4), respectively, of the Social Security Act.

“(e) HEALTH CARE QUALITY INTERNET WEBSITE.—Not later than January 1, 2011, the Secretary shall create an Internet website to make public information regarding—

“(1) the national priorities for health care quality improvement established under subsection (a)(2);

“(2) the agency-specific strategic plans for health care quality described in subsection (b)(2)(B); and

“(3) other information, as the Secretary determines to be appropriate.”

SEC. 3012. INTERAGENCY WORKING GROUP ON HEALTH CARE QUALITY.

(a) IN GENERAL.—The President shall convene a working group to be known as the Interagency Working Group on Health Care Quality (referred to in this section as the “Working Group”).

(b) GOALS.—The goals of the Working Group shall be to achieve the following:

(1) Collaboration, cooperation, and consultation between Federal departments and agencies with respect to developing and disseminating strategies, goals, models, and timetables that are consistent with the national priorities identified under section 399HH(a)(2) of the Public Health Service Act (as added by section 3011).

(2) Avoidance of inefficient duplication of quality improvement efforts and resources, where practicable, and a streamlined process for quality reporting and compliance requirements.

(3) Assess alignment of quality efforts in the public sector with private sector initiatives.

(c) COMPOSITION.—

(1) IN GENERAL.—The Working Group shall be composed of senior level representatives of—

(A) the Department of Health and Human Services;

(B) the Centers for Medicare & Medicaid Services;

(C) the National Institutes of Health;

(D) the Centers for Disease Control and Prevention;

(E) the Food and Drug Administration;

(F) the Health Resources and Services Administration;

(G) the Agency for Healthcare Research and Quality;

(H) the Office of the National Coordinator for Health Information Technology;

(I) the Substance Abuse and Mental Health Services Administration;

(J) the Administration for Children and Families;

(K) the Department of Commerce;

(L) the Office of Management and Budget;

(M) the United States Coast Guard;

(N) the Federal Bureau of Prisons;

(O) the National Highway Traffic Safety Administration;

(P) the Federal Trade Commission;

(Q) the Social Security Administration;

(R) the Department of Labor;

(S) the United States Office of Personnel Management;

(T) the Department of Defense;

(U) the Department of Education;

(V) the Department of Veterans Affairs;

(W) the Veterans Health Administration; and

(X) any other Federal agencies and departments with activities relating to improving health care quality and safety, as determined by the President.

(2) CHAIR AND VICE-CHAIR.—

(A) CHAIR.—The Working Group shall be chaired by the Secretary of Health and Human Services.

(B) VICE CHAIR.—Members of the Working Group, other than the Secretary of Health and Human Services, shall serve as Vice Chair of the Group on a rotating basis, as determined by the Group.

(d) REPORT TO CONGRESS.—Not later than December 31, 2010, and annually thereafter, the Working Group shall submit to the relevant Committees of Congress, and make public on an Internet website, a report describing the progress and recommendations of the Working Group in meeting the goals described in subsection (b).

SEC. 3013. QUALITY MEASURE DEVELOPMENT.

(a) PUBLIC HEALTH SERVICE ACT.—Title IX of the Public Health Service Act (42 U.S.C. 299 et seq.) is amended—

(1) by redesignating part D as part E;

(2) by redesignating sections 931 through 938 as sections 941 through 948, respectively;

(3) in section 948(1), as so redesignated, by striking “931” and inserting “941”; and

(4) by inserting after section 926 the following:

"PART D—HEALTH CARE QUALITY IMPROVEMENT

"Subpart I—Quality Measure Development

"SEC. 931. QUALITY MEASURE DEVELOPMENT.

“(a) QUALITY MEASURE.—In this subpart, the term ‘quality measure’ means a standard for measuring the performance and improvement of population health or of health plans, providers of services, and other clinicians in the delivery of health care services.

“(b) IDENTIFICATION OF QUALITY MEASURES.—

“(1) IDENTIFICATION.—The Secretary, in consultation with the Director of the Agency for Healthcare Research and Quality and the Administrator of the Centers for Medicare & Medicaid Services, shall identify, not less often than

triennially, gaps where no quality measures exist and existing quality measures that need improvement, updating, or expansion, consistent with the national strategy under section 399HH, to the extent available, for use in Federal health programs. In identifying such gaps and existing quality measures that need improvement, the Secretary shall take into consideration—

“(A) the gaps identified by the entity with a contract under section 1890(a) of the Social Security Act and other stakeholders;

“(B) quality measures identified by the pediatric quality measures program under section 1139A of the Social Security Act; and

“(C) quality measures identified through the Medicaid Quality Measurement Program under section 1139B of the Social Security Act.

“(2) PUBLICATION.—The Secretary shall make available to the public on an Internet website a report on any gaps identified under paragraph (1) and the process used to make such identification.

“(c) GRANTS OR CONTRACTS FOR QUALITY MEASURE DEVELOPMENT.—

“(1) IN GENERAL.—The Secretary shall award grants, contracts, or intergovernmental agreements to eligible entities for purposes of developing, improving, updating, or expanding quality measures identified under subsection (b).

“(2) PRIORITIZATION IN THE DEVELOPMENT OF QUALITY MEASURES.—In awarding grants, contracts, or agreements under this subsection, the Secretary shall give priority to the development of quality measures that allow the assessment of—

“(A) health outcomes and functional status of patients;

“(B) the management and coordination of health care across episodes of care and care transitions for patients across the continuum of providers, health care settings, and health plans;

“(C) the experience, quality, and use of information provided to and used by patients, caregivers, and authorized representatives to inform decisionmaking about treatment options, including the use of shared decisionmaking tools and preference sensitive care (as defined in section 936);

“(D) the meaningful use of health information technology;

“(E) the safety, effectiveness, patient-centeredness, appropriateness, and timeliness of care;

“(F) the efficiency of care;

“(G) the equity of health services and health disparities across health disparity populations (as defined in section 485E) and geographic areas;

“(H) patient experience and satisfaction;

“(I) the use of innovative strategies and methodologies identified under section 933; and

“(J) other areas determined appropriate by the Secretary.

“(3) ELIGIBLE ENTITIES.—To be eligible for a grant or contract under this subsection, an entity shall—

“(A) have demonstrated expertise and capacity in the development and evaluation of quality measures;

“(B) have adopted procedures to include in the quality measure development process—

“(i) the views of those providers or payers whose performance will be assessed by the measure; and

“(ii) the views of other parties who also will use the quality measures (such as patients, consumers, and health care purchasers);

“(C) collaborate with the entity with a contract under section 1890(a) of the Social Security Act and other stakeholders, as practicable, and the Secretary so that quality measures developed by the eligible entity will meet the requirements to be considered for endorsement by the

entity with a contract under such section 1890(a);

“(D) have transparent policies regarding governance and conflicts of interest; and

“(E) submit an application to the Secretary at such time and in such manner, as the Secretary may require.

“(4) USE OF FUNDS.—An entity that receives a grant, contract, or agreement under this subsection shall use such award to develop quality measures that meet the following requirements:

“(A) Such measures support measures required to be reported under the Social Security Act, where applicable, and in support of gaps and existing quality measures that need improvement, as described in subsection (b)(1)(A).

“(B) Such measures support measures developed under section 1139A of the Social Security Act and the Medicaid Quality Measurement Program under section 1139B of such Act, where applicable.

“(C) To the extent practicable, data on such quality measures is able to be collected using health information technologies.

“(D) Each quality measure is free of charge to users of such measure.

“(E) Each quality measure is publicly available on an Internet website.

“(d) OTHER ACTIVITIES BY THE SECRETARY.—The Secretary may use amounts available under this section to update and test, where applicable, quality measures endorsed by the entity with a contract under section 1890(a) of the Social Security Act or adopted by the Secretary.

“(e) COORDINATION OF GRANTS.—The Secretary shall ensure that grants or contracts awarded under this section are coordinated with grants and contracts awarded under sections 1139A(5) and 1139B(4)(A) of the Social Security Act.”.

(b) SOCIAL SECURITY ACT.—Section 1890A of the Social Security Act, as added by section 3014(b), is amended by adding at the end the following new subsection:

“(e) DEVELOPMENT OF QUALITY MEASURES.—The Administrator of the Center for Medicare & Medicaid Services shall through contracts develop quality measures (as determined appropriate by the Administrator) for use under this Act. In developing such measures, the Administrator shall consult with the Director of the Agency for Healthcare Research and Quality.”.

(c) FUNDING.—There are authorized to be appropriated to the Secretary of Health and Human Services to carry out this section, \$75,000,000 for each of fiscal years 2010 through 2014. Of the amounts appropriated under the preceding sentence in a fiscal year, not less than 50 percent of such amounts shall be used pursuant to subsection (e) of section 1890A of the Social Security Act, as added by subsection (b), with respect to programs under such Act. Amounts appropriated under this subsection for a fiscal year shall remain available until expended.

SEC. 3014. QUALITY MEASUREMENT.

(a) NEW DUTIES FOR CONSENSUS-BASED ENTITY.—

(1) MULTI-STAKEHOLDER GROUP INPUT.—Section 1890(b) of the Social Security Act (42 U.S.C. 1395aaa(b)), as amended by section 3003, is amended by adding at the end the following new paragraphs:

“(7) CONVENING MULTI-STAKEHOLDER GROUPS.—

“(A) IN GENERAL.—The entity shall convene multi-stakeholder groups to provide input on—

“(i) the selection of quality measures described in subparagraph (B), from among—

“(I) such measures that have been endorsed by the entity; and

“(II) such measures that have not been considered for endorsement by such entity but are used or proposed to be used by the Secretary for

the collection or reporting of quality measures; and

“(ii) national priorities (as identified under section 399HH of the Public Health Service Act) for improvement in population health and in the delivery of health care services for consideration under the national strategy established under section 399HH of the Public Health Service Act.

“(B) QUALITY MEASURES.—

“(i) IN GENERAL.—Subject to clause (ii), the quality measures described in this subparagraph are quality measures—

“(I) for use pursuant to sections 1814(i)(5)(D), 1833(i)(7), 1833(t)(17), 1848(k)(2)(C), 1866(k)(3), 1881(h)(2)(A)(iii), 1886(b)(3)(B)(viii), 1886(j)(7)(D), 1886(m)(5)(D), 1886(o)(2), and 1895(b)(3)(B)(v);

“(II) for use in reporting performance information to the public; and

“(III) for use in health care programs other than for use under this Act.

“(ii) EXCLUSION.—Data sets (such as the outcome and assessment information set for home health services and the minimum data set for skilled nursing facility services) that are used for purposes of classification systems used in establishing payment rates under this title shall not be quality measures described in this subparagraph.

“(C) REQUIREMENT FOR TRANSPARENCY IN PROCESS.—

“(i) IN GENERAL.—In convening multi-stakeholder groups under subparagraph (A) with respect to the selection of quality measures, the entity shall provide for an open and transparent process for the activities conducted pursuant to such convening.

“(ii) SELECTION OF ORGANIZATIONS PARTICIPATING IN MULTI-STAKEHOLDER GROUPS.—The process described in clause (i) shall ensure that the selection of representatives comprising such groups provides for public nominations for, and the opportunity for public comment on, such selection.

“(D) MULTI-STAKEHOLDER GROUP DEFINED.—In this paragraph, the term ‘multi-stakeholder group’ means, with respect to a quality measure, a voluntary collaborative of organizations representing a broad group of stakeholders interested in or affected by the use of such quality measure.

“(8) TRANSMISSION OF MULTI-STAKEHOLDER INPUT.—Not later than February 1 of each year (beginning with 2012), the entity shall transmit to the Secretary the input of multi-stakeholder groups provided under paragraph (7).”.

(2) ANNUAL REPORT.—Section 1890(b)(5)(A) of the Social Security Act (42 U.S.C. 1395aaa(b)(5)(A)) is amended—

(A) in clause (ii), by striking “and” at the end;

(B) in clause (iii), by striking the period at the end and inserting a semicolon; and

(C) by adding at the end the following new clauses:

“(iv) gaps in endorsed quality measures, which shall include measures that are within priority areas identified by the Secretary under the national strategy established under section 399HH of the Public Health Service Act, and where quality measures are unavailable or inadequate to identify or address such gaps;

“(v) areas in which evidence is insufficient to support endorsement of quality measures in priority areas identified by the Secretary under the national strategy established under section 399HH of the Public Health Service Act and where targeted research may address such gaps; and

“(vi) the matters described in clauses (i) and (ii) of paragraph (7)(A).”.

(b) MULTI-STAKEHOLDER GROUP INPUT INTO SELECTION OF QUALITY MEASURES.—Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.)

is amended by inserting after section 1890 the following:

"QUALITY MEASUREMENT

"SEC. 1890A. (a) MULTI-STAKEHOLDER GROUP INPUT INTO SELECTION OF QUALITY MEASURES.—The Secretary shall establish a pre-rulemaking process under which the following steps occur with respect to the selection of quality measures described in section 1890(b)(7)(B):

"(1) INPUT.—Pursuant to section 1890(b)(7), the entity with a contract under section 1890 shall convene multi-stakeholder groups to provide input to the Secretary on the selection of quality measures described in subparagraph (B) of such paragraph.

"(2) PUBLIC AVAILABILITY OF MEASURES CONSIDERED FOR SELECTION.—Not later than December 1 of each year (beginning with 2011), the Secretary shall make available to the public a list of quality measures described in section 1890(b)(7)(B) that the Secretary is considering under this title.

"(3) TRANSMISSION OF MULTI-STAKEHOLDER INPUT.—Pursuant to section 1890(b)(8), not later than February 1 of each year (beginning with 2012), the entity shall transmit to the Secretary the input of multi-stakeholder groups described in paragraph (1).

"(4) CONSIDERATION OF MULTI-STAKEHOLDER INPUT.—The Secretary shall take into consideration the input from multi-stakeholder groups described in paragraph (1) in selecting quality measures described in section 1890(b)(7)(B) that have been endorsed by the entity with a contract under section 1890 and measures that have not been endorsed by such entity.

"(5) RATIONALE FOR USE OF QUALITY MEASURES.—The Secretary shall publish in the Federal Register the rationale for the use of any quality measure described in section 1890(b)(7)(B) that has not been endorsed by the entity with a contract under section 1890.

"(6) ASSESSMENT OF IMPACT.—Not later than March 1, 2012, and at least once every three years thereafter, the Secretary shall—

"(A) conduct an assessment of the quality impact of the use of endorsed measures described in section 1890(b)(7)(B); and

"(B) make such assessment available to the public.

"(b) PROCESS FOR DISSEMINATION OF MEASURES USED BY THE SECRETARY.—

"(1) IN GENERAL.—The Secretary shall establish a process for disseminating quality measures used by the Secretary. Such process shall include the following:

"(A) The incorporation of such measures, where applicable, in workforce programs, training curricula, and any other means of dissemination determined appropriate by the Secretary.

"(B) The dissemination of such quality measures through the national strategy developed under section 399HH of the Public Health Service Act.

"(2) EXISTING METHODS.—To the extent practicable, the Secretary shall utilize and expand existing dissemination methods in disseminating quality measures under the process established under paragraph (1).

"(c) REVIEW OF QUALITY MEASURES USED BY THE SECRETARY.—

"(1) IN GENERAL.—The Secretary shall—

"(A) periodically (but in no case less often than once every 3 years) review quality measures described in section 1890(b)(7)(B); and

"(B) with respect to each such measure, determine whether to—

"(i) maintain the use of such measure; or

"(ii) phase out such measure.

"(2) CONSIDERATIONS.—In conducting the review under paragraph (1), the Secretary shall take steps to—

"(A) seek to avoid duplication of measures used; and

"(B) take into consideration current innovative methodologies and strategies for quality improvement practices in the delivery of health care services that represent best practices for such quality improvement and measures endorsed by the entity with a contract under section 1890 since the previous review by the Secretary.

"(d) RULE OF CONSTRUCTION.—Nothing in this section shall preclude a State from using the quality measures identified under sections 1139A and 1139B."

(c) FUNDING.—For purposes of carrying out the amendments made by this section, the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplementary Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t), in such proportion as the Secretary determines appropriate, of \$20,000,000, to the Centers for Medicare & Medicaid Services Program Management Account for each of fiscal years 2010 through 2014. Amounts transferred under the preceding sentence shall remain available until expended.

SEC. 3015. DATA COLLECTION; PUBLIC REPORTING.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.), as amended by section 3011, is further amended by adding at the end the following:

"SEC. 399II. COLLECTION AND ANALYSIS OF DATA FOR QUALITY AND RESOURCE USE MEASURES.

"(a) IN GENERAL.—The Secretary shall collect and aggregate consistent data on quality and resource use measures from information systems used to support health care delivery to implement the public reporting of performance information, as described in section 399JJ, and may award grants or contracts for this purpose. The Secretary shall ensure that such collection, aggregation, and analysis systems span an increasingly broad range of patient populations, providers, and geographic areas over time.

"(b) GRANTS OR CONTRACTS FOR DATA COLLECTION.—

"(1) IN GENERAL.—The Secretary may award grants or contracts to eligible entities to support new, or improve existing, efforts to collect and aggregate quality and resource use measures described under subsection (c).

"(2) ELIGIBLE ENTITIES.—To be eligible for a grant or contract under this subsection, an entity shall—

"(A) be—

"(i) a multi-stakeholder entity that coordinates the development of methods and implementation plans for the consistent reporting of summary quality and cost information;

"(ii) an entity capable of submitting such summary data for a particular population and providers, such as a disease registry, regional collaboration, health plan collaboration, or other population-wide source; or

"(iii) a Federal Indian Health Service program or a health program operated by an Indian tribe (as defined in section 4 of the Indian Health Care Improvement Act);

"(B) promote the use of the systems that provide data to improve and coordinate patient care;

"(C) support the provision of timely, consistent quality and resource use information to health care providers, and other groups and organizations as appropriate, with an opportunity for providers to correct inaccurate measures; and

"(D) agree to report, as determined by the Secretary, measures on quality and resource use to the public in accordance with the public reporting process established under section 399JJ.

"(c) CONSISTENT DATA AGGREGATION.—The Secretary may award grants or contracts under

this section only to entities that enable summary data that can be integrated and compared across multiple sources. The Secretary shall provide standards for the protection of the security and privacy of patient data.

"(d) MATCHING FUNDS.—The Secretary may not award a grant or contract under this section to an entity unless the entity agrees that it will make available (directly or through contributions from other public or private entities) non-Federal contributions toward the activities to be carried out under the grant or contract in an amount equal to \$1 for each \$5 of Federal funds provided under the grant or contract. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

"(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2010 through 2014.

"SEC. 399JJ. PUBLIC REPORTING OF PERFORMANCE INFORMATION.

"(a) DEVELOPMENT OF PERFORMANCE WEBSITES.—The Secretary shall make available to the public, through standardized Internet websites, performance information summarizing data on quality measures. Such information shall be tailored to respond to the differing needs of hospitals and other institutional health care providers, physicians and other clinicians, patients, consumers, researchers, policymakers, States, and other stakeholders, as the Secretary may specify.

"(b) INFORMATION ON CONDITIONS.—The performance information made publicly available on an Internet website, as described in subsection (a), shall include information regarding clinical conditions to the extent such information is available, and the information shall, where appropriate, be provider-specific and sufficiently disaggregated and specific to meet the needs of patients with different clinical conditions.

"(c) CONSULTATION.—

"(1) IN GENERAL.—In carrying out this section, the Secretary shall consult with the entity with a contract under section 1890(a) of the Social Security Act, and other entities, as appropriate, to determine the type of information that is useful to stakeholders and the format that best facilitates use of the reports and of performance reporting Internet websites.

"(2) CONSULTATION WITH STAKEHOLDERS.—The entity with a contract under section 1890(a) of the Social Security Act shall convene multi-stakeholder groups, as described in such section, to review the design and format of each Internet website made available under subsection (a) and shall transmit to the Secretary the views of such multi-stakeholder groups with respect to each such design and format.

"(d) COORDINATION.—Where appropriate, the Secretary shall coordinate the manner in which data are presented through Internet websites described in subsection (a) and for public reporting of other quality measures by the Secretary, including such quality measures under title XVIII of the Social Security Act.

"(e) AUTHORIZATION OF APPROPRIATIONS.—To carry out this section, there are authorized to be appropriated such sums as may be necessary for fiscal years 2010 through 2014."

PART III—ENCOURAGING DEVELOPMENT OF NEW PATIENT CARE MODELS

SEC. 3021. ESTABLISHMENT OF CENTER FOR MEDICARE AND MEDICAID INNOVATION WITHIN CMS.

(a) IN GENERAL.—Title XI of the Social Security Act is amended by inserting after section 1115 the following new section:

"CENTER FOR MEDICARE AND MEDICAID INNOVATION"

"SEC. 1115A. (a) CENTER FOR MEDICARE AND MEDICAID INNOVATION ESTABLISHED.—

"(1) IN GENERAL.—There is created within the Centers for Medicare & Medicaid Services a Center for Medicare and Medicaid Innovation (in this section referred to as the "CMI") to carry out the duties described in this section. The purpose of the CMI is to test innovative payment and service delivery models to reduce program expenditures under the applicable titles while preserving or enhancing the quality of care furnished to individuals under such titles. In selecting such models, the Secretary shall give preference to models that also improve the coordination, quality, and efficiency of health care services furnished to applicable individuals defined in paragraph (4)(A).

"(2) DEADLINE.—The Secretary shall ensure that the CMI is carrying out the duties described in this section by not later than January 1, 2011.

"(3) CONSULTATION.—In carrying out the duties under this section, the CMI shall consult representatives of relevant Federal agencies, and clinical and analytical experts with expertise in medicine and health care management. The CMI shall use open door forums or other mechanisms to seek input from interested parties.

"(4) DEFINITIONS.—In this section:

"(A) APPLICABLE INDIVIDUAL.—The term 'applicable individual' means—

"(i) an individual who is entitled to, or enrolled for, benefits under part A of title XVIII or enrolled for benefits under part B of such title;

"(ii) an individual who is eligible for medical assistance under title XIX, under a State plan or waiver; or

"(iii) an individual who meets the criteria of both clauses (i) and (ii).

"(B) APPLICABLE TITLE.—The term 'applicable title' means title XVIII, title XIX, or both.

"(b) TESTING OF MODELS (PHASE I).—

"(1) IN GENERAL.—The CMI shall test payment and service delivery models in accordance with selection criteria under paragraph (2) to determine the effect of applying such models under the applicable title (as defined in subsection (a)(4)(B)) on program expenditures under such titles and the quality of care received by individuals receiving benefits under such title.

"(2) SELECTION OF MODELS TO BE TESTED.—

"(A) IN GENERAL.—The Secretary shall select models to be tested from models where the Secretary determines that there is evidence that the model addresses a defined population for which there are deficits in care leading to poor clinical outcomes or potentially avoidable expenditures. The models selected under the preceding sentence may include the models described in subparagraph (B).

"(B) OPPORTUNITIES.—The models described in this subparagraph are the following models:

"(i) Promoting broad payment and practice reform in primary care, including patient-centered medical home models for high-need applicable individuals, medical homes that address women's unique health care needs, and models that transition primary care practices away from fee-for-service based reimbursement and toward comprehensive payment or salary-based payment.

"(ii) Contracting directly with groups of providers of services and suppliers to promote innovative care delivery models, such as through risk-based comprehensive payment or salary-based payment.

"(iii) Utilizing geriatric assessments and comprehensive care plans to coordinate the care (including through interdisciplinary teams) of applicable individuals with multiple chronic conditions and at least one of the following:

"(I) An inability to perform 2 or more activities of daily living.

"(II) Cognitive impairment, including dementia.

"(iv) Promote care coordination between providers of services and suppliers that transition health care providers away from fee-for-service based reimbursement and toward salary-based payment.

"(v) Supporting care coordination for chronically-ill applicable individuals at high risk of hospitalization through a health information technology-enabled provider network that includes care coordinators, a chronic disease registry, and home tele-health technology.

"(vi) Varying payment to physicians who order advanced diagnostic imaging services (as defined in section 1834(e)(1)(B)) according to the physician's adherence to appropriateness criteria for the ordering of such services, as determined in consultation with physician specialty groups and other relevant stakeholders.

"(vii) Utilizing medication therapy management services, such as those described in section 935 of the Public Health Service Act.

"(viii) Establishing community-based health teams to support small-practice medical homes by assisting the primary care practitioner in chronic care management, including patient self-management, activities.

"(ix) Assisting applicable individuals in making informed health care choices by paying providers of services and suppliers for using patient decision-support tools, including tools that meet the standards developed and identified under section 936(c)(2)(A) of the Public Health Service Act, that improve applicable individual and caregiver understanding of medical treatment options.

"(x) Allowing States to test and evaluate fully integrating care for dual eligible individuals in the State, including the management and oversight of all funds under the applicable titles with respect to such individuals.

"(xi) Allowing States to test and evaluate systems of all-payer payment reform for the medical care of residents of the State, including dual eligible individuals.

"(xii) Aligning nationally recognized, evidence-based guidelines of cancer care with payment incentives under title XVIII in the areas of treatment planning and follow-up care planning for applicable individuals described in clause (i) or (iii) of subsection (a)(4)(A) with cancer, including the identification of gaps in applicable quality measures.

"(xiii) Improving post-acute care through continuing care hospitals that offer inpatient rehabilitation, long-term care hospitals, and home health or skilled nursing care during an inpatient stay and the 30 days immediately following discharge.

"(xiv) Funding home health providers who offer chronic care management services to applicable individuals in cooperation with interdisciplinary teams.

"(xv) Promoting improved quality and reduced cost by developing a collaborative of high-quality, low-cost health care institutions that is responsible for—

"(I) developing, documenting, and disseminating best practices and proven care methods;

"(II) implementing such best practices and proven care methods within such institutions to demonstrate further improvements in quality and efficiency; and

"(III) providing assistance to other health care institutions on how best to employ such best practices and proven care methods to improve health care quality and lower costs.

"(xvi) Facilitate inpatient care, including intensive care, of hospitalized applicable individuals at their local hospital through the use of electronic monitoring by specialists, including

intensivists and critical care specialists, based at integrated health systems.

"(xvii) Promoting greater efficiencies and timely access to outpatient services (such as outpatient physical therapy services) through models that do not require a physician or other health professional to refer the service or be involved in establishing the plan of care for the service, when such service is furnished by a health professional who has the authority to furnish the service under existing State law.

"(xviii) Establishing comprehensive payments to Healthcare Innovation Zones, consisting of groups of providers that include a teaching hospital, physicians, and other clinical entities, that, through their structure, operations, and joint-activity deliver a full spectrum of integrated and comprehensive health care services to applicable individuals while also incorporating innovative methods for the clinical training of future health care professionals.

"(C) ADDITIONAL FACTORS FOR CONSIDERATION.—In selecting models for testing under subparagraph (A), the CMI may consider the following additional factors:

"(i) Whether the model includes a regular process for monitoring and updating patient care plans in a manner that is consistent with the needs and preferences of applicable individuals.

"(ii) Whether the model places the applicable individual, including family members and other informal caregivers of the applicable individual, at the center of the care team of the applicable individual.

"(iii) Whether the model provides for in-person contact with applicable individuals.

"(iv) Whether the model utilizes technology, such as electronic health records and patient-based remote monitoring systems, to coordinate care over time and across settings.

"(v) Whether the model provides for the maintenance of a close relationship between care coordinators, primary care practitioners, specialist physicians, community-based organizations, and other providers of services and suppliers.

"(vi) Whether the model relies on a team-based approach to interventions, such as comprehensive care assessments, care planning, and self-management coaching.

"(vii) Whether, under the model, providers of services and suppliers are able to share information with patients, caregivers, and other providers of services and suppliers on a real time basis.

"(3) BUDGET NEUTRALITY.—

"(A) INITIAL PERIOD.—The Secretary shall not require, as a condition for testing a model under paragraph (1), that the design of such model ensure that such model is budget neutral initially with respect to expenditures under the applicable title.

"(B) TERMINATION OR MODIFICATION.—The Secretary shall terminate or modify the design and implementation of a model unless the Secretary determines (and the Chief Actuary of the Centers for Medicare & Medicaid Services, with respect to program spending under the applicable title, certifies), after testing has begun, that the model is expected to—

"(i) improve the quality of care (as determined by the Administrator of the Centers for Medicare & Medicaid Services) without increasing spending under the applicable title;

"(ii) reduce spending under the applicable title without reducing the quality of care; or

"(iii) improve the quality of care and reduce spending.

Such termination may occur at any time after such testing has begun and before completion of the testing.

"(4) EVALUATION.—

"(A) IN GENERAL.—The Secretary shall conduct an evaluation of each model tested under

this subsection. Such evaluation shall include an analysis of—

“(i) the quality of care furnished under the model, including the measurement of patient-level outcomes and patient-centeredness criteria determined appropriate by the Secretary; and

“(ii) the changes in spending under the applicable titles by reason of the model.

“(B) INFORMATION.—The Secretary shall make the results of each evaluation under this paragraph available to the public in a timely fashion and may establish requirements for States and other entities participating in the testing of models under this section to collect and report information that the Secretary determines is necessary to monitor and evaluate such models.

“(c) EXPANSION OF MODELS (PHASE II).—Taking into account the evaluation under subsection (b)(4), the Secretary may, through rule-making, expand (including implementation on a nationwide basis) the duration and the scope of a model that is being tested under subsection (b) or a demonstration project under section 1866C, to the extent determined appropriate by the Secretary, if—

“(1) the Secretary determines that such expansion is expected to—

“(A) reduce spending under applicable title without reducing the quality of care; or

“(B) improve the quality of care and reduce spending; and

“(2) the Chief Actuary of the Centers for Medicare & Medicaid Services certifies that such expansion would reduce program spending under applicable titles.

“(d) IMPLEMENTATION.—

“(1) WAIVER AUTHORITY.—The Secretary may waive such requirements of titles XI and XVIII and of sections 1902(a)(1), 1902(a)(13), and 1903(m)(2)(A)(iii) as may be necessary solely for purposes of carrying out this section with respect to testing models described in subsection (b).

“(2) LIMITATIONS ON REVIEW.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of—

“(A) the selection of models for testing or expansion under this section;

“(B) the selection of organizations, sites, or participants to test those models selected;

“(C) the elements, parameters, scope, and duration of such models for testing or dissemination;

“(D) determinations regarding budget neutrality under subsection (b)(3);

“(E) the termination or modification of the design and implementation of a model under subsection (b)(3)(B); and

“(F) determinations about expansion of the duration and scope of a model under subsection (c), including the determination that a model is not expected to meet criteria described in paragraph (1) or (2) of such subsection.

“(3) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to the testing and evaluation of models or expansion of such models under this section.

“(e) APPLICATION TO CHIP.—The Center may carry out activities under this section with respect to title XXI in the same manner as provided under this section with respect to the program under the applicable titles.

“(f) FUNDING.—

“(1) IN GENERAL.—There are appropriated, from amounts in the Treasury not otherwise appropriated—

“(A) \$5,000,000 for the design, implementation, and evaluation of models under subsection (b) for fiscal year 2010;

“(B) \$10,000,000,000 for the activities initiated under this section for the period of fiscal years 2011 through 2019; and

“(C) the amount described in subparagraph (B) for the activities initiated under this section

for each subsequent 10-year fiscal period (beginning with the 10-year fiscal period beginning with fiscal year 2020).

Amounts appropriated under the preceding sentence shall remain available until expended.

“(2) USE OF CERTAIN FUNDS.—Out of amounts appropriated under subparagraphs (B) and (C) of paragraph (1), not less than \$25,000,000 shall be made available each such fiscal year to design, implement, and evaluate models under subsection (b).

“(g) REPORT TO CONGRESS.—Beginning in 2012, and not less than once every other year thereafter, the Secretary shall submit to Congress a report on activities under this section. Each such report shall describe the models tested under subsection (b), including the number of individuals described in subsection (a)(4)(A)(i) and of individuals described in subsection (a)(4)(A)(ii) participating in such models and payments made under applicable titles for services on behalf of such individuals, any models chosen for expansion under subsection (c), and the results from evaluations under subsection (b)(4). In addition, each such report shall provide such recommendations as the Secretary determines are appropriate for legislative action to facilitate the development and expansion of successful payment models.”.

(b) MEDICAID CONFORMING AMENDMENT.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)), as amended by section 8002(b), is amended—

(1) in paragraph (81), by striking “and” at the end;

(2) in paragraph (82), by striking the period at the end and inserting “; and”; and

(3) by inserting after paragraph (82) the following new paragraph:

“(83) provide for implementation of the payment models specified by the Secretary under section 1115(a)(c) for implementation on a nationwide basis unless the State demonstrates to the satisfaction of the Secretary that implementation would not be administratively feasible or appropriate to the health care delivery system of the State.”.

(c) REVISIONS TO HEALTH CARE QUALITY DEMONSTRATION PROGRAM.—Subsections (b) and (f) of section 1866C of the Social Security Act (42 U.S.C. 1395cc-3) are amended by striking “5-year” each place it appears.

SEC. 3022. MEDICARE SHARED SAVINGS PROGRAM.

Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by adding at the end the following new section:

“SHARED SAVINGS PROGRAM

“SEC. 1899. (a) ESTABLISHMENT.—

“(1) IN GENERAL.—Not later than January 1, 2012, the Secretary shall establish a shared savings program (in this section referred to as the ‘program’) that promotes accountability for a patient population and coordinates items and services under parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery. Under such program—

“(A) groups of providers of services and suppliers meeting criteria specified by the Secretary may work together to manage and coordinate care for Medicare fee-for-service beneficiaries through an accountable care organization (referred to in this section as an ‘ACO’); and

“(B) ACOs that meet quality performance standards established by the Secretary are eligible to receive payments for shared savings under subsection (d)(2).

“(b) ELIGIBLE ACOS.—

“(1) IN GENERAL.—Subject to the succeeding provisions of this subsection, as determined appropriate by the Secretary, the following groups of providers of services and suppliers which have established a mechanism for shared gov-

ernance are eligible to participate as ACOs under the program under this section:

“(A) ACO professionals in group practice arrangements.

“(B) Networks of individual practices of ACO professionals.

“(C) Partnerships or joint venture arrangements between hospitals and ACO professionals.

“(D) Hospitals employing ACO professionals.

“(E) Such other groups of providers of services and suppliers as the Secretary determines appropriate.

“(2) REQUIREMENTS.—An ACO shall meet the following requirements:

“(A) The ACO shall be willing to become accountable for the quality, cost, and overall care of the Medicare fee-for-service beneficiaries assigned to it.

“(B) The ACO shall enter into an agreement with the Secretary to participate in the program for not less than a 3-year period (referred to in this section as the ‘agreement period’).

“(C) The ACO shall have a formal legal structure that would allow the organization to receive and distribute payments for shared savings under subsection (d)(2) to participating providers of services and suppliers.

“(D) The ACO shall include primary care ACO professionals that are sufficient for the number of Medicare fee-for-service beneficiaries assigned to the ACO under subsection (c). At a minimum, the ACO shall have at least 5,000 such beneficiaries assigned to it under subsection (c) in order to be eligible to participate in the ACO program.

“(E) The ACO shall provide the Secretary with such information regarding ACO professionals participating in the ACO as the Secretary determines necessary to support the assignment of Medicare fee-for-service beneficiaries to an ACO, the implementation of quality and other reporting requirements under paragraph (3), and the determination of payments for shared savings under subsection (d)(2).

“(F) The ACO shall have in place a leadership and management structure that includes clinical and administrative systems.

“(G) The ACO shall define processes to promote evidence-based medicine and patient engagement, report on quality and cost measures, and coordinate care, such as through the use of telehealth, remote patient monitoring, and other such enabling technologies.

“(H) The ACO shall demonstrate to the Secretary that it meets patient-centeredness criteria specified by the Secretary, such as the use of patient and caregiver assessments or the use of individualized care plans.

“(3) QUALITY AND OTHER REPORTING REQUIREMENTS.—

“(A) IN GENERAL.—The Secretary shall determine appropriate measures to assess the quality of care furnished by the ACO, such as measures of—

“(i) clinical processes and outcomes;

“(ii) patient and, where practicable, caregiver experience of care; and

“(iii) utilization (such as rates of hospital admissions for ambulatory care sensitive conditions).

“(B) REPORTING REQUIREMENTS.—An ACO shall submit data in a form and manner specified by the Secretary on measures the Secretary determines necessary for the ACO to report in order to evaluate the quality of care furnished by the ACO. Such data may include care transitions across health care settings, including hospital discharge planning and post-hospital discharge follow-up by ACO professionals, as the Secretary determines appropriate.

“(C) QUALITY PERFORMANCE STANDARDS.—The Secretary shall establish quality performance standards to assess the quality of care furnished

by ACOs. The Secretary shall seek to improve the quality of care furnished by ACOs over time by specifying higher standards, new measures, or both for purposes of assessing such quality of care.

“(D) OTHER REPORTING REQUIREMENTS.—The Secretary may, as the Secretary determines appropriate, incorporate reporting requirements and incentive payments related to the physician quality reporting initiative (PQRI) under section 1848, including such requirements and such payments related to electronic prescribing, electronic health records, and other similar initiatives under section 1848, and may use alternative criteria than would otherwise apply under such section for determining whether to make such payments. The incentive payments described in the preceding sentence shall not be taken into consideration when calculating any payments otherwise made under subsection (d).

“(4) NO DUPLICATION IN PARTICIPATION IN SHARED SAVINGS PROGRAMS.—A provider of services or supplier that participates in any of the following shall not be eligible to participate in an ACO under this section:

“(A) A model tested or expanded under section 1115A that involves shared savings under this title, or any other program or demonstration project that involves such shared savings.

“(B) The independence at home medical practice pilot program under section 1866E.

“(c) ASSIGNMENT OF MEDICARE FEE-FOR-SERVICE BENEFICIARIES TO ACOs.—The Secretary shall determine an appropriate method to assign Medicare fee-for-service beneficiaries to an ACO based on their utilization of primary care services provided under this title by an ACO professional described in subsection (h)(1)(A).

“(d) PAYMENTS AND TREATMENT OF SAVINGS.—

“(1) PAYMENTS.—

“(A) IN GENERAL.—Under the program, subject to paragraph (3), payments shall continue to be made to providers of services and suppliers participating in an ACO under the original Medicare fee-for-service program under parts A and B in the same manner as they would otherwise be made except that a participating ACO is eligible to receive payment for shared savings under paragraph (2) if—

“(i) the ACO meets quality performance standards established by the Secretary under subsection (b)(3); and

“(ii) the ACO meets the requirement under subparagraph (B)(i).

“(B) SAVINGS REQUIREMENT AND BENCHMARK.—

“(i) DETERMINING SAVINGS.—In each year of the agreement period, an ACO shall be eligible to receive payment for shared savings under paragraph (2) only if the estimated average per capita Medicare expenditures under the ACO for Medicare fee-for-service beneficiaries for parts A and B services, adjusted for beneficiary characteristics, is at least the percent specified by the Secretary below the applicable benchmark under clause (ii). The Secretary shall determine the appropriate percent described in the preceding sentence to account for normal variation in expenditures under this title, based upon the number of Medicare fee-for-service beneficiaries assigned to an ACO.

“(ii) ESTABLISH AND UPDATE BENCHMARK.—The Secretary shall estimate a benchmark for each agreement period for each ACO using the most recent available 3 years of per-beneficiary expenditures for parts A and B services for Medicare fee-for-service beneficiaries assigned to the ACO. Such benchmark shall be adjusted for beneficiary characteristics and such other factors as the Secretary determines appropriate and updated by the projected absolute amount of growth in national per capita expenditures for parts A and B services under the original Medicare fee-for-service program, as estimated by the

Secretary. Such benchmark shall be reset at the start of each agreement period.

“(2) PAYMENTS FOR SHARED SAVINGS.—Subject to performance with respect to the quality performance standards established by the Secretary under subsection (b)(3), if an ACO meets the requirements under paragraph (1), a percent (as determined appropriate by the Secretary) of the difference between such estimated average per capita Medicare expenditures in a year, adjusted for beneficiary characteristics, under the ACO and such benchmark for the ACO may be paid to the ACO as shared savings and the remainder of such difference shall be retained by the program under this title. The Secretary shall establish limits on the total amount of shared savings that may be paid to an ACO under this paragraph.

“(3) MONITORING AVOIDANCE OF AT-RISK PATIENTS.—If the Secretary determines that an ACO has taken steps to avoid patients at risk in order to reduce the likelihood of increasing costs to the ACO the Secretary may impose an appropriate sanction on the ACO, including termination from the program.

“(4) TERMINATION.—The Secretary may terminate an agreement with an ACO if it does not meet the quality performance standards established by the Secretary under subsection (b)(3).

“(e) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to the program.

“(f) WAIVER AUTHORITY.—The Secretary may waive such requirements of sections 1128A and 1128B and title XVIII of this Act as may be necessary to carry out the provisions of this section.

“(g) LIMITATIONS ON REVIEW.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of—

“(1) the specification of criteria under subsection (a)(1)(B);

“(2) the assessment of the quality of care furnished by an ACO and the establishment of performance standards under subsection (b)(3);

“(3) the assignment of Medicare fee-for-service beneficiaries to an ACO under subsection (c);

“(4) the determination of whether an ACO is eligible for shared savings under subsection (d)(2) and the amount of such shared savings, including the determination of the estimated average per capita Medicare expenditures under the ACO for Medicare fee-for-service beneficiaries assigned to the ACO and the average benchmark for the ACO under subsection (d)(1)(B);

“(5) the percent of shared savings specified by the Secretary under subsection (d)(2) and any limit on the total amount of shared savings established by the Secretary under such subsection; and

“(6) the termination of an ACO under subsection (d)(4).

“(h) DEFINITIONS.—In this section:

“(1) ACO PROFESSIONAL.—The term ‘ACO professional’ means—

“(A) a physician (as defined in section 1861(r)(1)); and

“(B) a practitioner described in section 1842(b)(18)(C)(i).

“(2) HOSPITAL.—The term ‘hospital’ means a subsection (d) hospital (as defined in section 1886(d)(1)(B)).

“(3) MEDICARE FEE-FOR-SERVICE BENEFICIARY.—The term ‘Medicare fee-for-service beneficiary’ means an individual who is enrolled in the original Medicare fee-for-service program under parts A and B and is not enrolled in an MA plan under part C, an eligible organization under section 1876, or a PACE program under section 1894.”

SEC. 3023. NATIONAL PILOT PROGRAM ON PAYMENT BUNDLING.

Title XVIII of the Social Security Act, as amended by section 3021, is amended by insert-

ing after section 1886C the following new section:

“NATIONAL PILOT PROGRAM ON PAYMENT BUNDLING

“SEC. 1866D. (a) IMPLEMENTATION.—

“(1) IN GENERAL.—The Secretary shall establish a pilot program for integrated care during an episode of care provided to an applicable beneficiary around a hospitalization in order to improve the coordination, quality, and efficiency of health care services under this title.

“(2) DEFINITIONS.—In this section:

“(A) APPLICABLE BENEFICIARY.—The term ‘applicable beneficiary’ means an individual who—

“(i) is entitled to, or enrolled for, benefits under part A and enrolled for benefits under part B of such title, but not enrolled under part C or a PACE program under section 1894; and

“(ii) is admitted to a hospital for an applicable condition.

“(B) APPLICABLE CONDITION.—The term ‘applicable condition’ means 1 or more of 8 conditions selected by the Secretary. In selecting conditions under the preceding sentence, the Secretary shall take into consideration the following factors:

“(i) Whether the conditions selected include a mix of chronic and acute conditions.

“(ii) Whether the conditions selected include a mix of surgical and medical conditions.

“(iii) Whether a condition is one for which there is evidence of an opportunity for providers of services and suppliers to improve the quality of care furnished while reducing total expenditures under this title.

“(iv) Whether a condition has significant variation in—

“(I) the number of readmissions; and

“(II) the amount of expenditures for post-acute care spending under this title.

“(v) Whether a condition is high-volume and has high post-acute care expenditures under this title.

“(vi) Which conditions the Secretary determines are most amenable to bundling across the spectrum of care given practice patterns under this title.

“(C) APPLICABLE SERVICES.—The term ‘applicable services’ means the following:

“(i) Acute care inpatient services.

“(ii) Physicians’ services delivered in and outside of an acute care hospital setting.

“(iii) Outpatient hospital services, including emergency department services.

“(iv) Post-acute care services, including home health services, skilled nursing services, inpatient rehabilitation services, and inpatient hospital services furnished by a long-term care hospital.

“(v) Other services the Secretary determines appropriate.

“(D) EPISODE OF CARE.—

“(i) IN GENERAL.—Subject to clause (ii), the term ‘episode of care’ means, with respect to an applicable condition and an applicable beneficiary, the period that includes—

“(I) the 3 days prior to the admission of the applicable beneficiary to a hospital for the applicable condition;

“(II) the length of stay of the applicable beneficiary in such hospital; and

“(III) the 30 days following the discharge of the applicable beneficiary from such hospital.

“(ii) ESTABLISHMENT OF PERIOD BY THE SECRETARY.—The Secretary, as appropriate, may establish a period (other than the period described in clause (i)) for an episode of care under the pilot program.

“(E) PHYSICIANS’ SERVICES.—The term ‘physicians’ services’ has the meaning given such term in section 1861(q).

“(F) PILOT PROGRAM.—The term ‘pilot program’ means the pilot program under this section.

“(G) PROVIDER OF SERVICES.—The term ‘provider of services’ has the meaning given such term in section 1861(u).”

“(H) READMISSION.—The term ‘readmission’ has the meaning given such term in section 1886(q)(5)(E).”

“(I) SUPPLIER.—The term ‘supplier’ has the meaning given such term in section 1861(d).”

“(3) DEADLINE FOR IMPLEMENTATION.—The Secretary shall establish the pilot program not later than January 1, 2013.

“(b) DEVELOPMENTAL PHASE.—

“(1) DETERMINATION OF PATIENT ASSESSMENT INSTRUMENT.—The Secretary shall determine which patient assessment instrument (such as the Continuity Assessment Record and Evaluation (CARE) tool) shall be used under the pilot program to evaluate the applicable condition of an applicable beneficiary for purposes of determining the most clinically appropriate site for the provision of post-acute care to the applicable beneficiary.

“(2) DEVELOPMENT OF QUALITY MEASURES FOR AN EPISODE OF CARE AND FOR POST-ACUTE CARE.—

“(A) IN GENERAL.—The Secretary, in consultation with the Agency for Healthcare Research and Quality and the entity with a contract under section 1890(a) of the Social Security Act, shall develop quality measures for use in the pilot program—

“(i) for episodes of care; and

“(ii) for post-acute care.

“(B) SITE-NEUTRAL POST-ACUTE CARE QUALITY MEASURES.—Any quality measures developed under subparagraph (A)(ii) shall be site-neutral.

“(C) COORDINATION WITH QUALITY MEASURE DEVELOPMENT AND ENDORSEMENT PROCEDURES.—The Secretary shall ensure that the development of quality measures under subparagraph (A) is done in a manner that is consistent with the measures developed and endorsed under section 1890 and 1890A that are applicable to all post-acute care settings.

“(c) DETAILS.—

“(1) DURATION.—

“(A) IN GENERAL.—Subject to subparagraph (B), the pilot program shall be conducted for a period of 5 years.

“(B) EXTENSION.—The Secretary may extend the duration of the pilot program for providers of services and suppliers participating in the pilot program as of the day before the end of the 5-year period described in subparagraph (A), for a period determined appropriate by the Secretary, if the Secretary determines that such extension will result in improving or not reducing the quality of patient care and reducing spending under this title.

“(2) PARTICIPATING PROVIDERS OF SERVICES AND SUPPLIERS.—

“(A) IN GENERAL.—An entity comprised of providers of services and suppliers, including a hospital, a physician group, a skilled nursing facility, and a home health agency, who are otherwise participating under this title, may submit an application to the Secretary to provide applicable services to applicable individuals under this section.

“(B) REQUIREMENTS.—The Secretary shall develop requirements for entities to participate in the pilot program under this section. Such requirements shall ensure that applicable beneficiaries have an adequate choice of providers of services and suppliers under the pilot program.

“(3) PAYMENT METHODOLOGY.—

“(A) IN GENERAL.—

“(i) ESTABLISHMENT OF PAYMENT METHODS.—The Secretary shall develop payment methods for the pilot program for entities participating in the pilot program. Such payment methods may include bundled payments and bids from entities for episodes of care. The Secretary shall make payments to the entity for services covered under this section.

“(ii) NO ADDITIONAL PROGRAM EXPENDITURES.—Payments under this section for applicable items and services under this title (including payment for services described in subparagraph (B)) for applicable beneficiaries for a year shall be established in a manner that does not result in spending more for such entity for such beneficiaries than would otherwise be expended for such entity for such beneficiaries for such year if the pilot program were not implemented, as estimated by the Secretary.

“(B) INCLUSION OF CERTAIN SERVICES.—A payment methodology tested under the pilot program shall include payment for the furnishing of applicable services and other appropriate services, such as care coordination, medication reconciliation, discharge planning, transitional care services, and other patient-centered activities as determined appropriate by the Secretary.

“(C) BUNDLED PAYMENTS.—

“(i) IN GENERAL.—A bundled payment under the pilot program shall—

“(I) be comprehensive, covering the costs of applicable services and other appropriate services furnished to an individual during an episode of care (as determined by the Secretary); and

“(II) be made to the entity which is participating in the pilot program.

“(ii) REQUIREMENT FOR PROVISION OF APPLICABLE SERVICES AND OTHER APPROPRIATE SERVICES.—Applicable services and other appropriate services for which payment is made under this subparagraph shall be furnished or directed by the entity which is participating in the pilot program.

“(D) PAYMENT FOR POST-ACUTE CARE SERVICES AFTER THE EPISODE OF CARE.—The Secretary shall establish procedures, in the case where an applicable beneficiary requires continued post-acute care services after the last day of the episode of care, under which payment for such services shall be made.

“(4) QUALITY MEASURES.—

“(A) IN GENERAL.—The Secretary shall establish quality measures (including quality measures of process, outcome, and structure) related to care provided by entities participating in the pilot program. Quality measures established under the preceding sentence shall include measures of the following:

“(i) Functional status improvement.

“(ii) Reducing rates of avoidable hospital readmissions.

“(iii) Rates of discharge to the community.

“(iv) Rates of admission to an emergency room after a hospitalization.

“(v) Incidence of health care acquired infections.

“(vi) Efficiency measures.

“(vii) Measures of patient-centeredness of care.

“(viii) Measures of patient perception of care.

“(ix) Other measures, including measures of patient outcomes, determined appropriate by the Secretary.

“(B) REPORTING ON QUALITY MEASURES.—

“(i) IN GENERAL.—A entity shall submit data to the Secretary on quality measures established under subparagraph (A) during each year of the pilot program (in a form and manner, subject to clause (ii), specified by the Secretary).

“(ii) SUBMISSION OF DATA THROUGH ELECTRONIC HEALTH RECORD.—To the extent practicable, the Secretary shall specify that data on measures be submitted under clause (i) through the use of an qualified electronic health record (as defined in section 3000(13) of the Public Health Service Act (42 U.S.C. 300jj-11(13)) in a manner specified by the Secretary.

“(d) WAIVER.—The Secretary may waive such provisions of this title and title XI as may be necessary to carry out the pilot program.

“(e) INDEPENDENT EVALUATION AND REPORTS ON PILOT PROGRAM.—

“(1) INDEPENDENT EVALUATION.—The Secretary shall conduct an independent evaluation of the pilot program, including the extent to which the pilot program has—

“(A) improved quality measures established under subsection (c)(4)(A);

“(B) improved health outcomes;

“(C) improved applicable beneficiary access to care; and

“(D) reduced spending under this title.

“(2) REPORTS.—

“(A) INTERIM REPORT.—Not later than 2 years after the implementation of the pilot program, the Secretary shall submit to Congress a report on the initial results of the independent evaluation conducted under paragraph (1).

“(B) FINAL REPORT.—Not later than 3 years after the implementation of the pilot program, the Secretary shall submit to Congress a report on the final results of the independent evaluation conducted under paragraph (1).

“(f) CONSULTATION.—The Secretary shall consult with representatives of small rural hospitals, including critical access hospitals (as defined in section 1861(mm)(1)), regarding their participation in the pilot program. Such consultation shall include consideration of innovative methods of implementing bundled payments in hospitals described in the preceding sentence, taking into consideration any difficulties in doing so as a result of the low volume of services provided by such hospitals.

“(g) IMPLEMENTATION PLAN.—

“(1) IN GENERAL.—Not later than January 1, 2016, the Secretary shall submit a plan for the implementation of an expansion of the pilot program if the Secretary determines that such expansion will result in improving or not reducing the quality of patient care and reducing spending under this title.

“(h) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to the selection, testing, and evaluation of models or the expansion of such models under this section.”

SEC. 3024. INDEPENDENCE AT HOME DEMONSTRATION PROGRAM.

Title XVIII of the Social Security Act is amended by inserting after section 1866D, as inserted by section 3023, the following new section:

“INDEPENDENCE AT HOME MEDICAL PRACTICE DEMONSTRATION PROGRAM

“SEC. 1866D. (a) ESTABLISHMENT.—

“(1) IN GENERAL.—The Secretary shall conduct a demonstration program (in this section referred to as the ‘demonstration program’) to test a payment incentive and service delivery model that utilizes physician and nurse practitioner directed home-based primary care teams designed to reduce expenditures and improve health outcomes in the provision of items and services under this title to applicable beneficiaries (as defined in subsection (d)).

“(2) REQUIREMENT.—The demonstration program shall test whether a model described in paragraph (1), which is accountable for providing comprehensive, coordinated, continuous, and accessible care to high-need populations at home and coordinating health care across all treatment settings, results in—

“(A) reducing preventable hospitalizations;

“(B) preventing hospital readmissions;

“(C) reducing emergency room visits;

“(D) improving health outcomes commensurate with the beneficiaries’ stage of chronic illness;

“(E) improving the efficiency of care, such as by reducing duplicative diagnostic and laboratory tests;

“(F) reducing the cost of health care services covered under this title; and

“(G) achieving beneficiary and family caregiver satisfaction.

“(b) INDEPENDENCE AT HOME MEDICAL PRACTICE.—

“(1) INDEPENDENCE AT HOME MEDICAL PRACTICE DEFINED.—In this section:

“(A) IN GENERAL.—The term ‘independence at home medical practice’ means a legal entity that—

“(i) is comprised of an individual physician or nurse practitioner or group of physicians and nurse practitioners that provides care as part of a team that includes physicians, nurses, physician assistants, pharmacists, and other health and social services staff as appropriate who have experience providing home-based primary care to applicable beneficiaries, make in-home visits, and are available 24 hours per day, 7 days per week to carry out plans of care that are tailored to the individual beneficiary’s chronic conditions and designed to achieve the results in subsection (a);

“(ii) is organized at least in part for the purpose of providing physicians’ services;

“(iii) has documented experience in providing home-based primary care services to high-cost chronically ill beneficiaries, as determined appropriate by the Secretary;

“(iv) furnishes services to at least 200 applicable beneficiaries (as defined in subsection (d)) during each year of the demonstration program;

“(v) has entered into an agreement with the Secretary;

“(vi) uses electronic health information systems, remote monitoring, and mobile diagnostic technology; and

“(vii) meets such other criteria as the Secretary determines to be appropriate to participate in the demonstration program.

The entity shall report on quality measures (in such form, manner, and frequency as specified by the Secretary, which may be for the group, for providers of services and suppliers, or both) and report to the Secretary (in a form, manner, and frequency as specified by the Secretary) such data as the Secretary determines appropriate to monitor and evaluate the demonstration program.

“(B) PHYSICIAN.—The term ‘physician’ includes, except as the Secretary may otherwise provide, any individual who furnishes services for which payment may be made as physicians’ services and has the medical training or experience to fulfill the physician’s role described in subparagraph (A)(i).

“(2) PARTICIPATION OF NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS.—Nothing in this section shall be construed to prevent a nurse practitioner or physician assistant from participating in, or leading, a home-based primary care team as part of an independence at home medical practice if—

“(A) all the requirements of this section are met;

“(B) the nurse practitioner or physician assistant, as the case may be, is acting consistent with State law; and

“(C) the nurse practitioner or physician assistant has the medical training or experience to fulfill the nurse practitioner or physician assistant role described in paragraph (1)(A)(i).

“(3) INCLUSION OF PROVIDERS AND PRACTITIONERS.—Nothing in this subsection shall be construed as preventing an independence at home medical practice from including a provider of services or a participating practitioner described in section 1842(b)(18)(C) that is affiliated with the practice under an arrangement structured so that such provider of services or practitioner participates in the demonstration program and shares in any savings under the demonstration program.

“(4) QUALITY AND PERFORMANCE STANDARDS.—The Secretary shall develop quality performance standards for independence at home medical practices participating in the demonstration program.

“(c) PAYMENT METHODOLOGY.—

“(1) ESTABLISHMENT OF TARGET SPENDING LEVEL.—The Secretary shall establish an estimated annual spending target, for the amount the Secretary estimates would have been spent in the absence of the demonstration, for items and services covered under parts A and B furnished to applicable beneficiaries for each qualifying independence at home medical practice under this section. Such spending targets shall be determined on a per capita basis. Such spending targets shall include a risk corridor that takes into account normal variation in expenditures for items and services covered under parts A and B furnished to such beneficiaries with the size of the corridor being related to the number of applicable beneficiaries furnished services by each independence at home medical practice. The spending targets may also be adjusted for other factors as the Secretary determines appropriate.

“(2) INCENTIVE PAYMENTS.—Subject to performance on quality measures, a qualifying independence at home medical practice is eligible to receive an incentive payment under this section if actual expenditures for a year for the applicable beneficiaries it enrolls are less than the estimated spending target established under paragraph (1) for such year. An incentive payment for such year shall be equal to a portion (as determined by the Secretary) of the amount by which actual expenditures (including incentive payments under this paragraph) for applicable beneficiaries under parts A and B for such year are estimated to be less than 5 percent less than the estimated spending target for such year, as determined under paragraph (1).

“(d) APPLICABLE BENEFICIARIES.—

“(1) DEFINITION.—In this section, the term ‘applicable beneficiary’ means, with respect to a qualifying independence at home medical practice, an individual who the practice has determined—

“(A) is entitled to benefits under part A and enrolled for benefits under part B;

“(B) is not enrolled in a Medicare Advantage plan under part C or a PACE program under section 1894;

“(C) has 2 or more chronic illnesses, such as congestive heart failure, diabetes, other dementias designated by the Secretary, chronic obstructive pulmonary disease, ischemic heart disease, stroke, Alzheimer’s Disease and neurodegenerative diseases, and other diseases and conditions designated by the Secretary which result in high costs under this title;

“(D) within the past 12 months has had a non-elective hospital admission;

“(E) within the past 12 months has received acute or subacute rehabilitation services;

“(F) has 2 or more functional dependencies requiring the assistance of another person (such as bathing, dressing, toileting, walking, or feeding); and

“(G) meets such other criteria as the Secretary determines appropriate.

“(2) PATIENT ELECTION TO PARTICIPATE.—The Secretary shall determine an appropriate method of ensuring that applicable beneficiaries have agreed to enroll in an independence at home medical practice under the demonstration program. Enrollment in the demonstration program shall be voluntary.

“(3) BENEFICIARY ACCESS TO SERVICES.—Nothing in this section shall be construed as encouraging physicians or nurse practitioners to limit applicable beneficiary access to services covered under this title and applicable beneficiaries shall not be required to relinquish access to any benefit under this title as a condition of receiving services from an independence at home medical practice.

“(e) IMPLEMENTATION.—

“(1) STARTING DATE.—The demonstration program shall begin no later than January 1, 2012.

An agreement with an independence at home medical practice under the demonstration program may cover not more than a 3-year period.

“(2) NO PHYSICIAN DUPLICATION IN DEMONSTRATION PARTICIPATION.—The Secretary shall not pay an independence at home medical practice under this section that participates in section 1899.

“(3) NO BENEFICIARY DUPLICATION IN DEMONSTRATION PARTICIPATION.—The Secretary shall ensure that no applicable beneficiary enrolled in an independence at home medical practice under this section is participating in the programs under section 1899.

“(4) PREFERENCE.—In approving an independence at home medical practice, the Secretary shall give preference to practices that are—

“(A) located in high-cost areas of the country;

“(B) have experience in furnishing health care services to applicable beneficiaries in the home; and

“(C) use electronic medical records, health information technology, and individualized plans of care.

“(5) LIMITATION ON NUMBER OF PRACTICES.—In selecting qualified independence at home medical practices to participate under the demonstration program, the Secretary shall limit the number of such practices so that the number of applicable beneficiaries that may participate in the demonstration program does not exceed 10,000.

“(6) WAIVER.—The Secretary may waive such provisions of this title and title XI as the Secretary determines necessary in order to implement the demonstration program.

“(7) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to this section.

“(f) EVALUATION AND MONITORING.—

“(1) IN GENERAL.—The Secretary shall evaluate each independence at home medical practice under the demonstration program to assess whether the practice achieved the results described in subsection (a).

“(2) MONITORING APPLICABLE BENEFICIARIES.—The Secretary may monitor data on expenditures and quality of services under this title after an applicable beneficiary discontinues receiving services under this title through a qualifying independence at home medical practice.

“(g) REPORTS TO CONGRESS.—The Secretary shall conduct an independent evaluation of the demonstration program and submit to Congress a final report, including best practices under the demonstration program. Such report shall include an analysis of the demonstration program on coordination of care, expenditures under this title, applicable beneficiary access to services, and the quality of health care services provided to applicable beneficiaries.

“(h) FUNDING.—For purposes of administering and carrying out the demonstration program, other than for payments for items and services furnished under this title and incentive payments under subsection (c), in addition to funds otherwise appropriated, there shall be transferred to the Secretary for the Center for Medicare & Medicaid Services Program Management Account from the Federal Hospital Insurance Trust Fund under section 1817 and the Federal Supplementary Medical Insurance Trust Fund under section 1841 (in proportions determined appropriate by the Secretary) \$5,000,000 for each of fiscal years 2010 through 2015. Amounts transferred under this subsection for a fiscal year shall be available until expended.

“(i) TERMINATION.—

“(1) MANDATORY TERMINATION.—The Secretary shall terminate an agreement with an independence at home medical practice if—

“(A) the Secretary estimates or determines that such practice will not receive an incentive

payment for the second of 2 consecutive years under the demonstration program; or

“(B) such practice fails to meet quality standards during any year of the demonstration program.

“(2) **PERMISSIVE TERMINATION.**—The Secretary may terminate an agreement with an independence at home medical practice for such other reasons determined appropriate by the Secretary.”.

SEC. 3025. HOSPITAL READMISSIONS REDUCTION PROGRAM.

(a) **IN GENERAL.**—Section 1886 of the Social Security Act (42 U.S.C. 1395ww), as amended by sections 3001 and 3008, is amended by adding at the end the following new subsection:

“(g) **HOSPITAL READMISSIONS REDUCTION PROGRAM.**—

“(1) **IN GENERAL.**—With respect to payment for discharges from an applicable hospital (as defined in paragraph (5)(C)) occurring during a fiscal year beginning on or after October 1, 2012, in order to account for excess readmissions in the hospital, the Secretary shall reduce the payments that would otherwise be made to such hospital under subsection (d) (or section 1814(b)(3), as the case may be) for such a discharge by an amount equal to the product of—

“(A) the base operating DRG payment amount (as defined in paragraph (2)) for the discharge; and

“(B) the adjustment factor (described in paragraph (3)(A)) for the hospital for the fiscal year.

“(2) **BASE OPERATING DRG PAYMENT AMOUNT DEFINED.**—

“(A) **IN GENERAL.**—Except as provided in subparagraph (B), in this subsection, the term ‘base operating DRG payment amount’ means, with respect to a hospital for a fiscal year—

“(i) the payment amount that would otherwise be made under subsection (d) (determined without regard to subsection (o)) for a discharge if this subsection did not apply; reduced by

“(ii) any portion of such payment amount that is attributable to payments under paragraphs (5)(A), (5)(B), (5)(F), and (12) of subsection (d).

“(B) **SPECIAL RULES FOR CERTAIN HOSPITALS.**—

“(i) **SOLE COMMUNITY HOSPITALS AND MEDICARE-DEPENDENT, SMALL RURAL HOSPITALS.**—In the case of a medicare-dependent, small rural hospital (with respect to discharges occurring during fiscal years 2012 and 2013) or a sole community hospital, in applying subparagraph (A)(i), the payment amount that would otherwise be made under subsection (d) shall be determined without regard to subparagraphs (I) and (L) of subsection (b)(3) and subparagraphs (D) and (G) of subsection (d)(5).

“(ii) **HOSPITALS PAID UNDER SECTION 1814.**—In the case of a hospital that is paid under section 1814(b)(3), the Secretary may exempt such hospitals provided that States paid under such section submit an annual report to the Secretary describing how a similar program in the State for a participating hospital or hospitals achieves or surpasses the measured results in terms of patient health outcomes and cost savings established herein with respect to this section.

“(3) **ADJUSTMENT FACTOR.**—

“(A) **IN GENERAL.**—For purposes of paragraph (1), the adjustment factor under this paragraph for an applicable hospital for a fiscal year is equal to the greater of—

“(i) the ratio described in subparagraph (B) for the hospital for the applicable period (as defined in paragraph (5)(D)) for such fiscal year; or

“(ii) the floor adjustment factor specified in subparagraph (C).

“(B) **RATIO.**—The ratio described in this subparagraph for a hospital for an applicable period is equal to 1 minus the ratio of—

“(i) the aggregate payments for excess readmissions (as defined in paragraph (4)(A))

with respect to an applicable hospital for the applicable period; and

“(ii) the aggregate payments for all discharges (as defined in paragraph (4)(B)) with respect to such applicable hospital for such applicable period.

“(C) **FLOOR ADJUSTMENT FACTOR.**—For purposes of subparagraph (A), the floor adjustment factor specified in this subparagraph for—

“(i) fiscal year 2013 is 0.99;

“(ii) fiscal year 2014 is 0.98; or

“(iii) fiscal year 2015 and subsequent fiscal years is 0.97.

“(4) **AGGREGATE PAYMENTS, EXCESS READMISSION RATIO DEFINED.**—For purposes of this subsection:

“(A) **AGGREGATE PAYMENTS FOR EXCESS READMISSIONS.**—The term ‘aggregate payments for excess readmissions’ means, for a hospital for an applicable period, the sum, for applicable conditions (as defined in paragraph (5)(A)), of the product, for each applicable condition, of—

“(i) the base operating DRG payment amount for such hospital for such applicable period for such condition;

“(ii) the number of admissions for such condition for such hospital for such applicable period; and

“(iii) the excess readmissions ratio (as defined in subparagraph (C)) for such hospital for such applicable period minus 1.

“(B) **AGGREGATE PAYMENTS FOR ALL DISCHARGES.**—The term ‘aggregate payments for all discharges’ means, for a hospital for an applicable period, the sum of the base operating DRG payment amounts for all discharges for all conditions from such hospital for such applicable period.

“(C) **EXCESS READMISSION RATIO.**—

“(i) **IN GENERAL.**—Subject to clause (ii), the term ‘excess readmissions ratio’ means, with respect to an applicable condition for a hospital for an applicable period, the ratio (but not less than 1.0) of—

“(I) the risk adjusted readmissions based on actual readmissions, as determined consistent with a readmission measure methodology that has been endorsed under paragraph (5)(A)(ii)(I), for an applicable hospital for such condition with respect to such applicable period; to

“(II) the risk adjusted expected readmissions (as determined consistent with such a methodology) for such hospital for such condition with respect to such applicable period.

“(ii) **EXCLUSION OF CERTAIN READMISSIONS.**—For purposes of clause (i), with respect to a hospital, excess readmissions shall not include readmissions for an applicable condition for which there are fewer than a minimum number (as determined by the Secretary) of discharges for such applicable condition for the applicable period and such hospital.

“(5) **DEFINITIONS.**—For purposes of this subsection:

“(A) **APPLICABLE CONDITION.**—The term ‘applicable condition’ means, subject to subparagraph (B), a condition or procedure selected by the Secretary among conditions and procedures for which—

“(i) readmissions (as defined in subparagraph (E)) that represent conditions or procedures that are high volume or high expenditures under this title (or other criteria specified by the Secretary); and

“(ii) measures of such readmissions—

“(I) have been endorsed by the entity with a contract under section 1890(a); and

“(II) such endorsed measures have exclusions for readmissions that are unrelated to the prior discharge (such as a planned readmission or transfer to another applicable hospital).

“(B) **EXPANSION OF APPLICABLE CONDITIONS.**—Beginning with fiscal year 2015, the Secretary shall, to the extent practicable, expand the ap-

plicable conditions beyond the 3 conditions for which measures have been endorsed as described in subparagraph (A)(ii)(I) as of the date of the enactment of this subsection to the additional 4 conditions that have been identified by the Medicare Payment Advisory Commission in its report to Congress in June 2007 and to other conditions and procedures as determined appropriate by the Secretary. In expanding such applicable conditions, the Secretary shall seek the endorsement described in subparagraph (A)(ii)(I) but may apply such measures without such an endorsement in the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a) as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.

“(C) **APPLICABLE HOSPITAL.**—The term ‘applicable hospital’ means a subsection (d) hospital or a hospital that is paid under section 1814(b)(3), as the case may be.

“(D) **APPLICABLE PERIOD.**—The term ‘applicable period’ means, with respect to a fiscal year, such period as the Secretary shall specify.

“(E) **READMISSION.**—The term ‘readmission’ means, in the case of an individual who is discharged from an applicable hospital, the admission of the individual to the same or another applicable hospital within a time period specified by the Secretary from the date of such discharge. Insofar as the discharge relates to an applicable condition for which there is an endorsed measure described in subparagraph (A)(ii)(I), such time period (such as 30 days) shall be consistent with the time period specified for such measure.

“(6) **REPORTING HOSPITAL SPECIFIC INFORMATION.**—

“(A) **IN GENERAL.**—The Secretary shall make information available to the public regarding readmission rates of each subsection (d) hospital under the program.

“(B) **OPPORTUNITY TO REVIEW AND SUBMIT CORRECTIONS.**—The Secretary shall ensure that a subsection (d) hospital has the opportunity to review, and submit corrections for, the information to be made public with respect to the hospital under subparagraph (A) prior to such information being made public.

“(C) **WEBSITE.**—Such information shall be posted on the Hospital Compare Internet website in an easily understandable format.

“(7) **LIMITATIONS ON REVIEW.**—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the following:

“(A) The determination of base operating DRG payment amounts.

“(B) The methodology for determining the adjustment factor under paragraph (3), including excess readmissions ratio under paragraph (4)(C), aggregate payments for excess readmissions under paragraph (4)(A), and aggregate payments for all discharges under paragraph (4)(B), and applicable periods and applicable conditions under paragraph (5).

“(C) The measures of readmissions as described in paragraph (5)(A)(ii).

“(8) **READMISSION RATES FOR ALL PATIENTS.**—

“(A) **CALCULATION OF READMISSION.**—The Secretary shall calculate readmission rates for all patients (as defined in subparagraph (D)) for a specified hospital (as defined in subparagraph (D)(ii)) for an applicable condition (as defined in paragraph (5)(B)) and other conditions deemed appropriate by the Secretary for an applicable period (as defined in paragraph (5)(D)) in the same manner as used to calculate such readmission rates for hospitals with respect to this title and posted on the CMS Hospital Compare website.

“(B) POSTING OF HOSPITAL SPECIFIC ALL PATIENT READMISSION RATES.—The Secretary shall make information on all patient readmission rates calculated under subparagraph (A) available on the CMS Hospital Compare website in a form and manner determined appropriate by the Secretary. The Secretary may also make other information determined appropriate by the Secretary available on such website.

“(C) HOSPITAL SUBMISSION OF ALL PATIENT DATA.—

“(i) Except as provided for in clause (ii), each specified hospital (as defined in subparagraph (D)(ii)) shall submit to the Secretary, in a form, manner and time specified by the Secretary, data and information determined necessary by the Secretary for the Secretary to calculate the all patient readmission rates described in subparagraph (A).

“(ii) Instead of a specified hospital submitting to the Secretary the data and information described in clause (i), such data and information may be submitted to the Secretary, on behalf of such a specified hospital, by a state or an entity determined appropriate by the Secretary.

“(D) DEFINITIONS.—For purposes of this paragraph:

“(i) The term ‘all patients’ means patients who are treated on an inpatient basis and discharged from a specified hospital (as defined in clause (ii)).

“(ii) The term ‘specified hospital’ means a subsection (d) hospital, hospitals described in clauses (i) through (v) of subsection (d)(1)(B) and, as determined feasible and appropriate by the Secretary, other hospitals not otherwise described in this subparagraph.”

(b) QUALITY IMPROVEMENT.—Part S of title III of the Public Health Service Act, as amended by section 3015, is further amended by adding at the end the following:

“SEC. 399KK. QUALITY IMPROVEMENT PROGRAM FOR HOSPITALS WITH A HIGH SEVERITY ADJUSTED READMISSION RATE.

“(a) ESTABLISHMENT.—

“(1) IN GENERAL.—Not later than 2 years after the date of enactment of this section, the Secretary shall make available a program for eligible hospitals to improve their readmission rates through the use of patient safety organizations (as defined in section 921(4)).

“(2) ELIGIBLE HOSPITAL DEFINED.—In this subsection, the term ‘eligible hospital’ means a hospital that the Secretary determines has a high rate of risk adjusted readmissions for the conditions described in section 1886(q)(8)(A) of the Social Security Act and has not taken appropriate steps to reduce such readmissions and improve patient safety as evidenced through historically high rates of readmissions, as determined by the Secretary.

“(3) RISK ADJUSTMENT.—The Secretary shall utilize appropriate risk adjustment measures to determine eligible hospitals.

“(b) REPORT TO THE SECRETARY.—As determined appropriate by the Secretary, eligible hospitals and patient safety organizations working with those hospitals shall report to the Secretary on the processes employed by the hospital to improve readmission rates and the impact of such processes on readmission rates.”

SEC. 3026. COMMUNITY-BASED CARE TRANSITIONS PROGRAM.

(a) IN GENERAL.—The Secretary shall establish a Community-Based Care Transitions Program under which the Secretary provides funding to eligible entities that furnish improved care transition services to high-risk Medicare beneficiaries.

(b) DEFINITIONS.—In this section:

(1) ELIGIBLE ENTITY.—The term “eligible entity” means the following:

(A) A subsection (d) hospital (as defined in section 1886(d)(1)(B) of the Social Security Act

(42 U.S.C. 1395ww(d)(1)(B))) identified by the Secretary as having a high readmission rate, such as under section 1886(q) of the Social Security Act, as added by section 3025.

(B) An appropriate community-based organization that provides care transition services under this section across a continuum of care through arrangements with subsection (d) hospitals (as so defined) to furnish the services described in subsection (c)(2)(B)(i) and whose governing body includes sufficient representation of multiple health care stakeholders (including consumers).

(2) HIGH-RISK MEDICARE BENEFICIARY.—The term “high-risk Medicare beneficiary” means a Medicare beneficiary who has attained a minimum hierarchical condition category score, as determined by the Secretary, based on a diagnosis of multiple chronic conditions or other risk factors associated with a hospital readmission or substandard transition into post-hospitalization care, which may include 1 or more of the following:

(A) Cognitive impairment.

(B) Depression.

(C) A history of multiple readmissions.

(D) Any other chronic disease or risk factor as determined by the Secretary.

(3) MEDICARE BENEFICIARY.—The term “Medicare beneficiary” means an individual who is entitled to benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) and enrolled under part B of such title, but not enrolled under part C of such title.

(4) PROGRAM.—The term “program” means the program conducted under this section.

(5) READMISSION.—The term “readmission” has the meaning given such term in section 1886(q)(5)(E) of the Social Security Act, as added by section 3025.

(6) SECRETARY.—The term “Secretary” means the Secretary of Health and Human Services.

(c) REQUIREMENTS.—

(1) DURATION.—

(A) IN GENERAL.—The program shall be conducted for a 5-year period, beginning January 1, 2011.

(B) EXPANSION.—The Secretary may expand the duration and the scope of the program, to the extent determined appropriate by the Secretary, if the Secretary determines (and the Chief Actuary of the Centers for Medicare & Medicaid Services, with respect to spending under this title, certifies) that such expansion would reduce spending under this title without reducing quality.

(2) APPLICATION; PARTICIPATION.—

(A) IN GENERAL.—

(i) APPLICATION.—An eligible entity seeking to participate in the program shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(ii) PARTNERSHIP.—If an eligible entity is a hospital, such hospital shall enter into a partnership with a community-based organization to participate in the program.

(B) INTERVENTION PROPOSAL.—Subject to subparagraph (C), an application submitted under subparagraph (A)(i) shall include a detailed proposal for at least 1 care transition intervention, which may include the following:

(i) Initiating care transition services for a high-risk Medicare beneficiary not later than 24 hours prior to the discharge of the beneficiary from the eligible entity.

(ii) Arranging timely post-discharge follow-up services to the high-risk Medicare beneficiary to provide the beneficiary (and, as appropriate, the primary caregiver of the beneficiary) with information regarding responding to symptoms that may indicate additional health problems or a deteriorating condition.

(iii) Providing the high-risk Medicare beneficiary (and, as appropriate, the primary care-

giver of the beneficiary) with assistance to ensure productive and timely interactions between patients and post-acute and outpatient providers.

(iv) Assessing and actively engaging with a high-risk Medicare beneficiary (and, as appropriate, the primary caregiver of the beneficiary) through the provision of self-management support and relevant information that is specific to the beneficiary's condition.

(v) Conducting comprehensive medication review and management (including, if appropriate, counseling and self-management support).

(C) LIMITATION.—A care transition intervention proposed under subparagraph (B) may not include payment for services required under the discharge planning process described in section 1861(ee) of the Social Security Act (42 U.S.C. 1395x(ee)).

(3) SELECTION.—In selecting eligible entities to participate in the program, the Secretary shall give priority to eligible entities that—

(A) participate in a program administered by the Administration on Aging to provide concurrent care transitions interventions with multiple hospitals and practitioners; or

(B) provide services to medically underserved populations, small communities, and rural areas.

(d) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary may implement the provisions of this section by program instruction or otherwise.

(e) WAIVER AUTHORITY.—The Secretary may waive such requirements of titles XI and XVIII of the Social Security Act as may be necessary to carry out the program.

(f) FUNDING.—For purposes of carrying out this section, the Secretary of Health and Human Services shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplementary Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t), in such proportion as the Secretary determines appropriate, of \$500,000,000, to the Centers for Medicare & Medicaid Services Program Management Account for the period of fiscal years 2011 through 2015. Amounts transferred under the preceding sentence shall remain available until expended.

SEC. 3027. EXTENSION OF GAINSHARING DEMONSTRATION.

(a) IN GENERAL.—Subsection (d)(3) of section 5007 of the Deficit Reduction Act of 2005 (Public Law 109-171) is amended by inserting “(or September 30, 2011, in the case of a demonstration project in operation as of October 1, 2008)” after “December 31, 2009”.

(b) FUNDING.—

(1) IN GENERAL.—Subsection (f)(1) of such section is amended by inserting “and for fiscal year 2010, \$1,600,000,” after “\$6,000,000.”

(2) AVAILABILITY.—Subsection (f)(2) of such section is amended by striking “2010” and inserting “2014 or until expended”.

(c) REPORTS.—

(1) QUALITY IMPROVEMENT AND SAVINGS.—Subsection (e)(3) of such section is amended by striking “December 1, 2008” and inserting “March 31, 2011”.

(2) FINAL REPORT.—Subsection (e)(4) of such section is amended by striking “May 1, 2010” and inserting “March 31, 2013”.

Subtitle B—Improving Medicare for Patients and Providers

PART I—ENSURING BENEFICIARY ACCESS TO PHYSICIAN CARE AND OTHER SERVICES

SEC. 3101. INCREASE IN THE PHYSICIAN PAYMENT UPDATE.

Section 1848(d) of the Social Security Act (42 U.S.C. 1395w-4(d)) is amended by adding at the end the following new paragraph:

“(10) UPDATE FOR 2010.—

“(A) IN GENERAL.—Subject to paragraphs (7)(B), (8)(B), and (9)(B), in lieu of the update to the single conversion factor established in paragraph (1)(C) that would otherwise apply for 2010, the update to the single conversion factor shall be 0.5 percent.

“(B) NO EFFECT ON COMPUTATION OF CONVERSION FACTOR FOR 2011 AND SUBSEQUENT YEARS.—The conversion factor under this subsection shall be computed under paragraph (1)(A) for 2011 and subsequent years as if subparagraph (A) had never applied.”.

SEC. 3102. EXTENSION OF THE WORK GEOGRAPHIC INDEX FLOOR AND REVISIONS TO THE PRACTICE EXPENSE GEOGRAPHIC ADJUSTMENT UNDER THE MEDICARE PHYSICIAN FEE SCHEDULE.

(a) EXTENSION OF WORK GPCI FLOOR.—Section 1848(e)(1)(E) of the Social Security Act (42 U.S.C. 1395w-4(e)(1)(E)) is amended by striking “before January 1, 2010” and inserting “before January 1, 2011”.

(b) PRACTICE EXPENSE GEOGRAPHIC ADJUSTMENT FOR 2010 AND SUBSEQUENT YEARS.—Section 1848(e)(1) of the Social Security Act (42 U.S.C. 1395w-4(e)(1)) is amended—

(1) in subparagraph (A), by striking “and (G)” and inserting “(G), and (H)”; and

(2) by adding at the end the following new subparagraph:

“(H) PRACTICE EXPENSE GEOGRAPHIC ADJUSTMENT FOR 2010 AND SUBSEQUENT YEARS.—

“(i) FOR 2010.—Subject to clause (iii), for services furnished during 2010, the employee wage and rent portions of the practice expense geographic index described in subparagraph (A)(i) shall reflect $\frac{3}{4}$ of the difference between the relative costs of employee wages and rents in each of the different fee schedule areas and the national average of such employee wages and rents.

“(ii) FOR 2011.—Subject to clause (iii), for services furnished during 2011, the employee wage and rent portions of the practice expense geographic index described in subparagraph (A)(i) shall reflect $\frac{1}{2}$ of the difference between the relative costs of employee wages and rents in each of the different fee schedule areas and the national average of such employee wages and rents.

“(iii) HOLD HARMLESS.—The practice expense portion of the geographic adjustment factor applied in a fee schedule area for services furnished in 2010 or 2011 shall not, as a result of the application of clause (i) or (ii), be reduced below the practice expense portion of the geographic adjustment factor under subparagraph (A)(i) (as calculated prior to the application of such clause (i) or (ii), respectively) for such area for such year.

“(iv) ANALYSIS.—The Secretary shall analyze current methods of establishing practice expense geographic adjustments under subparagraph (A)(i) and evaluate data that fairly and reliably establishes distinctions in the costs of operating a medical practice in the different fee schedule areas. Such analysis shall include an evaluation of the following:

“(I) The feasibility of using actual data or reliable survey data developed by medical organizations on the costs of operating a medical practice, including office rents and non-physician staff wages, in different fee schedule areas.

“(II) The office expense portion of the practice expense geographic adjustment described in subparagraph (A)(i), including the extent to which types of office expenses are determined in local markets instead of national markets.

“(III) The weights assigned to each of the categories within the practice expense geographic adjustment described in subparagraph (A)(i).

“(v) REVISION FOR 2012 AND SUBSEQUENT YEARS.—As a result of the analysis described in

clause (iv), the Secretary shall, not later than January 1, 2012, make appropriate adjustments to the practice expense geographic adjustment described in subparagraph (A)(i) to ensure accurate geographic adjustments across fee schedule areas, including—

“(I) basing the office rents component and its weight on office expenses that vary among fee schedule areas; and

“(II) considering a representative range of professional and non-professional personnel employed in a medical office based on the use of the American Community Survey data or other reliable data for wage adjustments.

Such adjustments shall be made without regard to adjustments made pursuant to clauses (i) and (ii) and shall be made in a budget neutral manner.”.

SEC. 3103. EXTENSION OF EXCEPTIONS PROCESS FOR MEDICARE THERAPY CAPS.

Section 1833(g)(5) of the Social Security Act (42 U.S.C. 1395l(g)(5)) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

SEC. 3104. EXTENSION OF PAYMENT FOR TECHNICAL COMPONENT OF CERTAIN PHYSICIAN PATHOLOGY SERVICES.

Section 542(c) of the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (as enacted into law by section 1(a)(6) of Public Law 106-554), as amended by section 732 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 U.S.C. 1395w-4 note), section 104 of division B of the Tax Relief and Health Care Act of 2006 (42 U.S.C. 1395w-4 note), section 104 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110-173), and section 136 of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275), is amended by striking “and 2009” and inserting “2009, and 2010”.

SEC. 3105. EXTENSION OF AMBULANCE ADD-ONS.

(a) GROUND AMBULANCE.—Section 1834(l)(13)(A) of the Social Security Act (42 U.S.C. 1395m(l)(13)(A)) is amended—

(1) in the matter preceding clause (i)—

(A) by striking “2007, and for” and inserting “2007, for”; and

(B) by striking “2010” and inserting “2010, and for such services furnished on or after April 1, 2010, and before January 1, 2011.”; and

(2) in each of clauses (i) and (ii), by inserting “, and on or after April 1, 2010, and before January 1, 2011” after “January 1, 2010” each place it appears.

(b) AIR AMBULANCE.—Section 146(b)(1) of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275) is amended by striking “December 31, 2009” and inserting “December 31, 2009, and during the period beginning on April 1, 2010, and ending on January 1, 2011”.

(c) SUPER RURAL AMBULANCE.—Section 1834(l)(12)(A) of the Social Security Act (42 U.S.C. 1395m(l)(12)(A)) is amended by striking “2010” and inserting “2010, and on or after April 1, 2010, and before January 1, 2011”.

SEC. 3106. EXTENSION OF CERTAIN PAYMENT RULES FOR LONG-TERM CARE HOSPITAL SERVICES AND OF MORATORIUM ON THE ESTABLISHMENT OF CERTAIN HOSPITALS AND FACILITIES.

(a) EXTENSION OF CERTAIN PAYMENT RULES.—Section 114(c) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (42 U.S.C. 1395ww note), as amended by section 4302(a) of the American Recovery and Reinvestment Act (Public Law 111-5), is further amended by striking “3-year period” each place it appears and inserting “4-year period”.

(b) EXTENSION OF MORATORIUM.—Section 114(d)(1) of such Act (42 U.S.C. 1395ww note), in

the matter preceding subparagraph (A), is amended by striking “3-year period” and inserting “4-year period”.

SEC. 3107. EXTENSION OF PHYSICIAN FEE SCHEDULE MENTAL HEALTH ADD-ON.

Section 138(a)(1) of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275) is amended by striking “December 31, 2009” and inserting “December 31, 2010”.

SEC. 3108. PERMITTING PHYSICIAN ASSISTANTS TO ORDER POST-HOSPITAL EXTENDED CARE SERVICES.

(a) ORDERING POST-HOSPITAL EXTENDED CARE SERVICES.—

(1) IN GENERAL.—Section 1814(a)(2) of the Social Security Act (42 U.S.C. 1395f(a)(2)), in the matter preceding subparagraph (A), is amended by striking “or clinical nurse specialist” and inserting “, a clinical nurse specialist, or a physician assistant (as those terms are defined in section 1861(aa)(5))” after “nurse practitioner”.

(2) CONFORMING AMENDMENT.—Section 1814(a) of the Social Security Act (42 U.S.C. 1395f(a)) is amended, in the second sentence, by striking “or clinical nurse specialist” and inserting “clinical nurse specialist, or physician assistant” after “nurse practitioner”.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to items and services furnished on or after January 1, 2011.

SEC. 3109. EXEMPTION OF CERTAIN PHARMACIES FROM ACCREDITATION REQUIREMENTS.

(a) IN GENERAL.—Section 1834(a)(20) of the Social Security Act (42 U.S.C. 1395m(a)(20)), as added by section 154(b)(1)(A) of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275), is amended—

(1) in subparagraph (F)(i)—

(A) by inserting “and subparagraph (G)” after “clause (ii)”; and

(B) by inserting “, except that the Secretary shall not require a pharmacy to have submitted to the Secretary such evidence of accreditation prior to January 1, 2011” before the semicolon at the end; and

(2) by adding at the end the following new subparagraph:

“(G) APPLICATION OF ACCREDITATION REQUIREMENT TO CERTAIN PHARMACIES.—

“(i) IN GENERAL.—With respect to items and services furnished on or after January 1, 2011, in implementing quality standards under this paragraph—

“(I) subject to subclause (II), in applying such standards and the accreditation requirement of subparagraph (F)(i) with respect to pharmacies described in clause (ii) furnishing such items and services, such standards and accreditation requirement shall not apply to such pharmacies; and

“(II) the Secretary may apply to such pharmacies an alternative accreditation requirement established by the Secretary if the Secretary determines such alternative accreditation requirement is more appropriate for such pharmacies.

“(ii) PHARMACIES DESCRIBED.—A pharmacy described in this clause is a pharmacy that meets each of the following criteria:

“(I) The total billings by the pharmacy for such items and services under this title are less than 5 percent of total pharmacy sales, as determined based on the average total pharmacy sales for the previous 3 calendar years, 3 fiscal years, or other yearly period specified by the Secretary.

“(II) The pharmacy has been enrolled under section 1866(j) as a supplier of durable medical equipment, prosthetics, orthotics, and supplies, has been issued (which may include the renewal of) a provider number for at least 5 years, and for which a final adverse action (as defined in section 424.57(a) of title 42, Code of Federal Regulations) has not been imposed in the past 5 years.

“(III) The pharmacy submits to the Secretary an attestation, in a form and manner, and at a time, specified by the Secretary, that the pharmacy meets the criteria described in subclauses (I) and (II). Such attestation shall be subject to section 1001 of title 18, United States Code.

“(IV) The pharmacy agrees to submit materials as requested by the Secretary, or during the course of an audit conducted on a random sample of pharmacies selected annually, to verify that the pharmacy meets the criteria described in subclauses (I) and (II). Materials submitted under the preceding sentence shall include a certification by an accountant on behalf of the pharmacy or the submission of tax returns filed by the pharmacy during the relevant periods, as requested by the Secretary.”.

(b) ADMINISTRATION.—Notwithstanding any other provision of law, the Secretary may implement the amendments made by subsection (a) by program instruction or otherwise.

(c) RULE OF CONSTRUCTION.—Nothing in the provisions of or amendments made by this section shall be construed as affecting the application of an accreditation requirement for pharmacies to qualify for bidding in a competitive acquisition area under section 1847 of the Social Security Act (42 U.S.C. 1395u–3).

SEC. 3110. PART B SPECIAL ENROLLMENT PERIOD FOR DISABLED TRICARE BENEFICIARIES.

(a) IN GENERAL.—

(1) IN GENERAL.—Section 1837 of the Social Security Act (42 U.S.C. 1395p) is amended by adding at the end the following new subsection:

“(1)(I) In the case of any individual who is a covered beneficiary (as defined in section 1072(5) of title 10, United States Code) at the time the individual is entitled to part A under section 226(b) or section 226A and who is eligible to enroll but who has elected not to enroll (or to be deemed enrolled) during the individual’s initial enrollment period, there shall be a special enrollment period described in paragraph (2).

“(2) The special enrollment period described in this paragraph, with respect to an individual, is the 12-month period beginning on the day after the last day of the initial enrollment period of the individual or, if later, the 12-month period beginning with the month the individual is notified of enrollment under this section.

“(3) In the case of an individual who enrolls during the special enrollment period provided under paragraph (1), the coverage period under this part shall begin on the first day of the month in which the individual enrolls, or, at the option of the individual, the first month after the end of the individual’s initial enrollment period.

“(4) An individual may only enroll during the special enrollment period provided under paragraph (1) one time during the individual’s lifetime.

“(5) The Secretary shall ensure that the materials relating to coverage under this part that are provided to an individual described in paragraph (1) prior to the individual’s initial enrollment period contain information concerning the impact of not enrolling under this part, including the impact on health care benefits under the TRICARE program under chapter 55 of title 10, United States Code.

“(6) The Secretary of Defense shall collaborate with the Secretary of Health and Human Services and the Commissioner of Social Security to provide for the accurate identification of individuals described in paragraph (1). The Secretary of Defense shall provide such individuals with notification with respect to this subsection. The Secretary of Defense shall collaborate with the Secretary of Health and Human Services and the Commissioner of Social Security to ensure appropriate follow up pursuant to any notification provided under the preceding sentence.”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to elections made with respect to initial enrollment periods that end after the date of the enactment of this Act.

(b) WAIVER OF INCREASE OF PREMIUM.—Section 1839(b) of the Social Security Act (42 U.S.C. 1395r(b)) is amended by striking “section 1837(i)(4)” and inserting “subsection (i)(4) or (I) of section 1837”.

SEC. 3111. PAYMENT FOR BONE DENSITY TESTS.

(a) PAYMENT.—

(1) IN GENERAL.—Section 1848 of the Social Security Act (42 U.S.C. 1395w–4) is amended—

(A) in subsection (b)—

(i) in paragraph (4)(B), by inserting “, and for 2010 and 2011, dual-energy x-ray absorptiometry services (as described in paragraph (6))” before the period at the end; and

(ii) by adding at the end the following new paragraph:

“(6) TREATMENT OF BONE MASS SCANS.—For dual-energy x-ray absorptiometry services (identified in 2006 by HCPCS codes 76075 and 76077 (and any succeeding codes)) furnished during 2010 and 2011, instead of the payment amount that would otherwise be determined under this section for such years, the payment amount shall be equal to 70 percent of the product of—

“(A) the relative value for the service (as determined in subsection (c)(2)) for 2006;

“(B) the conversion factor (established under subsection (d)) for 2006; and

“(C) the geographic adjustment factor (established under subsection (e)(2)) for the service for the fee schedule area for 2010 and 2011, respectively.”; and

(B) in subsection (c)(2)(B)(iv)—

(i) in subclause (II), by striking “and” at the end;

(ii) in subclause (III), by striking the period at the end and inserting “; and”; and

(iii) by adding at the end the following new subclause:

“(IV) subsection (b)(6) shall not be taken into account in applying clause (ii)(II) for 2010 or 2011.”.

(2) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary may implement the amendments made by paragraph (1) by program instruction or otherwise.

(b) STUDY AND REPORT BY THE INSTITUTE OF MEDICINE.—

(1) IN GENERAL.—The Secretary of Health and Human Services is authorized to enter into an agreement with the Institute of Medicine of the National Academies to conduct a study on the ramifications of Medicare payment reductions for dual-energy x-ray absorptiometry (as described in section 1848(b)(6) of the Social Security Act, as added by subsection (a)(1)) during 2007, 2008, and 2009 on beneficiary access to bone mass density tests.

(2) REPORT.—An agreement entered into under paragraph (1) shall provide for the Institute of Medicine to submit to the Secretary and to Congress a report containing the results of the study conducted under such paragraph.

SEC. 3112. REVISION TO THE MEDICARE IMPROVEMENT FUND.

Section 1898(b)(1)(A) of the Social Security Act (42 U.S.C. 1395iii) is amended by striking “\$22,290,000,000” and inserting “\$0”.

SEC. 3113. TREATMENT OF CERTAIN COMPLEX DIAGNOSTIC LABORATORY TESTS.

(a) DEMONSTRATION PROJECT.—

(1) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall conduct a demonstration project under part B title XVIII of the Social Security Act under which separate payments are made under such part for complex diagnostic laboratory tests provided to individuals under such part. Under the demonstration project, the Secretary shall establish appropriate payment rates for such tests.

(2) COVERED COMPLEX DIAGNOSTIC LABORATORY TEST DEFINED.—In this section, the term “complex diagnostic laboratory test” means a diagnostic laboratory test—

(A) that is an analysis of gene protein expression, topographic genotyping, or a cancer chemotherapy sensitivity assay;

(B) that is determined by the Secretary to be a laboratory test for which there is not an alternative test having equivalent performance characteristics;

(C) which is billed using a Health Care Procedure Coding System (HCPCS) code other than a not otherwise classified code under such Coding System;

(D) which is approved or cleared by the Food and Drug Administration or is covered under title XVIII of the Social Security Act; and

(E) is described in section 1861(s)(3) of the Social Security Act (42 U.S.C. 1395x(s)(3)).

(3) SEPARATE PAYMENT DEFINED.—In this section, the term “separate payment” means direct payment to a laboratory (including a hospital-based or independent laboratory) that performs a complex diagnostic laboratory test with respect to a specimen collected from an individual during a period in which the individual is a patient of a hospital if the test is performed after such period of hospitalization and if separate payment would not otherwise be made under title XVIII of the Social Security Act by reason of sections 1862(a)(14) and 1866(a)(1)(H)(i) of the such Act (42 U.S.C. 1395y(a)(14); 42 U.S.C. 1395cc(a)(1)(H)(i)).

(b) DURATION.—Subject to subsection (c)(2), the Secretary shall conduct the demonstration project under this section for the 2-year period beginning on July 1, 2011.

(c) PAYMENTS AND LIMITATION.—Payments under the demonstration project under this section shall—

(1) be made from the Federal Supplemental Medical Insurance Trust Fund under section 1841 of the Social Security Act (42 U.S.C. 1395t); and

(2) may not exceed \$100,000,000.

(d) REPORT.—Not later than 2 years after the completion of the demonstration project under this section, the Secretary shall submit to Congress a report on the project. Such report shall include—

(1) an assessment of the impact of the demonstration project on access to care, quality of care, health outcomes, and expenditures under title XVIII of the Social Security Act (including any savings under such title); and

(2) such recommendations as the Secretary determines appropriate.

(e) IMPLEMENTATION FUNDING.—For purposes of administering this section (including preparing and submitting the report under subsection (d)), the Secretary shall provide for the transfer, from the Federal Supplemental Medical Insurance Trust Fund under section 1841 of the Social Security Act (42 U.S.C. 1395t), to the Centers for Medicare & Medicaid Services Program Management Account, of \$5,000,000. Amounts transferred under the preceding sentence shall remain available until expended.

SEC. 3114. IMPROVED ACCESS FOR CERTIFIED NURSE-MIDWIFE SERVICES.

Section 1833(a)(1)(K) of the Social Security Act (42 U.S.C. 1395l(a)(1)(K)) is amended by inserting “(or 100 percent for services furnished on or after January 1, 2011)” after “1992, 65 percent”.

PART II—RURAL PROTECTIONS

SEC. 3121. EXTENSION OF OUTPATIENT HOLD HARMLESS PROVISION.

(a) IN GENERAL.—Section 1833(t)(7)(D)(i) of the Social Security Act (42 U.S.C. 1395l(t)(7)(D)(i)) is amended—

(1) in subclause (II)—

(A) in the first sentence, by striking “2010” and inserting “2011”; and

(B) in the second sentence, by striking “or 2009” and inserting “, 2009, or 2010”; and

(2) in subclause (III), by striking “January 1, 2010” and inserting “January 1, 2011”.

(b) PERMITTING ALL SOLE COMMUNITY HOSPITALS TO BE ELIGIBLE FOR HOLD HARMLESS.—Section 1833(t)(7)(D)(i)(III) of the Social Security Act (42 U.S.C. 1395l(t)(7)(D)(i)(III)) is amended by adding at the end the following new sentence: “In the case of covered OPD services furnished on or after January 1, 2010, and before January 1, 2011, the preceding sentence shall be applied without regard to the 100-bed limitation.”.

SEC. 3122. EXTENSION OF MEDICARE REASONABLE COSTS PAYMENTS FOR CERTAIN CLINICAL DIAGNOSTIC LABORATORY TESTS FURNISHED TO HOSPITAL PATIENTS IN CERTAIN RURAL AREAS.

Section 416(b) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 U.S.C. 1395l–4), as amended by section 105 of division B of the Tax Relief and Health Care Act of 2006 (42 U.S.C. 1395l note) and section 107 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (42 U.S.C. 1395l note), is amended by inserting “or during the 1-year period beginning on July 1, 2010” before the period at the end.

SEC. 3123. EXTENSION OF THE RURAL COMMUNITY HOSPITAL DEMONSTRATION PROGRAM.

(a) ONE-YEAR EXTENSION.—Section 410A of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2272) is amended by adding at the end the following new subsection:

“(g) ONE-YEAR EXTENSION OF DEMONSTRATION PROGRAM.—

“(1) IN GENERAL.—Subject to the succeeding provisions of this subsection, the Secretary shall conduct the demonstration program under this section for an additional 1-year period (in this section referred to as the ‘1-year extension period’) that begins on the date immediately following the last day of the initial 5-year period under subsection (a)(5).

“(2) EXPANSION OF DEMONSTRATION STATES.—Notwithstanding subsection (a)(2), during the 1-year extension period, the Secretary shall expand the number of States with low population densities determined by the Secretary under such subsection to 20. In determining which States to include in such expansion, the Secretary shall use the same criteria and data that the Secretary used to determine the States under such subsection for purposes of the initial 5-year period.

“(3) INCREASE IN MAXIMUM NUMBER OF HOSPITALS PARTICIPATING IN THE DEMONSTRATION PROGRAM.—Notwithstanding subsection (a)(4), during the 1-year extension period, not more than 30 rural community hospitals may participate in the demonstration program under this section.

“(4) NO AFFECT ON HOSPITALS IN DEMONSTRATION PROGRAM ON DATE OF ENACTMENT.—In the case of a rural community hospital that is participating in the demonstration program under this section as of the last day of the initial 5-year period, the Secretary shall provide for the continued participation of such rural community hospital in the demonstration program during the 1-year extension period unless the rural community hospital makes an election, in such form and manner as the Secretary may specify, to discontinue such participation.”.

(b) CONFORMING AMENDMENTS.—Subsection (a)(5) of section 410A of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2272) is amended by inserting “(in this section referred to as the ‘initial 5-year period’) and, as provided in subsection (g), for the 1-year extension period” after “5-year period”.

(c) TECHNICAL AMENDMENTS.—

(1) Subsection (b) of section 410A of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2272) is amended—

(A) in paragraph (1)(B)(ii), by striking “(2)” and inserting “(2)”; and

(B) in paragraph (2), by inserting “cost” before “reporting period” the first place such term appears in each of subparagraphs (A) and (B).

(2) Subsection (f)(1) of section 410A of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2272) is amended—

(A) in subparagraph (A)(ii), by striking “paragraph (2)” and inserting “subparagraph (B)”; and

(B) in subparagraph (B), by striking “paragraph (1)(B)” and inserting “subparagraph (A)(ii)”.

SEC. 3124. EXTENSION OF THE MEDICARE-DEPENDENT HOSPITAL (MDH) PROGRAM.

(a) EXTENSION OF PAYMENT METHODOLOGY.—Section 1886(d)(5)(G) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(G)) is amended—

(1) in clause (i), by striking “October 1, 2011” and inserting “October 1, 2012”; and

(2) in clause (ii)(II), by striking “October 1, 2011” and inserting “October 1, 2012”.

(b) CONFORMING AMENDMENTS.—

(1) EXTENSION OF TARGET AMOUNT.—Section 1886(b)(3)(D) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(D)) is amended—

(A) in the matter preceding clause (i), by striking “October 1, 2011” and inserting “October 1, 2012”; and

(B) in clause (iv), by striking “through fiscal year 2011” and inserting “through fiscal year 2012”.

(2) PERMITTING HOSPITALS TO DECLINE RECLASSIFICATION.—Section 13501(e)(2) of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 1395ww note) is amended by striking “through fiscal year 2011” and inserting “through fiscal year 2012”.

SEC. 3125. TEMPORARY IMPROVEMENTS TO THE MEDICARE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW-VOLUME HOSPITALS.

Section 1886(d)(12) of the Social Security Act (42 U.S.C. 1395ww(d)(12)) is amended—

(1) in subparagraph (A), by inserting “or (D)” after “subparagraph (B)”; and

(2) in subparagraph (B), in the matter preceding clause (i), by striking “The Secretary” and inserting “For discharges occurring in fiscal years 2005 through 2010 and for discharges occurring in fiscal year 2013 and subsequent fiscal years, the Secretary”;

(3) in subparagraph (C)(i)—

(A) by inserting “(or, with respect to fiscal years 2011 and 2012, 15 road miles)” after “25 road miles”; and

(B) by inserting “(or, with respect to fiscal years 2011 and 2012, 1,500 discharges of individuals entitled to, or enrolled for, benefits under part A)” after “800 discharges”; and

(4) by adding at the end the following new subparagraph:

“(D) TEMPORARY APPLICABLE PERCENTAGE INCREASE.—For discharges occurring in fiscal years 2011 and 2012, the Secretary shall determine an applicable percentage increase for purposes of subparagraph (A) using a continuous linear sliding scale ranging from 25 percent for low-volume hospitals with 200 or fewer discharges of individuals entitled to, or enrolled for, benefits under part A in the fiscal year to 0 percent for low-volume hospitals with greater than 1,500 discharges of such individuals in the fiscal year.”.

SEC. 3126. IMPROVEMENTS TO THE DEMONSTRATION PROJECT ON COMMUNITY HEALTH INTEGRATION MODELS IN CERTAIN RURAL COUNTIES.

(a) REMOVAL OF LIMITATION ON NUMBER OF ELIGIBLE COUNTIES SELECTED.—Subsection (d)(3) of section 123 of the Medicare Improvements for Patients and Providers Act of 2008 (42 U.S.C. 1395i–4 note) is amended by striking “not more than 6”.

(b) REMOVAL OF REFERENCES TO RURAL HEALTH CLINIC SERVICES AND INCLUSION OF PHYSICIANS’ SERVICES IN SCOPE OF DEMONSTRATION PROJECT.—Such section 123 is amended—

(1) in subsection (d)(4)(B)(i)(3), by striking subclause (III); and

(2) in subsection (j)—

(A) in paragraph (8), by striking subparagraph (B) and inserting the following:

“(B) Physicians’ services (as defined in section 1861(q) of the Social Security Act (42 U.S.C. 1395z(q)).”;

(B) by striking paragraph (9); and

(C) by redesignating paragraph (10) as paragraph (9).

SEC. 3127. MEDPAC STUDY ON ADEQUACY OF MEDICARE PAYMENTS FOR HEALTH CARE PROVIDERS SERVING IN RURAL AREAS.

(a) STUDY.—The Medicare Payment Advisory Commission shall conduct a study on the adequacy of payments for items and services furnished by providers of services and suppliers in rural areas under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.). Such study shall include an analysis of—

(1) any adjustments in payments to providers of services and suppliers that furnish items and services in rural areas;

(2) access by Medicare beneficiaries to items and services in rural areas;

(3) the adequacy of payments to providers of services and suppliers that furnish items and services in rural areas; and

(4) the quality of care furnished in rural areas.

(b) REPORT.—Not later than January 1, 2011, the Medicare Payment Advisory Commission shall submit to Congress a report containing the results of the study conducted under subsection (a). Such report shall include recommendations on appropriate modifications to any adjustments in payments to providers of services and suppliers that furnish items and services in rural areas, together with recommendations for such legislation and administrative action as the Medicare Payment Advisory Commission determines appropriate.

SEC. 3128. TECHNICAL CORRECTION RELATED TO CRITICAL ACCESS HOSPITAL SERVICES.

(a) IN GENERAL.—Subsections (g)(2)(A) and (l)(8) of section 1834 of the Social Security Act (42 U.S.C. 1395m) are each amended by inserting “101 percent of” before “the reasonable costs”.

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall take effect as if included in the enactment of section 405(a) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2266).

SEC. 3129. EXTENSION OF AND REVISIONS TO MEDICARE RURAL HOSPITAL FLEXIBILITY PROGRAM.

(a) AUTHORIZATION.—Section 1820(f) of the Social Security Act (42 U.S.C. 1395i–4(f)) is amended—

(1) by striking “2010, and for” and inserting “2010, for”; and

(2) by inserting “and for making grants to all States under subsection (g), such sums as may be necessary in each of fiscal years 2011 and 2012, to remain available until expended” before the period at the end.

(b) **USE OF FUNDS.**—Section 1820(g)(3) of the Social Security Act (42 U.S.C. 1395i–4(g)(3)) is amended—

(1) in subparagraph (A), by inserting “and to assist such hospitals in participating in delivery system reforms under the provisions of and amendments made by the Patient Protection and Affordable Care Act, such as value-based purchasing programs, accountable care organizations under section 1899, the National pilot program on payment bundling under section 1866D, and other delivery system reform programs determined appropriate by the Secretary” before the period at the end; and

(2) in subparagraph (E)—

(A) by striking “, and to offset” and inserting “, to offset”; and

(B) by inserting “and to participate in delivery system reforms under the provisions of and amendments made by the Patient Protection and Affordable Care Act, such as value-based purchasing programs, accountable care organizations under section 1899, the National pilot program on payment bundling under section 1866D, and other delivery system reform programs determined appropriate by the Secretary” before the period at the end.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to grants made on or after January 1, 2010.

PART III—IMPROVING PAYMENT ACCURACY

SEC. 3131. PAYMENT ADJUSTMENTS FOR HOME HEALTH CARE.

(a) **REBASING HOME HEALTH PROSPECTIVE PAYMENT AMOUNT.**—

(1) **IN GENERAL.**—Section 1895(b)(3)(A) of the Social Security Act (42 U.S.C. 1395fff(b)(3)(A)) is amended—

(A) in clause (i)(III), by striking “For periods” and inserting “Subject to clause (iii), for periods”; and

(B) by adding at the end the following new clause:

“(iii) **ADJUSTMENT FOR 2013 AND SUBSEQUENT YEARS.**—

“(I) **IN GENERAL.**—Subject to subclause (II), for 2013 and subsequent years, the amount (or amounts) that would otherwise be applicable under clause (i)(III) shall be adjusted by a percentage determined appropriate by the Secretary to reflect such factors as changes in the number of visits in an episode, the mix of services in an episode, the level of intensity of services in an episode, the average cost of providing care per episode, and other factors that the Secretary considers to be relevant. In conducting the analysis under the preceding sentence, the Secretary may consider differences between hospital-based and freestanding agencies, between for-profit and nonprofit agencies, and between the resource costs of urban and rural agencies. Such adjustment shall be made before the update under subparagraph (B) is applied for the year.

“(II) **TRANSITION.**—The Secretary shall provide for a 4-year phase-in (in equal increments) of the adjustment under subclause (I), with such adjustment being fully implemented for 2016. During each year of such phase-in, the amount of any adjustment under subclause (I) for the year may not exceed 3.5 percent of the amount (or amounts) applicable under clause (i)(III) as of the date of enactment of the Patient Protection and Affordable Care Act.”.

(2) **MEDPAC STUDY AND REPORT.**—

(A) **STUDY.**—The Medicare Payment Advisory Commission shall conduct a study on the implementation of the amendments made by paragraph (1). Such study shall include an analysis of the impact of such amendments on—

- (i) access to care;
- (ii) quality outcomes;
- (iii) the number of home health agencies; and
- (iv) rural agencies, urban agencies, for-profit agencies, and nonprofit agencies.

(B) **REPORT.**—Not later than January 1, 2015, the Medicare Payment Advisory Commission shall submit to Congress a report on the study conducted under subparagraph (A), together with recommendations for such legislation and administrative action as the Commission determines appropriate.

(b) **PROGRAM-SPECIFIC OUTLIER CAP.**—Section 1895(b) of the Social Security Act (42 U.S.C. 1395fff(b)) is amended—

(1) in paragraph (3)(C), by striking “the aggregate” and all that follows through the period at the end and inserting “5 percent of the total payments estimated to be made based on the prospective payment system under this subsection for the period.”; and

(2) in paragraph (5)—

(A) by striking “**OUTLIERS.**—The Secretary” and inserting the following: “**OUTLIERS.**—

“(A) **IN GENERAL.**—Subject to subparagraph (B), the Secretary”; and

(B) in subparagraph (A), as added by subparagraph (A), by striking “5 percent” and inserting “2.5 percent”; and

(C) by adding at the end the following new subparagraph:

“(B) **PROGRAM SPECIFIC OUTLIER CAP.**—The estimated total amount of additional payments or payment adjustments made under subparagraph (A) with respect to a home health agency for a year (beginning with 2011) may not exceed an amount equal to 10 percent of the estimated total amount of payments made under this section (without regard to this paragraph) with respect to the home health agency for the year.”.

(c) **APPLICATION OF THE MEDICARE RURAL HOME HEALTH ADD-ON POLICY.**—Section 421 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2283), as amended by section 5201(b) of the Deficit Reduction Act of 2005 (Public Law 109–171; 120 Stat. 46), is amended—

(1) in the section heading, by striking “**ONE-YEAR**” and inserting “**TEMPORARY**”; and

(2) in subsection (a)—

(A) by striking “, and episodes” and inserting “, episodes”; and

(B) by inserting “and episodes and visits ending on or after April 1, 2010, and before January 1, 2016,” after “January 1, 2007,”; and

(C) by inserting “(or, in the case of episodes and visits ending on or after April 1, 2010, and before January 1, 2016, 3 percent)” before the period at the end.

(d) **STUDY AND REPORT ON THE DEVELOPMENT OF HOME HEALTH PAYMENT REFORMS IN ORDER TO ENSURE ACCESS TO CARE AND QUALITY SERVICES.**—

(1) **IN GENERAL.**—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall conduct a study to evaluate the costs and quality of care among efficient home health agencies relative to other such agencies in providing ongoing access to care and in treating Medicare beneficiaries with varying severity levels of illness. Such study shall include an analysis of the following:

(A) Methods to revise the home health prospective payment system under section 1895 of the Social Security Act (42 U.S.C. 1395fff) to more accurately account for the costs related to patient severity of illness or to improving beneficiary access to care, including—

(i) payment adjustments for services that may be under- or over-valued;

(ii) necessary changes to reflect the resource use relative to providing home health services to low-income Medicare beneficiaries or Medicare beneficiaries living in medically underserved areas;

(iii) ways the outlier payment may be improved to more accurately reflect the cost of treating Medicare beneficiaries with high severity levels of illness;

(iv) the role of quality of care incentives and penalties in driving provider and patient behavior;

(v) improvements in the application of a wage index; and

(vi) other areas determined appropriate by the Secretary.

(B) The validity and reliability of responses on the OASIS instrument with particular emphasis on questions that relate to higher payment under the home health prospective payment system and higher outcome scores under Home Care Compare.

(C) Additional research or payment revisions under the home health prospective payment system that may be necessary to set the payment rates for home health services based on costs of high-quality and efficient home health agencies or to improve Medicare beneficiary access to care.

(D) A timetable for implementation of any appropriate changes based on the analysis of the matters described in subparagraphs (A), (B), and (C).

(E) Other areas determined appropriate by the Secretary.

(2) **CONSIDERATIONS.**—In conducting the study under paragraph (1), the Secretary shall consider whether certain factors should be used to measure patient severity of illness and access to care, such as—

(A) population density and relative patient access to care;

(B) variations in service costs for providing care to individuals who are dually eligible under the Medicare and Medicaid programs;

(C) the presence of severe or chronic diseases, as evidenced by multiple, discontinuous home health episodes;

(D) poverty status, as evidenced by the receipt of Supplemental Security Income under title XVI of the Social Security Act;

(E) the absence of caregivers;

(F) language barriers;

(G) atypical transportation costs;

(H) security costs; and

(I) other factors determined appropriate by the Secretary.

(3) **REPORT.**—Not later than March 1, 2011, the Secretary shall submit to Congress a report on the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

(4) **CONSULTATIONS.**—In conducting the study under paragraph (1) and preparing the report under paragraph (3), the Secretary shall consult with—

(A) stakeholders representing home health agencies;

(B) groups representing Medicare beneficiaries;

(C) the Medicare Payment Advisory Commission;

(D) the Inspector General of the Department of Health and Human Services; and

(E) the Comptroller General of the United States.

SEC. 3132. HOSPICE REFORM.

(a) **HOSPICE CARE PAYMENT REFORMS.**—

(1) **IN GENERAL.**—Section 1814(i) of the Social Security Act (42 U.S.C. 1395f(i)), as amended by section 3004(c), is amended—

(A) by redesignating paragraph (6) as paragraph (7); and

(B) by inserting after paragraph (5) the following new paragraph:

“(6)(A) The Secretary shall collect additional data and information as the Secretary determines appropriate to revise payments for hospice care under this subsection pursuant to subparagraph (D) and for other purposes as determined appropriate by the Secretary. The Secretary shall begin to collect such data by not later than January 1, 2011.

“(B) The additional data and information to be collected under subparagraph (A) may include data and information on—

- “(i) charges and payments;
- “(ii) the number of days of hospice care which are attributable to individuals who are entitled to, or enrolled for, benefits under part A; and
- “(iii) with respect to each type of service included in hospice care—
- “(I) the number of days of hospice care attributable to the type of service;
- “(II) the cost of the type of service; and
- “(III) the amount of payment for the type of service;
- “(iv) charitable contributions and other revenue of the hospice program;
- “(v) the number of hospice visits;
- “(vi) the type of practitioner providing the visit; and
- “(vii) the length of the visit and other basic information with respect to the visit.

“(C) The Secretary may collect the additional data and information under subparagraph (A) on cost reports, claims, or other mechanisms as the Secretary determines to be appropriate.

“(D)(i) Notwithstanding the preceding paragraphs of this subsection, not earlier than October 1, 2013, the Secretary shall, by regulation, implement revisions to the methodology for determining the payment rates for routine home care and other services included in hospice care under this part, as the Secretary determines to be appropriate. Such revisions may be based on an analysis of data and information collected under subparagraph (A). Such revisions may include adjustments to per diem payments that reflect changes in resource intensity in providing such care and services during the course of the entire episode of hospice care.

“(ii) Revisions in payment implemented pursuant to clause (i) shall result in the same estimated amount of aggregate expenditures under this title for hospice care furnished in the fiscal year in which such revisions in payment are implemented as would have been made under this title for such care in such fiscal year if such revisions had not been implemented.

“(E) The Secretary shall consult with hospice programs and the Medicare Payment Advisory Commission regarding the additional data and information to be collected under subparagraph (A) and the payment revisions under subparagraph (D).”.

(2) **CONFORMING AMENDMENTS.**—Section 1814(i)(1)(C) of the Social Security Act (42 U.S.C. 1395f(i)(1)(C)) is amended—

(A) in clause (ii)—

(i) in the matter preceding subclause (I), by inserting “(before the first fiscal year in which the payment revisions described in paragraph (6)(D) are implemented)” after “subsequent fiscal year”; and

(ii) in subclause (VII), by inserting “(before the first fiscal year in which the payment revisions described in paragraph (6)(D) are implemented), subject to clause (iv),” after “subsequent fiscal year”; and

(B) by adding at the end the following new clause:

“(iii) With respect to routine home care and other services included in hospice care furnished during fiscal years subsequent to the first fiscal year in which payment revisions described in paragraph (6)(D) are implemented, the payment rates for such care and services shall be the payment rates in effect under this clause during the preceding fiscal year increased by, subject to clause (iv), the market basket percentage increase (as defined in section 1886(b)(3)(B)(iii)) for the fiscal year.”.

(b) **ADOPTION OF MEDPAC HOSPICE PROGRAM ELIGIBILITY RECERTIFICATION RECOMMENDATIONS.**—Section 1814(a)(7) of the Social Security Act (42 U.S.C. 1395f(a)(7)) is amended—

(1) in subparagraph (B), by striking “and” at the end; and

(2) by adding at the end the following new subparagraph:

“(D) on and after January 1, 2011—

“(i) a hospice physician or nurse practitioner has a face-to-face encounter with the individual to determine continued eligibility of the individual for hospice care prior to the 180th-day recertification and each subsequent recertification under subparagraph (A)(ii) and attests that such visit took place (in accordance with procedures established by the Secretary); and

“(ii) in the case of hospice care provided an individual for more than 180 days by a hospice program for which the number of such cases for such program comprises more than a percent (specified by the Secretary) of the total number of such cases for all programs under this title, the hospice care provided to such individual is medically reviewed (in accordance with procedures established by the Secretary); and”.

SEC. 3133. IMPROVEMENT TO MEDICARE DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS.

Section 1886 of the Social Security Act (42 U.S.C. 1395ww), as amended by sections 3001, 3008, and 3025, is amended—

(1) in subsection (d)(5)(F)(i), by striking “For” and inserting “Subject to subsection (r), for”; and

(2) by adding at the end the following new subsection:

“(r) **ADJUSTMENTS TO MEDICARE DSH PAYMENTS.**—

“(1) **EMPIRICALLY JUSTIFIED DSH PAYMENTS.**—For fiscal year 2015 and each subsequent fiscal year, instead of the amount of disproportionate share hospital payment that would otherwise be made under subsection (d)(5)(F) to a subsection (d) hospital for the fiscal year, the Secretary shall pay to the subsection (d) hospital 25 percent of such amount (which represents the empirically justified amount for such payment, as determined by the Medicare Payment Advisory Commission in its March 2007 Report to the Congress).

“(2) **ADDITIONAL PAYMENT.**—In addition to the payment made to a subsection (d) hospital under paragraph (1), for fiscal year 2015 and each subsequent fiscal year, the Secretary shall pay to such subsection (d) hospitals an additional amount equal to the product of the following factors:

“(A) **FACTOR ONE.**—A factor equal to the difference between—

“(i) the aggregate amount of payments that would be made to subsection (d) hospitals under subsection (d)(5)(F) if this subsection did not apply for such fiscal year (as estimated by the Secretary); and

“(ii) the aggregate amount of payments that are made to subsection (d) hospitals under paragraph (1) for such fiscal year (as so estimated).

“(B) **FACTOR TWO.**—

“(i) **FISCAL YEARS 2015, 2016, AND 2017.**—For each of fiscal years 2015, 2016, and 2017, a factor equal to 1 minus the percent change (divided by 100) in the percent of individuals under the age of 65 who are uninsured, as determined by comparing the percent of such individuals—

“(I) who are uninsured in 2012, the last year before coverage expansion under the Patient Protection and Affordable Care Act (as calculated by the Secretary based on the most recent estimates available from the Director of the Congressional Budget Office before a vote in either House on such Act that, if determined in the affirmative, would clear such Act for enrollment); and

“(II) who are uninsured in the most recent period for which data is available (as so calculated).

“(ii) **2018 AND SUBSEQUENT YEARS.**—For fiscal year 2018 and each subsequent fiscal year, a

factor equal to 1 minus the percent change (divided by 100) in the percent of individuals who are uninsured, as determined by comparing the percent of individuals—

“(I) who are uninsured in 2012 (as estimated by the Secretary, based on data from the Census Bureau or other sources the Secretary determines appropriate, and certified by the Chief Actuary of the Centers for Medicare & Medicaid Services); and

“(II) who are uninsured in the most recent period for which data is available (as so estimated and certified).

“(C) **FACTOR THREE.**—A factor equal to the percent, for each subsection (d) hospital, that represents the quotient of—

“(i) the amount of uncompensated care for such hospital for a period selected by the Secretary (as estimated by the Secretary, based on appropriate data (including, in the case where the Secretary determines that alternative data is available which is a better proxy for the costs of subsection (d) hospitals for treating the uninsured, the use of such alternative data)); and

“(ii) the aggregate amount of uncompensated care for all subsection (d) hospitals that receive a payment under this subsection for such period (as so estimated, based on such data).

“(3) **LIMITATIONS ON REVIEW.**—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the following:

“(A) Any estimate of the Secretary for purposes of determining the factors described in paragraph (2).

“(B) Any period selected by the Secretary for such purposes.”.

SEC. 3134. MISVALUED CODES UNDER THE PHYSICIAN FEE SCHEDULE.

(a) **IN GENERAL.**—Section 1848(c)(2) of the Social Security Act (42 U.S.C. 1395w-4(c)(2)) is amended by adding at the end the following new subparagraphs:

“(K) **POTENTIALLY MISVALUED CODES.**—

“(i) **IN GENERAL.**—The Secretary shall—

“(I) periodically identify services as being potentially misvalued using criteria specified in clause (ii); and

“(II) review and make appropriate adjustments to the relative values established under this paragraph for services identified as being potentially misvalued under subclause (I).

“(ii) **IDENTIFICATION OF POTENTIALLY MISVALUED CODES.**—For purposes of identifying potentially misvalued services pursuant to clause (i)(I), the Secretary shall examine (as the Secretary determines to be appropriate) codes (and families of codes as appropriate) for which there has been the fastest growth; codes (and families of codes as appropriate) that have experienced substantial changes in practice expenses; codes for new technologies or services within an appropriate period (such as 3 years) after the relative values are initially established for such codes; multiple codes that are frequently billed in conjunction with furnishing a single service; codes with low relative values, particularly those that are often billed multiple times for a single treatment; codes which have not been subject to review since the implementation of the RBRVS (the so-called ‘Harvard-valued codes’); and such other codes determined to be appropriate by the Secretary.

“(iii) **REVIEW AND ADJUSTMENTS.**—

“(I) The Secretary may use existing processes to receive recommendations on the review and appropriate adjustment of potentially misvalued services described in clause (i)(II).

“(II) The Secretary may conduct surveys, other data collection activities, studies, or other analyses as the Secretary determines to be appropriate to facilitate the review and appropriate adjustment described in clause (i)(II).

“(III) The Secretary may use analytic contractors to identify and analyze services identified under clause (i)(I), conduct surveys or collect data, and make recommendations on the review and appropriate adjustment of services described in clause (i)(II).”

“(IV) The Secretary may coordinate the review and appropriate adjustment described in clause (i)(II) with the periodic review described in subparagraph (B).”

“(V) As part of the review and adjustment described in clause (i)(II), including with respect to codes with low relative values described in clause (ii), the Secretary may make appropriate coding revisions (including using existing processes for consideration of coding changes) which may include consolidation of individual services into bundled codes for payment under the fee schedule under subsection (b).”

“(VI) The provisions of subparagraph (B)(ii)(II) shall apply to adjustments to relative value units made pursuant to this subparagraph in the same manner as such provisions apply to adjustments under subparagraph (B)(ii)(I).”

“(L) VALIDATING RELATIVE VALUE UNITS.—

“(i) IN GENERAL.—The Secretary shall establish a process to validate relative value units under the fee schedule under subsection (b).”

“(ii) COMPONENTS AND ELEMENTS OF WORK.—The process described in clause (i) may include validation of work elements (such as time, mental effort and professional judgment, technical skill and physical effort, and stress due to risk) involved with furnishing a service and may include validation of the pre-, post-, and intra-service components of work.”

“(iii) SCOPE OF CODES.—The validation of work relative value units shall include a sampling of codes for services that is the same as the codes listed under subparagraph (K)(ii).”

“(iv) METHODS.—The Secretary may conduct the validation under this subparagraph using methods described in subclauses (I) through (V) of subparagraph (K)(iii) as the Secretary determines to be appropriate.”

“(v) ADJUSTMENTS.—The Secretary shall make appropriate adjustments to the work relative value units under the fee schedule under subsection (b). The provisions of subparagraph (B)(ii)(II) shall apply to adjustments to relative value units made pursuant to this subparagraph in the same manner as such provisions apply to adjustments under subparagraph (B)(ii)(I).”

(b) IMPLEMENTATION.—

(1) ADMINISTRATION.—

(A) Chapter 35 of title 44, United States Code and the provisions of the Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to this section or the amendment made by this section.

(B) Notwithstanding any other provision of law, the Secretary may implement subparagraphs (K) and (L) of 1848(c)(2) of the Social Security Act, as added by subsection (a), by program instruction or otherwise.

(C) Section 4505(d) of the Balanced Budget Act of 1997 is repealed.

(D) Except for provisions related to confidentiality of information, the provisions of the Federal Acquisition Regulation shall not apply to this section or the amendment made by this section.

(2) FOCUSING CMS RESOURCES ON POTENTIALLY OVERVALUED CODES.—Section 1868(a) of the Social Security Act (42 U.S.C. 1395e(a)) is repealed.

SEC. 3135. MODIFICATION OF EQUIPMENT UTILIZATION FACTOR FOR ADVANCED IMAGING SERVICES.

(a) ADJUSTMENT IN PRACTICE EXPENSE TO REFLECT HIGHER PRESUMED UTILIZATION.—Section 1848 of the Social Security Act (42 U.S.C. 1395w-4) is amended—

(1) in subsection (b)(4)—

(A) in subparagraph (B), by striking “subparagraph (A)” and inserting “this paragraph”; and

(B) by adding at the end the following new subparagraph:

“(C) ADJUSTMENT IN PRACTICE EXPENSE TO REFLECT HIGHER PRESUMED UTILIZATION.—Consistent with the methodology for computing the number of practice expense relative value units under subsection (c)(2)(C)(ii) with respect to advanced diagnostic imaging services (as defined in section 1834(e)(1)(B)) furnished on or after January 1, 2010, the Secretary shall adjust such number of units so it reflects—

“(i) in the case of services furnished on or after January 1, 2010, and before January 1, 2013, a 65 percent (rather than 50 percent) presumed rate of utilization of imaging equipment;

“(ii) in the case of services furnished on or after January 1, 2013, and before January 1, 2014, a 70 percent (rather than 50 percent) presumed rate of utilization of imaging equipment; and

“(iii) in the case of services furnished on or after January 1, 2014, a 75 percent (rather than 50 percent) presumed rate of utilization of imaging equipment.”; and

(2) in subsection (c)(2)(B)(v), by adding at the end the following new subclauses:

“(III) CHANGE IN PRESUMED UTILIZATION LEVEL OF CERTAIN ADVANCED DIAGNOSTIC IMAGING SERVICES FOR 2010 THROUGH 2012.—Effective for fee schedules established beginning with 2010 and ending with 2012, reduced expenditures attributable to the presumed rate of utilization of imaging equipment of 65 percent under subsection (b)(4)(C)(i) instead of a presumed rate of utilization of such equipment of 50 percent.”

“(IV) CHANGE IN PRESUMED UTILIZATION LEVEL OF CERTAIN ADVANCED DIAGNOSTIC IMAGING SERVICES FOR 2013.—Effective for fee schedules established for 2013, reduced expenditures attributable to the presumed rate of utilization of imaging equipment of 70 percent under subsection (b)(4)(C)(ii) instead of a presumed rate of utilization of such equipment of 50 percent.”

“(V) CHANGE IN PRESUMED UTILIZATION LEVEL OF CERTAIN ADVANCED DIAGNOSTIC IMAGING SERVICES FOR 2014 AND SUBSEQUENT YEARS.—Effective for fee schedules established beginning with 2014, reduced expenditures attributable to the presumed rate of utilization of imaging equipment of 75 percent under subsection (b)(4)(C)(iii) instead of a presumed rate of utilization of such equipment of 50 percent.”

(b) ADJUSTMENT IN TECHNICAL COMPONENT “DISCOUNT” ON SINGLE-SESSION IMAGING TO CONSECUTIVE BODY PARTS.—Section 1848 of the Social Security Act (42 U.S.C. 1395w-4), as amended by subsection (a), is amended—

(1) in subsection (b)(4), by adding at the end the following new subparagraph:

“(D) ADJUSTMENT IN TECHNICAL COMPONENT DISCOUNT ON SINGLE-SESSION IMAGING INVOLVING CONSECUTIVE BODY PARTS.—For services furnished on or after July 1, 2010, the Secretary shall increase the reduction in payments attributable to the multiple procedure payment reduction applicable to the technical component for imaging under the final rule published by the Secretary in the Federal Register on November 21, 2005 (part 405 of title 42, Code of Federal Regulations) from 25 percent to 50 percent.”; and

(2) in subsection (c)(2)(B)(v), by adding at the end the following new subclause:

“(VI) ADDITIONAL REDUCED PAYMENT FOR MULTIPLE IMAGING PROCEDURES.—Effective for fee schedules established beginning with 2010 (but not applied for services furnished prior to July 1, 2010), reduced expenditures attributable to the increase in the multiple procedure payment reduction from 25 to 50 percent (as described in subsection (b)(4)(D)).”

(c) ANALYSIS BY THE CHIEF ACTUARY OF THE CENTERS FOR MEDICARE & MEDICAID SERVICES.—Not later than January 1, 2013, the Chief Actuary of the Centers for Medicare & Medicaid Services shall make publicly available an analysis of whether, for the period of 2010 through 2019, the cumulative expenditure reductions under title XVIII of the Social Security Act that are attributable to the adjustments under the amendments made by this section are projected to exceed \$3,000,000,000.

SEC. 3136. REVISION OF PAYMENT FOR POWER-DRIVEN WHEELCHAIRS.

(a) IN GENERAL.—Section 1834(a)(7)(A) of the Social Security Act (42 U.S.C. 1395m(a)(7)(A)) is amended—

(1) in clause (i)—

(A) in subclause (II), by inserting “subclause (III) and” after “Subject to”; and

(B) by adding at the end the following new subclause:

“(III) SPECIAL RULE FOR POWER-DRIVEN WHEELCHAIRS.—For purposes of payment for power-driven wheelchairs, subclause (II) shall be applied by substituting ‘15 percent’ and ‘6 percent’ for ‘10 percent’ and ‘7.5 percent’, respectively.”; and

(2) in clause (iii)—

(A) in the heading, by inserting “COMPLEX, REHABILITATIVE” before “POWER-DRIVEN”; and

(B) by inserting “complex, rehabilitative” before “power-driven”.

(b) TECHNICAL AMENDMENT.—Section 1834(a)(7)(C)(ii)(II) of the Social Security Act (42 U.S.C. 1395m(a)(7)(C)(ii)(II)) is amended by striking “(A)(ii) or”.

(c) EFFECTIVE DATE.—

(1) IN GENERAL.—Subject to paragraph (2), the amendments made by subsection (a) shall take effect on January 1, 2011, and shall apply to power-driven wheelchairs furnished on or after such date.

(2) APPLICATION TO COMPETITIVE BIDDING.—The amendments made by subsection (a) shall not apply to payment made for items and services furnished pursuant to contracts entered into under section 1847 of the Social Security Act (42 U.S.C. 1395w-3) prior to January 1, 2011, pursuant to the implementation of subsection (a)(1)(B)(i)(I) of such section 1847.

SEC. 3137. HOSPITAL WAGE INDEX IMPROVEMENT.

(a) EXTENSION OF SECTION 508 HOSPITAL RECLASSIFICATIONS.—

(1) IN GENERAL.—Subsection (a) of section 106 of division B of the Tax Relief and Health Care Act of 2006 (42 U.S.C. 1395 note), as amended by section 117 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110-173) and section 124 of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275), is amended by striking “September 30, 2009” and inserting “September 30, 2010”.

(2) USE OF PARTICULAR WAGE INDEX IN FISCAL YEAR 2010.—For purposes of implementation of the amendment made by this subsection during fiscal year 2010, the Secretary shall use the hospital wage index that was promulgated by the Secretary in the Federal Register on August 27, 2009 (74 Fed. Reg. 43754), and any subsequent corrections.

(b) PLAN FOR REFORMING THE MEDICARE HOSPITAL WAGE INDEX SYSTEM.—

(1) IN GENERAL.—Not later than December 31, 2011, the Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall submit to Congress a report that includes a plan to reform the hospital wage index system under section 1886 of the Social Security Act.

(2) DETAILS.—In developing the plan under paragraph (1), the Secretary shall take into account the goals for reforming such system set

forth in the Medicare Payment Advisory Commission June 2007 report entitled "Report to Congress: Promoting Greater Efficiency in Medicare", including establishing a new hospital compensation index system that—

(A) uses Bureau of Labor Statistics data, or other data or methodologies, to calculate relative wages for each geographic area involved;

(B) minimizes wage index adjustments between and within metropolitan statistical areas and statewide rural areas;

(C) includes methods to minimize the volatility of wage index adjustments that result from implementation of policy, while maintaining budget neutrality in applying such adjustments;

(D) takes into account the effect that implementation of the system would have on health care providers and on each region of the country;

(E) addresses issues related to occupational mix, such as staffing practices and ratios, and any evidence on the effect on quality of care or patient safety as a result of the implementation of the system; and

(F) provides for a transition.

(3) **CONSULTATION.**—In developing the plan under paragraph (1), the Secretary shall consult with relevant affected parties.

(c) **USE OF PARTICULAR CRITERIA FOR DETERMINING RECLASSIFICATIONS.**—Notwithstanding any other provision of law, in making decisions on applications for reclassification of a subsection (d) hospital (as defined in paragraph (1)(B) of section 1886(d) of the Social Security Act (42 U.S.C. 1395ww(d)) for the purposes described in paragraph (10)(D)(v) of such section for fiscal year 2011 and each subsequent fiscal year (until the first fiscal year beginning on or after the date that is 1 year after the Secretary of Health and Human Services submits the report to Congress under subsection (b)), the Geographic Classification Review Board established under paragraph (10) of such section shall use the average hourly wage comparison criteria used in making such decisions as of September 30, 2008. The preceding sentence shall be effected in a budget neutral manner.

SEC. 3138. TREATMENT OF CERTAIN CANCER HOSPITALS.

Section 1833(t) of the Social Security Act (42 U.S.C. 1395l(t)) is amended by adding at the end the following new paragraph:

"(18) **AUTHORIZATION OF ADJUSTMENT FOR CANCER HOSPITALS.**—

"(A) **STUDY.**—The Secretary shall conduct a study to determine if, under the system under this subsection, costs incurred by hospitals described in section 1886(d)(1)(B)(v) with respect to ambulatory payment classification groups exceed those costs incurred by other hospitals furnishing services under this subsection (as determined appropriate by the Secretary). In conducting the study under this subparagraph, the Secretary shall take into consideration the cost of drugs and biologicals incurred by such hospitals.

"(B) **AUTHORIZATION OF ADJUSTMENT.**—Insofar as the Secretary determines under subparagraph (A) that costs incurred by hospitals described in section 1886(d)(1)(B)(v) exceed those costs incurred by other hospitals furnishing services under this subsection, the Secretary shall provide for an appropriate adjustment under paragraph (2)(E) to reflect those higher costs effective for services furnished on or after January 1, 2011."

SEC. 3139. PAYMENT FOR BIOSIMILAR BIOLOGICAL PRODUCTS.

(a) **IN GENERAL.**—Section 1847A of the Social Security Act (42 U.S.C. 1395w-3a) is amended—

(1) in subsection (b)—

(A) in paragraph (1)—

(i) in subparagraph (A), by striking "or" at the end;

(ii) in subparagraph (B), by striking the period at the end and inserting "; or"; and

(iii) by adding at the end the following new subparagraph:

"(C) in the case of a biosimilar biological product (as defined in subsection (c)(6)(H)), the amount determined under paragraph (8)."; and

(B) by adding at the end the following new paragraph:

"(8) **BIOSIMILAR BIOLOGICAL PRODUCT.**—The amount specified in this paragraph for a biosimilar biological product described in paragraph (1)(C) is the sum of—

"(A) the average sales price as determined using the methodology described under paragraph (6) applied to a biosimilar biological product for all National Drug Codes assigned to such product in the same manner as such paragraph is applied to drugs described in such paragraph; and

"(B) 6 percent of the amount determined under paragraph (4) for the reference biological product (as defined in subsection (c)(6)(I))."; and

(2) in subsection (c)(6), by adding at the end the following new subparagraph:

"(H) **BIOSIMILAR BIOLOGICAL PRODUCT.**—The term 'biosimilar biological product' means a biological product approved under an abbreviated application for a license of a biological product that relies in part on data or information in an application for another biological product licensed under section 351 of the Public Health Service Act.

"(I) **REFERENCE BIOLOGICAL PRODUCT.**—The term 'reference biological product' means the biological product licensed under such section 351 that is referred to in the application described in subparagraph (H) of the biosimilar biological product."

(b) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall apply to payments for biosimilar biological products beginning with the first day of the second calendar quarter after enactment of legislation providing for a biosimilar pathway (as determined by the Secretary).

SEC. 3140. MEDICARE HOSPICE CONCURRENT CARE DEMONSTRATION PROGRAM.

(a) **ESTABLISHMENT.**—

(1) **IN GENERAL.**—The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall establish a Medicare Hospice Concurrent Care demonstration program at participating hospice programs under which Medicare beneficiaries are furnished, during the same period, hospice care and any other items or services covered under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) from funds otherwise paid under such title to such hospice programs.

(2) **DURATION.**—The demonstration program under this section shall be conducted for a 3-year period.

(3) **SITES.**—The Secretary shall select not more than 15 hospice programs at which the demonstration program under this section shall be conducted. Such hospice programs shall be located in urban and rural areas.

(b) **INDEPENDENT EVALUATION AND REPORTS.**—

(1) **INDEPENDENT EVALUATION.**—The Secretary shall provide for the conduct of an independent evaluation of the demonstration program under this section. Such independent evaluation shall determine whether the demonstration program has improved patient care, quality of life, and cost-effectiveness for Medicare beneficiaries participating in the demonstration program.

(2) **REPORTS.**—The Secretary shall submit to Congress a report containing the results of the evaluation conducted under paragraph (1), together with such recommendations as the Secretary determines appropriate.

(c) **BUDGET NEUTRALITY.**—With respect to the 3-year period of the demonstration program

under this section, the Secretary shall ensure that the aggregate expenditures under title XVIII for such period shall not exceed the aggregate expenditures that would have been expended under such title if the demonstration program under this section had not been implemented.

SEC. 3141. APPLICATION OF BUDGET NEUTRALITY ON A NATIONAL BASIS IN THE CALCULATION OF THE MEDICARE HOSPITAL WAGE INDEX FLOOR.

In the case of discharges occurring on or after October 1, 2010, for purposes of applying section 4410 of the Balanced Budget Act of 1997 (42 U.S.C. 1395uw note) and paragraph (h)(4) of section 412.64 of title 42, Code of Federal Regulations, the Secretary of Health and Human Services shall administer subsection (b) of such section 4410 and paragraph (e) of such section 412.64 in the same manner as the Secretary administered such subsection (b) and paragraph (e) for discharges occurring during fiscal year 2008 (through a uniform, national adjustment to the area wage index).

SEC. 3142. HHS STUDY ON URBAN MEDICARE-DEPENDENT HOSPITALS.

(a) **STUDY.**—

(1) **IN GENERAL.**—The Secretary of Health and Human Services (in this section referred to as the "Secretary") shall conduct a study on the need for an additional payment for urban Medicare-dependent hospitals for inpatient hospital services under section 1886 of the Social Security Act (42 U.S.C. 1395ww). Such study shall include an analysis of—

(A) the Medicare inpatient margins of urban Medicare-dependent hospitals, as compared to other hospitals which receive 1 or more additional payments or adjustments under such section (including those payments or adjustments described in paragraph (2)(A)); and

(B) whether payments to medicare-dependent, small rural hospitals under subsection (d)(5)(G) of such section should be applied to urban Medicare-dependent hospitals.

(2) **URBAN MEDICARE-DEPENDENT HOSPITAL DEFINED.**—For purposes of this section, the term "urban Medicare-dependent hospital" means a subsection (d) hospital (as defined in subsection (d)(1)(B) of such section) that—

(A) does not receive any additional payment or adjustment under such section, such as payments for indirect medical education costs under subsection (d)(5)(B) of such section, disproportionate share payments under subsection (d)(5)(A) of such section, payments to a rural referral center under subsection (d)(5)(C) of such section, payments to a critical access hospital under section 1814(l) of such Act (42 U.S.C. 1395f(l)), payments to a sole community hospital under subsection (d)(5)(D) of such section 1886, or payments to a medicare-dependent, small rural hospital under subsection (d)(5)(G) of such section 1886; and

(B) for which more than 60 percent of its inpatient days or discharges during 2 of the 3 most recently audited cost reporting periods for which the Secretary has a settled cost report were attributable to inpatients entitled to benefits under part A of title XVIII of such Act.

(b) **REPORT.**—Not later than 9 months after the date of enactment of this Act, the Secretary shall submit to Congress a report containing the results of the study conducted under subsection (a), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

SEC. 3143. PROTECTING HOME HEALTH BENEFITS.

Nothing in the provisions of, or amendments made by, this Act shall result in the reduction of guaranteed home health benefits under title XVIII of the Social Security Act.

Subtitle C—Provisions Relating to Part C**SEC. 3201. MEDICARE ADVANTAGE PAYMENT.**

(a) MA BENCHMARK BASED ON PLAN'S COMPETITIVE BIDS.—

(1) IN GENERAL.—Section 1853(j) of the Social Security Act (42 U.S.C. 1395w-23(j)) is amended—

(A) by striking “AMOUNTS.—For purposes” and inserting “AMOUNTS.—

“(1) IN GENERAL.—For purposes”;

(B) by redesignating paragraphs (1) and (2) as subparagraphs (A) and (B), respectively, and indenting the subparagraphs appropriately;

(C) in subparagraph (A), as redesignated by subparagraph (B)—

(i) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively, and indenting the clauses appropriately; and

(ii) in clause (i), as redesignated by clause (i), by striking “an amount equal to” and all that follows through the end and inserting “an amount equal to—

“(I) for years before 2007, $\frac{1}{12}$ of the annual MA capitation rate under section 1853(c)(1) for the area for the year, adjusted as appropriate for the purpose of risk adjustment;

“(II) for 2007 through 2011, $\frac{1}{12}$ of the applicable amount determined under subsection (k)(1) for the area for the year;

“(III) for 2012, the sum of—

“(aa) $\frac{2}{3}$ of the quotient of—

“(AA) the applicable amount determined under subsection (k)(1) for the area for the year; and

“(BB) 12; and

“(bb) $\frac{1}{3}$ of the MA competitive benchmark amount (determined under paragraph (2)) for the area for the month;

“(IV) for 2013, the sum of—

“(aa) $\frac{1}{3}$ of the quotient of—

“(AA) the applicable amount determined under subsection (k)(1) for the area for the year; and

“(BB) 12; and

“(bb) $\frac{2}{3}$ of the MA competitive benchmark amount (as so determined) for the area for the month;

“(V) for 2014, the MA competitive benchmark amount for the area for a month in 2013 (as so determined), increased by the national per capita MA growth percentage, described in subsection (c)(6) for 2014, but not taking into account any adjustment under subparagraph (C) of such subsection for a year before 2004; and

“(VI) for 2015 and each subsequent year, the MA competitive benchmark amount (as so determined) for the area for the month; or”;

(iii) in clause (ii), as redesignated by clause (i), by striking “subparagraph (A)” and inserting “clause (i)”;

(D) by adding at the end the following new paragraphs:

“(2) COMPUTATION OF MA COMPETITIVE BENCHMARK AMOUNT.—

“(A) IN GENERAL.—Subject to subparagraph (B) and paragraph (3), for months in each year (beginning with 2012) for each MA payment area the Secretary shall compute an MA competitive benchmark amount equal to the weighted average of the unadjusted MA statutory non-drug monthly bid amount (as defined in section 1854(b)(2)(E)) for each MA plan in the area, with the weight for each plan being equal to the average number of beneficiaries enrolled under such plan in the reference month (as defined in section 1858(f)(4), except that, in applying such definition for purposes of this paragraph, “to compute the MA competitive benchmark amount under section 1853(j)(2)” shall be substituted for “to compute the percentage specified in subparagraph (A) and other relevant percentages under this part”).

“(B) WEIGHTING RULES.—

“(i) SINGLE PLAN RULE.—In the case of an MA payment area in which only a single MA plan

is being offered, the weight under subparagraph (A) shall be equal to 1.

“(ii) USE OF SIMPLE AVERAGE AMONG MULTIPLE PLANS IF NO PLANS OFFERED IN PREVIOUS YEAR.—In the case of an MA payment area in which no MA plan was offered in the previous year and more than 1 MA plan is offered in the current year, the Secretary shall use a simple average of the unadjusted MA statutory non-drug monthly bid amount (as so defined) for purposes of computing the MA competitive benchmark amount under subparagraph (A).

“(3) CAP ON MA COMPETITIVE BENCHMARK AMOUNT.—In no case shall the MA competitive benchmark amount for an area for a month in a year be greater than the applicable amount that would (but for the application of this subsection) be determined under subsection (k)(1) for the area for the month in the year.”; and

(E) in subsection (k)(2)(B)(ii)(III), by striking “(j)(1)(A)” and inserting “(j)(1)(A)(i)”.

(2) CONFORMING AMENDMENTS.—

(A) Section 1853(k)(2) of the Social Security Act (42 U.S.C. 1395w-23(k)(2)) is amended—

(i) in subparagraph (A), by striking “through 2010” and inserting “and subsequent years”; and

(ii) in subparagraph (C)—

(I) in clause (iii), by striking “and” at the end;

(II) in clause (iv), by striking the period at the end and inserting “; and”; and

(III) by adding at the end the following new clause:

“(v) for 2011 and subsequent years, 0.00.”.

(B) Section 1854(b) of the Social Security Act (42 U.S.C. 1395w-24(b)) is amended—

(i) in paragraph (3)(B)(i), by striking “1853(j)(1)” and inserting “1853(j)(1)(A)”;

(ii) in paragraph (4)(B)(i), by striking “1853(j)(2)” and inserting “1853(j)(1)(B)”.

(C) Section 1858(f) of the Social Security Act (42 U.S.C. 1395w-27(f)) is amended—

(i) in paragraph (1), by striking “1853(j)(2)” and inserting “1853(j)(1)(B)”;

(ii) in paragraph (3)(A), by striking “1853(j)(1)(A)” and inserting “1853(j)(1)(A)(i)”.

(D) Section 1860C-1(d)(1)(A) of the Social Security Act (42 U.S.C. 1395w-29(d)(1)(A)) is amended by striking “1853(j)(1)(A)” and inserting “1853(j)(1)(A)(i)”.

(b) REDUCTION OF NATIONAL PER CAPITA GROWTH PERCENTAGE FOR 2011.—Section 1853(c)(6) of the Social Security Act (42 U.S.C. 1395w-23(c)(6)) is amended—

(1) in clause (v), by striking “and” at the end;

(2) in clause (vi)—

(A) by striking “for a year after 2002” and inserting “for 2003 through 2010”; and

(B) by striking the period at the end and inserting a comma; and

(C) by adding at the end the following new clauses:

“(vii) for 2011, 3 percentage points; and

“(viii) for a year after 2011, 0 percentage points.”.

(c) ENHANCEMENT OF BENEFICIARY REBATES.—Section 1854(b)(1)(C)(i) of the Social Security Act (42 U.S.C. 1395w-24(b)(1)(C)(i)) is amended by inserting “(or 100 percent in the case of plan years beginning on or after January 1, 2014)” after “75 percent”.

(d) BIDDING RULES.—

(1) REQUIREMENTS FOR INFORMATION SUBMITTED.—Section 1854(a)(6)(A) of the Social Security Act (42 U.S.C. 1395w-24(a)(6)(A)) is amended, in the flush matter following clause (v), by adding at the end the following sentence: “Information to be submitted under this paragraph shall be certified by a qualified member of the American Academy of Actuaries and shall meet actuarial guidelines and rules established by the Secretary under subparagraph (B)(v).”.

(2) ESTABLISHMENT OF ACTUARIAL GUIDELINES.—Section 1854(a)(6)(B) of the Social Security Act (42 U.S.C. 1395w-24(a)(6)(B)) is amended—

(A) in clause (i), by striking “(iii) and (iv)” and inserting “(iii), (iv), and (v)”; and

(B) by adding at the end the following new clause:

“(v) ESTABLISHMENT OF ACTUARIAL GUIDELINES.—

“(I) IN GENERAL.—In order to establish fair MA competitive benchmarks under section 1853(j)(1)(A)(i), the Secretary, acting through the Chief Actuary of the Centers for Medicare & Medicaid Services (in this clause referred to as the ‘Chief Actuary’), shall establish—

“(aa) actuarial guidelines for the submission of bid information under this paragraph; and

“(bb) bidding rules that are appropriate to ensure accurate bids and fair competition among MA plans.

“(II) DENIAL OF BID AMOUNTS.—The Secretary shall deny monthly bid amounts submitted under subparagraph (A) that do not meet the actuarial guidelines and rules established under subclause (I).

“(III) REFUSAL TO ACCEPT CERTAIN BIDS DUE TO MISREPRESENTATIONS AND FAILURES TO ADEQUATELY MEET REQUIREMENTS.—In the case where the Secretary determines that information submitted by an MA organization under subparagraph (A) contains consistent misrepresentations and failures to adequately meet requirements of the organization, the Secretary may refuse to accept any additional such bid amounts from the organization for the plan year and the Chief Actuary shall, if the Chief Actuary determines that the actuaries of the organization were complicit in those misrepresentations and failures, report those actuaries to the Actuarial Board for Counseling and Discipline.”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to bid amounts submitted on or after January 1, 2012.

(e) MA LOCAL PLAN SERVICE AREAS.—

(1) IN GENERAL.—Section 1853(d) of the Social Security Act (42 U.S.C. 1395w-23(d)) is amended—

(A) in the subsection heading, by striking “MA REGION” and inserting “MA REGION; MA LOCAL PLAN SERVICE AREA”;

(B) in paragraph (1), by striking subparagraph (A) and inserting the following:

“(A) with respect to an MA local plan—

“(i) for years before 2012, an MA local area (as defined in paragraph (2)); and

“(ii) for 2012 and succeeding years, a service area that is an entire urban or rural area, as applicable (as described in paragraph (5)); and”;

(C) by adding at the end the following new paragraph:

“(5) MA LOCAL PLAN SERVICE AREA.—For 2012

and succeeding years, the service area for an MA local plan shall be an entire urban or rural area in each State as follows:

“(A) URBAN AREAS.—

“(i) IN GENERAL.—Subject to clause (ii) and subparagraphs (C) and (D), the service area for an MA local plan in an urban area shall be the Core Based Statistical Area (in this paragraph referred to as a ‘CBSA’) or, if applicable, a conceptually similar alternative classification, as defined by the Director of the Office of Management and Budget.

“(ii) CBSA COVERING MORE THAN ONE STATE.—In the case of a CBSA (or alternative classification) that covers more than one State, the Secretary shall divide the CBSA (or alternative classification) into separate service areas with respect to each State covered by the CBSA (or alternative classification).

“(B) RURAL AREAS.—Subject to subparagraphs (C) and (D), the service area for an MA local plan in a rural area shall be a county that does

not qualify for inclusion in a CBSA (or alternative classification), as defined by the Director of the Office of Management and Budget.

“(C) **REFINEMENTS TO SERVICE AREAS.**—For 2015 and succeeding years, in order to reflect actual patterns of health care service utilization, the Secretary may adjust the boundaries of service areas for MA local plans in urban areas and rural areas under subparagraphs (A) and (B), respectively, but may only do so based on recent analyses of actual patterns of care.

“(D) **ADDITIONAL AUTHORITY TO MAKE LIMITED EXCEPTIONS TO SERVICE AREA REQUIREMENTS FOR MA LOCAL PLANS.**—The Secretary may, in addition to any adjustments under subparagraph (C), make limited exceptions to service area requirements otherwise applicable under this part for MA local plans that have in effect (as of the date of enactment of the Patient Protection and Affordable Care Act)—

“(i) agreements with another MA organization or MA plan that preclude the offering of benefits throughout an entire service area; or

“(ii) limitations in their structural capacity to support adequate networks throughout an entire service area as a result of the delivery system model of the MA local plan.”.

(2) **CONFORMING AMENDMENTS.**—

(A) **IN GENERAL.**—

(i) Section 1851(b)(1) of the Social Security Act (42 U.S.C. 1395w–21(b)(1)) is amended by striking subparagraph (C).

(ii) Section 1853(b)(1)(B)(i) of such Act (42 U.S.C. 1395w–23(b)(1)(B)(i))—

(I) in the matter preceding subclause (I), by striking “MA payment area” and inserting “MA local area (as defined in subsection (d)(2))”; and

(II) in subclause (I), by striking “MA payment area” and inserting “MA local area (as so defined)”.

(iii) Section 1853(b)(4) of such Act (42 U.S.C. 1395w–23(b)(4)) is amended by striking “Medicare Advantage payment area” and inserting “MA local area (as so defined)”.

(iv) Section 1853(c)(1) of such Act (42 U.S.C. 1395w–23(c)(1)) is amended—

(I) in the matter preceding subparagraph (A), by striking “a Medicare Advantage payment area that is”; and

(II) in subparagraph (D)(i), by striking “MA payment area” and inserting “MA local area (as defined in subsection (d)(2))”.

(v) Section 1854 of such Act (42 U.S.C. 1395w–24) is amended by striking subsection (h).

(B) **EFFECTIVE DATE.**—The amendments made by this paragraph shall take effect on January 1, 2012.

(f) **PERFORMANCE BONUSES.**—

(1) **MA PLANS.**—

(A) **IN GENERAL.**—Section 1853 of the Social Security Act (42 U.S.C. 1395w–23) is amended by adding at the end the following new subsection:

“(n) **PERFORMANCE BONUSES.**—

“(I) **CARE COORDINATION AND MANAGEMENT PERFORMANCE BONUS.**—

“(A) **IN GENERAL.**—For years beginning with 2014, subject to subparagraph (B), in the case of an MA plan that conducts 1 or more programs described in subparagraph (C) with respect to the year, the Secretary shall, in addition to any other payment provided under this part, make monthly payments, with respect to coverage of an individual under this part, to the MA plan in an amount equal to the product of—

“(i) 0.5 percent of the national monthly per capita cost for expenditures for individuals enrolled under the original medicare fee-for-service program for the year; and

“(ii) the total number of programs described in clauses (i) through (ix) of subparagraph (C) that the Secretary determines the plan is conducting for the year under such subparagraph.

“(B) **LIMITATION.**—In no case may the total amount of payment with respect to a year under

subparagraph (A) be greater than 2 percent of the national monthly per capita cost for expenditures for individuals enrolled under the original medicare fee-for-service program for the year, as determined prior to the application of risk adjustment under paragraph (4).

“(C) **PROGRAMS DESCRIBED.**—The following programs are described in this paragraph:

“(i) Care management programs that—

“(I) target individuals with 1 or more chronic conditions;

“(II) identify gaps in care; and

“(III) facilitate improved care by using additional resources like nurses, nurse practitioners, and physician assistants.

“(ii) Programs that focus on patient education and self-management of health conditions, including interventions that—

“(I) help manage chronic conditions;

“(II) reduce declines in health status; and

“(III) foster patient and provider collaboration.

“(iii) Transitional care interventions that focus on care provided around a hospital inpatient episode, including programs that target post-discharge patient care in order to reduce unnecessary health complications and readmissions.

“(iv) Patient safety programs, including provisions for hospital-based patient safety programs in contracts that the Medicare Advantage organization offering the MA plan has with hospitals.

“(v) Financial policies that promote systematic coordination of care by primary care physicians across the full spectrum of specialties and sites of care, such as medical homes, capitation arrangements, or pay-for-performance programs.

“(vi) Programs that address, identify, and ameliorate health care disparities among principal at-risk subpopulations.

“(vii) Medication therapy management programs that are more extensive than is required under section 1860D–4(c) (as determined by the Secretary).

“(viii) Health information technology programs, including clinical decision support and other tools to facilitate data collection and ensure patient-centered, appropriate care.

“(ix) Such other care management and coordination programs as the Secretary determines appropriate.

“(D) **CONDUCT OF PROGRAM IN URBAN AND RURAL AREAS.**—An MA plan may conduct a program described in subparagraph (C) in a manner appropriate for an urban or rural area, as applicable.

“(E) **REPORTING OF DATA.**—Each Medicare Advantage organization shall provide to the Secretary the information needed to determine whether they are eligible for a care coordination and management performance bonus at a time and in a manner specified by the Secretary.

“(F) **PERIODIC AUDITING.**—The Secretary shall provide for the annual auditing of programs described in subparagraph (C) for which an MA plan receives a care coordination and management performance bonus under this paragraph. The Comptroller General shall monitor auditing activities conducted under this subparagraph.

(2) **QUALITY PERFORMANCE BONUSES.**—

“(A) **QUALITY BONUS.**—For years beginning with 2014, the Secretary shall, in addition to any other payment provided under this part, make monthly payments, with respect to coverage of an individual under this part, to an MA plan that achieves at least a 3 star rating (or comparable rating) on a rating system described in subparagraph (C) in an amount equal to—

“(i) in the case of a plan that achieves a 3 star rating (or comparable rating) on such system 2 percent of the national monthly per capita

cost for expenditures for individuals enrolled under the original medicare fee-for-service program for the year; and

“(ii) in the case of a plan that achieves a 4 or 5 star rating (or comparable rating on such system, 4 percent of such national monthly per capita cost for the year.

“(B) **IMPROVED QUALITY BONUS.**—For years beginning with 2014, in the case of an MA plan that does not receive a quality bonus under subparagraph (A) and is an improved quality MA plan with respect to the year (as identified by the Secretary), the Secretary shall, in addition to any other payment provided under this part, make monthly payments, with respect to coverage of an individual under this part, to the MA plan in an amount equal to 1 percent of such national monthly per capita cost for the year.

“(C) **USE OF RATING SYSTEM.**—For purposes of subparagraph (A), a rating system described in this paragraph is—

“(i) a rating system that uses up to 5 stars to rate clinical quality and enrollee satisfaction and performance at the Medicare Advantage contract or MA plan level; or

“(ii) such other system established by the Secretary that provides for the determination of a comparable quality performance rating to the rating system described in clause (i).

(D) **DATA USED IN DETERMINING SCORE.**—

“(i) **IN GENERAL.**—The rating of an MA plan under the rating system described in subparagraph (C) with respect to a year shall be based on based on the most recent data available.

“(ii) **PLANS THAT FAIL TO REPORT DATA.**—An MA plan which does not report data that enables the Secretary to rate the plan for purposes of subparagraph (A) or identify the plan for purposes of subparagraph (B) shall be counted, for purposes of such rating or identification, as having the lowest plan performance rating and the lowest percentage improvement, respectively.

(3) **QUALITY BONUS FOR NEW AND LOW ENROLLMENT MA PLANS.**—

“(A) **NEW MA PLANS.**—For years beginning with 2014, in the case of an MA plan that first submits a bid under section 1854(a)(1)(A) for 2012 or a subsequent year, only receives enrollments made during the coverage election periods described in section 1851(e), and is not able to receive a bonus under subparagraph (A) or (B) of paragraph (2) for the year, the Secretary shall, in addition to any other payment provided under this part, make monthly payments, with respect to coverage of an individual under this part, to the MA plan in an amount equal to 2 percent of national monthly per capita cost for expenditures for individuals enrolled under the original medicare fee-for-service program for the year. In its fourth year of operation, the MA plan shall be paid in the same manner as other MA plans with comparable enrollment.

“(B) **LOW ENROLLMENT PLANS.**—For years beginning with 2014, in the case of an MA plan that has low enrollment (as defined by the Secretary) and would not otherwise be able to receive a bonus under subparagraph (A) or (B) of paragraph (2) or subparagraph (A) of this paragraph for the year (referred to in this subparagraph as a ‘low enrollment plan’), the Secretary shall use a regional or local mean of the rating of all MA plans in the region or local area, as determined appropriate by the Secretary, on measures used to determine whether MA plans are eligible for a quality or an improved quality bonus, as applicable, to determine whether the low enrollment plan is eligible for a bonus under such a subparagraph.

“(4) **RISK ADJUSTMENT.**—The Secretary shall risk adjust a performance bonus under this subsection in the same manner as the Secretary risk adjusts beneficiary rebates described in section 1854(b)(1)(C).

“(5) NOTIFICATION.—The Secretary, in the annual announcement required under subsection (b)(1)(B) for 2014 and each succeeding year, shall notify the Medicare Advantage organization of any performance bonus (including a care coordination and management performance bonus under paragraph (1), a quality performance bonus under paragraph (2), and a quality bonus for new and low enrollment plans under paragraph (3)) that the organization will receive under this subsection with respect to the year. The Secretary shall provide for the publication of the information described in the previous sentence on the Internet website of the Centers for Medicare & Medicaid Services.”

(B) CONFORMING AMENDMENT.—Section 1853(a)(1)(B) of the Social Security Act (42 U.S.C. 1395w–23(a)(1)(B)) is amended—

(i) in clause (i), by inserting “and any performance bonus under subsection (n)” before the period at the end; and

(ii) in clause (ii), by striking “(G)” and inserting “(G), plus the amount (if any) of any performance bonus under subsection (n)”.

(2) APPLICATION OF PERFORMANCE BONUSES TO MA REGIONAL PLANS.—Section 1858 of the Social Security Act (42 U.S.C. 1395w–27a) is amended—

(A) in subsection (f)(1), by striking “subsection (e)” and inserting “subsections (e) and (i)”; and

(B) by adding at the end the following new subsection:

“(i) APPLICATION OF PERFORMANCE BONUSES TO MA REGIONAL PLANS.—For years beginning with 2014, the Secretary shall apply the performance bonuses under section 1853(n) (relating to bonuses for care coordination and management, quality performance, and new and low enrollment MA plans) to MA regional plans in a similar manner as such performance bonuses apply to MA plans under such subsection.”

(g) GRANDFATHERING SUPPLEMENTAL BENEFITS FOR CURRENT ENROLLEES AFTER IMPLEMENTATION OF COMPETITIVE BIDDING.—Section 1853 of the Social Security Act (42 U.S.C. 1395w–23), as amended by subsection (f), is amended by adding at the end the following new subsection:

“(o) GRANDFATHERING SUPPLEMENTAL BENEFITS FOR CURRENT ENROLLEES AFTER IMPLEMENTATION OF COMPETITIVE BIDDING.—

“(1) IDENTIFICATION OF AREAS.—The Secretary shall identify MA local areas in which, with respect to 2009, average bids submitted by an MA organization under section 1854(a) for MA local plans in the area are not greater than 75 percent of the adjusted average per capita cost for the year involved, determined under section 1876(a)(4), for the area for individuals who are not enrolled in an MA plan under this part for the year, but adjusted to exclude costs attributable to payments under section 1848(o), 1886(n), and 1886(h).

“(2) ELECTION TO PROVIDE REBATES TO GRANDFATHERED ENROLLEES.—

“(A) IN GENERAL.—For years beginning with 2012, each Medicare Advantage organization offering an MA local plan in an area identified by the Secretary under paragraph (1) may elect to provide rebates to grandfathered enrollees under section 1854(b)(1)(C). In the case where an MA organization makes such an election, the monthly per capita dollar amount of such rebates shall not exceed the applicable amount for the year (as defined in subparagraph (B)).

“(B) APPLICABLE AMOUNT.—For purposes of this subsection, the term ‘applicable amount’ means—

“(i) for 2012, the monthly per capita dollar amount of such rebates provided to enrollees under the MA local plan with respect to 2011; and

“(ii) for a subsequent year, 95 percent of the amount determined under this subparagraph for the preceding year.

“(3) SPECIAL RULES FOR PLANS IN IDENTIFIED AREAS.—Notwithstanding any other provision of this part, the following shall apply with respect to each Medicare Advantage organization offering an MA local plan in an area identified by the Secretary under paragraph (1) that makes an election described in paragraph (2):

“(A) PAYMENTS.—The amount of the monthly payment under this section to the Medicare Advantage organization, with respect to coverage of a grandfathered enrollee under this part in the area for a month, shall be equal to—

“(i) for 2012 and 2013, the sum of—

“(I) the bid amount under section 1854(a) for the MA local plan; and

“(II) the applicable amount (as defined in paragraph (2)(B)) for the MA local plan for the year.

“(ii) for 2014 and subsequent years, the sum of—

“(I) the MA competitive benchmark amount under subsection (j)(1)(A)(i) for the area for the month, adjusted, only to the extent the Secretary determines necessary, to account for induced utilization as a result of rebates provided to grandfathered enrollees (except that such adjustment shall not exceed 0.5 percent of such MA competitive benchmark amount); and

“(II) the applicable amount (as so defined) for the MA local plan for the year.

“(B) REQUIREMENT TO SUBMIT BIDS UNDER COMPETITIVE BIDDING.—The Medicare Advantage organization shall submit a single bid amount under section 1854(a) for the MA local plan. The Medicare Advantage organization shall remove from such bid amount any effects of induced demand for care that may result from the higher rebates available to grandfathered enrollees under this subsection.

“(C) NONAPPLICATION OF BONUS PAYMENTS AND ANY OTHER REBATES.—The Medicare Advantage organization offering the MA local plan shall not be eligible for any bonus payment under subsection (n) or any rebate under this part (other than as provided under this subsection) with respect to grandfathered enrollees.

“(D) NONAPPLICATION OF UNIFORM BID AND PREMIUM AMOUNTS TO GRANDFATHERED ENROLLEES.—Section 1854(c) shall not apply with respect to the MA local plan.

“(E) NONAPPLICATION OF LIMITATION ON APPLICATION OF PLAN REBATES TOWARD PAYMENT OF PART B PREMIUM.—Notwithstanding clause (iii) of section 1854(b)(1)(C), in the case of a grandfathered enrollee, a rebate under such section may be used for the purpose described in clause (ii)(III) of such section.

“(F) RISK ADJUSTMENT.—The Secretary shall risk adjust rebates to grandfathered enrollees under this subsection in the same manner as the Secretary risk adjusts beneficiary rebates described in section 1854(b)(1)(C).

“(4) DEFINITION OF GRANDFATHERED ENROLLEE.—In this subsection, the term ‘grandfathered enrollee’ means an individual who is enrolled (effective as of the date of enactment of this subsection) in an MA local plan in an area that is identified by the Secretary under paragraph (1).”

(h) TRANSITIONAL EXTRA BENEFITS.—Section 1853 of the Social Security Act (42 U.S.C. 1395w–23), as amended by subsections (f) and (g), is amended by adding at the end the following new subsection:

“(p) TRANSITIONAL EXTRA BENEFITS.—

“(1) IN GENERAL.—For years beginning with 2012, the Secretary shall provide transitional rebates under section 1854(b)(1)(C) for the provision of extra benefits (as specified by the Secretary) to enrollees described in paragraph (2).

“(2) ENROLLEES DESCRIBED.—An enrollee described in this paragraph is an individual who—

“(A) enrolls in an MA local plan in an applicable area; and

“(B) experiences a significant reduction in extra benefits described in clause (ii) of section 1854(b)(1)(C) as a result of competitive bidding under this part (as determined by the Secretary).

“(3) APPLICABLE AREAS.—In this subsection, the term ‘applicable area’ means the following:

“(A) The 2 largest metropolitan statistical areas, if the Secretary determines that the total amount of such extra benefits for each enrollee for the month in those areas is greater than \$100.

“(B) A county where—

“(i) the MA area-specific non-drug monthly benchmark amount for a month in 2011 is equal to the legacy urban floor amount (as described in subsection (c)(1)(B)(iii)), as determined by the Secretary for the area for 2011;

“(ii) the percentage of Medicare Advantage eligible beneficiaries in the county who are enrolled in an MA plan for 2009 is greater than 30 percent (as determined by the Secretary); and

“(iii) average bids submitted by an MA organization under section 1854(a) for MA local plans in the county for 2011 are not greater than the adjusted average per capita cost for the year involved, determined under section 1876(a)(4), for the county for individuals who are not enrolled in an MA plan under this part for the year, but adjusted to exclude costs attributable to payments under section 1848(o), 1886(n), and 1886(h).

“(C) If the Secretary determines appropriate, a county contiguous to an area or county described in subparagraph (A) or (B), respectively.

“(4) REVIEW OF PLAN BIDS.—In the case of a bid submitted by an MA organization under section 1854(a) for an MA local plan in an applicable area, the Secretary shall review such bid in order to ensure that extra benefits (as specified by the Secretary) are provided to enrollees described in paragraph (2).

“(5) FUNDING.—The Secretary shall provide for the transfer from the Federal Hospital Insurance Trust Fund under section 1817 and the Federal Supplementary Medical Insurance Trust Fund established under section 1841, in such proportion as the Secretary determines appropriate, of an amount not to exceed \$5,000,000,000 for the period of fiscal years 2012 through 2019 for the purpose of providing transitional rebates under section 1854(b)(1)(C) for the provision of extra benefits under this subsection.”

(i) NONAPPLICATION OF COMPETITIVE BIDDING AND RELATED PROVISIONS AND CLARIFICATION OF MA PAYMENT AREA FOR PACE PROGRAMS.—

(1) NONAPPLICATION OF COMPETITIVE BIDDING AND RELATED PROVISIONS FOR PACE PROGRAMS.—Section 1894 of the Social Security Act (42 U.S.C. 1395eee) is amended—

(A) by redesignating subsections (h) and (i) as subsections (i) and (j), respectively;

(B) by inserting after subsection (g) the following new subsection:

“(h) NONAPPLICATION OF COMPETITIVE BIDDING AND RELATED PROVISIONS UNDER PART C.—With respect to a PACE program under this section, the following provisions (and regulations relating to such provisions) shall not apply:

“(1) Section 1853(j)(1)(A)(i), relating to MA area-specific non-drug monthly benchmark amount being based on competitive bids.

“(2) Section 1853(d)(5), relating to the establishment of MA local plan service areas.

“(3) Section 1853(n), relating to the payment of performance bonuses.

“(4) Section 1853(o), relating to grandfathering supplemental benefits for current enrollees after implementation of competitive bidding.

“(5) Section 1853(p), relating to transitional extra benefits.”

(2) **SPECIAL RULE FOR MA PAYMENT AREA FOR PACE PROGRAMS.**—Section 1853(d) of the Social Security Act (42 U.S.C. 1395w-23(d)), as amended by subsection (e), is amended by adding at the end the following new paragraph:

“(6) **SPECIAL RULE FOR MA PAYMENT AREA FOR PACE PROGRAMS.**—For years beginning with 2012, in the case of a PACE program under section 1894, the MA payment area shall be the MA local area (as defined in paragraph (2)).”.

SEC. 3202. BENEFIT PROTECTION AND SIMPLIFICATION.

(a) **LIMITATION ON VARIATION OF COST SHARING FOR CERTAIN BENEFITS.**—

(1) **IN GENERAL.**—Section 1852(a)(1)(B) of the Social Security Act (42 U.S.C. 1395w-22(a)(1)(B)) is amended—

(A) in clause (i), by inserting “, subject to clause (iii),” after “and B or”; and

(B) by adding at the end the following new clauses:

“(iii) **LIMITATION ON VARIATION OF COST SHARING FOR CERTAIN BENEFITS.**—Subject to clause (v), cost-sharing for services described in clause (iv) shall not exceed the cost-sharing required for those services under parts A and B.

“(iv) **SERVICES DESCRIBED.**—The following services are described in this clause:

“(I) Chemotherapy administration services.

“(II) Renal dialysis services (as defined in section 1881(b)(14)(B)).

“(III) Skilled nursing care.

“(IV) Such other services that the Secretary determines appropriate (including services that the Secretary determines require a high level of predictability and transparency for beneficiaries).

“(v) **EXCEPTION.**—In the case of services described in clause (iv) for which there is no cost-sharing required under parts A and B, cost-sharing may be required for those services in accordance with clause (i).”.

(2) **EFFECTIVE DATE.**—The amendments made by this subsection shall apply to plan years beginning on or after January 1, 2011.

(b) **APPLICATION OF REBATES, PERFORMANCE BONUSES, AND PREMIUMS.**—

(1) **APPLICATION OF REBATES.**—Section 1854(b)(1)(C) of the Social Security Act (42 U.S.C. 1395w-24(b)(1)(C)) is amended—

(A) in clause (ii), by striking “REBATE.—A rebate” and inserting “REBATE FOR PLAN YEARS BEFORE 2012.—For plan years before 2012, a rebate”;

(B) by redesignating clauses (iii) and (iv) as clauses (iv) and (v); and

(C) by inserting after clause (ii) the following new clause:

“(iii) **FORM OF REBATE FOR PLAN YEAR 2012 AND SUBSEQUENT PLAN YEARS.**—For plan years beginning on or after January 1, 2012, a rebate required under this subparagraph may not be used for the purpose described in clause (ii)(III) and shall be provided through the application of the amount of the rebate in the following priority order:

“(I) First, to use the most significant share to meaningfully reduce cost-sharing otherwise applicable for benefits under the original medicare fee-for-service program under parts A and B and for qualified prescription drug coverage under part D, including the reduction of any deductibles, copayments, and maximum limitations on out-of-pocket expenses otherwise applicable. Any reduction of maximum limitations on out-of-pocket expenses under the preceding sentence shall apply to all benefits under the original medicare fee-for-service program option. The Secretary may provide guidance on meaningfully reducing cost-sharing under this subsection, except that such guidance may not require a particular amount of cost-sharing or reduction in cost-sharing.

“(II) Second, to use the next most significant share to meaningfully provide coverage of pre-

ventive and wellness health care benefits (as defined by the Secretary) which are not benefits under the original medicare fee-for-service program, such as smoking cessation, a free flu shot, and an annual physical examination.

“(III) Third, to use the remaining share to meaningfully provide coverage of other health care benefits which are not benefits under the original medicare fee-for-service program, such as eye examinations and dental coverage, and are not benefits described in subclause (II).”.

(2) **APPLICATION OF PERFORMANCE BONUSES.**—Section 1853(n) of the Social Security Act, as added by section 3201(f), is amended by adding at the end the following new paragraph:

“(6) **APPLICATION OF PERFORMANCE BONUSES.**—For plan years beginning on or after January 1, 2014, any performance bonus paid to an MA plan under this subsection shall be used for the purposes, and in the priority order, described in subclauses (I) through (III) of section 1854(b)(1)(C)(iii).”.

(3) **APPLICATION OF MA MONTHLY SUPPLEMENTARY BENEFICIARY PREMIUM.**—Section 1854(b)(2)(C) of the Social Security Act (42 U.S.C. 1395w-24(b)(2)(C)) is amended—

(A) by striking “PREMIUM.—The term” and inserting “PREMIUM.—

“(i) **IN GENERAL.**—The term”; and

(B) by adding at the end the following new clause:

“(ii) **APPLICATION OF MA MONTHLY SUPPLEMENTARY BENEFICIARY PREMIUM.**—For plan years beginning on or after January 1, 2012, any MA monthly supplementary beneficiary premium charged to an individual enrolled in an MA plan shall be used for the purposes, and in the priority order, described in subclauses (I) through (III) of paragraph (1)(C)(iii).”.

SEC. 3203. APPLICATION OF CODING INTENSITY ADJUSTMENT DURING MA PAYMENT TRANSITION.

Section 1853(a)(1)(C) of the Social Security Act (42 U.S.C. 1395w-23(a)(1)(C)) is amended by adding at the end the following new clause:

“(iii) **APPLICATION OF CODING INTENSITY ADJUSTMENT FOR 2011 AND SUBSEQUENT YEARS.**—

“(I) **REQUIREMENT TO APPLY IN 2011 THROUGH 2013.**—In order to ensure payment accuracy, the Secretary shall conduct an analysis of the differences described in clause (ii)(I). The Secretary shall ensure that the results of such analysis are incorporated into the risk scores for 2011, 2012, and 2013.

“(II) **AUTHORITY TO APPLY IN 2014 AND SUBSEQUENT YEARS.**—The Secretary may, as appropriate, incorporate the results of such analysis into the risk scores for 2014 and subsequent years.”.

SEC. 3204. SIMPLIFICATION OF ANNUAL BENEFICIARY ELECTION PERIODS.

(a) **ANNUAL 45-DAY PERIOD FOR DISENROLLMENT FROM MA PLANS TO ELECT TO RECEIVE BENEFITS UNDER THE ORIGINAL MEDICARE FEE-FOR-SERVICE PROGRAM.**—

(1) **IN GENERAL.**—Section 1851(e)(2)(C) of the Social Security Act (42 U.S.C. 1395w-1(e)(2)(C)) is amended to read as follows:

“(C) **ANNUAL 45-DAY PERIOD FOR DISENROLLMENT FROM MA PLANS TO ELECT TO RECEIVE BENEFITS UNDER THE ORIGINAL MEDICARE FEE-FOR-SERVICE PROGRAM.**—Subject to subparagraph (D), at any time during the first 45 days of a year (beginning with 2011), an individual who is enrolled in a Medicare Advantage plan may change the election under subsection (a)(1), but only with respect to coverage under the original medicare fee-for-service program under parts A and B, and may elect qualified prescription drug coverage in accordance with section 1860D-1.”.

(2) **EFFECTIVE DATE.**—The amendment made by paragraph (1) shall apply with respect to 2011 and succeeding years.

(b) **TIMING OF THE ANNUAL, COORDINATED ELECTION PERIOD UNDER PARTS C AND D.**—Section 1851(e)(3)(B) of the Social Security Act (42 U.S.C. 1395w-1(e)(3)(B)) is amended—

(1) in clause (iii), by striking “and” at the end;

(2) in clause (iv)—

(A) by striking “and succeeding years” and inserting “, 2008, 2009, and 2010”; and

(B) by striking the period at the end and inserting “; and”; and

(3) by adding at the end the following new clause:

“(v) with respect to 2012 and succeeding years, the period beginning on October 15 and ending on December 7 of the year before such year.”.

SEC. 3205. EXTENSION FOR SPECIALIZED MA PLANS FOR SPECIAL NEEDS INDIVIDUALS.

(a) **EXTENSION OF SNP AUTHORITY.**—Section 1859(f)(1) of the Social Security Act (42 U.S.C. 1395w-28(f)(1)), as amended by section 164(a) of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275), is amended by striking “2011” and inserting “2014”.

(b) **AUTHORITY TO APPLY FRAILTY ADJUSTMENT UNDER PACE PAYMENT RULES.**—Section 1853(a)(1)(B) of the Social Security Act (42 U.S.C. 1395w-23(a)(1)(B)) is amended by adding at the end the following new clause:

“(iv) **AUTHORITY TO APPLY FRAILTY ADJUSTMENT UNDER PACE PAYMENT RULES FOR CERTAIN SPECIALIZED MA PLANS FOR SPECIAL NEEDS INDIVIDUALS.**—

“(I) **IN GENERAL.**—Notwithstanding the preceding provisions of this paragraph, for plan year 2011 and subsequent plan years, in the case of a plan described in subclause (II), the Secretary may apply the payment rules under section 1894(d) (other than paragraph (3) of such section) rather than the payment rules that would otherwise apply under this part, but only to the extent necessary to reflect the costs of treating high concentrations of frail individuals.

“(II) **PLAN DESCRIBED.**—A plan described in this subclause is a specialized MA plan for special needs individuals described in section 1859(b)(6)(B)(ii) that is fully integrated with capitated contracts with States for Medicaid benefits, including long-term care, and that have similar average levels of frailty (as determined by the Secretary) as the PACE program.”.

(c) **TRANSITION AND EXCEPTION REGARDING RESTRICTION ON ENROLLMENT.**—Section 1859(f) of the Social Security Act (42 U.S.C. 1395w-28(f)) is amended by adding at the end the following new paragraph:

“(6) **TRANSITION AND EXCEPTION REGARDING RESTRICTION ON ENROLLMENT.**—

“(A) **IN GENERAL.**—Subject to subparagraph (C), the Secretary shall establish procedures for the transition of applicable individuals to—

“(i) a Medicare Advantage plan that is not a specialized MA plan for special needs individuals (as defined in subsection (b)(6)); or

“(ii) the original medicare fee-for-service program under parts A and B.

“(B) **APPLICABLE INDIVIDUALS.**—For purposes of clause (i), the term ‘applicable individual’ means an individual who—

“(i) is enrolled under a specialized MA plan for special needs individuals (as defined in subsection (b)(6)); and

“(ii) is not within the 1 or more of the classes of special needs individuals to which enrollment under the plan is restricted to.

“(C) **EXCEPTION.**—The Secretary shall provide for an exception to the transition described in subparagraph (A) for a limited period of time for individuals enrolled under a specialized MA plan for special needs individuals described in

subsection (b)(6)(B)(ii) who are no longer eligible for medical assistance under title XIX.

“(D) **TIMELINE FOR INITIAL TRANSITION.**—The Secretary shall ensure that applicable individuals enrolled in a specialized MA plan for special needs individuals (as defined in subsection (b)(6)) prior to January 1, 2010, are transitioned to a plan or the program described in subparagraph (A) by not later than January 1, 2013.”.

(d) **TEMPORARY EXTENSION OF AUTHORITY TO OPERATE BUT NO SERVICE AREA EXPANSION FOR DUAL SPECIAL NEEDS PLANS THAT DO NOT MEET CERTAIN REQUIREMENTS.**—Section 164(c)(2) of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275) is amended by striking “December 31, 2010” and inserting “December 31, 2012”.

(e) **AUTHORITY TO REQUIRE SPECIAL NEEDS PLANS BE NCQA APPROVED.**—Section 1859(f) of the Social Security Act (42 U.S.C. 1395w-28(f)), as amended by subsections (a) and (c), is amended—

(1) in paragraph (2), by adding at the end the following new subparagraph:

“(C) If applicable, the plan meets the requirement described in paragraph (7).”;

(2) in paragraph (3), by adding at the end the following new subparagraph:

“(E) If applicable, the plan meets the requirement described in paragraph (7).”;

(3) in paragraph (4), by adding at the end the following new subparagraph:

“(C) If applicable, the plan meets the requirement described in paragraph (7).”; and

(4) by adding at the end the following new paragraph:

“(7) **AUTHORITY TO REQUIRE SPECIAL NEEDS PLANS BE NCQA APPROVED.**—For 2012 and subsequent years, the Secretary shall require that a Medicare Advantage organization offering a specialized MA plan for special needs individuals be approved by the National Committee for Quality Assurance (based on standards established by the Secretary).”.

(f) **RISK ADJUSTMENT.**—Section 1853(a)(1)(C) of the Social Security Act (42 U.S.C. 1395i-23(a)(1)(C)) is amended by adding at the end the following new clause:

“(iii) **IMPROVEMENTS TO RISK ADJUSTMENT FOR SPECIAL NEEDS INDIVIDUALS WITH CHRONIC HEALTH CONDITIONS.**—

“(I) **IN GENERAL.**—For 2011 and subsequent years, for purposes of the adjustment under clause (i) with respect to individuals described in subclause (II), the Secretary shall use a risk score that reflects the known underlying risk profile and chronic health status of similar individuals. Such risk score shall be used instead of the default risk score for new enrollees in Medicare Advantage plans that are not specialized MA plans for special needs individuals (as defined in section 1859(b)(6)).

“(II) **INDIVIDUALS DESCRIBED.**—An individual described in this subclause is a special needs individual described in subsection (b)(6)(B)(iii) who enrolls in a specialized MA plan for special needs individuals on or after January 1, 2011.

“(III) **EVALUATION.**—For 2011 and periodically thereafter, the Secretary shall evaluate and revise the risk adjustment system under this subparagraph in order to, as accurately as possible, account for higher medical and care coordination costs associated with frailty, individuals with multiple, comorbid chronic conditions, and individuals with a diagnosis of mental illness, and also to account for costs that may be associated with higher concentrations of beneficiaries with those conditions.

“(IV) **PUBLICATION OF EVALUATION AND REVISIONS.**—The Secretary shall publish, as part of an announcement under subsection (b), a description of any evaluation conducted under subclause (III) during the preceding year and any revisions made under such subclause as a result of such evaluation.”.

(g) **TECHNICAL CORRECTION.**—Section 1859(f)(5) of the Social Security Act (42 U.S.C. 1395w-28(f)(5)) is amended, in the matter preceding subparagraph (A), by striking “described in subsection (b)(6)(B)(i)”.

SEC. 3206. EXTENSION OF REASONABLE COST CONTRACTS.

Section 1876(h)(5)(C)(ii) of the Social Security Act (42 U.S.C. 1395mm(h)(5)(C)(ii)) is amended, in the matter preceding subclause (I), by striking “January 1, 2010” and inserting “January 1, 2013”.

SEC. 3207. TECHNICAL CORRECTION TO MA PRIVATE FEE-FOR-SERVICE PLANS.

For plan year 2011 and subsequent plan years, to the extent that the Secretary of Health and Human Services is applying the 2008 service area extension waiver policy (as modified in the April 11, 2008, Centers for Medicare & Medicaid Services’ memorandum with the subject “2009 Employer Group Waiver-Modification of the 2008 Service Area Extension Waiver Granted to Certain MA Local Coordinated Care Plans”) to Medicare Advantage coordinated care plans, the Secretary shall extend the application of such waiver policy to employers who contract directly with the Secretary as a Medicare Advantage private fee-for-service plan under section 1857(i)(2) of the Social Security Act (42 U.S.C. 1395w-27(i)(2)) and that had enrollment as of October 1, 2009.

SEC. 3208. MAKING SENIOR HOUSING FACILITY DEMONSTRATION PERMANENT.

(a) **IN GENERAL.**—Section 1859 of the Social Security Act (42 U.S.C. 1395w-28) is amended by adding at the end the following new subsection:

“(g) **SPECIAL RULES FOR SENIOR HOUSING FACILITY PLANS.**—

“(1) **IN GENERAL.**—In the case of a Medicare Advantage senior housing facility plan described in paragraph (2), notwithstanding any other provision of this part to the contrary and in accordance with regulations of the Secretary, the service area of such plan may be limited to a senior housing facility in a geographic area.

“(2) **MEDICARE ADVANTAGE SENIOR HOUSING FACILITY PLAN DESCRIBED.**—For purposes of this subsection, a Medicare Advantage senior housing facility plan is a Medicare Advantage plan that—

“(A) restricts enrollment of individuals under this part to individuals who reside in a continuing care retirement community (as defined in section 1852(l)(4)(B));

“(B) provides primary care services onsite and has a ratio of accessible physicians to beneficiaries that the Secretary determines is adequate;

“(C) provides transportation services for beneficiaries to specialty providers outside of the facility; and

“(D) has participated (as of December 31, 2009) in a demonstration project established by the Secretary under which such a plan was offered for not less than 1 year.”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall take effect on January 1, 2010, and shall apply to plan years beginning on or after such date.

SEC. 3209. AUTHORITY TO DENY PLAN BIDS.

(a) **IN GENERAL.**—Section 1854(a)(5) of the Social Security Act (42 U.S.C. 1395w-24(a)(5)) is amended by adding at the end the following new subparagraph:

“(C) **REJECTION OF BIDS.**—

“(i) **IN GENERAL.**—Nothing in this section shall be construed as requiring the Secretary to accept any or every bid submitted by an MA organization under this subsection.

“(ii) **AUTHORITY TO DENY BIDS THAT PROPOSE SIGNIFICANT INCREASES IN COST SHARING OR DECREASES IN BENEFITS.**—The Secretary may deny a bid submitted by an MA organization for an MA plan if it proposes significant increases in

cost sharing or decreases in benefits offered under the plan.”.

(b) **APPLICATION UNDER PART D.**—Section 1860D-11(d) of such Act (42 U.S.C. 1395w-11(d)) is amended by adding at the end the following new paragraph:

“(3) **REJECTION OF BIDS.**—Paragraph (5)(C) of section 1854(a) shall apply with respect to bids submitted by a PDP sponsor under subsection (b) in the same manner as such paragraph applies to bids submitted by an MA organization under such section 1854(a).”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to bids submitted for contract years beginning on or after January 1, 2011.

SEC. 3210. DEVELOPMENT OF NEW STANDARDS FOR CERTAIN MEDIGAP PLANS.

(a) **IN GENERAL.**—Section 1882 of the Social Security Act (42 U.S.C. 1395ss) is amended by adding at the end the following new subsection:

“(y) **DEVELOPMENT OF NEW STANDARDS FOR CERTAIN MEDICARE SUPPLEMENTAL POLICIES.**—

“(1) **IN GENERAL.**—The Secretary shall request the National Association of Insurance Commissioners to review and revise the standards for benefit packages described in paragraph (2) under subsection (p)(1), to otherwise update standards to include requirements for nominal cost sharing to encourage the use of appropriate physicians’ services under part B. Such revisions shall be based on evidence published in peer-reviewed journals or current examples used by integrated delivery systems and made consistent with the rules applicable under subsection (p)(1)(E) with the reference to the ‘1991 NAIC Model Regulation’ deemed a reference to the NAIC Model Regulation as published in the Federal Register on December 4, 1998, and as subsequently updated by the National Association of Insurance Commissioners to reflect previous changes in law and the reference to ‘date of enactment of this subsection’ deemed a reference to the date of enactment of the Patient Protection and Affordable Care Act. To the extent practicable, such revision shall provide for the implementation of revised standards for benefit packages as of January 1, 2015.

“(2) **BENEFIT PACKAGES DESCRIBED.**—The benefit packages described in this paragraph are benefit packages classified as ‘C’ and ‘F’.”.

(b) **CONFORMING AMENDMENT.**—Section 1882(o)(1) of the Social Security Act (42 U.S.C. 1395ss(o)(1)) is amended by striking “, and (w)” and inserting “(w), and (y)”.

Subtitle D—Medicare Part D Improvements for Prescription Drug Plans and MA-PD Plans

SEC. 3301. MEDICARE COVERAGE GAP DISCOUNT PROGRAM.

(a) **CONDITION FOR COVERAGE OF DRUGS UNDER PART D.**—Part D of Title XVIII of the Social Security Act (42 U.S.C. 1395w-101 et seq.), is amended by adding at the end the following new section:

“**CONDITION FOR COVERAGE OF DRUGS UNDER THIS PART**

“**SEC. 1860D-43.** (a) **IN GENERAL.**—In order for coverage to be available under this part for covered part D drugs (as defined in section 1860D-2(e)) of a manufacturer, the manufacturer must—

“(1) participate in the Medicare coverage gap discount program under section 1860D-14A;

“(2) have entered into and have in effect an agreement described in subsection (b) of such section with the Secretary; and

“(3) have entered into and have in effect, under terms and conditions specified by the Secretary, a contract with a third party that the Secretary has entered into a contract with under subsection (d)(3) of such section.

“(b) **EFFECTIVE DATE.**—Subsection (a) shall apply to covered part D drugs dispensed under this part on or after July 1, 2010.

“(c) **AUTHORIZING COVERAGE FOR DRUGS NOT COVERED UNDER AGREEMENTS.**—Subsection (a) shall not apply to the dispensing of a covered part D drug if—

“(1) the Secretary has made a determination that the availability of the drug is essential to the health of beneficiaries under this part; or

“(2) the Secretary determines that in the period beginning on July 1, 2010, and ending on December 31, 2010, there were extenuating circumstances.

“(d) **DEFINITION OF MANUFACTURER.**—In this section, the term ‘manufacturer’ has the meaning given such term in section 1860D-14A(g)(5).”.

(b) **MEDICARE COVERAGE GAP DISCOUNT PROGRAM.**—Part D of title XVIII of the Social Security Act (42 U.S.C. 1395w-101) is amended by inserting after section 1860D-14 the following new section:

“**MEDICARE COVERAGE GAP DISCOUNT PROGRAM**

“**SEC. 1860D-14A. (a) ESTABLISHMENT.**—The Secretary shall establish a Medicare coverage gap discount program (in this section referred to as the ‘program’) by not later than July 1, 2010. Under the program, the Secretary shall enter into agreements described in subsection (b) with manufacturers and provide for the performance of the duties described in subsection (c)(1). The Secretary shall establish a model agreement for use under the program by not later than April 1, 2010, in consultation with manufacturers, and allow for comment on such model agreement.

“(b) **TERMS OF AGREEMENT.**—

“(1) **IN GENERAL.**—

“(A) **AGREEMENT.**—An agreement under this section shall require the manufacturer to provide applicable beneficiaries access to discounted prices for applicable drugs of the manufacturer.

“(B) **PROVISION OF DISCOUNTED PRICES AT THE POINT-OF-SALE.**—Except as provided in subsection (c)(1)(A)(iii), such discounted prices shall be provided to the applicable beneficiary at the pharmacy or by the mail order service at the point-of-sale of an applicable drug.

“(C) **TIMING OF AGREEMENT.**—

“(1) **SPECIAL RULE FOR 2010 AND 2011.**—In order for an agreement with a manufacturer to be in effect under this section with respect to the period beginning on July 1, 2010, and ending on December 31, 2011, the manufacturer shall enter into such agreement not later than May 1, 2010.

“(ii) **2012 AND SUBSEQUENT YEARS.**—In order for an agreement with a manufacturer to be in effect under this section with respect to plan year 2012 or a subsequent plan year, the manufacturer shall enter into such agreement (or such agreement shall be renewed under paragraph (4)(A)) not later than January 30 of the preceding year.

“(2) **PROVISION OF APPROPRIATE DATA.**—Each manufacturer with an agreement in effect under this section shall collect and have available appropriate data, as determined by the Secretary, to ensure that it can demonstrate to the Secretary compliance with the requirements under the program.

“(3) **COMPLIANCE WITH REQUIREMENTS FOR ADMINISTRATION OF PROGRAM.**—Each manufacturer with an agreement in effect under this section shall comply with requirements imposed by the Secretary or a third party with a contract under subsection (d)(3), as applicable, for purposes of administering the program, including any determination under clause (i) of subsection (c)(1)(A) or procedures established under such subsection (c)(1)(A).

“(4) **LENGTH OF AGREEMENT.**—

“(A) **IN GENERAL.**—An agreement under this section shall be effective for an initial period of not less than 18 months and shall be automatically renewed for a period of not less than 1 year unless terminated under subparagraph (B).

“(B) **TERMINATION.**—

“(i) **BY THE SECRETARY.**—The Secretary may provide for termination of an agreement under this section for a knowing and willful violation of the requirements of the agreement or other good cause shown. Such termination shall not be effective earlier than 30 days after the date of notice to the manufacturer of such termination. The Secretary shall provide, upon request, a manufacturer with a hearing concerning such a termination, and such hearing shall take place prior to the effective date of the termination with sufficient time for such effective date to be repealed if the Secretary determines appropriate.

“(ii) **BY A MANUFACTURER.**—A manufacturer may terminate an agreement under this section for any reason. Any such termination shall be effective, with respect to a plan year—

“(I) if the termination occurs before January 30 of a plan year, as of the day after the end of the plan year; and

“(II) if the termination occurs on or after January 30 of a plan year, as of the day after the end of the succeeding plan year.

“(iii) **EFFECTIVENESS OF TERMINATION.**—Any termination under this subparagraph shall not affect discounts for applicable drugs of the manufacturer that are due under the agreement before the effective date of its termination.

“(iv) **NOTICE TO THIRD PARTY.**—The Secretary shall provide notice of such termination to a third party with a contract under subsection (d)(3) within not less than 30 days before the effective date of such termination.

“(c) **DUTIES DESCRIBED AND SPECIAL RULE FOR SUPPLEMENTAL BENEFITS.**—

“(1) **DUTIES DESCRIBED.**—The duties described in this subsection are the following:

“(A) **ADMINISTRATION OF PROGRAM.**—Administering the program, including—

“(i) the determination of the amount of the discounted price of an applicable drug of a manufacturer;

“(ii) except as provided in clause (iii), the establishment of procedures under which discounted prices are provided to applicable beneficiaries at pharmacies or by mail order service at the point-of-sale of an applicable drug;

“(iii) in the case where, during the period beginning on July 1, 2010, and ending on December 31, 2011, it is not practicable to provide such discounted prices at the point-of-sale (as described in clause (ii)), the establishment of procedures to provide such discounted prices as soon as practicable after the point-of-sale;

“(iv) the establishment of procedures to ensure that, not later than the applicable number of calendar days after the dispensing of an applicable drug by a pharmacy or mail order service, the pharmacy or mail order service is reimbursed for an amount equal to the difference between—

“(I) the negotiated price of the applicable drug; and

“(II) the discounted price of the applicable drug;

“(v) the establishment of procedures to ensure that the discounted price for an applicable drug under this section is applied before any coverage or financial assistance under other health benefit plans or programs that provide coverage or financial assistance for the purchase or provision of prescription drug coverage on behalf of applicable beneficiaries as the Secretary may specify;

“(vi) the establishment of procedures to implement the special rule for supplemental benefits under paragraph (2); and

“(vii) providing a reasonable dispute resolution mechanism to resolve disagreements between manufacturers, applicable beneficiaries, and the third party with a contract under subsection (d)(3).

“(B) **MONITORING COMPLIANCE.**—

“(i) **IN GENERAL.**—The Secretary shall monitor compliance by a manufacturer with the terms of an agreement under this section.

“(ii) **NOTIFICATION.**—If a third party with a contract under subsection (d)(3) determines that the manufacturer is not in compliance with such agreement, the third party shall notify the Secretary of such noncompliance for appropriate enforcement under subsection (e).

“(C) **COLLECTION OF DATA FROM PRESCRIPTION DRUG PLANS AND MA-PD PLANS.**—The Secretary may collect appropriate data from prescription drug plans and MA-PD plans in a timeframe that allows for discounted prices to be provided for applicable drugs under this section.

“(2) **SPECIAL RULE FOR SUPPLEMENTAL BENEFITS.**—For plan year 2010 and each subsequent plan year, in the case where an applicable beneficiary has supplemental benefits with respect to applicable drugs under the prescription drug plan or MA-PD plan that the applicable beneficiary is enrolled in, the applicable beneficiary shall not be provided a discounted price for an applicable drug under this section until after such supplemental benefits have been applied with respect to the applicable drug.

“(d) **ADMINISTRATION.**—

“(1) **IN GENERAL.**—Subject to paragraph (2), the Secretary shall provide for the implementation of this section, including the performance of the duties described in subsection (c)(1).

“(2) **LIMITATION.**—

“(A) **IN GENERAL.**—Subject to subparagraph (B), in providing for such implementation, the Secretary shall not receive or distribute any funds of a manufacturer under the program.

“(B) **EXCEPTION.**—The limitation under subparagraph (A) shall not apply to the Secretary with respect to drugs dispensed during the period beginning on July 1, 2010, and ending on December 31, 2010, but only if the Secretary determines that the exception to such limitation under this subparagraph is necessary in order for the Secretary to begin implementation of this section and provide applicable beneficiaries timely access to discounted prices during such period.

“(3) **CONTRACT WITH THIRD PARTIES.**—The Secretary shall enter into a contract with 1 or more third parties to administer the requirements established by the Secretary in order to carry out this section. At a minimum, the contract with a third party under the preceding sentence shall require that the third party—

“(A) receive and transmit information between the Secretary, manufacturers, and other individuals or entities the Secretary determines appropriate;

“(B) receive, distribute, or facilitate the distribution of funds of manufacturers to appropriate individuals or entities in order to meet the obligations of manufacturers under agreements under this section;

“(C) provide adequate and timely information to manufacturers, consistent with the agreement with the manufacturer under this section, as necessary for the manufacturer to fulfill its obligations under this section; and

“(D) permit manufacturers to conduct periodic audits, directly or through contracts, of the data and information used by the third party to determine discounts for applicable drugs of the manufacturer under the program.

“(4) **PERFORMANCE REQUIREMENTS.**—The Secretary shall establish performance requirements for a third party with a contract under paragraph (3) and safeguards to protect the independence and integrity of the activities carried out by the third party under the program under this section.

“(5) **IMPLEMENTATION.**—The Secretary may implement the program under this section by program instruction or otherwise.

“(6) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to the program under this section.

“(e) ENFORCEMENT.—

“(1) AUDITS.—Each manufacturer with an agreement in effect under this section shall be subject to periodic audit by the Secretary.

“(2) CIVIL MONEY PENALTY.—

“(A) IN GENERAL.—The Secretary shall impose a civil money penalty on a manufacturer that fails to provide applicable beneficiaries discounts for applicable drugs of the manufacturer in accordance with such agreement for each such failure in an amount the Secretary determines is commensurate with the sum of—

“(i) the amount that the manufacturer would have paid with respect to such discounts under the agreement, which will then be used to pay the discounts which the manufacturer had failed to provide; and

“(ii) 25 percent of such amount.

“(B) APPLICATION.—The provisions of section 1128A (other than subsections (a) and (b)) shall apply to a civil money penalty under this paragraph in the same manner as such provisions apply to a penalty or proceeding under section 1128A(a).

“(f) CLARIFICATION REGARDING AVAILABILITY OF OTHER COVERED PART D DRUGS.—Nothing in this section shall prevent an applicable beneficiary from purchasing a covered part D drug that is not an applicable drug (including a generic drug or a drug that is not on the formulary of the prescription drug plan or MA-PD plan that the applicable beneficiary is enrolled in).

“(g) DEFINITIONS.—In this section:

“(1) APPLICABLE BENEFICIARY.—The term ‘applicable beneficiary’ means an individual who, on the date of dispensing an applicable drug—

“(A) is enrolled in a prescription drug plan or an MA-PD plan;

“(B) is not enrolled in a qualified retiree prescription drug plan;

“(C) is not entitled to an income-related subsidy under section 1860D-14(a);

“(D) is not subject to a reduction in premium subsidy under section 1839(i); and

“(E) who—

“(i) has reached or exceeded the initial coverage limit under section 1860D-2(b)(3) during the year; and

“(ii) has not incurred costs for covered part D drugs in the year equal to the annual out-of-pocket threshold specified in section 1860D-2(b)(4)(B).

“(2) APPLICABLE DRUG.—The term ‘applicable drug’ means, with respect to an applicable beneficiary, a covered part D drug—

“(A) approved under a new drug application under section 505(b) of the Federal Food, Drug, and Cosmetic Act or, in the case of a biologic product, licensed under section 351 of the Public Health Service Act (other than a product licensed under subsection (k) of such section 351); and

“(B)(i) if the PDP sponsor of the prescription drug plan or the MA organization offering the MA-PD plan uses a formulary, which is on the formulary of the prescription drug plan or MA-PD plan that the applicable beneficiary is enrolled in;

“(ii) if the PDP sponsor of the prescription drug plan or the MA organization offering the MA-PD plan does not use a formulary, for which benefits are available under the prescription drug plan or MA-PD plan that the applicable beneficiary is enrolled in; or

“(iii) is provided through an exception or appeal.

“(3) APPLICABLE NUMBER OF CALENDAR DAYS.—The term ‘applicable number of calendar days’ means—

“(A) with respect to claims for reimbursement submitted electronically, 14 days; and

“(B) with respect to claims for reimbursement submitted otherwise, 30 days.

“(4) DISCOUNTED PRICE.—

“(A) IN GENERAL.—The term ‘discounted price’ means 50 percent of the negotiated price of the applicable drug of a manufacturer.

“(B) CLARIFICATION.—Nothing in this section shall be construed as affecting the responsibility of an applicable beneficiary for payment of a dispensing fee for an applicable drug.

“(C) SPECIAL CASE FOR CERTAIN CLAIMS.—In the case where the entire amount of the negotiated price of an individual claim for an applicable drug with respect to an applicable beneficiary does not fall at or above the initial coverage limit under section 1860D-2(b)(3) and below the annual out-of-pocket threshold specified in section 1860D-2(b)(4)(B) for the year, the manufacturer of the applicable drug shall provide the discounted price under this section on only the portion of the negotiated price of the applicable drug that falls at or above such initial coverage limit and below such annual out-of-pocket threshold.

“(5) MANUFACTURER.—The term ‘manufacturer’ means any entity which is engaged in the production, preparation, propagation, compounding, conversion, or processing of prescription drug products, either directly or indirectly by extraction from substances of natural origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis. Such term does not include a wholesale distributor of drugs or a retail pharmacy licensed under State law.

“(6) NEGOTIATED PRICE.—The term ‘negotiated price’ has the meaning given such term in section 423.100 of title 42, Code of Federal Regulations (as in effect on the date of enactment of this section), except that such negotiated price shall not include any dispensing fee for the applicable drug.

“(7) QUALIFIED RETIREE PRESCRIPTION DRUG PLAN.—The term ‘qualified retiree prescription drug plan’ has the meaning given such term in section 1860D-22(a)(2).”

(c) INCLUSION IN INCURRED COSTS.—

(1) IN GENERAL.—Section 1860D-2(b)(4) of the Social Security Act (42 U.S.C. 1395w-102(b)(4)) is amended—

(A) in subparagraph (C), in the matter preceding clause (i), by striking “In applying” and inserting “Except as provided in subparagraph (E), in applying”; and

(B) by adding at the end the following new subparagraph:

“(E) INCLUSION OF COSTS OF APPLICABLE DRUGS UNDER MEDICARE COVERAGE GAP DISCOUNT PROGRAM.—In applying subparagraph (A), incurred costs shall include the negotiated price (as defined in paragraph (6) of section 1860D-14A(g)) of an applicable drug (as defined in paragraph (2) of such section) of a manufacturer that is furnished to an applicable beneficiary (as defined in paragraph (1) of such section) under the Medicare coverage gap discount program under section 1860D-14A, regardless of whether part of such costs were paid by a manufacturer under such program.”

(2) EFFECTIVE DATE.—The amendments made by this subsection shall apply to costs incurred on or after July 1, 2010.

(d) CONFORMING AMENDMENT PERMITTING PRESCRIPTION DRUG DISCOUNTS.—

(1) IN GENERAL.—Section 1128B(b)(3) of the Social Security Act (42 U.S.C. 1320a-7b(b)(3)) is amended—

(A) by striking “and” at the end of subparagraph (G);

(B) in the subparagraph (H) added by section 237(d) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173; 117 Stat. 2213)—

(i) by moving such subparagraph 2 ems to the left; and

(ii) by striking the period at the end and inserting a semicolon;

(C) in the subparagraph (H) added by section 431(a) of such Act (117 Stat. 2287)—

(i) by redesignating such subparagraph as subparagraph (I);

(ii) by moving such subparagraph 2 ems to the left; and

(iii) by striking the period at the end and inserting “; and”; and

(D) by adding at the end the following new subparagraph:

“(J) a discount in the price of an applicable drug (as defined in paragraph (2) of section 1860D-14A(g)) of a manufacturer that is furnished to an applicable beneficiary (as defined in paragraph (1) of such section) under the Medicare coverage gap discount program under section 1860D-14A.”

(2) CONFORMING AMENDMENT TO DEFINITION OF BEST PRICE UNDER MEDICAID.—Section 1927(c)(1)(C)(i)(VI) of the Social Security Act (42 U.S.C. 1396r-8(c)(1)(C)(i)(VI)) is amended by inserting “, or any discounts provided by manufacturers under the Medicare coverage gap discount program under section 1860D-14A” before the period at the end.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to drugs dispensed on or after July 1, 2010.

SEC. 3302. IMPROVEMENT IN DETERMINATION OF MEDICARE PART D LOW-INCOME BENCHMARK PREMIUM.

(a) IN GENERAL.—Section 1860D-14(b)(2)(B)(iii) of the Social Security Act (42 U.S.C. 1395w-114(b)(2)(B)(iii)) is amended by inserting “, determined without regard to any reduction in such premium as a result of any beneficiary rebate under section 1854(b)(1)(C) or bonus payment under section 1853(n)” before the period at the end.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to premiums for months beginning on or after January 1, 2011.

SEC. 3303. VOLUNTARY DE MINIMIS POLICY FOR SUBSIDY ELIGIBLE INDIVIDUALS UNDER PRESCRIPTION DRUG PLANS AND MA-PD PLANS.

(a) IN GENERAL.—Section 1860D-14(a) of the Social Security Act (42 U.S.C. 1395w-114(a)) is amended by adding at the end the following new paragraph:

“(5) WAIVER OF DE MINIMIS PREMIUMS.—The Secretary shall, under procedures established by the Secretary, permit a prescription drug plan or an MA-PD plan to waive the monthly beneficiary premium for a subsidy eligible individual if the amount of such premium is de minimis. If such premium is waived under the plan, the Secretary shall not reassign subsidy eligible individuals enrolled in the plan to other plans based on the fact that the monthly beneficiary premium under the plan was greater than the low-income benchmark premium amount.”

(b) AUTHORIZING THE SECRETARY TO AUTO-ENROLL SUBSIDY ELIGIBLE INDIVIDUALS IN PLANS THAT WAIVE DE MINIMIS PREMIUMS.—Section 1860D-1(b)(1) of the Social Security Act (42 U.S.C. 1395w-101(b)(1)) is amended—

(1) in subparagraph (C), by inserting “except as provided in subparagraph (D),” after “shall include,”

(2) by adding at the end the following new subparagraph:

“(D) SPECIAL RULE FOR PLANS THAT WAIVE DE MINIMIS PREMIUMS.—The process established under subparagraph (A) may include, in the case of a part D eligible individual who is a subsidy eligible individual (as defined in section 1860D-14(a)(3)) who has failed to enroll in a prescription drug plan or an MA-PD plan, for the enrollment in a prescription drug plan or MA-PD plan that has waived the monthly beneficiary premium for such subsidy eligible individual under section 1860D-14(a)(5). If there is

more than one such plan available, the Secretary shall enroll such an individual under the preceding sentence on a random basis among all such plans in the PDP region. Nothing in the previous sentence shall prevent such an individual from declining or changing such enrollment."

(c) **EFFECTIVE DATE.**—The amendments made by this subsection shall apply to premiums for months, and enrollments for plan years, beginning on or after January 1, 2011.

SEC. 3304. SPECIAL RULE FOR WIDOWS AND WIDOWERS REGARDING ELIGIBILITY FOR LOW-INCOME ASSISTANCE.

(a) **IN GENERAL.**—Section 1860D–14(a)(3)(B) of the Social Security Act (42 U.S.C. 1395w–114(a)(3)(B)) is amended by adding at the end the following new clause:

"(vi) **SPECIAL RULE FOR WIDOWS AND WIDOWERS.**—Notwithstanding the preceding provisions of this subparagraph, in the case of an individual whose spouse dies during the effective period for a determination or redetermination that has been made under this subparagraph, such effective period shall be extended through the date that is 1 year after the date on which the determination or redetermination would (but for the application of this clause) otherwise cease to be effective."

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall take effect on January 1, 2011.

SEC. 3305. IMPROVED INFORMATION FOR SUBSIDY ELIGIBLE INDIVIDUALS REASSIGNED TO PRESCRIPTION DRUG PLANS AND MA-PD PLANS.

Section 1860D–14 of the Social Security Act (42 U.S.C. 1395w–114) is amended—

(1) by redesignating subsection (d) as subsection (e); and

(2) by inserting after subsection (c) the following new subsection:

"(d) **FACILITATION OF REASSIGNMENTS.**—Beginning not later than January 1, 2011, the Secretary shall, in the case of a subsidy eligible individual who is enrolled in one prescription drug plan and is subsequently reassigned by the Secretary to a new prescription drug plan, provide the individual, within 30 days of such reassignment, with—

"(1) information on formulary differences between the individual's former plan and the plan to which the individual is reassigned with respect to the individual's drug regimens; and

"(2) a description of the individual's right to request a coverage determination, exception, or reconsideration under section 1860D–4(g), bring an appeal under section 1860D–4(h), or resolve a grievance under section 1860D–4(f)."

SEC. 3306. FUNDING OUTREACH AND ASSISTANCE FOR LOW-INCOME PROGRAMS.

(a) **ADDITIONAL FUNDING FOR STATE HEALTH INSURANCE PROGRAMS.**—Subsection (a)(1)(B) of section 119 of the Medicare Improvements for Patients and Providers Act of 2008 (42 U.S.C. 1395b–3 note) is amended by striking "(42 U.S.C. 1395w–23(f))" and all that follows through the period at the end and inserting "(42 U.S.C. 1395w–23(f)), to the Centers for Medicare & Medicaid Services Program Management Account—

"(i) for fiscal year 2009, of \$7,500,000; and

"(ii) for the period of fiscal years 2010 through 2012, of \$15,000,000.

Amounts appropriated under this subparagraph shall remain available until expended."

(b) **ADDITIONAL FUNDING FOR AREA AGENCIES ON AGING.**—Subsection (b)(1)(B) of such section 119 is amended by striking "(42 U.S.C. 1395w–23(f))" and all that follows through the period at the end and inserting "(42 U.S.C. 1395w–23(f)), to the Administration on Aging—

"(i) for fiscal year 2009, of \$7,500,000; and

"(ii) for the period of fiscal years 2010 through 2012, of \$15,000,000.

Amounts appropriated under this subparagraph shall remain available until expended."

(c) **ADDITIONAL FUNDING FOR AGING AND DISABILITY RESOURCE CENTERS.**—Subsection (c)(1)(B) of such section 119 is amended by striking "(42 U.S.C. 1395w–23(f))" and all that follows through the period at the end and inserting "(42 U.S.C. 1395w–23(f)), to the Administration on Aging—

"(i) for fiscal year 2009, of \$5,000,000; and

"(ii) for the period of fiscal years 2010 through 2012, of \$10,000,000.

Amounts appropriated under this subparagraph shall remain available until expended."

(d) **ADDITIONAL FUNDING FOR CONTRACT WITH THE NATIONAL CENTER FOR BENEFITS AND OUTREACH ENROLLMENT.**—Subsection (d)(2) of such section 119 is amended by striking "(42 U.S.C. 1395w–23(f))" and all that follows through the period at the end and inserting "(42 U.S.C. 1395w–23(f)), to the Administration on Aging—

"(i) for fiscal year 2009, of \$5,000,000; and

"(ii) for the period of fiscal years 2010 through 2012, of \$5,000,000.

Amounts appropriated under this subparagraph shall remain available until expended."

(e) **SECRETARIAL AUTHORITY TO ENLIST SUPPORT IN CONDUCTING CERTAIN OUTREACH ACTIVITIES.**—Such section 119 is amended by adding at the end the following new subsection:

"(g) **SECRETARIAL AUTHORITY TO ENLIST SUPPORT IN CONDUCTING CERTAIN OUTREACH ACTIVITIES.**—The Secretary may request that an entity awarded a grant under this section support the conduct of outreach activities aimed at preventing disease and promoting wellness. Notwithstanding any other provision of this section, an entity may use a grant awarded under this subsection to support the conduct of activities described in the preceding sentence."

SEC. 3307. IMPROVING FORMULARY REQUIREMENTS FOR PRESCRIPTION DRUG PLANS AND MA-PD PLANS WITH RESPECT TO CERTAIN CATEGORIES OR CLASSES OF DRUGS.

(a) **IMPROVING FORMULARY REQUIREMENTS.**—Section 1860D–4(b)(3)(G) of the Social Security Act is amended to read as follows:

"(G) **REQUIRED INCLUSION OF DRUGS IN CERTAIN CATEGORIES AND CLASSES.**—

"(i) **FORMULARY REQUIREMENTS.**—

"(I) **IN GENERAL.**—Subject to subclause (II), a PDP sponsor offering a prescription drug plan shall be required to include all covered part D drugs in the categories and classes identified by the Secretary under clause (ii)(I).

"(II) **EXCEPTIONS.**—The Secretary may establish exceptions that permit a PDP sponsor offering a prescription drug plan to exclude from its formulary a particular covered part D drug in a category or class that is otherwise required to be included in the formulary under subclause (I) (or to otherwise limit access to such a drug, including through prior authorization or utilization management).

"(ii) **IDENTIFICATION OF DRUGS IN CERTAIN CATEGORIES AND CLASSES.**—

"(I) **IN GENERAL.**—Subject to clause (iv), the Secretary shall identify, as appropriate, categories and classes of drugs for which the Secretary determines are of clinical concern.

"(II) **CRITERIA.**—The Secretary shall use criteria established by the Secretary in making any determination under subclause (I).

"(iii) **IMPLEMENTATION.**—The Secretary shall establish the criteria under clause (ii)(II) and any exceptions under clause (i)(II) through the promulgation of a regulation which includes a public notice and comment period.

"(iv) **REQUIREMENT FOR CERTAIN CATEGORIES AND CLASSES UNTIL CRITERIA ESTABLISHED.**—Until such time as the Secretary establishes the criteria under clause (ii)(II) the following categories and classes of drugs shall be identified under clause (ii)(I):

"(I) Anticonvulsants.

"(II) Antidepressants.

"(III) Antineoplastics.

"(IV) Antipsychotics.

"(V) Antiretrovirals.

"(VI) Immunosuppressants for the treatment of transplant rejection."

(b) **EFFECTIVE DATE.**—The amendments made by this section shall apply to plan year 2011 and subsequent plan years.

SEC. 3308. REDUCING PART D PREMIUM SUBSIDY FOR HIGH-INCOME BENEFICIARIES.

(a) **INCOME-RELATED INCREASE IN PART D PREMIUM.**—

(I) **IN GENERAL.**—Section 1860D–13(a) of the Social Security Act (42 U.S.C. 1395w–113(a)) is amended by adding at the end the following new paragraph:

"(7) **INCREASE IN BASE BENEFICIARY PREMIUM BASED ON INCOME.**—

"(A) **IN GENERAL.**—In the case of an individual whose modified adjusted gross income exceeds the threshold amount applicable under paragraph (2) of section 1839(i) (including application of paragraph (5) of such section) for the calendar year, the monthly amount of the beneficiary premium applicable under this section for a month after December 2010 shall be increased by the monthly adjustment amount specified in subparagraph (B).

"(B) **MONTHLY ADJUSTMENT AMOUNT.**—The monthly adjustment amount specified in this subparagraph for an individual for a month in a year is equal to the product of—

"(i) the quotient obtained by dividing—

"(I) the applicable percentage determined under paragraph (3)(C) of section 1839(i) (including application of paragraph (5) of such section) for the individual for the calendar year reduced by 25.5 percent; by

"(II) 25.5 percent; and

"(ii) the base beneficiary premium (as computed under paragraph (2)).

"(C) **MODIFIED ADJUSTED GROSS INCOME.**—For purposes of this paragraph, the term 'modified adjusted gross income' has the meaning given such term in subparagraph (A) of section 1839(i)(4), determined for the taxable year applicable under subparagraphs (B) and (C) of such section.

"(D) **DETERMINATION BY COMMISSIONER OF SOCIAL SECURITY.**—The Commissioner of Social Security shall make any determination necessary to carry out the income-related increase in the base beneficiary premium under this paragraph.

"(E) **PROCEDURES TO ASSURE CORRECT INCOME-RELATED INCREASE IN BASE BENEFICIARY PREMIUM.**—

"(i) **DISCLOSURE OF BASE BENEFICIARY PREMIUM.**—Not later than September 15 of each year beginning with 2010, the Secretary shall disclose to the Commissioner of Social Security the amount of the base beneficiary premium (as computed under paragraph (2)) for the purpose of carrying out the income-related increase in the base beneficiary premium under this paragraph with respect to the following year.

"(ii) **ADDITIONAL DISCLOSURE.**—Not later than October 15 of each year beginning with 2010, the Secretary shall disclose to the Commissioner of Social Security the following information for the purpose of carrying out the income-related increase in the base beneficiary premium under this paragraph with respect to the following year:

"(I) The modified adjusted gross income threshold applicable under paragraph (2) of section 1839(i) (including application of paragraph (5) of such section).

"(II) The applicable percentage determined under paragraph (3)(C) of section 1839(i) (including application of paragraph (5) of such section).

"(III) The monthly adjustment amount specified in subparagraph (B).

“(IV) Any other information the Commissioner of Social Security determines necessary to carry out the income-related increase in the base beneficiary premium under this paragraph.

“(F) **RULE OF CONSTRUCTION.**—The formula used to determine the monthly adjustment amount specified under subparagraph (B) shall only be used for the purpose of determining such monthly adjustment amount under such subparagraph.”

(2) **COLLECTION OF MONTHLY ADJUSTMENT AMOUNT.**—Section 1860D–13(c) of the Social Security Act (42 U.S.C. 1395w–113(c)) is amended—

(A) in paragraph (1), by striking “(2) and (3)” and inserting “(2), (3), and (4)”; and

(B) by adding at the end the following new paragraph:

“(4) **COLLECTION OF MONTHLY ADJUSTMENT AMOUNT.**—

“(A) **IN GENERAL.**—Notwithstanding any provision of this subsection or section 1854(d)(2), subject to subparagraph (B), the amount of the income-related increase in the base beneficiary premium for an individual for a month (as determined under subsection (a)(7)) shall be paid through withholding from benefit payments in the manner provided under section 1840.

“(B) **AGREEMENTS.**—In the case where the monthly benefit payments of an individual that are withheld under subparagraph (A) are insufficient to pay the amount described in such subparagraph, the Commissioner of Social Security shall enter into agreements with the Secretary, the Director of the Office of Personnel Management, and the Railroad Retirement Board as necessary in order to allow other agencies to collect the amount described in subparagraph (A) that was not withheld under such subparagraph.”

(b) **CONFORMING AMENDMENTS.**—

(1) **MEDICARE.**—Section 1860D–13(a)(1) of the Social Security Act (42 U.S.C. 1395w–113(a)(1)) is amended—

(A) by redesignating subparagraph (F) as subparagraph (G);

(B) in subparagraph (G), as redesignated by subparagraph (A), by striking “(D) and (E)” and inserting “(D), (E), and (F)”; and

(C) by inserting after subparagraph (E) the following new subparagraph:

“(F) **INCREASE BASED ON INCOME.**—The monthly beneficiary premium shall be increased pursuant to paragraph (7).”

(2) **INTERNAL REVENUE CODE.**—Section 6103(l)(20) of the Internal Revenue Code of 1986 (relating to disclosure of return information to carry out Medicare part B premium subsidy adjustment) is amended—

(A) in the heading, by inserting “AND PART D BASE BENEFICIARY PREMIUM INCREASE” after “PART B PREMIUM SUBSIDY ADJUSTMENT”; and

(B) in subparagraph (A)—

(i) in the matter preceding clause (i), by inserting “or increase under section 1860D–13(a)(7)” after “1839(i)”; and

(ii) in clause (vii), by inserting after “subsection (i) of such section” the following: “or increase under section 1860D–13(a)(7) of such Act”; and

(C) in subparagraph (B)—

(i) by striking “Return information” and inserting the following:

“(i) **IN GENERAL.**—Return information”;

(ii) by inserting “or increase under such section 1860D–13(a)(7)” before the period at the end;

(iii) as amended by clause (i), by inserting “or for the purpose of resolving taxpayer appeals with respect to any such premium adjustment or increase” before the period at the end; and

(iv) by adding at the end the following new clause:

“(ii) **DISCLOSURE TO OTHER AGENCIES.**—Officers, employees, and contractors of the Social Security Administration may disclose—

“(I) the taxpayer identity information and the amount of the premium subsidy adjustment or premium increase with respect to a taxpayer described in subparagraph (A) to officers, employees, and contractors of the Centers for Medicare and Medicaid Services, to the extent that such disclosure is necessary for the collection of the premium subsidy amount or the increased premium amount,

“(II) the taxpayer identity information and the amount of the premium subsidy adjustment or the increased premium amount with respect to a taxpayer described in subparagraph (A) to officers and employees of the Office of Personnel Management and the Railroad Retirement Board, to the extent that such disclosure is necessary for the collection of the premium subsidy amount or the increased premium amount,

“(III) return information with respect to a taxpayer described in subparagraph (A) to officers and employees of the Department of Health and Human Services to the extent necessary to resolve administrative appeals of such premium subsidy adjustment or increased premium, and

“(IV) return information with respect to a taxpayer described in subparagraph (A) to officers and employees of the Department of Justice for use in judicial proceedings to the extent necessary to carry out the purposes described in clause (i).”

SEC. 3309. ELIMINATION OF COST SHARING FOR CERTAIN DUAL ELIGIBLE INDIVIDUALS.

Section 1860D–14(a)(1)(D)(i) of the Social Security Act (42 U.S.C. 1395w–114(a)(1)(D)(i)) is amended by inserting “or, effective on a date specified by the Secretary (but in no case earlier than January 1, 2012), who would be such an institutionalized individual or couple, if the full-benefit dual eligible individual were not receiving services under a home and community-based waiver authorized for a State under section 1115 or subsection (c) or (d) of section 1915 or under a State plan amendment under subsection (i) of such section or services provided through enrollment in a medicaid managed care organization with a contract under section 1903(m) or under section 1932” after “1902(q)(1)(B))”.

SEC. 3310. REDUCING WASTEFUL DISPENSING OF OUTPATIENT PRESCRIPTION DRUGS IN LONG-TERM CARE FACILITIES UNDER PRESCRIPTION DRUG PLANS AND MA-PD PLANS.

(a) **IN GENERAL.**—Section 1860D–4(c) of the Social Security Act (42 U.S.C. 1395w–104(c)) is amended by adding at the end the following new paragraph:

“(3) **REDUCING WASTEFUL DISPENSING OF OUTPATIENT PRESCRIPTION DRUGS IN LONG-TERM CARE FACILITIES.**—The Secretary shall require PDP sponsors of prescription drug plans to utilize specific, uniform dispensing techniques, as determined by the Secretary, in consultation with relevant stakeholders (including representatives of nursing facilities, residents of nursing facilities, pharmacists, the pharmacy industry (including retail and long-term care pharmacy), prescription drug plans, MA-PD plans, and any other stakeholders the Secretary determines appropriate), such as weekly, daily, or automated dose dispensing, when dispensing covered part D drugs to enrollees who reside in a long-term care facility in order to reduce waste associated with 30-day fills.”

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall apply to plan years beginning on or after January 1, 2012.

SEC. 3311. IMPROVED MEDICARE PRESCRIPTION DRUG PLAN AND MA-PD PLAN COMPLAINT SYSTEM.

(a) **IN GENERAL.**—The Secretary shall develop and maintain a complaint system, that is widely known and easy to use, to collect and maintain information on MA-PD plan and prescription

drug plan complaints that are received (including by telephone, letter, e-mail, or any other means) by the Secretary (including by a regional office of the Department of Health and Human Services, the Medicare Beneficiary Ombudsman, a subcontractor, a carrier, a fiscal intermediary, and a Medicare administrative contractor under section 1874A of the Social Security Act (42 U.S.C. 1395kk)) through the date on which the complaint is resolved. The system shall be able to report and initiate appropriate interventions and monitoring based on substantial complaints and to guide quality improvement.

(b) **MODEL ELECTRONIC COMPLAINT FORM.**—The Secretary shall develop a model electronic complaint form to be used for reporting plan complaints under the system. Such form shall be prominently displayed on the front page of the Medicare.gov Internet website and on the Internet website of the Medicare Beneficiary Ombudsman.

(c) **ANNUAL REPORTS BY THE SECRETARY.**—The Secretary shall submit to Congress annual reports on the system. Such reports shall include an analysis of the number and types of complaints reported in the system, geographic variations in such complaints, the timeliness of agency or plan responses to such complaints, and the resolution of such complaints.

(d) **DEFINITIONS.**—In this section:

(1) **MA-PD PLAN.**—The term “MA-PD plan” has the meaning given such term in section 1860D–41(a)(9) of such Act (42 U.S.C. 1395w–151(a)(9)).

(2) **PRESCRIPTION DRUG PLAN.**—The term “prescription drug plan” has the meaning given such term in section 1860D–41(a)(14) of such Act (42 U.S.C. 1395w–151(a)(14)).

(3) **SECRETARY.**—The term “Secretary” means the Secretary of Health and Human Services.

(4) **SYSTEM.**—The term “system” means the plan complaint system developed and maintained under subsection (a).

SEC. 3312. UNIFORM EXCEPTIONS AND APPEALS PROCESS FOR PRESCRIPTION DRUG PLANS AND MA-PD PLANS.

(a) **IN GENERAL.**—Section 1860D–4(b)(3) of the Social Security Act (42 U.S.C. 1395w–104(b)(3)) is amended by adding at the end the following new subparagraph:

“(H) **USE OF SINGLE, UNIFORM EXCEPTIONS AND APPEALS PROCESS.**—Notwithstanding any other provision of this part, each PDP sponsor of a prescription drug plan shall—

“(i) use a single, uniform exceptions and appeals process (including, to the extent the Secretary determines feasible, a single, uniform model form for use under such process) with respect to the determination of prescription drug coverage for an enrollee under the plan; and

“(ii) provide instant access to such process by enrollees through a toll-free telephone number and an Internet website.”

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall apply to exceptions and appeals on or after January 1, 2012.

SEC. 3313. OFFICE OF THE INSPECTOR GENERAL STUDIES AND REPORTS.

(a) **STUDY AND ANNUAL REPORT ON PART D FORMULARIES' INCLUSION OF DRUGS COMMONLY USED BY DUAL ELIGIBLES.**—

(1) **STUDY.**—The Inspector General of the Department of Health and Human Services shall conduct a study of the extent to which formularies used by prescription drug plans and MA-PD plans under part D include drugs commonly used by full-benefit dual eligible individuals (as defined in section 1935(c)(6) of the Social Security Act (42 U.S.C. 1396u–5(c)(6))).

(2) **ANNUAL REPORTS.**—Not later than July 1 of each year (beginning with 2011), the Inspector General shall submit to Congress a report on the study conducted under paragraph (1), together

with such recommendations as the Inspector General determines appropriate.

(b) **STUDY AND REPORT ON PRESCRIPTION DRUG PRICES UNDER MEDICARE PART D AND MEDICAID.**—

(1) **STUDY.**—

(A) **IN GENERAL.**—The Inspector General of the Department of Health and Human Services shall conduct a study on prices for covered part D drugs under the Medicare prescription drug program under part D of title XVIII of the Social Security Act and for covered outpatient drugs under title XIX. Such study shall include the following:

(i) A comparison, with respect to the 200 most frequently dispensed covered part D drugs under such program and covered outpatient drugs under such title (as determined by the Inspector General based on volume and expenditures), of—

(I) the prices paid for covered part D drugs by PDP sponsors of prescription drug plans and Medicare Advantage organizations offering MA-PD plans; and

(II) the prices paid for covered outpatient drugs by a State plan under title XIX.

(ii) An assessment of—

(I) the financial impact of any discrepancies in such prices on the Federal Government; and

(II) the financial impact of any such discrepancies on enrollees under part D or individuals eligible for medical assistance under a State plan under title XIX.

(B) **PRICE.**—For purposes of subparagraph (A), the price of a covered part D drug or a covered outpatient drug shall include any rebate or discount under such program or such title, respectively, including any negotiated price concession described in section 1860D-2(d)(1)(B) of the Social Security Act (42 U.S.C. 1395w-102(d)(1)(B)) or rebate under an agreement under section 1927 of the Social Security Act (42 U.S.C. 1396r-8).

(C) **AUTHORITY TO COLLECT ANY NECESSARY INFORMATION.**—Notwithstanding any other provision of law, the Inspector General of the Department of Health and Human Services shall be able to collect any information related to the prices of covered part D drugs under such program and covered outpatient drugs under such title XIX necessary to carry out the comparison under subparagraph (A).

(2) **REPORT.**—

(A) **IN GENERAL.**—Not later than October 1, 2011, subject to subparagraph (B), the Inspector General shall submit to Congress a report containing the results of the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Inspector General determines appropriate.

(B) **LIMITATION ON INFORMATION CONTAINED IN REPORT.**—The report submitted under subparagraph (A) shall not include any information that the Inspector General determines is proprietary or is likely to negatively impact the ability of a PDP sponsor or a State plan under title XIX to negotiate prices for covered part D drugs or covered outpatient drugs, respectively.

(3) **DEFINITIONS.**—In this section:

(A) **COVERED PART D DRUG.**—The term “covered part D drug” has the meaning given such term in section 1860D-2(e) of the Social Security Act (42 U.S.C. 1395w-102(e)).

(B) **COVERED OUTPATIENT DRUG.**—The term “covered outpatient drug” has the meaning given such term in section 1927(k) of such Act (42 U.S.C. 1396r(k)).

(C) **MA-PD PLAN.**—The term “MA-PD plan” has the meaning given such term in section 1860D-41(a)(9) of such Act (42 U.S.C. 1395w-151(a)(9)).

(D) **MEDICARE ADVANTAGE ORGANIZATION.**—The term “Medicare Advantage organization” has the meaning given such term in section

1859(a)(1) of such Act (42 U.S.C. 1395w-28(a)(1)).

(E) **PDP SPONSOR.**—The term “PDP sponsor” has the meaning given such term in section 1860D-41(a)(13) of such Act (42 U.S.C. 1395w-151(a)(13)).

(F) **PRESCRIPTION DRUG PLAN.**—The term “prescription drug plan” has the meaning given such term in section 1860D-41(a)(14) of such Act (42 U.S.C. 1395w-151(a)(14)).

SEC. 3314. INCLUDING COSTS INCURRED BY AIDS DRUG ASSISTANCE PROGRAMS AND INDIAN HEALTH SERVICE IN PROVIDING PRESCRIPTION DRUGS TOWARD THE ANNUAL OUT-OF-POCKET THRESHOLD UNDER PART D.

(a) **IN GENERAL.**—Section 1860D-2(b)(4)(C) of the Social Security Act (42 U.S.C. 1395w-102(b)(4)(C)) is amended—

(1) in clause (i), by striking “and” at the end;

(2) in clause (ii)—

(A) by striking “such costs shall be treated as incurred only if” and inserting “subject to clause (iii), such costs shall be treated as incurred only if”;

(B) by striking “, under section 1860D-14, or under a State Pharmaceutical Assistance Program”; and

(C) by striking the period at the end and inserting “; and”; and

(3) by inserting after clause (ii) the following new clause:

“(iii) such costs shall be treated as incurred and shall not be considered to be reimbursed under clause (ii) if such costs are borne or paid—

“(I) under section 1860D-14;

“(II) under a State Pharmaceutical Assistance Program;

“(III) by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act); or

“(IV) under an AIDS Drug Assistance Program under part B of title XXVI of the Public Health Service Act.”

(b) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall apply to costs incurred on or after January 1, 2011.

SEC. 3315. IMMEDIATE REDUCTION IN COVERAGE GAP IN 2010.

Section 1860D-2(b) of the Social Security Act (42 U.S.C. 1395w-102(b)) is amended—

(1) in paragraph (3)(A), by striking “paragraph (4)” and inserting “paragraphs (4) and (7)”; and

(2) by adding at the end the following new paragraph:

“(7) **INCREASE IN INITIAL COVERAGE LIMIT IN 2010.**—

“(A) **IN GENERAL.**—For the plan year beginning on January 1, 2010, the initial coverage limit described in paragraph (3)(B) otherwise applicable shall be increased by \$500.

“(B) **APPLICATION.**—In applying subparagraph (A)—

“(i) except as otherwise provided in this subparagraph, there shall be no change in the premiums, bids, or any other parameters under this part or part C;

“(ii) costs that would be treated as incurred costs for purposes of applying paragraph (4) but for the application of subparagraph (A) shall continue to be treated as incurred costs;

“(iii) the Secretary shall establish procedures, which may include a reconciliation process, to fully reimburse PDP sponsors with respect to prescription drug plans and MA organizations with respect to MA-PD plans for the reduction in beneficiary cost sharing associated with the application of subparagraph (A);

“(iv) the Secretary shall develop an estimate of the additional increased costs attributable to the application of this paragraph for increased drug utilization and financing and administra-

tive costs and shall use such estimate to adjust payments to PDP sponsors with respect to prescription drug plans under this part and MA organizations with respect to MA-PD plans under part C; and

“(v) the Secretary shall establish procedures for retroactive reimbursement of part D eligible individuals who are covered under such a plan for costs which are incurred before the date of initial implementation of subparagraph (A) and which would be reimbursed under such a plan if such implementation occurred as of January 1, 2010.

“(C) **NO EFFECT ON SUBSEQUENT YEARS.**—The increase under subparagraph (A) shall only apply with respect to the plan year beginning on January 1, 2010, and the initial coverage limit for plan years beginning on or after January 1, 2011, shall be determined as if subparagraph (A) had never applied.”

Subtitle E—Ensuring Medicare Sustainability

SEC. 3401. REVISION OF CERTAIN MARKET BASKET UPDATES AND INCORPORATION OF PRODUCTIVITY IMPROVEMENTS INTO MARKET BASKET UPDATES THAT DO NOT ALREADY INCORPORATE SUCH IMPROVEMENTS.

(a) **INPATIENT ACUTE HOSPITALS.**—Section 1886(b)(3)(B) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(B)), as amended by section 3001(a)(3), is further amended—

(1) in clause (i)(XX), by striking “clause (viii)” and inserting “clauses (viii), (ix), (xi), and (xii)”; and

(2) in the first sentence of clause (viii), by inserting “of such applicable percentage increase (determined without regard to clause (ix), (xi), or (xii))” after “one-quarter”;

(3) in the first sentence of clause (ix)(I), by inserting “(determined without regard to clause (viii), (xi), or (xii))” after “clause (i)” the second time it appears; and

(4) by adding at the end the following new clauses:

“(xi)(I) For 2012 and each subsequent fiscal year, after determining the applicable percentage increase described in clause (i) and after application of clauses (viii) and (ix), such percentage increase shall be reduced by the productivity adjustment described in subclause (II).

“(II) The productivity adjustment described in this subclause, with respect to a percentage, factor, or update for a fiscal year, year, cost reporting period, or other annual period, is a productivity adjustment equal to the 10-year moving average of changes in annual economy-wide private nonfarm business multi-factor productivity (as projected by the Secretary for the 10-year period ending with the applicable fiscal year, year, cost reporting period, or other annual period).

“(III) The application of subclause (I) may result in the applicable percentage increase described in clause (i) being less than 0.0 for a fiscal year, and may result in payment rates under this section for a fiscal year being less than such payment rates for the preceding fiscal year.

“(xii) After determining the applicable percentage increase described in clause (i), and after application of clauses (viii), (ix), and (xi), the Secretary shall reduce such applicable percentage increase—

“(I) for each of fiscal years 2010 and 2011, by 0.25 percentage point; and

“(II) subject to clause (xiii), for each of fiscal years 2012 through 2019, by 0.2 percentage point. The application of this clause may result in the applicable percentage increase described in clause (i) being less than 0.0 for a fiscal year, and may result in payment rates under this section for a fiscal year being less than such payment rates for the preceding fiscal year.

“(xiii) Clause (xii) shall be applied with respect to any of fiscal years 2014 through 2019 by

substituting '0.0 percentage points' for '0.2 percentage point', if for such fiscal year—

“(I) the excess (if any) of—

“(aa) the total percentage of the non-elderly insured population for the preceding fiscal year (based on the most recent estimates available from the Director of the Congressional Budget Office before a vote in either House on the Patient Protection and Affordable Care Act that, if determined in the affirmative, would clear such Act for enrollment); over

“(bb) the total percentage of the non-elderly insured population for such preceding fiscal year (as estimated by the Secretary); exceeds

“(II) 5 percentage points.”.

(b) **SKILLED NURSING FACILITIES.**—Section 1886(e)(5)(B) of the Social Security Act (42 U.S.C. 1395yy(e)(5)(B)) is amended—

(I) by striking “PERCENTAGE.—The term” and inserting “PERCENTAGE.—

“(i) **IN GENERAL.**—Subject to clause (ii), the term”; and

(2) by adding at the end the following new clause:

“(ii) **ADJUSTMENT.**—For fiscal year 2012 and each subsequent fiscal year, after determining the percentage described in clause (i), the Secretary shall reduce such percentage by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II). The application of the preceding sentence may result in such percentage being less than 0.0 for a fiscal year, and may result in payment rates under this subsection for a fiscal year being less than such payment rates for the preceding fiscal year.”.

(c) **LONG-TERM CARE HOSPITALS.**—Section 1886(m) of the Social Security Act (42 U.S.C. 1395ww(m)) is amended by adding at the end the following new paragraphs:

“(3) **IMPLEMENTATION FOR RATE YEAR 2010 AND SUBSEQUENT YEARS.**—

“(A) **IN GENERAL.**—In implementing the system described in paragraph (1) for rate year 2010 and each subsequent rate year, any annual update to a standard Federal rate for discharges for the hospital during the rate year, shall be reduced—

“(i) for rate year 2012 and each subsequent rate year, by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II); and

“(ii) for each of rate years 2010 through 2019, by the other adjustment described in paragraph (4).

“(B) **SPECIAL RULE.**—The application of this paragraph may result in such annual update being less than 0.0 for a rate year, and may result in payment rates under the system described in paragraph (1) for a rate year being less than such payment rates for the preceding rate year.

“(4) **OTHER ADJUSTMENT.**—

“(A) **IN GENERAL.**—For purposes of paragraph (3)(A)(ii), the other adjustment described in this paragraph is—

“(i) for each of rate years 2010 and 2011, 0.25 percentage point; and

“(ii) subject to subparagraph (B), for each of rate years 2012 through 2019, 0.2 percentage point.

“(B) **REDUCTION OF OTHER ADJUSTMENT.**—Subparagraph (A)(ii) shall be applied with respect to any of rate years 2014 through 2019 by substituting ‘0.0 percentage points’ for ‘0.2 percentage point’, if for such rate year—

“(i) the excess (if any) of—

“(I) the total percentage of the non-elderly insured population for the preceding rate year (based on the most recent estimates available from the Director of the Congressional Budget Office before a vote in either House on the Patient Protection and Affordable Care Act that, if determined in the affirmative, would clear such Act for enrollment); over

“(II) the total percentage of the non-elderly insured population for such preceding rate year (as estimated by the Secretary); exceeds

“(ii) 5 percentage points.”.

(d) **INPATIENT REHABILITATION FACILITIES.**—Section 1886(j)(3) of the Social Security Act (42 U.S.C. 1395ww(j)(3)) is amended—

(I) in subparagraph (C)—

(A) by striking “FACTOR.—For purposes” and inserting “FACTOR.—

“(i) **IN GENERAL.**—For purposes”; and

(B) by inserting “subject to clause (ii)” before the period at the end of the first sentence of clause (i), as added by paragraph (1); and

(C) by adding at the end the following new clause:

“(ii) **PRODUCTIVITY AND OTHER ADJUSTMENT.**—After establishing the increase factor described in clause (i) for a fiscal year, the Secretary shall reduce such increase factor—

“(I) for fiscal year 2012 and each subsequent fiscal year, by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II); and

“(II) for each of fiscal years 2010 through 2019, by the other adjustment described in subparagraph (D).

The application of this clause may result in the increase factor under this subparagraph being less than 0.0 for a fiscal year, and may result in payment rates under this subsection for a fiscal year being less than such payment rates for the preceding fiscal year.”; and

(2) by adding at the end the following new subparagraph:

“(D) **OTHER ADJUSTMENT.**—

“(i) **IN GENERAL.**—For purposes of subparagraph (C)(ii)(II), the other adjustment described in this subparagraph is—

“(I) for each of fiscal years 2010 and 2011, 0.25 percentage point; and

“(II) subject to clause (ii), for each of fiscal years 2012 through 2019, 0.2 percentage point.

“(ii) **REDUCTION OF OTHER ADJUSTMENT.**—Clause (i)(II) shall be applied with respect to any of fiscal years 2014 through 2019 by substituting ‘0.0 percentage points’ for ‘0.2 percentage point’, if for such fiscal year—

“(I) the excess (if any) of—

“(aa) the total percentage of the non-elderly insured population for the preceding fiscal year (based on the most recent estimates available from the Director of the Congressional Budget Office before a vote in either House on the Patient Protection and Affordable Care Act that, if determined in the affirmative, would clear such Act for enrollment); over

“(bb) the total percentage of the non-elderly insured population for such preceding fiscal year (as estimated by the Secretary); exceeds

“(II) 5 percentage points.”.

(e) **HOME HEALTH AGENCIES.**—Section 1895(b)(3)(B) of the Social Security Act (42 U.S.C. 1395jff(b)(3)(B)) is amended—

(I) in clause (ii)(V), by striking “clause (v)” and inserting “clauses (v) and (vi)”; and

(2) by adding at the end the following new clause:

“(vi) **ADJUSTMENTS.**—After determining the home health market basket percentage increase under clause (iii), and after application of clause (v), the Secretary shall reduce such percentage—

“(I) for 2015 and each subsequent year, by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II); and

“(II) for each of 2011 and 2012, by 1 percentage point.

The application of this clause may result in the home health market basket percentage increase under clause (iii) being less than 0.0 for a year, and may result in payment rates under the system under this subsection for a year being less than such payment rates for the preceding year.”.

(f) **PSYCHIATRIC HOSPITALS.**—Section 1886 of the Social Security Act, as amended by sections 3001, 3008, 3025, and 3133, is amended by adding at the end the following new subsection:

“(s) **PROSPECTIVE PAYMENT FOR PSYCHIATRIC HOSPITALS.**—

“(1) **REFERENCE TO ESTABLISHMENT AND IMPLEMENTATION OF SYSTEM.**—For provisions related to the establishment and implementation of a prospective payment system for payments under this title for inpatient hospital services furnished by psychiatric hospitals (as described in clause (i) of subsection (d)(1)(B)) and psychiatric units (as described in the matter following clause (v) of such subsection), see section 124 of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999.

“(2) **IMPLEMENTATION FOR RATE YEAR BEGINNING IN 2010 AND SUBSEQUENT RATE YEARS.**—

“(A) **IN GENERAL.**—In implementing the system described in paragraph (1) for the rate year beginning in 2010 and any subsequent rate year, any update to a base rate for days during the rate year for a psychiatric hospital or unit, respectively, shall be reduced—

“(i) for the rate year beginning in 2012 and each subsequent rate year, by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II); and

“(ii) for each of the rate years beginning in 2010 through 2019, by the other adjustment described in paragraph (3).

“(B) **SPECIAL RULE.**—The application of this paragraph may result in such update being less than 0.0 for a rate year, and may result in payment rates under the system described in paragraph (1) for a rate year being less than such payment rates for the preceding rate year.

“(3) **OTHER ADJUSTMENT.**—

“(A) **IN GENERAL.**—For purposes of paragraph (2)(A)(ii), the other adjustment described in this paragraph is—

“(i) for each of the rate years beginning in 2010 and 2011, 0.25 percentage point; and

“(ii) subject to subparagraph (B), for each of the rate years beginning in 2012 through 2019, 0.2 percentage point.

“(B) **REDUCTION OF OTHER ADJUSTMENT.**—Subparagraph (A)(ii) shall be applied with respect to any of rate years 2014 through 2019 by substituting ‘0.0 percentage points’ for ‘0.2 percentage point’, if for such rate year—

“(i) the excess (if any) of—

“(I) the total percentage of the non-elderly insured population for the preceding rate year (based on the most recent estimates available from the Director of the Congressional Budget Office before a vote in either House on the Patient Protection and Affordable Care Act that, if determined in the affirmative, would clear such Act for enrollment); over

“(II) the total percentage of the non-elderly insured population for such preceding rate year (as estimated by the Secretary); exceeds

“(ii) 5 percentage points.”.

(g) **HOSPICE CARE.**—Section 1814(i)(1)(C) of the Social Security Act (42 U.S.C. 1395f(i)(1)(C)), as amended by section 3132, is amended by adding at the end the following new clauses:

“(iv) After determining the market basket percentage increase under clause (ii)(VII) or (iii), as applicable, with respect to fiscal year 2013 and each subsequent fiscal year, the Secretary shall reduce such percentage—

“(I) for 2013 and each subsequent fiscal year, by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II); and

“(II) subject to clause (v), for each of fiscal years 2013 through 2019, by 0.5 percentage point.

The application of this clause may result in the market basket percentage increase under clause (ii)(VII) or (iii), as applicable, being less than 0.0 for a fiscal year, and may result in payment rates under this subsection for a fiscal year being less than such payment rates for the preceding fiscal year.

“(v) Clause (iv)(II) shall be applied with respect to any of fiscal years 2014 through 2019 by

substituting '0.0 percentage points' for '0.5 percentage point', if for such fiscal year—

“(I) the excess (if any) of—

“(aa) the total percentage of the non-elderly insured population for the preceding fiscal year (based on the most recent estimates available from the Director of the Congressional Budget Office before a vote in either House on the Patient Protection and Affordable Care Act that, if determined in the affirmative, would clear such Act for enrollment); over

“(bb) the total percentage of the non-elderly insured population for such preceding fiscal year (as estimated by the Secretary); exceeds

“(II) 5 percentage points.”.

(h) DIALYSIS.—Section 1881(b)(14)(F) of the Social Security Act (42 U.S.C. 1395rr(b)(14)(F)) is amended—

(1) in clause (i)—

(A) by inserting “(I)” after “(F)(i)”

(B) in subclause (I), as inserted by subparagraph (A)—

(i) by striking “clause (ii)” and inserting “subclause (II) and clause (ii)”; and

(ii) by striking “minus 1.0 percentage point”; and

(C) by adding at the end the following new subclause:

“(II) For 2012 and each subsequent year, after determining the increase factor described in subclause (I), the Secretary shall reduce such increase factor by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II). The application of the preceding sentence may result in such increase factor being less than 0.0 for a year, and may result in payment rates under the payment system under this paragraph for a year being less than such payment rates for the preceding year.”; and

(2) in clause (ii)(II)—

(A) by striking “The” and inserting “Subject to clause (i)(I), the”; and

(B) by striking “clause (i) minus 1.0 percentage point” and inserting “clause (i)(I)”.

(i) OUTPATIENT HOSPITALS.—Section 1833(t)(3) of the Social Security Act (42 U.S.C. 1395l(t)(3)) is amended—

(1) in subparagraph (C)(iv), by inserting “and subparagraph (F) of this paragraph” after “(17)”; and

(2) by adding at the end the following new subparagraphs:

“(F) PRODUCTIVITY AND OTHER ADJUSTMENT.—After determining the OPD fee schedule increase factor under subparagraph (C)(iv), the Secretary shall reduce such increase factor—

“(i) for 2012 and subsequent years, by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II); and

“(ii) for each of 2010 through 2019, by the adjustment described in subparagraph (G).

The application of this subparagraph may result in the increase factor under subparagraph (C)(iv) being less than 0.0 for a year, and may result in payment rates under the payment system under this subsection for a year being less than such payment rates for the preceding year.

“(G) OTHER ADJUSTMENT.—

“(i) ADJUSTMENT.—For purposes of subparagraph (F)(ii), the adjustment described in this subparagraph is—

“(I) for each of 2010 and 2011, 0.25 percentage point; and

“(II) subject to clause (ii), for each of 2012 through 2019, 0.2 percentage point.

“(ii) REDUCTION OF OTHER ADJUSTMENT.—Clause (i)(II) shall be applied with respect to any of 2014 through 2019 by substituting ‘0.0 percentage points’ for ‘0.2 percentage point’, if for such year—

“(I) the excess (if any) of—

“(aa) the total percentage of the non-elderly insured population for the preceding year (based on the most recent estimates available

from the Director of the Congressional Budget Office before a vote in either House on the Patient Protection and Affordable Care Act that, if determined in the affirmative, would clear such Act for enrollment); over

“(bb) the total percentage of the non-elderly insured population for such preceding year (as estimated by the Secretary); exceeds

“(II) 5 percentage points.”.

(j) AMBULANCE SERVICES.—Section 1834(l)(3) of the Social Security Act (42 U.S.C. 1395m(l)(3)) is amended—

(1) in subparagraph (A), by striking “and” at the end;

(2) in subparagraph (B)—

(A) by inserting “, subject to subparagraph (C) and the succeeding sentence of this paragraph,” after “increased”; and

(B) by striking the period at the end and inserting “; and”;

(3) by adding at the end the following new subparagraph:

“(C) for 2011 and each subsequent year, after determining the percentage increase under subparagraph (B) for the year, reduce such percentage increase by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II).”; and

(4) by adding at the end the following flush sentence:

“The application of subparagraph (C) may result in the percentage increase under subparagraph (B) being less than 0.0 for a year, and may result in payment rates under the fee schedule under this subsection for a year being less than such payment rates for the preceding year.”.

(k) AMBULATORY SURGICAL CENTER SERVICES.—Section 1833(i)(2)(D) of the Social Security Act (42 U.S.C. 1395l(i)(2)(D)) is amended—

(1) by redesignating clause (v) as clause (vi); and

(2) by inserting after clause (iv) the following new clause:

“(v) In implementing the system described in clause (i) for 2011 and each subsequent year, any annual update under such system for the year, after application of clause (iv), shall be reduced by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II). The application of the preceding sentence may result in such update being less than 0.0 for a year, and may result in payment rates under the system described in clause (i) for a year being less than such payment rates for the preceding year.”.

(l) LABORATORY SERVICES.—Section 1833(h)(2)(A) of the Social Security Act (42 U.S.C. 1395l(h)(2)(A)) is amended—

(1) in clause (i)—

(A) by inserting “, subject to clause (iv),” after “year” by; and

(B) by striking “through 2013” and inserting “and 2010”; and

(2) by adding at the end the following new clause:

“(iv) After determining the adjustment to the fee schedules under clause (i), the Secretary shall reduce such adjustment—

“(I) for 2011 and each subsequent year, by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II); and

“(II) for each of 2011 through 2015, by 1.75 percentage points.

Subclause (I) shall not apply in a year where the adjustment to the fee schedules determined under clause (i) is 0.0 or a percentage decrease for a year. The application of the productivity adjustment under subclause (I) shall not result in an adjustment to the fee schedules under clause (i) being less than 0.0 for a year. The application of subclause (II) may result in an adjustment to the fee schedules under clause (i) being less than 0.0 for a year, and may result in payment rates for a year being less than such payment rates for the preceding year.”.

(m) CERTAIN DURABLE MEDICAL EQUIPMENT.—Section 1834(a)(14) of the Social Security Act (42 U.S.C. 1395m(a)(14)) is amended—

(1) in subparagraph (K)—

(A) by striking “2011, 2012, and 2013,”; and

(B) by inserting “and” after the semicolon at the end;

(2) by striking subparagraphs (L) and (M) and inserting the following new subparagraph:

“(L) for 2011 and each subsequent year—

“(i) the percentage increase in the consumer price index for all urban consumers (United States city average) for the 12-month period ending with June of the previous year, reduced by—

“(ii) the productivity adjustment described in section 1886(b)(3)(B)(xi)(II).”; and

(3) by adding at the end the following flush sentence:

“The application of subparagraph (L)(ii) may result in the covered item update under this paragraph being less than 0.0 for a year, and may result in payment rates under this subsection for a year being less than such payment rates for the preceding year.”.

(n) PROSTHETIC DEVICES, ORTHOTICS, AND PROSTHETICS.—Section 1834(h)(4) of the Social Security Act (42 U.S.C. 1395m(h)(4)) is amended—

(1) in subparagraph (A)—

(A) in clause (ix), by striking “and” at the end;

(B) in clause (x)—

(i) by striking “a subsequent year” and inserting “for each of 2007 through 2010”; and

(ii) by inserting “and” after the semicolon at the end;

(C) by adding at the end the following new clause:

“(xi) for 2011 and each subsequent year—

“(I) the percentage increase in the consumer price index for all urban consumers (United States city average) for the 12-month period ending with June of the previous year, reduced by—

“(II) the productivity adjustment described in section 1886(b)(3)(B)(xi)(II).”; and

(D) by adding at the end the following flush sentence:

“The application of subparagraph (A)(xi)(II) may result in the applicable percentage increase under subparagraph (A) being less than 0.0 for a year, and may result in payment rates under this subsection for a year being less than such payment rates for the preceding year.”.

(o) OTHER ITEMS.—Section 1842(s)(1) of the Social Security Act (42 U.S.C. 1395u(s)(1)) is amended—

(1) in the first sentence, by striking “Subject to” and inserting “(A) Subject to”;

(2) by striking the second sentence and inserting the following new subparagraph:

“(B) Any fee schedule established under this paragraph for such item or service shall be updated—

“(i) for years before 2011—

“(I) subject to subclause (II), by the percentage increase in the consumer price index for all urban consumers (United States city average) for the 12-month period ending with June of the preceding year; and

“(II) for items and services described in paragraph (2)(D) for 2009, section 1834(a)(14)(J) shall apply under this paragraph instead of the percentage increase otherwise applicable; and

“(ii) for 2011 and subsequent years—

“(I) the percentage increase in the consumer price index for all urban consumers (United States city average) for the 12-month period ending with June of the previous year, reduced by—

“(II) the productivity adjustment described in section 1886(b)(3)(B)(xi)(II).”; and

(3) by adding at the end the following flush sentence:

"The application of subparagraph (B)(ii)(II) may result in the update under this paragraph being less than 0.0 for a year, and may result in payment rates under any fee schedule established under this paragraph for a year being less than such payment rates for the preceding year."

(p) NO APPLICATION PRIOR TO APRIL 1, 2010.—Notwithstanding the preceding provisions of this section, the amendments made by subsections (a), (c), and (d) shall not apply to discharges occurring before April 1, 2010.

SEC. 3402. TEMPORARY ADJUSTMENT TO THE CALCULATION OF PART B PREMIUMS.

Section 1839(i) of the Social Security Act (42 U.S.C. 1395r(i)) is amended—

(1) in paragraph (2), in the matter preceding subparagraph (A), by inserting "subject to paragraph (6)," after "subsection,";

(2) in paragraph (3)(A)(i), by striking "The applicable" and inserting "Subject to paragraph (6), the applicable";

(3) by redesignating paragraph (6) as paragraph (7); and

(4) by inserting after paragraph (5) the following new paragraph:

"(6) TEMPORARY ADJUSTMENT TO INCOME THRESHOLDS.—Notwithstanding any other provision of this subsection, during the period beginning on January 1, 2011, and ending on December 31, 2019—

"(A) the threshold amount otherwise applicable under paragraph (2) shall be equal to such amount for 2010; and

"(B) the dollar amounts otherwise applicable under paragraph (3)(C)(i) shall be equal to such dollar amounts for 2010."

SEC. 3403. INDEPENDENT MEDICARE ADVISORY BOARD.

(a) BOARD.—

(1) IN GENERAL.—Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), as amended by section 3022, is amended by adding at the end the following new section:

"INDEPENDENT MEDICARE ADVISORY BOARD

"SEC. 1899A. (a) ESTABLISHMENT.—There is established an independent board to be known as the 'Independent Medicare Advisory Board'.

"(b) PURPOSE.—It is the purpose of this section to, in accordance with the following provisions of this section, reduce the per capita rate of growth in Medicare spending—

"(1) by requiring the Chief Actuary of the Centers for Medicare & Medicaid Services to determine in each year to which this section applies (in this section referred to as 'a determination year') the projected per capita growth rate under Medicare for the second year following the determination year (in this section referred to as 'an implementation year');

"(2) if the projection for the implementation year exceeds the target growth rate for that year, by requiring the Board to develop and submit during the first year following the determination year (in this section referred to as 'a proposal year') a proposal containing recommendations to reduce the Medicare per capita growth rate to the extent required by this section; and

"(3) by requiring the Secretary to implement such proposals unless Congress enacts legislation pursuant to this section.

"(c) BOARD PROPOSALS.—

"(1) DEVELOPMENT.—

"(A) IN GENERAL.—The Board shall develop detailed and specific proposals related to the Medicare program in accordance with the succeeding provisions of this section.

"(B) ADVISORY REPORTS.—Beginning January 15, 2014, the Board may develop and submit to Congress advisory reports on matters related to the Medicare program, regardless of whether or not the Board submitted a proposal for such

year. Such a report may, for years prior to 2020, include recommendations regarding improvements to payment systems for providers of services and suppliers who are not otherwise subject to the scope of the Board's recommendations in a proposal under this section. Any advisory report submitted under this subparagraph shall not be subject to the rules for congressional consideration under subsection (d).

"(2) PROPOSALS.—

"(A) REQUIREMENTS.—Each proposal submitted under this section in a proposal year shall meet each of the following requirements:

"(i) If the Chief Actuary of the Centers for Medicare & Medicaid Services has made a determination under paragraph (7)(A) in the determination year, the proposal shall include recommendations so that the proposal as a whole (after taking into account recommendations under clause (v)) will result in a net reduction in total Medicare program spending in the implementation year that is at least equal to the applicable savings target established under paragraph (7)(B) for such implementation year. In determining whether a proposal meets the requirement of the preceding sentence, reductions in Medicare program spending during the 3-month period immediately preceding the implementation year shall be counted to the extent that such reductions are a result of the implementation of recommendations contained in the proposal for a change in the payment rate for an item or service that was effective during such period pursuant to subsection (e)(2)(A).

"(ii) The proposal shall not include any recommendation to ration health care, raise revenues or Medicare beneficiary premiums under section 1818, 1818A, or 1839, increase Medicare beneficiary cost-sharing (including deductibles, coinsurance, and copayments), or otherwise restrict benefits or modify eligibility criteria.

"(iii) In the case of proposals submitted prior to December 31, 2018, the proposal shall not include any recommendation that would reduce payment rates for items and services furnished, prior to December 31, 2019, by providers of services (as defined in section 1861(u)) and suppliers (as defined in section 1861(d)) scheduled, pursuant to the amendments made by section 3401 of the Patient Protection and Affordable Care Act, to receive a reduction to the inflationary payment updates of such providers of services and suppliers in excess of a reduction due to productivity in a year in which such recommendations would take effect.

"(iv) As appropriate, the proposal shall include recommendations to reduce Medicare payments under parts C and D, such as reductions in direct subsidy payments to Medicare Advantage and prescription drug plans specified under paragraph (1) and (2) of section 1860D-15(a) that are related to administrative expenses (including profits) for basic coverage, denying high bids or removing high bids for prescription drug coverage from the calculation of the national average monthly bid amount under section 1860D-13(a)(4), and reductions in payments to Medicare Advantage plans under clauses (i) and (ii) of section 1853(a)(1)(B) that are related to administrative expenses (including profits) and performance bonuses for Medicare Advantage plans under section 1853(n). Any such recommendation shall not affect the base beneficiary premium percentage specified under 1860D-13(a).

"(v) The proposal shall include recommendations with respect to administrative funding for the Secretary to carry out the recommendations contained in the proposal.

"(vi) The proposal shall only include recommendations related to the Medicare program.

"(B) ADDITIONAL CONSIDERATIONS.—In developing and submitting each proposal under this section in a proposal year, the Board shall, to the extent feasible—

"(i) give priority to recommendations that extend Medicare solvency;

"(ii) include recommendations that—

"(I) improve the health care delivery system and health outcomes, including by promoting integrated care, care coordination, prevention and wellness, and quality and efficiency improvement; and

"(II) protect and improve Medicare beneficiaries' access to necessary and evidence-based items and services, including in rural and frontier areas;

"(iii) include recommendations that target reductions in Medicare program spending to sources of excess cost growth;

"(iv) consider the effects on Medicare beneficiaries of changes in payments to providers of services (as defined in section 1861(u)) and suppliers (as defined in section 1861(d));

"(v) consider the effects of the recommendations on providers of services and suppliers with actual or projected negative cost margins or payment updates; and

"(vi) consider the unique needs of Medicare beneficiaries who are dually eligible for Medicare and the Medicaid program under title XIX.

"(C) NO INCREASE IN TOTAL MEDICARE PROGRAM SPENDING.—Each proposal submitted under this section shall be designed in such a manner that implementation of the recommendations contained in the proposal would not be expected to result, over the 10-year period starting with the implementation year, in any increase in the total amount of net Medicare program spending relative to the total amount of net Medicare program spending that would have occurred absent such implementation.

"(D) CONSULTATION WITH MEDPAC.—The Board shall submit a draft copy of each proposal to be submitted under this section to the Medicare Payment Advisory Commission established under section 1805 for its review. The Board shall submit such draft copy by not later than September 1 of the determination year.

"(E) REVIEW AND COMMENT BY THE SECRETARY.—The Board shall submit a draft copy of each proposal to be submitted to Congress under this section to the Secretary for the Secretary's review and comment. The Board shall submit such draft copy by not later than September 1 of the determination year. Not later than March 1 of the submission year, the Secretary shall submit a report to Congress on the results of such review, unless the Secretary submits a proposal under paragraph (5)(A) in that year.

"(F) CONSULTATIONS.—In carrying out its duties under this section, the Board shall engage in regular consultations with the Medicaid and CHIP Payment and Access Commission under section 1900.

"(3) TRANSMISSION OF BOARD PROPOSAL TO PRESIDENT.—

"(A) IN GENERAL.—

"(i) IN GENERAL.—Except as provided in clause (ii) and subsection (f)(3)(B), the Board shall transmit a proposal under this section to the President on January 15 of each year (beginning with 2014).

"(ii) EXCEPTION.—The Board shall not submit a proposal under clause (i) in a proposal year if the year is—

"(I) a year for which the Chief Actuary of the Centers for Medicare & Medicaid Services makes a determination in the determination year under paragraph (6)(A) that the growth rate described in clause (i) of such paragraph does not exceed the growth rate described in clause (ii) of such paragraph;

"(II) a year in which the Chief Actuary of the Centers for Medicare & Medicaid Services makes a determination in the determination year that the projected percentage increase (if any) for the medical care expenditure category of the

Consumer Price Index for All Urban Consumers (United States city average) for the implementation year is less than the projected percentage increase (if any) in the Consumer Price Index for All Urban Consumers (all items; United States city average) for such implementation year; or

“(III) for proposal year 2019 and subsequent proposal years, a year in which the Chief Actuary of the Centers for Medicare & Medicaid Services makes a determination in the determination year that the growth rate described in paragraph (8) exceeds the growth rate described in paragraph (6)(A)(i).

“(iii) START-UP PERIOD.—The Board may not submit a proposal under clause (i) prior to January 15, 2014.

“(B) REQUIRED INFORMATION.—Each proposal submitted by the Board under subparagraph (A)(i) shall include—

“(i) the recommendations described in paragraph (2)(A)(i);

“(ii) an explanation of each recommendation contained in the proposal and the reasons for including such recommendation;

“(iii) an actuarial opinion by the Chief Actuary of the Centers for Medicare & Medicaid Services certifying that the proposal meets the requirements of subparagraphs (A)(i) and (C) of paragraph (2);

“(iv) a legislative proposal that implements the recommendations; and

“(v) other information determined appropriate by the Board.

“(4) PRESIDENTIAL SUBMISSION TO CONGRESS.—Upon receiving a proposal from the Board under paragraph (3)(A)(i) or the Secretary under paragraph (5), the President shall immediately submit such proposal to Congress.

“(5) CONTINGENT SECRETARIAL DEVELOPMENT OF PROPOSAL.—If, with respect to a proposal year, the Board is required, to but fails, to submit a proposal to the President by the deadline applicable under paragraph (3)(A)(i), the Secretary shall develop a detailed and specific proposal that satisfies the requirements of subparagraphs (A) and (C) (and, to the extent feasible, subparagraph (B)) of paragraph (2) and contains the information required paragraph (3)(B)). By not later than January 25 of the year, the Secretary shall transmit—

“(A) such proposal to the President; and

“(B) a copy of such proposal to the Medicare Payment Advisory Commission for its review.

“(6) PER CAPITA GROWTH RATE PROJECTIONS BY CHIEF ACTUARY.—

“(A) IN GENERAL.—Subject to subsection (f)(3)(A), not later than April 30, 2013, and annually thereafter, the Chief Actuary of the Centers for Medicare & Medicaid Services shall determine in each such year whether—

“(i) the projected Medicare per capita growth rate for the implementation year (as determined under subparagraph (B)); exceeds

“(ii) the projected Medicare per capita target growth rate for the implementation year (as determined under subparagraph (C)).

“(B) MEDICARE PER CAPITA GROWTH RATE.—

“(i) IN GENERAL.—For purposes of this section, the Medicare per capita growth rate for an implementation year shall be calculated as the projected 5-year average (ending with such year) of the growth in Medicare program spending per unduplicated enrollee.

“(ii) REQUIREMENT.—The projection under clause (i) shall—

“(I) to the extent that there is projected to be a negative update to the single conversion factor applicable to payments for physicians' services under section 1848(d) furnished in the proposal year or the implementation year, assume that such update for such services is 0 percent rather than the negative percent that would otherwise apply; and

“(II) take into account any delivery system reforms or other payment changes that have been enacted or published in final rules but not yet implemented as of the making of such calculation.

“(C) MEDICARE PER CAPITA TARGET GROWTH RATE.—For purposes of this section, the Medicare per capita target growth rate for an implementation year shall be calculated as the projected 5-year average (ending with such year) percentage increase in—

“(i) with respect to a determination year that is prior to 2018, the average of the projected percentage increase (if any) in—

“(I) the Consumer Price Index for All Urban Consumers (all items; United States city average); and

“(II) the medical care expenditure category of the Consumer Price Index for All Urban Consumers (United States city average); and

“(ii) with respect to a determination year that is after 2017, the nominal gross domestic product per capita plus 1.0 percentage point.

“(7) SAVINGS REQUIREMENT.—

“(A) IN GENERAL.—If, with respect to a determination year, the Chief Actuary of the Centers for Medicare & Medicaid Services makes a determination under paragraph (6)(A) that the growth rate described in clause (i) of such paragraph exceeds the growth rate described in clause (ii) of such paragraph, the Chief Actuary shall establish an applicable savings target for the implementation year.

“(B) APPLICABLE SAVINGS TARGET.—For purposes of this section, the applicable savings target for an implementation year shall be an amount equal to the product of—

“(i) the total amount of projected Medicare program spending for the proposal year; and

“(ii) the applicable percent for the implementation year.

“(C) APPLICABLE PERCENT.—For purposes of subparagraph (B), the applicable percent for an implementation year is the lesser of—

“(i) in the case of—

“(I) implementation year 2015, 0.5 percent;

“(II) implementation year 2016, 1.0 percent;

“(III) implementation year 2017, 1.25 percent;

and

“(IV) implementation year 2018 or any subsequent implementation year, 1.5 percent; and

“(ii) the projected excess for the implementation year (expressed as a percent) determined under subparagraph (A).

“(8) PER CAPITA RATE OF GROWTH IN NATIONAL HEALTH EXPENDITURES.—In each determination year (beginning in 2018), the Chief Actuary of the Centers for Medicare & Medicaid Services shall project the per capita rate of growth in national health expenditures for the implementation year. Such rate of growth for an implementation year shall be calculated as the projected 5-year average (ending with such year) percentage increase in national health care expenditures.

“(d) CONGRESSIONAL CONSIDERATION.—

“(1) INTRODUCTION.—

“(A) IN GENERAL.—On the day on which a proposal is submitted by the President to the House of Representatives and the Senate under subsection (c)(4), the legislative proposal (described in subsection (c)(3)(B)(iv)) contained in the proposal shall be introduced (by request) in the Senate by the majority leader of the Senate or by Members of the Senate designated by the majority leader of the Senate and shall be introduced (by request) in the House by the majority leader of the House or by Members of the House designated by the majority leader of the House.

“(B) NOT IN SESSION.—If either House is not in session on the day on which such legislative proposal is submitted, the legislative proposal shall be introduced in that House, as provided in subparagraph (A), on the first day thereafter on which that House is in session.

“(C) ANY MEMBER.—If the legislative proposal is not introduced in either House within 5 days on which that House is in session after the day on which the legislative proposal is submitted, then any Member of that House may introduce the legislative proposal.

“(D) REFERRAL.—The legislation introduced under this paragraph shall be referred by the Presiding Officers of the respective Houses to the Committee on Finance in the Senate and to the Committee on Energy and Commerce and the Committee on Ways and Means in the House of Representatives.

“(2) COMMITTEE CONSIDERATION OF PROPOSAL.—

“(A) REPORTING BILL.—Not later than April 1 of any proposal year in which a proposal is submitted by the President to Congress under this section, the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate may report the bill referred to the Committee under paragraph (1)(D) with committee amendments related to the Medicare program.

“(B) CALCULATIONS.—In determining whether a committee amendment meets the requirement of subparagraph (A), the reductions in Medicare program spending during the 3-month period immediately preceding the implementation year shall be counted to the extent that such reductions are a result of the implementation provisions in the committee amendment for a change in the payment rate for an item or service that was effective during such period pursuant to such amendment.

“(C) COMMITTEE JURISDICTION.—Notwithstanding rule XV of the Standing Rules of the Senate, a committee amendment described in subparagraph (A) may include matter not within the jurisdiction of the Committee on Finance if that matter is relevant to a proposal contained in the bill submitted under subsection (c)(3).

“(D) DISCHARGE.—If, with respect to the House involved, the committee has not reported the bill by the date required by subparagraph (A), the committee shall be discharged from further consideration of the proposal.

“(3) LIMITATION ON CHANGES TO THE BOARD RECOMMENDATIONS.—

“(A) IN GENERAL.—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, or amendment, pursuant to this subsection or conference report thereon, that fails to satisfy the requirements of subparagraphs (A)(i) and (C) of subsection (c)(2).

“(B) LIMITATION ON CHANGES TO THE BOARD RECOMMENDATIONS IN OTHER LEGISLATION.—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report (other than pursuant to this section) that would repeal or otherwise change the recommendations of the Board if that change would fail to satisfy the requirements of subparagraphs (A)(i) and (C) of subsection (c)(2).

“(C) LIMITATION ON CHANGES TO THIS SUBSECTION.—It shall not be in order in the Senate or the House of Representatives to consider any bill, resolution, amendment, or conference report that would repeal or otherwise change this subsection.

“(D) WAIVER.—This paragraph may be waived or suspended in the Senate only by the affirmative vote of three-fifths of the Members, duly chosen and sworn.

“(E) APPEALS.—An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required in the Senate to sustain an appeal of the ruling of the Chair on a point of order raised under this paragraph.

“(4) EXPEDITED PROCEDURE.—

“(A) CONSIDERATION.—A motion to proceed to the consideration of the bill in the Senate is not debatable.

“(B) AMENDMENT.—

“(i) TIME LIMITATION.—Debate in the Senate on any amendment to a bill under this section shall be limited to 1 hour, to be equally divided between, and controlled by, the mover and the manager of the bill, and debate on any amendment to an amendment, debatable motion, or appeal shall be limited to 30 minutes, to be equally divided between, and controlled by, the mover and the manager of the bill, except that in the event the manager of the bill is in favor of any such amendment, motion, or appeal, the time in opposition thereto shall be controlled by the minority leader or such leader’s designee.

“(ii) GERMANE.—No amendment that is not germane to the provisions of such bill shall be received.

“(iii) ADDITIONAL TIME.—The leaders, or either of them, may, from the time under their control on the passage of the bill, allot additional time to any Senator during the consideration of any amendment, debatable motion, or appeal.

“(iv) AMENDMENT NOT IN ORDER.—It shall not be in order to consider an amendment that would cause the bill to result in a net reduction in total Medicare program spending in the implementation year that is less than the applicable savings target established under subsection (c)(7)(B) for such implementation year.

“(v) WAIVER AND APPEALS.—This paragraph may be waived or suspended in the Senate only by the affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required in the Senate to sustain an appeal of the ruling of the Chair on a point of order raised under this section.

“(C) CONSIDERATION BY THE OTHER HOUSE.—

“(i) IN GENERAL.—The expedited procedures provided in this subsection for the consideration of a bill introduced pursuant to paragraph (1) shall not apply to such a bill that is received by one House from the other House if such a bill was not introduced in the receiving House.

“(ii) BEFORE PASSAGE.—If a bill that is introduced pursuant to paragraph (1) is received by one House from the other House, after introduction but before disposition of such a bill in the receiving House, then the following shall apply:

“(I) The receiving House shall consider the bill introduced in that House through all stages of consideration up to, but not including, passage.

“(II) The question on passage shall be put on the bill of the other House as amended by the language of the receiving House.

“(iii) AFTER PASSAGE.—If a bill introduced pursuant to paragraph (1) is received by one House from the other House, after such a bill is passed by the receiving House, then the vote on passage of the bill that originates in the receiving House shall be considered to be the vote on passage of the bill received from the other House as amended by the language of the receiving House.

“(iv) DISPOSITION.—Upon disposition of a bill introduced pursuant to paragraph (1) that is received by one House from the other House, it shall no longer be in order to consider the bill that originates in the receiving House.

“(v) LIMITATION.—Clauses (ii), (iii), and (iv) shall apply only to a bill received by one House from the other House if the bill—

“(I) is related only to the program under this title; and

“(II) satisfies the requirements of subparagraphs (A)(i) and (C) of subsection (c)(2).

“(D) SENATE LIMITS ON DEBATE.—

“(i) IN GENERAL.—In the Senate, consideration of the bill and on all debatable motions

and appeals in connection therewith shall not exceed a total of 30 hours, which shall be divided equally between the majority and minority leaders or their designees.

“(ii) MOTION TO FURTHER LIMIT DEBATE.—A motion to further limit debate on the bill is in order and is not debatable.

“(iii) MOTION OR APPEAL.—Any debatable motion or appeal is debatable for not to exceed 1 hour, to be divided equally between those favoring and those opposing the motion or appeal.

“(iv) FINAL DISPOSITION.—After 30 hours of consideration, the Senate shall proceed, without any further debate on any question, to vote on the final disposition thereof to the exclusion of all amendments not then pending before the Senate at that time and to the exclusion of all motions, except a motion to table, or to reconsider and one quorum call on demand to establish the presence of a quorum (and motions required to establish a quorum) immediately before the final vote begins.

“(E) CONSIDERATION IN CONFERENCE.—

“(i) IN GENERAL.—Consideration in the Senate and the House of Representatives on the conference report or any messages between Houses shall be limited to 10 hours, equally divided and controlled by the majority and minority leaders of the Senate or their designees and the Speaker of the House of Representatives and the minority leader of the House of Representatives or their designees.

“(ii) TIME LIMITATION.—Debate in the Senate on any amendment under this subparagraph shall be limited to 1 hour, to be equally divided between, and controlled by, the mover and the manager of the bill, and debate on any amendment to an amendment, debatable motion, or appeal shall be limited to 30 minutes, to be equally divided between, and controlled by, the mover and the manager of the bill, except that in the event the manager of the bill is in favor of any such amendment, motion, or appeal, the time in opposition thereto shall be controlled by the minority leader or such leader’s designee.

“(iii) FINAL DISPOSITION.—After 10 hours of consideration, the Senate shall proceed, without any further debate on any question, to vote on the final disposition thereof to the exclusion of all motions not then pending before the Senate at that time or necessary to resolve the differences between the Houses and to the exclusion of all other motions, except a motion to table, or to reconsider and one quorum call on demand to establish the presence of a quorum (and motions required to establish a quorum) immediately before the final vote begins.

“(iv) LIMITATION.—Clauses (i) through (iii) shall only apply to a conference report, message or the amendments thereto if the conference report, message, or an amendment thereto—

“(I) is related only to the program under this title; and

“(II) satisfies the requirements of subparagraphs (A)(i) and (C) of subsection (c)(2).

“(F) VETO.—If the President vetoes the bill debate on a veto message in the Senate under this subsection shall be 1 hour equally divided between the majority and minority leaders or their designees.

“(5) RULES OF THE SENATE AND HOUSE OF REPRESENTATIVES.—This subsection and subsection (f)(2) are enacted by Congress—

“(A) as an exercise of the rulemaking power of the Senate and the House of Representatives, respectively, and is deemed to be part of the rules of each House, respectively, but applicable only with respect to the procedure to be followed in that House in the case of bill under this section, and it supersedes other rules only to the extent that it is inconsistent with such rules; and

“(B) with full recognition of the constitutional right of either House to change the rules

(so far as they relate to the procedure of that House) at any time, in the same manner, and to the same extent as in the case of any other rule of that House.

“(e) IMPLEMENTATION OF PROPOSAL.—

“(1) IN GENERAL.—Notwithstanding any other provision of law, the Secretary shall, except as provided in paragraph (3), implement the recommendations contained in a proposal submitted by the President to Congress pursuant to this section on August 15 of the year in which the proposal is so submitted.

“(2) APPLICATION.—

“(A) IN GENERAL.—A recommendation described in paragraph (1) shall apply as follows:

“(i) In the case of a recommendation that is a change in the payment rate for an item or service under Medicare in which payment rates change on a fiscal year basis (or a cost reporting period basis that relates to a fiscal year), on a calendar year basis (or a cost reporting period basis that relates to a calendar year), or on a rate year basis (or a cost reporting period basis that relates to a rate year), such recommendation shall apply to items and services furnished on the first day of the first fiscal year, calendar year, or rate year (as the case may be) that begins after such August 15.

“(ii) In the case of a recommendation relating to payments to plans under parts C and D, such recommendation shall apply to plan years beginning on the first day of the first calendar year that begins after such August 15.

“(iii) In the case of any other recommendation, such recommendation shall be addressed in the regular regulatory process timeframe and shall apply as soon as practicable.

“(B) INTERIM FINAL RULEMAKING.—The Secretary may use interim final rulemaking to implement any recommendation described in paragraph (1).

“(3) EXCEPTION.—The Secretary shall not be required to implement the recommendations contained in a proposal submitted in a proposal year by the President to Congress pursuant to this section if—

“(A) prior to August 15 of the proposal year, Federal legislation is enacted that includes the following provision: ‘This Act supercedes the recommendations of the Board contained in the proposal submitted, in the year which includes the date of enactment of this Act, to Congress under section 1899A of the Social Security Act.’; and

“(B) in the case of implementation year 2020 and subsequent implementation years, a joint resolution described in subsection (f)(1) is enacted not later than August 15, 2017.

“(4) NO AFFECT ON AUTHORITY TO IMPLEMENT CERTAIN PROVISIONS.—Nothing in paragraph (3) shall be construed to affect the authority of the Secretary to implement any recommendation contained in a proposal or advisory report under this section to the extent that the Secretary otherwise has the authority to implement such recommendation administratively.

“(5) LIMITATION ON REVIEW.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the implementation by the Secretary under this subsection of the recommendations contained in a proposal.

“(f) JOINT RESOLUTION REQUIRED TO DISCONTINUE THE BOARD.—

“(1) IN GENERAL.—For purposes of subsection (e)(3)(B), a joint resolution described in this paragraph means only a joint resolution—

“(A) that is introduced in 2017 by not later than February 1 of such year;

“(B) which does not have a preamble;

“(C) the title of which is as follows: ‘Joint resolution approving the discontinuation of the process for consideration and automatic implementation of the annual proposal of the Independent Medicare Advisory Board under section 1899A of the Social Security Act’; and

“(D) the matter after the resolving clause of which is as follows: ‘That Congress approves the discontinuation of the process for consideration and automatic implementation of the annual proposal of the Independent Medicare Advisory Board under section 1899A of the Social Security Act.’.”

“(2) PROCEDURE.—

“(A) REFERRAL.—A joint resolution described in paragraph (1) shall be referred to the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate.

“(B) DISCHARGE.—In the Senate, if the committee to which is referred a joint resolution described in paragraph (1) has not reported such joint resolution (or an identical joint resolution) at the end of 20 days after the joint resolution described in paragraph (1) is introduced, such committee may be discharged from further consideration of such joint resolution upon a petition supported in writing by 30 Members of the Senate, and such joint resolution shall be placed on the calendar.

“(C) CONSIDERATION.—

“(i) IN GENERAL.—In the Senate, when the committee to which a joint resolution is referred has reported, or when a committee is discharged (under subparagraph (C)) from further consideration of a joint resolution described in paragraph (1), it is at any time thereafter in order (even though a previous motion to the same effect has been disagreed to) for a motion to proceed to the consideration of the joint resolution to be made, and all points of order against the joint resolution (and against consideration of the joint resolution) are waived, except for points of order under the Congressional Budget act of 1974 or under budget resolutions pursuant to that Act. The motion is not debatable. A motion to reconsider the vote by which the motion is agreed to or disagreed to shall not be in order. If a motion to proceed to the consideration of the joint resolution is agreed to, the joint resolution shall remain the unfinished business of the Senate until disposed of.

“(ii) DEBATE LIMITATION.—In the Senate, consideration of the joint resolution, and on all debatable motions and appeals in connection therewith, shall be limited to not more than 10 hours, which shall be divided equally between the majority leader and the minority leader, or their designees. A motion further to limit debate is in order and not debatable. An amendment to, or a motion to postpone, or a motion to proceed to the consideration of other business, or a motion to recommit the joint resolution is not in order.

“(iii) PASSAGE.—In the Senate, immediately following the conclusion of the debate on a joint resolution described in paragraph (1), and a single quorum call at the conclusion of the debate if requested in accordance with the rules of the Senate, the vote on passage of the joint resolution shall occur.

“(iv) APPEALS.—Appeals from the decisions of the Chair relating to the application of the rules of the Senate to the procedure relating to a joint resolution described in paragraph (1) shall be decided without debate.

“(D) OTHER HOUSE ACTS FIRST.—If, before the passage by 1 House of a joint resolution of that House described in paragraph (1), that House receives from the other House a joint resolution described in paragraph (1), then the following procedures shall apply:

“(i) The joint resolution of the other House shall not be referred to a committee.

“(ii) With respect to a joint resolution described in paragraph (1) of the House receiving the joint resolution—

“(I) the procedure in that House shall be the same as if no joint resolution had been received from the other House; but

“(II) the vote on final passage shall be on the joint resolution of the other House.

“(E) EXCLUDED DAYS.—For purposes of determining the period specified in subparagraph (B), there shall be excluded any days either House of Congress is adjourned for more than 3 days during a session of Congress.

“(F) MAJORITY REQUIRED FOR ADOPTION.—A joint resolution considered under this subsection shall require an affirmative vote of three-fifths of the Members, duly chosen and sworn, for adoption.

“(3) TERMINATION.—If a joint resolution described in paragraph (1) is enacted not later than August 15, 2017—

“(A) the Chief Actuary of the Medicare & Medicaid Services shall not—

“(i) make any determinations under subsection (c)(6) after May 1, 2017; or

“(ii) provide any opinion pursuant to subsection (c)(3)(B)(iii) after January 16, 2018;

“(B) the Board shall not submit any proposals or advisory reports to Congress under this section after January 16, 2018; and

“(C) the Board and the consumer advisory council under subsection (k) shall terminate on August 16, 2018.

“(g) BOARD MEMBERSHIP; TERMS OF OFFICE; CHAIRPERSON; REMOVAL.—

“(1) MEMBERSHIP.—

“(A) IN GENERAL.—The Board shall be composed of—

“(i) 15 members appointed by the President, by and with the advice and consent of the Senate; and

“(ii) the Secretary, the Administrator of the Center for Medicare & Medicaid Services, and the Administrator of the Health Resources and Services Administration, all of whom shall serve ex officio as nonvoting members of the Board.

“(B) QUALIFICATIONS.—

“(i) IN GENERAL.—The appointed membership of the Board shall include individuals with national recognition for their expertise in health finance and economics, actuarial science, health facility management, health plans and integrated delivery systems, reimbursement of health facilities, allopathic and osteopathic physicians, and other providers of health services, and other related fields, who provide a mix of different professionals, broad geographic representation, and a balance between urban and rural representatives.

“(ii) INCLUSION.—The appointed membership of the Board shall include (but not be limited to) physicians and other health professionals, experts in the area of pharmacoeconomics or prescription drug benefit programs, employers, third-party payers, individuals skilled in the conduct and interpretation of biomedical, health services, and health economics research and expertise in outcomes and effectiveness research and technology assessment. Such membership shall also include representatives of consumers and the elderly.

“(iii) MAJORITY NONPROVIDERS.—Individuals who are directly involved in the provision or management of the delivery of items and services covered under this title shall not constitute a majority of the appointed membership of the Board.

“(C) ETHICAL DISCLOSURE.—The President shall establish a system for public disclosure by appointed members of the Board of financial and other potential conflicts of interest relating to such members. Appointed members of the Board shall be treated as officers in the executive branch for purposes of applying title I of the Ethics in Government Act of 1978 (Public Law 95-521).

“(D) CONFLICTS OF INTEREST.—No individual may serve as an appointed member if that individual engages in any other business, vocation, or employment.

“(E) CONSULTATION WITH CONGRESS.—In selecting individuals for nominations for appointments to the Board, the President shall consult with—

“(i) the majority leader of the Senate concerning the appointment of 3 members;

“(ii) the Speaker of the House of Representatives concerning the appointment of 3 members;

“(iii) the minority leader of the Senate concerning the appointment of 3 members; and

“(iv) the minority leader of the House of Representatives concerning the appointment of 3 members.

“(2) TERM OF OFFICE.—Each appointed member shall hold office for a term of 6 years except that—

“(A) a member may not serve more than 2 full consecutive terms (but may be reappointed to 2 full consecutive terms after being appointed to fill a vacancy on the Board);

“(B) a member appointed to fill a vacancy occurring prior to the expiration of the term for which that member's predecessor was appointed shall be appointed for the remainder of such term;

“(C) a member may continue to serve after the expiration of the member's term until a successor has taken office; and

“(D) of the members first appointed under this section, 5 shall be appointed for a term of 1 year, 5 shall be appointed for a term of 3 years, and 5 shall be appointed for a term of 6 years, the term of each to be designated by the President at the time of nomination.

“(3) CHAIRPERSON.—

“(A) IN GENERAL.—The Chairperson shall be appointed by the President, by and with the advice and consent of the Senate, from among the members of the Board.

“(B) DUTIES.—The Chairperson shall be the principal executive officer of the Board, and shall exercise all of the executive and administrative functions of the Board, including functions of the Board with respect to—

“(i) the appointment and supervision of personnel employed by the Board;

“(ii) the distribution of business among personnel appointed and supervised by the Chairperson and among administrative units of the Board; and

“(iii) the use and expenditure of funds.

“(C) GOVERNANCE.—In carrying out any of the functions under subparagraph (B), the Chairperson shall be governed by the general policies established by the Board and by the decisions, findings, and determinations the Board shall by law be authorized to make.

“(D) REQUESTS FOR APPROPRIATIONS.—Requests or estimates for regular, supplemental, or deficiency appropriations on behalf of the Board may not be submitted by the Chairperson without the prior approval of a majority vote of the Board.

“(4) REMOVAL.—Any appointed member may be removed by the President for neglect of duty or malfeasance in office, but for no other cause.

“(h) VACANCIES; QUORUM; SEAL; VICE CHAIRPERSON; VOTING ON REPORTS.—

“(1) VACANCIES.—No vacancy on the Board shall impair the right of the remaining members to exercise all the powers of the Board.

“(2) QUORUM.—A majority of the appointed members of the Board shall constitute a quorum for the transaction of business, but a lesser number of members may hold hearings.

“(3) SEAL.—The Board shall have an official seal, of which judicial notice shall be taken.

“(4) VICE CHAIRPERSON.—The Board shall annually elect a Vice Chairperson to act in the absence or disability of the Chairperson or in case of a vacancy in the office of the Chairperson.

“(5) VOTING ON PROPOSALS.—Any proposal of the Board must be approved by the majority of appointed members present.

“(i) **POWERS OF THE BOARD.**—

“(1) **HEARINGS.**—The Board may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Board considers advisable to carry out this section.

“(2) **AUTHORITY TO INFORM RESEARCH PRIORITIES FOR DATA COLLECTION.**—The Board may advise the Secretary on priorities for health services research, particularly as such priorities pertain to necessary changes and issues regarding payment reforms under Medicare.

“(3) **OBTAINING OFFICIAL DATA.**—The Board may secure directly from any department or agency of the United States information necessary to enable it to carry out this section. Upon request of the Chairperson, the head of that department or agency shall furnish that information to the Board on an agreed upon schedule.

“(4) **POSTAL SERVICES.**—The Board may use the United States mails in the same manner and under the same conditions as other departments and agencies of the Federal Government.

“(5) **GIFTS.**—The Board may accept, use, and dispose of gifts or donations of services or property.

“(6) **OFFICES.**—The Board shall maintain a principal office and such field offices as it determines necessary, and may meet and exercise any of its powers at any other place.

“(j) **PERSONNEL MATTERS.**—

“(1) **COMPENSATION OF MEMBERS AND CHAIRPERSON.**—Each appointed member, other than the Chairperson, shall be compensated at a rate equal to the annual rate of basic pay prescribed for level III of the Executive Schedule under section 5315 of title 5, United States Code. The Chairperson shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level II of the Executive Schedule under section 5315 of title 5, United States Code.

“(2) **TRAVEL EXPENSES.**—The appointed members shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Board.

“(3) **STAFF.**—

“(A) **IN GENERAL.**—The Chairperson may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Board to perform its duties. The employment of an executive director shall be subject to confirmation by the Board.

“(B) **COMPENSATION.**—The Chairperson may fix the compensation of the executive director and other personnel without regard to chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

“(4) **DETAIL OF GOVERNMENT EMPLOYEES.**—Any Federal Government employee may be detailed to the Board without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

“(5) **PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.**—The Chairperson may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals which do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

“(k) **CONSUMER ADVISORY COUNCIL.**—

“(1) **IN GENERAL.**—There is established a consumer advisory council to advise the Board on the impact of payment policies under this title on consumers.

“(2) **MEMBERSHIP.**—

“(A) **NUMBER AND APPOINTMENT.**—The consumer advisory council shall be composed of 10 consumer representatives appointed by the Comptroller General of the United States, 1 from among each of the 10 regions established by the Secretary as of the date of enactment of this section.

“(B) **QUALIFICATIONS.**—The membership of the council shall represent the interests of consumers and particular communities.

“(3) **DUTIES.**—The consumer advisory council shall, subject to the call of the Board, meet not less frequently than 2 times each year in the District of Columbia.

“(4) **OPEN MEETINGS.**—Meetings of the consumer advisory council shall be open to the public.

“(5) **ELECTION OF OFFICERS.**—Members of the consumer advisory council shall elect their own officers.

“(6) **APPLICATION OF FACIA.**—The Federal Advisory Committee Act (5 U.S.C. App.) shall apply to the consumer advisory council except that section 14 of such Act shall not apply.

“(l) **DEFINITIONS.**—In this section:

“(1) **BOARD; CHAIRPERSON; MEMBER.**—The terms ‘Board’, ‘Chairperson’, and ‘Member’ mean the Independent Medicare Advisory Board established under subsection (a) and the Chairperson and any Member thereof, respectively.

“(2) **MEDICARE.**—The term ‘Medicare’ means the program established under this title, including parts A, B, C, and D.

“(3) **MEDICARE BENEFICIARY.**—The term ‘Medicare beneficiary’ means an individual who is entitled to, or enrolled for, benefits under part A or enrolled for benefits under part B.

“(4) **MEDICARE PROGRAM SPENDING.**—The term ‘Medicare program spending’ means program spending under parts A, B, and D net of premiums.

“(m) **FUNDING.**—

“(1) **IN GENERAL.**—There are appropriated to the Board to carry out its duties and functions—

“(A) for fiscal year 2012, \$15,000,000; and

“(B) for each subsequent fiscal year, the amount appropriated under this paragraph for the previous fiscal year increased by the annual percentage increase in the Consumer Price Index for All Urban Consumers (all items; United States city average) as of June of the previous fiscal year.

“(2) **FROM TRUST FUNDS.**—Sixty percent of amounts appropriated under paragraph (1) shall be derived by transfer from the Federal Hospital Insurance Trust Fund under section 1817 and 40 percent of amounts appropriated under such paragraph shall be derived by transfer from the Federal Supplementary Medical Insurance Trust Fund under section 1841.”

(2) **LOBBYING COOLING-OFF PERIOD FOR MEMBERS OF THE INDEPENDENT MEDICARE ADVISORY BOARD.**—Section 207(c) of title 18, United States Code, is amended by inserting at the end the following:

“(3) **MEMBERS OF THE INDEPENDENT MEDICARE ADVISORY BOARD.**—

“(A) **IN GENERAL.**—Paragraph (1) shall apply to a member of the Independent Medicare Advisory Board under section 1899A.

“(B) **AGENCIES AND CONGRESS.**—For purposes of paragraph (1), the agency in which the individual described in subparagraph (A) served shall be considered to be the Independent Medicare Advisory Board, the Department of Health and Human Services, and the relevant committees of jurisdiction of Congress, including the Committee on Ways and Means and the Com-

mittee on Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate.”

(b) **GAO STUDY AND REPORT ON DETERMINATION AND IMPLEMENTATION OF PAYMENT AND COVERAGE POLICIES UNDER THE MEDICARE PROGRAM.**—

(1) **INITIAL STUDY AND REPORT.**—

(A) **STUDY.**—The Comptroller General of the United States (in this section referred to as the “Comptroller General”) shall conduct a study on changes to payment policies, methodologies, and rates and coverage policies and methodologies under the Medicare program under title XVIII of the Social Security Act as a result of the recommendations contained in the proposals made by the Independent Medicare Advisory Board under section 1899A of such Act (as added by subsection (a)), including an analysis of the effect of such recommendations on—

(i) Medicare beneficiary access to providers and items and services;

(ii) the affordability of Medicare premiums and cost-sharing (including deductibles, coinsurance, and copayments);

(iii) the potential impact of changes on other government or private-sector purchasers and payers of care; and

(iv) quality of patient care, including patient experience, outcomes, and other measures of care.

(B) **REPORT.**—Not later than July 1, 2015, the Comptroller General shall submit to Congress a report containing the results of the study conducted under subparagraph (A), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

(2) **SUBSEQUENT STUDIES AND REPORTS.**—The Comptroller General shall periodically conduct such additional studies and submit reports to Congress on changes to Medicare payments policies, methodologies, and rates and coverage policies and methodologies as the Comptroller General determines appropriate, in consultation with the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate.

(c) **CONFORMING AMENDMENTS.**—Section 1805(b) of the Social Security Act (42 U.S.C. 1395b-6(b)) is amended—

(1) by redesignating paragraphs (4) through (8) as paragraphs (5) through (9), respectively; and

(2) by inserting after paragraph (3) the following:

“(4) **REVIEW AND COMMENT ON THE INDEPENDENT MEDICARE ADVISORY BOARD OR SECRETARIAL PROPOSAL.**—If the Independent Medicare Advisory Board (as established under subsection (a) of section 1899A) or the Secretary submits a proposal to the Commission under such section in a year, the Commission shall review the proposal and, not later than March 1 of that year, submit to the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate written comments on such proposal. Such comments may include such recommendations as the Commission deems appropriate.”

Subtitle F—Health Care Quality Improvements

SEC. 3501. HEALTH CARE DELIVERY SYSTEM RESEARCH; QUALITY IMPROVEMENT TECHNICAL ASSISTANCE.

Part D of title IX of the Public Health Service Act, as amended by section 3013, is further amended by adding at the end the following:

“Subpart II—Health Care Quality Improvement Programs

“SEC. 933. HEALTH CARE DELIVERY SYSTEM RESEARCH.

“(a) **PURPOSE.**—The purposes of this section are to—

“(1) enable the Director to identify, develop, evaluate, disseminate, and provide training in innovative methodologies and strategies for quality improvement practices in the delivery of health care services that represent best practices (referred to as ‘best practices’) in health care quality, safety, and value; and

“(2) ensure that the Director is accountable for implementing a model to pursue such research in a collaborative manner with other related Federal agencies.

“(b) **GENERAL FUNCTIONS OF THE CENTER.**—The Center for Quality Improvement and Patient Safety of the Agency for Healthcare Research and Quality (referred to in this section as the ‘Center’), or any other relevant agency or department designated by the Director, shall—

“(1) carry out its functions using research from a variety of disciplines, which may include epidemiology, health services, sociology, psychology, human factors engineering, biostatistics, health economics, clinical research, and health informatics;

“(2) conduct or support activities consistent with the purposes described in subsection (a), and for—

“(A) best practices for quality improvement practices in the delivery of health care services; and

“(B) that include changes in processes of care and the redesign of systems used by providers that will reliably result in intended health outcomes, improve patient safety, and reduce medical errors (such as skill development for health care providers in team-based health care delivery and rapid cycle process improvement) and facilitate adoption of improved workflow;

“(3) identify health care providers, including health care systems, single institutions, and individual providers, that—

“(A) deliver consistently high-quality, efficient health care services (as determined by the Secretary); and

“(B) employ best practices that are adaptable and scalable to diverse health care settings or effective in improving care across diverse settings;

“(4) assess research, evidence, and knowledge about what strategies and methodologies are most effective in improving health care delivery;

“(5) find ways to translate such information rapidly and effectively into practice, and document the sustainability of those improvements;

“(6) create strategies for quality improvement through the development of tools, methodologies, and interventions that can successfully reduce variations in the delivery of health care;

“(7) identify, measure, and improve organizational, human, or other causative factors, including those related to the culture and system design of a health care organization, that contribute to the success and sustainability of specific quality improvement and patient safety strategies;

“(8) provide for the development of best practices in the delivery of health care services that—

“(A) have a high likelihood of success, based on structured review of empirical evidence;

“(B) are specified with sufficient detail of the individual processes, steps, training, skills, and knowledge required for implementation and incorporation into workflow of health care practitioners in a variety of settings;

“(C) are designed to be readily adapted by health care providers in a variety of settings; and

“(D) where applicable, assist health care providers in working with other health care pro-

viders across the continuum of care and in engaging patients and their families in improving the care and patient health outcomes;

“(9) provide for the funding of the activities of organizations with recognized expertise and excellence in improving the delivery of health care services, including children’s health care, by involving multiple disciplines, managers of health care entities, broad development and training, patients, caregivers and families, and frontline health care workers, including activities for the examination of strategies to share best quality improvement practices and to promote excellence in the delivery of health care services; and

“(10) build capacity at the State and community level to lead quality and safety efforts through education, training, and mentoring programs to carry out the activities under paragraphs (1) through (9).

“(c) **RESEARCH FUNCTIONS OF CENTER.**—

“(1) **IN GENERAL.**—The Center shall support, such as through a contract or other mechanism, research on health care delivery system improvement and the development of tools to facilitate adoption of best practices that improve the quality, safety, and efficiency of health care delivery services. Such support may include establishing a Quality Improvement Network Research Program for the purpose of testing, scaling, and disseminating of interventions to improve quality and efficiency in health care. Recipients of funding under the Program may include national, State, multi-State, or multi-site quality improvement networks.

“(2) **RESEARCH REQUIREMENTS.**—The research conducted pursuant to paragraph (1) shall—

“(A) address the priorities identified by the Secretary in the national strategic plan established under section 399HH;

“(B) identify areas in which evidence is insufficient to identify strategies and methodologies, taking into consideration areas of insufficient evidence identified by the entity with a contract under section 1890(a) of the Social Security Act in the report required under section 399JJ;

“(C) address concerns identified by health care institutions and providers and communicated through the Center pursuant to subsection (d);

“(D) reduce preventable morbidity, mortality, and associated costs of morbidity and mortality by building capacity for patient safety research;

“(E) support the discovery of processes for the reliable, safe, efficient, and responsive delivery of health care, taking into account discoveries from clinical research and comparative effectiveness research;

“(F) allow communication of research findings and translate evidence into practice recommendations that are adaptable to a variety of settings, and which, as soon as practicable after the establishment of the Center, shall include—

“(i) the implementation of a national application of Intensive Care Unit improvement projects relating to the adult (including geriatric), pediatric, and neonatal patient populations;

“(ii) practical methods for addressing health care associated infections, including Methicillin-Resistant *Staphylococcus Aureus* and Vancomycin-Resistant *Enterococcus* infections and other emerging infections; and

“(iii) practical methods for reducing preventable hospital admissions and readmissions;

“(G) expand demonstration projects for improving the quality of children’s health care and the use of health information technology, such as through Pediatric Quality Improvement Collaboratives and Learning Networks, consistent with provisions of section 1139A of the Social Security Act for assessing and improving quality, where applicable;

“(H) identify and mitigate hazards by—

“(i) analyzing events reported to patient safety reporting systems and patient safety organizations; and

“(ii) using the results of such analyses to develop scientific methods of response to such events;

“(I) include the conduct of systematic reviews of existing practices that improve the quality, safety, and efficiency of health care delivery, as well as new research on improving such practices; and

“(J) include the examination of how to measure and evaluate the progress of quality and patient safety activities.

“(d) **DISSEMINATION OF RESEARCH FINDINGS.**—

“(1) **PUBLIC AVAILABILITY.**—The Director shall make the research findings of the Center available to the public through multiple media and appropriate formats to reflect the varying needs of health care providers and consumers and diverse levels of health literacy.

“(2) **LINKAGE TO HEALTH INFORMATION TECHNOLOGY.**—The Secretary shall ensure that research findings and results generated by the Center are shared with the Office of the National Coordinator of Health Information Technology and used to inform the activities of the health information technology extension program under section 3012, as well as any relevant standards, certification criteria, or implementation specifications.

“(e) **PRIORITIZATION.**—The Director shall identify and regularly update a list of processes or systems on which to focus research and dissemination activities of the Center, taking into account—

“(1) the cost to Federal health programs;

“(2) consumer assessment of health care experience;

“(3) provider assessment of such processes or systems and opportunities to minimize distress and injury to the health care workforce;

“(4) the potential impact of such processes or systems on health status and function of patients, including vulnerable populations including children;

“(5) the areas of insufficient evidence identified under subsection (c)(2)(B); and

“(6) the evolution of meaningful use of health information technology, as defined in section 3000.

“(f) **COORDINATION.**—The Center shall coordinate its activities with activities conducted by the Center for Medicare and Medicaid Innovation established under section 1115A of the Social Security Act.

“(g) **FUNDING.**—There is authorized to be appropriated to carry out this section \$20,000,000 for fiscal years 2010 through 2014.

“SEC. 934. QUALITY IMPROVEMENT TECHNICAL ASSISTANCE AND IMPLEMENTATION.

“(a) **IN GENERAL.**—The Director, through the Center for Quality Improvement and Patient Safety of the Agency for Healthcare Research and Quality (referred to in this section as the ‘Center’), shall award—

“(1) technical assistance grants or contracts to eligible entities to provide technical support to institutions that deliver health care and health care providers (including rural and urban providers of services and suppliers with limited infrastructure and financial resources to implement and support quality improvement activities, providers of services and suppliers with poor performance scores, and providers of services and suppliers for which there are disparities in care among subgroups of patients) so that such institutions and providers understand, adapt, and implement the models and practices identified in the research conducted by the Center, including the Quality Improvement Networks Research Program; and

“(2) implementation grants or contracts to eligible entities to implement the models and practices described under paragraph (1).

“(b) **ELIGIBLE ENTITIES.**—

“(1) **TECHNICAL ASSISTANCE AWARD.**—To be eligible to receive a technical assistance grant or contract under subsection (a)(1), an entity—

“(A) may be a health care provider, health care provider association, professional society, health care worker organization, Indian health organization, quality improvement organization, patient safety organization, local quality improvement collaborative, the Joint Commission, academic health center, university, physician-based research network, primary care extension program established under section 399W, a Federal Indian Health Service program or a health program operated by an Indian tribe (as defined in section 4 of the Indian Health Care Improvement Act), or any other entity identified by the Secretary; and

“(B) shall have demonstrated expertise in providing information and technical support and assistance to health care providers regarding quality improvement.

“(2) IMPLEMENTATION AWARD.—To be eligible to receive an implementation grant or contract under subsection (a)(2), an entity—

“(A) may be a hospital or other health care provider or consortium or providers, as determined by the Secretary; and

“(B) shall have demonstrated expertise in providing information and technical support and assistance to health care providers regarding quality improvement.

“(c) APPLICATION.—

“(1) TECHNICAL ASSISTANCE AWARD.—To receive a technical assistance grant or contract under subsection (a)(1), an eligible entity shall submit an application to the Secretary at such time, in such manner, and containing—

“(A) a plan for a sustainable business model that may include a system of—

“(i) charging fees to institutions and providers that receive technical support from the entity; and

“(ii) reducing or eliminating such fees for such institutions and providers that serve low-income populations; and

“(B) such other information as the Director may require.

“(2) IMPLEMENTATION AWARD.—To receive a grant or contract under subsection (a)(2), an eligible entity shall submit an application to the Secretary at such time, in such manner, and containing—

“(A) a plan for implementation of a model or practice identified in the research conducted by the Center including—

“(i) financial cost, staffing requirements, and timeline for implementation; and

“(ii) pre- and projected post-implementation quality measure performance data in targeted improvement areas identified by the Secretary; and

“(B) such other information as the Director may require.

“(d) MATCHING FUNDS.—The Director may not award a grant or contract under this section to an entity unless the entity agrees that it will make available (directly or through contributions from other public or private entities) non-Federal contributions toward the activities to be carried out under the grant or contract in an amount equal to \$1 for each \$5 of Federal funds provided under the grant or contract. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

“(e) EVALUATION.—

“(1) IN GENERAL.—The Director shall evaluate the performance of each entity that receives a grant or contract under this section. The evaluation of an entity shall include a study of—

“(A) the success of such entity in achieving the implementation, by the health care institutions and providers assisted by such entity, of the models and practices identified in the research conducted by the Center under section 933;

“(B) the perception of the health care institutions and providers assisted by such entity regarding the value of the entity; and

“(C) where practicable, better patient health outcomes and lower cost resulting from the assistance provided by such entity.

“(2) EFFECT OF EVALUATION.—Based on the outcome of the evaluation of the entity under paragraph (1), the Director shall determine whether to renew a grant or contract with such entity under this section.

“(f) COORDINATION.—The entities that receive a grant or contract under this section shall coordinate with health information technology regional extension centers under section 3012(c) and the primary care extension program established under section 399W regarding the dissemination of quality improvement, system delivery reform, and best practices information.”.

SEC. 3502. ESTABLISHING COMMUNITY HEALTH TEAMS TO SUPPORT THE PATIENT-CENTERED MEDICAL HOME.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall establish a program to provide grants to or enter into contracts with eligible entities to establish community-based interdisciplinary, interprofessional teams (referred to in this section as “health teams”) to support primary care practices, including obstetrics and gynecology practices, within the hospital service areas served by the eligible entities. Grants or contracts shall be used to—

(1) establish health teams to provide support services to primary care providers; and

(2) provide capitated payments to primary care providers as determined by the Secretary.

(b) ELIGIBLE ENTITIES.—To be eligible to receive a grant or contract under subsection (a), an entity shall—

(1)(A) be a State or State-designated entity; or (B) be an Indian tribe or tribal organization, as defined in section 4 of the Indian Health Care Improvement Act;

(2) submit a plan for achieving long-term financial sustainability within 3 years;

(3) submit a plan for incorporating prevention initiatives and patient education and care management resources into the delivery of health care that is integrated with community-based prevention and treatment resources, where available;

(4) ensure that the health team established by the entity includes an interdisciplinary, interprofessional team of health care providers, as determined by the Secretary; such team may include medical specialists, nurses, pharmacists, nutritionists, dietitians, social workers, behavioral and mental health providers (including substance use disorder prevention and treatment providers), doctors of chiropractic, licensed complementary and alternative medicine practitioners, and physicians’ assistants;

(5) agree to provide services to eligible individuals with chronic conditions, as described in section 1945 of the Social Security Act (as added by section 2703), in accordance with the payment methodology established under subsection (c) of such section; and

(6) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

(c) REQUIREMENTS FOR HEALTH TEAMS.—A health team established pursuant to a grant or contract under subsection (a) shall—

(1) establish contractual agreements with primary care providers to provide support services;

(2) support patient-centered medical homes, defined as a mode of care that includes—

(A) personal physicians;

(B) whole person orientation;

(C) coordinated and integrated care;

(D) safe and high-quality care through evidence-informed medicine, appropriate use of

health information technology, and continuous quality improvements;

(E) expanded access to care; and

(F) payment that recognizes added value from additional components of patient-centered care;

(3) collaborate with local primary care providers and existing State and community based resources to coordinate disease prevention, chronic disease management, transitioning between health care providers and settings and case management for patients, including children, with priority given to those amenable to prevention and with chronic diseases or conditions identified by the Secretary;

(4) in collaboration with local health care providers, develop and implement interdisciplinary, interprofessional care plans that integrate clinical and community preventive and health promotion services for patients, including children, with a priority given to those amenable to prevention and with chronic diseases or conditions identified by the Secretary;

(5) incorporate health care providers, patients, caregivers, and authorized representatives in program design and oversight;

(6) provide support necessary for local primary care providers to—

(A) coordinate and provide access to high-quality health care services;

(B) coordinate and provide access to preventive and health promotion services;

(C) provide access to appropriate specialty care and inpatient services;

(D) provide quality-driven, cost-effective, culturally appropriate, and patient- and family-centered health care;

(E) provide access to pharmacist-delivered medication management services, including medication reconciliation;

(F) provide coordination of the appropriate use of complementary and alternative (CAM) services to those who request such services;

(G) promote effective strategies for treatment planning, monitoring health outcomes and resource use, sharing information, treatment decision support, and organizing care to avoid duplication of service and other medical management approaches intended to improve quality and value of health care services;

(H) provide local access to the continuum of health care services in the most appropriate setting, including access to individuals that implement the care plans of patients and coordinate care, such as integrative health care practitioners;

(I) collect and report data that permits evaluation of the success of the collaborative effort on patient outcomes, including collection of data on patient experience of care, and identification of areas for improvement; and

(J) establish a coordinated system of early identification and referral for children at risk for developmental or behavioral problems such as through the use of infolines, health information technology, or other means as determined by the Secretary;

(7) provide 24-hour care management and support during transitions in care settings including—

(A) a transitional care program that provides onsite visits from the care coordinator, assists with the development of discharge plans and medication reconciliation upon admission to and discharge from the hospitals, nursing home, or other institution setting;

(B) discharge planning and counseling support to providers, patients, caregivers, and authorized representatives;

(C) assuring that post-discharge care plans include medication management, as appropriate;

(D) referrals for mental and behavioral health services, which may include the use of infolines; and

(E) transitional health care needs from adolescence to adulthood;

(8) serve as a liaison to community prevention and treatment programs;

(9) demonstrate a capacity to implement and maintain health information technology that meets the requirements of certified EHR technology (as defined in section 3000 of the Public Health Service Act (42 U.S.C. 300fj)) to facilitate coordination among members of the applicable care team and affiliated primary care practices; and

(10) where applicable, report to the Secretary information on quality measures used under section 3991J of the Public Health Service Act.

(d) **REQUIREMENT FOR PRIMARY CARE PROVIDERS.**—A provider who contracts with a care team shall—

(1) provide a care plan to the care team for each patient participant;

(2) provide access to participant health records; and

(3) meet regularly with the care team to ensure integration of care.

(e) **REPORTING TO SECRETARY.**—An entity that receives a grant or contract under subsection (a) shall submit to the Secretary a report that describes and evaluates, as requested by the Secretary, the activities carried out by the entity under subsection (c).

(f) **DEFINITION OF PRIMARY CARE.**—In this section, the term “primary care” means the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

SEC. 3503. MEDICATION MANAGEMENT SERVICES IN TREATMENT OF CHRONIC DISEASE.

Title IX of the Public Health Service Act (42 U.S.C. 299 et seq.), as amended by section 3501, is further amended by inserting after section 934 the following:

“SEC. 935. GRANTS OR CONTRACTS TO IMPLEMENT MEDICATION MANAGEMENT SERVICES IN TREATMENT OF CHRONIC DISEASES.

“(a) **IN GENERAL.**—The Secretary, acting through the Patient Safety Research Center established in section 933 (referred to in this section as the ‘Center’), shall establish a program to provide grants or contracts to eligible entities to implement medication management (referred to in this section as ‘MTM’) services provided by licensed pharmacists, as a collaborative, multidisciplinary, inter-professional approach to the treatment of chronic diseases for targeted individuals, to improve the quality of care and reduce overall cost in the treatment of such diseases. The Secretary shall commence the program under this section not later than May 1, 2010.

“(b) **ELIGIBLE ENTITIES.**—To be eligible to receive a grant or contract under subsection (a), an entity shall—

“(1) provide a setting appropriate for MTM services, as recommended by the experts described in subsection (e);

“(2) submit to the Secretary a plan for achieving long-term financial sustainability;

“(3) where applicable, submit a plan for coordinating MTM services through local community health teams established in section 3502 of the Patient Protection and Affordable Care Act or in collaboration with primary care extension programs established in section 399W;

“(4) submit a plan for meeting the requirements under subsection (c); and

“(5) submit to the Secretary such other information as the Secretary may require.

“(c) **MTM SERVICES TO TARGETED INDIVIDUALS.**—The MTM services provided with the assistance of a grant or contract awarded under subsection (a) shall, as allowed by State law including applicable collaborative pharmacy practice agreements, include—

“(1) performing or obtaining necessary assessments of the health and functional status of each patient receiving such MTM services;

“(2) formulating a medication treatment plan according to therapeutic goals agreed upon by the prescriber and the patient or caregiver or authorized representative of the patient;

“(3) selecting, initiating, modifying, recommending changes to, or administering medication therapy;

“(4) monitoring, which may include access to, ordering, or performing laboratory assessments, and evaluating the response of the patient to therapy, including safety and effectiveness;

“(5) performing an initial comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events, quarterly targeted medication reviews for ongoing monitoring, and additional followup interventions on a schedule developed collaboratively with the prescriber;

“(6) documenting the care delivered and communicating essential information about such care, including a summary of the medication review, and the recommendations of the pharmacist to other appropriate health care providers of the patient in a timely fashion;

“(7) providing education and training designed to enhance the understanding and appropriate use of the medications by the patient, caregiver, and other authorized representative;

“(8) providing information, support services, and resources and strategies designed to enhance patient adherence with therapeutic regimens;

“(9) coordinating and integrating MTM services within the broader health care management services provided to the patient; and

“(10) such other patient care services allowed under pharmacist scopes of practice in use in other Federal programs that have implemented MTM services.

“(d) **TARGETED INDIVIDUALS.**—MTM services provided by licensed pharmacists under a grant or contract awarded under subsection (a) shall be offered to targeted individuals who—

“(1) take 4 or more prescribed medications (including over-the-counter medications and dietary supplements);

“(2) take any ‘high risk’ medications;

“(3) have 2 or more chronic diseases, as identified by the Secretary; or

“(4) have undergone a transition of care, or other factors, as determined by the Secretary, that are likely to create a high risk of medication-related problems.

“(e) **CONSULTATION WITH EXPERTS.**—In designing and implementing MTM services provided under grants or contracts awarded under subsection (a), the Secretary shall consult with Federal, State, private, public-private, and academic entities, pharmacy and pharmacist organizations, health care organizations, consumer advocates, chronic disease groups, and other stakeholders involved with the research, dissemination, and implementation of pharmacist-delivered MTM services, as the Secretary determines appropriate. The Secretary, in collaboration with this group, shall determine whether it is possible to incorporate rapid cycle process improvement concepts in use in other Federal programs that have implemented MTM services.

“(f) **REPORTING TO THE SECRETARY.**—An entity that receives a grant or contract under subsection (a) shall submit to the Secretary a report that describes and evaluates, as requested by the Secretary, the activities carried out under subsection (c), including quality measures endorsed by the entity with a contract under section 1890 of the Social Security Act, as determined by the Secretary.

“(g) **EVALUATION AND REPORT.**—The Secretary shall submit to the relevant committees of Congress a report which shall—

“(1) assess the clinical effectiveness of pharmacist-provided services under the MTM services program, as compared to usual care, including an evaluation of whether enrollees maintained better health with fewer hospitalizations and emergency room visits than similar patients not enrolled in the program;

“(2) assess changes in overall health care resource use by targeted individuals;

“(3) assess patient and prescriber satisfaction with MTM services;

“(4) assess the impact of patient-cost sharing requirements on medication adherence and recommendations for modifications;

“(5) identify and evaluate other factors that may impact clinical and economic outcomes, including demographic characteristics, clinical characteristics, and health services use of the patient, as well as characteristics of the regimen, pharmacy benefit, and MTM services provided; and

“(6) evaluate the extent to which participating pharmacists who maintain a dispensing role have a conflict of interest in the provision of MTM services, and if such conflict is found, provide recommendations on how such a conflict might be appropriately addressed.

“(h) **GRANTS OR CONTRACTS TO FUND DEVELOPMENT OF PERFORMANCE MEASURES.**—The Secretary may, through the quality measure development program under section 931 of the Public Health Service Act, award grants or contracts to eligible entities for the purpose of funding the development of performance measures that assess the use and effectiveness of medication therapy management services.”.

SEC. 3504. DESIGN AND IMPLEMENTATION OF REGIONALIZED SYSTEMS FOR EMERGENCY CARE.

(a) **IN GENERAL.**—Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.) is amended—

(1) in section 1203—

(A) in the section heading, by inserting “**FOR TRAUMA SYSTEMS**” after “**GRANTS**”; and

(B) in subsection (a), by striking “Administrator of the Health Resources and Services Administration” and inserting “Assistant Secretary for Preparedness and Response”;

(2) by inserting after section 1203 the following:

“SEC. 1204. COMPETITIVE GRANTS FOR REGIONALIZED SYSTEMS FOR EMERGENCY CARE RESPONSE.

“(a) **IN GENERAL.**—The Secretary, acting through the Assistant Secretary for Preparedness and Response, shall award not fewer than 4 multiyear contracts or competitive grants to eligible entities to support pilot projects that design, implement, and evaluate innovative models of regionalized, comprehensive, and accountable emergency care and trauma systems.

“(b) **ELIGIBLE ENTITY; REGION.**—In this section:

“(1) **ELIGIBLE ENTITY.**—The term ‘eligible entity’ means—

“(A) a State or a partnership of 1 or more States and 1 or more local governments; or

“(B) an Indian tribe (as defined in section 4 of the Indian Health Care Improvement Act) or a partnership of 1 or more Indian tribes.

“(2) **REGION.**—The term ‘region’ means an area within a State, an area that lies within multiple States, or a similar area (such as a multicounty area), as determined by the Secretary.

“(3) **EMERGENCY SERVICES.**—The term ‘emergency services’ includes acute, prehospital, and trauma care.

“(c) **PILOT PROJECTS.**—The Secretary shall award a contract or grant under subsection (a) to an eligible entity that proposes a pilot project to design, implement, and evaluate an emergency medical and trauma system that—

“(1) coordinates with public health and safety services, emergency medical services, medical facilities, trauma centers, and other entities in a region to develop an approach to emergency medical and trauma system access throughout the region, including 9-1-1 Public Safety Answering Points and emergency medical dispatch;

“(2) includes a mechanism, such as a regional medical direction or transport communications system, that operates throughout the region to ensure that the patient is taken to the medically appropriate facility (whether an initial facility or a higher-level facility) in a timely fashion;

“(3) allows for the tracking of prehospital and hospital resources, including inpatient bed capacity, emergency department capacity, trauma center capacity, on-call specialist coverage, ambulance diversion status, and the coordination of such tracking with regional communications and hospital destination decisions; and

“(4) includes a consistent region-wide prehospital, hospital, and interfacility data management system that—

“(A) submits data to the National EMS Information System, the National Trauma Data Bank, and others;

“(B) reports data to appropriate Federal and State databanks and registries; and

“(C) contains information sufficient to evaluate key elements of prehospital care, hospital destination decisions, including initial hospital and interfacility decisions, and relevant health outcomes of hospital care.

“(d) APPLICATION.—

“(1) IN GENERAL.—An eligible entity that seeks a contract or grant described in subsection (a) shall submit to the Secretary an application at such time and in such manner as the Secretary may require.

“(2) APPLICATION INFORMATION.—Each application shall include—

“(A) an assurance from the eligible entity that the proposed system—

“(i) has been coordinated with the applicable State Office of Emergency Medical Services (or equivalent State office);

“(ii) includes consistent indirect and direct medical oversight of prehospital, hospital, and interfacility transport throughout the region;

“(iii) coordinates prehospital treatment and triage, hospital destination, and interfacility transport throughout the region;

“(iv) includes a categorization or designation system for special medical facilities throughout the region that is integrated with transport and destination protocols;

“(v) includes a regional medical direction, patient tracking, and resource allocation system that supports day-to-day emergency care and surge capacity and is integrated with other components of the national and State emergency preparedness system; and

“(vi) addresses pediatric concerns related to integration, planning, preparedness, and coordination of emergency medical services for infants, children and adolescents; and

“(B) such other information as the Secretary may require.

“(e) REQUIREMENT OF MATCHING FUNDS.—

“(1) IN GENERAL.—The Secretary may not make a grant under this section unless the State (or consortia of States) involved agrees, with respect to the costs to be incurred by the State (or consortia) in carrying out the purpose for which such grant was made, to make available non-Federal contributions (in cash or in kind under paragraph (2)) toward such costs in an amount equal to not less than \$1 for each \$3 of Federal funds provided in the grant. Such contributions may be made directly or through donations from public or private entities.

“(2) NON-FEDERAL CONTRIBUTIONS.—Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, in-

cluding equipment or services (and excluding indirect or overhead costs). Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

“(f) PRIORITY.—The Secretary shall give priority for the award of the contracts or grants described in subsection (a) to any eligible entity that serves a population in a medically underserved area (as defined in section 330(b)(3)).

“(g) REPORT.—Not later than 90 days after the completion of a pilot project under subsection (a), the recipient of such contract or grant described in shall submit to the Secretary a report containing the results of an evaluation of the program, including an identification of—

“(1) the impact of the regional, accountable emergency care and trauma system on patient health outcomes for various critical care categories, such as trauma, stroke, cardiac emergencies, neurological emergencies, and pediatric emergencies;

“(2) the system characteristics that contribute to the effectiveness and efficiency of the program (or lack thereof);

“(3) methods of assuring the long-term financial sustainability of the emergency care and trauma system;

“(4) the State and local legislation necessary to implement and to maintain the system;

“(5) the barriers to developing regionalized, accountable emergency care and trauma systems, as well as the methods to overcome such barriers; and

“(6) recommendations on the utilization of available funding for future regionalization efforts.

“(h) DISSEMINATION OF FINDINGS.—The Secretary shall, as appropriate, disseminate to the public and to the appropriate Committees of the Congress, the information contained in a report made under subsection (g).”; and

(3) in section 1232—

(A) in subsection (a), by striking “appropriated” and all that follows through the period at the end and inserting “appropriated \$24,000,000 for each of fiscal years 2010 through 2014.”; and

(B) by inserting after subsection (c) the following:

“(d) AUTHORITY.—For the purpose of carrying out parts A through C, beginning on the date of enactment of the Patient Protection and Affordable Care Act, the Secretary shall transfer authority in administering grants and related authorities under such parts from the Administrator of the Health Resources and Services Administration to the Assistant Secretary for Preparedness and Response.”.

(b) SUPPORT FOR EMERGENCY MEDICINE RESEARCH.—Part H of title IV of the Public Health Service Act (42 U.S.C. 289 et seq.) is amended by inserting after the section 498C the following:

“SEC. 498D. SUPPORT FOR EMERGENCY MEDICINE RESEARCH.

“(a) EMERGENCY MEDICAL RESEARCH.—The Secretary shall support Federal programs administered by the National Institutes of Health, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and other agencies involved in improving the emergency care system to expand and accelerate research in emergency medical care systems and emergency medicine, including—

“(1) the basic science of emergency medicine;

“(2) the model of service delivery and the components of such models that contribute to enhanced patient health outcomes;

“(3) the translation of basic scientific research into improved practice; and

“(4) the development of timely and efficient delivery of health services.

“(b) PEDIATRIC EMERGENCY MEDICAL RESEARCH.—The Secretary shall support Federal programs administered by the National Institutes of Health, the Agency for Healthcare Research and Quality, the Health Resources and Services Administration, the Centers for Disease Control and Prevention, and other agencies to coordinate and expand research in pediatric emergency medical care systems and pediatric emergency medicine, including—

“(1) an examination of the gaps and opportunities in pediatric emergency care research and a strategy for the optimal organization and funding of such research;

“(2) the role of pediatric emergency services as an integrated component of the overall health system;

“(3) system-wide pediatric emergency care planning, preparedness, coordination, and funding;

“(4) pediatric training in professional education; and

“(5) research in pediatric emergency care, specifically on the efficacy, safety, and health outcomes of medications used for infants, children, and adolescents in emergency care settings in order to improve patient safety.

“(c) IMPACT RESEARCH.—The Secretary shall support research to determine the estimated economic impact of, and savings that result from, the implementation of coordinated emergency care systems.

“(d) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2010 through 2014.”.

SEC. 3505. TRAUMA CARE CENTERS AND SERVICE AVAILABILITY.

(a) TRAUMA CARE CENTERS.—

(1) GRANTS FOR TRAUMA CARE CENTERS.—Section 1241 of the Public Health Service Act (42 U.S.C. 300d-41) is amended by striking subsections (a) and (b) and inserting the following:

“(a) IN GENERAL.—The Secretary shall establish 3 programs to award grants to qualified public, nonprofit Indian Health Service, Indian tribal, and urban Indian trauma centers—

“(1) to assist in defraying substantial uncompensated care costs;

“(2) to further the core missions of such trauma centers, including by addressing costs associated with patient stabilization and transfer, trauma education and outreach, coordination with local and regional trauma systems, essential personnel and other fixed costs, and expenses associated with employee and non-employee physician services; and

“(3) to provide emergency relief to ensure the continued and future availability of trauma services.

“(b) MINIMUM QUALIFICATIONS OF TRAUMA CENTERS.—

“(1) PARTICIPATION IN TRAUMA CARE SYSTEM OPERATING UNDER CERTAIN PROFESSIONAL GUIDELINES.—Except as provided in paragraph (2), the Secretary may not award a grant to a trauma center under subsection (a) unless the trauma center is a participant in a trauma system that substantially complies with section 1213.

“(2) EXEMPTION.—Paragraph (1) shall not apply to trauma centers that are located in States with no existing trauma care system.

“(3) QUALIFICATION FOR SUBSTANTIAL UNCOMPENSATED CARE COSTS.—The Secretary shall award substantial uncompensated care grants under subsection (a)(1) only to trauma centers meeting at least 1 of the criteria in 1 of the following 3 categories:

“(A) CATEGORY A.—The criteria for category A are as follows:

“(i) At least 40 percent of the visits in the emergency department of the hospital in which

the trauma center is located were charity or self-pay patients.

“(ii) At least 50 percent of the visits in such emergency department were Medicaid (under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.)) and charity and self-pay patients combined.

“(B) CATEGORY B.—The criteria for category B are as follows:

“(i) At least 35 percent of the visits in the emergency department were charity or self-pay patients.

“(ii) At least 50 percent of the visits in the emergency department were Medicaid and charity and self-pay patients combined.

“(C) CATEGORY C.—The criteria for category C are as follows:

“(i) At least 20 percent of the visits in the emergency department were charity or self-pay patients.

“(ii) At least 30 percent of the visits in the emergency department were Medicaid and charity and self-pay patients combined.

“(4) TRAUMA CENTERS IN 1115 WAIVER STATES.—Notwithstanding paragraph (3), the Secretary may award a substantial uncompensated care grant to a trauma center under subsection (a)(1) if the trauma center qualifies for funds under a Low Income Pool or Safety Net Care Pool established through a waiver approved under section 1115 of the Social Security Act (42 U.S.C. 1315).

“(5) DESIGNATION.—The Secretary may not award a grant to a trauma center unless such trauma center is verified by the American College of Surgeons or designated by an equivalent State or local agency.

“(c) ADDITIONAL REQUIREMENTS.—The Secretary may not award a grant to a trauma center under subsection (a)(1) unless such trauma center—

“(1) submits to the Secretary a plan satisfactory to the Secretary that demonstrates a continued commitment to serving trauma patients regardless of their ability to pay; and

“(2) has policies in place to assist patients who cannot pay for part or all of the care they receive, including a sliding fee scale, and to ensure fair billing and collection practices.”.

(2) CONSIDERATIONS IN MAKING GRANTS.—Section 1242 of the Public Health Service Act (42 U.S.C. 300d-42) is amended by striking subsections (a) and (b) and inserting the following:

“(a) SUBSTANTIAL UNCOMPENSATED CARE AWARDS.—

“(1) IN GENERAL.—The Secretary shall establish an award basis for each eligible trauma center for grants under section 1241(a)(1) according to the percentage described in paragraph (2), subject to the requirements of section 1241(b)(3).

“(2) PERCENTAGES.—The applicable percentages are as follows:

“(A) With respect to a category A trauma center, 100 percent of the uncompensated care costs.

“(B) With respect to a category B trauma center, not more than 75 percent of the uncompensated care costs.

“(C) With respect to a category C trauma center, not more than 50 percent of the uncompensated care costs.

“(b) CORE MISSION AWARDS.—

“(1) IN GENERAL.—In awarding grants under section 1241(a)(2), the Secretary shall—

“(A) reserve 25 percent of the amount allocated for core mission awards for Level III and Level IV trauma centers; and

“(B) reserve 25 percent of the amount allocated for core mission awards for large urban Level I and II trauma centers—

“(i) that have at least 1 graduate medical education fellowship in trauma or trauma related specialties for which demand is exceeding supply;

“(ii) for which—

“(I) annual uncompensated care costs exceed \$10,000,000; or

“(II) at least 20 percent of emergency department visits are charity or self-pay or Medicaid patients; and

“(iii) that are not eligible for substantial uncompensated care awards under section 1241(a)(1).

“(c) EMERGENCY AWARDS.—In awarding grants under section 1241(a)(3), the Secretary shall—

“(1) give preference to any application submitted by a trauma center that provides trauma care in a geographic area in which the availability of trauma care has significantly decreased or will significantly decrease if the center is forced to close or downgrade service or growth in demand for trauma services exceeds capacity; and

“(2) reallocate any emergency awards funds not obligated due to insufficient, or a lack of qualified, applications to the significant uncompensated care award program.”.

(3) CERTAIN AGREEMENTS.—Section 1243 of the Public Health Service Act (42 U.S.C. 300d-43) is amended by striking subsections (a), (b), and (c) and inserting the following:

“(a) MAINTENANCE OF FINANCIAL SUPPORT.—The Secretary may require a trauma center receiving a grant under section 1241(a) to maintain access to trauma services at comparable levels to the prior year during the grant period.

“(b) TRAUMA CARE REGISTRY.—The Secretary may require the trauma center receiving a grant under section 1241(a) to provide data to a national and centralized registry of trauma cases, in accordance with guidelines developed by the American College of Surgeons, and as the Secretary may otherwise require.”.

(4) GENERAL PROVISIONS.—Section 1244 of the Public Health Service Act (42 U.S.C. 300d-44) is amended by striking subsections (a), (b), and (c) and inserting the following:

“(a) APPLICATION.—The Secretary may not award a grant to a trauma center under section 1241(a) unless such center submits an application for the grant to the Secretary and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this part.

“(b) LIMITATION ON DURATION OF SUPPORT.—The period during which a trauma center receives payments under a grant under section 1241(a)(3) shall be for 3 fiscal years, except that the Secretary may waive such requirement for a center and authorize such center to receive such payments for 1 additional fiscal year.

“(c) LIMITATION ON AMOUNT OF GRANT.—Notwithstanding section 1242(a), a grant under section 1241 may not be made in an amount exceeding \$2,000,000 for each fiscal year.

“(d) ELIGIBILITY.—Except as provided in section 1242(b)(1)(B)(iii), acquisition of, or eligibility for, a grant under section 1241(a) shall not preclude a trauma center from being eligible for other grants described in such section.

“(e) FUNDING DISTRIBUTION.—Of the total amount appropriated for a fiscal year under section 1245, 70 percent shall be used for substantial uncompensated care awards under section 1241(a)(1), 20 percent shall be used for core mission awards under section 1241(a)(2), and 10 percent shall be used for emergency awards under section 1241(a)(3).

“(f) MINIMUM ALLOWANCE.—Notwithstanding subsection (e), if the amount appropriated for a fiscal year under section 1245 is less than \$25,000,000, all available funding for such fiscal year shall be used for substantial uncompensated care awards under section 1241(a)(1).

“(g) SUBSTANTIAL UNCOMPENSATED CARE AWARD DISTRIBUTION AND PROPORTIONAL SHARE.—Notwithstanding section 1242(a), of the amount appropriated for substantial uncompensated care grants for a fiscal year, the Secretary shall—

“(1) make available—

“(A) 50 percent of such funds for category A trauma center grantees;

“(B) 35 percent of such funds for category B trauma center grantees; and

“(C) 15 percent of such funds for category C trauma center grantees; and

“(2) provide available funds within each category in a manner proportional to the award basis specified in section 1242(a)(2) to each eligible trauma center.

“(h) REPORT.—Beginning 2 years after the date of enactment of the Patient Protection and Affordable Care Act, and every 2 years thereafter, the Secretary shall biennially report to Congress regarding the status of the grants made under section 1241 and on the overall financial stability of trauma centers.”.

(5) AUTHORIZATION OF APPROPRIATIONS.—Section 1245 of the Public Health Service Act (42 U.S.C. 300d-45) is amended to read as follows:

“SEC. 1245. AUTHORIZATION OF APPROPRIATIONS.

“For the purpose of carrying out this part, there are authorized to be appropriated \$100,000,000 for fiscal year 2009, and such sums as may be necessary for each of fiscal years 2010 through 2015. Such authorization of appropriations is in addition to any other authorization of appropriations or amounts that are available for such purpose.”.

(6) DEFINITION.—Part D of title XII of the Public Health Service Act (42 U.S.C. 300d-41 et seq.) is amended by adding at the end the following:

“SEC. 1246. DEFINITION.

“In this part, the term ‘uncompensated care costs’ means unreimbursed costs from serving self-pay, charity, or Medicaid patients, without regard to payment under section 1923 of the Social Security Act, all of which are attributable to emergency care and trauma care, including costs related to subsequent inpatient admissions to the hospital.”.

(b) TRAUMA SERVICE AVAILABILITY.—Title XII of the Public Health Service Act (42 U.S.C. 300d et seq.) is amended by adding at the end the following:

“PART H—TRAUMA SERVICE AVAILABILITY
“SEC. 1281. GRANTS TO STATES.

“(a) ESTABLISHMENT.—To promote universal access to trauma care services provided by trauma centers and trauma-related physician specialties, the Secretary shall provide funding to States to enable such States to award grants to eligible entities for the purposes described in this section.

“(b) AWARDING OF GRANTS BY STATES.—Each State may award grants to eligible entities within the State for the purposes described in subparagraph (d).

“(c) ELIGIBILITY.—

“(1) IN GENERAL.—To be eligible to receive a grant under subsection (b) an entity shall—

“(A) be—

“(i) a public or nonprofit trauma center or consortium thereof that meets that requirements of paragraphs (1), (2), and (5) of section 1241(b);

“(ii) a safety net public or nonprofit trauma center that meets the requirements of paragraphs (1) through (5) of section 1241(b); or

“(iii) a hospital in an underserved area (as defined by the State) that seeks to establish new trauma services; and

“(B) submit to the State an application at such time, in such manner, and containing such information as the State may require.

“(2) LIMITATION.—A State shall use at least 40 percent of the amount available to the State under this part for a fiscal year to award grants to safety net trauma centers described in paragraph (1)(A)(ii).

“(d) USE OF FUNDS.—The recipient of a grant under subsection (b) shall carry out 1 or more of

the following activities consistent with subsection (b):

“(1) Providing trauma centers with funding to support physician compensation in trauma-related physician specialties where shortages exist in the region involved, with priority provided to safety net trauma centers described in subsection (c)(1)(A)(ii).

“(2) Providing for individual safety net trauma center fiscal stability and costs related to having service that is available 24 hours a day, 7 days a week, with priority provided to safety net trauma centers described in subsection (c)(1)(A)(ii) located in urban, border, and rural areas.

“(3) Reducing trauma center overcrowding at specific trauma centers related to throughput of trauma patients.

“(4) Establishing new trauma services in underserved areas as defined by the State.

“(5) Enhancing collaboration between trauma centers and other hospitals and emergency medical services personnel related to trauma service availability.

“(6) Making capital improvements to enhance access and expedite trauma care, including providing helipads and associated safety infrastructure.

“(7) Enhancing trauma surge capacity at specific trauma centers.

“(8) Ensuring expedient receipt of trauma patients transported by ground or air to the appropriate trauma center.

“(9) Enhancing interstate trauma center collaboration.

“(e) LIMITATION.—

“(1) IN GENERAL.—A State may use not more than 20 percent of the amount available to the State under this part for a fiscal year for administrative costs associated with awarding grants and related costs.

“(2) MAINTENANCE OF EFFORT.—The Secretary may not provide funding to a State under this part unless the State agrees that such funds will be used to supplement and not supplant State funding otherwise available for the activities and costs described in this part.

“(f) DISTRIBUTION OF FUNDS.—The following shall apply with respect to grants provided in this part:

“(1) LESS THAN \$10,000,000.—If the amount of appropriations for this part in a fiscal year is less than \$10,000,000, the Secretary shall divide such funding evenly among only those States that have 1 or more trauma centers eligible for funding under section 1241(b)(3)(A).

“(2) LESS THAN \$20,000,000.—If the amount of appropriations in a fiscal year is less than \$20,000,000, the Secretary shall divide such funding evenly among only those States that have 1 or more trauma centers eligible for funding under subparagraphs (A) and (B) of section 1241(b)(3).

“(3) LESS THAN \$30,000,000.—If the amount of appropriations for this part in a fiscal year is less than \$30,000,000, the Secretary shall divide such funding evenly among only those States that have 1 or more trauma centers eligible for funding under section 1241(b)(3).

“(4) \$30,000,000 OR MORE.—If the amount of appropriations for this part in a fiscal year is \$30,000,000 or more, the Secretary shall divide such funding evenly among all States.

“SEC. 1282. AUTHORIZATION OF APPROPRIATIONS.

“For the purpose of carrying out this part, there is authorized to be appropriated \$100,000,000 for each of fiscal years 2010 through 2015.”

SEC. 3506. PROGRAM TO FACILITATE SHARED DECISIONMAKING.

Part D of title IX of the Public Health Service Act, as amended by section 3503, is further amended by adding at the end the following:

“SEC. 936. PROGRAM TO FACILITATE SHARED DECISIONMAKING.

“(a) PURPOSE.—The purpose of this section is to facilitate collaborative processes between patients, caregivers or authorized representatives, and clinicians that engages the patient, caregiver or authorized representative in decision-making, provides patients, caregivers or authorized representatives with information about trade-offs among treatment options, and facilitates the incorporation of patient preferences and values into the medical plan.

“(b) DEFINITIONS.—In this section:

“(1) PATIENT DECISION AID.—The term ‘patient decision aid’ means an educational tool that helps patients, caregivers or authorized representatives understand and communicate their beliefs and preferences related to their treatment options, and to decide with their health care provider what treatments are best for them based on their treatment options, scientific evidence, circumstances, beliefs, and preferences.

“(2) PREFERENCE SENSITIVE CARE.—The term ‘preference sensitive care’ means medical care for which the clinical evidence does not clearly support one treatment option such that the appropriate course of treatment depends on the values of the patient or the preferences of the patient, caregivers or authorized representatives regarding the benefits, harms and scientific evidence for each treatment option, the use of such care should depend on the informed patient choice among clinically appropriate treatment options.

“(c) ESTABLISHMENT OF INDEPENDENT STANDARDS FOR PATIENT DECISION AIDS FOR PREFERENCE SENSITIVE CARE.—

“(1) CONTRACT WITH ENTITY TO ESTABLISH STANDARDS AND CERTIFY PATIENT DECISION AIDS.—

“(A) IN GENERAL.—For purposes of supporting consensus-based standards for patient decision aids for preference sensitive care and a certification process for patient decision aids for use in the Federal health programs and by other interested parties, the Secretary shall have in effect a contract with the entity with a contract under section 1890 of the Social Security Act. Such contract shall provide that the entity perform the duties described in paragraph (2).

“(B) TIMING FOR FIRST CONTRACT.—As soon as practicable after the date of the enactment of this section, the Secretary shall enter into the first contract under subparagraph (A).

“(C) PERIOD OF CONTRACT.—A contract under subparagraph (A) shall be for a period of 18 months (except such contract may be renewed after a subsequent bidding process).

“(2) DUTIES.—The following duties are described in this paragraph:

“(A) DEVELOP AND IDENTIFY STANDARDS FOR PATIENT DECISION AIDS.—The entity shall synthesize evidence and convene a broad range of experts and key stakeholders to develop and identify consensus-based standards to evaluate patient decision aids for preference sensitive care.

“(B) ENDORSE PATIENT DECISION AIDS.—The entity shall review patient decision aids and develop a certification process whether patient decision aids meet the standards developed and identified under subparagraph (A). The entity shall give priority to the review and certification of patient decision aids for preference sensitive care.

“(d) PROGRAM TO DEVELOP, UPDATE AND PATIENT DECISION AIDS TO ASSIST HEALTH CARE PROVIDERS AND PATIENTS.—

“(1) IN GENERAL.—The Secretary, acting through the Director, and in coordination with heads of other relevant agencies, such as the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health, shall establish a program to award grants or contracts—

“(A) to develop, update, and produce patient decision aids for preference sensitive care to assist health care providers in educating patients, caregivers, and authorized representatives concerning the relative safety, relative effectiveness (including possible health outcomes and impact on functional status), and relative cost of treatment or, where appropriate, palliative care options;

“(B) to test such materials to ensure such materials are balanced and evidence based in aiding health care providers and patients, caregivers, and authorized representatives to make informed decisions about patient care and can be easily incorporated into a broad array of practice settings; and

“(C) to educate providers on the use of such materials, including through academic curricula.

“(2) REQUIREMENTS FOR PATIENT DECISION AIDS.—Patient decision aids developed and produced pursuant to a grant or contract under paragraph (1)—

“(A) shall be designed to engage patients, caregivers, and authorized representatives in informed decisionmaking with health care providers;

“(B) shall present up-to-date clinical evidence about the risks and benefits of treatment options in a form and manner that is age-appropriate and can be adapted for patients, caregivers, and authorized representatives from a variety of cultural and educational backgrounds to reflect the varying needs of consumers and diverse levels of health literacy;

“(C) shall, where appropriate, explain why there is a lack of evidence to support one treatment option over another; and

“(D) shall address health care decisions across the age span, including those affecting vulnerable populations including children.

“(3) DISTRIBUTION.—The Director shall ensure that patient decision aids produced with grants or contracts under this section are available to the public.

“(4) NONDUPLICATION OF EFFORTS.—The Director shall ensure that the activities under this section of the Agency and other agencies, including the Centers for Disease Control and Prevention and the National Institutes of Health, are free of unnecessary duplication of effort.

“(e) GRANTS TO SUPPORT SHARED DECISIONMAKING IMPLEMENTATION.—

“(1) IN GENERAL.—The Secretary shall establish a program to provide for the phased-in development, implementation, and evaluation of shared decisionmaking using patient decision aids to meet the objective of improving the understanding of patients of their medical treatment options.

“(2) SHARED DECISIONMAKING RESOURCE CENTERS.—

“(A) IN GENERAL.—The Secretary shall provide grants for the establishment and support of Shared Decisionmaking Resource Centers (referred to in this subsection as ‘Centers’) to provide technical assistance to providers and to develop and disseminate best practices and other information to support and accelerate adoption, implementation, and effective use of patient decision aids and shared decisionmaking by providers.

“(B) OBJECTIVES.—The objective of a Center is to enhance and promote the adoption of patient decision aids and shared decisionmaking through—

“(i) providing assistance to eligible providers with the implementation and effective use of, and training on, patient decision aids; and

“(ii) the dissemination of best practices and research on the implementation and effective use of patient decision aids.

“(3) SHARED DECISIONMAKING PARTICIPATION GRANTS.—

“(A) *IN GENERAL.*—The Secretary shall provide grants to health care providers for the development and implementation of shared decisionmaking techniques and to assess the use of such techniques.

“(B) *PREFERENCE.*—In order to facilitate the use of best practices, the Secretary shall provide a preference in making grants under this subsection to health care providers who participate in training by Shared Decisionmaking Resource Centers or comparable training.

“(C) *LIMITATION.*—Funds under this paragraph shall not be used to purchase or implement use of patient decision aids other than those certified under the process identified in subsection (c).

“(D) *GUIDANCE.*—The Secretary may issue guidance to eligible grantees under this subsection on the use of patient decision aids.

“(f) *FUNDING.*—For purposes of carrying out this section there are authorized to be appropriated such sums as may be necessary for fiscal year 2010 and each subsequent fiscal year.”

SEC. 3507. PRESENTATION OF PRESCRIPTION DRUG BENEFIT AND RISK INFORMATION.

(a) *IN GENERAL.*—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Commissioner of Food and Drugs, shall determine whether the addition of quantitative summaries of the benefits and risks of prescription drugs in a standardized format (such as a table or drug facts box) to the promotional labeling or print advertising of such drugs would improve health care decisionmaking by clinicians and patients and consumers.

(b) *REVIEW AND CONSULTATION.*—In making the determination under subsection (a), the Secretary shall review all available scientific evidence and research on decisionmaking and social and cognitive psychology and consult with drug manufacturers, clinicians, patients and consumers, experts in health literacy, representatives of racial and ethnic minorities, and experts in women’s and pediatric health.

(c) *REPORT.*—Not later than 1 year after the date of enactment of this Act, the Secretary shall submit to Congress a report that provides—

(1) the determination by the Secretary under subsection (a); and

(2) the reasoning and analysis underlying that determination.

(d) *AUTHORITY.*—If the Secretary determines under subsection (a) that the addition of quantitative summaries of the benefits and risks of prescription drugs in a standardized format (such as a table or drug facts box) to the promotional labeling or print advertising of such drugs would improve health care decisionmaking by clinicians and patients and consumers, then the Secretary, not later than 3 years after the date of submission of the report under subsection (c), shall promulgate proposed regulations as necessary to implement such format.

(e) *CLARIFICATION.*—Nothing in this section shall be construed to restrict the existing authorities of the Secretary with respect to benefit and risk information.

SEC. 3508. DEMONSTRATION PROGRAM TO INTEGRATE QUALITY IMPROVEMENT AND PATIENT SAFETY TRAINING INTO CLINICAL EDUCATION OF HEALTH PROFESSIONALS.

(a) *IN GENERAL.*—The Secretary may award grants to eligible entities or consortia under this section to carry out demonstration projects to develop and implement academic curricula that integrate quality improvement and patient safety in the clinical education of health professionals. Such awards shall be made on a competitive basis and pursuant to peer review.

(b) *ELIGIBILITY.*—To be eligible to receive a grant under subsection (a), an entity or consortium shall—

(1) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require;

(2) be or include—

(A) a health professions school;

(B) a school of public health;

(C) a school of social work;

(D) a school of nursing;

(E) a school of pharmacy;

(F) an institution with a graduate medical education program; or

(G) a school of health care administration;

(3) collaborate in the development of curricula described in subsection (a) with an organization that accredits such school or institution;

(4) provide for the collection of data regarding the effectiveness of the demonstration project; and

(5) provide matching funds in accordance with subsection (c).

(c) *MATCHING FUNDS.*—

(1) *IN GENERAL.*—The Secretary may award a grant to an entity or consortium under this section only if the entity or consortium agrees to make available non-Federal contributions toward the costs of the program to be funded under the grant in an amount that is not less than \$1 for each \$5 of Federal funds provided under the grant.

(2) *DETERMINATION OF AMOUNT CONTRIBUTED.*—Non-Federal contributions under paragraph (1) may be in cash or in-kind, fairly evaluated, including equipment or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such contributions.

(d) *EVALUATION.*—The Secretary shall take such action as may be necessary to evaluate the projects funded under this section and publish, make publicly available, and disseminate the results of such evaluations on as wide a basis as is practicable.

(e) *REPORTS.*—Not later than 2 years after the date of enactment of this section, and annually thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions and the Committee on Finance of the Senate and the Committee on Energy and Commerce and the Committee on Ways and Means of the House of Representatives a report that—

(1) describes the specific projects supported under this section; and

(2) contains recommendations for Congress based on the evaluation conducted under subsection (d).

SEC. 3509. IMPROVING WOMEN’S HEALTH.

(a) *HEALTH AND HUMAN SERVICES OFFICE ON WOMEN’S HEALTH.*—

(1) *ESTABLISHMENT.*—Part A of title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended by adding at the end the following:

“SEC. 229. HEALTH AND HUMAN SERVICES OFFICE ON WOMEN’S HEALTH.

“(a) *ESTABLISHMENT OF OFFICE.*—There is established within the Office of the Secretary, an Office on Women’s Health (referred to in this section as the ‘Office’). The Office shall be headed by a Deputy Assistant Secretary for Women’s Health who may report to the Secretary.

“(b) *DUTIES.*—The Secretary, acting through the Office, with respect to the health concerns of women, shall—

“(1) establish short-range and long-range goals and objectives within the Department of Health and Human Services and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Department that relate to disease prevention, health promotion, service delivery, research, and public and health care professional education, for issues of particular concern to women throughout their lifespan;

“(2) provide expert advice and consultation to the Secretary concerning scientific, legal, ethical, and policy issues relating to women’s health;

“(3) monitor the Department of Health and Human Services’ offices, agencies, and regional activities regarding women’s health and identify needs regarding the coordination of activities, including intramural and extramural multidisciplinary activities;

“(4) establish a Department of Health and Human Services Coordinating Committee on Women’s Health, which shall be chaired by the Deputy Assistant Secretary for Women’s Health and composed of senior level representatives from each of the agencies and offices of the Department of Health and Human Services;

“(5) establish a National Women’s Health Information Center to—

“(A) facilitate the exchange of information regarding matters relating to health information, health promotion, preventive health services, research advances, and education in the appropriate use of health care;

“(B) facilitate access to such information;

“(C) assist in the analysis of issues and problems relating to the matters described in this paragraph; and

“(D) provide technical assistance with respect to the exchange of information (including facilitating the development of materials for such technical assistance);

“(6) coordinate efforts to promote women’s health programs and policies with the private sector; and

“(7) through publications and any other means appropriate, provide for the exchange of information between the Office and recipients of grants, contracts, and agreements under subsection (c), and between the Office and health professionals and the general public.

“(c) *GRANTS AND CONTRACTS REGARDING DUTIES.*—

“(1) *AUTHORITY.*—In carrying out subsection (b), the Secretary may make grants to, and enter into cooperative agreements, contracts, and interagency agreements with, public and private entities, agencies, and organizations.

“(2) *EVALUATION AND DISSEMINATION.*—The Secretary shall directly or through contracts with public and private entities, agencies, and organizations, provide for evaluations of projects carried out with financial assistance provided under paragraph (1) and for the dissemination of information developed as a result of such projects.

“(d) *REPORTS.*—Not later than 1 year after the date of enactment of this section, and every second year thereafter, the Secretary shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared.

“(e) *AUTHORIZATION OF APPROPRIATIONS.*—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.”

(2) *TRANSFER OF FUNCTIONS.*—There are transferred to the Office on Women’s Health (established under section 229 of the Public Health Service Act, as added by this section), all functions exercised by the Office on Women’s Health of the Public Health Service prior to the date of enactment of this section, including all personnel and compensation authority, all delegation and assignment authority, and all remaining appropriations. All orders, determinations, rules, regulations, permits, agreements, grants, contracts, certificates, licenses, registrations, privileges, and other administrative actions that—

(A) have been issued, made, granted, or allowed to become effective by the President, any

Federal agency or official thereof, or by a court of competent jurisdiction, in the performance of functions transferred under this paragraph; and

(B) are in effect at the time this section takes effect, or were final before the date of enactment of this section and are to become effective on or after such date,

shall continue in effect according to their terms until modified, terminated, superseded, set aside, or revoked in accordance with law by the President, the Secretary, or other authorized official, a court of competent jurisdiction, or by operation of law.

(b) **CENTERS FOR DISEASE CONTROL AND PREVENTION OFFICE OF WOMEN'S HEALTH.**—Part A of title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following:

“SEC. 310A. CENTERS FOR DISEASE CONTROL AND PREVENTION OFFICE OF WOMEN'S HEALTH.

“(a) **ESTABLISHMENT.**—There is established within the Office of the Director of the Centers for Disease Control and Prevention, an office to be known as the Office of Women's Health (referred to in this section as the ‘Office’). The Office shall be headed by a director who shall be appointed by the Director of such Centers.

“(b) **PURPOSE.**—The Director of the Office shall—

“(1) report to the Director of the Centers for Disease Control and Prevention on the current level of the Centers' activity regarding women's health conditions across, where appropriate, age, biological, and sociocultural contexts, in all aspects of the Centers' work, including prevention programs, public and professional education, services, and treatment;

“(2) establish short-range and long-range goals and objectives within the Centers for women's health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Centers that relate to prevention, research, education and training, service delivery, and policy development, for issues of particular concern to women;

“(3) identify projects in women's health that should be conducted or supported by the Centers;

“(4) consult with health professionals, nongovernmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on the policy of the Centers with regard to women; and

“(5) serve as a member of the Department of Health and Human Services Coordinating Committee on Women's Health (established under section 229(b)(4)).

“(c) **DEFINITION.**—As used in this section, the term ‘women's health conditions’, with respect to women of all age, ethnic, and racial groups, means diseases, disorders, and conditions—

“(1) unique to, significantly more serious for, or significantly more prevalent in women; and

“(2) for which the factors of medical risk or type of medical intervention are different for women, or for which there is reasonable evidence that indicates that such factors or types may be different for women.

“(d) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.”.

(c) **OFFICE OF WOMEN'S HEALTH RESEARCH.**—Section 486(a) of the Public Health Service Act (42 U.S.C. 287a(a)) is amended by inserting “and who shall report directly to the Director” before the period at the end thereof.

(d) **SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION.**—Section 501(f) of the Public Health Service Act (42 U.S.C. 290aa(f)) is amended—

(1) in paragraph (1), by inserting “who shall report directly to the Administrator” before the period;

(2) by redesignating paragraph (4) as paragraph (5); and

(3) by inserting after paragraph (3), the following:

“(4) **OFFICE.**—Nothing in this subsection shall be construed to preclude the Secretary from establishing within the Substance Abuse and Mental Health Administration an Office of Women's Health.”.

(e) **AGENCY FOR HEALTHCARE RESEARCH AND QUALITY ACTIVITIES REGARDING WOMEN'S HEALTH.**—Part C of title IX of the Public Health Service Act (42 U.S.C. 299c et seq.) is amended—

(1) by redesignating sections 925 and 926 as sections 926 and 927, respectively; and

(2) by inserting after section 924 the following:

“SEC. 925. ACTIVITIES REGARDING WOMEN'S HEALTH.

“(a) **ESTABLISHMENT.**—There is established within the Office of the Director, an Office of Women's Health and Gender-Based Research (referred to in this section as the ‘Office’). The Office shall be headed by a director who shall be appointed by the Director of Healthcare and Research Quality.

“(b) **PURPOSE.**—The official designated under subsection (a) shall—

“(1) report to the Director on the current Agency level of activity regarding women's health, across, where appropriate, age, biological, and sociocultural contexts, in all aspects of Agency work, including the development of evidence reports and clinical practice protocols and the conduct of research into patient outcomes, delivery of health care services, quality of care, and access to health care;

“(2) establish short-range and long-range goals and objectives within the Agency for research important to women's health and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Agency that relate to health services and medical effectiveness research, for issues of particular concern to women;

“(3) identify projects in women's health that should be conducted or supported by the Agency;

“(4) consult with health professionals, nongovernmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on Agency policy with regard to women; and

“(5) serve as a member of the Department of Health and Human Services Coordinating Committee on Women's Health (established under section 229(b)(4)).”.

“(c) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.”.

(f) **HEALTH RESOURCES AND SERVICES ADMINISTRATION OFFICE OF WOMEN'S HEALTH.**—Title VII of the Social Security Act (42 U.S.C. 901 et seq.) is amended by adding at the end the following:

“SEC. 713. OFFICE OF WOMEN'S HEALTH.

“(a) **ESTABLISHMENT.**—The Secretary shall establish within the Office of the Administrator of the Health Resources and Services Administration, an office to be known as the Office of Women's Health. The Office shall be headed by a director who shall be appointed by the Administrator.

“(b) **PURPOSE.**—The Director of the Office shall—

“(1) report to the Administrator on the current Administration level of activity regarding women's health across, where appropriate, age, biological, and sociocultural contexts;

“(2) establish short-range and long-range goals and objectives within the Health Resources and Services Administration for women's health and, as relevant and appropriate,

coordinate with other appropriate offices on activities within the Administration that relate to health care provider training, health service delivery, research, and demonstration projects, for issues of particular concern to women;

“(3) identify projects in women's health that should be conducted or supported by the bureaus of the Administration;

“(4) consult with health professionals, nongovernmental organizations, consumer organizations, women's health professionals, and other individuals and groups, as appropriate, on Administration policy with regard to women; and

“(5) serve as a member of the Department of Health and Human Services Coordinating Committee on Women's Health (established under section 229(b)(4) of the Public Health Service Act).

“(c) **CONTINUED ADMINISTRATION OF EXISTING PROGRAMS.**—The Director of the Office shall assume the authority for the development, implementation, administration, and evaluation of any projects carried out through the Health Resources and Services Administration relating to women's health on the date of enactment of this section.

“(d) **DEFINITIONS.**—For purposes of this section:

“(1) **ADMINISTRATION.**—The term ‘Administration’ means the Health Resources and Services Administration.

“(2) **ADMINISTRATOR.**—The term ‘Administrator’ means the Administrator of the Health Resources and Services Administration.

“(3) **OFFICE.**—The term ‘Office’ means the Office of Women's Health established under this section in the Administration.

“(e) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.”.

(g) **FOOD AND DRUG ADMINISTRATION OFFICE OF WOMEN'S HEALTH.**—Chapter X of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 391 et seq.) is amended by adding at the end the following:

“SEC. 1011. OFFICE OF WOMEN'S HEALTH.

“(a) **ESTABLISHMENT.**—There is established within the Office of the Commissioner, an office to be known as the Office of Women's Health (referred to in this section as the ‘Office’). The Office shall be headed by a director who shall be appointed by the Commissioner of Food and Drugs.

“(b) **PURPOSE.**—The Director of the Office shall—

“(1) report to the Commissioner of Food and Drugs on current Food and Drug Administration (referred to in this section as the ‘Administration’) levels of activity regarding women's participation in clinical trials and the analysis of data by sex in the testing of drugs, medical devices, and biological products across, where appropriate, age, biological, and sociocultural contexts;

“(2) establish short-range and long-range goals and objectives within the Administration for issues of particular concern to women's health within the jurisdiction of the Administration, including, where relevant and appropriate, adequate inclusion of women and analysis of data by sex in Administration protocols and policies;

“(3) provide information to women and health care providers on those areas in which differences between men and women exist;

“(4) consult with pharmaceutical, biologics, and device manufacturers, health professionals with expertise in women's issues, consumer organizations, and women's health professionals on Administration policy with regard to women;

“(5) make annual estimates of funds needed to monitor clinical trials and analysis of data by

sex in accordance with needs that are identified; and

“(6) serve as a member of the Department of Health and Human Services Coordinating Committee on Women’s Health (established under section 229(b)(4) of the Public Health Service Act).

“(c) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.”.

(h) **NO NEW REGULATORY AUTHORITY.**—Nothing in this section and the amendments made by this section may be construed as establishing regulatory authority or modifying any existing regulatory authority.

(i) **LIMITATION ON TERMINATION.**—Notwithstanding any other provision of law, a Federal office of women’s health (including the Office of Research on Women’s Health of the National Institutes of Health) or Federal appointive position with primary responsibility over women’s health issues (including the Associate Administrator for Women’s Services under the Substance Abuse and Mental Health Services Administration) that is in existence on the date of enactment of this section shall not be terminated, reorganized, or have any of its powers or duties transferred unless such termination, reorganization, or transfer is approved by Congress through the adoption of a concurrent resolution of approval.

(j) **RULE OF CONSTRUCTION.**—Nothing in this section (or the amendments made by this section) shall be construed to limit the authority of the Secretary of Health and Human Services with respect to women’s health, or with respect to activities carried out through the Department of Health and Human Services on the date of enactment of this section.

SEC. 3510. PATIENT NAVIGATOR PROGRAM.

Section 340A of the Public Health Service Act (42 U.S.C. 256a) is amended—

(1) by striking subsection (d)(3) and inserting the following:

“(3) **LIMITATIONS ON GRANT PERIOD.**—In carrying out this section, the Secretary shall ensure that the total period of a grant does not exceed 4 years.”;

(2) in subsection (e), by adding at the end the following:

“(3) **MINIMUM CORE PROFICIENCIES.**—The Secretary shall not award a grant to an entity under this section unless such entity provides assurances that patient navigators recruited, assigned, trained, or employed using grant funds meet minimum core proficiencies, as defined by the entity that submits the application, that are tailored for the main focus or intervention of the navigator involved.”; and

(3) in subsection (m)—
(A) in paragraph (1), by striking “and \$3,500,000 for fiscal year 2010.” and inserting “\$3,500,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2015.”; and

(B) in paragraph (2), by striking “2010” and inserting “2015”.

SEC. 3511. AUTHORIZATION OF APPROPRIATIONS.

Except where otherwise provided in this subtitle (or an amendment made by this subtitle), there is authorized to be appropriated such sums as may be necessary to carry out this subtitle (and such amendments made by this subtitle).

Subtitle G—Protecting and Improving Guaranteed Medicare Benefits

SEC. 3601. PROTECTING AND IMPROVING GUARANTEED MEDICARE BENEFITS.

(a) **PROTECTING GUARANTEED MEDICARE BENEFITS.**—Nothing in the provisions of, or amendments made by, this Act shall result in a reduction of guaranteed benefits under title XVIII of the Social Security Act.

(b) **ENSURING THAT MEDICARE SAVINGS BENEFIT THE MEDICARE PROGRAM AND MEDICARE BENEFICIARIES.**—Savings generated for the Medicare program under title XVIII of the Social Security Act under the provisions of, and amendments made by, this Act shall extend the solvency of the Medicare trust funds, reduce Medicare premiums and other cost-sharing for beneficiaries, and improve or expand guaranteed Medicare benefits and protect access to Medicare providers.

SEC. 3602. NO CUTS IN GUARANTEED BENEFITS.

Nothing in this Act shall result in the reduction or elimination of any benefits guaranteed by law to participants in Medicare Advantage plans.

TITLE IV—PREVENTION OF CHRONIC DISEASE AND IMPROVING PUBLIC HEALTH

Subtitle A—Modernizing Disease Prevention and Public Health Systems

SEC. 4001. NATIONAL PREVENTION, HEALTH PROMOTION AND PUBLIC HEALTH COUNCIL.

(a) **ESTABLISHMENT.**—The President shall establish, within the Department of Health and Human Services, a council to be known as the “National Prevention, Health Promotion and Public Health Council” (referred to in this section as the “Council”).

(b) **CHAIRPERSON.**—The President shall appoint the Surgeon General to serve as the chairperson of the Council.

(c) **COMPOSITION.**—The Council shall be composed of—

- (1) the Secretary of Health and Human Services;
- (2) the Secretary of Agriculture;
- (3) the Secretary of Education;
- (4) the Chairman of the Federal Trade Commission;
- (5) the Secretary of Transportation;
- (6) the Secretary of Labor;
- (7) the Secretary of Homeland Security;
- (8) the Administrator of the Environmental Protection Agency;
- (9) the Director of the Office of National Drug Control Policy;
- (10) the Director of the Domestic Policy Council;

- (11) the Assistant Secretary for Indian Affairs;
- (12) the Chairman of the Corporation for National and Community Service; and
- (13) the head of any other Federal agency that the chairperson determines is appropriate.

(d) **PURPOSES AND DUTIES.**—The Council shall—

(1) provide coordination and leadership at the Federal level, and among all Federal departments and agencies, with respect to prevention, wellness and health promotion practices, the public health system, and integrative health care in the United States;

(2) after obtaining input from relevant stakeholders, develop a national prevention, health promotion, public health, and integrative health care strategy that incorporates the most effective and achievable means of improving the health status of Americans and reducing the incidence of preventable illness and disability in the United States;

(3) provide recommendations to the President and Congress concerning the most pressing health issues confronting the United States and changes in Federal policy to achieve national wellness, health promotion, and public health goals, including the reduction of tobacco use, sedentary behavior, and poor nutrition;

(4) consider and propose evidence-based models, policies, and innovative approaches for the promotion of transformative models of prevention, integrative health, and public health on individual and community levels across the United States;

(5) establish processes for continual public input, including input from State, regional, and

local leadership communities and other relevant stakeholders, including Indian tribes and tribal organizations;

(6) submit the reports required under subsection (g); and

(7) carry out other activities determined appropriate by the President.

(e) **MEETINGS.**—The Council shall meet at the call of the Chairperson.

(f) **ADVISORY GROUP.**—

(1) **IN GENERAL.**—The President shall establish an Advisory Group to the Council to be known as the “Advisory Group on Prevention, Health Promotion, and Integrative and Public Health” (hereafter referred to in this section as the “Advisory Group”). The Advisory Group shall be within the Department of Health and Human Services and report to the Surgeon General.

(2) **COMPOSITION.**—

(A) **IN GENERAL.**—The Advisory Group shall be composed of not more than 25 non-Federal members to be appointed by the President.

(B) **REPRESENTATION.**—In appointing members under subparagraph (A), the President shall ensure that the Advisory Group includes a diverse group of licensed health professionals, including integrative health practitioners who have expertise in—

- (i) worksite health promotion;
- (ii) community services, including community health centers;
- (iii) preventive medicine;
- (iv) health coaching;
- (v) public health education;
- (vi) geriatrics; and
- (vii) rehabilitation medicine.

(3) **PURPOSES AND DUTIES.**—The Advisory Group shall develop policy and program recommendations and advise the Council on lifestyle-based chronic disease prevention and management, integrative health care practices, and health promotion.

(g) **NATIONAL PREVENTION AND HEALTH PROMOTION STRATEGY.**—Not later than 1 year after the date of enactment of this Act, the Chairperson, in consultation with the Council, shall develop and make public a national prevention, health promotion and public health strategy, and shall review and revise such strategy periodically. Such strategy shall—

(1) set specific goals and objectives for improving the health of the United States through federally-supported prevention, health promotion, and public health programs, consistent with ongoing goal setting efforts conducted by specific agencies;

(2) establish specific and measurable actions and timelines to carry out the strategy, and determine accountability for meeting those timelines, within and across Federal departments and agencies; and

(3) make recommendations to improve Federal efforts relating to prevention, health promotion, public health, and integrative health care practices to ensure Federal efforts are consistent with available standards and evidence.

(h) **REPORT.**—Not later than July 1, 2010, and annually thereafter through January 1, 2015, the Council shall submit to the President and the relevant committees of Congress, a report that—

(1) describes the activities and efforts on prevention, health promotion, and public health and activities to develop a national strategy conducted by the Council during the period for which the report is prepared;

(2) describes the national progress in meeting specific prevention, health promotion, and public health goals defined in the strategy and further describes corrective actions recommended by the Council and taken by relevant agencies and organizations to meet these goals;

(3) contains a list of national priorities on health promotion and disease prevention to address lifestyle behavior modification (smoking

cessation, proper nutrition, appropriate exercise, mental health, behavioral health, substance use disorder, and domestic violence screenings) and the prevention measures for the 5 leading disease killers in the United States;

(4) contains specific science-based initiatives to achieve the measurable goals of Healthy People 2010 regarding nutrition, exercise, and smoking cessation, and targeting the 5 leading disease killers in the United States;

(5) contains specific plans for consolidating Federal health programs and Centers that exist to promote healthy behavior and reduce disease risk (including eliminating programs and offices determined to be ineffective in meeting the priority goals of Healthy People 2010);

(6) contains specific plans to ensure that all Federal health care programs are fully coordinated with science-based prevention recommendations by the Director of the Centers for Disease Control and Prevention; and

(7) contains specific plans to ensure that all non-Department of Health and Human Services prevention programs are based on the science-based guidelines developed by the Centers for Disease Control and Prevention under paragraph (4).

(i) **PERIODIC REVIEWS.**—The Secretary and the Comptroller General of the United States shall jointly conduct periodic reviews, not less than every 5 years, and evaluations of every Federal disease prevention and health promotion initiative, program, and agency. Such reviews shall be evaluated based on effectiveness in meeting metrics-based goals with an analysis posted on such agencies' public Internet websites.

SEC. 4002. PREVENTION AND PUBLIC HEALTH FUND.

(a) **PURPOSE.**—It is the purpose of this section to establish a Prevention and Public Health Fund (referred to in this section as the "Fund"), to be administered through the Department of Health and Human Services, Office of the Secretary, to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs.

(b) **FUNDING.**—There are hereby authorized to be appropriated, and appropriated, to the Fund, out of any monies in the Treasury not otherwise appropriated—

(1) for fiscal year 2010, \$500,000,000;

(2) for fiscal year 2011, \$750,000,000;

(3) for fiscal year 2012, \$1,000,000,000;

(4) for fiscal year 2013, \$1,250,000,000;

(5) for fiscal year 2014, \$1,500,000,000; and

(6) for fiscal year 2015, and each fiscal year thereafter, \$2,000,000,000.

(c) **USE OF FUND.**—The Secretary shall transfer amounts in the Fund to accounts within the Department of Health and Human Services to increase funding, over the fiscal year 2008 level, for programs authorized by the Public Health Service Act, for prevention, wellness, and public health activities including prevention research and health screenings, such as the Community Transformation grant program, the Education and Outreach Campaign for Preventive Benefits, and immunization programs.

(d) **TRANSFER AUTHORITY.**—The Committee on Appropriations of the Senate and the Committee on Appropriations of the House of Representatives may provide for the transfer of funds in the Fund to eligible activities under this section, subject to subsection (c).

SEC. 4003. CLINICAL AND COMMUNITY PREVENTIVE SERVICES.

(a) **PREVENTIVE SERVICES TASK FORCE.**—Section 915 of the Public Health Service Act (42 U.S.C. 299b-4) is amended by striking subsection (a) and inserting the following:

“(a) **PREVENTIVE SERVICES TASK FORCE.**—

“(1) **ESTABLISHMENT AND PURPOSE.**—The Director shall convene an independent Preventive

Services Task Force (referred to in this subsection as the ‘Task Force’) to be composed of individuals with appropriate expertise. Such Task Force shall review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of clinical preventive services for the purpose of developing recommendations for the health care community, and updating previous clinical preventive recommendations, to be published in the Guide to Clinical Preventive Services (referred to in this section as the ‘Guide’), for individuals and organizations delivering clinical services, including primary care professionals, health care systems, professional societies, employers, community organizations, non-profit organizations, Congress and other policy-makers, governmental public health agencies, health care quality organizations, and organizations developing national health objectives. Such recommendations shall consider clinical preventive best practice recommendations from the Agency for Healthcare Research and Quality, the National Institutes of Health, the Centers for Disease Control and Prevention, the Institute of Medicine, specialty medical associations, patient groups, and scientific societies.

“(2) **DUTIES.**—The duties of the Task Force shall include—

“(A) the development of additional topic areas for new recommendations and interventions related to those topic areas, including those related to specific sub-populations and age groups;

“(B) at least once during every 5-year period, review interventions and update recommendations related to existing topic areas, including new or improved techniques to assess the health effects of interventions;

“(C) improved integration with Federal Government health objectives and related target setting for health improvement;

“(D) the enhanced dissemination of recommendations;

“(E) the provision of technical assistance to those health care professionals, agencies and organizations that request help in implementing the Guide recommendations; and

“(F) the submission of yearly reports to Congress and related agencies identifying gaps in research, such as preventive services that receive an insufficient evidence statement, and recommending priority areas that deserve further examination, including areas related to populations and age groups not adequately addressed by current recommendations.

“(3) **ROLE OF AGENCY.**—The Agency shall provide ongoing administrative, research, and technical support for the operations of the Task Force, including coordinating and supporting the dissemination of the recommendations of the Task Force, ensuring adequate staff resources, and assistance to those organizations requesting it for implementation of the Guide's recommendations.

“(4) **COORDINATION WITH COMMUNITY PREVENTIVE SERVICES TASK FORCE.**—The Task Force shall take appropriate steps to coordinate its work with the Community Preventive Services Task Force and the Advisory Committee on Immunization Practices, including the examination of how each task force's recommendations interact at the nexus of clinic and community.

“(5) **OPERATION.**—Operation. In carrying out the duties under paragraph (2), the Task Force is not subject to the provisions of Appendix 2 of title 5, United States Code.

“(6) **INDEPENDENCE.**—All members of the Task Force convened under this subsection, and any recommendations made by such members, shall be independent and, to the extent practicable, not subject to political pressure.

“(7) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated such sums as may be necessary for each fiscal year to carry out the activities of the Task Force.”.

(b) **COMMUNITY PREVENTIVE SERVICES TASK FORCE.**—

(1) **IN GENERAL.**—Part P of title III of the Public Health Service Act, as amended by paragraph (2), is amended by adding at the end the following:

“SEC. 399U. COMMUNITY PREVENTIVE SERVICES TASK FORCE.

“(a) **ESTABLISHMENT AND PURPOSE.**—The Director of the Centers for Disease Control and Prevention shall convene an independent Community Preventive Services Task Force (referred to in this subsection as the ‘Task Force’) to be composed of individuals with appropriate expertise. Such Task Force shall review the scientific evidence related to the effectiveness, appropriateness, and cost-effectiveness of community preventive interventions for the purpose of developing recommendations, to be published in the Guide to Community Preventive Services (referred to in this section as the ‘Guide’), for individuals and organizations delivering population-based services, including primary care professionals, health care systems, professional societies, employers, community organizations, non-profit organizations, schools, governmental public health agencies, Indian tribes, tribal organizations and urban Indian organizations, medical groups, Congress and other policy-makers. Community preventive services include any policies, programs, processes or activities designed to affect or otherwise affecting health at the population level.

“(b) **DUTIES.**—The duties of the Task Force shall include—

“(1) the development of additional topic areas for new recommendations and interventions related to those topic areas, including those related to specific populations and age groups, as well as the social, economic and physical environments that can have broad effects on the health and disease of populations and health disparities among sub-populations and age groups;

“(2) at least once during every 5-year period, review interventions and update recommendations related to existing topic areas, including new or improved techniques to assess the health effects of interventions, including health impact assessment and population health modeling;

“(3) improved integration with Federal Government health objectives and related target setting for health improvement;

“(4) the enhanced dissemination of recommendations;

“(5) the provision of technical assistance to those health care professionals, agencies, and organizations that request help in implementing the Guide recommendations; and

“(6) providing yearly reports to Congress and related agencies identifying gaps in research and recommending priority areas that deserve further examination, including areas related to populations and age groups not adequately addressed by current recommendations.

“(c) **ROLE OF AGENCY.**—The Director shall provide ongoing administrative, research, and technical support for the operations of the Task Force, including coordinating and supporting the dissemination of the recommendations of the Task Force, ensuring adequate staff resources, and assistance to those organizations requesting it for implementation of Guide recommendations.

“(d) **COORDINATION WITH PREVENTIVE SERVICES TASK FORCE.**—The Task Force shall take appropriate steps to coordinate its work with the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices, including the examination of how each task force's recommendations interact at the nexus of clinic and community.

“(e) **OPERATION.**—In carrying out the duties under subsection (b), the Task Force shall not

be subject to the provisions of Appendix 2 of title 5, United States Code.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary for each fiscal year to carry out the activities of the Task Force.”.

(2) TECHNICAL AMENDMENTS.—

(A) Section 399R of the Public Health Service Act (as added by section 2 of the ALS Registry Act (Public Law 110-373; 122 Stat. 4047)) is redesignated as section 399S.

(B) Section 399R of such Act (as added by section 3 of the Prenatally and Postnatally Diagnosed Conditions Awareness Act (Public Law 110-374; 122 Stat. 4051)) is redesignated as section 399T.

SEC. 4004. EDUCATION AND OUTREACH CAMPAIGN REGARDING PREVENTIVE BENEFITS.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”) shall provide for the planning and implementation of a national public-private partnership for a prevention and health promotion outreach and education campaign to raise public awareness of health improvement across the life span. Such campaign shall include the dissemination of information that—

(1) describes the importance of utilizing preventive services to promote wellness, reduce health disparities, and mitigate chronic disease;

(2) promotes the use of preventive services recommended by the United States Preventive Services Task Force and the Community Preventive Services Task Force;

(3) encourages healthy behaviors linked to the prevention of chronic diseases;

(4) explains the preventive services covered under health plans offered through a Gateway;

(5) describes additional preventive care supported by the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Advisory Committee on Immunization Practices, and other appropriate agencies; and

(6) includes general health promotion information.

(b) CONSULTATION.—In coordinating the campaign under subsection (a), the Secretary shall consult with the Institute of Medicine to provide ongoing advice on evidence-based scientific information for policy, program development, and evaluation.

(c) MEDIA CAMPAIGN.—

(1) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish and implement a national science-based media campaign on health promotion and disease prevention.

(2) REQUIREMENT OF CAMPAIGN.—The campaign implemented under paragraph (1)—

(A) shall be designed to address proper nutrition, regular exercise, smoking cessation, obesity reduction, the 5 leading disease killers in the United States, and secondary prevention through disease screening promotion;

(B) shall be carried out through competitively bid contracts awarded to entities providing for the professional production and design of such campaign;

(C) may include the use of television, radio, Internet, and other commercial marketing venues and may be targeted to specific age groups based on peer-reviewed social research;

(D) shall not be duplicative of any other Federal efforts relating to health promotion and disease prevention; and

(E) may include the use of humor and nationally recognized positive role models.

(3) EVALUATION.—The Secretary shall ensure that the campaign implemented under para-

graph (1) is subject to an independent evaluation every 2 years and shall report every 2 years to Congress on the effectiveness of such campaigns towards meeting science-based metrics.

(d) WEBSITE.—The Secretary, in consultation with private-sector experts, shall maintain or enter into a contract to maintain an Internet website to provide science-based information on guidelines for nutrition, regular exercise, obesity reduction, smoking cessation, and specific chronic disease prevention. Such website shall be designed to provide information to health care providers and consumers.

(e) DISSEMINATION OF INFORMATION THROUGH PROVIDERS.—The Secretary, acting through the Centers for Disease Control and Prevention, shall develop and implement a plan for the dissemination of health promotion and disease prevention information consistent with national priorities, to health care providers who participate in Federal programs, including programs administered by the Indian Health Service, the Department of Veterans Affairs, the Department of Defense, and the Health Resources and Services Administration, and Medicare and Medicaid.

(f) PERSONALIZED PREVENTION PLANS.—

(1) CONTRACT.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall enter into a contract with a qualified entity for the development and operation of a Federal Internet website personalized prevention plan tool.

(2) USE.—The website developed under paragraph (1) shall be designed to be used as a source of the most up-to-date scientific evidence relating to disease prevention for use by individuals. Such website shall contain a component that enables an individual to determine their disease risk (based on personal health and family history, BMI, and other relevant information) relating to the 5 leading diseases in the United States, and obtain personalized suggestions for preventing such diseases.

(g) INTERNET PORTAL.—The Secretary shall establish an Internet portal for accessing risk-assessment tools developed and maintained by private and academic entities.

(h) PRIORITY FUNDING.—Funding for the activities authorized under this section shall take priority over funding provided through the Centers for Disease Control and Prevention for grants to States and other entities for similar purposes and goals as provided for in this section. Not to exceed \$500,000,000 shall be expended on the campaigns and activities required under this section.

(i) PUBLIC AWARENESS OF PREVENTIVE AND OBESITY-RELATED SERVICES.—

(1) INFORMATION TO STATES.—The Secretary of Health and Human Services shall provide guidance and relevant information to States and health care providers regarding preventive and obesity-related services that are available to Medicaid enrollees, including obesity screening and counseling for children and adults.

(2) INFORMATION TO ENROLLEES.—Each State shall design a public awareness campaign to educate Medicaid enrollees regarding availability and coverage of such services, with the goal of reducing incidences of obesity.

(3) REPORT.—Not later than January 1, 2011, and every 3 years thereafter through January 1, 2017, the Secretary of Health and Human Services shall report to Congress on the status and effectiveness of efforts under paragraphs (1) and (2), including summaries of the States' efforts to increase awareness of coverage of obesity-related services.

(j) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.

Subtitle B—Increasing Access to Clinical Preventive Services

SEC. 4101. SCHOOL-BASED HEALTH CENTERS.

(a) GRANTS FOR THE ESTABLISHMENT OF SCHOOL-BASED HEALTH CENTERS.—

(1) PROGRAM.—The Secretary of Health and Human Services (in this subsection referred to as the “Secretary”) shall establish a program to award grants to eligible entities to support the operation of school-based health centers.

(2) ELIGIBILITY.—To be eligible for a grant under this subsection, an entity shall—

(A) be a school-based health center or a sponsoring facility of a school-based health center; and

(B) submit an application at such time, in such manner, and containing such information as the Secretary may require, including at a minimum an assurance that funds awarded under the grant shall not be used to provide any service that is not authorized or allowed by Federal, State, or local law.

(3) PREFERENCE.—In awarding grants under this section, the Secretary shall give preference to awarding grants for school-based health centers that serve a large population of children eligible for medical assistance under the State Medicaid plan under title XIX of the Social Security Act or under a waiver of such plan or children eligible for child health assistance under the State child health plan under title XXI of that Act (42 U.S.C. 1397aa et seq.).

(4) LIMITATION ON USE OF FUNDS.—An eligible entity shall use funds provided under a grant awarded under this subsection only for expenditures for facilities (including the acquisition or improvement of land, or the acquisition, construction, expansion, replacement, or other improvement of any building or other facility), equipment, or similar expenditures, as specified by the Secretary. No funds provided under a grant awarded under this section shall be used for expenditures for personnel or to provide health services.

(5) APPROPRIATIONS.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated for each of fiscal years 2010 through 2013, \$50,000,000 for the purpose of carrying out this subsection. Funds appropriated under this paragraph shall remain available until expended.

(6) DEFINITIONS.—In this subsection, the terms “school-based health center” and “sponsoring facility” have the meanings given those terms in section 2110(c)(9) of the Social Security Act (42 U.S.C. 1397jj(c)(9)).

(b) GRANTS FOR THE OPERATION OF SCHOOL-BASED HEALTH CENTERS.—Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) is amended by adding at the end the following:

“SEC. 399Z-1. SCHOOL-BASED HEALTH CENTERS.

“(a) DEFINITIONS; ESTABLISHMENT OF CRITERIA.—In this section:

“(1) COMPREHENSIVE PRIMARY HEALTH SERVICES.—The term ‘comprehensive primary health services’ means the core services offered by school-based health centers, which shall include the following:

“(A) PHYSICAL.—Comprehensive health assessments, diagnosis, and treatment of minor, acute, and chronic medical conditions, and referrals to, and follow-up for, specialty care and oral health services.

“(B) MENTAL HEALTH.—Mental health and substance use disorder assessments, crisis intervention, counseling, treatment, and referral to a continuum of services including emergency psychiatric care, community support programs, inpatient care, and outpatient programs.

“(2) MEDICALLY UNDERSERVED CHILDREN AND ADOLESCENTS.—

“(A) *IN GENERAL.*—The term ‘medically underserved children and adolescents’ means a population of children and adolescents who are residents of an area designated as a medically underserved area or a health professional shortage area by the Secretary.

“(B) *CRITERIA.*—The Secretary shall prescribe criteria for determining the specific shortages of personal health services for medically underserved children and adolescents under subparagraph (A) that shall—

“(i) take into account any comments received by the Secretary from the chief executive officer of a State and local officials in a State; and

“(ii) include factors indicative of the health status of such children and adolescents of an area, including the ability of the residents of such area to pay for health services, the accessibility of such services, the availability of health professionals to such children and adolescents, and other factors as determined appropriate by the Secretary.

“(3) *SCHOOL-BASED HEALTH CENTER.*—The term ‘school-based health center’ means a health clinic that—

“(A) meets the definition of a school-based health center under section 2110(c)(9)(A) of the Social Security Act and is administered by a sponsoring facility (as defined in section 2110(c)(9)(B) of the Social Security Act);

“(B) provides, at a minimum, comprehensive primary health services during school hours to children and adolescents by health professionals in accordance with established standards, community practice, reporting laws, and other State laws, including parental consent and notification laws that are not inconsistent with Federal law; and

“(C) does not perform abortion services.

“(b) *AUTHORITY TO AWARD GRANTS.*—The Secretary shall award grants for the costs of the operation of school-based health centers (referred to in this section as ‘SBHCs’) that meet the requirements of this section.

“(c) *APPLICATIONS.*—To be eligible to receive a grant under this section, an entity shall—

“(1) be an SBHC (as defined in subsection (a)(3)); and

“(2) submit to the Secretary an application at such time, in such manner, and containing—

“(A) evidence that the applicant meets all criteria necessary to be designated an SBHC;

“(B) evidence of local need for the services to be provided by the SBHC;

“(C) an assurance that—

“(i) SBHC services will be provided to those children and adolescents for whom parental or guardian consent has been obtained in cooperation with Federal, State, and local laws governing health care service provision to children and adolescents;

“(ii) the SBHC has made and will continue to make every reasonable effort to establish and maintain collaborative relationships with other health care providers in the catchment area of the SBHC;

“(iii) the SBHC will provide on-site access during the academic day when school is in session and 24-hour coverage through an on-call system and through its backup health providers to ensure access to services on a year-round basis when the school or the SBHC is closed;

“(iv) the SBHC will be integrated into the school environment and will coordinate health services with school personnel, such as administrators, teachers, nurses, counselors, and support personnel, as well as with other community providers co-located at the school;

“(v) the SBHC sponsoring facility assumes all responsibility for the SBHC administration, operations, and oversight; and

“(vi) the SBHC will comply with Federal, State, and local laws concerning patient privacy and student records, including regulations pro-

mulgated under the Health Insurance Portability and Accountability Act of 1996 and section 444 of the General Education Provisions Act; and

“(D) such other information as the Secretary may require.

“(d) *PREFERENCES AND CONSIDERATION.*—In reviewing applications:

“(1) The Secretary may give preference to applicants who demonstrate an ability to serve the following:

“(A) Communities that have evidenced barriers to primary health care and mental health and substance use disorder prevention services for children and adolescents.

“(B) Communities with high per capita numbers of children and adolescents who are uninsured, underinsured, or enrolled in public health insurance programs.

“(C) Populations of children and adolescents that have historically demonstrated difficulty in accessing health and mental health and substance use disorder prevention services.

“(2) The Secretary may give consideration to whether an applicant has received a grant under subsection (a) of section 4101 of the Patient Protection and Affordable Care Act.

“(e) *WAIVER OF REQUIREMENTS.*—The Secretary may—

“(1) under appropriate circumstances, waive the application of all or part of the requirements of this subsection with respect to an SBHC for not to exceed 2 years; and

“(2) upon a showing of good cause, waive the requirement that the SBHC provide all required comprehensive primary health services for a designated period of time to be determined by the Secretary.

“(f) *USE OF FUNDS.*—

“(1) *FUNDS.*—Funds awarded under a grant under this section—

“(A) may be used for—

“(i) acquiring and leasing equipment (including the costs of amortizing the principle of, and paying interest on, loans for such equipment);

“(ii) providing training related to the provision of required comprehensive primary health services and additional health services;

“(iii) the management and operation of health center programs;

“(iv) the payment of salaries for physicians, nurses, and other personnel of the SBHC; and

“(B) may not be used to provide abortions.

“(2) *CONSTRUCTION.*—The Secretary may award grants which may be used to pay the costs associated with expanding and modernizing existing buildings for use as an SBHC, including the purchase of trailers or manufactured buildings to install on the school property.

“(3) *LIMITATIONS.*—

“(A) *IN GENERAL.*—Any provider of services that is determined by a State to be in violation of a State law described in subsection (a)(3)(B) with respect to activities carried out at a SBHC shall not be eligible to receive additional funding under this section.

“(B) *NO OVERLAPPING GRANT PERIOD.*—No entity that has received funding under section 330 for a grant period shall be eligible for a grant under this section for with respect to the same grant period.

“(g) *MATCHING REQUIREMENT.*—

“(1) *IN GENERAL.*—Each eligible entity that receives a grant under this section shall provide, from non-Federal sources, an amount equal to 20 percent of the amount of the grant (which may be provided in cash or in-kind) to carry out the activities supported by the grant.

“(2) *WAIVER.*—The Secretary may waive all or part of the matching requirement described in paragraph (1) for any fiscal year for the SBHC if the Secretary determines that applying the matching requirement to the SBHC would result in serious hardship or an inability to carry out the purposes of this section.

“(h) *SUPPLEMENT, NOT SUPPLANT.*—Grant funds provided under this section shall be used to supplement, not supplant, other Federal or State funds.

“(i) *EVALUATION.*—The Secretary shall develop and implement a plan for evaluating SBHCs and monitoring quality performance under the awards made under this section.

“(j) *AGE APPROPRIATE SERVICES.*—An eligible entity receiving funds under this section shall only provide age appropriate services through a SBHC funded under this section to an individual.

“(k) *PARENTAL CONSENT.*—An eligible entity receiving funds under this section shall not provide services through a SBHC funded under this section to an individual without the consent of the parent or guardian of such individual if such individual is considered a minor under applicable State law.

“(l) *AUTHORIZATION OF APPROPRIATIONS.*—For purposes of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of the fiscal years 2010 through 2014.”

SEC. 4102. ORAL HEALTHCARE PREVENTION ACTIVITIES.

(a) *IN GENERAL.*—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.), as amended by section 3025, is amended by adding at the end the following:

“PART T—ORAL HEALTHCARE PREVENTION ACTIVITIES

“SEC. 399LL. ORAL HEALTHCARE PREVENTION EDUCATION CAMPAIGN.

“(a) *ESTABLISHMENT.*—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in consultation with professional oral health organizations, shall, subject to the availability of appropriations, establish a 5-year national, public education campaign (referred to in this section as the ‘campaign’) that is focused on oral healthcare prevention and education, including prevention of oral disease such as early childhood and other caries, periodontal disease, and oral cancer.

“(b) *REQUIREMENTS.*—In establishing the campaign, the Secretary shall—

“(1) ensure that activities are targeted towards specific populations such as children, pregnant women, parents, the elderly, individuals with disabilities, and ethnic and racial minority populations, including Indians, Alaska Natives and Native Hawaiians (as defined in section 4(c) of the Indian Health Care Improvement Act) in a culturally and linguistically appropriate manner; and

“(2) utilize science-based strategies to convey oral health prevention messages that include, but are not limited to, community water fluoridation and dental sealants.

“(c) *PLANNING AND IMPLEMENTATION.*—Not later than 2 years after the date of enactment of this section, the Secretary shall begin implementing the 5-year campaign. During the 2-year period referred to in the previous sentence, the Secretary shall conduct planning activities with respect to the campaign.

“SEC. 399LL-1. RESEARCH-BASED DENTAL CARIES DISEASE MANAGEMENT.

“(a) *IN GENERAL.*—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award demonstration grants to eligible entities to demonstrate the effectiveness of research-based dental caries disease management activities.

“(b) *ELIGIBILITY.*—To be eligible for a grant under this section, an entity shall—

“(1) be a community-based provider of dental services (as defined by the Secretary), including a Federally-qualified health center, a clinic of a hospital owned or operated by a State (or by an instrumentality or a unit of government within

a State), a State or local department of health, a dental program of the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as such terms are defined in section 4 of the Indian Health Care Improvement Act), a health system provider, a private provider of dental services, medical, dental, public health, nursing, nutrition educational institutions, or national organizations involved in improving children's oral health; and

“(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(c) **USE OF FUNDS.**—A grantee shall use amounts received under a grant under this section to demonstrate the effectiveness of research-based dental caries disease management activities.

“(d) **USE OF INFORMATION.**—The Secretary shall utilize information generated from grantees under this section in planning and implementing the public education campaign under section 399LL.

“SEC. 399LL-2. AUTHORIZATION OF APPROPRIATIONS.

“There is authorized to be appropriated to carry out this part, such sums as may be necessary.”.

(b) **SCHOOL-BASED SEALANT PROGRAMS.**—Section 317M(c)(1) of the Public Health Service Act (42 U.S.C. 247b-14(c)(1)) is amended by striking “may award grants to States and Indian tribes” and inserting “shall award a grant to each of the 50 States and territories and to Indians, Indian tribes, tribal organizations and urban Indian organizations (as such terms are defined in section 4 of the Indian Health Care Improvement Act)”.

(c) **ORAL HEALTH INFRASTRUCTURE.**—Section 317M of the Public Health Service Act (42 U.S.C. 247b-14) is amended—

(1) by redesignating subsections (d) and (e) as subsections (e) and (f), respectively; and

(2) by inserting after subsection (c), the following:

“(d) **ORAL HEALTH INFRASTRUCTURE.**—

“(1) **COOPERATIVE AGREEMENTS.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall enter into cooperative agreements with State, territorial, and Indian tribes or tribal organizations (as those terms are defined in section 4 of the Indian Health Care Improvement Act) to establish oral health leadership and program guidance, oral health data collection and interpretation, (including determinants of poor oral health among vulnerable populations), a multi-dimensional delivery system for oral health, and to implement science-based programs (including dental sealants and community water fluoridation) to improve oral health.

“(2) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated such sums as necessary to carry out this subsection for fiscal years 2010 through 2014.”.

(d) **UPDATING NATIONAL ORAL HEALTHCARE SURVEILLANCE ACTIVITIES.**—

(1) **PRAMS.**—

(A) **IN GENERAL.**—The Secretary of Health and Human Services (referred to in this subsection as the “Secretary”) shall carry out activities to update and improve the Pregnancy Risk Assessment Monitoring System (referred to in this section as “PRAMS”) as it relates to oral healthcare.

(B) **STATE REPORTS AND MANDATORY MEASUREMENTS.**—

(i) **IN GENERAL.**—Not later than 5 years after the date of enactment of this Act, and every 5 years thereafter, a State shall submit to the Secretary a report concerning activities conducted within the State under PRAMS.

(ii) **MEASUREMENTS.**—The oral healthcare measurements developed by the Secretary for

use under PRAMS shall be mandatory with respect to States for purposes of the State reports under clause (i).

(C) **FUNDING.**—There is authorized to be appropriated to carry out this paragraph, such sums as may be necessary.

(2) **NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY.**—The Secretary shall develop oral healthcare components that shall include tooth-level surveillance for inclusion in the National Health and Nutrition Examination Survey. Such components shall be updated by the Secretary at least every 6 years. For purposes of this paragraph, the term “tooth-level surveillance” means a clinical examination where an examiner looks at each dental surface, on each tooth in the mouth and as expanded by the Division of Oral Health of the Centers for Disease Control and Prevention.

(3) **MEDICAL EXPENDITURES PANEL SURVEY.**—The Secretary shall ensure that the Medical Expenditures Panel Survey by the Agency for Healthcare Research and Quality includes the verification of dental utilization, expenditure, and coverage findings through conduct of a look-back analysis.

(4) **NATIONAL ORAL HEALTH SURVEILLANCE SYSTEM.**—

(A) **APPROPRIATIONS.**—There is authorized to be appropriated, such sums as may be necessary for each of fiscal years 2010 through 2014 to increase the participation of States in the National Oral Health Surveillance System from 16 States to all 50 States, territories, and District of Columbia.

(B) **REQUIREMENTS.**—The Secretary shall ensure that the National Oral Health Surveillance System include the measurement of early childhood caries.

SEC. 4103. MEDICARE COVERAGE OF ANNUAL WELLNESS VISIT PROVIDING A PERSONALIZED PREVENTION PLAN.

(a) **COVERAGE OF PERSONALIZED PREVENTION PLAN SERVICES.**—

(1) **IN GENERAL.**—Section 1861(s)(2) of the Social Security Act (42 U.S.C. 1395x(s)(2)) is amended—

(A) in subparagraph (DD), by striking “and” at the end;

(B) in subparagraph (EE), by adding “and” at the end; and

(C) by adding at the end the following new subparagraph:

“(FF) personalized prevention plan services (as defined in subsection (hhh))”.

(2) **CONFORMING AMENDMENTS.**—Clauses (i) and (ii) of section 1861(s)(2)(K) of the Social Security Act (42 U.S.C. 1395x(s)(2)(K)) are each amended by striking “subsection (ww)(1)” and inserting “subsections (ww)(1) and (hhh)”.

(b) **PERSONALIZED PREVENTION PLAN SERVICES DEFINED.**—Section 1861 of the Social Security Act (42 U.S.C. 1395x) is amended by adding at the end the following new subsection:

“Annual Wellness Visit

“(hhh)(1) The term ‘personalized prevention plan services’ means the creation of a plan for an individual—

“(A) that includes a health risk assessment (that meets the guidelines established by the Secretary under paragraph (4)(A)) of the individual that is completed prior to or as part of the same visit with a health professional described in paragraph (3); and

“(B) that—

“(i) takes into account the results of the health risk assessment; and

“(ii) may contain the elements described in paragraph (2).

“(2) Subject to paragraph (4)(H), the elements described in this paragraph are the following:

“(A) The establishment of, or an update to, the individual's medical and family history.

“(B) A list of current providers and suppliers that are regularly involved in providing medical

care to the individual (including a list of all prescribed medications).

“(C) A measurement of height, weight, body mass index (or waist circumference, if appropriate), blood pressure, and other routine measurements.

“(D) Detection of any cognitive impairment.

“(E) The establishment of, or an update to, the following:

“(i) A screening schedule for the next 5 to 10 years, as appropriate, based on recommendations of the United States Preventive Services Task Force and the Advisory Committee on Immunization Practices, and the individual's health status, screening history, and age-appropriate preventive services covered under this title.

“(ii) A list of risk factors and conditions for which primary, secondary, or tertiary prevention interventions are recommended or are underway, including any mental health conditions or any such risk factors or conditions that have been identified through an initial preventive physical examination (as described under subsection (ww)(1)), and a list of treatment options and their associated risks and benefits.

“(F) The furnishing of personalized health advice and a referral, as appropriate, to health education or preventive counseling services or programs aimed at reducing identified risk factors and improving self-management, or community-based lifestyle interventions to reduce health risks and promote self-management and wellness, including weight loss, physical activity, smoking cessation, fall prevention, and nutrition.

“(G) Any other element determined appropriate by the Secretary.

“(3) A health professional described in this paragraph is—

“(A) a physician;

“(B) a practitioner described in clause (i) of section 1842(b)(18)(C); or

“(C) a medical professional (including a health educator, registered dietitian, or nutrition professional) or a team of medical professionals, as determined appropriate by the Secretary, under the supervision of a physician.

“(4)(A) For purposes of paragraph (1)(A), the Secretary, not later than 1 year after the date of enactment of this subsection, shall establish publicly available guidelines for health risk assessments. Such guidelines shall be developed in consultation with relevant groups and entities and shall provide that a health risk assessment—

“(i) identify chronic diseases, injury risks, modifiable risk factors, and urgent health needs of the individual; and

“(ii) may be furnished—

“(I) through an interactive telephonic or web-based program that meets the standards established under subparagraph (B);

“(II) during an encounter with a health care professional;

“(III) through community-based prevention programs; or

“(IV) through any other means the Secretary determines appropriate to maximize accessibility and ease of use by beneficiaries, while ensuring the privacy of such beneficiaries.

“(B) Not later than 1 year after the date of enactment of this subsection, the Secretary shall establish standards for interactive telephonic or web-based programs used to furnish health risk assessments under subparagraph (A)(ii)(I). The Secretary may utilize any health risk assessment developed under section 4004(f) of the Patient Protection and Affordable Care Act as part of the requirement to develop a personalized prevention plan to comply with this subparagraph.

“(C)(i) Not later than 18 months after the date of enactment of this subsection, the Secretary shall develop and make available to the public a

health risk assessment model. Such model shall meet the guidelines under subparagraph (A) and may be used to meet the requirement under paragraph (1)(A).

“(ii) Any health risk assessment that meets the guidelines under subparagraph (A) and is approved by the Secretary may be used to meet the requirement under paragraph (1)(A).

“(D) The Secretary may coordinate with community-based entities (including State Health Insurance Programs, Area Agencies on Aging, Aging and Disability Resource Centers, and the Administration on Aging) to—

“(i) ensure that health risk assessments are accessible to beneficiaries; and

“(ii) provide appropriate support for the completion of health risk assessments by beneficiaries.

“(E) The Secretary shall establish procedures to make beneficiaries and providers aware of the requirement that a beneficiary complete a health risk assessment prior to or at the same time as receiving personalized prevention plan services.

“(F) To the extent practicable, the Secretary shall encourage the use of, integration with, and coordination of health information technology (including use of technology that is compatible with electronic medical records and personal health records) and may experiment with the use of personalized technology to aid in the development of self-management skills and management of and adherence to provider recommendations in order to improve the health status of beneficiaries.

“(G)(i) A beneficiary shall only be eligible to receive an initial preventive physical examination (as defined under subsection (ww)(1)) at any time during the 12-month period after the date that the beneficiary's coverage begins under part B and shall be eligible to receive personalized prevention plan services under this subsection provided that the beneficiary has not received such services within the preceding 12-month period.

“(ii) The Secretary shall establish procedures to make beneficiaries aware of the option to select an initial preventive physical examination or personalized prevention plan services during the period of 12 months after the date that a beneficiary's coverage begins under part B, which shall include information regarding any relevant differences between such services.

“(H) The Secretary shall issue guidance that—

“(i) identifies elements under paragraph (2) that are required to be provided to a beneficiary as part of their first visit for personalized prevention plan services; and

“(ii) establishes a yearly schedule for appropriate provision of such elements thereafter.”.

(c) PAYMENT AND ELIMINATION OF COST-SHARING.—

(1) PAYMENT AND ELIMINATION OF COINSURANCE.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)) is amended—

(A) in subparagraph (N), by inserting “other than personalized prevention plan services (as defined in section 1861(hhh)(1))” after “(as defined in section 1848(j)(3))”;

(B) by striking “and” before “(W)”;

(C) by inserting before the semicolon at the end the following: “, and (X) with respect to personalized prevention plan services (as defined in section 1861(hhh)(1)), the amount paid shall be 100 percent of the lesser of the actual charge for the services or the amount determined under the payment basis determined under section 1848”.

(2) PAYMENT UNDER PHYSICIAN FEE SCHEDULE.—Section 1848(j)(3) of the Social Security Act (42 U.S.C. 1395w-4(j)(3)) is amended by inserting “(2)(FF) (including administration of the health risk assessment) ,” after “(2)(EE),”.

(3) ELIMINATION OF COINSURANCE IN OUTPATIENT HOSPITAL SETTINGS.—

(A) EXCLUSION FROM OPD FEE SCHEDULE.—Section 1833(t)(1)(B)(iv) of the Social Security Act (42 U.S.C. 1395l(t)(1)(B)(iv)) is amended by striking “and diagnostic mammography” and inserting “, diagnostic mammography, or personalized prevention plan services (as defined in section 1861(hhh)(1))”.

(B) CONFORMING AMENDMENTS.—Section 1833(a)(2) of the Social Security Act (42 U.S.C. 1395l(a)(2)) is amended—

(i) in subparagraph (F), by striking “and” at the end;

(ii) in subparagraph (G)(ii), by striking the comma at the end and inserting “; and”; and

(iii) by inserting after subparagraph (G)(ii) the following new subparagraph:

“(H) with respect to personalized prevention plan services (as defined in section 1861(hhh)(1)) furnished by an outpatient department of a hospital, the amount determined under paragraph (1)(X),”.

(4) WAIVER OF APPLICATION OF DEDUCTIBLE.—The first sentence of section 1833(b) of the Social Security Act (42 U.S.C. 1395l(b)) is amended—

(A) by striking “and” before “(9)”;

(B) by inserting before the period the following: “, and (10) such deductible shall not apply with respect to personalized prevention plan services (as defined in section 1861(hhh)(1))”.

(d) FREQUENCY LIMITATION.—Section 1862(a) of the Social Security Act (42 U.S.C. 1395y(a)) is amended—

(1) in paragraph (1)—

(A) in subparagraph (N), by striking “and” at the end;

(B) in subparagraph (O), by striking the semicolon at the end and inserting “, and”; and

(C) by adding at the end the following new subparagraph:

“(P) in the case of personalized prevention plan services (as defined in section 1861(hhh)(1)), which are performed more frequently than is covered under such section;”; and

(2) in paragraph (7), by striking “or (K)” and inserting “(K), or (P)”.

(e) EFFECTIVE DATE.—The amendments made by this section shall apply to services furnished on or after January 1, 2011.

SEC. 4104. REMOVAL OF BARRIERS TO PREVENTIVE SERVICES IN MEDICARE.

(a) DEFINITION OF PREVENTIVE SERVICES.—Section 1861(ddd) of the Social Security Act (42 U.S.C. 1395x(ddd)) is amended—

(1) in the heading, by inserting “; Preventive Services” after “Services”;

(2) in paragraph (1), by striking “not otherwise described in this title” and inserting “not described in subparagraph (A) or (C) of paragraph (3)”;

(3) by adding at the end the following new paragraph:

“(3) The term ‘preventive services’ means the following:

“(A) The screening and preventive services described in subsection (ww)(2) (other than the service described in subparagraph (M) of such subsection).

“(B) An initial preventive physical examination (as defined in subsection (ww)).

“(C) Personalized prevention plan services (as defined in subsection (hhh)(1)).”.

(b) COINSURANCE.—

(1) GENERAL APPLICATION.—

(A) IN GENERAL.—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)), as amended by section 4103(c)(1), is amended—

(i) in subparagraph (T), by inserting “(or 100 percent if such services are recommended with a grade of A or B by the United States Preventive Services Task Force for any indication or popu-

lation and are appropriate for the individual)” after “80 percent”;

(ii) in subparagraph (W)—

(I) in clause (i), by inserting “(if such subparagraph were applied, by substituting ‘100 percent’ for ‘80 percent’)” after “subparagraph (D)”;

(II) in clause (ii), by striking “80 percent” and inserting “100 percent”;

(iii) by striking “and” before “(X)”;

(iv) by inserting before the semicolon at the end the following: “, and (Y) with respect to preventive services described in subparagraphs (A) and (B) of section 1861(ddd)(3) that are appropriate for the individual and, in the case of such services described in subparagraph (A), are recommended with a grade of A or B by the United States Preventive Services Task Force for any indication or population, the amount paid shall be 100 percent of the lesser of the actual charge for the services or the amount determined under the fee schedule that applies to such services under this part”.

(2) ELIMINATION OF COINSURANCE IN OUTPATIENT HOSPITAL SETTINGS.—

(A) EXCLUSION FROM OPD FEE SCHEDULE.—Section 1833(t)(1)(B)(iv) of the Social Security Act (42 U.S.C. 1395l(t)(1)(B)(iv)), as amended by section 4103(c)(3)(A), is amended—

(i) by striking “or” before “personalized prevention plan services”; and

(ii) by inserting before the period the following: “, or preventive services described in subparagraphs (A) and (B) of section 1861(ddd)(3) that are appropriate for the individual and, in the case of such services described in subparagraph (A), are recommended with a grade of A or B by the United States Preventive Services Task Force for any indication or population”.

(B) CONFORMING AMENDMENTS.—Section 1833(a)(2) of the Social Security Act (42 U.S.C. 1395l(a)(2)), as amended by section 4103(c)(3)(B), is amended—

(i) in subparagraph (G)(ii), by striking “and” after the semicolon at the end;

(ii) in subparagraph (H), by striking the comma at the end and inserting “; and”; and

(iii) by inserting after subparagraph (H) the following new subparagraph:

“(I) with respect to preventive services described in subparagraphs (A) and (B) of section 1861(ddd)(3) that are appropriate for the individual and are furnished by an outpatient department of a hospital and, in the case of such services described in subparagraph (A), are recommended with a grade of A or B by the United States Preventive Services Task Force for any indication or population, the amount determined under paragraph (1)(W) or (1)(Y),”.

(c) WAIVER OF APPLICATION OF DEDUCTIBLE FOR PREVENTIVE SERVICES AND COLORECTAL CANCER SCREENING TESTS.—Section 1833(b) of the Social Security Act (42 U.S.C. 1395l(b)), as amended by section 4103(c)(4), is amended—

(1) in paragraph (1), by striking “items and services described in section 1861(s)(10)(A)” and inserting “preventive services described in subparagraph (A) of section 1861(ddd)(3) that are recommended with a grade of A or B by the United States Preventive Services Task Force for any indication or population and are appropriate for the individual.”; and

(2) by adding at the end the following new sentence: “Paragraph (1) of the first sentence of this subsection shall apply with respect to a colorectal cancer screening test regardless of the code that is billed for the establishment of a diagnosis as a result of the test, or for the removal of tissue or other matter or other procedure that is furnished in connection with, as a result of, and in the same clinical encounter as the screening test.”.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to items and services furnished on or after January 1, 2011.

SEC. 4105. EVIDENCE-BASED COVERAGE OF PREVENTIVE SERVICES IN MEDICAID.

(a) **AUTHORITY TO MODIFY OR ELIMINATE COVERAGE OF CERTAIN PREVENTIVE SERVICES.**—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

“(n) **AUTHORITY TO MODIFY OR ELIMINATE COVERAGE OF CERTAIN PREVENTIVE SERVICES.**—Notwithstanding any other provision of this title, effective beginning on January 1, 2010, if the Secretary determines appropriate, the Secretary may—

“(1) modify—

“(A) the coverage of any preventive service described in subparagraph (A) of section 1861(ddd)(3) to the extent that such modification is consistent with the recommendations of the United States Preventive Services Task Force; and

“(B) the services included in the initial preventive physical examination described in subparagraph (B) of such section; and

“(2) provide that no payment shall be made under this title for a preventive service described in subparagraph (A) of such section that has not received a grade of A, B, C, or I by such Task Force.”.

(b) **CONSTRUCTION.**—Nothing in the amendment made by paragraph (1) shall be construed to affect the coverage of diagnostic or treatment services under title XVIII of the Social Security Act.

SEC. 4106. IMPROVING ACCESS TO PREVENTIVE SERVICES FOR ELIGIBLE ADULTS IN MEDICAID.

(a) **CLARIFICATION OF INCLUSION OF SERVICES.**—Section 1905(a)(13) of the Social Security Act (42 U.S.C. 1396d(a)(13)) is amended to read as follows:

“(13) other diagnostic, screening, preventive, and rehabilitative services, including—

“(A) any clinical preventive services that are assigned a grade of A or B by the United States Preventive Services Task Force;

“(B) with respect to an adult individual, approved vaccines recommended by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) and their administration; and

“(C) any medical or remedial services (provided in a facility, a home, or other setting) recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under State law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level;”.

(b) **INCREASED FMAP.**—Section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)), as amended by sections 2001(a)(3)(A) and 2004(c)(1), is amended in the first sentence—

(1) by striking “, and (4)” and inserting “, (4)”; and

(2) by inserting before the period the following: “, and (5) in the case of a State that provides medical assistance for services and vaccines described in subparagraphs (A) and (B) of subsection (a)(13), and prohibits cost-sharing for such services and vaccines, the Federal medical assistance percentage, as determined under this subsection and subsection (y) (without regard to paragraph (1)(C) of such subsection), shall be increased by 1 percentage point with respect to medical assistance for such services and vaccines and for items and services described in subsection (a)(4)(D)”.

(c) **EFFECTIVE DATE.**—The amendments made under this section shall take effect on January 1, 2013.

SEC. 4107. COVERAGE OF COMPREHENSIVE TOBACCO CESSATION SERVICES FOR PREGNANT WOMEN IN MEDICAID.

(a) **REQUIRING COVERAGE OF COUNSELING AND PHARMACOTHERAPY FOR CESSATION OF TOBACCO USE BY PREGNANT WOMEN.**—Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by sections 2001(a)(3)(B) and 2303, is further amended—

(1) in subsection (a)(4)—

(A) by striking “and” before “(C)”; and

(B) by inserting before the semicolon at the end the following new subparagraph: “; and (D) counseling and pharmacotherapy for cessation of tobacco use by pregnant women (as defined in subsection (bb))”; and

(2) by adding at the end the following:

“(bb)(1) For purposes of this title, the term ‘counseling and pharmacotherapy for cessation of tobacco use by pregnant women’ means diagnostic, therapy, and counseling services and pharmacotherapy (including the coverage of prescription and nonprescription tobacco cessation agents approved by the Food and Drug Administration) for cessation of tobacco use by pregnant women who use tobacco products or who are being treated for tobacco use that is furnished—

“(A) by or under the supervision of a physician; or

“(B) by any other health care professional who—

“(i) is legally authorized to furnish such services under State law (or the State regulatory mechanism provided by State law) of the State in which the services are furnished; and

“(ii) is authorized to receive payment for other services under this title or is designated by the Secretary for this purpose.

“(2) Subject to paragraph (3), such term is limited to—

“(A) services recommended with respect to pregnant women in ‘Treating Tobacco Use and Dependence: 2008 Update: A Clinical Practice Guideline’, published by the Public Health Service in May 2008, or any subsequent modification of such Guideline; and

“(B) such other services that the Secretary recognizes to be effective for cessation of tobacco use by pregnant women.

“(3) Such term shall not include coverage for drugs or biologicals that are not otherwise covered under this title.”.

(b) **EXCEPTION FROM OPTIONAL RESTRICTION UNDER MEDICAID PRESCRIPTION DRUG COVERAGE.**—Section 1927(d)(2)(F) of the Social Security Act (42 U.S.C. 1396r–8(d)(2)(F)), as redesignated by section 2502(a), is amended by inserting before the period at the end the following: “, except, in the case of pregnant women when recommended in accordance with the Guideline referred to in section 1905(bb)(2)(A), agents approved by the Food and Drug Administration under the over-the-counter monograph process for purposes of promoting, and when used to promote, tobacco cessation”.

(c) **REMOVAL OF COST-SHARING FOR COUNSELING AND PHARMACOTHERAPY FOR CESSATION OF TOBACCO USE BY PREGNANT WOMEN.**—

(1) **GENERAL COST-SHARING LIMITATIONS.**—Section 1916 of the Social Security Act (42 U.S.C. 1396o) is amended in each of subsections (a)(2)(B) and (b)(2)(B) by inserting “, and counseling and pharmacotherapy for cessation of tobacco use by pregnant women (as defined in section 1905(bb)) and covered outpatient drugs (as defined in subsection (k)(2) of section 1927 and including nonprescription drugs described in subsection (d)(2) of such section) that are prescribed for purposes of promoting, and when used to promote, tobacco cessation by pregnant women in accordance with the Guideline referred to in section 1905(bb)(2)(A)” after “complicate the pregnancy”.

(2) **APPLICATION TO ALTERNATIVE COST-SHARING.**—Section 1916A(b)(3)(B)(iii) of such Act (42

U.S.C. 1396o–1(b)(3)(B)(iii)) is amended by inserting “, and counseling and pharmacotherapy for cessation of tobacco use by pregnant women (as defined in section 1905(bb))” after “complicate the pregnancy”.

(d) **EFFECTIVE DATE.**—The amendments made by this section shall take effect on October 1, 2010.

SEC. 4108. INCENTIVES FOR PREVENTION OF CHRONIC DISEASES IN MEDICAID.

(a) **INITIATIVES.**—

(1) **ESTABLISHMENT.**—

(A) **IN GENERAL.**—The Secretary shall award grants to States to carry out initiatives to provide incentives to Medicaid beneficiaries who—

(i) successfully participate in a program described in paragraph (3); and

(ii) upon completion of such participation, demonstrate changes in health risk and outcomes, including the adoption and maintenance of healthy behaviors by meeting specific targets (as described in subsection (c)(2)).

(B) **PURPOSE.**—The purpose of the initiatives under this section is to test approaches that may encourage behavior modification and determine scalable solutions.

(2) **DURATION.**—

(A) **INITIATION OF PROGRAM; RESOURCES.**—The Secretary shall award grants to States beginning on January 1, 2011, or beginning on the date on which the Secretary develops program criteria, whichever is earlier. The Secretary shall develop program criteria for initiatives under this section using relevant evidence-based research and resources, including the Guide to Community Preventive Services, the Guide to Clinical Preventive Services, and the National Registry of Evidence-Based Programs and Practices.

(B) **DURATION OF PROGRAM.**—A State awarded a grant to carry out initiatives under this section shall carry out such initiatives within the 5-year period beginning on January 1, 2011, or beginning on the date on which the Secretary develops program criteria, whichever is earlier. Initiatives under this section shall be carried out by a State for a period of not less than 3 years.

(3) **PROGRAM DESCRIBED.**—

(A) **IN GENERAL.**—A program described in this paragraph is a comprehensive, evidence-based, widely available, and easily accessible program, proposed by the State and approved by the Secretary, that is designed and uniquely suited to address the needs of Medicaid beneficiaries and has demonstrated success in helping individuals achieve one or more of the following:

(i) Ceasing use of tobacco products.

(ii) Controlling or reducing their weight.

(iii) Lowering their cholesterol.

(iv) Lowering their blood pressure.

(v) Avoiding the onset of diabetes or, in the case of a diabetic, improving the management of that condition.

(B) **CO-MORBIDITIES.**—A program under this section may also address co-morbidities (including depression) that are related to any of the conditions described in subparagraph (A).

(C) **WAIVER AUTHORITY.**—The Secretary may waive the requirements of section 1902(a)(1) (relating to statewideness) of the Social Security Act for a State awarded a grant to conduct an initiative under this section and shall ensure that a State makes any program described in subparagraph (A) available and accessible to Medicaid beneficiaries.

(D) **FLEXIBILITY IN IMPLEMENTATION.**—A State may enter into arrangements with providers participating in Medicaid, community-based organizations, faith-based organizations, public-private partnerships, Indian tribes, or similar entities or organizations to carry out programs described in subparagraph (A).

(4) **APPLICATION.**—Following the development of program criteria by the Secretary, a State

may submit an application, in such manner and containing such information as the Secretary may require, that shall include a proposal for programs described in paragraph (3)(A) and a plan to make Medicaid beneficiaries and providers participating in Medicaid who reside in the State aware and informed about such programs.

(b) **EDUCATION AND OUTREACH CAMPAIGN.**—

(1) **STATE AWARENESS.**—The Secretary shall conduct an outreach and education campaign to make States aware of the grants under this section.

(2) **PROVIDER AND BENEFICIARY EDUCATION.**—A State awarded a grant to conduct an initiative under this section shall conduct an outreach and education campaign to make Medicaid beneficiaries and providers participating in Medicaid who reside in the State aware of the programs described in subsection (a)(3) that are to be carried out by the State under the grant.

(c) **IMPACT.**—A State awarded a grant to conduct an initiative under this section shall develop and implement a system to—

(1) track Medicaid beneficiary participation in the program and validate changes in health risk and outcomes with clinical data, including the adoption and maintenance of health behaviors by such beneficiaries;

(2) to the extent practicable, establish standards and health status targets for Medicaid beneficiaries participating in the program and measure the degree to which such standards and targets are met;

(3) evaluate the effectiveness of the program and provide the Secretary with such evaluations;

(4) report to the Secretary on processes that have been developed and lessons learned from the program; and

(5) report on preventive services as part of reporting on quality measures for Medicaid managed care programs.

(d) **EVALUATIONS AND REPORTS.**—

(1) **INDEPENDENT ASSESSMENT.**—The Secretary shall enter into a contract with an independent entity or organization to conduct an evaluation and assessment of the initiatives carried out by States under this section, for the purpose of determining—

(A) the effect of such initiatives on the use of health care services by Medicaid beneficiaries participating in the program;

(B) the extent to which special populations (including adults with disabilities, adults with chronic illnesses, and children with special health care needs) are able to participate in the program;

(C) the level of satisfaction of Medicaid beneficiaries with respect to the accessibility and quality of health care services provided through the program; and

(D) the administrative costs incurred by State agencies that are responsible for administration of the program.

(2) **STATE REPORTING.**—A State awarded a grant to carry out initiatives under this section shall submit reports to the Secretary, on a semi-annual basis, regarding the programs that are supported by the grant funds. Such report shall include information, as specified by the Secretary, regarding—

(A) the specific uses of the grant funds;

(B) an assessment of program implementation and lessons learned from the programs;

(C) an assessment of quality improvements and clinical outcomes under such programs; and

(D) estimates of cost savings resulting from such programs.

(3) **INITIAL REPORT.**—Not later than January 1, 2014, the Secretary shall submit to Congress an initial report on such initiatives based on information provided by States through reports required under paragraph (2). The initial report

shall include an interim evaluation of the effectiveness of the initiatives carried out with grants awarded under this section and a recommendation regarding whether funding for expanding or extending the initiatives should be extended beyond January 1, 2016.

(4) **FINAL REPORT.**—Not later than July 1, 2016, the Secretary shall submit to Congress a final report on the program that includes the results of the independent assessment required under paragraph (1), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

(e) **NO EFFECT ON ELIGIBILITY FOR, OR AMOUNT OF, MEDICAID OR OTHER BENEFITS.**—Any incentives provided to a Medicaid beneficiary participating in a program described in subsection (a)(3) shall not be taken into account for purposes of determining the beneficiary's eligibility for, or amount of, benefits under the Medicaid program or any program funded in whole or in part with Federal funds.

(f) **FUNDING.**—Out of any funds in the Treasury not otherwise appropriated, there are appropriated for the 5-year period beginning on January 1, 2011, \$100,000,000 to the Secretary to carry out this section. Amounts appropriated under this subsection shall remain available until expended.

(g) **DEFINITIONS.**—In this section:

(1) **MEDICAID BENEFICIARY.**—The term “Medicaid beneficiary” means an individual who is eligible for medical assistance under a State plan or waiver under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and is enrolled in such plan or waiver.

(2) **STATE.**—The term “State” has the meaning given that term for purposes of title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

Subtitle C—Creating Healthier Communities
SEC. 4201. COMMUNITY TRANSFORMATION GRANTS.

(a) **IN GENERAL.**—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Director of the Centers for Disease Control and Prevention (referred to in this section as the “Director”), shall award competitive grants to State and local governmental agencies and community-based organizations for the implementation, evaluation, and dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, and develop a stronger evidence-base of effective prevention programming.

(b) **ELIGIBILITY.**—To be eligible to receive a grant under subsection (a), an entity shall—

(1) be—

(A) a State governmental agency;

(B) a local governmental agency;

(C) a national network of community-based organizations;

(D) a State or local non-profit organization; or

(E) an Indian tribe; and

(2) submit to the Director an application at such time, in such a manner, and containing such information as the Director may require, including a description of the program to be carried out under the grant; and

(3) demonstrate a history or capacity, if funded, to develop relationships necessary to engage key stakeholders from multiple sectors within and beyond health care and across a community, such as healthy futures corps and health care providers.

(c) **USE OF FUNDS.**—

(1) **IN GENERAL.**—An eligible entity shall use amounts received under a grant under this section to carry out programs described in this subsection.

(2) **COMMUNITY TRANSFORMATION PLAN.**—

(A) **IN GENERAL.**—An eligible entity that receives a grant under this section shall submit to the Director (for approval) a detailed plan that includes the policy, environmental, programmatic, and as appropriate infrastructure changes needed to promote healthy living and reduce disparities.

(B) **ACTIVITIES.**—Activities within the plan may focus on (but not be limited to)—

(i) creating healthier school environments, including increasing healthy food options, physical activity opportunities, promotion of healthy lifestyle, emotional wellness, and prevention curricula, and activities to prevent chronic diseases;

(ii) creating the infrastructure to support active living and access to nutritious foods in a safe environment;

(iii) developing and promoting programs targeting a variety of age levels to increase access to nutrition, physical activity and smoking cessation, improve social and emotional wellness, enhance safety in a community, or address any other chronic disease priority area identified by the grantee;

(iv) assessing and implementing worksite wellness programming and incentives;

(v) working to highlight healthy options at restaurants and other food venues;

(vi) prioritizing strategies to reduce racial and ethnic disparities, including social, economic, and geographic determinants of health; and

(vii) addressing special populations needs, including all age groups and individuals with disabilities, and individuals in both urban and rural areas.

(3) **COMMUNITY-BASED PREVENTION HEALTH ACTIVITIES.**—

(A) **IN GENERAL.**—An eligible entity shall use amounts received under a grant under this section to implement a variety of programs, policies, and infrastructure improvements to promote healthier lifestyles.

(B) **ACTIVITIES.**—An eligible entity shall implement activities detailed in the community transformation plan under paragraph (2).

(C) **IN-KIND SUPPORT.**—An eligible entity may provide in-kind resources such as staff, equipment, or office space in carrying out activities under this section.

(4) **EVALUATION.**—

(A) **IN GENERAL.**—An eligible entity shall use amounts provided under a grant under this section to conduct activities to measure changes in the prevalence of chronic disease risk factors among community members participating in preventive health activities

(B) **TYPES OF MEASURES.**—In carrying out subparagraph (A), the eligible entity shall, with respect to residents in the community, measure—

(i) changes in weight;

(ii) changes in proper nutrition;

(iii) changes in physical activity;

(iv) changes in tobacco use prevalence;

(v) changes in emotional well-being and overall mental health;

(vi) other factors using community-specific data from the Behavioral Risk Factor Surveillance Survey; and

(vii) other factors as determined by the Secretary.

(C) **REPORTING.**—An eligible entity shall annually submit to the Director a report containing an evaluation of activities carried out under the grant.

(5) **DISSEMINATION.**—A grantee under this section shall—

(A) meet at least annually in regional or national meetings to discuss challenges, best practices, and lessons learned with respect to activities carried out under the grant; and

(B) develop models for the replication of successful programs and activities and the mentoring of other eligible entities.

(d) TRAINING.—

(1) IN GENERAL.—The Director shall develop a program to provide training for eligible entities on effective strategies for the prevention and control of chronic disease and the link between physical, emotional, and social well-being.

(2) COMMUNITY TRANSFORMATION PLAN.—The Director shall provide appropriate feedback and technical assistance to grantees to establish community transformation plans

(3) EVALUATION.—The Director shall provide a literature review and framework for the evaluation of programs conducted as part of the grant program under this section, in addition to working with academic institutions or other entities with expertise in outcome evaluation.

(e) PROHIBITION.—A grantee shall not use funds provided under a grant under this section to create video games or to carry out any other activities that may lead to higher rates of obesity or inactivity.

(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section, such sums as may be necessary for each fiscal years 2010 through 2014.

SEC. 4202. HEALTHY AGING, LIVING WELL; EVALUATION OF COMMUNITY-BASED PREVENTION AND WELLNESS PROGRAMS FOR MEDICARE BENEFICIARIES.

(a) HEALTHY AGING, LIVING WELL.—

(1) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Director of the Centers for Disease Control and Prevention, shall award grants to State or local health departments and Indian tribes to carry out 5-year pilot programs to provide public health community interventions, screenings, and where necessary, clinical referrals for individuals who are between 55 and 64 years of age.

(2) ELIGIBILITY.—To be eligible to receive a grant under paragraph (1), an entity shall—

(A) be—

- (i) a State health department;
- (ii) a local health department; or
- (iii) an Indian tribe;

(B) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require including a description of the program to be carried out under the grant;

(C) design a strategy for improving the health of the 55-to-64 year-old population through community-based public health interventions; and

(D) demonstrate the capacity, if funded, to develop the relationships necessary with relevant health agencies, health care providers, community-based organizations, and insurers to carry out the activities described in paragraph (3), such relationships to include the identification of a community-based clinical partner, such as a community health center or rural health clinic.

(3) USE OF FUNDS.—

(A) IN GENERAL.—A State or local health department shall use amounts received under a grant under this subsection to carry out a program to provide the services described in this paragraph to individuals who are between 55 and 64 years of age.

(B) PUBLIC HEALTH INTERVENTIONS.—

(i) IN GENERAL.—In developing and implementing such activities, a grantee shall collaborate with the Centers for Disease Control and Prevention and the Administration on Aging, and relevant local agencies and organizations.

(ii) TYPES OF INTERVENTION ACTIVITIES.—Intervention activities conducted under this subparagraph may include efforts to improve nutrition, increase physical activity, reduce tobacco use and substance abuse, improve mental health, and promote healthy lifestyles among the target population.

(C) COMMUNITY PREVENTIVE SCREENINGS.—

(i) IN GENERAL.—In addition to community-wide public health interventions, a State or

local health department shall use amounts received under a grant under this subsection to conduct ongoing health screening to identify risk factors for cardiovascular disease, cancer, stroke, and diabetes among individuals in both urban and rural areas who are between 55 and 64 years of age.

(ii) TYPES OF SCREENING ACTIVITIES.—Screening activities conducted under this subparagraph may include—

(I) mental health/behavioral health and substance use disorders;

(II) physical activity, smoking, and nutrition; and

(III) any other measures deemed appropriate by the Secretary.

(iii) MONITORING.—Grantees under this section shall maintain records of screening results under this subparagraph to establish the baseline data for monitoring the targeted population

(D) CLINICAL REFERRAL/TREATMENT FOR CHRONIC DISEASES.—

(i) IN GENERAL.—A State or local health department shall use amounts received under a grant under this subsection to ensure that individuals between 55 and 64 years of age who are found to have chronic disease risk factors through the screening activities described in subparagraph (C)(ii), receive clinical referral/treatment for follow-up services to reduce such risk.

(ii) MECHANISM.—

(I) IDENTIFICATION AND DETERMINATION OF STATUS.—With respect to each individual with risk factors for or having heart disease, stroke, diabetes, or any other condition for which such individual was screened under subparagraph (C), a grantee under this section shall determine whether or not such individual is covered under any public or private health insurance program.

(II) INSURED INDIVIDUALS.—An individual determined to be covered under a health insurance program under subclause (I) shall be referred by the grantee to the existing providers under such program or, if such individual does not have a current provider, to a provider who is in-network with respect to the program involved.

(III) UNINSURED INDIVIDUALS.—With respect to an individual determined to be uninsured under subclause (I), the grantee's community-based clinical partner described in paragraph (4)(D) shall assist the individual in determining eligibility for available public coverage options and identify other appropriate community health care resources and assistance programs.

(iii) PUBLIC HEALTH INTERVENTION PROGRAM.—A State or local health department shall use amounts received under a grant under this subsection to enter into contracts with community health centers or rural health clinics and mental health and substance use disorder service providers to assist in the referral/treatment of at risk patients to community resources for clinical follow-up and help determine eligibility for other public programs.

(E) GRANTEE EVALUATION.—An eligible entity shall use amounts provided under a grant under this subsection to conduct activities to measure changes in the prevalence of chronic disease risk factors among participants.

(4) PILOT PROGRAM EVALUATION.—The Secretary shall conduct an annual evaluation of the effectiveness of the pilot program under this subsection. In determining such effectiveness, the Secretary shall consider changes in the prevalence of uncontrolled chronic disease risk factors among new Medicare enrollees (or individuals nearing enrollment, including those who are 63 and 64 years of age) who reside in States or localities receiving grants under this section as compared with national and historical data for those States and localities for the same population.

(5) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry

out this subsection, such sums as may be necessary for each of fiscal years 2010 through 2014.

(b) EVALUATION AND PLAN FOR COMMUNITY-BASED PREVENTION AND WELLNESS PROGRAMS FOR MEDICARE BENEFICIARIES.—

(1) IN GENERAL.—The Secretary shall conduct an evaluation of community-based prevention and wellness programs and develop a plan for promoting healthy lifestyles and chronic disease self-management for Medicare beneficiaries.

(2) MEDICARE EVALUATION OF PREVENTION AND WELLNESS PROGRAMS.—

(A) IN GENERAL.—The Secretary shall evaluate community prevention and wellness programs including those that are sponsored by the Administration on Aging, are evidence-based, and have demonstrated potential to help Medicare beneficiaries (particularly beneficiaries that have attained 65 years of age) reduce their risk of disease, disability, and injury by making healthy lifestyle choices, including exercise, diet, and self-management of chronic diseases.

(B) EVALUATION.—The evaluation under subparagraph (A) shall consist of the following:

(i) EVIDENCE REVIEW.—The Secretary shall review available evidence, literature, best practices, and resources that are relevant to programs that promote healthy lifestyles and reduce risk factors for the Medicare population. The Secretary may determine the scope of the evidence review and such issues to be considered, which shall include, at a minimum—

- (I) physical activity, nutrition, and obesity;
- (II) falls;
- (III) chronic disease self-management; and
- (IV) mental health.

(ii) INDEPENDENT EVALUATION OF EVIDENCE-BASED COMMUNITY PREVENTION AND WELLNESS PROGRAMS.—The Administrator of the Centers for Medicare & Medicaid Services, in consultation with the Assistant Secretary for Aging, shall, to the extent feasible and practicable, conduct an evaluation of existing community prevention and wellness programs that are sponsored by the Administration on Aging to assess the extent to which Medicare beneficiaries who participate in such programs—

(I) reduce their health risks, improve their health outcomes, and adopt and maintain healthy behaviors;

(II) improve their ability to manage their chronic conditions; and

(III) reduce their utilization of health services and associated costs under the Medicare program for conditions that are amenable to improvement under such programs.

(3) REPORT.—Not later than September 30, 2013, the Secretary shall submit to Congress a report that includes—

(A) recommendations for such legislation and administrative action as the Secretary determines appropriate to promote healthy lifestyles and chronic disease self-management for Medicare beneficiaries;

(B) any relevant findings relating to the evidence review under paragraph (2)(B)(i); and

(C) the results of the evaluation under paragraph (2)(B)(ii).

(4) FUNDING.—For purposes of carrying out this subsection, the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplemental Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t), in such proportion as the Secretary determines appropriate, of \$50,000,000 to the Centers for Medicare & Medicaid Services Program Management Account. Amounts transferred under the preceding sentence shall remain available until expended.

(5) ADMINISTRATION.—Chapter 35 of title 44, United States Code shall not apply to the this subsection.

(6) **MEDICARE BENEFICIARY.**—In this subsection, the term “Medicare beneficiary” means an individual who is entitled to benefits under part A of title XVIII of the Social Security Act and enrolled under part B of such title.

SEC. 4203. REMOVING BARRIERS AND IMPROVING ACCESS TO WELLNESS FOR INDIVIDUALS WITH DISABILITIES.

Title V of the Rehabilitation Act of 1973 (29 U.S.C. 791 et seq.) is amended by adding at the end of the following:

“SEC. 510. ESTABLISHMENT OF STANDARDS FOR ACCESSIBLE MEDICAL DIAGNOSTIC EQUIPMENT.

“(a) **STANDARDS.**—Not later than 24 months after the date of enactment of the Affordable Health Choices Act, the Architectural and Transportation Barriers Compliance Board shall, in consultation with the Commissioner of the Food and Drug Administration, promulgate regulatory standards in accordance with the Administrative Procedure Act (2 U.S.C. 551 et seq.) setting forth the minimum technical criteria for medical diagnostic equipment used in (or in conjunction with) physician’s offices, clinics, emergency rooms, hospitals, and other medical settings. The standards shall ensure that such equipment is accessible to, and usable by, individuals with accessibility needs, and shall allow independent entry to, use of, and exit from the equipment by such individuals to the maximum extent possible.

“(b) **MEDICAL DIAGNOSTIC EQUIPMENT COVERED.**—The standards issued under subsection (a) for medical diagnostic equipment shall apply to equipment that includes examination tables, examination chairs (including chairs used for eye examinations or procedures, and dental examinations or procedures), weight scales, mammography equipment, x-ray machines, and other radiological equipment commonly used for diagnostic purposes by health professionals.

“(c) **REVIEW AND AMENDMENT.**—The Architectural and Transportation Barriers Compliance Board, in consultation with the Commissioner of the Food and Drug Administration, shall periodically review and, as appropriate, amend the standards in accordance with the Administrative Procedure Act (2 U.S.C. 551 et seq.).”.

SEC. 4204. IMMUNIZATIONS.

(a) **STATE AUTHORITY TO PURCHASE RECOMMENDED VACCINES FOR ADULTS.**—Section 317 of the Public Health Service Act (42 U.S.C. 247b) is amended by adding at the end the following:

“(i) **AUTHORITY TO PURCHASE RECOMMENDED VACCINES FOR ADULTS.**—

“(1) **IN GENERAL.**—The Secretary may negotiate and enter into contracts with manufacturers of vaccines for the purchase and delivery of vaccines for adults as provided for under subsection (e).

“(2) **STATE PURCHASE.**—A State may obtain additional quantities of such adult vaccines (subject to amounts specified to the Secretary by the State in advance of negotiations) through the purchase of vaccines from manufacturers at the applicable price negotiated by the Secretary under this subsection.”.

(b) **DEMONSTRATION PROGRAM TO IMPROVE IMMUNIZATION COVERAGE.**—Section 317 of the Public Health Service Act (42 U.S.C. 247b), as amended by subsection (a), is further amended by adding at the end the following:

“(m) **DEMONSTRATION PROGRAM TO IMPROVE IMMUNIZATION COVERAGE.**—

“(1) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a demonstration program to award grants to States to improve the provision of recommended immunizations for children, adolescents, and adults through the use of evidence-based, population-based interventions for high-risk populations.

“(2) **STATE PLAN.**—To be eligible for a grant under paragraph (1), a State shall submit to the

Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a State plan that describes the interventions to be implemented under the grant and how such interventions match with local needs and capabilities, as determined through consultation with local authorities.

“(3) **USE OF FUNDS.**—Funds received under a grant under this subsection shall be used to implement interventions that are recommended by the Task Force on Community Preventive Services (as established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) or other evidence-based interventions, including—

“(A) providing immunization reminders or recalls for target populations of clients, patients, and consumers;

“(B) educating targeted populations and health care providers concerning immunizations in combination with one or more other interventions;

“(C) reducing out-of-pocket costs for families for vaccines and their administration;

“(D) carrying out immunization-promoting strategies for participants or clients of public programs, including assessments of immunization status, referrals to health care providers, education, provision of on-site immunizations, or incentives for immunization;

“(E) providing for home visits that promote immunization through education, assessments of need, referrals, provision of immunizations, or other services;

“(F) providing reminders or recalls for immunization providers;

“(G) conducting assessments of, and providing feedback to, immunization providers;

“(H) any combination of one or more interventions described in this paragraph; or

“(I) immunization information systems to allow all States to have electronic databases for immunization records.

“(4) **CONSIDERATION.**—In awarding grants under this subsection, the Secretary shall consider any reviews or recommendations of the Task Force on Community Preventive Services.

“(5) **EVALUATION.**—Not later than 3 years after the date on which a State receives a grant under this subsection, the State shall submit to the Secretary an evaluation of progress made toward improving immunization coverage rates among high-risk populations within the State.

“(6) **REPORT TO CONGRESS.**—Not later than 4 years after the date of enactment of the Affordable Health Choices Act, the Secretary shall submit to Congress a report concerning the effectiveness of the demonstration program established under this subsection together with recommendations on whether to continue and expand such program.

“(7) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this subsection, such sums as may be necessary for each of fiscal years 2010 through 2014.”.

(c) **REAUTHORIZATION OF IMMUNIZATION PROGRAM.**—Section 317(j) of the Public Health Service Act (42 U.S.C. 247b(j)) is amended—

(1) in paragraph (1), by striking “for each of the fiscal years 1998 through 2005”; and

(2) in paragraph (2), by striking “after October 1, 1997.”.

(d) **RULE OF CONSTRUCTION REGARDING ACCESS TO IMMUNIZATIONS.**—Nothing in this section (including the amendments made by this section), or any other provision of this Act (including any amendments made by this Act) shall be construed to decrease children’s access to immunizations.

(e) **GAO STUDY AND REPORT ON MEDICARE BENEFICIARY ACCESS TO VACCINES.**—

(1) **STUDY.**—The Comptroller General of the United States (in this section referred to as the

“Comptroller General”) shall conduct a study on the ability of Medicare beneficiaries who were 65 years of age or older to access routinely recommended vaccines covered under the prescription drug program under part D of title XVIII of the Social Security Act over the period since the establishment of such program. Such study shall include the following:

(A) An analysis and determination of—

(i) the number of Medicare beneficiaries who were 65 years of age or older and were eligible for a routinely recommended vaccination that was covered under part D;

(ii) the number of such beneficiaries who actually received a routinely recommended vaccination that was covered under part D; and

(iii) any barriers to access by such beneficiaries to routinely recommended vaccinations that were covered under part D.

(B) A summary of the findings and recommendations by government agencies, departments, and advisory bodies (as well as relevant professional organizations) on the impact of coverage under part D of routinely recommended adult immunizations for access to such immunizations by Medicare beneficiaries.

(2) **REPORT.**—Not later than June 1, 2011, the Comptroller General shall submit to the appropriate committees of jurisdiction of the House of Representatives and the Senate a report containing the results of the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

(3) **FUNDING.**—Out of any funds in the Treasury not otherwise appropriated, there are appropriated \$1,000,000 for fiscal year 2010 to carry out this subsection.

SEC. 4205. NUTRITION LABELING OF STANDARD MENU ITEMS AT CHAIN RESTAURANTS.

(a) **TECHNICAL AMENDMENTS.**—Section 403(q)(5)(A) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 343(q)(5)(A)) is amended—

(1) in subitem (i), by inserting at the beginning “except as provided in clause (H)(ii)(III),”; and

(2) in subitem (ii), by inserting at the beginning “except as provided in clause (H)(ii)(III),”.

(b) **LABELING REQUIREMENTS.**—Section 403(q)(5) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 343(q)(5)) is amended by adding at the end the following:

“(H) **RESTAURANTS, RETAIL FOOD ESTABLISHMENTS, AND VENDING MACHINES.**—

“(i) **GENERAL REQUIREMENTS FOR RESTAURANTS AND SIMILAR RETAIL FOOD ESTABLISHMENTS.**—Except for food described in subclause (vii), in the case of food that is a standard menu item that is offered for sale in a restaurant or similar retail food establishment that is part of a chain with 20 or more locations doing business under the same name (regardless of the type of ownership of the locations) and offering for sale substantially the same menu items, the restaurant or similar retail food establishment shall disclose the information described in subclauses (ii) and (iii).

“(ii) **INFORMATION REQUIRED TO BE DISCLOSED BY RESTAURANTS AND RETAIL FOOD ESTABLISHMENTS.**—Except as provided in subclause (vii), the restaurant or similar retail food establishment shall disclose in a clear and conspicuous manner—

“(I)(aa) in a nutrient content disclosure statement adjacent to the name of the standard menu item, so as to be clearly associated with the standard menu item, on the menu listing the item for sale, the number of calories contained in the standard menu item, as usually prepared and offered for sale; and

“(bb) a succinct statement concerning suggested daily caloric intake, as specified by the Secretary by regulation and posted prominently

on the menu and designed to enable the public to understand, in the context of a total daily diet, the significance of the caloric information that is provided on the menu;

“(II)(aa) in a nutrient content disclosure statement adjacent to the name of the standard menu item, so as to be clearly associated with the standard menu item, on the menu board, including a drive-through menu board, the number of calories contained in the standard menu item, as usually prepared and offered for sale; and

“(bb) a succinct statement concerning suggested daily caloric intake, as specified by the Secretary by regulation and posted prominently on the menu board, designed to enable the public to understand, in the context of a total daily diet, the significance of the nutrition information that is provided on the menu board;

“(III) in a written form, available on the premises of the restaurant or similar retail establishment and to the consumer upon request, the nutrition information required under clauses (C) and (D) of subparagraph (I); and

“(IV) on the menu or menu board, a prominent, clear, and conspicuous statement regarding the availability of the information described in item (III).

“(iii) SELF-SERVICE FOOD AND FOOD ON DISPLAY.—Except as provided in subclause (vii), in the case of food sold at a salad bar, buffet line, cafeteria line, or similar self-service facility, and for self-service beverages or food that is on display and that is visible to customers, a restaurant or similar retail food establishment shall place adjacent to each food offered a sign that lists calories per displayed food item or per serving.

“(iv) REASONABLE BASIS.—For the purposes of this clause, a restaurant or similar retail food establishment shall have a reasonable basis for its nutrient content disclosures, including nutrient databases, cookbooks, laboratory analyses, and other reasonable means, as described in section 101.10 of title 21, Code of Federal Regulations (or any successor regulation) or in a related guidance of the Food and Drug Administration.

“(v) MENU VARIABILITY AND COMBINATION MEALS.—The Secretary shall establish by regulation standards for determining and disclosing the nutrient content for standard menu items that come in different flavors, varieties, or combinations, but which are listed as a single menu item, such as soft drinks, ice cream, pizza, doughnuts, or children's combination meals, through means determined by the Secretary, including ranges, averages, or other methods.

“(vi) ADDITIONAL INFORMATION.—If the Secretary determines that a nutrient, other than a nutrient required under subclause (ii)(III), should be disclosed for the purpose of providing information to assist consumers in maintaining healthy dietary practices, the Secretary may require, by regulation, disclosure of such nutrient in the written form required under subclause (ii)(III).

“(vii) NONAPPLICABILITY TO CERTAIN FOOD.—

“(I) IN GENERAL.—Subclauses (i) through (vi) do not apply to—

“(aa) items that are not listed on a menu or menu board (such as condiments and other items placed on the table or counter for general use);

“(bb) daily specials, temporary menu items appearing on the menu for less than 60 days per calendar year, or custom orders; or

“(cc) such other food that is part of a customary market test appearing on the menu for less than 90 days, under terms and conditions established by the Secretary.

“(II) WRITTEN FORMS.—Subparagraph (5)(C) shall apply to any regulations promulgated under subclauses (ii)(III) and (vi).

“(viii) VENDING MACHINES.—

“(I) IN GENERAL.—In the case of an article of food sold from a vending machine that—

“(aa) does not permit a prospective purchaser to examine the Nutrition Facts Panel before purchasing the article or does not otherwise provide visible nutrition information at the point of purchase; and

“(bb) is operated by a person who is engaged in the business of owning or operating 20 or more vending machines,

the vending machine operator shall provide a sign in close proximity to each article of food or the selection button that includes a clear and conspicuous statement disclosing the number of calories contained in the article.

“(ix) VOLUNTARY PROVISION OF NUTRITION INFORMATION.—

“(I) IN GENERAL.—An authorized official of any restaurant or similar retail food establishment or vending machine operator not subject to the requirements of this clause may elect to be subject to the requirements of such clause, by registering biannually the name and address of such restaurant or similar retail food establishment or vending machine operator with the Secretary, as specified by the Secretary by regulation.

“(II) REGISTRATION.—Within 120 days of enactment of this clause, the Secretary shall publish a notice in the Federal Register specifying the terms and conditions for implementation of item (I), pending promulgation of regulations.

“(III) RULE OF CONSTRUCTION.—Nothing in this subclause shall be construed to authorize the Secretary to require an application, review, or licensing process for any entity to register with the Secretary, as described in such item.

“(x) REGULATIONS.—

“(I) PROPOSED REGULATION.—Not later than 1 year after the date of enactment of this clause, the Secretary shall promulgate proposed regulations to carry out this clause.

“(II) CONTENTS.—In promulgating regulations, the Secretary shall—

“(aa) consider standardization of recipes and methods of preparation, reasonable variation in serving size and formulation of menu items, space on menus and menu boards, inadvertent human error, training of food service workers, variations in ingredients, and other factors, as the Secretary determines; and

“(bb) specify the format and manner of the nutrient content disclosure requirements under this subclause.

“(III) REPORTING.—The Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a quarterly report that describes the Secretary's progress toward promulgating final regulations under this subparagraph.

“(xi) DEFINITION.—In this clause, the term ‘menu’ or ‘menu board’ means the primary writing of the restaurant or other similar retail food establishment from which a consumer makes an order selection.”

(c) NATIONAL UNIFORMITY.—Section 403A(a)(4) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 343-1(a)(4)) is amended by striking “except a requirement for nutrition labeling of food which is exempt under subclause (i) or (ii) of section 403(q)(5)(A)” and inserting “except that this paragraph does not apply to food that is offered for sale in a restaurant or similar retail food establishment that is not part of a chain with 20 or more locations doing business under the same name (regardless of the type of ownership of the locations) and offering for sale substantially the same menu items unless such restaurant or similar retail food establishment complies with the voluntary provision of nutrition information requirements under section 403(q)(5)(H)(ix)”.

(d) RULE OF CONSTRUCTION.—Nothing in the amendments made by this section shall be construed—

(1) to preempt any provision of State or local law, unless such provision establishes or continues into effect nutrient content disclosures of the type required under section 403(q)(5)(H) of the Federal Food, Drug, and Cosmetic Act (as added by subsection (b)) and is expressly preempted under subsection (a)(4) of such section;

(2) to apply to any State or local requirement respecting a statement in the labeling of food that provides for a warning concerning the safety of the food or component of the food; or

(3) except as provided in section 403(q)(5)(H)(ix) of the Federal Food, Drug, and Cosmetic Act (as added by subsection (b)), to apply to any restaurant or similar retail food establishment other than a restaurant or similar retail food establishment described in section 403(q)(5)(H)(i) of such Act.

SEC. 4206. DEMONSTRATION PROJECT CONCERNING INDIVIDUALIZED WELLNESS PLAN.

Section 330 of the Public Health Service Act (42 U.S.C. 245b) is amended by adding at the end the following:

“(s) DEMONSTRATION PROGRAM FOR INDIVIDUALIZED WELLNESS PLANS.—

“(1) IN GENERAL.—The Secretary shall establish a pilot program to test the impact of providing at-risk populations who utilize community health centers funded under this section an individualized wellness plan that is designed to reduce risk factors for preventable conditions as identified by a comprehensive risk-factor assessment.

“(2) AGREEMENTS.—The Secretary shall enter into agreements with not more than 10 community health centers funded under this section to conduct activities under the pilot program under paragraph (1).

“(3) WELLNESS PLANS.—

“(A) IN GENERAL.—An individualized wellness plan prepared under the pilot program under this subsection may include one or more of the following as appropriate to the individual's identified risk factors:

“(i) Nutritional counseling.

“(ii) A physical activity plan.

“(iii) Alcohol and smoking cessation counseling and services.

“(iv) Stress management.

“(v) Dietary supplements that have health claims approved by the Secretary.

“(vi) Compliance assistance provided by a community health center employee.

“(B) RISK FACTORS.—Wellness plan risk factors shall include—

“(i) weight;

“(ii) tobacco and alcohol use;

“(iii) exercise rates;

“(iv) nutritional status; and

“(v) blood pressure.

“(C) COMPARISONS.—Individualized wellness plans shall make comparisons between the individual involved and a control group of individuals with respect to the risk factors described in subparagraph (B).

“(4) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, such sums as may be necessary.”.

SEC. 4207. REASONABLE BREAK TIME FOR NURSING MOTHERS.

Section 7 of the Fair Labor Standards Act of 1938 (29 U.S.C. 207) is amended by adding at the end the following:

“(r)(1) An employer shall provide—

“(A) a reasonable break time for an employee to express breast milk for her nursing child for 1 year after the child's birth each time such employee has need to express the milk; and

“(B) a place, other than a bathroom, that is shielded from view and free from intrusion from

coworkers and the public, which may be used by an employee to express breast milk.

“(2) An employer shall not be required to compensate an employee receiving reasonable break time under paragraph (1) for any work time spent for such purpose.

“(3) An employer that employs less than 50 employees shall not be subject to the requirements of this subsection, if such requirements would impose an undue hardship by causing the employer significant difficulty or expense when considered in relation to the size, financial resources, nature, or structure of the employer's business.

“(4) Nothing in this subsection shall preempt a State law that provides greater protections to employees than the protections provided for under this subsection.”.

Subtitle D—Support for Prevention and Public Health Innovation

SEC. 4301. RESEARCH ON OPTIMIZING THE DELIVERY OF PUBLIC HEALTH SERVICES.

(a) **IN GENERAL.**—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Director of the Centers for Disease Control and Prevention, shall provide funding for research in the area of public health services and systems.

(b) **REQUIREMENTS OF RESEARCH.**—Research supported under this section shall include—

(1) examining evidence-based practices relating to prevention, with a particular focus on high priority areas as identified by the Secretary in the National Prevention Strategy or Healthy People 2020, and including comparing community-based public health interventions in terms of effectiveness and cost;

(2) analyzing the translation of interventions from academic settings to real world settings; and

(3) identifying effective strategies for organizing, financing, or delivering public health services in real world community settings, including comparing State and local health department structures and systems in terms of effectiveness and cost.

(c) **EXISTING PARTNERSHIPS.**—Research supported under this section shall be coordinated with the Community Preventive Services Task Force and carried out by building on existing partnerships within the Federal Government while also considering initiatives at the State and local levels and in the private sector.

(d) **ANNUAL REPORT.**—The Secretary shall, on an annual basis, submit to Congress a report concerning the activities and findings with respect to research supported under this section.

SEC. 4302. UNDERSTANDING HEALTH DISPARITIES: DATA COLLECTION AND ANALYSIS.

(a) **UNIFORM CATEGORIES AND COLLECTION REQUIREMENTS.**—The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

“TITLE XXXI—DATA COLLECTION, ANALYSIS, AND QUALITY

“SEC. 3101. DATA COLLECTION, ANALYSIS, AND QUALITY.

“(a) **DATA COLLECTION.**—

“(1) **IN GENERAL.**—The Secretary shall ensure that, by not later than 2 years after the date of enactment of this title, any federally conducted or supported health care or public health program, activity or survey (including Current Population Surveys and American Community Surveys conducted by the Bureau of Labor Statistics and the Bureau of the Census) collects and reports, to the extent practicable—

“(A) data on race, ethnicity, sex, primary language, and disability status for applicants, recipients, or participants;

“(B) data at the smallest geographic level such as State, local, or institutional levels if such data can be aggregated;

“(C) sufficient data to generate statistically reliable estimates by racial, ethnic, sex, primary language, and disability status subgroups for applicants, recipients or participants using, if needed, statistical oversamples of these subpopulations; and

“(D) any other demographic data as deemed appropriate by the Secretary regarding health disparities.

“(2) **COLLECTION STANDARDS.**—In collecting data described in paragraph (1), the Secretary or designee shall—

“(A) use Office of Management and Budget standards, at a minimum, for race and ethnicity measures;

“(B) develop standards for the measurement of sex, primary language, and disability status;

“(C) develop standards for the collection of data described in paragraph (1) that, at a minimum—

“(i) collects self-reported data by the applicant, recipient, or participant; and

“(ii) collects data from a parent or legal guardian if the applicant, recipient, or participant is a minor or legally incapacitated;

“(D) survey health care providers and establish other procedures in order to assess access to care and treatment for individuals with disabilities and to identify—

“(i) locations where individuals with disabilities access primary, acute (including intensive), and long-term care;

“(ii) the number of providers with accessible facilities and equipment to meet the needs of the individuals with disabilities, including medical diagnostic equipment that meets the minimum technical criteria set forth in section 510 of the Rehabilitation Act of 1973; and

“(iii) the number of employees of health care providers trained in disability awareness and patient care of individuals with disabilities; and

“(E) require that any reporting requirement imposed for purposes of measuring quality under any ongoing or federally conducted or supported health care or public health program, activity, or survey includes requirements for the collection of data on individuals receiving health care items or services under such programs activities by race, ethnicity, sex, primary language, and disability status.

“(3) **DATA MANAGEMENT.**—In collecting data described in paragraph (1), the Secretary, acting through the National Coordinator for Health Information Technology shall—

“(A) develop national standards for the management of data collected; and

“(B) develop interoperability and security systems for data management.

“(b) **DATA ANALYSIS.**—

“(1) **IN GENERAL.**—For each federally conducted or supported health care or public health program or activity, the Secretary shall analyze data collected under paragraph (a) to detect and monitor trends in health disparities (as defined for purposes of section 485E) at the Federal and State levels.

“(c) **DATA REPORTING AND DISSEMINATION.**—

“(1) **IN GENERAL.**—The Secretary shall make the analyses described in (b) available to—

“(A) the Office of Minority Health;

“(B) the National Center on Minority Health and Health Disparities;

“(C) the Agency for Healthcare Research and Quality;

“(D) the Centers for Disease Control and Prevention;

“(E) the Centers for Medicare & Medicaid Services;

“(F) the Indian Health Service and epidemiology centers funded under the Indian Health Care Improvement Act;

“(G) the Office of Rural health;

“(H) other agencies within the Department of Health and Human Services; and

“(I) other entities as determined appropriate by the Secretary.

“(2) **REPORTING OF DATA.**—The Secretary shall report data and analyses described in (a) and (b) through—

“(A) public postings on the Internet websites of the Department of Health and Human Services; and

“(B) any other reporting or dissemination mechanisms determined appropriate by the Secretary.

“(3) **AVAILABILITY OF DATA.**—The Secretary may make data described in (a) and (b) available for additional research, analyses, and dissemination to other Federal agencies, non-governmental entities, and the public, in accordance with any Federal agency's data user agreements.

“(d) **LIMITATIONS ON USE OF DATA.**—Nothing in this section shall be construed to permit the use of information collected under this section in a manner that would adversely affect any individual.

“(e) **PROTECTION AND SHARING OF DATA.**—

“(1) **PRIVACY AND OTHER SAFEGUARDS.**—The Secretary shall ensure (through the promulgation of regulations or otherwise) that—

“(A) all data collected pursuant to subsection (a) is protected—

“(i) under privacy protections that are at least as broad as those that the Secretary applies to other health data under the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110 Stat. 2033); and

“(ii) from all inappropriate internal use by any entity that collects, stores, or receives the data, including use of such data in determinations of eligibility (or continued eligibility) in health plans, and from other inappropriate uses, as defined by the Secretary; and

“(B) all appropriate information security safeguards are used in the collection, analysis, and sharing of data collected pursuant to subsection (a).

“(2) **DATA SHARING.**—The Secretary shall establish procedures for sharing data collected pursuant to subsection (a), measures relating to such data, and analyses of such data, with other relevant Federal and State agencies including the agencies, centers, and entities within the Department of Health and Human Services specified in subsection (c)(1).

“(f) **DATA ON RURAL UNDERSERVED POPULATIONS.**—The Secretary shall ensure that any data collected in accordance with this section regarding racial and ethnic minority groups are also collected regarding underserved rural and frontier populations.

“(g) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2010 through 2014.

“(h) **REQUIREMENT FOR IMPLEMENTATION.**—Notwithstanding any other provision of this section, data may not be collected under this section unless funds are directly appropriated for such purpose in an appropriations Act.

“(i) **CONSULTATION.**—The Secretary shall consult with the Director of the Office of Personnel Management, the Secretary of Defense, the Secretary of Veterans Affairs, the Director of the Bureau of the Census, the Commissioner of Social Security, and the head of other appropriate Federal agencies in carrying out this section.”.

(b) **ADDRESSING HEALTH CARE DISPARITIES IN MEDICAID AND CHIP.**—

(1) **STANDARDIZED COLLECTION REQUIREMENTS INCLUDED IN STATE PLANS.**—

(A) **MEDICAID.**—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)), as amended by section 2001(d), is amended—

(i) in paragraph 4), by striking “and” at the end;

(ii) in paragraph (75), by striking the period at the end and inserting “; and”; and

(iii) by inserting after paragraph (75) the following new paragraph:

“(76) provide that any data collected under the State plan meets the requirements of section 3101 of the Public Health Service Act.”

(B) CHIP.—Section 2108(e) of the Social Security Act (42 U.S.C. 1397h(e)) is amended by adding at the end the following new paragraph:

“(7) Data collected and reported in accordance with section 3101 of the Public Health Service Act, with respect to individuals enrolled in the State child health plan (and, in the case of enrollees under 19 years of age, their parents or legal guardians), including data regarding the primary language of such individuals, parents, and legal guardians.”

(2) EXTENDING MEDICARE REQUIREMENT TO ADDRESS HEALTH DISPARITIES DATA COLLECTION TO MEDICAID AND CHIP.—Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), as amended by section 2703 is amended by adding at the end the following new section:

“SEC. 1946. ADDRESSING HEALTH CARE DISPARITIES.

“(a) EVALUATING DATA COLLECTION APPROACHES.—The Secretary shall evaluate approaches for the collection of data under this title and title XXI, to be performed in conjunction with existing quality reporting requirements and programs under this title and title XXI, that allow for the ongoing, accurate, and timely collection and evaluation of data on disparities in health care services and performance on the basis of race, ethnicity, sex, primary language, and disability status. In conducting such evaluation, the Secretary shall consider the following objectives:

“(1) Protecting patient privacy.

“(2) Minimizing the administrative burdens of data collection and reporting on States, providers, and health plans participating under this title or title XXI.

“(3) Improving program data under this title and title XXI on race, ethnicity, sex, primary language, and disability status.

“(b) REPORTS TO CONGRESS.—

“(1) REPORT ON EVALUATION.—Not later than 18 months after the date of the enactment of this section, the Secretary shall submit to Congress a report on the evaluation conducted under subsection (a). Such report shall, taking into consideration the results of such evaluation—

“(A) identify approaches (including defining methodologies) for identifying and collecting and evaluating data on health care disparities on the basis of race, ethnicity, sex, primary language, and disability status for the programs under this title and title XXI; and

“(B) include recommendations on the most effective strategies and approaches to reporting HEDIS quality measures as required under section 1852(e)(3) and other nationally recognized quality performance measures, as appropriate, on such bases.

“(2) REPORTS ON DATA ANALYSES.—Not later than 4 years after the date of the enactment of this section, and 4 years thereafter, the Secretary shall submit to Congress a report that includes recommendations for improving the identification of health care disparities for beneficiaries under this title and under title XXI based on analyses of the data collected under subsection (c).

“(c) IMPLEMENTING EFFECTIVE APPROACHES.—Not later than 24 months after the date of the enactment of this section, the Secretary shall implement the approaches identified in the report submitted under subsection (b)(1) for the ongoing, accurate, and timely collection and evaluation of data on health care disparities on the basis of race, ethnicity, sex, primary language, and disability status.”

SEC. 4303. CDC AND EMPLOYER-BASED WELLNESS PROGRAMS.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.), by section 4102, is further amended by adding at the end the following:

“PART U—EMPLOYER-BASED WELLNESS PROGRAM

“SEC. 399MM. TECHNICAL ASSISTANCE FOR EMPLOYER-BASED WELLNESS PROGRAMS.

“In order to expand the utilization of evidence-based prevention and health promotion approaches in the workplace, the Director shall—

“(1) provide employers (including small, medium, and large employers, as determined by the Director) with technical assistance, consultation, tools, and other resources in evaluating such employers’ employer-based wellness programs, including—

“(A) measuring the participation and methods to increase participation of employees in such programs;

“(B) developing standardized measures that assess policy, environmental and systems changes necessary to have a positive health impact on employees’ health behaviors, health outcomes, and health care expenditures; and

“(C) evaluating such programs as they relate to changes in the health status of employees, the absenteeism of employees, the productivity of employees, the rate of workplace injury, and the medical costs incurred by employees; and

“(2) build evaluation capacity among workplace staff by training employers on how to evaluate employer-based wellness programs by ensuring evaluation resources, technical assistance, and consultation are available to workplace staff as needed through such mechanisms as web portals, call centers, or other means.

“SEC. 399MM-1. NATIONAL WORKSITE HEALTH POLICIES AND PROGRAMS STUDY.

“(a) IN GENERAL.—In order to assess, analyze, and monitor over time data about workplace policies and programs, and to develop instruments to assess and evaluate comprehensive workplace chronic disease prevention and health promotion programs, policies and practices, not later than 2 years after the date of enactment of this part, and at regular intervals (to be determined by the Director) thereafter, the Director shall conduct a national worksite health policies and programs survey to assess employer-based health policies and programs.

“(b) REPORT.—Upon the completion of each study under subsection (a), the Director shall submit to Congress a report that includes the recommendations of the Director for the implementation of effective employer-based health policies and programs.

“SEC. 399MM-2. PRIORITIZATION OF EVALUATION BY SECRETARY.

“The Secretary shall evaluate, in accordance with this part, all programs funded through the Centers for Disease Control and Prevention before conducting such an evaluation of privately funded programs unless an entity with a privately funded wellness program requests such an evaluation.

“SEC. 399MM-3. PROHIBITION OF FEDERAL WORKPLACE WELLNESS REQUIREMENTS.

“Notwithstanding any other provision of this part, any recommendations, data, or assessments carried out under this part shall not be used to mandate requirements for workplace wellness programs.”

SEC. 4304. EPIDEMIOLOGY-LABORATORY CAPACITY GRANTS.

Title XXVIII of the Public Health Service Act (42 U.S.C. 300hh et seq.) is amended by adding at the end the following:

“Subtitle C—Strengthening Public Health Surveillance Systems

“SEC. 2821. EPIDEMIOLOGY-LABORATORY CAPACITY GRANTS.

“(a) IN GENERAL.—Subject to the availability of appropriations, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an Epidemiology and Laboratory Capacity Grant Program to award grants to State health departments as well as local health departments and tribal jurisdictions that meet such criteria as the Director determines appropriate. Academic centers that assist State and eligible local and tribal health departments may also be eligible for funding under this section as the Director determines appropriate. Grants shall be awarded under this section to assist public health agencies in improving surveillance for, and response to, infectious diseases and other conditions of public health importance by—

“(1) strengthening epidemiologic capacity to identify and monitor the occurrence of infectious diseases and other conditions of public health importance;

“(2) enhancing laboratory practice as well as systems to report test orders and results electronically;

“(3) improving information systems including developing and maintaining an information exchange using national guidelines and complying with capacities and functions determined by an advisory council established and appointed by the Director; and

“(4) developing and implementing prevention and control strategies.

“(b) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$190,000,000 for each of fiscal years 2010 through 2013, of which—

“(1) not less than \$95,000,000 shall be made available each such fiscal year for activities under paragraphs (1) and (4) of subsection (a);

“(2) not less than \$60,000,000 shall be made available each such fiscal year for activities under subsection (a)(3); and

“(3) not less than \$32,000,000 shall be made available each such fiscal year for activities under subsection (a)(2).”

SEC. 4305. ADVANCING RESEARCH AND TREATMENT FOR PAIN CARE MANAGEMENT.

(a) INSTITUTE OF MEDICINE CONFERENCE ON PAIN.—

(1) CONVENING.—Not later than 1 year after funds are appropriated to carry out this subsection, the Secretary of Health and Human Services shall seek to enter into an agreement with the Institute of Medicine of the National Academies to convene a Conference on Pain (in this subsection referred to as “the Conference”).

(2) PURPOSES.—The purposes of the Conference shall be to—

(A) increase the recognition of pain as a significant public health problem in the United States;

(B) evaluate the adequacy of assessment, diagnosis, treatment, and management of acute and chronic pain in the general population, and in identified racial, ethnic, gender, age, and other demographic groups that may be disproportionately affected by inadequacies in the assessment, diagnosis, treatment, and management of pain;

(C) identify barriers to appropriate pain care;

(D) establish an agenda for action in both the public and private sectors that will reduce such barriers and significantly improve the state of pain care research, education, and clinical care in the United States.

(3) OTHER APPROPRIATE ENTITY.—If the Institute of Medicine declines to enter into an agreement under paragraph (1), the Secretary of Health and Human Services may enter into such agreement with another appropriate entity.

(4) **REPORT.**—A report summarizing the Conference's findings and recommendations shall be submitted to the Congress not later than June 30, 2011.

(5) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this subsection, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2010 and 2011.

(b) **PAIN RESEARCH AT NATIONAL INSTITUTES OF HEALTH.**—Part B of title IV of the Public Health Service Act (42 U.S.C. 284 et seq.) is amended by adding at the end the following:

"SEC. 409J. PAIN RESEARCH.

"(a) RESEARCH INITIATIVES.—

"(1) IN GENERAL.—The Director of NIH is encouraged to continue and expand, through the Pain Consortium, an aggressive program of basic and clinical research on the causes of and potential treatments for pain.

"(2) ANNUAL RECOMMENDATIONS.—Not less than annually, the Pain Consortium, in consultation with the Division of Program Coordination, Planning, and Strategic Initiatives, shall develop and submit to the Director of NIH recommendations on appropriate pain research initiatives that could be undertaken with funds reserved under section 402A(c)(1) for the Common Fund or otherwise available for such initiatives.

"(3) DEFINITION.—In this subsection, the term 'Pain Consortium' means the Pain Consortium of the National Institutes of Health or a similar trans-National Institutes of Health coordinating entity designated by the Secretary for purposes of this subsection.

"(b) INTERAGENCY PAIN RESEARCH COORDINATING COMMITTEE.—

"(1) ESTABLISHMENT.—The Secretary shall establish not later than 1 year after the date of the enactment of this section and as necessary maintain a committee, to be known as the Interagency Pain Research Coordinating Committee (in this section referred to as the 'Committee'), to coordinate all efforts within the Department of Health and Human Services and other Federal agencies that relate to pain research.

"(2) MEMBERSHIP.—

"(A) IN GENERAL.—The Committee shall be composed of the following voting members:

"(i) Not more than 7 voting Federal representatives appoint by the Secretary from agencies that conduct pain care research and treatment.

"(ii) 12 additional voting members appointed under subparagraph (B).

"(B) ADDITIONAL MEMBERS.—The Committee shall include additional voting members appointed by the Secretary as follows:

"(i) 6 non-Federal members shall be appointed from among scientists, physicians, and other health professionals.

"(ii) 6 members shall be appointed from members of the general public, who are representatives of leading research, advocacy, and service organizations for individuals with pain-related conditions.

"(C) NONVOTING MEMBERS.—The Committee shall include such nonvoting members as the Secretary determines to be appropriate.

"(3) CHAIRPERSON.—The voting members of the Committee shall select a chairperson from among such members. The selection of a chairperson shall be subject to the approval of the Director of NIH.

"(4) MEETINGS.—The Committee shall meet at the call of the chairperson of the Committee or upon the request of the Director of NIH, but in no case less often than once each year.

"(5) DUTIES.—The Committee shall—

"(A) develop a summary of advances in pain care research supported or conducted by the Federal agencies relevant to the diagnosis, prevention, and treatment of pain and diseases and disorders associated with pain;

"(B) identify critical gaps in basic and clinical research on the symptoms and causes of pain;

"(C) make recommendations to ensure that the activities of the National Institutes of Health and other Federal agencies are free of unnecessary duplication of effort;

"(D) make recommendations on how best to disseminate information on pain care; and

"(E) make recommendations on how to expand partnerships between public entities and private entities to expand collaborative, cross-cutting research.

"(6) REVIEW.—The Secretary shall review the necessity of the Committee at least once every 2 years."

(c) **PAIN CARE EDUCATION AND TRAINING.**—Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended by adding at the end the following new section:

"SEC. 759. PROGRAM FOR EDUCATION AND TRAINING IN PAIN CARE.

"(a) IN GENERAL.—The Secretary may make awards of grants, cooperative agreements, and contracts to health professions schools, hospices, and other public and private entities for the development and implementation of programs to provide education and training to health care professionals in pain care.

"(b) CERTAIN TOPICS.—An award may be made under subsection (a) only if the applicant for the award agrees that the program carried out with the award will include information and education on—

"(1) recognized means for assessing, diagnosing, treating, and managing pain and related signs and symptoms, including the medically appropriate use of controlled substances;

"(2) applicable laws, regulations, rules, and policies on controlled substances, including the degree to which misconceptions and concerns regarding such laws, regulations, rules, and policies, or the enforcement thereof, may create barriers to patient access to appropriate and effective pain care;

"(3) interdisciplinary approaches to the delivery of pain care, including delivery through specialized centers providing comprehensive pain care treatment expertise;

"(4) cultural, linguistic, literacy, geographic, and other barriers to care in underserved populations; and

"(5) recent findings, developments, and improvements in the provision of pain care.

"(c) EVALUATION OF PROGRAMS.—The Secretary shall (directly or through grants or contracts) provide for the evaluation of programs implemented under subsection (a) in order to determine the effect of such programs on knowledge and practice of pain care.

"(d) PAIN CARE DEFINED.—For purposes of this section the term 'pain care' means the assessment, diagnosis, treatment, or management of acute or chronic pain regardless of causation or body location.

"(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, such sums as may be necessary for each of the fiscal years 2010 through 2012. Amounts appropriated under this subsection shall remain available until expended."

SEC. 4306. FUNDING FOR CHILDHOOD OBESITY DEMONSTRATION PROJECT.

Section 1139A(e)(8) of the Social Security Act (42 U.S.C. 1320b-9a(e)(8)) is amended to read as follows:

"(8) APPROPRIATION.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated to carry out this subsection, \$25,000,000 for the period of fiscal years 2010 through 2014."

Subtitle E—Miscellaneous Provisions

SEC. 4401. SENSE OF THE SENATE CONCERNING CBO SCORING.

(a) **FINDING.**—The Senate finds that the costs of prevention programs are difficult to estimate

due in part because prevention initiatives are hard to measure and results may occur outside the 5 and 10 year budget windows.

(b) **SENSE OF CONGRESS.**—It is the sense of the Senate that Congress should work with the Congressional Budget Office to develop better methodologies for scoring progress to be made in prevention and wellness programs.

SEC. 4402. EFFECTIVENESS OF FEDERAL HEALTH AND WELLNESS INITIATIVES.

To determine whether existing Federal health and wellness initiatives are effective in achieving their stated goals, the Secretary of Health and Human Services shall—

(1) conduct an evaluation of such programs as they relate to changes in health status of the American public and specifically on the health status of the Federal workforce, including absenteeism of employees, the productivity of employees, the rate of workplace injury, and the medical costs incurred by employees, and health conditions, including workplace fitness, healthy food and beverages, and incentives in the Federal Employee Health Benefits Program; and

(2) submit to Congress a report concerning such evaluation, which shall include conclusions concerning the reasons that such existing programs have proven successful or not successful and what factors contributed to such conclusions.

TITLE V—HEALTH CARE WORKFORCE

Subtitle A—Purpose and Definitions

SEC. 5001. PURPOSE.

The purpose of this title is to improve access to and the delivery of health care services for all individuals, particularly low income, underserved, uninsured, minority, health disparity, and rural populations by—

(1) gathering and assessing comprehensive data in order for the health care workforce to meet the health care needs of individuals, including research on the supply, demand, distribution, diversity, and skills needs of the health care workforce;

(2) increasing the supply of a qualified health care workforce to improve access to and the delivery of health care services for all individuals;

(3) enhancing health care workforce education and training to improve access to and the delivery of health care services for all individuals; and

(4) providing support to the existing health care workforce to improve access to and the delivery of health care services for all individuals.

SEC. 5002. DEFINITIONS.

(a) **THIS TITLE.**—In this title:

(1) **ALLIED HEALTH PROFESSIONAL.**—The term "allied health professional" means an allied health professional as defined in section 799B(5) of the Public Health Service Act (42 U.S.C. 295p(5)) who—

(A) has graduated and received an allied health professions degree or certificate from an institution of higher education; and

(B) is employed with a Federal, State, local or tribal public health agency, or in a setting where patients might require health care services, including acute care facilities, ambulatory care facilities, personal residences, and other settings located in health professional shortage areas, medically underserved areas, or medically underserved populations, as recognized by the Secretary of Health and Human Services.

(2) **HEALTH CARE CAREER PATHWAY.**—The term "healthcare career pathway" means a rigorous, engaging, and high quality set of courses and services that—

(A) includes an articulated sequence of academic and career courses, including 21st century skills;

(B) is aligned with the needs of healthcare industries in a region or State;

(C) prepares students for entry into the full range of postsecondary education options, including registered apprenticeships, and careers;

(D) provides academic and career counseling in student-to-counselor ratios that allow students to make informed decisions about academic and career options;

(E) meets State academic standards, State requirements for secondary school graduation and is aligned with requirements for entry into postsecondary education, and applicable industry standards; and

(F) leads to 2 or more credentials, including—
(i) a secondary school diploma; and

(ii) a postsecondary degree, an apprenticeship or other occupational certification, a certificate, or a license.

(3) **INSTITUTION OF HIGHER EDUCATION.**—The term “institution of higher education” has the meaning given the term in sections 101 and 102 of the Higher Education Act of 1965 (20 U.S.C. 1001 and 1002).

(4) **LOW INCOME INDIVIDUAL, STATE WORKFORCE INVESTMENT BOARD, AND LOCAL WORKFORCE INVESTMENT BOARD.**—

(A) **LOW-INCOME INDIVIDUAL.**—The term “low-income individual” has the meaning given that term in section 101 of the Workforce investment Act of 1998 (29 U.S.C. 2801).

(B) **STATE WORKFORCE INVESTMENT BOARD; LOCAL WORKFORCE INVESTMENT BOARD.**—The terms “State workforce investment board” and “local workforce investment board”, refer to a State workforce investment board established under section 111 of the Workforce Investment Act of 1998 (29 U.S.C. 2821) and a local workforce investment board established under section 117 of such Act (29 U.S.C. 2832), respectively.

(5) **POSTSECONDARY EDUCATION.**—The term “postsecondary education” means—

(A) a 4-year program of instruction, or not less than a 1-year program of instruction that is acceptable for credit toward an associate or a baccalaureate degree, offered by an institution of higher education; or

(B) a certificate or registered apprenticeship program at the postsecondary level offered by an institution of higher education or a non-profit educational institution.

(6) **REGISTERED APPRENTICESHIP PROGRAM.**—The term “registered apprenticeship program” means an industry skills training program at the postsecondary level that combines technical and theoretical training through structure on the job learning with related instruction (in a classroom or through distance learning) while an individual is employed, working under the direction of qualified personnel or a mentor, and earning incremental wage increases aligned to enhance job proficiency, resulting in the acquisition of a nationally recognized and portable certificate, under a plan approved by the Office of Apprenticeship or a State agency recognized by the Department of Labor.

(b) **TITLE VII OF THE PUBLIC HEALTH SERVICE ACT.**—Section 799B of the Public Health Service Act (42 U.S.C. 295p) is amended—

(1) by striking paragraph (3) and inserting the following:

“(3) **PHYSICIAN ASSISTANT EDUCATION PROGRAM.**—The term ‘physician assistant education program’ means an educational program in a public or private institution in a State that—

“(A) has as its objective the education of individuals who, upon completion of their studies in the program, be qualified to provide primary care medical services with the supervision of a physician; and

“(B) is accredited by the Accreditation Review Commission on Education for the Physician Assistant.”; and

(2) by adding at the end the following:

“(12) **AREA HEALTH EDUCATION CENTER.**—The term ‘area health education center’ means a public or nonprofit private organization that has a cooperative agreement or contract in effect with an entity that has received an award

under subsection (a)(1) or (a)(2) of section 751, satisfies the requirements in section 751(d)(1), and has as one of its principal functions the operation of an area health education center. Appropriate organizations may include hospitals, health organizations with accredited primary care training programs, accredited physician assistant educational programs associated with a college or university, and universities or colleges not operating a school of medicine or osteopathic medicine.

“(13) **AREA HEALTH EDUCATION CENTER PROGRAM.**—The term ‘area health education center program’ means cooperative program consisting of an entity that has received an award under subsection (a)(1) or (a)(2) of section 751 for the purpose of planning, developing, operating, and evaluating an area health education center program and one or more area health education centers, which carries out the required activities described in section 751(c), satisfies the program requirements in such section, has as one of its principal functions identifying and implementing strategies and activities that address health care workforce needs in its service area, in coordination with the local workforce investment boards.

“(14) **CLINICAL SOCIAL WORKER.**—The term ‘clinical social worker’ has the meaning given the term in section 1861(hh)(1) of the Social Security Act (42 U.S.C. 1395c(hh)(1)).

“(15) **CULTURAL COMPETENCY.**—The term ‘cultural competency’ shall be defined by the Secretary in a manner consistent with section 1707(d)(3).

“(16) **DIRECT CARE WORKER.**—The term ‘direct care worker’ has the meaning given that term in the 2010 Standard Occupational Classifications of the Department of Labor for Home Health Aides [31–1011], Psychiatric Aides [31–1013], Nursing Assistants [31–1014], and Personal Care Aides [39–9021].

“(17) **FEDERALLY QUALIFIED HEALTH CENTER.**—The term ‘Federally qualified health center’ has the meaning given that term in section 1861(aa) of the Social Security Act (42 U.S.C. 1395r(aa)).

“(18) **FRONTIER HEALTH PROFESSIONAL SHORTAGE AREA.**—The term ‘frontier health professional shortage area’ means an area—

“(A) with a population density less than 6 persons per square mile within the service area; and

“(B) with respect to which the distance or time for the population to access care is excessive.

“(19) **GRADUATE PSYCHOLOGY.**—The term ‘graduate psychology’ means an accredited program in professional psychology.

“(20) **HEALTH DISPARITY POPULATION.**—The term ‘health disparity population’ has the meaning given such term in section 903(d)(1).

“(21) **HEALTH LITERACY.**—The term ‘health literacy’ means the degree to which an individual has the capacity to obtain, communicate, process, and understand health information and services in order to make appropriate health decisions.

“(22) **MENTAL HEALTH SERVICE PROFESSIONAL.**—The term ‘mental health service professional’ means an individual with a graduate or postgraduate degree from an accredited institution of higher education in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance abuse disorder prevention and treatment, marriage and family counseling, school counseling, or professional counseling.

“(23) **ONE-STOP DELIVERY SYSTEM CENTER.**—The term ‘one-stop delivery system’ means a one-stop delivery system described in section 134(c) of the Workforce Investment Act of 1998 (29 U.S.C. 2864(c)).

“(24) **PARAPROFESSIONAL CHILD AND ADOLESCENT MENTAL HEALTH WORKER.**—The term ‘para-

professional child and adolescent mental health worker’ means an individual who is not a mental or behavioral health service professional, but who works at the first stage of contact with children and families who are seeking mental or behavioral health services, including substance abuse prevention and treatment services.

“(25) **RACIAL AND ETHNIC MINORITY GROUP; RACIAL AND ETHNIC MINORITY POPULATION.**—The terms ‘racial and ethnic minority group’ and ‘racial and ethnic minority population’ have the meaning given the term ‘racial and ethnic minority group’ in section 1707.

“(26) **RURAL HEALTH CLINIC.**—The term ‘rural health clinic’ has the meaning given that term in section 1861(aa) of the Social Security Act (42 U.S.C. 1395r(aa)).”.

(c) **TITLE VIII OF THE PUBLIC HEALTH SERVICE ACT.**—Section 801 of the Public Health Service Act (42 U.S.C. 296) is amended—

(1) in paragraph (2)—

(A) by striking “means a” and inserting “means an accredited (as defined in paragraph 6)”; and

(B) by striking the period as inserting the following: “where graduates are—

“(A) authorized to sit for the National Council Licensure Examination—Registered Nurse (NCLEX—RN); or

“(B) licensed registered nurses who will receive a graduate or equivalent degree or training to become an advanced education nurse as defined by section 811(b).”; and

(2) by adding at the end the following:

“(16) **ACCELERATED NURSING DEGREE PROGRAM.**—The term ‘accelerated nursing degree program’ means a program of education in professional nursing offered by an accredited school of nursing in which an individual holding a bachelors degree in another discipline receives a BSN or MSN degree in an accelerated time frame as determined by the accredited school of nursing.

“(17) **BRIDGE OR DEGREE COMPLETION PROGRAM.**—The term ‘bridge or degree completion program’ means a program of education in professional nursing offered by an accredited school of nursing, as defined in paragraph (2), that leads to a baccalaureate degree in nursing. Such programs may include, Registered Nurse (RN) to Bachelor’s of Science of Nursing (BSN) programs, RN to MSN (Master of Science of Nursing) programs, or BSN to Doctoral programs.”.

Subtitle B—Innovations in the Health Care Workforce

SEC. 5101. NATIONAL HEALTH CARE WORKFORCE COMMISSION.

(a) **PURPOSE.**—It is the purpose of this section to establish a National Health Care Workforce Commission that—

(1) serves as a national resource for Congress, the President, States, and localities;

(2) communicates and coordinates with the Departments of Health and Human Services, Labor, Veterans Affairs, Homeland Security, and Education on related activities administered by one or more of such Departments;

(3) develops and commissions evaluations of education and training activities to determine whether the demand for health care workers is being met;

(4) identifies barriers to improved coordination at the Federal, State, and local levels and recommend ways to address such barriers; and

(5) encourages innovations to address population needs, constant changes in technology, and other environmental factors.

(b) **ESTABLISHMENT.**—There is hereby established the National Health Care Workforce Commission (in this section referred to as the “Commission”).

(c) **MEMBERSHIP.**—

(1) **NUMBER AND APPOINTMENT.**—The Commission shall be composed of 15 members to be appointed by the Comptroller General, without regard to section 5 of the Federal Advisory Committee Act (5 U.S.C. App.).

(2) **QUALIFICATIONS.**—

(A) **IN GENERAL.**—The membership of the Commission shall include individuals—

(i) with national recognition for their expertise in health care labor market analysis, including health care workforce analysis; health care finance and economics; health care facility management; health care plans and integrated delivery systems; health care workforce education and training; health care philanthropy; providers of health care services; and other related fields; and

(ii) who will provide a combination of professional perspectives, broad geographic representation, and a balance between urban, suburban, rural, and frontier representatives.

(B) **INCLUSION.**—

(i) **IN GENERAL.**—The membership of the Commission shall include no less than one representative of—

(I) the health care workforce and health professionals;

(II) employers;

(III) third-party payers;

(IV) individuals skilled in the conduct and interpretation of health care services and health economics research;

(V) representatives of consumers;

(VI) labor unions;

(VII) State or local workforce investment boards; and

(VIII) educational institutions (which may include elementary and secondary institutions, institutions of higher education, including 2 and 4 year institutions, or registered apprenticeship programs).

(ii) **ADDITIONAL MEMBERS.**—The remaining membership may include additional representatives from clause (i) and other individuals as determined appropriate by the Comptroller General of the United States.

(C) **MAJORITY NON-PROVIDERS.**—Individuals who are directly involved in health professions education or practice shall not constitute a majority of the membership of the Commission.

(D) **ETHICAL DISCLOSURE.**—The Comptroller General shall establish a system for public disclosure by members of the Commission of financial and other potential conflicts of interest relating to such members. Members of the Commission shall be treated as employees of Congress for purposes of applying title I of the Ethics in Government Act of 1978. Members of the Commission shall not be treated as special government employees under title 18, United States Code.

(3) **TERMS.**—

(A) **IN GENERAL.**—The terms of members of the Commission shall be for 3 years except that the Comptroller General shall designate staggered terms for the members first appointed.

(B) **VACANCIES.**—Any member appointed to fill a vacancy occurring before the expiration of the term for which the member's predecessor was appointed shall be appointed only for the remainder of that term. A member may serve after the expiration of that member's term until a successor has taken office. A vacancy in the Commission shall be filled in the manner in which the original appointment was made.

(C) **INITIAL APPOINTMENTS.**—The Comptroller General shall make initial appointments of members to the Commission not later than September 30, 2010.

(4) **COMPENSATION.**—While serving on the business of the Commission (including travel time), a member of the Commission shall be entitled to compensation at the per diem equivalent of the rate provided for level IV of the Executive

Schedule under section 5315 of title 5, United States Code, and while so serving away from home and the member's regular place of business, a member may be allowed travel expenses, as authorized by the Chairman of the Commission. Physicians serving as personnel of the Commission may be provided a physician comparability allowance by the Commission in the same manner as Government physicians may be provided such an allowance by an agency under section 5948 of title 5, United States Code, and for such purpose subsection (i) of such section shall apply to the Commission in the same manner as it applies to the Tennessee Valley Authority. For purposes of pay (other than pay of members of the Commission) and employment benefits, rights, and privileges, all personnel of the Commission shall be treated as if they were employees of the United States Senate. Personnel of the Commission shall not be treated as employees of the Government Accountability Office for any purpose.

(5) **CHAIRMAN, VICE CHAIRMAN.**—The Comptroller General shall designate a member of the Commission, at the time of appointment of the member, as Chairman and a member as Vice Chairman for that term of appointment, except that in the case of vacancy of the chairmanship or vice chairmanship, the Comptroller General may designate another member for the remainder of that member's term.

(6) **MEETINGS.**—The Commission shall meet at the call of the chairman, but no less frequently than on a quarterly basis.

(d) **DUTIES.**—

(1) **RECOGNITION, DISSEMINATION, AND COMMUNICATION.**—The Commission shall—

(A) recognize efforts of Federal, State, and local partnerships to develop and offer health care career pathways of proven effectiveness;

(B) disseminate information on promising retention practices for health care professionals; and

(C) communicate information on important policies and practices that affect the recruitment, education and training, and retention of the health care workforce.

(2) **REVIEW OF HEALTH CARE WORKFORCE AND ANNUAL REPORTS.**—In order to develop a fiscally sustainable integrated workforce that supports a high-quality, readily accessible health care delivery system that meets the needs of patients and populations, the Commission, in consultation with relevant Federal, State, and local agencies, shall—

(A) review current and projected health care workforce supply and demand, including the topics described in paragraph (3);

(B) make recommendations to Congress and the Administration concerning national health care workforce priorities, goals, and policies;

(C) by not later than October 1 of each year (beginning with 2011), submit a report to Congress and the Administration containing the results of such reviews and recommendations concerning related policies; and

(D) by not later than April 1 of each year (beginning with 2011), submit a report to Congress and the Administration containing a review of, and recommendations on, at a minimum one high priority area as described in paragraph (4).

(3) **SPECIFIC TOPICS TO BE REVIEWED.**—The topics described in this paragraph include—

(A) current health care workforce supply and distribution, including demographics, skill sets, and demands, with projected demands during the subsequent 10 and 25 year periods;

(B) health care workforce education and training capacity, including the number of students who have completed education and training, including registered apprenticeships; the number of qualified faculty; the education and training infrastructure; and the education and training demands, with projected demands during the subsequent 10 and 25 year periods;

(C) the education loan and grant programs in titles VII and VIII of the Public Health Service Act (42 U.S.C. 292 et seq. and 296 et seq.), with recommendations on whether such programs should become part of the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.);

(D) the implications of new and existing Federal policies which affect the health care workforce, including Medicare and Medicaid graduate medical education policies, titles VII and VIII of the Public Health Service Act (42 U.S.C. 292 et seq. and 296 et seq.), the National Health Service Corps (with recommendations for aligning such programs with national health workforce priorities and goals), and other health care workforce programs, including those supported through the Workforce Investment Act of 1998 (29 U.S.C. 2801 et seq.), the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.), the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), and any other Federal health care workforce programs;

(E) the health care workforce needs of special populations, such as minorities, rural populations, medically underserved populations, gender specific needs, individuals with disabilities, and geriatric and pediatric populations with recommendations for new and existing Federal policies to meet the needs of these special populations; and

(F) recommendations creating or revising national loan repayment programs and scholarship programs to require low-income, minority medical students to serve in their home communities, if designated as medical underserved community.

(4) **HIGH PRIORITY AREAS.**—

(A) **IN GENERAL.**—The initial high priority topics described in this paragraph include each of the following:

(i) Integrated health care workforce planning that identifies health care professional skills needed and maximizes the skill sets of health care professionals across disciplines.

(ii) An analysis of the nature, scopes of practice, and demands for health care workers in the enhanced information technology and management workplace.

(iii) An analysis of how to align Medicare and Medicaid graduate medical education policies with national workforce goals.

(iv) The education and training capacity, projected demands, and integration with the health care delivery system of each of the following:

(I) Nursing workforce capacity at all levels.

(II) Oral health care workforce capacity at all levels.

(III) Mental and behavioral health care workforce capacity at all levels.

(IV) Allied health and public health care workforce capacity at all levels.

(V) Emergency medical service workforce capacity, including the retention and recruitment of the volunteer workforce, at all levels.

(VI) The geographic distribution of health care providers as compared to the identified health care workforce needs of States and regions.

(B) **FUTURE DETERMINATIONS.**—The Commission may require that additional topics be included under subparagraph (A). The appropriate committees of Congress may recommend to the Commission the inclusion of other topics for health care workforce development areas that require special attention.

(5) **GRANT PROGRAM.**—The Commission shall—

(A) review implementation progress reports on, and report to Congress about, the State Health Care Workforce Development Grant program established in section 5102;

(B) in collaboration with the Department of Labor and in coordination with the Department of Education and other relevant Federal agencies, make recommendations to the fiscal and

administrative agent under section 5102(b) for grant recipients under section 5102;

(C) assess the implementation of the grants under such section; and

(D) collect performance and report information, including identified models and best practices, on grants from the fiscal and administrative agent under such section and distribute this information to Congress, relevant Federal agencies, and to the public.

(6) **STUDY.**—The Commission shall study effective mechanisms for financing education and training for careers in health care, including public health and allied health.

(7) **RECOMMENDATIONS.**—The Commission shall submit recommendations to Congress, the Department of Labor, and the Department of Health and Human Services about improving safety, health, and worker protections in the workplace for the health care workforce.

(8) **ASSESSMENT.**—The Commission shall assess and receive reports from the National Center for Health Care Workforce Analysis established under section 761(b) of the Public Service Health Act (as amended by section 5103).

(e) **CONSULTATION WITH FEDERAL, STATE, AND LOCAL AGENCIES, CONGRESS, AND OTHER ORGANIZATIONS.**—

(1) **IN GENERAL.**—The Commission shall consult with Federal agencies (including the Departments of Health and Human Services, Labor, Education, Commerce, Agriculture, Defense, and Veterans Affairs and the Environmental Protection Agency), Congress, the Medicare Payment Advisory Commission, the Medicaid and CHIP Payment and Access Commission, and, to the extent practicable, with State and local agencies, Indian tribes, voluntary health care organizations, professional societies, and other relevant public-private health care partnerships.

(2) **OBTAINING OFFICIAL DATA.**—The Commission, consistent with established privacy rules, may secure directly from any department or agency of the Executive Branch information necessary to enable the Commission to carry out this section.

(3) **DETAIL OF FEDERAL GOVERNMENT EMPLOYEES.**—An employee of the Federal Government may be detailed to the Commission without reimbursement. The detail of such an employee shall be without interruption or loss of civil service status.

(f) **DIRECTOR AND STAFF; EXPERTS AND CONSULTANTS.**—Subject to such review as the Comptroller General of the United States determines to be necessary to ensure the efficient administration of the Commission, the Commission may—

(1) employ and fix the compensation of an executive director that shall not exceed the rate of basic pay payable for level V of the Executive Schedule and such other personnel as may be necessary to carry out its duties (without regard to the provisions of title 5, United States Code, governing appointments in the competitive service);

(2) seek such assistance and support as may be required in the performance of its duties from appropriate Federal departments and agencies;

(3) enter into contracts or make other arrangements, as may be necessary for the conduct of the work of the Commission (without regard to section 3709 of the Revised Statutes (41 U.S.C. 55));

(4) make advance, progress, and other payments which relate to the work of the Commission;

(5) provide transportation and subsistence for persons serving without compensation; and

(6) prescribe such rules and regulations as the Commission determines to be necessary with respect to the internal organization and operation of the Commission.

(g) **POWERS.**—

(1) **DATA COLLECTION.**—In order to carry out its functions under this section, the Commission shall—

(A) utilize existing information, both published and unpublished, where possible, collected and assessed either by its own staff or under other arrangements made in accordance with this section, including coordination with the Bureau of Labor Statistics;

(B) carry out, or award grants or contracts for the carrying out of, original research and development, where existing information is inadequate, and

(C) adopt procedures allowing interested parties to submit information for the Commission's use in making reports and recommendations.

(2) **ACCESS OF THE GOVERNMENT ACCOUNTABILITY OFFICE TO INFORMATION.**—The Comptroller General of the United States shall have unrestricted access to all deliberations, records, and data of the Commission, immediately upon request.

(3) **PERIODIC AUDIT.**—The Commission shall be subject to periodic audit by an independent public accountant under contract to the Commission.

(h) **AUTHORIZATION OF APPROPRIATIONS.**—

(1) **REQUEST FOR APPROPRIATIONS.**—The Commission shall submit requests for appropriations in the same manner as the Comptroller General of the United States submits requests for appropriations. Amounts so appropriated for the Commission shall be separate from amounts appropriated for the Comptroller General.

(2) **AUTHORIZATION.**—There are authorized to be appropriated such sums as may be necessary to carry out this section.

(3) **GIFTS AND SERVICES.**—The Commission may not accept gifts, bequeaths, or donations of property, but may accept and use donations of services for purposes of carrying out this section.

(i) **DEFINITIONS.**—In this section:

(1) **HEALTH CARE WORKFORCE.**—The term “health care workforce” includes all health care providers with direct patient care and support responsibilities, such as physicians, nurses, nurse practitioners, primary care providers, preventive medicine physicians, optometrists, ophthalmologists, physician assistants, pharmacists, dentists, dental hygienists, and other oral healthcare professionals, allied health professionals, doctors of chiropractic, community health workers, health care paraprofessionals, direct care workers, psychologists and other behavioral and mental health professionals (including substance abuse prevention and treatment providers), social workers, physical and occupational therapists, certified nurse midwives, podiatrists, the EMS workforce (including professional and volunteer ambulance personnel and firefighters who perform emergency medical services), licensed complementary and alternative medicine providers, integrative health practitioners, public health professionals, and any other health professional that the Comptroller General of the United States determines appropriate.

(2) **HEALTH PROFESSIONALS.**—The term “health professionals” includes—

(A) dentists, dental hygienists, primary care providers, specialty physicians, nurses, nurse practitioners, physician assistants, psychologists and other behavioral and mental health professionals (including substance abuse prevention and treatment providers), social workers, physical and occupational therapists, public health professionals, clinical pharmacists, allied health professionals, doctors of chiropractic, community health workers, school nurses, certified nurse midwives, podiatrists, licensed complementary and alternative medicine providers, the EMS workforce (including professional and

volunteer ambulance personnel and firefighters who perform emergency medical services), and integrative health practitioners;

(B) national representatives of health professionals;

(C) representatives of schools of medicine, osteopathy, nursing, dentistry, optometry, pharmacy, chiropractic, allied health, educational programs for public health professionals, behavioral and mental health professionals (as so defined), social workers, pharmacists, physical and occupational therapists, oral health care industry dentistry and dental hygiene, and physician assistants;

(D) representatives of public and private teaching hospitals, and ambulatory health facilities, including Federal medical facilities; and

(E) any other health professional the Comptroller General of the United States determines appropriate.

SEC. 5102. STATE HEALTH CARE WORKFORCE DEVELOPMENT GRANTS.

(a) **ESTABLISHMENT.**—There is established a competitive health care workforce development grant program (referred to in this section as the “program”) for the purpose of enabling State partnerships to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels.

(b) **FISCAL AND ADMINISTRATIVE AGENT.**—The Health Resources and Services Administration of the Department of Health and Human Services (referred to in this section as the “Administration”) shall be the fiscal and administrative agent for the grants awarded under this section. The Administration is authorized to carry out the program, in consultation with the National Health Care Workforce Commission (referred to in this section as the “Commission”), which shall review reports on the development, implementation, and evaluation activities of the grant program, including—

(1) administering the grants;

(2) providing technical assistance to grantees; and

(3) reporting performance information to the Commission.

(c) **PLANNING GRANTS.**—

(1) **AMOUNT AND DURATION.**—A planning grant shall be awarded under this subsection for a period of not more than one year and the maximum award may not be more than \$150,000.

(2) **ELIGIBILITY.**—To be eligible to receive a planning grant, an entity shall be an eligible partnership. An eligible partnership shall be a State workforce investment board, if it includes or modifies the members to include at least one representative from each of the following: health care employer, labor organization, a public 2-year institution of higher education, a public 4-year institution of higher education, the recognized State federation of labor, the State public secondary education agency, the State P-16 or P-20 Council if such a council exists, and a philanthropic organization that is actively engaged in providing learning, mentoring, and work opportunities to recruit, educate, and train individuals for, and retain individuals in, careers in health care and related industries.

(3) **FISCAL AND ADMINISTRATIVE AGENT.**—The Governor of the State receiving a planning grant has the authority to appoint a fiscal and an administrative agent for the partnership.

(4) **APPLICATION.**—Each State partnership desiring a planning grant shall submit an application to the Administrator of the Administration at such time and in such manner, and accompanied by such information as the Administrator may reasonably require. Each application submitted for a planning grant shall describe the members of the State partnership, the activities for which assistance is sought, the proposed

performance benchmarks to be used to measure progress under the planning grant, a budget for use of the funds to complete the required activities described in paragraph (5), and such additional assurance and information as the Administrator determines to be essential to ensure compliance with the grant program requirements.

(5) **REQUIRED ACTIVITIES.**—A State partnership receiving a planning grant shall carry out the following:

(A) Analyze State labor market information in order to create health care career pathways for students and adults, including dislocated workers.

(B) Identify current and projected high demand State or regional health care sectors for purposes of planning career pathways.

(C) Identify existing Federal, State, and private resources to recruit, educate or train, and retain a skilled health care workforce and strengthen partnerships.

(D) Describe the academic and health care industry skill standards for high school graduation, for entry into postsecondary education, and for various credentials and licensure.

(E) Describe State secondary and postsecondary education and training policies, models, or practices for the health care sector, including career information and guidance counseling.

(F) Identify Federal or State policies or rules to developing a coherent and comprehensive health care workforce development strategy and barriers and a plan to resolve these barriers.

(G) Participate in the Administration's evaluation and reporting activities.

(6) **PERFORMANCE AND EVALUATION.**—Before the State partnership receives a planning grant, such partnership and the Administrator of the Administration shall jointly determine the performance benchmarks that will be established for the purposes of the planning grant.

(7) **MATCH.**—Each State partnership receiving a planning grant shall provide an amount, in cash or in kind, that is not less than 15 percent of the amount of the grant, to carry out the activities supported by the grant. The matching requirement may be provided from funds available under other Federal, State, local or private sources to carry out the activities.

(8) **REPORT.**—

(A) **REPORT TO ADMINISTRATION.**—Not later than 1 year after a State partnership receives a planning grant, the partnership shall submit a report to the Administration on the State's performance of the activities under the grant, including the use of funds, including matching funds, to carry out required activities, and a description of the progress of the State workforce investment board in meeting the performance benchmarks.

(B) **REPORT TO CONGRESS.**—The Administration shall submit a report to Congress analyzing the planning activities, performance, and fund utilization of each State grant recipient, including an identification of promising practices and a profile of the activities of each State grant recipient.

(d) **IMPLEMENTATION GRANTS.**—

(1) **IN GENERAL.**—The Administration shall—

(A) competitively award implementation grants to State partnerships to enable such partnerships to implement activities that will result in a coherent and comprehensive plan for health workforce development that will address current and projected workforce demands within the State; and

(B) inform the Commission and Congress about the awards made.

(2) **DURATION.**—An implementation grant shall be awarded for a period of no more than 2 years, except in those cases where the Administration determines that the grantee is high performing and the activities supported by the grant warrant up to 1 additional year of funding.

(3) **ELIGIBILITY.**—To be eligible for an implementation grant, a State partnership shall have—

(A) received a planning grant under subsection (c) and completed all requirements of such grant; or

(B) completed a satisfactory application, including a plan to coordinate with required partners and complete the required activities during the 2 year period of the implementation grant.

(4) **FISCAL AND ADMINISTRATIVE AGENT.**—A State partnership receiving an implementation grant shall appoint a fiscal and an administration agent for the implementation of such grant.

(5) **APPLICATION.**—Each eligible State partnership desiring an implementation grant shall submit an application to the Administration at such time, in such manner, and accompanied by such information as the Administration may reasonably require. Each application submitted shall include—

(A) a description of the members of the State partnership;

(B) a description of how the State partnership completed the required activities under the planning grant, if applicable;

(C) a description of the activities for which implementation grant funds are sought, including grants to regions by the State partnership to advance coherent and comprehensive regional health care workforce planning activities;

(D) a description of how the State partnership will coordinate with required partners and complete the required partnership activities during the duration of an implementation grant;

(E) a budget proposal of the cost of the activities supported by the implementation grant and a timeline for the provision of matching funds required;

(F) proposed performance benchmarks to be used to assess and evaluate the progress of the partnership activities;

(G) a description of how the State partnership will collect data to report progress in grant activities; and

(H) such additional assurances as the Administration determines to be essential to ensure compliance with grant requirements.

(6) **REQUIRED ACTIVITIES.**—

(A) **IN GENERAL.**—A State partnership that receives an implementation grant may reserve not less than 60 percent of the grant funds to make grants to be competitively awarded by the State partnership, consistent with State procurement rules, to encourage regional partnerships to address health care workforce development needs and to promote innovative health care workforce career pathway activities, including career counseling, learning, and employment.

(B) **ELIGIBLE PARTNERSHIP DUTIES.**—An eligible State partnership receiving an implementation grant shall—

(i) identify and convene regional leadership to discuss opportunities to engage in statewide health care workforce development planning, including the potential use of competitive grants to improve the development, distribution, and diversity of the regional health care workforce; the alignment of curricula for health care careers; and the access to quality career information and guidance and education and training opportunities;

(ii) in consultation with key stakeholders and regional leaders, take appropriate steps to reduce Federal, State, or local barriers to a comprehensive and coherent strategy, including changes in State or local policies to foster coherent and comprehensive health care workforce development activities, including health care career pathways at the regional and State levels, career planning information, retraining for dislocated workers, and as appropriate, requests for Federal program or administrative waivers;

(iii) develop, disseminate, and review with key stakeholders a preliminary statewide strategy

that addresses short- and long-term health care workforce development supply versus demand;

(iv) convene State partnership members on a regular basis, and at least on a semiannual basis;

(v) assist leaders at the regional level to form partnerships, including technical assistance and capacity building activities;

(vi) collect and assess data on and report on the performance benchmarks selected by the State partnership and the Administration for implementation activities carried out by regional and State partnerships; and

(vii) participate in the Administration's evaluation and reporting activities.

(7) **PERFORMANCE AND EVALUATION.**—Before the State partnership receives an implementation grant, it and the Administrator shall jointly determine the performance benchmarks that shall be established for the purposes of the implementation grant.

(8) **MATCH.**—Each State partnership receiving an implementation grant shall provide an amount, in cash or in kind that is not less than 25 percent of the amount of the grant, to carry out the activities supported by the grant. The matching funds may be provided from funds available from other Federal, State, local, or private sources to carry out such activities.

(9) **REPORTS.**—

(A) **REPORT TO ADMINISTRATION.**—For each year of the implementation grant, the State partnership receiving the implementation grant shall submit a report to the Administration on the performance of the State of the grant activities, including a description of the use of the funds, including matched funds, to complete activities, and a description of the performance of the State partnership in meeting the performance benchmarks.

(B) **REPORT TO CONGRESS.**—The Administration shall submit a report to Congress analyzing implementation activities, performance, and fund utilization of the State grantees, including an identification of promising practices and a profile of the activities of each State grantee.

(e) **AUTHORIZATION FOR APPROPRIATIONS.**—

(1) **PLANNING GRANTS.**—There are authorized to be appropriated to award planning grants under subsection (c) \$8,000,000 for fiscal year 2010, and such sums as may be necessary for each subsequent fiscal year.

(2) **IMPLEMENTATION GRANTS.**—There are authorized to be appropriated to award implementation grants under subsection (d), \$150,000,000 for fiscal year 2010, and such sums as may be necessary for each subsequent fiscal year.

SEC. 5103. HEALTH CARE WORKFORCE ASSESSMENT.

(a) **IN GENERAL.**—Section 761 of the Public Health Service Act (42 U.S.C. 294m) is amended—

(1) by redesignating subsection (c) as subsection (e);

(2) by striking subsection (b) and inserting the following:

“(b) **NATIONAL CENTER FOR HEALTH CARE WORKFORCE ANALYSIS.**—

“(1) **ESTABLISHMENT.**—The Secretary shall establish the National Center for Health Workforce Analysis (referred to in this section as the ‘National Center’).

“(2) **PURPOSES.**—The National Center, in coordination to the extent practicable with the National Health Care Workforce Commission (established in section 5101 of the Patient Protection and Affordable Care Act), and relevant regional and State centers and agencies, shall—

“(A) provide for the development of information describing and analyzing the health care workforce and workforce related issues;

“(B) carry out the activities under section 792(a);

“(C) annually evaluate programs under this title;

“(D) develop and publish performance measures and benchmarks for programs under this title; and

“(E) establish, maintain, and publicize a national Internet registry of each grant awarded under this title and a database to collect data from longitudinal evaluations (as described in subsection (d)(2)) on performance measures (as developed under sections 749(d)(3), 757(d)(3), and 762(a)(3)).

“(3) COLLABORATION AND DATA SHARING.—

“(A) IN GENERAL.—The National Center shall collaborate with Federal agencies and relevant professional and educational organizations or societies for the purpose of linking data regarding grants awarded under this title.

“(B) CONTRACTS FOR HEALTH WORKFORCE ANALYSIS.—For the purpose of carrying out the activities described in subparagraph (A), the National Center may enter into contracts with relevant professional and educational organizations or societies.

“(c) STATE AND REGIONAL CENTERS FOR HEALTH WORKFORCE ANALYSIS.—

“(1) IN GENERAL.—The Secretary shall award grants to, or enter into contracts with, eligible entities for purposes of—

“(A) collecting, analyzing, and reporting data regarding programs under this title to the National Center and to the public; and

“(B) providing technical assistance to local and regional entities on the collection, analysis, and reporting of data.

“(2) ELIGIBLE ENTITIES.—To be eligible for a grant or contract under this subsection, an entity shall—

“(A) be a State, a State workforce investment board, a public health or health professions school, an academic health center, or an appropriate public or private nonprofit entity; and

“(B) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(d) INCREASE IN GRANTS FOR LONGITUDINAL EVALUATIONS.—

“(1) IN GENERAL.—The Secretary shall increase the amount awarded to an eligible entity under this title for a longitudinal evaluation of individuals who have received education, training, or financial assistance from programs under this title.

“(2) CAPABILITY.—A longitudinal evaluation shall be capable of—

“(A) studying practice patterns; and

“(B) collecting and reporting data on performance measures developed under sections 749(d)(3), 757(d)(3), and 762(a)(3).

“(3) GUIDELINES.—A longitudinal evaluation shall comply with guidelines issued under sections 749(d)(4), 757(d)(4), and 762(a)(4).

“(4) ELIGIBLE ENTITIES.—To be eligible to obtain an increase under this section, an entity shall be a recipient of a grant or contract under this title.”; and

(3) in subsection (e), as so redesignated—

(A) by striking paragraph (1) and inserting the following:

“(1) IN GENERAL.—

“(A) NATIONAL CENTER.—To carry out subsection (b), there are authorized to be appropriated \$7,500,000 for each of fiscal years 2010 through 2014.

“(B) STATE AND REGIONAL CENTERS.—To carry out subsection (c), there are authorized to be appropriated \$4,500,000 for each of fiscal years 2010 through 2014.

“(C) GRANTS FOR LONGITUDINAL EVALUATIONS.—To carry out subsection (d), there are authorized to be appropriated such sums as may be necessary for fiscal years 2010 through 2014.”; and

(4) in paragraph (2), by striking “subsection (a)” and inserting “paragraph (1)”.

(b) TRANSFERS.—Not later than 180 days after the date of enactment of this Act, the respon-

sibilities and resources of the National Center for Health Workforce Analysis, as in effect on the date before the date of enactment of this Act, shall be transferred to the National Center for Health Care Workforce Analysis established under section 761 of the Public Health Service Act, as amended by subsection (a).

(c) USE OF LONGITUDINAL EVALUATIONS.—Section 791(a)(1) of the Public Health Service Act (42 U.S.C. 295j(a)(1)) is amended—

(1) in subparagraph (A), by striking “or” at the end;

(2) in subparagraph (B), by striking the period and inserting “; or”; and

(3) by adding at the end the following:

“(C) utilizes a longitudinal evaluation (as described in section 761(d)(2)) and reports data from such system to the national workforce database (as established under section 761(b)(2)(E)).”.

(d) PERFORMANCE MEASURES; GUIDELINES FOR LONGITUDINAL EVALUATIONS.—

(1) ADVISORY COMMITTEE ON TRAINING IN PRIMARY CARE MEDICINE AND DENTISTRY.—Section 748(d) of the Public Health Service Act is amended—

(A) in paragraph (1), by striking “and” at the end;

(B) in paragraph (2), by striking the period and inserting a semicolon; and

(C) by adding at the end the following:

“(3) develop, publish, and implement performance measures for programs under this part;

“(4) develop and publish guidelines for longitudinal evaluations (as described in section 761(d)(2)) for programs under this part; and

“(5) recommend appropriation levels for programs under this part.”.

(2) ADVISORY COMMITTEE ON INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES.—Section 756(d) of the Public Health Service Act is amended—

(A) in paragraph (1), by striking “and” at the end;

(B) in paragraph (2), by striking the period and inserting a semicolon; and

(C) by adding at the end the following:

“(3) develop, publish, and implement performance measures for programs under this part;

“(4) develop and publish guidelines for longitudinal evaluations (as described in section 761(d)(2)) for programs under this part; and

“(5) recommend appropriation levels for programs under this part.”.

(3) ADVISORY COUNCIL ON GRADUATE MEDICAL EDUCATION.—Section 762(a) of the Public Health Service Act (42 U.S.C. 294a(a)) is amended—

(A) in paragraph (1), by striking “and” at the end;

(B) in paragraph (2), by striking the period and inserting a semicolon; and

(C) by adding at the end the following:

“(3) develop, publish, and implement performance measures for programs under this title, except for programs under part C or D;

“(4) develop and publish guidelines for longitudinal evaluations (as described in section 761(d)(2)) for programs under this title, except for programs under part C or D; and

“(5) recommend appropriation levels for programs under this title, except for programs under part C or D.”.

Subtitle C—Increasing the Supply of the Health Care Workforce

SEC. 5201. FEDERALLY SUPPORTED STUDENT LOAN FUNDS.

(a) MEDICAL SCHOOLS AND PRIMARY HEALTH CARE.—Section 723 of the Public Health Service Act (42 U.S.C. 292s) is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking subparagraph (B) and inserting the following:

“(B) to practice in such care for 10 years (including residency training in primary health

care) or through the date on which the loan is repaid in full, whichever occurs first.”; and

(B) by striking paragraph (3) and inserting the following:

“(3) NONCOMPLIANCE BY STUDENT.—Each agreement entered into with a student pursuant to paragraph (1) shall provide that, if the student fails to comply with such agreement, the loan involved will begin to accrue interest at a rate of 2 percent per year greater than the rate at which the student would pay if compliant in such year.”; and

(2) by adding at the end the following:

“(d) SENSE OF CONGRESS.—It is the sense of Congress that funds repaid under the loan program under this section should not be transferred to the Treasury of the United States or otherwise used for any other purpose other than to carry out this section.”.

(b) STUDENT LOAN GUIDELINES.—The Secretary of Health and Human Services shall not require parental financial information for an independent student to determine financial need under section 723 of the Public Health Service Act (42 U.S.C. 292s) and the determination of need for such information shall be at the discretion of applicable school loan officer. The Secretary shall amend guidelines issued by the Health Resources and Services Administration in accordance with the preceding sentence.

SEC. 5202. NURSING STUDENT LOAN PROGRAM.

(a) LOAN AGREEMENTS.—Section 836(a) of the Public Health Service Act (42 U.S.C. 297b(a)) is amended—

(1) by striking “\$2,500” and inserting “\$3,300”; and

(2) by striking “\$4,000” and inserting “\$5,200”; and

(3) by striking “\$13,000” and all that follows through the period and inserting “\$17,000 in the case of any student during fiscal years 2010 and 2011. After fiscal year 2011, such amounts shall be adjusted to provide for a cost-of-attendance increase for the yearly loan rate and the aggregate of the loans.”.

(b) LOAN PROVISIONS.—Section 836(b) of the Public Health Service Act (42 U.S.C. 297b(b)) is amended—

(1) in paragraph (1)(C), by striking “1986” and inserting “2000”; and

(2) in paragraph (3), by striking “the date of enactment of the Nurse Training Amendments of 1979” and inserting “September 29, 1995”.

SEC. 5203. HEALTH CARE WORKFORCE LOAN REPAYMENT PROGRAMS.

Part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.) is amended by adding at the end the following:

“Subpart 3—Recruitment and Retention Programs

“SEC. 775. INVESTMENT IN TOMORROW'S PEDIATRIC HEALTH CARE WORKFORCE.

“(a) ESTABLISHMENT.—The Secretary shall establish and carry out a pediatric specialty loan repayment program under which the eligible individual agrees to be employed full-time for a specified period (which shall not be less than 2 years) in providing pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care, including substance abuse prevention and treatment services.

“(b) PROGRAM ADMINISTRATION.—Through the program established under this section, the Secretary shall enter into contracts with qualified health professionals under which—

“(1) such qualified health professionals will agree to provide pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental and behavioral health care in an area with a shortage of the specified pediatric subspecialty that has a sufficient pediatric population to support such pediatric subspecialty, as determined by the Secretary; and

“(2) the Secretary agrees to make payments on the principal and interest of undergraduate, graduate, or graduate medical education loans of professionals described in paragraph (1) of not more than \$35,000 a year for each year of agreed upon service under such paragraph for a period of not more than 3 years during the qualified health professional’s—

“(A) participation in an accredited pediatric medical subspecialty, pediatric surgical specialty, or child and adolescent mental health subspecialty residency or fellowship; or

“(B) employment as a pediatric medical subspecialist, pediatric surgical specialist, or child and adolescent mental health professional serving an area or population described in such paragraph.

“(C) IN GENERAL.—

“(1) ELIGIBLE INDIVIDUALS.—

“(A) PEDIATRIC MEDICAL SPECIALISTS AND PEDIATRIC SURGICAL SPECIALISTS.—For purposes of contracts with respect to pediatric medical specialists and pediatric surgical specialists, the term ‘qualified health professional’ means a licensed physician who—

“(i) is entering or receiving training in an accredited pediatric medical subspecialty or pediatric surgical specialty residency or fellowship; or

“(ii) has completed (but not prior to the end of the calendar year in which this section is enacted) the training described in subparagraph (B).

“(B) CHILD AND ADOLESCENT MENTAL AND BEHAVIORAL HEALTH.—For purposes of contracts with respect to child and adolescent mental and behavioral health care, the term ‘qualified health professional’ means a health care professional who—

“(i) has received specialized training or clinical experience in child and adolescent mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance abuse disorder prevention and treatment, marriage and family therapy, school counseling, or professional counseling; or

“(ii) has a license or certification in a State to practice allopathic medicine, osteopathic medicine, psychology, school psychology, psychiatric nursing, social work, school social work, marriage and family therapy, school counseling, or professional counseling; or

“(iii) is a mental health service professional who completed (but not before the end of the calendar year in which this section is enacted) specialized training or clinical experience in child and adolescent mental health described in clause (i).

“(2) ADDITIONAL ELIGIBILITY REQUIREMENTS.—The Secretary may not enter into a contract under this subsection with an eligible individual unless—

“(A) the individual agrees to work in, or for a provider serving, a health professional shortage area or medically underserved area, or to serve a medically underserved population; or

“(B) the individual is a United States citizen or a permanent legal United States resident; and

“(C) if the individual is enrolled in a graduate program, the program is accredited, and the individual has an acceptable level of academic standing (as determined by the Secretary).

“(d) PRIORITY.—In entering into contracts under this subsection, the Secretary shall give priority to applicants who—

“(1) are or will be working in a school or other pre-kindergarten, elementary, or secondary education setting; or

“(2) have familiarity with evidence-based methods and cultural and linguistic competence health care services; and

“(3) demonstrate financial need.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated

\$30,000,000 for each of fiscal years 2010 through 2014 to carry out subsection (c)(1)(A) and \$20,000,000 for each of fiscal years 2010 through 2013 to carry out subsection (c)(1)(B).”.

SEC. 5204. PUBLIC HEALTH WORKFORCE RECRUITMENT AND RETENTION PROGRAMS.

Part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.), as amended by section 5203, is further amended by adding at the end the following:

“SEC. 776. PUBLIC HEALTH WORKFORCE LOAN REPAYMENT PROGRAM.

“(a) ESTABLISHMENT.—The Secretary shall establish the Public Health Workforce Loan Repayment Program (referred to in this section as the ‘Program’) to assure an adequate supply of public health professionals to eliminate critical public health workforce shortages in Federal, State, local, and tribal public health agencies.

“(b) ELIGIBILITY.—To be eligible to participate in the Program, an individual shall—

“(1)(A) be accepted for enrollment, or be enrolled, as a student in an accredited academic educational institution in a State or territory in the final year of a course of study or program leading to a public health or health professions degree or certificate; and have accepted employment with a Federal, State, local, or tribal public health agency, or a related training fellowship, as recognized by the Secretary, to commence upon graduation; or

“(B)(i) have graduated, during the preceding 10-year period, from an accredited educational institution in a State or territory and received a public health or health professions degree or certificate; and

“(ii) be employed by, or have accepted employment with, a Federal, State, local, or tribal public health agency or a related training fellowship, as recognized by the Secretary; or

“(2) be a United States citizen; and

“(3)(A) submit an application to the Secretary to participate in the Program; or

“(B) execute a written contract as required in subsection (c); and

“(4) not have received, for the same service, a reduction of loan obligations under section 455(m), 428J, 428K, 428L, or 460 of the Higher Education Act of 1965.

“(c) CONTRACT.—The written contract (referred to in this section as the ‘written contract’) between the Secretary and an individual shall contain—

“(1) an agreement on the part of the Secretary that the Secretary will repay on behalf of the individual loans incurred by the individual in the pursuit of the relevant degree or certificate in accordance with the terms of the contract; or

“(2) an agreement on the part of the individual that the individual will serve in the full-time employment of a Federal, State, local, or tribal public health agency or a related fellowship program in a position related to the course of study or program for which the contract was awarded for a period of time (referred to in this section as the ‘period of obligated service’) equal to the greater of—

“(A) 3 years; or

“(B) such longer period of time as determined appropriate by the Secretary and the individual; or

“(3) an agreement, as appropriate, on the part of the individual to relocate to a priority service area (as determined by the Secretary) in exchange for an additional loan repayment incentive amount to be determined by the Secretary; or

“(4) a provision that any financial obligation of the United States arising out of a contract entered into under this section and any obligation of the individual that is conditioned thereon, is contingent on funds being appropriated for loan repayments under this section; or

“(5) a statement of the damages to which the United States is entitled, under this section for the individual’s breach of the contract; and

“(6) such other statements of the rights and liabilities of the Secretary and of the individual, not inconsistent with this section.

“(d) PAYMENTS.—

“(1) IN GENERAL.—A loan repayment provided for an individual under a written contract under the Program shall consist of payment, in accordance with paragraph (2), on behalf of the individual of the principal, interest, and related expenses on government and commercial loans received by the individual regarding the undergraduate or graduate education of the individual (or both), which loans were made for tuition expenses incurred by the individual.

“(2) PAYMENTS FOR YEARS SERVED.—For each year of obligated service that an individual contracts to serve under subsection (c) the Secretary may pay up to \$35,000 on behalf of the individual for loans described in paragraph (1). With respect to participants under the Program whose total eligible loans are less than \$105,000, the Secretary shall pay an amount that does not exceed $\frac{1}{3}$ of the eligible loan balance for each year of obligated service of the individual.

“(3) TAX LIABILITY.—For the purpose of providing reimbursements for tax liability resulting from payments under paragraph (2) on behalf of an individual, the Secretary shall, in addition to such payments, make payments to the individual in an amount not to exceed 39 percent of the total amount of loan repayments made for the taxable year involved.

“(e) POSTPONING OBLIGATED SERVICE.—With respect to an individual receiving a degree or certificate from a health professions or other related school, the date of the initiation of the period of obligated service may be postponed as approved by the Secretary.

“(f) BREACH OF CONTRACT.—An individual who fails to comply with the contract entered into under subsection (c) shall be subject to the same financial penalties as provided for under section 338E for breaches of loan repayment contracts under section 338B.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$195,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2015.”.

SEC. 5205. ALLIED HEALTH WORKFORCE RECRUITMENT AND RETENTION PROGRAMS.

(a) PURPOSE.—The purpose of this section is to assure an adequate supply of allied health professionals to eliminate critical allied health workforce shortages in Federal, State, local, and tribal public health agencies or in settings where patients might require health care services, including acute care facilities, ambulatory care facilities, personal residences and other settings, as recognized by the Secretary of Health and Human Services by authorizing an Allied Health Loan Forgiveness Program.

(b) ALLIED HEALTH WORKFORCE RECRUITMENT AND RETENTION PROGRAM.—Section 428K of the Higher Education Act of 1965 (20 U.S.C. 1078–11) is amended—

(1) in subsection (b), by adding at the end the following:

“(18) ALLIED HEALTH PROFESSIONALS.—The individual is employed full-time as an allied health professional—

“(A) in a Federal, State, local, or tribal public health agency; or

“(B) in a setting where patients might require health care services, including acute care facilities, ambulatory care facilities, personal residences and other settings located in health professional shortage areas, medically underserved areas, or medically underserved populations, as recognized by the Secretary of Health and Human Services.”; and

(2) in subsection (g)—

(A) by redesignating paragraphs (1) through (9) as paragraphs (2) through (10), respectively; and

(B) by inserting before paragraph (2) (as redesignated by subparagraph (A)) the following:

“(1) **ALLIED HEALTH PROFESSIONAL.**—The term ‘allied health professional’ means an allied health professional as defined in section 799B(5) of the Public Health Service Act (42 U.S.C. 295p(5)) who—

“(A) has graduated and received an allied health professions degree or certificate from an institution of higher education; and

“(B) is employed with a Federal, State, local or tribal public health agency, or in a setting where patients might require health care services, including acute care facilities, ambulatory care facilities, personal residences and other settings located in health professional shortage areas, medically underserved areas, or medically underserved populations, as recognized by the Secretary of Health and Human Services.”.

SEC. 5206. GRANTS FOR STATE AND LOCAL PROGRAMS.

(a) **IN GENERAL.**—Section 765(d) of the Public Health Service Act (42 U.S.C. 295(d)) is amended—

(1) in paragraph (7), by striking “; or” and inserting a semicolon;

(2) by redesignating paragraph (8) as paragraph (9); and

(3) by inserting after paragraph (7) the following:

“(8) public health workforce loan repayment programs; or”.

(b) **TRAINING FOR MID-CAREER PUBLIC HEALTH PROFESSIONALS.**—Part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.), as amended by section 5204, is further amended by adding at the end the following:

“SEC. 777. TRAINING FOR MID-CAREER PUBLIC AND ALLIED HEALTH PROFESSIONALS.

“(a) **IN GENERAL.**—The Secretary may make grants to, or enter into contracts with, any eligible entity to award scholarships to eligible individuals to enroll in degree or professional training programs for the purpose of enabling mid-career professionals in the public health and allied health workforce to receive additional training in the field of public health and allied health.

“(b) **ELIGIBILITY.**—

“(1) **ELIGIBLE ENTITY.**—The term ‘eligible entity’ indicates an accredited educational institution that offers a course of study, certificate program, or professional training program in public or allied health or a related discipline, as determined by the Secretary

“(2) **ELIGIBLE INDIVIDUALS.**—The term ‘eligible individuals’ includes those individuals employed in public and allied health positions at the Federal, State, tribal, or local level who are interested in retaining or upgrading their education.

“(c) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry out this section, \$60,000,000 for fiscal year 2010 and such sums as may be necessary for each of fiscal years 2011 through 2015. Fifty percent of appropriated funds shall be allotted to public health mid-career professionals and 50 percent shall be allotted to allied health mid-career professionals.”.

SEC. 5207. FUNDING FOR NATIONAL HEALTH SERVICE CORPS.

Section 338H(a) of the Public Health Service Act (42 U.S.C. 254q(a)) is amended to read as follows:

“(a) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there is authorized to be appropriated, out of any funds in the Treasury not otherwise appropriated, the following:

“(1) For fiscal year 2010, \$320,461,632.

“(2) For fiscal year 2011, \$414,095,394.

“(3) For fiscal year 2012, \$535,087,442.

“(4) For fiscal year 2013, \$691,431,432.

“(5) For fiscal year 2014, \$893,456,433.

“(6) For fiscal year 2015, \$1,154,510,336.

“(7) For fiscal year 2016, and each subsequent fiscal year, the amount appropriated for the preceding fiscal year adjusted by the product of—

“(A) one plus the average percentage increase in the costs of health professions education during the prior fiscal year; and

“(B) one plus the average percentage change in the number of individuals residing in health professions shortage areas designated under section 333 during the prior fiscal year, relative to the number of individuals residing in such areas during the previous fiscal year.”.

SEC. 5208. NURSE-MANAGED HEALTH CLINICS.

(a) **PURPOSE.**—The purpose of this section is to fund the development and operation of nurse-managed health clinics.

(b) **GRANTS.**—Subpart 1 of part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by inserting after section 330A the following:

“SEC. 330A-1. GRANTS TO NURSE-MANAGED HEALTH CLINICS.

“(a) **DEFINITIONS.**—

“(1) **COMPREHENSIVE PRIMARY HEALTH CARE SERVICES.**—In this section, the term ‘comprehensive primary health care services’ means the primary health services described in section 330(b)(1).

“(2) **NURSE-MANAGED HEALTH CLINIC.**—The term ‘nurse-managed health clinic’ means a nurse-practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations and that is associated with a school, college, university or department of nursing, federally qualified health center, or independent nonprofit health or social services agency.

“(b) **AUTHORITY TO AWARD GRANTS.**—The Secretary shall award grants for the cost of the operation of nurse-managed health clinics that meet the requirements of this section.

“(c) **APPLICATIONS.**—To be eligible to receive a grant under this section, an entity shall—

“(1) be an NMHC; and

“(2) submit to the Secretary an application at such time, in such manner, and containing—

“(A) assurances that nurses are the major providers of services at the NMHC and that at least 1 advanced practice nurse holds an executive management position within the organizational structure of the NMHC;

“(B) an assurance that the NMHC will continue providing comprehensive primary health care services or wellness services without regard to income or insurance status of the patient for the duration of the grant period; and

“(C) an assurance that, not later than 90 days of receiving a grant under this section, the NMHC will establish a community advisory committee, for which a majority of the members shall be individuals who are served by the NMHC.

“(d) **GRANT AMOUNT.**—The amount of any grant made under this section for any fiscal year shall be determined by the Secretary, taking into account—

“(1) the financial need of the NMHC, considering State, local, and other operational funding provided to the NMHC; and

“(2) other factors, as the Secretary determines appropriate.

“(e) **AUTHORIZATION OF APPROPRIATIONS.**—For the purposes of carrying out this section, there are authorized to be appropriated \$50,000,000 for the fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 through 2014.”.

SEC. 5209. ELIMINATION OF CAP ON COMMISSIONED CORPS.

Section 202 of the Department of Health and Human Services Appropriations Act, 1993 (Pub-

lic Law 102-394) is amended by striking “not to exceed 2,800”.

SEC. 5210. ESTABLISHING A READY RESERVE CORPS.

Section 203 of the Public Health Service Act (42 U.S.C. 204) is amended to read as follows:

“SEC. 203. COMMISSIONED CORPS AND READY RESERVE CORPS.

“(a) **ESTABLISHMENT.**—

“(1) **IN GENERAL.**—There shall be in the Service a commissioned Regular Corps and a Ready Reserve Corps for service in time of national emergency.

“(2) **REQUIREMENT.**—All commissioned officers shall be citizens of the United States and shall be appointed without regard to the civil-service laws and compensated without regard to the Classification Act of 1923, as amended.

“(3) **APPOINTMENT.**—Commissioned officers of the Ready Reserve Corps shall be appointed by the President and commissioned officers of the Regular Corps shall be appointed by the President with the advice and consent of the Senate.

“(4) **ACTIVE DUTY.**—Commissioned officers of the Ready Reserve Corps shall at all times be subject to call to active duty by the Surgeon General, including active duty for the purpose of training.

“(5) **WARRANT OFFICERS.**—Warrant officers may be appointed to the Service for the purpose of providing support to the health and delivery systems maintained by the Service and any warrant officer appointed to the Service shall be considered for purposes of this Act and title 37, United States Code, to be a commissioned officer within the Commissioned Corps of the Service.

“(b) **ASSIMILATING RESERVE CORP OFFICERS INTO THE REGULAR CORPS.**—Effective on the date of enactment of the Patient Protection and Affordable Care Act, all individuals classified as officers in the Reserve Corps under this section (as such section existed on the day before the date of enactment of such Act) and serving on active duty shall be deemed to be commissioned officers of the Regular Corps.

“(c) **PURPOSE AND USE OF READY RESEARCH.**—

“(1) **PURPOSE.**—The purpose of the Ready Reserve Corps is to fulfill the need to have additional Commissioned Corps personnel available on short notice (similar to the uniformed service’s reserve program) to assist regular Commissioned Corps personnel to meet both routine public health and emergency response missions.

“(2) **USES.**—The Ready Reserve Corps shall—

“(A) participate in routine training to meet the general and specific needs of the Commissioned Corps;

“(B) be available and ready for involuntary calls to active duty during national emergencies and public health crises, similar to the uniformed service reserve personnel;

“(C) be available for backfilling critical positions left vacant during deployment of active duty Commissioned Corps members, as well as for deployment to respond to public health emergencies, both foreign and domestic; and

“(D) be available for service assignment in isolated, hardship, and medically underserved communities (as defined in section 799B) to improve access to health services.

“(d) **FUNDING.**—For the purpose of carrying out the duties and responsibilities of the Commissioned Corps under this section, there are authorized to be appropriated \$5,000,000 for each of fiscal years 2010 through 2014 for recruitment and training and \$12,500,000 for each of fiscal years 2010 through 2014 for the Ready Reserve Corps.”.

Subtitle D—Enhancing Health Care Workforce Education and Training

SEC. 5301. TRAINING IN FAMILY MEDICINE, GENERAL INTERNAL MEDICINE, GENERAL PEDIATRICS, AND PHYSICIAN ASSISTANTSHIP.

Part C of title VII (42 U.S.C. 293k et seq.) is amended by striking section 747 and inserting the following:

“SEC. 747. PRIMARY CARE TRAINING AND ENHANCEMENT.

“(a) SUPPORT AND DEVELOPMENT OF PRIMARY CARE TRAINING PROGRAMS.—

“(1) IN GENERAL.—The Secretary may make grants to, or enter into contracts with, an accredited public or nonprofit private hospital, school of medicine or osteopathic medicine, academically affiliated physician assistant training program, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract—

“(A) to plan, develop, operate, or participate in an accredited professional training program, including an accredited residency or internship program in the field of family medicine, general internal medicine, or general pediatrics for medical students, interns, residents, or practicing physicians as defined by the Secretary;

“(B) to provide need-based financial assistance in the form of traineeships and fellowships to medical students, interns, residents, practicing physicians, or other medical personnel, who are participants in any such program, and who plan to specialize or work in the practice of the field defined in subparagraph (A);

“(C) to plan, develop, and operate a program for the training of physicians who plan to teach in family medicine, general internal medicine, or general pediatrics training programs;

“(D) to plan, develop, and operate a program for the training of physicians teaching in community-based settings;

“(E) to provide financial assistance in the form of traineeships and fellowships to physicians who are participants in any such programs and who plan to teach or conduct research in a family medicine, general internal medicine, or general pediatrics training program;

“(F) to plan, develop, and operate a physician assistant education program, and for the training of individuals who will teach in programs to provide such training;

“(G) to plan, develop, and operate a demonstration program that provides training in new competencies, as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry and the National Health Care Workforce Commission established in section 5101 of the Patient Protection and Affordable Care Act, which may include—

“(i) providing training to primary care physicians relevant to providing care through patient-centered medical homes (as defined by the Secretary for purposes of this section);

“(ii) developing tools and curricula relevant to patient-centered medical homes; and

“(iii) providing continuing education to primary care physicians relevant to patient-centered medical homes; and

“(H) to plan, develop, and operate joint degree programs to provide interdisciplinary and interprofessional graduate training in public health and other health professions to provide training in environmental health, infectious disease control, disease prevention and health promotion, epidemiological studies and injury control.

“(2) DURATION OF AWARDS.—The period during which payments are made to an entity from an award of a grant or contract under this subsection shall be 5 years.

“(b) CAPACITY BUILDING IN PRIMARY CARE.—

“(1) IN GENERAL.—The Secretary may make grants to or enter into contracts with accredited

schools of medicine or osteopathic medicine to establish, maintain, or improve—

“(A) academic units or programs that improve clinical teaching and research in fields defined in subsection (a)(1)(A); or

“(B) programs that integrate academic administrative units in fields defined in subsection (a)(1)(A) to enhance interdisciplinary recruitment, training, and faculty development.

“(2) PREFERENCE IN MAKING AWARDS UNDER THIS SUBSECTION.—In making awards of grants and contracts under paragraph (1), the Secretary shall give preference to any qualified applicant for such an award that agrees to expend the award for the purpose of—

“(A) establishing academic units or programs in fields defined in subsection (a)(1)(A); or

“(B) substantially expanding such units or programs.

“(3) PRIORITIES IN MAKING AWARDS.—In awarding grants or contracts under paragraph (1), the Secretary shall give priority to qualified applicants that—

“(A) proposes a collaborative project between academic administrative units of primary care;

“(B) proposes innovative approaches to clinical teaching using models of primary care, such as the patient centered medical home, team management of chronic disease, and interprofessional integrated models of health care that incorporate transitions in health care settings and integration physical and mental health provision;

“(C) have a record of training the greatest percentage of providers, or that have demonstrated significant improvements in the percentage of providers trained, who enter and remain in primary care practice;

“(D) have a record of training individuals who are from underrepresented minority groups or from a rural or disadvantaged background;

“(E) provide training in the care of vulnerable populations such as children, older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with HIV/AIDS, and individuals with disabilities;

“(F) establish formal relationships and submit joint applications with federally qualified health centers, rural health clinics, area health education centers, or clinics located in underserved areas or that serve underserved populations;

“(G) teach trainees the skills to provide interprofessional, integrated care through collaboration among health professionals;

“(H) provide training in enhanced communication with patients, evidence-based practice, chronic disease management, preventive care, health information technology, or other competencies as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry and the National Health Care Workforce Commission established in section 5101 of the Patient Protection and Affordable Care Act; or

“(I) provide training in cultural competency and health literacy.

“(4) DURATION OF AWARDS.—The period during which payments are made to an entity from an award of a grant or contract under this subsection shall be 5 years.

“(c) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For purposes of carrying out this section (other than subsection (b)(1)(B)), there are authorized to be appropriated \$125,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014.

“(2) TRAINING PROGRAMS.—Fifteen percent of the amount appropriated pursuant to paragraph (1) in each such fiscal year shall be allocated to the physician assistant training programs described in subsection (a)(1)(F), which prepare students for practice in primary care.

“(3) INTEGRATING ACADEMIC ADMINISTRATIVE UNITS.—For purposes of carrying out subsection (b)(1)(B), there are authorized to be appropriated \$750,000 for each of fiscal years 2010 through 2014.”.

SEC. 5302. TRAINING OPPORTUNITIES FOR DIRECT CARE WORKERS.

Part C of title VII of the Public Health Service Act (42 U.S.C. 293k et seq.) is amended by inserting after section 747, as amended by section 5301, the following:

“SEC. 747A. TRAINING OPPORTUNITIES FOR DIRECT CARE WORKERS.

“(a) IN GENERAL.—The Secretary shall award grants to eligible entities to enable such entities to provide new training opportunities for direct care workers who are employed in long-term care settings such as nursing homes (as defined in section 1908(e)(1) of the Social Security Act (42 U.S.C. 1396g(e)(1)), assisted living facilities and skilled nursing facilities, intermediate care facilities for individuals with mental retardation, home and community based settings, and any other setting the Secretary determines to be appropriate.

“(b) ELIGIBILITY.—To be eligible to receive a grant under this section, an entity shall—

“(1) be an institution of higher education (as defined in section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)) that—

“(A) is accredited by a nationally recognized accrediting agency or association listed under section 101(c) of the Higher Education Act of 1965 (20 U.S.C. 1001(c)); and

“(B) has established a public-private educational partnership with a nursing home or skilled nursing facility, agency or entity providing home and community based services to individuals with disabilities, or other long-term care provider; and

“(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(c) USE OF FUNDS.—An eligible entity shall use amounts awarded under a grant under this section to provide assistance to eligible individuals to offset the cost of tuition and required fees for enrollment in academic programs provided by such entity.

“(d) ELIGIBLE INDIVIDUAL.—

“(1) ELIGIBILITY.—To be eligible for assistance under this section, an individual shall be enrolled in courses provided by a grantee under this subsection and maintain satisfactory academic progress in such courses.

“(2) CONDITION OF ASSISTANCE.—As a condition of receiving assistance under this section, an individual shall agree that, following completion of the assistance period, the individual will work in the field of geriatrics, disability services, long term services and supports, or chronic care management for a minimum of 2 years under guidelines set by the Secretary.

“(e) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section, \$10,000,000 for the period of fiscal years 2011 through 2013.”.

SEC. 5303. TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY.

Part C of Title VII of the Public Health Service Act (42 U.S.C. 293k et seq.) is amended by—

(1) redesignating section 748, as amended by section 5103 of this Act, as section 749; and

(2) inserting after section 747A, as added by section 5302, the following:

“SEC. 748. TRAINING IN GENERAL, PEDIATRIC, AND PUBLIC HEALTH DENTISTRY.

“(a) SUPPORT AND DEVELOPMENT OF DENTAL TRAINING PROGRAMS.—

“(1) IN GENERAL.—The Secretary may make grants to, or enter into contracts with, a school of dentistry, public or nonprofit private hospital, or a public or private nonprofit entity which the Secretary has determined is capable of carrying out such grant or contract—

“(A) to plan, develop, and operate, or participate in, an approved professional training program in the field of general dentistry, pediatric dentistry, or public health dentistry for dental students, residents, practicing dentists, dental hygienists, or other approved primary care dental trainees, that emphasizes training for general, pediatric, or public health dentistry;

“(B) to provide financial assistance to dental students, residents, practicing dentists, and dental hygiene students who are in need thereof, who are participants in any such program, and who plan to work in the practice of general, pediatric, public health dentistry, or dental hygiene;

“(C) to plan, develop, and operate a program for the training of oral health care providers who plan to teach in general, pediatric, public health dentistry, or dental hygiene;

“(D) to provide financial assistance in the form of traineeships and fellowships to dentists who plan to teach or are teaching in general, pediatric, or public health dentistry;

“(E) to meet the costs of projects to establish, maintain, or improve dental faculty development programs in primary care (which may be departments, divisions or other units);

“(F) to meet the costs of projects to establish, maintain, or improve predoctoral and postdoctoral training in primary care programs;

“(G) to create a loan repayment program for faculty in dental programs; and

“(H) to provide technical assistance to pediatric training programs in developing and implementing instruction regarding the oral health status, dental care needs, and risk-based clinical disease management of all pediatric populations with an emphasis on underserved children.

“(2) **FACULTY LOAN REPAYMENT.**—

“(A) **IN GENERAL.**—A grant or contract under subsection (a)(1)(G) may be awarded to a program of general, pediatric, or public health dentistry described in such subsection to plan, develop, and operate a loan repayment program under which—

“(i) individuals agree to serve full-time as faculty members; and

“(ii) the program of general, pediatric or public health dentistry agrees to pay the principal and interest on the outstanding student loans of the individuals.

“(B) **MANNER OF PAYMENTS.**—With respect to the payments described in subparagraph (A)(ii), upon completion by an individual of each of the first, second, third, fourth, and fifth years of service, the program shall pay an amount equal to 10, 15, 20, 25, and 30 percent, respectively, of the individual's student loan balance as calculated based on principal and interest owed at the initiation of the agreement.

“(b) **ELIGIBLE ENTITY.**—For purposes of this subsection, entities eligible for such grants or contracts in general, pediatric, or public health dentistry shall include entities that have programs in dental or dental hygiene schools, or approved residency or advanced education programs in the practice of general, pediatric, or public health dentistry. Eligible entities may partner with schools of public health to permit the education of dental students, residents, and dental hygiene students for a master's year in public health at a school of public health.

“(c) **PRIORITIES IN MAKING AWARDS.**—With respect to training provided for under this section, the Secretary shall give priority in awarding grants or contracts to the following:

“(1) Qualified applicants that propose collaborative projects between departments of primary care medicine and departments of general, pediatric, or public health dentistry.

“(2) Qualified applicants that have a record of training the greatest percentage of providers, or that have demonstrated significant improve-

ments in the percentage of providers, who enter and remain in general, pediatric, or public health dentistry.

“(3) Qualified applicants that have a record of training individuals who are from a rural or disadvantaged background, or from underrepresented minorities.

“(4) Qualified applicants that establish formal relationships with Federally qualified health centers, rural health centers, or accredited teaching facilities and that conduct training of students, residents, fellows, or faculty at the center or facility.

“(5) Qualified applicants that conduct teaching programs targeting vulnerable populations such as older adults, homeless individuals, victims of abuse or trauma, individuals with mental health or substance-related disorders, individuals with disabilities, and individuals with HIV/AIDS, and in the risk-based clinical disease management of all populations.

“(6) Qualified applicants that include educational activities in cultural competency and health literacy.

“(7) Qualified applicants that have a high rate for placing graduates in practice settings that serve underserved areas or health disparity populations, or who achieve a significant increase in the rate of placing graduates in such settings.

“(8) Qualified applicants that intend to establish a special populations oral health care education center or training program for the didactic and clinical education of dentists, dental health professionals, and dental hygienists who plan to teach oral health care for people with developmental disabilities, cognitive impairment, complex medical problems, significant physical limitations, and vulnerable elderly.

“(d) **APPLICATION.**—An eligible entity desiring a grant under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(e) **DURATION OF AWARD.**—The period during which payments are made to an entity from an award of a grant or contract under subsection (a) shall be 5 years. The provision of such payments shall be subject to annual approval by the Secretary and subject to the availability of appropriations for the fiscal year involved to make the payments.

“(f) **AUTHORIZATIONS OF APPROPRIATIONS.**—For the purpose of carrying out subsections (a) and (b), there is authorized to be appropriated \$30,000,000 for fiscal year 2010 and such sums as may be necessary for each of fiscal years 2011 through 2015.

“(g) **CARRYOVER FUNDS.**—An entity that receives an award under this section may carry over funds from 1 fiscal year to another without obtaining approval from the Secretary. In no case may any funds be carried over pursuant to the preceding sentence for more than 3 years.”.

SEC. 5304. ALTERNATIVE DENTAL HEALTH CARE PROVIDERS DEMONSTRATION PROJECT.

Subpart X of part D of title III of the Public Health Service Act (42 U.S.C. 256f et seq.) is amended by adding at the end the following:

“SEC. 340G-1. DEMONSTRATION PROGRAM.

“(a) **IN GENERAL.**—

“(1) **AUTHORIZATION.**—The Secretary is authorized to award grants to 15 eligible entities to enable such entities to establish a demonstration program to establish training programs to train, or to employ, alternative dental health care providers in order to increase access to dental health care services in rural and other underserved communities.

“(2) **DEFINITION.**—The term ‘alternative dental health care providers’ includes community dental health coordinators, advance practice dental hygienists, independent dental hygien-

ists, supervised dental hygienists, primary care physicians, dental therapists, dental health aides, and any other health professional that the Secretary determines appropriate.

“(b) **TIMEFRAME.**—The demonstration projects funded under this section shall begin not later than 2 years after the date of enactment of this section, and shall conclude not later than 7 years after such date of enactment.

“(c) **ELIGIBLE ENTITIES.**—To be eligible to receive a grant under subsection (a), an entity shall—

“(1) be—

“(A) an institution of higher education, including a community college;

“(B) a public-private partnership;

“(C) a federally qualified health center;

“(D) an Indian Health Service facility or a tribe or tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act);

“(E) a State or county public health clinic, a health facility operated by an Indian tribe or tribal organization, or urban Indian organization providing dental services; or

“(F) a public hospital or health system;

“(2) be within a program accredited by the Commission on Dental Accreditation or within a dental education program in an accredited institution; and

“(3) shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

“(d) **ADMINISTRATIVE PROVISIONS.**—

“(1) **AMOUNT OF GRANT.**—Each grant under this section shall be in an amount that is not less than \$4,000,000 for the 5-year period during which the demonstration project being conducted.

“(2) **DISBURSEMENT OF FUNDS.**—

“(A) **PRELIMINARY DISBURSEMENTS.**—Beginning 1 year after the enactment of this section, the Secretary may disperse to any entity receiving a grant under this section not more than 20 percent of the total funding awarded to such entity under such grant, for the purpose of enabling the entity to plan the demonstration project to be conducted under such grant.

“(B) **SUBSEQUENT DISBURSEMENTS.**—The remaining amount of grant funds not dispersed under subparagraph (A) shall be dispersed such that not less than 15 percent of such remaining amount is dispersed each subsequent year.

“(e) **COMPLIANCE WITH STATE REQUIREMENTS.**—Each entity receiving a grant under this section shall certify that it is in compliance with all applicable State licensing requirements.

“(f) **EVALUATION.**—The Secretary shall contract with the Director of the Institute of Medicine to conduct a study of the demonstration programs conducted under this section that shall provide analysis, based upon quantitative and qualitative data, regarding access to dental health care in the United States.

“(g) **CLARIFICATION REGARDING DENTAL HEALTH AIDE PROGRAM.**—Nothing in this section shall prohibit a dental health aide training program approved by the Indian Health Service from being eligible for a grant under this section.

“(h) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated such sums as may be necessary to carry out this section.”.

SEC. 5305. GERIATRIC EDUCATION AND TRAINING; CAREER AWARDS; COMPREHENSIVE GERIATRIC EDUCATION.

(a) **WORKFORCE DEVELOPMENT; CAREER AWARDS.**—Section 753 of the Public Health Service Act (42 U.S.C. 294c) is amended by adding at the end the following:

“(d) **GERIATRIC WORKFORCE DEVELOPMENT.**—

“(1) **IN GENERAL.**—The Secretary shall award grants or contracts under this subsection to entities that operate a geriatric education center pursuant to subsection (a)(1).

“(2) APPLICATION.—To be eligible for an award under paragraph (1), an entity described in such paragraph shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(3) USE OF FUNDS.—Amounts awarded under a grant or contract under paragraph (1) shall be used to—

“(A) carry out the fellowship program described in paragraph (4); and

“(B) carry out 1 of the 2 activities described in paragraph (5).

“(4) FELLOWSHIP PROGRAM.—

“(A) IN GENERAL.—Pursuant to paragraph (3), a geriatric education center that receives an award under this subsection shall use such funds to offer short-term intensive courses (referred to in this subsection as a ‘fellowship’) that focus on geriatrics, chronic care management, and long-term care that provide supplemental training for faculty members in medical schools and other health professions schools with programs in psychology, pharmacy, nursing, social work, dentistry, public health, allied health, or other health disciplines, as approved by the Secretary. Such a fellowship shall be open to current faculty, and appropriately credentialed volunteer faculty and practitioners, who do not have formal training in geriatrics, to upgrade their knowledge and clinical skills for the care of older adults and adults with functional limitations and to enhance their interdisciplinary teaching skills.

“(B) LOCATION.—A fellowship shall be offered either at the geriatric education center that is sponsoring the course, in collaboration with other geriatric education centers, or at medical schools, schools of dentistry, schools of nursing, schools of pharmacy, schools of social work, graduate programs in psychology, or allied health and other health professions schools approved by the Secretary with which the geriatric education centers are affiliated.

“(C) CME CREDIT.—Participation in a fellowship under this paragraph shall be accepted with respect to complying with continuing health profession education requirements. As a condition of such acceptance, the recipient shall agree to subsequently provide a minimum of 18 hours of voluntary instructional support through a geriatric education center that is providing clinical training to students or trainees in long-term care settings.

“(5) ADDITIONAL REQUIRED ACTIVITIES DESCRIBED.—Pursuant to paragraph (3), a geriatric education center that receives an award under this subsection shall use such funds to carry out 1 of the following 2 activities.

“(A) FAMILY CAREGIVER AND DIRECT CARE PROVIDER TRAINING.—A geriatric education center that receives an award under this subsection shall offer at least 2 courses each year, at no charge or nominal cost, to family caregivers and direct care providers that are designed to provide practical training for supporting frail elders and individuals with disabilities. The Secretary shall require such Centers to work with appropriate community partners to develop training program content and to publicize the availability of training courses in their service areas. All family caregiver and direct care provider training programs shall include instruction on the management of psychological and behavioral aspects of dementia, communication techniques for working with individuals who have dementia, and the appropriate, safe, and effective use of medications for older adults.

“(B) INCORPORATION OF BEST PRACTICES.—A geriatric education center that receives an award under this subsection shall develop and include material on depression and other mental disorders common among older adults, medication safety issues for older adults, and manage-

ment of the psychological and behavioral aspects of dementia and communication techniques with individuals who have dementia in all training courses, where appropriate.

“(6) TARGETS.—A geriatric education center that receives an award under this subsection shall meet targets approved by the Secretary for providing geriatric training to a certain number of faculty or practitioners during the term of the award, as well as other parameters established by the Secretary.

“(7) AMOUNT OF AWARD.—An award under this subsection shall be in an amount of \$150,000. Not more than 24 geriatric education centers may receive an award under this subsection.

“(8) MAINTENANCE OF EFFORT.—A geriatric education center that receives an award under this subsection shall provide assurances to the Secretary that funds provided to the geriatric education center under this subsection will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by the geriatric education center.

“(9) AUTHORIZATION OF APPROPRIATIONS.—In addition to any other funding available to carry out this section, there is authorized to be appropriated to carry out this subsection, \$10,800,000 for the period of fiscal year 2011 through 2014.

“(e) GERIATRIC CAREER INCENTIVE AWARDS.—

“(1) IN GENERAL.—The Secretary shall award grants or contracts under this section to individuals described in paragraph (2) to foster greater interest among a variety of health professionals in entering the field of geriatrics, long-term care, and chronic care management.

“(2) ELIGIBLE INDIVIDUALS.—To be eligible to receive an award under paragraph (1), an individual shall—

“(A) be an advanced practice nurse, a clinical social worker, a pharmacist, or student of psychology who is pursuing a doctorate or other advanced degree in geriatrics or related fields in an accredited health professions school; and

“(B) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(3) CONDITION OF AWARD.—As a condition of receiving an award under this subsection, an individual shall agree that, following completion of the award period, the individual will teach or practice in the field of geriatrics, long-term care, or chronic care management for a minimum of 5 years under guidelines set by the Secretary.

“(4) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this subsection, \$10,000,000 for the period of fiscal years 2011 through 2013.”.

(b) EXPANSION OF ELIGIBILITY FOR GERIATRIC ACADEMIC CAREER AWARDS; PAYMENT TO INSTITUTION.—Section 753(c) of the Public Health Service Act 294(c) is amended—

(1) by redesignating paragraphs (4) and (5) as paragraphs (5) and (6), respectively;

(2) by striking paragraph (2) through paragraph (3) and inserting the following:

“(2) ELIGIBLE INDIVIDUALS.—To be eligible to receive an Award under paragraph (1), an individual shall—

“(A) be board certified or board eligible in internal medicine, family practice, psychiatry, or licensed dentistry, or have completed any required training in a discipline and employed in an accredited health professions school that is approved by the Secretary;

“(B) have completed an approved fellowship program in geriatrics or have completed specialty training in geriatrics as required by the discipline and any addition geriatrics training as required by the Secretary; and

“(C) have a junior (non-tenured) faculty appointment at an accredited (as determined by the Secretary) school of medicine, osteopathic medicine, nursing, social work, psychology, den-

tistry, pharmacy, or other allied health disciplines in an accredited health professions school that is approved by the Secretary.

“(3) LIMITATIONS.—No Award under paragraph (1) may be made to an eligible individual unless the individual—

“(A) has submitted to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require, and the Secretary has approved such application;

“(B) provides, in such form and manner as the Secretary may require, assurances that the individual will meet the service requirement described in paragraph (6); and

“(C) provides, in such form and manner as the Secretary may require, assurances that the individual has a full-time faculty appointment in a health professions institution and documented commitment from such institution to spend 75 percent of the total time of such individual on teaching and developing skills in interdisciplinary education in geriatrics.

“(4) MAINTENANCE OF EFFORT.—An eligible individual that receives an Award under paragraph (1) shall provide assurances to the Secretary that funds provided to the eligible individual under this subsection will be used only to supplement, not to supplant, the amount of Federal, State, and local funds otherwise expended by the eligible individual.”; and

(3) in paragraph (5), as so designated—

(A) in subparagraph (A)—

(i) by inserting “for individuals who are physicians” after “this section”; and

(ii) by inserting after the period at the end the following: “The Secretary shall determine the amount of an Award under this section for individuals who are not physicians.”; and

(B) by adding at the end the following:

“(C) PAYMENT TO INSTITUTION.—The Secretary shall make payments to institutions which include schools of medicine, osteopathic medicine, nursing, social work, psychology, dentistry, and pharmacy, or other allied health discipline in an accredited health professions school that is approved by the Secretary.”.

(c) COMPREHENSIVE GERIATRIC EDUCATION.—Section 855 of the Public Health Service Act (42 U.S.C. 298) is amended—

(1) in subsection (b)—

(A) in paragraph (3), by striking “or” at the end;

(B) in paragraph (4), by striking the period and inserting “; or”; and

(C) by adding at the end the following:

“(5) establish traineeships for individuals who are preparing for advanced education nursing degrees in geriatric nursing, long-term care, gero-psychiatric nursing or other nursing areas that specialize in the care of the elderly population.”; and

(2) in subsection (e), by striking “2003 through 2007” and inserting “2010 through 2014”.

SEC. 5306. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.

(a) IN GENERAL.—Part D of title VII (42 U.S.C. 294 et seq.) is amended by—

(1) striking section 757;

(2) redesignating section 756 (as amended by section 5103) as section 757; and

(3) inserting after section 755 the following:

“SEC. 756. MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS.

“(a) GRANTS AUTHORIZED.—The Secretary may award grants to eligible institutions of higher education to support the recruitment of students for, and education and clinical experience of the students in—

“(1) baccalaureate, master’s, and doctoral degree programs of social work, as well as the development of faculty in social work;

“(2) accredited master’s, doctoral, internship, and post-doctoral residency programs of psychology for the development and implementation

of interdisciplinary training of psychology graduate students for providing behavioral and mental health services, including substance abuse prevention and treatment services;

“(3) accredited institutions of higher education or accredited professional training programs that are establishing or expanding internships or other field placement programs in child and adolescent mental health in psychiatry, psychology, school psychology, behavioral pediatrics, psychiatric nursing, social work, school social work, substance abuse prevention and treatment, marriage and family therapy, school counseling, or professional counseling; and

“(4) State-licensed mental health nonprofit and for-profit organizations to enable such organizations to pay for programs for preservice or in-service training of paraprofessional child and adolescent mental health workers.

“(b) **ELIGIBILITY REQUIREMENTS.**—To be eligible for a grant under this section, an institution shall demonstrate—

“(1) participation in the institutions’ programs of individuals and groups from different racial, ethnic, cultural, geographic, religious, linguistic, and class backgrounds, and different genders and sexual orientations;

“(2) knowledge and understanding of the concerns of the individuals and groups described in subsection (a);

“(3) any internship or other field placement program assisted under the grant will prioritize cultural and linguistic competency;

“(4) the institution will provide to the Secretary such data, assurances, and information as the Secretary may require; and

“(5) with respect to any violation of the agreement between the Secretary and the institution, the institution will pay such liquidated damages as prescribed by the Secretary by regulation.

“(c) **INSTITUTIONAL REQUIREMENT.**—For grants authorized under subsection (a)(1), at least 4 of the grant recipients shall be historically black colleges or universities or other minority-serving institutions.

“(d) **PRIORITY.**—

“(1) In selecting the grant recipients in social work under subsection (a)(1), the Secretary shall give priority to applicants that—

“(A) are accredited by the Council on Social Work Education;

“(B) have a graduation rate of not less than 80 percent for social work students; and

“(C) exhibit an ability to recruit social workers from and place social workers in areas with a high need and high demand population.

“(2) In selecting the grant recipients in graduate psychology under subsection (a)(2), the Secretary shall give priority to institutions in which training focuses on the needs of vulnerable groups such as older adults and children, individuals with mental health or substance-related disorders, victims of abuse or trauma and of combat stress disorders such as posttraumatic stress disorder and traumatic brain injuries, homeless individuals, chronically ill persons, and their families.

“(3) In selecting the grant recipients in training programs in child and adolescent mental health under subsections (a)(3) and (a)(4), the Secretary shall give priority to applicants that—

“(A) have demonstrated the ability to collect data on the number of students trained in child and adolescent mental health and the populations served by such students after graduation or completion of preservice or in-service training;

“(B) have demonstrated familiarity with evidence-based methods in child and adolescent mental health services, including substance abuse prevention and treatment services;

“(C) have programs designed to increase the number of professionals and paraprofessionals serving high-priority populations and to appli-

cants who come from high-priority communities and plan to serve medically underserved populations, in health professional shortage areas, or in medically underserved areas;

“(D) offer curriculum taught collaboratively with a family on the consumer and family lived experience or the importance of family-professional or family-paraprofessional partnerships; and

“(E) provide services through a community mental health program described in section 1913(b)(1).

“(e) **AUTHORIZATION OF APPROPRIATION.**—For the fiscal years 2010 through 2013, there is authorized to be appropriated to carry out this section—

“(1) \$8,000,000 for training in social work in subsection (a)(1);

“(2) \$12,000,000 for training in graduate psychology in subsection (a)(2), of which not less than \$10,000,000 shall be allocated for doctoral, postdoctoral, and internship level training;

“(3) \$10,000,000 for training in professional child and adolescent mental health in subsection (a)(3); and

“(4) \$5,000,000 for training in paraprofessional child and adolescent work in subsection (a)(4).”.

(b) **CONFORMING AMENDMENTS.**—Section 757(b)(2) of the Public Health Service Act, as redesignated by subsection (a), is amended by striking “sections 751(a)(1)(A), 751(a)(1)(B), 753(b), 754(3)(A), and 755(b)” and inserting “sections 751(b)(1)(A), 753(b), and 755(b)”.

SEC. 5307. CULTURAL COMPETENCY, PREVENTION, AND PUBLIC HEALTH AND INDIVIDUALS WITH DISABILITIES TRAINING.

(a) **TITLE VII.**—Section 741 of the Public Health Service Act (42 U.S.C. 293e) is amended—

(1) in subsection (a)—

(A) by striking the subsection heading and inserting “CULTURAL COMPETENCY, PREVENTION, AND PUBLIC HEALTH AND INDIVIDUALS WITH DISABILITY GRANTS”; and

(B) in paragraph (1), by striking “for the purpose of” and all that follows through the period at the end and inserting “for the development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs, and for other purposes determined as appropriate by the Secretary.”; and

(2) by striking subsection (b) and inserting the following:

“(b) **COLLABORATION.**—In carrying out subsection (a), the Secretary shall collaborate with health professional societies, licensing and accreditation entities, health professions schools, and experts in minority health and cultural competency, prevention, and public health and disability groups, community-based organizations, and other organizations as determined appropriate by the Secretary. The Secretary shall coordinate with curricula and research and demonstration projects developed under section 807.

“(c) **DISSEMINATION.**—

“(1) **IN GENERAL.**—Model curricula developed under this section shall be disseminated through the Internet Clearinghouse under section 270 and such other means as determined appropriate by the Secretary.

“(2) **EVALUATION.**—The Secretary shall evaluate the adoption and the implementation of cultural competency, prevention, and public health, and working with individuals with a disability training curricula, and the facilitate inclusion of these competency measures in quality measurement systems as appropriate.

“(d) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to carry

out this section such sums as may be necessary for each of fiscal years 2010 through 2015.”.

(b) **TITLE VIII.**—Section 807 of the Public Health Service Act (42 U.S.C. 296e–1) is amended—

(1) in subsection (a)—

(A) by striking the subsection heading and inserting “CULTURAL COMPETENCY, PREVENTION, AND PUBLIC HEALTH AND INDIVIDUALS WITH DISABILITY GRANTS”; and

(B) by striking “for the purpose of” and all that follows through “health care.” and inserting “for the development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs, and for other purposes determined as appropriate by the Secretary.”; and

(2) by redesignating subsection (b) as subsection (d);

(3) by inserting after subsection (a) the following:

“(b) **COLLABORATION.**—In carrying out subsection (a), the Secretary shall collaborate with the entities described in section 741(b). The Secretary shall coordinate with curricula and research and demonstration projects developed under such section 741.

“(c) **DISSEMINATION.**—Model curricula developed under this section shall be disseminated and evaluated in the same manner as model curricula developed under section 741, as described in subsection (c) of such section.”; and

(4) in subsection (d), as so redesignated—

(A) by striking “subsection (a)” and inserting “this section”; and

(B) by striking “2001 through 2004” and inserting “2010 through 2015”.

SEC. 5308. ADVANCED NURSING EDUCATION GRANTS.

Section 811 of the Public Health Service Act (42 U.S.C. 296f) is amended—

(1) in subsection (c)—

(A) in the subsection heading, by striking “AND NURSE MIDWIFERY PROGRAMS”; and

(B) by striking “and nurse midwifery”; and

(2) in subsection (f)—

(A) by striking paragraph (2); and

(B) by redesignating paragraph (3) as paragraph (2); and

(3) by redesignating subsections (d), (e), and (f) as subsections (e), (f), and (g), respectively; and

(4) by inserting after subsection (c), the following:

“(d) **AUTHORIZED NURSE-MIDWIFERY PROGRAMS.**—Midwifery programs that are eligible for support under this section are educational programs that—

“(1) have as their objective the education of midwives; and

“(2) are accredited by the American College of Nurse-Midwives Accreditation Commission for Midwifery Education.”.

SEC. 5309. NURSE EDUCATION, PRACTICE, AND RETENTION GRANTS.

(a) **IN GENERAL.**—Section 831 of the Public Health Service Act (42 U.S.C. 296p) is amended—

(1) in the section heading, by striking “**RETENTION**” and inserting “**QUALITY**”; and

(2) in subsection (a)—

(A) in paragraph (1), by adding “or” after the semicolon;

(B) by striking paragraph (2); and

(C) by redesignating paragraph (3) as paragraph (2);

(3) in subsection (b)(3), by striking “managed care, quality improvement” and inserting “coordinated care”; and

(4) in subsection (g), by inserting “, as defined in section 801(2),” after “school of nursing”; and

(5) in subsection (h), by striking “2003 through 2007” and inserting “2010 through 2014”.

(b) **NURSE RETENTION GRANTS.**—Title VIII of the Public Health Service Act is amended by inserting after section 831 (42 U.S.C. 296b) the following:

“SEC. 831A. NURSE RETENTION GRANTS.

“(a) **RETENTION PRIORITY AREAS.**—The Secretary may award grants to, and enter into contracts with, eligible entities to enhance the nursing workforce by initiating and maintaining nurse retention programs pursuant to subsection (b) or (c).

“(b) **GRANTS FOR CAREER LADDER PROGRAM.**—The Secretary may award grants to, and enter into contracts with, eligible entities for programs—

“(1) to promote career advancement for individuals including licensed practical nurses, licensed vocational nurses, certified nurse assistants, home health aides, diploma degree or associate degree nurses, to become baccalaureate prepared registered nurses or advanced education nurses in order to meet the needs of the registered nurse workforce;

“(2) developing and implementing internships and residency programs in collaboration with an accredited school of nursing, as defined by section 801(2), to encourage mentoring and the development of specialties; or

“(3) to assist individuals in obtaining education and training required to enter the nursing profession and advance within such profession.

“(c) **ENHANCING PATIENT CARE DELIVERY SYSTEMS.**—

“(1) **GRANTS.**—The Secretary may award grants to eligible entities to improve the retention of nurses and enhance patient care that is directly related to nursing activities by enhancing collaboration and communication among nurses and other health care professionals, and by promoting nurse involvement in the organizational and clinical decision-making processes of a health care facility.

“(2) **PRIORITY.**—In making awards of grants under this subsection, the Secretary shall give preference to applicants that have not previously received an award under this subsection (or section 831(c) as such section existed on the day before the date of enactment of this section).

“(3) **CONTINUATION OF AN AWARD.**—The Secretary shall make continuation of any award under this subsection beyond the second year of such award contingent on the recipient of such award having demonstrated to the Secretary measurable and substantive improvement in nurse retention or patient care.

“(d) **OTHER PRIORITY AREAS.**—The Secretary may award grants to, or enter into contracts with, eligible entities to address other areas that are of high priority to nurse retention, as determined by the Secretary.

“(e) **REPORT.**—The Secretary shall submit to the Congress before the end of each fiscal year a report on the grants awarded and the contracts entered into under this section. Each such report shall identify the overall number of such grants and contracts and provide an explanation of why each such grant or contract will meet the priority need of the nursing workforce.

“(f) **ELIGIBLE ENTITY.**—For purposes of this section, the term ‘eligible entity’ includes an accredited school of nursing, as defined by section 801(2), a health care facility, or a partnership of such a school and facility.

“(g) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2010 through 2012.”.

SEC. 5310. LOAN REPAYMENT AND SCHOLARSHIP PROGRAM.

(a) **LOAN REPAYMENTS AND SCHOLARSHIPS.**—Section 846(a)(3) of the Public Health Service

Act (42 U.S.C. 297n(a)(3)) is amended by inserting before the semicolon the following: “, or in a accredited school of nursing, as defined by section 801(2), as nurse faculty”.

(b) **TECHNICAL AND CONFORMING AMENDMENTS.**—Title VIII (42 U.S.C. 296 et seq.) is amended—

(1) by redesignating section 810 (relating to prohibition against discrimination by schools on the basis of sex) as section 809 and moving such section so that it follows section 808;

(2) in sections 835, 836, 838, 840, and 842, by striking the term “this subpart” each place it appears and inserting “this part”;

(3) in section 836(h), by striking the last sentence;

(4) in section 836, by redesignating subsection (l) as subsection (k);

(5) in section 839, by striking “839” and all that follows through “(a)” and inserting “839. (a)”;

(6) in section 835(b), by striking “841” each place it appears and inserting “871”;

(7) by redesignating section 841 as section 871, moving part F to the end of the title, and redesignating such part as part I;

(8) in part G—

(A) by redesignating section 845 as section 851; and

(B) by redesignating part G as part F;

(9) in part H—

(A) by redesignating sections 851 and 852 as sections 861 and 862, respectively; and

(B) by redesignating part H as part G; and

(10) in part I—

(A) by redesignating section 855, as amended by section 5305, as section 865; and

(B) by redesignating part I as part H.

SEC. 5311. NURSE FACULTY LOAN PROGRAM.

(a) **IN GENERAL.**—Section 846A of the Public Health Service Act (42 U.S.C. 297n–1) is amended—

(1) in subsection (a)—

(A) in the subsection heading, by striking “ESTABLISHMENT” and inserting “SCHOOL OF NURSING STUDENT LOAN FUND”; and

(B) by inserting “accredited” after “agreement with any”;

(2) in subsection (c)—

(A) in paragraph (2), by striking “\$30,000” and all that follows through the semicolon and inserting “\$35,500, during fiscal years 2010 and 2011 fiscal years (after fiscal year 2011, such amounts shall be adjusted to provide for a cost-of-attendance increase for the yearly loan rate and the aggregate loan;”;

(B) in paragraph (3)(A), by inserting “an accredited” after “faculty member in”;

(3) in subsection (e), by striking “a school” and inserting “an accredited school”; and

(4) in subsection (f), by striking “2003 through 2007” and inserting “2010 through 2014”.

(b) **ELIGIBLE INDIVIDUAL STUDENT LOAN REPAYMENT.**—Title VIII of the Public Health Service Act is amended by inserting after section 846A (42 U.S.C. 297n–1) the following:

“SEC. 847. ELIGIBLE INDIVIDUAL STUDENT LOAN REPAYMENT.

“(a) **IN GENERAL.**—The Secretary, acting through the Administrator of the Health Resources and Services Administration, may enter into an agreement with eligible individuals for the repayment of education loans, in accordance with this section, to increase the number of qualified nursing faculty.

“(b) **AGREEMENTS.**—Each agreement entered into under this subsection shall require that the eligible individual shall serve as a full-time member of the faculty of an accredited school of nursing, for a total period, in the aggregate, of at least 4 years during the 6-year period beginning on the later of—

“(1) the date on which the individual receives a master’s or doctorate nursing degree from an accredited school of nursing; or

“(2) the date on which the individual enters into an agreement under this subsection.

“(c) **AGREEMENT PROVISIONS.**—Agreements entered into pursuant to subsection (b) shall be entered into on such terms and conditions as the Secretary may determine, except that—

“(1) not more than 10 months after the date on which the 6-year period described under subsection (b) begins, but in no case before the individual starts as a full-time member of the faculty of an accredited school of nursing the Secretary shall begin making payments, for and on behalf of that individual, on the outstanding principal of, and interest on, any loan of that individual obtained to pay for such degree;

“(2) for an individual who has completed a master’s in nursing or equivalent degree in nursing—

“(A) payments may not exceed \$10,000 per calendar year; and

“(B) total payments may not exceed \$40,000 during the 2010 and 2011 fiscal years (after fiscal year 2011, such amounts shall be adjusted to provide for a cost-of-attendance increase for the yearly loan rate and the aggregate loan); and

“(3) for an individual who has completed a doctorate or equivalent degree in nursing—

“(A) payments may not exceed \$20,000 per calendar year; and

“(B) total payments may not exceed \$80,000 during the 2010 and 2011 fiscal years (adjusted for subsequent fiscal years as provided for in the same manner as in paragraph (2)(B)).

“(d) **BREACH OF AGREEMENT.**—

“(1) **IN GENERAL.**—In the case of any agreement made under subsection (b), the individual is liable to the Federal Government for the total amount paid by the Secretary under such agreement, and for interest on such amount at the maximum legal prevailing rate, if the individual fails to meet the agreement terms required under such subsection.

“(2) **WAIVER OR SUSPENSION OF LIABILITY.**—In the case of an individual making an agreement for purposes of paragraph (1), the Secretary shall provide for the waiver or suspension of liability under such paragraph if compliance by the individual with the agreement involved is impossible or would involve extreme hardship to the individual or if enforcement of the agreement with respect to the individual would be unconscionable.

“(3) **DATE CERTAIN FOR RECOVERY.**—Subject to paragraph (2), any amount that the Federal Government is entitled to recover under paragraph (1) shall be paid to the United States not later than the expiration of the 3-year period beginning on the date the United States becomes so entitled.

“(4) **AVAILABILITY.**—Amounts recovered under paragraph (1) shall be available to the Secretary for making loan repayments under this section and shall remain available for such purpose until expended.

“(e) **ELIGIBLE INDIVIDUAL DEFINED.**—For purposes of this section, the term ‘eligible individual’ means an individual who—

“(1) is a United States citizen, national, or lawful permanent resident;

“(2) holds an unencumbered license as a registered nurse; and

“(3) has either already completed a master’s or doctorate nursing program at an accredited school of nursing or is currently enrolled on a full-time or part-time basis in such a program.

“(f) **PRIORITY.**—For the purposes of this section and section 846A, funding priority will be awarded to School of Nursing Student Loans that support doctoral nursing students or Individual Student Loan Repayment that support doctoral nursing students.

“(g) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2010 through 2014.”.

SEC. 5312. AUTHORIZATION OF APPROPRIATIONS FOR PARTS B THROUGH D OF TITLE VIII.

Section 871 of the Public Health Service Act, as redesignated and moved by section 5310, is amended to read as follows:

“SEC. 871. AUTHORIZATION OF APPROPRIATIONS.

“For the purpose of carrying out parts B, C, and D (subject to section 851(g)), there are authorized to be appropriated \$338,000,000 for fiscal year 2010, and such sums as may be necessary for each of the fiscal years 2011 through 2016.”.

SEC. 5313. GRANTS TO PROMOTE THE COMMUNITY HEALTH WORKFORCE.

(a) IN GENERAL.—Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following:

“SEC. 399V. GRANTS TO PROMOTE POSITIVE HEALTH BEHAVIORS AND OUTCOMES.

“(a) GRANTS AUTHORIZED.—The Director of the Centers for Disease Control and Prevention, in collaboration with the Secretary, shall award grants to eligible entities to promote positive health behaviors and outcomes for populations in medically underserved communities through the use of community health workers.

“(b) USE OF FUNDS.—Grants awarded under subsection (a) shall be used to support community health workers—

“(1) to educate, guide, and provide outreach in a community setting regarding health problems prevalent in medically underserved communities, particularly racial and ethnic minority populations;

“(2) to educate and provide guidance regarding effective strategies to promote positive health behaviors and discourage risky health behaviors;

“(3) to educate and provide outreach regarding enrollment in health insurance including the Children’s Health Insurance Program under title XXI of the Social Security Act, Medicare under title XVIII of such Act and Medicaid under title XIX of such Act;

“(4) to identify, educate, refer, and enroll underserved populations to appropriate healthcare agencies and community-based programs and organizations in order to increase access to quality healthcare services and to eliminate duplicate care; or

“(5) to educate, guide, and provide home visitation services regarding maternal health and prenatal care.

“(c) APPLICATION.—Each eligible entity that desires to receive a grant under subsection (a) shall submit an application to the Secretary, at such time, in such manner, and accompanied by such information as the Secretary may require.

“(d) PRIORITY.—In awarding grants under subsection (a), the Secretary shall give priority to applicants that—

“(1) propose to target geographic areas—

“(A) with a high percentage of residents who are eligible for health insurance but are uninsured or underinsured;

“(B) with a high percentage of residents who suffer from chronic diseases; or

“(C) with a high infant mortality rate;

“(2) have experience in providing health or health-related social services to individuals who are underserved with respect to such services; and

“(3) have documented community activity and experience with community health workers.

“(e) COLLABORATION WITH ACADEMIC INSTITUTIONS AND THE ONE-STOP DELIVERY SYSTEM.—The Secretary shall encourage community health worker programs receiving funds under this section to collaborate with academic institutions and one-stop delivery systems under section 134(c) of the Workforce Investment Act of 1998. Nothing in this section shall be construed to require such collaboration.

“(f) EVIDENCE-BASED INTERVENTIONS.—The Secretary shall encourage community health worker programs receiving funding under this section to implement a process or an outcome-based payment system that rewards community health workers for connecting underserved populations with the most appropriate services at the most appropriate time. Nothing in this section shall be construed to require such a payment.

“(g) QUALITY ASSURANCE AND COST EFFECTIVENESS.—The Secretary shall establish guidelines for assuring the quality of the training and supervision of community health workers under the programs funded under this section and for assuring the cost-effectiveness of such programs.

“(h) MONITORING.—The Secretary shall monitor community health worker programs identified in approved applications under this section and shall determine whether such programs are in compliance with the guidelines established under subsection (g).

“(i) TECHNICAL ASSISTANCE.—The Secretary may provide technical assistance to community health worker programs identified in approved applications under this section with respect to planning, developing, and operating programs under the grant.

“(j) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated, such sums as may be necessary to carry out this section for each of fiscal years 2010 through 2014.

“(k) DEFINITIONS.—In this section:

“(1) COMMUNITY HEALTH WORKER.—The term ‘community health worker’, as defined by the Department of Labor as Standard Occupational Classification [21–1094] means an individual who promotes health or nutrition within the community in which the individual resides—

“(A) by serving as a liaison between communities and healthcare agencies;

“(B) by providing guidance and social assistance to community residents;

“(C) by enhancing community residents’ ability to effectively communicate with healthcare providers;

“(D) by providing culturally and linguistically appropriate health or nutrition education;

“(E) by advocating for individual and community health;

“(F) by providing referral and follow-up services or otherwise coordinating care; and

“(G) by proactively identifying and enrolling eligible individuals in Federal, State, local, private or nonprofit health and human services programs.

“(2) COMMUNITY SETTING.—The term ‘community setting’ means a home or a community organization located in the neighborhood in which a participant in the program under this section resides.

“(3) ELIGIBLE ENTITY.—The term ‘eligible entity’ means a public or nonprofit private entity (including a State or public subdivision of a State, a public health department, a free health clinic, a hospital, or a Federally-qualified health center (as defined in section 1861(aa) of the Social Security Act)), or a consortium of any such entities.

“(4) MEDICALLY UNDERSERVED COMMUNITY.—The term ‘medically underserved community’ means a community identified by a State—

“(A) that has a substantial number of individuals who are members of a medically underserved population, as defined by section 330(b)(3); and

“(B) a significant portion of which is a health professional shortage area as designated under section 332.”.

SEC. 5314. FELLOWSHIP TRAINING IN PUBLIC HEALTH.

Part E of title VII of the Public Health Service Act (42 U.S.C. 294n et seq.), as amended by sec-

tion 5206, is further amended by adding at the end the following:

“SEC. 778. FELLOWSHIP TRAINING IN APPLIED PUBLIC HEALTH EPIDEMIOLOGY, PUBLIC HEALTH LABORATORY SCIENCE, PUBLIC HEALTH INFORMATICS, AND EXPANSION OF THE EPIDEMIC INTELLIGENCE SERVICE.

“(a) IN GENERAL.—The Secretary may carry out activities to address documented workforce shortages in State and local health departments in the critical areas of applied public health epidemiology and public health laboratory science and informatics and may expand the Epidemic Intelligence Service.

“(b) SPECIFIC USES.—In carrying out subsection (a), the Secretary shall provide for the expansion of existing fellowship programs operated through the Centers for Disease Control and Prevention in a manner that is designed to alleviate shortages of the type described in subsection (a).

“(c) OTHER PROGRAMS.—The Secretary may provide for the expansion of other applied epidemiology training programs that meet objectives similar to the objectives of the programs described in subsection (b).

“(d) WORK OBLIGATION.—Participation in fellowship training programs under this section shall be deemed to be service for purposes of satisfying work obligations stipulated in contracts under section 3381(j).

“(e) GENERAL SUPPORT.—Amounts may be used from grants awarded under this section to expand the Public Health Informatics Fellowship Program at the Centers for Disease Control and Prevention to better support all public health systems at all levels of government.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section \$39,500,000 for each of fiscal years 2010 through 2013, of which—

“(1) \$5,000,000 shall be made available in each such fiscal year for epidemiology fellowship training program activities under subsections (b) and (c);

“(2) \$5,000,000 shall be made available in each such fiscal year for laboratory fellowship training programs under subsection (b);

“(3) \$5,000,000 shall be made available in each such fiscal year for the Public Health Informatics Fellowship Program under subsection (e); and

“(4) \$24,500,000 shall be made available for expanding the Epidemic Intelligence Service under subsection (a).”.

SEC. 5315. UNITED STATES PUBLIC HEALTH SCIENCES TRACK.

Title II of the Public Health Service Act (42 U.S.C. 202 et seq.) is amended by adding at the end the following:

“PART D—UNITED STATES PUBLIC HEALTH SCIENCES TRACK**“SEC. 271. ESTABLISHMENT.**

“(a) UNITED STATES PUBLIC HEALTH SERVICES TRACK.—

“(1) IN GENERAL.—There is hereby authorized to be established a United States Public Health Sciences Track (referred to in this part as the ‘Track’), at sites to be selected by the Secretary, with authority to grant appropriate advanced degrees in a manner that uniquely emphasizes team-based service, public health, epidemiology, and emergency preparedness and response. It shall be so organized as to graduate not less than—

“(A) 150 medical students annually, 10 of whom shall be awarded studentships to the Uniformed Services University of Health Sciences;

“(B) 100 dental students annually;

“(C) 250 nursing students annually;

“(D) 100 public health students annually;

“(E) 100 behavioral and mental health professional students annually;

“(F) 100 physician assistant or nurse practitioner students annually; and

“(G) 50 pharmacy students annually.

“(2) LOCATIONS.—The Track shall be located at existing and accredited, affiliated health professions education training programs at academic health centers located in regions of the United States determined appropriate by the Surgeon General, in consultation with the National Health Care Workforce Commission established in section 5101 of the Patient Protection and Affordable Care Act.

“(b) NUMBER OF GRADUATES.—Except as provided in subsection (a), the number of persons to be graduated from the Track shall be prescribed by the Secretary. In so prescribing the number of persons to be graduated from the Track, the Secretary shall institute actions necessary to ensure the maximum number of first-year enrollments in the Track consistent with the academic capacity of the affiliated sites and the needs of the United States for medical, dental, and nursing personnel.

“(c) DEVELOPMENT.—The development of the Track may be by such phases as the Secretary may prescribe subject to the requirements of subsection (a).

“(d) INTEGRATED LONGITUDINAL PLAN.—The Surgeon General shall develop an integrated longitudinal plan for health professions continuing education throughout the continuum of health-related education, training, and practice. Training under such plan shall emphasize patient-centered, interdisciplinary, and care coordination skills. Experience with deployment of emergency response teams shall be included during the clinical experiences.

“(e) FACULTY DEVELOPMENT.—The Surgeon General shall develop faculty development programs and curricula in decentralized venues of health care, to balance urban, tertiary, and inpatient venues.

“SEC. 272. ADMINISTRATION.

“(a) IN GENERAL.—The business of the Track shall be conducted by the Surgeon General with funds appropriated for and provided by the Department of Health and Human Services. The National Health Care Workforce Commission shall assist the Surgeon General in an advisory capacity.

“(b) FACULTY.—

“(1) IN GENERAL.—The Surgeon General, after considering the recommendations of the National Health Care Workforce Commission, shall obtain the services of such professors, instructors, and administrative and other employees as may be necessary to operate the Track, but utilize when possible, existing affiliated health professions training institutions. Members of the faculty and staff shall be employed under salary schedules and granted retirement and other related benefits prescribed by the Secretary so as to place the employees of the Track faculty on a comparable basis with the employees of fully accredited schools of the health professions within the United States.

“(2) TITLES.—The Surgeon General may confer academic titles, as appropriate, upon the members of the faculty.

“(3) NONAPPLICATION OF PROVISIONS.—The limitations in section 5373 of title 5, United States Code, shall not apply to the authority of the Surgeon General under paragraph (1) to prescribe salary schedules and other related benefits.

“(c) AGREEMENTS.—The Surgeon General may negotiate agreements with agencies of the Federal Government to utilize on a reimbursable basis appropriate existing Federal medical resources located in the United States (or locations selected in accordance with section 271(a)(2)). Under such agreements the facilities concerned will retain their identities and basic missions. The Surgeon General may negotiate

affiliation agreements with accredited universities and health professions training institutions in the United States. Such agreements may include provisions for payments for educational services provided students participating in Department of Health and Human Services educational programs.

“(d) PROGRAMS.—The Surgeon General may establish the following educational programs for Track students:

“(1) Postdoctoral, postgraduate, and technological programs.

“(2) A cooperative program for medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students.

“(3) Other programs that the Surgeon General determines necessary in order to operate the Track in a cost-effective manner.

“(e) CONTINUING MEDICAL EDUCATION.—The Surgeon General shall establish programs in continuing medical education for members of the health professions to the end that high standards of health care may be maintained within the United States.

“(f) AUTHORITY OF THE SURGEON GENERAL.—

“(1) IN GENERAL.—The Surgeon General is authorized—

“(A) to enter into contracts with, accept grants from, and make grants to any nonprofit entity for the purpose of carrying out cooperative enterprises in medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing research, consultation, and education;

“(B) to enter into contracts with entities under which the Surgeon General may furnish the services of such professional, technical, or clerical personnel as may be necessary to fulfill cooperative enterprises undertaken by the Track;

“(C) to accept, hold, administer, invest, and spend any gift, devise, or bequest of personal property made to the Track, including any gift, devise, or bequest for the support of an academic chair, teaching, research, or demonstration project;

“(D) to enter into agreements with entities that may be utilized by the Track for the purpose of enhancing the activities of the Track in education, research, and technological applications of knowledge; and

“(E) to accept the voluntary services of guest scholars and other persons.

“(2) LIMITATION.—The Surgeon General may not enter into any contract with an entity if the contract would obligate the Track to make outlays in advance of the enactment of budget authority for such outlays.

“(3) SCIENTISTS.—Scientists or other medical, dental, or nursing personnel utilized by the Track under an agreement described in paragraph (1) may be appointed to any position within the Track and may be permitted to perform such duties within the Track as the Surgeon General may approve.

“(4) VOLUNTEER SERVICES.—A person who provides voluntary services under the authority of subparagraph (E) of paragraph (1) shall be considered to be an employee of the Federal Government for the purposes of chapter 81 of title 5, relating to compensation for work-related injuries, and to be an employee of the Federal Government for the purposes of chapter 171 of title 28, relating to tort claims. Such a person who is not otherwise employed by the Federal Government shall not be considered to be a Federal employee for any other purpose by reason of the provision of such services.

“SEC. 273. STUDENTS; SELECTION; OBLIGATION.

“(a) STUDENT SELECTION.—

“(1) IN GENERAL.—Medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students at

the Track shall be selected under procedures prescribed by the Surgeon General. In so prescribing, the Surgeon General shall consider the recommendations of the National Health Care Workforce Commission.

“(2) PRIORITY.—In developing admissions procedures under paragraph (1), the Surgeon General shall ensure that such procedures give priority to applicant medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students from rural communities and underrepresented minorities.

“(b) CONTRACT AND SERVICE OBLIGATION.—

“(1) CONTRACT.—Upon being admitted to the Track, a medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, or nursing student shall enter into a written contract with the Surgeon General that shall contain—

“(A) an agreement under which—

“(i) subject to subparagraph (B), the Surgeon General agrees to provide the student with tuition (or tuition remission) and a student stipend (described in paragraph (2)) in each school year for a period of years (not to exceed 4 school years) determined by the student, during which period the student is enrolled in the Track at an affiliated or other participating health professions institution pursuant to an agreement between the Track and such institution; and

“(ii) subject to subparagraph (B), the student agrees—

“(I) to accept the provision of such tuition and student stipend to the student;

“(II) to maintain enrollment at the Track until the student completes the course of study involved;

“(III) while enrolled in such course of study, to maintain an acceptable level of academic standing (as determined by the Surgeon General);

“(IV) if pursuing a degree from a school of medicine or osteopathic medicine, dental, public health, or nursing school or a physician assistant, pharmacy, or behavioral and mental health professional program, to complete a residency or internship in a specialty that the Surgeon General determines is appropriate; and

“(V) to serve for a period of time (referred to in this part as the ‘period of obligated service’) within the Commissioned Corps of the Public Health Service equal to 2 years for each school year during which such individual was enrolled at the College, reduced as provided for in paragraph (3);

“(B) a provision that any financial obligation of the United States arising out of a contract entered into under this part and any obligation of the student which is conditioned thereon, is contingent upon funds being appropriated to carry out this part;

“(C) a statement of the damages to which the United States is entitled for the student’s breach of the contract; and

“(D) such other statements of the rights and liabilities of the Secretary and of the individual, not inconsistent with the provisions of this part.

“(2) TUITION AND STUDENT STIPEND.—

“(A) TUITION REMISSION RATES.—The Surgeon General, based on the recommendations of the National Health Care Workforce Commission, shall establish Federal tuition remission rates to be used by the Track to provide reimbursement to affiliated and other participating health professions institutions for the cost of educational services provided by such institutions to Track students. The agreement entered into by such participating institutions under paragraph (1)(A)(i) shall contain an agreement to accept as payment in full the established remission rate under this subparagraph.

“(B) STIPEND.—The Surgeon General, based on the recommendations of the National Health

Care Workforce Commission, shall establish and update Federal stipend rates for payment to students under this part.

“(3) REDUCTIONS IN THE PERIOD OF OBLIGATED SERVICE.—The period of obligated service under paragraph (1)(A)(ii)(V) shall be reduced—

“(A) in the case of a student who elects to participate in a high-needs speciality residency (as determined by the National Health Care Workforce Commission), by 3 months for each year of such participation (not to exceed a total of 12 months); and

“(B) in the case of a student who, upon completion of their residency, elects to practice in a Federal medical facility (as defined in section 781(e)) that is located in a health professional shortage area (as defined in section 332), by 3 months for year of full-time practice in such a facility (not to exceed a total of 12 months).

“(c) SECOND 2 YEARS OF SERVICE.—During the third and fourth years in which a medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, or nursing student is enrolled in the Track, training should be designed to prioritize clinical rotations in Federal medical facilities in health professional shortage areas, and emphasize a balance of hospital and community-based experiences, and training within interdisciplinary teams.

“(d) DENTIST, PHYSICIAN ASSISTANT, PHARMACIST, BEHAVIORAL AND MENTAL HEALTH PROFESSIONAL, PUBLIC HEALTH PROFESSIONAL, AND NURSE TRAINING.—The Surgeon General shall establish provisions applicable with respect to dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students that are comparable to those for medical students under this section, including service obligations, tuition support, and stipend support. The Surgeon General shall give priority to health professions training institutions that train medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students for some significant period of time together, but at a minimum have a discrete and shared core curriculum.

“(e) ELITE FEDERAL DISASTER TEAMS.—The Surgeon General, in consultation with the Secretary, the Director of the Centers for Disease Control and Prevention, and other appropriate military and Federal government agencies, shall develop criteria for the appointment of highly qualified Track faculty, medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, and nursing students, and graduates to elite Federal disaster preparedness teams to train and to respond to public health emergencies, natural disasters, bioterrorism events, and other emergencies.

“(f) STUDENT DROPPED FROM TRACK IN AFFILIATE SCHOOL.—A medical, dental, physician assistant, pharmacy, behavioral and mental health, public health, or nursing student who, under regulations prescribed by the Surgeon General, is dropped from the Track in an affiliated school for deficiency in conduct or studies, or for other reasons, shall be liable to the United States for all tuition and stipend support provided to the student.

“SEC. 274. FUNDING.

“Beginning with fiscal year 2010, the Secretary shall transfer from the Public Health and Social Services Emergency Fund such sums as may be necessary to carry out this part.”

Subtitle E—Supporting the Existing Health Care Workforce

SEC. 5401. CENTERS OF EXCELLENCE.

Section 736 of the Public Health Service Act (42 U.S.C. 293) is amended by striking subsection (h) and inserting the following:

“(h) FORMULA FOR ALLOCATIONS.—

“(1) ALLOCATIONS.—Based on the amount appropriated under subsection (i) for a fiscal year,

the following subparagraphs shall apply as appropriate:

“(A) IN GENERAL.—If the amounts appropriated under subsection (i) for a fiscal year are \$24,000,000 or less—

“(i) the Secretary shall make available \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A); and

“(ii) and available after grants are made with funds under clause (i), the Secretary shall make available—

“(I) 60 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting the conditions under subsection (e)); and

“(II) 40 percent of such amount for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).

“(B) FUNDING IN EXCESS OF \$24,000,000.—If amounts appropriated under subsection (i) for a fiscal year exceed \$24,000,000 but are less than \$30,000,000—

“(i) 80 percent of such excess amounts shall be made available for grants under subsection (a) to health professions schools that meet the requirements described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e)); and

“(ii) 20 percent of such excess amount shall be made available for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5).

“(C) FUNDING IN EXCESS OF \$30,000,000.—If amounts appropriated under subsection (i) for a fiscal year exceed \$30,000,000 but are less than \$40,000,000, the Secretary shall make available—

“(i) not less than \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A);

“(ii) not less than \$12,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e));

“(iii) not less than \$6,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5); and

“(iv) after grants are made with funds under clauses (i) through (iii), any remaining excess amount for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (2)(A), (3), (4), or (5) of subsection (c).

“(D) FUNDING IN EXCESS OF \$40,000,000.—If amounts appropriated under subsection (i) for a fiscal year are \$40,000,000 or more, the Secretary shall make available—

“(i) not less than \$16,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(2)(A);

“(ii) not less than \$16,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (3) or (4) of subsection (c) (including meeting conditions pursuant to subsection (e));

“(iii) not less than \$8,000,000 for grants under subsection (a) to health professions schools that meet the conditions described in subsection (c)(5); and

“(iv) after grants are made with funds under clauses (i) through (iii), any remaining funds for grants under subsection (a) to health professions schools that meet the conditions described in paragraph (2)(A), (3), (4), or (5) of subsection (c).

“(2) NO LIMITATION.—Nothing in this subsection shall be construed as limiting the centers

of excellence referred to in this section to the designated amount, or to preclude such entities from competing for grants under this section.

“(3) MAINTENANCE OF EFFORT.—

“(A) IN GENERAL.—With respect to activities for which a grant made under this part are authorized to be expended, the Secretary may not make such a grant to a center of excellence for any fiscal year unless the center agrees to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the center for the fiscal year preceding the fiscal year for which the school receives such a grant.

“(B) USE OF FEDERAL FUNDS.—With respect to any Federal amounts received by a center of excellence and available for carrying out activities for which a grant under this part is authorized to be expended, the center shall, before expending the grant, expend the Federal amounts obtained from sources other than the grant, unless given prior approval from the Secretary.

“(i) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section—

“(1) \$50,000,000 for each of the fiscal years 2010 through 2015; and

“(2) and such sums as are necessary for each subsequent fiscal year.”

SEC. 5402. HEALTH CARE PROFESSIONALS TRAINING FOR DIVERSITY.

(a) LOAN REPAYMENTS AND FELLOWSHIPS REGARDING FACULTY POSITIONS.—Section 738(a)(1) of the Public Health Service Act (42 U.S.C. 293b(a)(1)) is amended by striking “\$20,000 of the principal and interest of the educational loans of such individuals.” and inserting “\$30,000 of the principal and interest of the educational loans of such individuals.”

(b) SCHOLARSHIPS FOR DISADVANTAGED STUDENTS.—Section 740(a) of such Act (42 U.S.C. 293d(a)) is amended by striking “\$37,000,000” and all that follows through “2002” and inserting “\$51,000,000 for fiscal year 2010, and such sums as may be necessary for each of the fiscal years 2011 through 2014.”

(c) REAUTHORIZATION FOR LOAN REPAYMENTS AND FELLOWSHIPS REGARDING FACULTY POSITIONS.—Section 740(b) of such Act (42 U.S.C. 293d(b)) is amended by striking “appropriated” and all that follows through the period at the end and inserting “appropriated, \$5,000,000 for each of the fiscal years 2010 through 2014.”

(d) REAUTHORIZATION FOR EDUCATIONAL ASSISTANCE IN THE HEALTH PROFESSIONS REGARDING INDIVIDUALS FROM A DISADVANTAGED BACKGROUND.—Section 740(c) of such Act (42 U.S.C. 293d(c)) is amended by striking the first sentence and inserting the following: “For the purpose of grants and contracts under section 739(a)(1), there is authorized to be appropriated \$60,000,000 for fiscal year 2010 and such sums as may be necessary for each of the fiscal years 2011 through 2014.”

SEC. 5403. INTERDISCIPLINARY, COMMUNITY-BASED LINKAGES.

(a) AREA HEALTH EDUCATION CENTERS.—Section 751 of the Public Health Service Act (42 U.S.C. 294a) is amended to read as follows:

“SEC. 751. AREA HEALTH EDUCATION CENTERS.

“(a) ESTABLISHMENT OF AWARDS.—The Secretary shall make the following 2 types of awards in accordance with this section:

“(1) INFRASTRUCTURE DEVELOPMENT AWARD.—The Secretary shall make awards to eligible entities to enable such entities to initiate health care workforce educational programs or to continue to carry out comparable programs that are operating at the time the award is made by planning, developing, operating, and evaluating an area health education center program.

“(2) POINT OF SERVICE MAINTENANCE AND ENHANCEMENT AWARD.—The Secretary shall make awards to eligible entities to maintain and improve the effectiveness and capabilities of an existing area health education center program,

and make other modifications to the program that are appropriate due to changes in demographics, needs of the populations served, or other similar issues affecting the area health education center program. For the purposes of this section, the term 'Program' refers to the area health education center program.

“(b) ELIGIBLE ENTITIES; APPLICATION.—

“(1) ELIGIBLE ENTITIES.—

“(A) INFRASTRUCTURE DEVELOPMENT.—For purposes of subsection (a)(1), the term ‘eligible entity’ means a school of medicine or osteopathic medicine, an incorporated consortium of such schools, or the parent institutions of such a school. With respect to a State in which no area health education center program is in operation, the Secretary may award a grant or contract under subsection (a)(1) to a school of nursing.

“(B) POINT OF SERVICE MAINTENANCE AND ENHANCEMENT.—For purposes of subsection (a)(2), the term ‘eligible entity’ means an entity that has received funds under this section, is operating an area health education center program, including an area health education center or centers, and has a center or centers that are no longer eligible to receive financial assistance under subsection (a)(1).

“(2) APPLICATION.—An eligible entity desiring to receive an award under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(c) USE OF FUNDS.—

“(1) REQUIRED ACTIVITIES.—An eligible entity shall use amounts awarded under a grant under subsection (a)(1) or (a)(2) to carry out the following activities:

“(A) Develop and implement strategies, in coordination with the applicable one-stop delivery system under section 134(c) of the Workforce Investment Act of 1998, to recruit individuals from underrepresented minority populations or from disadvantaged or rural backgrounds into health professions, and support such individuals in attaining such careers.

“(B) Develop and implement strategies to foster and provide community-based training and education to individuals seeking careers in health professions within underserved areas for the purpose of developing and maintaining a diverse health care workforce that is prepared to deliver high-quality care, with an emphasis on primary care, in underserved areas or for health disparity populations, in collaboration with other Federal and State health care workforce development programs, the State workforce agency, and local workforce investment boards, and in health care safety net sites.

“(C) Prepare individuals to more effectively provide health services to underserved areas and health disparity populations through field placements or preceptorships in conjunction with community-based organizations, accredited primary care residency training programs, Federally qualified health centers, rural health clinics, public health departments, or other appropriate facilities.

“(D) Conduct and participate in interdisciplinary training that involves physicians, physician assistants, nurse practitioners, nurse midwives, dentists, psychologists, pharmacists, optometrists, community health workers, public and allied health professionals, or other health professionals, as practicable.

“(E) Deliver or facilitate continuing education and information dissemination programs for health care professionals, with an emphasis on individuals providing care in underserved areas and for health disparity populations.

“(F) Propose and implement effective program and outcomes measurement and evaluation strategies.

“(G) Establish a youth public health program to expose and recruit high school students into

health careers, with a focus on careers in public health.

“(2) INNOVATIVE OPPORTUNITIES.—An eligible entity may use amounts awarded under a grant under subsection (a)(1) or subsection (a)(2) to carry out any of the following activities:

“(A) Develop and implement innovative curricula in collaboration with community-based accredited primary care residency training programs, Federally qualified health centers, rural health clinics, behavioral and mental health facilities, public health departments, or other appropriate facilities, with the goal of increasing the number of primary care physicians and other primary care providers prepared to serve in underserved areas and health disparity populations.

“(B) Coordinate community-based participatory research with academic health centers, and facilitate rapid flow and dissemination of evidence-based health care information, research results, and best practices to improve quality, efficiency, and effectiveness of health care and health care systems within community settings.

“(C) Develop and implement other strategies to address identified workforce needs and increase and enhance the health care workforce in the area served by the area health education center program.

“(d) REQUIREMENTS.—

“(1) AREA HEALTH EDUCATION CENTER PROGRAM.—In carrying out this section, the Secretary shall ensure the following:

“(A) An entity that receives an award under this section shall conduct at least 10 percent of clinical education required for medical students in community settings that are removed from the primary teaching facility of the contracting institution for grantees that operate a school of medicine or osteopathic medicine. In States in which an entity that receives an award under this section is a nursing school or its parent institution, the Secretary shall alternatively ensure that—

“(i) the nursing school conducts at least 10 percent of clinical education required for nursing students in community settings that are remote from the primary teaching facility of the school; and

“(ii) the entity receiving the award maintains a written agreement with a school of medicine or osteopathic medicine to place students from that school in training sites in the area health education center program area.

“(B) An entity receiving funds under subsection (a)(2) does not distribute such funding to a center that is eligible to receive funding under subsection (a)(1).

“(2) AREA HEALTH EDUCATION CENTER.—The Secretary shall ensure that each area health education center program includes at least 1 area health education center, and that each such center—

“(A) is a public or private organization whose structure, governance, and operation is independent from the awardee and the parent institution of the awardee;

“(B) is not a school of medicine or osteopathic medicine, the parent institution of such a school, or a branch campus or other subunit of a school of medicine or osteopathic medicine or its parent institution, or a consortium of such entities;

“(C) designates an underserved area or population to be served by the center which is in a location removed from the main location of the teaching facilities of the schools participating in the program with such center and does not duplicate, in whole or in part, the geographic area or population served by any other center;

“(D) fosters networking and collaboration among communities and between academic health centers and community-based centers;

“(E) serves communities with a demonstrated need of health professionals in partnership with academic medical centers;

“(F) addresses the health care workforce needs of the communities served in coordination with the public workforce investment system; and

“(G) has a community-based governing or advisory board that reflects the diversity of the communities involved.

“(e) MATCHING FUNDS.—With respect to the costs of operating a program through a grant under this section, to be eligible for financial assistance under this section, an entity shall make available (directly or through contributions from State, county or municipal governments, or the private sector) recurring non-Federal contributions in cash or in kind, toward such costs in an amount that is equal to not less than 50 percent of such costs. At least 25 percent of the total required non-Federal contributions shall be in cash. An entity may apply to the Secretary for a waiver of not more than 75 percent of the matching fund amount required by the entity for each of the first 3 years the entity is funded through a grant under subsection (a)(1).

“(f) LIMITATION.—Not less than 75 percent of the total amount provided to an area health education center program under subsection (a)(1) or (a)(2) shall be allocated to the area health education centers participating in the program under this section. To provide needed flexibility to newly funded area health education center programs, the Secretary may waive the requirement in the sentence for the first 2 years of a new area health education center program funded under subsection (a)(1).

“(g) AWARD.—An award to an entity under this section shall be not less than \$250,000 annually per area health education center included in the program involved. If amounts appropriated to carry out this section are not sufficient to comply with the preceding sentence, the Secretary may reduce the per center amount provided for in such sentence as necessary, provided the distribution established in subsection (j)(2) is maintained.

“(h) PROJECT TERMS.—

“(1) IN GENERAL.—Except as provided in paragraph (2), the period during which payments may be made under an award under subsection (a)(1) may not exceed—

“(A) in the case of a program, 12 years; or

“(B) in the case of a center within a program, 6 years.

“(2) EXCEPTION.—The periods described in paragraph (1) shall not apply to programs receiving point of service maintenance and enhancement awards under subsection (a)(2) to maintain existing centers and activities.

“(i) INAPPLICABILITY OF PROVISION.—Notwithstanding any other provision of this title, section 791(a) shall not apply to an area health education center funded under this section.

“(j) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—There is authorized to be appropriated to carry out this section \$125,000,000 for each of the fiscal years 2010 through 2014.

“(2) REQUIREMENTS.—Of the amounts appropriated for a fiscal year under paragraph (1)—

“(A) not more than 35 percent shall be used for awards under subsection (a)(1);

“(B) not less than 60 percent shall be used for awards under subsection (a)(2);

“(C) not more than 1 percent shall be used for grants and contracts to implement outcomes evaluation for the area health education centers; and

“(D) not more than 4 percent shall be used for grants and contracts to provide technical assistance to entities receiving awards under this section.

“(3) CARRYOVER FUNDS.—An entity that receives an award under this section may carry

over funds from 1 fiscal year to another without obtaining approval from the Secretary. In no case may any funds be carried over pursuant to the preceding sentence for more than 3 years.

“(k) SENSE OF CONGRESS.—It is the sense of the Congress that every State have an area health education center program in effect under this section.”.

(b) CONTINUING EDUCATIONAL SUPPORT FOR HEALTH PROFESSIONALS SERVING IN UNDERSERVED COMMUNITIES.—Part D of title VII of the Public Health Service Act (42 U.S.C. 294 et seq.) is amended by striking section 752 and inserting the following:

“SEC. 752. CONTINUING EDUCATIONAL SUPPORT FOR HEALTH PROFESSIONALS SERVING IN UNDERSERVED COMMUNITIES.

“(a) IN GENERAL.—The Secretary shall make grants to, and enter into contracts with, eligible entities to improve health care, increase retention, increase representation of minority faculty members, enhance the practice environment, and provide information dissemination and educational support to reduce professional isolation through the timely dissemination of research findings using relevant resources.

“(b) ELIGIBLE ENTITIES.—For purposes of this section, the term ‘eligible entity’ means an entity described in section 799(b).

“(c) APPLICATION.—An eligible entity desiring to receive an award under this section shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(d) USE OF FUNDS.—An eligible entity shall use amounts awarded under a grant or contract under this section to provide innovative supportive activities to enhance education through distance learning, continuing educational activities, collaborative conferences, and electronic and telelearning activities, with priority for primary care.

“(e) AUTHORIZATION.—There is authorized to be appropriated to carry out this section \$5,000,000 for each of the fiscal years 2010 through 2014, and such sums as may be necessary for each subsequent fiscal year.”.

SEC. 5404. WORKFORCE DIVERSITY GRANTS.

Section 821 of the Public Health Service Act (42 U.S.C. 296m) is amended—

(1) in subsection (a)—

(A) by striking “The Secretary may” and inserting the following:

“(1) AUTHORITY.—The Secretary may”;

(B) by striking “pre-entry preparation, and retention activities” and inserting the following: “stipends for diploma or associate degree nurses to enter a bridge or degree completion program, student scholarships or stipends for accelerated nursing degree programs, pre-entry preparation, advanced education preparation, and retention activities”; and

(2) in subsection (b)—

(A) by striking “First” and all that follows through “including the” and inserting “National Advisory Council on Nurse Education and Practice and consult with nursing associations including the National Coalition of Ethnic Minority Nurse Associations.”; and

(B) by inserting before the period the following: “, and other organizations determined appropriate by the Secretary”.

SEC. 5405. PRIMARY CARE EXTENSION PROGRAM.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.), as amended by section 5313, is further amended by adding at the end the following:

“SEC. 399W. PRIMARY CARE EXTENSION PROGRAM.

“(a) ESTABLISHMENT, PURPOSE AND DEFINITION.—

“(1) IN GENERAL.—The Secretary, acting through the Director of the Agency for

Healthcare Research and Quality, shall establish a Primary Care Extension Program.

“(2) PURPOSE.—The Primary Care Extension Program shall provide support and assistance to primary care providers to educate providers about preventive medicine, health promotion, chronic disease management, mental and behavioral health services (including substance abuse prevention and treatment services), and evidence-based and evidence-informed therapies and techniques, in order to enable providers to incorporate such matters into their practice and to improve community health by working with community-based health connectors (referred to in this section as ‘Health Extension Agents’).

“(3) DEFINITIONS.—In this section:

“(A) HEALTH EXTENSION AGENT.—The term ‘Health Extension Agent’ means any local, community-based health worker who facilitates and provides assistance to primary care practices by implementing quality improvement or system redesign, incorporating the principles of the patient-centered medical home to provide high-quality, effective, efficient, and safe primary care and to provide guidance to patients in culturally and linguistically appropriate ways, and linking practices to diverse health system resources.

“(B) PRIMARY CARE PROVIDER.—The term ‘primary care provider’ means a clinician who provides integrated, accessible health care services and who is accountable for addressing a large majority of personal health care needs, including providing preventive and health promotion services for men, women, and children of all ages, developing a sustained partnership with patients, and practicing in the context of family and community, as recognized by a State licensing or regulatory authority, unless otherwise specified in this section.

“(b) GRANTS TO ESTABLISH STATE HUBS AND LOCAL PRIMARY CARE EXTENSION AGENCIES.—

“(1) GRANTS.—The Secretary shall award competitive grants to States for the establishment of State- or multistate-level primary care Primary Care Extension Program State Hubs (referred to in this section as ‘Hubs’).

“(2) COMPOSITION OF HUBS.—A Hub established by a State pursuant to paragraph (1)—

“(A) shall consist of, at a minimum, the State health department, the entity responsible for administering the State Medicaid program (if other than the State health department), the State-level entity administering the Medicare program, and the departments of 1 or more health professions schools in the State that train providers in primary care; and

“(B) may include entities such as hospital associations, primary care practice-based research networks, health professional societies, State primary care associations, State licensing boards, organizations with a contract with the Secretary under section 1153 of the Social Security Act, consumer groups, and other appropriate entities.

“(c) STATE AND LOCAL ACTIVITIES.—

“(1) HUB ACTIVITIES.—Hubs established under a grant under subsection (b) shall—

“(A) submit to the Secretary a plan to coordinate functions with quality improvement organizations and area health education centers if such entities are members of the Hub not described in subsection (b)(2)(A);

“(B) contract with a county- or local-level entity that shall serve as the Primary Care Extension Agency to administer the services described in paragraph (2);

“(C) organize and administer grant funds to county- or local-level Primary Care Extension Agencies that serve a catchment area, as determined by the State; and

“(D) organize State-wide or multistate networks of local-level Primary Care Extension Agencies to share and disseminate information and practices.

“(2) LOCAL PRIMARY CARE EXTENSION AGENCY ACTIVITIES.—

“(A) REQUIRED ACTIVITIES.—Primary Care Extension Agencies established by a Hub under paragraph (1) shall—

“(i) assist primary care providers to implement a patient-centered medical home to improve the accessibility, quality, and efficiency of primary care services, including health homes;

“(ii) develop and support primary care learning communities to enhance the dissemination of research findings for evidence-based practice, assess implementation of practice improvement, share best practices, and involve community clinicians in the generation of new knowledge and identification of important questions for research;

“(iii) participate in a national network of Primary Care Extension Hubs and propose how the Primary Care Extension Agency will share and disseminate lessons learned and best practices; and

“(iv) develop a plan for financial sustainability involving State, local, and private contributions, to provide for the reduction in Federal funds that is expected after an initial 6-year period of program establishment, infrastructure development, and planning.

“(B) DISCRETIONARY ACTIVITIES.—Primary Care Extension Agencies established by a Hub under paragraph (1) may—

“(i) provide technical assistance, training, and organizational support for community health teams established under section 3602 of the Patient Protection and Affordable Care Act;

“(ii) collect data and provision of primary care provider feedback from standardized measurements of processes and outcomes to aid in continuous performance improvement;

“(iii) collaborate with local health departments, community health centers, tribes and tribal entities, and other community agencies to identify community health priorities and local health workforce needs, and participate in community-based efforts to address the social and primary determinants of health, strengthen the local primary care workforce, and eliminate health disparities;

“(iv) develop measures to monitor the impact of the proposed program on the health of practice enrollees and of the wider community served; and

“(v) participate in other activities, as determined appropriate by the Secretary.

“(d) FEDERAL PROGRAM ADMINISTRATION.—

“(1) GRANTS; TYPES.—Grants awarded under subsection (b) shall be—

“(A) program grants, that are awarded to State or multistate entities that submit fully-developed plans for the implementation of a Hub, for a period of 6 years; or

“(B) planning grants, that are awarded to State or multistate entities with the goal of developing a plan for a Hub, for a period of 2 years.

“(2) APPLICATIONS.—To be eligible for a grant under subsection (b), a State or multistate entity shall submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require.

“(3) EVALUATION.—A State that receives a grant under subsection (b) shall be evaluated at the end of the grant period by an evaluation panel appointed by the Secretary.

“(4) CONTINUING SUPPORT.—After the sixth year in which assistance is provided to a State under a grant awarded under subsection (b), the State may receive additional support under this section if the State program has received satisfactory evaluations with respect to program performance and the merits of the State sustainability plan, as determined by the Secretary.

“(5) LIMITATION.—A State shall not use in excess of 10 percent of the amount received under

a grant to carry out administrative activities under this section. Funds awarded pursuant to this section shall not be used for funding direct patient care.

“(e) **REQUIREMENTS ON THE SECRETARY.**—In carrying out this section, the Secretary shall consult with the heads of other Federal agencies with demonstrated experience and expertise in health care and preventive medicine, such as the Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Administration, the Health Resources and Services Administration, the National Institutes of Health, the Office of the National Coordinator for Health Information Technology, the Indian Health Service, the Agricultural Cooperative Extension Service of the Department of Agriculture, and other entities, as the Secretary determines appropriate.

“(f) **AUTHORIZATION OF APPROPRIATIONS.**—To awards grants as provided in subsection (d), there are authorized to be appropriated \$120,000,000 for each of fiscal years 2011 and 2012, and such sums as may be necessary to carry out this section for each of fiscal years 2013 through 2014.”

Subtitle F—Strengthening Primary Care and Other Workforce Improvements

SEC. 5501. EXPANDING ACCESS TO PRIMARY CARE SERVICES AND GENERAL SURGERY SERVICES.

(a) **INCENTIVE PAYMENT PROGRAM FOR PRIMARY CARE SERVICES.**—

(1) **IN GENERAL.**—Section 1833 of the Social Security Act (42 U.S.C. 1395l) is amended by adding at the end the following new subsection:

“(x) **INCENTIVE PAYMENTS FOR PRIMARY CARE SERVICES.**—

“(1) **IN GENERAL.**—In the case of primary care services furnished on or after January 1, 2011, and before January 1, 2016, by a primary care practitioner, in addition to the amount of payment that would otherwise be made for such services under this part, there also shall be paid (on a monthly or quarterly basis) an amount equal to 10 percent of the payment amount for the service under this part.

“(2) **DEFINITIONS.**—In this subsection:

“(A) **PRIMARY CARE PRACTITIONER.**—The term ‘primary care practitioner’ means an individual—

“(i) who—

“(I) is a physician (as described in section 1861(r)(1)) who has a primary specialty designation of family medicine, internal medicine, geriatric medicine, or pediatric medicine; or

“(II) is a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861(aa)(5)); and

“(ii) for whom primary care services accounted for at least 60 percent of the allowed charges under this part for such physician or practitioner in a prior period as determined appropriate by the Secretary.

“(B) **PRIMARY CARE SERVICES.**—The term ‘primary care services’ means services identified, as of January 1, 2009, by the following HCPCS codes (and as subsequently modified by the Secretary):

“(i) 99201 through 99215.

“(ii) 99304 through 99340.

“(iii) 99341 through 99350.

“(3) **COORDINATION WITH OTHER PAYMENTS.**—The amount of the additional payment for a service under this subsection and subsection (m) shall be determined without regard to any additional payment for the service under subsection (m) and this subsection, respectively.

“(4) **LIMITATION ON REVIEW.**—There shall be no administrative or judicial review under section 1869, 1878, or otherwise, respecting the identification of primary care practitioners under this subsection.”

(2) **CONFORMING AMENDMENT.**—Section 1834(g)(2)(B) of the Social Security Act (42

U.S.C. 1395m(g)(2)(B)) is amended by adding at the end the following sentence: “Section 1833(x) shall not be taken into account in determining the amounts that would otherwise be paid pursuant to the preceding sentence.”

(b) **INCENTIVE PAYMENT PROGRAM FOR MAJOR SURGICAL PROCEDURES FURNISHED IN HEALTH PROFESSIONAL SHORTAGE AREAS.**—

(1) **IN GENERAL.**—Section 1833 of the Social Security Act (42 U.S.C. 1395l), as amended by subsection (a)(1), is amended by adding at the end the following new subsection:

“(y) **INCENTIVE PAYMENTS FOR MAJOR SURGICAL PROCEDURES FURNISHED IN HEALTH PROFESSIONAL SHORTAGE AREAS.**—

“(1) **IN GENERAL.**—In the case of major surgical procedures furnished on or after January 1, 2011, and before January 1, 2016, by a general surgeon in an area that is designated (under section 332(a)(1)(A) of the Public Health Service Act) as a health professional shortage area as identified by the Secretary prior to the beginning of the year involved, in addition to the amount of payment that would otherwise be made for such services under this part, there also shall be paid (on a monthly or quarterly basis) an amount equal to 10 percent of the payment amount for the service under this part.

“(2) **DEFINITIONS.**—In this subsection:

“(A) **GENERAL SURGEON.**—In this subsection, the term ‘general surgeon’ means a physician (as described in section 1861(r)(1)) who has designated CMS specialty code 02—General Surgery as their primary specialty code in the physician’s enrollment under section 1866(j).

“(B) **MAJOR SURGICAL PROCEDURES.**—The term ‘major surgical procedures’ means physicians’ services which are surgical procedures for which a 10-day or 90-day global period is used for payment under the fee schedule under section 1848(b).

“(3) **COORDINATION WITH OTHER PAYMENTS.**—The amount of the additional payment for a service under this subsection and subsection (m) shall be determined without regard to any additional payment for the service under subsection (m) and this subsection, respectively.

“(4) **APPLICATION.**—The provisions of paragraph (2) and (4) of subsection (m) shall apply to the determination of additional payments under this subsection in the same manner as such provisions apply to the determination of additional payments under subsection (m).”

(2) **CONFORMING AMENDMENT.**—Section 1834(g)(2)(B) of the Social Security Act (42 U.S.C. 1395m(g)(2)(B)), as amended by subsection (a)(2), is amended by striking “Section 1833(x)” and inserting “Subsections (x) and (y) of section 1833” in the last sentence.

(c) **BUDGET-NEUTRALITY ADJUSTMENT.**—Section 1848(c)(2)(B) of the Social Security Act (42 U.S.C. 1395w-4(c)(2)(B)) is amended by adding at the end the following new clause:

“(vii) **ADJUSTMENT FOR CERTAIN PHYSICIAN INCENTIVE PAYMENTS.**—Fifty percent of the additional expenditures under this part attributable to subsections (x) and (y) of section 1833 for a year (as estimated by the Secretary) shall be taken into account in applying clause (ii)(I) for 2011 and subsequent years. In lieu of applying the budget-neutrality adjustments required under clause (ii)(I) to relative value units to account for such costs for the year, the Secretary shall apply such budget-neutrality adjustments to the conversion factor otherwise determined for the year. For 2011 and subsequent years, the Secretary shall increase the incentive payment otherwise applicable under section 1833(m) by a percent estimated to be equal to the additional expenditures estimated under the first sentence of this clause for such year that is applicable to physicians who primarily furnish services in areas designated (under section 332(a)(1)(A) of the Public Health Service Act) as health professional shortage areas.”

SEC. 5502. MEDICARE FEDERALLY QUALIFIED HEALTH CENTER IMPROVEMENTS.

(a) **EXPANSION OF MEDICARE-COVERED PREVENTIVE SERVICES AT FEDERALLY QUALIFIED HEALTH CENTERS.**—

(1) **IN GENERAL.**—Section 1861(aa)(3)(A) of the Social Security Act (42 U.S.C. 1395w (aa)(3)(A)) is amended to read as follows:

“(A) services of the type described subparagraphs (A) through (C) of paragraph (1) and preventive services (as defined in section 1861(ddd)(3)); and”.

(2) **EFFECTIVE DATE.**—The amendment made by paragraph (1) shall apply to services furnished on or after January 1, 2011.

(b) **PROSPECTIVE PAYMENT SYSTEM FOR FEDERALLY QUALIFIED HEALTH CENTERS.**—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

“(n) **DEVELOPMENT AND IMPLEMENTATION OF PROSPECTIVE PAYMENT SYSTEM.**—

“(1) **DEVELOPMENT.**—

“(A) **IN GENERAL.**—The Secretary shall develop a prospective payment system for payment for Federally qualified health services furnished by Federally qualified health centers under this title. Such system shall include a process for appropriately describing the services furnished by Federally qualified health centers.

“(B) **COLLECTION OF DATA AND EVALUATION.**—The Secretary shall require Federally qualified health centers to submit to the Secretary such information as the Secretary may require in order to develop and implement the prospective payment system under this paragraph and paragraph (2), respectively, including the reporting of services using HCPCS codes.

“(2) **IMPLEMENTATION.**—

“(A) **IN GENERAL.**—Notwithstanding section 1833(a)(3)(B), the Secretary shall provide, for cost reporting periods beginning on or after October 1, 2014, for payments for Federally qualified health services furnished by Federally qualified health centers under this title in accordance with the prospective payment system developed by the Secretary under paragraph (1).

“(B) **PAYMENTS.**—

“(i) **INITIAL PAYMENTS.**—The Secretary shall implement such prospective payment system so that the estimated amount of expenditures under this title for Federally qualified health services in the first year that the prospective payment system is implemented is equal to 103 percent of the estimated amount of expenditures under this title that would have occurred for such services in such year if the system had not been implemented.

“(ii) **PAYMENTS IN SUBSEQUENT YEARS.**—In the year after the first year of implementation of such system, and in each subsequent year, the payment rate for Federally qualified health services furnished in the year shall be equal to the payment rate established for such services furnished in the preceding year under this subparagraph increased by the percentage increase in the MEI (as defined in 1842(i)(3)) for the year involved.”

SEC. 5503. DISTRIBUTION OF ADDITIONAL RESIDENCY POSITIONS.

(a) **IN GENERAL.**—Section 1886(h) of the Social Security Act (42 U.S.C. 1395ww(h)) is amended—

(1) in paragraph (4)(F)(i), by striking “paragraph (7)” and inserting “paragraphs (7) and (8)”;

(2) in paragraph (4)(H)(i), by striking “paragraph (7)” and inserting “paragraphs (7) and (8)”;

(3) in paragraph (7)(E), by inserting “or paragraph (8)” before the period at the end; and

(4) by adding at the end the following new paragraph:

“(8) **DISTRIBUTION OF ADDITIONAL RESIDENCY POSITIONS.**—

“(A) REDUCTIONS IN LIMIT BASED ON UNUSED POSITIONS.—

“(i) IN GENERAL.—Except as provided in clause (ii), if a hospital’s reference resident level (as defined in subparagraph (H)(i)) is less than the otherwise applicable resident limit (as defined in subparagraph (H)(iii)), effective for portions of cost reporting periods occurring on or after July 1, 2011, the otherwise applicable resident limit shall be reduced by 65 percent of the difference between such otherwise applicable resident limit and such reference resident level.

“(ii) EXCEPTIONS.—This subparagraph shall not apply to—

“(I) a hospital located in a rural area (as defined in subsection (d)(2)(D)(ii)) with fewer than 250 acute care inpatient beds;

“(II) a hospital that was part of a qualifying entity which had a voluntary residency reduction plan approved under paragraph (6)(B) or under the authority of section 402 of Public Law 90–248, if the hospital demonstrates to the Secretary that it has a specified plan in place for filling the unused positions by not later than 2 years after the date of enactment of this paragraph; or

“(III) a hospital described in paragraph (4)(H)(v).

“(B) DISTRIBUTION.—

“(i) IN GENERAL.—The Secretary shall increase the otherwise applicable resident limit for each qualifying hospital that submits an application under this subparagraph by such number as the Secretary may approve for portions of cost reporting periods occurring on or after July 1, 2011. The aggregate number of increases in the otherwise applicable resident limit under this subparagraph shall be equal to the aggregate reduction in such limits attributable to subparagraph (A) (as estimated by the Secretary).

“(ii) REQUIREMENTS.—Subject to clause (iii), a hospital that receives an increase in the otherwise applicable resident limit under this subparagraph shall ensure, during the 5-year period beginning on the date of such increase, that—

“(I) the number of full-time equivalent primary care residents, as defined in paragraph (5)(H) (as determined by the Secretary), excluding any additional positions under subclause (II), is not less than the average number of full-time equivalent primary care residents (as so determined) during the 3 most recent cost reporting periods ending prior to the date of enactment of this paragraph; and

“(II) not less than 75 percent of the positions attributable to such increase are in a primary care or general surgery residency (as determined by the Secretary).

The Secretary may determine whether a hospital has met the requirements under this clause during such 5-year period in such manner and at such time as the Secretary determines appropriate, including at the end of such 5-year period.

“(iii) REDISTRIBUTION OF POSITIONS IF HOSPITAL NO LONGER MEETS CERTAIN REQUIREMENTS.—In the case where the Secretary determines that a hospital described in clause (ii) does not meet either of the requirements under subclause (I) or (II) of such clause, the Secretary shall—

“(I) reduce the otherwise applicable resident limit of the hospital by the amount by which such limit was increased under this paragraph; and

“(II) provide for the distribution of positions attributable to such reduction in accordance with the requirements of this paragraph.

“(C) CONSIDERATIONS IN REDISTRIBUTION.—In determining for which hospitals the increase in the otherwise applicable resident limit is provided under subparagraph (B), the Secretary shall take into account—

“(i) the demonstration likelihood of the hospital filling the positions made available under this paragraph within the first 3 cost reporting periods beginning on or after July 1, 2011, as determined by the Secretary; and

“(ii) whether the hospital has an accredited rural training track (as described in paragraph (4)(H)(iv)).

“(D) PRIORITY FOR CERTAIN AREAS.—In determining for which hospitals the increase in the otherwise applicable resident limit is provided under subparagraph (B), subject to subparagraph (E), the Secretary shall distribute the increase to hospitals based on the following factors:

“(i) Whether the hospital is located in a State with a resident-to-population ratio in the lowest quartile (as determined by the Secretary).

“(ii) Whether the hospital is located in a State, a territory of the United States, or the District of Columbia that is among the top 10 States, territories, or Districts in terms of the ratio of—

“(I) the total population of the State, territory, or District living in an area designated (under such section 332(a)(1)(A)) as a health professional shortage area (as of the date of enactment of this paragraph); to

“(II) the total population of the State, territory, or District (as determined by the Secretary based on the most recent available population data published by the Bureau of the Census).

“(iii) Whether the hospital is located in a rural area (as defined in subsection (d)(2)(D)(ii)).

“(E) RESERVATION OF POSITIONS FOR CERTAIN HOSPITALS.—

“(i) IN GENERAL.—Subject to clause (ii), the Secretary shall reserve the positions available for distribution under this paragraph as follows:

“(I) 70 percent of such positions for distribution to hospitals described in clause (i) of subparagraph (D).

“(II) 30 percent of such positions for distribution to hospitals described in clause (ii) and (iii) of such subparagraph.

“(ii) EXCEPTION IF POSITIONS NOT REDISTRIBUTED BY JULY 1, 2011.—In the case where the Secretary does not distribute positions to hospitals in accordance with clause (i) by July 1, 2011, the Secretary shall distribute such positions to other hospitals in accordance with the considerations described in subparagraph (C) and the priority described in subparagraph (D).

“(F) LIMITATION.—A hospital may not receive more than 75 full-time equivalent additional residency positions under this paragraph.

“(G) APPLICATION OF PER RESIDENT AMOUNTS FOR PRIMARY CARE AND NONPRIMARY CARE.—With respect to additional residency positions in a hospital attributable to the increase provided under this paragraph, the approved FTE per resident amounts are deemed to be equal to the hospital per resident amounts for primary care and nonprimary care computed under paragraph (2)(D) for that hospital.

“(H) DEFINITIONS.—In this paragraph:

“(i) REFERENCE RESIDENT LEVEL.—The term ‘reference resident level’ means, with respect to a hospital, the highest resident level for any of the 3 most recent cost reporting periods (ending before the date of the enactment of this paragraph) of the hospital for which a cost report has been settled (or, if not, submitted (subject to audit)), as determined by the Secretary.

“(ii) RESIDENT LEVEL.—The term ‘resident level’ has the meaning given such term in paragraph (7)(C)(i).

“(iii) OTHERWISE APPLICABLE RESIDENT LIMIT.—The term ‘otherwise applicable resident limit’ means, with respect to a hospital, the limit otherwise applicable under subparagraphs (F)(i) and (H) of paragraph (4) on the resident level for the hospital determined without regard to

this paragraph but taking into account paragraph (7)(A).”

(b) IME.—

(1) IN GENERAL.—Section 1886(d)(5)(B)(v) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)(v)), in the second sentence, is amended—

(A) by striking “subsection (h)(7)” and inserting “subsections (h)(7) and (h)(8)”; and

(B) by striking “it applies” and inserting “they apply”.

(2) CONFORMING AMENDMENT.—Section 1886(d)(5)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) is amended by adding at the end the following clause:

“(x) For discharges occurring on or after July 1, 2011, insofar as an additional payment amount under this subparagraph is attributable to resident positions distributed to a hospital under subsection (h)(8)(B), the indirect teaching adjustment factor shall be computed in the same manner as provided under clause (ii) with respect to such resident positions.”

(c) CONFORMING AMENDMENT.—Section 422(b)(2) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173) is amended by striking “section 1886(h)(7)” and all that follows and inserting “paragraphs (7) and (8) of subsection (h) of section 1886 of the Social Security Act”.

SEC. 5504. COUNTING RESIDENT TIME IN NON-PROVIDER SETTINGS.

(a) GME.—Section 1886(h)(4)(E) of the Social Security Act (42 U.S.C. 1395ww(h)(4)(E)) is amended—

(1) by striking “shall be counted and that all the time” and inserting “shall be counted and that—

“(i) effective for cost reporting periods beginning before July 1, 2010, all the time;”;

(2) in clause (i), as inserted by paragraph (1), by striking the period at the end and inserting “; and”;

(3) by inserting after clause (i), as so inserted, the following new clause:

“(ii) effective for cost reporting periods beginning on or after July 1, 2010, all the time so spent by a resident shall be counted towards the determination of full-time equivalency, without regard to the setting in which the activities are performed, if a hospital incurs the costs of the stipends and fringe benefits of the resident during the time the resident spends in that setting. If more than one hospital incurs these costs, either directly or through a third party, such hospitals shall count a proportional share of the time, as determined by written agreement between the hospitals, that a resident spends training in that setting.”; and

(4) by adding at the end the following flush sentence:

“Any hospital claiming under this subparagraph for time spent in a nonprovider setting shall maintain and make available to the Secretary records regarding the amount of such time and such amount in comparison with amounts of such time in such base year as the Secretary shall specify.”

(b) IME.—Section 1886(d)(5)(B)(iv) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)(iv)) is amended—

(1) by striking “(iv) Effective for discharges occurring on or after October 1, 1997” and inserting “(iv)(I) Effective for discharges occurring on or after October 1, 1997, and before July 1, 2010”; and

(2) by inserting after clause (I), as inserted by paragraph (1), the following new subparagraph:

“(II) Effective for discharges occurring on or after July 1, 2010, all the time spent by an intern or resident in patient care activities in a non-provider setting shall be counted towards the determination of full-time equivalency if a hospital incurs the costs of the stipends and fringe

benefits of the intern or resident during the time the intern or resident spends in that setting. If more than one hospital incurs these costs, either directly or through a third party, such hospitals shall count a proportional share of the time, as determined by written agreement between the hospitals, that a resident spends training in that setting.”.

(c) APPLICATION.—The amendments made by this section shall not be applied in a manner that requires reopening of any settled hospital cost reports as to which there is not a jurisdictionally proper appeal pending as of the date of the enactment of this Act on the issue of payment for indirect costs of medical education under section 1886(d)(5)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) or for direct graduate medical education costs under section 1886(h) of such Act (42 U.S.C. 1395ww(h)).

SEC. 5505. RULES FOR COUNTING RESIDENT TIME FOR DIDACTIC AND SCHOLARLY ACTIVITIES AND OTHER ACTIVITIES.

(a) GME.—Section 1886(h) of the Social Security Act (42 U.S.C. 1395ww(h)), as amended by section 5504, is amended—

(1) in paragraph (4)—

(A) in subparagraph (E), by striking “Such rules” and inserting “Subject to subparagraphs (J) and (K), such rules”; and

(B) by adding at the end the following new subparagraphs:

“(J) TREATMENT OF CERTAIN NONPROVIDER AND DIDACTIC ACTIVITIES.—Such rules shall provide that all time spent by an intern or resident in an approved medical residency training program in a nonprovider setting that is primarily engaged in furnishing patient care (as defined in paragraph (5)(K)) in non-patient care activities, such as didactic conferences and seminars, but not including research not associated with the treatment or diagnosis of a particular patient, as such time and activities are defined by the Secretary, shall be counted toward the determination of full-time equivalency.

“(K) TREATMENT OF CERTAIN OTHER ACTIVITIES.—In determining the hospital’s number of full-time equivalent residents for purposes of this subsection, all the time that is spent by an intern or resident in an approved medical residency training program on vacation, sick leave, or other approved leave, as such time is defined by the Secretary, and that does not prolong the total time the resident is participating in the approved program beyond the normal duration of the program shall be counted toward the determination of full-time equivalency.”; and

(2) in paragraph (5), by adding at the end the following new subparagraph:

“(K) NONPROVIDER SETTING THAT IS PRIMARILY ENGAGED IN FURNISHING PATIENT CARE.—The term ‘nonprovider setting that is primarily engaged in furnishing patient care’ means a nonprovider setting in which the primary activity is the care and treatment of patients, as defined by the Secretary.”.

(b) IME DETERMINATIONS.—Section 1886(d)(5)(B) of such Act (42 U.S.C. 1395ww(d)(5)(B)) is amended by adding at the end the following new clause:

“(x)(I) The provisions of subparagraph (K) of subsection (h)(4) shall apply under this subparagraph in the same manner as they apply under such subsection.

“(II) In determining the hospital’s number of full-time equivalent residents for purposes of this subparagraph, all the time spent by an intern or resident in an approved medical residency training program in non-patient care activities, such as didactic conferences and seminars, as such time and activities are defined by the Secretary, that occurs in the hospital shall be counted toward the determination of full-time equivalency if the hospital—

“(aa) is recognized as a subsection (d) Puerto Rico hospital;

“(bb) is recognized as a subsection (d) Puerto Rico hospital;

“(cc) is reimbursed under a reimbursement system authorized under section 1814(b)(3); or

“(dd) is a provider-based hospital outpatient department.

“(III) In determining the hospital’s number of full-time equivalent residents for purposes of this subparagraph, all the time spent by an intern or resident in an approved medical residency training program in research activities that are not associated with the treatment or diagnosis of a particular patient, as such time and activities are defined by the Secretary, shall not be counted toward the determination of full-time equivalency.”.

(c) EFFECTIVE DATES.—

(1) IN GENERAL.—Except as otherwise provided, the Secretary of Health and Human Services shall implement the amendments made by this section in a manner so as to apply to cost reporting periods beginning on or after January 1, 1983.

(2) GME.—Section 1886(h)(4)(J) of the Social Security Act, as added by subsection (a)(1)(B), shall apply to cost reporting periods beginning on or after July 1, 2009.

(3) IME.—Section 1886(d)(5)(B)(x)(III) of the Social Security Act, as added by subsection (b), shall apply to cost reporting periods beginning on or after October 1, 2001. Such section, as so added, shall not give rise to any inference as to how the law in effect prior to such date should be interpreted.

SEC. 5506. PRESERVATION OF RESIDENT CAP POSITIONS FROM CLOSED HOSPITALS.

(a) GME.—Section 1886(h)(4)(H) of the Social Security Act (42 U.S.C. Section 1395ww(h)(4)(H)) is amended by adding at the end the following new clause:

“(vi) REDISTRIBUTION OF RESIDENCY SLOTS AFTER A HOSPITAL CLOSES.—

“(I) IN GENERAL.—Subject to the succeeding provisions of this clause, the Secretary shall, by regulation, establish a process under which, in the case where a hospital (other than a hospital described in clause (v)) with an approved medical residency program closes on or after a date that is 2 years before the date of enactment of this clause, the Secretary shall increase the otherwise applicable resident limit under this paragraph for other hospitals in accordance with this clause.

“(II) PRIORITY FOR HOSPITALS IN CERTAIN AREAS.—Subject to the succeeding provisions of this clause, in determining for which hospitals the increase in the otherwise applicable resident limit is provided under such process, the Secretary shall distribute the increase to hospitals in the following priority order (with preference given within each category to hospitals that are members of the same affiliated group (as defined by the Secretary under clause (ii)) as the closed hospital):

“(aa) First, to hospitals located in the same core-based statistical area as, or a core-based statistical area contiguous to, the hospital that closed.

“(bb) Second, to hospitals located in the same State as the hospital that closed.

“(cc) Third, to hospitals located in the same region of the country as the hospital that closed.

“(dd) Fourth, only if the Secretary is not able to distribute the increase to hospitals described in item (cc), to qualifying hospitals in accordance with the provisions of paragraph (8).

“(III) REQUIREMENT HOSPITAL LIKELY TO FILL POSITION WITHIN CERTAIN TIME PERIOD.—The Secretary may only increase the otherwise applicable resident limit of a hospital under such process if the Secretary determines the hospital has demonstrated a likelihood of filling the positions made available under this clause within 3 years.

“(IV) LIMITATION.—The aggregate number of increases in the otherwise applicable resident limits for hospitals under this clause shall be equal to the number of resident positions in the approved medical residency programs that closed on or after the date described in subsection (I).

“(V) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to the implementation of this clause.”.

(b) IME.—Section 1886(d)(5)(B)(v) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)(v)), in the second sentence, as amended by section 5503, is amended by striking “subsections (h)(7) and (h)(8)” and inserting “subsections (h)(4)(H)(vi), (h)(7), and (h)(8)”.

(c) APPLICATION.—The amendments made by this section shall not be applied in a manner that requires reopening of any settled hospital cost reports as to which there is not a jurisdictionally proper appeal pending as of the date of the enactment of this Act on the issue of payment for indirect costs of medical education under section 1886(d)(5)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) or for direct graduate medical education costs under section 1886(h) of such Act (42 U.S.C. Section 1395ww(h)).

(d) EFFECT ON TEMPORARY FTE CAP ADJUSTMENTS.—The Secretary of Health and Human Services shall give consideration to the effect of the amendments made by this section on any temporary adjustment to a hospital’s FTE cap under section 413.79(h) of title 42, Code of Federal Regulations (as in effect on the date of enactment of this Act) in order to ensure that there is no duplication of FTE slots. Such amendments shall not affect the application of section 1886(h)(4)(H)(v) of the Social Security Act (42 U.S.C. 1395ww(h)(4)(H)(v)).

(e) CONFORMING AMENDMENT.—Section 1886(h)(7)(E) of the Social Security Act (42 U.S.C. 1395ww(h)(7)(E)), as amended by section 5503(a), is amended by striking “paragraph or paragraph (8)” and inserting “this paragraph, paragraph (8), or paragraph (4)(H)(vi)”.

SEC. 5507. DEMONSTRATION PROJECTS TO ADDRESS HEALTH PROFESSIONS WORKFORCE NEEDS; EXTENSION OF FAMILY-TO-FAMILY HEALTH INFORMATION CENTERS.

(a) AUTHORITY TO CONDUCT DEMONSTRATION PROJECTS.—Title XX of the Social Security Act (42 U.S.C. 1397 et seq.) is amended by adding at the end the following:

“SEC. 2008. DEMONSTRATION PROJECTS TO ADDRESS HEALTH PROFESSIONS WORKFORCE NEEDS.

“(a) DEMONSTRATION PROJECTS TO PROVIDE LOW-INCOME INDIVIDUALS WITH OPPORTUNITIES FOR EDUCATION, TRAINING, AND CAREER ADVANCEMENT TO ADDRESS HEALTH PROFESSIONS WORKFORCE NEEDS.—

“(1) AUTHORITY TO AWARD GRANTS.—The Secretary, in consultation with the Secretary of Labor, shall award grants to eligible entities to conduct demonstration projects that are designed to provide eligible individuals with the opportunity to obtain education and training for occupations in the health care field that pay well and are expected to either experience labor shortages or be in high demand.

“(2) REQUIREMENTS.—

“(A) AID AND SUPPORTIVE SERVICES.—

“(i) IN GENERAL.—A demonstration project conducted by an eligible entity awarded a grant under this section shall, if appropriate, provide eligible individuals participating in the project with financial aid, child care, case management, and other supportive services.

“(ii) TREATMENT.—Any aid, services, or incentives provided to an eligible beneficiary participating in a demonstration project under this section shall not be considered income, and shall

not be taken into account for purposes of determining the individual's eligibility for, or amount of, benefits under any means-tested program.

“(B) CONSULTATION AND COORDINATION.—An eligible entity applying for a grant to carry out a demonstration project under this section shall demonstrate in the application that the entity has consulted with the State agency responsible for administering the State TANF program, the local workforce investment board in the area in which the project is to be conducted (unless the applicant is such board), the State workforce investment board established under section 111 of the Workforce Investment Act of 1998, and the State Apprenticeship Agency recognized under the Act of August 16, 1937 (commonly known as the ‘National Apprenticeship Act’) (or if no agency has been recognized in the State, the Office of Apprenticeship of the Department of Labor) and that the project will be carried out in coordination with such entities.

“(C) ASSURANCE OF OPPORTUNITIES FOR INDIAN POPULATIONS.—The Secretary shall award at least 3 grants under this subsection to an eligible entity that is an Indian tribe, tribal organization, or Tribal College or University.

“(3) REPORTS AND EVALUATION.—

“(A) ELIGIBLE ENTITIES.—An eligible entity awarded a grant to conduct a demonstration project under this subsection shall submit interim reports to the Secretary on the activities carried out under the project and a final report on such activities upon the conclusion of the entities’ participation in the project. Such reports shall include assessments of the effectiveness of such activities with respect to improving outcomes for the eligible individuals participating in the project and with respect to addressing health professions workforce needs in the areas in which the project is conducted.

“(B) EVALUATION.—The Secretary shall, by grant, contract, or interagency agreement, evaluate the demonstration projects conducted under this subsection. Such evaluation shall include identification of successful activities for creating opportunities for developing and sustaining, particularly with respect to low-income individuals and other entry-level workers, a health professions workforce that has accessible entry points, that meets high standards for education, training, certification, and professional development, and that provides increased wages and affordable benefits, including health care coverage, that are responsive to the workforce's needs.

“(C) REPORT TO CONGRESS.—The Secretary shall submit interim reports and, based on the evaluation conducted under subparagraph (B), a final report to Congress on the demonstration projects conducted under this subsection.

“(4) DEFINITIONS.—In this subsection:

“(A) ELIGIBLE ENTITY.—The term ‘eligible entity’ means a State, an Indian tribe or tribal organization, an institution of higher education, a local workforce investment board established under section 117 of the Workforce Investment Act of 1998, a sponsor of an apprenticeship program registered under the National Apprenticeship Act or a community-based organization.

“(B) ELIGIBLE INDIVIDUAL.—

“(i) IN GENERAL.—The term ‘eligible individual’ means a individual receiving assistance under the State TANF program.

“(ii) OTHER LOW-INCOME INDIVIDUALS.—Such term may include other low-income individuals described by the eligible entity in its application for a grant under this section.

“(C) INDIAN TRIBE; TRIBAL ORGANIZATION.—The terms ‘Indian tribe’ and ‘tribal organization’ have the meaning given such terms in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

“(D) INSTITUTION OF HIGHER EDUCATION.—The term ‘institution of higher education’ has the

meaning given that term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

“(E) STATE.—The term ‘State’ means each of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, and American Samoa.

“(F) STATE TANF PROGRAM.—The term ‘State TANF program’ means the temporary assistance for needy families program funded under part A of title IV.

“(G) TRIBAL COLLEGE OR UNIVERSITY.—The term ‘Tribal College or University’ has the meaning given that term in section 316(b) of the Higher Education Act of 1965 (20 U.S.C. 1059c(b)).

“(b) DEMONSTRATION PROJECT TO DEVELOP TRAINING AND CERTIFICATION PROGRAMS FOR PERSONAL OR HOME CARE AIDES.—

“(1) AUTHORITY TO AWARD GRANTS.—Not later than 18 months after the date of enactment of this section, the Secretary shall award grants to eligible entities that are States to conduct demonstration projects for purposes of developing core training competencies and certification programs for personal or home care aides. The Secretary shall—

“(A) evaluate the efficacy of the core training competencies described in paragraph (3)(A) for newly hired personal or home care aides and the methods used by States to implement such core training competencies in accordance with the issues specified in paragraph (3)(B); and

“(B) ensure that the number of hours of training provided by States under the demonstration project with respect to such core training competencies are not less than the number of hours of training required under any applicable State or Federal law or regulation.

“(2) DURATION.—A demonstration project shall be conducted under this subsection for not less than 3 years.

“(3) CORE TRAINING COMPETENCIES FOR PERSONAL OR HOME CARE AIDES.—

“(A) IN GENERAL.—The core training competencies for personal or home care aides described in this subparagraph include competencies with respect to the following areas:

“(i) The role of the personal or home care aide (including differences between a personal or home care aide employed by an agency and a personal or home care aide employed directly by the health care consumer or an independent provider).

“(ii) Consumer rights, ethics, and confidentiality (including the role of proxy decision-makers in the case where a health care consumer has impaired decision-making capacity).

“(iii) Communication, cultural and linguistic competence and sensitivity, problem solving, behavior management, and relationship skills.

“(iv) Personal care skills.

“(v) Health care support.

“(vi) Nutritional support.

“(vii) Infection control.

“(viii) Safety and emergency training.

“(ix) Training specific to an individual consumer's needs (including older individuals, younger individuals with disabilities, individuals with developmental disabilities, individuals with dementia, and individuals with mental and behavioral health needs).

“(x) Self-Care.

“(B) IMPLEMENTATION.—The implementation issues specified in this subparagraph include the following:

“(i) The length of the training.

“(ii) The appropriate trainer to student ratio.

“(iii) The amount of instruction time spent in the classroom as compared to on-site in the home or a facility.

“(iv) Trainer qualifications.

“(v) Content for a ‘hands-on’ and written certification exam.

“(vi) Continuing education requirements.

“(4) APPLICATION AND SELECTION CRITERIA.—

“(A) IN GENERAL.—

“(i) NUMBER OF STATES.—The Secretary shall enter into agreements with not more than 6 States to conduct demonstration projects under this subsection.

“(ii) REQUIREMENTS FOR STATES.—An agreement entered into under clause (i) shall require that a participating State—

“(I) implement the core training competencies described in paragraph (3)(A); and

“(II) develop written materials and protocols for such core training competencies, including the development of a certification test for personal or home care aides who have completed such training competencies.

“(iii) CONSULTATION AND COLLABORATION WITH COMMUNITY AND VOCATIONAL COLLEGES.—The Secretary shall encourage participating States to consult with community and vocational colleges regarding the development of curricula to implement the project with respect to activities, as applicable, which may include consideration of such colleges as partners in such implementation.

“(B) APPLICATION AND ELIGIBILITY.—A State seeking to participate in the project shall—

“(i) submit an application to the Secretary containing such information and at such time as the Secretary may specify;

“(ii) meet the selection criteria established under subparagraph (C); and

“(iii) meet such additional criteria as the Secretary may specify.

“(C) SELECTION CRITERIA.—In selecting States to participate in the program, the Secretary shall establish criteria to ensure (if applicable with respect to the activities involved)—

“(i) geographic and demographic diversity;

“(ii) that participating States offer medical assistance for personal care services under the State Medicaid plan;

“(iii) that the existing training standards for personal or home care aides in each participating State—

“(I) are different from such standards in the other participating States; and

“(II) are different from the core training competencies described in paragraph (3)(A);

“(iv) that participating States do not reduce the number of hours of training required under applicable State law or regulation after being selected to participate in the project; and

“(v) that participating States recruit a minimum number of eligible health and long-term care providers to participate in the project.

“(D) TECHNICAL ASSISTANCE.—The Secretary shall provide technical assistance to States in developing written materials and protocols for such core training competencies.

“(5) EVALUATION AND REPORT.—

“(A) EVALUATION.—The Secretary shall develop an experimental or control group testing protocol in consultation with an independent evaluation contractor selected by the Secretary. Such contractor shall evaluate—

“(i) the impact of core training competencies described in paragraph (3)(A), including curricula developed to implement such core training competencies, for personal or home care aides within each participating State on job satisfaction, mastery of job skills, beneficiary and family caregiver satisfaction with services, and additional measures determined by the Secretary in consultation with the expert panel;

“(ii) the impact of providing such core training competencies on the existing training infrastructure and resources of States; and

“(iii) whether a minimum number of hours of initial training should be required for personal or home care aides and, if so, what minimum number of hours should be required.

“(B) REPORTS.—

“(i) REPORT ON INITIAL IMPLEMENTATION.—Not later than 2 years after the date of enactment of this section, the Secretary shall submit

to Congress a report on the initial implementation of activities conducted under the demonstration project, including any available results of the evaluation conducted under subparagraph (A) with respect to such activities, together with such recommendations for legislation or administrative action as the Secretary determines appropriate.

“(ii) FINAL REPORT.—Not later than 1 year after the completion of the demonstration project, the Secretary shall submit to Congress a report containing the results of the evaluation conducted under subparagraph (A), together with such recommendations for legislation or administrative action as the Secretary determines appropriate.

“(6) DEFINITIONS.—In this subsection:

“(A) ELIGIBLE HEALTH AND LONG-TERM CARE PROVIDER.—The term ‘eligible health and long-term care provider’ means a personal or home care agency (including personal or home care public authorities), a nursing home, a home health agency (as defined in section 1861(o)), or any other health care provider the Secretary determines appropriate which—

“(i) is licensed or authorized to provide services in a participating State; and

“(ii) receives payment for services under title XIX.

“(B) PERSONAL CARE SERVICES.—The term ‘personal care services’ has the meaning given such term for purposes of title XIX.

“(C) PERSONAL OR HOME CARE AIDE.—The term ‘personal or home care aide’ means an individual who helps individuals who are elderly, disabled, ill, or mentally disabled (including an individual with Alzheimer’s disease or other dementia) to live in their own home or a residential care facility (such as a nursing home, assisted living facility, or any other facility the Secretary determines appropriate) by providing routine personal care services and other appropriate services to the individual.

“(D) STATE.—The term ‘State’ has the meaning given that term for purposes of title XIX.

“(c) FUNDING.—

“(1) IN GENERAL.—Subject to paragraph (2), out of any funds in the Treasury not otherwise appropriated, there are appropriated to the Secretary to carry out subsections (a) and (b), \$85,000,000 for each of fiscal years 2010 through 2014.

“(2) TRAINING AND CERTIFICATION PROGRAMS FOR PERSONAL AND HOME CARE AIDES.—With respect to the demonstration projects under subsection (b), the Secretary shall use \$5,000,000 of the amount appropriated under paragraph (1) for each of fiscal years 2010 through 2012 to carry out such projects. No funds appropriated under paragraph (1) shall be used to carry out demonstration projects under subsection (b) after fiscal year 2012.

“(d) NONAPPLICATION.—

“(1) IN GENERAL.—Except as provided in paragraph (2), the preceding sections of this title shall not apply to grant awarded under this section.

“(2) LIMITATIONS ON USE OF GRANTS.—Section 2005(a) (other than paragraph (6)) shall apply to a grant awarded under this section to the same extent and in the same manner as such section applies to payments to States under this title.”

(b) EXTENSION OF FAMILY-TO-FAMILY HEALTH INFORMATION CENTERS.—Section 501(c)(1)(A)(iii) of the Social Security Act (42 U.S.C. 701(c)(1)(A)(iii)) is amended by striking “fiscal year 2009” and inserting “each of fiscal years 2009 through 2012”.

SEC. 5508. INCREASING TEACHING CAPACITY.

(a) TEACHING HEALTH CENTERS TRAINING AND ENHANCEMENT.—Part C of title VII of the Public Health Service Act (42 U.S.C. 293k et. seq.), as amended by section 5303, is further amended by inserting after section 749 the following:

“SEC. 749A. TEACHING HEALTH CENTERS DEVELOPMENT GRANTS.

“(a) PROGRAM AUTHORIZED.—The Secretary may award grants under this section to teaching health centers for the purpose of establishing new accredited or expanded primary care residency programs.

“(b) AMOUNT AND DURATION.—Grants awarded under this section shall be for a term of not more than 3 years and the maximum award may not be more than \$500,000.

“(c) USE OF FUNDS.—Amounts provided under a grant under this section shall be used to cover the costs of—

“(1) establishing or expanding a primary care residency training program described in subsection (a), including costs associated with—

“(A) curriculum development;

“(B) recruitment, training and retention of residents and faculty;

“(C) accreditation by the Accreditation Council for Graduate Medical Education (ACGME), the American Dental Association (ADA), or the American Osteopathic Association (AOA); and

“(D) faculty salaries during the development phase; and

“(2) technical assistance provided by an eligible entity.

“(d) APPLICATION.—A teaching health center seeking a grant under this section shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

“(e) PREFERENCE FOR CERTAIN APPLICATIONS.—In selecting recipients for grants under this section, the Secretary shall give preference to any such application that documents an existing affiliation agreement with an area health education center program as defined in sections 751 and 799B.

“(f) DEFINITIONS.—In this section:

“(1) ELIGIBLE ENTITY.—The term ‘eligible entity’ means an organization capable of providing technical assistance including an area health education center program as defined in sections 751 and 799B.

“(2) PRIMARY CARE RESIDENCY PROGRAM.—The term ‘primary care residency program’ means an approved graduate medical residency training program (as defined in section 340H) in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, and geriatrics.

“(3) TEACHING HEALTH CENTER.—

“(A) IN GENERAL.—The term ‘teaching health center’ means an entity that—

“(i) is a community based, ambulatory patient care center; and

“(ii) operates a primary care residency program.

“(B) INCLUSION OF CERTAIN ENTITIES.—Such term includes the following:

“(i) A Federally qualified health center (as defined in section 1905(l)(2)(B), of the Social Security Act).

“(ii) A community mental health center (as defined in section 1861(ff)(3)(B) of the Social Security Act).

“(iii) A rural health clinic, as defined in section 1861(aa) of the Social Security Act.

“(iv) A health center operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act).

“(v) An entity receiving funds under title X of the Public Health Service Act.

“(g) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated, \$25,000,000 for fiscal year 2010, \$50,000,000 for fiscal year 2011, \$50,000,000 for fiscal year 2012, and such sums as may be necessary for each fiscal year thereafter to carry out this section. Not to exceed \$5,000,000 annually may be used for technical assistance program grants.”

(b) NATIONAL HEALTH SERVICE CORPS TEACHING CAPACITY.—Section 338C(a) of the Public Health Service Act (42 U.S.C. 254m(a)) is amended to read as follows:

“(a) SERVICE IN FULL-TIME CLINICAL PRACTICE.—Except as provided in section 338D, each individual who has entered into a written contract with the Secretary under section 338A or 338B shall provide service in the full-time clinical practice of such individual’s profession as a member of the Corps for the period of obligated service provided in such contract. For the purpose of calculating time spent in full-time clinical practice under this subsection, up to 50 percent of time spent teaching by a member of the Corps may be counted toward his or her service obligation.”

(c) PAYMENTS TO QUALIFIED TEACHING HEALTH CENTERS.—Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following:

“Subpart XI—Support of Graduate Medical Education in Qualified Teaching Health Centers

“SEC. 340H. PROGRAM OF PAYMENTS TO TEACHING HEALTH CENTERS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS.

“(a) PAYMENTS.—Subject to subsection (h)(2), the Secretary shall make payments under this section for direct expenses and for indirect expenses to qualified teaching health centers that are listed as sponsoring institutions by the relevant accrediting body for expansion of existing or establishment of new approved graduate medical residency training programs.

“(b) AMOUNT OF PAYMENTS.—

“(1) IN GENERAL.—Subject to paragraph (2), the amounts payable under this section to qualified teaching health centers for an approved graduate medical residency training program for a fiscal year are each of the following amounts:

“(A) DIRECT EXPENSE AMOUNT.—The amount determined under subsection (c) for direct expenses associated with sponsoring approved graduate medical residency training programs.

“(B) INDIRECT EXPENSE AMOUNT.—The amount determined under subsection (d) for indirect expenses associated with the additional costs relating to teaching residents in such programs.

“(2) CAPPED AMOUNT.—

“(A) IN GENERAL.—The total of the payments made to qualified teaching health centers under paragraph (1)(A) or paragraph (1)(B) in a fiscal year shall not exceed the amount of funds appropriated under subsection (g) for such payments for that fiscal year.

“(B) LIMITATION.—The Secretary shall limit the funding of full-time equivalent residents in order to ensure the direct and indirect payments as determined under subsection (c) and (d) do not exceed the total amount of funds appropriated in a fiscal year under subsection (g).

“(c) AMOUNT OF PAYMENT FOR DIRECT GRADUATE MEDICAL EDUCATION.—

“(1) IN GENERAL.—The amount determined under this subsection for payments to qualified teaching health centers for direct graduate expenses relating to approved graduate medical residency training programs for a fiscal year is equal to the product of—

“(A) the updated national per resident amount for direct graduate medical education, as determined under paragraph (2); and

“(B) the average number of full-time equivalent residents in the teaching health center’s graduate approved medical residency training programs as determined under section 1886(h)(4) of the Social Security Act (without regard to the limitation under subparagraph (F) of such section) during the fiscal year.

“(2) UPDATED NATIONAL PER RESIDENT AMOUNT FOR DIRECT GRADUATE MEDICAL EDUCATION.—The updated per resident amount for

direct graduate medical education for a qualified teaching health center for a fiscal year is an amount determined as follows:

“(A) DETERMINATION OF QUALIFIED TEACHING HEALTH CENTER PER RESIDENT AMOUNT.—The Secretary shall compute for each individual qualified teaching health center a per resident amount—

“(i) by dividing the national average per resident amount computed under section 340E(c)(2)(D) into a wage-related portion and a non-wage related portion by applying the proportion determined under subparagraph (B);

“(ii) by multiplying the wage-related portion by the factor applied under section 1886(d)(3)(E) of the Social Security Act (but without application of section 4410 of the Balanced Budget Act of 1997 (42 U.S.C. 1395ww note) during the preceding fiscal year for the teaching health center’s area; and

“(iii) by adding the non-wage-related portion to the amount computed under clause (ii).

“(B) UPDATING RATE.—The Secretary shall update such per resident amount for each such qualified teaching health center as determined appropriate by the Secretary.

“(d) AMOUNT OF PAYMENT FOR INDIRECT MEDICAL EDUCATION.—

“(1) IN GENERAL.—The amount determined under this subsection for payments to qualified teaching health centers for indirect expenses associated with the additional costs of teaching residents for a fiscal year is equal to an amount determined appropriate by the Secretary.

“(2) FACTORS.—In determining the amount under paragraph (1), the Secretary shall—

“(A) evaluate indirect training costs relative to supporting a primary care residency program in qualified teaching health centers; and

“(B) based on this evaluation, assure that the aggregate of the payments for indirect expenses under this section and the payments for direct graduate medical education as determined under subsection (c) in a fiscal year do not exceed the amount appropriated for such expenses as determined in subsection (g).

“(3) INTERIM PAYMENT.—Before the Secretary makes a payment under this subsection pursuant to a determination of indirect expenses under paragraph (1), the Secretary may provide to qualified teaching health centers a payment, in addition to any payment made under subsection (c), for expected indirect expenses associated with the additional costs of teaching residents for a fiscal year, based on an estimate by the Secretary.

“(e) CLARIFICATION REGARDING RELATIONSHIP TO OTHER PAYMENTS FOR GRADUATE MEDICAL EDUCATION.—Payments under this section—

“(1) shall be in addition to any payments—

“(A) for the indirect costs of medical education under section 1886(d)(5)(B) of the Social Security Act;

“(B) for direct graduate medical education costs under section 1886(h) of such Act; and

“(C) for direct costs of medical education under section 1886(k) of such Act;

“(2) shall not be taken into account in applying the limitation on the number of total full-time equivalent residents under subparagraphs (F) and (G) of section 1886(h)(4) of such Act and clauses (v), (vi)(I), and (vi)(II) of section 1886(d)(5)(B) of such Act for the portion of time that a resident rotates to a hospital; and

“(3) shall not include the time in which a resident is counted toward full-time equivalency by a hospital under paragraph (2) or under section 1886(d)(5)(B)(iv) of the Social Security Act, section 1886(h)(4)(E) of such Act, or section 340E of this Act.

“(f) RECONCILIATION.—The Secretary shall determine any changes to the number of residents reported by a hospital in the application of the hospital for the current fiscal year to determine

the final amount payable to the hospital for the current fiscal year for both direct expense and indirect expense amounts. Based on such determination, the Secretary shall recoup any overpayments made to pay any balance due to the extent possible. The final amount so determined shall be considered a final intermediary determination for the purposes of section 1878 of the Social Security Act and shall be subject to administrative and judicial review under that section in the same manner as the amount of payment under section 1186(d) of such Act is subject to review under such section.

“(g) FUNDING.—To carry out this section, there are appropriated such sums as may be necessary, not to exceed \$230,000,000, for the period of fiscal years 2011 through 2015.

“(h) ANNUAL REPORTING REQUIRED.—

“(1) ANNUAL REPORT.—The report required under this paragraph for a qualified teaching health center for a fiscal year is a report that includes (in a form and manner specified by the Secretary) the following information for the residency academic year completed immediately prior to such fiscal year:

“(A) The types of primary care resident approved training programs that the qualified teaching health center provided for residents.

“(B) The number of approved training positions for residents described in paragraph (4).

“(C) The number of residents described in paragraph (4) who completed their residency training at the end of such residency academic year and care for vulnerable populations living in underserved areas.

“(D) Other information as deemed appropriate by the Secretary.

“(2) AUDIT AUTHORITY; LIMITATION ON PAYMENT.—

“(A) AUDIT AUTHORITY.—The Secretary may audit a qualified teaching health center to ensure the accuracy and completeness of the information submitted in a report under paragraph (1).

“(B) LIMITATION ON PAYMENT.—A teaching health center may only receive payment in a cost reporting period for a number of such resident positions that is greater than the base level of primary care resident positions, as determined by the Secretary. For purposes of this subparagraph, the ‘base level of primary care residents’ for a teaching health center is the level of such residents as of a base period.

“(3) REDUCTION IN PAYMENT FOR FAILURE TO REPORT.—

“(A) IN GENERAL.—The amount payable under this section to a qualified teaching health center for a fiscal year shall be reduced by at least 25 percent if the Secretary determines that—

“(i) the qualified teaching health center has failed to provide the Secretary, as an addendum to the qualified teaching health center’s application under this section for such fiscal year, the report required under paragraph (1) for the previous fiscal year; or

“(ii) such report fails to provide complete and accurate information required under any subparagraph of such paragraph.

“(B) NOTICE AND OPPORTUNITY TO PROVIDE ACCURATE AND MISSING INFORMATION.—Before imposing a reduction under subparagraph (A) on the basis of a qualified teaching health center’s failure to provide complete and accurate information described in subparagraph (A)(ii), the Secretary shall provide notice to the teaching health center of such failure and the Secretary’s intention to impose such reduction and shall provide the teaching health center with the opportunity to provide the required information within the period of 30 days beginning on the date of such notice. If the teaching health center provides such information within such period, no reduction shall be made under subparagraph (A) on the basis of the previous failure to provide such information.

“(4) RESIDENTS.—The residents described in this paragraph are those who are in part-time or full-time equivalent resident training positions at a qualified teaching health center in any approved graduate medical residency training program.

“(i) REGULATIONS.—The Secretary shall promulgate regulations to carry out this section.

“(j) DEFINITIONS.—In this section:

“(1) APPROVED GRADUATE MEDICAL RESIDENCY TRAINING PROGRAM.—The term ‘approved graduate medical residency training program’ means a residency or other postgraduate medical training program—

“(A) participation in which may be counted toward certification in a specialty or subspecialty and includes formal postgraduate training programs in geriatric medicine approved by the Secretary; and

“(B) that meets criteria for accreditation (as established by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or the American Dental Association).

“(2) PRIMARY CARE RESIDENCY PROGRAM.—The term ‘primary care residency program’ has the meaning given that term in section 749A.

“(3) QUALIFIED TEACHING HEALTH CENTER.—The term ‘qualified teaching health center’ has the meaning given the term ‘teaching health center’ in section 749A.”

SEC. 5509. GRADUATE NURSE EDUCATION DEMONSTRATION.

(a) IN GENERAL.—

(1) ESTABLISHMENT.—

(A) IN GENERAL.—The Secretary shall establish a graduate nurse education demonstration under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) under which an eligible hospital may receive payment for the hospital’s reasonable costs (described in paragraph (2)) for the provision of qualified clinical training to advance practice nurses.

(B) NUMBER.—The demonstration shall include up to 5 eligible hospitals.

(C) WRITTEN AGREEMENTS.—Eligible hospitals selected to participate in the demonstration shall enter into written agreements pursuant to subsection (b) in order to reimburse the eligible partners of the hospital the share of the costs attributable to each partner.

(2) COSTS DESCRIBED.—

(A) IN GENERAL.—Subject to subparagraph (B) and subsection (d), the costs described in this paragraph are the reasonable costs (as described in section 1861(v) of the Social Security Act (42 U.S.C. 1395x(v))) of each eligible hospital for the clinical training costs (as determined by the Secretary) that are attributable to providing advanced practice registered nurses with qualified training.

(B) LIMITATION.—With respect to a year, the amount reimbursed under subparagraph (A) may not exceed the amount of costs described in subparagraph (A) that are attributable to an increase in the number of advanced practice registered nurses enrolled in a program that provides qualified training during the year and for which the hospital is being reimbursed under the demonstration, as compared to the average number of advanced practice registered nurses who graduated in each year during the period beginning on January 1, 2006, and ending on December 31, 2010 (as determined by the Secretary) from the graduate nursing education program operated by the applicable school of nursing that is an eligible partner of the hospital for purposes of the demonstration.

(3) WAIVER AUTHORITY.—The Secretary may waive such requirements of titles XI and XVIII of the Social Security Act as may be necessary to carry out the demonstration.

(4) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to the implementation of this section.

(b) **WRITTEN AGREEMENTS WITH ELIGIBLE PARTNERS.**—No payment shall be made under this section to an eligible hospital unless such hospital has in effect a written agreement with the eligible partners of the hospital. Such written agreement shall describe, at a minimum—

(1) the obligations of the eligible partners with respect to the provision of qualified training; and

(2) the obligation of the eligible hospital to reimburse such eligible partners applicable (in a timely manner) for the costs of such qualified training attributable to partner.

(c) **EVALUATION.**—Not later than October 17, 2017, the Secretary shall submit to Congress a report on the demonstration. Such report shall include an analysis of the following:

(1) The growth in the number of advanced practice registered nurses with respect to a specific base year as a result of the demonstration.

(2) The growth for each of the specialties described in subparagraphs (A) through (D) of subsection (e)(1).

(3) The costs to the Medicare program under title XVIII of the Social Security Act as a result of the demonstration.

(4) Other items the Secretary determines appropriate and relevant.

(d) **FUNDING.**—

(1) **IN GENERAL.**—There is hereby appropriated to the Secretary, out of any funds in the Treasury not otherwise appropriated, \$50,000,000 for each of fiscal years 2012 through 2015 to carry out this section, including the design, implementation, monitoring, and evaluation of the demonstration.

(2) **PRORATION.**—If the aggregate payments to eligible hospitals under the demonstration exceed \$50,000,000 for a fiscal year described in paragraph (1), the Secretary shall prorate the payment amounts to each eligible hospital in order to ensure that the aggregate payments do not exceed such amount.

(3) **WITHOUT FISCAL YEAR LIMITATION.**—Amounts appropriated under this subsection shall remain available without fiscal year limitation.

(e) **DEFINITIONS.**—In this section:

(1) **ADVANCED PRACTICE REGISTERED NURSE.**—The term “advanced practice registered nurse” includes the following:

(A) A clinical nurse specialist (as defined in subsection (aa)(5) of section 1861 of the Social Security Act (42 U.S.C. 1395x)).

(B) A nurse practitioner (as defined in such subsection).

(C) A certified registered nurse anesthetist (as defined in subsection (bb)(2) of such section).

(D) A certified nurse-midwife (as defined in subsection (gg)(2) of such section).

(2) **APPLICABLE NON-HOSPITAL COMMUNITY-BASED CARE SETTING.**—The term “applicable non-hospital community-based care setting” means a non-hospital community-based care setting which has entered into a written agreement (as described in subsection (b)) with the eligible hospital participating in the demonstration. Such settings include Federally qualified health centers, rural health clinics, and other non-hospital settings as determined appropriate by the Secretary.

(3) **APPLICABLE SCHOOL OF NURSING.**—The term “applicable school of nursing” means an accredited school of nursing (as defined in section 801 of the Public Health Service Act) which has entered into a written agreement (as described in subsection (b)) with the eligible hospital participating in the demonstration.

(4) **DEMONSTRATION.**—The term “demonstration” means the graduate nurse education demonstration established under subsection (a).

(5) **ELIGIBLE HOSPITAL.**—The term “eligible hospital” means a hospital (as defined in subsection (e) of section 1861 of the Social Security

Act (42 U.S.C. 1395x)) or a critical access hospital (as defined in subsection (mm)(1) of such section) that has a written agreement in place with—

(A) 1 or more applicable schools of nursing; and

(B) 2 or more applicable non-hospital community-based care settings.

(6) **ELIGIBLE PARTNERS.**—The term “eligible partners” includes the following:

(A) An applicable non-hospital community-based care setting.

(B) An applicable school of nursing.

(7) **QUALIFIED TRAINING.**—

(A) **IN GENERAL.**—The term “qualified training” means training—

(i) that provides an advanced practice registered nurse with the clinical skills necessary to provide primary care, preventive care, transitional care, chronic care management, and other services appropriate for individuals entitled to, or enrolled for, benefits under part A of title XVIII of the Social Security Act, or enrolled under part B of such title; and

(ii) subject to subparagraph (B), at least half of which is provided in a non-hospital community-based care setting.

(B) **WAIVER OF REQUIREMENT HALF OF TRAINING BE PROVIDED IN NON-HOSPITAL COMMUNITY-BASED CARE SETTING IN CERTAIN AREAS.**—The Secretary may waive the requirement under subparagraph (A)(ii) with respect to eligible hospitals located in rural or medically underserved areas.

(8) **SECRETARY.**—The term “Secretary” means the Secretary of Health and Human Services.

Subtitle G—Improving Access to Health Care Services

SEC. 5601. SPENDING FOR FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs).

(a) **IN GENERAL.**—Section 330(r) of the Public Health Service Act (42 U.S.C. 254b(r)) is amended by striking paragraph (1) and inserting the following:

“(1) **GENERAL AMOUNTS FOR GRANTS.**—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there is authorized to be appropriated the following:

“(A) For fiscal year 2010, \$2,988,821,592.

“(B) For fiscal year 2011, \$3,862,107,440.

“(C) For fiscal year 2012, \$4,990,553,440.

“(D) For fiscal year 2013, \$6,448,713,307.

“(E) For fiscal year 2014, \$7,332,924,155.

“(F) For fiscal year 2015, \$8,332,924,155.

“(G) For fiscal year 2016, and each subsequent fiscal year, the amount appropriated for the preceding fiscal year adjusted by the product of—

“(i) one plus the average percentage increase in costs incurred per patient served; and

“(ii) one plus the average percentage increase in the total number of patients served.”.

(b) **RULE OF CONSTRUCTION.**—Section 330(r) of the Public Health Service Act (42 U.S.C. 254b(r)) is amended by adding at the end the following:

“(4) **RULE OF CONSTRUCTION WITH RESPECT TO RURAL HEALTH CLINICS.**—

“(A) **IN GENERAL.**—Nothing in this section shall be construed to prevent a community health center from contracting with a Federally certified rural health clinic (as defined in section 1861(aa)(2) of the Social Security Act), a low-volume hospital (as defined for purposes of section 1886 of such Act), a critical access hospital, a sole community hospital (as defined for purposes of section 1886(d)(5)(D)(iii) of such Act), or a medicare-dependent share hospital (as defined for purposes of section 1886(d)(5)(G)(iv) of such Act) for the delivery of primary health care services that are available at the clinic or hospital to individuals who would otherwise be eligible for free or reduced cost care if that individual were able to obtain that care at the com-

munity health center. Such services may be limited in scope to those primary health care services available in that clinic or hospitals.

“(B) **ASSURANCES.**—In order for a clinic or hospital to receive funds under this section through a contract with a community health center under subparagraph (A), such clinic or hospital shall establish policies to ensure—

“(i) nondiscrimination based on the ability of a patient to pay; and

“(ii) the establishment of a sliding fee scale for low-income patients.”.

SEC. 5602. NEGOTIATED RULEMAKING FOR DEVELOPMENT OF METHODOLOGY AND CRITERIA FOR DESIGNATING MEDICALLY UNDERSERVED POPULATIONS AND HEALTH PROFESSIONS SHORTAGE AREAS.

(a) **ESTABLISHMENT.**—

(1) **IN GENERAL.**—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall establish, through a negotiated rulemaking process under subchapter 3 of chapter 5 of title 5, United States Code, a comprehensive methodology and criteria for designation of—

(A) medically underserved populations in accordance with section 330(b)(3) of the Public Health Service Act (42 U.S.C. 254b(b)(3));

(B) health professions shortage areas under section 332 of the Public Health Service Act (42 U.S.C. 254e).

(2) **FACTORS TO CONSIDER.**—In establishing the methodology and criteria under paragraph (1), the Secretary—

(A) shall consult with relevant stakeholders who will be significantly affected by a rule (such as national, State and regional organizations representing affected entities), State health offices, community organizations, health centers and other affected entities, and other interested parties; and

(B) shall take into account—

(i) the timely availability and appropriateness of data used to determine a designation to potential applicants for such designations;

(ii) the impact of the methodology and criteria on communities of various types and on health centers and other safety net providers;

(iii) the degree of ease or difficulty that will face potential applicants for such designations in securing the necessary data; and

(iv) the extent to which the methodology accurately measures various barriers that confront individuals and population groups in seeking health care services.

(b) **PUBLICATION OF NOTICE.**—In carrying out the rulemaking process under this subsection, the Secretary shall publish the notice provided for under section 564(a) of title 5, United States Code, by not later than 45 days after the date of the enactment of this Act.

(c) **TARGET DATE FOR PUBLICATION OF RULE.**—As part of the notice under subsection (b), and for purposes of this subsection, the “target date for publication”, as referred to in section 564(a)(5) of title 5, United States Code, shall be July 1, 2010.

(d) **APPOINTMENT OF NEGOTIATED RULEMAKING COMMITTEE AND FACILITATOR.**—The Secretary shall provide for—

(1) the appointment of a negotiated rulemaking committee under section 565(a) of title 5, United States Code, by not later than 30 days after the end of the comment period provided for under section 564(c) of such title; and

(2) the nomination of a facilitator under section 566(c) of such title 5 by not later than 10 days after the date of appointment of the committee.

(e) **PRELIMINARY COMMITTEE REPORT.**—The negotiated rulemaking committee appointed under subsection (d) shall report to the Secretary, by not later than April 1, 2010, regarding the committee's progress on achieving a consensus with regard to the rulemaking proceeding

and whether such consensus is likely to occur before one month before the target date for publication of the rule. If the committee reports that the committee has failed to make significant progress toward such consensus or is unlikely to reach such consensus by the target date, the Secretary may terminate such process and provide for the publication of a rule under this section through such other methods as the Secretary may provide.

(f) **FINAL COMMITTEE REPORT.**—If the committee is not terminated under subsection (e), the rulemaking committee shall submit a report containing a proposed rule by not later than one month before the target publication date.

(g) **INTERIM FINAL EFFECT.**—The Secretary shall publish a rule under this section in the Federal Register by not later than the target publication date. Such rule shall be effective and final immediately on an interim basis, but is subject to change and revision after public notice and opportunity for a period (of not less than 90 days) for public comment. In connection with such rule, the Secretary shall specify the process for the timely review and approval of applications for such designations pursuant to such rules and consistent with this section.

(h) **PUBLICATION OF RULE AFTER PUBLIC COMMENT.**—The Secretary shall provide for consideration of such comments and republication of such rule by not later than 1 year after the target publication date.

SEC. 5603. REAUTHORIZATION OF THE WAKE-FIELD EMERGENCY MEDICAL SERVICES FOR CHILDREN PROGRAM.

Section 1910 of the Public Health Service Act (42 U.S.C. 300w-9) is amended—

(1) in subsection (a), by striking “3-year period (with an optional 4th year)” and inserting “4-year period (with an optional 5th year)”;

(2) in subsection (d)—

(A) by striking “and such sums” and inserting “such sums”;

(B) by inserting before the period the following: “, \$25,000,000 for fiscal year 2010, \$26,250,000 for fiscal year 2011, \$27,562,500 for fiscal year 2012, \$28,940,625 for fiscal year 2013, and \$30,387,656 for fiscal year 2014”.

SEC. 5604. CO-LOCATING PRIMARY AND SPECIALTY CARE IN COMMUNITY-BASED MENTAL HEALTH SETTINGS.

Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb-31 et seq.) is amended by adding at the end the following:

“SEC. 520K. AWARDS FOR CO-LOCATING PRIMARY AND SPECIALTY CARE IN COMMUNITY-BASED MENTAL HEALTH SETTINGS.

“(a) **DEFINITIONS.**—In this section:

“(1) **ELIGIBLE ENTITY.**—The term ‘eligible entity’ means a qualified community mental health program defined under section 1913(b)(1).

“(2) **SPECIAL POPULATIONS.**—The term ‘special populations’ means adults with mental illnesses who have co-occurring primary care conditions and chronic diseases.

“(b) **PROGRAM AUTHORIZED.**—The Secretary, acting through the Administrator shall award grants and cooperative agreements to eligible entities to establish demonstration projects for the provision of coordinated and integrated services to special populations through the co-location of primary and specialty care services in community-based mental and behavioral health settings.

“(c) **APPLICATION.**—To be eligible to receive a grant or cooperative agreement under this section, an eligible entity shall submit an application to the Administrator at such time, in such manner, and accompanied by such information as the Administrator may require, including a description of partnerships, or other arrangements with local primary care providers, including community health centers, to provide services to special populations.

“(d) **USE OF FUNDS.**—

“(1) **IN GENERAL.**—For the benefit of special populations, an eligible entity shall use funds awarded under this section for—

“(A) the provision, by qualified primary care professionals, of on site primary care services;

“(B) reasonable costs associated with medically necessary referrals to qualified specialty care professionals, other coordinators of care or, if permitted by the terms of the grant or cooperative agreement, by qualified specialty care professionals on a reasonable cost basis on site at the eligible entity;

“(C) information technology required to accommodate the clinical needs of primary and specialty care professionals; or

“(D) facility modifications needed to bring primary and specialty care professionals on site at the eligible entity.

“(2) **LIMITATION.**—Not to exceed 15 percent of grant or cooperative agreement funds may be used for activities described in subparagraphs (C) and (D) of paragraph (1).

“(e) **EVALUATION.**—Not later than 90 days after a grant or cooperative agreement awarded under this section expires, an eligible entity shall submit to the Secretary the results of an evaluation to be conducted by the entity concerning the effectiveness of the activities carried out under the grant or agreement.

“(f) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section, \$50,000,000 for fiscal year 2010 and such sums as may be necessary for each of fiscal years 2011 through 2014.”.

SEC. 5605. KEY NATIONAL INDICATORS.

(a) **DEFINITIONS.**—In this section:

(1) **ACADEMY.**—The term “Academy” means the National Academy of Sciences.

(2) **COMMISSION.**—The term “Commission” means the Commission on Key National Indicators established under subsection (b).

(3) **INSTITUTE.**—The term “Institute” means a Key National Indicators Institute as designated under subsection (c)(3).

(b) **COMMISSION ON KEY NATIONAL INDICATORS.**—

(1) **ESTABLISHMENT.**—There is established a “Commission on Key National Indicators”.

(2) **MEMBERSHIP.**—

(A) **NUMBER AND APPOINTMENT.**—The Commission shall be composed of 8 members, to be appointed equally by the majority and minority leaders of the Senate and the Speaker and minority leader of the House of Representatives.

(B) **PROHIBITED APPOINTMENTS.**—Members of the Commission shall not include Members of Congress or other elected Federal, State, or local government officials.

(C) **QUALIFICATIONS.**—In making appointments under subparagraph (A), the majority and minority leaders of the Senate and the Speaker and minority leader of the House of Representatives shall appoint individuals who have shown a dedication to improving civic dialogue and decision-making through the wide use of scientific evidence and factual information.

(D) **PERIOD OF APPOINTMENT.**—Each member of the Commission shall be appointed for a 2-year term, except that 1 initial appointment shall be for 3 years. Any vacancies shall not affect the power and duties of the Commission but shall be filled in the same manner as the original appointment and shall last only for the remainder of that term.

(E) **DATE.**—Members of the Commission shall be appointed by not later than 30 days after the date of enactment of this Act.

(F) **INITIAL ORGANIZING PERIOD.**—Not later than 60 days after the date of enactment of this Act, the Commission shall develop and implement a schedule for completion of the review and reports required under subsection (d).

(G) **CO-CHAIRPERSONS.**—The Commission shall select 2 Co-Chairpersons from among its members.

(c) **DUTIES OF THE COMMISSION.**—

(1) **IN GENERAL.**—The Commission shall—

(A) conduct comprehensive oversight of a newly established key national indicators system consistent with the purpose described in this subsection;

(B) make recommendations on how to improve the key national indicators system;

(C) coordinate with Federal Government users and information providers to assure access to relevant and quality data; and

(D) enter into contracts with the Academy.

(2) **REPORTS.**—

(A) **ANNUAL REPORT TO CONGRESS.**—Not later than 1 year after the selection of the 2 Co-Chairpersons of the Commission, and each subsequent year thereafter, the Commission shall prepare and submit to the appropriate Committees of Congress and the President a report that contains a detailed statement of the recommendations, findings, and conclusions of the Commission on the activities of the Academy and a designated Institute related to the establishment of a Key National Indicator System.

(B) **ANNUAL REPORT TO THE ACADEMY.**—

(i) **IN GENERAL.**—Not later than 6 months after the selection of the 2 Co-Chairpersons of the Commission, and each subsequent year thereafter, the Commission shall prepare and submit to the Academy and a designated Institute a report making recommendations concerning potential issue areas and key indicators to be included in the Key National Indicators.

(ii) **LIMITATION.**—The Commission shall not have the authority to direct the Academy or, if established, the Institute, to adopt, modify, or delete any key indicators.

(3) **CONTRACT WITH THE NATIONAL ACADEMY OF SCIENCES.**—

(A) **IN GENERAL.**—As soon as practicable after the selection of the 2 Co-Chairpersons of the Commission, the Co-Chairpersons shall enter into an arrangement with the National Academy of Sciences under which the Academy shall—

(i) review available public and private sector research on the selection of a set of key national indicators;

(ii) determine how best to establish a key national indicator system for the United States, by either creating its own institutional capability or designating an independent private nonprofit organization as an Institute to implement a key national indicator system;

(iii) if the Academy designates an independent Institute under clause (ii), provide scientific and technical advice to the Institute and create an appropriate governance mechanism that balances Academy involvement and the independence of the Institute; and

(iv) provide an annual report to the Commission addressing scientific and technical issues related to the key national indicator system and, if established, the Institute, and governance of the Institute's budget and operations.

(B) **PARTICIPATION.**—In executing the arrangement under subparagraph (A), the National Academy of Sciences shall convene a multi-sector, multi-disciplinary process to define major scientific and technical issues associated with developing, maintaining, and evolving a Key National Indicator System and, if an Institute is established, to provide it with scientific and technical advice.

(C) **ESTABLISHMENT OF A KEY NATIONAL INDICATOR SYSTEM.**—

(i) **IN GENERAL.**—In executing the arrangement under subparagraph (A), the National Academy of Sciences shall enable the establishment of a key national indicator system by—

(I) creating its own institutional capability; or

(II) partnering with an independent private nonprofit organization as an Institute to implement a key national indicator system.

(ii) **INSTITUTE.**—If the Academy designates an Institute under clause (i)(II), such Institute shall be a non-profit entity (as defined for purposes of section 501(c)(3) of the Internal Revenue Code of 1986) with an educational mission, a governance structure that emphasizes independence, and characteristics that make such entity appropriate for establishing a key national indicator system.

(iii) **RESPONSIBILITIES.**—Either the Academy or the Institute designated under clause (i)(II) shall be responsible for the following:

(I) Identifying and selecting issue areas to be represented by the key national indicators.

(II) Identifying and selecting the measures used for key national indicators within the issue areas under subclause (I).

(III) Identifying and selecting data to populate the key national indicators described under subclause (II).

(IV) Designing, publishing, and maintaining a public website that contains a freely accessible database allowing public access to the key national indicators.

(V) Developing a quality assurance framework to ensure rigorous and independent processes and the selection of quality data.

(VI) Developing a budget for the construction and management of a sustainable, adaptable, and evolving key national indicator system that reflects all Commission funding of Academy and, if an Institute is established, Institute activities.

(VII) Reporting annually to the Commission regarding its selection of issue areas, key indicators, data, and progress toward establishing a web-accessible database.

(VIII) Responding directly to the Commission in response to any Commission recommendations and to the Academy regarding any inquiries by the Academy.

(iv) **GOVERNANCE.**—Upon the establishment of a key national indicator system, the Academy shall create an appropriate governance mechanism that incorporates advisory and control functions. If an Institute is designated under clause (i)(II), the governance mechanism shall balance appropriate Academy involvement and the independence of the Institute.

(v) **MODIFICATION AND CHANGES.**—The Academy shall retain the sole discretion, at any time, to alter its approach to the establishment of a key national indicator system or, if an Institute is designated under clause (i)(II), to alter any aspect of its relationship with the Institute or to designate a different non-profit entity to serve as the Institute.

(vi) **CONSTRUCTION.**—Nothing in this section shall be construed to limit the ability of the Academy or the Institute designated under clause (i)(II) to receive private funding for activities related to the establishment of a key national indicator system.

(D) **ANNUAL REPORT.**—As part of the arrangement under subparagraph (A), the National Academy of Sciences shall, not later than 270 days after the date of enactment of this Act, and annually thereafter, submit to the Co-Chairpersons of the Commission a report that contains the findings and recommendations of the Academy.

(d) **GOVERNMENT ACCOUNTABILITY OFFICE STUDY AND REPORT.**—

(1) **GAO STUDY.**—The Comptroller General of the United States shall conduct a study of previous work conducted by all public agencies, private organizations, or foreign countries with respect to best practices for a key national indicator system. The study shall be submitted to the appropriate authorizing committees of Congress.

(2) **GAO FINANCIAL AUDIT.**—If an Institute is established under this section, the Comptroller General shall conduct an annual audit of the fi-

nancial statements of the Institute, in accordance with generally accepted government auditing standards and submit a report on such audit to the Commission and the appropriate authorizing committees of Congress.

(3) **GAO PROGRAMMATIC REVIEW.**—The Comptroller General of the United States shall conduct programmatic assessments of the Institute established under this section as determined necessary by the Comptroller General and report the findings to the Commission and to the appropriate authorizing committees of Congress.

(e) **AUTHORIZATION OF APPROPRIATIONS.**—

(1) **IN GENERAL.**—There are authorized to be appropriated to carry out the purposes of this section, \$10,000,000 for fiscal year 2010, and \$7,500,000 for each of fiscal year 2011 through 2018.

(2) **AVAILABILITY.**—Amounts appropriated under paragraph (1) shall remain available until expended.

Subtitle H—General Provisions

SEC. 5701. REPORTS.

(a) **REPORTS BY SECRETARY OF HEALTH AND HUMAN SERVICES.**—On an annual basis, the Secretary of Health and Human Services shall submit to the appropriate Committees of Congress a report on the activities carried out under the amendments made by this title, and the effectiveness of such activities.

(b) **REPORTS BY RECIPIENTS OF FUNDS.**—The Secretary of Health and Human Services may require, as a condition of receiving funds under the amendments made by this title, that the entity receiving such award submit to such Secretary such reports as the such Secretary may require on activities carried out with such award, and the effectiveness of such activities.

TITLE VI—TRANSPARENCY AND PROGRAM INTEGRITY

Subtitle A—Physician Ownership and Other Transparency

SEC. 6001. LIMITATION ON MEDICARE EXCEPTION TO THE PROHIBITION ON CERTAIN PHYSICIAN REFERRALS FOR HOSPITALS.

(a) **IN GENERAL.**—Section 1877 of the Social Security Act (42 U.S.C. 1395nn) is amended—

(1) in subsection (d)(2)—

(A) in subparagraph (A), by striking “and” at the end;

(B) in subparagraph (B), by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following new subparagraph:

“(C) in the case where the entity is a hospital, the hospital meets the requirements of paragraph (3)(D).”;

(2) in subsection (d)(3)—

(A) in subparagraph (B), by striking “and” at the end;

(B) in subparagraph (C), by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following new subparagraph:

“(D) the hospital meets the requirements described in subsection (i)(1) not later than 18 months after the date of the enactment of this subparagraph.”; and

(3) by adding at the end the following new subsection:

“(i) **REQUIREMENTS FOR HOSPITALS TO QUALIFY FOR RURAL PROVIDER AND HOSPITAL EXCEPTION TO OWNERSHIP OR INVESTMENT PROHIBITION.**—

“(1) **REQUIREMENTS DESCRIBED.**—For purposes of subsection (d)(3)(D), the requirements described in this paragraph for a hospital are as follows:

“(A) **PROVIDER AGREEMENT.**—The hospital had—

“(i) physician ownership or investment on February 1, 2010; and

“(ii) a provider agreement under section 1866 in effect on such date.

“(B) **LIMITATION ON EXPANSION OF FACILITY CAPACITY.**—Except as provided in paragraph (3), the number of operating rooms, procedure rooms, and beds for which the hospital is licensed at any time on or after the date of the enactment of this subsection is no greater than the number of operating rooms, procedure rooms, and beds for which the hospital is licensed as of such date.

“(C) **PREVENTING CONFLICTS OF INTEREST.**—

“(i) The hospital submits to the Secretary an annual report containing a detailed description of—

“(I) the identity of each physician owner or investor and any other owners or investors of the hospital; and

“(II) the nature and extent of all ownership and investment interests in the hospital.

“(ii) The hospital has procedures in place to require that any referring physician owner or investor discloses to the patient being referred, by a time that permits the patient to make a meaningful decision regarding the receipt of care, as determined by the Secretary—

“(I) the ownership or investment interest, as applicable, of such referring physician in the hospital; and

“(II) if applicable, any such ownership or investment interest of the treating physician.

“(iii) The hospital does not condition any physician ownership or investment interests either directly or indirectly on the physician owner or investor making or influencing referrals to the hospital or otherwise generating business for the hospital.

“(iv) The hospital discloses the fact that the hospital is partially owned or invested in by physicians—

“(I) on any public website for the hospital; and

“(II) in any public advertising for the hospital.

“(D) **ENSURING BONA FIDE INVESTMENT.**—

“(i) The percentage of the total value of the ownership or investment interests held in the hospital, or in an entity whose assets include the hospital, by physician owners or investors in the aggregate does not exceed such percentage as of the date of enactment of this subsection.

“(ii) Any ownership or investment interests that the hospital offers to a physician owner or investor are not offered on more favorable terms than the terms offered to a person who is not a physician owner or investor.

“(iii) The hospital (or any owner or investor in the hospital) does not directly or indirectly provide loans or financing for any investment in the hospital by a physician owner or investor.

“(iv) The hospital (or any owner or investor in the hospital) does not directly or indirectly guarantee a loan, make a payment toward a loan, or otherwise subsidize a loan, for any individual physician owner or investor or group of physician owners or investors that is related to acquiring any ownership or investment interest in the hospital.

“(v) Ownership or investment returns are distributed to each owner or investor in the hospital in an amount that is directly proportional to the ownership or investment interest of such owner or investor in the hospital.

“(vi) Physician owners and investors do not receive, directly or indirectly, any guaranteed receipt of or right to purchase other business interests related to the hospital, including the purchase or lease of any property under the control of other owners or investors in the hospital or located near the premises of the hospital.

“(vii) The hospital does not offer a physician owner or investor the opportunity to purchase or lease any property under the control of the

hospital or any other owner or investor in the hospital on more favorable terms than the terms offered to an individual who is not a physician owner or investor.

“(E) PATIENT SAFETY.—

“(i) Insofar as the hospital admits a patient and does not have any physician available on the premises to provide services during all hours in which the hospital is providing services to such patient, before admitting the patient—

“(I) the hospital discloses such fact to a patient; and

“(II) following such disclosure, the hospital receives from the patient a signed acknowledgment that the patient understands such fact.

“(ii) The hospital has the capacity to—

“(I) provide assessment and initial treatment for patients; and

“(II) refer and transfer patients to hospitals with the capability to treat the needs of the patient involved.

“(F) LIMITATION ON APPLICATION TO CERTAIN CONVERTED FACILITIES.—The hospital was not converted from an ambulatory surgical center to a hospital on or after the date of enactment of this subsection.

“(2) PUBLICATION OF INFORMATION REPORTED.—The Secretary shall publish, and update on an annual basis, the information submitted by hospitals under paragraph (1)(C)(i) on the public Internet website of the Centers for Medicare & Medicaid Services.

“(3) EXCEPTION TO PROHIBITION ON EXPANSION OF FACILITY CAPACITY.—

“(A) PROCESS.—

“(i) **ESTABLISHMENT.—**The Secretary shall establish and implement a process under which an applicable hospital (as defined in subparagraph (E)) may apply for an exception from the requirement under paragraph (1)(B).

“(ii) **OPPORTUNITY FOR COMMUNITY INPUT.—**The process under clause (i) shall provide individuals and entities in the community in which the applicable hospital applying for an exception is located with the opportunity to provide input with respect to the application.

“(iii) **TIMING FOR IMPLEMENTATION.—**The Secretary shall implement the process under clause (i) on August 1, 2011.

“(iv) **REGULATIONS.—**Not later than July 1, 2011, the Secretary shall promulgate regulations to carry out the process under clause (i).

“(B) FREQUENCY.—The process described in subparagraph (A) shall permit an applicable hospital to apply for an exception up to once every 2 years.

“(C) PERMITTED INCREASE.—

“(i) **IN GENERAL.—**Subject to clause (ii) and subparagraph (D), an applicable hospital granted an exception under the process described in subparagraph (A) may increase the number of operating rooms, procedure rooms, and beds for which the applicable hospital is licensed above the baseline number of operating rooms, procedure rooms, and beds of the applicable hospital (or, if the applicable hospital has been granted a previous exception under this paragraph, above the number of operating rooms, procedure rooms, and beds for which the hospital is licensed after the application of the most recent increase under such an exception).

“(ii) **100 PERCENT INCREASE LIMITATION.—**The Secretary shall not permit an increase in the number of operating rooms, procedure rooms, and beds for which an applicable hospital is licensed under clause (i) to the extent such increase would result in the number of operating rooms, procedure rooms, and beds for which the applicable hospital is licensed exceeding 200 percent of the baseline number of operating rooms, procedure rooms, and beds of the applicable hospital.

“(iii) **BASELINE NUMBER OF OPERATING ROOMS, PROCEDURE ROOMS, AND BEDS.—**In this para-

graph, the term ‘baseline number of operating rooms, procedure rooms, and beds’ means the number of operating rooms, procedure rooms, and beds for which the applicable hospital is licensed as of the date of enactment of this subsection.

“(D) INCREASE LIMITED TO FACILITIES ON THE MAIN CAMPUS OF THE HOSPITAL.—Any increase in the number of operating rooms, procedure rooms, and beds for which an applicable hospital is licensed pursuant to this paragraph may only occur in facilities on the main campus of the applicable hospital.

“(E) APPLICABLE HOSPITAL.—In this paragraph, the term ‘applicable hospital’ means a hospital—

“(i) that is located in a county in which the percentage increase in the population during the most recent 5-year period (as of the date of the application under subparagraph (A)) is at least 150 percent of the percentage increase in the population growth of the State in which the hospital is located during that period, as estimated by Bureau of the Census;

“(ii) whose annual percent of total inpatient admissions that represent inpatient admissions under the program under title XIX is equal to or greater than the average percent with respect to such admissions for all hospitals located in the county in which the hospital is located;

“(iii) that does not discriminate against beneficiaries of Federal health care programs and does not permit physicians practicing at the hospital to discriminate against such beneficiaries;

“(iv) that is located in a State in which the average bed capacity in the State is less than the national average bed capacity; and

“(v) that has an average bed occupancy rate that is greater than the average bed occupancy rate in the State in which the hospital is located.

“(F) PROCEDURE ROOMS.—In this subsection, the term ‘procedure rooms’ includes rooms in which catheterizations, angiographies, angiograms, and endoscopies are performed, except such term shall not include emergency rooms or departments (exclusive of rooms in which catheterizations, angiographies, angiograms, and endoscopies are performed).

“(G) PUBLICATION OF FINAL DECISIONS.—Not later than 60 days after receiving a complete application under this paragraph, the Secretary shall publish in the Federal Register the final decision with respect to such application.

“(H) LIMITATION ON REVIEW.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the process under this paragraph (including the establishment of such process).

“(4) COLLECTION OF OWNERSHIP AND INVESTMENT INFORMATION.—For purposes of subparagraphs (A)(i) and (D)(i) of paragraph (1), the Secretary shall collect physician ownership and investment information for each hospital.

“(5) PHYSICIAN OWNER OR INVESTOR DEFINED.—For purposes of this subsection, the term ‘physician owner or investor’ means a physician (or an immediate family member of such physician) with a direct or an indirect ownership or investment interest in the hospital.

“(6) CLARIFICATION.—Nothing in this subsection shall be construed as preventing the Secretary from revoking a hospital’s provider agreement if not in compliance with regulations implementing section 1866.”.

(b) ENFORCEMENT.—

(1) ENSURING COMPLIANCE.—The Secretary of Health and Human Services shall establish policies and procedures to ensure compliance with the requirements described in subsection (i)(1) of section 1877 of the Social Security Act, as added by subsection (a)(3), beginning on the date such requirements first apply. Such policies and pro-

cedures may include unannounced site reviews of hospitals.

(2) AUDITS.—Beginning not later than November 1, 2011, the Secretary of Health and Human Services shall conduct audits to determine if hospitals violate the requirements referred to in paragraph (1).

SEC. 6002. TRANSPARENCY REPORTS AND REPORTING OF PHYSICIAN OWNERSHIP OR INVESTMENT INTERESTS.

Part A of title XI of the Social Security Act (42 U.S.C. 1301 et seq.) is amended by inserting after section 1128F the following new section:

“SEC. 1128G. TRANSPARENCY REPORTS AND REPORTING OF PHYSICIAN OWNERSHIP OR INVESTMENT INTERESTS.

“(a) TRANSPARENCY REPORTS.—

“(1) PAYMENTS OR OTHER TRANSFERS OF VALUE.—

“(A) IN GENERAL.—On March 31, 2013, and on the 90th day of each calendar year beginning thereafter, any applicable manufacturer that provides a payment or other transfer of value to a covered recipient (or to an entity or individual at the request of or designated on behalf of a covered recipient), shall submit to the Secretary, in such electronic form as the Secretary shall require, the following information with respect to the preceding calendar year:

“(i) The name of the covered recipient.

“(ii) The business address of the covered recipient and, in the case of a covered recipient who is a physician, the specialty and National Provider Identifier of the covered recipient.

“(iii) The amount of the payment or other transfer of value.

“(iv) The dates on which the payment or other transfer of value was provided to the covered recipient.

“(v) A description of the form of the payment or other transfer of value, indicated (as appropriate for all that apply) as—

“(I) cash or a cash equivalent;

“(II) in-kind items or services;

“(III) stock, a stock option, or any other ownership interest, dividend, profit, or other return on investment; or

“(IV) any other form of payment or other transfer of value (as defined by the Secretary).

“(vi) A description of the nature of the payment or other transfer of value, indicated (as appropriate for all that apply) as—

“(I) consulting fees;

“(II) compensation for services other than consulting;

“(III) honoraria;

“(IV) gift;

“(V) entertainment;

“(VI) food;

“(VII) travel (including the specified destinations);

“(VIII) education;

“(IX) research;

“(X) charitable contribution;

“(XI) royalty or license;

“(XII) current or prospective ownership or investment interest;

“(XIII) direct compensation for serving as faculty or as a speaker for a medical education program;

“(XIV) grant; or

“(XV) any other nature of the payment or other transfer of value (as defined by the Secretary).

“(vii) If the payment or other transfer of value is related to marketing, education, or research specific to a covered drug, device, biological, or medical supply, the name of that covered drug, device, biological, or medical supply.

“(viii) Any other categories of information regarding the payment or other transfer of value the Secretary determines appropriate.

“(B) SPECIAL RULE FOR CERTAIN PAYMENTS OR OTHER TRANSFERS OF VALUE.—In the case where

an applicable manufacturer provides a payment or other transfer of value to an entity or individual at the request of or designated on behalf of a covered recipient, the applicable manufacturer shall disclose that payment or other transfer of value under the name of the covered recipient.

“(2) **PHYSICIAN OWNERSHIP.**—In addition to the requirement under paragraph (1)(A), on March 31, 2013, and on the 90th day of each calendar year beginning thereafter, any applicable manufacturer or applicable group purchasing organization shall submit to the Secretary, in such electronic form as the Secretary shall require, the following information regarding any ownership or investment interest (other than an ownership or investment interest in a publicly traded security and mutual fund, as described in section 1877(c)) held by a physician (or an immediate family member of such physician (as defined for purposes of section 1877(a))) in the applicable manufacturer or applicable group purchasing organization during the preceding year:

“(A) The dollar amount invested by each physician holding such an ownership or investment interest.

“(B) The value and terms of each such ownership or investment interest.

“(C) Any payment or other transfer of value provided to a physician holding such an ownership or investment interest (or to an entity or individual at the request of or designated on behalf of a physician holding such an ownership or investment interest), including the information described in clauses (i) through (viii) of paragraph (1)(A), except that in applying such clauses, ‘physician’ shall be substituted for ‘covered recipient’ each place it appears.

“(D) Any other information regarding the ownership or investment interest the Secretary determines appropriate.

“(b) **PENALTIES FOR NONCOMPLIANCE.**—

“(1) **FAILURE TO REPORT.**—

“(A) **IN GENERAL.**—Subject to subparagraph (B) except as provided in paragraph (2), any applicable manufacturer or applicable group purchasing organization that fails to submit information required under subsection (a) in a timely manner in accordance with rules or regulations promulgated to carry out such subsection, shall be subject to a civil money penalty of not less than \$1,000, but not more than \$10,000, for each payment or other transfer of value or ownership or investment interest not reported as required under such subsection. Such penalty shall be imposed and collected in the same manner as civil money penalties under subsection (a) of section 1128A are imposed and collected under that section.

“(B) **LIMITATION.**—The total amount of civil money penalties imposed under subparagraph (A) with respect to each annual submission of information under subsection (a) by an applicable manufacturer or applicable group purchasing organization shall not exceed \$150,000.

“(2) **KNOWING FAILURE TO REPORT.**—

“(A) **IN GENERAL.**—Subject to subparagraph (B), any applicable manufacturer or applicable group purchasing organization that knowingly fails to submit information required under subsection (a) in a timely manner in accordance with rules or regulations promulgated to carry out such subsection, shall be subject to a civil money penalty of not less than \$10,000, but not more than \$100,000, for each payment or other transfer of value or ownership or investment interest not reported as required under such subsection. Such penalty shall be imposed and collected in the same manner as civil money penalties under subsection (a) of section 1128A are imposed and collected under that section.

“(B) **LIMITATION.**—The total amount of civil money penalties imposed under subparagraph (A) with respect to each annual submission of

information under subsection (a) by an applicable manufacturer or applicable group purchasing organization shall not exceed \$1,000,000.

“(3) **USE OF FUNDS.**—Funds collected by the Secretary as a result of the imposition of a civil money penalty under this subsection shall be used to carry out this section.

“(c) **PROCEDURES FOR SUBMISSION OF INFORMATION AND PUBLIC AVAILABILITY.**—

“(1) **IN GENERAL.**—

“(A) **ESTABLISHMENT.**—Not later than October 1, 2011, the Secretary shall establish procedures—

“(i) for applicable manufacturers and applicable group purchasing organizations to submit information to the Secretary under subsection (a); and

“(ii) for the Secretary to make such information submitted available to the public.

“(B) **DEFINITION OF TERMS.**—The procedures established under subparagraph (A)(ii) shall provide for the definition of terms (other than those terms defined in subsection (e)), as appropriate, for purposes of this section.

“(C) **PUBLIC AVAILABILITY.**—Except as provided in subparagraph (E), the procedures established under subparagraph (A)(ii) shall ensure that, not later than September 30, 2013, and on June 30 of each calendar year beginning thereafter, the information submitted under subsection (a) with respect to the preceding calendar year is made available through an Internet website that—

“(i) is searchable and is in a format that is clear and understandable;

“(ii) contains information that is presented by the name of the applicable manufacturer or applicable group purchasing organization, the name of the covered recipient, the business address of the covered recipient, the specialty of the covered recipient, the value of the payment or other transfer of value, the date on which the payment or other transfer of value was provided to the covered recipient, the form of the payment or other transfer of value, indicated (as appropriate) under subsection (a)(1)(A)(v), the nature of the payment or other transfer of value, indicated (as appropriate) under subsection (a)(1)(A)(vi), and the name of the covered drug, device, biological, or medical supply, as applicable;

“(iii) contains information that is able to be easily aggregated and downloaded;

“(iv) contains a description of any enforcement actions taken to carry out this section, including any penalties imposed under subsection (b), during the preceding year;

“(v) contains background information on industry-physician relationships;

“(vi) in the case of information submitted with respect to a payment or other transfer of value described in subparagraph (E)(i), lists such information separately from the other information submitted under subsection (a) and designates such separately listed information as funding for clinical research;

“(vii) contains any other information the Secretary determines would be helpful to the average consumer;

“(viii) does not contain the National Provider Identifier of the covered recipient, and

“(ix) subject to subparagraph (D), provides the applicable manufacturer, applicable group purchasing organization, or covered recipient an opportunity to review and submit corrections to the information submitted with respect to the applicable manufacturer, applicable group purchasing organization, or covered recipient, respectively, for a period of not less than 45 days prior to such information being made available to the public.

“(D) **CLARIFICATION OF TIME PERIOD FOR REVIEW AND CORRECTIONS.**—In no case may the 45-day period for review and submission of correc-

tions to information under subparagraph (C)(ix) prevent such information from being made available to the public in accordance with the dates described in the matter preceding clause (i) in subparagraph (C).

“(E) **DELAYED PUBLICATION FOR PAYMENTS MADE PURSUANT TO PRODUCT RESEARCH OR DEVELOPMENT AGREEMENTS AND CLINICAL INVESTIGATIONS.**—

“(i) **IN GENERAL.**—In the case of information submitted under subsection (a) with respect to a payment or other transfer of value made to a covered recipient by an applicable manufacturer pursuant to a product research or development agreement for services furnished in connection with research on a potential new medical technology or a new application of an existing medical technology or the development of a new drug, device, biological, or medical supply, or by an applicable manufacturer in connection with a clinical investigation regarding a new drug, device, biological, or medical supply, the procedures established under subparagraph (A)(ii) shall provide that such information is made available to the public on the first date described in the matter preceding clause (i) in subparagraph (C) after the earlier of the following:

“(I) The date of the approval or clearance of the covered drug, device, biological, or medical supply by the Food and Drug Administration.

“(II) Four calendar years after the date such payment or other transfer of value was made.

“(ii) **CONFIDENTIALITY OF INFORMATION PRIOR TO PUBLICATION.**—Information described in clause (i) shall be considered confidential and shall not be subject to disclosure under section 552 of title 5, United States Code, or any other similar Federal, State, or local law, until on or after the date on which the information is made available to the public under such clause.

“(2) **CONSULTATION.**—In establishing the procedures under paragraph (1), the Secretary shall consult with the Inspector General of the Department of Health and Human Services, affected industry, consumers, consumer advocates, and other interested parties in order to ensure that the information made available to the public under such paragraph is presented in the appropriate overall context.

“(d) **ANNUAL REPORTS AND RELATION TO STATE LAWS.**—

“(1) **ANNUAL REPORT TO CONGRESS.**—Not later than April 1 of each year beginning with 2013, the Secretary shall submit to Congress a report that includes the following:

“(A) The information submitted under subsection (a) during the preceding year, aggregated for each applicable manufacturer and applicable group purchasing organization that submitted such information during such year (except, in the case of information submitted with respect to a payment or other transfer of value described in subsection (c)(1)(E)(i), such information shall be included in the first report submitted to Congress after the date on which such information is made available to the public under such subsection).

“(B) A description of any enforcement actions taken to carry out this section, including any penalties imposed under subsection (b), during the preceding year.

“(2) **ANNUAL REPORTS TO STATES.**—Not later than September 30, 2013 and on June 30 of each calendar year thereafter, the Secretary shall submit to States a report that includes a summary of the information submitted under subsection (a) during the preceding year with respect to covered recipients in the State (except, in the case of information submitted with respect to a payment or other transfer of value described in subsection (c)(1)(E)(i), such information shall be included in the first report submitted to States after the date on which such information is made available to the public under such subsection).

“(3) RELATION TO STATE LAWS.—

“(A) IN GENERAL.—In the case of a payment or other transfer of value provided by an applicable manufacturer that is received by a covered recipient (as defined in subsection (e)) on or after January 1, 2012, subject to subparagraph (B), the provisions of this section shall preempt any statute or regulation of a State or of a political subdivision of a State that requires an applicable manufacturer (as so defined) to disclose or report, in any format, the type of information (as described in subsection (a)) regarding such payment or other transfer of value.

“(B) NO PREEMPTION OF ADDITIONAL REQUIREMENTS.—Subparagraph (A) shall not preempt any statute or regulation of a State or of a political subdivision of a State that requires the disclosure or reporting of information—

“(i) not of the type required to be disclosed or reported under this section;

“(ii) described in subsection (e)(10)(B), except in the case of information described in clause (i) of such subsection;

“(iii) by any person or entity other than an applicable manufacturer (as so defined) or a covered recipient (as defined in subsection (e)); or

“(iv) to a Federal, State, or local governmental agency for public health surveillance, investigation, or other public health purposes or health oversight purposes.

“(C) Nothing in subparagraph (A) shall be construed to limit the discovery or admissibility of information described in such subparagraph in a criminal, civil, or administrative proceeding.

“(4) CONSULTATION.—The Secretary shall consult with the Inspector General of the Department of Health and Human Services on the implementation of this section.

“(e) DEFINITIONS.—In this section:

“(1) APPLICABLE GROUP PURCHASING ORGANIZATION.—The term ‘applicable group purchasing organization’ means a group purchasing organization (as defined by the Secretary) that purchases, arranges for, or negotiates the purchase of a covered drug, device, biological, or medical supply which is operating in the United States, or in a territory, possession, or commonwealth of the United States.

“(2) APPLICABLE MANUFACTURER.—The term ‘applicable manufacturer’ means a manufacturer of a covered drug, device, biological, or medical supply which is operating in the United States, or in a territory, possession, or commonwealth of the United States.

“(3) CLINICAL INVESTIGATION.—The term ‘clinical investigation’ means any experiment involving 1 or more human subjects, or materials derived from human subjects, in which a drug or device is administered, dispensed, or used.

“(4) COVERED DEVICE.—The term ‘covered device’ means any device for which payment is available under title XVIII or a State plan under title XIX or XXI (or a waiver of such a plan).

“(5) COVERED DRUG, DEVICE, BIOLOGICAL, OR MEDICAL SUPPLY.—The term ‘covered drug, device, biological, or medical supply’ means any drug, biological product, device, or medical supply for which payment is available under title XVIII or a State plan under title XIX or XXI (or a waiver of such a plan).

“(6) COVERED RECIPIENT.—

“(A) IN GENERAL.—Except as provided in subparagraph (B), the term ‘covered recipient’ means the following:

“(i) A physician.

“(ii) A teaching hospital.

“(B) EXCLUSION.—Such term does not include a physician who is an employee of the applicable manufacturer that is required to submit information under subsection (a).

“(7) EMPLOYEE.—The term ‘employee’ has the meaning given such term in section 1877(h)(2).

“(8) KNOWINGLY.—The term ‘knowingly’ has the meaning given such term in section 3729(b) of title 31, United States Code.

“(9) MANUFACTURER OF A COVERED DRUG, DEVICE, BIOLOGICAL, OR MEDICAL SUPPLY.—The term ‘manufacturer of a covered drug, device, biological, or medical supply’ means any entity which is engaged in the production, preparation, propagation, compounding, or conversion of a covered drug, device, biological, or medical supply (or any entity under common ownership with such entity which provides assistance or support to such entity with respect to the production, preparation, propagation, compounding, conversion, marketing, promotion, sale, or distribution of a covered drug, device, biological, or medical supply).

“(10) PAYMENT OR OTHER TRANSFER OF VALUE.—

“(A) IN GENERAL.—The term ‘payment or other transfer of value’ means a transfer of anything of value. Such term does not include a transfer of anything of value that is made indirectly to a covered recipient through a third party in connection with an activity or service in the case where the applicable manufacturer is unaware of the identity of the covered recipient.

“(B) EXCLUSIONS.—An applicable manufacturer shall not be required to submit information under subsection (a) with respect to the following:

“(i) A transfer of anything the value of which is less than \$10, unless the aggregate amount transferred to, requested by, or designated on behalf of the covered recipient by the applicable manufacturer during the calendar year exceeds \$100. For calendar years after 2012, the dollar amounts specified in the preceding sentence shall be increased by the same percentage as the percentage increase in the consumer price index for all urban consumers (all items; U.S. city average) for the 12-month period ending with June of the previous year.

“(ii) Product samples that are not intended to be sold and are intended for patient use.

“(iii) Educational materials that directly benefit patients or are intended for patient use.

“(iv) The loan of a covered device for a short-term trial period, not to exceed 90 days, to permit evaluation of the covered device by the covered recipient.

“(v) Items or services provided under a contractual warranty, including the replacement of a covered device, where the terms of the warranty are set forth in the purchase or lease agreement for the covered device.

“(vi) A transfer of anything of value to a covered recipient when the covered recipient is a patient and not acting in the professional capacity of a covered recipient.

“(vii) Discounts (including rebates).

“(viii) In-kind items used for the provision of charity care.

“(ix) A dividend or other profit distribution from, or ownership or investment interest in, a publicly traded security and mutual fund (as described in section 1877(c)).

“(x) In the case of an applicable manufacturer who offers a self-insured plan, payments for the provision of health care to employees under the plan.

“(xi) In the case of a covered recipient who is a licensed non-medical professional, a transfer of anything of value to the covered recipient if the transfer is payment solely for the non-medical professional services of such licensed non-medical professional.

“(xii) In the case of a covered recipient who is a physician, a transfer of anything of value to the covered recipient if the transfer is payment solely for the services of the covered recipient with respect to a civil or criminal action or an administrative proceeding.

“(11) PHYSICIAN.—The term ‘physician’ has the meaning given that term in section 1861(r).”

SEC. 6003. DISCLOSURE REQUIREMENTS FOR IN-OFFICE ANCILLARY SERVICES EXCEPTED TO THE PROHIBITION ON PHYSICIAN SELF-REFERRAL FOR CERTAIN IMAGING SERVICES.

(a) IN GENERAL.—Section 1877(b)(2) of the Social Security Act (42 U.S.C. 1395nn(b)(2)) is amended by adding at the end the following new sentence: “Such requirements shall, with respect to magnetic resonance imaging, computed tomography, positron emission tomography, and any other designated health services specified under subsection (h)(6)(D) that the Secretary determines appropriate, include a requirement that the referring physician inform the individual in writing at the time of the referral that the individual may obtain the services for which the individual is being referred from a person other than a person described in subparagraph (A)(i) and provide such individual with a written list of suppliers (as defined in section 1861(d)) who furnish such services in the area in which such individual resides.”

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to services furnished on or after January 1, 2010.

SEC. 6004. PRESCRIPTION DRUG SAMPLE TRANSPARENCY.

Part A of title XI of the Social Security Act (42 U.S.C. 1301 et seq.), as amended by section 6002, is amended by inserting after section 1128G the following new section:

“SEC. 1128H. REPORTING OF INFORMATION RELATING TO DRUG SAMPLES.

“(a) IN GENERAL.—Not later than April 1 of each year (beginning with 2012), each manufacturer and authorized distributor of record of an applicable drug shall submit to the Secretary (in a form and manner specified by the Secretary) the following information with respect to the preceding year:

“(1) In the case of a manufacturer or authorized distributor of record which makes distributions by mail or common carrier under subsection (d)(2) of section 503 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353), the identity and quantity of drug samples requested and the identity and quantity of drug samples distributed under such subsection during that year, aggregated by—

“(A) the name, address, professional designation, and signature of the practitioner making the request under subparagraph (A)(i) of such subsection, or of any individual who makes or signs for the request on behalf of the practitioner; and

“(B) any other category of information determined appropriate by the Secretary.

“(2) In the case of a manufacturer or authorized distributor of record which makes distributions by means other than mail or common carrier under subsection (d)(3) of such section 503, the identity and quantity of drug samples requested and the identity and quantity of drug samples distributed under such subsection during that year, aggregated by—

“(A) the name, address, professional designation, and signature of the practitioner making the request under subparagraph (A)(i) of such subsection, or of any individual who makes or signs for the request on behalf of the practitioner; and

“(B) any other category of information determined appropriate by the Secretary.

“(b) DEFINITIONS.—In this section:

“(1) APPLICABLE DRUG.—The term ‘applicable drug’ means a drug—

“(A) which is subject to subsection (b) of such section 503; and

“(B) for which payment is available under title XVIII or a State plan under title XIX or XXI (or a waiver of such a plan).

“(2) AUTHORIZED DISTRIBUTOR OF RECORD.—The term ‘authorized distributor of record’ has the meaning given that term in subsection (e)(3)(A) of such section.

“(3) **MANUFACTURER.**—The term ‘manufacturer’ has the meaning given that term for purposes of subsection (d) of such section.”.

SEC. 6005. PHARMACY BENEFIT MANAGERS TRANSPARENCY REQUIREMENTS.

Part A of title XI of the Social Security Act (42 U.S.C. 1301 et seq.) is amended by inserting after section 1150 the following new section:

“SEC. 1150A. PHARMACY BENEFIT MANAGERS TRANSPARENCY REQUIREMENTS.

“(a) **PROVISION OF INFORMATION.**—A health benefits plan or any entity that provides pharmacy benefits management services on behalf of a health benefits plan (in this section referred to as a ‘PBM’) that manages prescription drug coverage under a contract with—

“(1) a PDP sponsor of a prescription drug plan or an MA organization offering an MA-PD plan under part D of title XVIII; or

“(2) a qualified health benefits plan offered through an exchange established by a State under section 1311 of the Patient Protection and Affordable Care Act,

shall provide the information described in subsection (b) to the Secretary and, in the case of a PBM, to the plan with which the PBM is under contract with, at such times, and in such form and manner, as the Secretary shall specify.

“(b) **INFORMATION DESCRIBED.**—The information described in this subsection is the following with respect to services provided by a health benefits plan or PBM for a contract year:

“(1) The percentage of all prescriptions that were provided through retail pharmacies compared to mail order pharmacies, and the percentage of prescriptions for which a generic drug was available and dispensed (generic dispensing rate), by pharmacy type (which includes an independent pharmacy, chain pharmacy, supermarket pharmacy, or mass merchandiser pharmacy that is licensed as a pharmacy by the State and that dispenses medication to the general public), that is paid by the health benefits plan or PBM under the contract.

“(2) The aggregate amount, and the type of rebates, discounts, or price concessions (excluding bona fide service fees, which include but are not limited to distribution service fees, inventory management fees, product stocking allowances, and fees associated with administrative services agreements and patient care programs (such as medication compliance programs and patient education programs)) that the PBM negotiates that are attributable to patient utilization under the plan, and the aggregate amount of the rebates, discounts, or price concessions that are passed through to the plan sponsor, and the total number of prescriptions that were dispensed.

“(3) The aggregate amount of the difference between the amount the health benefits plan pays the PBM and the amount that the PBM pays retail pharmacies, and mail order pharmacies, and the total number of prescriptions that were dispensed.

“(c) **CONFIDENTIALITY.**—Information disclosed by a health benefits plan or PBM under this section is confidential and shall not be disclosed by the Secretary or by a plan receiving the information, except that the Secretary may disclose the information in a form which does not disclose the identity of a specific PBM, plan, or prices charged for drugs, for the following purposes:

“(1) As the Secretary determines to be necessary to carry out this section or part D of title XVIII.

“(2) To permit the Comptroller General to review the information provided.

“(3) To permit the Director of the Congressional Budget Office to review the information provided.

“(4) To States to carry out section 1311 of the Patient Protection and Affordable Care Act.

“(d) **PENALTIES.**—The provisions of subsection (b)(3)(C) of section 1927 shall apply to a health benefits plan or PBM that fails to provide information required under subsection (a) on a timely basis or that knowingly provides false information in the same manner as such provisions apply to a manufacturer with an agreement under that section.”.

Subtitle B—Nursing Home Transparency and Improvement

PART I—IMPROVING TRANSPARENCY OF INFORMATION

SEC. 6101. REQUIRED DISCLOSURE OF OWNERSHIP AND ADDITIONAL DISCLOSABLE PARTIES INFORMATION.

(a) **IN GENERAL.**—Section 1124 of the Social Security Act (42 U.S.C. 1320a–3) is amended by adding at the end the following new subsection:

“(c) **REQUIRED DISCLOSURE OF OWNERSHIP AND ADDITIONAL DISCLOSABLE PARTIES INFORMATION.**—

“(1) **DISCLOSURE.**—A facility shall have the information described in paragraph (2) available—

“(A) during the period beginning on the date of the enactment of this subsection and ending on the date such information is made available to the public under section 6101(b) of the Patient Protection and Affordable Care Act for submission to the Secretary, the Inspector General of the Department of Health and Human Services, the State in which the facility is located, and the State long-term care ombudsman in the case where the Secretary, the Inspector General, the State, or the State long-term care ombudsman requests such information; and

“(B) beginning on the effective date of the final regulations promulgated under paragraph (3)(A), for reporting such information in accordance with such final regulations.

Nothing in subparagraph (A) shall be construed as authorizing a facility to dispose of or delete information described in such subparagraph after the effective date of the final regulations promulgated under paragraph (3)(A).

“(2) **INFORMATION DESCRIBED.**—

“(A) **IN GENERAL.**—The following information is described in this paragraph:

“(i) The information described in subsections (a) and (b), subject to subparagraph (C).

“(ii) The identity of and information on—

“(I) each member of the governing body of the facility, including the name, title, and period of service of each such member;

“(II) each person or entity who is an officer, director, member, partner, trustee, or managing employee of the facility, including the name, title, and period of service of each such person or entity; and

“(III) each person or entity who is an additional disclosable party of the facility.

“(iii) The organizational structure of each additional disclosable party of the facility and a description of the relationship of each such additional disclosable party to the facility and to one another.

“(B) **SPECIAL RULE WHERE INFORMATION IS ALREADY REPORTED OR SUBMITTED.**—To the extent that information reported by a facility to the Internal Revenue Service on Form 990, information submitted by a facility to the Securities and Exchange Commission, or information otherwise submitted to the Secretary or any other Federal agency contains the information described in clauses (i), (ii), or (iii) of subparagraph (A), the facility may provide such Form or such information submitted to meet the requirements of paragraph (1).

“(C) **SPECIAL RULE.**—In applying subparagraph (A)(i)—

“(i) with respect to subsections (a) and (b), ‘ownership or control interest’ shall include direct or indirect interests, including such interests in intermediate entities; and

“(ii) subsection (a)(3)(A)(ii) shall include the owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured, in whole or in part, by the entity or any of the property or assets thereof, if the interest is equal to or exceeds 5 percent of the total property or assets of the entirety.

“(3) **REPORTING.**—

“(A) **IN GENERAL.**—Not later than the date that is 2 years after the date of the enactment of this subsection, the Secretary shall promulgate final regulations requiring, effective on the date that is 90 days after the date on which such final regulations are published in the Federal Register, a facility to report the information described in paragraph (2) to the Secretary in a standardized format, and such other regulations as are necessary to carry out this subsection. Such final regulations shall ensure that the facility certifies, as a condition of participation and payment under the program under title XVIII or XIX, that the information reported by the facility in accordance with such final regulations is, to the best of the facility’s knowledge, accurate and current.

“(B) **GUIDANCE.**—The Secretary shall provide guidance and technical assistance to States on how to adopt the standardized format under subparagraph (A).

“(4) **NO EFFECT ON EXISTING REPORTING REQUIREMENTS.**—Nothing in this subsection shall reduce, diminish, or alter any reporting requirement for a facility that is in effect as of the date of the enactment of this subsection.

“(5) **DEFINITIONS.**—In this subsection:

“(A) **ADDITIONAL DISCLOSABLE PARTY.**—The term ‘additional disclosable party’ means, with respect to a facility, any person or entity who—

“(i) exercises operational, financial, or managerial control over the facility or a part thereof, or provides policies or procedures for any of the operations of the facility, or provides financial or cash management services to the facility;

“(ii) leases or subleases real property to the facility, or owns a whole or part interest equal to or exceeding 5 percent of the total value of such real property; or

“(iii) provides management or administrative services, management or clinical consulting services, or accounting or financial services to the facility.

“(B) **FACILITY.**—The term ‘facility’ means a disclosing entity which is—

“(i) a skilled nursing facility (as defined in section 1819(a)); or

“(ii) a nursing facility (as defined in section 1919(a)).

“(C) **MANAGING EMPLOYEE.**—The term ‘managing employee’ means, with respect to a facility, an individual (including a general manager, business manager, administrator, director, or consultant) who directly or indirectly manages, advises, or supervises any element of the practices, finances, or operations of the facility.

“(D) **ORGANIZATIONAL STRUCTURE.**—The term ‘organizational structure’ means, in the case of—

“(i) a corporation, the officers, directors, and shareholders of the corporation who have an ownership interest in the corporation which is equal to or exceeds 5 percent;

“(ii) a limited liability company, the members and managers of the limited liability company (including, as applicable, what percentage each member and manager has of the ownership interest in the limited liability company);

“(iii) a general partnership, the partners of the general partnership;

“(iv) a limited partnership, the general partners and any limited partners of the limited partnership who have an ownership interest in the limited partnership which is equal to or exceeds 10 percent;

“(v) a trust, the trustees of the trust;

“(vi) an individual, contact information for the individual; and

“(vii) any other person or entity, such information as the Secretary determines appropriate.”.

(b) **PUBLIC AVAILABILITY OF INFORMATION.**—Not later than the date that is 1 year after the date on which the final regulations promulgated under section 1124(c)(3)(A) of the Social Security Act, as added by subsection (a), are published in the Federal Register, the Secretary of Health and Human Services shall make the information reported in accordance with such final regulations available to the public in accordance with procedures established by the Secretary.

(c) **CONFORMING AMENDMENTS.**—

(1) **IN GENERAL.**—

(A) **SKILLED NURSING FACILITIES.**—Section 1819(d)(1) of the Social Security Act (42 U.S.C. 1395i–3(d)(1)) is amended by striking subparagraph (B) and redesignating subparagraph (C) as subparagraph (B).

(B) **NURSING FACILITIES.**—Section 1919(d)(1) of the Social Security Act (42 U.S.C. 1396r(d)(1)) is amended by striking subparagraph (B) and redesignating subparagraph (C) as subparagraph (B).

(2) **EFFECTIVE DATE.**—The amendments made by paragraph (1) shall take effect on the date on which the Secretary makes the information described in subsection (b)(1) available to the public under such subsection.

SEC. 6102. ACCOUNTABILITY REQUIREMENTS FOR SKILLED NURSING FACILITIES AND NURSING FACILITIES.

Part A of title XI of the Social Security Act (42 U.S.C. 1301 et seq.), as amended by sections 6002 and 6004, is amended by inserting after section 1128H the following new section:

“SEC. 1128I. ACCOUNTABILITY REQUIREMENTS FOR FACILITIES.

“(a) **DEFINITION OF FACILITY.**—In this section, the term ‘facility’ means—

“(1) a skilled nursing facility (as defined in section 1819(a)); or

“(2) a nursing facility (as defined in section 1919(a)).

(b) **EFFECTIVE COMPLIANCE AND ETHICS PROGRAMS.**—

“(1) **REQUIREMENT.**—On or after the date that is 36 months after the date of the enactment of this section, a facility shall, with respect to the entity that operates the facility (in this subparagraph referred to as the ‘operating organization’ or ‘organization’), have in operation a compliance and ethics program that is effective in preventing and detecting criminal, civil, and administrative violations under this Act and in promoting quality of care consistent with regulations developed under paragraph (2).

“(2) **DEVELOPMENT OF REGULATIONS.**—

“(A) **IN GENERAL.**—Not later than the date that is 2 years after such date of the enactment, the Secretary, working jointly with the Inspector General of the Department of Health and Human Services, shall promulgate regulations for an effective compliance and ethics program for operating organizations, which may include a model compliance program.

“(B) **DESIGN OF REGULATIONS.**—Such regulations with respect to specific elements or formality of a program shall, in the case of an organization that operates 5 or more facilities, vary with the size of the organization, such that larger organizations should have a more formal program and include established written policies defining the standards and procedures to be followed by its employees. Such requirements may specifically apply to the corporate level management of multi unit nursing home chains.

“(C) **EVALUATION.**—Not later than 3 years after the date of the promulgation of regulations under this paragraph, the Secretary shall complete an evaluation of the compliance and ethics

programs required to be established under this subsection. Such evaluation shall determine if such programs led to changes in deficiency citations, changes in quality performance, or changes in other metrics of patient quality of care. The Secretary shall submit to Congress a report on such evaluation and shall include in such report such recommendations regarding changes in the requirements for such programs as the Secretary determines appropriate.

“(3) **REQUIREMENTS FOR COMPLIANCE AND ETHICS PROGRAMS.**—In this subsection, the term ‘compliance and ethics program’ means, with respect to a facility, a program of the operating organization that—

“(A) has been reasonably designed, implemented, and enforced so that it generally will be effective in preventing and detecting criminal, civil, and administrative violations under this Act and in promoting quality of care; and

“(B) includes at least the required components specified in paragraph (4).

“(4) **REQUIRED COMPONENTS OF PROGRAM.**—The required components of a compliance and ethics program of an operating organization are the following:

“(A) The organization must have established compliance standards and procedures to be followed by its employees and other agents that are reasonably capable of reducing the prospect of criminal, civil, and administrative violations under this Act.

“(B) Specific individuals within high-level personnel of the organization must have been assigned overall responsibility to oversee compliance with such standards and procedures and have sufficient resources and authority to assure such compliance.

“(C) The organization must have used due care not to delegate substantial discretionary authority to individuals whom the organization knew, or should have known through the exercise of due diligence, had a propensity to engage in criminal, civil, and administrative violations under this Act.

“(D) The organization must have taken steps to communicate effectively its standards and procedures to all employees and other agents, such as by requiring participation in training programs or by disseminating publications that explain in a practical manner what is required.

“(E) The organization must have taken reasonable steps to achieve compliance with its standards, such as by utilizing monitoring and auditing systems reasonably designed to detect criminal, civil, and administrative violations under this Act by its employees and other agents and by having in place and publicizing a reporting system whereby employees and other agents could report violations by others within the organization without fear of retribution.

“(F) The standards must have been consistently enforced through appropriate disciplinary mechanisms, including, as appropriate, discipline of individuals responsible for the failure to detect an offense.

“(G) After an offense has been detected, the organization must have taken all reasonable steps to respond appropriately to the offense and to prevent further similar offenses, including any necessary modification to its program to prevent and detect criminal, civil, and administrative violations under this Act.

“(H) The organization must periodically undertake reassessment of its compliance program to identify changes necessary to reflect changes within the organization and its facilities.

(c) **QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PROGRAM.**—

“(1) **IN GENERAL.**—Not later than December 31, 2011, the Secretary shall establish and implement a quality assurance and performance improvement program (in this subparagraph referred to as the ‘QAPI program’) for facilities,

including multi unit chains of facilities. Under the QAPI program, the Secretary shall establish standards relating to quality assurance and performance improvement with respect to facilities and provide technical assistance to facilities on the development of best practices in order to meet such standards. Not later than 1 year after the date on which the regulations are promulgated under paragraph (2), a facility must submit to the Secretary a plan for the facility to meet such standards and implement such best practices, including how to coordinate the implementation of such plan with quality assessment and assurance activities conducted under sections 1819(b)(1)(B) and 1919(b)(1)(B), as applicable.

“(2) **REGULATIONS.**—The Secretary shall promulgate regulations to carry out this subsection.”.

SEC. 6103. NURSING HOME COMPARE MEDICARE WEBSITE.

(a) **SKILLED NURSING FACILITIES.**—

(1) **IN GENERAL.**—Section 1819 of the Social Security Act (42 U.S.C. 1395i–3) is amended—

(A) by redesignating subsection (i) as subsection (j); and

(B) by inserting after subsection (h) the following new subsection:

“(i) **NURSING HOME COMPARE WEBSITE.**—

“(1) **INCLUSION OF ADDITIONAL INFORMATION.**—

“(A) **IN GENERAL.**—The Secretary shall ensure that the Department of Health and Human Services includes, as part of the information provided for comparison of nursing homes on the official Internet website of the Federal Government for Medicare beneficiaries (commonly referred to as the ‘Nursing Home Compare’ Medicare website) (or a successor website), the following information in a manner that is prominent, updated on a timely basis, easily accessible, readily understandable to consumers of long-term care services, and searchable:

“(i) Staffing data for each facility (including resident census data and data on the hours of care provided per resident per day) based on data submitted under section 1128I(g), including information on staffing turnover and tenure, in a format that is clearly understandable to consumers of long-term care services and allows such consumers to compare differences in staffing between facilities and State and national averages for the facilities. Such format shall include—

“(I) concise explanations of how to interpret the data (such as a plain English explanation of data reflecting ‘nursing home staff hours per resident day’);

“(II) differences in types of staff (such as training associated with different categories of staff);

“(III) the relationship between nurse staffing levels and quality of care; and

“(IV) an explanation that appropriate staffing levels vary based on patient case mix.

“(ii) Links to State Internet websites with information regarding State survey and certification programs, links to Form 2567 State inspection reports (or a successor form) on such websites, information to guide consumers in how to interpret and understand such reports, and the facility plan of correction or other response to such report. Any such links shall be posted on a timely basis.

“(iii) The standardized complaint form developed under section 1128I(f), including explanatory material on what complaint forms are, how they are used, and how to file a complaint with the State survey and certification program and the State long-term care ombudsman program.

“(iv) Summary information on the number, type, severity, and outcome of substantiated complaints.

“(v) The number of adjudicated instances of criminal violations by a facility or the employees of a facility—

“(I) that were committed inside the facility;

“(II) with respect to such instances of violations or crimes committed inside of the facility that were the violations or crimes of abuse, neglect, and exploitation, criminal sexual abuse, or other violations or crimes that resulted in serious bodily injury; and

“(III) the number of civil monetary penalties levied against the facility, employees, contractors, and other agents.

“(B) DEADLINE FOR PROVISION OF INFORMATION.—

“(i) IN GENERAL.—Except as provided in clause (ii), the Secretary shall ensure that the information described in subparagraph (A) is included on such website (or a successor website) not later than 1 year after the date of the enactment of this subsection.

“(ii) EXCEPTION.—The Secretary shall ensure that the information described in subparagraph (A)(i) is included on such website (or a successor website) not later than the date on which the requirements under section 11281(g) are implemented.

“(2) REVIEW AND MODIFICATION OF WEBSITE.—

“(A) IN GENERAL.—The Secretary shall establish a process—

“(i) to review the accuracy, clarity of presentation, timeliness, and comprehensiveness of information reported on such website as of the day before the date of the enactment of this subsection; and

“(ii) not later than 1 year after the date of the enactment of this subsection, to modify or revamp such website in accordance with the review conducted under clause (i).

“(B) CONSULTATION.—In conducting the review under subparagraph (A)(i), the Secretary shall consult with—

“(i) State long-term care ombudsman programs;

“(ii) consumer advocacy groups;

“(iii) provider stakeholder groups; and

“(iv) any other representatives of programs or groups the Secretary determines appropriate.”.

(2) TIMELINESS OF SUBMISSION OF SURVEY AND CERTIFICATION INFORMATION.—

(A) IN GENERAL.—Section 1819(g)(5) of the Social Security Act (42 U.S.C. 1395i-3(g)(5)) is amended by adding at the end the following new subparagraph:

“(E) SUBMISSION OF SURVEY AND CERTIFICATION INFORMATION TO THE SECRETARY.—In order to improve the timeliness of information made available to the public under subparagraph (A) and provided on the Nursing Home Compare Medicare website under subsection (i), each State shall submit information respecting any survey or certification made respecting a skilled nursing facility (including any enforcement actions taken by the State) to the Secretary not later than the date on which the State sends such information to the facility. The Secretary shall use the information submitted under the preceding sentence to update the information provided on the Nursing Home Compare Medicare website as expeditiously as practicable but not less frequently than quarterly.”.

(B) EFFECTIVE DATE.—The amendment made by this paragraph shall take effect 1 year after the date of the enactment of this Act.

(3) SPECIAL FOCUS FACILITY PROGRAM.—Section 1819(f) of the Social Security Act (42 U.S.C. 1395i-3(f)) is amended by adding at the end the following new paragraph:

“(8) SPECIAL FOCUS FACILITY PROGRAM.—

“(A) IN GENERAL.—The Secretary shall conduct a special focus facility program for enforcement of requirements for skilled nursing facilities that the Secretary has identified as having substantially failed to meet applicable requirements of this Act.

“(B) PERIODIC SURVEYS.—Under such program the Secretary shall conduct surveys of each fa-

cility in the program not less than once every 6 months.”.

(b) NURSING FACILITIES.—

(1) IN GENERAL.—Section 1919 of the Social Security Act (42 U.S.C. 1396r) is amended—

(A) by redesignating subsection (i) as subsection (j); and

(B) by inserting after subsection (h) the following new subsection:

“(i) NURSING HOME COMPARE WEBSITE.—

“(1) INCLUSION OF ADDITIONAL INFORMATION.—

“(A) IN GENERAL.—The Secretary shall ensure that the Department of Health and Human Services includes, as part of the information provided for comparison of nursing homes on the official Internet website of the Federal Government for Medicare beneficiaries (commonly referred to as the ‘Nursing Home Compare’ Medicare website) (or a successor website), the following information in a manner that is prominent, updated on a timely basis, easily accessible, readily understandable to consumers of long-term care services, and searchable:

“(i) Staffing data for each facility (including resident census data and data on the hours of care provided per resident per day) based on data submitted under section 11281(g), including information on staffing turnover and tenure, in a format that is clearly understandable to consumers of long-term care services and allows such consumers to compare differences in staffing between facilities and State and national averages for the facilities. Such format shall include—

“(I) concise explanations of how to interpret the data (such as plain English explanation of data reflecting ‘nursing home staff hours per resident day’);

“(II) differences in types of staff (such as training associated with different categories of staff);

“(III) the relationship between nurse staffing levels and quality of care; and

“(IV) an explanation that appropriate staffing levels vary based on patient case mix.

“(ii) Links to State Internet websites with information regarding State survey and certification programs, links to Form 2567 State inspection reports (or a successor form) on such websites, information to guide consumers in how to interpret and understand such reports, and the facility plan of correction or other response to such report. Any such links shall be posted on a timely basis.

“(iii) The standardized complaint form developed under section 11281(f), including explanatory material on what complaint forms are, how they are used, and how to file a complaint with the State survey and certification program and the State long-term care ombudsman program.

“(iv) Summary information on the number, type, severity, and outcome of substantiated complaints.

“(v) The number of adjudicated instances of criminal violations by a facility or the employees of a facility—

“(I) that were committed inside of the facility; and

“(II) with respect to such instances of violations or crimes committed outside of the facility, that were violations or crimes that resulted in the serious bodily injury of an elder.

“(B) DEADLINE FOR PROVISION OF INFORMATION.—

“(i) IN GENERAL.—Except as provided in clause (ii), the Secretary shall ensure that the information described in subparagraph (A) is included on such website (or a successor website) not later than 1 year after the date of the enactment of this subsection.

“(ii) EXCEPTION.—The Secretary shall ensure that the information described in subparagraph (A)(i) is included on such website (or a successor

website) not later than the date on which the requirements under section 11281(g) are implemented.

“(2) REVIEW AND MODIFICATION OF WEBSITE.—“(A) IN GENERAL.—The Secretary shall establish a process—

“(i) to review the accuracy, clarity of presentation, timeliness, and comprehensiveness of information reported on such website as of the day before the date of the enactment of this subsection; and

“(ii) not later than 1 year after the date of the enactment of this subsection, to modify or revamp such website in accordance with the review conducted under clause (i).

“(B) CONSULTATION.—In conducting the review under subparagraph (A)(i), the Secretary shall consult with—

“(i) State long-term care ombudsman programs;

“(ii) consumer advocacy groups;

“(iii) provider stakeholder groups;

“(iv) skilled nursing facility employees and their representatives; and

“(v) any other representatives of programs or groups the Secretary determines appropriate.”.

(2) TIMELINESS OF SUBMISSION OF SURVEY AND CERTIFICATION INFORMATION.—

(A) IN GENERAL.—Section 1919(g)(5) of the Social Security Act (42 U.S.C. 1396r(g)(5)) is amended by adding at the end the following new subparagraph:

“(E) SUBMISSION OF SURVEY AND CERTIFICATION INFORMATION TO THE SECRETARY.—In order to improve the timeliness of information made available to the public under subparagraph (A) and provided on the Nursing Home Compare Medicare website under subsection (i), each State shall submit information respecting any survey or certification made respecting a nursing facility (including any enforcement actions taken by the State) to the Secretary not later than the date on which the State sends such information to the facility. The Secretary shall use the information submitted under the preceding sentence to update the information provided on the Nursing Home Compare Medicare website as expeditiously as practicable but not less frequently than quarterly.”.

(B) EFFECTIVE DATE.—The amendment made by this paragraph shall take effect 1 year after the date of the enactment of this Act.

(3) SPECIAL FOCUS FACILITY PROGRAM.—Section 1919(f) of the Social Security Act (42 U.S.C. 1396r(f)) is amended by adding at the end the following new paragraph:

“(10) SPECIAL FOCUS FACILITY PROGRAM.—

“(A) IN GENERAL.—The Secretary shall conduct a special focus facility program for enforcement of requirements for nursing facilities that the Secretary has identified as having substantially failed to meet applicable requirements of this Act.

“(B) PERIODIC SURVEYS.—Under such program the Secretary shall conduct surveys of each facility in the program not less often than once every 6 months.”.

(c) AVAILABILITY OF REPORTS ON SURVEYS, CERTIFICATIONS, AND COMPLAINT INVESTIGATIONS.—

(1) SKILLED NURSING FACILITIES.—Section 1819(d)(1) of the Social Security Act (42 U.S.C. 1395i-3(d)(1)), as amended by section 6101, is amended by adding at the end the following new subparagraph:

“(C) AVAILABILITY OF SURVEY, CERTIFICATION, AND COMPLAINT INVESTIGATION REPORTS.—A skilled nursing facility must—

“(i) have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years available for any individual to review upon request; and

“(ii) post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.

The facility shall not make available under clause (i) identifying information about complainants or residents.”.

(2) **NURSING FACILITIES.**—Section 1919(d)(1) of the Social Security Act (42 U.S.C. 1396r(d)(1)), as amended by section 6101, is amended by adding at the end the following new subparagraph:

“(V) **AVAILABILITY OF SURVEY, CERTIFICATION, AND COMPLAINT INVESTIGATION REPORTS.**—A nursing facility must—

“(i) have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years available for any individual to review upon request; and

“(ii) post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.

The facility shall not make available under clause (i) identifying information about complainants or residents.”.

(3) **EFFECTIVE DATE.**—The amendments made by this subsection shall take effect 1 year after the date of the enactment of this Act.

(d) **GUIDANCE TO STATES ON FORM 2567 STATE INSPECTION REPORTS AND COMPLAINT INVESTIGATION REPORTS.**—

(1) **GUIDANCE.**—The Secretary of Health and Human Services (in this subtitle referred to as the “Secretary”) shall provide guidance to States on how States can establish electronic links to Form 2567 State inspection reports (or a successor form), complaint investigation reports, and a facility’s plan of correction or other response to such Form 2567 State inspection reports (or a successor form) on the Internet website of the State that provides information on skilled nursing facilities and nursing facilities and the Secretary shall, if possible, include such information on Nursing Home Compare.

(2) **REQUIREMENT.**—Section 1902(a)(9) of the Social Security Act (42 U.S.C. 1396a(a)(9)) is amended—

(A) by striking “and” at the end of subparagraph (B);

(B) by striking the semicolon at the end of subparagraph (C) and inserting “, and”; and

(C) by adding at the end the following new subparagraph:

“(D) that the State maintain a consumer-oriented website providing useful information to consumers regarding all skilled nursing facilities and all nursing facilities in the State, including for each facility, Form 2567 State inspection reports (or a successor form), complaint investigation reports, the facility’s plan of correction, and such other information that the State or the Secretary considers useful in assisting the public to assess the quality of long term care options and the quality of care provided by individual facilities;”.

(3) **DEFINITIONS.**—In this subsection:

(A) **NURSING FACILITY.**—The term “nursing facility” has the meaning given such term in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a)).

(B) **SECRETARY.**—The term “Secretary” means the Secretary of Health and Human Services.

(C) **SKILLED NURSING FACILITY.**—The term “skilled nursing facility” has the meaning given such term in section 1819(a) of the Social Security Act (42 U.S.C. 1395i–3(a)).

(e) **DEVELOPMENT OF CONSUMER RIGHTS INFORMATION PAGE ON NURSING HOME COMPARE WEBSITE.**—Not later than 1 year after the date of enactment of this Act, the Secretary shall ensure that the Department of Health and Human Services, as part of the information provided for comparison of nursing facilities on the Nursing Home Compare Medicare website develops and includes a consumer rights information page that contains links to descriptions of, and information with respect to, the following:

(1) The documentation on nursing facilities that is available to the public.

(2) General information and tips on choosing a nursing facility that meets the needs of the individual.

(3) General information on consumer rights with respect to nursing facilities.

(4) The nursing facility survey process (on a national and State-specific basis).

(5) On a State-specific basis, the services available through the State long-term care ombudsman for such State.

SEC. 6104. REPORTING OF EXPENDITURES.

Section 1888 of the Social Security Act (42 U.S.C. 1395yy) is amended by adding at the end the following new subsection:

“(f) **REPORTING OF DIRECT CARE EXPENDITURES.**—

“(1) **IN GENERAL.**—For cost reports submitted under this title for cost reporting periods beginning on or after the date that is 2 years after the date of the enactment of this subsection, skilled nursing facilities shall separately report expenditures for wages and benefits for direct care staff (breaking out (at a minimum) registered nurses, licensed professional nurses, certified nurse assistants, and other medical and therapy staff).

“(2) **MODIFICATION OF FORM.**—The Secretary, in consultation with private sector accountants experienced with Medicare and Medicaid nursing facility home cost reports, shall redesign such reports to meet the requirement of paragraph (1) not later than 1 year after the date of the enactment of this subsection.

“(3) **CATEGORIZATION BY FUNCTIONAL ACCOUNTS.**—Not later than 30 months after the date of the enactment of this subsection, the Secretary, working in consultation with the Medicare Payment Advisory Commission, the Medicaid and CHIP Payment and Access Commission, the Inspector General of the Department of Health and Human Services, and other expert parties the Secretary determines appropriate, shall take the expenditures listed on cost reports, as modified under paragraph (1), submitted by skilled nursing facilities and categorize such expenditures, regardless of any source of payment for such expenditures, for each skilled nursing facility into the following functional accounts on an annual basis:

“(A) Spending on direct care services (including nursing, therapy, and medical services).

“(B) Spending on indirect care (including housekeeping and dietary services).

“(C) Capital assets (including building and land costs).

“(D) Administrative services costs.

“(4) **AVAILABILITY OF INFORMATION SUBMITTED.**—The Secretary shall establish procedures to make information on expenditures submitted under this subsection readily available to interested parties upon request, subject to such requirements as the Secretary may specify under the procedures established under this paragraph.”.

SEC. 6105. STANDARDIZED COMPLAINT FORM.

(a) **IN GENERAL.**—Section 11281 of the Social Security Act, as added and amended by this Act, is amended by adding at the end the following new subsection:

“(f) **STANDARDIZED COMPLAINT FORM.**—

“(1) **DEVELOPMENT BY THE SECRETARY.**—The Secretary shall develop a standardized complaint form for use by a resident (or a person acting on the resident’s behalf) in filing a complaint with a State survey and certification agency and a State long-term care ombudsman program with respect to a facility.

“(2) **COMPLAINT FORMS AND RESOLUTION PROCESSES.**—

“(A) **COMPLAINT FORMS.**—The State must make the standardized complaint form developed under paragraph (1) available upon request to—

“(i) a resident of a facility; and

“(ii) any person acting on the resident’s behalf.

“(B) **COMPLAINT RESOLUTION PROCESS.**—The State must establish a complaint resolution process in order to ensure that the legal representative of a resident of a facility or other responsible party is not denied access to such resident or otherwise retaliated against if they have complained about the quality of care provided by the facility or other issues relating to the facility. Such complaint resolution process shall include—

“(i) procedures to assure accurate tracking of complaints received, including notification to the complainant that a complaint has been received;

“(ii) procedures to determine the likely severity of a complaint and for the investigation of the complaint; and

“(iii) deadlines for responding to a complaint and for notifying the complainant of the outcome of the investigation.

“(3) **RULE OF CONSTRUCTION.**—Nothing in this subsection shall be construed as preventing a resident of a facility (or a person acting on the resident’s behalf) from submitting a complaint in a manner or format other than by using the standardized complaint form developed under paragraph (1) (including submitting a complaint orally).”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall take effect 1 year after the date of the enactment of this Act.

SEC. 6106. ENSURING STAFFING ACCOUNTABILITY.

Section 11281 of the Social Security Act, as added and amended by this Act, is amended by adding at the end the following new subsection:

“(g) **SUBMISSION OF STAFFING INFORMATION BASED ON PAYROLL DATA IN A UNIFORM FORMAT.**—Beginning not later than 2 years after the date of the enactment of this subsection, and after consulting with State long-term care ombudsman programs, consumer advocacy groups, provider stakeholder groups, employees and their representatives, and other parties the Secretary deems appropriate, the Secretary shall require a facility to electronically submit to the Secretary direct care staffing information (including information with respect to agency and contract staff) based on payroll and other verifiable and auditable data in a uniform format (according to specifications established by the Secretary in consultation with such programs, groups, and parties). Such specifications shall require that the information submitted under the preceding sentence—

“(1) specify the category of work a certified employee performs (such as whether the employee is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other medical personnel);

“(2) include resident census data and information on resident case mix;

“(3) include a regular reporting schedule; and

“(4) include information on employee turnover and tenure and on the hours of care provided by each category of certified employees referenced in paragraph (1) per resident per day.

Nothing in this subsection shall be construed as preventing the Secretary from requiring submission of such information with respect to specific categories, such as nursing staff, before other categories of certified employees. Information under this subsection with respect to agency and contract staff shall be kept separate from information on employee staffing.”.

SEC. 6107. GAO STUDY AND REPORT ON FIVE-STAR QUALITY RATING SYSTEM.

(a) **STUDY.**—The Comptroller General of the United States (in this section referred to as the “Comptroller General”) shall conduct a study on the Five-Star Quality Rating System for

nursing homes of the Centers for Medicare & Medicaid Services. Such study shall include an analysis of—

(1) how such system is being implemented;
(2) any problems associated with such system or its implementation; and

(3) how such system could be improved.

(b) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study conducted under subsection (a), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

PART II—TARGETING ENFORCEMENT

SEC. 6111. CIVIL MONEY PENALTIES.

(a) SKILLED NURSING FACILITIES.—

(1) IN GENERAL.—Section 1819(h)(2)(B)(ii) of the Social Security Act (42 U.S.C. 1395i-3(h)(2)(B)(ii)) is amended—

(A) by striking “PENALTIES.—The Secretary” and inserting “PENALTIES.—

“(I) IN GENERAL.—Subject to subclause (II), the Secretary”; and

(B) by adding at the end the following new subclauses:

“(II) REDUCTION OF CIVIL MONEY PENALTIES IN CERTAIN CIRCUMSTANCES.—Subject to subclause (III), in the case where a facility self-reports and promptly corrects a deficiency for which a penalty was imposed under this clause not later than 10 calendar days after the date of such imposition, the Secretary may reduce the amount of the penalty imposed by not more than 50 percent.

“(III) PROHIBITIONS ON REDUCTION FOR CERTAIN DEFICIENCIES.—

“(aa) REPEAT DEFICIENCIES.—The Secretary may not reduce the amount of a penalty under subclause (II) if the Secretary had reduced a penalty imposed on the facility in the preceding year under such subclause with respect to a repeat deficiency.

“(bb) CERTAIN OTHER DEFICIENCIES.—The Secretary may not reduce the amount of a penalty under subclause (II) if the penalty is imposed on the facility for a deficiency that is found to result in a pattern of harm or widespread harm, immediately jeopardizes the health or safety of a resident or residents of the facility, or results in the death of a resident of the facility.

“(IV) COLLECTION OF CIVIL MONEY PENALTIES.—In the case of a civil money penalty imposed under this clause, the Secretary shall issue regulations that—

“(aa) subject to item (cc), not later than 30 days after the imposition of the penalty, provide for the facility to have the opportunity to participate in an independent informal dispute resolution process which generates a written record prior to the collection of such penalty;

“(bb) in the case where the penalty is imposed for each day of noncompliance, provide that a penalty may not be imposed for any day during the period beginning on the initial day of the imposition of the penalty and ending on the day on which the informal dispute resolution process under item (aa) is completed;

“(cc) may provide for the collection of such civil money penalty and the placement of such amounts collected in an escrow account under the direction of the Secretary on the earlier of the date on which the informal dispute resolution process under item (aa) is completed or the date that is 90 days after the date of the imposition of the penalty;

“(dd) may provide that such amounts collected are kept in such account pending the resolution of any subsequent appeals;

“(ee) in the case where the facility successfully appeals the penalty, may provide for the return of such amounts collected (plus interest) to the facility; and

“(ff) in the case where all such appeals are unsuccessful, may provide that some portion of

such amounts collected may be used to support activities that benefit residents, including assistance to support and protect residents of a facility that closes (voluntarily or involuntarily) or is decertified (including offsetting costs of relocating residents to home and community-based settings or another facility), projects that support resident and family councils and other consumer involvement in assuring quality care in facilities, and facility improvement initiatives approved by the Secretary (including joint training of facility staff and surveyors, technical assistance for facilities implementing quality assurance programs, the appointment of temporary management firms, and other activities approved by the Secretary).”.

(2) CONFORMING AMENDMENT.—The second sentence of section 1819(h)(5) of the Social Security Act (42 U.S.C. 1395i-3(h)(5)) is amended by inserting “(ii)(IV),” after “(i),”.

(b) NURSING FACILITIES.—

(1) IN GENERAL.—Section 1919(h)(3)(C)(ii) of the Social Security Act (42 U.S.C. 1396r(h)(3)(C)) is amended—

(A) by striking “PENALTIES.—The Secretary” and inserting “PENALTIES.—

“(I) IN GENERAL.—Subject to subclause (II), the Secretary”; and

(B) by adding at the end the following new subclauses:

“(II) REDUCTION OF CIVIL MONEY PENALTIES IN CERTAIN CIRCUMSTANCES.—Subject to subclause (III), in the case where a facility self-reports and promptly corrects a deficiency for which a penalty was imposed under this clause not later than 10 calendar days after the date of such imposition, the Secretary may reduce the amount of the penalty imposed by not more than 50 percent.

“(III) PROHIBITIONS ON REDUCTION FOR CERTAIN DEFICIENCIES.—

“(aa) REPEAT DEFICIENCIES.—The Secretary may not reduce the amount of a penalty under subclause (II) if the Secretary had reduced a penalty imposed on the facility in the preceding year under such subclause with respect to a repeat deficiency.

“(bb) CERTAIN OTHER DEFICIENCIES.—The Secretary may not reduce the amount of a penalty under subclause (II) if the penalty is imposed on the facility for a deficiency that is found to result in a pattern of harm or widespread harm, immediately jeopardizes the health or safety of a resident or residents of the facility, or results in the death of a resident of the facility.

“(IV) COLLECTION OF CIVIL MONEY PENALTIES.—In the case of a civil money penalty imposed under this clause, the Secretary shall issue regulations that—

“(aa) subject to item (cc), not later than 30 days after the imposition of the penalty, provide for the facility to have the opportunity to participate in an independent informal dispute resolution process which generates a written record prior to the collection of such penalty;

“(bb) in the case where the penalty is imposed for each day of noncompliance, provide that a penalty may not be imposed for any day during the period beginning on the initial day of the imposition of the penalty and ending on the day on which the informal dispute resolution process under item (aa) is completed;

“(cc) may provide for the collection of such civil money penalty and the placement of such amounts collected in an escrow account under the direction of the Secretary on the earlier of the date on which the informal dispute resolution process under item (aa) is completed or the date that is 90 days after the date of the imposition of the penalty;

“(dd) may provide that such amounts collected are kept in such account pending the resolution of any subsequent appeals;

“(ee) in the case where the facility successfully appeals the penalty, may provide for the

return of such amounts collected (plus interest) to the facility; and

“(ff) in the case where all such appeals are unsuccessful, may provide that some portion of such amounts collected may be used to support activities that benefit residents, including assistance to support and protect residents of a facility that closes (voluntarily or involuntarily) or is decertified (including offsetting costs of relocating residents to home and community-based settings or another facility), projects that support resident and family councils and other consumer involvement in assuring quality care in facilities, and facility improvement initiatives approved by the Secretary (including joint training of facility staff and surveyors, technical assistance for facilities implementing quality assurance programs, the appointment of temporary management firms, and other activities approved by the Secretary).”.

(2) CONFORMING AMENDMENT.—Section 1919(h)(5)(8) of the Social Security Act (42 U.S.C. 1396r(h)(5)(8)) is amended by inserting “(ii)(IV),” after “(i),”.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect 1 year after the date of the enactment of this Act.

SEC. 6112. NATIONAL INDEPENDENT MONITOR DEMONSTRATION PROJECT.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—The Secretary, in consultation with the Inspector General of the Department of Health and Human Services, shall conduct a demonstration project to develop, test, and implement an independent monitor program to oversee interstate and large intrastate chains of skilled nursing facilities and nursing facilities.

(2) SELECTION.—The Secretary shall select chains of skilled nursing facilities and nursing facilities described in paragraph (1) to participate in the demonstration project under this section from among those chains that submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

(3) DURATION.—The Secretary shall conduct the demonstration project under this section for a 2-year period.

(4) IMPLEMENTATION.—The Secretary shall implement the demonstration project under this section not later than 1 year after the date of the enactment of this Act.

(b) REQUIREMENTS.—The Secretary shall evaluate chains selected to participate in the demonstration project under this section based on criteria selected by the Secretary, including where evidence suggests that a number of the facilities of the chain are experiencing serious safety and quality of care problems. Such criteria may include the evaluation of a chain that includes a number of facilities participating in the “Special Focus Facility” program (or a successor program) or multiple facilities with a record of repeated serious safety and quality of care deficiencies.

(c) RESPONSIBILITIES.—An independent monitor that enters into a contract with the Secretary to participate in the conduct of the demonstration project under this section shall—

(1) conduct periodic reviews and prepare root-cause quality and deficiency analyses of a chain to assess if facilities of the chain are in compliance with State and Federal laws and regulations applicable to the facilities;

(2) conduct sustained oversight of the efforts of the chain, whether publicly or privately held, to achieve compliance by facilities of the chain with State and Federal laws and regulations applicable to the facilities;

(3) analyze the management structure, distribution of expenditures, and nurse staffing levels of facilities of the chain in relation to resident census, staff turnover rates, and tenure;

(4) report findings and recommendations with respect to such reviews, analyses, and oversight to the chain and facilities of the chain, to the Secretary, and to relevant States; and

(5) publish the results of such reviews, analyses, and oversight.

(d) IMPLEMENTATION OF RECOMMENDATIONS.—

(1) RECEIPT OF FINDING BY CHAIN.—Not later than 10 days after receipt of a finding of an independent monitor under subsection (c)(4), a chain participating in the demonstration project shall submit to the independent monitor a report—

(A) outlining corrective actions the chain will take to implement the recommendations in such report; or

(B) indicating that the chain will not implement such recommendations, and why it will not do so.

(2) RECEIPT OF REPORT BY INDEPENDENT MONITOR.—Not later than 10 days after receipt of a report submitted by a chain under paragraph (1), an independent monitor shall finalize its recommendations and submit a report to the chain and facilities of the chain, the Secretary, and the State or States, as appropriate, containing such final recommendations.

(e) COST OF APPOINTMENT.—A chain shall be responsible for a portion of the costs associated with the appointment of independent monitors under the demonstration project under this section. The chain shall pay such portion to the Secretary (in an amount and in accordance with procedures established by the Secretary).

(f) WAIVER AUTHORITY.—The Secretary may waive such requirements of titles XVIII and XIX of the Social Security Act (42 U.S.C. 1395 et seq.; 1396 et seq.) as may be necessary for the purpose of carrying out the demonstration project under this section.

(g) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.

(h) DEFINITIONS.—In this section:

(1) ADDITIONAL DISCLOSABLE PARTY.—The term “additional disclosable party” has the meaning given such term in section 1124(c)(5)(A) of the Social Security Act, as added by section 4201(a).

(2) FACILITY.—The term “facility” means a skilled nursing facility or a nursing facility.

(3) NURSING FACILITY.—The term “nursing facility” has the meaning given such term in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a)).

(4) SECRETARY.—The term “Secretary” means the Secretary of Health and Human Services, acting through the Assistant Secretary for Planning and Evaluation.

(5) SKILLED NURSING FACILITY.—The term “skilled nursing facility” has the meaning given such term in section 1819(a) of the Social Security Act (42 U.S.C. 1395(a)).

(i) EVALUATION AND REPORT.—

(1) EVALUATION.—The Secretary, in consultation with the Inspector General of the Department of Health and Human Services, shall evaluate the demonstration project conducted under this section.

(2) REPORT.—Not later than 180 days after the completion of the demonstration project under this section, the Secretary shall submit to Congress a report containing the results of the evaluation conducted under paragraph (1), together with recommendations—

(A) as to whether the independent monitor program should be established on a permanent basis;

(B) if the Secretary recommends that such program be so established, on appropriate procedures and mechanisms for such establishment; and

(C) for such legislation and administrative action as the Secretary determines appropriate.

SEC. 6113. NOTIFICATION OF FACILITY CLOSURE.

(a) IN GENERAL.—Section 1128I of the Social Security Act, as added and amended by this Act, is amended by adding at the end the following new subsection:

“(h) NOTIFICATION OF FACILITY CLOSURE.—

“(1) IN GENERAL.—Any individual who is the administrator of a facility must—

“(A) submit to the Secretary, the State long-term care ombudsman, residents of the facility, and the legal representatives of such residents or other responsible parties, written notification of an impending closure—

“(i) subject to clause (ii), not later than the date that is 60 days prior to the date of such closure; and

“(ii) in the case of a facility where the Secretary terminates the facility’s participation under this title, not later than the date that the Secretary determines appropriate;

“(B) ensure that the facility does not admit any new residents on or after the date on which such written notification is submitted; and

“(C) include in the notice a plan for the transfer and adequate relocation of the residents of the facility by a specified date prior to closure that has been approved by the State, including assurances that the residents will be transferred to the most appropriate facility or other setting in terms of quality, services, and location, taking into consideration the needs, choice, and best interests of each resident.

“(2) RELOCATION.—

“(A) IN GENERAL.—The State shall ensure that, before a facility closes, all residents of the facility have been successfully relocated to another facility or an alternative home and community-based setting.

“(B) CONTINUATION OF PAYMENTS UNTIL RESIDENTS RELOCATED.—The Secretary may, as the Secretary determines appropriate, continue to make payments under this title with respect to residents of a facility that has submitted a notification under paragraph (1) during the period beginning on the date such notification is submitted and ending on the date on which the resident is successfully relocated.

“(3) SANCTIONS.—Any individual who is the administrator of a facility that fails to comply with the requirements of paragraph (1)—

“(A) shall be subject to a civil monetary penalty of up to \$100,000;

“(B) may be subject to exclusion from participation in any Federal health care program (as defined in section 1128B(f)); and

“(C) shall be subject to any other penalties that may be prescribed by law.

“(4) PROCEDURE.—The provisions of section 1128A (other than subsections (a) and (b) and the second sentence of subsection (f)) shall apply to a civil money penalty or exclusion under paragraph (3) in the same manner as such provisions apply to a penalty or proceeding under section 1128A(a).”.

(b) CONFORMING AMENDMENTS.—Section 1819(h)(4) of the Social Security Act (42 U.S.C. 1395i-3(h)(4)) is amended—

(1) in the first sentence, by striking “the Secretary shall terminate” and inserting “the Secretary, subject to section 1128I(h), shall terminate”; and

(2) in the second sentence, by striking “subsection (c)(2)” and inserting “subsection (c)(2) and section 1128I(h)”.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect 1 year after the date of the enactment of this Act.

SEC. 6114. NATIONAL DEMONSTRATION PROJECTS ON CULTURE CHANGE AND USE OF INFORMATION TECHNOLOGY IN NURSING HOMES.

(a) IN GENERAL.—The Secretary shall conduct 2 demonstration projects, 1 for the development of best practices in skilled nursing facilities and nursing facilities that are involved in the cul-

ture change movement (including the development of resources for facilities to find and access funding in order to undertake culture change) and 1 for the development of best practices in skilled nursing facilities and nursing facilities for the use of information technology to improve resident care.

(b) CONDUCT OF DEMONSTRATION PROJECTS.—

(1) GRANT AWARD.—Under each demonstration project conducted under this section, the Secretary shall award 1 or more grants to facility-based settings for the development of best practices described in subsection (a) with respect to the demonstration project involved. Such award shall be made on a competitive basis and may be allocated in 1 lump-sum payment.

(2) CONSIDERATION OF SPECIAL NEEDS OF RESIDENTS.—Each demonstration project conducted under this section shall take into consideration the special needs of residents of skilled nursing facilities and nursing facilities who have cognitive impairment, including dementia.

(c) DURATION AND IMPLEMENTATION.—

(1) DURATION.—The demonstration projects shall each be conducted for a period not to exceed 3 years.

(2) IMPLEMENTATION.—The demonstration projects shall each be implemented not later than 1 year after the date of the enactment of this Act.

(d) DEFINITIONS.—In this section:

(1) NURSING FACILITY.—The term “nursing facility” has the meaning given such term in section 1919(a) of the Social Security Act (42 U.S.C. 1396r(a)).

(2) SECRETARY.—The term “Secretary” means the Secretary of Health and Human Services.

(3) SKILLED NURSING FACILITY.—The term “skilled nursing facility” has the meaning given such term in section 1819(a) of the Social Security Act (42 U.S.C. 1395(a)).

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as may be necessary to carry out this section.

(f) REPORT.—Not later than 9 months after the completion of the demonstration project, the Secretary shall submit to Congress a report on such project, together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

PART III—IMPROVING STAFF TRAINING

SEC. 6121. DEMENTIA AND ABUSE PREVENTION TRAINING.

(a) SKILLED NURSING FACILITIES.—

(1) IN GENERAL.—Section 1819(f)(2)(A)(i)(I) of the Social Security Act (42 U.S.C. 1395i-3(f)(2)(A)(i)(I)) is amended by inserting “(including, in the case of initial training and, if the Secretary determines appropriate, in the case of ongoing training, dementia management training, and patient abuse prevention training” before “(II)”.

(2) CLARIFICATION OF DEFINITION OF NURSE AIDE.—Section 1819(b)(5)(F) of the Social Security Act (42 U.S.C. 1395i-3(b)(5)(F)) is amended by adding at the end the following flush sentence:

“Such term includes an individual who provides such services through an agency or under a contract with the facility.”.

(b) NURSING FACILITIES.—

(1) IN GENERAL.—Section 1919(f)(2)(A)(i)(I) of the Social Security Act (42 U.S.C. 1396r(f)(2)(A)(i)(I)) is amended by inserting “(including, in the case of initial training and, if the Secretary determines appropriate, in the case of ongoing training, dementia management training, and patient abuse prevention training” before “(II)”.

(2) CLARIFICATION OF DEFINITION OF NURSE AIDE.—Section 1919(b)(5)(F) of the Social Security Act (42 U.S.C. 1396r(b)(5)(F)) is amended by adding at the end the following flush sentence:

"Such term includes an individual who provides such services through an agency or under a contract with the facility.".

(c) **EFFECTIVE DATE.**—The amendments made by this section shall take effect 1 year after the date of the enactment of this Act.

Subtitle C—Nationwide Program for National and State Background Checks on Direct Patient Access Employees of Long-term Care Facilities and Providers

SEC. 6201. NATIONWIDE PROGRAM FOR NATIONAL AND STATE BACKGROUND CHECKS ON DIRECT PATIENT ACCESS EMPLOYEES OF LONG-TERM CARE FACILITIES AND PROVIDERS.

(a) **IN GENERAL.**—The Secretary of Health and Human Services (in this section referred to as the "Secretary"), shall establish a program to identify efficient, effective, and economical procedures for long term care facilities or providers to conduct background checks on prospective direct patient access employees on a nationwide basis (in this subsection, such program shall be referred to as the "nationwide program"). Except for the following modifications, the Secretary shall carry out the nationwide program under similar terms and conditions as the pilot program under section 307 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2257), including the prohibition on hiring abusive workers and the authorization of the imposition of penalties by a participating State under subsection (b)(3)(A) and (b)(6), respectively, of such section 307:

(1) **AGREEMENTS.**—

(A) **NEWLY PARTICIPATING STATES.**—The Secretary shall enter into agreements with each State—

(i) that the Secretary has not entered into an agreement with under subsection (c)(1) of such section 307;

(ii) that agrees to conduct background checks under the nationwide program on a Statewide basis; and

(iii) that submits an application to the Secretary containing such information and at such time as the Secretary may specify.

(B) **CERTAIN PREVIOUSLY PARTICIPATING STATES.**—The Secretary shall enter into agreements with each State—

(i) that the Secretary has entered into an agreement with under such subsection (c)(1), but only in the case where such agreement did not require the State to conduct background checks under the program established under subsection (a) of such section 307 on a Statewide basis;

(ii) that agrees to conduct background checks under the nationwide program on a Statewide basis; and

(iii) that submits an application to the Secretary containing such information and at such time as the Secretary may specify.

(2) **NONAPPLICATION OF SELECTION CRITERIA.**—The selection criteria required under subsection (c)(3)(B) of such section 307 shall not apply.

(3) **REQUIRED FINGERPRINT CHECK AS PART OF CRIMINAL HISTORY BACKGROUND CHECK.**—The procedures established under subsection (b)(1) of such section 307 shall—

(A) require that the long-term care facility or provider (or the designated agent of the long-term care facility or provider) obtain State and national criminal history background checks on the prospective employee through such means as the Secretary determines appropriate, efficient, and effective that utilize a search of State-based abuse and neglect registries and databases, including the abuse and neglect registries of another State in the case where a prospective employee previously resided in that State, State criminal history records, the records of any proceedings in the State that may contain disquali-

fying information about prospective employees (such as proceedings conducted by State professional licensing and disciplinary boards and State Medicaid Fraud Control Units), and Federal criminal history records, including a fingerprint check using the Integrated Automated Fingerprint Identification System of the Federal Bureau of Investigation;

(B) require States to describe and test methods that reduce duplicative fingerprinting, including providing for the development of "rap back" capability by the State such that, if a direct patient access employee of a long-term care facility or provider is convicted of a crime following the initial criminal history background check conducted with respect to such employee, and the employee's fingerprints match the prints on file with the State law enforcement department, the department will immediately inform the State and the State will immediately inform the long-term care facility or provider which employs the direct patient access employee of such conviction; and

(C) require that criminal history background checks conducted under the nationwide program remain valid for a period of time specified by the Secretary.

(4) **STATE REQUIREMENTS.**—An agreement entered into under paragraph (1) shall require that a participating State—

(A) be responsible for monitoring compliance with the requirements of the nationwide program;

(B) have procedures in place to—

(i) conduct screening and criminal history background checks under the nationwide program in accordance with the requirements of this section;

(ii) monitor compliance by long-term care facilities and providers with the procedures and requirements of the nationwide program;

(iii) as appropriate, provide for a provisional period of employment by a long-term care facility or provider of a direct patient access employee, not to exceed 60 days, pending completion of the required criminal history background check and, in the case where the employee has appealed the results of such background check, pending completion of the appeals process, during which the employee shall be subject to direct on-site supervision (in accordance with procedures established by the State to ensure that a long-term care facility or provider furnishes such direct on-site supervision);

(iv) provide an independent process by which a provisional employee or an employee may appeal or dispute the accuracy of the information obtained in a background check performed under the nationwide program, including the specification of criteria for appeals for direct patient access employees found to have disqualifying information which shall include consideration of the passage of time, extenuating circumstances, demonstration of rehabilitation, and relevancy of the particular disqualifying information with respect to the current employment of the individual;

(v) provide for the designation of a single State agency as responsible for—

(I) overseeing the coordination of any State and national criminal history background checks requested by a long-term care facility or provider (or the designated agent of the long-term care facility or provider) utilizing a search of State and Federal criminal history records, including a fingerprint check of such records;

(II) overseeing the design of appropriate privacy and security safeguards for use in the review of the results of any State or national criminal history background checks conducted regarding a prospective direct patient access employee to determine whether the employee has any conviction for a relevant crime;

(III) immediately reporting to the long-term care facility or provider that requested the

criminal history background check the results of such review; and

(IV) in the case of an employee with a conviction for a relevant crime that is subject to reporting under section 1128E of the Social Security Act (42 U.S.C. 1320a–7e), reporting the existence of such conviction to the database established under that section;

(vi) determine which individuals are direct patient access employees (as defined in paragraph (6)(B)) for purposes of the nationwide program;

(vii) as appropriate, specify offenses, including convictions for violent crimes, for purposes of the nationwide program; and

(viii) describe and test methods that reduce duplicative fingerprinting, including providing for the development of "rap back" capability such that, if a direct patient access employee of a long-term care facility or provider is convicted of a crime following the initial criminal history background check conducted with respect to such employee, and the employee's fingerprints match the prints on file with the State law enforcement department—

(I) the department will immediately inform the State agency designated under clause (v) and such agency will immediately inform the facility or provider which employs the direct patient access employee of such conviction; and

(II) the State will provide, or will require the facility to provide, to the employee a copy of the results of the criminal history background check conducted with respect to the employee at no charge in the case where the individual requests such a copy.

(5) **PAYMENTS.**—

(A) **NEWLY PARTICIPATING STATES.**—

(i) **IN GENERAL.**—As part of the application submitted by a State under paragraph (1)(A)(iii), the State shall guarantee, with respect to the costs to be incurred by the State in carrying out the nationwide program, that the State will make available (directly or through donations from public or private entities) a particular amount of non-Federal contributions, as a condition of receiving the Federal match under clause (ii).

(ii) **FEDERAL MATCH.**—The payment amount to each State that the Secretary enters into an agreement with under paragraph (1)(A) shall be 3 times the amount that the State guarantees to make available under clause (i), except that in no case may the payment amount exceed \$3,000,000.

(B) **PREVIOUSLY PARTICIPATING STATES.**—

(i) **IN GENERAL.**—As part of the application submitted by a State under paragraph (1)(B)(iii), the State shall guarantee, with respect to the costs to be incurred by the State in carrying out the nationwide program, that the State will make available (directly or through donations from public or private entities) a particular amount of non-Federal contributions, as a condition of receiving the Federal match under clause (ii).

(ii) **FEDERAL MATCH.**—The payment amount to each State that the Secretary enters into an agreement with under paragraph (1)(B) shall be 3 times the amount that the State guarantees to make available under clause (i), except that in no case may the payment amount exceed \$1,500,000.

(6) **DEFINITIONS.**—Under the nationwide program:

(A) **CONVICTION FOR A RELEVANT CRIME.**—The term "conviction for a relevant crime" means any Federal or State criminal conviction for—

(i) any offense described in section 1128(a) of the Social Security Act (42 U.S.C. 1320a–7); or

(ii) such other types of offenses as a participating State may specify for purposes of conducting the program in such State.

(B) **DISQUALIFYING INFORMATION.**—The term "disqualifying information" means a conviction

for a relevant crime or a finding of patient or resident abuse.

(C) **FINDING OF PATIENT OR RESIDENT ABUSE.**—The term “finding of patient or resident abuse” means any substantiated finding by a State agency under section 1819(g)(1)(C) or 1919(g)(1)(C) of the Social Security Act (42 U.S.C. 1395i–3(g)(1)(C), 1396r(g)(1)(C)) or a Federal agency that a direct patient access employee has committed—

(i) an act of patient or resident abuse or neglect or a misappropriation of patient or resident property; or

(ii) such other types of acts as a participating State may specify for purposes of conducting the program in such State.

(D) **DIRECT PATIENT ACCESS EMPLOYEE.**—The term “direct patient access employee” means any individual who has access to a patient or resident of a long-term care facility or provider through employment or through a contract with such facility or provider and has duties that involve (or may involve) one-on-one contact with a patient or resident of the facility or provider, as determined by the State for purposes of the nationwide program. Such term does not include a volunteer unless the volunteer has duties that are equivalent to the duties of a direct patient access employee and those duties involve (or may involve) one-on-one contact with a patient or resident of the long-term care facility or provider.

(E) **LONG-TERM CARE FACILITY OR PROVIDER.**—The term “long-term care facility or provider” means the following facilities or providers which receive payment for services under title XVIII or XIX of the Social Security Act:

(i) A skilled nursing facility (as defined in section 1819(a) of the Social Security Act (42 U.S.C. 1395i–3(a))).

(ii) A nursing facility (as defined in section 1919(a) of such Act (42 U.S.C. 1396r(a))).

(iii) A home health agency.

(iv) A provider of hospice care (as defined in section 1861(dd)(1) of such Act (42 U.S.C. 1395r(d)(1))).

(v) A long-term care hospital (as described in section 1886(d)(1)(B)(iv) of such Act (42 U.S.C. 1395ww(d)(1)(B)(iv))).

(vi) A provider of personal care services.

(vii) A provider of adult day care.

(viii) A residential care provider that arranges for, or directly provides, long-term care services, including an assisted living facility that provides a level of care established by the Secretary.

(ix) An intermediate care facility for the mentally retarded (as defined in section 1905(d) of such Act (42 U.S.C. 1396d(d))).

(x) Any other facility or provider of long-term care services under such titles as the participating State determines appropriate.

(7) **EVALUATION AND REPORT.**—

(A) **EVALUATION.**—

(i) **IN GENERAL.**—The Inspector General of the Department of Health and Human Services shall conduct an evaluation of the nationwide program.

(ii) **INCLUSION OF SPECIFIC TOPICS.**—The evaluation conducted under clause (i) shall include the following:

(I) A review of the various procedures implemented by participating States for long-term care facilities or providers, including staffing agencies, to conduct background checks of direct patient access employees under the nationwide program and identification of the most appropriate, efficient, and effective procedures for conducting such background checks.

(II) An assessment of the costs of conducting such background checks (including start up and administrative costs).

(III) A determination of the extent to which conducting such background checks leads to

any unintended consequences, including a reduction in the available workforce for long-term care facilities or providers.

(IV) An assessment of the impact of the nationwide program on reducing the number of incidents of neglect, abuse, and misappropriation of resident property to the extent practicable.

(V) An evaluation of other aspects of the nationwide program, as determined appropriate by the Secretary.

(B) **REPORT.**—Not later than 180 days after the completion of the nationwide program, the Inspector General of the Department of Health and Human Services shall submit a report to Congress containing the results of the evaluation conducted under subparagraph (A).

(b) **FUNDING.**—

(1) **NOTIFICATION.**—The Secretary of Health and Human Services shall notify the Secretary of the Treasury of the amount necessary to carry out the nationwide program under this section for the period of fiscal years 2010 through 2012, except that in no case shall such amount exceed \$160,000,000.

(2) **TRANSFER OF FUNDS.**—

(A) **IN GENERAL.**—Out of any funds in the Treasury not otherwise appropriated, the Secretary of the Treasury shall provide for the transfer to the Secretary of Health and Human Services of the amount specified as necessary to carry out the nationwide program under paragraph (1). Such amount shall remain available until expended.

(B) **RESERVATION OF FUNDS FOR CONDUCT OF EVALUATION.**—The Secretary may reserve not more than \$3,000,000 of the amount transferred under subparagraph (A) to provide for the conduct of the evaluation under subsection (a)(7)(A).

Subtitle D—Patient-Centered Outcomes Research

SEC. 6301. PATIENT-CENTERED OUTCOMES RESEARCH.

(a) **IN GENERAL.**—Title XI of the Social Security Act (42 U.S.C. 1301 et seq.) is amended by adding at the end the following new part:

“PART D—COMPARATIVE CLINICAL EFFECTIVENESS RESEARCH

“COMPARATIVE CLINICAL EFFECTIVENESS RESEARCH

“SEC. 1181. (a) **DEFINITIONS.**—In this section:

“(1) **BOARD.**—The term ‘Board’ means the Board of Governors established under subsection (f).

“(2) **COMPARATIVE CLINICAL EFFECTIVENESS RESEARCH; RESEARCH.**—

“(A) **IN GENERAL.**—The terms ‘comparative clinical effectiveness research’ and ‘research’ mean research evaluating and comparing health outcomes and the clinical effectiveness, risks, and benefits of 2 or more medical treatments, services, and items described in subparagraph (B).

“(B) **MEDICAL TREATMENTS, SERVICES, AND ITEMS DESCRIBED.**—The medical treatments, services, and items described in this subparagraph are health care interventions, protocols for treatment, care management, and delivery, procedures, medical devices, diagnostic tools, pharmaceuticals (including drugs and biologicals), integrative health practices, and any other strategies or items being used in the treatment, management, and diagnosis of, or prevention of illness or injury in, individuals.

“(3) **CONFLICT OF INTEREST.**—The term ‘conflict of interest’ means an association, including a financial or personal association, that have the potential to bias or have the appearance of biasing an individual’s decisions in matters related to the Institute or the conduct of activities under this section.

“(4) **REAL CONFLICT OF INTEREST.**—The term ‘real conflict of interest’ means any instance

where a member of the Board, the methodology committee established under subsection (d)(6), or an advisory panel appointed under subsection (d)(4), or a close relative of such member, has received or could receive either of the following:

“(A) A direct financial benefit of any amount deriving from the result or findings of a study conducted under this section.

“(B) A financial benefit from individuals or companies that own or manufacture medical treatments, services, or items to be studied under this section that in the aggregate exceeds \$10,000 per year. For purposes of the preceding sentence, a financial benefit includes honoraria, fees, stock, or other financial benefit and the current value of the member or close relative’s already existing stock holdings, in addition to any direct financial benefit deriving from the results or findings of a study conducted under this section.

“(b) **PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE.**—

“(1) **ESTABLISHMENT.**—There is authorized to be established a nonprofit corporation, to be known as the ‘Patient-Centered Outcomes Research Institute’ (referred to in this section as the ‘Institute’) which is neither an agency nor establishment of the United States Government.

“(2) **APPLICATION OF PROVISIONS.**—The Institute shall be subject to the provisions of this section, and, to the extent consistent with this section, to the District of Columbia Nonprofit Corporation Act.

“(3) **FUNDING OF COMPARATIVE CLINICAL EFFECTIVENESS RESEARCH.**—For fiscal year 2010 and each subsequent fiscal year, amounts in the Patient-Centered Outcomes Research Trust Fund (referred to in this section as the ‘PCORTF’) under section 9511 of the Internal Revenue Code of 1986 shall be available, without further appropriation, to the Institute to carry out this section.

“(c) **PURPOSE.**—The purpose of the Institute is to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed through research and evidence synthesis that considers variations in patient subpopulations, and the dissemination of research findings with respect to the relative health outcomes, clinical effectiveness, and appropriateness of the medical treatments, services, and items described in subsection (a)(2)(B).

“(d) **DUTIES.**—

“(1) **IDENTIFYING RESEARCH PRIORITIES AND ESTABLISHING RESEARCH PROJECT AGENDA.**—

“(A) **IDENTIFYING RESEARCH PRIORITIES.**—The Institute shall identify national priorities for research, taking into account factors of disease incidence, prevalence, and burden in the United States (with emphasis on chronic conditions), gaps in evidence in terms of clinical outcomes, practice variations and health disparities in terms of delivery and outcomes of care, the potential for new evidence to improve patient health, well-being, and the quality of care, the effect on national expenditures associated with a health care treatment, strategy, or health conditions, as well as patient needs, outcomes, and preferences, the relevance to patients and clinicians in making informed health decisions, and priorities in the National Strategy for quality care established under section 399H of the Public Health Service Act that are consistent with this section.

“(B) **ESTABLISHING RESEARCH PROJECT AGENDA.**—The Institute shall establish and update a research project agenda for research to address the priorities identified under subparagraph (A), taking into consideration the types of research

that might address each priority and the relative value (determined based on the cost of conducting research compared to the potential usefulness of the information produced by research) associated with the different types of research, and such other factors as the Institute determines appropriate.

“(2) CARRYING OUT RESEARCH PROJECT AGENDA.—

“(A) RESEARCH.—The Institute shall carry out the research project agenda established under paragraph (1)(B) in accordance with the methodological standards adopted under paragraph (9) using methods, including the following:

“(i) Systematic reviews and assessments of existing and future research and evidence including original research conducted subsequent to the date of the enactment of this section.

“(ii) Primary research, such as randomized clinical trials, molecularly informed trials, and observational studies.

“(iii) Any other methodologies recommended by the methodology committee established under paragraph (6) that are adopted by the Board under paragraph (9).

“(B) CONTRACTS FOR THE MANAGEMENT OF FUNDING AND CONDUCT OF RESEARCH.—

“(i) CONTRACTS.—

“(I) IN GENERAL.—In accordance with the research project agenda established under paragraph (1)(B), the Institute shall enter into contracts for the management of funding and conduct of research in accordance with the following:

“(aa) Appropriate agencies and instrumentalities of the Federal Government.

“(bb) Appropriate academic research, private sector research, or study-conducting entities.

“(II) PREFERENCE.—In entering into contracts under subclause (I), the Institute shall give preference to the Agency for Healthcare Research and Quality and the National Institutes of Health, but only if the research to be conducted or managed under such contract is authorized by the governing statutes of such Agency or Institutes.

“(ii) CONDITIONS FOR CONTRACTS.—A contract entered into under this subparagraph shall require that the agency, instrumentality, or other entity—

“(I) abide by the transparency and conflicts of interest requirements under subsection (h) that apply to the Institute with respect to the research managed or conducted under such contract;

“(II) comply with the methodological standards adopted under paragraph (9) with respect to such research;

“(III) consult with the expert advisory panels for clinical trials and rare disease appointed under clauses (ii) and (iii), respectively, of paragraph (4)(A);

“(IV) subject to clause (iv), permit a researcher who conducts original research under the contract for the agency, instrumentality, or other entity to have such research published in a peer-reviewed journal or other publication;

“(V) have appropriate processes in place to manage data privacy and meet ethical standards for the research;

“(VI) comply with the requirements of the Institute for making the information available to the public under paragraph (8); and

“(VII) comply with other terms and conditions determined necessary by the Institute to carry out the research agenda adopted under paragraph (2).

“(iii) COVERAGE OF COPAYMENTS OR COINSURANCE.—A contract entered into under this subparagraph may allow for the coverage of copayments or coinsurance, or allow for other appropriate measures, to the extent that such coverage or other measures are necessary to preserve the validity of a research project, such as

in the case where the research project must be blinded.

“(iv) REQUIREMENTS FOR PUBLICATION OF RESEARCH.—Any research published under clause (ii)(IV) shall be within the bounds of and entirely consistent with the evidence and findings produced under the contract with the Institute under this subparagraph. If the Institute determines that those requirements are not met, the Institute shall not enter into another contract with the agency, instrumentality, or entity which managed or conducted such research for a period determined appropriate by the Institute (but not less than 5 years).

“(C) REVIEW AND UPDATE OF EVIDENCE.—The Institute shall review and update evidence on a periodic basis as appropriate.

“(D) TAKING INTO ACCOUNT POTENTIAL DIFFERENCES.—Research shall be designed, as appropriate, to take into account the potential for differences in the effectiveness of health care treatments, services, and items as used with various subpopulations, such as racial and ethnic minorities, women, age, and groups of individuals with different comorbidities, genetic and molecular sub-types, or quality of life preferences and include members of such subpopulations as subjects in the research as feasible and appropriate.

“(E) DIFFERENCES IN TREATMENT MODALITIES.—Research shall be designed, as appropriate, to take into account different characteristics of treatment modalities that may affect research outcomes, such as the phase of the treatment modality in the innovation cycle and the impact of the skill of the operator of the treatment modality.

“(3) DATA COLLECTION.—

“(A) IN GENERAL.—The Secretary shall, with appropriate safeguards for privacy, make available to the Institute such data collected by the Centers for Medicare & Medicaid Services under the programs under titles XVIII, XIX, and XXI, as well as provide access to the data networks developed under section 937(f) of the Public Health Service Act, as the Institute and its contractors may require to carry out this section. The Institute may also request and obtain data from Federal, State, or private entities, including data from clinical databases and registries.

“(B) USE OF DATA.—The Institute shall only use data provided to the Institute under subparagraph (A) in accordance with laws and regulations governing the release and use of such data, including applicable confidentiality and privacy standards.

“(4) APPOINTING EXPERT ADVISORY PANELS.—

“(A) APPOINTMENT.—

“(i) IN GENERAL.—The Institute may appoint permanent or ad hoc expert advisory panels as determined appropriate to assist in identifying research priorities and establishing the research project agenda under paragraph (1) and for other purposes.

“(ii) EXPERT ADVISORY PANELS FOR CLINICAL TRIALS.—The Institute shall appoint expert advisory panels in carrying out randomized clinical trials under the research project agenda under paragraph (2)(A)(ii). Such expert advisory panels shall advise the Institute and the agency, instrumentality, or entity conducting the research on the research question involved and the research design or protocol, including important patient subgroups and other parameters of the research. Such panels shall be available as a resource for technical questions that may arise during the conduct of such research.

“(iii) EXPERT ADVISORY PANEL FOR RARE DISEASE.—In the case of a research study for rare disease, the Institute shall appoint an expert advisory panel for purposes of assisting in the design of the research study and determining the relative value and feasibility of conducting the research study.

“(B) COMPOSITION.—An expert advisory panel appointed under subparagraph (A) shall include representatives of practicing and research clinicians, patients, and experts in scientific and health services research, health services delivery, and evidence-based medicine who have experience in the relevant topic, and as appropriate, experts in integrative health and primary prevention strategies. The Institute may include a technical expert of each manufacturer or each medical technology that is included under the relevant topic, project, or category for which the panel is established.

“(5) SUPPORTING PATIENT AND CONSUMER REPRESENTATIVES.—The Institute shall provide support and resources to help patient and consumer representatives effectively participate on the Board and expert advisory panels appointed by the Institute under paragraph (4).

“(6) ESTABLISHING METHODOLOGY COMMITTEE.—

“(A) IN GENERAL.—The Institute shall establish a standing methodology committee to carry out the functions described in subparagraph (C).

“(B) APPOINTMENT AND COMPOSITION.—The methodology committee established under subparagraph (A) shall be composed of not more than 15 members appointed by the Comptroller General of the United States. Members appointed to the methodology committee shall be experts in their scientific field, such as health services research, clinical research, comparative clinical effectiveness research, biostatistics, genomics, and research methodologies. Stakeholders with such expertise may be appointed to the methodology committee. In addition to the members appointed under the first sentence, the Directors of the National Institutes of Health and the Agency for Healthcare Research and Quality (or their designees) shall each be included as members of the methodology committee.

“(C) FUNCTIONS.—Subject to subparagraph (D), the methodology committee shall work to develop and improve the science and methods of comparative clinical effectiveness research by, not later than 18 months after the establishment of the Institute, directly or through subcontract, developing and periodically updating the following:

“(i) Methodological standards for research. Such methodological standards shall provide specific criteria for internal validity, generalizability, feasibility, and timeliness of research and for health outcomes measures, risk adjustment, and other relevant aspects of research and assessment with respect to the design of research. Any methodological standards developed and updated under this subclause shall be scientifically based and include methods by which new information, data, or advances in technology are considered and incorporated into ongoing research projects by the Institute, as appropriate. The process for developing and updating such standards shall include input from relevant experts, stakeholders, and decision-makers, and shall provide opportunities for public comment. Such standards shall also include methods by which patient subpopulations can be accounted for and evaluated in different types of research. As appropriate, such standards shall build on existing work on methodological standards for defined categories of health interventions and for each of the major categories of comparative clinical effectiveness research methods (determined as of the date of enactment of the Patient Protection and Affordable Care Act).

“(ii) A translation table that is designed to provide guidance and act as a reference for the Board to determine research methods that are most likely to address each specific research question.

“(D) CONSULTATION AND CONDUCT OF EXAMINATIONS.—The methodology committee may consult and contract with the Institute of Medicine of the National Academies and academic, non-profit, or other private and governmental entities with relevant expertise to carry out activities described in subparagraph (C) and may consult with relevant stakeholders to carry out such activities.

“(E) REPORTS.—The methodology committee shall submit reports to the Board on the committee’s performance of the functions described in subparagraph (C). Reports shall contain recommendations for the Institute to adopt methodological standards developed and updated by the methodology committee as well as other actions deemed necessary to comply with such methodological standards.

“(7) PROVIDING FOR A PEER-REVIEW PROCESS FOR PRIMARY RESEARCH.—

“(A) IN GENERAL.—The Institute shall ensure that there is a process for peer review of primary research described in subparagraph (A)(ii) of paragraph (2) that is conducted under such paragraph. Under such process—

“(i) evidence from such primary research shall be reviewed to assess scientific integrity and adherence to methodological standards adopted under paragraph (9); and

“(ii) a list of the names of individuals contributing to any peer-review process during the preceding year or years shall be made public and included in annual reports in accordance with paragraph (10)(D).

“(B) COMPOSITION.—Such peer-review process shall be designed in a manner so as to avoid bias and conflicts of interest on the part of the reviewers and shall be composed of experts in the scientific field relevant to the research under review.

“(C) USE OF EXISTING PROCESSES.—

“(i) PROCESSES OF ANOTHER ENTITY.—In the case where the Institute enters into a contract or other agreement with another entity for the conduct or management of research under this section, the Institute may utilize the peer-review process of such entity if such process meets the requirements under subparagraphs (A) and (B).

“(ii) PROCESSES OF APPROPRIATE MEDICAL JOURNALS.—The Institute may utilize the peer-review process of appropriate medical journals if such process meets the requirements under subparagraphs (A) and (B).

“(8) RELEASE OF RESEARCH FINDINGS.—

“(A) IN GENERAL.—The Institute shall, not later than 90 days after the conduct or receipt of research findings under this part, make such research findings available to clinicians, patients, and the general public. The Institute shall ensure that the research findings—

“(i) convey the findings of research in a manner that is comprehensible and useful to patients and providers in making health care decisions;

“(ii) fully convey findings and discuss considerations specific to certain subpopulations, risk factors, and comorbidities, as appropriate;

“(iii) include limitations of the research and what further research may be needed as appropriate;

“(iv) not be construed as mandates for practice guidelines, coverage recommendations, payment, or policy recommendations; and

“(v) not include any data which would violate the privacy of research participants or any confidentiality agreements made with respect to the use of data under this section.

“(B) DEFINITION OF RESEARCH FINDINGS.—In this paragraph, the term ‘research findings’ means the results of a study or assessment.

“(9) ADOPTION.—Subject to subsection (h)(1), the Institute shall adopt the national priorities identified under paragraph (1)(A), the research project agenda established under paragraph

(1)(B), the methodological standards developed and updated by the methodology committee under paragraph (6)(C)(i), and any peer-review process provided under paragraph (7) by majority vote. In the case where the Institute does not adopt such processes in accordance with the preceding sentence, the processes shall be referred to the appropriate staff or entity within the Institute (or, in the case of the methodological standards, the methodology committee) for further review.

“(10) ANNUAL REPORTS.—The Institute shall submit an annual report to Congress and the President, and shall make the annual report available to the public. Such report shall contain—

“(A) a description of the activities conducted under this section, research priorities identified under paragraph (1)(A) and methodological standards developed and updated by the methodology committee under paragraph (6)(C)(i) that are adopted under paragraph (9) during the preceding year;

“(B) the research project agenda and budget of the Institute for the following year;

“(C) any administrative activities conducted by the Institute during the preceding year;

“(D) the names of individuals contributing to any peer-review process under paragraph (7), without identifying them with a particular research project; and

“(E) any other relevant information (including information on the membership of the Board, expert advisory panels, methodology committee, and the executive staff of the Institute, any conflicts of interest with respect to these individuals, and any bylaws adopted by the Board during the preceding year).

“(e) ADMINISTRATION.—

“(1) IN GENERAL.—Subject to paragraph (2), the Board shall carry out the duties of the Institute.

“(2) NONDELEGABLE DUTIES.—The activities described in subsections (d)(1) and (d)(9) are nondelegable.

“(f) BOARD OF GOVERNORS.—

“(1) IN GENERAL.—The Institute shall have a Board of Governors, which shall consist of the following members:

“(A) The Director of Agency for Healthcare Research and Quality (or the Director’s designee).

“(B) The Director of the National Institutes of Health (or the Director’s designee).

“(C) Seventeen members appointed, not later than 6 months after the date of enactment of this section, by the Comptroller General of the United States as follows:

“(i) 3 members representing patients and health care consumers.

“(ii) 5 members representing physicians and providers, including at least 1 surgeon, nurse, State-licensed integrative health care practitioner, and representative of a hospital.

“(iii) 3 members representing private payers, of whom at least 1 member shall represent health insurance issuers and at least 1 member shall represent employers who self-insure employee benefits.

“(iv) 3 members representing pharmaceutical, device, and diagnostic manufacturers or developers.

“(v) 1 member representing quality improvement or independent health service researchers.

“(vi) 2 members representing the Federal Government or the States, including at least 1 member representing a Federal health program or agency.

“(2) QUALIFICATIONS.—The Board shall represent a broad range of perspectives and collectively have scientific expertise in clinical health sciences research, including epidemiology, decisions sciences, health economics, and statistics. In appointing the Board, the Comptroller Gen-

eral of the United States shall consider and disclose any conflicts of interest in accordance with subsection (h)(4)(B). Members of the Board shall be recused from relevant Institute activities in the case where the member (or an immediate family member of such member) has a real conflict of interest directly related to the research project or the matter that could affect or be affected by such participation.

“(3) TERMS; VACANCIES.—A member of the Board shall be appointed for a term of 6 years, except with respect to the members first appointed, whose terms of appointment shall be staggered evenly over 2-year increments. No individual shall be appointed to the Board for more than 2 terms. Vacancies shall be filled in the same manner as the original appointment was made.

“(4) CHAIRPERSON AND VICE-CHAIRPERSON.—The Comptroller General of the United States shall designate a Chairperson and Vice Chairperson of the Board from among the members of the Board. Such members shall serve as Chairperson or Vice Chairperson for a period of 3 years.

“(5) COMPENSATION.—Each member of the Board who is not an officer or employee of the Federal Government shall be entitled to compensation (equivalent to the rate provided for level IV of the Executive Schedule under section 5315 of title 5, United States Code) and expenses incurred while performing the duties of the Board. An officer or employee of the Federal government who is a member of the Board shall be exempt from compensation.

“(6) DIRECTOR AND STAFF; EXPERTS AND CONSULTANTS.—The Board may employ and fix the compensation of an Executive Director and such other personnel as may be necessary to carry out the duties of the Institute and may seek such assistance and support of, or contract with, experts and consultants that may be necessary for the performance of the duties of the Institute.

“(7) MEETINGS AND HEARINGS.—The Board shall meet and hold hearings at the call of the Chairperson or a majority of its members. Meetings not solely concerning matters of personnel shall be advertised at least 7 days in advance and open to the public. A majority of the Board members shall constitute a quorum, but a lesser number of members may meet and hold hearings.

“(g) FINANCIAL AND GOVERNMENTAL OVERSIGHT.—

“(1) CONTRACT FOR AUDIT.—The Institute shall provide for the conduct of financial audits of the Institute on an annual basis by a private entity with expertise in conducting financial audits.

“(2) REVIEW AND ANNUAL REPORTS.—

“(A) REVIEW.—The Comptroller General of the United States shall review the following:

“(i) Not less frequently than on an annual basis, the financial audits conducted under paragraph (1).

“(ii) Not less frequently than every 5 years, the processes established by the Institute, including the research priorities and the conduct of research projects, in order to determine whether information produced by such research projects is objective and credible, is produced in a manner consistent with the requirements under this section, and is developed through a transparent process.

“(iii) Not less frequently than every 5 years, the dissemination and training activities and data networks established under section 937 of the Public Health Service Act, including the methods and products used to disseminate research, the types of training conducted and supported, and the types and functions of the data networks established, in order to determine whether the activities and data are produced in a manner consistent with the requirements under such section.

“(iv) Not less frequently than every 5 years, the overall effectiveness of activities conducted under this section and the dissemination, training, and capacity building activities conducted under section 937 of the Public Health Service Act. Such review shall include an analysis of the extent to which research findings are used by health care decision-makers, the effect of the dissemination of such findings on reducing practice variation and disparities in health care, and the effect of the research conducted and disseminated on innovation and the health care economy of the United States.

“(v) Not later than 8 years after the date of enactment of this section, the adequacy and use of the funding for the Institute and the activities conducted under section 937 of the Public Health Service Act, including a determination as to whether, based on the utilization of research findings by public and private payers, funding sources for the Patient-Centered Outcomes Research Trust Fund under section 9511 of the Internal Revenue Code of 1986 are appropriate and whether such sources of funding should be continued or adjusted.

“(B) ANNUAL REPORTS.—Not later than April 1 of each year, the Comptroller General of the United States shall submit to Congress a report containing the results of the review conducted under subparagraph (A) with respect to the preceding year (or years, if applicable), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

“(h) ENSURING TRANSPARENCY, CREDIBILITY, AND ACCESS.—The Institute shall establish procedures to ensure that the following requirements for ensuring transparency, credibility, and access are met:

“(1) PUBLIC COMMENT PERIODS.—The Institute shall provide for a public comment period of not less than 45 days and not more than 60 days prior to the adoption under subsection (d)(9) of the national priorities identified under subsection (d)(1)(A), the research project agenda established under subsection (d)(1)(B), the methodological standards developed and updated by the methodology committee under subsection (d)(6)(C)(i), and the peer-review process provided under paragraph (7), and after the release of draft findings with respect to systematic reviews of existing research and evidence.

“(2) ADDITIONAL FORUMS.—The Institute shall support forums to increase public awareness and obtain and incorporate public input and feedback through media (such as an Internet website) on research priorities, research findings, and other duties, activities, or processes the Institute determines appropriate.

“(3) PUBLIC AVAILABILITY.—The Institute shall make available to the public and disclose through the official public Internet website of the Institute the following:

“(A) Information contained in research findings as specified in subsection (d)(9).

“(B) The process and methods for the conduct of research, including the identity of the entity and the investigators conducting such research and any conflicts of interests of such parties, any direct or indirect links the entity has to industry, and research protocols, including measures taken, methods of research and analysis, research results, and such other information the Institute determines appropriate) concurrent with the release of research findings.

“(C) Notice of public comment periods under paragraph (1), including deadlines for public comments.

“(D) Subsequent comments received during each of the public comment periods.

“(E) In accordance with applicable laws and processes and as the Institute determines appropriate, proceedings of the Institute.

“(4) DISCLOSURE OF CONFLICTS OF INTEREST.—

“(A) IN GENERAL.—A conflict of interest shall be disclosed in the following manner:

“(i) By the Institute in appointing members to an expert advisory panel under subsection (d)(4), in selecting individuals to contribute to any peer-review process under subsection (d)(7), and for employment as executive staff of the Institute.

“(ii) By the Comptroller General in appointing members of the methodology committee under subsection (d)(6);

“(iii) By the Institute in the annual report under subsection (d)(10), except that, in the case of individuals contributing to any such peer review process, such description shall be in a manner such that those individuals cannot be identified with a particular research project.

“(B) MANNER OF DISCLOSURE.—Conflicts of interest shall be disclosed as described in subparagraph (A) as soon as practicable on the Internet web site of the Institute and of the Government Accountability Office. The information disclosed under the preceding sentence shall include the type, nature, and magnitude of the interests of the individual involved, except to the extent that the individual recuses himself or herself from participating in the consideration of or any other activity with respect to the study as to which the potential conflict exists.

“(i) RULES.—The Institute, its Board or staff, shall be prohibited from accepting gifts, bequests, or donations of services or property. In addition, the Institute shall be prohibited from establishing a corporation or generating revenues from activities other than as provided under this section.

“(j) RULES OF CONSTRUCTION.—

“(1) COVERAGE.—Nothing in this section shall be construed—

“(A) to permit the Institute to mandate coverage, reimbursement, or other policies for any public or private payer; or

“(B) as preventing the Secretary from covering the routine costs of clinical care received by an individual entitled to, or enrolled for, benefits under title XVIII, XIX, or XXI in the case where such individual is participating in a clinical trial and such costs would otherwise be covered under such title with respect to the beneficiary.”

(b) DISSEMINATION AND BUILDING CAPACITY FOR RESEARCH.—Title IX of the Public Health Service Act (42 U.S.C. 299 et seq.), as amended by section 3606, is further amended by inserting after section 936 the following:

“SEC. 937. DISSEMINATION AND BUILDING CAPACITY FOR RESEARCH.

“(a) IN GENERAL.—

“(1) DISSEMINATION.—The Office of Communication and Knowledge Transfer (referred to in this section as the ‘Office’) at the Agency for Healthcare Research and Quality (or any other relevant office designated by Agency for Healthcare Research and Quality), in consultation with the National Institutes of Health, shall broadly disseminate the research findings that are published by the Patient Centered Outcomes Research Institute established under section 1181(b) of the Social Security Act (referred to in this section as the ‘Institute’) and other government-funded research relevant to comparative clinical effectiveness research. The Office shall create informational tools that organize and disseminate research findings for physicians, health care providers, patients, payers, and policy makers. The Office shall also develop a publicly available resource database that collects and contains government-funded evidence and research from public, private, not-for-profit, and academic sources.

“(2) REQUIREMENTS.—The Office shall provide for the dissemination of the Institute’s research findings and government-funded research relevant to comparative clinical effectiveness re-

search to physicians, health care providers, patients, vendors of health information technology focused on clinical decision support, appropriate professional associations, and Federal and private health plans. Materials, forums, and media used to disseminate the findings, informational tools, and resource databases shall—

“(A) include a description of considerations for specific subpopulations, the research methodology, and the limitations of the research, and the names of the entities, agencies, instrumentalities, and individuals who conducted any research which was published by the Institute; and

“(B) not be construed as mandates, guidelines, or recommendations for payment, coverage, or treatment.

“(b) INCORPORATION OF RESEARCH FINDINGS.—The Office, in consultation with relevant medical and clinical associations, shall assist users of health information technology focused on clinical decision support to promote the timely incorporation of research findings disseminated under subsection (a) into clinical practices and to promote the ease of use of such incorporation.

“(c) FEEDBACK.—The Office shall establish a process to receive feedback from physicians, health care providers, patients, and vendors of health information technology focused on clinical decision support, appropriate professional associations, and Federal and private health plans about the value of the information disseminated and the assistance provided under this section.

“(d) RULE OF CONSTRUCTION.—Nothing in this section shall preclude the Institute from making its research findings publicly available as required under section 1181(d)(8) of the Social Security Act.

“(e) TRAINING OF RESEARCHERS.—The Agency for Health Care Research and Quality, in consultation with the National Institutes of Health, shall build capacity for comparative clinical effectiveness research by establishing a grant program that provides for the training of researchers in the methods used to conduct such research, including systematic reviews of existing research and primary research such as clinical trials. At a minimum, such training shall be in methods that meet the methodological standards adopted under section 1181(d)(9) of the Social Security Act.

“(f) BUILDING DATA FOR RESEARCH.—The Secretary shall provide for the coordination of relevant Federal health programs to build data capacity for comparative clinical effectiveness research, including the development and use of clinical registries and health outcomes research data networks, in order to develop and maintain a comprehensive, interoperable data network to collect, link, and analyze data on outcomes and effectiveness from multiple sources, including electronic health records.

“(g) AUTHORITY TO CONTRACT WITH THE INSTITUTE.—Agencies and instrumentalities of the Federal Government may enter into agreements with the Institute, and accept and retain funds, for the conduct and support of research described in this part, provided that the research to be conducted or supported under such agreements is authorized under the governing statutes of such agencies and instrumentalities.”

(c) IN GENERAL.—Part D of title XI of the Social Security Act, as added by subsection (a), is amended by adding at the end the following new section:

“LIMITATIONS ON CERTAIN USES OF COMPARATIVE CLINICAL EFFECTIVENESS RESEARCH

“SEC. 1182. (a) The Secretary may only use evidence and findings from research conducted under section 1181 to make a determination regarding coverage under title XVIII if such use is through an iterative and transparent process

which includes public comment and considers the effect on subpopulations.

“(b) Nothing in section 1181 shall be construed as—

“(1) superceding or modifying the coverage of items or services under title XVIII that the Secretary determines are reasonable and necessary under section 1862(l)(1); or

“(2) authorizing the Secretary to deny coverage of items or services under such title solely on the basis of comparative clinical effectiveness research.

“(c)(1) The Secretary shall not use evidence or findings from comparative clinical effectiveness research conducted under section 1181 in determining coverage, reimbursement, or incentive programs under title XVIII in a manner that treats extending the life of an elderly, disabled, or terminally ill individual as of lower value than extending the life of an individual who is younger, nondisabled, or not terminally ill.

“(2) Paragraph (1) shall not be construed as preventing the Secretary from using evidence or findings from such comparative clinical effectiveness research in determining coverage, reimbursement, or incentive programs under title XVIII based upon a comparison of the difference in the effectiveness of alternative treatments in extending an individual's life due to the individual's age, disability, or terminal illness.

“(d)(1) The Secretary shall not use evidence or findings from comparative clinical effectiveness research conducted under section 1181 in determining coverage, reimbursement, or incentive programs under title XVIII in a manner that precludes, or with the intent to discourage, an individual from choosing a health care treatment based on how the individual values the tradeoff between extending the length of their life and the risk of disability.

“(2)(A) Paragraph (1) shall not be construed to—

“(i) limit the application of differential copayments under title XVIII based on factors such as cost or type of service; or

“(ii) prevent the Secretary from using evidence or findings from such comparative clinical effectiveness research in determining coverage, reimbursement, or incentive programs under such title based upon a comparison of the difference in the effectiveness of alternative health care treatments in extending an individual's life due to that individual's age, disability, or terminal illness.

“(3) Nothing in the provisions of, or amendments made by the Patient Protection and Affordable Care Act, shall be construed to limit comparative clinical effectiveness research or any other research, evaluation, or dissemination of information concerning the likelihood that a health care treatment will result in disability.

“(e) The Patient-Centered Outcomes Research Institute established under section 1181(b)(1) shall not develop or employ a dollars-per-quality adjusted life year (or similar measure that discounts the value of a life because of an individual's disability) as a threshold to establish what type of health care is cost effective or recommended. The Secretary shall not utilize such an adjusted life year (or such a similar measure) as a threshold to determine coverage, reimbursement, or incentive programs under title XVIII.”

(d) IN GENERAL.—Part D of title XI of the Social Security Act, as added by subsection (a) and amended by subsection (c), is amended by adding at the end the following new section:

“TRUST FUND TRANSFERS TO PATIENT-CENTERED OUTCOMES RESEARCH TRUST FUND

“SEC. 1183. (a) IN GENERAL.—The Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 and the Federal Supplementary Medical Insurance Trust Fund under section 1841, in

proportion (as estimated by the Secretary) to the total expenditures during such fiscal year that are made under title XVIII from the respective trust fund, to the Patient-Centered Outcomes Research Trust Fund (referred to in this section as the ‘PCORTF’) under section 9511 of the Internal Revenue Code of 1986, of the following:

“(1) For fiscal year 2013, an amount equal to \$1 multiplied by the average number of individuals entitled to benefits under part A, or enrolled under part B, of title XVIII during such fiscal year.

“(2) For each of fiscal years 2014, 2015, 2016, 2017, 2018, and 2019, an amount equal to \$2 multiplied by the average number of individuals entitled to benefits under part A, or enrolled under part B, of title XVIII during such fiscal year.

“(b) ADJUSTMENTS FOR INCREASES IN HEALTH CARE SPENDING.—In the case of any fiscal year beginning after September 30, 2014, the dollar amount in effect under subsection (a)(2) for such fiscal year shall be equal to the sum of such dollar amount for the previous fiscal year (determined after the application of this subsection), plus an amount equal to the product of—

“(1) such dollar amount for the previous fiscal year, multiplied by

“(2) the percentage increase in the projected per capita amount of National Health Expenditures, as most recently published by the Secretary before the beginning of the fiscal year.”

(e) PATIENT-CENTERED OUTCOMES RESEARCH TRUST FUND; FINANCING FOR TRUST FUND.—

(1) ESTABLISHMENT OF TRUST FUND.—

(A) IN GENERAL.—Subchapter A of chapter 98 of the Internal Revenue Code of 1986 (relating to establishment of trust funds) is amended by adding at the end the following new section:

“SEC. 9511. PATIENT-CENTERED OUTCOMES RESEARCH TRUST FUND.

“(a) CREATION OF TRUST FUND.—There is established in the Treasury of the United States a trust fund to be known as the ‘Patient-Centered Outcomes Research Trust Fund’ (hereafter in this section referred to as the ‘PCORTF’), consisting of such amounts as may be appropriated or credited to such Trust Fund as provided in this section and section 9602(b).

“(b) TRANSFERS TO FUND.—

“(1) APPROPRIATION.—There are hereby appropriated to the Trust Fund the following:

“(A) For fiscal year 2010, \$10,000,000.

“(B) For fiscal year 2011, \$50,000,000.

“(C) For fiscal year 2012, \$150,000,000.

“(D) For fiscal year 2013—

“(i) an amount equivalent to the net revenues received in the Treasury from the fees imposed under subchapter B of chapter 34 (relating to fees on health insurance and self-insured plans) for such fiscal year; and

“(ii) \$150,000,000.

“(E) For each of fiscal years 2014, 2015, 2016, 2017, 2018, and 2019—

“(i) an amount equivalent to the net revenues received in the Treasury from the fees imposed under subchapter B of chapter 34 (relating to fees on health insurance and self-insured plans) for such fiscal year; and

“(ii) \$150,000,000.

The amounts appropriated under subparagraphs (A), (B), (C), (D)(ii), and (E)(ii) shall be transferred from the general fund of the Treasury, from funds not otherwise appropriated.

“(2) TRUST FUND TRANSFERS.—In addition to the amounts appropriated under paragraph (1), there shall be credited to the PCORTF the amounts transferred under section 1183 of the Social Security Act.

“(3) LIMITATION ON TRANSFERS TO PCORTF.—No amount may be appropriated or transferred to the PCORTF on and after the date of any expenditure from the PCORTF which is not an expenditure permitted under this section. The de-

termination of whether an expenditure is so permitted shall be made without regard to—

“(A) any provision of law which is not contained or referenced in this chapter or in a revenue Act, and

“(B) whether such provision of law is a subsequently enacted provision or directly or indirectly seeks to waive the application of this paragraph.

“(c) TRUSTEE.—The Secretary of the Treasury shall be a trustee of the PCORTF.

“(d) EXPENDITURES FROM FUND.—

“(1) AMOUNTS AVAILABLE TO THE PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE.—Subject to paragraph (2), amounts in the PCORTF are available, without further appropriation, to the Patient-Centered Outcomes Research Institute established under section 1181(b) of the Social Security Act for carrying out part D of title XI of the Social Security Act (as in effect on the date of enactment of such Act).

“(2) TRANSFER OF FUNDS.—

“(A) IN GENERAL.—The trustee of the PCORTF shall provide for the transfer from the PCORTF of 20 percent of the amounts appropriated or credited to the PCORTF for each of fiscal years 2011 through 2019 to the Secretary of Health and Human Services to carry out section 937 of the Public Health Service Act.

“(B) AVAILABILITY.—Amounts transferred under subparagraph (A) shall remain available until expended.

“(C) REQUIREMENTS.—Of the amounts transferred under subparagraph (A) with respect to a fiscal year, the Secretary of Health and Human Services shall distribute—

“(i) 80 percent to the Office of Communication and Knowledge Transfer of the Agency for Healthcare Research and Quality (or any other relevant office designated by Agency for Healthcare Research and Quality) to carry out the activities described in section 937 of the Public Health Service Act; and

“(ii) 20 percent to the Secretary to carry out the activities described in such section 937.

“(e) NET REVENUES.—For purposes of this section, the term ‘net revenues’ means the amount estimated by the Secretary of the Treasury based on the excess of—

“(1) the fees received in the Treasury under subchapter B of chapter 34, over

“(2) the decrease in the tax imposed by chapter 1 resulting from the fees imposed by such subchapter.

“(f) TERMINATION.—No amounts shall be available for expenditure from the PCORTF after September 30, 2019, and any amounts in such Trust Fund after such date shall be transferred to the general fund of the Treasury.”

(B) CLERICAL AMENDMENT.—The table of sections for subchapter A of chapter 98 of such Code is amended by adding at the end the following new item:

“Sec. 9511. Patient-centered outcomes research trust fund.”

(2) FINANCING FOR FUND FROM FEES ON INSURED AND SELF-INSURED HEALTH PLANS.—

(A) GENERAL RULE.—Chapter 34 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subchapter:

“Subchapter B—Insured and Self-Insured Health Plans

“Sec. 4375. Health insurance.

“Sec. 4376. Self-insured health plans.

“Sec. 4377. Definitions and special rules.

“SEC. 4375. HEALTH INSURANCE.

“(a) IMPOSITION OF FEE.—There is hereby imposed on each specified health insurance policy for each policy year ending after September 30, 2012, a fee equal to the product of \$2 (\$1 in the case of policy years ending during fiscal year 2013) multiplied by the average number of lives covered under the policy.

“(b) **LIABILITY FOR FEE.**—The fee imposed by subsection (a) shall be paid by the issuer of the policy.

“(c) **SPECIFIED HEALTH INSURANCE POLICY.**—For purposes of this section:

“(1) **IN GENERAL.**—Except as otherwise provided in this section, the term ‘specified health insurance policy’ means any accident or health insurance policy (including a policy under a group health plan) issued with respect to individuals residing in the United States.

“(2) **EXEMPTION FOR CERTAIN POLICIES.**—The term ‘specified health insurance policy’ does not include any insurance if substantially all of its coverage is of excepted benefits described in section 9832(c).

“(3) **TREATMENT OF PREPAID HEALTH COVERAGE ARRANGEMENTS.**—

“(A) **IN GENERAL.**—In the case of any arrangement described in subparagraph (B), such arrangement shall be treated as a specified health insurance policy, and the person referred to in such subparagraph shall be treated as the issuer.

“(B) **DESCRIPTION OF ARRANGEMENTS.**—An arrangement is described in this subparagraph if under such arrangement fixed payments or premiums are received as consideration for any person’s agreement to provide or arrange for the provision of accident or health coverage to residents of the United States, regardless of how such coverage is provided or arranged to be provided.

“(d) **ADJUSTMENTS FOR INCREASES IN HEALTH CARE SPENDING.**—In the case of any policy year ending in any fiscal year beginning after September 30, 2014, the dollar amount in effect under subsection (a) for such policy year shall be equal to the sum of such dollar amount for policy years ending in the previous fiscal year (determined after the application of this subsection), plus an amount equal to the product of—

“(1) such dollar amount for policy years ending in the previous fiscal year, multiplied by

“(2) the percentage increase in the projected per capita amount of National Health Expenditures, as most recently published by the Secretary before the beginning of the fiscal year.

“(e) **TERMINATION.**—This section shall not apply to policy years ending after September 30, 2019.

“SEC. 4376. SELF-INSURED HEALTH PLANS.

“(a) **IMPOSITION OF FEE.**—In the case of any applicable self-insured health plan for each plan year ending after September 30, 2012, there is hereby imposed a fee equal to \$2 (\$1 in the case of plan years ending during fiscal year 2013) multiplied by the average number of lives covered under the plan.

“(b) **LIABILITY FOR FEE.**—

“(1) **IN GENERAL.**—The fee imposed by subsection (a) shall be paid by the plan sponsor.

“(2) **PLAN SPONSOR.**—For purposes of paragraph (1) the term ‘plan sponsor’ means—

“(A) the employer in the case of a plan established or maintained by a single employer,

“(B) the employee organization in the case of a plan established or maintained by an employee organization,

“(C) in the case of—

“(i) a plan established or maintained by 2 or more employers or jointly by 1 or more employers and 1 or more employee organizations,

“(ii) a multiple employer welfare arrangement, or

“(iii) a voluntary employees’ beneficiary association described in section 501(c)(9), the association, committee, joint board of trustees, or other similar group of representatives of the parties who establish or maintain the plan, or

“(D) the cooperative or association described in subsection (c)(2)(F) in the case of a plan established or maintained by such a cooperative or association.

“(c) **APPLICABLE SELF-INSURED HEALTH PLAN.**—For purposes of this section, the term ‘applicable self-insured health plan’ means any plan for providing accident or health coverage if—

“(1) any portion of such coverage is provided other than through an insurance policy, and

“(2) such plan is established or maintained—

“(A) by 1 or more employers for the benefit of their employees or former employees,

“(B) by 1 or more employee organizations for the benefit of their members or former members,

“(C) jointly by 1 or more employers and 1 or more employee organizations for the benefit of employees or former employees,

“(D) by a voluntary employees’ beneficiary association described in section 501(c)(9),

“(E) by any organization described in section 501(c)(6), or

“(F) in the case of a plan not described in the preceding subparagraphs, by a multiple employer welfare arrangement (as defined in section 3(40) of Employee Retirement Income Security Act of 1974), a rural electric cooperative (as defined in section 3(40)(B)(iv) of such Act), or a rural telephone cooperative association (as defined in section 3(40)(B)(v) of such Act).

“(d) **ADJUSTMENTS FOR INCREASES IN HEALTH CARE SPENDING.**—In the case of any plan year ending in any fiscal year beginning after September 30, 2014, the dollar amount in effect under subsection (a) for such plan year shall be equal to the sum of such dollar amount for plan years ending in the previous fiscal year (determined after the application of this subsection), plus an amount equal to the product of—

“(1) such dollar amount for plan years ending in the previous fiscal year, multiplied by

“(2) the percentage increase in the projected per capita amount of National Health Expenditures, as most recently published by the Secretary before the beginning of the fiscal year.

“(e) **TERMINATION.**—This section shall not apply to plan years ending after September 30, 2019.

“SEC. 4377. DEFINITIONS AND SPECIAL RULES.

“(a) **DEFINITIONS.**—For purposes of this subchapter—

“(1) **ACCIDENT AND HEALTH COVERAGE.**—The term ‘accident and health coverage’ means any coverage which, if provided by an insurance policy, would cause such policy to be a specified health insurance policy (as defined in section 4375(c)).

“(2) **INSURANCE POLICY.**—The term ‘insurance policy’ means any policy or other instrument whereby a contract of insurance is issued, renewed, or extended.

“(3) **UNITED STATES.**—The term ‘United States’ includes any possession of the United States.

“(b) **TREATMENT OF GOVERNMENTAL ENTITIES.**—

“(1) **IN GENERAL.**—For purposes of this subchapter—

“(A) the term ‘person’ includes any governmental entity, and

“(B) notwithstanding any other law or rule of law, governmental entities shall not be exempt from the fees imposed by this subchapter except as provided in paragraph (2).

“(2) **TREATMENT OF EXEMPT GOVERNMENTAL PROGRAMS.**—In the case of an exempt governmental program, no fee shall be imposed under section 4375 or section 4376 on any covered life under such program.

“(3) **EXEMPT GOVERNMENTAL PROGRAM DEFINED.**—For purposes of this subchapter, the term ‘exempt governmental program’ means—

“(A) any insurance program established under title XVIII of the Social Security Act,

“(B) the medical assistance program established by title XIX or XXI of the Social Security Act,

“(C) any program established by Federal law for providing medical care (other than through

insurance policies) to individuals (or the spouses and dependents thereof) by reason of such individuals being members of the Armed Forces of the United States or veterans, and

“(D) any program established by Federal law for providing medical care (other than through insurance policies) to members of Indian tribes (as defined in section 4(d) of the Indian Health Care Improvement Act).

“(c) **TREATMENT AS TAX.**—For purposes of subtitle F, the fees imposed by this subchapter shall be treated as if they were taxes.

“(d) **NO COVER OVER TO POSSESSIONS.**—Notwithstanding any other provision of law, no amount collected under this subchapter shall be covered over to any possession of the United States.”.

(B) **CLERICAL AMENDMENTS.**—

(i) Chapter 34 of such Code is amended by striking the chapter heading and inserting the following:

“CHAPTER 34—TAXES ON CERTAIN INSURANCE POLICIES

“SUBCHAPTER A. POLICIES ISSUED BY FOREIGN INSURERS

“SUBCHAPTER B. INSURED AND SELF-INSURED HEALTH PLANS

“Subchapter A—Policies Issued By Foreign Insurers”.

(ii) The table of chapters for subtitle D of such Code is amended by striking the item relating to chapter 34 and inserting the following new item:

“CHAPTER 34—TAXES ON CERTAIN INSURANCE POLICIES”.

(f) **TAX-EXEMPT STATUS OF THE PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE.**—Subsection 501(l) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(4) The Patient-Centered Outcomes Research Institute established under section 1181(b) of the Social Security Act.”.

SEC. 6302. FEDERAL COORDINATING COUNCIL FOR COMPARATIVE EFFECTIVENESS RESEARCH.

Notwithstanding any other provision of law, the Federal Coordinating Council for Comparative Effectiveness Research established under section 804 of Division A of the American Recovery and Reinvestment Act of 2009 (42 U.S.C. 299b-8), including the requirement under subsection (e)(2) of such section, shall terminate on the date of enactment of this Act.

Subtitle E—Medicare, Medicaid, and CHIP Program Integrity Provisions

SEC. 6401. PROVIDER SCREENING AND OTHER ENROLLMENT REQUIREMENTS UNDER MEDICARE, MEDICAID, AND CHIP.

(a) **MEDICARE.**—Section 1866(j) of the Social Security Act (42 U.S.C. 1395cc(j)) is amended—

(1) in paragraph (1)(A), by adding at the end the following: “Such process shall include screening of providers and suppliers in accordance with paragraph (2), a provisional period of enhanced oversight in accordance with paragraph (3), disclosure requirements in accordance with paragraph (4), the imposition of temporary enrollment moratoria in accordance with paragraph (5), and the establishment of compliance programs in accordance with paragraph (6).”;

(2) by redesignating paragraph (2) as paragraph (7); and

(3) by inserting after paragraph (1) the following:

“(2) **PROVIDER SCREENING.**—

“(A) **PROCEDURES.**—Not later than 180 days after the date of enactment of this paragraph, the Secretary, in consultation with the Inspector General of the Department of Health and Human Services, shall establish procedures under which screening is conducted with respect to providers of medical or other items or services

and suppliers under the program under this title, the Medicaid program under title XIX, and the CHIP program under title XXI.

“(B) LEVEL OF SCREENING.—The Secretary shall determine the level of screening conducted under this paragraph according to the risk of fraud, waste, and abuse, as determined by the Secretary, with respect to the category of provider of medical or other items or services or supplier. Such screening—

“(i) shall include a licensure check, which may include such checks across States; and

“(ii) may, as the Secretary determines appropriate based on the risk of fraud, waste, and abuse described in the preceding sentence, include—

“(I) a criminal background check;

“(II) fingerprinting;

“(III) unscheduled and unannounced site visits, including pre-enrollment site visits;

“(IV) database checks (including such checks across States); and

“(V) such other screening as the Secretary determines appropriate.

“(C) APPLICATION FEES.—

“(i) INDIVIDUAL PROVIDERS.—Except as provided in clause (iii), the Secretary shall impose a fee on each individual provider of medical or other items or services or supplier (such as a physician, physician assistant, nurse practitioner, or clinical nurse specialist) with respect to which screening is conducted under this paragraph in an amount equal to—

“(I) for 2010, \$200; and

“(II) for 2011 and each subsequent year, the amount determined under this clause for the preceding year, adjusted by the percentage change in the consumer price index for all urban consumers (all items; United States city average) for the 12-month period ending with June of the previous year.

“(ii) INSTITUTIONAL PROVIDERS.—Except as provided in clause (iii), the Secretary shall impose a fee on each institutional provider of medical or other items or services or supplier (such as a hospital or skilled nursing facility) with respect to which screening is conducted under this paragraph in an amount equal to—

“(I) for 2010, \$500; and

“(II) for 2011 and each subsequent year, the amount determined under this clause for the preceding year, adjusted by the percentage change in the consumer price index for all urban consumers (all items; United States city average) for the 12-month period ending with June of the previous year.

“(iii) HARDSHIP EXCEPTION; WAIVER FOR CERTAIN MEDICAID PROVIDERS.—The Secretary may, on a case-by-case basis, exempt a provider of medical or other items or services or supplier from the imposition of an application fee under this subparagraph if the Secretary determines that the imposition of the application fee would result in a hardship. The Secretary may waive the application fee under this subparagraph for providers enrolled in a State Medicaid program for whom the State demonstrates that imposition of the fee would impede beneficiary access to care.

“(iv) USE OF FUNDS.—Amounts collected as a result of the imposition of a fee under this subparagraph shall be used by the Secretary for program integrity efforts, including to cover the costs of conducting screening under this paragraph and to carry out this subsection and section 11281.

“(D) APPLICATION AND ENFORCEMENT.—

“(i) NEW PROVIDERS OF SERVICES AND SUPPLIERS.—The screening under this paragraph shall apply, in the case of a provider of medical or other items or services or supplier who is not enrolled in the program under this title, title XIX, or title XXI as of the date of enactment of this paragraph, on or after the date that is 1 year after such date of enactment.

“(ii) CURRENT PROVIDERS OF SERVICES AND SUPPLIERS.—The screening under this paragraph shall apply, in the case of a provider of medical or other items or services or supplier who is enrolled in the program under this title, title XIX, or title XXI as of such date of enactment, on or after the date that is 2 years after such date of enactment.

“(iii) REVALIDATION OF ENROLLMENT.—Effective beginning on the date that is 180 days after such date of enactment, the screening under this paragraph shall apply with respect to the revalidation of enrollment of a provider of medical or other items or services or supplier in the program under this title, title XIX, or title XXI.

“(iv) LIMITATION ON ENROLLMENT AND REVALIDATION OF ENROLLMENT.—In no case may a provider of medical or other items or services or supplier who has not been screened under this paragraph be initially enrolled or reenrolled in the program under this title, title XIX, or title XXI on or after the date that is 3 years after such date of enactment.

“(E) EXPEDITED RULEMAKING.—The Secretary may promulgate an interim final rule to carry out this paragraph.

“(3) PROVISIONAL PERIOD OF ENHANCED OVERSIGHT FOR NEW PROVIDERS OF SERVICES AND SUPPLIERS.—

“(A) IN GENERAL.—The Secretary shall establish procedures to provide for a provisional period of not less than 30 days and not more than 1 year during which new providers of medical or other items or services and suppliers, as the Secretary determines appropriate, including categories of providers or suppliers, would be subject to enhanced oversight, such as prepayment review and payment caps, under the program under this title, the Medicaid program under title XIX, and the CHIP program under title XXI.

“(B) IMPLEMENTATION.—The Secretary may establish by program instruction or otherwise the procedures under this paragraph.

“(4) INCREASED DISCLOSURE REQUIREMENTS.—

“(A) DISCLOSURE.—A provider of medical or other items or services or supplier who submits an application for enrollment or revalidation of enrollment in the program under this title, title XIX, or title XXI on or after the date that is 1 year after the date of enactment of this paragraph shall disclose (in a form and manner and at such time as determined by the Secretary) any current or previous affiliation (directly or indirectly) with a provider of medical or other items or services or supplier that has uncollected debt, has been or is subject to a payment suspension under a Federal health care program (as defined in section 1128B(f)), has been excluded from participation under the program under this title, the Medicaid program under title XIX, or the CHIP program under title XXI, or has had its billing privileges denied or revoked.

“(B) AUTHORITY TO DENY ENROLLMENT.—If the Secretary determines that such previous affiliation poses an undue risk of fraud, waste, or abuse, the Secretary may deny such application. Such a denial shall be subject to appeal in accordance with paragraph (7).

“(5) AUTHORITY TO ADJUST PAYMENTS OF PROVIDERS OF SERVICES AND SUPPLIERS WITH THE SAME TAX IDENTIFICATION NUMBER FOR PAST-DUE OBLIGATIONS.—

“(A) IN GENERAL.—Notwithstanding any other provision of this title, in the case of an applicable provider of services or supplier, the Secretary may make any necessary adjustments to payments to the applicable provider of services or supplier under the program under this title in order to satisfy any past-due obligations described in subparagraph (B)(ii) of an obligated provider of services or supplier.

“(B) DEFINITIONS.—In this paragraph:

“(i) IN GENERAL.—The term ‘applicable provider of services or supplier’ means a provider of services or supplier that has the same taxpayer identification number assigned under section 6109 of the Internal Revenue Code of 1986 as is assigned to the obligated provider of services or supplier under such section, regardless of whether the applicable provider of services or supplier is assigned a different billing number or national provider identification number under the program under this title than is assigned to the obligated provider of services or supplier.

“(ii) OBLIGATED PROVIDER OF SERVICES OR SUPPLIER.—The term ‘obligated provider of services or supplier’ means a provider of services or supplier that owes a past-due obligation under the program under this title (as determined by the Secretary).

“(6) TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS.—

“(A) IN GENERAL.—The Secretary may impose a temporary moratorium on the enrollment of new providers of services and suppliers, including categories of providers of services and suppliers, in the program under this title, under the Medicaid program under title XIX, or under the CHIP program under title XXI if the Secretary determines such moratorium is necessary to prevent or combat fraud, waste, or abuse under either such program.

“(B) LIMITATION ON REVIEW.—There shall be no judicial review under section 1869, section 1878, or otherwise, of a temporary moratorium imposed under subparagraph (A).

“(7) COMPLIANCE PROGRAMS.—

“(A) IN GENERAL.—On or after the date of implementation determined by the Secretary under subparagraph (C), a provider of medical or other items or services or supplier within a particular industry sector or category shall, as a condition of enrollment in the program under this title, title XIX, or title XXI, establish a compliance program that contains the core elements established under subparagraph (B) with respect to that provider or supplier and industry or category.

“(B) ESTABLISHMENT OF CORE ELEMENTS.—The Secretary, in consultation with the Inspector General of the Department of Health and Human Services, shall establish core elements for a compliance program under subparagraph (A) for providers or suppliers within a particular industry or category.

“(C) TIMELINE FOR IMPLEMENTATION.—The Secretary shall determine the timeline for the establishment of the core elements under subparagraph (B) and the date of the implementation of subparagraph (A) for providers or suppliers within a particular industry or category. The Secretary shall, in determining such date of implementation, consider the extent to which the adoption of compliance programs by a provider of medical or other items or services or supplier is widespread in a particular industry sector or with respect to a particular provider or supplier category.”

(b) MEDICAID.—

(1) STATE PLAN AMENDMENT.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)), as amended by section 4302(b), is amended—

(A) in subsection (a)—

(i) by striking “and” at the end of paragraph (75);

(ii) by striking the period at the end of paragraph (76) and inserting a semicolon; and

(iii) by inserting after paragraph (76) the following:

“(77) provide that the State shall comply with provider and supplier screening, oversight, and reporting requirements in accordance with subsection (ii);”;

(B) by adding at the end the following:

“(ii) PROVIDER AND SUPPLIER SCREENING, OVERSIGHT, AND REPORTING REQUIREMENTS.—

For purposes of subsection (a)(77), the requirements of this subsection are the following:

“(1) **SCREENING.**—The State complies with the process for screening providers and suppliers under this title, as established by the Secretary under section 1866(j)(2).

“(2) **PROVISIONAL PERIOD OF ENHANCED OVERSIGHT FOR NEW PROVIDERS AND SUPPLIERS.**—The State complies with procedures to provide for a provisional period of enhanced oversight for new providers and suppliers under this title, as established by the Secretary under section 1866(j)(3).

“(3) **DISCLOSURE REQUIREMENTS.**—The State requires providers and suppliers under the State plan or under a waiver of the plan to comply with the disclosure requirements established by the Secretary under section 1866(j)(4).

“(4) **TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS.**—

“(A) **TEMPORARY MORATORIUM IMPOSED BY THE SECRETARY.**—

“(i) **IN GENERAL.**—Subject to clause (ii), the State imposes with any temporary moratorium on the enrollment of new providers or suppliers imposed by the Secretary under section 1866(j)(6).

“(ii) **EXCEPTION.**—A State shall not be required to comply with a temporary moratorium described in clause (i) if the State determines that the imposition of such temporary moratorium would adversely impact beneficiaries' access to medical assistance.

“(B) **MORATORIUM ON ENROLLMENT OF PROVIDERS AND SUPPLIERS.**—At the option of the State, the State imposes, for purposes of entering into participation agreements with providers or suppliers under the State plan or under a waiver of the plan, periods of enrollment moratoria, or numerical caps or other limits, for providers or suppliers identified by the Secretary as being at high-risk for fraud, waste, or abuse as necessary to combat fraud, waste, or abuse, but only if the State determines that the imposition of any such period, cap, or other limits would not adversely impact beneficiaries' access to medical assistance.

“(5) **COMPLIANCE PROGRAMS.**—The State requires providers and suppliers under the State plan or under a waiver of the plan to establish, in accordance with the requirements of section 1866(j)(7), a compliance program that contains the core elements established under subparagraph (B) of that section 1866(j)(7) for providers or suppliers within a particular industry or category.

“(6) **REPORTING OF ADVERSE PROVIDER ACTIONS.**—The State complies with the national system for reporting criminal and civil convictions, sanctions, negative licensure actions, and other adverse provider actions to the Secretary, through the Administrator of the Centers for Medicare & Medicaid Services, in accordance with regulations of the Secretary.

“(7) **ENROLLMENT AND NPI OF ORDERING OR REFERRING PROVIDERS.**—The State requires—

“(A) all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the plan as a participating provider; and

“(B) the national provider identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

“(8) **OTHER STATE OVERSIGHT.**—Nothing in this subsection shall be interpreted to preclude or limit the ability of a State to engage in provider and supplier screening or enhanced provider and supplier oversight activities beyond those required by the Secretary.”.

(2) **DISCLOSURE OF MEDICARE TERMINATED PROVIDERS AND SUPPLIERS TO STATES.**—The Administrator of the Centers for Medicare & Med-

icaid Services shall establish a process for making available to the each State agency with responsibility for administering a State Medicaid plan (or a waiver of such plan) under title XIX of the Social Security Act or a child health plan under title XXI the name, national provider identifier, and other identifying information for any provider of medical or other items or services or supplier under the Medicare program under title XVIII or under the CHIP program under title XXI that is terminated from participation under that program within 30 days of the termination (and, with respect to all such providers or suppliers who are terminated from the Medicare program on the date of enactment of this Act, within 90 days of such date).

(3) **CONFORMING AMENDMENT.**—Section 1902(a)(23) of the Social Security Act (42 U.S.C. 1396a), is amended by inserting before the semicolon at the end the following: “or by a provider or supplier to which a moratorium under subsection (ii)(4) is applied during the period of such moratorium”.

(c) **CHIP.**—Section 2107(e)(1) of the Social Security Act (42 U.S.C. 1397gg(e)(1)), as amended by section 2101(d), is amended—

(1) by redesignating subparagraphs (D) through (M) as subparagraphs (E) through (N), respectively; and

(2) by inserting after subparagraph (C), the following:

“(D) Subsections (a)(77) and (ii) of section 1902 (relating to provider and supplier screening, oversight, and reporting requirements).”.

SEC. 6402. ENHANCED MEDICARE AND MEDICAID PROGRAM INTEGRITY PROVISIONS.

(a) **IN GENERAL.**—Part A of title XI of the Social Security Act (42 U.S.C. 1301 et seq.), as amended by sections 6002, 6004, and 6102, is amended by inserting after section 1128I the following new section:

“SEC. 1128J. MEDICARE AND MEDICAID PROGRAM INTEGRITY PROVISIONS.

“(a) **DATA MATCHING.**—

“(1) **INTEGRATED DATA REPOSITORY.**—

“(A) **INCLUSION OF CERTAIN DATA.**—

“(i) **IN GENERAL.**—The Integrated Data Repository of the Centers for Medicare & Medicaid Services shall include, at a minimum, claims and payment data from the following:

“(I) The programs under titles XVIII and XIX (including parts A, B, C, and D of title XVIII).

“(II) The program under title XXI.

“(III) Health-related programs administered by the Secretary of Veterans Affairs.

“(IV) Health-related programs administered by the Secretary of Defense.

“(V) The program of old-age, survivors, and disability insurance benefits established under title II.

“(VI) The Indian Health Service and the Contract Health Service program.

“(ii) **PRIORITY FOR INCLUSION OF CERTAIN DATA.**—Inclusion of the data described in subclause (I) of such clause in the Integrated Data Repository shall be a priority. Data described in subclauses (II) through (VI) of such clause shall be included in the Integrated Data Repository as appropriate.

“(B) **DATA SHARING AND MATCHING.**—

“(i) **IN GENERAL.**—The Secretary shall enter into agreements with the individuals described in clause (ii) under which such individuals share and match data in the system of records of the respective agencies of such individuals with data in the system of records of the Department of Health and Human Services for the purpose of identifying potential fraud, waste, and abuse under the programs under titles XVIII and XIX.

“(ii) **INDIVIDUALS DESCRIBED.**—The following individuals are described in this clause:

“(I) The Commissioner of Social Security.

“(II) The Secretary of Veterans Affairs.

“(III) The Secretary of Defense.

“(IV) The Director of the Indian Health Service.

“(iii) **DEFINITION OF SYSTEM OF RECORDS.**—For purposes of this paragraph, the term ‘system of records’ has the meaning given such term in section 552a(a)(5) of title 5, United States Code.

“(2) **ACCESS TO CLAIMS AND PAYMENT DATABASES.**—For purposes of conducting law enforcement and oversight activities and to the extent consistent with applicable information, privacy, security, and disclosure laws, including the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 and section 552a of title 5, United States Code, and subject to any information systems security requirements under such laws or otherwise required by the Secretary, the Inspector General of the Department of Health and Human Services and the Attorney General shall have access to claims and payment data of the Department of Health and Human Services and its contractors related to titles XVIII, XIX, and XXI.

“(b) **OIG AUTHORITY TO OBTAIN INFORMATION.**—

“(1) **IN GENERAL.**—Notwithstanding and in addition to any other provision of law, the Inspector General of the Department of Health and Human Services may, for purposes of protecting the integrity of the programs under titles XVIII and XIX, obtain information from any individual (including a beneficiary provided all applicable privacy protections are followed) or entity that—

“(A) is a provider of medical or other items or services, supplier, grant recipient, contractor, or subcontractor; or

“(B) directly or indirectly provides, orders, manufactures, distributes, arranges for, prescribes, supplies, or receives medical or other items or services payable by any Federal health care program (as defined in section 1128B(f)) regardless of how the item or service is paid for, or to whom such payment is made.

“(2) **INCLUSION OF CERTAIN INFORMATION.**—Information which the Inspector General may obtain under paragraph (1) includes any supporting documentation necessary to validate claims for payment or payments under title XVIII or XIX, including a prescribing physician's medical records for an individual who is prescribed an item or service which is covered under part B of title XVIII, a covered part D drug (as defined in section 1860D-2(e)) for which payment is made under an MA-PD plan under part C of such title, or a prescription drug plan under part D of such title, and any records necessary for evaluation of the economy, efficiency, and effectiveness of the programs under titles XVIII and XIX.

“(c) **ADMINISTRATIVE REMEDY FOR KNOWING PARTICIPATION BY BENEFICIARY IN HEALTH CARE FRAUD SCHEME.**—

“(1) **IN GENERAL.**—In addition to any other applicable remedies, if an applicable individual has knowingly participated in a Federal health care fraud offense or a conspiracy to commit a Federal health care fraud offense, the Secretary shall impose an appropriate administrative penalty commensurate with the offense or conspiracy.

“(2) **APPLICABLE INDIVIDUAL.**—For purposes of paragraph (1), the term ‘applicable individual’ means an individual—

“(A) entitled to, or enrolled for, benefits under part A of title XVIII or enrolled under part B of such title;

“(B) eligible for medical assistance under a State plan under title XIX or under a waiver of such plan; or

“(C) eligible for child health assistance under a child health plan under title XXI.

“(d) **REPORTING AND RETURNING OF OVERPAYMENTS.**—

“(1) *IN GENERAL.*—If a person has received an overpayment, the person shall—

“(A) report and return the overpayment to the Secretary, the State, an intermediary, a carrier, or a contractor, as appropriate, at the correct address; and

“(B) notify the Secretary, State, intermediary, carrier, or contractor to whom the overpayment was returned in writing of the reason for the overpayment.

“(2) *DEADLINE FOR REPORTING AND RETURNING OVERPAYMENTS.*—An overpayment must be reported and returned under paragraph (1) by the later of—

“(A) the date which is 60 days after the date on which the overpayment was identified; or

“(B) the date any corresponding cost report is due, if applicable.

“(3) *ENFORCEMENT.*—Any overpayment retained by a person after the deadline for reporting and returning the overpayment under paragraph (2) is an obligation (as defined in section 3729(b)(3) of title 31, United States Code) for purposes of section 3729 of such title.

“(4) *DEFINITIONS.*—In this subsection:

“(A) *KNOWING AND KNOWINGLY.*—The terms ‘knowing’ and ‘knowingly’ have the meaning given those terms in section 3729(b) of title 31, United States Code.

“(B) *OVERPAYMENT.*—The term ‘overpayment’ means any funds that a person receives or retains under title XVIII or XIX to which the person, after applicable reconciliation, is not entitled under such title.

“(C) *PERSON.*—

“(i) *IN GENERAL.*—The term ‘person’ means a provider of services, supplier, medicare managed care organization (as defined in section 1903(m)(1)(A)), Medicare Advantage organization (as defined in section 1859(a)(1)), or PDP sponsor (as defined in section 1860D-41(a)(13)).

“(ii) *EXCLUSION.*—Such term does not include a beneficiary.

“(e) *INCLUSION OF NATIONAL PROVIDER IDENTIFIER ON ALL APPLICATIONS AND CLAIMS.*—The Secretary shall promulgate a regulation that requires, not later than January 1, 2011, all providers of medical or other items or services and suppliers under the programs under titles XVIII and XIX that qualify for a national provider identifier to include their national provider identifier on all applications to enroll in such programs and on all claims for payment submitted under such programs.”.

(b) *ACCESS TO DATA.*—

(1) *MEDICARE PART D.*—Section 1860D-15(f)(2) of the Social Security Act (42 U.S.C. 1395w-116(f)(2)) is amended by striking “may be used by” and all that follows through the period at the end and inserting “may be used—

“(A) by officers, employees, and contractors of the Department of Health and Human Services for the purposes of, and to the extent necessary in—

“(i) carrying out this section; and

“(ii) conducting oversight, evaluation, and enforcement under this title; and

“(B) by the Attorney General and the Comptroller General of the United States for the purposes of, and to the extent necessary in, carrying out health oversight activities.”.

(2) *DATA MATCHING.*—Section 552a(a)(8)(B) of title 5, United States Code, is amended—

(A) in clause (vii), by striking “or” at the end;

(B) in clause (viii), by inserting “or” after the semicolon; and

(C) by adding at the end the following new clause:

“(ix) matches performed by the Secretary of Health and Human Services or the Inspector General of the Department of Health and Human Services with respect to potential fraud, waste, and abuse, including matches of a system of records with non-Federal records.”.

(3) *MATCHING AGREEMENTS WITH THE COMMISSIONER OF SOCIAL SECURITY.*—Section 205(r) of the Social Security Act (42 U.S.C. 405(r)) is amended by adding at the end the following new paragraph:

“(9)(A) The Commissioner of Social Security shall, upon the request of the Secretary or the Inspector General of the Department of Health and Human Services—

“(i) enter into an agreement with the Secretary or such Inspector General for the purpose of matching data in the system of records of the Social Security Administration and the system of records of the Department of Health and Human Services; and

“(ii) include in such agreement safeguards to assure the maintenance of the confidentiality of any information disclosed.

“(B) For purposes of this paragraph, the term ‘system of records’ has the meaning given such term in section 552a(a)(5) of title 5, United States Code.”.

(c) *WITHHOLDING OF FEDERAL MATCHING PAYMENTS FOR STATES THAT FAIL TO REPORT ENROLLEE ENCOUNTER DATA IN THE MEDICAID STATISTICAL INFORMATION SYSTEM.*—Section 1903(i) of the Social Security Act (42 U.S.C. 1396b(i)) is amended—

(1) in paragraph (23), by striking “or” at the end;

(2) in paragraph (24), by striking the period at the end and inserting “; or”; and

(3) by adding at the end the following new paragraph:

“(25) with respect to any amounts expended for medical assistance for individuals for whom the State does not report enrollee encounter data (as defined by the Secretary) to the Medicaid Statistical Information System (MSIS) in a timely manner (as determined by the Secretary).”.

(d) *PERMISSIVE EXCLUSIONS AND CIVIL MONETARY PENALTIES.*—

(1) *PERMISSIVE EXCLUSIONS.*—Section 1128(b) of the Social Security Act (42 U.S.C. 1320a-7(b)) is amended by adding at the end the following new paragraph:

“(16) *MAKING FALSE STATEMENTS OR MISREPRESENTATION OF MATERIAL FACTS.*—Any individual or entity that knowingly makes or causes to be made any false statement, omission, or misrepresentation of a material fact in any application, agreement, bid, or contract to participate or enroll as a provider of services or supplier under a Federal health care program (as defined in section 1128B(f)), including Medicare Advantage organizations under part C of title XVIII, prescription drug plan sponsors under part D of title XVIII, medicare managed care organizations under title XIX, and entities that apply to participate as providers of services or suppliers in such managed care organizations and such plans.”.

(2) *CIVIL MONETARY PENALTIES.*—

(A) *IN GENERAL.*—Section 1128A(a) of the Social Security Act (42 U.S.C. 1320a-7a(a)) is amended—

(i) in paragraph (1)(D), by striking “was excluded” and all that follows through the period at the end and inserting “was excluded from the Federal health care program (as defined in section 1128B(f)) under which the claim was made pursuant to Federal law.”;

(ii) in paragraph (6), by striking “or” at the end;

(iii) by inserting after paragraph (7), the following new paragraphs:

“(8) orders or prescribes a medical or other item or service during a period in which the person was excluded from a Federal health care program (as so defined), in the case where the person knows or should know that a claim for such medical or other item or service will be made under such a program;

“(9) knowingly makes or causes to be made any false statement, omission, or misrepresentation of a material fact in any application, bid, or contract to participate or enroll as a provider of services or a supplier under a Federal health care program (as so defined), including Medicare Advantage organizations under part C of title XVIII, prescription drug plan sponsors under part D of title XVIII, medicare managed care organizations under title XIX, and entities that apply to participate as providers of services or suppliers in such managed care organizations and such plans;

“(10) knows of an overpayment (as defined in paragraph (4) of section 1128(d)) and does not report and return the overpayment in accordance with such section;”;

(iv) in the first sentence—

(I) by striking the “or” after “prohibited relationship occurs;”; and

(II) by striking “(act)” and inserting “act; or in cases under paragraph (9), \$50,000 for each false statement or misrepresentation of a material fact)”;

(v) in the second sentence, by striking “purpose)” and inserting “purpose; or in cases under paragraph (9), an assessment of not more than 3 times the total amount claimed for each item or service for which payment was made based upon the application containing the false statement or misrepresentation of a material fact)”.

(B) *CLARIFICATION OF TREATMENT OF CERTAIN CHARITABLE AND OTHER INNOCUOUS PROGRAMS.*—Section 1128A(i)(6) of the Social Security Act (42 U.S.C. 1320a-7a(i)(6)) is amended—

(i) in subparagraph (C), by striking “or” at the end;

(ii) in subparagraph (D), as redesignated by section 4331(e) of the Balanced Budget Act of 1997 (Public Law 105-33), by striking the period at the end and inserting a semicolon;

(iii) by redesignating subparagraph (D), as added by section 4523(c) of such Act, as subparagraph (E) and striking the period at the end and inserting “; or”; and

(iv) by adding at the end the following new subparagraphs:

“(F) any other remuneration which promotes access to care and poses a low risk of harm to patients and Federal health care programs (as defined in section 1128B(f) and designated by the Secretary under regulations);

“(G) the offer or transfer of items or services for free or less than fair market value by a person, if—

“(i) the items or services consist of coupons, rebates, or other rewards from a retailer;

“(ii) the items or services are offered or transferred on equal terms available to the general public, regardless of health insurance status; and

“(iii) the offer or transfer of the items or services is not tied to the provision of other items or services reimbursed in whole or in part by the program under title XVIII or a State health care program (as defined in section 1128(h));

“(H) the offer or transfer of items or services for free or less than fair market value by a person, if—

“(i) the items or services are not offered as part of any advertisement or solicitation;

“(ii) the items or services are not tied to the provision of other services reimbursed in whole or in part by the program under title XVIII or a State health care program (as so defined);

“(iii) there is a reasonable connection between the items or services and the medical care of the individual; and

“(iv) the person provides the items or services after determining in good faith that the individual is in financial need; or

“(I) effective on a date specified by the Secretary (but not earlier than January 1, 2011), the waiver by a PDP sponsor of a prescription

drug plan under part D of title XVIII or an MA organization offering an MA-PD plan under part C of such title of any copayment for the first fill of a covered part D drug (as defined in section 1860D-2(e)) that is a generic drug for individuals enrolled in the prescription drug plan or MA-PD plan, respectively.”.

(e) TESTIMONIAL SUBPOENA AUTHORITY IN EXCLUSION-ONLY CASES.—Section 1128(f) of the Social Security Act (42 U.S.C. 1320a-7(f)) is amended by adding at the end the following new paragraph:

“(4) The provisions of subsections (d) and (e) of section 205 shall apply with respect to this section to the same extent as they are applicable with respect to title II. The Secretary may delegate the authority granted by section 205(d) (as made applicable to this section) to the Inspector General of the Department of Health and Human Services for purposes of any investigation under this section.”.

(f) HEALTH CARE FRAUD.—

(1) KICKBACKS.—Section 1128B of the Social Security Act (42 U.S.C. 1320a-7b) is amended by adding at the end the following new subsection:

“(g) In addition to the penalties provided for in this section or section 1128A, a claim that includes items or services resulting from a violation of this section constitutes a false or fraudulent claim for purposes of subchapter III of chapter 37 of title 31, United States Code.”.

(2) REVISING THE INTENT REQUIREMENT.—Section 1128B of the Social Security Act (42 U.S.C. 1320a-7b), as amended by paragraph (1), is amended by adding at the end the following new subsection:

“(h) With respect to violations of this section, a person need not have actual knowledge of this section or specific intent to commit a violation of this section.”.

(g) SURETY BOND REQUIREMENTS.—

(1) DURABLE MEDICAL EQUIPMENT.—Section 1834(a)(16)(B) of the Social Security Act (42 U.S.C. 1395m(a)(16)(B)) is amended by inserting “that the Secretary determines is commensurate with the volume of the billing of the supplier” before the period at the end.

(2) HOME HEALTH AGENCIES.—Section 1861(o)(7)(C) of the Social Security Act (42 U.S.C. 1395x(o)(7)(C)) is amended by inserting “that the Secretary determines is commensurate with the volume of the billing of the home health agency” before the semicolon at the end.

(3) REQUIREMENTS FOR CERTAIN OTHER PROVIDERS OF SERVICES AND SUPPLIERS.—Section 1862 of the Social Security Act (42 U.S.C. 1395y) is amended by adding at the end the following new subsection:

“(n) REQUIREMENT OF A SURETY BOND FOR CERTAIN PROVIDERS OF SERVICES AND SUPPLIERS.—

“(1) IN GENERAL.—The Secretary may require a provider of services or supplier described in paragraph (2) to provide the Secretary on a continuing basis with a surety bond in a form specified by the Secretary in an amount (not less than \$50,000) that the Secretary determines is commensurate with the volume of the billing of the provider of services or supplier. The Secretary may waive the requirement of a bond under the preceding sentence in the case of a provider of services or supplier that provides a comparable surety bond under State law.

“(2) PROVIDER OF SERVICES OR SUPPLIER DESCRIBED.—A provider of services or supplier described in this paragraph is a provider of services or supplier the Secretary determines appropriate based on the level of risk involved with respect to the provider of services or supplier, and consistent with the surety bond requirements under sections 1834(a)(16)(B) and 1861(o)(7)(C).”.

(h) SUSPENSION OF MEDICARE AND MEDICAID PAYMENTS PENDING INVESTIGATION OF CREDIBLE ALLEGATIONS OF FRAUD.—

(1) MEDICARE.—Section 1862 of the Social Security Act (42 U.S.C. 1395y), as amended by subsection (g)(3), is amended by adding at the end the following new subsection:

“(o) SUSPENSION OF PAYMENTS PENDING INVESTIGATION OF CREDIBLE ALLEGATIONS OF FRAUD.—

“(1) IN GENERAL.—The Secretary may suspend payments to a provider of services or supplier under this title pending an investigation of a credible allegation of fraud against the provider of services or supplier, unless the Secretary determines there is good cause not to suspend such payments.

“(2) CONSULTATION.—The Secretary shall consult with the Inspector General of the Department of Health and Human Services in determining whether there is a credible allegation of fraud against a provider of services or supplier.

“(3) PROMULGATION OF REGULATIONS.—The Secretary shall promulgate regulations to carry out this subsection and section 1903(i)(2)(C).”.

(2) MEDICAID.—Section 1903(i)(2) of such Act (42 U.S.C. 1396b(i)(2)) is amended—

(A) in subparagraph (A), by striking “or” at the end; and

(B) by inserting after subparagraph (B), the following:

“(C) by any individual or entity to whom the State has failed to suspend payments under the plan during any period when there is pending an investigation of a credible allegation of fraud against the individual or entity, as determined by the State in accordance with regulations promulgated by the Secretary for purposes of section 1862(o) and this subparagraph, unless the State determines in accordance with such regulations there is good cause not to suspend such payments; or”.

(i) INCREASED FUNDING TO FIGHT FRAUD AND ABUSE.—

(1) IN GENERAL.—Section 1817(k) of the Social Security Act (42 U.S.C. 1395i(k)) is amended—

(A) by adding at the end the following new paragraph:

“(7) ADDITIONAL FUNDING.—In addition to the funds otherwise appropriated to the Account from the Trust Fund under paragraphs (3) and (4) and for purposes described in paragraphs (3)(C) and (4)(A), there are hereby appropriated an additional \$10,000,000 to such Account from such Trust Fund for each of fiscal years 2011 through 2020. The funds appropriated under this paragraph shall be allocated in the same proportion as the total funding appropriated with respect to paragraphs (3)(A) and (4)(A) was allocated with respect to fiscal year 2010, and shall be available without further appropriation until expended.”; and

(B) in paragraph (4)(A), by inserting “until expended” after “appropriation”.

(2) INDEXING OF AMOUNTS APPROPRIATED.—

(A) DEPARTMENTS OF HEALTH AND HUMAN SERVICES AND JUSTICE.—Section 1817(k)(3)(A)(i) of the Social Security Act (42 U.S.C. 1395i(k)(3)(A)(i)) is amended—

(i) in subclause (III), by inserting “and” at the end;

(ii) in subclause (IV)—

(I) by striking “for each of fiscal years 2007, 2008, 2009, and 2010” and inserting “for each fiscal year after fiscal year 2006”; and

(II) by striking “; and” and inserting a period; and

(iii) by striking subclause (V).

(B) OFFICE OF THE INSPECTOR GENERAL OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.—Section 1817(k)(3)(A)(ii) of such Act (42 U.S.C. 1395i(k)(3)(A)(ii)) is amended—

(i) in subclause (VIII), by inserting “and” at the end;

(ii) in subclause (IX)—

(I) by striking “for each of fiscal years 2008, 2009, and 2010” and inserting “for each fiscal year after fiscal year 2007”; and

(II) by striking “; and” and inserting a period; and

(iii) by striking subclause (X).

(C) FEDERAL BUREAU OF INVESTIGATION.—Section 1817(k)(3)(B) of the Social Security Act (42 U.S.C. 1395i(k)(3)(B)) is amended—

(i) in clause (vii), by inserting “and” at the end;

(ii) in clause (viii)—

(I) by striking “for each of fiscal years 2007, 2008, 2009, and 2010” and inserting “for each fiscal year after fiscal year 2006”; and

(II) by striking “; and” and inserting a period; and

(iii) by striking clause (ix).

(D) MEDICARE INTEGRITY PROGRAM.—Section 1817(k)(4)(C) of the Social Security Act (42 U.S.C. 1395i(k)(4)(C)) is amended by adding at the end the following new clause:

“(ii) For each fiscal year after 2010, by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) over the previous year.”.

(j) MEDICARE INTEGRITY PROGRAM AND MEDICAID INTEGRITY PROGRAM.—

(1) MEDICARE INTEGRITY PROGRAM.—

(A) REQUIREMENT TO PROVIDE PERFORMANCE STATISTICS.—Section 1893(c) of the Social Security Act (42 U.S.C. 1395ddd(c)) is amended—

(i) in paragraph (3), by striking “and” at the end;

(ii) by redesignating paragraph (4) as paragraph (5); and

(iii) by inserting after paragraph (3) the following new paragraph:

“(4) The entity agrees to provide the Secretary and the Inspector General of the Department of Health and Human Services with such performance statistics (including the number and amount of overpayments recovered, the number of fraud referrals, and the return on investment of such activities by the entity) as the Secretary or the Inspector General may request; and”.

(B) EVALUATIONS AND ANNUAL REPORT.—Section 1893 of the Social Security Act (42 U.S.C. 1395ddd) is amended by adding at the end the following new subsection:

“(i) EVALUATIONS AND ANNUAL REPORT.—

“(1) EVALUATIONS.—The Secretary shall conduct evaluations of eligible entities which the Secretary contracts with under the Program not less frequently than every 3 years.

“(2) ANNUAL REPORT.—Not later than 180 days after the end of each fiscal year (beginning with fiscal year 2011), the Secretary shall submit a report to Congress which identifies—

“(A) the use of funds, including funds transferred from the Federal Hospital Insurance Trust Fund under section 1817 and the Federal Supplementary Insurance Trust Fund under section 1841, to carry out this section; and

“(B) the effectiveness of the use of such funds.”.

(C) FLEXIBILITY IN PURSUING FRAUD AND ABUSE.—Section 1893(a) of the Social Security Act (42 U.S.C. 1395ddd(a)) is amended by inserting “, or otherwise,” after “entities”.

(2) MEDICAID INTEGRITY PROGRAM.—

(A) REQUIREMENT TO PROVIDE PERFORMANCE STATISTICS.—Section 1936(c)(2) of the Social Security Act (42 U.S.C. 1396u-6(c)(2)) is amended—

(i) by redesignating subparagraph (D) as subparagraph (E); and

(ii) by inserting after subparagraph (C) the following new subparagraph:

“(D) The entity agrees to provide the Secretary and the Inspector General of the Department of Health and Human Services with such performance statistics (including the number and amount of overpayments recovered, the number of fraud referrals, and the return on investment of such activities by the entity) as the Secretary or the Inspector General may request.”.

(B) EVALUATIONS AND ANNUAL REPORT.—Section 1936(e) of the Social Security Act (42 U.S.C. 1396u–7(e)) is amended—

(i) by redesignating paragraph (4) as paragraph (5); and

(ii) by inserting after paragraph (3) the following new paragraph:

“(4) EVALUATIONS.—The Secretary shall conduct evaluations of eligible entities which the Secretary contracts with under the Program not less frequently than every 3 years.”.

(k) EXPANDED APPLICATION OF HARDSHIP WAIVERS FOR EXCLUSIONS.—Section 1128(c)(3)(B) of the Social Security Act (42 U.S.C. 1320a–7(c)(3)(B)) is amended by striking “individuals entitled to benefits under part A of title XVIII or enrolled under part B of such title, or both” and inserting “beneficiaries (as defined in section 1128A(i)(5)) of that program”.

SEC. 6403. ELIMINATION OF DUPLICATION BETWEEN THE HEALTHCARE INTEGRITY AND PROTECTION DATA BANK AND THE NATIONAL PRACTITIONER DATA BANK.

(a) INFORMATION REPORTED BY FEDERAL AGENCIES AND HEALTH PLANS.—Section 1128E of the Social Security Act (42 U.S.C. 1320a–7e) is amended—

(1) by striking subsection (a) and inserting the following:

“(a) IN GENERAL.—The Secretary shall maintain a national health care fraud and abuse data collection program under this section for the reporting of certain final adverse actions (not including settlements in which no findings of liability have been made) against health care providers, suppliers, or practitioners as required by subsection (b), with access as set forth in subsection (d), and shall furnish the information collected under this section to the National Practitioner Data Bank established pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.).”.

(2) by striking subsection (d) and inserting the following:

“(d) ACCESS TO REPORTED INFORMATION.—

“(1) AVAILABILITY.—The information collected under this section shall be available from the National Practitioner Data Bank to the agencies, authorities, and officials which are provided under section 1921(b) information reported under section 1921(a).

“(2) FEES FOR DISCLOSURE.—The Secretary may establish or approve reasonable fees for the disclosure of information under this section. The amount of such a fee may not exceed the costs of processing the requests for disclosure and of providing such information. Such fees shall be available to the Secretary to cover such costs.”.

(3) by striking subsection (f) and inserting the following:

“(f) APPROPRIATE COORDINATION.—In implementing this section, the Secretary shall provide for the maximum appropriate coordination with part B of the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11131 et seq.) and section 1921.”; and

(4) in subsection (g)—

(A) in paragraph (1)(A)—

(i) in clause (iii)—

(I) by striking “or State” each place it appears;

(II) by redesignating subclauses (II) and (III) as subclauses (III) and (IV), respectively; and

(III) by inserting after subclause (I) the following new subclause:

“(II) any dismissal or closure of the proceedings by reason of the provider, supplier, or practitioner surrendering their license or leaving the State or jurisdiction”; and

(ii) by striking clause (iv) and inserting the following:

“(iv) Exclusion from participation in a Federal health care program (as defined in section 1128B(f)).”;

(B) in paragraph (3)—

(i) by striking subparagraphs (D) and (E); and

(ii) by redesignating subparagraph (F) as subparagraph (D); and

(C) in subparagraph (D) (as so redesignated),

by striking “or State”.

(b) INFORMATION REPORTED BY STATE LAW OR FRAUD ENFORCEMENT AGENCIES.—Section 1921 of the Social Security Act (42 U.S.C. 1396r–2) is amended—

(1) in subsection (a)—

(A) in paragraph (1)—

(i) by striking “SYSTEM.—The State” and all that follows through the semicolon and inserting SYSTEM.—

“(A) LICENSING OR CERTIFICATION ACTIONS.—The State must have in effect a system of reporting the following information with respect to formal proceedings (as defined by the Secretary in regulations) concluded against a health care practitioner or entity by a State licensing or certification agency:”;

(ii) by redesignating subparagraphs (A) through (D) as clauses (i) through (iv), respectively, and indenting appropriately;

(iii) in subparagraph (A)(iii) (as so redesignated)—

(I) by striking “the license of” and inserting “license or the right to apply for, or renew, a license by”; and

(II) by inserting “nonrenewability,” after “voluntary surrender.”; and

(iv) by adding at the end the following new subparagraph:

“(B) OTHER FINAL ADVERSE ACTIONS.—The State must have in effect a system of reporting information with respect to any final adverse action (not including settlements in which no findings of liability have been made) taken against a health care provider, supplier, or practitioner by a State law or fraud enforcement agency.”; and

(B) in paragraph (2), by striking “the authority described in paragraph (1)” and inserting “a State licensing or certification agency or State law or fraud enforcement agency”;

(2) in subsection (b)—

(A) by striking paragraph (2) and inserting the following:

“(2) to State licensing or certification agencies and Federal agencies responsible for the licensing and certification of health care providers, suppliers, and licensed health care practitioners.”;

(B) in each of paragraphs (4) and (6), by inserting “, but only with respect to information provided pursuant to subsection (a)(1)(A)” before the comma at the end;

(C) by striking paragraph (5) and inserting the following:

“(5) to State law or fraud enforcement agencies.”;

(D) by redesignating paragraphs (7) and (8) as paragraphs (8) and (9), respectively; and

(E) by inserting after paragraph (6) the following new paragraph:

“(7) to health plans (as defined in section 1128C(e)).”;

(3) by redesignating subsection (d) as subsection (h), and by inserting after subsection (c) the following new subsections:

“(d) DISCLOSURE AND CORRECTION OF INFORMATION.—

“(1) DISCLOSURE.—With respect to information reported pursuant to subsection (a)(1), the Secretary shall—

“(A) provide for disclosure of the information, upon request, to the health care practitioner who, or the entity that, is the subject of the information reported; and

“(B) establish procedures for the case where the health care practitioner or entity disputes the accuracy of the information reported.

“(2) CORRECTIONS.—Each State licensing or certification agency and State law or fraud en-

forcement agency shall report corrections of information already reported about any formal proceeding or final adverse action described in subsection (a), in such form and manner as the Secretary prescribes by regulation.

“(e) FEES FOR DISCLOSURE.—The Secretary may establish or approve reasonable fees for the disclosure of information under this section. The amount of such a fee may not exceed the costs of processing the requests for disclosure and of providing such information. Such fees shall be available to the Secretary to cover such costs.

“(f) PROTECTION FROM LIABILITY FOR REPORTING.—No person or entity, including any agency designated by the Secretary in subsection (b), shall be held liable in any civil action with respect to any reporting of information as required under this section, without knowledge of the falsity of the information contained in the report.

“(g) REFERENCES.—For purposes of this section:

“(1) STATE LICENSING OR CERTIFICATION AGENCY.—The term ‘State licensing or certification agency’ includes any authority of a State (or of a political subdivision thereof) responsible for the licensing of health care practitioners (or any peer review organization or private accreditation entity reviewing the services provided by health care practitioners) or entities.

“(2) STATE LAW OR FRAUD ENFORCEMENT AGENCY.—The term ‘State law or fraud enforcement agency’ includes—

“(A) a State law enforcement agency; and

“(B) a State medicare fraud control unit (as defined in section 1903(q)).

“(3) FINAL ADVERSE ACTION.—

“(A) IN GENERAL.—Subject to subparagraph (B), the term ‘final adverse action’ includes—

“(i) civil judgments against a health care provider, supplier, or practitioner in State court related to the delivery of a health care item or service;

“(ii) State criminal convictions related to the delivery of a health care item or service;

“(iii) exclusion from participation in State health care programs (as defined in section 1128(h));

“(iv) any licensing or certification action described in subsection (a)(1)(A) taken against a supplier by a State licensing or certification agency; and

“(v) any other adjudicated actions or decisions that the Secretary shall establish by regulation.

“(B) EXCEPTION.—Such term does not include any action with respect to a malpractice claim.”; and

(4) in subsection (h), as so redesignated, by striking “The Secretary” and all that follows through the period at the end and inserting “In implementing this section, the Secretary shall provide for the maximum appropriate coordination with part B of the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11131 et seq.) and section 1128E.”.

(c) CONFORMING AMENDMENT.—Section 1128C(a)(1) of the Social Security Act (42 U.S.C. 1320a–7c(a)(1)) is amended—

(1) in subparagraph (C), by adding “and” after the comma at the end;

(2) in subparagraph (D), by striking “, and” and inserting a period; and

(3) by striking subparagraph (E).

(d) TRANSITION PROCESS; EFFECTIVE DATE.—

(1) IN GENERAL.—Effective on the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall implement a transition process under which, by not later than the end of the transition period described in paragraph (5), the Secretary shall cease operating the Healthcare Integrity and Protection Data Bank established under section 1128E of the Social Security Act (as in effect before the effective date

specified in paragraph (6)) and shall transfer all data collected in the Healthcare Integrity and Protection Data Bank to the National Practitioner Data Bank established pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.). During such transition process, the Secretary shall have in effect appropriate procedures to ensure that data collection and access to the Healthcare Integrity and Protection Data Bank and the National Practitioner Data Bank are not disrupted.

(2) **REGULATIONS.**—The Secretary shall promulgate regulations to carry out the amendments made by subsections (a) and (b).

(3) **FUNDING.**—

(A) **AVAILABILITY OF FEES.**—Fees collected pursuant to section 1128E(d)(2) of the Social Security Act prior to the effective date specified in paragraph (6) for the disclosure of information in the Healthcare Integrity and Protection Data Bank shall be available to the Secretary, without fiscal year limitation, for payment of costs related to the transition process described in paragraph (1). Any such fees remaining after the transition period is complete shall be available to the Secretary, without fiscal year limitation, for payment of the costs of operating the National Practitioner Data Bank.

(B) **AVAILABILITY OF ADDITIONAL FUNDS.**—In addition to the fees described in subparagraph (A), any funds available to the Secretary or to the Inspector General of the Department of Health and Human Services for a purpose related to combating health care fraud, waste, or abuse shall be available to the extent necessary for operating the Healthcare Integrity and Protection Data Bank during the transition period, including systems testing and other activities necessary to ensure that information formerly reported to the Healthcare Integrity and Protection Data Bank will be accessible through the National Practitioner Data Bank after the end of such transition period.

(4) **SPECIAL PROVISION FOR ACCESS TO THE NATIONAL PRACTITIONER DATA BANK BY THE DEPARTMENT OF VETERANS AFFAIRS.**—

(A) **IN GENERAL.**—Notwithstanding any other provision of law, during the 1-year period that begins on the effective date specified in paragraph (6), the information described in subparagraph (B) shall be available from the National Practitioner Data Bank to the Secretary of Veterans Affairs without charge.

(B) **INFORMATION DESCRIBED.**—For purposes of subparagraph (A), the information described in this subparagraph is the information that would, but for the amendments made by this section, have been available to the Secretary of Veterans Affairs from the Healthcare Integrity and Protection Data Bank.

(5) **TRANSITION PERIOD DEFINED.**—For purposes of this subsection, the term “transition period” means the period that begins on the date of enactment of this Act and ends on the later of—

(A) the date that is 1 year after such date of enactment; or

(B) the effective date of the regulations promulgated under paragraph (2).

(6) **EFFECTIVE DATE.**—The amendments made by subsections (a), (b), and (c) shall take effect on the first day after the final day of the transition period.

SEC. 6404. MAXIMUM PERIOD FOR SUBMISSION OF MEDICARE CLAIMS REDUCED TO NOT MORE THAN 12 MONTHS.

(a) **REDUCING MAXIMUM PERIOD FOR SUBMISSION.**—

(1) **PART A.**—Section 1814(a) of the Social Security Act (42 U.S.C. 1395f(a)(1)) is amended—

(A) in paragraph (1), by striking “period of 3 calendar years” and all that follows through the semicolon and inserting “period ending 1 calendar year after the date of service;”;

(B) by adding at the end the following new sentence: “In applying paragraph (1), the Secretary may specify exceptions to the 1 calendar year period specified in such paragraph.”

(2) **PART B.**—

(A) Section 1842(b)(3) of such Act (42 U.S.C. 1395u(b)(3)(B)) is amended—

(i) in subparagraph (B), in the flush language following clause (ii), by striking “close of the calendar year following the year in which such service is furnished (deeming any service furnished in the last 3 months of any calendar year to have been furnished in the succeeding calendar year)” and inserting “period ending 1 calendar year after the date of service;”;

(ii) by adding at the end the following new sentence: “In applying subparagraph (B), the Secretary may specify exceptions to the 1 calendar year period specified in such subparagraph.”

(B) Section 1835(a) of such Act (42 U.S.C. 1395n(a)) is amended—

(i) in paragraph (1), by striking “period of 3 calendar years” and all that follows through the semicolon and inserting “period ending 1 calendar year after the date of service;”;

(ii) by adding at the end the following new sentence: “In applying paragraph (1), the Secretary may specify exceptions to the 1 calendar year period specified in such paragraph.”

(b) **EFFECTIVE DATE.**—

(1) **IN GENERAL.**—The amendments made by subsection (a) shall apply to services furnished on or after January 1, 2010.

(2) **SERVICES FURNISHED BEFORE 2010.**—In the case of services furnished before January 1, 2010, a bill or request for payment under section 1814(a)(1), 1842(b)(3)(B), or 1835(a) shall be filed not later than December 31, 2010.

SEC. 6405. PHYSICIANS WHO ORDER ITEMS OR SERVICES REQUIRED TO BE MEDICARE ENROLLED PHYSICIANS OR ELIGIBLE PROFESSIONALS.

(a) **DME.**—Section 1834(a)(1)(B) of the Social Security Act (42 U.S.C. 1395m(a)(1)(B)) is amended by striking “physician” and inserting “physician enrolled under section 1866(j) or an eligible professional under section 1848(k)(3)(B) that is enrolled under section 1866(j)”.

(b) **HOME HEALTH SERVICES.**—

(1) **PART A.**—Section 1814(a)(2) of such Act (42 U.S.C. 1395(a)(2)) is amended in the matter preceding subparagraph (A) by inserting “in the case of services described in subparagraph (C), a physician enrolled under section 1866(j) or an eligible professional under section 1848(k)(3)(B),” before “or, in the case of services”.

(2) **PART B.**—Section 1835(a)(2) of such Act (42 U.S.C. 1395n(a)(2)) is amended in the matter preceding subparagraph (A) by inserting “, or in the case of services described in subparagraph (A), a physician enrolled under section 1866(j) or an eligible professional under section 1848(k)(3)(B),” after “a physician”.

(c) **APPLICATION TO OTHER ITEMS OR SERVICES.**—The Secretary may extend the requirement applied by the amendments made by subsections (a) and (b) to durable medical equipment and home health services (relating to requiring certifications and written orders to be made by enrolled physicians and health professionals) to all other categories of items or services under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), including covered part D drugs as defined in section 1860D-2(e) of such Act (42 U.S.C. 1395w-102), that are ordered, prescribed, or referred by a physician enrolled under section 1866(j) of such Act (42 U.S.C. 1395cc(j)) or an eligible professional under section 1848(k)(3)(B) of such Act (42 U.S.C. 1395w-4(k)(3)(B)).

(d) **EFFECTIVE DATE.**—The amendments made by this section shall apply to written orders and certifications made on or after July 1, 2010.

SEC. 6406. REQUIREMENT FOR PHYSICIANS TO PROVIDE DOCUMENTATION ON REFERRALS TO PROGRAMS AT HIGH RISK OF WASTE AND ABUSE.

(a) **PHYSICIANS AND OTHER SUPPLIERS.**—Section 1842(h) of the Social Security Act (42 U.S.C. 1395u(h)) is amended by adding at the end the following new paragraph:

“(9) The Secretary may revoke enrollment, for a period of not more than one year for each act, for a physician or supplier under section 1866(j) if such physician or supplier fails to maintain and, upon request of the Secretary, provide access to documentation relating to written orders or requests for payment for durable medical equipment, certifications for home health services, or referrals for other items or services written or ordered by such physician or supplier under this title, as specified by the Secretary.”.

(b) **PROVIDERS OF SERVICES.**—Section 1866(a)(1) of such Act (42 U.S.C. 1395cc) is further amended—

(1) in subparagraph (U), by striking at the end “and”;

(2) in subparagraph (V), by striking the period at the end and adding “; and”;

(3) by adding at the end the following new subparagraph:

“(W) maintain and, upon request of the Secretary, provide access to documentation relating to written orders or requests for payment for durable medical equipment, certifications for home health services, or referrals for other items or services written or ordered by the provider under this title, as specified by the Secretary.”.

(c) **OIG PERMISSIVE EXCLUSION AUTHORITY.**—Section 1128(b)(11) of the Social Security Act (42 U.S.C. 1320a-7(b)(11)) is amended by inserting “, ordering, referring for furnishing, or certifying the need for” after “furnishing”.

(d) **EFFECTIVE DATE.**—The amendments made by this section shall apply to orders, certifications, and referrals made on or after January 1, 2010.

SEC. 6407. FACE TO FACE ENCOUNTER WITH PATIENT REQUIRED BEFORE PHYSICIANS MAY CERTIFY ELIGIBILITY FOR HOME HEALTH SERVICES OR DURABLE MEDICAL EQUIPMENT UNDER MEDICARE.

(a) **CONDITION OF PAYMENT FOR HOME HEALTH SERVICES.**—

(1) **PART A.**—Section 1814(a)(2)(C) of such Act is amended—

(A) by striking “and such services” and inserting “such services”; and

(B) by inserting after “care of a physician” the following: “, and, in the case of a certification made by a physician after January 1, 2010, prior to making such certification the physician must document that the physician himself or herself has had a face-to-face encounter (including through use of telehealth, subject to the requirements in section 1834(m), and other than with respect to encounters that are incident to services involved) with the individual within a reasonable timeframe as determined by the Secretary”.

(2) **PART B.**—Section 1835(a)(2)(A) of the Social Security Act is amended—

(A) by striking “and” before “(iii)”; and

(B) by inserting after “care of a physician” the following: “, and (iv) in the case of a certification after January 1, 2010, prior to making such certification the physician must document that the physician has had a face-to-face encounter (including through use of telehealth and other than with respect to encounters that are incident to services involved) with the individual during the 6-month period preceding such certification, or other reasonable timeframe as determined by the Secretary”.

(b) **CONDITION OF PAYMENT FOR DURABLE MEDICAL EQUIPMENT.**—Section 1834(a)(1)(B) of the Social Security Act (42 U.S.C. 1395m(a)(1)(B)) is amended—

(1) by striking “ORDER.—The Secretary” and inserting “ORDER.—

“(i) IN GENERAL.—The Secretary”; and

(2) by adding at the end the following new clause:

“(ii) REQUIREMENT FOR FACE TO FACE ENCOUNTER.—The Secretary shall require that such an order be written pursuant to the physician documenting that a physician, a physician assistant, a nurse practitioner, or a clinical nurse specialist (as those terms are defined in section 1861(aa)(5)) has had a face-to-face encounter (including through use of telehealth under subsection (m) and other than with respect to encounters that are incident to services involved) with the individual involved during the 6-month period preceding such written order, or other reasonable timeframe as determined by the Secretary.”.

(c) APPLICATION TO OTHER AREAS UNDER MEDICARE.—The Secretary may apply the face-to-face encounter requirement described in the amendments made by subsections (a) and (b) to other items and services for which payment is provided under title XVIII of the Social Security Act based upon a finding that such an action would reduce the risk of waste, fraud, or abuse.

(d) APPLICATION TO MEDICAID.—The requirements pursuant to the amendments made by subsections (a) and (b) shall apply in the case of physicians making certifications for home health services under title XIX of the Social Security Act in the same manner and to the same extent as such requirements apply in the case of physicians making such certifications under title XVIII of such Act.

SEC. 6408. ENHANCED PENALTIES.

(a) CIVIL MONETARY PENALTIES FOR FALSE STATEMENTS OR DELAYING INSPECTIONS.—Section 1128A(a) of the Social Security Act (42 U.S.C. 1320a-7a(a)), as amended by section 5002(d)(2)(A), is amended—

(1) in paragraph (6), by striking “or” at the end; and

(2) by inserting after paragraph (7) the following new paragraphs:

“(8) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim for payment for items and services furnished under a Federal health care program; or

“(9) fails to grant timely access, upon reasonable request (as defined by the Secretary in regulations), to the Inspector General of the Department of Health and Human Services, for the purpose of audits, investigations, evaluations, or other statutory functions of the Inspector General of the Department of Health and Human Services;”;

(3) in the first sentence—

(A) by striking “or in cases under paragraph (7)” and inserting “in cases under paragraph (7)”; and

(B) by striking “(act)” and inserting “act, in cases under paragraph (8), \$50,000 for each false record or statement, or in cases under paragraph (9), \$15,000 for each day of the failure described in such paragraph)”.

(b) MEDICARE ADVANTAGE AND PART D PLANS.—

(1) ENSURING TIMELY INSPECTIONS RELATING TO CONTRACTS WITH MA ORGANIZATIONS.—Section 1857(d)(2) of such Act (42 U.S.C. 1395w-27(d)(2)) is amended—

(A) in subparagraph (A), by inserting “timely” before “inspect”; and

(B) in subparagraph (B), by inserting “timely” before “audit and inspect”.

(2) MARKETING VIOLATIONS.—Section 1857(g)(1) of the Social Security Act (42 U.S.C. 1395w-27(g)(1)) is amended—

(A) in subparagraph (F), by striking “or” at the end;

(B) by inserting after subparagraph (G) the following new subparagraphs:

“(H) except as provided under subparagraph (C) or (D) of section 1860D-1(b)(1), enrolls an individual in any plan under this part without the prior consent of the individual or the designee of the individual;

“(I) transfers an individual enrolled under this part from one plan to another without the prior consent of the individual or the designee of the individual or solely for the purpose of earning a commission;

“(J) fails to comply with marketing restrictions described in subsections (h) and (j) of section 1851 or applicable implementing regulations or guidance; or

“(K) employs or contracts with any individual or entity who engages in the conduct described in subparagraphs (A) through (J) of this paragraph;”;

(C) by adding at the end the following new sentence: “The Secretary may provide, in addition to any other remedies authorized by law, for any of the remedies described in paragraph (2), if the Secretary determines that any employee or agent of such organization, or any provider or supplier who contracts with such organization, has engaged in any conduct described in subparagraphs (A) through (K) of this paragraph.”.

(3) PROVISION OF FALSE INFORMATION.—Section 1857(g)(2)(A) of the Social Security Act (42 U.S.C. 1395w-27(g)(2)(A)) is amended by inserting “except with respect to a determination under subparagraph (E), an assessment of not more than the amount claimed by such plan or plan sponsor based upon the misrepresentation or falsified information involved,” after “for each such determination,”.

(c) OBSTRUCTION OF PROGRAM AUDITS.—Section 1128(b)(2) of the Social Security Act (42 U.S.C. 1320a-7(b)(2)) is amended—

(1) in the heading, by inserting “OR AUDIT” after “INVESTIGATION”; and

(2) by striking “investigation into” and all that follows through the period and inserting “investigation or audit related to—”

“(i) any offense described in paragraph (1) or in subsection (a); or

“(ii) the use of funds received, directly or indirectly, from any Federal health care program (as defined in section 1128B(f)).”.

(d) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as provided in paragraph (2), the amendments made by this section shall apply to acts committed on or after January 1, 2010.

(2) EXCEPTION.—The amendments made by subsection (b)(1) take effect on the date of enactment of this Act.

SEC. 6409. MEDICARE SELF-REFERRAL DISCLOSURE PROTOCOL.

(a) DEVELOPMENT OF SELF-REFERRAL DISCLOSURE PROTOCOL.—

(1) IN GENERAL.—The Secretary of Health and Human Services, in cooperation with the Inspector General of the Department of Health and Human Services, shall establish, not later than 6 months after the date of the enactment of this Act, a protocol to enable health care providers of services and suppliers to disclose an actual or potential violation of section 1877 of the Social Security Act (42 U.S.C. 1395nn) pursuant to a self-referral disclosure protocol (in this section referred to as an “SRDP”). The SRDP shall include direction to health care providers of services and suppliers on—

(A) a specific person, official, or office to whom such disclosures shall be made; and

(B) instruction on the implication of the SRDP on corporate integrity agreements and corporate compliance agreements.

(2) PUBLICATION ON INTERNET WEBSITE OF SRDP INFORMATION.—The Secretary of Health and Human Services shall post information on the public Internet website of the Centers for

Medicare & Medicaid Services to inform relevant stakeholders of how to disclose actual or potential violations pursuant to an SRDP.

(3) RELATION TO ADVISORY OPINIONS.—The SRDP shall be separate from the advisory opinion process set forth in regulations implementing section 1877(g) of the Social Security Act.

(b) REDUCTION IN AMOUNTS OWED.—The Secretary of Health and Human Services is authorized to reduce the amount due and owing for all violations under section 1877 of the Social Security Act to an amount less than that specified in subsection (g) of such section. In establishing such amount for a violation, the Secretary may consider the following factors:

(1) The nature and extent of the improper or illegal practice.

(2) The timeliness of such self-disclosure.

(3) The cooperation in providing additional information related to the disclosure.

(4) Such other factors as the Secretary considers appropriate.

(c) REPORT.—Not later than 18 months after the date on which the SRDP protocol is established under subsection (a)(1), the Secretary shall submit to Congress a report on the implementation of this section. Such report shall include—

(1) the number of health care providers of services and suppliers making disclosures pursuant to the SRDP;

(2) the amounts collected pursuant to the SRDP;

(3) the types of violations reported under the SRDP; and

(4) such other information as may be necessary to evaluate the impact of this section.

SEC. 6410. ADJUSTMENTS TO THE MEDICARE DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES COMPETITIVE ACQUISITION PROGRAM.

(a) EXPANSION OF ROUND 2 OF THE DME COMPETITIVE BIDDING PROGRAM.—Section 1847(a)(1) of the Social Security Act (42 U.S.C. 1395w-3(a)(1)) is amended—

(1) in subparagraph (B)(i)(II), by striking “70” and inserting “91”; and

(2) in subparagraph (D)(ii)—

(A) in subclause (I), by striking “and” at the end;

(B) by redesignating subclause (II) as subclause (III); and

(C) by inserting after subclause (I) the following new subclause:

“(II) The Secretary shall include the next 21 largest metropolitan statistical areas by total population (after those selected under subclause (I)) for such round; and”.

(b) REQUIREMENT TO EITHER COMPETITIVELY BID AREAS OR USE COMPETITIVE BID PRICES BY 2016.—Section 1834(a)(1)(F) of the Social Security Act (42 U.S.C. 1395m(a)(1)(F)) is amended—

(1) in clause (i), by striking “and” at the end;

(2) in clause (ii)—

(A) by inserting “(and, in the case of covered items furnished on or after January 1, 2016, subject to clause (iii), shall)” after “may”; and

(B) by striking the period at the end and inserting “; and”;

(3) by adding at the end the following new clause:

“(iii) in the case of covered items furnished on or after January 1, 2016, the Secretary shall continue to make such adjustments described in clause (ii) as, under such competitive acquisition programs, additional covered items are phased in or information is updated as contracts under section 1847 are recomputed in accordance with section 1847(b)(3)(B).”.

SEC. 6411. EXPANSION OF THE RECOVERY AUDIT CONTRACTOR (RAC) PROGRAM.

(a) EXPANSION TO MEDICAID.—

(1) STATE PLAN AMENDMENT.—Section 1902(a)(42) of the Social Security Act (42 U.S.C. 1396a(a)(42)) is amended—

(A) by striking “that the records” and inserting “that—

“(A) the records”;

(B) by inserting “and” after the semicolon; and

(C) by adding at the end the following:

“(B) not later than December 31, 2010, the State shall—

“(i) establish a program under which the State contracts (consistent with State law and in the same manner as the Secretary enters into contracts with recovery audit contractors under section 1893(h), subject to such exceptions or requirements as the Secretary may require for purposes of this title or a particular State) with 1 or more recovery audit contractors for the purpose of identifying underpayments and overpayments and recouping overpayments under the State plan and under any waiver of the State plan with respect to all services for which payment is made to any entity under such plan or waiver; and

“(ii) provide assurances satisfactory to the Secretary that—

“(I) under such contracts, payment shall be made to such a contractor only from amounts recovered;

“(II) from such amounts recovered, payment—

“(aa) shall be made on a contingent basis for collecting overpayments; and

“(bb) may be made in such amounts as the State may specify for identifying underpayments;

“(III) the State has an adequate process for entities to appeal any adverse determination made by such contractors; and

“(IV) such program is carried out in accordance with such requirements as the Secretary shall specify, including—

“(aa) for purposes of section 1903(a)(7), that amounts expended by the State to carry out the program shall be considered amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan;

“(bb) that section 1903(d) shall apply to amounts recovered under the program; and

“(cc) that the State and any such contractors under contract with the State shall coordinate such recovery audit efforts with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, including efforts with Federal and State law enforcement with respect to the Department of Justice, including the Federal Bureau of Investigation, the Inspector General of the Department of Health and Human Services, and the State medicaid fraud control unit; and”.

(2) COORDINATION; REGULATIONS.—

(A) IN GENERAL.—The Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall coordinate the expansion of the Recovery Audit Contractor program to Medicaid with States, particularly with respect to each State that enters into a contract with a recovery audit contractor for purposes of the State’s Medicaid program prior to December 31, 2010.

(B) REGULATIONS.—The Secretary of Health and Human Services shall promulgate regulations to carry out this subsection and the amendments made by this subsection, including with respect to conditions of Federal financial participation, as specified by the Secretary.

(b) EXPANSION TO MEDICARE PARTS C AND D.—Section 1893(h) of the Social Security Act (42 U.S.C. 1395ddd(h)) is amended—

(1) in paragraph (1), in the matter preceding subparagraph (A), by striking “part A or B” and inserting “this title”;

(2) in paragraph (2), by striking “parts A and B” and inserting “this title”;

(3) in paragraph (3), by inserting “(not later than December 31, 2010, in the case of contracts

relating to payments made under part C or D)” after “2010”;

(4) in paragraph (4), in the matter preceding subparagraph (A), by striking “part A or B” and inserting “this title”; and

(5) by adding at the end the following:

“(9) SPECIAL RULES RELATING TO PARTS C AND D.—The Secretary shall enter into contracts under paragraph (1) to require recovery audit contractors to—

“(A) ensure that each MA plan under part C has an anti-fraud plan in effect and to review the effectiveness of each such anti-fraud plan;

“(B) ensure that each prescription drug plan under part D has an anti-fraud plan in effect and to review the effectiveness of each such anti-fraud plan;

“(C) examine claims for reinsurance payments under section 1860D-15(b) to determine whether prescription drug plans submitting such claims incurred costs in excess of the allowable reinsurance costs permitted under paragraph (2) of that section; and

“(D) review estimates submitted by prescription drug plans by private plans with respect to the enrollment of high cost beneficiaries (as defined by the Secretary) and to compare such estimates with the numbers of such beneficiaries actually enrolled by such plans.”.

(c) ANNUAL REPORT.—The Secretary of Health and Human Services, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall submit an annual report to Congress concerning the effectiveness of the Recovery Audit Contractor program under Medicaid and Medicare and shall include such reports recommendations for expanding or improving the program.

Subtitle F—Additional Medicaid Program Integrity Provisions

SEC. 6501. TERMINATION OF PROVIDER PARTICIPATION UNDER MEDICAID IF TERMINATED UNDER MEDICARE OR OTHER STATE PLAN.

Section 1902(a)(39) of the Social Security Act (42 U.S.C. 42 U.S.C. 1396a(a)) is amended by inserting after “1128A,” the following: “terminate the participation of any individual or entity in such program if (subject to such exceptions as are permitted with respect to exclusion under sections 1128(c)(3)(B) and 1128(d)(3)(B)) participation of such individual or entity is terminated under title XVIII or any other State plan under this title.”.

SEC. 6502. MEDICAID EXCLUSION FROM PARTICIPATION RELATING TO CERTAIN OWNERSHIP, CONTROL, AND MANAGEMENT AFFILIATIONS.

Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)), as amended by section 6401(b), is amended by inserting after paragraph (77) the following:

“(78) provide that the State agency described in paragraph (9) exclude, with respect to a period, any individual or entity from participation in the program under the State plan if such individual or entity owns, controls, or manages an entity that (or if such entity is owned, controlled, or managed by an individual or entity that)—

“(A) has unpaid overpayments (as defined by the Secretary) under this title during such period determined by the Secretary or the State agency to be delinquent;

“(B) is suspended or excluded from participation under or whose participation is terminated under this title during such period; or

“(C) is affiliated with an individual or entity that has been suspended or excluded from participation under this title or whose participation is terminated under this title during such period.”.

SEC. 6503. BILLING AGENTS, CLEARINGHOUSES, OR OTHER ALTERNATE PAYEEES REQUIRED TO REGISTER UNDER MEDICAID.

(a) IN GENERAL.—Section 1902(a) of the Social Security Act (42 U.S.C. 42 U.S.C. 1396a(a)), as amended by section 6502(a), is amended by inserting after paragraph (78), the following:

“(79) provide that any agent, clearinghouse, or other alternate payee (as defined by the Secretary) that submits claims on behalf of a health care provider must register with the State and the Secretary in a form and manner specified by the Secretary.”.

SEC. 6504. REQUIREMENT TO REPORT EXPANDED SET OF DATA ELEMENTS UNDER MMIS TO DETECT FRAUD AND ABUSE.

(a) IN GENERAL.—Section 1903(r)(1)(F) of the Social Security Act (42 U.S.C. 1396b(r)(1)(F)) is amended by inserting after “necessary” the following: “and including, for data submitted to the Secretary on or after January 1, 2010, data elements from the automated data system that the Secretary determines to be necessary for program integrity, program oversight, and administration, at such frequency as the Secretary shall determine”.

(b) MANAGED CARE ORGANIZATIONS.—

(1) IN GENERAL.—Section 1903(m)(2)(A)(xi) of the Social Security Act (42 U.S.C. 1396b(m)(2)(A)(xi)) is amended by inserting “and for the provision of such data to the State at a frequency and level of detail to be specified by the Secretary” after “patients”.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply with respect to contract years beginning on or after January 1, 2010.

SEC. 6505. PROHIBITION ON PAYMENTS TO INSTITUTIONS OR ENTITIES LOCATED OUTSIDE OF THE UNITED STATES.

Section 1902(a) of the Social Security Act (42 U.S.C. 1396b(a)), as amended by section 6503, is amended by inserting after paragraph (79) the following new paragraph:

“(80) provide that the State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.”.

SEC. 6506. OVERPAYMENTS.

(a) EXTENSION OF PERIOD FOR COLLECTION OF OVERPAYMENTS DUE TO FRAUD.—

(1) IN GENERAL.—Section 1903(d)(2) of the Social Security Act (42 U.S.C. 1396b(d)(2)) is amended—

(A) in subparagraph (C)—

(i) in the first sentence, by striking “60 days” and inserting “1 year”; and

(ii) in the second sentence, by striking “60 days” and inserting “1-year period”; and

(B) in subparagraph (D)—

(i) in inserting “(i)” after “(D)”; and

(ii) by adding at the end the following:

“(ii) In any case where the State is unable to recover a debt which represents an overpayment (or any portion thereof) made to a person or other entity due to fraud within 1 year of discovery because there is not a final determination of the amount of the overpayment under an administrative or judicial process (as applicable), including as a result of a judgment being under appeal, no adjustment shall be made in the Federal payment to such State on account of such overpayment (or portion thereof) before the date that is 30 days after the date on which a final judgment (including, if applicable, a final determination on an appeal) is made.”.

(2) EFFECTIVE DATE.—The amendments made by this subsection take effect on the date of enactment of this Act and apply to overpayments discovered on or after that date.

(b) CORRECTIVE ACTION.—The Secretary shall promulgate regulations that require States to

correct Federally identified claims overpayments, of an ongoing or recurring nature, with new Medicaid Management Information System (MMIS) edits, audits, or other appropriate corrective action.

SEC. 6507. MANDATORY STATE USE OF NATIONAL CORRECT CODING INITIATIVE.

Section 1903(r) of the Social Security Act (42 U.S.C. 1396b(r)) is amended—

(1) in paragraph (1)(B)—
(A) in clause (ii), by striking “and” at the end;

(B) in clause (iii), by adding “and” after the semi-colon; and

(C) by adding at the end the following new clause:

“(iv) effective for claims filed on or after October 1, 2010, incorporate compatible methodologies of the National Correct Coding Initiative administered by the Secretary (or any successor initiative to promote correct coding and to control improper coding leading to inappropriate payment) and such other methodologies of that Initiative (or such other national correct coding methodologies) as the Secretary identifies in accordance with paragraph (4);”;

(2) by adding at the end the following new paragraph:

“(4) For purposes of paragraph (1)(B)(iv), the Secretary shall do the following:

“(A) Not later than September 1, 2010:

“(i) Identify those methodologies of the National Correct Coding Initiative administered by the Secretary (or any successor initiative to promote correct coding and to control improper coding leading to inappropriate payment) which are compatible to claims filed under this title.

“(ii) Identify those methodologies of such Initiative (or such other national correct coding methodologies) that should be incorporated into claims filed under this title with respect to items or services for which States provide medical assistance under this title and no national correct coding methodologies have been established under such Initiative with respect to title XVIII.

“(iii) Notify States of—

“(I) the methodologies identified under subparagraphs (A) and (B) (and of any other national correct coding methodologies identified under subparagraph (B)); and

“(II) how States are to incorporate such methodologies into claims filed under this title.

“(B) Not later than March 1, 2011, submit a report to Congress that includes the notice to States under clause (iii) of subparagraph (A) and an analysis supporting the identification of the methodologies made under clauses (i) and (ii) of subparagraph (A).”

SEC. 6508. GENERAL EFFECTIVE DATE.

(a) IN GENERAL.—Except as otherwise provided in this subtitle, this subtitle and the amendments made by this subtitle take effect on January 1, 2011, without regard to whether final regulations to carry out such amendments and subtitle have been promulgated by that date.

(b) DELAY IF STATE LEGISLATION REQUIRED.—In the case of a State plan for medical assistance under title XIX of the Social Security Act or a child health plan under title XXI of such Act which the Secretary of Health and Human Services determines requires State legislation (other than legislation appropriating funds) in order for the plan to meet the additional requirement imposed by the amendments made by this subtitle, the State plan or child health plan shall not be regarded as failing to comply with the requirements of such title solely on the basis of its failure to meet this additional requirement before the first day of the first calendar quarter beginning after the close of the first regular session of the State legislature that begins after the date of the enactment of this Act. For purposes of the previous sentence, in the case of a State that has a 2-year legislative session, each year

of such session shall be deemed to be a separate regular session of the State legislature.

Subtitle G—Additional Program Integrity Provisions

SEC. 6601. PROHIBITION ON FALSE STATEMENTS AND REPRESENTATIONS.

(a) PROHIBITION.—Part 5 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1131 et seq.) is amended by adding at the end the following:

“SEC. 519. PROHIBITION ON FALSE STATEMENTS AND REPRESENTATIONS.

“No person, in connection with a plan or other arrangement that is multiple employer welfare arrangement described in section 3(40), shall make a false statement or false representation of fact, knowing it to be false, in connection with the marketing or sale of such plan or arrangement, to any employee, any member of an employee organization, any beneficiary, any employer, any employee organization, the Secretary, or any State, or the representative or agent of any such person, State, or the Secretary, concerning—

“(1) the financial condition or solvency of such plan or arrangement;

“(2) the benefits provided by such plan or arrangement;

“(3) the regulatory status of such plan or other arrangement under any Federal or State law governing collective bargaining, labor management relations, or intern union affairs; or

“(4) the regulatory status of such plan or other arrangement regarding exemption from state regulatory authority under this Act.

This section shall not apply to any plan or arrangement that does not fall within the meaning of the term ‘multiple employer welfare arrangement’ under section 3(40)(A).”

(b) CRIMINAL PENALTIES.—Section 501 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1131) is amended—

(1) by inserting “(a)” before “Any person”; and

(2) by adding at the end the following:

“(b) Any person that violates section 519 shall upon conviction be imprisoned not more than 10 years or fined under title 18, United States Code, or both.”

(c) CONFORMING AMENDMENT.—The table of sections for part 5 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 is amended by adding at the end the following:

“Sec. 519. Prohibition on false statement and representations.”

SEC. 6602. CLARIFYING DEFINITION.

Section 24(a)(2) of title 18, United States Code, is amended by inserting “or section 411, 518, or 511 of the Employee Retirement Income Security Act of 1974,” after “1954 of this title”.

SEC. 6603. DEVELOPMENT OF MODEL UNIFORM REPORT FORM.

Part C of title XXVII of the Public Health Service Act (42 U.S.C. 300gg-91 et seq.) is amended by adding at the end the following:

“SEC. 2794. UNIFORM FRAUD AND ABUSE REFERRAL FORMAT.

“The Secretary shall request the National Association of Insurance Commissioners to develop a model uniform report form for private health insurance issuer seeking to refer suspected fraud and abuse to State insurance departments or other responsible State agencies for investigation. The Secretary shall request that the National Association of Insurance Commissioners develop recommendations for uniform reporting standards for such referrals.”

SEC. 6604. APPLICABILITY OF STATE LAW TO COMBAT FRAUD AND ABUSE.

(a) IN GENERAL.—Part 5 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1131 et seq.), as amended

by section 6601, is further amended by adding at the end the following:

“SEC. 520. APPLICABILITY OF STATE LAW TO COMBAT FRAUD AND ABUSE.

“The Secretary may, for the purpose of identifying, preventing, or prosecuting fraud and abuse, adopt regulatory standards establishing, or issue an order relating to a specific person establishing, that a person engaged in the business of providing insurance through a multiple employer welfare arrangement described in section 3(40) is subject to the laws of the States in which such person operates which regulate insurance in such State, notwithstanding section 514(b)(6) of this Act or the Liability Risk Retention Act of 1986, and regardless of whether the law of the State is otherwise preempted under any of such provisions. This section shall not apply to any plan or arrangement that does not fall within the meaning of the term ‘multiple employer welfare arrangement’ under section 3(40)(A).”

(b) CONFORMING AMENDMENT.—The table of sections for part 5 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, as amended by section 6601, is further amended by adding at the end the following:

“Sec. 520. Applicability of State law to combat fraud and abuse.”

SEC. 6605. ENABLING THE DEPARTMENT OF LABOR TO ISSUE ADMINISTRATIVE SUMMARY CEASE AND DESIST ORDERS AND SUMMARY SEIZURES ORDERS AGAINST PLANS THAT ARE IN FINANCIALLY HAZARDOUS CONDITION.

(a) IN GENERAL.—Part 5 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1131 et seq.), as amended by section 6604, is further amended by adding at the end the following:

“SEC. 521. ADMINISTRATIVE SUMMARY CEASE AND DESIST ORDERS AND SUMMARY SEIZURE ORDERS AGAINST MULTIPLE EMPLOYER WELFARE ARRANGEMENTS IN FINANCIALLY HAZARDOUS CONDITION.

“(a) IN GENERAL.—The Secretary may issue a cease and desist (ex parte) order under this title if it appears to the Secretary that the alleged conduct of a multiple employer welfare arrangement described in section 3(40), other than a plan or arrangement described in subsection (g), is fraudulent, or creates an immediate danger to the public safety or welfare, or is causing or can be reasonably expected to cause significant, imminent, and irreparable public injury.

“(b) HEARING.—A person that is adversely affected by the issuance of a cease and desist order under subsection (a) may request a hearing by the Secretary regarding such order. The Secretary may require that a proceeding under this section, including all related information and evidence, be conducted in a confidential manner.

“(c) BURDEN OF PROOF.—The burden of proof in any hearing conducted under subsection (b) shall be on the party requesting the hearing to show cause why the cease and desist order should be set aside.

“(d) DETERMINATION.—Based upon the evidence presented at a hearing under subsection (b), the cease and desist order involved may be affirmed, modified, or set aside by the Secretary in whole or in part.

“(e) SEIZURE.—The Secretary may issue a summary seizure order under this title if it appears that a multiple employer welfare arrangement is in a financially hazardous condition.

“(f) REGULATIONS.—The Secretary may promulgate such regulations or other guidance as may be necessary or appropriate to carry out this section.

“(g) EXCEPTION.—This section shall not apply to any plan or arrangement that does not fall

within the meaning of the term ‘multiple employer welfare arrangement’ under section 3(40)(A).”.

(b) **CONFORMING AMENDMENT.**—The table of sections for part 5 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, as amended by section 6604, is further amended by adding at the end the following:

“Sec. 521. Administrative summary cease and desist orders and summary seizure orders against health plans in financially hazardous condition.”.

SEC. 6606. MEWA PLAN REGISTRATION WITH DEPARTMENT OF LABOR.

Section 101(g) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1021(g)) is amended—

(1) by striking “Secretary may” and inserting “Secretary shall”; and

(2) by inserting “to register with the Secretary prior to operating in a State and may, by regulation, require such multiple employer welfare arrangements” after “not group health plans”.

SEC. 6607. PERMITTING EVIDENTIARY PRIVILEGE AND CONFIDENTIAL COMMUNICATIONS.

Section 504 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1134) is amended by adding at the end the following:

“(d) The Secretary may promulgate a regulation that provides an evidentiary privilege for, and provides for the confidentiality of communications between or among, any of the following entities or their agents, consultants, or employees:

“(1) A State insurance department.

“(2) A State attorney general.

“(3) The National Association of Insurance Commissioners.

“(4) The Department of Labor.

“(5) The Department of the Treasury.

“(6) The Department of Justice.

“(7) The Department of Health and Human Services.

“(8) Any other Federal or State authority that the Secretary determines is appropriate for the purposes of enforcing the provisions of this title.

“(e) The privilege established under subsection (d) shall apply to communications related to any investigation, audit, examination, or inquiry conducted or coordinated by any of the agencies. A communication that is privileged under subsection (d) shall not waive any privilege otherwise available to the communicating agency or to any person who provided the information that is communicated.”.

Subtitle H—Elder Justice Act

SEC. 6701. SHORT TITLE OF SUBTITLE.

This subtitle may be cited as the “Elder Justice Act of 2009”.

SEC. 6702. DEFINITIONS.

Except as otherwise specifically provided, any term that is defined in section 2011 of the Social Security Act (as added by section 6703(a)) and is used in this subtitle has the meaning given such term by such section.

SEC. 6703. ELDER JUSTICE.

(a) **ELDER JUSTICE.**—

(1) **IN GENERAL.**—Title XX of the Social Security Act (42 U.S.C. 1397 et seq.) is amended—

(A) in the heading, by inserting “**AND ELDER JUSTICE**” after “**SOCIAL SERVICES**”;

(B) by inserting before section 2001 the following:

“**Subtitle A—Block Grants to States for Social Services**”;

and

(C) by adding at the end the following:

“**Subtitle B—Elder Justice**

SEC. 2011. DEFINITIONS.

“In this subtitle:

“(1) **ABUSE.**—The term ‘abuse’ means the knowing infliction of physical or psychological harm or the knowing deprivation of goods or services that are necessary to meet essential needs or to avoid physical or psychological harm.

“(2) **ADULT PROTECTIVE SERVICES.**—The term ‘adult protective services’ means such services provided to adults as the Secretary may specify and includes services such as—

“(A) receiving reports of adult abuse, neglect, or exploitation;

“(B) investigating the reports described in subparagraph (A);

“(C) case planning, monitoring, evaluation, and other case work and services; and

“(D) providing, arranging for, or facilitating the provision of medical, social service, economic, legal, housing, law enforcement, or other protective, emergency, or support services.

“(3) **CAREGIVER.**—The term ‘caregiver’ means an individual who has the responsibility for the care of an elder, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law, and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institution) compensated or uncompensated care to an elder who needs supportive services in any setting.

“(4) **DIRECT CARE.**—The term ‘direct care’ means care by an employee or contractor who provides assistance or long-term care services to a recipient.

“(5) **ELDER.**—The term ‘elder’ means an individual age 60 or older.

“(6) **ELDER JUSTICE.**—The term ‘elder justice’ means—

“(A) from a societal perspective, efforts to—

“(i) prevent, detect, treat, intervene in, and prosecute elder abuse, neglect, and exploitation; and

“(ii) protect elders with diminished capacity while maximizing their autonomy; and

“(B) from an individual perspective, the recognition of an elder’s rights, including the right to be free of abuse, neglect, and exploitation.

“(7) **ELIGIBLE ENTITY.**—The term ‘eligible entity’ means a State or local government agency, Indian tribe or tribal organization, or any other public or private entity that is engaged in and has expertise in issues relating to elder justice or in a field necessary to promote elder justice efforts.

“(8) **EXPLOITATION.**—The term ‘exploitation’ means the fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an elder for monetary or personal benefit, profit, or gain, or that results in depriving an elder of rightful access to, or use of, benefits, resources, belongings, or assets.

“(9) **FIDUCIARY.**—The term ‘fiduciary’—

“(A) means a person or entity with the legal responsibility—

“(i) to make decisions on behalf of and for the benefit of another person; and

“(ii) to act in good faith and with fairness; and

“(B) includes a trustee, a guardian, a conservator, an executor, an agent under a financial power of attorney or health care power of attorney, or a representative payee.

“(10) **GRANT.**—The term ‘grant’ includes a contract, cooperative agreement, or other mechanism for providing financial assistance.

“(11) **GUARDIANSHIP.**—The term ‘guardianship’ means—

“(A) the process by which a State court determines that an adult individual lacks capacity to make decisions about self-care or property, and appoints another individual or entity known as a guardian, as a conservator, or by a similar term, as a surrogate decisionmaker;

“(B) the manner in which the court-appointed surrogate decisionmaker carries out duties to the individual and the court; or

“(C) the manner in which the court exercises oversight of the surrogate decisionmaker.

“(12) **INDIAN TRIBE.**—

“(A) **IN GENERAL.**—The term ‘Indian tribe’ has the meaning given such term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

“(B) **INCLUSION OF PUEBLO AND RANCHERIA.**—The term ‘Indian tribe’ includes any Pueblo or Rancheria.

“(13) **LAW ENFORCEMENT.**—The term ‘law enforcement’ means the full range of potential responders to elder abuse, neglect, and exploitation including—

“(A) police, sheriffs, detectives, public safety officers, and corrections personnel;

“(B) prosecutors;

“(C) medical examiners;

“(D) investigators; and

“(E) coroners.

“(14) **LONG-TERM CARE.**—

“(A) **IN GENERAL.**—The term ‘long-term care’ means supportive and health services specified by the Secretary for individuals who need assistance because the individuals have a loss of capacity for self-care due to illness, disability, or vulnerability.

“(B) **LOSS OF CAPACITY FOR SELF-CARE.**—For purposes of subparagraph (A), the term ‘loss of capacity for self-care’ means an inability to engage in 1 or more activities of daily living, including eating, dressing, bathing, management of one’s financial affairs, and other activities the Secretary determines appropriate.

“(15) **LONG-TERM CARE FACILITY.**—The term ‘long-term care facility’ means a residential care provider that arranges for, or directly provides, long-term care.

“(16) **NEGLECT.**—The term ‘neglect’ means—

“(A) the failure of a caregiver or fiduciary to provide the goods or services that are necessary to maintain the health or safety of an elder; or

“(B) self-neglect.

“(17) **NURSING FACILITY.**—

“(A) **IN GENERAL.**—The term ‘nursing facility’ has the meaning given such term under section 1919(a).

“(B) **INCLUSION OF SKILLED NURSING FACILITY.**—The term ‘nursing facility’ includes a skilled nursing facility (as defined in section 1819(a)).

“(18) **SELF-NEGLECT.**—The term ‘self-neglect’ means an adult’s inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including—

“(A) obtaining essential food, clothing, shelter, and medical care;

“(B) obtaining goods and services necessary to maintain physical health, mental health, or general safety; or

“(C) managing one’s own financial affairs.

“(19) **SERIOUS BODILY INJURY.**—

“(A) **IN GENERAL.**—The term ‘serious bodily injury’ means an injury—

“(i) involving extreme physical pain;

“(ii) involving substantial risk of death;

“(iii) involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or

“(iv) requiring medical intervention such as surgery, hospitalization, or physical rehabilitation.

“(B) **CRIMINAL SEXUAL ABUSE.**—Serious bodily injury shall be considered to have occurred if the conduct causing the injury is conduct described in section 2241 (relating to aggravated sexual abuse) or 2242 (relating to sexual abuse) of title 18, United States Code, or any similar offense under State law.

“(20) **SOCIAL.**—The term ‘social’, when used with respect to a service, includes adult protective services.

“(21) **STATE LEGAL ASSISTANCE DEVELOPER.**—The term ‘State legal assistance developer’ means an individual described in section 731 of the Older Americans Act of 1965.

“(22) **STATE LONG-TERM CARE OMBUDSMAN.**—The term ‘State Long-Term Care Ombudsman’ means the State Long-Term Care Ombudsman described in section 712(a)(2) of the Older Americans Act of 1965.

“SEC. 2012. GENERAL PROVISIONS.

“(a) **PROTECTION OF PRIVACY.**—In pursuing activities under this subtitle, the Secretary shall ensure the protection of individual health privacy consistent with the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 and applicable State and local privacy regulations.

“(b) **RULE OF CONSTRUCTION.**—Nothing in this subtitle shall be construed to interfere with or abridge an elder’s right to practice his or her religion through reliance on prayer alone for healing when this choice—

“(1) is contemporaneously expressed, either orally or in writing, with respect to a specific illness or injury which the elder has at the time of the decision by an elder who is competent at the time of the decision;

“(2) is previously set forth in a living will, health care proxy, or other advance directive document that is validly executed and applied under State law; or

“(3) may be unambiguously deduced from the elder’s life history.

“PART I—NATIONAL COORDINATION OF ELDER JUSTICE ACTIVITIES AND RESEARCH

“Subpart A—Elder Justice Coordinating Council and Advisory Board on Elder Abuse, Neglect, and Exploitation

“SEC. 2021. ELDER JUSTICE COORDINATING COUNCIL.

“(a) **ESTABLISHMENT.**—There is established within the Office of the Secretary an Elder Justice Coordinating Council (in this section referred to as the ‘Council’).

“(b) **MEMBERSHIP.**—

“(1) **IN GENERAL.**—The Council shall be composed of the following members:

“(A) The Secretary (or the Secretary’s designee).

“(B) The Attorney General (or the Attorney General’s designee).

“(C) The head of each Federal department or agency or other governmental entity identified by the Chair referred to in subsection (d) as having responsibilities, or administering programs, relating to elder abuse, neglect, and exploitation.

“(2) **REQUIREMENT.**—Each member of the Council shall be an officer or employee of the Federal Government.

“(c) **VACANCIES.**—Any vacancy in the Council shall not affect its powers, but shall be filled in the same manner as the original appointment was made.

“(d) **CHAIR.**—The member described in subsection (b)(1)(A) shall be Chair of the Council.

“(e) **MEETINGS.**—The Council shall meet at least 2 times per year, as determined by the Chair.

“(f) **DUTIES.**—

“(1) **IN GENERAL.**—The Council shall make recommendations to the Secretary for the coordination of activities of the Department of Health and Human Services, the Department of Justice, and other relevant Federal, State, local, and private agencies and entities, relating to elder abuse, neglect, and exploitation and other crimes against elders.

“(2) **REPORT.**—Not later than the date that is 2 years after the date of enactment of the Elder Justice Act of 2009 and every 2 years thereafter,

the Council shall submit to the Committee on Finance of the Senate and the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives a report that—

“(A) describes the activities and accomplishments of, and challenges faced by—

“(i) the Council; and

“(ii) the entities represented on the Council; and

“(B) makes such recommendations for legislation, model laws, or other action as the Council determines to be appropriate.

“(g) **POWERS OF THE COUNCIL.**—

“(1) **INFORMATION FROM FEDERAL AGENCIES.**—Subject to the requirements of section 2012(a), the Council may secure directly from any Federal department or agency such information as the Council considers necessary to carry out this section. Upon request of the Chair of the Council, the head of such department or agency shall furnish such information to the Council.

“(2) **POSTAL SERVICES.**—The Council may use the United States mails in the same manner and under the same conditions as other departments and agencies of the Federal Government.

“(h) **TRAVEL EXPENSES.**—The members of the Council shall not receive compensation for the performance of services for the Council. The members shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Council. Notwithstanding section 1342 of title 31, United States Code, the Secretary may accept the voluntary and uncompensated services of the members of the Council.

“(i) **DETAIL OF GOVERNMENT EMPLOYEES.**—Any Federal Government employee may be detailed to the Council without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

“(j) **STATUS AS PERMANENT COUNCIL.**—Section 14 of the Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Council.

“(k) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated such sums as are necessary to carry out this section.

“SEC. 2022. ADVISORY BOARD ON ELDER ABUSE, NEGLECT, AND EXPLOITATION.

“(a) **ESTABLISHMENT.**—There is established a board to be known as the ‘Advisory Board on Elder Abuse, Neglect, and Exploitation’ (in this section referred to as the ‘Advisory Board’) to create short- and long-term multidisciplinary strategic plans for the development of the field of elder justice and to make recommendations to the Elder Justice Coordinating Council established under section 2021.

“(b) **COMPOSITION.**—The Advisory Board shall be composed of 27 members appointed by the Secretary from among members of the general public who are individuals with experience and expertise in elder abuse, neglect, and exploitation prevention, detection, treatment, intervention, or prosecution.

“(c) **SOLICITATION OF NOMINATIONS.**—The Secretary shall publish a notice in the Federal Register soliciting nominations for the appointment of members of the Advisory Board under subsection (b).

“(d) **TERMS.**—

“(1) **IN GENERAL.**—Each member of the Advisory Board shall be appointed for a term of 3 years, except that, of the members first appointed—

“(A) 9 shall be appointed for a term of 3 years;

“(B) 9 shall be appointed for a term of 2 years; and

“(C) 9 shall be appointed for a term of 1 year.

“(2) **VACANCIES.**—

“(A) **IN GENERAL.**—Any vacancy on the Advisory Board shall not affect its powers, but shall be filled in the same manner as the original appointment was made.

“(B) **FILLING UNEXPIRED TERM.**—An individual chosen to fill a vacancy shall be appointed for the unexpired term of the member replaced.

“(3) **EXPIRATION OF TERMS.**—The term of any member shall not expire before the date on which the member’s successor takes office.

“(e) **ELECTION OF OFFICERS.**—The Advisory Board shall elect a Chair and Vice Chair from among its members. The Advisory Board shall elect its initial Chair and Vice Chair at its initial meeting.

“(f) **DUTIES.**—

“(1) **ENHANCE COMMUNICATION ON PROMOTING QUALITY OF, AND PREVENTING ABUSE, NEGLECT, AND EXPLOITATION IN, LONG-TERM CARE.**—The Advisory Board shall develop collaborative and innovative approaches to improve the quality of, including preventing abuse, neglect, and exploitation in, long-term care.

“(2) **COLLABORATIVE EFFORTS TO DEVELOP CONSENSUS AROUND THE MANAGEMENT OF CERTAIN QUALITY-RELATED FACTORS.**—

“(A) **IN GENERAL.**—The Advisory Board shall establish multidisciplinary panels to address, and develop consensus on, subjects relating to improving the quality of long-term care. At least 1 such panel shall address, and develop consensus on, methods for managing resident-to-resident abuse in long-term care.

“(B) **ACTIVITIES CONDUCTED.**—The multidisciplinary panels established under subparagraph (A) shall examine relevant research and data, identify best practices with respect to the subject of the panel, determine the best way to carry out those best practices in a practical and feasible manner, and determine an effective manner of distributing information on such subject.

“(3) **REPORT.**—Not later than the date that is 18 months after the date of enactment of the Elder Justice Act of 2009, and annually thereafter, the Advisory Board shall prepare and submit to the Elder Justice Coordinating Council, the Committee on Finance of the Senate, and the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives a report containing—

“(A) information on the status of Federal, State, and local public and private elder justice activities;

“(B) recommendations (including recommended priorities) regarding—

“(i) elder justice programs, research, training, services, practice, enforcement, and coordination;

“(ii) coordination between entities pursuing elder justice efforts and those involved in related areas that may inform or overlap with elder justice efforts, such as activities to combat violence against women and child abuse and neglect; and

“(iii) activities relating to adult fiduciary systems, including guardianship and other fiduciary arrangements;

“(C) recommendations for specific modifications needed in Federal and State laws (including regulations) or for programs, research, and training to enhance prevention, detection, and treatment (including diagnosis) of, intervention in (including investigation of), and prosecution of elder abuse, neglect, and exploitation;

“(D) recommendations on methods for the most effective coordinated national data collection with respect to elder justice, and elder abuse, neglect, and exploitation; and

“(E) recommendations for a multidisciplinary strategic plan to guide the effective and efficient development of the field of elder justice.

“(g) **POWERS OF THE ADVISORY BOARD.**—

“(1) **INFORMATION FROM FEDERAL AGENCIES.**—Subject to the requirements of section 2012(a),

the Advisory Board may secure directly from any Federal department or agency such information as the Advisory Board considers necessary to carry out this section. Upon request of the Chair of the Advisory Board, the head of such department or agency shall furnish such information to the Advisory Board.

“(2) **SHARING OF DATA AND REPORTS.**—The Advisory Board may request from any entity pursuing elder justice activities under the Elder Justice Act of 2009 or an amendment made by that Act, any data, reports, or recommendations generated in connection with such activities.

“(3) **POSTAL SERVICES.**—The Advisory Board may use the United States mails in the same manner and under the same conditions as other departments and agencies of the Federal Government.

“(h) **TRAVEL EXPENSES.**—The members of the Advisory Board shall not receive compensation for the performance of services for the Advisory Board. The members shall be allowed travel expenses for up to 4 meetings per year, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Advisory Board. Notwithstanding section 1342 of title 31, United States Code, the Secretary may accept the voluntary and uncompensated services of the members of the Advisory Board.

“(i) **DETAIL OF GOVERNMENT EMPLOYEES.**—Any Federal Government employee may be detailed to the Advisory Board without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

“(j) **STATUS AS PERMANENT ADVISORY COMMITTEE.**—Section 14 of the Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the advisory board.

“(k) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated such sums as are necessary to carry out this section.

“SEC. 2023. RESEARCH PROTECTIONS.

“(a) **GUIDELINES.**—The Secretary shall promulgate guidelines to assist researchers working in the area of elder abuse, neglect, and exploitation, with issues relating to human subject protections.

“(b) **DEFINITION OF LEGALLY AUTHORIZED REPRESENTATIVE FOR APPLICATION OF REGULATIONS.**—For purposes of the application of subpart A of part 46 of title 45, Code of Federal Regulations, to research conducted under this subpart, the term ‘legally authorized representative’ means, unless otherwise provided by law, the individual or judicial or other body authorized under the applicable law to consent to medical treatment on behalf of another person.

“SEC. 2024. AUTHORIZATION OF APPROPRIATIONS.

“There are authorized to be appropriated to carry out this subpart—

“(1) for fiscal year 2011, \$6,500,000; and

“(2) for each of fiscal years 2012 through 2014, \$7,000,000.

“Subpart B—Elder Abuse, Neglect, and Exploitation Forensic Centers

“SEC. 2031. ESTABLISHMENT AND SUPPORT OF ELDER ABUSE, NEGLECT, AND EXPLOITATION FORENSIC CENTERS.

“(a) **IN GENERAL.**—The Secretary, in consultation with the Attorney General, shall make grants to eligible entities to establish and operate stationary and mobile forensic centers, to develop forensic expertise regarding, and provide services relating to, elder abuse, neglect, and exploitation.

“(b) **STATIONARY FORENSIC CENTERS.**—The Secretary shall make 4 of the grants described in subsection (a) to institutions of higher education with demonstrated expertise in forensics or commitment to preventing or treating elder

abuse, neglect, or exploitation, to establish and operate stationary forensic centers.

“(c) **MOBILE CENTERS.**—The Secretary shall make 6 of the grants described in subsection (a) to appropriate entities to establish and operate mobile forensic centers.

“(d) **AUTHORIZED ACTIVITIES.**—

“(1) **DEVELOPMENT OF FORENSIC MARKERS AND METHODOLOGIES.**—An eligible entity that receives a grant under this section shall use funds made available through the grant to assist in determining whether abuse, neglect, or exploitation occurred and whether a crime was committed and to conduct research to describe and disseminate information on—

“(A) forensic markers that indicate a case in which elder abuse, neglect, or exploitation may have occurred; and

“(B) methodologies for determining, in such a case, when and how health care, emergency service, social and protective services, and legal service providers should intervene and when the providers should report the case to law enforcement authorities.

“(2) **DEVELOPMENT OF FORENSIC EXPERTISE.**—An eligible entity that receives a grant under this section shall use funds made available through the grant to develop forensic expertise regarding elder abuse, neglect, and exploitation in order to provide medical and forensic evaluation, therapeutic intervention, victim support and advocacy, case review, and case tracking.

“(3) **COLLECTION OF EVIDENCE.**—The Secretary, in coordination with the Attorney General, shall use data made available by grant recipients under this section to develop the capacity of geriatric health care professionals and law enforcement to collect forensic evidence, including collecting forensic evidence relating to a potential determination of elder abuse, neglect, or exploitation.

“(e) **APPLICATION.**—To be eligible to receive a grant under this section, an entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

“(f) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section—

“(1) for fiscal year 2011, \$4,000,000;

“(2) for fiscal year 2012, \$6,000,000; and

“(3) for each of fiscal years 2013 and 2014, \$8,000,000.

“PART II—PROGRAMS TO PROMOTE ELDER JUSTICE

“SEC. 2041. ENHANCEMENT OF LONG-TERM CARE.

“(a) **GRANTS AND INCENTIVES FOR LONG-TERM CARE STAFFING.**—

“(1) **IN GENERAL.**—The Secretary shall carry out activities, including activities described in paragraphs (2) and (3), to provide incentives for individuals to train for, seek, and maintain employment providing direct care in long-term care.

“(2) **SPECIFIC PROGRAMS TO ENHANCE TRAINING, RECRUITMENT, AND RETENTION OF STAFF.**—

“(A) **COORDINATION WITH SECRETARY OF LABOR TO RECRUIT AND TRAIN LONG-TERM CARE STAFF.**—The Secretary shall coordinate activities under this subsection with the Secretary of Labor in order to provide incentives for individuals to train for and seek employment providing direct care in long-term care.

“(B) **CAREER LADDERS AND WAGE OR BENEFIT INCREASES TO INCREASE STAFFING IN LONG-TERM CARE.**—

“(i) **IN GENERAL.**—The Secretary shall make grants to eligible entities to carry out programs through which the entities—

“(I) offer, to employees who provide direct care to residents of an eligible entity or individuals receiving community-based long-term care from an eligible entity, continuing training and varying levels of certification, based on observed

clinical care practices and the amount of time the employees spend providing direct care; and

“(II) provide, or make arrangements to provide, bonuses or other increased compensation or benefits to employees who achieve certification under such a program.

“(ii) **APPLICATION.**—To be eligible to receive a grant under this subparagraph, an eligible entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require (which may include evidence of consultation with the State in which the eligible entity is located with respect to carrying out activities funded under the grant).

“(iii) **AUTHORITY TO LIMIT NUMBER OF APPLICANTS.**—Nothing in this subparagraph shall be construed as prohibiting the Secretary from limiting the number of applicants for a grant under this subparagraph.

“(3) **SPECIFIC PROGRAMS TO IMPROVE MANAGEMENT PRACTICES.**—

“(A) **IN GENERAL.**—The Secretary shall make grants to eligible entities to enable the entities to provide training and technical assistance.

“(B) **AUTHORIZED ACTIVITIES.**—An eligible entity that receives a grant under subparagraph (A) shall use funds made available through the grant to provide training and technical assistance regarding management practices using methods that are demonstrated to promote retention of individuals who provide direct care, such as—

“(i) the establishment of standard human resource policies that reward high performance, including policies that provide for improved wages and benefits on the basis of job reviews;

“(ii) the establishment of motivational and thoughtful work organization practices;

“(iii) the creation of a workplace culture that respects and values caregivers and their needs;

“(iv) the promotion of a workplace culture that respects the rights of residents of an eligible entity or individuals receiving community-based long-term care from an eligible entity and results in improved care for the residents or the individuals; and

“(v) the establishment of other programs that promote the provision of high quality care, such as a continuing education program that provides additional hours of training, including on-the-job training, for employees who are certified nurse aides.

“(C) **APPLICATION.**—To be eligible to receive a grant under this paragraph, an eligible entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require (which may include evidence of consultation with the State in which the eligible entity is located with respect to carrying out activities funded under the grant).

“(D) **AUTHORITY TO LIMIT NUMBER OF APPLICANTS.**—Nothing in this paragraph shall be construed as prohibiting the Secretary from limiting the number of applicants for a grant under this paragraph.

“(4) **ACCOUNTABILITY MEASURES.**—The Secretary shall develop accountability measures to ensure that the activities conducted using funds made available under this subsection benefit individuals who provide direct care and increase the stability of the long-term care workforce.

“(5) **DEFINITIONS.**—In this subsection:

“(A) **COMMUNITY-BASED LONG-TERM CARE.**—The term ‘community-based long-term care’ has the meaning given such term by the Secretary.

“(B) **ELIGIBLE ENTITY.**—The term ‘eligible entity’ means the following:

“(i) A long-term care facility.

“(ii) A community-based long-term care entity (as defined by the Secretary).

“(b) **CERTIFIED EHR TECHNOLOGY GRANT PROGRAM.**—

“(1) **GRANTS AUTHORIZED.**—The Secretary is authorized to make grants to long-term care facilities for the purpose of assisting such entities in offsetting the costs related to purchasing, leasing, developing, and implementing certified EHR technology (as defined in section 1848(o)(4)) designed to improve patient safety and reduce adverse events and health care complications resulting from medication errors.

“(2) **USE OF GRANT FUNDS.**—Funds provided under grants under this subsection may be used for any of the following:

“(A) Purchasing, leasing, and installing computer software and hardware, including handheld computer technologies.

“(B) Making improvements to existing computer software and hardware.

“(C) Making upgrades and other improvements to existing computer software and hardware to enable e-prescribing.

“(D) Providing education and training to eligible long-term care facility staff on the use of such technology to implement the electronic transmission of prescription and patient information.

“(3) **APPLICATION.**—

“(A) **IN GENERAL.**—To be eligible to receive a grant under this subsection, a long-term care facility shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require (which may include evidence of consultation with the State in which the long-term care facility is located with respect to carrying out activities funded under the grant).

“(B) **AUTHORITY TO LIMIT NUMBER OF APPLICANTS.**—Nothing in this subsection shall be construed as prohibiting the Secretary from limiting the number of applicants for a grant under this subsection.

“(4) **PARTICIPATION IN STATE HEALTH EXCHANGES.**—A long-term care facility that receives a grant under this subsection shall, where available, participate in activities conducted by a State or a qualified State-designated entity (as defined in section 3013(f) of the Public Health Service Act) under a grant under section 3013 of the Public Health Service Act to coordinate care and for other purposes determined appropriate by the Secretary.

“(5) **ACCOUNTABILITY MEASURES.**—The Secretary shall develop accountability measures to ensure that the activities conducted using funds made available under this subsection help improve patient safety and reduce adverse events and health care complications resulting from medication errors.

“(c) **ADOPTION OF STANDARDS FOR TRANSACTIONS INVOLVING CLINICAL DATA BY LONG-TERM CARE FACILITIES.**—

“(1) **STANDARDS AND COMPATIBILITY.**—The Secretary shall adopt electronic standards for the exchange of clinical data by long-term care facilities, including, where available, standards for messaging and nomenclature. Standards adopted by the Secretary under the preceding sentence shall be compatible with standards established under part C of title XI, standards established under subsections (b)(2)(B)(i) and (e)(4) of section 1860D–4, standards adopted under section 3004 of the Public Health Service Act, and general health information technology standards.

“(2) **ELECTRONIC SUBMISSION OF DATA TO THE SECRETARY.**—

“(A) **IN GENERAL.**—Not later than 10 years after the date of enactment of the Elder Justice Act of 2009, the Secretary shall have procedures in place to accept the optional electronic submission of clinical data by long-term care facilities pursuant to the standards adopted under paragraph (1).

“(B) **RULE OF CONSTRUCTION.**—Nothing in this subsection shall be construed to require a long-

term care facility to submit clinical data electronically to the Secretary.

“(3) **REGULATIONS.**—The Secretary shall promulgate regulations to carry out this subsection. Such regulations shall require a State, as a condition of the receipt of funds under this part, to conduct such data collection and reporting as the Secretary determines are necessary to satisfy the requirements of this subsection.

“(d) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section—

“(1) for fiscal year 2011, \$20,000,000;

“(2) for fiscal year 2012, \$17,500,000; and

“(3) for each of fiscal years 2013 and 2014, \$15,000,000.

“SEC. 2042. ADULT PROTECTIVE SERVICES FUNCTIONS AND GRANT PROGRAMS.

“(a) **SECRETARIAL RESPONSIBILITIES.**—

“(1) **IN GENERAL.**—The Secretary shall ensure that the Department of Health and Human Services—

“(A) provides funding authorized by this part to State and local adult protective services offices that investigate reports of the abuse, neglect, and exploitation of elders;

“(B) collects and disseminates data annually relating to the abuse, exploitation, and neglect of elders in coordination with the Department of Justice;

“(C) develops and disseminates information on best practices regarding, and provides training on, carrying out adult protective services;

“(D) conducts research related to the provision of adult protective services; and

“(E) provides technical assistance to States and other entities that provide or fund the provision of adult protective services, including through grants made under subsections (b) and (c).

“(2) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this subsection, \$3,000,000 for fiscal year 2011 and \$4,000,000 for each of fiscal years 2012 through 2014.

“(b) **GRANTS TO ENHANCE THE PROVISION OF ADULT PROTECTIVE SERVICES.**—

“(1) **ESTABLISHMENT.**—There is established an adult protective services grant program under which the Secretary shall annually award grants to States in the amounts calculated under paragraph (2) for the purposes of enhancing adult protective services provided by States and local units of government.

“(2) **AMOUNT OF PAYMENT.**—

“(A) **IN GENERAL.**—Subject to the availability of appropriations and subparagraphs (B) and (C), the amount paid to a State for a fiscal year under the program under this subsection shall equal the amount appropriated for that year to carry out this subsection multiplied by the percentage of the total number of elders who reside in the United States who reside in that State.

“(B) **GUARANTEED MINIMUM PAYMENT AMOUNT.**—

“(i) **50 STATES.**—Subject to clause (ii), if the amount determined under subparagraph (A) for a State for a fiscal year is less than 0.75 percent of the amount appropriated for such year, the Secretary shall increase such determined amount so that the total amount paid under this subsection to the State for the year is equal to 0.75 percent of the amount so appropriated.

“(ii) **TERRITORIES.**—In the case of a State other than 1 of the 50 States, clause (i) shall be applied as if each reference to ‘0.75’ were a reference to ‘0.1’.

“(C) **PRO RATA REDUCTIONS.**—The Secretary shall make such pro rata reductions to the amounts described in subparagraph (A) as are necessary to comply with the requirements of subparagraph (B).

“(3) **AUTHORIZED ACTIVITIES.**—

“(A) **ADULT PROTECTIVE SERVICES.**—Funds made available pursuant to this subsection may

only be used by States and local units of government to provide adult protective services and may not be used for any other purpose.

“(B) **USE BY AGENCY.**—Each State receiving funds pursuant to this subsection shall provide such funds to the agency or unit of State government having legal responsibility for providing adult protective services within the State.

“(C) **SUPPLEMENT NOT SUPPLANT.**—Each State or local unit of government shall use funds made available pursuant to this subsection to supplement and not supplant other Federal, State, and local public funds expended to provide adult protective services in the State.

“(4) **STATE REPORTS.**—Each State receiving funds under this subsection shall submit to the Secretary, at such time and in such manner as the Secretary may require, a report on the number of elders served by the grants awarded under this subsection.

“(5) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this subsection, \$100,000,000 for each of fiscal years 2011 through 2014.

“(c) **STATE DEMONSTRATION PROGRAMS.**—

“(1) **ESTABLISHMENT.**—The Secretary shall award grants to States for the purposes of conducting demonstration programs in accordance with paragraph (2).

“(2) **DEMONSTRATION PROGRAMS.**—Funds made available pursuant to this subsection may be used by States and local units of government to conduct demonstration programs that test—

“(A) training modules developed for the purpose of detecting or preventing elder abuse;

“(B) methods to detect or prevent financial exploitation of elders;

“(C) methods to detect elder abuse;

“(D) whether training on elder abuse forensics enhances the detection of elder abuse by employees of the State or local unit of government; or

“(E) other matters relating to the detection or prevention of elder abuse.

“(3) **APPLICATION.**—To be eligible to receive a grant under this subsection, a State shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

“(4) **STATE REPORTS.**—Each State that receives funds under this subsection shall submit to the Secretary a report at such time, in such manner, and containing such information as the Secretary may require on the results of the demonstration program conducted by the State using funds made available under this subsection.

“(5) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this subsection, \$25,000,000 for each of fiscal years 2011 through 2014.

“SEC. 2043. LONG-TERM CARE OMBUDSMAN PROGRAM GRANTS AND TRAINING.

“(a) **GRANTS TO SUPPORT THE LONG-TERM CARE OMBUDSMAN PROGRAM.**—

“(1) **IN GENERAL.**—The Secretary shall make grants to eligible entities with relevant expertise and experience in abuse and neglect in long-term care facilities or long-term care ombudsman programs and responsibilities, for the purpose of—

“(A) improving the capacity of State long-term care ombudsman programs to respond to and resolve complaints about abuse and neglect;

“(B) conducting pilot programs with State long-term care ombudsman offices or local ombudsman entities; and

“(C) providing support for such State long-term care ombudsman programs and such pilot programs (such as through the establishment of a national long-term care ombudsman resource center).

“(2) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this subsection—

“(A) for fiscal year 2011, \$5,000,000;

“(B) for fiscal year 2012, \$7,500,000; and

“(C) for each of fiscal years 2013 and 2014, \$10,000,000.

“(b) OMBUDSMAN TRAINING PROGRAMS.—

“(1) IN GENERAL.—The Secretary shall establish programs to provide and improve ombudsman training with respect to elder abuse, neglect, and exploitation for national organizations and State long-term care ombudsman programs.

“(2) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this subsection, for each of fiscal years 2011 through 2014, \$10,000,000.

“SEC. 2044. PROVISION OF INFORMATION REGARDING, AND EVALUATIONS OF, ELDER JUSTICE PROGRAMS.

“(a) PROVISION OF INFORMATION.—To be eligible to receive a grant under this part, an applicant shall agree—

“(1) except as provided in paragraph (2), to provide the eligible entity conducting an evaluation under subsection (b) of the activities funded through the grant with such information as the eligible entity may require in order to conduct such evaluation; or

“(2) in the case of an applicant for a grant under section 2041(b), to provide the Secretary with such information as the Secretary may require to conduct an evaluation or audit under subsection (c).

“(b) USE OF ELIGIBLE ENTITIES TO CONDUCT EVALUATIONS.—

“(1) EVALUATIONS REQUIRED.—Except as provided in paragraph (2), the Secretary shall—

“(A) reserve a portion (not less than 2 percent) of the funds appropriated with respect to each program carried out under this part; and

“(B) use the funds reserved under subparagraph (A) to provide assistance to eligible entities to conduct evaluations of the activities funded under each program carried out under this part.

“(2) CERTIFIED EHR TECHNOLOGY GRANT PROGRAM NOT INCLUDED.—The provisions of this subsection shall not apply to the certified EHR technology grant program under section 2041(b).

“(3) AUTHORIZED ACTIVITIES.—A recipient of assistance described in paragraph (1)(B) shall use the funds made available through the assistance to conduct a validated evaluation of the effectiveness of the activities funded under a program carried out under this part.

“(4) APPLICATIONS.—To be eligible to receive assistance under paragraph (1)(B), an entity shall submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require, including a proposal for the evaluation.

“(5) REPORTS.—Not later than a date specified by the Secretary, an eligible entity receiving assistance under paragraph (1)(B) shall submit to the Secretary, the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives, and the Committee on Finance of the Senate a report containing the results of the evaluation conducted using such assistance together with such recommendations as the entity determines to be appropriate.

“(c) EVALUATIONS AND AUDITS OF CERTIFIED EHR TECHNOLOGY GRANT PROGRAM BY THE SECRETARY.—

“(1) EVALUATIONS.—The Secretary shall conduct an evaluation of the activities funded under the certified EHR technology grant program under section 2041(b). Such evaluation shall include an evaluation of whether the funding provided under the grant is expended only for the purposes for which it is made.

“(2) AUDITS.—The Secretary shall conduct appropriate audits of grants made under section 2041(b).

“SEC. 2045. REPORT.

“Not later than October 1, 2014, the Secretary shall submit to the Elder Justice Coordinating Council established under section 2021, the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives, and the Committee on Finance of the Senate a report—

“(1) compiling, summarizing, and analyzing the information contained in the State reports submitted under subsections (b)(4) and (c)(4) of section 2042; and

“(2) containing such recommendations for legislative or administrative action as the Secretary determines to be appropriate.

“SEC. 2046. RULE OF CONSTRUCTION.

“Nothing in this subtitle shall be construed as—

“(1) limiting any cause of action or other relief related to obligations under this subtitle that is available under the law of any State, or political subdivision thereof; or

“(2) creating a private cause of action for a violation of this subtitle.”.

(2) OPTION FOR STATE PLAN UNDER PROGRAM FOR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES.—

(A) IN GENERAL.—Section 402(a)(1)(B) of the Social Security Act (42 U.S.C. 602(a)(1)(B)) is amended by adding at the end the following new clause:

“(v) The document shall indicate whether the State intends to assist individuals to train for, seek, and maintain employment—

“(1) providing direct care in a long-term care facility (as such terms are defined under section 2011); or

“(II) in other occupations related to elder care determined appropriate by the State for which the State identifies an unmet need for service personnel,

and, if so, shall include an overview of such assistance.”.

(B) EFFECTIVE DATE.—The amendment made by subparagraph (A) shall take effect on January 1, 2011.

(b) PROTECTING RESIDENTS OF LONG-TERM CARE FACILITIES.—

(1) NATIONAL TRAINING INSTITUTE FOR SURVEYORS.—

(A) IN GENERAL.—The Secretary of Health and Human Services shall enter into a contract with an entity for the purpose of establishing and operating a National Training Institute for Federal and State surveyors. Such Institute shall provide and improve the training of surveyors with respect to investigating allegations of abuse, neglect, and misappropriation of property in programs and long-term care facilities that receive payments under title XVIII or XIX of the Social Security Act.

(B) ACTIVITIES CARRIED OUT BY THE INSTITUTE.—The contract entered into under subparagraph (A) shall require the Institute established and operated under such contract to carry out the following activities:

(i) Assess the extent to which State agencies use specialized surveyors for the investigation of reported allegations of abuse, neglect, and misappropriation of property in such programs and long-term care facilities.

(ii) Evaluate how the competencies of surveyors may be improved to more effectively investigate reported allegations of such abuse, neglect, and misappropriation of property, and provide feedback to Federal and State agencies on the evaluations conducted.

(iii) Provide a national program of training, tools, and technical assistance to Federal and State surveyors on investigating reports of such abuse, neglect, and misappropriation of property.

(iv) Develop and disseminate information on best practices for the investigation of such

abuse, neglect, and misappropriation of property.

(v) Assess the performance of State complaint intake systems, in order to ensure that the intake of complaints occurs 24 hours per day, 7 days a week (including holidays).

(vi) To the extent approved by the Secretary of Health and Human Services, provide a national 24 hours per day, 7 days a week (including holidays), back-up system to State complaint intake systems in order to ensure optimum national responsiveness to complaints of such abuse, neglect, and misappropriation of property.

(vii) Analyze and report annually on the following:

(I) The total number and sources of complaints of such abuse, neglect, and misappropriation of property.

(II) The extent to which such complaints are referred to law enforcement agencies.

(III) General results of Federal and State investigations of such complaints.

(viii) Conduct a national study of the cost to State agencies of conducting complaint investigations of skilled nursing facilities and nursing facilities under sections 1819 and 1919, respectively, of the Social Security Act (42 U.S.C. 1395i-3; 1396r), and making recommendations to the Secretary of Health and Human Services with respect to options to increase the efficiency and cost-effectiveness of such investigations.

(C) AUTHORIZATION.—There are authorized to be appropriated to carry out this paragraph, for the period of fiscal years 2011 through 2014, \$12,000,000.

(2) GRANTS TO STATE SURVEY AGENCIES.—

(A) IN GENERAL.—The Secretary of Health and Human Services shall make grants to State agencies that perform surveys of skilled nursing facilities or nursing facilities under sections 1819 or 1919, respectively, of the Social Security Act (42 U.S.C. 1395i-3; 1395r).

(B) USE OF FUNDS.—A grant awarded under subparagraph (A) shall be used for the purpose of designing and implementing complaint investigations systems that—

(i) promptly prioritize complaints in order to ensure a rapid response to the most serious and urgent complaints;

(ii) respond to complaints with optimum effectiveness and timeliness; and

(iii) optimize the collaboration between local authorities, consumers, and providers, including—

(I) such State agency;

(II) the State Long-Term Care Ombudsman;

(III) local law enforcement agencies;

(IV) advocacy and consumer organizations;

(V) State aging units;

(VI) Area Agencies on Aging; and

(VII) other appropriate entities.

(C) AUTHORIZATION.—There are authorized to be appropriated to carry out this paragraph, for each of fiscal years 2011 through 2014, \$5,000,000.

(3) REPORTING OF CRIMES IN FEDERALLY FUNDED LONG-TERM CARE FACILITIES.—Part A of title XI of the Social Security Act (42 U.S.C. 1301 et seq.), as amended by section 6005, is amended by inserting after section 1150A the following new section:

“REPORTING TO LAW ENFORCEMENT OF CRIMES OCCURRING IN FEDERALLY FUNDED LONG-TERM CARE FACILITIES

“SEC. 1150B. (a) DETERMINATION AND NOTIFICATION.—

“(1) DETERMINATION.—The owner or operator of each long-term care facility that receives Federal funds under this Act shall annually determine whether the facility received at least \$10,000 in such Federal funds during the preceding year.

“(2) NOTIFICATION.—If the owner or operator determines under paragraph (1) that the facility

received at least \$10,000 in such Federal funds during the preceding year, such owner or operator shall annually notify each covered individual (as defined in paragraph (3)) of that individual's obligation to comply with the reporting requirements described in subsection (b).

“(3) COVERED INDIVIDUAL DEFINED.—In this section, the term ‘covered individual’ means each individual who is an owner, operator, employee, manager, agent, or contractor of a long-term care facility that is the subject of a determination described in paragraph (1).

“(b) REPORTING REQUIREMENTS.—

“(1) IN GENERAL.—Each covered individual shall report to the Secretary and 1 or more law enforcement entities for the political subdivision in which the facility is located any reasonable suspicion of a crime (as defined by the law of the applicable political subdivision) against any individual who is a resident of, or is receiving care from, the facility.

“(2) TIMING.—If the events that cause the suspicion—

“(A) result in serious bodily injury, the individual shall report the suspicion immediately, but not later than 2 hours after forming the suspicion; and

“(B) do not result in serious bodily injury, the individual shall report the suspicion not later than 24 hours after forming the suspicion.

“(c) PENALTIES.—

“(1) IN GENERAL.—If a covered individual violates subsection (b)—

“(A) the covered individual shall be subject to a civil money penalty of not more than \$200,000; and

“(B) the Secretary may make a determination in the same proceeding to exclude the covered individual from participation in any Federal health care program (as defined in section 1128B(f)).

“(2) INCREASED HARM.—If a covered individual violates subsection (b) and the violation exacerbates the harm to the victim of the crime or results in harm to another individual—

“(A) the covered individual shall be subject to a civil money penalty of not more than \$300,000; and

“(B) the Secretary may make a determination in the same proceeding to exclude the covered individual from participation in any Federal health care program (as defined in section 1128B(f)).

“(3) EXCLUDED INDIVIDUAL.—During any period for which a covered individual is classified as an excluded individual under paragraph (1)(B) or (2)(B), a long-term care facility that employs such individual shall be ineligible to receive Federal funds under this Act.

“(4) EXTENUATING CIRCUMSTANCES.—

“(A) IN GENERAL.—The Secretary may take into account the financial burden on providers with underserved populations in determining any penalty to be imposed under this subsection.

“(B) UNDERSERVED POPULATION DEFINED.—In this paragraph, the term ‘underserved population’ means the population of an area designated by the Secretary as an area with a shortage of elder justice programs or a population group designated by the Secretary as having a shortage of such programs. Such areas or groups designated by the Secretary may include—

“(i) areas or groups that are geographically isolated (such as isolated in a rural area);

“(ii) racial and ethnic minority populations; and

“(iii) populations underserved because of special needs (such as language barriers, disabilities, alien status, or age).

“(d) ADDITIONAL PENALTIES FOR RETALIATION.—

“(1) IN GENERAL.—A long-term care facility may not—

“(A) discharge, demote, suspend, threaten, harass, or deny a promotion or other employment-related benefit to an employee, or in any other manner discriminate against an employee in the terms and conditions of employment because of lawful acts done by the employee; or

“(B) file a complaint or a report against a nurse or other employee with the appropriate State professional disciplinary agency because of lawful acts done by the nurse or employee, for making a report, causing a report to be made, or for taking steps in furtherance of making a report pursuant to subsection (b)(1).

“(2) PENALTIES FOR RETALIATION.—If a long-term care facility violates subparagraph (A) or (B) of paragraph (1) the facility shall be subject to a civil money penalty of not more than \$200,000 or the Secretary may classify the entity as an excluded entity for a period of 2 years pursuant to section 1128(b), or both.

“(3) REQUIREMENT TO POST NOTICE.—Each long-term care facility shall post conspicuously in an appropriate location a sign (in a form specified by the Secretary) specifying the rights of employees under this section. Such sign shall include a statement that an employee may file a complaint with the Secretary against a long-term care facility that violates the provisions of this subsection and information with respect to the manner of filing such a complaint.

“(e) PROCEDURE.—The provisions of section 1128A (other than subsections (a) and (b) and the second sentence of subsection (f)) shall apply to a civil money penalty or exclusion under this section in the same manner as such provisions apply to a penalty or proceeding under section 1128A(a).

“(f) DEFINITIONS.—In this section, the terms ‘elder justice’, ‘long-term care facility’, and ‘law enforcement’ have the meanings given those terms in section 2011.”

(c) NATIONAL NURSE AIDE REGISTRY.—

(1) DEFINITION OF NURSE AIDE.—In this subsection, the term “nurse aide” has the meaning given that term in sections 1819(b)(5)(F) and 1919(b)(5)(F) of the Social Security Act (42 U.S.C. 1395i-3(b)(5)(F); 1396r(b)(5)(F)).

(2) STUDY AND REPORT.—

(A) IN GENERAL.—The Secretary, in consultation with appropriate government agencies and private sector organizations, shall conduct a study on establishing a national nurse aide registry.

(B) AREAS EVALUATED.—The study conducted under this subsection shall include an evaluation of—

(i) who should be included in the registry;

(ii) how such a registry would comply with Federal and State privacy laws and regulations;

(iii) how data would be collected for the registry;

(iv) what entities and individuals would have access to the data collected;

(v) how the registry would provide appropriate information regarding violations of Federal and State law by individuals included in the registry;

(vi) how the functions of a national nurse aide registry would be coordinated with the nationwide program for national and State background checks on direct patient access employees of long-term care facilities and providers under section 4301; and

(vii) how the information included in State nurse aide registries developed and maintained under sections 1819(e)(2) and 1919(e)(2) of the Social Security Act (42 U.S.C. 1395i-3(e)(2); 1396r(e)(2)(2)) would be provided as part of a national nurse aide registry.

(C) CONSIDERATIONS.—In conducting the study and preparing the report required under this subsection, the Secretary shall take into consideration the findings and conclusions of relevant reports and other relevant resources, including the following:

(i) The Department of Health and Human Services Office of Inspector General Report, *Nurse Aide Registries: State Compliance and Practices* (February 2005).

(ii) The General Accounting Office (now known as the Government Accountability Office) Report, *Nursing Homes: More Can Be Done to Protect Residents from Abuse* (March 2002).

(iii) The Department of Health and Human Services Office of the Inspector General Report, *Nurse Aide Registries: Long-Term Care Facility Compliance and Practices* (July 2005).

(iv) The Department of Health and Human Services Health Resources and Services Administration Report, *Nursing Aides, Home Health Aides, and Related Health Care Occupations—National and Local Workforce Shortages and Associated Data Needs* (2004) (in particular with respect to chapter 7 and appendix F).

(v) The 2001 Report to CMS from the School of Rural Public Health, Texas A&M University, *Preventing Abuse and Neglect in Nursing Homes: The Role of Nurse Aide Registries*.

(vi) Information included in State nurse aide registries developed and maintained under sections 1819(e)(2) and 1919(e)(2) of the Social Security Act (42 U.S.C. 1395i-3(e)(2); 1396r(e)(2)(2)).

(D) REPORT.—Not later than 18 months after the date of enactment of this Act, the Secretary shall submit to the Elder Justice Coordinating Council established under section 2021 of the Social Security Act, as added by section 1805(a), the Committee on Finance of the Senate, and the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives a report containing the findings and recommendations of the study conducted under this paragraph.

(E) FUNDING LIMITATION.—Funding for the study conducted under this subsection shall not exceed \$500,000.

(3) CONGRESSIONAL ACTION.—After receiving the report submitted by the Secretary under paragraph (2)(D), the Committee on Finance of the Senate and the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives shall, as they deem appropriate, take action based on the recommendations contained in the report.

(4) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated such sums as are necessary for the purpose of carrying out this subsection.

(d) CONFORMING AMENDMENTS.—

(1) TITLE XX.—Title XX of the Social Security Act (42 U.S.C. 1397 et seq.), as amended by section 6703(a), is amended—

(A) in the heading of section 2001, by striking “TITLE” and inserting “SUBTITLE”; and

(B) in subtitle 1, by striking “this title” each place it appears and inserting “this subtitle”.

(2) TITLE IV.—Title IV of the Social Security Act (42 U.S.C. 601 et seq.) is amended—

(A) in section 404(d)—

(i) in paragraphs (1)(A), (2)(A), and (3)(B), by inserting “subtitle 1 of” before “title XX” each place it appears;

(ii) in the heading of paragraph (2), by inserting “SUBTITLE 1 OF” before “TITLE XX”; and

(iii) in the heading of paragraph (3)(B), by inserting “SUBTITLE 1 OF” before “TITLE XX”; and

(B) in sections 422(b), 471(a)(4), 472(h)(1), and 473(b)(2), by inserting “subtitle 1 of” before “title XX” each place it appears.

(3) TITLE XI.—Title XI of the Social Security Act (42 U.S.C. 1301 et seq.) is amended—

(A) in section 1128(h)(3)—

(i) by inserting “subtitle 1 of” before “title XX”; and

(ii) by striking “such title” and inserting “such subtitle”; and

(B) in section 1128A(i)(1), by inserting “subtitle 1 of” before “title XX”.

Subtitle I—Sense of the Senate Regarding Medical Malpractice

SEC. 6801. SENSE OF THE SENATE REGARDING MEDICAL MALPRACTICE.

It is the sense of the Senate that—

(1) health care reform presents an opportunity to address issues related to medical malpractice and medical liability insurance;

(2) States should be encouraged to develop and test alternatives to the existing civil litigation system as a way of improving patient safety, reducing medical errors, encouraging the efficient resolution of disputes, increasing the availability of prompt and fair resolution of disputes, and improving access to liability insurance, while preserving an individual's right to seek redress in court; and

(3) Congress should consider establishing a State demonstration program to evaluate alternatives to the existing civil litigation system with respect to the resolution of medical malpractice claims.

TITLE VII—IMPROVING ACCESS TO INNOVATIVE MEDICAL THERAPIES

Subtitle A—Biologics Price Competition and Innovation

SEC. 7001. SHORT TITLE.

(a) **IN GENERAL.**—This subtitle may be cited as the “Biologics Price Competition and Innovation Act of 2009”.

(b) **SENSE OF THE SENATE.**—It is the sense of the Senate that a biosimilars pathway balancing innovation and consumer interests should be established.

SEC. 7002. APPROVAL PATHWAY FOR BIOSIMILAR BIOLOGICAL PRODUCTS.

(a) **LICENSURE OF BIOLOGICAL PRODUCTS AS BIOSIMILAR OR INTERCHANGEABLE.**—Section 351 of the Public Health Service Act (42 U.S.C. 262) is amended—

(1) in subsection (a)(1)(A), by inserting “under this subsection or subsection (k)” after “biologics license”; and

(2) by adding at the end the following:

“(k) **LICENSURE OF BIOLOGICAL PRODUCTS AS BIOSIMILAR OR INTERCHANGEABLE.**—

“(1) **IN GENERAL.**—Any person may submit an application for licensure of a biological product under this subsection.

“(2) **CONTENT.**—

“(A) **IN GENERAL.**—

“(i) **REQUIRED INFORMATION.**—An application submitted under this subsection shall include information demonstrating that—

“(I) the biological product is biosimilar to a reference product based upon data derived from—

“(aa) analytical studies that demonstrate that the biological product is highly similar to the reference product notwithstanding minor differences in clinically inactive components;

“(bb) animal studies (including the assessment of toxicity); and

“(cc) a clinical study or studies (including the assessment of immunogenicity and pharmacokinetics or pharmacodynamics) that are sufficient to demonstrate safety, purity, and potency in 1 or more appropriate conditions of use for which the reference product is licensed and intended to be used and for which licensure is sought for the biological product;

“(II) the biological product and reference product utilize the same mechanism or mechanisms of action for the condition or conditions of use prescribed, recommended, or suggested in the proposed labeling, but only to the extent the mechanism or mechanisms of action are known for the reference product;

“(III) the condition or conditions of use prescribed, recommended, or suggested in the labeling proposed for the biological product have been previously approved for the reference product;

“(IV) the route of administration, the dosage form, and the strength of the biological product are the same as those of the reference product; and

“(V) the facility in which the biological product is manufactured, processed, packed, or held meets standards designed to assure that the biological product continues to be safe, pure, and potent.

“(ii) **DETERMINATION BY SECRETARY.**—The Secretary may determine, in the Secretary's discretion, that an element described in clause (i)(I) is unnecessary in an application submitted under this subsection.

“(iii) **ADDITIONAL INFORMATION.**—An application submitted under this subsection—

“(I) shall include publicly-available information regarding the Secretary's previous determination that the reference product is safe, pure, and potent; and

“(II) may include any additional information in support of the application, including publicly-available information with respect to the reference product or another biological product.

“(B) **INTERCHANGEABILITY.**—An application (or a supplement to an application) submitted under this subsection may include information demonstrating that the biological product meets the standards described in paragraph (4).

“(3) **EVALUATION BY SECRETARY.**—Upon review of an application (or a supplement to an application) submitted under this subsection, the Secretary shall license the biological product under this subsection if—

“(A) the Secretary determines that the information submitted in the application (or the supplement) is sufficient to show that the biological product—

“(i) is biosimilar to the reference product; or

“(ii) meets the standards described in paragraph (4), and therefore is interchangeable with the reference product; and

“(B) the applicant (or other appropriate person) consents to the inspection of the facility that is the subject of the application, in accordance with subsection (c).

“(4) **SAFETY STANDARDS FOR DETERMINING INTERCHANGEABILITY.**—Upon review of an application submitted under this subsection or any supplement to such application, the Secretary shall determine the biological product to be interchangeable with the reference product if the Secretary determines that the information submitted in the application (or a supplement to such application) is sufficient to show that—

“(A) the biological product—

“(i) is biosimilar to the reference product; and

“(ii) can be expected to produce the same clinical result as the reference product in any given patient; and

“(B) for a biological product that is administered more than once to an individual, the risk in terms of safety or diminished efficacy of alternating or switching between use of the biological product and the reference product is not greater than the risk of using the reference product without such alternation or switch.

“(5) **GENERAL RULES.**—

“(A) **ONE REFERENCE PRODUCT PER APPLICATION.**—A biological product, in an application submitted under this subsection, may not be evaluated against more than 1 reference product.

“(B) **REVIEW.**—An application submitted under this subsection shall be reviewed by the division within the Food and Drug Administration that is responsible for the review and approval of the application under which the reference product is licensed.

“(C) **RISK EVALUATION AND MITIGATION STRATEGIES.**—The authority of the Secretary with respect to risk evaluation and mitigation strategies under the Federal Food, Drug, and Cosmetic Act shall apply to biological products li-

censed under this subsection in the same manner as such authority applies to biological products licensed under subsection (a).

“(6) **EXCLUSIVITY FOR FIRST INTERCHANGEABLE BIOLOGICAL PRODUCT.**—Upon review of an application submitted under this subsection relying on the same reference product for which a prior biological product has received a determination of interchangeability for any condition of use, the Secretary shall not make a determination under paragraph (4) that the second or subsequent biological product is interchangeable for any condition of use until the earlier of—

“(A) 1 year after the first commercial marketing of the first interchangeable biosimilar biological product to be approved as interchangeable for that reference product;

“(B) 18 months after—

“(i) a final court decision on all patents in suit in an action instituted under subsection (l)(6) against the applicant that submitted the application for the first approved interchangeable biosimilar biological product; or

“(ii) the dismissal with or without prejudice of an action instituted under subsection (l)(6) against the applicant that submitted the application for the first approved interchangeable biosimilar biological product; or

“(C)(i) 42 months after approval of the first interchangeable biosimilar biological product if the applicant that submitted such application has been sued under subsection (l)(6) and such litigation is still ongoing within such 42-month period; or

“(ii) 18 months after approval of the first interchangeable biosimilar biological product if the applicant that submitted such application has not been sued under subsection (l)(6).

For purposes of this paragraph, the term ‘final court decision’ means a final decision of a court from which no appeal (other than a petition to the United States Supreme Court for a writ of certiorari) has been or can be taken.

“(7) **EXCLUSIVITY FOR REFERENCE PRODUCT.**—

“(A) **EFFECTIVE DATE OF BIOSIMILAR APPLICATION APPROVAL.**—Approval of an application under this subsection may not be made effective by the Secretary until the date that is 12 years after the date on which the reference product was first licensed under subsection (a).

“(B) **FILING PERIOD.**—An application under this subsection may not be submitted to the Secretary until the date that is 4 years after the date on which the reference product was first licensed under subsection (a).

“(C) **FIRST LICENSURE.**—Subparagraphs (A) and (B) shall not apply to a license for or approval of—

“(i) a supplement for the biological product that is the reference product; or

“(ii) a subsequent application filed by the same sponsor or manufacturer of the biological product that is the reference product (or a licensor, predecessor in interest, or other related entity) for—

“(I) a change (not including a modification to the structure of the biological product) that results in a new indication, route of administration, dosing schedule, dosage form, delivery system, delivery device, or strength; or

“(II) a modification to the structure of the biological product that does not result in a change in safety, purity, or potency.

“(8) **GUIDANCE DOCUMENTS.**—

“(A) **IN GENERAL.**—The Secretary may, after opportunity for public comment, issue guidance in accordance, except as provided in subparagraph (B)(i), with section 701(h) of the Federal Food, Drug, and Cosmetic Act with respect to the licensure of a biological product under this subsection. Any such guidance may be general or specific.

“(B) **PUBLIC COMMENT.**—

“(i) **IN GENERAL.**—The Secretary shall provide the public an opportunity to comment on any proposed guidance issued under subparagraph (A) before issuing final guidance.

“(ii) **INPUT REGARDING MOST VALUABLE GUIDANCE.**—The Secretary shall establish a process through which the public may provide the Secretary with input regarding priorities for issuing guidance.

“(C) **NO REQUIREMENT FOR APPLICATION CONSIDERATION.**—The issuance (or non-issuance) of guidance under subparagraph (A) shall not preclude the review of, or action on, an application submitted under this subsection.

“(D) **REQUIREMENT FOR PRODUCT CLASS-SPECIFIC GUIDANCE.**—If the Secretary issues product class-specific guidance under subparagraph (A), such guidance shall include a description of—

“(i) the criteria that the Secretary will use to determine whether a biological product is highly similar to a reference product in such product class; and

“(ii) the criteria, if available, that the Secretary will use to determine whether a biological product meets the standards described in paragraph (4).

“(E) **CERTAIN PRODUCT CLASSES.**—

“(i) **GUIDANCE.**—The Secretary may indicate in a guidance document that the science and experience, as of the date of such guidance, with respect to a product or product class (not including any recombinant protein) does not allow approval of an application for a license as provided under this subsection for such product or product class.

“(ii) **MODIFICATION OR REVERSAL.**—The Secretary may issue a subsequent guidance document under subparagraph (A) to modify or reverse a guidance document under clause (i).

“(iii) **NO EFFECT ON ABILITY TO DENY LICENSE.**—Clause (i) shall not be construed to require the Secretary to approve a product with respect to which the Secretary has not indicated in a guidance document that the science and experience, as described in clause (i), does not allow approval of such an application.

“(I) **PATENTS.**—

“(1) **CONFIDENTIAL ACCESS TO SUBSECTION (K) APPLICATION.**—

“(A) **APPLICATION OF PARAGRAPH.**—Unless otherwise agreed to by a person that submits an application under subsection (k) (referred to in this subsection as the ‘subsection (k) applicant’) and the sponsor of the application for the reference product (referred to in this subsection as the ‘reference product sponsor’), the provisions of this paragraph shall apply to the exchange of information described in this subsection.

“(B) **IN GENERAL.**—

“(i) **PROVISION OF CONFIDENTIAL INFORMATION.**—When a subsection (k) applicant submits an application under subsection (k), such applicant shall provide to the persons described in clause (ii), subject to the terms of this paragraph, confidential access to the information required to be produced pursuant to paragraph (2) and any other information that the subsection (k) applicant determines, in its sole discretion, to be appropriate (referred to in this subsection as the ‘confidential information’).

“(ii) **RECIPIENTS OF INFORMATION.**—The persons described in this clause are the following:

“(I) **OUTSIDE COUNSEL.**—One or more attorneys designated by the reference product sponsor who are employees of an entity other than the reference product sponsor (referred to in this paragraph as the ‘outside counsel’), provided that such attorneys do not engage, formally or informally, in patent prosecution relevant or related to the reference product.

“(II) **IN-HOUSE COUNSEL.**—One attorney that represents the reference product sponsor who is an employee of the reference product sponsor, provided that such attorney does not engage,

formally or informally, in patent prosecution relevant or related to the reference product.

“(iii) **PATENT OWNER ACCESS.**—A representative of the owner of a patent exclusively licensed to a reference product sponsor with respect to the reference product and who has retained a right to assert the patent or participate in litigation concerning the patent may be provided the confidential information, provided that the representative informs the reference product sponsor and the subsection (k) applicant of his or her agreement to be subject to the confidentiality provisions set forth in this paragraph, including those under clause (ii).

“(C) **LIMITATION ON DISCLOSURE.**—No person that receives confidential information pursuant to subparagraph (B) shall disclose any confidential information to any other person or entity, including the reference product sponsor employees, outside scientific consultants, or other outside counsel retained by the reference product sponsor, without the prior written consent of the subsection (k) applicant, which shall not be unreasonably withheld.

“(D) **USE OF CONFIDENTIAL INFORMATION.**—Confidential information shall be used for the sole and exclusive purpose of determining, with respect to each patent assigned to or exclusively licensed by the reference product sponsor, whether a claim of patent infringement could reasonably be asserted if the subsection (k) applicant engaged in the manufacture, use, offering for sale, sale, or importation into the United States of the biological product that is the subject of the application under subsection (k).

“(E) **OWNERSHIP OF CONFIDENTIAL INFORMATION.**—The confidential information disclosed under this paragraph is, and shall remain, the property of the subsection (k) applicant. By providing the confidential information pursuant to this paragraph, the subsection (k) applicant does not provide the reference product sponsor or the outside counsel any interest in or license to use the confidential information, for purposes other than those specified in subparagraph (D).

“(F) **EFFECT OF INFRINGEMENT ACTION.**—In the event that the reference product sponsor files a patent infringement suit, the use of confidential information shall continue to be governed by the terms of this paragraph until such time as a court enters a protective order regarding the information. Upon entry of such order, the subsection (k) applicant may redesignate confidential information in accordance with the terms of that order. No confidential information shall be included in any publicly-available complaint or other pleading. In the event that the reference product sponsor does not file an infringement action by the date specified in paragraph (6), the reference product sponsor shall return or destroy all confidential information received under this paragraph, provided that if the reference product sponsor opts to destroy such information, it will confirm destruction in writing to the subsection (k) applicant.

“(G) **RULE OF CONSTRUCTION.**—Nothing in this paragraph shall be construed—

“(i) as an admission by the subsection (k) applicant regarding the validity, enforceability, or infringement of any patent; or

“(ii) as an agreement or admission by the subsection (k) applicant with respect to the competency, relevance, or materiality of any confidential information.

“(H) **EFFECT OF VIOLATION.**—The disclosure of any confidential information in violation of this paragraph shall be deemed to cause the subsection (k) applicant to suffer irreparable harm for which there is no adequate legal remedy and the court shall consider immediate injunctive relief to be an appropriate and necessary remedy for any violation or threatened violation of this paragraph.

“(2) **SUBSECTION (K) APPLICATION INFORMATION.**—Not later than 20 days after the Sec-

retary notifies the subsection (k) applicant that the application has been accepted for review, the subsection (k) applicant—

“(A) shall provide to the reference product sponsor a copy of the application submitted to the Secretary under subsection (k), and such other information that describes the process or processes used to manufacture the biological product that is the subject of such application; and

“(B) may provide to the reference product sponsor additional information requested by or on behalf of the reference product sponsor.

“(3) **LIST AND DESCRIPTION OF PATENTS.**—

“(A) **LIST BY REFERENCE PRODUCT SPONSOR.**—Not later than 60 days after the receipt of the application and information under paragraph (2), the reference product sponsor shall provide to the subsection (k) applicant—

“(i) a list of patents for which the reference product sponsor believes a claim of patent infringement could reasonably be asserted by the reference product sponsor, or by a patent owner that has granted an exclusive license to the reference product sponsor with respect to the reference product, if a person not licensed by the reference product sponsor engaged in the making, using, offering to sell, selling, or importing into the United States of the biological product that is the subject of the subsection (k) application; and

“(ii) an identification of the patents on such list that the reference product sponsor would be prepared to license to the subsection (k) applicant.

“(B) **LIST AND DESCRIPTION BY SUBSECTION (K) APPLICANT.**—Not later than 60 days after receipt of the list under subparagraph (A), the subsection (k) applicant—

“(i) may provide to the reference product sponsor a list of patents to which the subsection (k) applicant believes a claim of patent infringement could reasonably be asserted by the reference product sponsor if a person not licensed by the reference product sponsor engaged in the making, using, offering to sell, selling, or importing into the United States of the biological product that is the subject of the subsection (k) application;

“(ii) shall provide to the reference product sponsor, with respect to each patent listed by the reference product sponsor under subparagraph (A) or listed by the subsection (k) applicant under clause (i)—

“(I) a detailed statement that describes, on a claim by claim basis, the factual and legal basis of the opinion of the subsection (k) applicant that such patent is invalid, unenforceable, or will not be infringed by the commercial marketing of the biological product that is the subject of the subsection (k) application; or

“(II) a statement that the subsection (k) applicant does not intend to begin commercial marketing of the biological product before the date that such patent expires; and

“(iii) shall provide to the reference product sponsor a response regarding each patent identified by the reference product sponsor under subparagraph (A)(ii).

“(C) **DESCRIPTION BY REFERENCE PRODUCT SPONSOR.**—Not later than 60 days after receipt of the list and statement under subparagraph (B), the reference product sponsor shall provide to the subsection (k) applicant a detailed statement that describes, with respect to each patent described in subparagraph (B)(ii)(I), on a claim by claim basis, the factual and legal basis of the opinion of the reference product sponsor that such patent will be infringed by the commercial marketing of the biological product that is the subject of the subsection (k) application and a response to the statement concerning validity and enforceability provided under subparagraph (B)(ii)(I).

“(4) PATENT RESOLUTION NEGOTIATIONS.—

“(A) *IN GENERAL.*—After receipt by the subsection (k) applicant of the statement under paragraph (3)(C), the reference product sponsor and the subsection (k) applicant shall engage in good faith negotiations to agree on which, if any, patents listed under paragraph (3) by the subsection (k) applicant or the reference product sponsor shall be the subject of an action for patent infringement under paragraph (6).

“(B) *FAILURE TO REACH AGREEMENT.*—If, within 15 days of beginning negotiations under subparagraph (A), the subsection (k) applicant and the reference product sponsor fail to agree on a final and complete list of which, if any, patents listed under paragraph (3) by the subsection (k) applicant or the reference product sponsor shall be the subject of an action for patent infringement under paragraph (6), the provisions of paragraph (5) shall apply to the parties.

“(5) PATENT RESOLUTION IF NO AGREEMENT.—

“(A) *NUMBER OF PATENTS.*—The subsection (k) applicant shall notify the reference product sponsor of the number of patents that such applicant will provide to the reference product sponsor under subparagraph (B)(i)(I).

“(B) EXCHANGE OF PATENT LISTS.—

“(i) *IN GENERAL.*—On a date agreed to by the subsection (k) applicant and the reference product sponsor, but in no case later than 5 days after the subsection (k) applicant notifies the reference product sponsor under subparagraph (A), the subsection (k) applicant and the reference product sponsor shall simultaneously exchange—

“(I) the list of patents that the subsection (k) applicant believes should be the subject of an action for patent infringement under paragraph (6); and

“(II) the list of patents, in accordance with clause (ii), that the reference product sponsor believes should be the subject of an action for patent infringement under paragraph (6).

“(ii) NUMBER OF PATENTS LISTED BY REFERENCE PRODUCT SPONSOR.—

“(I) *IN GENERAL.*—Subject to subclause (II), the number of patents listed by the reference product sponsor under clause (i)(II) may not exceed the number of patents listed by the subsection (k) applicant under clause (i)(I).

“(II) *EXCEPTION.*—If a subsection (k) applicant does not list any patent under clause (i)(I), the reference product sponsor may list 1 patent under clause (i)(II).

“(6) IMMEDIATE PATENT INFRINGEMENT ACTION.—

“(A) *ACTION IF AGREEMENT ON PATENT LIST.*—If the subsection (k) applicant and the reference product sponsor agree on patents as described in paragraph (4), not later than 30 days after such agreement, the reference product sponsor shall bring an action for patent infringement with respect to each such patent.

“(B) *ACTION IF NO AGREEMENT ON PATENT LIST.*—If the provisions of paragraph (5) apply to the parties as described in paragraph (4)(B), not later than 30 days after the exchange of lists under paragraph (5)(B), the reference product sponsor shall bring an action for patent infringement with respect to each patent that is included on such lists.

“(C) NOTIFICATION AND PUBLICATION OF COMPLAINT.—

“(i) *NOTIFICATION TO SECRETARY.*—Not later than 30 days after a complaint is served to a subsection (k) applicant in an action for patent infringement described under this paragraph, the subsection (k) applicant shall provide the Secretary with notice and a copy of such complaint.

“(ii) *PUBLICATION BY SECRETARY.*—The Secretary shall publish in the Federal Register notice of a complaint received under clause (i).

“(7) NEWLY ISSUED OR LICENSED PATENTS.—In the case of a patent that—

“(A) is issued to, or exclusively licensed by, the reference product sponsor after the date that the reference product sponsor provided the list to the subsection (k) applicant under paragraph (3)(A); and

“(B) the reference product sponsor reasonably believes that, due to the issuance of such patent, a claim of patent infringement could reasonably be asserted by the reference product sponsor if a person not licensed by the reference product sponsor engaged in the making, using, offering to sell, selling, or importing into the United States of the biological product that is the subject of the subsection (k) application,

not later than 30 days after such issuance or licensing, the reference product sponsor shall provide to the subsection (k) applicant a supplement to the list provided by the reference product sponsor under paragraph (3)(A) that includes such patent, not later than 30 days after such supplement is provided, the subsection (k) applicant shall provide a statement to the reference product sponsor in accordance with paragraph (3)(B), and such patent shall be subject to paragraph (8).

“(8) NOTICE OF COMMERCIAL MARKETING AND PRELIMINARY INJUNCTION.—

“(A) *NOTICE OF COMMERCIAL MARKETING.*—The subsection (k) applicant shall provide notice to the reference product sponsor not later than 180 days before the date of the first commercial marketing of the biological product licensed under subsection (k).

“(B) *PRELIMINARY INJUNCTION.*—After receiving the notice under subparagraph (A) and before such date of the first commercial marketing of such biological product, the reference product sponsor may seek a preliminary injunction prohibiting the subsection (k) applicant from engaging in the commercial manufacture or sale of such biological product until the court decides the issue of patent validity, enforcement, and infringement with respect to any patent that is—

“(i) included in the list provided by the reference product sponsor under paragraph (3)(A) or in the list provided by the subsection (k) applicant under paragraph (3)(B); and

“(ii) not included, as applicable, on—

“(I) the list of patents described in paragraph (4); or

“(II) the lists of patents described in paragraph (5)(B).

“(C) *REASONABLE COOPERATION.*—If the reference product sponsor has sought a preliminary injunction under subparagraph (B), the reference product sponsor and the subsection (k) applicant shall reasonably cooperate to expedite such further discovery as is needed in connection with the preliminary injunction motion.

“(9) LIMITATION ON DECLARATORY JUDGMENT ACTION.—

“(A) *SUBSECTION (k) APPLICATION PROVIDED.*—If a subsection (k) applicant provides the application and information required under paragraph (2)(A), neither the reference product sponsor nor the subsection (k) applicant may, prior to the date notice is received under paragraph (8)(A), bring any action under section 2201 of title 28, United States Code, for a declaration of infringement, validity, or enforceability of any patent that is described in clauses (i) and (ii) of paragraph (8)(B).

“(B) *SUBSEQUENT FAILURE TO ACT BY SUBSECTION (k) APPLICANT.*—If a subsection (k) applicant fails to complete an action required of the subsection (k) applicant under paragraph (3)(B)(ii), paragraph (5), paragraph (6)(C)(i), paragraph (7), or paragraph (8)(A), the reference product sponsor, but not the subsection (k) applicant, may bring an action under section 2201 of title 28, United States Code, for a

declaration of infringement, validity, or enforceability of any patent included in the list described in paragraph (3)(A), including as provided under paragraph (7).

“(C) *SUBSECTION (k) APPLICATION NOT PROVIDED.*—If a subsection (k) applicant fails to provide the application and information required under paragraph (2)(A), the reference product sponsor, but not the subsection (k) applicant, may bring an action under section 2201 of title 28, United States Code, for a declaration of infringement, validity, or enforceability of any patent that claims the biological product or a use of the biological product.”.

(b) *DEFINITIONS.*—Section 351(i) of the Public Health Service Act (42 U.S.C. 262(i)) is amended—

(1) by striking “In this section, the term ‘biological product’ means” and inserting the following: “In this section:

“(1) The term ‘biological product’ means”;

(2) in paragraph (1), as so designated, by inserting “protein (except any chemically synthesized polypeptide),” after “allergenic product,”; and

(3) by adding at the end the following:

“(2) The term ‘biosimilar’ or ‘biosimilarity’, in reference to a biological product that is the subject of an application under subsection (k), means—

“(A) that the biological product is highly similar to the reference product notwithstanding minor differences in clinically inactive components; and

“(B) there are no clinically meaningful differences between the biological product and the reference product in terms of the safety, purity, and potency of the product.

“(3) The term ‘interchangeable’ or ‘interchangeability’, in reference to a biological product that is shown to meet the standards described in subsection (k)(4), means that the biological product may be substituted for the reference product without the intervention of the health care provider who prescribed the reference product.

“(4) The term ‘reference product’ means the single biological product licensed under subsection (a) against which a biological product is evaluated in an application submitted under subsection (k).”.

(c) CONFORMING AMENDMENTS RELATING TO PATENTS.—

(1) *PATENTS.*—Section 271(e) of title 35, United States Code, is amended—

(A) in paragraph (2)—

(i) in subparagraph (A), by striking “or” at the end;

(ii) in subparagraph (B), by adding “or” at the end; and

(iii) by inserting after subparagraph (B) the following:

“(C)(i) with respect to a patent that is identified in the list of patents described in section 351(l)(3) of the Public Health Service Act (including as provided under section 351(l)(7) of such Act), an application seeking approval of a biological product, or

“(ii) if the applicant for the application fails to provide the application and information required under section 351(l)(2)(A) of such Act, an application seeking approval of a biological product for a patent that could be identified pursuant to section 351(l)(3)(A)(i) of such Act.”; and

(iv) in the matter following subparagraph (C) (as added by clause (iii)), by striking “or veterinary biological product” and inserting “, veterinary biological product, or biological product”;

(B) in paragraph (4)—

(i) in subparagraph (B), by—

(I) striking “or veterinary biological product” and inserting “, veterinary biological product, or biological product”; and

(II) striking “and” at the end;

(ii) in subparagraph (C), by—

(I) striking “or veterinary biological product” and inserting “, veterinary biological product, or biological product”; and

(II) striking the period and inserting “, and”;

(iii) by inserting after subparagraph (C) the following:

“(D) the court shall order a permanent injunction prohibiting any infringement of the patent by the biological product involved in the infringement until a date which is not earlier than the date of the expiration of the patent that has been infringed under paragraph (2)(C), provided the patent is the subject of a final court decision, as defined in section 351(k)(6) of the Public Health Service Act, in an action for infringement of the patent under section 351(l)(6) of such Act, and the biological product has not yet been approved because of section 351(k)(7) of such Act.”; and

(iv) in the matter following subparagraph (D) (as added by clause (iii)), by striking “and (C)” and inserting “(C), and (D)”;

(C) by adding at the end the following:

“(6)(A) Subparagraph (B) applies, in lieu of paragraph (4), in the case of a patent—

“(i) that is identified, as applicable, in the list of patents described in section 351(l)(4) of the Public Health Service Act or the lists of patents described in section 351(l)(5)(B) of such Act with respect to a biological product; and

“(ii) for which an action for infringement of the patent with respect to the biological product—

“(I) was brought after the expiration of the 30-day period described in subparagraph (A) or (B), as applicable, of section 351(l)(6) of such Act; or

“(II) was brought before the expiration of the 30-day period described in subclause (I), but which was dismissed without prejudice or was not prosecuted to judgment in good faith.

“(B) In an action for infringement of a patent described in subparagraph (A), the sole and exclusive remedy that may be granted by a court, upon a finding that the making, using, offering to sell, selling, or importation into the United States of the biological product that is the subject of the action infringed the patent, shall be a reasonable royalty.

“(C) The owner of a patent that should have been included in the list described in section 351(l)(3)(A) of the Public Health Service Act, including as provided under section 351(l)(7) of such Act for a biological product, but was not timely included in such list, may not bring an action under this section for infringement of the patent with respect to the biological product.”.

(2) CONFORMING AMENDMENT UNDER TITLE 28.—Section 2201(b) of title 28, United States Code, is amended by inserting before the period the following: “, or section 351 of the Public Health Service Act”.

(d) CONFORMING AMENDMENTS UNDER THE FEDERAL FOOD, DRUG, AND COSMETIC ACT.—

(1) CONTENT AND REVIEW OF APPLICATIONS.—Section 505(b)(5)(B) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)(5)(B)) is amended by inserting before the period at the end of the first sentence the following: “or, with respect to an applicant for approval of a biological product under section 351(k) of the Public Health Service Act, any necessary clinical study or studies”.

(2) NEW ACTIVE INGREDIENT.—Section 505B of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355c) is amended by adding at the end the following:

“(n) NEW ACTIVE INGREDIENT.—

“(1) NON-INTERCHANGEABLE BIOSIMILAR BIOLOGICAL PRODUCT.—A biological product that is biosimilar to a reference product under section 351 of the Public Health Service Act, and that

the Secretary has not determined to meet the standards described in subsection (k)(4) of such section for interchangeability with the reference product, shall be considered to have a new active ingredient under this section.

“(2) INTERCHANGEABLE BIOSIMILAR BIOLOGICAL PRODUCT.—A biological product that is interchangeable with a reference product under section 351 of the Public Health Service Act shall not be considered to have a new active ingredient under this section.”.

(e) PRODUCTS PREVIOUSLY APPROVED UNDER SECTION 505.—

(1) REQUIREMENT TO FOLLOW SECTION 351.—Except as provided in paragraph (2), an application for a biological product shall be submitted under section 351 of the Public Health Service Act (42 U.S.C. 262) (as amended by this Act).

(2) EXCEPTION.—An application for a biological product may be submitted under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) if—

(A) such biological product is in a product class for which a biological product in such product class is the subject of an application approved under such section 505 not later than the date of enactment of this Act; and

(B) such application—
(i) has been submitted to the Secretary of Health and Human Services (referred to in this subtitle as the “Secretary”) before the date of enactment of this Act; or

(ii) is submitted to the Secretary not later than the date that is 10 years after the date of enactment of this Act.

(3) LIMITATION.—Notwithstanding paragraph (2), an application for a biological product may not be submitted under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) if there is another biological product approved under subsection (a) of section 351 of the Public Health Service Act that could be a reference product with respect to such application (within the meaning of such section 351) if such application were submitted under subsection (k) of such section 351.

(4) DEEMED APPROVED UNDER SECTION 351.—An approved application for a biological product under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) shall be deemed to be a license for the biological product under such section 351 on the date that is 10 years after the date of enactment of this Act.

(5) DEFINITIONS.—For purposes of this subsection, the term “biological product” has the meaning given such term under section 351 of the Public Health Service Act (42 U.S.C. 262) (as amended by this Act).

(f) FOLLOW-ON BIOLOGICS USER FEES.—

(1) DEVELOPMENT OF USER FEES FOR BIOSIMILAR BIOLOGICAL PRODUCTS.—

(A) IN GENERAL.—Beginning not later than October 1, 2010, the Secretary shall develop recommendations to present to Congress with respect to the goals, and plans for meeting the goals, for the process for the review of biosimilar biological product applications submitted under section 351(k) of the Public Health Service Act (as added by this Act) for the first 5 fiscal years after fiscal year 2012. In developing such recommendations, the Secretary shall consult with—

(i) the Committee on Health, Education, Labor, and Pensions of the Senate;

(ii) the Committee on Energy and Commerce of the House of Representatives;

(iii) scientific and academic experts;

(iv) health care professionals;

(v) representatives of patient and consumer advocacy groups; and

(vi) the regulated industry.

(B) PUBLIC REVIEW OF RECOMMENDATIONS.—After negotiations with the regulated industry, the Secretary shall—

(i) present the recommendations developed under subparagraph (A) to the Congressional committees specified in such subparagraph;

(ii) publish such recommendations in the Federal Register;

(iii) provide for a period of 30 days for the public to provide written comments on such recommendations;

(iv) hold a meeting at which the public may present its views on such recommendations; and

(v) after consideration of such public views and comments, revise such recommendations as necessary.

(C) TRANSMITTAL OF RECOMMENDATIONS.—Not later than January 15, 2012, the Secretary shall transmit to Congress the revised recommendations under subparagraph (B), a summary of the views and comments received under such subparagraph, and any changes made to the recommendations in response to such views and comments.

(2) ESTABLISHMENT OF USER FEE PROGRAM.—It is the sense of the Senate that, based on the recommendations transmitted to Congress by the Secretary pursuant to paragraph (1)(C), Congress should authorize a program, effective on October 1, 2012, for the collection of user fees relating to the submission of biosimilar biological product applications under section 351(k) of the Public Health Service Act (as added by this Act).

(3) TRANSITIONAL PROVISIONS FOR USER FEES FOR BIOSIMILAR BIOLOGICAL PRODUCTS.—

(A) APPLICATION OF THE PRESCRIPTION DRUG USER FEE PROVISIONS.—Section 735(1)(B) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 379g(1)(B)) is amended by striking “section 351” and inserting “subsection (a) or (k) of section 351”.

(B) EVALUATION OF COSTS OF REVIEWING BIOSIMILAR BIOLOGICAL PRODUCT APPLICATIONS.—During the period beginning on the date of enactment of this Act and ending on October 1, 2010, the Secretary shall collect and evaluate data regarding the costs of reviewing applications for biological products submitted under section 351(k) of the Public Health Service Act (as added by this Act) during such period.

(C) AUDIT.—

(i) IN GENERAL.—On the date that is 2 years after first receiving a user fee applicable to an application for a biological product under section 351(k) of the Public Health Service Act (as added by this Act), and on a biennial basis thereafter until October 1, 2013, the Secretary shall perform an audit of the costs of reviewing such applications under such section 351(k). Such an audit shall compare—

(I) the costs of reviewing such applications under such section 351(k) to the amount of the user fee applicable to such applications; and

(II)(aa) such ratio determined under subclause (I); to

(bb) the ratio of the costs of reviewing applications for biological products under section 351(a) of such Act (as amended by this Act) to the amount of the user fee applicable to such applications under such section 351(a).

(ii) ALTERATION OF USER FEE.—If the audit performed under clause (i) indicates that the ratios compared under subclause (II) of such clause differ by more than 5 percent, then the Secretary shall alter the user fee applicable to applications submitted under such section 351(k) to more appropriately account for the costs of reviewing such applications.

(iii) ACCOUNTING STANDARDS.—The Secretary shall perform an audit under clause (i) in conformance with the accounting principles, standards, and requirements prescribed by the Comptroller General of the United States under section 3511 of title 31, United States Code, to ensure the validity of any potential variability.

(4) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry

out this subsection such sums as may be necessary for each of fiscal years 2010 through 2012.

(g) **PEDIATRIC STUDIES OF BIOLOGICAL PRODUCTS.**—

(1) **IN GENERAL.**—Section 351 of the Public Health Service Act (42 U.S.C. 262) is amended by adding at the end the following:

“(m) **PEDIATRIC STUDIES.**—

“(1) **APPLICATION OF CERTAIN PROVISIONS.**—The provisions of subsections (a), (d), (e), (f), (i), (j), (k), (l), (p), and (q) of section 505A of the Federal Food, Drug, and Cosmetic Act shall apply with respect to the extension of a period under paragraphs (2) and (3) to the same extent and in the same manner as such provisions apply with respect to the extension of a period under subsection (b) or (c) of section 505A of the Federal Food, Drug, and Cosmetic Act.

“(2) **MARKET EXCLUSIVITY FOR NEW BIOLOGICAL PRODUCTS.**—If, prior to approval of an application that is submitted under subsection (a), the Secretary determines that information relating to the use of a new biological product in the pediatric population may produce health benefits in that population, the Secretary makes a written request for pediatric studies (which shall include a timeframe for completing such studies), the applicant agrees to the request, such studies are completed using appropriate formulations for each age group for which the study is requested within any such timeframe, and the reports thereof are submitted and accepted in accordance with section 505A(d)(3) of the Federal Food, Drug, and Cosmetic Act—

“(A) the periods for such biological product referred to in subsection (k)(7) are deemed to be 4 years and 6 months rather than 4 years and 12 years and 6 months rather than 12 years; and

“(B) if the biological product is designated under section 526 for a rare disease or condition, the period for such biological product referred to in section 527(a) is deemed to be 7 years and 6 months rather than 7 years.

“(3) **MARKET EXCLUSIVITY FOR ALREADY-MARKETED BIOLOGICAL PRODUCTS.**—If the Secretary determines that information relating to the use of a licensed biological product in the pediatric population may produce health benefits in that population and makes a written request to the holder of an approved application under subsection (a) for pediatric studies (which shall include a timeframe for completing such studies), the holder agrees to the request, such studies are completed using appropriate formulations for each age group for which the study is requested within any such timeframe, and the reports thereof are submitted and accepted in accordance with section 505A(d)(3) of the Federal Food, Drug, and Cosmetic Act—

“(A) the periods for such biological product referred to in subsection (k)(7) are deemed to be 4 years and 6 months rather than 4 years and 12 years and 6 months rather than 12 years; and

“(B) if the biological product is designated under section 526 for a rare disease or condition, the period for such biological product referred to in section 527(a) is deemed to be 7 years and 6 months rather than 7 years.

“(4) **EXCEPTION.**—The Secretary shall not extend a period referred to in paragraph (2)(A), (2)(B), (3)(A), or (3)(B) if the determination under section 505A(d)(3) is made later than 9 months prior to the expiration of such period.”.

(2) **STUDIES REGARDING PEDIATRIC RESEARCH.**—

(A) **PROGRAM FOR PEDIATRIC STUDY OF DRUGS.**—Subsection (a)(1) of section 409I of the Public Health Service Act (42 U.S.C. 284m) is amended by inserting “, biological products,” after “including drugs”.

(B) **INSTITUTE OF MEDICINE STUDY.**—Section 505A(p) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355b(p)) is amended by striking paragraphs (4) and (5) and inserting the following:

“(4) review and assess the number and importance of biological products for children that are being tested as a result of the amendments made by the Biologics Price Competition and Innovation Act of 2009 and the importance for children, health care providers, parents, and others of labeling changes made as a result of such testing;

“(5) review and assess the number, importance, and prioritization of any biological products that are not being tested for pediatric use; and

“(6) offer recommendations for ensuring pediatric testing of biological products, including consideration of any incentives, such as those provided under this section or section 351(m) of the Public Health Service Act.”.

(h) **ORPHAN PRODUCTS.**—If a reference product, as defined in section 351 of the Public Health Service Act (42 U.S.C. 262) (as amended by this Act) has been designated under section 526 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360bb) for a rare disease or condition, a biological product seeking approval for such disease or condition under subsection (k) of such section 351 as biosimilar to, or interchangeable with, such reference product may be licensed by the Secretary only after the expiration for such reference product of the later of—

(1) the 7-year period described in section 527(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360cc(a)); and

(2) the 12-year period described in subsection (k)(7) of such section 351.

SEC. 7003. SAVINGS.

(a) **DETERMINATION.**—The Secretary of the Treasury, in consultation with the Secretary of Health and Human Services, shall for each fiscal year determine the amount of savings to the Federal Government as a result of the enactment of this subtitle.

(b) **USE.**—Notwithstanding any other provision of this subtitle (or an amendment made by this subtitle), the savings to the Federal Government generated as a result of the enactment of this subtitle shall be used for deficit reduction.

Subtitle B—More Affordable Medicines for Children and Underserved Communities

SEC. 7101. EXPANDED PARTICIPATION IN 340B PROGRAM.

(a) **EXPANSION OF COVERED ENTITIES RECEIVING DISCOUNTED PRICES.**—Section 340B(a)(4) of the Public Health Service Act (42 U.S.C. 256b(a)(4)) is amended by adding at the end the following:

“(M) A children’s hospital excluded from the Medicare prospective payment system pursuant to section 1886(d)(1)(B)(iii) of the Social Security Act, or a free-standing cancer hospital excluded from the Medicare prospective payment system pursuant to section 1886(d)(1)(B)(v) of the Social Security Act, that would meet the requirements of subparagraph (L), including the disproportionate share adjustment percentage requirement under clause (ii) of such subparagraph, if the hospital were a subsection (d) hospital as defined by section 1886(d)(1)(B) of the Social Security Act.

“(N) An entity that is a critical access hospital (as determined under section 1820(c)(2) of the Social Security Act), and that meets the requirements of subparagraph (L)(i).

“(O) An entity that is a rural referral center, as defined by section 1886(d)(5)(C)(i) of the Social Security Act, or a sole community hospital, as defined by section 1886(d)(5)(C)(iii) of such Act, and that both meets the requirements of subparagraph (L)(i) and has a disproportionate share adjustment percentage equal to or greater than 8 percent.”.

(b) **EXTENSION OF DISCOUNT TO INPATIENT DRUGS.**—Section 340B of the Public Health Service Act (42 U.S.C. 256b) is amended—

(1) in paragraphs (2), (5), (7), and (9) of subsection (a), by striking “outpatient” each place it appears; and

(2) in subsection (b)—

(A) by striking “OTHER DEFINITION” and all that follows through “In this section” and inserting the following: “OTHER DEFINITIONS.—

“(1) **IN GENERAL.**—In this section”;

(B) by adding at the end the following new paragraph:

“(2) **COVERED DRUG.**—In this section, the term ‘covered drug’—

“(A) means a covered outpatient drug (as defined in section 1927(k)(2) of the Social Security Act); and

“(B) includes, notwithstanding paragraph (3)(A) of section 1927(k) of such Act, a drug used in connection with an inpatient or outpatient service provided by a hospital described in subparagraph (L), (M), (N), or (O) of subsection (a)(4) that is enrolled to participate in the drug discount program under this section.”.

(c) **PROHIBITION ON GROUP PURCHASING ARRANGEMENTS.**—Section 340B(a) of the Public Health Service Act (42 U.S.C. 256b(a)) is amended—

(1) in paragraph (4)(L)—

(A) in clause (i), by adding “and” at the end;

(B) in clause (ii), by striking “; and” and inserting a period; and

(C) by striking clause (iii); and

(2) in paragraph (5), as amended by subsection (b)—

(A) by redesignating subparagraphs (C) and (D) as subparagraphs (D) and (E); respectively; and

(B) by inserting after subparagraph (B), the following:

“(C) **PROHIBITION ON GROUP PURCHASING ARRANGEMENTS.**—

“(i) **IN GENERAL.**—A hospital described in subparagraph (L), (M), (N), or (O) of paragraph (4) shall not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement, except as permitted or provided for pursuant to clauses (ii) or (iii).

“(ii) **INPATIENT DRUGS.**—Clause (i) shall not apply to drugs purchased for inpatient use.

“(iii) **EXCEPTIONS.**—The Secretary shall establish reasonable exceptions to clause (i)—

“(I) with respect to a covered outpatient drug that is unavailable to be purchased through the program under this section due to a drug shortage problem, manufacturer noncompliance, or any other circumstance beyond the hospital’s control;

“(II) to facilitate generic substitution when a generic covered outpatient drug is available at a lower price; or

“(III) to reduce in other ways the administrative burdens of managing both inventories of drugs subject to this section and inventories of drugs that are not subject to this section, so long as the exceptions do not create a duplicate discount problem in violation of subparagraph (A) or a diversion problem in violation of subparagraph (B).

“(iv) **PURCHASING ARRANGEMENTS FOR INPATIENT DRUGS.**—The Secretary shall ensure that a hospital described in subparagraph (L), (M), (N), or (O) of subsection (a)(4) that is enrolled to participate in the drug discount program under this section shall have multiple options for purchasing covered drugs for inpatients, including by utilizing a group purchasing organization or other group purchasing arrangement, establishing and utilizing its own group purchasing program, purchasing directly from a manufacturer, and any other purchasing arrangements that the Secretary determines is appropriate to ensure access to drug discount pricing under this section for inpatient drugs taking into account the particular needs of small and rural hospitals.”.

(d) **MEDICAID CREDITS ON INPATIENT DRUGS.**—Section 340B of the Public Health Service Act (42

U.S.C. 256b) is amended by striking subsection (c) and inserting the following:

“(c) **MEDICAID CREDIT.**—Not later than 90 days after the date of filing of the hospital’s most recently filed Medicare cost report, the hospital shall issue a credit as determined by the Secretary to the State Medicaid program for inpatient covered drugs provided to Medicaid recipients.”.

(e) **EFFECTIVE DATES.**—

(1) **IN GENERAL.**—The amendments made by this section and section 7102 shall take effect on January 1, 2010, and shall apply to drugs purchased on or after January 1, 2010.

(2) **EFFECTIVENESS.**—The amendments made by this section and section 7102 shall be effective and shall be taken into account in determining whether a manufacturer is deemed to meet the requirements of section 340B(a) of the Public Health Service Act (42 U.S.C. 256b(a)), notwithstanding any other provision of law.

SEC. 7102. IMPROVEMENTS TO 340B PROGRAM INTEGRITY.

(a) **INTEGRITY IMPROVEMENTS.**—Subsection (d) of section 340B of the Public Health Service Act (42 U.S.C. 256b) is amended to read as follows:

“(d) **IMPROVEMENTS IN PROGRAM INTEGRITY.**—

“(1) **MANUFACTURER COMPLIANCE.**—

“(A) **IN GENERAL.**—From amounts appropriated under paragraph (4), the Secretary shall provide for improvements in compliance by manufacturers with the requirements of this section in order to prevent overcharges and other violations of the discounted pricing requirements specified in this section.

“(B) **IMPROVEMENTS.**—The improvements described in subparagraph (A) shall include the following:

“(i) The development of a system to enable the Secretary to verify the accuracy of ceiling prices calculated by manufacturers under subsection (a)(1) and charged to covered entities, which shall include the following:

“(I) Developing and publishing through an appropriate policy or regulatory issuance, precisely defined standards and methodology for the calculation of ceiling prices under such subsection.

“(II) Comparing regularly the ceiling prices calculated by the Secretary with the quarterly pricing data that is reported by manufacturers to the Secretary.

“(III) Performing spot checks of sales transactions by covered entities.

“(IV) Inquiring into the cause of any pricing discrepancies that may be identified and either taking, or requiring manufacturers to take, such corrective action as is appropriate in response to such price discrepancies.

“(ii) The establishment of procedures for manufacturers to issue refunds to covered entities in the event that there is an overcharge by the manufacturers, including the following:

“(I) Providing the Secretary with an explanation of why and how the overcharge occurred, how the refunds will be calculated, and to whom the refunds will be issued.

“(II) Oversight by the Secretary to ensure that the refunds are issued accurately and within a reasonable period of time, both in routine instances of retroactive adjustment to relevant pricing data and exceptional circumstances such as erroneous or intentional overcharging for covered drugs.

“(iii) The provision of access through the Internet website of the Department of Health and Human Services to the applicable ceiling prices for covered drugs as calculated and verified by the Secretary in accordance with this section, in a manner (such as through the use of password protection) that limits such access to covered entities and adequately assures security and protection of privileged pricing data from unauthorized re-disclosure.

“(iv) The development of a mechanism by which—

“(I) rebates and other discounts provided by manufacturers to other purchasers subsequent to the sale of covered drugs to covered entities are reported to the Secretary; and

“(II) appropriate credits and refunds are issued to covered entities if such discounts or rebates have the effect of lowering the applicable ceiling price for the relevant quarter for the drugs involved.

“(v) Selective auditing of manufacturers and wholesalers to ensure the integrity of the drug discount program under this section.

“(vi) The imposition of sanctions in the form of civil monetary penalties, which—

“(I) shall be assessed according to standards established in regulations to be promulgated by the Secretary not later than 180 days after the date of enactment of the Patient Protection and Affordable Care Act;

“(II) shall not exceed \$5,000 for each instance of overcharging a covered entity that may have occurred; and

“(III) shall apply to any manufacturer with an agreement under this section that knowingly and intentionally charges a covered entity a price for purchase of a drug that exceeds the maximum applicable price under subsection (a)(1).

“(2) **COVERED ENTITY COMPLIANCE.**—

“(A) **IN GENERAL.**—From amounts appropriated under paragraph (4), the Secretary shall provide for improvements in compliance by covered entities with the requirements of this section in order to prevent diversion and violations of the duplicate discount provision and other requirements specified under subsection (a)(5).

“(B) **IMPROVEMENTS.**—The improvements described in subparagraph (A) shall include the following:

“(i) The development of procedures to enable and require covered entities to regularly update (at least annually) the information on the Internet website of the Department of Health and Human Services relating to this section.

“(ii) The development of a system for the Secretary to verify the accuracy of information regarding covered entities that is listed on the website described in clause (i).

“(iii) The development of more detailed guidance describing methodologies and options available to covered entities for billing covered drugs to State Medicaid agencies in a manner that avoids duplicate discounts pursuant to subsection (a)(5)(A).

“(iv) The establishment of a single, universal, and standardized identification system by which each covered entity site can be identified by manufacturers, distributors, covered entities, and the Secretary for purposes of facilitating the ordering, purchasing, and delivery of covered drugs under this section, including the processing of chargebacks for such drugs.

“(v) The imposition of sanctions, in appropriate cases as determined by the Secretary, additional to those to which covered entities are subject under subsection (a)(5)(E), through one or more of the following actions:

“(I) Where a covered entity knowingly and intentionally violates subsection (a)(5)(B), the covered entity shall be required to pay a monetary penalty to a manufacturer or manufacturers in the form of interest on sums for which the covered entity is found liable under subsection (a)(5)(E), such interest to be compounded monthly and equal to the current short term interest rate as determined by the Federal Reserve for the time period for which the covered entity is liable.

“(II) Where the Secretary determines a violation of subsection (a)(5)(B) was systematic and egregious as well as knowing and intentional, removing the covered entity from the drug dis-

count program under this section and disqualifying the entity from re-entry into such program for a reasonable period of time to be determined by the Secretary.

“(III) Referring matters to appropriate Federal authorities within the Food and Drug Administration, the Office of Inspector General of Department of Health and Human Services, or other Federal agencies for consideration of appropriate action under other Federal statutes, such as the Prescription Drug Marketing Act (21 U.S.C. 353).

“(3) **ADMINISTRATIVE DISPUTE RESOLUTION PROCESS.**—

“(A) **IN GENERAL.**—Not later than 180 days after the date of enactment of the Patient Protection and Affordable Care Act, the Secretary shall promulgate regulations to establish and implement an administrative process for the resolution of claims by covered entities that they have been overcharged for drugs purchased under this section, and claims by manufacturers, after the conduct of audits as authorized by subsection (a)(5)(D), of violations of subsections (a)(5)(A) or (a)(5)(B), including appropriate procedures for the provision of remedies and enforcement of determinations made pursuant to such process through mechanisms and sanctions described in paragraphs (1)(B) and (2)(B).

“(B) **DEADLINES AND PROCEDURES.**—Regulations promulgated by the Secretary under subparagraph (A) shall—

“(i) designate or establish a decision-making official or decision-making body within the Department of Health and Human Services to be responsible for reviewing and finally resolving claims by covered entities that they have been charged prices for covered drugs in excess of the ceiling price described in subsection (a)(1), and claims by manufacturers that violations of subsection (a)(5)(A) or (a)(5)(B) have occurred;

“(ii) establish such deadlines and procedures as may be necessary to ensure that claims shall be resolved fairly, efficiently, and expeditiously;

“(iii) establish procedures by which a covered entity may discover and obtain such information and documents from manufacturers and third parties as may be relevant to demonstrate the merits of a claim that charges for a manufacturer’s product have exceeded the applicable ceiling price under this section, and may submit such documents and information to the administrative official or body responsible for adjudicating such claim;

“(iv) require that a manufacturer conduct an audit of a covered entity pursuant to subsection (a)(5)(D) as a prerequisite to initiating administrative dispute resolution proceedings against a covered entity;

“(v) permit the official or body designated under clause (i), at the request of a manufacturer or manufacturers, to consolidate claims brought by more than one manufacturer against the same covered entity where, in the judgment of such official or body, consolidation is appropriate and consistent with the goals of fairness and economy of resources; and

“(vi) include provisions and procedures to permit multiple covered entities to jointly assert claims of overcharges by the same manufacturer for the same drug or drugs in one administrative proceeding, and permit such claims to be asserted on behalf of covered entities by associations or organizations representing the interests of such covered entities and of which the covered entities are members.

“(C) **FINALITY OF ADMINISTRATIVE RESOLUTION.**—The administrative resolution of a claim or claims under the regulations promulgated under subparagraph (A) shall be a final agency decision and shall be binding upon the parties involved, unless invalidated by an order of a court of competent jurisdiction.

“(4) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry

out this subsection, such sums as may be necessary for fiscal year 2010 and each succeeding fiscal year.”.

(b) **CONFORMING AMENDMENTS.**—Section 340B(a) of the Public Health Service Act (42 U.S.C. 256b(a)) is amended—

(1) in subsection (a)(1), by adding at the end the following: “Each such agreement shall require that the manufacturer furnish the Secretary with reports, on a quarterly basis, of the price for each covered drug subject to the agreement that, according to the manufacturer, represents the maximum price that covered entities may permissibly be required to pay for the drug (referred to in this section as the ‘ceiling price’), and shall require that the manufacturer offer each covered entity covered drugs for purchase at or below the applicable ceiling price if such drug is made available to any other purchaser at any price.”; and

(2) in the first sentence of subsection (a)(5)(E), as redesignated by section 7101(c), by inserting “after audit as described in subparagraph (D) and” after “finds.”.

SEC. 7103. GAO STUDY TO MAKE RECOMMENDATIONS ON IMPROVING THE 340B PROGRAM.

(a) **REPORT.**—Not later than 18 months after the date of enactment of this Act, the Comptroller General of the United States shall submit to Congress a report that examines whether those individuals served by the covered entities under the program under section 340B of the Public Health Service Act (42 U.S.C. 256b) (referred to in this section as the “340B program”) are receiving optimal health care services.

(b) **RECOMMENDATIONS.**—The report under subsection (a) shall include recommendations on the following:

(1) Whether the 340B program should be expanded since it is anticipated that the 47,000,000 individuals who are uninsured as of the date of enactment of this Act will have health care coverage once this Act is implemented.

(2) Whether mandatory sales of certain products by the 340B program could hinder patients access to those therapies through any provider.

(3) Whether income from the 340B program is being used by the covered entities under the program to further the program objectives.

TITLE VIII—CLASS ACT

SEC. 8001. SHORT TITLE OF TITLE.

This title may be cited as the “Community Living Assistance Services and Supports Act” or the “CLASS Act”.

SEC. 8002. ESTABLISHMENT OF NATIONAL VOLUNTARY INSURANCE PROGRAM FOR PURCHASING COMMUNITY LIVING ASSISTANCE SERVICES AND SUPPORT.

(a) **ESTABLISHMENT OF CLASS PROGRAM.**—

(1) **IN GENERAL.**—The Public Health Service Act (42 U.S.C. 201 et seq.), as amended by section 4302(a), is amended by adding at the end the following:

“TITLE XXXII—COMMUNITY LIVING ASSISTANCE SERVICES AND SUPPORTS

“SEC. 3201. PURPOSE.

“The purpose of this title is to establish a national voluntary insurance program for purchasing community living assistance services and supports in order to—

“(1) provide individuals with functional limitations with tools that will allow them to maintain their personal and financial independence and live in the community through a new financing strategy for community living assistance services and supports;

“(2) establish an infrastructure that will help address the Nation’s community living assistance services and supports needs;

“(3) alleviate burdens on family caregivers; and

“(4) address institutional bias by providing a financing mechanism that supports personal choice and independence to live in the community.”

“SEC. 3202. DEFINITIONS.

“In this title:

“(1) **ACTIVE ENROLLEE.**—The term ‘active enrollee’ means an individual who is enrolled in the CLASS program in accordance with section 3204 and who has paid any premiums due to maintain such enrollment.

“(2) **ACTIVELY EMPLOYED.**—The term ‘actively employed’ means an individual who—

“(A) is reporting for work at the individual’s usual place of employment or at another location to which the individual is required to travel because of the individual’s employment (or in the case of an individual who is a member of the uniformed services, is on active duty and is physically able to perform the duties of the individual’s position); and

“(B) is able to perform all the usual and customary duties of the individual’s employment on the individual’s regular work schedule.

“(3) **ACTIVITIES OF DAILY LIVING.**—The term ‘activities of daily living’ means each of the following activities specified in section 7702B(c)(2)(B) of the Internal Revenue Code of 1986:

“(A) Eating.

“(B) Toileting.

“(C) Transferring.

“(D) Bathing.

“(E) Dressing.

“(F) Continence.

“(4) **CLASS PROGRAM.**—The term ‘CLASS program’ means the program established under this title.

“(5) **ELIGIBILITY ASSESSMENT SYSTEM.**—The term ‘Eligibility Assessment System’ means the entity established by the Secretary under section 3205(a)(2) to make functional eligibility determinations for the CLASS program.

“(6) **ELIGIBLE BENEFICIARY.**—

“(A) **IN GENERAL.**—The term ‘eligible beneficiary’ means any individual who is an active enrollee in the CLASS program and, as of the date described in subparagraph (B)—

“(i) has paid premiums for enrollment in such program for at least 60 months;

“(ii) has earned, with respect to at least 3 calendar years that occur during the first 60 months for which the individual has paid premiums for enrollment in the program, at least an amount equal to the amount of wages and self-employment income which an individual must have in order to be credited with a quarter of coverage under section 213(d) of the Social Security Act for the year; and

“(iii) has paid premiums for enrollment in such program for at least 24 consecutive months, if a lapse in premium payments of more than 3 months has occurred during the period that begins on the date of the individual’s enrollment and ends on the date of such determination.

“(B) **DATE DESCRIBED.**—For purposes of subparagraph (A), the date described in this subparagraph is the date on which the individual is determined to have a functional limitation described in section 3203(a)(1)(C) that is expected to last for a continuous period of more than 90 days.

“(C) **REGULATIONS.**—The Secretary shall promulgate regulations specifying exceptions to the minimum earnings requirements under subparagraph (A)(ii) for purposes of being considered an eligible beneficiary for certain populations.

“(7) **HOSPITAL; NURSING FACILITY; INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED; INSTITUTION FOR MENTAL DISEASES.**—The terms ‘hospital’, ‘nursing facility’, ‘intermediate care facility for the mentally retarded’, and ‘institution for mental diseases’ have the meanings given such terms for purposes of Medicaid.

“(8) **CLASS INDEPENDENCE ADVISORY COUNCIL.**—The term ‘CLASS Independence Advisory Council’ or ‘Council’ means the Advisory Council established under section 3207 to advise the Secretary.

“(9) **CLASS INDEPENDENCE BENEFIT PLAN.**—The term ‘CLASS Independence Benefit Plan’ means the benefit plan developed and designated by the Secretary in accordance with section 3203.

“(10) **CLASS INDEPENDENCE FUND.**—The term ‘CLASS Independence Fund’ or ‘Fund’ means the fund established under section 3206.

“(11) **MEDICAID.**—The term ‘Medicaid’ means the program established under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

“(12) **POVERTY LINE.**—The term ‘poverty line’ has the meaning given that term in section 2110(c)(5) of the Social Security Act (42 U.S.C. 1397jj(c)(5)).

“(13) **PROTECTION AND ADVOCACY SYSTEM.**—The term ‘Protection and Advocacy System’ means the system for each State established under section 143 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15043).

“SEC. 3203. CLASS INDEPENDENCE BENEFIT PLAN.

“(a) **PROCESS FOR DEVELOPMENT.**—

“(1) **IN GENERAL.**—The Secretary, in consultation with appropriate actuaries and other experts, shall develop at least 3 actuarially sound benefit plans as alternatives for consideration for designation by the Secretary as the CLASS Independence Benefit Plan under which eligible beneficiaries shall receive benefits under this title. Each of the plan alternatives developed shall be designed to provide eligible beneficiaries with the benefits described in section 3205 consistent with the following requirements:

“(A) **PREMIUMS.**—

“(i) **IN GENERAL.**—Beginning with the first year of the CLASS program, and for each year thereafter, subject to clauses (ii) and (iii), the Secretary shall establish all premiums to be paid by enrollees for the year based on an actuarial analysis of the 75-year costs of the program that ensures solvency throughout such 75-year period.

“(ii) **NOMINAL PREMIUM FOR POOREST INDIVIDUALS AND FULL-TIME STUDENTS.**—

“(1) **IN GENERAL.**—The monthly premium for enrollment in the CLASS program shall not exceed the applicable dollar amount per month determined under subclause (II) for—

“(aa) any individual whose income does not exceed the poverty line; and

“(bb) any individual who has not attained age 22, and is actively employed during any period in which the individual is a full-time student (as determined by the Secretary).

“(II) **APPLICABLE DOLLAR AMOUNT.**—The applicable dollar amount described in this subclause is the amount equal to \$5, increased by the percentage increase in the consumer price index for all urban consumers (U.S. city average) for each year occurring after 2009 and before such year.

“(iii) **CLASS INDEPENDENCE FUND RESERVES.**—At such time as the CLASS program has been in operation for 10 years, the Secretary shall establish all premiums to be paid by enrollees for the year based on an actuarial analysis that accumulated reserves in the CLASS Independence Fund would not decrease in that year. At such time as the Secretary determines the CLASS program demonstrates a sustained ability to finance expected yearly expenses with expected yearly premiums and interest credited to the CLASS Independence Fund, the Secretary may decrease the required amount of CLASS Independence Fund reserves.

“(B) **VESTING PERIOD.**—A 5-year vesting period for eligibility for benefits.

“(C) **BENEFIT TRIGGERS.**—A benefit trigger for provision of benefits that requires a determination that an individual has a functional limitation, as certified by a licensed health care practitioner, described in any of the following clauses that is expected to last for a continuous period of more than 90 days:

“(i) The individual is determined to be unable to perform at least the minimum number (which may be 2 or 3) of activities of daily living as are required under the plan for the provision of benefits without substantial assistance (as defined by the Secretary) from another individual.

“(ii) The individual requires substantial supervision to protect the individual from threats to health and safety due to substantial cognitive impairment.

“(iii) The individual has a level of functional limitation similar (as determined under regulations prescribed by the Secretary) to the level of functional limitation described in clause (i) or (ii).

“(D) **CASH BENEFIT.**—Payment of a cash benefit that satisfies the following requirements:

“(i) **MINIMUM REQUIRED AMOUNT.**—The benefit amount provides an eligible beneficiary with not less than an average of \$50 per day (as determined based on the reasonably expected distribution of beneficiaries receiving benefits at various benefit levels).

“(ii) **AMOUNT SCALED TO FUNCTIONAL ABILITY.**—The benefit amount is varied based on a scale of functional ability, with not less than 2, and not more than 6, benefit level amounts.

“(iii) **DAILY OR WEEKLY.**—The benefit is paid on a daily or weekly basis.

“(iv) **NO LIFETIME OR AGGREGATE LIMIT.**—The benefit is not subject to any lifetime or aggregate limit.

“(E) **COORDINATION WITH SUPPLEMENTAL COVERAGE OBTAINED THROUGH THE EXCHANGE.**—The benefits allowed for coordination with any supplemental coverage purchased through an Exchange established under section 1311 of the Patient Protection and Affordable Care Act.

“(2) **REVIEW AND RECOMMENDATION BY THE CLASS INDEPENDENCE ADVISORY COUNCIL.**—The CLASS Independence Advisory Council shall—

“(A) evaluate the alternative benefit plans developed under paragraph (1); and

“(B) recommend for designation as the CLASS Independence Benefit Plan for offering to the public the plan that the Council determines best balances price and benefits to meet enrollees' needs in an actuarially sound manner, while optimizing the probability of the long-term sustainability of the CLASS program.

“(3) **DESIGNATION BY THE SECRETARY.**—Not later than October 1, 2012, the Secretary, taking into consideration the recommendation of the CLASS Independence Advisory Council under paragraph (2)(B), shall designate a benefit plan as the CLASS Independence Benefit Plan. The Secretary shall publish such designation, along with details of the plan and the reasons for the selection by the Secretary, in a final rule that allows for a period of public comment.

“(b) **ADDITIONAL PREMIUM REQUIREMENTS.**—

“(1) **ADJUSTMENT OF PREMIUMS.**—

“(A) **IN GENERAL.**—Except as provided in subparagraphs (B), (C), (D), and (E), the amount of the monthly premium determined for an individual upon such individual's enrollment in the CLASS program shall remain the same for as long as the individual is an active enrollee in the program.

“(B) **RECALCULATED PREMIUM IF REQUIRED FOR PROGRAM SOLVENCY.**—

“(i) **IN GENERAL.**—Subject to clause (ii), if the Secretary determines, based on the most recent report of the Board of Trustees of the CLASS Independence Fund, the advice of the CLASS Independence Advisory Council, and the annual report of the Inspector General of the Depart-

ment of Health and Human Services, and waste, fraud, and abuse, or such other information as the Secretary determines appropriate, that the monthly premiums and income to the CLASS Independence Fund for a year are projected to be insufficient with respect to the 20-year period that begins with that year, the Secretary shall adjust the monthly premiums for individuals enrolled in the CLASS program as necessary (but maintaining a nominal premium for enrollees whose income is below the poverty line or who are full-time students actively employed).

“(ii) **EXEMPTION FROM INCREASE.**—Any increase in a monthly premium imposed as result of a determination described in clause (i) shall not apply with respect to the monthly premium of any active enrollee who—

“(I) has attained age 65;

“(II) has paid premiums for enrollment in the program for at least 20 years; and

“(III) is not actively employed.

“(C) **RECALCULATED PREMIUM IF REENROLLMENT AFTER MORE THAN A 3-MONTH LAPSE.**—

“(i) **IN GENERAL.**—The reenrollment of an individual after a 90-day period during which the individual failed to pay the monthly premium required to maintain the individual's enrollment in the CLASS program shall be treated as an initial enrollment for purposes of age-adjusting the premium for enrollment in the program.

“(ii) **CREDIT FOR PRIOR MONTHS IF REENROLLED WITHIN 5 YEARS.**—An individual who reenrolls in the CLASS program after such a 90-day period and before the end of the 5-year period that begins with the first month for which the individual failed to pay the monthly premium required to maintain the individual's enrollment in the program shall be—

“(I) credited with any months of paid premiums that accrued prior to the individual's lapse in enrollment; and

“(II) notwithstanding the total amount of any such credited months, required to satisfy section 3202(6)(A)(ii) before being eligible to receive benefits.

“(D) **NO LONGER STATUS AS A FULL-TIME STUDENT.**—An individual subject to a nominal premium on the basis of being described in subsection (a)(1)(A)(ii)(I)(bb) who ceases to be described in that subsection, beginning with the first month following the month in which the individual ceases to be so described, shall be subject to the same monthly premium as the monthly premium that applies to an individual of the same age who first enrolls in the program under the most similar circumstances as the individual (such as the first year of eligibility for enrollment in the program or in a subsequent year).

“(E) **PENALTY FOR REENROLLMENT AFTER 5-YEAR LAPSE.**—In the case of an individual who reenrolls in the CLASS program after the end of the 5-year period described in subparagraph (C)(ii), the monthly premium required for the individual shall be the age-adjusted premium that would be applicable to an initially enrolling individual who is the same age as the reenrolling individual, increased by the greater of—

“(i) an amount that the Secretary determines is actuarially sound for each month that occurs during the period that begins with the first month for which the individual failed to pay the monthly premium required to maintain the individual's enrollment in the CLASS program and ends with the month preceding the month in which the reenrollment is effective; or

“(ii) 1 percent of the applicable age-adjusted premium for each such month occurring in such period.

“(2) **ADMINISTRATIVE EXPENSES.**—In determining the monthly premiums for the CLASS program the Secretary may factor in costs for administering the program, not to exceed for any year in which the program is in effect

under this title, an amount equal to 3 percent of all premiums paid during the year.

“(3) **NO UNDERWRITING REQUIREMENTS.**—No underwriting (other than on the basis of age in accordance with subparagraphs (D) and (E) of paragraph (1)) shall be used to—

“(A) determine the monthly premium for enrollment in the CLASS program; or

“(B) prevent an individual from enrolling in the program.

“(c) **SELF-ATTESTATION AND VERIFICATION OF INCOME.**—The Secretary shall establish procedures to—

“(1) permit an individual who is eligible for the nominal premium required under subsection (a)(1)(A)(ii), as part of their automatic enrollment in the CLASS program, to self-attest that their income does not exceed the poverty line or that their status as a full-time student who is actively employed;

“(2) verify, using procedures similar to the procedures used by the Commissioner of Social Security under section 1631(e)(1)(B)(ii) of the Social Security Act and consistent with the requirements applicable to the conveyance of data and information under section 1942 of such Act, the validity of such self-attestation; and

“(3) require an individual to confirm, on at least an annual basis, that their income does not exceed the poverty line or that they continue to maintain such status.

“SEC. 3204. ENROLLMENT AND DISENROLLMENT REQUIREMENTS.

“(a) **AUTOMATIC ENROLLMENT.**—

“(1) **IN GENERAL.**—Subject to paragraph (2), the Secretary, in coordination with the Secretary of the Treasury, shall establish procedures under which each individual described in subsection (c) may be automatically enrolled in the CLASS program by an employer of such individual in the same manner as an employer may elect to automatically enroll employees in a plan under section 401(k), 403(b), or 457 of the Internal Revenue Code of 1986.

“(2) **ALTERNATIVE ENROLLMENT PROCEDURES.**—The procedures established under paragraph (1) shall provide for an alternative enrollment process for an individual described in subsection (c) in the case of such an individual—

“(A) who is self-employed;

“(B) who has more than 1 employer; or

“(C) whose employer does not elect to participate in the automatic enrollment process established by the Secretary.

“(3) **ADMINISTRATION.**—

“(A) **IN GENERAL.**—The Secretary and the Secretary of the Treasury shall, by regulation, establish procedures to ensure that an individual is not automatically enrolled in the CLASS program by more than 1 employer.

“(B) **FORM.**—Enrollment in the CLASS program shall be made in such manner as the Secretary may prescribe in order to ensure ease of administration.

“(b) **ELECTION TO OPT-OUT.**—An individual described in subsection (c) may elect to waive enrollment in the CLASS program at any time in such form and manner as the Secretary and the Secretary of the Treasury shall prescribe.

“(c) **INDIVIDUAL DESCRIBED.**—For purposes of enrolling in the CLASS program, an individual described in this paragraph is an individual—

“(1) who has attained age 18;

“(2) who—

“(A) receives wages on which there is imposed a tax under section 3201(a) of the Internal Revenue Code of 1986; or

“(B) derives self-employment income on which there is imposed a tax under section 1401(a) of the Internal Revenue Code of 1986;

“(3) who is actively employed; and

“(4) who is not—

“(A) a patient in a hospital or nursing facility, an intermediate care facility for the mentally retarded, or an institution for mental diseases and receiving medical assistance under Medicaid; or

“(B) confined in a jail, prison, other penal institution or correctional facility, or by court order pursuant to conviction of a criminal offense or in connection with a verdict or finding described in section 202(x)(1)(A)(ii) of the Social Security Act (42 U.S.C. 402(x)(1)(A)(ii)).

“(d) **RULE OF CONSTRUCTION.**—Nothing in this title shall be construed as requiring an active enrollee to continue to satisfy subparagraph (B) or (C) of subsection (c)(1) in order to maintain enrollment in the CLASS program.

“(e) **PAYMENT.**—

“(1) **PAYROLL DEDUCTION.**—An amount equal to the monthly premium for the enrollment in the CLASS program of an individual shall be deducted from the wages or self-employment income of such individual in accordance with such procedures as the Secretary, in coordination with the Secretary of the Treasury, shall establish for employers who elect to deduct and withhold such premiums on behalf of enrolled employees.

“(2) **ALTERNATIVE PAYMENT MECHANISM.**—The Secretary, in coordination with the Secretary of the Treasury, shall establish alternative procedures for the payment of monthly premiums by an individual enrolled in the CLASS program—

“(A) who does not have an employer who elects to deduct and withhold premiums in accordance with subparagraph (A); or

“(B) who does not earn wages or derive self-employment income.

“(f) **TRANSFER OF PREMIUMS COLLECTED.**—

“(1) **IN GENERAL.**—During each calendar year the Secretary of the Treasury shall deposit into the CLASS Independence Fund a total amount equal, in the aggregate, to 100 percent of the premiums collected during that year.

“(2) **TRANSFERS BASED ON ESTIMATES.**—The amount deposited pursuant to paragraph (1) shall be transferred in at least monthly payments to the CLASS Independence Fund on the basis of estimates by the Secretary and certified to the Secretary of the Treasury of the amounts collected in accordance with subparagraphs (A) and (B) of paragraph (5). Proper adjustments shall be made in amounts subsequently transferred to the Fund to the extent prior estimates were in excess of, or were less than, actual amounts collected.

“(g) **OTHER ENROLLMENT AND DISENROLLMENT OPPORTUNITIES.**—The Secretary, in coordination with the Secretary of the Treasury, shall establish procedures under which—

“(1) an individual who, in the year of the individual's initial eligibility to enroll in the CLASS program, has elected to waive enrollment in the program, is eligible to elect to enroll in the program, in such form and manner as the Secretaries shall establish, only during an open enrollment period established by the Secretaries that is specific to the individual and that may not occur more frequently than biennially after the date on which the individual first elected to waive enrollment in the program; and

“(2) an individual shall only be permitted to disenroll from the program (other than for non-payment of premiums) during an annual disenrollment period established by the Secretaries and in such form and manner as the Secretaries shall establish.

“SEC. 3205. BENEFITS.

“(a) **DETERMINATION OF ELIGIBILITY.**—

“(1) **APPLICATION FOR RECEIPT OF BENEFITS.**—The Secretary shall establish procedures under which an active enrollee shall apply for receipt of benefits under the CLASS Independence Benefit Plan.

“(2) **ELIGIBILITY ASSESSMENTS.**—

“(A) **IN GENERAL.**—Not later than January 1, 2012, the Secretary shall—

“(i) establish an Eligibility Assessment System (other than a service with which the Commissioner of Social Security has entered into an

agreement, with respect to any State, to make disability determinations for purposes of title II or XVI of the Social Security Act) to provide for eligibility assessments of active enrollees who apply for receipt of benefits;

“(ii) enter into an agreement with the Protection and Advocacy System for each State to provide advocacy services in accordance with subsection (d); and

“(iii) enter into an agreement with public and private entities to provide advice and assistance counseling in accordance with subsection (e).

“(B) **REGULATIONS.**—The Secretary shall promulgate regulations to develop an expedited nationally equitable eligibility determination process, as certified by a licensed health care practitioner, an appeals process, and a redetermination process, as certified by a licensed health care practitioner, including whether an active enrollee is eligible for a cash benefit under the program and if so, the amount of the cash benefit (in accordance the sliding scale established under the plan).

“(C) **PRESUMPTIVE ELIGIBILITY FOR CERTAIN INSTITUTIONALIZED ENROLLEES PLANNING TO DISCHARGE.**—An active enrollee shall be deemed presumptively eligible if the enrollee—

“(i) has applied for, and attests is eligible for, the maximum cash benefit available under the sliding scale established under the CLASS Independence Benefit Plan;

“(ii) is a patient in a hospital (but only if the hospitalization is for long-term care), nursing facility, intermediate care facility for the mentally retarded, or an institution for mental diseases; and

“(iii) is in the process of, or about to begin the process of, planning to discharge from the hospital, facility, or institution, or within 60 days from the date of discharge from the hospital, facility, or institution.

“(D) **APPEALS.**—The Secretary shall establish procedures under which an applicant for benefits under the CLASS Independence Benefit Plan shall be guaranteed the right to appeal an adverse determination.

“(b) **BENEFITS.**—An eligible beneficiary shall receive the following benefits under the CLASS Independence Benefit Plan:

“(1) **CASH BENEFIT.**—A cash benefit established by the Secretary in accordance with the requirements of section 3203(a)(1)(D) that—

“(A) the first year in which beneficiaries receive the benefits under the plan, is not less than the average dollar amount specified in clause (i) of such section; and

“(B) for any subsequent year, is not less than the average per day dollar limit applicable under this subparagraph for the preceding year, increased by the percentage increase in the consumer price index for all urban consumers (U.S. city average) over the previous year.

“(2) **ADVOCACY SERVICES.**—Advocacy services in accordance with subsection (d).

“(3) **ADVICE AND ASSISTANCE COUNSELING.**—Advice and assistance counseling in accordance with subsection (e).

“(4) **ADMINISTRATIVE EXPENSES.**—Advocacy services and advice and assistance counseling services under paragraphs (2) and (3) of this subsection shall be included as administrative expenses under section 3203(b)(3).

“(c) **PAYMENT OF BENEFITS.**—

“(1) **LIFE INDEPENDENCE ACCOUNT.**—

“(A) **IN GENERAL.**—The Secretary shall establish procedures for administering the provision of benefits to eligible beneficiaries under the CLASS Independence Benefit Plan, including the payment of the cash benefit for the beneficiary into a Life Independence Account established by the Secretary on behalf of each eligible beneficiary.

“(B) **USE OF CASH BENEFITS.**—Cash benefits paid into a Life Independence Account of an eli-

gible beneficiary shall be used to purchase non-medical services and supports that the beneficiary needs to maintain his or her independence at home or in another residential setting of their choice in the community, including (but not limited to) home modifications, assistive technology, accessible transportation, home-maker services, respite care, personal assistance services, home care aides, and nursing support. Nothing in the preceding sentence shall prevent an eligible beneficiary from using cash benefits paid into a Life Independence Account for obtaining assistance with decision making concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives or other written instructions recognized under State law, such as a living will or durable power of attorney for health care, in the case that an injury or illness causes the individual to be unable to make health care decisions.

“(C) **ELECTRONIC MANAGEMENT OF FUNDS.**—The Secretary shall establish procedures for—

“(i) crediting an account established on behalf of a beneficiary with the beneficiary's cash daily benefit;

“(ii) allowing the beneficiary to access such account through debit cards; and

“(iii) accounting for withdrawals by the beneficiary from such account.

“(D) **PRIMARY PAYOR RULES FOR BENEFICIARIES WHO ARE ENROLLED IN MEDICAID.**—In the case of an eligible beneficiary who is enrolled in Medicaid, the following payment rules shall apply:

“(i) **INSTITUTIONALIZED BENEFICIARY.**—If the beneficiary is a patient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or an institution for mental diseases, the beneficiary shall retain an amount equal to 5 percent of the beneficiary's daily or weekly cash benefit (as applicable) (which shall be in addition to the amount of the beneficiary's personal needs allowance provided under Medicaid), and the remainder of such benefit shall be applied toward the facility's cost of providing the beneficiary's care, and Medicaid shall provide secondary coverage for such care.

“(ii) **BENEFICIARIES RECEIVING HOME AND COMMUNITY-BASED SERVICES.**—

“(I) **50 PERCENT OF BENEFIT RETAINED BY BENEFICIARY.**—Subject to subclause (II), if a beneficiary is receiving medical assistance under Medicaid for home and community based services, the beneficiary shall retain an amount equal to 50 percent of the beneficiary's daily or weekly cash benefit (as applicable), and the remainder of the daily or weekly cash benefit shall be applied toward the cost to the State of providing such assistance (and shall not be used to claim Federal matching funds under Medicaid), and Medicaid shall provide secondary coverage for the remainder of any costs incurred in providing such assistance.

“(II) **REQUIREMENT FOR STATE OFFSET.**—A State shall be paid the remainder of a beneficiary's daily or weekly cash benefit under subclause (I) only if the State home and community-based waiver under section 1115 of the Social Security Act (42 U.S.C. 1315) or subsection (c) or (d) of section 1915 of such Act (42 U.S.C. 1396n), or the State plan amendment under subsection (i) of such section does not include a waiver of the requirements of section 1902(a)(1) of the Social Security Act (relating to statewideness) or of section 1902(a)(10)(B) of such Act (relating to comparability) and the State offers at a minimum case management services, personal care services, habilitation services, and respite care under such a waiver or State plan amendment.

“(III) **DEFINITION OF HOME AND COMMUNITY-BASED SERVICES.**—In this clause, the term ‘home and community-based services’ means any services which may be offered under a home and

community-based waiver authorized for a State under section 1115 of the Social Security Act (42 U.S.C. 1315) or subsection (c) or (d) of section 1915 of such Act (42 U.S.C. 1396n) or under a State plan amendment under subsection (i) of such section.

“(iii) **BENEFICIARIES ENROLLED IN PROGRAMS OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE).**—

“(I) **IN GENERAL.**—Subject to subclause (II), if a beneficiary is receiving medical assistance under Medicaid for PACE program services under section 1934 of the Social Security Act (42 U.S.C. 1396u–4), the beneficiary shall retain an amount equal to 50 percent of the beneficiary’s daily or weekly cash benefit (as applicable), and the remainder of the daily or weekly cash benefit shall be applied toward the cost to the State of providing such assistance (and shall not be used to claim Federal matching funds under Medicaid), and Medicaid shall provide secondary coverage for the remainder of any costs incurred in providing such assistance.

“(II) **INSTITUTIONALIZED RECIPIENTS OF PACE PROGRAM SERVICES.**—If a beneficiary receiving assistance under Medicaid for PACE program services is a patient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or an institution for mental diseases, the beneficiary shall be treated as in institutionalized beneficiary under clause (i).

“(2) **AUTHORIZED REPRESENTATIVES.**—

“(A) **IN GENERAL.**—The Secretary shall establish procedures to allow access to a beneficiary’s cash benefits by an authorized representative of the eligible beneficiary on whose behalf such benefits are paid.

“(B) **QUALITY ASSURANCE AND PROTECTION AGAINST FRAUD AND ABUSE.**—The procedures established under subparagraph (A) shall ensure that authorized representatives of eligible beneficiaries comply with standards of conduct established by the Secretary, including standards requiring that such representatives provide quality services on behalf of such beneficiaries, do not have conflicts of interest, and do not misuse benefits paid on behalf of such beneficiaries or otherwise engage in fraud or abuse.

“(3) **COMMENCEMENT OF BENEFITS.**—Benefits shall be paid to, or on behalf of, an eligible beneficiary beginning with the first month in which an application for such benefits is approved.

“(4) **ROLLOVER OPTION FOR LUMP-SUM PAYMENT.**—An eligible beneficiary may elect to—

“(A) defer payment of their daily or weekly benefit and to rollover any such deferred benefits from month-to-month, but not from year-to-year; and

“(B) receive a lump-sum payment of such deferred benefits in an amount that may not exceed the lesser of—

“(i) the total amount of the accrued deferred benefits; or

“(ii) the applicable annual benefit.

“(5) **PERIOD FOR DETERMINATION OF ANNUAL BENEFITS.**—

“(A) **IN GENERAL.**—The applicable period for determining with respect to an eligible beneficiary the applicable annual benefit and the amount of any accrued deferred benefits is the 12-month period that commences with the first month in which the beneficiary began to receive such benefits, and each 12-month period thereafter.

“(B) **INCLUSION OF INCREASED BENEFITS.**—The Secretary shall establish procedures under which cash benefits paid to an eligible beneficiary that increase or decrease as a result of a change in the functional status of the beneficiary before the end of a 12-month benefit period shall be included in the determination of the applicable annual benefit paid to the eligible beneficiary.

“(C) **RECOUPMENT OF UNPAID, ACCRUED BENEFITS.**—

“(i) **IN GENERAL.**—The Secretary, in coordination with the Secretary of the Treasury, shall recoup any accrued benefits in the event of—

“(I) the death of a beneficiary; or

“(II) the failure of a beneficiary to elect under paragraph (4)(B) to receive such benefits as a lump-sum payment before the end of the 12-month period in which such benefits accrued.

“(ii) **PAYMENT INTO CLASS INDEPENDENCE FUND.**—Any benefits recouped in accordance with clause (i) shall be paid into the CLASS Independence Fund and used in accordance with section 3206.

“(6) **REQUIREMENT TO RECERTIFY ELIGIBILITY FOR RECEIPT OF BENEFITS.**—An eligible beneficiary shall periodically, as determined by the Secretary—

“(A) recertify by submission of medical evidence the beneficiary’s continued eligibility for receipt of benefits; and

“(B) submit records of expenditures attributable to the aggregate cash benefit received by the beneficiary during the preceding year.

“(7) **SUPPLEMENT, NOT SUPPLANT OTHER HEALTH CARE BENEFITS.**—Subject to the Medicaid payment rules under paragraph (1)(D), benefits received by an eligible beneficiary shall supplement, but not supplant, other health care benefits for which the beneficiary is eligible under Medicaid or any other Federally funded program that provides health care benefits or assistance.

“(d) **ADVOCACY SERVICES.**—An agreement entered into under subsection (a)(2)(A)(ii) shall require the Protection and Advocacy System for the State to—

“(1) assign, as needed, an advocacy counselor to each eligible beneficiary that is covered by such agreement and who shall provide an eligible beneficiary with—

“(A) information regarding how to access the appeals process established for the program;

“(B) assistance with respect to the annual recertification and notification required under subsection (c)(6); and

“(C) such other assistance with obtaining services as the Secretary, by regulation, shall require; and

“(2) ensure that the System and such counselors comply with the requirements of subsection (h).

“(e) **ADVICE AND ASSISTANCE COUNSELING.**—An agreement entered into under subsection (a)(2)(A)(iii) shall require the entity to assign, as requested by an eligible beneficiary that is covered by such agreement, an advice and assistance counselor who shall provide an eligible beneficiary with information regarding—

“(1) accessing and coordinating long-term services and supports in the most integrated setting;

“(2) possible eligibility for other benefits and services;

“(3) development of a service and support plan;

“(4) information about programs established under the Assistive Technology Act of 1998 and the services offered under such programs;

“(5) available assistance with decision making concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives or other written instructions recognized under State law, such as a living will or durable power of attorney for health care, in the case that an injury or illness causes the individual to be unable to make health care decisions; and

“(6) such other services as the Secretary, by regulation, may require.

“(f) **NO EFFECT ON ELIGIBILITY FOR OTHER BENEFITS.**—Benefits paid to an eligible beneficiary under the CLASS program shall be disregarded for purposes of determining or continuing the beneficiary’s eligibility for receipt of

benefits under any other Federal, State, or locally funded assistance program, including benefits paid under titles II, XVI, XVIII, XIX, or XXI of the Social Security Act (42 U.S.C. 401 et seq., 1381 et seq., 1395 et seq., 1396 et seq., 1397aa et seq.), under the laws administered by the Secretary of Veterans Affairs, under low-income housing assistance programs, or under the supplemental nutrition assistance program established under the Food and Nutrition Act of 2008 (7 U.S.C. 2011 et seq.).

“(g) **RULE OF CONSTRUCTION.**—Nothing in this title shall be construed as prohibiting benefits paid under the CLASS Independence Benefit Plan from being used to compensate a family caregiver for providing community living assistance services and supports to an eligible beneficiary.

“(h) **PROTECTION AGAINST CONFLICT OF INTERESTS.**—The Secretary shall establish procedures to ensure that the Eligibility Assessment System, the Protection and Advocacy System for a State, advocacy counselors for eligible beneficiaries, and any other entities that provide services to active enrollees and eligible beneficiaries under the CLASS program comply with the following:

“(1) If the entity provides counseling or planning services, such services are provided in a manner that fosters the best interests of the active enrollee or beneficiary.

“(2) The entity has established operating procedures that are designed to avoid or minimize conflicts of interest between the entity and an active enrollee or beneficiary.

“(3) The entity provides information about all services and options available to the active enrollee or beneficiary, to the best of its knowledge, including services available through other entities or providers.

“(4) The entity assists the active enrollee or beneficiary to access desired services, regardless of the provider.

“(5) The entity reports the number of active enrollees and beneficiaries provided with assistance by age, disability, and whether such enrollees and beneficiaries received services from the entity or another entity.

“(6) If the entity provides counseling or planning services, the entity ensures that an active enrollee or beneficiary is informed of any financial interest that the entity has in a service provider.

“(7) The entity provides an active enrollee or beneficiary with a list of available service providers that can meet the needs of the active enrollee or beneficiary.

“SEC. 3206. CLASS INDEPENDENCE FUND.

“(a) **ESTABLISHMENT OF CLASS INDEPENDENCE FUND.**—There is established in the Treasury of the United States a trust fund to be known as the ‘CLASS Independence Fund’. The Secretary of the Treasury shall serve as Managing Trustee of such Fund. The Fund shall consist of all amounts derived from payments into the Fund under sections 3204(f) and 3205(c)(5)(C)(ii), and remaining after investment of such amounts under subsection (b), including additional amounts derived as income from such investments. The amounts held in the Fund are appropriated and shall remain available without fiscal year limitation—

“(1) to be held for investment on behalf of individuals enrolled in the CLASS program;

“(2) to pay the administrative expenses related to the Fund and to investment under subsection (b); and

“(3) to pay cash benefits to eligible beneficiaries under the CLASS Independence Benefit Plan.

“(b) **INVESTMENT OF FUND BALANCE.**—The Secretary of the Treasury shall invest and manage the CLASS Independence Fund in the same manner, and to the same extent, as the Federal

Supplementary Medical Insurance Trust Fund may be invested and managed under subsections (c), (d), and (e) of section 1841(d) of the Social Security Act (42 U.S.C. 1395t).

“(c) BOARD OF TRUSTEES.—

“(1) IN GENERAL.—With respect to the CLASS Independence Fund, there is hereby created a body to be known as the Board of Trustees of the CLASS Independence Fund (hereinafter in this section referred to as the ‘Board of Trustees’) composed of the Secretary of the Treasury, the Secretary of Labor, and the Secretary of Health and Human Services, all ex officio, and of two members of the public (both of whom may not be from the same political party), who shall be nominated by the President for a term of 4 years and subject to confirmation by the Senate. A member of the Board of Trustees serving as a member of the public and nominated and confirmed to fill a vacancy occurring during a term shall be nominated and confirmed only for the remainder of such term. An individual nominated and confirmed as a member of the public may serve in such position after the expiration of such member’s term until the earlier of the time at which the member’s successor takes office or the time at which a report of the Board is first issued under paragraph (2) after the expiration of the member’s term. The Secretary of the Treasury shall be the Managing Trustee of the Board of Trustees. The Board of Trustees shall meet not less frequently than once each calendar year. A person serving on the Board of Trustees shall not be considered to be a fiduciary and shall not be personally liable for actions taken in such capacity with respect to the Trust Fund.

“(2) DUTIES.—

“(A) IN GENERAL.—It shall be the duty of the Board of Trustees to do the following:

“(i) Hold the CLASS Independence Fund.

“(ii) Report to the Congress not later than the first day of April of each year on the operation and status of the CLASS Independence Fund during the preceding fiscal year and on its expected operation and status during the current fiscal year and the next 2 fiscal years.

“(iii) Report immediately to the Congress whenever the Board is of the opinion that the amount of the CLASS Independence Fund is not actuarially sound in regards to the projection under section 3203(b)(1)(B)(i).

“(iv) Review the general policies followed in managing the CLASS Independence Fund, and recommend changes in such policies, including necessary changes in the provisions of law which govern the way in which the CLASS Independence Fund is to be managed.

“(B) REPORT.—The report provided for in subparagraph (A)(ii) shall—

“(i) include—

“(I) a statement of the assets of, and the disbursements made from, the CLASS Independence Fund during the preceding fiscal year;

“(II) an estimate of the expected income to, and disbursements to be made from, the CLASS Independence Fund during the current fiscal year and each of the next 2 fiscal years;

“(III) a statement of the actuarial status of the CLASS Independence Fund for the current fiscal year, each of the next 2 fiscal years, and as projected over the 75-year period beginning with the current fiscal year; and

“(IV) an actuarial opinion by the Chief Actuary of the Centers for Medicare & Medicaid Services certifying that the techniques and methodologies used are generally accepted within the actuarial profession and that the assumptions and cost estimates used are reasonable; and

“(ii) be printed as a House document of the session of the Congress to which the report is made.

“(C) RECOMMENDATIONS.—If the Board of Trustees determines that enrollment trends and

expected future benefit claims on the CLASS Independence Fund are not actuarially sound in regards to the projection under section 3203(b)(1)(B)(i) and are unlikely to be resolved with reasonable premium increases or through other means, the Board of Trustees shall include in the report provided for in subparagraph (A)(ii) recommendations for such legislative action as the Board of Trustees determine to be appropriate, including whether to adjust monthly premiums or impose a temporary moratorium on new enrollments.

“SEC. 3207. CLASS INDEPENDENCE ADVISORY COUNCIL.

“(a) ESTABLISHMENT.—There is hereby created an Advisory Committee to be known as the ‘CLASS Independence Advisory Council’.

“(b) MEMBERSHIP.—

“(1) IN GENERAL.—The CLASS Independence Advisory Council shall be composed of not more than 15 individuals, not otherwise in the employ of the United States—

“(A) who shall be appointed by the President without regard to the civil service laws and regulations; and

“(B) a majority of whom shall be representatives of individuals who participate or are likely to participate in the CLASS program, and shall include representatives of older and younger workers, individuals with disabilities, family caregivers of individuals who require services and supports to maintain their independence at home or in another residential setting of their choice in the community, individuals with expertise in long-term care or disability insurance, actuarial science, economics, and other relevant disciplines, as determined by the Secretary.

“(2) TERMS.—

“(A) IN GENERAL.—The members of the CLASS Independence Advisory Council shall serve overlapping terms of 3 years (unless appointed to fill a vacancy occurring prior to the expiration of a term, in which case the individual shall serve for the remainder of the term).

“(B) LIMITATION.—A member shall not be eligible to serve for more than 2 consecutive terms.

“(3) CHAIR.—The President shall, from time to time, appoint one of the members of the CLASS Independence Advisory Council to serve as the Chair.

“(c) DUTIES.—The CLASS Independence Advisory Council shall advise the Secretary on matters of general policy in the administration of the CLASS program established under this title and in the formulation of regulations under this title including with respect to—

“(1) the development of the CLASS Independence Benefit Plan under section 3203;

“(2) the determination of monthly premiums under such plan; and

“(3) the financial solvency of the program.

“(d) APPLICATION OF FACA.—The Federal Advisory Committee Act (5 U.S.C. App.), other than section 14 of that Act, shall apply to the CLASS Independence Advisory Council.

“(e) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—There are authorized to be appropriated to the CLASS Independence Advisory Council to carry out its duties under this section, such sums as may be necessary for fiscal year 2011 and for each fiscal year thereafter.

“(2) AVAILABILITY.—Any sums appropriated under the authorization contained in this section shall remain available, without fiscal year limitation, until expended.

“SEC. 3208. SOLVENCY AND FISCAL INDEPENDENCE; REGULATIONS; ANNUAL REPORT.

“(a) SOLVENCY.—The Secretary shall regularly consult with the Board of Trustees of the CLASS Independence Fund and the CLASS Independence Advisory Council, for purposes of ensuring that enrollees premiums are adequate to ensure the financial solvency of the CLASS

program, both with respect to fiscal years occurring in the near-term and fiscal years occurring over 20- and 75-year periods, taking into account the projections required for such periods under subsections (a)(1)(A)(i) and (b)(1)(B)(i) of section 3202.

“(b) NO TAXPAYER FUNDS USED TO PAY BENEFITS.—No taxpayer funds shall be used for payment of benefits under a CLASS Independent Benefit Plan. For purposes of this subsection, the term ‘taxpayer funds’ means any Federal funds from a source other than premiums deposited by CLASS program participants in the CLASS Independence Fund and any associated interest earnings.

“(c) REGULATIONS.—The Secretary shall promulgate such regulations as are necessary to carry out the CLASS program in accordance with this title. Such regulations shall include provisions to prevent fraud and abuse under the program.

“(d) ANNUAL REPORT.—Beginning January 1, 2014, the Secretary shall submit an annual report to Congress on the CLASS program. Each report shall include the following:

“(1) The total number of enrollees in the program.

“(2) The total number of eligible beneficiaries during the fiscal year.

“(3) The total amount of cash benefits provided during the fiscal year.

“(4) A description of instances of fraud or abuse identified during the fiscal year.

“(5) Recommendations for such administrative or legislative action as the Secretary determines is necessary to improve the program, ensure the solvency of the program, or to prevent the occurrence of fraud or abuse.

“SEC. 3209. INSPECTOR GENERAL’S REPORT.

“The Inspector General of the Department of Health and Human Services shall submit an annual report to the Secretary and Congress relating to the overall progress of the CLASS program and of the existence of waste, fraud, and abuse in the CLASS program. Each such report shall include findings in the following areas:

“(1) The eligibility determination process.

“(2) The provision of cash benefits.

“(3) Quality assurance and protection against waste, fraud, and abuse.

“(4) Recouping of unpaid and accrued benefits.

“SEC. 3210. TAX TREATMENT OF PROGRAM.

“The CLASS program shall be treated for purposes of the Internal Revenue Code of 1986 in the same manner as a qualified long-term care insurance contract for qualified long-term care services.”

(2) CONFORMING AMENDMENTS TO MEDICAID.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)), as amended by section 6505, is amended by inserting after paragraph (80) the following:

“(81) provide that the State will comply with such regulations regarding the application of primary and secondary payor rules with respect to individuals who are eligible for medical assistance under this title and are eligible beneficiaries under the CLASS program established under title XXXII of the Public Health Service Act as the Secretary shall establish; and”.

(b) ASSURANCE OF ADEQUATE INFRASTRUCTURE FOR THE PROVISION OF PERSONAL CARE ATTENDANT WORKERS.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)), as amended by subsection (a)(2), is amended by inserting after paragraph (81) the following:

“(82) provide that, not later than 2 years after the date of enactment of the Community Living Assistance Services and Supports Act, each State shall—

“(A) assess the extent to which entities such as providers of home care, home health services, home and community service providers, public

authorities created to provide personal care services to individuals eligible for medical assistance under the State plan, and nonprofit organizations, are serving or have the capacity to serve as fiscal agents for, employers of, and providers of employment-related benefits for, personal care attendant workers who provide personal care services to individuals receiving benefits under the CLASS program established under title XXXII of the Public Health Service Act, including in rural and underserved areas;

“(B) designate or create such entities to serve as fiscal agents for, employers of, and providers of employment-related benefits for, such workers to ensure an adequate supply of the workers for individuals receiving benefits under the CLASS program, including in rural and underserved areas; and

“(C) ensure that the designation or creation of such entities will not negatively alter or impede existing programs, models, methods, or administration of service delivery that provide for consumer controlled or self-directed home and community services and further ensure that such entities will not impede the ability of individuals to direct and control their home and community services, including the ability to select, manage, dismiss, co-employ, or employ such workers or inhibit such individuals from relying on family members for the provision of personal care services.”.

(c) **PERSONAL CARE ATTENDANTS WORKFORCE ADVISORY PANEL.**—

(1) **ESTABLISHMENT.**—Not later than 90 days after the date of enactment of this Act, the Secretary of Health and Human Services shall establish a Personal Care Attendants Workforce Advisory Panel for the purpose of examining and advising the Secretary and Congress on workforce issues related to personal care attendant workers, including with respect to the adequacy of the number of such workers, the salaries, wages, and benefits of such workers, and access to the services provided by such workers.

(2) **MEMBERSHIP.**—In appointing members to the Personal Care Attendants Workforce Advisory Panel, the Secretary shall ensure that such members include the following:

(A) Individuals with disabilities of all ages.
(B) Senior individuals.
(C) Representatives of individuals with disabilities.

(D) Representatives of senior individuals.
(E) Representatives of workforce and labor organizations.

(F) Representatives of home and community-based service providers.

(G) Representatives of assisted living providers.

(d) **INCLUSION OF INFORMATION ON SUPPLEMENTAL COVERAGE IN THE NATIONAL CLEARINGHOUSE FOR LONG-TERM CARE INFORMATION; EXTENSION OF FUNDING.**—Section 6021(d) of the Deficit Reduction Act of 2005 (42 U.S.C. 1396p note) is amended—

(1) in paragraph (2)(A)—
(A) in clause (ii), by striking “and” at the end;

(B) in clause (iii), by striking the period at the end and inserting “; and”; and

(C) by adding at the end the following:

“(iv) include information regarding the CLASS program established under title XXXII of the Public Health Service Act and coverage available for purchase through a Exchange established under section 1311 of the Patient Protection and Affordable Care Act that is supplemental coverage to the benefits provided under a CLASS Independence Benefit Plan under that program, and information regarding how benefits provided under a CLASS Independence Benefit Plan differ from disability insurance benefits.”; and

(2) in paragraph (3), by striking “2010” and inserting “2015”.

(e) **EFFECTIVE DATE.**—The amendments made by subsections (a), (b), and (d) take effect on January 1, 2011.

(f) **RULE OF CONSTRUCTION.**—Nothing in this title or the amendments made by this title are intended to replace or displace public or private disability insurance benefits, including such benefits that are for income replacement.

TITLE IX—REVENUE PROVISIONS

Subtitle A—Revenue Offset Provisions

SEC. 9001. EXCISE TAX ON HIGH COST EMPLOYER-SPONSORED HEALTH COVERAGE.

(a) **IN GENERAL.**—Chapter 43 of the Internal Revenue Code of 1986, as amended by section 1513, is amended by adding at the end the following:

“SEC. 49801. EXCISE TAX ON HIGH COST EMPLOYER-SPONSORED HEALTH COVERAGE.

“(a) **IMPOSITION OF TAX.**—If—

“(1) an employee is covered under any applicable employer-sponsored coverage of an employer at any time during a taxable period, and
“(2) there is any excess benefit with respect to the coverage,

there is hereby imposed a tax equal to 40 percent of the excess benefit.

“(b) **EXCESS BENEFIT.**—For purposes of this section—

“(1) **IN GENERAL.**—The term ‘excess benefit’ means, with respect to any applicable employer-sponsored coverage made available by an employer to an employee during any taxable period, the sum of the excess amounts determined under paragraph (2) for months during the taxable period.

“(2) **MONTHLY EXCESS AMOUNT.**—The excess amount determined under this paragraph for any month is the excess (if any) of—

“(A) the aggregate cost of the applicable employer-sponsored coverage of the employee for the month, over

“(B) an amount equal to $\frac{1}{12}$ of the annual limitation under paragraph (3) for the calendar year in which the month occurs.

“(3) **ANNUAL LIMITATION.**—For purposes of this subsection—

“(A) **IN GENERAL.**—The annual limitation under this paragraph for any calendar year is the dollar limit determined under subparagraph (C) for the calendar year.

“(B) **APPLICABLE ANNUAL LIMITATION.**—The annual limitation which applies for any month shall be determined on the basis of the type of coverage (as determined under subsection (f)(1)) provided to the employee by the employer as of the beginning of the month.

“(C) **APPLICABLE DOLLAR LIMIT.**—Except as provided in subparagraph (D)—

“(i) 2013.—In the case of 2013, the dollar limit under this subparagraph is—

“(I) in the case of an employee with self-only coverage, \$8,500, and

“(II) in the case of an employee with coverage other than self-only coverage, \$23,000.

“(ii) **EXCEPTION FOR CERTAIN INDIVIDUALS.**—In the case of an individual who is a qualified retiree or who participates in a plan sponsored by an employer the majority of whose employees are engaged in a high-risk profession or employed to repair or install electrical or telecommunications lines—

“(I) the dollar amount in clause (i)(I) (determined after the application of subparagraph (D)) shall be increased by \$1,350, and

“(II) the dollar amount in clause (i)(II) (determined after the application of subparagraph (D)) shall be increased by \$3,000.

“(iii) **SUBSEQUENT YEARS.**—In the case of any calendar year after 2013, each of the dollar amounts under clauses (i) and (ii) shall be increased to the amount equal to such amount as in effect for the calendar year preceding such

year, increased by an amount equal to the product of—

“(I) such amount as so in effect, multiplied by
“(II) the cost-of-living adjustment determined under section 1(f)(3) for such year (determined by substituting the calendar year that is 2 years before such year for ‘1992’ in subparagraph (B) thereof), increased by 1 percentage point.

If any amount determined under this clause is not a multiple of \$50, such amount shall be rounded to the nearest multiple of \$50.

“(D) **TRANSITION RULE FOR STATES WITH HIGHEST COVERAGE COSTS.**—

“(i) **IN GENERAL.**—If an employee is a resident of a high cost State on the first day of any month beginning in 2013, 2014, or 2015, the annual limitation under this paragraph for such month with respect to such employee shall be an amount equal to the applicable percentage of the annual limitation (determined without regard to this subparagraph or subparagraph (C)(ii)).

“(ii) **APPLICABLE PERCENTAGE.**—The applicable percentage is 120 percent for 2013, 110 percent for 2014, and 105 percent for 2015.

“(iii) **HIGH COST STATE.**—The term ‘high cost State’ means each of the 17 States which the Secretary of Health and Human Services, in consultation with the Secretary, estimates had the highest average cost during 2012 for employer-sponsored coverage under health plans. The Secretary’s estimate shall be made on the basis of aggregate premiums paid in the State for such health plans, determined using the most recent data available as of August 31, 2012.

“(c) **LIABILITY TO PAY TAX.**—

“(1) **IN GENERAL.**—Each coverage provider shall pay the tax imposed by subsection (a) on its applicable share of the excess benefit with respect to an employee for any taxable period.

“(2) **COVERAGE PROVIDER.**—For purposes of this subsection, the term ‘coverage provider’ means each of the following:

“(A) **HEALTH INSURANCE COVERAGE.**—If the applicable employer-sponsored coverage consists of coverage under a group health plan which provides health insurance coverage, the health insurance issuer.

“(B) **HSA AND MSA CONTRIBUTIONS.**—If the applicable employer-sponsored coverage consists of coverage under an arrangement under which the employer makes contributions described in subsection (b) or (d) of section 106, the employer.

“(C) **OTHER COVERAGE.**—In the case of any other applicable employer-sponsored coverage, the person that administers the plan benefits.

“(3) **APPLICABLE SHARE.**—For purposes of this subsection, a coverage provider’s applicable share of an excess benefit for any taxable period is the amount which bears the same ratio to the amount of such excess benefit as—

“(A) the cost of the applicable employer-sponsored coverage provided by the provider to the employee during such period, bears to

“(B) the aggregate cost of all applicable employer-sponsored coverage provided to the employee by all coverage providers during such period.

“(4) **RESPONSIBILITY TO CALCULATE TAX AND APPLICABLE SHARES.**—

“(A) **IN GENERAL.**—Each employer shall—

“(i) calculate for each taxable period the amount of the excess benefit subject to the tax imposed by subsection (a) and the applicable share of such excess benefit for each coverage provider, and

“(ii) notify, at such time and in such manner as the Secretary may prescribe, the Secretary and each coverage provider of the amount so determined for the provider.

“(B) **SPECIAL RULE FOR MULTIEMPLOYER PLANS.**—In the case of applicable employer-sponsored coverage made available to employees through a multiemployer plan (as defined in

section 414(f)), the plan sponsor shall make the calculations, and provide the notice, required under subparagraph (A).

“(d) **APPLICABLE EMPLOYER-SPONSORED COVERAGE; COST.**—For purposes of this section—

“(1) **APPLICABLE EMPLOYER-SPONSORED COVERAGE.**—

“(A) **IN GENERAL.**—The term ‘applicable employer-sponsored coverage’ means, with respect to any employee, coverage under any group health plan made available to the employee by an employer which is excludable from the employee’s gross income under section 106, or would be so excludable if it were employer-provided coverage (within the meaning of such section 106).

“(B) **EXCEPTIONS.**—The term ‘applicable employer-sponsored coverage’ shall not include—

“(i) any coverage (whether through insurance or otherwise) described in section 9832(c)(1)(A) or for long-term care, or

“(ii) any coverage described in section 9832(c)(3) the payment for which is not excludable from gross income and for which a deduction under section 162(l) is not allowable.

“(C) **COVERAGE INCLUDES EMPLOYEE PAID PORTION.**—Coverage shall be treated as applicable employer-sponsored coverage without regard to whether the employer or employee pays for the coverage.

“(D) **SELF-EMPLOYED INDIVIDUAL.**—In the case of an individual who is an employee within the meaning of section 401(c)(1), coverage under any group health plan providing health insurance coverage shall be treated as applicable employer-sponsored coverage if a deduction is allowable under section 162(l) with respect to all or any portion of the cost of the coverage.

“(E) **GOVERNMENTAL PLANS INCLUDED.**—Applicable employer-sponsored coverage shall include coverage under any group health plan established and maintained primarily for its civilian employees by the Government of the United States, by the government of any State or political subdivision thereof, or by any agency or instrumentality of any such government.

“(2) **DETERMINATION OF COST.**—

“(A) **IN GENERAL.**—The cost of applicable employer-sponsored coverage shall be determined under rules similar to the rules of section 4980B(f)(4), except that in determining such cost, any portion of the cost of such coverage which is attributable to the tax imposed under this section shall not be taken into account and the amount of such cost shall be calculated separately for self-only coverage and other coverage. In the case of applicable employer-sponsored coverage which provides coverage to retired employees, the plan may elect to treat a retired employee who has not attained the age of 65 and a retired employee who has attained the age of 65 as similarly situated beneficiaries.

“(B) **HEALTH FSAS.**—In the case of applicable employer-sponsored coverage consisting of coverage under a flexible spending arrangement (as defined in section 106(c)(2)), the cost of the coverage shall be equal to the sum of—

“(i) the amount of employer contributions under any salary reduction election under the arrangement, plus

“(ii) the amount determined under subparagraph (A) with respect to any reimbursement under the arrangement in excess of the contributions described in clause (i).

“(C) **ARCHER MSAS AND HSAS.**—In the case of applicable employer-sponsored coverage consisting of coverage under an arrangement under which the employer makes contributions described in subsection (b) or (d) of section 106, the cost of the coverage shall be equal to the amount of employer contributions under the arrangement.

“(D) **ALLOCATION ON A MONTHLY BASIS.**—If cost is determined on other than a monthly

basis, the cost shall be allocated to months in a taxable period on such basis as the Secretary may prescribe.

“(e) **PENALTY FOR FAILURE TO PROPERLY CALCULATE EXCESS BENEFIT.**—

“(1) **IN GENERAL.**—If, for any taxable period, the tax imposed by subsection (a) exceeds the tax determined under such subsection with respect to the total excess benefit calculated by the employer or plan sponsor under subsection (c)(4)—

“(A) each coverage provider shall pay the tax on its applicable share (determined in the same manner as under subsection (c)(4)) of the excess, but no penalty shall be imposed on the provider with respect to such amount, and

“(B) the employer or plan sponsor shall, in addition to any tax imposed by subsection (a), pay a penalty in an amount equal to such excess, plus interest at the underpayment rate determined under section 6621 for the period beginning on the due date for the payment of tax imposed by subsection (a) to which the excess relates and ending on the date of payment of the penalty.

“(2) **LIMITATIONS ON PENALTY.**—

“(A) **PENALTY NOT TO APPLY WHERE FAILURE NOT DISCOVERED EXERCISING REASONABLE DILIGENCE.**—No penalty shall be imposed by paragraph (1)(B) on any failure to properly calculate the excess benefit during any period for which it is established to the satisfaction of the Secretary that the employer or plan sponsor neither knew, nor exercising reasonable diligence would have known, that such failure existed.

“(B) **PENALTY NOT TO APPLY TO FAILURES CORRECTED WITHIN 30 DAYS.**—No penalty shall be imposed by paragraph (1)(B) on any such failure if—

“(i) such failure was due to reasonable cause and not to willful neglect, and

“(ii) such failure is corrected during the 30-day period beginning on the 1st date that the employer knew, or exercising reasonable diligence would have known, that such failure existed.

“(C) **WAIVER BY SECRETARY.**—In the case of any such failure which is due to reasonable cause and not to willful neglect, the Secretary may waive part or all of the penalty imposed by paragraph (1), to the extent that the payment of such penalty would be excessive or otherwise inequitable relative to the failure involved.

“(f) **OTHER DEFINITIONS AND SPECIAL RULES.**—For purposes of this section—

“(1) **COVERAGE DETERMINATIONS.**—

“(A) **IN GENERAL.**—Except as provided in subparagraph (B), an employee shall be treated as having self-only coverage with respect to any applicable employer-sponsored coverage of an employer.

“(B) **MINIMUM ESSENTIAL COVERAGE.**—An employee shall be treated as having coverage other than self-only coverage only if the employee is enrolled in coverage other than self-only coverage in a group health plan which provides minimum essential coverage (as defined in section 5000A(f)) to the employee and at least one other beneficiary, and the benefits provided under such minimum essential coverage do not vary based on whether any individual covered under such coverage is the employee or another beneficiary.

“(2) **QUALIFIED RETIREE.**—The term ‘qualified retiree’ means any individual who—

“(A) is receiving coverage by reason of being a retiree,

“(B) has attained age 55, and

“(C) is not entitled to benefits or eligible for enrollment under the Medicare program under title XVIII of the Social Security Act.

“(3) **EMPLOYEES ENGAGED IN HIGH-RISK PROFESSION.**—The term ‘employees engaged in a high-risk profession’ means law enforcement of-

ficers (as such term is defined in section 1204 of the Omnibus Crime Control and Safe Streets Act of 1968), employees in fire protection activities (as such term is defined in section 3(y) of the Fair Labor Standards Act of 1938), individuals who provide out-of-hospital emergency medical care (including emergency medical technicians, paramedics, and first-responders), and individuals engaged in the construction, mining, agriculture (not including food processing), forestry, and fishing industries. Such term includes an employee who is retired from a high-risk profession described in the preceding sentence, if such employee satisfied the requirements of such sentence for a period of not less than 20 years during the employee’s employment.

“(4) **GROUP HEALTH PLAN.**—The term ‘group health plan’ has the meaning given such term by section 5000(b)(1).

“(5) **HEALTH INSURANCE COVERAGE; HEALTH INSURANCE ISSUER.**—

“(A) **HEALTH INSURANCE COVERAGE.**—The term ‘health insurance coverage’ has the meaning given such term by section 9832(b)(1) (applied without regard to subparagraph (B) thereof, except as provided by the Secretary in regulations).

“(B) **HEALTH INSURANCE ISSUER.**—The term ‘health insurance issuer’ has the meaning given such term by section 9832(b)(2).

“(6) **PERSON THAT ADMINISTERS THE PLAN BENEFITS.**—The term ‘person that administers the plan benefits’ shall include the plan sponsor if the plan sponsor administers benefits under the plan.

“(7) **PLAN SPONSOR.**—The term ‘plan sponsor’ has the meaning given such term in section 3(16)(B) of the Employee Retirement Income Security Act of 1974.

“(8) **TAXABLE PERIOD.**—The term ‘taxable period’ means the calendar year or such shorter period as the Secretary may prescribe. The Secretary may have different taxable periods for employers of varying sizes.

“(9) **AGGREGATION RULES.**—All employers treated as a single employer under subsection (b), (c), (m), or (o) of section 414 shall be treated as a single employer.

“(10) **DENIAL OF DEDUCTION.**—For denial of a deduction for the tax imposed by this section, see section 275(a)(6).

“(g) **REGULATIONS.**—The Secretary shall prescribe such regulations as may be necessary to carry out this section.”

(b) **CLERICAL AMENDMENT.**—The table of sections for chapter 43 of such Code, as amended by section 1513, is amended by adding at the end the following new item:

“Sec. 4980I. Excise tax on high cost employer-sponsored health coverage.”

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to taxable years beginning after December 31, 2012.

SEC. 9002. INCLUSION OF COST OF EMPLOYER-SPONSORED HEALTH COVERAGE ON W-2.

(a) **IN GENERAL.**—Section 6051(a) of the Internal Revenue Code of 1986 (relating to receipts for employees) is amended by striking “and” at the end of paragraph (12), by striking the period at the end of paragraph (13) and inserting “, and”, and by adding after paragraph (13) the following new paragraph:

“(14) the aggregate cost (determined under rules similar to the rules of section 4980B(f)(4)) of applicable employer-sponsored coverage (as defined in section 4980I(d)(1)), except that this paragraph shall not apply to—

“(A) coverage to which paragraphs (11) and (12) apply, or

“(B) the amount of any salary reduction contributions to a flexible spending arrangement (within the meaning of section 125).”

(b) **EFFECTIVE DATE.**—The amendments made by this section shall apply to taxable years beginning after December 31, 2010.

SEC. 9003. DISTRIBUTIONS FOR MEDICINE QUALIFIED ONLY IF FOR PRESCRIBED DRUG OR INSULIN.

(a) HSAS.—Subparagraph (A) of section 223(d)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following: “Such term shall include an amount paid for medicine or a drug only if such medicine or drug is a prescribed drug (determined without regard to whether such drug is available without a prescription) or is insulin.”.

(b) ARCHER MSAS.—Subparagraph (A) of section 220(d)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following: “Such term shall include an amount paid for medicine or a drug only if such medicine or drug is a prescribed drug (determined without regard to whether such drug is available without a prescription) or is insulin.”.

(c) HEALTH FLEXIBLE SPENDING ARRANGEMENTS AND HEALTH REIMBURSEMENT ARRANGEMENTS.—Section 106 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

“(f) REIMBURSEMENTS FOR MEDICINE RESTRICTED TO PRESCRIBED DRUGS AND INSULIN.—For purposes of this section and section 105, reimbursement for expenses incurred for a medicine or a drug shall be treated as a reimbursement for medical expenses only if such medicine or drug is a prescribed drug (determined without regard to whether such drug is available without a prescription) or is insulin.”.

(d) EFFECTIVE DATES.—

(1) DISTRIBUTIONS FROM SAVINGS ACCOUNTS.—The amendments made by subsections (a) and (b) shall apply to amounts paid with respect to taxable years beginning after December 31, 2010.

(2) REIMBURSEMENTS.—The amendment made by subsection (c) shall apply to expenses incurred with respect to taxable years beginning after December 31, 2010.

SEC. 9004. INCREASE IN ADDITIONAL TAX ON DISTRIBUTIONS FROM HSAS AND ARCHER MSAS NOT USED FOR QUALIFIED MEDICAL EXPENSES.

(a) HSAS.—Section 223(f)(4)(A) of the Internal Revenue Code of 1986 is amended by striking “10 percent” and inserting “20 percent”.

(b) ARCHER MSAS.—Section 220(f)(4)(A) of the Internal Revenue Code of 1986 is amended by striking “15 percent” and inserting “20 percent”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to distributions made after December 31, 2010.

SEC. 9005. LIMITATION ON HEALTH FLEXIBLE SPENDING ARRANGEMENTS UNDER CAFETERIA PLANS.

(a) IN GENERAL.—Section 125 of the Internal Revenue Code of 1986 is amended—

(1) by redesignating subsections (i) and (j) as subsections (j) and (k), respectively, and

(2) by inserting after subsection (h) the following new subsection:

“(i) LIMITATION ON HEALTH FLEXIBLE SPENDING ARRANGEMENTS.—For purposes of this section, if a benefit is provided under a cafeteria plan through employer contributions to a health flexible spending arrangement, such benefit shall not be treated as a qualified benefit unless the cafeteria plan provides that an employee may not elect for any taxable year to have salary reduction contributions in excess of \$2,500 made to such arrangement.”.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2010.

SEC. 9006. EXPANSION OF INFORMATION REPORTING REQUIREMENTS.

(a) IN GENERAL.—Section 6041 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsections:

“(h) APPLICATION TO CORPORATIONS.—Notwithstanding any regulation prescribed by the

Secretary before the date of the enactment of this subsection, for purposes of this section the term ‘person’ includes any corporation that is not an organization exempt from tax under section 501(a).

“(i) REGULATIONS.—The Secretary may prescribe such regulations and other guidance as may be appropriate or necessary to carry out the purposes of this section, including rules to prevent duplicative reporting of transactions.”.

(b) PAYMENTS FOR PROPERTY AND OTHER GROSS PROCEEDS.—Subsection (a) of section 6041 of the Internal Revenue Code of 1986 is amended—

(1) by inserting “amounts in consideration for property,” after “wages,”,

(2) by inserting “gross proceeds,” after “emoluments, or other”, and

(3) by inserting “gross proceeds,” after “setting forth the amount of such”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to payments made after December 31, 2011.

SEC. 9007. ADDITIONAL REQUIREMENTS FOR CHARITABLE HOSPITALS.

(a) REQUIREMENTS TO QUALIFY AS SECTION 501(C)(3) CHARITABLE HOSPITAL ORGANIZATION.—Section 501 of the Internal Revenue Code of 1986 (relating to exemption from tax on corporations, certain trusts, etc.) is amended by redesignating subsection (r) as subsection (s) and by inserting after subsection (q) the following new subsection:

“(r) ADDITIONAL REQUIREMENTS FOR CERTAIN HOSPITALS.—

“(1) IN GENERAL.—A hospital organization to which this subsection applies shall not be treated as described in subsection (c)(3) unless the organization—

“(A) meets the community health needs assessment requirements described in paragraph (3),

“(B) meets the financial assistance policy requirements described in paragraph (4),

“(C) meets the requirements on charges described in paragraph (5), and

“(D) meets the billing and collection requirements described in paragraph (6).

“(2) HOSPITAL ORGANIZATIONS TO WHICH SUBSECTION APPLIES.—

“(A) IN GENERAL.—This subsection shall apply to—

“(i) an organization which operates a facility which is required by a State to be licensed, registered, or similarly recognized as a hospital, and

“(ii) any other organization which the Secretary determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under subsection (c)(3) (determined without regard to this subsection).

“(B) ORGANIZATIONS WITH MORE THAN 1 HOSPITAL FACILITY.—If a hospital organization operates more than 1 hospital facility—

“(i) the organization shall meet the requirements of this subsection separately with respect to each such facility, and

“(ii) the organization shall not be treated as described in subsection (c)(3) with respect to any such facility for which such requirements are not separately met.

“(3) COMMUNITY HEALTH NEEDS ASSESSMENTS.—

“(A) IN GENERAL.—An organization meets the requirements of this paragraph with respect to any taxable year only if the organization—

“(i) has conducted a community health needs assessment which meets the requirements of subparagraph (B) in such taxable year or in either of the 2 taxable years immediately preceding such taxable year, and

“(ii) has adopted an implementation strategy to meet the community health needs identified through such assessment.

“(B) COMMUNITY HEALTH NEEDS ASSESSMENT.—A community health needs assessment meets the requirements of this paragraph if such community health needs assessment—

“(i) takes into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and

“(ii) is made widely available to the public.

“(4) FINANCIAL ASSISTANCE POLICY.—An organization meets the requirements of this paragraph if the organization establishes the following policies:

“(A) FINANCIAL ASSISTANCE POLICY.—A written financial assistance policy which includes—

“(i) eligibility criteria for financial assistance, and whether such assistance includes free or discounted care,

“(ii) the basis for calculating amounts charged to patients,

“(iii) the method for applying for financial assistance,

“(iv) in the case of an organization which does not have a separate billing and collections policy, the actions the organization may take in the event of non-payment, including collections action and reporting to credit agencies, and

“(v) measures to widely publicize the policy within the community to be served by the organization.

“(B) POLICY RELATING TO EMERGENCY MEDICAL CARE.—A written policy requiring the organization to provide, without discrimination, care for emergency medical conditions (within the meaning of section 1867 of the Social Security Act (42 U.S.C. 1395dd)) to individuals regardless of their eligibility under the financial assistance policy described in subparagraph (A).

“(5) LIMITATION ON CHARGES.—An organization meets the requirements of this paragraph if the organization—

“(A) limits amounts charged for emergency or other medically necessary care provided to individuals eligible for assistance under the financial assistance policy described in paragraph (4)(A) to not more than the lowest amounts charged to individuals who have insurance covering such care, and

“(B) prohibits the use of gross charges.

“(6) BILLING AND COLLECTION REQUIREMENTS.—An organization meets the requirement of this paragraph only if the organization does not engage in extraordinary collection actions before the organization has made reasonable efforts to determine whether the individual is eligible for assistance under the financial assistance policy described in paragraph (4)(A).

“(7) REGULATORY AUTHORITY.—The Secretary shall issue such regulations and guidance as may be necessary to carry out the provisions of this subsection, including guidance relating to what constitutes reasonable efforts to determine the eligibility of a patient under a financial assistance policy for purposes of paragraph (6).”.

(b) EXCISE TAX FOR FAILURES TO MEET HOSPITAL EXEMPTION REQUIREMENTS.—

(1) IN GENERAL.—Subchapter D of chapter 42 of the Internal Revenue Code of 1986 (relating to failure by certain charitable organizations to meet certain qualification requirements) is amended by adding at the end the following new section:

“SEC. 4959. TAXES ON FAILURES BY HOSPITAL ORGANIZATIONS.

“If a hospital organization to which section 501(r) applies fails to meet the requirement of section 501(r)(3) for any taxable year, there is imposed on the organization a tax equal to \$50,000.”.

(2) CONFORMING AMENDMENT.—The table of sections for subchapter D of chapter 42 of such Code is amended by adding at the end the following new item:

"Sec. 4959. Taxes on failures by hospital organizations."

(c) **MANDATORY REVIEW OF TAX EXEMPTION FOR HOSPITALS.**—The Secretary of the Treasury or the Secretary's delegate shall review at least once every 3 years the community benefit activities of each hospital organization to which section 501(r) of the Internal Revenue Code of 1986 (as added by this section) applies.

(d) **ADDITIONAL REPORTING REQUIREMENTS.**—

(1) **COMMUNITY HEALTH NEEDS ASSESSMENTS AND AUDITED FINANCIAL STATEMENTS.**—Section 6033(b) of the Internal Revenue Code of 1986 (relating to certain organizations described in section 501(c)(3)) is amended by striking "and" at the end of paragraph (14), by redesignating paragraph (15) as paragraph (16), and by inserting after paragraph (14) the following new paragraph:

"(15) in the case of an organization to which the requirements of section 501(r) apply for the taxable year—

"(A) a description of how the organization is addressing the needs identified in each community health needs assessment conducted under section 501(r)(3) and a description of any such needs that are not being addressed together with the reasons why such needs are not being addressed, and

"(B) the audited financial statements of such organization (or, in the case of an organization the financial statements of which are included in a consolidated financial statement with other organizations, such consolidated financial statement)."

(2) **TAXES.**—Section 6033(b)(10) of such Code is amended by striking "and" at the end of subparagraph (B), by inserting "and" at the end of subparagraph (C), and by adding at the end the following new subparagraph:

"(D) section 4959 (relating to taxes on failures by hospital organizations)."

(e) **REPORTS.**—

(1) **REPORT ON LEVELS OF CHARITY CARE.**—The Secretary of the Treasury, in consultation with

the Secretary of Health and Human Services, shall submit to the Committees on Ways and Means, Education and Labor, and Energy and Commerce of the House of Representatives and to the Committees on Finance and Health, Education, Labor, and Pensions of the Senate an annual report on the following:

(A) Information with respect to private tax-exempt, taxable, and government-owned hospitals regarding—

- (i) levels of charity care provided,
- (ii) bad debt expenses,
- (iii) unreimbursed costs for services provided with respect to means-tested government programs, and
- (iv) unreimbursed costs for services provided with respect to non-means tested government programs.

(B) Information with respect to private tax-exempt hospitals regarding costs incurred for community benefit activities.

(2) **REPORT ON TRENDS.**—

(A) **STUDY.**—The Secretary of the Treasury, in consultation with the Secretary of Health and Human Services, shall conduct a study on trends in the information required to be reported under paragraph (1).

(B) **REPORT.**—Not later than 5 years after the date of the enactment of this Act, the Secretary of the Treasury, in consultation with the Secretary of Health and Human Services, shall submit a report on the study conducted under subparagraph (A) to the Committees on Ways and Means, Education and Labor, and Energy and Commerce of the House of Representatives and to the Committees on Finance and Health, Education, Labor, and Pensions of the Senate.

(f) **EFFECTIVE DATES.**—

(1) **IN GENERAL.**—Except as provided in paragraphs (2) and (3), the amendments made by this section shall apply to taxable years beginning after the date of the enactment of this Act.

(2) **COMMUNITY HEALTH NEEDS ASSESSMENT.**—The requirements of section 501(r)(3) of the In-

ternal Revenue Code of 1986, as added by subsection (a), shall apply to taxable years beginning after the date which is 2 years after the date of the enactment of this Act.

(3) **EXCISE TAX.**—The amendments made by subsection (b) shall apply to failures occurring after the date of the enactment of this Act.

SEC. 9008. IMPOSITION OF ANNUAL FEE ON BRANDED PRESCRIPTION PHARMACEUTICAL MANUFACTURERS AND IMPORTERS.

(a) **IMPOSITION OF FEE.**—

(1) **IN GENERAL.**—Each covered entity engaged in the business of manufacturing or importing branded prescription drugs shall pay to the Secretary of the Treasury not later than the annual payment date of each calendar year beginning after 2009 a fee in an amount determined under subsection (b).

(2) **ANNUAL PAYMENT DATE.**—For purposes of this section, the term "annual payment date" means with respect to any calendar year the date determined by the Secretary, but in no event later than September 30 of such calendar year.

(b) **DETERMINATION OF FEE AMOUNT.**—

(1) **IN GENERAL.**—With respect to each covered entity, the fee under this section for any calendar year shall be equal to an amount that bears the same ratio to \$2,300,000,000 as—

(A) the covered entity's branded prescription drug sales taken into account during the preceding calendar year, bear to

(B) the aggregate branded prescription drug sales of all covered entities taken into account during such preceding calendar year.

(2) **SALES TAKEN INTO ACCOUNT.**—For purposes of paragraph (1), the branded prescription drug sales taken into account during any calendar year with respect to any covered entity shall be determined in accordance with the following table:

With respect to a covered entity's aggregate branded prescription drug sales during the calendar year that are:		The percentage of such sales taken into account is:
Not more than \$5,000,000		0 percent
More than \$5,000,000 but not more than \$125,000,000		10 percent
More than \$125,000,000 but not more than \$225,000,000		40 percent
More than \$225,000,000 but not more than \$400,000,000		75 percent
More than \$400,000,000		100 percent.

(3) **SECRETARIAL DETERMINATION.**—The Secretary of the Treasury shall calculate the amount of each covered entity's fee for any calendar year under paragraph (1). In calculating such amount, the Secretary of the Treasury shall determine such covered entity's branded prescription drug sales on the basis of reports submitted under subsection (g) and through the use of any other source of information available to the Secretary of the Treasury.

(c) **TRANSFER OF FEES TO MEDICARE PART B TRUST FUND.**—There is hereby appropriated to the Federal Supplementary Medical Insurance Trust Fund established under section 1841 of the Social Security Act an amount equal to the fees received by the Secretary of the Treasury under subsection (a).

(d) **COVERED ENTITY.**—

(1) **IN GENERAL.**—For purposes of this section, the term "covered entity" means any manufacturer or importer with gross receipts from branded prescription drug sales.

(2) **CONTROLLED GROUPS.**—

(A) **IN GENERAL.**—For purposes of this subsection, all persons treated as a single employer under subsection (a) or (b) of section 52 of the Internal Revenue Code of 1986 or subsection (m) or (o) of section 414 of such Code shall be treated as a single covered entity.

(B) **INCLUSION OF FOREIGN CORPORATIONS.**—For purposes of subparagraph (A), in applying

subsections (a) and (b) of section 52 of such Code to this section, section 1563 of such Code shall be applied without regard to subsection (b)(2)(C) thereof.

(e) **BRANDED PRESCRIPTION DRUG SALES.**—For purposes of this section—

(1) **IN GENERAL.**—The term "branded prescription drug sales" means sales of branded prescription drugs to any specified government program or pursuant to coverage under any such program.

(2) **BRANDED PRESCRIPTION DRUGS.**—

(A) **IN GENERAL.**—The term "branded prescription drug" means—

(i) any prescription drug the application for which was submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(b)), or

(ii) any biological product the license for which was submitted under section 351(a) of the Public Health Service Act (42 U.S.C. 262(a)).

(B) **PRESCRIPTION DRUG.**—For purposes of subparagraph (A)(i), the term "prescription drug" means any drug which is subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 353(b)).

(3) **EXCLUSION OF ORPHAN DRUG SALES.**—The term "branded prescription drug sales" shall not include sales of any drug or biological product with respect to which a credit was allowed for any taxable year under section 45C of the

Internal Revenue Code of 1986. The preceding sentence shall not apply with respect to any such drug or biological product after the date on which such drug or biological product is approved by the Food and Drug Administration for marketing for any indication other than the treatment of the rare disease or condition with respect to which such credit was allowed.

(4) **SPECIFIED GOVERNMENT PROGRAM.**—The term "specified government program" means—

(A) the Medicare Part D program under part D of title XVIII of the Social Security Act,

(B) the Medicare Part B program under part B of title XVIII of the Social Security Act,

(C) the Medicaid program under title XIX of the Social Security Act,

(D) any program under which branded prescription drugs are procured by the Department of Veterans Affairs,

(E) any program under which branded prescription drugs are procured by the Department of Defense, or

(F) the TRICARE retail pharmacy program under section 1074g of title 10, United States Code.

(f) **TAX TREATMENT OF FEES.**—The fees imposed by this section—

(1) for purposes of subtitle F of the Internal Revenue Code of 1986, shall be treated as excise taxes with respect to which only civil actions for

refund under procedures of such subtitle shall apply, and

(2) for purposes of section 275 of such Code, shall be considered to be a tax described in section 275(a)(6).

(g) **REPORTING REQUIREMENT.**—Not later than the date determined by the Secretary of the Treasury following the end of any calendar year, the Secretary of Health and Human Services, the Secretary of Veterans Affairs, and the Secretary of Defense shall report to the Secretary of the Treasury, in such manner as the Secretary of the Treasury prescribes, the total branded prescription drug sales for each covered entity with respect to each specified government program under such Secretary's jurisdiction using the following methodology:

(1) **MEDICARE PART D PROGRAM.**—The Secretary of Health and Human Services shall report, for each covered entity and for each branded prescription drug of the covered entity covered by the Medicare Part D program, the product of—

(A) the per-unit ingredient cost, as reported to the Secretary of Health and Human Services by prescription drug plans and Medicare Advantage prescription drug plans, minus any per-unit rebate, discount, or other price concession provided by the covered entity, as reported to the Secretary of Health and Human Services by the prescription drug plans and Medicare Advantage prescription drug plans, and

(B) the number of units of the branded prescription drug paid for under the Medicare Part D program.

(2) **MEDICARE PART B PROGRAM.**—The Secretary of Health and Human Services shall report, for each covered entity and for each branded prescription drug of the covered entity covered by the Medicare Part B program under section 1862(a) of the Social Security Act, the product of—

(A) the per-unit average sales price (as defined in section 1847A(c) of the Social Security Act) or the per-unit Part B payment rate for a separately paid branded prescription drug without a reported average sales price, and

(B) the number of units of the branded prescription drug paid for under the Medicare Part B program.

The Centers for Medicare and Medicaid Services shall establish a process for determining the units and the allocated price for purposes of this section for those branded prescription drugs that are not separately payable or for which National Drug Codes are not reported.

(3) **MEDICAID PROGRAM.**—The Secretary of Health and Human Services shall report, for each covered entity and for each branded prescription drug of the covered entity covered under the Medicaid program, the product of—

(A) the per-unit ingredient cost paid to pharmacies by States for the branded prescription drug dispensed to Medicaid beneficiaries, minus any per-unit rebate paid by the covered entity under section 1927 of the Social Security Act and any State supplemental rebate, and

(B) the number of units of the branded prescription drug paid for under the Medicaid program.

(4) **DEPARTMENT OF VETERANS AFFAIRS PROGRAMS.**—The Secretary of Veterans Affairs shall report, for each covered entity and for each branded prescription drug of the covered entity the total amount paid for each such branded prescription drug procured by the Department of Veterans Affairs for its beneficiaries.

(5) **DEPARTMENT OF DEFENSE PROGRAMS AND TRICARE.**—The Secretary of Defense shall report, for each covered entity and for each branded prescription drug of the covered entity, the sum of—

(A) the total amount paid for each such branded prescription drug procured by the Department of Defense for its beneficiaries, and

(B) for each such branded prescription drug dispensed under the TRICARE retail pharmacy program, the product of—

(i) the per-unit ingredient cost, minus any per-unit rebate paid by the covered entity, and

(ii) the number of units of the branded prescription drug dispensed under such program.

(h) **SECRETARY.**—For purposes of this section, the term "Secretary" includes the Secretary's delegate.

(i) **GUIDANCE.**—The Secretary of the Treasury shall publish guidance necessary to carry out the purposes of this section.

(j) **APPLICATION OF SECTION.**—This section shall apply to any branded prescription drug sales after December 31, 2008.

(k) **CONFORMING AMENDMENT.**—Section 1841(a) of the Social Security Act is amended by inserting "or section 9008(c) of the Patient Protection and Affordable Care Act of 2009" after "this part".

SEC. 9009. IMPOSITION OF ANNUAL FEE ON MEDICAL DEVICE MANUFACTURERS AND IMPORTERS.

(a) **IMPOSITION OF FEE.**—

(1) **IN GENERAL.**—Each covered entity engaged in the business of manufacturing or importing medical devices shall pay to the Secretary not later than the annual payment date of each calendar year beginning after 2009 a fee in an amount determined under subsection (b).

(2) **ANNUAL PAYMENT DATE.**—For purposes of this section, the term "annual payment date" means with respect to any calendar year the date determined by the Secretary, but in no event later than September 30 of such calendar year.

(b) **DETERMINATION OF FEE AMOUNT.**—

(1) **IN GENERAL.**—With respect to each covered entity, the fee under this section for any calendar year shall be equal to an amount that bears the same ratio to \$2,000,000,000 as—

(A) the covered entity's gross receipts from medical device sales taken into account during the preceding calendar year, bear to

(B) the aggregate gross receipts of all covered entities from medical device sales taken into account during such preceding calendar year.

(2) **GROSS RECEIPTS FROM SALES TAKEN INTO ACCOUNT.**—For purposes of paragraph (1), the gross receipts from medical device sales taken into account during any calendar year with respect to any covered entity shall be determined in accordance with the following table:

With respect to a covered entity's aggregate gross receipts from medical device sales during the calendar year that are:	The percentage of gross receipts taken into account is:
Not more than \$5,000,000	0 percent
More than \$5,000,000 but not more than \$25,000,000	50 percent
More than \$25,000,000	100 percent.

(3) **SECRETARIAL DETERMINATION.**—The Secretary shall calculate the amount of each covered entity's fee for any calendar year under paragraph (1). In calculating such amount, the Secretary shall determine such covered entity's gross receipts from medical device sales on the basis of reports submitted by the covered entity under subsection (f) and through the use of any other source of information available to the Secretary.

(c) **COVERED ENTITY.**—

(1) **IN GENERAL.**—For purposes of this section, the term "covered entity" means any manufacturer or importer with gross receipts from medical device sales.

(2) **CONTROLLED GROUPS.**—

(A) **IN GENERAL.**—For purposes of this subsection, all persons treated as a single employer under subsection (a) or (b) of section 52 of the Internal Revenue Code of 1986 or subsection (m) or (o) of section 414 of such Code shall be treated as a single covered entity.

(B) **INCLUSION OF FOREIGN CORPORATIONS.**—For purposes of subparagraph (A), in applying subsections (a) and (b) of section 52 of such Code to this section, section 1563 of such Code shall be applied without regard to subsection (b)(2)(C) thereof.

(d) **MEDICAL DEVICE SALES.**—For purposes of this section—

(1) **IN GENERAL.**—The term "medical device sales" means sales for use in the United States of any medical device, other than the sales of a medical device that—

(A) has been classified in class II under section 513 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360c) and is primarily sold to consumers at retail for not more than \$100 per unit, or

(B) has been classified in class I under such section.

(2) **UNITED STATES.**—For purposes of paragraph (1), the term "United States" means the several States, the District of Columbia, the Commonwealth of Puerto Rico, and the possessions of the United States.

(3) **MEDICAL DEVICE.**—For purposes of paragraph (1), the term "medical device" means any device (as defined in section 201(h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321(h))) intended for humans.

(e) **TAX TREATMENT OF FEES.**—The fees imposed by this section—

(1) for purposes of subtitle F of the Internal Revenue Code of 1986, shall be treated as excise taxes with respect to which only civil actions for

refund under procedures of such subtitle shall apply, and

(2) for purposes of section 275 of such Code, shall be considered to be a tax described in section 275(a)(6).

(f) **REPORTING REQUIREMENT.**—

(1) **IN GENERAL.**—Not later than the date determined by the Secretary following the end of any calendar year, each covered entity shall report to the Secretary, in such manner as the Secretary prescribes, the gross receipts from medical device sales of such covered entity during such calendar year.

(2) **PENALTY FOR FAILURE TO REPORT.**—

(A) **IN GENERAL.**—In the case of any failure to make a report containing the information required by paragraph (1) on the date prescribed therefor (determined with regard to any extension of time for filing), unless it is shown that such failure is due to reasonable cause, there shall be paid by the covered entity failing to file such report, an amount equal to—

(i) \$10,000, plus

(ii) the lesser of—

(I) an amount equal to \$1,000, multiplied by the number of days during which such failure continues, or

(II) the amount of the fee imposed by this section for which such report was required.

(B) **TREATMENT OF PENALTY.**—The penalty imposed under subparagraph (A)—

(i) shall be treated as a penalty for purposes of subtitle F of the Internal Revenue Code of 1986,

(ii) shall be paid on notice and demand by the Secretary and in the same manner as tax under such Code, and

(iii) with respect to which only civil actions for refund under procedures of such subtitle F shall apply.

(g) **SECRETARY.**—For purposes of this section, the term “Secretary” means the Secretary of the Treasury or the Secretary’s delegate.

(h) **GUIDANCE.**—The Secretary shall publish guidance necessary to carry out the purposes of this section, including identification of medical devices described in subsection (d)(1)(A) and with respect to the treatment of gross receipts from sales of medical devices to another covered entity or to another entity by reason of the application of subsection (c)(2).

(i) **APPLICATION OF SECTION.**—This section shall apply to any medical device sales after December 31, 2008.

SEC. 9010. IMPOSITION OF ANNUAL FEE ON HEALTH INSURANCE PROVIDERS.

(a) **IMPOSITION OF FEE.**—

(1) **IN GENERAL.**—Each covered entity engaged in the business of providing health insurance shall pay to the Secretary not later than the annual payment date of each calendar year beginning after 2009 a fee in an amount determined under subsection (b).

(2) **ANNUAL PAYMENT DATE.**—For purposes of this section, the term “annual payment date” means with respect to any calendar year the date determined by the Secretary, but in no event later than September 30 of such calendar year.

(b) **DETERMINATION OF FEE AMOUNT.**—

(1) **IN GENERAL.**—With respect to each covered entity, the fee under this section for any calendar year shall be equal to an amount that bears the same ratio to \$6,700,000,000 as—

(A) the sum of—

(i) the covered entity’s net premiums written with respect to health insurance for any United States health risk that are taken into account during the preceding calendar year, plus

(ii) 200 percent of the covered entity’s third party administration agreement fees that are taken into account during the preceding calendar year, bears to

(B) the sum of—

(i) the aggregate net premiums written with respect to such health insurance of all covered entities that are taken into account during such preceding calendar year, plus

(ii) 200 percent of the aggregate third party administration agreement fees of all covered entities that are taken into account during such preceding calendar year.

(2) **AMOUNTS TAKEN INTO ACCOUNT.**—For purposes of paragraph (1)—

(A) **NET PREMIUMS WRITTEN.**—The net premiums written with respect to health insurance for any United States health risk that are taken into account during any calendar year with respect to any covered entity shall be determined in accordance with the following table:

With respect to a covered entity’s net premiums written during the calendar year that are:

The percentage of net premiums written that are taken into account is:

Not more than \$25,000,000	0 percent
More than \$25,000,000 but not more than \$50,000,000	50 percent
More than \$50,000,000	100 percent.

(B) **THIRD PARTY ADMINISTRATION AGREEMENT FEES.**—The third party administration agree-

ment fees that are taken into account during any calendar year with respect to any covered

entity shall be determined in accordance with the following table:

With respect to a covered entity’s third party administration agreement fees during the calendar year that are:

The percentage of third party administration agreement fees that are taken into account is:

Not more than \$5,000,000	0 percent
More than \$5,000,000 but not more than \$10,000,000	50 percent
More than \$10,000,000	100 percent.

(3) **SECRETARIAL DETERMINATION.**—The Secretary shall calculate the amount of each covered entity’s fee for any calendar year under paragraph (1). In calculating such amount, the Secretary shall determine such covered entity’s net premiums written with respect to any United States health risk and third party administration agreement fees on the basis of reports submitted by the covered entity under subsection (g) and through the use of any other source of information available to the Secretary.

(c) **COVERED ENTITY.**—

(1) **IN GENERAL.**—For purposes of this section, the term “covered entity” means any entity which provides health insurance for any United States health risk.

(2) **EXCLUSION.**—Such term does not include—

(A) any employer to the extent that such employer self-insures its employees’ health risks, or

(B) any governmental entity (except to the extent such an entity provides health insurance coverage through the community health insurance option under section 1323).

(3) **CONTROLLED GROUPS.**—

(A) **IN GENERAL.**—For purposes of this subsection, all persons treated as a single employer under subsection (a) or (b) of section 52 of the Internal Revenue Code of 1986 or subsection (m) or (o) of section 414 of such Code shall be treated as a single covered entity (or employer for purposes of paragraph (2)).

(B) **INCLUSION OF FOREIGN CORPORATIONS.**—For purposes of subparagraph (A), in applying subsections (a) and (b) of section 52 of such Code to this section, section 1563 of such Code shall be applied without regard to subsection (b)(2)(C) thereof.

(d) **UNITED STATES HEALTH RISK.**—For purposes of this section, the term “United States

health risk” means the health risk of any individual who is—

(1) a United States citizen,

(2) a resident of the United States (within the meaning of section 7701(b)(1)(A) of the Internal Revenue Code of 1986), or

(3) located in the United States, with respect to the period such individual is so located.

(e) **THIRD PARTY ADMINISTRATION AGREEMENT FEES.**—For purposes of this section, the term “third party administration agreement fees” means, with respect to any covered entity, amounts received from an employer which are in excess of payments made by such covered entity for health benefits under an arrangement under which such employer self-insures the United States health risk of its employees.

(f) **TAX TREATMENT OF FEES.**—The fees imposed by this section—

(1) for purposes of subtitle F of the Internal Revenue Code of 1986, shall be treated as excise taxes with respect to which only civil actions for refund under procedures of such subtitle shall apply, and

(2) for purposes of section 275 of such Code shall be considered to be a tax described in section 275(a)(6).

(g) **REPORTING REQUIREMENT.**—

(1) **IN GENERAL.**—Not later than the date determined by the Secretary following the end of any calendar year, each covered entity shall report to the Secretary, in such manner as the Secretary prescribes, the covered entity’s net premiums written with respect to health insurance for any United States health risk and third party administration agreement fees for such calendar year.

(2) **PENALTY FOR FAILURE TO REPORT.**—

(A) **IN GENERAL.**—In the case of any failure to make a report containing the information re-

quired by paragraph (1) on the date prescribed therefor (determined with regard to any extension of time for filing), unless it is shown that such failure is due to reasonable cause, there shall be paid by the covered entity failing to file such report, an amount equal to—

(i) \$10,000, plus

(ii) the lesser of—

(I) an amount equal to \$1,000, multiplied by the number of days during which such failure continues, or

(II) the amount of the fee imposed by this section for which such report was required.

(B) **TREATMENT OF PENALTY.**—The penalty imposed under subparagraph (A)—

(i) shall be treated as a penalty for purposes of subtitle F of the Internal Revenue Code of 1986,

(ii) shall be paid on notice and demand by the Secretary and in the same manner as tax under such Code, and

(iii) with respect to which only civil actions for refund under procedures of such subtitle F shall apply.

(h) **ADDITIONAL DEFINITIONS.**—For purposes of this section—

(1) **SECRETARY.**—The term “Secretary” means the Secretary of the Treasury or the Secretary’s delegate.

(2) **UNITED STATES.**—The term “United States” means the several States, the District of Columbia, the Commonwealth of Puerto Rico, and the possessions of the United States.

(3) **HEALTH INSURANCE.**—The term “health insurance” shall not include insurance for long-term care or disability.

(i) **GUIDANCE.**—The Secretary shall publish guidance necessary to carry out the purposes of this section.

(j) **APPLICATION OF SECTION.**—This section shall apply to any net premiums written after

December 31, 2008, with respect to health insurance for any United States health risk, and any third party administration agreement fees received after such date.

SEC. 9011. STUDY AND REPORT OF EFFECT ON VETERANS HEALTH CARE.

(a) *IN GENERAL.*—The Secretary of Veterans Affairs shall conduct a study on the effect (if any) of the provisions of sections 9008, 9009, and 9010 on—

(1) the cost of medical care provided to veterans, and

(2) veterans' access to medical devices and branded prescription drugs.

(b) *REPORT.*—The Secretary of Veterans Affairs shall report the results of the study under subsection (a) to the Committee on Ways and Means of the House of Representatives and to the Committee on Finance of the Senate not later than December 31, 2012.

SEC. 9012. ELIMINATION OF DEDUCTION FOR EXPENSES ALLOCABLE TO MEDICARE PART D SUBSIDY.

(a) *IN GENERAL.*—Section 139A of the Internal Revenue Code of 1986 is amended by striking the second sentence.

(b) *EFFECTIVE DATE.*—The amendment made by this section shall apply to taxable years beginning after December 31, 2010.

SEC. 9013. MODIFICATION OF ITEMIZED DEDUCTION FOR MEDICAL EXPENSES.

(a) *IN GENERAL.*—Subsection (a) of section 213 of the Internal Revenue Code of 1986 is amended by striking “7.5 percent” and inserting “10 percent”.

(b) *TEMPORARY WAIVER OF INCREASE FOR CERTAIN SENIORS.*—Section 213 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

“(f) *SPECIAL RULE FOR 2013, 2014, 2015, AND 2016.*—In the case of any taxable year beginning after December 31, 2012, and ending before January 1, 2017, subsection (a) shall be applied with respect to a taxpayer by substituting ‘7.5 percent’ for ‘10 percent’ if such taxpayer or such taxpayer's spouse has attained age 65 before the close of such taxable year.”.

(c) *CONFORMING AMENDMENT.*—Section 56(b)(1)(B) of the Internal Revenue Code of 1986 is amended by striking “by substituting ‘10 percent’ for ‘7.5 percent’” and inserting “without regard to subsection (f) of such section”.

(d) *EFFECTIVE DATE.*—The amendments made by this section shall apply to taxable years beginning after December 31, 2012.

SEC. 9014. LIMITATION ON EXCESSIVE REMUNERATION PAID BY CERTAIN HEALTH INSURANCE PROVIDERS.

(a) *IN GENERAL.*—Section 162(m) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

“(6) *SPECIAL RULE FOR APPLICATION TO CERTAIN HEALTH INSURANCE PROVIDERS.*—

“(A) *IN GENERAL.*—No deduction shall be allowed under this chapter—

“(i) in the case of applicable individual remuneration which is for any disqualified taxable year beginning after December 31, 2012, and which is attributable to services performed by an applicable individual during such taxable year, to the extent that the amount of such remuneration exceeds \$500,000, or

“(ii) in the case of deferred deduction remuneration for any taxable year beginning after December 31, 2012, which is attributable to services performed by an applicable individual during any disqualified taxable year beginning after December 31, 2009, to the extent that the amount of such remuneration exceeds \$500,000 reduced (but not below zero) by the sum of—

“(I) the applicable individual remuneration for such disqualified taxable year, plus

“(II) the portion of the deferred deduction remuneration for such services which was taken

into account under this clause in a preceding taxable year (or which would have been taken into account under this clause in a preceding taxable year if this clause were applied by substituting ‘December 31, 2009’ for ‘December 31, 2012’ in the matter preceding subclause (I)).

“(B) *DISQUALIFIED TAXABLE YEAR.*—For purposes of this paragraph, the term ‘disqualified taxable year’ means, with respect to any employer, any taxable year for which such employer is a covered health insurance provider.

“(C) *COVERED HEALTH INSURANCE PROVIDER.*—For purposes of this paragraph—

“(i) *IN GENERAL.*—The term ‘covered health insurance provider’ means—

“(I) with respect to taxable years beginning after December 31, 2009, and before January 1, 2013, any employer which is a health insurance issuer (as defined in section 9832(b)(2)) and which receives premiums from providing health insurance coverage (as defined in section 9832(b)(1)), and

“(II) with respect to taxable years beginning after December 31, 2012, any employer which is a health insurance issuer (as defined in section 9832(b)(2)) and with respect to which not less than 25 percent of the gross premiums received from providing health insurance coverage (as defined in section 9832(b)(1)) is from minimum essential coverage (as defined in section 500A(f)).

“(ii) *AGGREGATION RULES.*—Two or more persons who are treated as a single employer under subsection (b), (c), (m), or (o) of section 414 shall be treated as a single employer, except that in applying section 1563(a) for purposes of any such subsection, paragraphs (2) and (3) thereof shall be disregarded.

“(D) *APPLICABLE INDIVIDUAL REMUNERATION.*—For purposes of this paragraph, the term ‘applicable individual remuneration’ means, with respect to any applicable individual for any disqualified taxable year, the aggregate amount allowable as a deduction under this chapter for such taxable year (determined without regard to this subsection) for remuneration (as defined in paragraph (4) without regard to subparagraphs (B), (C), and (D) thereof) for services performed by such individual (whether or not during the taxable year). Such term shall not include any deferred deduction remuneration with respect to services performed during the disqualified taxable year.

“(E) *DEFERRED DEDUCTION REMUNERATION.*—For purposes of this paragraph, the term ‘deferred deduction remuneration’ means remuneration which would be applicable individual remuneration for services performed in a disqualified taxable year but for the fact that the deduction under this chapter (determined without regard to this paragraph) for such remuneration is allowable in a subsequent taxable year.

“(F) *APPLICABLE INDIVIDUAL.*—For purposes of this paragraph, the term ‘applicable individual’ means, with respect to any covered health insurance provider for any disqualified taxable year, any individual—

“(i) who is an officer, director, or employee in such taxable year, or

“(ii) who provides services for or on behalf of such covered health insurance provider during such taxable year.

“(G) *COORDINATION.*—Rules similar to the rules of subparagraphs (F) and (G) of paragraph (4) shall apply for purposes of this paragraph.

“(H) *REGULATORY AUTHORITY.*—The Secretary may prescribe such guidance, rules, or regulations as are necessary to carry out the purposes of this paragraph.”.

(b) *EFFECTIVE DATE.*—The amendment made by this section shall apply to taxable years beginning after December 31, 2009, with respect to services performed after such date.

SEC. 9015. ADDITIONAL HOSPITAL INSURANCE TAX ON HIGH-INCOME TAXPAYERS.

(a) *FICA.*—

(1) *IN GENERAL.*—Section 3101(b) of the Internal Revenue Code of 1986 is amended—

(A) by striking “In addition” and inserting the following:

“(1) *IN GENERAL.*—In addition”,

(B) by striking “the following percentages of the” and inserting “1.45 percent of the”,

(C) by striking “(as defined in section 3121(b))—” and all that follows and inserting “(as defined in section 3121(b)).”, and

(D) by adding at the end the following new paragraph:

“(2) *ADDITIONAL TAX.*—In addition to the tax imposed by paragraph (1) and the preceding subsection, there is hereby imposed on every taxpayer (other than a corporation, estate, or trust) a tax equal to 0.5 percent of wages which are received with respect to employment (as defined in section 3121(b)) during any taxable year beginning after December 31, 2012, and which are in excess of—

“(A) in the case of a joint return, \$250,000, and

“(B) in any other case, \$200,000.”.

(2) *COLLECTION OF TAX.*—Section 3102 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

“(f) *SPECIAL RULES FOR ADDITIONAL TAX.*—

“(1) *IN GENERAL.*—In the case of any tax imposed by section 3101(b)(2), subsection (a) shall only apply to the extent to which the taxpayer receives wages from the employer in excess of \$200,000, and the employer may disregard the amount of wages received by such taxpayer's spouse.

“(2) *COLLECTION OF AMOUNTS NOT WITHHELD.*—To the extent that the amount of any tax imposed by section 3101(b)(2) is not collected by the employer, such tax shall be paid by the employee.

“(3) *TAX PAID BY RECIPIENT.*—If an employer, in violation of this chapter, fails to deduct and withhold the tax imposed by section 3101(b)(2) and thereafter the tax is paid by the employee, the tax so required to be deducted and withheld shall not be collected from the employer, but this paragraph shall in no case relieve the employer from liability for any penalties or additions to tax otherwise applicable in respect of such failure to deduct and withhold.”.

(b) *SECA.*—

(1) *IN GENERAL.*—Section 1401(b) of the Internal Revenue Code of 1986 is amended—

(A) by striking “In addition” and inserting the following:

“(1) *IN GENERAL.*—In addition”, and

(B) by adding at the end the following new paragraph:

“(2) *ADDITIONAL TAX.*—

“(A) *IN GENERAL.*—In addition to the tax imposed by paragraph (1) and the preceding subsection, there is hereby imposed on every taxpayer (other than a corporation, estate, or trust) for each taxable year beginning after December 31, 2012, a tax equal to 0.5 percent of the self-employment income for such taxable year which is in excess of—

“(i) in the case of a joint return, \$250,000, and

“(ii) in any other case, \$200,000.

“(B) *COORDINATION WITH FICA.*—The amounts under clauses (i) and (ii) of subparagraph (A) shall be reduced (but not below zero) by the amount of wages taken into account in determining the tax imposed under section 3121(b)(2) with respect to the taxpayer.”.

(2) *NO DEDUCTION FOR ADDITIONAL TAX.*—

(A) *IN GENERAL.*—Section 164(f) of such Code is amended by inserting “(other than the taxes imposed by section 1401(b)(2))” after “section 1401”.

(B) *DEDUCTION FOR NET EARNINGS FROM SELF-EMPLOYMENT.*—Subparagraph (B) of section

1402(a)(12) is amended by inserting “(determined without regard to the rate imposed under paragraph (2) of section 1401(b))” after “for such year”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply with respect to remuneration received, and taxable years beginning, after December 31, 2012.

SEC. 9016. MODIFICATION OF SECTION 833 TREATMENT OF CERTAIN HEALTH ORGANIZATIONS.

(a) **IN GENERAL.**—Subsection (c) of section 833 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

“(5) **NONAPPLICATION OF SECTION IN CASE OF LOW MEDICAL LOSS RATIO.**—Notwithstanding the preceding paragraphs, this section shall not apply to any organization unless such organization’s percentage of total premium revenue expended on reimbursement for clinical services provided to enrollees under its policies during such taxable year (as reported under section 2718 of the Public Health Service Act) is not less than 85 percent.”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to taxable years beginning after December 31, 2009.

SEC. 9017. EXCISE TAX ON ELECTIVE COSMETIC MEDICAL PROCEDURES.

(a) **IN GENERAL.**—Subtitle D of the Internal Revenue Code of 1986, as amended by this Act, is amended by adding at the end the following new chapter:

“CHAPTER 49—ELECTIVE COSMETIC MEDICAL PROCEDURES

“Sec. 5000B. Imposition of tax on elective cosmetic medical procedures.

“SEC. 5000B. IMPOSITION OF TAX ON ELECTIVE COSMETIC MEDICAL PROCEDURES.

“(a) **IN GENERAL.**—There is hereby imposed on any cosmetic surgery and medical procedure a tax equal to 5 percent of the amount paid for such procedure (determined without regard to this section), whether paid by insurance or otherwise.

“(b) **COSMETIC SURGERY AND MEDICAL PROCEDURE.**—For purposes of this section, the term ‘cosmetic surgery and medical procedure’ means any cosmetic surgery (as defined in section 213(d)(9)(B)) or other similar procedure which—

“(1) is performed by a licensed medical professional, and

“(2) is not necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or disfiguring disease.

“(c) **PAYMENT OF TAX.**—

“(1) **IN GENERAL.**—The tax imposed by this section shall be paid by the individual on whom the procedure is performed.

“(2) **COLLECTION.**—Every person receiving a payment for procedures on which a tax is imposed under subsection (a) shall collect the amount of the tax from the individual on whom the procedure is performed and remit such tax quarterly to the Secretary at such time and in such manner as provided by the Secretary.

“(3) **SECONDARY LIABILITY.**—Where any tax imposed by subsection (a) is not paid at the time payments for cosmetic surgery and medical procedures are made, then to the extent that such tax is not collected, such tax shall be paid by the person who performs the procedure.”.

(b) **CLERICAL AMENDMENT.**—The table of chapters for subtitle D of the Internal Revenue Code of 1986, as amended by this Act, is amended by inserting after the item relating to chapter 48 the following new item:

“CHAPTER 49—ELECTIVE COSMETIC MEDICAL PROCEDURES”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to procedures performed on or after January 1, 2010.

Subtitle B—Other Provisions

SEC. 9021. EXCLUSION OF HEALTH BENEFITS PROVIDED BY INDIAN TRIBAL GOVERNMENTS.

(a) **IN GENERAL.**—Part III of subchapter B of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after section 139C the following new section:

“SEC. 139D. INDIAN HEALTH CARE BENEFITS.

“(a) **GENERAL RULE.**—Except as otherwise provided in this section, gross income does not include the value of any qualified Indian health care benefit.

“(b) **QUALIFIED INDIAN HEALTH CARE BENEFIT.**—For purposes of this section, the term ‘qualified Indian health care benefit’ means—

“(1) any health service or benefit provided or purchased, directly or indirectly, by the Indian Health Service through a grant to or a contract or compact with an Indian tribe or tribal organization, or through a third-party program funded by the Indian Health Service,

“(2) medical care provided or purchased by, or amounts to reimburse for such medical care provided by, an Indian tribe or tribal organization for, or to, a member of an Indian tribe, including a spouse or dependent of such a member,

“(3) coverage under accident or health insurance (or an arrangement having the effect of accident or health insurance), or an accident or health plan, provided by an Indian tribe or tribal organization for medical care to a member of an Indian tribe, include a spouse or dependent of such a member, and

“(4) any other medical care provided by an Indian tribe or tribal organization that supplements, replaces, or substitutes for a program or service relating to medical care provided by the Federal government to Indian tribes or members of such a tribe.

“(c) **DEFINITIONS.**—For purposes of this section—

“(1) **INDIAN TRIBE.**—The term ‘Indian tribe’ has the meaning given such term by section 45A(c)(6).

“(2) **TRIBAL ORGANIZATION.**—The term ‘tribal organization’ has the meaning given such term by section 41(l) of the Indian Self-Determination and Education Assistance Act.

“(3) **MEDICAL CARE.**—The term ‘medical care’ has the same meaning as when used in section 213.

“(4) **ACCIDENT OR HEALTH INSURANCE; ACCIDENT OR HEALTH PLAN.**—The terms ‘accident or health insurance’ and ‘accident or health plan’ have the same meaning as when used in section 105.

“(5) **DEPENDENT.**—The term ‘dependent’ has the meaning given such term by section 152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof.

“(d) **DENIAL OF DOUBLE BENEFIT.**—Subsection (a) shall not apply to the amount of any qualified Indian health care benefit which is not includible in gross income of the beneficiary of such benefit under any other provision of this chapter, or to the amount of any such benefit for which a deduction is allowed to such beneficiary under any other provision of this chapter.”.

(b) **CLERICAL AMENDMENT.**—The table of sections for part III of subchapter B of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after the item relating to section 139C the following new item:

“Sec. 139D. Indian health care benefits.”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to benefits and coverage provided after the date of the enactment of this Act.

(d) **NO INFERENCE.**—Nothing in the amendments made by this section shall be construed to create an inference with respect to the exclusion from gross income of—

(1) benefits provided by an Indian tribe or tribal organization that are not within the scope of this section, and

(2) benefits provided prior to the date of the enactment of this Act.

SEC. 9022. ESTABLISHMENT OF SIMPLE CAFETERIA PLANS FOR SMALL BUSINESSES.

(a) **IN GENERAL.**—Section 125 of the Internal Revenue Code of 1986 (relating to cafeteria plans), as amended by this Act, is amended by redesignating subsections (j) and (k) as subsections (k) and (l), respectively, and by inserting after subsection (i) the following new subsection:

“(j) **SIMPLE CAFETERIA PLANS FOR SMALL BUSINESSES.**—

“(1) **IN GENERAL.**—An eligible employer maintaining a simple cafeteria plan with respect to which the requirements of this subsection are met for any year shall be treated as meeting any applicable nondiscrimination requirement during such year.

“(2) **SIMPLE CAFETERIA PLAN.**—For purposes of this subsection, the term ‘simple cafeteria plan’ means a cafeteria plan—

“(A) which is established and maintained by an eligible employer, and

“(B) with respect to which the contribution requirements of paragraph (3), and the eligibility and participation requirements of paragraph (4), are met.

“(3) **CONTRIBUTION REQUIREMENTS.**—

“(A) **IN GENERAL.**—The requirements of this paragraph are met if, under the plan the employer is required, without regard to whether a qualified employee makes any salary reduction contribution, to make a contribution to provide qualified benefits under the plan on behalf of each qualified employee in an amount equal to—

“(i) a uniform percentage (not less than 2 percent) of the employee’s compensation for the plan year, or

“(ii) an amount which is not less than the lesser of—

“(I) 6 percent of the employee’s compensation for the plan year, or

“(II) twice the amount of the salary reduction contributions of each qualified employee.

“(B) **MATCHING CONTRIBUTIONS ON BEHALF OF HIGHLY COMPENSATED AND KEY EMPLOYEES.**—The requirements of subparagraph (A)(ii) shall not be treated as met if, under the plan, the rate of contributions with respect to any salary reduction contribution of a highly compensated or key employee at any rate of contribution is greater than that with respect to an employee who is not a highly compensated or key employee.

“(C) **ADDITIONAL CONTRIBUTIONS.**—Subject to subparagraph (B), nothing in this paragraph shall be treated as prohibiting an employer from making contributions to provide qualified benefits under the plan in addition to contributions required under subparagraph (A).

“(D) **DEFINITIONS.**—For purposes of this paragraph—

“(i) **SALARY REDUCTION CONTRIBUTION.**—The term ‘salary reduction contribution’ means, with respect to a cafeteria plan, any amount which is contributed to the plan at the election of the employee and which is not includible in gross income by reason of this section.

“(ii) **QUALIFIED EMPLOYEE.**—The term ‘qualified employee’ means, with respect to a cafeteria plan, any employee who is not a highly compensated or key employee and who is eligible to participate in the plan.

“(iii) **HIGHLY COMPENSATED EMPLOYEE.**—The term ‘highly compensated employee’ has the meaning given such term by section 414(g).

“(iv) **KEY EMPLOYEE.**—The term ‘key employee’ has the meaning given such term by section 416(i).

“(4) MINIMUM ELIGIBILITY AND PARTICIPATION REQUIREMENTS.—

“(A) IN GENERAL.—The requirements of this paragraph shall be treated as met with respect to any year if, under the plan—

“(i) all employees who had at least 1,000 hours of service for the preceding plan year are eligible to participate, and

“(ii) each employee eligible to participate in the plan may, subject to terms and conditions applicable to all participants, elect any benefit available under the plan.

“(B) CERTAIN EMPLOYEES MAY BE EXCLUDED.—For purposes of subparagraph (A)(i), an employer may elect to exclude under the plan employees—

“(i) who have not attained the age of 21 before the close of a plan year,

“(ii) who have less than 1 year of service with the employer as of any day during the plan year,

“(iii) who are covered under an agreement which the Secretary of Labor finds to be a collective bargaining agreement if there is evidence that the benefits covered under the cafeteria plan were the subject of good faith bargaining between employee representatives and the employer, or

“(iv) who are described in section 410(b)(3)(C) (relating to nonresident aliens working outside the United States).

A plan may provide a shorter period of service or younger age for purposes of clause (i) or (ii).

“(5) ELIGIBLE EMPLOYER.—For purposes of this subsection—

“(A) IN GENERAL.—The term ‘eligible employer’ means, with respect to any year, any employer if such employer employed an average of 100 or fewer employees on business days during either of the 2 preceding years. For purposes of this subparagraph, a year may only be taken into account if the employer was in existence throughout the year.

“(B) EMPLOYERS NOT IN EXISTENCE DURING PRECEDING YEAR.—If an employer was not in existence throughout the preceding year, the determination under subparagraph (A) shall be based on the average number of employees that it is reasonably expected such employer will employ on business days in the current year.

“(C) GROWING EMPLOYERS RETAIN TREATMENT AS SMALL EMPLOYER.—

“(i) IN GENERAL.—If—

“(I) an employer was an eligible employer for any year (a ‘qualified year’), and

“(II) such employer establishes a simple cafeteria plan for its employees for such year,

then, notwithstanding the fact the employer fails to meet the requirements of subparagraph (A) for any subsequent year, such employer shall be treated as an eligible employer for such subsequent year with respect to employees (whether or not employees during a qualified year) of any trade or business which was covered by the plan during any qualified year.

“(ii) EXCEPTION.—This subparagraph shall cease to apply if the employer employs an average of 200 or more employees on business days during any year preceding any such subsequent year.

“(D) SPECIAL RULES.—

“(i) PREDECESSORS.—Any reference in this paragraph to an employer shall include a reference to any predecessor of such employer.

“(ii) AGGREGATION RULES.—All persons treated as a single employer under subsection (a) or (b) of section 52, or subsection (n) or (o) of section 414, shall be treated as one person.

“(6) APPLICABLE NONDISCRIMINATION REQUIREMENT.—For purposes of this subsection, the term ‘applicable nondiscrimination requirement’ means any requirement under subsection (b) of this section, section 79(d), section 105(h), or paragraph (2), (3), (4), or (8) of section 129(d).

“(7) COMPENSATION.—The term ‘compensation’ has the meaning given such term by section 414(s).”.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to years beginning after December 31, 2010.

SEC. 9023. QUALIFYING THERAPEUTIC DISCOVERY PROJECT CREDIT.

(a) IN GENERAL.—Subpart E of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after section 48C the following new section:

“SEC. 48D. QUALIFYING THERAPEUTIC DISCOVERY PROJECT CREDIT.

“(a) IN GENERAL.—For purposes of section 46, the qualifying therapeutic discovery project credit for any taxable year is an amount equal to 50 percent of the qualified investment for such taxable year with respect to any qualifying therapeutic discovery project of an eligible taxpayer.

“(b) QUALIFIED INVESTMENT.—

“(1) IN GENERAL.—For purposes of subsection (a), the qualified investment for any taxable year is the aggregate amount of the costs paid or incurred in such taxable year for expenses necessary for and directly related to the conduct of a qualifying therapeutic discovery project.

“(2) LIMITATION.—The amount which is treated as qualified investment for all taxable years with respect to any qualifying therapeutic discovery project shall not exceed the amount certified by the Secretary as eligible for the credit under this section.

“(3) EXCLUSIONS.—The qualified investment for any taxable year with respect to any qualifying therapeutic discovery project shall not take into account any cost—

“(A) for remuneration for an employee described in section 162(m)(3),

“(B) for interest expenses,

“(C) for facility maintenance expenses,

“(D) which is identified as a service cost under section 1.263A-1(e)(4) of title 26, Code of Federal Regulations, or

“(E) for any other expense as determined by the Secretary as appropriate to carry out the purposes of this section.

“(4) CERTAIN PROGRESS EXPENDITURE RULES MADE APPLICABLE.—In the case of costs described in paragraph (1) that are paid for property of a character subject to an allowance for depreciation, rules similar to the rules of subsections (c)(4) and (d) of section 46 (as in effect on the day before the date of the enactment of the Revenue Reconciliation Act of 1990) shall apply for purposes of this section.

“(5) APPLICATION OF SUBSECTION.—An investment shall be considered a qualified investment under this subsection only if such investment is made in a taxable year beginning in 2009 or 2010.

“(c) DEFINITIONS.—

“(1) QUALIFYING THERAPEUTIC DISCOVERY PROJECT.—The term ‘qualifying therapeutic discovery project’ means a project which is designed—

“(A) to treat or prevent diseases or conditions by conducting pre-clinical activities, clinical trials, and clinical studies, or carrying out research protocols, for the purpose of securing approval of a product under section 505(b) of the Federal Food, Drug, and Cosmetic Act or section 351(a) of the Public Health Service Act,

“(B) to diagnose diseases or conditions or to determine molecular factors related to diseases or conditions by developing molecular diagnostics to guide therapeutic decisions, or

“(C) to develop a product, process, or technology to further the delivery or administration of therapeutics.

“(2) ELIGIBLE TAXPAYER.—

“(A) IN GENERAL.—The term ‘eligible taxpayer’ means a taxpayer which employs not

more than 250 employees in all businesses of the taxpayer at the time of the submission of the application under subsection (d)(2).

“(B) AGGREGATION RULES.—All persons treated as a single employer under subsection (a) or (b) of section 52, or subsection (m) or (o) of section 414, shall be so treated for purposes of this paragraph.

“(3) FACILITY MAINTENANCE EXPENSES.—The term ‘facility maintenance expenses’ means costs paid or incurred to maintain a facility, including—

“(A) mortgage or rent payments,

“(B) insurance payments,

“(C) utility and maintenance costs, and

“(D) costs of employment of maintenance personnel.

“(d) QUALIFYING THERAPEUTIC DISCOVERY PROJECT PROGRAM.—

“(1) ESTABLISHMENT.—

“(A) IN GENERAL.—Not later than 60 days after the date of the enactment of this section, the Secretary, in consultation with the Secretary of Health and Human Services, shall establish a qualifying therapeutic discovery project program to consider and award certifications for qualified investments eligible for credits under this section to qualifying therapeutic discovery project sponsors.

“(B) LIMITATION.—The total amount of credits that may be allocated under the program shall not exceed \$1,000,000,000 for the 2-year period beginning with 2009.

“(2) CERTIFICATION.—

“(A) APPLICATION PERIOD.—Each applicant for certification under this paragraph shall submit an application containing such information as the Secretary may require during the period beginning on the date the Secretary establishes the program under paragraph (1).

“(B) TIME FOR REVIEW OF APPLICATIONS.—The Secretary shall take action to approve or deny any application under subparagraph (A) within 30 days of the submission of such application.

“(C) MULTI-YEAR APPLICATIONS.—An application for certification under subparagraph (A) may include a request for an allocation of credits for more than 1 of the years described in paragraph (1)(B).

“(3) SELECTION CRITERIA.—In determining the qualifying therapeutic discovery projects with respect to which qualified investments may be certified under this section, the Secretary—

“(A) shall take into consideration only those projects that show reasonable potential—

“(i) to result in new therapies—

“(I) to treat areas of unmet medical need, or

“(II) to prevent, detect, or treat chronic or acute diseases and conditions,

“(ii) to reduce long-term health care costs in the United States, or

“(iii) to significantly advance the goal of curing cancer within the 30-year period beginning on the date the Secretary establishes the program under paragraph (1), and

“(B) shall take into consideration which projects have the greatest potential—

“(i) to create and sustain (directly or indirectly) high quality, high-paying jobs in the United States, and

“(ii) to advance United States competitiveness in the fields of life, biological, and medical sciences.

“(4) DISCLOSURE OF ALLOCATIONS.—The Secretary shall, upon making a certification under this subsection, publicly disclose the identity of the applicant and the amount of the credit with respect to such applicant.

“(e) SPECIAL RULES.—

“(1) BASIS ADJUSTMENT.—For purposes of this subtitle, if a credit is allowed under this section for an expenditure related to property of a character subject to an allowance for depreciation, the basis of such property shall be reduced by the amount of such credit.

“(2) DENIAL OF DOUBLE BENEFIT.—

“(A) **BONUS DEPRECIATION.**—A credit shall not be allowed under this section for any investment for which bonus depreciation is allowed under section 168(k), 1400L(b)(1), or 1400N(d)(1).

“(B) **DEDUCTIONS.**—No deduction under this subtitle shall be allowed for the portion of the expenses otherwise allowable as a deduction taken into account in determining the credit under this section for the taxable year which is equal to the amount of the credit determined for such taxable year under subsection (a) attributable to such portion. This subparagraph shall not apply to expenses related to property of a character subject to an allowance for depreciation the basis of which is reduced under paragraph (1), or which are described in section 280C(g).

“(C) CREDIT FOR RESEARCH ACTIVITIES.—

“(i) **IN GENERAL.**—Except as provided in clause (ii), any expenses taken into account under this section for a taxable year shall not be taken into account for purposes of determining the credit allowable under section 41 or 45C for such taxable year.

“(ii) **EXPENSES INCLUDED IN DETERMINING BASE PERIOD RESEARCH EXPENSES.**—Any expenses for any taxable year which are qualified research expenses (within the meaning of section 41(b)) shall be taken into account in determining base period research expenses for purposes of applying section 41 to subsequent taxable years.

“(f) **COORDINATION WITH DEPARTMENT OF TREASURY GRANTS.**—In the case of any investment with respect to which the Secretary makes a grant under section 9023(e) of the Patient Protection and Affordable Care Act of 2009—

“(1) **DENIAL OF CREDIT.**—No credit shall be determined under this section with respect to such investment for the taxable year in which such grant is made or any subsequent taxable year.

“(2) **RECAPTURE OF CREDITS FOR PROGRESS EXPENDITURES MADE BEFORE GRANT.**—If a credit was determined under this section with respect to such investment for any taxable year ending before such grant is made—

“(A) the tax imposed under subtitle A on the taxpayer for the taxable year in which such grant is made shall be increased by so much of such credit as was allowed under section 38,

“(B) the general business carryforwards under section 39 shall be adjusted so as to recapture the portion of such credit which was not so allowed, and

“(C) the amount of such grant shall be determined without regard to any reduction in the basis of any property of a character subject to an allowance for depreciation by reason of such credit.

“(3) **TREATMENT OF GRANTS.**—Any such grant shall not be includible in the gross income of the taxpayer.”

(b) **INCLUSION AS PART OF INVESTMENT CREDIT.**—Section 46 of the Internal Revenue Code of 1986 is amended—

(1) by adding a comma at the end of paragraph (2),

(2) by striking the period at the end of paragraph (5) and inserting “, and”, and

(3) by adding at the end the following new paragraph:

“(6) the qualifying therapeutic discovery project credit.”

(c) CONFORMING AMENDMENTS.—

(1) Section 49(a)(1)(C) of the Internal Revenue Code of 1986 is amended—

(A) by striking “and” at the end of clause (iv),

(B) by striking the period at the end of clause (v) and inserting “, and”, and

(C) by adding at the end the following new clause:

“(vi) the basis of any property to which paragraph (1) of section 48D(e) applies which is part

of a qualifying therapeutic discovery project under such section 48D.”

(2) Section 280C of such Code is amended by adding at the end the following new subsection:

“(g) **QUALIFYING THERAPEUTIC DISCOVERY PROJECT CREDIT.**—

“(1) **IN GENERAL.**—No deduction shall be allowed for that portion of the qualified investment (as defined in section 48D(b)) otherwise allowable as a deduction for the taxable year which—

“(A) would be qualified research expenses (as defined in section 41(b)), basic research expenses (as defined in section 41(e)(2)), or qualified clinical testing expenses (as defined in section 45C(b)) if the credit under section 41 or section 45C were allowed with respect to such expenses for such taxable year, and

“(B) is equal to the amount of the credit determined for such taxable year under section 48D(a), reduced by—

“(i) the amount disallowed as a deduction by reason of section 48D(e)(2)(B), and

“(ii) the amount of any basis reduction under section 48D(e)(1).

“(2) **SIMILAR RULE WHERE TAXPAYER CAPITALIZES RATHER THAN DEDUCTS EXPENSES.**—In the case of expenses described in paragraph (1)(A) taken into account in determining the credit under section 48D for the taxable year, if—

“(A) the amount of the portion of the credit determined under such section with respect to such expenses, exceeds

“(B) the amount allowable as a deduction for such taxable year for such expenses (determined without regard to paragraph (1)),

the amount chargeable to capital account for the taxable year for such expenses shall be reduced by the amount of such excess.

“(3) **CONTROLLED GROUPS.**—Paragraph (3) of subsection (b) shall apply for purposes of this subsection.”

(d) **CLERICAL AMENDMENT.**—The table of sections for subpart E of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after the item relating to section 48C the following new item:

“Sec. 48D. Qualifying therapeutic discovery project credit.”

(e) **GRANTS FOR QUALIFIED INVESTMENTS IN THERAPEUTIC DISCOVERY PROJECTS IN LIEU OF TAX CREDITS.**—

(1) **IN GENERAL.**—Upon application, the Secretary of the Treasury shall, subject to the requirements of this subsection, provide a grant to each person who makes a qualified investment in a qualifying therapeutic discovery project in the amount of 50 percent of such investment. No grant shall be made under this subsection with respect to any investment unless such investment is made during a taxable year beginning in 2009 or 2010.

(2) APPLICATION.—

(A) **IN GENERAL.**—At the stated election of the applicant, an application for certification under section 48D(d)(2) of the Internal Revenue Code of 1986 for a credit under such section for the taxable year of the applicant which begins in 2009 shall be considered to be an application for a grant under paragraph (1) for such taxable year.

(B) **TAXABLE YEARS BEGINNING IN 2010.**—An application for a grant under paragraph (1) for a taxable year beginning in 2010 shall be submitted—

(i) not earlier than the day after the last day of such taxable year, and

(ii) not later than the due date (including extensions) for filing the return of tax for such taxable year.

(C) **INFORMATION TO BE SUBMITTED.**—An application for a grant under paragraph (1) shall include such information and be in such form as the Secretary may require to state the amount of

the credit allowable (but for the receipt of a grant under this subsection) under section 48D for the taxable year for the qualified investment with respect to which such application is made.

(3) TIME FOR PAYMENT OF GRANT.—

(A) **IN GENERAL.**—The Secretary of the Treasury shall make payment of the amount of any grant under paragraph (1) during the 30-day period beginning on the later of—

(i) the date of the application for such grant, or

(ii) the date the qualified investment for which the grant is being made is made.

(B) **REGULATIONS.**—In the case of investments of an ongoing nature, the Secretary shall issue regulations to determine the date on which a qualified investment shall be deemed to have been made for purposes of this paragraph.

(4) **QUALIFIED INVESTMENT.**—For purposes of this subsection, the term “qualified investment” means a qualified investment that is certified under section 48D(d) of the Internal Revenue Code of 1986 for purposes of the credit under such section 48D.

(5) APPLICATION OF CERTAIN RULES.—

(A) **IN GENERAL.**—In making grants under this subsection, the Secretary of the Treasury shall apply rules similar to the rules of section 50 of the Internal Revenue Code of 1986. In applying such rules, any increase in tax under chapter 1 of such Code by reason of an investment ceasing to be a qualified investment shall be imposed on the person to whom the grant was made.

(B) SPECIAL RULES.—

(i) **RECAPTURE OF EXCESSIVE GRANT AMOUNTS.**—If the amount of a grant made under this subsection exceeds the amount allowable as a grant under this subsection, such excess shall be recaptured under subparagraph (A) as if the investment to which such excess portion of the grant relates had ceased to be a qualified investment immediately after such grant was made.

(ii) **GRANT INFORMATION NOT TREATED AS RETURN INFORMATION.**—In no event shall the amount of a grant made under paragraph (1), the identity of the person to whom such grant was made, or a description of the investment with respect to which such grant was made be treated as return information for purposes of section 6103 of the Internal Revenue Code of 1986.

(6) **EXCEPTION FOR CERTAIN NON-TAXPAYERS.**—The Secretary of the Treasury shall not make any grant under this subsection to—

(A) any Federal, State, or local government (or any political subdivision, agency, or instrumentality thereof),

(B) any organization described in section 501(c) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code,

(C) any entity referred to in paragraph (4) of section 54(j) of such Code, or

(D) any partnership or other pass-thru entity any partner (or other holder of an equity or profits interest) of which is described in subparagraph (A), (B) or (C).

In the case of a partnership or other pass-thru entity described in subparagraph (D), partners and other holders of any equity or profits interest shall provide to such partnership or entity such information as the Secretary of the Treasury may require to carry out the purposes of this paragraph.

(7) **SECRETARY.**—Any reference in this subsection to the Secretary of the Treasury shall be treated as including the Secretary's delegate.

(8) **OTHER TERMS.**—Any term used in this subsection which is also used in section 48D of the Internal Revenue Code of 1986 shall have the same meaning for purposes of this subsection as when used in such section.

(9) **DENIAL OF DOUBLE BENEFIT.**—No credit shall be allowed under section 46(6) of the Internal Revenue Code of 1986 by reason of section

48D of such Code for any investment for which a grant is awarded under this subsection.

(10) **APPROPRIATIONS.**—There is hereby appropriated to the Secretary of the Treasury such sums as may be necessary to carry out this subsection.

(11) **TERMINATION.**—The Secretary of the Treasury shall not make any grant to any person under this subsection unless the application of such person for such grant is received before January 1, 2013.

(12) **PROTECTING MIDDLE CLASS FAMILIES FROM TAX INCREASES.**—It is the sense of the Senate that the Senate should reject any procedural maneuver that would raise taxes on middle class families, such as a motion to commit the pending legislation to the Committee on Finance, which is designed to kill legislation that provides tax cuts for American workers and families, including the affordability tax credit and the small business tax credit.

(f) **EFFECTIVE DATE.**—The amendments made by subsections (a) through (d) of this section shall apply to amounts paid or incurred after December 31, 2008, in taxable years beginning after such date.

TITLE X—STRENGTHENING QUALITY, AFFORDABLE HEALTH CARE FOR ALL AMERICANS

Subtitle A—Provisions Relating to Title I

SEC. 10101. AMENDMENTS TO SUBTITLE A.

(a) Section 2711 of the Public Health Service Act, as added by section 1001(5) of this Act, is amended to read as follows:

“SEC. 2711. NO LIFETIME OR ANNUAL LIMITS.

“(a) **PROHIBITION.**—

“(1) **IN GENERAL.**—A group health plan and a health insurance issuer offering group or individual health insurance coverage may not establish—

“(A) lifetime limits on the dollar value of benefits for any participant or beneficiary; or

“(B) except as provided in paragraph (2), annual limits on the dollar value of benefits for any participant or beneficiary.

“(2) **ANNUAL LIMITS PRIOR TO 2014.**—With respect to plan years beginning prior to January 1, 2014, a group health plan and a health insurance issuer offering group or individual health insurance coverage may only establish a restricted annual limit on the dollar value of benefits for any participant or beneficiary with respect to the scope of benefits that are essential health benefits under section 1302(b) of the Patient Protection and Affordable Care Act, as determined by the Secretary. In defining the term ‘restricted annual limit’ for purposes of the preceding sentence, the Secretary shall ensure that access to needed services is made available with a minimal impact on premiums.

“(b) **PER BENEFICIARY LIMITS.**—Subsection (a) shall not be construed to prevent a group health plan or health insurance coverage from placing annual or lifetime per beneficiary limits on specific covered benefits that are not essential health benefits under section 1302(b) of the Patient Protection and Affordable Care Act, to the extent that such limits are otherwise permitted under Federal or State law.”.

(b) Section 2715(a) of the Public Health Service Act, as added by section 1001(5) of this Act, is amended by striking “and providing to enrollees” and inserting “and providing to applicants, enrollees, and policyholders or certificate holders”.

(c) Subpart II of part A of title XXVII of the Public Health Service Act, as added by section 1001(5), is amended by inserting after section 2715, the following:

“SEC. 2715A. PROVISION OF ADDITIONAL INFORMATION.

“A group health plan and a health insurance issuer offering group or individual health insur-

ance coverage shall comply with the provisions of section 1311(e)(3) of the Patient Protection and Affordable Care Act, except that a plan or coverage that is not offered through an Exchange shall only be required to submit the information required to the Secretary and the State insurance commissioner, and make such information available to the public.”.

(d) Section 2716 of the Public Health Service Act, as added by section 1001(5) of this Act, is amended to read as follows:

“SEC. 2716. PROHIBITION ON DISCRIMINATION IN FAVOR OF HIGHLY COMPENSATED INDIVIDUALS.

“(a) **IN GENERAL.**—A group health plan (other than a self-insured plan) shall satisfy the requirements of section 105(h)(2) of the Internal Revenue Code of 1986 (relating to prohibition on discrimination in favor of highly compensated individuals).

“(b) **RULES AND DEFINITIONS.**—For purposes of this section—

“(1) **CERTAIN RULES TO APPLY.**—Rules similar to the rules contained in paragraphs (3), (4), and (8) of section 105(h) of such Code shall apply.

“(2) **HIGHLY COMPENSATED INDIVIDUAL.**—The term ‘highly compensated individual’ has the meaning given such term by section 105(h)(5) of such Code.”.

(e) Section 2717 of the Public Health Service Act, as added by section 1001(5) of this Act, is amended—

(1) by redesignating subsections (c) and (d) as subsections (d) and (e), respectively; and

(2) by inserting after subsection (b), the following:

“(c) **PROTECTION OF SECOND AMENDMENT GUN RIGHTS.**—

“(1) **WELLNESS AND PREVENTION PROGRAMS.**—A wellness and health promotion activity implemented under subsection (a)(1)(D) may not require the disclosure or collection of any information relating to—

“(A) the presence or storage of a lawfully-possessed firearm or ammunition in the residence or on the property of an individual; or

“(B) the lawful use, possession, or storage of a firearm or ammunition by an individual.

“(2) **LIMITATION ON DATA COLLECTION.**—None of the authorities provided to the Secretary under the Patient Protection and Affordable Care Act or an amendment made by that Act shall be construed to authorize or may be used for the collection of any information relating to—

“(A) the lawful ownership or possession of a firearm or ammunition;

“(B) the lawful use of a firearm or ammunition; or

“(C) the lawful storage of a firearm or ammunition.

“(3) **LIMITATION ON DATABASES OR DATA BANKS.**—None of the authorities provided to the Secretary under the Patient Protection and Affordable Care Act or an amendment made by that Act shall be construed to authorize or may be used to maintain records of individual ownership or possession of a firearm or ammunition.

“(4) **LIMITATION ON DETERMINATION OF PREMIUM RATES OR ELIGIBILITY FOR HEALTH INSURANCE.**—A premium rate may not be increased, health insurance coverage may not be denied, and a discount, rebate, or reward offered for participation in a wellness program may not be reduced or withheld under any health benefit plan issued pursuant to or in accordance with the Patient Protection and Affordable Care Act or an amendment made by that Act on the basis of, or on reliance upon—

“(A) the lawful ownership or possession of a firearm or ammunition; or

“(B) the lawful use or storage of a firearm or ammunition.

“(5) **LIMITATION ON DATA COLLECTION REQUIREMENTS FOR INDIVIDUALS.**—No individual shall be required to disclose any information under any data collection activity authorized under the Patient Protection and Affordable Care Act or an amendment made by that Act relating to—

“(A) the lawful ownership or possession of a firearm or ammunition; or

“(B) the lawful use, possession, or storage of a firearm or ammunition.”.

(f) Section 2718 of the Public Health Service Act, as added by section 1001(5), is amended to read as follows:

“SEC. 2718. BRINGING DOWN THE COST OF HEALTH CARE COVERAGE.

“(a) **CLEAR ACCOUNTING FOR COSTS.**—A health insurance issuer offering group or individual health insurance coverage (including a grandfathered health plan) shall, with respect to each plan year, submit to the Secretary a report concerning the ratio of the incurred loss (or incurred claims) plus the loss adjustment expense (or change in contract reserves) to earned premiums. Such report shall include the percentage of total premium revenue, after accounting for collections or receipts for risk adjustment and risk corridors and payments of reinsurance, that such coverage expends—

“(1) on reimbursement for clinical services provided to enrollees under such coverage;

“(2) for activities that improve health care quality; and

“(3) on all other non-claims costs, including an explanation of the nature of such costs, and excluding Federal and State taxes and licensing or regulatory fees.

The Secretary shall make reports received under this section available to the public on the Internet website of the Department of Health and Human Services.

“(b) **ENSURING THAT CONSUMERS RECEIVE VALUE FOR THEIR PREMIUM PAYMENTS.**—

“(1) **REQUIREMENT TO PROVIDE VALUE FOR PREMIUM PAYMENTS.**—

“(A) **REQUIREMENT.**—Beginning not later than January 1, 2011, a health insurance issuer offering group or individual health insurance coverage (including a grandfathered health plan) shall, with respect to each plan year, provide an annual rebate to each enrollee under such coverage, on a pro rata basis, if the ratio of the amount of premium revenue expended by the issuer on costs described in paragraphs (1) and (2) of subsection (a) to the total amount of premium revenue (excluding Federal and State taxes and licensing or regulatory fees and after accounting for payments or receipts for risk adjustment, risk corridors, and reinsurance under sections 1341, 1342, and 1343 of the Patient Protection and Affordable Care Act) for the plan year (except as provided in subparagraph (B)(ii)), is less than—

“(i) with respect to a health insurance issuer offering coverage in the large group market, 85 percent, or such higher percentage as a State may by regulation determine; or

“(ii) with respect to a health insurance issuer offering coverage in the small group market or in the individual market, 80 percent, or such higher percentage as a State may by regulation determine, except that the Secretary may adjust such percentage with respect to a State if the Secretary determines that the application of such 80 percent may destabilize the individual market in such State.

“(B) **REBATE AMOUNT.**—

“(i) **CALCULATION OF AMOUNT.**—The total amount of an annual rebate required under this paragraph shall be in an amount equal to the product of—

“(I) the amount by which the percentage described in clause (i) or (ii) of subparagraph (A) exceeds the ratio described in such subparagraph; and

“(II) the total amount of premium revenue (excluding Federal and State taxes and licensing or regulatory fees and after accounting for payments or receipts for risk adjustment, risk corridors, and reinsurance under sections 1341, 1342, and 1343 of the Patient Protection and Affordable Care Act) for such plan year.

“(ii) **CALCULATION BASED ON AVERAGE RATIO.**—Beginning on January 1, 2014, the determination made under subparagraph (A) for the year involved shall be based on the averages of the premiums expended on the costs described in such subparagraph and total premium revenue for each of the previous 3 years for the plan.

“(2) **CONSIDERATION IN SETTING PERCENTAGES.**—In determining the percentages under paragraph (1), a State shall seek to ensure adequate participation by health insurance issuers, competition in the health insurance market in the State, and value for consumers so that premiums are used for clinical services and quality improvements.

“(3) **ENFORCEMENT.**—The Secretary shall promulgate regulations for enforcing the provisions of this section and may provide for appropriate penalties.

“(c) **DEFINITIONS.**—Not later than December 31, 2010, and subject to the certification of the Secretary, the National Association of Insurance Commissioners shall establish uniform definitions of the activities reported under subsection (a) and standardized methodologies for calculating measures of such activities, including definitions of which activities, and in what regard such activities, constitute activities described in subsection (a)(2). Such methodologies shall be designed to take into account the special circumstances of smaller plans, different types of plans, and newer plans.

“(d) **ADJUSTMENTS.**—The Secretary may adjust the rates described in subsection (b) if the Secretary determines appropriate on account of the volatility of the individual market due to the establishment of State Exchanges.

“(e) **STANDARD HOSPITAL CHARGES.**—Each hospital operating within the United States shall for each year establish (and update) and make public (in accordance with guidelines developed by the Secretary) a list of the hospital's standard charges for items and services provided by the hospital, including for diagnosis-related groups established under section 1886(d)(4) of the Social Security Act.”.

(g) Section 2719 of the Public Health Service Act, as added by section 1001(4) of this Act, is amended to read as follows:

“SEC. 2719. APPEALS PROCESS.

“(a) **INTERNAL CLAIMS APPEALS.**—

“(1) **IN GENERAL.**—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall implement an effective appeals process for appeals of coverage determinations and claims, under which the plan or issuer shall, at a minimum—

“(A) have in effect an internal claims appeal process;

“(B) provide notice to enrollees, in a culturally and linguistically appropriate manner, of available internal and external appeals processes, and the availability of any applicable office of health insurance consumer assistance or ombudsman established under section 2793 to assist such enrollees with the appeals processes; and

“(C) allow an enrollee to review their file, to present evidence and testimony as part of the appeals process, and to receive continued coverage pending the outcome of the appeals process.

“(2) **ESTABLISHED PROCESSES.**—To comply with paragraph (1)—

“(A) a group health plan and a health insurance issuer offering group health coverage shall

provide an internal claims and appeals process that initially incorporates the claims and appeals procedures (including urgent claims) set forth at section 2560.503-1 of title 29, Code of Federal Regulations, as published on November 21, 2000 (65 Fed. Reg. 70256), and shall update such process in accordance with any standards established by the Secretary of Labor for such plans and issuers; and

“(B) a health insurance issuer offering individual health coverage, and any other issuer not subject to subparagraph (A), shall provide an internal claims and appeals process that initially incorporates the claims and appeals procedures set forth under applicable law (as in existence on the date of enactment of this section), and shall update such process in accordance with any standards established by the Secretary of Health and Human Services for such issuers.

“(b) **EXTERNAL REVIEW.**—A group health plan and a health insurance issuer offering group or individual health insurance coverage—

“(1) shall comply with the applicable State external review process for such plans and issuers that, at a minimum, includes the consumer protections set forth in the Uniform External Review Model Act promulgated by the National Association of Insurance Commissioners and is binding on such plans; or

“(2) shall implement an effective external review process that meets minimum standards established by the Secretary through guidance and that is similar to the process described under paragraph (1)—

“(A) if the applicable State has not established an external review process that meets the requirements of paragraph (1); or

“(B) if the plan is a self-insured plan that is not subject to State insurance regulation (including a State law that establishes an external review process described in paragraph (1)).

“(c) **SECRETARY AUTHORITY.**—The Secretary may deem the external review process of a group health plan or health insurance issuer, in operation as of the date of enactment of this section, to be in compliance with the applicable process established under subsection (b), as determined appropriate by the Secretary.”.

(h) Subpart II of part A of title XVIII of the Public Health Service Act, as added by section 1001(5) of this Act, is amended by inserting after section 2719 the following:

“SEC. 2719A. PATIENT PROTECTIONS.

“(a) **CHOICE OF HEALTH CARE PROFESSIONAL.**—If a group health plan, or a health insurance issuer offering group or individual health insurance coverage, requires or provides for designation by a participant, beneficiary, or enrollee of a participating primary care provider, then the plan or issuer shall permit each participant, beneficiary, and enrollee to designate any participating primary care provider who is available to accept such individual.

“(b) **COVERAGE OF EMERGENCY SERVICES.**—

“(1) **IN GENERAL.**—If a group health plan, or a health insurance issuer offering group or individual health insurance coverage, provides or covers any benefits with respect to services in an emergency department of a hospital, the plan or issuer shall cover emergency services (as defined in paragraph (2)(B))—

“(A) without the need for any prior authorization determination;

“(B) whether the health care provider furnishing such services is a participating provider with respect to such services;

“(C) in a manner so that, if such services are provided to a participant, beneficiary, or enrollee—

“(i) by a nonparticipating health care provider with or without prior authorization; or

“(ii)(I) such services will be provided without imposing any requirement under the plan for prior authorization of services or any limitation

on coverage where the provider of services does not have a contractual relationship with the plan for the providing of services that is more restrictive than the requirements or limitations that apply to emergency department services received from providers who do have such a contractual relationship with the plan; and

“(II) if such services are provided out-of-network, the cost-sharing requirement (expressed as a copayment amount or coinsurance rate) is the same requirement that would apply if such services were provided in-network;

“(D) without regard to any other term or condition of such coverage (other than exclusion or coordination of benefits, or an affiliation or waiting period, permitted under section 2701 of this Act, section 701 of the Employee Retirement Income Security Act of 1974, or section 9801 of the Internal Revenue Code of 1986, and other than applicable cost-sharing).

“(2) **DEFINITIONS.**—In this subsection:

“(A) **EMERGENCY MEDICAL CONDITION.**—The term ‘emergency medical condition’ means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in a condition described in clause (i), (ii), or (iii) of section 1867(e)(1)(A) of the Social Security Act.

“(B) **EMERGENCY SERVICES.**—The term ‘emergency services’ means, with respect to an emergency medical condition—

“(i) a medical screening examination (as required under section 1867 of the Social Security Act) that is within the capability of the emergency department of a hospital, including ancillary services routinely available to the emergency department to evaluate such emergency medical condition; and

“(ii) within the capabilities of the staff and facilities available at the hospital, such further medical examination and treatment as are required under section 1867 of such Act to stabilize the patient.

“(C) **STABILIZE.**—The term ‘to stabilize’, with respect to an emergency medical condition (as defined in subparagraph (A)), has the meaning give in section 1867(e)(3) of the Social Security Act (42 U.S.C. 1395dd(e)(3)).

“(c) **ACCESS TO PEDIATRIC CARE.**—

“(1) **PEDIATRIC CARE.**—In the case of a person who has a child who is a participant, beneficiary, or enrollee under a group health plan, or health insurance coverage offered by a health insurance issuer in the group or individual market, if the plan or issuer requires or provides for the designation of a participating primary care provider for the child, the plan or issuer shall permit such person to designate a physician (allopathic or osteopathic) who specializes in pediatrics as the child's primary care provider if such provider participates in the network of the plan or issuer.

“(2) **CONSTRUCTION.**—Nothing in paragraph (1) shall be construed to waive any exclusions of coverage under the terms and conditions of the plan or health insurance coverage with respect to coverage of pediatric care.

“(d) **PATIENT ACCESS TO OBSTETRICAL AND GYNECOLOGICAL CARE.**—

“(1) **GENERAL RIGHTS.**—

“(A) **DIRECT ACCESS.**—A group health plan, or health insurance issuer offering group or individual health insurance coverage, described in paragraph (2) may not require authorization or referral by the plan, issuer, or any person (including a primary care provider described in paragraph (2)(B)) in the case of a female participant, beneficiary, or enrollee who seeks coverage for obstetrical or gynecological care provided by a participating health care professional who specializes in obstetrics or gynecology.

Such professional shall agree to otherwise adhere to such plan's or issuer's policies and procedures, including procedures regarding referrals and obtaining prior authorization and providing services pursuant to a treatment plan (if any) approved by the plan or issuer.

“(B) OBSTETRICAL AND GYNECOLOGICAL CARE.—A group health plan or health insurance issuer described in paragraph (2) shall treat the provision of obstetrical and gynecological care, and the ordering of related obstetrical and gynecological items and services, pursuant to the direct access described under subparagraph (A), by a participating health care professional who specializes in obstetrics or gynecology as the authorization of the primary care provider.

“(2) APPLICATION OF PARAGRAPH.—A group health plan, or health insurance issuer offering group or individual health insurance coverage, described in this paragraph is a group health plan or coverage that—

“(A) provides coverage for obstetric or gynecologic care; and

“(B) requires the designation by a participant, beneficiary, or enrollee of a participating primary care provider.

“(3) CONSTRUCTION.—Nothing in paragraph (1) shall be construed to—

“(A) waive any exclusions of coverage under the terms and conditions of the plan or health insurance coverage with respect to coverage of obstetrical or gynecological care; or

“(B) preclude the group health plan or health insurance issuer involved from requiring that the obstetrical or gynecological provider notify the primary care health care professional or the plan or issuer of treatment decisions.”.

(i) Section 2794 of the Public Health Service Act, as added by section 1003 of this Act, is amended—

(1) in subsection (c)(1)—

(A) in subparagraph (A), by striking “and” at the end;

(B) in subparagraph (B), by striking the period and inserting “; and”; and

(C) by adding at the end the following:

“(C) in establishing centers (consistent with subsection (d)) at academic or other nonprofit institutions to collect medical reimbursement information from health insurance issuers, to analyze and organize such information, and to make such information available to such issuers, health care providers, health researchers, health care policy makers, and the general public.”; and

(2) by adding at the end the following:

“(d) MEDICAL REIMBURSEMENT DATA CENTERS.—

“(1) FUNCTIONS.—A center established under subsection (c)(1)(C) shall—

“(A) develop fee schedules and other database tools that fairly and accurately reflect market rates for medical services and the geographic differences in those rates;

“(B) use the best available statistical methods and data processing technology to develop such fee schedules and other database tools;

“(C) regularly update such fee schedules and other database tools to reflect changes in charges for medical services;

“(D) make health care cost information readily available to the public through an Internet website that allows consumers to understand the amounts that health care providers in their area charge for particular medical services; and

“(E) regularly publish information concerning the statistical methodologies used by the center to analyze health charge data and make such data available to researchers and policy makers.

“(2) CONFLICTS OF INTEREST.—A center established under subsection (c)(1)(C) shall adopt by-laws that ensures that the center (and all members of the governing board of the center) is independent and free from all conflicts of inter-

est. Such by-laws shall ensure that the center is not controlled or influenced by, and does not have any corporate relation to, any individual or entity that may make or receive payments for health care services based on the center's analysis of health care costs.

“(3) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to permit a center established under subsection (c)(1)(C) to compel health insurance issuers to provide data to the center.”.

SEC. 10102. AMENDMENTS TO SUBTITLE B.

(a) Section 1102(a)(2)(B) of this Act is amended—

(1) in the matter preceding clause (i), by striking “group health benefits plan” and inserting “group benefits plan providing health benefits”; and

(2) in clause (i)(I), by inserting “or any agency or instrumentality of any of the foregoing” before the closed parenthetical.

(b) Section 1103(a) of this Act is amended—

(1) in paragraph (1), by inserting “, or small business in,” after “residents of any”; and

(2) by striking paragraph (2) and inserting the following:

“(2) CONNECTING TO AFFORDABLE COVERAGE.—An Internet website established under paragraph (1) shall, to the extent practicable, provide ways for residents of, and small businesses in, any State to receive information on at least the following coverage options:

“(A) Health insurance coverage offered by health insurance issuers, other than coverage that provides reimbursement only for the treatment or mitigation of—

“(i) a single disease or condition; or

“(ii) an unreasonably limited set of diseases or conditions (as determined by the Secretary).

“(B) Medicaid coverage under title XIX of the Social Security Act.

“(C) Coverage under title XXI of the Social Security Act.

“(D) A State health benefits high risk pool, to the extent that such high risk pool is offered in such State; and

“(E) Coverage under a high risk pool under section 1101.

“(F) Coverage within the small group market for small businesses and their employees, including reinsurance for early retirees under section 1102, tax credits available under section 45R of the Internal Revenue Code of 1986 (as added by section 1421), and other information specifically for small businesses regarding affordable health care options.”.

SEC. 10103. AMENDMENTS TO SUBTITLE C.

(a) Section 2701(a)(5) of the Public Health Service Act, as added by section 1201(4) of this Act, is amended by inserting “(other than self-insured group health plans offered in such market)” after “such market”.

(b) Section 2708 of the Public Health Service Act, as added by section 1201(4) of this Act, is amended by striking “or individual”.

(c) Subpart I of part A of title XXVII of the Public Health Service Act, as added by section 1201(4) of this Act, is amended by inserting after section 2708, the following:

“SEC. 2709. COVERAGE FOR INDIVIDUALS PARTICIPATING IN APPROVED CLINICAL TRIALS.

“(a) COVERAGE.—

“(1) IN GENERAL.—If a group health plan or a health insurance issuer offering group or individual health insurance coverage provides coverage to a qualified individual, then such plan or issuer—

“(A) may not deny the individual participation in the clinical trial referred to in subsection (b)(2);

“(B) subject to subsection (c), may not deny (or limit or impose additional conditions on) the coverage of routine patient costs for items and

services furnished in connection with participation in the trial; and

“(C) may not discriminate against the individual on the basis of the individual's participation in such trial.

“(2) ROUTINE PATIENT COSTS.—

“(A) INCLUSION.—For purposes of paragraph (1)(B), subject to subparagraph (B), routine patient costs include all items and services consistent with the coverage provided in the plan (or coverage) that is typically covered for a qualified individual who is not enrolled in a clinical trial.

“(B) EXCLUSION.—For purposes of paragraph (1)(B), routine patient costs does not include—

“(i) the investigational item, device, or service, itself;

“(ii) items and services that are provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the patient; or

“(iii) a service that is clearly inconsistent with widely accepted and established standards of care for a particular diagnosis.

“(3) USE OF IN-NETWORK PROVIDERS.—If one or more participating providers is participating in a clinical trial, nothing in paragraph (1) shall be construed as preventing a plan or issuer from requiring that a qualified individual participate in the trial through such a participating provider if the provider will accept the individual as a participant in the trial.

“(4) USE OF OUT-OF-NETWORK.—Notwithstanding paragraph (3), paragraph (1) shall apply to a qualified individual participating in an approved clinical trial that is conducted outside the State in which the qualified individual resides.

“(b) QUALIFIED INDIVIDUAL DEFINED.—For purposes of subsection (a), the term ‘qualified individual’ means an individual who is a participant or beneficiary in a health plan or with coverage described in subsection (a)(1) and who meets the following conditions:

“(1) The individual is eligible to participate in an approved clinical trial according to the trial protocol with respect to treatment of cancer or other life-threatening disease or condition.

“(2) Either—

“(A) the referring health care professional is a participating health care provider and has concluded that the individual's participation in such trial would be appropriate based upon the individual meeting the conditions described in paragraph (1); or

“(B) the participant or beneficiary provides medical and scientific information establishing that the individual's participation in such trial would be appropriate based upon the individual meeting the conditions described in paragraph (1).

“(c) LIMITATIONS ON COVERAGE.—This section shall not be construed to require a group health plan, or a health insurance issuer offering group or individual health insurance coverage, to provide benefits for routine patient care services provided outside of the plan's (or coverage's) health care provider network unless out-of-network benefits are otherwise provided under the plan (or coverage).

“(d) APPROVED CLINICAL TRIAL DEFINED.—

“(1) IN GENERAL.—In this section, the term ‘approved clinical trial’ means a phase I, phase II, phase III, or phase IV clinical trial that is conducted in relation to the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is described in any of the following subparagraphs:

“(A) FEDERALLY FUNDED TRIALS.—The study or investigation is approved or funded (which may include funding through in-kind contributions) by one or more of the following:

“(i) The National Institutes of Health.

“(ii) The Centers for Disease Control and Prevention.

“(iii) The Agency for Health Care Research and Quality.

“(iv) The Centers for Medicare & Medicaid Services.

“(v) cooperative group or center of any of the entities described in clauses (i) through (iv) or the Department of Defense or the Department of Veterans Affairs.

“(vi) A qualified non-governmental research entity identified in the guidelines issued by the National Institutes of Health for center support grants.

“(vii) Any of the following if the conditions described in paragraph (2) are met:

“(I) The Department of Veterans Affairs.

“(II) The Department of Defense.

“(III) The Department of Energy.

“(B) The study or investigation is conducted under an investigational new drug application reviewed by the Food and Drug Administration.

“(C) The study or investigation is a drug trial that is exempt from having such an investigational new drug application.

“(2) CONDITIONS FOR DEPARTMENTS.—The conditions described in this paragraph, for a study or investigation conducted by a Department, are that the study or investigation has been reviewed and approved through a system of peer review that the Secretary determines—

“(A) to be comparable to the system of peer review of studies and investigations used by the National Institutes of Health, and

“(B) assures unbiased review of the highest scientific standards by qualified individuals who have no interest in the outcome of the review.

“(e) LIFE-THREATENING CONDITION DEFINED.—In this section, the term ‘life-threatening condition’ means any disease or condition from which the likelihood of death is probable unless the course of the disease or condition is interrupted.

“(f) CONSTRUCTION.—Nothing in this section shall be construed to limit a plan’s or issuer’s coverage with respect to clinical trials.

“(g) APPLICATION TO FEHBP.—Notwithstanding any provision of chapter 89 of title 5, United States Code, this section shall apply to health plans offered under the program under such chapter.

“(h) PREEMPTION.—Notwithstanding any other provision of this Act, nothing in this section shall preempt State laws that require a clinical trials policy for State regulated health insurance plans that is in addition to the policy required under this section.”.

(d) Section 1251(a) of this Act is amended—

(1) in paragraph (2), by striking “With” and inserting “Except as provided in paragraph (3), with”; and

(2) by adding at the end the following:

“(3) APPLICATION OF CERTAIN PROVISIONS.—The provisions of sections 2715 and 2718 of the Public Health Service Act (as added by subtitle A) shall apply to grandfathered health plans for plan years beginning on or after the date of enactment of this Act.”.

(e) Section 1253 of this Act is amended insert before the period the following: “, except that—

“(1) section 1251 shall take effect on the date of enactment of this Act; and

“(2) the provisions of section 2704 of the Public Health Service Act (as amended by section 1201), as they apply to enrollees who are under 19 years of age, shall become effective for plan years beginning on or after the date that is 6 months after the date of enactment of this Act.”.

(f) Subtitle C of title I of this Act is amended—

(1) by redesignating section 1253 as section 1255; and

(2) by inserting after section 1252, the following:

“SEC. 1253. ANNUAL REPORT ON SELF-INSURED PLANS.

“Not later than 1 year after the date of enactment of this Act, and annually thereafter, the

Secretary of Labor shall prepare an aggregate annual report, using data collected from the Annual Return/Report of Employee Benefit Plan (Department of Labor Form 5500), that shall include general information on self-insured group health plans (including plan type, number of participants, benefits offered, funding arrangements, and benefit arrangements) as well as data from the financial filings of self-insured employers (including information on assets, liabilities, contributions, investments, and expenses). The Secretary shall submit such reports to the appropriate committees of Congress.

“SEC. 1254. STUDY OF LARGE GROUP MARKET.

“(a) IN GENERAL.—The Secretary of Health and Human Services shall conduct a study of the fully-insured and self-insured group health plan markets to—

“(1) compare the characteristics of employers (including industry, size, and other characteristics as determined appropriate by the Secretary), health plan benefits, financial solvency, capital reserve levels, and the risks of becoming insolvent; and

“(2) determine the extent to which new insurance market reforms are likely to cause adverse selection in the large group market or to encourage small and midsize employers to self-insure.

“(b) COLLECTION OF INFORMATION.—In conducting the study under subsection (a), the Secretary, in coordination with the Secretary of Labor, shall collect information and analyze—

“(1) the extent to which self-insured group health plans can offer less costly coverage and, if so, whether lower costs are due to more efficient plan administration and lower overhead or to the denial of claims and the offering very limited benefit packages;

“(2) claim denial rates, plan benefit fluctuations (to evaluate the extent that plans scale back health benefits during economic downturns), and the impact of the limited recourse options on consumers; and

“(3) any potential conflict of interest as it relates to the health care needs of self-insured enrollees and self-insured employer’s financial contribution or profit margin, and the impact of such conflict on administration of the health plan.

“(c) REPORT.—Not later than 1 year after the date of enactment of this Act, the Secretary shall submit to the appropriate committees of Congress a report concerning the results of the study conducted under subsection (a).”.

SEC. 10104. AMENDMENTS TO SUBTITLE D.

(a) Section 1301(a) of this Act is amended by striking paragraph (2) and inserting the following:

“(2) INCLUSION OF CO-OP PLANS AND MULTI-STATE QUALIFIED HEALTH PLANS.—Any reference in this title to a qualified health plan shall be deemed to include a qualified health plan offered through the CO-OP program under section 1322, and a multi-State plan under section 1334, unless specifically provided for otherwise.

“(3) TREATMENT OF QUALIFIED DIRECT PRIMARY CARE MEDICAL HOME PLANS.—The Secretary of Health and Human Services shall permit a qualified health plan to provide coverage through a qualified direct primary care medical home plan that meets criteria established by the Secretary, so long as the qualified health plan meets all requirements that are otherwise applicable and the services covered by the medical home plan are coordinated with the entity offering the qualified health plan.

“(4) VARIATION BASED ON RATING AREA.—A qualified health plan, including a multi-State qualified health plan, may as appropriate vary premiums by rating area (as defined in section 2701(a)(2) of the Public Health Service Act).”.

(b) Section 1302 of this Act is amended—

(1) in subsection (d)(2)(B), by striking “may issue” and inserting “shall issue”; and

(2) by adding at the end the following:

“(g) PAYMENTS TO FEDERALLY-QUALIFIED HEALTH CENTERS.—If any item or service covered by a qualified health plan is provided by a Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B)) to an enrollee of the plan, the offeror of the plan shall pay to the center for the item or service an amount that is not less than the amount of payment that would have been paid to the center under section 1902(bb) of such Act (42 U.S.C. 1396a(bb)) for such item or service.”.

(c) Section 1303 of this Act is amended to read as follows:

“SEC. 1303. SPECIAL RULES.

“(a) STATE OPT-OUT OF ABORTION COVERAGE.—

“(1) IN GENERAL.—A State may elect to prohibit abortion coverage in qualified health plans offered through an Exchange in such State if such State enacts a law to provide for such prohibition.

“(2) TERMINATION OF OPT OUT.—A State may repeal a law described in paragraph (1) and provide for the offering of such services through the Exchange.

“(b) SPECIAL RULES RELATING TO COVERAGE OF ABORTION SERVICES.—

“(1) VOLUNTARY CHOICE OF COVERAGE OF ABORTION SERVICES.—

“(A) IN GENERAL.—Notwithstanding any other provision of this title (or any amendment made by this title)—

“(i) nothing in this title (or any amendment made by this title), shall be construed to require a qualified health plan to provide coverage of services described in subparagraph (B)(i) or (B)(ii) as part of its essential health benefits for any plan year; and

“(ii) subject to subsection (a), the issuer of a qualified health plan shall determine whether or not the plan provides coverage of services described in subparagraph (B)(i) or (B)(ii) as part of such benefits for the plan year.

“(B) ABORTION SERVICES.—

“(i) ABORTIONS FOR WHICH PUBLIC FUNDING IS PROHIBITED.—The services described in this clause are abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is not permitted, based on the law as in effect as of the date that is 6 months before the beginning of the plan year involved.

“(ii) ABORTIONS FOR WHICH PUBLIC FUNDING IS ALLOWED.—The services described in this clause are abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is permitted, based on the law as in effect as of the date that is 6 months before the beginning of the plan year involved.

“(2) PROHIBITION ON THE USE OF FEDERAL FUNDS.—

“(A) IN GENERAL.—If a qualified health plan provides coverage of services described in paragraph (1)(B)(i), the issuer of the plan shall not use any amount attributable to any of the following for purposes of paying for such services:

“(i) The credit under section 36B of the Internal Revenue Code of 1986 (and the amount (if any) of the advance payment of the credit under section 1412 of the Patient Protection and Affordable Care Act).

“(ii) Any cost-sharing reduction under section 1402 of the Patient Protection and Affordable Care Act (and the amount (if any) of the advance payment of the reduction under section 1412 of the Patient Protection and Affordable Care Act).

“(B) ESTABLISHMENT OF ALLOCATION ACCOUNTS.—In the case of a plan to which subparagraph (A) applies, the issuer of the plan shall—

“(i) collect from each enrollee in the plan (without regard to the enrollee’s age, sex, or family status) a separate payment for each of the following:

“(I) an amount equal to the portion of the premium to be paid directly by the enrollee for coverage under the plan of services other than services described in paragraph (1)(B)(i) (after reduction for credits and cost-sharing reductions described in subparagraph (A)); and

“(II) an amount equal to the actuarial value of the coverage of services described in paragraph (1)(B)(i), and

“(ii) shall deposit all such separate payments into separate allocation accounts as provided in subparagraph (C).

In the case of an enrollee whose premium for coverage under the plan is paid through employee payroll deposit, the separate payments required under this subparagraph shall each be paid by a separate deposit.

“(C) SEGREGATION OF FUNDS.—

“(i) IN GENERAL.—The issuer of a plan to which subparagraph (A) applies shall establish allocation accounts described in clause (ii) for enrollees receiving amounts described in subparagraph (A).

“(ii) ALLOCATION ACCOUNTS.—The issuer of a plan to which subparagraph (A) applies shall deposit—

“(I) all payments described in subparagraph (B)(i)(I) into a separate account that consists solely of such payments and that is used exclusively to pay for services other than services described in paragraph (1)(B)(i); and

“(II) all payments described in subparagraph (B)(i)(II) into a separate account that consists solely of such payments and that is used exclusively to pay for services described in paragraph (1)(B)(i).

“(D) ACTUARIAL VALUE.—

“(i) IN GENERAL.—The issuer of a qualified health plan shall estimate the basic per enrollee, per month cost, determined on an average actuarial basis, for including coverage under the qualified health plan of the services described in paragraph (1)(B)(i).

“(ii) CONSIDERATIONS.—In making such estimate, the issuer—

“(I) may take into account the impact on overall costs of the inclusion of such coverage, but may not take into account any cost reduction estimated to result from such services, including prenatal care, delivery, or postnatal care;

“(II) shall estimate such costs as if such coverage were included for the entire population covered; and

“(III) may not estimate such a cost at less than \$1 per enrollee, per month.

“(E) ENSURING COMPLIANCE WITH SEGREGATION REQUIREMENTS.—

“(i) IN GENERAL.—Subject to clause (ii), State health insurance commissioners shall ensure that health plans comply with the segregation requirements in this subsection through the segregation of plan funds in accordance with applicable provisions of generally accepted accounting requirements, circulars on funds management of the Office of Management and Budget, and guidance on accounting of the Government Accountability Office.

“(ii) CLARIFICATION.—Nothing in clause (i) shall prohibit the right of an individual or health plan to appeal such action in courts of competent jurisdiction.

“(3) RULES RELATING TO NOTICE.—

“(A) NOTICE.—A qualified health plan that provides for coverage of the services described in paragraph (1)(B)(i) shall provide a notice to enrollees, only as part of the summary of benefits and coverage explanation, at the time of enrollment, of such coverage.

“(B) RULES RELATING TO PAYMENTS.—The notice described in subparagraph (A), any adver-

tising used by the issuer with respect to the plan, any information provided by the Exchange, and any other information specified by the Secretary shall provide information only with respect to the total amount of the combined payments for services described in paragraph (1)(B)(i) and other services covered by the plan.

“(4) NO DISCRIMINATION ON BASIS OF PROVISION OF ABORTION.—No qualified health plan offered through an Exchange may discriminate against any individual health care provider or health care facility because of its unwillingness to provide, pay for, provide coverage of, or refer for abortions.

“(c) APPLICATION OF STATE AND FEDERAL LAWS REGARDING ABORTION.—

“(1) NO PREEMPTION OF STATE LAWS REGARDING ABORTION.—Nothing in this Act shall be construed to preempt or otherwise have any effect on State laws regarding the prohibition of (or requirement of) coverage, funding, or procedural requirements on abortions, including parental notification or consent for the performance of an abortion on a minor.

“(2) NO EFFECT ON FEDERAL LAWS REGARDING ABORTION.—

“(A) IN GENERAL.—Nothing in this Act shall be construed to have any effect on Federal laws regarding—

“(i) conscience protection;

“(ii) willingness or refusal to provide abortion; and

“(iii) discrimination on the basis of the willingness or refusal to provide, pay for, cover, or refer for abortion or to provide or participate in training to provide abortion.

“(3) NO EFFECT ON FEDERAL CIVIL RIGHTS LAW.—Nothing in this subsection shall alter the rights and obligations of employees and employers under title VII of the Civil Rights Act of 1964.

“(d) APPLICATION OF EMERGENCY SERVICES LAWS.—Nothing in this Act shall be construed to relieve any health care provider from providing emergency services as required by State or Federal law, including section 1867 of the Social Security Act (popularly known as ‘EMTALA’).”

(d) Section 1304 of this Act is amended by adding at the end the following:

“(e) EDUCATED HEALTH CARE CONSUMERS.—The term ‘educated health care consumer’ means an individual who is knowledgeable about the health care system, and has background or experience in making informed decisions regarding health, medical, and scientific matters.”

(e) Section 1311(d) of this Act is amended—

(1) in paragraph (3)(B), by striking clause (ii) and inserting the following:

“(ii) STATE MUST ASSUME COST.—A State shall make payments—

“(I) to an individual enrolled in a qualified health plan offered in such State; or

“(II) on behalf of an individual described in subclause (I) directly to the qualified health plan in which such individual is enrolled;

to defray the cost of any additional benefits described in clause (i).”; and

(2) in paragraph (6)(A), by inserting “educated” before “health care”.

(f) Section 1311(e) of this Act is amended—

(1) in paragraph (2), by striking “may” in the second sentence and inserting “shall”; and

(2) by adding at the end the following:

“(3) TRANSPARENCY IN COVERAGE.—

“(A) IN GENERAL.—The Exchange shall require health plans seeking certification as qualified health plans to submit to the Exchange, the Secretary, the State insurance commissioner, and make available to the public, accurate and timely disclosure of the following information:

“(i) Claims payment policies and practices.

“(ii) Periodic financial disclosures.

“(iii) Data on enrollment.

“(iv) Data on disenrollment.

“(v) Data on the number of claims that are denied.

“(vi) Data on rating practices.

“(vii) Information on cost-sharing and payments with respect to any out-of-network coverage.

“(viii) Information on enrollee and participant rights under this title.

“(ix) Other information as determined appropriate by the Secretary.

“(B) USE OF PLAIN LANGUAGE.—The information required to be submitted under subparagraph (A) shall be provided in plain language. The term ‘plain language’ means language that the intended audience, including individuals with limited English proficiency, can readily understand and use because that language is concise, well-organized, and follows other best practices of plain language writing. The Secretary and the Secretary of Labor shall jointly develop and issue guidance on best practices of plain language writing.

“(C) COST SHARING TRANSPARENCY.—The Exchange shall require health plans seeking certification as qualified health plans to permit individuals to learn the amount of cost-sharing (including deductibles, copayments, and coinsurance) under the individual’s plan or coverage that the individual would be responsible for paying with respect to the furnishing of a specific item or service by a participating provider in a timely manner upon the request of the individual. At a minimum, such information shall be made available to such individual through an Internet website and such other means for individuals without access to the Internet.

“(D) GROUP HEALTH PLANS.—The Secretary of Labor shall update and harmonize the Secretary’s rules concerning the accurate and timely disclosure to participants by group health plans of plan disclosure, plan terms and conditions, and periodic financial disclosure with the standards established by the Secretary under subparagraph (A).”

(g) Section 1311(g)(1) of this Act is amended—

(1) in subparagraph (C), by striking “; and” and inserting a semicolon;

(2) in subparagraph (D), by striking the period and inserting “; and”; and

(3) by adding at the end the following:

“(E) the implementation of activities to reduce health and health care disparities, including through the use of language services, community outreach, and cultural competency trainings.”

(h) Section 1311(i)(2)(B) of this Act is amended by striking “small business development centers” and inserting “resource partners of the Small Business Administration”.

(i) Section 1312 of this Act is amended—

(1) in subsection (a)(1), by inserting “and for which such individual is eligible” before the period;

(2) in subsection (e)—

(A) in paragraph (1), by inserting “and employers” after “enroll individuals”; and

(B) by striking the flush sentence at the end; and

(3) in subsection (f)(1)(A)(ii), by striking the parenthetical.

(j)(1) Subparagraph (B) of section 1313(a)(6) of this Act is hereby deemed null, void, and of no effect.

(2) Section 3730(e) of title 31, United States Code, is amended by striking paragraph (4) and inserting the following:

“(4)(A) The court shall dismiss an action or claim under this section, unless opposed by the Government, if substantially the same allegations or transactions as alleged in the action or claim were publicly disclosed—

“(i) in a Federal criminal, civil, or administrative hearing in which the Government or its agent is a party;

“(ii) in a congressional, Government Accountability Office, or other Federal report, hearing, audit, or investigation; or

“(iii) from the news media,

unless the action is brought by the Attorney General or the person bringing the action is an original source of the information.

“(B) For purposes of this paragraph, “original source” means an individual who either (i) prior to a public disclosure under subsection (e)(4)(a), has voluntarily disclosed to the Government the information on which allegations or transactions in a claim are based, or (2) who has knowledge that is independent of and materially adds to the publicly disclosed allegations or transactions, and who has voluntarily provided the information to the Government before filing an action under this section.”.

(k) Section 1313(b) of this Act is amended—

(1) in paragraph (3), by striking “and” at the end;

(2) by redesignating paragraph (4) as paragraph (5); and

(3) by inserting after paragraph (3) the following:

“(4) a survey of the cost and affordability of health care insurance provided under the Exchanges for owners and employees of small business concerns (as defined under section 3 of the Small Business Act (15 U.S.C. 632)), including data on enrollees in Exchanges and individuals purchasing health insurance coverage outside of Exchanges; and”.

(l) Section 1322(b) of this Act is amended—

(1) by redesignating paragraph (3) as paragraph (4); and

(2) by inserting after paragraph (2), the following:

“(3) REPAYMENT OF LOANS AND GRANTS.—Not later than July 1, 2013, and prior to awarding loans and grants under the CO-OP program, the Secretary shall promulgate regulations with respect to the repayment of such loans and grants in a manner that is consistent with State solvency regulations and other similar State laws that may apply. In promulgating such regulations, the Secretary shall provide that such loans shall be repaid within 5 years and such grants shall be repaid within 15 years, taking into consideration any appropriate State reserve requirements, solvency regulations, and requisite surplus note arrangements that must be constructed in a State to provide for such repayment prior to awarding such loans and grants.”.

(m) Part III of subtitle D of title I of this Act is amended by striking section 1323.

(n) Section 1324(a) of this Act is amended by striking “, a community health” and all that follows through “1333(b)” and inserting “, or a multi-State qualified health plan under section 1334”.

(o) Section 1331 of this Act is amended—

(1) in subsection (d)(3)(A)(i), by striking “85” and inserting “95”; and

(2) in subsection (e)(1)(B), by inserting before the semicolon the following: “, or, in the case of an alien lawfully present in the United States, whose income is not greater than 133 percent of the poverty line for the size of the family involved but who is not eligible for the Medicaid program under title XIX of the Social Security Act by reason of such alien status”.

(p) Section 1333 of this Act is amended by striking subsection (b).

(q) Part IV of subtitle D of title I of this Act is amended by adding at the end the following:

“SEC. 1334. MULTI-STATE PLANS.

“(a) OVERSIGHT BY THE OFFICE OF PERSONNEL MANAGEMENT.—

“(1) IN GENERAL.—The Director of the Office of Personnel Management (referred to in this section as the ‘Director’) shall enter into contracts with health insurance issuers (which may

include a group of health insurance issuers affiliated either by common ownership and control or by the common use of a nationally licensed service mark), without regard to section 5 of title 41, United States Code, or other statutes requiring competitive bidding, to offer at least 2 multi-State qualified health plans through each Exchange in each State. Such plans shall provide individual, or in the case of small employers, group coverage.

“(2) TERMS.—Each contract entered into under paragraph (1) shall be for a uniform term of at least 1 year, but may be made automatically renewable from term to term in the absence of notice of termination by either party. In entering into such contracts, the Director shall ensure that health benefits coverage is provided in accordance with the types of coverage provided for under section 2701(a)(1)(A)(i) of the Public Health Service Act.

“(3) NON-PROFIT ENTITIES.—In entering into contracts under paragraph (1), the Director shall ensure that at least one contract is entered into with a non-profit entity.

“(4) ADMINISTRATION.—The Director shall implement this subsection in a manner similar to the manner in which the Director implements the contracting provisions with respect to carriers under the Federal employees health benefit program under chapter 89 of title 5, United States Code, including (through negotiating with each multi-state plan)—

“(A) a medical loss ratio;

“(B) a profit margin;

“(C) the premiums to be charged; and

“(D) such other terms and conditions of coverage as are in the interests of enrollees in such plans.

“(5) AUTHORITY TO PROTECT CONSUMERS.—The Director may prohibit the offering of any multi-State health plan that does not meet the terms and conditions defined by the Director with respect to the elements described in subparagraphs (A) through (D) of paragraph (4).

“(6) ASSURED AVAILABILITY OF VARIED COVERAGE.—In entering into contracts under this subsection, the Director shall ensure that with respect to multi-State qualified health plans offered in an Exchange, there is at least one such plan that does not provide coverage of services described in section 1303(b)(1)(B)(i).

“(7) WITHDRAWAL.—Approval of a contract under this subsection may be withdrawn by the Director only after notice and opportunity for hearing to the issuer concerned without regard to subchapter II of chapter 5 and chapter 7 of title 5, United States Code.

“(b) ELIGIBILITY.—A health insurance issuer shall be eligible to enter into a contract under subsection (a)(1) if such issuer—

“(1) agrees to offer a multi-State qualified health plan that meets the requirements of subsection (c) in each Exchange in each State;

“(2) is licensed in each State and is subject to all requirements of State law not inconsistent with this section, including the standards and requirements that a State imposes that do not prevent the application of a requirement of part A of title XXVII of the Public Health Service Act or a requirement of this title;

“(3) otherwise complies with the minimum standards prescribed for carriers offering health benefits plans under section 8902(e) of title 5, United States Code, to the extent that such standards do not conflict with a provision of this title; and

“(4) meets such other requirements as determined appropriate by the Director, in consultation with the Secretary.

“(c) REQUIREMENTS FOR MULTI-STATE QUALIFIED HEALTH PLAN.—

“(1) IN GENERAL.—A multi-State qualified health plan meets the requirements of this subsection if, in the determination of the Director—

“(A) the plan offers a benefits package that is uniform in each State and consists of the essential benefits described in section 1302;

“(B) the plan meets all requirements of this title with respect to a qualified health plan, including requirements relating to the offering of the bronze, silver, and gold levels of coverage and catastrophic coverage in each State Exchange;

“(C) except as provided in paragraph (5), the issuer provides for determinations of premiums for coverage under the plan on the basis of the rating requirements of part A of title XXVII of the Public Health Service Act; and

“(D) the issuer offers the plan in all geographic regions, and in all States that have adopted adjusted community rating before the date of enactment of this Act.

“(2) STATES MAY OFFER ADDITIONAL BENEFITS.—Nothing in paragraph (1)(A) shall preclude a State from requiring that benefits in addition to the essential health benefits required under such paragraph be provided to enrollees of a multi-State qualified health plan offered in such State.

“(3) CREDITS.—

“(A) IN GENERAL.—An individual enrolled in a multi-State qualified health plan under this section shall be eligible for credits under section 36B of the Internal Revenue Code of 1986 and cost sharing assistance under section 1402 in the same manner as an individual who is enrolled in a qualified health plan.

“(B) NO ADDITIONAL FEDERAL COST.—A requirement by a State under paragraph (2) that benefits in addition to the essential health benefits required under paragraph (1)(A) be provided to enrollees of a multi-State qualified health plan shall not affect the amount of a premium tax credit provided under section 36B of the Internal Revenue Code of 1986 with respect to such plan.

“(4) STATE MUST ASSUME COST.—A State shall make payments—

“(A) to an individual enrolled in a multi-State qualified health plan offered in such State; or

“(B) on behalf of an individual described in subparagraph (A) directly to the multi-State qualified health plan in which such individual is enrolled;

to defray the cost of any additional benefits described in paragraph (2).

“(5) APPLICATION OF CERTAIN STATE RATING REQUIREMENTS.—With respect to a multi-State qualified health plan that is offered in a State with age rating requirements that are lower than 3:1, the State may require that Exchanges operating in such State only permit the offering of such multi-State qualified health plans if such plans comply with the State’s more protective age rating requirements.

“(d) PLANS DEEMED TO BE CERTIFIED.—A multi-State qualified health plan that is offered under a contract under subsection (a) shall be deemed to be certified by an Exchange for purposes of section 1311(d)(4)(A).

“(e) PHASE-IN.—Notwithstanding paragraphs (1) and (2) of subsection (b), the Director shall enter into a contract with a health insurance issuer for the offering of a multi-State qualified health plan under subsection (a) if—

“(1) with respect to the first year for which the issuer offers such plan, such issuer offers the plan in at least 60 percent of the States;

“(2) with respect to the second such year, such issuer offers the plan in at least 70 percent of the States;

“(3) with respect to the third such year, such issuer offers the plan in at least 85 percent of the States; and

“(4) with respect to each subsequent year, such issuer offers the plan in all States.

“(f) APPLICABILITY.—The requirements under chapter 89 of title 5, United States Code, applicable to health benefits plans under such chapter shall apply to multi-State qualified health

plans provided for under this section to the extent that such requirements do not conflict with a provision of this title.

“(g) CONTINUED SUPPORT FOR FEHBP.—

“(1) MAINTENANCE OF EFFORT.—Nothing in this section shall be construed to permit the Director to allocate fewer financial or personnel resources to the functions of the Office of Personnel Management related to the administration of the Federal Employees Health Benefit Program under chapter 89 of title 5, United States Code.

“(2) SEPARATE RISK POOL.—Enrollees in multi-State qualified health plans under this section shall be treated as a separate risk pool apart from enrollees in the Federal Employees Health Benefit Program under chapter 89 of title 5, United States Code.

“(3) AUTHORITY TO ESTABLISH SEPARATE ENTITIES.—The Director may establish such separate units or offices within the Office of Personnel Management as the Director determines to be appropriate to ensure that the administration of multi-State qualified health plans under this section does not interfere with the effective administration of the Federal Employees Health Benefit Program under chapter 89 of title 5, United States Code.

“(4) EFFECTIVE OVERSIGHT.—The Director may appoint such additional personnel as may be necessary to enable the Director to carry out activities under this section.

“(5) ASSURANCE OF SEPARATE PROGRAM.—In carrying out this section, the Director shall ensure that the program under this section is separate from the Federal Employees Health Benefit Program under chapter 89 of title 5, United States Code. Premiums paid for coverage under a multi-State qualified health plan under this section shall not be considered to be Federal funds for any purposes.

“(6) FEHBP PLANS NOT REQUIRED TO PARTICIPATE.—Nothing in this section shall require that a carrier offering coverage under the Federal Employees Health Benefit Program under chapter 89 of title 5, United States Code, also offer a multi-State qualified health plan under this section.

“(h) ADVISORY BOARD.—The Director shall establish an advisory board to provide recommendations on the activities described in this section. A significant percentage of the members of such board shall be comprised of enrollees in a multi-State qualified health plan, or representatives of such enrollees.

“(i) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated, such sums as may be necessary to carry out this section.”

(r) Section 1341 of this Act is amended—

(1) in the section heading, by striking “**AND SMALL GROUP MARKETS**” and inserting “**MARKET**”;

(2) in subsection (b)(2)(B), by striking “paragraph (1)(A)” and inserting “paragraph (1)(B)”; and

(3) in subsection (c)(1)(A), by striking “and small group markets” and inserting “market”.

SEC. 10105. AMENDMENTS TO SUBTITLE E.

(a) Section 36B(b)(3)(A)(ii) of the Internal Revenue Code of 1986, as added by section 1401(a) of this Act, is amended by striking “is in excess of” and inserting “equals or exceeds”.

(b) Section 36B(c)(1)(A) of the Internal Revenue Code of 1986, as added by section 1401(a) of this Act, is amended by inserting “equals or” before “exceeds”.

(c) Section 36B(c)(2)(C)(iv) of the Internal Revenue Code of 1986, as added by section 1401(a) of this Act, is amended by striking “subsection (b)(3)(A)(ii)” and inserting “subsection (b)(3)(A)(iii)”.

(d) Section 1401(d) of this Act is amended by adding at the end the following:

“(3) Section 6211(b)(4)(A) of the Internal Revenue Code of 1986 is amended by inserting ‘36B,’ after ‘36A,’.”

(e)(1) Subparagraph (B) of section 45R(d)(3) of the Internal Revenue Code of 1986, as added by section 1421(a) of this Act, is amended to read as follows:

“(B) DOLLAR AMOUNT.—For purposes of paragraph (1)(B) and subsection (c)(2)—

“(i) 2010, 2011, 2012, AND 2013.—The dollar amount in effect under this paragraph for taxable years beginning in 2010, 2011, 2012, or 2013 is \$25,000.

“(ii) SUBSEQUENT YEARS.—In the case of a taxable year beginning in a calendar year after 2013, the dollar amount in effect under this paragraph shall be equal to \$25,000, multiplied by the cost-of-living adjustment under section 1(f)(3) for the calendar year, determined by substituting ‘calendar year 2012’ for ‘calendar year 1992’ in subparagraph (B) thereof.”

(2) Subsection (g) of section 45R of the Internal Revenue Code of 1986, as added by section 1421(a) of this Act, is amended by striking “2011” both places it appears and inserting “2010, 2011”.

(3) Section 280C(h) of the Internal Revenue Code of 1986, as added by section 1421(d)(1) of this Act, is amended by striking “2011” and inserting “2010, 2011”.

(4) Section 1421(f) of this Act is amended by striking “2010” both places it appears and inserting “2009”.

(5) The amendments made by this subsection shall take effect as if included in the enactment of section 1421 of this Act.

(f) Part I of subtitle E of title I of this Act is amended by adding at the end of subpart B, the following:

“SEC. 1416. STUDY OF GEOGRAPHIC VARIATION IN APPLICATION OF FPL.

“(a) IN GENERAL.—The Secretary shall conduct a study to examine the feasibility and implication of adjusting the application of the Federal poverty level under this subtitle (and the amendments made by this subtitle) for different geographic areas so as to reflect the variations in cost-of-living among different areas within the United States. If the Secretary determines that an adjustment is feasible, the study should include a methodology to make such an adjustment. Not later than January 1, 2013, the Secretary shall submit to Congress a report on such study and shall include such recommendations as the Secretary determines appropriate.

“(b) INCLUSION OF TERRITORIES.—

“(1) IN GENERAL.—The Secretary shall ensure that the study under subsection (a) covers the territories of the United States and that special attention is paid to the disparity that exists among poverty levels and the cost of living in such territories and to the impact of such disparity on efforts to expand health coverage and ensure health care.

“(2) TERRITORIES DEFINED.—In this subsection, the term ‘territories of the United States’ includes the Commonwealth of Puerto Rico, the United States Virgin Islands, Guam, the Northern Mariana Islands, and any other territory or possession of the United States.”

SEC. 10106. AMENDMENTS TO SUBTITLE F.

(a) Section 1501(a)(2) of this Act is amended to read as follows:

“(2) EFFECTS ON THE NATIONAL ECONOMY AND INTERSTATE COMMERCE.—The effects described in this paragraph are the following:

“(A) The requirement regulates activity that is commercial and economic in nature: economic and financial decisions about how and when health care is paid for, and when health insurance is purchased. In the absence of the requirement, some individuals would make an economic and financial decision to forego health insurance coverage and attempt to self-insure, which

increases financial risks to households and medical providers.

“(B) Health insurance and health care services are a significant part of the national economy. National health spending is projected to increase from \$2,500,000,000,000, or 17.6 percent of the economy, in 2009 to \$4,700,000,000,000 in 2019. Private health insurance spending is projected to be \$854,000,000,000 in 2009, and pays for medical supplies, drugs, and equipment that are shipped in interstate commerce. Since most health insurance is sold by national or regional health insurance companies, health insurance is sold in interstate commerce and claims payments flow through interstate commerce.

“(C) The requirement, together with the other provisions of this Act, will add millions of new consumers to the health insurance market, increasing the supply of, and demand for, health care services, and will increase the number and share of Americans who are insured.

“(D) The requirement achieves near-universal coverage by building upon and strengthening the private employer-based health insurance system, which covers 176,000,000 Americans nationwide. In Massachusetts, a similar requirement has strengthened private employer-based coverage: despite the economic downturn, the number of workers offered employer-based coverage has actually increased.

“(E) The economy loses up to \$207,000,000,000 a year because of the poorer health and shorter lifespan of the uninsured. By significantly reducing the number of the uninsured, the requirement, together with the other provisions of this Act, will significantly reduce this economic cost.

“(F) The cost of providing uncompensated care to the uninsured was \$43,000,000,000 in 2008. To pay for this cost, health care providers pass on the cost to private insurers, which pass on the cost to families. This cost-shifting increases family premiums by on average over \$1,000 a year. By significantly reducing the number of the uninsured, the requirement, together with the other provisions of this Act, will lower health insurance premiums.

“(G) 62 percent of all personal bankruptcies are caused in part by medical expenses. By significantly increasing health insurance coverage, the requirement, together with the other provisions of this Act, will improve financial security for families.

“(H) Under the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1001 et seq.), the Public Health Service Act (42 U.S.C. 201 et seq.), and this Act, the Federal Government has a significant role in regulating health insurance. The requirement is an essential part of this larger regulation of economic activity, and the absence of the requirement would undercut Federal regulation of the health insurance market.

“(I) Under sections 2704 and 2705 of the Public Health Service Act (as added by section 1201 of this Act), if there were no requirement, many individuals would wait to purchase health insurance until they needed care. By significantly increasing health insurance coverage, the requirement, together with the other provisions of this Act, will minimize this adverse selection and broaden the health insurance risk pool to include healthy individuals, which will lower health insurance premiums. The requirement is essential to creating effective health insurance markets in which improved health insurance products that are guaranteed issue and do not exclude coverage of pre-existing conditions can be sold.

“(J) Administrative costs for private health insurance, which were \$90,000,000,000 in 2006, are 26 to 30 percent of premiums in the current individual and small group markets. By significantly increasing health insurance coverage

and the size of purchasing pools, which will increase economies of scale, the requirement, together with the other provisions of this Act, will significantly reduce administrative costs and lower health insurance premiums. The requirement is essential to creating effective health insurance markets that do not require underwriting and eliminate its associated administrative costs.”.

(b)(1) Section 5000A(b)(1) of the Internal Revenue Code of 1986, as added by section 1501(b) of this Act, is amended to read as follows:

“(1) *IN GENERAL*.—If a taxpayer who is an applicable individual, or an applicable individual for whom the taxpayer is liable under paragraph (3), fails to meet the requirement of subsection (a) for 1 or more months, then, except as provided in subsection (e), there is hereby imposed on the taxpayer a penalty with respect to such failures in the amount determined under subsection (c).”.

(2) Paragraphs (1) and (2) of section 5000A(c) of the Internal Revenue Code of 1986, as so added, are amended to read as follows:

“(1) *IN GENERAL*.—The amount of the penalty imposed by this section on any taxpayer for any taxable year with respect to failures described in subsection (b)(1) shall be equal to the lesser of—

“(A) the sum of the monthly penalty amounts determined under paragraph (2) for months in the taxable year during which 1 or more such failures occurred, or

“(B) an amount equal to the national average premium for qualified health plans which have a bronze level of coverage, provide coverage for the applicable family size involved, and are offered through Exchanges for plan years beginning in the calendar year with or within which the taxable year ends.

“(2) *MONTHLY PENALTY AMOUNTS*.—For purposes of paragraph (1)(A), the monthly penalty amount with respect to any taxpayer for any month during which any failure described in subsection (b)(1) occurred is an amount equal to $\frac{1}{12}$ of the greater of the following amounts:

“(A) *FLAT DOLLAR AMOUNT*.—An amount equal to the lesser of—

“(i) the sum of the applicable dollar amounts for all individuals with respect to whom such failure occurred during such month, or

“(ii) 300 percent of the applicable dollar amount (determined without regard to paragraph (3)(C)) for the calendar year with or within which the taxable year ends.

“(B) *PERCENTAGE OF INCOME*.—An amount equal to the following percentage of the taxpayer's household income for the taxable year:

“(i) 0.5 percent for taxable years beginning in 2014.

“(ii) 1.0 percent for taxable years beginning in 2015.

“(iii) 2.0 percent for taxable years beginning after 2015.”.

(3) Section 5000A(c)(3) of the Internal Revenue Code of 1986, as added by section 1501(b) of this Act, is amended by striking “\$350” and inserting “\$495”.

(c) Section 5000A(d)(2)(A) of the Internal Revenue Code of 1986, as added by section 1501(b) of this Act, is amended to read as follows:

“(A) *RELIGIOUS CONSCIENCE EXEMPTION*.—Such term shall not include any individual for any month if such individual has in effect an exemption under section 1311(d)(4)(H) of the Patient Protection and Affordable Care Act which certifies that such individual is—

“(i) a member of a recognized religious sect or division thereof of which is described in section 1402(g)(1), and

“(ii) an adherent of established tenets or teachings of such sect or division as described in such section.”.

(d) Section 5000A(e)(1)(C) of the Internal Revenue Code of 1986, as added by section 1501(b) of this Act, is amended to read as follows:

“(C) *SPECIAL RULES FOR INDIVIDUALS RELATED TO EMPLOYEES*.—For purposes of subparagraph (B)(i), if an applicable individual is eligible for minimum essential coverage through an employer by reason of a relationship to an employee, the determination under subparagraph (A) shall be made by reference to required contribution of the employee.”.

(e) Section 4980H(b) of the Internal Revenue Code of 1986, as added by section 1513(a) of this Act, is amended to read as follows:

“(b) *LARGE EMPLOYERS WITH WAITING PERIODS EXCEEDING 60 DAYS*.—

“(1) *IN GENERAL*.—In the case of any applicable large employer which requires an extended waiting period to enroll in any minimum essential coverage under an employer-sponsored plan (as defined in section 5000A(f)(2)), there is hereby imposed on the employer an assessable payment of \$600 for each full-time employee of the employer to whom the extended waiting period applies.

“(2) *EXTENDED WAITING PERIOD*.—The term ‘extended waiting period’ means any waiting period (as defined in section 2701(b)(4) of the Public Health Service Act) which exceeds 60 days.”.

(f)(1) Subparagraph (A) of section 4980H(d)(4) of the Internal Revenue Code of 1986, as added by section 1513(a) of this Act, is amended by inserting “, with respect to any month,” after “means”.

(2) Section 4980H(d)(2) of the Internal Revenue Code of 1986, as added by section 1513(a) of this Act, is amended by adding at the end the following:

“(D) *APPLICATION TO CONSTRUCTION INDUSTRY EMPLOYERS*.—In the case of any employer the substantial annual gross receipts of which are attributable to the construction industry—

“(i) subparagraph (A) shall be applied by substituting ‘who employed an average of at least 5 full-time employees on business days during the preceding calendar year and whose annual payroll expenses exceed \$250,000 for such preceding calendar year’ for ‘who employed an average of at least 50 full-time employees on business days during the preceding calendar year’, and

“(ii) subparagraph (B) shall be applied by substituting ‘5’ for ‘50’.”.

(3) The amendment made by paragraph (2) shall apply to months beginning after December 31, 2013.

(g) Section 6056(b) of the Internal Revenue Code of 1986, as added by section 1514(a) of the Act, is amended by adding at the end the following new flush sentence:

“The Secretary shall have the authority to review the accuracy of the information provided under this subsection, including the applicable large employer's share under paragraph (2)(C)(iv).”.

SEC. 10107. AMENDMENTS TO SUBTITLE G.

(a) Section 1562 of this Act is amended, in the amendment made by subsection (a)(2)(B)(iii), by striking “subpart I” and inserting “subparts I and II”; and

(b) Subtitle G of title I of this Act is amended—

(1) by redesignating section 1562 (as amended) as section 1563; and

(2) by inserting after section 1561 the following:

“SEC. 1562. GAO STUDY REGARDING THE RATE OF DENIAL OF COVERAGE AND ENROLLMENT BY HEALTH INSURANCE ISSUERS AND GROUP HEALTH PLANS.

“(a) *IN GENERAL*.—The Comptroller General of the United States (referred to in this section as the ‘Comptroller General’) shall conduct a study of the incidence of denials of coverage for medical services and denials of applications to enroll in health insurance plans, as described in

subsection (b), by group health plans and health insurance issuers.

“(b) *DATA*.—

“(1) *IN GENERAL*.—In conducting the study described in subsection (a), the Comptroller General shall consider samples of data concerning the following:

“(A)(i) denials of coverage for medical services to a plan enrollees, by the types of services for which such coverage was denied; and

“(ii) the reasons such coverage was denied; and

“(B)(i) incidents in which group health plans and health insurance issuers deny the application of an individual to enroll in a health insurance plan offered by such group health plan or issuer; and

“(ii) the reasons such applications are denied.

“(2) *SCOPE OF DATA*.—

“(A) *FAVORABLY RESOLVED DISPUTES*.—The data that the Comptroller General considers under paragraph (1) shall include data concerning denials of coverage for medical services and denials of applications for enrollment in a plan by a group health plan or health insurance issuer, where such group health plan or health insurance issuer later approves such coverage or application.

“(B) *ALL HEALTH PLANS*.—The study under this section shall consider data from varied group health plans and health insurance plans offered by health insurance issuers, including qualified health plans and health plans that are not qualified health plans.

“(c) *REPORT*.—Not later than one year after the date of enactment of this Act, the Comptroller General shall submit to the Secretaries of Health and Human Services and Labor a report describing the results of the study conducted under this section.

“(d) *PUBLICATION OF REPORT*.—The Secretaries of Health and Human Services and Labor shall make the report described in subsection (c) available to the public on an Internet website.

“SEC. 1563. SMALL BUSINESS PROCUREMENT.

“Part 19 of the Federal Acquisition Regulation, section 15 of the Small Business Act (15 U.S.C. 644), and any other applicable laws or regulations establishing procurement requirements relating to small business concerns (as defined in section 3 of the Small Business Act (15 U.S.C. 632)) may not be waived with respect to any contract awarded under any program or other authority under this Act or an amendment made by this Act.”.

SEC. 10108. FREE CHOICE VOUCHERS.

(a) *IN GENERAL*.—An offering employer shall provide free choice vouchers to each qualified employee of such employer.

(b) *OFFERING EMPLOYER*.—For purposes of this section, the term “offering employer” means any employer who—

(1) offers minimum essential coverage to its employees consisting of coverage through an eligible employer-sponsored plan; and

(2) pays any portion of the costs of such plan.

(c) *QUALIFIED EMPLOYEE*.—For purposes of this section—

(1) *IN GENERAL*.—The term “qualified employee” means, with respect to any plan year of an offering employer, any employee—

(A) whose required contribution (as determined under section 5000A(e)(1)(B)) for minimum essential coverage through an eligible employer-sponsored plan—

(i) exceeds 8 percent of such employee's household income for the taxable year described in section 1412(b)(1)(B) which ends with or within in the plan year; and

(ii) does not exceed 9.8 percent of such employee's household income for such taxable year;

(B) whose household income for such taxable year is not greater than 400 percent of the poverty line for a family of the size involved; and

(C) who does not participate in a health plan offered by the offering employer.

(2) INDEXING.—In the case of any calendar year beginning after 2014, the Secretary shall adjust the 8 percent under paragraph (1)(A)(i) and 9.8 percent under paragraph (1)(A)(ii) for the calendar year to reflect the rate of premium growth between the preceding calendar year and 2013 over the rate of income growth for such period.

(d) FREE CHOICE VOUCHER.—

(1) AMOUNT.—

(A) IN GENERAL.—The amount of any free choice voucher provided under subsection (a) shall be equal to the monthly portion of the cost of the eligible employer-sponsored plan which would have been paid by the employer if the employee were covered under the plan with respect to which the employer pays the largest portion of the cost of the plan. Such amount shall be equal to the amount the employer would pay for an employee with self-only coverage unless such employee elects family coverage (in which case such amount shall be the amount the employer would pay for family coverage).

(B) DETERMINATION OF COST.—The cost of any health plan shall be determined under the rules similar to the rules of section 2204 of the Public Health Service Act, except that such amount shall be adjusted for age and category of enrollment in accordance with regulations established by the Secretary.

(2) USE OF VOUCHERS.—An Exchange shall credit the amount of any free choice voucher provided under subsection (a) to the monthly premium of any qualified health plan in the Exchange in which the qualified employee is enrolled and the offering employer shall pay any amounts so credited to the Exchange.

(3) PAYMENT OF EXCESS AMOUNTS.—If the amount of the free choice voucher exceeds the amount of the premium of the qualified health plan in which the qualified employee is enrolled for such month, such excess shall be paid to the employee.

(e) OTHER DEFINITIONS.—Any term used in this section which is also used in section 5000A of the Internal Revenue Code of 1986 shall have the meaning given such term under such section 5000A.

(f) EXCLUSION FROM INCOME FOR EMPLOYEE.—

(1) IN GENERAL.—Part III of subchapter B of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after section 139C the following new section:

“SEC. 139D. FREE CHOICE VOUCHERS.

“Gross income shall not include the amount of any free choice voucher provided by an employer under section 10108 of the Patient Protection and Affordable Care Act to the extent that the amount of such voucher does not exceed the amount paid for a qualified health plan (as defined in section 1301 of such Act) by the taxpayer.”.

(2) CLERICAL AMENDMENT.—The table of sections for part III of subchapter B of chapter 1 of such Code is amended by inserting after the item relating to section 139C the following new item:

“Sec. 139D. Free choice vouchers.”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to vouchers provided after December 31, 2013.

(g) DEDUCTION ALLOWED TO EMPLOYER.—

(1) IN GENERAL.—Section 162(a) of the Internal Revenue Code of 1986 is amended by adding at the end the following new sentence: “For purposes of paragraph (1), the amount of a free choice voucher provided under section 10108 of the Patient Protection and Affordable Care Act shall be treated as an amount for compensation for personal services actually rendered.”.

(2) EFFECTIVE DATE.—The amendments made by this subsection shall apply to vouchers provided after December 31, 2013.

(h) VOUCHER TAKEN INTO ACCOUNT IN DETERMINING PREMIUM CREDIT.—

(1) IN GENERAL.—Subsection (c)(2) of section 36B of the Internal Revenue Code of 1986, as added by section 1401, is amended by adding at the end the following new subparagraph:

“(D) EXCEPTION FOR INDIVIDUAL RECEIVING FREE CHOICE VOUCHERS.—The term ‘coverage month’ shall not include any month in which such individual has a free choice voucher provided under section 10108 of the Patient Protection and Affordable Care Act.”.

(2) EFFECTIVE DATE.—The amendment made by this subsection shall apply to taxable years beginning after December 31, 2013.

(i) COORDINATION WITH EMPLOYER RESPONSIBILITIES.—

(1) SHARED RESPONSIBILITY PENALTY.—

(A) IN GENERAL.—Subsection (c) of section 4980H of the Internal Revenue Code of 1986, as added by section 1513, is amended by adding at the end the following new paragraph:

“(3) SPECIAL RULES FOR EMPLOYERS PROVIDING FREE CHOICE VOUCHERS.—No assessable payment shall be imposed under paragraph (1) for any month with respect to any employee to whom the employer provides a free choice voucher under section 10108 of the Patient Protection and Affordable Care Act for such month.”.

(B) EFFECTIVE DATE.—The amendment made by this paragraph shall apply to months beginning after December 31, 2013.

(2) NOTIFICATION REQUIREMENT.—Section 18B(a)(3) of the Fair Labor Standards Act of 1938, as added by section 1512, is amended—

(A) by inserting “and the employer does not offer a free choice voucher” after “Exchange”; and

(B) by striking “will lose” and inserting “may lose”.

(j) EMPLOYER REPORTING.—

(1) IN GENERAL.—Subsection (a) of section 6056 of the Internal Revenue Code of 1986, as added by section 1514, is amended by inserting “and every offering employer” before “shall”.

(2) OFFERING EMPLOYERS.—Subsection (f) of section 6056 of such Code, as added by section 1514, is amended to read as follows:

“(f) DEFINITIONS.—For purposes of this section—

“(1) OFFERING EMPLOYER.—

“(A) IN GENERAL.—The term ‘offering employer’ means any offering employer (as defined in section 10108(b) of the Patient Protection and Affordable Care Act) if the required contribution (within the meaning of section 5000A(e)(1)(B)(i)) of any employee exceeds 8 percent of the wages (as defined in section 3121(a)) paid to such employee by such employer.

“(B) INDEXING.—In the case of any calendar year beginning after 2014, the 8 percent under subparagraph (A) shall be adjusted for the calendar year to reflect the rate of premium growth between the preceding calendar year and 2013 over the rate of income growth for such period.

“(2) OTHER DEFINITIONS.—Any term used in this section which is also used in section 4980H shall have the meaning given such term by section 4980H.”.

(3) CONFORMING AMENDMENTS.—

(A) The heading of section 6056 of such Code, as added by section 1514, is amended by striking “LARGE” and inserting “CERTAIN”.

(B) Section 6056(b)(2)(C) of such Code is amended—

(i) by inserting “in the case of an applicable large employer,” before “the length” in clause (i);

(ii) by striking “and” at the end of clause (iii);

(iii) by striking “applicable large employer” in clause (iv) and inserting “employer”;

(iv) by inserting “and” at the end of clause (iv); and

(v) by inserting at the end the following new clause:

“(v) in the case of an offering employer, the option for which the employer pays the largest portion of the cost of the plan and the portion of the cost paid by the employer in each of the enrollment categories under such option.”.

(C) Section 6056(d)(2) of such Code is amended by inserting “or offering employer” after “applicable large employer”.

(D) Section 6056(e) of such Code is amended by inserting “or offering employer” after “applicable large employer”.

(E) Section 6724(d)(1)(B)(xv) of such Code, as added by section 1514, is amended by striking “large” and inserting “certain”.

(F) Section 6724(d)(2)(HH) of such Code, as added by section 1514, is amended by striking “large” and inserting “certain”.

(G) The table of sections for subpart D of part III of subchapter A of chapter 1 of such Code, as amended by section 1514, is amended by striking “Large employers” in the item relating to section 6056 and inserting “Certain employers”.

(4) EFFECTIVE DATE.—The amendments made by this subsection shall apply to periods beginning after December 31, 2013.

SEC. 10109. DEVELOPMENT OF STANDARDS FOR FINANCIAL AND ADMINISTRATIVE TRANSACTIONS.

(a) ADDITIONAL TRANSACTION STANDARDS AND OPERATING RULES.—

(1) DEVELOPMENT OF ADDITIONAL TRANSACTION STANDARDS AND OPERATING RULES.—Section 1173(a) of the Social Security Act (42 U.S.C. 1320d-2(a)), as amended by section 1104(b)(2), is amended—

(A) in paragraph (1)(B), by inserting before the period the following: “, and subject to the requirements under paragraph (5)”; and

(B) by adding at the end the following new paragraph:

“(5) CONSIDERATION OF STANDARDIZATION OF ACTIVITIES AND ITEMS.—

“(A) IN GENERAL.—For purposes of carrying out paragraph (1)(B), the Secretary shall solicit, not later than January 1, 2012, and not less than every 3 years thereafter, input from entities described in subparagraph (B) on—

“(i) whether there could be greater uniformity in financial and administrative activities and items, as determined appropriate by the Secretary; and

“(ii) whether such activities should be considered financial and administrative transactions (as described in paragraph (1)(B)) for which the adoption of standards and operating rules would improve the operation of the health care system and reduce administrative costs.

“(B) SOLICITATION OF INPUT.—For purposes of subparagraph (A), the Secretary shall seek input from—

“(i) the National Committee on Vital and Health Statistics, the Health Information Technology Policy Committee, and the Health Information Technology Standards Committee; and

“(ii) standard setting organizations and stakeholders, as determined appropriate by the Secretary.”.

(b) ACTIVITIES AND ITEMS FOR INITIAL CONSIDERATION.—For purposes of section 1173(a)(5) of the Social Security Act, as added by subsection (a), the Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall, not later than January 1, 2012, seek input on activities and items relating to the following areas:

(1) Whether the application process, including the use of a uniform application form, for enrollment of health care providers by health

plans could be made electronic and standardized.

(2) Whether standards and operating rules described in section 1173 of the Social Security Act should apply to the health care transactions of automobile insurance, worker's compensation, and other programs or persons not described in section 1172(a) of such Act (42 U.S.C. 1320d-1(a)).

(3) Whether standardized forms could apply to financial audits required by health plans, Federal and State agencies (including State auditors, the Office of the Inspector General of the Department of Health and Human Services, and the Centers for Medicare & Medicaid Services), and other relevant entities as determined appropriate by the Secretary.

(4) Whether there could be greater transparency and consistency of methodologies and processes used to establish claim edits used by health plans (as described in section 1171(5) of the Social Security Act (42 U.S.C. 1320d(5))).

(5) Whether health plans should be required to publish their timeliness of payment rules.

(c) ICD CODING CROSSWALKS.—

(1) ICD-9 TO ICD-10 CROSSWALK.—The Secretary shall task the ICD-9-CM Coordination and Maintenance Committee to convene a meeting, not later than January 1, 2011, to receive input from appropriate stakeholders (including health plans, health care providers, and clinicians) regarding the crosswalk between the Ninth and Tenth Revisions of the International Classification of Diseases (ICD-9 and ICD-10, respectively) that is posted on the website of the Centers for Medicare & Medicaid Services, and make recommendations about appropriate revisions to such crosswalk.

(2) REVISION OF CROSSWALK.—For purposes of the crosswalk described in paragraph (1), the Secretary shall make appropriate revisions and post any such revised crosswalk on the website of the Centers for Medicare & Medicaid Services.

(3) USE OF REVISED CROSSWALK.—For purposes of paragraph (2), any revised crosswalk shall be treated as a code set for which a standard has been adopted by the Secretary for purposes of section 1173(c)(1)(B) of the Social Security Act (42 U.S.C. 1320d-2(c)(1)(B)).

(4) SUBSEQUENT CROSSWALKS.—For subsequent revisions of the International Classification of Diseases that are adopted by the Secretary as a standard code set under section 1173(c) of the Social Security Act (42 U.S.C. 1320d-2(c)), the Secretary shall, after consultation with the appropriate stakeholders, post on the website of the Centers for Medicare & Medicaid Services a crosswalk between the previous and subsequent version of the International Classification of Diseases not later than the date of implementation of such subsequent revision.

Subtitle B—Provisions Relating to Title II PART I—MEDICAID AND CHIP

SEC. 10201. AMENDMENTS TO THE SOCIAL SECURITY ACT AND TITLE II OF THIS ACT.

(a)(1) Section 1902(a)(10)(A)(i)(IX) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(i)(IX)), as added by section 2004(a), is amended to read as follows:

“(IX) who—

“(aa) are under 26 years of age;

“(bb) are not described in or enrolled under any of subclauses (I) through (VII) of this clause or are described in any of such subclauses but have income that exceeds the level of income applicable under the State plan for eligibility to enroll for medical assistance under such subclause;

“(cc) were in foster care under the responsibility of the State on the date of attaining 18 years of age or such higher age as the State has elected under section 475(8)(B)(iii); and

“(dd) were enrolled in the State plan under this title or under a waiver of the plan while in such foster care.”.

(2) Section 1902(a)(10) of the Social Security Act (42 U.S.C. 1396a(a)(10)), as amended by section 2001(a)(5)(A), is amended in the matter following subparagraph (G), by striking “and (XV)” and inserting “(XV)”, and by inserting “and (XVI) if an individual is described in subclause (IX) of subparagraph (A)(i) and is also described in subclause (VIII) of that subparagraph, the medical assistance shall be made available to the individual through subclause (IX) instead of through subclause (VIII)” before the semicolon.

(3) Section 2004(d) of this Act is amended by striking “2019” and inserting “2014”.

(b) Section 1902(k)(2) of the Social Security Act (42 U.S.C. 1396a(k)(2)), as added by section 2001(a)(4)(A), is amended by striking “January 1, 2011” and inserting “April 1, 2010”.

(c) Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by sections 2001(a)(3), 2001(a)(5)(C), 2006, and 4107(a)(2), is amended—

(1) in subsection (a), in the matter preceding paragraph (1), by inserting in clause (xiv), “or 1902(a)(10)(A)(i)(IX)” before the comma;

(2) in subsection (b), in the first sentence, by inserting “, (z),” before “and (aa)”;

(3) in subsection (y)—

(A) in paragraph (1)(B)(ii)(II), in the first sentence, by inserting “includes inpatient hospital services,” after “100 percent of the poverty line, that”; and

(B) in paragraph (2)(A), by striking “on the date of enactment of the Patient Protection and Affordable Care Act” and inserting “as of December 1, 2009”;

(4) by inserting after subsection (y) the following:

“(z) EQUITABLE SUPPORT FOR CERTAIN STATES.—

“(1)(A) During the period that begins on January 1, 2014, and ends on September 30, 2019, notwithstanding subsection (b), the Federal medical assistance percentage otherwise determined under subsection (b) with respect to a fiscal year occurring during that period shall be increased by 2.2 percentage points for any State described in subparagraph (B) for amounts expended for medical assistance for individuals who are not newly eligible (as defined in subsection (y)(2)) individuals described in subclause (VIII) of section 1902(a)(10)(A)(i).

“(B) For purposes of subparagraph (A), a State described in this subparagraph is a State that—

“(i) is an expansion State described in subsection (y)(1)(B)(ii)(II);

“(ii) the Secretary determines will not receive any payments under this title on the basis of an increased Federal medical assistance percentage under subsection (y) for expenditures for medical assistance for newly eligible individuals (as so defined); and

“(iii) has not been approved by the Secretary to divert a portion of the DSH allotment for a State to the costs of providing medical assistance or other health benefits coverage under a waiver that is in effect on July 2009.

“(2)(A) During the period that begins on January 1, 2014, and ends on December 31, 2016, notwithstanding subsection (b), the Federal medical assistance percentage otherwise determined under subsection (b) with respect to all or any portion of a fiscal year occurring during that period shall be increased by .5 percentage point for a State described in subparagraph (B) for amounts expended for medical assistance under the State plan under this title or under a waiver of that plan during that period.

“(B) For purposes of subparagraph (A), a State described in this subparagraph is a State that—

“(i) is described in clauses (i) and (ii) of paragraph (1)(B); and

“(ii) is the State with the highest percentage of its population insured during 2008, based on the Current Population Survey.

“(3) Notwithstanding subsection (b) and paragraphs (1) and (2) of this subsection, the Federal medical assistance percentage otherwise determined under subsection (b) with respect to all or any portion of a fiscal year that begins on or after January 1, 2017, for the State of Nebraska, with respect to amounts expended for newly eligible individuals described in subclause (VIII) of section 1902(a)(10)(A)(i), shall be determined as provided for under subsection (y)(1)(A) (notwithstanding the period provided for in such paragraph).

“(4) The increase in the Federal medical assistance percentage for a State under paragraphs (1), (2), or (3) shall apply only for purposes of this title and shall not apply with respect to—

“(A) disproportionate share hospital payments described in section 1923;

“(B) payments under title IV;

“(C) payments under title XXI; and

“(D) payments under this title that are based on the enhanced FMAP described in section 2105(b).”;

(5) in subsection (aa), is amended by striking “without regard to this subsection and subsection (y)” and inserting “without regard to this subsection, subsection (y), subsection (z), and section 10202 of the Patient Protection and Affordable Care Act” each place it appears;

(6) by adding after subsection (bb), the following:

“(cc) REQUIREMENT FOR CERTAIN STATES.—Notwithstanding subsections (y), (z), and (aa), in the case of a State that requires political subdivisions within the State to contribute toward the non-Federal share of expenditures required under the State plan under section 1902(a)(2), the State shall not be eligible for an increase in its Federal medical assistance percentage under such subsections if it requires that political subdivisions pay a greater percentage of the non-Federal share of such expenditures, or a greater percentage of the non-Federal share of payments under section 1923, than the respective percentages that would have been required by the State under the State plan under this title, State law, or both, as in effect on December 31, 2009, and without regard to any such increase. Voluntary contributions by a political subdivision to the non-Federal share of expenditures under the State plan under this title or to the non-Federal share of payments under section 1923, shall not be considered to be required contributions for purposes of this subsection. The treatment of voluntary contributions, and the treatment of contributions required by a State under the State plan under this title, or State law, as provided by this subsection, shall also apply to the increases in the Federal medical assistance percentage under section 5001 of the American Recovery and Reinvestment Act of 2009.”.

(d) Section 1108(g)(4)(B) of the Social Security Act (42 U.S.C. 1308(g)(4)(B)), as added by section 2005(b), is amended by striking “income eligibility level in effect for that population under title XIX or under a waiver” and inserting “the highest income eligibility level in effect for parents under the commonwealth's or territory's State plan under title XIX or under a waiver of the plan”.

(e)(1) Section 1923(f) of the Social Security Act (42 U.S.C. 1396r-4(f)), as amended by section 2551, is amended—

(A) in paragraph (6)—

(i) by striking the paragraph heading and inserting the following: “ALLOTMENT ADJUSTMENTS”; and

(ii) in subparagraph (B), by adding at the end the following:

“(iii) ALLOTMENT FOR 2D, 3RD, AND 4TH QUARTER OF FISCAL YEAR 2012, FISCAL YEAR 2013, AND SUCCEEDING FISCAL YEARS.—Notwithstanding the table set forth in paragraph (2) or paragraph (7):

“(I) 2D, 3RD, AND 4TH QUARTER OF FISCAL YEAR 2012.—The DSH allotment for Hawaii for the 2d, 3rd, and 4th quarters of fiscal year 2012 shall be \$7,500,000.

“(II) TREATMENT AS A LOW-DSH STATE FOR FISCAL YEAR 2013 AND SUCCEEDING FISCAL YEARS.—With respect to fiscal year 2013, and each fiscal year thereafter, the DSH allotment for Hawaii shall be increased in the same manner as allotments for low DSH States are increased for such fiscal year under clause (iii) of paragraph (5)(B).

“(III) CERTAIN HOSPITAL PAYMENTS.—The Secretary may not impose a limitation on the total amount of payments made to hospitals under the QUEST section 1115 Demonstration Project except to the extent that such limitation is necessary to ensure that a hospital does not receive payments in excess of the amounts described in subsection (g), or as necessary to ensure that such payments under the waiver and such payments pursuant to the allotment provided in this clause do not, in the aggregate in any year, exceed the amount that the Secretary determines is equal to the Federal medical assistance percentage component attributable to disproportionate share hospital payment adjustments for such year that is reflected in the budget neutrality provision of the QUEST Demonstration Project.”; and

(b) in paragraph (7)—

(i) in subparagraph (A), in the matter preceding clause (i), by striking “subparagraph (E)” and inserting “subparagraphs (E) and (G)”;

(ii) in subparagraph (B)—

(I) in clause (i), by striking subclauses (I) and (II), and inserting the following:

“(I) if the State is a low DSH State described in paragraph (5)(B) and has spent not more than 99.90 percent of the DSH allotments for the State on average for the period of fiscal years 2004 through 2008, as of September 30, 2009, the applicable percentage is equal to 25 percent;

“(II) if the State is a low DSH State described in paragraph (5)(B) and has spent more than 99.90 percent of the DSH allotments for the State on average for the period of fiscal years 2004 through 2008, as of September 30, 2009, the applicable percentage is equal to 17.5 percent;

“(III) if the State is not a low DSH State described in paragraph (5)(B) and has spent not more than 99.90 percent of the DSH allotments for the State on average for the period of fiscal years 2004 through 2008, as of September 30, 2009, the applicable percentage is equal to 50 percent; and

“(IV) if the State is not a low DSH State described in paragraph (5)(B) and has spent more than 99.90 percent of the DSH allotments for the State on average for the period of fiscal years 2004 through 2008, as of September 30, 2009, the applicable percentage is equal to 35 percent.”;

(II) in clause (ii), by striking subclauses (I) and (II), and inserting the following:

“(I) if the State is a low DSH State described in paragraph (5)(B) and has spent not more than 99.90 percent of the DSH allotments for the State on average for the period of fiscal years 2004 through 2008, as of September 30, 2009, the applicable percentage is equal to the product of the percentage reduction in uncovered individuals for the fiscal year from the preceding fiscal year and 27.5 percent;

“(II) if the State is a low DSH State described in paragraph (5)(B) and has spent more than 99.90 percent of the DSH allotments for the State

on average for the period of fiscal years 2004 through 2008, as of September 30, 2009, the applicable percentage is equal to the product of the percentage reduction in uncovered individuals for the fiscal year from the preceding fiscal year and 20 percent;

“(III) if the State is not a low DSH State described in paragraph (5)(B) and has spent not more than 99.90 percent of the DSH allotments for the State on average for the period of fiscal years 2004 through 2008, as of September 30, 2009, the applicable percentage is equal to the product of the percentage reduction in uncovered individuals for the fiscal year from the preceding fiscal year and 55 percent; and

“(IV) if the State is not a low DSH State described in paragraph (5)(B) and has spent more than 99.90 percent of the DSH allotments for the State on average for the period of fiscal years 2004 through 2008, as of September 30, 2009, the applicable percentage is equal to the product of the percentage reduction in uncovered individuals for the fiscal year from the preceding fiscal year and 40 percent.”;

(III) in subparagraph (E), by striking “35 percent” and inserting “50 percent”; and

(IV) by adding at the end the following:

“(G) NONAPPLICATION.—The preceding provisions of this paragraph shall not apply to the DSH allotment determined for the State of Hawaii for a fiscal year under paragraph (6).”.

(f) Section 2551 of this Act is amended by striking subsection (b).

(g) Section 2105(d)(3)(B) of the Social Security Act (42 U.S.C. 1397ee(d)(3)(B)), as added by section 2101(b)(1), is amended by adding at the end the following: “For purposes of eligibility for premium assistance for the purchase of a qualified health plan under section 36B of the Internal Revenue Code of 1986 and reduced cost-sharing under section 1402 of the Patient Protection and Affordable Care Act, children described in the preceding sentence shall be deemed to be ineligible for coverage under the State child health plan.”.

(h) Clause (i) of subparagraph (C) of section 513(b)(2) of the Social Security Act, as added by section 2953 of this Act, is amended to read as follows:

“(i) Healthy relationships, including marriage and family interactions.”.

(i) Section 1115 of the Social Security Act (42 U.S.C. 1315) is amended by inserting after subsection (c) the following:

“(d)(1) An application or renewal of any experimental, pilot, or demonstration project undertaken under subsection (a) to promote the objectives of title XIX or XXI in a State that would result in an impact on eligibility, enrollment, benefits, cost-sharing, or financing with respect to a State program under title XIX or XXI (in this subsection referred to as a ‘demonstration project’) shall be considered by the Secretary in accordance with the regulations required to be promulgated under paragraph (2).

“(2) Not later than 180 days after the date of enactment of this subsection, the Secretary shall promulgate regulations relating to applications for, and renewals of, a demonstration project that provide for—

“(A) a process for public notice and comment at the State level, including public hearings, sufficient to ensure a meaningful level of public input;

“(B) requirements relating to—

“(i) the goals of the program to be implemented or renewed under the demonstration project;

“(ii) the expected State and Federal costs and coverage projections of the demonstration project; and

“(iii) the specific plans of the State to ensure that the demonstration project will be in compliance with title XIX or XXI;

“(C) a process for providing public notice and comment after the application is received by the Secretary, that is sufficient to ensure a meaningful level of public input;

“(D) a process for the submission to the Secretary of periodic reports by the State concerning the implementation of the demonstration project; and

“(E) a process for the periodic evaluation by the Secretary of the demonstration project.

“(3) The Secretary shall annually report to Congress concerning actions taken by the Secretary with respect to applications for demonstration projects under this section.”.

(j) Subtitle F of title III of this Act is amended by adding at the end the following:

“SEC. 3512. GAO STUDY AND REPORT ON CAUSES OF ACTION.

“(a) STUDY.—

“(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study of whether the development, recognition, or implementation of any guideline or other standards under a provision described in paragraph (2) would result in the establishment of a new cause of action or claim.

“(2) PROVISIONS DESCRIBED.—The provisions described in this paragraph include the following:

“(A) Section 2701 (adult health quality measures).

“(B) Section 2702 (payment adjustments for health care acquired conditions).

“(C) Section 3001 (Hospital Value-Based Purchase Program).

“(D) Section 3002 (improvements to the Physician Quality Reporting Initiative).

“(E) Section 3003 (improvements to the Physician Feedback Program).

“(F) Section 3007 (value based payment modifier under physician fee schedule).

“(G) Section 3008 (payment adjustment for conditions acquired in hospitals).

“(H) Section 3013 (quality measure development).

“(I) Section 3014 (quality measurement).

“(J) Section 3021 (Establishment of Center for Medicare and Medicaid Innovation).

“(K) Section 3025 (hospital readmission reduction program).

“(L) Section 3501 (health care delivery system research, quality improvement).

“(M) Section 4003 (Task Force on Clinical and Preventive Services).

“(N) Section 4301 (research to optimize delivery of public health services).

“(b) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the appropriate committees of Congress, a report containing the findings made by the Comptroller General under the study under subsection (a).”.

SEC. 10202. INCENTIVES FOR STATES TO OFFER HOME AND COMMUNITY-BASED SERVICES AS A LONG-TERM CARE ALTERNATIVE TO NURSING HOMES.

(a) STATE BALANCING INCENTIVE PAYMENTS PROGRAM.—Notwithstanding section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)), in the case of a balancing incentive payment State, as defined in subsection (b), that meets the conditions described in subsection (c), during the balancing incentive period, the Federal medical assistance percentage determined for the State under section 1905(b) of such Act and, if applicable, increased under subsection (2) or (aa) shall be increased by the applicable percentage points determined under subsection (d) with respect to eligible medical assistance expenditures described in subsection (e).

(b) BALANCING INCENTIVE PAYMENT STATE.—A balancing incentive payment State is a State—

(1) in which less than 50 percent of the total expenditures for medical assistance under the

State Medicaid program for a fiscal year for long-term services and supports (as defined by the Secretary under subsection (f)(1)(B)) are for non-institutionally-based long-term services and supports described in subsection (f)(1)(B);

(2) that submits an application and meets the conditions described in subsection (c); and

(3) that is selected by the Secretary to participate in the State balancing incentive payment program established under this section.

(c) **CONDITIONS.**—The conditions described in this subsection are the following:

(1) **APPLICATION.**—The State submits an application to the Secretary that includes, in addition to such other information as the Secretary shall require—

(A) a proposed budget that details the State's plan to expand and diversify medical assistance for non-institutionally-based long-term services and supports described in subsection (f)(1)(B) under the State Medicaid program during the balancing incentive period and achieve the target spending percentage applicable to the State under paragraph (2), including through structural changes to how the State furnishes such assistance, such as through the establishment of a "no wrong door—single entry point system", optional presumptive eligibility, case management services, and the use of core standardized assessment instruments, and that includes a description of the new or expanded offerings of such services that the State will provide and the projected costs of such services; and

(B) in the case of a State that proposes to expand the provision of home and community-based services under its State Medicaid program through a State plan amendment under section 1915(i) of the Social Security Act, at the option of the State, an election to increase the income eligibility for such services from 150 percent of the poverty line to such higher percentage as the State may establish for such purpose, not to exceed 300 percent of the supplemental security income benefit rate established by section 1611(b)(1) of the Social Security Act (42 U.S.C. 1382(b)(1)).

(2) **TARGET SPENDING PERCENTAGES.**—

(A) In the case of a balancing incentive payment State in which less than 25 percent of the total expenditures for long-term services and supports under the State Medicaid program for fiscal year 2009 are for home and community-based services, the target spending percentage for the State to achieve by not later than October 1, 2015, is that 25 percent of the total expenditures for long-term services and supports under the State Medicaid program are for home and community-based services.

(B) In the case of any other balancing incentive payment State, the target spending percentage for the State to achieve by not later than October 1, 2015, is that 50 percent of the total expenditures for long-term services and supports under the State Medicaid program are for home and community-based services.

(3) **MAINTENANCE OF ELIGIBILITY REQUIREMENTS.**—The State does not apply eligibility standards, methodologies, or procedures for determining eligibility for medical assistance for non-institutionally-based long-term services and supports described in subsection (f)(1)(B) under the State Medicaid program that are more restrictive than the eligibility standards, methodologies, or procedures in effect for such purposes on December 31, 2010.

(4) **USE OF ADDITIONAL FUNDS.**—The State agrees to use the additional Federal funds paid to the State as a result of this section only for purposes of providing new or expanded offerings of non-institutionally-based long-term services and supports described in subsection (f)(1)(B) under the State Medicaid program.

(5) **STRUCTURAL CHANGES.**—The State agrees to make, not later than the end of the 6-month

period that begins on the date the State submits an application under this section, the following changes:

(A) **"NO WRONG DOOR—SINGLE ENTRY POINT SYSTEM".**—Development of a statewide system to enable consumers to access all long-term services and supports through an agency, organization, coordinated network, or portal, in accordance with such standards as the State shall establish and that shall provide information regarding the availability of such services, how to apply for such services, referral services for services and supports otherwise available in the community, and determinations of financial and functional eligibility for such services and supports, or assistance with assessment processes for financial and functional eligibility.

(B) **CONFLICT-FREE CASE MANAGEMENT SERVICES.**—Conflict-free case management services to develop a service plan, arrange for services and supports, support the beneficiary (and, if appropriate, the beneficiary's caregivers) in directing the provision of services and supports for the beneficiary, and conduct ongoing monitoring to assure that services and supports are delivered to meet the beneficiary's needs and achieve intended outcomes.

(C) **CORE STANDARDIZED ASSESSMENT INSTRUMENTS.**—Development of core standardized assessment instruments for determining eligibility for non-institutionally-based long-term services and supports described in subsection (f)(1)(B), which shall be used in a uniform manner throughout the State, to determine a beneficiary's needs for training, support services, medical care, transportation, and other services, and develop an individual service plan to address such needs.

(6) **DATA COLLECTION.**—The State agrees to collect from providers of services and through such other means as the State determines appropriate the following data:

(A) **SERVICES DATA.**—Services data from providers of non-institutionally-based long-term services and supports described in subsection (f)(1)(B) on a per-beneficiary basis and in accordance with such standardized coding procedures as the State shall establish in consultation with the Secretary.

(B) **QUALITY DATA.**—Quality data on a selected set of core quality measures agreed upon by the Secretary and the State that are linked to population-specific outcomes measures and accessible to providers.

(C) **OUTCOMES MEASURES.**—Outcomes measures data on a selected set of core population-specific outcomes measures agreed upon by the Secretary and the State that are accessible to providers and include—

(i) measures of beneficiary and family caregiver experience with providers;

(ii) measures of beneficiary and family caregiver satisfaction with services; and

(iii) measures for achieving desired outcomes appropriate to a specific beneficiary, including employment, participation in community life, health stability, and prevention of loss in function.

(d) **APPLICABLE PERCENTAGE POINTS INCREASE IN FMAP.**—The applicable percentage points increase is—

(1) in the case of a balancing incentive payment State subject to the target spending percentage described in subsection (c)(2)(A), 5 percentage points; and

(2) in the case of any other balancing incentive payment State, 2 percentage points.

(e) **ELIGIBLE MEDICAL ASSISTANCE EXPENDITURES.**—

(1) **IN GENERAL.**—Subject to paragraph (2), medical assistance described in this subsection is medical assistance for non-institutionally-based long-term services and supports described in subsection (f)(1)(B) that is provided by a bal-

ancing incentive payment State under its State Medicaid program during the balancing incentive payment period.

(2) **LIMITATION ON PAYMENTS.**—In no case may the aggregate amount of payments made by the Secretary to balancing incentive payment States under this section during the balancing incentive period exceed \$3,000,000,000.

(f) **DEFINITIONS.**—In this section:

(1) **LONG-TERM SERVICES AND SUPPORTS DEFINED.**—The term "long-term services and supports" has the meaning given that term by Secretary and may include any of the following (as defined for purposes of State Medicaid programs):

(A) **INSTITUTIONALLY-BASED LONG-TERM SERVICES AND SUPPORTS.**—Services provided in an institution, including the following:

(i) Nursing facility services.

(ii) Services in an intermediate care facility for the mentally retarded described in subsection (a)(15) of section 1905 of such Act.

(B) **NON-INSTITUTIONALLY-BASED LONG-TERM SERVICES AND SUPPORTS.**—Services not provided in an institution, including the following:

(i) Home and community-based services provided under subsection (c), (d), or (i) of section 1915 of such Act or under a waiver under section 1115 of such Act.

(ii) Home health care services.

(iii) Personal care services.

(iv) Services described in subsection (a)(26) of section 1905 of such Act (relating to PACE program services).

(v) Self-directed personal assistance services described in section 1915(j) of such Act.

(2) **BALANCING INCENTIVE PERIOD.**—The term "balancing incentive period" means the period that begins on October 1, 2011, and ends on September 30, 2015.

(3) **POVERTY LINE.**—The term "poverty line" has the meaning given that term in section 2110(c)(5) of the Social Security Act (42 U.S.C. 1397j(c)(5)).

(4) **STATE MEDICAID PROGRAM.**—The term "State Medicaid program" means the State program for medical assistance provided under a State plan under title XIX of the Social Security Act and under any waiver approved with respect to such State plan.

SEC. 10203. EXTENSION OF FUNDING FOR CHIP THROUGH FISCAL YEAR 2015 AND OTHER CHIP-RELATED PROVISIONS.

(a) Section 1311(c)(1) of this Act is amended by striking "and" at the end of subparagraph (G), by striking the period at the end of subparagraph (H) and inserting "; and", and by adding at the end the following:

"(I) report to the Secretary at least annually and in such manner as the Secretary shall require, pediatric quality reporting measures consistent with the pediatric quality reporting measures established under section 1139A of the Social Security Act."

(b) Effective as if included in the enactment of the Children's Health Insurance Program Reauthorization Act of 2009 (Public Law 111-3):

(1) Section 1906(e)(2) of the Social Security Act (42 U.S.C. 1396e(e)(2)) is amended by striking "means" and all that follows through the period and inserting "has the meaning given that term in section 2105(c)(3)(A)."

(2)(A) Section 1906A(a) of the Social Security Act (42 U.S.C. 1396e-1(a)), is amended by inserting before the period the following: "and the offering of such a subsidy is cost-effective, as defined for purposes of section 2105(c)(3)(A)."

(B) This Act shall be applied without regard to subparagraph (A) of section 2003(a)(1) of this Act and that subparagraph and the amendment made by that subparagraph are hereby deemed null, void, and of no effect.

(3) Section 2105(c)(10) of the Social Security Act (42 U.S.C. 1397ee(c)(10)) is amended—

(A) in subparagraph (A), in the first sentence, by inserting before the period the following: “if the offering of such a subsidy is cost-effective, as defined for purposes of paragraph (3)(A)”; and

(B) by striking subparagraph (M); and
(C) by redesignating subparagraph (N) as subparagraph (M).

(4) Section 2105(c)(3)(A) of the Social Security Act (42 U.S.C. 1397ee(c)(3)(A)) is amended—

(A) in the matter preceding clause (i), by striking “to” and inserting “to—”; and

(B) in clause (ii), by striking the period and inserting a semicolon.

(c) Section 2105 of the Social Security Act (42 U.S.C. 1397ee), as amended by section 2101, is amended—

(1) in subsection (b), in the second sentence, by striking “2013” and inserting “2015”; and

(2) in subsection (d)(3)—

(A) in subparagraph (A)—

(i) in the first sentence, by inserting “as a condition of receiving payments under section 1903(a),” after “2019,”;

(ii) in clause (i), by striking “or” at the end;

(iii) by redesignating clause (ii) as clause (iii); and

(iv) by inserting after clause (i), the following:

“(ii) after September 30, 2015, enrolling children eligible to be targeted low-income children under the State child health plan in a qualified health plan that has been certified by the Secretary under subparagraph (C); or”;

(B) in subparagraph (B), by striking “provided coverage” and inserting “screened for eligibility for medical assistance under the State plan under title XIX or a waiver of that plan and, if found eligible, enrolled in such plan or a waiver. In the case of such children who, as a result of such screening, are determined to not be eligible for medical assistance under the State plan or a waiver under title XIX, the State shall establish procedures to ensure that the children are enrolled in a qualified health plan that has been certified by the Secretary under subparagraph (C) and is offered”; and

(C) by adding at the end the following:

“(C) CERTIFICATION OF COMPARABILITY OF PEDIATRIC COVERAGE OFFERED BY QUALIFIED HEALTH PLANS.—With respect to each State, the Secretary, not later than April 1, 2015, shall review the benefits offered for children and the cost-sharing imposed with respect to such benefits by qualified health plans offered through an Exchange established by the State under section 1311 of the Patient Protection and Affordable Care Act and shall certify those plans that offer benefits for children and impose cost-sharing with respect to such benefits that the Secretary determines are at least comparable to the benefits offered and cost-sharing protections provided under the State child health plan.”.

(d)(1) Section 2104(a) of such Act (42 U.S.C. 1397dd(a)) is amended—

(A) in paragraph (15), by striking “and” at the end; and

(B) by striking paragraph (16) and inserting the following:

“(16) for fiscal year 2013, \$17,406,000,000;

“(17) for fiscal year 2014, \$19,147,000,000; and

“(18) for fiscal year 2015, for purposes of making 2 semi-annual allotments—

“(A) \$2,850,000,000 for the period beginning on October 1, 2014, and ending on March 31, 2015, and

“(B) \$2,850,000,000 for the period beginning on April 1, 2015, and ending on September 30, 2015.”.

(2)(A) Section 2104(m) of such Act (42 U.S.C. 1397dd(m)), as amended by section 2102(a)(1), is amended—

(i) in the subsection heading, by striking “2013” and inserting “2015”; and

(ii) in paragraph (2)—

(I) in the paragraph heading, by striking “2012” and inserting “2014”; and

(II) by adding at the end the following:

“(B) FISCAL YEARS 2013 AND 2014.—Subject to paragraphs (4) and (6), from the amount made available under paragraphs (16) and (17) of subsection (a) for fiscal years 2013 and 2014, respectively, the Secretary shall compute a State allotment for each State (including the District of Columbia and each commonwealth and territory) for each such fiscal year as follows:

“(i) REBASING IN FISCAL YEAR 2013.—For fiscal year 2013, the allotment of the State is equal to the Federal payments to the State that are attributable to (and countable towards) the total amount of allotments available under this section to the State in fiscal year 2012 (including payments made to the State under subsection (n) for fiscal year 2012 as well as amounts redistributed to the State in fiscal year 2012), multiplied by the allotment increase factor under paragraph (5) for fiscal year 2013.

“(ii) GROWTH FACTOR UPDATE FOR FISCAL YEAR 2014.—For fiscal year 2014, the allotment of the State is equal to the sum of—

“(I) the amount of the State allotment under clause (i) for fiscal year 2013; and

“(II) the amount of any payments made to the State under subsection (n) for fiscal year 2013, multiplied by the allotment increase factor under paragraph (5) for fiscal year 2014.”;

(iii) in paragraph (3)—

(I) in the paragraph heading, by striking “2013” and inserting “2015”; and

(II) in subparagraphs (A) and (B), by striking “paragraph (16)” each place it appears and inserting “paragraph (18)”;

(III) in subparagraph (C)—

(aa) by striking “2012” each place it appears and inserting “2014”; and

(bb) by striking “2013” and inserting “2015”; and

(IV) in subparagraph (D)—

(aa) in clause (i)(I), by striking “subsection (a)(16)(A)” and inserting “subsection (a)(18)(A)”; and

(bb) in clause (ii)(II), by striking “subsection (a)(16)(B)” and inserting “subsection (a)(18)(B)”; and

(iv) in paragraph (4), by striking “2013” and inserting “2015”;

(v) in paragraph (6)—

(I) in subparagraph (A), by striking “2013” and inserting “2015”; and

(II) in the flush language after and below subparagraph (B)(ii), by striking “or fiscal year 2012” and inserting “, fiscal year 2012, or fiscal year 2014”; and

(vi) in paragraph (8)—

(I) in the paragraph heading, by striking “2013” and inserting “2015”; and

(II) by striking “2013” and inserting “2015”.

(B) Section 2104(n) of such Act (42 U.S.C. 1397dd(n)) is amended—

(i) in paragraph (2)—

(I) in subparagraph (A)(ii)—

(aa) by striking “2012” and inserting “2014”; and

(bb) by striking “2013” and inserting “2015”; and

(II) in subparagraph (B)—

(aa) by striking “2012” and inserting “2014”; and

(bb) by striking “2013” and inserting “2015”; and

(ii) in paragraph (3)(A), by striking “or a semi-annual allotment period for fiscal year 2013” and inserting “fiscal year 2013, fiscal year 2014, or a semi-annual allotment period for fiscal year 2015”.

(C) Section 2105(g)(4) of such Act (42 U.S.C. 1397ee(g)(4)) is amended—

(i) in the paragraph heading, by striking “2013” and inserting “2015”; and

(ii) in subparagraph (A), by striking “2013” and inserting “2015”.

(D) Section 2110(b) of such Act (42 U.S.C. 1397jj(b)) is amended—

(i) in paragraph (2)(B), by inserting “except as provided in paragraph (6),” before “a child”; and

(ii) by adding at the end the following new paragraph:

“(6) EXCEPTIONS TO EXCLUSION OF CHILDREN OF EMPLOYEES OF A PUBLIC AGENCY IN THE STATE.—

“(A) IN GENERAL.—A child shall not be considered to be described in paragraph (2)(B) if—

“(i) the public agency that employs a member of the child’s family to which such paragraph applies satisfies subparagraph (B); or

“(ii) subparagraph (C) applies to such child.

“(B) MAINTENANCE OF EFFORT WITH RESPECT

TO PER PERSON AGENCY CONTRIBUTION FOR FAMILY COVERAGE.—For purposes of subparagraph (A)(i), a public agency satisfies this subparagraph if the amount of annual agency expenditures made on behalf of each employee enrolled in health coverage paid for by the agency that includes dependent coverage for the most recent State fiscal year is not less than the amount of such expenditures made by the agency for the 1997 State fiscal year, increased by the percentage increase in the medical care expenditure category of the Consumer Price Index for All-Urban Consumers (all items: U.S. City Average) for such preceding fiscal year.

“(C) HARDSHIP EXCEPTION.—For purposes of subparagraph (A)(ii), this subparagraph applies to a child if the State determines, on a case-by-case basis, that the annual aggregate amount of premiums and cost-sharing imposed for coverage of the family of the child would exceed 5 percent of such family’s income for the year involved.”.

(E) Section 2113 of such Act (42 U.S.C. 1397mm) is amended—

(i) in subsection (a)(1), by striking “2013” and inserting “2015”; and

(ii) in subsection (g), by striking “\$100,000,000 for the period of fiscal years 2009 through 2013” and inserting “\$140,000,000 for the period of fiscal years 2009 through 2015”.

(F) Section 108 of Public Law 111–3 is amended by striking “\$11,706,000,000” and all that follows through the second sentence and inserting “\$15,361,000,000 to accompany the allotment made for the period beginning on October 1, 2014, and ending on March 31, 2015, under section 2104(a)(18)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(18)(A)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) for the first 6 months of fiscal year 2015 in the same manner as allotments are provided under subsection (a)(18)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(18)(A).”.

(F) Section 108 of Public Law 111–3 is amended by striking “\$11,706,000,000” and all that follows through the second sentence and inserting “\$15,361,000,000 to accompany the allotment made for the period beginning on October 1, 2014, and ending on March 31, 2015, under section 2104(a)(18)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(18)(A)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) for the first 6 months of fiscal year 2015 in the same manner as allotments are provided under subsection (a)(18)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(18)(A).”.

(F) Section 108 of Public Law 111–3 is amended by striking “\$11,706,000,000” and all that follows through the second sentence and inserting “\$15,361,000,000 to accompany the allotment made for the period beginning on October 1, 2014, and ending on March 31, 2015, under section 2104(a)(18)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(18)(A)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) for the first 6 months of fiscal year 2015 in the same manner as allotments are provided under subsection (a)(18)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(18)(A).”.

(F) Section 108 of Public Law 111–3 is amended by striking “\$11,706,000,000” and all that follows through the second sentence and inserting “\$15,361,000,000 to accompany the allotment made for the period beginning on October 1, 2014, and ending on March 31, 2015, under section 2104(a)(18)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(18)(A)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) for the first 6 months of fiscal year 2015 in the same manner as allotments are provided under subsection (a)(18)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(18)(A).”.

(F) Section 108 of Public Law 111–3 is amended by striking “\$11,706,000,000” and all that follows through the second sentence and inserting “\$15,361,000,000 to accompany the allotment made for the period beginning on October 1, 2014, and ending on March 31, 2015, under section 2104(a)(18)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(18)(A)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) for the first 6 months of fiscal year 2015 in the same manner as allotments are provided under subsection (a)(18)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(18)(A).”.

(F) Section 108 of Public Law 111–3 is amended by striking “\$11,706,000,000” and all that follows through the second sentence and inserting “\$15,361,000,000 to accompany the allotment made for the period beginning on October 1, 2014, and ending on March 31, 2015, under section 2104(a)(18)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(18)(A)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) for the first 6 months of fiscal year 2015 in the same manner as allotments are provided under subsection (a)(18)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(18)(A).”.

(F) Section 108 of Public Law 111–3 is amended by striking “\$11,706,000,000” and all that follows through the second sentence and inserting “\$15,361,000,000 to accompany the allotment made for the period beginning on October 1, 2014, and ending on March 31, 2015, under section 2104(a)(18)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(18)(A)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) for the first 6 months of fiscal year 2015 in the same manner as allotments are provided under subsection (a)(18)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(18)(A).”.

(F) Section 108 of Public Law 111–3 is amended by striking “\$11,706,000,000” and all that follows through the second sentence and inserting “\$15,361,000,000 to accompany the allotment made for the period beginning on October 1, 2014, and ending on March 31, 2015, under section 2104(a)(18)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(18)(A)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) for the first 6 months of fiscal year 2015 in the same manner as allotments are provided under subsection (a)(18)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(18)(A).”.

(F) Section 108 of Public Law 111–3 is amended by striking “\$11,706,000,000” and all that follows through the second sentence and inserting “\$15,361,000,000 to accompany the allotment made for the period beginning on October 1, 2014, and ending on March 31, 2015, under section 2104(a)(18)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(18)(A)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) for the first 6 months of fiscal year 2015 in the same manner as allotments are provided under subsection (a)(18)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(18)(A).”.

(F) Section 108 of Public Law 111–3 is amended by striking “\$11,706,000,000” and all that follows through the second sentence and inserting “\$15,361,000,000 to accompany the allotment made for the period beginning on October 1, 2014, and ending on March 31, 2015, under section 2104(a)(18)(A) of the Social Security Act (42 U.S.C. 1397dd(a)(18)(A)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (3) of section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) for the first 6 months of fiscal year 2015 in the same manner as allotments are provided under subsection (a)(18)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(18)(A).”.

PART II—SUPPORT FOR PREGNANT AND PARENTING TEENS AND WOMEN

SEC. 10211. DEFINITIONS.

In this part:

(1) ACCOMPANIMENT.—The term “accompaniment” means assisting, representing, and accompanying a woman in seeking judicial relief for child support, child custody, restraining orders, and restitution for harm to persons and property, and in filing criminal charges, and may include the payment of court costs and reasonable attorney and witness fees associated therewith.

(2) ELIGIBLE INSTITUTION OF HIGHER EDUCATION.—The term “eligible institution of higher education” means an institution of higher education (as such term is defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001)) that has established and operates, or agrees to establish and operate upon the receipt of a grant under this part, a pregnant and parenting student services office.

(3) COMMUNITY SERVICE CENTER.—The term “community service center” means a non-profit

organization that provides social services to residents of a specific geographical area via direct service or by contract with a local governmental agency.

(4) **HIGH SCHOOL.**—The term “high school” means any public or private school that operates grades 10 through 12, inclusive, grades 9 through 12, inclusive or grades 7 through 12, inclusive.

(5) **INTERVENTION SERVICES.**—The term “intervention services” means, with respect to domestic violence, sexual violence, sexual assault, or stalking, 24-hour telephone hotline services for police protection and referral to shelters.

(6) **SECRETARY.**—The term “Secretary” means the Secretary of Health and Human Services.

(7) **STATE.**—The term “State” includes the District of Columbia, any commonwealth, possession, or other territory of the United States, and any Indian tribe or reservation.

(8) **SUPPORTIVE SOCIAL SERVICES.**—The term “supportive social services” means transitional and permanent housing, vocational counseling, and individual and group counseling aimed at preventing domestic violence, sexual violence, sexual assault, or stalking.

(9) **VIOLENCE.**—The term “violence” means actual violence and the risk or threat of violence.

SEC. 10212. ESTABLISHMENT OF PREGNANCY ASSISTANCE FUND.

(a) **IN GENERAL.**—The Secretary, in collaboration and coordination with the Secretary of Education (as appropriate), shall establish a Pregnancy Assistance Fund to be administered by the Secretary, for the purpose of awarding competitive grants to States to assist pregnant and parenting teens and women.

(b) **USE OF FUND.**—A State may apply for a grant under subsection (a) to carry out any activities provided for in section 10213.

(c) **APPLICATIONS.**—To be eligible to receive a grant under subsection (a), a State shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a description of the purposes for which the grant is being requested and the designation of a State agency for receipt and administration of funding received under this part.

SEC. 10213. PERMISSIBLE USES OF FUND.

(a) **IN GENERAL.**—A State shall use amounts received under a grant under section 10212 for the purposes described in this section to assist pregnant and parenting teens and women.

(b) **INSTITUTIONS OF HIGHER EDUCATION.**—

(1) **IN GENERAL.**—A State may use amounts received under a grant under section 10212 to make funding available to eligible institutions of higher education to enable the eligible institutions to establish, maintain, or operate pregnant and parenting student services. Such funding shall be used to supplement, not supplant, existing funding for such services.

(2) **APPLICATION.**—An eligible institution of higher education that desires to receive funding under this subsection shall submit an application to the designated State agency at such time, in such manner, and containing such information as the State agency may require.

(3) **MATCHING REQUIREMENT.**—An eligible institution of higher education that receives funding under this subsection shall contribute to the conduct of the pregnant and parenting student services office supported by the funding an amount from non-Federal funds equal to 25 percent of the amount of the funding provided. The non-Federal share may be in cash or in-kind, fairly evaluated, including services, facilities, supplies, or equipment.

(4) **USE OF FUNDS FOR ASSISTING PREGNANT AND PARENTING COLLEGE STUDENTS.**—An eligible institution of higher education that receives funding under this subsection shall use such funds to establish, maintain or operate pregnant

and parenting student services and may use such funding for the following programs and activities:

(A) Conduct a needs assessment on campus and within the local community—

(i) to assess pregnancy and parenting resources, located on the campus or within the local community, that are available to meet the needs described in subparagraph (B); and

(ii) to set goals for—

(I) improving such resources for pregnant, parenting, and prospective parenting students; and

(II) improving access to such resources.

(B) Annually assess the performance of the eligible institution in meeting the following needs of students enrolled in the eligible institution who are pregnant or are parents:

(i) The inclusion of maternity coverage and the availability of riders for additional family members in student health care.

(ii) Family housing.

(iii) Child care.

(iv) Flexible or alternative academic scheduling, such as telecommuting programs, to enable pregnant or parenting students to continue their education or stay in school.

(v) Education to improve parenting skills for mothers and fathers and to strengthen marriages.

(vi) Maternity and baby clothing, baby food (including formula), baby furniture, and similar items to assist parents and prospective parents in meeting the material needs of their children.

(vii) Post-partum counseling.

(C) Identify public and private service providers, located on the campus of the eligible institution or within the local community, that are qualified to meet the needs described in subparagraph (B), and establishes programs with qualified providers to meet such needs.

(D) Assist pregnant and parenting students, fathers or spouses in locating and obtaining services that meet the needs described in subparagraph (B).

(E) If appropriate, provide referrals for prenatal care and delivery, infant or foster care, or adoption, to a student who requests such information. An office shall make such referrals only to service providers that serve the following types of individuals:

(i) Parents.

(ii) Prospective parents awaiting adoption.

(iii) Women who are pregnant and plan on parenting or placing the child for adoption.

(iv) Parenting or prospective parenting couples.

(5) **REPORTING.**—

(A) **ANNUAL REPORT BY INSTITUTIONS.**—

(i) **IN GENERAL.**—For each fiscal year that an eligible institution of higher education receives funds under this subsection, the eligible institution shall prepare and submit to the State, by the date determined by the State, a report that—

(I) itemizes the pregnant and parenting student services office's expenditures for the fiscal year;

(II) contains a review and evaluation of the performance of the office in fulfilling the requirements of this section, using the specific performance criteria or standards established under subparagraph (B)(i); and

(III) describes the achievement of the office in meeting the needs listed in paragraph (4)(B) of the students served by the eligible institution, and the frequency of use of the office by such students.

(ii) **PERFORMANCE CRITERIA.**—Not later than 180 days before the date the annual report described in clause (i) is submitted, the State—

(I) shall identify the specific performance criteria or standards that shall be used to prepare the report; and

(II) may establish the form or format of the report.

(B) **REPORT BY STATE.**—The State shall annually prepare and submit a report on the findings under this subsection, including the number of eligible institutions of higher education that were awarded funds and the number of students served by each pregnant and parenting student services office receiving funds under this section, to the Secretary.

(c) **SUPPORT FOR PREGNANT AND PARENTING TEENS.**—A State may use amounts received under a grant under section 10212 to make funding available to eligible high schools and community service centers to establish, maintain or operate pregnant and parenting services in the same general manner and in accordance with all conditions and requirements described in subsection (b), except that paragraph (3) of such subsection shall not apply for purposes of this subsection.

(d) **IMPROVING SERVICES FOR PREGNANT WOMEN WHO ARE VICTIMS OF DOMESTIC VIOLENCE, SEXUAL VIOLENCE, SEXUAL ASSAULT, AND STALKING.**—

(1) **IN GENERAL.**—A State may use amounts received under a grant under section 10212 to make funding available to its State Attorney General to assist Statewide offices in providing—

(A) intervention services, accompaniment, and supportive social services for eligible pregnant women who are victims of domestic violence, sexual violence, sexual assault, or stalking.

(B) technical assistance and training (as described in subsection (c)) relating to violence against eligible pregnant women to be made available to the following:

(i) Federal, State, tribal, territorial, and local governments, law enforcement agencies, and courts.

(ii) Professionals working in legal, social service, and health care settings.

(iii) Nonprofit organizations.

(iv) Faith-based organizations.

(2) **ELIGIBILITY.**—To be eligible for a grant under paragraph (1), a State Attorney General shall submit an application to the designated State agency at such time, in such manner, and containing such information, as specified by the State.

(3) **TECHNICAL ASSISTANCE AND TRAINING DESCRIBED.**—For purposes of paragraph (1)(B), technical assistance and training is—

(A) the identification of eligible pregnant women experiencing domestic violence, sexual violence, sexual assault, or stalking;

(B) the assessment of the immediate and short-term safety of such a pregnant woman, the evaluation of the impact of the violence or stalking on the pregnant woman's health, and the assistance of the pregnant woman in developing a plan aimed at preventing further domestic violence, sexual violence, sexual assault, or stalking, as appropriate;

(C) the maintenance of complete medical or forensic records that include the documentation of any examination, treatment given, and referrals made, recording the location and nature of the pregnant woman's injuries, and the establishment of mechanisms to ensure the privacy and confidentiality of those medical records; and

(D) the identification and referral of the pregnant woman to appropriate public and private nonprofit entities that provide intervention services, accompaniment, and supportive social services.

(4) **ELIGIBLE PREGNANT WOMAN.**—In this subsection, the term “eligible pregnant woman” means any woman who is pregnant on the date on which such woman becomes a victim of domestic violence, sexual violence, sexual assault, or stalking or who was pregnant during the one-year period before such date.

(e) **PUBLIC AWARENESS AND EDUCATION.**—A State may use amounts received under a grant

under section 10212 to make funding available to increase public awareness and education concerning any services available to pregnant and parenting teens and women under this part, or any other resources available to pregnant and parenting women in keeping with the intent and purposes of this part. The State shall be responsible for setting guidelines or limits as to how much of funding may be utilized for public awareness and education in any funding award.

SEC. 10214. APPROPRIATIONS.

There is authorized to be appropriated, and there are appropriated, \$25,000,000 for each of fiscal years 2010 through 2019, to carry out this part.

PART III—INDIAN HEALTH CARE IMPROVEMENT

SEC. 10221. INDIAN HEALTH CARE IMPROVEMENT.

(a) IN GENERAL.—Except as provided in subsection (b), S. 1790 entitled “A bill to amend the Indian Health Care Improvement Act to revise and extend that Act, and for other purposes.”, as reported by the Committee on Indian Affairs of the Senate in December 2009, is enacted into law.

(b) AMENDMENTS.—

(1) Section 119 of the Indian Health Care Improvement Act (as amended by section 111 of the bill referred to in subsection (a)) is amended—

(A) in subsection (d)—

(i) in paragraph (2), by striking “In establishing” and inserting “Subject to paragraphs (3) and (4), in establishing”; and

(ii) by adding at the end the following:

“(3) ELECTION OF INDIAN TRIBE OR TRIBAL ORGANIZATION.—

“(A) IN GENERAL.—Subparagraph (B) of paragraph (2) shall not apply in the case of an election made by an Indian tribe or tribal organization located in a State (other than Alaska) in which the use of dental health aide therapist services or midlevel dental health provider services is authorized under State law to supply such services in accordance with State law.

“(B) ACTION BY SECRETARY.—On an election by an Indian tribe or tribal organization under subparagraph (A), the Secretary, acting through the Service, shall facilitate implementation of the services elected.

“(4) VACANCIES.—The Secretary shall not fill any vacancy for a certified dentist in a program operated by the Service with a dental health aide therapist.”; and

(b) by adding at the end the following:

“(e) EFFECT OF SECTION.—Nothing in this section shall restrict the ability of the Service, an Indian tribe, or a tribal organization to participate in any program or to provide any service authorized by any other Federal law.”.

(2) The Indian Health Care Improvement Act (as amended by section 134(b) of the bill referred to in subsection (a)) is amended by striking section 125 (relating to treatment of scholarships for certain purposes).

(3) Section 806 of the Indian Health Care Improvement Act (25 U.S.C. 1676) is amended—

(A) by striking “Any limitation” and inserting the following:

“(a) HHS APPROPRIATIONS.—Any limitation”; and

(B) by adding at the end the following:

“(b) LIMITATIONS PURSUANT TO OTHER FEDERAL LAW.—Any limitation pursuant to other Federal laws on the use of Federal funds appropriated to the Service shall apply with respect to the performance or coverage of abortions.”.

(4) The bill referred to in subsection (a) is amended by striking section 201.

Subtitle C—Provisions Relating to Title III

SEC. 10301. PLANS FOR A VALUE-BASED PURCHASING PROGRAM FOR AMBULATORY SURGICAL CENTERS.

(a) IN GENERAL.—Section 3006 is amended by adding at the end the following new subsection:

“(f) AMBULATORY SURGICAL CENTERS.—

“(1) IN GENERAL.—The Secretary shall develop a plan to implement a value-based purchasing program for payments under the Medicare program under title XVIII of the Social Security Act for ambulatory surgical centers (as described in section 1833(i) of the Social Security Act (42 U.S.C. 1395l(i))).

“(2) DETAILS.—In developing the plan under paragraph (1), the Secretary shall consider the following issues:

“(A) The ongoing development, selection, and modification process for measures (including under section 1890 of the Social Security Act (42 U.S.C. 1395aaa) and section 1890A of such Act, as added by section 3014), to the extent feasible and practicable, of all dimensions of quality and efficiency in ambulatory surgical centers.

“(B) The reporting, collection, and validation of quality data.

“(C) The structure of value-based payment adjustments, including the determination of thresholds or improvements in quality that would substantiate a payment adjustment, the size of such payments, and the sources of funding for the value-based bonus payments.

“(D) Methods for the public disclosure of information on the performance of ambulatory surgical centers.

“(E) Any other issues determined appropriate by the Secretary.

“(3) CONSULTATION.—In developing the plan under paragraph (1), the Secretary shall—

“(A) consult with relevant affected parties; and

“(B) consider experience with such demonstrations that the Secretary determines are relevant to the value-based purchasing program described in paragraph (1).

“(4) REPORT TO CONGRESS.—Not later than January 1, 2011, the Secretary shall submit to Congress a report containing the plan developed under paragraph (1).”.

(b) TECHNICAL.—Section 3006(a)(2)(A) is amended by striking clauses (i) and (ii).

SEC. 10302. REVISION TO NATIONAL STRATEGY FOR QUALITY IMPROVEMENT IN HEALTH CARE.

Section 399HH(a)(2)(B)(iii) of the Public Health Service Act, as added by section 3011, is amended by inserting “(taking into consideration the limitations set forth in subsections (c) and (d) of section 1182 of the Social Security Act)” after “information”.

SEC. 10303. DEVELOPMENT OF OUTCOME MEASURES.

(a) DEVELOPMENT.—Section 931 of the Public Health Service Act, as added by section 3013(a), is amended by adding at the end the following new subsection:

“(f) DEVELOPMENT OF OUTCOME MEASURES.—

“(1) IN GENERAL.—The Secretary shall develop, and periodically update (not less than every 3 years), provider-level outcome measures for hospitals and physicians, as well as other providers as determined appropriate by the Secretary.

“(2) CATEGORIES OF MEASURES.—The measures developed under this subsection shall include, to the extent determined appropriate by the Secretary—

“(A) outcome measurement for acute and chronic diseases, including, to the extent feasible, the 5 most prevalent and resource-intensive acute and chronic medical conditions; and

“(B) outcome measurement for primary and preventative care, including, to the extent feasible, measurements that cover provision of such care for distinct patient populations (such as healthy children, chronically ill adults, or infirm elderly individuals).

“(3) GOALS.—In developing such measures, the Secretary shall seek to—

“(A) address issues regarding risk adjustment, accountability, and sample size;

“(B) include the full scope of services that comprise a cycle of care; and

“(C) include multiple dimensions.

“(4) TIMEFRAME.—

“(A) ACUTE AND CHRONIC DISEASES.—Not later than 24 months after the date of enactment of this Act, the Secretary shall develop not less than 10 measures described in paragraph (2)(A).

“(B) PRIMARY AND PREVENTIVE CARE.—Not later than 36 months after the date of enactment of this Act, the Secretary shall develop not less than 10 measures described in paragraph (2)(B).”.

(b) HOSPITAL-ACQUIRED CONDITIONS.—Section 1890A of the Social Security Act, as amended by section 3013(b), is amended by adding at the end the following new subsection:

“(f) HOSPITAL ACQUIRED CONDITIONS.—The Secretary shall, to the extent practicable, publicly report on measures for hospital-acquired conditions that are currently utilized by the Centers for Medicare & Medicaid Services for the adjustment of the amount of payment to hospitals based on rates of hospital-acquired infections.”.

(c) CLINICAL PRACTICE GUIDELINES.—Section 304(b) of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275) is amended by adding at the end the following new paragraph:

“(4) IDENTIFICATION.—

“(A) IN GENERAL.—Following receipt of the report submitted under paragraph (2), and not less than every 3 years thereafter, the Secretary shall contract with the Institute to employ the results of the study performed under paragraph (1) and the best methods identified by the Institute for the purpose of identifying existing and new clinical practice guidelines that were developed using such best methods, including guidelines listed in the National Guideline Clearinghouse.

“(B) CONSULTATION.—In carrying out the identification process under subparagraph (A), the Secretary shall allow for consultation with professional societies, voluntary health care organizations, and expert panels.”.

SEC. 10304. SELECTION OF EFFICIENCY MEASURES.

Sections 1890(b)(7) and 1890A of the Social Security Act, as added by section 3014, are amended by striking “quality” each place it appears and inserting “quality and efficiency”.

SEC. 10305. DATA COLLECTION; PUBLIC REPORTING.

Section 399II(a) of the Public Health Service Act, as added by section 3015, is amended to read as follows:

“(a) IN GENERAL.—

“(1) ESTABLISHMENT OF STRATEGIC FRAMEWORK.—The Secretary shall establish and implement an overall strategic framework to carry out the public reporting of performance information, as described in section 399JJ. Such strategic framework may include methods and related timelines for implementing nationally consistent data collection, data aggregation, and analysis methods.

“(2) COLLECTION AND AGGREGATION OF DATA.—The Secretary shall collect and aggregate consistent data on quality and resource use measures from information systems used to support health care delivery, and may award grants or contracts for this purpose. The Secretary shall align such collection and aggregation efforts with the requirements and assistance regarding the expansion of health information technology systems, the interoperability of such technology systems, and related standards that are in effect on the date of enactment of the Patient Protection and Affordable Care Act.

“(3) SCOPE.—The Secretary shall ensure that the data collection, data aggregation, and analysis systems described in paragraph (1) involve

an increasingly broad range of patient populations, providers, and geographic areas over time.”.

SEC. 10306. IMPROVEMENTS UNDER THE CENTER FOR MEDICARE AND MEDICAID INNOVATION.

Section 1115A of the Social Security Act, as added by section 3021, is amended—

(1) in subsection (a), by inserting at the end the following new paragraph:

“(5) TESTING WITHIN CERTAIN GEOGRAPHIC AREAS.—For purposes of testing payment and service delivery models under this section, the Secretary may elect to limit testing of a model to certain geographic areas.”;

(2) in subsection (b)(2)—

(A) in subparagraph (A)—

(i) in the second sentence, by striking “the preceding sentence may include” and inserting “this subparagraph may include, but are not limited to,”; and

(ii) by inserting after the first sentence the following new sentence: “The Secretary shall focus on models expected to reduce program costs under the applicable title while preserving or enhancing the quality of care received by individuals receiving benefits under such title.”;

(B) in subparagraph (B), by adding at the end the following new clauses:

“(ix) Utilizing, in particular in entities located in medically underserved areas and facilities of the Indian Health Service (whether operated by such Service or by an Indian tribe or tribal organization (as those terms are defined in section 4 of the Indian Health Care Improvement Act)), telehealth services—

“(I) in treating behavioral health issues (such as post-traumatic stress disorder) and stroke; and

“(II) to improve the capacity of non-medical providers and non-specialized medical providers to provide health services for patients with chronic complex conditions.

“(xx) Utilizing a diverse network of providers of services and suppliers to improve care coordination for applicable individuals described in subsection (a)(4)(A)(i) with 2 or more chronic conditions and a history of prior-year hospitalization through interventions developed under the Medicare Coordinated Care Demonstration Project under section 4016 of the Balanced Budget Act of 1997 (42 U.S.C. 1395b–1 note).”; and

(C) in subparagraph (C), by adding at the end the following new clause:

“(viii) Whether the model demonstrates effective linkage with other public sector or private sector payers.”;

(3) in subsection (b)(4), by adding at the end the following new subparagraph:

“(C) MEASURE SELECTION.—To the extent feasible, the Secretary shall select measures under this paragraph that reflect national priorities for quality improvement and patient-centered care consistent with the measures described in 1890(b)(7)(B).”; and

(4) in subsection (c)—

(A) in paragraph (1)(B), by striking “care and reduce spending; and” and inserting “patient care without increasing spending.”;

(B) in paragraph (2), by striking “reduce program spending under applicable titles.” and inserting “reduce (or would not result in any increase in) net program spending under applicable titles; and”;

(C) by adding at the end the following:

“(3) the Secretary determines that such expansion would not deny or limit the coverage or provision of benefits under the applicable title for applicable individuals.

In determining which models or demonstration projects to expand under the preceding sentence, the Secretary shall focus on models and demonstration projects that improve the quality of patient care and reduce spending.”.

SEC. 10307. IMPROVEMENTS TO THE MEDICARE SHARED SAVINGS PROGRAM.

Section 1899 of the Social Security Act, as added by section 3022, is amended by adding at the end the following new subsections:

“(i) OPTION TO USE OTHER PAYMENT MODELS.—

“(1) IN GENERAL.—If the Secretary determines appropriate, the Secretary may use any of the payment models described in paragraph (2) or (3) for making payments under the program rather than the payment model described in subsection (d).

“(2) PARTIAL CAPITATION MODEL.—

“(A) IN GENERAL.—Subject to subparagraph (B), a model described in this paragraph is a partial capitation model in which an ACO is at financial risk for some, but not all, of the items and services covered under parts A and B, such as at risk for some or all physicians’ services or all items and services under part B. The Secretary may limit a partial capitation model to ACOs that are highly integrated systems of care and to ACOs capable of bearing risk, as determined to be appropriate by the Secretary.

“(B) NO ADDITIONAL PROGRAM EXPENDITURES.—Payments to an ACO for items and services under this title for beneficiaries for a year under the partial capitation model shall be established in a manner that does not result in spending more for such ACO for such beneficiaries than would otherwise be expended for such ACO for such beneficiaries for such year if the model were not implemented, as estimated by the Secretary.

“(3) OTHER PAYMENT MODELS.—

“(A) IN GENERAL.—Subject to subparagraph (B), a model described in this paragraph is any payment model that the Secretary determines will improve the quality and efficiency of items and services furnished under this title.

“(B) NO ADDITIONAL PROGRAM EXPENDITURES.—Subparagraph (B) of paragraph (2) shall apply to a payment model under subparagraph (A) in a similar manner as such subparagraph (B) applies to the payment model under paragraph (2).

“(j) INVOLVEMENT IN PRIVATE PAYER AND OTHER THIRD PARTY ARRANGEMENTS.—The Secretary may give preference to ACOs who are participating in similar arrangements with other payers.

“(k) TREATMENT OF PHYSICIAN GROUP PRACTICE DEMONSTRATION.—During the period beginning on the date of the enactment of this section and ending on the date the program is established, the Secretary may enter into an agreement with an ACO under the demonstration under section 1866A, subject to rebasing and other modifications deemed appropriate by the Secretary.”.

SEC. 10308. REVISIONS TO NATIONAL PILOT PROGRAM ON PAYMENT BUNDLING.

(a) IN GENERAL.—Section 1866D of the Social Security Act, as added by section 3023, is amended—

(1) in paragraph (a)(2)(B), in the matter preceding clause (i), by striking “8 conditions” and inserting “10 conditions”;

(2) by striking subsection (c)(1)(B) and inserting the following:

“(B) EXPANSION.—The Secretary may, at any point after January 1, 2016, expand the duration and scope of the pilot program, to the extent determined appropriate by the Secretary, if—

“(i) the Secretary determines that such expansion is expected to—

“(I) reduce spending under title XVIII of the Social Security Act without reducing the quality of care; or

“(II) improve the quality of care and reduce spending;

“(ii) the Chief Actuary of the Centers for Medicare & Medicaid Services certifies that such

expansion would reduce program spending under such title XVIII; and

“(iii) the Secretary determines that such expansion would not deny or limit the coverage or provision of benefits under this title for individuals.”; and

(3) by striking subsection (g) and inserting the following new subsection:

“(g) APPLICATION OF PILOT PROGRAM TO CONTINUING CARE HOSPITALS.—

“(1) IN GENERAL.—In conducting the pilot program, the Secretary shall apply the provisions of the program so as to separately pilot test the continuing care hospital model.

“(2) SPECIAL RULES.—In pilot testing the continuing care hospital model under paragraph (1), the following rules shall apply:

“(A) Such model shall be tested without the limitation to the conditions selected under subsection (a)(2)(B).

“(B) Notwithstanding subsection (a)(2)(D), an episode of care shall be defined as the full period that a patient stays in the continuing care hospital plus the first 30 days following discharge from such hospital.

“(3) CONTINUING CARE HOSPITAL DEFINED.—In this subsection, the term ‘continuing care hospital’ means an entity that has demonstrated the ability to meet patient care and patient safety standards and that provides under common management the medical and rehabilitation services provided in inpatient rehabilitation hospitals and units (as defined in section 1886(d)(1)(B)(ii)), long term care hospitals (as defined in section 1886(d)(1)(B)(iv)(I)), and skilled nursing facilities (as defined in section 1819(a)) that are located in a hospital described in section 1886(d).”.

(b) TECHNICAL AMENDMENTS.—

(1) Section 3023 is amended by striking “1886C” and inserting “1866C”.

(2) Title XVIII of the Social Security Act is amended by redesignating section 1866D, as added by section 3024, as section 1866E.

SEC. 10309. REVISIONS TO HOSPITAL READMISSIONS REDUCTION PROGRAM.

Section 1886(q)(1) of the Social Security Act, as added by section 3025, in the matter preceding subparagraph (A), is amended by striking “the Secretary shall reduce the payments” and all that follows through “the product of” and inserting “the Secretary shall make payments (in addition to the payments described in paragraph (2)(A)(ii) for such a discharge to such hospital under subsection (d) (or section 1814(b)(3), as the case may be) in an amount equal to the product of”.

SEC. 10310. REPEAL OF PHYSICIAN PAYMENT UPDATE.

The provisions of, and the amendment made by, section 3101 are repealed.

SEC. 10311. REVISIONS TO EXTENSION OF AMBULANCE ADD-ONS.

(a) GROUND AMBULANCE.—Section 1834(l)(13)(A) of the Social Security Act (42 U.S.C. 1395m(l)(13)(A)), as amended by section 3105(a), is further amended—

(1) in the matter preceding clause (i)—

(A) by striking “2007, for” and inserting “2007, and for”; and

(B) by striking “2010, and for such services furnished on or after April 1, 2010, and before January 1, 2011” and inserting “2011”; and

(2) in each of clauses (i) and (ii)—

(A) by striking “, and on or after April 1, 2010, and before January 1, 2011” each place it appears; and

(B) by striking “January 1, 2010” and inserting “January 1, 2011” each place it appears.

(b) AIR AMBULANCE.—Section 146(b)(1) of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110–275), as amended by section 3105(b), is further amended by striking “December 31, 2009, and during the

period beginning on April 1, 2010, and ending on January 1, 2011" and inserting "December 31, 2010".

(c) **SUPER RURAL AMBULANCE.**—Section 1834(l)(12)(A) of the Social Security Act (42 U.S.C. 1395m(l)(12)(A)), as amended by section 3105(c), is further amended by striking "2010, and on or after April 1, 2010, and before January 1, 2011" and inserting "2011".

SEC. 10312. CERTAIN PAYMENT RULES FOR LONG-TERM CARE HOSPITAL SERVICES AND MORATORIUM ON THE ESTABLISHMENT OF CERTAIN HOSPITALS AND FACILITIES.

(a) **CERTAIN PAYMENT RULES.**—Section 114(c) of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (42 U.S.C. 1395ww note), as amended by section 4302(a) of the American Recovery and Reinvestment Act (Public Law 111–5) and section 3106(a) of this Act, is further amended by striking "4-year period" each place it appears and inserting "5-year period".

(b) **MORATORIUM.**—Section 114(d) of such Act (42 U.S.C. 1395ww note), as amended by section 3106(b) of this Act, in the matter preceding subparagraph (A), is amended by striking "4-year period" and inserting "5-year period".

SEC. 10313. REVISIONS TO THE EXTENSION FOR THE RURAL COMMUNITY HOSPITAL DEMONSTRATION PROGRAM.

(a) **IN GENERAL.**—Subsection (g) of section 410A of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2272), as added by section 3123(a) of this Act, is amended to read as follows:

“(g) **FIVE-YEAR EXTENSION OF DEMONSTRATION PROGRAM.**—

“(1) **IN GENERAL.**—Subject to the succeeding provisions of this subsection, the Secretary shall conduct the demonstration program under this section for an additional 5-year period (in this section referred to as the ‘5-year extension period’) that begins on the date immediately following the last day of the initial 5-year period under subsection (a)(5).

“(2) **EXPANSION OF DEMONSTRATION STATES.**—Notwithstanding subsection (a)(2), during the 5-year extension period, the Secretary shall expand the number of States with low population densities determined by the Secretary under such subsection to 20. In determining which States to include in such expansion, the Secretary shall use the same criteria and data that the Secretary used to determine the States under such subsection for purposes of the initial 5-year period.

“(3) **INCREASE IN MAXIMUM NUMBER OF HOSPITALS PARTICIPATING IN THE DEMONSTRATION PROGRAM.**—Notwithstanding subsection (a)(4), during the 5-year extension period, not more than 30 rural community hospitals may participate in the demonstration program under this section.

“(4) **HOSPITALS IN DEMONSTRATION PROGRAM ON DATE OF ENACTMENT.**—In the case of a rural community hospital that is participating in the demonstration program under this section as of the last day of the initial 5-year period, the Secretary—

“(A) shall provide for the continued participation of such rural community hospital in the demonstration program during the 5-year extension period unless the rural community hospital makes an election, in such form and manner as the Secretary may specify, to discontinue such participation; and

“(B) in calculating the amount of payment under subsection (b) to the rural community hospital for covered inpatient hospital services furnished by the hospital during such 5-year extension period, shall substitute, under paragraph (1)(A) of such subsection—

“(i) the reasonable costs of providing such services for discharges occurring in the first cost

reporting period beginning on or after the first day of the 5-year extension period, for

“(ii) the reasonable costs of providing such services for discharges occurring in the first cost reporting period beginning on or after the implementation of the demonstration program.”.

(b) **CONFORMING AMENDMENTS.**—Subsection (a)(5) of section 410A of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2272), as amended by section 3123(b) of this Act, is amended by striking “1-year extension” and inserting “5-year extension”.

SEC. 10314. ADJUSTMENT TO LOW-VOLUME HOSPITAL PROVISION.

Section 1886(d)(12) of the Social Security Act (42 U.S.C. 1395ww(d)(12), as amended by section 3125, is amended—

(1) in subparagraph (C)(i), by striking “1,500 discharges” and inserting “1,600 discharges”; and

(2) in subparagraph (D), by striking “1,500 discharges” and inserting “1,600 discharges”.

SEC. 10315. REVISIONS TO HOME HEALTH CARE PROVISIONS.

(a) **REBASING.**—Section 1895(b)(3)(A)(iii) of the Social Security Act, as added by section 3131, is amended—

(1) in the clause heading, by striking “2013” and inserting “2014”; and

(2) in subclause (I), by striking “2013” and inserting “2014”; and

(3) in subclause (II), by striking “2016” and inserting “2017”.

(b) **REVISION OF HOME HEALTH STUDY AND REPORT.**—Section 3131(d) is amended to read as follows:

“(d) **STUDY AND REPORT ON THE DEVELOPMENT OF HOME HEALTH PAYMENT REVISIONS IN ORDER TO ENSURE ACCESS TO CARE AND PAYMENT FOR SEVERITY OF ILLNESS.**—

“(1) **IN GENERAL.**—The Secretary of Health and Human Services (in this section referred to as the ‘Secretary’) shall conduct a study on home health agency costs involved with providing ongoing access to care to low-income Medicare beneficiaries or beneficiaries in medically underserved areas, and in treating beneficiaries with varying levels of severity of illness. In conducting the study, the Secretary may analyze items such as the following:

“(A) Methods to potentially revise the home health prospective payment system under section 1895 of the Social Security Act (42 U.S.C. 1395fff) to account for costs related to patient severity of illness or to improving beneficiary access to care, such as—

“(i) payment adjustments for services that may involve additional or fewer resources;

“(ii) changes to reflect resources involved with providing home health services to low-income Medicare beneficiaries or Medicare beneficiaries residing in medically underserved areas;

“(iii) ways outlier payments might be revised to reflect costs of treating Medicare beneficiaries with high levels of severity of illness; and

“(iv) other issues determined appropriate by the Secretary.

“(B) Operational issues involved with potential implementation of potential revisions to the home health payment system, including impacts for both home health agencies and administrative and systems issues for the Centers for Medicare & Medicaid Services, and any possible payment vulnerabilities associated with implementing potential revisions.

“(C) Whether additional research might be needed.

“(D) Other items determined appropriate by the Secretary.

“(2) **CONSIDERATIONS.**—In conducting the study under paragraph (1), the Secretary may consider whether patient severity of illness and access to care could be measured by factors, such as—

“(A) population density and relative patient access to care;

“(B) variations in service costs for providing care to individuals who are dually eligible under the Medicare and Medicaid programs;

“(C) the presence of severe or chronic diseases, which might be measured by multiple, discontinuous home health episodes;

“(D) poverty status, such as evidenced by the receipt of Supplemental Security Income under title XVI of the Social Security Act; and

“(E) other factors determined appropriate by the Secretary.

“(3) **REPORT.**—Not later than March 1, 2014, the Secretary shall submit to Congress a report on the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

“(4) **CONSULTATIONS.**—In conducting the study under paragraph (1), the Secretary shall consult with appropriate stakeholders, such as groups representing home health agencies and groups representing Medicare beneficiaries.

“(5) **MEDICARE DEMONSTRATION PROJECT BASED ON THE RESULTS OF THE STUDY.**—

“(A) **IN GENERAL.**—Subject to subparagraph (D), taking into account the results of the study conducted under paragraph (1), the Secretary may, as determined appropriate, provide for a demonstration project to test whether making payment adjustments for home health services under the Medicare program would substantially improve access to care for patients with high severity levels of illness or for low-income or underserved Medicare beneficiaries.

“(B) **WAIVING BUDGET NEUTRALITY.**—The Secretary shall not reduce the standard prospective payment amount (or amounts) under section 1895 of the Social Security Act (42 U.S.C. 1395fff) applicable to home health services furnished during a period to offset any increase in payments during such period resulting from the application of the payment adjustments under subparagraph (A).

“(C) **NO EFFECT ON SUBSEQUENT PERIODS.**—A payment adjustment resulting from the application of subparagraph (A) for a period—

“(i) shall not apply to payments for home health services under title XVIII after such period; and

“(ii) shall not be taken into account in calculating the payment amounts applicable for such services after such period.

“(D) **DURATION.**—If the Secretary determines it appropriate to conduct the demonstration project under this subsection, the Secretary shall conduct the project for a four year period beginning not later than January 1, 2015.

“(E) **FUNDING.**—The Secretary shall provide for the transfer from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and the Federal Supplementary Medical Insurance Trust Fund established under section 1841 of such Act (42 U.S.C. 1395t), in such proportion as the Secretary determines appropriate, of \$500,000,000 for the period of fiscal years 2015 through 2018. Such funds shall be made available for the study described in paragraph (1) and the design, implementation and evaluation of the demonstration described in this paragraph. Amounts available under this subparagraph shall be available until expended.

“(F) **EVALUATION AND REPORT.**—If the Secretary determines it appropriate to conduct the demonstration project under this subsection, the Secretary shall—

“(i) provide for an evaluation of the project; and

“(ii) submit to Congress, by a date specified by the Secretary, a report on the project.

“(G) **ADMINISTRATION.**—Chapter 35 of title 44, United States Code, shall not apply with respect to this subsection.”.

SEC. 10316. MEDICARE DSH.

Section 1886(r)(2)(B) of the Social Security Act, as added by section 3133, is amended—

(1) in clause (i)—
(A) in the matter preceding subclause (I), by striking “(divided by 100)”;

(B) in subclause (I), by striking “2012” and inserting “2013”;

(C) in subclause (II), by striking the period at the end and inserting a comma; and

(D) by adding at the end the following flush matter:
“minus 1.5 percentage points.”.

(2) in clause (ii)—
(A) in the matter preceding subclause (I), by striking “(divided by 100)”;

(B) in subclause (I), by striking “2012” and inserting “2013”;

(C) in subclause (II), by striking the period at the end and inserting a comma; and

(D) by adding at the end the following flush matter:
“and, for each of 2018 and 2019, minus 1.5 percentage points.”.

SEC. 10317. REVISIONS TO EXTENSION OF SECTION 508 HOSPITAL PROVISIONS.

Section 3137(a) is amended to read as follows:
“(a) EXTENSION.—

“(1) IN GENERAL.—Subsection (a) of section 106 of division B of the Tax Relief and Health Care Act of 2006 (42 U.S.C. 1395 note), as amended by section 117 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Public Law 110-173) and section 124 of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275), is amended by striking ‘September 30, 2009’ and inserting ‘September 30, 2010’.

“(2) SPECIAL RULE FOR FISCAL YEAR 2010.—

“(A) IN GENERAL.—Subject to subparagraph (B), for purposes of implementation of the amendment made by paragraph (1), including (notwithstanding paragraph (3) of section 117(a) of the Medicare, Medicaid and SCHIP Extension Act of 2007 (Public Law 110-173), as amended by section 124(b) of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275)) for purposes of the implementation of paragraph (2) of such section 117(a), during fiscal year 2010, the Secretary of Health and Human Services (in this subsection referred to as the ‘Secretary’) shall use the hospital wage index that was promulgated by the Secretary in the Federal Register on August 27, 2009 (74 Fed. Reg. 43754), and any subsequent corrections.

“(B) EXCEPTION.—Beginning on April 1, 2010, in determining the wage index applicable to hospitals that qualify for wage index reclassification, the Secretary shall include the average hourly wage data of hospitals whose reclassification was extended pursuant to the amendment made by paragraph (1) only if including such data results in a higher applicable reclassified wage index.

“(3) ADJUSTMENT FOR CERTAIN HOSPITALS IN FISCAL YEAR 2010.—

“(A) IN GENERAL.—In the case of a subsection (d) hospital (as defined in subsection (d)(1)(B) of section 1886 of the Social Security Act (42 U.S.C. 1395ww)) with respect to which—

“(i) a reclassification of its wage index for purposes of such section was extended pursuant to the amendment made by paragraph (1); and

“(ii) the wage index applicable for such hospital for the period beginning on October 1, 2009, and ending on March 31, 2010, was lower than for the period beginning on April 1, 2010, and ending on September 30, 2010, by reason of the application of paragraph (2)(B);

the Secretary shall pay such hospital an additional payment that reflects the difference between the wage index for such periods.

“(B) TIMEFRAME FOR PAYMENTS.—The Secretary shall make payments required under sub-

paragraph by not later than December 31, 2010.”.

SEC. 10318. REVISIONS TO TRANSITIONAL EXTRA BENEFITS UNDER MEDICARE ADVANTAGE.

Section 1853(p)(3)(A) of the Social Security Act, as added by section 3201(h), is amended by inserting “in 2009” before the period at the end.

SEC. 10319. REVISIONS TO MARKET BASKET ADJUSTMENTS.

(a) INPATIENT ACUTE HOSPITALS.—Section 1886(b)(3)(B)(xii) of the Social Security Act, as added by section 3401(a), is amended—

(1) in subclause (I), by striking “and” at the end;

(2) by redesignating subclause (II) as subclause (III);

(3) by inserting after subclause (II) the following new subclause:

“(II) for each of fiscal years 2012 and 2013, by 0.1 percentage point; and”;

(4) in subclause (III), as redesignated by paragraph (2), by striking “2012” and inserting “2014”.

(b) LONG-TERM CARE HOSPITALS.—Section 1886(m)(4) of the Social Security Act, as added by section 3401(c), is amended—

(1) in subparagraph (A)—

(A) in clause (i)—

(i) by striking “each of rate years 2010 and 2011” and inserting “rate year 2010”;

(ii) by striking “and” at the end;

(B) by redesignating clause (ii) as clause (iv);

(C) by inserting after clause (i) the following new clauses:

“(ii) for rate year 2011, 0.50 percentage point; “(iii) for each of the rate years beginning in 2012 and 2013, 0.1 percentage point; and”;

(D) in clause (iv), as redesignated by subparagraph (B), by striking “2012” and inserting “2014”;

(2) in subparagraph (B), by striking “(A)(ii)” and inserting “(A)(iv)”.

(c) INPATIENT REHABILITATION FACILITIES.—Section 1886(j)(3)(D)(i) of the Social Security Act, as added by section 3401(d), is amended—

(1) in subclause (I), by striking “and” at the end;

(2) by redesignating subclause (II) as subclause (III);

(3) by inserting after subclause (II) the following new subclause:

“(II) for each of fiscal years 2012 and 2013, 0.1 percentage point; and”;

(4) in subclause (III), as redesignated by paragraph (2), by striking “2012” and inserting “2014”.

(d) HOME HEALTH AGENCIES.—Section 1895(b)(3)(B)(vi)(II) of such Act, as added by section 3401(e), is amended by striking “and 2012” and inserting “, 2012, and 2013”.

(e) PSYCHIATRIC HOSPITALS.—Section 1886(s)(3)(A) of the Social Security Act, as added by section 3401(f), is amended—

(1) in clause (i), by striking “and” at the end;

(2) by redesignating clause (ii) as clause (iii);

(3) by inserting after clause (ii) the following new clause:

“(ii) for each of the rate years beginning in 2012 and 2013, 0.1 percentage point; and”;

(4) in clause (iii), as redesignated by paragraph (2), by striking “2012” and inserting “2014”.

(f) HOSPICE CARE.—Section 1814(i)(1)(C) of the Social Security Act (42 U.S.C. 1395f(i)(1)(C)), as amended by section 3401(g), is amended—

(1) in clause (iv)(II), by striking “0.5” and inserting “0.3”;

(2) in clause (v), in the matter preceding subclause (I), by striking “0.5” and inserting “0.3”.

(g) OUTPATIENT HOSPITALS.—Section 1833(i)(3)(G)(i) of the Social Security Act, as added by section 3401(i), is amended—

(1) in subclause (I), by striking “and” at the end;

(2) by redesignating subclause (II) as subclause (III);

(3) by inserting after subclause (II) the following new subclause:

“(II) for each of 2012 and 2013, 0.1 percentage point; and”;

(4) in subclause (III), as redesignated by paragraph (2), by striking “2012” and inserting “2014”.

SEC. 10320. EXPANSION OF THE SCOPE OF, AND ADDITIONAL IMPROVEMENTS TO, THE INDEPENDENT MEDICARE ADVISORY BOARD.

(a) IN GENERAL.—Section 1899A of the Social Security Act, as added by section 3403, is amended—

(1) in subsection (c)—

(A) in paragraph (1)(B), by adding at the end the following new sentence: “In any year (beginning with 2014) that the Board is not required to submit a proposal under this section, the Board shall submit to Congress an advisory report on matters related to the Medicare program.”;

(B) in paragraph (2)(A)—

(i) in clause (iv), by inserting “or the full premium subsidy under section 1860D-14(a)” before the period at the end of the last sentence; and

(ii) by adding at the end the following new clause:

“(vii) If the Chief Actuary of the Centers for Medicare & Medicaid Services has made a determination described in subsection (e)(3)(B)(i)(II) in the determination year, the proposal shall be designed to help reduce the growth rate described in paragraph (8) while maintaining or enhancing beneficiary access to quality care under this title.”;

(C) in paragraph (2)(B)—

(i) in clause (v), by striking “and” at the end;

(ii) in clause (vi), by striking the period at the end and inserting “; and”;

(iii) by adding at the end the following new clause:

“(vii) take into account the data and findings contained in the annual reports under subsection (n) in order to develop proposals that can most effectively promote the delivery of efficient, high quality care to Medicare beneficiaries.”;

(D) in paragraph (3)—

(i) in the heading, by striking “TRANSMISSION OF BOARD PROPOSAL TO PRESIDENT” and inserting “SUBMISSION OF BOARD PROPOSAL TO CONGRESS AND THE PRESIDENT”;

(ii) in subparagraph (A)(i), by striking “transmit a proposal under this section to the President” and insert “submit a proposal under this section to Congress and the President”;

(iii) in subparagraph (A)(ii)—

(i) in subclause (I), by inserting “or” at the end;

(ii) in subclause (II), by striking “; or” and inserting a period; and

(iii) by striking subclause (III);

(E) in paragraph (4)—

(i) by striking “the Board under paragraph (3)(A)(i) or”;

(ii) by striking “immediately” and inserting “within 2 days”;

(F) in paragraph (5)—

(i) by striking “to but” and inserting “but”;

and

(ii) by inserting “Congress and” after “submit a proposal to”;

(G) in paragraph (6)(B)(i), by striking “per unduplicated enrollee” and inserting “(calculated as the sum of per capita spending under each of parts A, B, and D)”;

(2) in subsection (d)—

(A) in paragraph (1)(A)—

(i) by inserting “the Board or” after “a proposal is submitted by”;

(ii) by inserting “subsection (c)(3)(A)(i) or” after “the Senate under”;

(B) in paragraph (2)(A), by inserting “the Board or” after “a proposal is submitted by”;

(3) in subsection (e)—

(A) in paragraph (1), by inserting “the Board or” after “a proposal submitted by”; and

(B) in paragraph (3)—

(i) by striking “EXCEPTION.—The Secretary shall not be required to implement the recommendations contained in a proposal submitted in a proposal year by” and inserting “EXCEPTIONS.—

“(A) IN GENERAL.—The Secretary shall not implement the recommendations contained in a proposal submitted in a proposal year by the Board or”;

(ii) by redesignating subparagraphs (A) and (B) as clauses (i) and (ii), respectively, and indenting appropriately; and

(iii) by adding at the end the following new subparagraph:

“(B) LIMITED ADDITIONAL EXCEPTION.—

“(i) IN GENERAL.—Subject to clause (ii), the Secretary shall not implement the recommendations contained in a proposal submitted by the Board or the President to Congress pursuant to this section in a proposal year (beginning with proposal year 2019) if—

“(I) the Board was required to submit a proposal to Congress under this section in the year preceding the proposal year; and

“(II) the Chief Actuary of the Centers for Medicare & Medicaid Services makes a determination in the determination year that the growth rate described in subsection (c)(8) exceeds the growth rate described in subsection (c)(6)(A)(i).

“(ii) LIMITED ADDITIONAL EXCEPTION MAY NOT BE APPLIED IN TWO CONSECUTIVE YEARS.—This subparagraph shall not apply if the recommendations contained in a proposal submitted by the Board or the President to Congress pursuant to this section in the year preceding the proposal year were not required to be implemented by reason of this subparagraph.

“(iii) NO AFFECT ON REQUIREMENT TO SUBMIT PROPOSALS OR FOR CONGRESSIONAL CONSIDERATION OF PROPOSALS.—Clause (i) and (ii) shall not affect—

“(I) the requirement of the Board or the President to submit a proposal to Congress in a proposal year in accordance with the provisions of this section; or

“(II) Congressional consideration of a legislative proposal (described in subsection (c)(3)(B)(iv)) contained such a proposal in accordance with subsection (d).”;

(4) in subsection (f)(3)(B)—

(A) by striking “or advisory reports to Congress” and inserting “, advisory reports, or advisory recommendations”; and

(B) by inserting “or produce the public report under subsection (n)” after “this section”; and

(5) by adding at the end the following new subsections:

“(n) ANNUAL PUBLIC REPORT.—

“(1) IN GENERAL.—Not later than July 1, 2014, and annually thereafter, the Board shall produce a public report containing standardized information on system-wide health care costs, patient access to care, utilization, and quality-of-care that allows for comparison by region, types of services, types of providers, and both private payers and the program under this title.

“(2) REQUIREMENTS.—Each report produced pursuant to paragraph (1) shall include information with respect to the following areas:

“(A) The quality and costs of care for the population at the most local level determined practical by the Board (with quality and costs compared to national benchmarks and reflecting rates of change, taking into account quality measures described in section 1890(b)(7)(B)).

“(B) Beneficiary and consumer access to care, patient and caregiver experience of care, and

the cost-sharing or out-of-pocket burden on patients.

“(C) Epidemiological shifts and demographic changes.

“(D) The proliferation, effectiveness, and utilization of health care technologies, including variation in provider practice patterns and costs.

“(E) Any other areas that the Board determines affect overall spending and quality of care in the private sector.

“(o) ADVISORY RECOMMENDATIONS FOR NON-FEDERAL HEALTH CARE PROGRAMS.—

“(1) IN GENERAL.—Not later than January 15, 2015, and at least once every two years thereafter, the Board shall submit to Congress and the President recommendations to slow the growth in national health expenditures (excluding expenditures under this title and in other Federal health care programs) while preserving or enhancing quality of care, such as recommendations—

“(A) that the Secretary or other Federal agencies can implement administratively;

“(B) that may require legislation to be enacted by Congress in order to be implemented;

“(C) that may require legislation to be enacted by State or local governments in order to be implemented;

“(D) that private sector entities can voluntarily implement; and

“(E) with respect to other areas determined appropriate by the Board.

“(2) COORDINATION.—In making recommendations under paragraph (1), the Board shall coordinate such recommendations with recommendations contained in proposals and advisory reports produced by the Board under subsection (c).

“(3) AVAILABLE TO PUBLIC.—The Board shall make recommendations submitted to Congress and the President under this subsection available to the public.”.

(b) NAME CHANGE.—Any reference in the provisions of, or amendments made by, section 3403 to the “Independent Medicare Advisory Board” shall be deemed to be a reference to the “Independent Payment Advisory Board”.

(c) RULE OF CONSTRUCTION.—Nothing in the amendments made by this section shall preclude the Independent Medicare Advisory Board, as established under section 1899A of the Social Security Act (as added by section 3403), from solely using data from public or private sources to carry out the amendments made by subsection (a)(4).

SEC. 10321. REVISION TO COMMUNITY HEALTH TEAMS.

Section 3502(c)(2)(A) is amended by inserting “or other primary care providers” after “physicians”.

SEC. 10322. QUALITY REPORTING FOR PSYCHIATRIC HOSPITALS.

(a) IN GENERAL.—Section 1886(s) of the Social Security Act, as added by section 3401(f), is amended by adding at the end the following new paragraph:

“(4) QUALITY REPORTING.—

“(A) REDUCTION IN UPDATE FOR FAILURE TO REPORT.—

“(i) IN GENERAL.—Under the system described in paragraph (1), for rate year 2014 and each subsequent rate year, in the case of a psychiatric hospital or psychiatric unit that does not submit data to the Secretary in accordance with subparagraph (C) with respect to such a rate year, any annual update to a standard Federal rate for discharges for the hospital during the rate year, and after application of paragraph (2), shall be reduced by 2 percentage points.

“(ii) SPECIAL RULE.—The application of this subparagraph may result in such annual update being less than 0.0 for a rate year, and may re-

sult in payment rates under the system described in paragraph (1) for a rate year being less than such payment rates for the preceding rate year.

“(B) NONCUMULATIVE APPLICATION.—Any reduction under subparagraph (A) shall apply only with respect to the rate year involved and the Secretary shall not take into account such reduction in computing the payment amount under the system described in paragraph (1) for a subsequent rate year.

“(C) SUBMISSION OF QUALITY DATA.—For rate year 2014 and each subsequent rate year, each psychiatric hospital and psychiatric unit shall submit to the Secretary data on quality measures specified under subparagraph (D). Such data shall be submitted in a form and manner, and at a time, specified by the Secretary for purposes of this subparagraph.

“(D) QUALITY MEASURES.—

“(i) IN GENERAL.—Subject to clause (ii), any measure specified by the Secretary under this subparagraph must have been endorsed by the entity with a contract under section 1890(a).

“(ii) EXCEPTION.—In the case of a specified area or medical topic determined appropriate by the Secretary for which a feasible and practical measure has not been endorsed by the entity with a contract under section 1890(a), the Secretary may specify a measure that is not so endorsed as long as due consideration is given to measures that have been endorsed or adopted by a consensus organization identified by the Secretary.

“(iii) TIME FRAME.—Not later than October 1, 2012, the Secretary shall publish the measures selected under this subparagraph that will be applicable with respect to rate year 2014.

“(E) PUBLIC AVAILABILITY OF DATA SUBMITTED.—The Secretary shall establish procedures for making data submitted under subparagraph (C) available to the public. Such procedures shall ensure that a psychiatric hospital and a psychiatric unit has the opportunity to review the data that is to be made public with respect to the hospital or unit prior to such data being made public. The Secretary shall report quality measures that relate to services furnished in inpatient settings in psychiatric hospitals and psychiatric units on the Internet website of the Centers for Medicare & Medicaid Services.”.

(b) CONFORMING AMENDMENT.—Section 1890(b)(7)(B)(i)(I) of the Social Security Act, as added by section 3014, is amended by inserting “1886(s)(4)(D),” after “1886(o)(2),”.

SEC. 10323. MEDICARE COVERAGE FOR INDIVIDUALS EXPOSED TO ENVIRONMENTAL HEALTH HAZARDS.

(a) IN GENERAL.—Title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) is amended by inserting after section 1881 the following new section:

“SEC. 1881A. MEDICARE COVERAGE FOR INDIVIDUALS EXPOSED TO ENVIRONMENTAL HEALTH HAZARDS.

“(a) DEEMING OF INDIVIDUALS AS ELIGIBLE FOR MEDICARE BENEFITS.—

“(1) IN GENERAL.—For purposes of eligibility for benefits under this title, an individual determined under subsection (c) to be an environmental exposure affected individual described in subsection (e)(2) shall be deemed to meet the conditions specified in section 226(a).

“(2) DISCRETIONARY DEEMING.—For purposes of eligibility for benefits under this title, the Secretary may deem an individual determined under subsection (c) to be an environmental exposure affected individual described in subsection (e)(3) to meet the conditions specified in section 226(a).

“(3) EFFECTIVE DATE OF COVERAGE.—An individual who is deemed eligible for benefits under this title under paragraph (1) or (2) shall be—

“(A) entitled to benefits under the program under Part A as of the date of such deeming; and

“(B) eligible to enroll in the program under Part B beginning with the month in which such deeming occurs.

“(b) PILOT PROGRAM FOR CARE OF CERTAIN INDIVIDUALS RESIDING IN EMERGENCY DECLARATION AREAS.—

“(1) PROGRAM; PURPOSE.—

“(A) PRIMARY PILOT PROGRAM.—The Secretary shall establish a pilot program in accordance with this subsection to provide innovative approaches to furnishing comprehensive, coordinated, and cost-effective care under this title to individuals described in paragraph (2)(A).

“(B) OPTIONAL PILOT PROGRAMS.—The Secretary may establish a separate pilot program, in accordance with this subsection, with respect to each geographic area subject to an emergency declaration (other than the declaration of June 17, 2009), in order to furnish such comprehensive, coordinated and cost-effective care to individuals described in subparagraph (2)(B) who reside in each such area.

“(2) INDIVIDUAL DESCRIBED.—For purposes of paragraph (1), an individual described in this paragraph is an individual who enrolls in part B, submits to the Secretary an application to participate in the applicable pilot program under this subsection, and—

“(A) is an environmental exposure affected individual described in subsection (e)(2) who resides in or around the geographic area subject to an emergency declaration made as of June 17, 2009; or

“(B) is an environmental exposure affected individual described in subsection (e)(3) who—

“(i) is deemed under subsection (a)(2); and

“(ii) meets such other criteria or conditions for participation in a pilot program under paragraph (1)(B) as the Secretary specifies.

“(3) FLEXIBLE BENEFITS AND SERVICES.—A pilot program under this subsection may provide for the furnishing of benefits, items, or services not otherwise covered or authorized under this title, if the Secretary determines that furnishing such benefits, items, or services will further the purposes of such pilot program (as described in paragraph (1)).

“(4) INNOVATIVE REIMBURSEMENT METHODOLOGIES.—For purposes of the pilot program under this subsection, the Secretary—

“(A) shall develop and implement appropriate methodologies to reimburse providers for furnishing benefits, items, or services for which payment is not otherwise covered or authorized under this title, if such benefits, items, or services are furnished pursuant to paragraph (3); and

“(B) may develop and implement innovative approaches to reimbursing providers for any benefits, items, or services furnished under this subsection.

“(5) LIMITATION.—Consistent with section 1862(b), no payment shall be made under the pilot program under this subsection with respect to benefits, items, or services furnished to an environmental exposure affected individual (as defined in subsection (e)) to the extent that such individual is eligible to receive such benefits, items, or services through any other public or private benefits plan or legal agreement.

“(6) WAIVER AUTHORITY.—The Secretary may waive such provisions of this title and title XI as are necessary to carry out pilot programs under this subsection.

“(7) FUNDING.—For purposes of carrying out pilot programs under this subsection, the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 and the Federal Supplementary Medical Insurance Trust Fund under section 1841, in such proportion as the Secretary deter-

mines appropriate, of such sums as the Secretary determines necessary, to the Centers for Medicare & Medicaid Services Program Management Account.

“(8) WAIVER OF BUDGET NEUTRALITY.—The Secretary shall not require that pilot programs under this subsection be budget neutral with respect to expenditures under this title.

“(c) DETERMINATIONS.—

“(1) BY THE COMMISSIONER OF SOCIAL SECURITY.—For purposes of this section, the Commissioner of Social Security, in consultation with the Secretary, and using the cost allocation method prescribed in section 201(g), shall determine whether individuals are environmental exposure affected individuals.

“(2) BY THE SECRETARY.—The Secretary shall determine eligibility for pilot programs under subsection (b).

“(d) EMERGENCY DECLARATION DEFINED.—For purposes of this section, the term ‘emergency declaration’ means a declaration of a public health emergency under section 104(a) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980.

“(e) ENVIRONMENTAL EXPOSURE AFFECTED INDIVIDUAL DEFINED.—

“(1) IN GENERAL.—For purposes of this section, the term ‘environmental exposure affected individual’ means—

“(A) an individual described in paragraph (2); and

“(B) an individual described in paragraph (3).

“(2) INDIVIDUAL DESCRIBED.—

“(A) IN GENERAL.—An individual described in this paragraph is any individual who—

“(i) is diagnosed with 1 or more conditions described in subparagraph (B);

“(ii) as demonstrated in such manner as the Secretary determines appropriate, has been present for an aggregate total of 6 months in the geographic area subject to an emergency declaration specified in subsection (b)(2)(A), during a period ending—

“(I) not less than 10 years prior to such diagnosis; and

“(II) prior to the implementation of all the remedial and removal actions specified in the Record of Decision for Operating Unit 4 and the Record of Decision for Operating Unit 7;

“(iii) files an application for benefits under this title (or has an application filed on behalf of the individual), including pursuant to this section; and

“(iv) is determined under this section to meet the criteria in this subparagraph.

“(B) CONDITIONS DESCRIBED.—For purposes of subparagraph (A), the following conditions are described in this subparagraph:

“(i) Asbestosis, pleural thickening, or pleural plaques as established by—

“(I) interpretation by a ‘B Reader’ qualified physician of a plain chest x-ray or interpretation of a computed tomographic radiograph of the chest by a qualified physician, as determined by the Secretary; or

“(II) such other diagnostic standards as the Secretary specifies, except that this clause shall not apply to pleural thickening or pleural plaques unless there are symptoms or conditions requiring medical treatment as a result of these diagnoses.

“(ii) Mesothelioma, or malignancies of the lung, colon, rectum, larynx, stomach, esophagus, pharynx, or ovary, as established by—

“(I) pathologic examination of biopsy tissue;

“(II) cytology from bronchioalveolar lavage; or

“(III) such other diagnostic standards as the Secretary specifies.

“(iii) Any other diagnosis which the Secretary, in consultation with the Commissioner of Social Security, determines is an asbestos-related medical condition, as established by such diagnostic standards as the Secretary specifies.

“(3) OTHER INDIVIDUAL DESCRIBED.—An individual described in this paragraph is any individual who—

“(A) is not an individual described in paragraph (2);

“(B) is diagnosed with a medical condition caused by the exposure of the individual to a public health hazard to which an emergency declaration applies, based on such medical conditions, diagnostic standards, and other criteria as the Secretary specifies;

“(C) as demonstrated in such manner as the Secretary determines appropriate, has been present for an aggregate total of 6 months in the geographic area subject to the emergency declaration involved, during a period determined appropriate by the Secretary;

“(D) files an application for benefits under this title (or has an application filed on behalf of the individual), including pursuant to this section; and

“(E) is determined under this section to meet the criteria in this paragraph.”

(b) PROGRAM FOR EARLY DETECTION OF CERTAIN MEDICAL CONDITIONS RELATED TO ENVIRONMENTAL HEALTH HAZARDS.—Title XX of the Social Security Act (42 U.S.C. 1397 et seq.), as amended by section 5507, is amended by adding at the end the following:

“SEC. 2009. PROGRAM FOR EARLY DETECTION OF CERTAIN MEDICAL CONDITIONS RELATED TO ENVIRONMENTAL HEALTH HAZARDS.

“(a) PROGRAM ESTABLISHMENT.—The Secretary shall establish a program in accordance with this section to make competitive grants to eligible entities specified in subsection (b) for the purpose of—

“(1) screening at-risk individuals (as defined in subsection (c)(1)) for environmental health conditions (as defined in subsection (c)(3)); and

“(2) developing and disseminating public information and education concerning—

“(A) the availability of screening under the program under this section;

“(B) the detection, prevention, and treatment of environmental health conditions; and

“(C) the availability of Medicare benefits for certain individuals diagnosed with environmental health conditions under section 1881A.

“(b) ELIGIBLE ENTITIES.—

“(1) IN GENERAL.—For purposes of this section, an eligible entity is an entity described in paragraph (2) which submits an application to the Secretary in such form and manner, and containing such information and assurances, as the Secretary determines appropriate.

“(2) TYPES OF ELIGIBLE ENTITIES.—The entities described in this paragraph are the following:

“(A) A hospital or community health center.

“(B) A Federally qualified health center.

“(C) A facility of the Indian Health Service.

“(D) A National Cancer Institute-designated cancer center.

“(E) An agency of any State or local government.

“(F) A nonprofit organization.

“(G) Any other entity the Secretary determines appropriate.

“(c) DEFINITIONS.—In this section:

“(1) AT-RISK INDIVIDUAL.—The term ‘at-risk individual’ means an individual who—

“(A)(i) as demonstrated in such manner as the Secretary determines appropriate, has been present for an aggregate total of 6 months in the geographic area subject to an emergency declaration specified under paragraph (2), during a period ending—

“(I) not less than 10 years prior to the date of such individual’s application under subparagraph (B); and

“(II) prior to the implementation of all the remedial and removal actions specified in the Record of Decision for Operating Unit 4 and the Record of Decision for Operating Unit 7; or

“(ii) meets such other criteria as the Secretary determines appropriate considering the type of environmental health condition at issue; and

“(B) has submitted an application (or has an application submitted on the individual's behalf), to an eligible entity receiving a grant under this section, for screening under the program under this section.

“(2) EMERGENCY DECLARATION.—The term ‘emergency declaration’ means a declaration of a public health emergency under section 104(a) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980.

“(3) ENVIRONMENTAL HEALTH CONDITION.—The term ‘environmental health condition’ means—

“(A) asbestosis, pleural thickening, or pleural plaques, as established by—

“(i) interpretation by a ‘B Reader’ qualified physician of a plain chest x-ray or interpretation of a computed tomographic radiograph of the chest by a qualified physician, as determined by the Secretary; or

“(ii) such other diagnostic standards as the Secretary specifies;

“(B) mesothelioma, or malignancies of the lung, colon, rectum, larynx, stomach, esophagus, pharynx, or ovary, as established by—

“(i) pathologic examination of biopsy tissue;

“(ii) cytology from bronchioalveolar lavage; or

“(iii) such other diagnostic standards as the Secretary specifies; and

“(C) any other medical condition which the Secretary determines is caused by exposure to a hazardous substance or pollutant or contaminant at a Superfund site to which an emergency declaration applies, based on such criteria and as established by such diagnostic standards as the Secretary specifies.

“(4) HAZARDOUS SUBSTANCE; POLLUTANT; CONTAMINANT.—The terms ‘hazardous substance’, ‘pollutant’, and ‘contaminant’ have the meanings given those terms in section 101 of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (42 U.S.C. 9601).

“(5) SUPERFUND SITE.—The term ‘Superfund site’ means a site included on the National Priorities List developed by the President in accordance with section 105(a)(8)(B) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (42 U.S.C. 9605(a)(8)(B)).

“(d) HEALTH COVERAGE UNAFFECTED.—Nothing in this section shall be construed to affect any coverage obligation of a governmental or private health plan or program relating to an at-risk individual.

“(e) FUNDING.—

“(1) IN GENERAL.—Out of any funds in the Treasury not otherwise appropriated, there are appropriated to the Secretary, to carry out the program under this section—

“(A) \$23,000,000 for the period of fiscal years 2010 through 2014; and

“(B) \$20,000,000 for each 5-fiscal year period thereafter.

“(2) AVAILABILITY.—Funds appropriated under paragraph (1) shall remain available until expended.

“(f) NONAPPLICATION.—

“(1) IN GENERAL.—Except as provided in paragraph (2), the preceding sections of this title shall not apply to grants awarded under this section.

“(2) LIMITATIONS ON USE OF GRANTS.—Section 2005(a) shall apply to a grant awarded under this section to the same extent and in the same manner as such section applies to payments to States under this title, except that paragraph (4) of such section shall not be construed to prohibit grantees from conducting screening for environmental health conditions as authorized under this section.”.

SEC. 10324. PROTECTIONS FOR FRONTIER STATES.

(a) FLOOR ON AREA WAGE INDEX FOR HOSPITALS IN FRONTIER STATES.—

(1) IN GENERAL.—Section 1886(d)(3)(E) of the Social Security Act (42 U.S.C. 1395ww(d)(3)(E)) is amended—

(A) in clause (i), by striking “clause (ii)” and inserting “clause (ii) or (iii)”; and

(B) by adding at the end the following new clause:

“(iii) FLOOR ON AREA WAGE INDEX FOR HOSPITALS IN FRONTIER STATES.—

“(I) IN GENERAL.—Subject to subclause (IV), for discharges occurring on or after October 1, 2010, the area wage index applicable under this subparagraph to any hospital which is located in a frontier State (as defined in subclause (II)) may not be less than 1.00.

“(II) FRONTIER STATE DEFINED.—In this clause, the term ‘frontier State’ means a State in which at least 50 percent of the counties in the State are frontier counties.

“(III) FRONTIER COUNTY DEFINED.—In this clause, the term ‘frontier county’ means a county in which the population per square mile is less than 6.

“(IV) LIMITATION.—This clause shall not apply to any hospital located in a State that receives a non-labor related share adjustment under paragraph (5)(H).”.

(2) WAIVING BUDGET NEUTRALITY.—Section 1886(d)(3)(E) of the Social Security Act (42 U.S.C. 1395ww(d)(3)(E)), as amended by subsection (a), is amended in the third sentence by inserting “and the amendments made by section 10324(a)(1) of the Patient Protection and Affordable Care Act” after “2003”.

(b) FLOOR ON AREA WAGE ADJUSTMENT FACTOR FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES IN FRONTIER STATES.—Section 1833(t) of the Social Security Act (42 U.S.C. 1395l(t)), as amended by section 3138, is amended—

(1) in paragraph (2)(D), by striking “the Secretary” and inserting “subject to paragraph (19), the Secretary”; and

(2) by adding at the end the following new paragraph:

“(19) FLOOR ON AREA WAGE ADJUSTMENT FACTOR FOR HOSPITAL OUTPATIENT DEPARTMENT SERVICES IN FRONTIER STATES.—

“(A) IN GENERAL.—Subject to subparagraph (B), with respect to covered OPD services furnished on or after January 1, 2011, the area wage adjustment factor applicable under the payment system established under this subsection to any hospital outpatient department which is located in a frontier State (as defined in section 1886(d)(3)(E)(iii)(II)) may not be less than 1.00. The preceding sentence shall not be applied in a budget neutral manner.

“(B) LIMITATION.—This paragraph shall not apply to any hospital outpatient department located in a State that receives a non-labor related share adjustment under section 1886(d)(5)(H).”.

(c) FLOOR FOR PRACTICE EXPENSE INDEX FOR PHYSICIANS’ SERVICES FURNISHED IN FRONTIER STATES.—Section 1848(e)(1) of the Social Security Act (42 U.S.C. 1395w-4(e)(1)), as amended by section 3102, is amended—

(1) in subparagraph (A), by striking “and (H)” and inserting “(H), and (I)”; and

(2) by adding at the end the following new subparagraph:

“(I) FLOOR FOR PRACTICE EXPENSE INDEX FOR SERVICES FURNISHED IN FRONTIER STATES.—

“(i) IN GENERAL.—Subject to clause (ii), for purposes of payment for services furnished in a frontier State (as defined in section 1886(d)(3)(E)(iii)(II)) on or after January 1, 2011, after calculating the practice expense index in subparagraph (A)(i), the Secretary shall increase any such index to 1.00 if such index would otherwise be less than 1.00. The preceding sentence shall not be applied in a budget neutral manner.

“(ii) LIMITATION.—This subparagraph shall not apply to services furnished in a State that

receives a non-labor related share adjustment under section 1886(d)(5)(H).”.

SEC. 10325. REVISION TO SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM.

(a) TEMPORARY DELAY OF RUG-IV.—Notwithstanding any other provision of law, the Secretary of Health and Human Services shall not, prior to October 1, 2011, implement Version 4 of the Resource Utilization Groups (in this subsection referred to as “RUG-IV”) published in the Federal Register on August 11, 2009, entitled “Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities for FY 2010; Minimum Data Set, Version 3.0 for Skilled Nursing Facilities and Medicaid Nursing Facilities” (74 Fed. Reg. 40288). Beginning on October 1, 2010, the Secretary of Health and Human Services shall implement the change specific to therapy furnished on a concurrent basis that is a component of RUG-IV and changes to the lookback period to ensure that only those services furnished after admission to a skilled nursing facility are used as factors in determining a case mix classification under the skilled nursing facility prospective payment system under section 1888(e) of the Social Security Act (42 U.S.C. 1395yy(e)).

(b) CONSTRUCTION.—Nothing in this section shall be interpreted as delaying the implementation of Version 3.0 of the Minimum Data Sets (MDS 3.0) beyond the planned implementation date of October 1, 2010.

SEC. 10326. PILOT TESTING PAY-FOR-PERFORMANCE PROGRAMS FOR CERTAIN MEDICARE PROVIDERS.

(a) IN GENERAL.—Not later than January 1, 2016, the Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall, for each provider described in subsection (b), conduct a separate pilot program under title XVIII of the Social Security Act to test the implementation of a value-based purchasing program for payments under such title for the provider.

(b) PROVIDERS DESCRIBED.—The providers described in this paragraph are the following:

(1) Psychiatric hospitals (as described in clause (i) of section 1886(d)(1)(B) of such Act (42 U.S.C. 1395w(d)(1)(B))) and psychiatric units (as described in the matter following clause (v) of such section).

(2) Long-term care hospitals (as described in clause (iv) of such section).

(3) Rehabilitation hospitals (as described in clause (ii) of such section).

(4) PPS-exempt cancer hospitals (as described in clause (v) of such section).

(5) Hospice programs (as defined in section 1861(dd)(2) of such Act (42 U.S.C. 1395z(dd)(2))).

(c) WAIVER AUTHORITY.—The Secretary may waive such requirements of titles XI and XVIII of the Social Security Act as may be necessary solely for purposes of carrying out the pilot programs under this section.

(d) NO ADDITIONAL PROGRAM EXPENDITURES.—Payments under this section under the separate pilot program for value based purchasing (as described in subsection (a)) for each provider type described in paragraphs (1) through (5) of subsection (b) for applicable items and services under title XVIII of the Social Security Act for a year shall be established in a manner that does not result in spending more under each such value based purchasing program for such year than would otherwise be expended for such provider type for such year if the pilot program were not implemented, as estimated by the Secretary.

(e) EXPANSION OF PILOT PROGRAM.—The Secretary may, at any point after January 1, 2018, expand the duration and scope of a pilot program conducted under this subsection, to the extent determined appropriate by the Secretary, if—

(1) the Secretary determines that such expansion is expected to—

(A) reduce spending under title XVIII of the Social Security Act without reducing the quality of care; or

(B) improve the quality of care and reduce spending;

(2) the Chief Actuary of the Centers for Medicare & Medicaid Services certifies that such expansion would reduce program spending under such title XVIII; and

(3) the Secretary determines that such expansion would not deny or limit the coverage or provision of benefits under such title XIII for Medicare beneficiaries.

SEC. 10327. IMPROVEMENTS TO THE PHYSICIAN QUALITY REPORTING SYSTEM.

(a) IN GENERAL.—Section 1848(m) of the Social Security Act (42 U.S.C. 1395w-4(m)) is amended by adding at the end the following new paragraph:

“(7) ADDITIONAL INCENTIVE PAYMENT.—

“(A) IN GENERAL.—For 2011 through 2014, if an eligible professional meets the requirements described in subparagraph (B), the applicable quality percent for such year, as described in clauses (iii) and (iv) of paragraph (1)(B), shall be increased by 0.5 percentage points.

“(B) REQUIREMENTS DESCRIBED.—In order to qualify for the additional incentive payment described in subparagraph (A), an eligible professional shall meet the following requirements:

“(i) The eligible professional shall—

“(I) satisfactorily submit data on quality measures for purposes of paragraph (1) for a year; and

“(II) have such data submitted on their behalf through a Maintenance of Certification Program (as defined in subparagraph (C)(i)) that meets—

“(aa) the criteria for a registry (as described in subsection (k)(4)); or

“(bb) an alternative form and manner determined appropriate by the Secretary.

“(ii) The eligible professional, more frequently than is required to qualify for or maintain board certification status—

“(I) participates in such a Maintenance of Certification program for a year; and

“(II) successfully completes a qualified Maintenance of Certification Program practice assessment (as defined in subparagraph (C)(ii)) for such year.

“(iii) A Maintenance of Certification program submits to the Secretary, on behalf of the eligible professional, information—

“(I) in a form and manner specified by the Secretary, that the eligible professional has successfully met the requirements of clause (ii) (which may be in the form of a structural measure);

“(II) if requested by the Secretary, on the survey of patient experience with care (as described in subparagraph (C)(ii)(II)); and

“(III) as the Secretary may require, on the methods, measures, and data used under the Maintenance of Certification Program and the qualified Maintenance of Certification Program practice assessment.

“(C) DEFINITIONS.—For purposes of this paragraph:

“(i) The term ‘Maintenance of Certification Program’ means a continuous assessment program, such as qualified American Board of Medical Specialties Maintenance of Certification program or an equivalent program (as determined by the Secretary), that advances quality and the lifelong learning and self-assessment of board certified specialty physicians by focusing on the competencies of patient care, medical knowledge, practice-based learning, interpersonal and communication skills and professionalism. Such a program shall include the following:

“(I) The program requires the physician to maintain a valid, unrestricted medical license in the United States.

“(II) The program requires a physician to participate in educational and self-assessment programs that require an assessment of what was learned.

“(III) The program requires a physician to demonstrate, through a formalized, secure examination, that the physician has the fundamental diagnostic skills, medical knowledge, and clinical judgment to provide quality care in their respective specialty.

“(IV) The program requires successful completion of a qualified Maintenance of Certification Program practice assessment as described in clause (ii).

“(ii) The term ‘qualified Maintenance of Certification Program practice assessment’ means an assessment of a physician’s practice that—

“(I) includes an initial assessment of an eligible professional’s practice that is designed to demonstrate the physician’s use of evidence-based medicine;

“(II) includes a survey of patient experience with care; and

“(III) requires a physician to implement a quality improvement intervention to address a practice weakness identified in the initial assessment under subclause (I) and then to re-measure to assess performance improvement after such intervention.”

(b) AUTHORITY.—Section 3002(c) of this Act is amended by adding at the end the following new paragraph:

“(3) AUTHORITY.—For years after 2014, if the Secretary of Health and Human Services determines it to be appropriate, the Secretary may incorporate participation in a Maintenance of Certification Program and successful completion of a qualified Maintenance of Certification Program practice assessment into the composite of measures of quality of care furnished pursuant to the physician fee schedule payment modifier, as described in section 1848(p)(2) of the Social Security Act (42 U.S.C. 1395w-4(p)(2)).”

(c) ELIMINATION OF MA REGIONAL PLAN STABILIZATION FUND.—

(1) IN GENERAL.—Section 1858 of the Social Security Act (42 U.S.C. 1395w-27a) is amended by striking subsection (e).

(2) TRANSITION.—Any amount contained in the MA Regional Plan Stabilization Fund as of the date of the enactment of this Act shall be transferred to the Federal Supplementary Medical Insurance Trust Fund.

SEC. 10328. IMPROVEMENT IN PART D MEDICATION THERAPY MANAGEMENT (MTM) PROGRAMS.

(a) IN GENERAL.—Section 1860D-4(c)(2) of the Social Security Act (42 U.S.C. 1395w-104(c)(2)) is amended—

(1) by redesignating subparagraphs (C), (D), and (E) as subparagraphs (E), (F), and (G), respectively; and

(2) by inserting after subparagraph (B) the following new subparagraph:

“(C) REQUIRED INTERVENTIONS.—For plan years beginning on or after the date that is 2 years after the date of the enactment of the Patient Protection and Affordable Care Act, prescription drug plan sponsors shall offer medication therapy management services to targeted beneficiaries described in subparagraph (A)(ii) that include, at a minimum, the following to increase adherence to prescription medications or other goals deemed necessary by the Secretary:

“(i) An annual comprehensive medication review furnished person-to-person or using telehealth technologies (as defined by the Secretary) by a licensed pharmacist or other qualified provider. The comprehensive medication review—

“(I) shall include a review of the individual’s medications and may result in the creation of a

recommended medication action plan or other actions in consultation with the individual and with input from the prescriber to the extent necessary and practicable; and

“(II) shall include providing the individual with a written or printed summary of the results of the review.

The Secretary, in consultation with relevant stakeholders, shall develop a standardized format for the action plan under subclause (I) and the summary under subclause (II).

“(ii) Follow-up interventions as warranted based on the findings of the annual medication review or the targeted medication enrollment and which may be provided person-to-person or using telehealth technologies (as defined by the Secretary).

“(D) ASSESSMENT.—The prescription drug plan sponsor shall have in place a process to assess, at least on a quarterly basis, the medication use of individuals who are at risk but not enrolled in the medication therapy management program, including individuals who have experienced a transition in care, if the prescription drug plan sponsor has access to that information.

“(E) AUTOMATIC ENROLLMENT WITH ABILITY TO OPT-OUT.—The prescription drug plan sponsor shall have in place a process to—

“(i) subject to clause (ii), automatically enroll targeted beneficiaries described in subparagraph (A)(ii), including beneficiaries identified under subparagraph (D), in the medication therapy management program required under this subsection; and

“(ii) permit such beneficiaries to opt-out of enrollment in such program.”

(b) RULE OF CONSTRUCTION.—Nothing in this section shall limit the authority of the Secretary of Health and Human Services to modify or broaden requirements for a medication therapy management program under part D of title XVIII of the Social Security Act or to study new models for medication therapy management through the Center for Medicare and Medicaid Innovation under section 1115A of such Act, as added by section 3021.

SEC. 10329. DEVELOPING METHODOLOGY TO ASSESS HEALTH PLAN VALUE.

(a) DEVELOPMENT.—The Secretary of Health and Human Services (referred to in this section as the “Secretary”), in consultation with relevant stakeholders including health insurance issuers, health care consumers, employers, health care providers, and other entities determined appropriate by the Secretary, shall develop a methodology to measure health plan value. Such methodology shall take into consideration, where applicable—

(1) the overall cost to enrollees under the plan;

(2) the quality of the care provided for under the plan;

(3) the efficiency of the plan in providing care;

(4) the relative risk of the plan’s enrollees as compared to other plans;

(5) the actuarial value or other comparative measure of the benefits covered under the plan; and

(6) other factors determined relevant by the Secretary.

(b) REPORT.—Not later than 18 months after the date of enactment of this Act, the Secretary shall submit to Congress a report concerning the methodology developed under subsection (a).

SEC. 10330. MODERNIZING COMPUTER AND DATA SYSTEMS OF THE CENTERS FOR MEDICARE & MEDICAID SERVICES TO SUPPORT IMPROVEMENTS IN CARE DELIVERY.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the “Secretary”) shall develop a plan (and detailed budget for the resources needed to implement such plan) to modernize the computer and

data systems of the Centers for Medicare & Medicaid Services (in this section referred to as “CMS”).

(b) **CONSIDERATIONS.**—In developing the plan, the Secretary shall consider how such modernized computer system could—

(1) in accordance with the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996, make available data in a reliable and timely manner to providers of services and suppliers to support their efforts to better manage and coordinate care furnished to beneficiaries of CMS programs; and

(2) support consistent evaluations of payment and delivery system reforms under CMS programs.

(c) **POSTING OF PLAN.**—By not later than 9 months after the date of the enactment of this Act, the Secretary shall post on the website of the Centers for Medicare & Medicaid Services the plan described in subsection (a).

SEC. 10331. PUBLIC REPORTING OF PERFORMANCE INFORMATION.

(a) **IN GENERAL.**—

(1) **DEVELOPMENT.**—Not later than January 1, 2011, the Secretary shall develop a Physician Compare Internet website with information on physicians enrolled in the Medicare program under section 1866(j) of the Social Security Act (42 U.S.C. 1395cc(j)) and other eligible professionals who participate in the Physician Quality Reporting Initiative under section 1848 of such Act (42 U.S.C. 1395w-4).

(2) **PLAN.**—Not later than January 1, 2013, and with respect to reporting periods that begin no earlier than January 1, 2012, the Secretary shall also implement a plan for making publicly available through Physician Compare, consistent with subsection (c), information on physician performance that provides comparable information for the public on quality and patient experience measures with respect to physicians enrolled in the Medicare program under such section 1866(j). To the extent scientifically sound measures that are developed consistent with the requirements of this section are available, such information, to the extent practicable, shall include—

(A) measures collected under the Physician Quality Reporting Initiative;

(B) an assessment of patient health outcomes and the functional status of patients;

(C) an assessment of the continuity and coordination of care and care transitions, including episodes of care and risk-adjusted resource use;

(D) an assessment of efficiency;

(E) an assessment of patient experience and patient, caregiver, and family engagement;

(F) an assessment of the safety, effectiveness, and timeliness of care; and

(G) other information as determined appropriate by the Secretary.

(b) **OTHER REQUIRED CONSIDERATIONS.**—In developing and implementing the plan described in subsection (a)(2), the Secretary shall, to the extent practicable, include—

(1) processes to assure that data made public, either by the Centers for Medicare & Medicaid Services or by other entities, is statistically valid and reliable, including risk adjustment mechanisms used by the Secretary;

(2) processes by which a physician or other eligible professional whose performance on measures is being publicly reported has a reasonable opportunity, as determined by the Secretary, to review his or her individual results before they are made public;

(3) processes by the Secretary to assure that the implementation of the plan and the data made available on Physician Compare provide a robust and accurate portrayal of a physician's performance;

(4) data that reflects the care provided to all patients seen by physicians, under both the Medicare program and, to the extent practicable, other payers, to the extent such information would provide a more accurate portrayal of physician performance;

(5) processes to ensure appropriate attribution of care when multiple physicians and other providers are involved in the care of a patient;

(6) processes to ensure timely statistical performance feedback is provided to physicians concerning the data reported under any program subject to public reporting under this section; and

(7) implementation of computer and data systems of the Centers for Medicare & Medicaid Services that support valid, reliable, and accurate public reporting activities authorized under this section.

(c) **ENSURING PATIENT PRIVACY.**—The Secretary shall ensure that information on physician performance and patient experience is not disclosed under this section in a manner that violates sections 552 or 552a of title 5, United States Code, with regard to the privacy of individually identifiable health information.

(d) **FEEDBACK FROM MULTI-STAKEHOLDER GROUPS.**—The Secretary shall take into consideration input provided by multi-stakeholder groups, consistent with sections 1890(b)(7) and 1890A of the Social Security Act, as added by section 3014 of this Act, in selecting quality measures for use under this section.

(e) **CONSIDERATION OF TRANSITION TO VALUE-BASED PURCHASING.**—In developing the plan under this subsection (a)(2), the Secretary shall, as the Secretary determines appropriate, consider the plan to transition to a value-based purchasing program for physicians and other practitioners developed under section 131 of the Medicare Improvements for Patients and Providers Act of 2008 (Public Law 110-275).

(f) **REPORT TO CONGRESS.**—Not later than January 1, 2015, the Secretary shall submit to Congress a report on the Physician Compare Internet website developed under subsection (a)(1). Such report shall include information on the efforts of and plans made by the Secretary to collect and publish data on physician quality and efficiency and on patient experience of care in support of value-based purchasing and consumer choice, together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

(g) **EXPANSION.**—At any time before the date on which the report is submitted under subsection (f), the Secretary may expand (including expansion to other providers of services and suppliers under title XVIII of the Social Security Act) the information made available on such website.

(h) **FINANCIAL INCENTIVES TO ENCOURAGE CONSUMERS TO CHOOSE HIGH QUALITY PROVIDERS.**—The Secretary may establish a demonstration program, not later than January 1, 2019, to provide financial incentives to Medicare beneficiaries who are furnished services by high quality physicians, as determined by the Secretary based on factors in subparagraphs (A) through (G) of subsection (a)(2). In no case may Medicare beneficiaries be required to pay increased premiums or cost sharing or be subject to a reduction in benefits under title XVIII of the Social Security Act as a result of such demonstration program. The Secretary shall ensure that any such demonstration program does not disadvantage those beneficiaries without reasonable access to high performing physicians or create financial inequities under such title.

(i) **DEFINITIONS.**—In this section:

(1) **ELIGIBLE PROFESSIONAL.**—The term “eligible professional” has the meaning given that term for purposes of the Physician Quality Reporting Initiative under section 1848 of the Social Security Act (42 U.S.C. 1395w-4).

(2) **PHYSICIAN.**—The term “physician” has the meaning given that term in section 1861(r) of such Act (42 U.S.C. 1395x(r)).

(3) **PHYSICIAN COMPARE.**—The term “Physician Compare” means the Internet website developed under subsection (a)(1).

(4) **SECRETARY.**—The term “Secretary” means the Secretary of Health and Human Services.

SEC. 10332. AVAILABILITY OF MEDICARE DATA FOR PERFORMANCE MEASUREMENT.

(a) **IN GENERAL.**—Section 1874 of the Social Security Act (42 U.S.C. 1395kk) is amended by adding at the end the following new subsection:

“(e) **AVAILABILITY OF MEDICARE DATA.**—

“(1) **IN GENERAL.**—Subject to paragraph (4), the Secretary shall make available to qualified entities (as defined in paragraph (2)) data described in paragraph (3) for the evaluation of the performance of providers of services and suppliers.

“(2) **QUALIFIED ENTITIES.**—For purposes of this subsection, the term ‘qualified entity’ means a public or private entity that—

“(A) is qualified (as determined by the Secretary) to use claims data to evaluate the performance of providers of services and suppliers on measures of quality, efficiency, effectiveness, and resource use; and

“(B) agrees to meet the requirements described in paragraph (4) and meets such other requirements as the Secretary may specify, such as ensuring security of data.

“(3) **DATA DESCRIBED.**—The data described in this paragraph are standardized extracts (as determined by the Secretary) of claims data under parts A, B, and D for items and services furnished under such parts for one or more specified geographic areas and time periods requested by a qualified entity. The Secretary shall take such actions as the Secretary deems necessary to protect the identity of individuals entitled to or enrolled for benefits under such parts.

“(4) **REQUIREMENTS.**—

“(A) **FEE.**—Data described in paragraph (3) shall be made available to a qualified entity under this subsection at a fee equal to the cost of making such data available. Any fee collected pursuant to the preceding sentence shall be deposited into the Federal Supplementary Medical Insurance Trust Fund under section 1841.

“(B) **SPECIFICATION OF USES AND METHODOLOGIES.**—A qualified entity requesting data under this subsection shall—

“(i) submit to the Secretary a description of the methodologies that such qualified entity will use to evaluate the performance of providers of services and suppliers using such data;

“(ii) (I) except as provided in subclause (II), if available, use standard measures, such as measures endorsed by the entity with a contract under section 1890(a) and measures developed pursuant to section 931 of the Public Health Service Act; or

“(II) use alternative measures if the Secretary, in consultation with appropriate stakeholders, determines that use of such alternative measures would be more valid, reliable, responsive to consumer preferences, cost-effective, or relevant to dimensions of quality and resource use not addressed by such standard measures;

“(iii) include data made available under this subsection with claims data from sources other than claims data under this title in the evaluation of performance of providers of services and suppliers;

“(iv) only include information on the evaluation of performance of providers and suppliers in reports described in subparagraph (C);

“(v) make available to providers of services and suppliers, upon their request, data made available under this subsection; and

“(vi) prior to their release, submit to the Secretary the format of reports under subparagraph (C).

“(C) **REPORTS.**—Any report by a qualified entity evaluating the performance of providers of services and suppliers using data made available under this subsection shall—

“(i) include an understandable description of the measures, which shall include quality measures and the rationale for use of other measures described in subparagraph (B)(ii)(II), risk adjustment methods, physician attribution methods, other applicable methods, data specifications and limitations, and the sponsors, so that consumers, providers of services and suppliers, health plans, researchers, and other stakeholders can assess such reports;

“(ii) be made available confidentially, to any provider of services or supplier to be identified in such report, prior to the public release of such report, and provide an opportunity to appeal and correct errors;

“(iii) only include information on a provider of services or supplier in an aggregate form as determined appropriate by the Secretary; and

“(iv) except as described in clause (ii), be made available to the public.

“(D) **APPROVAL AND LIMITATION OF USES.**—The Secretary shall not make data described in paragraph (3) available to a qualified entity unless the qualified entity agrees to release the information on the evaluation of performance of providers of services and suppliers. Such entity shall only use such data, and information derived from such evaluation, for the reports under subparagraph (C). Data released to a qualified entity under this subsection shall not be subject to discovery or admission as evidence in judicial or administrative proceedings without consent of the applicable provider of services or supplier.”

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall take effect on January 1, 2012.

SEC. 10333. COMMUNITY-BASED COLLABORATIVE CARE NETWORKS.

Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following new subpart:

“Subpart XI—Community-Based Collaborative Care Network Program

“SEC. 340H. COMMUNITY-BASED COLLABORATIVE CARE NETWORK PROGRAM.

“(a) **IN GENERAL.**—The Secretary may award grants to eligible entities to support community-based collaborative care networks that meet the requirements of subsection (b).

“(b) **COMMUNITY-BASED COLLABORATIVE CARE NETWORKS.**—

“(1) **DESCRIPTION.**—A community-based collaborative care network (referred to in this section as a ‘network’) shall be a consortium of health care providers with a joint governance structure (including providers within a single entity) that provides comprehensive coordinated and integrated health care services (as defined by the Secretary) for low-income populations.

“(2) **REQUIRED INCLUSION.**—A network shall include the following providers (unless such provider does not exist within the community, declines or refuses to participate, or places unreasonable conditions on their participation):

“(A) A hospital that meets the criteria in section 1923(b)(1) of the Social Security Act; and

“(B) All Federally qualified health centers (as defined in section 1861(aa) of the Social Security Act located in the community.

“(3) **PRIORITY.**—In awarding grants, the Secretary shall give priority to networks that include—

“(A) the capability to provide the broadest range of services to low-income individuals;

“(B) the broadest range of providers that currently serve a high volume of low-income individuals; and

“(C) a county or municipal department of health.

“(c) **APPLICATION.**—

“(1) **APPLICATION.**—A network described in subsection (b) shall submit an application to the Secretary.

“(2) **RENEWAL.**—In subsequent years, based on the performance of grantees, the Secretary may provide renewal grants to prior year grant recipients.

“(d) **USE OF FUNDS.**—

“(1) **USE BY GRANTEEES.**—Grant funds may be used for the following activities:

“(A) Assist low-income individuals to—

“(i) access and appropriately use health services;

“(ii) enroll in health coverage programs; and

“(iii) obtain a regular primary care provider or a medical home.

“(B) Provide case management and care management.

“(C) Perform health outreach using neighborhood health workers or through other means.

“(D) Provide transportation.

“(E) Expand capacity, including through telehealth, after-hours services or urgent care.

“(F) Provide direct patient care services.

“(2) **GRANT FUNDS TO HRSA GRANTEEES.**—The Secretary may limit the percent of grant funding that may be spent on direct care services provided by grantees of programs administered by the Health Resources and Services Administration or impose other requirements on such grantees deemed necessary.

“(e) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section such sums as may be necessary for each of fiscal years 2011 through 2015.”

SEC. 10334. MINORITY HEALTH.

(a) **OFFICE OF MINORITY HEALTH.**—

(1) **IN GENERAL.**—Section 1707 of the Public Health Service Act (42 U.S.C. 300u-6) is amended—

(A) in subsection (a), by striking “within the Office of Public Health and Science” and all that follows through the end and inserting “The Office of Minority Health as existing on the date of enactment of the Patient Protection and Affordable Care Act shall be transferred to the Office of the Secretary in such manner that there is established in the Office of the Secretary, the Office of Minority Health, which shall be headed by the Deputy Assistant Secretary for Minority Health who shall report directly to the Secretary, and shall retain and strengthen authorities (as in existence on such date of enactment) for the purpose of improving minority health and the quality of health care minorities receive, and eliminating racial and ethnic disparities. In carrying out this subsection, the Secretary, acting through the Deputy Assistant Secretary, shall award grants, contracts, enter into memoranda of understanding, cooperative, interagency, intra-agency and other agreements with public and nonprofit private entities, agencies, as well as Departmental and Cabinet agencies and organizations, and with organizations that are indigenous human resource providers in communities of color to assure improved health status of racial and ethnic minorities, and shall develop measures to evaluate the effectiveness of activities aimed at reducing health disparities and supporting the local community. Such measures shall evaluate community outreach activities, language services, workforce cultural competence, and other areas as determined by the Secretary.”; and

(B) by striking subsection (h) and inserting the following:

“(h) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2011 through 2016.”

(2) **TRANSFER OF FUNCTIONS.**—There are transferred to the Office of Minority Health in the of-

fice of the Secretary of Health and Human Services, all duties, responsibilities, authorities, accountabilities, functions, staff, funds, award mechanisms, and other entities under the authority of the Office of Minority Health of the Public Health Service as in effect on the date before the date of enactment of this Act, which shall continue in effect according to the terms in effect on the date before such date of enactment, until modified, terminated, superseded, set aside, or revoked in accordance with law by the President, the Secretary, a court of competent jurisdiction, or by operation of law.

(3) **REPORTS.**—Not later than 1 year after the date of enactment of this section, and biennially thereafter, the Secretary of Health and Human Services shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under section 1707 of the Public Health Service Act (as amended by this subsection) during the period for which the report is being prepared. Not later than 1 year after the date of enactment of this section, and biennially thereafter, the heads of each of the agencies of the Department of Health and Human Services shall submit to the Deputy Assistant Secretary for Minority Health a report summarizing the minority health activities of each of the respective agencies.

(b) **ESTABLISHMENT OF INDIVIDUAL OFFICES OF MINORITY HEALTH WITHIN THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.**—

(1) **IN GENERAL.**—Title XVII of the Public Health Service Act (42 U.S.C. 300u et seq.) is amended by inserting after section 1707 the following section:

“SEC. 1707A. INDIVIDUAL OFFICES OF MINORITY HEALTH WITHIN THE DEPARTMENT.

“(a) **IN GENERAL.**—The head of each agency specified in subsection (b)(1) shall establish within the agency an office to be known as the Office of Minority Health. The head of each such Office shall be appointed by the head of the agency within which the Office is established, and shall report directly to the head of the agency. The head of such agency shall carry out this section (as this section relates to the agency) acting through such Director.

“(b) **SPECIFIED AGENCIES.**—The agencies referred to in subsection (a) are the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the Substance Abuse and Mental Health Services Administration, the Agency for Healthcare Research and Quality, the Food and Drug Administration, and the Centers for Medicare & Medicaid Services.

“(c) **DIRECTOR; APPOINTMENT.**—Each Office of Minority Health established in an agency listed in subsection (a) shall be headed by a director, with documented experience and expertise in minority health services research and health disparities elimination.

“(d) **REFERENCES.**—Except as otherwise specified, any reference in Federal law to an Office of Minority Health (in the Department of Health and Human Services) is deemed to be a reference to the Office of Minority Health in the Office of the Secretary.

“(e) **FUNDING.**—

“(1) **ALLOCATIONS.**—Of the amounts appropriated for a specified agency for a fiscal year, the Secretary must designate an appropriate amount of funds for the purpose of carrying out activities under this section through the minority health office of the agency. In reserving an amount under the preceding sentence for a minority health office for a fiscal year, the Secretary shall reduce, by substantially the same percentage, the amount that otherwise would be available for each of the programs of the designated agency involved.

“(2) **AVAILABILITY OF FUNDS FOR STAFFING.**—The purposes for which amounts made available

under paragraph may be expended by a minority health office include the costs of employing staff for such office.”.

(2) **NO NEW REGULATORY AUTHORITY.**—Nothing in this subsection and the amendments made by this subsection may be construed as establishing regulatory authority or modifying any existing regulatory authority.

(3) **LIMITATION ON TERMINATION.**—Notwithstanding any other provision of law, a Federal office of minority health or Federal appointive position with primary responsibility over minority health issues that is in existence in an office of agency of the Department of Health and Human Services on the date of enactment of this section shall not be terminated, reorganized, or have any of its power or duties transferred unless such termination, reorganization, or transfer is approved by an Act of Congress.

(c) **REDESIGNATION OF NATIONAL CENTER ON MINORITY HEALTH AND HEALTH DISPARITIES.**—

(1) **REDESIGNATION.**—Title IV of the Public Health Service Act (42 U.S.C. 281 et seq.) is amended—

(A) by redesignating subpart 6 of part E as subpart 20;

(B) by transferring subpart 20, as so redesignated, to part C of such title IV;

(C) by inserting subpart 20, as so redesignated, after subpart 19 of such part C; and

(D) in subpart 20, as so redesignated—

(i) by redesignating sections 485E through 485H as sections 464z-3 through 464z-6, respectively;

(ii) by striking “National Center on Minority Health and Health Disparities” each place such term appears and inserting “National Institute on Minority Health and Health Disparities”; and

(iii) by striking “Center” each place such term appears and inserting “Institute”.

(2) **PURPOSE OF INSTITUTE; DUTIES.**—Section 464z-3 of the Public Health Service Act, as so redesignated, is amended—

(A) in subsection (h)(1), by striking “research endowments at centers of excellence under section 736,” and inserting the following: “research endowments—

“(1) at centers of excellence under section 736; and

“(2) at centers of excellence under section 464z-4.”;

(B) in subsection (h)(2)(A), by striking “average” and inserting “median”; and

(C) by adding at the end the following:

“(h) **INTERAGENCY COORDINATION.**—The Director of the Institute, as the primary Federal officials with responsibility for coordinating all research and activities conducted or supported by the National Institutes of Health on minority health and health disparities, shall plan, coordinate, review and evaluate research and other activities conducted or supported by the Institutes and Centers of the National Institutes of Health.”.

(3) **TECHNICAL AND CONFORMING AMENDMENTS.**—

(A) Section 401(b)(24) of the Public Health Service Act (42 U.S.C. 281(b)(24)) is amended by striking “Center” and inserting “Institute”.

(B) Subsection (d)(1) of section 903 of the Public Health Service Act (42 U.S.C. 299a-1(d)(1)) is amended by striking “section 485E” and inserting “section 464z-3”.

SEC. 10335. TECHNICAL CORRECTION TO THE HOSPITAL VALUE-BASED PURCHASING PROGRAM.

Section 1886(o)(2)(A) of the Social Security Act, as added by section 3001, is amended, in the first sentence, by inserting “, other than measures of readmissions,” after “shall select measures”.

SEC. 10336. GAO STUDY AND REPORT ON MEDICARE BENEFICIARY ACCESS TO HIGH-QUALITY DIALYSIS SERVICES.

(a) **STUDY.**—

(1) **IN GENERAL.**—The Comptroller General of the United States shall conduct a study on the impact on Medicare beneficiary access to high-quality dialysis services of including specified oral drugs that are furnished to such beneficiaries for the treatment of end stage renal disease in the bundled prospective payment system under section 1881(b)(14) of the Social Security Act (42 U.S.C. 1395rr(b)(14)) (pursuant to the proposed rule published by the Secretary of Health and Human Services in the Federal Register on September 29, 2009 (74 Fed. Reg. 49922 et seq.)). Such study shall include an analysis of—

(A) the ability of providers of services and renal dialysis facilities to furnish specified oral drugs or arrange for the provision of such drugs;

(B) the ability of providers of services and renal dialysis facilities to comply, if necessary, with applicable State laws (such as State pharmacy licensure requirements) in order to furnish specified oral drugs;

(C) whether appropriate quality measures exist to safeguard care for Medicare beneficiaries being furnished specified oral drugs by providers of services and renal dialysis facilities; and

(D) other areas determined appropriate by the Comptroller General.

(2) **SPECIFIED ORAL DRUG DEFINED.**—For purposes of paragraph (1), the term “specified oral drug” means a drug or biological for which there is no injectable equivalent (or other non-oral form of administration).

(b) **REPORT.**—Not later than 1 year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report containing the results of the study conducted under subsection (a), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

Subtitle D—Provisions Relating to Title IV

SEC. 10401. AMENDMENTS TO SUBTITLE A.

(a) Section 4001(h)(4) and (5) of this Act is amended by striking “2010” each place such appears and inserting “2020”.

(b) Section 4002(c) of this Act is amended—

(1) by striking “research and health screenings” and inserting “research, health screenings, and initiatives”; and

(2) by striking “for Preventive” and inserting “Regarding Preventive”.

(c) Section 4004(a)(4) of this Act is amended by striking “a Gateway” and inserting “an Exchange”.

SEC. 10402. AMENDMENTS TO SUBTITLE B.

(a) Section 399Z-1(a)(1)(A) of the Public Health Service Act, as added by section 4101(b) of this Act, is amended by inserting “and vision” after “oral”.

(b) Section 1861(hhh)(4)(G) of the Social Security Act, as added by section 4103(b), is amended to read as follows:

“(G) A beneficiary shall be eligible to receive only an initial preventive physical examination (as defined under subsection (www)(1)) during the 12-month period after the date that the beneficiary’s coverage begins under part B and shall be eligible to receive personalized prevention plan services under this subsection each year thereafter provided that the beneficiary has not received either an initial preventive physical examination or personalized prevention plan services within the preceding 12-month period.”.

SEC. 10403. AMENDMENTS TO SUBTITLE C.

Section 4201 of this Act is amended—

(1) in subsection (a), by adding before the period the following: “, with not less than 20 percent of such grants being awarded to rural and frontier areas”;

(2) in subsection (c)(2)(B)(vii), by striking “both urban and rural areas” and inserting “urban, rural, and frontier areas”; and

(3) in subsection (f), by striking “each fiscal year” and inserting “each of fiscal year”.

SEC. 10404. AMENDMENTS TO SUBTITLE D.

Section 399MM(2) of the Public Health Service Act, as added by section 4303 of this Act, is amended by striking “by ensuring” and inserting “and ensuring”.

SEC. 10405. AMENDMENTS TO SUBTITLE E.

Subtitle E of title IV of this Act is amended by striking section 4401.

SEC. 10406. AMENDMENT RELATING TO WAIVING COINSURANCE FOR PREVENTIVE SERVICES.

Section 4104(b) of this Act is amended to read as follows:

“(b) **PAYMENT AND ELIMINATION OF COINSURANCE IN ALL SETTINGS.**—Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)), as amended by section 4103(c)(1), is amended—

“(1) in subparagraph (T), by inserting ‘(or 100 percent if such services are recommended with a grade of A or B by the United States Preventive Services Task Force for any indication or population and are appropriate for the individual)’ after ‘80 percent’;

“(2) in subparagraph (W)—

“(A) in clause (i), by inserting ‘(if such subparagraph were applied, by substituting ‘100 percent’ for ‘80 percent’))’ after ‘subparagraph (D)’; and

“(B) in clause (ii), by striking ‘80 percent’ and inserting ‘100 percent’;

“(3) by striking ‘and’ before ‘(X)’; and

“(4) by inserting before the semicolon at the end the following: ‘, and (Y) with respect to preventive services described in subparagraphs (A) and (B) of section 1861(ddd)(3) that are appropriate for the individual and, in the case of such services described in subparagraph (A), are recommended with a grade of A or B by the United States Preventive Services Task Force for any indication or population, the amount paid shall be 100 percent of (i) except as provided in clause (ii), the lesser of the actual charge for the services or the amount determined under the fee schedule that applies to such services under this part, and (ii) in the case of such services that are covered OPD services (as defined in subsection (t)(1)(B)), the amount determined under subsection (t)’.”.

SEC. 10407. BETTER DIABETES CARE.

(a) **SHORT TITLE.**—This section may be cited as the “Catalyst to Better Diabetes Care Act of 2009”.

(b) **NATIONAL DIABETES REPORT CARD.**—

(1) **IN GENERAL.**—The Secretary, in collaboration with the Director of the Centers for Disease Control and Prevention (referred to in this section as the “Director”), shall prepare on a biennial basis a national diabetes report card (referred to in this section as a “Report Card”) and, to the extent possible, for each State.

(2) **CONTENTS.**—

(A) **IN GENERAL.**—Each Report Card shall include aggregate health outcomes related to individuals diagnosed with diabetes and prediabetes including—

(i) preventative care practices and quality of care;

(ii) risk factors; and

(iii) outcomes.

(B) **UPDATED REPORTS.**—Each Report Card that is prepared after the initial Report Card shall include trend analysis for the Nation and, to the extent possible, for each State, for the purpose of—

(i) tracking progress in meeting established national goals and objectives for improving diabetes care, costs, and prevalence (including Healthy People 2010); and

(ii) informing policy and program development.

(3) **AVAILABILITY.**—The Secretary, in collaboration with the Director, shall make each Report Card publicly available, including by posting the Report Card on the Internet.

(c) IMPROVEMENT OF VITAL STATISTICS COLLECTION.—

(1) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention and in collaboration with appropriate agencies and States, shall—

(A) promote the education and training of physicians on the importance of birth and death certificate data and how to properly complete these documents, including the collection of such data for diabetes and other chronic diseases;

(B) encourage State adoption of the latest standard revisions of birth and death certificates; and

(C) work with States to re-engineer their vital statistics systems in order to provide cost-effective, timely, and accurate vital systems data.

(2) DEATH CERTIFICATE ADDITIONAL LANGUAGE.—In carrying out this subsection, the Secretary may promote improvements to the collection of diabetes mortality data, including the addition of a question for the individual certifying the cause of death regarding whether the deceased had diabetes.

(d) STUDY ON APPROPRIATE LEVEL OF DIABETES MEDICAL EDUCATION.—

(1) IN GENERAL.—The Secretary shall, in collaboration with the Institute of Medicine and appropriate associations and councils, conduct a study of the impact of diabetes on the practice of medicine in the United States and the appropriateness of the level of diabetes medical education that should be required prior to licensure, board certification, and board recertification.

(2) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Secretary shall submit a report on the study under paragraph (1) to the Committees on Ways and Means and Energy and Commerce of the House of Representatives and the Committees on Finance and Health, Education, Labor, and Pensions of the Senate.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to carry out this section such sums as may be necessary.

SEC. 10408. GRANTS FOR SMALL BUSINESSES TO PROVIDE COMPREHENSIVE WORKPLACE WELLNESS PROGRAMS.

(a) ESTABLISHMENT.—The Secretary shall award grants to eligible employers to provide their employees with access to comprehensive workplace wellness programs (as described under subsection (c)).

(b) SCOPE.—

(1) DURATION.—The grant program established under this section shall be conducted for a 5-year period.

(2) ELIGIBLE EMPLOYER.—The term “eligible employer” means an employer (including a non-profit employer) that—

(A) employs less than 100 employees who work 25 hours or greater per week; and

(B) does not provide a workplace wellness program as of the date of enactment of this Act.

(c) COMPREHENSIVE WORKPLACE WELLNESS PROGRAMS.—

(1) CRITERIA.—The Secretary shall develop program criteria for comprehensive workplace wellness programs under this section that are based on and consistent with evidence-based research and best practices, including research and practices as provided in the Guide to Community Preventive Services, the Guide to Clinical Preventive Services, and the National Registry for Effective Programs.

(2) REQUIREMENTS.—A comprehensive workplace wellness program shall be made available by an eligible employer to all employees and include the following components:

(A) Health awareness initiatives (including health education, preventive screenings, and health risk assessments).

(B) Efforts to maximize employee engagement (including mechanisms to encourage employee participation).

(C) Initiatives to change unhealthy behaviors and lifestyle choices (including counseling, seminars, online programs, and self-help materials).

(D) Supportive environment efforts (including workplace policies to encourage healthy lifestyles, healthy eating, increased physical activity, and improved mental health).

(d) APPLICATION.—An eligible employer desiring to participate in the grant program under this section shall submit an application to the Secretary, in such manner and containing such information as the Secretary may require, which shall include a proposal for a comprehensive workplace wellness program that meet the criteria and requirements described under subsection (c).

(e) AUTHORIZATION OF APPROPRIATION.—For purposes of carrying out the grant program under this section, there is authorized to be appropriated \$200,000,000 for the period of fiscal years 2011 through 2015. Amounts appropriated pursuant to this subsection shall remain available until expended.

SEC. 10409. CURES ACCELERATION NETWORK.

(a) SHORT TITLE.—This section may be cited as the “Cures Acceleration Network Act of 2009”.

(b) REQUIREMENT FOR THE DIRECTOR OF NIH TO ESTABLISH A CURES ACCELERATION NETWORK.—Section 402(b) of the Public Health Service Act (42 U.S.C. 282(b)) is amended—

(1) in paragraph (22), by striking “and” at the end;

(2) in paragraph (23), by striking the period and inserting “; and”; and

(3) by inserting after paragraph (23), the following:

“(24) implement the Cures Acceleration Network described in section 402C.”.

(c) ACCEPTING GIFTS TO SUPPORT THE CURES ACCELERATION NETWORK.—Section 499(c)(1) of the Public Health Service Act (42 U.S.C. 290b(c)(1)) is amended by adding at the end the following:

“(E) The Cures Acceleration Network described in section 402C.”.

(d) ESTABLISHMENT OF THE CURES ACCELERATION NETWORK.—Part A of title IV of the Public Health Service Act is amended by inserting after section 402B (42 U.S.C. 282b) the following:

“SEC. 402C. CURES ACCELERATION NETWORK.

“(a) DEFINITIONS.—In this section:

“(1) BIOLOGICAL PRODUCT.—The term ‘biological product’ has the meaning given such term in section 351 of the Public Health Service Act.

“(2) DRUG; DEVICE.—The terms ‘drug’ and ‘device’ have the meanings given such terms in section 201 of the Federal Food, Drug, and Cosmetic Act.

“(3) HIGH NEED CURE.—The term ‘high need cure’ means a drug (as that term is defined by section 201(g)(1) of the Federal Food, Drug, and Cosmetic Act, biological product (as that term is defined by section 262(i)), or device (as that term is defined by section 201(h) of the Federal Food, Drug, and Cosmetic Act) that, in the determination of the Director of NIH—

“(A) is a priority to diagnose, mitigate, prevent, or treat harm from any disease or condition; and

“(B) for which the incentives of the commercial market are unlikely to result in its adequate or timely development.

“(4) MEDICAL PRODUCT.—The term ‘medical product’ means a drug, device, biological product, or product that is a combination of drugs, devices, and biological products.

“(b) ESTABLISHMENT OF THE CURES ACCELERATION NETWORK.—Subject to the appropriation of funds as described in subsection (g), there is established within the Office of the Director of NIH a program to be known as the Cures Acceleration Network (referred to in this section as ‘CAN’), which shall—

“(1) be under the direction of the Director of NIH, taking into account the recommendations of a CAN Review Board (referred to in this section as the ‘Board’), described in subsection (d); and

“(2) award grants and contracts to eligible entities, as described in subsection (e), to accelerate the development of high need cures, including through the development of medical products and behavioral therapies.

“(c) FUNCTIONS.—The functions of the CAN are to—

“(1) conduct and support revolutionary advances in basic research, translating scientific discoveries from bench to bedside;

“(2) award grants and contracts to eligible entities to accelerate the development of high need cures;

“(3) provide the resources necessary for government agencies, independent investigators, research organizations, biotechnology companies, academic research institutions, and other entities to develop high need cures;

“(4) reduce the barriers between laboratory discoveries and clinical trials for new therapies; and

“(5) facilitate review in the Food and Drug Administration for the high need cures funded by the CAN, through activities that may include—

“(A) the facilitation of regular and ongoing communication with the Food and Drug Administration regarding the status of activities conducted under this section;

“(B) ensuring that such activities are coordinated with the approval requirements of the Food and Drug Administration, with the goal of expediting the development and approval of countermeasures and products; and

“(C) connecting interested persons with additional technical assistance made available under section 565 of the Federal Food, Drug, and Cosmetic Act.

“(d) CAN BOARD.—

“(1) ESTABLISHMENT.—There is established a Cures Acceleration Network Review Board (referred to in this section as the ‘Board’), which shall advise the Director of NIH on the conduct of the activities of the Cures Acceleration Network.

“(2) MEMBERSHIP.—

“(A) IN GENERAL.—

“(i) APPOINTMENT.—The Board shall be comprised of 24 members who are appointed by the Secretary and who serve at the pleasure of the Secretary.

“(ii) CHAIRPERSON AND VICE CHAIRPERSON.—The Secretary shall designate, from among the 24 members appointed under clause (i), one Chairperson of the Board (referred to in this section as the ‘Chairperson’) and one Vice Chairperson.

“(B) TERMS.—

“(i) IN GENERAL.—Each member shall be appointed to serve a 4-year term, except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which the member’s predecessor was appointed shall be appointed for the remainder of such term.

“(ii) CONSECUTIVE APPOINTMENTS; MAXIMUM TERMS.—A member may be appointed to serve not more than 3 terms on the Board, and may not serve more than 2 such terms consecutively.

“(C) QUALIFICATIONS.—

“(i) IN GENERAL.—The Secretary shall appoint individuals to the Board based solely upon the individual’s established record of distinguished service in one of the areas of expertise described in clause (ii). Each individual appointed to the Board shall be of distinguished achievement and have a broad range of disciplinary interests.

“(ii) EXPERTISE.—The Secretary shall select individuals based upon the following requirements:

“(I) For each of the fields of—
 “(aa) basic research;
 “(bb) medicine;
 “(cc) biopharmaceuticals;
 “(dd) discovery and delivery of medical prod-
 ucts;

“(ee) bioinformatics and gene therapy;
 “(ff) medical instrumentation; and
 “(gg) regulatory review and approval of med-
 ical products,
 the Secretary shall select at least 1 individual
 who is eminent in such fields.

“(II) At least 4 individuals shall be recognized
 leaders in professional venture capital or private
 equity organizations and have demonstrated ex-
 perience in private equity investing.

“(III) At least 8 individuals shall represent
 disease advocacy organizations.

“(3) EX-OFFICIO MEMBERS.—

“(A) APPOINTMENT.—In addition to the 24
 Board members described in paragraph (2), the
 Secretary shall appoint as ex-officio members of
 the Board—

“(i) a representative of the National Institutes
 of Health, recommended by the Secretary of the
 Department of Health and Human Services;

“(ii) a representative of the Office of the As-
 sistant Secretary of Defense for Health Affairs,
 recommended by the Secretary of Defense;

“(iii) a representative of the Office of the
 Under Secretary for Health for the Veterans
 Health Administration, recommended by the
 Secretary of Veterans Affairs;

“(iv) a representative of the National Science
 Foundation, recommended by the Chair of the
 National Science Board; and

“(v) a representative of the Food and Drug
 Administration, recommended by the Commis-
 sioner of Food and Drugs.

“(B) TERMS.—Each ex-officio member shall
 serve a 3-year term on the Board, except that
 the Chairperson may adjust the terms of the in-
 itial ex-officio members in order to provide for a
 staggered term of appointment for all such mem-
 bers.

“(4) RESPONSIBILITIES OF THE BOARD AND THE
 DIRECTOR OF NIH.—

“(A) RESPONSIBILITIES OF THE BOARD.—

“(i) IN GENERAL.—The Board shall advise,
 and provide recommendations to, the Director of
 NIH with respect to—

“(I) policies, programs, and procedures for
 carrying out the duties of the Director of NIH
 under this section; and

“(II) significant barriers to successful trans-
 lation of basic science into clinical application
 (including issues under the purview of other
 agencies and departments).

“(ii) REPORT.—In the case that the Board
 identifies a significant barrier, as described in
 clause (i)(II), the Board shall submit to the Sec-
 retary a report regarding such barrier.

“(B) RESPONSIBILITIES OF THE DIRECTOR OF
 NIH.—With respect to each recommendation pro-
 vided by the Board under subparagraph (A)(i),
 the Director of NIH shall respond in writing to
 the Board, indicating whether such Director
 will implement such recommendation. In the
 case that the Director of NIH indicates a rec-
 ommendation of the Board will not be imple-
 mented, such Director shall provide an expla-
 nation of the reasons for not implementing such
 recommendation.

“(5) MEETINGS.—

“(A) IN GENERAL.—The Board shall meet 4
 times per calendar year, at the call of the Chair-
 person.

“(B) QUORUM; REQUIREMENTS; LIMITATIONS.—

“(i) QUORUM.—A quorum shall consist of a
 total of 13 members of the Board, excluding ex-
 officio members, with diverse representation as
 described in clause (iii).

“(ii) CHAIRPERSON OR VICE CHAIRPERSON.—
 Each meeting of the Board shall be attended by
 either the Chairperson or the Vice Chairperson.

“(iii) DIVERSE REPRESENTATION.—At each
 meeting of the Board, there shall be not less
 than one scientist, one representative of a dis-
 ease advocacy organization, and one represen-
 tative of a professional venture capital or private
 equity organization.

“(6) COMPENSATION AND TRAVEL EXPENSES.—

“(A) COMPENSATION.—Members shall receive
 compensation at a rate to be fixed by the Chair-
 person but not to exceed a rate equal to the
 daily equivalent of the annual rate of basic pay
 prescribed for level IV of the Executive Schedule
 under section 5315 of title 5, United States Code,
 for each day (including travel time) during
 which the member is engaged in the performance
 of the duties of the Board. All members of the
 Board who are officers or employees of the
 United States shall serve without compensation
 in addition to that received for their services as
 officers or employees of the United States.

“(B) TRAVEL EXPENSES.—Members of the
 Board shall be allowed travel expenses, includ-
 ing per diem in lieu of subsistence, at rates au-
 thorized for persons employed intermittently by
 the Federal Government under section 5703(b) of
 title 5, United States Code, while away from
 their homes or regular places of business in the
 performance of services for the Board.

“(e) GRANT PROGRAM.—

“(1) SUPPORTING INNOVATION.—To carry out
 the purposes described in this section, the Direc-
 tor of NIH shall award contracts, grants, or co-
 operative agreements to the entities described in
 paragraph (2), to—

“(A) promote innovation in technologies sup-
 porting the advanced research and development
 and production of high need cures, including
 through the development of medical products
 and behavioral therapies.

“(B) accelerate the development of high need
 cures, including through the development of
 medical products, behavioral therapies, and bio-
 markers that demonstrate the safety or effective-
 ness of medical products; or

“(C) help the award recipient establish proto-
 cols that comply with Food and Drug Adminis-
 tration standards and otherwise permit the re-
 cipient to meet regulatory requirements at all
 stages of development, manufacturing, review,
 approval, and safety surveillance of a medical
 product.

“(2) ELIGIBLE ENTITIES.—To receive assistance
 under paragraph (1), an entity shall—

“(A) be a public or private entity, which may
 include a private or public research institution,
 an institution of higher education, a medical
 center, a biotechnology company, a pharma-
 ceutical company, a disease advocacy organiza-
 tion, a patient advocacy organization, or an
 academic research institution;

“(B) submit an application containing—

“(i) a detailed description of the project for
 which the entity seeks such grant or contract;

“(ii) a timetable for such project;

“(iii) an assurance that the entity will sub-
 mit—

“(I) interim reports describing the entity's—

“(aa) progress in carrying out the project; and

“(bb) compliance with all provisions of this
 section and conditions of receipt of such grant
 or contract; and

“(II) a final report at the conclusion of the
 grant period, describing the outcomes of the
 project; and

“(iv) a description of the protocols the entity
 will follow to comply with Food and Drug Ad-
 ministration standards and regulatory require-
 ments at all stages of development, manufactur-
 ing, review, approval, and safety surveil-
 lance of a medical product; and

“(C) provide such additional information as
 the Director of NIH may require.

“(3) AWARDS.—

“(A) THE CURES ACCELERATION PARTNERSHIP
 AWARDS.—

“(i) INITIAL AWARD AMOUNT.—Each award
 under this subparagraph shall be not more than
 \$15,000,000 per project for the first fiscal year for
 which the project is funded, which shall be pay-
 able in one payment.

“(ii) FUNDING IN SUBSEQUENT FISCAL YEARS.—
 An eligible entity receiving an award under
 clause (i) may apply for additional funding for
 such project by submitting to the Director of
 NIH the information required under subpara-
 graphs (B) and (C) of paragraph (2). The Direc-
 tor may fund a project of such eligible entity in
 an amount not to exceed \$15,000,000 for a fiscal
 year subsequent to the initial award under
 clause (i).

“(iii) MATCHING FUNDS.—As a condition for
 receiving an award under this subsection, an el-
 igible entity shall contribute to the project non-
 Federal funds in the amount of \$1 for every \$3
 awarded under clauses (i) and (ii), except that
 the Director of NIH may waive or modify such
 matching requirement in any case where the Di-
 rector determines that the goals and objectives
 of this section cannot adequately be carried out
 unless such requirement is waived.

“(B) THE CURES ACCELERATION GRANT
 AWARDS.—

“(i) INITIAL AWARD AMOUNT.—Each award
 under this subparagraph shall be not more than
 \$15,000,000 per project for the first fiscal year for
 which the project is funded, which shall be pay-
 able in one payment.

“(ii) FUNDING IN SUBSEQUENT FISCAL YEARS.—
 An eligible entity receiving an award under
 clause (i) may apply for additional funding for
 such project by submitting to the Board the in-
 formation required under subparagraphs (B)
 and (C) of paragraph (2). The Director of NIH
 may fund a project of such eligible entity in an
 amount not to exceed \$15,000,000 for a fiscal
 year subsequent to the initial award under
 clause (i).

“(C) THE CURES ACCELERATION FLEXIBLE RE-
 SEARCH AWARDS.—If the Director of NIH deter-
 mines that the goals and objectives of this sec-
 tion cannot adequately be carried out through a
 contract, grant, or cooperative agreement, the
 Director of NIH shall have flexible research au-
 thority to use other transactions to fund
 projects in accordance with the terms and con-
 ditions of this section. Awards made under such
 flexible research authority for a fiscal year shall
 not exceed 20 percent of the total funds appro-
 priated under subsection (g)(1) for such fiscal
 year.

“(4) SUSPENSION OF AWARDS FOR DEFAULTS,
 NONCOMPLIANCE WITH PROVISIONS AND PLANS,
 AND DIVERSION OF FUNDS; REPAYMENT OF
 FUNDS.—The Director of NIH may suspend the
 award to any entity upon noncompliance by
 such entity with provisions and plans under
 this section or diversion of funds.

“(5) AUDITS.—The Director of NIH may enter
 into agreements with other entities to conduct
 periodic audits of the projects funded by grants
 or contracts awarded under this subsection.

“(6) CLOSEOUT PROCEDURES.—At the end of a
 grant or contract period, a recipient shall follow
 the closeout procedures under section 74.71 of
 title 45, Code of Federal Regulations (or any
 successor regulation).

“(7) REVIEW.—A determination by the Direc-
 tor of NIH as to whether a drug, device, or bio-
 logical product is a high need cure (for purposes
 of subsection (a)(3)) shall not be subject to judi-
 cial review.

“(f) COMPETITIVE BASIS OF AWARDS.—Any
 grant, cooperative agreement, or contract
 awarded under this section shall be awarded on a
 competitive basis.

“(g) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For purposes of carrying
 out this section, there are authorized to be ap-
 propriated \$500,000,000 for fiscal year 2010, and

such sums as may be necessary for subsequent fiscal years. Funds appropriated under this section shall be available until expended.

“(2) **LIMITATION ON USE OF FUNDS OTHERWISE APPROPRIATED.**—No funds appropriated under this Act, other than funds appropriated under paragraph (1), may be allocated to the Cures Acceleration Network.”.

SEC. 10410. CENTERS OF EXCELLENCE FOR DEPRESSION.

(a) **SHORT TITLE.**—This section may be cited as the “Establishing a Network of Health-Advancing National Centers of Excellence for Depression Act of 2009” or the “**ENHANCED Act of 2009**”.

(b) **CENTERS OF EXCELLENCE FOR DEPRESSION.**—Subpart 3 of part B of title V of the Public Health Service Act (42 U.S.C. 290bb et seq.) is amended by inserting after section 520A the following:

“SEC. 520B. NATIONAL CENTERS OF EXCELLENCE FOR DEPRESSION.

“(a) **DEPRESSIVE DISORDER DEFINED.**—In this section, the term ‘depressive disorder’ means a mental or brain disorder relating to depression, including major depression, bipolar disorder, and related mood disorders.

“(b) **GRANT PROGRAM.**—

“(1) **IN GENERAL.**—The Secretary, acting through the Administrator, shall award grants on a competitive basis to eligible entities to establish national centers of excellence for depression (referred to in this section as ‘Centers’), which shall engage in activities related to the treatment of depressive disorders.

“(2) **ALLOCATION OF AWARDS.**—If the funds authorized under subsection (f) are appropriated in the amounts provided for under such subsection, the Secretary shall allocate such amounts so that—

“(A) not later than 1 year after the date of enactment of the **ENHANCED Act of 2009**, not more than 20 Centers may be established; and

“(B) not later than September 30, 2016, not more than 30 Centers may be established.

“(3) **GRANT PERIOD.**—

“(A) **IN GENERAL.**—A grant awarded under this section shall be for a period of 5 years.

“(B) **RENEWAL.**—A grant awarded under subparagraph (A) may be renewed, on a competitive basis, for 1 additional 5-year period, at the discretion of the Secretary. In determining whether to renew a grant, the Secretary shall consider the report cards issued under subsection (e)(2).

“(4) **USE OF FUNDS.**—Grant funds awarded under this subsection shall be used for the establishment and ongoing activities of the recipient of such funds.

“(5) **ELIGIBLE ENTITIES.**—

“(A) **REQUIREMENTS.**—To be eligible to receive a grant under this section, an entity shall—

“(i) be an institution of higher education or a public or private nonprofit research institution; and

“(ii) submit an application to the Secretary at such time and in such manner as the Secretary may require, as described in subparagraph (B).

“(B) **APPLICATION.**—An application described in subparagraph (A)(ii) shall include—

“(i) evidence that such entity—

“(I) provides, or is capable of coordinating with other entities to provide, comprehensive health services with a focus on mental health services and subspecialty expertise for depressive disorders;

“(II) collaborates with other mental health providers, as necessary, to address co-occurring mental illnesses;

“(III) is capable of training health professionals about mental health; and

“(ii) such other information, as the Secretary may require.

“(C) **PRIORITIES.**—In awarding grants under this section, the Secretary shall give priority to

eligible entities that meet 1 or more of the following criteria:

“(i) Demonstrated capacity and expertise to serve the targeted population.

“(ii) Existing infrastructure or expertise to provide appropriate, evidence-based and culturally and linguistically competent services.

“(iii) A location in a geographic area with disproportionate numbers of underserved and at-risk populations in medically underserved areas and health professional shortage areas.

“(iv) Proposed innovative approaches for outreach to initiate or expand services.

“(v) Use of the most up-to-date science, practices, and interventions available.

“(vi) Demonstrated capacity to establish cooperative and collaborative agreements with community mental health centers and other community entities to provide mental health, social, and human services to individuals with depressive disorders.

“(6) **NATIONAL COORDINATING CENTER.**—

“(A) **IN GENERAL.**—The Secretary, acting through the Administrator, shall designate 1 recipient of a grant under this section to be the coordinating center of excellence for depression (referred to in this section as the ‘coordinating center’). The Secretary shall select such coordinating center on a competitive basis, based upon the demonstrated capacity of such center to perform the duties described in subparagraph (C).

“(B) **APPLICATION.**—A Center that has been awarded a grant under paragraph (1) may apply for designation as the coordinating center by submitting an application to the Secretary at such time, in such manner, and containing such information as the Secretary may require.

“(C) **DUTIES.**—The coordinating center shall—

“(i) develop, administer, and coordinate the network of Centers under this section;

“(ii) oversee and coordinate the national database described in subsection (d);

“(iii) lead a strategy to disseminate the findings and activities of the Centers through such database; and

“(iv) serve as a liaison with the Administration, the National Registry of Evidence-based Programs and Practices of the Administration, and any Federal interagency or interagency forum on mental health.

“(7) **MATCHING FUNDS.**—The Secretary may not award a grant or contract under this section to an entity unless the entity agrees that it will make available (directly or through contributions from other public or private entities) non-Federal contributions toward the activities to be carried out under the grant or contract in an amount equal to \$1 for each \$5 of Federal funds provided under the grant or contract. Such non-Federal matching funds may be provided directly or through donations from public or private entities and may be in cash or in-kind, fairly evaluated, including plant, equipment, or services.

“(c) **ACTIVITIES OF THE CENTERS.**—Each Center shall carry out the following activities:

“(1) **GENERAL ACTIVITIES.**—Each Center shall—

“(A) integrate basic, clinical, or health services interdisciplinary research and practice in the development, implementation, and dissemination of evidence-based interventions;

“(B) involve a broad cross-section of stakeholders, such as researchers, clinicians, consumers, families of consumers, and voluntary health organizations, to develop a research agenda and disseminate findings, and to provide support in the implementation of evidence-based practices;

“(C) provide training and technical assistance to mental health professionals, and engage in and disseminate translational research with a focus on meeting the needs of individuals with depressive disorders; and

“(D) educate policy makers, employers, community leaders, and the public about depressive disorders to reduce stigma and raise awareness of treatments.

“(2) **IMPROVED TREATMENT STANDARDS, CLINICAL GUIDELINES, DIAGNOSTIC PROTOCOLS, AND CARE COORDINATION PRACTICE.**—Each Center shall collaborate with other Centers in the network to—

“(A) develop and implement treatment standards, clinical guidelines, and protocols that emphasize primary prevention, early intervention, treatment for, and recovery from, depressive disorders;

“(B) foster communication with other providers attending to co-occurring physical health conditions such as cardiovascular, diabetes, cancer, and substance abuse disorders;

“(C) leverage available community resources, develop and implement improved self-management programs, and, when appropriate, involve family and other providers of social support in the development and implementation of care plans; and

“(D) use electronic health records and telehealth technology to better coordinate and manage, and improve access to, care, as determined by the coordinating center.

“(3) **TRANSLATIONAL RESEARCH THROUGH COLLABORATION OF CENTERS AND COMMUNITY-BASED ORGANIZATIONS.**—Each Center shall—

“(A) demonstrate effective use of a public-private partnership to foster collaborations among members of the network and community-based organizations such as community mental health centers and other social and human services providers;

“(B) expand interdisciplinary, translational, and patient-oriented research and treatment; and

“(C) coordinate with accredited academic programs to provide ongoing opportunities for the professional and continuing education of mental health providers.

“(d) **NATIONAL DATABASE.**—

“(1) **IN GENERAL.**—The coordinating center shall establish and maintain a national, publicly available database to improve prevention programs, evidence-based interventions, and disease management programs for depressive disorders, using data collected from the Centers, as described in paragraph (2).

“(2) **DATA COLLECTION.**—Each Center shall submit data gathered at such center, as appropriate, to the coordinating center regarding—

“(A) the prevalence and incidence of depressive disorders;

“(B) the health and social outcomes of individuals with depressive disorders;

“(C) the effectiveness of interventions designed, tested, and evaluated;

“(D) other information, as the Secretary may require.

“(3) **SUBMISSION OF DATA TO THE ADMINISTRATOR.**—The coordinating center shall submit to the Administrator the data and financial information gathered under paragraph (2).

“(4) **PUBLICATION USING DATA FROM THE DATABASE.**—A Center, or an individual affiliated with a Center, may publish findings using the data described in paragraph (2) only if such center submits such data to the coordinating center, as required under such paragraph.

“(e) **ESTABLISHMENT OF STANDARDS; REPORT CARDS AND RECOMMENDATIONS; THIRD PARTY REVIEW.**—

“(1) **ESTABLISHMENT OF STANDARDS.**—The Secretary, acting through the Administrator, shall establish performance standards for—

“(A) each Center; and

“(B) the network of Centers as a whole.

“(2) **REPORT CARDS.**—The Secretary, acting through the Administrator, shall—

“(A) for each Center, not later than 3 years after the date on which such center of excellence is established and annually thereafter,

issue a report card to the coordinating center to rate the performance of such Center; and

“(B) not later than 3 years after the date on which the first grant is awarded under subsection (b)(1) and annually thereafter, issue a report card to Congress to rate the performance of the network of centers of excellence as a whole.

“(3) **RECOMMENDATIONS.**—Based upon the report cards described in paragraph (2), the Secretary shall, not later than September 30, 2015—

“(A) make recommendations to the Centers regarding improvements such centers shall make; and

“(B) make recommendations to Congress for expanding the Centers to serve individuals with other types of mental disorders.

“(4) **THIRD PARTY REVIEW.**—Not later than 3 years after the date on which the first grant is awarded under subsection (b)(1) and annually thereafter, the Secretary shall arrange for an independent third party to conduct an evaluation of the network of Centers to ensure that such centers are meeting the goals of this section.

“(f) **AUTHORIZATION OF APPROPRIATIONS.**—

“(1) **IN GENERAL.**—To carry out this section, there are authorized to be appropriated—

“(A) \$100,000,000 for each of the fiscal years 2011 through 2015; and

“(B) \$150,000,000 for each of the fiscal years 2016 through 2020.

“(2) **ALLOCATION OF FUNDS AUTHORIZED.**—Of the amount appropriated under paragraph (1) for a fiscal year, the Secretary shall determine the allocation of each Center receiving a grant under this section, but in no case may the allocation be more than \$5,000,000, except that the Secretary may allocate not more than \$10,000,000 to the coordinating center.”.

SEC. 10411. PROGRAMS RELATING TO CONGENITAL HEART DISEASE.

(a) **SHORT TITLE.**—This subtitle may be cited as the “Congenital Heart Futures Act”.

(b) **PROGRAMS RELATING TO CONGENITAL HEART DISEASE.**—

(1) **NATIONAL CONGENITAL HEART DISEASE SURVEILLANCE SYSTEM.**—Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.), as amended by section 5405, is further amended by adding at the end the following:

“SEC. 399V-2. NATIONAL CONGENITAL HEART DISEASE SURVEILLANCE SYSTEM.

“(a) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may—

“(1) enhance and expand infrastructure to track the epidemiology of congenital heart disease and to organize such information into a nationally-representative, population-based surveillance system that compiles data concerning actual occurrences of congenital heart disease, to be known as the ‘National Congenital Heart Disease Surveillance System’; or

“(2) award a grant to one eligible entity to undertake the activities described in paragraph (1).

“(b) **PURPOSE.**—The purpose of the Congenital Heart Disease Surveillance System shall be to facilitate further research into the types of health services patients use and to identify possible areas for educational outreach and prevention in accordance with standard practices of the Centers for Disease Control and Prevention.

“(c) **CONTENT.**—The Congenital Heart Disease Surveillance System—

“(1) may include information concerning the incidence and prevalence of congenital heart disease in the United States;

“(2) may be used to collect and store data on congenital heart disease, including data concerning—

“(A) demographic factors associated with congenital heart disease, such as age, race, eth-

nicity, sex, and family history of individuals who are diagnosed with the disease;

“(B) risk factors associated with the disease;

“(C) causation of the disease;

“(D) treatment approaches; and

“(E) outcome measures, such that analysis of the outcome measures will allow derivation of evidence-based best practices and guidelines for congenital heart disease patients; and

“(3) may ensure the collection and analysis of longitudinal data related to individuals of all ages with congenital heart disease, including infants, young children, adolescents, and adults of all ages.

“(d) **PUBLIC ACCESS.**—The Congenital Heart Disease Surveillance System shall be made available to the public, as appropriate, including congenital heart disease researchers.

“(e) **PATIENT PRIVACY.**—The Secretary shall ensure that the Congenital Heart Disease Surveillance System is maintained in a manner that complies with the regulations promulgated under section 264 of the Health Insurance Portability and Accountability Act of 1996.

“(f) **ELIGIBILITY FOR GRANT.**—To be eligible to receive a grant under subsection (a)(2), an entity shall—

“(1) be a public or private nonprofit entity with specialized experience in congenital heart disease; and

“(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.”.

(2) **CONGENITAL HEART DISEASE RESEARCH.**—Subpart 2 of part C of title IV of the Public Health Service Act (42 U.S.C. 285b et seq.) is amended by adding at the end the following:

“SEC. 425. CONGENITAL HEART DISEASE.

“(a) **IN GENERAL.**—The Director of the Institute may expand, intensify, and coordinate research and related activities of the Institute with respect to congenital heart disease, which may include congenital heart disease research with respect to—

“(1) causation of congenital heart disease, including genetic causes;

“(2) long-term outcomes in individuals with congenital heart disease, including infants, children, teenagers, adults, and elderly individuals;

“(3) diagnosis, treatment, and prevention;

“(4) studies using longitudinal data and retrospective analysis to identify effective treatments and outcomes for individuals with congenital heart disease; and

“(5) identifying barriers to life-long care for individuals with congenital heart disease.

“(b) **COORDINATION OF RESEARCH ACTIVITIES.**—The Director of the Institute may coordinate research efforts related to congenital heart disease among multiple research institutions and may develop research networks.

“(c) **MINORITY AND MEDICALLY UNDERSERVED COMMUNITIES.**—In carrying out the activities described in this section, the Director of the Institute shall consider the application of such research and other activities to minority and medically underserved communities.”.

(c) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out the amendments made by this section such sums as may be necessary for each of fiscal years 2011 through 2015.

SEC. 10412. AUTOMATED DEFIBRILLATION IN ADAM'S MEMORY ACT.

Section 312 of the Public Health Service Act (42 U.S.C. 244) is amended—

(1) in subsection (c)(6), after “clearinghouse” insert “, that shall be administered by an organization that has substantial expertise in pediatric education, pediatric medicine, and electrophysiology and sudden death.”; and

(2) in the first sentence of subsection (e), by striking “fiscal year 2003” and all that follows through “2006” and inserting “for each of fiscal years 2003 through 2014”.

SEC. 10413. YOUNG WOMEN'S BREAST HEALTH AWARENESS AND SUPPORT OF YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.

(a) **SHORT TITLE.**—This section may be cited as the “Young Women's Breast Health Education and Awareness Requires Learning Young Act of 2009” or the “EARLY Act”.

(b) **AMENDMENT.**—Title III of the Public Health Service Act (42 U.S.C. 241 et seq.), as amended by this Act, is further amended by adding at the end the following:

“PART V—PROGRAMS RELATING TO BREAST HEALTH AND CANCER

“SEC. 399NN. YOUNG WOMEN'S BREAST HEALTH AWARENESS AND SUPPORT OF YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.

“(a) **PUBLIC EDUCATION CAMPAIGN.**—

“(1) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall conduct a national evidence-based education campaign to increase awareness of young women's knowledge regarding—

“(A) breast health in young women of all racial, ethnic, and cultural backgrounds;

“(B) breast awareness and good breast health habits;

“(C) the occurrence of breast cancer and the general and specific risk factors in women who may be at high risk for breast cancer based on familial, racial, ethnic, and cultural backgrounds such as Ashkenazi Jewish populations;

“(D) evidence-based information that would encourage young women and their health care professional to increase early detection of breast cancers; and

“(E) the availability of health information and other resources for young women diagnosed with breast cancer.

“(2) **EVIDENCE-BASED, AGE APPROPRIATE MESSAGES.**—The campaign shall provide evidence-based, age-appropriate messages and materials as developed by the Centers for Disease Control and Prevention and the Advisory Committee established under paragraph (4).

“(3) **MEDIA CAMPAIGN.**—In conducting the education campaign under paragraph (1), the Secretary shall award grants to entities to establish national multimedia campaigns oriented to young women that may include advertising through television, radio, print media, billboards, posters, all forms of existing and especially emerging social networking media, other Internet media, and any other medium determined appropriate by the Secretary.

“(4) **ADVISORY COMMITTEE.**—

“(A) **ESTABLISHMENT.**—Not later than 60 days after the date of the enactment of this section, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an advisory committee to assist in creating and conducting the education campaigns under paragraph (1) and subsection (b)(1).

“(B) **MEMBERSHIP.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall appoint to the advisory committee under subparagraph (A) such members as deemed necessary to properly advise the Secretary, and shall include organizations and individuals with expertise in breast cancer, disease prevention, early detection, diagnosis, public health, social marketing, genetic screening and counseling, treatment, rehabilitation, palliative care, and survivorship in young women.

“(b) **HEALTH CARE PROFESSIONAL EDUCATION CAMPAIGN.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, and in consultation with the Administrator of the Health Resources and Services Administration, shall conduct an education campaign among physicians and other health care professionals to increase awareness—

“(1) of breast health, symptoms, and early diagnosis and treatment of breast cancer in young women, including specific risk factors such as family history of cancer and women that may be at high risk for breast cancer, such as Ashkenazi Jewish population;

“(2) on how to provide counseling to young women about their breast health, including knowledge of their family cancer history and importance of providing regular clinical breast examinations;

“(3) concerning the importance of discussing healthy behaviors, and increasing awareness of services and programs available to address overall health and wellness, and making patient referrals to address tobacco cessation, good nutrition, and physical activity;

“(4) on when to refer patients to a health care provider with genetics expertise;

“(5) on how to provide counseling that addresses long-term survivorship and health concerns of young women diagnosed with breast cancer; and

“(6) on when to provide referrals to organizations and institutions that provide credible health information and substantive assistance and support to young women diagnosed with breast cancer.

“(c) **PREVENTION RESEARCH ACTIVITIES.**—The Secretary, acting through—

“(1) the Director of the Centers for Disease Control and Prevention, shall conduct prevention research on breast cancer in younger women, including—

“(A) behavioral, survivorship studies, and other research on the impact of breast cancer diagnosis on young women;

“(B) formative research to assist with the development of educational messages and information for the public, targeted populations, and their families about breast health, breast cancer, and healthy lifestyles;

“(C) testing and evaluating existing and new social marketing strategies targeted at young women; and

“(D) surveys of health care providers and the public regarding knowledge, attitudes, and practices related to breast health and breast cancer prevention and control in high-risk populations; and

“(2) the Director of the National Institutes of Health, shall conduct research to develop and validate new screening tests and methods for prevention and early detection of breast cancer in young women.

“(d) **SUPPORT FOR YOUNG WOMEN DIAGNOSED WITH BREAST CANCER.**—

“(1) **IN GENERAL.**—The Secretary shall award grants to organizations and institutions to provide health information from credible sources and substantive assistance directed to young women diagnosed with breast cancer and preneoplastic breast diseases.

“(2) **PRIORITY.**—In making grants under paragraph (1), the Secretary shall give priority to applicants that deal specifically with young women diagnosed with breast cancer and preneoplastic breast disease.

“(e) **NO DUPLICATION OF EFFORT.**—In conducting an education campaign or other program under subsections (a), (b), (c), or (d), the Secretary shall avoid duplicating other existing Federal breast cancer education efforts.

“(f) **MEASUREMENT; REPORTING.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall—

“(1) measure—

“(A) young women’s awareness regarding breast health, including knowledge of family cancer history, specific risk factors and early warning signs, and young women’s proactive efforts at early detection;

“(B) the number or percentage of young women utilizing information regarding lifestyle interventions that foster healthy behaviors;

“(C) the number or percentage of young women receiving regular clinical breast exams; and

“(D) the number or percentage of young women who perform breast self exams, and the frequency of such exams, before the implementation of this section;

“(2) not less than every 3 years, measure the impact of such activities; and

“(3) submit reports to the Congress on the results of such measurements.

“(g) **DEFINITION.**—In this section, the term ‘young women’ means women 15 to 44 years of age.

“(h) **AUTHORIZATION OF APPROPRIATIONS.**—To carry out subsections (a), (b), (c)(1), and (d), there are authorized to be appropriated \$9,000,000 for each of the fiscal years 2010 through 2014.”

Subtitle E—Provisions Relating to Title V

SEC. 10501. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT, THE SOCIAL SECURITY ACT, AND TITLE V OF THIS ACT.

(a) Section 5101 of this Act is amended—

(1) in subsection (c)(2)(B)(i)(II), by inserting “, including representatives of small business and self-employed individuals” after “employers”;

(2) in subsection (d)(4)(A)—

(A) by redesignating clause (iv) as clause (v); and

(B) by inserting after clause (iii) the following:

“(iv) An analysis of, and recommendations for, eliminating the barriers to entering and staying in primary care, including provider compensation.”; and

(3) in subsection (i)(2)(B), by inserting “optometrists, ophthalmologists,” after “occupational therapists.”

(b) Subtitle B of title V of this Act is amended by adding at the end the following:

“SEC. 5104. INTERAGENCY TASK FORCE TO ASSESS AND IMPROVE ACCESS TO HEALTH CARE IN THE STATE OF ALASKA.

“(a) **ESTABLISHMENT.**—There is established a task force to be known as the ‘Interagency Access to Health Care in Alaska Task Force’ (referred to in this section as the ‘Task Force’).

“(b) **DUTIES.**—The Task Force shall—

“(1) assess access to health care for beneficiaries of Federal health care systems in Alaska; and

“(2) develop a strategy for the Federal Government to improve delivery of health care to Federal beneficiaries in the State of Alaska.

“(c) **MEMBERSHIP.**—The Task Force shall be comprised of Federal members who shall be appointed, not later than 45 days after the date of enactment of this Act, as follows:

“(1) The Secretary of Health and Human Services shall appoint one representative of each of the following:

“(A) The Department of Health and Human Services.

“(B) The Centers for Medicare and Medicaid Services.

“(C) The Indian Health Service.

“(2) The Secretary of Defense shall appoint one representative of the TRICARE Management Activity.

“(3) The Secretary of the Army shall appoint one representative of the Army Medical Department.

“(4) The Secretary of the Air Force shall appoint one representative of the Air Force, from among officers at the Air Force performing medical service functions.

“(5) The Secretary of Veterans Affairs shall appoint one representative of each of the following:

“(A) The Department of Veterans Affairs.

“(B) The Veterans Health Administration.

“(6) The Secretary of Homeland Security shall appoint one representative of the United States Coast Guard.

“(d) **CHAIRPERSON.**—One chairperson of the Task Force shall be appointed by the Secretary at the time of appointment of members under subsection (c), selected from among the members appointed under paragraph (1).

“(e) **MEETINGS.**—The Task Force shall meet at the call of the chairperson.

“(f) **REPORT.**—Not later than 180 days after the date of enactment of this Act, the Task Force shall submit to Congress a report detailing the activities of the Task Force and containing the findings, strategies, recommendations, policies, and initiatives developed pursuant to the duty described in subsection (b)(2). In preparing such report, the Task Force shall consider completed and ongoing efforts by Federal agencies to improve access to health care in the State of Alaska.

“(g) **TERMINATION.**—The Task Force shall be terminated on the date of submission of the report described in subsection (f).”

(c) Section 399V of the Public Health Service Act, as added by section 5313, is amended—

(1) in subsection (b)(4), by striking “identify, educate, refer, and enroll” and inserting “identify and refer”; and

(2) in subsection (k)(1), by striking “, as defined by the Department of Labor as Standard Occupational Classification [21–1094]”.

(d) Section 738(a)(3) of the Public Health Service Act (42 U.S.C. 293b(a)(3)) is amended by inserting “schools offering physician assistant education programs,” after “public health.”

(e) Subtitle D of title V of this Act is amended by adding at the end the following:

“SEC. 5316. DEMONSTRATION GRANTS FOR FAMILY NURSE PRACTITIONER TRAINING PROGRAMS.

“(a) **ESTABLISHMENT OF PROGRAM.**—The Secretary of Health and Human Services (referred to in this section as the ‘Secretary’) shall establish a training demonstration program for family nurse practitioners (referred to in this section as the ‘program’) to employ and provide 1-year training for nurse practitioners who have graduated from a nurse practitioner program for careers as primary care providers in Federally qualified health centers (referred to in this section as ‘FQHCs’) and nurse-managed health clinics (referred to in this section as ‘NMHCs’).

“(b) **PURPOSE.**—The purpose of the program is to enable each grant recipient to—

“(1) provide new nurse practitioners with clinical training to enable them to serve as primary care providers in FQHCs and NMHCs;

“(2) train new nurse practitioners to work under a model of primary care that is consistent with the principles set forth by the Institute of Medicine and the needs of vulnerable populations; and

“(3) create a model of FQHC and NMHC training for nurse practitioners that may be replicated nationwide.

“(c) **GRANTS.**—The Secretary shall award 3-year grants to eligible entities that meet the requirements established by the Secretary, for the purpose of operating the nurse practitioner primary care programs described in subsection (a) in such entities.

“(d) **ELIGIBLE ENTITIES.**—To be eligible to receive a grant under this section, an entity shall—

“(1)(A) be a FQHC as defined in section 1861(aa) of the Social Security Act (42 U.S.C. 1395x(aa)); or

“(B) be a nurse-managed health clinic, as defined in section 330A–I of the Public Health Service Act (as added by section 5208 of this Act); and

“(2) submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require.

“(e) **PRIORITY IN AWARDING GRANTS.**—In awarding grants under this section, the Secretary shall give priority to eligible entities that—

“(1) demonstrate sufficient infrastructure in size, scope, and capacity to undertake the requisite training of a minimum of 3 nurse practitioners per year, and to provide to each awardee 12 full months of full-time, paid employment and benefits consistent with the benefits offered to other full-time employees of such entity;

“(2) will assign not less than 1 staff nurse practitioner or physician to each of 4 precepted clinics;

“(3) will provide to each awardee specialty rotations, including specialty training in prenatal care and women’s health, adult and child psychiatry, orthopedics, geriatrics, and at least 3 other high-volume, high-burden specialty areas;

“(4) provide sessions on high-volume, high-risk health problems and have a record of training health care professionals in the care of children, older adults, and underserved populations; and

“(5) collaborate with other safety net providers, schools, colleges, and universities that provide health professions training.

“(f) **ELIGIBILITY OF NURSE PRACTITIONERS.**—

“(1) **IN GENERAL.**—To be eligible for acceptance to a program funded through a grant awarded under this section, an individual shall—

“(A) be licensed or eligible for licensure in the State in which the program is located as an advanced practice registered nurse or advanced practice nurse and be eligible or board-certified as a family nurse practitioner; and

“(B) demonstrate commitment to a career as a primary care provider in a FQHC or in a NMHC.

“(2) **PREFERENCE.**—In selecting awardees under the program, each grant recipient shall give preference to bilingual candidates that meet the requirements described in paragraph (1).

“(3) **DEFERRAL OF CERTAIN SERVICE.**—The starting date of required service of individuals in the National Health Service Corps Service program under title II of the Public Health Service Act (42 U.S.C. 202 et seq.) who receive training under this section shall be deferred until the date that is 22 days after the date of completion of the program.

“(g) **GRANT AMOUNT.**—Each grant awarded under this section shall be in an amount not to exceed \$600,000 per year. A grant recipient may carry over funds from 1 fiscal year to another without obtaining approval from the Secretary.

“(h) **TECHNICAL ASSISTANCE GRANTS.**—The Secretary may award technical assistance grants to 1 or more FQHCs or NMHCs that have demonstrated expertise in establishing a nurse practitioner residency training program. Such technical assistance grants shall be for the purpose of providing technical assistance to other recipients of grants under subsection (c).

“(i) **AUTHORIZATION OF APPROPRIATIONS.**—To carry out this section, there is authorized to be appropriated such sums as may be necessary for each of fiscal years 2011 through 2014.”.

(f)(1) Section 399W of the Public Health Service Act, as added by section 5405, is redesignated as section 399V–1.

(2) Section 399V–1 of the Public Health Service Act, as so redesignated, is amended in subsection (b)(2)(A) by striking “and the departments of 1 or more health professions schools in the State that train providers in primary care” and inserting “and the departments that train providers in primary care in 1 or more health professions schools in the State”.

(3) Section 934 of the Public Health Service Act, as added by section 3501, is amended by striking “399W” each place such term appears and inserting “399V–1”.

(4) Section 935(b) of the Public Health Service Act, as added by section 3503, is amended by striking “399W” and inserting “399V–1”.

(g) Part P of title III of the Public Health Service Act 42 U.S.C. 280g et seq., as amended by section 10411, is amended by adding at the end the following:

“SEC. 399V–3. NATIONAL DIABETES PREVENTION PROGRAM.

“(a) **IN GENERAL.**—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish a national diabetes prevention program (referred to in this section as the ‘program’) targeted at adults at high risk for diabetes in order to eliminate the preventable burden of diabetes.

“(b) **PROGRAM ACTIVITIES.**—The program described in subsection (a) shall include—

“(1) a grant program for community-based diabetes prevention program model sites;

“(2) a program within the Centers for Disease Control and Prevention to determine eligibility of entities to deliver community-based diabetes prevention services;

“(3) a training and outreach program for lifestyle intervention instructors; and

“(4) evaluation, monitoring and technical assistance, and applied research carried out by the Centers for Disease Control and Prevention.

“(c) **ELIGIBLE ENTITIES.**—To be eligible for a grant under subsection (b)(1), an entity shall be a State or local health department, a tribal organization, a national network of community-based non-profits focused on health and wellbeing, an academic institution, or other entity, as the Secretary determines.

“(d) **AUTHORIZATION OF APPROPRIATIONS.**—For the purpose of carrying out this section, there are authorized to be appropriated such sums as may be necessary for each of fiscal years 2010 through 2014.”.

(h) The provisions of, and amendment made by, section 5501(c) of this Act are repealed.

(i)(1) The provisions of, and amendments made by, section 5502 of this Act are repealed.

(2)(A) Section 1861(aa)(3)(A) of the Social Security Act (42 U.S.C. 1395w(aa)(3)(A)) is amended to read as follows:

“(A) services of the type described in subparagraphs (A) through (C) of paragraph (1) and preventive services (as defined in section 1861(ddd)(3)); and”.

(B) The amendment made by subparagraph (A) shall apply to services furnished on or after January 1, 2011.

(3)(A) Section 1834 of the Social Security Act (42 U.S.C. 1395m), as amended by section 4105, is amended by adding at the end the following new subsection:

“(o) **DEVELOPMENT AND IMPLEMENTATION OF PROSPECTIVE PAYMENT SYSTEM.**—

“(1) **DEVELOPMENT.**—

“(A) **IN GENERAL.**—The Secretary shall develop a prospective payment system for payment for Federally qualified health center services furnished by Federally qualified health centers under this title. Such system shall include a process for appropriately describing the services furnished by Federally qualified health centers and shall establish payment rates for specific payment codes based on such appropriate descriptions of services. Such system shall be established to take into account the type, intensity, and duration of services furnished by Federally qualified health centers. Such system may include adjustments, including geographic adjustments, determined appropriate by the Secretary.

“(B) **COLLECTION OF DATA AND EVALUATION.**—By not later than January 1, 2011, the Secretary shall require Federally qualified health centers to submit to the Secretary such information as the Secretary may require in order to develop and implement the prospective payment system

under this subsection, including the reporting of services using HCPCS codes.

“(2) **IMPLEMENTATION.**—

“(A) **IN GENERAL.**—Notwithstanding section 1833(a)(3)(A), the Secretary shall provide, for cost reporting periods beginning on or after October 1, 2014, for payments of prospective payment rates for Federally qualified health center services furnished by Federally qualified health centers under this title in accordance with the prospective payment system developed by the Secretary under paragraph (1).

“(B) **PAYMENTS.**—

“(i) **INITIAL PAYMENTS.**—The Secretary shall implement such prospective payment system so that the estimated aggregate amount of prospective payment rates (determined prior to the application of section 1833(a)(1)(Z)) under this title for Federally qualified health center services in the first year that such system is implemented is equal to 100 percent of the estimated amount of reasonable costs (determined without the application of a per visit payment limit or productivity screen and prior to the application of section 1866(a)(2)(A)(ii)) that would have occurred for such services under this title in such year if the system had not been implemented.

“(ii) **PAYMENTS IN SUBSEQUENT YEARS.**—Payment rates in years after the year of implementation of such system shall be the payment rates in the previous year increased—

“(I) in the first year after implementation of such system, by the percentage increase in the MEI (as defined in section 1842(i)(3)) for the year involved; and

“(II) in subsequent years, by the percentage increase in a market basket of Federally qualified health center goods and services as promulgated through regulations, or if such an index is not available, by the percentage increase in the MEI (as defined in section 1842(i)(3)) for the year involved.

“(C) **PREPARATION FOR PPS IMPLEMENTATION.**—Notwithstanding any other provision of law, the Secretary may establish and implement by program instruction or otherwise the payment codes to be used under the prospective payment system under this section.”.

(B) Section 1833(a)(1) of the Social Security Act (42 U.S.C. 1395l(a)(1)), as amended by section 4104, is amended—

(i) by striking “and” before “(Y)”; and

(ii) by inserting before the semicolon at the end the following: “, and (Z) with respect to Federally qualified health center services for which payment is made under section 1834(o), the amounts paid shall be 80 percent of the lesser of the actual charge or the amount determined under such section”.

(C) Section 1833(a) of the Social Security Act (42 U.S.C. 1395l(a)) is amended—

(i) in paragraph (3)(B)(i)—

(I) by inserting “(I)” after “otherwise been provided”; and

(II) by inserting “, or (II) in the case of such services furnished on or after the implementation date of the prospective payment system under section 1834(o), under such section (calculated as if ‘100 percent’ were substituted for ‘80 percent’ in such section) for such services if the individual had not been so enrolled” after “been so enrolled”; and

(ii) by adding at the end the following flush sentence:

“Paragraph (3)(A) shall not apply to Federally qualified health center services furnished on or after the implementation date of the prospective payment system under section 1834(o).”.

(j) Section 5505 is amended by adding at the end the following new subsection:

“(d) **APPLICATION.**—The amendments made by this section shall not be applied in a manner that requires reopening of any settled cost reports as to which there is not a jurisdictionally

proper appeal pending as of the date of the enactment of this Act on the issue of payment for indirect costs of medical education under section 1886(d)(5)(B) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(B)) or for direct graduate medical education costs under section 1886(h) of such Act (42 U.S.C. 1395ww(h)).”

(k) Subtitle G of title V of this Act is amended by adding at the end the following:

“SEC. 5606. STATE GRANTS TO HEALTH CARE PROVIDERS WHO PROVIDE SERVICES TO A HIGH PERCENTAGE OF MEDICALLY UNDERSERVED POPULATIONS OR OTHER SPECIAL POPULATIONS.

“(a) *IN GENERAL.*—A State may award grants to health care providers who treat a high percentage, as determined by such State, of medically underserved populations or other special populations in such State.

“(b) *SOURCE OF FUNDS.*—A grant program established by a State under subsection (a) may not be established within a department, agency, or other entity of such State that administers the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), and no Federal or State funds allocated to such Medicaid program, the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.), or the TRICARE program under chapter 55 of title 10, United States Code, may be used to award grants or to pay administrative costs associated with a grant program established under subsection (a).”

(l) Part C of title VII of the Public Health Service Act (42 U.S.C. 293k et seq.) is amended—

(1) after the part heading, by inserting the following:

“Subpart I—Medical Training Generally”;

and

(2) by inserting at the end the following:

“Subpart II—Training in Underserved Communities

“SEC. 749B. RURAL PHYSICIAN TRAINING GRANTS.

“(a) *IN GENERAL.*—The Secretary, acting through the Administrator of the Health Resources and Services Administration, shall establish a grant program for the purposes of assisting eligible entities in recruiting students most likely to practice medicine in underserved rural communities, providing rural-focused training and experience, and increasing the number of recent allopathic and osteopathic medical school graduates who practice in underserved rural communities.

“(b) *ELIGIBLE ENTITIES.*—In order to be eligible to receive a grant under this section, an entity shall—

“(1) be a school of allopathic or osteopathic medicine accredited by a nationally recognized accrediting agency or association approved by the Secretary for this purpose, or any combination or consortium of such schools; and

“(2) submit an application to the Secretary that includes a certification that such entity will use amounts provided to the institution as described in subsection (d)(1).

“(c) *PRIORITY.*—In awarding grant funds under this section, the Secretary shall give priority to eligible entities that—

“(1) demonstrate a record of successfully training students, as determined by the Secretary, who practice medicine in underserved rural communities;

“(2) demonstrate that an existing academic program of the eligible entity produces a high percentage, as determined by the Secretary, of graduates from such program who practice medicine in underserved rural communities;

“(3) demonstrate rural community institutional partnerships, through such mechanisms as matching or contributory funding, documented in-kind services for implementation, or existence of training partners with interprofes-

sional expertise in community health center training locations or other similar facilities; or

“(4) submit, as part of the application of the entity under subsection (b), a plan for the long-term tracking of where the graduates of such entity practice medicine.

“(d) *USE OF FUNDS.*—

“(1) *ESTABLISHMENT.*—An eligible entity receiving a grant under this section shall use the funds made available under such grant to establish, improve, or expand a rural-focused training program (referred to in this section as the ‘Program’) meeting the requirements described in this subsection and to carry out such program.

“(2) *STRUCTURE OF PROGRAM.*—An eligible entity shall—

“(A) enroll no fewer than 10 students per class year into the Program; and

“(B) develop criteria for admission to the Program that gives priority to students—

“(i) who have originated from or lived for a period of 2 or more years in an underserved rural community; and

“(ii) who express a commitment to practice medicine in an underserved rural community.

“(3) *CURRICULA.*—The Program shall require students to enroll in didactic coursework and clinical experience particularly applicable to medical practice in underserved rural communities, including—

“(A) clinical rotations in underserved rural communities, and in applicable specialties, or other coursework or clinical experience deemed appropriate by the Secretary; and

“(B) in addition to core school curricula, additional coursework or training experiences focused on medical issues prevalent in underserved rural communities.

“(4) *RESIDENCY PLACEMENT ASSISTANCE.*—Where available, the Program shall assist all students of the Program in obtaining clinical training experiences in locations with post-graduate programs offering residency training opportunities in underserved rural communities, or in local residency training programs that support and train physicians to practice in underserved rural communities.

“(5) *PROGRAM STUDENT COHORT SUPPORT.*—The Program shall provide and require all students of the Program to participate in group activities designed to further develop, maintain, and reinforce the original commitment of such students to practice in an underserved rural community.

“(e) *ANNUAL REPORTING.*—An eligible entity receiving a grant under this section shall submit an annual report to the Secretary on the success of the Program, based on criteria the Secretary determines appropriate, including the residency program selection of graduating students who participated in the Program.

“(f) *REGULATIONS.*—Not later than 60 days after the date of enactment of this section, the Secretary shall by regulation define ‘underserved rural community’ for purposes of this section.

“(g) *SUPPLEMENT NOT SUPPLANT.*—Any eligible entity receiving funds under this section shall use such funds to supplement, not supplant, any other Federal, State, and local funds that would otherwise be expended by such entity to carry out the activities described in this section.

“(h) *MAINTENANCE OF EFFORT.*—With respect to activities for which funds awarded under this section are to be expended, the entity shall agree to maintain expenditures of non-Federal amounts for such activities at a level that is not less than the level of such expenditures maintained by the entity for the fiscal year preceding the fiscal year for which the entity receives a grant under this section.

“(i) *AUTHORIZATION OF APPROPRIATIONS.*—There are authorized to be appropriated

\$4,000,000 for each of the fiscal years 2010 through 2013.”

(m)(1) Section 768 of the Public Health Service Act (42 U.S.C. 295c) is amended to read as follows:

“SEC. 768. PREVENTIVE MEDICINE AND PUBLIC HEALTH TRAINING GRANT PROGRAM.

“(a) *GRANTS.*—The Secretary, acting through the Administrator of the Health Resources and Services Administration and in consultation with the Director of the Centers for Disease Control and Prevention, shall award grants to, or enter into contracts with, eligible entities to provide training to graduate medical residents in preventive medicine specialties.

“(b) *ELIGIBILITY.*—To be eligible for a grant or contract under subsection (a), an entity shall be—

“(1) an accredited school of public health or school of medicine or osteopathic medicine;

“(2) an accredited public or private nonprofit hospital;

“(3) a State, local, or tribal health department; or

“(4) a consortium of 2 or more entities described in paragraphs (1) through (3).

“(c) *USE OF FUNDS.*—Amounts received under a grant or contract under this section shall be used to—

“(1) plan, develop (including the development of curricula), operate, or participate in an accredited residency or internship program in preventive medicine or public health;

“(2) defray the costs of practicum experiences, as required in such a program; and

“(3) establish, maintain, or improve—

“(A) academic administrative units (including departments, divisions, or other appropriate units) in preventive medicine and public health; or

“(B) programs that improve clinical teaching in preventive medicine and public health.

“(d) *REPORT.*—The Secretary shall submit to the Congress an annual report on the program carried out under this section.”

(2) Section 770(a) of the Public Health Service Act (42 U.S.C. 295e(a)) is amended to read as follows:

“(a) *IN GENERAL.*—For the purpose of carrying out this subpart, there is authorized to be appropriated \$43,000,000 for fiscal year 2011, and such sums as may be necessary for each of the fiscal years 2012 through 2015.”

(n)(1) Subsection (i) of section 331 of the Public Health Service Act (42 U.S.C. 254d) of the Public Health Service Act is amended—

(A) in paragraph (1), by striking “In carrying out subpart III” and all that follows through the period and inserting “In carrying out subpart III, the Secretary may, in accordance with this subsection, issue waivers to individuals who have entered into a contract for obligated service under the Scholarship Program or the Loan Repayment Program under which the individuals are authorized to satisfy the requirement of obligated service through providing clinical practice that is half time.”;

(B) in paragraph (2)—

(i) in subparagraphs (A)(ii) and (B), by striking “less than full time” each place it appears and inserting “half time”;

(ii) in subparagraphs (C) and (F), by striking “less than full-time service” each place it appears and inserting “half-time service”; and

(iii) by amending subparagraphs (D) and (E) to read as follows:

“(D) the entity and the Corps member agree in writing that the Corps member will perform half-time clinical practice;

“(E) the Corps member agrees in writing to fulfill all of the service obligations under section 338C through half-time clinical practice and either—

“(i) double the period of obligated service that would otherwise be required; or

“(ii) in the case of contracts entered into under section 338B, accept a minimum service obligation of 2 years with an award amount equal to 50 percent of the amount that would otherwise be payable for full-time service; and”; and

(C) in paragraph (3), by striking “In evaluating a demonstration project described in paragraph (1)” and inserting “In evaluating waivers issued under paragraph (1)”.

(2) Subsection (j) of section 331 of the Public Health Service Act (42 U.S.C. 254d) is amended by adding at the end the following:

“(5) The terms ‘full time’ and ‘full-time’ mean a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per year.

“(6) The terms ‘half time’ and ‘half-time’ mean a minimum of 20 hours per week (not to exceed 39 hours per week) in a clinical practice, for a minimum of 45 weeks per year.”.

(3) Section 337(b)(1) of the Public Health Service Act (42 U.S.C. 254j(b)(1)) is amended by striking “Members may not be reappointed to the Council.”.

(4) Section 338B(g)(2)(A) of the Public Health Service Act (42 U.S.C. 254l-1(g)(2)(A)) is amended by striking “\$35,000” and inserting “\$50,000, plus, beginning with fiscal year 2012, an amount determined by the Secretary on an annual basis to reflect inflation.”.

(5) Subsection (a) of section 338C of the Public Health Service Act (42 U.S.C. 254m), as amended by section 5508, is amended—

(A) by striking the second sentence and inserting the following: “The Secretary may treat teaching as clinical practice for up to 20 percent of such period of obligated service.”; and

(B) by adding at the end the following: “Notwithstanding the preceding sentence, with respect to a member of the Corps participating in the teaching health centers graduate medical education program under section 340H, for the purpose of calculating time spent in full-time clinical practice under this section, up to 50 percent of time spent teaching by such member may be counted toward his or her service obligation.”.

SEC. 10502. INFRASTRUCTURE TO EXPAND ACCESS TO CARE.

(a) **APPROPRIATION.**—There are authorized to be appropriated, and there are appropriated to the Department of Health and Human Services, \$100,000,000 for fiscal year 2010, to remain available for obligation until September 30, 2011, to be used for debt service on, or direct construction or renovation of, a health care facility that provides research, inpatient tertiary care, or outpatient clinical services. Such facility shall be affiliated with an academic health center at a public research university in the United States that contains a State’s sole public academic medical and dental school.

(b) **REQUIREMENT.**—Amount appropriated under subsection (a) may only be made available by the Secretary of Health and Human Services upon the receipt of an application from the Governor of a State that certifies that—

(1) the new health care facility is critical for the provision of greater access to health care within the State;

(2) such facility is essential for the continued financial viability of the State’s sole public medical and dental school and its academic health center;

(3) the request for Federal support represents not more than 40 percent of the total cost of the proposed new facility; and

(4) the State has established a dedicated funding mechanism to provide all remaining funds necessary to complete the construction or renovation of the proposed facility.

SEC. 10503. COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS FUND.

(a) **PURPOSE.**—It is the purpose of this section to establish a Community Health Center Fund (referred to in this section as the “CHC Fund”), to be administered through the Office of the Secretary of the Department of Health and Human Services to provide for expanded and sustained national investment in community health centers under section 330 of the Public Health Service Act and the National Health Service Corps.

(b) **FUNDING.**—There is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, to the CHC Fund—

(1) to be transferred to the Secretary of Health and Human Services to provide enhanced funding for the community health center program under section 330 of the Public Health Service Act—

(A) \$700,000,000 for fiscal year 2011;
(B) \$800,000,000 for fiscal year 2012;
(C) \$1,000,000,000 for fiscal year 2013;
(D) \$1,600,000,000 for fiscal year 2014; and
(E) \$2,900,000,000 for fiscal year 2015; and

(2) to be transferred to the Secretary of Health and Human Services to provide enhanced funding for the National Health Service Corps—

(A) \$290,000,000 for fiscal year 2011;
(B) \$295,000,000 for fiscal year 2012;
(C) \$300,000,000 for fiscal year 2013;
(D) \$305,000,000 for fiscal year 2014; and
(E) \$310,000,000 for fiscal year 2015.

(c) **CONSTRUCTION.**—There is authorized to be appropriated, and there is appropriated, out of any monies in the Treasury not otherwise appropriated, \$1,500,000,000 to be available for fiscal years 2011 through 2015 to be used by the Secretary of Health and Human Services for the construction and renovation of community health centers.

(d) **USE OF FUND.**—The Secretary of Health and Human Services shall transfer amounts in the CHC Fund to accounts within the Department of Health and Human Services to increase funding, over the fiscal year 2008 level, for community health centers and the National Health Service Corps.

(e) **AVAILABILITY.**—Amounts appropriated under subsections (b) and (c) shall remain available until expended.

SEC. 10504. DEMONSTRATION PROJECT TO PROVIDE ACCESS TO AFFORDABLE CARE.

(a) **IN GENERAL.**—Not later than 6 months after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this section as the “Secretary”), acting through the Health Resources and Services Administration, shall establish a 3 year demonstration project in up to 10 States to provide access to comprehensive health care services to the uninsured at reduced fees. The Secretary shall evaluate the feasibility of expanding the project to additional States.

(b) **ELIGIBILITY.**—To be eligible to participate in the demonstration project, an entity shall be a State-based, nonprofit, public-private partnership that provides access to comprehensive health care services to the uninsured at reduced fees. Each State in which a participant selected by the Secretary is located shall receive not more than \$2,000,000 to establish and carry out the project for the 3-year demonstration period.

(c) **AUTHORIZATION.**—There is authorized to be appropriated such sums as may be necessary to carry out this section.

Subtitle F—Provisions Relating to Title VI

SEC. 10601. REVISIONS TO LIMITATION ON MEDICAL CARE EXCEPTION TO THE PROHIBITION ON CERTAIN PHYSICIAN REFERRALS FOR HOSPITALS.

(a) **IN GENERAL.**—Section 1877(i) of the Social Security Act, as added by section 6001(a), is amended—

(1) in paragraph (1)(A)(i), by striking “February 1, 2010” and inserting “August 1, 2010”; and

(2) in paragraph (3)(A)—

(A) in clause (iii), by striking “August 1, 2011” and inserting “February 1, 2012”; and

(B) in clause (iv), by striking “July 1, 2011” and inserting “January 1, 2012”.

(b) **CONFORMING AMENDMENT.**—Section 6001(b)(2) of this Act is amended by striking “November 1, 2011” and inserting “May 1, 2012”.

SEC. 10602. CLARIFICATIONS TO PATIENT-CENTERED OUTCOMES RESEARCH.

Section 1181 of the Social Security Act (as added by section 6301) is amended—

(1) in subsection (d)(2)(B)—

(A) in clause (ii)(IV)—

(i) by inserting “, as described in subparagraph (A)(ii),” after “original research”; and

(ii) by inserting “, as long as the researcher enters into a data use agreement with the Institute for use of the data from the original research, as appropriate” after “publication”; and

(B) by amending clause (iv) to read as follows:

“(iv) **SUBSEQUENT USE OF THE DATA.**—The Institute shall not allow the subsequent use of data from original research in work-for-hire contracts with individuals, entities, or instrumentalities that have a financial interest in the results, unless approved under a data use agreement with the Institute.”;

(2) in subsection (d)(8)(A)(iv), by striking “not be construed as mandates for” and inserting “do not include”; and

(3) in subsection (f)(1)(C), by amending clause (ii) to read as follows:

“(ii) 7 members representing physicians and providers, including 4 members representing physicians (at least 1 of whom is a surgeon), 1 nurse, 1 State-licensed integrative health care practitioner, and 1 representative of a hospital.”.

SEC. 10603. STRIKING PROVISIONS RELATING TO INDIVIDUAL PROVIDER APPLICATION FEES.

(a) **IN GENERAL.**—Section 1866(j)(2)(C) of the Social Security Act, as added by section 6401(a), is amended—

(1) by striking clause (i);

(2) by redesignating clauses (ii) through (iv), respectively, as clauses (i) through (iii); and

(3) in clause (i), as redesignated by paragraph (2), by striking “clause (iii)” and inserting “clause (ii)”.

(b) **TECHNICAL CORRECTION.**—Section 6401(a)(2) of this Act is amended to read as follows:

“(2) by redesignating paragraph (2) as paragraph (8); and”.

SEC. 10604. TECHNICAL CORRECTION TO SECTION 6405.

Paragraphs (1) and (2) of section 6405(b) are amended to read as follows:

“(1) **PART A.**—Section 1814(a)(2) of the Social Security Act (42 U.S.C. 1395(a)(2)) is amended in the matter preceding subparagraph (A) by inserting ‘, or, in the case of services described in subparagraph (C), a physician enrolled under section 1866(j),’ after ‘in collaboration with a physician.’.

“(2) **PART B.**—Section 1835(a)(2) of the Social Security Act (42 U.S.C. 1395n(a)(2)) is amended in the matter preceding subparagraph (A) by inserting ‘, or, in the case of services described in subparagraph (A), a physician enrolled under section 1866(j),’ after ‘a physician.’.

SEC. 10605. CERTAIN OTHER PROVIDERS PERMITTED TO CONDUCT FACE TO FACE ENCOUNTER FOR HOME HEALTH SERVICES.

(a) **PART A.**—Section 1814(a)(2)(C) of the Social Security Act (42 U.S.C. 1395f(a)(2)(C)), as

amended by section 6407(a)(1), is amended by inserting “, or a nurse practitioner or clinical nurse specialist (as those terms are defined in section 1861(aa)(5)) who is working in collaboration with the physician in accordance with State law, or a certified nurse-midwife (as defined in section 1861(gg)) as authorized by State law, or a physician assistant (as defined in section 1861(aa)(5)) under the supervision of the physician,” after “himself or herself”.

(b) PART B.—Section 1835(a)(2)(A)(iv) of the Social Security Act, as added by section 6407(a)(2), is amended by inserting “, or a nurse practitioner or clinical nurse specialist (as those terms are defined in section 1861(aa)(5)) who is working in collaboration with the physician in accordance with State law, or a certified nurse-midwife (as defined in section 1861(gg)) as authorized by State law, or a physician assistant (as defined in section 1861(aa)(5)) under the supervision of the physician,” after “must document that the physician”.

SEC. 10606. HEALTH CARE FRAUD ENFORCEMENT.

(a) FRAUD SENTENCING GUIDELINES.—

(1) DEFINITION.—In this subsection, the term “Federal health care offense” has the meaning given that term in section 24 of title 18, United States Code, as amended by this Act.

(2) REVIEW AND AMENDMENTS.—Pursuant to the authority under section 994 of title 28, United States Code, and in accordance with this subsection, the United States Sentencing Commission shall—

(A) review the Federal Sentencing Guidelines and policy statements applicable to persons convicted of Federal health care offenses;

(B) amend the Federal Sentencing Guidelines and policy statements applicable to persons convicted of Federal health care offenses involving Government health care programs to provide that the aggregate dollar amount of fraudulent bills submitted to the Government health care program shall constitute prima facie evidence of the amount of the intended loss by the defendant; and

(C) amend the Federal Sentencing Guidelines to provide—

(i) a 2-level increase in the offense level for any defendant convicted of a Federal health care offense relating to a Government health care program which involves a loss of not less than \$1,000,000 and less than \$7,000,000;

(ii) a 3-level increase in the offense level for any defendant convicted of a Federal health care offense relating to a Government health care program which involves a loss of not less than \$7,000,000 and less than \$20,000,000;

(iii) a 4-level increase in the offense level for any defendant convicted of a Federal health care offense relating to a Government health care program which involves a loss of not less than \$20,000,000; and

(iv) if appropriate, otherwise amend the Federal Sentencing Guidelines and policy statements applicable to persons convicted of Federal health care offenses involving Government health care programs.

(3) REQUIREMENTS.—In carrying this subsection, the United States Sentencing Commission shall—

(A) ensure that the Federal Sentencing Guidelines and policy statements—

(i) reflect the serious harms associated with health care fraud and the need for aggressive and appropriate law enforcement action to prevent such fraud; and

(ii) provide increased penalties for persons convicted of health care fraud offenses in appropriate circumstances;

(B) consult with individuals or groups representing health care fraud victims, law enforcement officials, the health care industry, and the Federal judiciary as part of the review described in paragraph (2);

(C) ensure reasonable consistency with other relevant directives and with other guidelines under the Federal Sentencing Guidelines;

(D) account for any aggravating or mitigating circumstances that might justify exceptions, including circumstances for which the Federal Sentencing Guidelines, as in effect on the date of enactment of this Act, provide sentencing enhancements;

(E) make any necessary conforming changes to the Federal Sentencing Guidelines; and

(F) ensure that the Federal Sentencing Guidelines adequately meet the purposes of sentencing.

(b) INTENT REQUIREMENT FOR HEALTH CARE FRAUD.—Section 1347 of title 18, United States Code, is amended—

(1) by inserting “(a)” before “Whoever knowingly”; and

(2) by adding at the end the following:

“(b) With respect to violations of this section, a person need not have actual knowledge of this section or specific intent to commit a violation of this section.”.

(c) HEALTH CARE FRAUD OFFENSE.—Section 24(a) of title 18, United States Code, is amended—

(1) in paragraph (1), by striking the semicolon and inserting “or section 1128B of the Social Security Act (42 U.S.C. 1320a-7b); or”; and

(2) in paragraph (2)—

(A) by inserting “1349,” after “1343,”; and

(B) by inserting “section 301 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 331), or section 501 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1131),” after “title,”.

(d) SUBPOENA AUTHORITY RELATING TO HEALTH CARE.—

(1) SUBPOENAS UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996.—Section 1510(b) of title 18, United States Code, is amended—

(A) in paragraph (1), by striking “to the grand jury”; and

(B) in paragraph (2)—

(i) in subparagraph (A), by striking “grand jury subpoena” and inserting “subpoena for records”; and

(ii) in the matter following subparagraph (B), by striking “to the grand jury”.

(2) SUBPOENAS UNDER THE CIVIL RIGHTS OF INSTITUTIONALIZED PERSONS ACT.—The Civil Rights of Institutionalized Persons Act (42 U.S.C. 1997 et seq.) is amended by inserting after section 3 the following:

“SEC. 3A. SUBPOENA AUTHORITY.

“(a) AUTHORITY.—The Attorney General, or at the direction of the Attorney General, any officer or employee of the Department of Justice may require by subpoena access to any institution that is the subject of an investigation under this Act and to any document, record, material, file, report, memorandum, policy, procedure, investigation, video or audio recording, or quality assurance report relating to any institution that is the subject of an investigation under this Act to determine whether there are conditions which deprive persons residing in or confined to the institution of any rights, privileges, or immunities secured or protected by the Constitution or laws of the United States.

“(b) ISSUANCE AND ENFORCEMENT OF SUBPOENAS.—

“(1) ISSUANCE.—Subpoenas issued under this section—

“(A) shall bear the signature of the Attorney General or any officer or employee of the Department of Justice as designated by the Attorney General; and

“(B) shall be served by any person or class of persons designated by the Attorney Gen-

eral or a designated officer or employee for that purpose.

“(2) ENFORCEMENT.—In the case of contumacy or failure to obey a subpoena issued under this section, the United States district court for the judicial district in which the institution is located may issue an order requiring compliance. Any failure to obey the order of the court may be punished by the court as a contempt that court.

“(c) PROTECTION OF SUBPOENAED RECORDS AND INFORMATION.—Any document, record, material, file, report, memorandum, policy, procedure, investigation, video or audio recording, or quality assurance report or other information obtained under a subpoena issued under this section—

“(1) may not be used for any purpose other than to protect the rights, privileges, or immunities secured or protected by the Constitution or laws of the United States of persons who reside, have resided, or will reside in an institution;

“(2) may not be transmitted by or within the Department of Justice for any purpose other than to protect the rights, privileges, or immunities secured or protected by the Constitution or laws of the United States of persons who reside, have resided, or will reside in an institution; and

“(3) shall be redacted, obscured, or otherwise altered if used in any publicly available manner so as to prevent the disclosure of any personally identifiable information.”.

SEC. 10607. STATE DEMONSTRATION PROGRAMS TO EVALUATE ALTERNATIVES TO CURRENT MEDICAL TORT LITIGATION.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.), as amended by this Act, is further amended by adding at the end the following:

“SEC. 399V-4. STATE DEMONSTRATION PROGRAMS TO EVALUATE ALTERNATIVES TO CURRENT MEDICAL TORT LITIGATION.

“(a) IN GENERAL.—The Secretary is authorized to award demonstration grants to States for the development, implementation, and evaluation of alternatives to current tort litigation for resolving disputes over injuries allegedly caused by health care providers or health care organizations. In awarding such grants, the Secretary shall ensure the diversity of the alternatives so funded.

“(b) DURATION.—The Secretary may award grants under subsection (a) for a period not to exceed 5 years.

“(c) CONDITIONS FOR DEMONSTRATION GRANTS.—

“(1) REQUIREMENTS.—Each State desiring a grant under subsection (a) shall develop an alternative to current tort litigation that—

“(A) allows for the resolution of disputes over injuries allegedly caused by health care providers or health care organizations; and

“(B) promotes a reduction of health care errors by encouraging the collection and analysis of patient safety data related to disputes resolved under subparagraph (A) by organizations that engage in efforts to improve patient safety and the quality of health care.

“(2) ALTERNATIVE TO CURRENT TORT LITIGATION.—Each State desiring a grant under subsection (a) shall demonstrate how the proposed alternative described in paragraph (1)(A)—

“(A) makes the medical liability system more reliable by increasing the availability of prompt and fair resolution of disputes;

“(B) encourages the efficient resolution of disputes;

“(C) encourages the disclosure of health care errors;

“(D) enhances patient safety by detecting, analyzing, and helping to reduce medical errors and adverse events;

“(E) improves access to liability insurance;

“(F) fully informs patients about the differences in the alternative and current tort litigation;

“(G) provides patients the ability to opt out of or voluntarily withdraw from participating in the alternative at any time and to pursue other options, including litigation, outside the alternative;

“(H) would not conflict with State law at the time of the application in a way that would prohibit the adoption of an alternative to current tort litigation; and

“(I) would not limit or curtail a patient's existing legal rights, ability to file a claim in or access a State's legal system, or otherwise abrogate a patient's ability to file a medical malpractice claim.

“(3) SOURCES OF COMPENSATION.—Each State desiring a grant under subsection (a) shall identify the sources from and methods by which compensation would be paid for claims resolved under the proposed alternative to current tort litigation, which may include public or private funding sources, or a combination of such sources. Funding methods shall to the extent practicable provide financial incentives for activities that improve patient safety.

“(4) SCOPE.—

“(A) IN GENERAL.—Each State desiring a grant under subsection (a) shall establish a scope of jurisdiction (such as Statewide, designated geographic region, a designated area of health care practice, or a designated group of health care providers or health care organizations) for the proposed alternative to current tort litigation that is sufficient to evaluate the effects of the alternative. No scope of jurisdiction shall be established under this paragraph that is based on a health care payer or patient population.

“(B) NOTIFICATION OF PATIENTS.—A State shall demonstrate how patients would be notified that they are receiving health care services that fall within such scope, and the process by which they may opt out of or voluntarily withdraw from participating in the alternative. The decision of the patient whether to participate or continue participating in the alternative process shall be made at any time and shall not be limited in any way.

“(5) PREFERENCE IN AWARDED DEMONSTRATION GRANTS.—In awarding grants under subsection (a), the Secretary shall give preference to States—

“(A) that have developed the proposed alternative through substantive consultation with relevant stakeholders, including patient advocates, health care providers and health care organizations, attorneys with expertise in representing patients and health care providers, medical malpractice insurers, and patient safety experts;

“(B) that make proposals that are likely to enhance patient safety by detecting, analyzing, and helping to reduce medical errors and adverse events; and

“(C) that make proposals that are likely to improve access to liability insurance.

“(d) APPLICATION.—

“(1) IN GENERAL.—Each State desiring a grant under subsection (a) shall submit to the Secretary an application, at such time, in such manner, and containing such information as the Secretary may require.

“(2) REVIEW PANEL.—

“(A) IN GENERAL.—In reviewing applications under paragraph (1), the Secretary shall consult with a review panel composed of relevant experts appointed by the Comptroller General.

“(B) COMPOSITION.—

“(i) NOMINATIONS.—The Comptroller General shall solicit nominations from the public for individuals to serve on the review panel.

“(ii) APPOINTMENT.—The Comptroller General shall appoint, at least 9 but not more than 13, highly qualified and knowledgeable individuals to serve on the review panel and shall ensure that the following entities receive fair representation on such panel:

“(I) Patient advocates.

“(II) Health care providers and health care organizations.

“(III) Attorneys with expertise in representing patients and health care providers.

“(IV) Medical malpractice insurers.

“(V) State officials.

“(VI) Patient safety experts.

“(C) CHAIRPERSON.—The Comptroller General, or an individual within the Government Accountability Office designated by the Comptroller General, shall be the chairperson of the review panel.

“(D) AVAILABILITY OF INFORMATION.—The Comptroller General shall make available to the review panel such information, personnel, and administrative services and assistance as the review panel may reasonably require to carry out its duties.

“(E) INFORMATION FROM AGENCIES.—The review panel may request directly from any department or agency of the United States any information that such panel considers necessary to carry out its duties. To the extent consistent with applicable laws and regulations, the head of such department or agency shall furnish the requested information to the review panel.

“(e) REPORTS.—

“(1) BY STATE.—Each State receiving a grant under subsection (a) shall submit to the Secretary an annual report evaluating the effectiveness of activities funded with grants awarded under such subsection. Such report shall, at a minimum, include the impact of the activities funded on patient safety and on the availability and price of medical liability insurance.

“(2) BY SECRETARY.—The Secretary shall submit to Congress an annual compendium of the reports submitted under paragraph (1) and an analysis of the activities funded under subsection (a) that examines any differences that result from such activities in terms of the quality of care, number and nature of medical errors, medical resources used, length of time for dispute resolution, and the availability and price of liability insurance.

“(f) TECHNICAL ASSISTANCE.—

“(1) IN GENERAL.—The Secretary shall provide technical assistance to the States applying for or awarded grants under subsection (a).

“(2) REQUIREMENTS.—Technical assistance under paragraph (1) shall include—

“(A) guidance on non-economic damages, including the consideration of individual facts and circumstances in determining appropriate payment, guidance on identifying avoidable injuries, and guidance on disclosure to patients of health care errors and adverse events; and

“(B) the development, in consultation with States, of common definitions, formats, and data collection infrastructure for States receiving grants under this section to use in reporting to facilitate aggregation and analysis of data both within and between States.

“(3) USE OF COMMON DEFINITIONS, FORMATS, AND DATA COLLECTION INFRASTRUCTURE.—States not receiving grants under this section may also use the common definitions, formats, and data collection infrastructure developed under paragraph (2)(B).

“(g) EVALUATION.—

“(1) IN GENERAL.—The Secretary, in consultation with the review panel established under subsection (d)(2), shall enter into a contract with an appropriate research organization to conduct an overall evaluation of the effectiveness of grants awarded under subsection (a) and to annually prepare and submit a report to Con-

gress. Such an evaluation shall begin not later than 18 months following the date of implementation of the first program funded by a grant under subsection (a).

“(2) CONTENTS.—The evaluation under paragraph (1) shall include—

“(A) an analysis of the effects of the grants awarded under subsection (a) with regard to the measures described in paragraph (3);

“(B) for each State, an analysis of the extent to which the alternative developed under subsection (c)(1) is effective in meeting the elements described in subsection (c)(2);

“(C) a comparison among the States receiving grants under subsection (a) of the effectiveness of the various alternatives developed by such States under subsection (c)(1);

“(D) a comparison, considering the measures described in paragraph (3), of States receiving grants approved under subsection (a) and similar States not receiving such grants; and

“(E) a comparison, with regard to the measures described in paragraph (3), of—

“(i) States receiving grants under subsection (a);

“(ii) States that enacted, prior to the date of enactment of the Patient Protection and Affordable Care Act, any cap on non-economic damages; and

“(iii) States that have enacted, prior to the date of enactment of the Patient Protection and Affordable Care Act, a requirement that the complainant obtain an opinion regarding the merit of the claim, although the substance of such opinion may have no bearing on whether the complainant may proceed with a case.

“(3) MEASURES.—The evaluations under paragraph (2) shall analyze and make comparisons on the basis of—

“(A) the nature and number of disputes over injuries allegedly caused by health care providers or health care organizations;

“(B) the nature and number of claims in which tort litigation was pursued despite the existence of an alternative under subsection (a);

“(C) the disposition of disputes and claims, including the length of time and estimated costs to all parties;

“(D) the medical liability environment;

“(E) health care quality;

“(F) patient safety in terms of detecting, analyzing, and helping to reduce medical errors and adverse events;

“(G) patient and health care provider and organization satisfaction with the alternative under subsection (a) and with the medical liability environment; and

“(H) impact on utilization of medical services, appropriately adjusted for risk.

“(4) FUNDING.—The Secretary shall reserve 5 percent of the amount appropriated in each fiscal year under subsection (k) to carry out this subsection.

“(h) MEDPAC AND MACPAC REPORTS.—

“(1) MEDPAC.—The Medicare Payment Advisory Commission shall conduct an independent review of the alternatives to current tort litigation that are implemented under grants under subsection (a) to determine the impact of such alternatives on the Medicare program under title XVIII of the Social Security Act, and its beneficiaries.

“(2) MACPAC.—The Medicaid and CHIP Payment and Access Commission shall conduct an independent review of the alternatives to current tort litigation that are implemented under grants under subsection (a) to determine the impact of such alternatives on the Medicaid or CHIP programs under titles XIX and XXI of the Social Security Act, and their beneficiaries.

“(3) REPORTS.—Not later than December 31, 2016, the Medicare Payment Advisory Commission and the Medicaid and CHIP Payment and Access Commission shall each submit to Congress a report that includes the findings and

recommendations of each respective Commission based on independent reviews conducted under paragraphs (1) and (2), including an analysis of the impact of the alternatives reviewed on the efficiency and effectiveness of the respective programs.

“(i) **OPTION TO PROVIDE FOR INITIAL PLANNING GRANTS.**—Of the funds appropriated pursuant to subsection (k), the Secretary may use a portion not to exceed \$500,000 per State to provide planning grants to such States for the development of demonstration project applications meeting the criteria described in subsection (c). In selecting States to receive such planning grants, the Secretary shall give preference to those States in which State law at the time of the application would not prohibit the adoption of an alternative to current tort litigation.

“(j) **DEFINITIONS.**—In this section:

“(1) **HEALTH CARE SERVICES.**—The term ‘health care services’ means any services provided by a health care provider, or by any individual working under the supervision of a health care provider, that relate to—

“(A) the diagnosis, prevention, or treatment of any human disease or impairment; or

“(B) the assessment of the health of human beings.

“(2) **HEALTH CARE ORGANIZATION.**—The term ‘health care organization’ means any individual or entity which is obligated to provide, pay for, or administer health benefits under any health plan.

“(3) **HEALTH CARE PROVIDER.**—The term ‘health care provider’ means any individual or entity—

“(A) licensed, registered, or certified under Federal or State laws or regulations to provide health care services; or

“(B) required to be so licensed, registered, or certified but that is exempted by other statute or regulation.

“(k) **AUTHORIZATION OF APPROPRIATIONS.**—There are authorized to be appropriated to carry out this section, \$50,000,000 for the 5-fiscal year period beginning with fiscal year 2011.

“(l) **CURRENT STATE EFFORTS TO ESTABLISH ALTERNATIVE TO TORT LITIGATION.**—Nothing in this section shall be construed to limit any prior, current, or future efforts of any State to establish any alternative to tort litigation.

“(m) **RULE OF CONSTRUCTION.**—Nothing in this section shall be construed as limiting states’ authority over or responsibility for their state justice systems.”.

SEC. 10608. EXTENSION OF MEDICAL MALPRACTICE COVERAGE TO FREE CLINICS.

(a) **IN GENERAL.**—Section 224(o)(1) of the Public Health Service Act (42 U.S.C. 233(o)(1)) is amended by inserting after “to an individual” the following: “, or an officer, governing board member, employee, or contractor of a free clinic shall in providing services for the free clinic.”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall take effect on the date of enactment of this Act and apply to any act or omission which occurs on or after that date.

SEC. 10609. LABELING CHANGES.

Section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)) is amended by adding at the end the following:

“(10)(A) If the proposed labeling of a drug that is the subject of an application under this subsection differs from the listed drug due to a labeling revision described under clause (i), the drug that is the subject of such application shall, notwithstanding any other provision of this Act, be eligible for approval and shall not be considered misbranded under section 502 if—

“(i) the application is otherwise eligible for approval under this subsection but for expiration of patent, an exclusivity period, or of a delay in approval described in paragraph

(5)(B)(iii), and a revision to the labeling of the listed drug has been approved by the Secretary within 60 days of such expiration;

“(ii) the labeling revision described under clause (i) does not include a change to the ‘Warnings’ section of the labeling;

“(iii) the sponsor of the application under this subsection agrees to submit revised labeling of the drug that is the subject of such application not later than 60 days after the notification of any changes to such labeling required by the Secretary; and

“(iv) such application otherwise meets the applicable requirements for approval under this subsection.

“(B) If, after a labeling revision described in subparagraph (A)(i), the Secretary determines that the continued presence in interstate commerce of the labeling of the listed drug (as in effect before the revision described in subparagraph (A)(i)) adversely impacts the safe use of the drug, no application under this subsection shall be eligible for approval with such labeling.”.

Subtitle G—Provisions Relating to Title VIII

SEC. 10801. PROVISIONS RELATING TO TITLE VIII.

(a) Title XXXII of the Public Health Service Act, as added by section 8002(a)(1), is amended—

(1) in section 3203—

(A) in subsection (a)(1), by striking subparagraph (E);

(B) in subsection (b)(1)(C)(i), by striking “for enrollment” and inserting “for reenrollment”; and

(C) in subsection (c)(1), by striking “, as part of their automatic enrollment in the CLASS program,”; and

(2) in section 3204—

(A) in subsection (c)(2), by striking subparagraph (A) and inserting the following:

“(A) receives wages or income on which there is imposed a tax under section 3101(a) or 3201(a) of the Internal Revenue Code of 1986; or”;

(B) in subsection (d), by striking “subparagraph (B) or (C) of subsection (c)(1)” and inserting “subparagraph (A) or (B) of subsection (c)(2)”;

(C) in subsection (e)(2)(A), by striking “subparagraph (A)” and inserting “paragraph (1)”;

(D) in subsection (g)(1), by striking “has elected to waive enrollment” and inserting “has not enrolled”.

(b) Section 8002 of this Act is amended in the heading for subsection (d), by striking “INFORMATION ON SUPPLEMENTAL COVERAGE” and inserting “CLASS PROGRAM INFORMATION”.

(c) Section 6021(d)(2)(A)(iv) of the Deficit Reduction Act of 2005, as added by section 8002(d) of this Act, is amended by striking “and coverage available” and all that follows through “that program.”.

Subtitle H—Provisions Relating to Title IX

SEC. 10901. MODIFICATIONS TO EXCISE TAX ON HIGH COST EMPLOYER-SPONSORED HEALTH COVERAGE.

(a) **LONGSHORE WORKERS TREATED AS EMPLOYEES ENGAGED IN HIGH-RISK PROFESSIONS.**—Paragraph (3) of section 49801(f) of the Internal Revenue Code of 1986, as added by section 9001 of this Act, is amended by inserting “individuals whose primary work is longshore work (as defined in section 258(b) of the Immigration and Nationality Act (8 U.S.C. 1288(b)), determined without regard to paragraph (2) thereof),” before “and individuals engaged in the construction, mining”.

(b) **EXEMPTION FROM HIGH-COST INSURANCE TAX INCLUDES CERTAIN ADDITIONAL EXCEPTED BENEFITS.**—Clause (i) of section 49801(d)(1)(B) of the Internal Revenue Code of 1986, as added by section 9001 of this Act, is amended by strik-

ing “section 9832(c)(1)(A)” and inserting “section 9832(c)(1) (other than subparagraph (G) thereof)”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to taxable years beginning after December 31, 2012.

SEC. 10902. INFLATION ADJUSTMENT OF LIMITATION ON HEALTH FLEXIBLE SPENDING ARRANGEMENTS UNDER CAFETERIA PLANS.

(a) **IN GENERAL.**—Subsection (i) of section 125 of the Internal Revenue Code of 1986, as added by section 9005 of this Act, is amended to read as follows:

“(i) **LIMITATION ON HEALTH FLEXIBLE SPENDING ARRANGEMENTS.**—

“(1) **IN GENERAL.**—For purposes of this section, if a benefit is provided under a cafeteria plan through employer contributions to a health flexible spending arrangement, such benefit shall not be treated as a qualified benefit unless the cafeteria plan provides that an employee may not elect for any taxable year to have salary reduction contributions in excess of \$2,500 made to such arrangement.

“(2) **ADJUSTMENT FOR INFLATION.**—In the case of any taxable year beginning after December 31, 2011, the dollar amount in paragraph (1) shall be increased by an amount equal to—

“(A) such amount, multiplied by

“(B) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which such taxable year begins by substituting ‘calendar year 2010’ for ‘calendar year 1992’ in subparagraph (B) thereof.

If any increase determined under this paragraph is not a multiple of \$50, such increase shall be rounded to the next lowest multiple of \$50.”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to taxable years beginning after December 31, 2010.

SEC. 10903. MODIFICATION OF LIMITATION ON CHARGES BY CHARITABLE HOSPITALS.

(a) **IN GENERAL.**—Subparagraph (A) of section 501(r)(5) of the Internal Revenue Code of 1986, as added by section 9007 of this Act, is amended by striking “the lowest amounts charged” and inserting “the amounts generally billed”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to taxable years beginning after the date of the enactment of this Act.

SEC. 10904. MODIFICATION OF ANNUAL FEE ON MEDICAL DEVICE MANUFACTURERS AND IMPORTERS.

(a) **IN GENERAL.**—Section 9009 of this Act is amended—

(1) by striking “2009” in subsection (a)(1) and inserting “2010”;

(2) by inserting “(\$3,000,000,000 after 2017)” after “\$2,000,000,000”; and

(3) by striking “2008” in subsection (i) and inserting “2009”.

(b) **EFFECTIVE DATE.**—The amendments made by this section shall take effect as if included in the enactment of section 9009.

SEC. 10905. MODIFICATION OF ANNUAL FEE ON HEALTH INSURANCE PROVIDERS.

(a) **DETERMINATION OF FEE AMOUNT.**—Subsection (b) of section 9010 of this Act is amended to read as follows:

“(b) **DETERMINATION OF FEE AMOUNT.**—

“(1) **IN GENERAL.**—With respect to each covered entity, the fee under this section for any calendar year shall be equal to an amount that bears the same ratio to the applicable amount as—

“(A) the covered entity’s net premiums written with respect to health insurance for any United States health risk that are taken into account during the preceding calendar year, bears to

“(B) the aggregate net premiums written with respect to such health insurance of all covered

entities that are taken into account during such preceding calendar year.

“(2) AMOUNTS TAKEN INTO ACCOUNT.—For purposes of paragraph (1), the net premiums

written with respect to health insurance for any United States health risk that are taken into account during any calendar year with respect to

any covered entity shall be determined in accordance with the following table:

“With respect to a covered entity’s net premiums written during the calendar year that are:

The percentage of net premiums written that are taken into account is:

Not more than \$25,000,000	0 percent
More than \$25,000,000 but not more than \$50,000,000	50 percent
More than \$50,000,000	100 percent.

“(3) SECRETARIAL DETERMINATION.—The Secretary shall calculate the amount of each covered entity’s fee for any calendar year under paragraph (1). In calculating such amount, the Secretary shall determine such covered entity’s net premiums written with respect to any United States health risk on the basis of reports submitted by the covered entity under subsection (g) and through the use of any other source of information available to the Secretary.”

(b) APPLICABLE AMOUNT.—Subsection (e) of section 9010 of this Act is amended to read as follows:

“(e) APPLICABLE AMOUNT.—For purposes of subsection (b)(1), the applicable amount shall be determined in accordance with the following table:

Calendar year	Applicable amount
2011	\$2,000,000,000
2012	\$4,000,000,000
2013	\$7,000,000,000
2014, 2015 and 2016 ..	\$9,000,000,000
2017 and thereafter ..	\$10,000,000,000.”

(c) EXEMPTION FROM ANNUAL FEE ON HEALTH INSURANCE FOR CERTAIN NONPROFIT ENTITIES.—Section 9010(c)(2) of this Act is amended by striking “or” at the end of subparagraph (A), by striking the period at the end of subparagraph (B) and inserting a comma, and by adding at the end the following new subparagraphs:

“(C) any entity—

“(i)(I) which is incorporated as, is a wholly owned subsidiary of, or is a wholly owned affiliate of, a nonprofit corporation under a State law, or

“(II) which is described in section 501(c)(4) of the Internal Revenue Code of 1986 and the activities of which consist of providing commercial-type insurance (within the meaning of section 501(m) of such Code),

“(ii) the premium rate increases of which are regulated by a State authority,

“(iii) which, as of the date of the enactment of this section, acts as the insurer of last resort in the State and is subject to State guarantee issue requirements, and

“(iv) for which the medical loss ratio (determined in a manner consistent with the determination of such ratio under section 2718(b)(1)(A) of the Public Health Service Act) with respect to the individual insurance market for such entity for the calendar year is not less than 100 percent,

“(D) any entity—

“(i)(I) which is incorporated as a nonprofit corporation under a State law, or

“(II) which is described in section 501(c)(4) of the Internal Revenue Code of 1986 and the activities of which consist of providing commercial-type insurance (within the meaning of section 501(m) of such Code), and

“(ii) for which the medical loss ratio (as so determined)—

“(I) with respect to each of the individual, small group, and large group insurance markets for such entity for the calendar year is not less than 90 percent, and

“(II) with respect to all such markets for such entity for the calendar year is not less than 92 percent, or

“(E) any entity—

“(i) which is a mutual insurance company,

“(ii) which for the period reported on the 2008 Accident and Health Policy Experience Exhibit of the National Association of Insurance Commissioners had—

“(I) a market share of the insured population of a State of at least 40 but not more than 60 percent, and

“(II) with respect to all markets described in subparagraph (D)(ii)(I), a medical loss ratio of not less than 90 percent, and

“(iii) with respect to annual payment dates in calendar years after 2011, for which the medical loss ratio (determined in a manner consistent with the determination of such ratio under section 2718(b)(1)(A) of the Public Health Service Act) with respect to all such markets for such entity for the preceding calendar year is not less than 89 percent (except that with respect to such annual payment date for 2012, the calculation under 2718(b)(1)(B)(ii) of such Act is determined by reference to the previous year, and with respect to such annual payment date for 2013, such calculation is determined by reference to the average for the previous 2 years).”

(d) CERTAIN INSURANCE EXEMPTED FROM FEE.—Paragraph (3) of section 9010(h) of this Act is amended to read as follows:

“(3) HEALTH INSURANCE.—The term ‘health insurance’ shall not include—

“(A) any insurance coverage described in paragraph (1)(A) or (3) of section 9832(c) of the Internal Revenue Code of 1986,

“(B) any insurance for long-term care, or

“(C) any Medicare supplemental health insurance (as defined in section 1882(g)(1) of the Social Security Act).”

(e) ANTI-AVOIDANCE GUIDANCE.—Subsection (i) of section 9010 of this Act is amended by inserting “and shall prescribe such regulations as are necessary or appropriate to prevent avoidance of the purposes of this section, including inappropriate actions taken to qualify as an exempt entity under subsection (c)(2)” after “section”.

(f) CONFORMING AMENDMENTS.—

(1) Section 9010(a)(1) of this Act is amended by striking “2009” and inserting “2010”.

(2) Section 9010(c)(2)(B) of this Act is amended by striking “except” and all that follows through “1323”.

(3) Section 9010(c)(3) of this Act is amended by adding at the end the following new sentence:

“If any entity described in subparagraph (C)(i)(I), (D)(i)(I), or (E)(i) of paragraph (2) is treated as a covered entity by reason of the application of the preceding sentence, the net premiums written with respect to health insurance for any United States health risk of such entity shall not be taken into account for purposes of this section.”

(4) Section 9010(g)(1) of this Act is amended by striking “and third party administration agreement fees”.

(5) Section 9010(j) of this Act is amended—

(A) by striking “2008” and inserting “2009”, and

(B) by striking “, and any third party administration agreement fees received after such date”.

(g) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in the enactment of section 9010.

SEC. 10906. MODIFICATIONS TO ADDITIONAL HOSPITAL INSURANCE TAX ON HIGH-INCOME TAXPAYERS.

(a) FICA.—Section 3101(b)(2) of the Internal Revenue Code of 1986, as added by section 9015(a)(1) of this Act, is amended by striking “0.5 percent” and inserting “0.9 percent”.

(b) SECA.—Section 1401(b)(2)(A) of the Internal Revenue Code of 1986, as added by section 9015(b)(1) of this Act, is amended by striking “0.5 percent” and inserting “0.9 percent”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to remuneration received, and taxable years beginning, after December 31, 2012.

SEC. 10907. EXCISE TAX ON INDOOR TANNING SERVICES IN LIEU OF ELECTIVE COSMETIC MEDICAL PROCEDURES.

(a) IN GENERAL.—The provisions of, and amendments made by, section 9017 of this Act are hereby deemed null, void, and of no effect.

(b) EXCISE TAX ON INDOOR TANNING SERVICES.—Subtitle D of the Internal Revenue Code of 1986, as amended by this Act, is amended by adding at the end the following new chapter:

“CHAPTER 49—COSMETIC SERVICES

“Sec. 5000B. Imposition of tax on indoor tanning services.

“SEC. 5000B. IMPOSITION OF TAX ON INDOOR TANNING SERVICES.

“(a) IN GENERAL.—There is hereby imposed on any indoor tanning service a tax equal to 10 percent of the amount paid for such service (determined without regard to this section), whether paid by insurance or otherwise.

“(b) INDOOR TANNING SERVICE.—For purposes of this section—

“(1) IN GENERAL.—The term ‘indoor tanning service’ means a service employing any electronic product designed to incorporate 1 or more ultraviolet lamps and intended for the irradiation of an individual by ultraviolet radiation, with wavelengths in air between 200 and 400 nanometers, to induce skin tanning.

“(2) EXCLUSION OF PHOTOTHERAPY SERVICES.—Such term does not include any phototherapy service performed by a licensed medical professional.

“(c) PAYMENT OF TAX.—

“(1) IN GENERAL.—The tax imposed by this section shall be paid by the individual on whom the service is performed.

“(2) COLLECTION.—Every person receiving a payment for services on which a tax is imposed under subsection (a) shall collect the amount of the tax from the individual on whom the service is performed and remit such tax quarterly to the Secretary at such time and in such manner as provided by the Secretary.

“(3) SECONDARY LIABILITY.—Where any tax imposed by subsection (a) is not paid at the time payments for indoor tanning services are made, then to the extent that such tax is not collected, such tax shall be paid by the person who performs the service.”

(c) CLERICAL AMENDMENT.—The table of chapter for subtitle D of the Internal Revenue Code of 1986, as amended by this Act, is amended by inserting after the item relating to chapter 48 the following new item:

“CHAPTER 49—COSMETIC SERVICES”.

(d) **EFFECTIVE DATE.**—The amendments made by this section shall apply to services performed on or after July 1, 2010.

SEC. 10908. EXCLUSION FOR ASSISTANCE PROVIDED TO PARTICIPANTS IN STATE STUDENT LOAN REPAYMENT PROGRAMS FOR CERTAIN HEALTH PROFESSIONALS.

(a) **IN GENERAL.**—Paragraph (4) of section 108(f) of the Internal Revenue Code of 1986 is amended to read as follows:

“(4) **PAYMENTS UNDER NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM AND CERTAIN STATE LOAN REPAYMENT PROGRAMS.**—In the case of an individual, gross income shall not include any amount received under section 338B(g) of the Public Health Service Act, under a State program described in section 338I of such Act, or under any other State loan repayment or loan forgiveness program that is intended to provide for the increased availability of health care services in underserved or health professional shortage areas (as determined by such State).”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to amounts received by an individual in taxable years beginning after December 31, 2008.

SEC. 10909. EXPANSION OF ADOPTION CREDIT AND ADOPTION ASSISTANCE PROGRAMS.

(a) **INCREASE IN DOLLAR LIMITATION.**—

(1) **ADOPTION CREDIT.**—

(A) **IN GENERAL.**—Paragraph (1) of section 23(b) of the Internal Revenue Code of 1986 (relating to dollar limitation) is amended by striking “\$10,000” and inserting “\$13,170”.

(B) **CHILD WITH SPECIAL NEEDS.**—Paragraph (3) of section 23(a) of such Code (relating to \$10,000 credit for adoption of child with special needs regardless of expenses) is amended—

(i) in the text by striking “\$10,000” and inserting “\$13,170”, and

(ii) in the heading by striking “\$10,000” and inserting “\$13,170”.

(C) **CONFORMING AMENDMENT TO INFLATION ADJUSTMENT.**—Subsection (h) of section 23 of such Code (relating to adjustments for inflation) is amended to read as follows:

“(h) **ADJUSTMENTS FOR INFLATION.**—

“(1) **DOLLAR LIMITATIONS.**—In the case of a taxable year beginning after December 31, 2010, each of the dollar amounts in subsections (a)(3) and (b)(1) shall be increased by an amount equal to—

“(A) such dollar amount, multiplied by

“(B) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, determined by substituting ‘calendar year 2009’ for ‘calendar year 1992’ in subparagraph (B) thereof.

If any amount as increased under the preceding sentence is not a multiple of \$10, such amount shall be rounded to the nearest multiple of \$10.

“(2) **INCOME LIMITATION.**—In the case of a taxable year beginning after December 31, 2002, the dollar amount in subsection (b)(2)(A)(i) shall be increased by an amount equal to—

“(A) such dollar amount, multiplied by

“(B) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, determined by substituting ‘calendar year 2001’ for ‘calendar year 1992’ in subparagraph (B) thereof.

If any amount as increased under the preceding sentence is not a multiple of \$10, such amount shall be rounded to the nearest multiple of \$10.”.

(2) **ADOPTION ASSISTANCE PROGRAMS.**—

(A) **IN GENERAL.**—Paragraph (1) of section 137(b) of the Internal Revenue Code of 1986 (relating to dollar limitation) is amended by striking “\$10,000” and inserting “\$13,170”.

(B) **CHILD WITH SPECIAL NEEDS.**—Paragraph (2) of section 137(a) of such Code (relating to \$10,000 exclusion for adoption of child with special needs regardless of expenses) is amended—

(i) in the text by striking “\$10,000” and inserting “\$13,170”, and

(ii) in the heading by striking “\$10,000” and inserting “\$13,170”.

(C) **CONFORMING AMENDMENT TO INFLATION ADJUSTMENT.**—Subsection (f) of section 137 of such Code (relating to adjustments for inflation) is amended to read as follows:

“(f) **ADJUSTMENTS FOR INFLATION.**—

“(1) **DOLLAR LIMITATIONS.**—In the case of a taxable year beginning after December 31, 2010, each of the dollar amounts in subsections (a)(2) and (b)(1) shall be increased by an amount equal to—

“(A) such dollar amount, multiplied by

“(B) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, determined by substituting ‘calendar year 2009’ for ‘calendar year 1992’ in subparagraph (B) thereof.

If any amount as increased under the preceding sentence is not a multiple of \$10, such amount shall be rounded to the nearest multiple of \$10.

“(2) **INCOME LIMITATION.**—In the case of a taxable year beginning after December 31, 2002, the dollar amount in subsection (b)(2)(A) shall be increased by an amount equal to—

“(A) such dollar amount, multiplied by

“(B) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, determined by substituting ‘calendar year 2001’ for ‘calendar year 1992’ in subparagraph thereof.

If any amount as increased under the preceding sentence is not a multiple of \$10, such amount shall be rounded to the nearest multiple of \$10.”.

(b) **CREDIT MADE REFUNDABLE.**—

(1) **CREDIT MOVED TO SUBPART RELATING TO REFUNDABLE CREDITS.**—The Internal Revenue Code of 1986 is amended—

(A) by redesignating section 23, as amended by subsection (a), as section 36C, and

(B) by moving section 36C (as so redesignated) from subpart A of part IV of subchapter A of chapter 1 to the location immediately before section 37 in subpart C of part IV of subchapter A of chapter 1.

(2) **CONFORMING AMENDMENTS.**—

(A) Section 24(b)(3)(B) of such Code is amended by striking “23,”.

(B) Section 25(e)(1)(C) of such Code is amended by striking “23,” both places it appears.

(C) Section 25A(i)(5)(B) of such Code is amended by striking “23, 25D,” and inserting “25D”.

(D) Section 25B(g)(2) of such Code is amended by striking “23,”.

(E) Section 26(a)(1) of such Code is amended by striking “23,”.

(F) Section 30(c)(2)(B)(ii) of such Code is amended by striking “23, 25D,” and inserting “25D”.

(G) Section 30B(g)(2)(B)(ii) of such Code is amended by striking “23,”.

(H) Section 30D(c)(2)(B)(ii) of such Code is amended by striking “sections 23 and” and inserting “section”.

(I) Section 36C of such Code, as so redesignated, is amended—

(i) by striking paragraph (4) of subsection (b), and

(ii) by striking subsection (c).

(J) Section 137 of such Code is amended—

(i) by striking “section 23(d)” in subsection (d) and inserting “section 36C(d)”, and

(ii) by striking “section 23” in subsection (e) and inserting “section 36C”.

(K) Section 904(i) of such Code is amended by striking “23,”.

(L) Section 1016(a)(26) is amended by striking “23(g)” and inserting “36C(g)”.

(M) Section 1400C(d) of such Code is amended by striking “23,”.

(N) Section 6211(b)(4)(A) of such Code is amended by inserting “36C,” before “53(e)”.

(O) The table of sections for subpart A of part IV of subchapter A of chapter 1 of such Code of 1986 is amended by striking the item relating to section 23.

(P) Paragraph (2) of section 1324(b) of title 31, United States Code, as amended by this Act, is amended by inserting “36C,” after “36B,”.

(Q) The table of sections for subpart C of part IV of subchapter A of chapter 1 of the Internal Revenue Code of 1986, as amended by this Act, is amended by inserting after the item relating to section 36B the following new item:

“Sec. 36C. Adoption expenses.”.

(c) **APPLICATION AND EXTENSION OF EGTRRA SUNSET.**—Notwithstanding section 901 of the Economic Growth and Tax Relief Reconciliation Act of 2001, such section shall apply to the amendments made by this section and the amendments made by section 202 of such Act by substituting “December 31, 2011” for “December 31, 2010” in subsection (a)(1) thereof.

(d) **EFFECTIVE DATE.**—The amendments made by this section shall apply to taxable years beginning after December 31, 2009.

Amend the title so as to read: “An Act entitled The Patient Protection and Affordable Care Act.”.

MOTION TO CONCUR

The SPEAKER pro tempore. The Clerk will designate the motion.

The text of the motion is as follows:

Mr. Spratt moves that the House concur in the Senate amendments to H.R. 3590.

The SPEAKER pro tempore. Pursuant to section 2 of House Resolution 1203, the previous question is ordered on the motion.

The question is on the motion.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. BOEHNER. Mr. Speaker, on that I request a recorded vote and request that the Speaker exercise your discretion to conduct this vote by a rollcall under clause 2 of House rule XX.

The SPEAKER pro tempore. A recorded vote is requested. Those favoring a recorded vote will rise. A sufficient number having risen, a recorded vote is ordered. Members will record their vote by electronic device.

The vote was taken by electronic device, and there were—ayes 219, noes 212, not voting 0, as follows:

[Roll No. 165]

AYES—219

Ackerman	Braley (IA)	Connolly (VA)
Andrews	Brown, Corrine	Conyers
Baca	Butterfield	Cooper
Baird	Capps	Costa
Baldwin	Capuano	Costello
Bean	Cardoza	Courtney
Becerra	Carnahan	Crowley
Berkley	Carney	Cuellar
Berman	Carson (IN)	Cummings
Bishop (GA)	Castor (FL)	Dahlkemper
Bishop (NY)	Chu	Davis (CA)
Blumenauer	Clarke	Davis (IL)
Bocciari	Clay	DeFazio
Boswell	Cleaver	DeGette
Boyd	Clyburn	Delahunt
Brady (PA)	Cohen	DeLauro

Dicks
Dingell
Doggett
Donnelly (IN)
Doyle
Driehaus
Edwards (MD)
Ellison
Ellsworth
Engel
Eshoo
Etheridge
Farr
Fattah
Filner
Foster
Frank (MA)
Fudge
Garamendi
Giffords
Gonzalez
Gordon (TN)
Grayson
Green, Al
Green, Gene
Grijalva
Gutierrez
Hall (NY)
Halvorson
Hare
Harman
Hastings (FL)
Heinrich
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono
Hodes
Holt
Honda
Hoyer
Inlee
Israel
Jackson (IL)
Jackson Lee
(TX)
Johnson (GA)
Johnson, E. B.
Kagen
Kanjorski
Kaptur
Kennedy
Kildee
Kirkpatrick (MI)
Kilroy
Kind

NOES—212

Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Arcuri
Austria
Bachmann
Bachus
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Berry
Biggert
Bilbray
Bilirakis
Bishop (UT)
Blackburn
Blunt
Boehner
Bonner
Bono Mack
Boozman
Boren
Boucher
Boustany
Brady (TX)
Bright
Broun (GA)
Brown (SC)
Brown-Waite,
Ginny
Buchanan
Burgess

Kirkpatrick (AZ)
Klein (FL)
Kosmas
Kucinich
Langevin
Larsen (WA)
Larsen (CT)
Lee (CA)
Levin
Lewis (GA)
Loebsock
Lofgren, Zoe
Lowey
Luján
Maffei
Maloney
Markey (CO)
Markey (MA)
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McNerney
Meek (FL)
Meeks (NY)
Michaud
Miller (NC)
Miller, George
Mitchell
Mollohan
Moore (KS)
Moore (WI)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Nadler (NY)
Napolitano
Neal (MA)
Oberstar
Obey
Oliver
Ortiz
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Perriello
Peters
Pingree (ME)
Polis (CO)
Pomeroy
Price (NC)
Quigley

Rahall
Rangel
Reyes
Richardson
Rodriguez
Rothman (NJ)
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schauer
Schiff
Schrader
Schwartz
Scott (GA)
Scott (VA)
Serrano
Sestak
Shea-Porter
Sherman
Sires
Slaughter
Smith (WA)
Snyder
Speier
Spratt
Stark
Stupak
Sutton
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Townes
Tsongas
Van Hollen
Velázquez
Visclosky
Walz
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Wilson (OH)
Woolsey
Wu
Yarmuth

Kirk
Kissell
Kline (MN)
Kratovil
Lamborn
Lance
Latham
LaTourette
Latta
Lee (NY)
Lewis (CA)
Linder
Lipinski
LoBiondo
Lucas
Luetkemeyer
Lummis
Lungren, Daniel
E.
Lynch
Mack
Manzullo
Marchant
Marshall
Matheson
McCarthy (CA)
McCaul
McClintock
McCotter
McHenry
McIntyre
McKeon
McMahon
McMorris
Rodgers
Melancon
Mica

Miller (FL)
Miller (MI)
Miller, Gary
Minnick
Moran (KS)
Murphy, Tim
Myrick
Neugebauer
Nunes
Olson
Paul
Paulsen
Pence
Peterson
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Royce
Ryan (WI)
Scalise

Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Skelton
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Space
Stearns
Sullivan
Tanner
Taylor
Teague
Terry
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

□ 2249

So the motion to concur was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Mr. HOYER. Mr. Speaker, pursuant to House Resolution 1203, I call up the bill (H.R. 4872) to provide for reconciliation pursuant to section 202 of the concurrent resolution on the budget for fiscal year 2010, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to section 3 of House Resolution 1203, the amendment in the nature of a substitute printed in part A of House Report 111-448, modified by the amendment printed in part B of the report is adopted and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 4872

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Health Care and Education Reconciliation Act of 2010”.

(b) **TABLE OF CONTENTS.**—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.**TITLE I—COVERAGE, MEDICAID, MEDICAID, AND REVENUES****Subtitle A—Coverage**

Sec. 1001. Affordability.

Sec. 1002. Individual responsibility.

Sec. 1003. Employer responsibility.

Sec. 1004. Income definitions.

Sec. 1005. Implementation funding.

Subtitle B—Medicare

Sec. 1101. Closing the medicare prescription drug “donut hole”.

Sec. 1102. Medicare Advantage payments.

Sec. 1103. Savings from limits on MA plan administrative costs.

Sec. 1104. Disproportionate share hospital (DSH) payments.

Sec. 1105. Market basket updates.

Sec. 1106. Physician ownership-referral.

Sec. 1107. Payment for imaging services.

Subtitle C—Medicaid

Sec. 1201. Federal funding for States.

Sec. 1202. Payments to primary care physicians.

Sec. 1203. Disproportionate share hospital payments.

Sec. 1204. Funding for the territories.

Sec. 1205. Delay in Community First Choice option.

Sec. 1206. Drug rebates for new formulations of existing drugs.

Subtitle D—Reducing Fraud, Waste, and Abuse

Sec. 1301. Community mental health centers.

Sec. 1302. Medicare prepayment medical review limitations.

Sec. 1303. CMS-IRS data match to identify fraudulent providers.

Sec. 1304. Funding to fight fraud, waste, and abuse.

Sec. 1305. 90-day period of enhanced oversight for initial claims of DME suppliers.

Subtitle E—Provisions Relating to Revenue

Sec. 1401. High-cost plan excise tax.

Sec. 1402. Medicare tax.

Sec. 1403. Delay of limitation on health flexible spending arrangements under cafeteria plans.

Sec. 1404. Brand name pharmaceuticals.

Sec. 1405. Excise tax on medical device manufacturers.

Sec. 1406. Health insurance providers.

Sec. 1407. Delay of elimination of deduction for expenses allocable to medicare part D subsidy.

Sec. 1408. Elimination of unintended application of cellulosic biofuel producer credit.

Sec. 1409. Codification of economic substance doctrine and penalties.

Sec. 1410. Time for payment of corporate estimated taxes.

Sec. 1411. No impact on Social Security trust funds.

Subtitle F—Other Provisions

Sec. 1501. Community college and career training grant program.

TITLE II—EDUCATION AND HEALTH**Subtitle A—Education**

Sec. 2001. Short title; references.

PART I—INVESTING IN STUDENTS AND FAMILIES

Sec. 2101. Federal Pell Grants.

Sec. 2102. Student financial assistance.

Sec. 2103. College access challenge grant program.

Sec. 2104. Investment in historically black colleges and universities and minority-serving institutions.

PART II—STUDENT LOAN REFORM

Sec. 2201. Termination of Federal Family Education Loan appropriations.

Sec. 2202. Termination of Federal loan insurance program.

Sec. 2203. Termination of applicable interest rates.

Sec. 2204. Termination of Federal payments to reduce student interest costs.

Sec. 2205. Termination of FFEL PLUS Loans.

Sec. 2206. Federal Consolidation Loans.

Sec. 2207. Termination of Unsubsidized Stafford Loans for middle-income borrowers.

Sec. 2208. Termination of special allowances.

Sec. 2209. Origination of Direct Loans at institutions outside the United States.

Sec. 2210. Conforming amendments.
 Sec. 2211. Terms and conditions of loans.
 Sec. 2212. Contracts; mandatory funds.
 Sec. 2213. Agreements with State-owned banks.
 Sec. 2214. Income-based repayment.

Subtitle B—Health

Sec. 2301. Insurance reforms.
 Sec. 2302. Drugs purchased by covered entities.
 Sec. 2303. Community health centers.

“In the case of household income (expressed as a percent of poverty line) within the following income tier:

Up to 133%
 133% up to 150%
 150% up to 200%
 200% up to 250%
 250% up to 300%
 300% up to 400%

(B) by striking clauses (ii) and (iii), and inserting the following:

“(ii) INDEXING.—

“(I) IN GENERAL.—Subject to subclause (II), in the case of taxable years beginning in any calendar year after 2014, the initial and final applicable percentages under clause (i) (as in effect for the preceding calendar year after application of this clause) shall be adjusted to reflect the excess of the rate of premium growth for the preceding calendar year over the rate of income growth for the preceding calendar year.

“(II) ADDITIONAL ADJUSTMENT.—Except as provided in subclause (III), in the case of any calendar year after 2018, the percentages described in subclause (I) shall, in addition to the adjustment under subclause (I), be adjusted to reflect the excess (if any) of the rate of premium growth estimated under subclause (I) for the preceding calendar year over the rate of growth in the consumer price index for the preceding calendar year.

“(III) FAILSAFE.—Subclause (II) shall apply for any calendar year only if the aggregate amount of premium tax credits under this section and cost-sharing reductions under section 1402 of the Patient Protection and Affordable Care Act for the preceding calendar year exceeds an amount equal to 0.504 percent of the gross domestic product for the preceding calendar year.”; and

(2) in subsection (c)(2)(C)—

(A) by striking “9.8 percent” in clauses (i)(II) and (iv) and inserting “9.5 percent”; and

(B) by striking “(b)(3)(A)(iii)” in clause (iv) and inserting “(b)(3)(A)(ii)”.

(b) COST SHARING.—Section 1402(c) of the Patient Protection and Affordable Care Act is amended—

(1) in paragraph (1)(B)(i)—

(A) in subclause (I), by striking “90” and inserting “94”; and

(B) in subclause (II)—

(i) by striking “80” and inserting “87”; and

(ii) by striking “and”; and

(C) by striking subclause (III) and inserting the following:

“(III) 73 percent in the case of an eligible insured whose household income is more than 200 percent but not more than 250 percent of the poverty line for a family of the size involved; and

“(IV) 70 percent in the case of an eligible insured whose household income is more than 250 percent but not more than 400 percent of the poverty line for a family of the size involved.”; and

(2) in paragraph (2)—

(A) in subparagraph (A)—

(i) by striking “90” and inserting “94”; and

(ii) by striking “and”; and

(B) in subparagraph (B)—

(i) by striking “80” and inserting “87”; and

(ii) by striking the period and inserting “; and”; and

TITLE I—COVERAGE, MEDICARE, MEDICAID, AND REVENUES

Subtitle A—Coverage

SEC. 1001. TAX CREDITS.

(a) PREMIUM TAX CREDITS.—Section 36B of the Internal Revenue Code of 1986, as added by section 1401 of the Patient Protection and Affordable Care Act and amended by section 10105 of such Act, is amended—

(1) in subsection (b)(3)(A)—

The initial premium percentage is—

2.0%
 3.0%
 4.0%
 6.3%
 8.05%
 9.5%

The final premium percentage is—

2.0%
 4.0%
 6.3%
 8.05%
 9.5%
 9.5%”; and

(C) by inserting after subparagraph (B) the following new subparagraph:

“(C) in the case of an eligible insured whose household income is more than 200 percent but not more than 250 percent of the poverty line for a family of the size involved, increase the plan’s share of the total allowed costs of benefits provided under the plan to 73 percent of such costs.”.

SEC. 1002. INDIVIDUAL RESPONSIBILITY.

(a) AMOUNTS.—Section 5000A(c) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended—

(1) in paragraph (2)(B)—

(A) in the matter preceding clause (i), by—

(i) inserting “the excess of” before “the taxpayer’s household income”; and

(ii) inserting “for the taxable year over the amount of gross income specified in section 6012(a)(1) with respect to the taxpayer” before “for the taxable year”; and

(B) in clause (i), by striking “0.5” and inserting “1.0”; and

(C) in clause (ii), by striking “1.0” and inserting “2.0”; and

(D) in clause (iii), by striking “2.0” and inserting “2.5”; and

(2) in paragraph (3)—

(A) in subparagraph (A), by striking “\$750” and inserting “\$695”; and

(B) in subparagraph (B), by striking “\$495” and inserting “\$325”; and

(C) in subparagraph (D)—

(i) in the matter preceding clause (i), by striking “\$750” and inserting “\$695”; and

(ii) in clause (i), by striking “\$750” and inserting “\$695”.

(b) THRESHOLD.—Section 5000A of such Code, as so added and amended, is amended—

(1) by striking subsection (c)(4)(D); and

(2) in subsection (e)(2)—

(A) by striking “UNDER 100 PERCENT OF POVERTY LINE” and inserting “BELOW FILING THRESHOLD”; and

(B) by striking all that follows “less than” and inserting “the amount of gross income specified in section 6012(a)(1) with respect to the taxpayer”.

SEC. 1003. EMPLOYER RESPONSIBILITY.

(a) PAYMENT CALCULATION.—Subparagraph (D) of subsection (d)(2) of section 4980H of the Internal Revenue Code of 1986, as added by section 1513 of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended to read as follows:

“(D) APPLICATION OF EMPLOYER SIZE TO ASSESSABLE PENALTIES.—

“(i) IN GENERAL.—The number of individuals employed by an applicable large employer as full-time employees during any month shall be reduced by 30 solely for purposes of calculating—

“(I) the assessable payment under subsection (a), or

(A) in clause (i), by striking “with respect to any taxpayer” and all that follows up to the end period and inserting “for any taxable year shall be the percentage such that the applicable percentage for any taxpayer whose household income is within an income tier specified in the following table shall increase, on a sliding scale in a linear manner, from the initial premium percentage to the final premium percentage specified in such table for such income tier:

“(II) the overall limitation under subsection (b)(2).

“(ii) AGGREGATION.—In the case of persons treated as 1 employer under subparagraph (C)(i), only 1 reduction under subclause (I) or (II) shall be allowed with respect to such persons and such reduction shall be allocated among such persons ratably on the basis of the number of full-time employees employed by each such person.”.

(b) APPLICABLE PAYMENT AMOUNT.—Section 4980H of such Code, as so added and amended, is amended—

(1) in the flush text following subsection (c)(1)(B), by striking “400 percent of the applicable payment amount” and inserting “an amount equal to 1/12 of \$3,000”; and

(2) in subsection (d)(1), by striking “\$750” and inserting “\$2,000”; and

(3) in subsection (d)(5)(A), in the matter preceding clause (i), by striking “subsection (b)(2) and (d)(1)” and inserting “subsection (b) and paragraph (1)”.

(c) COUNTING PART-TIME WORKERS IN SETTING THE THRESHOLD FOR EMPLOYER RESPONSIBILITY.—Section 4980H(d)(2) of such Code, as so added and amended and as amended by subsection (a), is amended by adding at the end the following new subparagraph:

“(E) FULL-TIME EQUIVALENTS TREATED AS FULL-TIME EMPLOYEES.—Solely for purposes of determining whether an employer is an applicable large employer under this paragraph, an employer shall, in addition to the number of full-time employees for any month otherwise determined, include for such month a number of full-time employees determined by dividing the aggregate number of hours of service of employees who are not full-time employees for the month by 120.”.

(d) ELIMINATING WAITING PERIOD ASSESSMENT.—Section 4980H of such Code, as so added and amended and as amended by the preceding subsections, is amended by striking subsection (b) and redesignating subsections (c), (d), and (e) as subsections (b), (c), and (d), respectively.

SEC. 1004. INCOME DEFINITIONS.

(a) MODIFIED ADJUSTED GROSS INCOME.—

(1) IN GENERAL.—The following provisions of the Internal Revenue Code of 1986 are each amended by striking “modified gross” each place it appears and inserting “modified adjusted gross”:

(A) Clauses (i) and (ii) of section 36B(d)(2)(A), as added by section 1401 of the Patient Protection and Affordable Care Act.

(B) Section 6103(l)(21)(A)(iv), as added by section 1414 of such Act.

(C) Clauses (i) and (ii) of section 5000A(c)(4), as added by section 1501(b) of such Act.

(2) DEFINITION.—

(A) Section 36B(d)(2)(B) of such Code, as so added, is amended to read as follows:

“(B) MODIFIED ADJUSTED GROSS INCOME.—The term ‘modified adjusted gross income’ means adjusted gross income increased by—

“(i) any amount excluded from gross income under section 911, and

“(ii) any amount of interest received or accrued by the taxpayer during the taxable year which is exempt from tax.”.

(B) Section 5000A(c)(4)(C) of such Code, as so added, is amended to read as follows:

“(C) MODIFIED ADJUSTED GROSS INCOME.—The term ‘modified adjusted gross income’ means adjusted gross income increased by—

“(i) any amount excluded from gross income under section 911, and

“(ii) any amount of interest received or accrued by the taxpayer during the taxable year which is exempt from tax.”.

(b) MODIFIED ADJUSTED GROSS INCOME DEFINITION.—

(1) MEDICAID.—Section 1902 of the Social Security Act (42 U.S.C. 1396a) is amended by striking “modified gross income” each place it appears in the text and headings of the following provisions and inserting “modified adjusted gross income”:

(A) Paragraph (14) of subsection (e), as added by section 2002(a) of the Patient Protection and Affordable Care Act.

(B) Subsection (gg)(4)(A), as added by section 2001(b) of such Act.

(2) CHIP.—

(A) STATE PLAN REQUIREMENTS.—Section 2102(b)(1)(B)(v) of the Social Security Act (42 U.S.C. 1397bb(b)(1)(B)(v)), as added by section 2101(d)(1) of the Patient Protection and Affordable Care Act, is amended by striking “modified gross income” and inserting “modified adjusted gross income”.

(B) PLAN ADMINISTRATION.—Section 2107(e)(1)(E) of the Social Security Act (42 U.S.C. 1397gg(e)(1)(E)), as added by section 2101(d)(2) of the Patient Protection and Affordable Care Act, is amended by striking “modified gross income” and inserting “modified adjusted gross income”.

(c) NO EXCESS PAYMENTS.—Section 36B(f) of the Internal Revenue Code of 1986, as added by section 1401(a) of the Patient Protection and Affordable Care Act, is amended by adding at the end the following new paragraph:

“(3) INFORMATION REQUIREMENT.—Each Exchange (or any person carrying out 1 or more responsibilities of an Exchange under section 1311(f)(3) or 1321(c) of the Patient Protection and Affordable Care Act) shall provide the following information to the Secretary and to the taxpayer with respect to any health plan provided through the Exchange:

“(A) The level of coverage described in section 1302(d) of the Patient Protection and Affordable Care Act and the period such coverage was in effect.

“(B) The total premium for the coverage with-out regard to the credit under this section or cost-sharing reductions under section 1402 of such Act.

“(C) The aggregate amount of any advance payment of such credit or reductions under section 1412 of such Act.

“(D) The name, address, and TIN of the primary insured and the name and TIN of each other individual obtaining coverage under the policy.

“(E) Any information provided to the Exchange, including any change of circumstances, necessary to determine eligibility for, and the amount of, such credit.

“(F) Information necessary to determine whether a taxpayer has received excess advance payments.”.

(d) ADULT DEPENDENTS.—

(1) EXCLUSION OF AMOUNTS EXPENDED FOR MEDICAL CARE.—The first sentence of section 105(b) of the Internal Revenue Code of 1986 (relating to amounts expended for medical care) is amended—

(A) by striking “and his dependents” and inserting “his dependents”; and

(B) by inserting before the period the following: “, and any child (as defined in section 152(f)(1)) of the taxpayer who as of the end of the taxable year has not attained age 27”.

(2) SELF-EMPLOYED HEALTH INSURANCE DEDUCTION.—Section 162(l)(1) of such Code is amended to read as follows:

“(1) ALLOWANCE OF DEDUCTION.—In the case of a taxpayer who is an employee within the meaning of section 401(c)(1), there shall be allowed as a deduction under this section an amount equal to the amount paid during the taxable year for insurance which constitutes medical care for—

“(A) the taxpayer,

“(B) the taxpayer’s spouse,

“(C) the taxpayer’s dependents, and

“(D) any child (as defined in section 152(f)(1)) of the taxpayer who as of the end of the taxable year has not attained age 27.”.

(3) COVERAGE UNDER SELF-EMPLOYED DEDUCTION.—Section 162(l)(2)(B) of such Code is amended by inserting “, or any dependent, or individual described in subparagraph (D) of paragraph (1) with respect to,” after “spouse of”.

(4) SICK AND ACCIDENT BENEFITS PROVIDED TO MEMBERS OF A VOLUNTARY EMPLOYEES’ BENEFICIARY ASSOCIATION AND THEIR DEPENDENTS.—Section 501(c)(9) of such Code is amended by adding at the end the following new sentence: “For purposes of providing for the payment of sick and accident benefits to members of such an association and their dependents, the term ‘dependent’ shall include any individual who is a child (as defined in section 152(f)(1)) of a member who as of the end of the calendar year has not attained age 27.”.

(5) MEDICAL AND OTHER BENEFITS FOR RETIRED EMPLOYEES.—Section 401(h) of such Code is amended by adding at the end the following: “For purposes of this subsection, the term ‘dependent’ shall include any individual who is a child (as defined in section 152(f)(1)) of a retired employee who as of the end of the calendar year has not attained age 27.”.

(e) FIVE PERCENT INCOME DISREGARD FOR CERTAIN INDIVIDUALS.—Section 1902(e)(14) of the Social Security Act (42 U.S.C. 1396a(e)(14)), as amended by subsection (b)(1), is further amended—

(1) in subparagraph (B), by striking “No type” and inserting “Subject to subparagraph (I), no type”; and

(2) by adding at the end the following new subparagraph:

“(I) TREATMENT OF PORTION OF MODIFIED ADJUSTED GROSS INCOME.—For purposes of determining the income eligibility of an individual for medical assistance whose eligibility is determined based on the application of modified adjusted gross income under subparagraph (A), the State shall—

“(i) determine the dollar equivalent of the difference between the upper income limit on eligibility for such an individual (expressed as a percentage of the poverty line) and such upper income limit increased by 5 percentage points; and

“(ii) notwithstanding the requirement in subparagraph (A) with respect to use of modified adjusted gross income, utilize as the applicable income of such individual, in determining such income eligibility, an amount equal to the modified adjusted gross income applicable to such individual reduced by such dollar equivalent amount.”.

SEC. 1005. IMPLEMENTATION FUNDING.

(a) IN GENERAL.—There is hereby established a Health Insurance Reform Implementation Fund (referred to in this section as the “Fund”) within the Department of Health and Human Services to carry out the Patient Protection and

Affordable Care Act and this Act (and the amendments made by such Acts).

(b) FUNDING.—There is appropriated to the Fund, out of any funds in the Treasury not otherwise appropriated, \$1,000,000,000 for Federal administrative expenses to carry out such Act (and the amendments made by such Acts).

Subtitle B—Medicare

SEC. 1101. CLOSING THE MEDICARE PRESCRIPTION DRUG “DONUT HOLE”.

(a) COVERAGE GAP REBATE FOR 2010.—

(1) IN GENERAL.—Section 1860D-42 of the Social Security Act (42 U.S.C. 1395w-152) is amended by adding at the end the following new subsection:

“(c) COVERAGE GAP REBATE FOR 2010.—

“(1) IN GENERAL.—In the case of an individual described in subparagraphs (A) through (D) of section 1860D-14A(g)(1) who as of the last day of a calendar quarter in 2010 has incurred costs for covered part D drugs so that the individual has exceeded the initial coverage limit under section 1860D-2(b)(3) for 2010, the Secretary shall provide for payment from the Medicare Prescription Drug Account of \$250 to the individual by not later than the 15th day of the third month following the end of such quarter.

“(2) LIMITATION.—The Secretary shall provide only 1 payment under this subsection with respect to any individual.”.

(2) REPEAL OF PROVISION.—Section 3315 of the Patient Protection and Affordable Care Act (including the amendments made by such section) is repealed, and any provision of law amended or repealed by such sections is hereby restored or revived as if such section had not been enacted into law.

(b) CLOSING THE DONUT HOLE.—Part D of title XVIII of the Social Security Act (42 U.S.C. 1395w-101 et seq.), as amended by section 3301 of the Patient Protection and Affordable Care Act, is further amended—

(1) in section 1860D-43—

(A) in subsection (b), by striking “July 1, 2010” and inserting “January 1, 2011”; and

(B) in subsection (c)(2), by striking “July 1, 2010, and ending on December 31, 2010,” and inserting “January 1, 2011, and December 31, 2011.”;

(2) in section 1860D-14A—

(A) in subsection (a)—

(i) by striking “July 1, 2010” and inserting “January 1, 2011”; and

(ii) by striking “April 1, 2010” and inserting “180 days after the date of the enactment of this section”;

(B) in subsection (b)(1)(C)—

(i) in the heading, by striking “2010 AND”;

(ii) by striking “July 1, 2010” and inserting “January 1, 2011”; and

(iii) by striking “May 1, 2010” and inserting “not later than 30 days after the date of the establishment of a model agreement under subsection (a)”;

(C) in subsection (c)—

(i) in paragraph (1)(A)(iii), by striking “July 1, 2010, and ending on December 31, 2011” and inserting “January 1, 2011, and ending on December 31, 2011”; and

(ii) in paragraph (2), by striking “2010” and inserting “2011”;

(D) in subsection (d)(2)(B), by striking “July 1, 2010, and ending on December 31, 2010” and inserting “January 1, 2011, and ending on December 31, 2011”; and

(E) in subsection (g)(1)—

(i) in the matter before subparagraph (A), by striking “an applicable drug” and inserting “a covered part D drug”;

(ii) by adding “and” at the end of subparagraph (C);

(iii) by striking subparagraph (D); and

(iv) by redesignating subparagraph (E) as subparagraph (D); and

(3) in section 1860D–2(b)—

(A) in paragraph (2)(A), by striking “The coverage” and inserting “Subject to subparagraphs (C) and (D), the coverage”;

(B) in paragraph (2)(B), by striking “subparagraph (A)(ii)” and inserting “subparagraphs (A)(ii), (C), and (D)”;

(C) by adding at the end of paragraph (2) the following new subparagraphs:

“(C) COVERAGE FOR GENERIC DRUGS IN COVERAGE GAP.—

“(i) IN GENERAL.—Except as provided in paragraph (4), the coverage for an applicable beneficiary (as defined in section 1860D–14A(g)(1)) has coinsurance (for costs above the initial coverage limit under paragraph (3) and below the out-of-pocket threshold) for covered part D drugs that are not applicable drugs under section 1860D–14A(g)(2) that is—

“(I) equal to the generic-gap coinsurance percentage (specified in clause (ii)) for the year, or

“(II) actuarially equivalent (using processes and methods established under section 1860D–11(c)) to an average expected payment of such percentage of such costs for covered part D drugs that are not applicable drugs under section 1860D–14A(g)(2).

“(ii) GENERIC-GAP COINSURANCE PERCENTAGE.—The generic-gap coinsurance percentage specified in this clause for—

“(I) 2011 is 93 percent;

“(II) 2012 and each succeeding year before 2020 is the generic-gap coinsurance percentage under this clause for the previous year decreased by 7 percentage points; and

“(III) 2020 and each subsequent year is 25 percent.

“(D) COVERAGE FOR APPLICABLE DRUGS IN COVERAGE GAP.—

“(i) IN GENERAL.—Except as provided in paragraph (4), the coverage for an applicable beneficiary (as defined in section 1860D–14A(g)(1)) has coinsurance (for costs above the initial coverage limit under paragraph (3) and below the out-of-pocket threshold) for the negotiated price (as defined in section 1860D–14A(g)(6)) of covered part D drugs that are applicable drugs under section 1860D–14A(g)(2) that is—

“(I) equal to the difference between the applicable gap percentage (specified in clause (ii) for the year) and the discount percentage specified in section 1860D–14A(g)(4)(A) for such applicable drugs, or

“(II) actuarially equivalent (using processes and methods established under section 1860D–11(c)) to an average expected payment of such percentage of such costs, for covered part D drugs that are applicable drugs under section 1860D–14A(g)(2).

“(ii) APPLICABLE GAP PERCENTAGE.—The applicable gap percentage specified in this clause for—

“(I) 2013 and 2014 is 97.5 percent;

“(II) 2015 and 2016 is 95 percent;

“(III) 2017 is 90 percent;

“(IV) 2018 is 85 percent;

“(V) 2019 is 80 percent; and

“(VI) 2020 and each subsequent year is 75 percent.”;

(D) in paragraph (3)(A), as restored under subsection (a)(2), by striking “paragraph (4)” and inserting “paragraphs (2)(C), (2)(D), and (4)”;

(E) in paragraph (4)(E), by inserting before the period at the end the following: “, except that incurred costs shall not include the portion of the negotiated price that represents the reduction in coinsurance resulting from the application of paragraph (2)(D)”;

(4) in section 1860D–22(a)(2)(A), by inserting before the period at the end the following: “, not taking into account the value of any discount or coverage provided during the gap in prescription drug coverage that occurs between

the initial coverage limit under section 1860D–2(b)(3) during the year and the out-of-pocket threshold specified in section 1860D–2(b)(4)(B)”.

(c) CONFORMING AMENDMENT TO AMP UNDER MEDICAID.—Section 1927(k)(1)(B)(i) of the Social Security Act (42 U.S.C. 1396r–8(k)(1)(B)(i)), as amended by section 2503(a)(2)(B) of the Patient Protection and Affordable Care Act, is amended—

(1) by striking “and” at the end of subclause (III);

(2) by striking the period at the end of subclause (IV); and

(3) by adding at the end the following new subclause:

“(V) discounts provided by manufacturers under section 1860D–14A.”.

(d) REDUCING GROWTH RATE OF OUT-OF-POCKET COST THRESHOLD.—Section 1860D–2(b) of the Social Security Act (42 U.S.C. 1395w–102(b)) is amended—

(1) in paragraph (4)(B)(i)—

(A) in subclause (I), by striking “or” at the end;

(B) by redesignating subclause (II) as subclause (VI); and

(C) by inserting after subclause (I) the following new subclauses:

“(II) for each of years 2007 through 2013, is equal to the amount specified in this subparagraph for the previous year, increased by the annual percentage increase described in paragraph (6) for the year involved;

“(III) for 2014 and 2015, is equal to the amount specified in this subparagraph for the previous year, increased by the annual percentage increase described in paragraph (6) for the year involved, minus 0.25 percentage point;

“(IV) for each of years 2016 through 2019, is equal to the amount specified in this subparagraph for the previous year, increased by the lesser of—

“(aa) the annual percentage increase described in paragraph (7) for the year involved, plus 2 percentage points; or

“(bb) the annual percentage increase described in paragraph (6) for the year;

“(V) for 2020, is equal to the amount that would have been applied under this subparagraph for 2020 if the amendments made by section 1101(d)(1) of the Health Care and Education Reconciliation Act of 2010 had not been enacted; or”;

(2) by adding at the end the following new paragraph:

(7) ADDITIONAL ANNUAL PERCENTAGE INCREASE.—The annual percentage increase specified in this paragraph for a year is equal to the annual percentage increase in the consumer price index for all urban consumers (United States city average) for the 12-month period ending in July of the previous year.”.

SEC. 1102. MEDICARE ADVANTAGE PAYMENTS.

(a) REPEAL.—Effective as if included in the enactment of the Patient Protection and Affordable Care Act, sections 3201 and 3203 of such Act (and the amendments made by such sections) are repealed.

(b) PHASE-IN OF MODIFIED BENCHMARKS.—Section 1853 of the Social Security Act (42 U.S.C. 1395w–23) is amended—

(1) in subsection (j)(1)(A), by striking “(or, beginning with 2007, 1/2 of the applicable amount determined under subsection (k)(1) for the area for the year” and inserting “for the area for the year (or, for 2007, 2008, 2009, and 2010, 1/2 of the applicable amount determined under subsection (k)(1) for the area for the year; for 2011, 1/2 of the applicable amount determined under subsection (k)(1) for the area for 2010; and, beginning with 2012, 1/2 of the blended benchmark amount determined under subsection (n)(1) for the area for the year)”;

(2) by adding at the end the following new subsection:

“(n) DETERMINATION OF BLENDED BENCHMARK AMOUNT.—

“(1) IN GENERAL.—For purposes of subsection (j), subject to paragraphs (3), (4), and (5), the term ‘blended benchmark amount’ means for an area—

“(A) for 2012 the sum of—

“(i) 1/2 of the applicable amount for the area and year; and

“(ii) 1/2 of the amount specified in paragraph (2)(A) for the area and year; and

“(B) for a subsequent year the amount specified in paragraph (2)(A) for the area and year.

“(2) SPECIFIED AMOUNT.—

“(A) IN GENERAL.—The amount specified in this subparagraph for an area and year is the product of—

“(i) the base payment amount specified in subparagraph (E) for the area and year adjusted to take into account the phase-out in the indirect costs of medical education from capitation rates described in subsection (k)(4); and

“(ii) the applicable percentage for the area for the year specified under subparagraph (B).

“(B) APPLICABLE PERCENTAGE.—Subject to subparagraph (D), the applicable percentage specified in this subparagraph for an area for a year in the case of an area that is ranked—

“(i) in the highest quartile under subparagraph (C) for the previous year is 95 percent;

“(ii) in the second highest quartile under such subparagraph for the previous year is 100 percent;

“(iii) in the third highest quartile under such subparagraph for the previous year is 107.5 percent; or

“(iv) in the lowest quartile under such subparagraph for the previous year is 115 percent.

“(C) PERIODIC RANKING.—For purposes of this paragraph in the case of an area located—

“(i) in 1 of the 50 States or the District of Columbia, the Secretary shall rank such area in each year specified under subsection (c)(1)(D)(ii) based upon the level of the amount specified in subparagraph (A)(i) for such areas; or

“(ii) in a territory, the Secretary shall rank such areas in each such year based upon the level of the amount specified in subparagraph (A)(i) for such area relative to quartile rankings computed under clause (i).

“(D) 1-YEAR TRANSITION FOR CHANGES IN APPLICABLE PERCENTAGE.—If, for a year after 2012, there is a change in the quartile in which an area is ranked compared to the previous year, the applicable percentage for the area in the year shall be the average of—

“(i) the applicable percentage for the area for the previous year; and

“(ii) the applicable percentage that would otherwise apply for the area for the year.

“(E) BASE PAYMENT AMOUNT.—Subject to subparagraph (F), the base payment amount specified in this subparagraph—

“(i) for 2012 is the amount specified in subsection (c)(1)(D) for the area for the year; or

“(ii) for a subsequent year that—

“(I) is not specified under subsection (c)(1)(D)(ii), is the base amount specified in this subparagraph for the area for the previous year, increased by the national per capita MA growth percentage, described in subsection (c)(6) for that succeeding year, but not taking into account any adjustment under subparagraph (C) of such subsection for a year before 2004; and

“(II) is specified under subsection (c)(1)(D)(ii), is the amount specified in subsection (c)(1)(D) for the area for the year.

“(F) APPLICATION OF INDIRECT MEDICAL EDUCATION PHASE-OUT.—The base payment amount specified in subparagraph (E) for a year shall be adjusted in the same manner under paragraph (4) of subsection (k) as the applicable amount is adjusted under such subsection.

“(3) ALTERNATIVE PHASE-INS.—

“(A) 4-YEAR PHASE-IN FOR CERTAIN AREAS.—If the difference between the applicable amount (as defined in subsection (k)) for an area for 2010 and the projected 2010 benchmark amount (as defined in subparagraph (C)) for the area is at least \$30 but less than \$50, the blended benchmark amount for the area is—

“(i) for 2012 the sum of—

“(I) $\frac{3}{4}$ of the applicable amount for the area and year; and

“(II) $\frac{1}{4}$ of the amount specified in paragraph (2)(A) for the area and year;

“(ii) for 2013 the sum of—

“(I) $\frac{1}{2}$ of the applicable amount for the area and year; and

“(II) $\frac{1}{2}$ of the amount specified in paragraph (2)(A) for the area and year;

“(iii) for 2014 the sum of—

“(I) $\frac{1}{4}$ of the applicable amount for the area and year; and

“(II) $\frac{3}{4}$ of the amount specified in paragraph (2)(A) for the area and year; and

“(iv) for a subsequent year the amount specified in paragraph (2)(A) for the area and year.

“(B) 6-YEAR PHASE-IN FOR CERTAIN AREAS.—If the difference between the applicable amount (as defined in subsection (k)) for an area for 2010 and the projected 2010 benchmark amount (as defined in subparagraph (C)) for the area is at least \$50, the blended benchmark amount for the area is—

“(i) for 2012 the sum of—

“(I) $\frac{5}{6}$ of the applicable amount for the area and year; and

“(II) $\frac{1}{6}$ of the amount specified in paragraph (2)(A) for the area and year;

“(ii) for 2013 the sum of—

“(I) $\frac{2}{3}$ of the applicable amount for the area and year; and

“(II) $\frac{1}{3}$ of the amount specified in paragraph (2)(A) for the area and year;

“(iii) for 2014 the sum of—

“(I) $\frac{1}{2}$ of the applicable amount for the area and year; and

“(II) $\frac{1}{2}$ of the amount specified in paragraph (2)(A) for the area and year;

“(iv) for 2015 the sum of—

“(I) $\frac{1}{3}$ of the applicable amount for the area and year; and

“(II) $\frac{2}{3}$ of the amount specified in paragraph (2)(A) for the area and year; and

“(v) for 2016 the sum of—

“(I) $\frac{1}{6}$ of the applicable amount for the area and year; and

“(II) $\frac{5}{6}$ of the amount specified in paragraph (2)(A) for the area and year; and

“(vi) for a subsequent year the amount specified in paragraph (2)(A) for the area and year.

“(C) PROJECTED 2010 BENCHMARK AMOUNT.—The projected 2010 benchmark amount described in this subparagraph for an area is equal to the sum of—

“(i) $\frac{1}{2}$ of the applicable amount (as defined in subsection (k)) for the area for 2010; and

“(ii) $\frac{1}{2}$ of the amount specified in paragraph (2)(A) for the area for 2010 but determined as if there were substituted for the applicable percentage specified in clause (ii) of such paragraph the sum of—

“(I) the applicable percent that would be specified under subparagraph (B) of paragraph (2) (determined without regard to subparagraph (D) of such paragraph) for the area for 2010 if any reference in such paragraph to ‘the previous year’ were deemed a reference to 2010; and

“(II) the applicable percentage increase that would apply to a qualifying plan in the area under subsection (o) as if any reference in such subsection to 2012 were deemed a reference to 2010 and as if the determination of a qualifying county under paragraph (3)(B) of such subsection were made for 2010.

“(4) CAP ON BENCHMARK AMOUNT.—In no case shall the blended benchmark amount for an

area for a year (determined taking into account subsection (o)) be greater than the applicable amount that would (but for the application of this subsection) be determined under subsection (k)(1) for the area for the year.

“(5) NON-APPLICATION TO PACE PLANS.—This subsection shall not apply to payments to a PACE program under section 1894.”.

(c) APPLICABLE PERCENTAGE QUALITY INCREASES.—Section 1853 of such Act (42 U.S.C. 1395w–23), as amended by subsection (b), is amended—

(1) in subsection (j), by inserting “subject to subsection (o),” after “For purposes of this part,”;

(2) in subsection (n)(2)(B), as added by subsection (b), by inserting “, subject to subsection (o)” after “as follows”; and

(3) by adding at the end the following new subsection:

“(o) APPLICABLE PERCENTAGE QUALITY INCREASES.—

“(1) IN GENERAL.—Subject to the succeeding paragraphs, in the case of a qualifying plan with respect to a year beginning with 2012, the applicable percentage under subsection (n)(2)(B) shall be increased on a plan or contract level, as determined by the Secretary—

“(A) for 2012, by 1.5 percentage points;

“(B) for 2013, by 3.0 percentage points; and

“(C) for 2014 or a subsequent year, by 5.0 percentage points.

“(2) INCREASE FOR QUALIFYING PLANS IN QUALIFYING COUNTIES.—The increase applied under paragraph (1) for a qualifying plan located in a qualifying county for a year shall be doubled.

“(3) QUALIFYING PLANS AND QUALIFYING COUNTY DEFINED; APPLICATION OF INCREASES TO LOW ENROLLMENT AND NEW PLANS.—For purposes of this subsection:

“(A) QUALIFYING PLAN.—

“(i) IN GENERAL.—The term ‘qualifying plan’ means, for a year and subject to paragraph (4), a plan that had a quality rating under paragraph (4) of 4 stars or higher based on the most recent data available for such year.

“(ii) APPLICATION OF INCREASES TO LOW ENROLLMENT PLANS.—

“(I) 2012.—For 2012, the term ‘qualifying plan’ includes an MA plan that the Secretary determines is not able to have a quality rating under paragraph (4) because of low enrollment.

“(II) 2013 AND SUBSEQUENT YEARS.—For 2013 and subsequent years, for purposes of determining whether an MA plan with low enrollment (as defined by the Secretary) is included as a qualifying plan, the Secretary shall establish a method to apply to MA plans with low enrollment (as defined by the Secretary) the computation of quality rating and the rating system under paragraph (4).

“(iii) APPLICATION OF INCREASES TO NEW PLANS.—

“(I) IN GENERAL.—A new MA plan that meets criteria specified by the Secretary shall be treated as a qualifying plan, except that in applying paragraph (1), the applicable percentage under subsection (n)(2)(B) shall be increased—

“(aa) for 2012, by 1.5 percentage points;

“(bb) for 2013, by 2.5 percentage points; and

“(cc) for 2014 or a subsequent year, by 3.5 percentage points.

“(II) NEW MA PLAN DEFINED.—The term ‘new MA plan’ means, with respect to a year, a plan offered by an organization or sponsor that has not had a contract as a Medicare Advantage organization in the preceding 3-year period.

“(B) QUALIFYING COUNTY.—The term ‘qualifying county’ means, for a year, a county—

“(i) that has an MA capitation rate that, in 2004, was based on the amount specified in subsection (c)(1)(B) for a Metropolitan Statistical Area with a population of more than 250,000;

“(ii) for which, as of December 2009, of the Medicare Advantage eligible individuals residing in the county at least 25 percent of such individuals were enrolled in Medicare Advantage plans; and

“(iii) that has per capita fee-for-service spending that is lower than the national monthly per capita cost for expenditures for individuals enrolled under the original medicare fee-for-service program for the year.

“(4) QUALITY DETERMINATIONS FOR APPLICATION OF INCREASE.—

“(A) QUALITY DETERMINATION.—The quality rating for a plan shall be determined according to a 5-star rating system (based on the data collected under section 1852(e)).

“(B) PLANS THAT FAILED TO REPORT.—An MA plan which does not report data that enables the Secretary to rate the plan for purposes of this paragraph shall be counted as having a rating of fewer than 3.5 stars.

“(5) EXCEPTION FOR PACE PLANS.—This subsection shall not apply to payments to a PACE program under section 1894.”.

(4) DETERMINATION OF MEDICARE PART D LOW-INCOME BENCHMARK PREMIUM.—Section 1860D–14(b)(2)(B)(iii) of the Social Security Act (42 U.S.C. 1395w–114(b)(2)(B)(iii)) as amended by section 3302 of the Patient Protection and Affordable Care Act, is amended by striking “, determined without regard to any reduction in such premium as a result of any beneficiary rebate under section 1854(b)(1)(C) or bonus payment under section 1853(n)” and inserting the following: “and determined before the application of the monthly rebate computed under section 1854(b)(1)(C)(i) for that plan and year involved and, in the case of a qualifying plan, before the application of the increase under section 1853(o) for that plan and year involved”.

(d) BENEFICIARY REBATES.—Section 1854(b)(1)(C) of such Act (42 U.S.C. 1395w–24(b)(1)(C)), as amended by section 3202(b) of the Patient Protection and Affordable Care Act, is further amended—

(1) in clause (i), by inserting “(or the applicable rebate percentage specified in clause (iii) in the case of plan years beginning on or after January 1, 2012)” after “75 percent”; and

(2) by striking clause (iii), by redesignating clauses (iv) and (v) as clauses (vii) and (viii), respectively, and by inserting after clause (ii) the following new clauses:

“(iii) APPLICABLE REBATE PERCENTAGE.—The applicable rebate percentage specified in this clause for a plan for a year, based on the system under section 1853(o)(4)(A), is the sum of—

“(I) the product of the old phase-in proportion for the year under clause (iv) and 75 percent; and

“(II) the product of the new phase-in proportion for the year under clause (iv) and the final applicable rebate percentage under clause (v).

“(iv) OLD AND NEW PHASE-IN PROPORTIONS.—For purposes of clause (iv)—

“(I) for 2012, the old phase-in proportion is $\frac{2}{3}$ and the new phase-in proportion is $\frac{1}{3}$;

“(II) for 2013, the old phase-in proportion is $\frac{1}{3}$ and the new phase-in proportion is $\frac{2}{3}$; and

“(III) for 2014 and any subsequent year, the old phase-in proportion is 0 and the new phase-in proportion is 1.

“(v) FINAL APPLICABLE REBATE PERCENTAGE.—Subject to clause (vi), the final applicable rebate percentage under this clause is—

“(I) in the case of a plan with a quality rating under such system of at least 4.5 stars, 70 percent;

“(II) in the case of a plan with a quality rating under such system of at least 3.5 stars and less than 4.5 stars, 65 percent; and

“(III) in the case of a plan with a quality rating under such system of less than 3.5 stars, 50 percent.

“(vi) TREATMENT OF LOW ENROLLMENT AND NEW PLANS.—For purposes of clause (v)—

“(I) for 2012, in the case of a plan described in subclause (I) of subsection (o)(3)(A)(ii), the plan shall be treated as having a rating of 4.5 stars; and

“(II) for 2012 or a subsequent year, in the case of a new MA plan (as defined under subclause (III) of subsection (o)(3)(A)(iii)) that is treated as a qualifying plan pursuant to subclause (I) of such subsection, the plan shall be treated as having a rating of 3.5 stars.”.

(e) CODING INTENSITY ADJUSTMENT.—Section 1853(a)(1)(C)(ii) of such Act (42 U.S.C. 1395w-23(a)(1)(C)(ii)) is amended—

(1) in the heading, by striking “DURING PHASE-OUT OF BUDGET NEUTRALITY FACTOR” and inserting “OF CODING ADJUSTMENT”;

(2) in the matter before subclause (I), by striking “through 2010” and inserting “and each subsequent year”; and

(3) in subclause (II)—

(A) in the first sentence, by inserting “annually” before “conduct an analysis”;

(B) in the second sentence—

(i) by inserting “on a timely basis” after “are incorporated”; and

(ii) by striking “only for 2008, 2009, and 2010” and inserting “for 2008 and subsequent years”;

(C) in the third sentence, by inserting “and updated as appropriate” before the period at the end; and

(D) by adding at the end the following new subclauses:

“(III) In calculating each year’s adjustment, the adjustment factor shall be for 2014, not less than the adjustment factor applied for 2010, plus 1.3 percentage points; for each of years 2015 through 2018, not less than the adjustment factor applied for the previous year, plus 0.25 percentage point; and for 2019 and each subsequent year, not less than 5.7 percent.

“(IV) Such adjustment shall be applied to risk scores until the Secretary implements risk adjustment using Medicare Advantage diagnostic, cost, and use data.”.

(f) REPEAL OF COMPARATIVE COST ADJUSTMENT PROGRAM.—Section 1860C-1 of the Social Security Act (42 U.S.C. 1395w-29), as added by section 241(a) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173), is repealed.

SEC. 1103. SAVINGS FROM LIMITS ON MA PLAN ADMINISTRATIVE COSTS.

Section 1857(e) of the Social Security Act (42 U.S.C. 1395w-27(e)) is amended by adding at the end the following new paragraph:

“(4) REQUIREMENT FOR MINIMUM MEDICAL LOSS RATIO.—If the Secretary determines for a contract year (beginning with 2014) that an MA plan has failed to have a medical loss ratio of at least .85—

“(A) the MA plan shall remit to the Secretary an amount equal to the product of—

“(i) the total revenue of the MA plan under this part for the contract year; and

“(ii) the difference between .85 and the medical loss ratio;

“(B) for 3 consecutive contract years, the Secretary shall not permit the enrollment of new enrollees under the plan for coverage during the second succeeding contract year; and

“(C) the Secretary shall terminate the plan contract if the plan fails to have such a medical loss ratio for 5 consecutive contract years.

SEC. 1104. DISPROPORTIONATE SHARE HOSPITAL (DSH) PAYMENTS.

Section 1886(r) of the Social Security Act (42 U.S.C. 1395ww(r)), as added by section 3133 of the Patient Protection and Affordable Care Act and as amended by section 10316 of such Act, is amended—

(1) in paragraph (1), by striking “2015” and inserting “2014”; and

(2) in paragraph (2)—

(A) in the matter preceding subparagraph (A), by striking “2015” and inserting “2014”;

(B) in subparagraph (B)(i)—

(i) in the heading, by inserting “2014,” after “YEARS”;

(ii) in the matter preceding subclause (I), by inserting “2014,” after “each of fiscal years”;

(iii) in subclause (I), by striking “on such Act” and inserting “on the Health Care and Education Reconciliation Act of 2010”; and

(iv) in the matter following subclause (II), by striking “minus 1.5 percentage points” and inserting “minus 0.1 percentage points for fiscal year 2014 and minus 0.2 percentage points for each of fiscal years 2015, 2016, and 2017”; and

(C) in subparagraph (B)(ii), in the matter following subclause (II), by striking “and, for each of 2018 and 2019, minus 1.5 percentage points” and inserting “minus 0.2 percentage points for each of fiscal years 2018 and 2019”.

SEC. 1105. MARKET BASKET UPDATES.

(a) IPPS.—Section 1886(b)(3)(B) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(B)), as amended by sections 3401(a)(4) and 10319(a) of the Patient Protection and Affordable Care Act, is amended—

(1) in clause (xii)—

(A) by placing the subclause (II) (inserted by section 10319(a)(3) of the Patient Protection and Affordable Care Act) immediately after subclause (I) and, in such subclause (II), by striking “and” at the end; and

(B) by striking subclause (III) and inserting the following:

“(III) for fiscal year 2014, by 0.3 percentage point;

“(IV) for each of fiscal years 2015 and 2016, by 0.2 percentage point; and

“(V) for each of fiscal years 2017, 2018, and 2019, by 0.75 percentage point.”; and

(2) by striking clause (xiii).

(b) LONG-TERM CARE HOSPITALS.—Section 1886(m)(4) of the Social Security Act (42 U.S.C. 1395ww(m)(4)), as added by section 3401(c) of the Patient Protection and Affordable Care Act and amended by section 10319(b) of such Act, is amended—

(1) in subparagraph (A)—

(A) in clause (iii), by striking “and” at the end; and

(B) by striking clause (iv) and inserting the following:

“(iv) for rate year 2014, 0.3 percentage point;

“(v) for each of rate years 2015 and 2016, 0.2 percentage point; and

“(vi) for each of rate years 2017, 2018, and 2019, 0.75 percentage point.”;

(2) by striking subparagraph (B); and

(3) by striking “(4) OTHER ADJUSTMENT.—” and all that follows through “For purposes” and inserting “(4) OTHER ADJUSTMENT.—For purposes” (and redesignating clauses (i) through (vi) as subparagraphs (A) through (F), respectively, with appropriate indentation).

(c) INPATIENT REHABILITATION FACILITIES.—Section 1886(j)(3)(D) of the Social Security Act (42 U.S.C. 1395ww(j)(3)(D)), as added by section 3401(d)(2) of the Patient Protection and Affordable Care Act and amended by section 10319(c) of such Act, is amended—

(1) in clause (i)—

(A) by placing the subclause (II) (inserted by section 10319(c)(3) of the Patient Protection and Affordable Care Act) immediately after subclause (I) and, in such subclause (II), by striking “and” at the end; and

(B) by striking subclause (III) and inserting the following:

“(III) for fiscal year 2014, 0.3 percentage point;

“(IV) for each of fiscal years 2015 and 2016, 0.2 percentage point; and

“(V) for each of fiscal years 2017, 2018, and 2019, 0.75 percentage point.”;

(2) by striking clause (ii); and

(3) by striking “(D) OTHER ADJUSTMENT.—” and all that follows through “For purposes” and inserting “(D) OTHER ADJUSTMENT.—For purposes” (and redesignating subclauses (I) through (V) as clauses (i) through (v), respectively, with appropriate indentation).

(d) PSYCHIATRIC HOSPITALS.—Section 1886(s)(3) of the Social Security Act, as added by section 3401(f) of the Patient Protection and Affordable Care Act and amended by section 10319(e) of such Act, is amended—

(1) in subparagraph (A)—

(A) by placing the clause (ii) (inserted by section 10319(e)(3) of the Patient Protection and Affordable Care Act) immediately after clause (i) and, in such clause (ii), by striking “and” at the end; and

(B) by striking clause (iii) and inserting the following:

“(iii) for the rate year beginning in 2014, 0.3 percentage point;

“(iv) for each of the rate years beginning in 2015 and 2016, 0.2 percentage point; and

“(v) for each of the rate years beginning in 2017, 2018, and 2019, 0.75 percentage point.”;

(2) by striking subparagraph (B); and

(3) by striking “(3) OTHER ADJUSTMENT.—” and all that follows through “For purposes” and inserting “(3) OTHER ADJUSTMENT.—For purposes” (and redesignating clauses (i) through (v) as subparagraphs (A) through (E), respectively, with appropriate indentation).

(e) OUTPATIENT HOSPITALS.—Section 1833(t)(3)(G) of the Social Security Act (42 U.S.C. 1395l(t)(3)(G)), as added by section 3401(i)(2) of the Patient Protection and Affordable Care Act and amended by section 10319(g) of such Act, is amended—

(1) in clause (i)—

(A) by placing the subclause (II) (inserted by section 10319(g)(3) of the Patient Protection and Affordable Care Act) immediately after subclause (I) and, in such subclause (II), by striking “and” at the end; and

(B) by striking subclause (III) and inserting the following:

“(III) for 2014, 0.3 percentage point;

“(IV) for each of 2015 and 2016, 0.2 percentage point; and

“(V) for each of 2017, 2018, and 2019, 0.75 percentage point.”;

(2) by striking clause (ii); and

(3) by striking “(G) OTHER ADJUSTMENT.—” and all that follows through “For purposes” and inserting “(G) OTHER ADJUSTMENT.—For purposes” (and redesignating subclauses (I) through (V) as clauses (i) through (v), respectively, with appropriate indentation).

SEC. 1106. PHYSICIAN OWNERSHIP-REFERRAL.

Section 1877(i) of the Social Security Act (42 U.S.C. 1395nn(i)), as added by section 6001(a)(3) of the Patient Protection and Affordable Care Act and as amended by section 10601(a) of such Act, is amended—

(1) in paragraph (1)(A)(i), by striking “August 1, 2010” and inserting “December 31, 2010”; and

(2) in paragraph (3)—

(A) in subparagraph (A)(i), by striking “an applicable hospital (as defined in subparagraph (E))” and inserting “a hospital that is an applicable hospital (as defined in subparagraph (E)) or is a high Medicaid facility described in subparagraph (F)”;

(B) in subparagraph (C)(iii), by inserting after “date of enactment of this subsection” the following: “(or, in the case of a hospital that did not have a provider agreement in effect as of such date but does have such an agreement in effect on December 31, 2010, the effective date of such provider agreement)”;

(C) by redesignating subparagraphs (F) through (H) as subparagraphs (G) through (I), respectively; and

(D) by inserting after subparagraph (E) the following new subparagraph:

“(F) **HIGH MEDICAID FACILITY DESCRIBED.**—A high Medicaid facility described in this subparagraph is a hospital that—

“(i) is not the sole hospital in a county;

“(ii) with respect to each of the 3 most recent years for which data are available, has an annual percent of total inpatient admissions that represent inpatient admissions under title XIX that is estimated to be greater than such percent with respect to such admissions for any other hospital located in the county in which the hospital is located; and

“(iii) meets the conditions described in subparagraph (E)(iii).”.

SEC. 1107. PAYMENT FOR IMAGING SERVICES.

Section 1848 of the Social Security Act (42 U.S.C. 1395w-4), as amended by section 3135(a) of the Patient Protection and Affordable Care Act, is amended—

(1) in subsection (b)(4)—

(A) in subparagraph (B), by striking “this paragraph” and inserting “subparagraph (A)”; and

(B) by amending subparagraph (C) to read as follows:

“(C) **ADJUSTMENT IN IMAGING UTILIZATION RATE.**—With respect to fee schedules established for 2011 and subsequent years, in the methodology for determining practice expense relative value units for expensive diagnostic imaging equipment under the final rule published by the Secretary in the Federal Register on November 25, 2009 (42 CFR 410, et al.), the Secretary shall use a 75 percent assumption instead of the utilization rates otherwise established in such final rule.”; and

(2) in subsection (c)(2)(B)(v), by striking subclauses (III), (IV), and (V) and inserting the following new subclause:

“(III) **CHANGE IN UTILIZATION RATE FOR CERTAIN IMAGING SERVICES.**—Effective for fee schedules established beginning with 2011, reduced expenditures attributable to the change in the utilization rate applicable to 2011, as described in subsection (b)(4)(C).”.

SEC. 1108. PE GPCI ADJUSTMENT FOR 2010.

Effective as if included in the enactment of the Patient Protection and Affordable Care Act, section 1848(e)(1)(II)(i) of the Social Security Act (42 U.S.C. 1395w-4(e)(1)(H)(i)), as added by section 3102(b)(2) of the Patient Protection and Affordable Care Act, is amended by striking “ $\frac{3}{4}$ ” and inserting “ $\frac{1}{2}$ ”.

SEC. 1109. PAYMENT FOR QUALIFYING HOSPITALS.

(a) **IN GENERAL.**—From the amount available under subsection (b), the Secretary of Health and Human Services shall provide for a payment to qualifying hospitals (as defined in subsection (d)) for fiscal years 2011 and 2012 of the amount determined under subsection (c).

(b) **AMOUNTS AVAILABLE.**—There shall be available from the Federal Hospital Insurance Trust Fund \$400,000,000 for payments under this section for fiscal years 2011 and 2012.

(c) **PAYMENT AMOUNT.**—The amount of payment under this section for a qualifying hospital shall be determined, in a manner consistent with the amount available under subsection (b), in proportion to the portion of the amount of the aggregate payments under section 1886(d) of the Social Security Act to the hospital for fiscal year 2009 bears to the sum of all such payments to all qualifying hospitals for such fiscal year.

(d) **QUALIFYING HOSPITAL DEFINED.**—In this section, the term “qualifying hospital” means a subsection (d) hospital (as defined for purposes of section 1886(d) of the Social Security Act) that is located in a county that ranks, based upon its ranking in age, sex, and race adjusted spending for benefits under parts A and B under title XVIII of such Act per enrollee, with-

in the lowest quartile of such counties in the United States.

Subtitle C—Medicaid

SEC. 1201. FEDERAL FUNDING FOR STATES.

Section 1905 of the Social Security Act (42 U.S.C. 1396d), as amended by sections 2001(a)(3) and 10201(c) of the Patient Protection and Affordable Care Act, is amended—

(1) in subsection (y)—

(A) by redesignating subclause (II) of paragraph (1)(B)(ii) as paragraph (5) of subsection (z) and realigning the left margins accordingly; and

(B) by striking paragraph (1) and inserting the following:

“(1) **AMOUNT OF INCREASE.**—Notwithstanding subsection (b), the Federal medical assistance percentage for a State that is one of the 50 States or the District of Columbia, with respect to amounts expended by such State for medical assistance for newly eligible individuals described in subclause (VIII) of section 1902(a)(10)(A)(i), shall be equal to—

“(A) 100 percent for calendar quarters in 2014, 2015, and 2016;

“(B) 95 percent for calendar quarters in 2017;

“(C) 94 percent for calendar quarters in 2018;

“(D) 93 percent for calendar quarters in 2019; and

“(E) 90 percent for calendar quarters in 2020 and each year thereafter.”; and

(2) in subsection (z)—

(A) in paragraph (1), by striking “September 30, 2019” and inserting “December 31, 2015” and by striking “subsection (y)(1)(B)(ii)(II)” and inserting “paragraph (3)”; and

(B) by striking paragraphs (2) through (4) and inserting the following:

“(2)(A) For calendar quarters in 2014 and each year thereafter, the Federal medical assistance percentage otherwise determined under subsection (b) for an expansion State described in paragraph (3) with respect to medical assistance for individuals described in section 1902(a)(10)(A)(i)(VIII) who are nonpregnant childless adults with respect to whom the State may require enrollment in benchmark coverage under section 1937 shall be equal to the percent specified in subparagraph (B)(i) for such year.

“(B)(i) The percent specified in this subparagraph for a State for a year is equal to the Federal medical assistance percentage (as defined in the first sentence of subsection (b)) for the State increased by a number of percentage points equal to the transition percentage (specified in clause (ii) for the year) of the number of percentage points by which—

“(I) such Federal medical assistance percentage for the State, is less than

“(II) the percent specified in subsection (y)(1) for the year.

“(ii) The transition percentage specified in this clause for—

“(I) 2014 is 50 percent;

“(II) 2015 is 60 percent;

“(III) 2016 is 70 percent;

“(IV) 2017 is 80 percent;

“(V) 2018 is 90 percent; and

“(VI) 2019 and each subsequent year is 100 percent.”; and

(C) by redesignating paragraph (5) (as added by paragraph (1)(A) of this section) as paragraph (3), realigning the left margins to align with paragraph (2), and striking the heading and all that follows through “a State is” and inserting “A State is”.

SEC. 1202. PAYMENTS TO PRIMARY CARE PHYSICIANS.

(a) **IN GENERAL.**—

(1) **FEE-FOR-SERVICE PAYMENTS.**—Section 1902 of the Social Security Act (42 U.S.C. 1396a), as amended by section 2303(a)(2) of the Patient Protection and Affordable Care Act, is amended—

(A) in subsection (a)(13)—

(i) by striking “and” at the end of subparagraph (A);

(ii) by adding “and” at the end of subparagraph (B); and

(iii) by adding at the end the following new subparagraph:

“(C) payment for primary care services (as defined in subsection (jj)) furnished in 2013 and 2014 by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine at a rate not less than 100 percent of the payment rate that applies to such services and physician under part B of title XVIII (or, if greater, the payment rate that would be applicable under such part if the conversion factor under section 1848(d) for the year involved were the conversion factor under such section for 2009);”;

(B) by adding at the end the following new subsection:

“(jj) **PRIMARY CARE SERVICES DEFINED.**—For purposes of subsection (a)(13)(C), the term ‘primary care services’ means—

“(1) evaluation and management services that are procedure codes (for services covered under title XVIII) for services in the category designated Evaluation and Management in the Healthcare Common Procedure Coding System (established by the Secretary under section 1848(c)(5) as of December 31, 2009, and as subsequently modified); and

“(2) services related to immunization administration for vaccines and toxoids for which CPT codes 90465, 90466, 90467, 90468, 90471, 90472, 90473, or 90474 (as subsequently modified) apply under such System.”.

(2) **UNDER MEDICAID MANAGED CARE PLANS.**—Section 1932(f) of such Act (42 U.S.C. 1396u-2(f)) is amended—

(A) in the heading, by adding at the end the following: “; ADEQUACY OF PAYMENT FOR PRIMARY CARE SERVICES”; and

(B) by inserting before the period at the end the following: “and, in the case of primary care services described in section 1902(a)(13)(C), consistent with the minimum payment rates specified in such section (regardless of the manner in which such payments are made, including in the form of capitation or partial capitation)”.

(b) **INCREASE IN PAYMENT USING INCREASED FMAP.**—Section 1905 of the Social Security Act, as amended by section 1004(b) of this Act and section 10201(c)(6) of the Patient Protection and Affordable Care Act, is amended by adding at the end the following new subsection:

“(dd) **INCREASED FMAP FOR ADDITIONAL EXPENDITURES FOR PRIMARY CARE SERVICES.**—Notwithstanding subsection (b), with respect to the portion of the amounts expended for medical assistance for services described in section 1902(a)(13)(C) furnished on or after January 1, 2013, and before January 1, 2015, that is attributable to the amount by which the minimum payment rate required under such section (or, by application, section 1932(f)) exceeds the payment rate applicable to such services under the State plan as of July 1, 2009, the Federal medical assistance percentage for a State that is one of the 50 States or the District of Columbia shall be equal to 100 percent. The preceding sentence does not prohibit the payment of Federal financial participation based on the Federal medical assistance percentage for amounts in excess of those specified in such sentence.”.

SEC. 1203. DISPROPORTIONATE SHARE HOSPITAL PAYMENTS.

(a) **IN GENERAL.**—Section 1923(f) of the Social Security Act (42 U.S.C. 1396r-4(f)), as amended by sections 2551(a)(4) and 10201(e)(1) of the Patient Protection and Affordable Care Act, is amended—

(1) in paragraph (6)(B)(iii), in the matter preceding subclause (I), by striking “or paragraph (7)”; and

(2) by striking paragraph (7) and inserting the following:

“(7) MEDICAID DSH REDUCTIONS.—

“(A) REDUCTIONS.—

“(i) IN GENERAL.—For each of fiscal years 2014 through 2020 the Secretary shall effect the following reductions:

“(I) REDUCTION IN DSH ALLOTMENTS.—The Secretary shall reduce DSH allotments to States in the amount specified under the DSH health reform methodology under subparagraph (B) for the State for the fiscal year.

“(II) REDUCTIONS IN PAYMENTS.—The Secretary shall reduce payments to States under section 1903(a) for each calendar quarter in the fiscal year, in the manner specified in clause (iii), in an amount equal to ¼ of the DSH allotment reduction under subclause (I) for the State for the fiscal year.

“(ii) AGGREGATE REDUCTIONS.—The aggregate reductions in DSH allotments for all States under clause (i)(I) shall be equal to—

“(I) \$500,000,000 for fiscal year 2014;

“(II) \$600,000,000 for fiscal year 2015;

“(III) \$600,000,000 for fiscal year 2016;

“(IV) \$1,800,000,000 for fiscal year 2017;

“(V) \$5,000,000,000 for fiscal year 2018;

“(VI) \$5,600,000,000 for fiscal year 2019; and

“(VII) \$4,000,000,000 for fiscal year 2020.

The Secretary shall distribute such aggregate reductions among States in accordance with subparagraph (B).

“(iii) MANNER OF PAYMENT REDUCTION.—The amount of the payment reduction under clause (i)(II) for a State for a quarter shall be deemed an overpayment to the State under this title to be disallowed against the State's regular quarterly draw for all spending under section 1903(d)(2). Such a disallowance is not subject to a reconsideration under subsections (d) and (e) of section 1116.

“(iv) DEFINITION.—In this paragraph, the term ‘State’ means the 50 States and the District of Columbia.

“(B) DSH HEALTH REFORM METHODOLOGY.—The Secretary shall carry out subparagraph (A) through use of a DSH Health Reform methodology that meets the following requirements:

“(i) The methodology imposes the largest percentage reductions on the States that—

“(I) have the lowest percentages of uninsured individuals (determined on the basis of data from the Bureau of the Census, audited hospital cost reports, and other information likely to yield accurate data) during the most recent year for which such data are available; or

“(II) do not target their DSH payments on—

“(aa) hospitals with high volumes of Medicaid inpatients (as defined in subsection (b)(1)(A)); and

“(bb) hospitals that have high levels of uncompensated care (excluding bad debt).

“(ii) The methodology imposes a smaller percentage reduction on low DSH States described in paragraph (5)(B).

“(iii) The methodology takes into account the extent to which the DSH allotment for a State was included in the budget neutrality calculation for a coverage expansion approved under section 1115 as of July 31, 2009.”

(b) EXTENSION OF DSH ALLOTMENT.—Section 1923(f)(6)(A) of the Social Security Act (42 U.S.C. 1396r–4(f)(6)(A)) is amended by adding at the end the following:

“(v) ALLOTMENT FOR 2D, 3RD, AND 4TH QUARTERS OF FISCAL YEAR 2012 AND FOR FISCAL YEAR 2013.—Notwithstanding the table set forth in paragraph (2):

“(I) 2D, 3RD, AND 4TH QUARTERS OF FISCAL YEAR 2012.—In the case of a State that has a DSH allotment of \$0 for the 2d, 3rd, and 4th quarters of fiscal year 2012, the DSH allotment shall be \$47,200,000 for such quarters.

“(II) FISCAL YEAR 2013.—In the case of a State that has a DSH allotment of \$0 for fiscal year

2013, the DSH allotment shall be \$53,100,000 for such fiscal year.”

SEC. 1204. FUNDING FOR THE TERRITORIES.

(a) IN GENERAL.—Part III of subtitle D of title I of the Patient Protection and Affordable Care Act, as amended by section 10104(m) of such Act, is amended by inserting after section 1322 the following section:

“SEC. 1323. FUNDING FOR THE TERRITORIES.

“(a) IN GENERAL.—A territory that—

“(1) elects consistent with subsection (b) to establish an Exchange in accordance with part II of this subtitle and establishes such an Exchange in accordance with such part shall be treated as a State for purposes of such part and shall be entitled to payment from the amount allocated to the territory under subsection (c); or

“(2) does not make such election shall be entitled to an increase in the dollar limitation applicable to the territory under subsections (f) and (g) of section 1108 of the Social Security Act (42 U.S.C. 1308) for such period in such amount for such territory and such increase shall not be taken into account in computing any other amount under such subsections.

“(b) TERMS AND CONDITIONS.—An election under subsection (a)(1) shall—

“(1) not be effective unless the election is consistent with section 1321 and is received not later than October 1, 2013; and”

“(2) be contingent upon entering into an agreement between the territory and the Secretary that requires that—

“(A) funds provided under the agreement shall be used only to provide premium and cost-sharing assistance to residents of the territory obtaining health insurance coverage through the Exchange; and

“(B) the premium and cost-sharing assistance provided under such agreement shall be structured in such a manner so as to prevent any gap in assistance for individuals between the income level at which medical assistance is available through the territory's Medicaid plan under title XIX of the Social Security Act and the income level at which premium and cost-sharing assistance is available under the agreement.

“(c) APPROPRIATION AND ALLOCATION.—

“(1) APPROPRIATION.—Out of any funds in the Treasury not otherwise appropriated, there is appropriated for purposes of payment pursuant to subsection (a) \$1,000,000,000, to be available during the period beginning with 2014 and ending with 2019.

“(2) ALLOCATION.—The Secretary shall allocate the amount appropriated under paragraph (1) among the territories for purposes of carrying out this section as follows:

“(A) For Puerto Rico, \$925,000,000.

“(B) For another territory, the portion of \$75,000,000 specified by the Secretary.”

(b) MEDICAID FUNDING.—

(1) INCREASE IN FUNDING CAPS.—Section 1108(g) of the Social Security Act (42 U.S.C. 1308(g)), as amended by section 2005(a) of the Patient Protection and Affordable Care Act, is amended—

(A) in paragraph (2), by inserting “and section 1323(a)(2) of the Patient Protection and Affordable Care Act” after “subject to”; and

(B) by striking paragraph (5) and inserting the following:

“(5) ADDITIONAL INCREASE.—The Secretary shall increase the amounts otherwise determined under this subsection for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa (after the application of subsection (f) and the preceding paragraphs of this subsection) for the period beginning July 1, 2011, and ending on September 30, 2019, by such amounts that the total additional payments under title XIX to such territories equals \$6,300,000,000 for such period. The Secretary shall increase such amounts in propor-

tion to the amounts applicable to such territories under this subsection and subsection (f) on the date of enactment of this paragraph.”

(2) DISREGARD OF PAYMENTS; INCREASED FMAP.—Section 2005 of the Patient Protection and Affordable Care Act is amended—

(A) by repealing subsection (b) (and the amendments made by that subsection) and section 1108(g)(4) of the Social Security Act shall be applied as if such amendments had never been enacted; and

(B) in subsection (c)(2), by striking “January” and inserting “July”.

SEC. 1205. DELAY IN COMMUNITY FIRST CHOICE OPTION.

Section 1915(k)(1) of the Social Security Act (42 U.S.C. 1396n(k)), as added by section 2401 of the Patient Protection and Affordable Care Act, is amended by striking “October 1, 2010” and inserting “October 1, 2011”.

SEC. 1206. DRUG REBATES FOR NEW FORMULATIONS OF EXISTING DRUGS.

(a) TREATMENT OF NEW FORMULATIONS.—Subparagraph (C) of section 1927(c)(2) of the Social Security Act (42 U.S.C. 1396r–8(c)(2)), as added by section 2501(d) of the Patient Protection and Affordable Care Act, is amended to read as follows:

“(C) TREATMENT OF NEW FORMULATIONS.—In the case of a drug that is a line extension of a single source drug or an innovator multiple source drug that is an oral solid dosage form, the rebate obligation with respect to such drug under this section shall be the amount computed under this section for such new drug or, if greater, the product of—

“(i) the average manufacturer price of the line extension of a single source drug or an innovator multiple source drug that is an oral solid dosage form;

“(ii) the highest additional rebate (calculated as a percentage of average manufacturer price) under this section for any strength of the original single source drug or innovator multiple source drug; and

“(iii) the total number of units of each dosage form and strength of the line extension product paid for under the State plan in the rebate period (as reported by the State).

In this subparagraph, the term ‘line extension’ means, with respect to a drug, a new formulation of the drug, such as an extended release formulation.”

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as if included in the enactment of the Patient Protection and Affordable Care Act.

Subtitle D—Reducing Fraud, Waste, and Abuse

SEC. 1301. COMMUNITY MENTAL HEALTH CENTERS.

(a) IN GENERAL.—Section 1861(ff)(3)(B) of the Social Security Act (42 U.S.C. 1395x(ff)(3)(B)) is amended—

(1) in clause (ii), by striking “and” at the end;

(2) by redesignating clause (iii) as clause (iv); and

(3) by inserting after clause (ii) the following: “(iii) provides at least 40 percent of its services to individuals who are not eligible for benefits under this title; and”

(b) RESTRICTION.—Section 1861(ff)(3)(A) of such Act (42 U.S.C. 1395x(ff)(3)(A)) is amended by inserting “other than in an individual's home or in an inpatient or residential setting” before the period.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to items and services furnished on or after the first day of the first calendar quarter that begins at least 12 months after the date of the enactment of this Act.

SEC. 1302. MEDICARE PREPAYMENT MEDICAL REVIEW LIMITATIONS.

Section 1874A(h) of the Social Security Act (42 U.S.C. 1395w–3a(h)) is repealed.

SEC. 1303. FUNDING TO FIGHT FRAUD, WASTE, AND ABUSE.

(a) FUNDING TO FIGHT FRAUD, WASTE, AND ABUSE.—

(1) IN GENERAL.—Section 1817(k) of the Social Security Act (42 U.S.C. 1395i(k)), as amended by section 6402(i) of the Patient Protection and Affordable Care Act, is further amended—

(A) by adding at the end the following new paragraph:

“(8) ADDITIONAL FUNDING.—

“(A) IN GENERAL.—In addition to the funds otherwise appropriated to the Account from the Trust Fund under paragraphs (3)(C) and (4)(A) and for purposes described in paragraphs (3)(C) and (4)(A), there are hereby appropriated to such Account from such Trust Fund the following additional amounts:

“(i) For fiscal year 2011, \$95,000,000.

“(ii) For fiscal year 2012, \$55,000,000.

“(iii) For each of fiscal years 2013 and 2014, \$30,000,000.

“(iv) For each of fiscal years 2015 and 2016, \$20,000,000.

“(B) ALLOCATION.—The funds appropriated under this paragraph shall be allocated in the same proportion as the total funding appropriated with respect to paragraphs (3)(A) and (4)(A) was allocated with respect to fiscal year 2010, and shall be available without further appropriation until expended.”; and

(B) in paragraph (4)(A), by inserting “for activities described in paragraph (3)(C) and” after “necessary”.

(b) MEDICAID INTEGRITY PROGRAM.—Section 1936(e)(1) of such Act (42 U.S.C. 1396-u6(e)(1)) is amended—

(1) in subparagraph (B), by striking at the end “and”;

(2) in subparagraph (C)—

(A) by striking “for each fiscal year thereafter” and inserting “for each of fiscal years 2009 and 2010”; and

(B) by striking the period and inserting “; and”;

(3) by adding at the end the following new subparagraph:

“(D) for each fiscal year after fiscal year 2010, the amount appropriated under this paragraph for the previous fiscal year, increased by the percentage increase in the consumer price index for all urban consumers (all items; United States city average) over the previous year.”.

SEC. 1304. 90-DAY PERIOD OF ENHANCED OVERSIGHT FOR INITIAL CLAIMS OF DME SUPPLIERS.

Section 1866(j), as amended by section 6401 of the Patient Protection and Affordable Care Act, is further amended—

(1) by redesignating paragraphs (4) through (7) as paragraphs (5) through (8), respectively; and

(2) by inserting after paragraph (3) the following new paragraph:

“(4) 90-DAY PERIOD OF ENHANCED OVERSIGHT FOR INITIAL CLAIMS OF DME SUPPLIERS.—For periods beginning after January 1, 2011, if the Secretary determines that there is a significant risk of fraudulent activity among suppliers of durable medical equipment, in the case of a supplier of durable medical equipment who is within a category or geographic area under title XVIII identified pursuant to such determination and who is initially enrolling under such title, the Secretary shall, notwithstanding sections 1816(c), 1842(c), and 1869(a)(2), withhold payment under such title with respect to durable medical equipment furnished by such supplier during the 90-day period beginning on the date of the first submission of a claim under such title for durable medical equipment furnished by such supplier.”.

Subtitle E—Provisions Relating to Revenue**SEC. 1401. HIGH-COST PLAN EXCISE TAX.**

(a) IN GENERAL.—Section 4980I of the Internal Revenue Code of 1986, as added by section 9001

of the Patient Protection and Affordable Care Act and amended by section 10901 of such Act, is amended—

(1) in subsection (b)(3)(B)—

(A) by striking “The annual” and inserting the following:

“(i) IN GENERAL.—Except as provided in clause (ii), the annual”, and

(B) by adding at the end the following new clause:

“(ii) MULTIEmployer PLAN COVERAGE.—Any coverage provided under a multiemployer plan (as defined in section 414(f)) shall be treated as coverage other than self-only coverage.”.

(2) in subsection (b)(3)(C)—

(A) by striking “Except as provided in subparagraph (D)—”

(B) in clause (i)—

(i) by striking “2013” each place it appears in the heading and the text and inserting “2018”,

(ii) by striking “\$8,500” in subclause (I) and inserting “\$10,200 multiplied by the health cost adjustment percentage (determined by only taking into account self-only coverage)”, and

(iii) by striking “\$23,000” in subclause (II) and inserting “\$27,500 multiplied by the health cost adjustment percentage (determined by only taking into account coverage other than self-only coverage)”,

(C) by redesignating clauses (ii) and (iii) as clauses (iv) and (v), respectively, and by inserting after clause (i) the following new clauses:

“(ii) HEALTH COST ADJUSTMENT PERCENTAGE.—For purposes of clause (i), the health cost adjustment percentage is equal to 100 percent plus the excess (if any) of—

“(I) the percentage by which the per employee cost for providing coverage under the Blue Cross/Blue Shield standard benefit option under the Federal Employees Health Benefits Plan for plan year 2018 (determined by using the benefit package for such coverage in 2010) exceeds such cost for plan year 2010, over

“(II) 55 percent.

“(iii) AGE AND GENDER ADJUSTMENT.—

“(I) IN GENERAL.—The amount determined under subclause (I) or (II) of clause (i), whichever is applicable, for any taxable period shall be increased by the amount determined under subclause (II).

“(II) AMOUNT DETERMINED.—The amount determined under this subclause is an amount equal to the excess (if any) of—

“(aa) the premium cost of the Blue Cross/Blue Shield standard benefit option under the Federal Employees Health Benefits Plan for the type of coverage provided such individual in such taxable period if priced for the age and gender characteristics of all employees of the individual’s employer, over

“(bb) that premium cost for the provision of such coverage under such option in such taxable period if priced for the age and gender characteristics of the national workforce.”.

(D) in clause (iv), as redesignated by subparagraph (C)—

(i) by inserting “covered by the plan” after “whose employees”, and

(ii) by striking subclauses (I) and (II) and inserting the following:

“(I) the dollar amount in clause (i)(I) shall be increased by \$1,650, and

“(II) the dollar amount in clause (i)(II) shall be increased by \$3,450.”, and

(E) in clause (v), as redesignated by subparagraph (C)—

(i) by striking “2013” and inserting “2018”,

(ii) by striking “clauses (i) and (ii)” and inserting “clauses (i) (after the application of clause (ii)) and (iv)”, and

(iii) by inserting “in the case of determinations for calendar years beginning before 2020” after “1 percentage point” in subclause (II) thereof,

(3) by striking subparagraph (D) of subsection (b)(3),

(4) in subsection (d)(1)(B), by redesignating clause (ii) as clause (iii) and by inserting after clause (i) the following new clause:

“(ii) any coverage under a separate policy, certificate, or contract of insurance which provides benefits substantially all of which are for treatment of the mouth (including any organ or structure within the mouth) or for treatment of the eye, or”, and

(5) in subsection (d), by adding at the end the following new paragraph:

“(3) EMPLOYEE.—The term ‘employee’ includes any former employee, surviving spouse, or other primary insured individual.”.

(b) EFFECTIVE DATES.—

(1) Section 9001(c) of the Patient Protection and Affordable Care Act is amended by striking “2012” and inserting “2017”.

(2) Section 10901(c) of the Patient Protection and Affordable Care Act is amended by striking “2012” and inserting “2017”.

SEC. 1402. UNEARNED INCOME MEDICARE CONTRIBUTION.

(a) INVESTMENT INCOME.—

(1) IN GENERAL.—Subtitle A of the Internal Revenue Code of 1986 is amended by inserting after chapter 2 the following new chapter:

“CHAPTER 2A—UNEARNED INCOME MEDICARE CONTRIBUTION

“Sec. 1411. Imposition of tax.

“SEC. 1411. IMPOSITION OF TAX.

“(a) IN GENERAL.—Except as provided in subsection (e)—

“(1) APPLICATION TO INDIVIDUALS.—In the case of an individual, there is hereby imposed (in addition to any other tax imposed by this subtitle) for each taxable year a tax equal to 3.8 percent of the lesser of—

“(A) net investment income for such taxable year, or

“(B) the excess (if any) of—

“(i) the modified adjusted gross income for such taxable year, over

“(ii) the threshold amount.

“(2) APPLICATION TO ESTATES AND TRUSTS.—In the case of an estate or trust, there is hereby imposed (in addition to any other tax imposed by this subtitle) for each taxable year a tax of 3.8 percent of the lesser of—

“(A) the undistributed net investment income for such taxable year, or

“(B) the excess (if any) of—

“(i) the adjusted gross income (as defined in section 67(e)) for such taxable year, over

“(ii) the dollar amount at which the highest tax bracket in section 1(e) begins for such taxable year.

“(b) THRESHOLD AMOUNT.—For purposes of this chapter, the term ‘threshold amount’ means—

“(1) in the case of a taxpayer making a joint return under section 6013 or a surviving spouse (as defined in section 2(a)), \$250,000,

“(2) in the case of a married taxpayer (as defined in section 7703) filing a separate return, ½ of the dollar amount determined under paragraph (1), and

“(3) in any other case, \$200,000.

“(c) NET INVESTMENT INCOME.—For purposes of this chapter—

“(1) IN GENERAL.—The term ‘net investment income’ means the excess (if any) of—

“(A) the sum of—

“(i) gross income from interest, dividends, annuities, royalties, and rents, other than such income which is derived in the ordinary course of a trade or business not described in paragraph (2),

“(ii) other gross income derived from a trade or business described in paragraph (2), and

“(iii) net gain (to the extent taken into account in computing taxable income) attributable

to the disposition of property other than property held in a trade or business not described in paragraph (2), over

“(B) the deductions allowed by this subtitle which are properly allocable to such gross income or net gain.

“(2) TRADES AND BUSINESSES TO WHICH TAX APPLIES.—A trade or business is described in this paragraph if such trade or business is—

“(A) a passive activity (within the meaning of section 469) with respect to the taxpayer, or

“(B) a trade or business of trading in financial instruments or commodities (as defined in section 475(e)(2)).

“(3) INCOME ON INVESTMENT OF WORKING CAPITAL SUBJECT TO TAX.—A rule similar to the rule of section 469(e)(1)(B) shall apply for purposes of this subsection.

“(4) EXCEPTION FOR CERTAIN ACTIVE INTERESTS IN PARTNERSHIPS AND S CORPORATIONS.—In the case of a disposition of an interest in a partnership or S corporation—

“(A) gain from such disposition shall be taken into account under clause (iii) of paragraph (1)(A) only to the extent of the net gain which would be so taken into account by the transferor if all property of the partnership or S corporation were sold for fair market value immediately before the disposition of such interest, and

“(B) a rule similar to the rule of subparagraph (A) shall apply to a loss from such disposition.

“(5) EXCEPTION FOR DISTRIBUTIONS FROM QUALIFIED PLANS.—The term ‘net investment income’ shall not include any distribution from a plan or arrangement described in section 401(a), 403(a), 403(b), 408, 408A, or 457(b).

“(6) SPECIAL RULE.—Net investment income shall not include any item taken into account in determining self-employment income for such taxable year on which a tax is imposed by section 1401(b).

“(d) MODIFIED ADJUSTED GROSS INCOME.—For purposes of this chapter, the term ‘modified adjusted gross income’ means adjusted gross income increased by the excess of—

“(1) the amount excluded from gross income under section 911(a)(1), over

“(2) the amount of any deductions (taken into account in computing adjusted gross income) or exclusions disallowed under section 911(d)(6) with respect to the amounts described in paragraph (1).

“(e) NONAPPLICATION OF SECTION.—This section shall not apply to—

“(1) a nonresident alien, or

“(2) a trust all of the unexpired interests in which are devoted to one or more of the purposes described in section 170(c)(2)(B).”.

(2) ESTIMATED TAXES.—Section 6654 of the Internal Revenue Code of 1986 is amended—

(A) in subsection (a), by striking “and the tax under chapter 2” and inserting “the tax under chapter 2, and the tax under chapter 2A”, and

(B) in subsection (f)—

(i) by striking “minus” at the end of paragraph (2) and inserting “plus”, and

(ii) by redesignating paragraph (3) as paragraph (4) and inserting after paragraph (2) the following new paragraph:

“(3) the taxes imposed by chapter 2A, minus”.

(3) CLERICAL AMENDMENT.—The table of chapters for subtitle A of chapter 1 of the Internal Revenue Code of 1986 is amended by inserting after the item relating to chapter 2 the following new item:

“CHAPTER 2A—UNEARNED INCOME MEDICARE CONTRIBUTION”.

(4) EFFECTIVE DATES.—The amendments made by this subsection shall apply to taxable years beginning after December 31, 2012.

(b) EARNED INCOME.—

(1) THRESHOLD.—

(A) FICA.—Paragraph (2) of section 3101(b) of the Internal Revenue Code of 1986, as added by section 9015 of the Patient Protection and Affordable Care Act and amended by section 10906 of such Act, is amended by striking “and” at the end of subparagraph (A), by redesignating subparagraph (B) as subparagraph (C), and by inserting after subparagraph (A) the following new subparagraph:

“(B) in the case of a married taxpayer (as defined in section 7703) filing a separate return, 1/2 of the dollar amount determined under subparagraph (A), and”.

(B) SECA.—Section 1401(b)(2) of the Internal Revenue Code of 1986, as added by section 9015 of the Patient Protection and Affordable Care Act and amended by section 10906 of such Act, is amended—

(i) in subparagraph (A), by striking “and” at the end of clause (i), by redesignating clause (ii) as clause (iii), and by inserting after clause (i) the following new clause:

“(ii) in the case of a married taxpayer (as defined in section 7703) filing a separate return, 1/2 of the dollar amount determined under clause (i), and”, and

(ii) in subparagraph (B), by striking “under clauses (i) and (ii)” and inserting “under clause (i), (ii), or (iii) (whichever is applicable)”.

(2) ESTIMATED TAXES.—Section 6654 of the Internal Revenue Code of 1986 is amended by redesignating subsection (m) as subsection (n) and by inserting after subsection (l) the following new subsection:

“(m) SPECIAL RULE FOR MEDICARE TAX.—For purposes of this section, the tax imposed under section 3101(b)(2) (to the extent not withheld) shall be treated as a tax imposed under chapter 2.”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply with respect to remuneration received, and taxable years beginning after, December 31, 2012.

SEC. 1403. DELAY OF LIMITATION ON HEALTH FLEXIBLE SPENDING ARRANGEMENTS UNDER CAFETERIA PLANS.

(a) IN GENERAL.—Section 10902(b) of the Patient Protection and Affordable Care Act is amended by striking “December 31, 2010” and inserting “December 31, 2012”.

(b) INFLATION ADJUSTMENT.—Paragraph (2) of section 125(i) of the Internal Revenue Code of 1986, as added by section 9005 of the Patient Protection and Affordable Care Act and amended by section 10902 of such Act, is amended—

(1) in the matter preceding subparagraph (A), by striking “December 31, 2011” and inserting “December 31, 2013”, and

(2) in subparagraph (B), by striking “2010” and inserting “2012”.

SEC. 1404. BRAND NAME PHARMACEUTICALS.

(a) IN GENERAL.—Section 9008 of the Patient Protection and Affordable Care Act is amended—

(1) in subsection (a)(1), by striking “2009” and inserting “2010”,

(2) in subsection (b)—

(A) by striking “\$2,300,000,000” in paragraph (1) and inserting “the applicable amount”, and

(B) by adding at the end the following new paragraph:

“(4) APPLICABLE AMOUNT.—For purposes of paragraph (1), the applicable amount shall be determined in accordance with the following table:

Calendar year	Applicable amount
2011	\$2,500,000,000
2012	\$2,800,000,000
2013	\$2,800,000,000
2014	\$3,000,000,000
2015	\$3,000,000,000
2016	\$3,000,000,000
2017	\$4,000,000,000
2018	\$4,100,000,000

2019 and thereafter .. \$2,800,000,000.”.

(3) in subsection (d), by adding at the end the following new paragraph:

“(3) JOINT AND SEVERAL LIABILITY.—If more than one person is liable for payment of the fee under subsection (a) with respect to a single covered entity by reason of the application of paragraph (2), all such persons shall be jointly and severally liable for payment of such fee.”.

and

(4) by striking subsection (j) and inserting the following new subsection:

“(j) EFFECTIVE DATE.—This section shall apply to calendar years beginning after December 31, 2010.”.

(b) EFFECTIVE DATE.—The amendments made by this section shall take effect as if included in section 9008 of the Patient Protection and Affordable Care Act.

SEC. 1405. EXCISE TAX ON MEDICAL DEVICE MANUFACTURERS.

(a) IN GENERAL.—Chapter 32 of the Internal Revenue Code of 1986 is amended—

(1) by inserting after subchapter D the following new subchapter:

“Subchapter E—Medical Devices

“Sec. 4191. Medical devices.

“SEC. 4191. MEDICAL DEVICES.

“(a) IN GENERAL.—There is hereby imposed on the sale of any taxable medical device by the manufacturer, producer, or importer a tax equal to 2.3 percent of the price for which so sold.

“(b) TAXABLE MEDICAL DEVICE.—For purposes of this section—

“(1) IN GENERAL.—The term ‘taxable medical device’ means any device (as defined in section 201(h) of the Federal Food, Drug, and Cosmetic Act) intended for humans.

“(2) EXEMPTIONS.—Such term shall not include—

“(A) eyeglasses,

“(B) contact lenses,

“(C) hearing aids, and

“(D) any other medical device determined by the Secretary to be of a type which is generally purchased by the general public at retail for individual use.”.

(2) by inserting after the item relating to subchapter D in the table of subchapters for such chapter the following new item:

“SUBCHAPTER E. MEDICAL DEVICES.”.

(b) CERTAIN EXEMPTIONS NOT TO APPLY.—

(1) Section 4221(a) of the Internal Revenue Code of 1986 is amended by adding at the end the following new sentence: “In the case of the tax imposed by section 4191, paragraphs (3), (4), (5), and (6) shall not apply.”.

(2) Section 6416(b)(2) of such Code is amended by adding at the end the following: “In the case of the tax imposed by section 4191, subparagraphs (B), (C), (D), and (E) shall not apply.”.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to sales after December 31, 2012.

(d) REPEAL OF SECTION 9009 OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.—Section 9009 of the Patient Protection and Affordable Care Act, as amended by section 10904 of such Act, is repealed effective as of the date of enactment of that Act.

SEC. 1406. HEALTH INSURANCE PROVIDERS.

(a) IN GENERAL.—Section 9010 of the Patient Protection and Affordable Care Act, as amended by section 10905 of such Act, is amended—

(1) in subsection (a)(1), by striking “2010” and inserting “2013”,

(2) in subsection (b)(2)—

(A) by striking “For purposes of paragraph (1), the net premiums” and inserting “For purposes of paragraph (1)—

“(A) IN GENERAL.—The net premiums”, and

(B) by adding at the end the following sub-paragraph:

“(B) **PARTIAL EXCLUSION FOR CERTAIN EXEMPT ACTIVITIES.**—After the application of subparagraph (A), only 50 percent of the remaining net premiums written with respect to health insurance for any United States health risk that are attributable to the activities (other than activities of an unrelated trade or business as defined in section 513 of the Internal Revenue Code of 1986) of any covered entity qualifying under paragraph (3), (4), (26), or (29) of section 501(c) of such Code and exempt from tax under section 501(a) of such Code shall be taken into account.”,

(3) in subsection (c)—

(A) by inserting “during the calendar year in which the fee under this section is due” in paragraph (1) after “risk”;

(B) in paragraph (2), by striking subparagraphs (C), (D), and (E) and inserting the following new subparagraphs:

“(C) any entity—

“(i) which is incorporated as a nonprofit corporation under a State law,

“(ii) no part of the net earnings of which inures to the benefit of any private shareholder or individual, no substantial part of the activities of which is carrying on propaganda, or otherwise attempting, to influence legislation (except as otherwise provided in section 501(h) of the Internal Revenue Code of 1986), and which does not participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of (or in opposition to) any candidate for public office, and

“(iii) more than 80 percent of the gross revenues of which is received from government programs that target low-income, elderly, or disabled populations under titles XVIII, XIX, and XXI of the Social Security Act, and

“(D) any entity which is described in section 501(c)(9) of such Code and which is established by an entity (other than by an employer or employers) for purposes of providing health care benefits.”,

(C) in paragraph (3)(A), by striking “subparagraph (C)(i)(I), (D)(i)(I), or (E)(i)” and inserting “subparagraph (C) or (D)”, and

(D) by adding at the end the following new paragraph:

“(4) **JOINT AND SEVERAL LIABILITY.**—If more than one person is liable for payment of the fee under subsection (a) with respect to a single covered entity by reason of the application of paragraph (3), all such persons shall be jointly and severally liable for payment of such fee.”,

(4) by striking subsection (e) and inserting the following:

“(e) **APPLICABLE AMOUNT.**—For purposes of subsection (b)(1)—

“(1) **YEARS BEFORE 2019.**—In the case of calendar years beginning before 2019, the applicable amount shall be determined in accordance with the following table:

“Calendar year	Applicable amount
2014	\$8,000,000,000
2015	\$11,300,000,000
2016	\$11,300,000,000
2017	\$13,900,000,000
2018	\$14,300,000,000.

“(2) **YEARS AFTER 2018.**—In the case of any calendar year beginning after 2018, the applicable amount shall be the applicable amount for the preceding calendar year increased by the rate of premium growth (within the meaning of section 36B(b)(3)(A)(ii) of the Internal Revenue Code of 1986) for such preceding calendar year.”,

(5) in subsection (g), by adding at the end the following new paragraphs:

“(3) **ACCURACY-RELATED PENALTY.**—

“(A) **IN GENERAL.**—In the case of any understatement of a covered entity’s net premiums written with respect to health insurance for any

United States health risk for any calendar year, there shall be paid by the covered entity making such understatement, an amount equal to the excess of—

“(i) the amount of the covered entity’s fee under this section for the calendar year the Secretary determines should have been paid in the absence of any such understatement, over

“(ii) the amount of such fee the Secretary determined based on such understatement.

“(B) **UNDERSTATEMENT.**—For purposes of this paragraph, an understatement of a covered entity’s net premiums written with respect to health insurance for any United States health risk for any calendar year is the difference between the amount of such net premiums written as reported on the return filed by the covered entity under paragraph (1) and the amount of such net premiums written that should have been reported on such return.

“(C) **TREATMENT OF PENALTY.**—The penalty imposed under subparagraph (A) shall be subject to the provisions of subtitle F of the Internal Revenue Code of 1986 that apply to assessable penalties imposed under chapter 68 of such Code.

“(4) **TREATMENT OF INFORMATION.**—Section 6103 of the Internal Revenue Code of 1986 shall not apply to any information reported under this subsection.”, and

(6) by striking subsection (j) and inserting the following new subsection:

“(j) **EFFECTIVE DATE.**—This section shall apply to calendar years beginning after December 31, 2013.”.

(b) **EFFECTIVE DATE.**—The amendments made by this section shall take effect as if included in section 9010 of the Patient Protection and Affordable Care Act.

SEC. 1407. DELAY OF ELIMINATION OF DEDUCTION FOR EXPENSES ALLOCABLE TO MEDICARE PART D SUBSIDY.

Section 9012(b) of the Patient Protection and Affordable Care Act is amended by striking “2010” and inserting “2012”.

SEC. 1408. ELIMINATION OF UNINTENDED APPLICATION OF CELLULOSIC BIOFUEL PRODUCER CREDIT.

(a) **IN GENERAL.**—Section 40(b)(6)(E) of the Internal Revenue Code of 1986 is amended by adding at the end the following new clause:

“(iii) **EXCLUSION OF UNPROCESSED FUELS.**—The term ‘cellulosic biofuel’ shall not include any fuel if—

“(I) more than 4 percent of such fuel (determined by weight) is any combination of water and sediment, or

“(II) the ash content of such fuel is more than 1 percent (determined by weight).”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to fuels sold or used on or after January 1, 2010.

SEC. 1409. CODIFICATION OF ECONOMIC SUBSTANCE DOCTRINE AND PENALTIES.

(a) **IN GENERAL.**—Section 7701 of the Internal Revenue Code of 1986 is amended by redesignating subsection (o) as subsection (p) and by inserting after subsection (n) the following new subsection:

“(o) **CLARIFICATION OF ECONOMIC SUBSTANCE DOCTRINE.**—

“(1) **APPLICATION OF DOCTRINE.**—In the case of any transaction to which the economic substance doctrine is relevant, such transaction shall be treated as having economic substance only if—

“(A) the transaction changes in a meaningful way (apart from Federal income tax effects) the taxpayer’s economic position, and

“(B) the taxpayer has a substantial purpose (apart from Federal income tax effects) for entering into such transaction.

“(2) **SPECIAL RULE WHERE TAXPAYER RELIES ON PROFIT POTENTIAL.**—

“(A) **IN GENERAL.**—The potential for profit of a transaction shall be taken into account in determining whether the requirements of subparagraphs (A) and (B) of paragraph (1) are met with respect to the transaction only if the present value of the reasonably expected pre-tax profit from the transaction is substantial in relation to the present value of the expected net tax benefits that would be allowed if the transaction were respected.

“(B) **TREATMENT OF FEES AND FOREIGN TAXES.**—Fees and other transaction expenses shall be taken into account as expenses in determining pre-tax profit under subparagraph (A). The Secretary shall issue regulations requiring foreign taxes to be treated as expenses in determining pre-tax profit in appropriate cases.

“(3) **STATE AND LOCAL TAX BENEFITS.**—For purposes of paragraph (1), any State or local income tax effect which is related to a Federal income tax effect shall be treated in the same manner as a Federal income tax effect.

“(4) **FINANCIAL ACCOUNTING BENEFITS.**—For purposes of paragraph (1)(B), achieving a financial accounting benefit shall not be taken into account as a purpose for entering into a transaction if the origin of such financial accounting benefit is a reduction of Federal income tax.

“(5) **DEFINITIONS AND SPECIAL RULES.**—For purposes of this subsection—

“(A) **ECONOMIC SUBSTANCE DOCTRINE.**—The term ‘economic substance doctrine’ means the common law doctrine under which tax benefits under subtitle A with respect to a transaction are not allowable if the transaction does not have economic substance or lacks a business purpose.

“(B) **EXCEPTION FOR PERSONAL TRANSACTIONS OF INDIVIDUALS.**—In the case of an individual, paragraph (1) shall apply only to transactions entered into in connection with a trade or business or an activity engaged in for the production of income.

“(C) **DETERMINATION OF APPLICATION OF DOCTRINE NOT AFFECTED.**—The determination of whether the economic substance doctrine is relevant to a transaction shall be made in the same manner as if this subsection had never been enacted.

“(D) **TRANSACTION.**—The term ‘transaction’ includes a series of transactions.”.

(b) **PENALTY FOR UNDERPAYMENTS ATTRIBUTABLE TO TRANSACTIONS LACKING ECONOMIC SUBSTANCE.**—

(1) **IN GENERAL.**—Subsection (b) of section 6662 is amended by inserting after paragraph (5) the following new paragraph:

“(6) Any disallowance of claimed tax benefits by reason of a transaction lacking economic substance (within the meaning of section 7701(o)) or failing to meet the requirements of any similar rule of law.”.

(2) **INCREASED PENALTY FOR NONDISCLOSED TRANSACTIONS.**—Section 6662 is amended by adding at the end the following new subsection:

“(i) **INCREASE IN PENALTY IN CASE OF NONDISCLOSED NONECONOMIC SUBSTANCE TRANSACTIONS.**—

“(1) **IN GENERAL.**—In the case of any portion of an underpayment which is attributable to one or more nondisclosed noneconomic substance transactions, subsection (a) shall be applied with respect to such portion by substituting ‘40 percent’ for ‘20 percent’.

“(2) **NONDISCLOSED NONECONOMIC SUBSTANCE TRANSACTIONS.**—For purposes of this subsection, the term ‘nondisclosed noneconomic substance transaction’ means any portion of a transaction described in subsection (b)(6) with respect to which the relevant facts affecting the tax treatment are not adequately disclosed in the return nor in a statement attached to the return.

“(3) **SPECIAL RULE FOR AMENDED RETURNS.**—In no event shall any amendment or supplement

to a return of tax be taken into account for purposes of this subsection if the amendment or supplement is filed after the earlier of the date the taxpayer is first contacted by the Secretary regarding the examination of the return or such other date as is specified by the Secretary.”.

(3) CONFORMING AMENDMENT.—Subparagraph (B) of section 6662A(e)(2) is amended—

(A) by striking “section 6662(h)” and inserting “subsections (h) or (i) of section 6662”; and

(B) by striking “GROSS VALUATION MISSTATEMENT PENALTY” in the heading and inserting “CERTAIN INCREASED UNDERPAYMENT PENALTIES”.

(c) REASONABLE CAUSE EXCEPTION NOT APPLICABLE TO NONECONOMIC SUBSTANCE TRANSACTIONS.—

(1) REASONABLE CAUSE EXCEPTION FOR UNDERPAYMENTS.—Subsection (c) of section 6664 is amended—

(A) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively;

(B) by striking “paragraph (2)” in paragraph (4)(A), as so redesignated, and inserting “paragraph (3)”;

(C) by inserting after paragraph (1) the following new paragraph:

“(2) EXCEPTION.—Paragraph (1) shall not apply to any portion of an underpayment which is attributable to one or more transactions described in section 6662(b)(6).”.

(2) REASONABLE CAUSE EXCEPTION FOR REPORTABLE TRANSACTION UNDERSTATEMENTS.—Subsection (d) of section 6664 is amended—

(A) by redesignating paragraphs (2) and (3) as paragraphs (3) and (4), respectively;

(B) by striking “paragraph (2)(C)” in paragraph (4), as so redesignated, and inserting “paragraph (3)(C)”;

(C) by inserting after paragraph (1) the following new paragraph:

“(2) EXCEPTION.—Paragraph (1) shall not apply to any portion of a reportable transaction understatement which is attributable to one or more transactions described in section 6662(b)(6).”.

(d) APPLICATION OF PENALTY FOR ERRONEOUS CLAIM FOR REFUND OR CREDIT TO NONECONOMIC SUBSTANCE TRANSACTIONS.—Section 6676 is amended by redesignating subsection (c) as subsection (d) and inserting after subsection (b) the following new subsection:

“(c) NONECONOMIC SUBSTANCE TRANSACTIONS TREATED AS LACKING REASONABLE BASIS.—For purposes of this section, any excessive amount which is attributable to any transaction described in section 6662(b)(6) shall not be treated as having a reasonable basis.”.

(e) EFFECTIVE DATE.—

(1) IN GENERAL.—Except as otherwise provided in this subsection, the amendments made by this section shall apply to transactions entered into after the date of the enactment of this Act.

(2) UNDERPAYMENTS.—The amendments made by subsections (b) and (c)(1) shall apply to underpayments attributable to transactions entered into after the date of the enactment of this Act.

(3) UNDERSTATEMENTS.—The amendments made by subsection (c)(2) shall apply to understatements attributable to transactions entered into after the date of the enactment of this Act.

(4) REFUNDS AND CREDITS.—The amendment made by subsection (d) shall apply to refunds and credits attributable to transactions entered into after the date of the enactment of this Act.

SEC. 1410. TIME FOR PAYMENT OF CORPORATE ESTIMATED TAXES.

The percentage under paragraph (1) of section 202(b) of the Corporate Estimated Tax Shift Act of 2009 in effect on the date of the enactment of this Act is increased by 15.75 percentage points.

Subtitle F—Other Provisions

SEC. 1501. COMMUNITY COLLEGE AND CAREER TRAINING GRANT PROGRAM.

Section 279(b) of the Trade Act of 1974 (19 U.S.C. 2372a(b)) is amended by striking “SUPPLEMENT” and all that follows through “Funds” and inserting “There are” and by striking “pursuant” and all that follows and inserting “\$500,000,000 for each of fiscal years 2011, 2012, 2013, and 2014 to carry out this subchapter, except that the limitations contained in section 278(a)(2) shall not apply to such funds and each State shall receive not less than 0.5 percent of the amount appropriated pursuant to this subsection for each such fiscal year.”.

TITLE II—EDUCATION AND HEALTH

Subtitle A—Education

SEC. 2001. SHORT TITLE; REFERENCES.

(a) SHORT TITLE.—This subtitle may be cited as the “SAFRA Act”.

(b) REFERENCES.—Except as otherwise expressly provided, whenever in this subtitle an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.).

PART I—INVESTING IN STUDENTS AND FAMILIES

SEC. 2101. FEDERAL PELL GRANTS.

(a) AMOUNT OF GRANTS.—Section 401(b) (20 U.S.C. 1070a(b)) is amended—

(1) by amending paragraph (2)(A) to read as follows:

“(A) The amount of the Federal Pell Grant for a student eligible under this part shall be—

“(i) the maximum Federal Pell Grant, as specified in the last enacted appropriation Act applicable to that award year, plus

“(ii) the amount of the increase calculated under paragraph (8)(B) for that year, less

“(iii) an amount equal to the amount determined to be the expected family contribution with respect to that student for that year.”; and

(2) in paragraph (8)—

(A) in subparagraph (A)—

(i) in the matter preceding clause (i), by striking “, to carry out subparagraph (B) of this paragraph”; and

(ii) by striking clauses (iii) through (x) and inserting the following:

“(iii) to carry out subparagraph (B) of this paragraph, such sums as may be necessary for fiscal year 2010 and each subsequent fiscal year to provide the amount of increase of the maximum Federal Pell Grant required by clauses (ii) and (iii) of subparagraph (B); and

“(iv) to carry out this section, \$13,500,000,000 for fiscal year 2011.”;

(B) in subparagraph (B)—

(i) in the matter preceding clause (i), by striking “subparagraph (A)” and inserting “clauses (i) through (iii) of subparagraph (A)”;

(ii) in clause (ii), by striking “and 2011–2012” and inserting “, 2011 092012, and 2012–2013”; and

(iii) by striking clause (iii) and inserting the following:

“(iii) the amount determined under subparagraph (C) for each succeeding award year.”;

(C) by striking subparagraph (C) and inserting the following:

“(C) ADJUSTMENT AMOUNTS.—

“(i) AWARD YEAR 2013–2014.—For award year 2013–2014, the amount determined under this subparagraph for purposes of subparagraph (B)(iii) shall be equal to—

“(I) \$5,550 or the total maximum Federal Pell Grant for the preceding award year (as determined under clause (v)(II)), whichever is greater, increased by a percentage equal to the annual adjustment percentage for award year 2013–2014; reduced by

“(II) \$4,860 or the maximum Federal Pell Grant for which a student was eligible for the preceding award year, as specified in the last enacted appropriation Act applicable to that year, whichever is greater; and

“(III) rounded to the nearest \$5.

“(ii) AWARD YEARS 2014–2015 THROUGH 2017–2018.—For each of the award years 2014–2015 through 2017–2018, the amount determined under this subparagraph for purposes of subparagraph (B)(iii) shall be equal to—

“(I) the total maximum Federal Pell Grant for the preceding award year (as determined under clause (v)(II)), increased by a percentage equal to the annual adjustment percentage for the award year for which the amount under this subparagraph is being determined; reduced by

“(II) \$4,860 or the maximum Federal Pell Grant for which a student was eligible for the preceding award year, as specified in the last enacted appropriation Act applicable to that year, whichever is greater; and

“(III) rounded to the nearest \$5.

“(iii) SUBSEQUENT AWARD YEARS.—For award year 2018–2019 and each subsequent award year, the amount determined under this subparagraph for purposes of subparagraph (B)(iii) shall be equal to the amount determined under clause (ii) for award year 2017–2018.

“(iv) LIMITATION ON DECREASES.—Notwithstanding clauses (i), (ii), and (iii), if the amount determined under clause (i), (ii), or (iii) for a particular award year is less than the amount determined under this paragraph for the award year preceding that particular award year, then the amount determined under such clause for that particular award year shall be the amount determined under this paragraph for the preceding award year.

“(v) DEFINITIONS.—For purposes of this subparagraph—

“(I) the term ‘annual adjustment percentage’ as applied to an award year, is equal to the estimated percentage change in the Consumer Price Index (as determined by the Secretary, using the definition in section 478(f) for the most recent calendar year ending prior to the beginning of that award year; and

“(II) the term ‘total maximum Federal Pell Grant’ as applied to a preceding award year, is equal to the sum of—

“(aa) the maximum Federal Pell Grant for which a student is eligible during an award year, as specified in the last enacted appropriation Act applicable to that preceding award year; and

“(bb) the amount of the increase in the maximum Federal Pell Grant required by this paragraph for that preceding award year.”;

(D) by striking subparagraph (E); and

(E) by redesignating subparagraph (F) as subparagraph (E).

(b) CONFORMING AMENDMENTS.—Title IV (20 U.S.C. 1070 et seq.) is further amended—

(1) in section 401(b) (20 U.S.C. 1070a(b))—

(A) in paragraph (4)—

(i) by striking “maximum basic grant level specified in the appropriate appropriation Act” and inserting “maximum amount of a Federal Pell Grant award determined under paragraph (2)(A)”;

(ii) by striking “such level” each place it appears and inserting “such Federal Pell Grant amount” in each such place; and

(B) in paragraph (6), by striking “the grant level specified in the appropriate Appropriation Act for this subpart for such year” and inserting “the maximum amount of a Federal Pell Grant award determined under paragraph (2)(A), for which a student is eligible during such award year”;

(2) in section 402D(d)(1) (20 U.S.C. 1070a–14(d)(1)), by striking “exceed the maximum” and all that follows through “Grant, for” and

inserting “exceed the Federal Pell Grant amount, determined under section 401(b)(2)(A), for which a student is eligible, or be less than the minimum Federal Pell Grant amount described in section 401(b)(4), for”;

(3) in section 435(a)(5)(A)(i)(I) (20 U.S.C. 1085(a)(5)(A)(i)(I)), by striking “one-half the maximum Federal Pell Grant award for which a student would be eligible” and inserting “one-half the Federal Pell Grant amount, determined under section 401(b)(2)(A), for which a student would be eligible”;

(4) in section 483(e)(3)(A)(ii) (20 U.S.C. 1090(e)(3)(A)(ii)), by striking “based on the maximum Federal Pell Grant award at the time of application” and inserting “based on the Federal Pell Grant amount, determined under section 401(b)(2)(A), for which a student is eligible at the time of application”;

(5) in section 485E(b)(1)(A) (20 U.S.C. 1092(b)(1)(A)), by striking “of such students’ potential eligibility for a maximum Federal Pell Grant under subpart 1 of part A” and inserting “of such students’ potential eligibility for the Federal Pell Grant amount, determined under section 401(b)(2)(A), for which the student would be eligible”;

(6) in section 894(f)(2)(C)(ii)(I) (20 U.S.C. 1161y(f)(2)(C)(ii)(I)), by striking “the maximum Federal Pell Grant for each award year” and inserting “the Federal Pell Grant amount, determined under section 401(b)(2)(A), for which a student may be eligible for each award year”.

(c) **EFFECTIVE DATE.**—The amendments made by subsections (a) and (b) shall take effect on July 1, 2010.

SEC. 2102. COLLEGE ACCESS CHALLENGE GRANT PROGRAM.

Section 781 (20 U.S.C. 1141) is amended—

(1) in the first sentence of subsection (a), by striking “\$66,000,000” and all that follows through the period and inserting “\$150,000,000 for each of the fiscal years 2010 through 2014. The authority to award grants under this section shall expire at the end of fiscal year 2014.”;

(2) in subsection (c)(2), by striking “0.5 percent” and inserting “1.0 percent”.

SEC. 2103. INVESTMENT IN HISTORICALLY BLACK COLLEGES AND UNIVERSITIES AND MINORITY-SERVING INSTITUTIONS.

Section 371(b)(1)(A) (20 U.S.C. 1067q(b)(1)(A)) is amended by striking “and 2009.” and all that follows and inserting “through 2019. The authority to award grants under this section shall expire at the end of fiscal year 2019.”.

PART II—STUDENT LOAN REFORM

SEC. 2201. TERMINATION OF FEDERAL FAMILY EDUCATION LOAN APPROPRIATIONS.

Section 421 (20 U.S.C. 1071) is amended—

(1) in subsection (b), in the first sentence of the matter following paragraph (6), by inserting “, except that no sums may be expended after June 30, 2010, with respect to loans under this part for which the first disbursement is after such date” after “expended”;

(2) by adding at the end the following new subsection:

“(d) **TERMINATION OF AUTHORITY TO MAKE OR INSURE NEW LOANS.**—Notwithstanding paragraphs (1) through (6) of subsection (b) or any other provision of law—

“(1) no new loans (including consolidation loans) may be made or insured under this part after June 30, 2010; and

“(2) no funds are authorized to be appropriated, or may be expended, under this Act or any other Act to make or insure loans under this part (including consolidation loans) for which the first disbursement is after June 30, 2010,

except as expressly authorized by an Act of Congress enacted after the date of enactment of the SAFRA Act.”.

SEC. 2202. TERMINATION OF FEDERAL LOAN INSURANCE PROGRAM.

Section 424(a) (20 U.S.C. 1074(a)) is amended by striking “September 30, 1976,” and all that follows and inserting “September 30, 1976, for each of the succeeding fiscal years ending prior to October 1, 2009, and for the period from October 1, 2009, to June 30, 2010, for loans first disbursed on or before June 30, 2010.”.

SEC. 2203. TERMINATION OF APPLICABLE INTEREST RATES.

Section 427A(l) (20 U.S.C. 1077a(l)) is amended—

(1) in the subsection heading, by inserting “AND BEFORE JULY 1, 2010” after “2006”;

(2) in paragraph (1), by inserting “and before July 1, 2010,” after “July 1, 2006,”;

(3) in paragraph (2), by inserting “and before July 1, 2010,” after “July 1, 2006,”;

(4) in paragraph (3), by inserting “and that was disbursed before July 1, 2010,” after “July 1, 2006,”; and

(5) in paragraph (4)—

(A) in the matter preceding subparagraph (A), by striking “July 1, 2012” and inserting “July 1, 2010”; and

(B) by repealing subparagraphs (D) and (E).

SEC. 2204. TERMINATION OF FEDERAL PAYMENTS TO REDUCE STUDENT INTEREST COSTS.

(a) **HIGHER EDUCATION ACT OF 1965.**—Section 428 (20 U.S.C. 1078) is amended—

(1) in subsection (a)—

(A) in paragraph (1), in the matter preceding subparagraph (A), by inserting “for which the first disbursement is made before July 1, 2010, and” after “eligible institution”;

(B) in paragraph (5), by striking “September 30, 2014,” and all that follows through the period and inserting “June 30, 2010.”;

(2) in subsection (b)(1)—

(A) in subparagraph (G)(ii), by inserting “and before July 1, 2010,” after “July 1, 2006,”; and

(B) in subparagraph (H)(ii), by inserting “and that are first disbursed before July 1, 2010,” after “July 1, 2006,”;

(3) in subsection (f)(1)(A)(ii)—

(A) by striking “during fiscal years beginning”; and

(B) by inserting “and first disbursed before July 1, 2010,” after “October 1, 2003,”; and

(4) in subsection (j)(1), by inserting “, before July 1, 2010,” after “section 435(d)(1)(D) of this Act shall”.

(b) **COLLEGE COST REDUCTION AND ACCESS ACT.**—Section 303 of the College Cost Reduction and Access Act (Public Law 110–84) is repealed.

SEC. 2205. TERMINATION OF FFEL PLUS LOANS.

Section 428B(a)(1) (20 U.S.C. 1078–2(a)(1)) is amended by striking “A graduate” and inserting “Prior to July 1, 2010, a graduate”.

SEC. 2206. FEDERAL CONSOLIDATION LOANS.

(a) **IN GENERAL.**—Section 428C (20 U.S.C. 1078–3) is amended—

(1) in subsection (a)(4)(A), by inserting “, and first disbursed before July 1, 2010” after “under this part”;

(2) in subsection (b)—

(A) in paragraph (1)(E), by inserting before the semicolon “, and before July 1, 2010”; and

(B) in paragraph (5), by striking “In the event that” and inserting “If, before July 1, 2010,”;

(3) in subsection (c)(1)—

(A) in subparagraph (A)(ii), by inserting “and that is disbursed before July 1, 2010,” after “2006,”; and

(B) in subparagraph (C), by inserting “and disbursed before July 1, 2010,” after “1994,”; and

(4) in subsection (e), by striking “September 30, 2014,” and inserting “June 30, 2010. No loan may be made under this section for which the disbursement is on or after July 1, 2010.”.

(b) **TEMPORARY LOAN CONSOLIDATION AUTHORITY.**—Part D of title IV (20 U.S.C. 1087a et

seq.) is amended by inserting after section 459A (20 U.S.C. 1087i) the following:

“SEC. 459B. TEMPORARY LOAN CONSOLIDATION AUTHORITY.

“(a) **TEMPORARY LOAN CONSOLIDATION AUTHORITY.**—

“(1) **IN GENERAL.**—A borrower who has 1 or more loans in 2 or more of the categories described in paragraph (2), and who has not yet entered repayment on 1 or more of those loans in any of the categories, may consolidate all of the loans of the borrower that are described in paragraph (2) into a Federal Direct Consolidation Loan during the period described in paragraph (3).

“(2) **CATEGORIES OF LOANS THAT MAY BE CONSOLIDATED.**—The categories of loans that may be consolidated under paragraph (1) are—

“(A) loans made under this part;

“(B) loans purchased by the Secretary pursuant to section 459A; and

“(C) loans made under part B that are held by an eligible lender, as such term is defined in section 435(d).

“(3) **TIME PERIOD IN WHICH LOANS MAY BE CONSOLIDATED.**—The Secretary may make a Federal Direct Consolidation Loan under this section to a borrower whose application for such Federal Direct Consolidation Loan is received on or after July 1, 2010, and before July 1, 2011.

“(b) **TERMS OF LOANS.**—A Federal Direct Consolidation Loan made under this section shall have the same terms and conditions as a Federal Direct Consolidation Loan made under section 455(g), except that—

“(1) in determining the applicable rate of interest on the Federal Direct Consolidation Loan made under this section (other than on a Federal Direct Consolidation Loan described in paragraph (2)), section 427A(l)(3) shall be applied without rounding the weighted average of the interest rate on the loans consolidated to the nearest higher one-eighth of 1 percent as described in subparagraph (A) of section 427A(l)(3); and

“(2) if a Federal Direct Consolidation Loan made under this section that repays a loan which is subject to an interest rate determined under section 427A(g)(2), (j)(2), or (k)(2), then the interest rate for such Federal Direct Consolidation Loan shall be calculated—

“(A) by using the applicable rate of interest described in section 427A(g)(2), (j)(2), or (k)(2), respectively; and

“(B) in accordance with section 427A(l)(3).”.

SEC. 2207. TERMINATION OF UNSUBSIDIZED STAFFORD LOANS FOR MIDDLE-INCOME BORROWERS.

Section 428H (20 U.S.C. 1078–8) is amended—

(1) in subsection (a), by inserting “that are first disbursed before July 1, 2010,” after “under this part”;

(2) in subsection (b)—

(A) by striking “Any student” and inserting “Prior to July 1, 2010, any student”; and

(B) by inserting “for which the first disbursement is made before such date” after “unsubsidized Federal Stafford Loan”; and

(3) in subsection (h), by inserting “and that are first disbursed before July 1, 2010,” after “July 1, 2006.”.

SEC. 2208. TERMINATION OF SPECIAL ALLOWANCES.

Section 438 (20 U.S.C. 1087–1) is amended—

(1) in subsection (b)(2)(I)—

(A) in the subclause heading, by inserting “, AND BEFORE JULY 1, 2010” after “2000”;

(B) in clause (i), by inserting “and before July 1, 2010,” after “2000,”;

(C) in clause (ii)(II), by inserting “and before July 1, 2010,” after “2006,”;

(D) in clause (iii), by inserting “and before July 1, 2010,” after “2000,”;

(E) in clause (iv), by inserting “and that is disbursed before July 1, 2010,” after “2000,”;

(F) in clause (v)(I), by inserting “and before July 1, 2010,” after “2006,”; and

(G) in clause (vi)—

(i) in the clause heading, by inserting “, AND BEFORE JULY 1, 2010” after “2007”; and

(ii) in the matter preceding subclause (I), by inserting “and before July 1, 2010,” after “2007,”;

(2) in subsection (c)—

(A) in paragraph (2)(B)—

(i) in clause (iii), by inserting “and” after the semicolon;

(ii) in clause (iv), by striking “; and” and inserting a period; and

(iii) by striking clause (v); and

(B) in paragraph (6), by inserting “and first disbursed before July 1, 2010,” after “1992,”; and

(3) in subsection (d)(2)(B), by inserting “, and before July 1, 2010” after “2007”.

SEC. 2209. ORIGINATION OF DIRECT LOANS AT INSTITUTIONS OUTSIDE THE UNITED STATES.

(a) **LOANS FOR STUDENTS ATTENDING INSTITUTIONS OUTSIDE THE UNITED STATES.**—Section 452 (20 U.S.C. 1087b) is amended by adding at the end the following:

“(d) **INSTITUTIONS OUTSIDE THE UNITED STATES.**—Loan funds for students (and parents of students) attending institutions outside the United States shall be disbursed through a financial institution located or operating in the United States and designated by the Secretary to serve as the agent of such institutions with respect to the receipt of the disbursements of such loan funds and the transfer of such funds to such institutions. To be eligible to receive funds under this part, an institution outside the United States shall make arrangements with the agent designated by the Secretary under this subsection to receive funds under this part.”.

(b) **CONFORMING AMENDMENTS.**—

(1) **AMENDMENTS.**—Section 102 (20 U.S.C. 1002), as amended by section 102 of the Higher Education Opportunity Act (Public Law 110–315) and section 101 of Public Law 111–39, is amended—

(A) by striking “part B” each place the term appears and inserting “part D”; and

(B) in subsection (a)(1)(C), by inserting “, consistent with the requirements of section 452(d)” before the period at the end; and

(C) in subsection (a)(2)(A)—

(i) in the second sentence of the matter preceding clause (i), by striking “made, insured, or guaranteed” and inserting “made”; and

(ii) in clause (iii)—

(I) in subclause (III), by striking “only Federal Stafford” and all that follows through “section 428B” and inserting “only Federal Direct Stafford Loans under section 455(a)(2)(A), Federal Direct Unsubsidized Stafford Loans under section 455(a)(2)(D), or Federal Direct PLUS Loans under section 455(a)(2)(B)”;

(II) in subclause (V), by striking “a Federal Stafford” and all that follows through “section 428B” and inserting “a Federal Direct Stafford Loan under section 455(a)(2)(A), a Federal Direct Unsubsidized Stafford Loan under section 455(a)(2)(D), or a Federal Direct PLUS Loan under section 455(a)(2)(B)”.

(2) **EFFECTIVE DATE.**—The amendments made by subparagraph (C) of paragraph (1) shall be effective on July 1, 2010, as if enacted as part of section 102(a)(1) of the Higher Education Opportunity Act (Public Law 110–315) and subject to section 102(e) of such Act as amended by section 101(a)(2) of Public Law 111–39 (20 U.S.C. 1002 note).

SEC. 2210. CONFORMING AMENDMENTS.

(a) **AMENDMENTS.**—Section 454 (20 U.S.C. 1087d) is amended—

(1) in subsection (a)—

(A) by striking paragraph (4); and

(B) by redesignating paragraphs (5) through (7) as paragraphs (4) through (6), respectively; and

(2) in subsection (b)(2), by striking “(5), (6), and (7)” and inserting “(5), and (6)”.

(b) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall take effect on July 1, 2010.

SEC. 2211. TERMS AND CONDITIONS OF LOANS.

(a) **IN GENERAL.**—Section 455 (20 U.S.C. 1087e) is amended—

(1) in subsection (a)(I), by inserting “, and first disbursed on June 30, 2010,” before “under sections 428”; and

(2) in subsection (g)—

(A) by inserting “, including any loan made under part B and first disbursed before July 1, 2010” after “section 428C(a)(4)”;

(B) by striking the third sentence.

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a)(1) shall apply with respect to loans first disbursed under part D of title IV of the Higher Education Act of 1965 (20 U.S.C. 1087a et seq.) on or after July 1, 2010.

SEC. 2212. CONTRACTS; MANDATORY FUNDS.

(a) **CONTRACTS.**—Section 456 (20 U.S.C. 1087f) is amended—

(1) in subsection (a)—

(A) by inserting after paragraph (3) the following new paragraph:

“(4) **SERVICING BY ELIGIBLE NOT-FOR-PROFIT SERVICERS.**—

“(A) **SERVICING CONTRACTS.**—

“(i) **IN GENERAL.**—The Secretary shall contract with each eligible not-for-profit servicer to service loans originated under this part, if the servicer—

“(I) meets the standards for servicing Federal assets that apply to contracts awarded pursuant to paragraph (1); and

“(II) has the capacity to service the applicable loan volume allocation described in subparagraph (B).

“(ii) **COMPETITIVE MARKET RATE DETERMINATION FOR FIRST 100,000 BORROWER ACCOUNTS.**—The Secretary shall establish a separate pricing tier for each of the first 100,000 borrower loan accounts at a competitive market rate.

“(iii) **INELIGIBILITY.**—An eligible not-for-profit servicer shall no longer be eligible for a contract under this paragraph after July 1, 2014, if—

“(I) the servicer has not been awarded such a contract before that date; or

“(II) the servicer’s contract was terminated, and the servicer had not reapplied for, and been awarded, a contract under this paragraph.

“(B) **ALLOCATIONS.**—

“(i) **IN GENERAL.**—The Secretary shall (except as provided in clause (ii)) allocate to an eligible not-for-profit servicer, subject to the contract of such servicer described in subparagraph (A), the servicing rights for the loan accounts of 100,000 borrowers (including borrowers who borrowed loans in a prior year that were serviced by the servicer).

“(ii) **SERVICER ALLOCATION.**—The Secretary may reallocate, increase, reduce, or terminate an eligible not-for-profit servicer’s allocation of servicing rights under clause (i) based on the performance of such servicer, on the same terms as loan allocations provided by contracts awarded pursuant to paragraph (1).”; and

(2) by adding at the end the following:

“(c) **DEFINITION OF ELIGIBLE NOT-FOR-PROFIT SERVICER.**—In this section:

“(1) **IN GENERAL.**—The term ‘eligible not-for-profit servicer’ means an entity—

“(A) that is not owned or controlled in whole or in part by—

“(i) a for-profit entity; or

“(ii) a nonprofit entity having its principal place of business in another State; and

“(B) that—

“(i) as of July 1, 2009—

“(I) meets the definition of an eligible not-for-profit holder under section 435(p), except that such term does not include eligible lenders described in paragraph (1)(D) of such section; and

“(II) was performing, or had entered into a contract with a third party servicer (as such term is defined in section 481(c)) who was performing, student loan servicing functions for loans made under part B of this title;

“(ii) notwithstanding clause (i), as of July 1, 2009—

“(I) is the sole beneficial owner of a loan for which the special allowance rate is calculated under section 438(b)(2)(I)(vi)(II) because the loan is held by an eligible lender trustee that is an eligible not-for-profit holder as defined under section 435(p)(1)(D); and

“(II) was performing, or had entered into a contract with a third party servicer (as such term is defined in section 481(c)) who was performing, student loan servicing functions for loans made under part B of this title; or

“(iii) is an affiliated entity of an eligible not-for-profit servicer described in clause (i) or (ii) that—

“(I) directly employs, or will directly employ (on or before the date the entity begins servicing loans under a contract awarded by the Secretary pursuant to subsection (a)(3)(A)), the majority of individuals who perform borrower-specific student loan servicing functions; and

“(II) as of July 1, 2009, was performing, or had entered into a contract with a third party servicer (as such term is defined in section 481(c)) who was performing, student loan servicing functions for loans made under part B of this title.

“(2) **AFFILIATED ENTITY.**—For the purposes of paragraph (1), the term ‘affiliated entity’—

“(A) means an entity contracted to perform services for an eligible not-for-profit servicer that—

“(i) is a nonprofit entity or is wholly owned by a nonprofit entity; and

“(ii) is not owned or controlled, in whole or in part, by—

“(I) a for-profit entity; or

“(II) an entity having its principal place of business in another State; and

“(B) may include an affiliated entity that is established by an eligible not-for-profit servicer after the date of enactment of the SAFRA Act, if such affiliated entity is otherwise described in paragraph (1)(B)(iii)(I) and subparagraph (A) of this paragraph.”.

(b) **MANDATORY FUNDS.**—

(1) **AMENDMENTS.**—Section 458(a) (20 U.S.C. 1087h(a)) is amended—

(A) by redesignating paragraph (5) as paragraph (8);

(B) by redesignating paragraphs (2) through (4) as paragraphs (3) through (5), respectively;

(C) by inserting after paragraph (1) the following new paragraph:

“(2) **MANDATORY FUNDS FOR ELIGIBLE NOT-FOR-PROFIT-SERVICERS.**—For fiscal years 2010 through 2019, there shall be available to the Secretary, in addition to any other amounts appropriated to carry out this paragraph and out of any money in the Treasury not otherwise appropriated, funds to be obligated for administrative costs of servicing contracts with eligible not-for-profit servicers as described in section 456.”; and

(D) by inserting after paragraph (5), as redesignated by subparagraph (B) of this paragraph, the following:

“(6) **TECHNICAL ASSISTANCE TO INSTITUTIONS OF HIGHER EDUCATION.**—

“(A) **PROVISION OF ASSISTANCE.**—The Secretary shall provide institutions of higher education participating, or seeking to participate, in the loan programs under this part with technical assistance in establishing and administering such programs.

“(B) FUNDS.—There are authorized to be appropriated, and there are appropriated, to carry out this paragraph (in addition to any other amounts appropriated to carry out this paragraph and out of any money in the Treasury not otherwise appropriated), \$50,000,000 for fiscal year 2010.

“(C) DEFINITION.—In this paragraph, the term ‘assistance’ means the provision of technical support, training, materials, technical assistance, and financial assistance.

“(7) ADDITIONAL PAYMENTS.—

“(A) PROVISION OF ASSISTANCE.—The Secretary shall provide payments to loan servicers for retaining jobs at locations in the United States where such servicers were operating under part B on January 1, 2010.

“(B) FUNDS.—There are authorized to be appropriated, and there are appropriated, to carry out this paragraph (in addition to any other amounts appropriated to carry out this paragraph and out of any money in the Treasury not otherwise appropriated), \$25,000,000 for each of the fiscal years 2010 and 2011.”

(2) CONFORMING AMENDMENT.—Section 458 (20 U.S.C. 1087h) is further amended by striking “subsection (a)(3)” in subsection (b) and inserting “subsection (a)(4)”.

SEC. 2213. INCOME-BASED REPAYMENT.

Section 493C (20 U.S.C. 1098e) is amended by adding at the end the following new subsection:

“(e) SPECIAL TERMS FOR NEW BORROWERS ON AND AFTER JULY 1, 2014.—With respect to any loan made to a new borrower on or after July 1, 2014—

“(1) subsection (a)(3)(B) shall be applied by substituting ‘10 percent’ for ‘15 percent’; and

“(2) subsection (b)(7)(B) shall be applied by substituting ‘20 years’ for ‘25 years’.”

Subtitle B—Health

SEC. 2301. INSURANCE REFORMS.

(a) EXTENDING CERTAIN INSURANCE REFORMS TO GRANDFATHERED PLANS.—Section 1251(a) of the Patient Protection and Affordable Care Act, as added by section 10103(d) of such Act, is amended by adding at the end the following:

“(4) APPLICATION OF CERTAIN PROVISIONS.—

“(A) IN GENERAL.—The following provisions of the Public Health Service Act (as added by this title) shall apply to grandfathered health plans for plan years beginning with the first plan year to which such provisions would otherwise apply:

“(i) Section 2708 (relating to excessive waiting periods).

“(ii) Those provisions of section 2711 relating to lifetime limits.

“(iii) Section 2712 (relating to rescissions).

“(iv) Section 2714 (relating to extension of dependent coverage).

“(B) PROVISIONS APPLICABLE ONLY TO GROUP HEALTH PLANS.—

“(i) PROVISIONS DESCRIBED.—Those provisions of section 2711 relating to annual limits and the provisions of section 2704 (relating to pre-existing condition exclusions) of the Public Health Service Act (as added by this subtitle) shall apply to grandfathered health plans that are group health plans for plan years beginning with the first plan year to which such provisions otherwise apply.

“(ii) ADULT CHILD COVERAGE.—For plan years beginning before January 1, 2014, the provisions of section 2714 of the Public Health Service Act (as added by this subtitle) shall apply in the case of an adult child with respect to a grandfathered health plan that is a group health plan only if such adult child is not eligible to enroll in an eligible employer-sponsored health plan (as defined in section 5000A(f)(2) of the Internal Revenue Code of 1986) other than such grandfathered health plan.”

(b) CLARIFICATION REGARDING DEPENDENT COVERAGE.—Section 2714(a) of the Public Health

Service Act, as added by section 1001(5) of the Patient Protection and Affordable Care Act, is amended by striking “(who is not married)”.

SEC. 2302. DRUGS PURCHASED BY COVERED ENTITIES.

Section 340B of the Public Health Service Act (42 U.S.C. 256b), as amended by sections 7101 and 7102 of the Patient Protection and Affordable Care Act, is amended—

(1) in subsection (a)—

(A) in paragraphs (1), (2), (5), (7), and (9), by striking the terms “covered drug” and “covered drugs” each place either term appears and inserting “covered outpatient drug” or “covered outpatient drugs”, respectively;

(B) in paragraph (4)(L)—

(i) in clause (i), by striking “and” at the end;

(ii) in clause (ii), by striking the period and inserting “; and”; and

(iii) by inserting after clause (ii), the following:

“(iii) does not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement.”; and

(C) in paragraph (5)—

(i) by striking subparagraph (C);

(ii) by redesignating subparagraphs (D) and (E) as subparagraphs (C) and (D), respectively; and

(iii) in subparagraph (D), as so redesignated, by striking “subparagraph (D)” and inserting “subparagraph (C)”;

(2) by striking subsection (c);

(3) in subsection (d)—

(A) by striking “covered drugs” each place it appears and inserting “covered outpatient drugs”;

(B) by striking “(a)(5)(D)” each place it appears and inserting “(a)(5)(C)”;

(C) by striking “(a)(5)(E)” each place it appears and inserting “(a)(5)(D)”;

(4) by inserting after subsection (d) the following:

“(e) EXCLUSION OF ORPHAN DRUGS FOR CERTAIN COVERED ENTITIES.—For covered entities described in subparagraph (M), (N), or (O) of subsection (a)(4), the term ‘covered outpatient drug’ shall not include a drug designated by the Secretary under section 526 of the Federal Food, Drug, and Cosmetic Act for a rare disease or condition.”

SEC. 2303. COMMUNITY HEALTH CENTERS.

Section 10503(b)(1) of the Patient Protection and Affordable Care Act is amended—

(1) in subparagraph (A), by striking “700,000,000” and inserting “1,000,000,000”;

(2) in subparagraph (B), by striking “800,000,000” and inserting “1,200,000,000”;

(3) in subparagraph (C), by striking “1,000,000,000” and inserting “1,500,000,000”;

(4) in subparagraph (D), by striking “1,600,000,000” and inserting “2,200,000,000”;

and

(5) in subparagraph (E), by striking “2,900,000,000” and inserting “3,600,000,000”.

The SPEAKER pro tempore. Pursuant to House Resolution 1203, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mr. CAMP. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. CAMP. In its current form.

The SPEAKER pro tempore. The Clerk will designate the motion.

The text of the motion is as follows:

Motion to recommit offered by Mr. CAMP:

Mr. Camp moves to recommit the bill H.R. 4872 to the Committee on the Budget with instructions to report the same back to the House forthwith with the following amendments:

Add at the end of section 1002 (relating to individual responsibility) the following:

(c) APPLICATION OF PENALTY.—Section 5000A(g)(1) of the Internal Revenue Code of 1986, as added by section 1501(b) of the Patient Protection and Affordable Care Act and amended by section 10106 of such Act, is amended to read as follows:

“(1) IN GENERAL.—The penalty provided by this section shall be paid upon notice and demand by the Secretary, and except as provided in paragraph (2), shall be assessed and collected in the same manner as an assessable penalty under subchapter B of chapter 68. The penalties provided by this section shall, subject to appropriations, be deposited by the Secretary in the the Trust Funds established under title II of the Social Security Act (in such proportions as the Secretary shall specify). The value of such Trust Funds shall be calculated each year as if the amounts described in the previous sentence had been appropriated and deposited into such Trust Funds.”

At the end of subtitle A of title I, add the following:

SEC. 1006. SPECIAL RULES RELATING TO COVERAGE OF ABORTION SERVICES.

(a) IN GENERAL.—Section 1303 of the Patient Protection and Affordable Care Act, as amended by section 10104(c) of such Act, is amended—

(1) in the section heading, by inserting “RELATING TO COVERAGE OF ABORTION SERVICES” after “SPECIAL RULES”; and

(2) by striking subsection (a) and all of subsection (b) that precedes paragraph (4) and inserting the following:

“(a) IN GENERAL.—Nothing in this Act (or any amendment made by this Act) shall be construed to require any health plan to provide coverage of abortion services or to allow the Secretary or any other person or entity implementing this Act (or amendment) to require coverage of such services.

“(b) LIMITATION ON ABORTION FUNDING.—

“(1) IN GENERAL.—None of the funds authorized or appropriated by this Act (or an amendment made by this Act), including credits under section 36B of the Internal Revenue Code of 1986, shall be expended for any abortion or to cover any part of the costs of any health plan that includes coverage of abortion, except in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself, or unless the pregnancy is the result of an act of rape or incest.

“(2) OPTION TO PURCHASE SEPARATE COVERAGE OR PLAN.—Subject to paragraph (1), nothing in this subsection shall be construed as prohibiting any non-Federal entity (including an individual or a State or local government) from purchasing separate coverage for abortions for which funding is prohibited under this subsection, or a plan that includes such abortions, so long as such coverage or plan is not purchased using the non-Federal funds required to receive a Federal payment, including a premium payment required for a qualified health plan towards which the credit described in paragraph (1) is applied or a

State's or locality's contribution of Medicaid matching funds.

“(3) OPTION TO OFFER COVERAGE OR PLAN.—Subject to paragraph (1), nothing in this subsection shall restrict any non-Federal health insurance issuer offering a qualified health plan from offering separate coverage for abortions for which funding is prohibited under this subsection, or a plan that includes such abortions, so long as any such issuer that offers a qualified health plan through an Exchange that includes coverage for abortions for which funding is prohibited under this subsection also offers a qualified health plan through the Exchange that is identical in every respect except that it does not cover such abortions.”.

(b) CONFORMING AMENDMENT FOR MULTI-STATE PLANS.—Section 1334(a) of the Patient Protection and Affordable Care Act, as added by section 10104(q) of such Act, is amended by striking paragraph (6) and redesignating paragraph (7) as paragraph (6).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Michigan is recognized for 5 minutes in support of his motion.

Mr. HOYER. Mr. Speaker, is the motion going to be read?

The SPEAKER pro tempore. The rule dispenses with the reading. The motion is merely designated.

The gentleman from Michigan is recognized for 5 minutes.

Mr. CAMP. As the previous vote shows, there is bipartisan opposition to the health care bill the Senate sent to this House. It is with good reason. The American people, Republicans and a few brave Democrats—34, to be exact—34 brave Democrats have rejected it precisely because of the legislation's deep flaws. The motion to recommit offers us a chance to fix the most egregious defect, allowing taxpayer funds to subsidize abortions.

Mr. Speaker, the very strict rules of the House waive the reading of all of these rules and motions, but this motion ensures the Hyde language remains the law of the land. The latest in a long string of deals—the one made today with the President—does not protect the life of unborn children. As the gentleman from Mississippi, a Democrat, warned earlier today, anything the President does by Executive order, he can undo by Executive order.

There is no bargaining or dealmaking when it comes to the life of the unborn. A life is a life. And it is the responsibility of this House to defend these children.

When this measure was last before the House, it passed overwhelmingly, 240–194. It should do so again.

I now yield to the gentleman from Pennsylvania (Mr. PITTS) to further discuss this motion to recommit.

Mr. PITTS. I rise in support of the motion before us. Over and over again, polls have shown the public does not support Federal funding of abortions. Unfortunately, the Senate rejected the will of the people and passed a bill that has become known as the most massively pro-abortion piece of legislation

to come before Congress since *Roe v. Wade*.

Despite the political runaround that we've been given this last week, the facts remain before us today: The Senate bill departs from longstanding current policy and achieves the exact opposite effect of current law, and an Executive order promised by the President will not change these facts. An Executive order does not trump a statute. The courts will undoubtedly look to the legislative text to interpret the law.

Moreover, the promised order fails to even correct the egregious pro-life concerns contained in this bill. It will simply reiterate the meaningless accounting scheme cooked up by the Senate bill. Regardless of what type of gimmick is employed to facilitate the abortion payments, the result will be the same. The abortion rate will rise and more unborn lives will be lost.

The Executive order does nothing to prevent funding for abortion in the co-op program or prevent funding for abortion in the high-risk insurance pool program. The Executive order does not prevent HRSA from issuing regs that include abortion as a preventive service, thereby mandating all individual plans and group plans include abortion as a required service. The Executive order does nothing to prevent that abortion surcharge mandate from being implemented. It is full of loopholes.

Mr. Speaker, I urge my colleagues to reinstate the pro-life protections that passed this Chamber last November in a bipartisan vote, the Stupak-Pitts amendment. I urge my colleagues to vote “yes” on this motion.

Mr. CAMP. Mr. Speaker, I now yield to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, in a dramatic reversal of current law, ObamaCare, as just passed, authorizes health insurance policies funded with tax credits and cost reduction payments to pay for abortion on demand and forces the issuers of federally subsidized plans to collect a new abortion fee and abortion surtax from every enrollee to pay for other people's abortions. Insurance companies need only segregate the funds—a mere book-keeping exercise—to subsidize unrestricted, publicly funded abortions.

OPM will also administer multi-State insurance plans with abortion, another radical departure from the status quo. What of the Executive order? With all due respect, what a joke. It does absolutely nothing to mitigate or change in any way the huge expansion of public funding of abortion.

For example—and I ask Members to read it—section 2 only directs officials, pursuant to provisions of the bill just passed, to establish a model set of segregation guidelines. So, in other words, the abortion expansion is unabated.

I ask Members to support Stupak-Pitts and the motion to recommit.

Mr. HOYER. Mr. Speaker, I rise in opposition to the motion.

The SPEAKER pro tempore. The gentleman from Maryland is recognized for 5 minutes.

Mr. HOYER. I thank the Speaker.

Ladies and gentlemen, we have come a far pace. The majority of this House has just voted to do for Americans what a hundred years of Presidents have asked for. We are on the cusp of a great victory for America and for Americans. This motion is inconsistent with reconciliation, a process that 72 percent of the time was pursued by the other party. They know that this motion is not in order and they know this motion would not have support in the Senate, so they are indirectly trying to kill this bill. However, as well, I think they well misstate the case.

I yield to the gentleman from Michigan.

□ 2300

Mr. STUPAK. I thank the gentleman for yielding.

The motion to recommit purports to be a right-to-life motion, in the spirit of the Stupak amendment. But as the author of the Stupak amendment, this motion is nothing more than an opportunity to continue to deny 32 million Americans health care. The motion is really a last-ditch effort of 98 years of denying Americans health care.

The motion to recommit does not promote life. It is the Democrats who have stood up for the principle of no public funding for abortions. It is Democrats, through the President's executive order, that ensures the sanctity of life is protected, because all life is precious and all life should be honored. Democrats guarantee all life from the unborn to the last breath of a senior citizen is honored and respected. For the unborn child, his or her mother will finally have pre- and postnatal care under our bill. If the child is born with mental problems, we provide medical care without bankrupting the family.

For the Republicans to now claim that we send the bill back to committee under the guise of protecting life is disingenuous. This motion is really to politicize life, not prioritize life. We stand for the American people. We stand up for life. Vote “no” on this motion to recommit.

Mr. HOYER. My colleagues, we have come this far not to be thwarted by a procedural motion that will never have effect. They know that. We know that. Vote “no.” Vote “yes” for the health care of all America.

I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Mr. CAMP. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 199, noes 232, not voting 0, as follows:

[Roll No. 166]

AYES—199

Aderholt	Fortenberry	Miller, Gary
Akin	Fox	Moran (KS)
Alexander	Franks (AZ)	Murphy, Tim
Altmire	Frelinghuysen	Myrick
Austria	Galleghy	Neugebauer
Bachmann	Garrett (NJ)	Nunes
Bachus	Gerlach	Olson
Barrett (SC)	Gingrey (GA)	Paul
Barrow	Gohmert	Paulsen
Bartlett	Goodlatte	Pence
Barton (TX)	Granger	Peterson
Berry	Graves	Petri
Biggart	Griffith	Pitts
Bilbray	Guthrie	Platts
Bilirakis	Hall (TX)	Poe (TX)
Bishop (UT)	Harper	Posey
Blackburn	Hastings (WA)	Price (GA)
Blunt	Heller	Putnam
Boehner	Hensarling	Radanovich
Bonner	Herger	Rehberg
Bono Mack	Hoekstra	Reichert
Boozman	Holden	Roe (TN)
Boren	Hunter	Rogers (AL)
Boustany	Inglis	Rogers (KY)
Brady (TX)	Issa	Rogers (MI)
Bright	Jenkins	Rohrabacher
Brown (GA)	Johnson (IL)	Rooney
Brown (SC)	Johnson, Sam	Ros-Lehtinen
Brown-Waite,	Jones	Roskam
Ginny	Jordan (OH)	Ross
Buchanan	King (IA)	Royce
Burgess	King (NY)	Ryan (WI)
Burton (IN)	Kingston	Scalise
Buyer	Kirk	Schmidt
Calvert	Kline (MN)	Schock
Camp	Lamborn	Sensenbrenner
Campbell	Lance	Sessions
Cantor	Latham	Shadegg
Cao	LaTourette	Shimkus
Capito	Latta	Shuler
Carter	Lee (NY)	Shuster
Cassidy	Lewis (CA)	Simpson
Castle	Linder	Skelton
Chaffetz	Lipinski	Smith (NE)
Chandler	LoBiondo	Smith (NJ)
Childers	Lucas	Smith (TX)
Coble	Luetkemeyer	Souder
Coffman (CO)	Lummis	Stearns
Cole	Lungren, Daniel	Sullivan
Conaway	E.	Taylor
Costello	Mack	Terry
Crenshaw	Manzullo	Thompson (PA)
Culberson	Marchant	Thornberry
Davis (KY)	Marshall	Tiahrt
Davis (TN)	Matheson	Tiberi
Deal (GA)	McCarthy (CA)	Turner
Dent	McCaul	Upton
Diaz-Balart, L.	McClintock	Walden
Diaz-Balart, M.	McCotter	Wamp
Donnelly (IN)	McHenry	Westmoreland
Dreier	McIntyre	Whitfield
Duncan	McKeon	Wilson (SC)
Ehlers	McMorris	Wittman
Emerson	Rodgers	Wolf
Fallin	Melancon	Young (AK)
Flake	Mica	Young (FL)
Fleming	Miller (FL)	
Forbes	Miller (MI)	

NOES—232

Ackerman	Berkley	Brady (PA)
Adler (NJ)	Berman	Braley (IA)
Andrews	Bishop (GA)	Brown, Corrine
Arcuri	Bishop (NY)	Butterfield
Baca	Blumenauer	Capps
Baird	Boccheri	Capuano
Baldwin	Boswell	Cardoza
Bean	Boucher	Carnahan
Becerra	Boyd	Carney

Carson (IN)	Jackson (IL)	Perriello
Castor (FL)	Jackson Lee	Peters
Chu	(TX)	Pingree (ME)
Clarke	Johnson (GA)	Polis (CO)
Cleaver	Johnson, E. B.	Pomeroy
Clyburn	Kagen	Price (NC)
Cohen	Kanjorski	Quigley
Connolly (VA)	Kaptur	Rahall
Conyers	Kennedy	Rangel
Cooper	Kildee	Reyes
Costa	Kilpatrick (MI)	Richardson
Courtney	Kilroy	Rodriguez
Crowley	Kind	Rothman (NJ)
Cuellar	Kirkpatrick (AZ)	Roybal-Allard
Cummings	Kissell	Ruppersberger
Dahlkemper	Klein (FL)	Rush
Davis (AL)	Kratovil	Ryan (OH)
Davis (CA)	Kucinich	Salazar
Davis (IL)	Langevin	Sánchez, Linda
DeFazio	Larsen (WA)	T.
DeGette	Larsen (CT)	Sanchez, Loretta
Delahunt	Lee (CA)	Sarbanes
DeLauro	Levin	Schakowsky
Dicks	Lewis (GA)	Schauer
Dingell	Loeb sack	Schiff
Doggett	Lofgren, Zoe	Schrader
Doyle	Lowey	Schwartz
Driehaus	Luján	Scott (GA)
Edwards (MD)	Lynch	Scott (VA)
Edwards (TX)	Maffei	Serrano
Ellison	Maloney	Sestak
Ellsworth	Markey (CO)	Shea-Porter
Engel	Markey (MA)	Sherman
Eshoo	Matsui	Sires
Etheridge	McCarthy (NY)	Slaughter
Farr	McCollum	Smith (WA)
Fattah	McDermott	Snyder
Filner	McGovern	Space
Foster	McMahon	Speier
Frank (MA)	McNerney	Spratt
Fudge	Meek (FL)	Stark
Garamendi	Meeks (NY)	Stupak
Giffords	Michaud	Sutton
Gonzalez	Miller (NC)	Tanner
Gordon (TN)	Miller, George	Teague
Grayson	Minnick	Thompson (CA)
Green, Al	Mitchell	Thompson (MS)
Green, Gene	Mollohan	Tierney
Grijalva	Moore (KS)	Titus
Gutierrez	Moore (WI)	Tonko
Hall (NY)	Moran (VA)	Towns
Halvorson	Murphy (VA)	Tsongas
Hare	Murphy (CT)	Van Hollen
Harman	Murphy (NY)	Velázquez
Hastings (FL)	Nadler (NY)	Visclosky
Heinrich	Napolitano	Walz
Herseth Sandlin	Neal (MA)	Wasserman
Higgins	Nye	Schultz
Hill	Oberstar	Waters
Himes	Obey	Watson
Hinchoy	Oliver	Watt
Hinojosa	Ortiz	Waxman
Hirono	Owens	Weiner
Holmes	Pallone	Welch
Holt	Pascarella	Wilson (OH)
Honda	Pastor (AZ)	Woolsey
Hoyer	Payne	Wu
Inslee	Pelosi	Yarmuth
Israel	Perlmutter	

□ 2319

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. DINGELL. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on passage of the bill will be followed by 5-minute votes on motions to suspend the rules with regard

to House Resolution 1099 and House Resolution 1119.

The vote was taken by electronic device, and there were—ayes 220, noes 211, not voting 0, as follows:

[Roll No. 167]

AYES—220

Ackerman	Halvorson	Ortiz
Andrews	Hare	Owens
Baca	Harman	Pallone
Baird	Hastings (FL)	Pascarella
Baldwin	Heinrich	Pastor (AZ)
Bean	Higgins	Payne
Becerra	Hill	Pelosi
Berkley	Himes	Perlmutter
Berman	Hinchey	Perriello
Bishop (GA)	Hinojosa	Peters
Bishop (NY)	Hirono	Pingree (ME)
Blumenauer	Hodes	Polis (CO)
Boccheri	Holt	Pomeroy
Boswell	Honda	Price (NC)
Boyd	Hoyer	Quigley
Brady (PA)	Inslee	Rahall
Braley (IA)	Israel	Rangel
Brown, Corrine	Jackson (IL)	
Butterfield	Jackson Lee	Reyes
Capps	(TX)	Richardson
Capuano	Johnson (GA)	Rodriguez
Cardoza	Johnson, E. B.	Rothman (NJ)
Carnahan	Kagen	Roybal-Allard
Carney	Kanjorski	Ruppersberger
Carson (IN)	Kaptur	Rush
Castor (FL)	Kennedy	Ryan (OH)
Chu	Kildee	Salazar
Clarke	Kilpatrick (MI)	Sánchez, Linda
Clay	Kilroy	T.
Cleaver	Kind	Sanchez, Loretta
Clyburn	Kirkpatrick (AZ)	Sarbanes
Cohen	Klein (FL)	Schakowsky
Connolly (VA)	Kosmas	Schauer
Conyers	Kucinich	Schiff
Costa	Langevin	Schrader
Costello	Larsen (WA)	Schwartz
Courtney	Larsen (CT)	Scott (GA)
Crowley	Lee (CA)	Scott (VA)
Cuellar	Levin	Serrano
Cummings	Lewis (GA)	Sestak
Dahlkemper	Lipinski	Shea-Porter
Davis (CA)	Loeb sack	Sherman
Davis (IL)	Lofgren, Zoe	Sires
DeFazio	Lowey	Slaughter
DeGette	Luján	Smith (WA)
Delahunt	Lynch	Snyder
DeLauro	Maffei	Speier
Dicks	Maloney	Spratt
Dingell	Markey (CO)	Stark
Doggett	Markey (MA)	Stupak
Donnelly (IN)	Matsui	Sutton
Doyle	McCarthy (NY)	Thompson (CA)
Driehaus	McCollum	Thompson (MS)
Edwards (MD)	McDermott	Tierney
Ellison	McGovern	Titus
Ellsworth	McNerney	Tonko
Engel	Meek (FL)	Towns
Eshoo	Meeks (NY)	Tsongas
Etheridge	Michaud	Van Hollen
Farr	Miller (NC)	Velázquez
Fattah	Miller, George	Visclosky
Filner	Mitchell	Walz
Foster	Mollohan	Wasserman
Frank (MA)	Moore (KS)	Schultz
Fudge	Moore (WI)	Waters
Garamendi	Moran (VA)	Watson
Giffords	Murphy (CT)	Watt
Gonzalez	Murphy (NY)	Waxman
Gordon (TN)	Murphy, Patrick	Weiner
Grayson	Nadler (NY)	Welch
Green, Al	Napolitano	Wilson (OH)
Green, Gene	Neal (MA)	Woolsey
Grijalva	Oberstar	Wu
Gutierrez	Obey	Yarmuth
Hall (NY)	Oliver	

NOES—211

Aderholt	Barrett (SC)	Blackburn
Adler (NJ)	Barrow	Blunt
Akin	Bartlett	Boehner
Alexander	Barton (TX)	Bonner
Altmire	Berry	Bono Mack
Arcuri	Biggart	Boozman
Austria	Bilbray	Boren
Bachmann	Bilirakis	Boucher
Bachus	Bishop (UT)	Boustany

Brady (TX) Hensarling
Bright Herger
Broun (GA) Herseht Sandlin
Brown (SC) Hoekstra
Brown-Waite, Holden
Ginny Hunter
Buchanan Inglis
Burgess Issa
Burton (IN) Jenkins
Buyer Johnson (IL)
Calvert Johnson, Sam
Camp Jones
Campbell Jordan (OH)
Cantor King (IA)
Cao King (NY)
Capito Kingston
Carter Kirk
Cassidy Kissell
Castle Kline (MN)
Chaffetz Kratochvil
Chandler Lamborn
Childers Lance
Coble Latham
Coffman (CO) LaTourette
Cole Latta
Conaway Lee (NY)
Cooper Lewis (CA)
Crenshaw Linder
Culberson LoBiondo
Davis (AL) Lucas
Davis (KY) Luetkemeyer
Davis (TN) Lummis
Deal (GA) Lungren, Daniel
Dent E.
Diaz-Balart, L. Mack
Diaz-Balart, M. Manzullo
Dreier Marchant
Duncan Marshall
Edwards (TX) Matheson
Ehlers McCarthy (CA)
Emerson McCaul
Fallin McClintock
Flake McCotter
Fleming McHenry
Forbes McIntyre
Fortenberry McKeon
Foxy McMahon
Franks (AZ) McMorris
Frelinghuysen Rodgers
Gallegly Melancon
Garrett (NJ) Mica
Gerlach Miller (FL)
Gingrey (GA) Miller (MI)
Gohmert Miller, Gary
Goodlatte Minnick
Granger Moran (KS)
Graves Murphy, Tim
Griffith Myrick
Guthrie Neugebauer
Hall (TX) Nunes
Harper Nye
Hastings (WA) Olson
Heller Paul

Paulsen
Pence
Peterson
Petri
Pitts
Platts
Poe (TX)
Posey
Price (GA)
Putnam
Radanovich
Rehberg
Reichert
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Royce
Ryan (WI)
Scalise
Schmidt
Schock
Sensenbrenner
Sessions
Shadegg
Shimkus
Shuler
Shuster
Simpson
Skelton
Smith (NE)
Smith (NJ)
Smith (TX)
Souder
Space
Stearns
Sullivan
Tanner
Taylor
Teague
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Turner
Upton
Walden
Wamp
Westmoreland
Whitfield
Wilson (SC)
Wittman
Wolf
Young (AK)
Young (FL)

This will be a 5-minute vote.
The vote was taken by electronic device, and there were—yeas 421, nays 0, not voting 9, as follows:

[Roll No. 168]

YEAS—421

Ackerman
Aderholt
Adler (NJ)
Akin
Alexander
Altmire
Andrews
Arcuri
Austria
Baca
Bachmann
Bachus
Baird
Baldwin
Barrett (SC)
Barrow
Bartlett
Barton (TX)
Bean
Becerra
Berkley
Berman
Berry
Biggart
Bilbray
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Blackburn
Blumenauer
Blunt
Ellsworth
Emerson
Engel
Eshoo
Etheridge
Fallin
Farr
Fattah
Filner
Flake
Fleming
Forbes
Fortenberry
Foster
Foxy
Frank (MA)
Franks (AZ)
Fudge
Gallegly
Garamendi
Garrett (NJ)
Gerlach
Giffords
Gingrey (GA)
Gohmert
Gonzalez
Goodlatte
Gordon (TN)
Granger
Graves
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guthrie
Gutierrez
Hall (NY)
Hall (TX)
Halvorson
Hare
Harman
Harper
Hastings (FL)
Hastings (WA)
Heinrich
Heller
Hensarling
Herger
Herseht Sandlin
Higgins
Hill
Himes
Hinchey
Hinojosa
Hirono

McNerney
Meek (FL)
Meeks (NY)
Melancon
Mica
Michaud
Miller (FL)
Miller (MI)
Miller (NC)
Miller, Gary
Minnick
Mitchell
Mollohan
Moore (WI)
Moran (KS)
Moran (VA)
Murphy (CT)
Murphy (NY)
Murphy, Patrick
Murphy, Tim
Myrick
Nadler (NY)
Napitano
Neal (MA)
Neugebauer
Nunes
Nye
Oberstar
Obey
Olson
Olver
Ortiz
Owens
Pallone
Pascarella
Pastor (AZ)
Paul
Paulsen
Payne
Pence
Perlmutter
Perriello
Peters
Peterson
Petri
Pingree (ME)
Pitts
Platts
Poe (TX)
Polis (CO)
Pomeroy
Posey
Price (GA)
Price (NC)
Putnam
Quigley
Radanovich
Rahall
Rangel
Rehberg
Reichert
Reyes
Richardson
Rodriguez
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rooney
Ros-Lehtinen
Roskam
Ross
Rothman (NJ)
Roybal-Allard
Royce
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Salazar
Sánchez, Linda
T.
Sanchez, Loretta
Sarbanes
Scalise
Schakowsky
Schauer
Schiff
Schmidt
Schock
Schrader
Schwartz
Scott (GA)
Scott (VA)
Sensenbrenner
Serrano
Sessions
Sestak
Shadegg
Shea-Porter
Sherman
Shimkus
Shuler
Shuster
Simpson
Sires
Skelton
Slaughter
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Souder
Space
Speier
Spratt
Stark
Stearns
Stupak
Sullivan
Sutton
Tanner
Taylor
Teague
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiahrt
Tiberi
Tierney
Titus
Tonko
Towns
Tsongas
Turner
Upton
Van Hollen
Velázquez
Visclosky
Walden
Walz
Wamp
Wasserman
Schultz
Waters
Watson
Watt
Waxman
Weiner
Welch
Westmoreland
Whitfield
Wilson (OH)
Wilson (SC)
Wittman
Wolf
Woolsey
Wu
Yarmuth
Young (AK)
Young (FL)

NOT VOTING—9

Boehner Deal (GA)
Clay Frelinghuysen
Davis (AL) Klein (FL)
LaTourette
Linder
Moore (KS)

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining on this vote.

□ 2345

So (two-thirds being in the affirmative) the rules were suspended and the resolution, as amended, was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RESIGNATION FROM THE HOUSE OF REPRESENTATIVES

The SPEAKER pro tempore laid before the House the following resignation from the House of Representatives:

CONGRESS OF THE UNITED STATES,
March 21, 2010.

Hon. NANCY PELOSI,
Speaker, House of Representatives, U.S. Capitol,
Washington, DC.

DEAR MADAM SPEAKER: I have sent the enclosed letter to Governor Sonny Perdue of

□ 2337

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RECOGNIZING THE 65TH ANNIVERSARY OF THE BATTLE OF IWO JIMA

The SPEAKER pro tempore (Mr. WEINER). The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1099, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. OWENS) that the House suspend the rules and agree to the resolution, H. Res. 1099, as amended.

Georgia resigning my office of United States Representative for the Ninth Congressional District of Georgia, effective 11:45 p.m., March 21, 2010.

It has been an honor and a privilege to serve the people of Georgia.

Respectfully,

NATHAN DEAL,
Member of Congress.

CONGRESS OF THE UNITED STATES,
March 21, 2010.

Hon. SONNY PERDUE,
Governor, State of Georgia, State Capitol, Atlanta, GA.

DEAR GOVERNOR PERDUE: In accordance with my earlier letter dated March 4, 2010, this will confirm to you that I now hereby resign from the office of United States Representative for the Ninth Congressional District of Georgia effective at this time, 11:45 p.m., March 21, 2010.

It has been an honor and a privilege to serve the people of Georgia.

Respectfully,

NATHAN DEAL,
Member of Congress.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Under clause 5(d) of rule XX, the Chair announces to the House that, in light of the resignation of the gentleman from Georgia (Mr. DEAL), the whole number of the House is 430.

RECOGNIZING THE SERVICE OF THE HONORABLE NATHAN DEAL

(Mr. GINGREY of Georgia asked and was given permission to address the House for 1 minute.)

Mr. GINGREY of Georgia. Mr. Speaker, it's certainly with sadness but great, great respect that I announce the retirement of our senior Member on the Republican side from Georgia, the Honorable NATHAN DEAL.

NATHAN DEAL, from Sandersville, Georgia, a graduate of Mercer University and Mercer School of Law, practiced law for many years in Gainesville, Georgia, in Hall County, where he also was an assistant prosecutor.

NATHAN DEAL also was elected to the Georgia General Assembly and served in the Georgia Senate for 12 years and rose to the rank of Speaker pro tem or President pro tem of the Georgia Senate before being elected to the House of Representatives 17½ years ago.

When most of this happened in the House of Representatives, first as a Democrat and now proudly as a Republican, NATHAN has served on the Energy and Commerce Committee, and as all of you know, rose to the rank of chairman of the Subcommittee on Health and now ranking member of the Subcommittee on Health of the Committee of Energy and Commerce.

I tell you tonight, again with great sadness, that he will be leaving us but only to go back home and work on behalf of all of the citizens of the great State of Georgia.

With that, I would like to yield a little time to the most senior member of the Georgia delegation, my friend, the Honorable JOHN LEWIS.

Mr. LEWIS of Georgia. I want to thank my colleague for yielding.

Mr. Speaker, I am pleased to join my colleagues in thanking NATHAN DEAL for his many years of service in this House and to the people of Georgia.

Mr. GINGREY of Georgia. Let's all give a great round of applause to NATHAN DEAL.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Without objection, 5-minute voting will continue.

There was no objection.

URGING A MOMENT OF SILENCE FOR MILITARY PERSONNEL

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to the resolution, H. Res. 1119, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Guam (Ms. BORDALLO) that the House suspend the rules and agree to the resolution, H. Res. 1119, as amended.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 400, nays 0, not voting 29, as follows:

[Roll No. 169]

YEAS—400

Ackerman	Boswell	Chu	Kucinich	Price (GA)
Aderholt	Boucher	Clarke	Lamborn	Price (NC)
Adler (NJ)	Boustany	Cleaver	Lance	Putnam
Akin	Boyd	Clyburn	Langevin	Radanovich
Alexander	Brady (PA)	Coble	Larsen (WA)	Rahall
Altmire	Brady (TX)	Coffman (CO)	Latham	Rangel
Andrews	Braley (IA)	Cohen	Latta	Rehberg
Arcuri	Bright	Cole	Lee (NY)	Reichert
Austria	Brown (GA)	Conaway	Levin	Reyes
Baca	Brown (SC)	Connolly (VA)	Lewis (CA)	Richardson
Bachmann	Brown, Corrine	Conyers	Lewis (GA)	Rodriguez
Bachus	Brown-Waite,	Cooper	Lipinski	Roe (TN)
Baird	Ginny	Costa	LoBiondo	Rogers (AL)
Baldwin	Buchanan	Costello	Loeb sack	Rogers (KY)
Barrow	Burgess	Courtney	Lofgren, Zoe	Rogers (MI)
Bartlett	Burton (IN)	Crenshaw	Lucas	Rohrabacher
Barton (TX)	Butterfield	Crowley	Luetkemeyer	Rooney
Bean	Buyer	Cuellar	Lujan	Ros-Lehtinen
Becerra	Calvert	Culberson	Lummis	Roskam
Berkley	Camp	Cummings	Lungren, Daniel	Ross
Berman	Campbell	Dahlkemper	E.	Rothman (NJ)
Berry	Cantor	Davis (CA)	Lynch	Roybal-Allard
Biggert	Cao	Davis (IL)	Mack	Ruppersberger
Bilbray	Capito	Davis (KY)	Maffei	Rush
Bilirakis	Capps	Davis (TN)	Maloney	Ryan (OH)
Bishop (GA)	Capuano	DeGette	Manzullo	Ryan (WI)
Bishop (NY)	Cardoza	DeLauro	Marchant	Salazar
Bishop (UT)	Carnahan	Dent	Markey (CO)	Sanchez, Linda
Blackburn	Carney	Diaz-Balart, L.	Marshall	T.
Blumenauer	Carson (IN)	Diaz-Balart, M.	Matheson	Sanchez, Loretta
Blunt	Carter	Dicks	Matsui	Sarbanes
Bocchieri	Cassidy	Doggett	McCarthy (CA)	Scalise
Bonner	Castle	Donnelly (IN)	McCarthy (NY)	Schauer
Bono Mack	Chaffetz	Doyle	McCaul	Schiff
Boozman	Chandler	Dreier	McClintock	Schmidt
Boren	Childers		McCollum	Schock
			McCotter	Schrader
			McDermott	Schwartz
			McGovern	Scott (GA)
			McHenry	Scott (VA)
			McKeon	Sensenbrenner
			McMahon	Serrano
			McMorris	Sessions
			Rodgers	Sestak
			McNerney	Shadegg
			Meek (FL)	Sherman
			Meeks (NY)	Shimkus
			Melancon	Shuler
			Mica	Shuster
			Michaud	Simpson
			Miller (FL)	Sires
			Miller (MI)	Skelton
			Miller (NC)	Slaughter
			Miller, Gary	Smith (NE)
			Miller, George	Smith (NJ)
			Minnick	Smith (TX)
			Mitchell	Snyder
			Mollohan	Souder
			Moore (WI)	Space
			Moran (KS)	Speier
			Murphy (CT)	Spratt
			Murphy (NY)	Stark
			Murphy, Patrick	Stearns
			Murphy, Tim	Stupak
			Myrick	Sullivan
			Nadler (NY)	Sutton
			Napolitano	Tanner
			Neal (MA)	Teague
			Neugebauer	Terry
			Nunes	Thompson (CA)
			Nye	Thompson (MS)
			Oberstar	Thompson (PA)
			Obey	Thornberry
			Olson	Tiahrt
			Olver	Tiberi
			Ortiz	Tierney
			Owens	Titus
			Pallone	Tonko
			Pascarell	Towns
			Pastor (AZ)	Tsongas
			Paul	Turner
			Paulsen	Upton
			Payne	Van Hollen
			Pence	Velázquez
			Perlmutter	Visclosky
			Perriello	Walden
			Peters	Walz
			Peterson	Wamp
			Petri	Wasserman
			Pingree (ME)	Schultz
			Pitts	Watson
			Platts	Watt
			Poe (TX)	Waxman
			Polis (CO)	Weiner
			Pomeroy	Welch
			Posey	Westmoreland

Whitfield
Wilson (OH)
Wilson (SC)
Wittman

Wolf
Woolsey
Wu
Yarmuth

Young (AK)
Young (FL)

the United States Armed Forces both
at home and abroad.”.

A motion to reconsider was laid on
the table.

REVISIONS TO ALLOCATION FOR HOUSE COMMITTEES

The SPEAKER pro tempore. Under a
previous order of the House, the gen-
tleman from South Carolina (Mr.
SPRATT) is recognized for 5 minutes.

Mr. SPRATT. Mr. Speaker, pursuant to sec-
tions 321 and 331 of S. Con. Res. 13, the
concurrent resolution on the budget for fiscal
year 2010, I hereby submit for printing a revi-
sion to the budget allocations and aggregates
for certain House committees for fiscal year
2010 and the period of fiscal years 2010
through 2014. This adjustment responds to
consideration of the Senate amendments to
the bill H.R. 3590, the Patient Protection and
Affordable Care Act. Corresponding tables are
attached.

This revision represents an adjustment pur-
suant to sections 302 and 311 of the Congres-
sional Budget Act of 1974, as amended
(Budget Act). For the purposes of the Budget
Act, this revised allocation is to be considered
as an allocation included in the budget resolu-
tion, pursuant to section 427(b) of S. Con.
Res. 13.

NOT VOTING—29

Barrett (SC)
Boehner
Castor (FL)
Clay
Davis (AL)
DeFazio
Dingell
Frelinghuysen
Honda
Issa

Kagen
Kennedy
Kline (MN)
Larson (CT)
LaTourette
Lee (CA)
Linder
Lowey
Markey (MA)
McIntyre

Moore (KS)
Moran (VA)
Quigley
Royce
Schakowsky
Shea-Porter
Smith (WA)
Taylor
Waters

SPECIAL ORDERS GRANTED

By unanimous consent, permission to
address the House, following the legis-
lative program and any special orders
heretofore entered, was granted to:

(The following Members (at the re-
quest of Mr. AL GREEN of Texas) to re-
vise and extend their remarks and in-
clude extraneous material:)

Mr. AL GREEN of Texas, for 5 min-
utes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. COHEN, for 5 minutes, today.

Mr. DEFazio, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. SPRATT, for 5 minutes, today.

BUDGET AGGREGATES

(On-budget amounts, in millions of dollars)

	Fiscal Year—		
	2009	2010	2010–2014
Current Aggregates ¹			
Budget Authority	3,668,601	2,882,149	(2)
Outlays	3,357,164	3,001,027	(2)
Revenues	1,532,579	1,653,728	10,500,149
Change for the Patient Protection and Affordable Care Act (H.R. 3590):			
Budget Authority	0	4,750	(2)
Outlays	0	3,130	(2)
Revenues	0	–580	66,710
Revised Aggregates:			
Budget Authority	3,668,601	2,886,899	(2)
Outlays	3,357,164	3,004,157	(2)
Revenues	1,532,579	1,653,148	10,566,859

¹ Current aggregates do not include the disaster allowance assumed in the budget resolution, which if needed will be excluded from current level with an emergency designation (section 423(b)).

² Not applicable because annual appropriations Acts for fiscal years 2011 through 2014 will not be considered until future sessions of Congress.

DIRECT SPENDING LEGISLATION—AUTHORIZING COMMITTEE 302(a) ALLOCATIONS FOR RESOLUTION CHANGES

(Fiscal Years, in millions of dollars)

House Committee	2009		2010		2010–2014 Total	
	BA	Outlays	BA	Outlays	BA	Outlays
Current allocation:						
Education and Labor	–187	–202	32	36	–812	–801
Energy and Commerce	11	2	10	13	–10	2
Ways and Means	0	0	5,600	5,600	35,970	35,970
Change for the Patient Protection and Affordable Care Act (H.R. 3590):						
Education and Labor	0	0	5,000	1,300	5,000	5,000
Energy and Commerce	0	0	–200	–200	–4,600	–4,600
Ways and Means	0	0	–50	2,030	–7,910	–32,110
Total	0	0	4,750	3,130	–7,510	31,710
Revised allocation:						
Education and Labor	–187	–202	5,032	1,336	4,188	4,199
Energy and Commerce	11	2	–190	–187	–4,610	–4,602
Ways and Means	0	0	5,550	7,630	28,060	3,860

Pursuant to sections 321 and 322 of S.
Con. Res. 13, the concurrent resolution on the
budget for fiscal year 2010, I hereby submit
for printing in the CONGRESSIONAL RECORD a
revision to the budget allocations and aggre-
gates for certain House committees for fiscal

year 2010 and the period of fiscal years 2010
through 2014. This adjustment responds to
House consideration of the bill H.R. 4872, the
Reconciliation Act of 2010, as proposed to be
amended. Corresponding tables are attached.

This revision represents an adjustment pur-
suant to sections 302 and 311 of the Congres-

sional Budget Act of 1974, as amended
(Budget Act). For the purposes of the Budget
Act, this revised allocation is to be considered
as an allocation included in the budget resolu-
tion, pursuant to section 427(b) of S. Con.
Res. 13.

BUDGET AGGREGATES

(On-budget amounts, in millions of dollars)

	Fiscal Year		
	2009	2010	2010–2014
Current Aggregates: ^{1,2}			
Budget Authority	3,668,601	2,886,899	(3)
Outlays	3,357,164	3,004,157	(3)
Revenues	1,532,579	1,653,148	10,566,859

BUDGET AGGREGATES—Continued
(On-budget amounts, in millions of dollars)

	Fiscal Year		
	2009	2010	2010–2014
Change for the Reconciliation Act (H.R. 4872):			
Budget Authority	0	130	(³)
Outlays	0	222	(³)
Revenues	0	–1,932	21,409
Further Revised Aggregates:			
Budget Authority	3,668,601	2,887,029	(³)
Outlays	3,357,164	3,004,379	(³)
Revenues	1,532,579	1,651,216	10,588,268

¹ Current aggregates do not include the disaster allowance assumed in the budget resolution, which if needed will be excluded from current level with an emergency designation (section 423(b)).

² Incorporates H.R. 3590, the Patient Protection and Affordable Health Care Act as cleared for the President.

³ Not applicable because annual appropriations Acts for fiscal years 2011 through 2014 will not be considered until future sessions of Congress.

DIRECT SPENDING LEGISLATION—AUTHORIZING COMMITTEE 302(a) ALLOCATIONS FOR RESOLUTION CHANGES
(Fiscal Years, in millions of dollars)

House Committee	2009		2010		2010–2014 Total	
	BA	Outlays	BA	Outlays	BA	Outlays
Current allocation:						
Education and Labor	–187	–202	5,032	1,336	4,188	4,199
Energy and Commerce	11	2	–190	–187	–4,610	–4,602
Ways and Means	0	0	5,550	7,630	28,060	3,860
Change for the Reconciliation Act (H.R. 4872):						
Education and Labor	0	0	–437	–345	–9,538	–4,114
Energy and Commerce	0	0	100	100	12,700	12,700
Ways and Means	0	0	467	467	5,044	5,044
Total	0	0	130	222	8,206	13,630
Further revised allocation:						
Education and Labor	–187	–202	4,595	991	–5,350	85
Energy and Commerce	11	2	–90	–87	8,090	8,098
Ways and Means	0	0	6,017	8,097	33,104	8,904

ADJOURNMENT

Mr. CONYERS. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 12 o'clock and 2 minutes a.m.), under its previous order, the House adjourned until today, Monday, March 22, 2010, at 12:30 p.m., for morning-hour debate.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

6713. A letter from the Secretary, Department of Commerce, transmitting a report in accordance with the provisions of Section 1512 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999; to the Committee on Foreign Affairs.

6714. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department's final rule — Migratory Bird Permits; Control of Muscovy Ducks, Revisions to the Waterfowl Permit Exceptions and Waterfowl Sale and Disposal Permits Regulations [Docket Number: FWS-R9-MB-2007-0017] (RIN: 1018-AV34) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6715. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department's final rule — Migratory Bird Permits; Control of Purple Swamphens [Docket Number: FWS-R9-MB-2007-0018] (RIN: 1018-AV33) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6716. A letter from the Chief, Branch of Permits and Regulations, Division of Migratory Bird Management, Department of the Interior, transmitting the Department's final rule — Migratory Bird Permits; States Delegated Falconry Permitting Authority [FWS-R9-MB-2009-0071; 91200-1231-9BPP] (RIN: 1018-AW98) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

6717. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Grand Junction, CO [Docket No.: FAA-2009-0941; Airspace Docket No. 09-ANM-17] received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6718. A letter from the Assistant Chief Counsel for General Law, Department of Transportation, transmitting the Department's final rule — Pipeline Safety: Administrative Procedures, Address Updates, and Technical Amendments [Docket No.: PHMSA-2007-0033] (RIN: 2137-AE29) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6719. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; PIAGGIO AERO INDUSTRIES S.p.A. Model P-180 Airplanes [Docket No.: FAA-2009-1081; Directorate Identifier 2009-CE-058-AD; Amendment 39-16187; AD 2010-03-04] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6720. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; Bell Helicopter Textron, Inc. Model 205B and 212 Helicopters [Docket No.: FAA-2010-0065; Directorate Identifier 2009-SW-01-AD; Amendment 39-

16186; AD 2010-03-03] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6721. A letter from the Paralegal Specialist, Department of Transportation, transmitting the Department's final rule — Airworthiness Directives; The Boeing Company Model 747-200C and -200F Series Airplanes [Docket No.: FAA-2009-0608; Directorate Identifier 2008-NM-215-AD; Amendment 39-16188; AD 2010-03-05] (RIN: 2120-AA64) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

6722. A letter from the Assistant Chief Counsel for Hazardous Materials Safety, Department of Transportation, transmitting the Department's final rule — Hazardous Material; Miscellaneous Packaging Amendments [Docket No.: PHMSA-06-25736 (HM-231)] (RIN: 2137-AD89) received March 4, 2010, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Ms. RICHARDSON:

H.R. 4897. A bill to amend the Internal Revenue Code of 1986 to allow a deduction for interest paid on indebtedness incurred in connection with the purchase of a new automobile or light truck; to the Committee on Ways and Means.

By Ms. RICHARDSON (for herself, Ms.

NORTON, Ms. JACKSON LEE of Texas, Ms. CLARKE, and Ms. KILROY):

H.R. 4898. A bill to authorize the Secretary of Homeland Security to establish a competitive program to make emergency preparedness planning and implementation

grants to local educational districts/agencies located in areas under a high threat of terrorist attacks, natural disasters, or public health emergencies; to the Committee on Transportation and Infrastructure, and in addition to the Committees on Homeland Security, and Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. OBEY:

H.R. 4899. A bill making emergency supplemental appropriations for disaster relief and summer jobs for the fiscal year ending September 30, 2010, and for other purposes; to the Committee on Appropriations, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions as follows:

H.R. 949: Mr. MICHAUD.
 H.R. 959: Mr. ELLSWORTH.
 H.R. 1017: Ms. CORRINE BROWN of Florida.
 H.R. 1822: Mr. DEAL of Georgia.
 H.R. 1879: Mr. TIM MURPHY of Pennsylvania.
 H.R. 2067: Mr. ARCURI.
 H.R. 2254: Mr. BERRY, Mr. BISHOP of Georgia, and Mr. ENGEL.
 H.R. 2360: Mr. MATHESON.
 H.R. 3217: Mr. BILBRAY.
 H.R. 3365: Mr. TONKO.
 H.R. 4404: Mr. SESTAK and Mr. ETHERIDGE.
 H.R. 4405: Ms. FUDGE, Mr. RUSH, and Mr. BLUMENAUER.
 H.R. 4684: Mr. HODES.
 H.R. 4710: Mr. KAGEN.

H.R. 4874: Ms. RICHARDSON.

H.R. 4894: Mr. KLINE of Minnesota, Mr. WAMP, and Mr. TIAHRT.

H.J. Res. 76: Mr. TANNER.

H. Res. 1116: Mr. LEWIS of Georgia, Mr. HODES, Ms. CORRINE BROWN of Florida, Mr. LEVIN, and Mr. FILNER.

H. Res. 1199: Mr. CONAWAY.

DISCHARGE PETITIONS

Under clause 2 of rule XV, the following discharge petition was filed:

Petition 10, March 15, 2010, by Mr. WALTER B. JONES on H.R. 775, was signed by the following Members: Joe Wilson and Adam H. Putnam.

EXTENSIONS OF REMARKS

A TRIBUTE TO JOSEPHINE AJAYI

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition of Josephine Ajayi for her significant contributions to the nursing profession and her community.

Josephine Monilola Ajayi is a black American of Nigerian origin, born in Oshogbo, capital of the Oshun state of Nigeria. She had her primary and secondary education in Nigeria. She was trained and registered as a Grade 1 Midwife, and worked in this capacity in Nigeria for four years. She was married to David Ajayi, and later migrated to the United States to join him in 1973.

Josephine attended the New York City Community College and graduated with an Associate's degree in Nursing and became a Registered Nurse. She went on to earn a Bachelors of Science in Nursing from the Long Island University Brooklyn Center, from where she later earned the MS degree in Community Health and Healthcare Administration.

Currently Josephine is the Regional Clinical Manager for Queens at the Visiting Nurses Service (VNS) of NY Long Term Home Health Care Program. She joined the organization in 1993 as an Admissions Coordinator, moved up to Patient Service Manager and then Compliance Manager. Before joining the VNS, she practiced her profession of nursing in several other institutions including St. John's Episcopal Hospital, Lutheran Medical Center, Metropolitan Jewish Geriatric Center and Kingsbrook Jewish Medical Center where she held the Assistant Head Nurse position in the Rehabilitation Unit.

She is an active and devoted member of the Calvary First Nigerian Seventh-day Adventist Church. She has been a Church Board member and has held many positions in the church, including, Deaconess, Secretary/Clerk, Women Ministry Leader, Education Director, Youth Teacher, etc. She is a woman who loves God and strongly believes in the power of prayer. She is a Prayer Warrior.

She is blessed with five children, Temitayo, Olumide, Abimbola, Olubusayo (daughter-in-law) Olaoluwa and Atilola, all of whom are grown and independent. Outside of Nursing, Josephine is quite active. She belongs to Ipoti Ekiti Unity Club (IEUC) of New York, a cultural organization whose main goal is the betterment of the community the members came from, and she was recently the president of the club for five years. She also is a member of Nigerian Adventists in North America (NANA), an organization devoted to the spiritual, mental, physical and cultural well-being of its youth and older members. She is a member of the Africa Advisory Board of the Atlantic Union of Seventh-Day Adventist

Church. She is a recipient of the Exemplary Leadership Award from the IEUCNY and the Ipoti community. Her hobbies include sewing, photography, shopping and cooking.

She is a woman who believes that "what is worth doing at all is worth doing well." She fully commits herself to any efforts she decides to pursue, be it in her private or public life, with the goal of making a difference for the better in the job environment and in the lives of consumers of her services. She is a person who does not believe in mediocrity. She learns details of her job and endeavors to produce excellence. She is generous and supportive of others and endeavors to make a difference in other people's lives.

Madam Speaker, I urge my colleagues to join me in recognizing the achievements of Josephine Ajayi.

A TRIBUTE TO BARBARA BIGGS GLOVER

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition of Barbara Biggs Glover, a leader in local business and professional organizations and a great asset to the Brooklyn community.

Barbara Biggs Glover is the daughter of Raymond R. Biggs, Sr. and Ruby E. Biggs, both deceased. She is the oldest of her siblings, four sisters and two brothers. Barbara grew up in Brownsville's Van Dyke Houses. Barbara is a graduate from PS 150, George Gershwin J.H.S. 166 and Prospect Heights H.S. She attended Pace University and New York Technical College.

Barbara was employed by New York Telephone Company 1968. She was an active Union Shop Steward in 1972 (CWA 1109) and 1986 (CWA 1101) and Chief Steward in 1995 for Communications Workers of America Local 1101. Barbara served as Vice President of the National Black Communication Coalition, NY chapter, a member of the Coalition of Black Trade Unionists. CWA 1109 and CWA 1101 Equity Committee, CWA Local 1101 Women's Committee, CWA International Minority Caucus, Co-Editor for the CWA Local 1101 Newspaper "The Generator" in 1995, National Council of Negro Women, Brooklyn Women's Coalition, and the Association of BellTel Retirees, Inc. In 2001 she retired from Verizon after 33 years of service as a Facilities Specialist and Chief Steward.

In 1982, Barbara joined the National Association of Negro Business and Professional Women's Clubs, Inc. (NANBPWC) as a member of the former East New York Club (ENYC), Barbara was elected President and became a Life Member in 1993. In 1995, Bar-

bara became a member of the Brooklyn Club, NANBPWC, Inc. Barbara was appointed and serves as the Brooklyn Club's Liaison to Acorn Community High School. She is currently the President of the Brooklyn Club, NANBPWC, Inc.

Barbara is a Charter member of The Brooklyn Restoration Lions Club International, District 20-K1. She has served as Co-Chair of membership and currently serves as Chair of Membership and 20-K1 Brooklyn Chair of Lions Guest. She is the Vice President of the 300 Quincy Street Association and serves on the 79th Precinct Community Council, Inc., as an Outreach Coordinator and has received an Appreciation Award for Service in July 2008 and a member of the Community Board #3 Block and Civic Committee. The East New York United Concerned Citizens, Inc. presented Barbara with a Woman of Distinction Award on Saturday, October 27, 2009.

Barbara Biggs Glover is a member of Mt. Sinai Baptist Church. Faith and Family is the essence of a person. She is blessed to be happily married to James L. Glover; they have two beautiful daughters Jerrita Elydia Teel, Anissa Nicole Glover, son James Malik Glover and two handsome grandsons William Ameer Toland IV and Samuel Alexander Bivens III.

Madam Speaker, I urge my colleagues to join me in recognizing Barbara Biggs Glover.

A TRIBUTE TO ADUKE AREMU

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition of Aduke Aremu, an educator and writer whose work has helped children in Brooklyn and throughout the world.

Aduke Aremu was born in Brooklyn, New York where she graduated with honors from George W. Wingate High School. She received scholarships and awards to attend Hunter College where she graduated from with a Bachelor's Degree and Masters Degree in Education and Theatre. She received her degree in Education Administration and Supervision from the College of New Rochelle and a Ph.D. from New York University.

Her success as an educator and writer took her to Africa many times and eventually she received the loving name Aduke Aremu which she uses as an international writer along with her birth name Gwendolyn given to her by her parents.

Aduke Aremu worked for the Department of Education of New York City, the Department of Education of Connecticut and the Department of Education of Westchester County. During this 27 year period, she opened two innovative schools: The Star Academy was created and opened by Aduke in the South Bronx

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

for Bi-Lingual Students and the International Arts Business School at Wingate High School. The International Arts Business School was the brain-child of Aduke Aremu and funded by the Bill and Melinda Gates Foundation in collaboration with the United Federation of Teachers and the New York City Board of Education. Aduke organized a committee of business people, political leaders, artists and community leaders to galvanize interest in this project which found a home as a small school at Wingate High School. Ms. Aremu partnered with Ana Goldson-Walker who introduced the business community and bi-lingual educators and artists.

During the 27 year period as an educator and administrator she created and organized numerous children projects, productions and workshops to include innovative practices in education and progressive arts and reading programs.

For 20 years she created and administered the world renowned Harlem Children's Theatre, a not-for-profit education and arts organization that performed in Nigeria, Jamaica, Barbados, France, Spain, England, Bermuda and Germany.

This Education Theatre company was also a special guest of the Nigerian Government at Festac (an International Festival of the Arts) and the Jamaican and Barbados Consul General. In Jamaica and Barbados she organized education missions. In 1985 she formed two additional new education nonprofits for the children of Brooklyn: New Dove and the New York Youth Consortium, Inc.

Aduke Aremu is also a published writer whose children books were published by Gumbs and Thomas of New York, a book of poetry published in Germany and in Atlanta, Georgia and ten plays that have been produced at The Kennedy Center in Washington, DC, the Public Theatre by the late Joseph Papp, the Negro Ensemble Company by renowned Director Douglas Turner Ward, The Billie Holiday Theatre, Lincoln Center for the Performing Arts, Carnegie Hall, The Brooklyn Academy of Music, Town Hall, and 42nd Street Theatre Row.

Aduke also received an Award from the Nigerian Government for her writings.

Aduke has studied education abroad and worked with educators, artists and writers in Ghana, Germany, Nigeria, Benin, Tanzania, Kenya, Jamaica and Barbados.

Aduke Aremu has serviced as a consultant for NEA in Washington, DC, the New York State Council for the Arts, the Governor's Office of New York and the United Nations with the late Mrs. Andrew Young. Presently Aduke is the CEO of the International Public Relations and Fund Raising Company—Dove LLC of Atlanta, Georgia and New York City.

Aduke Aremu is married to Calvin Anderson of New Rochelle, New York and has an extended family of four young adults (Hakim, CJ, Mimi and Tricia).

Aduke Aremu owes her success to Jehovah-God and great mentors, family and friends especially Vivian Y. Bright, Ana Goldson-Walker of Brooklyn, New York and Dawn Alli of New Jersey. These ladies have served as mentors and positive role models for Aduke's life goals and accomplishments.

Madam Speaker, I urge my colleagues to join me in recognizing the achievements and contributions of Aduke Aremu.

A TRIBUTE TO ELLEN CARLISLE-SMITH

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition of Ellen Carlisle-Smith, a leader in education in New York City.

Since the beginning, it has been instilled in Ellen Carlisle-Smith, that the correct way to live your life is to do what is right. What was right for Ellen Carlisle-Smith was to achieve a valuable education; She attended public schools in Queens, New York. After high school graduation, Ellen registered for classes at the City College of New York for her Bachelor's in Elementary Education. Setting a new standard for educated women during this era, Ms. Carlisle-Smith received a Master's Degree in reading from Columbia University, followed by a Master's in early childhood education from City College of N.Y. Ellen was selected to participate in a special program in NY for aspiring supervisors. She accomplished her certification in administration and completed this advanced degree in Supervision and Administration from City College of N.Y.

Ellen values the teaching and learning process, and believes that education gives all a solid foundation that will promote high standards, knowledge and leadership for a better life. Growing up with the encouragement from her educated mother, Ellen remembers vividly how her mother instilled within her the everlasting value of a good education.

In Harlem in 1978, she began teaching third grade, then grades kindergarten, second and fourth for the next nine years. Her principal recognized her effectiveness as a classroom teacher and assigned her to a reading specialist to remediate struggling students in reading and writing. Ellen taught a total of sixteen years in her first Harlem school. In 1994, she was promoted to a Reading Coordinator's position in Brooklyn, NY.

Ellen briefly relocated to Texas in 1996 for six years where she had a valuable learning experience as a principal intern/assistant principal. She returned to NY in 2002 and was offered the Assistant Principal's position at P.S. 399 in Brooklyn, NY. This journey taken by Ellen Carlisle-Smith brings her to where she is today as Principal of Public School 6, Brooklyn, NY.

Ms. Carlisle-Smith's philosophy of education begins and ends with the belief that educators must value all children. From that, she feels responsible to ensure that students will be provided with a quality education that will develop their academic, social, and creative abilities. As Principal of P.S. 6, Ms. Carlisle-Smith is most proud of all students and staff. She greatly values how everyone works together and protects each other, all in the sake of unity and strength.

Throughout her career, Ellen has been recognized by her colleagues for her hard work and many achievements. In June of 1998 she was awarded a "Certificate of Achievement" from Plano, TX. When Ms. Carlisle was an Assistant Principal at P.S. 399, she was presented the "Performing Arts Award," in June

2004, April 2005 and April 2007. The NYS Education Department awarded her the Rapidly Improving Gap Closing Schools Award. Ellen was presented the City Council Citation Award in March 2009 for outstanding citizen for both community and the great City of New York.

Ellen's hobbies are reading, knitting, baking and gardening. She loves spending time with her two adult children, Tracey and Craig. Ellen has an identical twin sister, Emily. She is also a member of the Presbyterian Church of Saint Albans, Queens, N.Y.

Madam Speaker, I urge my colleagues to join me in recognizing the contributions of Ellen Carlisle-Smith.

A TRIBUTE TO MARIE LILY CERAT

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition of Marie Lily Cerat, for her service to the Brooklyn community, commitment to education and promotion of Haitian language and culture.

Marie Lily Cerat came to the United States in 1981, and made Brooklyn, New York her adopted home away from her native Haiti. She has been an educator with the New York Public education system for over eighteen years. At present, she works as a Resource Specialist with the Haitian Bilingual/ESL Technical Assistance Center (HABETAC) at Brooklyn College where she is responsible for planning and conducting professional development sessions for teachers working with Haitian English language learners in the public schools and Haitian parents. She is co-founder and Advisory Board member of Haitian Women for Haitian Refugees (HWHR), a thriving and respected community-based organization in Brooklyn. The organization was created by Ms. Cerat and Ninaj Raoul, in 1992, after the two returned from working with the U.S. Department of Justice as a Haitian Creole language specialist in Guantanamo Bay, Cuba. They assisted in translation and other human services with the Haitians housed on the U.S. base after the 1991 coup d'état against President Jean-Bertrand Aristide in Haiti. At its beginning, HWHR provided English as a Second Language (ESL) and adult Literacy programs, but its services have since extended to advocating on behalf of Haitian refugees and immigrants, defending worker exploitation, and lobbying against anti-immigrant policy.

Cerat has huge interest in literature, writing and the arts, and is a doctoral student in the French Doctoral program at the CUNY Graduate Center where she will pursue a specialization in francophone literature and international human rights. She holds a master's degree in English/Creative Writing from the City College of New York and a bachelor's degree from the College for Human Services. The respect and promotion of Haitian language and culture, human and girls/women rights are among some of the issues she is most passionate about.

In 1997, she published a West African folktale, *Do Tóti*, *The Turtle's Back*, in Haitian

Creole for children. She has written a commentary for National Public Radio, which was aired in 2001 as part of the Racism Conference in South Africa. Over the years, she has contributed writing to a publication on Haiti by the Network of Educators on the Americas (NECA), two biographical essays on Vodou are part of the 1998/2005 Ten Speed Press book, *Vodou: Visions and Voices* by the photographer Phyllis Galembo. She is a regular contributor to *Haiti Liberté*, a weekly Haitian newspaper in New York. Most recently, one of her short stories was selected to appear in an upcoming (2010) anthology by the Haitian-American writer/editor Edwidge Danticat. Marie Lily Cerat is currently at work on a novel, *In the Light of Shooting Stars*.

Madam Speaker, I urge my colleagues to join me in recognizing Marie Lily Cerat.

A TRIBUTE TO BEVERLY COLLIER

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition of Beverly Collier, for her commitment to human services and her many contributions to her community.

Beverly Collier is the Director of the "My Turn Program" at Kingsborough Community College, in Brooklyn, NY. She is a native New Yorker and was raised in Queens, NY. She attended Baruch College, CUNY where she received a Masters in Business Administration and Management. Ms. Collier has a graduate certificate in Aging from Brookdale Center for Healthy Aging & Longevity of Hunter College (formerly Brookdale Center on Aging).

As the Director of the My Turn Program, Ms. Collier oversees the registration and advisement of the program's students, all of whom are over 60 years of age. The program allows senior citizens to take courses on a matriculating or non-matriculating basis, and currently has over 500 students enrolled in day and evening classes.

The majority of Ms. Collier's professional experience has been in human services, specifically providing services to elders and their families. Prior to joining Kingsborough Community College, she worked for Services for the Underserved as the Senior Vice President for Home Care Services for 23 years and played a critical role in the expansion of the Home Care division. In this position, Ms. Collier managed two home care agencies and a home modifications program for disabled individuals.

In addition to her administrative positions, Ms. Collier is an adjunct instructor in the Human Services Department at New York College of Technology in Brooklyn, NY where she has taught courses in the management of human service organizations and gerontology. She is also a workshop facilitator and has conducted a series of trainings in effective communication and management skills for the Research Foundation of CUNY in New York City and upstate New York.

Recently, Ms. Collier has combined her professional background in elder care with her

personal experience as a care giver for her late mother, Ethel Collier, by developing and presenting trainings to professional and family care givers. She is passionate about the opportunity to share her caregiver story through helping others care for their loved ones.

In 2009, Ms. Collier was elected Chair of the Board of Directors for Unique People Services a non-profit organization providing services to individuals and families affected by developmental disabilities, mental illness and AIDS. She has also volunteered with the Speakers Bureau of the Medicare Rights Center and the Home Care Council of NYC.

Ms. Collier loves to travel and has been fortunate to visit Ghana, Nigeria, Jamaica, Argentina, Guyana, England and more. Her travel has mostly been for pleasure. In 1996, however she traveled to Argentina to deliver a presentation on hiring and training home care workers to health care professionals who were working to expand a similar program in their country. The trip was organized by the CUNY Consortium for the Study of Disabilities.

Ms. Collier lives in St. Albans and is the mother of two adult children; her daughter, Maia Rosser, is a social worker, and her son, Akunna Rosser, is a guidance counselor.

Madam Speaker, I urge my colleagues to join me in recognizing Beverly Collier.

A TRIBUTE TO AYLAN DAWKINS

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition of Aylan Dawkins for her continued dedication to the service of others.

Mrs. Aylan Dawkins was born and raised in the beautiful island of Trinidad. After several visits to the United States, she decided to relocate to New York in 1987. She is married to Paul Dawkins, who is a corrections officer. They have three loving children; Aisha, Darwin, and Devon. Aylan is also a proud grandmother to one grandchild named Ethan.

Mrs. Dawkins joined Interfaith Medical Center in 1996 and worked in the Home Care Department for 1 year. She was then transferred to the Finance Department and eventually moved on to the Chief Financial Officer's Department. At present, she is the Executive Assistant to the Chief Financial Officer.

In her capacity as Executive Assistant, Aylan represents the Finance Department on a number of committees set up by the institution including the annual ball which raises money for the hospital and honors outstanding members of the community. She also organizes the summer golf outing which has given the hospital visibility in the health industry.

Aylan became a Certified Nursing Assistant in 1997. She devotes her weekends to service at the Isabella Geriatric Center where she extends her recognizable compassion, patience, and understanding to the elderly.

She excels in customer satisfaction, team effort, and providing professionalism and courteous service with a smile at all times.

She is extremely hardworking and dedicated at work and at home. Mrs. Dawkins is a de-

voted religious woman and the rock of her family. She organizes yearly family picnics, summer events, and also enjoys cooking all her favorite dishes for her friends and family. Aylan Dawkins is certainly a dynamic woman.

Madam Speaker, I urge my colleagues to join me in recognizing the achievements of Aylan Dawkins.

A TRIBUTE TO HONORABLE THERESA FREEMAN

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition of the Honorable Theresa Freeman for her commitment and years of service to New York.

The Honorable Theresa Freeman, State Committee Woman and District Leader of the 70th Assembly District, was born in Augusta, Georgia and has been a community activist in New York for over 30 years. For over 20 years, Theresa has advocated for the community of Harlem. From her days as a writer for the *Amsterdam News* to her current elected office of State Committee Woman District Leader, Theresa has fought for important issues in the community of Harlem such as job development, affordable housing, drug treatment programs and ex-offenders.

Theresa Freeman also worked at Reality House Inc. for thirty years as a Legal Specialist. After moving from Harlem to Long Island City, Queens; she became the Community Liaison because of her political connections. Reality House, Inc. is a program that services our Veterans and Community with dependency issues. Ms. Freeman is the President of New York City Chapter of the National Action Network founded by Dr. Reverend Sharpton. She also is a member of the Women's Auxiliary and Scholarship Fund under the leadership of Mrs. Kathy Jordan Sharpton. Ms. Freeman is a member of the Association of Black Social Workers, Advisory Board of the New York Coalition of 100 Black Women, Vice-President of the Uptown Dance Academy, The Adam Clayton Powell Jr. Memorial Committee and the New York Lawyers Association and many other prominent organizations. Ms. Freeman has been selfless in giving to the community, and has received numerous awards for her humanitarian achievements. She has earned recognition for her community devotion including the Sojourner Truth, Ms. Black Moses Award from the Mother AME Zion Church, and the Dazivedo Watson Community Service Award from Assembly Keith I.T. Wright of the Fred Samuel Democratic Club.

Theresa is a member of the St. James AME Church. She is a Silver Lifetime member of the NAACP, the Fred Samuel, and 504 Disability Democratic Clubs. Theresa is an active member of the Martin Luther King Club, West Harlem Democratic Club, and The African American Day Parade Committee. She is a spokesperson for the Renal Support Network.

Her motto is "with patience and hard work you can achieve your goals."

Madam Speaker, I urge my colleagues to join me in recognizing the Honorable Theresa Freeman.

A TRIBUTE TO CARON MARIE
MARTIN CLOVIE

HON. EDOLPHUS TOWNS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. TOWNS. Madam Speaker, I rise today in recognition of Caron Marie Martin Clovie for her commitment to serve communities in need in Brooklyn.

Caron Marie Martin Clovie is the President and Founder of Sister, Sister In-Law. Sister, Sister In-Law began as a group which provided affirmation and bonding and has grown to a women's group whose mission is to mentor and lead the young women in our communities toward a positive and productive future. The organization encourages women to love themselves and to love one another. The motto is designed to uplift and empower each other, it teaches that "A Sister Can't Fly With Just One Wing."

Caron Marie Martin Clovie was born on March 10, 1955 to Jessie and Lillie Martin. Her community roots begin in East New York Brooklyn, working for the neighborhood youth corps and the anti-poverty programs of East New York. Caron's focus was ensuring the safety and well being of the adolescents in the community. With a strong focus on females, she worked for the anti-poverty programs of East New York until called to work for the Health & Hospital Cooperation (HHC).

Health care became Caron's passion. In 1975 she worked for the East New York NFCC, a pilot program for a new way to administer health care to underprivileged families. After working hard at this facility she became a clerical supervisor in less than a year. The need for quality health care began to increase fast. A new site was built on Pitkin and Pennsylvania Avenue. The small facility became the East New York D&TC. Caron's career ride continued with HHC where she was hired to work for another new program called The Metro Plus Health Plan. This program was designed to ensure quality health care for all who needed it. Caron enjoyed this, her career met her passion as her job was to make sure that affordable quality care was available to the residents of East New York. Caron became field manager and was assigned to the Brooklyn North, where her team was responsible for the enrollment of more than 300 families in their first quarter.

In addition to planning Sister, Sister In-Law's annual 'Girls Summit' this May, Caron is currently working at Odyssey House in their adolescent facility for girls only. She is married to Robert Clovie and has raised two sons: Aaron and Jameek.

Madam Speaker, I urge my colleagues to join me in recognizing the work of Caron Marie Martin Clovie.

WHEN WILL AMERICA RECOVER?

HON. PETER HOEKSTRA

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. HOEKSTRA. Madam Speaker, I submit the following.

WHEN WILL AMERICA RECOVER?

(By Hon. Nick Smith, former U.S. Representative (MI-07))

I just returned from speaking at several British universities on American politics and the economy. England, like the United States, has high unemployment and huge government debt. Many I spoke to believed that the current global economic mess is all our fault. In a sense, they are right. As the world's leading economy, our economic health affects everyone, especially trading partners like England. We are its largest trading and investment partners at \$400 billion last year.

The students were most interested in my opinion on how long it would take before America recovers economically. Some White House economists are predicting that we can fully recover from this recession in a year or two. As I told the students, however, it will take ten years or more to rebuild our economy—and then only if we can control spending. It's not just "the government" or even "the Democrats." All of us, government and consumers alike, have been living on borrowed money. Our national savings rate three years ago was a negative number. One bit of recent good news is that consumers have increased their estimated average individual savings rate to over five percent, which means less consumer spending in the short run but a stronger overall economy in the long run. The Government needs to do likewise.

But Congress not only continues to borrow, it is borrowing more than ever with no sign of stopping. Deficit spending, expected to hit \$1.5 trillion, is one third of the President's proposed budget. His budget projects huge deficits every year for the foreseeable future. Our debt, which is the sum of all historical deficits, now adds up to \$12 trillion. Interest on that debt consumes almost ten percent of federal spending. Without dramatic change the future will be much worse. Interest rates will be doubling and the unfunded liabilities (what we've promised to pay out in the future) for entitlements such as Medicare, Social Security, Medicaid and veteran's benefits adds up to another \$60 trillion debt—in today's dollars.

Reckless spending has mostly been driven by Congressmen currying favor with voters who demand ever more money and services from "the government" to solve their problems. But the government gets its money from current taxpayers and lenders. Who will repay these lenders? Future taxpayers. Each baby born in this country is instantly saddled with \$40,000 of government debt, not including interest.

And that does not include future deficit spending or the \$60 trillion in unfunded liabilities. We have ended up with a tax, borrow, and spend government that will handicap future generations. Ten years ago, our federal spending was 18% of GDP, 4 years ago it was 20%, and today it's over 24%. The dollar increase will have gone from \$1.8 trillion in 2000 to \$3.8 trillion in the President's budget. That is over 200 percent of spending ten years ago.

Washington's over-spending not only mortgages our children's future, it crowds out business and industry borrowing today, for research, expansion and ultimately jobs.

As alarming as these numbers are, even more worrisome is that our political and economic system is nearing a tipping point that, if reached, will change this country forever. Today 50% of voters pay less than 2% of the total income tax. These voters want the government to solve more of their problems, and why not? It's in their best interest to elect politicians who will spend more because they don't have to pay for it, and it's in politicians' best interest to vote for that spending to get reelected. Meanwhile, countries like Communist China, which has lent the United States nearly a trillion dollars, gains more and more influence in foreign affairs, literally at our expense.

The point is that we're close to losing our status as a strong economic power. That affects us, our children, England, and the rest of the world who rely on us for our leadership and for much of their own economic well being. It is in all of our interest to be more self sufficient, ask less of Washington and bring down government spending.

PERSONAL EXPLANATION

HON. KEITH ELLISON

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. ELLISON. Madam Speaker, on March 19, 2010, I inadvertently failed to vote on rollcall No. 140. Had I worked, I would have voted "aye."

PERSONAL EXPLANATION

HON. MIKE PENCE

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. PENCE. Madam Speaker, I was absent from the House floor during rollcall votes 141, 144, 145, 146 and 147. Had I been present, I would have voted "yes" on each rollcall vote.

PERSONAL EXPLANATION

HON. ZOE LOFGREN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Ms. ZOE LOFGREN of California. Madam Speaker, due to an immediate family health situation, I was absent from vote for the afternoon of March 18, and absent from votes for March 19 and 20, 2010. Had I been present I would have voted: rollcall Nos. 128—"yes"; 129—"yes"; 130—"yes"; 131—"present"; 132—"yes"; 133—"yes"; 134—"yes"; 135—"yes"; 136—"yes"; 137—"yes"; 138—"yes"; 139—"yes"; 140—"yes"; 141—"no"; 142—"yes"; 143—"yes"; 144—"yes"; 145—"yes"; 146—"yes"; 147—"yes"; 148—"no"; 149—"yes"; 150—"yes"; 151—"yes"; 152—"yes"; 153—"yes" and 154—"yes".

PERSONAL EXPLANATION

HON. KEITH ELLISON

OF MINNESOTA

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. ELLISON. Madam Speaker, on March 20, 2010, I was absent but had I been present, I would have voted "no" on rollcall Nos. 148 and 150; and I would have voted "yes" on rollcall Nos. 149, 151, 152, 153, and 154.

PERSONAL EXPLANATION

HON. LUIS V. GUTIERREZ

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. GUTIERREZ. Madam Speaker, I was unavoidably delayed for votes in the House Chamber today. I would like the RECORD to show that, had I been present, I would have voted "yea" on rollcall votes 155 through 159.

HONORING THE APPOINTMENT OF
JUSTICE CHARLES T. CANADY
AS CHIEF JUSTICE TO THE
FLORIDA SUPREME COURT**HON. ADAM H. PUTNAM**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. PUTNAM. Madam Speaker, I rise today to pay tribute to a former member of this body, Representative Charles T. Canady on the occasion of his appointment as Chief Justice of the Supreme Court of the State of Florida, marking a distinguished career in judicial and public service.

Justice Canady's steadfast commitment toward upholding the laws and principles on which our nation was founded will serve the

people of the State of Florida well through his appointment as Chief Justice to the Florida Supreme Court.

During his tenure in the U.S. House of Representatives, Justice Canady served this nation and the people of the 12th Congressional District, which I now represent, with honor and distinction. He began his public service career as a member of Florida House of Representatives from 1984 to 1990. In 1992, Justice Canady was elected to the 103rd Congress and served four terms in the United States House of Representatives from January 1993 to January 2001.

Throughout his tenure in Congress, Justice Canady was an active member of the House Judiciary Committee. For three terms from January 1995 to January 2001, former Rep. Canady was the Chairman of the House Judiciary Subcommittee on the Constitution. In this capacity, his efforts toward protecting and defending the laws of our nation made a lasting mark not only on this body, but on the American people for whom we are called to serve.

Justice Canady kept his term limits pledge, and did not seek reelection to a fifth term in 2000. After leaving Congress, Justice Canady returned to the practice of law, acting as Legal Counsel to Florida Governor Jeb Bush. In 2002, Governor Bush appointed him to Florida's Second District Court of Appeals. On August 27, 2008, Governor Charlie Crist nominated Justice Canady to the Florida Supreme Court. His nomination was confirmed and Justice Canady took his seat as the 82nd Associate Justice to the Florida Supreme Court on September 8, 2008, and was sworn in through a formal investiture on December 3, 2008.

He began his distinguished career in judicial and public service upon earning a bachelor's degree from Haverford College and a juris doctorate degree from Yale Law School. Former Congressman Charles T. Canady is a resident of Lakeland, Florida, and is married to wife Jennifer and has two daughters, Julia and Anna. Charles T. Canady is the son of Charles and Delores Canady.

On behalf of the 12th Congressional District, it is honor to pay tribute to Justice Canady, as

a former member of this body and one who has served his State and nation with honor and distinction, upon this appointment as Chief Justice of the Supreme Court of the State of Florida.

ACKNOWLEDGEMENT OF STAFF
AND CBO**HON. PAUL RYAN**

OF WISCONSIN

IN THE HOUSE OF REPRESENTATIVES

Sunday, March 21, 2010

Mr. RYAN of Wisconsin. Madam Speaker, for over a year, the Congressional Budget Office (CBO) has been working on literally a non-stop basis on this legislation.

Their objective non-partisan analysis is critical to us as we develop legislation. I want to thank Director Elmendorf and all at CBO for their service to Congress in providing analysis and budget estimates on this legislation.

In addition, we held a markup last week on Monday that ran until nearly midnight. The House Budget Committee staff and staff in my personal office spent last weekend, all this past week, and this weekend working on this legislation. I want to thank them for their work on this legislation. A list of the staff appears below.

HOUSE BUDGET COMMITTEE REPUBLICAN
STAFF

Tim Flynn (Chief Economist); Chauncey Goss (Deputy Staff Director); Matt Hoffman (Legislative Director, Office of Congressman RYAN); Charlotte Ivancic (Counsel and Budget Analyst); Patrick L. Knudsen (Policy Director); Angela Kuck (Communications Director); John Gray (Budget Analyst); Jim Herz (Budget Analyst and Budget Review); Courtney Reinhard (Counsel and Budget Analyst); Paul Restuccia (Chief Counsel and Budget Analyst); Jonathan Romito (Budget Analyst and Executive Assistant); Austin Smythe (Staff Director); Conor Sweeney (Deputy Communications Director); Dennis Teti (Senior Advisor); Dana Wade (Budget Analyst); and Ted McCann (Budget Analyst).